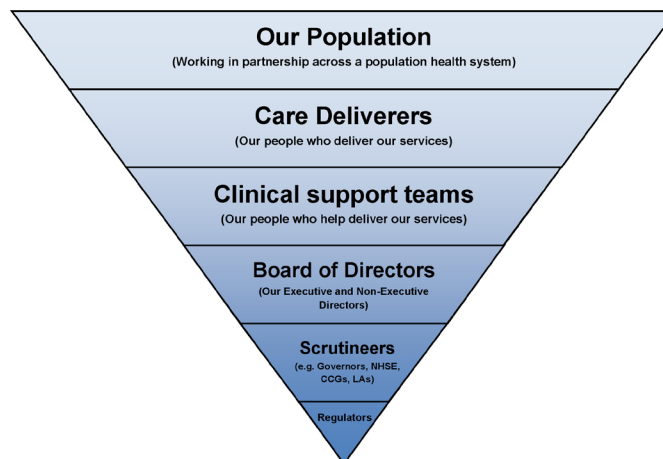


W1 Leadership	W2 Vision	W3 Culture	W4 Governance
W5 Risk	W6 Information	W7 Engagement	W8 Learning



## Board of Directors *(held in Public)*

At 1:30pm on Wednesday 28<sup>th</sup> July 2021  
Held Via Video Conferencing

Ref	Title of item	Well-led theme	Format	Presented by	Time
<b>ASSURANCE</b>					
<b>21/22/07 - Meeting Governance</b>					
21/22/07 a	Welcome, apologies and quoracy		Verbal	Chair	1:30 (5 mins)
21/22/07 b	Declarations of interest		Verbal		
21/22/07 c	Minutes of the previous meetings held 26 May 2021		Paper		
21/22/07 d	Matters arising and action schedule		Paper		
21/22/07 e	2021/22 Business cycle		Paper		
21/22/07 f	Chair's Announcements		Verbal		1:35 (5 mins)
21/22/07 g	Chief Executive's Announcements		Verbal	Chief Executive	1:40 (10 mins)
<b>21/22/08 - Internal reporting from committees; matters of escalation and assurance</b>					
21/22/08 a	<b>Operational Committee</b> <ul style="list-style-type: none"> <li>Chair's report from Operational Committee – June and July 2021</li> <li>To Include the following Highlight Reports:- <ul style="list-style-type: none"> <li>Monthly / Six Monthly Safer Staffing Report</li> <li>Health, Safety and Fire annual report</li> </ul> </li> </ul>	W4 Governance W5 Risk	Paper	Operational Committee Chair	1:50 (10 mins)
21/22/08 b	<b>Quality Committee</b>	W4 Governance W5 Risk	Paper	Quality Committee Chair	2:00 (10 mins)

Ref	Title of item	Well-led theme	Format	Presented by	Time
	<ul style="list-style-type: none"><li>Chair’s report from Quality Committee – 7th July 2021</li><li>To include the following Highlight Reports:-<ul style="list-style-type: none"><li>QI Strategy</li><li>Annual Safeguarding Report</li><li>Annual DIPC Report</li></ul></li></ul>				
21/22/08 c	<b>Audit Committee</b> <ul style="list-style-type: none"><li>Audit Committee Minutes</li><li><a href="#">8<sup>th</sup> June 2021</a></li><li><a href="#">25<sup>th</sup> June 2021</a></li><li>21<sup>st</sup> July 2021 - verbal</li><li><a href="#">Annual Report</a></li></ul>	W4 Governance W5 Risk	Paper	Audit Committee Chair	2:10 (10 mins)
21/22/08 d	<b>Board Assurance Framework To Include :-</b> <ul style="list-style-type: none"><li>Report Against Strategic Objectives</li></ul>	W4 Governance W5 Risk W6 Information	Paper	Medical Director / Director of Business and Value	2:20 (10 mins)
BREAK – 2:30 – 2:40 (10 mins)					
21/22/09 - Enabling our People					
21/22/09 a	<b>Freedom to Speak Up – six monthly report</b>	W3 Culture W5 Risk W7 Engagement W8 Learning	Paper	Director of Nursing, Therapies and Patient Partnership	2:40 (15 mins)
21/22/09 b	<b>Guardian of Safe Working – Quarterly Report</b>	W4 Governance W5 Risk W3 Culture W7 Engagement	Paper	Medical Director	
21/22/09 c	<b>Medical Appraisal Annual Report and Annual Declaration of Medical Revalidation</b>	W4 Governance W5 Risk	Paper	Medical Director	
BREAK – 2:55 – 3:00 (5 mins)					
21/22/10 – Quality of Care To include in depth discussion - Strategic Objective 6 – Reducing Inequalities					

Ref	Title of item	Well-led theme	Format	Presented by	Time
21/22/10 a	<b>Provider Collaboratives – Clinical Models</b>	W4 Governance W5 Risk	Presentation	Director of Strategy and Partnerships / Clinical Team	3:00 (45 mins)
21/22/10 b	<b>Strategic Objective 6 – Reducing Inequalities</b> In depth discussion to consider risk appetite in light of papers above	W1 Leadership W2 Vision W3 Culture W5 Risk	Verbal	Director of Nursing, Therapies and Patient Partnership / Medical Director	3:45 (30 mins)
<b>21/22/11 - Effective Systems of Governance</b>					
21/22/11 a	<b>CQC statement of purpose</b>	W4 Governance	Paper	Medical Director	4:15 (5 mins)
<b>21/22/12 - Any other business</b>					
21/22/12 a	Any other business		Verbal	Chair/ All	4:20 (5 mins)
21/22/12 b	Matters for referral to any other groups				
21/22/12 c	Matters impacting on policy and/ or practice				
21/22/12 d	Review risk impact of items discussed				
21/22/12 e	Three things to communicate				
21/22/12 f	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 [4:25]</b>					
<b>Date, time and venue of the next meeting:</b> 2021 at 13:00					

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

**At 1:30pm on Wednesday 26 May 2021  
Via Video Conferencing**

<b>Present</b>	Andrea Campbell (on behalf of Mike Maier)	Deputy Chair
	Farhad Ahmed	Non-Executive Director
	Rebecca Burke-Sharples	Non-Executive Director
	Elizabeth Harrison	Non-Executive Director
	Edward Jenner	Non-Executive Director
	Sheena Cumiskey	Chief Executive
	Dr Faouzi Alam	Joint Medical Director, Effectiveness, Medical Education, and Medical Workforce & Caldicott Guardian
	Gary Flockhart	Director of Nursing, Therapies and Patient Partnership
	David Harris	Director of People and Organisational Development
	Dr Anushta Sivananthan	Joint Medical Director, Quality, Compliance and Assurance
	Andy Styring	Director of Strategy and Partnerships
	Tim Welch	Director of Business and Value and Deputy Chief Executive
<b>In attendance</b>	Suzanne Christopher	Head of Corporate Affairs
	Sarah Quinn (on behalf of Suzanne Edwards)	Associate Director of Operations
	Samantha Scholes	Governance Officer (minutes)
	Cathy Walsh (for item 21/22/02a)	Associate Director of Patient & Carer Experience
	Peter Ashley-Mudie	Service User/Carer Governor
	Tim Seabrooke	Service User/Carer Governor
	Gill Thompson	Staff Governor
	Chris Lynch	Member of the Public
	Jonathan Smith	Member of the Public
<b>Apologies</b>	Mike Maier	Chairman
	Paul Bowen	Non-Executive Director
	Suzanne Edwards	Director of Operations

Ref	Title of item	Action
	<b>Meeting governance</b>	
21/22/01a	<b>Welcome, apologies and quoracy</b>	
	A Campbell introduced herself as Deputy Chair, welcomed all to the meeting and confirmed the meeting as quorate.	
	Apologies had been received from Mike Maier, Chair, Suzanne Edwards, Director of Operations who would be represented by Sarah Quinn, Associate Director of Operations and Paul Bowen, Non-Executive	

Ref	Title of item	Action
	Director.	
21/22/01b	<b>Declarations of interest</b> None were declared.	
21/22/01c	<b>Minutes of the previous meeting held 31 March 2021</b> The minutes were <b>approved</b> as a true and accurate record of the meeting.	
21/22/01d	<b>Matters arising and action points</b>  The action log was reviewed and it was agreed to close 20.21.70 as the Report against Strategic Objectives had now been reviewed.	
21/22/01e	<b>2021/22 business cycle</b>  The business cycle for 2021/22 was <b>noted</b> .	
21/22/01f	<p><b>Chair's announcements</b></p> <p>A Campbell as Deputy Chair, updated the Board of Directors on the following:</p> <p><u>Emergency Powers</u> On 27 April 2021, Emergency Powers were enacted in accordance with the Trust's Constitution by the Chair, Chief Executive and two Non-Executive Directors (Andrea Campbell and Rebecca Burke-Sharples) to approve the relocation of the Mass Vaccination Centre. This had been reported to the Private Board of Directors in April and was brought to the Public Board for ratification.</p> <p><u>High Sheriff of Cheshire Award</u> The High Sheriff of Cheshire visited the Chester Racecourse Mass Vaccination Centre. During his visit, the High Sheriff delivered a thank you speech and presented his award to staff and volunteers to recognise their contribution to communities. The High Sheriff said: "Time and time again I hear about the warm welcome in the car park and the smiles to put people at ease to guide people through their jabbing journey. All our communities will be forever thankful, and it is my privilege to present a High Sheriff Award to them." The Trust added its thanks to all partners.</p> <p><u>CANDDID Conference</u> The 2022 Centre for Autism, Neurodevelopmental Disorders and Intellectual Disability (CANDDID) Conference would return on 17 and 18 March 2022. The venue would be announced and would be a hybrid event, streamed virtually, in line with COVID regulations.</p> <p>The focus for the 2021 conference had been Attention Deficit Hyperactivity Disorder (ADHD), and a whole host of expert speakers had shared their experience and knowledge with over 300 delegates who had got involved virtually. It had been a phenomenal effort from all involved.</p> <p><u>International Nurses Day and Mental Health Awareness Week</u> On International Nurses Day, Gary Flockhart, Director of Nursing, Therapies and Partnership made a short video inviting everyone to celebrate and recognise nurses who had inspired them, and to reflect on the amazing contribution nurses throughout the world have made during such a challenging time. The Trust also marked Mental Health Awareness Week by sharing some examples on our social media channels of how</p>	

Ref	Title of item	Action
	<p>colleagues across CWP liked to connect with nature to support their mental wellbeing.</p> <p><u>Community Mental Health Survey 2021</u> The Trust will soon participate in the Community Mental Health Survey 2021. This forms part of a national programme to improve the quality of care and service users' experiences. Taking part in the survey is voluntary and all answers are confidential. If people wish to opt out of the survey, or have any questions, they can contact the PALS team on 0800 195 4462 (freephone) or <a href="mailto:cwp.pals@nhs.net">cwp.pals@nhs.net</a></p> <p><u>Heads up Football</u> Every Tuesday between 12-1pm, Chester FC Community Trust, in collaboration with CWP, runs a 'Heads Up Football' game for anyone over the age of 14 who had experienced a mental health problem. The sessions took place at Ellesmere Port Sports Village. For more information, contact Craig Lewis on 0151 4888 381 or email <a href="mailto:community@chesterfc.com">community@chesterfc.com</a></p> <p>The Board of Directors <b>noted</b> the above updates.</p>	
21/22/01g	<p><b>Chief Executive's announcements</b></p> <p>S Cumiskey introduced herself as Chief Executive and stated her pronouns were 'she' and 'hers'.</p> <p>She thanked all Governors and Members of the Public for joining the meeting to observe the Board.</p> <p>Headlines from the Closed (Private) Board were:</p> <ul style="list-style-type: none"> <li>• An update on Provider Collaborative work in Cheshire and Merseyside</li> <li>• Consideration of a report on the Trust's response to the COVID pandemic to reduce the impact on physical and mental health including a temporary increase in acute mental health beds</li> <li>• Chester Racecourse Vaccination Centre update</li> <li>• Almost 91.5% of staff had received their first vaccination and over 75% had received their second which would help to keep people who access services safe</li> <li>• Progress on work to reduce the ADHD waiting lists and further reduce risks</li> <li>• An update on the Serious Untoward Incidents report</li> <li>• The Director of Business &amp; Value provided an update on system and Trust financial plans for 2021/22 including system financial balance</li> <li>• Long term Mental Health investment with focus on effective mobilisation</li> <li>• Active work and plans to transact and communicate 'Imagining the Future' over the next few months</li> <li>• Update on Children and Adolescent Mental Health Services (CAMHS) Tier 4 and Adult Eating disorders (AED) Provider Collaborative</li> </ul> <p>She was also pleased to advise that the Trust had been awarded</p>	



Ref	Title of item	Action
	<p>Disability Confident Employer Level 2 status in March 2021 and was now looking to achieve Level 3.</p> <p><u>Integrated Care System (ICS) Update</u></p> <p>As part of development of new architecture across Cheshire and Merseyside (C&amp;M) and including Health Care Partnerships, a White Paper had proposed the direction of travel to created ICS's across England which would take population-based perspectives and work as systems in health and care and wider partners to reduce health inequalities. These would evolve over the year and be formally established on 1 April 2022 ICS would be subject to legislation by Parliament and would play an integral part in Place-based working to consider people and locations. In C&amp;M this would be co-terminus with the local authority, the third sector, individuals and communities.</p> <p>The three Places (Cheshire East, Cheshire West and Wirral) were heavily engaged in establishing what Place based working was and what was required. These worked on the principle of subsidiarity and ensured that as many possible decisions were made locally. They looked at resources in a different way and included what structure the system needed, what needed to be done and what this should look like.</p> <p>It would also consider:</p> <ul style="list-style-type: none"> <li>• What the role of the Health and Wellbeing Board would be in relation to the population</li> <li>• How will commissioning of the response to this need be different and how will that work and be taken forward including budgets, outcomes etc</li> <li>• How would providers (NHS, Social Care, Third Sector, etc) come together to respond to individual needs.</li> </ul> <p>The Board of Directors <b>noted</b> the summary.</p>	
	<p><b>Internal reporting from committees, matters of governance and assurance</b></p>	
21/22/02a	<p><b>Operational Committee: Chair's Report of the Operational Committee held 19 May 2021</b></p> <p>S Cumiskey, as Chair of the Operational Committee, apologised for the late issuing of the papers and informed the Board of the following:</p> <p><b>Escalation</b></p> <p>There had been three Out of Area placements in the month, which related to acuity, type of care and the required response. Higher numbers of people requiring inpatient care were being seen and as a result of careful consideration, it had been agreed to increase available beds in the interim.</p> <p>Performance for Safeguarding 3 yearly training was below the 95% target however performance had improved slightly in month to 86.4% from the previous month's figure of 85.3%, reflecting a pattern of continuous improvement.</p> <p>The new 72 hour follow up target had not been achieved and Care Groups had been asked to focus further improvement in this area.</p> <p><b>Assurance</b></p> <p>As a reflection of the significant work undertaken by the Care Groups, the</p>	

Ref	Title of item	Action
	<p>Continuous Improvement Report had shown an increase in both clinical and managerial supervision rates in month.</p> <p>The Trust continued to have no active COVID outbreaks and no positive patients within its inpatient units. The staff COVID vaccination rate was 91% and a working group to agree risk mitigations had been formed.</p> <p>The Committee received an update on the approach to ADHD waiting lists for new referrals. Needs stratification work was underway and third sector support was being sought.</p> <p><b>Improvement</b></p> <p><b>Care group round-up:</b></p> <ul style="list-style-type: none"> <li>• Specialist Mental Health had been put forward by Rethink for a best practice engagement example in King's Fund report;</li> <li>• Neighbourhoods had developed a quality visit template;</li> <li>• Learning Disabilities received positive feedback from a Royal College visit to Greenways;</li> <li>• Children and Young People had achieved a successful bid for two further mental health support teams in Cheshire schools.</li> </ul> <p>G Flockhart introduced Cathy Walsh, Associate Director of Patient &amp; Carer Experience who presented the outcome of two recent surveys:</p> <ul style="list-style-type: none"> <li>• Community Mental Health Teams (CMHT)</li> <li>• Inpatients</li> </ul> <p>C Walsh introduced herself and defined her pronouns were 'she' and 'her'.</p> <p>She stated that the CMHT survey was mandatory for the Trust and the Inpatient Survey was not, however it was good practice to do this.</p> <p>The Trust had used the organisation Quality Health to undertake the survey who had provided a report and comparison with other organisations who also used their services. The Care Quality Commission (CQC) took information from all organisations and produced a national report which resulted in two reports.</p> <p>From the CQC the Trust was rated as about same as every other organisation with the exception of 'Organising My Care' in which we were rated 'better' on knowing who to contact and 'how well my care is delivered and services organised around me'.</p> <p>It was noted that the questions were asked at end of 2019 and results could have been impacted by COVID. Overall, people felt they were treated with care and dignity and gave the Trust 8.8 against a national average of 9.0.</p> <p>The Inpatient Survey had also been conducted by Quality Health who had provided this to 11 other organisations which resulted in a 'national average' of 12 organisations for comparison.</p> <p>Of the 55 questions asked, 38 were compared nationally. From 350 invitations, 90 people participated, achieving a rate of 25% which was highest of all of the organisations.</p> <p>From the 38 questions, CWP were rated better on 32 as an average and</p>	



Ref	Title of item	Action
	<p>two were 10% better. Six were worse than average which was representative of 1-6% of responses.</p> <p>Areas for improvement included notice of discharge (4%), delayed discharge whilst waiting for medication (6%) and food (1%).</p> <p>The Trust scored 10% better than average for being able to receive the food of choice due to a specific diet and scored 11% for staff acting in good time for concerns raised.</p> <p>Overall these had been good reports despite the challenges of COVID.</p> <p>G Flockhart echoed C Walsh's comment. These had been great results and he was really impressed by the person-centredness demonstrated. He added his commendation to all in-patient team members, including domestic and facilities for cleanliness.</p> <p>The Deputy Chair asked what happened with scores which were below average and C Walsh responded that the results had already been provided to the CMHT's teams to work on improvement.</p> <p>She further asked if the missed 72 hour follow up target was a reflection of data quality issues or was it a real delay? S Cumiskey replied that this was being scrutinised carefully and would be reported again to the Operations Committee in June and subsequently to Board and the Quality Committee.</p> <p>The Board of Directors <b>noted</b> the Chair's report.</p>	
21/22/02b	<p><b>Quality Committee: Chair's Report of the Quality Committee held 5 May 2021</b></p> <p>RBS as Vice-Chair of the Quality Committee informed the Board of the following:</p> <p><b>Escalation</b></p> <p>The risk score for the strategic risk relating to ADHD had increased based on how the Committee fed into the Board for assurance. The Serious Incident Review Meeting (SIRM) and Mersey Internal Audit Authority (MIAA) were assured that the backlog was being addressed.</p> <p><b>Assurance</b></p> <p>The Hospital Manager Panel, now known as the Independent Review Panel, had been reviewed to improve its efficacy, strengthen its capability and reinforce its independence.</p> <p>Approval of a new quality standard requiring a clinical peer review for those people who had been on a Community Treatment Order for three years or more.</p> <p>G Flockhart reported that incidents of self-harm had decreased overall in this period. Specialist Mental Health and Children and Young People Care Groups had participated in the project 'No Self-harm' led by NHSE and CHAMPS. Workstreams had enabled pathways to be developed across partnerships including self-harm and interventions.</p> <p>The quality of safety reviews across Trust had been scrutinised along with the reporting system and clinical commissioning groups. System based learning was in place for patient safety incidents and patient safety</p>	

Ref	Title of item	Action
	<p>framework.</p> <p>An NHS complaint considered in March 2021 had resulted in work taking place in collaboration with clinical care groups to identify any areas of improvement.</p> <p>The Board of Directors <b>noted</b> the Chair's report.</p>	
21/22/02c	<p><b>Audit Committee: Chair's Report of the Audit Committee held 11 May 2021</b></p> <p>E Jenner introduced himself as Chair of the Audit Committee and Non-Executive Director (NED) and informed the Board of the following:</p> <p>The Trust's internal Auditors, MIAA had reviewed the Board Assurance Framework document and noted that how pleased they and Non-Executives in the Committee were in the improvement in clarity, quality and assurance the process brought. A recommendation by the auditors was that Board minutes should more fully reflect the level of challenge and discussion on this particular topic. Directors were encouraged to ensure that this was noted.</p> <p>Committee members had commented that the assurance against Conflicts of Interest and declarations for medical staff had been rated amber for three consecutive years. Assurance was provided that this had been explored in detail and a plan had being put in place to rectify the matter for the end of year audit 2021/22.</p> <p>The delays in the Serious Incident Review process were noted by the Committee as a concern. It was recommended that Internal Audit undertook a review of processes and procedures to support improvement in this area. The recommendation will be put to SIRM and Quality Committee.</p> <p>Committee members noted that in line with current guidance the 2020/21 Annual Report and Accounts would be approved by the 15th June 2021 deadline.</p> <p><b>Internal Audit Plan</b></p> <p>The MIAA Progress report had included:</p> <ul style="list-style-type: none"> <li>• Progress Report</li> <li>• Assurance Framework Opinion</li> <li>• MIAA Charter for 2021-2022</li> <li>• Conflicts of Interest Report</li> <li>• Data Security Protection Toolkit Progress Review</li> <li>• Electronic Staff Record/Payroll Briefing</li> <li>• Head of Internal Audit Opinion</li> <li>• Draft Internal Audit Plan</li> </ul> <p>Internal Audit Plan included core assurances, national and regional risk areas, strategic risks from the Board Assurance Framework and management requests, MIAA insight, including benchmarking, briefings and events which would be integral to the plan.</p> <p><b>External Audit</b></p> <p><b>Progress Report and Sector Update:</b></p>	

Ref	Title of item	Action
	<ul style="list-style-type: none"> <li>External Auditors had completed their planning processes for the 2020/21 Audit and would deliver their Final Audit Opinion by 15 June 2021.</li> </ul> <p><b>2021-2022 Audit Plan</b></p> <p>The document defined an overview of the planned scope and timing of the statutory audit of Cheshire &amp; Wirral Partnership NHS Foundation Trust.</p> <p><b>Anti-Fraud</b></p> <ul style="list-style-type: none"> <li>The Anti-Fraud Services Annual Report was presented to highlight the work undertaken during the period from April 2020 to March 2021.</li> <li>The draft Self-Assessment was discussed and approved with no challenges identified by T Welch and E Jenner prior to submission.</li> </ul> <p>The following items were discussed and noted by Audit Committee members:</p> <ul style="list-style-type: none"> <li>NHS Code of Governance Annual Assurance Report</li> <li>NHS Provider Licence</li> <li>Fit &amp; Proper Persons Annual Report</li> <li>Register of Sealing 2020-2021</li> <li>Register of Directors and Governors</li> <li>Interim Governance Note</li> <li>Internal Audit Self-Assessment including Terms of Reference.</li> </ul> <p>The Board of Directors <b>noted</b> the report.</p>	
21/22/02d	<p><b>Monthly Safer Staffing Report</b></p> <p>G Flockhart presented the report which was a requirement of NHS England and the National Quality Board.</p> <p>He stated that the report was evidence of a great response from our staff during what had indisputably been a challenging period.</p> <p>During March 2021 the Trust achieved average staffing levels of 96.5% for registered nurses and 99.1% for clinical support workers on day shifts and 95.0% and 105.3% respectively on night shifts. During April 2021 the Trust achieved average staffing levels of 99.4% for registered nurses and 96.8% for clinical support workers on day shifts and 96.3% and 100.6% respectively on night shifts. This indicated that throughout the system there had been safe staffing levels.</p> <p>Challenges had occurred in relation to registered nurses, resulting from vacancies and sickness absence. Safer staffing levels had been maintained due to flexible working and redeployment of staff. Cherry Ward had been able to work with lower staff numbers due to a temporary change to the function of the ward allowing staff to be redeployed on an as required basis across other wards of the unit whilst maintaining safe staffing levels to meet patient needs on the ward.</p> <p>G Flockhart commented that the reporting mechanism did not recognise the input of the multi-disciplinary team who have provide fantastic flexibility over the past year including these two months.</p> <p>R Burke-Sharples observed that the Board cannot underestimate the</p>	

Ref	Title of item	Action
	<p>work that goes in to maintaining safer staffing levels with the best people in the best place at the best time and thanked staff from nursing and all disciplines.</p> <p>The Board of Directors <b>noted</b> the report.</p>	
21/22/02e	<p><b>Board Assurance Framework</b></p> <p>A Sivananthan introduced herself as one of the Medical Directors and the Lead on risk and quality.</p> <p>Eight new Strategic Objectives had been defined and agreed, based on the Health Care Partnership and Place. This had resulted in the existing Board Assurance Framework (BAF) to be reviewed including the Strategic Risk Register and mitigations. The risks had been considered in detail at the Quality and Audit Committees to test out assurance to ensure all were truly mitigated.</p> <p>Currently three risks were red and six were amber, giving nine which could affect the delivery of one or more of the Strategic Objectives. One risk was in scope and would encompass Trustwide transformation programmes for Mental Health, Learning Disability services and Integrated Care.</p> <p>Strategic Risks 1, 11 and 12 had been reviewed and updated; Strategic Risks, 4, 5, 9 and 10 had been amended. Strategic Risks 3 and 8 had been archived and both would remain on the ICT Services Risk Register which was reviewed as a standing agenda item at the Infrastructure Sub Committee, and any required escalations would be via the Chair (Associate Director for Infrastructure).</p> <p>A Sivananthan commented on Risk 4 - <i>Potential adverse impact on the delivery of safe and effective care to the population of Cheshire and Wirral due to the COVID-19 pandemic</i> that the Trust had continued to provide safe and effective care to patients throughout the pandemic and added that the work which underpinned this was phenomenal.</p> <p>R Burke-Sharples stated that there was a backlog of reporting for Serious Untoward Incidents (SUI) and proposed this should be included on the Strategic Risk Register. A Sivananthan agreed that this would be a joint effort from the Care Group who would monitor this on their own Risk Register and escalate it to the Strategic Risk Register via the Operations Committee if the group's threshold was passed.</p> <p><b>Report Against Strategic Objectives</b></p> <p>T Welch introduced himself as Director of Business and Value and stated that the format of the Situation, Background, Assessment, Recommendation (SBAR) document had been updated and modelled for Board reporting including the alignment to the new Strategic Objectives. In addition update to risks or indication of new risks was incorporated. Key Performance Indicators (KPIs) would be included as a key strategy which influenced elements of population health and key determinants. A workshop was being planned to determine, agree and align short and long-term KPIs to best match the Strategic Objectives and incorporate internal and external measures.</p> <p>He identified that performance was reviewed by the Operations Committee with highlights of escalation, actions required and evidenced improvement provided to the Board.</p>	

Ref	Title of item	Action
	<p>E Harrison (NED) stated she was keen to understand the early indicators for use in long-term KPIs and consider causal factors for more frequent consideration. T Welch replied that this would be based on what and where in the organisation the measures and sub-measures were monitored. The Board was clear what it is interested in and how it would be triangulated back.</p> <p>F Ahmed, (NED) commented that a cluster of Out of Area placements were reported in March/April, following a similar cluster reported January/February and asked what these could be attributed to?</p> <p>T Welch responded that this was a reflection of pressure within the system and a growing challenge both during and post pandemic. S Quinn added that inpatient services were seeing significant increases in demand and acuity (longer stay) People were placed Out of Area for their safety and with as rapid repatriation as possible including close monitoring until this was achieved. The Trust understood how this had occurred in each individual case and was the driver for adding to inpatient capacity temporarily. F Alam, Medical Director commented that the Trust was nationally one of the best performing on Out of Area placements and was perceived as a benchmark organisation.</p> <p>A Sivananthan supported the view of the Board and assured it that monitoring of KPIs currently took place in the background and were scrutinised by Quality Committee and Operations Committee. The Board was asked to consider what was required to develop for assurance.</p> <p>The Deputy Chair stated that the Board was ultimately held accountable for risk and that Care Groups owned and agreed the risk and was well governed. As a NED there may be occasions where the Board may wish to discuss something which had not come via that route and may wish to challenge it. A Sivananthan agreed that this was absolutely the case and the most impactful.</p> <p>The Board of Directors <b>noted</b> the report.</p>	
21/22/03a	<p><b>Register of Interests (Director and Governors)</b></p> <p>The Deputy Chair presented the update which had been considered at the Audit Committee on 11 May 2021 and recommended to Board.</p> <p>The Board of Directors <b>approved</b> the report.</p>	
21/22/03b	<p><b>Fit and Proper Persons Annual Assurance</b></p> <p>D Harris, Director of People and Organisational Development presented the update which had been considered at the Audit Committee on 11 May 2021 and recommended to Board.</p> <p>The Board of Directors <b>approved</b> the report.</p>	
21/22/03c	<p><b>Chair and Chief Executive - Division of Responsibilities</b></p> <p>The Deputy Chair presented the report which clearly defined the responsibilities of the Chair and Chief Executive.</p> <p>The Board of Directors <b>approved</b> the report.</p>	

Ref	Title of item	Action
21/22/03d	<p><b>Register of Sealings</b></p> <p>T Welch, Director of Business and Value presented the update which had been considered at the Audit Committee on 11 May 2021 and recommended it to the Board</p> <p>The Board of Directors <b>approved</b> the report.</p>	
21/22/03e	<p><b>Annual Provider Licence Compliance and self-Certification statements</b></p> <p>The Deputy Chair presented the update which had been considered at the Audit Committee on 11 May 2021 and had recommended it to the Chair &amp; Chief Executive for signature and submission.</p> <p>The Board of Directors <b>approved</b> the report.</p>	
21/22/05a	<p><b>Equality and Diversity Responsibilities Inc. Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) and Staff Networks</b></p> <p>G Flockhart, Director of Nursing, Therapies and Patient Partnership presented the report which included information that had been previously discussed at Board.</p> <p>The aim of the report was to reappraise the Board about the Equality, Diversity and Inclusion Networks within the Trust.</p> <p>As a Trust we have a Disability Network with D Harris as Board Champion, an LGBT+ Network (lesbian, gay, bisexual, transgender, the + simply means that we are inclusive of all identities, regardless of how people define themselves) with G Flockhart as Board Champion and a BAME+ Network (Black, Asian and Minority Ethnic, the + is for all ethnicities both visible and non-visible) with S Edwards as Board Champion. Recent Cabinet Office guidance for the BAME+ Network suggests that terminology be reviewed and the group is considering this. All groups now have agreed Terms of Reference.</p> <p>Our network groups have supported monthly celebrations to promote awareness and developed and co-produced a Reasonable Adjustments Guide. Work was taking place to co-produce action plans to respond to our WDES and WRES despite it not being a contractual or statutory obligation, along with formulating a Workforce Sexual Orientation Equality Standard and associated action plan.</p> <p>The Board of Directors <b>approved</b> the report.</p>	
21/22/05b	<p><b>Guardian of Safe Working – Quarterly Report</b></p> <p>F Alam, Medical Director introduced the report which related to junior doctors.</p> <p>All reports received had been resolved by providing time off in lieu. There were no concerns in relation to safe practices or access to training and no fines had been levied against Trust.</p> <p>The Board of Directors <b>noted</b> the report.</p>	
21/22/05c	<p><b>NHS Staff Survey</b></p>	



Ref	Title of item	Action
	<p>D Harris, Director of People and Organisational Development presented the report which had previously been discussed at the Operations Committee and had also been provided to Leads to unpack and focus on local ownership.</p> <p>Highlights of the survey to note were:</p> <ul style="list-style-type: none"> <li>• The response rate was 51%, a decrease of 3% which may be attributable to COVID where staff absence increased through the period of the survey.</li> <li>• Staff engagement score was up by 0.1%.</li> <li>• The Trust was rated 8 out of the 26 organisations who participated in the survey provided by Picker. Whilst the comparison was helpful it would be more important to focus on what we do over the next year.</li> <li>• The scores relating to senior managers were lower than that of peers. Given that the definition of a 'senior manager' varied throughout Teams and Groups it would be difficult to draw firm conclusions about this and it was proposed that conversations about senior managers would be addressed locally.</li> <li>• Seven local questions were included and 91% of staff were aware that the Trust actively supported their health and wellbeing which fit with Strategic Objective 7, Enabling Our People.</li> </ul> <p>F Ahmed had been appointed as Guardian for Wellbeing and the Trust priority areas would be discussed and agreed at Operations Committee for the Board to consider what the People Strategy should focus on including quality, improvement and estates strategies.</p> <p>E Harrison was pleased that the results would be shared at a local level for ownership and asked how granular this would be and how would the outcomes of this be consolidated back up? D Harris replied that this would be at Team level so as not to identify individuals. Care Groups would carry out engagement as they had developed their own effective communication with staff using a variety of methods. The results of this would be pulled back in via the Organisational Development Team who would oversee this. A high-level report would subsequently be presented to Board.</p> <p>He added that the key plan was to define what 'good' looks like. A Trustwide engagement initiative was planned for June to August and would include the production of Pen Portraits for CWP members and line managers. This would both inform strategy and define important areas such as the kit provided, e.g. 'where do I work', 'what is the environment' etc. It would be used for people joining the Trust and be a benchmark to measure staff experience, e.g. 'How are we doing? Have we done what we said we would do? How does this contribute to fulfilling the SOs? Is your experience great?'</p> <p>S Quinn added that when she visited Care Groups she took the time to ask, 'What three things could I do to make your life easier?' and listened carefully to the response.</p> <p>The Deputy Chair asked how staff who were not assigned to a Care Group would be engaged with and D Harris responded that Associated Directors in all areas would enable this.</p> <p>S Cumiskey commented that the experience of staff focus was important including the staff survey and the Equality and Diversity Improvement</p>	

Ref	Title of item	Action
	<p>experience of employed or wider teams. She had recently attended the first 'safe space' event with the Ethnic Minority Network and heard their experiences as members of CWP which was fundamental to understand.</p> <p>E Jenner commended the use of Pen Portraits and advised that the focus must be on what would be done and to make that measurable to achieve a desired outcome.</p> <p>D Harris agreed and stated that multiple channels and care/clinical groups would be engaged whilst not being too prescriptive. This must be meaningful and include what mattered to them. e.g. This is a Trust Strategy: what does that mean to you and what do you need to help fulfil it? This incorporated estates, digital or people strategies. The same opportunity would also need to be enabled with partners and those who access the Trust's services.</p> <p>A Sivananthan added that she was a member of the BAME+ Assembly group, who were considering how organisations became anti-racist as race equality issues variance had been persistent. It was a CQC regulatory issue and as part of the People strategy that all people have a good experience of CWP so it would be helpful to understand what is done, how quickly this was implemented and how it was tested. The next step would be to accelerate things that go well.</p> <p>F Ahmed asked what statistics or data was available to identify trends within these areas to which D Harris replied that deep analysis remained work in progress due to capacity. It would be very interesting to combine the results of the staff survey with appraisal, supervision and absence triangulation.</p> <p>The Deputy Chair endorsed the importance of partnership working and commented that it could be difficult to know where an individual discharged their responsibilities and how they recognised different cultures etc. Direction and thinking around this were needed. She added that whilst a number of networks existed in the Trust it was surprising that there was no Women's Network.</p> <p>D Harris responded that this would be addressed by engagement about the Strategic Objectives (SO) and agreed that when working in communities/partnership who are not part of our organisation what this meant and how would leadership be seen and enacted if there was no positional authority etc. He agreed that the Trust should have as many networks as are useful and would not be restricted to protected characteristics. At present there were proposals for Coronavirus and Menopause Networks amongst others.</p> <p>G Flockhart echoed D Harris' comments that the Trust was open to suggestions on Networks and would take a proposal for a Women's Network to the Equality and Diversity Improvement (EDI) Group.</p> <p>The Board of Directors <b>noted</b> the report.</p>	<p><b>GF</b></p>
21/22/05d	<p><b>Strategic Objective 7 – Enabling our People</b></p> <p>D Harris, Director of People and Organisational Development presented the item which considered what had previously been done in relation to</p>	

Ref	Title of item	Action
	<p>this SO and what now needed to change.</p> <p>As discussed earlier in the Board, an engagement exercise was planned for June to August which would help define enabling strategies and the differing requirements. In addition, consideration would be given to how the People strategy provided confidence that the Quality Improvement strategy would be achieved and both would be considered within 'Imagining the Future'.</p> <p>The Board agreed that this both an important and relevant discussion.</p> <p>The Board of Directors <b>noted</b> the report.</p>	
<b>Closing Business</b>		
21/22/06a	<p><b>Any other business</b></p> <p>At the invitation of the Deputy Chair, Governors were invited to ask questions or comment on the Board.</p> <p>P Ashley-Mudie, Service User/Carer Governor commented that it was important that Governors attend and observe the open meetings which he endeavoured to do. He added that that this had been one of the best he had been to with exciting ideas and plans for the future.</p>	
21/22/06b	<p><b>Matters for referral to any other groups</b></p> <p>Womens Network Proposal to EDI</p>	<b>GF</b>
21/22/06c	<p><b>Matters impacting on policy and/ or practice</b></p> <ul style="list-style-type: none"> <li>• Staffing report</li> <li>• Partnership reports/developments</li> <li>• Equality Reports</li> </ul>	
21/22/06d	<p><b>Review risk impact of items discussed</b></p> <p>BAF/SRR/Performance reports</p>	
21/22/06e	<p><b>Three things to communicate</b></p>	
21/22/06f	<p><b>Review of meeting performance</b></p> <p>Board members were encouraged to review the meeting via 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>Wednesday 28 July 2021, 13:00</p>		

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

		Board of Directors: Open meeting action schedule: July 2021			
Meeting date	Group/ Ref	Action	By Whom	By when	Status
26.05.2021	21.22.05c	NHS Staff Survey To discuss the introduction of a women's group as part of the CWP EDI networks.	GF	28.05.2021	

**DRAFT - Board of Directors**  
**Business Cycle 2021/22**  
**(Meeting held in Public)**

	Item	Lead	Scope	Well-led domain	May	Jul	Sep	Nov	Jan	Mar
Meeting Governance	Chair and CEO report and Announcements	Chair / CEO	To update on development not on agenda	W1 W6	✓	✓	✓	✓	✓	✓
	Review minutes of the previous meeting	Chair	To approve minutes	W4 W5	✓	✓	✓	✓	✓	✓
	Quality Committee Chairs Report To include:- 1. Annual Safeguarding report 2. Annual Medicines Report 3. Annual Research Report 4. Six monthly Infection, Prevention and Control Report 5. DIPC Annual report (inc. PLACE). 6. CQC Patient survey and response  <b>All above reports to be accompanied by a Highlight report.</b>	QC Chair	Review Chair's Report and any matters for note/ escalation and provide assurance to the Board of Directors	W4 W5	✓ 6	✓ 1	✓ 5	✓ 2	✓ 4&3	✓
	Audit Committee Chairs Report	AC Chair	Review Chair's Report and any matters for note/ escalation	W4 W5	✓	✓	✓	✓	✓	✓
	Operational Committee Chairs Report To include:- 1. Monthly safer staffing 2. Health and Safety and Fire annual report (and LINK Certification) 3. PLACE 4. DPST/GDPR 5. Capital Plan  <b>All above reports to be accompanied by a Highlight report.</b>	OC Chair	Review Chair's Report and any matters for note/ escalation	W4 W5	✓ 1	✓ 1&2	✓ 1&3	✓ 1&4	✓ 1&5	✓ 1

	Place Based reports / updates including ICP Board/s (minutes)	SC	To note system developments	W6	✓	✓	✓	✓	✓	✓
	BOD draft Business Cycle 2022/2023	MM/SC	Ensure matters reported to the Board in a timely fashion	W4						✓
	Review risk impacts of items	MM/SC	Identify any new risk impacts	W4	✓	✓	✓	✓	✓	✓
	Strategic Objectives	All	In-depth discussion in regards to individual strategic objectives.	W1 W2 W4 W5	SO7 Staff survey and EDI focus	SO6	SO8	SO4	SO1	SO2 SO3
	Board Assurance Framework / Performance report against strategic objectives	ASiv / TW	Review performance and risk – and note for assurance	W4 W5 W6	✓	✓	✓	✓	✓	✓
Effective Systems of Governance	Annual Provider Licence Compliance and self-certification statements	TW	Review and note for assurance/ regulatory requirement	W4	✓					
	Annual Report, Accounts and Quality Account	TW	Statutory requirement	W4 W6	✓					
	CQC Statement of Purpose	ASiv	Regulatory requirement	W4	✓					
	Corporate Governance Manual	TW	Best practice annual review	W4	✓					
	Integrated Governance Framework – annual review	ASiv	Best practice annual review	W4	✓					



Enabling our people	CEO/Chair Division of Responsibilities	MM/SC	Governance requirement	W3 W4 W6	✓					
	Register of Interests (Directors and Governors)	MM	Governance requirement	W4	✓					
	Fit and Proper Persons annual assurance	DH	Regulatory and Licence requirement	W4	✓					
	Register of Sealings	TW	Governance requirement	W4	✓					
	Terms of Reference and effectiveness reviews: • Quality Committee • Audit Committee • Operational Committee	Committee Chairs	Governance requirement	W4	✓	✓				
	Equality and Diversity responsibilities inc. WRES, WDES and Staff Networks.	GF	Review and note for assurance	W7	✓	✓		✓	✓	
	Freedom to speak up six monthly report	GF	Review and note for assurance	W3 W5 W7 W8		✓			✓	
	Medical Appraisal Annual Report and annual declaration of Medical revalidation	FA	Review and note for assurance	W4 W5		✓				
	Guardian of Safe Working quarterly report	FA	Review and note for assurance	W4 W5 W3 W7	✓	✓		✓	✓	
	People and OD strategy delivery	DH	Review and note for assurance	W2 W3 W7		✓		✓		✓
	NHS Staff Survey (themes and improvement plan)	DH	Review and note for assurance	W3 W7	✓					

	Digital Strategy	TW	Review and note for assurance	W2 W3 W8		✓				✓
	Estates Strategy	SE	Review and note for assurance	W2 W3 W8		✓				✓
	Research Strategy	FA	Review and note for assurance	W2 W3 W8		✓				✓
	Communication and Engagement Strategy	SC	Review and note for assurance	W2 W3 W8		✓				✓
Quality of Care	Quality Improvement report/ strategy implementation	ASiv	Review and note for assurance	W2 W3 W8		✓		✓		✓
	Learning from Experience report, Inc. Learning from Deaths	GF	Review and note for assurance	W4 W5 W6	✓		✓		✓	
	LEVEN Report	GF	Review and note for assurance	W2 W3 W7 W8						

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

## STANDARDISED CHAIR'S REPORT

CHAIR'S REPORT DETAILS	
<b>Name of meeting:</b>	Operational Committee
<b>Chair of meeting:</b>	Sheena Cumiskey
<b>Date of meeting:</b>	23/06/2021

ESCALATION	Quality, clinical, care, other risks identified that require escalation:
	<p><b>Continuous Improvement Performance Report:</b> NHS Oversight Framework Targets:</p> <ul style="list-style-type: none"> <li>Data Quality Maturity Index (DQMI) – 87.4% against a target of 95%. The performance for February is slightly better than that reported in the previous month.</li> <li>Out of Area placements – there were 3 in month.</li> <li>Supervision – reduced from last month (80.4%) to 76.2% CYP care group had seen an improvement in the last month. A paper on barriers to how supervision is recorded and how to address these/other factors is being prepared to consider the best way forwards.</li> </ul> <p><b>Ethnicity Data recording</b> – all areas apart from Neighbourhoods continued to report a similar position to the previous month. Neighbourhoods had improved by 3.5% in month. Action plans to make further improvements were discussed at the latest DQ Group meeting, and this includes sending out a communication to GP forums requesting they work with CWP to improve recording of ethnicity at source.</p> <p><b>Safeguarding 3 yearly training</b> was below the 95% target but performance had improved slightly in month to 86.5% from the previous month's figure of 86.4%, reflecting continuous improvement over several months.</p> <p><b>Waiting times (Community)</b> – overall CWP was reporting 92.14% seen within 18 weeks (target 95%) which was an improvement on the previous month's figures.</p> <p><b>72 hour follow up target</b> (95%) figure of 84.2%. This was an improvement on the previous month's figure of 78.8%, which had followed a steady improvement. Focused work in this area to address data quality issues continues to take place.</p> <p><b>ADHD Update:</b> Needs stratification work continues and the rate is increasing, with new staff coming onboard, however the original completion date of end October 2021 is currently being reviewed. The care group will reprofile its trajectories and a further discussion will take place.</p> <p><b>Workforce Challenges:</b> A number of care groups raised challenges with current vacancies/upcoming recruitment needs. A workforce plan is in preparation and will return to Operational Committee in due course.</p>

ASSURANCE	On which matters did the meeting make a decision, e.g. what did it approve? Did it make any ethical decisions?
	<p><b>Mental Health Intensive Support (MHIS) implementation governance</b> The Committee reviewed the agreement of Wirral and Cheshire CCGs to commission a consistent service across the Trust and approved the next steps.</p> <p><b>CSS Review Update</b> The Committee discussed the draft specification and approved the next steps.</p>
ASSURANCE	Other matters discussed that provide assurance:
	<p><b>Continuous Improvement Report: Early Intervention (EI):</b> Percentage in 2 weeks – improved to 100% against a target of 60%</p> <p><b>COVID 19 (Coronavirus Update):</b> The Trust continued to have no active outbreaks and no positive cases in its inpatient units. Staff vaccination rate at 23/06/21 was 91.9% for first vaccinations and 80.8% for the second and mitigations were now in place for CWP staff who have yet to receive a Covid-19 vaccination which includes a minimum of 80% of staff on any shift must be vaccinated. The Mass Vaccination centre had moved to Ellesmere Port on 20<sup>th</sup> June and would administer Pfizer or Astra Zeneca vaccines on separate, defined days. Pop-up clinics to target areas where uptake was lower had been approved to administer the Pfizer vaccine.</p> <p><b>SMH Bed Capacity:</b> Following the agreement to increase bed capacity on a temporary basis to meet COVID pressures, preparations were underway to mobilise Riverwood ward.</p> <p><b>Urgent Care/Place of Safety:</b> The Committee reviewed the options presented to provide more appropriate places of safety for people experiencing mental health crisis and expressed their support for the work to continue. Expressions of interest for £2m each for Wirral and Cheshire to provide an integrated urgent care mental health had been submitted.</p>

	<p><b>Annual SIRO Information Risk Report 2020/21:</b> Significant progress continues to be made on the Trust's Core Infrastructure in terms of security, flexibility and economy, this is reflected in the completion of a number of risks on the ICT Service Risk Register, and a reduction in high level risk with only 2 risks rating 15 - one of which is the risk on staffing levels relating to Covid-19.</p> <p><b>Annual Information Governance Report 2020/21:</b> Information governance arrangements have been reviewed and considered appropriate and fit for purpose.</p> <p><b>EPR Data Quality in records following contact with the Crisis Line:</b> Information governance arrangements have been reviewed and work is underway to address data quality issues.</p>
IMPROVEMENT	<p><b>Developments/ achievements:</b></p> <p><b>Workforce Equality, Diversity &amp; Inclusion Networks; Workforce Disability Equality Standard (WDES); Workforce Race Equality Standard (WRES) Update:</b> Our network groups have celebrated events such as Black History Month, Virtual Pride, LGBT+ History Month, Disability History Month and International Day for Persons with Disabilities so as to involve people, share experiences and raise awareness. Trusts are required to produce and submit a disparity ratio action plan if their disparity ratio (a calculation of the probability of white staff, versus BME staff being promoted through the lower, middle and higher bands) is above 1.50. As the Trust ratio was below this figure this was not required.</p> <p><b>Imagining the Future:</b> <b>Delivery plan</b> - following engagement with Care Groups, a draft delivery plan has been produced which demonstrates how the different elements of delivery across the Trust tie in together and how each programme and their associated projects will help achieve the corporate strategic objectives of the Trust; <b>Engagement on the new strategic objectives/aims</b> will commence during the summer months with staff, people who access services and partners – starting with site visits to staff to say thank you and listen to what has worked well and ideas to help shape the future; <b>A strategic decision-making framework</b> is also being developed. This will help the Trust assess future strategic areas of work, including future business proposals and will aid risk/benefit assessment, together with Quality &amp; Equality impact assessments. CWP's business cycle will be strategically led and progress closely monitored and reported on. This is currently under development via engagement with colleagues and will be brought to July's Operational Committee.</p>

## STANDARDISED CHAIR'S REPORT

CHAIR'S REPORT DETAILS	
<b>Name of meeting:</b>	Operational Committee
<b>Chair of meeting:</b>	Sheena Cumiskey
<b>Date of meeting:</b>	21/07/2021

ESCALATION	Quality, clinical, care, other risks identified that require escalation:
	<p><b>CQC ADHD Update</b> – The Committee received an update and gained assurance on the progress and actions taken in relation to addressing the regulatory action from CQC, following a Board of Directors decision to invest internal funding to make progress.</p>
	<p><b>Continuous Improvement Performance Report:</b> NHS Oversight Framework Targets:</p> <ul style="list-style-type: none"> <li>Data Quality Maturity Index (DQMI) – 86.9% against a target of 95%. The performance for March was slightly less than that reported last month.</li> <li>Out of Area placements – there were three in month.</li> </ul>
	<p><b>Ethnicity Data recording</b> – all areas apart from SMH Wirral and CYP were reporting a slight improvement in numbers. Action plans to make further improvements were reviewed again at the latest DQ Group meeting.</p>
	<p><b>Supervision</b> – rates for clinical supervision had increased from last month (76.2%) to 78.1%, and management supervision numbers had reduced again on the figures reported last month (76.1%) to 75.1%. Both remained behind the 85% target. Work continues to review reporting arrangements for supervision.</p>
	<p><b>Safeguarding 3 yearly training</b> below the 95% target number but performance had improved again in month to 87.7% from last month's figure of 86.5%, reflecting continuous improvement.</p>
	<p><b>Waiting times (Community)</b> – Overall CWP was reporting 92.6% seen within 18 weeks (target 95%) which was a small improvement on last month's figures. SMH waiting times are on track against an improvement plan trajectory.</p> <p><b>72 hour follow up target</b> (95%) for all patients had been missed at 88.2%. This was an improvement on last month's figure of 84.2% and is ahead of the improvement plan trajectory.</p> <p><b>Significant continued increase in need and acuity of people accessing mental health services.</b> As a result, continuation of pressure on all areas of care including bed availability and therefore increasing time spent with people waiting in Emergency Departments to access a bed. This has resulted in some 12-hour breaches. Escalation process being developed.</p>

ASSURANCE	On which matters did the meeting make a decision, e.g. what did it approve? Did it make any ethical decisions?
	<p><b>CYP Crisis Model Implementation</b> The Committee approved the mobilisation of the Cheshire and Merseyside New Care Model for CYP Urgent and Support Services in line with the requirements of the NHS Long Term Plan for Mental Health.</p>
	<p><b>Health, Safety and Fire Annual Report</b> The Committee received and approved the Annual Health, Fire &amp; Safety Report and noted the priorities identified for 2021/22.</p>
	Other matters discussed that provide assurance:
	<p><b>MIAA Report: Data Security and Protection Toolkit Assessment Summary</b> Internal Audit report gave 'moderate' assurance overall, with 'substantial' assurance in relation to assessment and self-assessment.</p> <p><b>Lead Provider Collaboratives:</b> The Committee was assured that the LPCs were in a strong position to 'Go Live' on 1/10/21, subject to NHSI/E agreeing to underwrite the previously identified risk in relation to Exceptional Packages of Care.</p> <p><b>COVID 19 (Coronavirus Update)</b> Lateral Flow Tests continue to be available to staff until July when staff will be required to use the government website to order LFT kits to their home address. The Covid-19 LFT reporting app is now available for Android</p>

	<p>phones and work is ongoing regarding access for iPhones. The mass vaccination centre throughput has reduced as roving clinics have increased in number and the Civic Hall site will close to first jabs on 16<sup>th</sup> August, remaining open for dedicated sessions for people's second jabs till end of Sept 2021. A booster programme will run from September and CWP is looking at how to administer that for health care staff. Staff first vaccination rate is 93.2% and a second vaccination rate is 82.8%.</p> <p><b>Covid Restoration &amp; Recovery Update</b> The Committee were updated on continuing work by operational teams to learn from COVID and respond to the current COVID situation.</p> <p><b>Strategic Risk Register / Care Group Risk Registers:</b> The Committee received the strategic risk register to increase operational awareness of strategic risks.</p> <p><b>Safer Staffing Updates</b> The Committee received updates in relation to monthly ward staffing and the six-monthly safer staffing report. This included information from the Mental Health Optimal Staffing Tool. Staffing levels continued to be a challenge across Care Groups due to the impact of the pandemic but assurance was given that work was ongoing in relation to recruitment.</p> <p><b>New Pension Rules</b> The Committee considered the potential impact of a recent judicial decision on the workforce in terms of potential increase in people choosing to retire. Assurance was given that People Services would work with managers to support conversations with staff, flexible and hybrid working arrangements and recruiting ahead of need.</p> <p><b>Recruitment to Care Groups</b> All Care Groups are experiencing similar difficulties in relation to recruitment. However, the Committee was given assurance that this was being looked at by each Care Group, as well as work across the Trust, supported by the Workforce Team.</p>
IMPROVEMENT	<p><b>Developments/ achievements:</b></p> <p><b>Electronic Patient Record Programme</b> The Committee received an update on the progress towards transfer to the new Electronic Patient Record system.</p>



## STANDARDISED SBAR COMMUNICATION

REPORT DETAILS	
<b>Report subject:</b>	Ward Daily Staffing Levels May and June 2021
<b>Agenda ref. number:</b>	21.22.08 a
<b>Report to (meeting):</b>	Board of Directors
<b>Action required:</b>	Information and noting
<b>Date of meeting:</b>	28/07/2021
<b>Presented by:</b>	Hayley McGowan, Associate Director of Nursing and Therapies

Which strategic objectives this report provides information about:	
Improving Care, Health and Wellbeing	Yes
Working within Communities	No
Working in Partnership	No
Delivering, Planning and Commissioning Services	Yes
Making Best Value	Yes
Reducing Inequalities	Yes
Enabling our People	Yes
Improving and Innovating	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	No	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
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	Yes/ No
N/A	

### REPORT BRIEFING

Situation – a concise statement of the purpose of this report
This report details the ward daily staffing levels during the months of May and June 2021 following the submission of the planned and actual hours of both registered nurses (RN) and clinical support workers (CSWs) to UNIFY (Appendix 1). The themes arising within these monthly submissions identify how patient safety is being maintained in the continued context of the COVID-19 response and recovery.

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/Improvement and the National Quality Board in order to appraise the Board and the public of staffing levels within inpatient units. The recommendations made within the latest six monthly reports are being taken forward in line with the ongoing COVID-19 response and recovery planning and continued development of the Transformation plans and new models of care being implemented across all care groups that provide inpatient services .

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

During May 2021 the trust achieved average staffing levels of 95.6% for registered nurses and 98.6% for clinical support workers on day shifts and 98.1% and 101.7% respectively on night shifts. During June 2021 the trust achieved average staffing levels of 96.2% for registered nurses and 101.6% for clinical support workers on day shifts and 96.1% and 101.3% respectively on night shifts.

During May and June Greenways ward utilised less clinical support workers at night than their usual planned fill rates and utilised additional registered nurses on these shifts. This was as a result of the redeployment of a registered nurse from Eastway and utilisation of bank registered nurses to fill gaps that could not be filled by substantive or temporary clinical support workers. Overall minimum safe staffing levels were maintained on the unit during this period.

During May Mulberry Ward experienced staffing challenges for registered nurses on days due to vacancies and sickness absence. Support was provided from the wider multidisciplinary team with the occupational therapists and matron working within the numbers as required and staff from other units across the locality providing support.

Throughout May and June Rosewood continued to experience staffing challenges in relation to registered nurse fill rates across the 24-hour shift cycle. This was due to vacancies and sickness absence. Safer staffing levels were maintained during this period by redeploying staff from other wards in Bowmere on a shift by shift basis and increasing the numbers of clinical support workers on night shifts. The registered nursing numbers on Rosewood was reduced to a minimum of one at night and support was provided by registered nursing staff working on Maple Ward which is the adjoining unit. Within Bowmere all the ward managers undertake twilight shifts on a weekly rotational basis, enabling the twilight ward manager to support any areas that may be short staffed until midnight. Generally, after midnight the wards can work safely on lower staffing levels.

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 details the fill rates for all inpatient services.

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

The Board of Directors are asked to note the report.

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

Gary Flockhart, Director of Nursing, Therapies and Patient Partnerships

**Contributing authors:**

Hayley McGowan Associate Director of Nursing and Therapies (Mental Health and Learning Disabilities)

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

Version	Name/ group/ meeting	Date issued
1	Operational Committee	21.07.21

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

Appendix No.	Appendix title
1	Ward Daily Staffing fill rates May and June 2021

Ward		Day				Night				Fill Rate			
		Registered midmives/nurses		Care Staff		Registered midmives/nurses		Care Staff		Day		Night	
		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	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
East	Alderley Unit	964.50	907.30	1713.50	1647.50	724.50	724.50	690.00	685.00	94.1%	96.1%	100.0%	99.3%
	Greenways A&T	1203.25	1210.00	1311.00	1215.50	713.00	897.00	1426.00	1203.50	100.6%	92.7%	125.8%	84.4%
	Mulberry	1365.00	1145.50	2137.00	2075.50	713.00	690.00	2165.50	2119.50	83.9%	97.1%	96.8%	97.9%
	Silk	1330.00	1372.00	2766.00	2551.50	793.50	793.50	2525.50	2430.00	103.2%	92.2%	100.0%	96.2%
	Saddlebridge	1058.50	1047.00	1161.50	1131.50	724.50	690.00	693.00	690.00	98.9%	97.4%	95.2%	99.6%
Wirral	Brackendale	1034.50	1059.25	1415.00	1503.50	638.50	638.50	989.00	1027.50	102.4%	106.3%	100.0%	103.9%
	Brooklands	902.50	908.50	1702.50	1801.25	713.00	643.75	1104.00	1161.00	100.7%	105.8%	90.3%	105.2%
	Lakefield	1166.00	1124.04	1311.00	1332.50	685.00	696.50	967.00	1064.50	96.4%	101.6%	101.7%	110.1%
	Meadowbank	1252.50	1191.00	1541.00	1588.00	701.50	716.00	1115.50	1069.00	95.1%	103.0%	102.1%	95.8%
	Oaktrees	1266.00	1241.00	1309.50	1298.50	701.50	690.00	713.00	724.50	98.0%	99.2%	98.4%	101.6%
West	Willow PICU	916.50	907.00	1069.50	1138.50	713.00	598.00	713.00	891.50	99.0%	106.5%	83.9%	125.0%
	Beech	1268.00	1166.00	1388.50	1240.50	528.50	551.50	969.00	1061.00	92.0%	89.3%	104.4%	109.5%
	Cherry	899.40	830.60	1519.20	1384.60	467.30	420.40	938.60	947.90	92.4%	91.1%	90.0%	101.0%
	Coral	869.50	869.50	1668.50	1668.50	595.00	595.00	1470.50	1470.50	100.0%	100.0%	100.0%	100.0%
	Eastway A&T	1211.30	1182.70	1309.10	1286.10	621.00	621.00	1436.10	1381.00	97.6%	98.2%	100.0%	96.2%
	Indigo	906.50	906.50	1171.00	1171.00	552.00	552.00	1206.50	1206.50	100.0%	100.0%	100.0%	100.0%
	Juniper	1017.80	972.80	1389.50	1300.00	638.00	638.00	878.00	878.00	95.6%	93.6%	100.0%	100.0%
	Rosewood Unit	1219.50	975.00	1426.00	1461.50	713.00	555.50	1069.50	1150.00	80.0%	102.5%	77.9%	107.5%
	Maple Unit	1219.00	1050.00	1092.50	1092.50	713.00	690.00	713.00	713.00	86.1%	100.0%	96.8%	100.0%
	Trustwide	21070.25	20065.69	28401.80	27888.45	12648.80	12401.15	21782.70	21873.90	95.6%	98.6%	98.1%	101.7%

Ward		Day				Night				Fill Rate			
		Registered		Care Staff		Registered		Care Staff		Day		Night	
		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	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
East	Alderley Unit	894.00	888.70	1549.50	1497.00	688.50	689.50	688.50	667.00	99.4%	96.6%	100.1%	96.9%
	Greenways A&T	1199.75	1142.00	1278.50	1182.25	690.00	782.00	1380.00	1215.50	95.2%	92.5%	113.3%	88.1%
	Mulberry	1191.50	1085.50	2120.50	1927.45	690.00	690.00	2035.50	1919.00	91.1%	90.9%	100.0%	94.3%
	Silk	1428.50	1389.00	2543.00	2251.50	701.50	701.50	2472.00	2308.00	97.2%	88.5%	100.0%	93.4%
	Saddlebridge	1050.50	971.52	1184.50	1136.00	678.50	667.00	690.00	678.50	92.5%	95.9%	98.3%	98.3%
Wirral	Brackendale	1026.00	1053.75	1322.50	1318.50	690.00	660.00	1012.00	1023.50	102.7%	99.7%	95.7%	101.1%
	Brooklands	894.00	945.50	1489.50	1462.00	678.50	649.00	891.50	1050.00	105.8%	98.2%	95.7%	117.8%
	Lakefield	987.50	929.50	1483.50	1737.00	662.00	611.00	1018.50	1088.50	94.1%	117.1%	92.3%	106.9%
	Meadowbank	1242.50	1211.50	1410.50	1338.00	517.50	497.00	1035.00	1079.00	97.5%	94.9%	96.0%	104.3%
	Oaktrees	1203.50	1190.00	1202.00	1212.50	690.00	681.50	690.00	655.50	98.9%	100.9%	98.8%	95.0%
West	Willow PICU	972.50	1052.00	977.50	1336.00	690.00	678.50	690.00	851.00	108.2%	136.7%	98.3%	123.3%
	Beech	1074.00	1066.00	1349.50	1303.50	561.19	529.19	1153.00	1130.00	99.3%	96.6%	94.3%	98.0%
	Cherry	826.00	734.50	1502.60	1363.30	482.20	379.10	1015.20	958.10	88.9%	90.7%	78.6%	94.4%
	Coral	996.00	996.00	1573.50	1562.00	605.90	606.00	1207.00	1207.00	100.0%	99.3%	100.0%	100.0%
	Eastway A&T	1251.00	1206.25	1183.40	1169.10	587.70	587.70	1378.40	1366.70	96.4%	98.8%	100.0%	99.2%
	Indigo	892.50	892.50	942.00	942.00	437.00	437.00	1310.50	1310.50	100.0%	100.0%	100.0%	100.0%
	Juniper	898.50	872.50	1394.50	1383.10	475.00	475.00	897.00	885.50	97.1%	99.2%	100.0%	98.7%
	Rosewood Unit	1200.00	901.00	1380.00	1552.40	690.00	460.00	1035.00	1161.50	75.1%	112.5%	66.7%	112.2%
	Maple Unit	1170.00	1043.30	920.00	1127.00	690.00	678.50	609.50	632.50	89.2%	122.5%	98.3%	103.8%
	Trustwide	20398.25	19571.02	26807.00	26800.60	11905.49	11459.49	21208.60	21187.30	96.2%	101.6%	96.1%	101.3%

**STANDARDISED HIGHLIGHT/  
EXCEPTION REPORT**

REPORT DETAILS	
<b>Subject matter of report:</b>	Safer staffing six monthly report December 2020- May 2021
<b>Report provided by:</b>	Hayley McGowan, Associate Director of Nursing and Therapies
<b>Date of report:</b>	15/07/2021

SUBJECT MATTER <small>What is this report about? Summarise why this report requires the attention of the Committee.</small>	Summarise the purpose of the report:
	<p>This report provides an overview of the work undertaken to maintain safer staffing by all services within the Trust during the reporting period. This is in addition to monthly fill rates for inpatient services that are reported to the Trust Board. The report focuses on how services continue to work towards having the right staff with the right skills in the right time and place in order to provide evidence regarding the Trust's capacity and capability to provide high quality care via safer staffing during the implementation of business continuity and service recovery plans in the ongoing context of Covid-19.</p>

ESCALATION <small>What do you need to escalate to the Committee?</small>	
	<p>All services have continued to work flexibly and creatively in order to respond to the ongoing challenges associated with Covid-19 and maintain minimum safe staffing levels to continue to provide accessible services and respond to increasing demands.</p> <p>All services have continued to be impacted by the effects of covid related absence and restrictions which continues to affect staff wellbeing and morale. This has impacted on staffing fill rates across inpatient services at various points throughout the reporting period</p> <p>The MHOST has been completed across mental health and learning disability services during this reporting period to benchmark staffing requirements for each area based on dependency levels of people supported within inpatient settings. The results of the MHOST benchmarking will be reviewed as part of the transformation programmes to inform future workforce plans for mental health and children and young peoples inpatient services. A review of funded headroom for all inpatient services will also be undertaken in the next reporting period in line with the MHOST recommendations</p> <p>Recruitment of registered mental health and learning disability nurses remains a particular challenge which is reflective of the national position. The SMH, LD, ND and ABI and CYPF Care Groups will be working with people services to develop a proactive recruitment and retention strategy for this staff group during the next reporting period.</p>

ASSURANCE <small>What assurance or evidence of improvements are you providing to the Committee?</small>	Other key matters to highlight:
	<p>In addition to continuing to respond to the challenges of Covid-19 all care groups continue to progress with transformation and service development programmes in order to support the development of a sustainable service offer for the future based upon national and local drivers.</p> <p>The All Age Disability Service is now a member of the Cheshire &amp; Merseyside Social Work Teaching Partnership. This enables the service to work strategically with other partners around the pre-qualification agenda, post-qualification and CPD for Social workers.</p> <p>Care Groups are working in partnership with Higher Education Institutes to develop education programmes to support continuing professional development (CPD) in line with the skill requirements of the emerging models of care.</p> <p>Health Education England CPD funding is being utilised to enable practitioners to access a range of opportunities to consolidate and expand their skills and knowledge to improve their practice.</p> <p>New roles continue to be developed across Care Groups in order to support delivery of different models of care and provide opportunities for career progression for staff from a range of professional backgrounds.</p> <p>Workforce wellbeing continues to be a priority across all teams with a range of approaches being utilised to ensure staff are able to access effective support.</p> <p><a href="#">Link to full report</a></p>

**STANDARDISED HIGHLIGHT/  
EXCEPTION REPORT**

REPORT DETAILS	
<b>Subject matter of report:</b>	Health, Safety and Fire Annual Report 2020-2021
<b>Report provided by:</b>	Senior Health and Safety Advisor
<b>Date of report:</b>	21/07/2021

<b>SUBJECT MATTER</b> What is this report about? Summarise why this report requires the attention of the Committee.	Summarise the purpose of the report:
	<p>The Health, Safety and Fire annual report was noted and approved at the Operational Committee on July 21, 2021.</p> <p>The Health, Safety and Fire annual report informed Operational Committee, of measures in place to manage Health &amp; Safety and Fire matters in Cheshire and Wirral Partnership NHS Foundation Trust</p>

<b>ESCALATION</b> What do you need to escalate to the Committee?	Quality, clinical, care, other risks that require escalation:
	For noting

<b>ASSURANCE</b> What assurance or evidence of improvements are you providing to the Committee?	Other key matters to highlight:
	<p>CWP is fully committed to developing the highest standards of health and safety practice and fire safety.</p> <p>The report noted and approved at Operational Committee detailed arrangements in place to monitor and maintain those standards.</p> <p>We are compliant in all areas discussed in the report.</p> <p><a href="#">Link to full report</a></p>



## STANDARDISED CHAIR'S REPORT

CHAIR'S REPORT DETAILS	
<b>Name of meeting:</b>	Quality Committee
<b>Chair of meeting:</b>	Andrea Campbell, Non-Executive Director
<b>Date of meeting:</b>	07/07/2021
ESCALATION	<b>Quality, clinical, care, other risks identified that require escalation:</b> <ul style="list-style-type: none"> <li>The continued delay to modelling the strategic risk of failure to deliver the full scale of transformation projects across Care Groups is being escalated to the Board as part of the Board Assurance Framework. The Corporate Affairs team has been asked to work with the risk owner and leads to ensure progress is made and demonstrable in the next scheduled report.</li> <li>An update was provided concerning CWP's progress with the action plan in response to the independent quality assurance review report 2016/23382. More evidence has been requested to provide assurance that the actions taken have been integrated into practice, therefore Quality Committee will continue to oversee this action plan.</li> <li>The Providing High Quality Care dashboard report escalated that improvements are required to measures concerned with restraint and self-harm. Improvement work is progressing and this will be discussed at September's meeting as part of the 'safety' theme of the agenda.</li> </ul>
	<b>On which matters did the meeting make a decision, e.g. what did it approve?</b> <ul style="list-style-type: none"> <li>The Quality Committee was not quorate during the meeting. Approval of the following reports was agreed in principle and subsequently endorsed outside of the meeting by Non Executive Director members of Quality Committee. The following reports can be accessed alongside the summary provided in the accompanying highlight reports on the Board agenda; they are for endorsement by the Board of Directors as part of the new Board business cycle and streamlining governance approach: <ul style="list-style-type: none"> <li><a href="#">Quality Improvement strategy: phase 2 (2021/23).</a></li> <li><a href="#">Safeguarding Adults and Children (including Children in Care) annual report (2020/21).</a></li> <li><a href="#">Infection Prevention &amp; Control annual report (2020/21).</a></li> </ul> </li> </ul>
ASSURANCE	<b>Other matters discussed that provide assurance:</b> <ul style="list-style-type: none"> <li>A service improvement plan was noted by Quality Committee concerning the response to the Board approved level 3 serious investigation report (Mulberry ward). The Board will be asked to scrutinise this plan and provide approval of the actions and timeframes.</li> <li>Following a presentation to the Care Quality Commission from the team at Rosewood, an improvement plan around learning from incidents and staffing issues has been agreed, which will be overseen by Quality Committee.</li> </ul>
	<b>Developments/ achievements:</b> <ul style="list-style-type: none"> <li>A presentation was received from the Complex Needs Service, Wirral. It demonstrated the impacts of taking a structured pathway approach to intensive case management with people with the most complex range of difficulties. An evaluation of the treatment model has demonstrated many improved outcomes to quality of life including reduced inpatient stays, detentions and contact with/ attendance at other services. The approach has also demonstrated the delivery of care supported within the limits of financial resources, with cost savings being realised. Care Groups have been asked to consider this treatment model for its spread across other services and within emerging care communities. Quality Committee will receive a further update in eight months.</li> <li>A presentation was received around the "acceptability" domain of the CWP quality framework, providing insight from data and feedback related to acceptability of CWP services to those who access our current service offer. Care Groups have been asked to discuss and disseminate the data to enable improvement work to be identified around equity and person-centred care. Progress with this will be presented by Care Groups when the Quality Committee next has the "acceptability" agenda theme.</li> </ul>
IMPROVEMENT	

**STANDARDISED HIGHLIGHT/  
EXCEPTION REPORT**

REPORT DETAILS	
<b>Subject matter of report:</b>	Quality Improvement strategy 2021/23 (phase 2)
<b>Report provided by:</b>	David Wood, Associate Director of Safe Services
<b>Date of report:</b>	19/07/2021
<b>SUBJECT MATTER</b> What is this report about? Summarise why this report requires the attention of the Committee.	<b>Summarise the purpose of the report:</b> <p>The Quality Improvement (QI) strategy 2021/23 – Phase 2 – was approved following the Quality Committee meeting held on 7 July 2021. It is a key enabling strategy that will support the delivery of the Trust strategy ‘Imagining the Future’ alongside our new strategic objectives. It will also underpin all other enabling strategies both internal and external to CWP. In relation to the latter, this includes the LTP implementation framework, which focuses on meeting population need by using QI, as well as The NHS Patient Safety Strategy whose key strategic aim is ‘Improvement’</p> <p>The Board of Directors is asked to endorse the approval of the Quality Improvement strategy 2021/23 attached via the Quality Committee Chair’s report.</p>
	<b>ESCALATION</b> What do you need to escalate to the Committee?
<b>ASSURANCE</b> What assurance or evidence of improvements are you providing to the Committee?	<b>Other key matters to highlight:</b> <p>Phase 2 builds on the successes of Phase 1 as noted by CQC in their 2019/20 inspection report. Our performance and successes during Phase 1 includes 3,207 people completing universal QI training, having 42 people trained at advanced level and undertaking at least 230 QI projects.</p> <p>Plans for Phase 2 include:</p> <ul style="list-style-type: none"> <li>• Undertaking further advanced level training with the support of our strategic partner and increase uptake of all other levels of training. This will be a priority for the new year as we create space this year to roll out training in the SystmOne electronic patient record – however we shall encourage uptake of universal level training to strengthen further our capability base.</li> <li>• Ensuring all training includes measurement for improvement – to understand and tackle unwarranted variation.</li> <li>• Building improvement capability of our Patient Safety Partners, those who access services and non-NHS partners so that we can deliver co-produced improvement.</li> </ul> <p>Phase 2 has incorporated learning from the pandemic, where we have seen innovation in the delivery of services at pace and scale. It has undergone significant engagement with Care Groups, Governors and people with lived experience – all of which has shaped the content.</p>

**STANDARDISED HIGHLIGHT/  
EXCEPTION REPORT**

REPORT DETAILS	
<b>Subject matter of report:</b>	Safeguarding Annual Report
<b>Report provided by:</b>	Vic Peach
<b>Date of report:</b>	15/07/2021
<b>SUBJECT MATTER</b> What is this report about?	<b>Summarise the purpose of the report:</b>
	The annual report provides assurance that the services have safe and effective systems in place to safeguard adults, children, and young people at risk of abuse, neglect, and exploitation and that the statutory responsibility is being met.
<b>ESCALATION</b> What do you need to escalate to the Committee?	<b>Quality, clinical, care, other risks that require escalation:</b>
	<p>The Board is asked to approve the objectives for 2021 / 22:</p> <ul style="list-style-type: none"> <li>Develop a Trust strategy to meet the requirements of the Domestic Violence bill (2021) and to enable practitioners to recognise and respond to domestic violence and abuse.</li> <li>Embed 'Think family' approach in practice and review the safeguarding level 3 training to optimise such.</li> <li>Strengthen and expand the model of safeguarding supervision to improve practitioners' access and ensure that the statutory requirement is met.</li> <li>Develop a robust interface between the reported incidents and safeguarding activity to provide assurance that safeguarding practitioner oversight is employed most effectively.</li> <li>Continue the improvements of safeguarding governance arrangements to enable Care Groups to be held to account at the Trust Wide Safeguarding Group and reflect learning across and beyond localities</li> </ul>
<b>ASSURANCE</b> What assurance or evidence of improvements are you providing to the Committee?	
	<p>Key areas of success during 2020 / 2021:</p> <ul style="list-style-type: none"> <li>Developed and delivered domestic abuse training for the Covid 19 testing site staff.</li> <li>Maintained and fulfilled our level three training offer across the organisation through the development of a face to face and enhanced e-learning package: sustaining improved compliance.</li> <li>Continued to offer a robust and effective safeguarding service throughout the year by maintaining links with clinical services across the organisation, attending professional and partnership meetings through secure virtual platforms.</li> <li>Developing innovative ways of providing supervision to both individuals and groups.</li> <li>Developing bespoke learning bulletins to service areas to ensure key safeguarding messages are cascaded to all relevant staff.</li> <li>Assisted in the development of an enhanced safeguarding reporting mechanism through the Datix incident reporting system.</li> <li>Co-ordinated a clinical network day to the children and young people care group to deliver key safeguarding messages and practice.</li> <li>The safeguarding team took part in National Safeguarding adult's week and Child Exploitation day to raise awareness relating to current key safeguarding themes. This was communicated across the organisation through CWP daily Facebook live and Twitter.</li> <li>Strengthened of the safeguarding assurance process through care group forums.</li> </ul>

**STANDARDISED HIGHLIGHT/  
EXCEPTION REPORT**

REPORT DETAILS	
<b>Subject matter of report:</b>	Infection Prevention and Control Annual Report
<b>Report provided by:</b>	Vic Peach
<b>Date of report:</b>	15/07/2021
<b>SUBJECT MATTER</b> What is this report about?	<p><b>Summarise the purpose of the report:</b></p> <p>This annual report highlights the partnership working and continuous improvements within IPC during 2020/21 and the key priorities for 2021/22 alongside the ongoing response to Covid-19. The report provides assurance that statutory requirements have been met.</p>
<b>ESCALATION</b> What do you need to escalate to the Committee?	<p><b>Quality, clinical, care, other risks that require escalation:</b></p> <p>The Board is asked to approve the objectives for 2021 / 22:</p> <ul style="list-style-type: none"> <li>• Maintain compliance and assurances with the Health and Social care Act (2015).</li> <li>• Promote hand hygiene week in May 2021.</li> <li>• Deliver a quality IPC education event to CWP staff in Q4.</li> <li>• Actively support the staff influenza campaign to achieve 85% uptake in face to face staff.</li> <li>• Undertake a Trust wide mattress audit.</li> <li>• Improve compliance to anti-microbial prescribing using quality improvement methodology.</li> <li>• Develop health economy wide infection prevention and control group and align IPC with the 10-year NHS Plan.</li> <li>• Develop a robust systems and processes within the IPC team to manage COVID-19 patient cases and outbreaks.</li> </ul>
<b>ASSURANCE</b> What assurance or evidence of improvements are you providing to the Committee?	<p>The Trust is committed to working towards excellence in IPC practice to help prevent avoidable infections in the people we serve. Commitment and expertise from the IPC team and dedication from all colleagues has enabled people within the Trust to continue to provide safe and effective care throughout the Covid-19 pandemic.</p> <p>When infection does occur, this is recognised early and treated appropriately in line with national guidance. Antimicrobial resistance 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.</p>

## STANDARDISED SBAR COMMUNICATION

REPORT DETAILS	
<b>Report subject:</b>	Board Assurance Framework and Strategic Risk Register
<b>Agenda ref. number:</b>	21.22.08 d
<b>Report to (meeting):</b>	Board of Directors (meeting in public)
<b>Action required:</b>	Discussion and Approval
<b>Date of meeting:</b>	28/07/2021
<b>Presented by:</b>	Dr Anushta Sivananthan, Medical Director (Executive Lead for Quality)

Which strategic objectives this report provides information about:	
Improving Care, Health and Wellbeing	Yes
Working within Communities	Yes
Working in Partnership	Yes
Delivering, Planning and Commissioning Services	Yes
Making Best Value	Yes
Reducing Inequalities	Yes
Enabling our People	Yes
Improving and Innovating	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 Board Assurance Framework (BAF) and Strategic Risk Register (SSR), to inform discussion of the current risks to the delivery of the organisational strategic objectives and to meet the requirements outlined within the Trust's integrated governance framework.
<b>At the time of reporting (July 2021) the Trust has seven strategic risks – three are rated red and four are rated amber. There is one risk in scope.</b>

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 Quality Committee reviews the strategic risk register. The Board of Directors reviews the board 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. Additional to this Operational Committee receives the strategic risk register to increase operational awareness of strategic risks and strengthen integrated governance in terms of the synergy between Care Group and strategic risk registers



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

### New risks/ risks in-scope

There are no new risks.

One risk remains in scope: **Risk of failure to deliver full scale of transformation projects across Care Groups.** This risk previously related to the transformation projects within the Specialist Mental Health Care Group. Discussion with Executive risk owners has resulted in a broader risk description to encompass Trustwide transformation programmes. Work is required to deliberate the re-modelling of this risk. Risk appetite, controls, assurances and gaps will be considered against that wider context.

### Current risks

Strategic risk positions have been reviewed and updated.

**Risk 11 – Failure to achieve Trust (and system) control totals. (Score: 9 - Amber)** Interim arrangements are in place due to COVID-19 to support the NHS response. The risk will be reviewed in light of planning guidance for 2021/22. Mechanisms are in place to monitor new investment schemes in terms of mobilisation progress. All current vacancies are also being reviewed as at May 21 to understand the challenges to recruitment and mitigate slippage for spend plans. Weekly Mental Health planning and implementation meetings are attended by the Business & Value team and the Associate Directors of Operations.

**Risk 12 – Shortfalls in data capture. (Score: 12 - Amber)** This risk underpins a number of the newly agreed Strategic Objectives. Going forwards, the risk will be considered as part of the Digital Strategy, which will support better articulation of the risk, possible causes and effects. The review is also likely to result in refreshed staff training and development.

**Risk 1 – Risk of supervision compliance rates falling below the Trust target of 85%. (Score: 12 - Amber)** Work in this area continues to be a priority and will form part of the review of the Digital and People strategies moving forwards. In the short term a helpline was established to support Care Groups with recording. A pilot exercise was also undertaken to enable a targeted improvement approach. The findings and suggestions from the pilot exercises are now being considered and will be presented to the Operational Committee. Members from Organisational Development have also met with the Trust's Care Group Business Governance Managers to better understand their involvement with Supervision Compliance monitoring. The insights from this meeting will be used to further shape the suggested improvement initiatives within the Supervision Compliance Research paper. Following a further detailed discussion about Supervision at Operational Committee on 23rd June, during which additional ideas for improvement were identified, Senior managers were due to meet at the end of June to agree actions.

**Risk 4 – Potential adverse impact on the delivery of safe and effective care to the population of Cheshire and Wirral due to the COVID-19 pandemic. (Score: 16 - Red)** In response to the National Incident level, the frequency of TCG meetings are reviewed and are amended as appropriate to ensure an effective response and co-ordination of activities. The impact of COVID is being monitored through bespoke dashboards as well as through Trust dashboards. Measures are continually under review to support the delivery of safe and effective care and the well-being and safety of staff. The recovery phase is constantly monitored in line with national guidance. Surveillance and intelligence of local increases in Covid cases is gathered and assessed. This allows for dynamic and appropriate decision making to ensure the continued safety of patients and staff and delivery of effective care. The EPRR process is being utilised as the single point of contact and lead to enable the Trust to fulfil its obligations into the announced national Covid inquiry which will be held in 2022. Following the extension to the national restrictions beyond 21st June, caution continues to be required should future national guidance lift all current restrictions in the use of PPE in the general population. Combined with a removal of all or some social distancing measures, the impact and the continued use of PPE in CWP environments will need to be reassessed.

**Risk 9 – Demand for ADHD services which exceeds current contract values and commissioned capacity. (Score: 20 - Red)** An update to the action plan was presented to the 23rd June Operational Committee. Needs stratification work continues and the rate is increasing, with new staff coming onboard. To ensure completion date of end October 2021 capacity external to CWP is being explored. The risk and the associated regulatory action plan will continue to be monitored at Operational Committee and reported to the Board.

### Amended risk scores

**Risk 10 – People requiring admission, may have to wait longer than 4 hours for a bed to be allocated. (Score: 20 - Red)** Risk to be further considered to ensure impact on out of area (OOA) placements is captured. Although OOA placements continue to remain low in comparison to other trusts, continued pressure on beds and the increasing delays to admissions, with full mitigation actions not anticipated to come into effect until September,

has resulted in an increase to the risk consequence score from 4 to 5, resulting in an overall risk score of 20. The surge in demand for inpatient beds is likely linked to impact of pandemic. The Care Group has been operating at the highest Opel levels (3 and 4) for the last 3 to 4 months. The bed hub is prioritising patients for admission based on risk factors and working closely with A&E departments to keep patients safe. The Care Group are proposing the opening of Riverwood ward to create an additional 9 adult acute beds with effect from August 2021.

**Risk 5 – Failure to achieve compliance levels for Fire Evacuation training for inpatient services. (Score: 6 - Amber)**

Compliance with the formal training requirements continues to improve with an overall compliance rate of 70% for all inpatient areas achieved in May 2021. A new training matrix has been developed by the fire officer to identify which staff groups need to complete which elements of the new training provision and revisions are being made to the current e-learning programme to support the implementation of the new training approach in August 2021. Scores and assurances were reviewed and current risk score reduced from 9 to 6 due to controls and assurances in place.

**Archived risks**

None

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

The Board of Directors are asked to **note** and **approve** the process outlined above and the progress made to date.

Who has approved this report for receipt at the above meeting?	K Wright, AD of Communications, Engagement and Corporate Affairs	
Contributing authors:	Suzanne Christopher, Head of Corporate Affairs	
Distribution to other people/ groups/ meetings:		
Version	Name/ group/ meeting	Date issued
1	Quality Committee	07.07.21
2	Operational Committee	21.07.21
Appendices provided for reference and to give supporting/ contextual information:		
Appendix No.	Appendix title	
1	Board Assurance Framework (incorporating strategic risk register)	



## STANDARDISED SBAR COMMUNICATION

REPORT DETAILS	
<b>Report subject:</b>	Report against Strategic Objectives – July 2021
<b>Agenda ref. number:</b>	21.22.08 d
<b>Report to (meeting):</b>	Board of Directors (meeting in public)
<b>Action required:</b>	Discussion and Approval
<b>Date of meeting:</b>	28/07/2021
<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	Effective	Yes
Operational performance	Yes	Effectiveness	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
In mid-2019 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 July 2021 edition presented today is the twelfth iteration.

Background – contextual and background information pertinent to the situation/ purpose of the report
The format of the Report has been stable since the first couple of editions. However, a number of changes are in the pipeline. The first relates to the format of the report. An alternative format, based on a good practice template promoted by NHS Improvement, has been adopted for the providing High Quality Care Report taken to Quality Committee. This has been well received and the same format will be adopted for the RaSO later in 2021. The second relates to the Strategic Objectives. The July RaSO is still structured around the metrics that were agreed in December 2018 linked to the strategic objectives in place at that time. Work has commenced to map the current metrics onto the new strategic objectives and a piece of work is being considered for late summer to look again at the extent to which the current metrics provide coverage of performance against the new strategic objectives and what further developments are needed.

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

### Coverage and completeness

The data behind a quarter of the indicators are not being updated as a result of suspensions due to the pandemic. This particularly affects the charts showing patient and staff feedback: patient FFT, staff FFT, Listen and Learn events; but it also affects QI Training metrics. The Use of Resources metric has been removed from the report until reporting resumes. Commentaries within the Report give details.

### Current performance

Performance against the metrics is detailed in the Report attached. Particular points to note are:

- CWP has needed to place acute patients out of area in each month of 2021 so far;
- Absence due to sickness was higher in January 2021 than at the start of the pandemic in April 2020 and is relatively high again in the latest month;

The activity data, provided in a separate appendix and not part of the public papers, show a clear impact at the point of the outbreak. With the passage of time we have been able to more confidently assess whether the features seen immediately after the initial outbreak were blips or the start of fundamental shifts in patterns of behaviour. Where we are confident that the data are showing fundamental shifts we have introduced breaks in the SPC charts. Notable points include:

- Secondary mental health referrals remain below pre-pandemic levels;
- Physical health service referrals have continued to increase and are now back to a level last seen before the start of the pandemic;
- The growth in the use of video technologies appeared to reach a peak in February 2021 and has fallen back since;
- Recent data for appointment outcomes are moving back to the patterns last seen before the pandemic after an extended period where cancellations by the patient and failed home visits had been unusually low.

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

The Board of Directors is invited to **comment** on this edition of the Report and **confirm** any direction they would like future editions to take.

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

Board business cycle requirement

### Contributing authors:

For the SBAR: James Partington, Tim Welch

For the Report: all metric owners who are listed in the Report

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

Version	Name/ group/ meeting	Date issued
1	Board of Directors	21/07/2021

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

Appendix No.	Appendix title
1	Report against Strategic Objectives July 2021 - Final (powerpoint file)
2	<a href="#">Report against Strategic Objectives July 2021 Appendix – Final (powerpoint file)</a>

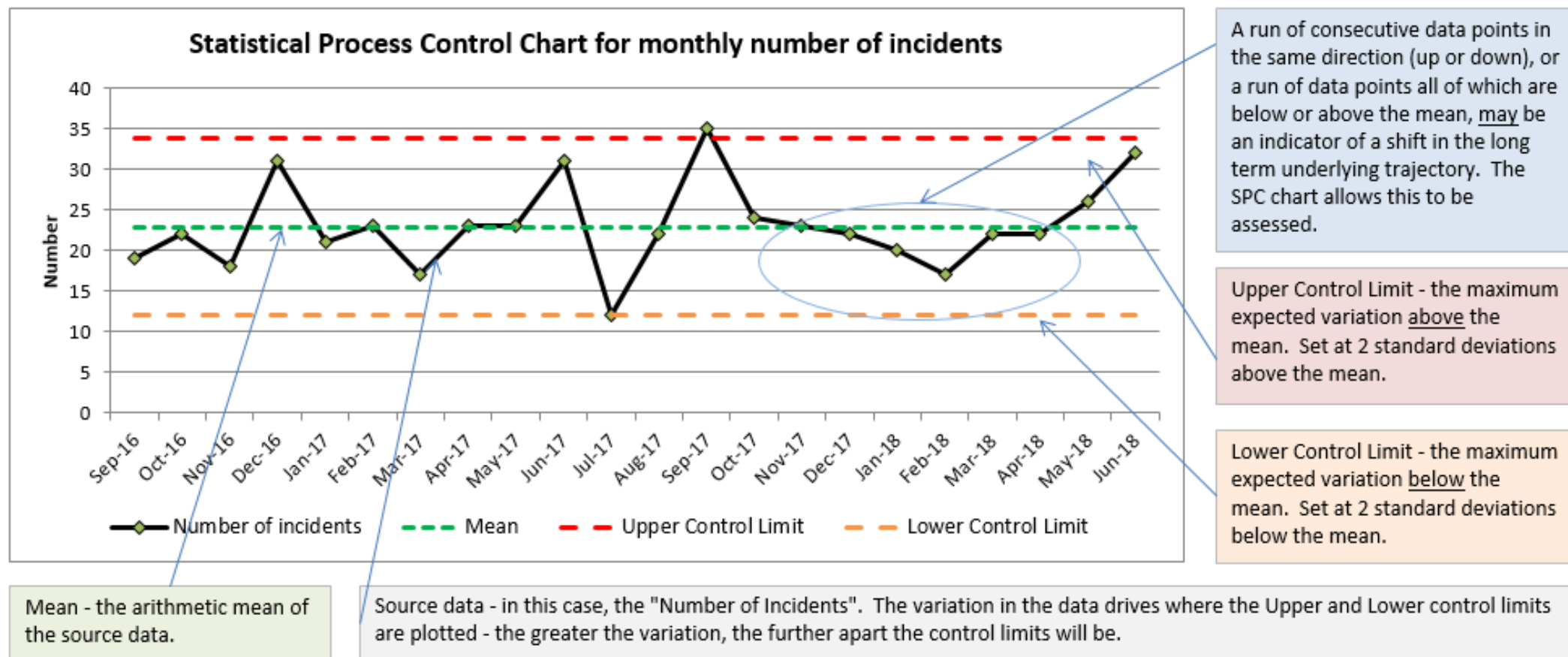
# Report Against Strategic Objectives

July 2021

Quality Surveillance Analysis Team

Helping people to be  
**the best they can be**

## Interpreting Statistical Process Control charts



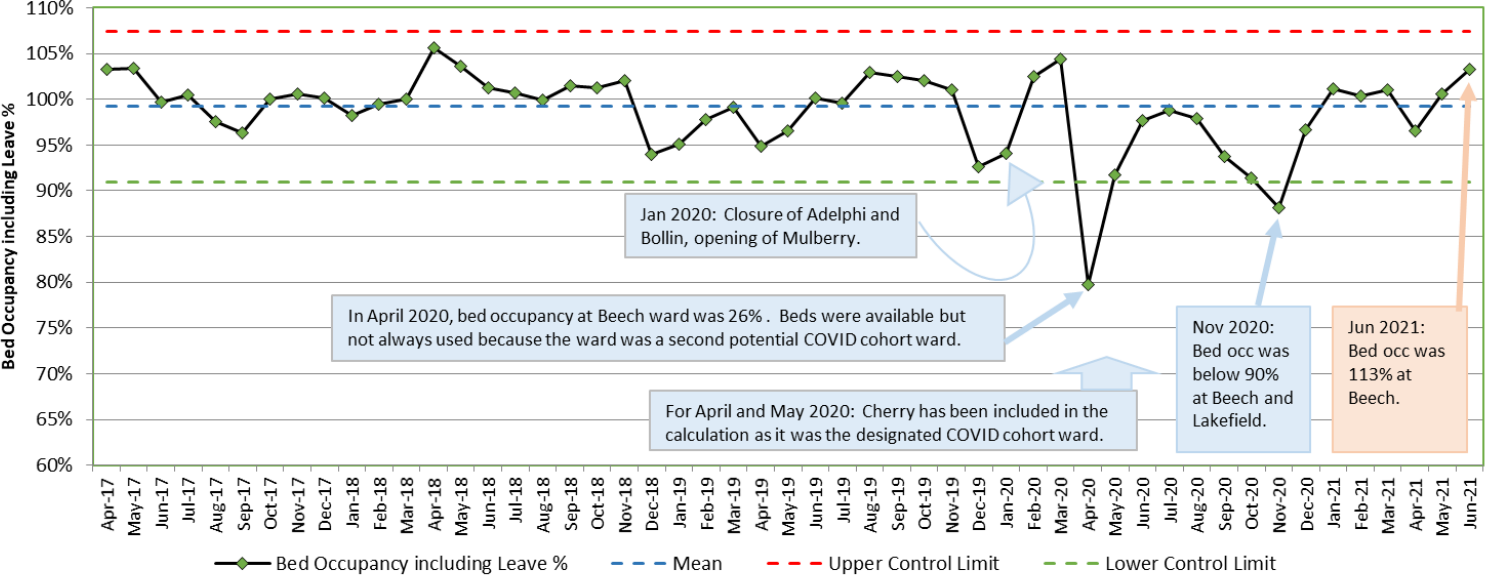
### What does the SPC tell us?

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.

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

Metric	Data	Further Explanation
<b>Bed Occupancy - Adult Acute and Ageless wards</b>	<p data-bbox="665 404 1758 439"><b>CWP Acute Adult and Ageless Ward Bed Occupancy Rates, including leave (%)</b></p>  <p data-bbox="479 539 504 896">Bed Occupancy including Leave %</p> <p data-bbox="1116 668 1396 718">Jan 2020: Closure of Adelphi and Bollin, opening of Mulberry.</p> <p data-bbox="823 775 1447 825">In April 2020, bed occupancy at Beech ward was 26%. Beds were available but not always used because the ward was a second potential COVID cohort ward.</p> <p data-bbox="1141 868 1600 918">For April and May 2020: Cherry has been included in the calculation as it was the designated COVID cohort ward.</p> <p data-bbox="1663 789 1791 896">Nov 2020: Bed occ was below 90% at Beech and Lakefield.</p> <p data-bbox="1816 789 1944 875">Jun 2021: Bed occ was 113% at Beech.</p> <p data-bbox="1829 1039 1944 1061">Source: KH03</p> <p data-bbox="448 1096 1977 1218">Comment: Bed occupancy was higher than average in June 2021 driven by high use of leave at Beech accounting for an additional 13% of occupied bed days. The overall bed occ figure for June 2021 is well within the normal variation we see month to month in bed occupancy figures.</p> <p data-bbox="448 1275 1951 1339"><i>The usual definition includes adult and ageless wards. Cherry ward, normally an older person's ward, was used as the COVID-19 cohorting ward during April and May 2020 and has been added to the calculation for those months.</i></p>	<p data-bbox="2015 382 2359 504">Metric owner: Suzanne Edwards / Anushta Sivananthan</p> <p data-bbox="2015 575 2288 654">Monitored at: SMH Care Group</p> <p data-bbox="2015 718 2428 839">Data sources: KH03 file provided by the Information Team.</p>

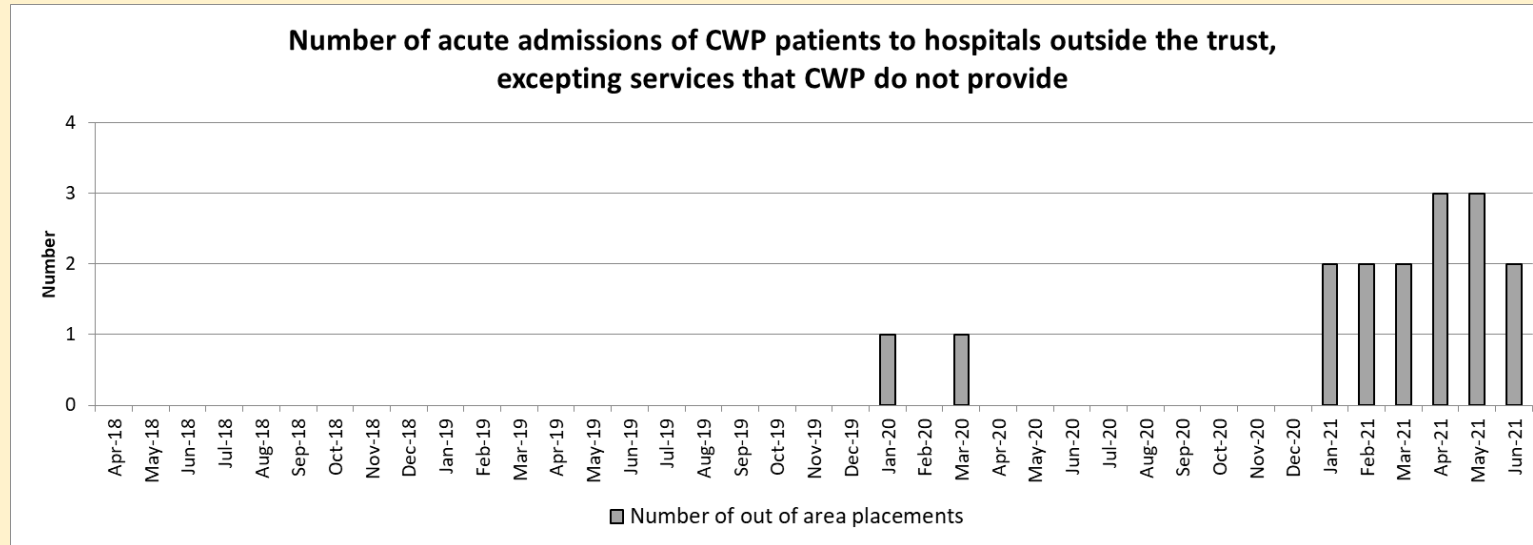
# Deliver high quality, integrated and innovative services that improve outcomes

## Metric

## Data

## Further Explanation

### Out of Area Acute Admissions



Comment: There has been a cluster of out of area placements in the early part of 2021 as a result of no adult acute availability related to the COVID-19 pandemic.

Metric owner:  
Suzanne Edwards

Monitored at:  
Operational Committee

Data source:  
CWP Bed Hub

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

Metric	Data	Further Explanation																																																																	
Admission to hospital for those on the Dynamic Support Database	<div><p>Admissions in the 12 months July 2020 to June 2021 of people on the Dynamic Support Database</p><table><tr><th>Month</th><th>Beech</th><th>Eastway</th><th>Greenways</th><th>Lakefield</th></tr><tr><td>Jul-20</td><td>2</td><td>1</td><td>0</td><td>0</td></tr><tr><td>Aug-20</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Sep-20</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Oct-20</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Nov-20</td><td>1</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Dec-20</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Jan-21</td><td>1</td><td>2</td><td>0</td><td>1</td></tr><tr><td>Feb-21</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Mar-21</td><td>0</td><td>1</td><td>1</td><td>0</td></tr><tr><td>Apr-21</td><td>0</td><td>1</td><td>1</td><td>0</td></tr><tr><td>May-21</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Jun-21</td><td>0</td><td>1</td><td>1</td><td>0</td></tr></table></div>	Month	Beech	Eastway	Greenways	Lakefield	Jul-20	2	1	0	0	Aug-20	0	0	0	0	Sep-20	0	0	0	0	Oct-20	0	0	0	0	Nov-20	1	0	0	0	Dec-20	0	0	0	0	Jan-21	1	2	0	1	Feb-21	0	0	0	0	Mar-21	0	1	1	0	Apr-21	0	1	1	0	May-21	0	0	0	0	Jun-21	0	1	1	0	<p>Metric owner: Maddy Lowry</p> <p>Monitored at: LD, NDD &amp; ABI Care Group</p> <p>Data source: 'LD Risk Register Report for QS' Report Manager report</p>
	Month	Beech	Eastway	Greenways	Lakefield																																																														
Jul-20	2	1	0	0																																																															
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Dec-20	0	0	0	0																																																															
Jan-21	1	2	0	1																																																															
Feb-21	0	0	0	0																																																															
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Apr-21	0	1	1	0																																																															
May-21	0	0	0	0																																																															
Jun-21	0	1	1	0																																																															
	<p>Comment: Both of the people who were admitted in the most recent two months were rated 'red'. Both were under the care of the Cheshire West and Chester CLDT. Both remain in hospital at the start of July. In the last six months there have been no admissions of people on the dynamic support database to adult mental health wards, all admissions have been to inpatient units for people with learning disabilities.</p>																																																																		



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

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

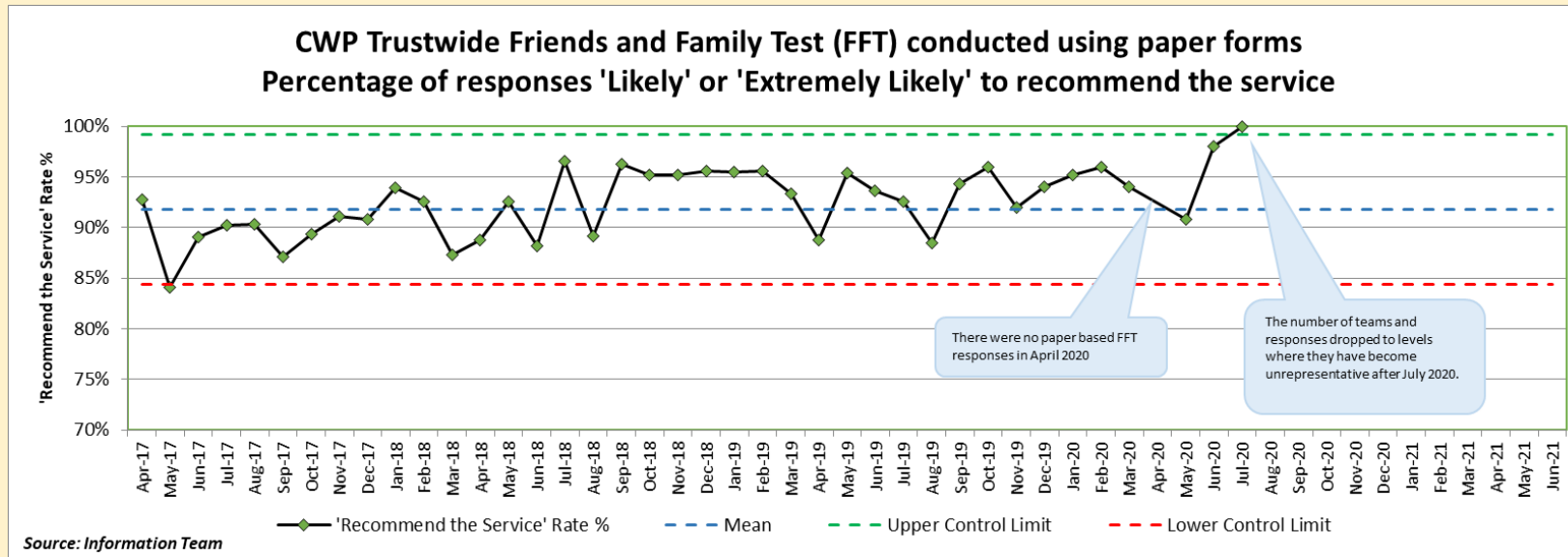
<b>Metric</b>	<b>Data</b>	<b>Further Explanation</b>
<b>CWP performance against NHSi targets</b>  <b>(Exceptions only)</b>	<p>The Trust reports a number of operational metrics to NHSi. These cover: Early Intervention in Psychosis (one metric), Improving Access to Psychological Therapies (three metrics), Out of Area acute admissions (monitored on slide four of this pack), and a data quality measure which is provided with a three month lag. This means that the most recent two data points, reported in May and June 2021, are for February and March 2021.</p> <p>The following metrics were below target performance as set out in the NHS Oversight Framework for May and June 2021:</p> <ul style="list-style-type: none"><li>• Out of Area Acute Admissions which had 3 instances in May and 2 in June.</li><li>• The data quality measure, where the data for the most recent months was 87.4% for February 2021 and 86.9% for March 2021 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

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

## Data



Comment: Following the onset of Covid-19, there was a national pause on the reporting of FFT. The volume of paper based FFT forms diminished after July 2020 to a point where they are not representative of all CWP services so results are not shown after that date. The revised national FFT guidance offers providers greater flexibility than the original model and we are developing new processes including QR codes, new forms and refreshed secure methods of collection. Updated collection procedures should also ensure more complete recording of patient details including the person's protected characteristics. We are also revising our reporting mechanisms and looking to provide a more up to date chart once the data begins to flow. We are also working on merging the paper based and the automated data into one information system.

## Further Explanation

Metric owner:  
Gary Flockhart

Monitored through:  
Quality Committee  
and PACE

Data source:  
'FFTalldatatodate' file  
from the Information  
Team

# 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 care provider</b></p>	<div data-bbox="428 418 1931 1008"> <p><b>CWP Trustwide Staff FFT</b></p> <p>Staff likely to recommend CWP to friends and family if they needed care or treatment</p> <p>Source: NHS England Staff FFT Results</p> </div> <p>Comment: Due to the national agreement to suspend certain data collection activities as a result of the COVID-19 pandemic, there has been no further data after Q3 2019/20. However, NHSE&amp;I have recently relaunched a new quarterly staff survey under the name of 'Quarterly NHS Pulse Survey'. CWP launched their QNPS on 13/07/21 after securing agreement to utilise Picker as the Trust's delivery partner. This decision was made in order to offer seamless comparison with our Annual Staff Survey which is presently also fulfilled by Picker. We expect results from this quarter's survey to be available for the next RASO.</p>	<p>Metric owner: David Harris, delegated to Simon Platt</p> <p>Monitored at: POD Sub Committee</p> <p>Data source: People Information</p>

# 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="428 432 1944 1003"> <p><b>CWP Trustwide Staff FFT</b></p> <p><b>Staff likely to recommend CWP to friends and family as a place to work</b></p> <p>Source: NHS England Staff FFT Results</p> <p>Legend: Staff FFT (For Employment), Mean, Upper Control Limit, Lower Control Limit</p> </div> <p>Comment: Due to the national agreement to suspend certain data collection activities as a result of the COVID-19 pandemic, there has been no further data after Q3 2019/20. However, NHSE&amp;I have recently relaunched a new quarterly staff survey under the name of ‘Quarterly NHS Pulse Survey’. CWP launched their QNPS on 13/07/21 after securing agreement to utilise Picker as the Trust’s delivery partner. This decision was made in order to offer seamless comparison with our Annual Staff Survey which is presently also fulfilled by Picker. We expect results from this quarter’s survey to be available for the next RASO.</p>	<p>Metric owner: David Harris, delegated to Simon Platt</p> <p>Monitored at: POD Sub Committee</p> <p>Data source: People Information</p>

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

Metric	Data																
Effectiveness of working with the wider community	<div><p>Attendance at Listen and Learn events</p><table><tr><th></th><th>Event 1: November 2019</th><th>Event 2: February 2020</th></tr><tr><td>General Public</td><td>0</td><td>0</td></tr><tr><td>Governors</td><td>0</td><td>1</td></tr><tr><td>Lived Experience Volunteers</td><td>5</td><td>6</td></tr><tr><td>Staff</td><td>5</td><td>20</td></tr></table></div>		Event 1: November 2019	Event 2: February 2020	General Public	0	0	Governors	0	1	Lived Experience Volunteers	5	6	Staff	5	20	<p>Metric owner: Cathy Walsh</p> <p>Monitored at: PACE Sub Committee</p> <p>Data Source: PALS team</p>
		Event 1: November 2019	Event 2: February 2020														
	General Public	0	0														
Governors	0	1															
Lived Experience Volunteers	5	6															
Staff	5	20															
	<p>Comment: Due to Covid-19 restrictions and limited ability to connect virtually with members and public, we have utilised other methods of ensuring that we listen to the voice of people who access our services. We have involved people in the steering groups of various research and improvement projects. People with lived experience have been involved in data analysis of surveys. Our participation and engagement groups have been working within care groups to ensure that people voices are heard and they are involved.</p>																

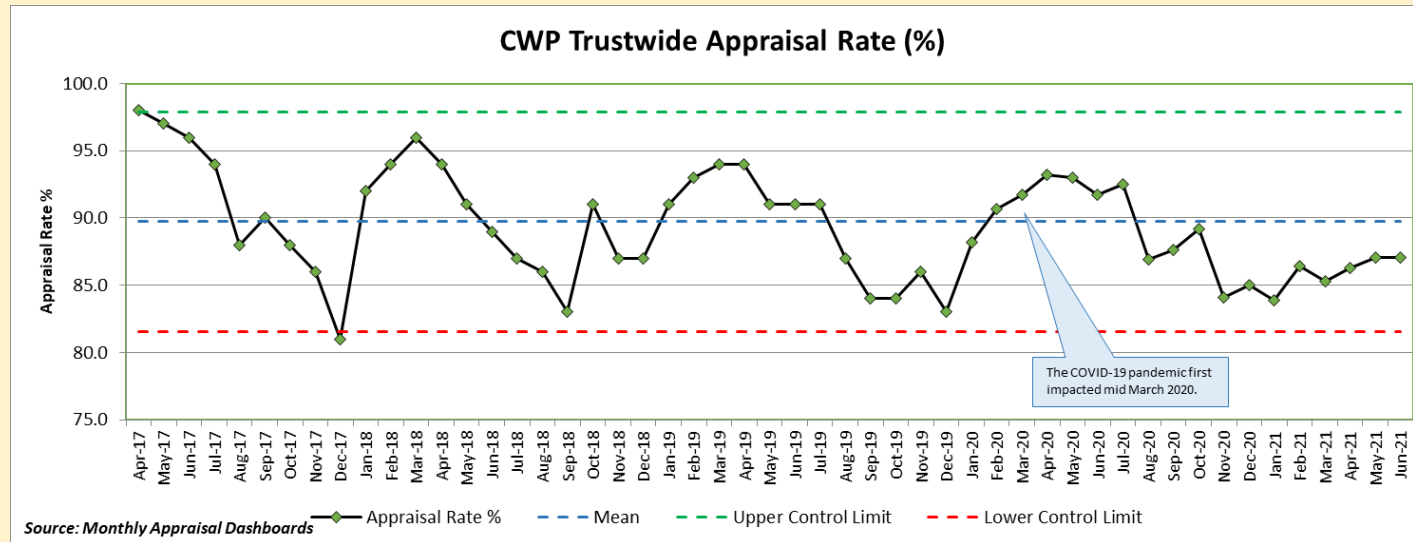
# Be a model employer and have a caring, competent and motivated workforce

## Metric

## Data

## Further Explanation

### Appraisal



Metric owner:  
David Harris

Monitored at:  
POD Sub Committee and  
Ops Committee

Data source:  
People Information

Comment: In previous years, peaks in compliance have tended to be at March/ April whereas dips in compliance occurred during Aug and Dec. Work to understand this has taken place and is attributed to peak leave period. The impact of the COVID-19 pandemic on appraisal rates has been marginal in the data reported so far and a 90 day extension has been applied since April 2020. Hotspot Compliance reports are issued to line managers via the Care Groups' Business and Governance Managers, making them aware of where action needs to be taken. Appraisal compliance remains an important indicator for Care Group governance meetings. The June 2021 figure is subject to revision because of the change in the way appraisal is being recorded.

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

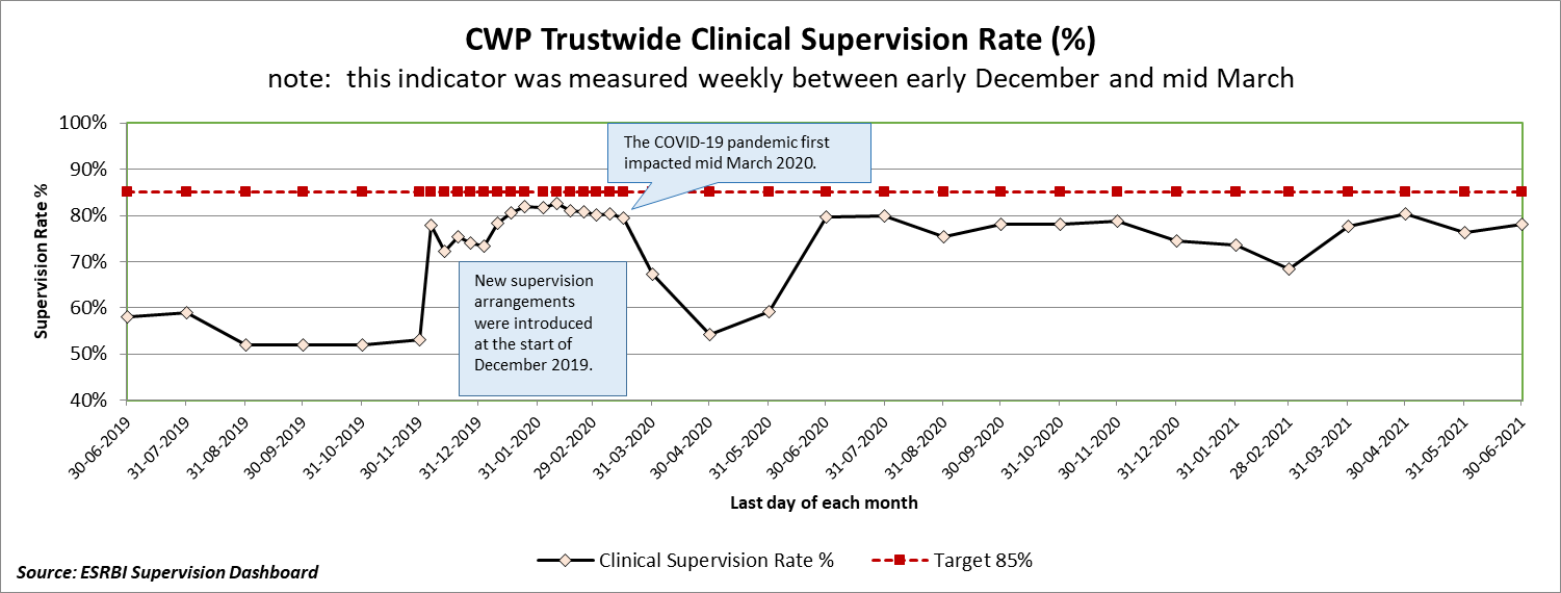
Metric	Data	Further Explanation
<b>Managerial Supervision</b>	<div data-bbox="384 365 2018 982"> <p><b>CWP Trustwide Managerial Supervision Rate (%)</b></p> <p>note: this indicator was measured monthly between December 2019 and mid March 2020</p> <p>The chart displays the Managerial Supervision Rate (%) on the y-axis (40% to 100%) against the last day of each month on the x-axis (30-06-2019 to 30-06-2021). A dashed orange line represents the Target 85%. A solid black line with diamond markers represents the Managerial Supervision Rate %. The rate starts at approximately 58% in June 2019, rises to 60% in July, drops to 52% in August, and remains stable until November. In December 2019, it jumps to 78% due to new supervision arrangements. It fluctuates between 72% and 82% through 2020, with a notable dip to 55% in April 2020 due to the COVID-19 pandemic. By mid-March 2020, it returns to 85%. The rate then fluctuates between 72% and 78% through 2021, ending at 75% in June 2021.</p> <p>Source: ESRBI Supervision Dashboard</p> </div> <p>Comment: The COVID-19 pandemic had a marked impact on the recording of Managerial Supervision between March and May 2020. Since then, figures had shown a steady trend, recovering to give an approx. average of 77% compliance between July and December. However, January and February 2021 saw a tailing off. Discussions with Care Groups indicated that there was an issue with how hotspot compliance reports are generated and interpreted differently within the Trust. A full report is being compiled for Operational Committee to consider the findings and next steps. Furthermore the Organisational Development team is working with the People Information service to resolve the perceived issues with the Compliance reports. Members from OD have since met with Care Group Business and Governance leads, and there was a consensus that the proposed solution will help all concerned in interpreting and escalating the compliance reports. A mock design of the proposed solution is in development within People and information. The importance of facilitating quality supervision and raising compliance is repeatedly discussed at Ops Committee and Care Groups had seen small increases in compliance. Best practice is shared internally in the Care Groups with the aim of improving compliance levels further still.</p>	<p>Metric owner: David Harris, delegated to Simon Platt</p> <p>Monitored at: POD Sub Committee and Ops Committee</p> <p>Data source: People Information</p> <p>Note: 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>



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

Metric	Data	Further Explanation
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## Clinical Supervision



Comment: The COVID-19 pandemic had a marked impact on the recording of clinical supervision over the period March to May 2020.

The clinical supervision compliance measure does not include medical supervision compliance.

Metric owner:  
Gary Flockhart, delegated to Victoria Peach

Monitored at:  
Care Group and Ops Committee

Data source:  
People Information

Note: In December 2019 separate managerial and clinical supervision competencies were introduced. For months up to and including November 2019, the time series reflects compliance with the previous 'all supervision' competence.

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

Metric	Data	Further Explanation
Sickness Absence	<p><b>CWP Trustwide Sickness Absence Rate (%)</b></p> <p>The chart displays the monthly sickness absence rate as a percentage. The y-axis ranges from 3.0 to 9.0. The x-axis shows months from April 2017 to June 2021. The absence rate fluctuates between approximately 4.5% and 8.0% before March 2020. Following the onset of the COVID-19 pandemic in mid-March 2020, the rate drops sharply to around 4.5% in April 2020, then rises to a peak of about 8.0% in January 2021, before declining again to around 6.5% by June 2021. The NHSi forecast for 2019/20 is 5.33%.</p> <p>Source: ESR data taken on 09/07/2021</p>	<p>Metric owners: David Harris</p> <p>Monitored at: POD Sub Committee</p> <p>Data source: People Information</p>
	<p>Comment: Ongoing monitoring and proactive management of absence remains a focus for Care Groups and Clinical Support Services and is a focus of discussions at Operational Committee. In addition, CWP is in dialogue with the NW regional team about participating in an Attendance Management pilot and also with the Health and Safety Executive about piloting the new NHS Wellbeing Dashboard. Finally, the Trust's Wellbeing Guardian, Director of People and OD and Head of Workforce Wellbeing are meeting monthly to discuss the wellbeing plan.</p>	

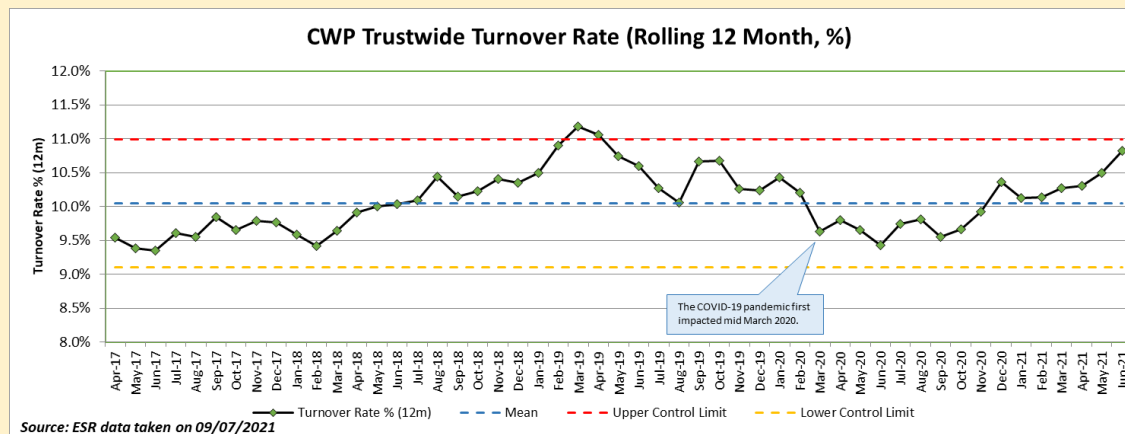
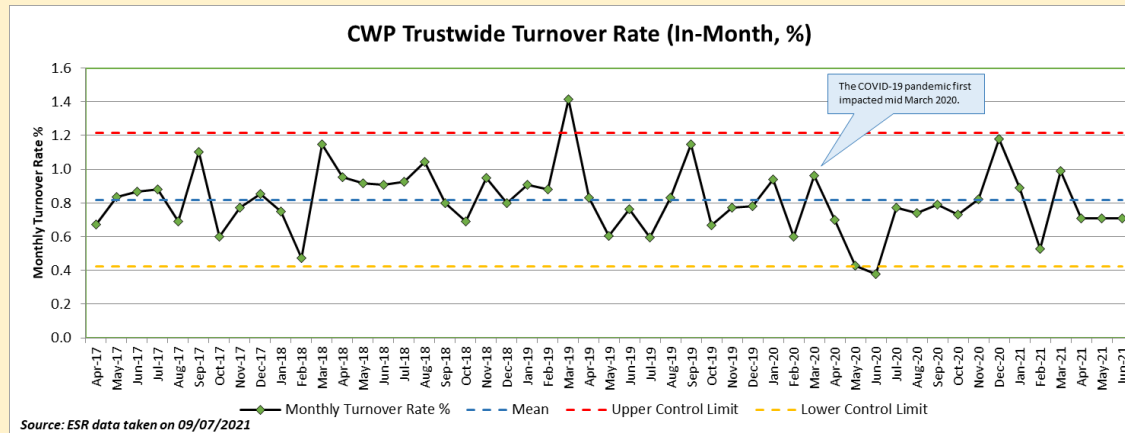
# Be a model employer and have a caring, competent and motivated workforce

## Metric

## Data

## Further Explanation

### Staff Turnover



#### Comment:

The latest rolling 12 month data have been above the long term average for the last seven months. This follows a period of nine months March to November 2020 when they were below the long term average. Recent discussions at Operational Committee have highlighted the increase in turnover and vacancy rates along with the challenge of filling the posts to be created by mental health investment monies. A paper is being produced to scope the resourcing risk and set out mitigating actions. This will be presented to next Operational Committee.

Metric owner:  
David Harris

Monitored at:  
POD Sub Committee

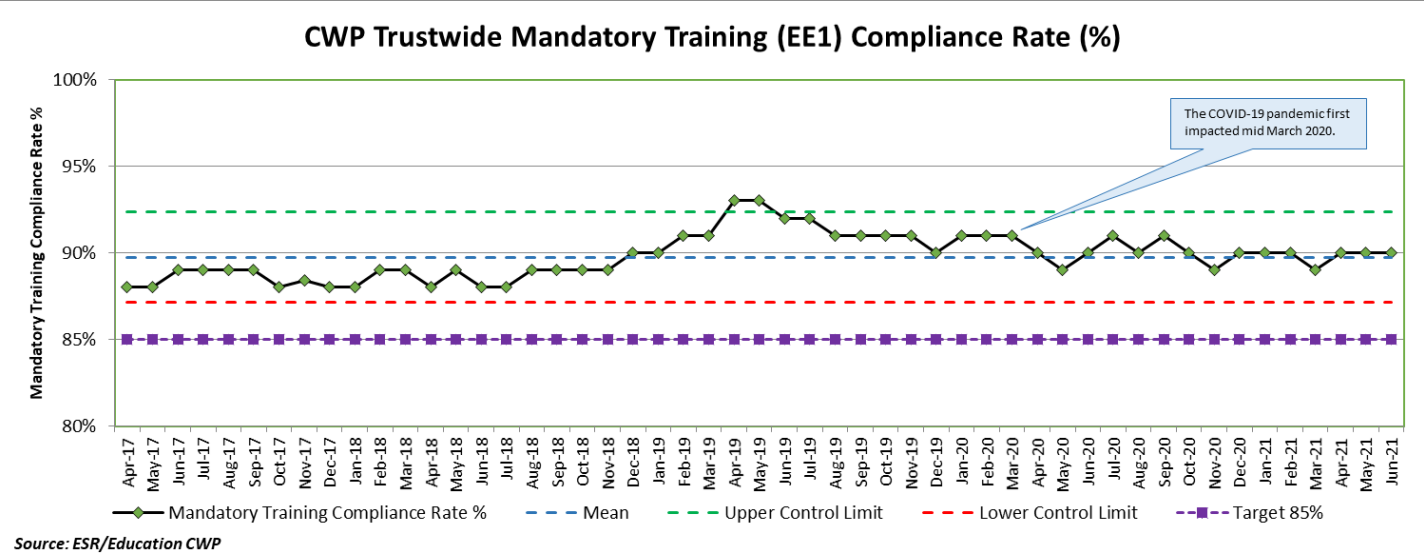
Data source:  
People Information

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

Metric	Data	Further Explanation
Vacancy Rate	<div><p><b>CWP Trustwide Vacancy Rate (%)</b></p><p>Source: Finance WTE Monthly Return</p></div> <p>Comment: The vacancy rate was on or below the lower control limit between May and August 2020, and again in March and April 2021. The vacancy rate has been consistently below the long term average since just before the start of the pandemic.</p>	<p>Metric owner: David Harris</p> <p>Monitored at: POD Sub Committee</p> <p>Data source: People Information</p>

Comment: The vacancy rate was on or below the lower control limit between May and August 2020, and again in March and April 2021. The vacancy rate has been consistently below the long term average since just before the start of the pandemic.

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

Metric	Data	Further Explanation
<b>Mandatory Training</b>	<p data-bbox="772 458 1587 489"><b>CWP Trustwide Mandatory Training (EE1) Compliance Rate (%)</b></p>  <p data-bbox="481 968 690 986">Source: ESR/Education CWP</p> <p data-bbox="450 1001 1939 1182">Comment: The Trust mandatory compliance figure is currently 90%, matching the long term average. As part of the Trust's People Strategy and Plan a review will be carried out of our mandatory training programme to ensure it maximises capacity and best meets need. A timetable for this review is being produced.</p> <p data-bbox="450 1225 1931 1333">Definition: Excludes staff on Maternity Leave, Career Break, External Secondments, Long Term Sick (&gt;92 days) and new starters &lt; 3 months. Also excludes any new course competences added to the Training Needs Analysis for 12 months, to allow staff time to complete.</p>	<p data-bbox="1977 429 2211 511">Metric owner: David Harris</p> <p data-bbox="1977 572 2379 705">Monitored at: POD Sub Committee and Ops Committee</p> <p data-bbox="1977 762 2226 843">Data source: Education CWP</p>

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

Metric	Data	Further Explanation
<b>Morbidity and Mortality</b>	<div data-bbox="468 489 1959 1056"> <p><b>CWP Trustwide Morbidity and Mortality</b> Percentage of deaths reviewed through either a case record or a Datix/StEIS review</p> <p>the scope of which deaths are reviewed was changed in Jan 2019.</p> <p>The COVID-19 pandemic first impacted mid March 2020.</p> <p>Source: Incidents Team, Datix</p> </div> <p>Comment: The requirement to undertake mortality case record reviews was paused during the COVID-19 response. At CWP we continued to undertake mortality case record reviews during this period as good practice. However, prioritisation was given to case reviews where it was considered there may be some learning to support ongoing service development during the easing of this requirement. This is the reason for the dip in the percentage in May 2020.</p>	<p>Metric owner: Gary Flockhart</p> <p>Monitored by: Quality Committee</p> <p>Data source: CWP Incidents team</p>

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

Metric	Data	Further Explanation																																											
Level 3 and 4 QI Training	<div><p>Cumulative growth in QI Training in CWP by Care Group</p><table><caption>Cumulative growth in QI Training in CWP by Care Group</caption><thead><tr><th>Training Level</th><th>Cohort</th><th>End Date</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 rowspan="2">Level 4 (Expert)</td><td>Cohort 1</td><td>March 2019</td><td>12</td><td>2</td><td>1</td><td>1</td><td>1</td><td>17</td></tr><tr><td>Cohort 2</td><td>June 2019</td><td>15</td><td>8</td><td>2</td><td>2</td><td>3</td><td>30</td></tr><tr><td rowspan="2">Level 3 (Senior Manager)</td><td>Cohort 1</td><td>July 2019</td><td>6</td><td>4</td><td>4</td><td>2</td><td>2</td><td>18</td></tr><tr><td>Cohort 2</td><td>September 2019</td><td>10</td><td>2</td><td>9</td><td>5</td><td>4</td><td>30</td></tr></tbody></table></div> <p>Comment: Since the last update there has been no further progress regarding level 2, level 3 and level 4 training. This training is instructor led and is upwards of 4 hours per level. Due to the COVID situation further rollout of this training has been halted. As of early July 2021, <b>3,573</b> people have completed the level 1 QI training.</p>	Training Level	Cohort	End Date	Clinical Support Services	LD, NDD & ABI	SMH	CYPF	Neighbourhoods	Total	Level 4 (Expert)	Cohort 1	March 2019	12	2	1	1	1	17	Cohort 2	June 2019	15	8	2	2	3	30	Level 3 (Senior Manager)	Cohort 1	July 2019	6	4	4	2	2	18	Cohort 2	September 2019	10	2	9	5	4	30	<p>Metric owner: Anushta Sivananthan</p> <p>Monitored by: Quality Committee</p> <p>Data provider: Quality Assurance and Improvement team</p>
Training Level	Cohort	End Date	Clinical Support Services	LD, NDD & ABI	SMH	CYPF	Neighbourhoods	Total																																					
Level 4 (Expert)	Cohort 1	March 2019	12	2	1	1	1	17																																					
	Cohort 2	June 2019	15	8	2	2	3	30																																					
Level 3 (Senior Manager)	Cohort 1	July 2019	6	4	4	2	2	18																																					
	Cohort 2	September 2019	10	2	9	5	4	30																																					



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

Improve the quality of information to improve service delivery, evaluation and planning	
Metric	Development Plans
Dashboard development	<p>Development work on the Operational Committee Performance Report has been continuing and the following improvements have been made:</p> <ul style="list-style-type: none"><li>• Rationalisation of measures so they are only reported into a single committee, leading to addition of new measures and others being reported elsewhere</li><li>• Overhaul of visualisation within the report</li><li>• Separate section created for Oversight Framework Performance Indicators</li><li>• Inclusion of Indicator definition and how RAG ratings are calculated</li><li>• Local targets agreed with Care Groups (which is still in progress)</li><li>• Separation of Specialist Mental Health into three localities</li></ul> <p>Collaborative work continues between Clinical Support Services and the Specialist Mental Health Care Group to develop a care group specific performance framework.</p> <p>Metric owner: Tim Welch</p> <p>Monitored by: Operational Committee</p>

## 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>Temporary financial arrangements are again in place for 2021/22 with a limited efficiency requirement in the first half of the year, but this is expected to increase significantly from October. The Business &amp; Value team will continue to work with colleagues to support them to maximise the use of resources.</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	
CQC Rating	<div><div><div>Overall rating</div><div>Inadequate</div><div>Requires improvement</div><div>Good</div><div>Outstanding</div></div><div><div>Safe</div><div>Good</div><div>Effective</div><div>Good</div><div>Caring</div><div>Outstanding</div><div>Responsive</div><div>Good</div><div>Well-led</div><div>Good</div></div></div>	<p>Comments:</p> <p>The most recent Well Led inspection took place between 9 and 11 March 2020. The results were reported in June 2020 and showed improvement over the previous inspection.</p> <p>Key changes for the overall CQC domains are:</p> <p>Safe - Good overall ↑</p> <p>Effective -Good overall →</p> <p>Caring - Outstanding overall→</p> <p>Responsive - Good overall→</p> <p>Well-Led - Good overall→</p> <p>At the time of writing, there are 2 regulatory and 2 improvement actions open. Outstanding regulatory action has been agreed as an extension with the CQC and will be monitored weekly by the executive team to ensure all touchpoints as part of that extension are met or can be effectively escalated.</p>	<p>Metric owner:</p> <p>Anushta Sivananthan delegated to Stephanie Bailey</p> <p>Monitored at:</p> <p>Quality Committee</p> <p>Data source:</p> <p>CQC website</p>

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

Metric	Data	Further Explanation																									
Duty of Candour	<div><p><b>Application of Duty of Candour, where DoC was relevant</b></p><p>Most recent two months</p><table><tr><th></th><th>May-21</th><th>Jun-21</th><th>May-21</th><th>Jun-21</th></tr><tr><th>Incidents involving serious harm</th><td></td><td></td><th>Incidents involving moderate harm</th><td></td></tr><tr><td>Duty of Candour was not applied in line with regulatory requirements - reasons either not given or not satisfactory</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Duty of Candour was not fully applied in line with regulatory requirements - for acceptable clinical reasons *</td><td>4</td><td>4</td><td>4</td><td>1</td></tr><tr><td>Duty of Candour was applied in line with regulatory requirements</td><td>5</td><td>3</td><td>15</td><td>12</td></tr></table><p><small>* All patients/families have been contacted, however letters not sent as the offer of a letter has been declined</small></p></div>		May-21	Jun-21	May-21	Jun-21	Incidents involving serious harm			Incidents involving moderate harm		Duty of Candour was not applied in line with regulatory requirements - reasons either not given or not satisfactory	0	0	0	0	Duty of Candour was not fully applied in line with regulatory requirements - for acceptable clinical reasons *	4	4	4	1	Duty of Candour was applied in line with regulatory requirements	5	3	15	12	<p>Comment: Following the introduction of the electronic Immediate Safety Assurance Review process in April 2020, the members of the ISAF are able to review whether Duty of Candour (DoC) has been applied appropriately for every serious incident and take corrective action as required in a timely manner. This has also enabled increased consistency in the recording of DoC to facilitate effective monitoring and reporting.</p> <p>Metric owner: Gary Flockhart delegated to Hayley McGowan</p> <p>Monitored at: Quality Committee</p> <p>Data source: CWP Incidents Team</p>
	May-21	Jun-21	May-21	Jun-21																							
Incidents involving serious harm			Incidents involving moderate harm																								
Duty of Candour was not applied in line with regulatory requirements - reasons either not given or not satisfactory	0	0	0	0																							
Duty of Candour was not fully applied in line with regulatory requirements - for acceptable clinical reasons *	4	4	4	1																							
Duty of Candour was applied in line with regulatory requirements	5	3	15	12																							

# Report Against Strategic Objectives

## End Sheet

Helping people to be  
**the best they can be**

**STANDARDISED HIGHLIGHT/  
EXCEPTION REPORT**

REPORT DETAILS	
<b>Subject matter of report:</b>	Speak Up and Raising Concerns Biannual Report October 2020 – March 2021
<b>Report provided by:</b>	Hayley McGowan
<b>Date of report:</b>	22/07/2021

SUBJECT MATTER <small>What is this report about? Summarise why this report requires the attention of the Committee.</small>	Summarise the purpose of the report:
	This bi annual Speak Up and Raising Concerns report provides assurance to the Trust Board that a 'speak up' culture is continually being strengthened throughout the organisation. The report contain details on the number of concerns raised and lessons learned during the reporting period along with recommendations for any further necessary action during the next reporting period.

ESCALATION <small>What do you need to escalate to the Committee?</small>	
	<p>A number of priority areas for action have been identified for the next reporting period including:</p> <ul style="list-style-type: none"> <li>• To complete the Freedom to Speak Up Board Self Assessment</li> <li>• To review the role of the Freedom to Speak Up Guardian and explore future options for provision of this role across the trust with a view to increasing capacity to drive forward this agenda.</li> <li>• To review the role of the Freedom to Speak Up Associate Guardians and consider the longer-term requirements for these roles</li> <li>• To review the role of the Speak Up Ambassadors, gain feedback to understand if and how the role should be developed.</li> </ul>

ASSURANCE <small>What assurance or evidence of improvements are you providing to the Committee?</small>	Other key matters to highlight:
	<p>CWP achieved a FTSU index score of 81.6% in the Freedom to Speak Up Index report 2021 which is an improvement on the previous year and is slightly higher than the national average score for combined Mental Health / Learning Disability and Community Trusts.</p> <p>The importance of Speaking Up and Speaking Up processes continue to be shared with people across the trust in a variety ways. During October 2020 there was a comprehensive communication campaign undertaken to raise awareness of Speaking Up during the national Freedom to Speak Up Month using the national theme of the Speak Up ABC.</p> <p>The Trust has adopted the Freedom to Speak Up e-learning modules that have been developed by the National Guardians Office in association with Health Education England for everyone in the health sector.</p> <p>One of the FTSU Guardians has attended all of the staff network meetings during this reporting period to provide an overview of the Speak Up process and pathway and promote the role of the guardians, associates and ambassadors in order to raise awareness.</p> <p>All the concerns raised have been investigated and responded to in a proportionate way by a variety of methods, inclusive of supporting people with specific concerns that could be addressed at supervision or through the line management processes.</p>

<b>Report to Board:</b>	Board of Directors
<b>Date of Meeting:</b>	28 July 2021
<b>Title of Report:</b>	Bi-annual update of Speak Up and Raising Concerns (Quarter 3 and Quarter 4)
<b>Action sought:</b>	Receive Assurance / Approval
<b>Author:</b>	Hayley McGowan and Victoria Peach
<b>Presented by:</b>	Gary Flockhart

**Strategic Objective(s) that this report covers** *(delete as appropriate):*

SO1 - Deliver high quality, integrated and innovative services that improve outcomes  
 SO2 - Ensure meaningful involvement of service users, carers, staff and the wider community  
 SO3 - Be a model employer and have a caring, competent and motivated workforce  
 SO5 - Improve quality of information to improve service delivery, evaluation and planning  
 SO7 - Be recognised as a progressive organisation that is about care, well-being and partnership

**Distribution**

Version	Name(s)/Group(s)	Date Issued
1	Gary Flockhart	6 <sup>th</sup> July 2021
1	People and Organisational Development Sub Committee	15 <sup>th</sup> July 2021
1	Audit Committee	20 <sup>th</sup> July 2021

**Executive director sign-off**

Executive director (name and title)	Date signed-off
Gary Flockhart, Director of Nursing, Therapies and Patient Partnership	7 <sup>th</sup> July 2021



# Speaking Up and Raising Concerns

## Biannual Report

**October 2020 – March 2021**

## **Board of Directors' Speaking Up Declaration**

Cheshire and Wirral Partnership NHS Foundation Trust (the Trust) are committed to create an open and honest learning culture that is responsive to feedback to continually improve, and as such take the responsibility for Speaking Up very seriously. The following declaration of compliance with Speaking Up and Raising Concerns practice is made:

- The Trust meets the statutory requirement of NHS England by having Freedom to Speak Up Guardians available to support any employee to raise a concern that they may have.
- Speaking up policy and processes are up to date and in line with recommendations of the National Guardian's Office. All associated policies are reviewed on an annual basis or as guidance develops that requires change.
- Associate Freedom to Speak Up Guardians and Freedom to Speak Up Guardians have a clear understanding of their roles and responsibilities; and are able to access support as and when required.

Executive Director of Nursing, Therapies and Patient Experience, namely Gary Flockhart, is the Director Lead for Speaking Up. The Trust has a Non-Executive Director Freedom to Speak Up Champion, Rebecca Burke-Sharples, who provides alternative support to the Freedom to Speak Up Guardians, scrutinises and is able to robustly challenge Speak Up governance.

The Board receives regular reports in relation to Speak Up; a biannual and annual report. Reports contain details on the number of concerns raised, lessons learned and recommendations for any further necessary action. The Board is assured that the Trust adheres to good practice and that appropriate Speak Up arrangements are in place.

If any further information is required, please contact the Chief Executive Officer at Trust Headquarters.

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## Introduction

Cheshire and Wirral Partnership NHS Foundation Trust (thereafter referred to as the Trust) are committed to have effective speaking up arrangements for any employee to raise a concern that they may have.

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.

This bi annual Speak Up and Raising Concerns report provides assurance to the Trust Board that a 'speak up' culture is continually being strengthened throughout the organisation.

## Commitment

Our person-centred commitment to Freedom to Speak Up is that:

“We will have the courage to speak up and voice our views. We will always try to improve things to make a lasting difference”.

## Speaking Up October 2020 – March 2021

### Quality Improvement

CWP achieved a FTSU index score of 81.6% in the Freedom to Speak Up Index report 2021 which was published for the third year this year and is based on the results from the 2020 NHS Staff Survey. This is an improved position on the 2020 score of 80.3% and is slightly higher than the national average score for combined Mental Health / Learning Disability and Community Trusts which sits at 80.8% and the overall national average index score which sits at 79.2%. The FTSU index brings together four questions from the NHS Staff Survey, these questions relate to whether staff feel knowledgeable, secure and encouraged to speak up and whether they would be treated fairly after an incident.

The FTSU index was calculated as the mean average of responses to the following four questions from the 2020 NHS Staff Survey:

- % of staff "agreeing" or "strongly agreeing" that their organisation treats staff who are involved in an error, near miss or incident fairly (question 16a)
- % of staff "agreeing" or "strongly agreeing" that their organisation encourages them to report errors, near misses or incidents (question 16b)
- % of staff "agreeing" or "strongly agreeing" that if they were concerned about unsafe clinical practice, they would know how to report it (question 17a)
- % of staff "agreeing" or "strongly agreeing" that they would feel secure raising concerns about unsafe clinical practice (question 17b)

There was an additional question included in the 2020 NHS Staff Survey which focused on workers feeling safe to speak up more generally:

- % of staff "agreeing" or "strongly agreeing" that they would feel safe to speak up about anything that concerns them in their organisation (question 18f)

Question 18f was not included in this year's FTSU Index – to allow for comparability to previous years – but has been analysed alongside the index score within the report. CWP achieved a score of 70.8% for this question which is higher than the national average score which sits at 65.6%.

The FTSU index seeks to allow Trusts to see how an aspect of their FTSU culture compares with other organisations so learning can be shared, and improvements made. CWP's FTSU index scores are a great achievement and demonstrate that there is positive speak up culture within the organisation. However, there is still further improvements that can be made to ensure that all CWP colleagues feel confident and secure to raise concerns.

The FTSU Guardian role continues to be undertaken by the two Associate Directors of Nursing and Therapies and the four Associate FTSU Guardians that are supporting the Guardians on a temporary basis to provide additional capacity to respond to concerns raised by staff in recognition of the significant challenges that the Covid-19 response continues to present for everyone working within the organisation. The Associate FTSU Guardians are all experienced FTSU Ambassadors and undertake senior clinical roles across the Trust. The four posts provide a dedicated role in each locality and an additional role for trust wide and corporate support services. All Guardians and Associates are available to respond to concerns from individuals in any area of the organisation as required. Developing a shared approach has enabled increased access to a member of the FTSU team, providing choice for people, and quality assurance process to be implemented without compromise to individuals' confidentiality. Each speak up case has been quality reviewed and learning from cases has been extracted.

The FTSU Guardians are well supported to carry out the role. The FTSU Guardians have had regular meetings with the Executive Director lead for Speaking Up, and both Guardians have access to the Non-Executive Director FTSU Champion, as well as the Chief Executive and Chair to discuss Speaking Up strategy and any associated matters. This continues to raise the profile of Speaking Up and ensure senior leaders are aware of the Speaking Up strategy enabling them to continue to promote a Speak Up culture during quality visits and engagement with people. The FTSU Guardians report in person at board meetings.

### Building Confidence and Capability

The Speaking Up policy and processes are in place and available on the Trust intranet. The importance of Speaking Up and Speaking Up processes continue to be shared with people in a variety of ways including; distribution of written information and posters; through the Trust's communication bulletins, social media platforms inclusive of Facebook Live sessions; board member quality visits; and face to face by FTSU Guardians, Associate Guardians and Ambassadors. During October 2020 there was a comprehensive communication campaign undertaken to raise awareness of Speaking Up during the national Freedom to Speak Up Month using the national theme of the Speak Up ABC.

The Trust has adopted the Freedom to Speak Up e-learning modules that have been developed by the National Guardians Office in association with Health Education England for everyone in the health sector. They explain in a clear and consistent way what speaking up is and its importance in creating an environment in which people are supported to deliver their best. The first module – Speak Up – is for everybody and is an essential requirement for all staff working across CWP to complete. The second module, Listen Up, for managers, builds upon the first and focuses on listening and understanding the barriers to speaking up. A final module – Follow Up – for senior leaders, will be launched later in the year to support the development of Freedom to Speak Up as part of the strategic vision for organisations and systems.

The Trust has a large cohort of Speak Up Ambassadors from a wide range of services across the trust. The Speak Up Ambassadors are self-nominated people working in any role within the Trust who are able to provide support for colleagues in raising concerns. There has been

limited engagement with Ambassadors that has resulted in individuals formally raising concerns through the Speak Up pathway during this reporting period.

During this period we have successfully recruited an additional Ambassador who is a member of the disabled staff network to further broaden access to opportunities for individuals to Speak Up and to promote the Speak Up Culture for staff with a disability.

The role of the Ambassador was due to be reviewed during this reporting period to strengthen consistency in our approach and to ensure Ambassadors have the capability, capacity and support to fulfil the expectations of the role and consider how the Ambassadors can increasingly support the promotion of the speak up process and increase awareness of different ways of Speaking Up in addition to providing direct support to individuals who may have a concern they wish to raise. Due to capacity this review has been delayed and will be undertaken in the next reporting period.

The Freedom to Speak Up Associate Guardians have been supported by the Guardians to continue to promote their roles within the localities and areas of work; and have been supported to undertake direct case work with individuals who have raised concerns. The Guardians have been able to provide advice and guidance through a buddy approach to enable the Associate Guardians to consolidate their skills and confidence in undertaking their extended role.

Feedback mechanisms continue to be utilised to enable individuals who have raised concerns to evaluate their experience of the process as well as the outcome that was achieved. Staff are requested to provide feedback in line with National Guardian Office requirements.

### Measuring Progress

One of the ongoing challenges for the Trust is ensuring all staff are aware of the role of FTSU Guardians and how to access Speak Up pathways to enable them to raise any issues or concerns, or challenge any wrongdoing, through this route. The FTSU Guardians have continued to work closely with the Equality and Diversity lead to ensure that the importance of Speak Up is recognised in all staff networks with the aim of recruiting more Ambassadors from each network to provide staff from these groups with the opportunity to access support to Speak Up from a broad range of individuals, including people that they trust and feel a connection with. One of the FTSU Guardians has attended all of the staff network meetings during this reporting period to provide an overview of the Speak Up process and pathway and promote the role of the guardians, associates and ambassadors in order to raise awareness.

All speak up communication routes remain active including the dedicated FTSU email address and telephone number, mailing addresses and telephone numbers of the FTSU Guardians and Associate Guardians. Additionally, staff can raise concerns face to face with any member of the team. The most common method of contacting the FTSU Guardians from individuals raising concerns remains through the dedicated raising concerns email account and phone line.

The FTSU Guardians will continue to work collaboratively with organisational development and others to link access to Speaking Up with other Trust staff initiatives. The FTSU Guardians will continue to work with organisational development to scrutinise the findings of the staff survey and understand the opportunities for further development and improvement.

## Analysis of Activity

Systems are in place to record and monitor the FTSU activity across the organisation and the FTSU Guardians report this information to the National Guardians Office each quarter as required. However, success should not be measured by the number of concerns and issues being raised. It is recognised that the trends of activity can be useful to triangulate with wider data and can support the identification of early warning enabling prompt and appropriate intervention and support.

People are speaking up and raising concerns through the FTSU Guardian route which continues to be utilised across the Trust; the number of recorded speak up concerns in quarter 3 and 4 of 2020 / 2021 in comparison to previous years are below:

Table 1 – Total numbers of speak up concerns reported from 2017 / 2018 to date.

Locality	TOTAL 2017- 2018	TOTAL 2018- 2019	Q1	Q2	Q3	Q4	TOTAL 2019- 2020	Q1	Q2	Q3	Q4	TOTAL 2020 / 2021
Central and East	14	12	4	1	2	2	9	2	1	0	0	3
Wirral	3	4	1	1	6	1	9	1	6	4	1	12
West	5	11	2	4	4	3	13	0	4	3	5	12
Trust wide	1	1	3	0	0	0	3	0	0	0	0	0
<b>TOTAL</b>	23	28	10	6	12	6	34	3	11	7	6	27

The total number of concerns reported this financial year is lower than the number of concerns reported in 2018/19 and 2019/20. This contrasts with the reported increase in Speak Up activity that other organisations have experienced throughout the Covid-19 pandemic highlighted through the FTSU Guardians network. The general increase has resulted from staff raising concerns about access to Personal Protective Equipment, working environments and Infection Prevention and Control requirements and procedures. Whilst it has not been possible to evidence the reason why CWP has not seen a similar increase in formal Speak Up concerns during this period it is considered likely that the continued availability of helplines for the Covid-19 Tactical Command Group, the Infection Prevention and Control Team and the Workforce Cell that have been available as part of the Covid-19 response throughout this year has provided staff with a range of other routes to raise any queries or concerns in relation to the impact of Covid-19 and receive a timely and effective resolution which has negated the need to access the Speak up pathway.



Table 2 – Comparison of percentage of concerns raised by locality

	17-18		18-19		19-20		20-21	
<b>TOTAL</b>	<b>23</b>		<b>28</b>		<b>34</b>		<b>27</b>	
East	<b>14</b>	61%	<b>12</b>	43%	<b>9</b>	27%	<b>3</b>	12%
Wirral	<b>3</b>	13%	<b>4</b>	14%	<b>9</b>	27%	<b>12</b>	44%
West	<b>5</b>	22%	<b>11</b>	39%	<b>13</b>	38%	<b>12</b>	44%
Trust Wide	<b>1</b>	4%	<b>1</b>	4%	<b>3</b>	8%	<b>0</b>	0%

The highest number of concerns raised during this reporting period were raised by individuals who work within West and Wirral localities, with a significant reduction in concerns raised by individuals within the East locality compared to previous reporting periods. The concerns have been raised by individuals and groups within a variety of teams across the localities and have not highlighted any specific themes or trends that indicate targeted actions are required.

All concerns raised during this period were followed up by a FTSU Guardian or Associate Guardian. The FTSU Guardian role is being promoted to encourage staff to report via this route however, in keeping with our Raising and Escalating Concerns policy staff will continue to be able to raise concerns externally with the CQC should they feel this is the most appropriate method.

People are able to raise concerns to the FTSU Guardian on an anonymous basis; such concerns are considered and investigated accordingly. However, personal evidence and clarification from individuals can be essential to enable a comprehensive response and outcome. In order to continue to improve the culture regarding raising concerns staff are encouraged to be open with the confidence that the FTSU Guardian will provide confidential support and only use the anonymous route when necessary. We have received one anonymous concern in Quarter 3 and two in Quarter 4, one of which was also simultaneously raised with the CQC.

All the concerns raised have been investigated and responded to in a proportionate way by a variety of methods, inclusive of supporting people with specific concerns that could be addressed at supervision or through the line management processes.

Table 3 – Breakdown of concerns raised in Quarter 1, 2, 3 and 4 2020- 2021 per Care Group.

Care Group	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
SMH	3	6	2	3	<b>14</b>
NBC	0	2	2	0	<b>4</b>
LD / ABI	0	0	0	1	<b>1</b>
CYP	0	2	1	3	<b>6</b>
AAD	0	2	0	0	<b>2</b>
Corporate	0	0	0	0	<b>0</b>
<b>Total</b>	<b>3</b>	<b>12</b>	<b>7</b>	<b>7</b>	<b>27</b>

The FTSU process is accessible to all people working within the Trust, or previously employed by the Trust, regardless of their role. Concerns have been received from a variety of people working across a range of services and from a variety of roles inclusive of nurses, support workers, administrators and allied health professionals. There have not been any concerns received from individuals working in corporate services during this reporting period.

and further work needs to be undertaken to ensure that corporate services staff are aware of, and feel able to, raise concerns through this route if required.

The FTSU Guardians will be undertaking a review to consider how Speak Up opportunities can continue to be promoted to individuals who are working remotely as a result of the ongoing utilisation of different ways of working that were initiated in response to the Covid-19 pandemic as this has reduced the opportunity for individuals to raise concerns face to face with a member of the Speak Up team. We continue to emphasise the importance of Speaking Up across our services and work with the Equality and Diversity lead to ensure options for considering harder to reach areas are taken into account.

There have been a range of concerns raised to the FTSU Guardian; the concerns have been categorised in line with the NGO guidance. Some concerns have been included within multiple categories therefore the total number does not equate to year-end total as above.

Table 4 – Number of concerns raised from 2019 / 2020 to 2020 / 2021 per NGO category

\*A speaking up concern can be assigned more than one category; the number of categories exceeds total concerns.

	2019 – 2020					2020 - 2021				
	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4	TOTAL	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4	TOTAL
Bullying / Harassment	8	1	4	0	13 (26%)	0	3	3	1	7 (25%)
Patient Safety / Quality	4	1	1	2	8 (15%)	0	2	0	3	5 (18%)
System / Process	1	1	0	1	3 (6%)	0	2	2	0	4 (14%)
Staff Safety	0	0	0	0	0 (0%)	0	1	0	0	1 (3%)
Leadership / Management Issue	8	6	10	5	29 (55%)	3	7	1	0	11 (40%)

Analysis of the categories of concerns raised by people identifies that in 2020 – 2021 there has been a reduction in the proportion of people speaking up who consider their concern to be associated with leadership and management, although this category continues to be associated with the highest number of concerns raised. The learning that has been extracted from cases is congruent with previous years; the importance of developing effective communication between individuals, managers and teams and supporting people to raise concerns as and when they arise.

Bullying and harassment within the workplace also continues to be a category with a large number of concerns raised although there has been a significant reduction in the number of concerns received related to this area compared to the previous year which is positive.

A total of 10 concerns were closed in quarter 3 and 4 2020 – 2021.

## **Speaking Up in Quarter 1 and 2 2021 – 2022**

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

The following priority areas for action during the next reporting period are as follows:

- To complete the Freedom to Speak Up Board Self Assessment
- To review the role of the Freedom to Speak Up Guardian and explore future options for provision of this role across the trust with a view to increasing capacity to drive forward this agenda.
- To review the role of the Freedom to Speak Up Associate Guardians and consider the longer-term requirements for these roles
- To review the role of the Speak Up Ambassadors, gain feedback to understand if and how the role should be developed.
- To improve awareness of Speaking Up within Corporate Services
- To continue to explore alternative options for expanding access to routes to Speak Up for individuals who continue to work remotely.
- FTSU Guardians to support the work of organisational development to understand the matters which contribute to related areas of the 2021 staff survey.

## STANDARDISED SBAR COMMUNICATION

REPORT DETAILS	
<b>Report subject:</b>	Guardian of Safe Working Quarterly Report
<b>Agenda ref. number:</b>	21.22.09 b
<b>Report to (meeting):</b>	Board of Directors
<b>Action required:</b>	Information and noting
<b>Date of meeting:</b>	28/07/2021
<b>Presented by:</b>	Faouzi Alam, Medical Director

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/ 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	Yes/ No

## REPORT BRIEFING

Situation – a concise statement of the purpose of this report
This report is to update the trust on the issues regarding junior doctors, their working conditions and locum use due to vacancies, during the period of April 2020-July 2021. Consideration has been given for any current and future risk.

Background – contextual and background information pertinent to the situation/ purpose of the report
The 2016 contract for Doctors in training created the post of Guardian of Safe Working in order to monitor and provide reassurance of Safe Working practice related to hours worked. This is an independent post and requires a responsibility of providing reports.

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

**Exception reporting:** This has been discussed through the Junior Doctor Forum on how and when to do exception reporting. There was one exception report for this time, which was resolved by time in lieu. There have been no fines levied against the Trust

**Junior Doctor Forum** It is part of the role of the Guardian of Safe Working to chair a Junior Doctor Forum. This is currently established as a monthly forum to discuss issues.

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

Board of Directors to note the report.

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

Dr Sumita Prabhakaran

Contributing authors:

Sumita Prabhakaran, GOSW

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

Version	Name/ group/ meeting	Date issued
	Junior Doctor Forum Mark Cadwallder Jon Ruffler	

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

Appendix No.	Appendix title
1	Guardian Report – July 2021

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

**April 2021 to July 2021**

**Report Author:**

**Dr Sumita Prabhakaran**

**Guardian of Safe Working Hours**

### **Executive summary**

The following report is the first of the quarterly reports to the Trust board and details the months from April to July 2021.

There has been one report of exception, from agreed work schedules during the report period. 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):	58
Number of vacancy:	9
Amount of time available in job plan for guardian to do the role:	0.5 PAs per week
Admin support provided to the guardian (if any):	No admin support
Amount of job-planned time for educational supervisors:	0.25 PAs per trainee

### **Exception reports**

There was one exception report for this time, which was resolved by time in lieu. Trainees were encouraged at last Junior doctor forum to report this.

### **Work schedule reviews**

There have been no work schedule reviews requested or completed.

### **Summary**

There have been no concerns raised regarding safe practice or access to education and training experiences. There have been no fines levied against the Trust

**STANDARDISED HIGHLIGHT/  
EXCEPTION REPORT**

REPORT DETAILS	
<b>Subject matter of report:</b>	Medical Workforce Annual Report 2020-2021
<b>Report provided by:</b>	Rachel McLoughlin
<b>Date of report:</b>	16/07/2021

<b>SUBJECT MATTER</b> What is this report about? Summarise why this report requires the attention of the Committee.	Summarise the purpose of the report:
	<p>Each year designated bodies have been required to complete an Annual Organisational Audit (AOA) on appraisal and revalidation in order to gain an understanding of the progress made during the last year and assure Responsible Officers and Executive Boards as well as NHS England, that systems for evaluating doctors fitness to practice are in place, functioning, effective and consistent.</p> <p>For this year and last, due to the Covid crisis, the AOA submission was not required by NHS England. However, a report has been compiled for the board's information containing the annual figures and information for 2020/2021.</p> <p>This report was considered and noted at POD sub-committee on the 15<sup>th</sup> July 2021.</p>

<b>ESCALATION</b> What do you need to escalate to the Committee?	Quality, clinical, care, other risks that require escalation:
	For noting and for information only

<b>ASSURANCE</b> What assurance or evidence of improvements are you providing to the Committee?	Other key matters to highlight:
	<p>This report contains the number of recommendations for the Trusts medical staff to the General Medical Council. It also demonstrates the support provided by the Appraisal and Revalidation team in ensuring all medical staff undertake appraisal and are able to be revalidated.</p> <p>The report provides updates on the actions from last year and also sets out new targets for the coming year, which include 'light touch' appraisals and continuing to support doctors wellbeing.</p> <p>Other information in the report includes information on medical recruitment and investigations.</p>





# **A Framework of Quality Assurance for Responsible Officers and Revalidation**

## **Annex D – Annual Board Report and Statement of Compliance.**

NHS England and NHS Improvement



# A Framework of Quality Assurance for Responsible Officers and Revalidation

## Annex D – Annual Board Report and Statement of Compliance.

Publishing approval number: **000515**

Version number: 3.0

First published: 4 April 2014

Updated: February 2019

Prepared by: Lynda Norton, Claire Brown, Maurice Conlon

This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. Please contact Lynda Norton on [England.revalidation-pmo@nhs.net](mailto:England.revalidation-pmo@nhs.net).

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## Introduction:

The Framework of Quality Assurance (FQA) for Responsible Officers and Revalidation was first published in April 2014 and comprised of the main FQA document and annexes A – G. Included in the seven annexes is the Annual Organisational Audit (annex C), Board Report (annex D) and Statement of Compliance (annex E), which although are listed separately, are linked together through the annual audit process. To ensure the FQA continues to support future progress in organisations and provides the required level of assurance both within designated bodies and to the higher-level responsible officer, a review of the main document and its underpinning annexes has been undertaken with the priority redesign of the three annexes below:

- **Annual Organisational Audit (AOA):**

The AOA has been simplified, with the removal of most non-numerical items. The intention is for the AOA to be the exercise that captures relevant numerical data necessary for regional and national assurance. The numerical data on appraisal rates is included as before, with minor simplification in response to feedback from designated bodies.

- **Board Report template:**

The Board Report template now includes the qualitative questions previously contained in the AOA. There were set out as simple Yes/No responses in the AOA but in the revised Board Report template they are presented to support the designated body in reviewing their progress in these areas over time.

Whereas the previous version of the Board Report template addressed the designated body's compliance with the responsible officer regulations, the revised version now contains items to help designated bodies assess their effectiveness in supporting medical governance in keeping with the General Medical Council (GMC) handbook on medical governance<sup>1</sup>. This publication describes a four-point checklist for organisations in respect of good medical governance, signed up to by the national UK systems regulators including the Care Quality Commission (CQC). Some of these points are already addressed by the existing questions in the Board Report template but with the aim of ensuring the checklist is fully covered, additional questions have been included. The intention is to help designated bodies meet the requirements of the system regulator as well as those of the professional regulator. In this way the two regulatory processes become complementary, with the practical benefit of avoiding duplication of recording.

The over-riding intention is to create a Board Report template that guides organisations by setting out the key requirements for compliance with regulations and key national guidance, and provides a format to review these requirements, so that the designated body can

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<sup>1</sup> Effective clinical governance for the medical profession: a handbook for organisations employing, contracting or overseeing the practice of doctors GMC (2018) [[https://www.gmc-uk.org/-/media/documents/governance-handbook-2018\\_pdf-76395284.pdf](https://www.gmc-uk.org/-/media/documents/governance-handbook-2018_pdf-76395284.pdf)]

demonstrate not only basic compliance but continued improvement over time. Completion of the template will therefore:

- a) help the designated body in its pursuit of quality improvement,
- b) provide the necessary assurance to the higher-level responsible officer, and
- c) act as evidence for CQC inspections.

- **Statement of Compliance:**

The Statement Compliance (in Section 8) has been combined with the Board Report for efficiency and simplicity.

## **Designated Body Annual Board Report**

### **Section 1 – General:**

The board / executive management team – *[delete as applicable]* of *[insert official name of DB]* can confirm that:

1. The Annual Organisational Audit (AOA) for this year has been submitted.

Date of AOA submission: National AOA submissions were cancelled this year as part of the response to Covid 19. Data regarding appraisals completed within the Trust has been compiled through the electronic SARD system and is outlined in the appraisal section of this report.

Action for last year: Seek feedback re uptake and usefulness of checklists.

Comments - Positive feedback regarding sharing of information and updates regarding revalidation and appraisal processes and changes during Covid-19.

Action for next year: Continue with data collection in readiness for AOA submission next year

2. An appropriately trained licensed medical practitioner is nominated or appointed as a responsible officer.

Action from last year: Appointed Responsible Officer is Dr Faouzi Alam

Comments: The RO continues to attend network meetings and updates relevant to this role.

Action for next year: Continue to attend updates, lead Responsible Officer Assurance Group (ROAG) meetings within the Trust, attend quarterly GMC Liaison meetings and meetings with the Medical Appraisal team and Director of Medical Workforce (DoMW) to review and shape governance processes.

3. The designated body provides sufficient funds, capacity and other resources for the responsible officer to carry out the responsibilities of the role.

Yes/No [delete as applicable]

Action from last year: The Responsible Officer is provided with time and resources, including administrative support and key roles to support the RO function.

Comments: Support for the RO role to continue.

Action for next year: Consider options for additional administrative and IT support to enhance the alignment of GP and other senior (non medical) practitioner governance processes.

4. An accurate record of all licensed medical practitioners with a prescribed connection to the designated body is always maintained.

Action from last year: CWP uses 3 different systems to ensure an accurate and up to date record of medical staff is maintained.

Comments: GMC connect is used to accept new prescribers when a doctor commences with the Trust. This is used to keep a record of when a doctor is due to be revalidated. The SARD system is used to record all appraisal information and the ESR system is used for all medical staff in employment and this keeps up to date information regarding a doctors' GMC registration and Sec 12/Ac approval dates.

Action for next year: Continue to ensure accurate and up to date information is maintained.

5. All policies in place to support medical revalidation are actively monitored and regularly reviewed.

Action from last year: *Continue to review policies to allow for updates and shaping of information as new guidance and information arises.*

Comments: All policies have a review date to allow for revision and amendments as needed.

Action for next year: This year's task is to review and update the appraisal policy for medical staff, to incorporate greater detail around peer supervision processes.

6. A peer review has been undertaken of this organisation's appraisal and revalidation processes.

Action from last year: No peer review process took place in 2021 in response to the Covid 19 pandemic

Comments: The RO and DoMW have continued to attend Regional RO network meetings which allow benchmarking of practice with peers and updates regarding the national agenda. CWP was invited to provide an update to the network as an example of good practice supporting doctors with medical appraisal.

Action for next year: Revisit links with neighbouring Trusts and review feasibility of re-establishing peer review process in 2022.

7. A process is in place to ensure locum or short-term placement doctors working in the organisation, including those with a prescribed connection to another organisation, are supported in their continuing professional development, appraisal, revalidation, and governance.

Action from last year: All doctors are supported to collect multisource feedback from colleagues and patients to evidence their practice and meet revalidation requirements. For doctors who have a prescribed connection to another organisation, feedback and information is shared between Responsible Officers. Locum and short term placement doctors meet for supervision with Clinical Supervisors/Clinical Directors on a monthly basis. Any performance concerns identified are managed in line with the Handling Concerns about the Conduct, Capability and Health of Medical Staff policy. When working in CWP, doctors are able to attend in-house CPD activities including weekly MAPMED teaching and Grand Round.

Comments: All doctors new to the Trust are also routinely invited to appraisal training.

Action for next year: Continue to support locum and short term doctors to gather supporting information to meet appraisal and revalidation needs. Explore use of NHSE In Role Review Template (Appendix B) as a means of reviewing progress and developmental needs of doctors employed on short term contracts and doctors who



work within CWP but who appraised outside of the organisation. This would then feed into their externally facilitated annual appraisal.

## Section 2 – Effective Appraisal

1. All doctors in this organisation have an annual appraisal that covers a doctor's whole practice, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the organisation and for work carried out for any other body in the appraisal period), including information about complaints, significant events and outlying clinical outcomes.

During this appraisal year:

a) Psychiatrists with prescribed connections to CWP

61 Completed appraisals (category 1)

46 Approved Missed appraisal (category 2)- linked with covid 19

84 Consultants, 18 Specialty doctors and 5 locum/short term doctors

b) Salaried GPs who undertake appraisals with NHSE

9 Completed appraisals (category 1)

0 Approved Missed appraisal (category 2)

0 missed approved appraisals in response to Covid 19 (category 2)

Comments: The appraisal team continue to source and upload governance information to doctors' electronic portfolios and this system has been highlighted as an area of good practice by the Regional RO Network. We are aware this is an extra burden on the departments who provide it and are grateful for their on-going support.

We continue to review the information required for appraisal, consistent with national guidance, particularly the Pearson Review (2017) which recommended medical appraisal should be a process which is supportive, adds value and is not overly burdensome for doctors.

During 2020-21 in line with national guidance, appraisal processes have re-started in CWP with a focus on wellbeing and supporting the development of medical staff.

### GP appraisals

All GP's employed by the Trust complete an annual appraisal through a robust NHS England process, with clear guidance regarding the evidence required, CPD which should be completed annually, and information which should be detailed in appraisal summary and outputs. Outputs from GP appraisals are submitted to the NHSE Responsible Officer. The Clinical Director for Neighbourhoods receives an update to confirm an appraisal has taken place.

Action for next year:

Pilot use of NHSE In Post Review Template (Appendix B) with salaried Gps working within CWP, as a means of reviewing progress and developmental needs of doctors who work within CWP but who appraised outside of the organisation. This can be used as supporting information to feed into the annual appraisal.

2. Where in Question 1 this does not occur, there is full understanding of the reasons why and suitable action is taken.

Action from last year: Plan ahead for the needs of doctors who have had approved missed appraisals this year in response to the Covid 19 pandemic. Amend electronic appraisal platform to allow doctors to continue to input information to their portfolio documentation so that they are prepared for when formal appraisal processes are re-introduced

Comments: Appraisal processes have re-started with no reported difficulties, in line with MAG 2020 guidance focusing on wellbeing and supporting the development of medical staff. Information inputted to the electronic portfolio across both years can be viewed as part of the appraisal documentation. The requirement for written supporting information has been streamlined to reduce the administrative burden of appraisal, with increased emphasis on provision of verbal reflections.

Action for next year: Continue to monitor and support the appraisal process to ensure vast majority of appraisals fall into category 1.

3. There is a medical appraisal policy in place that is compliant with national policy and has received the Board's approval (or by an equivalent governance or executive group).

Action from last year: Continue to review the policy and amend as required in accordance with guidance and updates.

Action for next year: Medical Appraisal policy will be reviewed again this year to include detail regarding medical peer supervision processes

4. The designated body has the necessary number of trained appraisers to carry out timely annual medical appraisals for all its licensed medical practitioners.

Action from last year: Continue to monitor numbers to ensure that we are able to maintain a target of 5 appraisals per WTE appraiser over the year. Discuss whether retire and return doctors would wish to use SPA time to maintain appraiser roles.

Comments: A number of doctors attended appraisal training during the year and have now taken on appraiser roles within the Trust. The option of using SPA time has been

discussed with retire and return doctors and this has enabled one doctor to continue in their appraiser role.

Action for next year: Continue to monitor numbers to ensure that we are able to maintain a target of 5 appraisals per WTE appraiser over the year. Continue to provide appraiser training sessions and updates.

5. Medical appraisers participate in ongoing performance review and training/ development activities, to include attendance at appraisal network/development events, peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers<sup>2</sup> or equivalent).

Action from last year: Use of IT to facilitate Medical Appraiser Update group. Explore options for service user involvement with QA panel.

Comments: Medical Appraiser update group has continued using MS teams, with positive feedback regarding support processes. The QA panel will convene in September or October of this year to allow completion of sufficient appraisals for analysis.

Action for next year – revisit options to support service user involvement with QA panel.

6. The appraisal system in place for the doctors in your organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group.

Action for next year: Continue QA panel process. Explore options for service user involvement with this.

Comments: The Medical Appraiser update group has continued using MS teams. The QA panel will convene in September or October of this year to allow completion of sufficient appraisals for analysis.

Action for next year – see action above re exploring service user involvement with QA panel

## Section 3 – Recommendations to the GMC

1. Timely recommendations are made to the GMC about the fitness to practise of all doctors with a prescribed connection to the designated body, in accordance with the GMC requirements and responsible officer protocol.

Action from last year: Continue Responsible Officer ROAG meetings. Support doctors whose recommendation dates have been extended because of covid 19 to ensure that they are on track for revalidation.

<sup>2</sup> <http://www.england.nhs.uk/revalidation/ro/app-syst/>

<sup>2</sup> Doctors with a prescribed connection to the designated body on the date of reporting.

Comments: ROAG meetings have continued, with support to ensure that doctors are aware of and up to date with supporting information for revalidation.

Action for next year: Explore Appraisal and Revalidation policy and how this aligns with GMC requirements for supporting information.

2. Revalidation recommendations made to the GMC are confirmed promptly to the doctor and the reasons for the recommendations, particularly if the recommendation is one of deferral or non-engagement, are discussed with the doctor before the recommendation is submitted.

Action from last year: Continue utilising checklists, ROAG and feedback processes regarding revalidation readiness and recommendations

Comments: Checklists are completed as part of the appraisal portfolio. Ahead of the ROAG meeting and notice period the appraisal team contacts doctors individually to check that this information is in place.

Action for next year: Continue to support doctors to understand and prepare supporting evidence for revalidation. The Trust will continue to send a letter advising of ROAG outcomes and doctors' revalidation.

## Section 4 – Medical governance

1. This organisation creates an environment which delivers effective clinical governance for doctors.

Action from last year: Explore options to increase service user involvement in clinical governance processes in the trust e.g through service user representation at appraisal training and QA panel.

Review the quality of electronic job plans, with a focus on SMART service and individual objectives.

Explore the use of team job planning processes for psychiatrists

Comments: Options to facilitate service user involvement will be explored again this year, with the aim of providing face to face support and training focused on medical appraisal and quality assurance processes as an initial step.

DOMW has reviewed job plans prior to completion and has provided individual feedback regarding objectives. Psychiatry team job planning meetings have been introduced in some areas e.g CAMHS, to support workforce planning and as part of the response to Covid 19.

GP's employed by the Trust have clear clinical governance processes including a monthly governance meeting to explore learning from experience, complaints, clinical issues and strategic planning.

Action for next year:

Identify teams to pilot team job planning processes in the trust and engage the medical workforce to generate feedback/shape ideas about this.

Quarterly meetings with DoMW and Neighbourhoods Clinical Director to ensure that established governance processes for Gps are functioning well and identify what, if any, additional support may be required.

- 2. Effective systems are in place for monitoring the conduct and performance of all doctors working in our organisation and all relevant information is provided for doctors to include at their appraisal.**

Action for next year: Seek feedback from clinical directors and the medical appraiser group regarding the effectiveness of these processes in capturing information and providing evidence of reflection, learning and outcomes.

Comments: Feedback obtained is that when action plans are in place this information is being fed into appraisal appropriately and consistently. It would be useful for information highlighting positive achievements and performance to also be fed consistently into appraisal for discussion and learning. This will be highlighted through discussion at the CD peer group.

Action for next year: Continue to ensure that systems to triangulate information (highlighting both concerns and examples of good practice) are working effectively.

- 3. There is a process established for responding to concerns about any licensed medical practitioner's<sup>1</sup> fitness to practise, which is supported by an approved responding to concerns policy that includes arrangements for investigation and intervention for capability, conduct, health and fitness to practise concerns.**

Action from last year: Continue to offer support to clinical directors and medical managers focused on staff wellbeing and the identification and management of concerns.

Comments: DOMW continues to support medical managers regarding management of concerns and has been involved in monitoring, developing and reviewing action plans to support a number of doctors over the past 12 months (see appendix A).

Action for next year:

Ensure that update training re MHPS process is in place.

Provide training re supporting and managing doctors in difficulty to new Clinical Directors.

- 4. The system for responding to concerns about a doctor in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent**

governance group. Analysis includes numbers, type and outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors<sup>3</sup>.

Action from last year: Continue to provide data on numbers, type and outcome of concerns, and protected characteristics for review at Board.

Comments: This analysis will be provided as an addendum to this report (appendix A)

5. There is a process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other responsible officers (or persons with appropriate governance responsibility) about a) doctors connected to your organisation and who also work in other places, and b) doctors connected elsewhere but who also work in our organisation<sup>4</sup>.

Action from last year: CWP continue to request information for all new doctors commencing with the Trust, via a 'Responsible Officer transfer of information form'. This form is also completed for doctors who have left the Trust, once requested from their new employing Trust.

Comments: Although this form does not form part of the Trusts pre-employment checks, the form is sent out to the doctor's previous RO before the doctors starts in post.

Action for next year: To provide the board with figures on how many incoming and outgoing forms have been completed by the RO.

6. Safeguards are in place to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor's practice, are fair and free from bias and discrimination (Ref GMC governance handbook).

Action from last year: Identify relevant outcomes/actions from a trust project exploring concerns and disciplinary procedures.

Comments: Work to explore these processes has commenced but paused to allow re-prioritisation during Covid 19.

Action for next year: Update regarding progress with this piece of work and any relevant actions and outcomes

## Section 5 – Employment Checks

1. A system is in place to ensure the appropriate pre-employment background checks are undertaken to confirm all doctors, including locum and short-term doctors, have qualifications and are suitably skilled and knowledgeable to undertake their professional duties.

The Trust is mandated to carry a range of employment checks on all prospective employees before they take up appointment in the NHS, regardless of the term of the contract.

<sup>4</sup>This question sets out the expectation that an organisation gathers high level data on the management of concerns about doctors. It is envisaged information in this important area may be requested in future AOA exercises so that the results can be reported on at a regional and national level.

<sup>4</sup> The Medical Profession (Responsible Officers) Regulations 2011, regulation 11:  
<http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents>

All staff working within CWP are subject to pre-employment checks which are the minimum dataset required by Care Quality Commission (CQC) standards for Mental Health Trusts (these checks also comply with NHS employment checks standards (June 2019)). These include checks on the following:

Verification of identity checks, Right to work checks, Professional registration and qualification checks, Employment history and reference checks, Occupational Health checks and Disclosure and Barring Service (DBS) checks.

:

## Section 6 – Summary of comments, and overall conclusion

### Summary of actions:

2020/2021 has been a challenging year, during which systems were mobilised to respond to the Covid-19 pandemic.

### Strengths:

The commitment and engagement of the medical workforce in CWP has been essential to the development and implementation of changes including new IT solutions and ways of working, the ability to move at pace with changes to job plans, on call processes (development of virtual handovers, processes for mobilising staff to manage sickness and self isolation ) and team systems.

Appraisal processes were paused for a six month period, but since they restarted in September the enthusiasm and commitment of appraisers and the appraisal team have enabled medical appraisal and revalidation systems within CWP to get fully back on track.

Work to focus on recruitment has continued throughout. Over the past 12 months CWP has been successful in recruiting high calibre staff to a number of consultant posts, including two innovative posts developed through collaboration between the CYP and LD and Neurodevelopmental Caregroups. (see figures appendix C)

### Needs:

Continued administrative and HR support to implement the roles and responsibilities of the Responsible Officer.

Continue support to collect and pre-populate data for medical appraisal portfolios, with ongoing review and refinement to ensure that the information provided is useful and adds value.

Continue work on recruitment and retention, to ensure that CWP is seen as an employer of choice.

### Aspirations:

Work to strengthen and align support and governance processes for short term and locum doctors and doctors who work within CWP but whose annual appraisal is completed outside the trust (including Gps). Pilot use of In Post Review Template.



Continue work to support the wellbeing of the workforce and translate recommendations from the GMC report “Caring for Doctors, Caring for patients”, aligning this with goals set out in the CWP People strategy.

Overall conclusion: The report describes work in place to support medical governance within the Trust, in keeping with key principles outlined in the General Medical Council (GMC) handbook on medical governance, and the actions identified to continue to strengthen and shape these processes.

## Section 7 – Statement of Compliance:

The Board / executive management team – [*delete as applicable*] of Cheshire and Wirral Partnership NHS Foundation Trust has reviewed the content of this report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

Signed on behalf of the designated body

[(Chief executive or chairman (or executive if no board exists))]

Official name of designated body: \_\_\_\_\_

Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Role: \_\_\_\_\_

Date: \_\_\_\_\_

## Appendix A: Concerns involving doctors

### Formal MHPS investigations

1 formal investigation process was undertaken by a neighbouring trust in response to concerns about a doctor who also completes sessional work as an out of hours GP for CWP. Given the nature of the concerns raised, the doctor's practice was restricted to exclude performing particular procedures while an investigation process took place. The outcome of the investigation identified training needs, an action and support plan was implemented to address these, and restrictions on practice have now been lifted. No formal investigation processes were undertaken internally with doctors in CWP during 2020/2021

### Informal Action/Support Processes

In line with GMC guidance, we have continued to support Clinical Directors to identify and address local concerns about a doctor's practice at the earliest possible opportunity, implementing an action plan if appropriate and confirming discussions and agreements in writing to the doctor. This is intended to prevent minor concerns escalating and will also ensure the supporting evidence is there if more formal action needs to be taken in future.

During the year 2020/21, three doctors have been supported with an action plan, with oversight and support from the DoMW.

One action plan has now been completed, though the doctor involved will continue to access mentoring support and meet with their Clinical Director on a monthly basis to ensure that progress is maintained.

Two action plans are ongoing, with identified timescales for review and discussion with the DoMW.

Quarterly meetings with the GMC Employer Liaison Service have continued. They allow helpful, informal discussions with a GMC colleague and the sharing of information in both directions.

## Appendix B: Generic medical in-post review template

### Using this template

It is good practice for the person with clinical governance responsibility for a doctor in a particular role to hold a periodic review meeting with the doctor. This template is intended to guide this process and provide a record of the meeting for the doctor and their engaging organisation. It is intended for use where a suitable in-post review process does not already exist.

When considering whether to use this template to review a role which a doctor is undertaking, a balance needs to be struck between the need to provide assurance of fitness to undertake a role, based primarily on the level of risk associated with the role, and the burden of documentation on the doctor. For roles with very low associated risk, it may be acceptable to present a less structured form of review in that role to be agreed between the doctor and their responsible officer, for example by way of a comment in the scope of work section of the doctor's appraisal form. The periodicity of the agreed level of review might also be the subject of discussion and agreement between the doctor and their responsible officer, again depending on the nature of the role and its associated level of risk.

Whilst primarily designed to support a review meeting between a doctor and the person with clinical governance responsibility for their work, this template can also be used alone by a doctor as a self-review tool, or by doctor and a colleague as a peer-facilitated review tool, in a networking or buddying context.

The intended procedure is as follows:

1. The reviewer or organisation part-populates the template, and prepares any organisationally-generated records of CPD, quality improvement activity, feedback, complaints/compliments and any other relevant information relating to the doctor, as available.
2. The doctor completes remaining items in Section A.
3. The doctor and reviewer hold the review meeting, structured along the lines of the information in the template.
4. The doctor and reviewer agree the content of Section B, and complete the sign-off in Section C.
5. The doctor and the organisation each retain a copy of the final template.

Note: The doctor should present a copy of the completed template at their own medical appraisal, as supporting information indicating their participation in effective governance processes in relation to the role being reviewed.

## Section A

Doctor's name: <a href="#">Click here to enter text.</a>
Doctor's GMC number: <a href="#">Click here to enter text.</a>
Reviewer's name (enter 'None' if self-review): <a href="#">Click here to enter text.</a>
Reviewer's role: <a href="#">Click here to enter text.</a>
Date of review: <a href="#">Click here to enter a date.</a>

### General

What role does this review relate to: <a href="#">Click here to enter text.</a>
Start date in this role: <a href="#">Click here to enter text.</a>
Have you signed a contract? Choose an item.
Date of signature of contract: <a href="#">Click here to enter a date.</a>

Other professional roles that you have: <a href="#">Click here to enter text.</a>
--

### Headlines

Description of this role and the work you have undertaken in the last year: <a href="#">Click here to enter text.</a>
Looking at your last review's development themes/objectives in relation to this role, to what extent did you get to fulfil these? <a href="#">Click here to enter text.</a>
What do you consider you did well in the last year? <a href="#">Click here to enter text.</a>
What difficulties/ barriers have you come across? <a href="#">Click here to enter text.</a>
How well does your role work fit in with your other professional duties? <a href="#">Click here to enter text.</a>
How would you like your work in this role to develop? <a href="#">Click here to enter text.</a>

### CPD in relation to this role

(If your organisation arranges any CPD activities for you in relation to this role, you should describe these here)

Comments on CPD arranged by your organisation, and any other CPD activities you have undertaken that are relevant to this role; possible development plans: <a href="#">Click here to enter text.</a>
--

### Quality improvement activity in relation to this role

(Your organisation should provide relevant data if available)

Comments on data provided by your organisation and any other quality improvement activity relating to this role; possible development plans:  
[Click here to enter text.](#)

### **Significant events in relation to this role**

(Your organisation may define with you what might constitute a significant event in the context of your role)

Comments; possible development plans:  
[Click here to enter text.](#)

### **Maintaining professional relationships with those you deliver this service to**

(Engaging organisation to provide feedback if available,)

Comments on feedback provided by the organisation and any other feedback from those you deliver the service to; possible development plans:  
[Click here to enter text.](#)

### **Maintaining professional relationships with colleagues in relation to this role**

Comments; possible development plans:  
[Click here to enter text.](#)

### **Your health in relation to this role**

Comments; possible development plans:  
[Click here to enter text.](#)

### **Maintaining probity in relation to this role**

(Your organisation may define with you what might constitute suitable probity considerations in the context of your role)

Comments, possible development plans:  
[Click here to enter text.](#)

### **Complaints and compliments in relation to this role**

(Engaging organisation to provide information about complaints if available)

Comments; possible development plans:  
[Click here to enter text.](#)

### **Any other comments before the discussion**

Reviewer: [Click here to enter text.](#)

Doctor: [Click here to enter text.](#)

## OFFICIAL

### Section B

**Comments/summary following discussion, or self-reflection comments by doctor**

Reviewer: Click here to enter text.

Doctor: Click here to enter text.

**Personal development themes in relation to this role**

Click here to enter text.

**Actions by reviewer**

Click here to enter text.

### Section C

#### Sign-off

We/I confirm that the above is an accurate summary of the review process and personal development themes/actions.

Signature (if required):

Click here to enter text.

Date of sign-off: Click here to enter a date.

## Appendix C: Medical Recruitment

Since April 2020, CWP has recruited too and appointed the following substantive medics:

2 Consultants in CAMHS

2 SAS Grade doctors in CAMHS

2 Consultant in CAMHS/Intellectual Disabilities

2 Consultants in General Adult Psychiatry

1 SAS Grade doctor in General Adult Psychiatry

1 SAS Grade doctor in Perinatal Psychiatry

# STANDARDISED HIGHLIGHT/ EXCEPTION REPORT

REPORT DETAILS	
<b>Subject matter of report:</b>	CWP Statement of Purpose – updated position
<b>Report provided by:</b>	Stephanie Bailey (Compliance Manager)
<b>Date of report:</b>	19/07/2021

<b>SUBJECT MATTER</b> What is this report about? Summarise why this report requires the attention of the Committee.	<b>Summarise the purpose of the report:</b> To provide an update to the CWP Statement of Purpose detailing the Trust's CQC registration as specified by the business cycle for the Board of Directors and requirements of the CQC. The Trust is required to update this statement in accordance with the registration guidance outlined by the CQC at the point of any changes to service provision.
<b>ESCALATION</b> What do you need to escalate to the Committee?	<b>Quality, clinical, care, other risks that require escalation:</b> Since January 2021, the Statement of Purpose has been updated in conjunction with business and governance teams and Heads of Operations within each Care Group. All locations and addresses have been reviewed to ensure that they are up-to-date and, where necessary, amendments have been made to ensure accuracy. The key amendments are: <ul style="list-style-type: none"> <li>• The registration of Riverwood ward as of 21/05/2021</li> <li>• The end to the 'dormancy' of Thorn Heys as of 09/07/2021</li> <li>• Changes to services regarding CWP's provision of the COVID-19 Mass Vaccination programme, latterly including;               <ul style="list-style-type: none"> <li>○ <i>The move from Chester Racecourse to Ellesmere Port Civic Hall as of 21/06/2021.</i></li> </ul> </li> </ul>
<b>ASSURANCE</b> What assurance or evidence of improvements are you providing to the Committee?	<b>Other key matters to highlight:</b> The Board of Directors will receive a further comprehensive update to the Statement of Purpose in May 2022, or sooner if there are significant changes required prior to this due to service development, re-configuration or changes to CQC registration guidance.



## 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:** Jill Gilliam

**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.

ASSESSMENT AND OUTREACH (AOT) TEAM	Ancora House, Countess of Chester Health Park Liverpool Road, Chester CH2 1BQ Tel. 01244 397333
CORAL WARD - CAMHS Tier 4 ward	Ancora House, Countess of Chester Health Park Liverpool Road, Chester CH2 1BQ Tel. 01244 397305
INDIGO WARD – CAMHS Tier 4 ward	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:** Siobhan Chadwick

**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:** Ann Marie Ratcliffe

**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
<i>RIVERWOOD WARD- Adult Mental Health 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:** Sarah Peers

**Regulated activity :** Treatment of disease, disorder or injury, Maternity and Midwifery services, Family Planning, Diagnostic and screening procedures, Transport services, triage and medical advice provided remotely

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

*N.B. The West Cheshire Primary Care Assessment Centre service will manage patients who require an immediate and necessary face to face primary care assessment and who are also potentially COVID-positive. This service will operate during the COVID-19 pandemic for those patients who have presented to their GP or 111 service and for whom an initial triage, has already taken place.*

<i>West Cheshire Primary Care Assessment Centre (COVID19 Response)</i>	1829 Building, Countess of Chester Health Park, Liverpool Road, Chester. CH2 1UL Tel: 01244 385404 (reception number)
<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)
<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>HELSBY 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:** Charlie Ingram

**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:** Charlie Ingram

**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.

*EASTWAY WARD – Learning Disability ward*

Eastway Assessment & Treatment Unit, Countess of Chester Health Park, Liverpool Road, Chester, CH2 1BQ Tel. Reception 01244 397222 / Ward 01244 397224

**REGISTERED LOCATION**

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

**Service contact:** Charlie Ingram

**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.

*GREENWAYS WARD - Learning Disability ward*

Rosemount Site, Lea Bank Close, Chester Road, Macclesfield SK11 8PU Tel. 01625 508550

## REGISTERED LOCATION

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

**Service contact:** Jeff Johnston

**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 3BL Tel 0300 303 0706
<i>SILK WARD – Older People Organic ward</i>	Macclesfield DGH, Victoria Road, Macclesfield, SK10 3SJ Tel 0300 303 0709

## REGISTERED LOCATION

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

**Service contact:** Charlie Ingram

**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>MILLENNIUM 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:** Jeff Johnston

**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:** Charlie Ingram

**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:** Sarah Peers/ Siobhan Chadwick/ Jeff Johnston/ Ann Marie Ratcliffe/ Jill Gilliam

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

1829 BUILDING – Psychology (West Cheshire) - hub	1829 Building, Countess of Chester Health Park, Liverpool Road, Chester , CH2 1HJ Tel: Psychology 01244 397575 Tel: ABI 01244 389252
AIRBUS – supportive services - satellite	Airbus, Boughton, Chester CH4 0DR Tel. 01244 397589
ALSAGER HEALTH CENTRE - Adult & Older People's Community Mental Health Services- satellite	Alsager Health Centre, 12 Sandbach Road South, Alsager. ST7 2LU Tel. 01270 275606
ARROWE PARK HOSPITAL – Liaison Psychiatry including Street triage - hub	Arrowe Park Hospital, Arrowe Park Road Upton Wirral CH49 5PE Tel. 0151 678 5111
ASHFIELDS PRIMARY CARE CENTRE - Adult & Older People's Community Mental Health Services- satellite	Ashfields Primary Care Centre, Middlewich Road, Sandbach. CW11 1EQ Tel. 01270 275050
BOUGHTON MEDICAL CENTRE – primary care mental health - satellite	Boughton Medical Centre, Hoole Lane, Boughton, Chester CH2 3DP Tel. 01244 325421
BREIGHTMET HEALTH CENTRE - Bolton eating disorders service - hub	Brightmet Health Centre, Brightmet Fold Lane, Brightmet, Bolton, BL2 6NT Tel. 01204 462785
CHERRYBANK RESOURCE CENTRE – Adult mental health services, early intervention team, Criminal Justice Liaison and Diversion Team, Cheshire and Mersey Specialist Perinatal Service	Cherrybank Resource Centre, 85 Wellington Road, Ellesmere Port, CH65 0BY Tel. 0151 488 8360
CIVIC HALL- Covid-19 Vaccination Site	Ellesmere Port Civic Hall, Civic Way, Ellesmere Port, CH65 0AZ
CHURTON RESOURCE CENTRE - Cheshire and Merseyside Adolescent Eating Disorder Service – hub	Churton Resource Centre, Countess of Chester Health Park, Liverpool Road, Chester CH2 1BQ Tel. 01244 393220
CONGLETON LIBRARY- Home treatment team (HTT) - hub	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>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>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>GREAT SUTTON CLINIC (UNTIL 28/02/2021) - 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>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>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>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>THE ROCK SURGERY (at PRINCEWAY HEALTH CENTRE ) – 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>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 service ,</i>	71 St Anne's Street, Chester, CH1 3HT Tel. 01244 394949
<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, Wirral Continuing Health Care Service</i>	Stein Centre, St Catherine's Hospital, Derby Road, Tranmere, Wirral CH62 0LQ, Tel 0300 3033157
<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> Charlie Ingram	
<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>MILLENNIUM 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

WYVERN HOUSE – Cheshire West and Chester CLDT - hub	Wyvern House, The Drummer, Winsford, CW7 1AU. Tel: 01606 288850
<b>CODE – MHC</b> – CAMHS Community Based Services <b>Service contact:</b> Jill Gilliam <b>Regulated activity:</b> Treatment of disease, disorder or injury	
1829 BUILDING - 16-19 service, - hub	1829 Building, Countess of Chester Health Park Liverpool Road, Chester CH2 1BQ .Tel. 01244 397555
ASHLEA CENTRE – Wirral CAMHS Centralised Neurodevelopmental team, Wirral CAMHS Psychotherapy Team, Wirral CAMHS PMHW team - hub	
THE BIRCH CENTRE - Wirral CAMHS 0-13 Team, Wirral CAMHS 14-18 Team, - hub	The Birch Centre, St Catherine's Hospital Derby Road, Tranmere, Wirral CH42 0LQ Tel. 0300 3033 157
CORONATION ROAD – West LD CAMHS, Cheshire & Mersey Specialist Perinatal Service - hub	Coronation Road Workplace Hub, Coronation Road, Ellesmere P Port, CH65 9AA Tel. 0151 488 8041.
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	Elm House, The Priory, Rosemount Site, Lea Bank Close, Macclesfield, Cheshire, SK11 8QA, Tel. 01625 712043
HAWTHORN CENTRE – Vale Royal & 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	1 <sup>st</sup> Floor Commerce House, Dene Drive, Winsford, CW7 1AS Tel. 01606 555240
MAPLE HOUSE - Wirral CAMHS Choice Clinic	Maple House, 3 Cleveland Street Birkenhead, Wirral CH41 6ND Tel. 0151 488 8450
MARSDEN HOUSE - West Cheshire Tier 2 and Tier 3 CAMHS - hub	Marsden House, Brookdale Place Chester CH1 3DY Tel. 01244 393200
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	Mill Street Medical Centre, Mill Street, Crewe, Cheshire, CW2 7AQ Tel. 01270 253 841
<b>CODE : CHC</b> – community healthcare services; <b>HPS</b> – hospice services; <b>MBS</b> – mobile doctors service; <b>DCS</b> – Doctors consultation services; <b>DTS</b> Doctors treatment services, NHS GP Practice <b>Service contact:</b> Jill Gilliam/ Sarah Peers/ Val Sturgess <b>Regulated activity:</b> Treatment of disease, disorder or injury, Transport services, triage and medical advice provided remotely, 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 - Ellesmere Port North community care team, Ellesmere Port South community care team, Single Point of Access (SPA), Crisis and Reablement Team - hub</i>	4 Civic Way, Ellesmere Port, CH65 0BE Tel: EP North 0151 357 2348, Tel: EP South 0151 355 8946, Tel: 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>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 (UNITL 28/02/2021) – 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>HELSBY 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>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



TARVIN COMMUNITY CENTRE – health visiting clinic- satellite	Tarvin Community Centre, Meadow Close, Tarvin, Chester CH3 8LY Tel. 01829 740838
TATTENHALL RECREATION CLUB – Starting Well 0-19 service - satellite	Tattenhall Recreation Club, Burwardsley Rd Chester CH3 9QF
VICTORIA CHILDREN'S CENTRE (CHESTER) – Starting Well 0-19 service - satellite	Chester Victoria Children's Centre, Cheyney Road, Chester, CH1 4BR
VICTORIA ROAD CHILDREN'S CENTRE (NORTHWICH) – Starting Well 0-19 service - hub	Victoria Road Children's Centre, Neumann Street, Northwich CW9 5UT. Tel: 01606 555286
WEAVERHAM MEDICAL CENTRE – Starting Well 0-19 service - satellite	Weaverham Medical Centre, Northwich Road, Northwich CW8 3EU. Tel. 01606 544342
WHARTON CHILDREN'S CENTRE – Starting Well 0-19 service - hub	Wharton Children's Centre, Bradbury Road, Wharton, CW7 3HN. Tel. 01606 555285
WHARTON PRIMARY HEALTHCARE CENTRE – Starting Well 0-19 service - hub	Wharton Primary Healthcare Centre, Crook Lane, Winsford, CW7 3GY Tel. 01606 593803

#### REGISTERED LOCATION

**OLD HALL SURGERY**, 24 - 26 Stanney Lane, Ellesmere Port, CH65 9AD. Tel. 0151 355 1191

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

**Service contact:** Sarah Peers

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

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

24 - 26 Stanney Lane, Ellesmere Port, CH65 9AD. Tel. 0151 355 1191

[www.oldhallsurgery.co.uk](http://www.oldhallsurgery.co.uk)

#### 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:** Sarah Peers

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



<i>WESTMINSTER SURGERY – GP services, maternity and midwifery services, family planning services, diagnostic and screening procedures, surgical procedures - hub</i>	Westminster Surgery, 12 to 18 Church Parade, Ellesmere Port CH65 2ER Tel. 0151 3554864  <a href="http://www.westminstersurgery.nhs.uk">www.westminstersurgery.nhs.uk</a>
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## 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:** Sarah Peers

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

<i>WILLASTON SURGERY – GP services, maternity and midwifery services, family planning services, diagnostic and screening procedures- hub</i>	Willaston Surgery, Neston Road, Willaston, CH64 2TN Tel. 0151 327 4593  <a href="http://www.willastonsurgery.nhs.uk">www.willastonsurgery.nhs.uk</a>
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### 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;

- Improving care, health and wellbeing.
- Working within communities.
- Working in partnership.
- Delivering, planning and commissioning services.
- Making best value.
- Reducing inequalities.
- Enabling our people.
- Improving and innovating.

### 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 – *transport services equating to involving a vehicle that was designed [or modified] for the primary purpose of transporting people who require treatment, not emergency ambulances.*
- 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

## **6. Our Services**

### **6.1 Physical Health**

#### **6.1.1 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.

### **6.1.2 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.

### **6.1.3 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.

### **6.1.4 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.

### **6.1.5 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.

### **6.1.6 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

### **6.1.7 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.

### **6.1.8 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

## **6.2 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

### **6.3 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

#### **6.3 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

#### **6.4 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

### **6.5 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.

#### **6.5 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

## **6.6 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.

## **6.7 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

## **6.7 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

## **6.8 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

## **6.8 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

## **6.9 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

## **6.9 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

### **6.10 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.

### **6.11 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.

## **6.11 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

## **6.12 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.

## **6.13 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.

In Warrington, CWP provides IAPT services in conjunction with Mental Health Matters; this service is commissioned by the local clinical commissioning group.

### **6.13 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.



## **6.14 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

### **6.14 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

## **6.15 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.

### **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.

## **7. 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

## **8. 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.

## **9. Continuing Health Care**

The continuing health care (CHC) service is responsible for the individual commissioning of care for patients, dealing with the administration of referrals, lead case managements and MDTs alongside co-ordinating CHC/FNC panels and make decisions on eligibility for care. They also provide clinical reviews for the continued eligibility for care. The service is commissioned by Wirral CCG and the packages of care will be delivered by external providers. There are annual reviews of the provider's delivery of the service which update the CCG on performance. The service also provides accounting and financial control, devising a care plan budget alongside brokerage of care via third part service level agreements.