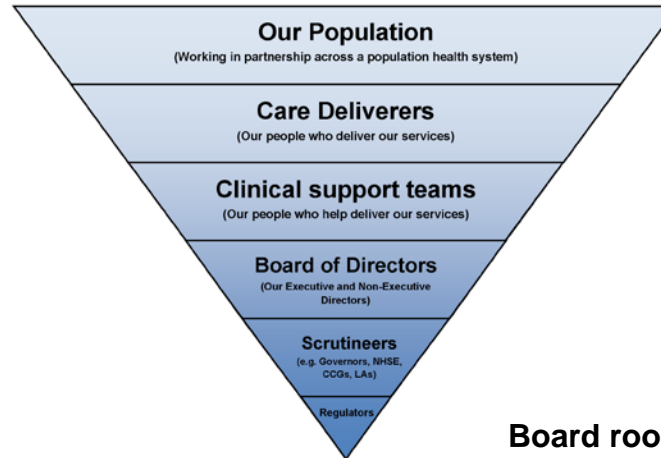




## Board of Directors

At 1.30pm on Wednesday 29 January 2020  
Board room, Redesmere, Countess of Chester Health Park



W1 Leadership	W2 Vision	W3 Culture	W4 Governance
W5 Risk	W6 Information	W7 Engagement	W8 Learning

Ref	Title of item	Well-led theme	Format	Presented by	Time
<b>Part 1: ASSURANCE</b>					
<b>Committee Governance</b>					
19/20/116	Welcome, apologies and quoracy		Verbal	Chair	1.30pm (5 mins)
19/20/117	Declarations of interest				
19/20/118	Minutes of the previous meeting held Wednesday 27 November 2019		Paper		
19/20/119	Matters arising and action schedule		Paper		
19/20/120	2019/20 cycle of business		Paper		
19/20/121	Chair's Announcements		Verbal		1.35pm (10 mins)
19/20/122	Chief Executive's Announcements ( <i>inc. overview of discussions held in private session</i> )		Verbal	Chief Executive	1.45pm (10 mins)
<b>Internal reporting from committees, matters of governance and assurance</b>					
19/20/123	<b>Quality Committee:</b> Chair's report of Quality Committee held 8 January 2020	W4 Governance W5 Risk W8 Learning	Paper	Chair of Quality Committee	1.55pm (5 mins)
19/20/124	<b>Audit Committee:</b> Chair's report of Audit Committee held 14 January 2020	W4 Governance W5 Risk W8 Learning	Paper	Chair of Audit Committee	2.00pm (5 mins)

Ref	Title of item	Well-led theme	Format	Presented by	Time
19/20/125	<b>2019/20 six monthly reports:</b> <ul style="list-style-type: none"> <li>a. Infection, Prevention and Control: six monthly report <i>(SBAR and hyperlink to report)</i></li> <li>b. Safeguarding adults and children: six monthly report <i>(SBAR and hyperlink to report)</i></li> <li>c. Freedom to Speak up Guardian: six monthly report <i>(SBAR and hyperlink to report)</i></li> </ul>	W2 Vision W3 Culture W5 Risk	Paper	Director of Nursing, Therapies and Patient Partnership	2.05pm (10 mins)
19/20/126	Board assurance framework and strategic risk register	W4 Governance W5 Risk W6 Information	Paper	Associate Director: Safe Services	2.15pm (10 mins)
19/20/127	CQC statement of purpose	W4 Governance W5 Risk	Paper	Associate Director: Safe Services	2.25pm (10 mins)
19/20/128	Report against Strategic Objectives <i>(including operational performance)</i>	W4 Governance W5 Risk W6 Information	Paper/ Presentation	Director of Business and Value	2.35pm (15 mins)
19/20/129	Guardian of Safe Working: Q3 2019/20	W4 Governance W5 Risk	Paper	Medical Director	2.50pm (10 mins)
19/20/130	Safer staffing: November and December 2019	W4 Governance W5 Risk	Paper	Director of Nursing, Therapies and Patient Partnership	3.00pm (10 mins)
<b>Break (3.10-3.20pm)</b>					
<b>Quality of Care</b>					
19/20/131	Safer Staffing: six monthly report	W3 Culture W4 Governance W5 Risk W8 Learning	Paper	Director of Nursing, Therapies and Patient Partnership	3.20pm (15 mins)
19/20/132	Learning from Experience executive summary: Trimester 2 report	W4 Governance W5 Risk W8 Learning	Paper	Director of Nursing, Therapies and Patient Partnership	3.35pm (10 mins)
<b>Part 2: IMPROVEMENT</b>					

Ref	Title of item	Well-led theme	Format	Presented by	Time
<b>Strategy/ Strategic Development</b>					
19/20/133	People and OD strategy – Q3 progress against delivery plan	W2 Vision W3 Culture W7 Engagement	Paper/ Presentation	Director of People and OD	3.45pm (15 mins)
19/20/134	Central and East Cheshire redesign	W2 Vision W3 Culture W5 Risk	Verbal	Acting Director of Operations	4.00pm (10 mins)
19/20/135	Quality Improvement report	W2 Vision W3 Culture W7 Engagement	Paper	Medical Director	4.10pm (10 mins)
19/20/136	Community Mental Health team survey	W2 Vision W3 Culture W7 Engagement	Paper/ Presentation	Director of Nursing, Therapies and Patient Partnership	4.20pm (20 mins)
<b>Any other business</b>					
19/20/137	Any other business		Verbal	Chair/ All	4.40pm (5 mins)
19/20/138	Matters for referral to any other groups				
19/20/139	Matters impacting on policy and/ or practice				
19/20/140	Review risk impact of items discussed				
19/20/141	Three things to communicate				
19/20/142	Review the effectiveness of today's meeting <a href="https://www.smartsurvey.co.uk/s/meetingeffectivenesssurvey/">https://www.smartsurvey.co.uk/s/meetingeffectivenesssurvey/</a>				
<b>CLOSE [4.45pm]</b>					
<b>Date, time and venue of the next meeting:</b>					
<b>Wednesday 26 February 2020, 9.30am (seminar session)</b>					

Version No	1	Date issued	
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## DRAFT - Minutes of Board of Directors Meeting – held in Public

**At 1:30pm on Wednesday 27 November 2019  
At Boardroom, Redesmere**

<b>Present</b>	<p>Mike Maier Dr Faouzi Alam</p> <p>Dr Paul Bowen Anne Boyd Andrea Campbell Dr Jim O'Connor Sheena Cumiskey Suzanne Edwards Gary Flockhart</p> <p>David Harris Edward Jenner Rebecca Burke-Sharples Dr Anushta Sivananthan Tim Welch</p>	<p>Chairman Joint Medical Director, Effectiveness, Medical Education and Medical Workforce &amp; Caldicott Guardian Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Chief Executive Acting Director of Operations Director of Nursing, Therapies and Patient Partnership Director of People and OD Non-Executive Director Non-Executive Director Joint Medical Director, Quality, Compliance and Assurance Director of Business and Value</p>
<b>In attendance</b>	<p>Louise Brereton Adrian Moss Sarah Aldis</p> <p>Andy Styring</p> <p>Helen Bett Kim Aspinall Pater Ashley Mudie Brian Burke Pauline Bradshaw Rob Robertson</p>	<p>Head of Corporate Affairs Clinical Services Manager (for item, 19.20.106) Associate Director, Wirral Community and Health Trust (for item. 19.20.106) Interim Strategic Director</p> <p>Shadow Associate Member of the public Governor Lead Inspector: CQC Senior Clinical Quality Lead, NHSI Governor</p>
<b>Apologies</b>	None	

Ref	Title of item	Action
	<b>Meeting governance</b>	
19/20/90	<b>Welcome, apologies and quoracy</b>  The Chair welcomed all to the meeting. A welcome was extended to all joining the meeting to observe. The meeting was confirmed as quorate. There were no apologies.	
19/20/91	<b>Declarations of interest</b>	

Ref	Title of item	Action
	None declared.	
19/20/92	<p><b>Minutes of the previous meeting held 25 September 2019.</b></p> <p>The minutes of the meeting held 25 September 2019 were reviewed and <b>approved</b> as a correct record.</p>	
19/20/93	<p><b>Matters arising and action points</b></p> <p>Action 19.20.83: It was confirmed that amendments were being made to the ICP terms of reference as discussed. Action closed.</p>	
19/20/94	<p><b>2019/20 Cycle of business</b></p> <p>The business cycle for 2019/20 was <b>noted</b>.</p>	
19/20/95	<p><b>Chair's announcements</b></p> <p>Mike Maier announced the following:</p> <p><b>HSJ Awards</b> Trust colleagues recently attended the Health Service Journal Awards, where the Trust was shortlisted for Mental Health Provider of the Year.</p> <p><b>Central and East Cheshire redesign</b> The Trust has recently announced the names of the new mental health wards in Macclesfield. The new ward for adults and older people will be called Mulberry Ward, with the new ward for people with dementia called Silk Ward.</p> <p><b>New mental health resource centre for Cheshire</b> A new wellbeing resource centre is set to open on St Anne Street in Chester city centre early in the New Year. Designed in collaboration with people with lived experience of mental ill-health, 'Number 71' will provide early intervention support and treatment for people experiencing a mental health crisis and will be open seven days a week, 365 days a year. The centre is a result of NHS West CCG and CWP working together with mental health interest groups following a successful award from the national Beyond Places of Safety grant scheme.</p> <p><b>MyMind</b> CWP's dedicated Child and Adolescent Mental Health website – has been refreshed and relaunched.</p> <p><b>Veteran Aware</b> CWP has recently been accredited as a Veteran Aware NHS organisation, by the Veterans Covenant Healthcare Alliance. The Trust has been recognised by the VCHA for its hard work in demonstrating commitment to the Armed Forces Covenant and striving to deliver the best possible care to our veterans.</p> <p><b>Social Value Charter</b> The Trust is pleased to have signed the Cheshire and Merseyside Social Value Charter.</p> <p>The Board of Directors <b>noted</b> the above updates.</p>	
19/20/96	<b>Chief Executive's announcements</b>	

Ref	Title of item	Action
	<p>Sheena Cumiskey updated the Board on the following matters:</p> <p><b>CQC Mental Health Survey</b> The CQC mental health survey was published on 26 November 2019. The data is currently being analysed and will be reported back to the Board in January 2020.</p> <p><b>Breakfast with Sheena</b> Andy Styring recently covered a breakfast with Sheena session held in Ancora House as Sheena had a personal emergency. This session focused on staff reflections on experiences of being a CWP employee. A six monthly feedback opportunity following new staff induction has also commenced, taking an appreciative enquiry format.</p> <p><b>Overview of discussions at the private board meeting</b> Sheena Cumiskey briefed the Board and those in attendance on discussions held in private board meeting. This included:</p> <ul style="list-style-type: none"> <li>• reflections from a patient story</li> <li>• assurance and feedback from the Operational Committee</li> <li>• Update on delivery of the Operational and Financial Plan 2019/20.</li> <li>• Provider Collaboratives and other strategic developments</li> <li>• Updates on place based working and systems financial recovery support.</li> </ul> <p>The Board of Directors <b>noted</b> the above summary.</p>	
<b>Internal reporting from committees, matters of governance and assurance</b>		
19/20/97	<p><b>Quality Committee: Chair's report of the Quality Committee held on 6 November 2019</b></p> <p><i>(Tim Welch joined the meeting)</i></p> <p>Dr Jim O'Connor highlighted the following points from the report.</p> <ul style="list-style-type: none"> <li>• Review of the risk register and new risks in-scope including flu immunisation campaign and training compliance.</li> <li>• Discussions regarding matters escalated from the subcommittees of the Quality Committee and ensuring these are appropriately managed in line with the integrated governance strategy.</li> </ul> <p>A discussion followed regarding Board assurance on chemical restraint in settings outside of CWP. Dr Anushta Sivananthan confirmed that this was considered by the Quality Committee from an inpatient perspective but that work was undertaken with local authorities feeding into the Safeguarding sub-committee for these settings. It was acknowledged there was further work to do regarding ensuring effective assurance around these issues.</p> <p><b>Action:</b> Jim O'Connor and Anushta Sivananthan to consider ways of Quality Committee gaining assurance on use of chemical restraint in settings outside of CWP.</p> <p>The Board of Directors noted the Chair's report.</p>	AS/JOC
19/20/98	<p><b>Audit Committee: Chair's Report of the Quality Committee held 12 November 2019</b></p> <p>Edward Jenner highlighted the following points from the report:</p>	

Ref	Title of item	Action
	<ul style="list-style-type: none"> <li>• Limited assurance was received on an audit of waiting times in children and young people's services. Reassurance was received at the meeting from the Head of Operations on the recommendations.</li> <li>• A further update on this will be provided early in 2020 to inform on progress made. The need to extend the scope of risk 12 (data quality) was highlighted in light of this audit to even better reflect the current Trust position.</li> <li>• Relationships with the new external auditor leads are embedding well and preparations for the 2019/20 audit are in place.</li> </ul> <p>Dr Anushta Sivananthan provided an update on the positive progress with the work on data quality, particularly the development of data dictionaries and operational work around performance and information teams.</p> <p>The Board of Directors <b>noted</b> the Chair's report.</p>	
19/20/99	<p><b>Register of Seals 2019/20</b></p> <p>Following review at the Audit Committee, Sheena Cumiskey introduced the 2018/29 Register of Seals.</p> <p>The Board of Directors <b>approved</b> the Register of Seals 2019/20.</p>	
19/20/100	<p><b>Fit and Proper Persons regulations annual assurance 2019/20</b></p> <p>Mike Maier presented the report setting out the action undertaken to comply with the Trust's Fit and Proper Persons policy. This included the annual review of compliance which included the checks undertaken for existing Directors and those undertaken for incoming Directors.</p> <p>Board members were reminded that it is the responsibility of the Chairman to discharge the requirement placed on the Trust, to ensure that all directors satisfy the requirements of the Fit and Proper Persons Test, both on appointment and on an ongoing basis.</p> <p>The Board of Directors <b>noted</b> the report.</p>	
19/20/101	<p><b>Safer staffing: September and October 2019</b></p> <p>Gary Flockhart presented the report. Board members were advised that the report did not include data from Ancora House as this required further validation. This will be included in the report to the January 2020 Board meeting. Gary Flockhart reminded Board members that the next six monthly report to the Board is due in January which includes the staffing of wards from a multi-disciplinary perspective which provides greater insight into ward staffing.</p> <p>A discussion followed. Dr Jim O'Connor queried the cancellation of staff training at Greenways. Reassurance was provided that when this occurs, it is ensured that staff have an opportunity to have this rearranged quickly.</p> <p>The Board of Directors <b>noted</b> the report.</p>	

Ref	Title of item	Action
	<i>(James Partington joined the meeting)</i>	
19/20/102	<p><b>Report against Strategic Objectives</b></p> <p>The Chair welcomed James Partington to the meeting. James reminded Board members of the work to date on the development of the dashboard and the links between this dashboard, the quality dashboard, and team level locality data packs. Further developments will also include seasonally adjusted variance charts.</p> <p>A discussion followed on performance exceptions. Supervision was highlighted as remaining off track. It was suggested that the SPC chart denote the inception of the new policy to allow review of progress towards target achievement. It was suggested that the mandatory learning target could be reviewed to consider a greater stretch.</p> <p>Board members commended the dashboard and extended thanks to James Partington for his work on this.</p> <p>The Board of Directors <b>noted</b> the report.</p> <p><i>(James Partington left the meeting)</i></p>	
19/20/103	<p><b>Board Assurance framework and strategic risk register</b></p> <p>Dr Anushta Sivananthan presented the report and reminded Board members of the requirements of the integrated governance strategy.</p> <p>Advising on the risks in-scope, Dr Sivananthan updated that with regard to the ADHD risk, this remains in-scope and a report is due at the December 2019 Board meeting setting out outcomes of discussions with commissioners.</p> <p>A new risk is in-scope on financial performance which will include systems financial impacts and efficiencies.</p> <p>Two further risks are in-scope concerning the flu campaign and the essential learning. These are under consideration and will have full risk treatment plans developed if required.</p> <p>Dr Anushta Sivananthan also reported on risk score changes. This included an increase to the supervision risk (risk1) which has increased to a score of 12 reflecting the policy implementation and a decrease to the bed pressures risk (risk10) reduced to a score of 12 following a stable period of OPEL 2 and recent assurances presented to the Operational Committee.</p> <p>Brian Burke, CQC inspector in attendance acknowledged the reference in the SBAR to the delay in obtaining the certificate of CQC registration for the service, however advised Board members of the implications of the provision of services without formal registration as the provider. It was noted that the registration issue had since been rectified. Brian Burke sought Board members reflections on this issue. Dr Anushta Sivananthan advised that the issue was borne from pressures from commissioners to ensure that the service was mobilised quickly to ensure seamless, ongoing service for patients, however business development processes had since been further reviewed and will fully take account of this for future acquisitions.</p>	



Ref	Title of item	Action
	<p>Dr Paul Bowen sought assurance on the ADHD risk, particularly concerning the CCG prioritisation of this issue given the potential patient impacts. A discussion followed. Suzanne Edwards advised that there is an ongoing dialogue with commissioners on the issue and that CWP colleagues are ensuring that patient needs are at the centre of these discussions. A report will be provided to the Board in December 2019 to advise on the future plans for these services.</p> <p>The Board of Directors <b>approved</b> the report and <b>noted</b> the CQC registration issue.</p>	
<b>Quality of Care</b>		
19/20/104	<p><b>Central and East Cheshire services redesign</b></p> <p>Suzanne Edwards presented the report providing an update on the implementation of the redesign of inpatient and community services in Central and East Cheshire. The following points were highlighted:</p> <ul style="list-style-type: none"> <li>• Enhanced community provision is now in place, including 5 additional crisis beds which will increase to 6 in January 2020. Additional staff will also join the community teams in January.</li> <li>• Feedback from staff remains positive and the impact of OD work is coming to fruition. A CQC mental health visit feedback was also positive.</li> <li>• Increased senior staff visibility and support was also acknowledged and has been welcomed, in addition to well-received support from PALS.</li> </ul> <p>A discussion followed. Thanks were extended to all supporting the redesign programme. The opportunity to use review the redesign process from a benefits realisation of effectiveness, experience and quality perspective was agreed. It was also acknowledged that Positive Behavioural Support approaches were being supported by staff. The opportunity to ask a body such as HealthWatch to assist with a qualitative review of the programme was suggested along with potential other research opportunities.</p> <p>Sheena Cumiskey commended the Executive team for their diligence and commitment to the programme.</p> <p>The Board of Directors <b>noted</b> the report.</p>	
19/20/105	<p><b>2019/20 Flu immunisations campaign</b></p> <p>David Harris presented an update on the current flu immunisation campaign. Attention was drawn to the self-assessment undertaken following a request from NHSI/E.</p> <p>The following points were highlighted:</p> <ul style="list-style-type: none"> <li>• The Trust's target is 80%. Current performance is 50.2% which is a positive improvement on the performance at the same point last year.</li> <li>• The provision of a sufficient level of vaccines.</li> </ul>	

Ref	Title of item	Action
	<ul style="list-style-type: none"> <li>• A successful CELF session was held to raise understanding around the importance of herd immunity and the potential impacts of flu on patient safety.</li> <li>• Emergency Planning team are considering a response in the event of a flu outbreak.</li> </ul> <p>A discussion followed. There was recognition regarding the importance of peer vaccinators and of using them as much as possible. The potential of emphasising non-vaccination as a patient safety issue was supported and the potential to move staff to other areas if risks are high. Consideration was also given to the potential of e-learning. This would be considered further in addition to other communication channels including staff story videos etc.</p> <p>The Board of Directors <b>noted</b> the report.</p>	
19/20/106	<p><b>All age Disability Service: Year 1 evaluation</b></p> <p>(Sarah Aldis and Adrian Moss joined the meeting)</p> <p>Suzanne Edwards provided a presentation setting out the progress following the first year since the acquisition of the Wirral All Age Disability services, facilitated by a S175 agreement enabling the transfer of service and the according delegation of duties.</p> <p>Suzanne Edwards highlighted the following points:</p> <ul style="list-style-type: none"> <li>• There are three phases to the transfer. Two are now complete. Phase 3 is around transformation and is progressing with a focus on population health outcomes and benefits realisation.</li> <li>• From a governance perspective, the service has been integrated as a care group itself and reports into the Operational Committee.</li> <li>• The ‘intra-provider’ relationships are positive and well developed enabling improvements to pathways and improved collaboration which now presents great opportunities moving forward.</li> <li>• The role of the principle social worker which includes supporting effective social work supervision, ensuring quality assurance and improvement in social work practice.</li> <li>• Statutory duties remain with Wirral Council in line with Care Act requirements but the S75 agreement sits with CWP requiring the Trust’s assurance of the delivery of the duties.</li> <li>• A recent peer review undertaken by directors of adult social services in the north-west highlighted positive benefits included joint working improvements, communication and increased professional development opportunities.</li> <li>• Challenges existing within the service include people planning and the recruitment of approved mental health practitioners, efficiencies linked to care budgets, interoperability of clinical and information systems, and ensuring the balance between CPA requirements and the Care Act duties.</li> </ul> <p>Suzanne Edwards advised that a board development session will be held early in 2020 to enable Board members to discuss ways to strengthen the voice of social work at Board level. It was also noted that the social work voice also needs to influence trust strategy in a greater way.</p>	

Ref	Title of item	Action
	<p>A discussion followed regarding quality impact assessment processes around efficiency planning. Suzanne Edwards advised there is a need to work with the local authority as commissioners on these processes.</p> <p>Thanks were extended to Sarah Aldis and Adrian Moss for their work on developing this service,</p> <p>The Board of Directors <b>noted</b> the report.</p> <p>(Sarah Aldis and Adrian Moss left the meeting)</p>	
<b>Strategy / Strategic Development</b>		
19/20/107	<p><b>People strategy 2019/24: delivery plan</b></p> <p>David Harris presented the report and reminded Board members of the discussions at the July 2019 Board meeting and the approval of the People and OD strategy. The following points were highlighted:</p> <ul style="list-style-type: none"> <li>• A full delivery plan has been developed to support the achievement of the strategy.</li> <li>• Board scrutiny of the strategy progress will be through review of key KPIs through the monthly dashboard and via a quarterly overview report to the Board.</li> <li>• The People and OD subcommittee will retain grip on the delivery plan progress. The Terms of Reference and membership of this sub-committee are currently under review to ensure it is fit for purpose.</li> <li>• The People and OD strategy will continue to report into the Operational Committee.</li> </ul> <p>Non-Executive Directors commended the work to date however voiced some concern on the scale of the plan and capacity for delivery. It was noted that recent local capacity issues have since been resolved so there is greater confidence in the ability to deliver the agenda.</p> <p>Andrea Campbell commented on the need for the delivery plan to better reflect the breadth of Trust staff and professional groups.</p> <p><b>Action:</b> Ensure POD delivery plan, education elements, include even further reference to wider professional groups.</p> <p>The Board of Directors <b>noted</b> the report.</p>	DH
19/20/108	<p><b>Learning lessons to improve HR processes</b></p> <p>David Harris presented the report and reminded Board members of the NHSI/E requirements to all trusts to provide assurance following a serious incident in another Trust, occurring as a direct result of poor HR processes.</p> <p>A QI methodology has been used to review disciplinary processes but further work is needed to ensure consistent application of policies and ensuring this is done in a person centred and resolution focused way. People services will also be monitoring cases to assess the quality and experience of certain staff groups who could be impacted by internal policies, such as BAME staff.</p> <p>The Board of Directors <b>noted</b> the report.</p>	

Ref	Title of item	Action
19/20/109	<p><b>Research strategy</b></p> <p>Dr Faouzi Alam presented the report and reminded Board members of the discussions at the October 2019 seminar regarding the development of the strategy. The strategy has been informed by the Long Term Plan, the Patient Safety Strategy the CWP FYFV and has been co-produced with Care Groups.</p> <p>A discussion followed. Board members commended the strategy and its improved approach. The need to retain opportunities for non-clinical research was highlighted and the potential opportunities offered by research collaboratives. Board members will be kept apprised of the strategies progress through six monthly reporting.</p> <p>The Board of Directors <b>noted</b> the report and <b>approved</b> the strategy.</p>	
<b>Closing Business</b>		
19/20/110	<p><b>Any other business</b></p> <p>There were no further items of business.</p> <p>The Chair offered members of the public in attendance an opportunity to query any issues discussed.</p>	
19/20/111	<p><b>Matters for referral to any other groups</b></p> <p>There were no matters to refer or escalate to other groups from the meeting.</p>	
19/20/112	<p><b>Matters impacting on policy and/ or practice</b></p> <p>There were no matters identified impacting on policy and/or practice.</p>	
19/20/113	<p><b>Review risk impact of items discussed</b></p> <p>It was acknowledged that the board assurance report and risk register had captured all risks discussed.</p>	
19/20/114	<p><b>Key messages for communication</b></p> <p>These were agreed for dissemination by the Communications Team.</p>	
19/20/115	<p><b>Review of meeting performance</b></p> <p>Board members were encouraged to review the meeting via the smart survey in order to continuously improve the meeting.</p>	
<b>CLOSE</b>		
<p><b>Date, time and venue of the next meeting:</b></p>		
<p><b>Wednesday 29 January 2020, 9.30am, Boardroom, Redesmere</b></p>		

**Cheshire and Wirral Partnership NHS Foundation Trust  
Open Actions Action Schedule**

Meeting date	Group/ Ref	Action	By Whom	By when	Status
27/11/2019	19.20.97	<b>Chair's report of the Quality Committee:</b> Jim O'Connor and Nush to consider ways of Quality Committee gaining assurance on use of chemical restraint in settings outside of CWP.	JOC/AS	January 2020	In progress - assurance will feed into CWP via ICPs
27/11/2019	19.20.107	<b>People strategy 2019/24: delivery plan:</b> Ensure POD delivery plan, education elements, include reference to wider professional groups.	DH	December 2019	Completed

**Board of Directors**  
**Business Cycle 2019/20 (Public Meeting)**

	Item	Lead	Apr	May	Jun	Jul	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Assurance	Chair and CEO report and Announcements	MM/SC		✓		✓	✓		✓		✓		✓
	Review minutes of the previous meeting	MM		✓		✓	✓		✓		✓		✓
	ICP Board/s (minutes)	SC		✓		✓	✓		✓		✓		✓
	Receive Chair's Report of the Quality Committee	JOC		✓		✓	✓		✓		✓		✓
	Receive Chair's Report of the Audit Committee	EJ		✓		✓	✓		✓		✓		✓
	Freedom to speak up six monthly report	AD				✓					✓		
	People and OD strategy delivery	DH							✓		✓		✓
	Six monthly Infection Prevention Control Report	Director of IPC									✓		
	Director of Infection Prevention and Control Annual Report Inc. PLACE	Director of IPC				✓							
	Safeguarding Adults and Children Annual Report and six monthly report	AD				✓					✓		

Item	Lead	Apr	May	Jun	Jul	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Accountable Officer Annual report Inc. Medicines Management	AS				✓							
Monthly Ward Staffing update (monthly and six monthly reporting)	AD		✓		✓	✓		✓		✓		✓
Research Annual Report	FA					✓						
Medical Appraisal Annual Report and annual declaration of Medical revalidation	FA				✓							
Operational Plan/Board performance dashboard (incorporating Operational and Quality Dashboard)	TW		✓		✓	✓		✓		✓		✓
Annual Report, Accounts and Quality Account	TW		✓									
Health and Safety Annual Report and Fire and Link Certification	AD				✓							
Board Assurance Framework	AS		✓			✓				✓		✓
Learning from Experience report, Inc. Learning from Deaths	AD		✓			✓				✓		
Integrated Governance Framework	AS									✓		
Equality and Diversity responsibilities inc. WRES and WDES	AD		✓		✓	✓						
Guardian of Safe Working quarterly report	FA		✓		✓			✓		✓		

Item	Lead	Apr	May	Jun	Jul	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Provider Licence Compliance	TW		✓					✓				
CQC Statement of Purpose	AS									✓		
Data Protection and Security toolkit	FA											✓
GDPR compliance annual review	FA				✓							
Register of Sealings	TW					✓						
Register of Interests (Directors and Governors)	MM		✓									
Self-certification statements	TW		✓									
Corporate Governance Manual	TW									✓		
Fit and Proper Persons annual assurance	DH							✓				
Terms of Reference and effectiveness reviews: <ul style="list-style-type: none"> <li>Quality Committee</li> <li>Audit Committee</li> <li>Operational Committee</li> </ul>	JOC/SC		✓		✓							
Review risk impacts of items	MM/SC		✓		✓	✓		✓		✓		✓
CEO/Chair Division of Responsibilities	MM/SC		✓									



	Item	Lead	Apr	May	Jun	Jul	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	BOD draft Business Cycle 20/21	MM/SC											✓
	AOB (including matters that are NOT commercial in-confidence)	MM/SC		✓		✓	✓		✓		✓		✓
IMPROVEMENT	Quality Improvement report/ strategy implementation	AS				✓			✓				✓
	CQC Community Patient Survey Report (themes and improvement plan)	AD							✓				
	NHS Staff Survey (themes and improvement plan)	DH											✓
	People and OD strategy inc. workforce planning)	DH		✓					✓				

STANDARDISED CHAIR'S REPORT

CHAIR'S REPORT DETAILS	
<b>Name of meeting:</b>	Quality Committee
<b>Chair of meeting:</b>	Dr J O'Connor, Non Executive Director
<b>Date of meeting:</b>	08/01/2020

**Quality, clinical, care, other risks identified that require escalation:**

(ESCALATION)

Presentation of the Learning from Experience report, covering the period August – November 2019, was noted as deferred. Action to remedy this was agreed, to ensure that the Quality Committee membership receive the report from the Head of Clinical Governance, overseen by the Director of Nursing, Therapies & Patient Partnership, for a ten-day consultation period, to then ensure that the report to the Board of Directors can be provided at its 29/01/2020 meeting for its assurance.

The quality assurance dashboard alerted the Quality Committee that details of inpatients who have experienced more than one level 3 or level 4 physical restraint in a three month period have been provided to Care Groups for review. The Quality Committee discussed, in particular, the inquiries being undertaken by the Children, Young People & Families Care Groups to review their dataset. Early thinking is around exploring the benefits of supporting the way care is planned and delivered as part of a positive and proactive training approach (see the improvement section below). Progress with making improvements will be received by the Quality Committee in the March 2020 iteration of the dashboard.

**Matters discussed:**

(ASSURANCE)

The terms of reference of the Clinical Practice & Standards Sub Committee were approved.

The strategic risk register was approved, with the risk of not providing effective electronic transfer of inpatient discharge summaries within 24 hours and outpatient clinic letters within 7 days being archived, on the basis of residual elements of this issue being addressed as part of the continuing development of the risk treatment plan for risks associated with shortfalls in clinical systems. There are no overdue strategic risk treatment actions.

The Trust's CQC regulatory and improvement action plan was received, detailing assurance of completion of required actions. Two strategic risks, related to two regulatory actions, are actively being treated and are on track, the other nine are complete/ ongoing. Three (of 48) improvement actions are also on track. Regarding preparations for the current inspection window through to the provider level well-led inspection 9 – 11 March 2020, the Quality Committee received assurance that this plan is progressing as anticipated.

**Achievements:**

(IMPROVEMENT)

The Quality Improvement report (August – November 2019) was received, detailing improvement activity and achievements by services, including where this has been supported by our people who have received training as part of the Trust's quality improvement curriculum.

A delivery plan to strengthen our person-centredness was presented and approved. This will include a training approach that includes modules including delivering positive and proactive interventions and person centred approaches, with the core aim of reducing the need for unwarranted restrictive interventions and compliance with Restraint Reduction Network standards by April 2020.

The Quality Committee approved the 2019/24 delivery plan for the NHS Patient Safety Strategy, noting achievements to-date in progressing with this and the plans to blend the strategy into our Quality Improvement strategy, phase 2, which will be consulted on in quarter 4 of 2020/21 and will be approved at the March 2021 meetings of the Quality Committee and Board of Directors.

STANDARDISED CHAIR'S REPORT

CHAIR'S REPORT DETAILS	
Name of meeting:	Audit Committee
Chair of meeting:	Edward Jenner
Date of meeting:	14 January 2020

Quality, clinical care, other risks identified that require escalation

(ESCALATION)

Internal audit:

- A discussion was held on the scoping of the quality spot checks audit. Committee members requested that the completed audit includes an assurance opinion.
- Committee members reiterated the requirement for any changes to the audit plan should be proposed directly to the Committee in the first instance.
- The follow up update on recommendations arising from the Health- roster audit was provided. The majority of actions have been completed but a number of recommendations require completion. A further update will be provided to the Committee at the March 2020 meeting to confirm completion. MIAA will also support with a follow up to ensure recommendations have been implemented.

Matters discussed/decision:

(ASSURANCE)

Internal Audit

- MIAA provided an update in respect of the assurances, key issues and progress against the Internal Audit Plan for 2019/20. The completed audits below were discussed:
  - The clinical supervision audit attained a moderate assurance opinion. The Associate Director of Nursing joined Committee members to update on the positive improvements and provided reassurance on the new systems and processes now in place including for recording supervision.
  - The audit on core financial systems positively attained substantial assurance.
  - A compliance review undertaken on the conflicts of interest policy reflected a positive level of compliance with the policy. Further work will be taken forward to ensure improved linkages between the staff declarations of interest and the medical staff declarations undertaken through the appraisal process.
- Details of future events and benchmarking were noted by the Committee.

External Audit

- Grant Thornton presented the draft 19/20 audit plan. The significant audit risks and mitigations were discussed. The pre audit work will commence in February 2020.

Anti-fraud

- The Anti-fraud progress report was presented providing an overview of work including ongoing and closed cases.

ISA 206 19/20 (Early intervention in psychosis indicator)

- An update was provided on the positive improvements to process for indicator data collection. The Committee noted that the data quality improvement plan was under discussion at the January 2020 Operational Committee.

STANDARDISED SBAR COMMUNICATION

REPORT DETAILS	
<b>Report subject:</b>	Infection Prevention and Control Bi Month Report (Qtr 1 and 2 2019 – 2020)
<b>Agenda ref. number:</b>	19.20.125a
<b>Report to (meeting):</b>	Board of Directors
<b>Action required:</b>	Discussion and Approval
<b>Date of meeting:</b>	29/01/2020
<b>Presented by:</b>	Victoria Peach, Director of Infection, Prevention and Control

Which strategic objectives this report provides information about:	
Deliver high quality, integrated and innovative services that improve outcomes	Yes
Ensure meaningful involvement of service users, carers, staff and the wider community	Yes
Be a model employer and have a caring, competent and motivated workforce	Yes
Maintain and develop robust partnerships with existing and potential new stakeholders	Yes
Improve quality of information to improve service delivery, evaluation and planning	Yes
Sustain financial viability and deliver value for money	Yes
Be recognised as an open, progressive organisation that is about care, well-being and partnership	Yes

Which NHSI Single Oversight Framework themes this report reflects:		CWP Quality Framework:		
Quality	Yes	Patient Safety	Safe	Yes
Finance and use of resources	Yes	Clinical Effectiveness	Effective	Yes
Operational performance	Yes		Affordable	Yes
Strategic change	Yes		Sustainable	Yes
Leadership and improvement capability	Yes	Patient Experience	Acceptable	Yes
			Accessible	Yes
<a href="http://www.cwp.nhs.uk/media/4142/quality-improvement-strategy-2018.pdf">http://www.cwp.nhs.uk/media/4142/quality-improvement-strategy-2018.pdf</a>				

Does this report provide any information to update any current strategic risks? If so, which?	
Contact the corporate affairs teams for the most current strategic risk register.	No

Does this report indicate any new strategic risks? If so, describe and indicate risk score:	
See current integrated governance strategy: CWP policies – policy code FR1	No

**REPORT BRIEFING**

Situation – a concise statement of the purpose of this report
<p>The purpose of this report is to provide an update in respect of assurance, activity and performance for infection prevention and control (IPC) for quarters 1 and 2 2019 - 2020 (April 2019-September 2019).</p> <p>This report was presented to the October 2019 meeting of the Infection, Prevention and Control subcommittee</p>

Background – contextual and background information pertinent to the situation/ purpose of the report
<p>High standards of IPC are crucial to prevent and reduce infection and infection risks in all health care facilities across Cheshire and Wirral Partnership NHS Foundation Trust. To support this the IPC team, provides a service internally and externally in relation to the Cheshire West and Chester Local Authority contract, work across all areas to prevent all avoidable infections and reduce the risk of resistant organisms across our Health &amp; Social Care footprint.</p>

## Assessment – analysis and considerations of the options and risks

Infection prevention and control remains a priority for CWP. The IPCSC and IPCT continue to maintain and improve on the application, conservation and development of IPC standards. The Trust is committed to working towards excellence in IPC practice to help prevent avoidable infections in our patients. When infection does occur, this is recognised early and treated appropriately in line with local antimicrobial guidance. AMR remains a high priority within the Trust and antimicrobial stewardship represents an organisational and system-wide approach to promoting and monitoring the prudent use of antimicrobials.

This report highlights the partnership working and continuous improvements within IPC and progress against the key priorities for 2019/20.

Progress has been made in accordance with Work Priorities for 2019/20

- Compliance and assurances with the Health and Social care Act (2015) has been maintained.
- Promote hand hygiene week took place in May 2019.
- Staff influenza campaign has been actively supporting the achievement of the ambition of 80% uptake for patient facing staff.
- Continue to work collaboratively with pharmacy to improve compliance to anti-microbial prescribing using Quality Improvement Methodology

## Recommendation – what action/ recommendation is needed, what needs to happen and by when?

The Board of Directors is recommended to **note** the assurance that the standards and regulatory requirements of IPC have been met during this reporting period.

Who has approved this report for receipt at the above meeting?

Infection Prevention and Control Sub Committee

Contributing authors:

### Distribution to other people/ groups/ meetings:

Version	Name/ group/ meeting	Date issued
Version 1	Infection Prevention and Control Sub Committee	31 <sup>st</sup> October 2019

### Appendices provided for reference and to give supporting/ contextual information:

Appendix No.	Appendix title
1	<a href="#">Infection, Prevention and Control six monthly report (Q1 and Q2, 2019/20)</a>

STANDARDISED SBAR COMMUNICATION

REPORT DETAILS	
<b>Report subject:</b>	Safeguarding Bi Annual Report (Quarter 1 and 2 ) 2019 - 2020
<b>Agenda ref. number:</b>	19.20.125b
<b>Report to (meeting):</b>	Quality Committee
<b>Action required:</b>	Discussion and Approval
<b>Date of meeting:</b>	29/01/2020
<b>Presented by:</b>	Gary Flockhart, Director of Nursing, Therapies and Patient Partnership

Which strategic objectives this report provides information about:	
Deliver high quality, integrated and innovative services that improve outcomes	Yes
Ensure meaningful involvement of service users, carers, staff and the wider community	Yes
Be a model employer and have a caring, competent and motivated workforce	Yes
Maintain and develop robust partnerships with existing and potential new stakeholders	No
Improve quality of information to improve service delivery, evaluation and planning	Yes
Sustain financial viability and deliver value for money	No
Be recognised as an open, progressive organisation that is about care, well-being and partnership	Yes

Which NHSI Single Oversight Framework themes this report reflects:		CWP Quality Framework:		
Quality	Yes	Patient Safety	Safe	Yes
Finance and use of resources	No	Clinical Effectiveness	Effective	Yes
Operational performance	Yes		Affordable	No
Strategic change	Yes		Sustainable	Yes
Leadership and improvement capability	Yes	Patient Experience	Acceptable	No
			Accessible	No
<a href="http://www.cwp.nhs.uk/media/4142/quality-improvement-strategy-2018.pdf">http://www.cwp.nhs.uk/media/4142/quality-improvement-strategy-2018.pdf</a>				

Does this report provide any information to update any current strategic risks? If so, which?	
Contact the corporate affairs teams for the most current strategic risk register.	No

Does this report indicate any new strategic risks? If so, describe and indicate risk score:	
See current integrated governance strategy: CWP policies – policy code FR1	No

**REPORT BRIEFING**

Situation – a concise statement of the purpose of this report
<p>This report provides the Board with an overview of Safeguarding activity during 2019 - 2020 and progress on the implementation of key objectives set</p> <p>This report was presented to the December 2019 meeting of the Trustwide Safeguarding sub-committee</p>

Background – contextual and background information pertinent to the situation/ purpose of the report
<p>This is a bi annual Safeguarding report for 2019 / 2020 to the Board to provide assurance that CWP are meeting their safeguarding responsibilities.</p>

## Assessment – analysis and considerations of the options and risks

In quarter 1, CWP were involved in a CQC Review of Safeguarding Children and Children Looked After inspection on the Wirral. Feedback has been received and progress of the associated action plan is being made.

During quarter 2, CWP completed and submitted the Section 11 Audit for Safeguarding Children to the respective Cheshire and Wirral Clinical Commissioning Groups and Safeguarding Children Partnerships. Associated actions will be monitored by the Trust Wide Safeguarding Committee.

Details included in the report provide assurance that the statutory safeguarding requirements are being met.

Continued priorities for quarter 3 and 4 include:

- To implement the service review of the safeguarding team including the consideration of the children in care team moving into the starting well team.
- To complete all outstanding safeguarding children and adult audits as per the annual audit plan.
- To recruit into the vacant band 6 safeguarding practitioner post
- To improve and develop the safeguarding adults database which will improve the current system for data collection
- Implementation and launch of safeguarding training (in line with the respective safeguarding intercollegiate documents)
- Safeguarding supervision model to be reviewed.
- Formulation of the Mental Capacity documentation in relation to safeguarding matters

## Recommendation – what action/ recommendation is needed, what needs to happen and by when?

The Board of Directors is recommended to **note** the assurance that the safeguarding responsibilities are being met and progress against 2019 / 2020 is being made.

Who has approved this report for receipt at the above meeting?

Gary Flockhart – Director of Nursing, Therapies and Patient Experience

Contributing authors:

Victoria Peach, Deputy Director of Nursing

### Distribution to other people/ groups/ meetings:

Version	Name/ group/ meeting	Date issued
1	Trust Wide Safeguarding Group	17 <sup>th</sup> December 2019

### Appendices provided for reference and to give supporting/ contextual information:

Appendix No.	Appendix title
1	<a href="#">Safeguarding six monthly report (Q1 and Q2, 2019/20)</a>



STANDARDISED SBAR COMMUNICATION

REPORT DETAILS	
<b>Report subject:</b>	Freedom to Speak Up (FTSU) Bi Annual Report 2019 – 2020 (Quarter 1 and 2)
<b>Agenda ref. number:</b>	19.20.135c
<b>Report to (meeting):</b>	Board of Directors
<b>Action required:</b>	Discussion and Approval
<b>Date of meeting:</b>	29/01/2020
<b>Presented by:</b>	Gary Flockhart, Director of Nursing, Therapies and Patient Partnership

Which strategic objectives this report provides information about:	
Deliver high quality, integrated and innovative services that improve outcomes	Yes
Ensure meaningful involvement of service users, carers, staff and the wider community	Yes
Be a model employer and have a caring, competent and motivated workforce	Yes
Maintain and develop robust partnerships with existing and potential new stakeholders	No
Improve quality of information to improve service delivery, evaluation and planning	Yes
Sustain financial viability and deliver value for money	No
Be recognised as an open, progressive organisation that is about care, well-being and partnership	Yes

Which NHSI Single Oversight Framework themes this report reflects:		CWP Quality Framework:		
Quality	Yes	Patient Safety	Safe	Yes
Finance and use of resources	No	Clinical Effectiveness	Effective	Yes
Operational performance	Yes		Affordable	No
Strategic change	Yes		Sustainable	Yes
Leadership and improvement capability	Yes	Patient Experience	Acceptable	No
			Accessible	No
<a href="http://www.cwp.nhs.uk/media/4142/quality-improvement-strategy-2018.pdf">http://www.cwp.nhs.uk/media/4142/quality-improvement-strategy-2018.pdf</a>				

Does this report provide any information to update any current strategic risks? If so, which?	
Contact the corporate affairs teams for the most current strategic risk register.	No

Does this report indicate any new strategic risks? If so, describe and indicate risk score:	
See current integrated governance strategy: CWP policies – policy code FR1	No

REPORT BRIEFING

Situation – a concise statement of the purpose of this report
<p>This bi annual FTSU report provides assurance to the Trust Board that the creation of a Speak Up Culture throughout the organisation has been progressed and will continue to be strengthened.</p> <p>This report was presented to the January 2020 meetings of the Audit Committee and the Quality Committee.</p>

Background – contextual and background information pertinent to the situation/ purpose of the report
<p>The Trust is committed to have effective speaking up arrangements and for any employee to raise a concern that they may have.</p> <p>This commitment aligns to the national Freedom to Speak Up (FTSU) programme led by the National Guardian Office, to make the NHS a ‘better place to work and a safer place for patients’ and is recognised as vitally important to help protect patients and improve the experience of our people.</p>

## Assessment – analysis and considerations of the options and risks

The FTSU Guardians are working alongside senior leaders to continue to strengthen, and achieve, a healthy speaking up culture throughout the Trust.

The report provides an overview and analysis of the speak up concerns raised within quarter 1 and 2 2019 / 2020; and provides comparatives to previous years where appropriate.

The interim review of Speak Up strategy for 2019 – 2020, as demonstrated within this report has identified that:

- A review of the self-assessment completed in 2018 - 2019 tool will be undertaken to determine the Trust's position and any areas for further improvement.
- To continue to recruit Speak Up Ambassadors from geographical areas and specialities that currently do not have Speak Up Ambassadors;
- To ensure that All Age Disability and Learning Disability / Acquired Brain Injury Care Groups are aware of Speak Up processes.
- To review the role of the Speak Up Ambassadors, gain feedback to understand if and how the role should be developed.
- To work closely with Equality Lead and develop a shared network approach to strengthen the voice of people with protected characteristics in relation to the Speak Up agenda.
- FTSU Guardians to support the work of organisational development to understand the matters which contribute to related areas of the 2019 staff survey.
- To commence the development of a bespoke eLearning programme.
- The renewal of the App is due in Quarter 1 2020 – 21; it is recommended that the Trust informs the provider of the intention not to renew.

## Recommendation – what action/ recommendation is needed, what needs to happen and by when?

The Board of Directors is recommended to **note** the assurance that Speak Up arrangements are in place and progress is being made to strengthen the Speak Up culture throughout the organisation.

Who has approved this report for receipt at the above meeting?

Gary Flockhart – Director of Nursing, Therapies and Patient Experience

Contributing authors:

Victoria Peach

### Distribution to other people/ groups/ meetings:

Version	Name/ group/ meeting	Date issued
2	Quality Committee	8 <sup>th</sup> January 2020
2	Audit Committee	14 <sup>th</sup> January 2020

### Appendices provided for reference and to give supporting/ contextual information:

Appendix No.	Appendix title
	<a href="#">Freedom to Speak Up Guardian report (Q1 and Q2, 2019/20)</a>

STANDARDISED SBAR COMMUNICATION

REPORT DETAILS	
Report subject:	Board assurance framework and strategic risk register
Agenda ref. number:	19.20.126
Report to (meeting):	Board of Directors (meeting in public)
Action required:	Discussion and Approval
Date of meeting:	29/01/2020
Presented by:	David Wood, Associate Director of Safe Services

Which strategic objectives this report provides information about:	
Deliver high quality, integrated and innovative services that improve outcomes	Yes
Ensure meaningful involvement of service users, carers, staff and the wider community	Yes
Be a model employer and have a caring, competent and motivated workforce	Yes
Maintain and develop robust partnerships with existing and potential new stakeholders	Yes
Improve quality of information to improve service delivery, evaluation and planning	Yes
Sustain financial viability and deliver value for money	Yes
Be recognised as an open, progressive organisation that is about care, well-being and partnership	Yes

Which NHSI Single Oversight Framework themes this report reflects:		CWP Quality Framework:		
Quality	Yes	Patient Safety	Safe	Yes
Finance and use of resources	Yes	Clinical Effectiveness	Effective	Yes
Operational performance	Yes		Affordable	Yes
Strategic change	Yes		Sustainable	Yes
Leadership and improvement capability	Yes	Patient Experience	Acceptable	Yes
			Accessible	Yes
<a href="http://www.cwp.nhs.uk/media/4142/quality-improvement-strategy-2018.pdf">http://www.cwp.nhs.uk/media/4142/quality-improvement-strategy-2018.pdf</a>				

Does this report provide any information to update any current strategic risks? If so, which?	
Contact the corporate affairs teams for the most current strategic risk register.	Yes
All strategic risks	

Does this report indicate any new strategic risks? If so, describe and indicate risk score:	
See current integrated governance strategy: CWP policies – policy code FR1	No
N/A	

REPORT BRIEFING

**Situation** – a concise statement of the purpose of this report

To apprise the Board of Directors of the current status of the strategic risk register to inform discussion of the current risks to the delivery of the organisational strategic objectives, and as per the requirements outlined within the Trust’s integrated governance framework. The report indicates progress against the mitigating actions identified against the Trust’s strategic risks and the controls and assurances in place that act as mitigations against each strategic risk.

**As at January 2020, the Trust has ten strategic risks – one is rated red and nine are rated amber. There is one active Care Group risk currently being scoped as a strategic risk, rated red.**

**Background** – contextual and background information pertinent to the situation/ purpose of the report

The Medical Director (Executive Lead for Quality) and the Quality Committee are the designated officer and committee respectively for risk management. The Board of Directors monitors and reviews the corporate assurance framework and receives assurances on risk via the Quality Committee. Complemented by Audit Committee’s oversight of the system of internal control, this framework provides assurance regarding the quality and safety of the services that the Trust provides.

## Assessment – analysis and considerations of the options and risks

**New risks/ risks in scope** (since the last report to the Board of Directors in November 2019):

The *risk of increasing demand for ADHD services which exceeds current contract values and commissioned capacity, resulting in increasing waiting times, potential risks to patient safety and experience, in addition to potential reputational and financial impacts* remains in scope – rated red (risk score 16). In line with the Trust's integrated governance framework, this has been escalated from the LD, NDD & ABI Care Group risk register, via the Operational Committee. The most significant impacts are in Cheshire – with the issues differing across the Trust geography, this is reflected in the lower overall strategic risk score. The Operational Committee and Board of Directors at their December 2019 meetings received an options paper for future delivery of ADHD services. Option 3 was agreed – to provide a commissioned service based on available funding. A risk treatment plan is in development to reflect the actions needed to implement this option.

Risk treatment plans are now in place for the following risks (previously in scope):

- Risk 6: *Risks to the effective delivery of the Trust's policy for the prevention of the transmission of flu to help protect both staff and those that they care for* – rated amber (risk score 12).
- Risk 11: *Risk of failure to achieve Trust and system control totals due to gaps in Trust's costed plans and increased burden on the Trust's efficiency programme, resulting in potential care, quality and regulatory impacts* – rated amber (risk score 12).

### Archived risks

The Quality Committee approved archive of the *risk of not providing effective electronic transfer of inpatient discharge summaries within 24 hours and outpatient clinic letters within 7 days, potentially impacting on the quality of clinical information and potentially increasing the likelihood of contractual and regulatory breaches* (former risk 4) on the basis of the completion of the agreed risk treatment plan reducing the risk score to its tolerable level. This continues to be mitigated at team, service and Care Group levels, reporting by exception at Trust level, with residual elements of this issue being addressed as part of the continuing development of the risk treatment plan for risk 12 – the *potential for adverse impact on the effectiveness of service delivery, evaluation and planning due to shortfalls in data capture by existing clinical systems, staff capability and delivery of the organisational data quality framework*.

### Amended risk scores

There have been no amendments to current risk scores in the reporting period, other than the aforementioned (now archived) risk.

### Exception reporting

There are no exceptions to report against overdue risk treatment plan actions – all are on track.

## Recommendation – what action/ recommendation is needed, what needs to happen and by when?

The Board of Directors is asked to **review**, **discuss** and **approve** the amendments made to the corporate assurance framework as recommended by the Quality Committee.

<b>Who has approved this report?</b>	David Wood, Associate Director of Safe Services	
<b>Contributing authors:</b>	Louise Brereton, Head of Corporate Affairs	
<b>Distribution to other people/ groups/ meetings:</b>		
Version	Name/ group/ meeting	Date issued
1	Board of Directors	22/02/2020
<b>Appendices provided for reference and to give supporting/ contextual information:</b>		
Appendix No.	Appendix title	
1	<a href="#">Board assurance framework and strategic risk register</a>	

STANDARDISED SBAR COMMUNICATION

REPORT DETAILS	
Report subject:	Care Quality Commission registration – update to Statement of Purpose
Agenda ref. number:	19.20.127
Report to (meeting):	Board of Directors – meeting in public
Action required:	Discussion and Approval
Date of meeting:	29/01/2020
Presented by:	David Wood, Associate Director: Safe Services

Which strategic objectives this report provides information about:	
Deliver high quality, integrated and innovative services that improve outcomes	Yes
Ensure meaningful involvement of service users, carers, staff and the wider community	Yes
Be a model employer and have a caring, competent and motivated workforce	Yes
Maintain and develop robust partnerships with existing and potential new stakeholders	Yes
Improve quality of information to improve service delivery, evaluation and planning	Yes
Sustain financial viability and deliver value for money	Yes
Be recognised as an open, progressive organisation that is about care, well-being and partnership	Yes

Which NHSI Single Oversight Framework themes this report reflects:		CWP Quality Framework:		
Quality	Yes	Patient Safety	Safe	Yes
Finance and use of resources	Yes	Clinical Effectiveness	Effective	Yes
Operational performance	Yes		Affordable	Yes
Strategic change	Yes	Patient Experience	Sustainable	Yes
Leadership and improvement capability	Yes		Acceptable	Yes
			Accessible	Yes
<a href="http://www.cwp.nhs.uk/media/4142/quality-improvement-strategy-2018.pdf">http://www.cwp.nhs.uk/media/4142/quality-improvement-strategy-2018.pdf</a>				

Does this report provide any information to update any current strategic risks? If so, which?	
Contact the corporate affairs teams for the most current strategic risk register.	Yes
Strategic risk #2: Risk of reducing ability to sustain safe and effective services within Central and Eastern Cheshire	

Does this report indicate any new strategic risks? If so, describe and indicate risk score:	
See current integrated governance strategy: CWP policies – policy code FR1	No
N/A	

REPORT BRIEFING

Situation – a concise statement of the purpose of this report
As per the Board of Directors’ meeting business cycle, this agenda item presents an update to CWP’s ‘statement of purpose’ for the Trust’s activities that are regulated by the CQC.

Background – contextual and background information pertinent to the situation/ purpose of the report
The statement of purpose describes what we do, where we do it and who we do it for. It is endorsed annually by the Board of Directors, in line with the business cycle for the meeting. The Trust is required to keep this statement up to date and to notify the CQC of any changes in-year, when a new certificate of registration is issued as appropriate. Our current certificate is dated 26/11/2019.

## Assessment – analysis and considerations of the options and risks

The statement of purpose has been updated in conjunction with business and governance teams and approved by the service contacts detailed in the statement. All locations and addresses have been reviewed to ensure accuracy. In addition, the description of services provided by the Trust has also been updated in line with the services we currently provide.

In-year amendments are to:

- The addition of Old Hall Surgery as a registered location following the acquisition of the service.
- Transfer of All Age Disability services to CWP.
- As a result of changes to services as part of the redesign within Central & Eastern Cheshire (strategic risk 2):
  - Closure of Limewalk House and opening of Maple ward as a rehabilitation unit.
  - Closure of Adelphi, Bollin and Croft wards and opening of Mulberry and Silk wards.

Each community location is noted as either a hub or a satellite, this is to assist our CQC colleagues in understanding the main locations from which care is provided.

The Board of Directors will receive a further comprehensive update to the statement of purpose in January 2021, or sooner if there are significant changes required prior to this, e.g. due to service development or re-configuration.

## Recommendation – what action/ recommendation is needed, what needs to happen and by when?

The Board of Directors is asked to **endorse** the statement of purpose.

Who has approved this report for receipt at the above meeting?

Board of Directors business cycle requirement

Contributing authors:

Elsbeth Fergusson, Helen Fishwick, David Wood, Care Group leads

### Distribution to other people/ groups/ meetings:

Version	Name/ group/ meeting	Date issued
1	Helen Fishwick to David Wood	13/01/2020
2	David Wood to Anushta Sivananthan	21/02/2020
3	David Wood to Louise Brereton	21/02/2020

### Appendices provided for reference and to give supporting/ contextual information:

Appendix No.	Appendix title
1	CWP Statement of Purpose – January 2020

**Cheshire and Wirral Partnership NHS Foundation Trust**

**Statement of Purpose**

**1. Provider Details**

Cheshire and Wirral Partnership NHS Foundation Trust, Redesmere, Countess of Chester Health Park, Liverpool Road, Chester, CH2 1BQ. Tel: 01244 397397

*Chief Executive – Sheena Cumiskey*

*Chairman – Mike Maier*

*Nominated individual – David Wood*

**2. Registered Locations**

**REGISTERED LOCATION**

**ANCORA HOUSE** Countess of Chester Health Park, Liverpool Road, Chester, CH2 1BQ Tel: 01244 397258

**Service contact:** Jo Watts

**Regulated activity:** assessment or medical treatment for persons detained under the mental health act 1983 & Treatment of disease, disorder or injury

**CODE: MLS** – Hospital services for people with mental health needs, and/or learning disabilities, and/or problems with substance misuse.

These services are for adolescents who are admitted to hospital, involving an overnight stay, for assessment and treatment when there is a need for more intensive support than would typically be provided in the community, or a need for a specialist assessment or intervention.

<i>ASSESSMENT AND OUTREACH (AOT) TEAM</i>	Ancora House, Countess of Chester Health Park Liverpool Road, Chester CH2 1BQ Tel. 01244 397333
<i>CORAL WARD – CAMHS Tier 4 ward</i>	Ancora House, Countess of Chester Health Park Liverpool Road, Chester CH2 1BQ Tel. 01244 397305
<i>INDIGO WARD – CAMHS Tier 4 ward</i>	Ancora House, Countess of Chester Health Park Liverpool Road, Chester CH2 1BQ Tel. 01244 397595

## REGISTERED LOCATION

**BOWMERE HOSPITAL** Countess of Chester Health Park Liverpool Road, Chester CH2 1BQ Tel: 01244 397300

**Service contact:** Sally Sanderson

**Regulated activity:** assessment or medical treatment for persons detained under the mental health act 1983 & Treatment of disease, disorder or injury

**CODE: MLS** – Hospital services for people with mental health needs, and/or learning disabilities, and/or problems with substance misuse.

These services are for people with mental health needs who are admitted to hospital, involving an overnight stay, for assessment and treatment when there is a need for more intensive support than would typically be provided in the community, or a need for a specialist assessment or intervention.

**RHS** – Rehabilitation services

These services provide, as their sole or main purpose, treatment to people following an illness or injury that impairs their physical, mental or cognitive wellbeing, but for which continued rehabilitative care is likely to bring about improvement.

<i>BEECH WARD – Adult Mental Health ward</i>	Bowmere Hospital, Countess of Chester Health Park, Liverpool Road, Chester, CH2 1BQ Tel. Reception 01244 397300 / Ward 01244 397302
<i>CHERRY WARD – Older People Organic ward</i>	Bowmere Hospital, Countess of Chester Health Park, Liverpool Road, Chester, CH2 1BQ Tel. Reception 01244 397300 / Ward 01244 397338
<i>JUNIPER WARD – Adult and Older People Mental Health ward</i>	Bowmere Hospital, Countess of Chester Health Park, Liverpool Road, Chester, CH2 1BQ Tel. Reception 01244 397300 / Ward 01244 397303
<i>MAPLE WARD – Adult Rehabilitation ward</i>	Bowmere Hospital Countess of Chester Health Park Liverpool Road, Chester CH2 1BQ Tel. Reception 01244 397300 / Ward 01244 397690
<i>ROSEWOOD WARD – Rehabilitation ward</i>	Bowmere Hospital, Countess of Chester Health Park, Liverpool Road, Chester, CH2 1BQ Tel. Reception 01244 397300 / Ward 01244 397323
<i>WILLOW WARD – Psychiatric Intensive Care ward</i>	Bowmere Hospital Countess of Chester Health Park Liverpool Road, Chester CH2 1BQ Tel. Reception 01244 397300 / Ward 01244 397301



**REGISTERED LOCATION**

**CLATTERBRIDGE HOSPITAL PSYCHIATRIC SERVICES** Springview Mental Health Unit, Clatterbridge Road, Bebington, Wirral CH63 4JY Tel: 0151 343 5500

**Service contact:** Neal Fenna

**Regulated activity:** assessment or medical treatment for persons detained under the mental health act 1983 & Treatment of disease, disorder or injury

**CODE: MLS** – Hospital services for people with mental health needs, and/or learning disabilities, and/or problems with substance misuse.

These services are for people with mental health needs who are admitted to hospital, involving an overnight stay, for assessment and treatment when there is a need for more intensive support than would typically be provided in the community, or a need for a specialist assessment or intervention.

<i>BRACKENDALE WARD – Adult and Older People functional ward</i>	Mental Health Unit, Clatterbridge Road, Bebington, Wirral, CH63 4JY Tel. 0151 343 520
<i>BROOKLANDS WARD – Psychiatric Intensive Care Unit</i>	Mental Health Unit, Clatterbridge Road, Bebington, Wirral, CH63 4JY Tel. 0151 343 5536
<i>LAKEFIELD WARD – Adult Mental Health ward</i>	Mental Health Unit, Clatterbridge Road, Bebington, Wirral, CH63 4JY Tel. 0151 343 5530
<i>MEADOWBANK WARD – Older People Organic ward</i>	Mental Health Unit, Clatterbridge Road, Bebington, Wirral, CH63 4JY Tel. 0151 343 5528
<i>OAKTREES WARD – Eating Disorder ward</i>	Mental Health Unit, Clatterbridge Road, Bebington, Wirral, CH63 4JY Tel. 0151 343 5513

**REGISTERED LOCATION**

**GP OUT OF HOURS SERVICE - COUNTESS OF CHESTER HEALTH PARK**, Liverpool Road, Chester CH2 1UL Tel. 01244 365000

**Service contact:** Karen Moore

**Regulated activity:** Treatment of disease, disorder or injury, Maternity and Midwifery services, Family Planning, Diagnostic and screening procedures

**CODE :** **UCS** Urgent care services, **DCS** Doctors consultation service, **DTS** Doctors treatment service, **MDS** Mobile doctors service, **DSS** Diagnostic and or screening service

<i>1829 BUILDING – GP Extended Hours Service - hub</i>	1829 Building, Countess of Chester Health Park, Liverpool Road, Chester CH2 1HJ Tel. 01244 650300 (main reception)
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<i>COUNTESS OF CHESTER HOSPITAL URGENT TREATMENT CENTRE – GP services, maternity and midwifery services, family planning services, diagnostic and screening procedures-hub</i>	Countess of Chester Health Park, Liverpool Road, Chester CH2 1UL Tel. 01244 365000
<i>ELLESMERE PORT HOSPITAL – GP Out of Hours service - satellite</i>	Ellesmere Port Hospital, 114 Chester Road, Whitby, Ellesmere Port CH65 6SG Tel. 01244 365000 (switchboard)
<i>HELSEBY GP PRACTICE/ HEALTH CENTRE – GP extended hours service - satellite</i>	Lower Robin Hood Lane, Frodsham WA6 0BW. Tel. 01928 723676
<i>MALPAS SURGERY – GP Extended Hours - satellite</i>	Malpas Surgery, Laurel Bank, Old Hall Street, Malpas SY14 8PS. Tel: 01948 860205
<i>NESTON CLINIC – GP Extended Hours - satellite</i>	Neston Clinic, Mellock Lane, Little Neston CH64 9RN Tel. 0151 4888441
<i>TARPORLEY WAR MEMORIAL HOSPITAL – GP extended hours service - satellite</i>	Tarporley War Memorial Hospital, 14 Park Road, Tarporley, Cheshire CW6 0AP Tel. 01829 732436

## REGISTERED LOCATION

**CROOK LANE RESPITE UNIT** 152 Crook Lane, Wharton, Winsford, CW7 3EQ Tel: 01606 861003

**Service contact:** Sharon Vernon

**Regulated activity:** Treatment of disease, disorder or injury

**CODE: MLS** – Hospital services for people with mental health needs, and/or learning disabilities, and/or problems with substance misuse.

These services are for people with learning disabilities who are admitted to hospital, involving an overnight stay, for specialist health respite when there is a need for more intensive support than would typically be provided in the community, or a need for a specialist assessment or intervention.

<i>CROOK LANE – Learning Disability Respite Unit</i>	152 Crook Lane, Wharton, Winsford, CW7 3EQ Tel. 01606 861003
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**REGISTERED LOCATION:**

**EASTWAY** Countess of Chester Health Park, Liverpool Road, Chester CH2 1BQ Tel: 01244 397222

**Service contact:** Sharon Vernon

**Regulated activity:** Assessment or medical treatment for persons detained under the mental health act 1983 & Treatment of disease, disorder or injury

**CODE: MLS** – Hospital services for people with mental health needs, and/or learning disabilities, and/or problems with substance misuse.

These services are for people with learning disabilities who are admitted to hospital, involving an overnight stay, for assessment and treatment when there is a need for more intensive support than would typically be provided in the community, or a need for a specialist assessment or intervention.

<i>EASTWAY WARD – Learning Disability ward</i>	Eastway Assessment & Treatment Unit, Countess of Chester Health Park, Liverpool Road, Chester, CH2 1BQ Tel. Reception 01244 397222 / Ward 01244 397224
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**REGISTERED LOCATION**

**GREENWAYS** Rosemount Site, Chester Road, Macclesfield, SK11 8QA Tel: 01625 508550

**Service contact:** Sharon Vernon

**Regulated activity:** assessment or medical treatment for persons detained under the mental health act 1983 & Treatment of disease, disorder or injury

**CODE: MLS** – Hospital services for people with mental health needs, and/or learning disabilities, and/or problems with substance misuse.

These services are for people with learning disabilities who are admitted to hospital, involving an overnight stay, for assessment and treatment when there is a need for more intensive support than would typically be provided in the community, or a need for a specialist assessment or intervention.

<i>GREENWAYS WARD - Learning Disability ward</i>	Rosemount Site, Lea Bank Close, Chester Road, Macclesfield SK11 8PU Tel. 01625 508550
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## REGISTERED LOCATION

**JOCELYN SOLLY (Millbrook/ Macclesfield DGH)** Victoria Road, Macclesfield, SK10 3JF Tel: 01625 505600

**Service contact:** Sally Sanderson

**Regulated activity:** assessment or medical treatment for persons detained under the mental health act 1983 & Treatment of disease, disorder or injury

**CODE: MLS** – Hospital services for people with mental health needs, and/or learning disabilities, and/or problems with substance misuse.

These services are for people with mental health needs who are admitted to hospital, involving an overnight stay, for assessment and treatment when there is a need for more intensive support than would typically be provided in the community, or a need for a specialist assessment or intervention.

<i>MULBERRY WARD – Adult and Older People functional ward</i>	Victoria Road, Macclesfield, Cheshire, SK10 3SJ
<i>SILK WARD – Older People Organic ward</i>	Macclesfield DGH, Victoria Road, Macclesfield, SK10 3JA

## REGISTERED LOCATION

**MILLENIUM CENTRE** Leasowe Millennium Centre Twickenham Drive, Wirral CH46 1PQ. Tel. 0151 638 9599

**Service contact:** Sharon Vernon

**Regulated activity:** assessment or medical treatment for persons detained under the mental health act 1983 & Treatment of disease, disorder or injury, Personal Care

**CODE: LDC** - Community based services for people with a learning disability **DCC** - Domiciliary care service

<i>MILLENIUM CENTRE – All Age Disability &amp; Mental Health Service - hub.</i>	Leasowe Millennium Centre Twickenham Drive, Wirral CH46 1PQ. Tel. Children with Disabilities 0151 48 88090 Integrated Disabilities Services 0151 48 88091
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## REGISTERED LOCATION

**SOSS MOSS SITE**, Chelford Road, Nether Alderley, Macclesfield SK10 4UJ Tel: 01625 862500/01625 862400

**Service contact:** Sally Sanderson

**Regulated activity:** assessment or medical treatment for persons detained under the mental health act 1983 & Treatment of disease, disorder or injury

**CODE: MLS** – Hospital services for people with mental health needs, and/or learning disabilities, and/or problems with substance misuse.

The Alderley Unit provides a low secure service for people with learning and autism who are admitted to hospital, involving an overnight stay, for assessment and treatment when there is a need for more intensive support than would typically be provided in the community, or a need for a specialist assessment or intervention.

Saddlebridge Inpatient Unit provides a low secure service for people with mental health needs who are admitted to hospital, involving an overnight stay, for assessment and treatment when there is a need for more intensive support than would typically be provided in the community, or a need for a specialist assessment or intervention.

Forensic Support Service provides in-reach input for community patients in contact with the secondary care mental health services provided by CWP when they present with behaviour that pose a risk of serious harm to others in the context of their mental disorder.

<i>ALDERLEY UNIT – Low Secure Learning Disability Unit</i>	Chelford Road, Nether Alderley, Macclesfield , SK10 4UJ Tel. 01625 862500
<i>FORENSIC SUPPORT SERVICE – including street triage</i>	Saddlebridge Unit, Chelford Road, Nether Alderley, Macclesfield, SK10 4UJ Tel. 01625 862400
<i>SADDLEBRIDGE – Low Secure Adult Mental Health</i>	Chelford Road, Nether Alderley, Macclesfield, SK10 4UJ Tel. 01625 862400

## REGISTERED LOCATION:

**THORN HEYS RESPITE UNIT** Columbia Road, Prenton, Wirral, CH43 6TU Tel: 0151 488 8101

**Service contact:** Sharon Vernon

**Regulated activity:** Treatment of disease, disorder or injury

**CODE: MLS** – Hospital services for people with mental health needs, and/or learning disabilities, and/or problems with substance misuse.

These services are for people with learning disabilities who are admitted to hospital, involving an overnight stay, for specialist health respite when there is a need for more intensive support than would typically be provided in the community, or a need for a specialist assessment or intervention.

<i>THORN HEYS RESPITE – Learning Disability Respite Unit</i>	Ashton House Site Columbia Road, Prenton, Wirral, CH43 6TU Tel. 0151 488 8101
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**REGISTERED LOCATION**

**TRUST HEADQUARTERS, REDESMERE**, Countess of Chester Health Park, Liverpool Road, Chester CH2 1BQ  
Tel: 01244 397397

**Regulated activity:** Treatment of disease, disorder or injury

**CODE :** **CHC** – community healthcare services; **HPS** – hospice services; **LDC** – community-based services for people with a learning disability; **MHC** – community based services for people with mental health needs.

**CODE – MHC** – Adult and Older People’s Community Mental Health Services

**Service contacts:** Jean Pace/ Sally Sanderson/ Neal Fenna/ Jo Watts

**Regulated activity:** Treatment of disease, disorder or injury

<i>1829 BUILDING – Psychology (West Cheshire) - hub</i>	1829 Building, Countess of Chester Health Park, Liverpool Road, Chester , CH2 1HJ Tel: Psychology 01244 397575 Tel: ABI 01244 389252
<i>ACCESS SEFTON – Access Sefton - hub</i>	Access Sefton, 2 <sup>nd</sup> Floor, Gordon House, Leicester Street, Southport, PR9 0ER. Tel. 0151 955 3200
<i>AIRBUS – supportive services - satellite</i>	Airbus, Boughton, Chester CH4 0DR Tel. 01244 397589
<i>ALSAGER HEALTH CENTRE – Adult &amp; Older People’s Community Mental Health Services - satellite</i>	Alsager Health Centre, 12 Sandbach Road South, Alsager. ST7 2LU Tel. 01270 275606
<i>ARROWE PARK HOSPITAL – Liaison Psychiatry including Street triage - hub</i>	Arrowe Park Hospital, Arrowe Park Road Upton Wirral CH49 5PE Tel. 0151 678 5111
<i>ASHFIELDS PRIMARY CARE CENTRE – Adult &amp; Older People’s Community Mental Health Services - satellite</i>	Ashfields Primary Care Centre, Middlewich Road, Sandbach. CW11 1EQ Tel. 01270 275050
<i>BOOTLE HEALTH CENTRE – Access Sefton - satellite</i>	Bootle Health Centre, Park Street, Bootle, L20 3RF. Tel: 0151 247 6000
<i>BOOTLE ONE STOP SHOP – Access Sefton - satellite</i>	Bootle One Stop Shop, 324 Stanley Road, Bootle, L20 3ET. Tel: 0345 140 0845
<i>BOUGHTON MEDICAL CENTRE – primary care mental health - satellite</i>	Boughton Medical Centre, Hoole Lane, Boughton, Chester CH2 3DP Tel. 01244 325421
<i>BLUNDELLSANDS SURGERY – Access Sefton (counselling) - satellite</i>	Blundellsands Surgery, 1 Warren Road, Liverpool, L23 6TZ Tel. 0151 924 6464
<i>BREIGHTMET HEALTH CENTRE – Bolton eating disorders service - hub</i>	Brightmet Health Centre, Brightmet Fold Lane, Brightmet, Bolton, BL2 6NT Tel. 01204 462785

<i>CHERRYBANK RESOURCE CENTRE – Adult mental health services, early intervention team, Criminal Justice Liaison and Diversion Team, Cheshire and Mersey Specialist Perinatal Service</i>	Cherrybank Resource Centre, 85 Wellington Road, Ellesmere Port, CH65 0BY Tel. 0151 488 8360
<i>CHURCHTOWN MEDICAL CENTRE – Access Sefton – satellite</i>	Churchtown Medical Centre, 137 Cambridge Road, Southport PR9 7LT. Tel: 01704 224416
<i>CONGLETON LIBRARY – Home treatment team (HTT) - hub</i>	Congleton Library, Market Street, Congleton CW12 1BU Tel. HTT- 01260 292916
<i>CONGLETON WAR MEMORIAL HOSPITAL – Adult &amp; Older People’s Community Mental Health Service - satellite</i>	Congleton War Memorial Hospital, Canal Road, Congleton. CW12 3AR Tel. 01260 294800
<i>CROSBY VILLAGE SURGERY – Access Sefton - satellite</i>	Crosby Village Surgery, 3 Little Crosby Road, Great Crosby, Liverpool, Merseyside, L23 2TE Tel. 0151924 2233
<i>COUNTESS OF CHESTER HOSPITAL – liaison psychiatry, Chester Eating Disorder Service - hub</i>	Countess of Chester Hospital, Countess of Chester Health park, Liverpool Road, Chester CH2 1UL Tel. 01244 346398
<i>DELAMERE RESOURCE CENTRE – IAPT, Psychosexual Services, Adult and Older Adults Community Mental Health Services, Recovery College, Expert Patient Programme, Personality Disorder Service - hub</i>	Delamere Resource Centre, 45 Delamere Street, Crewe, CW1 2ER, Tel. 01270 655200
<i>EAGLEBRIDGE MEDICAL CENTRE - Adult &amp; Older People’s Community Mental Health Services - satellite</i>	Eaglebridge Medical Centre, Wellbeing Centre, Dunwoody Way, Crewe. CW1 3AW Tel. 01270 275780
<i>EASTVIEW SURGERY (Waterloo – Access Sefton - satellite</i>	Eastview Surgery, 81 - 83 Crosby Road North, Liverpool L22 4QD. Tel: 0151 920 7255
<i>FORMBY CLINIC – Access Sefton - satellite</i>	Formby Clinic, Phillips Lane, Formby L37 4AY. Tel: 01704 387210
<i>FOUNTAINS HEALTH CENTRE – primary care mental health services - satellite</i>	Fountains Health Centre, Delamere Street, Chester, CH1 4DS. Tel: 01244 325721.
<i>THE GATEWAY – Warrington and Halton eating disorders service, Trafford eating disorders service - hub</i>	The Gateway, 85 – 101 Sankey Street, Warrington, Cheshire, WA1 1SR Tel. 01925 248475
<i>GLOVERS LANE SURGERY – Access Sefton - satellite</i>	Glovers Lane Surgery, Glovers Lane, Bootle, Merseyside, L30 5TA Tel. 0151 524 2444
<i>GREAT SUTTON CLINIC – primary care mental health - satellite</i>	Great Sutton Clinic, Old Chester Road, Ellesmere Port CH66 3PB. Tel: 0151 339 2208

<i>HEATH LANE MEDICAL CENTRE – primary care mental health - satellite</i>	Health Lane Medical Centre, Heath Lane, Chester CH3 5UJ. Tel: 01244 563105
<i>HELSEBY HEALTH CENTRE – primary care mental health - satellite</i>	Helsby Health Centre, Lower Robin Hood Lane, Helsby, WA6 0BW, Tel. 01928 723676
<i>HIGHFIELD CENTRE – Adult and Older Peoples service - satellite</i>	Victoria Central Health Centre, Mill Lane, Wallasey CH44 5UF
<i>THE HOLLIES SURGERY – Access Sefton - satellite</i>	The Hollies Surgery, 10 Elbow Lane, Formby, L37 4AF Tel. 01704 877600
<i>HOLMES CHAPEL HEALTH CENTRE – Adult &amp; Older People’s Community Mental Health Service - satellite</i>	Holmes Chapel Health Centre, London Road, Holmes Chapel. CW4 7BB Tel. 01477 533100
<i>HOPE FARM CLINIC – primary care mental health - satellite</i>	Hope Farm Clinic, Hope Farm Road, Great Sutton CH66 2RQ Tel. 0151 488 8489
<i>JOCELYN SOLLY HOUSE RESOURCE CENTRE – Adult and older people’s community mental health services, Recovery College, Expert Patient Programme - hub</i>	Jocelyn Solly House, Victoria Road, Macclesfield, SK10 3JE Tel. 01625 505600
<i>KNUTSFORD &amp; DISTRICT COMMUNITY HOSPITAL - Adult and older people’s mental health services - satellite</i>	Knutsford and District Community Hospital, Bexton Road Knutsford WA16 0BT Tel. 01565 757225
<i>LACHE HEALTH CENTRE – primary care mental health</i>	Hawthorn Road, Lache, Chester CH4 8HX. Tel: 01244 671991
<i>LAUREL BANK SURGERY – primary care mental health service - satellite</i>	Laurel Bank Surgery, Old Hall Street, Malpas, SY14 5PS, Tel. 01948 860205
<i>LEIGHTON HOSPITAL, ACCIDENT &amp; EMERGENCY UNIT – Liaison Psychiatry - hub</i>	Liaison Psychiatry, Accident & Emergency Unit, Leighton Hospital, Middlewich Road, Crewe CW1 4QJ Tel. 01270 612239
<i>MACCLESFIELD DGH – Liaison Psychiatry - hub</i>	Liaison Psychiatry, Macclesfield District General Hospital, Macclesfield, SK10 3BL, Tel. 01625 663868
<i>MAGHULL HEALTH CENTRE – Access Sefton - satellite</i>	Maghull Health Centre, Westway, Maghull, Liverpool, L31 0DJ Tel. 0151 247 6800
<i>MARINE LAKE MEDICAL PRACTICE AND ESTUARY MEDICAL PRACTICE – Adult and Older Peoples Service - satellite</i>	The Concourse, Grange Road, West Kirby, Wirral CH48 4HZ
<i>NANTWICH HEALTH CENTRE – Adult &amp; Older People’s Community Mental Health Services- satellite</i>	Church View PC Centre, off Beam Street, Nantwich. CW5 5NX Tel. 01270 610181



<i>NESTON CLINIC – primary care mental health, adult mental health services, older adult mental health services - satellite</i>	Neston Clinic, Mellock Lane, Little Neston CH64 9RN, Tel. 0151 488 8441
<i>NETHERTON HEALTH CENTRE – Access Sefton - satellite</i>	Netherton Health Centre, Magdalen Square, Bootle, Merseyside, L30 5SP Tel. 0151 247 6098
<i>PARK MEDICAL CENTRE – primary care mental health</i>	Park Medical Centre, Shavington Avenue, Newton Lane, Chester CH2 3RD. Tel: 01244 342136
<i>POYNTON COMMUNITY CLINIC – Adult &amp; Older People’s Community Mental Health Services- satellite</i>	Poynton Community Clinic, Park Avenue, Poynton, Stockport SK12 1QY Tel. 01625 875618
<i>PRINCE STREET CLINIC – Access Sefton - satellite</i>	Prince Street Clinic, Prince Street, Waterloo L22 5PB Tel. 0151 928 2694
<i>THE ROCK SURGERY – adult mental health services, psychology, primary care mental health, older adult mental health services - satellite</i>	The Rock Surgery, 2 Princeway, Frodsham, Cheshire WA6 6RX Tel. 01928 732 110
<i>ROPE GREEN MEDICAL CENTRE – Adult &amp; Older People’s Community Mental Health Services- satellite</i>	Rope Green Medical Centre, Rope Lane, Shavington, Crewe CW2 5DA Tel. 01720 275990
<i>SOUTH SEFTON ADULT EDUCATION CENTRE – Access Sefton - satellite</i>	South Sefton Adult Education Centre, 53 Cambridge Rd, Liverpool L21 1EZ. Tel: 0151 285 5041
<i>SPRINGVIEW – Adult and Older People’s service - Satellite</i>	Clatterbridge Hospital, Clatterbridge Road, Bebington, Wirral CH63 4JY Tel 0151 334 4000 (Switchboard)
<i>ST ANNE STREET – Primary care mental health services, , Cheshire and Merseyside Adolescent Eating Disorder Service - hub</i>	71 St Anne’s Street, Chester, CH1 3HT Tel. 01244 394949
<i>STANNEY LANE CLINIC – primary care mental health services - satellite</i>	Stanney Lane Clinic, Stanney Lane, Ellesmere Port CH65 9AE Tel: 0151 488 8465.
<i>STEIN CENTRE – Adult Memory &amp; Dementia service, Access Team, Complex Needs, Homeless Team, Early Intervention, Wirral Eating Disorder Service, Adult and Older Peoples Service, Wirral CLDT - hub</i>	Stein Centre, St Catherine’s Hospital, Derby Road, Tranmere, Wirral CH62 0LQ, Tel 0300 3033157
<i>STELLA NOVA (HEAD OFFICE – ACCESS SEFTON) – Access Sefton - hub</i>	Unit 5 Stella Nova, Washington Parade, Bootle, Merseyside L20 4TQ Tel. e 955 3200
<i>ST WERBURGH’S – homelessness service - satellite</i>	2a George Street, Chester CH1 3EQ. Tel. 01244 665834

<i>TARPORLEY HEALTH CENTRE – Primary care mental health services - satellite</i>	Tarporley Health Centre, Park Road, Tarporley, CW6 0BE Tel. 01829 733686
<i>UPTON LEA RESOURCE CENTRE – Adult mental health services, older people’s mental health services, home treatment team, PICU consultant – hub, Early intervention team - satellite</i>	Upton Lea Resource Centre, Countess of Chester Health Park Liverpool Road, Chester CH2 1BQ Tel. 01244 397425
<i>UPTON VILLAGE SURGERY – primary care mental health</i>	Upton Village Surgery, Wealstone Lane, Upton, Chester CH2 1HD. Tel: 01244 382238
<i>VALE HOUSE RESOURCE CENTRE – Adult Mental Health Services, Older People’s Mental Health Services, IAPT, Liaison &amp; Diversion Service, Personality Disorder Service, Early Intervention Team - hub</i>	Vale House Resource Centre, High Street Winsford CW7 2AS Tel. 01606 555100
<i>VICTORIA HEALTH CENTRE – Adult and Older People’s service - satellite</i>	Mill Lane, Wallasey CH44 5UF
<i>WATERSEdge MEDICAL CENTRE – Adult &amp; Older People’s Community Mental Health Services- satellite</i>	Waterside Medical Centre, 10-12 Leadsmithy Street, Middlewich. CW10 9EH Tel. 01606 544401
<i>WATERS GREEN MEDICAL CENTRE – Adult &amp; Older People’s Community Mental Health Services- satellite</i>	Waters Green Medical Centre, Sunderland Street, Macclesfield. SK11 6JL Tel. 01625 264095
<i>WESTERN AVENUE MEDICAL CENTRE – primary care mental health</i>	Western Avenue Medical Centre, Gordon Road, Blacon, Chester CH1 5PA. Tel: 01244 390755
<b>CODE - LDC – community based services for people with a learning disability</b>	
<b>Service contact:</b> Sharon Vernon	
<b>Regulated activity:</b> treatment of disease, disorder or injury	
<i>1829 BUILDING – Acquired Brain Injury (West Cheshire) - hub</i>	1829 Building, Countess of Chester Health Park, Liverpool Road, Chester , CH2 1HJ Tel: ABI 01244 389252
<i>CLATTERBRIDGE HOSPITAL – Acquired Brain Injury Wirral - hub</i>	Clatterbridge Road, Bebington, Wirral CH63 4JY. Tel: 0151 334 4000 (Switchboard)
<i>EASTWAY – Cheshire West and Chester CLDT - hub</i>	Eastway, Countess of Chester Health Park, Liverpool Road, Chester CH2 1BQ. Tel.01244 397222
<i>MILLENIUM CENTRE – All Age Disability &amp; Mental Health Service, Wirral CLDT - hub</i>	Leasowe Millennium Centre Twickenham Drive, Wirral CH46 1PQ. Tel. 0151 638 9599
<i>ROSEMOUNT LODGE – Central and East CLDT - hub</i>	Rosemount Lodge, Chester Road, Macclesfield SK11 8QA Tel. 01625 509017

<i>STALBRIDGE ROAD – Central and East CLDT - hub</i>	54 Stalbridge Road, Crewe CW2 7LP Tel. 01270 656335
<i>WATERSIDE HOUSE – Trafford CLDT - hub</i>	3rd Floor, Waterside House Sale Waterside M33 7ZF Tel., 0161 912 2810
<i>WYVERN HOUSE – Cheshire West and Chester CLDT - hub</i>	Wyvern House, The Drummer, Winsford, CW7 1AU. Tel: 01606 288850
<b>CODE – MHC– CAMHS Community Based Services</b>	
<b>Service contact:</b> Jo Watts	
<b>Regulated activity:</b> Treatment of disease, disorder or injury	
<i>1829 BUILDING – 16-19 service - hub</i>	1829 Building, Countess of Chester Health Park Liverpool Road, Chester CH2 1BQ .Tel. 01244 397555
<i>ASHLEA CENTRE – Wirral CAMHS Centralised Neurodevelopmental team, Wirral CAMHS Psychotherapy Team, Wirral CAMHS PMHW team - hub</i>	
<i>THE BIRCH CENTRE – Wirral CAMHS 0-13 Team, Wirral CAMHS 14-18 Team - hub</i>	The Birch Centre, St Catherine's Hospital Derby Road, Tranmere, Wirral CH42 0LQ Tel. 0300 3033 157
<i>CORONATION ROAD – West LD CAMHS, Cheshire &amp; Mersey Specialist Perinatal Service - hub</i>	Coronation Road Workplace Hub, Coronation Road, Ellesmere Port, CH65 9AA Tel. 0151 488 8041.
<i>ELM HOUSE – 0-16 service, 16-19 service, CAMHS primary care mental health, LD CAMHS, Neuro Development Service, Emotionally Healthy Schools team, ADHD and Autism team, Eating Disorder team, CAMHS Youth Justice, CAMHS Looked After Children - hub</i>	Elm House, The Priory, Rosemount Site, Lea Bank Close, Macclesfield, Cheshire, SK11 8QA, Tel. 01625 712043
<i>HAWTHORN CENTRE – Vale Royal &amp; South Cheshire (Middlewich) Winsford 0-16, Tier 2 and Tier 3 CAMHS West Cheshire Youth Justice Service 8-18 Central Eating Disorder Spoke team Vale Royal and South Cheshire - hub</i>	1 <sup>st</sup> Floor Commerce House, Dene Drive, Winsford, CW7 1AS Tel. 01606 555240
<i>MAPLE HOUSE – Wirral CAMHS Choice Clinic</i>	Maple House, 3 Cleveland Street Birkenhead, Wirral CH41 6ND Tel. 0151 488 8450
<i>MARSDEN HOUSE – West Cheshire Tier 2 and Tier 3 CAMHS - hub</i>	Marsden House, Brookdale Place Chester CH1 3DY Tel. 01244 393200
<i>MILL ST MEDICAL CENTRE – Crewe CAMHS, LD CAMHS, CAMHS 0-16, CAMHS 16-19 service, Primary Mental Health team, Eating Disorder team, CAMHS Youth Justice practitioners, CAMHS Looked After Children practitioner - hub</i>	Mill Street Medical Centre, Mill Street, Crewe, Cheshire, CW2 7AQ Tel. 01270 253 841

**CODE : CHC** – community healthcare services; **HPS** – hospice services; **MBS** – mobile doctors service; **DCS** – Doctors consultation services; **DTS** Doctors treatment services, NHS GP Practice

**Service contact: Jean Pace, Jo Watts**

**Regulated activity:** Treatment of disease, disorder or injury, Transport services, Triage and medical advice provided remotely

<i>1829 BUILDING – SALT, ABI, Specialist Nurses for Tissue Viability, SPA, Heart Failure Specialist Nurses, podiatry, professional development lead pulmonary rehab - hub</i>	1829 Building, Countess of Chester Health Park, Liverpool Road, Chester CH2 1HJ Tel. 01244 650300 (main reception)
<i>BLACON CHILDREN'S CENTRE – Starting Well Service 0-19 service - hub. SALT, children's continence service - satellite</i>	Blacon Children's Centre, Carlisle Road, Blacon, Chester, CH1 5DB Tel. 01244 397412
<i>BLACON HEALTHY LIVING CENTRE – recovery college west - hub</i>	Blacon Healthy Living Centre, Ground Floor, Plas Dinas, Blacon Point Road, Blacon, Chester CH1 5SN Tel. 01244 385035
<i>BOUGHTON HEALTH CENTRE – Starting Well 0-19 service, podiatry, SALT, community pain service, adult continence team - satellite</i>	Boughton Health Centre, Hoole Lane, Boughton, Chester, CH2 3DP Tel. Surgery 01244 325421, Health Visiting 01244 348022, 5-19 health and wellbeing service 01244 400875
<i>BOWMERE HOSPITAL – podiatry, out of hours district nursing team - hub</i>	Countess of Chester Healthpark, Liverpool Road, Chester Tel. Main reception 01244 397300, District Nurses 01244 385306, Podiatry 01244 385001
<i>CHERRYBANK RESOURCE CENTRE – Early Intervention in Psychosis Team, Ellesmere Port and Neston Adult Mental health service - hub</i>	Cherrybank Resource Centre, 85 Wellington Road, Ellesmere Port, CH65 0BY Tel. 0151 488 8360
<i>CHESTER UNIVERSITY – cardiac rehabilitation - satellite</i>	Chester University, Parkgate Road, Chester CH1 4BJ Tel. 01244 511000
<i>CIVIC WAY –Single Point of Access (SPA), Crisis and Reablement Team - hub</i>	4 Civic Way, Ellesmere Port, CH65 0BE SPA: 0300 1237740
<i>CLATTERBRIDGE HOSPITAL – stroke rehabilitation - hub</i>	Clatterbridge Road, Bebington, Wirral CH63 4JY Tel. 0151 334 4000 (Switchboard)
<i>COMMUNITY OUTREACH GYM, ELLESMERE PORT – cardiac rehabilitation - satellite</i>	Referrals and enquiries to Cardiology department, Countess of Chester Hospital, Liverpool Road, Chester, CH2 1UL Tel. 01244 365662/365192. Ask for Sophie McIntosh.
<i>CORONATION ROAD - Ellesmere Port community care team, Primary Care MH team, LD CAMHS, Ellesmere Port HT team, Criminal Justice Liaison Staff,</i>	Coronation Road, Ellesmere Port, CH65 9AB
<i>COUNTESS OF CHESTER HOSPITAL – Cardiac rehabilitation, Specialist Nursing COPD and Oxygen, community pain service, respiratory physiotherapy - hub</i>	Countess of Chester Hospital, Countess of Chester Health Park, Liverpool Road, Chester Tel. 01244 365000 (switchboard)

<i>DALE CAMP (ARMY BARRACKS) – Starting Well 0-19 service (health visiting clinic) - satellite</i>	The Dale, Chester CH2 4BD Tel. 01244 650781
<i>DENE DRIVE MEDICAL CENTRE – Starting Well 0-19 service - satellite</i>	Dene Drive Medical Centre, Winsford, CW7 1AT. Tel. 01616 544130
<i>ELLESMERE PORT FIRE STATION – cardiac rehabilitation - satellite</i>	Referrals and enquiries to Cardiology department, Countess of Chester Hospital, Liverpool Road, Chester, CH2 1UL. Tel: 01244 365662/365192. Ask for Sophie McIntosh.
<i>ELLESMERE PORT HOSPITAL – Adult musculoskeletal assessment and management service (AMAMS), MSK physiotherapy, stroke ESD, community neuro physiotherapy, patient choice, , bed based (inpatient) therapy – hub; adult continence service, dermatology, Parkinson’s specialist nurse service - satellite</i>	Ellesmere Port Hospital, 114 Chester Road, Whitby, Ellesmere Port CH65 6SG Tel. 01244 365000 (switchboard)
<i>ELTON CHILDREN’S CENTRE – Starting Well 0-19 - satellite</i>	Elton Primary School, School Lane, Elton CH2 4LT Tel. 0151 338 2227
<i>FARNDON SURGERY – MSK physiotherapy, Starting Well 0-19 (health visiting baby clinic) - satellite</i>	Farndon Surgery, Church Lane, Farndon CH3 6PT; Tel. 01829 771588
<i>FOUNTAINS HEALTH CENTRE – Fountains Community Care Team, Chester East Community Care Team –hub; MSK Physiotherapy, Podiatry, SALT, adult continence service, health visiting clinic, - satellite</i>	Fountains Health Centre, Delamere Street, Chester Tel. 01244 325721
<i>FRODSHAM CHILDREN’S CENTRE – health visiting clinic - satellite</i>	Frodsham Children’s Centre, Ship Street, Frodsham WA6 7PZ Tel. 01606 555287
<i>GREAT SUTTON CLINIC – Starting Well 0-19 service, SALT, podiatry, leg ulcer clinic (provided by EP North CCT), Adult continence team - satellite</i>	Great Sutton Clinic, Old Chester Road, Great Sutton CH66 3PB Tel. 0151 339 2208
<i>GREENFIELDS CHILDREN’S CENTRE – Starting Well 0-19 service - hub</i>	Greenfields Children’s Centre, Whitby’s Lane, Winsford, CW7 2LZ. Tel. 01606 555288
<i>HEATH LANE – palliative care and Macmillan nursing, Intermediate dermatology - hub</i>	Heath Lane, Boughton CH3 5UJ. Tel. 01244 563105
<i>HELSEBY GP PRACTICE/ HEALTH CENTRE – Starting Well 0-19 (health visiting clinic) - satellite</i>	Lower Robin Hood Lane, Frodsham WA6 0BW. Tel. 01928 723676
<i>HOPE FARM CLINIC – adult continence team, children’s continence team - hub. Starting Well 0-19 service (health visiting clinic) leg ulcer clinic (provided by EP North CCT), Intermediate dermatology, SALT – satellite</i>	Hope Farm Clinic, Hope Farm Road, Great Sutton CH66 2RQ Tel. 0151 488 8489

<i>HOSPICE OF THE GOOD SHEPHERD – Macmillan Team - satellite</i>	Hospice of the Good Shepherd, Gordon Lane, Backford, Chester CH2 4DG Tel: 01244 851091
<i>KINGSMEAD MEDICAL CENTRE – Starting Well 0-19 (clinic) - satellite</i>	Kingsmead Medical Centre, Kingsmead Square, Northwich CW9 8UW. Tel. 01606 861140
<i>KINGSWAY CHILDREN'S CENTRE – Starting Well 0-19 - hub</i>	Kingsway Children's Centre, University of Chester, Kingsway Campus, Kingsway, Chester CH2 2LB Tel. 01244 397503
<i>LACHE CHILDREN'S CENTRE – Starting Well 0-19 - hub</i>	Lache Children's Centre, Hawthorn Road, Lache, Chester, CH4 8HX. Tel. 01244 397486
<i>LACHE HEALTH CENTRE – Chester South community care team - hub; Starting Well health visiting clinic, SALT, adult continence team, MSK physiotherapy, podiatry, children's continence service, infant feeding clinic - satellite</i>	Lache Health Centre, Hawthorn Road, Lache, Chester CH4 8HX Tel: Health Visiting 01244 671366.
<i>MALPAS SURGERY – Broxton community care team, podiatry - hub</i>	Malpas Surgery, Laurel Bank, Old Hall Street, Malpas SY14 8PS. Tel: 01948 860205
<i>MALPAS YOUTH CENTRE – SALT - satellite</i>	Malpas Youth Centre, 1 Chester Road, Malpas SY14 8HT Tel. 01948 860993
<i>NESTON CLINIC - Neston Community care team - hub; Starting Well 0-19 service (health visiting clinic), MSK Physiotherapy, podiatry, SALT - satellite</i>	Neston Clinic, Mellock Lane, Little Neston CH64 9RN Tel. Health Visiting - 0151 336 2189 Community Care Team – 0151 488 8440
<i>OAKWOOD MEDICAL CENTRE – Starting Well 0-19 service (health visiting clinic) - satellite</i>	Oakwood Medical Centre, Broadway, Northwich, CW8 4LF. Tel. 01606 544241
<i>PORTSIDE CHILDREN'S CENTRE – Starting Well 0-19 service - hub</i>	Portside Community Centre, Egerton Street, Ellesmere Port CH65 2BY; Tel. 0151 488 8037
<i>PORTSIDE HUB – Starting Well 0-19 services - hub</i>	Portside Hub, 2-6 Church Parade, Ellesmere Port, CH65 2ER
<i>PRINCEWAY HEALTH CENTRE – Princeway community care team - hub; Starting Well 0-19 service (health visiting clinic) podiatry, SALT, Adult continence service, children's continence service, MSK physiotherapy - satellite</i>	Princeway Health Centre, 2 Princeway, Frodsham, WA6 6RX Tel. 01928 732110
<i>STANLAW ABBEY CHILDREN'S CENTRE – Starting Well 0-19 service - hub. SALT - satellite</i>	Stanlaw Abbey Children's Centre, Alnwick Drive, Ellesmere Port, CH65 9HE Tel. 0151 488 8036
<i>STANNEY LANE CLINIC – Doppler/ dressing clinic - hub SALT, podiatry, tissue viability services, Starting Well 0-19 service (health visiting clinic) - satellite</i>	Stanney Lane Clinic, Stanney Lane, Ellesmere Port CH65 9AETel. 0151 488 8465

<i>ST WERBURGH'S – Intermediate Tier Epilepsy - hub</i>	2a George Street, Chester CH1 5EQ Tel. 01244 665834
<i>TARPORLEY HEALTH CENTRE – Starting Well 0-19 service, Tarporley community care team - hub podiatry, continence - satellite</i>	Tarporley Health Centre, Park Road, Tarporley, CW6 0BE Tel. Health Visiting – 01829 733193 community care team – 01829 733193
<i>TARPORLEY WAR MEMORIAL HOSPITAL – MSK physiotherapy - satellite</i>	Tarporley War Memorial Hospital, 14 Park Road, Tarporley, Cheshire CW6 0AP Tel. 01829 732436
<i>TARVIN COMMUNITY CENTRE – health visiting clinic - satellite</i>	Tarvin Community Centre, Meadow Close, Tarvin, Chester CH3 8LY Tel. 01829 740838
<i>TATTENHALL RECREATION CLUB – Starting Well 0-19 service - satellite</i>	Tattenhall Recreation Club, Burwardsley Rd Chester CH3 9QF
<i>VICTORIA CHILDREN'S CENTRE (CHESTER) – Starting Well 0-19 service - satellite</i>	Chester Victoria Children's Centre, Cheyney Road, Chester, CH1 4BR
<i>VICTORIA ROAD CHILDREN'S CENTRE (NORTHWICH) – Starting Well 0-19 service - hub</i>	Victoria Road Children's Centre, Neumann Street, Northwich CW9 5UT. Tel: 01606 555286
<i>WEAVERHAM MEDICAL CENTRE – Starting Well 0-19 service - satellite</i>	Weaverham Medical Centre, Northwich Road, Northwich CW8 3EU. Tel. 01606 544342
<i>WHARTON CHILDREN'S CENTRE – Starting Well 0-19 service - hub</i>	Wharton Children's Centre, Bradbury Road, Wharton, CW7 3HN. Tel. 01606 555285
<i>WHARTON PRIMARY HEALTHCARE CENTRE – Starting Well 0-19 service - hub</i>	Wharton Primary Healthcare Centre, Crook Lane, Winsford, CW7 3GY Tel. 01606 593803
<b>REGISTERED LOCATION</b>	
<b>OLD HALL SURGERY, 24 - 26 Stanney Lane, Ellesmere Port, CH65 9AD. Tel. 0151 355 1191</b>	
<b>CODE : DCS</b> Doctors consultation services; <b>DTS</b> Doctors treatment services, <b>DSS</b> Diagnostic and or screening service	
<b>Service contact:</b> Karen Moore	
<b>Regulated activity:</b> Treatment of disease, disorder or injury, Maternity and Midwifery services, Family Planning, Diagnostic and screening procedures, surgical procedures	
<i>OLD HALL SURGERY – GP services, maternity and midwifery services, family planning services, diagnostic and screening procedures, surgical procedures - hub</i>	24 - 26 Stanney Lane, Ellesmere Port, CH65 9AD. Tel. 0151 355 1191 <a href="http://www.oldhallsurgery.co.uk">www.oldhallsurgery.co.uk</a>

**REGISTERED LOCATION**

**WESTMINSTER SURGERY**, Westminster Surgery, 12 to 18 Church Parade, Ellesmere Port CH65 2ER Tel. 0151 3554864

**CODE : DCS** –Doctors consultation services; **DTS** Doctors treatment services, **DSS** Diagnostic and or screening service

**Service contact:** Karen Moore

**Regulated activity** : Treatment of disease, disorder or injury, Maternity and Midwifery services, Family Planning, Diagnostic and screening procedures, surgical procedures

*WESTMINSTER SURGERY – GP services, maternity and midwifery services, family planning services, diagnostic and screening procedures, surgical procedures - hub*

Westminster Surgery, 12 to 18 Church Parade, Ellesmere Port CH65 2ER Tel. 0151 3554864

[www.westminstersurgery.nhs.uk](http://www.westminstersurgery.nhs.uk)

**REGISTERED LOCATION**

**WILLASTON SURGERY**, Neston Road, Willaston, CH64 2TN Tel. 0151 327 4593

**CODE : DCS** – Doctors consultation services; **DTS** Doctors treatment services, **DSS** Diagnostic and or screening service

**GENERAL MANAGER /NOMINATED INDIVIDUAL:** Karen Moore

**Regulated activity** : Treatment of disease, disorder or injury, Maternity and Midwifery services, Family Planning, Diagnostic and screening procedures

*WILLASTON SURGERY – GP services, maternity and midwifery services, family planning services, diagnostic and screening procedures - hub*

Willaston Surgery, Neston Road, Willaston, CH64 2TN Tel. 0151 327 4593

[www.willastonsurgery.nhs.uk](http://www.willastonsurgery.nhs.uk)



### **3. Trust Legal Status**

CWP was authorised by Monitor as a foundation trust from July 2007 and agreed our FT constitution as part of our terms of authorisation. A central feature of being a foundation trust is having an elected Council of Governors and a foundation trust membership.

### **4. Aims and Objectives**

Cheshire and Wirral Partnership NHS Foundation Trust (CWP) provides mental health services for children, adults and older people, as well as learning disability services.

We are also contracted to deliver community physical health services throughout Western Cheshire. Services provided cover planned, unplanned and children's care and are delivered in a wide range of settings from community clinics, GP practices, nursing homes and patient's own homes.

The 6Cs are our Trust values;

- Care
- Compassion
- Courage
- Communication
- Competence
- Commitment

Our vision is "Working in partnership to improve health and well-being by providing high quality care".

We do this by;

- Delivering high quality, integrated and innovative services that improve outcomes.
- Ensuring meaningful involvement of service users, carers, staff and the wider community.
- Being a model employer and have a caring, competent and motivated workforce.
- Maintaining and developing robust partnerships with existing and potential new stakeholders.
- Improving quality of information to improve service delivery, evaluation and planning.
- Sustaining financial viability and deliver value for money.
- Being recognised as an open progressive organisation that is about care, well-being and partnership.

### **5. Regulated Activity, Service Types and Person Bands**

CWP is regulated to provide the following activities;

- Treatment of disease, disorder or injury
- Assessment or medical treatment for people detained under the Mental Health Act 1983
- Accommodation for persons who require nursing or personal care
- Transport services, triage and medical advice provided remotely
- Diagnostic and screening procedures
- Maternity and midwifery services
- Family planning services
- Surgical Procedures
- Personal Care

The following types of services will provide this activity;

- Hospital services for people with mental health needs, learning disabilities and problems with substance misuse (MLS)
- Rehabilitation services (RHS)
- Community based services for people with mental health needs (MHC)
- Community based services for people with a learning disability (LDC)
- Community healthcare service (CHC)
- Urgent care services (UCS)
- Doctors consultation service (DCS)
- Doctors treatment service (DTS)
- Mobile doctors service (MDS)
- Diagnostic and or screening service (DSS)
- Domiciliary care service (DCC)

CWP provide services to the following service user bands;

- Adults aged 18-65
- Adults aged 65+
- Children 0-3 years
- Children 4-12 years
- Children 13-18 years
- People with learning disabilities and/or autistic spectrum disorder
- People with mental health needs
- People with dementia
- People detained under the MHA 1983
- People with an eating disorder
- The whole population

## **5. Our Services**

### **5.1 Physical Health, West**

#### **5.1.1 Community Nursing including Specialist Nurses**

In Cheshire West and Chester, CWP provides community nursing services including specialist nurses which provide quality focused patient-centred care in a variety of community settings through utilising a holistic approach to care. This is to maximise the health potential of not only the individual patient but also addresses the wider health and social care needs of various patient groups and carers.

The principle functions of the service are;

- To provide high quality, culturally sensitive nursing care for people in their own homes or community setting;
- To promote and maintain independent living;
- To promote a co-ordinated approach to hospital discharge that facilitates a seamless service leading to improved health outcomes;
- To reduce the incidence of admission and readmission to hospital by supporting and educating both patients and carers to seek early intervention for potentially debilitating conditions;
- To adopt a public health approach to all areas of practice to reduce ill health and promote healthy lifestyles;
- To promote an evidence based approach to clinical activities thus ensuring the most clinically effective use of resources to improve patient care;
- To promote user involvement in both service planning and delivery.

The following services are included;

- Community Heart Failure Nurses
- COPD and Home Oxygen Service
- Community Matrons
- Continence Advisory Service, Tier 1 and Tier 2 Urology
- District Nursing
- Dressing Clinic
- Macmillan Nursing
- Parkinson's Service
- Tissue Viability Service

Current provision of nursing services is centred on partnership with social care services and is based on a timely needs assessment of all clients/patients. The services work closely with primary care and secondary care services to provide seamless transfer of patient care, enabling them to move smoothly between local health care services with an emphasis on care closer to home.

Community matrons and specialist nurses provide case management and personalised care for patients with complex long-term conditions in order to provide care closer to home, prevent unnecessary admissions to hospital, reduce the length of stay in hospital where appropriate and safe to do so, whilst improving outcomes for patients and their families, and improving quality of life.

Palliative care services, including Macmillan, aim to offer an approach that improves the quality of life of patients and their families facing problems associated with life-limiting illness, through the prevention and relief of suffering by means of early intervention and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

### **5.1.2 Therapies including Intermediate Care**

In Cheshire West and Chester, CWP also provides comprehensive therapy services, delivered to the local population in a variety of treatment settings including hospitals, local community clinics, GP practices, leisure centres and domiciliary locations (including nursing and residential homes).

Services include;

- Musculoskeletal Physiotherapy staff
- Community Physiotherapy staff
- Community Occupational Therapy staff
- Podiatrists
- Intermediate Care Services
- Acquired Brain Injury Service
- Palliative Care Therapy Service
- Cardiac Rehabilitation Service
- Pulmonary Rehabilitation Service
- Early Support Discharge Stroke Team

The musculoskeletal service includes orthopaedic and spinal triage which is managed by Advanced Practitioner Physiotherapists who have the training and expertise to see patients who would otherwise have seen an Orthopaedic Consultant in the past.

The community service including physiotherapy and occupational therapy is part of a wider rehabilitation service providing active rehabilitation for patients in their own homes, intermediate care settings and long term residential care. There are specialist teams within the service who provide assessment and treatment for patients with neurological, respiratory or orthopaedic conditions and complex physical problems associated with old age.

### **5.1.3 Podiatry**

This service treats, manages and prevents foot health disorders in those patients who have a recognised clinical need for the service, whilst maintaining independent living and promoting quality of life wherever possible.

### **5.1.4 Intermediate Care**

This service provides an inpatient neuropsychology service at Wirral University Teaching Hospital and highly specialist community services to Wirral, West, Vale Royal, South and East Cheshire CCG's. This includes access to case management, neuropsychology and vocational rehabilitation in the patient's own home or local community. Additionally for West and Wirral CCG's the service manages all specialist private provider ABI rehabilitation placements.

### **5.1.5 Acquired Brain Injury Service**

This service provides an inpatient neuropsychology service at Wirral University Teaching Hospital and highly specialist community services to Wirral, West, Vale Royal, South and East Cheshire CCG's. This includes access to case management, neuropsychology and vocational rehabilitation in the patient's own home or local community. Additionally for West and Wirral CCG's the service manages all specialist private provider ABI rehabilitation placements.

### **5.1.6 General Practice**

Westminster Surgery, Willaston Surgery and Old Hall Surgery provide a comprehensive range of primary care services to their patients in Ellesmere Port and Willaston. The service is delivered by a multidisciplinary team of General Practitioners, nurses and health professionals. The services provided include the following;

- consultation and treatment services
- diagnosis and screening
- nursing and midwifery
- family planning
- smoking and substance misuse advice and support
- access to community mental health services
- healthy living support including fitness, diet and nutrition
- minor surgical procedures

### **5.1.7 Out of Hours Service**

This service provides an integrated Out of Hours Medical Service to patients within the Western Cheshire area with access to prioritised call handling, telephone triage, and clinical/medical diagnostic and forward sign posting to other health care provision.

### **5.1.8 Children, Young People & Families Community Health Service**

This service provides a community based health service to all children and young people, including those with disabilities, inclusive of their families/carers, where appropriate (ante natal to 19 years). The service provides universal, preventative and targeted interventions to meet the physical and emotional/mental health and well-being needs of individuals and their families/carers within their communities.

The services within this specification will provide an integrated strategic approach to managing and improving the mental health and wellbeing of children and young people by:

- Providing specialist clinically-led, evidence-based mental health interventions and therapy for children and young people, including admissions avoidance and crisis resolution within current community offer.
- This will include specialisms such as Dialectical Behaviour Therapy (DBT), support for Children Looked After, children with eating disorders and other specialist interventions reducing the reliance on inpatient services.
- Supporting the development and implementation of an early intervention, prevention and recovery model and plan including those that do not meet the eligibility criteria for specialist CAMHS services.

The ethos of the service will focus on providing and driving quality, improvement, productivity and prevention, protecting and increasing the resilience of our children and young people, ensuring that specialist clinically-led services have the capacity to see those who truly require care.

Service includes;

- Health Visiting
- School Health Advisors
- Primary Mental Health Team
- Mental Health Support teams (MHST – pilot in Wirral and Cheshire)
- Child and Adolescent Community Health Teams (CAMHS)
- Eating Disorder Spoke Team
- Learning Disability Team
- Neurodevelopmental provision

### **5.2 Acute Mental Health Services**

CWP provides acute mental health services along a care pathway that includes mental health in-patient wards and home treatment teams (HTT). The philosophy at every stage of the pathway is that the people should receive treatment and care in the least restrictive environment possible. Wherever possible, and taking into account the needs of the person and their carer(s), we aspire that this is home based acute care. The overall approach is that the person is enabled and equipped to manage their recovery from crisis in a way that best suits their needs. The recovery approach is integral to our core philosophy. CWP has developed, and continues to develop, the acute care model as the vehicle to deliver modern mental health services in line with 'New Ways of Working'. The model ensures there are dedicated consultant psychiatrists across crisis resolution home treatment and inpatient care.

The team are highly trained specialists from a variety of professional backgrounds;

- Consultant psychiatrists
- Clinical service managers
- Nursing clinical leaders

- Specialist dieticians
- Occupational therapists
- Specialist diabetes nurse
- Ward managers
- Pharmacists
- Modern matrons
- Phlebotomists
- Nurse consultant in acute care
- Administration staff
- Nurses (providing psychological interventions)
- Support workers
- Physiotherapists

### **5.3 Psychiatric intensive care (PICU)**

CWP is an experienced provider of high quality psychiatric intensive care services in the North West. We aim to promote the emotional, behavioural, social and psychological health of people, their families and carers. Our services are led by skilled clinicians and dedicated staff that provide tailored care pathways for people and support for their families. These services are provided by multi-disciplinary teams in modern and well-equipped accommodation. We support healthcare colleagues by providing an assessment service to establish whether persons require the PICU environment. PICU services are extremely beneficial to people requiring this level of care, but other people may be better supported in different ways.

People receiving this service are from a wide range of backgrounds, including: adults with severe mental illness and high risk behaviours; mild to moderate learning disabilities in association with mental illness; and detained patients. The CWP approach involves effective care co-ordination practices. Following assessment, if a person does require care in our services they will benefit from psycho-social and specialist nursing interventions.

The team are highly trained specialists from a variety of professional backgrounds;

- Consultant psychiatrist
- Outreach worker
- Nursing clinical leaders
- Nurse therapists
- Cognitive behavioural therapists
- Physical therapists
- Occupational therapists
- Ward managers
- Modern matrons
- Head of clinical services /co-ordinators
- Specialist dieticians
- Specialist diabetes nurse
- Pharmacists
- Phlebotomists
- Administration staff

#### **5.3 i Therapies and support**

Therapies and support includes;

- Specialist risk assessment using risk management aids such as CARSO and HCR20
- Pharmacotherapy
- Cognitive Behavioural Therapy (CBT)
- Safe care

- Occupational therapy
- Motivational interviewing
- Brief therapy
- Solution-focussed therapy
- Physical health assessment
- Smoking cessation
- Nutritional assessment
- Advocacy
- Spiritual care

#### **5.4 Low secure and forensic services**

CWP is an experienced provider of Low Secure and Forensic Services. Low Secure Units deliver intensive, comprehensive, multidisciplinary treatment and care by experienced and competent staff for service users who demonstrate disturbed behaviour in the context of a serious mental disorder and who require the provision of security. This is according to an agreed Philosophy of Unit operation underpinned by the principles of rehabilitation and risk management. Such units aim to provide a homely secure environment, which has occupational and recreational opportunities and links with community facilities. Patients will be detained under the Mental Health Act and may be restricted on legal grounds needing rehabilitation usually for up to 2 or 5 years.

The Team consists of highly trained Specialists from a variety of professional backgrounds which include;

- Consultant psychiatrist
- Occupational therapists
- Social Worker
- Nurse therapists
- Physical therapists
- Unit managers
- Modern matron
- Technical instructors
- Nurse clinical leads
- Phlebotomists
- Pharmacists
- Care Co-ordinators

The Alderley Unit is a Regional Low Secure all-male Inpatient Unit in Nether Alderley, which provides a service to individuals with a diagnosis of learning disability. The service is for individuals who have been convicted of a criminal offence and/or are considered at risk of offending.

Saddlebridge Recovery Centre is a Regional Low Secure all male inpatient unit in Nether Alderley which provides a service for individuals with a diagnosis of severe and enduring mental illness who have been convicted of a criminal offence and/or are considered at risk of offending.

In addition, the Forensic Outreach Team is a specialist team for adults with learning disabilities. The team works with Practitioners in the specialist Community Learning Disability Teams and other professionals in Health and Social Services, and the Criminal Justice System. The combined aim is to reduce the risk of re-offending and enable people to live in the least restrictive environment possible.

A range of therapies and support are provided within all the above services.

## **Service development and delivery**

Clinical networks are developing across the service to ensure a strategic approach in the vision, direction and continued improvement of service delivery. These networks include;

- Health access
- Communication
- Challenging Behaviour
- Forensic
- Mental Health

### **5.5 High dependency rehabilitation services**

CWP is at the forefront of developing high dependency rehabilitation services, closer to home, for adults (between the ages of 18 - 64 years) with a diagnosis of severe and enduring mental illness with complex needs. The in-patient services are provided by skilled clinicians and dedicated staff that offer a personally tailored rehabilitation programme focussing on independent living skills. These services are provided by multi-disciplinary teams in modern and well equipped accommodation.

The principles of 'recovery' form the central framework of our philosophy of care. The aim is to maximise a person's quality of life and this is done through programmes where rehabilitation and social inclusion are key objectives. The service is based around the ethos of collaborative working with the person experiencing the illness, their carers and rehabilitation practitioners. The holistic assessment of the needs of a person experiencing severe mental illness is also paramount. This includes the person's social, spiritual and cultural needs and a willingness to work with the person and carers, ensuring the best possible clinical and social outcomes for that person.

The promotion of independence and autonomy are fundamental to this process and encourage people to have hope for the future which in turn leads to successful community living with appropriate support.

The team are highly trained specialists from a variety of professional backgrounds;

- Consultant psychiatrist
- Head of Clinical services
- Occupational therapists
- Nurse therapists
- Physical therapists
- Unit managers
- Modern matron
- Technical instructors
- Nurse clinical leads
- Phlebotomists
- Pharmacists
- Care co-ordinators

Referrals to these services are available for known people (already in secondary care) who fulfil the inclusion criteria in the service specifications and require intensive rehabilitation and a care setting with high levels of supervision and intervention.

#### **5.5 i Therapies and support**

- Rehabilitation
- Self-help / wellness / prevention



- Carer support groups
- Specialist risk assessment
- Self-harm interventions and coping strategies
- Management of challenging behaviour & de-escalation
- Crisis intervention
- WRAP (wellness recovery action planning)
- Pharmacotherapy
- Cognitive behavioural therapy
- Psycho-social therapy
- Dialectical behavioural therapy
- Occupational therapy
- Vocational / educational activities
- Healthy lifestyle support
- Psychological therapies

## **5.6 Home Treatment Teams**

Home treatment teams (HHT) are specialist teams of mental health professionals who can respond to psychiatric emergencies by providing intensive home based treatment and support as a safe alternative to admission as an in-patient. They also act as the "gatekeepers" who facilitate admission to in-patient care and who facilitate early discharge by providing intensive community based support. If hospital admission is required then home treatment aims to keep admission to a minimum by providing early discharge in agreement with the person. People can be referred to the team through different routes including their community mental health team (CMHT).

The team operate a 24 hour, 7 day a week service to adults with a serious mental illness in an acute crisis that would otherwise require hospital admission and has a range of staff including mental health nurses, psychiatrists, social workers and occupational therapists.

## **5.7 Community Mental Health**

CWP community mental health teams (CMHTs) act as the entry point into a number of services for adult and older people. The teams provide assessments and care for people with severe and enduring mental illnesses. They are multi-disciplinary, which means they have staff from a range of different health professions which enables them to provide holistic care. CWP community mental health teams offer a care programme approach which enables staff to care for persons more effectively and involve them in their own care. All people involved in this programme have a copy of their own care plan and have a designated care co-ordinator who regularly reviews their plan.

Community mental health teams consist of a range of skilled staff including;

- Team managers
- Consultant psychiatrists
- A range of other grades of psychiatrists
- Approved social workers
- Psychologists
- Social workers
- Occupational therapists
- Clinical leads
- Community mental health nurses
- Support workers
- Administration staff

## 5.7 i Therapies and support

Community mental health teams offer a range of treatments such as social interventions, and education.

In addition they;

- Coordinate care
- Help people/carers receive the care/service they require
- Explain the care plan
- Visit people in a variety of places, including at home
- Support people to be as independent as is possible
- Monitor medication
- Help people to move on e.g. rehabilitation interventions, getting back to work or education
- Help people to be less socially isolated
- Monitor people in the outpatient department
- Provide support with smoking cessation

## 5.8 Liaison psychiatry

Liaison psychiatry is the sub-speciality of psychiatry that focuses on the interface between psychological and physical health in acute hospitals. CWP's liaison services are amongst the most experienced and oldest established in the UK. They are led by skilled clinicians and dedicated staff that support people and their families in managing the complex interplay between physical and psychological problems. Our role extends beyond patient contact into the education of staff in acute trusts and developing policy to promote the needs of a person with mental health symptoms presenting to a general hospital. The liaison psychiatry service endeavours to provide the highest standard of care and strive to maintain independence, whilst acknowledging the choices and rights of the person. CWP's liaison psychiatry service is delivered by a multi-disciplinary team based within four acute trust sites and one specialised cancer hospital.

On the Wirral, the psychological medicine service provides assessment and care to out-patients and in-patients in the specialised cancer hospital. Referrals are made by oncology consultants and nurses as well as general practitioners. The most common reasons for referral are to support people struggling in coming to terms with a diagnosis of cancer; to offer advice about psychotropic medication and to share care in people with complex needs. The psychological medicine service works particularly closely with oncology specialist nurses and the palliative care service.

In West Cheshire, the liaison psychiatry team also provide a Hospital Alcohol Liaison Service. The workers can offer a range of interventions to inpatients and can arrange for assessment on the wards or in A&E. They can also provide assessment and Interventions in the community if they have already been discharged.

Treatment is within the framework of national guidelines and psychosocial interventions such as motivational interviewing which is utilised to support behavioural change. We work in close liaison with other specialists, as agreed with the client.

These commonly include;

- Community Pharmacists
- Mental Health Services (dual diagnosis)
- Specialist Liver Units for hepatitis treatment
- Medical Wards, A&E and Maternity Services
- Probation and Criminal Justice Schemes

- Social Care/Child and Family Services

### **5.8 i Therapies and support**

CWP's liaison psychiatry service provides assessment and evidence based treatments, caring for people with many different needs:

- People presenting to accident and emergency departments with a mental health crisis
- People presenting to hospital after an episode of self-harm
- People with physical symptoms that are medically unexplained
- People struggling with the psychological impact of physical disease or treatment
- People with confusion

### **5.9 Dementia services**

CWP is an experienced provider of comprehensive, multidisciplinary care for older adults with mental health problems in collaboration with partner organisations. We aim to maximise the independence of people whilst promoting their emotional, behavioural, social and psychological health. We also recognise the importance of supporting families and carers. Our older people's services provide specialist community mental health teams, memory assessment services, in-patient beds (with separate provision for people with functional and organic illnesses) and access to psychological therapies. Organic illnesses include dementia and functional illnesses include illnesses such as depression, schizophrenia and bipolar affective disorder.

The teams include highly trained professionals from a variety of professional backgrounds;

- Consultant psychiatrists
- Clinical psychologists
- Nurses
- Matrons
- Occupational therapists
- Ward managers
- Junior medical staff
- Psychological therapists
- Specialist nurses
- Pharmacists
- Physiotherapists
- Heads of Clinical Service
- Administrative staff

### **5.9 i Therapies and support**

Older people's mental health services within CWP aim to provide a comprehensive, integrated service for people with both functional and organic illnesses. We recognise that older people need specialist services that are organised, trained and skilled to meet their needs. We promote fair access to mental health services for older people and strive to challenge direct and indirect discrimination against older people. Our service works with partner organisations to promote the mental well-being of older adults and protect vulnerable older people and our therapies and support include;

- Specialist assessment and diagnosis
- Pharmacotherapy
- Psychological therapies
- Smoking cessation
- Occupational therapy
- Education

### **5.10 Adult Cognitive Assessment Team (Early Onset Dementia & Alcohol Related Brain Impairment)**

The EOD/ARBD team provides a Wirral-wide service - estimated population size 360,000 to people under 65 years with a diagnosis of EOD and or ARBD. This includes complex, co-morbid physical and mental health needs and in the case of ARBD, significant problems with long term alcohol use. ARBD referrals are assessed after a period of detoxification and physical health screening/care. The team has a clear pathway for assessing EOD/ARBD people who are presenting as delayed discharges from Wirral Hospital Trust or who have presented with three short hospital admissions. Referrals for these cases are via the Psychiatric Liaison team. The team provides an assessment function offering expertise in early onset dementia, cognitive impairment and alcohol related brain damage. The team may offer a consultation role whilst the referring agent maintains care co-ordination.

The aims of the service are;

- To promote early recognition and intervention of persons with EOD/ARBD.
- To carry out assessments of people referred within an agreed timescale.
- To offer evidenced based interventions to people with diagnosed EOD/ARBD.
- To provide long term care for people with severe chronic conditions, where the primary problem is related to EOD/ARBD.
- To monitor clinical outcomes, long term effectiveness, views of the person, families and carers and use these to guide service delivery.

### **5.11 Early Intervention Mental Health Service (EI)**

The early intervention team is a specialist mental health service offering intensive evidence-based support to persons typically aged 14-65 experiencing a first episode of a psychotic disorder.

All persons referred to the early intervention team should be;

- Aged 14 – 65 years
- Registered with a GP within the designated locality for that intervention service
- Experiencing psychotic symptoms for the first time

In the event of receiving an emergency referral for a person outside the area, an assessment and any essential treatment will commence with appropriate support provided until transfer back to services within the person's home area can be facilitated. People who have previously received treatment for other mental health difficulties or have previously experienced BLIPS (brief, limited or intermittent psychotic symptoms lasting for less than one week and spontaneously resolving) may also be referred for assessment.

The team is multi-disciplinary and is made up of highly trained specialists from a variety of professional backgrounds including;

- Support workers
- Occupational therapists
- Community mental health nurses
- Clinical psychologists
- Clinical leads
- Team managers
- Consultant psychiatrists.

### **5.11 i Therapies and support**

The services emphasis is placed upon 'maintaining ordinary lives' with the focus being enablement and recovery. Working within the ethos of early interventions the teams provide an intensive and assertive three-year package of care during the 'critical period'.

The aims of the service are to;

- Reduce stigma associated with psychosis
- Improve professional and lay person's awareness of the symptoms of psychosis and the need for early intervention
- Reduce the length of time young people remain undiagnosed and untreated
- Develop meaningful engagement, provide evidence-based interventions and promote recovery during the early phase of illness
- Increase stability in the lives of persons, facilitate development and provide opportunities for personal fulfilment
- Provide a person centred service that effectively integrates child, adolescent and adult mental health services and works in partnership with primary care, education, social services, youth and other services
- At the end of the treatment period ensure that the care is transferred thoughtfully and effectively

Rehabilitation is provided by the occupational therapists in conjunction with support workers to encourage people to return to activities for example using public transport, going shopping and accessing college or employment.

The team is also involved in the provision of mental health literacy programmes and providing mental health awareness sessions for other agencies, the general public and young people. Other therapies and support include;

- Specialist mental health assessment
- Pharmacotherapy and medication management
- Cognitive behaviour therapy
- Family intervention including carer support groups
- Relapse management
- Physical health assessment
- Smoking cessation
- Substance use assessment
- Vocational training

### **5.12 Eating disorder services**

CWP provides the only NHS in-patient eating disorder accommodation in the North West, as well as a cutting-edge young people's service with pioneering care programmes. Our services are led by world-renowned clinicians and dedicated staff that put the person and their family at the heart of care planning. We provide support for both adults and young people with eating disorders. Our services are well integrated with regular liaison concerning care pathways, specific treatments and new techniques. We provide modern and well-equipped accommodation, multi-disciplinary teams and the assurance of years of well-developed expertise across a range of services.

### **5.13 Primary Care Psychological Therapies**

NICE Guidelines recommend a stepped care approach which matches the intervention offered to the severity of the presenting problem. This offers the person the least invasive/intensive appropriate interventions. It gives the ability to step up or down the

intervention if appropriate to the client. Within Primary Care Psychological Therapies, the service deals with Steps 2-4.

**Step 1** offer the concept of “watchful waiting” as is usually carried out by the persons GP.

**Step 2** offers psycho-education (including telephone treatment and Computerised CBT (ccbt) to people with mild psychological problems associated with anxiety and depression.

**Step 3** offers time limited CBT for people with mild to moderate anxiety and depression provided by the HIT's. In addition, Counselling at Step 3 offers time limited counselling for patients with a range of moderate psychological problems including loss issues and relationship problems.

**Step 4** offers longer term interventions for people with complex psychological problems.

**Step 5** offers psychological support to people requiring secondary care mental health services.

Staff work collaboratively with persons towards the achievement of mutually agreed goals.

The team includes;

- Counsellors
- Clinical psychologists
- Psychological therapists
- Consultant clinical psychologists
- Associated support staff
- Psychotherapists
- Counselling psychologists

**Therapy:** the purpose of the service is to reduce psychological distress and to enhance and promote psychological well-being.

**Consultation:** this process looks at difficulties from a broad psychological perspective, with a view to building on a person's resources and strengths.

In Central Cheshire and Western Cheshire, CWP provides IAPT (Improving Access to Psychological Therapies) services; both services are commissioned by the local clinical commissioning groups.

In East Cheshire, CWP provides a Step 4, Complex Psychological Service.

Access Sefton is our Improving Access to Psychological Therapies (IAPT) service in Sefton, Southport, Formby and the surrounding areas. It is provided by CWP in conjunction with Insight Healthcare. Similarly, in Warrington, CWP provides IAPT services in conjunction with Mental Health Matters; both services are commissioned by the local clinical commissioning groups.

### **5.13 i Therapies and support**

Clinicians in the service are trained to assess and offer a range of therapies that include;

- Cognitive behavioural therapy
- Dialectic behavioural therapy
- Counselling
- CAT (Cognitive Analytical Therapy)
- other specialist approaches.

## **5.14 Children and young people's mental health (CAMHS)**

Child and adolescent mental health services (CAMHS) are provided, on both an in-patient and out-patient basis, to children and adolescents who are suffering from mental health problems. These problems can be anorexia nervosa, depression, psychosis, attention deficit hyperactivity disorder, autism - and also children with learning disabilities who are suffering from mental health problems. People receiving a service are children and young people aged from 0 - 19 years, as well as their families and carers. CWP CAMHS provides services to residents of Cheshire and Wirral across Tiers 1- 4. CWP CAMHS provide training and consultation to Tier 1 via Tier 2. Services are also provided to residents of Merseyside for Tier 4. Working in collaboration with other agencies and clients, CWP CAMHS aims to create an environment in which professionals can work with people towards their empowerment, so that they take a key role in their own treatment programme.

CWP CAMHS staff are highly trained and specialise in a variety of professional backgrounds;

- Consultant psychiatrists
- Consultant nurses
- Registered mental health and learning disability nurses
- Clinical support workers
- Consultant clinical psychologists/clinical and assistant psychologists
- Consultant child and family therapists
- Family therapists
- Art therapists
- Cognitive behavioural therapists
- Ward and senior manager
- Modern matrons
- Head of Clinical Services /co-ordinators
- Child psychotherapists
- Administration staff

### **5.14 i Therapies and support**

#### **Tier 1/ Thrive - Coping**

CWP CAMHS staff can provide consultation and training to Tier 1 (universal CYP) professionals such as health visitors and school nurses, to promote early diagnosis of mental health problems in children and young people.

#### **Tier 2/ Thrive – Getting Help**

Services include primary mental health workers and other experienced professionals working closely with Tier 1 and Tier 3 colleagues in the local community.

#### **Tier 3/ Thrive – Getting more help**

These services are provided by multi-disciplinary teams working with key partner agencies and are available for 0 - 19 year olds.

This includes community based assessment, interventions and treatment for children and young people up to 19 years old with mental health issues and complex learning needs, including learning disabilities.

CWP also works in partnership with youth offending services and drug and alcohol services, providing mental health assessments and interventions.

The following is a general list of specialist therapies and support provided at Tier 3:

- Cognitive behavioural therapy
- Solution focused behavioural therapy
- Dialectic behavioural therapy
- Webster-Stratton
- Parent training
- Group work
- Anger management/social skills
- Crisis management
- Parent/child therapy
- Family work and formal family therapy
- Brief counselling
- Medication
- Individual psychotherapy
- Inpatient admission for crisis intervention

#### **Tier 4/ Getting Risk Support**

Tier 4 CAMHS includes assessment and treatment services for young people with complex, persistent or severe mental health needs and disorders.

This service includes the Adolescent in-patient unit at Ancora House which provides in-patient beds for assessment and treatment for young people (13-18 years).

It also includes the Specialist Eating Disorder Service (Cheshire and Merseyside Eating Disorder Service - CHEDS). This service is for young people between the ages of 13-18 years. It is a specialist service comprising out-patient and day-patient services, as well as in-patient accommodation. Assertive Outreach and Home based treatment services are also provided in the community by the Home Based Therapy Service, this is a regional service.

The following is a general list of specialist therapies and support provided at Tier 4:

- Emergency and planned assessments
- Team assessments
- Inpatient admission – planned and emergency admissions
- Inpatient, day patient and outpatient eating disorders service
- Group and individual therapy
- A range of therapeutic approaches are provided including, cognitive behavioural therapy, dialectic behavioural therapy, cognitive analytical therapy and art therapy
- Education provision for inpatients
- Family interventions/support
- Psychopharmacology
- Dietetic therapy
- Multi Family Therapy
- Dialectal Behaviour Therapy

The following is a list of specialist therapies and support provided to young people with learning disabilities and mental health problems;

- Parenting courses
- Anger management/social skills
- Family therapy
- Brief intervention
- Drop ins at special schools / child development centres interventions
- Liaison and consultation with partner agencies
- Training



## 5.15 Learning Disability Services

CWP is an experienced provider of learning disability services, which are delivered by multi professional staff in community and inpatient settings. The aim is to provide a person-centred approach for adults with a learning disability and their carers, thus ensuring that person's needs and preferences influence the health care they receive. People's needs may include mental health issues, complex health needs, and communication difficulties, physical difficulties, challenging behaviour, epilepsy, autism, forensic issues and other specialist support requirements.

Staff are experienced in providing dynamic and robust modern learning disability services and these are led by highly trained specialists from a variety of professional backgrounds including;

- Clinical Director
- Community learning disability nurses
- Occupational therapists
- Physiotherapists
- Health facilitators
- Psychiatrists
- Clinical psychologists
- Speech and language therapists
- Clinical services managers
- Consultant nurses
- Dedicated specialist inpatient staff teams, consisting of unit managers, deputy managers, staff nurses, and support workers
- Modern matron
- Dedicated health respite teams consisting of unit managers, staff nurses and support workers.
- Administration staff
- Care managers and social workers employed by local authorities

### Community teams

The role of each community team includes supporting people with learning disabilities to lead full and healthy lives within their local community. The team is made up of a full range of health professionals and social workers who specialise in working with people with learning disabilities.

### Assessment and treatment units

There are occasions when a person's health or circumstances mean that they cannot continue to remain in their own home and need a short period of specialist support within an adult acute Assessment and Treatment Unit. 24 hour care is provided in a therapeutic environment with specialist staff and a range of therapies, psychological therapies and support programmes.

### Respite care

This provides short breaks for adults with learning disabilities and additional health needs.

## 6. Safeguarding Children and Safeguarding Adults Service

This team provides support, advise, supervision and training to staff on Safeguarding Children and Adults. The service includes the following specialities:

- Head of Adult and Children Safeguarding
- Nurse Specialist for children in care

- Nurse Specialist for Child Death Overview Panel/ Paediatric Liaison
- Nurse Specialist for Safeguarding Children
- Named Nurse for Safeguarding Children
- Nurse Specialist for Adult Safeguarding
- Named Nurse for Adult Safeguarding

## **7. Infection Prevention and Control**

The infection prevention and control service provides advice and support across the Trust, to other Primary Care Providers and the public in the management of infection. They also provide assurance on mandatory surveillance and statutory infection control requirements. They provide education and training and act in the capacity of health protection field workers managing outbreaks of infection in the community reporting to Cheshire and Merseyside Health Protection Agency.

## **8. All Age Disability Service**

On the Wirral, CWP provides an integrated health and social delivery model which supports disabled children through one clear pathway, with a consolidated approach based around the family from birth to independence. It also ensures an all age approach so that disabled residents have one coherent pathway of support which has clear accountability. The critical stage of transition from child to adulthood, often the most difficult time in a disabled person's life, will be supported.

STANDARDISED SBAR COMMUNICATION

REPORT DETAILS	
<b>Report subject:</b>	Report against Strategic Objectives – January 2020
<b>Agenda ref. number:</b>	19.20.128
<b>Report to (meeting):</b>	Board of Directors (meeting in public)
<b>Action required:</b>	Discussion and Approval
<b>Date of meeting:</b>	29/01/2020
<b>Presented by:</b>	Tim Welch, Director of Business and Value

Which strategic objectives this report provides information about:	
Deliver high quality, integrated and innovative services that improve outcomes	Yes
Ensure meaningful involvement of service users, carers, staff and the wider community	Yes
Be a model employer and have a caring, competent and motivated workforce	Yes
Maintain and develop robust partnerships with existing and potential new stakeholders	Yes
Improve quality of information to improve service delivery, evaluation and planning	Yes
Sustain financial viability and deliver value for money	Yes
Be recognised as an open, progressive organisation that is about care, well-being and partnership	Yes

Which NHSI Single Oversight Framework themes this report reflects:		CWP Quality Framework:		
Quality	Yes	Patient Safety	Safe	Yes
Finance and use of resources	Yes	Clinical Effectiveness	Effective	Yes
Operational performance	Yes		Affordable	Yes
Strategic change	Yes		Sustainable	Yes
Leadership and improvement capability	Yes	Patient Experience	Acceptable	Yes
			Accessible	Yes
<a href="http://www.cwp.nhs.uk/media/4142/quality-improvement-strategy-2018.pdf">http://www.cwp.nhs.uk/media/4142/quality-improvement-strategy-2018.pdf</a>				

Does this report provide any information to update any current strategic risks? If so, which?	
Contact the corporate affairs teams for the most current strategic risk register.	No

Does this report indicate any new strategic risks? If so, describe and indicate risk score:	
See current integrated governance strategy: CWP policies – policy code FR1	No

REPORT BRIEFING

Situation – a concise statement of the purpose of this report
The Board of Directors requested the development of a new product through which the Trust could report against its strategic objectives. This was based on metrics identified by the Board in December 2018. The new report was launched in September 2019 and the January 2020 edition presented today is the third iteration.

Background – contextual and background information pertinent to the situation/ purpose of the report
Feedback since the early versions of this Report has centred on the following: more commentary/ annotations so that the annotated time series form part of our corporate memory; named owners for each metric to take responsibility for content and sign off; the addition of targets/ benchmarks where appropriate and to provide further context; clearer information on the links between these metrics and the Trust's strategic risks so that it is easier to see how these metrics provide assurance or where there may be assurance gaps; and the inclusion of further metrics to continually improve the Report's relevance. The January 2020 Report shows progress in responding to this feedback.

## Assessment – analysis and considerations of the options and risks

### Current performance – including exceptions to national metrics

Performance against the metrics presently included in the strategic objective data set is detailed in the charts attached.

The following metrics are below target performance as set out in the NHS Oversight Framework/ other nationally required metrics (slide 7 of the attached pack)

- The IAPT Recovery Rate which for November 2019 was 49% against a target of 50% (the December 2019 figure was not available at the time this report was drafted)
- The data quality measure, where the most recent data are for September 2019, and the Trust's reported value is 82% against a target of 95%.

### Notable progress updates

New charts have been introduced to show managerial and clinical supervision (slides 13 and 14). The charts show significant increases in the rate of compliance from December 2019, although not yet reaching the 85% targets.

In November, the Neighbourhood Based Care Group proposed to the Executive Team some potential further metrics relating to community physical health services that would enable more comprehensive coverage of Trust activity within the Report. Prototype charts for these additional metrics have been developed. A Board seminar in February 2020 will review the governance map for the Trust and determine the most appropriate level within the corporate reporting structure for each of these measures to be reported, and as part of that work, determine which should be included in future editions of this Report.

### Future developments

There remains considerable scope for further improvement to the production process to ensure latest months' data are included smoothly and to support metric owners to provide the information needed to add more insight into the Report. As such it is recommended that the Board continues to support the ongoing improvement required in this area for future iterations.

## Recommendation – what action/ recommendation is needed, what needs to happen and by when?

The Board of Directors is invited to **comment** on this third iteration of the dashboard, **confirm** that they will continue to support improvements to the production process and **confirm** any direction they would like future iterations to take.

Who has approved this report for receipt at the above meeting?

Board business cycle requirement

Contributing authors:

James Partington, Tim Welch

### Distribution to other people/ groups/ meetings:

Version	Name/ group/ meeting	Date issued
1	Board of Directors	20/01/2020

### Appendices provided for reference and to give supporting/ contextual information:

Appendix No.	Appendix title
1	Report against CWP Strategic Objectives January 2020 final dated 21 Jan (powerpoint file)

# Report Against Strategic Objectives

January 2020

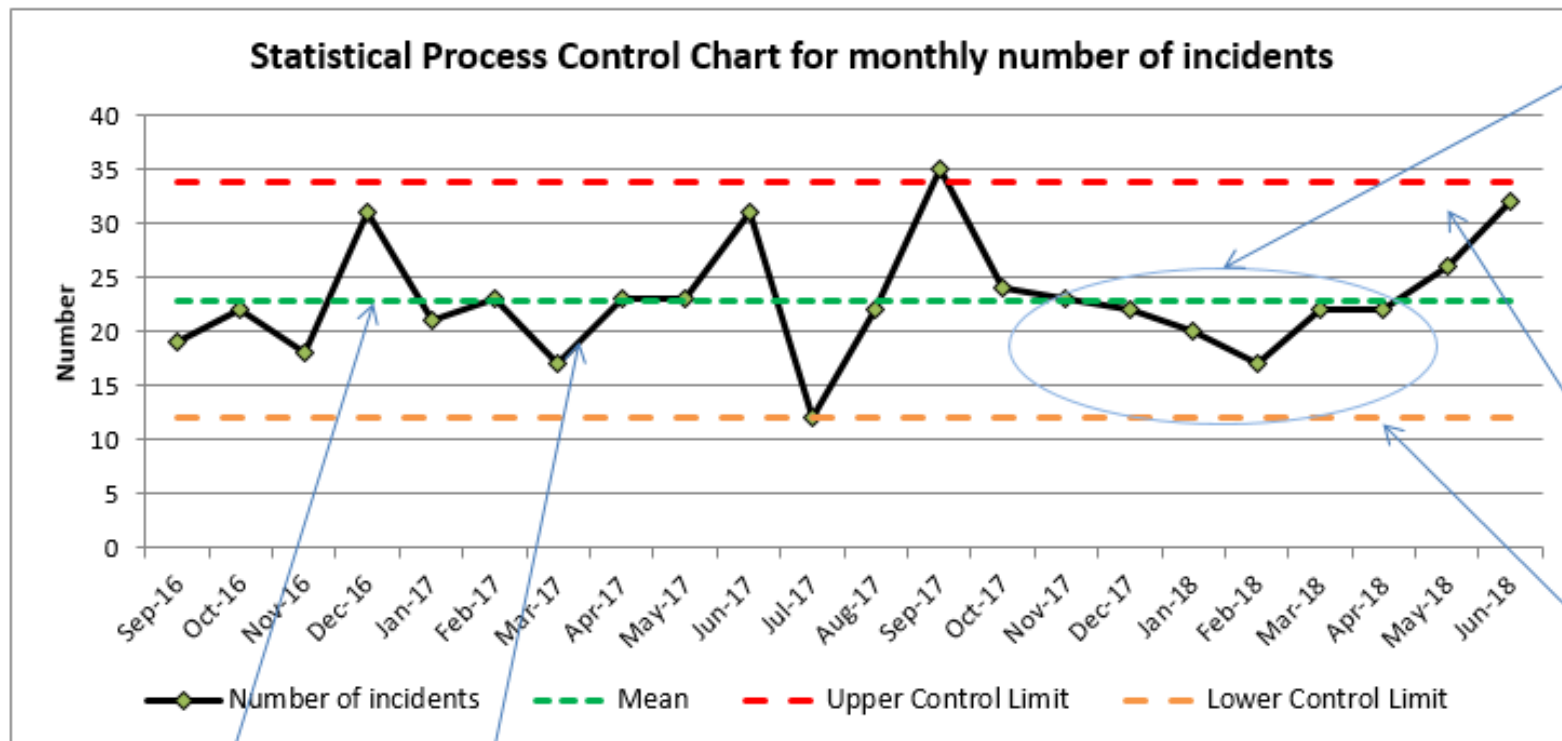
Quality Surveillance Analysis Team

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**the best they can be**

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## Interpreting Statistical Process Control charts



A run of consecutive data points in the same direction (up or down), or a run of data points all of which are below or above the mean, may be an indicator of a shift in the long term underlying trajectory. The SPC chart allows this to be assessed.

Upper Control Limit - the maximum expected variation above the mean. Set at 2 standard deviations above the mean.

Lower Control Limit - the maximum expected variation below the mean. Set at 2 standard deviations below the mean.

Mean - the arithmetic mean of the source data.

Source data - in this case, the "Number of Incidents". The variation in the data drives where the Upper and Lower control limits are plotted - the greater the variation, the further apart the control limits will be.

### What does the SPC tell us?

The SPC tells us whether a series is "in control". This is a statistical term equivalent to being predictable or stable. That's not to say there won't be variation, but the SPC shows what kind of variation can be expected. In the example above, the latest two months have shown increases, but we know from the rest of the data that this is within the bounds of expectation.

### What's the science behind setting the control limits at two standard deviations from the mean?

One of the properties of what is known as "the normal distribution" is that 95% of the data are within 2 standard deviations either side of the mean. The remaining 5% of the data are further away from the mean than that, in either direction. 95% is equivalent to one in 20. So we would expect, when looking at a SPC based on data that are distributed normally, that 19 out of 20 data items will be within the control limits, and one in 20 of the data items will exceed the control limits.

## Open Strategic Risks as at January 2020

Risk description	ID
Supervision compliance rates are below Trust target of 85% and show varying levels of compliance across clinical and non clinical staff groups. This indicates a risk that some staff may not be accessing supervision (clinical or management)	1
Risk of reducing ability to sustain safe and effective services within Central and Eastern Cheshire	2
Risk of cyber-attack resulting in loss of access to key systems and/ or data files with possible impacts on healthcare delivery, financial penalties and reputational damage	3
Risk of breach of legislation and CQC regulation in respect of adherence to the Mental Health Act, potentially impacting on: <ul style="list-style-type: none"> <li>• patient safety, safeguards and experience;</li> <li>• likelihood of legal challenges;</li> <li>• reputation of the Trust.</li> </ul>	5
Risks to the effective delivery of the Trust's policy for the prevention of the transmission of flu to help protect both staff and those that they care for	6
Gaps in consultant staffing in both inpatient and the community setting resulting in a potential risk to patient safety, service continuity and increasing waiting times	7
Risk of deficiencies and end of life pathway in ICT infrastructure, that are unable to support the delivery of existing models of care nor the design of new models of care, thereby impacting on sustainability of services	8
Due to pressures on acute care bed capacity, there is a risk that people who require admission may have to wait longer than 4 hours for a bed to be allocated	10
Risk of failure to achieve Trust efficiency targets on a recurrent basis due to a reliance on non-recurrent annual plans, resulting in an increased carryover burden on the Trust's efficiency programme, resulting in potential regulatory impacts	11
Potential for adverse impact on the effectiveness of service delivery, evaluation and planning due to shortfalls in data capture by existing clinical systems, staff capability and delivery of the organisational data quality framework	12
Risk of increasing demand for ADHD services which exceeds current contract values and commissioned capacity, resulting in increasing waiting times, potential risks to patient safety and experience, in addition to potential reputational and financial impacts	A

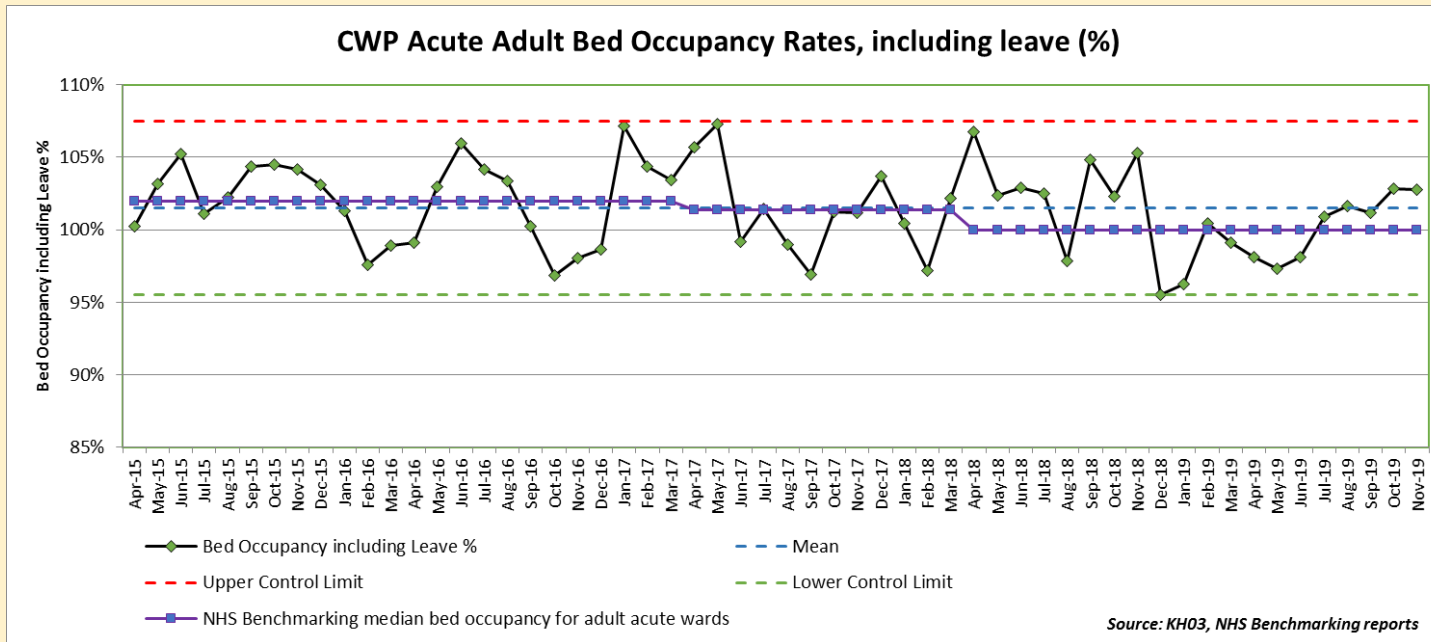
# Deliver high quality, integrated and innovative services that improve outcomes

Metric

Data

Further Explanation

**Adult Acute Bed Occupancy**



Metric owner:  
Suzanne Edwards

Monitored at: SMH Care Group

Data sources:  
KH03 file provided by the Information Team.  
NHS Benchmarking reports.

Comment: The number of available beds has reduced by more than the number of occupied beds days in the last two months, which is why the occupied bed rate has gone up slightly. This is linked to the redesign of services in Central and East Cheshire.

A target occupancy rate of 85% is recommended by the Royal College of Psychiatrists.

Link to strategic risks:  
Treatment of strategic risks #2, #7 and #10 have an impact on this metric, but overall performance is impacted by many other factors also.



# Deliver high quality, integrated and innovative services that improve outcomes

Metric	Data	Further Explanation																																																																																										
<p><b>Out of Area Acute Admissions</b></p>	<div data-bbox="422 419 1959 958"> <p style="text-align: center;"><b>Number of acute admissions of CWP patients to hospitals outside the trust, excepting services that CWP do not provide</b></p> <table border="1"> <caption>Number of acute admissions of CWP patients to hospitals outside the trust, excepting services that CWP do not provide</caption> <thead> <tr> <th>Month</th> <th>Number of incidents</th> </tr> </thead> <tbody> <tr><td>May-16</td><td>0</td></tr> <tr><td>Jun-16</td><td>0</td></tr> <tr><td>Jul-16</td><td>0</td></tr> <tr><td>Aug-16</td><td>0</td></tr> <tr><td>Sep-16</td><td>0</td></tr> <tr><td>Oct-16</td><td>0</td></tr> <tr><td>Nov-16</td><td>0</td></tr> <tr><td>Dec-16</td><td>0</td></tr> <tr><td>Jan-17</td><td>0</td></tr> <tr><td>Feb-17</td><td>0</td></tr> <tr><td>Mar-17</td><td>0</td></tr> <tr><td>Apr-17</td><td>0</td></tr> <tr><td>May-17</td><td>0</td></tr> <tr><td>Jun-17</td><td>0</td></tr> <tr><td>Jul-17</td><td>0</td></tr> <tr><td>Aug-17</td><td>0</td></tr> <tr><td>Sep-17</td><td>0</td></tr> <tr><td>Oct-17</td><td>0</td></tr> <tr><td>Nov-17</td><td>0</td></tr> <tr><td>Dec-17</td><td>0</td></tr> <tr><td>Jan-18</td><td>0</td></tr> <tr><td>Feb-18</td><td>0</td></tr> <tr><td>Mar-18</td><td>0</td></tr> <tr><td>Apr-18</td><td>0</td></tr> <tr><td>May-18</td><td>0</td></tr> <tr><td>Jun-18</td><td>0</td></tr> <tr><td>Jul-18</td><td>0</td></tr> <tr><td>Aug-18</td><td>0</td></tr> <tr><td>Sep-18</td><td>1</td></tr> <tr><td>Oct-18</td><td>0</td></tr> <tr><td>Nov-18</td><td>0</td></tr> <tr><td>Dec-18</td><td>0</td></tr> <tr><td>Jan-19</td><td>0</td></tr> <tr><td>Feb-19</td><td>0</td></tr> <tr><td>Mar-19</td><td>0</td></tr> <tr><td>Apr-19</td><td>0</td></tr> <tr><td>May-19</td><td>0</td></tr> <tr><td>Jun-19</td><td>0</td></tr> <tr><td>Jul-19</td><td>0</td></tr> <tr><td>Aug-19</td><td>0</td></tr> <tr><td>Sep-19</td><td>0</td></tr> <tr><td>Oct-19</td><td>0</td></tr> <tr><td>Nov-19</td><td>0</td></tr> <tr><td>Dec-19</td><td>0</td></tr> </tbody> </table> </div> <p data-bbox="410 982 1964 1162"> <b>Note:</b>            A CWP patient was admitted to a hospital in Bolton in September 2018. CWP determined that this did not fit the criteria to be counted as an out of area placement, but we are aware that it is being recorded as an 'inappropriate out of area placement' for CWP in NHS Digital datasets.         </p>	Month	Number of incidents	May-16	0	Jun-16	0	Jul-16	0	Aug-16	0	Sep-16	0	Oct-16	0	Nov-16	0	Dec-16	0	Jan-17	0	Feb-17	0	Mar-17	0	Apr-17	0	May-17	0	Jun-17	0	Jul-17	0	Aug-17	0	Sep-17	0	Oct-17	0	Nov-17	0	Dec-17	0	Jan-18	0	Feb-18	0	Mar-18	0	Apr-18	0	May-18	0	Jun-18	0	Jul-18	0	Aug-18	0	Sep-18	1	Oct-18	0	Nov-18	0	Dec-18	0	Jan-19	0	Feb-19	0	Mar-19	0	Apr-19	0	May-19	0	Jun-19	0	Jul-19	0	Aug-19	0	Sep-19	0	Oct-19	0	Nov-19	0	Dec-19	0	<p data-bbox="2007 411 2397 491">Metric owner: Suzanne Edwards</p> <p data-bbox="2007 554 2397 634">Monitored at: Operational Committee</p> <p data-bbox="2007 696 2384 776">Data source: CWP Bed Hub</p> <p data-bbox="2007 825 2415 1282"> <b>Link to strategic risks:</b>            Treatment of strategic risks #2, #7 and #10 have an impact on this metric, but overall performance is impacted by many other factors also. The positive performance against this metric informed the reduction to a risk score of 12 for strategic risk #10 last November (Source: Quality Committee 06/11/2019).         </p>
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# Deliver high quality, integrated and innovative services that improve outcomes

Metric	Data	Further Explanation																																																
<p><b>Admission to hospital for those on the dynamic support register</b></p>	<div data-bbox="468 444 1691 1100" data-label="Figure"> <table border="1"> <caption>Admission since May 2019 of people on the Dynamic Support Database</caption> <thead> <tr> <th>Month</th> <th>Brackendale</th> <th>Eastway</th> <th>Greenways</th> <th>Juniper</th> <th>Meadowbank</th> </tr> </thead> <tbody> <tr> <td>May 19</td> <td>1</td> <td>2</td> <td>1</td> <td>1</td> <td>1</td> </tr> <tr> <td>Jun 19</td> <td>0</td> <td>1</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Jul 19</td> <td>0</td> <td>1</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Aug 19</td> <td>0</td> <td>0</td> <td>0</td> <td>1</td> <td>0</td> </tr> <tr> <td>Sep 19</td> <td>0</td> <td>1</td> <td>1</td> <td>0</td> <td>0</td> </tr> <tr> <td>Oct 19</td> <td>0</td> <td>1</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Nov 19</td> <td>0</td> <td>0</td> <td>2</td> <td>0</td> <td>0</td> </tr> </tbody> </table> </div> <div data-bbox="468 1110 1691 1253" data-label="Text"> <p>The admissions were all of patients rated 'red' with the exception of four who were rated amber: the patient who was admitted to Meadowbank in May; the patients who were admitted to Eastway in June and October; and one of the patients who was admitted to Greenways in November.</p> </div>	Month	Brackendale	Eastway	Greenways	Juniper	Meadowbank	May 19	1	2	1	1	1	Jun 19	0	1	0	0	0	Jul 19	0	1	0	0	0	Aug 19	0	0	0	1	0	Sep 19	0	1	1	0	0	Oct 19	0	1	0	0	0	Nov 19	0	0	2	0	0	<p>Metric owner: Suzanne Edwards</p> <p>Monitored at: LD, NDD &amp; ABI Care Group</p> <p>Data source: 'LD Risk Register Resulting in Inpatient Admission Report' Report Manager report</p> <p>Link to strategic risks: Treatment of strategic risks #2, #7 and #10 have an impact on this metric, but overall performance is impacted by many other factors also.</p>
Month	Brackendale	Eastway	Greenways	Juniper	Meadowbank																																													
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## Work to develop further measures for this strategic objective is as follows:

### Deliver high quality, integrated and innovative services that improve outcomes

Metric	Data	Further Explanation
<p><b>CWP performance against NHSi targets</b></p> <p><b>(Exceptions only)</b></p>	<p>The Trust reports a number of operational metrics to NHSi. These cover: Early Intervention in Psychosis (one metric), Improving Access to Psychological Therapies (3 metrics), Out of Area admissions (monitored on slide 5 of this pack), and a data quality measure which is provided with a three month lag.</p> <p>The following metrics are below target performance as set out in the NHS Oversight Framework:</p> <ul style="list-style-type: none"> <li>• IAPT Recovery Rate which for November 2019 was 49% against a target of 50% (the December 2019 figure is not yet available)</li> <li>• The data quality measure, where the most recent data are for September 2019, and the Trust's value is 82% against a target of 95%.</li> </ul>	<p>Metric owner: Tim Welch</p> <p>Monitored by: Ops Committee by exception from Care Groups</p> <p>Data source: CWP Business and Value</p>

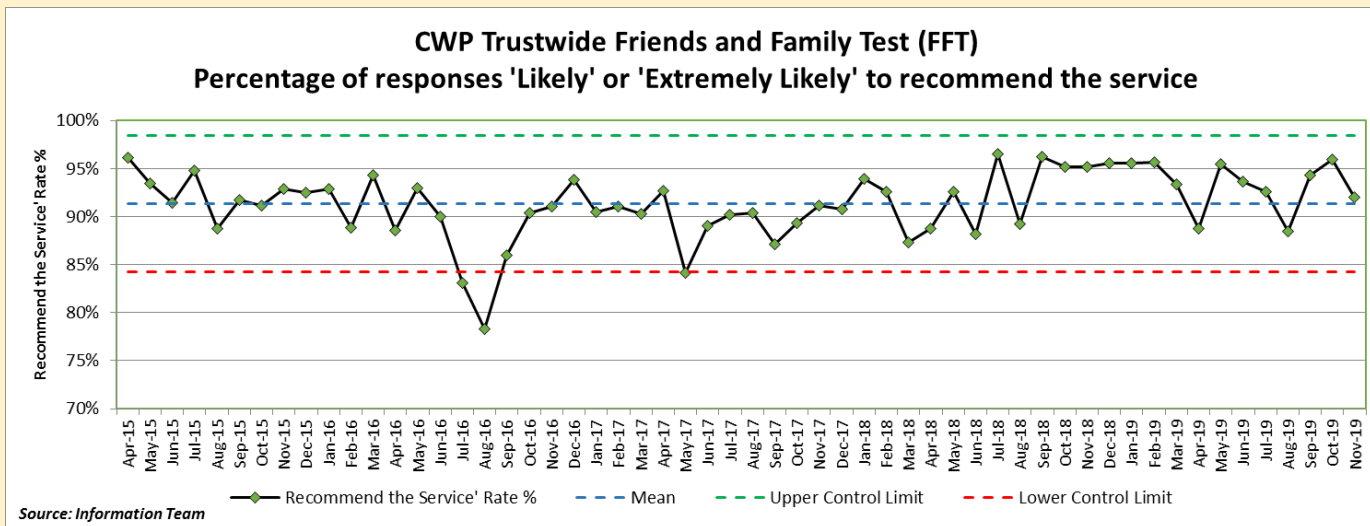
# Ensure meaningful involvement of service users, carers, staff and the wider community

**Metric**

**Data**

**Further Explanation**

**Friends and Family Test – responses from users of our services**



Comment: Data for December 2019 were not available at the time this report was initially drafted (8 January 2020).

Metric owner:  
Gary Flockhart

Monitored through:  
Quality Committee and  
PACE

Data source:  
'FFTalldatatosdate' file from the  
Information Team

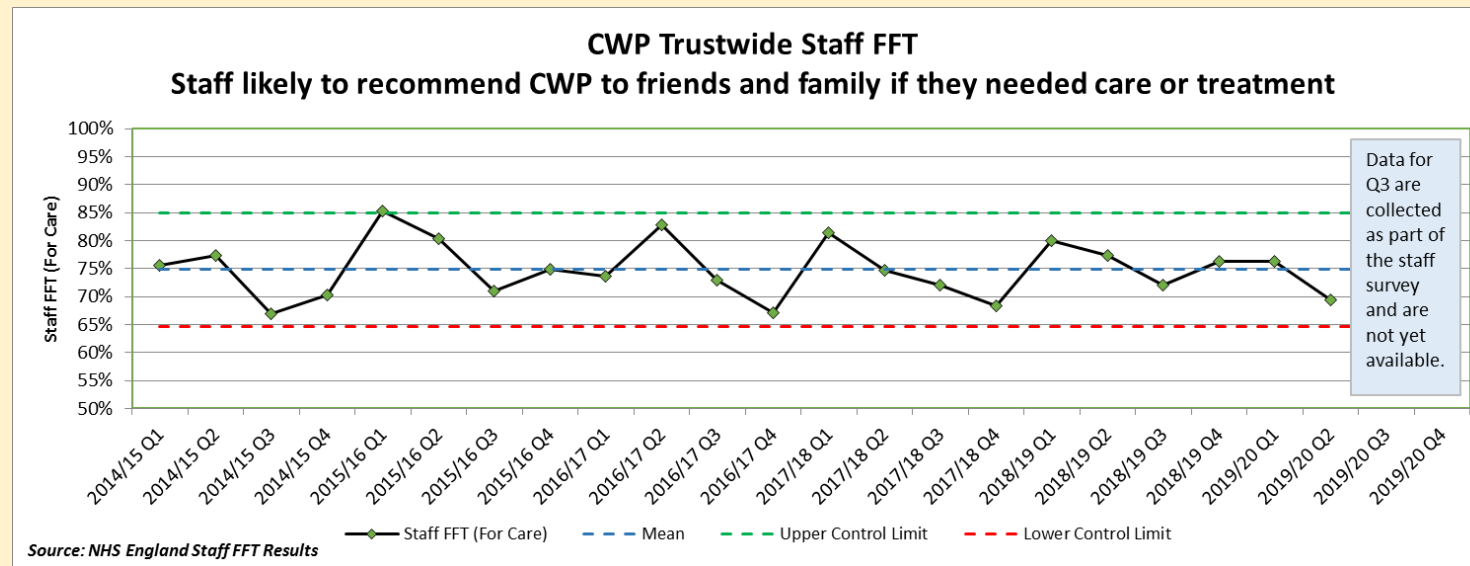
Link to strategic risks:  
Treatment of strategic risks #2,  
#5, #7, #10 and #A have an  
impact on this metric, but  
overall performance is impacted  
by many other factors also. The  
sustained good FFT  
performance in recent periods  
gives positive assurance against  
the patient experience  
elements of these risks.

# Ensure meaningful involvement of service users, carers, staff and the wider community

## Metric

**Friends and Family Test responses from our staff – about CWP as a care provider**

## Data



Comment: 2018/19 Q4 results were better than Q4 in the two previous years. In the earlier periods, the Staff FFT survey took place in only one locality each quarter; the Q4 surveys took place in Central and East locality. The time series therefore includes an element of locality driven variation. Note that at the time this report was drafted in early January 2020, data for Q3 were not yet available.

## Further Explanation

Metric owner: David Harris

Monitored at: POD Sub Committee

Data source: People Information

Link to strategic risks: Treatment of strategic risks #1, #2, #8, #10, #12 and #B have an impact on this metric, but overall performance is impacted by many other factors also.

# Ensure meaningful involvement of service users, carers, staff and the wider community

Metric	Data	Further Explanation																																																		
<p><b>Friends and Family Test responses from our staff – about CWP as a place to work</b></p>	<div data-bbox="504 472 1956 1025"> <p><b>CWP Trustwide Staff FFT</b> Staff likely to recommend CWP to friends and family as a place to work</p> <table border="1"> <caption>Staff FFT (For Employment) Data</caption> <thead> <tr> <th>Quarter</th> <th>Staff FFT (%)</th> </tr> </thead> <tbody> <tr><td>2014/15 Q1</td><td>62</td></tr> <tr><td>2014/15 Q2</td><td>61</td></tr> <tr><td>2014/15 Q3</td><td>61</td></tr> <tr><td>2014/15 Q4</td><td>55</td></tr> <tr><td>2015/16 Q1</td><td>71</td></tr> <tr><td>2015/16 Q2</td><td>60</td></tr> <tr><td>2015/16 Q3</td><td>61</td></tr> <tr><td>2015/16 Q4</td><td>62</td></tr> <tr><td>2016/17 Q1</td><td>56</td></tr> <tr><td>2016/17 Q2</td><td>67</td></tr> <tr><td>2016/17 Q3</td><td>64</td></tr> <tr><td>2016/17 Q4</td><td>52</td></tr> <tr><td>2017/18 Q1</td><td>54</td></tr> <tr><td>2017/18 Q2</td><td>60</td></tr> <tr><td>2017/18 Q3</td><td>64</td></tr> <tr><td>2017/18 Q4</td><td>48</td></tr> <tr><td>2018/19 Q1</td><td>64</td></tr> <tr><td>2018/19 Q2</td><td>60</td></tr> <tr><td>2018/19 Q3</td><td>65</td></tr> <tr><td>2018/19 Q4</td><td>62</td></tr> <tr><td>2019/20 Q1</td><td>62</td></tr> <tr><td>2019/20 Q2</td><td>56</td></tr> <tr><td>2019/20 Q3</td><td>-</td></tr> <tr><td>2019/20 Q4</td><td>-</td></tr> </tbody> </table> <p>Source: NHS England Staff FFT Results</p> </div> <p>Comment: Like the previous chart, 2018/19 Q4 results were better than Q4 in the two previous years. For this metric, the 2017/18 Q4 data point dipped below the lower threshold, i.e. it was an atypically low response. Note that at the time this report was drafted in early January 2020, data for Q3 were not yet available.</p>	Quarter	Staff FFT (%)	2014/15 Q1	62	2014/15 Q2	61	2014/15 Q3	61	2014/15 Q4	55	2015/16 Q1	71	2015/16 Q2	60	2015/16 Q3	61	2015/16 Q4	62	2016/17 Q1	56	2016/17 Q2	67	2016/17 Q3	64	2016/17 Q4	52	2017/18 Q1	54	2017/18 Q2	60	2017/18 Q3	64	2017/18 Q4	48	2018/19 Q1	64	2018/19 Q2	60	2018/19 Q3	65	2018/19 Q4	62	2019/20 Q1	62	2019/20 Q2	56	2019/20 Q3	-	2019/20 Q4	-	<p>Metric owner: David Harris</p> <p>Monitored at: POD Sub Committee</p> <p>Data source: People Information</p> <p>Link to strategic risks: Treatment of all strategic risks have an impact on this metric, but overall performance is impacted by many other factors also.</p>
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## Work to develop further measures for this strategic objective is as follows:

### Ensure meaningful involvement of service users, carers, staff and the wider community

#### Metric

#### Development Plans

#### Effectiveness of working with the wider community

Every six months, a report from the Lived Experience, Volunteering and Engagement Network (LEVEN) is taken to Quality Committee. The Associate Director of Patient and Carer Experience has suggested that the Trust should give further thought to how this report provides qualitative information to demonstrate progress against this objective.

The first 'Listen and Learn' event was held on 14 November 2019, attended by five colleagues from CWP and five lived experience volunteers. The next event is planned for 13<sup>th</sup> February 2020 and a chart showing attendance at these events will be added from the March 2020 edition of this Report.

Metric owner: Cathy Walsh

Monitored at: PACE Sub Committee

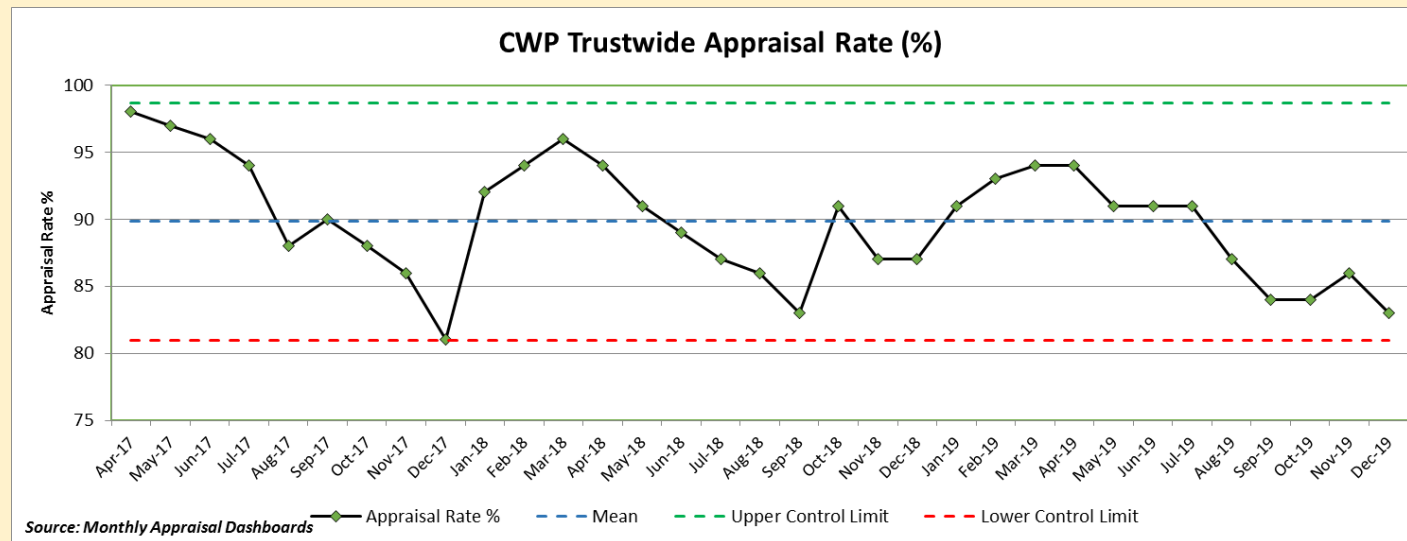
# Be a model employer and have a caring, competent and motivated workforce

## Metric

## Data

## Further Explanation

### Appraisal



Comment: Peaks have tended to be at March/ April. The dip in December 2017 was part of the legacy of the introduction of the new appraisal process in May 2016. Following three years of implementation, a dip in compliance rates during Aug – Sept has become a trend. Work to understand this has taken place and is attributed to peak leave period. Initiatives to support services and staff in implementation of appraisal continues in anticipation of these trends.

Metric owner:  
David Harris

Monitored at: POD Sub  
Committee and Ops  
Committee

Data source: People  
Information

Link to strategic risks:  
There is no direct relationship between this metric and any of the risks currently being treated on the strategic risk register; however, indirectly this metric is closely associated with the earlier Staff FFT metrics.



# Be a model employer and have a caring, competent and motivated workforce

Metric	Data	Further Explanation																																																																																																			
<p><b>Managerial Supervision</b></p> <p>(new in January 2020)</p>	<div data-bbox="453 454 1905 1002"> <p style="text-align: center;"><b>CWP Trustwide Managerial Supervision Rate (%)</b> measured monthly until end November 2019, weekly thereafter</p> <table border="1"> <caption>Estimated data from the chart</caption> <thead> <tr> <th>Week ending</th> <th>Managerial Supervision Rate %</th> <th>Target 85%</th> </tr> </thead> <tbody> <tr><td>07-06-2019</td><td>58</td><td>85</td></tr> <tr><td>14-06-2019</td><td>58</td><td>85</td></tr> <tr><td>21-06-2019</td><td>58</td><td>85</td></tr> <tr><td>28-06-2019</td><td>58</td><td>85</td></tr> <tr><td>05-07-2019</td><td>60</td><td>85</td></tr> <tr><td>12-07-2019</td><td>60</td><td>85</td></tr> <tr><td>19-07-2019</td><td>60</td><td>85</td></tr> <tr><td>26-07-2019</td><td>60</td><td>85</td></tr> <tr><td>02-08-2019</td><td>52</td><td>85</td></tr> <tr><td>09-08-2019</td><td>52</td><td>85</td></tr> <tr><td>16-08-2019</td><td>52</td><td>85</td></tr> <tr><td>23-08-2019</td><td>52</td><td>85</td></tr> <tr><td>30-08-2019</td><td>52</td><td>85</td></tr> <tr><td>06-09-2019</td><td>52</td><td>85</td></tr> <tr><td>13-09-2019</td><td>52</td><td>85</td></tr> <tr><td>20-09-2019</td><td>52</td><td>85</td></tr> <tr><td>27-09-2019</td><td>52</td><td>85</td></tr> <tr><td>04-10-2019</td><td>52</td><td>85</td></tr> <tr><td>11-10-2019</td><td>52</td><td>85</td></tr> <tr><td>18-10-2019</td><td>52</td><td>85</td></tr> <tr><td>25-10-2019</td><td>52</td><td>85</td></tr> <tr><td>01-11-2019</td><td>52</td><td>85</td></tr> <tr><td>08-11-2019</td><td>52</td><td>85</td></tr> <tr><td>15-11-2019</td><td>52</td><td>85</td></tr> <tr><td>22-11-2019</td><td>52</td><td>85</td></tr> <tr><td>29-11-2019</td><td>52</td><td>85</td></tr> <tr><td>06-12-2019</td><td>78</td><td>85</td></tr> <tr><td>13-12-2019</td><td>72</td><td>85</td></tr> <tr><td>20-12-2019</td><td>78</td><td>85</td></tr> <tr><td>27-12-2019</td><td>78</td><td>85</td></tr> <tr><td>03-01-2020</td><td>75</td><td>85</td></tr> <tr><td>10-01-2020</td><td>75</td><td>85</td></tr> </tbody> </table> <p>Source: People Information</p> </div> <p>Comment: Separate managerial and clinical supervision competencies were introduced at the start of December 2019. For months up to and including November 2019, the time series reflects compliance with the previous ‘all supervision’ competence.</p>	Week ending	Managerial Supervision Rate %	Target 85%	07-06-2019	58	85	14-06-2019	58	85	21-06-2019	58	85	28-06-2019	58	85	05-07-2019	60	85	12-07-2019	60	85	19-07-2019	60	85	26-07-2019	60	85	02-08-2019	52	85	09-08-2019	52	85	16-08-2019	52	85	23-08-2019	52	85	30-08-2019	52	85	06-09-2019	52	85	13-09-2019	52	85	20-09-2019	52	85	27-09-2019	52	85	04-10-2019	52	85	11-10-2019	52	85	18-10-2019	52	85	25-10-2019	52	85	01-11-2019	52	85	08-11-2019	52	85	15-11-2019	52	85	22-11-2019	52	85	29-11-2019	52	85	06-12-2019	78	85	13-12-2019	72	85	20-12-2019	78	85	27-12-2019	78	85	03-01-2020	75	85	10-01-2020	75	85	<p>Metric owner: David Harris</p> <p>Monitored at: POD Sub Committee and Ops Committee</p> <p>Data source: People Information</p> <p>Link to strategic risks: Performance against this metric is being used to inform the ongoing treatment of strategic risk #1.</p>
Week ending	Managerial Supervision Rate %	Target 85%																																																																																																			
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04-10-2019	52	85																																																																																																			
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22-11-2019	52	85																																																																																																			
29-11-2019	52	85																																																																																																			
06-12-2019	78	85																																																																																																			
13-12-2019	72	85																																																																																																			
20-12-2019	78	85																																																																																																			
27-12-2019	78	85																																																																																																			
03-01-2020	75	85																																																																																																			
10-01-2020	75	85																																																																																																			

# Be a model employer and have a caring, competent and motivated workforce

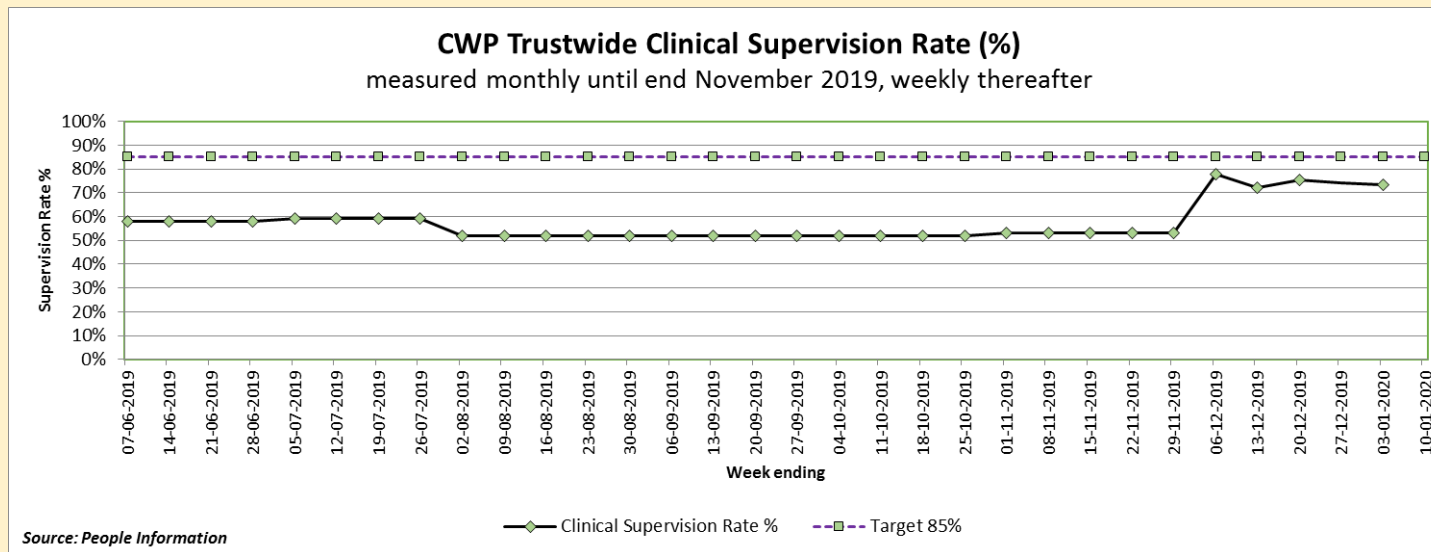
Metric

Data

Further Explanation

Clinical Supervision

(new in January 2020)



Metric owner:  
Gary Flockhart

Monitored at: Care Group  
and Ops Committee

Data source: People  
Information

Comment: In December 2019 separate managerial and clinical supervision competencies were introduced: The standard operating procedure for clinical supervision has been launched, cascade of supervision requirements and supporting information has been undertaken via care groups, and amends to the reporting processes have been completed. An improvement plan for clinical supervision has been developed and implementation is underway. The clinical supervision compliance measure does not include medical supervision compliance.

Link to strategic risks:  
Performance against this metric is being used to inform the ongoing treatment of strategic risk #1.

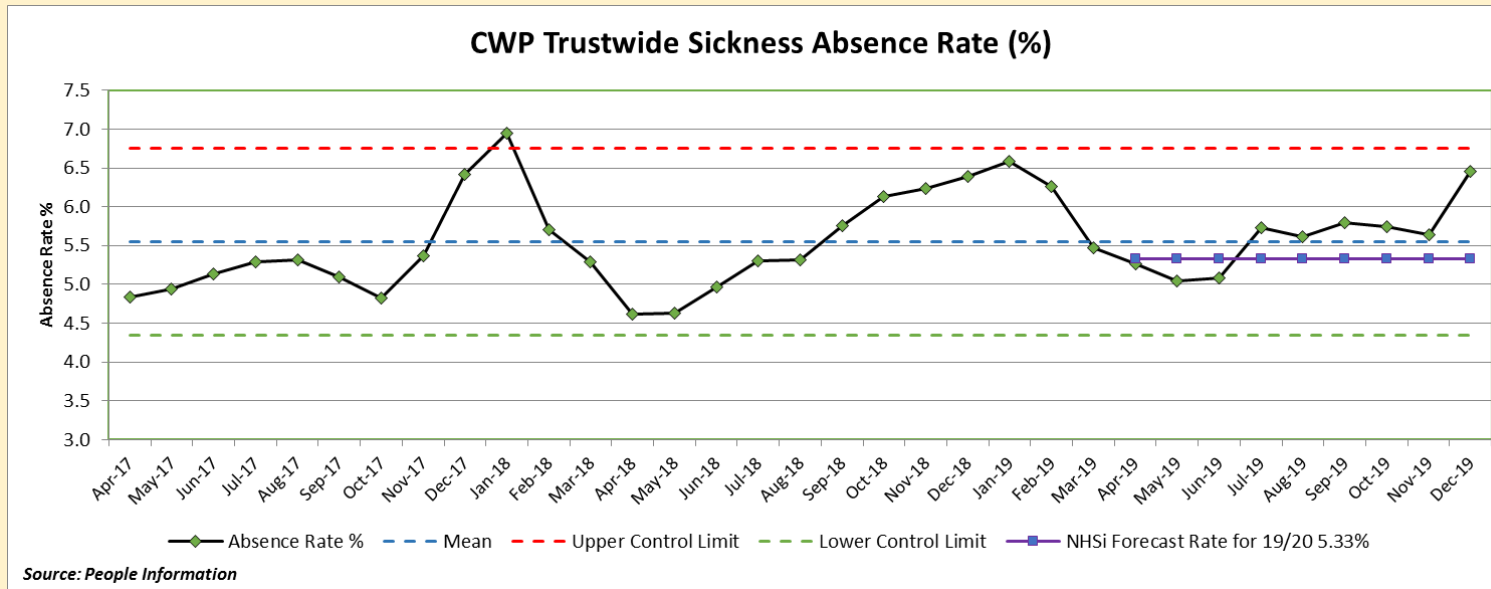
# Be a model employer and have a caring, competent and motivated workforce

Metric

Data

Further Explanation

Sickness Absence



Comment: As of April 2019, the Trust's sickness absence rates have been reported to NHSi on a rolling 12 month basis. For the rolling 12 months to date (Apr to Dec 19) the sickness absence rates range from 5.70% to 5.84%; all greater than the Trust's threshold of 5.33%. However, having seen the highest rates of 5.81% and 5.84% (Jun to Sept), October, November and December rates have fallen to 5.70%, 5.73% and 5.72% respectively. The Trust's in-month sickness absence rate for December is 6.46% compared to 6.39% last year. An increase in the numbers of staff reporting absences due to coughs, colds and flu impacted on the increased in-month rate for December compared to November. Comparing the latest available NHS Digital benchmarking information with similar trusts, CWP reported sickness below or the same rate as the NW MH trust average in every month from July 2018 to August 2019.

Metric owners:  
David Harris

Monitored at: POD Sub Committee

Data source: People Information

Link to strategic risks:

Treatment of strategic risk #1 has an impact on this metric, but overall performance is impacted by many other factors also. There is also a close association with the earlier Staff FFT metrics and appraisal metric.

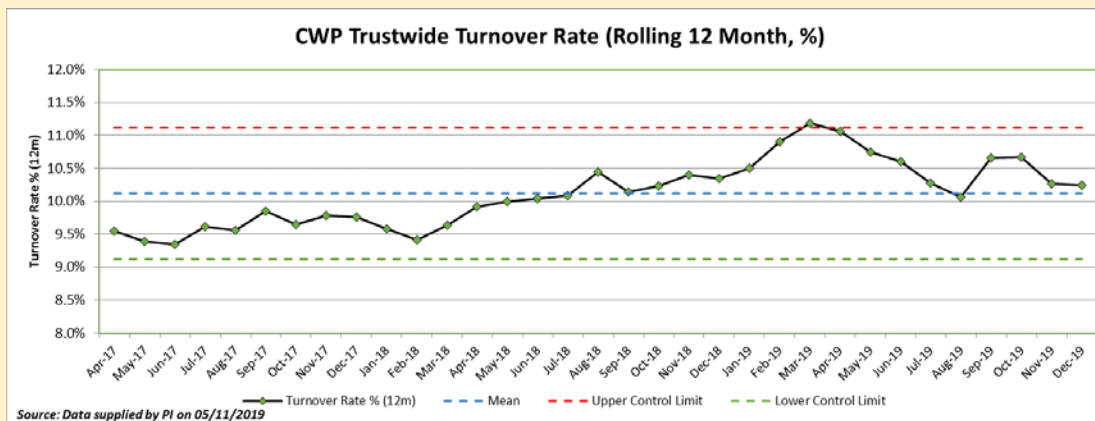
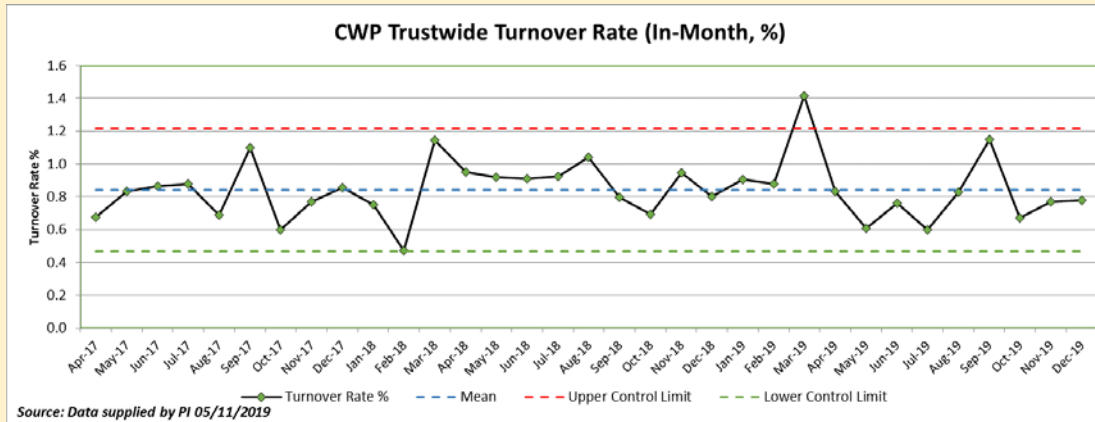
# Be a model employer and have a caring, competent and motivated workforce

Metric

Data

Further Explanation

Staff Turnover



Comment: The upper chart indicates that March 2019 drove the peak in the rolling 12 month turnover series, taking the series above the upper control limit for that month.

People Information suggest that this is due to March being a more common month for fixed term contracts to end.

Metric owner:  
David Harris

Monitored at: POD Sub Committee

Data source: People Information

Link to strategic risks: Treatment of strategic risk #1 has an impact on this metric, but overall performance is impacted by many other factors also. There is also a close association with the earlier Staff FFT metrics and appraisal metric.

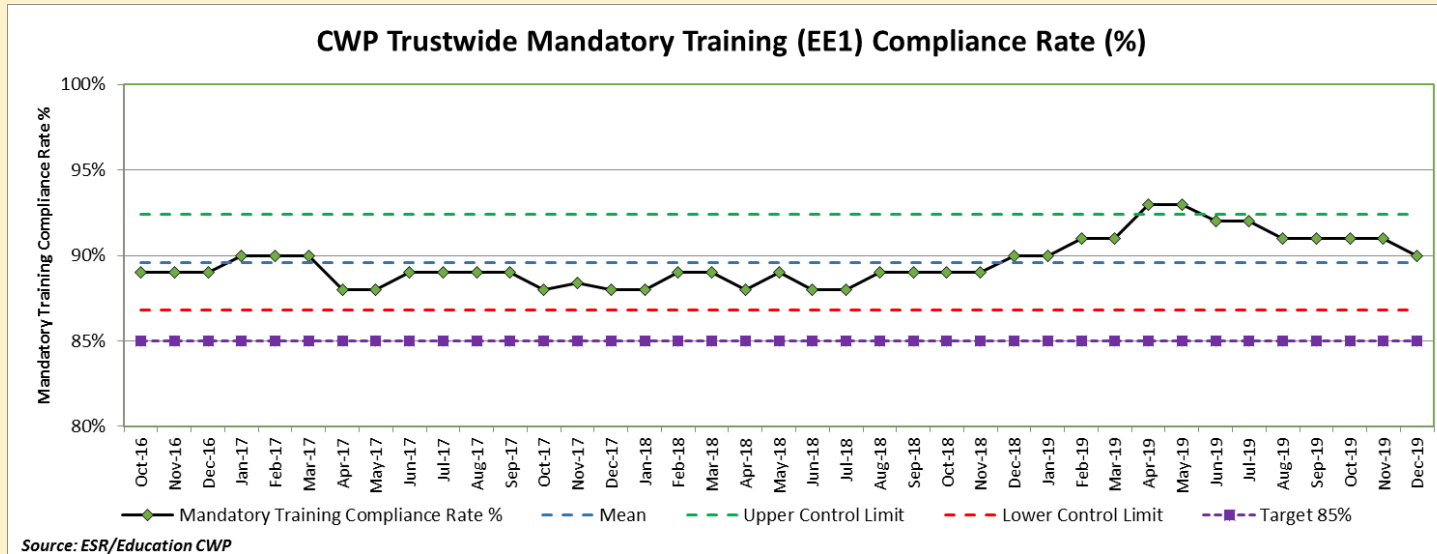
# Be a model employer and have a caring, competent and motivated workforce

Metric

Data

Further Explanation

## Mandatory Training



Comment: Mandatory training compliance has continued to exceed the 85% target and is currently at 90%. The current 1% reduction can potentially be attributed to the variation in the number of staff due to revalidate their mandatory training.

Metric owner:  
David Harris

Monitored at: POD Sub  
Committee and Ops  
Committee

Data source: Education  
CWP

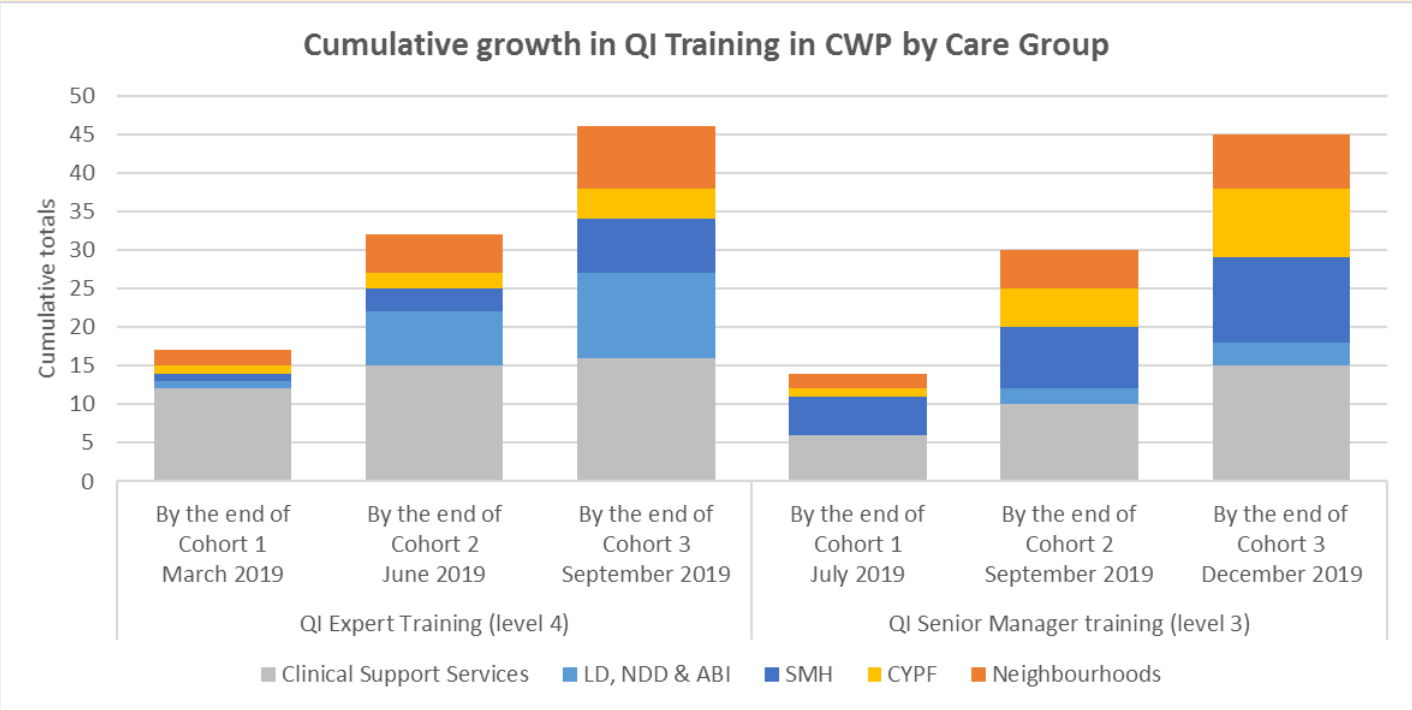
Link to strategic risks:

This metric gives positive assurance of the current overall Trustwide compliance level. Following review at November 2019 Quality Committee, variation in training compliance was assessed and it was concluded in January 2020 that it would not be appropriate to raise a strategic risk relating to variation.

# Improve the quality of information to improve service delivery, evaluation and planning

Metric	Data	Further Explanation																																										
<p><b>Morbidity and Mortality</b></p>	<div data-bbox="512 519 1941 1058"> <p style="text-align: center;"><b>CWP Trustwide Morbidity and Mortality</b> Percentage of deaths reviewed through either a case record or a Datix/StEIS review</p> <table border="1"> <caption>Approximate data points from the chart</caption> <thead> <tr> <th>Month</th> <th>Review Rate %</th> </tr> </thead> <tbody> <tr><td>Apr-18</td><td>25</td></tr> <tr><td>May-18</td><td>42</td></tr> <tr><td>Jun-18</td><td>28</td></tr> <tr><td>Jul-18</td><td>52</td></tr> <tr><td>Aug-18</td><td>38</td></tr> <tr><td>Sep-18</td><td>78</td></tr> <tr><td>Oct-18</td><td>58</td></tr> <tr><td>Nov-18</td><td>62</td></tr> <tr><td>Dec-18</td><td>55</td></tr> <tr><td>Jan-19</td><td>95</td></tr> <tr><td>Feb-19</td><td>95</td></tr> <tr><td>Mar-19</td><td>96</td></tr> <tr><td>Apr-19</td><td>98</td></tr> <tr><td>May-19</td><td>98</td></tr> <tr><td>Jun-19</td><td>98</td></tr> <tr><td>Jul-19</td><td>98</td></tr> <tr><td>Aug-19</td><td>96</td></tr> <tr><td>Sep-19</td><td>95</td></tr> <tr><td>Oct-19</td><td>97</td></tr> <tr><td>Nov-19</td><td>98</td></tr> </tbody> </table> <p><i>Source: Incidents Team, Datix</i></p> </div> <p>Comment: The scope of which deaths are to be reviewed was changed in January 2019, so SPC control limits have only been included from that point. The target is 100%. At the time this report was compiled, 8 January 2020, the December 2019 figure was not available.</p>	Month	Review Rate %	Apr-18	25	May-18	42	Jun-18	28	Jul-18	52	Aug-18	38	Sep-18	78	Oct-18	58	Nov-18	62	Dec-18	55	Jan-19	95	Feb-19	95	Mar-19	96	Apr-19	98	May-19	98	Jun-19	98	Jul-19	98	Aug-19	96	Sep-19	95	Oct-19	97	Nov-19	98	<p>Metric owner: Gary Flockhart</p> <p>Monitored by: Quality Committee</p> <p>Data source: CWP Incidents team</p> <p>Link to strategic risks: N/A</p>
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# Improve the quality of information to improve service delivery, evaluation and planning

Metric	Data	Further Explanation																																																	
<p><b>Level 3 and 4 QI Training</b></p>	<p style="text-align: center;"><b>Cumulative growth in QI Training in CWP by Care Group</b></p>  <p>The chart displays cumulative growth in QI Training in CWP by Care Group. The y-axis represents cumulative totals from 0 to 50. The x-axis shows six time points: By the end of Cohort 1 (March 2019), By the end of Cohort 2 (June 2019), By the end of Cohort 3 (September 2019), By the end of Cohort 1 (July 2019), By the end of Cohort 2 (September 2019), and By the end of Cohort 3 (December 2019). The legend includes Clinical Support Services (grey), LD, NDD &amp; ABI (blue), SMH (dark blue), CYPF (yellow), and Neighbourhoods (orange).</p> <table border="1"> <caption>Estimated data from the chart</caption> <thead> <tr> <th>Time Point</th> <th>Clinical Support Services</th> <th>LD, NDD &amp; ABI</th> <th>SMH</th> <th>CYPF</th> <th>Neighbourhoods</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>By the end of Cohort 1 (March 2019)</td> <td>12</td> <td>1</td> <td>1</td> <td>0</td> <td>1</td> <td>15</td> </tr> <tr> <td>By the end of Cohort 2 (June 2019)</td> <td>15</td> <td>7</td> <td>2</td> <td>1</td> <td>2</td> <td>27</td> </tr> <tr> <td>By the end of Cohort 3 (September 2019)</td> <td>16</td> <td>11</td> <td>7</td> <td>3</td> <td>5</td> <td>42</td> </tr> <tr> <td>By the end of Cohort 1 (July 2019)</td> <td>6</td> <td>5</td> <td>1</td> <td>0</td> <td>1</td> <td>13</td> </tr> <tr> <td>By the end of Cohort 2 (September 2019)</td> <td>10</td> <td>2</td> <td>7</td> <td>4</td> <td>3</td> <td>26</td> </tr> <tr> <td>By the end of Cohort 3 (December 2019)</td> <td>15</td> <td>3</td> <td>11</td> <td>8</td> <td>5</td> <td>42</td> </tr> </tbody> </table>	Time Point	Clinical Support Services	LD, NDD & ABI	SMH	CYPF	Neighbourhoods	Total	By the end of Cohort 1 (March 2019)	12	1	1	0	1	15	By the end of Cohort 2 (June 2019)	15	7	2	1	2	27	By the end of Cohort 3 (September 2019)	16	11	7	3	5	42	By the end of Cohort 1 (July 2019)	6	5	1	0	1	13	By the end of Cohort 2 (September 2019)	10	2	7	4	3	26	By the end of Cohort 3 (December 2019)	15	3	11	8	5	42	<p>Metric owner: Anushta Sivananthan</p> <p>Monitored by: Quality Committee</p> <p>Data provider: Quality Assurance and Improvement team</p> <p>Link to strategic risks: Positive performance against this metric acts as a controls assurance measure against all strategic risks.</p>
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<p>Comment: The next QI training course for senior managers is due to take place on the 23 April 2020.</p>																																																			

**Work to develop further measures for this strategic objective is as follows:**

**Improve the quality of information to improve service delivery, evaluation and planning**

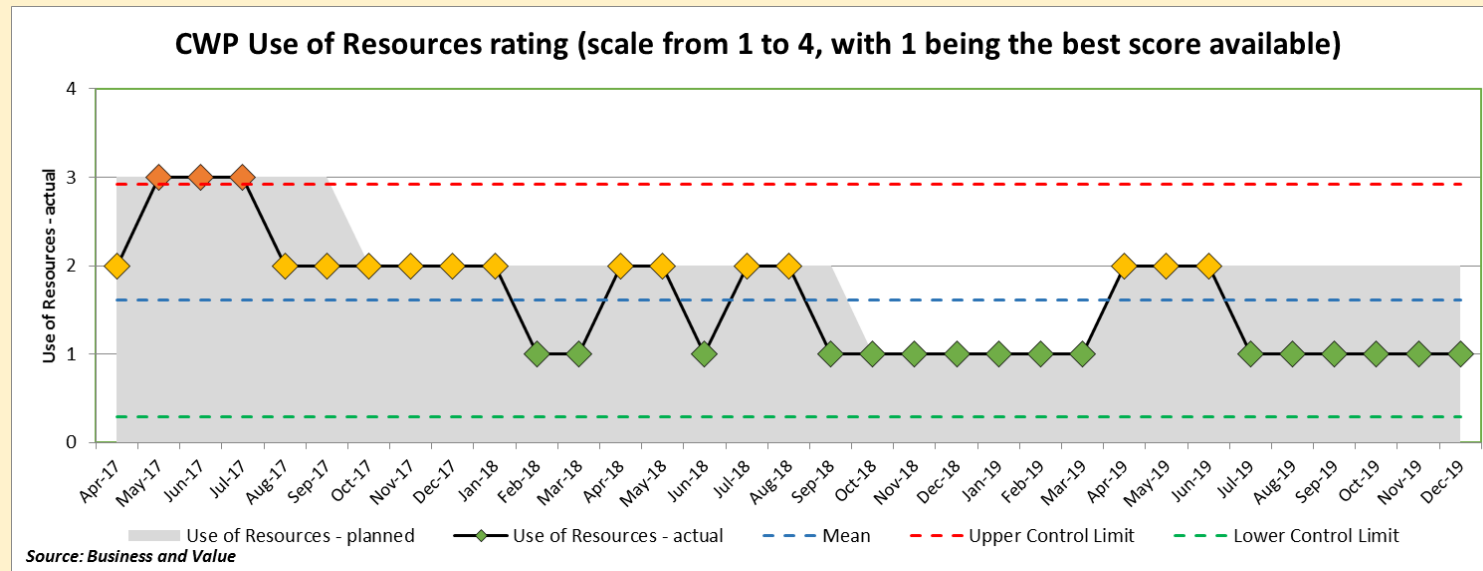
<b>Metric</b>	<b>Development Plans</b>
<b>Dashboard development</b>	Development work to the performance dashboard will take place in 2020.  Metric owner: Tim Welch  Monitored by: Operational Committee



# Sustain financial viability and deliver value for money

Metric	Data	Further Explanation
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## Use of Resources Rating



Comment: The overall Use of Resources metric is a summary total of 5 separate financial metrics. A score of '1' reflects the lowest financial risk rating and a '4' the highest level of risk. The chart shows the actual rating against the planned rating; in no cases since April 2017 has the actual rating been higher (worse) than the planned rating.

Metric owner:  
Tim Welch

Monitored by:  
Trust Board

Data source:  
Business and Value

Link to strategic risks:  
Performance against this metric was used to scope the modelling of strategic risk #11 (as requested by November 2019 Quality Committee when it was referenced as risk #B), thereafter it continues to inform the effectiveness of the identified risk treatment plan.

## Work to develop further measures for this strategic objective is as follows:

### Sustain financial viability and deliver value for money

Metric	Development Plans
<b>Delivery of Value for Money</b>	<p>We are developing our approach to value for money in line with the Quality Improvement framework.</p> <p>During 2019/20, as part of a continuous programme to maximise resource utilisation within direct patient care provision, CWP has continued to review opportunities to reduce expenditure within support functions.</p> <p>Following the earlier successful re-tendering of External Audit and Interpreter services, resulting in a reduction in cost without directly affecting the quality of patient care, a similar process is reaching its conclusion in relation to the trust Multi-Functional devices. The new contract to be entered into early 2020 will result initially in a reduction of cost of 22% with additional opportunities being considered to realise future financial benefits.</p> <p>Metric owner: Tim Welch</p> <p>Monitored through: Ops Committee</p>

# Be recognised as an open, progressive organisation that is about care, well-being and partnership

Metric	Data	Further Explanation																																																																																																																																																																	
<b>CQC Rating</b>	<table border="1"> <thead> <tr> <th></th> <th>Safe</th> <th>Effective</th> <th>Caring</th> <th>Responsive</th> <th>Well led</th> <th>Overall</th> </tr> </thead> <tbody> <tr> <td><b>Inpatient services</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Overall</td> <td>RI</td> <td>G</td> <td>O</td> <td>G</td> <td>G</td> <td>G</td> </tr> <tr> <td>Acute wards for adults of working age and psychiatric intensive care units</td> <td>RI</td> <td>G</td> <td>G</td> <td>G</td> <td>G</td> <td>G</td> </tr> <tr> <td>Long stay/rehabilitation mental health wards for working age adults</td> <td>G</td> <td>G</td> <td>G</td> <td>G</td> <td>G</td> <td>G</td> </tr> <tr> <td>Forensic inpatient/secure wards</td> <td>G</td> <td>G</td> <td>G</td> <td>G</td> <td>G</td> <td>G</td> </tr> <tr> <td>Child and adolescent mental health wards</td> <td>RI</td> <td>G</td> <td>G</td> <td>O</td> <td>G</td> <td>G</td> </tr> <tr> <td>Wards for older people with mental health problems</td> <td>RI</td> <td>G</td> <td>G</td> <td>G</td> <td>G</td> <td>G</td> </tr> <tr> <td>Wards for people with learning disabilities or autism</td> <td>G</td> <td>G</td> <td>O</td> <td>O</td> <td>G</td> <td>O</td> </tr> <tr> <td><b>Community-based services</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Community-based mental health services for adults of working age</td> <td>G</td> <td>G</td> <td>G</td> <td>G</td> <td>G</td> <td>G</td> </tr> <tr> <td>Mental health crisis services and health-based places of safety</td> <td>G</td> <td>G</td> <td>G</td> <td>G</td> <td>G</td> <td>G</td> </tr> <tr> <td>Specialist community mental health services for children and young people</td> <td>G</td> <td>G</td> <td>G</td> <td>G</td> <td>G</td> <td>G</td> </tr> <tr> <td>Community-based mental health services for older people</td> <td>G</td> <td>G</td> <td>G</td> <td>G</td> <td>G</td> <td>G</td> </tr> <tr> <td>Community mental health services for people with learning disabilities or autism</td> <td>G</td> <td>G</td> <td>G</td> <td>G</td> <td>G</td> <td>G</td> </tr> <tr> <td><b>Community health services</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Overall</td> <td>RI</td> <td>G</td> <td>O</td> <td>G</td> <td>G</td> <td>G</td> </tr> <tr> <td>Community health services for adults</td> <td>RI</td> <td>G</td> <td>G</td> <td>G</td> <td>G</td> <td>G</td> </tr> <tr> <td>Community health services for children, young people and families</td> <td>G</td> <td>G</td> <td>O</td> <td>G</td> <td>G</td> <td>G</td> </tr> <tr> <td><b>Additional core services</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Overall</td> <td>RI</td> <td>G</td> <td>O</td> <td>G</td> <td>G</td> <td>G</td> </tr> <tr> <td>End of life care</td> <td>G</td> <td>G</td> <td>O</td> <td>G</td> <td>G</td> <td>G</td> </tr> <tr> <td>Substance misuse services</td> <td>G</td> <td>G</td> <td>G</td> <td>G</td> <td>G</td> <td>G</td> </tr> </tbody> </table>		Safe	Effective	Caring	Responsive	Well led	Overall	<b>Inpatient services</b>							Overall	RI	G	O	G	G	G	Acute wards for adults of working age and psychiatric intensive care units	RI	G	G	G	G	G	Long stay/rehabilitation mental health wards for working age adults	G	G	G	G	G	G	Forensic inpatient/secure wards	G	G	G	G	G	G	Child and adolescent mental health wards	RI	G	G	O	G	G	Wards for older people with mental health problems	RI	G	G	G	G	G	Wards for people with learning disabilities or autism	G	G	O	O	G	O	<b>Community-based services</b>							Community-based mental health services for adults of working age	G	G	G	G	G	G	Mental health crisis services and health-based places of safety	G	G	G	G	G	G	Specialist community mental health services for children and young people	G	G	G	G	G	G	Community-based mental health services for older people	G	G	G	G	G	G	Community mental health services for people with learning disabilities or autism	G	G	G	G	G	G	<b>Community health services</b>							Overall	RI	G	O	G	G	G	Community health services for adults	RI	G	G	G	G	G	Community health services for children, young people and families	G	G	O	G	G	G	<b>Additional core services</b>							Overall	RI	G	O	G	G	G	End of life care	G	G	O	G	G	G	Substance misuse services	G	G	G	G	G	G	<p>Metric owner: Anushta Sivananthan</p> <p>Monitored at: Quality Committee</p> <p>Data source: CQC Intelligent Monitoring reports</p> <p>Link to strategic risks: Treatment of all strategic risks have an impact on this metric, but overall performance is impacted by many other factors also.</p>
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## Work to develop further measures for this strategic objective is as follows:

### Be recognised as an open, progressive organisation that is about care, well-being and partnership

Metric	Development Plans
<b>Duty of Candour</b>	<p>Work is underway to improve reporting streams to demonstrate compliance with the required regulatory standard/s.</p> <p>Data presented to Quality Committee in November 2019 demonstrated that Duty of Candour had taken place in all but one case where it was deemed applicable in the last 12 months; and a subsequent review of that one case determined that Duty of Candour had not been applicable as the incident was an interface incident.</p> <p>A leaflet has been developed for service users and their families/carers to provide information about Duty of Candour. This was co-produced with the Patient Experience team. Information in relation to Duty of Candour is also available on the CWP website.</p> <p>Metric owner: Gary Flockhart</p> <p>Monitored through: Quality Committee</p>

## Notes

Issue	Comment
<b>Periodicity</b>	Some of the charts show data up to end November 2019; some show data up to end December 2019. The report was initially drafted 8 January 2020 and data for December 2019 were not available for every metric at that time.
<b>Scope</b>	A Board seminar is planned for February 2020 at which the Trust's governance map will be reviewed, including the reporting framework. It is anticipated that this will lead to additional metrics being developed for inclusion in this Report.

STANDARDISED SBAR COMMUNICATION

REPORT DETAILS	
<b>Report subject:</b>	Guardian of Safe Working Hours report for the period September 2019 – December 2019
<b>Agenda ref. number:</b>	19.20.129
<b>Report to (meeting):</b>	Board of Directors
<b>Action required:</b>	Discussion and Approval
<b>Date of meeting:</b>	29/01/2020
<b>Presented by:</b>	Dr Faouzi Alam, Medical Director Effectiveness, Medical Education and Medical Workforce & Caldicott Guardian

Which strategic objectives this report provides information about:	
Deliver high quality, integrated and innovative services that improve outcomes	Yes
Ensure meaningful involvement of service users, carers, staff and the wider community	Yes
Be a model employer and have a caring, competent and motivated workforce	Yes
Maintain and develop robust partnerships with existing and potential new stakeholders	Yes
Improve quality of information to improve service delivery, evaluation and planning	Yes
Sustain financial viability and deliver value for money	Yes
Be recognised as an open, progressive organisation that is about care, well-being and partnership	Yes

Which NHSI Single Oversight Framework themes this report reflects:		CWP Quality Framework:		
Quality	Yes	Patient Safety	Safe	Yes
Finance and use of resources	Yes	Clinical Effectiveness	Effective	Yes
Operational performance	Yes		Affordable	Yes
Strategic change	No	Patient Experience	Sustainable	Yes
Leadership and improvement capability	Yes		Acceptable	Yes
			Accessible	Yes
<a href="http://www.cwp.nhs.uk/media/4142/quality-improvement-strategy-2018.pdf">http://www.cwp.nhs.uk/media/4142/quality-improvement-strategy-2018.pdf</a>				

Does this report provide any information to update any current strategic risks? If so, which?	
Contact the corporate affairs teams for the most current strategic risk register.	Yes

Does this report indicate any new strategic risks? If so, describe and indicate risk score:	
See current integrated governance strategy: CWP policies – policy code FR1	No

REPORT BRIEFING

Situation – a concise statement of the purpose of this report
The following is the third report to the Trust Board of Directors and details the months from September 2019 to December 2019.

Background – contextual and background information pertinent to the situation/ purpose of the report
The introduction of the 2016 Junior Doctor created the role of the Guardian of Safe Working Hours and ended the previous hours monitoring system, replacing it with a continuous system of reporting exceptions occurring from a previously agreed work schedule aiming to ensure rotas and working hours are safe for Doctors and patients. The Guardian is bound by the Terms and Conditions of the contract to provide reports to the Trust Board regarding the safety of doctor's working hours and areas and plans for improvement.

## Assessment – analysis and considerations of the options and risks

There has been 1 exception report made during the period between September 2019 and December 2019.

There have been no highlighted areas of concern regarding safe working or access to educational and training opportunities.

To date there have been no fines levied against the Trust.

Locum spend was £7,496 in this quarter.

We have currently 52 doctors working under the terms and conditions of the 2016 contract. There are still some vacancies related to Health Education North West placements not being filled both in CWP and regionally, however the picture is improving.

## Recommendation – what action/ recommendation is needed, what needs to happen and by when?

The Board of Directors is recommended to **note** the Guardian of Safe Working Hours report for the period September 2019 – December 2019

Who has approved this report for receipt at the above meeting?

Dr Faouzi Alam, Medical Director

Contributing authors:

Dr Sumita Prabhakaran, Guardian of Safe Working Hours

### Distribution to other people/ groups/ meetings:

Version	Name/ group/ meeting	Date issued
1		

### Appendices provided for reference and to give supporting/ contextual information:

Appendix No.	Appendix title
1	Guardian of Safe Working Hours for the period September 2019 – December 2019

## Guardian of Safe working Hours Report to the Trust Board for the period

September 2019- December 2019

**Report Author: Dr Sumita Prabhakaran - Guardian of Safe Working Hours**

### **Executive summary**

The following report is the third of the quarterly reports to the Trust board and details the months from September 2019 to December 2019.

There has been 1 report of exceptions from the agreed work schedules during the reported period; the issue was addressed with the trainee's clinical supervisor and time off in lieu.

There have been no highlighted areas of concern regarding safe working or access to educational and training opportunities.

### **Introduction**

The introduction of the 2016 Junior Doctor created the role of the Guardian of Safe Working Hours and ended the previous hours monitoring system, replacing it with a continuous system of reporting exceptions occurring from a previously agreed work schedule aiming to ensure rotas and working hours are safe for Doctors and patients. The Guardian is bound by the terms and conditions of the contract to provide reports to the Trust Board regarding the safety of Doctor's working hours and areas and plans for improvement.

### **Background Data**

Number of doctors in training (total):	52
Number of vacancy:	12
Amount of time available in job plan for guardian to do the role:	0.5 PAs per week
Amount of job-planned time for educational supervisors:	0.25 PAs per trainee

### **Exception reports (with regard to working hours)**

There was 1 exception report during the period of September 2019- December 2019 in which the junior doctor had to work 1 additional hour.

### **Work schedule reviews**

There have been no work schedule reviews requested or completed.

### **Bank/Finance:**

£7,496 was spent on locum and step down payments in this period

### **Fines:**

To date there have been no fines levied against the trust



## **Summary**

We have currently 52 doctors working under the terms and conditions of the 2016 contract. There are still some vacancies related to HENW placements not being filled both in CWP and regionally.

Guidelines for exception reporting have been circulated to the trainees. There have been no concerns raised regarding safe practice or with access to education and training experiences.

STANDARDISED SBAR COMMUNICATION

REPORT DETAILS	
<b>Report subject:</b>	Ward Daily Staffing Levels November and December 2019
<b>Agenda ref. number:</b>	19.20.130
<b>Report to (meeting):</b>	Board of Directors
<b>Action required:</b>	Information and noting
<b>Date of meeting:</b>	29/01/2020
<b>Presented by:</b>	Gary Flockhart, Director of Nursing, Therapies and Patient Experience

Which strategic objectives this report provides information about:	
Deliver high quality, integrated and innovative services that improve outcomes	Yes
Ensure meaningful involvement of service users, carers, staff and the wider community	No
Be a model employer and have a caring, competent and motivated workforce	Yes
Maintain and develop robust partnerships with existing and potential new stakeholders	No
Improve quality of information to improve service delivery, evaluation and planning	Yes
Sustain financial viability and deliver value for money	Yes
Be recognised as an open, progressive organisation that is about care, well-being and partnership	Yes

Which NHSI Single Oversight Framework themes this report reflects:		CWP Quality Framework:		
Quality	Yes	Patient Safety	Safe	Yes
Finance and use of resources	Yes	Clinical Effectiveness	Effective	Yes
Operational performance	Yes		Affordable	Yes
Strategic change	No		Sustainable	Yes
Leadership and improvement capability	Yes	Patient Experience	Acceptable	Yes
			Accessible	Yes
<a href="http://www.cwp.nhs.uk/media/4142/quality-improvement-strategy-2018.pdf">http://www.cwp.nhs.uk/media/4142/quality-improvement-strategy-2018.pdf</a>				

Does this report provide any information to update any current strategic risks? If so, which?	
Contact the corporate affairs teams for the most current strategic risk register.	No

Does this report indicate any new strategic risks? If so, describe and indicate risk score:	
See current integrated governance strategy: CWP policies – policy code FR1	No

**REPORT BRIEFING**

Situation – a concise statement of the purpose of this report
This report details the ward daily staffing levels during the months of November and December 2019 following the submission of the planned and actual hours of both registered nurses (RN) and clinical support workers (CSWs) to UNIFY (appendix 1 and 2). The themes arising within these monthly submissions continue to mirror those that have arisen previously. These themes identify how patient safety is being maintained on a shift by shift basis.

Background – contextual and background information pertinent to the situation/ purpose of the report

The monthly reporting of daily staffing levels is a requirement of NHS England and the National Quality Board in order to appraise the Board and the public of staffing levels within in-patient units.

The recommendations made within the latest six monthly report are being followed through and will be monitored via the People Planning group which oversees the strategic approach to safe staffing. The Trust is engaged in the Mental Health National Optimum Staffing Project a programme of work commissioned by Health Education England to develop a generic tool (multi-disciplinary) for Safe Staffing that can be used in any service setting for inpatient mental health services.

### Assessment – analysis and considerations of the options and risks

During November 2019 the trust achieved staffing levels of 96.6% for registered nurses and 99% for clinical support workers on day shifts and 98.4% and 99.2% respectively on nights. During December 2019 the trust achieved staffing levels of 97.7% for registered nurses and 99.1% for clinical support workers on day shifts and 97.2% and 99.5% respectively on nights.

Greenways continued to feel the same pressures felt during previous months with a high number of vacancies and staff sickness, they continued to apply the same methods to maintain safety as referenced in the September and October Safer Staffing Report.

During November and December the Alderley Unit experienced a higher than usual rate of staff sickness which had an impact on the fill rates.

During the months of November and December the three wards within the Millbrook Unit (Adelphi, Bollin and Croft) were going through a transitional phase whilst staff were moved between the wards and into community teams inline with the Central and East Redesign. This has had an impact on the fill rates, however staff cross cover was provided across wards to respond to clinical need.

Note: Only full shifts are covered within the percentage rates, where wards are supported for less than this, this is not captured in the return. For example if the matron spends 2 hours on the ward this is not reflected in the return, nor are the hours the multi disciplinary team who provide care to support the wards.

Appendix 1 and 2 details how all wards, who did not achieve overall staffing of 95%, maintained patient safety.

Note: Following a data cleanse the fill rates for September and October for Coral and Indigo are detailed below:

Month	Ward	Fill Rate (%)			
		Day	Night	Day	Night
		Registered Nursing Staff		Non Registered Nursing Staff	
Sep-19	Coral Ward	101.0%	105.6%	97.8%	101.3%
Oct-19	Coral Ward	99.1%	98.1%	99.1%	101.3%
Sep-19	Indigo Ward	95.9%	100.0%	100.0%	100.0%
Oct-19	Indigo Ward	100.0%	100.0%	100.0%	100.0%

### Recommendation – what action/ recommendation is needed, what needs to happen and by when?

The Board of Directors is recommended to **note** the report

<b>Who has approved this report for receipt at the above meeting?</b>		Gary Flockhart, Director of Nursing, Therapies and Patient Experience
<b>Contributing authors:</b>		Charlotte Hughes, Business and Innovation Manager, Education CWP
<b>Distribution to other people/ groups/ meetings:</b>		
<b>Version</b>	<b>Name/ group/ meeting</b>	<b>Date issued</b>
1	Hayley McGowan, Associate Director of Nursing and Therapies (Mental Health and Learning Disabilities)	20.01.20
<b>Appendices provided for reference and to give supporting/ contextual information:</b>		
<b>Appendix No.</b>	<b>Appendix title</b>	
1	Ward Daily Staffing November 2019	
2	Ward Daily Staffing December 2019	

Service Line	Ward	Day				Night				Day		Night		Safe Staffing was maintained by:
		Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	
		Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours					
SMH - Bed Based West & East	Adelphi	1131	1096.5	1182	1093.5	690	648.5	1271	1186	96.9%	92.5%	94.0%	93.3%	Staff cross covered. Staff worked additional hours. Attendance at some mandatory training classes were cancelled.
	Bollin	923	855.5	949.5	905	644	609.5	828	793.5	92.7%	95.3%	94.6%	95.8%	Staff cross covered. Staff worked additional hours.
	Croft	1270	1237.5	1473.25	1323.25	690	671.5	1437.5	1412	97.4%	89.8%	97.3%	98.2%	Staff cross covered. Staff worked additional hours. Ward Manager and members of the MDT actively worked within the staff establishment. Attendance at some mandatory training classes were cancelled.
	Beech	1186.5	1106	1135	1119.5	730	730	714	725.5	93.2%	98.6%	100.0%	101.6%	Staff cross covered. Staff worked additional hours. Ward Manager actively worked within the staff establishment.
	Cherry	1186.5	1106	1135	1119.5	730	730	714	725.5	93.2%	98.6%	100.0%	101.6%	Staff cross covered. Staff worked additional hours. Ward Manager and members of the MDT actively worked within the staff establishment.
	Juniper	1151.5	1105.5	1043	1040	552	529	851	851	96.0%	99.7%	95.8%	100.0%	
	Willow PICU	912.25	912.25	1090	1069.5	529	529	897	897	100.0%	98.1%	100.0%	100.0%	
SMH - Forensic, Rehab, CRAC	Alderley Unit	752.8	733.95	1557.6	1371.1	621	604	747.5	736	97.5%	88.0%	97.3%	98.5%	Staff cross covered. Staff worked additional hours.
	Maple	1084.5	1077.5	1069.5	1059.5	494.5	472.25	644	632.5	99.4%	99.1%	95.5%	98.2%	
	Rosewood	984	953.3	1207.5	1207.5	701.5	701.5	793.5	793.5	96.9%	100.0%	100.0%	100.0%	
	Saddlebridge	893.5	867	1446	1439	575	575	782	782	97.0%	99.5%	100.0%	100.0%	
Learning Disabilities & NDD	Eastway A&T	1286	1286	1564	1552.5	713	713	1276.5	1276.5	100.0%	99.3%	100.0%	100.0%	
	Greenways A&T	1118.25	735.5	1384	1694.5	690	662	1380	1386.5	65.8%	122.4%	95.9%	100.5%	Staff cross covered. Staff worked additional hours. Ward Manager and members of the MDT actively worked within the staff establishment.
CYP - Tier 4 CAMHS & Outreach	Coral	1211	1211	1180.5	1157.5	701.503	701.5	862.5	863	100.0%	98.1%	100.0%	100.1%	
	Indigo	970.5	959	820	820	632.5	632.5	701.5	702	98.8%	100.0%	100.0%	100.1%	
SMH - Bed Based Wirral & PICU	Brackendale	1143	1143	1153	1153	678.5	678.5	724.5	724.5	100.0%	100.0%	100.0%	100.0%	
	Brooklands	982	979.3	1226	1226	651	651	906.5	906.5	99.7%	100.0%	100.0%	100.0%	
	Lakefield	1241.75	1241.75	732.75	732.75	722.5	722.5	851	851	100.0%	100.0%	100.0%	100.0%	
	Meadowbank	1054.5	1054.5	1353.5	1353.5	643.5	643.5	1048	1047.55	100.0%	100.0%	100.0%	100.0%	
	Oaktrees	1339.25	1339.25	823	823	700	700	744.25	744.25	100.0%	100.0%	100.0%	100.0%	
	Trustwide	21743.8	21002.8	23397.6	23148.1	13061.003	12864.75	18368.75	18206.8	96.6%	99.0%	98.4%	99.2%	

Service Line	Ward	Day				Night				Day		Night		Safe Staffing was maintained by:
		Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	
		Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours					
SMH - Bed Based West & East	Adelphi	1471	1417.5	1522.5	1453.5	839.5	819	1276.5	1276.5	96.4%	95.5%	97.6%	100.0%	
	Bollin	122.5	122.5	158	158	69	57.5	69	69	100.0%	100.0%	83.3%	100.0%	Staff cross covered. Staff worked additional hours. Ward Manager and members of the MDT actively worked within the staff establishment.
	Croft	1288.55	1262.55	1533.2	1495.2	724.5	653	1446	1469	98.0%	97.5%	90.1%	101.6%	Staff cross covered. Staff worked additional hours. Ward Manager and members of the MDT actively worked within the staff establishment.
	Beech	1069.5	1058	1159.5	1103	636.5	636.5	773.5	762	98.9%	95.1%	100.0%	98.5%	
	Cherry	1143	1117	1043.5	1009	717.1	674	915	907.5	97.7%	96.7%	94.0%	99.2%	Staff cross covered. Staff worked additional hours.
	Juniper	1015.5	996	1272.5	1157.5	563.5	563.5	896.6	885.1	98.1%	91.0%	100.0%	98.7%	Staff cross covered. Staff worked additional hours. Ward Manager and members of the MDT actively worked within the staff establishment.
	Willow PICU	955	955	983.5	954	609.5	598	851	839.5	100.0%	97.0%	98.1%	98.6%	
SMH - Forensic, Rehab, CRAC	Alderley Unit	847.5	836	1544	1526.5	655.5	632.5	793.5	782	98.6%	98.9%	96.5%	98.6%	
	Maple	990	980.5	1002	962.5	471.5	425.5	747.5	724.5	99.0%	96.1%	90.2%	96.9%	Staff cross covered. Staff worked additional hours. Ward Manager and members of the MDT actively worked within the staff establishment.
	Rosewood	905.75	908.5	1045.5	1034	736	736	736	715	100.3%	98.9%	100.0%	97.1%	
	Saddlebridge	1027.45	977	1322.5	1308.5	621	621	920	920	95.1%	98.9%	100.0%	100.0%	
Learning Disabilities & NDD	Eastway A&T	1388.5	1388.5	1387.73	1387.5	770.5	770.5	1184.5	1184.5	100.0%	100.0%	100.0%	100.0%	
	Greenways A&T	1223.5	887.8	1426	1667.5	713	667	1426	1428.5	72.6%	116.9%	93.5%	100.2%	Staff cross covered. Staff worked additional hours. Ward Manager and members of the MDT actively worked within the staff establishment.
CYP - Tier 4 CAMHS & Outreach	Coral	1123	1123	1195	1195	678.5	678.5	1104	1104	100.0%	100.0%	100.0%	100.0%	
	Indigo	934	934	849.5	838	563.5	540.5	805	805	100.0%	98.6%	95.9%	100.0%	
SMH - Bed Based Wirral & PICU	Brackendale	1216	1216	1060	1060	695.5	695.5	759	759	100.0%	100.0%	100.0%	100.0%	
	Brooklands	831.5	831.5	1491.5	1491.5	827.75	827.75	916.5	916.5	100.0%	100.0%	100.0%	100.0%	
	Lakefield	1275.5	1275.5	1076.5	1076.5	731.5	731.5	898.04	898	100.0%	100.0%	100.0%	100.0%	
	Meadowbank	1106.75	1106.75	1681.25	1681.25	671	671	1214	1214	100.0%	100.0%	100.0%	100.0%	
	Oaktrees	1469.5	1469.5	695.25	695.25	656.5	656.5	591	591	100.0%	100.0%	100.0%	100.0%	
Trustwide	21427	20886.1	23483.93	23288.7	12974.35	12678.25	18345.64	18273.6	97.7%	99.1%	97.2%	99.5%		

STANDARDISED SBAR COMMUNICATION

REPORT DETAILS	
Report subject:	Safer Staffing Six Monthly Review
Agenda ref. number:	19.20.131
Report to (meeting):	Board of Director
Action required:	Discussion and Approval
Date of meeting:	29/01/2020
Presented by:	Gary Flockhart Director of Nursing, Therapies and Patient Experience.

Which strategic objectives this report provides information about:	
Deliver high quality, integrated and innovative services that improve outcomes	Yes
Ensure meaningful involvement of service users, carers, staff and the wider community	No
Be a model employer and have a caring, competent and motivated workforce	Yes
Maintain and develop robust partnerships with existing and potential new stakeholders	No
Improve quality of information to improve service delivery, evaluation and planning	Yes
Sustain financial viability and deliver value for money	Yes
Be recognised as an open, progressive organisation that is about care, well-being and partnership	Yes

Which NHSI Single Oversight Framework themes this report reflects:		CWP Quality Framework:		
Quality	Yes	Patient Safety	Safe	Yes
Finance and use of resources	Yes	Clinical Effectiveness	Effective	Yes
Operational performance	Yes		Affordable	Yes
Strategic change	Yes		Sustainable	Yes
Leadership and improvement capability	Yes	Patient Experience	Acceptable	Yes
			Accessible	No
<a href="http://www.cwp.nhs.uk/media/4142/quality-improvement-strategy-2018.pdf">http://www.cwp.nhs.uk/media/4142/quality-improvement-strategy-2018.pdf</a>				

Does this report provide any information to update any current strategic risks? If so, which?	
Contact the corporate affairs teams for the most current strategic risk register.	No

Does this report indicate any new strategic risks? If so, describe and indicate risk score:	
See current integrated governance strategy: CWP policies – policy code FR1	No

REPORT BRIEFING

Situation – a concise statement of the purpose of this report
This report presents the six monthly safer staffing review findings from May to October 2019 in line with NHS England and National Quality Board requirements. The information in this report is based on meetings with staff members, safer staffing group meetings, desk top reviews and analysis of data.

Background – contextual and background information pertinent to the situation/ purpose of the report
Since 2014 the Operational Committee and Board of Directors have received a six monthly safer staffing report to provide assurance that the Trust is fulfilling their safer staffing obligations.

Assessment – analysis and considerations of the options and risks

The safer staffing six monthly review highlights that there is effective workforce planning to achieve the delivery of safe care. The scope of the review has continued to extend and includes approaches underway in relation to safer staffing in the following areas:

Section 1 - Inpatient services

Section 2 - Improving Access to Psychological Therapies (IAPT) services

Section 3 - Place Based Specialist Mental Health services

Section 4 - Learning Disability services

Section 5 - Starting Well 0-19, SALT, paediatric continence services

Section 6 - Community CAMHS

Section 7 – Neighbourhood Care Community Teams

The inpatient review provides an in-depth oversight to determine that there is effective workforce planning employed to maintain ward establishments to achieve the delivery of safe care. There are established mechanisms in place to deploy staff effectively. Clear processes are in place for staff to escalate staffing concerns and for remedial action to be taken to unplanned workforce challenges.

The organisation has continued to invest in advancing its staffing matrix through role redesign, enhancing clinical roles to improve skill mix and broaden clinical capability through multi-disciplinary working.

**Recommendation – what action/ recommendation is needed, what needs to happen and by when?**

The Board of Directors is recommended to **approve** the recommendations and approach to future work streams as set out in appendix 1: “Six Monthly Safer Staffing Review”

**Who has approved this report for receipt at the above meeting?**

Gary Flockhart, Director of Nursing, Therapies and Patient Partnership

**Contributing authors:**

Hayley McGowan, Vic Peach, Angela Egan, Sally Sanderson, Charlie Ingram, Anne Casey, Val Sturgess, Paula O’Toole, Sarah Peers,

**Distribution to other people/ groups/ meetings:**

Version	Name/ group/ meeting	Date issued
1	Operational Committee	15.01.2020

**Appendices provided for reference and to give supporting/ contextual information:**

Appendix No.	Appendix title
1	Safer staffing – six monthly report



## **Six Monthly Safer Staffing Report**

**Period of review: May 2019 – October 2019**

### **Introduction**

This report details the six month overview of safer staffing for Cheshire and Wirral Partnership NHS Foundation Trust (thereafter referred to as the Trust) for the period May 2019 to October 2019 (inclusive). This is in addition to monthly fill rates reported to the Trust Board. The aim is to provide an overarching review across the six month period to include workforce planning, deployment of staff, skill mix and workforce challenges. Collectively evidencing the Trust's capacity and capability to provide high quality care<sup>1</sup> via safer staffing.

The guidance for safer staffing is determined by the National Quality Board (NQB). The NQB standards require trusts to provide assurance that organisational practices, skills development and evidence based tools are in place. Primarily this is to assure the delivery of quality clinical care to patients across the range of specialisms in the Trust, including in-patient, community and specialist services. Specifics that are requested to be considered include:

- Evidence-based tools employed to inform nursing and care staff requirements.
- Fostering a professional and responsive culture where staff feel able to raise concerns.
- Employing a multi-professional approach when setting nursing, midwifery and care staff, staffing establishments.
- Providing sufficient time for care staff to fulfil responsibilities beyond direct care delivery.
- Communicating the daily staffing provision per shift.
- Securing staff in line with the workforce requirements.

The information included in this report is derived through various means including data analysis (for example fill rates), temporary staffing and agency use. Additionally, qualitative views and project updates are considered. Specific project updates for each service area are detailed in the subsequent sections below.

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<sup>1</sup> The National Quality Board (2013) How to ensure the right people, with the right skills, are in the right place at the right time A guide to nursing, midwifery and care staffing capacity and capability  
<https://www.england.nhs.uk/wp-content/uploads/2013/11/nqb-how-to-guid.pdf>

**Recommendations:**

The Trust Board are asked to receive assurance that the NQB safer staffing standards are being met and to approve the recommendations contained within each section of the report.

**Process:**

The Trust contract requires that information is presented bi-annually to ensure that there is “sufficient appropriately registered, qualified and experienced staff to enable the services to be provided in all respects”. The achievement of this is continuous across the year through various work streams, task and finish groups, data accumulation and analysis.

The information accumulated for the inpatient six monthly safer staffing review (section 1) has been expansive and evidences the depth of the Trust’s investment in its approach to safer staffing. To assist the discursive aspects of this section of the report the key headings of; Effective Workforce Planning, Deploying Staff Effectively, Redesigning Roles & Skill Mix and Responding to Unplanned Workforce Challenges are adopted. These are the headings detailed by NHS Improvement in their *Developing Workforce Safeguards, Supporting providers to deliver high quality care through safe and effective staffing* (NQB, 2018) <sup>2</sup> report.

The safer staffing review has continued to extend and includes approaches underway in relation to safer staffing in the following areas:

Section 1 - Inpatient services

Section 2 - Improving Access to Psychological Therapies (IAPT) services

Section 3 - Place Based Specialist Mental Health services

Section 4 - Learning Disability services

Section 5 - Starting Well 0-19, SALT, paediatric continence services

Section 6 - Community CAMHS

Section 7 – Neighbourhood Care Community Teams

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<sup>2</sup> NHS Improvement (January 2018) Developing Workforce Safeguards Supporting providers to deliver high quality care through safe and effective staffing

[https://improvement.nhs.uk/documents/3320/Developing\\_workforce\\_safeguards.pdf](https://improvement.nhs.uk/documents/3320/Developing_workforce_safeguards.pdf)

## **Section 1 – Inpatient Services**

### **Contents**

#### **1. Effective Workforce Planning**

- 1.1 New Models of Care
- 1.2 Recruitment
- 1.3 Training and Supervision

#### **2. Deploying Staff Effectively**

- 2.1.1 Hours Per Patient Per Day

#### **3. Redesigning Role and Skill Mix**

#### **4. Responding to Unplanned Workforce Challenges – Openness and Transparency**

#### **5. Conclusion**

##### **1. Effective Workforce Planning**

Inpatient services roster staff utilising the Healthroster system, anticipating nursing staff requirements per shift, per week and monthly as required.

The planned rostering facility offered within Healthroster permits nursing skill mix to be taken into account to enable the early identification of staffing deficits and also facilitates contingency planning. The ward establishments provide capacity to allow staff time to fulfil planned activities such as training requirements and planned leave. Staff may submit requests in relation to their allocated shifts to accommodate their individual needs and personal circumstances. Flexibility within rostering and determining the planned establishment per shift remains the responsibility of the ward manager which enables staff wellbeing needs to be met alongside the provision of safe and responsive staffing.

Six Month Aggregate Fill Rate by Bed Based Area (May-October 2019):

Table 1: Specialist Mental Health  
Bed Based Wirral & Psychiatric Intensive Care Unit (PICU)

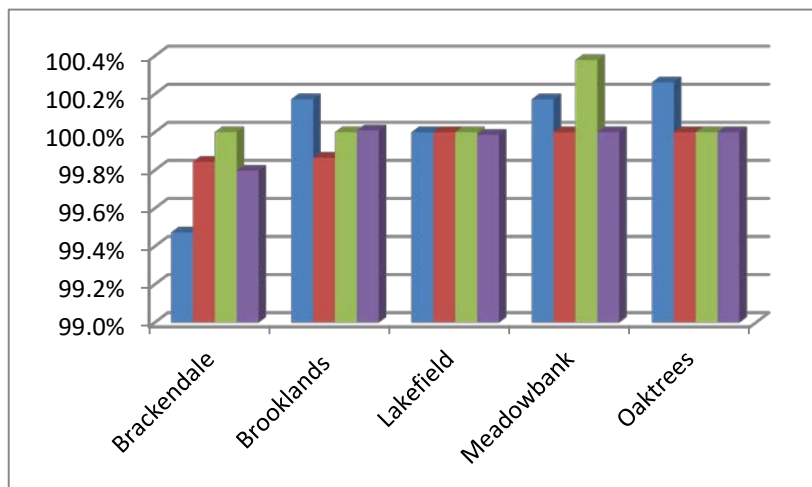


Table 2: Specialist Mental Health  
Forensic, Rehab, Complex Recovery Assessment and Consultation Service (CRAC)

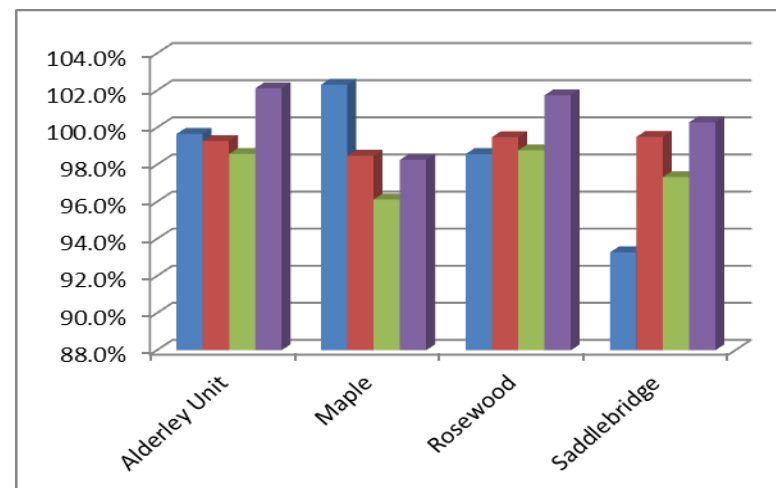


Table 3: Specialist Mental Health – Bed Based West & East

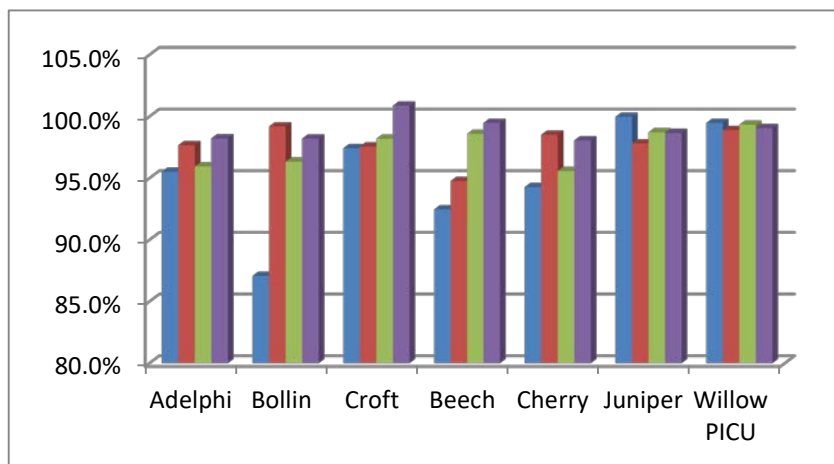
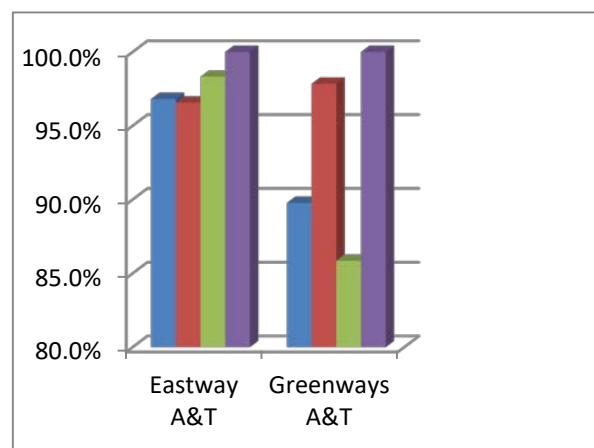


Table 4: Learning Disabilities and Neuro Developmental Disorders



- Average Fill Rate Rate (%) Registered Nursing Staff Day
- Average Fill Rate Rate (%) Registered Nursing Staff Night
- Average Fill Rate Rate (%) Non Registered Nursing Staff Day
- Average Fill Rate Rate (%) Non Registered Nursing Staff Night

Overall the wards have managed to sustain sufficient fill rates to maintain safer staffing levels over the reporting period through a flexible approach to utilising staffing across localities in order to provide cover in response to fluctuating clinical needs. Fill rates include all registered and unregistered nursing staff who undertake full standard shifts but do not include staff from the wider multi-disciplinary teams who support the inpatient environments and are able to work into the staffing numbers as required.

The previous six monthly report highlighted particular difficulties on Bollin which, whilst improved over this reporting period, continue to present some challenges in relation to maintaining safe staffing levels on the ward as show in Table 3. The measures that were adopted in relation to these difficulties have continued to be implemented over this reporting period, which include:

- Staffing levels were monitored closely at the twice weekly staffing meetings and reviewed by the Head of Clinical Services and the Modern Matron.
- Occupational therapists worked as part of the multidisciplinary team supporting observations and section 17 leave (this is not captured as part of the return).
- The ward manager was included in the numbers to support the team as required.
- Temporary band 5 posts being recruited into.
- Modern Matron working closely with the ward.

There has also been a reduction in beds on Adelphi and Bollin to support the service redesign going forward into the next six months.

Within Learning Disability services Greenways has also encountered some staffing challenges during this reporting period as shown in Table 4. There was a reduction in band 6 leadership capacity during the this period due to a promotion to the Acting Manager's role and long term sickness. The band 5 nurses were supported during this period by the Acting Manager in addition to the Acting Matron having an increased presence on the unit.

During the period of September and October 2019 the unit was awaiting the start of a newly recruited Occupational Therapist (OT) and OT Technical Instructor and the Advanced Practitioners were both off sick. However, this did not impact on patient activities as the Acting Manager put a plan in place for staff to lead on this. The undergraduate working alongside the psychologist was also able to support the facilitation of activities.

There was an increase in band 5 sickness on the unit during the reporting period but there were no emerging themes. All staff have now returned to work.

CAMHS:

Table 5 Coral and Indigo Sept-Oct 2019

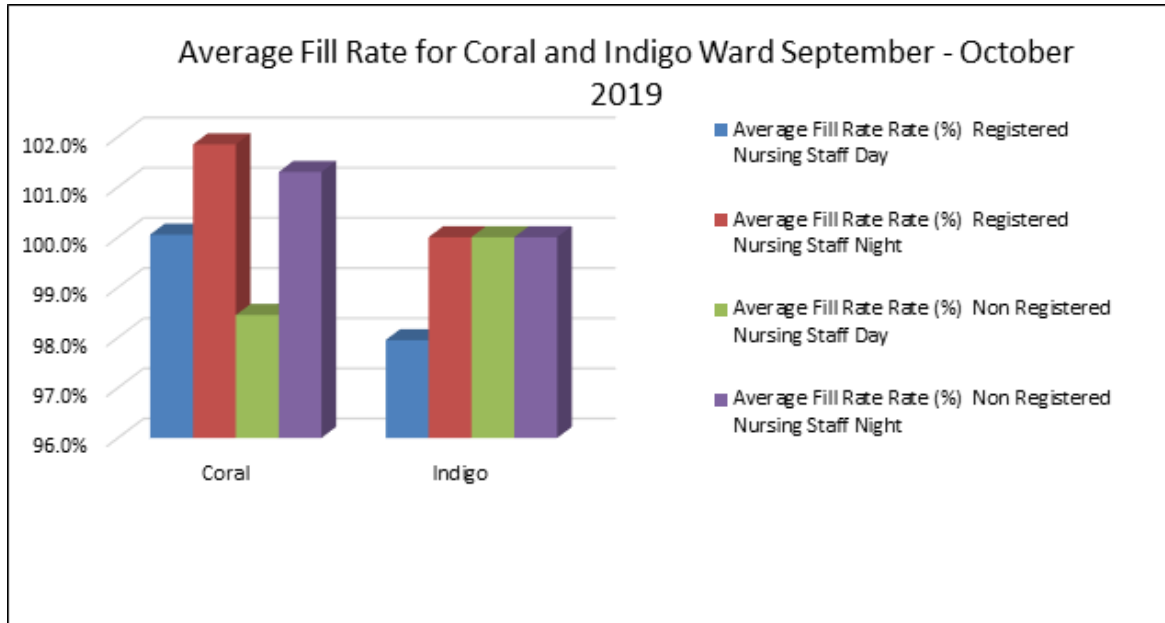
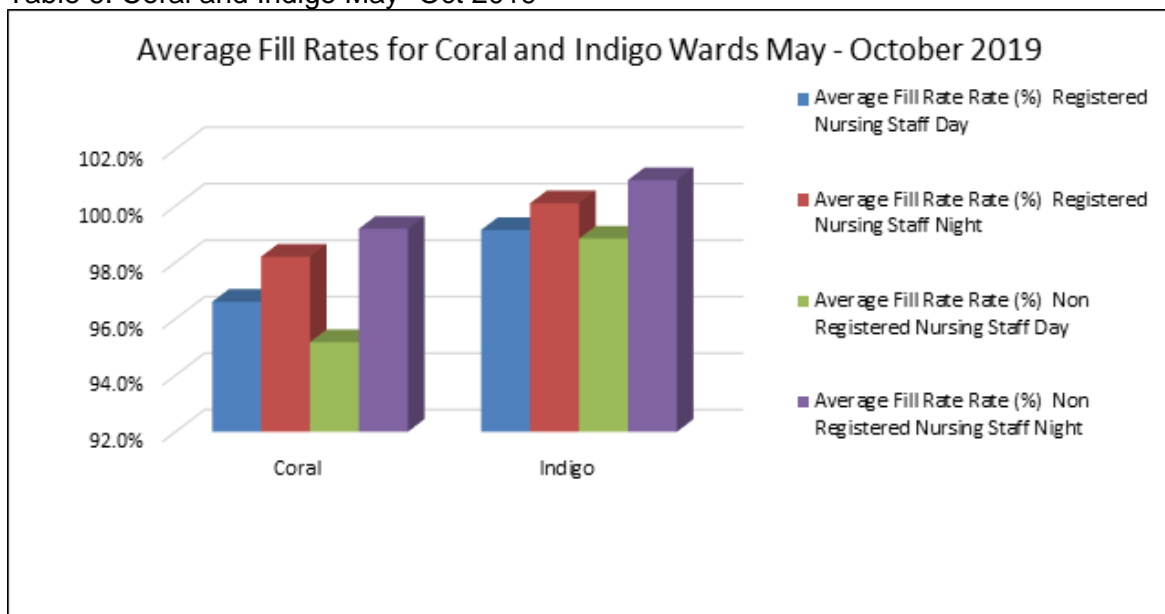


Table 6: Coral and Indigo May- Oct 2019



In November 2019 the Trust Board was advised that there was a requirement to undertake further data cleansing in relation to the fill rate data that was collated for Coral and Indigo Wards therefore the monthly fill rate data for these areas for September and October 2019 has not previously been shared within the monthly safer staffing reports. This data cleansing exercise has now been completed and the administrative processes on the wards have been reviewed in order to ensure that safer staffing information is recorded accurately and

consistently. The fill rate information for September and October 2019 is outlined above (Table 5) and is reflected in the average fill rates for the reporting period (Table 6). Both wards were able to maintain safe and effective fill rates during the reporting period.

Tier 4 CAMHS has expanded its in-patient provision during this period, increasing to 30 beds in April 2019. The additional beds at Ancora House saw an increase in the staffing establishment to meet the expected care needs and all posts (nursing and allied health professionals) were successfully recruited to. This capability to recruit was seen as exceptionally positive.

### 1.1 New Models of Care

Work is ongoing to develop new models of care to meet the clinical needs of individuals who are admitted to inpatient services, this includes:

Psychological Therapies – Psychology provision varies within the Trust, the acute wards currently have limited dedicated psychology provision however the development of a dedicated acute inpatient psychology post has recently been approved with a view to expanding this provision next year. Rehabilitation, secure services and LD assessment and treatment units have dedicated psychology provision as part of their MDT who are able to support the wider inpatient safer staffing requirements as and when needed.

Personality Disorder Hub - A proposal for developing a rehabilitation community team is being reviewed. The focus of the team will be to work with people who have a mental health diagnosis who have complex needs. The aim of the team will be to work intensively to support people within their own communities and the team will offer wrap around care based on individualised needs. The team will support people with a variety of diagnosis and will be provided based on needs as opposed to diagnosis. It is anticipated that improving support for individuals with complex needs within the community will reduce the requirement for these individuals to access inpatient services

Allied Health Professionals - the Allied Health Professional (AHP) work stream is being progressed alongside the physical health programme of work, which is reviewing the skill mix required to treat the physical health needs of individuals admitted to inpatient services .

## 1.2 Recruitment

There are challenges in recruitment of registered nurses nationally; this is an area of priority for the Trust. A rolling quarterly programme of recruitment targets inpatient Band 5 nurses and Band 3 Clinical Support Workers with agreement to recruit in advance of need.

Understanding the turnover rate has enabled the determination of recruitment in advance of need and has helped reduce the impact of any recruitment attrition thus not resulting in longer term vacancy rates. During this period we have conducted 6 nurse events and 3 support worker events across the Trust. Ward Managers' and Modern Matrons report that this has been successful primarily in knowing that there are identified new starters due to commence at a specific time.

The recruitment programme has also targeted pre-registration nurses who qualified in Sept 2019 and some who are due to qualify in March 2020. The employment of newly registered nurses requires that there are sufficient numbers of preceptors to provide and support effective learning opportunities. Facilitating learning opportunities to enable experienced registered nurses to gain sign off preceptor status is a priority for Ward Managers and Clinical Leads.

The table below indicates the establishments, vacancies and numbers in recruitment as at October 2019. The time to hire from vacancy advertised to contract letter as at October 2019 was 49.3 working days and the average time to hire during this reporting period for the same criteria was 50.8 working days (compared with 49.8 during the last reporting period).

Trust Wards	WTE [budgeted establishment] as at Oct 19	WTE [Staff in post] as at Oct 19	Staffing differential	% of vacancies against establishment	WTE in recruitment as at Oct 19 (from out to advert to start date booked)
Registered Nurses	305.06	287.41	-17.65	-5.79%	21
Clinical Support Workers	309.45	299.86	-9.59	-3.10%	20.11



### 1.3 Training and Supervision

Training and supervision is a mandatory requirement for all Trust staff. Supervision has been reviewed, resulting in changes to supervision requirements. All clinical practitioners are required to complete clinical supervision as a minimum once within every twelve weeks and management supervision once within every twelve weeks. The clinical supervision review was co-designed with ward manager input. The staff are able to view their own compliance via the “My ESR” app – this has been positive as some staff are actively asking for supervision to meet their compliance.

Mandatory training requirements have been reviewed with the decision to introduce a “one stop shop”. This is expected to provide a greater efficiency to respond to clinical needs by enabling more robust planning, combined with a reduction of episodic sessions and travel demands. Having the ability to plan in advance for a full days training will result in staff being released for their mandatory training without the need for last minute cancellations as has been recognised for this six month period.

## **2. Deploying Staff Effectively**

Although the Resource Managers are responsible for the production of the rosters for the wards, the Ward Managers have the overall accountability for the approval of the rosters. There are differences across the Trust in support from wider multidisciplinary teams.

The Resource Managers in West and East attend the regular staffing meetings within the localities, alongside Ward Managers, Modern Matrons and Head of Clinical Services to respond to safer staffing numbers across the wards. In addition, there is the escalation process through the bleep holders and also the on-call management system.

Wirral have a one Hub Manager who supports all of the wards. The Hub Manager attends the leadership meeting, addressing any admin concerns and chairs the Wednesday staffing meeting, identifying gaps in the roster. This has resulted in improved oversight of rostering, absence management and recruitment by the Ward Manager and the Clinical Leads.

### 2.1 Care Hours Per Patient Per Day (CHPPD):

Care hours per patient per day (CHPPD) considers the distribution of staff to patient ratio with attention to the time allocated to direct patient care. The data submission includes temporary and permanent nursing staff and Occupational Therapy staff, Nursing Associates and Trainee Nursing Associates.

The average CHPPD is calculated using information extracted at 23.59 hours each night against the number of inpatients on the ward at that time. It is difficult to make comparison between wards and determining what the data entails as numbers do not reflect the nature of the care need per patient. The distribution has not allowed for ward specialisms and individual care complexities. CHPPD on its own does not provide qualitative overview of the effectiveness or safety of care thereby contributing as part of the overall safer staffing process. Greater understanding is required to determine how the data from CHPPD can be used to inform workforce planning.

### **3. Redesigning Roles and Skill Mix**

Tier 4 CAMHS and Learning Disability Assessment and Treatment units now have dedicated Modern Matrons, with the appropriate skill set to support these services. These roles work collaboratively with the other Modern Matrons within the Trust.

The redesign in the East locality has provided opportunities for staff development. This will support succession planning for these services within the future.

East continues to have a pharmacy technician role on Croft Ward which has freed up the Registered Nurse time to spend with patients. A report has been completed by the Acting Senior Pharmacy Technician and submitted to the Head of Operations to consider the sustainability and growth of this role.

### **4. Responding to Unplanned Workforce Challenges – Openness and Transparency**

At times there are challenges across the Trust to maintain safer staffing in relation to qualified nursing provision. Each locality continues to undertake their own staffing meetings which monitor staffing requirements and take action to ensure sufficient staffing capacity is available in response to changing needs. In addition to these meetings staff are able to escalate short term deficits to the bleep holders and senior managers who are able coordinate reallocation of resources.

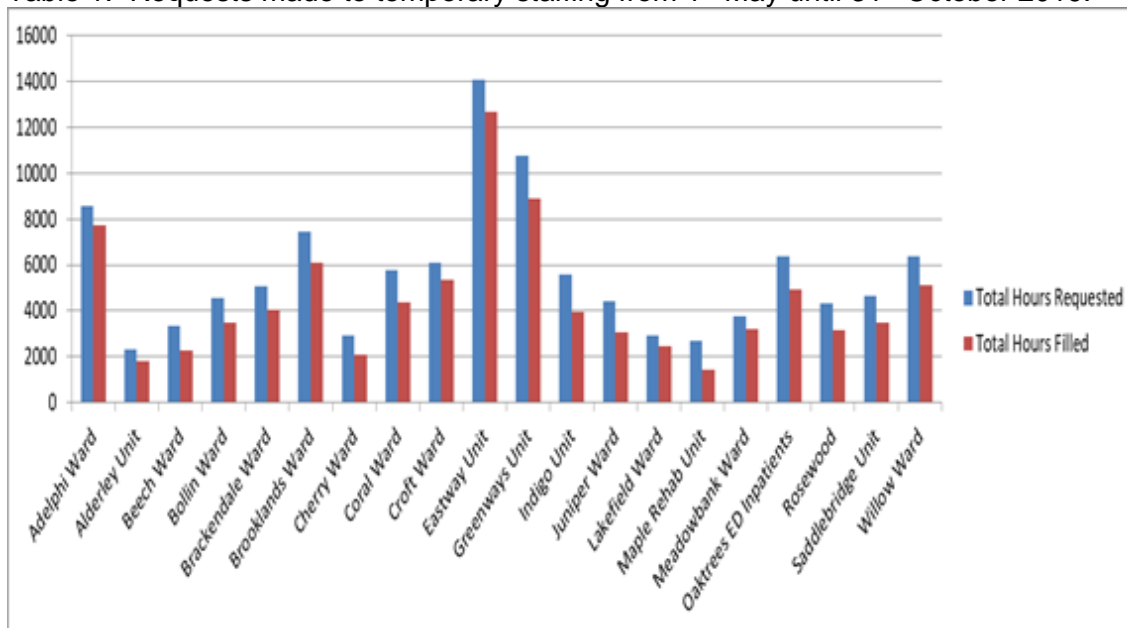
Within the East locality the ongoing redesign of Adult Mental Health inpatient provision has resulted in some staffing pressures. These have been mitigated by delaying the transfer of some existing ward staff to their new positions within the community based services in order to ensure safer staffing requirements on the wards could be supported.

The complexity of some of the admissions to the inpatient areas has periodically required an increase in clinical observations and a corresponding increase in staffing to undertake these interventions.

The unplanned deficits within inpatient services have been as a result of short term sickness absence and periods of increased clinical acuity.

The table below shows the requests made to temporary staffing during the reporting period to meet safer staffing requirements due to both unplanned absences and increased clinical needs of patients. The highest number of requests was from the Learning Disability Assessment and Treatment units which, due to their provision of externally commissioned spot purchased beds, rely on short term staffing solutions to support the service model.

Table 1: Requests made to temporary staffing from 1<sup>st</sup> May until 31<sup>st</sup> October 2019.



## 5. Conclusion

This report covers the period from May until October 2019 and demonstrates that staff have been able to effectively respond to fluctuating clinical needs and maintain safe environments by working flexibly and collaboratively. It has highlighted how the teams are able to work together in response to changing clinical requirements.

### Right Staff

Inpatient areas continue to experience staffing pressures as a consequence of unplanned absences and increased clinical demand. There continues to be a proactive management approach to address deficits through taking a multi-disciplinary approach to staffing wards, engaging temporary staff, paying overtime and as a last resort utilisation of agency staff. There were no concerns relating to authorisation to seek additional staff to provide safe care however the availability of temporary staff continues to be a challenge. There was effective cross locality management of staffing to safeguard safe staffing levels. There has been ongoing recruitment into vacancies particularly registered nurse posts, this is not unique to the Trust as this forms part of national nursing pressures. The approach to recruitment in advance of need is a proactive response to maintaining safer staffing.

There remains a commitment to attain the right staff and the recruitment of student nurses continues to be a proven successful initiative for mental health services but remains a challenge for learning disability services. Additionally the development of new roles and the incorporation of a broader skill mix continues to evolve. What is evident from a safer staffing perspective is that the delivery of effective care is not only about the numbers of staff, but also the skill mix of the ward teams and the value of a Multidisciplinary Team approach in the context of changing clinical demands and priorities. Having the right staff has been a continuous process and requires ongoing monitoring.

### Right Skills

The Trust continues with its commitment to develop the workforce. Staff have access to a range of development opportunities within their current roles including “acting up” positions and taking on additional responsibilities, which supports succession planning. The Trust is also supporting a number of individuals through the Nursing Associate and Advanced Nurse Practitioner programmes who, once qualified, will broaden the skill mix available across inpatient areas and increase the overall staffing capacity on the wards.

To support timely and effective decision making by the MDT a Clinical Psychologist in learning disability services and Advanced Practitioner in mental health services are undertaking the Approved Clinician training.

### Right Time

As evidenced above the ward teams are committed to ensuring that patients have their needs met by sufficiently skilled staff in a timely manner. The ongoing collaborative planning

and monitoring undertaken by the management teams across services enables safer staffing requirements to be continually adhered to using a flexible approach.

### **Recommendations**

- Scope succession and progression planning for the short to medium term for all staff groups to support maintenance of sustainable safe staffing levels and effective retention.
- Review the impact and effectiveness of the band 5 Pharmacy Technician Role at Croft to inform the future provision of this role and the potential to replicate this in other service areas.
- Following agreement of contract negotiations for existing spot purchased beds, develop a proposal to increase the substantive staffing establishments for Learning Disability Assessment and Treatment services.

## Section 2 - Improving Access to Psychological Therapies (IAPT)

The Improving Access to Psychological Therapies (IAPT) programme supports the NHS in implementing National Institute for Health and Clinical Excellence (NICE) guidelines for people with depression and anxiety disorders.

NHS England recommend services employ IAPT trained staff or train their existing staff in the recognised therapy modalities to expand capacity and where services are employing non-IAPT trained staff those staff should be accredited, by the recognised body (i.e. British Association for Counselling and Psychotherapy for CBT therapists) for the modality of therapy they are offering.

The IAPT model is that steps 1 and 2 are provided by low intensity therapy workers trained in cognitive behavioural approaches for people with mild to moderate anxiety and depression. Moving up the stepped approach to level 3, provided by IAPT high intensity therapists trained in Cognitive Behavioural Therapy (CBT).

### Right Staff:

	Trainee PWPs (WTE)	Qualified PWPs (WTE)	Senior PWP (WTE)	Trainee HITs (WTE)	Qualified HITs (WTE)	Qualified Counsellors (WTE)	Assistant PWPs/HCAs (WTE)	Total Staffing (WTE)	Variance from previous reporting period
South Cheshire and Vale Royal	12	5.74	1	2	9.5	5.3	1	36.54	Increase 6 WTE
West Cheshire	9	10.4	1	0	10.9	7.6	1	39.9	Increase 7 WTE
South Sefton, Southport & Formby	7	15.49	2	4	11	5.52	0	38.01	No change

\*PWP-Psychological Wellbeing Practitioner, HIT- High Intensity Therapist

The increase in staffing establishment during this reporting period is linked to the Five Year Forward View investment, which has created additional posts within the service.

NHS England are recommending that the IAPT model reflects a 40% low intensity work force and a 60% high intensity workforce, with the long term conditions modelling reflecting 30%

low intensity and 70% high intensity, as documented in the updated IAPT manual. The West Cheshire, South Cheshire & Vale Royal CCGs have invested in additional trainee IAPT staff this year and collaborative work with the CCG's is underway to align local service provision with the recommended model to meet the expected national targets. This is reflected within the above table.

### **Supervision:**

There are sufficient numbers of supervisors for core Psychological Wellbeing Practitioners (PWPs), counsellors, and High Intensity Therapists (HITs) to meet the NHSE recommendations for IAPT. Within all localities it is identified that there are insufficient supervisors to provide supervision related to Eye Movement Desensitization and Reprocessing Therapy (EMDR). To address this EMDR consultant sessions across the IAPT sites have been purchased to provide the required supervision. An EMDR therapist will receive additional training to achieve accreditation as an EMDR consultant. By October 2020 the EMDR consultant will be able to provide internal supervision and develop a cascade approach to supervision across sites.

Internal supervision is being monitored monthly by the Clinical Leads within the service. Sufficient number of supervisors to include supervision for counselling for depression is available as a result of the current trainees qualifying and accessing the Health Education England (HEE) commissioned supervisor course.

### **Right Skills**

Locality	% of PWP Trainee on IAPT approved training	% of IAPT Qualified PWP	% of HIT Trainee on IAPT approved trainee	% of IAPT Qualified HIT	% of Qualified Counsellors with IAPT approved training or commencing training
South Cheshire & Vale Royal	100%	100%	100%	100%	100%
West Cheshire	100%	100%	100%	100%	100%
South Sefton, Southport	100%	100%	100%	100%	100%

& Formby					
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We are assured by reaching 100% compliance for training in accordance with expected standards for all staff groups. It is not mandated that qualified counsellors have IAPT approved training but it is recognised good practice. This is an area of improvement and we plan to enable our qualified counsellors to access this additional training by the end of the March 2020.

**Right Time / Place:**

The discussions of individual clinical cases during supervision are prioritised according to clients' needs and a pre-determined schedule. All cases are reviewed within a 2- 4 week period of time with supervision being available for individual clinical cases weekly as required.

High intensity activity is currently higher than the national model for step 3 across the IAPT services. Every service offers a stepped care model with all patients initially being offered a step 2 intervention. This enables staff to meet patient need effectively by identifying those with a greater need to continue onto a high intensity programme and enables capacity to be appropriately managed. To ensure we are offering the correct intervention at the right time therapists continually monitor patients improvement through psychometric measures and patients are stepped up to a higher intensity therapy if they are not recovering as expected. All IAPT services deliver treatment through a range of modalities such as telephone, group therapy or 1-1 therapy which is delivered according to the IAPT guidance. All areas offer web based support which enables the staff resource to be maximised to meet patient need.

**Recommendations:**

- To enable qualified counsellors without IAPT approved training to access courses by March 2020.
- To monitor the provision of internal supervision for Counselling for Depression.
- To develop an internal cascade approach to supervision by October 2020 following successful training and accreditation of the EMDR therapist to consultant status.



## **Section 3 - Place Based Specialist Mental Health Services**

### Overview

This report provides an overview of safer staffing within place based services that fall within the Specialist Mental Health Care Group. It details the current position together with the steps currently being undertaken to ensure that services and the workforce are positioned to respond to the safer staffing agenda by ensuring the right staff, the right skills and the right place.

### Background

One of the Trust's key priorities is the transformation of mental health services driven by the redesign of inpatient services in Central and Eastern Cheshire and in the recently published Community Mental Health Framework<sup>3</sup>.

Within the context of an aging workforce and increasing difficulties in the recruitment to key roles it is imperative that these work programmes take an innovative approach to the development of new roles for both registered and unregistered staff that use the assets and skills of the local community to integrate care delivery. Given the significant changes required to traditional roles and ways of working to deliver against these work streams, support will be required with organisational development, as well as a focus on the education and training requirements of staff in order to ensure a skilled and motivated workforce across the organisation.

In order to support the transformation of community mental health services a greater emphasis is being placed upon ensuring that the workforce and skill base within services reflect the needs of the population at both a local (Primary Care Network) and regional level and that these services work in partnership with other agencies to address the wider determinants of health. Work is currently being done within Localities at a Primary Care Network level to both understand the needs of local populations and to develop integrated approaches to meeting these needs. An example of this is the new approach to Dementia support in Knutsford. This approach has aligned practitioners with specialist skills in mental health services with GP/Primary Care services which has supported the identification and reduction of duplication and wasted resources. The resultant efficiencies from this integration

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<sup>3</sup> NHS England and NHS Improvement and the National Collaborating Central for Mental Health (2019) The Community Mental Health Framework for Adults and Older People <https://www.england.nhs.uk/wp-content/uploads/2019/09/community-mental-health-framework-for-adults-and-older-adults.pdf>

has enabled the development of new ways of working to further improve and streamline service delivery, for example, working within the Nursing Home MDTs.

## **Right Skills**

The place based Specialist Mental Health workforce is starting to routinely develop and utilise advanced skills and roles within clinical practice. Particular examples include the development of Non-Medical Prescribers, Advanced Practitioner roles and the new Nursing Associate role. Historically, there has been limited consistency across the care group in relation to the development of these roles – particularly the Advanced Practitioner, and how the utilisation of these advanced skills are optimised. Following the work previously undertaken to identify the skills required to undertake interventions at varying levels of complexity, the development of new standardised Job Descriptions that clearly identify the roles and skills required is now creating greater consistency with the introduction and deployment of advanced roles across the Care Group.

The increased reliance of technology in everyday working practice as well as digital treatment approaches requires the development of IT skills across the entire workforce. New devices are currently being rolled out to teams to support increased mobility and associated protocols and training programmes are being developed which will support these new ways of working to be embedded in order to realise the benefits of mobile working through releasing staff time to engage in clinical activities.. Efficiencies accrued to date as a result of reduced time spent logging into systems and travel brought about by the introduction of new equipment are being collated at a Trust level, however further work is required to introduce new ways of working with technology and maximise the benefits from both a systems, training and cultural perspective.

Attention is starting to move towards the development of psychological skills within the workforce with a specific emphasis on those evidence based interventions for people with a severe mental illness: Psychosis, Bipolar Disorder and Personality Disorder. Initial scoping has been undertaken across community mental health services with regard to current capacity for NICE compliant therapies to be delivered compared to the level of demand and this information has been submitted to NHS England to determine the future training requirements for specific psychological interventions. To support this, the Care Group has recently invested in training approximately 70 people in Structured Clinical Management and is currently developing a strategy for its implementation and use as part of a wider strategy for the implementation of psychological interventions.

## Right Staff

The identification of the skill requirements for effective service provision has enabled an innovative approach to the development of a multi-disciplinary team enabling a much broader range of professional backgrounds to be involved in service delivery, including pharmacy. This approach has also provided an increased resilience with regard to some of the roles that are becoming increasingly difficult to recruit to. Over the past year there have been pressures across the medical work force for both adult and older peoples' community mental health services and whilst these gaps have now been filled, there remain a number of posts filled by Locums resulting in financial pressures on teams as well as a continued level of uncertainty regarding the permanence of these posts. In addition, ability to cover other posts including administrators, support workers and nurses on a temporary basis from both bank and agency, is challenging and the additional restrictions placed on the use of agency administration staff has posed additional pressures.

The Community Mental Health Framework makes significant reference to the use of Peer Support within services. Work is currently being undertaken to understand models of delivery and the value this brings to inform future procurement.

Progress is being made towards addressing the clinical gaps within the Care Group to ensure that there is a robust approach to identifying and supporting the physical health needs of service users through utilisation of new role . Examples where this is in place or is planned within CMHTs include:

- The introduction of clinical pharmacists with non-medical prescribing qualifications to support the difficulties in recruiting to the medical workforce ensuring timely access to medication support and advice.
- Recruitment of Nursing Associates to Health Facilitation roles that will work closely with Primary Care Networks to ensure that the monitoring of cardio-metabolic and physical health needs is undertaken whilst building relationships and links with broader Primary Care services to ensure that identified needs are addressed.

## **Right Time**

Proposals for the development of Community Mental Health services reiterate the need for greater integration both within and across services and for earlier intervention. Whilst the Care Group has already piloted more integrated ways of working, for example the Mental Health First approaches in Central Cheshire and Wirral, the framework for Community Mental Health Services would see this work being accelerated alongside the increased availability of peer/ recovery mentors.

## **Recommendations**

- Continue to work with Primary Care Networks to understand the needs of local populations and to develop integrated approaches to meeting these needs
- Develop and implement strategy for the utilisation of psychological interventions across the service.
- Review and develop the role of Peer Support workers across the service in line with the national framework
- Work with the Temporary Staffing team to explore ways of addressing challenges with availability of sufficient temporary staff from a range of staff groups to meet demand.

## Section 4 - Learning Disability Services

### Overview/Background

There are opportunities and challenges facing Learning Disability (LD) services as the transforming care programme continues. We aim to ensure the same opportunities for people with a Learning Disability to live in the community with the most appropriate care and support to meet their individual needs. It is well evidenced nationally that individuals with a Learning Disability who are admitted to hospital can experience significantly protracted lengths of stay and institutionalisation.

Redressing this through the transforming care programme includes repatriating those individuals who are in hospital placements back into the community and also identifying those at risk of admission to consider if admission is in their best interest. Established mechanisms are in place through staff knowledge and training to identify those at risk via completion of Care and Treatment Reviews (CTRs). Having a community staff team that can dynamically assess risk and provide intervention means that those patients who can remain in the community are getting timely intervention and it is only those with specific care needs that cannot be met within a community setting who require admission. Strong coordination, assessment and planning skills are essential to ensure that all aspects of care are navigated alongside individuals who access services, their families and carers.

In order to meet bespoke care needs there is a need for a skilled workforce with the relevant core proficiencies who can adjust and respond to the identified needs of individuals. A staff skill base with enhanced knowledge around physical health and mental health is required given the increased co-morbidities experienced by individuals with a Learning Disability and to reduce health inequalities (Learning Disability Mortality Review<sup>4</sup>).

From a Trust perspective, future planning around the capabilities of individual staff and also the combination of skill mix, including Nursing, Medical and Allied Health Professionals (AHPs) has commenced. This is not just exclusive to health but also considers aligned roles such as transformation workers and social workers to identify individual care needs and align health and social care needs.

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<sup>4</sup> University of Bristol (2018) Learning Disabilities Mortality Review <http://www.bristol.ac.uk/sps/leder/>

## Current Position

In the last 12 months the Learning Disability, Neurodevelopmental and Acquired Brain Injury Care Group (LD, NDD and ABI) has continued with a trust wide approach to delivering on transforming care. The Care Group is aligned fully with Learning Disability inpatient services with shared management and governance procedures.

We have four Adult Community Learning Disability Health teams (CLDTs) across CWP (Wirral, West and Vale, South and East, and Trafford). Three of these teams are co-located with Social Services and the remaining team is aiming for integration. There is currently no timeframe for integration however co-location continues to provide benefits allowing practitioners to quickly access colleagues in social care and discuss complex issues. As local commissioning arrangements become more integrated closer working arrangements will become possible.

## Right Staff

Each Community team has a Multi-disciplinary structure. This includes Psychiatry, Administrators, Community Learning Disability Nursing, Nurse Specialists including Health Facilitators, Clinical Support Workers, Associate Practitioners, Specialist Physiotherapists, Specialist Occupational Therapists, Specialist Speech and Language Therapist<sup>5</sup>, Clinical Psychologists.

These teams are supplemented / enhanced with trust wide leadership roles; Strategic Clinical Director, Specialist Clinical Director, Head of Clinical Services, Head of Operations, Consultant Occupational Therapist, and Patient and Carer Engagement practitioner.

As identified in the previous report we continue with the NHSi Transition Collaborative to further develop the Transition and Autism coordinator roles. Using Quality Improvement methodology specific CWP standards will be identified for transitions between CAMHS Learning Disability teams and Adult CLDT and inform future role development as and when opportunities for this arise.

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<sup>5</sup> CWP do not directly employ SLT within Wirral CLDT and this has been highlighted with commissioners as a risk given the provision is insufficient / lacking which can impact on the CWP Wirral CLDT.

## Right Skills

The LD, NDD and ABI Care Group workforce plan is a dynamic document that articulates current and future need to support planning. In order to continue to develop the workforce and respond to the challenges we have invested in the following development opportunities over the past 12 months:

- Trainee Advanced Practitioner (Speech and Language Therapy) – in training
- Trainee Advanced Practitioner (Nursing) – in training
- Trainee Advanced Practitioner (Physiotherapy) – in training
- Trainee Nurse Associates
- Quality Improvement (QI) Skills – a tiered approach for all staff to engage in QI

Each discipline now has a clinical lead at AP level or consultant in order to shape our workforce and provide clinical guidance as needed

The plans for developing the skill mix across the care group over the next 12 months include the following:

- Recruitment of a Consultant Nurse (in training)
- Increased availability of Specialist Learning Disability Practitioners (multiple disciplines - available through temporary staffing) through a recruitment drive planned for Early 2020 as part of the overarching workforce plan.
- Nurse Associates commencing in post
- Advanced Practitioners commencing in post

This is not an exhaustive list. Continuing professional development is a requirement for all practitioners. Our aim is to ensure that all development is consistent with professional need and supports the vision and aims of the Care Group.

The Centre for Autism, Neurodevelopmental Disorder and Intellectual Disability (CANDDID) is an academic centre that, alongside developing the body of knowledge relevant to the Care group, will also develop access to training for our workforce and the wider community workforce, which will have a positive impact on the effectiveness of supporting discharges from hospital and building community resilience.

CANDDID has matured in the last 12 months (<http://canddid.nhs.uk>). An internal governance framework has been developed to support the four work streams; Conference, Research, Education and Training. We are working in collaboration with multiple Universities to initiate and contribute to critical research, and develop academic modules that support the workforce.

### Right Time

Delivering safer staffing also requires the ability to provide a timely response to the presenting needs of the individuals we support. Transforming Care has resulted in teams needing to review their skills to reflect the changing needs of our population.

CANDDID is supporting and promoting the Trust as a dynamic employment opportunity for staff, alongside being responsive to the research and training gaps that are needed to develop the workforce. The recruitment of practitioners to support research has enabled this.

We have recognised that where there are disciplines within teams that have small numbers of practitioners and where recruitment is an identified risk, considering this across a wider footprint increases options for maintaining patient safety. This work continues with a workforce plan providing the framework for delivery. Further to this a recruitment event is planned in January 2020 for qualified practitioners from all disciplines to enhance opportunities to provide a flexible workforce and attract new practitioners to CWP.

Where we have experienced shortages as a result of recruitment challenges or long term absence we will; use care group resource to support, prioritise clinical caseloads, provide MDT review (considering care pathway) and also consider need to provide supplementary resource via agency.

Recognising that LD nursing is experiencing a shortage of nurses the Care Group has and will continue to engage with recruitment campaigns including recruitment in advance of need to support addressing this.

### Recommendations

- Continued use of dynamic strategic planning through workforce planning document. This broad plan to now focus on specific areas to develop capacity and capability of



the workforce and identify and strengthen core skills and competencies that are generic to the whole of the MDT.

- A continued investment in the CANDDID approach including;
  - continued recruitment of research assistants to support the existing clinical leadership.
  - The development of CWP practitioners to contribute to research and training.
- Enhance physical health skill base and support system wide understanding and recognition of comorbidities (response to Learning Disabilities Mortality Review Programme) through;
  - Development of physical health screening tool (Physical Health DST).
  - Involving practitioners in development of Physical Health DST.
  - Development of training packages to support wider system change.
  - Aligning Advanced Practitioners within existing care pathways
- Recruitment event to be held in January 2020 focussing on qualified specialist Learning Disability practitioners
- Continued escalation regarding potential / actual risks within the workforce through the care group risk register, outlining measures undertaken to address and mitigate.

## **Section 5 Starting Well 0-19, SALT, paediatric continence**

### **Overview and Background**

Starting Well services include the Starting Well 0-19 service, Speech and Language Therapy service and Paediatric Continence.

Starting Well 0-19 commenced in January 2018 following the re-procurement of 0-19 public health services for children as an integrated model with the Children's Centre core offer and early years education provision. Following the award of the contract to CWP in May 2017 the mobilisation of the new service model commenced. This included the TUPE of staff from East Cheshire Trust and Cheshire West and Chester and a management of change process involving 160 staff to implement the new service model. All staff had new job descriptions and were part of 8 integrated teams in the 3 Cheshire West and Chester Districts of Ellesmere Port and Neston, Chester and rural, Northwich and Winsford.

The integrated service provision included delivery of the following specifications:

- Health Visiting 0-5
- Health and Well-being 5-19
- Family Nurse Partnership (FNP)
- Children's Centre Core offer
- Immunisation and Vaccination (commissioned separately by NHS England )

The staffing structure for the new service was informed by requirements of the above specification, TUPE list information provided as part of the bid process and financial envelope for the whole service.

The staff roles within the new integrated service included some service wide roles as well as those making up the teams in each of the districts. Service wide roles included:

- Transformation and Innovation Lead
- Workforce Development and Family Nurse Practitioner Lead
- Participation and Engagement Worker
- Immunisation and Vaccination Lead
- Starting Well Health Visitor Breastfeeding Lead
- Project Assistant for Imms and Vacs
- Starting Well on-line advisor
- Starting Well integrated access and referral team health practitioner

- Starting Well FNP Administrative Support

Each of the districts included the following roles:

- District Lead
- Starting Well base lead (Health Visitor or Public Health Nurse)
- Starting Well Family Nurse
- Starting Well Health Visitor
- Starting Well Public Health Nurse
- Starting Well Early Years Workers
- Starting Well Nurses
- Starting Well Nursery Workers
- Starting Well Support Workers
- Starting Well My Wellbeing Advisors
- Starting Well Support Workers

Whole time equivalent for each of the roles was determined by a number of factors for each of the functions including public health data, TUPE information, and expertise within the service to determine best practice. Public health data for the Index of Multiple Deprivation (IMD) – numbers of children living in poverty determined by the top 30% living in poverty was used to inform the Health Visiting capacity in each district which was then aligned to each Children's Centre footprint.

Previously the service had been part of the national 'Call to Action' to increase the number of Health Visitors across England. There were no national plans to protect these increased numbers going forwards and no specific numbers commissioned within the Starting Well specification.

A key element of the bid for the integrated teams was to ensure shared knowledge and skills across the Starting Well workforce whilst maintaining expertise and specialism across health and early years. Each of the 3 District Leads had a background and specialism in either Health Visiting, 5-19 public health or Early Years. This protected the safety of the quality of service provision for each of the core functions.

The Speech and Language Therapy (SALT) service is integrated with Starting Well in relation to the Children's Centre core offer provision for early years speech and language

development. Level 1 continence provision is also part of the service and is supported by the paediatric continence service for more specialist provision.

### **Current Position**

Over the first 2 years of the Starting Well service, a key area of development has been the transformation of the workforce to work in an integrated way and develop partnerships with others to ensure improved outcomes for children and families. It has required staff within the service and the teams to lead on areas of specialty and to ensure a consistency of offer across the whole service area.

Over the 2 years the service model has been reviewed to ensure the right staff with the right skills are working efficiently in the teams. This has included input from Local Authority public health specialists to review the public health data at a Children's Centre population level to ensure areas of highest need have the highest level of resource to support the reduction in health in-equality. Progression has been measured through the performance management framework which includes targets to measure performance in the highest areas of need. Staff feedback and engagement has continued to ensure changes and development is informed by clinical knowledge and local requirements. Over the course of the contract there has been increased performance in many of the key performance indicators. Role development as part of the workforce plans for the service has been central to ensuring safety of service provision and sustainability of both performance and finance.

### **Safer Staffing : Right Staff**

Retention and recruitment of staff has been a challenge over 2018/19 and reduced capacity in the Health Visiting staff by 15% has led to this risk being managed at a Care Group level. Projections to model future staffing profiles has been undertaken based on previous patterns of starters and leavers. A number of actions have been taken to ensure the right staff are recruited and retained:

- **Rolling recruitment**

This was implemented with support from finance and the recruitment team to ensure a co-ordinated and efficient approach to recruitment to avoid the 'stop/start nature of recruitment cycles. This was successful in supporting the level of Health Visitors to reach establishment figures over a period of 12 months.

- **Recruitment in advance of need**

This was implemented through the recruitment day for student nurses from Chester University using the values based recruitment process. This resulted in 3 staff being recruited to the service directly on qualifying. A review of turnover over the last 2 years has determined that this approach to recruitment is low risk and the service has actually not been in a position of over-establishment due to the ongoing turnover of staff.

- **Retention**

The service had a high number of leavers contributing to the reduced capacity across teams. All had exit interviews and reasons for leaving reviewed. Significantly over the last 12 months some staff have returned to CWP and the service is continuing to respond to staff feedback to identify areas of strength that encourage staff to stay or return to the service. For example, feedback from staff has resulted in provision of additional administrative capacity to preserve the specialist functions of Health Visitors and Public Health Nurses.

- **Use of Temporary Staff - Immunisation and Vaccination team**

The immunisation programme for the service has increased significantly over the last 2 years. Within the previous service structure, capacity of the 5-19 provision was considerably impacted as staff were required to deliver immunisations. Over the course of the current contract the temporary staffing team for Starting Well immunisations has increased following a number of staff who have retired from the service returning to work on a part time, as required basis. This has led to a strong temporary staff team with skills and experience that adds value to the service and also supports the financial efficiency of this model of service provision. It has supported the retention of key skills within the service beyond the retirement age for staff and supports staff in planning their retirement knowing that they can remain within the service. The headcount within the temporary staffing team is 15 – all previous permanent staff members, with a high level of commitment to working across all the school based immunisation programmes which continue to expand.

### **Safer Staffing – Right Skills**

- **Workforce Training Programme**

The service has a training programme which was developed as part of the new service model. This has been led by the Workforce Lead/FNP Supervisor within the service. Part of the service model has been to support the development of staff knowledge and skills across

the whole 0-19 function. The service has developed capacity to allow Family Nurses to deliver the high quality FNP training modules on communication, motivational interviewing, teenage brain and bonding and attachment across the whole Starting Well workforce. This has ensured that the service maximises the investment in FNP and that a consistent level of approach is rolled out across the service. Training has been adapted to incorporate bespoke elements pertinent to the Starting Well service – for example, provision of a focus on children with additional needs (SEND). Follow up skills training is being delivered by the Family Nurses within the teams to ensure skills are embedded.

- **Role development**

Within the service, capacity and resilience has been strengthened through skills training for a number of roles within the service. This has included:

- My Wellbeing Advisors trained in growth measurement, brief interventions and Making Every Contact Count (MECC)
- Early Years Workers trained in providing 2 year assessment
- Business Support staff trained in reporting systems
- Team Around the Family (TAF) training for all staff in new model of working
- Support Workers developing skills to deliver flu immunisation programme

Safety has been central to areas of clinical development to ensure clear accountability and that delegation of tasks is within a strong governance framework. This has been led by the Consultant Nurse for the service.

- **Form follows function**

Workforce planning has included a review, with staff, in the development of the Health Visitor, Public Health Nurse and Starting Well Nurse roles.

This has included mapping all the functions, assigning time for each function, scoping the volume and identifying the competency and staff role required to fully quantify the capacity required to ensure sufficiency to deliver each function. This will ensure clarity of role, particularly between Public Health Nurses (band 6) and Starting Well Nurses (band 5). This work is ongoing and is being fully co-produced with relevant staff. This will preserve the specialisms of each role and identify work that can be delegated or undertaken by other roles within the service.

- **Career Progression**

Staff training has included the dual training across both Health Visiting and School Nursing for some staff as a career option. This has supported the flexibility of the workforce as it continues to develop the service across the 0-19 pathway.

### **Safer Staffing - Right Time**

- **Management of Change for Duty System**

In order to ensure the key function of the duty system could be implemented, the service undertook a management of change process involving 90 staff during autumn 2019. This was to ensure staff were available at the right time to deliver the service in line with service need. In addition to this, flexible working requests were submitted by staff and these were considered once all days and hours required by the service were covered.

- **Specialist Roles**

Over the first year of the contract, the service model was embedded and tested. During year 2, specialist roles were identified as being required to provide the leadership for key functions within the service. These have included temporary posts: Specialist Educational Needs and Disabilities (SEND) lead role and TAF practitioner roles and have been funded at this time from underspend caused by vacancy. This has allowed for roles to be tested to identify whether permanent roles are required or whether practice can be sustained following a time limited period of dedicated focus for a specific area. This approach will continue to be modelled going forwards.

- **Senior Leadership Review**

A review of the service leadership has been undertaken which has been informed by Base Leads and District Leads within the service and feedback from staff. At the end of the 2nd year of the 5 year contract it is timely to implement a revised senior leadership structure that will embed over the 3rd year of the contract.

### **Recommendations**

The following recommendations continue to support the safer staffing of the service as it continues to develop and evolve in response to service need that will meet specification requirements, respond to the changing workforce and continue to ensure Starting Well attracts and retains valued staff:

- Leadership re-structure via management of change process, co-produced with staff
- Re-alignment of roles within Public Health Nurses and Starting Well nurses
- Re-alignment of Health Visiting role with Starting Well Nurses
- Development of skills to meet key functions across the workforce
- Development of Safeguarding Specialist Nurse B6 within the structure
- Continue to review sufficiency of roles at each level within the staff structure
- Continue to develop the supervision model to underpin role developments



## **Section 6 –Community Child and Adolescent Mental Health Services (CAMHS)**

### **Overview**

The Children, Young People and Families Care Group developed and implemented a priority project for Community CAMHS models of care across the Trust footprint.

Phase one of the priority project has concluded and a post implementation review has been undertaken and reported to Operational Committee. The purpose of the priority project was to reduce unwarranted variation in delivery of care across Community CAMHS in CWP. To achieve this, we explored efficiency, effectiveness, experience and safety of current service delivery models to enable a common understanding of what provision is commissioned and delivered across Cheshire and Wirral to inform quality improvement.

The project in phase 1 has informed better ways of working with efficient and effective use of funding driven by best practice, learning from experience and service user feedback to increase engagement and performance. It considered the different commissioning intentions and aspirations and sought to ensure, where possible, that there is consistency in the delivery of our core offer to Children, Young People and their Families by reducing unwarranted variation. The project worked within the two specifications agreed for Cheshire CCG's and Wirral to inform; service delivery, outcome measurement and reporting and service development underpinned by participation with Children and Young People and their families.

From the post implementation review of phase 1 the following outcomes and benefits have been achieved:

- The outcomes aligned to the scoping of the current position within community CAMHS and how the services are working have been achieved in full.
- The project has created a number of essential standards for all teams to adopt in order to reduce the identified variation in terms of access, choice, partnership and treatment – these include standard use of outcome measurement tools, data input and the delivery of CHOICE (Choice appointments are the first contact the person has with the service).
- The project has explored current staffing numbers, roles and structures across all teams in their current state – although this was explored as an initial objective, it has

been concluded that the review of these in detail to inform a new staffing structure was not achievable within the 6 month project period.

- The project team has developed a proposed service model and leadership structure which will be consistent across all Community CAMHS services. The project team recommend that the project has a phase two period to develop new team structures from Band 7 and below with role functions and Whole Time Equivalent based on consistent application of the CHOICE and Partnership Approach to effectively operationalise the proposed model.
- The objectives around service access require further exploration and discussion due to the difference in local commissioning arrangements with services delivering against two service specifications (Wirral specification and Cheshire specification). Also linked to commissioning arrangements is the scoping and development work that informs the clinical pathways delivered. There is variation across all services due to the commissioning of specialities particularly in relation to Autism and ADHD.
- The Data Dictionary work has been completed and Education CWP are leading on the roll out of training programmes for all staff to ensure that data input and data capture is consistent, accurate and timely to ensure reliable data quality feeds, both internal and external and accurate local and national data reporting.

### **Priority Project work streams: What went right and why?**

#### **Operations and Workforce work stream:**

The Project Team successfully engaged with staff through work stream meetings to facilitate a multi-disciplinary response to service scoping and model development, this has included the Essential Standards produced for the Services. The project has scoped all current activity and workforce structures across the Community CAMHS Services and understands the current position. It was intended that this scoping would lead to a wider piece of work to agree team structures, roles, responsibilities and skills to inform an agreed suite of job descriptions – however this piece of work was determined to be unachievable in the initial timescales and will be addressed during phase 2 of implementation.

#### **Data and Outcomes work stream:**

In the later stage of the project the Data and Outcomes work streams were merged based on the commonality and interdependencies between the two. It was reported through the work stream that the implementation of the CYP Data Dashboard to formalise and standardise reporting arrangements and data collection has been achieved. The data dashboard is successfully pulling data from the clinical systems in a planned phased

approach. This piece of work started pre-project and will continue to develop post project in line with service developments and agreed actions with commissioners. The Data group have formalised the Data Dictionary work and through collaboration with Education CWP have commenced a mandatory training programme for all Community CAMHS Staff.

### **Self-Harm Work stream**

This work stream commenced and reviewed all the pathways across the Care group; however it was acknowledged that there was a corporate project being undertaken in relation to self-harm including changes to the datix reporting. In order to fully align with corporate priorities this work stream was paused and will take its lead from the Suicide Prevention Strategy sub-group in the future when considering a new CAMHS model.

### **Learning from phase 1 of the priority project**

The timeframe for the project did not allow time for all of the development work required to agree a single model of care for Community CAMHS and so the end point of the project presents a proposed skeleton model of how the revised service model will look operationally, however further work needs to be undertaken to develop an efficient and effective workforce to deliver the service which takes into account the commissioned and clinical variations within each 'place'.

There is ongoing discussion around how data is counted across all services in order to align and reduce variation. We have found that access to service arrangements are complex and vary across all services – and there are wider required around how the service is commissioned and how waiting lists are managed. At present each place manages these differently. A single standard operating procedure (SOP) will be developed with respect to waiting list management and in line with the wider Data Quality project the CYPF care group are undertaking.

### **Recommendations**

The model of Care Community CAMHS Phase 2 of the priority project will become business as usual. The trust's Operational Committee agreed the following recommendations put forward as part of the phase 1 post implementation review.

1. Model of Care Community CAMHS Phase 2: Further phase for the priority project to focus on:
  - The development of a staffing structure from Band 7 and below based on demand, number of WTE per team

- Review of all job roles and team functions to inform consistency of offer across all services based on access figures, CAPA and WTE to align and inform workforce strategy for Community CAMHS
  - Development of a single set of job description's for Community CAMHS based on roles required to deliver the service underpinned by the principles of skills mix, partnership working
  - Review of Clinical Pathways in use across all Services to align and implement
2. An Options appraisal to be completed in relation to proposed management and leadership structures.

## **Section 7 - Neighbourhood Care Community Teams**

### **Overview**

The focus of this report is to provide assurance regarding the safer staffing requirements within the Care Community Teams (CCT'S). Eight Care Community Teams provide therapy and nursing care, in the community, which are aligned to the Primary Care Networks.

#### **Right Staff**

The Safer Staffing Situation Report (SSSR) has developed is now successfully in place. Variances in reporting had been identified and staff reported challenges in the collation of information. The SSSR reporting tool was then reviewed and co designed with staff. A Standard Operating Procedure has been created to enable consistent reporting across teams. The SSSR provides daily oversight of the capacity and demand of each CCT. The number of visits planned against the total number of hours available including allocated hours to respond to unplanned need is reported on a three day cycle. The unplanned care demands are reported retrospectively each day. Analysis of this data will inform each team's capacity requirement to meet the unplanned care needs, enabling the activity to be built into the workforce requirements. Community nursing and therapy are reported separately enabling responsiveness for nursing and for therapy care to be monitored. Prospective planning of visits and the available time to care has enhanced understanding of when and where additional staffing requirements are needed and these are reported within the SSSR.

#### **Right Skills**

A review of competencies comparative to the needs of the population is being undertaken as part of the Integrated Care Partnership Care Communities Programme. Team leaders from all Care Community Teams have commenced the Primary Care Network (PCN) Leadership Development Programme which aims to enable team leaders to contribute to the wider team within the PCN and to develop skills towards becoming effective systems leaders.

The commitment to provide advanced clinical care in the community continues to be a priority with a further cohort of trainee advanced clinical practitioners commenced in September 2019. The increase in trainee advanced clinical practitioners has enabled advanced care provision to be provided in each care community. The review of the Community Matron role will progress alongside the advanced clinical care review in conjunction with the Hospital at Home provision to provide consistent and co-ordinated care to the local population. Advanced clinical practice provision is a key work stream to ensure

there is effective service provision across the health economy to avoid unnecessary hospital admissions. The review of the clinical case manager role will be completed aligned to the advanced care review.

Phlebotomists have been trained to undertake baseline observations (temperature, pulse rate, blood pressure and oxygen saturation). This has resulted in effective use of time and released time to care for health care assistants and registered community nursing staff.

### **Right Time and Right Place**

E-rostering has been successfully piloted in one of the Ellesmere Port CCT caseload. This has released capacity for the band 6 clinical leads resulting in increased time to provide more direct patient care. Therefore implementation across the whole Ellesmere Port CCT has taken place.

Information gained from the SSSR has enabled the identification of fixed day working agreements, particularly within the Ellesmere Port CCT. This was impacting on staff being in the right place at the right time to deliver and respond to care needs across the seven day period. Whilst a review of fixed day working arrangements is being undertaken across all CCT's, the staffing in Ellesmere Port CCT has been realigned to ensure there is safer staffing for the seven day period.

The SSSR has enabled understanding of activity demands against availability of clinical hours. This had resulted in the staffing establishment for band 5 community nurses in Ellesmere Port and Princeway CCT's being reviewed and a need to increase registered nurses numbers identified. Recruitment for registered nurses has taken place accordingly.

### **Recommendations**

- Analysis of the unplanned activity data to assist teams to identify response hours needs to meet unplanned care needs and align to capacity and establishment reviews.
- Implement e-rostering across all CCT's to release capacity for direct patient care provision by band 6 clinical leads.
- Progression of the Advanced Clinical Practitioner model across the Cheshire West Integrated Care Partnership.

STANDARDISED SBAR COMMUNICATION

REPORT DETAILS	
<b>Report subject:</b>	Learning from Experience T2 2019/20
<b>Agenda ref. number:</b>	19.20.132
<b>Report to (meeting):</b>	Board of Directors
<b>Action required:</b>	Discussion and Approval
<b>Date of meeting:</b>	29/01/2020
<b>Presented by:</b>	Gary Flockhart Director of Nursing, Therapies and Patient Experience.

Which strategic objectives this report provides information about:	
Deliver high quality, integrated and innovative services that improve outcomes	Yes
Ensure meaningful involvement of service users, carers, staff and the wider community	Yes
Be a model employer and have a caring, competent and motivated workforce	Yes
Maintain and develop robust partnerships with existing and potential new stakeholders	No
Improve quality of information to improve service delivery, evaluation and planning	Yes
Sustain financial viability and deliver value for money	Yes
Be recognised as an open, progressive organisation that is about care, well-being and partnership	Yes

Which NHSI Single Oversight Framework themes this report reflects:		CWP Quality Framework:		
Quality	Yes	Patient Safety	Safe	Yes
Finance and use of resources	Yes	Clinical Effectiveness	Effective	Yes
Operational performance	Yes		Affordable	Yes
Strategic change	Yes	Patient Experience	Sustainable	Yes
Leadership and improvement capability	Yes		Acceptable	Yes
			Accessible	No
<a href="http://www.cwp.nhs.uk/media/4142/quality-improvement-strategy-2018.pdf">http://www.cwp.nhs.uk/media/4142/quality-improvement-strategy-2018.pdf</a>				

Does this report provide any information to update any current strategic risks? If so, which?	
Contact the corporate affairs teams for the most current strategic risk register.	No

Does this report indicate any new strategic risks? If so, describe and indicate risk score:	
See current integrated governance strategy: CWP policies – policy code FR1	No

REPORT BRIEFING

1. Situation

This Learning from Experience report aggregates qualitative and quantitative analysis from key sources of feedback from people who access and deliver the Trust's services, and other relevant sources of learning, covering the period from August to November 2019, trimester 2 of 2019/20. The report compares current performance across a four trimester time series to mitigate seasonal variations, whilst also facilitating the identification of potential triggers to detect and prevent incidents by comparing current performance with the previous trimester. The in-depth Learning from Experience report received by the Quality Committee uses Statistical Process Control (SPC) charts to help with more effective and visual depiction of learning from experience and identification of recommendations, as well as to alert, as part of an early warning framework, any emerging trends.

## 2. Background – Key performance indicators

### 2.1 Performance indicators

Performance indicator		2018/19		2019/20		
		T2	T3	T1	T2	
Number of safety incidents reported		3336	3572	3730	<b>3496</b>	
Number of safety incidents by Care Group	Specialist MH - Bed Based	1768	1818	1823	<b>1766</b>	
	Neighbourhoods	606	653	686	<b>723</b>	
	Children, Young People & Families	308	472	582	<b>419</b>	
	LD, NDD & ABI	399	331	245	<b>299</b>	
	Specialist MH - Place Based	188	202	310	<b>209</b>	
	All Age Disability	22	57	45	<b>49</b>	
	Corporate Support Services	45	39	39	<b>31</b>	
Reports to external agencies	StEIS	36	42	40	<b>33</b>	
	National Reporting & Learning System	1791	1698	1681	<b>957</b>	
	NHSR	Non clinical	0	5	4	<b>5</b>
		Clinical	0	2	1	<b>3</b>
Number of complaints		87	97	59	<b>96</b>	
Number of compliments		1046	1019	1155	<b>1028</b>	

**Note:** All incident and compliment numbers represent a snapshot at the time of publication of the report and are subject to change over time, for example: re-categorisation of incidents following receipt of further information since the previous report, receipt of compliments retrospectively.

### 2.2 Proportional reporting performance indicators – Incident reporting

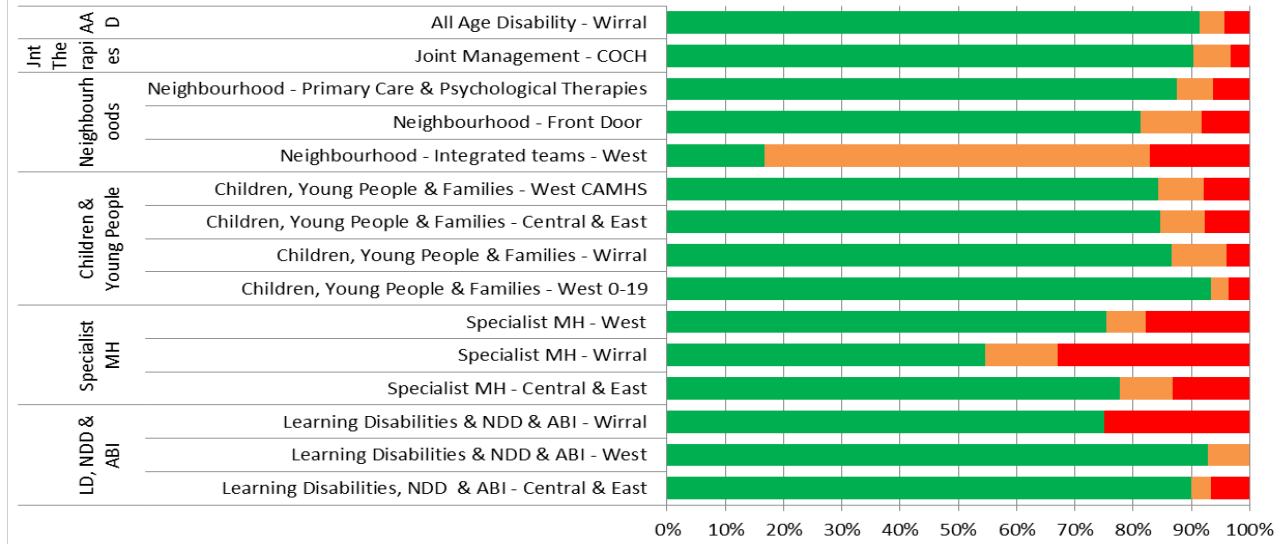
“Proportional reporting” of incidents measures incidents against the care group. This approach was taken following a Quality Account aspiration to develop how CWP measures incident reporting profiles – for example:

- Neighbourhood integrated care teams’ reporting profiles (as evident in the chart below) are influenced by pressure ulcer incident reporting because of the way they are reported as (currently) required nationally. By presenting the incident reporting profiles in this way, the charts reveal fundamental differences between the care groups that can be used to identify where focus is needed to reinforce that reporting no or lower harm incidents promotes learning to be able to potentially mitigate future actual or significant harm incidents.

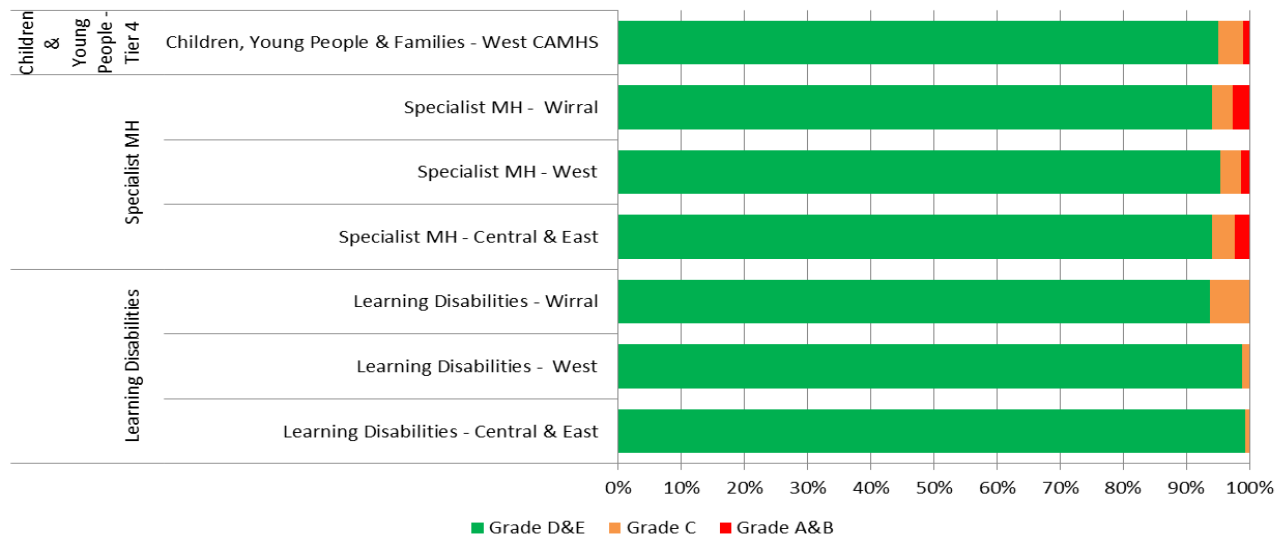
The charts below show a proportional split of incident grade per care group. This illustrates the differences in severity of incident occurrence and can further inform potential opportunities for both Service Improvement and Quality Improvement activity.



Care Group - Place Based Services by Incident grade proportional profile, April 19 - November 19



Care Group - Bed Based Services by Incident grade proportional profile, April 19 - November 19



### 3. Analysis

#### 3.1 Incident reporting

Overall, the number of incidents reported this trimester internally via the Trust's incident reporting system has reduced, with the most notable reductions in Specialist Mental Health Bed Based and Place Based services and the Children, Young People and Families care group.

There has been a noticeable reduction in the number of self-harm incidents reported this trimester which has resulted in this moving to the third highest reported incident category. The category with the highest number of reported incidents during this trimester was physical violence and abuse/harassment. The number of incidents reported on StEIS also reduced within this reporting period.

Further work is required through the relevant Care Group LfE meetings to understand any factors that have influenced the overall reduction in incident reporting during this trimester including opportunities for reviewing incident reporting processes and sharing good practice.

The incidents team are continuing to work with care groups to promote incident reporting and ensure all incidents are reported in line with both the Trust policy and the continuous improvement programme to improve patient safety. This is being supported through provision of training as part of the continuous improvement journey.

In Trimester 3 the Immediate Safety Review process will be reviewed and incorporated into Datix to reduce duplication and support the timely communication of information.

Key learning has been shared across the Trust following safety reviews undertaken when serious incidents have occurred during this trimester.

The first area of learning was that a number of incidents of self-harm occurred where patients detained under the MHA have refused treatment post incident. Learning evidenced that staff were not confident regarding the provisions of the MHA (s.63) to treat physical health needs associated with a mental disorder, e.g. self-harm, and incidents were not escalated to the Consultant/On-call Consultant for advice. As a result guidance was provided via a share-learning bulletin, distributed to all staff.

Learning from a serious incident identified that guidance for staff could be improved in relation to requesting a SOAD where a patient subject to a CTO does not have the capacity to consent to treatment, or is refusing treatment. A share-learning bulletin was distributed to all clinical staff to provide enhanced guidance on this area of practice.

### 3.2 NHS Patient Safety Strategy

NHS England and NHS Improvement published the [NHS Patient Safety Strategy](#) in July 2019. It is recognised that more can be done to share safety insight and empower people (patients and staff) with the skills, confidence and mechanisms to improve safety. Addressing these challenges will enable the NHS to achieve its safety vision; **to continuously improve patient safety**. To do this the NHS will build on two foundations: a **patient safety culture** and a **patient safety system**.

Three strategic aims will support the development of:

- Improving understanding of safety by drawing intelligence from multiple sources of patient safety information (**Insight**)
- Equipping patients, staff and partners with the skills and opportunities to improve patient safety throughout the whole system (**Involvement**)
- Designing and supporting programmes that deliver effective and sustainable change in the most important areas (**Improvement**)

The current [serious incident framework 2015](#) is due to be replaced, by the introduction of a **Patient Safety Incident Response Framework** to improve the response to an investigation of incidents. CWP, sponsored by Clinical Commissioning Groups, have begun to respond to the strategy by launching a quality improvement initiative '*Serious incident investigations – Learning for Improvement*' to reduce risk and improve safety through effective investigations of serious incidents that maximises the learning and the integration of learning.

CWP have a contractual obligation to undertake a patient safety review within 72 hours of being notified of a serious incident. The information collated from the review must be uploaded onto the NHS England serious incident database (StEIS) in line with national reporting guidance.

During trimester 2, significant work has been undertaken between the clinical governance team and care groups to ensure immediate safety reviews are undertaken in line with required time scales. A task and finish group has been convened to streamline the incident review process with the quality assurance checklist that has been developed by the Royal College of Psychiatrists to ensure all aspects of safety are considered when reviewing an incident.

Within Trimester 3 the terms of reference for the Weekly Meeting of Harm will be revised to reflect the NHS Patient Safety Strategy which will be presented to Quality Committee for Approval.

### 3.3 Learning from deaths monitoring and engaging with bereaved families and carers

Mortality monitoring *For serious incidents, investigatory performance is 100%	2018/19		2019/20	
	T2	T3	T1	T2
Inpatient deaths*	1/ 100%	4/ 100%	1/ 100%	4/ 100%
Deaths reported to the Trust/ subject to a Case Record Review	334/ 60%	302/ 80%	205/ 100%	226/ 97%
Deaths reported as a serious incident/ subject to a serious incident investigation	15/ 100%	25/ 100%	20/ 100%	20/ 100%

The Trust continues to maintain a high level of compliance of Case Record Reviews and undertaken reviews where a serious incident has been identified.

During this reporting period the Trust has undertaken two Level 3 internal reviews following the deaths of two individuals who were admitted to inpatient services. There were areas identified for learning that have been incorporated into an action plan that is being implemented through the Care Group which include further development of suicide awareness and improving care planning and communication.

### 3.4 Learning from inquests

During this trimester, the Trust responded to a Preventing Future Deaths Report (regulation 28) from the coroner which was received at the end of trimester 1. The Coroner raised a number of concerns; however not all concerns were for the Trust to respond to. The concerns which pertain to the Trust and to which the Trust has responded to are broadly related to communication following discharge.

The learning from this has been shared with relevant clinical services and the Specialist Mental Health Care Group is implementing the action plan.

### 3.5 Learning from external reviews and investigations

The learning from an external review (NICHE) which was published in May 2019 has been shared at the Grand Round and with the associated Care Group during Trimester 2.

The Action plan is being implemented to address the recommendations for the Trust to implement. The broad areas were related to Care Programme Approach, Consideration of when depot antipsychotics need to be used and working with families when a patient is not engaging with services.

## 4. Recommendation

### 4.1 Recommendations from Trimester 2 analysis

The recommendations below have been identified from the detailed analysis of Learning from Experience report that is received by the Quality Committee. Updates and assurances received against these recommendations will be presented in the next report to the Board of Directors.

To continue to progress the recommendations as identified in Trimester 1 which are as follows:

- The Clinical Governance team to complete the review of the GR1 incident reporting and management policy in preparation for the publication of the Patient Safety Incident Response Framework and to ensure alignment with the NHS Patient Safety Strategy.
- The Clinical Governance team to complete a survey to ascertain how the Learning from Experience report can be developed further to support the sharing and integration of learning from complaints, incidents, inquests and compliments.
- The Clinical Governance Team to develop systems to flag index learning from claims so this can be incorporated into ongoing QA work.
- The themes identified in the Parliamentary Health Service Ombudsmen report are to be fully incorporated into the QI work around medicines management, clinical risk assessment, restrictive practices, admission and discharge processes and sexual safety.

- Care Groups to discuss the case studies through the Learning from Experience meetings and make local recommendations to highlight areas of/for improvement.
- The Quality Committee to review the safety incidents key performance indicators to reflect that reporting has changed from Specialities to Care Groups which has improved assurance.

Recommendations from Trimester 2:

- Further work to be undertaken to understand the factors influencing the changes in the number of incidents reported in self harm and pressure damage categories during this trimester to ascertain if any changes to clinical practice are required.
- The Immediate Safety Review process will be reviewed to ensure it is more streamlined and to improve communication and implementation of immediate learning.
- The clinical governance team are to progress with a continuous improvement approach in relation to qualitative and quantitative aspects of clinical governance which will incorporate the requirements of the Patient Safety strategy and further enhance the quality of incident reporting and identification and implementation of learning in relation to incidents, complaints and inquests.

- **Recommendation to the Board of Directors**

The Board of Directors is asked to **approve** the report and **endorse** the recommendations contained within.

<b>Who/ which group has approved this report for receipt at the above meeting?</b>	Gary Flockhart, Director of Nursing, Therapies & Patient Partnership	
<b>Contributing authors:</b>	Satwinder Lotay, Head of Clinical Governance Hayley McGowan, Associate Director of Nursing and Therapies (MH & LD)	
<b>Distribution to other people/ groups/ meetings:</b>		
Version	Name/ group/ meeting	Date issued
2	Board of Directors	

<b>Appendices provided for reference and to give supporting/ contextual information:</b>	
Appendix number	Appendix title
1	Updates and assurances received against trimester 1 2019/20 recommendations

## Appendix 1 – Updates and assurances received against trimester 1’s recommendations

The Quality Committee should review the safety incidents key performance indicator to consider reporting by specialty versus Care Group and which would provide better assurance
This has been implemented and Trimester 2 is the first report where safety incidents are being reported against Care Group.
The Clinical Governance team to review the GR1 incident reporting and management policy in preparation for the publication of the Patient Safety Incident Response Framework and to ensure alignment with the NHS patient safety strategy.
There has been a delay in the Patient Safety Incident Response Framework and therefore the completion of the policy review has not been fully completed.
A task and finish group should be developed, with involvement of people with lived experience, to identify further quality improvement work for this year. A self-assessment against the National Quality Board guidance will be undertaken to determine progress to-date and to identify further improvements against the standards set out in this guidance.
This has been undertaken and reported in the Quality Report, Trimester 2 2019/2020
The Clinical Governance team should develop a survey to ascertain how the Learning from Experience report can be developed further to support the sharing and integration of learning from complaints, incidents, inquests and compliments.
This is in development and is scheduled to be rolled out in within Trimester 3.
The Clinical Governance Team to develop systems to flag index learning from claims to be incorporated into ongoing QA work.
This has been delayed and is scheduled to commence in Trimester 3.
Part 1 - The themes identified in the Parliamentary Health Service Ombudsmen report should be incorporated into the QI work around medicines management, clinical risk assessment, restrictive practices, admission and discharge processes and sexual safety.  Part 2 - Care Groups to discuss the case studies through the learning from experience meetings and make local recommendations to highlight areas of/ for improvement.
This work has commenced and will be progressed through the next trimester.
Engagement of Medics and line manager to address prescribing errors through the promotion of reporting incidents, to be monitored by the Medicines Management Group.
This has been implemented and the awareness raised within the respective Care Groups. Reports will be provided to relevant sub committees and governance groups.

STANDARDISED SBAR COMMUNICATION

REPORT DETAILS	
<b>Report subject:</b>	People Strategy and Delivery Plan - Quarter 3 Status Report 2019/20
<b>Agenda ref. number:</b>	19.20.133
<b>Report to (meeting):</b>	Board of Directors
<b>Action required:</b>	Discussion and Approval
<b>Date of meeting:</b>	29/01/2020
<b>Presented by:</b>	David Harris, Director of People and Organisational Development

Which strategic objectives this report provides information about:	
Deliver high quality, integrated and innovative services that improve outcomes	No
Ensure meaningful involvement of service users, carers, staff and the wider community	<b>No</b>
Be a model employer and have a caring, competent and motivated workforce	Yes
Maintain and develop robust partnerships with existing and potential new stakeholders	No
Improve quality of information to improve service delivery, evaluation and planning	No
Sustain financial viability and deliver value for money	No
Be recognised as an open, progressive organisation that is about care, well-being and partnership	No

Which NHSI Single Oversight Framework themes this report reflects:		CWP Quality Framework:		
Quality	Yes	Patient Safety	Safe	No
Finance and use of resources	Yes	Clinical Effectiveness	Effective	No
Operational performance	Yes		Affordable	No
Strategic change	<b>Yes</b>		Sustainable	No
Leadership and improvement capability	Yes	Patient Experience	Acceptable	No
			Accessible	No
<a href="http://www.cwp.nhs.uk/media/4142/quality-improvement-strategy-2018.pdf">http://www.cwp.nhs.uk/media/4142/quality-improvement-strategy-2018.pdf</a>				

Does this report provide any information to update any current strategic risks? If so, which?	
Contact the corporate affairs teams for the most current strategic risk register.	No

Does this report indicate any new strategic risks? If so, describe and indicate risk score:	
See current integrated governance strategy: CWP policies – policy code FR1	No

REPORT BRIEFING

Situation – a concise statement of the purpose of this report
The Trust People and OD Strategy is due for review in 2020 and an exercise began in 2019 to review our People Strategy and the Delivery Plan that will bring it to fruition.

Background – contextual and background information pertinent to the situation/ purpose of the report
The People Strategy was co-produced during 2019 by members of Board and leaders from across the Trust's Care Groups and Clinical Support Services. The final draft of the People Strategy was agreed by PODSC and then ratified at Board in July 2019 and the Delivery Plan was agreed at PODSC then ratified at Board in November 2019. During that Board meeting, it was agreed that a quarterly report would be presented to Board and this paper provides that update for Quarter 3, 2019/20.

## Assessment – analysis and considerations of the options and risks

Please see attached the Quarter 3 Status Report for consideration of the People Plan objective outputs, KPIs and associated risks.

## Recommendation – what action/ recommendation is needed, what needs to happen and by when?

It is recommended that the Board:

1. Provide comments / agreement on the format of the quarterly report in relation to its content and format.
2. Note the key achievements up to the end of the third quarter.
3. Agree any changes to deadlines that are outlined in the report.

Who has approved this report for receipt at the above meeting?

David Harris, Director of People and Organisational Development

Contributing authors:

David Harris, Director of People and Organisational Development  
Jane Woods, Director of People and Organisational Development (acting)

Distribution to other people/ groups/ meetings:

Version	Name/ group/ meeting	Date issued
NA		

Appendices provided for reference and to give supporting/ contextual information:

Appendix No.	Appendix title
1	People Strategy and Delivery Plan - Quarter 3 Status Report 2019/20

## People Strategy and Delivery Plan Quarter 3 Status Report 2019/20

<b>Executive Lead:</b>	David Harris, Director of People and Organisational Development
<b>Strategic Lead:</b>	Jane Woods, Deputy Director of People and Organisational Development
<b>Strategy:</b>	People Strategy 2019/2022
<b>Status Report Date:</b>	Quarter 3 – 2019/2020
<b>Interim End Date:</b>	Year 1 – 31 <sup>st</sup> March 2020
<b>Overall End Date:</b>	Year 3 – 31 <sup>st</sup> March 2022
<b>Overall Status:</b>	Overall, the Year 1 Delivery Plan is on target for successful completion

<b>Quarter 3 – Key Achievements</b>	
<i>The following Objective Outputs were completed on time or ahead of schedule (Further details can be found in the People Strategy Delivery Plan on the Intranet)</i>	
Build on current joint commissioning of apprenticeship programmes with providers in order to develop new and existing roles	
Define pathways for employability programmes e.g. Pre-employment and Traineeships routes into CWP (funding dependant)	
Deliver the outputs of the agreed Mandatory Training review i.e. One Stop Workshops across the Trust	
Launch CWP Virtual Academy as the learning platform for all staff and to host the updated mandatory training	
Design and deliver QI curriculum	
Embed the use of mediators within the organisation	
Implement and embed a CWP change approach that sets out standards for implementing workplace change.	
Introduce revised policy, process and forms for supervision and appraisal with a focus on strengths and quality of conversation.	
Launch 'Staff App.'	
Launch senior leader shadowing programme.	
Run 2019 Staff Survey.	
Provide OD, Education and Wellbeing support to enable transformation of East Cheshire SMH services.	
Embed QI into appraisal and supervision process.	
Develop and deliver Staff Experience Report (including Stay and Exit Interviews).	
Deliver the annual Recognition Awards.	
Evaluate the 3rd annual Recognition Awards and make recommendations for 2020 awards.	
Develop activity and performance reports for e-expenses.	
Deploy ESR Manager Self Service to all CWP Budget Holders.	
Roll out Employee On-line to bank staff (Temp Staffing and PI).	
Roll out ESR Employee Self Service with full access.	
Continue to roll out Later Life Transitions Programme including legacy work within other NHS Trusts and a co-produced Recovery College version for people who access our services.	
Produce and launch 'Thriving at Work' Action Plan.	



**Quarter 3 – In Progress**

*The following Objective Outputs are in progress, but are behind schedule and require an extension (Further details can be found in the People Strategy Delivery Plan on the Intranet)*

<b>Objective Output</b>	<b>Mitigating Action</b>	<b>Revised Date Requested</b>
Produce description and profile of a CWP manager and CWP leader	Whilst an early draft was completed, further work will need to be undertaken as part of a larger piece of work. This will need to be carried forward into Year 2.	Year 2, 2020/2021
Develop new Employee Relations (ER) activity tracker. Implement new ER activity tracker. Develop reporting capability within ER Tracker.	This work is in progress, but not quite complete. A revised tracker has been developed and is being tested by the HR Team from January to March 2020. It is currently double running with the existing tracker before adopting. Reporting capabilities will be tested at the same time and the tracker will be moved to SharePoint to improve effectiveness and efficiency.	Year 1, Q4 31/03/2020
Develop report format (for above) and content and agree it with the Director of People and Organisational Development (DofPOD).	Report developed and SBAR prepared for discussion with DofPOD and January PODSC prior to going to March Board. Feedback from these groups will inform the final reporting format.	Year 1, Q4 31/03/2020
Develop and implement a pay progression process and policy. Train managers on ESR self- service to manage the process.	This policy was developed and agreed at the November PODSC after a slight delay due to ongoing discussions with staff side. Implementation will take place from February to March 2020 and the revised policy will be live from April 2020.	Year 1, Q4 31/03/2020
Align appraisal to pay progression by utilising the appraisal module within Electronic Staff Record (ESR) as part of manager self-service rollout.	This project is inter-dependent upon capacity of the People Information (PI) team who are currently under significant pressure with the e-solutions project. It was originally scheduled for Q4, based upon assumption that appraisal cycle would be complete. It is likely that the new reporting functionality will not be fully implemented by end January 2020, so an extension is requested in advance of the deadline.	Year 2, Q1 30/06/2020
Evaluate the rollout of recognition cards and provide recommendations on further rollout.	Due to a lack of capacity in the Organisational Development (OD) team, this work has not yet been finalised, as it was considered a low priority against other work. Indication from rollout is that cards were well received. Requests for more cards were made from managers utilising the full resource. It is anticipated that following increase in OD capacity, this work will be finalised early next year.	Year 2, Q1 30/06/2020

<p>Complete reconciliation of Financial and ESR pay costing information and build processes to ensure alignment is maintained.</p>	<p>This scale of the work involved in this item is significant for the teams involved (PI and Finance). The underlying issue is one which has existed for many years. The primary driver currently is to better facilitate accurate workforce planning and minimise manual adjustments to the Finance ledger. The latter item is being worked on currently as a priority so there is some progress being made but the bigger piece of work will take a number of months to complete and do well. Additionally, the PI team have a vacancy which is not being filled substantively until a full structure review has taken place (scheduled for April 2020) so capacity to support this work is further reduced. Therefore it is requested that this item will now fall in to Year 2. Further discussions will need to be had with Deputy Director of Business and Value (DDofBV) about capacity for this work and whether some short term additional capacity should be made available across both Finance and PI to complete this work before the next workforce planning round.</p>	<p>Year 2 2020/2021</p>
<p>Develop Business Information (BI) reporting within Information and Reporting (I&amp;R) section of the People Information team.</p>	<p>Crucially, in addition to the concerns flagged previously about capacity, one of the two team members within the reporting team is now leaving in January 2020. Full development of the other member will not be possible until the team is fully resourced once again. This is another item which will be impacted by the PI team structure review, due for completion March 2020, so this item is also likely to need to move to Year 2 and permission is sought for this. A full skills matrix has been developed for the I&amp;R specialist role so the gap analysis is known and understood. Practically the impact is that the I&amp;R manager will have to have much more operational involvement to maintain core service delivery, meaning the Head of PI (HoPI) will need to pick up more of the management activity from this role.</p>	<p>Year 2 2020/2021</p>
<p>Develop Medical Staffing Dashboard</p>	<p>The scope and content of this Dashboard is still in discussion and requires further clarification. HoPI to discuss with Chair of Medical Staffing Group.</p>	<p>Year 2, Q1 30/06/2020</p>
<p>Procure payroll provision April 2020 onwards</p>	<p>Delivery of this item has been impacted by circumstances outside of the Trust's control in that the future of the Human Resources and Wellbeing Business Service (HRWBS) as a provider was in question during Q3. DofPOD for CWP has been in discussion with the Acting Director of HR at COCH to monitor the situation. HoPI has escalated concerns about timescales. DofPOD scheduled to have another discussion w/c 13th January and will consult with Exec. colleagues for a decision on how CWP will proceed.</p>	<p>Year 1, Q4 31/03/2020 (see Risk)</p>
<p>Introduce New Starter survey monkey.</p>	<p>In progress, but implementation work is not yet complete. Meeting arranged 15/1/20 with regional recruitment leads to establish what others are producing and lessons learnt. Work will commence late January with survey live from mid-February.</p>	<p>Year 1, Q4 31/03/2020</p>

Strengthen role of People Planning Group (PPG) and implement quarterly-cycle of planning updates.	Off track due to lack of attendance at November and December 2019 PPG meetings. Escalated at December 2019 Operational Committee meeting and instruction given by Chair (CEO) for care groups to nominate candidates for this group. Review of terms of reference is outstanding due to previous lack of Care Group representation. To be reviewed at January 2020 meeting.	Year 1, Q4 31/01/2020
Roll out Employee Online (EOL) to bank staff (Temporary Staffing and PI).	All CWP staff now have access to EOL due to e-expenses, however they do not have the 'Bank Staff' element of the system. Meetings have taken place between Temporary Staffing and People Information in order to go live with the bank aspect of EOL and an upcoming update to e-expenses at the same time. Communications have yet to be finalised between the two teams and this action is now off track due to the volume of work generally. Pilot will start January 2020 and it is anticipated this action will be completed by end of Q4.	Year 1, Q4 31/03/2020
Develop new models of working within Psychological Wellbeing Pathway.	This work has begun, but will need to be further reviewed alongside the Collaboration at Scale (C@S) work across the Cheshire Wellbeing Collaborative (CWC).	Year 2 2020/2021
Produce options for the use of an Employee Assistance Programme (EAP).	On hold until C@S work is completed, as there may be economies of scale in joining with another Trust(s). Will need to extend into Year 2.	Year 2 2020/2021
Review current service model for Workforce Wellbeing.	Scoping work is underway across the CWC. There will be a separate Project Plan for this work produced. Will need to extend into Year 2.	Year 2 2020/2021

<b>Key Performance Indicators - Be a model employer and have a caring, competent and motivated workforce</b>	
Appraisal	A new Appraisal and Supervision policy was ratified at PODSC in November 2019, which covers both clinical and management supervision. In the last quarter, Appraisal uptake has sat between the upper and lower control limits. Initiatives to support Services and staff in the implementation of appraisal continue. Bringing the OD team back up to capacity will enable a greater focus and support in reaching the 85% target.
Clinical Supervision	Separate clinical and managerial supervision competencies were introduced at the start of December 2019. It was identified that there was an issue with the recording of supervision, not necessarily with the uptake and support has been put in place to rectify this issue. Since the policy was introduced at the end of November 2019, we have already seen a 2.7% rise in compliance rates to 80.6% at 17 <sup>th</sup> January 2020. Additional efforts will continue to be made by leaders and managers to ensure appropriate and supportive clinical supervision takes place.
Managerial Supervision	Separate clinical and managerial supervision competencies were introduced at the start of December 2019. It was identified that there was an issue with the recording of supervision, not necessarily with the uptake and support has been put in place to rectify this issue. Since the policy was introduced at the end of November 2019, we have already seen a 2.2% rise in compliance rates to 79.2% at 17 <sup>th</sup> January 2020. Additional efforts will continue to be made by leaders and managers to ensure appropriate and supportive management supervision takes place.

Mandatory Training	This metric has exceeded the 85% target in each of the last 36 months, and the last quarter was no exception.
Sickness Absence	During this quarter, sickness absence rates have sat below the rates for our statistical neighbours in other Mental Health and Community Trusts, but above the NHSI Forecast rate for all Trusts which was set at 5.33% for 2019/20.
Staff Turnover	For the last quarter, the staff turnover rates have sat between the mean and lower quartile rates which shows an improvement against the same period in the previous year.
Vacancies	Metric to be launched from March 2020

People Plan Risks		
Risk	Mitigating Action	Completion Date
<b>Agency Supply</b> The Crown Commercial Service (CSS) have removed the Neutral Vendor (GRI) for clinical and non-medical/non-clinical staff from the Clinical Supply Framework because of a disagreement about the framework fee (not compliance) and say they will not be returned.	The Agency are working with CSS to address the issue, as currently some bookings are showing as a breach, if the individual Agency is not on the Framework in their own right and this has been agreed with NHSI. If the issue cannot be resolved, we will need to source another Agency. Temporary Staffing are working with CSS to look at alternative sources of supply and with North of England Community Hub who may be able to assist partnership working with other Mental Health Trusts.	31/03/2020
<b>Flu Campaign</b> There is a risk that the Trust will not meet the target set by NHSI for 80% of clinical staff to have their flu jab. This target is linked to a significant CQUIN. There is a reputational and financial risk associated with failing to meet this target, but more importantly, there is a risk to patient safety and care.	Board received a report setting out the action being taken in respect of the Flu Campaign in November 2019.	28/02/2020
<b>Payroll Services</b> Loss of competence and increased error requires additional assurances to be put in place by our current payroll provider.	A review of the payroll provision and service provider needs to be undertaken with a view to changing provider in the medium term. This is currently being undertaken by the Cheshire and Merseyside Health Care Partnership HR Directors. In the meantime, reviews of the SLA and quality assurance processes are underway with our current payroll provider for 2020/21.	31/03/2020

STANDARDISED SBAR COMMUNICATION

REPORT DETAILS	
<b>Report subject:</b>	Redesign of specialist mental health services in Eastern Cheshire, South Cheshire, and Vale Royal
<b>Agenda ref. number:</b>	19.20.134
<b>Report to (meeting):</b>	Board of Directors
<b>Action required:</b>	Information and noting
<b>Date of meeting:</b>	29/01/2020
<b>Presented by:</b>	Suzanne Edwards Acting Director of Operations

Which strategic objectives this report provides information about:	
Deliver high quality, integrated and innovative services that improve outcomes	Yes
Ensure meaningful involvement of service users, carers, staff and the wider community	Yes
Be a model employer and have a caring, competent and motivated workforce	Yes
Maintain and develop robust partnerships with existing and potential new stakeholders	Yes
Improve quality of information to improve service delivery, evaluation and planning	Yes
Sustain financial viability and deliver value for money	Yes
Be recognised as an open, progressive organisation that is about care, well-being and partnership	Yes

Which NHSI Single Oversight Framework themes this report reflects:		CWP Quality Framework:		
Quality	Yes	Patient Safety	Safe	Yes
Finance and use of resources	Yes	Clinical Effectiveness	Effective	Yes
Operational performance	Yes		Affordable	Yes
Strategic change	Yes	Patient Experience	Sustainable	Yes
Leadership and improvement capability	Yes		Acceptable	Yes
			Accessible	Yes
<a href="http://www.cwp.nhs.uk/media/4142/quality-improvement-strategy-2018.pdf">http://www.cwp.nhs.uk/media/4142/quality-improvement-strategy-2018.pdf</a>				

Does this report provide any information to update any current strategic risks? If so, which?	
Contact the corporate affairs teams for the most current strategic risk register.	Yes
Risk 2	

Does this report indicate any new strategic risks? If so, describe and indicate risk score:	
See current integrated governance strategy: CWP policies – policy code FR1	No

REPORT BRIEFING

Situation – a concise statement of the purpose of this report
This report is to update the board on progress against the implementation plan for the redesign of specialist mental health services in Redesign of specialist mental health services in Eastern Cheshire, South Cheshire, and Vale Royal.

Background – contextual and background information pertinent to the situation/ purpose of the report
In January 2019 the final configuration of services was agreed as part of the Central and East redesign following a public consultation.
The final configuration is; 1 adult and older peoples functional ward in Lime Walk House with 26 beds, 1 dementia ward in ward formally known as CARS with 15 beds plus rehabilitation and Electro-convulsive therapy services centralised in Chester and an increased capacity in Crisis Resolution Home Treatment Team and Community Mental Health Services through additional staffing.

## Assessment – analysis and considerations of the options and risks

### Specialist mental health inpatient care for adults and older people

The construction programme to deliver new inpatient units for adults who are severely affected by mental ill health and dementia has been completed. A Building User Group has overseen the design of both wards; this has included current and past service users, carers and family members, plus representatives from Crewe and Nantwich Open Minds Mental Health Forum, East Cheshire Mental Health Forum.

Lime Walk House now known as Mulberry Ward has received a £2million capital investment to extend and modernise the on-site facilities. The renovation has included a communal hub with shared recreation, dining and therapy facilities, gender specific lounges, increased access to larger, open gardens, all en-suite bedrooms and gymnasium. CARS Ward at Macclesfield General Hospital has transferred to CWP and is the new Dementia ward, now known as Silk Ward. The ward has received a £2.5million capital investment and renovation programme following University of Stirling guidance; Silk ward will use evidence-based and internationally recognised best practice to support people and their families with dementia.

Millbrook Acute Inpatient beds reconfigured to a single ward (Adelphi) in December 2019. The transfer to Silk ward was completed on 22<sup>nd</sup> January 2020 and the move to Mulberry ward is planned for the end of January 2020. The Emergency Planning and Business Continuity Team with intensive support from CWP Facilities, and the Estates team have supported the preparations for the moves to ensure a safe and effective transition. CWP Education and organisational development have provided personal situational and mandatory training to staff teams.

Two informal visits have been facilitated with the Mental Health Forums, Overview and Scrutiny committee members, officers of Cheshire East Council and the Chair of the Clinical Chair of NHS Eastern Cheshire CCG.

### Resource for Community Support

The redesign has resulted in 39 newly funded posts that cover Crisis Resolution and Home Treatment, Community Mental Health Services and Dementia Outreach.

### Crisis Resolution Home Treatment Team

The redesign has created 12 additional posts in the team. Staff have been supported to move into the Home Treatment Team from the inpatient units with individual transition plans, including training and clinical supervision sessions. Recruitment is ongoing for the additional Cheshire and Merseyside Health and Care Partnership funded roles. The Home Treatment Team have been delivering a 24/7 service since 9<sup>th</sup> December 2019, which has allowed them to gatekeep acute and community beds 24/7 along with increasing the Home Treatment Team offer hours.

The final CCG commissioned community bed from East Cheshire Housing is now open in Crewe (configuration; 2 in Macclesfield, 2 in Congleton and 2 in Crewe). These beds are supported and gatekept by the Home Treatment Team who are working closely with East Cheshire Housing and are accessible 24/7. The Clinical Commissioning Groups plan to procure an integrated service with Cheshire East Council and Cheshire West and Chester Council that includes a crisis cafés and third sector in reach provision later in 2020.

### Community Mental Health Team

The redesign has created 27 additional posts in the teams in Central and East Cheshire. To fill these posts, staff have been supported to move into these teams with individual transition plans and some posts have been recruited into, with the remaining recruitment to be completed in early 2020. The additional investment in the community teams will also include the funding of peer support provision in collaboration with the clinical teams, which will be in addition to 27 newly funded posts. As detailed in the consultation a dementia outreach service has been established (2 posts) which will support people in their own homes and prevent admissions into hospital.

A full plan to deliver the transformation of the community mental health services in line with the NHS long term plan is being developed with partners.

### Centralisation

As previously reported in the November 2019 meeting, Electro-convulsive therapy and Rehabilitation services have successfully been centralised to Bowmere, Chester.

### Formal Communication

The communication and engagement team are in the process of designing and coordinating formal publicity materials and press releases to be issued once the ward transfers are complete.

A presentation will be given to the Cheshire West and Chester Overview and Scrutiny Committee on the 6<sup>th</sup> February in partnership with the CCG and Adult Social Care

### Recommendation – *what action/ recommendation is needed, what needs to happen and by when?*

The Board of Directors is requested to **NOTE** the information above.

### Who has approved this report for receipt at the above meeting?

Suzanne Edwards- Acting Director of Operations  
Andy Styring- Director of Strategic Partnerships  
Sarah Quinn- Acting Associate Director of Operations

### Contributing authors:

Rebecca Cummings- Transformation manager

### Distribution to other people/ groups/ meetings:

Version	Name/ group/ meeting	Date issued
6	SMH Care Group (updated additional staffing numbers)	22/01/2020

### Appendices provided for reference and to give supporting/ contextual information:

Appendix No.	Appendix title

STANDARDISED SBAR COMMUNICATION

REPORT DETAILS	
<b>Report subject:</b>	Quality Improvement Report, Edition 2 (August – November 2019)
<b>Agenda ref. number:</b>	19.20.135
<b>Report to (meeting):</b>	Board of Directors – meeting in public
<b>Action required:</b>	Discussion and Approval
<b>Date of meeting:</b>	29/01/2020
<b>Presented by:</b>	Dr Anushta Sivananthan, Medical Director (Executive Lead for Quality)

Which strategic objectives this report provides information about:	
Deliver high quality, integrated and innovative services that improve outcomes	Yes
Ensure meaningful involvement of service users, carers, staff and the wider community	Yes
Be a model employer and have a caring, competent and motivated workforce	Yes
Maintain and develop robust partnerships with existing and potential new stakeholders	Yes
Improve quality of information to improve service delivery, evaluation and planning	Yes
Sustain financial viability and deliver value for money	Yes
Be recognised as an open, progressive organisation that is about care, well-being and partnership	Yes

Which NHSI Single Oversight Framework themes this report reflects:		CWP Quality Framework:		
Quality	Yes	Patient Safety	Safe	Yes
Finance and use of resources	Yes	Clinical Effectiveness	Effective	Yes
Operational performance	Yes		Affordable	Yes
Strategic change	Yes		Sustainable	Yes
Leadership and improvement capability	Yes	Patient Experience	Acceptable	Yes
			Accessible	Yes
<a href="http://www.cwp.nhs.uk/media/4142/quality-improvement-strategy-2018.pdf">http://www.cwp.nhs.uk/media/4142/quality-improvement-strategy-2018.pdf</a>				

Does this report provide any information to update any current strategic risks? If so, which?	
Contact the corporate affairs teams for the most current strategic risk register.	No
N/A	

Does this report indicate any new strategic risks? If so, describe and indicate risk score:	
See current integrated governance strategy: CWP policies – policy code FR1	No
N/A	

REPORT BRIEFING

Situation – a concise statement of the purpose of this report
This report is one of many reviewed by the Trust's Board of Directors that, together, give a detailed and rounded view of CWP's overall performance in relation to quality. The report highlights and showcases the quality improvement projects being undertaken across the organisation and specifically assures the Board of successes across the breadth of our quality framework. The report is produced three times a year and this is the second of 2019/20.

Background – contextual and background information pertinent to the situation/ purpose of the report
The Quality Improvement reports are produced three times a year to update people who access and deliver the Trust's services, carers, the public, commissioners, internal groups, and external scrutiny groups on progress in improving quality across our services. The Trust is required to formally report on our annual quality improvement (QI) priorities in the Quality Account. The QI report provides a highlight of what CWP is doing to continuously improve the quality of care and treatment that our services provide.



## Assessment – analysis and considerations of the options and risks

The report provides the progress being made against the three Trustwide QI priorities for 2019/20:

- The **patient experience** priority to improve engagement with bereaved families and carers.
- The **clinical effectiveness** priority to improve access to physiological therapies.
- The **patient safety** priority to reduce the severity of the harm sustained by those people accessing CWP services that cause harm to themselves.

Further, the report provides a highlight of what CWP is doing to continuously improve the quality of care and treatment that our services provide, including how our work to sustainably build QI capability as part of the Trust's QI strategy are having an impact. Examples of QI projects having an outstanding impact, across all the domains of the CWP 'quality framework', are detailed below.

Delivering '**Safe**' care:

- 'Project Twilight' has reduced the number of incidents on Coral ward.
- Implementation of a Clozapine titration and monitoring booklet has improved standards of care and patient safety.
- A DBT skills group has resulted in a significant reduction in harmful behaviours for young people.

Delivering '**Effective**' (including 'affordable' and 'sustainable') care:

- A therapeutic community group has reduced admissions for people accessing the Complex Needs Service.
- Willaston Surgery has implemented an improved referral process.

Delivering care that results in a positive '**Experience**' (including acceptable and accessible care):

- The Escape Pain programme has empowered people not to fear their osteoarthritis diagnosis.
- New quality standards have been introduced to improve the experience of transition from LD CAMHS to Adult LD Services for people and their families.

## Recommendation – what action/ recommendation is needed, what needs to happen and by when?

The Board of Directors is asked to **note** the assurance provided in relation to the delivery of the Trust's quality improvement goals, **note** the examples of outstanding delivery of services across the breadth of the Trust's quality framework, and to **approve** this report.

Who has approved this report for receipt at the above meeting?

David Wood – Associate Director of Safe Services

Contributing authors:

Leona Christopher – Patient Safety Improvement Lead

Distribution to other people/ groups/ meetings:

Version	Name/ group/ meeting	Date issued
1	Board of Directors	22/02/2020

Appendices provided for reference and to give supporting/ contextual information:

Appendix No.	Appendix title
1	Quality Improvement Report, Edition 2 2019/20

# Quality Improvement Report

Edition 2  
August 2019 – November 2019

**Vision:**  
*Working in partnership  
to improve health and well-being by providing high quality care*



**Willaston Surgery implements an improved referral process**  
(see page 10)

## Welcome to CWP's second *Quality Improvement Report* of 2019/20

These reports are produced three times a year, this being the second edition of 2019/20, to update people who access and deliver our services, carers, the public, commissioners, internal groups, and external scrutiny groups on progress in improving quality across our services. We are required to formally report on our quality improvement priorities in the annual *Quality Account*.



At CWP, we look at **quality** in detail to better demonstrate where we are making real improvements, with the aspiration to achieve **equity** of care through **Quality Improvement (QI)**. We are using international ways of defining quality to help us with this aim.

CWP's *Quality Account* and *Quality Improvement Reports* are available via:

<http://www.cwp.nhs.uk/resources/reports/?ResourceCategory=2335&Search=&HasSearched=True>

Reporting on the quality of our services in this way enhances involvement of people by strengthening our approach to listening and involving the public, partner agencies and, most importantly, acting on the feedback we receive.



**This report is just one of many reviewed by the Trust's Board of Directors that, together, give a detailed view of CWP's overall performance.**

This *Quality Improvement Report* provides a highlight of what CWP is doing to continuously improve the quality of care and treatment we provide. It also provides examples of **Quality Improvement (QI)** projects.

Implementation of our new Quality Improvement strategy commenced in April 2018. Phase 1 of the strategy stretches across three years and describes how our people and teams who deliver and support the delivery of our services will work together to create a culture where QI can flourish.

## EXECUTIVE SUMMARY

### QUALITY IMPROVEMENT HEADLINES THIS EDITION

**Project Twilight reduces the number of incidents on Coral ward**

⇒ See page 6

**Implementation of the Clozapine Titration and Monitoring Booklet improves standards of care and patient safety**

⇒ See page 7

**Therapeutic Community Group reduces admissions for people accessing the Complex Needs Service**

⇒ See page 9

**DBT skills group shows significant reduction in harmful behaviours for young people**

⇒ See page 8

**Willaston Surgery has implemented an improved referral process**

⇒ See page 10

**Escape Pain Programme empowers people not to fear their osteoarthritis diagnosis**

⇒ See page 11

**New quality standards to improve experience of transition from LD CAMHS to Adult LD teams for people and their families**

⇒ See page 12

## QUALITY IMPROVEMENT PRIORITIES

We have set three **Trustwide QI priorities** for 2019/20, which reflect our vision of “**working in partnership to improve health and well-being by providing high quality care**”. They are linked to our Trust strategic objectives, and reflect an emphasis on **patient safety, clinical effectiveness** and **patient experience**. We have made a commitment in our *Quality Account* to monitor and report on these goal driven measures in our *Quality Improvement Reports*.

The **patient safety** QI priority identified for this year is:

**To reduce the number of incidents of people accessing CWP services that have caused harm to themselves**

### **We want to:**

Reduce, Trustwide, incidents of severe or moderate self-harm – because the negative impact of self-harm on people and their families can be life-changing and is also associated with a higher risk of suicide.

### **The following describes our achievements in progressing with this priority:**

- ✓ The recently published patient safety incident figures from the National Reporting and Learning System (NRLS) show that there is no evidence for potential under-reporting of patient safety incidents. The previous six-monthly report available showed CWP has maintained its comparative position, however it has improved to now be in the middle 50% of reporters. Whilst this means that CWP has achieved this patient safety priority earlier than expected, it needs to maintain efforts to continue to do so by year-end.
- ✓ The Clinical Practice and Standards Sub Committee discussed this priority at its August 2019 meeting and heard that the self harm group were continuing to meet to take forward improvement work, with assistance from CAMHS.

**For more information, please contact Marjorie Goad, Consultant Nurse CAMHS, on 01244 397623 or Kate Baxter, Patient Safety Improvement Manager, on 01244 397410**

The **clinical effectiveness** QI priority identified for this year is:

**To improve access to psychological therapies for people accessing acute care services**  
(this priority will also aim to improve access for people accessing community and primary care services)

### **We want to:**

Reduce the gaps and variation in the current psychological therapeutic offer to people accessing care across each inpatient unit – because by using a range of therapeutic interventions, people accessing our services are more actively able to participate in their treatment and recovery, thus reducing length of stay, improving their experience and achieving better outcomes.

### **The following describes our achievements in progressing with this priority:**

- ✓ The Heads of Operations for Specialist Mental Health are developing a psychological interventions strategy that will support increased access on our wards, home treatment teams and community services.
- ✓ The strategy will link in to the Structured Clinical Management (SCM) training that has been rolled out across community services, as well as the Personality Disorder (PD) guidelines written by the PD work stream and the NHS England funding for psychology intervention training in community mental health teams.
- ✓ The strategy is currently in the process of being implemented.

**For more information, please contact Beccy Cummings, Service Improvement Manager, at [rebecca.cummings1@nhs.net](mailto:rebecca.cummings1@nhs.net)**

The **patient experience** QI priority identified for this year is:

### **To improve engagement with bereaved families and carers**

#### **We want to:**

Use the Always Events<sup>®</sup> methodology to reduce the variation in levels of engagement with bereaved families and carers by ensuring our commitment to listening and working with families and carers to ensure we provide support through their bereavement in the right way.

The overarching principle remains to offer bereaved families and carers with information that is as person-centred and supportive as possible, ensuring they are able to provide feedback on their experiences in order that we can learn and improve.

#### **The following describes our achievements in progressing with this priority:**

- ✓ We have worked with people who have been bereaved by suicide to understand their perspective in relation to our information and processes that take place. This is a sensitive time and judgement of when to involve people in this process is gauged carefully.
- ✓ We have also completed a self-assessment against the National Quality Board guidance so that we know our progress and further actions that are required. We meet many of the guideline requirements and we have applied a QI approach to review our processes for managing incidents across all our Care Groups and a number of improvements have been identified. We are currently identifying a pilot site to test the improved process for managing incidents.
- ✓ In undertaking the self-assessment, we have identified that we could improve our assurances against some standards, for example clearer recording of the actions that our Family Liaison Officers take.

**For more information, please contact Cathy Walsh, Associate Director of Patient and Carer Experience, on 01244 393173**

# QUALITY IMPROVEMENT PROJECTS

## Patient Safety Improvements

### Delivering Safe care

The following projects show how CWP teams are delivering care which increases safety by using effective approaches that mitigate unwarranted risks.

### 'Project Twilight' reduces the number of incidents on Coral ward

#### Background:

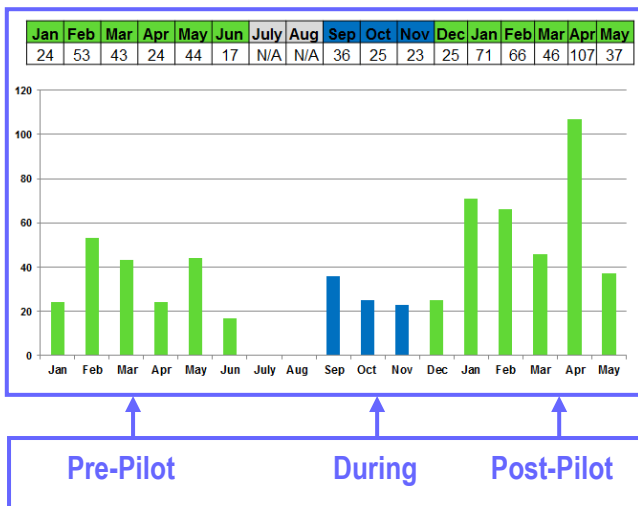
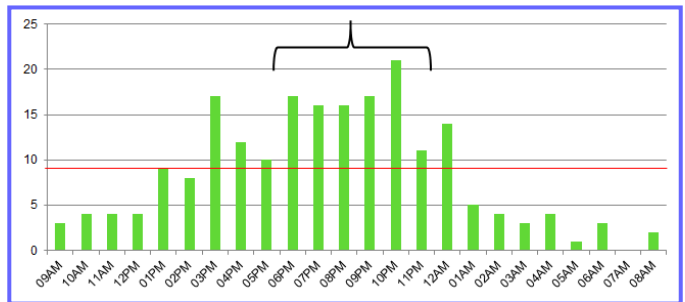
Coral ward is an acute assessment ward for children and young people with severe and/ or complex mental health conditions. The ward manager felt that there was a spike in incidents at certain times of the day, and wanted to look at why this was and what could be done to improve this.

#### What did we want to achieve?

The ward manager worked with clinical support services to look at the data, which included all types and severity of incidents. The data showed a spike in incidents between 4pm and 12am, the most common incident type being self-harm. This time of day is busy on the ward as the young people come back from education, staff changeover shifts and it is tea time and bed time; the young people have a structured day up until this time. The ward manager wanted to reduce the number of incidents during this time period and provide more structure for the young people on the ward.

#### What we did:

The most obvious change to make was to increase staff at this time; there were more staff on night shifts (7.30pm – 8am) when there were a lot less incidents after 12am. Following consultation with staff, those who wanted to take part in the pilot had their shifts changed from 7.30am – 8pm to 11.30am – 12am, which meant the same staff were on the ward from 4pm – 12am. This shift pattern was able to run for five days a week (Monday – Friday) which were the days most incidents occurred; the weekends did not have the same numbers of incidents as there was no education or meetings for the young people.



#### Results:

After piloting the twilight shift for three months, **the number of incidents reported 4pm – 12am dropped by 22%**. The number of moderate-severe incidents did increase, however one young person admitted to the ward during the pilot period required 2:1 observations and support from staff, and had a high number of incidents. During the project, it was identified that one young person had a peak in incidents between 10pm – 11pm, the ward manager spoke to the young person and it was agreed to increase their observations and for a member of staff to be with them during this time. The number of incidents for this young person decreased during the pilot.

The young people liked the twilight shift and there were many therapeutic benefits; the young people had more continuity as the same staff were on the ward through the evening into the night, they had more structure and felt more supported. The ward manager and a member of clinical support services recently presented 'Project Twilight' at a QI Conference in London held by the Royal College of Psychiatrists; they received a lot of positive feedback and discussions with other CAMHS professionals.

**Next steps:**

Feedback from the staff who took part in the pilot was that the 11.30am – 12am shifts felt too long and would not be sustainable for staff, as they were getting up at ‘normal’ time then coming to work for 11.30 to work a 12 hour shift. The ward manager has liaised with HR to look at staff working shorter shifts five times a week instead of three long shifts a week. This second phase of the project began in October 2019 and will run for six months; the data will then be refreshed to see if incidents have continued to decrease. So far, staff prefer this way of working, especially those with children as they can pick them up from school and then come to work. Some staff who were not involved in the initial pilot are now asking to work twilight shifts and in a recent recruitment drive, the advertised jobs included twilight shifts as part of the shift pattern.

The ward manager would also like to look more at therapeutic activities for the young people in the evenings; he is liaising with Ancora Education to see if the young people can have some simple homework tasks to complete outside of school hours and is speaking with the Psychology Team to look at relaxation techniques, self-soothing strategies and sleep hygiene to improve the structure during the time before bed.

For further information, please contact Alan Woodward, Coral Ward Manager at [alan.woodward1@nhs.net](mailto:alan.woodward1@nhs.net)

## Implementation of the Clozapine Titration and Monitoring Booklet improves standards of care and patient safety

**Background:**

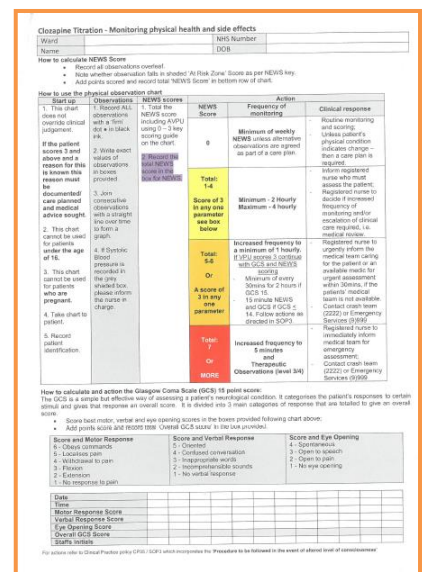
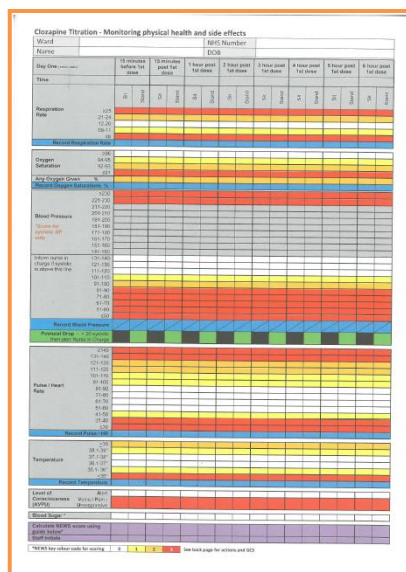
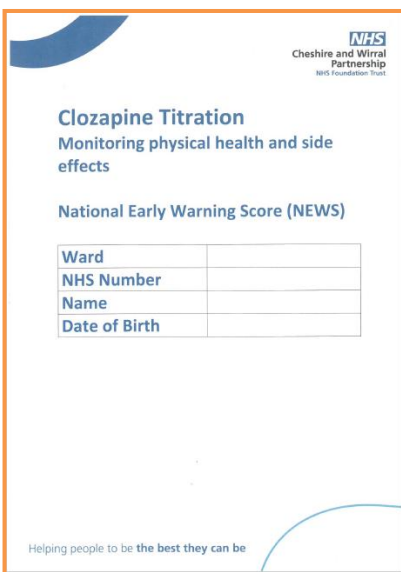
Clozapine is an antipsychotic medication used to treat schizophrenia. People who are commenced on this medication must be closely monitored for two weeks due to possible side effects on their physical health such as postural drop or infection.

**What did we want to achieve?**

Lisa Lawrenson, Ward Manager of Bollin ward, noticed that when the new National Early Warning Score (NEWS) form came in, the Clozapine recording was not used properly as it was a blank form. Following deaths in the community relating to Clozapine, Lisa developed a booklet to record all patient observations for the two-week period and improve the safety of people prescribed Clozapine. The Clozapine Titration Booklet enables staff to effectively monitor people’s physical health and any side effects of Clozapine to a high standard.

**What we did:**

The booklet was effectively trialed on Bollin ward for a three month period, the resulting evaluation proved that the booklet not only monitored the physical health of people prescribed Clozapine, but enabled staff to adhere to strict monitoring guidelines over a two week period. The evaluation also ascertained that monitoring requirements and best practice could be maintained, the booklet was rolled out across all inpatient wards. Standards of care, monitoring and overall patient safety have greatly improved for this group of people.





## Results:

The introduction of the Clozapine Titration Booklet has been gratefully received by nursing and medical staff on the inpatient wards where Clozapine is prescribed; the booklet follows strict medicines management guidelines for monitoring the physical health of people accessing our services and the potential side effects of the medication. All staff using the booklet say they feel a lot more supported whilst using the booklet as they are using NEWS that has been adapted to precisely monitor this group of people. The booklet has had a **positive impact on patient safety during the two week titration period as all physical observations are monitored and recorded within a strict timeframe** that is clearly indicated throughout the booklet. The booklet also meets requirements regarding effective monitoring during the titration phase and then once the person is stabilised on the medication.

## Next steps:

To continue to monitor the impact of the booklet on people's care whilst Clozapine is prescribed. There are plans for the booklet to be potentially implemented in the community mental health setting for all people prescribed Clozapine, this work is ongoing and is a large piece of work as the community teams do not currently use the NEWS charts to monitor people. The team are also in the process of trialing a similar format of booklet to monitor rapid tranquilisation in both the adult and children and young people's setting.

For more information, please contact Lisa Lawrenson, Bollin Ward Manager at [lisa.lawrenson@nhs.net](mailto:lisa.lawrenson@nhs.net)

## DBT skills group shows significant reduction in harmful behaviours for young people

### Background:

The 16 – 19 CAMHS team in West Cheshire provide treatment and support to young people aged 16-19 across West Cheshire. The team identified that some young people receiving treatment suffer with emotional dysregulation resulting in harmful behaviours and suicidal ideation.

### What did we want to achieve?

The team wanted to provide an evidence based intervention for young people who have difficulty controlling their emotions and behaviours. Their aim was to replace problem behaviours with skillful behaviours and help the young people experience a range of emotions without necessarily acting on them, and to enable young people to navigate relationships in their environment and build a life worth living.



### What we did:

The skills group is for young people and their parents/ carers to attend and is on a rolling programme with new young people starting every six weeks. Two CAMHS practitioners have committed to meeting every Monday and working late if necessary to accommodate the young people and their parents/ carers. The material used in the group is from the 'DBT Skills Manual for Adolescents' by Rathus & Miller, which was adapted from Marsha Linehan's 'Dialectical Therapy Programme'. The practitioners have utilised their experience and expertise to keep the young people engaged as it can often be challenging when the young people and their parents/ carers are in the same room, and their risk is monitored at all times to keep everyone safe.

### Results:

Qualitative data received from parents and carers has identified that it would be beneficial for all young people to receive this training in schools and it should be included on the curriculum; local schools have been provided with information on an individual basis to enable the young person to utilise the skills taught in the group, in school. **All feedback received has been positive**; one parent commented that she had not realised how she had been invalidating her daughter until now.

Quantitative data from the Outcome Rating Scale (ORS) and the Group Session Rating Scale (GSRS) has shown a **significant reduction in harmful behaviours and suicidal ideation in the young people** and there has **not been a need for further CAMHS intervention so they have been able to be discharged from the service**.

### Next Steps:

One of the practitioners has been given additional hours (1 day per week) to develop the skills group in 0 – 16 and 16 – 19 CAMHS teams. This includes increasing awareness of the group to potential referrers and identifying young people who would benefit from the intervention. They also provide training for other CAMHS practitioners to deliver the model, and are planning to secure funding for Trustwide specialist training from Michaela Swales, DBT British Isles.

For more information, please contact Jane White on [jane.white20@nhs.net](mailto:jane.white20@nhs.net) or Megan McMillen, CAMHS Practitioner on [megan.mcmillen@nhs.net](mailto:megan.mcmillen@nhs.net)

## Clinical Effectiveness Improvements

### Delivering Effective, Affordable and Sustainable care

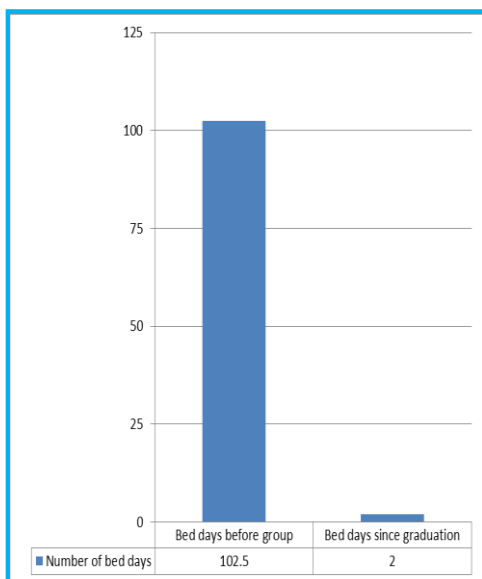
The following projects show how CWP teams are delivering care:

- that follows an evidence base and results in improved health outcomes, based on people's needs
- which maximises use of resources and minimises waste
- that can be supported within the limits of financial, social and environmental resources.

## Therapeutic Community Group reduces admissions for people accessing the Complex Needs Service

### Background:

The Personality Disorder Service, now the Complex Needs Service, was set up in 2015 to work with people with the most complex needs in secondary services, people who have experienced repeated and extended admissions, recurrent suicidality and self-harm. The initial intervention offered to people was an adapted version of a model that had been used in central London; this involved 'drop-in' sessions twice a week and was not appropriate for rural Cheshire, as the area covered was so large and public transport is poor.



### What did we want to achieve?

The team wanted to work with people accessing the service to create an intensive intervention that effectively met their needs. The emphasis of the group was changed from a place where unwell people were treated, to one where members of the group took on responsibility and power.

### What we did:

The group was moved from twice a week to one longer day and runs for two years. There is no hierarchy in the group and all members are involved in decision making on things such as how to respond to risk, whether prospective members should be offered a place and how to respond to any issues affecting

the group, e.g. if a member self-harms. Everything is collaborative as all members are experts in their own difficulties as they have lived through it, members build up their sense of belonging and all have a connection with each other as they have all experienced similar problems.

### Results:

The five people who graduated from the group after two years had **102.5** bed days between them in the year before graduating from the group (410 total in the two years before and two years during the group); in the year since graduating, their total bed days are **2**. The graph above demonstrates this significant reduction.

As well as the quantitative results, **people involved in the group have a raised self-esteem and sense of belonging; they take on responsibility and are active in making decisions about their own care.** A follow-on group was created by the people accessing the service, with the support of the Complex Needs Team; the members meet at MIND in Winsford and follow

the same model as the original group. People accessing and delivering the service, including the Head of Clinical Service, have visited the group and they now attend the team's steering groups.

The team have developed and put on a free one day conference for those in the North West who are interested in the model, this was attended by renowned experts from London who already have the model embedded in their practice, and included people sharing their experiences with those at the conference. Keir Harding, Lead Therapist for the Complex Needs Service, has been voted onto the Executive Committee for the British and Irish Groups for the Study of Personality Disorder.



#### Next steps:

The Complex Needs Service have identified some people who would benefit from treatment in the community rather than out of area 'specialist' placements. Some people who have been treated at the out of area placements have experienced years of being detained there, potentially due to the lack of therapy available and their response to restrictive environments. The service would like to be more assertive in helping discharge people from out of area placements to access evidence based treatment such as the therapeutic community groups much closer to home.

The service would also like to raise the profile of the therapeutic community group so that it becomes embedded into practice across the Trust, as it has been successfully in other parts of the country.

**For more information, please contact Keir Harding, Lead Therapist at the East Cheshire Complex Needs Service on [keir.harding@nhs.net](mailto:keir.harding@nhs.net)**

## Willaston Surgery implemented an improved referral process

### Background:

Willaston Surgery is a GP Surgery in the village of Willaston. The aim of the project was to look at the time taken for referrals to be processed and sent, and if anything could be done to reduce this.

### What we wanted to achieve?

A lot of telephone calls to the GP Practice were patients chasing referrals and asking if they had been sent to the relevant hospital/ department. The current Electronic Referral System, formerly 'choose and book', meant that part of the referral was completed by the secretary who was then able to provide the patient with a login to book an appointment themselves online, and the second part of the referral was the typed summary from the GP which would then be sent to the relevant hospital/ department.

### What we did:

The team carried out a review of all referrals and how long it took for them to be processed and sent to the relevant hospital/ department. This showed there were delays for reasons that varied between GPs. The team trialed the GP completing the first part of the referral and giving the patient their login for the e-referral system so that they could go home and book an appointment straight away. The second part of the referral could then be completed by the secretary following the appointment and there would not be the time pressure to get this in as the patient was already 'in the system'.

### Results:

**The number of telephone calls to the surgery chasing referrals reduced**, meaning administration staff are under less pressure to find out where referrals are and if they have been sent on or not. Although the GPs still have to send the referral letters on to the hospital, **people are immediately on the correct waiting list and able to book an appointment straight away.**



### Next steps:

The team are going to repeat the review of referrals to monitor the improvement and try to improve the time taken for the referral letters to be typed and sent.

For more information, please contact Emma Lee-Moore, Office Manager on [emma.moore17@nhs.net](mailto:emma.moore17@nhs.net) or Anna Commander, Practice Manager on [annacommander@nhs.net](mailto:annacommander@nhs.net)

## Patient Experience Improvements and Patient Feedback

### Delivering *Acceptable and Accessible* care

The following projects show how CWP teams are delivering care which takes into account the preferences and aspirations of people. They also show how CWP teams are delivering care that is timely, geographically reasonable, and provided in a place where skills and resources are appropriate to meet people's needs.

## Escape Pain Programme empowers people not to fear their osteoarthritis diagnosis

### Background:

The Musculoskeletal (MSK) Physiotherapy team provide assessment, diagnosis and treatment of adult musculoskeletal conditions including osteoarthritis. Assessments are available through Physiotherapy First clinics located at GP surgeries across Cheshire. Treatment then takes place at some of the GP surgeries, Ellesmere Port Hospital, Fountains Centre and Tarporley Hospital.

### What did we want to achieve?

The team wanted to carry out an initial pilot before rolling out a programme of exercise and education designed to empower and enable people with osteoarthritis of the hip and knee, so that they could understand their diagnosis and overcome fear of activity.

### What we did:

The team trained Physiotherapists and Associate Practitioners to deliver a combination of education and exercise through a rolling programme aimed at people with hip and knee osteoarthritis. They trained the whole wider physiotherapy team in the criteria for the programme, and shared the information with colleagues in orthopaedic outpatient clinics. They explained that the programme could help people who are not ready for joint replacement surgery to gain strength, flexibility and independence, and crucially to learn not to fear their osteoarthritis diagnosis. Following successful pilots in Ellesmere Port and Fountains Centre in Chester, the team have run programmes in each location on a rolling basis.

### Results:

The programme is a group session of up to 10 people, operating for an hour twice a week over five weeks. Attendees are able to develop a peer to peer support network and share self-management advice. Outcomes are measured using a validated questionnaire to score symptoms of hip and knee osteoarthritis, and a qualitative questionnaire that looks at changes in the impact of the osteoarthritis. People are also asked if they would recommend the programme to friends and family. The data showed that overall, **people felt more able to cope, less fearful and were more active after completing the programme**, and some of the responses from the qualitative questionnaire are shown below:

"I am seeing improvements after doing physiotherapy, I would recommend to others"

98% would recommend the programme to others

"The experience has left me more comfortable, it was good to be directed by an expert and to share the experience with others"

### Next steps:

The team are looking at a link with Brio Leisure to encourage ongoing physical activity after the programme, and are working with the Clinical Commissioning Group (CCG) to look at the possibility of web-based delivery or refresher sessions for people who have previously completed the programme. One of the team, Margaret Walsh, has been selected as a National Trainer for wider roll out of this programme.

For more information, please contact Tanya Booth, Lead MSK Therapist at [tanya.booth@nhs.net](mailto:tanya.booth@nhs.net) or Margaret Walsh, at [margaret.walsh4@nhs.net](mailto:margaret.walsh4@nhs.net)

## New quality standards to improve experience of transition from LD CAMHS to Adult LD teams for people and their families



### Background:

The transition from LD CAMHS to Adult LD teams can present a number of challenges to young people and their families. Parents/ carers of young people with learning disabilities and complex needs play a pivotal role in the young person's ongoing care and support needs, therefore it is essential that professionals understand the parent/ carer experience of transition to ensure they respond to their needs.

### What did we want to achieve?

The LD CAMHS Wirral team have participated in a national NHSI – Improving Healthcare Transition Collaborative. The aim of the project is to develop a set of CWP co-produced quality standards, based on national best practice and guidance (from NICE) to **improve the transition journey of parents/ carers of young people as they transition from LD CAMHS to the Adult Community Learning Disability team.**

The project was split into two phases, phase one was to gain an understanding of the experiences young people and their families have had transitioning from LD CAMHS to the adult team and identify the support needs that are vital for an effective transition. Phase two of the project is to generate a set of quality standards to be implemented initially in Wirral, and then consider rolling out Trustwide.

### What we did:

Professionals from LD CAMHS and the Adult Community Learning Disability team who have experience of working with young people with learning disabilities and complex needs at the point of transition, developed 13 open questions relating to transition. The questions were informed by the NICE Quality Standards for Transition from Children's to Adult Services. Parents were asked these questions and the following themes were generated:

- Parents acting as advocates during a time of emotional challenges.
- Parents unaware that their child is in the process of transition, hence a sense of confusion and uncertainty.
- Unsure of professional roles and responsibilities during transition process.
- Feeling the need to fight for coordinated multi-agency support, leaving them overwhelmed while continuing to support their child's needs.
- Feeling exhausted by having to repeat their story to multiple professionals, compounded by a lack of continuity in information sharing between multi-agency professionals.
- Feeling they had to take control of the transition process due to poor co-ordination across multi-agency professionals, highlighting the need for a care navigator role to co-ordinate multi-agency person centred care.



### Results:

Following the interviews with parents, the team identified the quality standards needed to encompass the following:

- Family-centred approach to facilitate the best possible experience for both parents/ carers and the young person.
- Timely coordinated multi-agency planning.
- Transparent and effective communication within and across teams.

- Effective and collaborative information sharing across agencies – in line with ‘say it once’.
- The importance of clear transition pathways and guidelines.
- Access to easy read resources informed by the agreed transition pathway.

**Next steps:**

The Transition Quality Standards will be implemented for the Wirral LD CAMHS and Adult Community Learning Disability teams and the long term aim is for the standards to be rolled out across the Trust.

**For further information, please contact Lisa Thompson, Consultant Clinical Psychologist at [lisa.thompson24@nhs.net](mailto:lisa.thompson24@nhs.net)**

Between August 2019 and November 2019, CWP formally received **1118** compliments from people accessing our services, and others, about their experience. Below is a selection of the comments and compliments received:

#### **All Age Disability**

“The Social Worker has ensured the family and placement have been involved in all the decisions being made about his transition to Adult Services and the care plan. At the recent review the family talked very highly of the Social Worker and all the work he had done.”

#### **Children, Young People & Families**

“I honestly cannot thank you enough for all you've done over the past couple of years. Having someone as caring and understanding as you supporting me, has motivated me to keep going and overcome things I never thought I could. I'm truly going to miss working with you and I am grateful for all your help along the way. I couldn't have done it without you.”

#### **Joint Management**

“During a very sad time for our family, my grandmother was treated with dignity and with a professional and human attitude. We cannot thank the team enough for all they did making her comfortable right through. This service must continue so others get the amazing support we have.”

#### **Neighbourhoods**

“Thank you so much for your great help in continuing my counselling just that little bit extra. It was so important at that time to keep me focused. I commend your amazing professionalism throughout all our sessions. After each meeting I always left feeling hopeful that I could keep calm and focused. It was so important to me that someone else cared.”

#### **Specialist Mental Health – Bed Based**

“All staff very approachable and helpful. Was made to feel welcome when visiting patient. Staff very supportive and always kept me informed. I did not find a problem with the way I was treated as a carer. Staff were always on hand with a kind word etc. Patient was treated with respect and was well kept.”

#### **Specialist Mental Health – Place Based**

“You have made a huge difference to me and my family and I know that this will have a long lasting effect upon me and my wellbeing. Your professionalism, sensitivity and dedication along with your warmth and compassion make you an outstanding practitioner.”

#### **Learning Disability, Neuro Developmental Disorders & Acquired Brain Injury**

“The staff are always helpful to us as a family, knowing my daughter is being well looked after is really important to us. The communication is exceptional.”

## **Share your improvement work!**

We welcome your best practice examples and Quality Improvement successes; please share your work via the Safe Services Department using the QI Hub page on the intranet or contact the Patient Safety Improvement Team on 01244 397410

Look out for more about Quality Improvement in Edition 3 2019/20 of the Quality Improvement Report

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**STANDARDISED SBAR COMMUNICATION**

REPORT DETAILS	
<b>Report subject:</b>	Community Mental Health Survey (CMHT) (CQC report)
<b>Agenda ref. number:</b>	19.20.136
<b>Report to (meeting):</b>	Board of Directors
<b>Action required:</b>	Information and noting
<b>Date of meeting:</b>	29/01/2020
<b>Presented by:</b>	Gary Flockhart, Director of Nursing, Therapies and Patient Partnership

Which strategic objectives this report provides information about:	
Deliver high quality, integrated and innovative services that improve outcomes	Yes
Ensure meaningful involvement of service users, carers, staff and the wider community	Yes
Be a model employer and have a caring, competent and motivated workforce	No
Maintain and develop robust partnerships with existing and potential new stakeholders	Yes
Improve quality of information to improve service delivery, evaluation and planning	Yes
Sustain financial viability and deliver value for money	No
Be recognised as an open, progressive organisation that is about care, well-being and partnership	Yes

Which NHSI Single Oversight Framework themes this report reflects:		CWP Quality Framework:		
Quality	Yes	Patient Safety	Safe	Yes
Finance and use of resources	No	Clinical Effectiveness	Effective	Yes
Operational performance	Yes		Affordable	No
Strategic change	No		Sustainable	Yes
Leadership and improvement capability	Yes	Patient Experience	Acceptable	Yes
			Accessible	Yes
<a href="http://www.cwp.nhs.uk/media/4142/quality-improvement-strategy-2018.pdf">http://www.cwp.nhs.uk/media/4142/quality-improvement-strategy-2018.pdf</a>				

Does this report provide any information to update any current strategic risks? If so, which?	
<i>Contact the corporate affairs teams for the most current strategic risk register.</i>	No

Does this report indicate any new strategic risks? If so, describe and indicate risk score:	
<i>See current integrated governance strategy: CWP policies – policy code FR1</i>	No

**REPORT BRIEFING**

<b>Situation</b> – a concise statement of the purpose of this report
This report supports the presentation that will be delivered at Board. It provides the Board with the outcomes, recommendations and action plan resulting from the CQC 2019 Community Mental Health Survey. The results and recommendations have been developed into an action plan by the heads of clinical services and clinical directors and will be monitored by the specialist mental health care group and assurance provided to the Quality Committee in March.

<b>Background</b> – contextual and background information pertinent to the situation/ purpose of the report
Each year Quality Health administrate our delivery of the CMHT survey. These results are then provided to the CQC who use the outcomes to compare the findings with other organisations on a national level. Trusts are then rated as performing ‘worse than expected’, ‘about the same as other trusts’ or ‘better than expected’. The survey is made up a number of questions across 11 areas and each area is presented as ‘section score’.

<b>Assessment</b> – analysis and considerations of the options and risks



## What are we doing really well?

The results of the 2019 survey indicate some areas of good practice across the section areas. For example, relating to 'Support and wellbeing', scores were positive when people were asked, *'In the last 12 months, did NHS mental health services give you any help or advice with finding support for financial advice or benefits?'*

Scores were also positive in relation to 'NHS Therapies' section, when people were asked, *'Were you involved as much as you wanted to be in deciding what NHS therapies to use?'* And when people were asked, *'In the last 12 months, has an NHS mental health worker checked with you about how you are getting on with your medicines?'*

## Where could we improve the most?

Areas providing the most opportunities for improvement are in the sections of 'Organising your care.', for example the question *'How well does this person organise the care and services you need?'* Whilst the sections 'support and wellbeing' and 'medicines' had areas in which we doing really well, they also include some areas where we have the most opportunities to improve. In the area of 'Support and wellbeing' when people were asked, *'In the last 12 months, did NHS mental health services give you any help or advice with finding support for physical health needs?'* The subject of medicine also provides a good opportunity to improve our practice, specifically in relation to purpose of medicines. We scored less well when people were asked, *'Has the purpose of your medicines ever been discussed with you?'*

## Performance

CWP are not categorised as performing 'Better' or 'Worse' for any question. We are 'About the same' for all questions.

## What are we going to do?

Care groups have taken these results and feedback and developed an action plan that will be monitored by the Specialist Mental Health Care Group and will provide assurance to the Quality Committee.

## Recommendation – what action/ recommendation is needed, what needs to happen and by when?

The Board of Directors are recommended to **note** the presentation which provides the outcomes and recommendations resulting from the CQC 2019 Community Mental Health Survey.

### Who has approved this report for receipt at the above meeting?

Gary Flockhart, Director of Nursing, Therapies and Partnerships.

### Contributing authors:

Cathy Walsh

### Distribution to other people/ groups/ meetings:

Version	Name/ group/ meeting	Date issued
1	Operational Committee	15/01/2020

### Appendices provided for reference and to give supporting/ contextual information:

Appendix No.	Appendix title