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Scrutiny Committee

Agenda

Date:	**Thursday, 7th September, 2023**
Time:	**10.00 am**
Venue:	**Committee Suite 1,2 & 3, Westfields, Middlewich Road, Sandbach CW11 1HZ**

The agenda is divided into 2 parts. Part 1 is taken in the presence of the public and press. Part 2 items will be considered in the absence of the public and press for the reasons indicated on the agenda and at the top of each report.

It should be noted that Part 1 items of Cheshire East Council decision making meetings are audio recorded and the recordings will be uploaded to the Council's website

PART 1 – MATTERS TO BE CONSIDERED WITH THE PUBLIC AND PRESS PRESENT

1. **Apologies for Absence**

   To note any apologies for absence from Members.

2. **Declarations of Interest**

   To provide an opportunity for Members and Officers to declare any disclosable pecuniary and non-pecuniary interests in any item on the agenda.

3. **Minutes of Previous Meeting** (Pages 3 - 10)

   To approve as a correct record the minutes of the previous meeting held on 29 June 2023.

4. **Public Speaking/Open Session**

   There is no facility to allow questions by members of the public at meetings of the Scrutiny Committee. However, a period of 10 minutes will be provided at the beginning of such meetings to allow members of the public to make a statement on any matter that falls within the remit of the committee, subject to individual speakers being restricted to 3 minutes.

For requests for further information
Contact: Nikki Bishop
Tel: 01270 686462
E-Mail: Nikki.bishop@cheshireeast.gov.uk

5. **Safer Cheshire East Partnership Overview** (Pages 11 - 20)

   To provide Committee Members with an overview of the Safer Cheshire East Partnership (SCEP) including the revised SCEP terms of reference.

6. **Overview and Scrutiny of the Domestic Abuse Homicide Review** (Pages 21 - 62)

   To scrutinise the Safer Cheshire East Partnership (SCEP) Action Plans and recommendations in respect of the Domestic Homicide Review.

7. **Quality Account 2022-23 - East Cheshire NHS Trust** (Pages 63 - 110)

   For the Committee to provide commentary on the East Cheshire NHS Trust Quality Account 2022-23.

8. **Suicide Prevention Update** (Pages 111 - 160)

   To receive an update from Cheshire and Wirral Partnership NHS Trust on suicide prevention.

9. **Proposed Relocation of Community Services - Poynton** (Pages 161 - 172)

   To receive an update from NHS Cheshire and Merseyside on the proposed relocation of community services in Poynton.

10. **Delivery of the new Integrated Care System** (Pages 173 - 180)

    To receive an update on the establishment of the Cheshire and Merseyside Integrated Care system.

11. **Evaluation of 2022/23 Winter Plan** (Pages 181 - 196)

    To receive an update on the delivery of the 2022/23 Winter Plan.

12. **Work Programme** (Pages 197 - 200)

    To consider the Work Programme and determine any required amendments.

Membership: Councillors L Anderson, S Adams, J Bratherton, D Brown, B Drake, H Moss, J Priest, H Seddon, M Simon, J Smith, J Smith, R Vernon (Vice-Chair) and L Wardlaw (Chair)

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Scrutiny Committee**
held on Thursday, 29th June, 2023 in the Committee Suite 1,2 & 3,
Westfields, Middlewich Road, Sandbach CW11 1HZ

PRESENT

Councillor L Wardlaw (Chair)
Councillor R Vernon (Vice Chair)

Councillors L Anderson, S Adams, J Bratherton, H Moss, H Seddon, M Simon and D Clark

OFFICERS IN ATTENDANCE

Jill Broomhall, Director of Adult Social Care
Shelley Brough, Director of Commissioning
Brian Reed, Statutory Scrutiny Officer
Katie Small, Democratic Services Manager
Nikki Bishop, Democratic Services Officer

ALSO IN ATTENDANCE

Laura Egerton, Deputy Chief Nursing Officer, MCHT
Laura McVeigh, Head of Nursing, Engagement & Wellbeing, MCHT
Maddy Lowry, Associate Director (Cheshire East), CWP
Kate Daly-Brown, Director of Nursing and Quality

1 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors John Smith, Julie Smith and Brian Drake.

Councillor Dawn Clarke was present as substitute.

Discussion took place about the potential for some Councillors to regularly offer apologies for absence from Scrutiny Committee meetings, which was a matter of concern to Committee members. There was consensus from the Committee that the Head of Democratic Services and Governance, in consultation with the Group Administrators, should give consideration to this in order to identify a suitable solution.

2 **DECLARATIONS OF INTEREST**

In the interests of openness, in relation to agenda item 6 (Quality Account 2022-23 Cheshire and Wirral Partnership NHS Foundation Trust)

Councillor Wardlaw declared that she occasionally worked for the Cheshire and Wirral Partnership NHS Foundation Trust.

In the interests of openness, Councillor Seddon declared that she worked in an office-based role for AstraZeneca, a pharmaceutical company based in Cheshire East.

3 **MINUTES OF PREVIOUS MEETING**

RESOLVED:

That the minutes of the meeting held on Thursday 16 March 2023 be approved as a correct record and signed by the Chair.

4 **PUBLIC SPEAKING/OPEN SESSION**

There were no members of the public registered to speak.

5 **QUALITY ACCOUNT 2022-23 MID CHESHIRE HOSPITALS NHS FOUNDATION TRUST**

Laura Egerton, Deputy Chief Nursing Officer and Laura McVeigh, Head of Nursing, Engagement & Wellbeing attended the Committee meeting and delivered a presentation which provided an overview of the key challenges and achievements outlined within the Mid Cheshire Hospitals NHS Foundation Trust Quality Account 2022-23. It was highlighted that the Coronavirus Pandemic recovery remained a key challenge for the Trust during 2022-23 however there were a number of achievements that had been celebrated and referred to within the Quality Account 2022-23.

The Committee noted that the Central Cheshire Integrated Care Partnership had introduced Urgent Crisis Response into the community which enabled patients to have access to care from Therapists and Advanced Clinical Practitioners 8am-8pm 7 days a week. It was reported that the impact on staff deployment and wellbeing had been minimal as a result of additional investment into the service, recruiting an additional six FTEs to ensure a 7-day service could be appropriately staffed. It was reported that the Trust was in a positive position in relation to its overall staffing levels with a significant cohort of students taking up positions in September 2023. It was noted that the Trust anticipated that it would have no vacancies from September 2023.

It was reported that during 2022-23 the Trust launched an Improvement Matters Strategy to provide a structured approach to problem-solving and a clear and consistent framework for all improvement activity. It was noted that over 600 staff and patients were engaged in the development of the vision for quality and improvement aims. The Committee queried the percentage of staff engaged versus the percentage of patients and how this was undertaken. Laura Egerton committed to providing a written response.

The Committee noted the steps taken by the Trust to demonstrate its commitment to Dementia care and the support in place for patients with Dementia who were admitted to hospital. The Committee was pleased to learn that the Trust had specialist support in place (Head of Nursing for Adult Safeguarding and a Dementia Care Specialist Nurse) and that there was a specific pathway in place for patients with Dementia which was tailored to the individual patients needs in consultation with relatives. The Committee queried how the Dementia pathway was conveyed back to GPs, carers and the wider community. Laura Egerton committed to providing a written response.

The Committee was pleased to learn of the additional steps being taken by the Trust to improve the End-of-Life Service. It was confirmed that the Trust was working closely with the End-of-Life Partnership and progressing to implement the SWAN model, used to support and guide the care of patients and their loved ones during end-of-life care, and afterwards. The Committee queried what the five priorities for End-of-Life Care were, as referred to within the Quality Account 2022-23. Laura Egerton committed to providing a written response.

The Committee referred to the ongoing NHS backlog issues and requested that an update on waiting times be provided by the Trust. Laura Egerton committed to following this up with operational colleagues.

RESOLVED:

1. That the Mid Cheshire Hospitals NHS Foundation Trusts' Quality Account 2022-23 be received and noted.

6 **QUALITY ACCOUNT 2022-23 CHESHIRE AND WIRRAL PARTNERSHIP NHS FOUNDATION TRUST**

Maddy Lowry, Associate Director Cheshire East attended the Committee meeting and delivered a presentation which provided an overview of the key challenges and achievements outlined within the Cheshire and Wirral Partnership NHS Foundation Trust Quality Account 2022-23. The Committee noted the wide range of services provided by the Trust throughout 2022-23 and its key achievements and challenges. The Committee was pleased to learn that the Care Quality Commission had rated the Trust 'Good' overall with 'Outstanding' for caring and 'Good' for all other key requirements (safe, effective, responsive and well-led).

An update was provided on two new mental health crisis cafes which were opened in February 2022 in Crewe and Macclesfield. The Committee was pleased to hear how these cafes had formed a vital part of improving experience of urgent mental health support and queried what additional steps the Trust could take to assist more individuals from the wider community in travelling to the crisis cafes in Crewe and Macclesfield – particularly in the evening when there were no bus services available.

Maddy Lowry committed to feedback the helpful suggestion from Committee and investigate this further.

It was reported that the Trust approved its Autism Strategy in May 2022, which was developed through co-production with autistic people, their families/carers, partners and CWP staff. The Committee noted that 7 in 10 autistic adults would experience a mental health episode during their lifetime and that a priority for the Trust was to make its services as accessible as possible particularly for individuals with neurodevelopmental needs who struggled to engage with services. The Committee welcomed the opportunity to learn more about the Strategy, its implementation, staffing requirements and dissemination into the wider community.

The Committee noted the steps being taken by the Trust to introduce more mental health services within local communities and were pleased to learn that the Trust had been recognised as an overall top performer following the publication of results from the Care Quality Commission following a survey of mental health community services. The Committee asked what support was available for families and patients in crisis and noted that the Trust had launched a 'First Response Service' which provided urgent mental health support by improving access to services for people experiencing mental health crisis and ensuring care was provided by the right person, in the right place, at the right time.

The Committee noted the mental health support services available to children and young people and queried how demand would be managed. It was reported that additional investment had been put into the service and a significant amount of work had been undertaken to streamline pathways to ensure that patients received one holistic assessment and diagnosis to improve patient experience and waiting times.

RESOLVED:

1. That the Cheshire and Wirral Partnership NHS Foundation Trust Quality Account 2022-23 presentation be received and noted.

2. Maddy Lowry to be invited to a future Committee meeting to present the Autism Strategy.

7 **UPDATE ON THE RETURN OF INPATIENT INTRAPARTUM SERVICES TO MACCLESFIELD DISTRICT GENERAL HOSPITAL**

Kate Daly-Brown, Director of Nursing and Quality attended Committee to provide an update on plans to safely return full intrapartum care to Macclesfield District General Hospital (DGH).

The Committee was informed that intrapartum services at Macclesfield DGH were suspended in March 2020 in preparation for the surge in critical care linked to the COVID-19 pandemic. The service was suspended initially for a six-month period as a result of limited anaesthetic capacity

within the Trust, however this suspension was subsequently extended a further three times following assessments against the approved recovery criteria. It was confirmed that whilst intrapartum services at the hospital had been suspended, the Trust had continued to deliver home births and provided antenatal and postnatal care.

The Committee was pleased to learn that the Trust had achieved its targets to allow the safe reinstatement of intrapartum services to Macclesfield DGH and that services officially returned on Monday 26 June 2023 and eight babies had been successfully delivered at the hospital to date.

The Committee noted that the Trust had committed to completing a post implementation review following a three-month period of service delivery. Committee Members requested that the findings of this review be presented to the Scrutiny Committee at the appropriate time as Members were keen to ensure that services at Macclesfield DGH remained sustainable.

RESOLVED:

1. That the report on intrapartum services at Macclesfield DGH be received and noted.

8 **SAFER CHESHIRE EAST PARTNERSHIP (SCEP) ANNUAL REPORT AND STRATEGIC INTELLIGENCE ASSESSMENT**

Jill Broomhall, Director of Adult Social Care and Chair of the Safer Cheshire East Partnership (SCEP), presented the SCEP Annual Report 2022-23 and Strategic Intelligence Assessment 2022-25 to the Committee.

It was reported that, during 2022-23, a number of sub-groups were established within SCEP to undertake SCEP plans, mitigate risk, provide support, impact on outcomes and increase public confidence and awareness. The Committee queried the ‘Get Safe Online’ group which was established to tackle the challenges that online scams presented and the communication mechanisms in place to share this information with residents. It was noted that an external organisation had been commissioned to manage communications/information sharing and that a number of informative events had been held. It was agreed amongst Committee members that additional communications on social media platforms such as Facebook were needed to promote awareness and improve education on online scams.

It was noted that knife crime had been identified as a priority in the new SCEP Strategic Intelligence Assessment for 2022-25 and that during the period April 2021-March 2022 there were 112 incidents involving weapons recorded. In May 2023, Cheshire East (Crewe) hosted, in partnership with Crewe Town Council, the Knife Angel, an emotive sculpture formed of 100,000 knives collected via a national knife amnesty. Committee

Members queried how domestic knives should be appropriately disposed of and the statistics associated with knife crime in both adults and young people. Jill Broomhall committed to providing a written response.

The Committee queried the membership of the SCEP and it was reported that, historically, the Portfolio Holder for Communities had been a member of the Partnership. Jill Broomhall welcomed the opportunity for a member of the Scrutiny Committee to be represented on SCEP going forward as Cheshire East Council no longer had Portfolio Holders under the Committee System. It was agreed that this would be referred to the Head of Governance and Democratic Services to investigate how this position could be appointed to in consultation with Group Administrators.

RESOLVED:

1. That the Safer Cheshire East Partnership Annual Report 2022-23 and Strategic Intelligence Assessment be received and noted.

9 **APPOINTMENTS TO SUB-COMMITTEES, WORKING GROUPS, PANELS, BOARDS AND JOINT COMMITTEES**

Consideration was given to the report which sought approval from the Scrutiny Committee to appoint members to the Cheshire and Merseyside Integrated Care System Joint Health Scrutiny Committee.

It was proposed and seconded and subsequently carried that Cllr Wardlaw be confirmed as the Conservative representative for Cheshire East.

It was proposed and seconded and subsequently carried that Cllr Vernon be confirmed as the Labour representative for Cheshire East.

RESOLVED:

That the Scrutiny Committee:

1. Appoints the membership of the Cheshire and Merseyside Integrated Care System Joint Health Scrutiny as follows: Conservative 1. Labour 1.

2. Notes the ‘Protocol for the Joint Health Scrutiny Arrangements’ attached as appendix 1 to the report.

10 **WORK PROGRAMME**

Consideration was given to the Committee Work Programme. It was confirmed that an update from the North West Ambulance Service had been added to the Committee Work Programme for its meeting in December 2023.

Committee Members put forward the following potential items for the Work Programme:

- Dentistry capacity to accept new patients, particularly young children.
- Pharmacracy provision across the Borough following the update provided to Committee in March around Lloyds Pharmacy closures and the recent announcement that Boots would be closing 300 stores across the UK over the next 12 months.
- Health and inequalities across the borough.

Officers committed to review the proposed Work Programmes items with the Chair and Vice Chair.

RESOLVED:

1. That the Committee Work Programme be noted.

2. Microsoft Teams session to be arranged for Committee to discuss potential Work Programme items for the new municipal year.

The meeting commenced at 2.00 pm and concluded at 3.55 pm

Councillor L Wardlaw (Chair)

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What is Safer Cheshire East Partnership?

September 2023

Working for a brighter future together

Cheshire East Council

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What is SCEP?

Safer Cheshire East Partnership

Community Safety Partnerships were set up under the Crime and Disorder Act 1998

Partners work together to protect Local Communities from crime making residents feel safe

Representation from the Local Authority, Police, Cheshire Fire and Rescue, Probation, Youth Offending Teams, Health and the Voluntary Sector

Funded by the Police and Crime Commissioner

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How does SCEP operate ?

- Strategic Intelligence Assessment
- Identified Priorities, emerging threats and risks
- Funding
- Crime and Disorder Plan
- Alignment with other Safeguarding Partnerships

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Strategic Intelligence Assessment

- The SIA – uses partners data, statistics and intelligence to inform CE of Community Safety priorities, issues, risks, emerging threats and identifies factors.
- Aids understanding about crime and disorder issues, explores further threats and opportunities and considers where a community safety partnership can make most difference.
- The SIA informs a plan and indicators to identify root causes, areas of risk and identify challenges for the next 12 months.
- 3 Year Plan produced published on the Website and reviewed annually.
- SIA information includes: Overall Crime, Adults/Children at Risk, Sexual Offences, Domestic Abuse, Serious and Organised Crime, Violence with injury, Hate Crime, Environmental Crime, ASB, Cyber Crime, Fire Safety, Road Safety.
- The Council has a constitutional duty to produce an Assessment of Crime and disorder.

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SCEP Process

- SCEP meets quarterly
- Wide representation of senior partners at a strategic level
- Management Board
- Agenda Setting aligned with SCEP priorities and emerging risks, responding to change
- Partner agency organisational changes and other relevant updates
- Quarterly reports from sub groups

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Safeguarding

Priorities

- Exploitation
- Domestic Abuse
- Domestic Homicide Reviews

What are we doing?

- Refreshing strategies
- Complex case forums
- Sharing good practice
- Implementation of the DA Bill – whole housing strategy/awareness campaigns
- Case progress reports, new referral process, SCEP managed action plans

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Safeguarding

Priorities

- Channel Panel/PREVENT
- Gypsy and Travellers
- Links to Children Safeguarding Board
- Links to Adult Safeguarding Board

What are we doing?

- Governance refresh
- Annual Report
- Training
- New Operational Group
- Engagement of services
- Training and awareness raising
- Shared learning from cases
- Training (Taxi Drivers)
- Thematic Reviews
- Shared learning

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Police

Priorities

- Partnership Working

What are we doing?

- Tasking and Coordination
- Reports from Analysts
- Operational Group input
- Supporting CE - Gypsy and Traveller activity
- Domestic Abuse & Vulnerable Adults
- County Lines
- Refugees & Asylum Seekers
- Local delivery to support SCEP Priorities through police projects example Knife Crime Campaign, ASB 'Hot Spots'
- Responding to incidents Example: Beechmere

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PCC plan and links to SCEP

Strategic Policing Requirement

- Terrorism
- Serious and organised crime
- Cyber security
- Public disorder
- Civil emergencies
- Child sexual abuse
- **Priority Areas**
- Reduce murder and other homicide
- Reduce serious violence
- Disrupt drugs supply and county lines
- Reduce neighbourhood crime
- Improve satisfaction among victims, with a particular focus on victims of domestic abuse
- Tackle cyber crime
- Tackle acquisitive crime including burglary and theft

Main SCEP Priorities

- Exploitation of adults and children (The manipulation of vulnerable people to gain power and control often for financial gain)
- County Lines
- Cybercrime
- Domestic Abuse
- Serious and Organised Crime
- Knife Crime

Further SCEP issues.

- Fly Tipping and Environmental Crime
- Gypsy and Travellers
- Road Safety
- Prevent and Channel Panel
- Human Trafficking and Modern-Day Slavery
- Substance misuse (young people linked to exploitation

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Key messages

Key achievements

- Production of new SOC /Contextualised Safeguarding Strategy
- SIA and COVID inclusion
- 15 Projects delivered against SCEP Priorities
- Positive engagement with over 100 people the subject of exploitation.
- Training Delivered across a range of areas to upskill staff and partners
- Extended Partnership Working into new areas of working eg Completed Thematic Fire Review

Priorities 2022-2025

- Extend the work to deliver against Exploitation in SOC, Child Criminal & Child Sexual Exploitation.
- Align projects to delivery of new DA and Housing Strategies
- Mindful of the potential implications of the Police, Crime, Sentencing and Courts Bill
- Developing a close working relationship with the PCC
- Raising SCEP profile and reporting positive outcomes
- Governance refresh
- Refresh SCEP Website Page/s

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BRIEFING REPORT

Scrutiny Committee

Date of Meeting:	7 September 2023
Report Title:	Domestic Homicide Report - PAM
Report of:	Helen Charlesworth-May – Executive Director, Adults, Health and Integration
Report Reference No:	SC/13/22-23

1. Purpose of Report

1.1 The purpose of this briefing Report is to inform the Adults and Health Committee about the Domestic Homicide Review regarding "PAM". The Domestic Homicide Summary Report has been written by an Independent Author, John Doyle, and it is available as an Appendix to this Report. It has been approved by the Home Office and Pam's family and is now published on the Safer Cheshire East Website.

1.2 The Safer Cheshire East Partnership have a legal duty to commission and publish Domestic Homicide Reviews as set out in the Domestic Violence, Crime and Victims Act 2004. DHR's focus on the circumstances leading up to the murder of the victim, how agencies worked together and lessons to be learned. Cheshire East Council is committed to creating safe communities, where people can live free from abuse or harm. In this regard the DHR meets the strategic objectives of the Council.

2 Executive Summary

2.1 A referral was made to SCEP in 2019 following the death of PAM who was unlawfully killed by her boyfriend in August 2019. The Partnership agreed that the criteria was met to conduct a DHR.

2.2 PAM was 53 when she died. She had experienced childhood trauma and as an adult suffered from depression, anxiety, and suicidal thoughts. She was

also alcohol dependent. She had 4 children, one of whom died shortly after birth. Her adult children have contributed to this DHR. She was known to many different services including MARAC (Multi Agency Risk Assessment Conferencing). Her perpetrator was a Serial Domestic Abuse Perpetrator and had a diagnosis of Huntingdon's Disease. Pam's family say, "it is easy to see someone who is a drink and assume they are trouble, but my mum was not just a drinker, she was kind, loving, funny and a caring mum to us all."

2.3 The Scope of the Review covers the period 1st January 2017 – August 2019. The DHR panel met 6 times between 2020 and 2021 and all Agencies contributed fully by providing information and critical reflection and action plan.

2.4 The details of the DHR are not combined in this Briefing Report, as they are contained within the Domestic Homicide Report itself.

3 Background

3.1 The Home Office have recently published a Quantitative Analysis of Domestic Homicides Reviews which were published between October 2020 and September 2021. (To note 60% of the deaths occurred in 2018-2019) The key findings were based on 108 DHRs. Of the 113 victims, 15 appear to have died by suicide. The ages of victims ranged from 18 – 92 years with the oldest perpetrator being 88 years old. 77% of the victims were female and in 40% of the cases, children were living in the household.

3.2 The Home Office Analysis highlights familiar relationships with 68% of victims having been murdered by a partner or ex-partner. Additional vulnerabilities of both victims and perpetrators relate to mental ill-health, alcohol, and substance misuse. 55% of perpetrators were known to Agencies as Abusers (of those Agencies 7% were known to Childrens services and 4% to Adult Social Care). In 11% of cases the victims were carers. One victim received a Carers Assessment (nine had not).

3.3 In terms of geography,14 out of the 108 DHRs occurred in the Northwest of England. This was the second highest Region to conduct DHRs with the Southwest being the highest Region, having published 20 DHRs. To note that Cheshire East has, or is in the process of, completing 5 Domestic Homicides Reviews following deaths which have occurred since 2019. This number is unprecedented but also mirrors the numbers of Safeguarding Adult Reviews being completed by the Safeguarding Adults Board.

3.4 Cheshire East has an established Domestic Abuse and Sexual Violence Partnership and a Domestic Abuse Strategy. The Commissioned Service for working with victims of Domestic Abuse is My Cheshire Without Abuse (My CWA) and is highly regarded locally and nationally. Cheshire East is actively involved in the Violence Against Women and Girls Strategy with Cheshire Police developing local creative initiatives to help keep women and girls safe. Whilst Adult Social Care and Partners are highlighting the challenges faced

by Carers who look after a relative with complex needs and how to reduce the incidents of abuse and neglect. The need to constantly raise awareness about Abuse, Neglect and Exploitation supports a Prevention to Protection approach and needs to be embraced by all Officers.

3.5 Whilst PAM died in 2019, it should be noted that COVID and wider societal issues such as Housing, Employment, Access to Services and Social Isolation all have the potential to impact on instances of Abuse and Homicides.

4 Briefing Information

4.1 The key issues arising from PAM's DHR can be found in Section 5 of the Executive Summary. The themes include:

4.2 Pam's health, vulnerability, and engagement with services, whereby Pam would often contact a service during a period of crisis, but then miss appointments and disengage. The panel noted that she had been subject to domestic violence for over a decade by 2 separate perpetrators.

4.3 Assessment of Risk and Safeguarding. Whilst Pam's case had been heard at MARAC on several occasions, not all agencies had a complete picture of her history and risk. Sadly, Adult Social Care did not receive any Vulnerable Persons Assessments from the Police and therefore there was a missed opportunity to offer a Care Act Assessment or conduct a S42 Enquiry. Equally not all Agencies were aware of the historical risk factors associated with the perpetrator.

4.4 The offer of Refuge Accommodation. This was offered to Pam but was refused due to changes in circumstances or the available accommodation was too far away.

4.5 The health of the Perpetrator and his engagement with services. Homelessness was a key feature here, but it is noted in the DHR that Cheshire East Council, Stockport, and Manchester City Councils all attempted to resolve this but contacting and maintaining contact with him was difficult. Equally he did not engage with support provided by Cheshire and Wirral Partnership. The DHR did highlight a need for more awareness around Huntingdon's Disease and its impact on behaviour and capacity.

4.6 The Perpetrator was a Serial Domestic Abuse Perpetrator, with evidence of assaults against 3 other women. He failed to engage with the Integrated Domestic Abuse Team. The DHR points to missed opportunities by the Police to arrest him, and for Pam to be given the choice about providing a statement to support prosecution.

4.7 Professional curiosity, Adverse Childhood Experiences, Information sharing were also noted in the findings.

4.8 Each of the Partner Agencies involved in the DHR have listed individual lessons learned and 9 recommendations were made. These can be found

on page 30 of the Executive Summary. The Safer Cheshire East will be monitoring the Action Plan. It should be noted that due to the procedural and quality assurance requirements set by the Home Office, there has been a significant gap in being able to publish the DHR locally. However, some of the actions have already been completed prior to publication. One such example is Adult Social Care now having access to CWPs case recording system and the Standing Operating Procedure for Adult Social Care supporting MARAC.

4.9 The DHR author concludes by saying "This was a tragic case resulting in the untimely death of Pam and leaving 4 children without their mother. The thoughts of the Panel are with these surviving children".

4.10 Equally it should be recognised the professionalism of those Officers who contributed to the Domestic Homicide Review.

5 Implications

5.1 Legal

5.1.1 The DHR has been conducted in line with relevant legislation. There are no further legal implications.

5.2 Finance

5.2.1 There are no specific financial implications. However, it should be noted that Cheshire East is conducting more Domestic Homicides and Safeguarding Adult Reviews which require commissioning, funding, and officer support. Attendance at DHR and SAR panel meetings is a timely but necessary commitment.

5.3 Human Resources

5.3.1 There are no specific HR implications for this Report. Nevertheless, it should be noted that the circumstances surrounding each DHR, and SAR are unique and traumatic. Officers are committed to the Learning Process, but elements can be emotionally draining and impactful.

Access to Information	
Contact Officer:	Sandra Murphy – Head of Adult Safeguarding Sandra.murphy@cheshireeast.gov.uk Tel 07825 145 464
Appendices:	Executive Summary DHR for Pam (002).dc 7 minute briefing - PAM (003) (004).docx
Background Papers:	None.

Ref: AH-1/01/2023 – 24

SAFER CHESHIRE EAST PARTNERSHIP

DOMESTIC HOMICIDE REVIEW IN THE CASE OF 'Pam'

Under Section 9 of the Domestic Violence Crime and Victims Act 2004

REVIEW PERIOD

1st of JANUARY 2017 to AUGUST 2019

EXECUTIVE SUMMARY

Independent Author: **John Doyle BSc (Hons)**

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Preface

The Chair and the members of the Domestic Homicide Review Panel offer their sincere condolences to the family of Pam for their loss. The Chair also extends particular thanks to Pam's family, particularly her Son and her Daughter, for agreeing to support the Panel with the completion of the Review and for sharing their perspectives on the case and their memories of Pam.

The Chair and the members of the Panel would also like to extend thanks to those services who participated in the Review and assisted the Panel in its work.

1. The Review Process

This Review, commissioned by the Safer Cheshire East Partnership (SCEP), has been completed in accordance with the regulations set out by the Domestic Violence, Crime and Victims Act (2004) and with the revised guidance issued by the Home Office in 2016 to support the implementation of the Act.

At the initial meeting of the Domestic Homicide Review Panel, held virtually, it was agreed that the timeframe for the Domestic Homicide Review should cover the period from the 1st of January 2017 to the date of the incident in August 2019.

The agencies and services invited to participate and make submissions to the Review were reminded that if issues arose that were pertinent to the discussions of the Panel that fell outside this time frame, then such information should still be submitted in order to provide context for the case.

Also, at its first meeting, the DHR Panel approved the use of a locally devised Individual Management Review (IMR) template and integrated chronology template. The Chair of the Panel, via the Commissioning Officer, contacted each participating agency, as appropriate, and invited them to make their submissions in accordance with the timetable established by the Panel. The level of compliance with this request was excellent. The IMRs and integrated chronology were used to determine the nature and frequency of contact each participating agency had with Pam and the Perpetrator.

Together with the Commissioning Officer from CEC, the Chair/Author provided guidance for the IMR authors on writing an IMR, in line with Home Office guidance (Home Office, December 2016). The IMR Authors were not directly involved with the subjects of this case. IMR reports were quality assured by a senior manager countersigning the report

Copies of IMRs were circulated to all the DHR Panel members prior to the scheduled meetings. The IMRs were then discussed and scrutinised by the Panel and significant events were cross referenced and any clarifications that were considered necessary from the IMR author were invited via the independent author of the Overview Report.

1.1 The Proposed timescale

The first meeting of the DHR Panel was held on the 28th of August 2020. The Panel met again in November 2020, in February 2021, April 2021, July 2021 and October 2021. The SCEP approved the final draft of the Overview Report at its meeting on the 29th of October. A summary of the final draft was shared with Pam's family and the feedback received from them was also incorporated into the final draft copy.

At the first meeting, in August 2020, the Panel agreed an outline timetable of objectives and actions and this set the course for the completion of the Review and the production of the Report. This was achieved in compliance with the efforts made to respond to the Coronavirus – the completion of the Review being achieved via remote working and teleconference.

At the second meeting, the Panel considered the process being conducted by the IOPC, began the process of scrutinising the submissions received from participating agencies and the draft integrated chronology. Additionally, progress concerning the involvement of the family was considered.

At the third meeting, the Panel continued to scrutinise submissions from participating agencies, sought clarifications from previously submitted reports, considered the draft text concerning the narrative of the case, initial responses to the terms of reference and Key Lines of Enquiry and the second version of the chronology.

At the fourth meeting, the Panel considered the submission from Pam's family, draft single agency action plans, a draft of the key themes emerging from the Review and the first draft of the Overview Report.

At the fifth meeting of the Panel, held in July 2021, the Panel considered the second draft of the Overview Report and the draft multi-agency action plan.

The third draft of the Overview Report was approved by the Panel at a meeting on the 5th of October 2021. A summary of the final draft was shared with Pam's family and the feedback received from them was also incorporated into the final draft copy.

1.2 Incident leading to the Domestic Homicide Review

On a day in August 2019, Cheshire Police were informed that the Perpetrator had unlawfully killed his girlfriend, Pam. The Perpetrator had contacted a member of his family, told them what had happened and they had contacted the Police. Enquiries were undertaken and the Police attended a flat in an area of Cheshire. The Police entered the premises and Pam was found. She was pronounced dead at the scene of the assault.

The Perpetrator was arrested and interviewed. He was later charged with the manslaughter of Pam and investigations were commenced. His trial started in February 2020. The Panel was informed that the Perpetrator, due to his health condition, was considered as unfit to enter a plea or stand trial. Consequently, instead of being asked to rule on whether the Perpetrator was guilty of manslaughter, the evidence in the case – presided over by a Judge – was presented to the Jury and they had to decide if he was responsible for the death of Pam. The jury considered the evidence and concluded that the Perpetrator was responsible for Pam's death and he was found guilty. In April 2020, the Perpetrator was sentenced to an indefinite Hospital Order.

1.3 Significant people in this case

Both pseudonyms and the name for the victim in this case, chosen by Pam's family, have been used in relation to the subjects of this case. This is done to protect their identities and those of their family members. The significant people referred to within this Overview Report are described, in brief, below:

Name or pseudonym	Relationship to subject (if applicable)
Pam	Victim. Name chosen by the family
The Perpetrator	Partner of Pam at the time of the incident. Pseudonym chosen by the Panel
M2	Previous partner of Pam. Pseudonym chosen by the Panel
F2	Previous partner of the Perpetrator. Pseudonym chosen by the Panel
F3	Previous partner of the Perpetrator. Pseudonym chosen by the Panel
F4	Previous partner of the Perpetrator. Pseudonym chosen by the Panel

1.4 Contributors to the Review

Following the notification of the death of Pam, the Safer Cheshire East Partnership informed the Home Office that they would undertake a Domestic Homicide Review and they would commission this Review under the auspice of Cheshire East Council.

The Panel received reports from agencies and dealt with any associated matters such as family engagement, media management and liaison with the Coroner's Office.

1.4.1 Author of the Overview Report

The Commissioning Authority (Cheshire East Council) appointed an independent Author, John Doyle, to oversee and compile the Review. John has extensive experience in public health management and has acted as author in several DHRs. John has completed the Home Office training concerning the completion of DHRs. John spent thirty years in public service and, having achieved registration at Consultant level with the UK Public Health Register, left the NHS in 2013. John has no connection with the subjects of the Review, no connection with any of the agencies involved in the review and no connection with the Commissioning Authority.

1.4.2 The agencies contributing to the Review

The agencies submitting information to the Review – along with the nature of that submission – are set out below:

Agency invited to submit information	Nature of Submission
Cheshire Constabulary	Chronology and IMR
Domestic Abuse Family Safety Unit (including the IDVA services)	Chronology and IMR
Cheshire Clinical Commissioning Group	Chronology and IMR

Change Grow Live (Specialist Substance Misuse Service)	Chronology and brief submission
Cheshire and Wirral Partnership NHS Trust	Chronology and IMR
Cheshire East Housing Options Services	Chronology and IMR
Cheshire Adult Social Care	Chronology and IMR
East Cheshire NHS Trust	Chronology and Short Report
Greater Manchester Police	Chronology and Short Report
North West Ambulance Service	Chronology and Short Report
Manchester NHS Foundation Trust (incorporating Manchester Royal Infirmary; South Manchester Hospital (Wythenshawe Alcohol Team).	Chronology and Short Report
Manchester City Council	Short Report and brief submission
Huntington's Disease Association	Chronology and Short Report
Greater Manchester Mental Health Trust	Chronology and Short Report
HMP Forest Bank	Chronology and Short Report
HMP Manchester	Chronology and Short Report
HMP Altcourse	Chronology and Short Report
HMP Liverpool	Chronology and Short Report
Birmingham and Solihull Mental Health Trust	Confirmed no contact

2 The Review Panel Members

Panel members were appointed based on their seniority within relevant and appropriate agencies and their ability to direct resources to the review and to oversee implementation of review findings and recommendations. Officers with specialist knowledge in relation to domestic abuse and the needs of vulnerable people were invited to support the panel. The members of the Panel are described in the table below:

Panel Member	**Organisation**
Author	Independent
Director of Adult Social Care	Cheshire East Council (CEC)
Head of Service Adult Safeguarding	CEC
Locality Manager – Community Safety	CEC
Domestic Abuse & Sexual Violence Development Lead Advisor	CEC

Head of Service Safeguarding Children and Families	CEC
Detective Constable Review Officers	Cheshire Police
Associate Director of Safeguarding	NHS Cheshire Clinical Commissioning Group
Head of Adult Safeguarding	Cheshire and Wirral Partnership NHS Foundation Trust
Head of Housing	CEC
Operations Manager	My-CWA (Cheshire Without Abuse)
Designated Nurse Adult Safeguarding	NHS Cheshire Clinical Commissioning Group
Named Lead Safeguarding Adults	Cheshire and Wirral Partnership NHS Foundation Trust
Homeless Relief Officer	CEC Housing Options
Homeless Relief Officer	CEC Housing Options
PA to the Director of Adult Social Care	CEC

3 The Terms of Reference for the Review

The Panel approved these specific terms of reference and key lines of enquiry at its initial meeting in August 2020 and agreed to keep them under review as the process evolved. This was to ensure that they could be amended in order to capture any additional information revealed as a part of the Review process.

The Panel also noted that the over-arching purpose of a Domestic Homicide Review (DHR) which is to:

- Establish what lessons are to be learned from a domestic homicide, particularly regarding the way in which professionals and organisations work individually and together to safeguard victims;
- Identify clearly what those lessons are, both within and between agencies, how and within what timescales they will be acted on, and what is expected to change as a result;
- Apply these lessons to service responses including changes to policies and procedures as appropriate;
- Prevent domestic violence, abuse and homicide and improve service responses for all domestic violence and abuse victims and their children by developing a co-ordinated multi-agency approach to ensure that domestic abuse is identified and responded to effectively at the earliest opportunity; and
- Contribute to a better understanding of the nature of domestic violence and abuse; and
- Highlight good practice.

The rationale for the review process is to ensure agencies are responding appropriately to victims of domestic violence and abuse by offering and putting in place appropriate support mechanisms, procedures, resources and interventions with an aim to avoid future incidents of domestic homicide and violence.

3.1 The specific Key Lines of Enquiry for the Review

In order to undertake a critical analysis of the submissions made, the Panel approved these key lines of enquiry:

a. To establish what contact agencies had with Pam.

1. Did any agency know or have reason to suspect that Pam was subject to domestic abuse at any time during in the period under review?
2. Had any mental health issues been self-disclosed by Pam or any mental illness diagnosed by an agency working with Pam?
3. Were there any complexities of care and support required by Pam and were these considered by the agencies in contact with her?
4. Were assessments of risk and, where necessary, referral of Pam to other appropriate care pathways considered by the agencies in contact with her?
5. Were issues of race, culture, religion and any other diversity issues considered by agencies when working with Pam?

b. To establish what lessons can be learned about the way in which professionals and organisations carried out their duties and responsibilities for Pam.

6. What actions were taken to safeguard Pam and were the actions appropriate, timely and effective?
7. What happened as a result?

c. To establish what contact agencies had with the Perpetrator.

8. Was the Perpetrator known to any agency as a perpetrator of domestic abuse?
9. If so, what actions were taken to assess his risk to himself and/or others?
10. Had mental health issues been self-disclosed by the Perpetrator or mental illness diagnosed by any agency for the him?
11. Were the mental capacity of the Perpetrator and the complexities of the care and support required assessed by agencies in contact with him?
12. Was the Perpetrator known to misuse drugs or alcohol, including misuse of prescription medication?
13. Were issues of race, culture, religion and any other diversity issues considered by agencies when dealing with the alleged perpetrator?

d. To establish what lessons can be learned about the way in which professionals and organisations carried out their duties and responsibilities for the Perpetrator.

14. What actions were taken to reduce the risks presented to Pam (or others) and were the actions appropriate, timely and effective?
15. What happened as a result?

e. To establish whether there were other risks or protective factors present in the lives of Pam or the Perpetrator.

16. Were there any other issues that may have increased Pam's risks and vulnerabilities?
17. Were there any matters relating to safeguarding other vulnerable adults or children that the review should take account of?
18. Did Pam disclose domestic abuse to her family or friends? If so what action did they take?
19. Did the Perpetrator make any disclosures regarding domestic abuse to his family or friends? If so, what action did they take?

f. To establish whether agencies have appropriate policies and procedures in place to identify, refer and escalate concerns to appropriate safeguarding pathways.

20. Were effective whistleblowing procedures in place within agencies to provide an effective response to reported concerns about ineffective safeguarding and/or unsafe procedures.

g. To identify clearly what those lessons are, how (and within what timescales) they will be acted upon and what is expected to change as a result through the production of a multi-agency action plan

h. To recommend to organisations any appropriate changes to such policies and procedures as may be considered appropriate in the light of this review.

4. Summary chronology

2000 to 2005
Between 2000 and 2005 there were reports of criminality regarding the Perpetrator. These offences included fighting, the use weapons and driving offences. At this time, the Perpetrator was in a relationship with a woman called 'F4'.

2014
During 2014, the Perpetrator spent time in HMP Forest Bank and in HMP Manchester.

Pam attended the A&E department at her local Hospital following an overdose of paracetamol. Pam reported that "things had been getting on top of her".

2015
The Perpetrator was arrested by Cheshire Police for a historic domestic assault and criminal damage against F4. No further action was taken as F4 did not wish to support a prosecution.

The Perpetrator was admitted to HMP Manchester on the 4th of December. There was also an alert risk concerning the Perpetrator being a perpetrator of domestic violence.

2016
In May, the Perpetrator arrived at HMP Liverpool following a court appearance for the charges of: Criminal Damage, Common assault, Breach of a restraining order; Theft; Driving while disqualified. The Perpetrator left HMP Liverpool on the 3rd of June 2016

2017
Greater Manchester Mental Health NHS Foundation Trust (GMMH) was informed, by Shelter (Housing), that the Perpetrator was homeless and had been offered a place at a local Hotel but he was unable to stay because he was unable to get up the stairs.

The Manchester City Council (MCC) Housing Service attempted to contact the Perpetrator. The Perpetrator stated he was of no fixed address. He confirmed there were times when he had slept outside. The Perpetrator was strongly advised to re-engage with Housing services in Cheshire East or Manchester and Shelter.

In **February**, Cheshire Police reported that the Perpetrator had smashed his way into the house of a woman referred to in the Review as "F3". Later the same day, another call was received relating to the same incident from a friend of F3. The information alleged that the Perpetrator had been to the home of F3 on two occasions and that she was frightened and had locked herself into her home.

In **March**, Cheshire Police arrested the Perpetrator for a serious assault on F3. F3 withdrew her co-operation for the subsequent investigation. F3 stated that she was terrified by the Perpetrator, and declined accommodation at a Women's Refuge. A Vulnerable Person Assessment (VPA) was submitted.

At the end of March, the Magistrates Court in Cheshire imposed a Non-molestation Order on the Perpetrator regarding F3. The Order was scheduled to expire in September 2017.

In **May**, the Perpetrator approached the Housing Options Service at Cheshire East Council (CEC). The Perpetrator stated he was homeless and was assessed under the Housing Act 1996 – Part VII. The Housing Officer assessed that he was legally homeless, and eligible for assistance and likely to be in priority need due to his medical conditions. He was provided with emergency interim accommodation under S.188 of the Housing Act 1996. This accommodation ran from the 5th of May 2017 to the 24th of May 2017 at which point he appeared to have returned to his former property. The Perpetrator refused assistance from Adult Social Care Services at Cheshire East Council (CEC).

Pam contacted GM Police to report a domestic incident with her partner, M2. Pam was checked by paramedics who found no evidence of any injury and Pam declined further medical treatment. A crime was recorded. Pam did not support an investigation and no further action was taken.

In mid-May, Cheshire Police arrested the Perpetrator for an assault against F3. F3 stated that she was frightened of the Perpetrator. The Police returned to speak with F3 later in the day and F3 refused to make a formal complaint. A friend of F3's – who witnessed the assault – also refused to make a complaint. F3 stated she was going to move away from the area. A Domestic Violence Protection Notice (DVPN) was authorised and a Domestic Violence Protection Order (DVPO) was granted until the 12th of June 2017. This Order was served on the Perpetrator on the **17th of May** but he dismissed it. On the 15th of May 2017, a Serial Domestic Abuse Perpetrator (SDAP) nomination form was issued concerning the Perpetrator, a VPA was submitted, a referral was made to the Independent Domestic Violence Advocate (IDVA) service, a re-nomination to the Multi-Agency Risk Assessment Committee (MARAC) was made and there was a referral to Adult Social Care.

In mid-May, the Perpetrator was seen at the A&E Department reporting suicidal ideation. The Psychiatric Liaison Service from Cheshire and Wirral Partnership NHS Trust (CWP) attended to him and reported that the Perpetrator was brought to A&E after his girlfriend (this was not Pam) had called the emergency services and stated that he was "acting bizarrely; throwing furniture around, talking to himself and was hearing voices".

A number of incidents occurred over the period from the **22nd to the 23rd of May**. F3 contacted the Cheshire Police to report that the Perpetrator was "coming to get her". The Police attended her address and she confirmed that the Perpetrator had attended her home. F3 did not provide a statement to prove a breach of the DVPO. F3 was contacted by a Social Worker and referrals to the IDVA service and Children's Social Care Service were made. At the end of May, F3 was residing in a refuge in Cheshire.

In June, GM Police noted that the Perpetrator was rough sleeping in Piccadilly Gardens, Manchester and associating with "spice" users in that area.

In late **October**, Pam was admitted onto Acute Medical Assessment Unit (AMU) at the Manchester NHS Foundation Trust for observation and treatment. She was then referred to the Alcohol Liaison team (ALT). Pam's GP was informed and they noted that Pam had been accepted by the Alcohol team for an in-patient detoxification programme. Pam attended the Chapman-Barker Unit, (the detoxification centre, part of the GMMH NHS Trust) on the **28th of October** and left the unit on the **3rd of November** 2017. Throughout her stay the following notes concerning Pam were made:

- Mild withdrawal symptoms evident;
- Disclosed history of abusive relationships but reported that she had been single for the previous 18 months;
- engaged well with the in-patient team;
- compliant with medication regime;
- attended multiple group therapy sessions;
- reported long standing low mood issues and childhood trauma that caused her issues with anxiety;
- treated for low mood by her GP (in 2016), and she took prescribed medication for 6 months;
- no previous contact with mental health services;
- no history of self-harm or thoughts to harm self.

After Care arrangements were made with Stockport Services and an appointment with the Alcohol Team was made for the 6th of November 2017

By mid-November, Pam reported to the Chapman Barker Unit (CBU) that she had relapsed and was drinking heavily. She reported her partner, M2, continued to consume 12-14 cans daily, which wasn't helping her situation.

2018

In **March**, the Huntington's Disease Association noted that the Perpetrator was on the Healthcare Wing of HMP Liverpool but following assessment they returned him to a standard wing. The Prison reported that the Perpetrator was suffering with weight loss and swallowing problems (associated with his Huntington's Disease).

East Cheshire NHS Trust record that Pam scored 27/40 on the AUDIT alcohol screening tool (indicating possible dependency) and an appointment was made for her to be seen by the Alcohol treatment service.

CWP saw Pam on the **27th of March**. She reported that she had received an alcohol detoxification in December 2017, but had relapsed. Prior to admission Pam reported drinking 1/2 bottle of wine after work. Pam reported that her partner was a dependent drinker and encouraged her to drink. She advised that she felt confident that she could stop going out and reported that her children were very supportive. Relapse prevention medications were discussed and an appointment arranged for the 29th of March. Pam did not attend the appointment. A request was made for Pam to be re-booked. On the 3rd of April, because Pam had not attended the appointments, her case was closed.

In late May, Cheshire Police receive a call from one of Pam's children concerning an assault on Pam by M2.

M2 was arrested for the assault and became problematic for officers and was charged with criminal damage. Pam's Son (who made the call to Police) came to collect Pam from the scene. Pam refused to make a complaint but provided an account of the incident. M2 was interviewed and denied assault. However, M2 was charged and bailed for trial on the 2nd of October 2018. A summons was issued but it was not served on Pam due to her whereabouts being unknown. The assault case was later dismissed at Stockport Magistrates Court. There was a known and extensive Domestic Abuse history between Pam and M2 and a VPA was submitted, along with a referral to the IDVA service and a nomination to MARAC.

The IDVA service tried 5 different telephone numbers and made multiple calls to Pam. When a call was answered, a man spoke and the IDVA created a fictitious name to avert attention.

At the end of May, CWP received a referral from Pam's GP requesting support to reduce Pam's alcohol consumption. A referral letter was sent to Pam requesting an appointment for her to be seen. An appointment was given to attend on the 18th of June. Pam did not attend and there was no answer when she was contacted and no further message received to cancel or re-arrange the appointment. The decision was taken to discharge Pam from the service. CWP advised Pam's GP to re-refer if requested.

From intelligence shared, the Panel believe that Pam and the Perpetrator began to form their relationship in July 2018.

The Cheshire Police contacted Pam and Pam stated that she would be happy to talk to the IDVA and would be a witness in the prosecution of M2. Pam stated that the relationship with M2 was over.

On the **1st of November**, Pam attended the Manchester Foundation NHS Trust. Manchester NHS Foundation Trust noted that Pam had attended East Cheshire NHS Trust in late October due to a fall and they had diagnosed a fractured left humerus which was to be treated in a sling. Manchester FT noted that Pam's partner (the Perpetrator) was "very rude, and lay down on the bed with her whilst being examined". The Trust did not record the partner's name because they did not share that information. The Trust reported that Pam self-discharged against medical advice.

On the **7th of November** 2018 a friend of Pam contacted Cheshire Police and stated that Pam had contacted them and informed them that the Perpetrator had just burst into her home and locked her in the house. The caller told police that the Perpetrator had previously beaten Pam up because she wouldn't engage in a relationship with him.

Officers attended Pam's home address. She was not present. Pam was located at the Perpetrator's home address where she informed officers that she had not been harmed in any way, (she did not have any visible injuries) and had not been held against her will. She had called her friend as a precautionary measure because she needed time away from the Perpetrator and was unsure as to how he would react due

to his Huntington's disease. No offences were disclosed. Pam was taken to the caller's home address.

A critical marker was placed on Pam's home address. A VPA – graded Medium – was issued along with a Domestic Abuse, Stalking and Harassment (DASH) assessment.

The Domestic Abuse Family Support Unit (DAFSU) noted the VPA and recorded that this was the first reference they had received concerning the Perpetrator. Pam declined the support offered in relation to this incident, but was re-assured that she could ring them at any time. It was recorded that Pam said thank you but stated that she was 'absolutely fine'.

On the **18th of November**, Cheshire Police receive a call stating that the Perpetrator has assaulted Pam. He had left the address and she had locked the doors. This was recorded as a Section 47 assault. Pam stated that she did not wish to be in a relationship with the Perpetrator but was struggling to leave because he became aggressive and she feared for her safety.

Pam declined to make a formal complaint and did not wish the Perpetrator to be spoken to. A VPA (graded as high risk) was submitted and a referral made to the Cheshire office of the National Centre for Domestic Violence (NCDV) and a specialist unit assigned. Arrest attempts were made for the Perpetrator. Pam wanted the Perpetrator to be told that she hadn't made a complaint. An urgent Domestic Violence Disclosure Scheme (DVDS) action was put in place for Pam and the Perpetrator was arrested on the 20th of November. A Domestic Violence Protection Notice (DVPN) was authorised by a Superintendent from the Cheshire Police service and this was set in place until the 19th of December.

It was noted that the Perpetrator was a Serial Domestic Abuse Perpetrator (SDAP). A VPA and a DASH were submitted and a critical marker was placed on another address listed for Pam. A 'Use of Force' form was completed.

On the **20th of November** a DVDS - right to know disclosure – was given to Pam regarding the previous offences of the Perpetrator. Pam later shared her distress at the content with the IDVA. At the time of the disclosure, Pam stated that she wished to have an injunction and was signposted to 'Domestic Violence Assist'. It was noted that Pam had not made a statement and didn't wish to. The IDVA noted that 'Domestic Violence Assist' needed to see bank statements and a tenancy agreement as proof for an application for legal aid.

CWP received a referral from the Cheshire Constabulary suggesting that Pam would benefit from an assessment within the Single Point of Access (SPA). The referral described that Pam had presented with low mood and also stated increased anxiety as a response to being a victim of a recent domestic assault.

CWP advised that Pam's needs could be met, firstly, within the alcohol services. Hence, Change, Grow Live (CGL) received the referral. CGL contacted Pam with an appointment date. Pam didn't respond and did not attend the appointment. Therefore, after two weeks, CGL closed the case.

On the **14th of December**, a call was made to Pam by a specialist Police service duty officer, as requested by the IDVA. Pam stated that she was okay but felt stressed about the DVPO conditions ending on the 19th of December. The Perpetrator had not breached these but Pam was scared that he would turn up the day after as there is nothing in place to stop this. The duty officer asked about the non-molestation order, and Pam said she had sent the documents to DV Assist but hadn't heard anything.

Just prior to Christmas, the IDVA service had a conversation with Pam who stated she was safe at her home address over Christmas. She stated she would accept a referral to the alcohol services after Christmas but would like to receive a detoxification at the Chapman Barker Unit. Pam agreed to a home visit from the IDVA after Christmas.

2019

CEC Housing were informed that the Perpetrator had been issued with a notice to leave his supported accommodation by the 25th of January. The accommodation service stated that he has been given notice due to incidents of fighting with another resident at the accommodation, entrapment of his girlfriend, failure to comply with house rules, and removal of communal furniture. An alternative provider withdrew their offer of accommodation because the Perpetrator failed to disclose his conviction when asked.

On the **14th of January**, NWAS contacted the Police to report that Pam had reported that she had been assaulted by the Perpetrator. Pam reported that she had been punched and kicked multiple times and had pain to the right side of her chest and ribs. NWAS reported that Pam refused transport to A&E and stated she would see her GP the next day and signed a refusal statement to this effect.

Police Officers attended and obtained differing accounts from Pam – she stated that she did want the Perpetrator to be arrested and was in fear of him and feared for her life. Officers noted that the Perpetrator was nominated to be seen by the Integrated Domestic Abuse Team (IDAT) and also a serial Domestic Abuse Perpetrator, with a MARAC history. Officers also noted that the IDVA service had been trying to work with Pam after the expiry of the DVPO.

The IDVA and IDAT officers visited Pam on the **15th of January** to ask if she would make a statement to support the prosecution. Pam was adamant that she didn't want to do this although she believed that the Perpetrator would kill her. Pam was also clear that she did not wish to take out a restraining order as she would have to supply evidence for legal aid and doesn't feel she could complete this task. Pam stated that she would consider going into refuge if the IDVA could find a space for someone with alcohol issues. The IDVA found that the nearest refuge supporting alcohol affected clients was in Chorley. The IDVA gave the numbers to Pam and advised her to make a call as they needed to speak to her. The IDVA updated the refuge. Pam did not go into the refuge – she said it was too far away for her and she couldn't get there.

The Perpetrator's GP noted that he refused consent for the GP to contact Adult Social Care on his behalf, that he didn't want input from mental health services or the neurological team; the Perpetrator stated that he wanted to look out for himself and be left alone.

On the **30th of January**, the CWP Single Point of Access (SPoA) received an urgent referral from Pam's GP. CWP made telephone contact with Pam and she reported that she was 'alright, just having a bad day yesterday'. Pam reported to be feeling low in mood but would pick herself up. Pam stated that she had lots of social stressors as triggers. Pam stated that she was unable to make the urgent appointment on the previous day due to having to get buses and reported that she was unable to come that day and asked whether SPoA could contact her on Monday. CWP said that the GP had requested an urgent assessment, but Pam did not feel she was mentally unwell and did not need one. CWP attempted to explore issues, including the reported domestic abuse issues, but Pam put the phone down and ended the call.

Manchester NHS Foundation Trust noted that Pam was brought into the ED, via NWAS, with a 4-day history of chest pain on inspiration. Pam disclosed at triage that her partner had kicked her in the back and ribs. Pam left the department before being seen by medical staff.

On the **12th of February**, Cheshire Police IDAT notified Greater Manchester Police that the Perpetrator had been provided with temporary accommodation in Stockport. The Perpetrator was noted as being a violent offender with several domestic abuse incidents where the victim would not or could not support prosecution. It was noted that he was known to Greater Manchester Police. The intelligence detailed his medical condition once more and also that he was in a relationship with Pam who may be with him.

On the **25th March** Pam's friend contacted Cheshire Police to report that they believed Pam was going to meet the Perpetrator at their flat on that day. They were concerned because Pam had previously been assaulted by the Perpetrator and they were frightened to go home if the Perpetrator was going to be there.

The Force Control Centre (FCC) operator confirmed that Pam was not at the address of the caller but requested a telephone number for Pam from them. This number was provided and the operator contacted Pam. She confirmed that she was safe and well. She stated that she had been with the Perpetrator earlier in the day but was not with him now. Pam confirmed that she had not been assaulted and knew to ring the police should any problems arise.

On the **27th of March** , Cheshire Police received a call from a taxi driver stating that he was at a supermarket and that the Perpetrator was attacking Pam. The taxi driver had driven off with Pam but believed that the Perpetrator had taken all her money. Police attended the scene and spoke to Pam and received an account from the taxi driver. There was no complaint from Pam, no independent witnesses prepared to make a statement, and no CCTV. A VPA and DASH were submitted.

On the **11th of April**, Pam contacted Cheshire Police to report that she had been assaulted by the Perpetrator. Officers attended to Pam and established that the alleged assault had taken place in an hotel in the Greater Manchester Police force area and, following initial evidence gathering and safeguarding, the case was passed to Greater Manchester Police.

GM Police responded and contacted Pam. The officer from GM Police documented that Pam did not wish to support a prosecution and signed the officer's pocket note book to that effect. Pam was taken to a friend's address and refused offers of support.

On the **12th of April**, Pam spoke with officers from Cheshire Police confirming that the Perpetrator had assaulted her causing injuries to her face and neck. Pam signed the officer's note book to this effect and she signed a medical consent form. Arrangements were made for photographs to be taken of her injuries.

The Police officer contacted Pam the following day and Pam stated that she did not want to speak about the incident at that time and would be going to a friend's house and turning off her phone. Pam requested that she be contacted the following week at which time she may provide a statement.

The Police made a referral to the IDVA service and a re-referral to MARAC.

Between the **12th and 18th of April**, a MARAC was held to discuss the incident on the 11th of April; Pam was contacted to ask if she would make a complaint or provide a statement and to ascertain if she was engaging with the IDVA service. GM Police were contacted to provide an update.

On the **26th of April**, an officer from GM Police contacted Pam and she agreed to provide a statement and also indicated that further offences had occurred as she had been receiving calls from the Perpetrator making threats towards her.

On the **30th of April**, CWP saw the Perpetrator and he stated that he felt that everything had "come to a head" and that nobody would help him and that he had developed suicidal ideation. The CWP Staff Nurse spoke to the homelessness officer at Cheshire East Council. They advised that they were aware of the Perpetrator and his difficulties and reported that the Perpetrator had been offered accommodation that meets his needs but has either rejected it or acted in a way that means he is no longer allowed to stay there.

Pam contacted Greater Manchester Police with concerns in relation to the lack of progress with the incident in April. A supervision officer spoke with Pam noting that the statement had been taken by Cheshire Police and GM Police were waiting to receive a copy. Several arrest attempts were made and the Perpetrator was detained on the 04/06/19. Following an interview, the Perpetrator was released 'under investigation' as a more detailed statement was required.

On the 13th of May, Pam called the IDVA service saying that she had made a statement, and that she was currently staying with M2 for safety reasons.

The Huntington's Disease Association (HDA) received a call from the Perpetrator stating that the Council had told him to go to Crewe because they had a flat for him. When he arrived, he was told that he was there for an assessment. The Perpetrator stated that he wanted to end his life. The HDA contacted the Social Care Service and stated that:

> *they had known the Perpetrator for 11 years and that he has been deteriorating cognitively over the last 5 years. He struggles with instructions and can become*

irritable quickly and lash out, resulting in Police presence and reduced relationships.

The HDA made a telephone call to the National Homeless Advice Service concerning the Perpetrator. They suggested that the Perpetrator – or his advocate – could speak to the Civil and Legal Team to take things forward and see if a Section 213 could be issued (Cheshire East was asking Manchester to co-operate and offer support). The HDA received a telephone call from CEC Social Care Service wanting more information about the Perpetrator and the services the Huntington's Disease Association could offer. The Social Care Service explained what they had offered, why things had not yet worked out and that the Perpetrator had housing arrears so may struggle to secure Housing Association accommodation.

On the **23rd of May**, Cheshire Police receive a request from GM Police for arrest attempts to be made for the Perpetrator concerning the assault on Pam in April. The GM Police request stated that their file was "arrest ready".

On the **3rd of June**, Cheshire Police arrested the Perpetrator. Officers from GM Police attended to deal with the consequences of the arrest. The Perpetrator was released under investigation.

Cheshire and Wirral Partnership NHS Trust (CWP) saw the Perpetrator at the Custody Suite and recorded the following points:

- He was brittle and irritable when declining help. Capacity was not formally assessed, but it was clear he understood the nature of the screening.
- A Senior Social Worker attended the Custody Suite to act as an Appropriate Adult.

On the **18th of June**, Pam contacted Cheshire Police. Pam had been in contact with GM Police and they had told her that they had sent an email to Cheshire requesting a further statement. An appointment was made for 11am on the 19/06/2019 and a statement was taken on the 20/06/2019 and sent to GM Police. Of note, in her statement to the Cheshire Police, Pam said: '....if the Perpetrator continues to get away with doing these sorts of things, he will end up killing somebody'.

On the **22nd of June**, Pam contacted Cheshire Police and stated that M2 had assaulted her. Police attended and arrested M2 at the scene. M2 was interviewed and provided checkable information. Pam was contacted the following morning and she refused to provide any complaint or allow officers to look at her medical records (which were evidential in this case). Consequently, M2 was released on conditional bail and ultimately no further action was taken.

On the **7th of July**, Pam called Cheshire Police and requested that they attend her location. Officers attended and M2 was arrested for assault (which he denied in the interview). At this time, M2 was still on police bail from the incident recorded on the 22nd of June. Pam refused to make a complaint against M2 and refused to provide images of injuries or medical consent. Pam stated that she had attended his address to get away from the area where the Perpetrator frequents because she is fearful of him seeing her.

On the **10th of July**, Pam was interviewed by CEC Housing (Home-Choice) over the telephone. Pam explained that she was fearful of returning to her previous address. Pam was asked about her health and she stated that she was alcohol dependent. Pam also stated that she was suffering with depression and that she had suicidal thoughts, but what keeps her going are her children. Options were discussed with Pam and it was agreed that a referral for a women's only project would be made and until that time she was happy to remain at a friend's house.

CEC Housing arranged for Pam to be assessed by a Housing service for a space at a women's project. Unfortunately, Pam wasn't able to attend and said that she would call the Housing service to re-arrange the appointment. A new assessment date was arranged, but Pam did not attend. The Housing service attempted to contact Pam via phone and text but didn't receive a reply. This was the last contact with Pam for this service

On the 19th of July, Pam's case was heard at the eMARAC and it was decided that a full MARAC would be required. The risks to Pam were deemed not to have been mitigated and this was the 5th MARAC where Pam had been discussed. The IDVA had suggested a professionals meeting with Pam present to discuss her options and explain what support was available. It appeared at the MARAC that current attempts to keep her safe were not being effective and Pam was considered to be making choices of her own which were putting her at risk. The decision was that Pam should be heard at the MARAC on the 23/07/19.

On the **24th of July**, the IDVA manager made a call to Pam. She said she was looking forward to becoming a grandmother, has reduced her alcohol intake and planned to continue on that course. She said she was very grateful for the support from the IDVA.

On the 1st of August, the Social Worker assigned to the case of the Perpetrator completed a 'Legal Gateway' referral, and sent an email to the Multi-Agency Public Protection Arrangements (MAPPA) lead. The Social Worker obtained information from the Public Protection Unit (PPU) for the Legal Gateway referral. The Perpetrator was flagged as a serial domestic abuse perpetrator.

On the 12th of August, Pam attended the Emergency Department (ED) at Manchester NHS Foundation Trust following a collapse earlier in the day. Pam reported that she "felt shaky and unwell". Pam was re-referred to the Alcohol Liaison Team (ALT) for an outpatient follow up. A chest infection was diagnosed and Pam was discharged home. On the following day, Manchester NHS Foundation Trust sent a letter to Pam's home inviting her to be seen as outpatient by ALT.

Approximately one week later, the critical incident occurred and Pam was murdered by the Perpetrator.

5. Key issues arising from the Review

The key issues emerging from this Review include the considerations and deliberations of the Panel – focusing upon the submissions received from the agencies in contact with the subjects of this Review and also the submissions from Pam's children. These themes are not set out in any order of priority.

5.1 Pam's health, vulnerability and engagement with health services

5.1.1 The Panel recognised that evidence clearly suggests that poor mental health can either effect domestic abuse or be a significant risk factor for victimisation[1].

5.1.2 Pam had a long history of anxiety and depression and on one reported occasion, an episode of suicidal ideation (this was disclosed to East Cheshire Trust). Pam also disclosed adverse childhood experiences when she was in contact with Greater Manchester Mental Health Services NHS Trust (GMMH).

5.1.3 In March 2018, Pam was seen by the alcohol team for an assessment during her admission to Macclesfield General Hospital (this admission concerned reported pneumonia). During this assessment Pam advised that her social life revolved around alcohol and stated that her partner drank heavily and encouraged her to drink. Despite attempts to engage Pam in drug and alcohol support services, Pam declined to attend appointments and was discharged in June 2018. In January 2019, an urgent referral was received by CWP from Pam's GP. However, Pam declined to attend two appointments and was discharged from the service in February 2019.

5.1.4 The Panel considered that a key characteristic of Pam's engagement with services was contact with a service during a period of crisis, then a period of complexity that led to missed appointments, then a disengagement from the service and then the service would close her case.

5.2 Assessing risk and safeguarding

5.2.1 Between 2018 and 2019, Pam was discussed at the Cheshire Multi-Agency Risk Assessment Conference (MARAC) on 5 separate occasions. During this period, the Domestic Abuse Family Support Unit (DAFSU) received 9 Vulnerable Person Assessments (VPAs).

5.2.2 Nevertheless, it is clear that not all of the services that Pam was in contact with were aware that she was a victim of domestic abuse and violence, either at the time of her contact or at any point in her past. The majority of the services did know – DAFSU, Cheshire Police, Greater Manchester Police and her GP had access to all the information shared at the MARAC – but Greater Manchester Mental Health Trust didn't know and the Cheshire and Wirral Partnership had an incomplete picture of Pam's life. Additionally, of course, the Adult Social Care (ASC) Service had no contact with Pam, and received no VPAs.

[1] See Trevillion, et al, 2012, published by Safe Lives in 2015

5.2.3 The Panel formed the view that Pam would, in all likelihood, have reached the threshold to be considered as an adult in need. However, the ASC service was not in a position to institute Care Act proceedings.

5.2.4 As the Panel noted, there was no guarantee that because a VPA had been submitted, the Social Care Services would automatically be informed. Consequently, not all of the services in contact with Pam were prompted to undertake a specific domestic abuse and violence assessment.

5.2.5 With regard to the Perpetrator, the Social Worker contacted the PPU for information to assist them to support the housing needs of the Perpetrator and to be able to share this information at the Legal Gateway. It was via this contact that the Social Worker discovered that the Perpetrator had been heard at the MARAC in November 2018 and April 2019.

5.3 The offer of Refuge

5.3.1 Pam was offered refuge on several occasions. However, she declined these offers – either changing her mind because her circumstances may have changed, or deciding that the refuge facilities were too far away for her to travel. The Panel noted that one offer of refuge – an accommodation that could offer refuge and support for Pam's needs – was approximately 50 miles away and Pam declined this offer because of the distance from her home. Specialist domestic abuse advisers on the Panel highlighted that, though 50 miles may sound disproportionate, in the context of the need to provide specialist support, such provision would be considered as local.

5.4 The health of the Perpetrator and his engagement with services

5.4.1 The Adult Social Care (ASC) service had difficulty contacting the Perpetrator and maintaining contact with him. When they did, their focus was to resolve, in partnership with a number of other service, the Perpetrator's accommodation needs. The Perpetrator's homelessness is a recurring theme in this Review. Manchester City Council, Stockport Council and Cheshire East Council all attempted to resolve this matter.

5.4.2 The Specialist Adviser from the Huntington's Disease Association (HDA) suggested that, on occasion, referral to ASC was difficult – suggesting that there is a tendency for agencies to refer to the client's physical needs as paramount, rather than their mental health needs and this is often cited as the reason for not engaging the client.[2]

5.4.3 The Perpetrator was admitted to custody on a number of occasions. Whilst in HMP Manchester, in March 2016, the Perpetrator refused food and refused to engage with staff to resolve this issue. Additionally, an alert notification was made on one occasion concerning self-harm. The Perpetrator stated that because his illness was deteriorating, he wanted to die.

[2] By way of example, in January 2017 the Adviser from the HDA made a referral to the Community Mental Health Team within Manchester Central Social Services. This referral was refused as they felt the Perpetrator's needs were physical not mental health.

5.4.4 The Housing Options Service in Cheshire (HOS) noted in their submission that their understanding of Huntingdon's Disease was limited and there was room for a more pronounced grasp of the prognosis and the impact on behaviour and capacity as the condition deteriorates.

5.4.5 The Panel learned from the submission made by the HOS that the Perpetrator was provided with an extensive and high level of service by the Housing Options Team over a long period of time. However, in the view of the HOS, there came a point where it became clear that the Perpetrator's needs were more complex than could be provided by the Housing Options Service alone. HOS suggested that, at this point, a multi-agency meeting should have been called and the Perpetrator should have been referred to Cheshire East Council 'Hard to House' Panel.

5.4.6 Between June 2017 and January 2018, the Perpetrator was a client of the Criminal Justice Liaison (CJL) Service provided by the Cheshire and Wirral Partnership NHS Trust (CWP). He was seen twice and was noted to engage very poorly with practitioners and in January 2018 the Perpetrator was discharged from CJL due to his failure to engage with the service.

5.5 The Perpetrator was a Serial Domestic Abuse Perpetrator (SDAP)

5.5.1 Intelligence submitted to the Panel from both the Cheshire Constabulary and the Greater Manchester Police supports the assertion that the Perpetrator had a history of assaults against women.

5.5.2 Setting aside the violence against Pam, prior to her murder by the Perpetrator, information was received by the Panel describing the assaults perpetrated against women referred to in the Review as "F2", "F3" and "F4".

5.5.3 The Perpetrator refused to engage with the Cheshire Integrated Domestic Abuse Team (IDAT – a service that aims to prevent further incidents of assault by perpetrators of domestic abuse) and the equivalent service in Greater Manchester. The Panel noted that engagement with these services is not mandatory.

5.5.4 The Panel noted the work of Laura Richards[3], the criminologist who developed the DASH assessment. Taking note of her work, the Panel recognised the merit of focusing upon serial abusers. Laura Richards suggests that a focus has been placed upon repeat victims and that some shift needs to occur to focus upon serial high risk perpetrators – i.e., those who cause the harm – and that public services need to act together upon the information that is already available to them (including sharing information), in order to identify, assess and manage the perpetrators and for there to be consequences for their behaviour *before* it escalates to assault or murder.

5.6 Professional curiosity and sharing information

5.6.1 The Panel noted the reference to the NICE Domestic Abuse Quality Standard (QS116) referred to in the submission from the East Cheshire NHS Trust.

[3] www.laurarichards.co.uk

5.6.2 East Cheshire NHS Trust highlighted that symptoms of depression, anxiety, suicidal tendencies or self-harming and alcohol or other substance misuse are common indicators of Domestic Abuse and should trigger a concern in health care staff and prompt them to enquire about domestic abuse. However, according to Pam's patient record, her presentation did not always trigger staff to consider Domestic abuse.

5.7 The domestic abuse and violence endured by Pam and the reluctance to pursue prosecution

5.7.1 From the submissions received, it appeared that Pam had been subjected to domestic violence and abuse for more than a decade. Formerly, when she was in a relationship with M2, then when she was in a relationship with the Perpetrator in this case and, following the incident in April 2019, Pam re-acquainted with M2 and was again assaulted by him.

5.7.2 The Panel noted that, following allegations of assault, Pam would often be reluctant to provide a statement in order to support the process of prosecution and would not encourage the Police to arrest the alleged perpetrator of the assault.

5.7.3 The Panel has highlighted the circumstances associated with what it considered to be five key allegations of assault and noted that on one occasion – following an assault at a hotel in Manchester – Pam positively pursued the prosecution of the Perpetrator.

5.8 Having a full account of the violent history of the Perpetrator, holding him to account, and supporting a prosecution.

5.8.1 The Perpetrator's long history of assault and criminal damage was recorded by both Greater Manchester Police and Cheshire Police.

5.8.2 In April 2019 Pam made a call to Cheshire Police reporting that she had been assaulted by the Perpetrator at an hotel in Manchester. This appeared to the Panel to be a pivotal incident. A crime was recorded (a Section 47 assault – assault occasioning actual bodily harm)**.** However**,** the attending officer recorded that Pam, at that precise point in time, did not wish to support a prosecution and had signed the officer's note book to that effect.

5.8.3 The author of the submission from GMP stated that, given the history of domestic abuse by the Perpetrator, that an arrest at the scene may have been the most appropriate course of action. The lack of arrest at the scene may have left Pam feeling unsafe and vulnerable and unable to return to her home because she was in fear of the Perpetrator. If the Perpetrator had been arrested, there remained a possibility that the Perpetrator would have been released under investigation, without a statement from Pam. However, the fact of the arrest may have assisted Pam in deciding whether or not she would provide a statement to support a prosecution

5.8.4 There appeared to be a pattern exhibited in the behaviour of the Perpetrator and this pattern was entrenched. Agencies and Panel members noted that there

are long standing frustrations in the limitations faced by the wider Criminal Justice system, and other agencies, to hold serial perpetrators to account and to provide effective opportunities for behaviour change.

5.9 Sharing information and Liaison

5.9.1 The Panel recognised that this theme arises in a number of Homicide Reviews, Safeguarding Reviews, and Serious Case Reviews.

5.9.2 In this case, there are specific examples to consider: the circulation of 'Vulnerable Person Assessments' (VPAs) and what agencies are expected to do when they receive a VPA; discharge summaries from secondary care to primary care; details shared by MARAC; the accuracy of information requested for clients at MARAC; accessing case notes held by other agencies; etc.

5.10 Supporting victims with complex needs

5.10.1 Agencies submitted that a successful pathway for a client is dependent on the willingness of the client to follow through on agreed actions and the time taken by those services to offer appointments and support, particularly when clients do not attend (DNA). This can create a barrier to help, particularly when a client is motivated one day but is fragile and changes perspective the next. In turn, this may lead to specialist domestic abuse services (or other specific services that complex clients engage with) supporting complex clients when they do not have the specialist expertise to do so. Having a better multi-agency response to complexity would potentially improve outcomes for clients who live with domestic abuse.

5.10.2 The Perpetrator may also have benefited from a multi-agency plan to address his use of drugs/alcohol and his accommodation needs, and to put exclusions in place to prevent him from making contact with specific named people.

5.11 Adverse Childhood Experiences (ACE)

5.11.1 The Panel noted that on one occasion – during her engagement with GMMH – Pam disclosed ACE. The Panel recognised that trauma and traumatic abuse is described by MIND as:
"going through very stressful, frightening or distressing events is sometimes called "trauma".

5.11.2 The national charity NAPAC (National Association for People Abused in Childhood) recognises that childhood trauma, in all forms, has a significant impact on the lives of victims, as children and into adulthood.[4]

[4] www.napac.org.uk

6. Conclusion

6.1 The Review learned that Pam had a long history of struggling with her mental health – living with anxiety and depression for more than ten years.

6.2 The Panel considered that a key characteristic of Pam's engagement with services was contact with a service during a period of crisis, then a period of complexity that led to missed appointments, then a disengagement from the service and then the service would close her case. However, it was noted that Pam had good, though infrequent, contact with her GP and her GP saw Pam in the Practice, made contact via the telephone and her GP also conducted home visits.

6.3 Between 2018 and 2019, Pam was discussed at the Cheshire MARAC on 5 separate occasions and during this period, DAFSU received 9 Vulnerable Person Assessments (VPAs). However, it was clear that not all of the services that Pam was in contact with were aware that she was a victim of domestic abuse and violence. Additionally, the Adult Social Care (ASC) Service had no contact with Pam, and received no VPAs. The Panel formed the view that Pam would, in all likelihood, have reached the threshold to be considered as an adult in need. However, the ASC was not in a position to institute Care Act proceedings.

6.4 The Perpetrator was a Serial Domestic Abuse Perpetrator (SDAP). The Perpetrator's long history of assault and criminal damage was recorded by both Greater Manchester Police and Cheshire Police. Despite a number of attempts, the Perpetrator refused to engage with the IDAT and the equivalent services in Greater Manchester. The Panel noted that engagement with these services is not mandatory

6.5 Agencies and Panel members noted that there are long standing frustrations in the limitations faced by the wider Criminal Justice system, and other agencies, to hold serial perpetrators to account.

6.6 The Perpetrator's homelessness was a recurring theme in this Review. Manchester City Council, Stockport Council and Cheshire East Council all attempted to resolve this matter.

6.7 From the submissions received, it appeared that Pam had been subjected to domestic violence and abuse for more than a decade.

6.8 The Panel noted that, following allegations of assault, Pam would often be reluctant to provide a statement in order to support the process of prosecution and would not encourage the Police to arrest the alleged perpetrator (neither M2 nor the Perpetrator in this case) of the assault.

This was a tragic case resulting in the untimely death of Pam and leaving four children without their Mother. The thoughts of the Panel are with these surviving children.

7. Lessons to be learned from the Review

Learning lessons from a Domestic Homicide Review is, amongst other things, a combination of reflection, professional scrutiny, policy review and practice development. Set out below are the lessons learnt that have been identified by the agencies that had contact with Pam and/or with the Perpetrator.

7.1 Clinical Commissioning Group (CCG)

From the perspective of the GP Practice perspective, they noted that they do not always have a full account of all the information from outside health agencies. This can make consultations with patients challenging when a clear picture of other external consultations is not readily available.

More generally, when the usual lines of communication are truncated, this can have an impact on automatically generated lines of communication made to a patient (invites for routine appointments, invites for tests and vaccinations, etc). A clear and prompt process of ensuring the Practice is kept up to date with all relevant information will help prevent families receiving inappropriate contact during a difficult time.

Domestic Abuse Family Support Unit (DAFSU)

DAFSU considered that the key learning from the review is that multi-agency meetings must always be considered when dealing with complex cases. Additionally, these meetings should be initiated promptly and be organised to focus upon the key issues identified to meet the needs of the client.

DAFSU also noted that the Perpetrator may also have benefited from a multi-agency plan to address his use of drugs/alcohol, and to put boundaries in place to prevent him from contacting Pam and others.

Adult Social Care (ASC)

Adult Social Care noted that it was only when they had an extensive overview of all the support, interactions, meetings and discussions that had taken place with regard to both the Perpetrator and Pam over the period of the Review (that is, during the Review process) that they became fully informed of the severity and unpredictability of the Perpetrator's behaviour and the vulnerability of Pam in all her relationships.

ASC noted that the Perpetrator was quick to blame his Huntington's Disease for any violence or aggression that he may have inflicted on others, including Pam.

Pam was not known to Adult Social care and ASC were unaware of the relationship between her and the Perpetrator during their interactions with him. From the chronology, it appears that from January 2019, Pam had at least 6 VPA's activated, yet none of these appear to have been received by Adult Social Care. ASC noted a comment from a meeting of the MARAC held on the 13th of May 2019 suggesting that the IDVA service was waiting for a joint visit to Pam with Adult Social Care, but that she did not hear from them. As Adult Social Care had no information on Pam, or received any VPAs, this contact was obviously not made and there was no follow up from the IDVA

Manchester Foundation Hospitals NHS Trust (MFT)
Action was not taken to attempt to speak to Pam alone when there were concerns around her partner's behaviour. This was a missed opportunity to risk assess the situation and offer support to Pam.

The MFT discharge summary document has been highlighted as an area for improvement and is listed for review as part of the development of the new electronic patient record system.

The management of missing and absconding patients has been highlighted as a concern in the past. Since this incident occurred, a new policy has been put in place to ensure that staff are aware of the actions to take when a patient goes missing from the Department.

Greater Manchester Mental Health NHS Trust (GMMH)
The staff at the Chapman Barker Unit (CBU) could have shared information from the call they had with the Stockport Community Alcohol Team (CAT). CBU Staff advised Pam to discuss her concerns directly with the CAT & relied on her to do that. Good practice would have been to call the CAT in advance.

GMMH also noted that by mid-November 2017, Pam reported to the Chapman Barker Unit (CBU) that she had relapsed and was drinking heavily. Pam reported that she had a partner, whereas during the admission, she reported she was single. GMMH considered this to be a missed opportunity to explore any relationship difficulties with her current partner.

Cheshire Police
Aside from the incident in the hotel in Manchester (that occurred in April 2019), Pam was reluctant to make a formal complaint against the Perpetrator. It was acknowledged, from the accounts provided by Pam, that she was frightened of the Perpetrator, frightened of what he was capable of and frightened of what he would do to her. This may be the reason she so vocally told police in his presence that she didn't want to make a complaint and that she hadn't been assaulted.

Understanding domestic abuse is complex and one response clearly will not 'fit' all clients in all circumstances. One process which is meant to safeguard victims of domestic abuse, (the Domestic Violence Protection Notice – DVPN, for example) may in fact do the opposite. Knowledge and understanding of the complexity of this issue is key to the response.

Cheshire Police issued a number of DVPNs regarding Pam. Following this case, lessons have been identified regarding the DVPN process. For example, there was one occasion where it was felt that a DVPN was not appropriate. The rationale for this was based upon the assessment that Pam and the Perpetrator would breach the subsequent order and not comply with the conditions. Cheshire Police recognise that they had the means (i.e., the DVPN) to act to safeguard Pam, and had the authority to pursue, via the court, any breaches that occurred.

The learning from this specific example will wrest upon the conditions and the procedures that lead to a DVPN not being authorised.

There were also examples identified by the Police concerning the non-submission of VPAs. This is an on-going training issue, which is reflected in the action plan described later in the Report

East Cheshire NHS Trust
The need for respectful enquiry for more covert signs of domestic abuse will be made more explicit in training and in the Domestic Abuse Policy and this will be cascaded to staff via the Safeguarding Champions

Huntington's Disease Association (SHDA)
The HDA attempted to engage with statutory services in relation to the Perpetrators mental health. It is not uncommon for seemingly appropriate services to reject referrals regarding Huntington's disease. This can be due to the patient's lack of engagement with services due to poor insight and denial of symptoms, or the fact that some services do not consider that HD fits their criteria.

Cheshire and Wirral Partnership (CWP)
CWP noted that a positive multi-agency response would begin to be initiated but, often, Pam was unable to take up and maintain the offer of support from CWP.

The importance of sharing correct demographic details for those to be discussed at MARAC has been noted in the Report. Pam was recorded as not known by CWP (when in fact she had been known to them since 2014).

Cheshire East Housing Options Service (HOS)
HOS underlined the importance of a multi-agency response to support both victims and perpetrators of domestic abuse. HOS also noted that their internal processes and procedures specifically in relation to complex clients and domestic abuse need to be reviewed to ensure an easy and consistent approach across the service.

Greater Manchester Police (GMP)
Following the incident in April 2019 in the Manchester area, the attending officers had the opportunity to take positive action and to arrest the Perpetrator. They chose instead to take Pam to another address and not to arrest the Perpetrator at the time of the incident. The author of the GMP submission considered that this may not have been the most effective course of action and that an arrest would have better supported Pam in removing her from the risk.

8. Recommendations from the Review

The Panel noted that the Independent Office for Police Conduct had completed their Review in the Summer of 2020 and that this review, along with its potential learning, had been sent to the Chief Constable of both Cheshire Constabulary and Greater Manchester Police. Both Police services noted, when submitting their single agency action plans, that they were cognisant of the duty placed upon them to apply the IOPC learning. Consequently, the recommendations described below are drafted in light of this and has avoided duplicating the learning proposed by the IOPC.

Set out below are the Recommendations made by the Panel, accompanied by the rationale for each Recommendation.

These Recommendations are NOT in any order of priority.

	Rationale	**Intended outcome**	**Recommendation for action**
1	A number of Vulnerable Person Assessments (VPAs) were issued by the Police service. These VPAs concerned Pam and the allegations of assault against the Perpetrator. It appeared to the Panel that not every agency considered by the Panel as necessary to receive VPAs received them.	The intended outcomes are: • All agencies that need to receive a VPA, should receive them; • The VPA should contain all relevant intelligence about the client referred to on the VPA; • The receiving agency knows what to do with the VPA when they receive it – this means that a system is in place to either respond directly, or escalate the VPA; record the actions taken for the client; and feedback this information to the referrer and to other agencies on the VPA.	The recommendation focuses upon training, enhancing awareness, and re-enforcing knowledge about the roles and responsibilities of the services available to support people. The Panel recommends that the Safer Cheshire East Partnership (SCEP): • Work with the Adult Social Care, Childrens Social Care and Domestic Abuse Services to analyse the referrals they have received from the Cheshire Constabulary over a period of 24 months. Adult Social Care, Children's Social Care and the DA Services will report to the Safeguarding Adults Board (SAB) and SCEP a description of the nature of these referrals with a reflection on the application of safeguarding legislation within those referrals; • Ensure that appropriate officers within the Cheshire Constabulary (and other organisations, as necessary) are aware of the relevant Adult and Children safeguarding and mental health legislation to assist in enabling them to define an 'Adult at Risk' and so make efficient and effective referrals to other services; • Enable Cheshire Police and Adult Social Care across Cheshire to revise the current VPA form to ensure Adult Safeguarding Concerns are correctly incorporated into the

			VPA, and clear indicators of where the VPA has been sent. • Ensure that Training is provided to all Agencies following the roll out of the new revised VPA • Work with the Safeguarding Adult Board (SAB) to facilitate the provision of, for example, multi-agency training / professional briefings / guidance / fact-sheets on substance misuse, mental capacity and the Care Act. This training will also clarify the roles and responsibilities of agencies on the SCEP, their referral pathways and what constitutes an Adult Safeguarding concern under the Care Act 2014 and the expected outcomes. This training must ensure that all agencies are aware of how to report a safeguarding concern whether using the new electronic "First Account Form" or via a VPA. • Cheshire Police to inform Partner agencies about the VPA, who issues them, and their purpose. It is for the receiving agency to make appropriate decisions depending on the information contained within the VPA. • Cheshire Police Should establish clear algorithms to describe who must receive copies of a VPA and what those agencies are expected to do when they receive them.
2	A number of the agencies involved in this Review referred to the possibility of initiating "Professional Meetings" in order to discuss Pam's needs and specifically, the possibility of discussing the needs of the Perpetrator at a meeting of the legal gateway. The Panel also discussed: • the threshold for Pam (and the Perpetrator) to be considered an	The outcome is focused upon ensuring that safeguarding referrals are in line with relevant legislation and are received in a timely and efficient manner.	The Panel recommends that the Safer Cheshire East Partnership (SCEP) works with the Safeguarding Adults Board to achieve the following: • To note the work being undertaken by the Safeguarding Adults Board to develop a new "First Account Form" for people to raise a Safeguarding concern in line with the Care Act; • Support the Safeguarding Adults Board to: ○ Review the implementation of the revised referral form via the Quality and Audit Subgroup; ○ Ensure that all partners have a clear understanding of the Care Act criteria prior to completing a

	adult in need, under the conditions of the Care Act; • the development of a revised referral form to improve the flow of safeguarding alerts		Safeguarding Concern Form, i.e.: • *An adult has care and support needs, whether they are currently in receipt of community services or not;* • *Is experiencing, or is at risk of, abuse or neglect / self-neglect;* • *Is unable to protect themselves.* ○ Advise organisations that are unable to utilise the new form, by suggesting necessary changes to their own forms (e.g. VPA / NWAS Forms, etc.) to include the criteria described above. • Work with other organisations and services in order to offer training and professional development to relevant staff concerning Safeguarding Adults to ensure "Safeguarding is Everyone's Responsibility"; • Work with their partners to develop a new system or enhance an existing system in order to discuss safeguarding cases in a timely way or call / attend a Multi-Agency Professionals Meeting.
3	A number of services involved in this Review reported that they had difficulty engaging with the Perpetrator when they were attempting to meet his complex needs, including his accommodation. Additionally, of course, the Review noted that the Perpetrator did not engage with the Cheshire IDAT (nor the equivalent in Greater Manchester) and there were few attempts to directly address, with him, his serial domestic violence.	The outcome here is about further improving performance from sources of published evidence and sharing best practice about engaging with a serial perpetrator of domestic abuse. As described within the Report, the Panel noted the work published by Laura Richards. Taking account of this, it is important that the outcome focuses upon learning how to engage with serial perpetrators, knowing who the serial perpetrators are, sharing intelligence about serial perpetrators and sharing best practice on how to engage with them, hold them to account, and to prevent their abuse escalating to serious harm,	The Panel recommends that the Safer Cheshire East Partnership (SCEP): • Examines the published models and evidence based practice regarding services for people who are homeless and have other needs concerning their mental health. For example, "better care for people with co-occurring mental health and alcohol/drug use conditions – a guide for commissioners" (Public Health England 2017); • Considers the research undertaken by Safe Lives and Gentoo examining the role of housing providers in helping victims of domestic abuse and holding perpetrators to account. • Considers the procedure adopted by the Greater Manchester Safeguarding Board and use this to

		homicide, manslaughter or unlawful killing. These outcomes also turn on the ability for agencies to share with one another information arising from risk assessments undertaken with serial perpetrators of abuse. The rationale for the sharing of this information – in an appropriate forum – is to work together to prevent a serious crime.	inform a procedure for Cheshire East[5] The Panel noted the work being undertaken on a national scale, led by NHS Digital, to develop the National Summary Care Record system. The Panel also noted that during the previous 18 months, the pilot projects described by NHS Digital have shown considerable promise regarding the sharing of patient information between Mental Health and other health services. The Panel recommends that the Safer Cheshire East Partnership (SCEP): • Encourages practitioners who are providing a service to a patient or patients, to share information regarding any risk assessment profiles and safeguarding concerns with all other agencies involved with the same patient or patients; Taking account of the Domestic Abuse Act 2021, coupled with the research cited in this report, the Panel recommends that the Safer Cheshire East Partnership (SCEP): • Considers establishing a 'Panel' (or extending the remit of an existing forum) to share information from MARAC, ViSOR, MAPPA and other sources in order to identify and engage with serial perpetrators of domestic abuse.
3a	Adult Social Care (ASC) services reported that they would have appreciated the sharing of information concerning the Perpetrator (and his relationship with others) from the Mental Health Services.	The intended outcome is focused specifically upon enhancing the system for the sharing of information between two specific services – adult social care and adult mental health services.	The Panel learned that the Adult Social Care service has a standard operating procedure for designated staff to attend the local MARAC. The Panel recommends that the Safer Cheshire East Partnership (SCEP): • Work with the Adult Social Care service to ensure attendance at MARAC and that cases and risks are recorded on Liquid Logic (their client case record system).

5 https://greatermanchesterscb.proceduresonline.com/chapters/p_deal_uncooperative_fam.html?zoom_highlight=persistent+non+engagement+with+early+help

			The Panel also learned that the Cheshire and Wirral Partnership (CWP) are in the process of commissioning a new case recording system. The Panel recommends that the Safer Cheshire East Partnership (SCEP): • Work with CWP to consider offering additional access to the First Point of Contact Teams in Adult Social Care • Work with Cheshire and Wirral Partnership NHS Trust to agree a Standard Operating Procedure to ensure that a process is in place (a simple form of application) whereby, with an appropriate CWP Sponsor, Adult Social Care Teams (external to CWP) can apply for access to records strictly on the basis of safeguarding adults from harm. • Note the work of the Safeguarding Adults Board (SAB) concerning its revision of their Information Sharing Protocol and that once completed the SCEP invite the SAB to share this revision with the partners on the SCEP.
4	Pam reported to Greater Manchester Mental Health Services NHS Foundation Trust (GMMH) that she had endured 'adverse childhood experiences' (ACE) and these experiences had affected her adult life.	The outcome here concerns public service organisations generating an ambition to become "trauma informed" in their day-to-day practice and develop a knowledge base and best practice procedures concerning the impact of Adverse Childhood Experiences on adult clients and how to make professional enquiries concerning their impact	The Panel recommends that the Safer Cheshire East Partnership (SCEP): • Ensures that training and education opportunities are made available to SCEP Partners; and • Will support a submission to the Office of the Police and Crime Commissioner (OPCC) to seek funding and support for the provision of this CPD opportunity.
5	The Review identified that a specific issue arose concerning the request made by the Cheshire MARAC to one service for information concerning Pam. The Review found that the details held on record by the MARAC differed from the details held by the service. This resulted in	The intended outcome is to ensure that when clients are discussed at MARAC (or other multi-agency forums), <u>all</u> agencies are confident that the details concerning the client under discussion are in accordance with the precise details held by all other MARAC agencies.	The Panel recommends that the Safer Cheshire East Partnership (SCEP): • Seeks assurance that the template currently used to request and share MARAC information is effective and efficient; and • Secures this assurance when a system and a template that allows for the sufficient triangulation of client specific identifiers is achieved and approved by all partners;

	the information that was able to be shared being incomplete.	It should be a shared aspiration to work to ensure that the risk of sharing inaccurate client identifiers is driven to the lowest point possible	• Invites the MARAC to institute a procedure that all partners check and correct any discrepancies regarding client details at the beginning of every MARAC meeting
6	NICE Guidance (PH50) and Quality Standard (116) concerning domestic abuse and violence contains a number of recommendations to assist agencies to improve the service they offer to clients.	The intended outcome is that front line staff in all agencies are trained to recognise the indicators of domestic violence and abuse and to ask relevant questions to help people disclose their past or current experiences of such violence or abuse.	The Panel recommends that the Safer Cheshire East Partnership (SCEP): • Seek assurance from all partner services, including specialist mental health services, that their policies and practice concerning domestic abuse means that they and their staff are able to properly assess clients for the presence of domestic abuse and that they are in accordance with NICE guidance PH50 and Quality Standard 116.
7	Prior to her death, Pam was assaulted by the Perpetrator on a number of occasions. The Perpetrator had a history of assaulting women. Pam, and the ex-partners of the Perpetrator, were reluctant to support his prosecution following his arrest for these assaults. They may have done this due to a sense of loyalty, a degree of sympathy for the Perpetrator's Huntington's Disease, but most likely a pronounced sense of fear.	Reluctance to support prosecutions and/or share disclosures of domestic violence with relevant authorities is a longstanding and vital issue. There are complex reasons why women do not pursue a prosecution and there may be ways to provide better support to women who do wish to prosecute. The primary outcome is to deliver the best option for the victim – and invariably that is for the abuse to stop. This outcome centres upon attempting to learn and understand what encourages or discourages women from reporting abuse and supporting a prosecution when the abuse has been reported.	In principle, this recommendation is about the process of prosecution and how this can be made more accommodating and supportive for survivors of abuse. Inevitably, this recommendation turns on the SCEP facilitating a process of research and development; and of the dissemination of best practice and evidence based delivery. The Panel recommends that the Safer Cheshire East Partnership (SCEP): • Undertakes a review of relevant cases to identify examples of successful domestic abuse prosecutions that have occurred across the Cheshire Constabulary. • Considers establishing a 'focus group(s)' or equivalent to involve survivors of abuse, their advocates, domestic abuse specialists and criminal justice representation in order to answer the question: "can prosecution help achieve the best outcome for women living with abuse?" • Utilises the intelligence gathered from the focus group(s) to make the process of prosecution more achievable for those who wish to pursue it;

			• Utilises the intelligence gathered to provide briefings, guidance and direction to all SCEP partners concerning the available legal sanctions – including the process of prosecution – when they are working with people living with or attempting to escape domestic abuse;

7 Minute Briefing – PAM

AH-/01/2023-24

1 Background:

A referral was made to SCEP in 2019 following the death of Pam who was unlawfully killed by her boyfriend in August 2019. The Partnership agreed that the criteria for a Domestic Homicide Review were met.

Pam was 53 when she died. She had experienced childhood trauma and as an adult suffered from anxiety, depression and suicidal thoughts. She was also Alcohol dependent.

Pam had 5 children, one sadly died shortly after birth. Her adult children contributed to the DHR

Pam was known to many different services and MARAC

"It is easy to see someone who is a drinker and assume they are trouble, but my mum was not just a drinker, she was kind, loving, funny and a caring mum to us all"

Her perpetrator was a Serial Domestic Abuse Perpetrator and had a diagnosis of Huntingdon's Disease. He was sentenced to an Indefinite Hospital Order in April 2020

2 The Purpose of a Domestic Homicide Review:

- Establish the facts that led to the death and whether there are any lessons to be learned from the case about how local professionals and agencies worked together to safeguard Pam
- Identify these lessons, both within and between agencies, how and within what timescales they will be acted on, and what is expected to change.
- Prevent domestic abuse and carer related deaths and improve service responses where these issues are identified and responded to at the earliest opportunity.
- Contribute to a better understanding of the nature of domestic abuse
- Ensure that the experiences of Pam and her family are heard regarding their lived experiences and the impact of Domestic Abuse

3 Key Emerging themes:

Gender: Women are much more likely than men to be the victims of high risk or severe domestic abuse: 95% of those going to MARAC or accessing an IDVA service are women. Pam's case was heard at MARAC on 5 occasions between 2018/19

Assessing Risk and Safeguarding: It was noted that a significant number of VPAs had been submitted but not all agencies received them. This led to missed opportunities for information sharing including previous incidents of abuse, liaison and assessments under the Care Act

Health Vulnerabilities and Complex Needs: At least 20% of high-risk victims of abuse report using drugs and/or alcohol. Pam was more vulnerable to abuse due to complex health needs. She had a good relationship with her GP and IDVA. There was a pattern of accessing services at crisis points but would disengage leading to case closure. Care Act eligibility includes "substance misuse and brain injury".

Previous criminality of the perpetrator: Pam's perpetrator did not engage with services including harm reduction schemes. The review highlighted limitations of the wider criminal justice systems in holding perpetrators to account.

Housing Provision: Offers of refuge were declined due to distance and accessibility. The perpetrator

4 Recommendations:

It should be noted that some actions have been put into place since the incident and the DHR publication.

The DHR made the following recommendations:

- Vulnerable Person's Assessments (VPA's) should be clear and a robust pathway to be established
- Multi Agency Professionals Meetings/Full MARAC meetings to be held for High Risk/Complex cases
- Promote Behaviour Change Programmes for Perpetrators
- Mental Capacity Assessments to be completed to evidence decision making
- Risk Indicator Checklists to be completed including Honour Based Abuse and Stalking
- The DA Partnership to collate and measure successful prosecutions
- Multi Agency Training regarding Domestic Abuse, Adult Safeguarding/VPAs and to create opportunities to understand roles and responsibilities

5 Practice implications:

When anyone discloses Domestic Abuse, it is essential to listen and believe them and promote safety and wellbeing. When there is a concern for a person's safety, it may be necessary to override consent.

Information sharing and accurate record keeping is essential.

6 Implementing change:

Discuss the themes with your team or service and consider how they may affect your practice. Determine what you or your team could do to act on these and implement any necessary changes.

7 Resources and further information:

Cheshire East Domestic Abuse Hub:
Tel: 0300 123 5101 or
cedah@cheshireast.gov.uk
Huntingdon's Disease Association:
Helpline 0151 331 5444
Change, Grow, Live:
Eastcheshire.info@cgl.org.uk
St. Mary's Sexual Assault Referral Centre: 0161 276 6515
Rape and Sexual Abuse Support Centre: 0330 363 0063

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East Cheshire
NHS Trust

Quality Account 2022/23

Contents

> If we needed anything, it was delivered right away. Very caring, knowledgable staff. Calm environment with lots of patient interaction.
>
> **Patient, Children's Ward**

Welcome from the Chair

Aislinn O'Dwyer

We are pleased to present our Quality Account for the year 1st April 2022 to 31st March 2023.

Having recently joined the Trust in March 2023 I am very proud to be Chair of an organisation that so evidently places the care of people at the heart of all we do, taking the best from the system and locally to ensure the right care is available in the right place and at the right time. That dedication to care is evident in the compassion shown by colleagues within our Trust and in the many partners we work with in health and care.

I'd like to thank Dr Andrew Smith for stepping in as Acting Chair when Lynn McGill retired in September and on behalf of East Cheshire NHS Trust would like to express our utmost appreciation to them both; and especially to Lynn for her time and commitment within her 12 year tenure in post.

Our workforce is at the heart of East Cheshire and in my first four weeks in post I have met amazing people across our Trust. I am passionate about making sure we continue to support their wellbeing so they can continue to provide the high quality of service patients require. A key part of our strategy to increase the workforce is the ethical recruitment of nurses trained outside the UK, and we celebrate the increasing diversity of our staff this year. Drawn from 57 nations, up from 37 in 2020, they bring skills, fresh ideas and valuable expertise to complement the loyal and local dedication of many long-serving colleagues within the East Cheshire family.

This past year has presented its own challenges and opportunities and our teams have had to reimagine many aspects of our care and demonstrated changes can be made effectively, quickly and radically, in collaboration with partners to achieve much more than we might as a stand-alone organisation.

We remain a "Good" trust in the Care Quality Commission's ratings and our staff survey results tell us that staff engagement is above comparator organisations and the proportion of respondents who would recommend the Trust as a place to work is increasing. We perform ahead of similar bodies in taking positive action on wellbeing, and compassionate leadership is a strength. However, we recognise that this continues to be a particularly challenging time and we maintain committed and focused in supporting our people in the coming 12 months and beyond.

This year has seen increased emphasis on working together across boundaries. Work by clinicians at both East Cheshire NHS Trust and Stockport NHS Foundation Trust on developing a joint clinical model is putting in place the foundations to secure more resilient care for a range of services over coming years. The creation of Integrated Care Systems on 1 st July 2022 has introduced a legal duty to collaborate. East Cheshire sits within NHS Cheshire and Merseyside, but also works very closely with NHS Greater Manchester, two of the largest systems in England, giving a platform for better patient access across a range of specialisms.

At local level, the new Cheshire East Place Health and Care Partnership has improved working together between social care and health, with some early success in reducing the time patients stay in hospital awaiting care in their own home or a care home. ▶

Positive stories like this are much needed to encourage staff and patients, when we see the daily reality of relentless increases in pressures of demand on overstretched services.
We let the cameras in from ITN this winter to show how hard it is and how hard our staff work to provide good care.

Among the good stories in this year's report, we look forwards as well as back. Along with other NHS Trusts across the country we look forward to celebrating the NHS's 75th birthday in July and we have a year packed with key developments thanks to additional capital investment. Our Chief Executive, Ged Murphy, highlights more detail about those within his report.

I'd like to draw attention to the building blocks East Cheshire is laying towards potential teaching trust status, with our first undergraduate medical students from Buckingham Apollo University beginning studies in April 2023 and plans well advanced, in partnership with our charity and education providers, to create a learning hub to support training of our own and other local health and care workforce.

We review our performance through audit and assurance, but also through listening to complaints and plaudits. Where we fall short, it is important that we observe our duty of candour and learn from incidents to prevent a repeat of poor care. I am heartened by both survey results and individual stories of so much positive patient and staff experience.

> I want to thank each and every member of staff and volunteer in our Trust for their continued support, commitment and professionalism

As Chair of the Board, I want to thank each and every member of staff and volunteer in our Trust for their continued support, commitment and professionalism in providing high quality services to our patients, and to East Cheshire's many and valued partners across the region and beyond.

Aislinn O'Dwyer
Chair

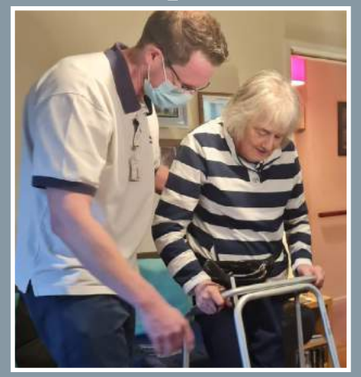
85,658
Outpatient attendees seen

24,275

Patients treated
(elective, non-elective and daycases)

204m **Income**

313,081



Community visits
(face to face and virtually)

2,500
Employees delivered our services

18,264
Patients seen virtually

27 **Home Births**

About the Trust

Our purpose is to provide high-quality, integrated services delivered by highly-motivated staff. We provide safe, effective and person centered care to our patients. As a community and acute Trust serving a population of over 250,000 our vision is to deliver the best care in the right place. We employ over 2,500 staff who work across community settings and three hospital sites. (The hospital locations can be found on our website www.eastcheshire.nhs.uk).

The acute services provided at Macclesfield District General Hospital include accident and emergency care, urgent medical and surgical care and multi-speciality elective surgical care, outpatients, maternity and cancer services.

We also provide several hospital services in partnership with other local Trusts and private providers, including pathology, urology, cancer services and renal dialysis services. For more information about the Trust visit our website: www.eastcheshire.nhs.uk

Inpatient care is provided at our hospital sites in Macclesfield and Congleton and outpatient services are provided at all of our three hospital sites. Further outpatient and community services are delivered from other sites in the East Cheshire area. ▶

Our community health services are delivered from locations including Knutsford and Congleton community hospitals, local clinics, GP premises and patients' own homes. They include child and adult community nursing, intermediate care, occupational therapy, physiotherapy, community dental services, speech and language therapy and palliative care.

Why are we producing a Quality Account?

We believe it is important to be open about the quality of the services we provide. This report sets out how we are performing and takes into account the views of our patients.

It also describes how we are continuously improving our services through clinical audit and innovation.

As a community and acute Trust serving a population of over 250,000 our vision is to deliver the best care in the right place.

Chief Executive statement

Ged Murphy

As we reflect on 2022/23 we look back on a year of transition alongside significant achievements, developments and plans for the future.

None of this could have happened without our phenomenal staff and volunteers who have continued to work incredibly flexibly to deliver services to as many patients and their families as possible. Patients in turn have played their part as we evolve the way we deliver our services in a post pandemic world and we are grateful for their support and understanding as we change.

Whilst we continue to adapt to living with COVID-19 and experience a greater degree of operational normality, we look forward to bringing to life our new strategic plan to deliver outstanding care and improve the health of all the people we serve.

I would like to formally recognise and thank all staff working within hospital, community and corporate services and our volunteers for continuing to provide good quality care despite all the challenges we have had to face this year.

Our teams have worked incredibly hard to reduce waiting list numbers that had risen due to COVID-19 and we are on track to meet or exceed the national operational requirements to eliminate 104 week and 78 week waits from our waiting lists.

I am grateful for exceptional individual effort and collective team work to keep pace with the ever-changing demands on our Trust and recognise that the pace of change can at times be a challenge for all of us.

We are committed to looking after our staff so that we can provide the best possible care and support for our patients. I was delighted when the NHS Staff Survey results for 2022 highlighted that we are one of the best Trusts to work for in terms of how we support our workforce, notably work-life balance and providing a respectful and kind working environment.

The right care, at the right time in the right place has been a common goal as long as I can remember, and changes in the NHS structuring have given us an opportunity to move our plans to integrate health and care across the whole of East Cheshire more quickly.

We continue to work very closely with partners outside of the Trust to help maintain patient flow and discharges which will support improved Accident and Emergency Department performance by allowing patients to move much more quickly through our hospital.

Our community teams have worked in collaboration with social care, primary health care and voluntary sector partners to support the development of care communities. These are aimed at transforming the way community services are provided with a focus on key priorities for local population.

This year the Trust gained significant capital investment which has provided us with the opportunity to introduce a new Elective Treatment Centre, upgrade the Emergency Department, install a new MRI scanner, enhance our Ultrasound department, and make significant changes in Endoscopy so we can obtain JAG accreditation.

These developments will all enhance the services we can deliver for our patients in the years ahead.▶

Upgrades to our community estate in Congleton and Knutsford have also seen significant improvement and we look forward to celebrating Congleton's 100th anniversary this summer.

Furthermore, the Trust has received a £7.1m grant funding to decarbonise the estate. With the introduction of a heat pump, new electrical equipment, new insulation and re-roofing work, this will reduce our carbon footprint by circa 750 tons of CO_2 per year. This alone offsets our 2032 carbon reduction target set by NHS England.

As yet also unseen, many colleagues have been helping to shape the new digital clinical system (for an electronic patient record) in partnership with Mid Cheshire NHS Foundation Trust, which is a key part of our new digital strategy for transforming the quality of care, not only for the patients we see, but the population, whose health we promote.

The COVID-19 pandemic has meant that we had to continue the temporary suspension of inpatient maternity care and neonatal services at Macclesfield Hospital and there is a plan to reinstate the service in summer 2023. Members of our maternity staff have continued to work with colleagues at other hospitals, maintaining high quality care whilst also supporting the plans to have the service back on site soon.

This report demonstrates our continued shared commitment to the provision of high-quality services for our patients through what has been another year of change and uncertainty but with decreasing disruption from COVID-19. The significant capital schemes mentioned which are well underway will deliver much improved facilities for staff and patients and allow us to look forward to 2023/24 in a much more positive way.

Together with our staff, volunteers and partners I look forward to delivering many of the priorities in our Trust Strategy for the benefit of our patients and communities.

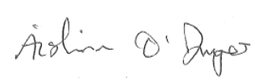
Ged Murphy
Chief Executive

We are committed to looking after our staff so that we can provide the best possible care and support for our patients.

Statement of directors' responsibilities in respect of the Quality Account

The directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health and Social Care has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended by the National Health Service (Quality Accounts) Amendment Regulations 2011).

- The Quality Account presents a balanced picture of the Trust's performance over the period covered
- The performance information reported in the Quality Account is reliable and accurate
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, 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 Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review.
- The Quality Account has been prepared in accordance with Department of Health and Social Care guidance. The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account. By order of the board.



Aislinn O'Dwyer
Chair

Ged Murphy
Chief Executive

Message from the Director of Nursing and Quality

Kate Daly-Brown

The year has remained challenging for many of our staff who continue to work in new and different ways to recover activity and performance whilst managing continued high demand for urgent care services to care for patients within their own homes

The contribution and commitment of our teams is recognised and genuinely appreciated, and I wish to offer my sincere thanks to all staff for their efforts, and for continuing to provide high standards of responsive patient centred care. This is reflected in the achievements that we again celebrate in the Quality Account for this year.

In our acute inpatient areas, we have continued to reduce the number of Registered Nurse and Healthcare Assistant vacancies which helps to ensure that our teams are able to deliver safe and compassionate care. The Ward Accreditation programme has been implemented across all inpatient areas and has identified many examples of outstanding practice and areas for future development and focus, whilst providing assurance that reliable clinical processes and standards are being embedded at ward level.

Our Ward leaders have developed their Quality Improvement capability and led local improvement projects to improve safety in their clinical areas, and we held our Pressure Ulcer Collaborative event to harness the knowledge and creativity within our teams and reduce the number of pressure ulcers acquired in hospital and community settings.

I am incredibly proud that our teams have achieved a reduction in pressure ulcers in comparison to the previous year, and that this reduction is being sustained. Our staff have also improved the standard of care provided to patients with dementia, with the development of dementia strategy to support improvements the environments and the employment of an Activity Coordinator specifically to provide support to patients with dementia.

Within our Care Communities our teams have worked tirelessly to support the care of patients with long term conditions, and staff have continued to work flexibly to facilitate earlier discharge from hospital and support the delivery of care in patient's own homes. We have seen many examples of outstanding practice and a real commitment to improving patient safety with a sustained reduction in the number of pressure ulcers acquired on caseload, and improved care and treatment for patients with lower limb ulcers.

Our community staff have been instrumental in the development of the crisis response service as well as setting up virtual wards to provide safe effective care outside of the hospital setting. Our community staff have also been instrumental in improving end of life care in the hospital and community, collaborating with our clinicians to facilitate discharge from hospital and enable more patients to die at home when this is their preferred place of death.

Whilst maternity and neonatal services at the Trust remained suspended, our staff have worked hard to address the Immediate Essential Actions arising from the Ockenden reviews to ensure that the Trust is prepared for the return of inpatient and neo-natal services when safe to do so. I am grateful for the continued support of our Midwives and their teams who have worked across different sites to ensure that the needs of our women across East Cheshire are met, alongside our Paediatric staff who have, as always, responded admirably to the needs of sick children in hospital and the community. ▶

I wish to offer my sincere thanks to all staff for their efforts, and for continuing to provide high standards of patient centered care

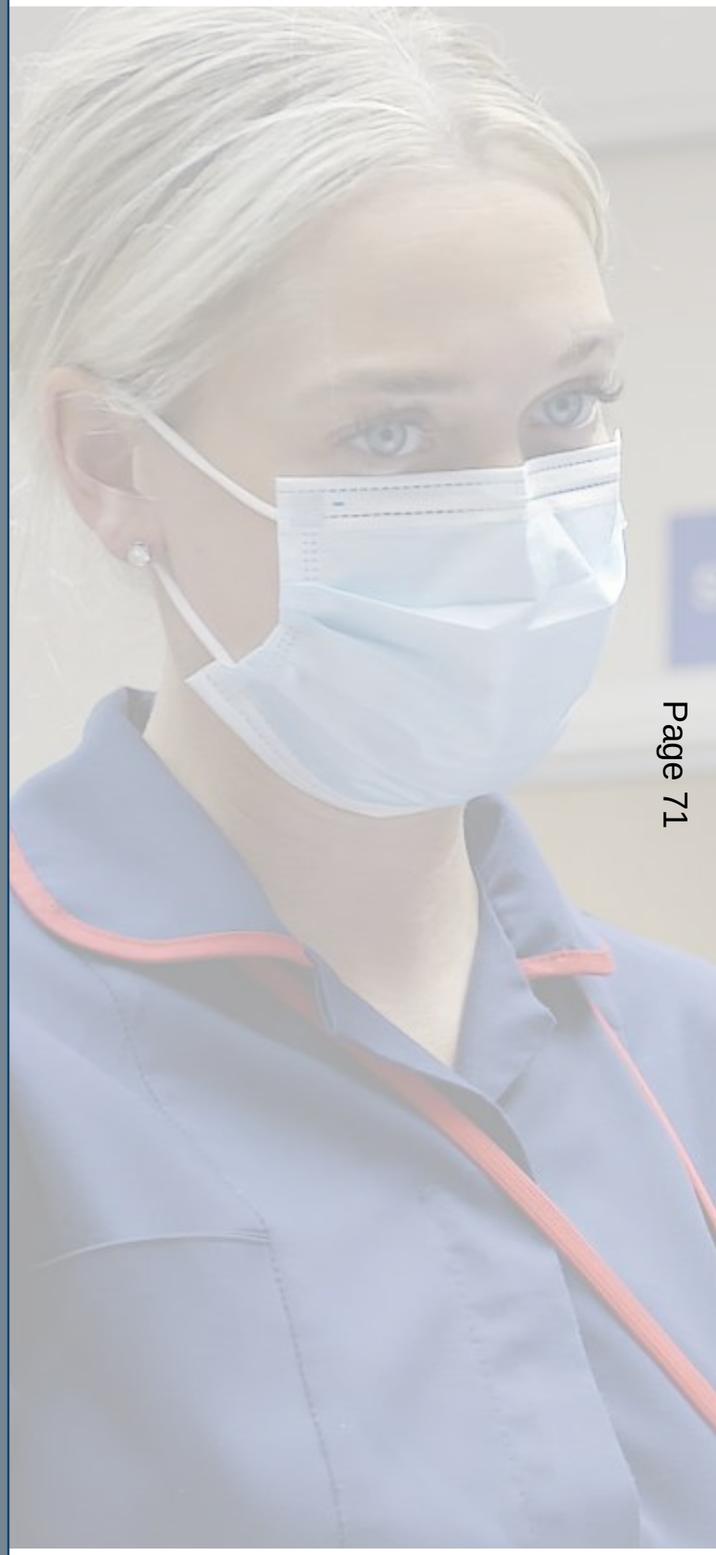
This year's quality account demonstrates our achievements in and commitment to continually improving the quality of care we provide. We have learned from patient feedback, clinical incidents, reported harms and mortality reviews in addition to learning what we could do better and differently from patients and our local population by listening to and acting upon their experience.

Whilst we look back and reflect upon our many achievements in the last year, we also recognise the pace of change as we continue to improve standards of care, treatment, and clinical pathways. I am enormously proud of our staff and the care that they have continued to provide to patients and to each other. I am sure that you also recognise this, and hope that the summary of our achievements highlights the progress that our teams and the Trust have made.

Kate Daly-Brown
Director of Nursing and Quality

Our staff go above and beyond and get involved with our charity fundraising to raise money to help support our services.

Performance against 2022/23 priorities



Performance against 2022/23 priorities - *Safe*

Focus for 2022/23	Progress
Pressure ulcers	• During the year, we have continued to improve the processes that keep our patients safe in hospital and in their own homes, to reduce the number of pressure ulcers acquired on caseload. • We have developed a comprehensive Pressure Ulcer Improvement Plan to deliver a suite of high impact actions, and that aim to reduce the number of pressure ulcers acquired in hospital and under the care of community nursing teams. • We introduced a Pressure Ulcer Panel at which our clinical leaders present the investigations that have been undertaken following validation of a pressure ulcer that is acquired on caseload. The purpose of the panel is to ensure that robust learning has been identified following validation, and that this action is embedded in clinical practice at pace. • We have developed new documentation to support the repositioning of patients and skin checks whilst in hospital, and this has been supported with staff education to ensure that the documentation is embraced by clinical staff. • Our Tissue Viability Team have worked closely with our clinical teams to revised the Trust Pressure Ulcer Policy, which reflects the standards agreed within the Cheshire and Mersey region in relation to pressure ulcer prevention and management. • Our Tissue Viability Link Nurse meetings have been re-established, to ensure that our inpatient and community areas have an expert clinical resource within their teams. Despite the ongoing clinical and operational pressures within the Trust, our link nurse meetings have been well attended. • Our community teams have continued to work alongside their local care homes delivering education and teaching to care homes to support identification of early pressure damage and management of existing pressure ulcers • Recognising that concordance with treatment plans can be challenging for some patients and their families, we have developed a Trust Non-Concordance Policy to guide staff in relation to the management and support of patients for whom compliance is difficult. Additional resource has also been provided to support our clinical teams as they continue to work collaboratively to reduce the incidence of pressure ulcers. • Our annual inspection of mattresses was completed in year which resulted in replacement of a number of mattresses, ensuring that our mattresses provided adequate pressure relief. • iPads have been provided to all inpatient areas and our Emergency department so that staff have access to equipment to enable imaging of wounds and skin changes on admission to hospital, or during their inpatient stay so that wounds of any kind can be validated promptly. • Our Sub – Epithelial Moisture (SEM) scanners are now in use on our Medical Admissions Unit, and which help our staff to identify patients with vulnerable skin before pressure ulcers develop, enabling the timely implementation of pressure ulcer prevention measures • We welcomed a Registered Nursing Associate to the Tissue Viability team to complement the skills and knowledge within the team and to provide expert advice and support to our inpatient teams
Capacity of work colleagues	The Trust now has two members of staff who have undertaken the training necessary to become recognised Patient Safety Specialists. These individuals are supporting the management of serious incident investigations to ensure that all reviews and investigation reports are focused on supporting patients and their families to understand what happened, and how we intend to reduce the likelihood of recurrence.
Changing practice	Learning from incidents, complaints and claims is shared with the SQS Committee and with the Quality Forum for dissemination to all clinical and non-clinical teams. The Excellence Report system continues to highlight individuals who have been acknowledged for their outstanding qualities. 207 excellence reports have been submitted in year for either individuals, or teams within the Trust.
Improving Quality Standards on our Wards and Community Teams	Throughout the year our Senior Sisters and Matrons have continued to undertake monthly assessments of quality standards in inpatient areas and the Emergency Department, using the QSUS audit framework. This information has been used to identify areas of good practice and areas for improvement and has also supported the development of locally owned actions to drive improvements in practice. Use of the QSUS audit framework has been extended to our Community and Theatre teams in preparation for roll out of the accreditation programme in these areas. We are delighted that all our adult inpatient areas and the Emergency Department have now received their baseline assessment as part of our accreditation programme. These assessments have highlighted some areas of outstanding practice and leadership and have also demonstrated the areas in which our staff should focus in the year ahead in relation to ongoing improvements. Plans have been developed by Senior Sisters and Matrons to address these areas for improvements.

Focus for 2022/23	Progress
Improving Quality Standards on our Wards and Community Teams *(continued)*	In the summer of 2022, our Senior Sisters embarked on local quality improvement projects utilising improvement science to improve patient safety and experience in their clinical areas. We also launched our Pressure Ulcer Collaborative alongside our transformation team, to reduce the number of pressure ulcers acquired on caseload, using the East Cheshire NHS Trust Quality Improvement Framework. Our clinical teams continue to test changes to reduce the incidence of pressure ulcers and look forward to our celebration event in the coming months.
Safer staffing	Given the ongoing clinical, operational and workforce pressures as we emerge from the COVID-19 pandemic, Registered Nurse staffing levels have remained challenging however we are pleased to report that staffing levels now comply with the National Quality Board safer staffing thresholds. • In 2022 a programme of strategic staffing reviews were undertaken, led by the Director of Nursing, to triangulate staffing data and patient outcomes and experience, as recommended by the National Quality Board. These strategic staffing reviews build upon the skill mix reviews that have previously been undertaken. Alongside this our clinical teams have undertaken bi-annual safer nursing care tool audits, the outcome of which have been reported to our Trust Board. We are delighted to report that these bi – annual reviews have been expanded to incorporate our Emergency Department, with plans to implement in community areas in the next financial year. • Our programme of international recruitment continues and since April 2022 we have welcomed 78 registered Nurses to the Trust to help to reduce the number of vacancies. Once all have completed their OSCE programme and have achieved NMC registration the Trust forecasts a 0% vacancy level by Q1 2023/24. • Our apprenticeship programme for Registered Nursing Associates 's to 'top up' to Registered Nurses continues alongside our Trainee Nursing Associate apprenticeship. • The Trust is currently focussing on retention initiatives following self – assessment against the retention framework issued by NHS England in 2022.
Reduction in Falls with Harm	Aligned with our Quality Improvement Strategy, work has continued to reduce the risk of inpatient falls in our Emergency Department and inpatient Wards. • The Trust has established a multi-professional Falls Steering Group to monitor the number of falls and ensure that practices within the Trust comply with national and local standards, such as NICE and the inpatient national falls survey. • The delivery of bespoke training has commenced for both Trust staff and students, to raise awareness of falls prevention and management. This training focusses on Trust record keeping and risk assessment, as well as education regarding the equipment available to prevent falls. • The Falls Panel continues, to review all falls reporting moderate harm and above and to also share best practice and learning in relation to falls prevention, with plans to strengthen links with falls steering group and falls dashboard data to ensure clinical practices reflect the actions required to prevent falls. • The Trust Falls policy has been updated, including an update of falls documentation, risk assessment flow charts and post falls management. This includes the introduction of a new OPAL (Older People Assessment and Liaison) bundle for patient over the age of 65 to ensure the risk of falls is identified at point of admission and clear actions are taken to mitigate the risk where possible. • The revised post falls management process and documentation now includes a senior nurse/falls lead review post falls • A new activity coordinator role has commenced on Ward 9 and the therapy and nursing team are applying a QI approach to measure the impact of the role including measurement of falls risk and rate • Falls risk assessments and care plan compliance continues to be monitored via QSUS monthly audits. • A frailty ACP Quality Improvement project has been established to ensure all patients seen by the frailty team in ED receive bone health assessment as per NICE guidance. • Collaborative working with Stepping Hill Hospital rheumatology service is taking place to explore direct referral to Same Day Emergency Care for IV alendronic acid following bone health assessment. This eliminates the need for referral to rheumatology, preventing delays for patients commencing the treatment required to reduce the risk of fracture.
Safeguarding	In our Quality and Safety Strategy the Trust committed to a focus on Domestic Abuse and we are pleased that much work has progressed to ensure that the safety of patients and families is maintained. In year; • The Trust has developed a steering group that is convened with the appropriate representatives to address specific pieces of work in relation to domestic abuse. • A Domestic Abuse policy is now in place. The Domestic Abuse policies for both patients and staff are held within the one policy to ensure that the policy is simplified and easy to follow. The policy is based on the recommendations made within the Pathfinder toolkit. • The Hospital IDVA (independent domestic violence advisor) is based on site with the safeguarding team to ensure a prompt response for patients and staff who need support. The Service Level Agreement between the Local Authority and the Trust has been refreshed and updated in line with the guidance in the Pathfinder toolkit. • The Domestic Abuse Strategy has been developed and has been integrated with the Safeguarding Strategy. This is available via the Trust website. • The domestic abuse training framework is detailed within the domestic abuse strategy; level 2 training is in place and is being delivered via Safeguarding level 3 training and level 1 training has been developed, with plans to implement in the coming weeks. • Development and implementation of Dementia Strategy.

Performance against 2022/23 priorities - *Safe (continued)*

Focus for 2022/23	Progress
Infection Prevention and Control (IPC)	In the last year the Trust revised its Infection Control Board Assurance Framework (BAF) to reflect the priorities within, and the changes made to the national Infection Control BAF. These updates have been shared with clinical teams through the Infection Prevention and Control Sub–committee, and action to ensure that changes are reflected in practice is ongoing. We are delighted that appointments into vacancy within the IPC team have been made, and we look forward to welcoming our nurse practitioner, our senior nurse specialist, and our IPC Matron in the coming weeks. These appointments will bring stability to the team and will ensure that our team is visible in practice, supporting clinicians to prevent and manage infections in our Wards and departments. The Trust supported the wellbeing of staff through the delivery of vaccination programmes for both flu and COVID-19, and have been recognised for vaccine uptake both within region and within the North West. The Trust is disappointed that the threshold for Clostridium Difficile infection and MRSA bacteraemia was exceeded. The learning that has been identified through root cause analysis has been shared with clinical teams throughout the organisation, in order to improve clinical practice and patient safety. Despite the learning that has been identified, all cases of Clostridium Difficile have been determined to be unavoidable and with no evidence of transmission. As anticipated, NHS England have published revised guidance in relation to the prevention and management of COVID-19 throughout the year. The Trust has responded promptly and appropriately to changes in guidance to ensure that the safety and wellbeing of patients, visitors and our staff is maintained and to minimise the risk of nosocomial COVID-19 infections.

Performance against 2022/23 priorities - *Effective*

Focus for 2022/23	Progress
Patient Related Outcome Measures (PROMs)	Currently covering hip and knee replacement procedures, PROMs calculate the health gains after surgical treatment using pre and post-operative surveys. They measure a patient's health status or health-related quality of life at a single point in time, and are collected through short, self-completed questionnaires. This health status information is collected before and after a procedure and provides an indication of the outcomes or quality of care delivered to NHS patients. • The elective joint programme was re-instated from April 2022. • PROMs data collection recommenced from this time with the pre-operative department taking ownership from "Joint School" in June 2022. • Head of Nursing for Planned care identified as the new lead for PROMs • Publications of data usually occur biannually (August and February) however due to disruption of elective surgery during the COVID-19 pandemic, the first full report is still awaited.
Autism	The National Autistic Society has launched a specialist Healthcare Inclusion Award. This new award will replace the general accreditation for mainstream healthcare providers. The first step towards gaining the Inclusion Award will be a full self-assessment of the Trust's provision for patients and their families with autism, which will be undertaken in 2023. The self-assessment will cover four areas: • Understanding autism • Making services accessible for autistic people • Person centred support • Working in partnership in the best interests of autistic people The self-assessment will also require a gap analysis and the development of a full action plan to achieve the award. The review and recruitment of autism link staff continues with new staff having been recruited in outpatients, the emergency department and Ward 11. A training afternoon and networking event for Autism Link staff has been arranged for April 2023.
Learning Disabilities	• Ward communication boxes containing a range of equipment and communication aids have been delivered to all wards and promoted via screensavers and articles in the staff newsletter. • The Trust continues to work closely with colleagues from the Cheshire and Wirral Partnership community learning disability team to plan admissions to hospital for patients with a learning disability and to ensure reasonable adjustments are in place. • The national Oliver McGowan Mandatory Training on learning disability and autism is now mandated for all staff and is available via the Electronic Staff Record platform. This compliments the Trust's own bespoke training package which is part of core statutory and mandatory training for all clinical staff.

Focus for 2022/23	Progress
Learning Disabilities *(continued)*	• The Trust Learning Disability and Autism group relaunched in 2022 following suspension due to operational pressures during the COVID-19 pandemic. Membership of the group has been strengthened and updated terms of reference developed. • The Trust continues to ensure that any patient with a learning disability admitted to the Trust has a completed reasonable adjustment care plan and reported 100% compliance to the end of Q3 2022/23.
Patient Representative Groups	• The Trust patient experience panel continues to meet on a quarterly basis and has most recently supported the Trust submission to demonstrate compliance with the Equality Delivery System. • A representative of the patient experience panel was recruited to sit on the stakeholder panel in relation to the recruitment of a new Chair of the Board. • To continue the positive progress made in 2022–23, the 15 steps programme is scheduled to run on the children's ward in April 2023 to coincide with school holidays, and to allow children and young people to visit the ward.
Digital Service Transformation	• In year, the Trust has appointed a Chief Nursing Information Officer to support the development of the Digital Clinical System (DCS). • The Digital Services Team have launched workstreams pertinent to the development of the DCS, engaging frontline staff and end users of the planned DCS in understanding the benefits of digitalisation. • Alongside these engagement workshops, the Digital Services Team have visited clinical areas to understand the patient's journey through our services, and how the DCS can be developed to best benefit patients and staff. • The Trust intranet has been redeveloped in the last year, with good engagement from our teams, and the new Intranet launched in March 2023. In the coming year the Digital Services Team plan to increase the uptake of staff training through the Commissioning Support Unit, which will provide them with additional digital skills and capability.
Effective Discharge	The Trust is actively working with system partners to review current bed and domiciliary care provision via the development of a cluster model that will support people to access care as close to home as possible and enable more efficient use of therapy time to maximise opportunities for rehabilitation. This model will facilitate the principles of the 'Home First 'approach and ensure people receive the right level of care for their needs at the right time, reducing delays in hospital and associated harms. The Transfer of Care Hub continues to go from strength to strength with the recent inclusion of colleagues from the voluntary sector and the new Hospital to Home Discharge Support Team who provide financial and emotional support to carers to enable them to continue in their caring role, supporting their loved ones to remain at home. This has greatly underpinned collaborative working and provided opportunities for patients to be discharged home without reliance on statutory services.

Performance against 2022/23 priorities - *Caring*

Focus for 2022/23	Progress
Dementia Care	Much work has been undertaken in the last year, to ensure that patients and their families have a positive experience of the dementia care provided by our staff. The Trust continues to work closely with Dementia UK to make this a reality. A programme of environmental improvement has commenced, and our specialist dementia ward has been redesigned and refurbished to ensure that it is conducive to the care of patients with dementia, and is a pleasant environment for patients, their loved ones, and our staff. Dementia friendly murals have also been installed on Ward 9 and in the Radiology department. Recognising the need for patients with dementia to remain engaged in therapeutic activities that improve their experience of care and reduce distress, we were delighted to welcome the appointment of an Activity Coordinator to the clinical team on Ward 9. It is anticipated that this will positively impact upon patient experience. The opportunities for our staff to engage in specialist training to increase their knowledge and skills in relation to the management of patients with dementia have also increased and the Trust is delighted that compliance with dementia awareness training stands at 80% currently, whilst training continues. Our Admiral Nurse now also delivers a Dementia awareness session on the induction programme for new Healthcare Assistants, and 3 full day sessions have been delivered to our staff on Communication, Interaction and Behaviour in Dementia care. The Admiral Nurse has worked closely with our Head of Safeguarding to develop a Dementia Strategy 2022 – 25 to outline our ambition to provide patients with dementia, and their loved ones, with an outstanding service and how we aim to achieve this. We look forward to progressing this over the coming months and years. Reflecting the ongoing development of the Admiral Nurse service and the increasing awareness of dementia within our clinical teams, in 2022-23 the number of referrals to the Admiral Nurse increased in comparison to previous years resulting in a continued increase in the number of contacts with patients and / or their families. Participation in the National Audit of Dementia is ongoing currently and we look forward to further developments within the service following completion of the audit.

Performance against 2022/23 priorities - *Caring (continued)*

Focus for 2022/23	Progress
End of Life Care	Whilst end of life care will be a significant focus in years 2 and 3 of our Quality and Safety Strategy, much work has been undertaken in the last year to improve the standard of end of life care provision in the Trust. • Palliative Care Link Nurse meetings have continued, to engage teams in work to improve the standard of end of life care provision in the Trust • Purple bow boxes are in use in clinical areas to support families and carers • End of Life resource folders are available in all clinical areas, to support staff to ensure that families and /or carers are adequately supported as their loved ones are approaching the end of their life • An End of Life Steering Group has been established to provide oversight of end of life care standards and objectives in the hospital and community, and to increase clinical engagement in the end of life care agenda.

Performance against 2022/23 priorities - *Responsive*

Focus for 2022/23	Progress
Patient Waiting Times	The Trust remains on track to have no patients waiting more than 78 weeks by the end of March 2023 and has also significantly improved performance against the diagnostic standard. The team has received very positive feedback following an ICB commissioned external assessment of Theatre scheduling, utilisation and performance. Diagnostic performance is on track to achieve >95% performance by the end of the financial year – 12 months ahead of the national expectation. Promotion and utilisation of remote consultations via video or telephone continues. The Trust has developed an engagement plan to move from telephone to Attend Anywhere (video) wherever possible which has been successful in several specialties. Utilising the eReferral system, the Trust has implemented the Advice and Guidance process which allows GP's and Consultants to communicate and direct the patient to the correct pathway, potentially avoiding an unnecessary referral into a clinical service.
Care Communities	This year our community teams have worked with partners in primary care, mental health services, social care and the third sector to establish core decision making groups in each locality with the aim of supporting the people we serve to maintain and improve their resilience as they recover from the COVID-19 pandemic in a time of financial challenge. All Care Communities are working with their local neighbourhoods to promote health and wellbeing, particularly around the identification and management of hypertension, young people's mental health and carer support. There are a number of commissioned residential and nursing home beds in each Care Community and our integrated teams have worked together to prevent admission to hospital (avoidance) and/or facilitate early discharge from hospital where this is possible, following discharge to assess or 'Home First' principles. This is further supported by the provision of an Urgent Community Response Team and the development of specialty virtual wards or 'Hospital at Home' services for both respiratory patients and patients living with frailty. These clinical pathways emphasise shared decision making and advanced care planning principles, and a programme of personalised care training is being delivered to our teams. Work is also underway to support local care homes who are frequent users of North West Ambulance Services and our Emergency Department in order to prevent avoidable admissions to hospital.

Performance against 2022/23 priorities - *Well Led*

Focus for 2022/23	Progress
Prepare for CQC Inspection	As outlined in our Quality and Safety Strategy, the Trust has completed a Well – Led self – assessment with all members of the Board and deputies. In addition to this we have established meetings with our Directorate teams to support the gathering and evaluation of evidence to demonstrate the effectiveness of our services.
Leadership Development	To complement the Trust's Learning, Education and Development Framework (LEAD), a series of lunchtime webinars took place to provide staff with insight, inspiration, guidance and support to progress their careers. In response to meeting the NHS's ambition of improving population health, the Trust recognised the need for clinical and non-clinical leaders to adopt new ways of working, communicate differently and collaborate more within and across the wider healthcare system. The Trust partnered with Healthskills on a new Compassionate & Collaborative Leadership in Practice (CCLiP) Programme. Modules within the programme covered; • Compassion and self-compassion • Collaborative leadership • Understanding personal impact and vulnerability • Understanding and navigating complexity • System leadership • Diversity, inclusion, power and privilege Inclusion and its impact in a clinical setting 21 delegates have now completed the programme, which consisted of taught workshops, a series of action learning sets, personal coaching, 360-degree feedback and Myers Briggs personality assessments. The programme started in March 2022 and culminated in presentations to the executive leadership team in October 2022. The 2nd cohort of the collaborative BAME Leadership Programme has successfully completed the programme with a further six delegates from East Cheshire benefiting. A celebration event took place in November 2022 to showcase participant learning and how they intend to further develop their skills and abilities in order to grow and progress. In October 2022, the Trust's Transformation team delivered Inspiring Leaders training, our in-house leadership programme, to 18 members of staff to help them improve their skills, confidence, motivation and communication skills. The team also delivered bespoke organisational development (OD) activity within several teams including Midwifery, supporting improved cohesion and action planning for moving back to the Trust site.
Engaging with colleagues across the Trust re: inclusive workplace	In line with the Trust's obligations under the public sector equality duty the Trust has now completed its review of the Equality Delivery System (EDS) for 2022-23. Progress in line with the workforce equality, diversity and inclusion plan is ongoing. This work underpins the Trust's commitments and submission relating to the Equality Delivery System 2 (EDS). This includes: • Lesbian, Gay, Bisexual and Transgender + network is established • Reducing violence and aggression policy has been published • Agreed funding for staff networks • Enhanced promotion and improved social media footprint for equality, diversity and inclusion • Expansion proposal submitted to Cheshire and Merseyside Integrated Care People Board for the Black and Minority Ethnic Leadership Programme Work continues in the following areas: • Enhanced monitoring of staff health and wellbeing services by protected characteristics • A continued focus on work to support a reduction in the number of staff reporting or being exposed to incidents of bullying and harassment • Staff engagement and dialogue linked to feedback in the staff survey with the intention of targeting a minimum 70% of staff recommending the organisation as a place to work (EDS Domain Two) • Business case development to secure future investment in the active bystander training programme, Face to face delivery and targeting managers operating at AfC B7 and 8 or clinical equivalent (those responsible for managing teams) In December 2022 the Disabled and Carers staff network celebrated their one-year anniversary which coincided with the end of Disability History Month. A celebratory coffee morning was held in the library exploring some of the current literature around positive inclusive practices for people with disabilities in the workplace and which also provided an opportunity for new colleagues to be invited to join the network.

Focus for 2022/23	Progress
Engaging with colleagues across the Trust re: inclusive workplace *(continued)*	The Trust's work with the Down's Syndrome Association and WorkFit was featured in an NHS best practice case studies publication. The feature incorporates a link to a ten-minute video, commissioned by WorkFit to showcase the experience of one of their candidates, who has recently secured a permanent position at the Trust. The Trust was also invited to share how it supports compassion, equality and inclusion at an NHS England 'community of practice' event in March 2023, supporting its commitment to actively promoting inclusive workforce practices both within and external to the organisation.
Developing our Staff and Growing our Future Workforce	In December 2022, the Trust received confirmation from the Healthcare Science Commissioning Team at Health Education England (HEE) of the allocation of two places on the Echocardiography Training Programme. The programme starts in September 2023 and staff have been appointed to these training places. The recruitment of Healthcare Assistants to the Trainee Nursing Associate (TNA) Apprenticeship programme with the University of Chester continued in year, with four further candidates appointed; this is our sixth cohort of TNAs. The apprenticeship programme commenced in March 2023. A full project plan has been developed to deliver our new LEAD (Leadership Education and Development) Centre, located on the first floor of New Alderley house. This revised space will provide an outstanding space to support learners within the organisation. The programme is in the development and technical design phase with final approval from Statutory Authorities expected in January. Following approval, tendering will begin early February. Regular updates on progress are provided to the Trust's Sponsor Group and assurance is provided to the Trust Charitable Funds Committee. Whilst non-medical appraisal and core statutory and mandatory training remain below trajectory due to clinical and operational pressures, these do continue to show an upward trajectory.

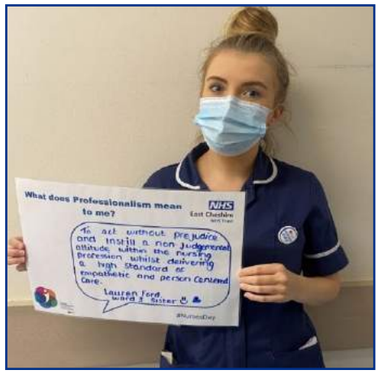

NHS Trust
Loyalty and Long Service Awards 2022
Monday 27th June 2022
Lecture Theatre
What we
We value
Care
Compass

Achievements - year at a glance

The Trust celebrated its staff and patient-focused approach with some key achievements and initiatives during 2022/23

April

Staff working across all our sites received spring fruit hampers from the Trust board as a thank you for their hard work and the dedication shown to our patients. The fresh produce was delivered by staff from our corporate teams and was handpicked by local supplier, Fruits of the Forage, based in Macclesfield.



May

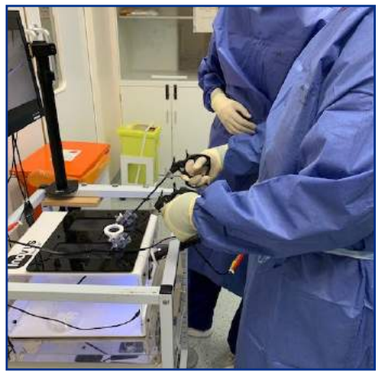
The Trust celebrated both International Day of the Midwife, and International Nurses Day with a host of celebrations across our hospital and community services.

June

A special celebratory event was held at Macclesfield Hospital for staff with 20 years of continuous service to the Trust. 26 staff with more than 500 years of combined service were presented with their awards by Chief Executive Ged Murphy.

July

The Trust celebrated our volunteers by holding a special event at Macclesfield Football Club. On behalf of the Trust Board, the annual event provided an opportunity to thank our volunteers who commit their time and effort to enhance the experience of patients and staff.



August

An open day was held in our Theatres, providing an opportunity for students to learn about the importance of intra – operative hand hygiene, the use of laparoscopic equipment, and to engage with experienced staff about their roles and career pathways.

September

The Trust's new three-year strategy 'Our Healthy Future Together' was launched in September and demonstrated our ambitions for our communities, work colleagues and the patients that it collectively serves. The strategy outlines five key areas of focus: Patients, People, Communities, Partnerships and Resources.

October

After 20 years of service to the Trust, former Chief Executive John Wilbraham retired from the role of Chief Executive. Staff came together at a special event to celebrate his retirement and to recognise his dedication and commitment to patients and staff.

November

About £6m was awarded to the Trust to develop a new Elective Treatment Centre, and fund refurbishment of the existing Emergency Department to improve patient experience and quality of care.

December

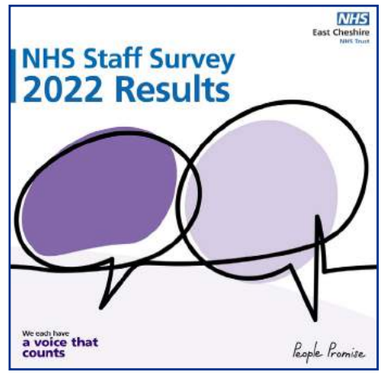
Macclesfield Hospital's Children's Ward was treated to several deliveries over the festive period with generous donations of toys, books and selection boxes provided by Macclesfield Football Club, Macclesfield College, Tesco and Co-op.

January

The refurbished space on Ward 9 was unveiled, which provides an improved environment for patients living with dementia. In addition to this, our newly appointed Activity Coordinator commenced in post on the Ward.

February

Crowds flocked to Macclesfield town centre in February as the annual pancake day race for East Cheshire NHS Trust's charity made a welcome comeback for the first time in three years. Granada Reports' funny man Paul Crone kept crowds entertained as 17 teams competed in a relay race up and down a short course between the Town Hall and Mill Street.



March

The Trust was recognised for its improved staff survey results in year. Results from the survey indicated that the Trust was rated as a great place to work by our staff. The NHS Staff survey is one of the largest workforce surveys in the world and is carried out every year to listen to the experience of staff, and to support the identification of actions to improve their experience further.

Data quality

Secondary Uses Service Data Quality Dashboard

The Trust's Data Quality Policy states that all staff have responsibility for ensuring the quality of data meets the required standards.

The Secondary Uses Service Data Quality Dashboard which provides data quality reports is continually monitored, areas for improvement are identified and quality errors, such as invalid NHS numbers, are rectified. Overall, data quality is reported monthly to the Trust Board. The Trust's overall data quality scores are comparable with the national average.

Under figures for April 2022 to December 2022, the Secondary Uses Service Data Quality Report was at 97.9%, against 96.9% nationally. Meanwhile, for a valid NHS number being present in the data, the scores are above the national average.

Admitted Patient Care was at 99.9% against 99.6% nationally, Outpatients was showing 100% against 99.8% nationally, and Accident and Emergency was above the national average of 98.7%, at 99.6%.

For a valid Primary Diagnosis, the Trust scores 99.9% against 96.3% nationally. For Accident and Emergency first diagnosis code the Trust scores 79.2% against a national figure of 73.4%.

For a valid General Medical Practice code, the Trust scores 100% against 99.7% nationally for Admitted Patient Care, 100% against 99.5% nationally for Outpatients and Accident and Emergency was 100.0% against the national average of 99.3%. showing 100% against 99.6%, and Accident and Emergency was 100.0% against the national average of 99.5%.

Being open and duty of candour

The Trust has robust policies and processes in place to ensure openness and compliance with its regulatory and statutory duty of candour responsibilities. This means that when moderate or major harm occurs, patients and/or their families/ carers are notified of the findings and learning from investigations into these harems are shared and discussed with them.▶

The Trust Board monitors compliance with its duty of candour via its governance arrangements. In this way, we provide assurance to our patients that we are doing everything we can to keep them safe and are promoting a safety culture dedicated to learning and improvement that continually strives to reduce avoidable harm.

The Trust's Duty of Candour (being open) policy can be found on the Trust website: www.eastcheshire.nhs.uk.

Clinical coding

The results of the 2021 clinical coding audit were received in June 2022. The Trust was awarded data security Level 3 – 'Standards Exceeded'. The next audit will be undertaken in June 2023 and will now take place annually.

Counter-fraud

The Trust has a Local Anti-Fraud Bribery and Corruption Policy available for all staff. Close links with anti-fraud organisations and robust provision of staff information including case studies of fraud helps to mitigate against fraudulent activity. Fraud information is also available on the Trust website: www.eastcheshire.nhs.uk

We are committed to preventing fraud, bribery and corruption within the Trust and the wider NHS as much as possible.

The Trust works in partnership with an established anti-fraud service provided by Mersey Internal Audit Agency (MIAA) and with a nominated anti-fraud specialist (AFS) who undertakes a variety of activities in accordance with the Standards for Providers for Fraud, Bribery and Corruption.

The Trust is committed to embedding an anti-fraud culture throughout the organisation and staff are encouraged and supported to report when they have reasonable suspicions of fraud bribery or corruption.

The Trust Board monitors the activity of the anti-fraud service, anti-fraud specialist and receives assurance on compliance with national standards through the audit committee.

Data Security and Protection Toolkit

The Data Security and Protection Toolkit is an online self-assessment tool that enables organisations to measure and publish their performance against the National Data Guardian's ten data security standards. In January 2018, to improve data security and protection for health and care organisations the Department of Health and Social Care, NHS England and NHS Improvement published cyber security standards – that all providers of health and care must comply with. These standards are refreshed each year.

All organisations that have access to NHS patient data and systems must use this toolkit to provide assurance that they are practising good data security and that personal information is handled correctly. For 2022/23 the Trust published its final toolkit submission with an assessment status of compliance.

Review of services

During 2022/23 East Cheshire NHS Trust provided and/or sub-contracted 10 Care quality Commission service types encompassing 10 regulated activities. The Trust has reviewed all the data available to it on the quality of care in 100% of these NHS services.▶

The income generated by the NHS services reviewed in 2022/23 represents 100% per cent of the total income generated from the provision of NHS services by East Cheshire NHS Trust for 2022/23. For more information visit the Trust's website: www.eastcheshire.nhs.uk.

The Trust systematically and continuously reviews data related to the quality of its services. It uses its Integrated Performance Datapack to demonstrate this. Reports to the Trust Board, Safety Quality and Standards Committee, Finance, Performance and Workforce Committee, Clinical Leadership Board, Executive Leadership Team and the Performance Meetings all include data and information relating to our quality of services.

Freedom to Speak Up

Lisa Nolan | Freedom to Speak Up Guardian

The Trust has a Freedom to Speak Up Guardian in place whose role is to promote speaking up across the trust, support staff who raise concerns and ensure that there are appropriate management responses to issues raised.

The Trust Board has approved a three-year Freedom to Speak Up strategic plan and the new national policy, which has been adapted to reflect local arrangements to support staff to speak up. Board assurance has been provided via the Safety Quality and Standards Committee and the requirement for mandatory returns to the National Guardians Office has been fulfilled.

Learning and actions because of speaking up concerns raised are shared trust-wide via staff communications, the Infonet (intranet) and governance structure.

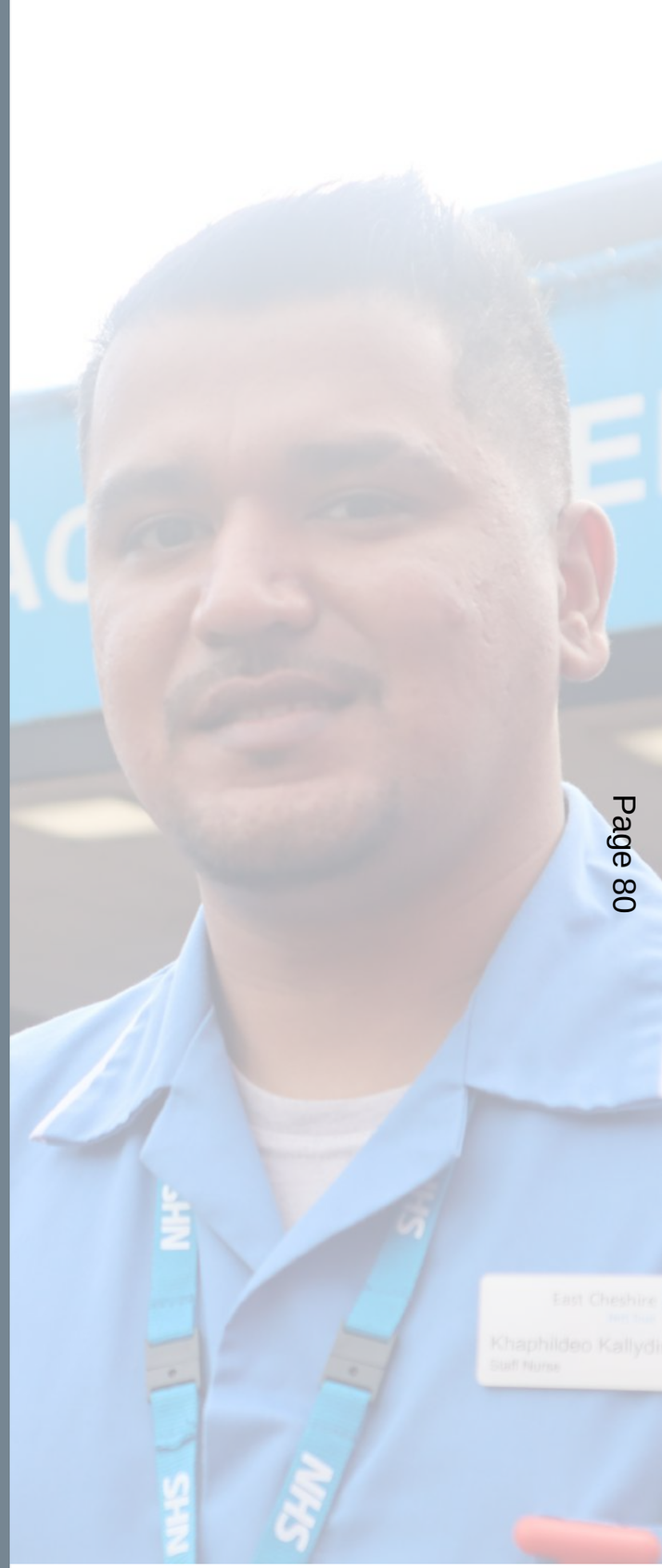
The responsibility to speak up is integrated into the contracts of employment of all our staff and, to promote speaking up and listen to views, the Trust's Guardian has engaged directly with staff during the year through walkabouts and via the local ambassador forum.

The Trust has 42 staff from different professional groups who have volunteered to be local ambassadors for speaking up and this supports the development and spread of a healthy organisational safety culture.

During 2022/23, the total number of concerns raised with, or overseen by, the Guardian was 25 and this is in addition to those concerns raised and resolved locally within services.

A learning theme this year was the need to enhance staff engagement in relation to changes to the information technology systems used, particularly by community teams, to ensure operational impact is fully understood. Also, several cases related to staff relationships and communication, which required management intervention or facilitation to ensure staff can work effectively together for patients.

Our performance 2022/23



Quality Strategy overview and performance against 2022/23 priorities

Paul Devlin | Deputy Director of Nursing and Quality

The Trust Quality and Safety Strategy 2022 – 2025 was published in 2022 and outlines the Trust's commitment to continuously improve standards to ensure we provide safe care, better outcomes and positive experiences for the people who access our services.

The strategy has been developed in partnership with our staff and colleagues by seeking and listening feedback from our community, by engaging with and listening to our key stakeholders and by reviewing performance data and other sources of information to inform our understanding.

The strategy clarifies that delivering safe, effective, patient – centred care is the first strategic goal of East Cheshire NHS Trust, and that the Trust is committed to providing services that:

- Maintain patient safety at all times and in all respects
- Are clinically effective and lead to the best possible health outcomes for patients
- Provide a positive patient experience
- Are timely, equitable and efficient, responding to the needs of our population
- Are well-led, open, and collaborative and are committed to learning and improvement

The Trust has developed five programmes of work (based on the CQC quality Domains) and we believe that if we meet our goals (described in the table below) we will see significantly improved outcomes for our patients will be significantly improved. ▶

We are very proud of every person who works for the Trust, their dedication and focus on ensuring the best outcomes for our patients

Domains

Well led	**Goal:** Our leadership, governance and culture are used to drive and improve the delivery of high-quality person-centered care.
Caring	**Goal:** People are respected and valued as individuals and are empowered as partners in their care, practically and emotionally.
Safe	**Goal:** People are protected by a strong comprehensive safety system and a focus on openess, transparency and learning when things go wrong.
Effective	**Goal:** Outcomes for people who use services are consistently better than expected when compared with other similar services.
Responsive	**Goal:** Services are tailored to meet the needs of individual people and are delivered in a way to ensure flexibility, choice and continuity of care,

We recognise that achievement of our collective objectives is not possible without the continued commitment of our staff, whose dedication has enabled us to continually improve the services that are provided to patients and service users despite the ongoing clinical, operational and workforce pressures because of the COVID-19 pandemic.

We are very proud of every person who works for the Trust, their dedication and focus on ensuring the very best outcomes for our patients, and who we know will continue to work tirelessly to continuously improve the quality of care, safety and experience of our patients.

Paul Devlin
Deputy Director of Nursing and Quality

Care Quality Commission (CQC)

During 2022/23 the Trust has retained its overall 'Good' rating by the Care Quality Commission (CQC) following the last inspections in June and July 2019, with registration under the Health and Social Care Act 2008 (Regulated Activity) Regulations 2009 and the Care Quality Commission (Registration) Regulations 2009 without conditions.

This rating shows our patients, their families and carers that they can continue to be assured that the Trust is providing high-quality care delivered by professional and caring staff. It is testament to the commitment and hard work of all our staff during this period of recovery from the COVID-19 pandemic.

The Trust engages regularly with the Care Quality Commission's team to ensure transparency and responsiveness. We aim to continuously improve the quality of services we provide to those who use our services, including enhancing the use of digital technology and clinical innovation. Please see the latest report at www.cqc.org.uk.

National context

In the last year, the NHS has continued to manage clinical, operational and workforce pressures in light of the ongoing COVID-19 pandemic and the focus on restoration and recovery.

We have seen significant change across the NHS with the introduction of the Integrated Care Boards that have replaced Clinical Commissioning Groups, working in partnership with providers of Health and Social Care to improve outcomes for patients and service users. As always, our staff have worked flexibly to manage change and to ensure that our services meet the needs of the people who access our services.

Despite the continued pressures within our services this year's Quality Account describes and celebrates how our teams have continuously improved services so that we deliver what matters most to patients and service users, in the right place, and at the right time.

We have already made significant progress with the ambitions outlined in the Trust Quality and Safety Strategy 2022 – 2025 and this too is reflected in the summary of accounts for 2022 – 2023.

Whilst we anticipate that clinical and operational pressures will continue in the coming months and year ahead as we continue to learn to live with COVID-19 and manage the impact of this on our patients and service users, we are confident that with the commitment and dedication of our staff we will continue to learn and adapt, whilst delivering patient and family centred care.

Learning from deaths in line with national guidance

Following local evaluation of mortality governance the national requirement for reviewing all patient deaths was changed in 2018-19. The Trust is no longer required to review every death.

Building on our learning from thematic analysis the Trust implemented a change to how deaths are reviewed in line with national guidance.

Patient deaths 2022/23

The total number of inpatients who have died during 2022/23 was 683 broken down as seen below in table 1.

Table 1: Number of deaths	Q1	Q2	Q3	Q4
	155	135	186	207

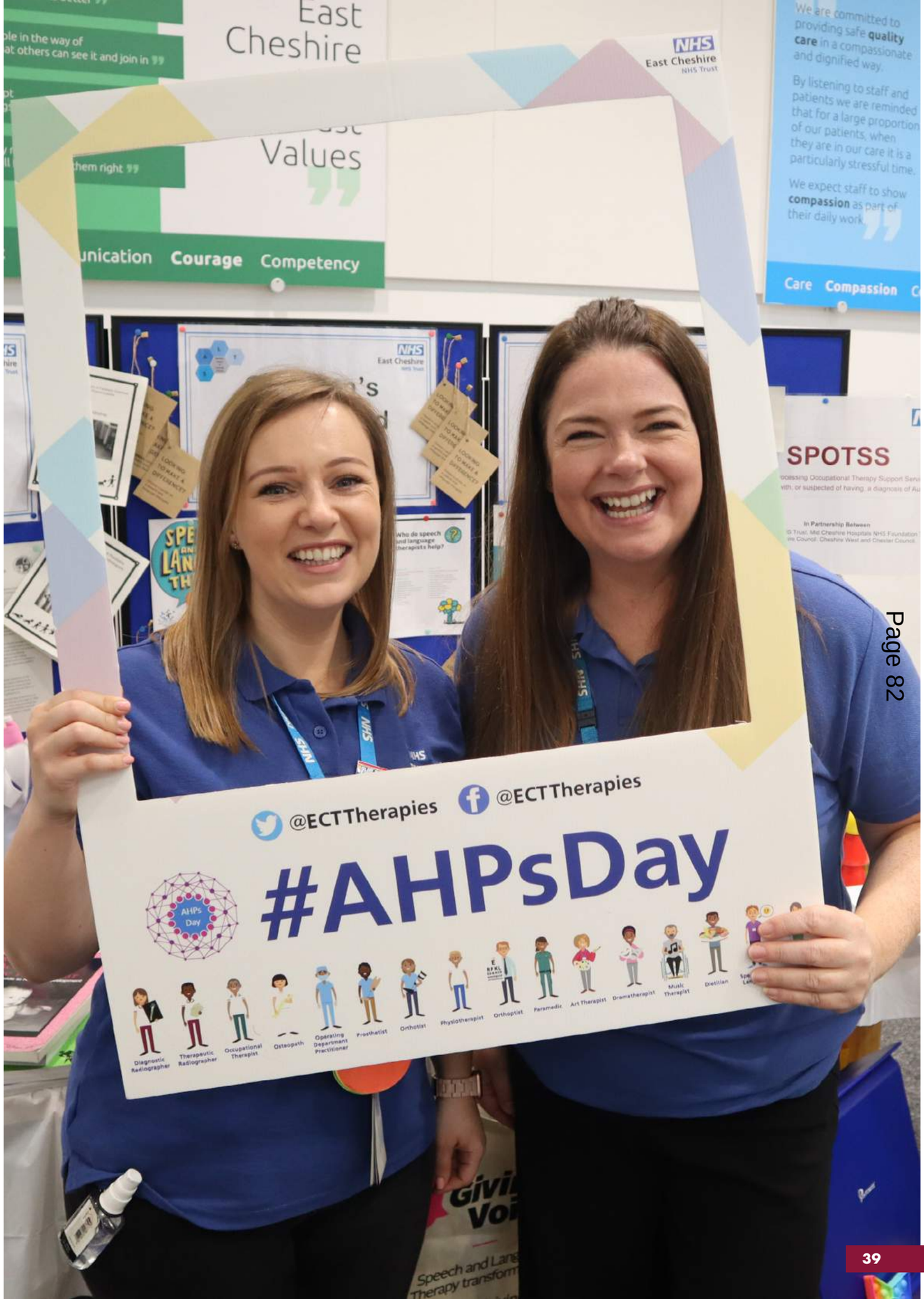
As of 31st March 2023, 142 deaths have been subjected to a case note review. The table below demonstrates the number of deaths per quarter for which a case record review or an investigation was carried out. The number of deaths in each quarter included additional requests for case record reviews in relation to coroner inquests. See table 2.

Table 2: The number of cases reviewed	Q1	Q2	Q3	Q4
	33	33	35	35

All case record reviews use the Royal College of Physicians six point 'Avoidability of Death Score' which considers the complexity of patient's conditions and care, indicating whether or not poor care was responsible for any death. ▶

Learning identified from mortality reviews has highlighted gaps in clinical documentation, care bundles and assessments not being fully completed in line with policy. Where applicable individual learning and lapses in care are identified during the case note reviews. The learning is shared with each consultant who was caring for the patient and it is their responsibility to share within their teams to ensure individual learning and reflection takes place as part of the revalidation process.

A summary of findings from mortality reviews is produced quarterly and cascaded through the mortality sub-committee to each directorate. Where clinical decisions have been challenged the questions are asked of the responsible consultant



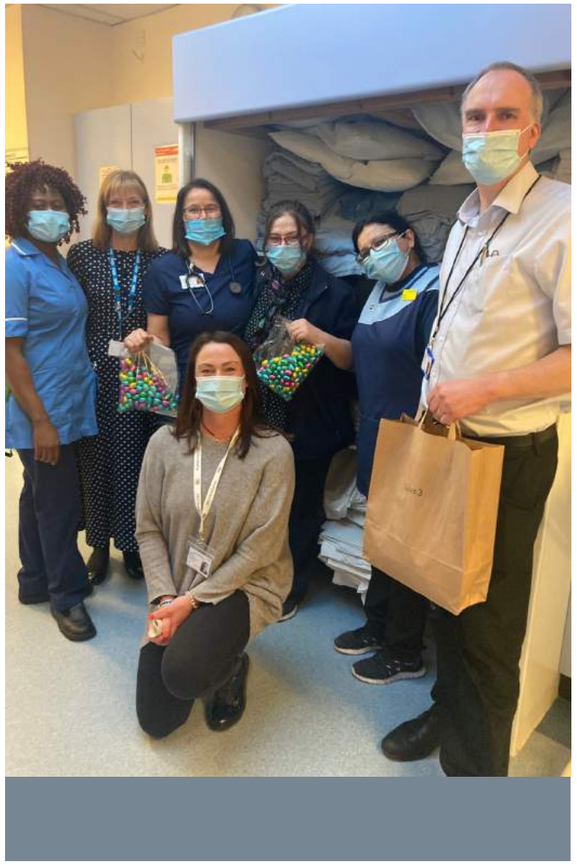
Quality performance

The Trust is measured on its performance against the Department of Health NHS Performance Framework, which provides a dynamic assessment of the performance of NHS providers that are not NHS Foundation Trusts.

The assessments are across four key domains of organisational function - finance, quality of service, operational standards and targets, and quality and safety. Performance is assessed quarterly. The Trust's performance against national targets can be seen on page 43. Other areas of performance are illustrated throughout this section of the Quality Account and further performance statistics can be found on the Trust website at: www.eastcheshire.nhs.uk.

7 day working standards

The seven-day services programme is designed to ensure patients who are admitted as an emergency receive high-quality consistent care, whatever day they enter hospital. ▶



ED
Within the Emergency Department, following recruitment of further Consultants and review of Consultant job plans there will be onsite Consultant presence between 0800-2230hrs (14.5hrs) on weekdays, and between 0800-1700hrs (9hrs) at the weekend. In the future the team wish to increase the onsite Consultant presence at the weekend.

Pharmacy
Pharmacy opening times at the weekend and on bank holidays remain the same as last year. The extension to opening hours was implemented circa 2017.

Allied Health Professionals
There is now Therapists support within the frailty team six days a week effective from 2022 ensuring that there is therapy provision on a Saturday within the Emergency Department and MAU to support timely therapy assessment and discharge from hospital.

Alongside this the urgent care response provision which has developed in our Care Communities means that there is Physiotherapy and Occupational Therapy cover across seven days focusing on admission avoidance.

Social Worker cover is available on Saturdays and Sundays but this is on a voluntary basis at the present time.

Rota gaps and emerging improvement plans

Rota gaps across medical and dental rotas at the Trust are identified throughout the year and a reduction in these gaps are supported through active recruitment and reviews of rotas, undertaken by the individual services and supported by HR to ensure effective utilisation of the available workforce where necessary. Advertisements for substantive and longer-term gaps are marketed via NHS Jobs, social media and specialist publications where relevant.

To support an increased rota fill rate through utilising the temporary workforce, the Trust regularly advertises to increase the bank workforce, and has recently joined the Northwest Collaborative Doctors in Training Bank. In addition, the Trust is undertaking a review of internal bank rates with a view to adopting new rates in Q1-2 of 2022-23. Agency doctors continue to be utilised where necessary and the Trust has regular meetings with agency suppliers to encourage the availability and uptake from agency workers.

> "All staff were excellent. My visit was organised and efficient and looked after by professional staff who always showed genuine concern about all patients."
>
> **Patient, ETU**

Commissioning for Quality and Innovation (CQUIN)

Having been suspended during the COVID-19 pandemic, the Trust committed to participation in 12 CQUIN schemes in the financial year.

	Target	Performance
CCG1: Flu vaccinations for frontline healthcare workers	• Achieving 90% update of flu vaccinations by frontline staff with patient contact	51%
CCG2: Appropriate antibiotic prescribing for UTI in adults aged 16+	• Achieving 60% of all antibiotic prescriptions for UTI in patients aged 16+ years that meet	51%
CCG3: Recording of NEWS2 score, escalation time and response time for unplanned critical care admissions	• Achieving 60% of all unplanned critical care unit admissions from non-critical care wards of patients aged 18+, having a NEWS2 score, time of escalation and time of clinical response recorded.	87%
CCG4: Compliance with timed diagnostic pathways for cancer services	• Achieving 65% of referrals for suspected prostate, colorectal, lung and oesophago-gastric cancer meeting timed pathway milestones as set out in the rapid cancer diagnostic and assessment pathways	39% to end of Q3 (Q4 data collection/validation ongoing)
CCG5: Treatment of community acquired pneumonia in line with BTS (British Thoracic Society) care bundle	• Achieving 70% of patients with confirmed community acquired pneumonia to be managed in concordance with relevant steps of BTS CAP Care Bundle	38%
CCG6: Anaemia screening and treatment for all patients undergoing major elective surgery	• Ensuring that 60% of major elective blood loss surgery patients are treated in line with NICE guideline NG24	100% to end of Q3 (Q4 data collection/validation ongoing)
CCG7: Timely communication of changes to medicines to community pharmacists via the discharge medicines service	• Achieving 1.5% of acute trust inpatients having changes to medicines communicated with the patient's chosen community pharmacy within 48 hours following discharge, in line with NICE Guideline 5, via secure electronic message	Data collection/validation ongoing
CCG8: Supporting patients to drink, eat and mobilise after surgery	• Ensuring that 70% of surgical inpatients are supported to drink, eat and mobilise within 24 hours of surgery ending	100%
CCG9: Cirrhosis and fibrosis tests for alcohol dependent patients	• Achieving 35% of all unique inpatients (with at least one-night stay) aged 16+ with a primary or secondary diagnosis of alcohol dependence who have an order or referral for a test to diagnose cirrhosis or advanced liver fibrosis	25%
CCG13: Malnutrition screening in the community	• Achieving 70% of community hospital inpatients having a nutritional screening that meets NICE Quality Standard QS24 (Quality statements 1 and 2), with evidence of actions against identified risks	73%
CCG14: Assessment, diagnosis and treatment of lower leg wounds	• Achieving 50% of patients with lower leg wounds receiving appropriate assessment diagnosis and treatment in line with NICE Guidelines	51%
CCG15: Assessment and documentation of pressure ulcer risk	• Achieving 60% of community hospital inpatients aged 18+ having a pressure ulcer risk assessment that meets NICE guidance with evidence of actions against all identified risks	69%

Whilst the target has not been achieved for all schemes, participation has supported the development of good practice in several areas. The Trust was also commended for vaccination rates in comparison to other Trusts in the Cheshire and Mersey area.

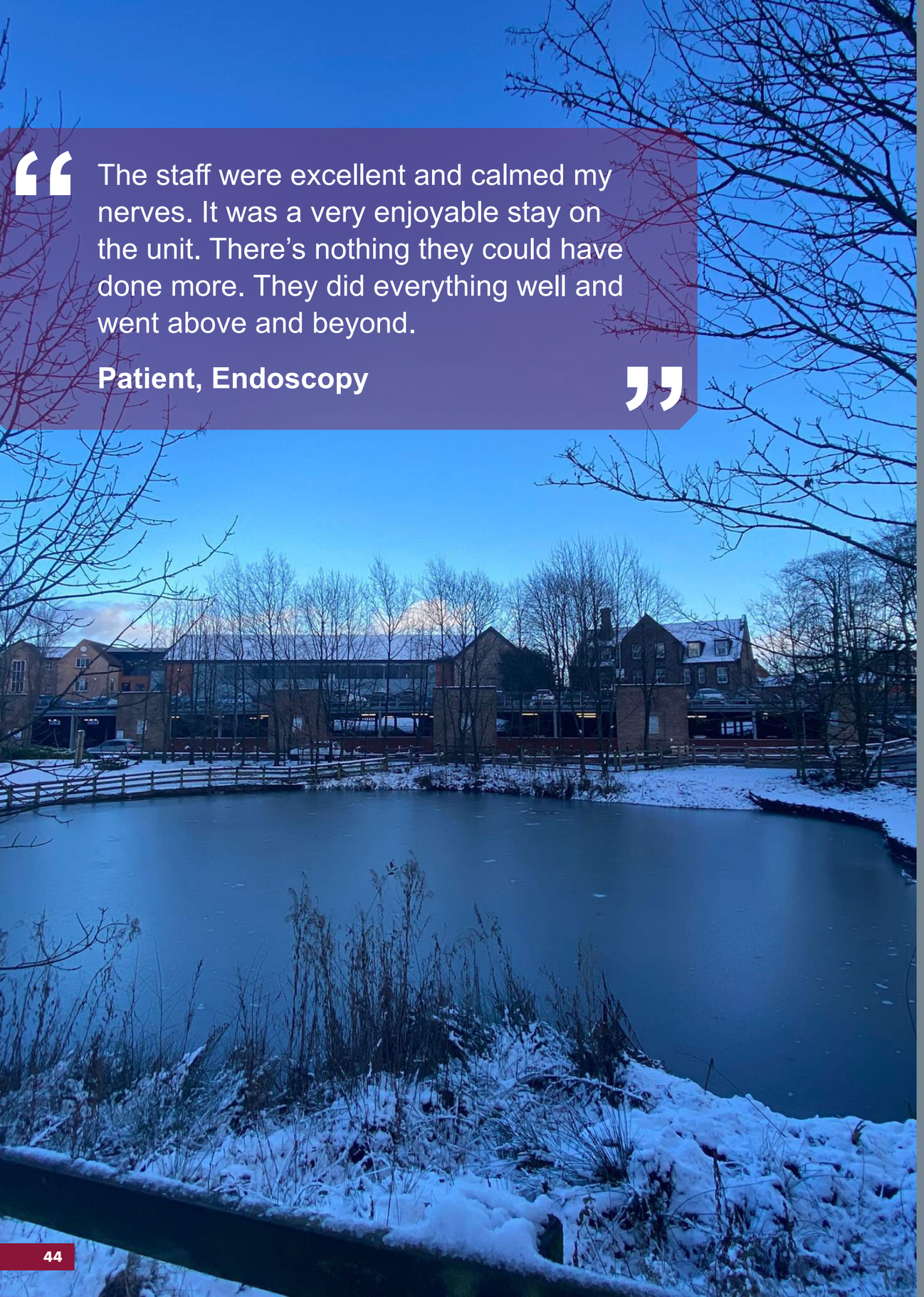
Performance summary against key performance indicators (KPIs)

All of our performance activities can be found in full within the monthly Trust Board reports found at www.eastcheshire.nhs.uk

The Trust's annual performance against national standards can be seen overleaf. ▶

Metric	Target	2022/23
Mortality		
Risk Adjusted Mortality Index 2018 - Rolling 12 months - Latest Peer (Jan 18 - Dec 18 : 85.19)	< Latest peer (87.95) Access to CHKS withdrawn in December 20 - data up until Nov 20	
Summary Hospital Mortality Indicator (HSCIC) - Latest Figure (Jan 18 - Dec 18)	Access to CHKS withdrawn in December 20 - data up until Nov 20	
Infection*		
Ecoli - hospital - 2022/23 Total	< 25	28
Hospital MRSA bacteraemia - 2022/23 Total	0	1
Hospital Acquired Clostridium Difficile - 2022/23 Total	<=27	18
Incidence of newly-acquired cat 3 and 4 pressure ulcers - hospital 2022/23 Total	20% reduction in Cat 2, 3 and 4	38
Incidence of newly-acquired cat 3 and 4 pressure ulcers - out of hospital 2022/23 Total	20% reduction in Cat 2, 3 and 4	98
Incidence of newly-acquired cat 2 pressure ulcers - hospital 2022/23 Total	20% reduction in Cat 2	97
Incidence of newly-acquired cat 2 pressure ulcers - out of hospital 2022/23 Total	20% reduction in Cat 2	257
Incidents		
Medication errors causing serious harm - 2022/23 Total	0	0
Never Events - 2022/23 Total	0	2
Patient Safety: Falls resulting in patient harm per 1000 Occupied bed days - 2022/23 whole year Rate	<1.6	1.97
Complaints		
No. complaints with HSO Recommendations - 2022/23 Total	0	0
Number of complaints - 2022/23 Total	<=132	126
Experience		
Ward Family and Friends Test % response - 2022/23 Total	>90%	94.10%
ED Family and Friends Test % response - 2022/23 Total	>85%	77.60%
Mixed Sex Accommodation breaches - 2020/21 Total	0	440
Access		
18 week - Incomplete Patients - March 2023 Figure	>=92%	60.40%
Diagnostic 6 week Wait - 22/23 Total	>=99.0%	78.40%
ED: Maximum waiting time of 4 hours - 22/23 Total	>=78.5%	53.71%
ED: The recording of a completed handover, (HAS) - 21/22 Total	>=85.0%	100%
Cancer		
2 Weeks maximum wait from urgent referral for suspected cancer -	>=93.0%	82.10%
2 Weeks maximum wait from referral for breast symptoms - 2022/23 Total	>=93.0%	60.70%
31 days maximum from decision to treat to subsequent treatment - Surgery	>=98.9%	87.70%
31 day wait from cancer diagnosis to treatment - 2022/23 Total	100.00%	100%
62 day maximum wait from urgent referral to treatment of all cancers	>=85.0%	50.40%
62 days maximum from screening referral to treatment	>=90	38.00%
Criteria to Reside		
No patients eligible to reside	>=90%	75.90%
Staff		
Core Staff in Post (FTE) - March 2023 Figure	<=2261	2198
Sickness Absence - Rolling year	<4.9%	6.41%
Statutory and Mandatory Training - Rolling 3 year period (April 2020 - March 2023)	>=90%	92.27%
Corporate Induction attendance - Rolling year - 2022/23 Total	>=90%	92.57%
Appraisals and Personal Development Plans - Rolling year - 2021/22 Total	>=90%	69.77%
Information Governance training - 2022/23 Total	>=95%	86.85%
Safeguarding - Level 1 Compliance - March 2021 Figure	>=90%	95.62%
Safeguarding Children - Level 2 - March 2021 Figure	>=90%	95.46%
Safeguarding Adults - Level 2 - March 2021 Figure	>=90%	87.15%
Safeguarding Children - Level 3 - March 2021 Figure	>=90%	76.42%
Finance		
Total Pay Expenditure (£000) - 2022/23 Total	<=£127,779K	£137,242K
Bank Staff Expenditure (£000) - 2022/23 Total	<=£10,312K	£10,814K
Agency Staff Expenditure (£000) - 2022/23 Total	<=£7,753K	£12,328K
Cash (£000's) - March 2023 Figure	£30,306K	£30,344K
2022/23 EBITDA (£000)	£4,885K	£4,846K
2022/23 Deficit	(£0K)	£1,157K

*Pressure ulcer data for 2022/23 reflects improvements in the timeliness of validation and therefore the number has increased in comparison to 2021/22.



> The staff were excellent and calmed my nerves. It was a very enjoyable stay on the unit. There's nothing they could have done more. They did everything well and went above and beyond.
>
> **Patient, Endoscopy**

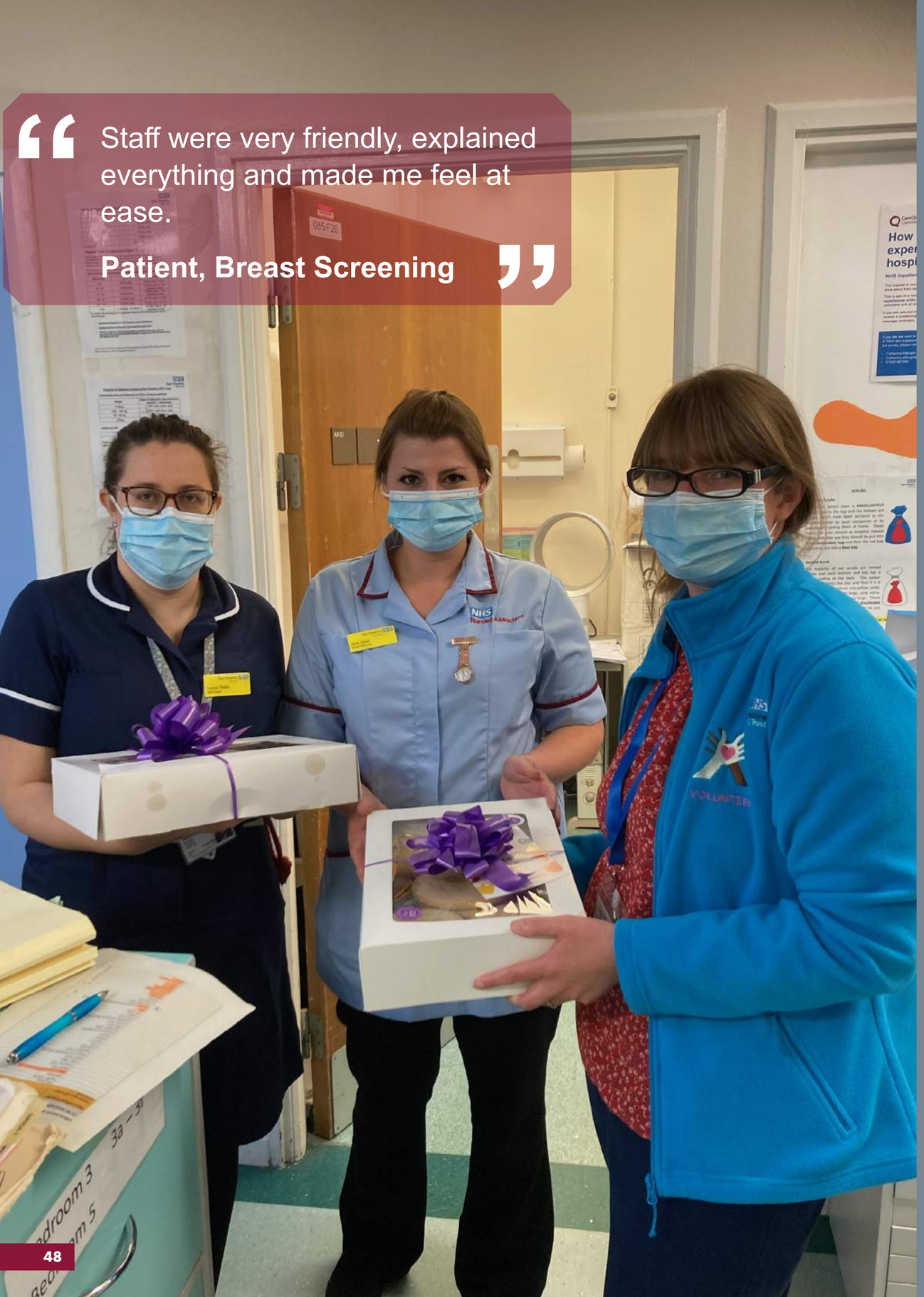
Improving patient care

Improvement projects and patient experience 2022/23

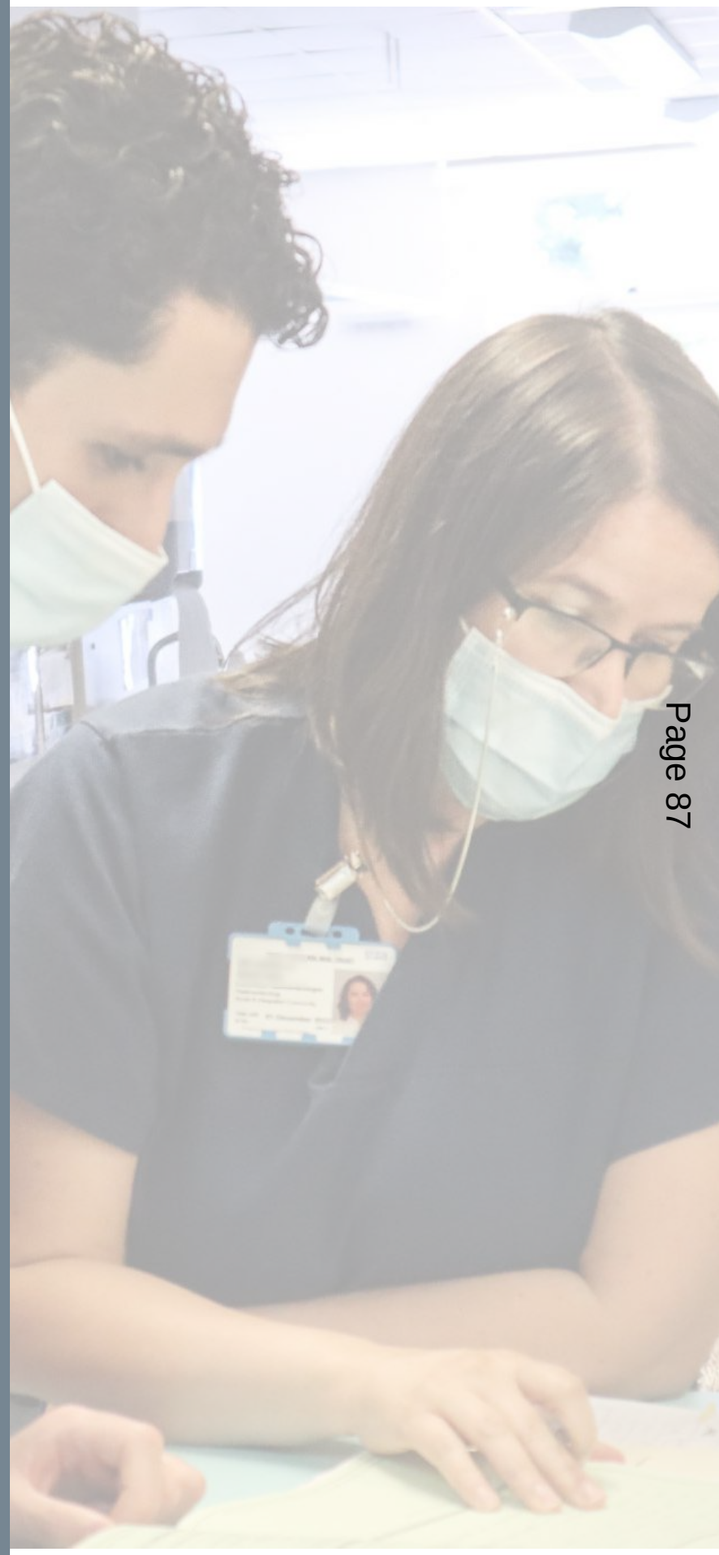
During 2022/23, the Trust has been involved in a number of initiatives to improve patient care and experience Examples of these can be seen on the following pages.

Project	Non-Invasive Ventilation (NIV) Follow-Up Pathway
Aims	• Increase awareness around the importance of early specialist review • Facilitate prompt follow up for patients who are at risk of further decompensated Acute Hypercapnic Respiratory Failure • Consider the needs of patients who are housebound/out of area • Reduce admissions, improve survival • Identify those patients who are likely to benefit from domiciliary NIV • Support those not suitable for home NIV • Improve awareness around the need for advanced care planning
Audit	**Initial NIV audit undertaken related to the period April 2021 – March 2022** A total of 31 patients were treated with NIV on Ward 4 in the time period, and of these 25 were discharged from hospital and six patients sadly died. Ten patients were subsequently readmitted to hospital for acute NIV (40%) - Eight patients were readmitted within four weeks of discharge, and two more than three months post - discharge - Nine patients sadly died within 12 months (36%) **Repeat audit undertaken related to the period April 2022 – December 2022** A total of 57 patients were treated with NIV on Ward 4 in the period, and of these 46 were discharged from hospital and 11 patients sadly died.
How it was done	• Ensure patient has C02 ALERT cards and information leaflet; counsel (risk further episodes AHRF/ prognosis); smoking cessation/NRT • Agree/schedule FU required (Ventilation service/RESP CONS/IRT/local HOS team) • Consider follow up investigations required eg. PFTs, sleep study, echocardiogram, further imaging Difficulty weaning; persisitent CO2; repeated admissions AHRF; or in neuromuscular disorders where RR >20m VC < 1 litre and normal pCO2 → Consider direct referral to UHSM/UHNM for home NIV set up Additional investigations required locally? Non-household patients → MDGH O2 clinic 2-4 weeks; ABG + Post NIV proforma; File in case notes — F2F RESP CONS CLINIC 6 weeks; Review ABG/proforma and any follow up investigations Housebound patients (East Cheshire GP) → IRT home visit 2-4 weeks; CBG + Post NIV proforma; Forward/discuss results in local MDT (Weds) — Consider if virtual follow up with RESP CONS required Housebound patients (out of area GP) → Refer local HOS for consideration CBG at 2-4 weeks. If agreeable, results to IRT for MDT discussion — Consider if virtual follow up with RESP CONS required
Outcomes	Several positive outcomes were achieved as a result of the changes to the acute NIV follow up pathway: • The revisions resulted in an increase in the proportion of patients receiving specialist follow up • An increased number of patients patients were screened for worsened hypercapnia, resulting in earlier identification of worsening clinical status • Increased recognition of those patients who were suitable for referral to tertiary respiratory services for further assessment • An increased number of patients were established on home NIV prior to discharge • The changes also increased the opportunities for patients to access counselling services, and opportunities for advanced care planning

Improving Patient Experience	**Long COVID-19 MDT Service** Post-COVID-19 syndrome describes signs and symptoms that develop during or after an infection consistent with COVID-19, that continues for more than 12 weeks and not explained by an alternative diagnosis. The term “long COVID” has been commonly used to describe signs and symptoms that continue or develop after acute COVID-19 infection. It includes both ongoing symptomatic COVID-19 (from four to 12 weeks) and post-COVID-19 syndrome (12 weeks or more) (NICE, 2020). Before December 2021 the service had received 55 referrals, and the number of referrals received between December 2021 - September 2022 increased to 121. Fatigue management, return to work (provided by OT) and digital interface have been the main form of treatment provided. On average patients access five support sessions; 120 patients were receiving active treatment and 64 patients have been discharged from the service. On reassessment of patients, all outcomes were reported to have improved, particularly in relation to fatigue score (FACIT), the impact of respiratory symptoms on overall health (CAT score) and on endurance testing (sit to stand). **Learning Identified** • Recruiting staff with the necessary skill set, alongside the challenge of recruiting to fixed term posts • OT demand for fatigue management balanced against available resource • The importance of co-location for MDT working • The unique and novel presentation of post-COVID-19 syndrome which varies between patients and is individual to them • The importance of diagnostics, investigation and screening prior to accessing the service • Revisions required to data management system/templates to enable accurate and timely data capture/reporting • Shared learning across Cheshire as all PLACE based models develop **Next steps** • Ongoing monitoring of patient outcomes to evaluate the effectiveness of the service provided • To develop and establish a patient support group • Introduce Patient Initiated Follow Up to ensure efficient and effective use of resources • Work with the Integrated Care Board to promote the service • Await feedback regarding ongoing funding of the service



Patient feedback



Healthwatch

The Cheshire East branch of Healthwatch states that its vision is to be 'an independent voice for the people of Cheshire East to help shape and improve local health and social care services.' In the last year, Healthwatch have supported the Trust in several ways, including;

- Commenting on the Trust Quality Account (2021 – 2022)
- Grading the Trust's annual presentation on the Equality Delivery System.
- Gathering feedback from patients and service users to help us to understand their views and experiences of accessing healthcare
- Sitting on the Trust's Patient Experience Panel

Maternity Voices Partnership

The Trust continues to work closely with colleagues at the Maternity Voices Partnership and increasingly so during the ongoing suspension of Intra-Partum maternity services at the Trust. The partnership has supported the Trust to remain connected to women in the community and to keep them updated regarding the services provided, and service developments, targeting groups via social media networks. The partnership has also supported us to reach out to and connect with vulnerable groups from BAME and non-English speaking backgrounds.

The partnership has provided strength and support to our regular meetings with staff and continues to support the Trust as we respond to national safety standards and plan to bring back maternity services when safe to do so in the new financial year.

Patient-Led Assessments of the Care Environment (PLACE)

PLACE assessments are completed annually, and help organisations to understand how well they are meeting the needs of their patients and to identify where improvements can be made. Specifically, PLACE assessment consider:

- how clean the environments are;
- the condition – inside and outside – of the building(s), fixtures and fittings
- how well the building meets the needs of those who use it, for example through signs and car parking facilities
- the quality and availability of food and drinks; and
- how well the environment protects people's privacy and dignity

The assessment also considers how well the Trust premises and facilities meet the needs of patients with dementia or a disability, and are compulsory for all hospitals with inpatient bed facilities. A national review of the PLACE assessment process, concluded in summer 2019 to ensure that the assessment process is fit for purpose and delivers its aims.

As the changes to the process have been extensive, it is important to note that the results of the 2022 assessments (Post COVID inspection) will not be comparable to previous assessments.

Site Name	Cleanliness	Food and Hydration	Privacy, dignity and Wellbeing	Condition, appearance and maintenance	Dementia	Disability
National average	98.01%	90.23%	86.08%	95.79%	80.60%	82.49%
MDGH	99.68%	98.40%	87.20%	98.59%	82.23%	84.78%
CWMH	100%	96.35%	96.23%	100%	93.41%	94.44%

As with the previous PLACE programmes at least 50% of each assessment team must consist of patient and service users representatives and where possible one should be appointed as the PLACE Assessment Team Lead. The East Cheshire NHS Trust PLACE programme had excellent support from a highly motivated team of patient representatives which included our volunteer team who actively support patients and their families in the hospital, and which this year included a wheelchair user as a member of the assessment team.

Local patient surveys

At East Cheshire NHS Trust we regularly seek the views of patients, their families, and carers to identify areas of good practice and to highlight any opportunities to improve the services we provide. We want to ensure that patients are at the heart of our services.

In 2022/23 the Trust developed a local survey programme for patients, families and carers accessing a range of areas including autism assessment, antenatal and new-born screening, audiology, breast screening, colposcopy, endoscopy, Macmillan Cancer services, ophthalmology, podiatry, and paediatric therapies.

The survey results provide assurance that patients and service users are satisfied with the services we deliver, with positive feedback regarding the provision of high quality, efficient services delivered by caring and professional staff.

In addition to the local survey programme patient feedback is also obtained via PALS outreach, Friends and Family Test surveys, NHS Choices submission, and through listening to patient stories.

At East Cheshire NHS Trust we regularly seek the views of patients, their families and carers to improve the services we provide.

Patient Experience Panel

Our patient experience panel is supported by patients, carers and volunteers, and is established to represent the views of patients and their families within East Cheshire.

In 2022/23 the panel have been providing feedback on several trust initiatives including the ongoing development of our Care Communities, the proposed artwork for the Critical Care Unit and the development of pre-operative information leaflets. The patient experience panel members were also actively involved in the Trust's stakeholder grading for the new Equality Delivery System.

In addition to these activities, members of the panel wdere involved in the stakeholder group when appointing the new Trust Chair, and have undertaken disability access audits in the remodelled Critical Care Unit and in the Outpatients Department.

National patient surveys

The Trust undertakes national surveys across a range of departments on an annual basis. Results from these surveys inform future learning and benchmark the Trust against its peers.

2021 National Adult Inpatient Survey (Published September 2022)

The sample for the survey was patients aged over 16 who were admitted to the trust for a minimum of one night during November 2021. 459 East Cheshire NHS Trust patients responded to the survey giving a response rate of 38.5% vs a national rate of 39.5%.

The Trust was classed as performing 'better than most Trusts' for one question and also performing 'somewhat better' than most Trusts for one question:

- Length of time on elective waiting list (better)
- When nurses spoke in front of you, did they include you in the conversation (somewhat better)

The Trust was classed as performing 'somewhat worse than other Trusts' for one question but was not classed as performing 'worse than most Trusts' for any questions:

- Wait to get a bed on a ward - all admissions (somewhat worse)

The Trust has developed an improvement action plan in relation to the survey covering a range of areas including food and nutrition, noise at night, cleanliness, communication, and provision of information.

Full report available to view at http://www.cqc.org.uk/publications/surveys/surveys.

2022 National Urgent and Emergency Care Survey (Published June 2023) tbc

The Trust's performance in this survey will be available to view online at http://www.cqc.org.uk/publications/surveys/surveys

2022 National Adult Inpatient Survey (to be published in August 2023) tbc

The Trust's performance in this survey will be available to view online at http://www.cqc.org.uk/publications/surveys/surveys

NHSE Learning Disabilities Benchmarking

Care Plan Compliance

The Trust is committed to ensuring that our patients receive personalised care, and especially those with a learning disability. To ensure that patients with a learning disability receive the reasonable adjustments they require, the Trust expects our staff to develop a reasonable adjustment care plan for our patients.

The care plans are developed by nursing staff to record the adjustments that should be made to ensure patient safety and to help create a therapeutic environment for the patient. The Trust has consistently reported good compliance with care plan development with the overall compliance figure for 2022/2023 being 100%.

NHSE Learning Disabilities Benchmarking

The improvement standards were launched in 2018 by NHS Improvement / NHS England to ensure the provision of high quality, personalised and safe care from the NHS for adults and children with learning disabilities and/or autism.

This was the fourth year of benchmarking covering the financial year 2020/21 with results published in November 2022.

Compliance with these standards demonstrates that a Trust has the right structures, processes, workforce and skills to deliver the outcomes that people with a learning disability, those with autism and their families and carers expect and deserve.

Compliance also demonstrates a commitment to sustainable quality improvement in the services and pathways for this group.

As with previous rounds of benchmarking the data collection comprised three elements:

1. Organisational level data collection for the 2020/21 financial year
2. Staff survey – 50 staff were invited to complete an online survey
3. Service user survey – a paper survey was distributed to patients who had accessed Trust services in the previous 12 months.

For the majority of the benchmarking criteria, the Trust's responses have generally been in line with those of other Trusts and have been proportionate to the size of the East Cheshire NHS Trust.

The following positive exceptions should be noted where the Trust performs has been noted to perform more positively than its peers:

- The Trust publishes the results of the NHSE Learning Disabilities benchmarking as part of the annual Quality Account
- Waiting times for patients with learning disabilities is routinely monitored and this information, along with the number of patients waiting, is reported to the Trust Board.
- The Trust regularly reviews any restrictions/ deprivations of liberty applied to patients with learning disabilities
- No serious patient safety incidents concerning patients with learning disabilities occurred in 2021/22
- A range of reasonable adjustments are provided to patients, their families and carers
- The Trust has made adjustments to the complaints process and utilises 'Ask, Listen, Do' resources
- The percentage of staff who have completed learning disability training was highlighted - 85% of Trust staff whereas the national average was 78%
- The Trust undertakes regular audits in relation to the Fetal Anomaly Screening Programme

There were however three areas where the Trust results were less positive than those of its peers:

- Having a policy/process which requires that staff contact people with learning disabilities on waiting lists to see if their condition is becoming more urgent; work is underway to develop a process along with easy read literature to send to patients, advising them what to do in the event that their condition becomes more urgent
- The ability to isolate outcome data for patients with autism; the Trust's register is a combined learning disability and autism register so this is currently not possible due to constraints within the current system
- The Trust's workforce plan supporting the development of new roles in learning disability care – the Trust however continues to develop the Autism Link staff role. ▶

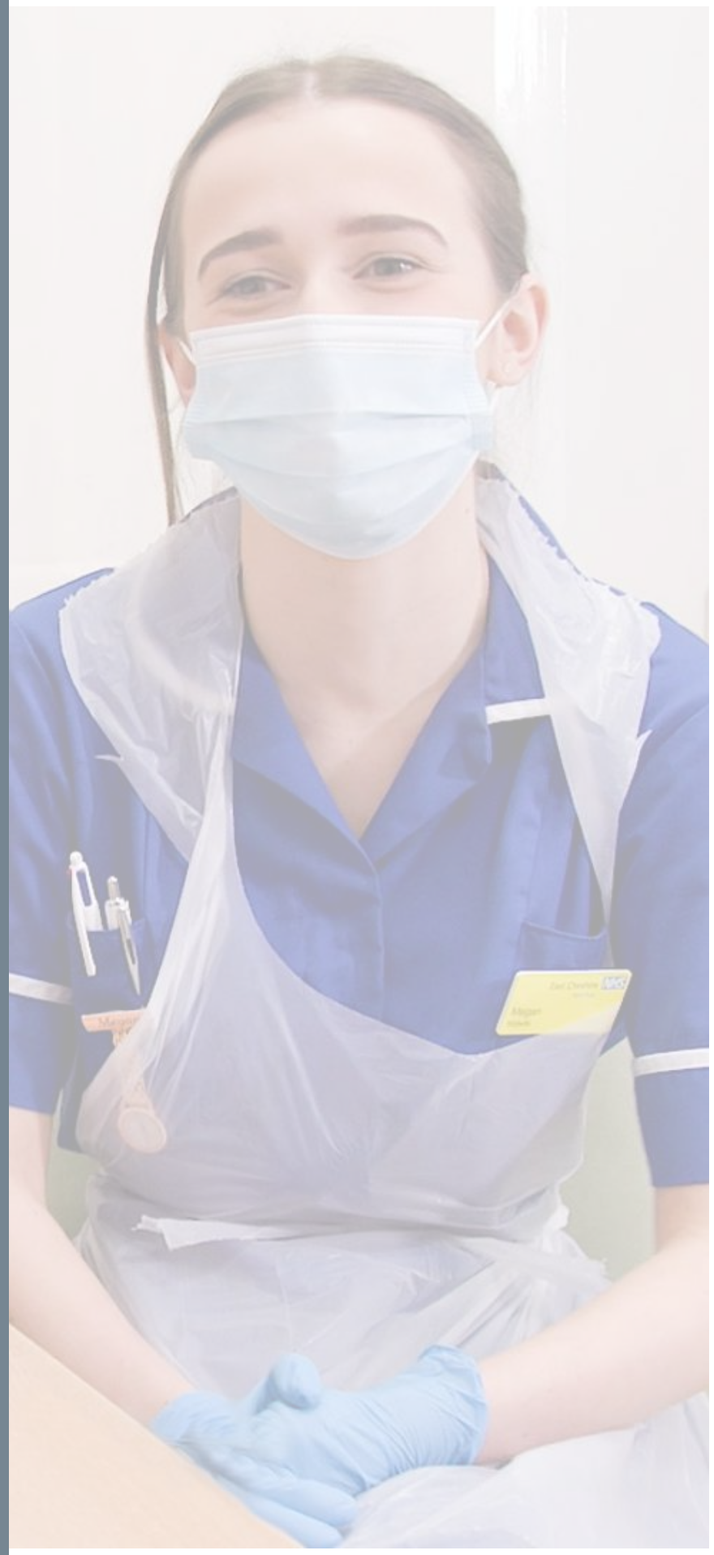
Within the staff survey, our staff were generally more positive than those in other organisations. Areas of note include:

- Staff 'strongly agree' that they feel able to identify which reasonable adjustments are needed for patients
- Staff 'strongly agree' that patients have access to appropriate appointments including:
  - Double appointments
  - First and last clinic appointments
  - Flexible appointments
- 100% of staff strongly agreed that the Trust has policies and procedures to ensure the rights of autistic people are respected and protected
- Staff generally feel that they have the necessary knowledge and skills to meet the needs of patients with learning disabilities/autism
- Staff would recommend the Trust to a friend/ family member of a person with a learning disability/autism who needed treatment

In relation to the patient survey, 100 paper surveys and pre-paid envelopes were distributed to patients who had accessed services provided by the Trust in the previous 12 months. Unfortunately only five patients responded, but despite the low response rate, the Trust achieved results above the national average in relation to the following areas.

- Feeling that staff cared about them
- Feeling that staff talked to patients and families about the care thee needed
- Staff listening to the views of families
- Patients not having any concerns in relation to care
- Being provided with easy read information in relation to how to make a complaint
- Being easy for friends and family to visit patients when in hospital
- Recommending the service to friends and family

Clinical audits and research



Participation in clinical audits

CLINICAL AUDIT

Clinical audit is an important quality improvement process for the Trust. By participating in relevant national audits, we can compare our practice with other similar organisations and identify whether we need to improve the services we provide. In addition, the participation in local audits allows services to measure the quality of patient care they provide.

Clinical audit evaluates the quality of care provided against evidence-based standards and is a key component of clinical governance and quality improvement. The Trust produces an annual forward plan for clinical audit which incorporates national, regional and local projects. Progress against the forward plan is reviewed by the Clinical Audit and Effectiveness Sub-committee on a quarterly basis.

The following section summarises the clinical audit activity participated in by East Cheshire NHS Trust during 2022/23.

National clinical audits

During 2022/23, the Trust participated in 29 national clinical audits and in three national confidential enquiries. This equated to 71% and 100% respectively of the audits in which it was eligible to participate.

The national clinical audits and national confidential enquiries that the Trust participated in, and collected data for during 2022/23 are listed below alongside the percentage or number of cases submitted to each audit or enquiry.

National clinical audit / programme	Participation	% Data submission
Planned Care Services		
General Surgery		
National Emergency Laparotomy Audit (NELA)	Yes	100%
Elective Surgery (National PROMs Programme)	Yes	Data collection ongoing
Orthopaedics		
National Joint Registry (NJR)	Yes	Data collection ongoing
Falls and Fragility Fracture Audit Programme - National Hip Fracture Database	Yes	Data collection ongoing
Breast Surgery		
Breast and Cosmetic Implant Registry	Yes	Data collection ongoing
Anaesthetics		
Perioperative Quality Improvement Programme (PQIP)	Yes	Data collection ongoing
Paediatrics		
National Paediatric Diabetes Audt (NPDA)	Yes	Data collection ongoing
National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme - Paediatric Asthma Secondary Care	Yes	Data collection ongoing
Allied Health and Clinical Support Services		
Cancer Services		
National Gastro-intestinal Cancer Programme - National Oesophago-gastric Cancer	Yes	Data collection ongoing
National Gastro-intestinal Cancer Programme - National Bowel Cancer Audit	Yes	Data collection ongoing
National Prostate Cancer Audit (NPCA)	Yes	Data collection ongoing
National Audit of Breast Cancer in Older People (NABCOP)	Yes	Data collection ongoing
National Lung Cancer (NLCA)	Yes	Data collection ongoing
Muscle Invasive Bladder Cancer Audit	Yes	Data collection ongoing
Adult Therapies		
UK Parkinson's Audit	Yes	Data collection ongoing
Clinical Haematology		
Serious Hazards of Transfusion Scheme (SHOT)	Yes	100%
Acute and Integrated Community Care		
Acute Medicine		
Society for Acute Medicine Benchmarking Audit	Yes	100%
Cardiology		
National Audit of Cardiac Rehabilitation	Yes	Data collection ongoing
National Audit of Cardiac Rehabilitation - Myocardial Ischaemia National Audit Project	Yes	Data collection ongoing
National Cardiac Audit Programme - National Heart Failure Audit	Yes	Data collection ongoing
Elderly Care		
Falls and Fragility Fractures Audit Programme (FFFAP)	Yes	Data collection ongoing
National Audit of Dementia (Care in general hospitals)	Yes	Data collection ongoing
Diabetes		
National Inpatient Diabetes Audit, including Harms	Yes	75%
Respiratory		
National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme - Pulmonary Rehabilitation-Organisational and Clinical Audit	Yes	Data collection ongoing
Emergency Medicine		
Emergency Medicine QIPs - Pain in Children (Care in Emergency Departments)	Yes	Data collection ongoing
Emergency Medicine QIPs - Assessing for cognitive impairment in older people	Yes	Data collection ongoing
Emergency Medicine QIP: Mental health self harm	Yes	Data collection ongoing
Trauma Audit & Research Network	Yes	Data collection ongoing
Intensive Care		
Case Mix Programme (CMP)	Yes	Data collection ongoing

Teams did not participate in the following national clinical audits during 2022/23

National clinical audit/ programme	Reason for non-participation
Planned Care Services	
National Audit of Seizures and Epilepsies in Children and Young People	Paediatrics tried to keep up with the audit but failed to meet the deadlines
Maternal, Newborn and Infant Clinical Outcome Review Programme (MMBRACE)	Currently not applicable due to suspension of intrapartum services until June 2023
Cleft Registry and Audit Network Database	Currently not applicable due to suspension of intrapartum services until June 2023
National Maternity and Perinatal Audit (NMPA)	Currently not applicable due to suspension of intrapartum services until June 2023
National Neonatal Audit Programme	Currently not applicable due to suspension of intrapartum services until June 2023
National Perinatal Mortality Review Tool	Currently not applicable due to suspension of intrapartum services until June 2023
Acute and Integrated Care	
National Audit of Care at the End of Life	The Trust wished to prioritise the actions that were identified from the NACEL audit that was undertaken in 2021.
National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme - Adult asthma secondary care	The Trust did not have the capacity to complete this audit due to ongoing clinical and operational pressures.
National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme - Chronic Obstructive Pulmonary Disease Secondary Care	The Trust did not have the capacity to complete this audit due to ongoing clinical and operational pressures.
Respiratory Audits: Adult Respiratory Support Audit	The Trust did not have the capacity to complete this audit due to ongoing clinical and operational pressures.
Respiratory Audits: Smoking Cessation Audit- Maternity and Mental Health Services	The Trust did not have the capacity to complete this audit due to ongoing clinical and operational pressures.
Inflammatory Bowel Disease Programme/IBD Registry	The Trust did not have the capacity to complete this audit due to ongoing clinical and operational pressures.
National Cardiac Audit Programme - National Adult Cardiac Surgery Audit	Little cardiac activity and many of the investigations and procedures are not taking place on this site
National Cardiac Arrest Audit Intensive Care	The Trust did not have a Resuscitation Officer to participate in this audit
National Diabetes Footcare Audit	The Trust did not have the capacity to complete this audit due to ongoing clinical and operational pressures.
National Pregnancy in Diabetes Audit	The Trust did not have the capacity to complete this audit due to ongoing clinical and operational pressures.
Chronic Kidney Disease Registry	The Trust did not have the capacity to complete this audit due to ongoing clinical and operational pressures.
Renal Audits: National Acute Kidney Injury Audit	The Trust did not have the capacity to complete this audit due to ongoing clinical and operational pressures.

The following National Audit reports have been issued during 2022/23 but relate to previous financial years

National clinical audit/programme
Planned Care Services
Maternity
National Maternity and Perinatal Audit: Clinical report 2022
MBRRACE-UK Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2018/20
Orthopaedics
The National Hip Fracture Database Report on 2021
National Joint Registry 19th Annual Report 2022
General Surgery
Eighth Patient Report of the National Emergency Laparotomy Audit
Paediatrics
National Paediatric Diabetes Audit – Annual report 2020/21 Care processes and outcomes
National Paediatric Diabetes Audit - Parent and Patient Reported Experience Measures (PREMs) 2021
National Paediatric Diabetes Audit – Report on Care and Outcomes 2021/22
Child and Young Person Asthma 2021 Organisational Audit: Summary report
Allied Heath and Clinical Support Services
Cancer Services
National Audit of Breast Cancer in Older Patients – 2022 Annual Report
National Oesophago-Gastric Cancer Audit Short Report 2022: Postoperative nutritional management among patients with oesophago-gastric cancer in England
Patient and Tumour Characteristics Associated with Metastatic Prostate Cancer at Diagnosis in England
Prostate Cancer services during the COVID-19 Pandemic – Annual Report 2022
National Bowel Cancer Audit – Annual Report 2022
Acute and Integrated Community Care
Respiratory
Pulmonary Rehabilitation 2021 Organisational Audit (NACAP)
Drawing Breath – the state of the nation's asthma and COPD care are recommendations for improvement (NACAP)
National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme (NACAP) - Clinical outcomes October 2018 – March 2020
Care of the Elderly
National Audit of Dementia: Memory Assessment Services Spotlight Audit 2021
National Audit of Inpatient Falls Annual Report 2022
End of Life
National Audit of Care at the End of Life Third Round of the Audit (2021/22) Report
National Audit of Care at the End of Life Mental Health Spotlight Audit Summary Report (2021/22)

National clinical audit outcomes

Following analysis of the findings of the clinical audits, clinical teams have identified actions to support compliance with the standards outlined within the audit framework. Examples of actions agreed to address audit outcomes include;

National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme (NACAP) – Pulmonary Rehabilitation
For people living with Chronic Obstructive Pulmonary Disease, pulmonary rehabilitation (PR) can be a crucial part of their treatment.

From the report, areas for which national recommendations have been identified for improvement include making sure the six-minute walk tests to measure exercise capacity are being measured on a 30-metre course to adhere to technical standards and providing clinical leads with designated sessional time to coordinate and develop the service.

The team are currently reworking PR staffing to support the Senior Respiratory Physiotherapist having more designated time for service improvement.

The PR team have already achieved multiple national recommendations highlighted in the report which include ensuring all PR services have an agreed standard operating procedure, providing patients with a written plan for ongoing exercise maintenance and conducting discharge assessments for home-based PR programmes.

The Trust will continue to review its practices in line with the national recommendations and will be participating in this national audit next year.

National Audit of Care at the End of Life (NACEL) The report highlighted the Trust should focus on communicating with patients and relatives and involving patients as much as possible in care planning and decision making at the end of life stage.

The End of Life team are focusing on improving staff training to improve patient care, this includes reviewing the End of Life Annual Clinical Update training to evaluate whether the online training is the most appropriate delivery method, providing access to comprehensive end of life care training for all staff across the Trust that supports communication skills for staff and promoting Mayfly Advance Care Planning Training for all clinical staff at East Cheshire NHS Trust.

National Bowel Cancer Audit
The Trust selected recommendations to focus on following the publication of the National Bowel Cancer Audit Report. One recommendation chosen was regarding all patients diagnosed with colorectal cancer having access to mismatch repair (MMR) or microsatellite instability (MSI) testing and other genomics testing.

Currently the Trust is following a process in which genetic tests for all patients sent to Stoke and Manchester are requested, and the Trust are working towards all patients receiving results within an acceptable timeframe. A second recommendation the Trust is working towards involves hospitals performing at least ten rectal resections per year, and surgeons should perform at least five rectal resections per year.

The Trust has introduced a process to review colorectal surgeon allocations every four months to ensure compliance to these criteria. The department have progressed to full compliance with the NICE guidelines for colorectal cancer.

The National Prostate Cancer Audit
The report recommendations highlighted Trusts should introduce an optimal timed pathway for prostate patients, the cancer team have already incorporated this recommendation into their practice and are monitoring the results through the departments cancer action plan.

The team will be participating again in next year's national audit and will focus on improving their data collection.

Transfusion National Audit Regarding NICE QS138
The Trust had some very positive findings from this national audit, for example with a standard which requires use of tranexamic acid in surgery, we were compliant in 90% of cases.

The transfusion team presented the audit findings at the Trust's Grand Round to share information and gather feedback from clinicians. It was felt that some of the findings were due to lack of documentation which would be improved following the actions from our local pathway audit which include updating the Trust's transfusion pathway form and emphasising on education which the Grand Round presentation addressed.

The National Confidential Enquiry into Patient Outcome and Death (NCEPOD) Audits

The following NCEPOD audits were participated in during 2022/23, with progress reported to Clinical Audit and Effectiveness Sub-committee.

A summary of the NCEPOD studies participated in during 2022/23 is given below:

NCEPOD Audit Reviewed	Participation	% Data submission
Transition Study	Yes	Organisational Questionnaire – 100% Case notes – 100% Clinician Questionnaires – 0%
Crohn's Disease Study	Yes	Organisational Questionnaire – 100% Case notes – 100% Clinician Questionnaires – 100%
Community Acquired Pneumonia Study	Yes	Organisational Questionnaire – 100% Case notes – 100% Clinician Questionnaires – 100%
Testicular Torsion Study	Yes	Organisational Questionnaire – 73% Ongoing

Local clinical audits
32 local audits were approved on the forward planner for 2022/23. As of the 31st March 2023 the Trust had registered 83 local clinical audits across the three clinical directorates and Corporate Services. This represents 100% of the approved plan.

Progress against the forward plan is monitored at the monthly Clinical Audit and Effectiveness Sub-committee, which has representation from each of the service lines.

All completed audits are presented to the relevant specialty audit meeting and a summary of the outcomes is included in the clinical effectiveness update report to the quarterly Clinical Audit and Effectiveness Sub-committee.The reports of 46 local clinical audits were reviewed by the provider in 2022/23 and ECT intends to take the following actions to improve the quality of healthcare provided:

Orthopaedics
The spinal pathway is a supportive document that on-call teams use to gather key history and examination to support clinical impression and initial management of patients presenting to the hospital with spinal pain or associated symptoms. This audit reflected on staffs experience with admissions, to lead to the identification of key areas of the pathway that could be improved. These ideas were discussed with the Clinical Director of Trauma and Orthopaedics to make sure the new spinal pathway was more user friendly and provided a more efficient patient review to enable patients safe and thorough referral. The new spinal pathway has been approved and is being used on the Emergency Department and in Orthopaedics.

Acute Medicine
Ward 7 consists of Cardiology and Endocrinology/ General Medicine. This requires doctors to share the daily jobs generated from ward round the job book is a method of communication between doctors, nurses, and pharmacists to put down any job or concerns they have. The previous ward list was inundated with spaces that were not used regularly and analysis showed that there were ten ‘features’ over two pages yet only 40% of these were utilised on average.

The purpose of this quality improvement project was to improve the usability of the job book by 80%. The new jobs book contains a column for drug chart rewrites and outstanding VTE assessments which promotes inclusion of the multidisciplinary team and cut down paper use by 50%.

The overhaul of the Ward 7’s job book successfully made the target aim of an 80% increase in usability compared to the original book and serves as a communication tool and promote a more streamlined approach to non-urgent requests.

Pharmacy
Pharmacy undertook an audit to assess the current adherence to recommended storage of insulin as stipulated in the Trust policy. The audit was undertaken on all medical and surgical wards and specifically looked at whether correct labelling requirements, correct storage requirements and ward stockings of insulin were correct.

The audit identified not all insulin was being stored or labelled correctly and Insulin ward stock did not always match their stock lists. Pharmacy introduced new tools and processes to improve the results of this audit which include a poster displayed on all ward fridges and a feedback session with all ward managers to highlight the findings of the audit, to communicate with their teams.

The correct storage of insulin has been added to the medicines management section of the new nurse’s induction booklet and finally a review of the medicine’s reconciliation process has taken place to make sure patients bringing in their own insulin are always asked about when it was removed from the fridge. The department plan to re-audit this next year to see the impact their actions have had on the wards.

Respiratory
An audit was undertaken to identify improvements required in acute delivery of Non-Invasive Ventilation (NIV) the provision of ventilatory support through the patient’s upper airway using a mask or similar device. This audit resulted in multiple interventions required with the aim of improving ‘door to mask time’, the quality of services provided through the development of specific areas with access to expert specialist advice 24 hours a day, and ensuring the Trust has a clear follow up pathway for patients requiring NIV acutely.

Respiratory are working through a range of actions to progress this service, some of which are providing education around recognition of acute hypercapnic respiratory failure (AHRF) and the need for prompt initiation of NIV, improving communication between Accident and Emergency and respiratory using a respiratory on call phone, implementing a respiratory support unit and creating a follow-up pathway. ▶

Paediatrics
Paediatrics undertook an audit with the aim of improving the blood pressure recording and monitoring practice in the paediatric inpatient setting. The first round of the audit identified that only 36% of patients were having their blood pressure recorded within the first hour of admission.

Following the results of this audit the team started including blood pressure recording in the department’s monthly record keeping audit to allow for the performance to be reviewed more consistently and effect change accordingly.

This action progressed results rapidly and Paediatrics are now recording 100% of patients blood pressure on admission. The team will continue to include blood pressure monitoring on the monthly record keeping audit.

Haematology
The purpose of this annual audit is to ensure that user access to patient records held on the transfusions digital system is based on a legitimate need. This audit was carried out to comply with monitoring requirements, as set out in the Trust’s Corporate Procedure for Monitoring and Auditing Access to Confidential Information. The audit has shown that all the staff have the correct permissions and access, and that this is being monitored effectively, all access to patient records has been appropriate.

The audit also shows the total number of staff compliant with the competency has increased from the previous audit completed last year, which shows more individuals have completed this competency assessment.

The transfusions team will continue this audit on a regular basis to make sure the high standard of compliance continues.

Research

"We know that being involved in research improves patient outcomes and staff retention. However, not all patients and members of the public are offered opportunities to be involved in research studies. A key goal of the Department of Health and Social Care's Equality, Diversity and Inclusion Strategy is to ensure people with the greatest health need are

(Professor Ruth Endacott, Director of Nursing & Midwifery, National Institute for Health Research)

The research team at East Cheshire Trust is made up of research nurses, research practitioners, clinical trials administrators, the research governance facilitator and our local principal research investigators. We work closely with the Greater Manchester Clinical Research Network (CRN) to deliver our research to a high standard and with the National Institute of Health Research Guidelines.

Everyone working on research studies at the Trust must complete Good Clinical Practice (GCP) training before they can start working on the study.

Patient studies
Working with our local Principal Investigators (PIs) we recruit patients to studies in a wide variety of areas.

From 1st April 2022 to 31st March 2023, the Trust participated in 44 recruiting research studies with 520 patients consenting to taking part these studies.

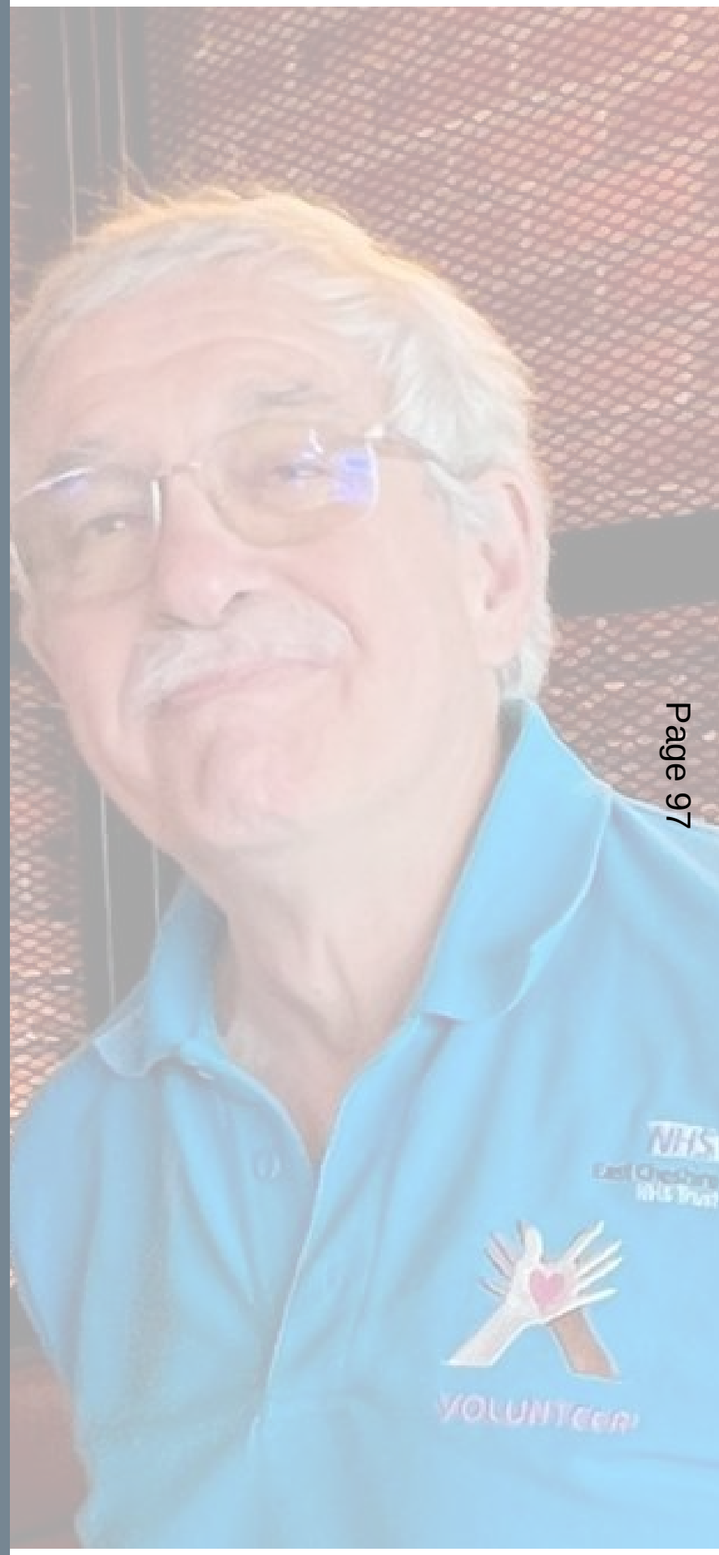
Our research covers a wide variety of specialities:

- Anaesthetics
- Cardiovascular
- Critical care
- Dementia and neurodegeneration
- Emergency medicine
- Gastroenterology and hepatology
- Health service and delivery
- Infectious diseases
- Maternity
- Oncology
- Ophthalmology
- Orthopaedics
- Paediatrics
- Respiratory
- Surgery

We have also contributed to three commercial research studies in the last year in the following areas; Respiratory, ophthalmology and Paediatrics

At the Greater Manchester Health and Care Research awards in September, the Trust's fantastic research team were awarded the outstanding achievement by a team for ways of working and Community Midwives were shortlisted for putting participants first.

Quality priorities 2022/23



Quality priorities 2022/23

Delivering safe, effective, patient-centred care is the first strategic goal of East Cheshire NHS Trust. We are committed to providing services which:

- Maintain patient safety at all times and in all respects
- Are clinically effective and lead to the best possible health outcomes for patients
- Provide a positive patient experience
- Are timely, equitable and efficient; responding to the needs of our population
- Are well-led, open and collaborative and are committed to learning and improvement

The Trust is facing the same challenges as healthcare services nationally and internationally; rising demand from the population which is increasingly elderly, and rising costs of providing services balanced against advances in medical science which heighten expectations during a time of financial and economic uncertainty.

In order to sustain our NHS, we have to meet these challenges whilst ensuring we improve the quality of services we provide.

In 2022/23, East Cheshire NHS Trust aims to continue to deliver the high quality care for which it is renowned and continue to put patients at the heart of all we do. The Trust has developed a new strategy which outlines our priorities for the next three years. In the following pages the focus and outcomes over these three years are set out. Each year we will report on the annual achievements against each priority.

Our Quality Improvement Model

Quality and Safety in the Trust is developed through conversations with our colleagues; by listening and reviewing feedback from our community; by listening to our key stakeholders and by reviewing insight, indicators, data, feedback and intelligence.

Insight

The NHS Long Term Plan sets out key ambitions for us for the next ten years and as an organisation we will implement the plan into practice locally.

We know from reviewing our insight data that if we focus on this plan and our own local priorities we will make a real difference to the quality of our care.

We have developed five programmes of work (based on the CQC quality domains) and we believe that if we meet our goals we will see significantly improved outcomes for our patients.

Involvement

Health care is a people business and together we have been defining how we want to deliver services to our community. ▶

The quality of care that patients receive depends first and foremost on the skill and dedication of our colleagues as we know that engaged colleagues really do deliver better health outcomes. We also want our patients to be involved in improving our services and want them to co-design our improvements with us.

Improvement

Within each objective, we have key initiatives which are designed to help us reach our desired outcome of excelling as an organisation.

Along our journey, we have highlighted the milestones that we will achieve over the three-year period. We will use metrics to measure and assess our improvement journey which we will report on in our annual Quality Account.

Domain	
Well led	**Goal:** Our leadership, governance and culture are used to drive and improve the delivery of high-quality person-centered care.
Caring	**Goal:** People are respected and valued as individuals and are empowered as partners in their care, practically and emotionally.
Safe	**Goal:** People are protected by a strong comprehensive safety system and a focus on openess, transparency and learning when things go wrong.
Effective	**Goal:** Outcomes for people who use services are consistently better than expected when compared with other similar services.
Responsive	**Goal:** Services are tailored to meet the needs of individual people and are delivered in a way to ensure flexibility, choice and continuity of care,

Well led

Our goal: Our leadership, governance and culture are used to drive and improve the delivery of high-quality person-centred care. To enable this we aim to transform our quality management and improvement systems with the following initiatives.
Insight: Priorities for leadership, development and cultural change are informed by the views of patients, staff and our partners.
Involvement: Inclusive leadership will underpin and support us to work in partnership for patients
Improvement: Promoting a continuous improvement approach and sharing our successes

Focus	Ambition 2022-2025	How will we do it?	Expected outcome
Prepare for future CQC inspection.	**Capture information from development reviews and self assessments to support well-led improvements.**	• Undertake a Board self-assessment using the well-led framework.	• Leaders within the Trust understand and can demonstrate how leadership, culture, system-working and quality improvement supports the delivery of high quality sustainable care.
Enhanced collaborative partnership working	**Ensure staff are aware of the Trust's strategy and partner-ship working arrangements.**	• Implement an agreed communications and engagement plan. • Ensure staff and the residents we serve have the opportunity to shape our services as they transform and improve.	
Leadership development	**Grow leaders who role model leadership behaviours which continually strengthen our safety culture.**	• Develop our leadership and management culture and capability through supporting staff development and harnessing talent. • Using the governance structure to provide assurance that leadership development is embedded	
Engaging with every colleague across the Trust in contributing to, and having an appreciation for the value of an inclusive workplace where differenc-es and staff wellbeing are recognised and valued.	**To ensure all colleagues are treated with respect and dignity and have a sense of belonging at work.**	• An Equality, Diversity & Inclusion (EDI) plan delivered through three distinct commitments to engaging employees: 1. Raising awareness Taking action ensuring a sustainable approach to implementation. 2. Focused delivery on national Equality Diversity & Inclusion objectives, and compliance with the public sector equality duty. 3. Ensure staff understand and access the wide range of support, resources and well-being activities that are available.	• Everyone who works for and contributes to services by the Trust can be their authentic selves at work; improving our overall ability to connect with our patients and deliver the highest levels of care.
Developing our staff and growing our future work-force.	**To ensure all staff are competent and confident in their roles and able to work at the top of their scope of practice, providing the best care possible to patients.**	• Engage with staff to ensure our education offer is inclusive and accessible to all. • Ensure all staff have a meaningful appraisal including a career conversation and development plan. • Develop and enhance our education space, maximising technology to support innovation. Grow our career pathways from entry to senior level maximising central funding opportunities and sharing best practice across our network. • Identify opportunities to expand our offer through new partnerships	• A rolling programme of 10 new Nurse Associate or Nurse apprentices every year to enhance skills mixing across the nursing family. • Established 'grow your own' pathways for AHP roles through an apprenticeship model including therapists, healthcare scientists, theatre and radiology staff. • Growth in the number of young people attracted into healthcare roles and training programmes. • A 50% increase in the number of medical students hosted by the Trust over the next 2-3 years. • Talent pool and succession plans developed for all directorates.

Caring

Our goal: People are respected and valued as individuals and are empowered as partners in their care, practically and emotionally. Our ambition is to deliver and improve care by being people centred through the following initiatives
Insight: Making experience and insight data count to drive improvement and learning by using patient experience QI methodologies
Improvement: Setting clear priorities for patient experience quality improvement that are aligned and where the need for improvement is greatest.
Involvement: Embedding an organisation wide approach to using insight from patient feedback to shape our services and improve patient outcomes.

Focus	Ambition 2022-2025	How we will do it?	Expected outcome
Children's Services	• Ensure Trust remains compliant with national guidance in terms of staffing levels, skill mix and paediatric life support training. • The children's ward to achieve UNICEF breast feeding accreditation. • Ensure care closer to home. Build confidence to support prevention of unnecessary hospital admissions.	• Monitor national guidance activity reviews. Complete monthly dashboard. • Actively encourage staff to complete training. • Ensure the ward environment is conducive to breastfeeding and all appropriate resources are available. • Continue to work with the Integrated Care Partnership (ICP) to develop the child health hub project. • Ensure more children are cared for in the community.	• Safer staffing levels maintained and all staff up to date with statutory and mandatory training. • East Cheshire contribution to increasing national breast feeding rates by maintaining at least 74% 2022-2025. • Unscheduled Emergency Department (ED) attendances for children will be reduced from 2021/22 baseline by 10% 2022/23, 20% 2023/24, 50% 2024/25.
End of Life Care	• Improve patients' and relatives' experience of End of Life (EOL) care within hospital and community settings, as defined by National Document "One Chance to Get it Right" which highlight the 5 priorities of care of the dying patient.	• Increase Use of (Last Days of Life) LDOL template within hospital and community settings. • Review of nursing section in LDOL template within hospital setting. • Participation in National Audit of Care at End of Life (NACEL) audit. • Ongoing education programmes. Consider EOL facilitator post (currently 2.5 days a week).	• Improvement in quality of care at end of life. • Fewer incidents and complaints relating to End of Life Care (EOLC).
	• Increase the proportion of patients' dying in their preferred place of death.	• Continue with Advanced Care Practitioner (ACP) training Increase in use of rapid discharge home to die document within hospital settings. • Improve recording of data via Electronic Palliative Care Coordination Systems (EpACCs) (currently only records data that GP practices input). • Work collaboratively with hospice at home to support these patients in community setting.	• Increase in number of patients achieving their Probing Pocket Depth (PPD) Reduction in hospitalisations in the last weeks of life.
	• Ensure End of Life Care (EOLC) is part of ward accreditation process.	• Work alongisde lead for ward accreditation to ensure End of Life Care is embedded into the process. • Ongoing education of all staff.	• Improved knowledge of EOLC services for staff within the hospital setting. • Enable prompt referral to SPC services and support.
Palliative and End of Life Care	• To establish the use of PROMs (OACC / IPOS) within Specialist Palliative Care (SPC) services (hospital and community).	• Participate in network meetings relating to use of Integrated Palliative Care Outcome Scale (IPOS). • Education of SPC team in relation to their use and benefit. • Roll out of OACC suite of measures within SPC team.	• Demonstrate the benefits of SPC services to individuals and patients as a whole across the different domains (physical, spiritual, social etc). • Use of data collected from IPOS to support the commissioning of SPC services going forward.
	• To scope the possibility of 7 day SPC services for both hospital and community settings.	• Use the scoping work being undertaken by Cheshire and Merseyside and GMEC palliative and EOLC clinical networks to inform us in relation to current gaps in service. • Consider possible models of working for East Cheshire NHS Trust.	• Improved access to SPC support and advice out of hours. • Reduction in hospital admissions in last weeks of life.
Dementia Care	• Build on positive patient experience of dementia care within East Cheshire NHS Trust.	• Increase training and development opportunities. • Participation in the National Audit of Dementia. • Improved Identification of known diagnoses increased screening for delirium. • Create more dementia friendly environments within the hospital. • Introduction of process/pathway to ensure post discharge support.	• Care bundles and reasonable adjustment symbols in situ for all patients with dementia. • Carers surveys routinely distributed. • Enhancing the Healing Environment assessments carried out across the hospital and recommendations put in place. • Admiral Nurse service expanded to support community.

Safe

Our goal: People are protected by a strong comprehensive safety system and a focus on openness, transparency and learning when things go wrong. This will be delivered using the following initiatives:
Insight: Improving understanding of safety by drawing intelligence from multiple sources of patient safety information.
Involvement: Equipping patients, colleagues and partners with the skills and opportunities to improve patient safety throughout the whole system.
Improvement: Designing and supporting programmes that deliver effective and sustainable change in the most important areas.

Focus	Ambition 2022-2025	How will we do it?	Expected outcome
Capability of work colleagues	• Increase the numbers of staff trained as patient safety specialists to lead safety improvement.	• Release and support staff to attend the national training programme. • Establish an action learning set for patient safety specialists.	• All investigation reports will be people focused to support patients and their relatives' understand what has happened when something has gone wrong and what action is being taken to reduce the likelihood of re-occurrence.
Changing Practice	• Ensure people are equipped to learn from what goes well, as well as to respond appropriately should things go wrong.	• Implement an appreciative enquiry approach to share and celebrate notable practice in terms of patient safety and strengthen systems of sharing learning within and across the organisation. • Ensure learning from incidents, complaints and near misses. • To develop and implement annual clinical audit programme from identified lessons learnt.	• There will be a year-on-year increase in the recognition and celebration of good practice through excellence reporting. • Patient safety concerns raised by work colleagues will be demonstrate that a continuously improving safety culture is embedded across the organisation.
Sharing learning across the system	• Work with our partners in the local Place based system and beyond to establish a culture of shared learning from safety intelligence.	• Establish a PLACE based network where intelligence from partner organisations can share learning and good practice to promote the development of a system safety culture.	• System learning to reduce harm will be evident and include new ways of working enabled by digital technologies, eg by improved access to shared patient records.
Improving quality standards on our wards and community teams	• Robust continuous assessment of the quality standards in each ward and community team using audit tools "QSUS". • Annual Accreditation inspection of each ward and team. • Quality improvement projects focusing on themes identified through inspection processes.	• Monthly audit monitoring by senior sisters/team leaders. • Local Quality Improvement (QI) projects. • Annual inspection using 'QSUS' audit and accreditation tool.	• Focused plan for continuous improvements in patient care for each ward and community team.
To prevent hospital falls	• Continue to improve care for patients using national and local frameworks, such as NICE guidance, national falls survey and local working groups.	• Establish falls panel to review all falls, moderate and above. • Ensure roll out of bay tagging to all wards. • Review of nursing documentation. • Appoint falls coordinator.	• To ensure falls do not exceed 1.6 per 1000 bed days and ideally improve on this.
Safer staffing	• Continue to comply with the national quality board safer staffing thresholds, with a focus on recruitment, staff development and retention.	• Bi-annual safer nursing care tool audits. • Annual ward establishment and skill mix reviews led by Director of Nursing.	• Registered nurse role annual turnover <10%. • Vacancies maintained below 10%. • Meet the expected staffing standards for acute wards and departments.
To improve the learning from our investigations into our serious medication errors	• Improve standards associated with medication administration.	• To enable Trust-wide learning opportunities and prevent further incidents in order to improve patient safety.	• Reduction in harm from medication administration incidents by 10% from 2021/22 baseline.
Sepsis	• Continued compliance to the national sepsis agenda.	• Continued implementation of NEWS2. • Sepsis improvement will be facilitated through the Deteriorating Patient Response Group (DPRG). Facilitated by the Trust's sepsis lead and critical care outreach sepsis champion.	• Reduction in failure to reduce incidents from 2021/22 baseline. • Achievement of targets for sepsis training.
NEWS2	• Compliance to the national guidelines.	• Facilitated through the Deteriorating Patient Response Group (DPRG) supported by critical care outreach NEWS2 champion. • RADAR dashboard.	• Improved recognition and response for the deteriorating patient, evaluated by a reduction in failure to rescue incidents and improved patient outcomes.
Safeguarding	• To implement the Pathfinder toolkit. This provides a whole system approach to health and domestic abuse. Its ambition is to create an innovative, comprehensive and sustainable model responding to domestic abuse across the health economy.	• A co-ordinated and effective response to both victims and perpetrators of domestic abuse for both patients and staff. • To establish a steering group within a governance framework. • Standalone domestic abuse patient and staff policies are also paramount in ensuring that an appropriate environment is created for work colleagues to feel supported and confident in identifying and safely responding to domestic abuse. • The hospital based Independent Domestic Violence Advisor (IDVA) role to be reviewed and to be back on site. • Identified Domestic Abuse champions in clinical areas. • Domestic Abuse strategy and training framework in place.	• Embed the toolkit across the Trust by March 2023 to inform best practice responses to domestic abuse.
Pressure ulcers	• Continue to improve the quality of care for patients by reducing the number of pressure ulcers (Cat 2,3 and 4) that develop within the hospital or on case-load. • Explore the use of new technologies eg. sub epidermal scanners for the early identification of pressure ulcers. • Continue to engage and share best practice/lessons learnt with Cheshire and Merseyside Pressure Ulcer Action Learning Set.	• We will review the numbers and Category of all hospital and community acquired pressure areas as they are reported. • We will ensure that all category 3 and 4 pressure ulcers are investigated and analysed to understand why and how they are developed. • We will share good practice and train our staff to care safely for our patients pressure areas. • We will review the hospital and community pressure ulcer assessment document to ensure that meets requirements of the SSKIN bundle and latest NICE guidance. • We will educate our patients and their carers to be involved in caring for their pressure areas.	• A year on year reduction in the number of pressure ulcers (Cat 2,3,and 4) that develop on case-load (based on previous year's baseline). • Zero Category 4 pressure ulcers will develop on case-load. • Improved assessment and documentation of pressure ulcers in line with NICE clinical guidance which supports effective interventions and care. • Patients will be engaged and empowered to better look after their own pressure areas and health.
Infection, Prevention and Control (IPC)	• Ensure the application of UK Infection Prevention and Control guidance to reflect the most up to date, scientific understanding on how to prevent and control pandemic infections. • Support the prevention of nosocomial infections and transmission within the Trust. • Flu and Covid-19 vaccinations for all staff. • Support well-being of our work colleagues to ensure vaccination and the delivery of a safety culture.	• Review of Infection, Prevention and Control Board assurance framework identifying and addressing any gaps in control. • Strengthen the IPC team with appointment of additional IPC Nurse Specialist post. • Ensure lessons learnt and shared from all IPC incidents and outbreaks.	• Implementation of clinical pathways to reduce the risks of nosocomial infections to comply with national guidance. • All IPC standards met with Clostridium difficile (C.DIFF), Methicillin-resistant Staphylococcus Aureus (MRSA), Blood Stream Infections (BSI) and other alert organisms within agreed national objectives. More than 90% of work colleagues vaccinated against known pandemic disease.

Effective

Our goal: Outcomes for people who use services are consistently better than expected when compared with other similar services. This will be delivered using the following initiatives:
Insight: Colleagues routinely draw on internal and external evidence from a variety of sources to achieve best clinical outcomes promoting quality of care.
Involvement: Clinical effectiveness data is regularly reviewed by colleagues and patients inclusively and used to drive improvement where the need is greatest.
Improvement: Quality improvement methodology is used in a timely manner to implement evidence based practice from audit, research, patient feedback in innovative and efficient ways.

Focus	Ambition 2022-2025	How will we do it?	Expected outcome
Patient Reported Outcome Measures (PROMS)	• To reinstate PROMs post pandemic data and elective joint replacement surgery. • New lead to be identified and data collection to recommence when elective joint replacement surgery resumes.	• Identify new lead for the PROMS programme. • Patient questionnaires pre and post surgery.	• Improved patient outcomes following joint replacement surgery.
Digital service transformation	• To provide our work colleagues with the digital tools and skills needed in order to deliver safe and effective and efficient care.	• Initiation of a digital skills development programme to ensure staff are able to use the systems available to them. • Implementation of the new Digital Clinical System (DCS) in 2024 including ePrescribing, clinical decision support and access to a more comprehensive and complete record. • Access information from a system wide bank of leaflets/patient information to support effective after care.	• Safer, more effective and efficient care with DCS fully operational by March 2025.
Effective discharge	• Work with partners to ensure a system wide approach to support our vision of right care, right place, right time. • To increase the amount of time people spend at home by reducing the number of people with no criteria to reside who remain in hospital for external reasons and thereby reducing potential harms which arise from extended hospital stays.	Strengthen relationships with partners to support; • Working collaboratively to identify and procure adequate resource to support people at home, including therapy and domiciliary care. • Making best use of those resources to enable patients to receive the right level of care in the right place. • Improved communication between the wider Multi Disciplinary Team (MDT), including the voluntary sector and primary care networks to promote continuity and prevent duplication.	• Year on year reduction in Length of Stay (LOS) for patients with no criteria to reside in both acute and community beds. • Year on year reduction in admissions to a community bed for pathway 1 patients. • Reduction in the number of patients with no criteria to reside by 5% per year from baseline of 30%.
Autism	• Whole Trust autism accreditation from the National Autistic Society (NAS).	• Review, refresh and recruitment of autism link staff. • Review of areas currently accredited by NAS. • Identification of additional whole areas requiring accreditation to achieve full Trust accreditation. • Action plan developed to achieve accreditation	• The Trust will receive full accreditation from NAS. • Improved patient experience for patients / relatives with autism spectrum conditions (ASC).
Learning disabilities	• Ensure that patients with learning disabilities receive appropriate care tailored to meet their needs.	• Promotion of ward communication boxes that contain a range of resources to support patients with learning and communication difficulties. • Improved links with Cheshire and Wirral • Partnership (CWP) community learning disability team to offer support. • Completion of annual work plan (to include any actions in relation to the NHSE/I learning disability benchmarking standard) via the Trust's learning disability and autism working group.	• 95% compliance with reasonable adjustment care completion. • 80% of work colleagues have received learning disabilities and autism awareness training. • Improved patient experience via feedback from the Trust's learning disability and autism working group.

Responsive

Our goal: Services are tailored to meet the needs of individual people and are delivered in a way to ensure flexibility, choice and continuity of care. This will be delivered using the following initiatives:
Insight: Through listening to our patients' experiences of their care and to the views of our work colleagues we will generate and share actionable insight to help deliver improvement work more effectively.
Involvement: We'll work together across our organisation to share insight and research, making sure that our services are aligned wherever possible - putting the patient at the centre of it all and offering patient choice to ensure timely interventions.
Improvement: People can access services and appointments in a timely way and in line with NHS Constitution pledges with services that are designed and improved to meet the needs of patients.

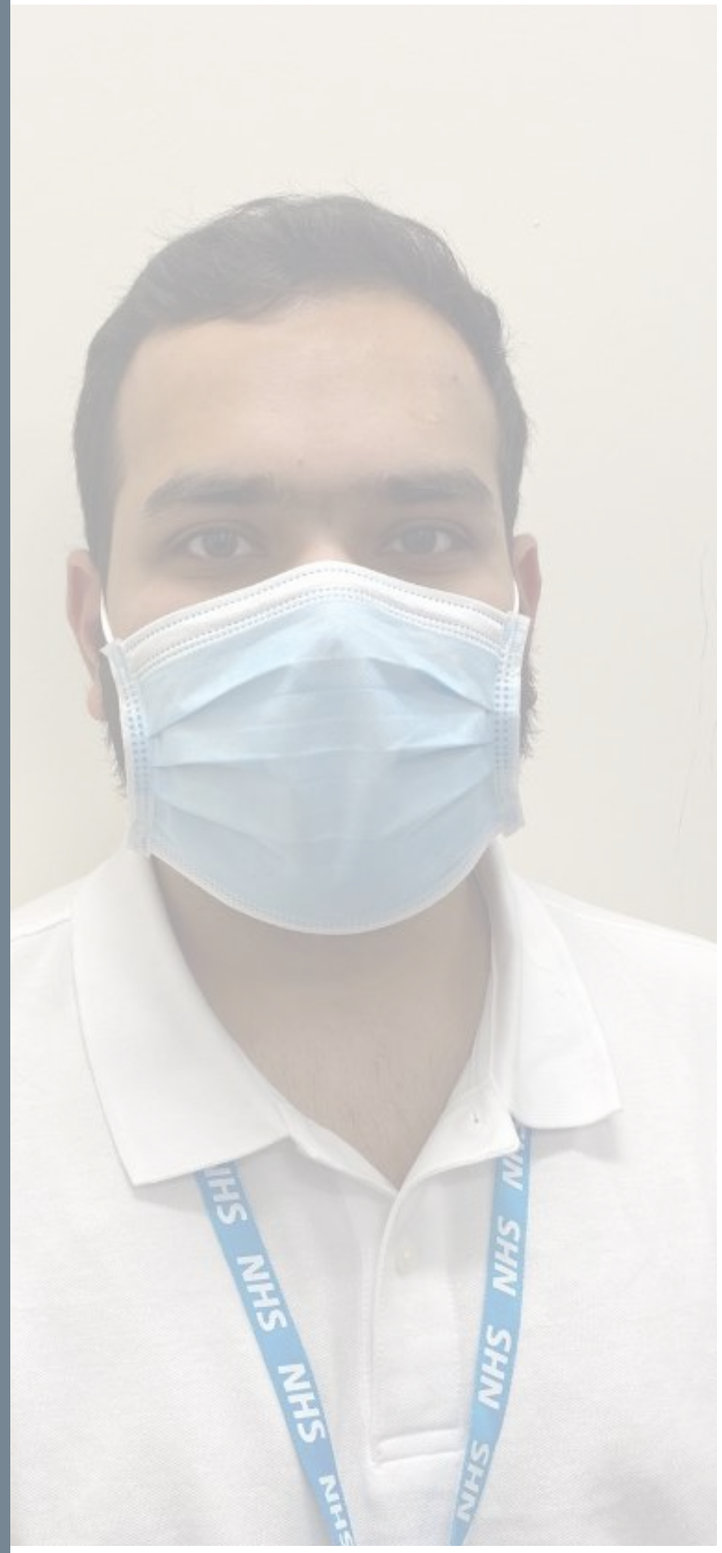
Focus	Ambition 2022-2025	How will we do it?	Expected outcome
Maternity Services	Embed Saving Babies Lives care bundle: • Implement Carbon Monoxide monitoring for all women at every contact • Ensure all high risk women of fetal growth restriction are commenced on growth scan surveillance pathway • Ensure compliant with all areas of reduced fetal movement guideline - includes completion of reduced fetal movements assessment tools • Reduce Preterm Births Implement continuity of carer to meet the national ambition to reduce rates of stillbirth, neonatal death, maternal death and brain injury during birth by 50% by 2025 • Improve breastfeeding rates. • Implement Carbon Monoxide monitoring for all women at every contact. • Ensure all high risk women of fetal growth restriction are commenced on growth scan surveillance pathway. • Ensure compliant with all areas of reduced fetal movement guideline - includes completion of reduced fetal movements assessment tools. • Reduce Preterm Births. • Implement continuity of carer to meet the national ambition to reduce rates of stillbirth, neonatal death, maternal death and brain injury during birth by 50% by 2025. • Work with partners to better inform and improve breastfeeding take up rates.	• Provision of equipment and training. • Updating guidance in line with Greater Manchester and Eastern Cheshire (GMEC) Local Maternity System (LMS). • Maintain staffing. • Training. • Provision of ankyloglossia (tongue-tie) clinic. • Access to information videos etc that aid support to enhance patient choice. • There remains a commitment to women receiving continuity of carer as set out in the NHS Long Term Plan to make maternity care safer, more personalised and more equitable. In light of the Ockenden report (December 2020) the service will work towards the following priorities, despite the added challenges of continuing service suspension: • Ensure every woman is offered a Personalised Care and Support Plan, underpinned by a risk assessment and in line with national guidance. • Embed the offer to all women with type 1 diabetes of continuous glucose monitoring fully during 2021/22. • Put in place the building blocks so that continuity of carer is the default model of care offered to all women. • Undertake a further Birth-rate Plus assessment to understand the midwifery workforce required to support Continuity of Carer and follow this through with recruitment. • Specifically prioritise those most likely to experience poorer outcomes first, including ensuring most women from Black, Asian and mixed ethnicity backgrounds and also from the most deprived areas are placed on a continuity of carer pathway by March 2022. • Develop an enhanced model of continuity of carer which provides for extra midwifery time for women from the most deprived areas for implementation from April 2022. • Ockenden Report Immediate and essential actions specifically: • Increased obstetric leadership to promote and develop monitoring of fetal wellbeing and twice daily consultant led ward rounds 7/7. • MDT maternity training (including full multidisciplinary group) to support CNST and Ockenden Immediate & Essential Action	• Saving Babies Lives care bundle implemented to support national ambition to reduce still birth neonatal death and maternal death by 2025. • To be in line with Better Births for continuity of carer targets. • Combine service user's ideas and voices with those of ECT maternity staff to plan and positively influence the birthing environment at MDGH as part of the recovery plans. So the outcome would be that we work together to coproduce an environment that supports positive birth experiences for all women, including early pregnancy and pregnancy loss. • Delivery of improvements in maternity care and the recommendations of the Ockenden review are met.

Responsive *(continued)*

Our goal: Services are tailored to meet the needs of individual people and are delivered in a way to ensure flexibility, choice and continuity of care. This will be delivered using the following initiatives:
Insight: Through listening to our patients' experiences of their care and to the views of our work colleagues we will generate and share actionable insight to help deliver improvement work more effectively.
Involvement: We'll work together across our organisation to share insight and research, making sure that our services are aligned wherever possible - putting the patient at the centre of it all and offering patient choice to ensure timely interventions.
Improvement: People can access services and appointments in a timely way and in line with NHS Constitution pledges with services that are designed and improved to meet the needs of patients.

Focus	Ambition 2022-2025	How will we do it?	Expected outcome
Care Communities	• Home first - everybody receives care as close to home as possible, supported by their local communities. • Supporting people to live well and stay well. • Providing personalised care without barriers for improved well-being.	• Enhanced crisis response. • Discharge to assess. • Provide a framework to enable partners to work together to strengthen the community offer. • Local decision making at local level. • Being proactive rather than reactive. • Ageing well clinics. • All staff to make every contact count. • Use digital technologies to enhance time-lines and have improved visibility of whole-person care in between system partners.	• Increase the amount of time that patients spend in their own homes, by reducing time spent in hospital. • Improved Patient and Staff satisfaction results. • Number of Making Every Contact Count (MECC) conversations recorded. • Increased number of staff trained in motivational interviewing.
Patient waiting times	• Work as a whole Trust and with partners to ensure that all patients can benefit from timely access to care which meets NHS standards.	• Eliminate waits of over 104 weeks as a priority through 2022/23 (except where patients choose to wait longer). • Reduce waits of over 78 weeks and conduct three-monthly reviews for this cohort of patients, extending the three monthly reviews to patients waiting over 52 weeks from 1 July 2022. • Develop plans that support an overall reduction in 52 week waits where possible. • Accelerate the progress we have already made towards a more personalised approach to follow-up care in hospitals or clinics, reducing outpatient follow-ups by a minimum of 25% against 2019/20 activity levels by March 2023 and going further where possible. • Expanding the uptake of patient initiated follow-up (PIFU) to all major outpatient specialities , moving or discharging 5% of outpatient attendances to PIFU pathways by March 2023. • Increase use of virtual outpatient clinics.	• Meet patient/citizen needs. • Waiting times from referral to treatment and arrangements to admit and treat patients are in line with good practice.

Statements of assurance



East Cheshire NHS Trust response to partner comments on the Quality Account

A number of third party organisations are asked to comment on the Quality Account each year. The Trust would like to thanks NHS Cheshire Clinical Commissioning Group, Healthwatch and Cheshire East Council for their time and valuable comments on our Account for 2022/ 23.

We acknowledge the positive comments made for our achievements during the year and note the recommended areas to strengthen our services for 2023/24.

NHS Cheshire and Merseyside response to Quality Account Report (April 2022 to March 2023) for East Cheshire NHS Trust

NHS Cheshire & Merseyside ICB expect high standards of care from the hospital and community services commissioned. Oversight and scrutiny of the contract with East Cheshire Trust takes place by Cheshire East ICB at Place, through regular contract, quality and performance meetings as well as regular quality leads meetings. This enables verification of the accuracy of this quality account.

As the NHS continues to recover from the pandemic the Trust has set out their new quality and safety strategy 2022-25 and other core strategies discussed in this report. The pressures on urgent care and patient flow have been managed by system working and the Home First approach alongside the Transfer of Care Hubs skill mixed team supporting patients and their families with all aspects of discharge from hospital and has reduced the reliance on statutory services.

Recognising the efforts of the workforce through the Excellence Report system provides staff and teams with the acknowledgement of the work they have undertaken over the previous year. This combined with the Quality Improvement Framework will continue to raise the standards of care your patients receive and add to their experience of care.

It is clear that the Trust prioritises ensuring patients experience safe care during their hospital stay. We note the robust and varied support offered via the Falls OPAL bundle and subsequent initiatives to reduce inpatient falls, which has been a common area for patient safety incidents often resulting in a prolonged length of stay in patients otherwise fit for discharge.

Similarly we acknowledge the work undertaken by your tissue viability team and colleagues to reduce pressure ulcers in the hospital through the Pressure Ulcer Improvement Plan and being part of the North West pilot for the Sub-epithelial moisture scanners. We also praise the hospital for ensuring all inpatients have an appropriate mattress for their care through the annual mattress audit and adaptations made to trolleys in the Emergency Department.

It has been another busy year for the Infection Prevention and Control (IPC) team, but they have adapted practice to adhere to the national updates for management of Covid-19 and have implemented the revised Board Assurance Framework for IPC. We acknowledge the work that has been undertaken to respond to the increased number of Clostridium Difficile infections you have reported this year. However we are assured that the new Improvement Plan and collaborative working with neighbouring hospitals will ensure learning from these cases is implemented with a positive effect to reduce future cases.

We commend you for your ongoing work to ensure patients with a Learning Disability or Autism have a positive experience during their stay in hospital and we look forward to hearing more about the Healthcare Inclusion Award and other interventions in the coming year. The innovative ways of respecting patients with Dementia introduced by your Admiral Nurse and senior team also reflect that the patients' individual needs are central to the way you work.

The NHS is nothing without its workforce and having robust leadership. The leadership training you have implemented to support the communication and collaboration across the wider healthcare system is positive. We also recognise the staff networks for LGBTQ+ and disabled staff as well as the wellbeing support offered to all staff groups over the past year.

The Trust's Quality & Safety Strategy 2022-25 drives continuous improvement across the trust through the five goals agreed in collaboration with the workforce. We look forward to continuing to hear about these improvements covering the three areas of quality; patient experience, patient safety and clinical effectiveness across all services in both the hospital and the community.

Clinical audit is a key component in quality of care, and we were particularly interested to see the range and number of national audits completed in year. It is positive that the Trust is meeting or is above the national average compliance rates for these audits, which is another great example of a culture for promoting good quality care standards across all Departments. We also recognise the rationale for not taking part in the audits listed in the report due to capacity issues and ongoing system pressures.

The improvements to your patient safety culture have been evident through the work which has gone into the investigation progress for serious incidents and how learning has been embedded into practice. This is further evidenced by the progress against the introduction of the new patient safety incident response framework and appointments to the Quality and Governance Team over the course of the year.

In closing we acknowledge that the Trust has not received a CQC inspection since 2019 but the Trust's ongoing commitment to embedding the quality improvement work noted in this report will support with future inspections. We wish the Trust every success with the ongoing rollout of the quality strategy and look forward to continuing to work with you and see the development of the provider collaborative and system working.

Yours Sincerely

AJWilliams

Amanda Williams

Associate Director of Quality and Safety Improvement (Cheshire East)

NHS Cheshire and Merseyside ICB

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Healthwatch Cheshire CIC welcomes the opportunity to comment on the East Cheshire NHS Trust Quality Account 2022/23

Healthwatch Cheshire East felt that overall, this is a reader friendly report which is informative and contained interesting and relevant information. It shows the Trust's innovative work in several areas.

We note and commend the trust on its recent work in particular- Safer staffing – Healthwatch were pleased to hear of the recruitment of 78 new nurses and the projection of 0% vacancies by Q1 23/24. This obviously not only increases patient care but also confidence. In addition, this supports the wider wellbeing of staff.

Reduction in Falls with Harm - Within this area the appointment of an Activity Coordinator to Ward 9 is an excellent way of enhancing the wellbeing of patients. Healthwatch Cheshire look forward to seeing this in action.

The introduction of a Hospital Independent Domestic Violence Advocate is a really positive step in supporting victims at an early stage and providing better outcomes for victims and hopefully a reduction in the need for medical treatment.

Good collaborative working with the Care Communities particularly around Transfer to Discharge - supporting not only the patient but their carers.

The support the Trust is giving to care homes in delivering education and support in early identification and management of pressure ulcers is to be commended.

The Trust undertakes a wider range of audits and these have identified areas for improvement and what has/is happened to address these. e.g. management and storage of insulin, blood pressure monitoring in paediatrics.

Health and Adult Social Care and Communities overview and Scrutiny committee Review of East Cheshire NHS Trust Quality Account 2022/23

Insert words here

Glossary

A&E	Accident and Emergency
ACS	Acute Coronary Syndrome
ACP	Association of Child Psychotherapists
AFS	Anti Fraud Specialist
AHP	Allied Health Professional
AKI	Acute Kidney Injury
AQ	Advancing Quality
AMi	Acute Myocardial Infarction
AMT	Abbreviated Mental Test
ANC	Antenatal Clinic
APLS	Advanced Paediatric Life Support
ARDS	Acute Respiratory Distress Syndrome
AVS	Acute Visiting Service
CARE	Clinical Audit Research and Effectiveness
C&MCCN	Cheshire and Mersey Critical Care Network
CCG	Clinical Commissioning Group
CCNT	Children's Community Nursing Team
CCR	Cheshire Care Record
CCOR	Central Venous Access Device
CDiff	Clostridium *Difficile*
CGA	Comprehensive Geriatrice Scheme for Trusts
COPD	Chronic Obstructive Pulmonary Disease
CPAP	Continuous Positive Airway Pressure
CPR	Cardiopulmonary Resuscitation
CQC	Care Quality Commission
CQUIN	Commissioning for Quality And Innovation
CRN	Clinical Research Nurse
CTG	Cardiotocography
CTR	Criteria To Reside
CWMH	Congleton War Memorial Hospital
Datix	Internal incident reporting system
DNACPR	Do Not Attempt Cardiopulmonary Resuscitation
DSPT	Data Security Protection Toolkit
DTOC	Delayed Transfers of Care
DVT	Deep Vein Thrombosis
ECCCG	East Cheshire Clinical Commissioning Group
ECT	East Cheshire NHS Trust
ED	Emergency Department
EDD	Expected Day of Discharge
EDNF	Electronic Discharge Notification Form
EMIS	Electronic Medical Information Systems
EPaCCS	Electronic Palliative Care Co-ordination Systems
EOL	End-Of-Life
ETU	Endoscopy Treatment Unit
FFT	Friends and Family Test
GMC	General Medical Council
GP	General Practitioner
GPOOH	GP Out-of-Hours

HDU	High Dependency Unit
HITS	Home Intravenous Therapy Team
HLO	High Level Outcome
ICU	Intensive Care Unit
IG	Information Governance
IT	Information Technology
IRT	Integrated Respiritory Team
LD	Learning Disabilities
MAPLE	Mental and Physical-Led Exercises
MAU	Medical Assessment Unit
MDGH	Macclesfield District General Hospital
MDT	Multi-Disciplinary Team
MRSA	Methicillin-Resistant Staphylococcus Aureus
MINAP	Myocardial Ischaemia National Audit Project
MVP	Maternity Voices Partnership
NAS	National Autistic Society
NEWS2	National Early Warning Score 2
NHS	National Health Service
NHSI	NHS Improvement
NHSLA	NHS Litigation Authority
NHSP	Newborn Hearing Screening Programme
NICE	National Institute of Clinical Excellence
NIHR	National Institute for Health Research
NCEPOD	National Confidential Enquiry into Patient Outcome and Death
NRLS	The National Reporting and Learning System
NSF	National Service Framework
NWAS	North West Ambulance Service
OT	Occupational Therapist
OFSTED	Office for Standards in Education
OOH	Out of Hours
PE	Pulmonary Embolism
PICC	Peripherally Inserted Central Catheter
PLACE	Patient-Led Assessment of Care Environment
PPC/D	Preferred Place for Care/Death
PPE	Personal Protective Equipment
PROMS	Patient-Reported Outcome Measures
QIPP	Quality, Innovation, Productivity and Prevention
QSUS	Safety Quality Standards
RAD	Rapid Access and Diagnostics
RCOG	Royal College of Obstetricians and Gynaecologists
SBLBC	Saving Babies Lives Care Bundle
SHMI	Summary Hospital-level Mortality Indicator
SNCT	Safer Nursing Care Tool
SPCT	Specialist Palliative Care Team
SQS	Safety Quality Standards
StEIS	Strategic Executive Information System
TARN	Trauma Audit and Research Networks
UTI	Urinary Tract Infection
VTE	Venous Thromboembolism

East Cheshire NHS Trust
Victoria Road
Macclesfield
Cheshire SK10 3BL
United Kingdom (0)1625 421000

www.eastcheshire.nhs.uk
@EastCheshireNHS
@EastCheshireNHS

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Democratic Services
Westfields
Middlewich Road
SANDBACH
Cheshire
CW11 1HZ
contact:
Nikki.bishop@cheshireeast.gov.uk

FAO:
Mr Paul Devlin
Deputy Director of Nursing and Quality
East Cheshire NHS Trust

DATE: 15 August 2023

OUR REF: SC/LW/nb

Dear Mr Devlin

As Chair of the Cheshire East Council Scrutiny Committee, I am writing to submit its statement to be included in the East Cheshire NHS Trust Quality Account 2022/23. The draft Quality Account 22-23 has been shared with and reviewed by members of the Scrutiny Committee. Overall, the Committee is pleased with the content of the Quality Account and believes it provides a good picture of the performance of the Trust. I would also add the following comments:

I note that the Trust has taken several steps to reduce the number of pressure ulcers acquired in hospital and under the care of community nursing teams, such as the development of the Pressure Ulcer Improvement Plan, Pressure Ulcer Panel, and revision of the Pressure Ulcer Policy. The Quality Account refers to new documentation that has been developed to support the repositioning of patients and skin checks whilst in hospital and outlines how this has helped support staff education. It would be helpful for the Committee to understand if this is new documentation or existing documentation that has been improved during 2022-23.

I am pleased to hear that following the annual inspection of mattresses completed during 2022-23 a number of mattresses were replaced, providing adequate pressure relief for patients. The Committee would be keen to understand if mattresses are checked more regularly than the annual inspection, and if this is done as each patient vacates them.

I understand the workforce pressures that the Trust has faced, and I am pleased to learn that staffing levels within the Trust now comply with the National Quality Board safer staffing thresholds. It is reassuring to learn that the Trust forecasted a 0% vacancy level by Q1 2022-24. The Committee would like to discuss further the safer staffing thresholds and what, for East Cheshire Trust, constitutes safe staffing levels?

The proposed collaboration with Stepping Hill Hospital rheumatology service to explore direct referral to Same Day Emergency Care for IV alendronic acid following bone

health assessment would seem a very positive move. The Committee looks forward to learning more about this collaborative partnership at its September meeting.

The work undertaken during 2022-23 to improve Dementia Care and Learning Difficulties support to both patients and their families is noted. The appointment of an Activity Coordinator to the Clinical Teams on Ward 9 is a fantastic investment which will positively impact upon the experience of patients with dementia. The Committee would like to learn more about the Dementia Strategy 2022-25 and the care and support that is available for a patient with dementia who is admitted to hospital with an urgent medical/surgical problem?

I recognise the value of the Leadership, Education and Development Centre at New Alderley House. The Committee and I look forward to hearing about how this space will provide support to learners within the organisation. I understand that some mandatory and statutory training is below trajectory, what steps is the Trust taking to ensure this is rectified during 2023-24?

I am pleased to learn that the Trust is investing in local community estates in Congleton and Knutsford and that the Trust has received over £7m grant funding for heating upgrades and insulation efficiencies.

I note that cancer diagnosis and treatment targets during 2022-23 had not been met however the target '31 day wait from cancer diagnosis to treatment – 2023-23' had been achieved. The Committee and I would welcome a discussion on this at Committee in September to understand how this target has been met, whilst all other diagnosis and treatment targets have not been achieved.

Performance indicators for 2022-23 highlight that Safeguarding Adults L2 and Safeguarding Children – L3 training had not been on target. The Committee would be interested to hear what steps the Trust will take to improve this throughout 2023-24.

I hope the comments above are well received by the Trust and that these matters can be further discussed at the Scrutiny Committee scheduled for 7 September 2023 10am, Westfields - Sandbach. I understand that you will attend Committee to present the Quality Account 2022-23 report.

If you have any comments of questions about the Committee's submission or your attendance at Committee, please contact Nikki Bishop, Democratic Services Officer (Nikki.bishop@cheshireeast.gov.uk).

Yours sincerely

Liz Wardlaw

Councillor Liz Wardlaw
Chair of Scrutiny Committee
Cheshire East Council

Cheshire and Wirral Partnership
NHS Foundation Trust

Cheshire East
Oversight and Scrutiny Meeting

Mike Caulfield

Consultant Nurse and Multi-Professional Approved Clinician

Co-Chair CWP Suicide Prevention and Intervention Group

CHAMPS Suicide Prevention Partnership Board Member

Cheshire East/CWAC/Wirral Suicide Prevention Group Member

Helping people to be
the best they can be

Cheshire and Wirral Partnership
NHS Foundation Trust

Content

- Regional Perspective, Data and Themes
  - Strategy
  - Action Plan
  - RTS
- CWP and suicide prevention

Cheshire and Wirral Partnership
NHS Foundation Trust

Regional Perspective, Data and Themes

- C&M Regional Strategy
- Action Plan
- RTS

Helping people to be
the best they can be

CWP and Suicide Prevention

Cheshire and Wirral Partnership
NHS Foundation Trust

- Wider Group/Committee Membership
- Revision of CWP strategy
- Data Reporting
- Training Strategy

Helping people to be
the best they can be

SUICIDE PREVENTION STRATEGY | Cheshire & Merseyside 2022-2027

Champs Public Health Collaborative

Foreword

Ruth du Plessis
Director of Public Health, St Helens Council
Lead Director for Suicide Prevention, Champs Public Health Collaborative

Our first Cheshire and Merseyside Suicide Prevention Strategy was launched in 2015. This strategy is our third and is for 2022-2027. We continue to assert that suicides are not inevitable and therefore collective action can and does make a difference.

Our updated strategy comes at a time when we are facing significant challenges as a society following the COVID-19 pandemic and the cost-of-living crisis.

As has been highlighted by a report by the Samaritans, suicide disproportionately affects some of the most disadvantaged and vulnerable people in our society, devastating families and communities. Therefore, given the challenges we are facing we must continue our collective efforts and in actuality, increase them.

There have been some system-wide changes that we are proud of, that have no doubt saved lives, things such as areas having access to a 24-hour crisis telephone support, specialist bereavement support and the recently developed lived experience network.

For this strategy, we are focussing on four key areas; men, children and young people, self-harm and inequalities. I am thankful to everyone who helped to develop this strategy and the support we have received. I am also especially thankful to those in our lived experience network for involvement in the strategy and their amazing artwork.

Each suicide is a tragedy; the loss to family and friends is personal to them and we acknowledge that behind the figures and descriptions in this strategy is a person lost to suicide and lost to their family and our communities.

Tim Welch

Senior Responsible Officer for Mental Health, Cheshire and Merseyside

Chief Executive, Cheshire and Wirral Partnership NHS Foundation Trust

Suicide prevention is a complex system-wide challenge which requires close working between the NHS, public health, partner organisations and those with lived experience, tailoring evidence of what works to local need and determinants. This developed strategic framework is crucial in driving improvements in suicide prevention in Cheshire and Merseyside, addressing priority areas alongside new and emerging issues such as the increasing cost of living.

Ultimately our aspiration is for Cheshire and Merseyside to be a region where all suicides are prevented and where people have hope for the future. It is our collective responsibility to focus on the areas where we can make the biggest difference and I urge system leaders to pledge their support to deliver this strategy.
System improvements within mental health have already been made, as part of the Long Term Plan supporting preventing suicides. Most notably first response service including 24/7 urgent mental health care for all ages and improvements in crisis care.

This investment is welcomed but needs to be sustained and a continued commitment is required for us to make a difference – working together collaboratively is a theme across Cheshire and Merseyside and collectively it is our responsibility to ensure this is a place where suicides are not inevitable but preventable.

Councillor Louise Gittins

Leader of Cheshire West and Chester Council, and Cabinet Member of Poverty and Wellbeing

This new Suicide Prevention Strategy for Cheshire and Merseyside has been developed in consultation with a broad range of organisations across different spectrum's and most importantly people with lived experience of suicide bereavement and self-harm.

We know every suicide is a tragedy that affects families and communities and has long lasting effects on people that are left behind. Therefore, it was important to me to involve people who see the impact first-hand.

The strategy shows the many different issues and the complexity of suicide risks that can have an impact on an individual. But the strategy also illustrates that through collective action we can really make a difference.

Suicides are not inevitable and by working together we can make a difference to people's lives, creating hope through collective action.

Introduction

SUICIDE PREVENTION STRATEGY | Cheshire & Merseyside 2022-2027

Welcome to the new Cheshire and Merseyside Suicide Prevention Strategy for 2022-2027. We have worked hard to develop this strategy through engagement, consultation and collaboration; listening to those with lived experience, stakeholders and partners to ensure that the priorities for action reflect their needs.

In producing this new strategy we have used local, regional and national data, as well as other evidence and intelligence, to collate priority areas and ensure the strategy reflects the changing world we live in.

The aim of this strategy is for Cheshire and Merseyside to be a place where suicides are not inevitable. We believe that whilst suicides are complex, they are also preventable. The issues and risks associated with suicide are constantly being highlighted with better data and intelligence and ongoing research and insight. We know we will only be able to address the issue effectively by collective action.

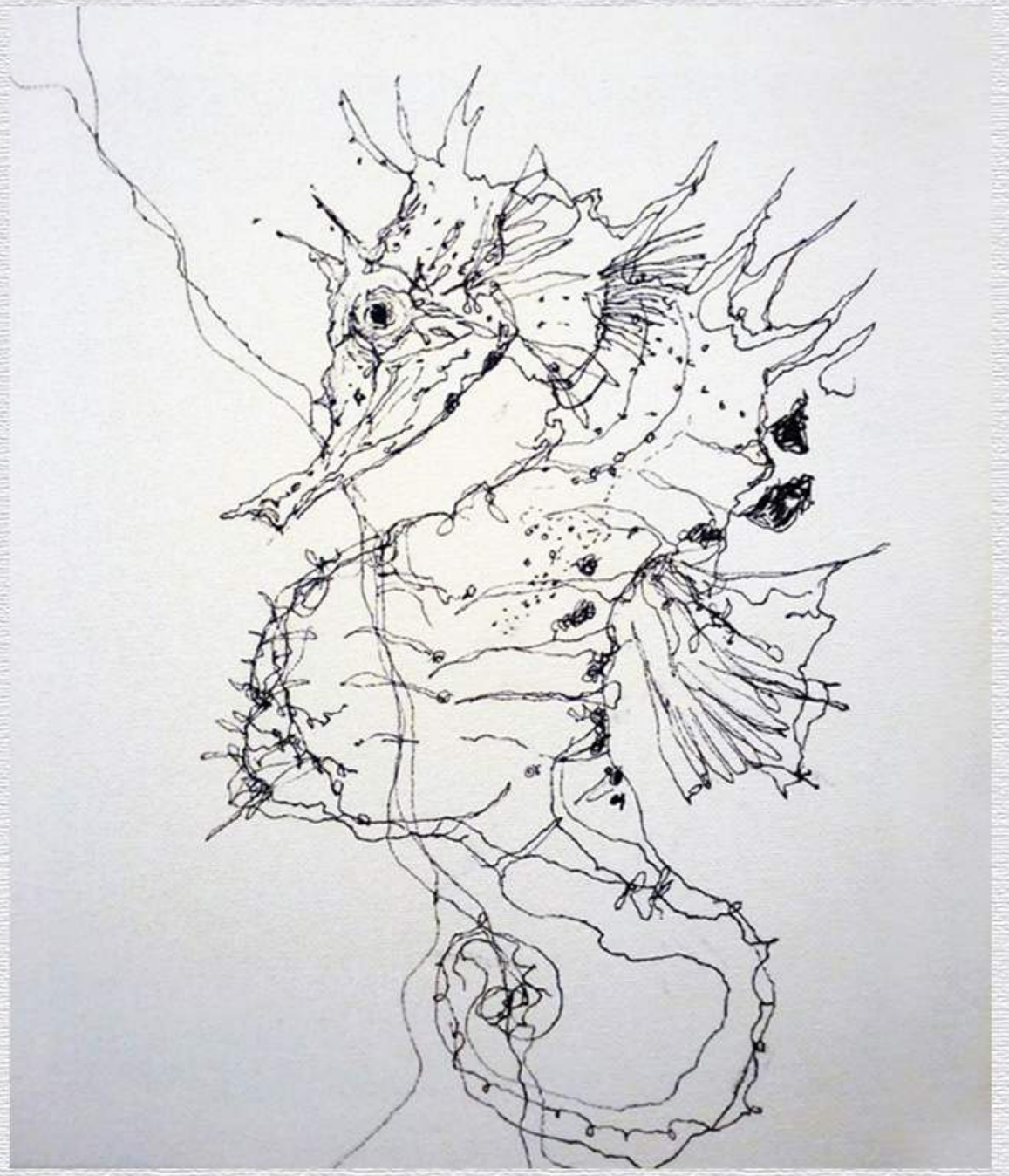
The impact of suicide goes beyond those directly affected and therefore the effect on our communities increases with each death. For every one suicide there can be up to 135 people impacted. This means that in 2021 alone, over 37500 people in Cheshire and Merseyside were affected by suicide[1]. This is multiplied each year as those affected by suicide live the rest of their lives with the significant detrimental impact.

In 2021 alone, over 37500 people in Cheshire and Merseyside were affected by suicide.

As we seek to ensure continued improvements in suicide prevention, we will be led by the data, intelligence, evidence and research, experience and best practice so that we understand what the issues are locally, regionally, nationally and internationally and focus our efforts to best effect. Therefore, whilst this document provides a strategic framework for Cheshire and Merseyside, the life of this strategy needs to be dynamic and address any new and emerging issues.

There are some population groups and risks that remain high priorities, such as men, those who repeatedly self-harm, children and young people and inequalities. However, there are new and emerging themes we need to be aware of such as addiction, including gambling, domestic abuse, with risks linked to both perpetrators and victims, and internet harms.

The risk of suicide increases for those directly impacted by suicide. Both national and local audits highlight many individuals make contact with services prior to their death. There are opportunities to intervene by services, through community action and through individuals. This means effective training and safety planning, which will help to identify protective factors and reduce the stigma around talking/opening up, are essential to address these needs and prevent these losses.



Amie, Cheshire and Merseyside Lived Experience Network for Self-Harm and Suicide Prevention member

SUICIDE PREVENTION STRATEGY | Cheshire & Merseyside 2022-2027

Collaboration across agencies and with communities was a strongly stated theme throughout the consultation on this new strategy. Cheshire and Merseyside has a strong history of collaboration and drive to reduce suicide rates and as a result has been **awarded 'Suicide Safer Community' status by Living Works.**

A priority of the award is to focus on prevention and not just 'save a life today' but address the wider issues and risks relating to suicide. This strategy will, therefore, take a life-course approach to suicide prevention. Suicide prevention does not sit alone but can be addressed through other strategic programmes of work.

With this approach, it allows us to illustrate where suicide prevention work aligns to key workstreams. This strategic framework and plan highlight these issues and links to those strategic programmes of work.

We will continue to drive improvements in this very complex area by working in a collaborative way and with strong leadership. We want to continue to ensure that in Cheshire and Merseyside every death by suicide is one death too many.

Suicide prevention does not sit alone but can be addressed through other strategic programmes of work.

Vision, Mission and Values

SUICIDE PREVENTION STRATEGY | Cheshire & Merseyside 2022-2027

VISION

Our aspiration is for Cheshire and Merseyside to be a region where all suicides are prevented, where people do not consider suicide as a solution to the difficulties they face and where people have hope for the future.

MISSION

Our mission in Cheshire and Merseyside is to build individual and community resilience to improve lives and prevent people falling into crisis by tackling the risk factors for suicide.

To support people who experience a time of personal crisis.

To create an environment where anyone who needs help knows where to get it and feel able to access that help.

To continue our commitment to build suicide safer communities in Cheshire and Merseyside.

To tackle the underlying risk factors for suicide.

VALUES

Address health and social inequalities

We are committed to reducing social and health inequalities in everything we do. This commitment underpins our approach to this strategy.

Reduce Stigma

To dismantle prejudicial attitudes and discriminating behaviour directed towards suicide and people with lived experience of suicide and self-harm.

Based on people and place

We use a people-first approach which acknowledges the challenges that individuals face.

We involve people with lived experience to inform our approach to suicide prevention and suicide bereavement in Cheshire and Merseyside.

Collaborative working with partners

We use a whole-system approach working in collaboration with partners and stakeholders to address the complex nature of suicide and self-harm.

Data driven

We are guided by local data and real-time surveillance which enables us to help those who are most at risk.

We are committed to improving data collection with a focus on recently identified risk factors and high-risk groups and ensure support for those bereaved by suicide.

System leadership

We act as system leaders to drive change throughout the subregion.

International and national context

The World Health Organisation highlights suicide as a major public health risk, being the fourth leading cause of death for 15 to 19-year-olds worldwide. They estimate that for every suicide there are 20 non-fatal suicide attempts and 16 million attempts globally.[2] In the UK, suicide prevention has been a focus of government policy with additional funding to regions to support prevention.

The national suicide prevention strategy 'Preventing suicide in England - A cross-government outcomes strategy to save lives' was launched in 2012 with the key aims of reducing suicides by focussing on: key high-risk groups; tailoring approaches to mental health in specific groups; reducing access to means; providing bereavement and postvention support; supporting the media in sensitive approaches to suicide and improve research, data collection and monitoring.[3]

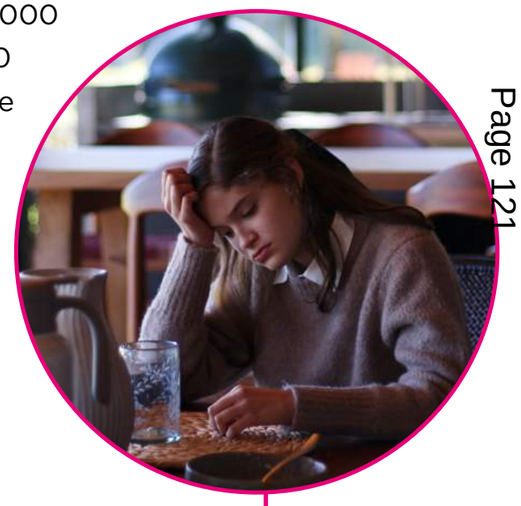
Suicide is the fourth leading cause of death for 15 to 19-year-olds worldwide

The NHS Long Term Plan in 2019 also committed to suicide prevention remaining a priority and all areas to have suicide bereavement support.[4]

All of the above issues are still relevant today, however, improvements in bereavement and postvention support, more knowledge and intelligence about the risks and different approaches to mental health and wellbeing have improved over the last 10 years.

But every death by suicide is a tragedy and a cause of huge distress to those affected. It is estimated that the cost to the economy of every suicide is £1.67 million.[5] These emotional and financial costs take a toll on our communities and yet there are actions we can take to help prevent each suicide.

Despite increases in the national suicide rate in 2018 and 2019 and a concern that the COVID-19 pandemic with the subsequent public health measures may have an impact on suicide rates in 2020, the overall national rate in 2020 decreased to 10 per 100,000 from 10.8 in 2019. Nationally, the highest rates in 2020 were in the North East, Yorkshire and Humber and the South West.[6]



The cross-government report on preventing suicides in England[7] and the 2022 National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) annual report[8] indicate that whilst the pandemic did indeed cause concern, some of the actions taken may have had some protective elements.

More support for crisis services, more community engagement, family time and support specifically at the beginning of the pandemic, may have had some element of protection.

However, we are now more than two years after the beginning of the pandemic and there are groups we need to be concerned about, for

example, those who have experienced a financial impact, children and young people, specifically those who self-harm, witness domestic abuse, experience bereavement, bullying and academic pressures; and those with existing mental health problems.

We need to be vigilant of certain occupational groups that may have experienced trauma throughout the pandemic such as health and social care.

New issues are also emerging such as debt issues linked to fuel poverty and increasing cost of living which may indeed cause significant problems for many of those already in financially unstable circumstances and impact on those in the poorest areas of the country. Therefore, we need to help to mitigate these new and emerging risks and continue to work in the areas already highlighted as key population groups and risk factors.

Even through 2021, real-time surveillance indicates that suicides have not increased nationally. The impact of the pandemic will be wide-ranging and will be seen over a number of years, but the impact is not yet evident in suicide statistics nationally.

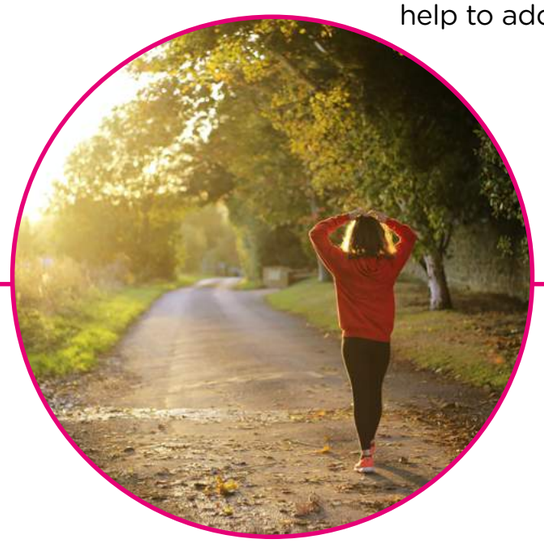
However, the local context illustrates that in both Cheshire and Merseyside we are seeing increases that are concerning.

The impact of the pandemic will be wide-ranging and will be seen over a number of years.

Local context

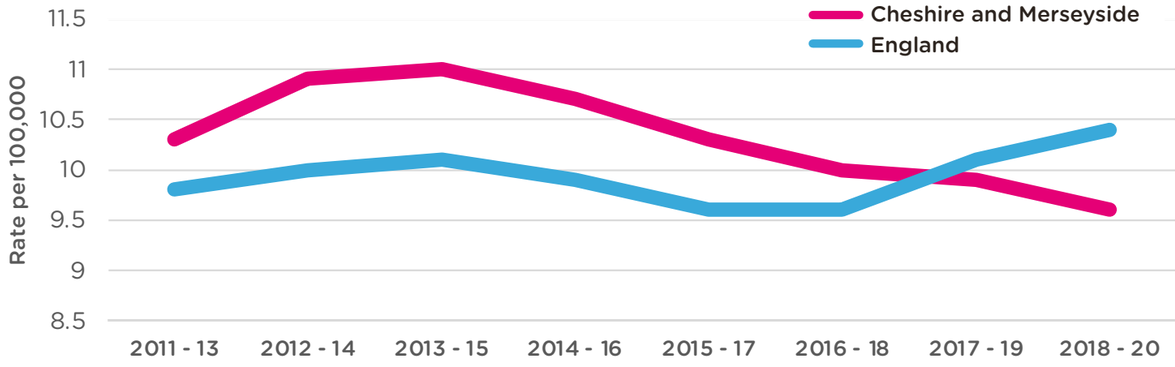
Cheshire and Merseyside is a subregion of over 2.8 million people, with a population and demographic ranging from very affluent areas to some of the most deprived in the country. There are inner city areas, coastal and rural communities and everything in between. The subregion is made up of nine local government areas including Cheshire East, Cheshire West and Chester, Warrington, Halton, Wirral, Liverpool, Knowsley, St Helens and Sefton. The area has some of the most deprived boroughs in the country with Knowsley and Liverpool ranked second and third most deprived respectively.

The wide-ranging nature of the subregion means we need to ensure that we respond to the complex nature of suicides across a broad range of populations. The last year has seen an increase in suspected suicides linked to some of our most deprived communities so tackling these wider determinants of social and health inequality will help to address suicide risks.



What the data tells us

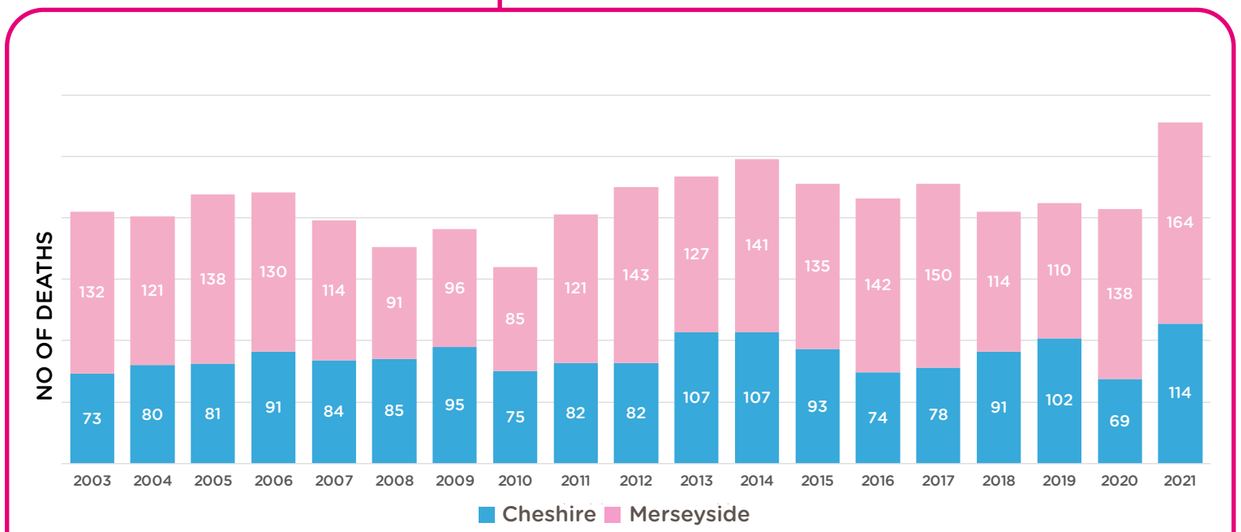
The official data from the Office of National Statistics shows that since 2013-15 the rate of suicides and injury undetermined in Cheshire and Merseyside have reduced to below the England rate to 9.6 per 100,000 (2018-20). Whilst this shows the really good work on suicide prevention across Cheshire and Merseyside this rate hides the variation across the area.



Trends in suicide and undetermined rates for Cheshire and Merseyside and England 2011/13 to 2018/20 (Office of National Statistics)

Despite an overall reduction in the 3 year rates for Cheshire and Merseyside to 2018-20 the most recent data published in September 2021 by Local Authorities shows that in 2021 both Cheshire and Merseyside saw increases in numbers to the highest levels since 2003. In previous years when the numbers were high this could have been as a result of the 2008 recession.

We know from history that financial stressors can have an impact on suicide rates, for example, it is estimated that during the recession of 2007 there was an excess of 10,000 suicide deaths in European countries, Canada and USA.[9]
The numbers in Cheshire and Merseyside are concerning as they may illustrate the financial stressors of the pandemic and how the pandemic affected some populations more than others. Cheshire and Merseyside alongside other North West areas were greatly impacted by lock downs. Therefore, there was a greater likelihood of financial and emotional impact of these lock downs for Cheshire and Merseyside than other areas in the country.



Number of suicides and injury undetermined by year 2003 – 2021

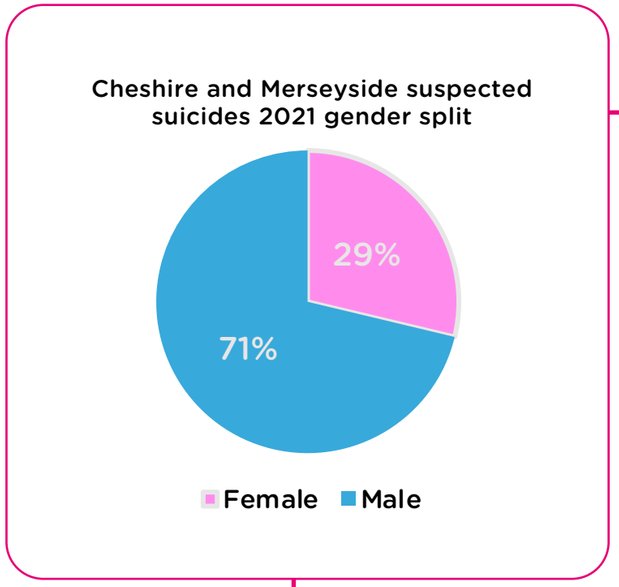
Real-time surveillance

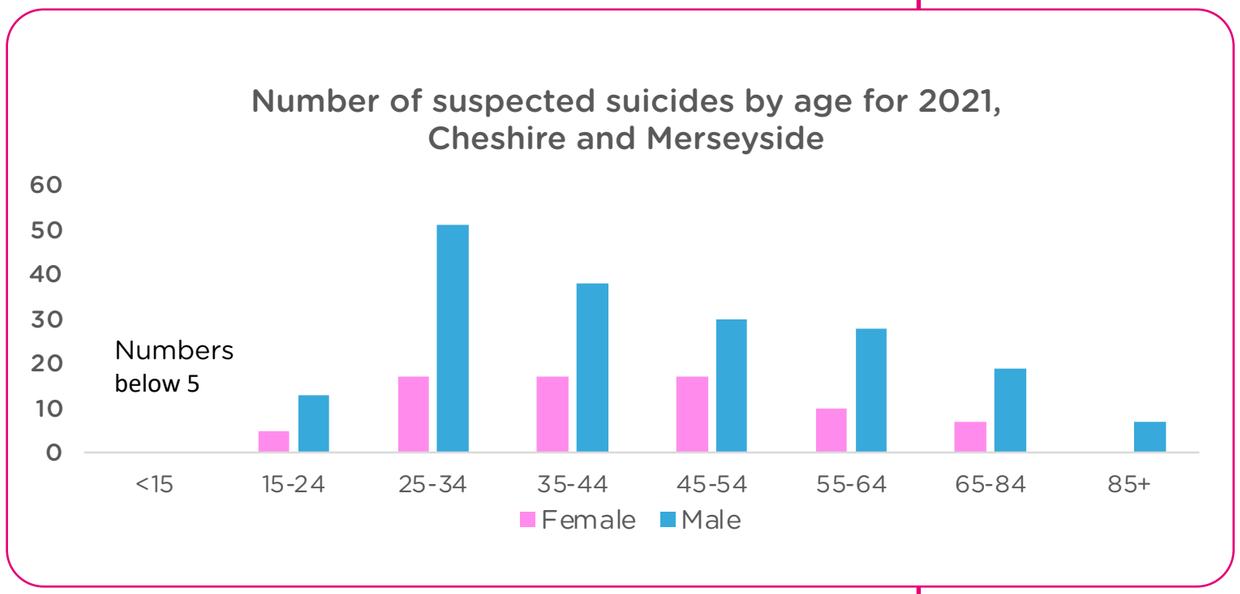
The official data provides an illustration of trends against national data, however, to establish more up-to-date information across Cheshire and Merseyside we use real-time surveillance of suspected suicides. It must be noted that these suspected suicides have not gone through the coronial system and therefore are an indicator of Cheshire and Merseyside suicides. We have found the following:

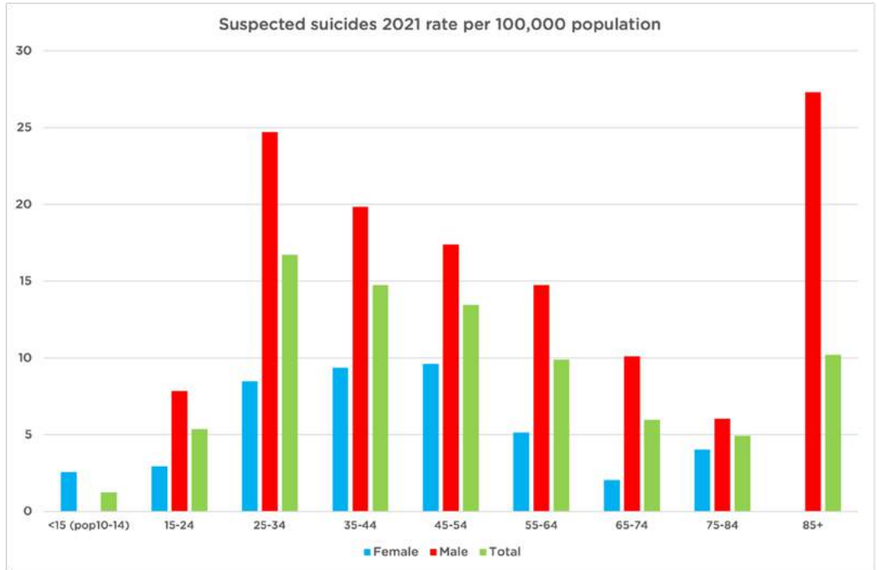
- Merseyside continues to experience increases in suspected suicides in 2021
- 71% of suspected suicides are in males
- Both Cheshire and Merseyside are seeing the highest number of deaths in the most deprived neighbourhoods. This is more evident however in Merseyside with 48% of suspected suicides in 2021 up to February 2022 being in people residing in areas classified as the Index of Multiple Deprivation 1 and 2
- Both Cheshire and Merseyside have seen both an increase in the numbers of suspected suicides in younger age groups and some older age groups and a smaller concentration on middle aged men
- Data collected from the Merseyside Real-Time Surveillance system shows a growing number of links with domestic abuse, both perpetrators and victims.

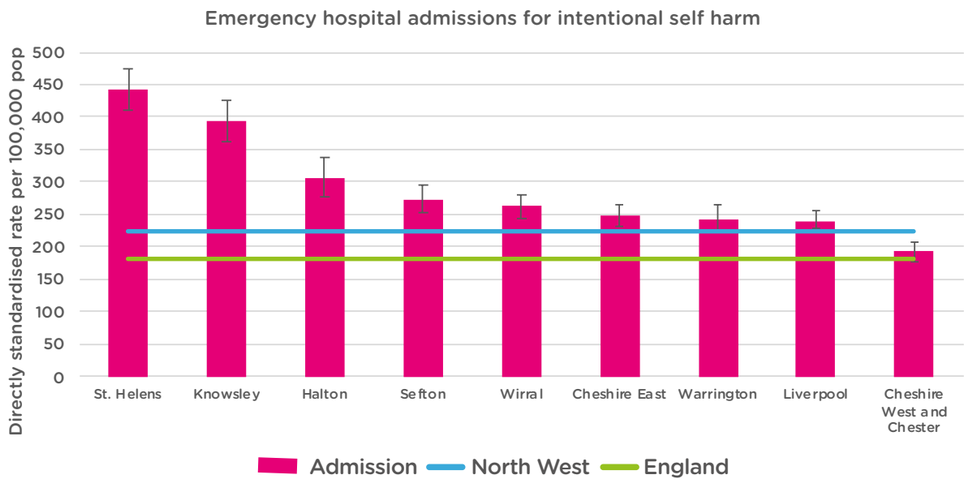
The highest number of suicides are seen in males in the working age populations (ages 20 – 64), however age specific data show that males over the age of 75 have some of the highest rates.

Whilst numbers of suicides are indeed greatest in the working age population, we still need to address the issues in younger people and older age groups.









Self-harm is a significant risk factor for suicide, the chart on the bottom left gives an indication of the risk in the communities in Cheshire and Merseyside. Although emergency admissions to hospital for intentional self-harm only highlights the most serious incidents requiring hospital admission, it can be seen that all areas excluding Cheshire West and Chester have high rates of admissions. The North West of England as a whole has more admissions than the rate for England.

Previous priority groups

The previous strategy focussed on the following population groups and themes as priorities and whilst these are still areas of great concern, in this strategy we will use a life-course approach to identify the risks and issues whilst still focussing on the areas where we will make the biggest difference, which are:

Men	Self-harm	Children and young people	Addressing inequalities
Are more at risk of suicide in younger people, working age population and older people.	In all age groups repeated self-harm increases the risk of suicide.	Events in childhood significantly impact on adult health and wellbeing.	In areas of poverty and social and health inequality there are generally higher rates of suicide.

Updated priority groups

Suicide and the reasons for a person to take their own life are complex and numerous. However, through local discussions, and via national and international evidence, key risk factors and groups have been reviewed and identified. Many risk factors are evident in all age groups and, where there are multiple factors, the overall suicide risk is heightened. Knowledge about risks in certain groups are improving all the time.

Throughout the life of this strategy, we will continue to improve data collection, evidence and research to continue to inform where we can make the biggest difference.

The page below highlights some of the risks identified through the development of this strategy and the sections on the life-course approach illustrate the evidence around the risks in certain age groups.

Knowledge about risks in certain groups are improving all the time.

As well as the groups on the above page, the following groups to the right have been identified by regional, national, and international data and local consultation as 'at risk'. As suicide is complex this list is not exhaustive but indicative of some of the major risks.

- Neurodiversity
- Mental health conditions
- Substance misuse
- Abuse
- Long-term conditions
- Economic stressors
- Online harms
- Pre-COVID trends in children and young people
- Academic pressures
- LGBTQIA+
- Bereavement
- Gambling
- Relationship issues/breakup
- Being in the criminal justice system
- Ethnicity
- COVID impact
- Looked After Children
- Bullying in children and young people

Using the life-course approach, the sections below identify the major risks in each life-course area.

Children and young people

There has been an overall trend upwards of young people dying by suicide nationally since 2010. This has been a concern raised and explored by NCISH.[10] Whilst the number of suicides in children and young people are still small in Cheshire and Merseyside, the numbers in younger age groups have increased.

In the 2021 data on suspected suicides for Cheshire and Merseyside 7.6% of cases were in under 25-year-olds and there were cases reported in the under 15's. Whilst this was a decrease from a high 9.3% cases in the under 25's in 2020, this was an increase from pre-COVID where the percentage was 6.7% with no cases under 15's.

Mental health concerns were identified in a third of the suicide deaths examined.

What do we know about the issues?

- 52% of suicides in under 20's reported **previous self-harm**[9]
- **Events in childhood** impact negatively on health in adulthood (physical and mental health), reducing the impact will help reduce young people and adult suicides
- **Trauma, including suspected or confirmed cases of abuse,** neglect, and domestic violence, was seen in more than a quarter (27.1%) of children who died by suicide[11]
- **Family-related problems**, such as divorce, custody disputes, parental substance use, or a family history of suicide or mental health concerns, were seen in more than a third (39.8%) of children who died by suicide[10]
- **Bereavement** was a specific issue for young people with 25% of under 20's and 28% of 20–24-year-olds experiencing bereavement.[9]
- **Looked After Children** were a population group accounting for 9% of suicides in under 20's, with specific issues highlighted around housing and mental health[9]
- **6% of lesbian, gay, bisexual and transgender (LGBT) people** under the age of 20 were said to have experienced bullying (10% of deaths were related to internet use)[10]
- **Students under 20** more often took their lives during April and May linked to academic pressures[9]
- **Mental health concerns** were identified in a third (31.4%) of the suicide deaths examined, with the most common diagnoses being attention-deficit/hyperactivity disorder (ADHD) or depression[10]

Working age population

National data shows there was an overall reduction in suicides in 2020, which was largely driven by a reduction in male suicides and delays in registration due to the pandemic. In Cheshire and Merseyside for 2020 there was a mixed picture with a decrease in suicides in Cheshire and an increase in suicides in Merseyside. As with national data men still account for the vast majority of deaths with 72% of suspected suicides in 2021 being men. The following risk factors play a significant part in those that die by suicide.

- **Men** – both in national and local data account for the majority of suicides across population groups
- **Self-harm** is a significant factor for all suicides with 64% of patients who died by suicide having self-harmed[7]
- **Living alone** with 48% of deaths[7] - combining with higher likelihood of being **unemployed**, **single** or **widowed**, experiencing recent **financial difficulties** and **relationship break-up**
- **Financial stressors** - evidence suggests that people who die by suicide are eight times more likely to have personal, unsecured debt than the general population.[11] During the most recent recession (2008-09), there was a 0.54% increase in suicides for every 1% increase in indebtedness across 20 European countries, including the UK and Ireland[12]

Men account for the majority of suicides across population groups.

- **People among the most deprived 10% of society** are more than twice as likely to die from suicide than the least deprived 10% of society[13]

- **Physical health conditions** have been linked to an increased risk of suicide such as asthma, back pain, brain injury, cancer, congestive heart failure, chronic obstructive pulmonary disorder, diabetes, epilepsy, HIV/AIDS, heart disease, hypertension, migraine, Parkinson's disease, psychogenic pain, renal disorder, sleep disorders, and stroke. With brain injury increasing the risk 9-fold.[14] In the Cheshire and Merseyside audit of 2017 60% of cases had a physical health condition. The potential impact of long-COVID is seen as a future concern

- **Mental illness, such as depression**, are linked with suicide and an increased risk associated with eating disorders, ADHD and early dementia

- **People who struggle with deliberate self-harm** are subject to higher risk of suicide, between 30- and 100-times increased risk than those who never self-harmed[15],[16]. In the 2021 Real Time Surveillance data 39% of cases where data was completed had reported previous self-harm. This data may be higher with better reporting

The lifetime risk for transgender populations of suicide attempt is estimated to be between 22% and 43%, with 9%–10% having made an attempt in the past 12 months.

- **Prison populations** are at higher risk of suicide than the general population and are especially high-risk after release

  - **Addictions** - it has been previously well documented that people misusing drugs and alcohol have a higher risk of suicide. However, we know that alcohol is often used at time of suicide even by those not dependent. Also, other addictions are becoming more apparent such as gambling. Harmful gambling is more likely undertaken by men aged 16-44, in more deprived areas with higher risks from alcohol. Problem gamblers are twice as likely to have suicide events[17]

- **Abuse** – 50% of those people who have had a suicide attempt in the past year had experienced intimate partner violence[7]

- **Bereavement** - both general and related to suicide increases the risk of suicide. The complexity of the coronial system and stigma associated with being bereaved by suicide put additional strain on family members and those close to the bereaved

- **Lesbian, Gay, Bisexual, Transgender, Queer or Questioning (LGBTQ+)** whilst the risk of suicide ideation is higher in LGB populations than heterosexual, for transgender populations, the lifetime risk for suicide attempt is estimated to be between 22% and 43%, with 9%–10% having made an attempt in the past 12 months[18]

- **Ethnicity** – is complex with mental illness issues differing between ethnic groups, however, issues relating to migration, asylum seekers, racism and discrimination and poverty are factors to be considered when addressing the needs and suicide risk factors within ethnic groups.[19]

The numbers of suicides in older people are often small and therefore can get overlooked.

SUICIDE PREVENTION STRATEGY | Cheshire & Merseyside 2022-2027

Older people

The number of suspected suicides in older age groups across 2021 have started to increase with any of the risk factors in adulthood also likely to be issues in older people. However, there are some specific factors to consider in older people, which are:

- **Rates of suicides in the very elderly are some of the highest**, however, the numbers are small, for example in 2021 the real-time surveillance data shows as a rate per population the highest rate was in males aged 85 and over at 27.3 per 100,000. The overall male rate was 14.8 per 100,000
- **Self-harm** – the risk of suicide among those who self-harmed in the over 60's was 67 times greater than the risk among the general population – and three times greater than the relative risk of suicide among younger adults who self-harm[20]
- **Multiple risks including**
  - Loneliness and social exclusion which may be impacted by physical illness, pain, disability, and cognitive impairment
  - Bereavement and grief
  - Physical illness and pain
  - Cognitive impairment
  - Disability
  - Financial stressors

The numbers of suicides in older people are often small and therefore can get overlooked. This strategy aims to identify these risks so that we can take collective action.

In summary

The table shown here illustrates the risk issues in summary across the life-course, with inequalities an underlying issue. Men of all ages are more likely to take their own life and self-harm is still one of the most significant risks throughout the life-course. These must be high priority areas for continued action. However, to prevent suicides and to tackle the increasing number of young people taking their lives and the repeated self-harm, we must improve our actions with children and young people regardless of gender. But, as men still account for the vast majority of suicides we should examine the issues in boys and young men.

Whist we have used this framework to identify risks within population groups, which illustrate the complexity of suicide, we must continue to also work to reduce access to methods and use our data to highlight areas of concern, whether they be in a workplace, school or geographical area.

At a Cheshire and Merseyside level we will focus on collective action to drive forward improvements in suicide prevention. Each local area will have their own suicide prevention action plan that will focus on people and place.

Risk areas	Children and Young People	Working Age	Older People	Inequalities including the impact of COVID
Men but understanding the increasing issues relating to women	●	●	●	
Self-harm	●	●	●	
Neurodiversity	●	●	●	
LGBTQIA+	●	●	●	
Bereavement including by suicide	●	●	●	
Online harms	●	●		
Addiction including gambling	●	●	●	
Mental health issues including dementia	●	●	●	
Abuse - domestic, sexual, neglect	●	●	●	
Ethnicity	●	●	●	
Refugees and asylum seekers	●	●	●	
Long-term conditions and long-COVID	●	●	●	
Criminal justice youth and adults	●	●	●	
Financial and economic instability	●	●	●	
Looked After Children especially in transition	●			
Children and young people during academic stressors and transition	●			
Homeless	●	●	●	
Workforce trauma		●		
Military veterans		●	●	

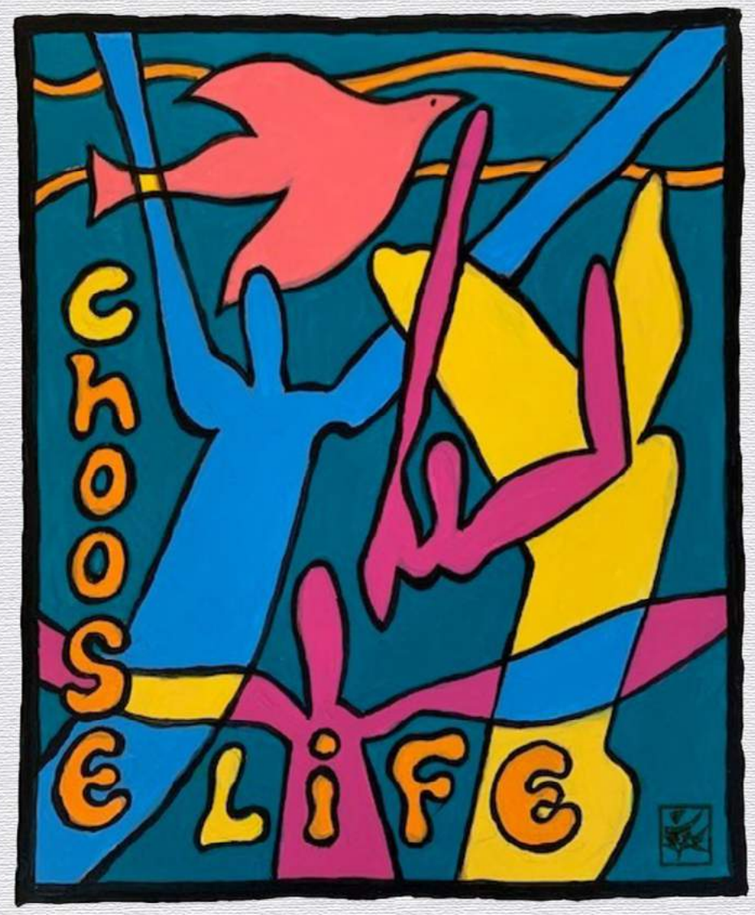
What we can do across Cheshire and Merseyside

The Cheshire and Merseyside Suicide Prevention Partnership Board will be the main oversight of the strategy and action plan. Suicide Prevention is everyone's business and therefore we will work at a system level across Cheshire and Merseyside to facilitate change and support collaboration and action.

At a Cheshire and Merseyside level we will work across the life-course to develop strategic actions to support prevention of suicides and self-harm, interventions to address risks associated with suicides and self-harm and deliver postvention support for those bereaved by suicide.

Our key priorities for Cheshire and Merseyside are:

- **Leadership and governance** ensuring an effective partnership and collaborative approach taking account of lived experience
- **Prevention** focussing on awareness, skills and knowledge, supporting suicide prevention in other strategies, communication and engagement
- **Intervention** focussing on training and safety planning across the organisations, working to improve self-harm support and pathways, improving access to mental health and social support, and ensuring implementation of safer care
- **Postvention** focussing on bereavement services including specific suicide, postvention support and working with the media
- **Data, intelligence, evidence and research** focussing on better data capture of the risks and intelligence on the local and national picture, collating evidence on interventions that work and supporting research where there are known gaps.



"Joy of Life", Anonymous member, Cheshire and Merseyside Lived Experience Network for Self-Harm and Suicide Prevention

Priority areas for action across Cheshire and Merseyside

SUICIDE PREVENTION STRATEGY | Cheshire & Merseyside 2022-2027

Priority 1

Leadership and governance

- Effective collaborative suicide prevention partnership
- Continue actions as a Suicide Safer Community
- Feedback on action to the Mental Health Oversight Board and Directors of Public Health
- Support local strategies and plans
- Audit of local plans against Cheshire and Merseyside priorities

Priority 2

Prevention

- Increase awareness of risks of suicides across the life-course, especially linking with newly identified risks
- Improve mental health and resilience in children and young people, men and older people by linking to local plans and wider strategies
- Improve suicide prevention skills and knowledge
- Develop an effective communications and engagement strategy

Priority 3

Intervention

- Increase suicide prevention training and safety planning in key work groups linked to priorities
- Improve self-harm support and implement National Institute for Health and Care Excellence (NICE) self-harm guidance
- Improve crisis care for all ages
- Continue to improve and implement Safer Care Standards
- Improve access to social and mental health support for all ages

Priority 4

Postvention

- Improve effective bereavement support for all ages, including specific suicide bereavement
- Ensure effective postvention services across Cheshire and Merseyside
- Ensure deaths by suicide are addressed sensitively in the media

Priority 5

Data, intelligence, evidence & research

- Improve the data sets collated by real-time surveillance and examine capacity to undertake a suicide audit for Cheshire and Merseyside
- Understand different methods of suicide and highlight issues
- Use the data to inform community response plans
- Develop an overarching suicide prevention dashboard to monitor progress of the plan

Other relevant strategies and workstream

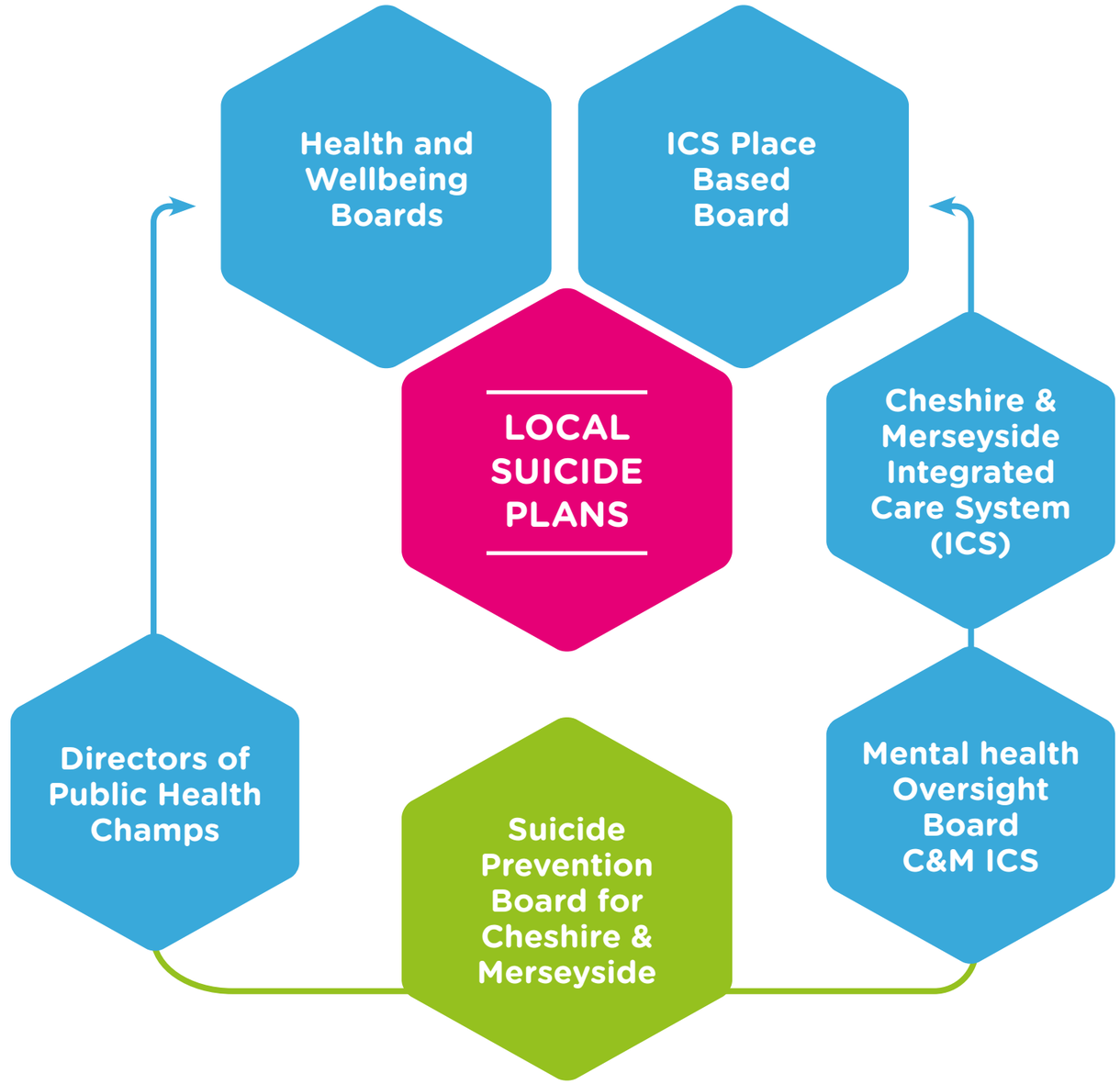
- Children and young people's emotional health and wellbeing strategic plan for Cheshire and Merseyside
- Mental health priorities for adults across Cheshire and Merseyside
- Marmot Communities – plan for improving wider determinants of health
- Complex lives work across Cheshire and Merseyside
- Healthy ageing workstreams for Cheshire and Merseyside

Governance of the strategy

This is a system wide strategy which will be governed by the 'Cheshire and Merseyside Suicide Prevention Partnership Board'. This Board will feedback to local Directors of Public Health who have a duty to produce local suicide prevention strategies and plans, and to the Mental Health Oversight Group of the Integrated Care System, who are responsible for suicide prevention and the mental health standards set by NHS England.

A monitoring framework for this strategy will be set up and be assessed and assured by the 'Cheshire and Merseyside Suicide Prevention Partnership Board' and reports will be sent to both Directors of Public Health and the Mental Health Oversight Group.

Directors of Public Health will be able to use the strategy to support local developments linking with both place-based boards and Health and Wellbeing Boards, focussing on local needs.



Successes from the previous strategy

Amparo, the suicide liaison service

was established in April 2015 to provide immediate practical support to those bereaved or exposed to suicide. In those five years it has provided information, support to community safety plans and direct support to beneficiaries, totalling over 5,000 contacts. People bereaved by suicide are at particular risk of suicide themselves, however no beneficiaries of Amparo have subsequently taken their own lives.

Samaritans Media Advice

When people are exposed to certain types of media coverage of suicide, this can increase the risk of imitational suicidal behaviour. Champs Public Health Collaborative and the local suicide prevention leads have sought to build positive relationships with the local press to ensure that the media delivers sensitive approaches to suicide. Samaritans Media Advisory service provide Cheshire and Merseyside with bespoke training, advice, monitoring and analysis of local news coverage. https://no-more.co.uk/suicide-and-the-media/

Building a Suicide Safer Community

has been integral to The suicide prevention partnership board and we were thrilled to receive the Suicide Safer Communities (SSC) Award from LivingWorks in July 2020 in recognition of the partnership's achievements and ongoing commitment to preventing suicides. LivingWorks are a global suicide prevention organisation that has brought international evidence together in establishing ten pillars of a framework towards building a Suicide Safer Community. The SSC Award greatly supports marking five years of the NO MORE Suicide Strategy, a time to reflect on the past five years and to look forwards to a refreshed strategy, engaging with new partners and building on the achievements in preventing suicide. https://no-more.co.uk/suicide-safer-communities/

National reach

The pioneering work that Cheshire and Merseyside has led on has resulted in presentations to national and regional conferences such as the National Suicide Prevention Alliance conferences in 2017 and 2018, inclusion in national guidance documents such as Public Health England 'Local suicide Prevention Planning – a practice resource' and 'Support after suicide - a guide for local services', a Parliamentary visit of the Health Select Committee on Suicide Prevention in 2016 and contributions to learning for other regions such as Public Health England Suicide Prevention Master Classes in 2017.

The number of suicides have reduced in the life of the strategy from a high of 248 in 2014 to 207 in 2020.

Safer Care

The three, now two, Mental Health Trusts have worked together to benchmark themselves against the National Confidential Inquiry into Suicide and Safety in Mental Health standards, sharing best practice to implement changes in those areas the benchmarking exercises highlighted as requiring quality improvement.

Successes from the previous strategy

SUICIDE PREVENTION STRATEGY | Cheshire & Merseyside 2022-2027

Intelligence

In 2017 a Real-Time Surveillance system was established to look at recent suspected suicides, and learning panels have been established to understand what prevention measures may be taken. Working in conjunction with the coroners and the police across Cheshire and Merseyside, intelligence on risks has improved and led to work with community safety and domestic abuse leads across Merseyside.

Time to Change

Challenging stigma surrounding mental health can encourage people to access help and support. Time to Change (TtC) and the campaign Time to Talk set out to challenge mental health stigma. TtC campaigns have changed attitudes in schools, workplaces and communities. Champs Public Health Collaborative created a Time to Talk Toolkit for World Suicide Prevention Day (WSPD) in 2018 and the majority of Cheshire and Merseyside Local Authorities are now signed up to TtC, with active local champions bringing their lived experience in spearheading at least four campaigns every year.

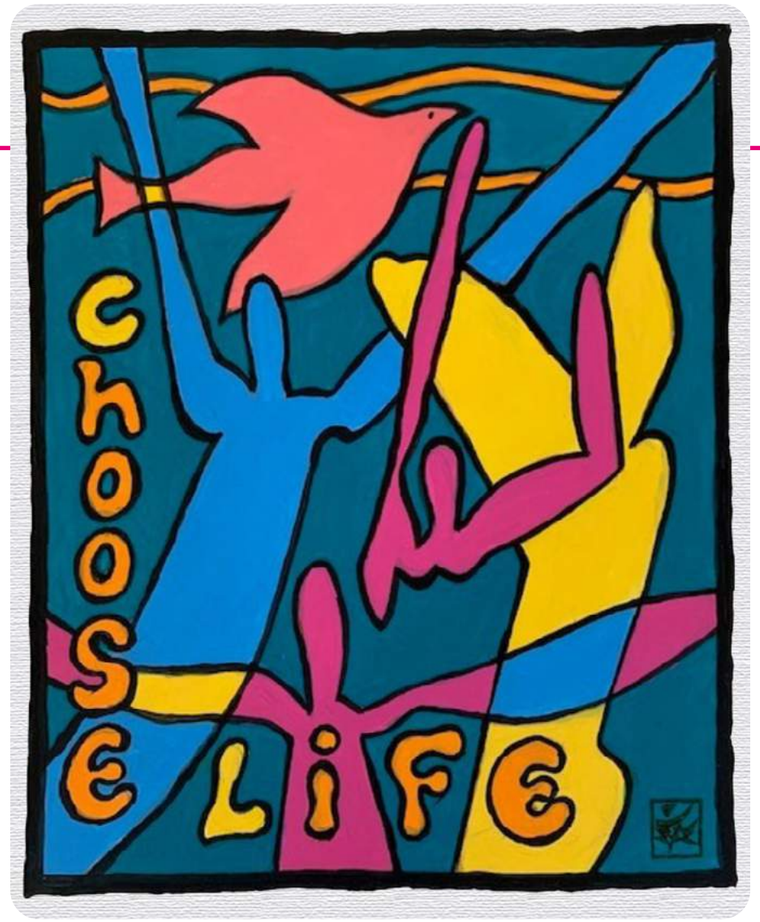
The Stay Alive app provides tools, information and immediate help both locally and nationally for someone at risk of suicide. Cheshire and Merseyside added local details in 2019, and in the first year over 9,000 Cheshire and Merseyside residents used the app, with over 1,700 clicks to local services.

Men's mental health

National data shows that 75% of those that die by suicide are men. A focus on middle aged men in the last strategy with £520,000 being spent on specific men's projects has allowed us to understand the needs and what works for men. This was underpinned by an academic evaluation by Edge Hill University highlighting good practice. https://no-more.co.uk/wp-content/uploads/2022/02/EITC-Mens-Health-Projects-report.pdf

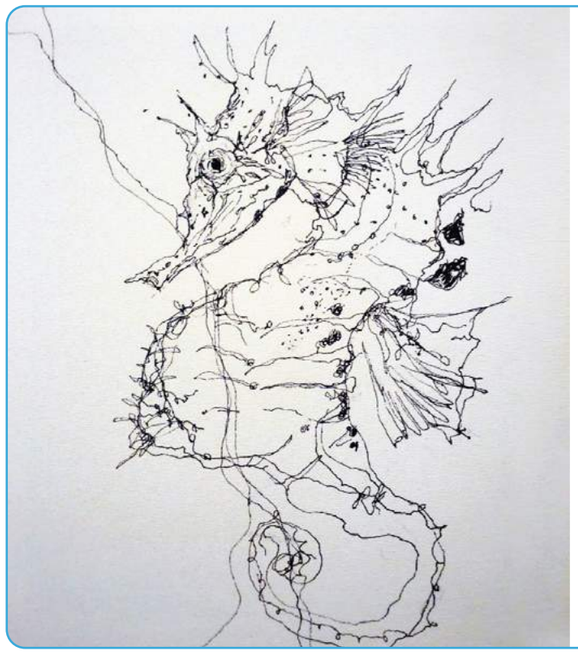
LIVED EXPERIENCE NETWORK (LEN)

We have developed a Cheshire and Merseyside Lived Experience Network for Self-Harm and Suicide (LEN) so that the voice of those who have experienced suicide or self-harm is embedded into programmes of work and developments. The LEN is supported by Wirral Mind who have 50 years of experience dealing with mental health problems and learning disabilities in our communities.



"Joy of Life"; Anonymous member, LEN

> ***I joined the Lived Experience Network after losing my brother to suicide. Even after this short period of time, I feel that the network has given me a safe space to talk about my experience with suicide and that my voice is actually being heard. Already, the network has fantastic ideas about how we can prevent suicides and I am feeling optimistic about the future. It is so important that people who have lived experience are given the opportunity to contribute and use their experiences to shape positive changes.***
> *Anonymous member feedback, LEN*



> ***I thought about the seahorse. All animals to do with strength at times of need, e.g., lion, hawk, are not a patch on the seahorse. The seahorse is all inclusive of gender, it breaks the mould. The ultimate symbol of self-awareness and learning is to have an anchor and the sea horse has a strong one. Looking at images online, no two seahorses are the same. None of us are. But we are all beautiful in our own ways.***
>
> *Amie Price, LEN member, diagnosed with ADHD February 2021 then aged 33.*

LIVED EXPERIENCE NETWORK (LEN)

Suicide is not the Answer

Poem extract

You are needed, You are loved
You are part of the jigsaw of life
An integral piece that is needed
You complete the picture

Suicide isn't the answer
It is the absolute rock bottom
Though the light looks so far away
Like a distant little dot
It is closer than you think

Though you feel there is no way out
You can climb up out of the despondent abyss
You will find the helping hands outstretched to help you
Aid you in your accent to lighter less dark foreboding feelings
There will always be love to surround you in light

Les Bowring, LEN member

Anonymous LEN member

"it's about putting yourself back together, like a rubik cube, and acknowledging there are dark bits, knowing there are dark bits in life, and arranging yourself back to some sort of normality"

"I feel that the network has given me a safe space to talk about my experience with suicide and that my voice is actually being heard".

Anonymous, LEN member

Rising from the Dark

I've been down for so long
I've been finding it hard to dig my way out
The hole is deeper than ever before-
The darkness has deafened even my loudest screams and shouts.

'You'll pull through' the professionals say
'We know you will, you've done it before!'
But that doesn't make it any easier
When you find yourself knocking on death's door...

'Let me in! Please let this end'
You scream as you're knocking on that door.
You don't care who answers whether from up and down
You just know you can't keep fighting this war

But suddenly I'm rising from the dark
This time I tell myself there'll be no more scars
But you've been here before-
It's like groundhog day you're always weary of that fall.

But until that fall comes
There is nothing gonna keep me down!
I'm hearing birds sing, the black and white vision has disappeared
Finally my frown has been turned upside down.

My demons have once again been defeated
It's to time to recoup my energy stores that are massively depleted
For how long they'll stay in hiding, I do not know
But while they're gone I'll ride the high- I'll give life a go.

Because I'm rising from the dark
I promise myself I've left my last scar
Although the dark nights are closing in,
My brighter days are only just starting to begin.

But here I am, I've done it
I've risen from the dark like all the times before
And if that darkness tries to creep back in
Tell yourself this
'Whether you've risen once or a thousand times before-
YOU have the strength to do it once more!!'

Anonymous

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Champs Public Health Collaborative
PO Box 290
Brighton Street
Wallasey
CH27 9FQ

T: 0151 666 5123
E: champscommunications@wirral.gov.uk

SUICIDE PREVENTION STRATEGY | Cheshire & Merseyside 2022-2027

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Champs Public Health Collaborative

Working together to improve health and wellbeing in Cheshire and Merseyside

SUICIDE PREVENTION STRATEGY Cheshire & Merseyside 2022-2027

Cheshire & Merseyside Suicide and Self-harm Prevention Action Plan

2023-2027

PO Box 290, Brighton Street, Wallasey, CH27 9FQ
Tel: 0151 666 5123 www.champspublichealth.com

Cheshire & Merseyside Suicide and Self-harm Prevention Action Plan 2023 – 2027

The purpose of this action plan is to provide a multi-agency framework for action across the life-course to prevent avoidable loss of life through suicide. It draws on local experience research and evidence, aiming to prevent suicide and promote mental health and wellbeing in Cheshire and Merseyside. This action plan will also consider self-harm in relation to suicide risk, recognising that the relationship between the two is complex. We know that many people who die by suicide have a history of self-harm, and we know that self-harm is a significant concern in its own right.

The Cheshire and Merseyside Suicide Prevention Partnership Board will ensure that there is a co-ordinated and integrated multi-agency agreement on the delivery of this action plan, which aims to contribute to a reduction in the numbers of people that take their own life by suicide and to improve the emotional health and wellbeing of our most vulnerable groups. The action plan will support the delivery of the strategy's mission which is to:

- Build individual and community resilience to improve lives and prevent people falling into crisis by tackling the risk factors for suicide.
- Support people who experience a time of personal crisis.
- Create an environment where anyone who needs help knows where to get it and feel able to access that help.
- Continue our commitment to build suicide safer communities in Cheshire and Merseyside.
- Tackle the underlying risk factors for suicide.

The partnership activity outlined in this action plan will complement and support delivery of the over-arching Cheshire and Merseyside Suicide Prevention Strategy (2022-2027), focussing on the following key priorities:

- **Leadership and governance:** ensuring an effective partnership and collaborative approach taking account of lived experience;
- **Prevention:** focussing on awareness, skills, and knowledge, supporting suicide prevention in other strategies, communication and engagement;
- **Intervention:** focussing on training and safety planning across the organisations, working to improve self-harm support and pathways, improving access to mental health and social support, and ensuring implementation of safer care;
- **Postvention:** focussing on bereavement services including specific suicide, postvention support and working with the media;
- **Data, intelligence, evidence, and research:** focussing on better data capture of the risks and intelligence on the local and national picture, collating evidence on interventions that work and supporting research where there are known gaps.

Champs Public Health Collaborative

Working together to improve health and wellbeing in Cheshire and Merseyside

SUICIDE PREVENTION STRATEGY Cheshire & Merseyside 2022-2027

Prevention strategy priorities	Leadership	Prevention	Intervention	Postvention	Data, intelligence, evidence and research
	Effective collaborative suicide prevention partnership Continue actions as a Suicide Safer Community Feedback on action to the Mental Health Oversight Board and Directors of Public Health Support local strategies and plans Audit of local plans against Cheshire and Merseyside priorities	Increase awareness of risks of suicides across the life-course, especially linking with newly identified risks Improve mental health and resilience in children and young people, men and older people by linking to local plans and wider strategies Improve suicide prevention skills and knowledge Develop an effective communications and engagement strategy	Increase suicide prevention training and safety planning in key work groups linked to priorities Improve self-harm support and implement National Institute for Health and Care Excellence (NICE) self-harm guidance Improve crisis care for all ages Continue to improve and implement Safer Care Standards Improve access to social and mental health support for all ages	Improve effective suicide bereavement support for all ages Ensure effective postvention services across Cheshire and Merseyside Ensure deaths by suicide are addressed sensitively in the media	Improve the data sets collated by real-time surveillance and examine capacity to undertake a suicide audit for Cheshire and Merseyside Understand different methods of suicide and highlight issues Use the data to inform community response plans Develop an overarching suicide prevention dashboard to monitor progress of the plan

Ref.	1. LEADERSHIP PRIORITIES	Action(s)	Lead(s)	Timeframe	Success measures / Outcomes / Milestones
1.1	Effective collaborative suicide prevention partnership.	• To ensure the Cheshire and Merseyside (C&M) Suicide Prevention Partnership Board is effective by: o Delivering on the action plan. o Reviewing performance against the plan. o Revisiting the C&M suicide prevention strategy in-line with the new national suicide prevention plan. o Highlighting new and emerging themes and actions required. o Reviewing the partnership approach to actions. o Oversight and feedback on place-based meetings and actions.	Champs Support Team and lead Director of Public Health.	Throughout the life of the strategy.	Overall suicide rate for C&M reducing from the 2019/21 rate. Emergency admissions for self-harm are reducing in all 9 local places. 3 Suicide Prevention Partnership Board meetings per year and % of organisations present is monitored. Placed-based suicide prevention meetings are monitored.
		• Lived Experience Network (LEN) voice is visible throughout action plans and new initiatives.	Wirral MIND co-ordinating organisations.	Throughout the life of the strategy.	LEN representation across C&M i.e., number of members, gender, borough mix, experience mix - influencing placed base work. Number of programmes influenced by LEN (case

					studies with LEN influence are captured).
		• Bi-monthly Mental Health Programme meetings are held.	Champs Support Team.	Bi-monthly.	Meetings completed / alignment of Mental Health, Mental Health & Wellbeing, Suicide Prevention / Suicide Bereavement work and evolving governance arrangements for these work areas, are monitored and recorded.
		• Provide advice and guidance on local place action plan implementation.	Champs Support Team.	Throughout the life of the strategy.	Local place plans are refreshed and dynamic in nature.
		• Development of our wider partnership including Police and Crime Commissioners and System Quality Group (Integrated Care Board (ICB)) and with Domestic Abuse leads and Community Safety Partnerships (CSP).	Champs Support Team.	Throughout the life of the strategy.	Domestic Abuse partnership established, CSP partnership established, System Quality Group (ICB) partnership established.
1.2	Continue actions as a Suicide Safer Community.	• Audit against the standards at an agreed frequency so we can determine if any action is required.	Champs Support Team and Mental Health Trusts.	2025-2027.	Audit and review is completed and recorded.
		• Promote training available.	Champs Support Team.	Throughout the life of the strategy.	

					Number of clicks on website for training framework. Number of communications to promote training. Feedback from local places and other networks on training.
1.3	Feedback on action to the Mental Health Programme Board, Directors of Public Health, and the Population Health Board, Office for Health Improvement and Disparities (OHID), ICB relevant boards / groups.	• Provide quarterly updates on the action plan, performance and risks associated with the action plan.	Champs Support Team.	Quarterly throughout the life of the strategy or at an agreed frequency.	Updates received. Comments addressed. Case study on influence. Reports. Presentations.
1.4	Support local strategies and plans.	• Have an effective support network for local suicide prevention leads. • Learning panels are used to support local action and initiatives across C&M. • Offer support to local places for their Suicide Prevention groups / locally led initiatives/workshops for local action plan implementation.	Champs Support Team and Local Place Leads. Champs Support Team and Local Place Leads. Champs Support Team.	Monthly meeting for LASP leads. Bi-monthly Learning Panel meetings. Throughout the life of the strategy.	Number of local place action plans updated. Learning panel case study of action. Record the number and type of local place support sessions and activities provided.

		• Develop a new C&M Community Response Plan.	Champs Support Team and Local Place Leads.	2023/24.	A new Community Response Plan is in place.
1.5	Audit of local plans against C&M priorities.	• Audit action plans against C&M Strategy.	Champs Support Team and Local Place leads.	2024-2025.	Audit record completed.

Ref.	2. PREVENTION PRIORITIES	Action(s)	Lead(s)	Timeframe	Success measures / Outcomes / Milestones
2.1	Increase awareness of risks of suicides across the life-course, especially linking with newly identified risks.	• Develop a network to explore the links with Domestic Abuse and suicide risk to highlight the issues and actions to mitigate risks.	Champs support Team.	2023/24.	Network established. Case study of actions. New funding and collaborations developed throughout the life of the strategy.
		• Champs Support Team to share good practice, highlight current issues, identify funding and commissioning opportunities, and support collaborative work.	Champs support Team.	Throughout the life of the strategy.	Case study of actions.
2.2	Improve mental health and resilience in children and young people (C&YP), men, and older people by linking to local plans and wider strategies.	• Review of C&YP self-harm practice guides and where appropriate implement changes.	Champs Support Team/Beyond Programme.	2023/24.	C&YP self-harm practice guide review complete.
		• Undertake a pilot on safety planning for C&YP in education settings.	Beyond Programme.	2023/24.	C&YP safety planning guidance for education settings developed for testing across C&M.
		• Develop self-harm practice guide for adults including the specific issues relating to older people.	Mental Health Programme.	2024/25.	Adult self-harm practice guide is in circulation and reviewed for implementation.
		• Support for Liverpool John Moores University Multimodal Approach to Preventing Suicide in Schools (MAPSS)	Champs Support Team.	2023/24.	Pilot is complete and full evaluation undertaken.

		research pilot supporting suicide prevention in schools.			
		• Review male access to services to improve wellbeing.	Local Place based leads.	2024/25.	Number of males accessing services to improve mental wellbeing.
		• Review older peoples access to mental wellbeing services.	Local Place based leads.	2024/25.	Number of older people and men accessing core services.
		• Promote the Hub of Hope app.	Suicide Prevention Network.	Throughout the life of the strategy.	Number of services by type registered with the Hub of Hope across C&M.
		• Better mental health concordat action plan delivery and performance management.	Champs Support Team.	Throughout the life of the strategy.	Mental health concordat performance framework is complete, performance monitored and reporting on performance provided to the Mental Health Programme Board.
2.3	Improve self-harm and suicide prevention skills and knowledge.	• Promote training self-harm training available.	Champs Support Team.	Throughout the life of the strategy.	Number of people accessing training and type of training. Evaluation of training. Case studies.
		• Training framework is annually checked.	Champs Support Team.	Annually.	Record of the annual checks.

2.4	Develop an effective communications and engagement strategy.	• Redesign / refresh of the suicide prevention website, alongside the Kind to your mind website, and deliver a subsequent communications campaign.	Champs Support Team.	2023/24.	Suicide Prevention and Kind to your mind website relaunched.
		• Deliver public awareness mental health campaigns (including self-harm and suicide prevention), co-developed with key groups and those with lived experience that target at-risk groups, reduce stigma, and encourage people to seek support.	Champs Support Team.	Throughout the life of the strategy.	A communications plan is developed and actioned. Analysis of impact of the campaigns. Analysis of usage of the websites.
		• Samaritans Media Advisory Service is secured to support local place leads.	Champs Support Team.	2023-24.	Number of interventions by media advisory service and quarterly update newsletters.

Ref.	3. INTERVENTION PRIORITIES	Action(s)	Lead(s)	Timeframe	Success measures / Outcomes / Milestones
3.1	Increase suicide prevention training and safety planning in key work groups linked to priorities.	• Training accessed in key work groups: ◦ Self-harm ◦ Males ◦ To address inequalities ◦ C&YP Safety Planning in Beyond Programme is developed and communicated	Champs Support Team.	Throughout the life of the strategy.	Number accessed by organisation/profession. Number accessed based on work area/ geography
3.2	Improve self-harm support and implement National Institute for Health and Care Excellence (NICE) self-harm guidance.	• See 2.2 (actions on practice guides and safety planning). • Work collaboratively to improve self-harm pathways. • Completion of National Confidential Inquiry into Safety and Self-harm (NCISH) self-harm audits. • Explore the appetite and capacity within the Beyond Programme to take on C&YP self-harm and safety planning work. • To explore/discuss with the Mental Health Programme	See 2.2 Champs Support Team/ICB Mental Health Programme Team. Mental Health Trusts. Champs Support Team / Beyond Programme. Champs Support Team.	See 2.2 Throughout the life of the strategy. Bi-annually. 2023-24. 2023-2025.	See 2.2 Self-harm pathways developed. Audits completed and RAG rated, work areas identified. C&YP self-harm and safety planning work is embedded in the system and a C&YP action plan is developed. Adult and older people self-harm and safety planning

		where self-harm and safety planning work for adults and older people can be embedded into the system.			work is embedded in the system and an action plan is developed.
3.3	Improve crisis care for all ages.	• Improve access to crisis services and benchmark activity against need. • Raise awareness of available mental health crisis support.	Lead in the ICB / Mental Health Programme. ICB / Mental Health Programme / Champs Support Team including Communications Team.	Throughout the life of the strategy. Throughout the life of the strategy.	Numbers accessing crisis care compared to those waiting for crisis support. Views of the relevant pages on the Kind To Your Mind and Suicide Prevention websites. Monitoring of data to inform continued promotional campaigns / case study development.
3.4	Continue to improve and implement Safer Care Standards.	• Continue to monitor services against the safer care core standards and develop plans for improvement.	Mental Health Trusts / Champs Support Team.	Quarterly meetings.	Numbers of indicators green rated. Recording of improvements in areas rated amber or red in chosen improvement area. Case studies.
3.5	Improve access to social and mental health support for all ages.	• To understand wider services particularly social prescribing and use of Making Every Contact Count (MECC) moments. • Promotion of the Suicide Prevention, Kind to your mind	Champs Support Team with Personalised Care. Champs Support Team / ICB.	Throughout the life of the strategy. Throughout the life of the strategy.	An overview of service availability has been undertaken and an understanding of the best directories is known and communicated. Analysis of impact of the campaigns.

		and MECC moments websites through revised websites / comms campaign. • Promotion of Hub of Hope app.	Suicide Prevention Network.	Throughout the life of the strategy.	Analysis of usage of the websites. Number of services by type registered with the Hub of hope across C&M.

Ref.	4. POSTVENTION PRIORITIES	Action(s)	Lead(s)	Timeframe	Success measures / Outcomes / Milestones
4.1	Improve effective suicide bereavement support for all ages, including specific suicide bereavement.	• Improve access to appropriate suicide bereavement support and counselling when appropriate.	Champs Support Team/Amparo.	Throughout the life of the strategy.	Numbers receiving suicide bereavement support / counselling support.
		• Improved access to Survivors of Bereavement by Suicide (SoBS) groups across C&M.	Champs Support Team/Amparo.	2023-2024.	Number of SoBS groups in C&M and people accessing these.
		• Deliver Suicide Bereavement training (with a focus on supporting both adults and C&YP).	Champs Support Team/HEE.	2023-2025.	Numbers accessing suicide bereavement training.
		• Champs Support Team to share relevant resources, in relation to bereavement support, for use by educational settings schools and organisations to support bereavement by suicide.	Champs Support Team.	Throughout the life of the strategy.	Record of resources shared.
		• Refresh the suicide prevention website to ensure relevant details are held.	Champs Support Team.	2023/24.	Completion of website refresh and regular checking of details held on it.
4.2	Ensure effective postvention services across C&M	• Improve access to postvention service through continuous	Champs Support Team/Amparo.	For the duration of the contract.	Number and % (as a % of total suicides) of

		development of services and counselling support.			beneficiaries receiving postvention support. % of beneficiaries with no subsequent self-harm or suicide attempts / completed suicide. Case studies.
4.3	Ensure deaths by suicide are addressed sensitively in the media.	• Monitor activity through Samaritans media advisory service. • Promote training and lecture offer (for universities).	Samaritans media advisory service/Champs Support Team. Champs Support Team/Samaritans media advisory service.	For the duration of the contract. For the duration of the contract.	Number of cases of inappropriate reporting. Case studies of interventions. Numbers trained within C&M.

Ref.	5. DATA, INTELLIGENCE, EVIDENCE AND RESEARCH	Action(s)	Lead(s)	Timeframe	Success measures / Outcomes / Milestones
5.1	Improve the data sets collated by real-time surveillance (RTS) and examine capacity to undertake a suicide audit for C&M.	• Develop the RTS system to ensure an automated system which is more sustainable and cost effective.	Champs Support Team/Slice Up Limited.	2023/24.	Service specification for RTS system. Data Sharing Agreement in place. RTS system is operational.
		• To ensure compliance of the new automated RTS system.	Champs Support Team/Slice Up Limited.	2023/24.	Troubleshooting is complete with all issues recorded.
		• Develop the RTS system to include data from wider agencies to identify risks and interventions in a timelier manner.	Champs Support Team/Local Place colleagues/Key stakeholders.	Throughout the life of the strategy.	RTS being reported to the Suicide Prevention Partnership Board. Case study of use of RTS.
		• Secure capacity and resources to ensure intelligence led systems feed data and research on suicide prevention and suicide bereavement into the suicide prevention and suicide bereavement work.	Champs Support Team.	2023/24.	Capacity and resource is secured.
		• Review the suicide audit templates and provide guidance and advice to local areas.	Champs Support Team.	2023/24.	Refreshed templates are agreed and routinely used in audits.

5.2	Understand different methods of suicide and highlight issues.	• Use RTS data reports to highlight issues of methods and link with local place leads on programmes of work to reduce risk.	Champs Support Team.	Throughout the life of the strategy.	RTS data learning panels are regularly held.
5.3	Use the data to inform community response plans.	• Review Community Response Plan and support local areas to embed plans in processes.	Champs Support Team.	Throughout the life of the strategy.	Community response plan has been reviewed and updated.
5.4	Develop an overarching suicide prevention dashboard to monitor progress of the plan.	• Develop a reporting template/framework for both the Suicide Prevention strategy and the Prevention Concordat for Better Mental Health. • Data/in-depth audit on domestic abuse has been developed.	Champs Support Team. Champs Support Team.	2023/24. 2023/24.	Performance framework developed and reported to the Suicide Prevention Partnership Board. Evidence of action based on new data and evidence on domestic abuse.

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East Cheshire
NHS Trust

East Cheshire Trust Community Services:

Team Bollington, Disley, Poynton (BDP)

Patient & Staff Engagement Plan

Team Bollington, Disley, Poynton (BDP):
Patient & Staff Engagement Plan

East Cheshire NHS Trust

- **Background**
- **Current Situation**
  - Service Requirements
  - Service User Impact
  - Options Explored
  - Preferred Option
- **Next Steps**

Patient & Staff Engagement Plan

Background

East Cheshire NHS Trust

- The development of Primary Care Networks and Care Communities continues to move forward at pace, with different ways of working evolving in line with the future direction of travel.

- The GP Practice workforce is expanding nationally, this is resulting in GPs needing more clinical space in their practices.

- East Cheshire Trust (ECT) Community Teams provide services from GP Practices and facilities across the Local Authority area. These services include Musculoskeletal Physiotherapy, Midwifery, Adult and Paediatric Audiology, Podiatry, Dietetics and Paediatric Speech and Language therapy.

Patient & Staff Engagement Plan

Current Situation

East Cheshire NHS Trust

- The Middlewood Partnership are the sole owners of Priorslegh Medical Centre and ECT have a 12-month lease agreement at a cost of £33k per annum that allows them access to clinical space for the provision of services.

- The Middlewood Partnership are expanding their own services (as is happening across the country) and as a result have served notice on the ECT lease for some of the services provided there as they require additional clinical space. This will mean Community Nursing and Therapies will remain but others will move.

- Following notice being given to ECT for the lease agreement with Middlewood Partnership, the agreement was due to end in May 2023. While there was a 1 month notice period in the lease, as a gesture of goodwill, ECT have been allowed to stay in the premises until November 2023.

- As a result of this situation, the ECT team have been working with colleagues from the ICB to find suitable alternative accommodation to ensure we continue to meet the demand for services and do so locally.

Patient & Staff Engagement Plan

Current Situation

East Cheshire NHS Trust

Service Requirements

- All services that require relocation are clinical services therefore accommodation must meet infection control guidelines.

- Podiatry requires a ground floor accessible room 5 days per week and the other services listed below currently occupy one to two ground floor rooms across 5 days between them.

    - MSK Physiotherapy
    - Midwifery
    - Dietetics
    - Paediatric Speech and Language Therapy
    - Paediatrics and Adult Audiology

- In summary, **three ground floor clinical rooms are required to meet the current capacity,** with consideration of whether this could provide an opportunity to increasing capacity for midwifery. Reception, waiting area and parking facilities are also a key consideration.

Patient & Staff Engagement Plan

Current Situation

East Cheshire NHS Trust

Service User Impact

- The table below summarises the number of patients and appointments that will be affected on a monthly basis by the change:

Service	Average Appts Per Month	Average Patients Per Month
Podiatry	95	81
Adult Audiology	15	15
Paediatric Audiology	6	6
Midwifery	47	38
Dietetics	22	20
MSK	149	125
Paediatric SALT	8	7
Total	**342**	**271**

East Cheshire NHS Trust

Options Explored

- For all accommodation options the below has been completed / considered:

  - An **Accessibility Assessment** completed
  - **Car parking** consideration – including the impact on local residents and also availability of disabled parking.
  - **Health, Safety, Fire and Security** assessments completed
  - **Infection Prevention Control** measures are met and in place, including clinical waste collection.
  - An **Equality Impact Assessment** due to change in service location for patients – i.e. is the location on a bus route, distance to travel from current location and access

East Cheshire NHS Trust

Options Explored

The options explored in the Poynton area were:

1. **Public and Voluntary sector**

   e.g. Poynton Sports Club, Civic Hall and Leisure Centre.
   All options from this perspective have been deemed unsuitable due to many not having enough capacity /space, not meeting service access / facilities need and/or infection control guidance.

2. **Private Lease**
   - *i.* ***Sole occupancy of an independent clinic (converted house property) on Park Lane in Poynton.*** This has an annual rental cost of £25k, requires expansion at a cost of approx. £250k and will take 56 weeks to complete.

   - *ii.* ***Commercial Unit on Poynton Industrial Estate.*** This has an annual rental cost of £20k, requires significant investment as it is currently office space however the Estates team could not provide an approximate value, and will take 64 weeks to complete.

East Cheshire NHS Trust

Options Explored (*cont.*)

Alternative options explored were:

3. **Private Lease plus some services remaining at Priorslegh**

   e.g. The costs and timeframes associated with Options 2i and 2ii with some services remaining at Priorslegh.

   An offer of approx. £24k per annum rental for some services to remain at Priorslegh.

4. **Services to move outside of Poynton from November as a temporary measure (with a consideration for a long-term option).**

   Summary table on next slide.

East Cheshire NHS Trust

Options Explored (*cont.*)

Alternative options explored were:

4. Services to move outside of Poynton from November as a temporary measure (with a consideration for a long-term option).

Service	Alternative premises identified	Temporary / Permanent option
Podiatry	Not identified as yet	Temporary
Adult Audiology	Health Hub in Macclesfield	Temporary
Paediatric Audiology	Relocate to MDGH	Temporary / Permanent
Midwifery	Potential option identified @ Hurdsfield Children Centre	Temporary
Dietetics	Relocate to MDGH	Temporary
Musculoskeletal Physiotherapy	Relocate to MDGH, Handforth and Wilmsow	Temporary
Paediatric Speech and Language Therapy	Relocate to Pavillion House.	Temporary / Permanent

Patient & Staff Engagement Plan

Current Situation

East Cheshire NHS Trust

Preferred Option

Based on an assessment of the affordability and deliverability, Option 4 has been identified as the preferred option. It is acknowledged that this is an imperfect solution to a challenging situation but given the overriding requirement to continue to provide a safe service in a suitable clinical environment, it will be progressed.

4. Services to move outside of Poynton from November as a temporary measure (with a consideration for a long-term option).

Service	Alternative premises identified	Temporary / Permanent option
Podiatry	Not identified as yet	Temporary
Adult Audiology	Health Hub in Macclesfield	Temporary
Paediatric Audiology	Relocate to MDGH	Temporary / Permanent
Midwifery	Potential option identified @ Hurdsfield Children Centre	Temporary
Dietetics	Relocate to MDGH	Temporary
Musculoskeletal Physiotherapy	Relocate to MDGH, Handforth and Wilmsow	Temporary
Paediatric Speech and Language Therapy	Relocate to Pavillion House.	Temporary / Permanent

Patient & Staff Engagement Plan

Next Steps

East Cheshire NHS Trust

The following next steps will now be taken:

- A co-ordinated **Communications plan** to be devised and enacted for both patients and staff.

- A further assessment of options to help mitigate any issues of **travel and public transport** to be undertaken in partnership with Local Authority colleagues.

- Work with colleagues from Cheshire East ICB, Primary Care and Local Authority to understand any **future risks to clinical accommodation** and how they are best mitigated.

Agenda Item 10

CHESHIRE EAST SCRUTINY COMMITTEE

Title of Report:	Update on the establishment of the Cheshire and Merseyside Integrated Care system
Report Number	SC/20/22-23
Date of meeting:	7 September 2023
Written by:	Mark Wilkinson
Contact details:	mark.wilkinson@cheshireandmerseyside.nhs.uk

Executive Summary

Is this report for:	Information X	Discussion X	Decision ☐
Why is the report being brought to the board?	As requested, to update on the establishment of a Cheshire and Merseyside wide Integrated Care System with a particular focus on work and implications in Cheshire East.		
Please detail which, if any, of the Health & Wellbeing Strategy priorities this report relates to?	Creating a place that supports health and wellbeing for everyone living in Cheshire East ☐ Improving the mental health and wellbeing of people living and working in Cheshire East ☐ Enable more people to live well for longer ☐ All of the above X		
Please detail which, if any, of the Health & Wellbeing Principles this report relates to?	Equality and Fairness ☐ Accessibility ☐ Integration ☐ Quality ☐ Sustainability ☐ Safeguarding ☐ All of the above X		
Key Actions for the Committee?	To note.		
Has the report been considered at any other committee meeting?	No		
Has public, service user, patient feedback/consultation informed the recommendations of this report?	The findings of the annual GP survey of patients / service users are described here.		

INTRODUCTION

1. The paper provides briefing information on a variety of current key topics under discussion in the various place partnership groups across Cheshire East.

ANALYSIS

Right Care Right Person

2. This is a new operating model for police and partners to ensure the public are provided with the right care responder i.e. the right person with the right skills to best meet their needs. This is a new national approach following a pilot in Humberside. Although the principles are supported, there are some concerns about implementation and specifically pace of implementation.

3. These changes will start at the same time as additional mental health staffing for our emergency departments across Cheshire and Merseyside is due to be withdrawn.

4. We are supporting the establishment of tactical and strategic groups to establish an information baseline in terms of current service provision, and then to evaluate these changes as they take effect. Matt Tyrer (director of public health) will be our place lead, also exploring the potential to work with partners on a pan Cheshire basis. There have been some political concern expressed locally; this is likely a key topic for the next few months.

Joint forward plan

5. NHS Cheshire and Merseyside have launched their joint forward plan for 2023 to 2028 containing the actions we will take as an Integrated Care System (ICS) to deliver the priorities identified in:
    a. The Cheshire and Merseyside draft interim Health and Care Partnership (HCP) Strategy.
    b. The Joint Local Health and Wellbeing Strategies of our nine Place based Health and Wellbeing Boards.
    c. The priorities outlined by NHS England in The NHS Long Term Plan and the national NHS Planning guidance for 2023-24.

6. This Joint Forward Plan is driven by the ambitions of the Cheshire and Merseyside Interim HCP Strategy, which is built around four core strategic objectives:
    a. Tackling health inequalities in outcomes, experiences and access (our 8 Marmot principles)
    b. Improving population health and healthcare
    c. Enhancing productivity and value for money
    d. Helping to support broader social and economic development.

Learning from Lucy Letby case

7. Following Lucy Letby's conviction for the murder of seven babies and the attempted murder of six more, NHS Cheshire and Merseyside has scheduled a board level discussion on some of the broader implications arising from the case. These include (but are not limited to):
    a. Clinical governance i.e. what can we learn to improve our systematic approach to maintaining and improving the quality of patient care.
    b. The role and functioning of local quality committees.
    c. Examining variation in patient outcomes.
    d. The quality of serious incident reporting and investigation.
    e. The role of the CQC in assuring health service quality.

Survey of patients who use primary care

8. The results of an annual national survey of GP patients have recently been released and again show that general practice across Cheshire East is comparatively well rated by the people who use it.

9. Summary metrics are shown in appendix A, as is a breakdown by care communities – which shows some variation. Practice level data is also available and work is now underway in terms of how we share this relatively good performance and equally identify areas for improvement.

GP Provider Collaborative

10. Work is underway to establish a Cheshire East GP Provider Collaborative to help to transform the way that General Medical Services are delivered. This is very much GP led around a vision of 'supporting core General Practice allowing it to refine and deliver excellent primary care services in line with national and local contractual expectations, as well as enhanced levels of care and support to the communities we jointly service.' More specific aims include:
    a. Representation and engagement of practices
    b. Design and delivery of new models of care
    c. Support and quality Improvement of General Practice

11. To achieve these aims, there is an expectation that Confederation partners will be committed to working towards and acting as one in the interests of delivering the best outcomes for the Cheshire East Population within available resources.

Service blueprint for 2030

12. Although our strategies (including our newly refreshed health and wellbeing strategy) identify our strategic objectives as a place partnership, there is a gap in terms of describing what our health and care services will look like in future. This might be termed a service blueprint. Significant work has been undertaken by our predecessor organisations, and the intention is to use a tightly defined three workshops over the summer to refresh and reconfirm our support for work undertaken previously. When completed, this can be a product to guide both the sustainable hospital services programme for Macclesfield, and also the design of the new hospital in Mid Cheshire.

Joint outcomes framework

13. Dr Susie Roberts, public health consultant, has been leading work to develop a joint outcomes framework. The framework is being developed to inform and monitor our transformation and integration programmes and crucially to measure progress against the health and well-being strategy.

Tier 1 for urgent and emergency care service delivery

14. The Cheshire and Merseyside ICS has been placed in the highest (least well performing), tier for urgent and emergency care service delivery. This underlines our strategic priority around Home First. This performance improvement framework brings additional scrutiny and also possibly support. Cheshire East performs relatively well compared to Cheshire and Merseyside peers, although less well in national comparisons.

Knutsford primary care centre

15. The former Cheshire CCG had a long-standing priority to develop a new primary care centre in Knutsford to address well documented challenges in the current premises. Notwithstanding the likely need, the revenue and public sector capital challenges are understood by all partners i.e. both capital and revenue resources are currently limited. More positively, there may be commercial opportunities that could support the provision of NHS services. The immediate next step is to consider how the business case can be developed including the establishment of the clear case for change and evaluation of a full range of options.

Mental health and A&E pressures

16. The immediate catalyst for some current work was a recent spell when 10 patients requiring mental health inpatient admission were in Mid Cheshire's A&E department at Leighton Hospital, in a longer-term context of Cheshire and Wirral Partnership (CWP) NHS FT's bed pressures meaning patients are frequently directed into out of area beds.

17. For several years community mental health services have perhaps not had the priority they deserve. Equally people are presenting later and with more acute needs. Circa 60% (up from 40%) of mental health admissions are made under the Mental Health Act to provide care for people not previously known to CWP services. When in a hospital bed, 40% of people have a length of stay over 90 days. This local position is broadly replicated across the North West. The number of Mental Health Act assessments carried out by the Council is also markedly higher.

18. There is an opportunity though to re-direct spending away from institutions and into community / prevention-oriented services. In other words, as a place there is a view that we are spending the money but not necessarily to best effect.

19. Place leaders have requested a detailed presentation to a future meeting. The Operations Group are also looking at the potential impact of the withdrawal of non-recurrent mental health staffing support into A&E departments planned for later this year.

NHS Cheshire and Merseyside corporate review of Cheshire East place

20. Cheshire East place (the ICB place team together with partners including the Council) participates in quarterly review meetings led by our corporate colleagues. In their summary of the last meeting the following points were made:

21. Financial position and risks – we are consuming more than our fair share of ICB funding and we discussed some of the legacy issues and arrangements in Cheshire that have led to this position. There was a recognition of the huge challenge this represents and that some difficult decisions and choices will need to be made as a system to enable you to develop your plan for delivery.

22. Commitment to working in a locality model – this suits the area well due to its large and diverse geographical spread. We have eight care community areas (which mirror your Primary Care Network footprints). You have identified some gaps in provision and quality thanks to your comprehensive dashboards of data and information which you have used to analysis the current state of health and care services across the eight areas. You recognise that there is not yet full accountability across partners.

23. Children's services – we are seeing an increasing demand from children and families with high levels of complexity leading to long waits for assessments and an increasing challenge to recruit sufficient numbers of health professionals, particularly learning disability community nurses, to support you to manage this demand. You told us that you are reviewing your current pathway into services to establish if there needs to be an additional step added in preventative services and that you are using the services of the Beyond Programme to link into the regional neuro development clinical pathway as you are seeing increased numbers of referrals for a neuro development diagnosis.

24. Place partnership inspections - there are regular planning sessions held across partners. We recently had a Peer review which identified some issues such as the need for a joint Workforce strategy and the development of a joint plan. We are anticipating and planning for an inspection in Children's services in September/ October 2023

ACCESS TO INFORMATION

The background papers relating to this report can be inspected by contacting the report writer:

Name:	Mark Wilkinson
Designation:	Cheshire East Place Director
Tel No:	n/a
Email:	mark.wilkinson@cheshireandmerseyside.nhs.uk

APPENDIX A – SUMMARY OF PATIENT SURVEY RESULTS BY PLACE (CHESHIRE EAST) AND CARE COMMUNITIES

NHS
Cheshire and Merseyside

Place Summary Metrics

Place Summary Metrics

Group	Metric	National	ICS	Cheshire East	Cheshire West	Halton	Knowsley	Liverpool	Sefton	St Helens	Warrington	Wirral
Overall Experience	Q32. Overall, how would you describe your experience of your GP practice? **% Good** *(Very Good + Fairly Good)*	71%	72%	76%	78%	67%	63%	70%	71%	69%	71%	76%
Making an appointment	Q16. Were you satisfied with the appointment (or appointments) you were offered? **% Yes, took appt** *(Patients who selected 'I was not offered an appointment' have been excluded)*	72%	73%	77%	76%	69%	66%	72%	73%	68%	74%	74%
	Q21. Overall, how would you describe your experience of making an appointment? **% Good** *(Very Good + Fairly Good)*	54%	54%	62%	59%	42%	41%	51%	51%	50%	53%	58%
Local GP Services	Q1. Generally, how easy is it to get through to someone at your GP practice on the phone? **% Easy** *(Very Easy + Fairly Easy) (Patients who selected 'Haven't tried' have been excluded)*	50%	48%	54%	53%	35%	41%	44%	44%	47%	47%	56%
	Q2. How helpful do you find the receptionists at your GP practice? **% Helpful** *(Very helpful + Fairly helpful) (Patients who selected 'Don't know' have been excluded)*	82%	83%	85%	87%	78%	78%	80%	83%	82%	82%	86%
	Q30. During your last general practice appointment, did you have confidence and trust in the healthcare professional you saw or spoke to? **% Yes** *(Yes, definitely + Yes, to some extent) (Patients who selected 'Don't know/doesn't apply' have been excluded)*	93%	93%	94%	96%	91%	88%	93%	93%	93%	93%	94%
	Q47. Overall, how would you describe your last experience of NHS services when you wanted to see a GP but your GP practice was closed? **% Good** *(Very Good + Fairly Good) (Patients who selected 'Don't know/can't say' have been excluded)*	45%	44%	43%	48%	45%	39%	43%	40%	48%	37%	48%
Access to on-line services	Q4. How easy is it to use your GP practice's website to look for information or access services? **% Easy** *(Very Easy + Fairly Easy) (Patients who selected 'Haven't tried' have been excluded)*	65%	66%	67%	70%	64%	57%	65%	65%	70%	62%	67%

Place ragged against ICS Average: Green > than comparison, Amber = comparison, Red < than comparison

Data Source: https://www.gp-patient.co.uk/

NHS
Cheshire and Merseyside

Cheshire East Place Summary Metrics

Group	Metric	National	ICS	Cheshire East	CHAW (CHEADLE, HANDFORTH, ALDERLEY EDGE, WILMSLOW) PCN	CHOC (CONGLETON & HOLMES CHAPEL) PCN	CREWE - GHR PCN	EAGLE BRIDGE PCN	KNUTSFORD PCN	MACCLESFIELD PCN	MIDDLEWOOD PCN	NANTWICH & RURAL PCN	SMASH PCN
Overall Experience	Q32. Overall, how would you describe your experience of your GP practice? **% Good** (Very Good + Fairly Good)	71%	72%	76%	85%	74%	70%	62%	84%	83%	74%	69%	81%
Making an appointment	Q16. Were you satisfied with the appointment (or appointments) you were offered? **% Yes, took appt** (Patients who selected 'I was not offered an appointment' have been excluded)	72%	73%	77%	81%	83%	77%	68%	76%	78%	71%	71%	80%
	Q21. Overall, how would you describe your experience of making an appointment? **% Good** (Very Good + Fairly Good)	54%	54%	62%	77%	56%	51%	47%	68%	71%	54%	56%	68%
Local GP Services	Q1. Generally, how easy is it to get through to someone at your GP practice on the phone? **% Easy** (Very Easy + Fairly Easy) (Patients who selected 'Haven't tried' have been excluded)	50%	48%	54%	73%	46%	31%	23%	76%	77%	58%	47%	58%
	Q2. How helpful do you find the receptionists at your GP practice? **% Helpful** (Very helpful + Fairly helpful) (Patients who selected 'Don't know' have been excluded)	82%	83%	85%	89%	80%	81%	75%	93%	90%	80%	82%	88%
	Q30. During your last general practice appointment, did you have confidence and trust in the healthcare professional you saw or spoke to? **% Yes** (Yes, definitely + Yes, to some extent) (Patients who selected 'Don't know/this does not apply' have been excluded)	93%	93%	94%	95%	95%	92%	90%	98%	95%	91%	95%	95%
	Q47. Overall, how would you describe your last experience of NHS services when you wanted to see a GP but your GP practice was closed? **% Good** (Very Good + Fairly Good) (Patients who selected 'Don't know/can't say' have been excluded)	45%	44%	43%	52%	37%	39%	37%	45%	51%	45%	45%	39%
Access to on-line services	Q4. How easy is it to use your GP practice's website to look for information or access services? **% Easy** (Very Easy + Fairly Easy) (Patients who selected 'Haven't tried' have been excluded)	65%	66%	67%	74%	64%	64%	56%	68%	72%	58%	66%	71%

PCN ragged against Place Average: Green >than comparison, Amber = comparison, Red< than comparison

Data Source: https://www.gp-patient.co.uk/

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Agenda Item 11

CHESHIRE EAST SCRUTINY COMMITTEE

Title of Report:	Evaluation of 2022/23 Winter Plan
Report Reference Number	SC/10/23-24
Date of meeting:	7 September 2023
Written by:	Mark Wilkinson, Cheshire East Place Director
Contact details:	Mark.wilkinson@cheshireandmerseyside.nhs.uk

Executive Summary

Is this report for:	Information X	Discussion X	Decision ☐
Why is the report being brought to the committee?	At the request of the committee and being mindful of the pressures facing health and care particularly over winter, and also the additional non recurrent funding provided by the Department of Health and Social Care.		
Please detail which, if any, of the Health & Wellbeing Strategy priorities this report relates to?	Creating a place that supports health and wellbeing for everyone living in Cheshire East ☐ Improving the mental health and wellbeing of people living and working in Cheshire East ☐ Enable more people to live well for longer ☐ All of the above X		
Please detail which, if any, of the Health & Wellbeing Principles this report relates to?	Equality and Fairness X Accessibility X Integration X Quality X Sustainability ☐ Safeguarding ☐ All of the above ☐		
Please state recommendations for action.	To note and comment on the evaluation of the 2022/23 Winter Plan and the preparations being made for winter 2023/24.		
Has the report been considered at any other committee meeting of the Council?	No.		
Has public feedback/consultation informed the recommendations of this report?	Yes.		

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Cheshire East Winter Plan Evaluation 2022 -2023

Daniel McCabe – Head of Urgent and Emergency Care
Karen Burton - Senior Manager Urgent & Emergency Care

Introduction

This presentation provides an evaluation and progress update on the 2022/23 Cheshire East System Winter Plan as follows:

- Joint system ambition and the plan (9 Winter priority areas. Urgent & emergency care objectives)
- Local System performance metrics
- What worked well. What could have gone better. Our joint system reflections and learning
- Winter Plan evaluation of investment funding
- Winter Plan Risk Profile
- Summary and next steps

Cheshire East Winter Plan Joint System Ambitions 2022/23
To meet a fluctuating demand and maintain flow with safe and responsive Health & Social Care services
Ability to access community provision unhampered by covid or other viral infections & Infection Prevention
To protect, expand and retain a healthy and resilient workforce
To support and improve access to Primary Care
To promote Self-Care and help our population to 'Choose Well' when contacting Health Care Services
To maximise the transformation momentum and current resources to construct a sustainable model of Home First delivery
Increased use of Voluntary Community Faith Sector
To attain performance recovery as agreed with NHSE/I and achieve favourably amongst Cheshire & Merseyside peers A&E attendances reduced and no ambulance delays
High uptake in the Flu and COVID-19 vaccination boosters
Patients deemed to no longer meet the criteria to reside in hospital have clear exit and support routes out.
Robust governance and system oversight

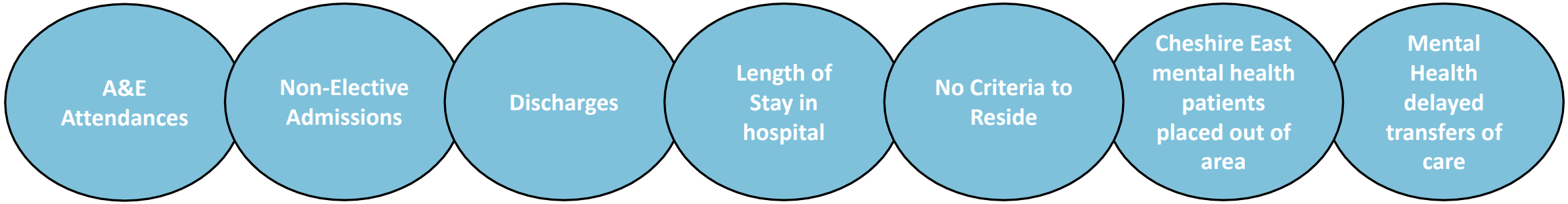
National System Drivers

NHS England 9 Winter Priorities 2022-23	
New variants of COVID-19 and respiratory challenges	
Demand & Capacity - Bed based resource - Virtual wards - High intensity user services - Community 2 Hour response	- Primary Care - Mental Health - Cancer referrals - Elective care
Discharge (reduce delays/LLOS)	
Ambulance service performance	
NHS 111 performance	
Preventing avoidable admissions	
Workforce	
Data and performance management	
Communications	

	UEC Objectives
1	Prepare for variants of COVID 19 and respiratory challenges
2	Increase capacity outside acute trusts
3	Increase resilience in NHS111 and 999 services
4	Target category 2 response times and ambulance handover delays
5	Reduce crowding in A&E departments and target the longest waits in ED
6	Reduce hospital occupancy
7	Ensure timely discharge
8	Provide better support for people at home

Performance Metrics

Seven Key Local Performance Metrics



Appendix A – Details the additional winter schemes and the impact on performance

Transfer of Care Hub

The Winter plan has brought together a range of professionals and our communities including GPs, Nurses, Therapists, Social Care , third sector organisations into a single integrated Transfer of Care Hub working closely with, residents, families and carers

The functions of this integrated team are to:

- Prevent unnecessary or avoidable hospital admissions by working across the community and hospital
- Facilitate safe discharge from local hospitals in a timely manner to the most appropriate setting to meet people's needs and maintain their independence
- Design and build a person-centred support package in partnership with the person and there, strengthens and support circles.
- Ensure people are supported in the community post discharge to reduce readmissions
- Implement national guidance on discharge requirements

What Worked Well

Continuing to build good working relationships within the Cheshire East health and Care system. Inclusion and open communications with partners in health, care, the voluntary sector and Cheshire Police and Fire Services. Whole system plan and sign up from all partners. The outcome and evaluation is summarised below:

Cheshire East Urgent & Emergency Care Assurance Framework:

Preparing for Covid-19 variants/respiratory challenges

- guidance received and acted upon in a timely manner.
- Infection Prevention Control colleagues are part of the system wide partner escalation calls - risk assessing to unlock capacity when it is safe to do so

Aligning Demand & Capacity

. Increased bed-based capacity. De-escalation of Ward 6 & business continuity escalation due to Racc planks

- Introduced the 2-hour crisis response to maximise referrals from the ambulance service
- Acute respiratory hubs Knutsford & Alsager
- Primary Care ARRs funding work plans in place to maximise recruitment

Workforce

- Clear alignment between hospital primary care and social care
- Alignment of care at home services to support transfer of care
- Maximisation of Care at home capacity through collaborative working
- Design of an infrastructure that provides daily operational contact between the identified service and agreed operational model in preparation for winter pressures.

What Worked Well continued…

Workforce continued

- Supported the development long term sustainable models of care
- General Nursing Assistants successful recruitment drive
- Community Connectors in place and present on ward rounds

Discharges

- Implementation of best practice interventions
- Expanded the use of one-off personal health budgets
- Extra interventions in place Routes rapid reablement service
- Daily escalation calls to review patients
- Mental Health crisis line
- NHS 111 Directory of Services – avoiding admissions
- Additional patient transport
- System Control Centre system calls

What could have gone better

- Timeliness of System planning
- Issues recruiting staff late start to the recruitment process
- Reliance on agency staff
- Viability of the external care at home market (Domiciliary Care)
- One single winter communications plan. Each organisation within the Cheshire East System developed a winter communication plan.
- Communication with Primary Care /care communities about the winter planning process
- Elective recovery due to capacity issues
- Weekend discharges (3rd Consultant and Transport funding ceased 31/03/23)
- Mental health Transport Safe and Secure gap in service
- Acute frailty alignment with the Reablement.

Our joint system reflections and learning

- Staff capacity to support change within identified timescales
- Seven-day service provision implications
- Workforce recruitment difficulties in recruiting alongside a growing and increasingly complex workload
- Non-Recurrent funding streams, not knowing how much funding will be available and when
- To work together on a joint systems Communication Plan
- The local system working together to agree how the Better Care Fund can be deployed to best effect
- The two Acute Trusts are working with national improvement experts to improve criteria led discharges and weekend discharge planning
- Development of virtual wards
- Cheshire East System focus is on all year-round operational resilience which is resource intensive

Winter Plan Risk Profile

Whilst mobilising the System Winter plan and enacting a number of additional Winter schemes that provided additional capacity, several wider system competing priorities and risks where managed at a system level during Winter as detailed below:

- Spikes of significant operational pressure across the system including problems in discharging patients to the most appropriate care setting alongside demands of covid and flu has seen hospital occupancy reach records levels and patient flow has therefore been slower
- Winter Planning and ongoing Assurance monitoring locally and regionally
- System recovery following Bank Holiday breaks and Strike action
- Return of Maternity Ward, East Cheshire Trust
- Raac Plank risks at Mid Cheshire Hospital Foundation Trust
- Responding to regional and national funding directives and producing capacity plans, monitoring spend and reporting on activity.
- Maintaining quality and safety provision for the people of Cheshire East.
- Workforce Challenges across the Health and Social Care system

All of the above additional system challenges continued to be effectively managed and priorities across the system which should be recognised as exemplary joint system partner working in achieving across our Integrated Care System in Cheshire East Place

Next Steps and Planning Time Table

		Months									
Planning Session	**Date**		Jul '23	Aug	Sept	Oct	Nov	Dec	Jan '24	Feb	Mar
Care Community Development session	Thursday 6th July										
GP Confederation Call	Thursday 20th July										
System Partner Winter Warm Up for Winter - A Joint Approach - System Intentions	Thursday 20th July	Meetings will include: Evaluation of the Cheshire East System Winter Pan 2022/23 System partners what schemes are required for winter 2023/24 and the impact (although funding has not been confirmed we need to be prepared) System partner briefings about their internal winter planning Development plans for the 2023/24 Winter Plan									
C/O develop and design the system Winter Plan 23-24	August 2023										
Monthly oversight system winter planning calls commence	Thursday 28th September	To continue each month up to the end of March 2024.									

Performance Metrics

A&E attendances increased in January 2023 through to March 2023, with a combined average attendances at East Cheshire NHS Trust (ECT) & Mid Cheshire Hospitals Foundation Trust (MCHFT) of 4% lower in March 2023 compared to November 2022

Non-elective admissions at both ECT & MCHFT increased from February 2023 to March 2023. Compared to November 2022, in March 2023 MCHFT saw the same volume of non-elective admissions, while ECT saw 12% fewer.

Discharges By March 2023 the average total daily discharges at MCHFT returned to November 2022 levels, while at ECT average total daily discharges remain 15% lower in March 2023 compared to November 2022

Length of stay in hospital (21+ days) decreased from January 2023 to March 2023.

Patients with no criteria to reside in hospital ie medically optimised decreased from January 2023 to March 2023.

Cheshire East mental health patients placed out-of-area Increasing numbers of mental health patients placed out of the Cheshire East area. To note there has been a small decrease since February 2023 .

Mental Health Delayed Transfers of Care. The number of mental health delayed transfers of care for Cheshire East patients at CWP continues to increase, doubling from January 2023 to March 2023, but remaining below the numbers seen June-September 2022

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Scrutiny Committee
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Report Reference	Scrutiny Committee	Title	Purpose of Report	Lead Officer	Consultation and Engagement Process and Timeline	Equality Impact Assessment	Corporate Plan Priority	Part of Budget and Policy Framework	Exempt Item and Paragraph Number
SC/13/22-23	07/09/2023	Overview and Scrutiny of the Domestic Abuse Homicide Review	To scrutinise the Safer Cheshire East Partnership (SCEP) Action Plans and recommendations in respect of the Domestic Homicide Review.	Director of Adult Social Care	No	No	Fair	No	No
SC/20/2022-23	07/09/2023	Delivery of the Integrated Care System	To receive an update from Cheshire and Merseyside NHS on the delivery of the new ICS and success of the Winter Plan.	Director of Commissioning and Integration	No	No	Open; Fair	No	No
SC/10/2023-24	07/09/2023	Evaluation of 2022-23 Winter Plan	To receive an update on the delivery of the 2022/23 Winter Plan.	Director of Commissioning and Integration	No	No	Open, Fair	No	No
SC/05/2022-23	07/09/2023	Suicide Prevention Update from Cheshire and Wirral Partnership	To receive an update from Cheshire and Wirral Partnership NHS Foundation Trust on the Cheshire and Merseyside commissioned group for patients specifically prone to suicidal tendencies.	Director of Commissioning and Integration	No	No	Open; Fair	No	No
SC/05/23-24	07/09/2023	Quality Account 2022-23 - East Cheshire NHS Trust	For the Committee to provide commentary on the East Cheshire NHS Trust Quality Account 2022-23.	Director of Commissioning and Integration	Yes	Yes	Open; Fair	Yes	No
SC/07-23-24	07/09/2023	Safer Cheshire East Partnership Overview	To provide Committee Members with an overview of the Safer Cheshire East Partnership (SCEP) including the revised SCEP terms of reference.	Director of Adult Social Care	No	No	Open	No	No
SC/12/23-24	07/09/2023	Proposed Relocation of Community Services - Poynton	To receive an update from Cheshire and Wirral Partnership NHS Trust on	Director of Commissioning and Integration	No	No	Open; Fair	No	No

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			the proposed relocation of community services in Poynton.						
SC/10/22-23	14/12/2023	Prevent and Channel Update	To receive an update on the Prevent and Channel Programme following the publication of the National Independent Review of Prevent.	Director of Adult Social Care	No	No	Fair	No	No
SC/04/23-24	14/12/2023	Northwest Ambulance Service	To receive an update from the Northwest Ambulance Service in order to understand the impact of ambulance response times and patient outcomes.	Director of Commissioning and Integration	No	No	Open	No	No
SC/06/23-24	14/12/2023	East Cheshire NHS Trust - Major Service Redesign	To update the Committee on the proposed major service redesign at East Cheshire Trust.	Director of Commissioning and Integration	No	No	Open; Fair	No	No
SC/11/23-24	14/12/2023	Right Care, Right Person	To receive an update on the implementation and roll out of the Right Care, Right Person operating model.	Director of Adult Social Care	No	No	Open; Fair	No	No
SC/01/2022-23	14/03/2024	Update on Flood Risk Management	To receive an update on flood risk management from the LLFA and external agencies including the Fire Authority, United Utilities and the Environment Agency.	Director of Highways and Infrastructure	No	No	Open; Fair; Green	No	No
SC/06/2023-24	14/03/2024	Macclesfield District General Hospital Intrapartum Maternity Services: Post Implementation Review	To receive the findings of the post implementation review of the return of intrapartum maternity services to Macclesfield District General Hospital.	Director of Commissioning and Integration	No	No	Open; Fair	No	No
SC/14/2022-23	TBC	Fire Safety Presentation	To receive a presentation on fire safety across Cheshire East. # meeting to be held at Safety Central.	Director of Commissioning and Integration	No	No	Open; Fair	No	No

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SC/21/2022-23	TBC	Future of Congleton War Memorial and Knutsford Cottage Hospital	TBC	Director of Commissioning and Integration	No	No	Open; Fair	No	No

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