

Compassion Open Trust



Annual Quality Account | 2023/24

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# 1 Part 1: Introduction

## 1.1 Executive Summary

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

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

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

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

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

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

## 1.2 Introduction

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

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

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

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

**Together...**

we will support you and your community to live well.

**Compassion**

Supportive and caring, listening to others.

**Open**

Communicating openly, honestly and sharing ideas.

**Trust**

Trusted to deliver, feeling valued and safe.

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

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

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

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

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

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

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

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

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

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

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

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

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

### 1.3 Mandated Statement by Trust Chair and Chief Executive

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

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

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

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

Trust CEO Mark Greatrex



Dated: 19 June 2024

Trust Chair Michael Brown CBE DL



Dated: 19 June 2024



## 2 Part 2: Vision and Values and Commitment to Quality

### 2.1 WCHC Vision and Values

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

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



### 2.2 Staff Recognition

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

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



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

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



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

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

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

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

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

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

## 2.3 Mandated statements

### 2.3.1 CQC registration

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

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

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

### 2.3.2 Data security and protection toolkit attainment level

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

### 2.3.3 Clinical coding error rate

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

### 2.3.4 Data quality

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

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

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

### 2.3.5 Central Alerts System (CAS) reporting

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

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

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

Of the 19 alerts issued:

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

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

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

### 2.3.6 Participation in national clinical audits and local audits

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

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

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

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

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

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

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

### **Commissioning for Quality and Innovation (CQUIN)**

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

The Trust participated in 4 CQUINs during 2023/24:

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

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

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

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

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

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

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

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

- Q3 achieved 62%
- Q4 achieved 60%

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

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

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

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

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

### **Local Clinical Audits**

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

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



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

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

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

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

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

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

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

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

### 2.3.8 Learning from Deaths

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

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

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

### **Adult Deaths**

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

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

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

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

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

## **Learning from deaths – case record reviews and investigations**

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

### **Actions taken as a result from learning from deaths**

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

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

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

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

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

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

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

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

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

### 3.1 Care Quality Commission

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

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

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

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

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

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

#### ***Community inpatients***

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

### **Community adults**

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

### **Community sexual health services**

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

### **Trust wide**

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

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

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

**We found the following outstanding practice:**

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

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

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



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

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

### 3.2 Quality Goals 2023/24

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

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

### 3.3 Safe care and support every time

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

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

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

#### 3.3.1 Patient safety incident response framework

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

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

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

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

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

### 3.3.2 National Patient Safety training

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

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

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

### 3.3.3 Clinical supervision.

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

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

### 3.3.4 Incident reporting

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

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

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

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

### 3.3.5 Never Event

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

### 3.3.6 Freedom to Speak Up (FTSU)

During 2023/24:

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

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

Learning from FTSU for the period 2023/24 includes:

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

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

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

(Report published Dec 2023)

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



### 3.3.7 Safeguarding

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

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

- Section 11 of the Children Act 2000
- A new Safeguarding Assurance Framework was implemented in Q1 for Safeguarding Children, Children Looked After and Safeguarding Adults, with full reporting by Q3. During this period, we have received positive feedback from the Integrated Care Board (ICB)
- During Q3 Safeguarding Children participated in an audit through Mersey Internal Audit Agency (MIAA) and have since been awarded a substantial assurance rating
- A new two-year Commissioning Standards document has also been submitted in Q3 to the ICB. The ICB has confirmed that the Trust has a compliance RAG rating of 62 green areas and 1 amber rated area against 63 standards
- We have participated in three Inspections with Local Authority Children's Services Inspecting Local Authority Children's Services (ILACS) and one Joint Targeted Area Inspection (JTAI) inspection that have led to clear plans to build on achievements and working towards further improved services across the partnership
- We have worked in partnership with Merseyside Police to introduce new preventative measures to support safer sleep across Wirral Knowsley and St Helens place

- We have represented the Trust at a multi-agency Safeguarding Children's Partnership event, showcasing WCHC services to over 300 professionals
- We have represented the Trust at a multi-agency Safeguarding Adults Partnership Board event
- As part of Safeguarding Adult Week November 2023, we hosted an online Multiagency Domestic Abuse awareness event for the Trust which was well attended and received positive feedback

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

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

### 3.3.8 Medicines Management

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

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

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

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

\*Elastomeric devices are lightweight, non-electronic, portable, single-use and disposable, designed to provide ambulatory infusion therapy over a set period. Medication is delivered to the patient as the elastomeric reservoir (balloon) consistently deflates and gently pushes solution through the intravenous (IV) tubing and into the catheter/port. Elastomeric devices used by patients in the community exclusively administer intravenous antibiotics.

### 3.3.9 Infection Prevention and Control (IPC)

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

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

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

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

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

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

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

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

## 3.4 People and communities guiding care.

### 3.4.1 Engagement approach

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

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

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

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

### 3.4.2 Inclusion and health inequalities training

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

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

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

### 3.4.3 Co-designed care pathways

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

Examples of co-produced quality improvement initiatives include:

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

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

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

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

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

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

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

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



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

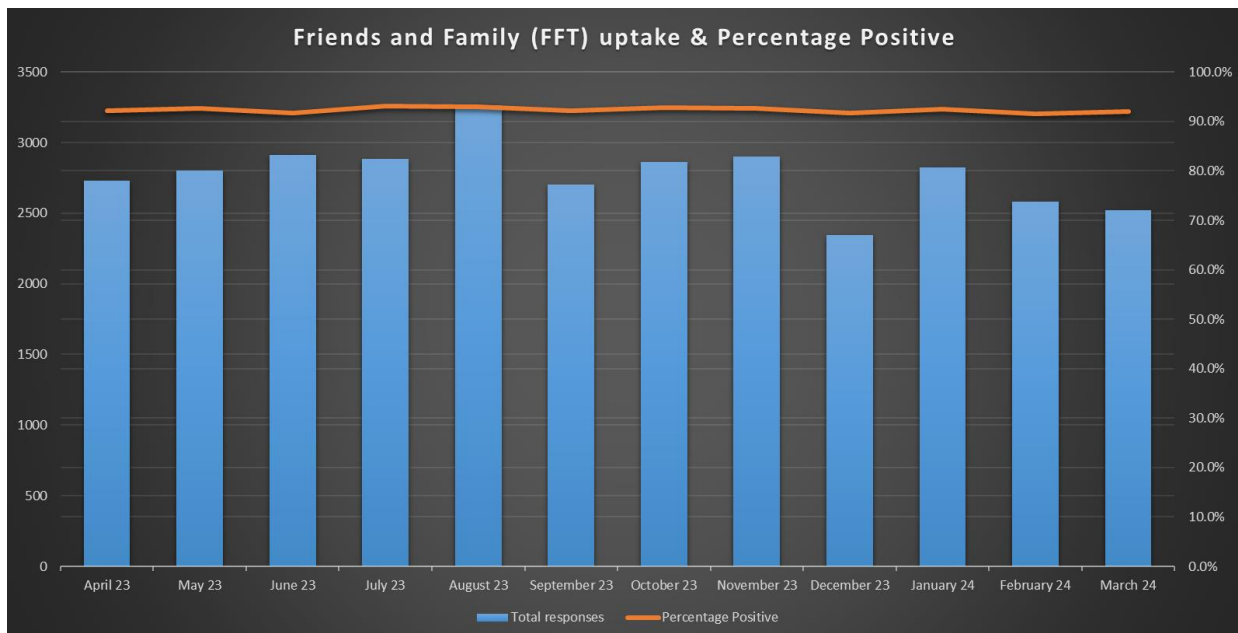
### 3.4.4 Friends and Family Test (FFT)

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

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

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

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



**Positive themes include:**

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

### 3.4.5 Complaints

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

**The Top five themes of those complaints related to:**

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

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

## 3.5 Groundbreaking innovation and research

### 3.5.1 Approach to quality improvement, research and innovation

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

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

The following sections will describe these areas in more detail:

### 3.5.2 Quality Improvement training

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

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

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

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

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

### 3.5.3 Research

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

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

### 3.5.4 Development and establishment of Innovation Hub

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

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

### 3.5.5 Beyond boundaries campaign

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

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

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

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

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

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

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

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

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

## 3.6 Service developments

### 3.6.1 Lancashire 0-19 Service

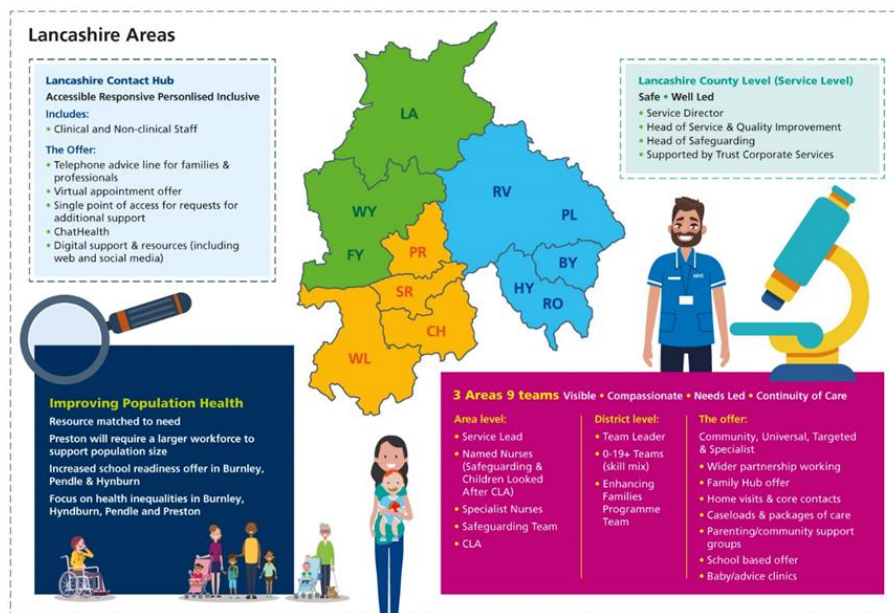
On 1<sup>st</sup> October 2024 WCHC will become the provider of the 0-19 Service in Lancashire. This contract is for 5 years with the option to extend for a further 3 years. Lancashire has 281,665 Children and Young People aged 0-19 and the service will deliver the Universal Healthy Child Programme including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

The 0-19+ Service model:

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

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

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



### 3.6.2 Home First

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

During 2023/24, we have:

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

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

The activity and outcomes seen during 2023 showed that:

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

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

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

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



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

### 3.6.3 Waiting list management

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

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

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

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

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

### 3.7 Risk Assessment and Single Oversight Frameworks

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

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

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

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

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

### 3.8 NHS Staff survey - Summary of performance

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

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

### Staff Survey 2023

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

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

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

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

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

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

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

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

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

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

## 4: Planning ahead for 2024/25

### 4.1 Quality Strategy

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



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

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

## Our three Quality Ambitions are:

1

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

2

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

3

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

### We will ensure:

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

## 4.2 Inclusion and Health Inequalities Strategy

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





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

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

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

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

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

## We will:

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

### 4.3 Priorities for 2024/25

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

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



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

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

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

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

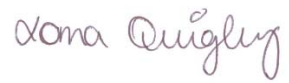
This year has been significant in relation to the Patient Safety Strategy and the implementation of the NHS Patient Safety Incident Response Framework (PSIRF) and Learning from Patient Safety Events (LFPSE) risk management system. PSIRF is of particular importance to developing and maintaining effective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

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

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

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

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



Lorna Quigley  
Associate Director Quality and Safety Improvement