## Contents of the Quality Report

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PART ONE

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

This Quality Report outlines our commitment to ensuring we deliver care of the highest possible standard during 2018/19 and identifies the areas on which we have focused during the year as well as our performance against key quality indicators.

It also sets out our strategic ambition to deliver high quality, safe and effective care which meets both individual and community needs, whilst delivering value for money.

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 ‘Quality and Place’ strategy is central to how we now operate as a Trust and our approach during the 2018/19 year has been to ensure we provide a high standard of care whilst working towards a more integrated approach within the health and care systems in each of the boroughs where we operate.

During the year we have made significant strides in the delivery of integrated community teams in Warrington and Wigan, with our community response teams being cited as an area of outstanding practice in the CQC inspection which was undertaken in September 2018.

Our CQC inspectors’ report also highlighted that we have been on a journey of improvement across many of our service lines since our last core service inspection in 2016, although the weighting methodology meant that our overall rating as a Trust remains as requires improvement.

I am also convinced of the strong link between the quality of a patient’s experience and levels of staff satisfaction and engagement. It is for this reason that during the year our Board has been particularly focused on embedding our approach to staff engagement. I am really pleased that we have already seen some initial indicators of improvement in the feedback from the 2018 NHS Staff Survey and were the most improved Trust in our region in relation to staff recommending the Trust as a place to work or receive treatment.

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.

Chief Executive
Colin Scales
PART TWO

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

Priorities for Improvement in 2019/20

Patients are at the heart of everything we do at Bridgewater Community Healthcare NHS Foundation Trust. Our priorities for 2019/20 are a combination of national and local priorities. The Trust wishes to further its work around learning from community deaths, developing a patient engagement strategy and driving up quality by developing quality improvement methodology for staff to use when working on service improvement projects.

Quality priorities for the year 2019/20 include:

As part of our Quality and Place strategy our approach to quality forms part of our quality improvement plan and for 2019/20 the Trust wants to further develop:

- Learning from Deaths: Including learning from national reports such as the Gosport Enquiry and our promotion of a no blame culture and improvements by increasing greater numbers of Freedom to Speak up Guardians to encourage staff to raise concerns.

- Driving up quality using quality improvement methodology to enable greater learning and engagement to underpin our previous work on Sepsis and NEWS 2 roll out. This will also impact on the work around Gram Negative infections where most cases occur in the community amongst older people who form the largest users of adult services.

- Developing a patient engagement strategy as active engagement and participation further supports our place based services and patient satisfaction as well as increasing participation in service redesign.

During 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 which covers the period 2018-2022. Our quality plan on a page covers areas such as patient safety, clinical effectiveness and patient experience. One of the strategic ambitions is to deliver high quality, safe and effective care which meets both the individual and community needs.

In the table below the implications on workforce and finance are displayed.
Review of progress against the 2017/18 Priorities for Improvement

<table>
<thead>
<tr>
<th>Priority for Improvement</th>
<th>Update</th>
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<tbody>
<tr>
<td>Pressure Ulcer Prevention</td>
<td>Although the number of Pressure Ulcers reported have increased, the Trust has developed mechanisms where by staff have actively been encouraged to recognise and report Pressure Ulcers correctly. This has been achieved by:</td>
</tr>
<tr>
<td></td>
<td>• The Trust developed Borough facing weekly patient safety meetings chaired by the borough Directors of Nursing. Pressure Ulcer incidents are reviewed and scrutinised. Investigations are undertaken if the Pressure Ulcer occurred in our care. These investigations are then reported and reviewed at the Trusts Serious Incident Review Panel (SIRP) held weekly and chaired by the Medical Director or the Chief Nurse.</td>
</tr>
<tr>
<td></td>
<td>• Borough facing Harm Free Care Groups have been established to work on the programme of pressure ulcer prevention and monitor progress.</td>
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<td></td>
<td>• There has also been a multi-disciplinary Pressure Ulcer learning events with our stakeholders and lessons shared.</td>
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<td></td>
<td>• Our Tissue Viability Nurses produce an annual thematic review and trend analysis in order that further improvement work can be undertaken.</td>
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<tr>
<td></td>
<td>• Our Trust policies were updated with NHSI (2018) Pressure ulcers: revised definition and measurement framework and (DH 2018) Pressure ulcers: safeguarding adult’s protocol</td>
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<table>
<thead>
<tr>
<th>Quality</th>
<th>Workforce</th>
<th>Finance</th>
</tr>
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<tbody>
<tr>
<td>Learning from Deaths</td>
<td>Sharing Lessons Learned</td>
<td>Claims/Regulatory fines</td>
</tr>
<tr>
<td>Driving up quality and</td>
<td>Training</td>
<td>Staff costs to release for training</td>
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<tr>
<td>quality improvement</td>
<td></td>
<td></td>
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<tr>
<td>methodology</td>
<td></td>
<td></td>
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<tr>
<td>Developing a patient</td>
<td>Engagement with stakeholders and</td>
<td>Potential venue costs for stakeholder events.</td>
</tr>
<tr>
<td>engagement strategy</td>
<td>staff</td>
<td></td>
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<tr>
<td>Improvement Area</td>
<td>Description</td>
<td></td>
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<tr>
<td>------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
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<tr>
<td>Reduction in medication Errors</td>
<td>With the appointment of the Medication Safety Officer the changes in 2018 saw:</td>
<td></td>
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<tr>
<td></td>
<td>• The introduction of the medicines incident review panel which feeds into the boroughs Quality &amp; Safety Sub-Groups. Incidents are discussed and actioned and any lessons learned shared with teams.</td>
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<td></td>
<td>• A Medicine Management newsletter has now been produced which covers topics such as insulin administration, how to report an incident or any medicine alerts that staff need to be aware of.</td>
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<tr>
<td></td>
<td>• Medicine policies and procedures have been written or updated in order that staff have clear guidance when administrating medicines.</td>
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<tr>
<td></td>
<td>• The team also deliver training on medicine management to Trust staff.</td>
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<tr>
<td>Improve processes for reporting harm and promoting an open and honest culture in which the organisation can learn and innovate.</td>
<td>The Trust reviewed its process of how incident reporting was managed in the boroughs:</td>
<td></td>
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<td></td>
<td>• It established the weekly patient safety meetings in which incidents are reviewed and challenged by the boroughs Director of Nursing and these incidents if they require further investigation are then reviewed and signed off at the Serious Incident Review Panel (SIRP) which is chaired by the Medical Director or the Chief Nurse.</td>
<td></td>
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<tr>
<td></td>
<td>• This complemented the already established borough Quality &amp; Safety Sub-Groups where any service risks or quality programmes of care are discussed and shared.</td>
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<td></td>
<td>• To help staff further with reporting harms, all of the risk management related policies and procedures and paperwork were reviewed and updated to make them easier for staff to follow and work with.</td>
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</table>
Risk Management training was also developed such as how to undertake a root cause analysis (an investigation) and how managers can manage an incident once it has been reported by staff.

Duty of Candour training was provided to all clinical staff.

The Quality and safety Leads produce a monthly lessons learned newsletter that collates any learning from these investigations or incidents that have occurred. These newsletters are published in our Trust bulletin and on our intranet for staff to access and share. For example as a result of some feedback from complaints in our children’s services, we have now developed a child friendly feedback form for young people to complete.

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, and finally scrutinised at the Quality and Safety Committee that reports to the Board.

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

**Statements of Assurance from the Board**

During 2018/19 the Bridgewater Community Healthcare NHS Foundation Trust provided and/or sub-contracted 219 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 2018/19 represents 97.5% of the total income generated from the provision of relevant health services by the Bridgewater Community Healthcare NHS Foundation Trust for 2018/19.
Clinical Audit

Participation in Clinical Audits

During 2018/19 five national clinical audits and two national confidential enquiries 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 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 2018/19 are as follows:

- National Diabetes Audit - Adults (foot care)
- National Audit of Intermediate Care (NAIC)
- National Audit of Falls - Fracture Liaison
- National Audit of Cardiac Rehabilitation (NACR)
- National Audit of Comprehensive Health Assessment Tool (CHAT)
- Long Term Ventilation – NCEPOD study
- Learning Disability Mortality Review Programme (LeDeR)

The national clinical audits and national confidential enquiries that Bridgewater Community Healthcare NHS Foundation Trust participated in during 2018/19 are as follows:

- National Diabetes Audit - Adults (foot care)
- National Audit of Intermediate Care (NAIC)
- National Audit of Falls - Fracture Liaison
- National Audit of Cardiac Rehabilitation (NACR)
- National Audit of Comprehensive Health Assessment Tool (CHAT)
- Long Term Ventilation – NCEPOD study
- Learning Disability Mortality Review Programme (LeDeR)

The national clinical audits and national confidential enquiries that Bridgewater Community Healthcare NHS Foundation Trust participated in, and for which data collection was completed during 2018-19, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.
<table>
<thead>
<tr>
<th>Title of National Audit</th>
<th>100%</th>
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<tbody>
<tr>
<td>National Diabetes Audit - Adults (foot care)</td>
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<tr>
<td>National Audit of Intermediate Care (NAIC)</td>
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<td>National Audit of Falls - Fracture Liaison</td>
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<tr>
<td>Learning Disability Mortality Review Programme (LeDeR)</td>
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The report of one national clinical audit was reviewed by the provider in 2018-19 and Bridgewater Community Healthcare NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided.

1. **Title: National Audit of Intermediate Care (NAIC)**

The results of this audit mainly inform commissioning decisions and their review of intermediate care provision.

No specific service related actions were identified.

The reports of 16 local clinical audits were reviewed by the provider in 2018/19 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 2018/19 that were recruited during that period to participate in research approved by a research ethics committee was 110. The number of new studies approved during 2018/19 was 13.

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

A proportion of Bridgewater Community Healthcare NHS Foundation Trust income in 2018/19 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 2018/19 please see the CQUIN section and for the following 12 month period the information is available electronically at: www.bridgewater.nhs.uk/aboutus/foi/cquin/

Bridgewater is currently reporting a monetary total income of £1,923k subject to final confirmation from commissioners regarding quarter 4 data.

The monetary total for the associated payment in 2017/18 was £1,820k

**Care Quality Commission (CQC)**

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

The Trust has undergone a comprehensive Well-Led Inspection in September 2018. The report was published on the 17th December 2018 and demonstrates a significant improvement since the 2016 inspection with several service lines and domains this year achieving an improved rating of “good“. Due to the weighting given to the inspection at Trust level, the overall rating for the Trust remains as Requires Improvement.
Eight core service lines inspected, six rated “good”

Of 40 domains measured across the services we now have one rated as outstanding, 34 as good and five as requires improvement.

Midwifery, End of Life and Community Dental Services achieved an improved rating of good.

Adult Community and Sexual Health services both retained their good rating

Overall our core services are rated as good

The quality concerns from the CQC are:

- Regulation 17 HSCA (RA) Regulations 2014 - Good Governance – in relation to information management and triangulation
- Regulation 9 HSCA (RA) Regulations 2014 - Person-centred care – in relation to children’s care and treatment
- Regulation 16 HSCA (RA) Regulations 2014 - Receiving and action on complaints – in relation to children’s services

The areas of concern have been addressed by a comprehensive improvement plan which details responsibilities at a corporate and service specific level. This is monitored through key governance meetings.

Strategic risks to quality have been assessed by the executive team and are:

**Failure to deliver safe & effective patient care** - This encompasses the CQC concerns. Quality and safety risks currently include safeguarding capacity, recruitment to some staff groups and record keeping as we transfer to EPR. The strategic risks have an assigned accountable director and mitigation plans are reviewed by the Board on a regular basis.

The need to use information to triangulate quality with finance, performance and workforce has led to the introduction of our Integrated Quality and Performance Report (IQPR) which is refined each month as further data becomes available. This report will not only enable the CQC concerns to be resolved but is also enabling clinical staff to see potential areas of concern and act more quickly to prevent problems. The impact of all of our contracts, improvement plans and quality initiatives will be monitored via the IQPR report monthly to measure impact following implementation of changes. Audit will be used to provide longer term assurance.

Throughout 2018/19 the Trust strengthened its approach to ‘Lessons Learned’. There are weekly patient safety meetings in the boroughs that review patient safety incidents, case note reviews and Root Cause Analysis (RCA) reports. If a serious incident is identified then
these are reviewed by the Trust’s Serious Incident Review Panel, chaired by the Medical Director or the Chief Nurse. Responding to deaths is also reviewed at this panel. Any lessons learned are highlighted in the monthly Quality Newsletter which is shared on the Trust intranet.

Our Health and Justice Services also underwent a period of inspections during 2018/19.

**Barton Moss Secure Children’s Home: Ofsted Report May 2018**

The report highlighted that health staff provided:

- a good level of physical and mental healthcare to the children and young people. They are enthusiastic and dedicated to providing good outcomes.
- The children and young people feel well supported by health staff.
- The way in which medicines are managed has improved since the last inspection and is now considered to be safer.
- An appropriate range of on-site primary care services are delivered regularly and without delay.
- Health and well-being needs are identified promptly through the Children’s Health Assessment Tool, which informs ongoing care and children and young people receive very good support before they leave the home.

Where Improvements Are Needed:

- Due to using an electronic patient record, health records can be delayed or there is the potential for information to be missed that could have implications for children and young people’s care.

**Action taken:** The issues with accessing the electronic record relates to an IT infrastructure issue at the home. Currently the Local Authority provides this, and so the Local Authority IT department and the Trust IT department are exploring a permanent solution with the NHSE commissioner.

- The treatment room is too small and has no windows or means of ventilation without keeping the door open. The door is closed when a child or young person is being treated or examined to ensure their privacy. The examination bed cannot be laid flat as the room is too narrow. A recent infection control audit has highlighted the need for a ‘splash back’ behind the sink, wall-mounted soap and apron dispensers.

**Action taken:** The estate is managed by the Local Authority. The Splash-back and wall mounted soap and apron dispensers are now in place. The issues relating to the size and ventilation of the room have been raised with the Local Authority for resolution however it is unlikely that an alternative room will be available until further building work is undertaken. The NHSE commissioner is aware of the difficulties and this is monitored at the
quarterly contract meeting.

**St Catherine’s Secure Children’s Home: Ofsted Report, November 2018**

The report highlighted:

- Children’s health and well-being assessments are completed within the required timescales.
- They are effective in promptly identifying children’s emerging needs to inform their ongoing healthcare.
- Children access an appropriate range of primary care services at the home, without delay.
- The medical room provides a good resource for children to have their medical needs addressed in private.
- The home’s medicine management is good, and staff monitors children with specific health needs closely.
- Health staff provides a very good level of physical and mental healthcare to children.
- Children are supported to access external services without delay for diagnosis and treatment.
- The multi-disciplinary mental health team provides good psychosocial and emotional well-being support to all children. Therefore, children make good progress in all areas of their health and feel well supported by the health staff.

Where Improvements Are Needed:

- The full infection control audit of the room is overdue.

**Action Taken:** The Trust Infection Prevention and Control Team completed a full audit during January 2019 and resulted in 96% achievement. An action plan has been developed is in place to resolve identified areas for improvement.

**HMP&YOI Hindley: CQC Focussed Inspection Draft Report, January 2019**

The last joint inspection by CQC with Her Majesty’s Inspectorate of Prisons (HMIP) in December 2017, found the quality of healthcare provided by Bridgewater at HMP YOI Hindley did not meet regulations. One Requirement Notice in relation to Regulation 17, Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was issued.

There was a re inspection in December 2018 and the purpose was to determine if the healthcare services provided by Bridgewater were now meeting the legal requirements and
regulations under Section 60 of the Health and Social Care Act 2008 and that prisoners were receiving safe care and treatment.

At this inspection CQC found the trust had made a range of improvements to the management structure and governance processes to monitor and improve patient care and safety:

- Infection prevention and control was appropriately monitored and staff had been given appropriate training to carry out their roles.
- Local patient concerns were appropriately monitored and complaints were no longer recorded in patient clinical records.
- Managers had arranged additional training for all staff in the incident reporting and management system and the reporting and investigating of incidents had improved significantly.
- There was a range of engagement with patients to help improve the quality of the service and responses to patient surveys were positive about the service.
- Access to routine GP appointments was generally within two weeks.
- There had been a number of staffing changes in the pharmacy team and a lead pharmacist for the prison health service had oversight of pharmacy services at HMP YOI Hindley.
- Two pharmacy technicians had been recruited to support nurses with medicines administration and management and there were clear plans in place to provide further pharmacy input into HMP YOI Hindley.
- Local managers were working effectively with prison management to drive forward a range of improvements to prisoner health and wellbeing.

Currently the CQC do not give a rating for prison services.

**HMP Garth**

HMP Garth was jointly inspected by the CQC and Her Majesty’s Inspectorate of Prisons the week commencing 1th January 2019. The Trust is awaiting the published report.

**Focused Visit to St Helens Children Services**

This inspection was conducted by Ofsted in July 2018 who looked into the local authority arrangements for children in need and children subject to a child protection plan. The report highlighted no concerns for Bridgewater.
Focused Visit to Halton Children Services

This inspection was conducted by Ofsted in July 2018 where the inspectors looked at the local authority’s arrangements for contacts and referrals in the integrated contact and referral team (iCART) and thresholds for children in need and child protection, with a focus on children and families stepping down too early to help. The report highlighted no concerns for Bridgewater.

There was also a Halton site visit for Children in care review by the CCG in July 2018. There were 13 standards assessed and an action plan was developed which is monitored internally and by the commissioners.

Some of the areas of concern were:

- There needed to be a process for following up children who do not attend an appointment for specialist care. The department wrote a standard operating procedure to reflect the pathways that was then shared with all of the teams.
- That there is good communication between GPs, community nursing services (i.e. Health Visiting, School Nursing and community Midwifery services) in respect of children for whom there are concerns. The department ensured that the designated nurse collated and shared feedback from safeguarding leads in GP practices and shared the information with the wider multi-disciplinary team. An updated list of practices links within the 0-19 service was shared with the designated nurse for dissemination. The 0-19 service are also developing details within their new model which will include plans to re-establish and strengthen relationships with GP practices and to ensure effective communications between practices regarding vulnerable children.

Oldham Early Years Peer Review

This review took place at the end of March 2019 and the service is currently awaiting feedback.

NHS Number and General Medical Practice Code Validity

Bridgewater Community Healthcare NHS Foundation Trust submitted records during 2018/19 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:

- 99.8% for outpatient care; and
- 98.6% for Walk in Centres and Urgent Care Centres

**Information Governance Assessment Report**

Bridgewater Community Healthcare NHS Foundation Trust Data Security and Protection Toolkit (DSPT) Report for 2018/19 was submitted in a timely manner prior to 31st March 2019. All assertions were met with the exception 3.3.1 - Percentage of Staff Successfully Completing the Level 1 Data Security Awareness training. We are expected to achieve 95% compliance and the Trust achieved 70% compliance. Work is underway to improve compliance as part of the Subject Matter Expert (SME) Mandatory Training Summits which are held quarterly.

The DSPT, which replaced the Information Governance Toolkit in 2018/19, provides an overall measure of the data quality systems, standards and processes. The assurance 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 2019 to evaluate and validate the Trust’s self-assessment. The final report from Mersey Internal Audit Agency granted the Trust as Significant Assurance.

There were 4 information governance serious incidents during 2018/19 that required reporting to the Information Commissioner’s Office (ICO) they were:

- **HMP Healthcare** - In March 2018 a patient received a letter which also contained a letter for another patient, which contained sensitive information.

- **A fly tipping incident occurred in Wigan in July 2018. The council cleansing operatives found a quantity of NHS documentation dated 2010/11 amongst the rubbish, which appeared to be from a health service in St Helens. This case is now closed with no further action required.**

- **A staff member’s car was broken in to during a patient visit in June 2018. The staff member’s work bag which contained 5 sets of patient records were stolen**

- **Oldham Family Nurse Partnership: An appointment letter was sent to patient about pending home visit. It came to light that the letter had been sent to her estranged parents address. The notification and further communication between the two services showed that the patient was highlighted as being at risk.**

Three of the four are currently being investigated by the Information Commissioners Office.
The General Data Protection Regulation (GDPR) which was implemented in May 2018 is embedded into the Trust.

**Clinical Coding Error Rate Validity**

Bridgewater Community Healthcare NHS Foundation Trust was not subject to the payment by results clinical coding audit during 2018/19 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 oversees 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**

The number of patients who have died during the report period, including a quarterly breakdown of the annual figures was:

<table>
<thead>
<tr>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Total</th>
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<tbody>
<tr>
<td>364</td>
<td>268</td>
<td>269</td>
<td>253</td>
<td>1054</td>
</tr>
</tbody>
</table>

The number of deaths including which were subjected to a case record review or an investigating to determine what problem (if any) there were in the care provided to the patient, including a quarterly breakdown of the annual figure were:

<table>
<thead>
<tr>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>19</td>
<td>39</td>
<td>17</td>
<td>86</td>
</tr>
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</table>

An estimate of the number of deaths during the reporting period for which a case record review or investigation had been carried out which the organisation judges as a result of the review or investigation were more likely than not to have been due to problems in care provided to the patient (including a quarterly breakdown), with an explanation of the method used to assess this. This is still to be determined and under development.

A summary of what the provider has learnt from case record reviews and investigation conducted in relation to deaths is still to be determined and under development.

A description of the actions which the organisation has taken in the reporting period, and proposes to take following the reporting period, as consequence of what we have learnt during the reporting period, still to be determined and under development

An assessment of the impact of the actions which were taken by the organisation during the reporting period is still to be determined and under development.

The number of case record reviews or investigations finished in the reporting period which related to deaths during the previous reporting period but were not included in the relevant document for that previous reporting period is still to be determined and under development.

An estimate of the number of deaths included in which the organisation judges as a result of the review or investigation were more likely than not to have been due to problems in the care provided to the patient, with an explanation of the methods used to assess this is Still to be determined and under development.
A revised estimate of the number of deaths during the previous reporting period stated in the relevant document of that previous reporting period, taking account of the deaths referred to in item will be completed mid May 2019.

During 2018 the Trust has developed a ‘Learning from Deaths’ policy and is currently establishing the process for how it will monitor and review cases in order to draw on thematic reviews in order to highlight good practice or areas for improvements. The Trust currently reviews deaths at the Serious Incident Review Panel and will continue to do so in order to ensure that investigations are completed and to support this process further from May 2019 the Trust will have introduced a ‘Learning from deaths’ Panel. This panel will oversee all of the Trusts reported deaths by providing a senior level of scrutiny and provide reports to the Trust Board. Any lessons learned will be shared with clinical teams via our established routes of sharing information across the Trust.

**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>Bridgewater 2016</th>
<th>Bridgewater 2017</th>
<th>Bridgewater 2018</th>
<th>National Average for Community Trusts</th>
<th>Highest Community Trust</th>
<th>Lowest Community Trust</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Friends &amp; Family Test</td>
<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>71%</td>
<td>67%</td>
<td>72.1%</td>
<td>74.8%</td>
<td>82.8%</td>
</tr>
<tr>
<td></td>
<td>(reported as 79% in last year’s report)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>% of staff that would recommend the Trust as a place to work. (Q21c NHS Staff Survey)</td>
<td>49%</td>
<td>45%</td>
<td>54.8%</td>
<td>59.4%</td>
<td>72.0%</td>
<td>35.4%</td>
</tr>
</tbody>
</table>

21 | Page
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 2018 to try to improve this with just short of a 10% improvement with regards to our staff recommending the Trust as a place of work. Furthermore, there has been just over a 5% improvement in staff recommending the Trust as a place to receive treatment. However whilst both these responses are improvements the Trust is still slightly below the national average of response rates for Community Trusts.

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

- Utilising our Staff Engagement Champions to work with the Trust’s Staff Engagement Lead to further understand and address the reasons why staff would not recommend the Trust as a place to receive treatment or work.
- Continuing to develop 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.
- 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.

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>2018/19</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>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></td>
<td>There were 323 discharges and 8 readmissions within 28 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>There were 343 discharges and 7 readmissions within 28 days</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

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</thead>
<tbody>
<tr>
<td>The number and, where available, rate of patient safety incidents reported within the Trust during 2018/19</td>
<td>3,999 incidents reported of which 1321 (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>
<td>6,505 incidents were reported. 2,819 (43%) were reported to NRLS (as of 07/04/19)</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>
<td>There were 215 incidents that resulted in severe harm or death. 85 of which met the criteria for a 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 2017/18:

- The volume of Patient Safety Incidents has increased by 1,643 (140%) this is encouraging and is an indicator of the Trust’s emerging patient safety culture.
- The overall number of Patient Safety Incidents increased, the ratio of No Harm incidents (Near Miss, Insignificant outcomes) was 51% of the total number of incidents reported.
- The number of Serious Incidents from 2018/19 was 137. The top three cause groups were pressure ulcers, slips, trips and falls & medication errors.
- From 2017/18 to 2018/19 there was the increased number of reported incidents indicating that the incident reporting culture is evolving in the Trust. The Trust will continue to develop 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 weekly Borough / Service specific Patient Safety meetings, which maintain an over view of all reported incidents in the organisation. These review meetings ensure that all incidents are reported and managed correctly depending on the nature and severity of the incident and are chaired by the Director of Nursing Services for the boroughs.
- Maintaining a dedicated root cause analysis training program for staff in the Trust. 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 registers.
- 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
Part 3 – Quality of Care in 2018/19

Trust Quality Measures

In 2018/19 Bridgewater agreed the following Quality Measures. They were chosen to reflect patient safety, patient experience and clinical effectiveness, and to measure the quality of care provided by a broad range of our services. Providing data on the same set of indicators over a number of years demonstrates where the care we have provided has either improved or declined.

The data for the Patient Safety Indicators are taken from the Ulysses Risk Management system. This system provides a mechanism for staff to report incidents into the incident management system, using an online form; this allows incidents to be recorded and managed in a safe and secure way.

<table>
<thead>
<tr>
<th>Indicator to be measured</th>
<th>Change compared to previous year</th>
<th>2018/19 full year position</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>Number of pressure ulcers which developed whilst patients were under our care</td>
<td>↓</td>
<td>683 of 760 incidents reported.</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 due to the Pressure ulcer work during 2018.</td>
</tr>
<tr>
<td>No. of serious untoward incidents (SUls)</td>
<td>↑</td>
<td>137</td>
<td>162</td>
<td>106</td>
<td>45</td>
<td>80</td>
<td>54</td>
<td>The volume of reported SUls reduced by 25. The top three cause groups were pressure ulcers, slips, trips and falls and medication errors.</td>
</tr>
<tr>
<td>Proportion of incidents with outcome of “No Harm”</td>
<td>↑</td>
<td>51%</td>
<td>49%</td>
<td>53%</td>
<td>40%</td>
<td>45%</td>
<td>34%</td>
<td>Reported patient safety incidents with “No Harm”</td>
</tr>
<tr>
<td>CDI reported as lapse in care and apportioned to the Trust</td>
<td>0 (6 cases under investigation)</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>4</td>
<td>(near miss, insignificant) outcomes increased to 51% of the incidents reported.</td>
<td></td>
</tr>
<tr>
<td>MRSA reported as lapse in care and apportioned to the Trust</td>
<td>0 (2 cases being investigated)</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>
<td></td>
</tr>
<tr>
<td>Total number of patient falls (In Patient facilities – Padgate House)</td>
<td>100 falls in total for the year Trust figure 229</td>
<td>1.8%</td>
<td>5%</td>
<td>6%</td>
<td>5%</td>
<td>3%</td>
<td>There has been an increase of 8 falls for the year.</td>
<td></td>
</tr>
</tbody>
</table>

### Clinical Effectiveness

| Percentage of patient facing staff that have been vaccinated against flu | ALW ↓ | 58.5% | 65% | 59% | 49% | 60% | 56% | National average across all trusts 59.8% (NB the national figures are provisional and may vary slightly after further data validation) |
| | Warrington↑ | 60.1% | 53% | 51% | 50% | 48% | 46% | |
| | Halton↑ | 49.6% | 49% | 52% | 41% | 45% | 36% | |
| | St Helens ↑ | 55.8% | 47% | 47% | 38% | 36% | 36% | |
| | Dental ↑ | 63.2% | 36% | 45% | 52% | 47% | 36% | |
| Total ↓ | 59.8% | 70% | 52% | 46% | 53% | 45% | |
| Bolton ↓ | 80.2% | 86.5% | | | | | |
| Oldham↓ | 49.3% | 74.2% | | | | | |
| Health & Justice ↑ | 80.6% | 78.5% | | | | | |

| Percentage of school age children immunised | HPV | | | | | | |
| | TD/IPV | | | | | | |
| | MenACWY | | | | | | |

### Patient Experience

| Staff who would recommend | See Comments | 79% | 3.51 | 3.61 | 3.63 | 3.55 | 3.48 (reported) | The minimum score is 1 and the |
our services to friends and family as 3.47) maximum score is 5.

2018/19 The result format in relation to the Friends and Family Test has internally changed. The results for the two questions are no longer combined.

| End of life – Percentage of patients being cared for in their Preferred Place of Care (PPC) | Warrington | 77% | 98% | 97% | 97% | 97% | 95% |
| Wigan | 89% | 80% | 78% | 89% | 87% | 86% |
| Halton | 83% | 98% | 93% | 82% | 95% |
| St Helens | N/A | N/A |

Warrington have demonstrated a decrease from previous years. Wigan has seen an increase in those patients achieving their PPC. Halton have demonstrated a decrease from previous years.

| Percentage of patients indicating they had a good overall experience | ↔ | 99% | 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 | ↑ | 104 | 92 | 94 | 88 | 91 | 88 |
Patient Safety
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 table 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 2018/19 compared to the national average.

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</tr>
</thead>
<tbody>
<tr>
<td>Harm Free</td>
<td>93.97</td>
<td>93.84</td>
<td>94.81</td>
<td>95.89%</td>
<td>94%</td>
<td>94.1%</td>
<td>95.69%</td>
<td>94.26%</td>
<td>93.91%</td>
<td>96.7%</td>
<td>92.39%</td>
<td>94.44%</td>
<td>94.70%</td>
</tr>
<tr>
<td>(Bridgewater)</td>
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</tr>
<tr>
<td>Harm Free</td>
<td>94.01</td>
<td>93.08%</td>
<td>93.95%</td>
<td>94.13%</td>
<td>94.05%</td>
<td>94%</td>
<td>94.28%</td>
<td>93.9%</td>
<td>94.22%</td>
<td>94.25%</td>
<td>94.00%</td>
<td>93.87%</td>
<td>93.90%</td>
</tr>
<tr>
<td>(National)</td>
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<tr>
<td>All Harms</td>
<td>6.03</td>
<td>6.16</td>
<td>5.82</td>
<td>4.11%</td>
<td>1.4%</td>
<td>2.5%</td>
<td>1.63%</td>
<td>5.74%</td>
<td>6.09%</td>
<td>3.3%</td>
<td>7.61%</td>
<td>5.56%</td>
<td>5.30%</td>
</tr>
<tr>
<td>(Bridgewater)</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Harms</td>
<td>5.99</td>
<td>6.02%</td>
<td>6.05%</td>
<td>5.87%</td>
<td>5.96%</td>
<td>6%</td>
<td>5.72%</td>
<td>6.1%</td>
<td>5.78%</td>
<td>5.75%</td>
<td>6.00%</td>
<td>6.13%</td>
<td>6.10%</td>
</tr>
<tr>
<td>(National)</td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>New Harms</td>
<td>1.76</td>
<td>2.33</td>
<td>2.23</td>
<td>0.86%</td>
<td>1.4%</td>
<td>2.5%</td>
<td>1.63%</td>
<td>0.85%</td>
<td>2.55%</td>
<td>2.15%</td>
<td>1.43%</td>
<td>1.90%</td>
<td>1.61%</td>
</tr>
<tr>
<td>(Bridgewater)</td>
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</tr>
<tr>
<td>New Harms</td>
<td>2.14</td>
<td>2.16%</td>
<td>2.17%</td>
<td>2.17%</td>
<td>1.99%</td>
<td>2.07%</td>
<td>2.12%</td>
<td>2.17%</td>
<td>2.04%</td>
<td>2.06%</td>
<td>2.19%</td>
<td>2.20%</td>
<td>2.17%</td>
</tr>
<tr>
<td>(National)</td>
<td></td>
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</tbody>
</table>

Between April 2018 and March 2019 the level of harm free care for 8 of the 12 months Bridgewater reported above the national average which means that patients receiving care from the Trust experienced less harms. There were 4 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. The level of harm free care for each of these 4 months was less than 1% lower than reported nationally. 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.

There is a monthly falls meeting where all falls are reviewed to look for patterns or trends and to ensure that all preventative measures are in situ. This meeting is multi-disciplinary involving social care and health nurses, carers and therapists. The team also take part in the National Falls Audit on a yearly basis.

<table>
<thead>
<tr>
<th>Total Falls Rates</th>
<th>Padgate House</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014/15 = 193</td>
<td>71</td>
</tr>
<tr>
<td>2015/16 = 245</td>
<td>106</td>
</tr>
<tr>
<td></td>
<td>(NB - this figure was incorrect in last year’s account – previously stated as 215)</td>
</tr>
<tr>
<td>2016/17 = 225</td>
<td>96</td>
</tr>
<tr>
<td>2017/18 = 185</td>
<td>80</td>
</tr>
<tr>
<td>2018/19 = 229</td>
<td>100</td>
</tr>
</tbody>
</table>

The figure represents an increase of twenty falls compared to last year at Padgate House.
Pressure Ulcers

In 2018/19, there was an increase in the total number of pressure ulcers that developed within Bridgewater. There was an increase from 604 incidents in 2017/18 to 823 incidents in 2018/19. This reflects the increased activity and level of acuity and dependency of our patients.

The proportion of more severe ulcers (Category 3 and 4) also increased, during 2018/19. The Trust continues to actively encourage reporting of all categories of pressure ulcers in line with national requirements.

The Trust has continued to review all reported pressure ulcer incidents as part of our commitment to maintaining patient safety through reducing harm and learning from incidents, identifying themes and trends and improving the quality of care. This will enable us to ensure that the right wound care product is being used as well as pressure relieving equipment. The review process enables us to identify ways in which we can improve practice to reduce the risk of harm to patients.

Over the last year the Trust has continued to hold weekly Patient Safety Meetings which provide an opportunity to review moderate and severe pressure ulcers i.e. those categorised as category 3, 4 or Ungradeable. The category three, four and ungradable pressure ulcers developed under the Trusts care continues to be reported externally to Clinical Commissioning Groups (CCGs) via a national reporting system. The weekly Patient Safety Meeting has provided a learning opportunity which captures areas of good practice and/or areas for improvements. These meetings are chaired by the Directors for Nursing for each Borough, and include representation from the clinical teams involved and tissue viability specialist nurses. They carry out an initial review of Trust acquired or deteriorated pressure ulcers and establish the required scope of the investigation.
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.

**Medication Safety**

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

The role of the Trust’s Medication Safety Officer is to support the management of these incidents to ensure the safe use of medicines in all services. Medication incidents continue to be reported on the Trust’s incident reporting system (Ulysses), and are reviewed initially by the Medication Safety Officer who then contacts the incident reporter or Clinical Manager to
manage immediate actions required and put a plan in place to manage the longer term actions.

In 2018/19, the bimonthly Medicines Management newsletter ‘Medicines Matters’ included regular features on lessons learnt and good practice involving medicines, national patient safety alerts, as well as specific topics such as ‘Insulin Safety’, ‘How to report a Medicines Incident’, ‘Adverse Drug Reactions’ and ‘Biosimilar Medicines’.

On a quarterly basis, a medication incident report and controlled drugs accountable officer report is submitted to the Safety & Quality Committee and shared with the Clinical Commissioning Group Medicines Management Leads. Controlled drug incidents are also reported to the local intelligence teams and information shared at local intelligence network meetings for Cumbria and Lancashire, Greater Manchester, and Cheshire and Merseyside.

In Quarters 1-4 in 2018/19, 878 medication related incidents (13.5% of the total incidents reported over this period) were reported by Trust staff including 229 involving controlled drugs.

45% of these medication related incidents were classified as third party incidents i.e. those which Bridgewater staff identify and originate from other healthcare providers e.g. hospitals, community pharmacies, GPs, care agencies or individuals. Links continue to be developed between the Trust’s medicines management team, local trusts, local clinical commissioning groups and other relevant local agencies to report relevant third party incidents for appropriate investigation and to facilitate lessons learnt being put into practice and shared across the health economy.

Near miss review and reporting continued over Quarters 1-4 with a total of 188 near misses (an average of approximately 15 per month) reported.

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

Throughout 2018/19, the Medicines Management team has worked with many services in the Trust and there are clear improvements in the support available for staff and medicines management standards. A number of guidelines and procedures have been reviewed including the Medicines Incident Policy. The safe and secure handling of medicines audit is currently being finalised to provide assurance on the safe management of medicines across the Trust, and outcomes will be cascaded to all services that handle medicines to share learning.

The Medicines Management team has provided training sessions to specific services on the handling and record-keeping of controlled drugs, medicines stored in fridges (‘cold chain’ training) and the use of Patient Group Directions to supply and administer medicines.
Medication safety remains high on the Medicines Management agenda to support the delivery of quality services across the Trust.

**Non-Medical Prescribing**

Bridgewater has approximately 527 Non-Medical Prescribers (NMPs) comprising of 126 independent/supplementary prescribers and 401 community practitioner nurse prescribers on its NMP register. New NMPs meet with the NMP Lead to go through NMP policy, procedures, prescription security, formulary compliance and continued professional development upon first allocation of prescription forms. The register is maintained and prescribers authorised with NHS Business Services Authority and prescription forms ordered via the secure stationers Xerox and issued for NMPs alongside other medical services using them such as out of hours, child development and specialist services etc. Prescribing rights for smartcards SystmOne/EMIS access is authorised by the Medicines Management team. Medicines Healthcare Regulatory Agency (MHRA) alerts and other relevant information are circulated to all prescribers.

The Non-Medical Prescribing Lead provides regular NMP update meetings to discuss safe and appropriate prescribing. Prescribing data is reviewed quarterly for compliance against local formularies (Pan Mersey and Greater Manchester), and Trust formularies. Any off formulary prescribing is highlighted and individuals asked to provide a rationale. Repeat infringements will trigger escalation to clinical managers. All NMPs have been contacted to submit their current Approval to Practice form to enable prescribing to be reviewed against their defined scope of practice. Compliance reports are shared with CCG Heads of Medicines Management.

In 2018/19, 48 clinical staff enrolled and successfully completed a non-medical prescribing course at a North West university.

**Safeguarding**

Keeping children safe is both complex and challenging and requires practitioners to have high levels of commitment and professional curiosity; safeguarding children is everyone’s responsibility. All Directorates within the Bridgewater are committed to their staff protecting vulnerable children and adults at risk.

This is a brief overview report as each of the boroughs provides a detailed individual Safeguarding, Looked after Children and a Safeguarding Adult annual report.

The Safeguarding team provides a specialist service that delivers high quality provision across the organisation. All staff are able to access support, advice, training, safeguarding supervision and guidance.
The Safeguarding Team – Key Roles and Responsibilities

The Chief Nurse:
The Chief Nurse is the Executive Lead for Safeguarding and PREVENT and has overall responsibility for ensuring that:

- There are safe and robust operational arrangements in place for safeguarding in all the services that are provided
- Staff work in line with organisational and Local Safeguarding Boards policy, procedures and standards

Medical Director:
- Leads on the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS)

Director for Safeguarding Services:
- Strategic leadership and day-to-day running of the safeguarding function
- Strategic and professional lead across the Trust for Domestic Abuse and Looked After Children
- Work alongside HR in regards to allegations against staff working with children (Local Authority Designated Officer (LADO))
  - Identify measure and monitor key outcomes in this area of practice, demonstrating continuous improvements
  - Ensure lessons learnt are shared across the organisation following Serious Case and Domestic Homicide Reviews
- Lead on the planning, development, implementation and evaluation of innovative practice in the management of the safeguarding agenda
- Operational Lead for Prevent
- Ensures representation, where requested, at the 10 LSCBs (Local Safeguarding Children Boards) and SABs (Safeguarding Adult Boards) and their sub groups. In light of the Wood Review, Children and Social Care Act 2017 and Working Together 2018, there are currently changes to the LSCBs and the new Multi-Agency Safeguarding Arrangements (MASA) membership is being reviewed in each borough and will be published by June 2019

Strategic Lead for Safeguarding
- Deputises for the Director for Safeguarding responsibilities and provides support for the Named Nurses
- Provides leadership and management to a team of safeguarding specialist practitioners within the Trust
- Model a safeguarding culture across the Trust and promote communication that clearly conveys that safeguarding is part of everyday clinical practice in whatever setting it takes place
- Takes the Lead for Early Help Services agenda
- Takes the lead role and coordinate the production of serious case reviews, internal management review reports and domestic homicide reviews ensuring that mechanisms are in place to apply lessons learnt across the Trust
- Influences the Trust training and education agenda relation to safeguarding

**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, Working Together (2018), the Children Acts (1989 + 2004), the Care Act (2014), the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (2009)
- Manage the Safeguarding and Looked after Children Teams in their borough. The Named Nurse for Adults works across all of the boroughs and during 2018/2019 has had a Specialist Safeguarding Adult Nurse to support the role as a Fixed Term arrangement. This is due to end in March and the organisation is planning to ensure this is a permanent position
- The Named Nurses address their work plan which is monitored on a weekly basis and presented at the STAG (Safeguarding Team Assurance Group).
- The safeguarding teams in each borough are made up of a variety of safeguarding professionals depending on the services we provide. Halton, Wigan, Warrington and Bolton have Children in Care Nurses; this service sits within the Children’s 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
- Three of the safeguarding administration teams won Non Clinical Team of the Year at Bridgewater Trust Awards during quarter 2 and in quarter 3 were finalists in The Unsung Heroes Award. This was very proud moments for the safeguarding team and acknowledgement of their hard work. One of the administration team members was also nominated and a finalist in the Trust Awards for Non-Clinical Employee of the Year.

**Named Midwife**

The Named Midwife and the Safeguarding Midwife work closely with the Named Nurses and the safeguarding team to ensure that midwifery staff are enabled to identify and support women in need of early help or those where there are safeguarding concerns.

During 2018/2019, there were a number of changes to the senior safeguarding management team. One of the Named Nurses took flexi retirement and returned as a Safeguarding Specialist Nurse. Two Named Nurses left to take up Safeguarding Nursing roles nearer their home. As a result of positive succession planning, two of our Specialist Nurses were successful in securing the Named Nurse roles that became vacant. The Strategic Safeguarding Lead role became vacant in quarter 4 and there are currently interim cover arrangements in place.
As a health provider, Bridgewater demonstrates safeguarding leadership and commitment at all levels of the organisation, and is fully engage in supporting local accountability and assurance structures; in particular via the LSCBs, SABs and Commissioners of services. Safeguarding assurance is provided to Commissioners through quarterly submission of evidence to support the quality dashboard as well as annual completion of safeguarding audit tools.

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

- Safeguarding training; PREVENT WRAP3, MCA and DoLS bespoke and Level 3 for safeguarding children and adults. Bespoke training is also offered where required in response to local priorities and service need.
- Advice and support to all staff in relation to all aspects of safeguarding including Sexual and Criminal Exploitation, Radicalisation, Domestic Abuse, Sexual and Physical abuse, Female Genital Mutilation, Forced Marriage, Honour Based Violence, Mate Crime and Adults at Risk
- Safeguarding supervision for staff ; 1:1, group, drop in and reactive
- Supports the delivery of specialist health provision for Children in Care/Looked after Children which recognise the vulnerability of this group and ensures health needs are identified and care plans monitored
- Supports clinical team’s engagement in multi-agency working for Serious Case Reviews, Safeguarding Adult Reviews, Domestic Homicide Reviews and local and multi-agency learning reviews.
- A robust process for review, consultation and approval of Policies, SOPs (Standard Operating Procedures), Protocols, Guidelines and Procedures, ensuring they are up to date, reflect local and national legislation and guidance and are easily accessible for all staff.

**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 The Safeguarding Teams have been working in collaboration with the Education and Professional Development (EPD) Team to target services, individual staff and relevant line managers to improve compliance rates to ensure a more, skilled and knowledgeable workforce.

A comprehensive Safeguarding Training Strategy, Training Needs Analysis and Framework setting out the safeguarding training requirements for all staff across our organisation, is in place. This enables staff to identify the appropriate level of training, depending on their job role.

Safeguarding level 2 e-Learning training was introduced in 2016 as part of the mandatory training programme for all staff. The compliance threshold in quarter 2 demonstrated a significant reduction. EPD advised that this is as a result of an instruction issued two years ago that all staff had to complete a new level 2 Children’s eLearning module every 2 years. This
meant that large numbers of staff all become non-compliant at the same time. The safeguarding team will continue to work closely with EPD to ensure that competencies are correctly applied to job roles and that reporting takes into account that staff who are required to access safeguarding training at level 3 or above are only required to complete safeguarding level 2 training once.

A clear expectation was set by our Chief Executive at the November 2018 Team Brief for this to be addressed by the operational teams as the responsibility for compliance sits with the clinical managers and their teams and not the safeguarding team.

Additional bespoke MCA/DoLS face to face training sessions were provided by the Named Nurse for Adults in quarter 3 and quarter 4 to increase the understanding and application of MCA.

The level 3 safeguarding adult training compliance demonstrates a significant increase in compliance since month 12 in 2017/2018, when the compliance was 68.15%.

During the year there has been a compliance rate of 100% for Safeguarding Children Level 3 in some of the boroughs.

<table>
<thead>
<tr>
<th>Safeguarding Training</th>
<th>Month 12 – 2017/2018</th>
<th>Month 12–2018/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 2 Safeguarding Children e-Learning</td>
<td>93.62%</td>
<td>71.26%</td>
</tr>
<tr>
<td>Target 95%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level 2 Safeguarding Adults e-Learning</td>
<td>94.31%</td>
<td>71.26%</td>
</tr>
<tr>
<td>Target 90%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level 3 Safeguarding Children Face to Face</td>
<td>93.22%</td>
<td>91.64%</td>
</tr>
<tr>
<td>Target 90%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level 3 Safeguarding Adults Face to Face</td>
<td>68.15%</td>
<td>90.77%</td>
</tr>
<tr>
<td>Target 90%</td>
<td>2016/2017= 17.04%</td>
<td></td>
</tr>
<tr>
<td>PREVENT Awareness e-Learning</td>
<td>77.25%</td>
<td>89.78%</td>
</tr>
<tr>
<td>Target 85%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PREVENT WRAP 3 Face to Face / e-learning</td>
<td>86.10%</td>
<td>89.78%</td>
</tr>
<tr>
<td>Target 85% set by NHSE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Safeguarding Supervision

Safeguarding supervision is a requirement for all staff who have face to face contact with children and young people. Bridgewater’s Safeguarding Supervision policy ensures there is consistent approach to the delivery of safeguarding supervision across all boroughs, which is in line with national guidance and local Commissioner’s requirements. Each of the safeguarding teams provide a combination of, individual, group and reactive safeguarding supervision, ensuring support and guidance are available to assist all staff in the identification of risk and protective factors for vulnerable adults, children and young people. The Named Nurses also receive individual safeguarding supervision from the borough Designated Nurse.

Safeguarding supervision compliance in each borough is monitored and since quarter 2, reported quarterly at STAG. Reasons for staff not attending their Safeguarding Supervision are monitored by the safeguarding team and where patterns emerge these are responded to, recorded and addressed. Data for compliance for quarter 3 can be seen in the table below;

<table>
<thead>
<tr>
<th>Safeguarding Supervision Compliance</th>
<th>84.82%</th>
<th>Month 9 as produced quarterly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target 90%</td>
<td></td>
<td>88.17%</td>
</tr>
</tbody>
</table>

Whilst there is not yet guidance on formal Safeguarding 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 by the...
Safeguarding teams to the LSCBs at varying stages throughout the year depending on each Boards request. Scrutiny panels provided by LSCBs assist in the monitoring of action plans developed to incorporate any gaps or areas for development.

**The Care Quality Commission (CQC)**
The Trusts CQC inspection took place during September and the Director for Safeguarding Services, alongside our Chief Nurse, Executive Safeguarding Lead, were interviewed during the Well Led interview process. The Wigan and Bolton Safeguarding teams received a visit from the Inspectors, who were interested in all aspects of safeguarding and the experience of Children receiving health care from Bridgewater.

Two SEND (Special Educational Needs and Disabilities) inspections have been carried out during the year. Inspectors visited Wigan services in June 2018 and Warrington services in December 2018, the 0-19 services took the lead for these visits.

**JTAI (Joint Targeted Area Inspection)**
JTAI inspections 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). These inspections combine an evaluation of multi-agency front door arrangements with a deep dive investigation. Within each borough the safeguarding teams are supporting preparations with a range of activities including completion of self-assessment documents, submission of Annexe A evidence and participation in multiagency case file audits on current JTAI these which is interfamilial child sexual abuse. The Safeguarding team have also developed a JTAI newsletter for staff

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

**LADO**
Allegations against Staff – LADO (Local Authority Designated Officer)
As outlined in ‘Working Together to Safeguard Children’ 2018, 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 works closely with the Director of Safeguarding when cases are identified. A review is undertaken monthly to track cases and investigation outcomes.

During 2018/2019, there were 2 LADO referrals which have been dealt with using the Trusts investigation procedures.
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.

The Director for Safeguarding, as Operational Prevent Lead, liaises regularly within NHS England and is a member of the North-West Prevent sub-group. The Director for Safeguarding ensures that systems and processes are in place support the delivery of the Prevent Programme.

Bridgewater provides PREVENT data, which include referrals to the Channel Panel and the organisations training compliance, via the electronic UNIFY 2 system as requested by NHSE. The safeguarding team produced a PREVENT Leaflet and is available on the hub and discussed during level 3 safeguarding training.

Clinical Commissioning Groups (CCGs)

Safeguarding and Children in Care/Looked after Children 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.

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 and Bolton’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.

Safeguarding Team Assurance Group (STAG)

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 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.

Bridgewater’s STAG seeks assurance that all safeguarding commitments and responsibilities are met. Due to the volume of safeguarding documents reviewing review and approval monthly extra-ordinary STAG meetings have been necessary throughout 2018/2019.

The Trusts safeguarding assurance is provided through the STAG meetings reporting to the Quality + Safety (Q+S) Committee.
The weekly Named Professional meeting is the operational sub group of the STAG to progress a shared work plan.

**Audits**

During 2018/19 The Safeguarding Children Team have contributed to multi-agency audits in each borough as well as undertaking numerous internal audits including audits of Safeguarding Supervision, Safeguarding Flagging on SystmOne, Information Sharing from Health Care Plans, Quality of referrals to children’s social care and the Mental Capacity Act.

In response to challenge from St Helens CCG regarding level of safeguarding activity at St Helen’s UTC an audit was undertaken by the safeguarding team in quarter 2. The audit focused on staff recognition of their safeguarding responsibilities and whether there was evidence of appropriate action being taken in relation to children and adults at risk. Audit findings were incorporated into an action plan which the safeguarding team are working to progress. A re audit was commenced in quarter 4 to test out whether actions taken had been effective.

During Q4 Mersey Internal Audit Agency (MIAA) undertook a review of safeguarding adult and children arrangements in the Trust in accordance with the Trusts 2018/19 Internal Audit Plan. The scope of the review was to undertake a baseline assessment of key expected safeguarding controls within the Trust. The review took in processes operating from borough level up to the Quality and Safety Committee. MIAA found and shared in their draft report that ‘there is a good system of internal control designed to meet the system objectives, and that controls are generally being consistently applied’. The trust was awarded an assurance rating of ‘Substantial Assurance’. This is a significant improvement since the previous audit, which was completed in 2015 and received ‘Limited Assurance’.

**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. These reviews look to identify lessons that can help prevent similar incidents from happening in the future (Working Together to Safeguard Children, 2018).

A DHR’s are 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. These aim to identify any 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. Learning is shared across the organisation via delivery of safeguarding training, safeguarding supervision and 7 minute briefings. The team monitor the action plans at the Named Professional weekly meeting.
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. Bridgewater safeguarding team have been involved with 24 SCR’s, 1 DHRs and 2 Serious Adult Reviews plus Multi and Single Agency Reviews. During 2018/19 due to the impact on the workload of the safeguarding team the volume of serious case reviews has been identified as a risk on the organisation's risk register and is reviewed regularly. The Adult Named Nurse has contributed to Safeguarding Adult Reviews, Local Case Reviews and processes. The Named Nurse Nurses lead on action plans and provided updates to the CCGs and the LSCBs and SABs on the progress of these plans. 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 a crucial part of safeguarding. As part of each quarterly STAG meeting a voice of the child or vulnerable adult case study is shared with the group by a STAG member. The Safeguarding team advocates that staff working with children and families must listen to and hear the voice of the child and reflect and respond to their voice in all aspects of their work. 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.

**Risks**
The safeguarding risks on the Trusts Risk Register are monitored by the safeguarding team. The risks are discussed at the STAG meetings and reviewed/escalated at the newly formed Risk Management Council meetings. The high risks are reviewed on at least a monthly basis and 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 daily basis and a weekly report is received. These are monitored and actioned by the safeguarding team when a safeguarding incident is 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. 2018/2019 saw Bridgewater go ‘live’ with CP-IS in all of their unscheduled settings;

1. Leigh WIC
2. St Helens UTC
3. Wigan GP Out of Hours
4. Warrington GP Out of Hours
5. Widnes UCC.

**Female Genital Mutilation (FGM)**

Female Genital Mutilation (FGM) includes all procedures that involve the partial or total removal of external genitalia or other injury to the female genital organs for non-medical reasons (WHO 2016). During 2018/19 Bridgewater’s Female Genital Mutilation Guideline was reviewed, updated, approved and is available for all staff to access on the hub. There is a mandatory duty for healthcare professionals to record, report and act upon any concerns regarding FGM. Bridgewater had no cases to report this year.

**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 death.

The safeguarding team oversee Bridgewater’s contribution to the CDOP (Child Death Overview Panel) process in relation to all child deaths.

Additional Safeguarding Supervision and support is offered to all staff who have been involved with a child who has died.

**MASH (Multi Agency Safeguarding Hub)**

MASH teams bring together health, the local authority and the police. Oldham and Warrington the safeguarding teams each have one full time specialist nurse to support the MASH function. Responsibilities within the MASH include the sourcing and sharing of health information and attendance at strategy meetings. In both areas the demand from the MASH exceeds the current commissioned staff resource and requires support from the wider safeguarding team to manage the workload. This is identified as a risk on the Risk Register and the Commissioners are aware of the concerns and are reviewing provision.

**Intranet- Hub**

There is a dedicated Safeguarding section on the hub. This is updated on a monthly basis to ensure all staff can access up to date news and details of what is happening in their own boroughs.

It shares a wealth of detail and information for staff and information regarding what to do if they have any concerns.
**Safeguarding Strategy**

During 2018, the safeguarding team launched Bridgewater’s first *Safeguarding Strategy*. The purpose of this is to provide Bridgewater with an overarching safeguarding strategy and vision. This visual and engaging strategy sets out the principles and expectation around our approach and commitment to keeping children and adults at risk safe.

**Safeguarding Business Continuity Plan**

In August 2018, the Safeguarding team produced their first Business Continuity Plan. It provides contingency plans in the event of any disruptions to service and is available to all staff via the hub.

**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.

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.

In quarter 2, the Wigan Children in Care Team delivered a presentation to Wigan Borough CCG in relation to the achievements of the team in meeting the needs of some of the boroughs most vulnerable children and young people. The Children in Care Team climbed Mount Snowden in September to raise funds for Children in Care in Wigan. The team raised over £1700. The CCG purchased ipads to enable the team to deliver health promotion messages and activities to children and young people in a more interactive way.

During 2018/19 Halton CIC team have been working towards mobilising a new model of service delivery for CIC in line with that already successfully provided in Wigan and Warrington. Two new CIC nurses joined the Halton team in quarter four and the team expect to be fully operational for the start of 2019/20.

**Achievements in 2018/2019**

- New Appointment of a Named Nurse for Warrington and St. Helens
- Development and Launch of Bridgewater’s first Safeguarding Strategy
- Production of the Safeguarding Business Continuity Plan
- Capacity to respond to the needs of vulnerable adults has been enhanced by the introduction of a safeguarding specialist nurse for adults to work with the Named Nurse.
- Significant increase in compliance of safeguarding adult Level 3 training
- Administration Team winning the Non Clinical Team of the Year at Bridgewater Trust Awards and finalists in The Unsung Heroes Award
- Comprehensive update of policies, procedures and guidance.
• 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
• Worked with LSAB’s to ensure that any service development in the Trust is reflective of multi-agency safeguarding practices both locally and nationally
• Monitor, identify and implement changes in line with key safeguarding legislation
• Re-launched the Safeguarding Adult Champions, who provide a resource, role model and multidisciplinary link across the Trust. The Champions support and advice in their clinical area and act under the supervision and support of the Safeguarding Adult Named Nurse
• Worked closely with the Head of Risk Management & Patient Safety in managing risks and incidents
• Worked effectively with the Designated Nurses for Safeguarding

Challenges for 2018/2019

• Staffing vacancies during the crossover of senior managers in the safeguarding team leaving and new staff commencing
• The number of SCRs particularly in Wigan and Oldham
• Compliance with safeguarding e-Learning modules.
• Safeguarding adult team support and prior to the fixed term contract there only being one Adult Named Nurse across Bridgewater
• Increasing workload and demands on the safeguarding service

Challenges for 2019/2020

• High number of Serious Case Reviews and the emotional impact and increased workload this has on staff
• Implementation of new multi-agency safeguarding arrangements (MASA) and what this will these mean for each borough within the Trust – this will not be known until after June 2019

Priorities for 2019/2020

▪ Continue to promote all safeguarding training increase compliance to ensure the trust has a skilled and competent workforce.
▪ Continue to work closely with the Head of Risk Management & Patient Safety in managing risks and incidents
▪ Develop 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 with multiagency partners demonstrating the trusts commitment and leadership in the safeguarding agenda

Continue to participate effectively and disseminate learning, from local and national SCRs and DHRs

Work to progress and complete 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

Continue to monitor, identify and implement changes in line with key legislation

Infection Prevention and Control

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

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. Following on from the last CQC report (2016) were infection control practices were described as good the recent CQC visit in September 2018, visiting maternity, adult care and dental, found the Trust controlled infection risk well. They found that the staff kept themselves, equipment and the premises clean, hand hygiene was seen to comply with essential steps, and in dental infection control procedures were in line with nationally recognised guidance.

Infection, prevention and control practice

- For 2018/19 the number of sharps injuries was 27, which is the same as reported last year.
- Mandatory training for Infection Prevention and Control is:
INFECTION PREVENTION & CONTROL - LEVEL 2

<table>
<thead>
<tr>
<th>Locality</th>
<th>Total Number of Staff</th>
<th>Number of Staff compliant</th>
<th>% compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bridgewater</td>
<td>2139</td>
<td>1216</td>
<td>56.85%</td>
</tr>
<tr>
<td>Corporate</td>
<td>58</td>
<td>36</td>
<td>62.07%</td>
</tr>
<tr>
<td>Dental</td>
<td>154</td>
<td>86</td>
<td>55.84%</td>
</tr>
<tr>
<td>Health and Justice</td>
<td>78</td>
<td>45</td>
<td>57.69%</td>
</tr>
<tr>
<td>Cheshire and Mersey</td>
<td>964</td>
<td>538</td>
<td>55.81%</td>
</tr>
<tr>
<td>Halton</td>
<td>334</td>
<td>204</td>
<td>61.08%</td>
</tr>
<tr>
<td>St. Helens</td>
<td>105</td>
<td>59</td>
<td>56.19%</td>
</tr>
<tr>
<td>Warrington</td>
<td>503</td>
<td>267</td>
<td>53.08%</td>
</tr>
<tr>
<td>DMT</td>
<td>22</td>
<td>8</td>
<td>36.36%</td>
</tr>
<tr>
<td>Greater Manchester</td>
<td>884</td>
<td>511</td>
<td>57.74%</td>
</tr>
<tr>
<td>Bolton</td>
<td>6</td>
<td>6</td>
<td>100.00%</td>
</tr>
<tr>
<td>Oldham</td>
<td>144</td>
<td>76</td>
<td>52.78%</td>
</tr>
<tr>
<td>Wigan</td>
<td>729</td>
<td>426</td>
<td>58.44%</td>
</tr>
<tr>
<td>DMT</td>
<td>6</td>
<td>3</td>
<td>50.00%</td>
</tr>
</tbody>
</table>

HAND HYGIENE

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 2018 – 2019 are:

Hand hygiene by Borough

<table>
<thead>
<tr>
<th>Locality</th>
<th>1st April 2018 – 30th September 2018</th>
<th>1st October 2018 – 31st March 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bolton</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Dental</td>
<td>96%</td>
<td>76%</td>
</tr>
<tr>
<td>Halton</td>
<td>83%</td>
<td>74%</td>
</tr>
<tr>
<td>Health and Justice Team</td>
<td>82%</td>
<td>91%</td>
</tr>
<tr>
<td>Oldham</td>
<td>80%</td>
<td>77%</td>
</tr>
</tbody>
</table>
**Cleanliness**

- Audits continue to be completed by the IPC team and the cleaning providers; these have previously been reviewed by the IPC team for discrepancies with the audit completed by themselves and where necessary the Head of Estates was notified. The IPC team hope to continue to review the audits conducted by the cleaning providers in the future and are in contact with the Estates team to facilitate this. The audit calendar ensures that all premises where Bridgewater staff carry out clinical duties are audited every two years.

- Although there has been a pause in clinical audits from the end of June 2018, due to staffing levels within the team, the team have continued to provide clinical audit when informed of issues that have caused concern to staff either based in the clinic or visiting the clinic. The team have also continued to provide clinical audit and audit reviews to the Health and Justice setting due to the issues previously highlighted on audits.

- 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. Clinical audits by the IPC team where paused, initially due to staffing issues and then with the added addition of managing the staff influenza campaign. All audits should be completed by the end of March, 2019. Audits in the Health and Justice setting where given priority and have been completed and reviewed within a timely manner.
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. A member of the Infection control team attends the monthly review meeting in the Wigan Borough. 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 2018 – 2019.
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. There has been no request to review patient’s notes for E-coli to date.

Outbreaks
Following last year’s influenza (flu) outbreaks in the Health and Justice system the infection prevention and control training organised training with the infection prevention and control link nurses from the Health and Justice setting, covering influenza and management of outbreaks. The Health and Justice team and IPC team attended bespoke training organised by PHE on the management of influenza outbreaks in these facilities due to the unique challenges the prison lay outs and environment, along with prisoners not always reporting symptoms in a timely manner cause and discussed possible solutions to future management. There has been one flu outbreak to date one of the Health and Justice facilities managed by the Trust. The staff on duty acted quickly following procedure and isolating and seeking advice from both the infection control team and PHE. There were two patients involved and the outbreak was contained and declared over within two weeks.
In September there was a case of Giardia lamblia, which is a reportable disease, the IPC link nurse within the prison acted appropriately, informing PHE, the IPC team, prison staff and implementing infection prevention and control measures. There were no further cases reported.

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. Audits by the IPC team where paused, initially due to staffing issues and then with the added addition of managing the staff influenza campaign 2019. At the end of March 2019 only two clinics
where outstanding for clinical audits. Audits in the Health and Justice setting were given priority and have been completed and reviewed within a timely manner.

**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 2018 it was noted that dental infection control procedures were in line with nationally recognised guidance.

**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 permanent position of an IPC/Flu lead was advertised in June and recruited to in October. The IPC team ran a campaign and training for peer immunisers across nursing teams to support the campaign and make accessibility to the vaccine easier and timely. New fridges were installed in Warrington to aid access to the staff vaccines. Vaccine was available for all staff and an advertisement campaign was launched in September to encourage staff to take up the offer of a free flu vaccination. The IPC team used various methods with an aim to increase uptake of the vaccination, which included advertised drop in sessions, visiting individual teams, and attending team symposiums and team meetings. The flu lead was supported by the immunisation lead in Bolton and the immunisations teams in Warrington, Halton and the Oldham areas.

Bridgewater clinical staff uptake was 58.7% for this year, with each Borough/directorate broken down as follows for clinical staff:

- Bolton 80.2%
- Dental at 63.0%
- Halton 49.3%
- Health & Justice 81.2%
- Oldham 49.3%
- St. Helens 56.6%
- Warrington 59.6%
- Wigan 57.8%

The overall Bridgewater staff uptake, including both clinical and non-clinical, is 59.8%.

**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, which are all up to date.
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.

The infection, prevention and control team continue to work with the medicines management team in antimicrobial stewardship with the aim of improving staff and patient knowledge of the best use of antibiotics. 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 the antimicrobial stewardship group update the Trust’s web page and with the support of the communications team ran an interview with a Bridgewater prescriber to highlight the difficulties faced in patient consultations when antibiotics are ‘expected to be prescribed’ and the way staff can support patients in understanding when a prescription may be required.

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 2018/19, when 6,505 incidents were reported, compared to 2017 / 2018 when a total of 4,811 incidents were reported in the Trust. This increase is indicative of the Trust’s improving incident reporting culture.

Weekly Borough / Service specific Patient Safety meetings continue to be held in the Trusts, which are led by the respective Directors of Nursing Services. The purpose of these meetings is to review all reported patient safety incidents to ensure that they are being managed correctly, these meetings have been used as a vehicle to improve the Trust’s incident reporting culture.

Incidents are also reviewed at the monthly Quality & Safety Sub Groups where support is provided to managers to ensure that all possible action is being taken to manage incidents and risks.
The quarterly trend for incidents that were reported during the period 01 April 2018 to 31 March 2019, compared to the previous year was as follows:

The numbers of incidents reported from the Boroughs where the Trust provides services were as follows:

<table>
<thead>
<tr>
<th>Borough / Service</th>
<th>2016/17</th>
<th>2017/18</th>
<th>2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bolton</td>
<td>113</td>
<td>132</td>
<td>130</td>
</tr>
<tr>
<td>Cheshire</td>
<td>77</td>
<td>40</td>
<td>29</td>
</tr>
<tr>
<td>Corporate</td>
<td>13</td>
<td>22</td>
<td>41</td>
</tr>
<tr>
<td>Dental</td>
<td>137</td>
<td>156</td>
<td>216</td>
</tr>
<tr>
<td>Halton</td>
<td>1,020</td>
<td>1,074</td>
<td>1,287</td>
</tr>
<tr>
<td>Health for Justice</td>
<td>0</td>
<td>271</td>
<td>776</td>
</tr>
<tr>
<td>Oldham</td>
<td>146</td>
<td>151</td>
<td>500</td>
</tr>
<tr>
<td>St Helens</td>
<td>806</td>
<td>181</td>
<td>144</td>
</tr>
<tr>
<td>Trafford</td>
<td>16</td>
<td>11</td>
<td>17</td>
</tr>
<tr>
<td>Warrington</td>
<td>1,114</td>
<td>1,224</td>
<td>1,571</td>
</tr>
<tr>
<td>Wigan</td>
<td>1,227</td>
<td>1,547</td>
<td>1,792</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4,676</strong></td>
<td><strong>4,811</strong></td>
<td><strong>6,505</strong></td>
</tr>
</tbody>
</table>

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.
At each of the weekly Patient Safety Meetings there is a review of all reported incidents from the preceding seven days. This review is to identify any incidents that meet the criteria of a Serious Incident and to ensure that all incidents are being managed correctly and to ensure that all opportunities for learning are maximised.

Pressure ulcers continue to be the most common type of incident reported in the Trust. A “pressure ulcer huddle” which was previously introduced in the Wigan Borough, has now been implemented in the Warrington and Halton Boroughs.

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.

**Major / Catastrophic Incidents**

During the period 2018/2019 there were a total of 215 incidents (this includes all patient safety incidents and all other types of incidents) reported that were classed as major / catastrophic. The main factor in this was initiatives to ensure that the Trust complies with the national learning from deaths programme. This has resulted in Trust staff using the incident reporting system to record unexpected deaths. The oversight of learning from deaths has been carried out by Serious Incident Review Panel.

10 incidents that resulted in death were managed as serious incidents during the year, 4 of these incidents related to unexpected deaths, while the other 6 related to deaths in custody. All of these incidents were recorded on the Strategic Executive Information System (StEIS).

Trust staff reported 6,505 incidents during 2018/19, 2,819 (43%) 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.
### Patient Safety Incidents by Actual Impact

*This is a scoring matrix to measure the level of harm to patients*

<table>
<thead>
<tr>
<th>Patient Safety Incidents by Actual Impact</th>
<th>2016/17</th>
<th>2017/18</th>
<th>2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>1,217</td>
<td>1,176</td>
<td>2,819</td>
</tr>
<tr>
<td><strong>Near Miss</strong></td>
<td>133</td>
<td>180</td>
<td>432</td>
</tr>
<tr>
<td><strong>Insignificant</strong></td>
<td>390</td>
<td>333</td>
<td>999</td>
</tr>
<tr>
<td><strong>Minor</strong></td>
<td>580</td>
<td>517</td>
<td>1,035</td>
</tr>
<tr>
<td><strong>Moderate</strong></td>
<td>102</td>
<td>128</td>
<td>268</td>
</tr>
<tr>
<td><strong>Major</strong></td>
<td>2</td>
<td>6</td>
<td>10</td>
</tr>
<tr>
<td><strong>Catastrophic</strong></td>
<td>10</td>
<td>12</td>
<td>75</td>
</tr>
</tbody>
</table>

The overall volume of reported incidents 6,505 for the period 01st April 2018 to 31st March 2019.

The numbers of reported incidents that were classed as patient safety incidents has increased to 2,819. Compared to the full year for 2017 / 2018 this represents an increase of 1,643 (140%).

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

The following work streams continued during 2018/19 to improve our management of incidents:

- The Trust’s Incident Reporting Policy was reviewed and updated during 2019 to fully reflect the organisation’s requirements.
- The Borough’s Quality and Safety Sub-Groups continued to meet every month to analyse and escalate significant incidents, complaints, or risks for support from the Borough / Service Management team meetings and to direct service change in response.
- The role of the Weekly Patient Safety meeting was expanded to include review and monitoring all reported incidents during the preceding week.
- A weekly patient safety meeting was set up in the Health & Justice Services.
- Automated monthly incident reports continued to be issued to senior managers at the beginning of each month, to ensure that they were sighted on all incidents within their areas of responsibility.
- The Trust’s Root Cause Analysis template has been further developed to ensure that it provides a robust tool for completion of Root Cause Analysis investigations.
- 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 (SIRP) continued to meet on a weekly basis to maintain an overview of all serious incidents. This meeting is chaired by the Medical Director and the Chief Nurse.

In order to nurture the Trust’s approach to learning from incidents, a Quality Newsletter has continued to be utilised as a vehicle to deliver key lessons to be learnt in the Trust. There is a shared learning page on the Trust’s intranet, which is used to post details of lessons learned from individual incidents.

As pressure ulcer incidents continue to be the most commonly reported incidents in the Trust, a series of Pressure Ulcer Learning Events were held, to allow the Trust staff to come together with other agencies, to share best practice and to maximise learning from all avoidable pressure ulcers.

**Never Events**

Never Events are serious, largely preventable patient safety incidents that may result in death or permanent harm, that should not occur if the available preventative measures have been implemented. The Department of Health reviewed the list of never events in February 2018, an amended list of 18 never events 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 were two never events reported during the period 01st April 2018 to 31st March 2019 these related to wrong site surgery & packing being retained in a wound cavity. Both of these incidents were investigated, and upon review of the root cause analysis report the Clinical Commissioning Group, subsequently downgraded the incident as it was not considered to meet the criteria for a never event.

**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 2018 to 31st March 2019 the Trust received 11 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 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 along with triangulation of other data such as complaints and incidents 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. Although there has been an improvement with the data quality during the previous 12 months there is further work required to ensure a consistent approach to data collection. There is an acknowledgement that the use of the tool and data is limited as it provides a backward view of staffing and caseloads that may not relate to real time requirements. The Trust are working to further develop the process for safer caseload management with the use of electronic systems which will support rostering, work allocation, caseload monitoring and workforce requirements on a real time basis to allow a more focused and responsive approach to workforce planning across all services.

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.

Bridgewater had 10 Raising Concerns issues raised in 2018/19 which is 4 more than the previous year. The organisation does not collect data on staff raising concerns directly with Guardians but collects the data on how many staff raised a concern which could be via the Guardian, contacting HR or using the Freedom To Speak Up Policy. The concerns were related to:

1. Patient Safety/quality
2. Bullying and harassment
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.

During 2019 a further five champions were appointed in the organisation, making a total of eight to raise the profile of encouraging staff to ‘speak up’ if they have a concern. The Guardians will meet on a quarterly bases to review data that has been submitted to the National Guardians office and work alongside Human Resource and Organisational Development colleagues in order to contribute to the staff engagement strategy, so that the staff voice is heard. The group will also continue to assess the Freedom to Speak Up programme of work against the National Health Service Improvement (NHSI) self-assessment tool.

**Quality Impact Assessments**

Bridgewater’s Quality Impact Assessment (QIA) process will continue throughout 2019/20, to ensure that the appropriate steps are in place to safeguard quality, whilst transforming service delivery. Cost improvement schemes are generated at service level, describing delivery plans and identifying any potential impact on clinical quality and/or safety. Equality Impact Assessments are also included in the QIA process, to demonstrate that schemes are equitable, and do not introduce any form of discrimination.

Service leads are required to undertake a QIA for:

- Any scheme that has the potential to impact on service delivery/care, either directly or indirectly
- Any scheme which will have an impact on workforce/skill mix

Documentation is completed that describes the scheme, including timescales and ongoing monitoring, as well as an assessment of the impact of the scheme on each of the following domains:

- Patient Safety e.g. potential for increased adverse events.
- Clinical Effectiveness e.g. potential for poor clinical outcomes, not taking up the latest technology/evidence
- Patient Experience e.g. potential for complaints, negative feedback, ability to treat patients with dignity
- Non-clinical/Operational e.g. any health and safety issues for staff, any impact on operational performance either directly or elsewhere in the organisation. Negative impact on reputation
Membership of the QIA Panel

The QIA Panel consists of the Executive Medical Director (Chair) and the Chief Nurse/Chief Operating Officer, who carefully consider each CIP scheme submitted and return one of the following outcomes:

- **Approved**: the scheme is deemed safe and implementation can begin
- **Further information required**: scheme leads must provide additional information requested by the panel before the scheme can be approved
- **Rejected**: the scheme is deemed unsafe for implementation and is closed down

Following approval and during implementation, schemes are continuously monitored by the relevant clinical and managerial leads and any issues are escalated to the QIA Panel.

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 2018-19. 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 2018/19

<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 Wound Assessment (CQUIN) Year 2 (2018-19) - Quarter 2 patients</td>
<td>Comparison between Wigan Electronic Patient Record (EPR) templates and Warrington EPR templates to be undertaken to ensure that any learning from Wigan borough is extended to Warrington borough. Wigan auditors will train Warrington auditors if necessary on where to locate the evidence within the EPR.</td>
</tr>
<tr>
<td>2</td>
<td>Priority Audit of Compliance with End of Life NICE Quality Standard</td>
<td>Managers to establish why all patients did not have a care &amp; communication record fully completed on initial assessment and increase awareness and use of the Trust's validated pain tools.</td>
</tr>
<tr>
<td>3</td>
<td>Priority Audit of pathway for home birth patients including NICE CG190: intrapartum care</td>
<td>The audit involves an ongoing monitoring approach where each case is reviewed and where improvements are needed this was acted upon immediately. This approach with immediate feedback and implementation of change also allows any areas of good practice to be shared and celebrated on a case by case basis with the staff involved.</td>
</tr>
<tr>
<td>4</td>
<td>Priority Audit of Ante-natal and Postnatal Care</td>
<td>Further criteria to be added to the next round of audit to ensure information around risk factors correlate with the correct pathway. SystmOne will be updates to include a debrief in the postnatal section. A more in depth review of a record will be done by the Risk Management Midwife and presented to midwives as lessons learned.</td>
</tr>
<tr>
<td>5</td>
<td>Priority Audit of Podiatry Care Bundles</td>
<td>The Goal Attainment Scale (GAS) Tools will be incorporated onto the EMIS (the electronic patient record) when this is rolled out in the Halton borough. Raise awareness with staff about access criteria to the Halton Falls service and correct referral procedure.</td>
</tr>
<tr>
<td>6</td>
<td>Priority Audit of Continence Care Bundle</td>
<td>The paperwork has been revised to ensure improved documentation.</td>
</tr>
<tr>
<td>7</td>
<td>Priority Audit of Stroke Care Bundle</td>
<td>Adapt paperwork so that elements of discussions with regards to medicines could be better documented. Add an additional list on SystmOne (Electronic Patient Record) to show</td>
</tr>
<tr>
<td>Priority Audit</td>
<td>Description</td>
<td></td>
</tr>
<tr>
<td>---------------</td>
<td>-------------</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Priority Audit of Compliance with Leg Ulcer Guidance</td>
<td>Staff to be supplied with smart phones to allow every nurse the opportunity to photograph wounds at point of care contact. GPCam APP to be uploaded onto smart phones to support measurements and monitoring of wounds directly on SystmOne.</td>
</tr>
<tr>
<td>9</td>
<td>Priority Audit of Falls (Local)</td>
<td>The therapy initial assessment has been amended to include a tick box to evidence patients have been offered a copy of their moving &amp; handling plans and they have had discussions about the Falls leaflet.</td>
</tr>
<tr>
<td>10</td>
<td>Priority Audit of Mental Capacity Act - Dental</td>
<td>Record keeping practices to be monitored. Details of discussion leading to the conclusion the dentist came to with regards to patients mental capacity should be recorded in the notes.</td>
</tr>
<tr>
<td>11</td>
<td>Priority Audit of Heart Failure Care Bundle</td>
<td>No improvement actions required - all standards had a compliance of 95% and above.</td>
</tr>
<tr>
<td>12</td>
<td>Priority Audit of Speech &amp; Language Care bundle</td>
<td>The care bundles include tools such as patient reported quality of life outcomes. The audit collects data on whether or not the tool was used as well as whether or not it demonstrates improvement. Initial &amp; follow up assessment need to be completed as well as initial &amp; follow up Therapy Outcomes Measures (TOM’s) so an improvement can be seen on quality of life for the patients. Reminders will be given in the regular staff meetings.</td>
</tr>
<tr>
<td>13</td>
<td>Priority Audit Duty of Candour</td>
<td>There is an improvement action plan in place that includes Duty of Candour but relates to incident management as a whole. This is an iterative and continuous improvement process. A further specific audit of adherence to Duty of Candour will be undertaken to ensure that the plan produces the intended improvement and that the Trust is open and honest in communicating with patients thus discharging its duty of candour.</td>
</tr>
<tr>
<td>14</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</td>
</tr>
</tbody>
</table>
Trial monthly training sessions to develop an appropriate higher level training for staff who are required to undertake MCA assessments. Undertake review of Safeguarding Training Needs Analysis, incorporating training related to MCA. Mental Capacity Assessment and Best Interest Decision Forms to be available in electronic patient record systems in electronic form. Use National Safeguarding Adults week to share information on mental capacity assessment and best interest decisions making.

Overall, it appears conclusive following this audit that the croup pathway is being followed consistently. Further training and education will be offered with regards to the pathway.

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 2019). To request a copy of the 2018-19 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 2018 to March 2019, NICE published 149 pieces of guidance most of which relates to care provided in acute hospitals. There were 25 pieces of guidance applicable to services that the Trust provides. We are fully compliant with 19 and action plans are underway to bring us into full compliance with the remaining 6.

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.

| Audit of pathway for home birth patients including NICE CG190: intrapartum care Halton Borough |
| What we found |
| The audit found that compliance with the standards taken from the NICE guidance could be improved. The audit is designed as an ongoing monitoring and review of care. Each case is reviewed on discharge on a semi structured data capture tool, this allows for implicit data to be captured and quality assessed. The audit tool captures all the data aspects of the audit throughout the year to allow the population to be analysed and any outliers to be identified. Any recommendations and actions are undertaken as each case is reviewed. Overall compliance scores for the 7 standards ranged between 97% and 71% with 6 out of the 7 standards scoring above 80% compliance. |
Patients benefit enormously from research and innovation, with breakthroughs enabling prevention of ill-health, earlier diagnosis, more effective treatments, better outcomes and faster recovery. A recent survey carried out by the National Institute for Health Research shows that patients view health research as very important. Half of those interviewed thought patients receive a better quality of care at research active Trusts. Evidence also suggests that research active NHS Trusts, regardless of their size, are more likely to have significantly reduced mortality, better CQC ratings, and improved performance\(^1\).

At Bridgewater, we take our responsibility under the NHS Constitution to provide our patients with opportunities to participate in research and benefit from new treatments very seriously. 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 a Trust Speech and Language Therapist (SLT) whose research showed that a change is required in how SLTs interpret test results with post stroke patients. The research recommends a change in practice so that hearing loss is taken into account when analysing test results and in writing treatment plans. Other research during 2018/19 has considered how the NHS supports patients after initial diagnosis of diabetes, examining the important work our district nurses carry out with end of life patients, and developing an early warning system/tool for sepsis that our Walk in Centre staff can use.

Here are some quotes from our patients outlining why they chose to take part in our research: "Knowing that I was involved in a study made me feel really good and helpful." “It was such a good study, making me more self-aware.” A great, simple easy way to gain knowledge about my condition.” In addition, at the end of 2018/19, 747 of our patients are currently signed up to the ‘Research for the Future’ campaign, which consists of a series of ‘Help BEAT’ campaigns. (Help BEAT Diabetes; Heart Disease, Respiratory Disease, and the newly launched Kidney Disease). All aim to encourage our patients to get involved with

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research via a database of volunteers who consent to be approached about studies they are eligible to participate in. More information on this campaign can be found via the following link: https://www.researchforthefuture.org/

For the fourth year running, Bridgewater was shortlisted in the annual National Institute for Health Research Greater Manchester Clinical Research Awards. In November 2018, therapists working in Warrington’s Community Neurosciences Team were runners up in the Best Community Research Contribution category. The nomination recognised their involvement in the RETAKE study, which seeks to support people to return to work following stroke. More information on this study can be found via the following link: https://www.nottingham.ac.uk/research/groups/longtermconditions/vocational-rehabilitation/retake/index.aspx

Our inspiring, enthusiastic and dedicated research active staff also celebrated success at the 2018 Trust Staff awards. A Nurse Consultant based in Wigan’s Falls Prevention & Fracture Liaison Service won the Outstanding Contribution to Research and Innovation category for their research examining the falls journey from patient, carer, and ambulance crew perspectives. Their research question grew directly out of clinical practice with one clear outcome of improving the patient pathway. Their findings, which have been shared widely, including the Journal of Frailty, Sarcopenia and Falls, and the International Geriatrics Society falls conference, have produced an in-depth understanding of the experiences of ambulance crew and patients/carers, so that now the falls pathway in the local area is clearly understood and followed by all ambulance crew.

Research at Bridgewater continues to be overseen by a Trust Research & Development Strategy Group, which met on a quarterly basis during 2018-19. Membership includes a broad range of clinical specialisms, with additional representation from a Non-Executive Director, and Public and Staff Governors. Research Management and Governance is assured by quarterly reporting to Board via the Trust’s Quality & Safety Committee.

**Library and Knowledge Services**

In 2018, as part of the Trust’s Learning and Development Agreement (LDA) with Health Education North West, the Bridgewater Library and Knowledge service (LKS) participated in the NHS Library Quality Assurance Framework (LQAF). The library and knowledge service is 97% (97% in 2017) compliant with the national standards and therefore retains its green rating.
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 2018/19 we received 104 complaints compared to 92 during the previous year. These are summarised on a Borough/Service basis below:

<table>
<thead>
<tr>
<th></th>
<th>Bolton</th>
<th>Halton</th>
<th>Oldham</th>
<th>St Helens</th>
<th>Warrington</th>
<th>Wigan</th>
<th>Dental</th>
<th>Health &amp; Justice</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qtr 1</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>8</td>
<td>1</td>
<td>5</td>
<td>18</td>
</tr>
<tr>
<td>Qtr 2</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>1</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>7</td>
<td>19</td>
</tr>
<tr>
<td>Qtr 3</td>
<td>0</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>11</td>
<td>3</td>
<td>13</td>
<td>38</td>
</tr>
<tr>
<td>Qtr 4</td>
<td>0</td>
<td>8</td>
<td>0</td>
<td>2</td>
<td>6</td>
<td>4</td>
<td>2</td>
<td>7</td>
<td>29</td>
</tr>
<tr>
<td>Total</td>
<td>0</td>
<td>19</td>
<td>2</td>
<td>3</td>
<td>16</td>
<td>25</td>
<td>7</td>
<td>32</td>
<td>104</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>82</td>
</tr>
<tr>
<td>Attitude of staff</td>
<td>5</td>
</tr>
<tr>
<td>Communication/Information to patient</td>
<td>4</td>
</tr>
<tr>
<td>Appointments, delay/cancellation (outpatient)</td>
<td>3</td>
</tr>
<tr>
<td>Aids/appliances/equipment</td>
<td>4</td>
</tr>
<tr>
<td>Length of Time Waiting: Walk In Centres</td>
<td>1</td>
</tr>
<tr>
<td>Patients’ privacy and dignity</td>
<td>2</td>
</tr>
<tr>
<td>Consent to treatment</td>
<td>1</td>
</tr>
<tr>
<td>Admission/discharge/transfer</td>
<td>1</td>
</tr>
<tr>
<td>Failure to follow agreed procedure</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>104</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:

- **Community Midwifery Service** – Complaint that Midwife did not inform Whiston Hospital of Strep B diagnosis which led to difficulties with the induction and birth of the child following admission to Whiston. Information had been provided to the patient by telephone so hard copy was not put into the patient’s file and the midwife did not tick the box for GBS on a paediatric alert to the hospital.

  New alert system put in place including a paediatric alert being sent to the hospital on receipt of test results; local policy and flowchart to be developed

  Staff reminded to check EPR for results not noted in hand held records at each attendance by patient

  Leaflet to be provided to all patients with this diagnosis and GBS alert stickers to be placed on hand held records

- **Right Start and School Nursing Services** – Complaint about information contained in a report and shared at a health professionals’ meeting which the complainant alleges should not have been disclosed. Information had been shared by parent of child (subject of case conference)

  For all staff to consider the option of giving information at conference in a confidential manner and to inform parents about the report content prior to conference if appropriate
- **GP Out of Hour Service** – Complaint around the provision of GP Out of Hours service when patient lives in Wigan but is registered with a Warrington GP. Patient rang to see a GP as she was 39 weeks pregnant and experiencing symptoms of a UTI but was passed from one Out of Hours service to another and advised to see a midwife. Actions completed by Clinical Manager. Unclear criteria for admission to service (GP OOH)
  
  Assure all staff aware of criteria for service admission  
  Administration staff were asked to contact the patient, Clinicians only to direct onward care  
  Maintain professional best practice discussion with patient

- **Walk in Centre** - Patient complains of poor clinical practice, not using aseptic technique when changing dressing and lack of privacy and dignity.
  
  Staff had used clinically clean technique instead of aseptic non-touch technique and used multi-purpose dressing from stock instead of that provided by the hospital on patient’s discharge. Apologies given for lack of privacy and dignity when staff left the treatment room door open without patient consent.
  
  Patient’s perception was that no infection control precautions were taken – concerns that cross infection may occur.
  
  All clinical staff to be reminded of Bridgewater’s policy and Royal Marsden Manual clinical procedures  
  Email to all clinical staff, reminded at quality/safety huddles to communicate effectively. 1:1 with ANP who provided the patient consultation – completed by end of June 2018

- **Health & Justice Services** – Complaint regarding medication given to patient on discharge from hospital being taken from him and not being provided to him in a timely way.
  
  Healthcare to ensure that staff on reception duty are aware of all patients expected to return from hospital each day so that they can be seen promptly on their return  
  
  Changed made to medication during admission to be documented on patient record and GP informed. Hospital to be contacted where changes are unclear

- **Paediatric Community Medical Service** – Complaint that parent had rung the service for an update on his son’s case being taken to a panel meeting. His call was not put on hold and he overheard a conversation between staff, apparently in the reception area, which led to him being given untrue information. He asked to speak to the manager who was the person involved in the conversation and was eventually put through to the deputy manager who was not able to resolve the issue. He has had
communication problems with the service for some time and previous concerns raised have not been resolved.

A case co-ordinator has been appointed as the key contact for families, she will co-ordinate assessments and ensure all information is to hand for multi-disciplinary discussion prior to panel meetings.
Telephone system has been updated so that calls are directed to appropriate services, only general calls will be taken at reception
Changes are being made to the layout of the reception area to ensure patient confidentiality

- **OCAT Service** – Physio provided to patient following a stroke in May 2017, he was discharged in April 2018 as there was nothing further they could do for him. Patient’s wife disagreed and was advised that there would be a meeting but this did not happen. There was a gap of six weeks when treatment was not provided as patient had bedsores when physio could have been provided for hand and arm. Private Physio’s have treated the patient and he is now much more mobile and able to use his hand and arm much more too.

To ensure that patients who are receiving therapy as part of the hospital stroke pathway are provided with review meetings with therapists as standard to help improve communication between patients, their families and therapists
To review the process regarding patients receiving a copy of the discharge letter which is sent to their GP when treatment is complete, again to improve communication with patients and their families

- **District Nursing, End of Life Care (EOL)** – Joint complaint about the care and treatment provided to EOL patient by the District Nursing Service. Patient complained to nurses that she was unwell for weeks prior to her passing. Cancelling of Marie Curie sits following admission causing distress to family

To ensure timely communication between OOH and day staff
Unmet needs of night sits when requesting
To keep family and patient aware of any unmet needs for night sits.

- **Wheelchair Service** – The service was informed of a fault in a Stingray buggy and a replacement buggy was provided, however this was also faulty and should not have been issued.
The replacement buggy had been checked and the seating and base units should have been separated; the base unit should have been quarantined but was not labelled as such. This led to the base and seating unit being reissued to this family.

All equipment returned to Rossscare (our repair service) to be clearly labelled with status e.g. checked and fit for issue, quarantined, awaiting parts.

Cross check with written instructions

Returns procedure for equipment loaned to patients awaiting repairs to their own issued equipment is to be reviewed.

The replacement buggy had been delivered to a neighbour as the patient and her family were on holiday. It was not possible for the loan equipment to be checked and fitted by clinical staff during a handover to the family.

All clinical staff are to complete a visual check of equipment prior to issue.

The handover procedure is to be reviewed by the wheelchair service and Rossscare to ensure that, if the patient/family is not present for handover, the equipment is checked prior to delivery.

Clinical staff will also undertake a visual check on stock equipment when the patient will not be available for handover.

- **Neuro Rehabilitation Service** – Patient is unhappy that staff did not raise their concerns about an 'awareness' issue directly with her and that they gave incorrect information regarding the need to contact the DVLA about ongoing medical problems but couldn't explain what these were.

  Lack of clarity of team’s role, and assessment process in driving assessment pathway causing stress and anxiety to patient:

  The service is developing a new information booklet to explain the role of the Neurosciences Team in relation to driving assessments; they will seek the support of the patients to ensure that the information is accessible and user friendly.

**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 22,891 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>96.9%</td>
<td>0.4%</td>
<td>1736</td>
</tr>
<tr>
<td>Halton</td>
<td>95.7%</td>
<td>1.9%</td>
<td>6101</td>
</tr>
<tr>
<td>Oldham</td>
<td>96.0%</td>
<td>0.5%</td>
<td>804</td>
</tr>
<tr>
<td>St Helens</td>
<td>98.4%</td>
<td>1.0%</td>
<td>2991</td>
</tr>
<tr>
<td>Warrington</td>
<td>97.0%</td>
<td>1.0%</td>
<td>2654</td>
</tr>
<tr>
<td>Wigan</td>
<td>96.3%</td>
<td>0.7%</td>
<td>6802</td>
</tr>
<tr>
<td>Dental Services</td>
<td>98.7%</td>
<td>0.6%</td>
<td>1720</td>
</tr>
<tr>
<td>Health &amp; Justice Services</td>
<td>90.4%</td>
<td>3.6%</td>
<td>83</td>
</tr>
<tr>
<td>Maternity Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antenatal</td>
<td>99.1%</td>
<td>0.4%</td>
<td>225</td>
</tr>
<tr>
<td>Postnatal</td>
<td>99.2%</td>
<td>0.8%</td>
<td>260</td>
</tr>
<tr>
<td>Bridgewater Total</td>
<td>96.7%</td>
<td>1.1%</td>
<td>22,891</td>
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**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 24,180 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.

![Overall Satisfaction Graph](image)

The patient experience responses from the other key touch points are presented in the table below.
<table>
<thead>
<tr>
<th>Bolton</th>
<th>Halton</th>
<th>Oldham</th>
<th>St Helens</th>
<th>Warrington</th>
<th>Wigan</th>
<th>Dental</th>
<th>Health &amp; Justice</th>
<th>Bridgewater</th>
</tr>
</thead>
<tbody>
<tr>
<td>99%</td>
<td>100%</td>
<td>97%</td>
<td>98%</td>
<td>95%</td>
<td>95%</td>
<td>97%</td>
<td>89%</td>
<td>95%</td>
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<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>93%</td>
<td>99%</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:

**Community Specialist Rehabilitation Service, St Helens**

After spending several months in hospital following several serious health emergencies, Lesley felt very frustrated and just wanted to be at home. After being discharged from hospital, she was referred to the Community Specialist Rehabilitation Service who helped her work towards her goals, which were to:

- Complete complex kitchen tasks independently
- Reduce impulsiveness when completing tasks
- Adjustment to and acceptance of her brain injury
- Reduce back pain (for which she was referred to musculoskeletal services)

Lesley reported that the team were brilliant, really supportive and that they “have done their best for me and now the kids know how to help me”. Lesley defines quality of life as having her family around her through good and bad and, nearly a year post injury, rated her quality of life as ‘brilliant’ because she can have her family and children near.

**Stoma Care Service, Warrington**

David began using the Stoma Care Service after having lived with a stoma for 28 years. He says “there are no words to describe the relief and the difference it’s made to my life”, highlighting the information, advice and latest products they gave him to help him live well with a stoma. However, having lived in pain and discomfort for so long, he asks why this care was not given to him sooner and why he could not have been made aware of new products as they were developed. It was only a chance comment from a nurse at hospital that led him to finding out about the service and to this dramatic life change. He says “I find it totally inadequate to put in words the difference they have made to my life, and I keep asking myself why did it take twenty seven years”, asking that no one else will be made to suffer the long wait that he did before receiving this life-changing care.

**Community Matron Service, Halton**

A mum shared her son’s experience of having an MRI scan. As he has autism and other complex health needs, hospital appointments can make him extremely anxious. However, mum describes how the “carefully documented person centred planning, knowledge, care, compassion and confidence of all involved was and always is to the highest standard to assist in ensuring [her son’s] anxieties were kept low.” Staff from the residential home where her son lives, Community Matron Sally Adams, and staff at the Walton Centre where he had the MRI scan, worked closely together to produce a care plan that addressed the son’s individual needs and resulted in him receiving excellent care that successfully supported him through the appointment.

Mum says that after several days he was “back to his usual very loud and busy self which is lovely... Thank you all sincerely from the bottom of my heart”.

**Family Nurse Partnership, Wigan**

Jodie was supported by the Family Nurse Partnership Team. This team of family nurses offers a voluntary programme of support for vulnerable first time mothers under the age of 20, from early pregnancy until a child is two.
Jodie says, “When I was first visited by Paula, my Family Nurse, I was quite defensive but once I got to know her, I realised that she just wanted to help me. She gave me a lot of support through my pregnancy visiting me every other week. She gave me lots of information so I could make my own decisions. I was quite anxious and wary about meeting new people but she was like a friend who gave me support when I needed it.

“She helped me with an application for housing so I could move into my own home. I am a totally different person now. I have a job in a care home and she built up my confidence to become a good mum.

“I set up an online support network for other young parents. I also convinced a friend who was pregnant to join the Family Nurse Partnership programme. There is something very special about going through something and getting on the other side and being able to help others.”

**Tissue Viability and District Nursing, Warrington**

Simon, who is affected by Duchenne Muscular Dystrophy, was helped by Bridgewater Tissue Viability & District Nurses after developing a pressure ulcer. Simon explains: “It was on my return from holiday when I first started to notice the initial symptoms of the pressure ulcer. The skin around the area started to disintegrate, go darker red in colour and look really ‘angry’; from there it developed really quickly.”

Simon explains that the pressure ulcer “had a huge impact on my life, due to the amount of bed rest I required. I was unable to go to work and my social life suffered as I was unable to leave the house very often”. Simon’s father Rod explains that “through the excellent care, treatment and advice Simon received from the Bridgewater TVS & district nurses his pressure ulcer is now healing well and he has recently been able to return to work”.

**Community Neuro Rehabilitation, Warrington**

A gentleman attended the Board to share his experience of being cared for by the Neurosciences Team in Warrington. The Team treats patients with a range of neurological conditions including Stroke, Parkinson’s, MS and Acquired brain injury. The gentleman was supported to better understand his condition, manage fatigue and anxiety, use aids in the home, practice cognitive skills, access other organisations for support, and attend a Cognitive Skills Group for patients.

The gentleman highlighted that staff worked well together and that the one-to-one support and the group focused interventions were very useful. He suggested that more group work
and more social time for participants would be one way the service could improve and that follow up support after discharge for on-going advice would be helpful.

**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. Bridgewater has a Voice of the Child Forum which aims to raise the profile of the child's voice across the trust at both a service and an individual level. The Forum has been running since September 2015 and its members come from both universal 0-19 services and specialist children's services. It meets on a quarterly basis.

One of the initiatives the Voice of the Child Forum has led on is looking at how children and young people can raise any concerns they have about Bridgewater services and give feedback about the care they receive. By working with young people, parents, carers and staff across the organisation, the Forum have developed a new child-friendly complaints form, feedback form, guide to making a complaint, and webpage. Work with young people, parents, carers and staff included:

- trialling an initial form with young people using a Halton service
- consulting with two groups of secondary school pupils about if and how they would like to give feedback about health services
- reviewing re-drafted forms with staff from the Voice of the Child Forum and Patient Partners Network group and parents and carers from the Wigan SEND Parent-Carer Forum
- piloting the re-drafted forms with three services from Wigan’s Children’s Specialist Services – Audiology, Musculoskeletal Physiotherapy and Phlebotomy

The webpage has now gone live and the forms uploaded to the intranet. The Forum are in the process of promoting the new resources among staff working in children’s services.
**Adult Speech and Language Therapy Service, Halton**

This service regularly involves patients and carers in the recruitment of staff. After recruiting a new Speech and Language Therapist with the help of the family member of one of their patients, the family member kindly gave a video interview about her experience to explain her role in the recruitment process, why she decided to get involved and how she found the process.

Family members are often crucial in the recovery and care of patients and so gaining the views of a family member who could specifically hone in on candidates’ interpersonal skills and assess how confident they would feel entrusting their loved one into their care greatly helped staff to recruit. The service explained that, with the help of this family member, they felt confident that they chose the right candidate.

**Community Specialist Rehabilitation Service, St Helens**

The service regularly writes up stories and case studies following discussions with patients. The information gained enables the service to look at the experience of its patients at a more in-depth level and demonstrate the work undertaken. The patient stories are also regularly shared with the Trust Board and in Open and Honest report.

**Paediatric Therapy Services, Wigan**

Physiotherapy, Occupational Therapy and Speech and Language Therapy developed an approach to receive feedback about the services they provide at a school in Wigan from the children, their parents and their teachers.

Teachers – Teachers have an important role in supporting therapy services to work with the children. School staff were asked ‘What is working well?’ and ‘What could be improved?’ They commented positively about the knowledge of therapy staff, their friendly approach, and that they work well with staff and pupils; they also said they would like to receive more therapy training, would like more opportunities for children to receive support, and better information about therapy staff’s availability.

Therapy services drew up an action plan based on teachers’ comments. Improvements so far have included displaying their timetables on the therapy office door to improve their availability to teaching staff, introducing a message book to improve communication, and arranging training for school staff on general physiotherapy information such as postural management so that teachers can support children more confidently in the classroom.
Children – Over the summer, the therapy services collected feedback from the children. Many of the children they see struggle to understand abstract questions such as “What do you think of therapy?” and they can’t tell staff verbally what they think. Instead, the therapists carried out a photo project where they took photos of children’s expressions at set points within a therapy session and interpreted each child’s response to the session.

Parents – The photo project and teachers’ feedback was showcased at a school BBQ. At the BBQ, therapists asked parents the same question they had asked teachers and started signing parents up for a focus group that will soon take place.

**Children and Young People’s 5-19 Services, Bolton**

Bolton 5-19 Services held a consultation with young people about what they want from their ideal health worker. When describing what skills and qualities their ideal health worker would have, comments from young people included: approachable, not patronising, body language that shows you’re interested, reliable, good listener, warm and caring, don’t butt in, have some personality, and someone human.

When describing what they want from their health worker, answers from young people included:
- Meet me somewhere where it is easy to get to
- Make our time count and that I matter
- Make me feel wanted
- Don’t be a bossy boots
- I don’t want to know if you are having a bad day
- Be on time
- Make me feel safe
- Male and female staff
- Stop making assumptions
- Shorter waiting times
- Give me good information

The information young people gave informed the ‘looked after child’ awareness training provided to staff in the Bolton health economy (across two NHS Trusts/CCG and GPs).

**Children and Young People’s Health Services, Oldham**

Oldham’s 0-19s Team ran an event for the public at Medlock Children’s Centre over the summer to celebrate the NHS’s 70th birthday party and provide a variety of health information alongside local partner agencies. Staff asked attendees to tell them what they thought of the event via feedback forms. Feedback was overwhelmingly positive. In particular, attendees
praised the quality of the information they were given, especially about how to care for teeth, learning CPR and the opportunity to learn about partner agencies. They also praised the friendly and passionate staff who joined the celebration events as well as the displays, photographs and uniforms that told the history of the NHS in their area. Attendees’ main suggestions around what could be improved were to have more chairs and more events in the future, as well as better promotion of events.

**Family Nurse Partnership, Halton**

Halton’s Family Nurse Partnership team evaluated its ‘You and Your Baby’ transition to parenthood classes for parents between 16-20 weeks pregnant through a feedback questionnaire. 56 mums, 30 dads and 6 nans attended the classes.

When asked the question ‘Do you feel that the workshops have increased your knowledge and confidence in preparation for parenthood?’ 89 of the 90 respondents said yes. Attendees spoke very positively about the information they had learnt about a range of topics – from brain development in utero, bonding and communicating with baby, what is safe to eat, and separating the myths from the facts.

70 respondents said there was nothing they felt they missed or would have liked more information about, with the remaining respondents indicating that they would have liked more information on topics such as vitamins, safe medicines, ailments experienced at different stages of pregnancy, and children’s centres. All 90 respondents felt there was time to ask questions.

**Bladder and Bowel Service, Halton**

Following feedback from a patient who shared his story with the service, the service has been following up on potential improvements. The patient spoke highly of the service and staff, but highlighted the difficulties people face in accessing the service, particularly in terms of a potential lack of awareness that the service exists, how to be referred to the service, and feelings of fear or embarrassment that could prevent people from accessing the service even if they do know about it.

As a result of this feedback, the Bladder and Bowel Service are now working closely with the Communications Team and Patient Services to:

- Re-draft the service’s webpage to make it more patient-friendly; this includes adding more information about who can be affected by bladder and bowel issues, what the service can do to help, and how to be referred to the service. This will soon go live.
- Create a video of the service’s Team Lead talking about the service and giving examples of how their nurses support patients to go on the webpage.
- Promote the service among GPs by sharing information about what the service offers and how to refer a patient in the Halton GP Bulletin.
- Create posters and prepare a press release to promote the service in the local community.

The service is currently asking patients to review the new materials before they are made public to help ensure information provided is understandable and useful from a patient perspective.

**Wheelchair Service and User Group, Warrington**

The Wheelchair User Group in Warrington is a group of wheelchair users and carers who meet with staff from the Wheelchair Service with the aim of improving the service for others and positively influencing the service’s policies and practice.

Representatives from the User Group, the Wheelchair Service, Patient Services and Warrington Disability Partnership met in October to discuss how to increase membership of the group and how best to engage with wheelchair users. The User Group decided that they would like to engage with a wider cohort of wheelchair users by organising an Open Day in the spring or summer with opportunities for users to meet service staff, learn new information, attend workshops and provide feedback. The User Group is also planning to make their next meeting an open meeting with extra promotion to encourage more people to attend. They are also looking to diversify engagement by creating an online platform for support, and are working with Bridgewater staff to establish what would be suitable.

**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 2018/19 we received **1779** contacts across Bridgewater. These are summarised below.

<table>
<thead>
<tr>
<th></th>
<th>Bolton</th>
<th>Halton</th>
<th>Oldham</th>
<th>St Helens</th>
<th>Warrington</th>
<th>Wigan</th>
<th>Corporate</th>
<th>Dental</th>
<th>Health &amp; Justice</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qtr. 1</td>
<td>1</td>
<td>70</td>
<td>7</td>
<td>40</td>
<td>91</td>
<td>155</td>
<td>30</td>
<td>19</td>
<td>26</td>
<td>439</td>
</tr>
<tr>
<td>Qtr. 2</td>
<td>5</td>
<td>111</td>
<td>4</td>
<td>38</td>
<td>97</td>
<td>141</td>
<td>23</td>
<td>25</td>
<td>25</td>
<td>469</td>
</tr>
<tr>
<td>Qtr. 3</td>
<td>1</td>
<td>60</td>
<td>1</td>
<td>38</td>
<td>84</td>
<td>138</td>
<td>28</td>
<td>19</td>
<td>14</td>
<td>383</td>
</tr>
<tr>
<td>Qtr. 4</td>
<td>8</td>
<td>92</td>
<td>2</td>
<td>43</td>
<td>99</td>
<td>171</td>
<td>36</td>
<td>20</td>
<td>17</td>
<td>488</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>333</td>
<td>14</td>
<td>159</td>
<td>371</td>
<td>605</td>
<td>117</td>
<td>83</td>
<td>82</td>
<td>1779</td>
</tr>
</tbody>
</table>

Around 51% of the contacts were requests for advice and information, including signposting to other organisations.

Around 49% of the contacts resulted in the department liaising between the enquirer and the service to resolve issues and concerns. Examples of the issues raised include clinical treatment, appointment delay/cancellation and staff attitudes.

Only 8 of the 1779 contacts went on to become formal complaints.

**Further Information Regarding Quality of Services in 2018/19**

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

**National CQUIN schemes**

In 2018/9 a national approach was taken to CQUIN schemes with local schemes being discontinued. There were 3 national CQUIN schemes that local commissioners agreed with Bridgewater were applicable to be delivered within community services over a two year period these were:

**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.

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 have been delivered over a 2 year period with milestones and reporting required quarterly during this period. All schemes are currently achieving against defined milestones.

**Wigan**

Wigan is participating in 2 of the national CQUINs with the preventing Ill health and risky behaviours CQUIN being delivered by the Musculoskeletal Service (MSK) and the Podiatry service.

**Risky Behaviours**

Quarter 4 results from SystmOne do show a marked increase in compliance and referral levels compared to last year (2017/18) and this may be due to Information team applying a new logic. The new query now only excludes those that have had a smoking or alcohol recorded during the lifetime of the CQUIN, regardless of if they have been seen before or not.

On comparing this to a sample of the manual collection of data (done to check consistency of figures), it is clear that the manual sampling shows higher percentages of patients being offered cessation services although in most cases these are declined by the patient. It needs to be worked through that Clinical managers and Systems team look at SystmOne templates again and see if coding can be expanded to include patients declining or where a patient drinks/smokes but it is not felt appropriate to refer on.

For MSK - the Consultants do not record on SystmOne and the data team are unable to exclude these patients from reporting so this remains an anomaly. MSK will investigate if this can be recorded onto SystmOne from the consultants out by the clerical staff: this was felt not appropriate for clerical staff to enter clinical details. The Podiatry service will continue to collect both sets of data for the duration of CQUIN in order that a more representative compliance figure is produced. MSK will investigated starting manual collection (in Quarter 4 but the large numbers would be difficult to collate to be accurate.

Manual data for podiatry is lower sample size due to confusion of need to continue collecting manual data with transfer of Wigan Adults to WWL and staff annual leave.
### 1) Results Podiatry

<table>
<thead>
<tr>
<th>Tobacco</th>
<th>Percentage by S1 for Quarter 4</th>
<th>Manual Podiatry Sample for Quarter 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of unique adult patients who are screened for smoking status AND whose results are recorded.</td>
<td>40% (472 out of 1170)</td>
<td>148</td>
</tr>
<tr>
<td>Percentage of unique patients who smoke AND are given very brief advice</td>
<td>54% (39 out of 72)</td>
<td>77% (21 out of 27)</td>
</tr>
<tr>
<td>Percentage of unique patients who are smokers AND are offered referral to stop smoking services AND offered stop smoking medication.</td>
<td>3% (2 out of 72)</td>
<td>100% (21 offered, 19 declined, 2 referred)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Alcohol</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of unique adult patients who are screened for drinking risk levels AND whose results are recorded in local data systems</td>
<td>39% (443 out of 1170)</td>
</tr>
<tr>
<td>Percentage of unique patients who drink alcohol above lower-risk levels AND are given brief advice OR offered a specialist referral.</td>
<td>18% (5 out of 28)</td>
</tr>
</tbody>
</table>

### 2) Results for MSK

<table>
<thead>
<tr>
<th>Tobacco</th>
<th>Percentage (Quarter 4 via S1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of unique adult patients who are screened for smoking status AND whose results are recorded.</td>
<td>29% (2388 out of 8249)</td>
</tr>
<tr>
<td>Percentage of unique patients who smoke AND are given very brief advice</td>
<td>26% (99 out of 387)</td>
</tr>
<tr>
<td>Percentage of unique patients who are smokers AND are offered referral to stop smoking services AND offered stop smoking medication.</td>
<td>1.8% (7 out of 387)</td>
</tr>
<tr>
<td>Alcohol</td>
<td>Percentage</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>Percentage of unique adult patients who are screened for drinking risk levels AND whose results are recorded in local data systems</td>
<td>22% (1807 out of 8249)</td>
</tr>
<tr>
<td>Percentage of unique patients who drink alcohol above lower-risk levels AND are given brief advice OR offered a specialist referral.</td>
<td>100% (15 out of 15)</td>
</tr>
</tbody>
</table>

**Preventing Ill Health Needs update from Wigan**

To support implementation of the CQUIN a project a plan has been developed.

The CQUIN identified that the two GP activation questions that had been utilised by the staff, did not always translate into the development of a case management plan as the question was too ambiguous. A recommendation was made that the teams adopt the EQ 5D 5L tool in the future, to enhance the identification of patients who require a personalised care plan. This is a recognised tool used in the EU for this specific purpose and should enhance the delivery of the service.

The number of case management plans completed by the Community Response Team (CRT) lead practitioner remained low throughout the CQUIN; the CRT team concentrated on a ‘see and treat’ model with NWAS and GP’s. However, a version of a case management plan will be commenced by the team from April 2019 which can then be shared with the GP and patients. However, the number of personalised care plans did increased in quarter four with the introduction of the specialist nursing teams.

The specialist nurses did commence contribution to the CQUIN in Q4 of year two, the team was not on SystmOne for patient records which delayed their introduction and a decision to collect the data manually was made in Q4. This did contribute in increasing the number of case management plans completed.

The majority of long term conditions patients in the community had seen by WWL community matron service, who were not covered by this CQUIN, therefore the number of patients remain low through the CQUIN. It is envisaged that the introduction of the case management plan across the service will increase the number developed and implemented. The new management plan will focus on collaboration between community services, GP’s and patients in providing personalised care and setting realistic goals.
### Number of new patients seen

<table>
<thead>
<tr>
<th>Category</th>
<th>Total 2017 - 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of new patients seen</td>
<td>762</td>
</tr>
<tr>
<td>Number of new patients with a long term condition</td>
<td>738</td>
</tr>
<tr>
<td>Number of those patients asked the basic question</td>
<td>655</td>
</tr>
<tr>
<td>Number of patients who answered &quot;no&quot; (activation score)</td>
<td>129</td>
</tr>
<tr>
<td>Number of patients with a personalised care plan developed (ICS case management plan)</td>
<td>129</td>
</tr>
</tbody>
</table>

*Excluding the respiratory team

The Deal assets training only became available to complete via the council in Q4 year two and is expected to roll out across all community staff on an ongoing basis therefore the uptake of this training remained low due to the unavailability. The majority of staff within this CQUIN have booked onto the ‘Deal’ training as course become available.

<table>
<thead>
<tr>
<th>Cohort of staff requiring asset based training</th>
<th>Number of staff completed training</th>
<th>Staff booked on training</th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>6</td>
<td>21</td>
</tr>
</tbody>
</table>

### St Helens

St Helens have participated in two national CQUINs

The Sepsis programme was locally negotiated and progress is being made during the reporting period of Q4. Staff that have been trained are:

- 100% of registered Walk in Centre (WIC) nurses who have undertaken SEPSIS training – the total number of registered nurses in the WIC is 22; and 22 have completed all 5 primary care sepsis modules via UK Sepsis website. The 3 outstanding staff have been allocated time to complete their training. Any new starters will complete their training as part of their induction programme.

Criteria for recording a NEWS2 within St Helens WIC/UTC:

- Criteria has been defined to use within St Helens Walk in Centre/Urgent Treatment Centre to ensure that clinicians are conducting a NEWS2 on all patients who are at risk of sepsis. All clinical staff are aware of this criteria and how to conduct and record a NEWS 2 on system one. Once the score is recorded on SystmOne this information
forms part of the patients discharge letter and the details are sent electronically to their GP within 24hrs therefore the GP is aware that the patient has been assessed for sepsis/deteriorating via NEWS.

- An audit will be conducted to ensure that the criteria for performing a NEWS 2 is being adhered to. This will consist of a ‘snap shot’ of patients presenting with a minor illness/ailment who fit the criteria for a NEWS 2. This audit will also look at the patient outcome to ensure that the patient was treated appropriately in relation to their NEWS 2.

They have also participated in the national health and well-being programme and the results are recorded in the national CQUIN section.

They have also participated in the Flu CQUIN and the uptake for St Helens clinical staff was 56.6%.

**Warrington**

Warrington participated in five national CQUINs with the preventing risky behaviours CQUIN being delivered by Padgate House Bed based intermediate care service.

Results:

<table>
<thead>
<tr>
<th>Tobacco</th>
<th>Percentage by quarter 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of unique adult patients who are screened for smoking status AND whose results are recorded.</td>
<td>100%</td>
</tr>
<tr>
<td>Percentage of unique patients who smoke AND are given very brief advice</td>
<td>100%</td>
</tr>
<tr>
<td>Percentage of unique patients who are smokers AND are offered referral to stop smoking services AND offered stop smoking medication</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Alcohol</th>
<th>Percentage by quarter 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of screened patients drinking above the low risk levels (but not dependent)</td>
<td>100%</td>
</tr>
<tr>
<td>Number of patients drinking above low risk levels (but not dependent levels) given brief advice</td>
<td>100%</td>
</tr>
<tr>
<td>Number of screened patients drinking at possible dependent levels</td>
<td>NA</td>
</tr>
<tr>
<td>Numbers of patients that are drinking at possible dependent levels that are offered a referral to a specialist alcohol services</td>
<td>NA</td>
</tr>
</tbody>
</table>

- Patients continue to be screened on admission.
- The majority of patients remain above 70 years of age.
Alcohol intake by the majority is relatively low.

Data collection remains similar to 2017/18 with patients accepting brief advice but not wishing to be referred to specialist services.

The other four national CQUINs were Personal Care Planning and Support Planning.

Improving the assessment of wound CQUIN

| Number of wounds that have failed to heal after 4 weeks (included in audit) | 48 |
| Number of full wound assessments for wounds which have failed to heal after 4 weeks | 0 |

They have also participated in the Flu CQUIN and the uptake for Warrington clinical staff was 59.6%.

They have also participated in the national health and well-being programme and the results are recorded in the national CQUIN section.

In addition children’s specialist 0-19 service are participating with a locally negotiated ADHD transition CQUIN. The purpose of this CQUIN is to further improve experience of transition to adult services for young people on medication for ADHD, and to provide robust information in relation to transition to commissioners. It is also to ensure that all children that require medication receive this medication throughout the transitional period until seen by the adult services. For 2018/19 this CQUIN was on track.

**Halton**

Halton participated in four of the national CQUIN’s. Halton Participated in the Personalised Care and Support Planning which is a two year CQUIN. 2018/19 is the second year of the CQUIN.

At the end of Year 2 Q4 the CQUIN reporting for the cohort is now as follows:

- 11 patients were asked the activation questions
- 1 patient’s responses were obtained from a relative or care giver on the patient’s behalf
- 11 patients had a personal care & support plan instigated at the point of activation

The nature of the personal and supportive care plan for the patients who had passed away was palliative in nature and implemented as part of a multidisciplinary approach to care for both the patient and their carers. The remaining individualised personal and supportive care plans include a range of long term conditions Chronic Obstructive Pulmonary Disease, Dementia and Diabetes. Notably the Community Matrons adopt a proactive approach to Hospital Avoidance and as such, a third of these patients also have North West Ambulance Service Community Care Pathways in place to support their care.
Further work continues on:

- Defining a cohort of patients engaging with primary care and the clinical commissioning groups.
- The team are evaluating the CQUIN data collection tool and the results from the baseline assessments.
- Share the details of any patient who triggers for care planning and the outcomes with the GP.
- To develop a service admission and discharge criteria that meets the needs of the patients in each geographical area.
- To ensure that all patients known to the community matron service have had the opportunity to be screened and offered a care plan should they trigger the need for care planning.

They also participated in the Improving the assessment of wounds

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of wounds that have failed to heal after 4 weeks (included in audit)</td>
<td>28</td>
</tr>
<tr>
<td>Number of full wound assessments for wounds which have failed to heal after 4 weeks</td>
<td>20</td>
</tr>
</tbody>
</table>

They have also participated in the Flu CQUIN and the uptake for Halton clinical staff was 49.3%.

They have also participated in the national health and well-being programme and the results are recorded in the national CQUIN section.

Further details regarding progress against all the agreed goals for 2018/19 is available electronically at: www.bridgewater.nhs.uk/aboutus/foi/cquin/
The national CQUINs relate to:

Providers were expected to achieve an improvement of up to 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 an improved position as follows.

<table>
<thead>
<tr>
<th>Question</th>
<th>Health &amp; Wellbeing – NHS Staff Survey</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>% Difference since 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>9a</td>
<td>% saying their organisation definitely takes positive action on health and well-being</td>
<td>21.6</td>
<td>27</td>
<td>22</td>
<td>25.4</td>
<td>3.8% improvement</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>30.6</td>
<td>22</td>
<td>24</td>
<td>26.1</td>
<td>4.5% improvement</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>48.1</td>
<td>42</td>
<td>45</td>
<td>41.3</td>
<td>6.9% improvement</td>
</tr>
</tbody>
</table>

Leadership and Development

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

A number of staff also access NHS Academy leadership programmes such as Elizabeth Garrett Anderson, Nye Bevan, Mary Seacole and Board level programmes. The Trust has trained 2 members of staff as facilitators for the Mary Secole programme, working in partnership with the Leadership Academy which has allowed us to deliver the programme in Trust locations, making the programme more accessible for our staff.

There are various other leadership programmes that staff access depending on their roles and professional bodies. These are funded via the Education & Professional 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 (ILM accredited)
- Clinical Manager Development programme
- Trust wide programmes Leading at the Speed of Trust, 7 habits of Highly Effective People and Foundations of Success
- Team Journey – developing cohesive high performing teams through team leadership
- Compassion IN leadership approach

**Leadership Development Programme (ILM accredited)**

The OD team continue to deliver the Leadership Development programme for current or aspiring team Leaders and above. 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 is 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 and above 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)
- 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

Trust wide Leadership Development programmes: - Leading at the Speed of Trust, 7 Habits of Highly Effective people, Foundations of Success & Productive Community Services.

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 continues, depending on the needs of the teams.

<table>
<thead>
<tr>
<th>Course Title</th>
<th>2017-2018</th>
<th>2018-2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leading The Speed of Trust (2 days)</td>
<td></td>
<td>103</td>
</tr>
<tr>
<td>Speed of Trust (1 day)</td>
<td>135</td>
<td></td>
</tr>
<tr>
<td>7 Habits of Highly Effective People</td>
<td>118</td>
<td>121</td>
</tr>
<tr>
<td>Quality Improvement Programme (ILM accredited Level 5)</td>
<td>16</td>
<td>12</td>
</tr>
<tr>
<td>Clinical Managers Development Programme</td>
<td>NA</td>
<td>51</td>
</tr>
<tr>
<td>Mary Seacole Programme</td>
<td></td>
<td>9 successfully completed and received an award. 15 successfully completed but are awaiting results.</td>
</tr>
</tbody>
</table>

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 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 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.

**Talent and Succession Plan**

The Talent management and Succession Planning Plan was approved by Board in March 2019 and is now part of the implementation of the Workforce Strategy which will go to our June 2019 Board meeting.

The strategy contains a framework which includes all the leadership development programmes detailed above in order to ensure that our staff have a consistent and clear education and development pathway from apprenticeship to executive level, delivered in a way that promotes inclusion and equality of opportunity.

**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 2018, the organisation updated its current policy and local standing operating procedures for clinical supervision. A survey of clinical supervision uptake was undertaken in September 2018 for the period Quarter 3 and Quarter 4 (2017/18) and Quarter 1 and Quarter 2 (2018/19) which identified that 63.4% of staff who participated in survey (874) identifying that they had Clinical Supervision.

Following feedback from staff the approach to clinical supervision is currently being further reviewed to support a more inclusive approach and local delivery.

**Quality Support Visits**

The Quality Support Visit schedule is managed by the Quality and Safety Leads. The visits are led by senior staff that have an experienced quality and governance background and are supported by volunteer assessors; Trust staff, Non-Executive Directors and Governors.

The programme of Quality Support Visits aims to involve staff in the assessment of quality of care and gain the benefits of that engagement process, provide a level of assurance across all areas identified as ‘requiring improvement’ that progress is being made against a local action plan and that the organisation is moving from good to outstanding and embed this process as one of the key annual quality improvement activities.
Thirty Three visits were undertaken in Q1 –Q4 of 2018/19 across a variety of adult and children’s services. A report is prepared by the Quality Support Visit lead, the report identifies trends and themes from a review of the data, staff and patient feedback; recommendations are made on how this information be used to make improvements, compare data internally across the organisation; benchmarking and shared learning through a variety of working groups is essential in a large organisation. Identify areas of poor performance and problem ‘hot spots’. The Quality Support Visit programme supports a culture of improvement and shared learning.

NHS Alliance Work

Our 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, Wigan and Warrington so that patients receive the right care in the right place.

Our strategy for delivering our vision is to focus on our key priority areas. These are our 10 ‘must dos’ which support the delivery of our strategic aims, which in turn will support the achievement of our vision. They are:

- Achieving the highest standards for patient safety and clinical quality
- Implementing our out of hospital health and care model (Integrated Community Services) across our geographical footprint
- Improving the patient experience
- Maintaining financial viability and stability
- Further development of organisational capacity and capability to deliver excellent services as the Trust’s organisational footprint continues to grow
- Developing our specialist portfolio
- Delivering excellent clinical services, striving to further improve outcomes, and delivering across all NHS targets
- Engaging stakeholders, demonstrating leadership for corporate and social responsibility and strategically positioning Bridgewater services
- Playing a prominent role in our local health economies and the emerging STP footprints and safeguarding on-going employment opportunities for our staff
- Ensuring robust data and an evidence based approach to everything we do.

As part of the work in the Healthier Wigan Partnership during 2018/19 collaboratively working with all our partners such as Wrightington, Wigan and Leigh hospital (WWL), Wigan
Council and Wigan Clinical Commissioning Group have worked together to ensure that community staff based within Wigan Services will transfer to Wrightington, Wigan and Leigh NHS Foundation Trust on the 1st April 2019.

As part of a procurement exercise during 2018 our Bolton Children’s community 5-19 staff will also transfer on the 1st April 2019 to Bolton Foundation NHS Trust.

Bridgewater is a key organisation in the development of an integrated workforce in the Warrington Together programme. The drive is to offer urgent community response and recovery support to meet local needs, which will include GPs, allied health professionals (AHPs), district nurses, mental health nurses, therapists and reablement teams. The idea is that the extra recovery, reablement and rehabilitation support will wrap around core services to support people with the highest needs. This is consistent with the NHS Long Term plan.

The Integrated community teams (ICTs) aim to develop person centred care planning and support for eligible adults. A change to the workforce will be required and a redesign to roles making sure that the correct skill mix is aligned and integrated to align to neighbourhoods. Work during 2018 included working with Warrington and Halton Hospitals x-ray department piloting direct referrals into the x-ray department. This supports timely reporting of suspected fractures from nursing and residential home. This initiative aims to prevent unnecessary A&E attendances by elderly patients.

First contact Practitioner physiotherapy is progressing well with a pilot in Culcheth GP surgery and in Extended Hours. The next phase will be to look at how this can be a permanent feature of the Orthopaedic and Musculoskeletal pathway.

The 0-19 service healthy lifestyle course which is working with Warrington Wolves Foundation to deliver ‘Life the Wolves Way’ lifestyle and exercise course designed for children aged 7-11 who are above a healthy and their families.

In our Halton borough Bridgewater is leading the integrated community teams work stream in line with four GP Hubs. The vision is an integrated model of care across health and social care. One Halton is a new way of working to integrate services that deliver care and wellbeing to the people of Halton and is now gathering pace. During 2018 the Trust together with Warrington and Halton Hospitals NHS FT are working on a bid to secure the procurement of Halton Urgent Treatment Centre.

In our Oldham borough ‘Oldham Cares’ A memorandum of understanding was agreed and an Alliance has been developed. We are working as a key partner within the Integrated Care Organisation (ICO) Transformation Programme and supporting the move to Multi-Disciplinary Teams working in partnership with Primary care, Secondary Care, Voluntary Sector and Social Care.
During 2018 our perinatal mental health group developed a 10 week programme for mothers with mild to moderate mental health issues. This is being delivered by the Right Start in conjunction with Healthy Minds and Pennine Acute. Parents bring their babies with them and there is a dedicated time during the session which focuses on parent and child relationships.

Local Government Association peer review of early year’s provision – took place 26 to 28 March 2018 focusing on supporting speech, language and communication. The service hosted a number of focus events and observation opportunities for peer reviewers to attend different interventions. An Integrated two-year review consultation event has taken place with private nurseries, pre-schools and child-minders to support further development of the review within the local area. The Right Start team in Chadderton are continuing to work closely with one of the schools in their area to co deliver Speech and language therapy interventions.

To ensure a robust model of clinical supervision is available for all staff within the Oldham service. Clinical Supervision Training is provided by the Family Nurse Partnership national unit for the Right Start and School Nursing Service staff. The training focuses on the restorative element of supervision with a ‘train the trainer’ element to it.

In our Halton borough our St Helens Urgent Treatment Centre (formerly Walk-in Centre) has started to adopt the borough’s shared care record, which allows services to access summary details when treating a patient. There have also been work streams around Integrated Nursing (test bed), COPD (test bed) and Halton Integrated Community Team (HICT).

In our Dental services during 2018 we have been meeting with other Community dental Providers across Greater Manchester and Cheshire and Mersey to discuss opportunities for collaborative working. Trafford and Bridgewater were successful in a joint bid to improve the Oral Health of residents of care homes in Trafford. Three bids were submitted to deliver Urgent dental Care across the whole of Greater Manchester; as we currently only deliver the triage and management of urgent dental care in Wigan.

Bridgewater also provides healthcare to five prisons across the Trusts geographical footprint. During 2018 there was a ministerial visit to one of the prisons HMP Wymott which was positive and a letter has been received from the minister recognising the improvements that have been made.

**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 CQC inspection of the Trust in September 2018 rated the midwifery service as GOOD across all 5 domains. This was seen as a great achievement by the service and was truly a team effort. The service continues to work to ensure we maintain this rating in the future and will work towards the achievement of the outstanding rating.

As a replacement for statutory midwifery supervision the new model of A-EQUIP (Advocating for Education and Quality Improvement) was launched at the end of April 2017 and will be delivered in each provider by PMA’s (Professional Midwifery Advocates). The regional strategy for the delivery of the model was developed and ratified by the Cheshire and Mersey Heads of Midwifery group in August 2018. Two midwives from Bridgewater commenced the 6 month PMA course in January 2018 and successfully passed the modules and are responsible for delivering the model within the service. A regional network for PMA’s is currently being developed.

Our annual midwifery service questionnaire was distributed to women during the month of June 2018. 500 questionnaires were distributed and 356 returned (71.2%).

Of the 356 returned 348 (97.7%) felt they had continuity of care from the team.

Of the 356 returned 343 (96.3%) felt they had continuity of care from the midwife.

351 (98.5%) knew how to contact their named midwife.

352 (98.8%) would recommend the service to friends and family.

354 (99.4%) said the midwife listened to them during their appointments.

352 (98.8%) received written information. The remaining 4 respondents did not answer this question.

Comments from the women included ‘I am pleased with the midwifery service and have no concerns or issues to address’.

‘Service exceeds expectation. The service I have received as a surrogate has been amazing above and beyond my expectations’. 
‘Longer appointments please, I love them’.
‘Treated with respect and very professional’.
‘Exceeds expectations. We cannot recommend the service enough. All the staff have been amazing. You should be very proud of the service you deliver and we are more than happy for our comments to be used for patient feedback and to be involved in any formal feedback process you have. Keep doing what you are doing’.

**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 consistently within 18 week threshold. We continue to support the ongoing pressures within Greater Manchester by working with our partner Community dentals service providers. In addition following a temporary suspension of our access to our main theatre in Cheshire and Merseyside for Paediatric exodontia, we were able to manage the impact and recover the position, to ensure patients were not adversely harmed and were subsequently seen within the contractual indicator of 4 weeks from assessment once the theatre was back online.

We retained contracts for Oral Surgery in Cheshire and Merseyside; and expanded our service delivery by being awarded new contracts to deliver an Adult Sedation service within Cheshire and Merseyside.

Our capital programme for 2018/2019 saw the following improvement made to the service we offered to patients:

- New inhalation sedation equipment
- A new wheelchair tipper
- New autoclave and steriliser

In addition, we made a significant financial investment to improve the resilience of our networked patient administration system, which is accessed across 18 sites by over 60 clinicians.

Following a review of our estate we rationalised our delivery footprint, moving away from 3 underutilised clinics within Greater Manchester.

We maintained our focus on quality improvement and our yearly audit plan which focussed on the following areas:

- Quality of dental radiographs: calibration
- Quality of dental radiographs: intra-oral films
- Compliance with IACSD guidelines for sedation: sedation incidents
- Compliance with IACSD guidelines: reversal rate of intravenous sedation
- Post-operative complications following oral surgery
- Compliance with HTMO-105

Consequently, we were pleased that the Care Quality Commission recognised our commitment to delivering high quality care for patients by rating our service delivery as ‘Good’ following their inspection of our services in September 2018.
NHS Improvement (NHSI) Compliance

NHSI expects NHS Foundation Trusts to establish and effectively implement systems and processes to ensure that they can meet national standards for access to health care services. NHSI incorporated performance against a number of these standards in their assessment of the overall governance of Bridgewater Community Healthcare NHS Foundation Trust. These can be summarised in the table below and demonstrates achievement against the threshold/target during each quarter of 2018/19.

<table>
<thead>
<tr>
<th>Single Oversight Framework (SOF) Operational Performance Metrics</th>
<th>Threshold or Target YTD</th>
<th>Quarter 1 2018/19</th>
<th>Quarter 2 2018/19</th>
<th>Quarter 3 2018/19</th>
<th>Quarter 4 2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway</td>
<td>92%</td>
<td>99.89%</td>
<td>99.56%</td>
<td>99.76%</td>
<td>99.48%</td>
</tr>
<tr>
<td>A&amp;E: maximum waiting time of four hours from arrival to admission/transfer/discharge</td>
<td>95%</td>
<td>98.66%</td>
<td>99.24%</td>
<td>99.19%</td>
<td>98.52%</td>
</tr>
<tr>
<td>All cancers: 62-day wait for first treatment from: urgent GP referral for suspected cancer</td>
<td>85%</td>
<td>100.00%</td>
<td>94.74%</td>
<td>100.00%</td>
<td>100.00%</td>
</tr>
<tr>
<td>Diagnostics six week waiters (% under six Weeks)</td>
<td>99%</td>
<td>99.88%</td>
<td>99.73%</td>
<td>100.00%</td>
<td>100.00%</td>
</tr>
<tr>
<td>Improving access to psychological therapies: Proportion of people completing treatment who move to recovery (from IAPT minimum)</td>
<td>50%</td>
<td>55.86%</td>
<td>53.66%</td>
<td>52.94%</td>
<td>58.19%</td>
</tr>
<tr>
<td>Improving access to psychological therapies: % patients beginning treatment within 6 weeks of referral</td>
<td>75%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>98.67%</td>
<td>97.99%</td>
</tr>
<tr>
<td>Improving access to psychological therapies: % patients beginning treatment within 18 weeks of referral</td>
<td>95%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
</tr>
<tr>
<td>Data Quality Maturity Index (DQMI) MHSDS quarterly score</td>
<td>95%</td>
<td>88.30%</td>
<td>79.53%</td>
<td>78.23%</td>
<td>76.37%</td>
</tr>
</tbody>
</table>

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 2018/19.
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.

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

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

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</tr>
</thead>
<tbody>
<tr>
<td>Bridgewater</td>
<td>99.79%</td>
<td>100.00%</td>
<td>99.88%</td>
<td>99.83%</td>
<td>99.91%</td>
<td>98.93%</td>
<td>99.50%</td>
<td>100.00%</td>
<td>99.79%</td>
<td>99.50%</td>
<td>99.58%</td>
<td>99.48%</td>
</tr>
</tbody>
</table>

At the end of 2018/19 quarter four the Trust had a total of 1157 patients waiting for consultant led services.

During routine audit Bridgewater identified some minimal inaccuracies in the data that had been submitted to NHSE via the Strategic Data Collection Service on four occasions. These can be summarised as:
• April 18 – Human error - Excluded an 18 week breach that should have been reported. Actual performance reported to NHSE 99.89%
• June 18 – Technical error - Excluded an 18 week breach that should have been reported. Actual performance reported to NHSE 100%
• January 19 – Human error - Excluded an 18 week breach that should have been reported. Actual performance reported to NHSE 99.60%
• February 19 - Human error - Excluded an 18 week breach that should have been reported. Actual performance reported to NHSE 99.69%

Bridgewater’s recent investment in the development of a new Data Warehouse will serve to reduce these errors going forward.

Waiting Times All Services

The Trust measures the time that has elapsed between receipts of referrals to the start of treatment and applies the national target of 18 weeks to all its services. Below are patient waiting times reported at the end of each month for all Bridgewater services until the end of quarter four (2018/19).

<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 11</td>
<td>9298</td>
<td>9907</td>
<td>9920</td>
<td>10060</td>
<td>9830</td>
<td>9801</td>
<td>9952</td>
<td>9780</td>
<td>9100</td>
<td>9388</td>
<td>9758</td>
</tr>
<tr>
<td>11-18</td>
<td>1255</td>
<td>914</td>
<td>992</td>
<td>901</td>
<td>1192</td>
<td>1328</td>
<td>1355</td>
<td>1177</td>
<td>1432</td>
<td>1611</td>
<td>1784</td>
</tr>
<tr>
<td>Over 18</td>
<td>73</td>
<td>36</td>
<td>48</td>
<td>97</td>
<td>134</td>
<td>127</td>
<td>318</td>
<td>140</td>
<td>216</td>
<td>222</td>
<td>317</td>
</tr>
</tbody>
</table>

At the end of quarter four 2018/19 the Trust had a total of 12678 patients waiting for all services. Of these 10821 (85.35%) were waiting under 11 weeks.

Cancer Services

The Trust delivers community based cancer services to patients living in the Warrington area which is commissioned by Warrington CCG. The table below demonstrates the Trust’s performance against the national cancer targets throughout quarters 1- 4 in 2018/19: It is important to recognise that these are often small numbers of patients and can be affected by patient choice of appointment time.
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 2018/19 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 Manager, with Board level responsibility resting with the Director of Workforce & Organisational Development. Equality and inclusion updates are provided to the Trust’s Workforce & Organisational Development Committee and the Service Experience Group, who provide assurance through the committee structures to Board. Partnership with our staff side colleagues is through the Corporate Partnership Forum, and also through smaller task and finish groups such as those looking at absence management, and bullying and harassment.

During 2018/19 we have been part of the Merseyside & Cheshire EDS2 partnership; an innovative collaboration of providers and commissioners who through engagement with local, regional and national groups have sought to understand the barriers and problems faced by different communities that lead to inequality in health and in employment. The collaborative work has included development of quality standards for interpretation and translation, and continues with new work looking at reasonable adjustments for people with disabilities in services and in the workplace. Through this collaboration we seek to not just reduce inequality and remove barriers, but to also provide consistency, and share good practice and expertise across the region.

The work of the collaborative, along with the findings from our NHS Workforce Race Equality Standard (WRES) and Gender Pay Gap reports, have led to the development of the new Equality Objectives 2019 – 2022, and will support our EDS2 assessment and grading this year and in the coming years. The new objectives can be viewed on our webpage along with all our equality reports.

Our WRES results in 2018 showed some very small changes, some positive and some negative, but overall figures remained the same. During the year learning and development opportunities for Black and Asian Minority Ethnic (BAME) staff have been promoted, and work has taken place across the Trust to address the bullying and harassment figures identified in the NHS Staff Survey 2017 for both White and BAME staff. It is from 2019/20 that we expect to really start to see changes in our WRES figures as the Trust’s new Workforce Strategy is drafted and implemented.
In February 2019 we published our latest Gender Pay Gap figures and report, for data as at the snapshot date of 31 March 2018. These show some small changes in both the mean and median figures from our first report published in March 2018.

The mean figure (that is the difference in average hourly pay between men and women in the Trust) was 23.87%, meaning that women were paid on average £4.84 less than men. This was a slight increase of 0.34% or 28.56 pence from the previous year.

The median figure (that is the comparison of the middle salary for men and women in the Trust) showed a small improvement at 7.34%, down 1.13% from our previous figure. This leaves the current median gender pay gap at £1.16, an improvement of 10.67 pence per hour.

These changes can both be partly explained by the much greater numbers of women leaving the Trust during the period between the two reports, 200 women overall compared to 4 men. The Trust continues to reflect gender pay gap trends seen across the NHS, but this does not mean we should accept this inequality. Bridgewater’s new Workforce Strategy has equality at its heart, and this along with national actions across the NHS should start to address the inequality in pay seen within the gender pay gap reports of all Trusts. Actions will take time to take effect, but we hope to see improvements in Bridgewater in the coming few years, and in the meantime we remain mindful and alert in all our policies, procedures and strategies of equality for women and other protected characteristic groups.

In May 2018 we were very proud to receive our Navajo Merseyside & Cheshire Charter Mark. Our assessors were very keen to stress how impressed they were with the commitment across the Trust in relation to equality and inclusion for LGBT* (lesbian, gay, bisexual, and transgender) communities and individuals, and also the honesty and recognition showed by senior leaders and others of the work we still needed to do to understand and meet the needs of these particular groups. As part of the work following on from this assessment we will in spring 2019 be publishing our gender identity policy and guidance for supporting transition both in the workplace and in services.

2019/20 promises to be a busy year, with our new Director strongly supporting the equality and inclusion agenda in the Trust and keen to see the development of an Equality & Inclusion Steering Group and Strategy. The Group will develop and oversee the action plans that will see us deliver on our Equality Objectives over the next three years, and should allow equality, diversity and inclusion to be effectively embedded across the Trust and clearly defined within the leadership role of every member of staff. Further work was also undertaken with reviewing Equality Impact Assessments (EqIA) for when new policies are written or cost improvement programmes are being considered. All public authorities have a duty to set out arrangements for assessing and consulting on the impact that their activities can have on the promotion of equality. This is particularly relevant where activities are being changed, (for example redesigned, or reduced), but equality should be considered as an ongoing process and as part of everyday decision making and EqIAs help us to do that.
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 2018/19 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. See appendix B.
APPENDICES
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 4.8%
- To achieve Trust target of a rolling 8% for staff turnover – those leaving the Trust
- To achieve 100% attendance at staff Induction – new starters to the Trust
- To promote apprenticeships and career development activities for young people within the local communities we serve

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 4.8%
- 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 4.8%

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

Employee Engagement

The Staff Engagement Strategy 2017-2020 was launched in March 2017 and is monitored by the Staff Engagement Strategy Steering Group; who meet monthly. Since its launch, all of the objectives set have been achieved and Staff Engagement Champions throughout the Trust also support this agenda. There are 73 champions in total who all receive gold lanyards and personal development opportunities.

The strategy will be reviewed in 2019 and will be re-launched during the summer. Staff survey results have shown an improvement in the staff engagement score since the launch of the strategy and the Trust has just commissioned Questback Staff Community, a web based tool to allow us to engage with all our staff in a more meaningful and focused way.

Listening into Action (LiA) continues to be used as one of the methods to engage with staff to allow them to:

- Improve patient care
- Improve the patient experience
- Enable staff to do their jobs more effectively
Big Conversation events are held across the Trust and allow staff to suggest improvements in their area of work and/or location. The staff suggestions are disseminated to all staff engagement champions and local staff engagement groups. In 2018 the LiA local groups merged with the staff engagement groups and all borough groups report to the Staff Engagement Strategy steering group.

Our ‘Pulse Check’ 15 item questionnaire is also disseminated to staff in all boroughs. The results are published on the Trust’s intranet for all staff to view.

In addition to the direct engagement work with staff, bespoke development programs are delivered internally to strengthen staff relationships and allow time for employees to explore their values and behaviours to drive the cultural change that is necessary to equip the Trust to face the challenges of the future.

These programmes include:

- Our bespoke ILM accredited Leadership Development Programme.
- Delivery of the Franklin Covey ‘Leading at the Speed of Trust’ Programme which supports managers to build trust within teams.
- Our values and behaviour based PDR framework that focuses on: individual wellbeing, your role, behaviours, the individual fit and impact within the organisation; to identify development and training needs.
- The development and implementation of a Talent Management Strategy which is linked to succession planning.
- The delivery of a 7 Habits of Highly Effective People programme which commenced in 2017. The aim of the programme is for staff to explore their own personal effectiveness and build effective relationships
- To continue to offer staff a suite of appropriate change management tools
- Rolling out our System Leadership Program, developed following a successful bid for funding from the North West Leadership Academy

Internal Communications

Within Bridgewater there are a range of communications channels designed to keep staff informed and to support two-way dialogue and engagement. These include a monthly Team Brief presentation from the Chief Executive to senior managers which starts the cascade of messages from the Executive and Board throughout the organisation by managers and team leaders. This contains key messages to keep staff informed on new developments, policy, performance (including HR performance measures, financial and quality performance) and staff matters. Staff have the opportunity to ask questions during and after the briefing session. Any questions and answers are shared through the following month’s team brief. In addition there is a facility for staff to ask questions through the Intranet (The Hub) via a feature titled ‘Ask the Boss’.
Staff also receive a weekly Bridgewater Bulletin e-newsletter and are encouraged to access to the Trust intranet “The Hub” as the primary source of information on Trust policies, corporate services and key initiatives within the Trust. Directors also share updates on key achievements and priorities through regular blogs and the Bridgewater ‘Friday message’. The Chief Executive has also used video updates for staff to communicate key messages.

The Trust supports a staff mobile application (Staff App), which has been downloaded by around half of our workforce and enables those working out in the community to access key contacts, information and news via a mobile device.

Director staff engagement visits occur monthly and in all boroughs. They enable staff to meet members of the Executive Team to showcase the services they deliver and discuss what it is like to work for the Trust. During these visits, the directors also observe treatments delivered to patients by staff in the community.

Throughout the year a number of successful internal communications campaigns were run to support the annual staff flu campaign and also a ‘Now We’re Talking’ campaign to encourage staff to showcase their successes through newsletters, case studies and videos used both internally and externally.

**Celebrating our staff**

At Bridgewater it is important for us to recognise when our staff go above and beyond the call of duty, demonstrate a willingness to innovate and make significant strides to delivering improvements in services.

Our “Stars of the Month” scheme allows staff to recognise the work of colleagues by nominating them for an award each month. This scheme continued to be popular amongst staff and 300 nomination forms were received for 2018/19.

The highlight of the Trust’s staff reward and recognition programme is the annual Staff Awards ceremony which is held in September each year. This is held as a daytime event and combined with our Annual General Meeting to encourage greater participation in the latter by our staff. At the 2018 event more than 130 staff, governors and partners attended the event at Haydock Park Racecourse.
NHS Staff Survey 2018 - Working with staff to understand key messages from the staff survey

The NHS Staff Survey is conducted annually. From 2018 onwards, the results from questions are grouped to give scores in 10 indicators. The indicator scores are based on a score out of 10 for certain questions with the indicator score being the average of those.

The response rate to the 2018 survey among Trust staff was 43% (2017:44%). Scores for each indicator together with that of the survey benchmarking group (16 Community Trusts) are presented below:

<table>
<thead>
<tr>
<th></th>
<th>2018/19</th>
<th>2017/18</th>
<th>2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Equality, diversity and inclusion</strong></td>
<td>9.4</td>
<td>9.3</td>
<td>9.3</td>
</tr>
<tr>
<td><strong>Health and Wellbeing</strong></td>
<td>6.0</td>
<td>5.9</td>
<td>5.7</td>
</tr>
<tr>
<td><strong>Immediate Managers</strong></td>
<td>7.1</td>
<td>7.0</td>
<td>7.0</td>
</tr>
<tr>
<td><strong>Morale</strong></td>
<td>6.1</td>
<td>6.2</td>
<td>-</td>
</tr>
<tr>
<td><strong>Quality of appraisals</strong></td>
<td>5.1</td>
<td>5.6</td>
<td>4.7</td>
</tr>
<tr>
<td><strong>Quality of care</strong></td>
<td>7.4</td>
<td>7.3</td>
<td>7.3</td>
</tr>
<tr>
<td><strong>Safe environment – bullying &amp; harassment</strong></td>
<td>8.4</td>
<td>8.4</td>
<td>8.3</td>
</tr>
<tr>
<td><strong>Safe environment – violence</strong></td>
<td>9.8</td>
<td>9.7</td>
<td>9.8</td>
</tr>
<tr>
<td><strong>Safety culture</strong></td>
<td>6.7</td>
<td>7.0</td>
<td>6.5</td>
</tr>
<tr>
<td><strong>Staff engagement</strong></td>
<td>7.1</td>
<td>7.1</td>
<td>6.7</td>
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</table>

The response rate to the 2018 staff survey was 1% lower than the previous year. Bridgewater distributed a paper staff survey to all staff within the Trust, therefore 43% is a significant sample of the views of staff within the Trust. The national response rate overall was 46%.

The 10 themes assist the Trust to continually measure the quality of staff experience. Data relating to workforce indicators are reported to the Trust Board, as are the national NHS Staff Survey results.

The Staff Survey Action Plan is monitored for progression via the Trust’s Workforce and Organisational Development Committee.

To ensure that we continue to listen to our staff and acknowledge the important feedback we get from our survey, we develop action plans to inform us of our key priorities and areas for further development and continuous improvements. The action plan is, and will continue to
be, managed through formal management meetings where performance review takes place. Action plans and progress against them is shared with the Trust’s Staff-side colleagues at our partnership working groups. We enjoy effective partnership working with our Trade Unions and staff-side colleagues and believe this is critical to our success.

As part of our response to the staff survey, to enable staff to see how we are responding to their feedback, we have used our Staff Engagement Group and Champions to explore staff values, attitudes and behaviours to enhance care delivery and the patient’s experience. The feedback has informed the Trust’s Staff Engagement Strategy and is monitored at its Workforce and Organisational Development Committee through to Trust Board.

The 2018 Staff Survey results show either an improvement or maintenance in each of the themes that were tested in 2017. This is detailed in the table below:

<table>
<thead>
<tr>
<th>Theme</th>
<th>2018/19</th>
<th>2017/18</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equality, Diversity &amp; Inclusion</td>
<td>9.4</td>
<td>9.3</td>
<td>0.1 ↑</td>
</tr>
<tr>
<td>Health &amp; Wellbeing</td>
<td>6.0</td>
<td>5.7</td>
<td>0.3 ↑</td>
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<tr>
<td>Immediate Managers</td>
<td>7.1</td>
<td>7.0</td>
<td>0.1 ↑</td>
</tr>
<tr>
<td>Morale</td>
<td>6.1</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Quality of appraisals</td>
<td>5.1</td>
<td>4.7</td>
<td>0.4 ↑</td>
</tr>
<tr>
<td>Quality of care</td>
<td>7.4</td>
<td>7.3</td>
<td>0.1 ↑</td>
</tr>
<tr>
<td>Safe environment – Bullying &amp; Harassment</td>
<td>8.4</td>
<td>8.3</td>
<td>0.1 ↑</td>
</tr>
<tr>
<td>Safe environment – Violence</td>
<td>9.8</td>
<td>9.8</td>
<td>0.0 ➠</td>
</tr>
<tr>
<td>Safety Culture</td>
<td>6.7</td>
<td>6.5</td>
<td>0.2 ↑</td>
</tr>
<tr>
<td>Staff Engagement</td>
<td>7.1</td>
<td>6.7</td>
<td>0.4 ↑</td>
</tr>
</tbody>
</table>

This is to be celebrated across the Trust whilst we continue with our strives to improve year on year through our action plans, focus groups, partnership forums and the Workforce and Organisational Development Committee.

The Trust was the most improved in the North West for staff recommending it as a place to work or receive treatment. Although this was an improved position, there is more work to do with our staff.
The Trust’s results when compared with the benchmark for community services are also a
generally positive picture. Of the 10 themes the Trust is above the benchmark score for 5 of
them, below for 3 and equal to for 2. The table below reflects this:

<table>
<thead>
<tr>
<th>Theme</th>
<th>2018/19</th>
<th>Benchmark</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equality, Diversity &amp; Inclusion</td>
<td>9.4</td>
<td>9.3</td>
<td>0.1</td>
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<td>6.2</td>
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<td>0.3</td>
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<tr>
<td>Staff Engagement</td>
<td>7.1</td>
<td>7.1</td>
<td>0.0</td>
</tr>
</tbody>
</table>

**Future Priorities and Targets**

Having reviewed the NHS staff survey results the key priorities for the Trust to focus on during
2019 are as per the 5 areas the 10 themes are grouped into:

1. Your Job
2. Your Manager
3. Your Health, Wellbeing and Safety at Work
4. Your Personal Development
5. Your Organisation

We will focus on communication, raising and report concerns, retention, discrimination and
the meaningfulness of the appraisal process.

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

- Bi monthly Workforce and Organisational Development Committee meetings
- Bi monthly Partnership Forums, comprising of Executives, Senior Management and Staff-side colleagues
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 initiatives to support staff with lifestyle choices, focusing on MSK and Mental health, engaging with staff to improve their health and wellbeing. Campaigns include the Mental Health week and Tea & Talk, with shared lunches, health walks and activities taking place for mental health awareness. Men’s Health checks took place as part of Men’s health week and staff took part in the #millionsteps challenge and the Bridgewater Challenge 50. #BWwellbeing month focused on the importance of mental health and where staff can get support. Bridgewater also won a prize for On Your Feet Britain, with staff taking part in the BW60:60 challenge.

The Trust’s sickness absence target is 3.78%. The absence rate at the end of March 2019 was 5.09% in comparison to 5.39% at the end of March 2018. Whilst this is above the Trust target proactive work is being undertaken to manage sickness absence within the Trust. The Absence Management and Health and Wellbeing group and Stress Focus group comprise of staff from all areas of the Trust and aim to support our staff’s mental health and wellbeing.

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.

Personal and Performance Development Reviews (PPDRs)

We continue to provide opportunities for our staff to develop via a ‘values’ driven personal and performance development review 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 2018 national NHS Staff Survey in which 89.5% of respondents surveyed within the Trust confirmed that they had been appraised in the last 12 months (44% response rate to the survey). The national average for Community Trusts was 91.4%.

The percentage of staff compliance at the Trust as a whole is as follows:

<table>
<thead>
<tr>
<th>Borough</th>
<th>Percentage of Staff Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cheshire &amp; Merseyside</td>
<td>65.56%</td>
</tr>
<tr>
<td>Greater Manchester</td>
<td>67.36%</td>
</tr>
<tr>
<td>Corporate Service</td>
<td>66.90%</td>
</tr>
<tr>
<td>Bridgewater</td>
<td>68.43%</td>
</tr>
</tbody>
</table>

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 2019 was 12.05%. This is above the Trust target of 8%. Our turnover % rate is based on staff that have left voluntarily from the organisation. However, this is not necessarily a concern as turnover is an enabler for role re-designs, skills mix changes and revised service models to be implemented. However it may be a concern for services where turnover is more frequent and linked to reasons we would need to support as an organisation i.e. reasons of stress, poor behaviours, risk to patients / services. We are undertaking further work on the provisions of our Leaver Policy with a focus on process of exit interviews and the outcomes of those interviews.

**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 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. 92% at the end of Q4 (national target - greater than 90%) of our doctors have received an appraisal in the last 12 months. The remaining 3 incomplete appraisals are approved postponements by the RO, in accordance to our Medical Appraisal Policy.

The Annual RO report for 2017/18 was accepted by the Board in September 2018 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.

Mandatory training compliance is reported to the Board on a monthly basis, this includes the identification of any issues and the plans that are put in place by services to address them.

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

The Education & Professional Development Service assist staff and managers across the Trust to target non-compliance including the organisation and delivery of bespoke, borough-based delivery of face-to-face training sessions to assist in the improvement of compliance.

During 2018 implemented the change to the National Learning Management System which is part of the electronic staff record. This change will ensure that the ESR is updated immediately on completion of any eLearning modules and will, once the system is fully established, 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 Performance & Personal Development Review, and the commissioned service delivery. The TNA encompasses all aspects of education and professional development with clear alignment to the quality agenda priorities of patient safety, patient experience and clinical effectiveness. Essential training for service delivery and forecast planning is the key focus. Any application for funding is considered in relation to that services TNA and care delivery including priority areas. This will continue to ensure that staff have the right skills to deliver a high quality service to meet the identified needs of the population they serve.

During 2018/19 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 2018/19 we have continued to deliver in-house NMP and educator courses to make the best use of available resources. As we move forwards 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 2018/19 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, 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.

**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 2018/19 we have continued to support placements for undergraduate medical students from the University of Central Lancashire and 5th year students from Lancaster also attend the Trust for placements with our medical staff.

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 2019/20 we plan to:

- Consolidate our mandatory training offer around the Core Skills Training Framework and introduce a robust system of governance to ensure the mandatory training offer is fit for purpose and minimises the impact on staff.
- Continue supporting managers across the Trust with mandatory training compliance and reporting any identified issues to Board.
- Review the TNA on a four monthly basis to ensure that the EPD service is responsive to any identified training needs on an on-going basis.
- Continue to work in partnership with other providers and HEI’s to deliver internal training programmes.
- Continue to support delivery of the national apprenticeship agenda.
- Continue to deliver our education strategy and action plan.

In addition we will further affirm our commitment to the development of our future workforce through the talent for care widening participation agenda. This will include providing opportunities for local people to access:

- Work experience
- Traineeships and Pre-employment programmes
- Apprenticeships

Education and Professional Development Governance

We will re-establish the EPD Governance Steering Group which will 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.
Appendix B – Stakeholder Feedback

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

Dear Colin,

Re: Quality Accounts 2018 - 2019

I am writing to express my thanks for the submission of Bridgewater Community Healthcare NHS Foundation Trust Quality Report for 2018-2019 and for the presentation given by Lynne Carter, Chief Nurse to local stakeholders on 10th May 2019. This letter provides the response from both NHS Halton and NHS Warrington Clinical Commissioning Groups to the Quality Account Report 2018-2019.

NHS Halton and NHS Warrington CCGs understand the pressures and challenges for the Trust and the local health economy in the last year and would like to congratulate and thank the Trust for the level of partnership working and support in this year.


Patient Safety
- Infection Control
  - 0 cases of Clostridium Difficile.
  - 0 cases of MRSA
- Significant increase in incident reporting including patient safety incidents and serious incidents which is really positive and demonstrates a learning culture.
- Improving the assessment of wounds in District Nursing
- Weekly Patient Safety and Harm Free Care meetings in each Borough.
- Trust Risk Council Introduced

Clinical Effectiveness
- Preventing Risky Behaviours in Padgate House saw 100% of patients receiving brief advice in regards to smoking and alcohol intake.
- Multi Disciplinary Pressure Ulcer Learning Events
- Recruitment of Medicines Safety Officer has resulted in a reduction in Medication errors and Medicines training to staff.
- Quality & Safety Leads and Quality Matrons produce a monthly ‘Lessons Learned’ newsletter to provide feedback to staff.
Patient Experience

- 99% of patients indicated they had a good overall experience.
- 96.7% of patients indicated that they would recommend Bridgewater Community Healthcare NHS FT services (Friends & Family Test results).
- 99% of patients indicated overall satisfaction with their care and treatment.
- 1779 Patient Advice & Liaison contacts. Only 8 of these contacts went on to become formal complaints.
- 104 complaints in year.

Workforce

- There was a 3.8% Trust improvement of staff reporting that the organisation took positive action on health & well-being.
- Flu vaccination for Clinical Staff in Halton was 49.3% and Warrington 59.6% further work during 2019/20 to improve uptake is planned.

Stakeholders acknowledged the Trust receiving a Requires Improvement rating awarded by the Care Quality Commission (CQC) and were made aware that the resulting actions have formed the Trusts Service Improvement Plans moving forward and that the Trust will be working in partnership with commissioners and service users to implement the improvements which were welcomed.

NHS Halton & NHS Warrington CCGs noted the Trusts Improvement Priorities for 2019 – 2020:

Priority 1 Learning from Deaths
Including learning from national reports such as the Gosport Enquiry and the Trusts promotion of a no blame culture.

Priority 2 – Driving up quality using quality improvement methodology
To enable greater learning and engagement to underpin the Trust work on Sepsis and NEWS 2 roll out. This will also impact on the work around Gram Negative infections where most cases occur in the community amongst older people who form the largest users of adult services.

Priority 3 – Developing a Patient Engagement Strategy
Active engagement and participation further supports the Trusts place based services and patient satisfaction as well as increasing participation in service redesign.

Stakeholders also noted the progress on the work the Trust is undertaking in regards to Freedom to Speak up and supporting staff to raise concerns which was positive.

NHS Halton & Warrington CCGs recognise the challenges for providers in the coming year and we look forward to working with the Trust during 2019-2020 to deliver continued improvement in service quality, safety and patient experience and also on strengthening integrated partnership working to deliver the greatest and fastest possible improvement in people’s health and wellbeing by creating a strong, safe and sustainable health and care system that is fit for the future.

We would like to congratulate the trust on the hard work of its staff and their
commitment to the care of the people of Halton and Warrington, thanking local staff and managers for their on-going commitment locally and for the opportunity to comment on the draft Quality Account for 2018/2019.

Yours sincerely,

Michelle Creed
Chief Nurse

Cc
Lynne Carter
Dr Andrew Davies
Colin Scales  
Chief Executive  
Bridgewater Community Healthcare NHS Foundation Trust  
Europa Point  
Europa Boulevard  
Warrington  
WA5 7TY  

24th May 2019  

Dear Colin

NHS St Helens Clinical Commissioning Group and NHS Knowsley Clinical Commissioning Group thank you for the opportunity to comment on the Bridgewater Community Healthcare NHS Foundation Trust Quality Account for 2018/19.

The CCGs commend the Trust on its achievements in 2018/19 including:

a) Increased Pressure Ulcer reporting  
b) Introduction of the medicines incident review panel  
c) Improved processes for reporting harm to promote an open and honest culture in which the organisation can learn and innovate

This account highlights the priorities identified in 2018/19 and provides a review of outcomes demonstrating how well the Trust did in achieving those priorities to deliver high quality care to patients. Commissioners felt the Trust could further strengthen the Account by referencing positive improvements made as a result of the CQC Quality Surveillance process and positive work undertaken in relation to Safeguarding in partnership with the CQC.

The Quality Priorities for 2019/20 are in line with some of the areas for improvement recognised and represent appropriate priorities;

Priority 1: Learning from Deaths  
Priority 2: Driving up quality using quality improvement methodology to enable greater learning and engagement to underpin previous work on Sepsis and NEWS2 roll out.  
Priority 3: Developing a patient engagement strategy
The CCGs recognise the latest CQC Inspection rating and acknowledge the progress against key actions, however would consider it beneficial for the progress against the action plan from previous CQC rating of “Requires Improvement” to be captured within the accounts.

As noted last year the importance of leadership is captured within the Quality Account specifically in relation of 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. In addition the improvement in leadership structure across the boroughs is not referenced.

The CCGs acknowledge the provision of details of ways in which staff can speak up and would recommend the Account includes how feedback is given to those who speak up and how the Trust ensure staff who do speak up do not suffer detriment.

NHS St Helens Clinical Commissioning Group and NHS Knowsley Clinical Commissioning Group will continue to monitor the quality of services provided by Bridgwater 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

Lisa Ellis
Chief Nurse
NHS St Helens CCG

Dianne Johnson
Chief EXECUTIVE
NHS Knowsley CCG
Wigan Borough Clinical Commissioning Group Response to Bridgewater Community Healthcare NHS Foundation Trust Quality Account 2018/19

Wigan Borough Clinical Commissioning Group (the CCG) welcomes the opportunity to comment on the 2018/19 Quality Account for Bridgewater Community Healthcare NHS Foundation Trust.

The CCG understands the pressures and challenges the Trust and local health economy has faced over the last 12 months and acknowledges the level of partnership working that has been undertaken by the Trust to support the integration agenda and the development of place and asset based working.

In respect of the 2018/19 quality priorities, the CCG notes the positive steps taken to support the pressure ulcer prevention programme, including the establishment of a number of Borough facing ‘Harm Free Care Groups’ and the progress made with the development of integrated community health and social care. The work to improve the process for reporting harm and promoting an open and honest culture, so that the organisation can continue to learn and support innovation, is also acknowledged.

The CCG notes that in year the Care Quality Commission (CQC) rated the Trust overall as ‘Requires Improvement’, however we were pleased to see the positive comments made about the Wigan Community Response Team that was cited as an area of outstanding practice.

We acknowledge the significant amount of work that has been undertaken around staff satisfaction and engagement as highlighted in the positive results from the 2018 NHS Staff Survey.

Challenges in year have included issues with staffing capacity and demand, improving the serious incident process, the transition of Community Services and a period of enhanced surveillance by NHS England.

The CCG notes the quality priorities identified for 2019/20, particularly around the management of sepsis and the roll out of NEWS2, they remain important priorities for the Wigan Borough.

The CCG would like to thank the Trust for the work it has undertaken to improve the quality, experience and safety of community health care in borough and wishes it well for the future.

Dr Tim Dalton, Chairman, Wigan Borough Clinical Commissioning Group
30 April 2019.
Bridgewater Community Healthcare Trust – Quality Accounts

2018-2019

Comments and feedback

In general, there are some grammar and punctuation errors throughout the document that have been overlooked.

Page 6, 2<sup>nd</sup> Quality priority

Will everyone reading know what NEWS 2 is and what Gram Negative infections are, without any further explanation?

It is reassuring to see that the culture of reporting pressure ulcers has been encouraged and efforts are clearly being made to reduce incidents.

The introduction of a Medication Safety Officer can only be a positive thing, as well as the increase in policies, procedures and training.

The Accounts are quite open and honest about any failings that have been identified within the Trust. It would have been nice to see some more specifics about the Trust is doing well.

The presentation given on Friday 10<sup>th</sup> was very clear and again, very open and honest.

E mail received from Warrington Borough Council.

No comments from Warrington.

Kind Regards

Adam Kellock

Senior Democratic Services Officer

Warrington Borough Council

Tel: 01925 442144

Email: akellock@warrington.gov.uk
Feedback on the Quality Report 2018/19 - Bridgewater Community Healthcare NHS Foundation Trust

Healthwatch Warrington – 15th May 2019

The Quality Report explains how the Trust has been working intensely to support its staff as required by the CQC report. Programmes such as the Leadership Programme, will hopefully help the staff to feel happier at work; training; supervision has been provided to members of staff although not all of them took the offer (253 out of 319 needing safeguarding supervision).

Throughout the report ‘lessons learned’ has been mentioned quite a few times. This brings about changes (e.g. weekly patient safety meetings and reporting serious incidents) to ensure that the quality of the service and the safety of the patients are met. The importance of sharing information with other health services about incidents, the lessons learned and the practices put in place is also mentioned in the report.

about incidents and the to enable the “lessons learned” being put into practice and shared across

However, the report does not include all the data as, it seems, that when the draft report was written there were still figures to be collated. That does not give the reader a complete view of the Trust’s achievement as Quarter 4 data seem to be mostly absent.

The report mentions that CQC has given the Trust a ‘required improvement’ due to different weighing methodology. Detail of this would have been very helpful.

One of the points of concern are pressure ulcers. Although mechanisms have been developed and implemented to deal with these incidents, cases of pressure ulcers have increased.

The report points out a two-fold increase in Patient Safety incidents in 2018/2019 from the previous year. It suggests that this could have been due to an improved reporting culture which is a very good outcome. However the report of incidents resulting in “severe harm or death” compared to the previous year has had a four-fold increase.

Medication incidents seem to have increased too – however the report indicates a need of better communication between the Trust’s medicine management team and other healthcare providers.

Are there Policies and Procedures in place regarding taking patient’s records out of the clinic/hospital while doing home visits (this is regarding the serious incident when staff car was broken into and records taken)? If not, shouldn’t there be one?

There has been an increase in falls at Padgate House, Warrington (8 falls).

Warrington has had a decrease in the number of patients being cared for in their preferred place of care. Other areas where the Trust provides a service have had this number increased. Why not Warrington too?
Positive: information sharing between the Trust and other providers (e.g. in the case of Child Protection through computer programmes – IT - or meetings such as MASH; regarding infection, prevention and control).

Although Warrington and Wigan have a team of specialist nurses for children in care, which seems to be doing very well, there is only ONE named safeguarding adult nurse across the whole of Bridgewater. Perhaps the Trust needs to review this?

Complaints – there have been more complaints this year. Warrington only had 1 more in Quarter 3 (no data for Quarter 4). The report shows that most of the complaints were on clinical treatment. The report does not mention complaints about Eating Disorder Clinic and Blood Testing service – complaints brought to ICAS, Warrington.

Comments from Bridgewater Community Healthcare NHSFT Lead Governor

Governors support the overall report but would like to particularly stress the need for the following:

Patient Engagement Strategy - this is referenced as a priority for 2019/20 but we would like to see specific timescales and who is responsible for the delivery. As a governing body, we have raised this particular issue in a variety of arenas without any discernible progress so we would like to see this being given a high priority in the report rather than just an item for action. As a Community Trust engagement should be one of our strengths and we could lead on it alongside partner organisations.

Hope this is helpful.

Regards

Rita Chapman Lead Governor
## Appendix C – School Aged Immunisation Programmes End of Academic Year

### End of Academic Year 2017/18 (reported to NHSE in September 2018)

In the academic year 2017/18 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>UK Uptake</td>
<td>86.9</td>
<td>Not Published</td>
<td>Year 9 = not published</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Year 10 = not published</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Year 9 – 85.8</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Year 10 – 84.3</td>
<td></td>
</tr>
<tr>
<td>Bolton</td>
<td>90</td>
<td>85.6</td>
<td>84.15 (year 10)</td>
<td>82.1 (year 10)</td>
</tr>
<tr>
<td>Oldham *</td>
<td>86.6</td>
<td>74.4</td>
<td>84.22 (year 9)</td>
<td>84.0 (year 9)</td>
</tr>
<tr>
<td>Warrington</td>
<td>91.3</td>
<td>81.1</td>
<td>88.87 (year 9)</td>
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<tr>
<td>Halton</td>
<td>88.7</td>
<td>84.6</td>
<td>84.44 (year 9)</td>
<td>84.6 (year 9)</td>
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<tr>
<td>Wigan</td>
<td>87.5</td>
<td>82.5</td>
<td>76.72 (year 10)</td>
<td>76.3 (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>
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</thead>
<tbody>
<tr>
<td>England Uptake</td>
<td>89.2</td>
<td>83.9</td>
</tr>
<tr>
<td>Bolton</td>
<td>90.2</td>
<td>87.4</td>
</tr>
<tr>
<td>Oldham *</td>
<td>89.7</td>
<td>86.4</td>
</tr>
<tr>
<td>Warrington</td>
<td>90.8</td>
<td>87.4</td>
</tr>
<tr>
<td>Halton</td>
<td>90.3</td>
<td>84.8</td>
</tr>
<tr>
<td>Wigan</td>
<td>89.1</td>
<td>85.7</td>
</tr>
</tbody>
</table>

**School aged Childhood Flu Vaccination Programme – 2018/19**

Bridgewater was also commissioned to deliver the school aged childhood flu vaccination programme in the boroughs of Halton and Warrington in 2018/19.

Delivery of this programme was completed Oct 2018 – Jan 2019. Both boroughs were commissioned to deliver to a target of 65% of the population.

**Halton**

<table>
<thead>
<tr>
<th>Year group</th>
<th>Denominator – Cohort size</th>
<th>Number vaccinated by Warrington imms team</th>
<th>Number vaccinated by GP</th>
<th>Borough uptake</th>
<th>2017/18 uptake</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reception</td>
<td>1435</td>
<td>956</td>
<td>1</td>
<td>66.7%</td>
<td>57.36%</td>
</tr>
<tr>
<td>Year 1</td>
<td>1586</td>
<td>981</td>
<td>1</td>
<td>61.9%</td>
<td>58.34%</td>
</tr>
<tr>
<td>Year 2</td>
<td>1581</td>
<td>979</td>
<td>3</td>
<td>62.1%</td>
<td>53.6%</td>
</tr>
<tr>
<td>Year 3</td>
<td>1546</td>
<td>883</td>
<td>5</td>
<td>57.4%</td>
<td>54.19%</td>
</tr>
<tr>
<td>Year 4</td>
<td>1656</td>
<td>931</td>
<td>3</td>
<td>56.4%</td>
<td>50.27%</td>
</tr>
<tr>
<td>Year 5</td>
<td>1517</td>
<td>840</td>
<td>5</td>
<td>55.7%</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Warrington**

<table>
<thead>
<tr>
<th>Year group</th>
<th>Denominator (number of pupils)</th>
<th>Number received vaccination by Warrington imms team</th>
<th>Number received vaccination by GP</th>
<th>Borough uptake</th>
<th>2017/18 uptake</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reception</td>
<td>2403</td>
<td>1803</td>
<td>24</td>
<td>76%</td>
<td>70.29%</td>
</tr>
<tr>
<td>Year 1</td>
<td>2568</td>
<td>1867</td>
<td>13</td>
<td>73.2%</td>
<td>67.78%</td>
</tr>
<tr>
<td>Year 2</td>
<td>2665</td>
<td>1841</td>
<td>23</td>
<td>69.9%</td>
<td>66.24%</td>
</tr>
<tr>
<td>Year 3</td>
<td>2694</td>
<td>1853</td>
<td>20</td>
<td>69.5%</td>
<td>63.25%</td>
</tr>
<tr>
<td>Year 4</td>
<td>2705</td>
<td>1760</td>
<td>23</td>
<td>65.9%</td>
<td>62.43%</td>
</tr>
<tr>
<td>Year 5</td>
<td>2614</td>
<td>1680</td>
<td>36</td>
<td>65.6%</td>
<td>N/A</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 2018/19 and supporting guidance;
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
  - Board minutes for the financial year, April 2018 and up to the date of this report (“the period”);
  - Papers relating to quality reported to the Board over the period;
  - Feedback from Commissioners dated 30 April – 14 May 2019;
  - Feedback from Governors dated 14 May 2019;
  - Feedback from local Healthwatch organisations dated 15 May 2019;
  - The Trust’s complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009 dated March 2019;
  - The 2018 national staff survey dated March 2019;
  - Care Quality Commission inspection report, dated 17th December 2018; and
  - The Head of Internal Audit’s annual opinion over the Trust’s control environment to 31 March 2019 dated March 2019 and received May 2019.
- 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
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 2019 (the ‘Quality Report’) and specified performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2019 subject to limited assurance (the “specified indicators”) consist of the following national priority indicators as mandated by Monitor (operating as NHS Improvement) (“NHSI”):

<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 102</td>
</tr>
<tr>
<td>Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers</td>
<td>Page 103</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 NHS Foundation Trust Annual Reporting Manual (“FT ARM”) and the ‘Detailed requirements for quality reports 2018/19’ issued by NHSI. The Directors are also responsible for the conformity of the specified indicators criteria with the assessment criteria set out in the FT ARM and the ‘Detailed requirements for external assurance for quality reports 2018/19’ issued by NHSI and for reporting the specified indicators in accordance with those criteria, as referred to on the pages of the Quality Report listed above.

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 2018/19’;
- 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 2018/19’.

We read the Quality Report and consider whether it addresses the content requirements of the FT ARM and the ‘Detailed requirements for quality reports 2018/19’; 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 consistent with the following documents:

- Board minutes for the financial year, April 2018 and up to the date of this report (“the period”);
- Papers relating to quality reported to the Board over the period;
- Feedback from Commissioners dated 30 April – 14 May 2019;
- Feedback from Governors dated 14 May 2019;
Feedback from local Healthwatch organisations dated 15 May 2019;
The Trust’s complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009 dated March 2019;
The 2018 national staff survey dated March 2019;
Care Quality Commission inspection report, dated 17 December 2018; and
The Head of Internal Audit’s annual opinion over the Trust’s control environment to 31 March 2019 dated March 2019 and received May 2019.

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 complied with 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 2019, 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 2018/19’;
- 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 criteria set out in the FT ARM and ‘Detailed requirements for quality reports 2018/19’.

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 2019:

- 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 2018/19’;
- 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 2018/19’.

PricewaterhouseCoopers LLP
May 2019

The maintenance and integrity of the Bridgewater Community Healthcare NHS Foundation Trust’s 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>Acronym</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>CRT</td>
<td>Community Response Team</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>Acronym</td>
<td>Definition</td>
</tr>
<tr>
<td>---------</td>
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</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>CRES</td>
<td>Cash Releasing Efficiency Saving Scheme.</td>
</tr>
<tr>
<td>DH</td>
<td>Department of Health</td>
</tr>
<tr>
<td>DSPT</td>
<td>Data Protection and Security</td>
</tr>
<tr>
<td>DVLA</td>
<td>Driver &amp; Vehicle Licensing Agency</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>Giardia Lamblia</td>
<td>Is an infection of the small intestine that is caused by a parasite</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>Acronym</td>
<td>Description</td>
</tr>
<tr>
<td>---------</td>
<td>-------------</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>IPC</td>
<td>Infection Prevention &amp; Control</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>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>Acronym</td>
<td>Description</td>
</tr>
<tr>
<td>---------</td>
<td>-------------</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>MRI</td>
<td>Magnetic resonance imaging</td>
</tr>
<tr>
<td>MSK</td>
<td>Musculoskeletal Service</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>Acronym</td>
<td>Description</td>
</tr>
<tr>
<td>---------</td>
<td>-------------</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>NRLS</td>
<td>National Reporting and Learning Services - A central database of patient safety incident reports</td>
</tr>
<tr>
<td>OCATs</td>
<td>Orthopaedic Clinical Assessment &amp; Treatment Services</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</td>
</tr>
<tr>
<td>Acronym</td>
<td>Explanation</td>
</tr>
<tr>
<td>---------</td>
<td>-------------</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>Blue, 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>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>
</tbody>
</table>