# Contents of the Quality Report

**Part 1**

Statement on Quality by Chief Executive .......................................................... 4

**Part 2**

Priorities for Improvement and Statements of Assurance from the Board ............ 7

**Part 3 – Quality of Care in 2017/18** .................................................................. 28

Trust Quality Measures ......................................................................................... 28

Patient Safety ........................................................................................................ 32

Clinical Effectiveness ............................................................................................ 66

Patient Experience ................................................................................................. 71

Further Information Regarding Quality in 2017/18 .............................................. 81

Stakeholder Involvement in the Development of our Quality Report ..................... 102

Appendix A – Workforce Information ................................................................. 104

Appendix B – Stakeholder Feedback ..................................................................... 125

Appendix C – Children’s Immunisations Data ..................................................... 137

Appendix D – Statement of directors’ responsibilities ......................................... 139

Appendix E – Independent Auditors Report ....................................................... 141

Appendix F – Glossary .......................................................................................... 144
PART ONE

Quality first and foremost
Part 1 - Statement on Quality by Chief Executive

Bridgewater Community Healthcare NHS Foundation Trust has focused on delivering quality first and foremost during 2017/18. This latest report is a review of how we have performed during the year and it looks forward to the year ahead, setting out the quality priorities we will be focusing on.

Our strategic objectives make clear our aspiration to:

- Deliver high quality, safe and effective care which meets both individual and community needs.
- Deliver innovative and integrated care closer to home which supports and improves health, wellbeing and independent living.
- Deliver value for money, be financially and be commercially successful.
- Be a highly effective organisation with empowered, highly skilled and competent staff.

As a foundation trust we want to contribute to a wide-ranging programme of change that sees health, quality and care pathways co-ordinated across different providers and levels of care with a far greater focus on wellness, early intervention and prevention.

Our ethos is Quality first and foremost; our newly published strategy is entitled 'Quality and Place'.

Our focus is to reduce unwarranted variation in care by ensuring a zero harm approach that drives the Trust’s culture

This is a significant and stretching challenge that will involve three core paradigm shifts:

1. Promoting a positive culture by embedding learning from harms, serious incidents and complaints and supporting the development of patient safety improvements.
2. Supporting and enabling quality improvement methodology as part of our everyday work.
3. Promoting what good quality healthcare looks like in each service and celebrating success in delivering good outcomes.

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

Colin Scales
Chief Executive
PART TWO

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

Priorities for Improvement in 2018/19

Patients are at the heart of everything we do at Bridgewater Community Healthcare NHS Foundation Trust. As part of the Harm Free Care Programme, Pressure Ulcers and Medication have been chosen for further improvement programmes within the organisation. Our third priority is around promoting a positive culture by embedding learning from harms, serious incidents and complaints as this will strive towards the development of patient safety improvements.

Quality priorities for the year 2018/19 include:

Pressure ulcers: Pressure ulcers are recorded as the highest number of incidents within our community services and patients who have developed a grade three or four pressure ulcers are classed as a serious incident and are investigated by the Trust to ascertain the category of harm caused to the patient. It is also important to identify lessons to be learnt to reduce the number of all pressure ulcers in the future. The Trust has already developed Patient Safety Meetings and Harm Free Care Groups where projects on the management of prevention of Pressure Ulcers are being undertaken. The Trust wishes to continue this improvement work throughout 2018/19.

- Reduction in medication errors: Medication errors remain the second highest number of incidents that are reported in the Trust with the highest number of incidents occurring within our Health and Justice Service and District Nursing. In 2017 the Medicine Management Team appointed a Medication Safety Officer who has highlighted a number of training issues and policy and procedures that will need to be developed and implemented throughout 2018/19.

- As reported in the 2016/17 Quality Report, the organisation appointed a number of senior nursing leadership posts around quality. This senior leadership continues to promote a positive culture by taking action to reduce avoidable harm and prevent errors to patients within our care. Our objective is to further improve our processes around incident management and embedding lessons learned from harms, serious incidents and complaints and supporting our culture of enabling quality improvement methodology as part of everything we do.
During the summer of 2017, our staff, local people, carers, health and care professionals, partners and community-based leaders came together in each borough as part of a ‘Big Conversation’ to influence and shape the development of our Quality and Place strategy. One of the key themes was on ‘prevention’ which will align our prevention of category grade three and four pressure ulcer work and the reduction in medication errors. Our work around improving our processes around Serious Incident reporting was a result of our own internal findings and working with our Commissioners who had raised the same concerns with regards to improving timely reporting.

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

<table>
<thead>
<tr>
<th>Quality</th>
<th>Workforce</th>
<th>Finance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pressure Ulcer Prevention.</td>
<td>Training</td>
<td>Claims/ cost of dressings/medication</td>
</tr>
<tr>
<td>Reduction in Medication Errors</td>
<td>Training</td>
<td>Claims, cost of medication</td>
</tr>
<tr>
<td>Improve processes for reporting harm and promote an open and honest culture in which the organisation can learn and innovate.</td>
<td>Training</td>
<td>Potential cost of updating the risk management system.</td>
</tr>
</tbody>
</table>

Review of progress against the 2017/18 Priorities for Improvement

<table>
<thead>
<tr>
<th>Priority for Improvement</th>
<th>Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall Safe Programme</td>
<td>The Fall Safe Programme continues to be implemented in the in-patient unit at Padgate House and was also implemented in Alexander Court in 2017. Clinical Guidelines have been written for staff based on NICE (National Institute for Health and Care Excellence) guidance. A falls audit was undertaken in February 2018 for Padgate House which demonstrated that the care bundle implemented; demonstrated higher results than the national picture. For example: Call Bell: Our result 87%, national result 77% Safe Footware: Our result 87%, national result 58% Environment free from clutter, trip, slip: Our result 83%,</td>
</tr>
<tr>
<td><strong>Management of Sepsis</strong></td>
<td>The Trust now has a Sepsis Identification and Screening policy for clinical staff to follow and there is training available via an E Learning package. Information for clinical staff has been set up on a specific Sepsis Trust intranet page so that information on sepsis is in one place. A Quality Matron has been given the lead on further enhancing the work on sepsis and this is also reflected and will be monitored within our Quality Strategy 2017-2020.</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td><strong>Co-ordination of end of Life Care (EOL)</strong></td>
<td>2016 saw the appointment of the Associate Director for End of life Care. (EOL) During 2017/18 the team have been working closely with NHSI on a training project on End of Life medication. They have attended national events and delivered presentations on their project and this work is ongoing. For clinical staff they have also written a Pain Assessment Clinical Guideline and borough specific information on EOL is available for staff on a specific EOL Trust intranet page. Their work is reflected and monitored within End of Life Strategy 2017-2019.</td>
</tr>
</tbody>
</table>

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

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

Statements of Assurance from the Board

During 2017/18 the Bridgewater Community Healthcare NHS Foundation Trust provided and/or sub-contracted 224 relevant health services.

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

The income generated by the relevant health services reviewed in 2017/18 represents 97% of the total income generated from the provision of relevant health services by the Bridgewater Community Healthcare NHS Foundation Trust for 2017/18.

Audit

During 2017/18 six national clinical audits covered relevant services that Bridgewater Community Healthcare NHS Foundation Trust provides.

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

The national clinical audits and national confidential enquiries that Bridgewater Community Healthcare NHS Foundation Trust was eligible to participate in during 2017/18 are as follows:

- National Chronic Obstructive Pulmonary Disease Audit programme (COPD) – Pulmonary Rehab
- National Diabetes Audit - Adults (foot care)
- National Audit of Intermediate Care (NAIC)
- UK Parkinson’s Audit
- National Audit of Inpatient Falls
- Learning Disability Mortality Review Programme (LeDeR)

The national clinical audits and national confidential enquiries that Bridgewater Community Healthcare NHS Foundation Trust participated in during 2017/18 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 the audit enquiry.
The reports of 5 national clinical audits were reviewed by Bridgewater Community Healthcare NHS Foundation Trust in 2017/18 and the following actions to improve the quality of healthcare are provided in the table below

<table>
<thead>
<tr>
<th>Title of National Audit</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Chronic Obstructive Pulmonary Disease Audit programme (COPD) – Pulmonary Rehab</td>
<td>100%</td>
</tr>
<tr>
<td>National Diabetes Audit - Adults (foot care)</td>
<td>100%</td>
</tr>
<tr>
<td>National Audit of Intermediate Care (NAIC)</td>
<td>100%</td>
</tr>
<tr>
<td>National Audit of Inpatient Falls</td>
<td>100%</td>
</tr>
<tr>
<td>UK Parkinson’s Audit.</td>
<td>100%</td>
</tr>
<tr>
<td>Learning Disability Mortality Review Programme (LeDeR)</td>
<td>100%</td>
</tr>
</tbody>
</table>

1. **Title:** National Chronic Obstructive Pulmonary Disease Audit programme (COPD) – Pulmonary Rehabilitation

**Actions:**
Add Medical Research Council score to our post-course paperwork so that it is consistently measured at discharge.
Explore the usefulness and feasibility of measuring muscle strength pre and post course.

2. **Title:** National Diabetes Audit - Adults (foot care)

It is acknowledged that early access to a full Diabetes multidisciplinary team* (MDT) if needed, improves outcomes for patients.

**Warrington and Halton Boroughs:**

Foot protection teams are well established in the community i.e. specialist intervention for the ‘at risk foot’. Work is now underway to align foot care pathways between community and Acute setting

Service now participates in a Multidisciplinary Foot Protection clinic (5 days a week) in the acute setting in line with NICE CG19 that can be referred to from Primary care, Community and Acute

**Wigan Borough:**

For the Wigan area the service provides a highly skilled foot protection team involved in wound care in community settings. Good pathways to Acute care (Vascular and Orthopaedics) are in place

The Trust is working with the local commissioners in relation to establishing an all-purpose Diabetes MDT in Wrightington, Wigan and Leigh NHS Foundation Trust. This will enable community services to refer patients for high risk foot episodes whereby the patient can see a diabetologist, vascular consultant, microbiology, wound care professional and orthotist.
**multidisciplinary team is a group of health care workers and social care professionals who are experts in different areas with different professional backgrounds, united as a team for the purpose of planning and implementing treatment programmes for complex medical conditions.**

<table>
<thead>
<tr>
<th>3. Title: National Audit of Intermediate Care (NAIC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The results of this audit mainly inform commissioning decisions and their review of intermediate care provision. For Bridgewater Community Healthcare NHS Foundation Trust this service is provided at Padgate House. The results of the audit were shared with the Greater Manchester Health &amp; Social Care Partnership to inform their review. No specific service related actions were identified.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Title: National Audit of Inpatient Falls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actions:</td>
</tr>
<tr>
<td>- The service has discontinued the use of the FRAT (falls risk assessment tool) and replaced it with the Fall Safe bundle in response to the statement in the audit “Do not use a falls risk prediction tool* – Where these are still in use, we suggest that the group reviews the strong evidence and logic underpinning the NICE guidance, reviews the place of falls risk assessment and prevention in the acute care processes, and works with colleagues to remove these where necessary”.</td>
</tr>
<tr>
<td>- Daily huddle board-MDT. Safety huddle at the start of each shift. Weekly MDT meeting. Monthly falls meeting/monthly therapy meeting. Quarterly full staff meeting</td>
</tr>
<tr>
<td>- Regular falls PowerPoint presentation &amp; discussion with staff and with patients/carers.</td>
</tr>
<tr>
<td>- Post falls care plan - Physiotherapist reviews &amp; reassesses patients mobility &amp; updates the Moving &amp; Handling plan</td>
</tr>
<tr>
<td>- All patients assessed by a therapist on admission. Patients provided with an appropriate walking aid &amp; moving &amp; handling plan. Mobility and moving &amp; handling plan reviewed daily. Carers check walking aid is in reach on hourly rounding. All staff check throughout the shift that all walking aids are in reach</td>
</tr>
<tr>
<td>- On admission all patients are provided with a pendant alarm &amp; instructed in the use. Patients who are a high falls risk are provided with a falls clip/cushion/sensor mat as indicated. Orange lanyard attached to pendant alarm to allow quick visual identification of very high risk falls patients.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Title: UK Parkinsons Audit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action:</td>
</tr>
<tr>
<td>- Development of condition passport, for patient to document with professional input and plans.</td>
</tr>
<tr>
<td>- Parkinsons well-being map to be used as standard when completing patient reviews</td>
</tr>
<tr>
<td>- Legal Power of Attorney information to be added to MDT initial assessment form</td>
</tr>
<tr>
<td>- Implement Preferred Priorities of Care Documentation</td>
</tr>
</tbody>
</table>
The reports of 22 local clinical audits were reviewed by the provider in 2017/18 and Bridgewater Community Healthcare NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided – please see Clinical Effectiveness section of this report for further detail.

**Participation in Clinical Research**

The number of patients receiving relevant health services provided or subcontracted by Bridgewater Community Healthcare NHS Foundation Trust in 2017/18 that were recruited during that period to participate in research approved by a research ethics committee was 160. The number of new studies approved during 2017/18 was 20.

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

A proportion of Bridgewater Community Healthcare NHS Foundation Trust income in 2017/18 was conditional on achieving quality improvement and innovation goals agreed between Bridgewater Community Healthcare NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

For further details regarding the agreed goals for 2017/18 please see the CQUIN section and for the following 12 month period the information is available electronically at: [www.bridgewater.nhs.uk/aboutus/foi/cquin/](http://www.bridgewater.nhs.uk/aboutus/foi/cquin/)

Bridgewater is currently reporting a monetary total income of £1.974m subject to final confirmation from commissioners regarding quarter 4 data.

The monetary total for the associated payment in 2016/17 was £1.723m.

**Care Quality Commission (CQC)**

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

As reported in last year’s annual report, the Trust was subject to a full announced inspection by the CQC during 2016/17. The full report was published in February 2017 and gave the Trust a rating of Requires Improvement. During 2017/18, the Trust has worked to deliver its action plans against each of the recommendations made and expected a further visit to re-inspect areas identified in the report. Changes in the CQC’s approach to inspection means that this has not yet taken place and so the rating remains ‘Requires Improvement’ at the end of 2017/18.
The Care Quality Commission has not taken enforcement action against Bridgewater Community Healthcare NHS Foundation Trust during 2017/18.

Bridgewater Community Healthcare NHS Foundation Trust has participated in special reviews or investigations by the CQC during the reporting period.

**St Helens**

**St Helens CQC Looked After Children (LAC) Inspection Report**

The CQC implemented an area review of service for LAC Children and Young People in the St Helens area between 6th and 10th November 2017. The final report has been published and Bridgewater worked with St Helens CCG, North West Boroughs Healthcare NHS Foundation Trust and St Helens and Knowsley Teaching Hospitals NHS Trust to develop a joint area action plan that has been submitted to the Clinical Commissioning Group (CCG).

For Bridgewater services there was positive feedback relating to the following:

- Good quality assurance arrangements by the LAC health team for both St Helens looked after children and those who are placed into the area from other boroughs.
- The innovative approach of having an Advanced Nurse Practitioner role working alongside the Community Paediatrician
- The positive role of the team support worker who assists with the engagement and information sharing during the initial health assessments and how she enhances the experience received by children and young people and their families.
- Bridgewater structure of a Clinical Manager for St Helens covering both Community Paediatrics and LAC
- The work of the team to ensure the children have good access to GPs, dentists and opticians
- GPs are routinely consulted, by the LAC team, prior to the health assessment appointment taking place to ensure information from primary care is included
- The LAC team awareness of building relations with the 0-19 team, who are in a different organisation
- Provision of health passports for young people about to leave care

Recommendations for Bridgewater from the report, which are part of the joint area action plan:

- Strengthen the collection and use of feedback from looked after children so that they continue to play a positive part in ongoing service development
- Improve process to ensure the lived experience or voice of the child is better captured in both IHAs and RHAs ensuring those children and young people are better involved and take ownership of the process.

- Ensure screening tools, available for practitioners to use in their work with looked after children, are used to identify additional needs and that managerial oversight of the process is in place.

- Improve the use of systems currently in place to identify the timeliness of IHAs and RHAs to further identify risk in those who are difficult to engage in the health assessment process.

- Ensure plans following IHAs and RHAs are more robust and further that there is more quality assurance and oversight of progress made to meet those needs and goals identified.

- Ensure that assessment scoring mechanisms are used to support and meet mental health needs of children and young people.

For the entire St Helens system there is feedback that

“The health provision for looked after children in St Helens is fragmented” This means that the ability to maintain oversight of the health needs of looked after children has become more challenging, compounded by the reduced capability of the looked after children nurses to influence or challenge practice.

Bridgewater is working with St Helens CCG to address the above with all our partners across the system.

**St Helens Special Educational Needs Inspection Report**

CQC and Ofsted implemented a joint area inspection of services for Children with Disabilities and Special Educational Needs provision in the week commencing 29th January 2018. All Bridgewater St Helens Children’s Services were highly involved in the inspection. There were a range of focus groups for Bridgewater including Community Nursing services, Community Paediatrics, Specialist Looked After Children’s Nurses, Speech and Language Therapy and Paediatric Continence.

The staff involved fed back positively about their experience of the inspection and the final report is awaited.
Health & Justice Services

Barton Moss Secure Children’s Home

Ofsted Report, July 2017

The report found that young people’s health significantly improves while being at the home. This is due to their access to an extensive health team, which assesses monitors and reviews their physical and emotional well-being. Young people benefit greatly from the detailed assessments of their health needs. They attend routine health appointments and check-ups, and access ongoing therapy when required, that builds their emotional resilience and good mental health and well-being. A young person said, ‘We meet to talk about our health and diet.’ This considerably enhances their current and long-term health outcomes.

St Catherine’s Secure Children’s Home

Ofsted Report, July 2017

Young people’s physical, mental and emotional health needs are well met. A healthy lifestyle is promoted and staff work in partnership with the children looked after nurse to promote young people’s awareness of the importance of maintaining healthy lifestyles. Their needs are assessed at the point of admission and are routinely monitored throughout their time in placement. They are supported to access a range of health professionals, as per their individual needs and plans. This includes doctors, dentists and opticians, as well as more specialist support in relation to sexual health and substance misuse. Young people also have access to a range of mental health professionals, including a clinical psychologist who is actively involved in helping develop a therapeutic model of working in the home. This includes providing direct support for young people, developing behaviour management strategies and interventions and providing guidance and support for staff. As a result, young people’s known and emerging health needs are holistically and consistently met.

HMP&YOI Hindley

Verbal Feedback from CQC & HMP, December 2017

Staff are open, honest and welcoming. Despite the forthcoming closure* of the prison and the resulting staff shortages in services such as mental health, staff were praised by inspectors in the informal feedback report in December for their positive outlook and for being open, honest and welcoming with inspectors.

The service’s leadership, partnership working with prisons and commissioners and staff supervision and training were all commended.
Other areas described in positive terms include the mental health service and transfers, reception screening, sexual health testing and pre-discharge arrangements. Medication processes and compliance checks were also highlighted as positive with the inspector impressed by patients having an in-possession medication risk assessment. The pharmacy technician was also said to be good and thorough but it was noted there was a lack of cover for their annual leave/sickness. There was also praise for the health development nurse for their work to support smoking cessation as the prison took on a strict no smoking policy in October 2017.

Where Improvements are Needed

The Care Quality Commission contacted Bridgewater on 23 January 2018 to highlight areas of concern which require improvements. These include:

- Systems, processes and governance - systems and processes to assess, monitor and improve the quality and safety of the services need to be improved and wider trust governance arrangements need to be more effectively embedded into the prison.

  Action the Trust has taken: Chaired by the Associate Director for Quality Governance a quality meeting has been set up for the directorate which feeds into the Trusts Quality and Safety Sub Group and is attended by each Head of Healthcare. The chair reports by exception into the Trust wide Quality & Safety Sub Group and onwards to the Clinical Governance Sub Committee, the Quality & Safety Committee and Trust Board depending on the level of risk.

- Infection, prevention and control - risks need to be appropriately identified with regular quality monitoring and audits taking place so that timely and effective action can be taken and appropriate training is required for the local infection, prevention and control lead.

  Action the Trust has taken: Infection Prevention and Control link nurses are in place at each prison and secure home will now undertake peer to peer audits of each other’s sites to support and scrutinise adherence to infection control standards. Issues emerging from audits will be escalated through the governance system described above to ensure Trust oversight and support to address issues.

- Patient complaints - the CQC highlighted that patient complaints were routinely added to their electronic clinical records which did not support their confidentiality and risked discriminated as staff could see their complaint when they accessed the system. Complaints that were dealt with locally were not routinely quality assured or analysed to share learning and improve the quality of the service.
Action the Trust has taking: Complaints are no longer scanned into patient records. The local complaints will be logged on the Ulysses PALs module which will facilitate the analysis of trends and quality assurance of responses. This information will be included in the Trust wide Quarterly Complaints Group.

- Patient feedback - service users were not asked for feedback about their experiences and overall engagement with patients was inconsistent and did not contribute to service development.

Action the Trust has taken: HMP&YOI Hindley have adopted the Queensland approach to Patient Experience. Patients have been recruited into a Queensland Forum focussing on Health and Well-being. The first monthly meeting took place in January 2018. Patient Experience data is also sought via surveys, which are in place in the healthcare outpatients department.

- Incidents - incidents and serious incidents need to be appropriately recorded, investigated and monitored are to ensure necessary actions are taken to mitigate further risks. Incidents should be used to improve the service and learning shared with staff.

Action the Trust has taking: A new risk manager is in post and training on the reporting and management of incidents has been prioritised for staff at HMP&YOI Hindley.

*There was a decision made not to close HMP Hindley*

**NHS Number and General Medical Practice Code Validity**

Bridgewater Community Healthcare NHS Foundation Trust submitted records during 2017/18 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

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

- 100% for outpatient care; and
- 98.9% for Walk in Centres and Urgent Care Centres
The percentage of records in the published data which included the patient’s valid General Medical Practice Code was:

- 100% for outpatient care; and
- 100% for Walk in Centres and Urgent Care Centres

**Information Governance Assessment Report**

Bridgewater Community Healthcare NHS Foundation Trust Information Governance Assessment Report for 2017/18 was 78% and is graded green and validated as satisfactory.

The Information Governance Toolkit (IGT) provides an overall measure of the data quality systems, standards and processes. The score a Trust receives is therefore indicative of how well the Trust has followed guidance and good practice. An audit was conducted by Mersey Internal Audit Agency (MIAA) during February 2018 to evaluate and validate the Trust’s self-assessed scores. The final report from Mersey Internal Audit Agency granted the Trust “Significant Assurance”.

There were two information governance serious incidents during 2017/18 that required reporting to the Information Commissioner’s Office, they were:

- A nurse was subject to a burglary where Trust items including a laptop and diary were stolen
- A district nurse lost their diary which included details of patients

Both incidents were reported to the Information Commissioner’s Office (ICO) for investigation. The first incident has been closed with the ICO taking no further action. It was the Commissioner’s opinion that the Trust acted appropriately with good policies and processes already in place. The second incident is still being investigated by the Commissioner.

The Trust has been preparing for implementing the General Data Protection Regulation (GDPR) with the Head of Information Governance taking the lead. They have undergone GDPR specific training and reporting to the Information Governance Subgroup and the Board on progress. There have been no high risks identified with the implementation of GDPR.
Clinical Coding Error Rate Validity

Bridgewater Community Healthcare NHS Foundation Trust was not subject to the payment by results clinical coding audit during 2017/18 by NHS Improvement.

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

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

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

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

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

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

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

- system training (and refresher training available on request) drop-in sessions for assistance with system use for data recording
- guidance and frequently asked questions (available on the Trust intranet).
- activity and data quality are to be standing items on clinical team meeting agendas
- data definition work streams continue at individual service line level
Number of Deaths

During 2017/18, 1,305 of patients receiving services from the Trust died. This number of deaths which occurred in each quarter of that reporting period is as follows:

<table>
<thead>
<tr>
<th>Quarter</th>
<th>No of Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1</td>
<td>302</td>
</tr>
<tr>
<td>Q2</td>
<td>347</td>
</tr>
<tr>
<td>Q3</td>
<td>346</td>
</tr>
<tr>
<td>Q4</td>
<td>310</td>
</tr>
</tbody>
</table>

During 2018/19, the Trust will be developing our framework for responding and learning from deaths. The objective of this will be to ensure that the Trust identifies and takes all possible action to learn any lessons that are highlighted from the review of deaths.

Number of Deaths by Quarter

The Trust has arrangement in place to review deaths as part of its incident management arrangements.

Of the incidents identified in section 27.1, the Trust has investigated three as incidents as these have been deaths in custody and NHS England commission the investigations.

In three cases the deaths were subject to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was as follows:

<table>
<thead>
<tr>
<th>Quarter</th>
<th>No of Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1</td>
<td>0</td>
</tr>
<tr>
<td>Q2</td>
<td>0</td>
</tr>
<tr>
<td>Q3</td>
<td>2</td>
</tr>
<tr>
<td>Q4</td>
<td>1</td>
</tr>
</tbody>
</table>
NHS England commission an independent investigation of deaths in custody, which includes a clinical review of the patient’s management. The reports relating to these reviews are issued to the Trust by NHS England. The Head of Healthcare from the prison is responsible for managing all elements of the findings and lessons learned that relate to healthcare within their prison. The reports regarding these investigations are reviewed by the Trust’s Serious Incident Review Panel to generate assurance that the required actions are being addressed within Health and Justice Services.

Deaths Relates to Care in the Trust

There were no deaths during the reporting period that were judged to be more likely than not to have been due to problems in the care provided to the patient. In relation to each quarter this consisted of:

<table>
<thead>
<tr>
<th>Quarter</th>
<th>No of Deaths considered due to problems in the care provided to the patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1</td>
<td>0</td>
</tr>
<tr>
<td>Q2</td>
<td>0</td>
</tr>
<tr>
<td>Q3</td>
<td>0</td>
</tr>
<tr>
<td>Q4</td>
<td>0</td>
</tr>
</tbody>
</table>

None of the reviews attributed to the deaths to sub optimal healthcare provision; however all of the reports make recommendations to both the prison and healthcare settings. These have ranged from working more collaboratively on information sharing and working procedures around access to prisoner medication.

Each prison establishment has monthly forums where patients (Healthcare Champions) can feedback any issues relating to Healthcare. This is also an opportunity for these champions to feedback to other prisoners the outcomes from these monthly meetings.

An assessment of the impact of the actions described in item 27.5 which were taken by the provider during the reporting period.

There was one investigation and clinical review of a death relating to the period 2016/17, which were completed during the period 2017/18 which related to deaths that took place before the start of the reporting period.

One investigation clinical review of a death relating to the period 2016/17, which was completed during the period 2017/18, was judged to be more likely than not to have been due to the problems in the care provided to the patient. This has been investigated using
the Root Cause Analysis (RCA) report commissioned by NHS England. All RCA’s have are followed up with an action plan to address any identified lessons learnt.

A revised estimate of the number of deaths data for the previous reporting period is not available as NHS England sent the investigation report to the individual Prison Governor. From 2017/18 this reporting period, the Trust has established processes for oversight of the investigation report and required actions in order to monitor and ensure lessons are learnt within all of Health and Justice Services.

**Reporting against Core Indicators**

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

<table>
<thead>
<tr>
<th>Core Indicator</th>
<th>Staff Friends &amp; Family Test</th>
<th>Bridgewater 2015</th>
<th>Bridgewater 2016</th>
<th>Bridgewater 2017</th>
<th>National Average for Community Trusts</th>
<th>Highest Community Trust</th>
<th>Lowest Community Trust</th>
</tr>
</thead>
<tbody>
<tr>
<td>If a friend or relative needed treatment I would be happy with the standard of care provided by the organisation (Q21d NHS Staff Survey)</td>
<td>78% (reported as 79% in last year’s report)</td>
<td>71%</td>
<td>67%</td>
<td>74%</td>
<td>82%</td>
<td>65%</td>
<td></td>
</tr>
<tr>
<td>% of staff that would recommend the Trust to friends and family as a place to work. (Q21c NHS Staff Survey)</td>
<td>49%</td>
<td>49%</td>
<td>45%</td>
<td>58%</td>
<td>68%</td>
<td>44%</td>
<td></td>
</tr>
</tbody>
</table>

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

- There has been continuous change in the health economy that has impacted on staff. It is recognised that continuous financial challenge and change at national, regional and local levels can affect staff morale and their perceptions of the organisation and the NHS as a whole. Work has been on-going during 2017 to try to improve this; however, we have seen a deterioration of 4% with regards to our staff recommending the Trust as a place of work to their family and friends. Furthermore, there has been 4% deterioration in staff recommending the Trust as a place to
receive treatment. Both these responses are below the national average of response rates for Community Trusts.

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

- Continuing to undertake quarterly on-line surveys asking staff if they would recommend Bridgewater to their family and friends as a place of work and receive treatment. The survey is anonymous and enables staff to add their feedback/comments when responding. We will review these comments and further explore these with staff via our established mechanisms such as the Trust’s Staff Engagement Group, Workforce & Organisational Development Committee, Open Space and Big Conversations etc.
- Utilising our Staff Engagement Champions to work with the Trust’s Staff Engagement Lead to further understand and address the reasons why staff would not recommend the Trust as a place to receive treatment or work.
- Continuing to develop and implement various initiatives to work further on staff engagement. These include, but would not be limited to: updating the intranet site – “The Hub”, My Bridgewater App (available to all staff), monthly staff health and wellbeing newsletter and twitter messages, and our now well established staff health and wellbeing month, Director Quality Visits, Open Space Events, Professional Forums, Chief Executives Blog, Team Brief and Trust Bulletin, Star of the Month, Annual Staff Awards and our “you said, we did…..are doing” cascades and ‘Listening into Action’ groups. Running our internal Staff Pulse Check Survey on a quarterly basis which positions the two questions with staff to enable periodic ‘temperature checks’.
- Continuing to report on our progress to the Trust’s Workforce & Organisational Development that reports in to the Trust’s Board.

The core indicators from 2014-2017 were reported from patients that attended Newton Hospital. From 2017 Bridgewater Community Healthcare NHS FT no longer provides this service or any other service where this indicator is applicable to and therefore is not applicable for 2017/18.
<table>
<thead>
<tr>
<th>Core Indicator</th>
<th>2017/18</th>
<th>2016/17</th>
<th>2015/16</th>
<th>2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>The percentage of patients aged 16 or over, that were readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting.</td>
<td>NA</td>
<td>1.16%</td>
<td>3%</td>
<td>2%</td>
</tr>
<tr>
<td>There were 343 discharges and 4 readmissions within 28 days</td>
<td></td>
<td>There were 323 discharges and 8 readmissions within 28 days.</td>
<td></td>
<td>There were 343 discharges and 7 readmissions within 28 days</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Core Indicator</th>
<th>2014/15</th>
<th>2015/16</th>
<th>2016/17</th>
<th>2017/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>The number and, where available, rate of patient safety incidents reported within the Trust during 2017/18, and the number and percentage of such patient safety incidents that resulted in severe harm or death</td>
<td>3,999 incidents reported of which 1,321 (33%) were submitted to the NRLS as patient safety incidents</td>
<td>3,986 incidents reported of which 1,293 (32%) were submitted to the NRLS as patient safety incidents (as of 6/4/16)</td>
<td>4,676 incidents reported of which 1,217 (26%) were submitted to the NRLS as patient safety incidents (as of 31/03/17)</td>
<td>4,811 incidents reported of which 1,176 (24%) were submitted to NRLS as patient safety incidents (as of 03/04/18).</td>
</tr>
<tr>
<td>The number and percentage of such patient safety incidents that resulted in severe harm or death</td>
<td>There were 24 incidents resulting in severe harm or death, 11 of which met the criteria for a patient safety incident</td>
<td>There were 20 incidents resulting in severe harm or death, three of which met the criteria for a patient safety incident</td>
<td>There were 16 incidents resulting in severe harm or death, 12 of which met the criteria for patient safety incident</td>
<td>There were 28 incidents resulting in severe harm or death, 19 of which met the criteria for patient safety incident</td>
</tr>
</tbody>
</table>

The Bridgewater Community Healthcare NHS Foundation Trust considers that this data is as described for the following reasons, compared to 2016/17: -

During 2017/18, 4,811 incidents were reported (as of 31/3/18); 1,176 (24%) of these were submitted to the National Reporting and Learning Service (NRLS) as Patient Safety Incidents.

There were 19 Patient Safety Incidents that resulted in severe harm or death that were treated as Serious Incidents and came under the Trust’s Root Cause Analysis investigation.
Compared to 2016/17 the volume of Patient Safety Incidents has decreased by 41 (3.4%) and the Trust continues to encourage staff to report incidents in order to prevent recurrence where possible and to promote opportunities to support staff learning and support service improvement.

The Trust considers that this data is as described for the following reasons, compared to 2016/17:

- the volume of Patient Safety Incidents has decreased by 41 (3.4%) and is a negligible difference due to maintaining closer scrutiny and more accurate reporting, of these,
  - The overall volume of Patient Safety Incidents decreased, the ratio of No Harm incidents (Near Miss, Insignificant outcomes) decreased by 4%.
  - The number of Serious Incidents from 2017/18 was 160. The top three cause groups were slips, trips and falls, medication errors and pressure ulcers. From 2016/17 to 2017/18 there was the increased number of reported incidents indicating that the incident reporting culture is evolving in the Trust. The Trust will be further developing this culture by providing training to all staff regarding the process of reporting and management of incidents.

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

- Introducing a dedicated root cause analysis training program for staff in the Trust, which will be a permanent resource. This will enhance the quality of incident investigations in the Trust, by ensuring that investigators are aware of the concepts of root cause analysis and are able to prepare robust investigations reports.
- Maintaining support for incident investigators and managers in completing investigation documentation, incident management, risk assessment, and risk register maintenance.
- Ensuring the routine scrutiny of incidents on a daily, weekly, and monthly basis by the Risk Team and senior clinicians which increases data quality and accuracy.
- Maintaining the production of weekly and monthly automated aggregate reports regarding incidents to assist monitoring by managers and the Trust.
PART THREE

Quality first and foremost
Part 3 – Quality of Care in 2017/18

Trust Quality Measures

In 2017/18 Bridgewater agreed the following Quality Measures. They were chosen to reflect patient safety, patient experience and clinical effectiveness, and to measure the quality of care provided by a broad range of our services. Providing data on the same set of indicators over a number of years demonstrates where the care we have provided has either improved or declined.

The data for the Patient Safety Indicators are taken from the Risk Management Solutions Software system known as ‘Ulysses’. This data base is a mechanism for staff to report incidents directly into a data base in order that they can be recorded and managed in a safe and secure way.
<table>
<thead>
<tr>
<th>Indicator to be measured</th>
<th>Change compared to previous year</th>
<th>2017/18 full year position</th>
<th>2016/17 full year position</th>
<th>2015/16 full year position</th>
<th>2014/15 full year position</th>
<th>2013/14 full year position</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Safety</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of pressure ulcers which developed whilst patients were under our care</td>
<td>↑</td>
<td>41.26%</td>
<td>39%</td>
<td>42%</td>
<td>38%</td>
<td>33%</td>
<td>The overall number of reported incidents increased, but the % ratio of reported pressure ulcers decreased.</td>
</tr>
<tr>
<td>No. of serious untoward incidents (SUIs)</td>
<td>↑</td>
<td>162</td>
<td>106</td>
<td>45</td>
<td>80</td>
<td>54</td>
<td>The volume of reported SIs increased by 53. The top three cause groups were slips, trips and falls, medication errors and pressure ulcers.</td>
</tr>
<tr>
<td>Proportion of incidents with outcome of “No Harm”</td>
<td>↓</td>
<td>49%</td>
<td>53%</td>
<td>40%</td>
<td>45%</td>
<td>34%</td>
<td>Reported patient safety incidents with “No Harm” (near miss, insignificant) outcomes decreased to 49% of the incidents reported.</td>
</tr>
<tr>
<td>CDI reported as lapse in care and apportioned to the Trust</td>
<td>↓</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>4</td>
<td>For further information please see HCAI section.</td>
</tr>
<tr>
<td>MRSA reported as lapse in care and apportioned to the Trust</td>
<td>←</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>For further information please see HCAI section.</td>
</tr>
<tr>
<td>Ratio of patient falls (In Patient facilities – Padgate House)</td>
<td>↓</td>
<td>1.8%</td>
<td>5%</td>
<td>6%</td>
<td>5%</td>
<td>3%</td>
<td>There was a significant reduction in the numbers of falls incidents, as the management responsibility</td>
</tr>
</tbody>
</table>
for Newton Community Hospital passed to St Helens & Knowsley Hospitals.

This indicator is no longer applicable as Newton Hospital moved to different provider on 1/4/17

#### Clinical Effectiveness

<table>
<thead>
<tr>
<th>Percent age of patient facing staff that have been vaccinated against flu</th>
<th>ALW ↑</th>
<th>Warrington ↑</th>
<th>Halton ↓</th>
<th>St Helens- Dental ↓</th>
<th>Total ↑</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>65%</td>
<td>59%</td>
<td>49%</td>
<td>49%</td>
<td>60%</td>
</tr>
<tr>
<td></td>
<td>53%</td>
<td>51%</td>
<td>50%</td>
<td>48%</td>
<td>46%</td>
</tr>
<tr>
<td></td>
<td>49%</td>
<td>52%</td>
<td>41%</td>
<td>45%</td>
<td>36%</td>
</tr>
<tr>
<td></td>
<td>47%</td>
<td>47%</td>
<td>38%</td>
<td>47%</td>
<td>36%</td>
</tr>
<tr>
<td></td>
<td>36%</td>
<td>45%</td>
<td>52%</td>
<td>47%</td>
<td>36%</td>
</tr>
<tr>
<td></td>
<td>70%</td>
<td>52%</td>
<td>46%</td>
<td>53%</td>
<td>45%</td>
</tr>
</tbody>
</table>

National average across all trusts 50.8% (NB the national figures are provisional and may vary slightly after further data validation)

#### Percent age of school age children immunised

<table>
<thead>
<tr>
<th>HPV</th>
<th>TD/IPV</th>
<th>MenACWY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please see appendix C

NB – This indicator has been changed as Bridgewater no longer delivers the preschool immunisation programme

#### Number of patients re-admitted to the service within 28 days (Newton Hospital only)

| | No longer applicable | 4 | 8 | 7 | 1 |

This indicator is no longer applicable as Newton Hospital moved to different provider on 1/4/17

#### Patient Experience

| Staff who would recommend our services to friends and | ↓ | 3.51 | 3.61 | 3.63 | 3.55 | 3.48 (reported as 3.47) |

The minimum score is 1 and the maximum score is 5.
## End of life - Percentage of patients being cared for in their Preferred Place of Care (PPC)

<table>
<thead>
<tr>
<th></th>
<th>Warrington ↑</th>
<th>98%</th>
<th>97%</th>
<th>97%</th>
<th>97%</th>
<th>95%</th>
<th>Warrington have demonstrated an increase from previous year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Wigan ↓</td>
<td>80%</td>
<td>78%</td>
<td>89%</td>
<td>87%</td>
<td>86%</td>
<td>Wigan have seen a decrease in those patients achieving their PPC which has been attributed to acute admissions to hospital</td>
</tr>
<tr>
<td></td>
<td>Halton ↑</td>
<td>98%</td>
<td>91%</td>
<td>85%</td>
<td>81%</td>
<td></td>
<td>Halton have demonstrated an increase year on year in the number of patients supported to achieve their PPC by District Nursing</td>
</tr>
<tr>
<td></td>
<td>St Helens</td>
<td>N/A</td>
<td>93%</td>
<td>82%</td>
<td>95%</td>
<td></td>
<td>St Helens are no longer part of the Bridgewater service from April 2017</td>
</tr>
</tbody>
</table>

## Percentage of patients indicating they had a good overall experience

|                | ←→          | 99% | 99% | 99% | 99% | 98% | For further information please refer to patient survey and Friends and Family Test results sections of this account |

## No. of complaints

|                | ↓            | 92  | 94  | 88  | 91  | 88  |
Patient Safety

Implementation of Duty of Candour

Bridgewater is committed to supporting a culture of openness and transparency across all its services. The Trust has implemented the Duty of candour and staff receive face to face training in order to ensure that they are empowered to be open and honest with patients and carers in relation to care and treatment. It also ensures that patients receive accurate and timely communication, an apology and the support they need when things go wrong. The Trust recognises that patient safety incidents provide an opportunity to learn and ensures that learning is shared and embedded within the organisation.

All serious patient safety incidents are managed by clinical managers and assessed by the Associate Chief Nurses. The incidents which meet the criteria for the specific Duty of Candour are uploaded onto STEIS and monitored by the Risk team.

Duty of Candour issues are reported monthly to Board and all the Commissioners.

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

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

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

Safety Thermometer

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

The data tables below show the Trust data for harm free, all harms (harms experienced by patients prior to being cared for by the Trust) and new harms (harms experienced whilst a patient of the Trust) for 2017/18 compared to the national average.
Between April 2017 and February 2018 our level of harm free care for the majority of the months has been above the national average which means that patients receiving care from the Trust experienced less harms. There were months during the reporting period that showed a lower percentage of harm free care than the national average meaning that the organisation reported that patients experienced more harms whilst under our care. These harms were a mixture of new and old harms. For the period the organisation reported an increase in harms a deeper dive was undertaken to understand the rationale for this. It was noted that there was an increase in the numbers of new VTE’s being reported. On further review of this it highlighted a data quality issue in that VTE’s not occurring whilst under the care of Bridgewater were being recorded as new VTE’s. The national data definitions were recirculated to all teams to support the correct interpretation of and reporting of harms. A Quality Matron is now monitoring any reporting of new VTE’s to confirm the correct reporting. The continued evaluation of the safety thermometer data will continue to be shared with our harm free care group to agree and implement any quality improvement actions we identify and share any learning across the Trust.

**Falls**

We record the incidence of falls in our inpatient units to improve patient safety and reduce harm. This allows us to compare our improvement over time, but cannot be used to compare us with other hospitals, as their staff may report falls in different ways, and their patients may be more or less vulnerable to falling than our patients. For example, other hospitals/inpatient units may have younger or older patient populations, who are more or less mobile, or are undergoing treatment for different illnesses.
The recommended benchmark for recording falls is per 1,000 bed days. Not all Trusts report falls consistently, so the National Patient Safety Agency does not recommend comparing Trusts’ recorded falls rate. Bridgewater do not currently report falls rates per 1000 bed days but report actual numbers of falls per month. This is a future development to enable reporting in line with other NHS trusts.

<table>
<thead>
<tr>
<th>Total Falls Rates</th>
<th>Padgate House</th>
<th>Newton Community Hospital</th>
<th>Maple Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014/15 = 193</td>
<td>71</td>
<td>122</td>
<td>0</td>
</tr>
<tr>
<td>2015/16 = 245</td>
<td>106</td>
<td>125</td>
<td>14</td>
</tr>
<tr>
<td>(NB - this figure was incorrect in last year’s account – previously stated as 215)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2016/17 = 225</td>
<td>96</td>
<td>114</td>
<td>15</td>
</tr>
<tr>
<td>2017/18 = 92</td>
<td>92</td>
<td>Not applicable</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

During the year, the Trust transferred the management responsibility for Newton Community Hospital and the Maple Unit to alternative care providers.

This resulted in a significant drop in the total number of reported falls, as 92 incidents were reported compared to 225 in 2016 / 2017.

The Trust has maintained responsibility for Padgate House, where the number of reported falls reduced by 4%.

The Trust’s staff continued to manage in patients in the safest possible manner, taking all possible action to reduce the risk of falls.

Pressure Ulcers

Between 2016/17 and 2017/18 there was an increase in the total number of pressure ulcers that developed within Bridgewater. There was a 14% increase from 527 incidents in 2016/17 to 604 incidents in 2017/18.

The proportion of more severe ulcers (grade 3 and 4) slightly increased. The Trust continues to actively encourage reporting of all grades of pressure ulcers in line with national requirements.

The Trust has continued to review all reported pressure ulcer incidents as part of our commitment to maintaining patient safety through reducing harm and learning from incidents, identifying themes and trends and improving the quality of care. This will enable us to ensure that the right wound care product is being used as well as pressure relieving
equipment. The review process enables us to identify ways in which we can improve practice to reduce the risk of harm to patients.
Over the last year the Trust has continued to hold weekly Patient Safety Meetings which provide an opportunity to review moderate and severe pressure ulcers i.e. those categorised as category 3 or 4. The category three and four pressure ulcers developed under the Trust’s care continues to be reported externally to Clinical Commissioning Groups (CCGs) via a national reporting system. The weekly Patient Safety Meeting has provided a learning opportunity which captures areas of good practice and/or areas for improvements. These meetings are chaired by the Associate Chief Nurses for each Directorate and include representation from the clinical teams involved and tissue viability specialist nurses. They carry out an initial review of Trust acquired or deteriorated pressure ulcers and establish the required scope of the investigation.

Positive practice has included:

- Patients assessed to ensure appropriate wound products used.
- Taking a photograph of the wound to support the clinical assessment process and also to monitor wound healing and/or deterioration.
- Open discussion and communication with carers/care agencies to share advice regarding regular repositioning of patients.
- Close working with patients and their careers when the patient has several and differing health needs.
Learning has included:

- Sharing of the pressure care leaflet with carers, aiding carer understanding of ways to promote pressure relief.
- Improvement in the standard of record keeping evidencing care delivery.
- Scheduling of visits in line with planned care.
- Proactive escalation and risk assessment to support patients with the process of informed decision making in those instances where a patient, with capacity, declines repositioning advice or to accept equipment.

The Trust are collaborating with NHS England (NHSE) who are leading a systems approach working across acute and community providers and in collaboration with key partners in social services and care home settings. The Trust is proactive in developing quality improvement initiatives to reduce pressure ulcer incidents and patient harm; in line with the ten commitments of *Leading Change Adding Value*.

Bridgewater has developed a pressure ulcer quality improvement plan which focuses on:

- ensuring accurate reporting and recording of data
- ensuring effective systems and processes are in place to investigate pressure ulcer incidence
- providing a framework for learning from pressure ulcer incidence
- developing a competent workforce to support patients who are at risk of or have pressure ulcer damage
- providing an accurate baseline from which an improvement trajectory can be set.

During 2017 we completed a thematic review of root cause analysis investigations to identify common recurring themes for improvement.

This thematic review has been used to implement a pilot study within District Nursing Teams to improve best practice standards being met in a timely manner thus reducing the incidence of harm. The pilot study aims to:

- Improve communication and adherence to Trust Policies (identified via investigations of pressure ulcer incidents) by adopting a systematic approach based on best practice to enable timely interventions to reduce harm.
- Improve the knowledge and skills at team level in relation to pressure area management
- Reduce the incidence of deterioration of pressure ulcers and the development of pressure ulcers in the care of the DN Service
The pilot will be reviewed utilising a Plan, Do, Study, Act (PDSA) approach prior to rolling out across the Trust and will be monitored and reported via the Tissue Viability Nursing Service.

Quality of care relating to pressure ulcer management will continue to be monitored through the Quality and Safety Subgroups which are chaired by the Associate Chief Nurses for each of the Directorates.

**Medication Safety**

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

As a result of a strengthened medicines management team, specific high risk incidents and themes and trends of incidents were escalated through the governance framework and the need for a Medication Safety Officer was recognised. In November 2017, the Trust appointed a Medication Safety Officer to specifically support the management of medicines incidents. In a short period of time the benefits of this role have already been apparent with improved and demonstrable actions taken as a result of incidents and support for Clinical Managers in managing a medicines incident.

Throughout 2017/18, the Medicines Management team have worked with all many services in the Trust and there are clear improvements in the support available and medicines management standards. A number of guidelines and procedures have been written such as temperature storage guidance, medicines management in midwifery and the Medicines policy, safe and secure handling of medicines and controlled drugs standard operating procedures have been updated. The safe and secure handling follow up audit was completed and the audit cycle is continuing on a service specific rotation i.e. prisons, district nursing, dental with individual reports produced and learning being shared in teams.

The medicines management team have provided intensive support to HMP Wymott since April 2017 to manage the complex risks and delivery of medications to the large numbers of patients who require multiple and complex medication regimens. This has included the development of more robust procedures and processes which are also being implemented in the entire Bridgewater prison portfolio.

Medicine incidents continue to be reported on the Trust’s incident reporting system (Ulysses), and are reviewed initially by the Medication Safety Officer who then contacts the incident reporter or Clinical Manager to manage the immediate actions required and to put a plan in place to manage the longer term actions.

On a quarterly basis, a medicines incident report and controlled drugs accountable officer report is submitted to the Clinical Governance Sub Committee and shared with the Clinical
Commissioning Group Medicines Management Leads. Controlled drug incidents are also submitted to the local intelligence teams and regular local intelligence meetings for Greater Manchester, Cumbria and Lancashire and Cheshire and Merseyside are attended by the team.

In 2017/18, 606 medication related incidents (13% of the total incidents reported over this period) were reported by the Trust staff including 120 involving controlled drugs.

Around 26% of the medication related incidents continue to be 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. The review and reporting of third party incidents includes a check that the medicine incident has been notified back to the originator. The most frequent themes for both third party and Bridgewater incidents are:

- omitted doses due to lack of information when patients are referred to community staff for administration of medicines
- system processes where patient visits are missed because staff members were not aware they had been discharged from hospital or the patient information was not transferred to work sheets

Links continue to be developed between the Trust’s medicines management team, local trusts, local clinical commissioning groups and other relevant local agencies to report relevant third party incidents for appropriate investigation and to facilitate lessons learnt being put into practice and shared across the health economy.

Near miss review and reporting continued over the year with a total of 173 near misses (an average of approximately 14 per month) reported for 2017/18.

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

Non-Medical Prescribing

Bridgewater has approximately 509 Non-Medical Prescribers (NMPs) comprising of 104 independent/supplementary prescribers and 405 community formulary non-medical prescribers on its NMP register. New NMPs meet with the NMP Lead/Senior Technician to go through NMP policy, procedures, security, formulary compliance and continued professional development upon first allocation of prescription forms. The register is maintained and prescribers authorised with NHS Business Services Authority and
prescription forms ordered via the secure stationers Xerox and issued for NMPs alongside other medical services using them such as out of hours, child development and specialist services etc. Prescribing rights for smartcards SystmOne access is authorised for NMPs by the NMP Lead. Information is shared with all prescribers including medics via email when any Medicines Healthcare Regulatory Agency (MHRA) alerts or other relevant information needs circulation. British National Formulary and Nurse Prescriber’s Formulary books are distributed and all new prescribers issued with the latest available from the Department of Health.

There are a number of regular activities undertaken by the NMP Lead and Senior Technician to provide assurance on safe and appropriate prescribing by NMPs. Prescribing data is reviewed quarterly for compliance against area prescribing formularies (Pan Mersey and Greater Manchester) and the Bridgewater Wound Care Formulary. Any off formulary prescribing is highlighted and individuals asked to provide a rationale. Repeat infringements will trigger escalation to clinical managers. All NMPs have been contacted to submit their current Approval to Practice form to enable prescribing to be reviewed against their defined scope of practice. Where required, prescriptions are recalled from the National Health Services Business Service Authority (NHSBSA). Compliance reports are shared with CCG medicines management.

In previous years, the Trust has taken part in the regional on-line clinician’s audit but Health Education England (HEE) was unable to provide the support in 2017. The audit provided a valuable resource for evaluating the impact of non-medical prescribing on patient care and its potential economic value to the health service. Regional discussions are underway to address the benefit of rolling out the audit in the future.

In May 2017 HEE asked for proposed numbers of staff to undertake NMP. From our original request of funding for 20 V150 and 15 V300 candidates, we were only allocated funding which equated to 10 V150 and 6 V300 candidates. To-date the Trust has approved 15 applicants for the V300 and 16 applicants for the V150 Non-Medical Prescribing courses.

**Safeguarding**

Safeguarding is complex and challenging and Bridgewater recognises the rights of all individuals to live a life free from abuse and neglect and have their welfare promoted.

This is a brief overview report; each of the boroughs provides a detailed individual safeguarding children report and a safeguarding adult annual report.

The Safeguarding team is a specialist service that delivers high quality provision. Bridgewater employees are aware of the service offered through attendance at training and via the intranet page which is available to all Bridgewater staff and is regularly updated.
The Chief Nurse is the Lead Director for Safeguarding and Executive Lead for Prevent and The Medical Director is the lead for Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

**The Safeguarding Team – Key Roles and Responsibilities**

**Associate Director for Safeguarding**
- Strategic leadership and day-to-day running of the safeguarding function
- Strategic and professional lead across the Trust for Domestic Abuse
- Operational Lead for Prevent.
- Represent the Trust on each of the 10 LSCBs (Local Safeguarding Children Boards) and SABs (Safeguarding Adult Boards) across the boroughs.

**Strategic Lead for Safeguarding**
- Deputises for the Associate Director for Safeguarding responsibilities and provides support for the Named Nurses

**Named Nurses for Children and Adult Safeguarding**
- Professional leads on Safeguarding, working in collaboration with Local Authorities and Commissioners to provide a high quality, evidence based service.
- Attend and contribute to internal Trust meetings, sub-groups of the various Boards, Serious Case Reviews/Case Reviews, Multi-Agency Case File Audits, Multi Agency Risk Assessment Conferences (MARAC) and Child Sexual Exploitation (CSE) meetings
- Ensure the delivery of quality care to adults at risk and children within the Trust which includes being a source of expertise for the Trust and promoting excellent standards of professional practice in relation to Safeguarding, the Children Acts (1989 + 2004), the Care Act (2014), the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (2009).

2017/2018 brought a number of significant changes to the senior members of the safeguarding team. Two Named Nurses left their posts due to promotion as Designated Professionals, and the new position of Strategic Lead for Safeguarding was implemented to strengthen the safeguarding team. Two internal promotions to Named Nurse have been appointed in Wigan and Bolton and two new Named Nurses in Oldham and Safeguarding Adults.

The safeguarding teams in each borough are made up of a variety of professionals depending on the services we provide. Halton, Wigan, Warrington, Bolton have Children in Care nurses, this service sits with the Children Directorate in St. Helens. Wigan also has a Specialist Nurse for Child Sexual Exploitation. All boroughs have Specialist Safeguarding Children Nurses and dedicated administrative staff.
The Safeguarding Adult Team consisted of one full time Named Nurse Safeguarding Adults. An exciting opportunity for a 5 month secondment, 1wte Safeguarding Adults Support Nurse has been appointed to, starting in early 2018/2019.

As a health provider, Bridgewater demonstrates safeguarding leadership and commitment at all levels of the organisation, and that there is full engagement in support of local accountability and assurance structures; in particular via the LSCBs, SABs and Commissioners of services. Safeguarding assurance is provided to Commissioners through the KPIs (Key Performance Indicators) and the Safeguarding Audit Tool which is completed annually with quarterly reviews and there is a challenge of performance undertaken by the Commissioners.

The Safeguarding team is accessible to all Bridgewater staff and offer;

- Safeguarding training; PREVENT, WRAP3, MCA and DoLS and Levels 2 and 3 for safeguarding children and adults
- Advice and support to all staff in relation to all aspects of safeguarding
- Safeguarding supervision for staff; 1:1, group, reactive, bespoke, ad hoc and reactive
- Supports the services for Children in Care/Looked after Children, to ensure health needs are identified and care plans monitored
- Supports teams in multi-agency working for Serious Case Reviews, Safeguarding Adult Reviews, Local Case and Learning reviews, and Domestic Homicides Reviews
- A robust process for review and approval of Policies, Guidelines and Procedures, ensuring they are up to date, reflect local and national policy and are easily available for all staff to access

**Safeguarding Training**

Throughout the year there has continued to an emphasis on training to ensure increased compliance in respect of Safeguarding Adult and Children training at all levels, particularly in level 3 adults and Prevent. The Safeguarding Teams have been working hard in collaboration with the Education and Professional Development (EPD) Team to target services, individual staff and relevant line managers to improve compliance rates. This is evidenced in a significant increase in compliance and a more educated, confident workforce. This approach has proved effective looking at the compliance rates; nevertheless, there is still a considerable amount of work to be done to reach compliance in every level of training.

A comprehensive Safeguarding Training Strategy, Training Needs Analysis and Framework setting out the safeguarding training requirements for all staff across the Bridgewater Community Healthcare NHS Foundation Trust are in place. This enables staff to identify the appropriate level of training, depending on their job role, and for managers to ensure compliance. Bespoke sessions are offered to specific staff groups to ensure the training is relevant to their sphere of work.
<table>
<thead>
<tr>
<th>Safeguarding Training</th>
<th>Month 12 – 2016/17</th>
<th>Month 10 – 2017/18 (When this report was completed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 2 Safeguarding Children e-Learning</td>
<td>89.08%</td>
<td>93.72%</td>
</tr>
<tr>
<td>Target 95%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level 2 Safeguarding Adults e-Learning</td>
<td>89.76%</td>
<td>94.51%</td>
</tr>
<tr>
<td>Target 90%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level 3 Safeguarding Children Face to Face</td>
<td>83.26%</td>
<td>95.09%</td>
</tr>
<tr>
<td>Target 90%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level 3 Safeguarding Adults Face to Face</td>
<td>17.04%</td>
<td>67.70%</td>
</tr>
<tr>
<td>Target 90%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level 4 Safeguarding Adults Face to Face</td>
<td>Data not recorded</td>
<td>100%</td>
</tr>
<tr>
<td>Target 90%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level 4 Safeguarding Children Face to Face</td>
<td>Data not recorded</td>
<td></td>
</tr>
<tr>
<td>Target 90%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prevent Awareness e-Learning</td>
<td>Awareness and WRAP3 data was combined at this time= 69.15%</td>
<td>78.74%</td>
</tr>
<tr>
<td>Target 85%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WRAP 3 Face to Face</td>
<td>79.91%</td>
<td></td>
</tr>
<tr>
<td>Target 85%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MCA DoLS e-Learning</td>
<td>64.85%</td>
<td>85.31% (Reported every 3 months- this is month 9 data)</td>
</tr>
<tr>
<td>Target 90%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Safeguarding Supervision

Safeguarding supervision is a requirement for all staff who comes into contact with adults at risk or who have face to face contact with children and young people. Bridgewater’s Safeguarding Supervision policy ensures there is consistent practice across all boroughs and that the policy is in line with national guidance and local Commissioner’s requirements. Each of the safeguarding teams provide planned, individual, group, bespoke, ad hoc and reactive safeguarding supervision, ensuring support and guidance are available and to identify risk and protect vulnerable adults, children and young people. During the year, there were 16 new safeguarding supervisors trained by the NSPCC (National Society of the Prevention of Cruelty to Children), to offer this essential service to our staff. Work is ongoing in Oldham to increase access to safeguarding supervision, which in October 2017 was 7% and now is approximately 70%.

During the year there has been an ongoing and escalating risk recorded on the organisations risk register in relation to capacity within school nursing to make themselves available for and to appropriately prepare and engage in safeguarding supervision

The Named Nurses also receive individual safeguarding supervision from the borough Designated Nurse, which is crucial to their role.

Whilst there is not yet guidance on formal Supervision processes in Adult Safeguarding the support provided as part of the monitoring of concerns raised to Adult Social Care gives the opportunity for reactive supervision to take place.

Section 11 (Children Act 2004)

Section 11 places a statutory duty on organisations to make arrangements to ensure that in discharging their functions, they have regard to the need to safeguard and promote the welfare of children. Compliance is mandatory. The Section 11 Audits are submitted to the LSCBs at varying stages throughout the year depending on each Board’s request. Scrutiny panels provided by LSCBs assist in the monitoring of action plans developed through the identification of gaps in service, ensuring progress and development of services is achieved. All requested Section 11 submissions have been submitted this year. Evidence scrutiny panels have taken place in Wigan and St Helens, where the Associate Director and Named Nurse for safeguarding attended. Action plans from these meetings have been developed.

The Care Quality Commission (CQC)

A review of services for LAC (Looked After Children) and Safeguarding by the CQC was completed in St Helens in November 2017. The focus was particularly in relation to children in care and the report published in January. Within the report there were a number of
recommendations specific for Bridgewater. The CQC also undertook a SEND (Special Educational Needs and/or Disabilities) review in January 2018.

**JTAI (Joint Targeted Area Inspection)**

This new set of inspections that came into force to examine how local partner agencies - including local authorities, health and probation services and the police - are working together to protect children living with, or at risk of, neglect. These and are undertaken by Ofsted, the Care Quality Commission (CQC), Her Majesty’s Inspectorate of Constabulary (HMIC) and Her Majesty’s Inspectorate of Probation (HMI Probation).

Each set of joint inspections also evaluates the multi-agency response to a particular issue or theme, such as neglect.

Many of the boroughs have been preparing for these inspections by different methods, such as mock inspections, audits and planning meetings.

Cheshire West received an inspection in September 2017 and a review took place at Chester Children’s Dental Team.

**Allegations against Staff – LADO (Local Authority Designated Officer)**

As outlined in ‘Working Together to Safeguard Children’ 2015, the LADO must be informed of all allegations against adults who work with children. For adults, cases are referred to the local authority.

The Assistant Director of Workforce is Bridgewater’s lead for LADO and maintains the log and will work closely with the Associate Director of Safeguarding when cases are identified. A review is undertaken monthly to track cases and investigation outcomes.

During 2017/2018, Bridgewater have been involved with 6 LADO cases, 3 of these were reported from other external organisations. During 2016/17, Bridgewater was involved in a total of 3 LADO referrals.

**PREVENT**

Prevent is part of the UK’s counter terrorism strategy, preventing people from becoming involved in terrorism or supporting terrorism. It is part of the Government counter-terrorism strategy CONTEST2 and aims to reduce the threat to the UK from terrorism by stopping people becoming terrorists or supporting terrorism.

A comprehensive Prevent policy has been written and put into place across Bridgewater during 2017/2018.
The Associate Director for Safeguarding, as Operational Prevent Lead, liaises regularly within NHS England and is a member of the North-West Prevent sub-group. The Associate Director for Safeguarding ensures that systems and processes are in place support the delivery of the Prevent Programme and ensure compliance with DH guidance ‘Building partnerships, staying safe’ (2011). This will ensure that healthcare workers are confident and knowledgeable in addressing situations that cause concern and meet the requirements of the NHS National Contract.

Since Q2 Bridgewater has provided Prevent data, which include referrals to the Channel Panel and training compliance, via the electronic Unify 2 system as requested by NHSE.

**Consultation On the draft ‘WORKING TOGETHER TO SAFEGUARDING CHILDREN’ 2018**

The national consultation for the draft Working Together Safeguarding Children closed on the 31 December 2017.

Revisions were made to reflect legislative changes in the Children and Social Work Act 2017, which follows the Wood Review of LSCBs. All agencies were encouraged to review and provide responses to this national consultation. Bridgewater Safeguarding Team have discussed in detail and submitted their comments both as an organisation and contributed towards the LSCBs contributions. The Government consultation response has been published in February and Bridgewater have been acknowledged as responding to the consultation. The final guidance is likely to be published in the spring.

**Making Safeguarding Personal (MSP); the Care Act 2014**

Emphasis on developing a safeguarding culture that focuses on the personalised outcomes desired by people with care and support needs that may have been abused or neglected is key.

The Named Nurse Safeguarding Adults has been embedding the ‘Making Safeguarding Personal’ approach across the Trust by establishing and developing:

- accessible information to support participation of people in safeguarding support by using a multi-agency approach
- advocacy
- person-centred approaches to working with risk
- developing policies and procedures that are in line with a personalised safeguarding approach
- strategies to enable practitioners to work in this way
- Incorporating principle of MSP into Safeguarding Adults Level 3
Clinical Commissioning Groups (CCGs)

Safeguarding assurance is provided to Commissioners through the KPIs and the Safeguarding Audit Tool, which is completed annually with quarterly reviews of performance by the Commissioners.

Halton’s Community Paediatric service was served with a performance notice by Halton CCG in Q4. Concerns cited included findings from the Children in Care site inspection completed in Q2 in relation to the quality of Initial Health Assessment’s for Children in Care.

NHS Commissioning Standards Audit Tools have been submitted where requested in all boroughs. Validation visits have been undertaken by the relevant CCG. Action plans have been developed to incorporate any red or amber areas and are updated quarterly to demonstrate progression towards achieving full compliance. Feedback has been positive and there are currently no red areas.

Oldham’s safeguarding team sits within the 0-19 service and budget. Evidence is therefore provided to the 0-19 service manager to inform the reporting in to Commissioners to provide assurance regarding activity and compliance.

STAG (Safeguarding Team Assurance Group)

Bridgewater’s STAG meets quarterly and seeks assurance that all safeguarding commitments and responsibilities are met. The high-volume of work continues to increase in safeguarding, which have necessitated monthly extra-ordinary STAG meetings for the majority of 2017/2018.

STAG provides strategic and operational direction in relation to safeguarding and in line with national, regional and local guidance. STAG has membership from all Directorates within Bridgewater and a deputy is named if a member cannot attend, so that information can be relayed down to ensure there is a safeguarding thread throughout our organisation. Our Designated Nursing colleagues are invited to part 1 of the STAG meeting on a quarterly basis.

The Trusts safeguarding assurance is provided through the quarterly STAG meetings reporting to the Trust’s CGsc (Clinical Governance sub Committee). The Named Nurse meeting is the operational sub group of the STAG and takes relevant action in regard to any operational safeguarding children and adult issues which have been identified.
**SCRS/DHRS (Serious Case Reviews/Domestic Homicide Reviews)**

A SCR is carried out after a child dies or is seriously injured and abuse or neglect is thought to be involved. It looks at lessons that can help prevent similar incidents from happening in the future (Working Together to Safeguard Children, 2015).

A DHR is conducted to review the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by a person to whom he was related or with whom he was or had been in an intimate personal relationship, or a member of the same household as himself, held with a view to identifying the lessons to be learnt from the death.

The Safeguarding Team are committed to contributing to these reviews and more importantly to work with partner agencies to embed learning from these cases.

The Safeguarding team are involved in the delivery of the multi-agency action plans from previously published SCRs, providing assurance to the Safeguarding Boards and support to health staff to embed the actions and learning at the front line, via safeguarding supervision or training.

Across the Bridgewater footprint the safeguarding team have been involved with 15 SCR / DHRs. This has had a particular challenge for the Wigan team where 6 SCRs and 2 DHRs were opened. This has the potential to impact on delivery of other safeguarding priorities. This has been added as a risk on the organisations risk register and will be continually monitored.

Warrington had two cases that were considered for SCR but were managed as Local Case Reviews. The learning from these and completed SCRs in Halton and St Helen’s has been disseminated via workshops provided by the LSCB.

The Named Nurse has also contributed to Safeguarding Adult Reviews Local Case Reviews and processes and also leading on the review on behalf of Bridgewater by undertaking panel member duties. The Named Nurse Nurses have also lead on action plans and provided updates to the CCGs and the LSCBs and SABs on the progress of the action plans. Ultimately progress was overseen by the Safeguarding Board Panels and the Named Nurses presented evidence to the Board Panel to demonstrate outcomes against the required action.

**Voice of Child/Adult**

Capturing the voice of the child and adult is an important part of safeguarding. Each STAG meeting provides a case study of the voice of the child or adult, to share with members.
In Bolton the Specialist Nurse for Looked after Children is a member of Bridgewater’s *Voice of the Child Working Party*. This has allowed the profile of Looked after Children to be raised in relation to this area of work.

The voice of the child has been audited in the 0-19 service in Warrington which has provided positive results and demonstrated the impact of training and implementation of improved documentation ensures all staff considers the importance of children’s voice in the delivery of their care which impacts on their outcomes.

**Risks**
The safeguarding risks on the Trusts Risk Register are monitored by the safeguarding team. The high risks are discussed at the STAG meetings and reviewed/escalated at QSSG meetings. The risks form part of the quarterly safeguarding children and adults reports that are shared with the CCGs.

**Incidents**
Incidents are reported to the Safeguarding team on a weekly basis. These are monitored and actioned should a safeguarding incident be identified.

**CP-IS (Child Protection - Information Sharing)**
The Government has introduced requirements for all Local Authorities and NHS unscheduled care or emergency departments to share information to safeguard children.

The CP-IS links the IT systems used across health and children’s social care (using the child’s NHS number). Social Care will be notified immediately that a child in their care or a child subject to a child protection plan has presented at an unscheduled care setting which is participating in CP-IS.

Nationally, as the roll out continues the number of health care settings participating in CP-IS is increasing.

The CP-IS flag system is live on SystmOne for all children. This is a new method of flagging children on child protection plans linked to the spine and will help to identify vulnerable children quicker including those from ‘out of area’.

Bridgewater have gone ‘live’ with CP-IS in January, in 4 out of the 5 areas. These areas are;

1. Leigh WIC
2. St Helens MIU
3. Wigan GP Out of Hours
4. Warrington GP Out of Hours
Widnes will be processed during Q4.

Child Deaths

Sadly there have been a number of child deaths in each of the boroughs, some expected due to health issues and some unexpected. Each child death is now reported on Ulysses. The Child Death Process is followed for each individual sad death. The safeguarding team oversee Bridgewater’s contribution to the CDOP (Child Death Overview Panel) process in relation to each of these child deaths. Safeguarding Supervision is offered to all staff who has been involved with these sad deaths.

MASH (Multi Agency Safeguarding Hub)

This comprises of Health, the Local Authority and the Police. Two of our boroughs (Oldham and Warrington) have a significant role to play in the local authority MASH teams. The Oldham Safeguarding Team is based within Oldham’s MASH. The current staff provision is 1 x WTE Specialist Nurse. The demand from the MASH to source and share information, attend strategy meetings and record the outcomes of these meetings on SystmOne exceeds the current commissioned staff resource. Commissioners are aware of the concerns and are reviewing provision.

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

As part of the safeguarding team there are LAC/CIC teams in Halton, Wigan, Warrington and Bolton. The roles and responsibilities vary slightly throughout the boroughs. Review Health Assessments (RHA) are completed by healthcare staff.

A significant issue in Bolton during 2017-18 has been the late completion of RHAs due to consents/Part A’s not being received or received late from the Local Authority. The RHA Pathway, developed by the CCGs Designated Nurse, was approved by STAG in October. This process aids communication between the Local Authority and Health Providers, enabling early escalation by Health Providers where documentation is delayed.

Wigan and Warrington have a team of Specialist Nurses for Children in Care who continue to be recognised as high achieving teams. They report positively on improvements to service delivery and the impact of health interventions, through the LAC KPI’s and they also provide a quarterly report to the CCG and Corporate Parenting Board which are always well received.
Challenges for 2017/2018

The main challenge has been around staffing capacity. Not only with the senior members of the team but within each team in each of the boroughs due to sickness, maternity leave and vacant positions. A number of the vacant positions became available due to successful promotions for our safeguarding team members.

Due to the safeguarding team’s passion, commitment and hard work, these issues have been addressed at every juncture, escalated to the Trust Executive Board who supported the Associate Director with her plans. The safeguarding team has consistently worked hard and closely together to support each other and staff across the organisation and also to ensure that we safeguard adults and children who access our services.

Achievements in 2017/2018

- New appointments at all levels within the individual safeguarding teams
- Increased the number of safeguarding supervisors in Bridgewater
- Comprehensive update of policies, procedures and guidance
- Following completion of a procurement process which took place during Q3, Bridgewater has successfully retained the contract for provision of 0-19 services in Halton
- New appointment of Strategic Safeguarding Lead
- New appointment of Named Nurses in Wigan (Internal promotion), Bolton (Internal promotion) Oldham, and for Safeguarding Adults
- New appointment of a Specialist Safeguarding Adult Nurse to start in post early 2017/2018
- St Helens: Successful recruitment to a new post of Specialist Safeguarding Nurse Quarter 2 has ensured 3 day provision of support to the Bridgewater staff in the borough.
- Worked in partnership with the Local Safeguarding Boards in providing commitment and leadership in the safeguarding agenda
- Fully participated, reviewed and learned from local and national Serious Case Reviews and Domestic Homicide Reviews
- Increased the number of Safeguarding Supervisors across Bridgewater
- Worked with LSAB’s to ensure that any service development in the Trust is reflective of multi-agency safeguarding practices both locally and nationally
- Work with health service Commissioners to ensure that the service remains responsive to changing population needs
- Monitor, identify and implement changes in line with key legislation
- Wigan and Warrington’s Team of Specialist Nurses for Children in Care has continued to be recognised as a high achieving team
- The significant increase in safeguarding training compliance
Priorities for 2018/19

- Continue to promote all safeguarding training and increase compliance to ensure a competent workforce
- Work closely with the newly appointed Head of Risk Management & Patient Safety in managing risks and incidents
- Re-launch the Safeguarding Adult Champions, who act as a resource, role model and multidisciplinary link across the Trust. The Champions will provide support and advice in their clinical area and act under the supervision and support of the Adult Safeguarding Team
- To continue to work in partnership with the Local Safeguarding Boards in providing commitment and leadership in the safeguarding agenda
- Continue to effectively participate, review and learn from local and national SCRs and DHRs
- Work to achieve all action plans including CQC action plans in a timely and efficient manner
- Continue to work with SABs and LSAB’s to ensure that any service development in the Trust is reflective of multi-agency safeguarding practices both locally and nationally
- Work with health service Commissioners to ensure that the service remains responsive to changing population needs
- Monitor, identify and implement changes in line with key legislation
- Review the Safeguarding Supervision access and monitor compliance

Infection Prevention and Control

Hygiene Code

The Trust is responsible for meeting the standards within the Hygiene Code (Health and Social Care Act Hygiene Code 2008 (updated 2015). The Hygiene Code sets out the 10 criteria against which the Care Quality Commission (CQC) will judge that a registered provider is complying with best practice in infection prevention and control. Since the CQC visit in 2016, in which good infection control practices where described as good, the IPC team have ensured that all policies and procedure relating to infection, prevention and control remain updated.

Infection, prevention and control practice

- Sharps injuries have reduced by 57.5% in 2017 - 2918 since 2016 – 2017.
- Mandatory training for Infection Prevention and Control is:
### INFECTION PREVENTION & CONTROL - LEVEL 2

<table>
<thead>
<tr>
<th>Department</th>
<th>Total Number of Staff</th>
<th>Number of Staff Compliant</th>
<th>% Compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRIDGEWATER</td>
<td>2114</td>
<td>1912</td>
<td>90.44%</td>
</tr>
<tr>
<td>CORPORATE</td>
<td>51</td>
<td>45</td>
<td>88.24%</td>
</tr>
<tr>
<td>EAST</td>
<td>1182</td>
<td>1096</td>
<td>92.72%</td>
</tr>
<tr>
<td>EAST ADULTS</td>
<td>567</td>
<td>513</td>
<td>90.48%</td>
</tr>
<tr>
<td>EAST CHILDREN</td>
<td>460</td>
<td>431</td>
<td>93.70%</td>
</tr>
<tr>
<td>DENTAL</td>
<td>141</td>
<td>139</td>
<td>98.58%</td>
</tr>
<tr>
<td>EAST DMT</td>
<td>14</td>
<td>13</td>
<td>92.86%</td>
</tr>
<tr>
<td>WEST</td>
<td>881</td>
<td>771</td>
<td>87.51%</td>
</tr>
<tr>
<td>WEST ADULTS</td>
<td>490</td>
<td>426</td>
<td>86.94%</td>
</tr>
<tr>
<td>WEST CHILDREN</td>
<td>290</td>
<td>263</td>
<td>90.69%</td>
</tr>
<tr>
<td>OFFENDER</td>
<td>84</td>
<td>65</td>
<td>77.38%</td>
</tr>
<tr>
<td>WEST DMT</td>
<td>17</td>
<td>17</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

- Hand washing audits are completed twice a year by clinical staff; the audit is managed by the IPC team in conjunction with all departmental team leads. The overall results for 2017 – 2018 are:
Hand hygiene by Borough

<table>
<thead>
<tr>
<th>Locality</th>
<th>April 2017 – September 2017</th>
<th>October 2017 – March 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Halton</td>
<td>98%</td>
<td>99%</td>
</tr>
<tr>
<td>St Helens</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Wigan</td>
<td>99%</td>
<td>93%</td>
</tr>
<tr>
<td>Warrington</td>
<td>100%</td>
<td>98%</td>
</tr>
<tr>
<td>Bolton</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Oldham</td>
<td>100%</td>
<td>99%</td>
</tr>
<tr>
<td>Dental</td>
<td>100%</td>
<td>96%</td>
</tr>
</tbody>
</table>

Cleanliness

- Audits continue to be completed by the IPC team and the cleaning providers; these are reviewed by the IPC team for discrepancies with the audit completed by themselves and where necessary the Head of Estates is notified. The audit calendar ensures that all premises where Bridgewater staff carry out clinical duties are audited every two years.
- The dental service completes its own audits; these are submitted to the IPC group for assurance.

Patient information

- Patient information around infection control is available in clinic settings via notice boards and available on the Trust intranet for both staff and patients to access. Further information can be obtained directly from the IPC team.

Infection, Prevention and Control Programme of Work

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

This year the infection, prevention and control team were able to meet the majority of the goals set within the programme, with the exception of a review of clinical staff aseptic non
touch technique (ANTT). This is not to say that asepsis is not being undertaken rather that
the infection, prevention and control team wish to review and monitor practice. The review
of ANTT across the Trust was a priority for 2017/18 and roll out for 2018/19.

Aspects of the infection, prevention and control programme that have been met, include
completion of clinical audits, improvement in hand hygiene, ensuring all policy and guidance
is up to date and meeting with other providers to support a collaborative approach to
infection prevention.

Healthcare Associated Infection (HCAI)

These are infections that occur in healthcare that were not present before the patient
entered the care setting. Patients are more likely to be vulnerable to infection due to their
illness, their age, or the treatment for their condition.

Where Trust staff have been providing care to patients who are then diagnosed with either
Clostridium difficile, MRSA or E-coli infection, a full root cause analysis (RCA) or Post
Infection Review (PIR) is always undertaken. These assessments are often complicated, as
frequently patients have seen a number of different care providers.

This year there has been no lapses in care to date of Clostridium difficile infection.

There has been no MRSA blood stream infections linked to a lapse in care across the Trust to
date in 2017 – 2018. The IPC team have worked with the multi- agency teams to improve
urinary catheter care, ensuring all patients receive education, support and a catheter
passport following an incident at the beginning of 2016.

The Trust IPC team have multi agency meetings to support the delivery of the E-coli agenda
and have started to complete PIR’s on these blood stream infections. Regular meetings are
held looking at ways of reducing the number as a health economy. Some joint education has
occurred in the Warrington/Halton area.

Outbreaks

During December 2017 Padgate Intermediate Care facility staff informed the Infection,
Prevention and Control Lead Nurse that four patients were suffering from diarrhoea. The
care home was closed whilst awaiting the results of the samples and regular meetings via
telephone where held with the IPC lead nurse. The home was reopened after 14 days
following a deep clean. A review of the Isolation of Patients with Infectious Conditions policy
and the Diarrhoea and Vomiting Outbreak Clinical Guidance Guideline for Newton Hospital
and all Inpatient Facilities supported by Bridgewater are to be reviewed to support future
outbreaks. Training for staff in Padgate House is also planned.
January 2018 has seen three influenza outbreaks at the two of the Health and Justice Facilities managed by the Trust. HMP Wymott had two outbreaks, whilst HMP Hindley had one. There was heightened surveillance during the outbreak period. Both outbreaks where managed by an Outbreak Control Team (OCT) lead by PHE (Public Health England). The incidents were well managed by Bridgewater Healthcare staff, supported by the IPC team, Medicines Management team and PHE. Managing outbreaks in these facilities remains challenging due to the prison lay outs and environment, along with prisoners not always reporting symptoms in a timely manner.

**Environmental Cleanliness**

Cleaning across the Trust clinical and treatment rooms is provided by two cleaning companies, this is via a national cleaning contract. Cleaning contractors are asked to share their own environmental cleaning audits and the Trust infection, prevention and control team are working with them to ensure the environment is fit for practice.

**Dental**

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

During the CQC visit in 2016 note was made for improvement in the management of dental instruments:

- “Ensure the safe infection control management of used dental instruments in localities where cleaning and sterilisation of dental instruments is provided by a third party company”.

This applies to a small number of dental practices that outsource their equipment to a central sterilising unit, as they are not equipped to decontaminate instruments on site. This is still in line with HTM 01-05 guidance; this practice has now been implemented.

**Influenza Vaccination for Staff**

Frontline health and social care workers should be provided with a flu vaccination. Trusts must ensure that a 100% offer of flu vaccination is made for all frontline staff, with the aim of reaching a minimum uptake of 75% uptake. The campaign for 2017-2018 flu season was undertaken by the flu lead, a new seconded position created with the aim to improve uptake. The vaccine was offered to all staff at their place of work and the flu lead was supported by the immunisation lead in the Bolton and Oldham area.
Bridgewater clinical staff uptake was 69.5% for this year, with each Borough/directorate broken down as follows for clinical staff:

- Wigan 58.9%
- Warrington 52.5%
- Halton 46.7%
- Bolton 83.6%
- Oldham 92%
- Health & Justice 82.8%
- Dental at 40.6%

**Leaflets Guidance and Policies**

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

**Work carried out by the Infection, Prevention and Control Team**

Whilst the infection, prevention and control set an annual work plan, there are often opportunities to take part in new initiatives to prevent infection.

Following on from last year’s pledge by the infection, prevention and control team to improve staff and patient knowledge of the best use of antibiotics the IPC team continue to work with the Medicines management team in antimicrobial stewardship with regular meetings. Antibiotics remain an important medicine for treating bacterial infections in both humans and animals. However, bacteria can adapt and find ways to survive the effects of an antibiotic. The concern is that we may soon find ourselves in a world where antibiotics don’t work.

This year Public Health England have launched a campaign aimed at the public and healthcare professionals entitled ‘keep antibiotics working’. A number of public information advertisements were shown on regional television and Trusts were asked to support this work. The infection, prevention and control and medicines management teams were eager to take part and have signed up to the campaign. This year the antimicrobial stewardship group update the Trust’s web page and advertised a crossword competition in the Trust bulletin to coincide with antibiotic awareness week.
Patient Safety / Incident Reporting

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

There was an increase in the total numbers of incidents reported in the Trust during the period 2017/18, when a total of 4,811 incidents were reported compared to 2016/17 when 4,676 incidents were reported. This is considered to be a result of the Trust’s open culture for the reporting of incidents, resulting in increased staff awareness of the need to report incidents. Through the weekly Patient Safety meetings and the monthly Quality & Safety Sub Groups the Associate Chief Nurses & Quality and Safety Leads have continued to support staff in identifying and reporting incidents. Trust wide incident trend reports are reviewed at the monthly Quality and Safety Sub Groups (QSSG’s), to raise awareness of high risks and to promote the effective management of such risks.
All newly reported incidents are reviewed by the relevant senior clinical staff, responsible for the service area(s) involved in incidents. This is necessary to embed the accountability for risk management and prevention of incidents around the Trust.

Daily checks are also made of all newly reported incidents by the Risk Management Team, to check the quality of the data recorded in each incident. These daily checks are used to identify possible serious incidents for escalation.

Pressure ulcers continue to be the most common type of incident reported in the Trust. Following review of serious incident reports, the Trust’s Quality & Safety Lead for east, has introduced a “pressure ulcer huddle”. This process ensures that all key steps in the management of pressure ulcers are followed and is being embedded into operational practice. The impact of this huddle, will be monitored to evaluate its impact on the prevention and management of pressure ulcers.

There were 28 patient safety incidents that were recorded as [4] Major or [5] Catastrophic. For the Catastrophic category three out of the 5 were serious incidents and were uploaded onto the Strategic Executive Information System (STEIS). The remaining seven were notifications of deaths (safeguarding) and deaths in patients home.

Trust staff reported 4,811 incidents during 2017/18, 513 (44%) of which were categorised [1] Insignificant or [0] near misses effecting patient safety.
All patient safety incidents are submitted to the National Reporting and Learning Service (NRLS), from which the CQC nationally monitors all Trusts’ patient safety incidents. The following table represents the number of patient safety incidents reported to the NRLS by level of actual impact.

<table>
<thead>
<tr>
<th>Patient Safety Incidents by Actual Impact</th>
<th>2016/17</th>
<th>2017/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>1,217</td>
<td>1,176</td>
</tr>
<tr>
<td>Near Miss</td>
<td>133</td>
<td>180</td>
</tr>
<tr>
<td>Insignificant</td>
<td>390</td>
<td>333</td>
</tr>
<tr>
<td>Minor</td>
<td>580</td>
<td>517</td>
</tr>
<tr>
<td>Moderate</td>
<td>102</td>
<td>128</td>
</tr>
<tr>
<td>Major</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Catastrophic</td>
<td>10</td>
<td>12</td>
</tr>
</tbody>
</table>

The overall volume of reported incidents 4,811 for the period 01st April 2017 to 31st March 2018 has increased compared to last year by 135 incidents. The volume of Patient Safety Incidents (1,217) has decreased by 46 (1%) compared to 2016/17.

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

The following work streams continued during 2017/18 to improve our management of incidents:
The Trust’s Incident Reporting Policy was reviewed and updated during 2017 to fully reflect the requirements of the NHS England Serious Incident Framework that was published in 2015.

The Directorate’s Quality and Safety Sub-Groups met every month to analyse and escalate significant incidents, complaints, or risks for support from the directorate team meetings and to direct service change in response.

Weekly Patient Safety meeting to review and monitor pressure ulcers.

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.

Continued to use a case note review process to inform the management of pressure ulcer incidents and determine if further investigation was required.

The Serious incident Review Panel, met on a weekly basis to maintain an overview of all serious incidents.

In order to nurture the Trust’s approach to learning from incidents, a Quality Newsletter has been developed, which contains details of key lessons to be learnt in the Trust. This is in addition to the online posting of lessons learnt, on the Trust’s intranet.

**Never Events**

Never Events are serious, largely preventable patient safety incidents that may result in death or permanent harm, that should not occur if the available preventative measures have been implemented. The Department of Health reviews the list of never events each year in February 2018, an amended list of 18 never events was implemented. If never events occur in the Trust, we are required to report these directly to the Care Quality Commission and our commissioners as Serious Incidents and investigate the incidents to establish root causes and formulate actions to prevent a reoccurrence of the incident(s). There was one never event during the period 01st April 2017 to 31st March 2018 which related to nail surgery and is currently under investigation.

**Central Alerting System**

Using patient safety incident data from across England, the NHS develops national initiatives and training programmes to reduce incidents and encourage safer practice. Alerts are released through a single “Central Alerting System” (CAS) to all NHS organisations which are then required to indicate their compliance with these patient safety alerts. All of these alerts have required target dates for completion and must be acknowledged on the Department of Health’s website within 48 hours of receipt.
During the period 01st April 2017 to 31st March 2018 the Trust received 6 Patient Safety Alerts, 4 of these alerts were relevant to the Trust. The Risk Management Department cascaded the alerts to each Directorate in order that they could be actioned and confirmation provided that all required action had been taken in the service areas of the Trust.

**Safer Caseloads in District Nursing**

District nursing teams in the Trust are made up of DNs (those with a specialist practitioner qualification), registered community nurses and health care assistants. The service provides nursing care and support for patients, families and carers at home and in community settings. This means that the service experiences frequent fluctuations in the size and complexity of the caseloads as it is not limited, like hospital settings, by the number of beds. Therefore methods used to plan staffing within hospital settings cannot be transferred into the community and there is currently no one national tool recommended for this purpose.

In recognition of this the Trust has developed its approach to monitoring and reporting our DN staffing levels. From June 2017 the organisation commenced monthly collection to monitor our patient case mix to show the type of need and complexity of our patients and work load index to show the resource required to respond safely and effectively. Regular monitoring of these two elements will allow us to build up themes and trends that we can use to inform the deployment of staff to the busiest areas, the skill mix of the workforce so we have the right balance between registered and non-registered staff and our future workforce planning. To date the data collection tool and process has required adaptation and amendments supported by our performance team to allow for monthly collection, interpretation and monitoring of data. Further work is required with the teams to ensure a consistent approach to data collection and to provide assurance on data quality. Once assurance has been provided and data quality confirmed the outputs of the monitoring tool will be able to support future workforce planning and caseload management.

**Freedom to Speak Up – Raising Concerns**

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

All NHS organisations have to appoint a Freedom to Speak up Guardian. The Trust has had a Guardian in place since 2016. The Trust has a staff APP for mobile devices and there is a section on the APP for staff to be able to make contact with the Guardian if they wish to
raise a concern. There is also a link to the Trust policy and videos to help staff understand how they can raise a concern.

Bridgewater had six Raising Concerns issues raised in 2017/18 which is four more than the previous year. Three were raised directly with the Guardian and three were through contacting HR using the Freedom To Speak Up Policy. The concerns were related to:

1. Dignity at work/behaviour and conduct
2. Caseloads/caseload management
3. Working environment
4. Working practices
5. Working patterns, shifts and overtime
6. Secondary employment

These concerns have been investigated and have led to managers and the senior nursing teams working together with ‘distressed’ teams to work through their concerns and work towards solutions that benefit both staff and our patients.

Mortality Reviews

Unexpected deaths of patients under the care of Bridgewater services are routinely reviewed by the Trust’s Serious Incident Review Panel. The panel determines whether a root cause analysis is applicable in each case. In 2017/18 there were 19 deaths reported through this route. Of these deaths:

- 11 were deaths in custody and non-attributable to Bridgewater.
- 10 were deaths at other providers and reported and investigated by them.
- 3 were considered by the Serious Incident Review Panel and no further investigation was recommended.
- The Serious Incident Review Panel did not request any further investigations of any of the deaths, as the reports review from NHS England were considered to be adequate.
- 12 were reported onto the Strategic Executive Information System (STEIS) to formally notify commissioners of the serious incident. These included the 11 deaths in custody and the 1 expected death at Alexandra Court Nursing Home. Families and carers of all deaths reported on STEIS were notified by the relevant agency.

Following the Mazaars report (an independent report into the deaths of people with a learning disability or mental health problem at Southern Health NHS Foundation Trust), the organisation closely monitors any deaths in patients with learning disabilities under the care of its services. The Trust is part of the Greater Manchester LeDeR (Learning Disability
Review) programme. There were no deaths reported to the Trust regarding patients with learning disabilities in 2017/18.

All deaths in custody are reported through the Strategic Executive Information System (StEIS) to NHS England, who commissions the Trust’s Health & Justice Services. NHS England commission root cause analyses regarding these incidents, which are carried out independent of the Trust.

In order to be assured that the outcomes of these investigations result in action plans that are delivered, the Trust in liaison with NHS England, has introduced a process that requires all reports regarding death in custody to be reviewed by the Trust’s Serious incident Review Panel (SIRP). During the period 2017/18, 4 reports regarding death in custody were reviewed at the Serious incident Review Panel.

The Trust also contributes to Serious Case Reviews at the request of the Local Safeguarding Children’s Boards. The Trust contributed to 5 Serious Case Reviews during 2017/18 for child deaths which occurred in the localities it serves. The Trust is also contributing to 8 ongoing local case reviews and working with local agencies to implement actions and learning.

In 2017 there were 8 inquests regarding deaths within the Trust, 3 of which were related to Deaths in Custody. Of the 5 community cases, there were no issues related to the care provided by the Trust.

During 2017/18 we have implemented a number of actions that all NHS Trusts were required to implement in response to the CQC’s review - *Learning, Candour and Accountability: “A review of the way NHS Trusts review and investigate deaths of patients in England”*. These include:

- Approval and publication of a “Responding to Death policy” on our public facing website.
- Nominated executive and non-executive leads.
- Completion of our initial assessment on the best dataset source, in order to collate and publish quarterly deaths information.

**Next Steps for 2018/19:**

- The Trust is to implement a Monthly Responding to Death Panel to sit in conjunction with the Serious Incident Review Panel. This will be overseen by the Clinical Governance Sub-Committee.
- The output will be quarterly reports to the board of numbers of deaths, lessons learned and an assessment of the impact of any actions taken.
- The Trust will be working with other Community Trusts, to establish a peer review process covering the North of England.

The Trust will undertake a training needs analysis/review and address any training needs of staff reporting deaths.

**Quality Impact Assessments**

The Trust’s Quality Impact Assessment (QIA) process has been developed to ensure that we have the appropriate steps in place to safeguard quality when making significant changes to service delivery. This process has been established in order to assess the impact of Cash Releasing Efficiency Saving (CRES) schemes, or service developments within the Trusts CRES Programme on the quality of care provided by the Trust.

Our QIA panel has been established to oversee the Trust’s QIA process, which is chaired by the Executive Medical Director. The panel reviews CRES schemes to ensure that they are safe and will not affect quality of service, agrees the arrangements for monitoring risks and stipulates the frequency of reviews and future reporting. The Trust’s Executive Medical Director and Chief Nurse are the final arbiters for all QIAs, once presented to the QIA Panel.

The Divisional Assistant Directors are responsible for ensuring that the quality impact of all CRES/service developments is discussed as a standard agenda item within the monthly Directorate Management Team (DMT) meetings.

The QIA process for the 2018/19 CRES programme has been enhanced to streamline the system, whilst ensuring that quality and safety is core to the programme. Firstly, the QIA documentation has been consolidated with the Project Overview Document (POD) that is routinely prepared for each scheme. This means that scheme leads now only complete a single document, which speeds up the process and eradicates duplication of information. It also means that the QIA panel has access to additional information about a scheme that was not available as part of the previous process. The second enhancement to the QIA system is the introduction of QIA by theme. Each of the schemes within the 2018/19 programme is aligned to a themed work-stream. This presents the opportunity to QIA schemes in groups, rather than individually, which significantly speeds up the QIA process and required less QIA panel meetings to complete.

Divisional Assistant Directors will perpetually monitor performance indicators for their division via monthly Finance, Workforce and Performance (FWP) meetings and will investigate and report any adverse changes to the Management Team, should they arise.

The 2018/19 CRES programme is overseen by the Trust’s Management Team and progress with the QIA process will be monitored by this group, and ultimately reported to the Finance and Investment Committee.
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/](https://www.england.nhs.uk/clinaudit/)

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

There is an annual clinical audit plan that contains both national and local clinical audits which is presented to and overseen by the Quality and Safety Committee. Progress is reported on a quarterly basis and includes key findings from individual audit projects and associated key actions for any areas identified for improvement.

The table below shows the number of clinical audits undertaken during 2017-18. It shows some of the improvement achieved and where necessary shows what actions Bridgewater Community Healthcare NHS Foundation intends to take to improve the quality of healthcare provided.
### Clinical Audits 2017/18

<table>
<thead>
<tr>
<th></th>
<th>Audit name / title</th>
<th>Key actions following the audit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Priority Audit of Leg Ulcers within District Nursing</td>
<td>Redesign service to improve accessibility and timeliness for patients with leg ulcers including a review of equipment and premises.</td>
</tr>
<tr>
<td>2</td>
<td>Priority Re-audit of Mental Capacity Act (MCA) within Dental Network</td>
<td>Undertake specific case reviews and re-issue guidance.</td>
</tr>
<tr>
<td>3</td>
<td>Priority Re-audit of Duty of Candour</td>
<td>Design and implement new processes around the management of incidents and communication with patients. Update Trust policies accordingly and provide training for staff.</td>
</tr>
<tr>
<td>4</td>
<td>Audit of Chlamydia Management</td>
<td>Training for staff on British Association for Sexual Health and HIV guidance. Explore IT options for providing patient information leaflets.</td>
</tr>
<tr>
<td>5</td>
<td>Priority Audit of Pressure Ulcer Care</td>
<td>Ensure all new paperwork is used for new referrals. This will prompt for all aspects of assessment to be recorded and timely referral to Tissue Viability.</td>
</tr>
<tr>
<td>6</td>
<td>Priority Audit of Stroke Care Bundle</td>
<td>Adapt nationally recognized assessment tools already in use to allow additional information to be recorded.</td>
</tr>
<tr>
<td>7</td>
<td>Audit of Heart Failure</td>
<td>Review and tighten up processes for patient follow up appointments.</td>
</tr>
<tr>
<td>8</td>
<td>Priority Audit of End of Life Care Bundle - Halton Haven</td>
<td>Undertake a joint service audit with the district nursing service following the patient’s journey.</td>
</tr>
<tr>
<td>9</td>
<td>Priority Audit of Heart Failure Care Bundle</td>
<td>No improvement actions required. Undertake annual monitoring for assurance.</td>
</tr>
<tr>
<td>10</td>
<td>Priority Audit of Podiatry Care Bundles</td>
<td>No improvement actions required. Undertake annual monitoring for assurance.</td>
</tr>
<tr>
<td>11</td>
<td>Priority Audit of Antenatal and Postnatal Care (not Home Births)</td>
<td>Review records management process. Review and revise the design of electronic patient record and associated processes.</td>
</tr>
<tr>
<td>12</td>
<td>Audit of Care Pathway for Children with Speech Delay/Disorder</td>
<td>Standards achieved, however minor improvements in record keeping identified. Service to continue with the Trust record keeping audit and action where necessary on an ongoing basis.</td>
</tr>
<tr>
<td>13</td>
<td>Audit of Care Pathway for Children with Speech Delay/Disorder</td>
<td>Undertake a patient/carer survey relating to communication and sharing of information</td>
</tr>
<tr>
<td>14</td>
<td>Audit of the Diagnosis and Management of Attention Deficit Hyperactivity Disorder (ADHD)</td>
<td>Clinic letter to be copied to Special Education Needs Coordinator (SENCO) with parents’ consent.</td>
</tr>
<tr>
<td>15</td>
<td>Audit of Wound Assessment (CQUIN)</td>
<td>Continue with improvements to both paper patient health records and electronic patient health records to ensure comprehensive documentation of wound assessments.</td>
</tr>
<tr>
<td>16</td>
<td>Mini-audit of Care Plans and Wound Photography</td>
<td>Working groups established to address audit findings and make improvements.</td>
</tr>
<tr>
<td>17</td>
<td>Audit of the Effectiveness of the Macmillan Physiotherapy Acupuncture Treatment</td>
<td>Produce guidance to describe local practice and processes to be followed.</td>
</tr>
<tr>
<td>18</td>
<td>Audit of Nexplanon Insertion</td>
<td>Standards met - minor improvements identified to update electronic templates.</td>
</tr>
<tr>
<td>19</td>
<td>Audit of the Management of Urinary Tract Infections (females over 16 and under 65)</td>
<td>Undertake spot check audits on prescribing. Provide education and training sessions in differentiating between two or more conditions which share similar signs or symptoms.</td>
</tr>
<tr>
<td>20</td>
<td>Audit of Record Keeping</td>
<td>Managers identify improvements via this monthly audit, implement actions locally as indicated and monitor improvements on a monthly basis.</td>
</tr>
<tr>
<td>21</td>
<td>Audit of Continence Care Bundle and NICE Quality Standard 77.</td>
<td>The service manager has reviewed and revised all processes and paperwork. Undertake re-audit to ensure improvement has been achieved.</td>
</tr>
<tr>
<td>22</td>
<td>OCATS PROMS/shared decision making audit</td>
<td>Monitor via electronic patient record system that all outcome scores have been recorded at initial appointment and prior to discharge.</td>
</tr>
</tbody>
</table>

There is a more detailed report available for each clinical audit that completes a cycle of audit during the year. The reports from all clinical audits completed across Bridgewater are included in the Trust’s clinical audit annual report (anticipated completion date July 2018. To request a copy of the 2017-18 clinical audit annual report please contact clinical.audit@bridgewater.nhs.uk

**NICE Guidance**

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

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

In the year April 2017 to March 2018, NICE published 190 pieces of guidance most of which relates to care provided in acute hospitals. There were 40 pieces of guidance applicable to services that the Trust provides. We are fully compliant with 27 and action plans are underway to bring us into full compliance with the remaining 13.

Compliance with NICE guidance is reported through the Quality & Safety Committee of the Trust Board and shared with Clinical Commissioning Groups. Clinical audits of NICE guidance are included in the annual clinical audit plan. Below is an example of an audit that was undertaken against standards from NICE guidance.

<table>
<thead>
<tr>
<th>Audit of Heart Failure Service (NICE guidance CG108: Chronic Heart Failure)</th>
<th>Halton, St Helens and Wigan Boroughs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What we found</strong></td>
<td>The audit found high levels of compliance with the standards taken from the NICE guidance. Nevertheless a couple of opportunities for improvements were identified as follows:</td>
</tr>
<tr>
<td></td>
<td>▪ 100% of patients had a review of medications although not all patients had a review within two weeks of any changes being made to medications</td>
</tr>
<tr>
<td></td>
<td>▪ 100% of patients had a plan based on their needs although it was not always clear within the record what engagement there had been with the patient.</td>
</tr>
<tr>
<td><strong>What we are doing about it</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ The service is implementing a process to ensure patients who have had medication changed by the service are offered a two week review for monitoring.</td>
</tr>
<tr>
<td></td>
<td>▪ Ensure that the new paperwork already introduced is being used consistently by all staff to capture all informed decision making and care plans agreed with the patient</td>
</tr>
</tbody>
</table>
Research and Development

One of the core duties of all NHS organisations as embedded in the NHS Constitution, the Health & Social Care Act 2012, and the NHS 5 Year Forward Plan, is to collaborate with our patients and the communities we serve to assist them to participate in and benefit from high quality research. At Bridgewater, we acknowledge that clinical and health service research has the potential to impact positively on the lives of the community we serve in many ways, including improved health, better understanding of conditions, and importantly the opportunity to shape future treatments.

Here are some excerpts from our patients outlining why they chose to take part in our research: "I just thought I would help, because you (NHS) helped me". "I went to University and did research, I think it can help people by taking part and I think it’s a good thing doing research".

During 2017/18, 606 of our patients signed up to the ‘Research for the Future’ campaign, which consists of a series of ‘Help BEAT’ campaigns. Current campaigns are Help BEAT Diabetes; Help BEAT Heart Disease and Help BEAT Respiratory Disease. All aim to encourage our patients to get involved with research via a database of volunteers who consent to be approached in the future about studies they are eligible to participate in, from filling in simple questionnaires to taking part in trials of new treatments. More information on this campaign can be found via the following website https://www.researchforthefuture.org/

During the period reported, research has played a central role in advancing our clinicians’ practice to provide high quality patient centred care. Our staff generate research questions out of direct clinical practice, with an excellent example being the development of a croup pathway that has enabled staff within one of our Walk in Centres to treat children presenting with mild croup with a steroid medication. Introduction of this pathway has meant that children have been treated for mild croup at the Walk in Centre rather than having to attend Whiston Emergency Department. The impact of this pathway has been fantastic for patients and their families/carers.

During 2017-18, a Trust Speech and Language Therapist (SLT) working in the Halton borough was awarded a place on the National Institute for Health Research’s prestigious Integrated Clinical Academic (ICA) Programme Internship Scheme, to research how hearing loss impacts on communication recovery following a stroke. This award is an important first for the Trust, and will provide our SLT with an introduction to the clinical academic research environment and research skills, whilst emphasising the benefits of conducting research as part of their clinical role.
For the third year running, Bridgewater was shortlisted in the annual National Institute for Health Research’s Clinical Research Awards. In November 2017, the Sexual Health Team based at Bath Street Health & Wellbeing centre in Warrington were runners up in the Best Community Research Contribution category. The nomination was for the team’s involvement in the Safetxt study, which seeks to find out whether delivering support using text messages over the course of one year is an effective way of reducing sexually transmitted infections by promoting safe sex and regular testing in young adults aged between 16 and 24 with a positive chlamydia or gonorrhoea test.

Research at Bridgewater continues to be overseen by a Trust Research & Development Strategy Group, which meet on a quarterly basis during 2017-18. Membership includes a broad range of clinical specialisms, Medical Director, Non-Executive Director, Public and Staff Governors. Research Management and Governance is assured via quarterly reporting to Board via the Trust’s Clinical Governance and Quality & Safety Committees.

Library and Knowledge Services

In 2017, as part of the Trust’s Learning and Development Agreement (LDA) with Health Education North West, the Bridgewater Library and Knowledge service (LKS) submitted its annual assessment against the national standards contained in the NHS Library Quality Assurance Framework (LQAF).

The service scored 97% (95% in 2016) and further consolidated their ‘green’ service rating.

Patient Experience

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

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

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

During 2017/18 we received 92 complaints compared to 94 during the previous year. These are summarised on a Borough/Service basis below:

<table>
<thead>
<tr>
<th>Borough/Service</th>
<th>Dental</th>
<th>Halton</th>
<th>Health &amp; Justice</th>
<th>St Helens</th>
<th>Warrington</th>
<th>Wigan</th>
<th>Willaston</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Complains</td>
<td>4</td>
<td>17</td>
<td>39</td>
<td>3</td>
<td>11</td>
<td>17</td>
<td>1</td>
<td>92</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Theme of complaint</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aspects of clinical treatment</td>
<td>72</td>
</tr>
<tr>
<td>Attitude of staff</td>
<td>6</td>
</tr>
<tr>
<td>Communication/Information to patient</td>
<td>6</td>
</tr>
<tr>
<td>Failure to follow agreed procedures</td>
<td>3</td>
</tr>
<tr>
<td>Appointments, delay/cancellation (outpatient)</td>
<td>3</td>
</tr>
<tr>
<td>Length of Time Waiting: Walk In Centres</td>
<td>1</td>
</tr>
<tr>
<td>Patients’ privacy and dignity</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>92</strong></td>
</tr>
</tbody>
</table>

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

Some examples of lessons learned include:
- Paediatric Community Medicine Service – Complaint about a child referred by GP into the service and not been assessed for a considerable period. Also delays in communication over several months.

The reason was that there was no tracker in place to monitor referrals which led to delay in assessment questionnaires being sent out/received resulting in a delay in decision being made at panel.

The service has now put a tracker in place so it is recorded when the assessment questionnaires are sent out and when they are received back into the service, which flags up any delays.

- Physiotherapy Service – Complaint about the treatment provided to patient who attended to have acupuncture. Patient was left in the cubicle for an hour and the therapist did not return to check on her. Patient became unwell and shouted for help.

The service has purchased bells and timers to be placed in all cubicles so that this does not recur.

- District Nursing Service – Complaint about the care and treatment provided to patient following discharge from hospital. Inappropriate dressings applied to wound. Stitches removed and wound opened as soon as patient put pressure onto his leg.

Dressings used on the wound prior to suture removal were of an inappropriate use. Due to location of wound it would have been preferable to remove stitches across two visits to patient’s home.

The service has addressed the issues by ensuring the staff member involved attends wound care training and will go through the competency process for removal of sutures; they will also shadow the Tissue Viability team to increase their knowledge and skills in relation to wound care.

- Walk in Centre – Complaint about the quality of the assessment undertaken, lack of privacy and dignity as the consulting room door was left open and the attitude of the triage nurse.

All Walk in Centre clinical staff to be reminded to maintain privacy and dignity at all times, ensuring that patients are offered the opportunity for the door, as well as the privacy curtain, to be closed – on going reminders are given at monthly team meetings.
- Health and Justice – Complaint about the lack of care / treatment received and the withdrawal of medication without being seen by a Doctor.

In future patients are to be informed on initial prescribing of the timescale of prescriptions or review date for all acute conditions. Discussions will take place with all doctors to ensure implementation.

Friends and Family Test Results

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

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

A total of 27,143 people responded to the friends and family question and 96.7% indicated that they would recommend Bridgewater services.

<table>
<thead>
<tr>
<th>Borough/Service</th>
<th>Would Recommend</th>
<th>Would not Recommend</th>
<th>Number of Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bolton</td>
<td>98.5%</td>
<td>0.2%</td>
<td>1225</td>
</tr>
<tr>
<td>Dental</td>
<td>98.2%</td>
<td>1.0%</td>
<td>1966</td>
</tr>
<tr>
<td>Halton</td>
<td>96.7%</td>
<td>1.3%</td>
<td>7622</td>
</tr>
<tr>
<td>Oldham</td>
<td>95.5%</td>
<td>0.4%</td>
<td>1146</td>
</tr>
<tr>
<td>St Helens</td>
<td>97.5%</td>
<td>1.5%</td>
<td>4484</td>
</tr>
<tr>
<td>Warrington</td>
<td>96.3%</td>
<td>1.6%</td>
<td>2758</td>
</tr>
<tr>
<td>Wigan</td>
<td>95.9%</td>
<td>0.9%</td>
<td>7343</td>
</tr>
<tr>
<td>Willaston (GP)</td>
<td>98.2%</td>
<td>0.0%</td>
<td>56</td>
</tr>
<tr>
<td>Maternity Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antenatal</td>
<td>100%</td>
<td>0.0%</td>
<td>168</td>
</tr>
<tr>
<td>Postnatal</td>
<td>99.2%</td>
<td>0.3%</td>
<td>375</td>
</tr>
<tr>
<td>Bridgewater Total</td>
<td>96.7%</td>
<td>1.1%</td>
<td>27,143</td>
</tr>
</tbody>
</table>

Patient Reported Experience Measures (PREMS)

The Bridgewater Talk to Us ...form also asks further questions about patients and carers experiences of Bridgewater services. The questions are based on how patients feel about the care they receive at the key touch points with the services. A total of 28,397 responses were received during the year and 99% indicated overall satisfaction with their care and treatment.
Overall satisfaction

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

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

<table>
<thead>
<tr>
<th>How do you feel about the length of time you waited to be seen?</th>
<th>Bolton</th>
<th>Dental</th>
<th>Halton</th>
<th>Oldham</th>
<th>St Helens</th>
<th>Warrington</th>
<th>Wigan</th>
<th>Willaston</th>
<th>Bridgewater</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>96%</td>
<td>98%</td>
<td>93%</td>
<td>96%</td>
<td>95%</td>
<td>92%</td>
<td>95%</td>
<td>97%</td>
<td>94%</td>
</tr>
<tr>
<td>How do you feel about the way staff greeted you?</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>99%</td>
<td>100%</td>
<td>100%</td>
<td>98%</td>
<td>100%</td>
</tr>
<tr>
<td>How do you feel about the way staff listened to you?</td>
<td>99%</td>
<td>100%</td>
<td>99%</td>
<td>100%</td>
<td>99%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>99%</td>
</tr>
<tr>
<td>How do you feel about the information you were given (verbal or written)?</td>
<td>100%</td>
<td>100%</td>
<td>99%</td>
<td>99%</td>
<td>99%</td>
<td>99%</td>
<td>100%</td>
<td>99%</td>
<td>100%</td>
</tr>
<tr>
<td>How do you feel about the privacy, dignity and respect shown to you?</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>99%</td>
<td>99%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>How do you feel about the opportunity you were given to ask questions?</td>
<td>100%</td>
<td>100%</td>
<td>99%</td>
<td>100%</td>
<td>99%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>99%</td>
</tr>
</tbody>
</table>
How do you feel about the overall experience of your care or treatment?

<table>
<thead>
<tr>
<th></th>
<th>100%</th>
<th>100%</th>
<th>99%</th>
<th>99%</th>
<th>99%</th>
<th>99%</th>
<th>99%</th>
<th>100%</th>
<th>99%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of responses</td>
<td>1269</td>
<td>2023</td>
<td>8536</td>
<td>1192</td>
<td>4644</td>
<td>2855</td>
<td>7816</td>
<td>62</td>
<td>28397</td>
</tr>
</tbody>
</table>

**Patient Stories**

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

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

Some examples of patient stories during the year include:

**Paediatric Continence Service, Halton**

This story is from the Mum of a young patient regarding her experience of the clinical and emotional support provided by the Paediatric Continence Service at a time when the family felt vulnerable and isolated at home. This is not a condition that can be cured and will always need on-going support.

This little girl, despite her age and anxiety is very much in charge. She is kept informed and asked for input and consent during each step of her journey.

“Since the very first contact with the service the nurse has become a vital part of our lives. She is always available if there is a problem. I know she has my daughter’s best interest at heart and she will fight for her. Our journey wouldn’t have been so smooth if it hadn’t been for this service.

**Paediatric Speech and Language Therapy Service, Wigan**

This story is about a child with severe autistic spectrum disorder, developmental delay and sensory processing disorder. The service worked closely with the family and supporting organisations to introduce them to a pre-loaded electronic application via an IPad, which enables the user to communicate and indicate their needs.

“My son quickly learnt how to use the application and was soon able to make requests, mainly food related at first but after a short while he used it to tell us what he had done and how he was feeling. More recently he has started to communicate verbally, which is a significant development. The work undertaken with the service and the use of the
application has also reduced his anxiety levels. As a family we are confident that his development will continue and aid his challenging behaviour.”

**Community Specialist Rehabilitation Service, St Helens & Knowsley**

A story from a patient who wished to share her experience of the Community Specialist Rehabilitation Service, following an injury that was to change her life as she knew it. The lady was unable to perform daily personal activities and found that she was becoming increasingly dependent on others.

The team worked with the patient in helping her to move forward and work towards meaningful and realistic targets.

“Initially I found the therapies beneficial in helping me to get through the week. The more I saw the team and with their support I eventually felt able to venture out into the community. I have grown in confidence and independence so much so that I have now returned to work on a part-time basis, performing adapted duties. I feel positive about the future and now enjoy life be it in a different way.”

**Right Start and School Nursing Service, Oldham**

This is the story of a single Mum who was referred to the service following the birth of her first baby. Mum has complex health and social needs, with a history of limited engagement with services.

The service involved Mum to agree a programme of support to ensure key family needs were addressed whilst ensuring the child’s health and development needs remained the focus for Mum.

“The support from the team has given us both so much confidence, especially as I suffer from anxiety. My child’s speech and improved greatly and she is a happy little girl. The support has been fantastic and has shown me how to interact and play with my child. Going forward I now feel I would like to go to college and eventually get a job. I can’t thank the team enough for what they have done for us.”

**Patient Partners**

Patient Partners is an approach that aims to actively encourage patients, their families and carers to work in collaboration with staff to identify areas for improvement in quality of care and service delivery.
Services invite their patients to become Patient Partners to take part in service improvement activities such as focus groups, feedback questionnaires, discussions on proposed changes and even recruitment of staff.

Some examples of Patient Partner activity include:

**The Voice of the Child**

The voice of the child is a phrase used to describe the real involvement of children and young people. It means more than seeking their views, which could just mean the child saying what they want, rather than being really involved in what happens. Children and young people should have the opportunity to describe things from their point of view. They should be continually involved, and have information fed back to them in a way that they can understand. There should always be evidence that their voice has influenced the decisions that professionals have made.

Bridgewater has a Voice of the Child forum, which brings together members from various disciplines across universal 0-19 services and specialist children's services.

Wide representation has been helpful in building a shared understanding of the 'voice of the child' which is relevant across professional disciplines.

Our aim is to develop organisational awareness and raise the profile of the child's voice at a service level as well as at an individual level.

The forum has developed a workshop to increase understanding about the importance of the Voice of the Child in children's services across Bridgewater.

**Paediatric Speech and Language Therapy Service, Wigan**

The Paediatric Speech & Language Therapy Service, with colleagues from the Adult Learning Disability Team, gathered information from young people and stakeholders to increase understanding of the challenges of health transition.

A key finding of the project was that safety for young people with Learning Disability goes hand in hand with how comfortable and confident they feel with all aspects of accessing ‘adult’ services. This includes how well they are prepared and supported to understand what is available in order to make informed choices about their care.

People’s Voice Media was commissioned to help document the voice of young people within film.
Patient and Parent participation through the film has been key in highlighting particular themes around transition, including early information to support choice and help navigate mainstream services; and guidance around consent and capacity issues.

The project coincided with the implementation of the Transition NICE Guidance 2016 and this has also influenced the work that the Teams have undertaken in order to review care pathways and systems to help improve the patient journey.

**Adult Speech and Language Therapy Service, Halton**

The service has collected two patient stories for the creation of a video answering the question:

“What is the one thing you wish society could understand about communication difficulties?”

Two videos have so far been collected and saved within each patient’s file. The aim is to use the videos to increase awareness around communication difficulties within the community. The videos will also be used for staff training on person centred care.

The service is also collecting patient stories from Head and Neck Cancer Patients. Patients have assisted with audio recordings by discussing the treatment and service delivery they had received from speech and language therapy. The aim was to gain feedback around aspects of service delivery and treatment that were going well and also what could be improved.

Feedback from patients indicated that they would like to meet other people in the same situation as themselves, in order for them to share stories and ideas for things that have worked and not worked for them around their eating and drinking difficulties following treatment. As a result, a dysphagia head and neck café was set for patients to meet on a monthly basis.

Patient Partners have been involved in the recruitment process for new therapy staff. Each Patient Partner was asked to have a conversation with the candidates on a one-to-one basis and to provide structured feedback and scoring afterwards.

**Adult Learning Disability Team, Wigan**

The service regularly seeks patient feedback about their experience of services across Bridgewater. The team has undertaken in-depth discussions with its patients to gain and
understand their experience of the Occupational Therapy Service and the Speech and Language Therapy Service

The service has held focus group meetings involving the transition team, parents and carers to look at the pathway from children’s to adult services. As a result an action plan was developed, to include some joint working between community services and hospital teams, to look at the way forward.

The service has engaged its Patient Partners in developing patient information leaflets plus a poster. The service has also done some joint working with a charitable organisation called ‘Change’ to develop some easy read information about Prostate Cancer

**Paediatric Physiotherapy Service, Wigan**

The service engages its patients in a variety of ways to gain feedback of their experience of the service including: emotions diaries, questionnaires, children’s handwriting group, Yes/No counter boxes within clinics, comment cards and also through conversation.

**Patient Advice and Liaison Service**

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

During 2017/18 we received 1950 contacts across Bridgewater. These are summarised below.

<table>
<thead>
<tr>
<th></th>
<th>Bolton</th>
<th>Corporate</th>
<th>Dental</th>
<th>Halton</th>
<th>Health and Justice</th>
<th>Oldham</th>
<th>St Helens</th>
<th>Warrington</th>
<th>Wigan</th>
<th>Willaston</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qtr. 1</td>
<td>2</td>
<td>10</td>
<td>13</td>
<td>79</td>
<td>10</td>
<td>2</td>
<td>62</td>
<td>87</td>
<td>147</td>
<td>0</td>
<td>412</td>
</tr>
<tr>
<td>Qtr. 2</td>
<td>4</td>
<td>11</td>
<td>14</td>
<td>102</td>
<td>37</td>
<td>6</td>
<td>53</td>
<td>108</td>
<td>163</td>
<td>1</td>
<td>499</td>
</tr>
<tr>
<td>Qtr. 3</td>
<td>4</td>
<td>23</td>
<td>16</td>
<td>81</td>
<td>30</td>
<td>3</td>
<td>63</td>
<td>88</td>
<td>178</td>
<td>0</td>
<td>486</td>
</tr>
<tr>
<td>Qtr. 4</td>
<td>4</td>
<td>24</td>
<td>29</td>
<td>100</td>
<td>29</td>
<td>1</td>
<td>62</td>
<td>104</td>
<td>200</td>
<td>0</td>
<td>553</td>
</tr>
<tr>
<td>Total</td>
<td>14</td>
<td>68</td>
<td>72</td>
<td>362</td>
<td>106</td>
<td>12</td>
<td>240</td>
<td>387</td>
<td>688</td>
<td>1</td>
<td>1950</td>
</tr>
</tbody>
</table>
Around 55% of the contacts were requests for advice and information, including signposting to other organisations.

Almost 27% 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 appointment delay/cancellation and staff attitudes.

Only 5 of the 1950 contacts went on to become formal complaints.

Further Information Regarding Quality of Services in 2017/18

Commissioning for Quality and Innovation (CQUIN)

National CQUIN schemes

In 2017 a national approach was taken to CQUIN schemes with local schemes being discontinued. This is with the exception of a local CQUIN in St Helens

There were 4 national CQUIN schemes that local commissioners agreed with Bridgewater were applicable to be delivered within community services these were:

Supporting proactive and safe discharge

The aim of this national CQUIN is to increase the proportion of patients, admitted via a non-elective route, discharged from acute hospitals to their usual place of residence within 7 days of admission by 2.5% from baseline based data relating to this category from Q3 and Q4 2016/17.

The aim of the CQUIN is to improve patient outcomes, improvement in patient flow, and reduction in delayed discharges. The CQUIN is reliant on data provided by the acute sector this will be an indicator of how well the whole system works to support timely discharge.

The CQUIN involves mapping and streamlining of existing discharge pathways across acute, community and NHS care home providers and roll out of protocols in partnership across local whole systems. In order to do these providers will need to work in partnership and cooperate to achieve the desired outcome of the CQUIN and improvements in patients.

The CQUIN requires working an integrating approach with acute and community providers to achieve the milestones and outcomes of the CQUIN. Achievement of the CQUIN is dependent upon all partners achieving their milestones and an increase in patients being discharged to their usual place of residents within 7 days of admission.
Personal Care and Support Planning

The purpose of this CQUIN is to introduce the requirement of high quality personal care and support planning. More than half of the population live with long term conditions and 5% of these people account for more than 75% of unscheduled hospital admissions. Many of these people (35%) indicate they have low or very low levels of knowledge, skills and confidence to self-care, in order to manage their health and wellbeing and live independently. These people have a poorer quality of life, make more unwarranted use of public services and cost more to public services.

There are steps that can be taken, supported by this CQUIN, to address the above by incentivising the change in behaviours and methodologies that allow patients to take a greater control over their health and wellbeing. The core components are personalised care and support plans which encourage and support people with long term conditions to:

- shape their pathway through services and keep control over their lives
- choose how, when and what treatments or other services they receive
- personalise services organised around their lifestyles
- develop the knowledge, skills and confidence to manage their own health and wellbeing

This CQUIN is to be delivered over two years with the aim of embedding personalised care and support planning for people with long term conditions. In the first year, activity will be focused on;

- agreeing and putting in place systems and processes to ensure that the relevant patient population can be identified
- ensuring the relevant workforce receive appropriate training so that personalised care and support planning conversations can be incorporated into consultations with patients and carers

Preventing ill health by risky behaviours – alcohol and tobacco

This CQUIN seeks to help deliver on the objectives set out in the Five Year Forward View (5YFV), particularly around the need for a ‘...radical upgrade in prevention...’ and to ‘...incentivising and supporting healthier behaviour’. The proposal also supports delivery against the 5YFV efficiency target by generating a projected national net cost-saving to the NHS over the course of the CQUIN. The CQUIN focuses on alcohol and tobacco screening, advice and onward referral were appropriate. Although primarily focused on acute inpatient settings CCG’s in Warrington and Wigan requested that the CQUIN be delivered within some services within these boroughs.
Improving the assessment of wounds

Research evidence demonstrates that over 30% of chronic wounds identified in the CQUIN as wounds that have failed to heal for 4 weeks or more) do not receive a full assessment which is based on research evidence and best practice guidelines. Guidance on the components of a full wound assessment will be published via the Leading Change adding Value web page early in 2017.

Failure to complete a full assessment can contribute to ineffective treatment which therefore delays the rate of wound healing for patients. This has significant consequences for patients in respect of their quality of life as failure to treat wounds correctly can lead to delays in healing or failure to heal.

For providers and commissioners the delay in wound healing relates to the resources being consumed inappropriately. Managing patients with wounds and their associated co-morbidities is estimated to cost the NHS £5.3 billion; the average cost of unhealed wounds is more than double that of healed wounds. There is also significant variation in current practice.

All of the above national CQUINs are to be delivered over a 2 year period with milestones and reporting required quarterly during this period. All schemes are currently achieving against defined milestones and will continue during 2018/19.

Wigan

Wigan is participating in all 4 of the national CQUINs with the preventing ill health and risky behaviours CQUIN being delivered by the Musculoskeletal Service and the Podiatry service.

St Helens

St Helens are participating in two of the national CQUINS: Health and well-being, and preventing ill Health and risky behaviours. The heart failure team are participating in the preventing ill health and risky behaviours. St Helens are also participating in a local CQUIN reporting outcomes of care with Speech and Language Therapy, Paediatric Continence Services, Community Paediatric Services and the Audiology Service.

Warrington

Warrington are participating in all 4 national CQUINs with the preventing risky behaviours CQUIN being delivered by Padgate House Bed based intermediate care service.

Halton

Halton are participating in 3 of the national CQUIN’s. Halton CCG did not request that Bridgewater take part in the risky behaviours CQUIN as they did not feel that it was appropriate to be delivered within any of the services provided by Bridgewater in this area.
Further details regarding progress against all the agreed goals for 2017/18 is available electronically at: www.bridgewater.nhs.uk/aboutus/foi/cquin/

The Trust’s corporate social media accounts are as follows:

- https://www.instagram.com/bridgewaternhs/
- https://twitter.com/Bridgewater_NHS
- https://www.facebook.com/BridgewaterNHS/
- https://www.youtube.com/user/BridgewaterNHS

The national CQUINs relate to:

The health and well-being of NHS staff with the introduction of health and well-being initiatives. Providers were expected to achieve an improvement of 5% compared to the 2015 staff survey results for each of the three questions in the NHS Annual Staff survey outlined below. The Trust achieved the required improvement last year, but did not meet if for this year.

<table>
<thead>
<tr>
<th>Que</th>
<th>Health &amp; Wellbeing – NHS Staff Survey Results 2017</th>
<th>2016</th>
<th>2017</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>9a</td>
<td>% saying their organisation definitely takes positive action on health and well-being</td>
<td>27</td>
<td>22</td>
<td>5% deterioration</td>
</tr>
<tr>
<td>9b</td>
<td>% saying they have experienced musculoskeletal problems (MSK) in the last 12 months as a result of work activities</td>
<td>22</td>
<td>24</td>
<td>2% deterioration</td>
</tr>
<tr>
<td>9c</td>
<td>% saying they have felt unwell in the last 12 months as a result of work related stress</td>
<td>42</td>
<td>45</td>
<td>3% deterioration</td>
</tr>
</tbody>
</table>
Health & Justice

Service Specific Initiatives

Dedicated Data Analysts have been recruited for the Health and Justice Service. This will support the collection of data for all 7 sites, and will assist in the improvement of data quality along with the identification of areas for improvement in clinical practice based on performance against the Health and Justice Indicators of Performance.

Secure Children’s Homes, Transition Workers. A business case was submitted to commissioners and approval and funding granted for the provision of transition support for the children at our Secure Children’s Homes. This is an innovative role which is not readily available in similar services nationally. We recognised the need to support young people in developing into young adults who are able to make informed decisions about their health and wellbeing. This is particularly relevant when dealing with children and young people who for a variety of reasons may not have accessed general healthcare routinely; are prone to risky lifestyle behaviours and/or have been exploited. We expect to recruit 2 full time practitioners into post by April 2018.

Leadership and Development

The Innovation & Improvement team offer various leadership development programmes to support staff in Bridgewater develop their leadership capacity.

A number of staff also access NHS Academy leadership programmes such as Elizabeth Garrett Anderson, Nye Bevan, and Mary Seacole and Board level developments.

There are various other leadership programmes that staff access depending on their roles and professional bodies. These are funded via the learning and development budget or through bursaries. For example, the School Nurse Association funds leadership programmes for school nurses.

Internally, leadership development and improvement is currently provided as follows:

- Leadership Development programme for Band 7 Team Leaders (ILM accredited)
- Leadership development support for Band 6 staff awaiting Specialist Professional Qualification (SPQ)
- Trust wide programmes Leading at the Speed of Trust, 7 habits of Highly Effective People and Foundations of Success
- Listening in Action programme
- Team Journey – developing cohesive high performing teams through team leadership
Leadership Development Programme for Band 7 Team Leaders

During 2017 the OD team continued to deliver The Band 7 leadership development programme for Band 7 team leaders in community nursing and children’s services. This programme covers all aspects of leadership and management through a series of master classes.

The programme is designed to raise understanding and awareness of the administrative aspects of leading e.g. completion of HR forms as well as the personal journey required to balance leadership and management competencies.

It focuses on the key skills and processes that all team leaders need to help them manage their teams and processes as efficiently, competently and safely as possible. A series of workshops was offered, including:

- Finance
- Information and Performance Management
- Preparation for Tenders
- Managing your Reputation
- HR Skills for Leaders, including:
  - Managing Equality and Diversity
  - Managing Recruitment and Selection
  - Effective Line Management
  - Managing Sickness Absence

This was followed up by an application process for part 2 of the programme, which specifically focuses on improvement leadership and self as a leader. The second phase of the programme aims to support Band 7 team leaders with their roles as middle leaders. It provides a blend of tools and techniques to assist with planning and delivery of continual improvement, and self-development through the development of personal insights into self as a leader. The programme is accredited by the Institute for Leadership and Management (ILM) providing learners with certification at level 5 to support revalidation as well as improving leadership skills.

Various tools and methods are used during the programme covering:

- Local Patient Journey and experiences with our Trust
- Leadership styles and theories, including new models needed for integration
- Motivation styles and theories
- Human Factors
- LEAN methodology
- Appreciative inquiry
- Strength Deployment Inventory (SDI)
- Practical application of values elicitation into teams
- Myers-Briggs Type Indicator (MBTI)
- Duty of Candour Training (June 2016)
- Legal Aspects of Record Keeping (July 2016)
- Basic project toolkit, leading and sustaining projects, charters, driver diagrams,
- Evidence based co design
- Human Dynamics of leading change
- Measurement for improvement
- Productive tools,
- Learning set methods,
- Team coaching
- Psychometric evaluations (MBTI)
- White paper discussions

Learners also attended three master classes delivered by senior members of the executive team / external provider. The following areas were delivered:

- Implications of 5 Year Forward View
- Leadership for Partnership and Integration
- Managing Difficult Conversations

The third cohort of the programme will commence with 12 participants in March 2018.

**Leadership Development Support for Community Nursing Band 6 Staff preparing for Specialist Qualification**

As part of a development session with Wigan community nursing coordinators, the difficulty of recruitment to Band 6 posts was identified. This programme has been devised at their request for staff who are internally promoted from Band 5 post to Band 6 to develop leadership and management skills and prepare the post holders for application on to the SPQ programmes as they become available.

This pilot programme commenced in January 2017 and was well evaluated so was delivered gain during 2017.

The objectives of the programme are to:

- provide support and develop resilience on commencing the new post
- develop skills and competence in line with the requirements of the post
- develop leadership and effectiveness
- develop mind-set to unleash talent.

Non clinical elements only are part of this programme. Clinical elements are being identified by the staff members and discussed with their coordinators.
The Leading at the Speed of Trust and 7 Habits of Highly Effective People programmes are delivered as part of a license agreement with Franklin Covey and was introduced in the Trust in September 2016. To complement the learning gained on these programme the Foundations of Success workshops were commissioned to achieve sustained, consistent improvements in business performance by managing workload and priorities more effectively and creating more time and energy for working priorities which are so often side-lined by urgent crises and daily fire-fighting.

Embedding and sustainability of the learning is supported through a range of opportunities:
- access to a digital coach app that reinforces the Speed of Trust’s key principles and skills over a 52 week period
- focus groups for learners exploring key behaviours.
- Consistent messaging around attitudes and behaviours

The Productive Community Services Programme is the translation of Lean methodology into a healthcare setting and enables staff to objectively assess and improve a number of aspects of their working practices and to share their experiences of service improvements and developments. Staff have and are adjusting to new ways of working. Staff who have undergone modules have reported much improved working environments, increased face-to-face contact time with patients and less time spent on administration tasks due to system and process improvements, enabling more time to deliver patient care.

Team Journey – Developing cohesive high performing teams through team leadership

The team journey is a bespoke approach to enabling teams to improve through inclusive leadership, utilising a range of skills and tools dependant on needs in the individual teams. Twelve teams undertook the programme in 2016/17 and roll out continued throughout 2017/18.

Utilising lessons learned approaches from this work; the Innovation & Improvement Team designed a standardised Team Journey approach using the Aston University “Team Journey” package. This is offered as a training package to all team leaders to increase spread and capacity for delivery.

The first team to undergo the pilot phase of the new programme were the three finance directorate teams who commenced in March 2017.

The programme covers the following elements as modular workshops:
- Team identity
- Team objectives
- Role clarity
- Team decision making
Team communication
Constructive debate
Inter-team working

Compassion in Leadership Approach

Following national and internal research during 2016, staff themselves identified some internal behaviours that did not mirror Bridgewater values, arising from and impacting upon levels of stress and distress in teams and individuals. The HR team deliver the health and wellbeing agenda, whilst the Innovation & Improvement team are identifying alternative methods of sharing leadership behaviours through the Emotional Intelligence and awareness raising approach. This will utilise ad hoc conversations, twitter, and an “every contact counts” approach to talk about self-care and care of our peers. The approach enables participants to reflect on personal and team behaviours and further enhance an atmosphere of mutual support and compassion IN leadership. The programme was actively developed with an awareness raising-module on emotional intelligence and its impact on leadership. This approach to compassion IN leadership supports and enables the Wigan &

System Leaders Pioneer Programme

During 2017, as part of the implementation of the Quality and Place strategy, a proposal to deliver a System Leaders Pioneer programme was developed. The Trust was successful in obtaining £30,000 of funding from NHS Leadership Academy to fund the programme and the programme commenced in February 2018.

Team will work with managers to identify the next cohort of Warrington facing staff who may benefit from attending this programme.

Talent and Succession Plan

Work on the Talent Management strategy has continued throughout 2017 with plans in place to engage with the Clinical managers and band 1-4 staff during 2018.

Clinical Supervision

The Trust has an established programme of clinical supervision that is offered to all professionally qualified clinical staff as well as professional clinical development that supports specialist and advanced practice. During the first half of 2017, the organisation undertook a review of its current policy for clinical supervision and this was updated. Work is now in progress supported by the quality matron to support services to develop local
procedures on how they will deliver the standards outlined in the policy locally within their teams. This will detail any specialist or professional specific requirements. It is anticipated that all services will have a local procedure in place by the end of June 2018. A audit will be commenced in September 2018 to review compliance against the organisational policy to provide a baseline and ensure staff are aware of local procedures for accessing clinical supervision.

**Quality Support Visits**

Quality Support Visits have been undertaken within the Trust for some time. In February 2018 the process and documentation were revised so that they reflected the CQC five questions i.e. are services safe, effective, caring, responsive to people’s needs and they well-led.

Five visits were undertaken since October 2017 to February 2018 to pilot the new documentation. Actions were identified and are subsequently being monitored through to completion. The evaluation of the visits was positive with staff feeling supported, gaining increased knowledge in evidencing the CQC key lines of enquiry, and all making changes and improvements to their services.

Work is currently in progress for 2018/19 and includes a schedule of Quality Support visits to be undertaken. The Quality Support Visit Reports will be shared at the Quality and Safety Sub Group Meetings to promote shared learning across the Trust.

**NHS Alliance Work**

**Our Five Year Strategy - Quality and Place**

The Trust is supporting national requirements as detailed in our five year strategy “Quality and Place”. This includes population level health improvement by focussing on community assets and working with staff, patients and residents. The work is supported by a number of enabling strategies e.g. technology, workforce and estates. The aim of the work is to redesign better health, better care and better value with a system wide model of care that enables people to live healthier lives. The work has included working closely with commissioning, acute and primary care colleagues within Halton, Knowsley, St Helens and Warrington so that patients receive the right care in the right place.

During 2017/18, we have:
Published our five year strategy for health and well-being “Quality and Place” (November 2017)
Quantified the opportunity to manage more non-elective care in an out of hospital setting - circa £10m in Halton and Warrington by 2020/21
Developed our out of hospital model and published it in “Quality and Place”.
Led the implementation of the out of hospital model in Halton, in conjunction with the two GP Federations. A programme plan is being submitted to the One Halton Partnership Board at the end of February 2018
In Warrington we have contributed to the development of the Strategic Outline Case (SOC) are now working closely with partners to develop the out of hospital model which will be published in a Full Business Case (FBC) to the Partnership Board in June 2018.

Borough Implementation Plans – 2018/19

Since December we have been working closely with over 150 of our operational, clinical and corporate staff to develop place-based strategy implementation plans (plus separate plans for dental and health and justice). These plans will put into practice the vision, objectives and out of hospital model described in the Strategy. Much of this work will be delivered in partnership with the community, primary care, mental health, local hospitals and the third and faith sector. The plans will be published at the end of March 2018

Delivering System Level Care

In response to a specific request from Warrington CCG, this section provides details on how we are establishing and working with other providers in delivering system level care.

The Trust is pivotal to the partnership work within Warrington and continues to be a full and active participant in a range of service changes to improve services for the residents of Warrington. Throughout the winter there have been consistent themes relating to urgent and emergency care, difficulties in discharging inpatients when they are ready to go home, rising demand for A&E departments with fragmented out of hospital services and complex oversight arrangements between trusts, CCGs and local authorities.

The Trust is a strategic partner in the Mid Mersey A&E board and has implemented key service changes, for example:

- An expansion to the intravenous therapy team to enable easy and direct access treatment at home or closer to home in community clinics and delivering more planned care to some of our most vulnerable populations in care homes.
- Establishment of out of hours services in a town centre location in Bath Street including extending access to evening GP appointments, accepting earlier transfer of
patients from 111 to support the system in managing the most urgent patients in the emergency department.

- Working in collaboration with North West Ambulance Service to prevent unnecessary hospital admissions following 999 calls. We provide an alternative to A&E assessing and treating patients in the community.

- Bridgewater have continued to work in partnership with the Warrington and Halton Hospitals NHS Foundation Trust and 5 Borough Partnership to deliver a consistent approach to the identification and management of older frail people, signposting to a range of support services to ensure they are safe and cared for in their own homes wherever possible.

- Community nursing is delivered around practice populations and we have been creating closer links with social care to meet local population/neighbourhood needs.

- The Paediatric Acute Response Team, a collaborative approach across partners, continues to grow from strength to strength in Bath Street and has seen an extension of the service to provide dermatology services for children.

- The development of our children in the early years is crucial to them achieving their full potential with partnership working having always been and will continue to be a core value, for example:

  - The health visitor service has been working closely with child care settings to deliver an integrated two year check where children attend nurseries / child care providers. This is a developmental check that ensures any help a child needs is offered as early as possible to ensure children are supported to develop the best skills possible. It works really well when done jointly with the child care setting and also when the information is shared once the check is complete.

  - The 0-19 model: Health visiting, school nursing and oral health for children now work as one team. This helps one main person be the lead for a family, while still retaining the overall skills needed from either the health visitor or the school nurse or assistant staff.

  - Bridgewater health staff across all professions are working very closely with professionals from the local authority to assess and support children and their families who have additional needs or disabilities. As part of this we have redesigned our approach to have a single point of access for children who are likely to need support from a large number of our health professionals. In addition, families suggested we change the name of the panel from ‘Complex Case Panel’ to ‘Additional Needs Panel’ and we are in the process of amending our letters and our leaflets to reflect this new name. Warrington Parents and Carers Forum (WarrPac) have helped us co-produce information for parents about the Additional Needs Panel and have also helped us to write the information for parents about alerting the local authority to children where there may be additional needs that the local authority needs to plan for, as part of supporting the children into child care provisions.
The Trust has committed fully with the Health & Wellbeing Board partners in support of Warrington’s aspiration to be an Accountable Care System. The aim is to make people’s lives better, helping them to live longer, healthier lives, supported by sustainable services, wrapped around individuals not buildings or organisations. This will build on the solid partnership work developed around individuals and families living in geographical populations clustered around GP registered lists. It will accelerate the use of the integrated care record to identify those most at risk, prioritise workloads and identify interventions from the appropriate members of co-located multi-disciplinary team.

End of Life

Following a CQC inspection in May 2016 our end of life services were rated as ‘requires improvement’. This centred on the lack of a Trust strategy and coordinated oversight whilst recognising that services were planned and organised well at local level.

In order to address this, the Trust appointed an Associate Director for End of Life Care in November 2016 with a remit to specifically focus and lead on all aspects of end of life care for the Trust.

A programme of work has commenced including the development of a trust wide strategy which sets out key principles to directly respond to the issues. It will enable the continued development of resilient and responsive services and will be overseen by the End of Life steering group.

These principles set out our commitment to place quality at the heart of everything we do. Recognising that our patients and those important to them should be at the centre of everything we do so that end of life care becomes not only everybody’s business but also everyone’s responsibility.

**Principle One:** We will champion individualised care focusing on the priorities of the patient and those important to them

**Principle Two:** We will promote value based care delivery reflecting compassion and commitment

**Principle Three:** We will promote an open and honest culture, founded on humanity and kindness

**Principle Four:** We will develop and maintain a knowledgeable skilled workforce

**Principle Five:** We will develop mechanisms that support us to monitor and improve quality
**Principle Six:** We will strengthen, develop and coordinate our systems that will support us to achieve our ambitions

**Midwifery (Halton)**

Halton midwifery service continues to be the only midwifery service nationally that is based within a community trust. The service delivers the full remit of pregnancy care across Halton and provides a home birth facility. The birth rate in Halton remains static at approximately 1,600 women per year. In the past 12 months there were 11 successful planned home births and the service responded to and provided care for 5 un-booked home births. The service provides care 365 days per year and has an on call facility from 5pm-9am across 365 days.

Bridgewater is part of the regional Strategic Transformational Partnership across Cheshire and Merseyside and Halton midwifery service is involved in the maternity work-stream within that partnership. Ongoing work within midwifery nationally and locally include transforming the way that maternity services are delivered which involves collaboration across all the regional and local services and ensuring choice for women. The document Better Births (2016) published by NHSE outlines recommendations for service delivery in England and the partnership are working towards implementing these recommendations across the region.

The action plan devised within the midwifery service following the CQC inspection of the Trust in May 2016 has been addressed and all but 3 of the actions completed. The 3 outstanding are in progress but are dependent on other stakeholders. On-going progress of the actions is monitored within the Trust and progress reported to the Trust’s Clinical Governance Sub Committee and the CQC. Progress is also discussed with staff at six weekly midwifery team meetings.

Our annual midwifery service questionnaire was distributed to women during the month of June 2017. 500 questionnaires were distributed and 353 returned (70%).

Of the 353 returned 344 (97.4%) felt they had continuity of care from the team.

348 (98.5%) knew how to contact their named midwife.

348 (98.5%) would recommend the service to friends and family.

Comments from the women included suggestions for consideration such as ‘more flexible clinic times’, ‘not enough evening antenatal classes’ and ‘more parking at the walk in’ while positive comments included ‘my midwife is amazing, professional and caring’, ‘Fab service’ and ‘Always satisfied by the care I received and questions answered’.
Midwifery supervision was removed from statute on March 31st 2017. The new model of A-EQUIP (Advocating for Education and Quality Improvement) was launched at the end of April 2017. The model will be delivered within services in England by PMA’s (Professional Midwifery Advocates). Several papers on the new model have been presented to the Clinical Governance Sub Committee and 2 midwives from Bridgewater have commenced the PMA course in January 2018. The model is an employer led model and in the spirit of collaborative working across the region the Heads of Midwifery across Cheshire and Mersey have drafted a regional A-EQUIP model. The model has been sent out to midwives in the region for comment following which it will be launched at the end of March/April 2018.

Delivering Same Sex Accommodation

Every patient has the right to receive high quality care that is safe, effective and respects their privacy and dignity. We are committed to providing every patient with same sex accommodation as it helps to safeguard their privacy and dignity when they are often at their most vulnerable.

Padgate House

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

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

Community Dental

The Trust provides specific and specialised dental services that are commissioned by NHS England, and also works in partnership with our Health and Justice Service to provide dentistry in local prisons.

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

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

KPI’s for all services focus on the maximum times patients have to wait for assessment following referral, delivery of preventive messages and collating evidence about the complexity of care provided. The targets for children’s services and for adult special needs are routinely met, but those for oral surgery have proven more of a challenge. Bridgewater has worked collaboratively in year across greater Manchester to manage the pressures on access to theatre for treatment under a general anaesthetic to below 18 weeks.

This year, following the CQC inspection we have enhanced our monitoring regime across sites. Senior dental nurses are responsible for regular checks of Quality Assurance processes at each of our clinics. In addition, there is a quarterly clinic review based on guidance from the CQC for primary dental care.

The Dental Clinical Governance group approves a yearly audit plan which focusses on the areas of highest risk and greatest impact; feedback is co-ordinated via local and team meetings. Audits completed this year included:

- Quality of dental radiographs
- Audit of Sedation incidents
- The reversal rate of intravenous sedation
- Dental specific records management
- Repeat rate of General Anaesthesia
- Compliance with HTM 01-05

NICE guidance applicable to primary dental care is also addressed via the Dental Clinical Governance group and if appropriate baseline assessments are completed.

Incidents are reported via the Ulysses system and actions monitored via the Dental Clinical Governance group. Feedback to frontline staff is again via the local or team meetings and in addition via a monthly Dental Newsletter, incorporating a Lessons Learnt Bulletin.

Health and Justice

Healthcare services at Barton Moss Secure Children’s Home, St Catherine’s Secure Children’s Home, HMP&YOI Hindley, HMP Garth, HMP Risley, HMYOI Thorn Cross and HMP Wymott are provided by the partnership of Bridgewater Community Healthcare NHS Foundation Trust with Greater Manchester Mental Health, Foundation Trust. We provide an integrated model of modern healthcare services to meet the full range of health needs of the residents at each site. Our services employ a wide variety of staff including general practitioners, general, mental health and learning disability nurses, therapists, dental staff, consultant forensic psychiatrists, clinical psychologists, and a comprehensive package of substance misuse services.
Each partner is responsible for the management of subcontractors who deliver specified aspects of service.

All health services work in partnership under the leadership and direction of the Head of Healthcare at the prison sites and Healthcare Manager at the Children’s Homes. We work collaboratively with multi agencies from within and externally to the prison to provide an excellent service and quality of care. All patients receive a full health assessment on arrival, and are signposted and referred to the most appropriate service where needed.

The full range of primary care services: GP, nursing and therapy is available. All healthcare needs are care planned and intervention is provided on-site either in the healthcare department or to the residential units/wings. Immunisation and vaccination; national screening and health promotion programmes are all encouraged and delivered on-site. Referral and access to acute services is via local North-West hospital trusts and is facilitated by the primary care teams.

The mental health teams offer a comprehensive package of care to all prisoners referred into the service. They deliver an integrated stepped care approach to the mental health needs of the population which flows between mild to moderate and severe and enduring needs. The service delivers flexibly tailored care to support the needs of the population. The mental health team provide care planning, risk assessment and management, general mental health assessments, and treatment pathways. They work closely to support the homes/prisons and other agencies, and adapt to meet the needs of the patients.

The substance misuse teams offer a comprehensive package of care for all patients with substance misuse problems. This care flows seamlessly throughout healthcare services at providing a balance of drug treatment regimens when required and a comprehensive flexible package of substance misuse interventions programmes.

Discharge is facilitated by the primary care team and discharge information is forwarded to the community GP and other community services were appropriate. In cases where a patient is not registered, local GP services information is given to the patient along with a discharge summary. In the case of the children’s homes information and support is provided to the receiving adult, whether this is parents or other social care providers. All Looked After Children files are forwarded to the receiving Local Authority to ensure the continuity of care.

**NHS Improvement (NHSI) Compliance**

NHSI (previously MONITOR) expects NHS Foundation Trusts to establish and effectively implement systems and processes to ensure that they can meet national standards for access to health care services. NHSI incorporated performance against a number of these
standards in their assessment of the overall governance of Bridgewater Community Healthcare NHS Foundation Trust.

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

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

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

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

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

**Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers.**
The indicator is defined as the percentage of patients receiving first definitive treatment for cancer within 62 days of urgent GP referral for suspected cancer.

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

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

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

The NHS Constitution gives patients the right to:

- start your consultant-led treatment within a maximum of 18 weeks from referral for non-urgent conditions
- be seen by a cancer specialist within a maximum of two weeks from GP referral for urgent referrals where cancer is suspected
- start your AHP led treatment within a maximum of 18 weeks from referral for non-urgent conditions.

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

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

The Trust achieved all its monthly monitored national targets for Consultant-led RTT waiting times during 2017/18.

**Waiting Times Consultant Led (Incomplete Pathway)**

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

<table>
<thead>
<tr>
<th></th>
<th>Apr-17</th>
<th>May-17</th>
<th>Jun-17</th>
<th>Jul-17</th>
<th>Aug-17</th>
<th>Sep-17</th>
<th>Oct-17</th>
<th>Nov-17</th>
<th>Dec-17</th>
<th>Jan-18</th>
<th>Feb-18</th>
<th>Mar-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bridgewater</td>
<td>99.77%</td>
<td>100.00%</td>
<td>99.88%</td>
<td>99.91%</td>
<td>100.00%</td>
<td>99.42%</td>
<td>99.91%</td>
<td>99.56%</td>
<td>99.25%</td>
<td>99.69%</td>
<td>99.37%</td>
<td>99.33%</td>
</tr>
</tbody>
</table>

At the end of 2017/18 the Trust had a total of 1,055 patients waiting for consultant led services.

**Waiting Times All Services**

The Trust measures the time that has elapsed between receipt of referrals to the start of treatment and applies the national target of 18 weeks to all its services. Below are patient waiting times reported at the end of each month for all Bridgewater services (2017/18).
At the end of 2017/18 the Trust had a total of 11100 patients waiting for all services. Of these 10190 (91.80%) were waiting under 11 weeks.

**Cancer Services**

The Trust delivers community based cancer services to patients living in the Warrington area which is commissioned by Warrington CCG. The table below demonstrates the Trust’s performance against the national cancer targets throughout 2017/18:

<table>
<thead>
<tr>
<th></th>
<th>Apr-17</th>
<th>May-17</th>
<th>Jun-17</th>
<th>Jul-17</th>
<th>Aug-17</th>
<th>Sep-17</th>
<th>Oct-17</th>
<th>Nov-17</th>
<th>Dec-17</th>
<th>Jan-18</th>
<th>Feb-18</th>
<th>Mar-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt; 11 weeks</td>
<td>9837</td>
<td>9713</td>
<td>9606</td>
<td>9932</td>
<td>9924</td>
<td>9922</td>
<td>9920</td>
<td>9921</td>
<td>9928</td>
<td>8852</td>
<td>8586</td>
<td>9729</td>
</tr>
<tr>
<td>11 to 17 Weeks</td>
<td>1252</td>
<td>1082</td>
<td>1497</td>
<td>1204</td>
<td>1223</td>
<td>1290</td>
<td>1541</td>
<td>1141</td>
<td>1532</td>
<td>1520</td>
<td>1787</td>
<td>1293</td>
</tr>
<tr>
<td>18 weeks +</td>
<td>106</td>
<td>84</td>
<td>106</td>
<td>134</td>
<td>81</td>
<td>82</td>
<td>131</td>
<td>105</td>
<td>172</td>
<td>109</td>
<td>106</td>
<td>111</td>
</tr>
</tbody>
</table>

**Equality and Diversity and Inclusion**

It is important to Bridgewater that the health care services we provide in our boroughs, and the work opportunities we provide as an employer, are inclusive and meet both local and individual needs. This has been reflected in the development of the Trust’s new strategy for 2018 – 2023, Quality and Place.

We have continued to work hard through 2017/18 to ensure both service delivery and employment are provided within the legal frameworks of the Equality Act 2010 and the Human Rights Act 1998. Responsibility for equality and inclusion in the Trust sits with the Equality & Inclusion Officer, with Board level responsibility up until 2018 resting with the Director of Workforce & Organisational Development (Deputy Chief Executive). Equality and inclusion updates are provided to the Trust’s Workforce and Organisational Development Committee and the Service Experience Group, who provide assurance through the committee structures to Board.

We assess our equality performance annually through the NHS Equality Delivery System (EDS2). In 2017 we were achieving in staff and leadership outcomes, but remained at a developing grade for our patient outcomes; this is not a reflection of the quality of services we provide but a result of the inability to evidence more than five or six protected characteristics across all service records. To address this issue, we began work in late 2017 on adopting a new approach to EDS2; a partnership approach with other local Trusts that will use research and engagement to identify barriers and health inequalities and from this...
develop new Equality Objectives, action plans that should see a move to an achieving grade in these outcomes by 2019.

The NHS Workforce Race Equality Standard (WRES) is an annual assessment of race equality for staff. Our results in July 2017 show some positive changes, and some figures remaining fairly static. A Trust wide action plan has been addressing the bullying, harassment and discrimination indicators from the NHS Staff Survey, and it is hoped that in future years we may see an improvement in these areas for both White and BME staff. We recognise that all our results should be viewed with a degree of caution due to the very small numbers of staff involved. An action plan has been agreed for 2017/18 that will allow us to more fully analyse and understand the data available to us, and to gain further insight from our BME staff of their employment experience. The action plan and 2017 report can be viewed on our webpage.

WRES and EDS2 are both reported in full within our Public Sector Equality Duty Annual Report along with our equality objectives, available patient and membership data, interpretation and translation information, and information on equality project progress in the year. This can be found on the Trust’s webpage.

During 2017/18 we have:

- Progressed to being a Disability Confident Employer
- Renewed our commitment to address mental health stigma and barriers to employment as a Mindful Employer for a further three years
- Committed to the Working Forward campaign
- Continued to implement the NHS Accessible Information Standard across the Trust
- Introduced a new Equal Opportunities Policy, replacing the previous Equality Statement
- Introduced a new Equality Impact Assessment Policy and Toolkit
- Commenced development of a Staff Disability and Carers Network
- Passed the first stage of becoming a Navajo employer, with external assessment to begin in early 2018

We have a number of actions planned for 2018/19 including roll out of a new equality analysis of all services and the start of a new project to provide access information for each clinic venue on the website. Work in the coming year will be very much influenced by the results of our Navajo assessment, the Equality Objectives determined by our work with our partners in EDS2, the results of our WRES and preliminary WDES (Workforce Disability Equality Standard) work, and the results of our Gender Pay Gap reporting in March 2018.

More information on equality, diversity and inclusion within Bridgewater, including contact details, can be found on the website.
Stakeholder Involvement in the Development of our Quality Report

Opportunity to Shape the Content of our Quality Account

Prior to our quality report being drafted our Chief Nurse wrote to our stakeholders requesting their input into the content of the report. A number of suggestions were received regarding content and our 2017/18 quality improvement priorities, which have been taken into account during the development of the report.

Stakeholder Feedback

We sent out our draft Quality Report to our stakeholders inviting them to comment on whether or not they considered the document to be accurate in relation to the services provided.

All of the responses have been included in our report – please see appendix B
APENDICIES

Quality first and foremost
Appendix A – Workforce Information

Our key workforce priorities and targets are:

- To improve on the national NHS Staff Survey results
- To improve the uptake of the NHS Staff Survey
- To increase the communication surrounding the NHS Staff Survey and our results
- To improve the national NHS Staff Survey ‘Engagement’ score
- To improve the national NHS Staff Survey score for Staff recommending the Trust as a place to work and receive treatment
- To improve the percentage of staff who would recommend the Trust as a place to work and receive treatment as per the national Staff Friends and Family Test
- To increase the Personal Development Review (PDR) rate against a target of 90% (staff appraisal)
- To increase the take up of staff Mandatory Training against a target of 90%
- To reduce sickness absence rates against a Trust target of 3.78%
- To achieve Trust target of a rolling 8% for staff turnover – those leaving the Trust
- To achieve 100% attendance at staff Induction – new starters to the Trust
- To promote apprenticeships and career development activities for young people within the local communities we serve

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

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

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

**Key Objectives:**

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

**Benefits and Outcome Measures:**

- Staff Survey results – our performance locally and nationally against other Trusts
- Staff Survey ‘staff engagement’ score – to be above average and continuously improve year on year
- Employee relations cases (disciplinary, grievance, bullying cases) – low in number and managed efficiently where they arise
- High levels of personal and professional conduct (as above), including low numbers of referrals to professional bodies
- Reduced sickness absence rates against our target of 3.78%
- Turnover running at a healthy rate against our target of 8%, ensuring key staff are retained.
- All staff have the opportunity to partake in a performance development review (PDR) – attainment of 90% compliance target
- The level of Trade Union Representatives engaged in Trust business – Corporate Partnership Forum and Local Negotiation Committee meeting schedules and attendance at the same
- Regular programme of staff engagement activities such as ‘Open Space’, Director Drop-ins and LiA events – evidence that feedback is analysed and acted upon

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

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

**Key Objectives:**

1. To effectively review and manage the Trust’s HR policies, procedures and processes to ensure they are fit for purpose and support the delivery of the Trust’s current and future objectives
2. Increase both the efficiency and effectiveness of recruitment processes, maximising the use of technology and enabling assessment of both competency and fit with organisational values
3. To further develop the recruitment and selection skills of Managers to include behavioural and value based assessment techniques. Continuously improving recruitment processes and developing our service level agreement to ensure timely, robust systems are in place across the Trust
4. Reduce agency usage and spend
5. To establish a Temporary Staffing Office/internal Staff Bank
6. To implement e-Expenses, enabling staff to submit their travel expenses on line, reducing paper systems and time spent on processing paper claims
7. To partake in the Greater Manchester and Cheshire & Merseyside ‘Streamlining Staff Movement’ Project. The aim is to develop an Employee Passport which will make
pre-employment checks portable across Trusts, ultimately streamlining the recruitment process

8. To ensure ongoing review of local and national terms and conditions of service (where applicable) to ensure they remain relevant in the current workforce market and are reflective of business needs

9. To ensure Managers have the confidence, skills and competence to effectively manage and support staff in line with Trust policies and procedures and also in line with the Trust’s values and behaviours

10. To proactively source, monitor and review all current and future external contracts i.e. Occupational Health and Payroll Services for the benefit of patient care, staff wellbeing and public interests (seeking assurance of value for money)

11. Ensure that the provision of internal HR services offer high quality which includes value for money, measured via the HR Service Level Agreement (SLA)

Benefits and Outcome Measures:

- All HR policies, procedures, protocols and terms and conditions of service are regularly reviewed and are up-to-date
- All of the above meet legislative requirements and are reviewed proactively to ensure any changes are communicated in a timely manner
- Terms and conditions of service are in line with national guidance, where appropriate
- All local agreements are negotiated and agreed with Trade Unions and communicated to staff and recorded accordingly
- Agreed terms and conditions meet the needs of the Trust in terms of balancing the fairness to staff with the business and affordability needs of the Trust
- Management and leadership competencies are identified and appropriate training programmes developed as required i.e. HR Skills Programme
- All external contracts are regularly reviewed and provide best value for money with service standards and key performance indicators monitored for compliance
- Implementation of e-Expenses across the Trust
- Implementation of both ESR Employee and ESR Manager Self Service (the former includes Total Reward Statements)
- Accuracy of data on the Electronic Staff Record System (ESR)
Workforce Priority 3: Leadership & Management

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

**Key Objectives:**

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

**Benefits and Outcome Measures:**

- Leadership Development Programme
- Managers trained in delivering organisational change, using the Trust’s agreed approach to change and resilience management – there is a consistent approach to change adopted across the Trust
- Staff awareness programmes in place to support the impact of change on an individual and personal level – staff are more receptive and able to cope with change
- The establishment of a work place coach support system to build workforce capability and confidence – builds autonomy and accountability
- Evidence of regular coaching conversations occurring across all staff groups and levels
- An internal / external mentoring programme offered to all staff identified as part of the talent management and succession planning process
- As per workforce priority 2, all staff have the opportunity to partake in a performance development review (PDR) with agreed development plans
- Staff recognition schemes in place to acknowledge and reward innovation and ideas such as Star of the Month and the Trust’s Annual Staff Awards
**Workforce Priority 4: Staff Wellbeing**

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

**Key Objectives:**

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

**Benefits and Outcome Measures:**

- A greater understanding of staff health and wellbeing
- Promotion of support, initiatives and programmes of work i.e. Staff Health & Wellbeing Week
- Achievement of national wellbeing standards
- Enhanced productivity and quality of care through improvements in staff health and wellbeing
- A safer and healthy workplace and systems of working with improved psychological and physical health and wellbeing of staff monitored via absence rates and the reasons staff are absent from work
- Reduced sickness absence rates / improved attendance against our target of 3.78%
- Increased staff engagement which in turn leads to increased morale and motivation – improvements in Staff Survey results and other staff engagement feedback mechanisms
- Ongoing review and further development of our Staff Mental Health & Wellbeing Booklet
- Ongoing review and further development of our A-Z of Staff Benefits
Workforce Priority 5: HR/Workforce Metrics and Targets

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

Key Objectives:

1. To ensure compliance with agreed HR/Workforce priorities and targets:
   - To improve on the national NHS Staff Survey results
   - To improve the national NHS Staff Survey ‘Engagement’ score
   - To improve the national NHS Staff Survey score and Staff Friends and Family Test scores for Staff recommending the Trust as a place to work and receive treatment
   - To increase the Personal Development Review rate (Staff appraisal) against a target of 90%
   - To increase the take up of Mandatory Training against a target of 90%
   - To reduce sickness absence rates against a Trust target of 3.78%
   - To achieve Trust target of a rolling 8% for staff turnover
   - To achieve 100% attendance at staff Induction

Benefits and Outcome Measures:

- HR/Workforce Information Reports – monthly Integrated Performance Reports (IPR), including data reported to Trust Board, bi-monthly
- Evidence of compliance reviews and compliance action taken within Services/Departments – Directorate Team Meetings and Operational Performance Meetings
- Achievement of targets
- Robust performance management of key performance indicators (KPIs)
- Staff Survey results
- Staff Friends and Family Test results

Staff Engagement

The Trust promotes effective staff engagement to create a motivated and valued workforce which ultimately leads to better patient care and service experience. Engagement, consultation and ensuring effective communications with our staff is of paramount importance. During the past 12 months we have continued to improve our methods of communication, involvement and engagement with staff to enable them to understand the aims and objectives of the Trust, its mission, vision and values. Following consultation with
over 400 staff the Trust has agreed a Staff Engagement Strategy 2017-2020 which includes a monitored action plan to ensure that staff engagement objectives are met. A steering group for this strategy has been established and meets monthly to review progress against agreed actions and to support problems with implementation that may arise.

A staff engagement champions network, with forty plus staff, has been established so that all boroughs have a network of champions who support messages from frontline to senior management and vice versa. The champions are supported by the staff engagement lead and meet monthly to discuss actions and/or issues that need escalating for action. Staff engagement champions are identifiable by wearing gold coloured Bridgewater lanyards. The champions also work in conjunction with the borough Listening into Action teams.

A Staff Engagement page on the intranet hosts information about the strategy, steering group and champions contacts and also tips and tools/team charters for teams to engage with themselves.

The key performance indicators have helped the Trust to measure, and will continue to help measure, the quality of staff experience. Data relating to workforce indicators are reported to the Trust Board as are the annual national NHS staff survey results.

We enjoy effective partnership working with our trade unions and staff-side colleagues and believe this is critical to our success.

We have various information and communication channels, engagement systems, programmes and initiatives which include, but are not limited to:

- A bi-monthly video from the Chief Executive which is supported by notes for those with no access to video.
- A weekly trust-wide Bridgewater Bulletin which provides staff with information as to what is happening within the Trust, patient stories, the events that they can attend, seminars, workshops and forums they can engage in. Staff are able to contribute to the content of the Bulletin, put questions to the Trust’s Communications Team and partake in research programmes and promote the good work of their services as per its regular ‘Spotlight on Services’ feature.
- A weekly trust-wide Friday Message from a member of the Executive Team which focuses on a topical issue or key message to round off the working week.
- Blogs from the Chief Executive and other directors are cascaded to staff on a regular basis and are featured in the Trust Bulletin and also accessible to staff via the Trust’s intranet
- A Bridgewater Staff App which is designed to allow staff to access key information and contacts whilst working out in communities.
- An Ask the Boss feature which allows staff to submit a question or comment to the appropriate senior manager and have their responses published on the trust’s intranet.

- Over the past year, the Communications team has also started to work with partner organisations to develop system-wide communications channels for staff in all partner organisations as the Trust supports the development of Integrated Care Systems in the boroughs in which we work.

- A “Star of the Month Award” whereby staff can nominate colleagues who have gone over and above their role, living up to the Trust’s values and demonstrating ‘star’ qualities. Awards are presented by the Area Directors and Heads of Departments and publicised in the Bridgewater Bulletin, Trust Intranet and website.

- Trust wide Staff Awards, featuring six award categories:
  - Clinical Employee of the Year
  - Non-Clinical Employee of the Year
  - Team of the Year
  - Outstanding Contribution to Innovation
  - Patient Choice Award – nominated by our Patients/Members
  - Chairman’s Award for Lifetime Achievement

- The Chief Executive’s Blog is featured in the Trust Bulletin and also accessible to staff via the Trust’s intranet.

- The Chief Nurse and Finance Director have Blogs featured on the Trust’s intranet site, the Hub.

- The Trust intranet keeps staff updated with current information on the organisation; what is happening within the Trust, its services, organisational change, developments, initiatives, innovation and improvements.

- The Trust intranet known as ‘the Hub’ keeps staff updated with current information on the organisation; what is happening within the Trust, its services, organisational change, developments, initiatives, innovation and improvements.

- Director staff engagement visits whereby the Executive Team has committed to one half day per month to visit teams across all boroughs and observe patient consultations where appropriate. This is to enhance the directors and staffs understanding of each other’s roles.

- Quality Visits enable staff to meet members of the executive team to discuss the quality of services they delivery and listen to their views, ideas and what it is like to work for the Trust.

- Professional Forums, which are made up of clinical staff, include presentations and workshops on national, regional and local issues and initiatives, best practice and networking opportunities.

- Productive Community Services Programme enables staff to share their experiences of service improvements and developments. Staff have and are adjusting to new
ways of working. Staff who have undergone modules have reported much improved working environments, increased face-to-face contact time with patients and less time spent on administration tasks due to system and process improvements, enabling more time to deliver patient care.

Staff are actively encouraged to engage with social media by following the Trust’s social media accounts and engaging with their colleagues in Bridgewater and in partner organisations.

The Trust’s corporate social media accounts are as follows (however many services also have their own accounts):

- https://www.instagram.com/bridgewaternhs/
- https://twitter.com/Bridgewater_NHS
- https://www.facebook.com/BridgewaterNHS/
- https://www.youtube.com/user/BridgewaterNHS

Listening into Action (LiA) has an overarching theme of listening to staff concerns and supporting them to act as quickly as possible to make changes that create a great place to work where staff feel empowered and proud. Although work streams addressed operational issues and concerns, they are underpinned by a strong commitment to staff empowerment and enrichment. The Trust will use its (LiA) programme to address some of the themes emerging from the NHS Staff Survey. During 2017 the LiA programme was restructured into borough LiA teams that also support the staff engagement champions and actions that have arisen from LiA Big Conversation events and surveys. Thy borough LiA teams meet monthly to discuss actions and progression

**NHS Staff Survey 2017 - Working with staff to understand key messages from the staff survey**

In 2017, all staff were surveyed by paper – approximately 3200. Our response rate deteriorated very slightly by 2% as follows:

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2017</th>
<th>Trust Improvement/ Deterioration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust</td>
<td>Trust Average</td>
<td>Trust Average</td>
<td>46%</td>
</tr>
</tbody>
</table>

BRIDGEWATER COMMUNITY HEALTHCARE NHS FOUNDATION TRUST
The Trust takes part in the national annual NHS staff survey. As well as providing us with feedback on how we are doing and how staff are feeling in relation to 32 ‘Key Findings’, we are provided with a national ‘staff engagement’ score. Our 2017 score very slightly deteriorated by 0.05 in comparison to 2016 from 3.73 to 3.68. The scoring system is a scale of 1 to 5 with 1 being ‘strongly disagree’ and 5 ‘strongly agree’. The national average score for Community Trusts was 3.78.

The overall indicator of staff engagement is calculated using the following ‘Key Findings’ questions:

- KF1: Staff recommendation of the Trust as a place to work or receive treatment
- KF4: Staff motivation at work
- KF7: Staff ability to contribute towards improvement in work

To ensure that we continue to listen to our staff and acknowledge the important feedback we get from our survey, we develop action plans to inform us of our key priorities and areas for further developments and continuous improvements. The action plan is, and will continue to be, managed through formal management meetings where performance reviews take place. Action plans and progress against the same are shared with our staff-side colleagues at our partnership working groups.

As part of our response to the staff survey to enable staff to see how we are responding to their feedback, we have used our Listening in Action groups to explore staff values, attitudes and behaviours to enhance care delivery and the patient’s experience. The feedback has informed the Trust’s Staff Engagement Strategy which was launched in March 2017 and is monitored at the Workforce & Organisational Committee that was established in September. The Committee reports in to the Trust’s Board.

We have a quarterly staff friends and family test which is focussed on areas of the national staff survey, enabling us to monitor our progress throughout the year.

The staff survey results provide us with our top five and bottom five ranking scores:
<table>
<thead>
<tr>
<th>Top 5 ranking scores</th>
<th>2016</th>
<th>2017</th>
<th>Trust Improvement/ Deterioration</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Trust</td>
<td>National Average</td>
<td>Trust</td>
</tr>
<tr>
<td>*KF22: Percentage of staff experiencing physical violence from patients, relatives or the public in the last 12 months</td>
<td>6%</td>
<td>7%</td>
<td>5%</td>
</tr>
<tr>
<td>*KF28: Percentage of staff witnessing potentially harmful errors, near misses or incidents in the last month</td>
<td>18%</td>
<td>20%</td>
<td>18%</td>
</tr>
<tr>
<td>*KF16: Percentage of staff working extra hours</td>
<td>67%</td>
<td>71%</td>
<td>69%</td>
</tr>
<tr>
<td>***KF15: Percentage of staff with opportunities for flexible working patterns.</td>
<td>56%</td>
<td>57%</td>
<td>60%</td>
</tr>
<tr>
<td>***KF21: Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion</td>
<td>90%</td>
<td>90%</td>
<td>88%</td>
</tr>
</tbody>
</table>

* the lower the score the better
**score out of 5 - the higher the score the better
***the higher the score the better

<table>
<thead>
<tr>
<th>Bottom 5 ranking scores</th>
<th>2016</th>
<th>2017</th>
<th>Trust Improvement/ Deterioration</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Trust</td>
<td>National Average</td>
<td>Trust</td>
</tr>
<tr>
<td>***KF11: Percentage of staff appraised in the last 12 months</td>
<td>87%</td>
<td>89%</td>
<td>80%</td>
</tr>
<tr>
<td>**KF19: Organisation and management interest in and action on health and wellbeing</td>
<td>3.57</td>
<td>3.69</td>
<td>3.55</td>
</tr>
<tr>
<td>***KF6: Percentage of staff reporting good communication between senior management and staff</td>
<td>24%</td>
<td>32%</td>
<td>23%</td>
</tr>
<tr>
<td>***KF24: Percentage of staff colleagues reporting most recent experience of violence</td>
<td>58%</td>
<td>72%</td>
<td>64%</td>
</tr>
<tr>
<td>***KF29: Percentage of staff reporting errors, near misses or</td>
<td>92%</td>
<td>92%</td>
<td>89%</td>
</tr>
</tbody>
</table>
Local improvement plans are required to consider the following results relating to the percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months and the percentage believing that the Trust provides equal opportunities for career progression or promotion, for the Workforce Race Equality Standard are as follows:

<table>
<thead>
<tr>
<th>NHS Staff Survey</th>
<th>2016</th>
<th>2017</th>
<th>Median Community Trust</th>
<th>Best Community Trust Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>KF26: percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months (The lower the score the better)</td>
<td>23%</td>
<td>20%</td>
<td>19%</td>
<td>15%</td>
</tr>
<tr>
<td>KF21: percentage of staff believing that the trust provides equal opportunities for career progression or promotion (The higher the score the better)</td>
<td>90%</td>
<td>88%</td>
<td>90%</td>
<td>93%</td>
</tr>
</tbody>
</table>

KF26 has improved by 3% and is slightly above the national average for Community Trust response rates. KF21 has deteriorated by 2% since 2016 but remains in line with the national average for community trusts.

Improving on the staff survey results will remain a key priority through our action plans, focus groups, Corporate Partnership Forum and Listening into Action Programme.

**Staff Health & Wellbeing**

We continue in our commitment to reduce sickness absence through effective management and support from occupational health and the Trust’s human resources team. A healthy motivated workforce is integral to achieving better care for our patients. We have an occupational health service which provides staff with:

- Telephone and face to face counselling services
- Physiotherapy services
- Occupational health referral and assessment services, including speedy referrals for mental health and muscular-skeletal disorders
Our occupational health service provides us with information that helps us identify areas of staff health and wellbeing that may require more attention, such as issues of personal and workplace stress. The introduction of on-line occupational health referrals has enabled more timely referrals and feedback on medical assessments/opinions.

The Trust recognises that any adverse impact on staff that affects their ability to function at their best in the workplace needs active steps to provide support and take a preventative stance where possible. The Trust now has a Staff Health and Wellbeing Team. This Team has created a monthly newsletter, developed and facilitated a ‘Health and Wellbeing’ month for staff, worked on an early intervention programme to support staff with lifestyle choices, focussing on MSK and Mental health initiatives, engaging with staff to improve their health and wellbeing.

The Trust’s sickness absence target is 3.78%. The absence rate at the end of March 2018 was 5.38% in comparison to 5.37% at the end of March 2017. Whilst this is above the Trust target proactive work is being undertaken to manage sickness absence within the Trust.

Management are provided with monthly absence reports which enable them to monitor absence in line with the Trust’s policies and procedures. Absence rates are monitored by the Trust Board.

During 2017, we established, in conjunction with our Staff-side Colleagues, a Stress Focus Group comprising of staff from across all areas of the Trust. We also launched BABAH, Bridgewater’s Anti-Bullying and Harassment Campaign. Both developed staff surveys and introduced initiatives that support our staff’s mental health and wellbeing.

**Personal Development Reviews (PDRs)**

We continue to provide opportunities for our staff to develop via a ‘values’ driven personal development review to ensure they can continue to meet the needs of our aims and objectives and patients.

The Trust’s focus on PDRs has been captured within the 2017 NHS Staff Survey in which 80% of respondents confirmed that they had been appraised in the last 12 months. The national average for Community Trusts was 91%.
A full review of our PDR process has been undertaken with a new system launched in September 2017. Managers now complete and return monthly compliance reports which enable senior managers to review PDR take up, compliance and non-compliance by way of individual staff members within their Teams.

**Staff Turnover**

The rolling staff turnover for the Trust as at 31 March 2018 was 14.10% (this includes only voluntary turnover). This is above the Trust target of 8%. However, during a time of organisational change and continuing cost improvement programmes, this is not necessarily unexpected or a cause for concern. There have also been groups of staff TUPE transferred in to and out of the organisation during the last year which impacts significantly on the staff turnover rates. Work is ongoing around staff engagement and any particular issues should be identified during this stream of work.

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

The Trust is committed to deliver a robust, integrated workforce plan. As a community based organisation our workforce is primary to community care which is reflected in the plan.

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

As a workforce planning approach and to meet the demands of Borough priorities we will focus on the borough based plans that set out the intentions for the delivery and development of Services over the next five years. They include what we do, why and how to ensure that our Services are in the strongest position to deliver high quality care and

<table>
<thead>
<tr>
<th>Directorate</th>
<th>Percentage of Staff Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Directorate</td>
<td>85%</td>
</tr>
<tr>
<td>West Directorate</td>
<td>77%</td>
</tr>
<tr>
<td>Corporate Service</td>
<td>61%</td>
</tr>
<tr>
<td>BRIDGEWATER</td>
<td>80%</td>
</tr>
</tbody>
</table>
promote health and wellbeing in our communities. Externally, national and local policy guidance and commissioning intentions along with professional and expert group guidance also informed the plans and triangulated into workforce numbers.

We will work collaboratively with the STP plans as a key driver in the wider health economy, one of the Trust’s key strategic priorities is retaining existing business and development of new business. This will be regularly reviewed in respect of capacity and skill mix.

We will be committed in line with our Human Resources Strategy and Operational Plans to deliver a robust, integrated workforce plan built on the following principles:-

- Planning at directorate, Clinical reference group and borough facing priorities
- Population Centric Workforce Modelling
- Service Transformation
- Greater clarity on roles and accountability in the delivery of patient care
- Estates and IM&T Strategies to support flexible and motivated workforce
- To support service transformation and accountability on roles and delivery of care not about ‘how we have always done things’. The right balance of skills to deliver efficient and effective care.
- Recruitment and Retention plans – Workforce Shortages
- Within Financial Plans
- Succession plans and Talent management – Grow our own

As part of its commitment to improving quality and efficiency and in line with our HR Strategy we will continue to undertake capacity and demand modelling with key services. A clinically led approach, informed by patients’ needs and supported by the service improvement team, staff have redesigned the workforce profile. This has resulted in a greater congruence between skill mix and case mix.

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

Plans will be based on local analysis and intelligence from teams within the organisation and the below points highlight plans for workforce transformation programmes for the future to meet demand and change:-

- Integrated working teams to align to new models of care
- National and regional policies
- Services delivered in the community e.g. community nursing in the future will be designed and commissioned jointly. If current services are agreed to be extended
e.g. from services operating during the week to include weekends; then this will be incorporated in the final design model that the system agrees to.

- Multi-disciplinary models of delivery
- Reduction of reliance of temporary workforce
- Plans are fully aligned to the Trusts Strategic objectives and long term financial projections

Recruitment

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

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

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

Regionally, we are engaged in a ‘streamlining’ project that will give those who work within the NHS greater flexibility to move around the NHS system from one employer to another. The regions engaged in the process are Greater Manchester, Cheshire & Merseyside and Cumbria & Lancashire.

Responsible Officer (RO) Compliance

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

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

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

Through utilising the PREM IT electronic appraisal system, Bridgewater maintains an accurate record of all licensed medical practitioners with a prescribed connection to the organisation as their designated body for revalidation. 94% (national target - greater than 90%) of our doctors have received an appraisal in the last 12 months. The remaining 2
incomplete appraisals are approved postponements by the RO, in accordance to our Medical Appraisal Policy.

The Annual RO report for 2016/17 was accepted by the Board in September 2017 and our Statement of Compliance submitted to NHS England within the agreed timescales.

**Education & Professional Development**

The primary aim of the Education and Professional Development (EPD) Service is to support all staff within Bridgewater to have up to date, evidence based knowledge, skills and abilities in order to ensure that they can support the delivery of and/or provide safe, effective and compassionate care.

**Mandatory Training**

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

The EPD Service report mandatory training compliance to the Board on a monthly basis, this includes the identification of any issues and plans in place or recommendations to address them.

Compliance for all mandatory training is the responsibility of individual staff and is supported and prioritised by their Line Managers.

The Education & Professional Development Service assist staff and managers across the Trust to target non-compliance on a monthly basis by informing the:

- Individual staff member by email with dates of face-to-face sessions where applicable and the requirement for them to book on as a matter of priority
- Managers of their mandatory training compliance figures.

During 2017 we had completed the attachment of competencies for all mandatory training onto the Electronic Staff Record (ESR) with a plan to move over onto the National Learning Management System (NLMS) in January 2018. This had been delayed due to the work taking place on enhanced ESR which went live at the end of December 2017. However due to both internal and external IT issues we were unable to progress as planned and now have a date of April 2018 to change to NLMS. This change will ensure that the ESR is updated immediately on completion of any eLearning modules and will improve the quality and accuracy of the compliance data. It will also mean that staff and managers will be able to see compliance for all mandatory training on a dashboard and to book directly onto any face-to-face sessions.
Compliance with mandatory training across the Trust remains a challenge and a plan has been put into place to improve this which has taken into consideration our wide geographical footprint and the issues for staff and services. This has included allocating staff dedicated time away from their workplace to complete the required eLearning and arranging delivery of bespoke sessions for Services.

**Continuing Professional Development**

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

During 2017/18 training has been provided on a variety of topics including:

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

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

- Advanced Clinical Skills
- Apprenticeship frameworks, vocational qualifications and cadet programmes
- Clinical assessment and diagnostics
- Non-medical Prescribing (NMP)
- Prevention and early intervention
In 2017/18 we have delivered in-house NMP and educator courses to make the best use of available resources. As we move forwards into 2018/19 we will continue to network with other providers and Higher Education Institutes to deliver training in partnership to meet identified needs.

**Talent for Care and Work Based Development Opportunities**

During 2017/18 we have continued to provide a range of work experience opportunities and have been able to expand our offer by engaging with local schools, colleges and universities across the geographical footprint. We have recruited Health Ambassadors and are actively engaged with Greater Manchester and Cheshire Career Hubs and apprenticeship groups.

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

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

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

**Trainee Nursing Associates**

At the beginning of 2017 the Trust was successful in two partnership bids to support the development of the new nurse associate role. We are currently employing five trainee associate nurses who attend Edgehill University and we are also providing community based spoke placements for trainee nurse associates from other local NHS Trusts working alongside the University of Chester.

The nursing associate role is part of developing a new contemporary workforce who will work under the direction of a registered nurse mentor with support from the EPD service to transform the future nursing and care workforce. They will learn on the job whilst attending university to gain a foundation degree.

The nurse associated role will bridge the gap between healthcare support workers, and registered nurses to deliver hands on care, ensuring patients continue to get the compassionate care they deserve. This will allow registered nurses to spend more time
using their specialist knowledge and training to focus on clinical duties and take more of a lead in decisions about patient care.

Pre-Registration and Student Placements

The EPD Service has a dedicated team of practice education facilitators who work in partnership with our clinical staff, services and local universities to ensure the maintenance of high quality educational placements and positive learning experiences for all pre-registration students. During 2017/18 we have continued to support placements for undergraduate medical students from the University of Central Lancashire.

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

Forward Planning

In 2018/19 we plan to:

- Further develop our mandatory training offer as we move over to NLMS
- Continue supporting managers across the Trust with mandatory training compliance and reporting any identified issues to Board
- Review the TNA on a four monthly basis to ensure that the EPD service is responsive to any identified training needs on an on-going basis
- Continue to work in partnership with other providers and HEI’s to deliver internal training programmes.
- Continue to support delivery of the national apprenticeship agenda
- Further develop 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**

We have an established EPD Governance Steering Group which aims to co-ordinate the provision of education and professional development within the Trust involving internal stakeholders specifically to:

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

The aligned education strategy 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.

This strategy is crucial to enable the organisation and its staff to work across sectors as detailed in the Five Year Forward View. It delivers the key Learning & Development aim of Bridgewater’s Human Resource Strategy:

- To maintain a commitment to investing in the recruitment and development of a highly skilled and motivated workforce, ensuring value for money for all education, learning and development programmes
- To commission effective education and training programmes that support staff in acquiring the necessary competences required for their job roles
- To meet the education and training needs of a diverse and increasingly complex workforce, with new structures, roles and ways of working
Appendix B – Stakeholder Feedback

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

Halton Borough Council Response

From: David Parr [mailto:David.Parr@halton.gov.uk]
Sent: 30 April 2018 13:59
To: Debra Harrop
Cc: Susan Wallace-Bonner; Eileen O'meara
Subject: Re: BRIDGEWATER DRAFT QUALITY REPORT 2017/18

Lynne

The Council’s initial observations on the Report are as follows

The Report includes the appropriate level of detail - however, as Bridgewater are on enhanced surveillance the Council would expect Bridgewater to mention the challenges you are currently facing and what steps you are taking to address them and improve etc.

From a Halton specific perspective – the Council feel the Report could be strengthened.

For example, there is no mention of the integrated Intermediate care service and no mention of recent adult safeguarding review or CQC reviews

As you will be aware the Council have an event with Health PPB to scrutinise and comment on the quality accounts, prior to the publication and the PPB will respond directly on matters arising from this work.

David Parr LLB DBA

Chief Executive

Halton Borough Council

Municipal Building,

Kingsway,

WIDNES.
It's all happening IN HALTON

Please don't print this e-mail unless you need to.
Wigan Borough Clinical Commissioning Group Response to Bridgewater Community Healthcare NHS Foundation Trust Quality Account 2017/18

Wigan Borough Clinical Commissioning Group (the CCG) welcomes the opportunity to comment on the Quality Account for Bridgewater Community Healthcare NHS Foundation Trust. The Trust will present a high level view of its Quality Account 2017/18 to the CCG Clinical Governance Committee in May 2018.

The CCG has worked closely with the Trust throughout 2017/18 in what has been a challenging year for the Trust and the wider NHS to gain assurances that services are safe, effective and caring.

In respect of the 2017/18 quality priorities, the CCG notes the positive results of the Fall Safe Programme Audit, whilst recognising the Audit was not undertaken within a Wigan Borough. Progress in the management of sepsis has been encouraging. Work undertaken by the Trust to develop the co-ordination of End of Life Care which is defined and monitored within the End of Life Strategy 2017-19 is also a positive. The CCG anticipates demonstrable evidence of the impact from these quality priorities to be further evidenced during 2018/19.

During 2017/18 the Trust held multi-agency events to inform the development and aid the publication of the Trust’s Quality and Place Strategy 2018/23. The strategy, which identifies the quality priorities for the next five years, was welcomed by the CCG.

Challenges in year have included significant changes within the leadership structure, workforce capacity, Medicines Management process and capacity issues and Serious Incident reporting processes. Reduced staff satisfaction reported in the 2017 NHS staff survey has also been a cause for concern and the Trust is currently subject to enhanced monitoring. The CCG continues to work with the Trust to support improvements in these areas.

The CCG supports the quality priorities identified for 2018/19 inclusive of the continued focus on reducing incidences of Grade 3 and 4 Pressure Ulcers. Continued improvement in the processes associated with incident management and the embedding of lessons learned from harms, serious incidents and complaints are also welcomed.

The CCG looks forward to working in partnership with the Trust and other stakeholders during 2018/19 to ensure the continuous focus upon improvement in order to provide the best possible care for our patients.

Dr Tim Dalton, Chairman, Wigan Borough Clinical Commissioning Group

15 May 2018
The draft Quality Account was circulated to Governors on the 8\textsuperscript{th} of May 2018. It was accompanied by a letter from Sharan Arkwright stating the purpose of the review.

Attached above: draft version of the Quality Account which was circulated and the opening letter for reference.

By the 18\textsuperscript{th} of May 2018, the following comments had been received:

**Comments from Rita Chapman, Public Governor – St Helens, Lead Governor:**

“My comments on the report are as follows:

Page 8 - Senior Nurse Leadership Posts around quality - clarify if they also cover other clinicians as well as nurses.

Page 14 - Clinical Research - I think the 20 approved studies should be listed, possibly in an appendix.

Pgs 17, 18, 19 - the word Action should be in bold, it would read better.

Page 44 - CQC - reference back to the outcomes earlier in the report.

Page 88 - Leadership Development For Community Nurses Band 6 - is there a similar programme for other clinicians and if not, why not?

Page 90 - Quality Visits - should state who are involved in the visits. As far as I know, no Governors were invited to those in late 2017 to test the paperwork.

Page 92 - used 5 Boroughs, their name has changed.

Page 97 - Health & Justice - looks to be a different font & spacing to rest of the document.

General - virtually no mention of Governors involvement in & contribution to the Trust business. Think we are only mentioned as members of the Research Group. As it's a quality report, this is disappointing.”
Comments from Dave Smith, Staff Governor - Non-clinical support staff including managerial and administrative staff

“2 comments from me both discipline related

page 48 CPIs – Would be worth adding a sentence that Bridgewater were a National first of type using SystmOne for a fully integrated CPIS view within our single clinical system.

Page 121 Mandatory Training should be ‘IT/IG and Cyber’ given the profiles of the last two at the moment.”

Comments from Paul Mendeika, Public Governor – Warrington

“I am happy with this year’s report. Some feedback for next year I would like to see more emphasis on patient experience/engagement. I know it’s a set format reporting numbers is okay as far as it goes but feel this would be an improvement.”

Comments from Dr Deb Mandal, Staff Governor - Registered Medical Practitioners

“Thanks for asking comments on Quality Report. Having looked at the report, my comments are about the lack of more information on 2 items: 1) No information on Medical Appraisal - is there an appraisal committee providing operational governance and assurance on quality? or the whole show is run by 1 or 2 individuals only, which will be worrisome. 2) what is the quality assurance for the approval process for new research projects in Bridgewater - again, is there a multi-disciplinary committee (can be virtual)?”
21st May 2018

Colin Scales
Chief Executive
Bridgewater Community Healthcare NHS Foundation Trust
Bevan House
17 Beecham Court, Smithy Brook Road
Wigan
WN3 6PR

Dear Colin

Bridgewater Community Healthcare NHS Foundation Trust Quality Account 2017/18

NHS Knowsley Clinical Commissioning Group and NHS St Helens Clinical Commissioning Group welcome the opportunity to comment on the Bridgewater Community Healthcare NHS Foundation Trust Quality Account for 2017/18.

The CCGs acknowledge the progress made against the 2017/18 quality priorities and that the progress will continue to be monitored through the Quality Strategy and End of Life Strategy:

Priority 1: Fall Safe Programme
Priority 2: Management of Sepsis
Priority 3: Co-ordination of End of Life Care

The Quality Priorities for 2018/19 are in line with some of the areas for improvement recognised and represent appropriate priorities;

Priority 1: Pressure Ulcer Prevention
Priority 2: Reduction in Medication Errors
Priority 3: Improve processes for reporting harm and promote an open and honest culture in which the organisation can learn and innovate.

The CCGs acknowledge the reference to Care Quality Commission registration, however, would consider it beneficial for the progress against the action plan from the previous CQC rating of ‘Requires Improvement’ to be captured within the accounts.

Chair. Dr Andrew Pryce

Chief Executive: Dianne Johnson

Knowsley.CCGCommunications@knowsley.nhs.uk
The importance of leadership is captured within the Quality Account specifically in relation to the appointment of Assistant Directors, however, the CCGs would like to reiterate the importance of leadership with a specific focus on the quality of leadership of the Trust Board. The work of the Trust Board could, therefore, be strengthened within the Quality Account.

The Quality Priority for a reduction in medication errors has been supported by a new appointment and this commitment is very positive, however, the Quality Account does not reference the vacancy in relation to Non-Medical Prescribing Lead for several months during 2017/18. The CCGs are assured that this vacancy has now been recruited to.

NHS Knowsley Clinical Commissioning Group and NHS St Helens Clinical Commissioning Group will continue to monitor the quality of services provided by Bridgewater Community Healthcare NHS Foundation Trust through the bi-monthly Contract Review Meetings, to gain assurance that the quality and safety of services delivered to patients continues to improve and that effective governance processes are in place and embedded throughout the organisation.

Yours sincerely

<

DIANNE JOHNSON
CHIEF EXECUTIVE
NHS KNOWSLEY
CLINICAL COMMISSIONING GROUP

SARAH O’BRIEN
CLINICAL ACCOUNTABLE OFFICER
NHS ST HELENS CLINICAL COMMISSIONING GROUP

Chair: Dr Andrew Pryce
Chief Executive: Dianne Johnson

Knowsley.CCGCommunications@knowsley.nhs.uk
23rd May 2018


Healthwatch Warrington is pleased to have the opportunity to review Bridgewater’s 2017 - 2018 Quality Report (QR) and reflect on the current and future priorities in the document.

As Warrington’s independent consumer champion for health and social care, we recognise the role that patient experiences have in shaping the quality and safety of services. It is positive to see that the QR has a clear focus throughout to make quality first and foremost within the Trust. The QR and the Trust aims to work towards clear objectives in quality and safety through innovation and effectiveness, with a zero harm approach, which is commendable though challenging. The Trust has a clear aim to learn from negative experiences (e.g. complaints) while promoting good quality care and good practice.

Looking back at the Trust’s performance in relation to its priorities in 2017 - 2018, we are pleased to see that different areas of improvement have been acknowledged within Safety, Clinical Effectiveness and Patient Experience, and these have been identified in partnership with patients, individuals, and stakeholders. Though Healthwatch is not referenced within the QR, we are one of many local partners who have continued to engage with the Trust throughout 2017/18, and have supported development of the Trust’s Patient Experience through public engagement through promotion and attendance of events and activities e.g. The Big Conversation.

The report format appears clear and thought out, though some data in the Appendix e.g. NHS Staff Survey data, could benefit from being included in the body of the report, especially given the challenges that the Trust has experiences, especially with a staff turnover 6% higher than the target, and consistent staff sickness ratios higher than the Trust’s target (of 3.78%). Inclusion of a Glossary within the QR is also welcomed, but could benefit from reference throughout the document to ensure reader comprehension. There are still some terms, however, that could benefit from inclusion within the Glossary e.g. DoLS, MCA, to make it more meaningful for readers, as this is a public document.

Healthwatch Warrington
Charitable Incorporated Organisation
Registered Charity Number 1172704
In regards to Quality of Care and Patient Safety, the QR indicates that there is a significant focus on falls prevention and understanding, especially within inpatient settings e.g. Padgate House, Warrington. The Falls Audit has shown evidence that Bridgewater perform well in comparison to national targets re: call bells, footwear, reductions in environmental hazards and an ongoing focus on patient independence by ensuring walking aids/sticks are in easy reach through hourly and ongoing round checks. This is a positive ongoing focus which is evident in its success by the Trust’s performance. There is potentially promotion of good practice to be encouraged here, which could be shared with other services working alongside the Trust e.g. hospitals, care homes and domiciliary care. Falls prevention has also been addressed through the Trust’s involvement in the National Audit of Inpatient Falls, where there has been the move away from the FRAT as a result of feedback from the audit, and a focus on MDT working and Safety Huddles (which has been noted in many Trust Quality Accounts this year), to address and manage patient needs. There is also reference here to regular falls presentations with staff, patients and carers. It would be useful to know what this entails e.g. prevention advice, awareness raising of risk, signposting of local support services, to understand how this is addressing the falls prevention agenda, and feedback from those attending would better help quantify the benefits though qualitative data. Patient assessments upon admission and daily ongoing reviews help ensure patient needs are also central to care plans, and also best ensures that changing patient needs can be effectively monitored, while supporting independence. Falls have reduced in Padgate House, which highlights the effect of this approach, falling from 96 to 92. It would be useful to see what the trends are here across the 3 facilities of inpatient units, to better understand and interrogate this data further.

Sepsis ID and screening to support management of sepsis has continued, as is seen in many Trusts both locally and nationally, while the Trust’s focus on End of Life Care co-ordination and focus on patient need is positive and an essential approach to ensure patient care is effective and suitable, and that patient choice is recognised and acted upon effectively. Pressure ulcers have increased by 14% since 2016/17 (to 604 incidents), which is concerning, especially given that the severity of ulcers in Grade 3 and 4 have also increased. The evidence shows an ongoing increase in pressure ulcers developed within the Trust, while those developed outside the Trust have decreased by 105 incidents, in total. In total, however, the data suggests that pressure ulcers developed outside of the Trust have been higher in number than those developed within the Trust. Within the Trust, the majority of ulcers (around 425) appear to be Grade 2, while a further 60 (approx.) are Grades 3 and 4. Unfortunately, as the Grading breakdown does not provide specific figures or specific detail in the chart legend, we are unable to interrogate this in detail. Practice improvements and learning in response to this, with enhanced use of assessments, documentation, reporting, and information sharing will hopefully impact on this and can be commented upon next year. RCAs are also bring undertaken to address the causes of these incidents of harm, and to focus on improving education, adherence to policies and a focus on a District Nursing pilot project. We look forward to hearing further progress on this in the 2018/19 Quality Report.
Medication Safety is the next area of reflection, including a strengthened Medicines Management Team and the appointment of a Medication Safety Officer in 2017, which is a beneficial step in co-ordinating this approach and supporting management of incidents. 2017/18 recorded 606 Medication related incidents, 120 of which related to controlled drugs. 26% were identified as relating to third parties, including omitted doses and missed visits due to hospital discharge and lack of communication and lack of paperwork co-ordination. It would be beneficial to understand within the QR how this is to be addressed in partnership, with clear information on how this will be measured and monitored to reduce these errors and ensure a joined up approach. The QR also reports 173 near misses and zero Never Events, which indicates a strong reporting culture within the Trust and is the strongest way to address the zero harm agenda. The QR shows a clear focus on Safeguarding and involvement in the Making Safeguarding Personal agenda, which again is a positive Trust approach and will develop support for those patients who are most at risk or vulnerable. There is also a strong theme around involvement of the “voice” of children and adults in Safeguarding, which is central to a successful approach. Infection control and prevention remains a clear area of focus and development, though Warrington is the 3rd lowest in vaccination rates of patient facing staff, at 52.5%, and is significantly lower than the target of 75%. There is work to do here to raise this standard and ensure that those patients most at risk (as well as staff) are not subjected to unnecessary risk.

The QR highlights that in 2017 - 2018 in Clinical Effectiveness the Trust has continued to work on patient outcomes and Shared Decision Making, which we have looked to promote and encourage as a Healthwatch, to enhance better care conversations, better informed decision making about care options and enhanced outcomes. The process of measuring these aims upon admission and on discharge from the service shows a clear commitment to measuring the impact of care and patient involvement. Detail of the collected data would be beneficial here, as well as specifics of any tools of processes used e.g. AQuA Ask 3 Questions resources, decision support tools etc, which will help ensure this is an approach that can be shared across the Trust, to ensure equity of service. The Trust also demonstrated a drive to comply with National guidance from NICE through Trust policy and approach, which is to be encouraged and built upon in future.

Patient Experience highlights that the Trust is working to better collect patient feedback through a variety of methods, including the Friends and Family Test, Patient Stories, surveys and social media. Complaints are welcomed by the Trust to review and develop, and data shows that there has been a slight reduction (of 2) in complaints since 2016/17. Borough specific data here (as in other areas of the QR) is positive and helpful for readers to make the data more meaningful. Warrington is ranked 4th of the 7 areas covered here, with 11 complaints in total. Though this is a small figure, it is important that these issues are acted upon and the top 3 areas highlighted as trends within complaints overall include clinical treatment, staff attitude and communication, which is similar to the overall trends that we, as Healthwatch Warrington, see across most services. With over 27,000 Friend and Family responses, there is a high percentage of service recommendations (96.7%) though Warrington
specific data satisfaction with waiting times is the lowest, at 92%. We appreciate that waiting times continue to be a challenge across all NHS services, and clear and timely communication with patients is a key way to ensure patients are aware of this. PALS calls continue to be an area of essential support within the Trust, with 1950 contacts in 2017/18, with the highest percentage (55%) being for information, advice and sign posting, and only the development of 5 of the contacts into formal complaints, suggesting that PALS continues to be a valued and essential form of support for patients. Data to compare use of this service with 2016/17 would be beneficial here, to enable better understanding of it and how use has increased or decreased in relation to previous years.

The report continually references values, compassion and care, which is highlighted both in the care delivered and staff satisfaction/workload management. Staff appraisals are also highlighted as an area requiring focus, which should be addressed moving forwards. The QR unfortunately makes no reference to public rating systems used by Healthwatch Warrington or neighbouring Healthwatch, or the data collected by these partners, which in future could also be used to inform the report.

A key area for understanding and measuring safety is also to be found in lessons learned from deaths and serious incidents. The QR (27.1) quantifies that 1,035 total patient deaths occurred within the Trust, a number of which were within custodial settings. The Trust QR reports that zero of these deaths were as a result of care within the Trust, but no further detail is given in regards to any trends or issues arising as a result of these deaths across the Trust footprint. Further information here would enable understanding of gaps in provision and would further enhance reader knowledge about how the Trust is learning from these incidents. Patient safety incidents and reporting remains high, with Warrington being the second highest (a 110 increase on 2016/17). Again, the data suggests a strong culture of reporting, learning, and development within the Trust, which is positive to see. Some of the Mortality Review Data is yet to be provided within the Report, and as such, we are unable to comment in relation to Serious Case Reviews re: child’s death data, and the Coroner’s Investigations.

Moving forwards into 2018 - 2019, it’s positive to see that the Trust will continue to focus on work around pressure ulcers and reduction in medication errors, alongside ongoing quality development through senior nursing leadership. The Trust will also be developing the framework for responding and learning from deaths, all of which as discussed above and is key to enhancing the Trust and supporting patients to have the best possible care. The QR also makes reference to Warrington’s Accountable Care System (now known as Warrington Together) which in future will work across services, providers and commissioners to support integrated care and again, work towards better outcomes for patients.

Overall the QR shows a willingness to learn and develop though there are some areas which require more in-depth information and detail to quantify this and understand how the Trust will measure progress and improvements. In the forthcoming year, we look forward to supporting public engagement and strengthening the voice of

Healthwatch Warrington
Charitable Incorporated Organisation
Registered Charity Number 1172704
patients, carers and relatives by encouraging public participation in events both by and including the Trust, including our annual Healthwatch Quality Accounts Involvement Day. We look forward to hearing from the Trust and being involved in future developments.

Yours faithfully,

Lydia Thompson  
Chief Executive Officer  
Healthwatch Warrington
Appendix C – School Aged Immunisation Programmes End of Academic Year

End of Academic Year 2016/17 (reported to NHSE in August 2017)

In the academic year 2016/17 Bridgewater was commissioned to deliver immunisations in:-
- Halton
- Warrington
- Wigan
- Bolton
- Oldham

Percentage Uptake Per Borough

<table>
<thead>
<tr>
<th>Borough</th>
<th>HPV Dose 1 Year 8</th>
<th>HPV Dose 2 Year 8</th>
<th>Td/IPV (Year 9/10)</th>
<th>MenACWY (Year 9/10)</th>
</tr>
</thead>
<tbody>
<tr>
<td>England Uptake</td>
<td>87.2</td>
<td>Not Published</td>
<td>Year 9 = 83.6</td>
<td>Not Published</td>
</tr>
<tr>
<td>Bolton</td>
<td>89.9</td>
<td>85.9</td>
<td>83.2 (year 10)</td>
<td>82.5 (year 10)</td>
</tr>
<tr>
<td>Oldham *</td>
<td>88.5</td>
<td>77.44</td>
<td>68.3 (year 9)</td>
<td>68.6 (year 9)</td>
</tr>
<tr>
<td>Warrington</td>
<td>89.8</td>
<td>82.7</td>
<td>89.3 (year 9)</td>
<td>89.63 (year 9)</td>
</tr>
<tr>
<td>Halton</td>
<td>88.5</td>
<td>77.3</td>
<td>76.29 (year 9)</td>
<td>76.5 (year 9)</td>
</tr>
<tr>
<td>Wigan</td>
<td>88.4</td>
<td>84.1</td>
<td>80.7 (year 10)</td>
<td>80.5 (year 10)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Borough</th>
<th>HPV Dose 1 Year 9</th>
<th>HPV Dose 2 Year 9</th>
</tr>
</thead>
<tbody>
<tr>
<td>England Uptake</td>
<td>88.8</td>
<td>83.1</td>
</tr>
<tr>
<td>Bolton</td>
<td>94.2</td>
<td>93.4</td>
</tr>
<tr>
<td>Oldham *</td>
<td>91.1</td>
<td>88.9</td>
</tr>
<tr>
<td>Warrington</td>
<td>88.9</td>
<td>83.9</td>
</tr>
<tr>
<td>Halton</td>
<td>87.7</td>
<td>77.1</td>
</tr>
<tr>
<td>Wigan</td>
<td>90.2</td>
<td>85.8</td>
</tr>
</tbody>
</table>
School aged Childhood Flu Vaccination Programme – 2017/18

Bridgewater was also commissioned to deliver the school aged childhood flu vaccination programme in the boroughs of Halton and Warrington in 2017/18.

Delivery of this programme was completed Oct 2017 – Dec 2017. Both boroughs were commissioned to deliver to an acceptable target of 40% of the population with an achievable target of 65%.

**Halton**

<table>
<thead>
<tr>
<th>Cohort size</th>
<th>Administered by Bridgewater</th>
<th>Percentage Uptake by Bridgewater</th>
<th>Administered by GP</th>
<th>Percentage Total uptake</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reception</td>
<td>1543</td>
<td>873</td>
<td>56.58</td>
<td>12</td>
</tr>
<tr>
<td>Year 1</td>
<td>1565</td>
<td>902</td>
<td>57.64</td>
<td>11</td>
</tr>
<tr>
<td>Year 2</td>
<td>1539</td>
<td>814</td>
<td>52.89</td>
<td>11</td>
</tr>
<tr>
<td>Year 3</td>
<td>1645</td>
<td>877</td>
<td>53.31</td>
<td>14</td>
</tr>
<tr>
<td>Year 4</td>
<td>1496</td>
<td>744</td>
<td>49.73</td>
<td>8</td>
</tr>
<tr>
<td>TOTAL</td>
<td>7788</td>
<td>4210</td>
<td>54.06</td>
<td>56</td>
</tr>
</tbody>
</table>

**Warrington**

<table>
<thead>
<tr>
<th>Cohort size</th>
<th>Administered by Bridgewater</th>
<th>Percentage Uptake by Bridgewater</th>
<th>Administered by GP</th>
<th>Percentage Total uptake</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reception</td>
<td>2499</td>
<td>1724</td>
<td>68.99</td>
<td>45</td>
</tr>
<tr>
<td>Year 1</td>
<td>2610</td>
<td>1733</td>
<td>66.40</td>
<td>36</td>
</tr>
<tr>
<td>Year 2</td>
<td>2654</td>
<td>1731</td>
<td>65.22</td>
<td>27</td>
</tr>
<tr>
<td>Year 3</td>
<td>2650</td>
<td>1643</td>
<td>62.38</td>
<td>33</td>
</tr>
<tr>
<td>Year 4</td>
<td>2571</td>
<td>1563</td>
<td>60.79</td>
<td>42</td>
</tr>
<tr>
<td>TOTAL</td>
<td>12984</td>
<td>8394</td>
<td>64.65</td>
<td>183</td>
</tr>
</tbody>
</table>
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.

Monitor 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 2017/18 and supporting guidance;
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
  - board minutes and papers for the period April 2017 to the date of this statement
  - papers relating to quality reported to the board over the period April 2017 to the date of this statement
  - feedback from commissioners dated 23rd May 2018
  - feedback from governors dated 18th May 2018
  - feedback from local Healthwatch organisations dated – 23rd May 2018
  - No feedback from Overview and Scrutiny Committee
  - the trust’s complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009; June 2018
  - the national patient survey – not applicable to community healthcare providers
  - the 2017 national staff survey March 2018
  - the Head of Internal Audit’s annual opinion over the trust’s control environment received at Audit Committee on the 23rd May 2018
  - CQC Inspection report dated 06/02/17
- 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 guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.
The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the board

NB: sign and date in any colour ink except black

Date: 25 May 2018      Chairman

Date: 25 May 2018      Chief Executive
Appendix E Independent Auditors Report


We have been engaged by the Council of Governors of Bridgewater Community Healthcare NHS Foundation Trust to perform an independent assurance engagement in respect of Bridgewater Community Healthcare NHS Foundation Trust’s Quality Report for the year ended 31 March 2018 (the ‘Quality Report’) and specified performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2018 subject to limited assurance (the “specified indicators”) marked with the symbol Å in the Quality Report, consist of the following national priority indicators as mandated by NHS Improvement:

<table>
<thead>
<tr>
<th>Specified Indicators</th>
<th>Specified indicators criteria (exact page number where criteria can be found)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period</td>
<td>Page 198</td>
</tr>
<tr>
<td>Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers.</td>
<td>Page 198</td>
</tr>
</tbody>
</table>

Respective responsibilities of the Directors and auditors

The Directors are responsible for the content and the preparation of the Quality Report in accordance with the specified indicators criteria referred to on pages of the Quality Report as listed above (the “Criteria”). The Directors are also responsible for the conformity of their Criteria with the assessment criteria set out in the NHS Foundation Trust Annual Reporting Manual (“FT ARM”) and the “Detailed requirements for quality reports for foundation trusts 2017/18” issued by Monitor (operating as NHS Improvement) (“NHSI”).

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- The Quality Report does not incorporate the matters required to be reported on as specified in the FT ARM and the “Detailed requirements for quality reports for foundation trusts 2017/18”;
- The Quality Report is not consistent in all material respects with the sources specified below; and
- The specified indicators have not been prepared in all material respects in accordance with the Criteria set out in the FT ARM and the “Detailed requirements for external assurance for quality reports for foundation trusts 2017/18”.

We read the Quality Report and consider whether it addresses the content requirements of the FT ARM and the “Detailed requirements for quality reports for foundation trusts 2017/18”; and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with the following documents:

- Board minutes for the financial year, April 2017 and up to 31 March (the period);
- Papers relating to quality report reported to the Board over the period April 2017 to the date of signing this limited assurance report;
Feedback from Wigan Borough Clinical Commissioning group dated 15 May 2018;
Feedback from Governors dated 18 May 2018;
Feedback from Healthwatch Warrington dated 18 May 2018;
Feedback from Halton Borough Council dated 30 April 2018;
The Trust’s complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009 for 2017/18;
The 2017 national staff survey dated March 2018;
Care Quality Commission inspection report, dated 06/02/2017; and
The Head of Internal Audit’s annual opinion over the Trust’s control environment to 31 March 2018 dated 23 May 2018.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the “documents”). Our responsibilities do not extend to any other information.

Our Independence and Quality Control

We applied the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics, which includes independence and other requirements founded on fundamental principles of integrity, objectivity, professional competence and due care, confidentiality and professional behaviour.

We apply International Standard on Quality Control (UK) 1 and accordingly maintain a comprehensive system of quality control including documented policies and procedures regarding compliance with ethical requirements, professional standards and applicable legal and regulatory requirements.

Use and distribution of the report

This report, including the conclusion, has been prepared solely for the Council of Governors of Bridgewater Community Healthcare NHS Foundation Trust as a body, to assist the Council of Governors in reporting Bridgewater Community Healthcare NHS Foundation Trust’s quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2018, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and Bridgewater Community Healthcare NHS Foundation Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) ‘Assurance Engagements other than Audits or Reviews of Historical Financial Information’ issued by the International Auditing and Assurance Standards Board (‘ISAE 3000 (Revised’)’). Our limited assurance procedures included:

- reviewing the content of the Quality Report against the requirements of the FT ARM and the "Detailed requirements for quality reports for foundation trusts 2017/18’’;
- reviewing the Quality Report for consistency against the documents specified above;
- obtaining an understanding of the design and operation of the controls in place in relation to the collation and reporting of the specified indicators, including controls over third party information (if applicable) and performing walkthroughs to confirm our understanding;
- based on our understanding, assessing the risks that the performance against the specified indicators may be materially misstated and determining the nature, timing and extent of further procedures;
- making enquiries of relevant management, personnel and, where relevant, third parties;
- considering significant judgements made by the NHS Foundation Trust in preparation of the specified indicators;
- performing limited testing, on a selective basis of evidence supporting the reported performance indicators, and assessing the related disclosures; and
• reading the documents.

A limited assurance engagement is less in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Report in the context of the assessment criteria set out in the FT ARM and "Detailed requirements for quality reports for foundation trusts 2017/18" and the Criteria referred to above.

The nature, form and content required of Quality Reports are determined by NHSI. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS Foundation Trusts.

In addition, the scope of our assurance work has not included governance over quality or non-mandated indicators in the Quality Report, which have been determined locally by Bridgewater Community Healthcare NHS Foundation Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that for the year ended 31 March 2018:

• The Quality Report does not incorporate the matters required to be reported on as specified in the FT ARM and the "Detailed requirements for quality reports for foundation trusts 2017/18";
• The Quality Report is not consistent in all material respects with the documents specified above; and
• The specified indicators have not been prepared in all material respects in accordance with the Criteria set out in the FT ARM and the "Detailed requirements for external assurance for quality reports for foundation trusts 2017/18".

PricewaterhouseCoopers LLP
Date: 27 May 2018

The maintenance and integrity of the Bridgewater Community Healthcare NHS Foundation Trust website is the responsibility of the directors; the work carried out by the assurance providers does not involve consideration of these matters and, accordingly, the assurance providers accept no responsibility for any changes that may have occurred to the reported performance indicators or criteria since they were initially presented on the website.
## Appendix F - Glossary

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A-EQUIP</td>
<td>Advocating for Education and Quality Improvement - A model of clinical midwifery supervision</td>
</tr>
<tr>
<td>AHP</td>
<td>Allied Health Professional</td>
</tr>
<tr>
<td>ANTT</td>
<td>Aseptic Non-Touch Technique - used globally as the foundation for effective infection prevention</td>
</tr>
<tr>
<td>AQuA</td>
<td>Advancing Quality Alliance – NHS health and care quality improvement organisation</td>
</tr>
<tr>
<td>BABAH</td>
<td>Bridgewater Community Healthcare Foundation Trust anti-bullying and harassment campaign</td>
</tr>
<tr>
<td>BME</td>
<td>Black and Minority Ethnic</td>
</tr>
<tr>
<td>CCG</td>
<td>Clinical Commissioning Group – play a major role in achieving good health outcomes for the communities they serve</td>
</tr>
<tr>
<td>CDOP</td>
<td>Child Death Overview Panel</td>
</tr>
<tr>
<td>CIC/LAC Teams</td>
<td>Children in Care and Looked After Children Teams - Teams provided by Bridgewater Community Healthcare Foundation Trust Safeguarding Team</td>
</tr>
<tr>
<td>CP-IS</td>
<td>Child Protection - Information Sharing - within the Safeguarding teams</td>
</tr>
<tr>
<td>CQC</td>
<td>Care Quality Commission – An independent regulator of all health and social care services in England</td>
</tr>
<tr>
<td>CQUIN</td>
<td>Commissioning for Quality &amp; Innovation - The key aim of the CQUIN framework is to secure improvements in the quality of services and better outcomes for patients</td>
</tr>
<tr>
<td>CSE</td>
<td>Child Sexual Exploitation</td>
</tr>
<tr>
<td>CYP IAPT</td>
<td>Children &amp; Young People Increasing Access to Psychological Therapies Programme – primary function to improve the psychological wellbeing of children and young people</td>
</tr>
<tr>
<td>Acronym</td>
<td>Description</td>
</tr>
<tr>
<td>---------</td>
<td>-------------</td>
</tr>
<tr>
<td>CRES</td>
<td>Cash Releasing Efficiency Saving Scheme.</td>
</tr>
<tr>
<td>EOL</td>
<td>End of Life Services - service provided by Bridgewater Community Healthcare Foundation Trust</td>
</tr>
<tr>
<td>FFT</td>
<td>Friends and Family Test – introduced to help service providers and commissioners understand whether their patients are happy with the service provided.</td>
</tr>
<tr>
<td>GDPR</td>
<td>General Data Protection Regulation - Data protection</td>
</tr>
<tr>
<td>GP</td>
<td>General Practitioner</td>
</tr>
<tr>
<td>HCAI</td>
<td>Health Care Acquired Infections</td>
</tr>
<tr>
<td>HEE</td>
<td>Health Education England - supports the delivery of excellent healthcare and health improvement to the patients and public of England</td>
</tr>
<tr>
<td>HMP</td>
<td>Her Majesty’s Prison</td>
</tr>
<tr>
<td>HSCIC</td>
<td>NHS Digital – the national provider of information, data and IT systems for commissioners, analysts and clinicians in health and social care</td>
</tr>
<tr>
<td>ICO</td>
<td>Information Commissioners Office - The UK’s independent authority set up to uphold information rights in the public interest</td>
</tr>
<tr>
<td>IHAs</td>
<td>Initial Health Assessments - provided for children by the Safeguarding Team</td>
</tr>
<tr>
<td>IHI</td>
<td>Institute for Healthcare Improvement (IHI) – IHI works with health systems to improve quality, safety and value in healthcare</td>
</tr>
<tr>
<td>JTAI</td>
<td>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</td>
</tr>
<tr>
<td>KPMG</td>
<td>Management Consultants – a team of expert practitioners supporting Lancashire Care NHS Foundation Trust in the development of this year’s Quality Account</td>
</tr>
<tr>
<td>LADO</td>
<td>Local Authority Designated Officer - Investigates allegations against staff towards children</td>
</tr>
<tr>
<td>Abbreviation</td>
<td>Description</td>
</tr>
<tr>
<td>--------------</td>
<td>-------------</td>
</tr>
<tr>
<td>LeDeR</td>
<td>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.</td>
</tr>
<tr>
<td>LiA</td>
<td>Listening in Action - Service for the staff of Bridgewater Community Healthcare Foundation Trust</td>
</tr>
<tr>
<td>LSCB</td>
<td>Local Children Safeguarding Board</td>
</tr>
<tr>
<td>MARAC</td>
<td>Multi Agency Risk Assessment Conference - associated with the Safeguarding team</td>
</tr>
<tr>
<td>MASH</td>
<td>Multi-Agency Safeguarding Hub - multi-agency team consisting of health, local authority and the police within Safeguarding Services</td>
</tr>
<tr>
<td>MDT</td>
<td>Multi-Disciplinary Team - is a group of health care workers and social care professionals who are experts in different areas with different professional backgrounds, united as a team for the purpose of planning and implementing treatment programs for complex medical conditions.</td>
</tr>
<tr>
<td>NCISH</td>
<td>National Confidential Inquiry into Suicide and Homicide – the Inquiry produces a wide range of national reports, projects and papers providing health professionals evidence and practical suggestions to effectively implement change</td>
</tr>
<tr>
<td>NHS England</td>
<td>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</td>
</tr>
<tr>
<td>NHSBSA</td>
<td>National Health Services Business Services Authority</td>
</tr>
<tr>
<td>NHSI</td>
<td>NHS Improvement - Helps the NHS to meet short-term challenges</td>
</tr>
<tr>
<td>NICE</td>
<td>National Institute for Health and Care Excellence (NICE) – provides national guidance and advice to improve health and social care</td>
</tr>
<tr>
<td>NMP</td>
<td>Non-Medical Prescriber - prescribing of medicines, dressings and appliances by health professionals who are not doctors</td>
</tr>
<tr>
<td>Acronym</td>
<td>Description</td>
</tr>
<tr>
<td>---------</td>
<td>-------------</td>
</tr>
<tr>
<td>NRLS</td>
<td>National Reporting and Learning Services - A central database of patient safety incident reports</td>
</tr>
<tr>
<td>Ofsted</td>
<td>Office for Standards in Education, Children's Services and skills - inspects and regulates services that care for young children</td>
</tr>
<tr>
<td>PALS</td>
<td>Patient Advisory Liaison Service - offers confidential advice, support and information on health-related matters.</td>
</tr>
<tr>
<td>PDSA</td>
<td>Plan-Do-Study-Act methodology – is a systematic series of steps for gaining valuable learning and knowledge for the continual improvement of a process</td>
</tr>
<tr>
<td>PHE</td>
<td>Public Health England - executive agency of the Department of Health</td>
</tr>
<tr>
<td>PREMS</td>
<td>Patient Reported Experience Measures - capturing the experiences of people using healthcare services</td>
</tr>
<tr>
<td>QI</td>
<td>Quality Improvement - systematic and continuous actions that lead to measurable improvements</td>
</tr>
<tr>
<td>QIA</td>
<td>Quality Impact Assessment – a tool used to identify a potential impact of our policies, services and functions on our patients and staff</td>
</tr>
<tr>
<td>QIF</td>
<td>Quality Improvement Framework – a framework for delivery of initiatives that will ultimately result in quality improvements for our patients and staff</td>
</tr>
<tr>
<td>R &amp; D</td>
<td>Research and Development</td>
</tr>
<tr>
<td>BRAG</td>
<td><strong>Blue</strong>, Red Amber Green rating – a simple colour coding of the status of an action or step in a process.</td>
</tr>
<tr>
<td>RHAs</td>
<td>Risk Health Assessments - provided for children by the Safeguarding Team</td>
</tr>
<tr>
<td>RTT</td>
<td>Referral to Treatment – your waiting time starts from the point the hospital or service receives your referral letter</td>
</tr>
<tr>
<td>SAB</td>
<td>Safeguarding Adult Board</td>
</tr>
<tr>
<td>SOP</td>
<td>Standard Operating Procedure – is a documented process in place to ensure services are delivered consistently every time</td>
</tr>
<tr>
<td>Acronym</td>
<td>Description</td>
</tr>
<tr>
<td>---------</td>
<td>-------------</td>
</tr>
<tr>
<td>SPOA</td>
<td>Single Point of Access</td>
</tr>
<tr>
<td>STEIS</td>
<td>Strategic Executive Information System - for the reporting and monitoring of serious incidents</td>
</tr>
<tr>
<td>SUS</td>
<td>Secondary Uses Service – supplies accurate and consistent data to enable the NHS to plan, analyse and enhance performance</td>
</tr>
<tr>
<td>SystmOne</td>
<td>Electronic patient record database</td>
</tr>
<tr>
<td>Ulysses</td>
<td>Bridgewater Community Healthcare Foundation Trust’s IT risk management and patient safety system</td>
</tr>
<tr>
<td>VTE</td>
<td>Venous Thromboembolism – a blood clot that forms within a vein</td>
</tr>
<tr>
<td>YOI</td>
<td>Youth Offenders Institute</td>
</tr>
</tbody>
</table>