

A large graphic featuring a central white circle with a dark blue double-line border. Inside the circle, the text 'QUALITY ACCOUNT' is written in a large, bold, dark blue sans-serif font, with '2022 - 2023' in a smaller font below it. Behind the circle are six vertical bars of different colors (blue, yellow, teal, purple, light blue, and magenta) that extend upwards. From the bottom of the circle, six diagonal bars of the same colors extend outwards towards the bottom corners of the page.

# QUALITY ACCOUNT

2022 - 2023

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# QUALITY ACCOUNT

## PART 1



# Part 1

## Statement on Quality by Chief Executive



As we continue to build our services back following the coronavirus (Covid-19) pandemic, the year 2022-23 has provided the NHS with a new set of challenges.

The ongoing success of the Covid-19 vaccination programme, increased access to therapeutic treatments and high immunity amongst the population have helped to lay the foundations through which we continue to rebuild and recover.

Despite this, we are not complacent about the effects of Covid-19. On the ground, we continue to review our guidance in line with national updates and alongside our Bridgewater Infection Prevention and Control team.

Whilst recognising the pandemic's impact and acknowledging the bravery and resilience shown by so many, we have also harnessed our learning to create new ways of working. As such, the pandemic has been a catalyst for more strategic change and the shaping of our services.

Through it, we learnt the true value of two-way communication, engaging with staff, innovating, sometimes at speed, and listening to our patients, partners and community. We continue to engage with our front-line clinicians, their experience of best practice informing the shape of our services.

Increased staff engagement, including a review of our staff 'Time to Talk' schedule, has been reflected in our highest ever response rate for the NHS Staff Survey. From a regional NHS North West and Cheshire and Merseyside Integrated Care System geography, we are now excelling across all People Promise themes and the two elements of Staff Engagement and Morale.

Patient experience continues to be central to our strategy, with initiatives such as our Voice of the Child Forum ensuring that we listen to our whole community, including our younger patients.

Through partnership working and looking wider than health in relation to quality of life, into areas such as housing, education, food and debt, we continue to work to prevent health inequalities.

Innovative projects such as our Community Health and Wellbeing Workers project in the Oakwood area of Warrington - just one of three pilots in the UK - has already had interest shown from other geographical areas, keen to replicate its early signs of success.

We remain committed to ensuring our communities can easily access services in the place that they live. Warrington Borough Council's decision to re-award the Trust the contract for the Warrington 0-19 (25 with Special Educational Needs and Disabilities

(SEND)) health service, is a strong reflection of our contribution and commitment to the Warrington 'Place' work that is taking shape.

We place great emphasis on the role of brand and communication in building trust within our communities. Along with the implementation of new Trust brand guidelines, following an extensive rebrand, our Department of Transport commissioned service Drive Ability North West, has received a significant communications push within the wider NHS and into the community.

Extending beyond the notion of more traditional healthcare, the service improves patients' wellbeing through increased mobility and independence. We are delighted to report that higher levels of awareness and referrals have been the result of our efforts.

There is no doubt that the greatest challenge to our services following the pandemic is that of industrial action. Although NHS strike action is a dispute between our trade union colleagues and the government, we remain as committed as ever to all staff whether they are union members or not.

Through regular meetings of our Industrial Planning Group, we have prepared the best we can. We have worked tirelessly to provide contingencies, never underestimating the processes and planning necessary to ensure business continuity where possible to our patients.

In deploying robust internal and external communications, we have ensured that patients, public and our own staff are aware of the pressure the health service is under and know the best way to access care during this time.

We work hard to maintain our proactive and positive partnership working arrangements with all trade union colleagues and have continued to focus on our wellbeing offering to support our staff, enabling them to maintain a high quality of care during what for many are unsettling times.

Whilst undoubtedly a time of great challenge, 2022-23 has shown itself to be a period of positive change, using knowledge gained during the most turbulent of times. As we look to the future, we will continue to work with our partners to build on this, ensuring our high-quality person-centred care is just that, care informed by the people who understand it most.

Communities matter and we will continue to communicate and engage with ours, to create one that is stronger, healthier, and happier, for our people.



Chief Executive

Colin Scales

## About the Quality Account

Quality Accounts are annual reports to the public prepared by providers of NHS healthcare organisations 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:

<b>Part 1</b>	<ul style="list-style-type: none"><li>• Statements about our Quality from the Chief Executive</li></ul>
<b>Part 2</b>	<ul style="list-style-type: none"><li>• Priorities for the Trust to improve the quality of our care during 2022-23.</li><li>• Statements about the quality of services provided by the Trust.</li></ul>
<b>Part 3</b>	<ul style="list-style-type: none"><li>• A review of quality performance. This demonstrates how the Trust has performed throughout 2022-23.</li></ul>



# QUALITY ACCOUNT PART 2





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

### Priorities for Improvement in 2023-24

Patients and staff are at the heart of everything we do at Bridgewater Community Healthcare NHS Foundation Trust. As a Trust we are exceptionally proud of the work delivered by our staff and alongside our commitment to continuously improve services and patient experience, we are committed to supporting our staff to be the best that they can be, enabling our staff to adopt innovative ways of working to support new models of care.

As part of our new strategy, ***‘Communities Matters. Creating stronger, healthier, happier communities. 2023-2026’***, we have reviewed our mission statement:

***“We will improve health, health equality, wellbeing and prosperity across local communities, by providing person-centred care in collaboration with our partners”.***

In considering our priorities for 2023-24, we have chosen to continue with some of the priorities identified in 2022-23 to enable further progress to be made, as well as identifying a new priority to support the equality agenda as reflected in our mission statement and strategy. In 2023-24 the Trust wishes to further its work around improving patient outcomes by modernising the health visiting and school nursing service, progressing work to reduce health inequalities by implementing the Core20PLUS5 approach, and to start to implement the community accreditation scheme.

### Quality priorities for the year 2023-24 include:

As part of our Quality and Place strategy, our approach to quality underpins our strategy and for 2023-24 the Trust has identified the following priority areas to improve and develop further over the next 12 months:

1. The Health Visiting and School Nurse service will start to implement the agreed action plans to embed the new service model across the Health Visiting and School Nursing services within the Boroughs, ensuring we engage with families, children, stakeholders, and partners along the way, whilst striving to achieve excellence in the care we deliver. The intention is to monitor progress against these plans to ensure the new service model is fully embedded by the end of 2023-24.

2. The Trust is adopting the Cheshire and Merseyside Prevention Pledge. The Prevention Pledge consists of a set of commitments whereby NHS organisations pledge support to achieve action on improving population health with a specific focus on prevention measures, for the benefit of staff, patients and the wider community.

Several 'strategic core commitments' have been considered in line with commitments in the NHS Long-Term Plan, Core20Pluss5, sub-regional prevention priorities and in particular the Cheshire & Merseyside Population Health Framework.

The Pledge will enable Bridgewater to embed the Marmot Principles of prevention of ill-health into Trust strategies and to develop as an 'Anchor Institution'. By adopting the Pledge, Bridgewater will be supported on its journey towards Anchor Institution status. It will also align the Trust with the Cheshire and Merseyside population health programmes addressing physical activity, mental health, smoking cessation, and alcohol harm reduction.

3. The past 12 months have been focused on developing a clinical accreditation tool for use in Bridgewater Community Services. A draft template is in development and will be reviewed by relevant teams and departments to ensure the suitability of the tool.  
In 2023-24 we will start to identify teams to pilot the tool and look at the resources required to enable this to be rolled out in the organisation.

The table below highlights the implications on workforce and finance.

	Quality	Workforce	Finance
1	Universal in reach – personalised in response - a modernised health visiting and school nursing service delivery model.  (To be continued from 2022-23)	Engagement with stakeholders and staff  Training  Possible implications for Electronic Patient Records (EPR), leading to additional training	Costs for resources to implement the model
2	To continue and progress work to address health inequalities and deliver on the Core20PLUS5 approach.	Engagement with stakeholders and staff	Digital and analytical

		Training  Possible implications for Electronic Patient Records (EPR), leading to additional training	
3	Implement the pilot for the community accreditation scheme	Engagement with stakeholders and staff	Costs for resources to implement the scheme

The priorities will be monitored through the Trust's Quality Team. Information will be gathered by triangulating data and quality reports which will be discussed, challenged, and monitored at monthly Borough Quality and Operational meetings. Reports will be shared with the Quality Council to provide assurance to the Quality & Safety Committee which reports to the Board.

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

### Review of progress against the 2022-23 Priorities for Improvement

Priority for Improvement	Update
<b>Universal in reach – personalised in response - a modernised health visiting and school nursing service delivery model</b>	Universal in reach; personalised in response - A modernised health visiting, and school nursing service delivery model priority commenced in 2022-23. The new model aims to provide a greater emphasis on the proactive assessment of children, young people, and family's needs, with an agile skill mix that can seamlessly respond to unique requirements. The model will help to improve accessibility, enabling young people to receive proactive, early and bespoke interventions to help build their resilience and embed lifelong, healthy habits, in an effort to give them the best start in life. Throughout 2022 planning work was undertaken and two staff engagement workshops took place in January 2023, focusing on the revised model for school nursing and health visiting across both Halton & Warrington Boroughs. The teams worked together to identify

	<p>how they could strengthen multi-professional care pathways and better integrate services in order to support a healthy pregnancy, children 0 – 19 years, and up to 25 years for children with SEND.</p> <p>The school nursing and health visiting teams looked at creative ideas to meet the population's needs and demands at place, whilst ensuring the service provides a workforce that is focused on improving outcomes, reducing inequalities and sustaining high quality outcomes for children, young people, families, carers and local communities alike. Action plans have been developed for both the health visiting &amp; school nursing services across the Boroughs, focusing on additional universal contacts to address key universal health priorities, increased emphasis on personalised care, updating new language recognised within the guidance, and increased scope on emotional health &amp; wellbeing assessments.</p> <p>The intention is to monitor progress against these plans to ensure the new service model is fully embedded by the end of 2023-24.</p>
<b>Person centred outcome development in intermediate care</b>	<p>Over the last year we have explored further the implementation of a person-centred outcome measurement tool within the Intermediate Care Service in Warrington. Person-centred outcome measures are a type of patient-reported outcome measure which helps people to make explicit the personal outcomes they value for health-related goal achievement. They are used to identify the goals most important to the person, and later to record how effective their treatment has been for achieving these goals.</p> <p>A review of available outcome tools was undertaken by the team and the Barthel Index of Activities of Daily Living (BI) was selected as the most appropriate tool to trial. However, when the tool was audited it was found it did not meet the requirements of the service. The audit was not sensitive enough to account for small changes in patient care, meaning valuable progress and outcomes for the patient were not routinely captured.</p> <p>Moving forward we are continuing to explore alternative person-centred outcome measurement tools which capture the necessary sensitivities to measure person-centred outcomes and goal attainment. We are also looking at developing our</p>

	own tool or outcome measure to capture the difference our care makes to patients, their families, and carers.
<b>Begin to scope the development a community accreditation scheme</b>	<p>Over the last 12 months we have networked with other providers to review the various clinical accreditation systems in use, selecting relevant sections to create a localised draft accreditation tool for use in Bridgewater Community Services. We are also aligning the tool to the Care Quality Commissions new 'WE' statements. A draft template is in development and will be reviewed by relevant teams to ensure the suitability of the tool. We have received demonstrations from technology companies who provide digital solutions for audits, such as accreditation tools, to identify the most effective and efficient way of implementing the tool.</p> <p>We are currently in the process of identifying teams to pilot the tool and looking at the resource required to enable this to be rolled out as a pilot in the organisation.</p>

## Statements of Assurance from the Board – Review of Services

During 2022-23 the Trust provided and/or sub-contracted a wide range of community-based services (111 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 2022-23 represents 97% of the total income generated by the Trust for 2022-23.

## Participation in Clinical Audit

During 2022-23 three national clinical audits covered relevant health services that Bridgewater Community Healthcare NHS Foundation Trust provides.

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

The national clinical audits that the Trust was eligible to participate in during 2022-23 are as follows:

- National Diabetes Foot care Audit (NDFCA) - (including Annual National Diabetes Audit (NDA) Integrated Specialist Survey)
- National Audit of Inpatient Falls (NAIF) - Facilities Audit
- UK Parkinson's Audit

The national clinical audits that the Trust participated in, and for which data collection was completed during 2022-23, 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.

<b>Title of National Audit</b>	<b>Number of cases submitted to national audit as a percentage of the number of registered cases required by the terms of that audit</b>
National Diabetes Audit - Adults (foot care)	100%
Falls and Fragility Programme (FFFAP) - National Audit of Inpatient Care – Facilities Audit	100%
UK Parkinson's Audit	100%

No national clinical audit reports were received by the provider in 2022-23 and due to the delayed timescales from the National Bodies to publish reports, the following audits we participated in during 2022-2023 will be published as follows:

<b>Title of National Audit</b>	<b>Findings and Actions</b>
National Diabetes Audit - Adults (foot care)	7 year data collection restarted in April 2022
Falls and Fragility Programme (FFFAP) - National Audit of Inpatient Care – Facilities Audit	2022 data due to be published November 2023
UK Parkinson's Audit	Report to be published March 2023

The reports of eight local clinical audits were reviewed by the provider in 2022-23 and the Trust intends to take actions to improve the quality of healthcare provided – please see the 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 2022-23, who were recruited during that period to participate in research approved by a research ethics committee was 56.

## Goals agreed with Commissioners - Use of the CQUIN Payment Framework

In 2022-23 the Commissioning for Quality and Innovation (CQUIN) payment framework was reintroduced following the Covid-19 pandemic. There were four CQUINs applicable to the Trust as detailed below:

CQUIN number	Detail	Compliance	
CCG 11	<b>Influenza</b> Achieving between 70 - 90% uptake of flu vaccinations by frontline staff with patient contact. <b>Comments:</b> Although this figure is lower than the CQUIN minimum target of 70%, and lower than what the Trust aspires to achieve, across the Cheshire and Mersey, and Greater Manchester regions, flu uptake has been significantly lower this year than previous years. However, of the 31 providers across both regions, Bridgewater is the 4th highest vaccinator.  At the end of the flu season 2022-23, the Infection Prevention & Control (IPC) team plan to undertake a survey to try and understand low uptake of the flu vaccination to see if there is anything that can be done differently next year to improve compliance.	Q1	NA
		Q2	NA
		Q3	60.6%
		Q4	61%
CCG 13	<b>Malnutrition screening in the community</b> Achieving 50-70% of community hospital inpatients having a nutritional screening that meets NICE Quality Standard QS24, with evidence of actions against identified risks.	Q1	100%
		Q2	100%
		Q3	100%
		Q4	100%
CCG 14	<b>Assessment, diagnosis, and treatment of lower leg wounds</b> Achieving 25- 50% of patients with lower leg wounds receiving appropriate assessment diagnosis and treatment in line with NICE Guidelines. <b>Comments:</b> Whilst the minimum target has been achieved in quarters 2, 3 and 4, work is continuing to further improve compliance.	Q1	10.4%
		Q2	39.6%
		Q3	41.18%
		Q4	60.61%
CCG15		Q1	100%

	<b>Assessment and documentation of pressure ulcer risk</b> Achieving 40-60% of community hospital inpatients aged 18+ having a pressure ulcer risk assessment that meets NICE guidance with evidence of actions against all identified risks.	Q2	100%
		Q3	99%
		Q4	100%

Good progress has been made in all areas with 100% being achieved in two out of the four CQUINs. In 2023-24, work will continue to ensure the good practice is embedded and that we progress towards achieving the lower limb CQUIN, and ultimately improving the quality of care for our patients.

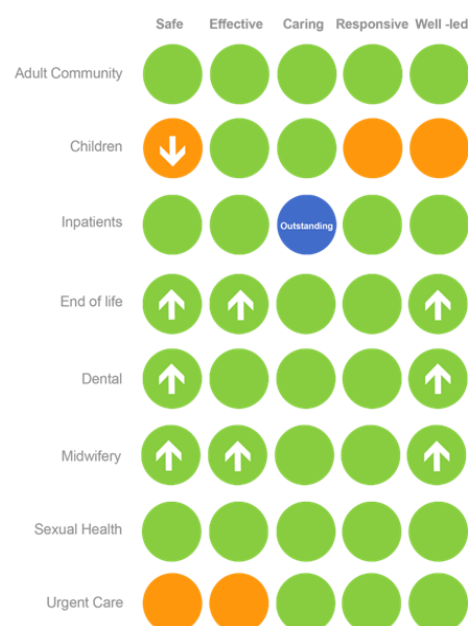
## Care Quality Commission (CQC)

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.

The Trust last underwent a comprehensive Well-Led Inspection in September 2018. The report was published on 17<sup>th</sup> December 2018 and demonstrated a significant improvement since the 2016 inspection with several service lines and domains in the 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**.

CQC relationship meetings with the Trust have continued to take place during 2022-23. No specific concerns have been raised by the CQC and the Trust continues to meet all the requirements of our registration. The CQC has not issued any regulatory enforcement notices to the Trust.

As a Trust we are currently reviewing our approach and preparation for CQC assessments. The Quality Team are working with services to raise awareness of the CQC's new Single Assessment Framework and the "WE" quality statements, and exploring how teams can demonstrate how they are delivering against the CQC standards.





In November 2022, Ofsted undertook a focused visit in Halton. Their focus was on the Borough's front door arrangements and followed Ofsted's last visit to the borough in October 2021. Improvements were noted with the following feedback being received:

*'Thresholds by partners are understood. Their referrals to the iCART contain pertinent information which supports timely decision-making so that children do not experience delay. Referrals are timely and direct conversations between professionals and social workers in the iCART ensure that effective advice is provided to support them when they have a concern about children.'*

*'Children and families are appropriately diverted to early help support and are provided with services and interventions while the early help multi-agency assessment and plan are being completed. This helps to prevent children and families' cases unnecessarily escalating to statutory services as they are provided with timely and proportionate support.'*

In February and March 2023, a Special Educational Needs & Disability (SEND) inspection took place in Warrington, jointly by the CQC and Ofsted. Although formal feedback has not yet been received, initial feedback indicated that 'the local areas partnership's SEND arrangements typically lead to positive experiences and outcomes for children with SEND.'

## Learning from Deaths

Bridgewater Community Healthcare NHS Foundation Trust Board recognises that 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 **1<sup>st</sup> April 2022 to 31<sup>st</sup> March 2023**, **1,808**, of patients receiving care by the Trust died.

The table below shows a breakdown of all deaths, by gender.

Quarter	Male	Female	Intersex	Non-binary	Total
<b>1</b>	230	239	0	0	469
<b>2</b>	210	203	0	0	413
<b>3</b>	231	262	0	0	493
<b>4</b>	210	223	0	0	433
<b>Total</b>	<b>881</b>	<b>927</b>	<b>0</b>	<b>0</b>	<b>1808</b>

By 31<sup>st</sup> March 2023, of the 1,808 deaths, **140** met the criteria for a Learning from Deaths review/investigation as per the Trust's Learning from Deaths policy.

## Review outcomes

None of the **140** patient deaths reviewed during the reporting period were judged to have been due to problems in the care provided to the patient by the Trust.

Some themes were identified as learning for the Trust, including communication with partner agencies and documentation/record keeping.

An example being of a third part communication failure of midwifery not being received into the 0-19 years' service. Another area of learning was the level of background noise in reception areas that could hinder the relaying of messages over the phone and this has been addressed with additional patient advisory training for the identified team. This training stressed the importance for the reception team of informing the on-call doctor in person should they have concerns regarding a patient's symptoms to ask for advice and guidance.

It is noted that there were some inconsistencies in the Learning from Deaths documentation. Examples being gender, ethnicity, place of death along with omissions in content such as cause of death and year of birth. Following which the Learning from Deaths documentation is currently being reviewed to improve the quality of information available for the reviews. This will improve data collection to further support the Trust's Learning from Deaths process, and to continue to review themes with regards to health inequalities.

## NHS Number and General Medical Practice Code Validity

Bridgewater Community Healthcare NHS Foundation Trust submitted records during 2022-23 for inclusion in relevant national datasets.

The percentage of records in the latest published data (December 2022) which included the patient's valid NHS number was:

Data set	Bridgewater Compliance	National Average
Community Services Data Set	99.91%	82.80%
Emergency Care Data Set	99.58%	82.80%
Mental Health Services Data Set	100.00%	82.80%
Outpatients Care Data Set	100.00%	82.80%

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

Data set	Bridgewater Compliance	National Average
Community Services Data Set	99.96%	98.80%
Emergency Care Data Set	100.00%	88.70%
Mental Health Services Data Set	100.00%	88.70%
Outpatients Care Data Set	100.00%	88.70%

## Information Governance

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. 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.

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

The Digital Information Governance and Information Technology (DIGIT) group has set out the Trust's Digital Strategy and has plans in place for this to be achieved.

The Trust, like all organisations who process health information must be registered with NHS England's Data Security Protection Toolkit (DSPT). The Trust achieved ['standards met'](#) in 2022-23.

The DSPT is also a place where health organisations report a serious data security breach. Any breach that affects the rights and freedoms of individuals is investigated by the Information Commissioners Office (ICO). In May 2023 the Trust reported a serious incident that was investigated by the ICO. The incident occurred while reorganising an office and it came to light that a folder containing booking and referral forms was missing. The ICO reviewed and closed the case as the Trust had acted appropriately in managing the data security incident. All the patients were informed.

## Clinical Coding Error Rate Validity

Bridgewater Community Healthcare NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2022-23 by NHS Improvement.

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

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

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

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

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

- System training (and refresher training available on request) sessions for assistance with system use for data recording.
- Activity and data quality are standing items on clinical team meeting agendas.
- Self-serve data quality reports using the Qlik Sense web-based platform.
- Bespoke service specific data quality workshops have been provided to help clinical teams to understand anomalies in performance data.
- System superuser sessions in development to empower delegates with basic system configuration and data quality knowledge.
- Improvements to CSDS, ECDS, CDS, MHSDS datasets
- Regular contact with NHS England data liaison team.
- Ongoing improvements to the Trusts overarching data quality policy.

## 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 NHS Digital.

## Friends & Family Test (FFT)

Core Indicator	Bridgewater 2020	Bridgewater 2021	Bridgewater 2022	National Average for Community Trusts 2022	Highest Community Trust 2022	Lowest Community Trust 2022
<b>Staff Friends &amp; Family Test</b>						
<b>If a friend or relative needed treatment I would be happy with the standard of care provided by the organisation (Question 23d NHS Staff Survey)</b>	78.1%	77.7%	79.3%	76.5%	84.2%	50.9%
<b>% Of staff that would recommend the Trust as a place to work. (Question 23c NHS Staff Survey)</b>	60.1%	57.5%	57.6%	65.3%	74.6%	54.7%

The Trust intends to take the following actions to improve these scores further, and so the quality of its services by:

- Further utilising our Staff Engagement Champions to work with the Trust's Communications and Engagement Team to understand and address the reasons why staff would not recommend the Trust as a place to receive treatment or work.
- Similar to the 2021 NHS Staff Survey, the Trust has developed a suite of action plan templates to further improve engagement across the organisation. Trust directorates will also own individual action plans to complete. All action plans, whether Trust-wide or directorate, will be used to demonstrate improvements over the next 12 months. These plans will be carefully monitored through various Trust governance channels.
- The Quarterly NHS People Pulse survey asks 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. The results of these survey will be fed into the Culture and Leadership People Operational Delivery (POD) Group at which they will be analysed.

- In addition to the NHS Staff Survey, the Quarterly NHS People Pulse provides Bridgewater with four temperature checks per year to monitor progress and consider staff feedback.
- Producing bi-monthly updates on Staff Engagement for the People Committee.

## Patient Safety Incidents

Core Indicator		2019-20	2020-21	2021-22	2022-23
<b>The number and, where available, rate of patient safety incidents reported within the Trust during 2022/23, and the number and percentage of such patient safety incidents that resulted in severe harm or death</b>	The number and, where available, rate of patient safety incidents reported within the Trust during 2022-23	5,402 incidents were reported.  2,661 incidents (49%) were reported to NRLS	4,887 incidents were reported.  2,062 incidents (45%) were reported to NRLS	4,676 incidents were reported.  1,884 incidents (40%) were submitted to NRLS	4,407 incidents were reported.  1,600 incidents (36%) were submitted to NRLS
	The number and percentage of such patient safety incidents that resulted in severe harm or death	There were 7 incidents reported that resulted in severe harm / death, 3 of which met the criteria for a patient safety incident.	There were 2 patient safety incidents reported that resulted in severe harm to patients	There were 0 patient safety incidents that resulted in severe / harm death to patients	There were 0 patient safety incidents that resulted in severe / harm death to patients

\* NRLS -National Reporting and Learning System.

The Trust considers that this data is as described for the following reasons, compared to 2021-22:

- During 2022-23, 4,407 incidents were reported and 1,600 (36%) 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, are 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, opposed to the clinical outcome for the patient.

- Compared to 2021-22 the volume of reported patient safety incidents has decreased by 269 (6%).
- 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 maintained provision of a virtual training package for reporting and management of incidents, which is designed to ensure that staff are aware of the Trust's processes.
- Despite considerable service pressures, the Trust has continued to hold weekly Patient Safety Groups and 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 2021-22:

- During quarter 1 (Q1) there was a decrease in the number of patient safety incidents reported, when 389 incidents were reported compared to Q4 of 2021-2022, when 428 patient safety incidents were reported in the Trust. The decrease during Q1, was not statistically significant as the monthly numbers of reported incidents throughout the year were within the expected upper and lower control limits, for the numbers of reported patient safety incidents. It should be noted that there were increases in the quarterly totals of numbers of reported patient safety incidents throughout the year 2022-23.
- The overall number of patient safety incidents in 2022-23 decreased. The ratio of No Harm incidents (Near Miss, Insignificant outcomes) was 45% of the total number of patient safety incidents reported. This compares with 2021-2022 when 53% of the reported patient safety incidents did not result in any harm to the patients. This highlights the need for ongoing work to encourage the free and open reporting of all incidents by the staff in the Trust.
- The number of Serious Incidents reported in 2022-23 was 61. The most frequently reported type of incidents were pressure ulcers that developed during care provided by the Trust, which accounted for 53 cases. This was a significant increase from 2021-22 when 36 serious incidents were reported in the Trust.
- There was one Never Event reported relating to wrong site surgery.
- 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 Group 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 (or equivalent) for the Borough/service.
- A 'virtual' training program remains in place 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 is supplemented by one-to-one support sessions involving incident managers, and the Risk Team to address specific concerns regarding use of the Trust's 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. The Trust is assured regarding the quality of reported incident data from the data quality reports prepared by the NRLS. Indeed, the quality of data regarding reported incidents has also been noted by the CQC.
- 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 bi-monthly with representatives of the lead Commissioners, which have oversight of the Trust's Serious Incidents.





# QUALITY ACCOUNT PART 3



## Part 3 – Quality of Care in 2022-23

### Trust Quality Measures

The Trust have agreed the following Quality Measures, 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 several years demonstrates where the care we have provided has either improved or declined.

The data for the Patient Safety Indicators are taken from the Trust's Risk Management system.

Indicator to be measured	2022-23 full year position	2021-22 full year position	2020-21 full year position	2019-20 full year position	Comments
<b>Number of pressure ulcers which developed whilst patients were under our care</b>	731 of 1410 pressure ulcer incidents that were reported	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	Although the number of pressure ulcers reported reduced, the proportion of pressure ulcers that developed under Bridgewater care also reduced slightly to 53%.
<b>No. of serious incidents (SIs)</b>	61	36	91	62	The increase in the number of serious incidents reported was a direct result increased numbers of unstageable pressure ulcers.
<b>Proportion of incidents with outcome of "No Harm".</b>	37%	52%	53%	42%	Reported patient safety incidents with "No Harm" (near miss, insignificant) outcomes reduced to 37% of the incidents reported.
<b>CDI reported as lapse in care and</b>	0	0	0	0	

Indicator to be measured	2022-23 full year position	2021-22 full year position	2020-21 full year position	2019-20 full year position	Comments
apportioned to the Trust					
MRSA reported as lapse in care and apportioned to the Trust	0	0	0	0	
Total number of patient falls (In Patient facilities – Padgate House)	128 falls at Padgate House.  Trust total was 195.	108 falls at Padgate House.  Trust total was 153.	128 falls at Padgate House.  Trust total was 193.	93	There has been an increase of 20 falls in Padgate House, which is line with increased reporting of falls in the Trust.
Percentage of patient facing staff that have been vaccinated against flu	62%	69%	77%	70%	There has been a decrease in the number of overall staff receiving the flu vaccine in 2022/23. This trend has been reported across Cheshire and Merseyside and Greater Manchester. However, Bridgewater is in the top 5 of vaccinators across both regions
Staff who would recommend our services to friends and family  (new wording: If a friend or relative needed treatment I	80%	77.7%	78.1%	77%	The minimum score is 1 and the maximum score is 5.  In 2018/19, the result format in relation to the Friends and Family Test internally changed. The results for the two

Indicator to be measured	2022-23 full year position	2021-22 full year position	2020-21 full year position	2019-20 full year position	Comments
would be happy with the standard of care provided by this organisation .)					questions are no longer combined.
<b>End of Life (EOL) – Percentage of patients being cared for in their Preferred Place of Care (PPC)</b>	Audit to be reintroduced for 2023-24	During the pandemic this audit was suspended for 2021/22	During the pandemic this audit was suspended for 2020/21	85%	
<b>Percentage of patients indicating they had a good overall experience</b>	96%	96.2%	99%	99%	For further information please refer to Patient Survey and Friends and Family Test results sections of this account
<b>No. of complaints</b>	47	43	29	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 use the services. All feedback is closely monitored by the BEG with any lessons learned identified and cascaded across the organisation.

## Complaints

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

During 2022-2023 we received 47 complaints compared to 43 during the previous year. These are summarised on a Borough/service basis below:

Borough/Service	Q1	Q2	Q3	Q4	Total
Halton	6	3	5	4	18
Warrington	3	12	7	5	27
Dental	0	0	2	0	2
<b>Grand Total</b>	<b>9</b>	<b>15</b>	<b>14</b>	<b>9</b>	<b>47</b>

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

Theme of complaints	No
Aids/Appliances/Equipment/Premises (Inc Access)	2
Appointment delay/cancellation	1
Attitude of staff	8
All aspects of clinical treatment	29
Communication/information to patients	4
Consent to treatment	0
Patients' privacy and dignity	0
Failure to follow agreed procedures	3
<b>Grand Total</b>	<b>47</b>

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 at the Borough Quality meetings.

Some examples of a lessons learned from complaints, are shown below:

### ***Dermatology Service:***

A complaint was received from a patient who attended the Dermatology Service for minor surgery.

Photographs taken during the consultation were not numbered and not checked with the patient prior to the surgery. **LEARNING** - a new Standard Operating Procedure (SOP) specifically for photography was introduced to ensure that lesions are clearly marked and numbered for identification purposes. Laptops and mobile stands have been purchased to ensure that photographs are loaded to patient records in real time during the patient's consultation.

#### **Community Dental Service:**

Complaint received from the parent of a child with additional needs. It had been agreed that adjustments would be made to help them feel at ease in the clinic but this did not happen.

Clinical staff were not aware of all the information provided by the family prior to the appointment. **LEARNING** - staff reminded that forms should be completed prior to a patient attending their appointments and reviewed by the treating clinician before the patient is seen in clinic, to ensure any required adjustments are put in place for the patient. This has been shared across the dental network via their monthly update bulletin and use of the forms will be regularly audited to ensure compliance.

#### **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. The Trust provides a single free phone number for people to contact for advice and information or to help resolve their issues and concerns.

During 2022-2023 a total of **982** contacts were received across Bridgewater compared to 1,098 received the previous year.

The PALS queries are summarised below.

Quarter	Halton	St Helens	Warrington	Corporate	Dental	Total
Q1	64	9	119	44	23	259
Q2	58	7	99	56	22	242
Q3	37	8	111	34	21	211
Q4	58	8	127	56	21	270
<b>Total</b>	<b>217</b>	<b>32</b>	<b>456</b>	<b>190</b>	<b>87</b>	<b>982</b>

- Approximately 21% of the contacts were requests for advice and information, including signposting to other organisations.

- Approximately 47% 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 982 contacts, 68 were classed as informal concerns with just one of these progressing to a formal complaint. This highlights Bridgewater's approach to resolving concerns and complaints at the earliest opportunity.

### Friends and Family Test Results

The Trust uses a range of methods to seek patient feedback including the use of the Friends and Family Test (FFT) via SMS text messaging, online and paper surveys, 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 2022-2023 a total of 28,281 people responded to the Friends and Family Test question of which (18,336) were by SMS text message and (9,945) by the online and paper surveys. Of the 28,281 that responded to the FFT, 96% rated their overall experience of Bridgewater services as either very good or good.

Method	Total responses	Responses rated very good/good
Text message	18,336	93%
Paper/online survey	9,945	98%
<b>Total</b>	<b>28,281</b>	<b>96%</b>

### Patient Reported Experience Measures (PREMS)

The Talk to Us (TTU) survey provides richer and more in depth information of how patients and carers feel about their care and treatment with us. The survey asks questions based on the key touch points of a patient's journey and are based on the nationally recognised PREMs questions.

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 2022-23 a total of 10,255 people responded to the PREMs questions.

The patient experience responses are shown in the table below.

How do you feel about...	Halton	St Helens	Warrington	Dental	Bridgewater
The time you waited to be seen	91%	100%	99%	99%	97%
The way staff greeted you	99%	100%	100%	100%	100%
The way they listened to you	99%	100%	99%	100%	99%
The information you were given	98%	100%	99%	100%	99%
The dignity & respect shown	99%	100%	100%	100%	100%
Your involvement with your care	99%	100%	99%	100%	99%
The care/treatment received	99%	100%	99%	100%	99%
<b>Total responses</b>	<b>3,518</b>	<b>6</b>	<b>4,023</b>	<b>2,708</b>	<b>10,255</b>

## Compliments

Compliments are received in several ways: from greetings cards, letters and emails plus positive comments from text messages and the Talk to Us feedback forms. During 2022-23 a total of 12,645 compliments were received. A selection of which are shown below:

## Halton Borough

### Adult Bladder & Bowel Service:

'We were so impressed with the service we received. Our nurse [Name], was very professional and so kind and helpful. We felt very well taken care of and were extremely grateful for her help and advice. Thank you.'

### Adult Speech & Language Therapy Service:

'Gave answers to questions asked. Only waited a few minutes to be seen. Gave information I didn't already know. Didn't feel rushed and explained things so I could understand.'



#### **District Nursing Service:**

'The nurse was kind, considerate and professional. Her attention to detail was excellent and she inspired confidence. She gave a clear explanation of what she was doing and the next steps to be taken should I need further assistance. No problems whatsoever.'

#### **Newborn Hearing Screening:**

'[Name] was really reassuring. She explained everything and went over our options when my baby didn't pass the initial test first time. Put my mind at ease.'

#### **Paediatric Physiotherapy/Occupational Therapy Service:**

'Service we received was really good, explained step by step what was going to happen, gave us a plan going forward. The therapist was amazing with our daughter, knew how to speak to her, included her and gave her a plan moving forward.'

#### **School Aged Immunisations:**

'Seen quickly, everything was explained to myself & son before treatment was given.'

#### **Urgent Treatment Centre:**

'I just wanted to get in touch to leave some feedback from our trip to the Widnes Urgent Treatment Centre today. We visited with my 3 week old son [name]. We were so pleased with how the staff were with us today and the whole trip really. Everyone was so pleasant and understanding and we were seen really quickly, which is great when worried about such a little one. One staff member that I wanted to make sure to feedback on was the paediatric nurse that saw us. She was absolutely fantastic, so please feed this back to her manager and pass along our thanks. She was friendly and reassuring, was amazing with our son and she really went the extra mile to not only ensure he was thoroughly assessed, but that everything was explained to us in detail. Please do pass along how amazing she is at her job. Many thanks.'

#### **Wheelchair Service:**

*'The wheelchair consultant explained everything in a clear manner. His attitude was 1st class.'*

### Children's Special Needs Nursing:

'[Name] the autism nurse was amazing and has given us fantastic support over and above our expectations. She has shared her expert knowledge of autism, is incredibly kind and professional as well as attending school meetings with us, allowing us to feel heard and understood by our son's school who did not really understand autism or our son's needs. We feel very confident that she has a thorough up-to-date understanding, which makes a huge difference, and she has given us individualised resources to help our son with his autistic burnout. We are so grateful for her help.'

### Dermatology Service:

'The staff are incredibly helpful, informative, and supportive. They reassure you at every step. I was seen on time and the follow up information was excellent.'

### District Nurse Treatment Room Service:

'I had an appointment with a nurse [Name] that I had never seen before. She was lovely and certainly went above and beyond to help me. It was lovely to meet such a pleasant nurse and I hope my path crosses with [Name] if I need future appointments.'

### Paediatric Acute Response Team:

'I was impressed that we were straight in and out. The nurse was lovely and put my child at ease whilst he had his blood taken. She was very professional and helpful.'

### Orthopaedic Clinical Assessment and Treatment Service (OCATS):

'My appointment was on time and I was given a thorough and professional examination which was conducted in a friendly and confident way. I wasn't rushed, everything was explained, and all of my questions were answered. Excellent service.'

### Health Visiting Service:

'My health visitor [Name] goes above and beyond to make sure I'm doing Ok. She stays with me as long as I need and always has a kind ear. She gives reassuring advice and has also helped me to calm baby if she has been crying during a visit. She shares her own personal and professional experiences, which makes her advice relatable.'

## Community Dental Services

### Halton Dental Services:

'Today my son and I attended a dental appointment, and we experienced great care, which should be acknowledged and celebrated. My son has autism and was booked in for a difficult extraction. We were greeted with a nice receptionist and were seen promptly by a very kind and friendly nurse who immediately put [Name] at ease. The dentist took great care, was so patient and explained everything so well that [Name] was also at great ease in her care. Both members of staff were so kind, compassionate, and showed marvellous professionalism. They also managed to do what others could not.'

### Bolton Dental Services

'All staff I have met throughout have been amazing, explained everything thoroughly, nothing has been too much, made me and [Name] very comfortable. Couldn't thank them all enough.'

### Oldham, Rochdale, Bury Dental Services:

'I would like to take this opportunity to thank all those involved with [name's] dental treatment. The care planning and communication between all services enabled [name's] treatment to be a success.'

### St Helens Dental Services:

'Absolutely fantastic, staff were wonderful, so caring and patient. Explained everything that was happening. Extremely efficient and a first class service. Thank you so much for your care and attention.'

### Stockport:

'The ladies were incredible with my son. They showed him so much care and kept me informed of each step. Can't thank you enough.'

### West Cheshire Dental Services:

'I had an appointment at one of your dental clinics to have a wisdom tooth removed. I want to thank all the staff involved with my care. From the moment I arrived until leaving the building I was greeted and treated by friendly and supportive staff, I really can't thank them enough. I had a severe fear of the Dentist, following a really bad experience, and not been able to have treatment for over 40 years. After this appointment, not only has the tooth been extracted but I've the confidence to start having regular check-ups / treatment. Can you please pass on my thanks to the team on duty. Thanks again.'

## Lived Experience Panels

Bridgewater is working with AQUA (Advancing Quality Alliance) to develop 'Lived Experience Panels' across our services in Halton and Warrington Boroughs and in our Community Dental Services. A lived experience panel is where patients, family members and carers who have experience of our services come together with healthcare staff to look at service development and improvement.

The Voice of the Child forum is setting up a lived experience panel for Children's Services. This will involve young people, their parents/carers, and staff from different children's services across the Trust. Work has been progressing during 2022-23 and several staff members and families have expressed an interest in joining. Information sessions have been arranged for May 2023.

Staff from the Stoma Service and from the Dental Service have expressed interest in developing Lived Experience Panels and have begun inviting patients and carers to attend training (provided by AQUA) and subsequently join a Lived Experience Panel.

## Patient Partners

We know that patients and carers are well placed to gauge how services are performing. Patient Partners is an approach that actively encourages 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 share practical ideas and good practice around involving patients as partners in service improvement.

Key areas of work include:

- Methods to collect patient/carer feedback
- Involving patients and their families in service improvement
- Developing Lived Experience Panels
- Collecting patient stories
- Involving patients and carers in staff recruitment
- Supporting carers
- Envoy training for staff

Examples of ways that services are involving patients and carers in service improvement include:

- The Paediatric Physiotherapy Service has developed methods to collect additional feedback from children and parents about therapy sessions.
- Paediatric Specialist Services meet regularly with representatives from the Halton Special Educational Needs and Disabilities (SEND) Parent Carer forum and their groups.
- Community Dental Services have undertaken telephone surveys to collect additional feedback, regularly collecting patient stories, interested in developing

a Lived Experience Panel and trialling technology to gather feedback directly from young patients.

- The Health Visiting Service regularly collect patient stories about women's experiences of breastfeeding and the service's support.
- The Community Neurosciences Team have collected specific feedback about their fatigue and balance groups.
- The Stoma Service runs a support group for patients.
- The Stroke Service has responded to patient feedback, by putting on late consultations for patients who work and relatives to attend.

## Voice of the Child

The voice of the child is a phrase used to describe the real involvement of children and young people. Bridgewater has a Voice of the Child Forum which aims to raise the profile of the child's voice across the Trust at both a service and an individual level.

The forum's mission is to ensure that the lived experiences and voices of all children and young people are heard, understood and advocated from every contact to improve their lifelong outcomes.

They aim:

- To embed a culture of listening to feedback from children and young people across the Trust
- To ensure children's voices are represented at the Trust Board
- To enhance the quality of recording the voice of the child and integrating quality standards across the Trust for children's voices represented in care plans and other reports.
- Enable staff to use feedback/the voice of the child to identify areas for improvement in quality of care and service delivery.
- To provide a forum to discuss and share good practice regarding the voice of the child.
- To provide mutual support and ideas to attendees and their wider teams.

The Voice of the Child Forum meets bi-monthly and is made up of clinicians from different children's services across Bridgewater. Some areas of work include:

- Showcased the Voice of the Child at Bridgewater's Thank You Awards and Annual Members Meeting (AMM). Created a visual model for staff, to assist in capturing the voice of children and young people.
- Reviewed prompts on clinical record systems with a view to improving how the voice of the child is recorded.
- Developing a Lived Experience Panel.
- Developing training on the Voice of the Child, to be delivered across the Trust.

## Patient Stories

A patient story is an individual's experience, thoughts, and feelings about using a healthcare service, as told in their own words. It shows the quality of care received from those who are receiving it and what is important to the patient. By knowing what is working well for patients and what needs to be improved, we can continually improve services leading to better patient experience and better clinical outcomes.

A number of services have collected patient stories, some of which have been shared at the Trust Board, including:

- Community Dental Services
- Community Neurosciences Service
- Health Visiting Service, Breast Feeding Team
- Paediatric Physiotherapy / Occupational Therapy Service
- Stoma Care Service

## Carers Plan

The Bridgewater Carers Plan 2022-25 was launched in August 2022. Its vision is to ensure that:

***‘carers are recognised, valued, and have access to the right support at the right time, to improve the quality of life and wellbeing for both the carers and the people they care for’.***

Actions resulting from the Carers Plan have included:

- Developing a new carers webpage ([bridgewater.nhs.uk/aboutus/information-for-carers](https://bridgewater.nhs.uk/aboutus/information-for-carers))
- Creating a new carers information leaflet ([bridgewater.nhs.uk/wp-content/uploads/2023/02/Are-you-a-carer-leaflet.pdf](https://bridgewater.nhs.uk/wp-content/uploads/2023/02/Are-you-a-carer-leaflet.pdf))
- Developing training for staff, which is currently being delivered.
- Developing a communications plan to promote support for carers, to staff.

Work is currently focused on establishing a process to better identify carers in contact with Bridgewater services via clinical records as well as working with Warrington partners around using a borough-wide carers passport and linking in with local carer organisations.

## PLACE

A Patient Led Assessment of the Care Environment (PLACE) took place at Widnes Urgent Treatment Centre in September 2022. PLACE involves local people, (known as patient assessors) going into healthcare settings to assess how the environment supports the provision of clinical care. The Patient Assessors looked at cleanliness,

general building maintenance, and the extent to which the environment supports those with dementia or a disability and provides privacy and dignity.

Overall, results were positive, and at the end of the assessment, patient assessors stated that they would be very confident that a good level of patient care and experience would be delivered within the environment.

## Patient Safety / Incident Reporting

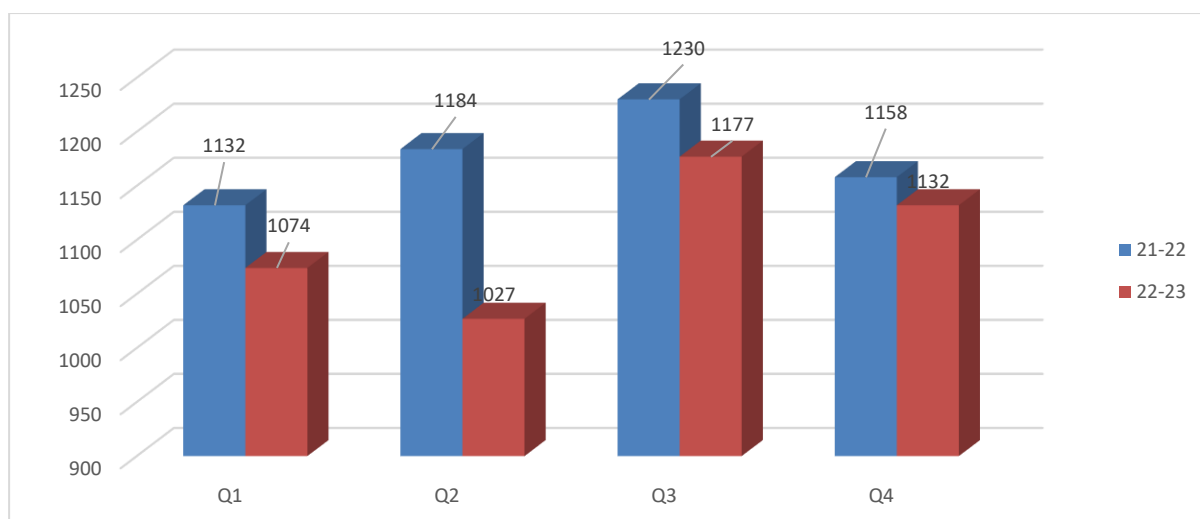
During 2022-23 the Trust continued to use the web-based Ulysses Safeguard Risk Management System for reporting and management of all actual incidents and near misses, which did or could have resulted in harm to patients, staff, or any other person(s).

There was a slight decrease in the total numbers of incidents reported in the Trust during 2022-23, when a total of 4,407 incidents were reported, compared to 2021-22 when 4,676 incidents were reported.

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 Dental Services. The purpose of these meetings is to review all reported patient safety incidents to ensure that they are being managed correctly and to identify new serious incidents. These meetings are open to any staff who wish 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. These meetings are in hybrid format, in that they are held virtually, and staff have the option of attending in person.

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 2022-23, 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	2019/20	2020/21	2021/22	2022/23
Bolton	*4			
Cheshire	8	0	0	0
Corporate	45	42	40	52
Dental	241	158	357	284
Halton	1,496	1,701	1,390	1,449
Health & Justice	945			
Oldham	500	500	515	
St Helens	141	51	53	73
Trafford				
Warrington	1,975	2,435	2,321	2,549
Wigan	*47			
<b>Total</b>	<b>5,402</b>	<b>4,887</b>	<b>4,676</b>	<b>4,407</b>

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

\*\*Grey box indicates that the Trust no longer provides this service

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 incidents were reviewed to see if any 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 2022-23, the Trust's pressure ulcer improvement work, was overseen by the Harm Free Care for Pressure Ulcers, Operational Delivery Group (ODG). The ODG oversees one consolidated workplan for all work streams, regarding the prevention and management of pressure ulcers.

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

During the period 2022-23 there were a total of 4,407 incidents reported in the Trust. Of these, 1 incident was identified as having the potential to cause a significant disruption to clinical services. However, this incident did not cause any harm and related to: -

- Flooding in a clinical area caused by a burst pipe.

The Trust's incident reporting system provided a vehicle to report patient deaths. During the year a total of 140 of the deaths reported were subject to a Learning from Deaths review. The Trust has developed and introduced a Learning from Deaths template, to provide a focussed proportionate review of reported deaths to ensure that learning is identified and when necessary, formulated into action plans.

The Learning from Deaths Reviews identified that there was no evidence to indicate that any of the deaths were caused or contributed to by lapses in the care provided by the Trust.

### **Patient Safety Incidents by Actual Impact**

Of the 4,407 incidents reported during 2022-23, 3,286 (75%) were categorised as near misses [0], insignificant [1] or affecting patient safety. 1,600 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.

<b>Patient Safety Incidents by Actual Impact</b> <i>(This is a scoring matrix to measure the level of harm to patients)</i>	<b>2018-19</b>	<b>2019-20</b>	<b>2020-21</b>	<b>2021-22</b>	<b>2022-23</b>
	<b>Total</b>	<b>Total</b>	<b>Total</b>	<b>Total</b>	<b>Total</b>
<b>Near Miss</b>	432	479	417	323	129
<b>Insignificant</b>	999	1112	682	650	459
<b>Minor</b>	1,035	1025	892	878	942
<b>Moderate</b>	268	41	68	33	70
<b>Major</b>	10	2	2	0	0
<b>Catastrophic</b>	75	2	1	0	0
	<b>2,819</b>	<b>2,661</b>	<b>2,062</b>	<b>1,884</b>	<b>1,600</b>

The Insight data published by the CQC for the period 01st April 2022 to 30<sup>th</sup> September 2022, included a measure of the responsiveness of the Trust's patient safety incident reporting arrangements. This is based on the time taken between incidents being reported and submitted to the NRLS. It should be noted that the Trust was compared with 71 other Trusts, and our systems were the most responsive compared to our peers.

In 2022-23 the total number of reported incidents that were classed as patient safety incidents decreased by 284 from 1,884 to 1,600.

The following work streams continued during 2022-2023 to improve the reporting and management of our incidents:

- A virtual training package regarding the 'Reporting and Management of Incidents', continues to be available in the Trust. Delivery of this has been prioritised for senior staff who are responsible for the management of incidents.
- The Borough Quality meeting(s) have met every month to provide a forum that is 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.

- Performance reports regard the management of incidents are reviewed each week by the Serious Incident Review Panel (SIRP).
- Automated monthly incident reports continued to be issued to senior managers at the beginning of each month, to ensure that they were sighted on all incidents within their areas of responsibility.
- The 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.

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. Additional methods are being considered 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 CQC 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 was 1 never event reported during the period 01<sup>st</sup> April 2022 to 31<sup>st</sup> March 2023.

### 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 1<sup>st</sup> April 2022 to 31<sup>st</sup> March 2023, the Trust received 10 National Patient Safety Alerts, 3 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 Ulcer Report

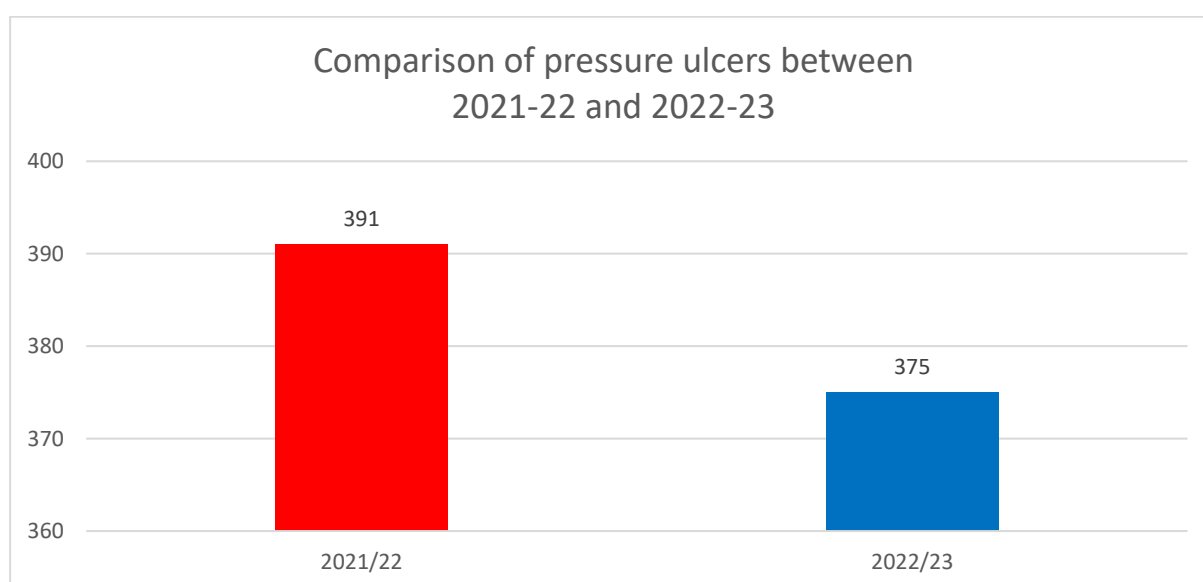
Pressure ulcer prevention and management associated with healthcare delivery, have been core activities for the Harm Free Care Pressure Ulcer Operational Delivery

Group (HFC PU ODG) during 2022-23. The HFC PU ODG has continued to meet on a monthly basis. The group is chaired by a Quality Matron and its Deputy Chair is the Tissue Viability Clinical Nurse Specialist.

The 2022-23 pressure ulcer work plan and evidence of its corresponding actions has continued to be monitored at the bi-monthly Harm Free Care Pressure Ulcer Steering Group. (HFC PU SG), chaired by the Halton Director of Nursing

Pressure ulcer incidents have continued to be analysed on an incident-by-incident basis by the patient safety group, TVN's and operational managers for each borough. The findings of the same are presented to the HFC PU ODG monthly.

The table below demonstrates that in 2022-23, there was a total of 375 pressure ulcers that developed within Bridgewater compared to a total of 391 in 2021-2022. This shows a total decrease of (16) 4% in pressure ulcers that developed within Bridgewater during 2022-23.



During 2022-23 the group has continued to interrogate the data, identify themes and trends, identify rapid learning, and escalate early interventions to minimise risk and harm to patients in our care. This process allows for immediate actions at an operational level to be completed and the resulting management / learning from the same to be shared and discussed at the HFC PU ODG and via Trust Harm Free Care Groups.

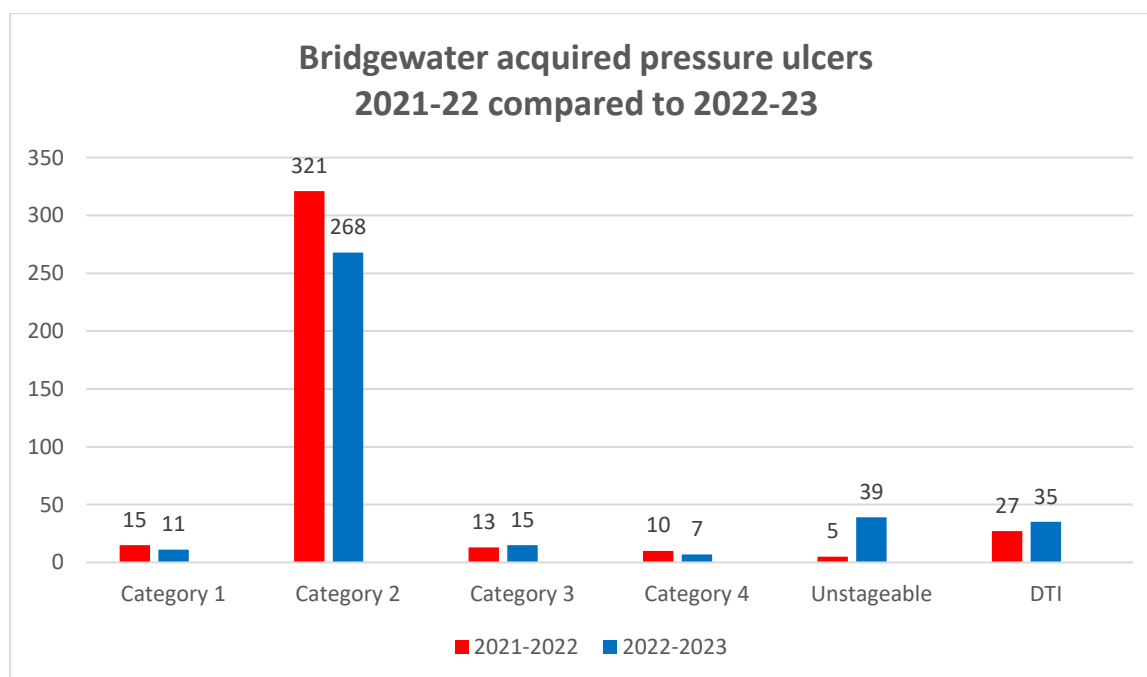
Providing subject matter expert opinion using a recognised systems-based method for conducting investigations i.e. Root Cause Analysis (RCA), completion of deep dives, policy review, clinical audits and revision/production of clinical Standard Operating Procedures have formed part of the work of this group during 2022-23. The group has

agreed and implemented, in collaboration with others; service targets, aims and objectives, and quality improvement work streams. Through sharing appropriate data between health, social care and community safety organisations the group has targeted prevention activity and coordinated care for our local populations. The tissue viability nurses have participated in public health campaigns to raise the awareness that pressure ulcers can affect anyone in their lifetime. Through provision of complementary bite-size training offers to Trust community nursing and specialist nursing teams, the tissue viability nurses have raised the profile on making every contact count including the assessment of the risks which contribute to pressure ulcer development.

### Analysis of the data on Bridgewater Acquired Pressure Ulcers 2021-22 – 2022-23

During 2022-23 the Trust has continued to actively encourage reporting of all categories of pressure ulcers in line with national requirements. As an action from the HFC PU ODG, bespoke training has been delivered to teams to promote a culture of learning from best practice, from mistakes and to take action to keep patients safe.

The table below shows the pressure ulcer data comparison 2021-22 -2022-23



### Category 1 Pressure Ulcers

During 2021-22 there were 15 category 1 pressure ulcers acquired under Bridgewater services, compared to 11 in 2022-23. This reflects a 26% decrease of category 1 pressure ulcers that were acquired under Bridgewater services.

## Category 2 Pressure Ulcers

During 2021-22 there were 321 category 2 pressure ulcers acquired under Bridgewater services, compared to 268 in 2022-23. This reflects a 16.5 % decrease of category 2 pressure ulcers that were acquired under Bridgewater services.

## Category 3 Pressure Ulcers

During 2021-22 there were 13 category 3 pressure ulcers acquired under the care of the Trust, compared to 15 in 2022-23. This reflects a 15% increase of category 3 pressure ulcers that were acquired under the care of Bridgewater services.

- Analysis of the data at the time at the HFC PU ODG had shown patient choice featured as a significant feature in the root cause analysis investigations.

## Category 4 Pressure Ulcers

During 2021-22 there were 10 category 4 pressure ulcers acquired under the care of the Trust compared to 7 in 2022-23. This reflects a 30% decrease of category 4 pressure ulcers that were acquired under the care of Bridgewater services.

## Unstageable Pressure Ulcers

During 2021-22 there were 5 unstageable pressure ulcers acquired under the care of the Trust compared to 39 in 2022-23. This reflects a significant increase in unstageable pressure ulcers that were acquired under the care of Bridgewater services. Following a review of the incidents, this increase can be attributed to an increase in the complexity of patients, including those approaching end of life, along with patient choice.

## Deep Tissue Injuries

During 2021-2022 there were 27 deep tissue injuries acquired under the care of the Trust compared to 35 in 2022-2023. This reflects a 29% increase of deep tissue injuries that were acquired under the care of Bridgewater services.

## Impact of the Pressure Ulcer Work Plan

The overall aim of the pressure ulcer work plan in 2022-23 was to achieve a 20% reduction in pressure ulcers categorised as serious incidents by quarter 4 2022-23. However as of the 1st April 2023 there had been an increase in the number of pressure ulcers reported:

- 27 moderate harm, pressure ulcer related incidents, were subject to StEIS reporting in 2021-22.

- 60 moderate harm, pressure ulcer related incidents were reported in 2022-23 with 54 being subject to StEIS reporting.

This data will be subject to further scrutiny by the Tissue Viability service in their annual pressure ulcer report for 2022-23. Early indications suggest end of life status and multiple pressure ulcers (total of 5) with a specific patient is a significant feature in the data.

The data suggests that this rise in unstageable pressure ulcers is a dominant feature of this significant increase, and a significant piece of work has been completed and will continue during 2023-24 to educate and support staff in the categorisation of pressure ulcers.

During 2022-23 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 Patient Safety Group (PSG) meetings and Serious Incident Review Panels (SIRP) 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 the Integrated Care Board (ICB) 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 2022-23 included:

- specific provision for the formal recording of the subject matter expert opinion by the TVN 's on root cause analysis investigation reports
- specific provision for the formal recording of approval of the investigation report by the operational managers prior to presentation at the PSG.

## Education and Training

The Risk Team has continued to offer incident and investigation report training and have delivered bespoke training packages to teams to meet service needs.



The Tissue Viability Nurses have re-established face to face 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 and provide feedback on their findings. During 2022-23 a standard huddle observation record was developed which also allows observation of the pressure ulcer huddles by TVN advocates as part of their role and development.

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

## 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 2022-23, the Medicines Management newsletter 'Medicines Matters' included features on the prescribing algorithms for patients at the end of life, risks associated with specific medicines such as paracetamol and emollients, the safe storage of medicines during periods of hot weather, prescribing advice on the local medicines formulary and wound care management, an introduction to the 'Going Digital' roll-out of electronic prescribing and the Electronic Prescription Service (EPS), as well as lessons learnt and good practice by Trust staff involving medicines, national patient safety alerts and non-medical prescribing updates.

On a quarterly basis, a medication incident report and Controlled Drugs Accountable Officer report is submitted to the Quality Council and shared with Commissioners. Controlled drug incidents which meet specific criteria are also reported to NHS England North West and any relevant information shared at the North West intelligence network meetings.

In 2022-23, 475 medication related incidents (11% of the total incidents reported over this period) were reported by Trust staff with 90 involving controlled drugs.



68% 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 and local providers, the Integrated Care Board (ICB) 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 2022-23, 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 several guidelines and procedures related to medicines being reviewed and approved for use. A significant amount of work has been undertaken to help drive the safe use and management of insulin across the Trust. The annual roll-out of the safe and secure handling of medicines audit programme 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, sessions on insulin safety and medicines management in end-of-life patients. The Medicines Management team has supported the implementation of an electronic prescribing and medicines administration system (EPMA) in our in-patient service and the on-going roll-out of electronic prescribing in other services has continued to improve patient experience and safety.

In 2022 and in accordance with national requirements, the Trust continued to support the national Covid-19 vaccination programme and enabled all front-line staff to have easy access to vaccination. Collaboration with other local providers also facilitated the intravenous delivery of sotrovimab to treat patients with Covid-19 infection in their own homes, helping improve the patient experience and avoiding an hospital admission.

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 227 Non-Medical Prescribers (NMPs) comprising of 89 independent prescribers and 138 community practitioner nurse prescribers on its NMP register. All new NMPs meet with the Non-Medical Prescribing 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 the local pan-Mersey and Trust formularies. Any off-formulary prescribing is highlighted, and individuals asked to provide a rationale. Repeat infringements 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 2022, 22 clinical staff enrolled on a non-medical prescribing course at a North West university of which 21 successfully completed the course.

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

## Safeguarding

Safeguarding is all about 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 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.

Our Safeguarding Strategy 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.

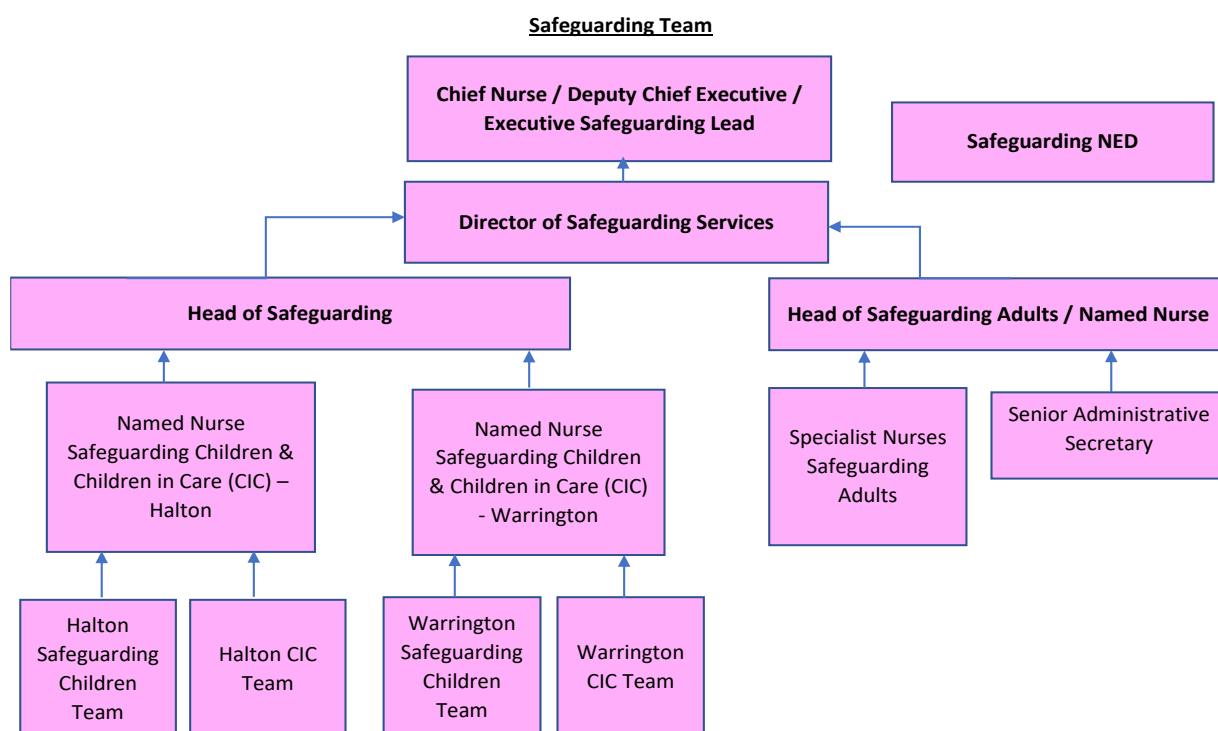
Together with our Safeguarding Declaration 2022-2025, the Safeguarding Strategy is available on our Trust Intranet (Hub) and on our patient facing website.



## Structure

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

In response to an increasingly agile workforce the Safeguarding Team utilise a combination of face to face and virtual contacts to ensure that they are easily accessible for all staff across the organisation.



Our Borough-based Safeguarding Children's teams and Trust-wide Safeguarding Adults team provide a range of functions across the organisation including:

- A programme of mandatory and role essential safeguarding training and bespoke training responsive to national and local priorities and service need.
- 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 multi-agency learning reviews, strategy meetings and conferences.
- Safeguarding oversight of all adverse incidents reported within Bridgewater through participation into the Trust's Patient Safety Meeting and Serious Incident Review Panel (SIRP).
- Providing specialist input into Trust improvement forums including the 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 preparation, contribution and/or response to safeguarding inspections such as the Joint Targeted Area Inspection (JTAI) and the Inspection of Local Authority Children Services (ILAC).

Over the past year we have reviewed and updated the dedicated safeguarding pages on the Trusts intranet site. The comprehensive information held within these pages ensures that safeguarding leads within the organisation are easily identifiable as well as providing staff with easy access to safeguarding related information and guidance.

### **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.

### **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 2022- 2023 all quarterly STAG meetings have been held virtually. Meetings have been held quarterly (April, July, October and January). An additional 'extraordinary' STAG meeting was held in November and focused on providing (at the request of SIRP) oversight of the progression of several safeguarding related internal action plans.



The assurance process through STAG was strengthened with the incorporation of a safeguarding remit within the portfolio of one of the Non-Executive Directors (NED) who joined the STAG membership in October 2022.

Named Professional meetings have taken place bi-weekly 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.

During 2022-2023 as part of the Trust's internal audit plan Mersey Internal Audit Agency (MIAA) undertook as review of the Trust's safeguarding systems and processes.

The review identified a small number of low and medium risk recommendations for the Trust. Many of the recommendations made reflected completion of workstreams that were already in progress, and which had been discussed with the auditor during the review. All recommendations received have been incorporated into an action plan the progress of which will be monitored via STAG.

The overall conclusion from MIAA was of **Substantial** assurance and noted:

*“There is a good system of internal control designed to meet the system objectives, and that controls are generally being applied consistently”.*

### External Assurance

The Trust is fully engaged in supporting local accountability and assurance structures. Safeguarding assurance is provided to Cheshire and Merseyside Integrated Care Board (ICB) for Halton Place and Warrington Place. Assurance is achieved through detailed and comprehensive quarterly submissions of evidence to support the Safeguarding Quality Schedule as well as annual completion of safeguarding audit tools which evidence our compliance with the NHS Safeguarding Accountability and Assurance Framework 2015 (updated 2022) and Section 11 of the Children Act (2004). Completed audit tools are subject to scrutiny from the Designated Professionals in the ICB. 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 2022-2023 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) in Halton 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's Designated Nurses in the ICB, indicates that our commissioners recognise and value the contribution the Trust makes to local multi-agency safeguarding arrangements. The following quotes are taken from the feedback reports prepared by the Designated Nurses in Halton and Warrington in response to our quality schedule submissions during 2022- 2023.

- *'The Trust's reports for both safeguarding adults and children provide excellent examples of good practice/assurance to the ICB and reflect the openness and transparency the Trust has in relation to Safeguarding.'*
- *'Bridgewater provide active input to the Halton Safeguarding Adult Board (HSAB) sub- groups and works effectively with partners re adult safeguarding.'*
- *'Significant assurance is noted from the wider aspects of safeguarding practice within the trust.'*
- In Q1, the ICB noted the increase in the number of Strategy Meeting Request received by the Safeguarding Team and commented: *'There was good attendance at these meetings with an evidenced 98.5% attendance which is commendable.'*
- *'Engagement with the Child Protection Case Conferences continues to be good (Q2)'*
- *'The adult services who support safeguarding remain very involved in the place-based work and endeavour to share and cooperate with the key agencies who support adults at risk'*
- The retiring ICB Designated Nurse commented in Q3: *'I would like to thank Jim and his team for the continued efforts and support with adult safeguarding and commitment to multiagency working and developments. It has been a pleasure working with you all'*
- *'Assurance for children is positive, the safeguarding team and children in care team work tirelessly to ensure staff are supported to enable them to safeguard and protect vulnerable children and families. There is positive involvement in multi-agency working and excellent contribution into the Safeguarding Partnership.'*

- *'It is positive to read that in Q3 96% compliance with Safeguarding Supervision has been achieved. This is an improvement from 93% in Q2. This is testimony to the team for their tenacity in delivering supervision when they have had to provide cover into the MASH'*

### **Safeguarding Adult Board/ Safeguarding Children Partnership**

The Trust provides a broad range of community health services for both adults and children across Halton 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.

During a Partnership Away Day it was recognised that the effectiveness of Halton's Safeguarding Practice Group could be enhanced by inviting health providers to join its membership. Halton's Named Nurse for Safeguarding and Children in Care joined the group for the first time in November 2022 and our intention is going forward that her contribution will mirror the already well-established contribution our Named Nurse in Warrington makes to Warrington's Impact group.

Work plans with partners include:

- Responding to domestic abuse in older adults.
- Multi-Agency Risk Assessment and Management (MARAM) process which is used in situations where there is significant concern that an individual's lifestyle choices or behaviour may result in serious harm.
- A pan-Cheshire scoping exercise exploring the theme of non-accidental injuries in under 5's.
- Benchmarking against the findings of Cheshire East's Joint Targeted Area Inspection (JTAI) on the theme of contextual safeguarding.
- Contribution to completion of a local diagnostic review of strategic and operational partnership arrangements for child exploitation as part of the Contextual Safeguarding Strategic Group.
- Completion of an All Age Exploitation Tool for a mapping exercise.

During 2022-23 the Safeguarding Team have led the Trust's contribution to a variety of safeguarding related reviews across the Trust's footprint. These have included Rapid Reviews, Child Safeguarding Practice Reviews, Safeguarding Adult Reviews and Learning Circles and 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 and their managers. 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

It is recognised that the last few years have had a significant impact on all staff across the Trust and the need to care for our staff members emotional health and wellbeing has never been more important. This need has been reflected within measures put in place to support the Safeguarding Adult and Children Teams:

- Since the beginning of April 2022 all members of the Safeguarding and Children in Care (CIC) teams have had access to restorative supervision. This enables our Safeguarding Practitioners to work through any issues which might be impacting on their ability to think clearly in work and therefore supports maximum effectiveness. The frequency of supervision is tailored to individual needs, with all staff having restorative supervision a minimum of three monthly.
- The 'Time to Talk' team visits from members of the Trust's Executive Team have continued over the last 12 months and, in addition, the Director for Safeguarding has visited each of the Safeguarding Teams each six months. These have provided important opportunities to hear both what is going well alongside any concerns staff may have.
- Regular supportive 1:1 meetings with line managers

The Safeguarding Team achieved some of the highest scores within the Trust, in the 2022 Staff Survey, across all of the elements and themes of the NHS People Promise with improvement in scores from 2021.

## 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 2022-23	Q2 2022-23	Q3 2022-23	Q4 2022-23
<b>Halton</b>	100%	100%	90%	79.5%*
<b>Warrington</b>	94.7%	93%	96%	97.8%

\*There were 8 practitioners who were not available for safeguarding supervision in Q4. All have safeguarding supervision booked early in Q1 2023-24.

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. In last year's Quality

Account, we detailed how we facilitate this for our new starters. The Trust's Head of Safeguarding 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 (delivered in two parts) available within the Trust to a cohort of 9 staff from across the Trust's Safeguarding, CIC, and Family Nurse Partnership Teams.

Following completion of part 2 of the training in April 2022 the following feedback was received from the NSPCC facilitator;

*'The group were a delight to facilitate learning to. They were extremely professional, knowledgeable, and respectful of each other. They exuded a passion to safeguard children, young people, and vulnerable adults.'*

*'They demonstrated a high level of skill and motivation to develop further and were committed to the learning. They were all a credit to their profession and to your organisation.'*

### 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). During the pandemic the Safeguarding Team delivered level 3 training via a blended offer which combined a level 3 eLearning package with virtual face to face delivery via Microsoft Teams, however over the past 12 months both our adult and children's Safeguarding Teams have re-established a face-to-face level 3 training offer and this has been well received by practitioners.

Earlier in this report we referred to safeguarding training compliance as an area which has continued to challenge us as a Trust and therefore which has been the focus of significant attention at all levels of the Trust during 2022-23. Throughout the year the Trust's Executive Team have set incremental targets for increased compliance at level 1, 2 and 3 for both adults and children's safeguarding training. The Safeguarding Teams have added additional sessions of level 3 training into their regular training programmes to support these targets working with Service Managers and the Trust's EPD team to ensure that the training has been appropriately targeted, and staff have been supported to access it.

The table below shows the significant progress which has been made in year as a result. Whilst we acknowledge the need for further improvements in relation to safeguarding adults' level 2 and safeguarding adults level 3 it is notable that compliance has improved from 74.6% to 88.86% and 47.24% to 76.09% respectively.

<b>Course</b>	<b>Compliance Target Set Within Quality Schedule</b>	<b>Trust Wide Compliance Month 12 2021-2022</b>	<b>Trust Wide Compliance Month 12 2022-2023</b>
<b>Safeguarding Children level 1</b>	90%	86.78%	93.99%
<b>Safeguarding Children level 2</b>	90%	73.09%	91.23%
<b>Safeguarding Children level 3</b>	90%	84.2%	93.13%
<b>Safeguarding Adults level 1</b>	90%	87.91%	94.79%
<b>Safeguarding Adults level 2</b>	90%	74.6%	88.86%
<b>Safeguarding Adults Level 3</b>	90%	47.24%	76.09%
<b>MCA</b>	90%	72.34%	92.91%
<b>Prevent Basic Awareness</b>	85%	87.1%	95.71%
<b>Prevent Wrap 3</b>	85%	88.45%	93.38%

In addition to delivering level 3 safeguarding training our Safeguarding Teams have delivered a variety of bespoke training sessions responsive to service needs as well as supporting the delivery of multi-agency safeguarding training. During 2022-23 bespoke and multi-agency training delivered has included

- Neglect and Halton's Neglect Strategy
- Perplexing Presentations/Fabricated and Induced Illness
- Halton's child protection conference model
- 'Asking the Question' Professional Curiosity.
- Self-Neglect
- Creating Safer Organisational Cultures
- Working Together
- Graded Care Profile 2
- Attachment training
- Contextual Safeguarding (bespoke training developed for Warrington's Learning Disability Team)
- Trauma Informed Practice.

### **Safeguarding Risks and Incidents**

Safeguarding risks are monitored at the 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 Group 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.

During 2022-23, SIRP has requested that STAG has oversight of the progression of a number of Safeguarding related action plans. There are safeguarding related actions plans in place across the Trust as a result of learning from safeguarding audits, incidents and reviews. These are regularly reviewed and updated to provide assurance both internally and to our commissioners and key stakeholders. Action plans are monitored through the relevant Trust forums; Named Professional meetings, Borough Quality meetings, STAG and the ICB Clinical Quality and Performance Group (CQPG).

### **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.

In Halton and Warrington health representation at Channel Panel comes from the ICB'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 co-ordinate the Trust contribution to MARAC meetings in Halton 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 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 review health assessments (Warrington)
- Audit of Groups and Relationships in District Nursing Teams

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

- All Age Exploitation
- Neglect
- Self-Neglect
- Mental Capacity Assessments

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**

Every child death is a devastating loss that profoundly affects parents, siblings, grandparents, extended family, carers, and friends, as well as professionals involved in caring for the child during their life. Families want to understand what happened to their child and be assured that any learning arising from their child's death will help prevent future children's deaths.

All child deaths, whether expected or unexpected, are reported on Ulysses (the Trusts incident reporting system) and the Safeguarding Team coordinate the Trust's contribution to multi agency Child Death Review processes, which includes our Trusts contribution to 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

Borough	2019-20	2020-21	2021-22	2022-23
Halton	4	13	9	8
Warrington	15	13	13	18

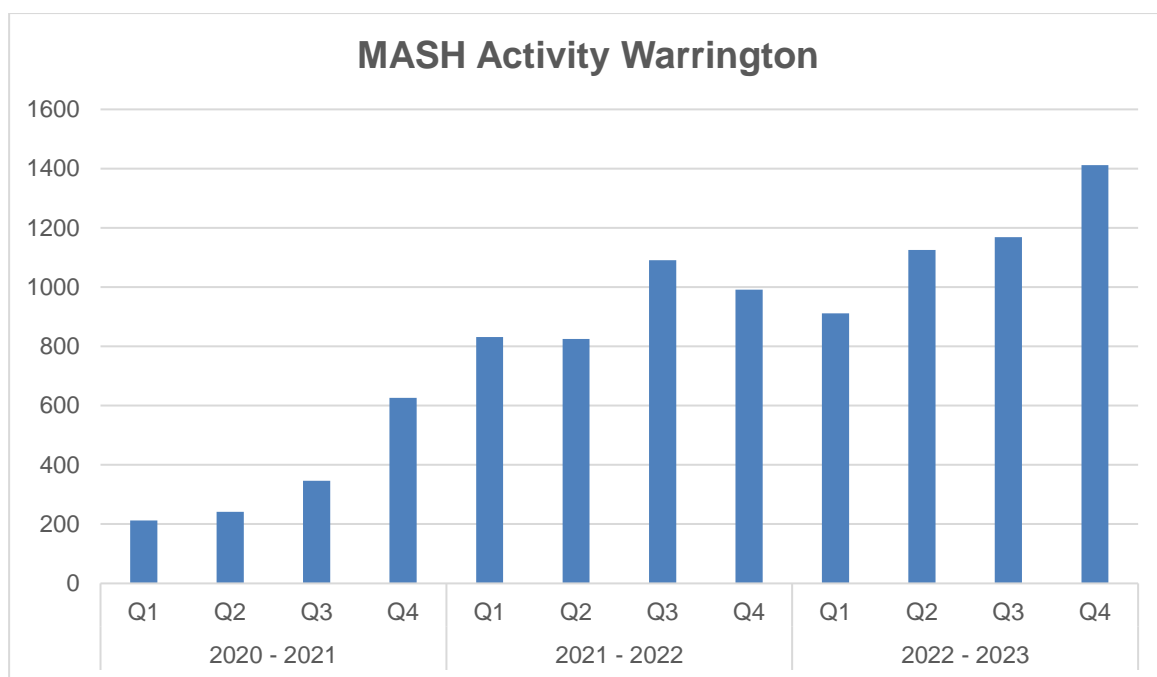
During 2022-23 we have not received any requests for our practitioners to attend Coroner's Court in relation to a child's death, however given the timescales associated with Coronial processes we are mindful that requests may follow in 2023-24 in relation to deaths that have occurred in 2022-23.

During the reporting year Warrington's SUDiC (Sudden Unexplained Death in Childhood) Nurse has led a piece of work to develop standalone guidance to support and inform the Trust's child death processes. The new Child Death Procedure and Guidance was approved by the Trust's Clinical and Corporate Policy Group and is now available for staff to access via the Trust's Hub.

### Warrington 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 and the best outcomes for children and families are secured.

The Trust is currently commissioned to provide Safeguarding Children Nurse support to Warrington MASH. This MASH also benefits from an Early Help Health Visitor who supports Early Help pathways within the MASH with a particular focus around the Neurodevelopmental Pathway. The figure below shows the number of children being screened by Warrington's MASH Nurse each quarter across the last 3 years.



There has been a sustained increase in the number of screening requests received. This has created a risk for our Safeguarding Team in Warrington which is captured on our corporate risk register.

#### Halton Integrated Contact and Referral Team.

Rather than a MASH, Halton multi-agency front door is the Integrated Contact and Referral Team (iCART). On 23-24<sup>th</sup> November Ofsted (Office for Standards in Education, Children's Services and Skills) visited Halton. The focus of Ofsted's visit was on the borough's front door arrangements and followed their last visit to the borough in October 2021. This earlier visit had identified significant weakness in social work practice in Halton and a deterioration from March 2020 when Ofsted had judged Halton Local Authority Children services as 'requires improvement'.

When Ofsted published their outcome letter on 13<sup>th</sup> January 2023 this indicated an improving picture when compared to the outcome letters from previous inspections in the Borough. The following information pertinent to partners/Bridgewater services is lifted directly from the outcome letter.

*'Thresholds by partners are understood. Their referrals to the iCART contain pertinent information which supports timely decision-making so that children do not experience delay. Referrals are timely and direct conversations between professionals and social workers in the iCART ensure that effective advice is provided to support them when they have a concern about children'.*

*'Strategy meetings are well attended by partner agencies, and they provide an effective platform for sharing information, considering historical information, presenting concerns and analyse risk and its impact on children. Strategy meetings recommend*



*timely actions about what work needs to be completed and agreement is made about whether a child protection enquiry is required’.*

*‘Children and families are appropriately diverted to early help support and are provided with services and interventions while the early help multi-agency assessment and plan are being completed. This helps to prevent children and families’ cases unnecessarily escalating to statutory services as they are provided with timely and proportionate support’.*

During Q1 and Q2 2022-23, a series of iCART ‘task and finish’ meetings were held in Halton. The Trust’s representation came from both the Corporate Safeguarding Team and Halton’s 0-19 service who are commissioned to provide one whole time equivalent Nurse into the iCART to support the Boroughs Early Help processes. Initially the focus was on introduction of a new referrals portal, but the group also supported the completion of a multi-agency self-assessment of Halton’s front door arrangements against the findings of the Joint Targeted Area Inspection (JTAI) undertaken in Solihull in January 2022- following the high-profile death of Arthur Labinjo-Hughes in the Borough. This JTAI report which was published February 2022 had 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 multi agency decision making. Whilst iCART and our Safeguarding Children Team in Halton work closely together this self-assessment provided confirmation that similar gaps existed in Halton and therefore provided a driver for subsequent work between the Trust and Cheshire and Merseyside Integrated Care Board (Halton Place) to consider how we could strengthen local arrangements.

At the end of Q3 funding was agreed for a Safeguarding Nurse/Health Navigator role within Halton iCART to inform multi agency information sharing and decision making where there are concerns that a child is suffering or likely to suffer significant harm.

### **Children in Care (CIC) 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 2022-23 each Borough-based Team as part of their evidence to support the quality schedule completed an audit 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).

At the end of Q3 2022-23, Cheshire and Merseyside ICB (Halton Place) reduced the Trusts assurance rating for CIC from reasonable to limited as a result of the sustained poor performance of Halton's multi-agency Initial Health Assessment (IHA) pathway as demonstrated below. Commissioner concerns related to IHA performance only and did not extend to include other areas of CIC provision in the borough.

	Q1 2021- 22	Q2 2021- 22	Q3 2021- 22	Q1 2022- 23	Q2 2022- 23	Q3 2022- 23	Q4 2022- 23
Completion of IHA within 20 working days (KPI 100%)	33.3 %	27.2 %	2%	40%	36.4 %	27.3 %	51.5%

The concerns from the ICB around compliance with statutory timescales for the completion of initial health assessments for Children in Care in Halton are already reflected on our corporate risk register.

The Senior Safeguarding Team are working with Halton's Designated Nurse for CIC to address the long-standing challenges within this multi-agency pathway which requires timely notifications, paperwork and consent from the local authority, clinical capacity with Community Paediatric service combined with robust administrative and quality assurance processes to be effective.

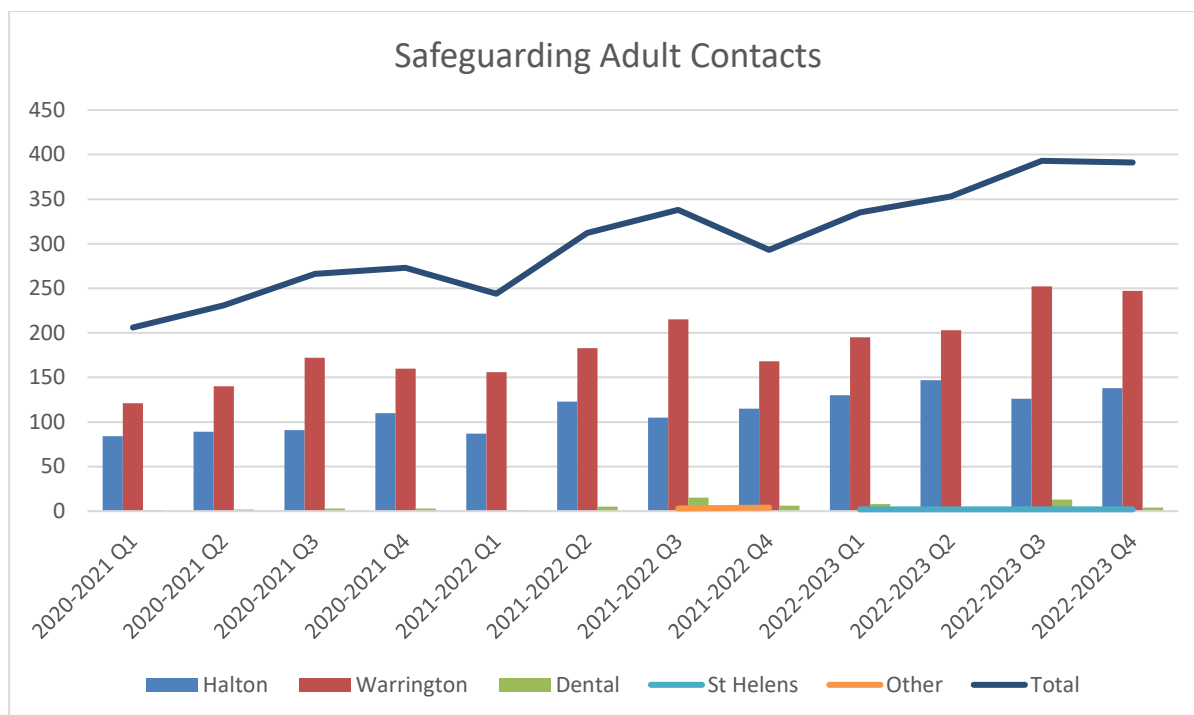
### Liberty Protection Safeguards (LPS)

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. Whilst the consultation has now closed there remains no date for implementation. 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

All incidents reported within the Trust are screened for safeguarding implications. Those incidents that needed oversight or supervision from the Safeguarding Adult Team along with other contacts from staff and partner agencies are recorded in the activity below.



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 Safeguarding Adult Team.

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

Through a Borough-based approach of analysis of incident reports and participation in the Patient Safety Group meetings, the team have been able to better identify and ensure safeguarding issues are addressed on an individual/team basis.

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 who started in post in November 2022.

One of Specialist Safeguarding Nurses has continued to provide dedicated support to the Trust's Learning Disability Improvement Group.

The Safeguarding Team have oversight of the Learning from Deaths reports, 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). Review of these incidents has not identified any lapses in care from the Trust services that contributed to the persons death but has identified learning both internally and externally.

*Mr L was a man who lived with a learning disability who died in October 2022*

*His learning from death review identified positive practice from the Community Matron in advocating for the person's rights but identified areas of learning regarding partner agencies:*

- *Discussions regarding ceiling of care and advanced planning conversations were needed.*
- *Formal best interest process was not always followed such as the decision to not investigate the cause of multiple admissions.*

*The LeDeR team and the ICB were contacted with details of the review and concerns.*

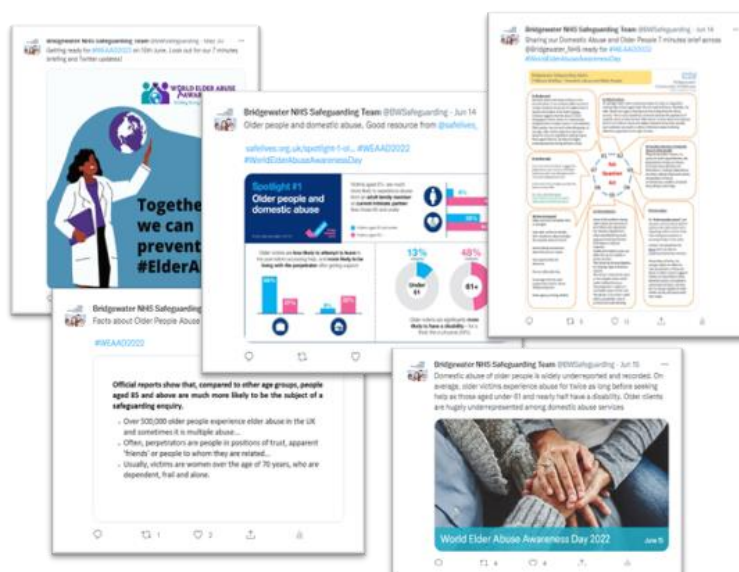
## Campaigns, Wider Engagement and Social Media

The Safeguarding Team have used safeguarding-related awareness days to provide learning opportunities to staff through article and briefings in the Trust Bulletin and the Safeguarding twitter account @BWSafeguarding which gives an opportunity to engage with staff and public both directly and by amplifying content from partner agencies. Examples of these are given below:

Stalking Awareness Week ran from the 25<sup>th</sup> to 29<sup>th</sup> April 2022. Key messages were included in Bridgewater Global and social media focusing both on staff and patients as potential victims. The media used was from the Suzi Lamplugh Trust to help ensure it was widely accessible to readers.



World Elder Abuse Awareness Day took place on the 15<sup>th</sup> June 2022 with key messages again shared using Bridgewater Global, a '7 Minute briefing and our safeguarding social media account.



The Team engaged with both Halton and Warrington Safeguarding Adults Boards in the promotion of Safeguarding Adults Week within the Trust Bulletin and on Twitter



## Priorities for 2023-24

### Continue:

- To maintain robust safeguarding systems and processes across the Trust.
- To ensure delivery of all evidence required to fulfil the safeguarding quality schedule including completion of the commissioning standards audit tool.
- To ensure that the Trust contributes effectively to local Safeguarding Children Partnership and Adult Board activity.

### Develop:

- Our involvement in the new HSAB structure, to support and influence multi-agency safeguarding in the Borough.
- Divisional buy in to STAG as a forum for identifying and addressing safeguarding issues within the Trust.
- Staff knowledge and skills through delivery of a programme of safeguarding training and supervision ensuring that staff feel supported in their practice by our Safeguarding Teams.
- Our preparedness for LPS through a focus on improving the quality of MCA assessments and Best Interest processes.
- Workstreams focussed on older people experiencing domestic abuse and people with mental health problems.
- Work with NHS Cheshire and Merseyside Integrated Care Board to develop.
  - The Health navigator role within Halton iCART
  - Halton's CIC service specification to include extension of offer to support for care leavers.
  - A response to the increased demand for health input into Warrington MASH.

## Infection Prevention and Control (IPC)

2022-23 has been a challenging year for the Infection Prevention and Control (IPC) service as we continue to support the Trust in service recovery following the Covid-19 pandemic.

The IPC group has met monthly throughout 2022-23 and reports to the Quality Council to provide assurance that the Trust is meeting the requirements of the Health and Social Care Act 2008: Code of Practice, (updated 2022) on the prevention and control of infections.

The IPC strategy for 2022-25 has been developed to provide the Trust with a clear direction, aligned to the Trust's strategic objectives, to support the creation of a health care system where a zero-tolerance approach to infection is embedded in practice and demonstrates compliance with the Health and Social Care Act 2008: Code of Practice and the CQC's regulatory requirements.

### Covid-19

The IPC service has supported the delivery of the Covid-19 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. 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.

### **Influenza vaccination**

The IPC service has delivered the annual staff influenza vaccination programme for 2022-23 achieving 61% uptake of patient facing staff receiving their influenza vaccination. Although the CQUIN target of 70% was not achieved, the Trust was one of the highest performing Trusts in the Cheshire and Merseyside region.

### **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 2022-23.

### **Antimicrobial Stewardship**

Under the Health and Social Care Act (2008), the Code of Practice on the Prevention and Control of Infections sets out 10 criteria that are required to be met by the Trust. The Code of Practice Criterion 3 requires medicines management assurance on appropriate antimicrobial use to optimise patient outcomes, reduce the risk of adverse events and antimicrobial resistance and these key areas are discussed and monitored in the monthly Trust Infection Prevention and Control meetings and quarterly Antimicrobial Stewardship (AMS) meetings.

Antimicrobial resistance (AMR) is an increasingly serious global health concern and the Trust supports the aims of the [UK 5-Year Action Plan for Antimicrobial Resistance 2019-2024](#) and [UK 20-Year Vision for Antimicrobial Resistance](#), which sets out actions to slow the development and spread of antimicrobial resistance. The Trust runs an annual Antibiotic Awareness campaign each November to promote messages to staff and the public to increase awareness of global AMR and aims to encourage best practices among the general public and staff to avoid the further emergence and spread of drug-resistant infections.

### **Preventing Healthcare Associated Gram Negative Blood Stream Infections (GNBSI)**

Systemwide IPC collaborative meetings have continued throughout 2022-23 and the IPC service are active attendees within this national directive, working collaboratively with the local acute hospitals, community teams, the local public health team, and the local authorities. The aim is to support the implementation of strategies such as GNBSI reduction, AMR and the 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 GNBSI collaborative work.

### Website

The IPC service section on the internal Bridgewater Hub page has been revised. The information is updated on a regular basis and provides information on changes in national guidance, education and resources relating to IPC practice.

### Policies

There are a number of policies due for review, along with new policies that are required. This has been a challenge over the last year as we have been navigating out of the global pandemic, along with the staffing challenges with the IPC service. However, work is progressing well, and it is expected that the policies will be updated by the end of quarter 2 in 2023-24.

### Training

All IPC training requirements are monitored and recorded through the Educational Professional Development Department (EPD) and reported monthly at the IPC Group.

Overall IPC mandatory training compliance has improved significantly over the last 12 months and at the end of the year 2022-23 compliance was 92% for IPC level 1 and 87% for IPC level 2. Personal Protective Equipment (PPE) training has continued to ensure staff were adequately trained in donning (putting on) and doffing (taking off) procedures. Videos developed by UK Health Security Agency (UKHSA) were used initially before an artificial intelligence system was purchased and rolled out in 2022-23. The videos remained as an alternative tool to use to maintain compliance. The compliance for clinical staff with the donning and doffing competency attached to their Electronic Staff Record (ESR) is 70%. Work is ongoing to improve compliance, and this is monitored monthly via the IPC group.

Hand Hygiene lightbox training has continued across the organisation during 2022-23. The EPD team have supported the lightbox programme and have purchased additional lightboxes to increase the numbers on rotation throughout the Trust. Hand hygiene will be added as a competency to electronic staff records (ESR) profiles in Q1 2023-24 to enable all teams to report a percentage compliance.

Aseptic Non-Touch Technique (ANTT) assessor training was developed and implemented so each service had a dedicated assessor to assess competency within the teams. The ANTT practitioner training presentation was developed as pre-course reading to enable delegates to successfully pass the assessment. ANTT practitioner sessions have been arranged to support staff in achieving their competency to increase levels of compliance across the Trust.

The IPC team lead on the Fit testing programme for the Trust and used a quantitative method to assess the effective seal on the Face Filtering Piece (FFP3) mask. This method uses technology to measure the effective seal of the mask on the wearers face. There is a designated nurse within the team completing this work and work is ongoing with both the NHSE national Fit testing team and the Trust's data warehouse team to link the compliance and mask to ESR profiles.

### 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 team has corporate membership with the Infection Prevention Society (IPS) and the team attend local branch meetings and conferences on a rotational basis.

### Priorities for 2023-24

The IPC team has experienced a number of changes over the last twelve months with staffing challenges and supporting the Trust as we return to pre-pandemic practices. Now is the time to engage the staff from across the organisation and help them to develop their knowledge and understanding to ensure that evidence-based IPC practices are embedded in everyday practice.

There is a focus on compliance with all aspects of the Health and Social Care Act and the IPC Board Assurance Framework required over the next 12 months. Developing strategies and mitigating gaps in service to meet the objectives within the IPC strategy, is a priority and compliance will be monitored through the IPC group and presented to the Quality and Safety Committee.

Training remains a priority for the future as we navigate out of the pandemic, supporting the staff to relearn the basic principles of IPC. Hand hygiene, ANTT and PPE training will form an essential part of all clinical training that takes place within the Trust.

### Safer Caseloads in District Nursing

The Community Nursing Safer Staffing Tool (CNSST) was developed by NHS England clinical workforce and community nursing specialists in collaboration with NHS England community service managers and practitioners. CNSST is an evidence-based tool currently used in the NHS. This tool support chief nurses to determine optimal nurse staffing levels helping NHS staff measure patient acuity and/or dependency to inform evidence-based decision making on staffing and workforce. The tools can also support organisations to deliver evidence-based workforce plans to support existing services or to develop new services. Provide organisational level metrics to monitor impact on the quality of patient care and outcomes. Give a defined measure of patient



acuity and dependency, facilitates benchmarking activity in organisations when used across trusts and provide accurate data collection methodology.

This Trust were involved with the development of the CNSST tool in 2021 and the Trust will be involved in the national roll out of the CNSST, with the audit being completed bi-annually.

In September 2022, the Trust became a Network Group member which involves attendance at the network meetings and cascade information in the organisation.

In January 2023 the Trust has submitted their internal audit process for Northwest region.

In 2023, the Trust adopted a 'Train the Trainer' approach for provision of training for every team member who records patient care. Two staff members have been identified for the organisation as Trainers on the application of the inter-rater reliability assessment tool which supports the recording of acuity/dependency of patients on caseloads. The Trainers attend the CNSST forum. In March 2023 the Train the Trainer model of training has begun across both Boroughs with District Nurse Teams and Community Matrons.

Training has now been offered by NHSE in May 2023, for two places, on CNSST Part 2 – recording and reporting. The Deputy Chief Nurse and Director of Nursing have been allocated the two places. The Trust will be undertaking the first CNSST audit in quarter two of 2023-24.

## **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 historically took part in the National Falls Audit on a yearly basis; however this audit is not being undertaken nationally this year.

As we moved to a living with Covid-19 environment, the home has had to learn to manage patients who may have been exposed to the virus. The home has adhered to Care Home national guidance and is now open to visiting, even in periods where we have Covid-19 positive patients in the house. Only patients who are positive for Covid-19 are isolated within their room. The building design is not conducive to patient isolation, resulting in patients having to reside in one room. The impact of this means 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.

In 2022-23 there were a total of 128 falls, an increase of 20, compared to 108 falls in 2021-22. 13 of these falls reported were when patients were placed in enforced isolation within the home due to Covid outbreaks. The small number of falls during isolation can be attributed to the increased frequency of intentional rounding, and observations for this cohort of patients.

Of the 128 falls, 96 resulted in no harm or near misses. Only two falls resulted in harm, a decrease from four last year.

All patient falls within Padgate House are reviewed by the lead nurse for the shift 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 multi-disciplinary team meeting where monthly falls data is critically analysed. The aim of the group is to reduce the number of patients falls at Padgate House by creating a harm-free culture, which encourages incident reporting. Analysis of the falls 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, several 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 2023-24 is under development and will continue to deliver improvements in areas identified following analysis of the falls investigations, key areas identified already include further work on the accurate completion of incident reports and mental capacity assessments.

## 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.

Like all NHS services the Covid-19 pandemic has had an impact on the Trust's ability to deliver services as usual. We have made great strides in-year in significantly reducing the really long waiters while continuing to see those in urgent clinical need.

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

- In partnership with Oldham General, we undertook a number of Paediatric General Anaesthetic (GA) waitlist sessions to reduce the number of long waiters following Covid-19.
- In partnership with Health Education England (HEE) hosted two Foundation Dental Therapists with our Greater Manchester region.
- Completed our Clinical Leadership and Operational Management restructure, which will see increased clinical and operational leadership capacity to support our teams across the patch.
- Brought all our staff together for the 2022 Annual Dental Symposium - the first time after the pandemic since 2019.
- Completed our staff and patient consultation regarding the move out of three outdated facilities in Trafford to a modern three-surgery clinic within Altrincham Health and Well-being Hub.
- Identified our preferred clinical system to replace two existing clinical systems used within the Dental Network.
- Agreed our response to the 'Place' agenda with the addition of a number of posts focused on Safeguarding and Oral Health Education.
- Undertook the national epidemiology survey of children with 8 out of the 10 Manchester Boroughs and all of the Cheshire and Merseyside Boroughs.
- Hosted additional intravenous (IV) and inhalation sedation (IHS) courses (for which we are an accredited provider), largely to our own staff, but some external participants.

The Trust's capital programme for 2022-23 saw the network secure over £600k to improve our service delivery with the following improvements:

- Fit out of the Altrincham Hub
- Additional X-ray equipment
- New Inhalation Sedation Equipment
- Improvements and refurbishments of surgeries and clinic space

Our annual clinical audit programme, focused on a number of key areas e.g. antibiotic prescribing and quality of radiographs taken. Overall compliance with Infection Prevention and Control Audits around compliance with 'bare below elbows', personal protective equipment and environmental standards, was maintained throughout the year. All our clinics where in-house decontamination was undertaken met the 'best practice' standards throughout the year in accordance with HTMO 105; and those where external decontamination is undertaken met the 'essential quality standards' throughout the year. We received a 98% satisfaction rate, from patients rating their experience as very good or good, via the Trust's Talk to Us patient experience mechanism, with 1 formal complaint and 1 MP letter. We trialled an electronic means of easily capturing patient feedback at clinic which has proved successful and will be rolled out in 2023-23.

## Clinical Effectiveness

### Clinical Audit

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

The aim is to allow quality improvement to take place where it will be most helpful and will improve outcomes for patients. Clinical audits can look at care nationwide (national clinical audits) and local clinical audits can also be performed locally in trusts, hospitals or GP practices anywhere healthcare is provided."

<https://www.england.nhs.uk/clinaudit/>

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

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

The table below shows the number of clinical audits completing a cycle of audit during 2022-23. It shows, where necessary, what actions the Trust intends to take to improve the quality of healthcare provided.

### Clinical Audits 2022-23

	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 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	Re-Audit of Attention Deficit Hyperactivity Disorder (ADHD) and Melatonin /Circadin prescribing	Re-audit of the prescription practice 12 to 24 months after the recommended plans have been implemented.
3	Audit of Diabetic foot ulcers - Podiatry Services	The Service would like to undergo a re-audit in order to measure the impact of changes made as detailed in the Action Plan. The Service would need sufficient time, given current Service demands, to implement the most appropriate changes and consider January 2024 to be a provisional start date of the re-audit including a patient questionnaire.
4	Audit of the Autism Spectrum Disorder pathway – from referral to diagnosis	<p>There is a larger proportion of males referred than females.</p> <p>The majority of children referred fall in the pre-school or primary school age bracket.</p> <p>The majority of cases are discussed within 4 weeks of initial referral.</p> <p>There is still some scope for improvement for children to receive their initial assessment within 3 months.</p> <p>The majority of children are seen by speech and language therapists. However, it is recommended that all children under 3 should have a SLT review.</p>

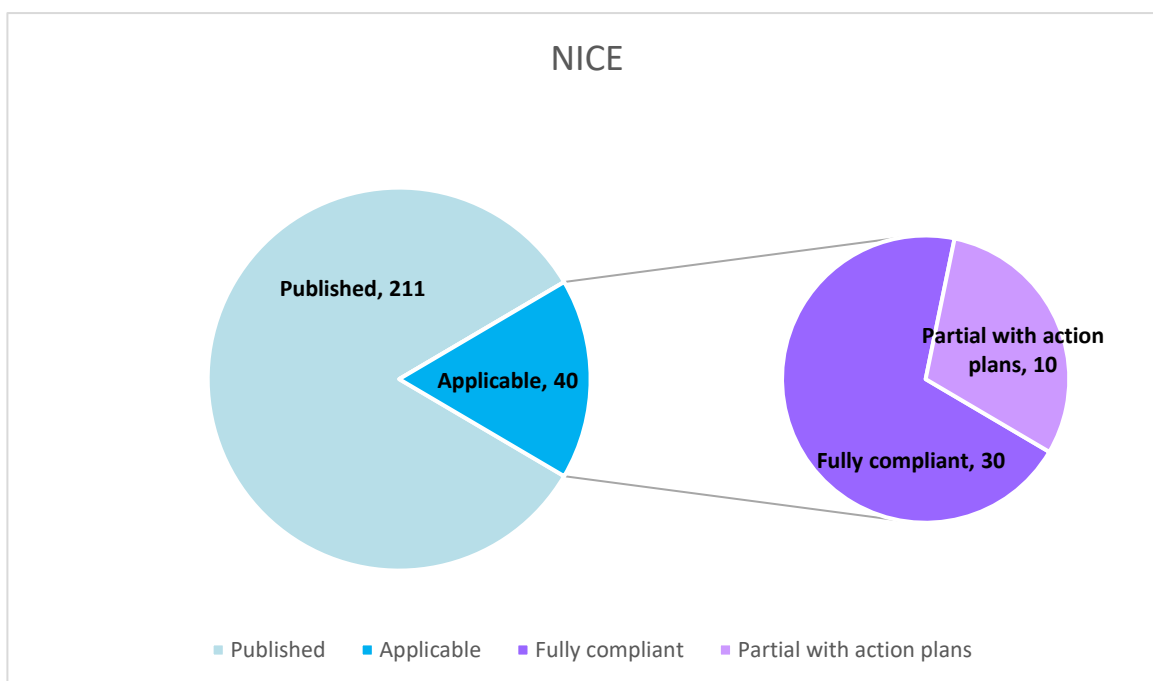
		Receiving a diagnosis can take quite some time – for most children, it is taking over 12 months to receive a diagnosis. It is important to outline this to parents at the start of the process. A significant number of children have existing co-morbidities; not exclusively ADHD. All children declined an assessment or those completed the process received family feedback.
5	Silver Dressings Audit	Will be monitored and reported by Medicines Management Team
6	Lower Respiratory Tract Infection (UTC)	Will be monitored and reported by Medicines Management Team
7	PGD – Antibiotic Audit (UTC)	Will be monitored and reported by Medicines Management Team
8	ADHD treatment options (quantities & NICE compliance)	Will be monitored and reported by Medicines Management Team

### NICE Guidance

Every month NICE publishes guidance that sets the standards for high quality healthcare and encourages healthy living. The Trust is committed to continually improving the quality of our services and the health of our patients. By adopting a robust approach to implementing NICE guidelines, service users can be assured that their care and treatment is safe, up to date, and evidence based.

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

In the year 2022-23, NICE published 211 items of guidance. There were 40 applicable to services that the Trust provides. We are fully compliant with 30 and action plans are underway for 10.



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 the commissioners.

## Research and Development

Research takes place every day within the NHS and is a crucial activity to discover which treatments work best for our patients. It helps us 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. Bridgewater's commitment to research is reflected in our Quality and Place Strategy, and in our dedicated research strategy which during the year of this report has been reviewed to update our priorities. Our research active workforce highlight that they find the experience of being involved in research extremely positive and rewarding, not only in developing their career, but in delivering the best quality patient care. Here at the Trust, we continue to deliver research in time and to target, demonstrating that research is not just for hospital settings.

There is certainly an appetite for research amongst our staff and patients. At the end of 2022-23, 4328 of our patients and staff had 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. 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](http://www.researchforthefuture.org) or call 0161 206 3636 to speak to an advisor.

2022-23 has been very much about restarting our non-Covid-19 research activity. Balancing the continued pressures on our services whilst maintaining the enthusiasm for research that our staff and patients showed during the Covid-19 pandemic has at times been challenging as some studies remain paused. This has impacted on the numbers of staff and patients participating in research during the year. We have continued to work closely with the National Institute for Health and Care Research (NIHR) supporting several studies. After a two-year Covid-19 related pause, we have commenced our first dental study. The SENIOR Trial (using role substitution in care homes to improve oral health) will explore whether using dental therapists and nurses rather than dentists to provide dental care could offer an alternative to improve the provision of care and access to services in the care home setting. It is well evidenced that dental caries and periodontal disease are common problems for older adults living in care homes, with oral health being strongly connected to general health in this age group having a major impact on how residents eat, speak and smile, their quality of life and their dignity. Other key studies involved Bridgewater's school nurses supporting the annual safety study of the influenza immunisation given to school aged children in our area.

We received a very important acknowledgement for our research in the annual NIHR research awards via our shortlisting in the *Inclusive Involvement Excellence Category* for supporting Covid--19 research studies which examined the impact on the NHS diverse workforce including our black and minority ethnic colleagues. In addition to the Trust acted as the lead NHS Trust in research looking at the retention of the NHS workforce post-pandemic.

We 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. Through our membership of the National Institute for Health Research Applied Research Collaboration, one of our occupational therapists has secured an internship to research how the Trust's Drive Ability North West service can assess and support drivers with a diagnosis of dementia. We continue to advocate for community healthcare providers via our membership of the Community Healthcare Alliance of Research Trusts (CHART). These activities are especially important as community healthcare providers are often an under-represented voice within health research.

You can keep up to date with our research news by following our research Twitter account @BCHFTResearch.



## 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 continue to have a significant impact upon our workforce. Having experienced rapid change and stretch in both our clinical and corporate services, during 2022-23 our new 'normal' reflects our response to both the consequences and opportunities that are presented. Employee health and wellbeing, resilience and organisational agility remain crucial during the post-Covid recovery period and our organisational and leadership development offer is aligned to ensure that the positive changes are retained, going forward.

To manage constant change and challenge, we continue to develop our own internal resources. In response to the shifting organisational context, reviewing and revising both our learning approach and content as required to take account of our new circumstances, emerging challenges, and the opportunities presented through more agile learning approaches. It continues to be acknowledged that service limitations concerning recovery, backlog, fluctuations in Covid-19 related matters and flu/winter pressures create increased time pressures and reduce the opportunities for staff to undertake personal development. Traditional development programmes requiring 'whole programme' time commitments continue to present difficulties due to time pressures and where possible have been adapted to bite size approaches.

### Bridgewater Leadership Development Offer

In 2022-23 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.

During 2022-23 an in-house First Line Manager programme was introduced in response to requests to increase support to Team Leaders and Aspiring Line Managers covering leadership and transactional skills. In addition, following delivery of an external leadership programme for operational managers, a transactional skills programme has been introduced for this level of leaders. Both programmes are rolling programmes for staff to enrol at any point.

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. We continue to equip leaders at every level with the skills and flexibility to deliver innovative models of care, underpinned by the NHS People Plan 9 strategic priorities and pledges.

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. As part of the development during the recovery period, programmes are now delivered in a variety of formats reducing the need for face-to-face attendance incorporating:

- e-learning.
- recorded module content.
- other self-directed learning materials.
- virtual sessions and workshops.
- online personality profiling and feedback tools.
- face to face delivery.

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 a variety of apprenticeship programmes to maximise the use of apprenticeship levy funding.

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

During 2022-23 many staff have been offered different development opportunities that have led to them thinking of their future career progression. Talent conversations continue 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. This was delayed during 2021-22 due to staffing pressures and is to be developed during 2023-24.

### **Allied Health Professional Leadership**

Allied health professionals are the third largest professional group in the NHS. They are highly skilled, autonomous, registered professionals who form a key part of care delivery. Our dedicated Allied Health Professionals (AHP) Lead has the aim of creating 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.

### 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.

During the pandemic, the team adapted the content of training modules for virtual delivery and assisted trainers to adapt their own presentation styles. As face-to-face training has been re-introduced, the team have built on this additional knowledge and skill developed with online and e-Learning training options. We are now able to offer a variety of training delivery options with the aim to make all training accessible for staff working in a variety of clinical and non-clinical areas with differing priorities and challenges.

### 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.

Monthly compliance reports are produced by the Information and Data Warehouse Team and are circulated via the senior management and operational management teams. Data is also made available to services through the Qlik Sense database. Mandatory training compliance is reported to the Educational and Professional Development POD (People Operational Delivery Group) and People Committee on a bi-monthly basis. This includes the identification of any issues and challenges, proposed trajectories for improvement, and the delivery plans to support them. Compliance rates are presented to Trust Board following the People indicators within the Integrated Quality Performance Report (IQPR) being discussed in detail at People Committee.

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. Additionally, the use of the e-roster system allows managers to factor time into working patterns for staff to support completion of mandatory training.

At the end of month 12 in 2022-23, overall mandatory training compliance was 90.74%

### 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 People Strategy and 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.

Additional funding from Health Education England, and the ending of social restrictions imposed during the Covid-19 pandemic, increased the resources available to train staff over 2022-23. The nationally recognised challenges facing the NHS around recruitment, retention, sickness and absence do continue to impact 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, including:

- Essential clinical skills
- Apprenticeship programmes
- Clinical assessment and diagnostics
- Non-medical prescribing (NMP)
- Prevention and early intervention
- Preceptorship programme
- MSc Advanced Clinical Practitioner (multi-professional)
- CSP/SCPHN programme

In 2022-23 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**

The Trust is committed to continuing its talent pipeline work, with careers support and advice offered regularly to local young people at schools, colleges, and other community organisations via the Careers Team, supported by an established existing staff network of volunteer Career Ambassadors. The team continue to actively engage with the Pledge Partnership in Warrington and the Liverpool City Region Career Hub.

Additionally work experience placements have resumed across the Trust following the pandemic and there is commitment and plans to continue to develop and increase this offer. It is expected that this and the introduction of T-Level Industry placements this coming year will help to establish an effective and consistent pipeline for apprenticeship and entry-level posts. Additionally, the wider workforce and recruitment team continue to work with the local Jobcentre + and other community organisations to diversify where and how we advertise and recruit to our vacancies.

### **Pre-Registration and Student Placements**

The Trust has a dedicated team of Practice Education Facilitators (PEF) who work in partnership with our clinical staff, corporate and operational services, and local universities to ensure the maintenance of high-quality educational placements and positive learning experiences for all pre-registration students. During 2022-23, we have continued to support placements for nursing and allied health professional students and have supported their transition into employment. The PEF team also provide support for post registration multi-professional specialist learners and employed learners including associate nursing apprentices and associate practitioner apprentices. In addition, the PEF team have several ongoing initiatives in progress to support the transition of pre-registration multi-professional students into a permanent registered healthcare professional position of employment within the Trust and onto the Trust preceptorship programme.

The PEF 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 2023-24 we plan to:

- Continue supporting managers across the Trust with mandatory training compliance and reporting any identified issues to Board.
- Review the TNA every four months 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 2022 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 and 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. The Trust continues 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.

Our Clinical Supervision Policy mandates all clinical staff are granted allocated time to access clinical supervision within their role. There are currently approximately 70 multi-professional trained clinical supervisors across the Trust. Development of Supervisors is currently offered through external training provision. However, the Trust Clinical Supervisor Network is in the process of creating an internal development package for new clinical supervisors to be launched July 2023. The Bridgewater Clinical Supervisor Network Forum will continue to meet regularly through 2023/24 and offer clinical supervision both for individuals and groups as required.

### **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) had been already established nationally 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 across a variety of services to develop into the role.

The Bridgewater Professional Nurse Advocate Support Network was developed in 2021. A Microsoft Teams Group has been developed for collaboration, support and sharing ideas, and meetings are scheduled on a quarterly basis. PNAs are also actively encouraged to join the North West Forum.

The Trust has committed to embed the role of the PNA and to increase the number of PNAs available. The nursing workforce is dynamic so current workforce data on the number of whole-time equivalent nurses employed in the Trust for each Borough has been requested to re-evaluate the trajectory for 2023-24. As of 1st March 2023, the Trust has 12 qualified PNA's, 1 in Halton and 11 in Warrington. One member of staff is currently undertaking the PNA course, and 3 expressions of interest were made in February 2023.

The Trust Clinical/Restorative Supervision policy and procedure has been implemented providing 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.

## 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 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.

## 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. 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).

Final assessed and validated levels from HEE were received in 2022 as follows:



### Validated Levels

Outcome No.	Outcome	Validated Levels				
		0	1	2	3	4
1	All NHS organisations enable their workforce to freely access proactive library and knowledge services that meet organisational priorities within the framework of <i>Knowledge for Healthcare</i> .	1				
2	All NHS decision making is underpinned by high quality evidence and knowledge mobilised by skilled library and knowledge specialists.	1				
3	Library and knowledge specialists identify the knowledge and evidence needs of the workforce in order to deliver effective and proactive services.	1				
4	All NHS organisations receive library and knowledge services provided by teams with the right skill mix to deliver on organisational and <i>Knowledge for Healthcare</i> priorities	1				
5	Library and knowledge specialists improve the quality of library and knowledge services using evidence from research, innovation and good practice.	1				
6	Library and knowledge specialists demonstrate that their services make a positive impact on healthcare	2				

## NHS England Compliance

It is a requirement of NHS England that Trusts establish and effectively implement systems and processes to ensure that they can meet national standards for access to health care services. In 2022-23, a number of performance standards were measured in their assessment of the overall governance. These are summarised in the table below and demonstrates achievement against the threshold/target during each month of the year.

KPI Name	Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Cancer 62 day for 1st Treatment (urgent GP Referral)	85.00%	95.24% (▲)	96.97% (▲)	100% (▲)	85.71% (▼)	87.5% (▲)	92.31% (▲)	100% (▲)	100% (▶)	100% (▶)	93.33% (▼)	87.5% (▼)	75% (▼)
Cancer - 28 day faster diagnosis	75.00%	73.84% (▲)	66.5% (▼)	71.92% (▲)	72.73% (▲)	68.67% (▼)	75.19% (▲)	79.17% (▲)	73.02% (▼)	75.29% (▲)	75.95% (▲)	81.14% (▲)	91.01% (▲)
Elective - % of patients waiting under 18 weeks RTT Non-Admitted (Incomplete pathway)	92.00%	57.26% (▼)	61.03% (▲)	59.48% (▼)	59.05% (▼)	53.34% (▼)	43.21% (▼)	39.74% (▼)	35.29% (▼)	34.75% (▼)	39.76% (▲)	41.49% (▲)	57.99% (▲)
UTC: Total time in A&E (% of pts who have waited <= 4hrs)	95%	93.96% (▼)	98.38% (▲)	96.6% (▼)	96.3% (▼)	98.66% (▲)	96.48% (▼)	92.66% (▼)	87.43% (▼)	82.48% (▼)	93.72% (▲)	96.01% (▲)	98.1% (▲)
Diagnostics - Number of 6 weeks diagnostic breaches	0	2 (▶)	0 (▲)	5 (▼)	1 (▲)	0 (▲)	3 (▼)	2 (▲)	4 (▼)	4 (▶)	1 (▲)	5 (▼)	9 (▼)
Data Quality Maturity Index (DQMI) MHS quarterly score	95%	99.68% (▲)	99.68% (▶)	99.76% (▲)	99.8% (▲)	99.77% (▼)	95.36% (▼)	99.83% (▲)	99.83% (▶)	99.82% (▼)	99.71% (▼)	99.71% (▶)	99.73% (▲)

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.

The indicator is defined as the percentage of incomplete pathways within 18 weeks for patients at the end of the reporting period. The Trust has focused workstreams for services that are currently not meeting the 18-week RTT, these include Dermatology, Community Paediatrics Warrington & Community Paediatric Halton.

## Cancer service

The Trust delivers Dermatology community-based cancer services to patients living in the Warrington area which is commissioned by Warrington place Integrated Commissioning Board (ICB).

The service continues to strive to achieve compliance in all areas of the cancer key quality indicators and continues to work with the Cheshire & Merseyside Cancer Alliance. The service achieved the 62-day cancer standard, 91.08% threshold (85%) from referral to treatment (When cancer is first suspected, everyone should have a confirmed diagnosis and start treatment within 62 days).

The service has made significant progress towards the 28 Faster Diagnosis Standard (FDS). The target is that a patient should not wait more than 28 days from referral to finding whether they have cancer. The 28-day FDS target is set at 75%, the service have achieved this target 76.08%

Where the cancer standard targets have not been achieved the Trust has implemented several strategies to improve performance this is captured within the Dermatology Trust improvement plan.

## Freedom to Speak Up (FTSU)

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.

In January 2023 a Lead Freedom to Speak Up Guardian was appointed to provide a dedicated resource (0.4 whole time equivalent) to growing the Speaking Up agenda, and who will carry on the work that has already taken place to date. They are supported by a second Guardian and a small network of Champions and will continue to support 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:

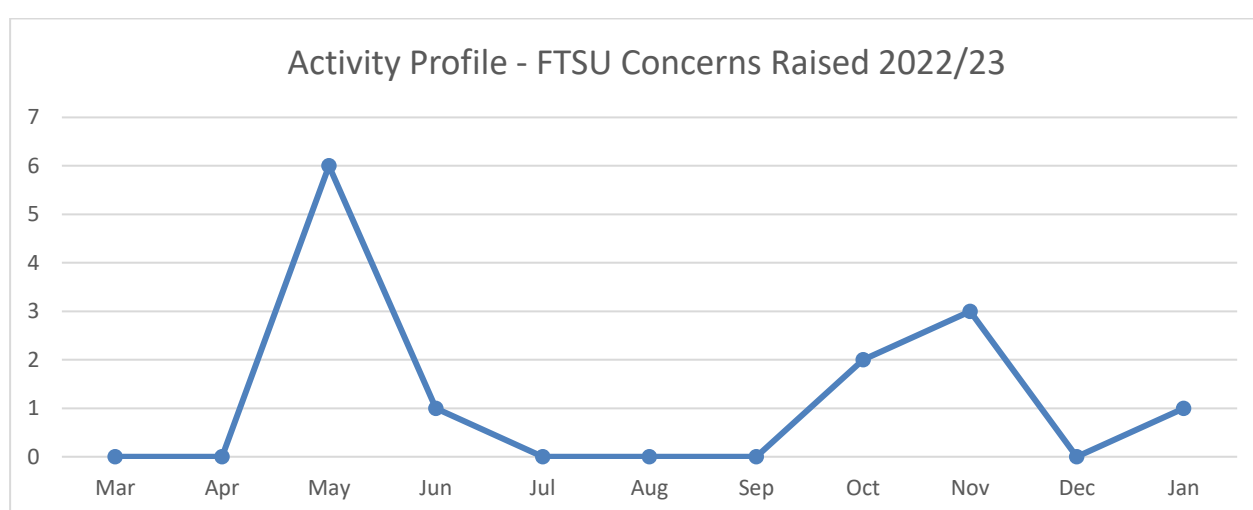
- Person centred
- Empowered
- Open and honest
- Professional
- Local
- Efficient

Details for both the Guardian(s) and Champions are on the intranet and the link to the FTSU page is now displayed on the main intranet home page under 'Latest news and updates'. If staff feel the need to seek support from the FTSU Guardians or

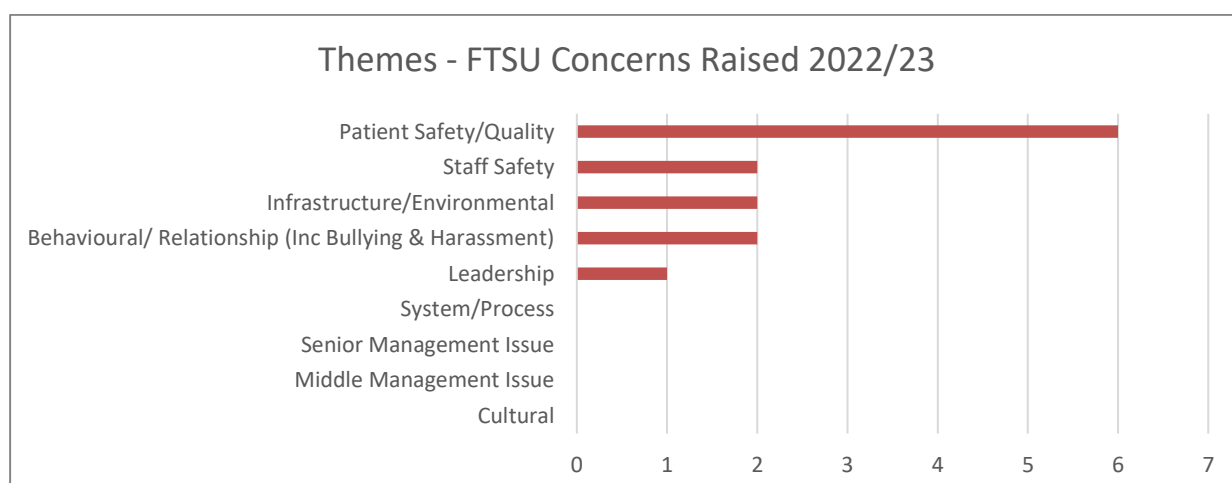
Champions, they can do so either face to face or via a phone call or email, or via Microsoft Teams. Regular updates are included in the Trust's Bulletin and information cascade system the 'Team Brief' which all staff can attend monthly.

Speaking Up activity, themes and trends of concerns raised to the FTSU Guardians are reported to the Trust Board, bi-monthly to the People Committee and quarterly to the National Guardian's Office.

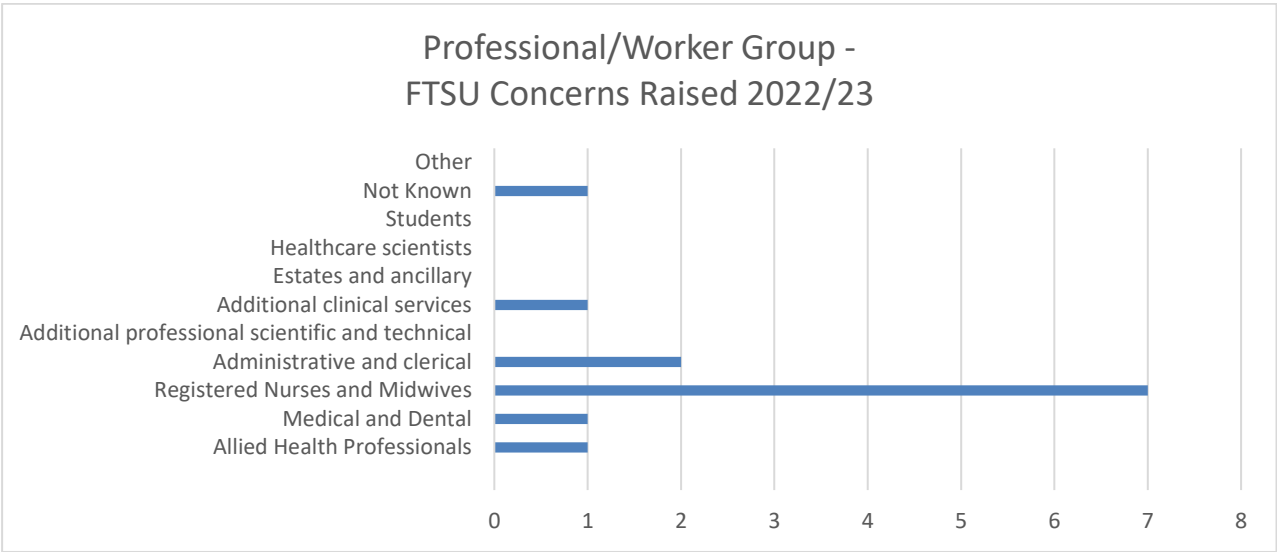
During 2022-23, a total of 13 concerns were raised with the FTSU Guardian, compared to 3 in 2021-22 – comparatively an increase of 77%. This has been attributed to the greater level of awareness raising activities undertaken during 2022-23, with correlation surrounding Speaking Up month in October 2023.



Of those concerns raised, the majority focused on Patient Safety and Quality- see table below. Infrastructure and environmental themes incorporated elements relating to Estates matters, and whilst the main themes are detailed below, the concerns were often multi factorial in nature.

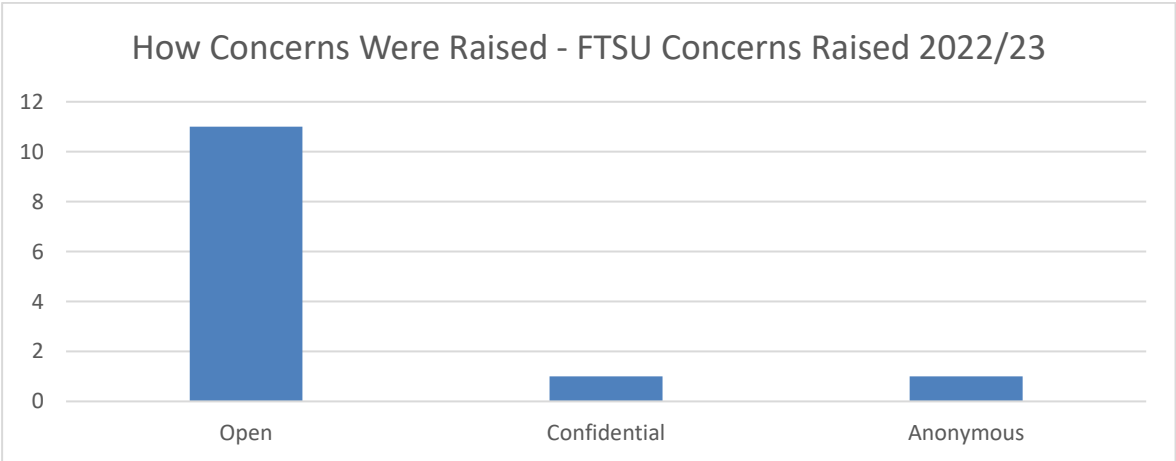


From a worker category perspective, the main professional group reporting concerns are registered nurses and midwives – table below - this reflects our overall workforce demographic as nurses make up the largest proportion of our workforce.



Staff can raise concerns openly (where the person raising the concern is happy for their identity and nature of the concern to be shared), confidentially (where only the Guardian and identified persons have access to the reporter’s identity), or anonymously. All concerns are listened to, and recommendations made. No actions are taken without the consent and agreement of the person raising the concern.

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. A greater proportion of open concerns demonstrates higher levels of psychological safety in the workforce, and as seen in the table below, the majority of the cases reported were open in nature.



## Staff Survey Results:

In March 2023 the results for the 2022 staff survey were released and under the People Promise theme of 'We each have a voice that counts', questions Q19a, Q19b, Q23e, Q23f were about raising concerns.

The total number of staff who completed the questionnaires was 828 (a response rate of 56%).

Feeling secure about raising a concern about clinical practice and feeling confident that it would be addressed were questions (19a and 19b) that showed a deterioration of 4.9% and 3.3% respectively from the 2021-22 results.

Question 23e and 23f are identical in nature to 19a and 19b but relate to concerns that are not specifically focused on unsafe clinical practice and encompass other areas of work – question 23e showed a smaller deterioration of 1% and question 23f showed an improvement of 0.5% compared to 2021/22.

### Q19a I would feel secure raising concerns about unsafe clinical practice:

	2018	2019	2020	2021	2022
Your org	69.7%	71.5%	75.3%	84.7%	79.8%
Best	82.8%	82.3%	83.7%	85.9%	85.1%
Average	76.3%	78.1%	78.5%	83.1%	82.1%
Worst	63.9%	71.1%	73.4%	77.6%	74.4%
Responses	1165	736	765	851	827

### Q19b I am confident that my organisation would address my concern:

	2018	2019	2020	2021	2022
Your org	59.8%	58.5%	64.6%	71.7%	68.4%
Best	73.9%	75.5%	76.7%	77.0%	76.3%
Average	65.0%	67.2%	70.7%	72.5%	70.0%
Worst	43.7%	55.0%	59.0%	61.5%	59.3%
Responses	1162	737	765	848	826

**Q23e I feel safe to speak up about anything that concerns me in this organisation:**

	2020	2021	2022
Your org	68.1%	70.2%	69.2%
Best	77.9%	76.4%	76.9%
Average	72.1%	71.4%	71.3%
Worst	63.4%	59.2%	61.8%
Responses	764	848	826

**Q23f If I spoke up about something that concerned me, I am confident my organisation would address my concern:**

	2021	2022
Your org	57.5%	58.0%
Best	69.3%	69.4%
Average	62.0%	61.0%
Worst	48.6%	49.2%
Responses	850	825

As local intelligence has shown earlier in this report, of the Speaking Up cases raised in 2022-23, 6 out of 13 concerns related to patient safety or quality (46%). Given the differential in the confidence levels between those staff Speaking Up about non-clinical matters versus unsafe clinical practice, this will become an area of focus for 2023-24.

Overall, five out of the nine elements of the staff survey remain static and unchanged when compared against the Community Trust average. Four elements have shown a decrease and will be the areas that the organisation will focus on as part of its 2023-24 action planning.

These are:

1. **We are recognised and rewarded**
2. **We are always learning**
3. **We work flexibly**
4. **We are a team**

Although 'We have a voice that counts' is not cited as an area of improvement across the overall Trust staff survey results, the Lead FTSU Guardian will continue to focus on raising their profile and promoting the cycle of Speak Up, Listen Up, Follow up.

## Awareness Raising and Promotion

Throughout 2022-23 a variety of promotion and awareness raising activities took place to raise the profile of Speaking Up, with a focus in October as Freedom to Speak Up Month.

Awareness of Speaking Up was raised via our 'Team Brief' – a monthly key organisational messages and Q&A session, and a series of items for the weekly Bridgewater Bulletin cascade following the theme for 2022 of 'Freedom to Speak Up for Everyone'. Each week had a specific focus – Week 1 to Speak Up for Safety, Week 2 Civility and Week 3 Inclusion. Week 4 brought together all professions, worker groups and sectors, both within health and social care and beyond.

As a community Trust our geography and footprint means that Guardian visibility offers specific challenges – as part of Speaking Up month, upwards of 18% of the Trust workforce were able to specifically able to see, meet, attend an awareness raising session or talk to the Guardian through a variety of events and walkabouts – these included:

- Taking part in the Marketplace running alongside the Annual Members Meeting/Staff Awards Event in September
- Attendance at October's Engagement Champions Event looking at the role of the Champion, Speaking Up as an element of this and how the Champions can support awareness of Speaking Up
- Meeting a cohort of Learners as part of a development day to talk about Speaking Up and their experiences whilst on placement with the Trust.
- Attendance and connection with the Race Inclusion Staff Network Meeting to chat about Speaking Up and raise awareness, especially considering the barriers that staff from a black and minority ethnic background may experience.
- Attendance booked at a variety of service team meetings throughout October and November.
- Attendance at the first Dental Network Symposium in November since the lifting of pandemic restrictions.

From December 2022 the FTSU Guardian delivered a bespoke session at the Trust's corporate induction, so that all new starters could meet the Guardian and have a greater awareness of Speaking Up – this group of staff can traditionally experience barriers to Speaking Up in the form of not wanting to 'rock the boat' or not knowing who they can talk to about a concern or suggestion, but they, as 'fresh eyes', can often provide valuable insight and awareness of improvements needed. To date evaluation feedback from the session has been excellent and the session will continue to develop based on constructive feedback received, including where possible examples of where the Trust has made improvements through our Speaking Up processes. Some comments received include:





Students and Learners in practice have received a combination of awareness raising and input via a bespoke 'Virtual Induction' combined with a rolling programme of attendance at the Trust's Learners Forum – the sessions combined the complementary elements of Equality, Diversity, and Inclusion and a Just and Learning Culture (the Trust's approach to system learning and supporting psychological safety) alongside Speaking Up.

## Equality, Diversity, and Inclusion

The Trust has a strategic equality objective which was agreed and communicated by Board in 2020. This is *'to actively promote equality, diversity, and inclusion by creating the conditions that enable compassion and inclusivity to thrive'*. This objective is part of the annual objectives of all Executive Board members and is the overarching principle that guides our equality strategy and action plans. All actions and compliance on equality is overseen through Trust governance.

As a provider of community and dental health care services within two Marmot regions in the north west of England, we recognise the increasing diversity of our communities, and the health inequalities and challenges that many face. And we understand our role as a health care provider and an employer in addressing the inequalities in our areas.

In 2021, the Trust's Quality and Place Strategy was updated. At its heart the Strategy sets out how we will work in partnership across our Directorates to address inequality. This has been strengthened in 2022 through the establishment of the Integrated Care System in Cheshire and Merseyside. In 2023 the Strategy will be refreshed in collaboration with our communities and in consideration of our duties under Core20Plus5. The Core20Plus5 NHS England framework has been adopted across Cheshire and Merseyside for delivering the health inequality reduction commitments of the NHS Long Term Plan.



Equality in the Trust is the executive responsibility of the Director of People and Organisational Development, and the People Strategy, refreshed in 2022, details our commitments and plans in relation to recruitment and retention. Equality runs as a theme throughout this strategy.

To enable a diverse staff voice across the Trust we have a staff engagement network, and six staff inclusion networks. These inclusion networks meet regularly to talk about workplace experience and any issues, and to 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, as evidenced in our Gender Pay Gap, Workforce Disability and Race Equality Standards, and in our latest Equality Delivery System (EDS) 2022 report. We are privileged to be a Disability Confident Leader, Navajo Charter Mark holder for lesbian, gay, bisexual, transgender, and other sexual and gender identities (LGBT+) inclusion, and a Defence Employer Recognition Scheme bronze award organisation and Veteran Aware NHS Trust.

We know there is still work to do to close the gap for people from protected characteristic groups, and our 2023 action plans will continue to seek to address gaps and build on existing good practice so that we can be confident that our strategic equality objective is being met.

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



# QUALITY ACCOUNT APPENDIX



# Appendix

## Appendix A – Workforce Information

Bridgewater Community Healthcare NHS Foundation Trust delivers out of hospital care and currently provides services across Warrington, Halton, and St Helens. It also provides extensive Specialist Dental Services within Bolton, Bury, Glossop, Halton, Heywood, Middleton, Oldham, Rochdale, Salford, Stockport, St Helens, Tameside, Trafford, Eastern and Western Cheshire. Our workforce headcount at the end of March 2023 was 1541 with a whole time equivalent of 1297.

Our five strategic objectives make clear our vision to be an outstanding provider of community services – we want to be a highly effective organisation with empowered, highly skilled and competent staff – we will do this through:

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

Over the next three years we will work to:

- Implement and deliver on the actions required of the 'We are the NHS: People Plan – action for us all'.
- Deliver the 'NHS People Promise' – a promise we must all make to each other to improve the experience of working in the NHS for everyone, making the NHS the best place to work and an employer of choice.

- We will create a progressive, collaborative, safe and healthy working environment that is conducive and beneficial to both staff and patient experience.
- 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, values and our future plans for community services.
- Create an environment in which our staff can see (and are rewarded for) an alignment between their overall contribution and the quality of patient care delivered.
- To develop a culture of continuous quality improvement to support patient safety and the quality of care delivered.
- Enable the delivery of high quality and safe healthcare as we strive to be rated as 'outstanding' and aim to improve the health of our local communities.

### **Some examples of what we have achieved so far, and how we will continue to do this in the future:**

Through the work of the People Operational Delivery groups (PODs) (these being Culture and Leadership, Health and Wellbeing, Education and Professional Development and Recruitment and Retention) we have developed action plans with programmes of work that underpin the NHS People Plan and Promise across the following areas:

- Health and wellbeing – with quality health and wellbeing support for everyone – including Occupational Health, Rugby League Cares collaborative (for group 'offload' sessions) and wider health and wellbeing support offers.
- Flexible working – all of our recruitment adverts now include the offer of flexible working as standard, plus implementation of the ESR flexible working application function for better reporting on the take up of flexible working arrangements.
- Equality and diversity - through continued focus on equity and inclusion, and with the support of our staff networks, in addition to seeing improvements in a number of equality scores in the annual NHS Staff Survey, the Trust has been honoured to receive recognition of ongoing improvements through re-accreditation of the Navajo Lesbian, Gay, Bi, Trans (LGBT) Charter Mark, through achieving Veteran Aware accreditation, and through recognition as a Defence Employer Bronze organisation.

- Culture and leadership – We have implemented and embedded a ‘Just and Learning Culture’ so that staff feel confident to raise concerns and report incidents and that when they do so, the aim is to learn and improve systems, creating a culture of psychological safety. Our Disciplinary Policy has been updated to reflect this change in approach.
- New ways of delivering care - making effective use of the full range of our people’s skills and experience, including the rolling out of an e-roster system
- Growing the workforce – in 2023 we had 65 Apprentices on placement and Riverside College also recognised Bridgewater as their ‘Large Apprentice Employer of the Year’. On awarding the Trust this accolade, the college cited the commitment to the continued growth of our apprenticeship programme and the support we provide to apprentices before during and after completion of their respective apprenticeship programmes.
- Recruitment – supporting veterans, apprenticeships and welcoming back colleagues who want to return.
- Retaining staff – service level workforce plans developed in collaboration with staff strengthens our approach to workforce planning to ensure the skills of our people and teams more effectively and efficiently.
- Recruitment and deployment across systems – through integrated and multi-disciplinary teams across health and social care.

### Internal Communications

Our internal communications are key in ensuring our colleagues across the organisation are kept fully informed of all key developments within the Trust.

The large geographic footprint of the organisation means we need to embrace a range of tools and techniques to provide our colleagues with the latest news and information that impacts on their working lives.

The Bridgewater Staff App allows colleagues to view the weekly Bulletin and monthly Team Brief from their smart device during the working day, negating the need to return to the office and log on to a Trust computer.

The pandemic radically changed the way we communicated with staff, and we have continued to build on the use of new and evolving technologies to better communicate.

Social media is an increased presence within the organisation and widely used by colleagues within Teams to alert colleagues to the work of services and individuals.

Facebook, Twitter, Instagram, and LinkedIn are utilised to share achievements, key pieces of news and alert colleagues to issues that affect their working lives. The Trust’s dedicated staff Twitter account continues to grow in popularity. This is another internal communications tool that is used to deliver tailored pieces of information.

Our monthly Team Brief presentation from the Chief Executive has now been opened up to staff across the Trust. This provides everyone with the same access to key pieces of information and helps engender a shared sense of understanding across the organisation.

The online session is relayed via Microsoft Teams and has an open Q&A session at the end for staff to ask any question to the Chief Executive. Colleagues can do this anonymously via the chat facility if preferred.

A considerable amount of work was done during 2022-23, to make the weekly staff bulletin more attractive. A new layout has allowed us to streamline our communications approach to make the weekly bulletin more engaging for staff.

We have further enhanced this with rolling out a rebrand across the organisation and have made a range of tools available on the Hub - the staff intranet - that can be easily downloaded and used.

In 2023-24, we have ambitious plans to relaunch our staff intranet (the Hub) creating a portal that will be easier to navigate and more attractive to view. We continue to support colleagues across the organisation with access to our knowledge and expertise to facilitate effective communication internally and externally via channels such as social media.

Advice and support on the information published on the Hub, and the different approaches they might adopt to increase awareness and understanding of specific initiatives has been embraced by many teams.

Internal communications have been vital throughout the year to ensure our colleagues have been kept fully informed of key developments nationally regarding pay and conditions and industrial action that has impacted upon our working lives.

Working in partnership with colleagues across the Trust allows us to communicate news and developments within the NHS locally, regionally, and nationally.

The emergence of integrated care systems (ICSs) in 2022 was explained via a dedicated newsletter which was further developed to provide staff with an understanding of the organisation's ambitions to refresh its strategy for the next five years.

Providing a platform to ensure colleagues are kept informed of key pieces of work is vital if we are to embrace the opportunities for more streamlined and joined-up ways of working.

Regular Q&As are published to explain ongoing issues that impact on staff's working lives. Most recently the industrial action undertaken by key trade unions representing NHS workers became the focus of our internal communications.

Our Staff-side colleagues have used internal communications throughout this period to engage with their members and explain arrangements locally in support of industrial action at a national level.

### Communication and Engagement

As we emerge from the far-reaching effects of the pandemic and establish new ways of working to restore service levels and devise improved systems and processes to meet increasing needs from patients, partners and the public we continue to strengthen the way we communicate internally and externally.

- Significant focus was given to create and establish new and exciting branding that engenders a sense of ownership and professionalism within the organisation.
- A branding suite was established within the Hub providing colleagues with easy access to a range of branded materials including report templates, email signatures, Microsoft Teams background etc.
- Reacting quickly to an ever-changing situation nationally, regionally, and locally required us to respond to demand in new and imaginative ways. Social media once again stood out as a key communication and engagement tool for us to use – more so during periods of industrial action.
- We have continued to develop our use of technology, using exciting ways to communicate, using animation, video, photography and social media etc.
- There was significant focus throughout the year on promoting the regional and national messaging on Covid-19 including the continued need for lateral flow device (LFD) testing and the requirement to wear face masks in a clinical setting.
- Campaigns to promote the value of vaccinations and encourage staff to protect themselves against flu and Covid-19 resulted in one of the highest uptakes within the community provider sector.
- Working closely with our colleagues in recruitment, we promoted the many diverse and exciting career opportunities within the NHS and featured the lived experiences of our apprentices in our internal and external communications.
- Providing case studies to NHS England promoting the NHS as a career of choice.
- Welcoming the NHS Regional Director for the North West allowed us to showcase the diverse range of services we provide.
- A newsletter – Quality & Place bulletin - explaining the changing landscape of the NHS locally, regionally, and nationally and the development of what will be the Trust's refreshed strategy allowed us to focus on how our approaches within

Place were and will continue to make a difference to patients' lives and the communities in which they live.

- Showcasing the work of our Rapid Community Response Service in Warrington allowed us to better explain the changes in Place and highlight the contribution the Trust was making to new and better ways of working. This received national recognition.
- Our weekly bulletin became a single communication tool – incorporating key information from across the Trust.
- A refreshed, public facing Trust website created a more navigable platform for patients, partners and the public. The website was designed specifically using the template of the NHS.uk and NHS England websites, therefore increasing accessibility and functionality.
- Working closely with colleagues in the former North West Driving Assessment Centre we created a new look for the service – this included a suite of promotional materials. A new name – Drive Ability North West - and brand to support its development as a leading provider of driving assessment services in the North West.
- Providing 'live' updates regarding industrial action within the Trust and beyond allowed us to accurately report and reflect on the situation locally and regionally and support our colleagues who were affected by the action.
- A continued focus on staff achievements – Queen's Nurse accreditation, Care Certificate success, Long Service awards and acknowledging the difference staff are making to patients' lives by featuring everyday acts of kindness and compassion provides a reminder of the motivation that supports service delivery.
- Our NHS Staff Survey results were published, and the key findings highlighted. Work plans supporting the delivery of locally driven initiatives to support staff and address issues raised.
- The Trust continued to reward and recognise the achievements of colleagues via its 'Star' awards.
- Celebrating our staff continued to be a key focus. In 2022, building on the success of past years, the Trust held its Thank You awards and publicised the achievements of colleagues via social and paid for media.
- Our Staff Engagement Champions continued to support the work of the Trust in recognising and supporting their colleagues during the challenges posed in year.
- Our Time to Shine sessions were relaunched, and teams were invited to showcase the work of their colleagues. These sessions are open to all staff, Non-Executive Director and Governor colleagues and give an insight into the work that goes on across the organisation.
- Executive and Non-Executive Director colleagues continued with their Time to Talk sessions. The sessions provide a platform for staff to showcase their work, highlight issues and concerns and recognise the achievement of colleagues.
- Reports on these visits are included in the Chief Executive and Chair updates which are provided to both Board and Council of Governors.



- The Trust's Governors commenced a series of service visits to provide an insight into the many diverse services provided by the Trust – both clinically and corporately.
- Our Dental Network colleagues held a day long symposium to highlight key achievements within teams and highlight some of the work taking place across the network which is gaining regional and national recognition.
- The Leader in Me, day-long engagement sessions led by external facilitators, support staff across the organisation to think differently about what they do, learn from their peers and others and employ new techniques/approaches to address the issues they may be facing.
- The Bridgewater Staff Networks provide a 'safe' place for specific staff groups to discuss and address issues that are impacting on their everyday working lives and explore ways of tackling them in a supportive environment.

### NHS Staff Survey 2022

The NHS has a number of key important listening channels to hear and respond to employee voice. One such channel is the annual NHS Staff Survey. This gives us a great opportunity to hear what matters to our NHS people and make positive steps to improving our experience of work.

Bridgewater has many approaches to staff engagement and a wealth of interactive communication channels to gain colleague feedback.

The NHS Staff Survey is however the best annual tool in gaining important colleague information to help shape improvements to the organisation.

The Trust received its best response rate to date with 56% of staff completing the 2022 NHS Staff Survey with all eligible staff receiving their survey online via e-mail. In the 2021 NHS Staff Survey year, the response rate was 50%.

In 2021, the questions of the survey were aligned with the NHS People Promise to track progress against its ambition to make the NHS the workplace we all want it to be. These replaced the ten indicator themes used in previous years. All indicators are based on a score out of 10 for specific questions with the indicator score being the average of those.

The fieldwork for the 2022 NHS Staff Survey was carried out between September and November 2022. Results were published in March 2023.

The 2022 NHS Staff Survey benchmark report showcases an average and static looking staff survey for the organisation. When considering another challenging and turbulent year for the NHS, it is important that these results are seen in a positive and favourable manner.

## Overall Trust Responses – 2022-23 and 2021-22

The table below illustrates the Trust's results, compared to the national average of NHS Community Trusts (of which there are 16 in this benchmarking category).

People Promise Element / Theme	2022 - 23		2021 -22	
	Trust score	Community Trust benchmarking score	Trust score	Community Trust benchmarking score
<b>We are compassionate and inclusive</b>	7.6	7.6	7.6	7.6
<b>We are recognised and rewarded</b>	6.1	6.4	6.3	6.4
<b>We each have a voice that counts</b>	7.1	7.1	7.1	7.2
<b>We are safe and healthy</b>	6.3	6.3	6.2	6.2
<b>We are always learning</b>	5.3	5.9	4.9	5.8
<b>We work flexibly</b>	6.4	6.7	6.4	6.6
<b>We are a team</b>	7.0	7.1	7.0	7.0
<b>Staff engagement</b>	7.2	7.2	5.9	6.1
<b>Morale</b>	6.1	6.1	7.2	7.2

## 2020-21

Scores for each indicator together with that of the survey benchmarking group for Community Trusts are presented below. Please note that these scores are based on the previous reporting metrics prior to the change in the 2021 NHS Staff Survey.

	2020 - 2021	
	Trust score	Community Trust benchmarking score
Equality, diversity and inclusion	9.5	9.4
Health and wellbeing	6.2	6.3
Immediate managers	7.0	7.2
Morale	6.4	6.5

Quality of appraisals	7.5	7.5
Quality of care	8.7	8.5
Safe environment – bullying and harassment	9.9	9.7
Safe environment – violence	7.1	7.1
Safety culture	7.2	7.3
Staff engagement	6.9	6.9

When viewing the 2022-23 response, five out of the nine elements and themes remain static when compared against the Community Trust average for that survey year. Four elements and themes show a slight decrease. These will be the target areas that the Trust will work closely on as part of its organisation-wide action planning.

The areas showing a decrease compared to the Community Trust average are as follows:

- We are recognised and rewarded
- We are always learning
- We work flexibly
- We are a team

The following image outlines the encouraging breakdown comparison from a regional perspective and shows the Trust excelling across all People Promise themes and the two elements of Staff Engagement and Morale.

Knowing the organisation flags green when compared to the averages of both NHS North West region and the Cheshire and Merseyside ICS region is an encouraging achievement.

In addition to this, there has been opportunity to work out where the organisation ranks in the North West against the following NHS Staff Survey provider categories:

- Community Trusts (CT)
- Acute and Acute/Community (A & A&CT)
- Mental Health and Learning Disabilities and Community (MHLD & CT)

In seven out of the nine People Promise elements, Bridgewater ranks either top or joint top.

People Promise Element/ Theme	BCHFT 2022 score	Community Trust Average	Trust results v's Community Trust Average	North West Average	Trust results v's North West Average	C&M ICS Average	Trust results v's CM ICS Average
We are compassionate and inclusive	7.6	7.6	0	7.2	0.4	7.3	0.3
We are recognised and rewarded	6.1	6.4	-0.3	5.8	0.3	6	0.1
We each have a voice that counts	7.1	7.1	0	6.7	0.4	6.8	0.3
We are safe and healthy	6.3	6.3	0	6	0.3	6.1	0.2
We are always learning	5.3	5.9	-0.3	5.2	0.1	5.1	0.2
We work flexibly	6.4	6.7	-0.3	6.1	0.3	6.1	0.3
We are a team	7	7.1	-0.1	6.7	0.3	6.7	0.3
Staff engagement	7.2	7.2	0	6.8	0.4	6.9	0.3
Morale	6.1	6.1	0	5.8	0.3	5.8	0.3



As the Trust continues its focused journey of improvement, this is important to note and can be demonstrated in the following image.

People Promise Element/ Theme	BCHFT 2022 score	Key Headlines
We are compassionate and inclusive	7.6	<ul style="list-style-type: none"> <li>Joint top for CT (with WCHC)</li> <li>Joint top for A &amp; A&amp;CT (with StHK)</li> <li>Joint top for MHL D &amp; CT (with CWP &amp; MC &amp; PC)</li> </ul>
We are recognised and rewarded	6.1	<ul style="list-style-type: none"> <li>Joint top for CT (with WCHC)</li> <li>Joint top for A &amp; A&amp;CT (with WCHC)</li> </ul>
We each have a voice that counts	7.1	<ul style="list-style-type: none"> <li>Top for CT</li> <li>Joint top for A &amp; A&amp;CT (with StHK)</li> <li>Joint top for MHL D &amp; CT (with CWP)</li> </ul>
We are safe and healthy	6.3	<ul style="list-style-type: none"> <li>Top for CT</li> <li>Top for A &amp; A&amp;CT</li> </ul>
We are always learning	5.3	
We work flexibly	6.4	<ul style="list-style-type: none"> <li>Top for CT</li> <li>Joint top for A &amp; A&amp;CT (with StHK)</li> </ul>
We are a team	7	
Staff engagement	7.2	<ul style="list-style-type: none"> <li>Top for CT</li> <li>Joint top for A &amp; A&amp;CT (with StHK)</li> </ul>
Morale	6.1	<ul style="list-style-type: none"> <li>Top for CT</li> <li>Joint top for A &amp; A&amp;CT (with StHK)</li> <li>Joint top for MHL D &amp; CT (with CWP &amp; PC)</li> </ul>

Key:

CT	Community Trust
A & A&CT	Acute & Acute/Community
MHL D & CT	Mental Health Learning Disability/Community
WCHC	Wirral Community Health and Care
StHK	St Helens and Knowsley
CWP	Cheshire and Wirral Partnership
MC	Mersey Care
PC	Pennine Care



Similar to the 2021 staff survey, the Trust has developed a suite of action plan templates to further improve engagement across the organisation.

Trust directorates will all own an individual action plan to complete. There will also be a Trust-wide action plan of which corporate improvements will be worked on and rolled out across the organisation.

All action plans, whether Trust-wide or directorate, will be used to demonstrate improvements over the next 12 months. These plans will be carefully monitored through various Trust governance channels.

### Staff Health & Wellbeing

In 2022 health & wellbeing remained the number one priority of the Trust's People Strategy pledge of '*creating and sustaining a progressive person-centred health and wellbeing offer*' - looking back on our achievements we:

- Hosted a Wellbeing fortnight during June 2022, where staff could attend a range of workshops and one to one interventions and access information to support their health and wellbeing – topics and interventions included mindfulness, developing a positive mindset, lifestyle appointments and the menopause in line with staff need.
- Launched our 'Having Safe and Effective Health and Wellbeing Conversations' training to ensure that all staff will have a health and wellbeing conversation as part of their annual personal development review and one to one meetings.
- Delivered 'Looking After Your Emotional Wellbeing'. Our in-house course offers practical advice on how we can influence our personal resilience and boost our mood and overall sense of wellbeing.
- Appointed an Organisational Development Practitioner with a lead focus on health and wellbeing.
- Appointed a Wellbeing Guardian at Board level.
- Continued to develop a network of Staff Health and Wellbeing Champions to encourage promotion and signposting to internal and external support options.
- Launched Civility and Respect Training.
- Implemented and embedded a 'Just and Learning Culture' programme – promoting a fair, open and learning culture to build psychological safety.
- Appointed a dedicated Lead Freedom to Speak Up Guardian.
- Through the work of the Trust's Health and Wellbeing workstream, continued to work with our partner Rugby League Cares. Their Wellbeing Support Offer helps people manage their mental wellbeing via bespoke sessions for teams in Bridgewater. These 'Offload' sessions are a chance for staff members to learn new tools and coping strategies around topics such as stress, positive mindset, mindfulness, building resilience and analysing negative thinking.
- Were identified as an early implementer of the North West Social Partnership Forum Wellbeing Policy with the aim of replacing traditional absence management processes to focus on a 'person centred' approach to wellbeing.



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. The Trust's Occupational Health Services have been provided externally by People Asset Management (PAM) since 1<sup>st</sup> April 2021.

PAM offer a fully consolidated Occupational Health Service including:

- Occupational health appointments via management referral
- Support and advice for musculoskeletal issues
- Physiotherapy
- Pre-employment screening
- Vaccinations and health surveillance for staff
- Needlestick injury support
- Stress management support
- Ergonomics advice
- PAM Assist (Employee Assistance Programme) – a 24 hour / 7 days per week confidential helpline providing advice and support on a range of issues including bereavement, divorce, addiction and stress.
- Counselling and cognitive behavioural therapy
- Trauma support

Provision is monitored via monthly contract review meetings which includes attendance from the Procurement Team, with the aim of continuing to embed the service and to continually grow and developing the best offer for the Trust and its employees.

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.

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 2023 was 5.49%.

Managers 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. As part of the planned adoption of the North West Social Partnership Forum Wellbeing Policy in 2023, a greater focus on promoting 'wellbeing' rather than reducing 'absence' will place greater weight on preventative measures.

### **Personal and Performance Development Reviews (PPDRs)**

We continue to provide opportunities for our staff to develop via a 'values' driven personal and performance development review (PPDR) to ensure they can continue to provide excellent clinical services and meet our organisational aims and objectives.

The focus during 2022 continued to be to support staff Health & Wellbeing. The PPDR process itself was reviewed and shortened to make it easier for staff to use during 2022 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 2023 was 14.14%. This is above the Trust target of 8%. Our turnover percentage rate is based on staff who have voluntarily left the organisation. Work is ongoing to improve organisational retention and turnover rates are examined monthly. Frequency and reasons for leaving are being explored and local retention plans are being implemented to support teams to retain staff.

The exit interview process has been reviewed to ensure that themes are addressed with clear and indicative outcomes which will support 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 People Strategy supports the delivery of robust and integrated service workforce plans. 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 improve the quality of care for our patients and service users. It also outlines how we will make this a reality, in terms of having the right policies, processes, skills, equipment and environment to provide a great service.

The strategic workforce priorities support all aspects of workforce planning and support the NHS Long Term Plan and the NHS People Plan.

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. Service Plans are 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, however, due to skills shortages and an ageing workforce, the Workforce Plans reflect and respond to local demand and productivity. As populations continue to grow and activity increases and changes, alongside the anticipated shortages in Nursing and Allied Health Professional 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, skill mix and career development changes will be essential to meet increased outputs. New ways of working are being developed as part of this 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 for all services have been completed and concentrate on:

- Staffing requirements to meet patient needs, skill mix and new ways of working.
- Introducing or increasing apprenticeship roles in teams to 'grow our own'.
- 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 wellbeing support.
- Incrementally implement revised staffing profiles through turnover where possible and restructure where necessary.

## Recruitment

When recruiting, we consider the post requirements, along with the skill 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 & Retention Pod has been established to ensure that recruitment processes are robust, effective and efficient whilst supporting the Equality Diversity Inclusion (EDI) agenda.

We have 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. Also, we have achieved a successful accreditation as a Veteran Aware Trust.

## 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.

During the Covid-19 pandemic there was a period (from 19<sup>th</sup> March 2020 to September 2020) when the General Medical Council (GMC) and NHS England guided trusts to suspend Medical Appraisal and Revalidation. 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.

Appraisals recommenced for Bridgewater doctors in October 2020, following guidance from NHS England that resumption could be locally determined, i.e. dependent 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.

During 2021-22 there continued to be flexibility around appraisal requirements, in line with GMC and NHS England guidance. During 2022-23, there has continued to be an emphasis on wellbeing during appraisal meetings, and the streamlined requirements for written supporting evidence introduced during the pandemic have continued to apply. An updated national Medical Appraisal Guide was published in June 2022 (see [Medical Appraisal for Revalidation - Academy of Medical Royal Colleges \(aomrc.org.uk\)](https://www.aomrc.org.uk)) and the electronic appraisal toolkit used by the Trust (PremIT) was updated accordingly by the provider.

As of 31<sup>st</sup> March 2023, there were 18 doctors aligned to Bridgewater for appraisal and revalidation.

- 17 of these 18 doctors had their 2022-23 appraisals within the period 1<sup>st</sup> April 2022 to 31<sup>st</sup> March 2023.
- One doctor's appraisal took place with their previous employer, prior to them moving jobs and becoming aligned with Bridgewater for appraisal partway through the year.

- There were 3 approved postponements of appraisal dates in total during 2022-23. Two of these appraisals were still completed within the 2022-23 year, with one having a revised appraisal date of July 2023.

Three positive revalidation recommendations were made during the period 1<sup>st</sup> April 2022 to 31<sup>st</sup> March 2023, with deferral recommendations made for two doctors.

The Annual RO report for 2021-22 was accepted by the People Committee in September 2022 and our Statement of Compliance for 2021-22 was submitted to NHS England within the agreed timescales. The Annual RO report for 2022-23 is due to be submitted to People Committee in September 2023.

## Appendix B – Stakeholder Feedback



**Cheshire and Merseyside**

### **Quality Account Statement 2022-23**

#### **Bridgewater Community Healthcare NHS Foundation Trust**

Cheshire And Merseyside Place representatives along with NHSE/I Specialist Commissioning welcomed the opportunity to jointly comment on the Bridgewater Community Healthcare NHS Foundation Trust Draft Quality Account for 2022-23.

We understand the continuing pressures and challenges for the organisation and the local health economy over the past year and recognise that these challenges are ongoing.

Commissioners have worked closely with the Trust throughout 2022/23 to gain assurance that the services you deliver were safe, effective, and personalised to patients. Halton & Warrington Places share the fundamental aims of the Trust and support their strategy to deliver high quality, harm free care.

Commissioners noted the priorities and individual measures from 2022/23 and supported the key priorities for the improvement of quality during this timeframe, which were:

- 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.

We note the priorities, key achievements and progress made in 2022/23:

- Individual Places welcomed the presentation as a good overall report, containing detailed information on the many quality improvement strands across the organisation.
- Priorities for last year presented well and linked to key outcomes with detail of programmes of work provided.
- Places noted the achievement of Quality Priorities for 2022/23, particularly the focus on:

- Proactive listening to adults and children to obtain patient experience feedback and enhance future care resulting in positive response rates.
- Patient engagement is evidenced in the report with reference to the Lived Experience Panels on voice of the child and voice of the adult.
- Positive picture demonstrated in terms of complaints, compliments and PALS with an outstanding increase in the number of compliments received by 38%. PALS contacts noted with only 1 going on to be a formal complaint.
- No harms related to IPC. Zero C.diff and MRSA.
- No incidents resulted in severe harm/death.
- Good Mandatory training compliance.
- PSIRF preparation and how this work is providing the Trust with valuable and enriched information on safety culture analysis, learning, quality improvement, staff understanding of safety and the wider triangulation of the learning responses. This indicates good foundations and open learning culture to take forward in implementing PSIRF.
- Openly highlighting CQC rating of requires improvement but providing assurance around the actions taken to improve, pointing out the caring domain was good. CQC overall rating RI (legacy rating from 2018) – working with CQC to drive improvements and understand new approach to assessment.
- Good CQUIN outcomes achieving 3/4, noting that whilst flu was not achieved (62% out of a target 90%), the Trust was 4th highest vaccinator across two regions, although not clear as to what vaccinations this was in relation to.
- Innovative work around Community Health and Wellbeing workers and the Trust being only 1 of 3 pilots in the UK.
- Community Accreditation Scheme – aligned to CQC ‘WE’ statements. Linking with other providers, their tools and systems.
- Work around the Trust is planning in adopting the Cheshire and Merseyside Prevention Pledge and their aim to develop as an Anchor Institution, the opportunities this will present in focusing on prevention measures for the benefit of patients, staff and the wider community.
- Childrens service – Universal in Reach - HV and SN Service delivery model actions plans developed and staff contribution allowing them to shape how they deliver the guidance.

The presented account indicates the Trust's commitment to improving the quality of the services it provides and supports the key priorities for improvement of quality during 2023/24.

Cheshire & Merseyside Places support the quality aims for 2023/24, particularly:


- Progress with the Community Accreditation Scheme following the developments in 2022/23.
- PSIRF implementation.

- Core20PLUS5. Positive recognition by the Trust that they are a partner in community services/system and can contribute to influence to improve population health. Demonstrating a positive focus on prevention rather than just treatment and contribute to the work on health inequalities.

NHS Halton & Warrington Places recognise the continuing challenges for providers in the coming year and we look forward to working with Bridgewater Community Healthcare NHS Foundation Trust during 2023/24 as you continue to deliver improvement in service quality, safety and patient experience. In addition, we recognise the commitment of continuing to strengthen integrated partnership working to deliver the greatest and fastest possible improvement in people's health and wellbeing by creating a strong, safe and sustainable health and care system that is fit for the future.

NHS Halton and Warrington Places would like to take this opportunity to say thank you to Bridgewater Community Healthcare NHS Foundation Trust. To your staff for their care, courage and commitment to the ensuring the people of Warrington, Halton and Cheshire receive high quality, safe and effective care and also for your on-going commitment locally to system partnership working.

Yours sincerely,



**Denise Roberts**

Associate Director of Quality and Safety Improvement

*Signed on behalf of the Associate Director of Quality and Safety Improvement for the following Places Liverpool, South Sefton, Southport & Formby and Knowsley Halton and Warrington.*

## Appendix C – School Aged Immunisation Programmes – Halton and Warrington Boroughs

During the academic year 2021-22 (beginning of September 2021 – end of August 2022)

the Trust's 0-19 services in Halton and Warrington were commissioned to deliver the Tetanus, Diphtheria and Polio (Td/IPV), Meningitis ACWY (MenACWY) and Human Papilloma Virus (HPV) Vaccination programmes.

During the academic year 2022-23 (beginning of September 2022 – end of August 2023) the Trust was commissioned to deliver the school-aged influenza vaccination programme.

### Impact of the Coronavirus (COVID-19) pandemic on vaccination uptake data

UKHSA (2022) acknowledged that since March 2020, the Covid-19 pandemic has led to some disruption of school-based immunisation programme delivery. The biggest impact nationally and locally was observed in the 2019 to 2020 academic year when all schools were closed in the first national lockdown.

Throughout the 2020 to 2021 academic year school attendance rates in England were lower than normal and in January 2021 schools were closed to all, except children of keyworkers and vulnerable children, with a phased reopening of secondary schools from March 2021.

In the 2021 to 2022 academic year, school attendance rates in England remained lower than normal until the 'Living with Covid-19' guidance was implemented from February 2022 and all restrictions were lifted.

In September 2021, the offer of Covid-19 vaccination was extended to all children aged 12 to 15 years and was delivered in secondary schools and other settings. In addition, the influenza immunisation programme was extended to all children in secondary schools. School-aged immunisation services (SAIS) were instrumental in supporting the delivery of all these programmes under very challenging circumstances.

It is likely that all these factors combined have impacted on the delivery of the routine adolescent immunisation programmes, resulting in uptake rates lower than pre-pandemic.

UKHSA (2022) Human papillomavirus (HPV) vaccination coverage in adolescents in England:  
2021 to 2022 Available at:-

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1126762/hpr1322-HPV2.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1126762/hpr1322-HPV2.pdf) Accessed 06/02/202

## HPV, Td/IPV and MenACWY vaccination programmes

### Total HPV vaccinations administered in 2021-22 – Halton and Warrington

	Warrington				Halton			
	Female dose 1	Female dose 2	Boys dose 1	Boys dose 2	Female dose 1	Female dose 2	Boys dose 1	Boys dose 2
<b>Year 8</b>	1032	0	1031	0	588	0	485	0
<b>Year 9</b>	54	1116	62	1063	88	635	89	573
<b>Year 10</b>	24	825	41	903	7	44	3	71
<b>Year 11</b>	8	4	0	0	0	3	0	0
<b>Total</b>	1118	1945	1134	1966	683	682	577	644

**Warrington - Total HPV vaccinations administered in academic year 2021-22 = 6163**

**Halton - Total HPV vaccinations administered in academic year 2021-22 = 2586**

In 2021-22, Warrington had to offer a significant number of dose 2 HPV vaccinations to school year group 10 as a result of the disruption due to Covid-19 school closures in 2019-20. Halton had less dose 2 HPV vaccinations to offer to year 10 pupils as proportionally more pupils were offered HPV vaccinations before the Covid-19 school closures in 2019-20.

### Summary table of HPV vaccination uptake rate (Boys and Girls) at 31/08/2022 across Warrington and Halton

	Warrington	Halton	Cheshire and Merseyside	England
Year 8 Dose 1 HPV	Females – 78.36%	Females – 75.77%	Females - 70%	Females - 69.6%
	Males – 74.66%	Males – 65.36%	Males - 60.6%	Males - 65.4%
Year 9 Dose 1 HPV	Females – 90.19%	Females - 86.95%	Females - 86.1	Females – 82.2%
	Males – 84.34%	Males – 78.07%	Males – 77.6%	Males - 78%

Year 9 Dose 2 HPV	Females – 83.6%	Females - 77.44%	Females – 73.8%	Females – 67.3%
	Males – 78.16%	Males – 67.6%	Males – 62.4%	Males - 62.4%
Year 10 Dose 1 HPV	Females – 91.77%	Females – 92.38%	Females - 86.5%	Females - 86.5%
	Males – 87.07%	Males – 89.1%	Males - 86.1%	Males – 81.5%
Year 10 Dose 2 HPV	Females – 85.61%	Females – 88.24%	Females - 76.9	Females – 76.9%
	Males – 81.85%	Males – 86.22%	Males – 76.9%	Males – 70.9%
Year 11 Dose 1 HPV	Females only - 93.47%	Females only - 92.39%	No data	No data
Year 11 Dose 2 HPV	Females only - 91.18%	Females only - 90.61%	No data	No data

From September 2019 the national Human papillomavirus (HPV) vaccination programme became universal with 12 to 13 year old males becoming eligible alongside females. Males in year 11 in academic year 2021-22 were not eligible for HPV vaccination.

With the exception of Halton Year 8 HPV dose 1 in males' uptake, uptake rates as at 31 August 2022 in Warrington and Halton Borough is consistently higher than the national and Cheshire and Merseyside uptake, across all school year groups and gender.

### HPV Cohort Tracking throughout the pandemic period Academic year 2018-19 – 2021-22

#### **Females**

Cohort 16 DOB 01/09/05 – 31/08/06

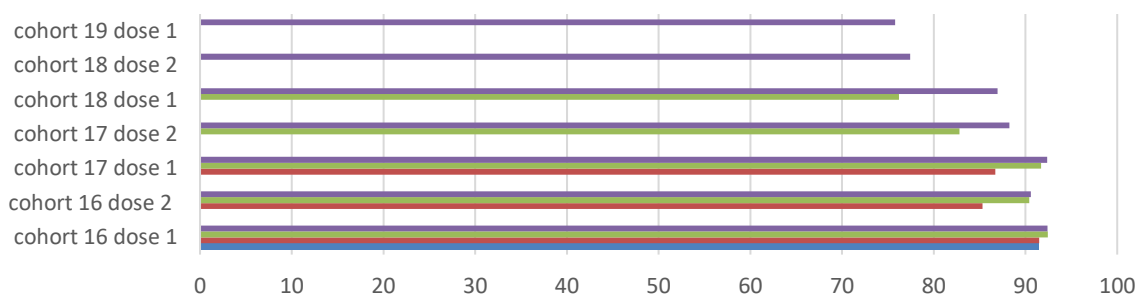
Cohort 17 DOB 01/09/06 – 31/08/07

Cohort 18 DOB 01/09/07 – 31/08/08

Cohort 19 DOB 01/09/08 – 31/08/09

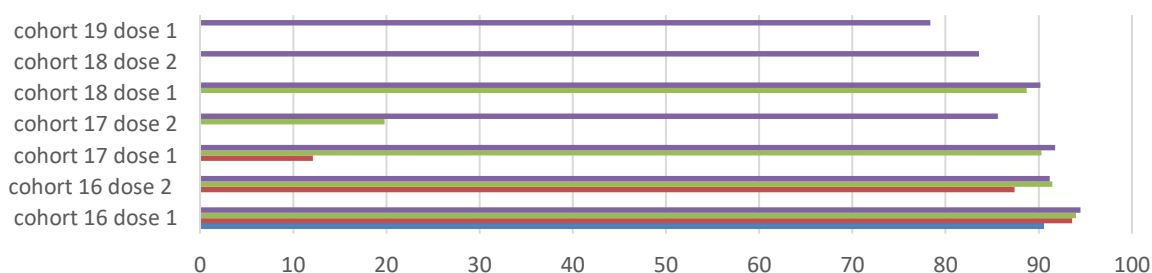


## Halton Female Cohort Tracking 2018/19 - 2021/22



■ 21/22 ■ 20/21 ■ 19/20 ■ 18/19

## Warrington Female Cohort Tracking 2018/19 - 2021/22



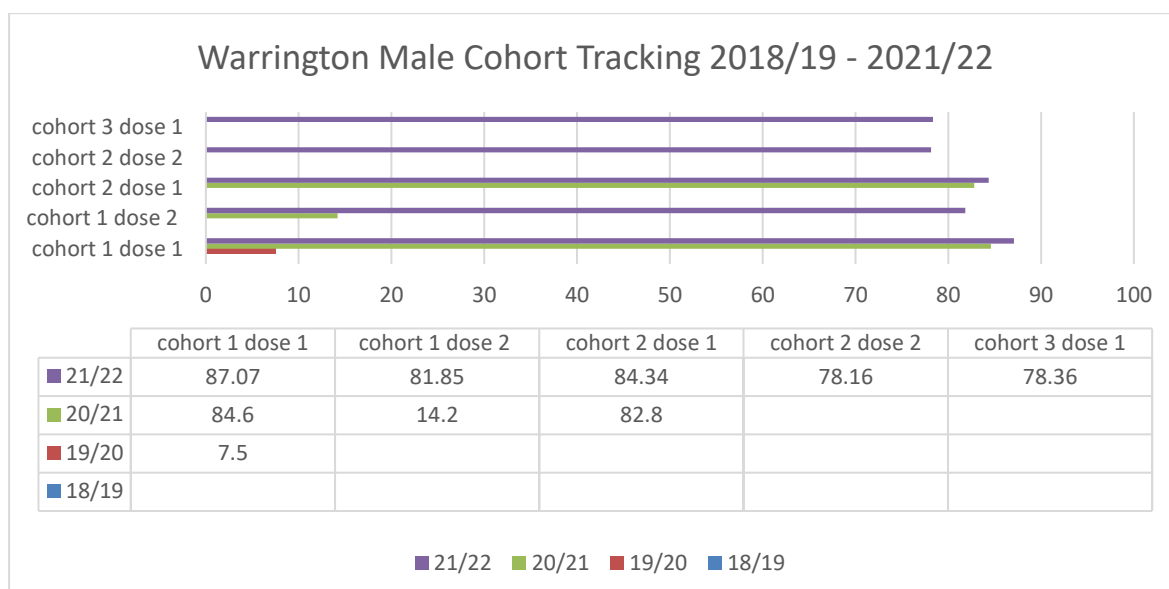
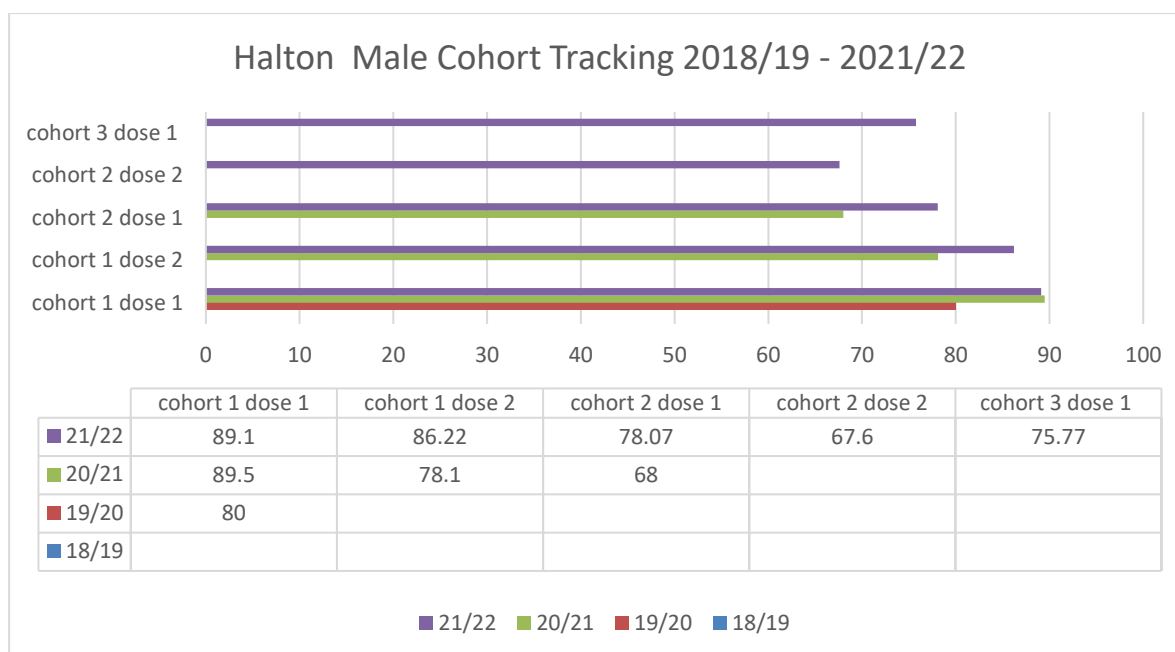
■ 21/22 ■ 20/21 ■ 19/20 ■ 18/19

## Males

Cohort 1 DOB 01/09/06 – 31/08/07

Cohort 2 DOB 01/09/07 – 31/08/08

Cohort 3 DOB 01/09/08 – 31/08/09



Tracking uptake in each cohort demonstrates that the local catch-up activities delivered in Halton and Warrington is improving coverage.

Halton and Warrington School-aged Immunisation Teams will continue to offer catch up vaccinations until a child leaves school year 11.

## Tetanus, Diphtheria and Polio (Td/IPV), Meningitis ACWY (MenACWY) Vaccination Programmes

## Warrington Td/IPV and MenACWY vaccinations administered to all school year groups in 2021-22

	Year 9	Year 10	Year 11	Total
MenACWY	2192	7	2	2201
Td/IPV	<b>2177</b>	<b>6</b>	<b>1</b>	<b>2184</b>

#### Halton Td/IPV and MenACWY vaccinations administered in 2021-22

	Year 9	Year 10	Year 11	Total
MenACWY	1203	41	20	1264
Td/IPV	<b>1202</b>	<b>42</b>	<b>21</b>	<b>1265</b>

#### Summary table of Tetanus, Diphtheria and Polio and MeningitisACWY vaccination uptake rates at 31/08/2022

Borough	Td/IPV Year 9	MenACWY Year 9	Td/IPV Year 10	MenACWY Year 10	Td/IPV Year 11	MenACWY Year 11
<b>England Uptake</b>	unpublished					
<b>Regional Uptake – Cheshire and Merseyside</b>	unpublished					
<b>Warrington</b>	80.5%	81.09%	89.9%	90%	91.8%	91.9%
<b>Halton</b>	72.1%	72.2%	84.3%	84.5%	89.2%	89.4%

#### Td/IPV and MenACWY Cohort Tracking throughout the pandemic period Academic year 2018/19 – 2021/22

##### Cohort details

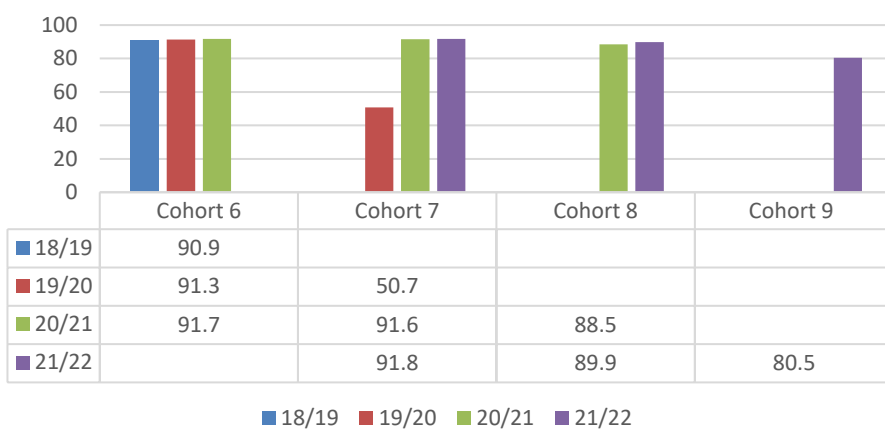
Cohort 6 DOB - 01/09/04 - 31/08/05

Cohort 7 DOB - 01/09/05 - 31/08/06

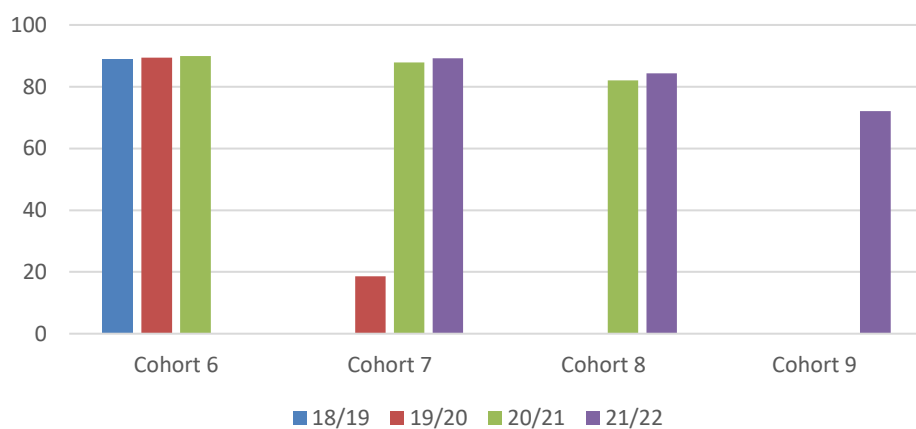
Cohort 8 DOB - 01/09/06 - 31/08/07

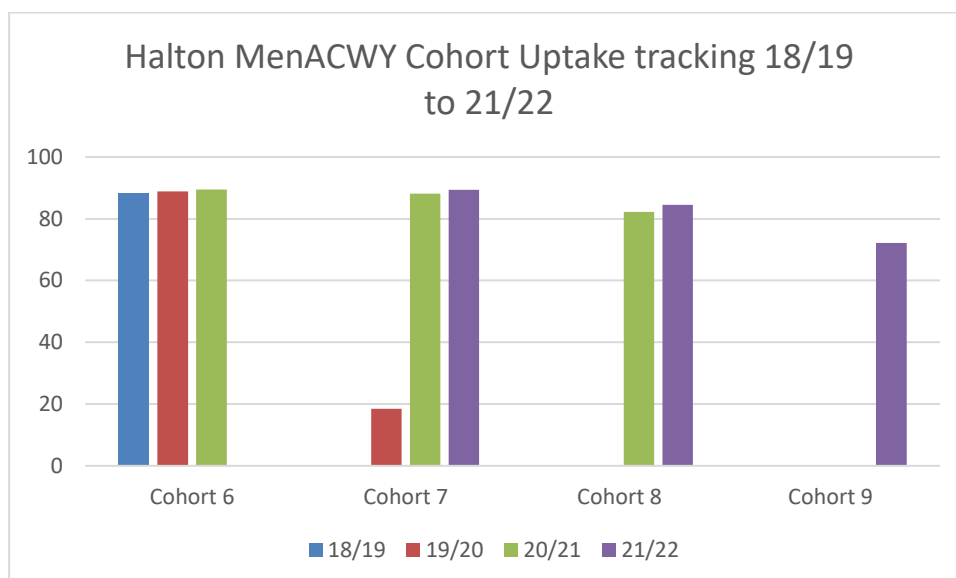
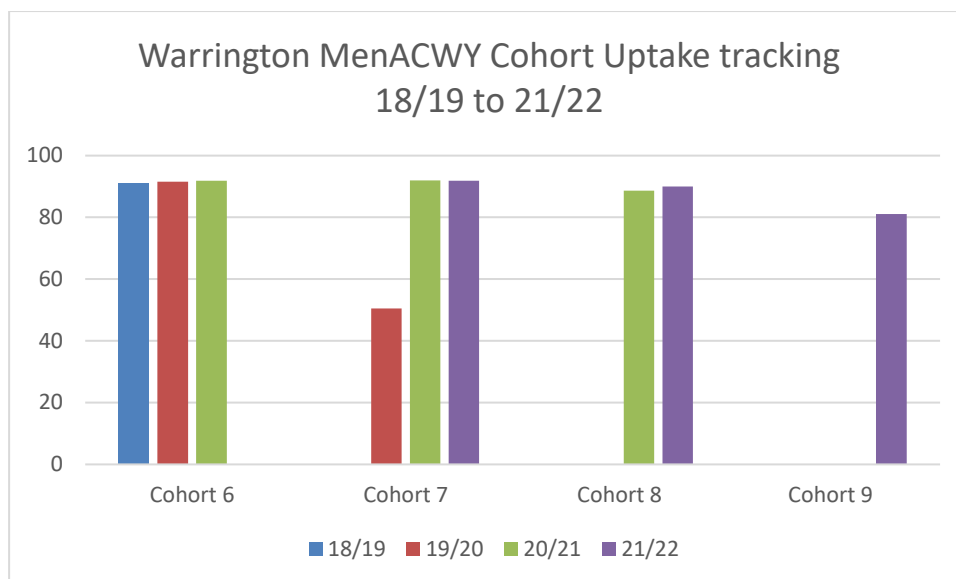
Cohort 9 DOB - 01/09/07 - 31/08/08

### Warrington Td/IPV cohort uptake tracking 18/19 to 21/22



### Halton Td/IPV cohort uptake tracking 18/19 to 21/22





Tracking uptake in each cohort demonstrates that the local catch-up activities delivered in Halton and Warrington is improving coverage.

Halton and Warrington School-aged Immunisation Teams will continue to offer catch up vaccinations until a child leaves school year 11.

### **School-aged Childhood Influenza Vaccination Programme – 2022-23**

Bridgewater was also commissioned to deliver the school-aged childhood influenza vaccination programme in the boroughs of Halton and Warrington in 2022-23.

NHS England (NHSE) advised that all providers delivered vaccination to the reception year group to year 6 year groups from September 2022. In late November, NHSE advised that Cheshire and Merseyside Borough providers could commence delivery to year groups 7 – 9. Providers were advised that delivery was to finish by the end of

January 2023. Providers outside of Cheshire and Merseyside had commenced delivery of year groups 7 – 9 earlier.

Borough	Total Cohort (Reception – Year 9)	Vaccinated	Percentage Vaccinated
Warrington	26,214	15071	57.5%
Halton	15,417	7301	47.7%
UK uptake			44.4%

Halton and Warrington overall uptake in all eligible school cohorts was higher than the UK uptake.

### Warrington Current flu vaccination compared to last 3 years.

Year Group	UK uptake as published 31/01/2023	North West region uptake as published 31/01/2023	Uptake 2022-23	Uptake 2021-22	Uptake 2020-21	Uptake 2019-20 (Pandemic started March 2020 – after flu vaccinations)
R	56.3	57.3	67.2	65.67	78.6	74.1
1	56.1	57.4	65.7	69.72	80.5	75.2
2	57.2	57.5	66.3	68.39	79.9	72.1
3	56.9	57.9	68.3	72.98	78.7	69.3
4	55.9	57.0	67.0	67.04	76.3	69.8
5	55.3	56.6	66.3	66.6	75.65	66.6
6	53.8	54.9	63.9	66.67	74.67	64.3
7	43.5	37.2	41.2	56.31	65.5	
8	39.4	32.5	36.6	53.33		
9	37.5	31.4	33.7	47.81		

Table note:

DOB 01/09/2017 - 31/08/2018 (2022/23 academic year reception)  
 DOB 01/09/2016 – 31/08/2017 (2022/23 academic year one)  
 DOB 01/09/2015 – 31/08/2016 (2022/23 academic year two)  
 DOB 01/09/2014 – 31/08/2015 (2022/23 academic year three)  
 DOB 01/09/2013 – 31/08/2014 (2022/23 academic year four)  
 DOB 01/09/2012 – 31/08/2013 (2022/23 academic year five)  
 DOB 01/09/2011 – 31/08/2012 (2022/23 academic year six)  
 DOB 01/09/2010 – 31/08/2011 (2022/23 academic year seven)  
 DOB 01/09/2009 – 31/08/2010 (2022/23 academic year eight)  
 DOB 01/09/2008 – 31/08/2009 (2022/23 academic year nine)  
 DOB 01/09/2007 – 31/08/2008 (2022/23 academic year ten)

## Halton Current flu vaccination compared to last 3 years

Year Group	UK uptake as published 31/01/2023	Cheshire and Mersey uptake as published 31/01/2023	Uptake – 2022-23	Uptake 2021-22	Uptake 2020-21	Uptake 2019-20 (Pandemic started March 2020 – after flu vaccinations)
R	56.3	57.3	55.9	59.79	69.6	67.3
1	56.1	57.4	56.4	57.39	69.3	66.7
2	57.2	57.5	55.4	57.57	70.3	67.3
3	56.9	57.9	56.7	60.23	68.6	69.3
4	55.9	57.0	58.4	54.45	68.15	69.8
5	55.3	56.6	53.8	56.46	65	61.9
6	53.8	54.9	54.3	53.85	64.8	62.8
7	43.5	37.2	30.0	46.82	61.4	
8	39.4	32.5	29.0	46.43		
9	37.5	31.4	28.2	41.72		

Table note:

DOB 01/09/2017 - 31/08/2018 (2022/23 academic year reception)

DOB 01/09/2016 – 31/08/2017 (2022/23 academic year one)

DOB 01/09/2015 – 31/08/2016 (2022/23 academic year two)

DOB 01/09/2014 – 31/08/2015 (2022/23 academic year three)

DOB 01/09/2013 – 31/08/2014 (2022/23 academic year four)

DOB 01/09/2012 – 31/08/2013 (2022/23 academic year five)

DOB 01/09/2011 – 31/08/2012 (2022/23 academic year six)

DOB 01/09/2010 – 31/08/2011 (2022/23 academic year seven)

DOB 01/09/2009 – 31/08/2010 (2022/23 academic year eight)

DOB 01/09/2008 – 31/08/2009 (2022/23 academic year nine)

DOB 01/09/2007 – 31/08/2008 (2022/23 academic year ten)

In 2020-21 across year groups reception to year 6, the uptake of influenza vaccine was equal to or higher than it was in the 2019 to 2020 season, despite the implementation challenges due to the Covid-19 pandemic and national lockdowns. This possibly was as a result of the pandemic initially influencing increased acceptance of flu vaccination.

In 2021-22 for the first time, all children in Year 8 to Year 11 were offered the vaccine through the school delivery model. This was an expansion of 4 additional year groups (whereas previous seasons have seen an expansion of 1 additional year group).

Since 2020-21 uptake has fallen across each year group possibly due to concurrent pressures on school-aged delivery included both staff and pupil absences due to Covid-19 and delivery of the school aged Covid-19 vaccination programme for the first time. Locally the school-aged immunisation teams are finding there is a decrease in acceptance of all vaccinations, including flu vaccinations.



## Appendix D – 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 2022/23* and supporting *Quality Account Requirements 2022/23*.
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
  - Board minutes for the financial year, April 2022 and up to the date of this report ("the period").
  - Papers relating to quality reported to the Board over the period.
  - Feedback from Commissioners
  - Feedback from Governors (not applicable for this iteration)
  - Feedback from local Healthwatch organisations (not applicable for this iteration)
  - The Trust's complaints report awaiting publication under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009.
  - The 2022 staff survey published February 2023.
  - The Head of Internal Audit's annual opinion over the Trust's control environment (not applicable for this iteration); and
  - Care Quality Commission inspection report, dated 17<sup>th</sup> December 2018
- the Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered.
- the performance information reported in the Quality Report is reliable and accurate.
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice.
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and
- the Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts

regulations) as well as the standards to support data quality for the preparation of the Quality Report.

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

By order of the board

NB: sign and date in any colour ink except black

A handwritten signature in black ink, appearing to be 'K. B.', followed by a period.

(Chair)

Date: 6 June 2023

A handwritten signature in blue ink, appearing to be 'J. R.', followed by a flourish.

(Chief Executive)

Date: 6 June 2023

## Appendix E – Glossary

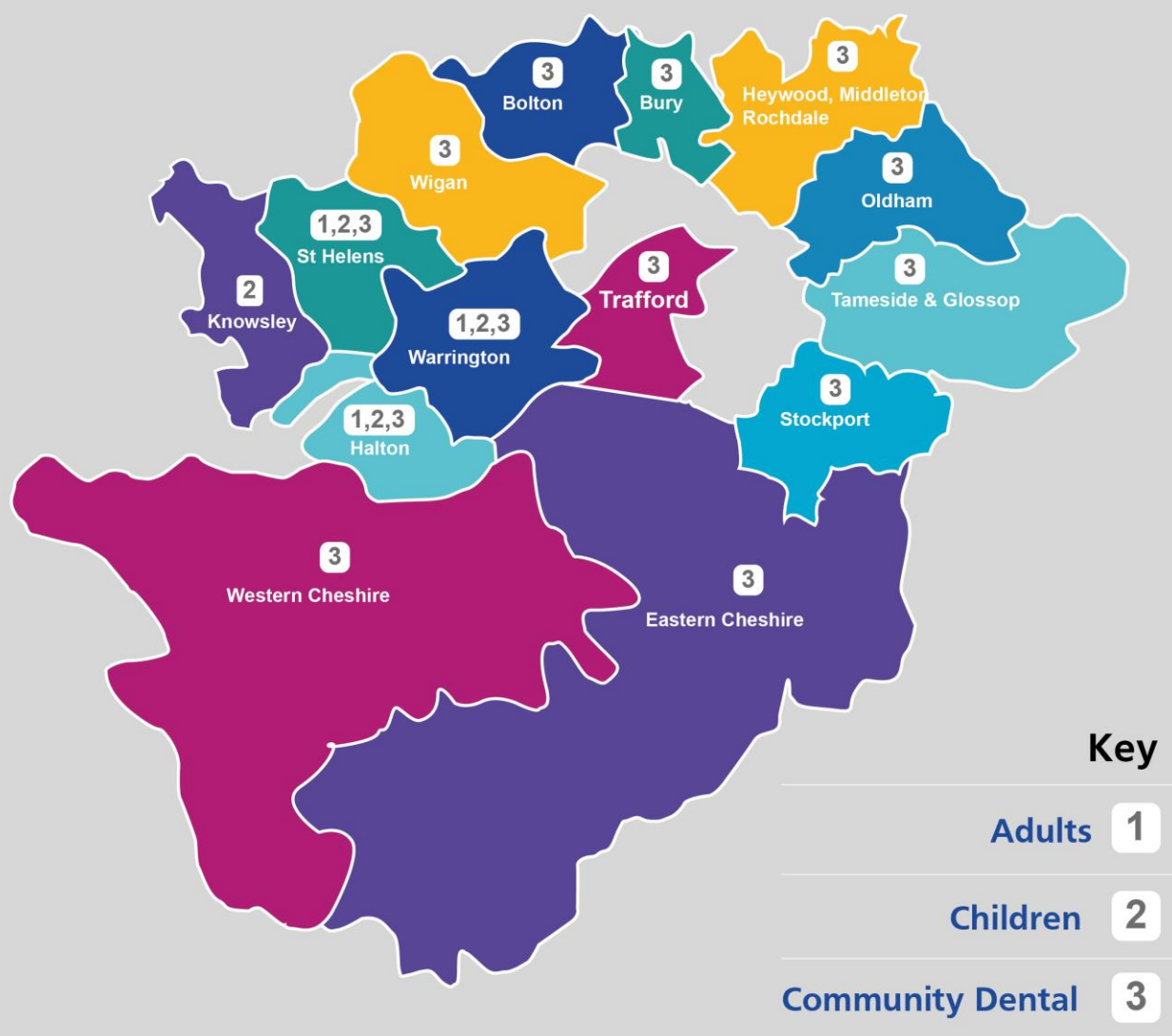
<b>ANTT</b>	Aseptic Non-Touch Technique - used globally as the foundation for effective infection prevention
<b>CCG</b>	Clinical Commissioning Group – play a major role in achieving good health outcomes for the communities they serve
<b>CIC Teams</b>	Children in Care - Teams provided by Bridgewater Community Healthcare Foundation Trust Safeguarding Team
<b>CQC</b>	Care Quality Commission – An independent regulator of all health and social care services in England
<b>CQUIN</b>	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
<b>CSDS</b>	The Community Services Data Set – pseudonymised patient based data and information for community services.
<b>DSPT</b>	Data Security and Protection Toolkit
<b>ECDS</b>	Emergency Care Data Set – pseudonymised patient based data and information for emergency services (our UTC data).
<b>EOL</b>	End of Life Services - service provided by Bridgewater Community Healthcare Foundation Trust
<b>FFT</b>	Friends and Family Test – introduced to help service providers and commissioners understand whether their patients are happy with the service provided.
<b>FTSU</b>	Freedom to Speak Up
<b>FTSUG</b>	Freedom to Speak Up Guardian
<b>GP</b>	General Practitioner
<b>HCAI</b>	Health Care Acquired Infections
<b>ICO</b>	Information Commissioners Office - The UK's independent authority set up to uphold information rights in the public interest
<b>IPC</b>	Infection Prevention & Control

<b>JTAI</b>	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
<b>LeDeR</b>	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.
<b>MARAC</b>	Multi Agency Risk Assessment Conference - associated with the Safeguarding team
<b>MASH</b>	Multi-Agency Safeguarding Hub - multi-agency team consisting of health, local authority and the police within Safeguarding Services
<b>MHSDS</b>	Mental Health Services Data Set - pseudonymised patient based data and information for mental health, learning disability and autism services.
<b>NHS England</b>	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
<b>NHSI</b>	NHS Improvement - Helps the NHS to meet short-term challenges
<b>NICE</b>	National Institute for Health and Care Excellence (NICE) – provides national guidance and advice to improve health and social care
<b>NMP</b>	Non-Medical Prescriber - prescribing of medicines, dressings and appliances by health professionals who are not doctors
<b>NRLS</b>	National Reporting and Learning Services - A central database of patient safety incident reports
<b>OCDS</b>	Outpatient Commissioning Data Set - pseudonymised outpatient-based data and information for monitoring and contracting purposes.
<b>Ofsted</b>	Office for Standards in Education, Children's Services and skills - inspects and regulates services that care for young children

<b>PPE</b>	Personal protective equipment
<b>PHE</b>	Public Health England - executive agency of the Department of Health
<b>PREMS</b>	Patient Reported Experience Measures - capturing the experiences of people using healthcare services
<b>QA</b>	Quality Assurance
<b>QIA</b>	Quality Impact Assessment – a tool used to identify a potential impact of our policies, services and functions on our patients and staff
<b>RAG</b>	Red, Amber Green rating – a simple colour coding of the status of an action or step in a process.
<b>RCA</b>	Root Cause Analysis
<b>SOP</b>	Standard Operating Procedure – is a documented process in place to ensure services are delivered consistently every time
<b>Ulysses</b>	Bridgewater Community Healthcare Foundation Trust's IT risk management and patient safety system

## Appendix F – Map of Services

### Bridgewater Community Healthcare NHS Foundation Trust Map of Services





# GET IN TOUCH



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