NHS
Cheshire and Wirral Partnership
NHS Foundation Trust

REPORT DETAILS	
Report subject:	Board assurance framework and strategic risk register
Agenda ref. number:	19.20.202
Report to (meeting):	Board of Directors (meeting in public)
Action required:	Discussion and Approval
Date of meeting:	25/03/2020
Presented by:	Dr Anushta Sivananthan, Medical Director (Executive Lead for Quality)

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

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

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

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

REPORT BRIEFING

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

To apprise the Board of Directors of the current status of the strategic risk register to inform discussion of the current risks to the delivery of the organisational strategic objectives, and as per the requirements outlined within the Trust's integrated governance framework. The report indicates progress against the mitigating actions identified against the Trust's strategic risks and the controls and assurances in place that act as mitigations against each strategic risk.
As at 18 March 2020 the Trust has 11 strategic risks – three are rated red and eight are rated amber.

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

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

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

New risks

In direct response to the global COVID-19 pandemic and the system and local responses to this, an immediate *Risk that the impact of COVID-19 will adversely affect the population of Cheshire and Wirral, including CWP staff, impacting on the delivery of service provision and safe, effective care.* This is rated as red (residual risk score 20). The risk treatment plan is influenced by national directions and is changing rapidly in real time.

Risk 9 was approved by Quality Committee on 4 March 2020 (the former in-scope risk associated with the provision of ADHD services) and the risk description has been amended to *Risk of increasing demand for ADHD services which exceeds current contract values and commissioned capacity, resulting in increasing waiting times and complaints from people who have not accessed services due to gaps in* commissioning. It is rated red (risk score 16) to reflect option 3 that was agreed by the Board of Directors to inform commissioners that CWP will provide a commissioned service based on available funding. Commissioning decisions regarding funding and any potential increase in investment is due April 2020. This risk is also reflected at Care Group risk register level and via the PSO reporting process.

Amended risk scores – a number of risks have been re-scored:

Risk 1 – *Supervision compliance rates are below Trust target of 85% and show varying levels of compliance across clinical and non-clinical staff groups.* This risk score has been reduced from 12 (amber) to 8 (amber) on the basis of assurance received around increased compliance levels reaching near target.

Risk 2 – *Risk of reducing ability to sustain safe and effective services within Central and Eastern Cheshire* has been rescored from 16 (red) to 12 (amber) reflecting completion of the physical move to Mulberry and Silk wards. The association with bed usage remains under review (linked to risk 10). This will be reviewed in full by the next Project Board meeting to assess residual risk areas and interdependencies with risk 10. The May 2020 Quality Committee is due to receive a quality impact assessment on the move to Mulberry and Silk wards to further inform the residual risk areas associated with this strategic risk.

Risk 10 – *Due to pressures on acute care bed capacity, there is a risk that people who require admission may have to wait longer than 4 hours for a bed to be allocated.* This risk score has been increased from (amber) 12 to 16 (red) on the basis of increased bed utilisation and sustained operation at and escalations to OPEL 4. Thematic analysis of bed usage is planned, following completion of reconfiguration of Central and East Cheshire beds and community services, aligned to a review of crisis beds – reporting to July Quality Committee – and will also consider the system imperative to tackle the risks associated with these pressures.

Archived risks

Risk 6 - *Risk to the effective delivery of the Trust's policy for the prevention of the transmission of flu to help protect both staff and those that they care for potentially impacting on staff and patient well- being* has been archived following completion of the risk treatment plan and the significant improvement in vaccination uptake following the 2019/20 campaign.

Exception reporting

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

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

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

Who has approved this report?	David Wood, Associate Director of Safe Services	
Contributing authors:	Louise Brereton, Head of Corporate Affairs	
Distribution to other people/ groups/ meetings:		
Version	Name/ group/ meeting	Date issued
1	Board of Directors	20/03/2020
Appendices provided for reference and to give supporting/ contextual information:		
Appendix No.	Appendix title	
1	Board assurance framework and strategic risk register	

#cwpQI

# Report Against Strategic Objectives

March 2020

Quality Surveillance Analysis Team

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Interpreting Statistical Process Control charts

Statistical Process Control Chart for monthly number of incidents

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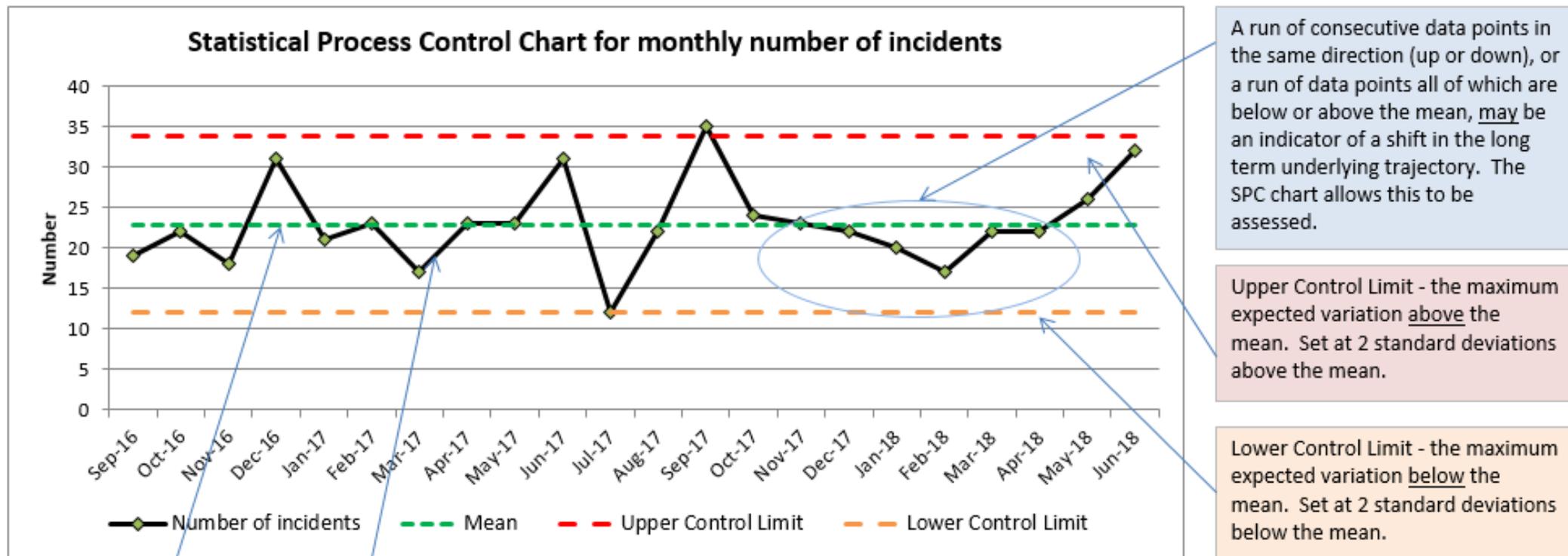
A run of consecutive data points in the same direction (up or down), or a run of data points all of which are below or above the mean, may be an indicator of a shift in the long term underlying trajectory. The SPC chart allows this to be assessed.

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

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

Mean - the arithmetic mean of the source data.

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

What does the SPC tell us?

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

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

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

Risk Register extract 28 Feb 2020

Risk description	ID	Likelihood	Consequence
Supervision compliance rates are below Trust target of 85% and show varying levels of compliance across clinical and non clinical staff groups. This indicates a risk that some staff may not be accessing supervision (clinical or management)	1	2	4
Risk of reducing ability to sustain safe and effective services within Central and Eastern Cheshire	2	3	4
Risk of cyber-attack resulting in loss of access to key systems and/ or data files with possible impacts on healthcare delivery, financial penalties and reputational damage	3	2	5
Risk of breach of legislation and CQC regulation in respect of adherence to the Mental Health Act, potentially impacting on: • patient safety, safeguards and experience; • likelihood of legal challenges; • reputation of the Trust.	5	2	5
Risks to the effective delivery of the Trust's policy for the prevention of the transmission of flu to help protect both staff and those that they care for	6	3	4
Gaps in consultant staffing in both inpatient and the community setting resulting in a potential risk to patient safety, service continuity and increasing waiting times	7	3	4
Risk of deficiencies and end of life pathway in ICT infrastructure, that are unable to support the delivery of existing models of care nor the design of new models of care, thereby impacting on sustainability of services	8	3	4
Risk of increasing demand for ADHD services which exceeds current contract values and commissioned capacity, resulting in increasing waiting times and complaints from people who have not accessed services due to gaps in commissioning	9	4	4
Due to pressures on acute care bed capacity, there is a risk that people who require admission may have to wait longer than 4 hours for a bed to be allocated	10	4	4
Risk of failure to achieve Trust (and system) control totals due to gaps in Trust's costed and recurrent plans, and increased burden on the Trust's efficiency programme, resulting in potential care, quality and regulatory impacts	11	3	4
Potential for adverse impact on the effectiveness of service delivery, evaluation and planning due to shortfalls in data capture by existing clinical systems, staff capability and delivery of the organisational data quality framework	12	3	4

Deliver high quality, integrated and innovative services that improve outcomes

Metric	Data	Further Explanation
Bed Occupancy - Adult Acute and Ageless wards		Metric owner: Suzanne Edwards / Anushta Sivananthan Monitored at: SMH Care Group Data sources: KH03 file provided by the Information Team. NHS Benchmarking reports. Link to strategic risks: Treatment of strategic risks #2, #7 and #10 have an impact on this metric, but overall performance is impacted by many other factors also.
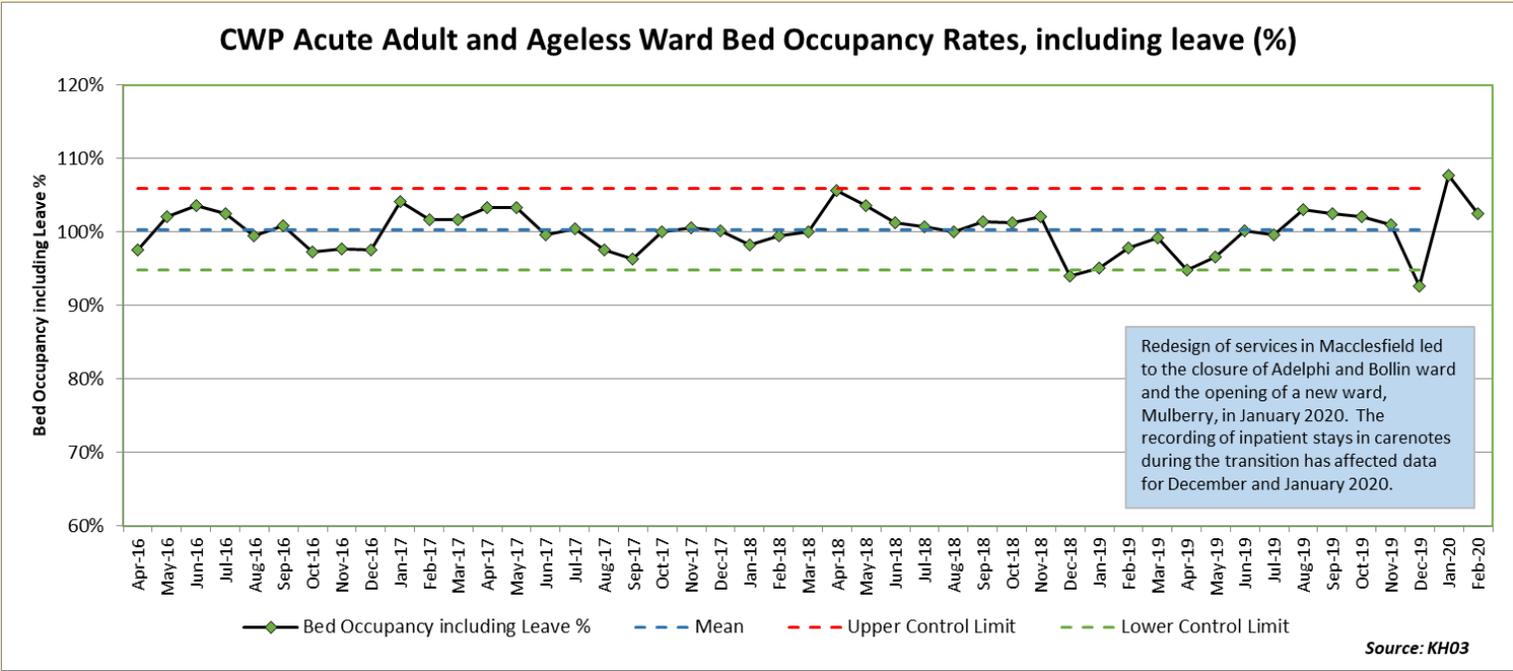
Comment: The definition has been updated to include both adult and ageless wards, given that the bed hub manages the bed stock as one. The data points for December 2019 and January 2020 should be read with caution. This is related to the timing of moves to the new ward in Macclesfield. February 2020 data are not affected.

Deliver high quality, integrated and innovative services that improve outcomes

Metric	Data	Further Explanation
Out of Area Acute Admissions	Number of acute admissions of CWP patients to hospitals outside the trust, excepting services that CWP do not provide	Metric owner: Suzanne Edwards
		Monitored at: Operational Committee
		Data source: CWP Bed Hub
	Note: A CWP patient was transferred from Adelphi ward to Featherstone at Cheadle Royal on 18th January 2020 due to the urgent need for a PICU bed following an incident at Adelphi, and none being available that night within CWP. The patient was transferred back to a CWP bed (Willow ward) the next day when a PICU bed became available.	Link to strategic risks: Treatment of strategic risks #2, #7 and #10 have an impact on this metric, but overall performance is impacted by many other factors also. The positive performance against this metric informed the reduction to a risk score of 12 for strategic risk #10 last November (Source: Quality Committee 06/11/2019).

Deliver high quality, integrated and innovative services that improve outcomes

Metric	Data	Further Explanation
Admission to hospital for those on the dynamic support register	Comment: Of the 18 people who have been admitted since May 2019, 13 have been 'red' rated and 5 have been 'amber' rated.	Metric owner: Suzanne Edwards Monitored at: LD, NDD & ABI Care Group Data source: 'LD Risk Register Resulting in Inpatient Admission Report' Report Manager report Link to strategic risks: Treatment of strategic risks #2, #7 and #10 have an impact on this metric, but overall performance is impacted by many other factors also.

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

| Deliver high quality, integrated and innovative services that improve outcomes		
Metric	**Data**	**Further Explanation**
CWP performance against NHSi targets **(Exceptions only)**	The Trust reports a number of operational metrics to NHSi. These cover: Early Intervention in Psychosis (one metric), Improving Access to Psychological Therapies (3 metrics), Out of Area admissions (monitored on slide 5 of this pack), and a data quality measure which is provided with a three month lag. The following metric is below target performance as set out in the NHS Oversight Framework: • The data quality measure, where the most recent data are for November 2019, and the Trust's value is 84.6% against a target of 95%.	Metric owner: Tim Welch Monitored by: Ops Committee by exception from Care Groups Data source: CWP Business and Value

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

Metric	Data	Further Explanation
Friends and Family Test – responses from users of our services

Comment: The data point for February 2020 includes data up to and including 13ᵗʰ February and is therefore only a part month. | Metric owner: Gary Flockhart
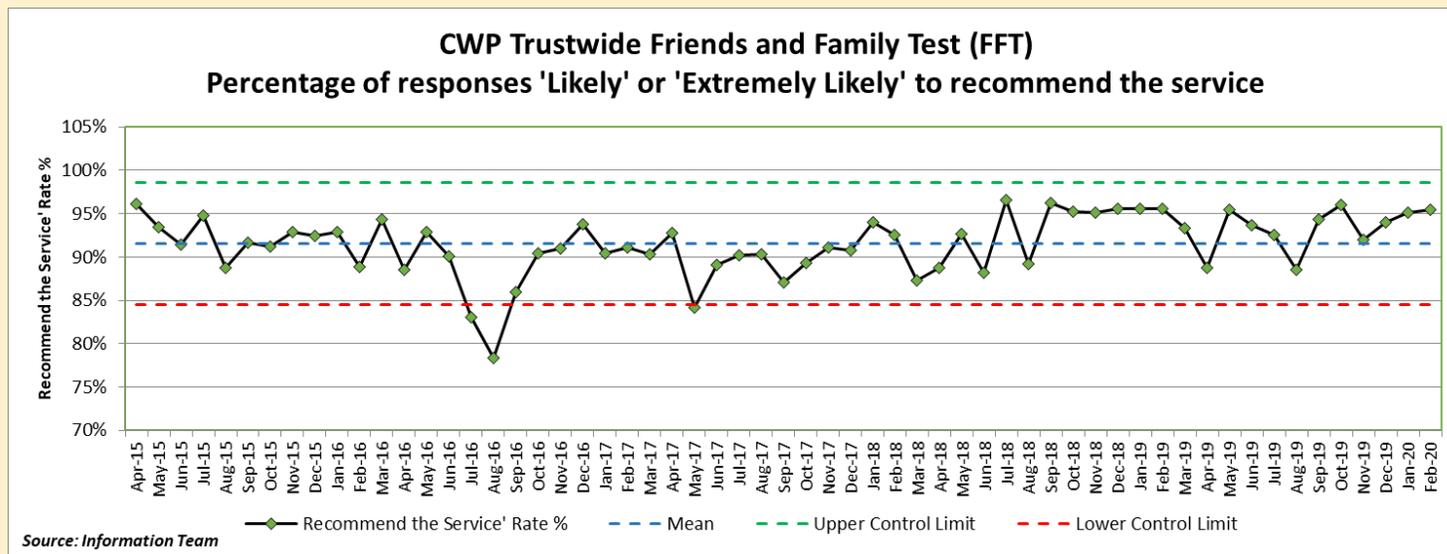
Monitored through: Quality Committee and PACE

Data source: 'FFTalldatatodate' file from the Information Team

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

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

Metric	Data	Further Explanation
Friends and Family Test responses from our staff – about CWP as a care provider		Metric owner: David Harris, delegated to Simon Platt Monitored at: POD Sub Committee Data source: People Information
	Comment: While Q3 2019/20 appears to show a similar position to Q3 the previous year, it is important to note the improvement in results since Q2 2019/20. Furthermore we know from our recent staff survey that we are performing above the national average (of similar organisations to CWP) by 5 percentage points on this question. It is hoped that continuous improvement initiatives will help to further improve our position across the coming 12 months. At this moment, it is not yet known what impact (If any) COVID19 will have on staff perspectives of our service provision. 2018/19 Q4 results were better than Q4 in the two previous years. In the earlier periods, the Staff FFT survey took place in only one locality each quarter; the Q4 surveys took place in Central and East locality. The time series therefore includes an element of locality driven variation.	Link to strategic risks: Treatment of strategic risks #1, #2, #8, #10, #12 and #B have an impact on this metric, but overall performance is impacted by many other factors also.

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

Metric	Data	Further Explanation
Friends and Family Test responses from our staff – about CWP as a place to work		Metric owner: David Harris, delegated to Simon Platt Monitored at: POD Sub Committee Data source: People Information
	Comment: As with the previous chart, CWP is performing above the national average of similar organisations by 3 percentage points. Q3 2019/20 shows an improvement has taken place in this quarter consistently over the last 4 years when compared to the same period. Again it is hoped that improvement initiatives identified as a result of the 2019 Staff Survey will begin to help improve this score further as their implementation takes shape. 2018/19 Q4 results were also better than Q4 in the previous two years. For this metric, the 2017/18 Q4 data point dipped below the lower threshold, i.e. it was an atypically low response.	Link to strategic risks: Treatment of all strategic risks have an impact on this metric, but overall performance is impacted by many other factors also.

CWP Trustwide Staff FFT
Staff likely to recommend CWP to friends and family as a place to work

Source: NHS England Staff FFT Results

Staff FFT (For Employment) — Mean — Upper Control Limit — Lower Control Limit

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

Metric	Data	
Effectiveness of working with the wider community	Comments: Two listen and learn events have now taken place and a chart showing attendance has been added into this Report for the first time.	Metric owner: Cathy Walsh Monitored at: PACE Sub Committee Data Source: PALS team Link to strategic risks: Positive performance against this metric acts as a controls assurance measure against all strategic risks.
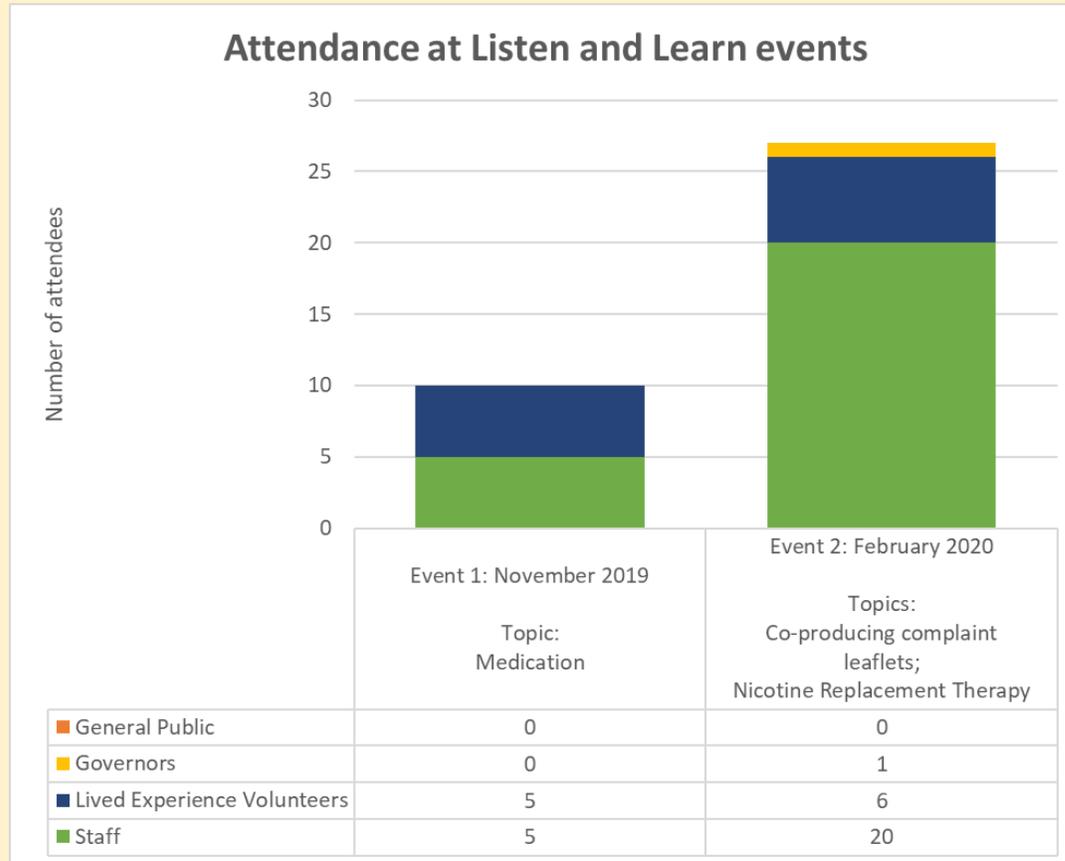
Attendance at Listen and Learn events

Number of attendees

	Event 1: November 2019 Topic: Medication	Event 2: February 2020 Topics: Co-producing complaint leaflets; Nicotine Replacement Therapy
General Public	0	0
Governors	0	1
Lived Experience Volunteers	5	6
Staff	5	20

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

Metric	Data	Further Explanation
Appraisal	**CWP Trustwide Appraisal Rate (%)** *Source: Monthly Appraisal Dashboards* — Appraisal Rate % — Mean — Upper Control Limit — Lower Control Limit Comment: Peaks have tended to be at March/ April. The dip in December 2017 was part of the legacy of the introduction of the new appraisal process in May 2016. Following three years of implementation, a dip in compliance rates during Aug – Sept has become a trend. Work to understand this has taken place and is attributed to peak leave period. Initiatives to support services and staff in implementation of appraisal continues in anticipation of these trends.	Metric owner: David Harris Monitored at: POD Sub Committee and Ops Committee Data source: People Information Link to strategic risks: There is no direct relationship between this metric and any of the risks currently being treated on the strategic risk register; however, indirectly this metric is closely associated with the earlier Staff FFT metrics.
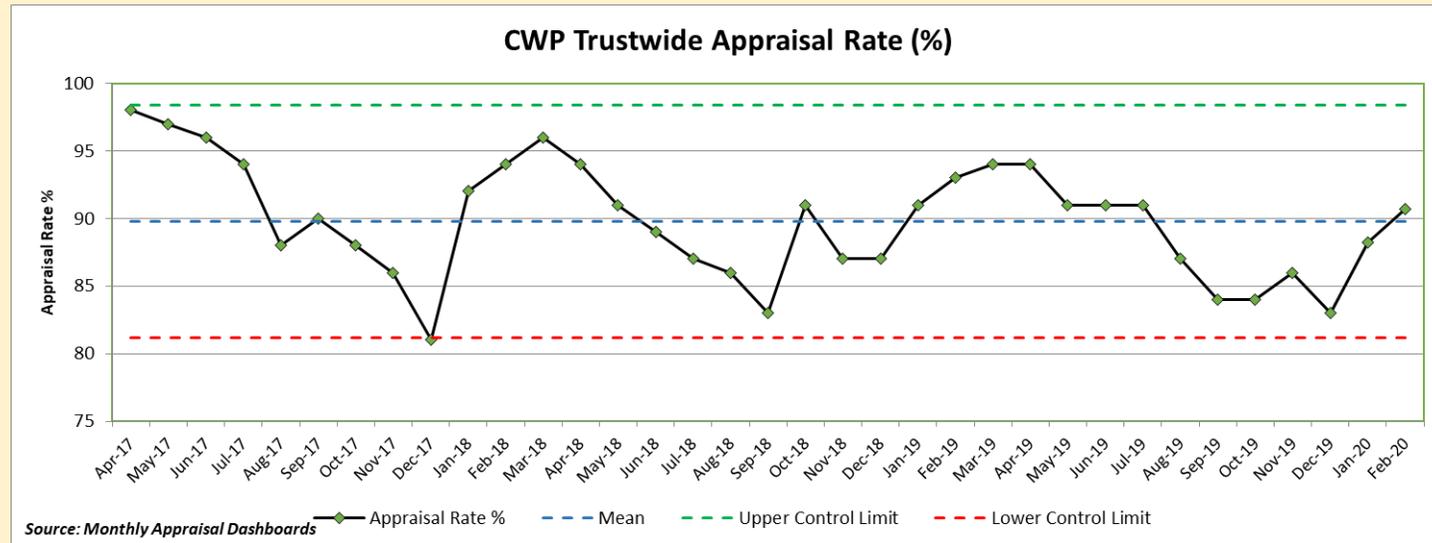
Be a model employer and have a caring, competent and motivated workforce

Metric	Data	Further Explanation
Managerial Supervision		Metric owner: David Harris, delegated to Simon Platt

Monitored at: POD Sub Committee and Ops Committee

Data source: People Information |

CWP Trustwide Managerial Supervision Rate (%)
measured monthly until end November 2019, weekly thereafter

Source: People Information

Comment: Separate managerial and clinical supervision competencies were introduced at the start of December 2019. For months up to and including November 2019, the time series reflects compliance with the previous 'all supervision' competence. Since an increase of approx. 4% was observed through January 2020, compliance against Managerial Supervision has sat just under 80%. This is notably 5% below our Trust's target. To try and improve this position, the Organisational Development team and People Information service have been targeting non-compliant areas within the Trust, both via email and direct phone contact. The aim of this approach has been not only to seek explanation and understanding of the status quo, but also to offer temporary support in managers uploading their Supervision Compliance onto the ESR system. Efforts remain in place to improve the situation.

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

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

Metric	Data	Further Explanation
Clinical Supervision

CWP Trustwide Clinical Supervision Rate (%)
measured monthly until end November 2019, weekly thereafter

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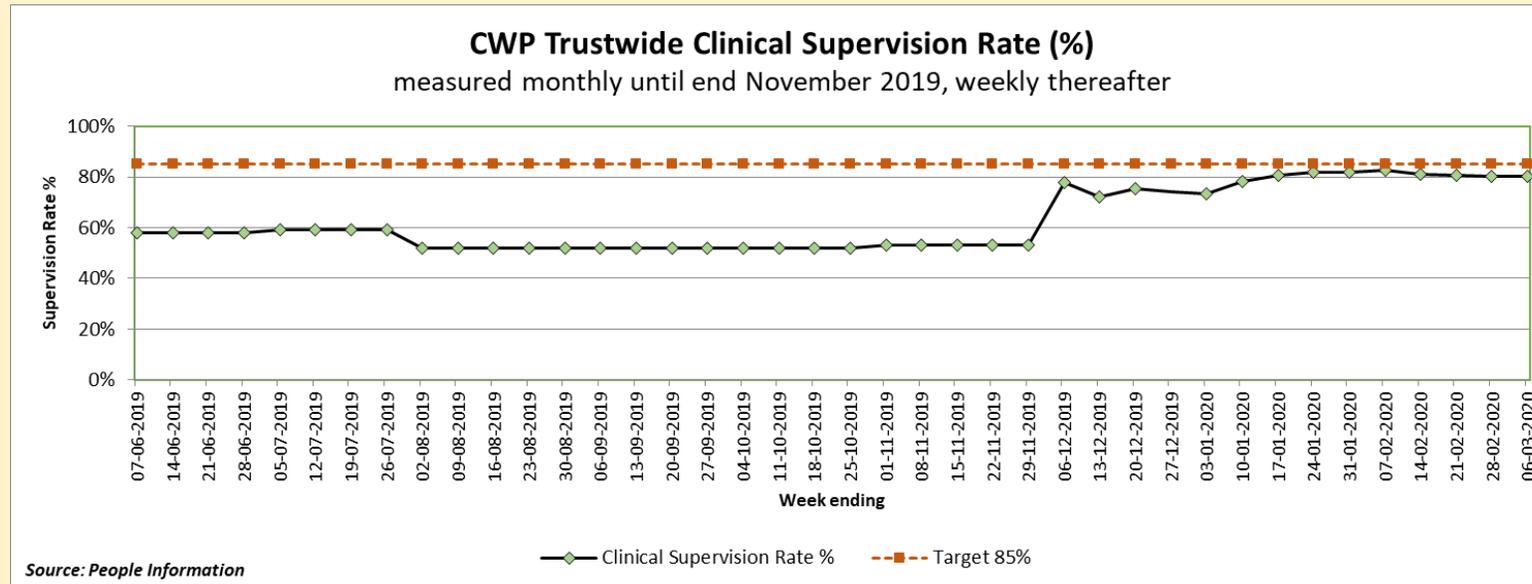
Comment: In December 2019 separate managerial and clinical supervision competencies were introduced: The standard operating procedure for clinical supervision has been launched, cascade of supervision requirements and supporting information has been undertaken via care groups, and amends to the reporting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

Monitored at: Care Group and Ops Committee

Data source: People Information

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

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

Metric	Data	Further Explanation
Sickness Absence		Metric owners: David Harris Monitored at: POD Sub Committee Data source: People Information
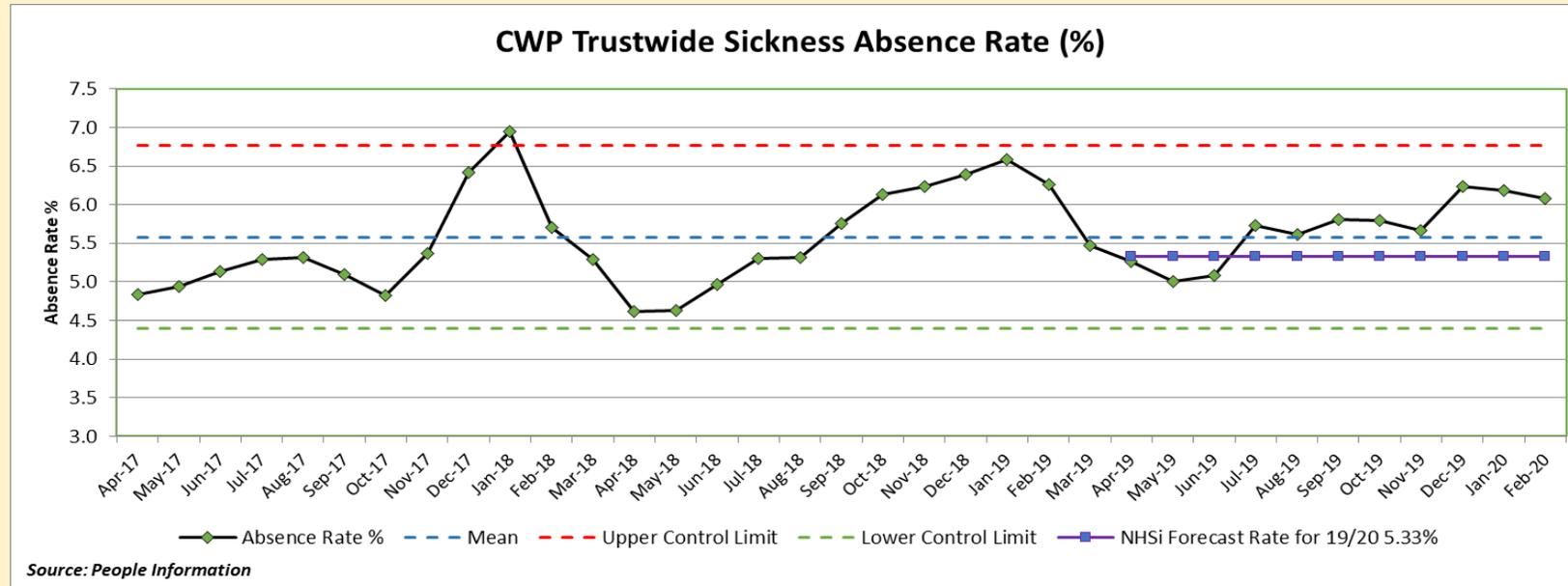
CWP Trustwide Sickness Absence Rate (%)

Source: People Information

Legend: Absence Rate % — Mean — Upper Control Limit — Lower Control Limit — NHSi Forecast Rate for 19/20 5.33%

Comment: As of April 2019, the trust's sickness absence rates are reported to NHSI on a rolling 12 month basis. For the rolling 12 months to date, the sickness absence rates range from 5.13% to 6.46% (average 5.84%); each month with the exception of June 2019 reported greater than the trust's target in month absence rate of 5.33%. The absence peaked in December at 6.46%, reducing to 6.36% in January. The trust's in month sickness absence rates for January is lower than previous years (6.94% in January 2018 and 6.57% in January 2019). The absence rates for each month in the first part of the year (April to September) were higher than in previous years and the winter months (October to January) were lower than last year but still over the trust's target. Comparing NHS Digital benchmarking information with similar trusts, CWP consistently reports a sickness absence rate below North West Mental Health Trusts average in every month from March 2018 to August 2019.

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

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

Metric	Data		Further Explanation
Staff Turnover		Comment: The upper chart indicates that March 2019 drove the peak in the rolling 12 month turnover series, taking the series above the upper control limit for that month.
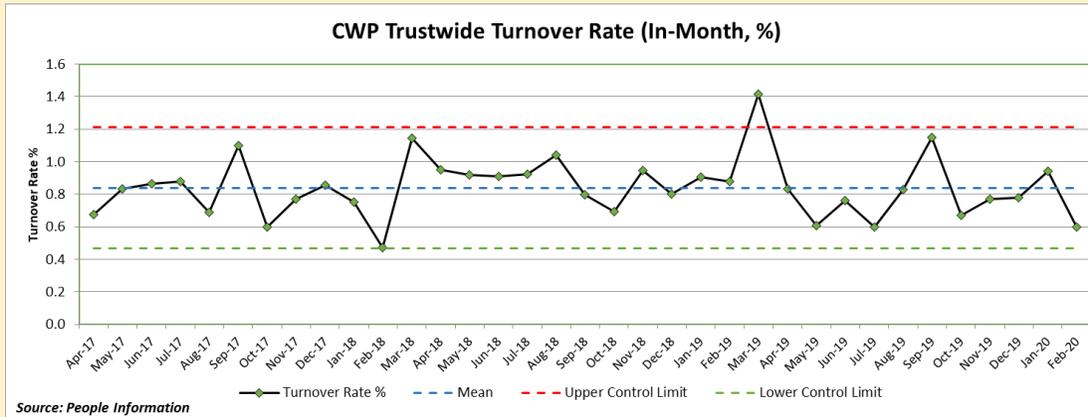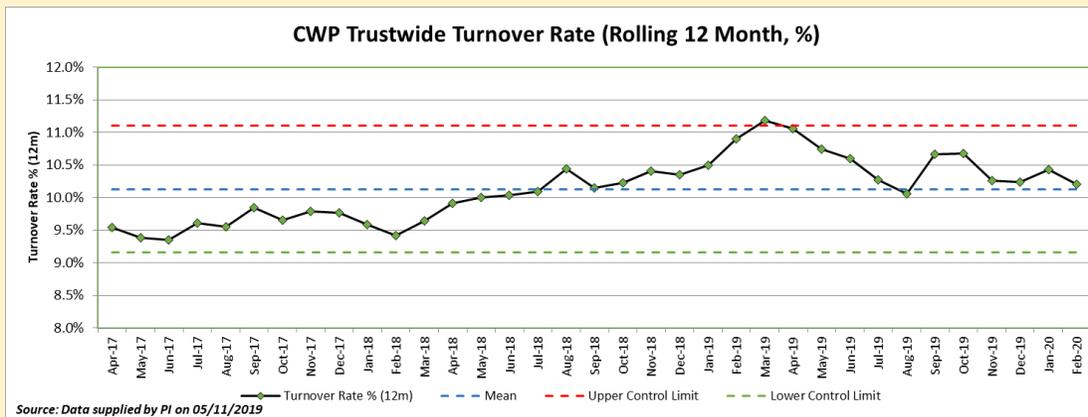
People Information suggest that this is due to March being a more common month for fixed term contracts to end. | Metric owner: David Harris

Monitored at: POD Sub Committee

Data source: People Information

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

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

Metric	Data	Further Explanation
Vacancy Rate		Metric owner: David Harris Monitored at: POD Sub Committee Data source: People Information

CWP Trustwide Vacancy Rate (%)

Source: Finance WTE Monthly Return

Legend: Vacancy Rate % — Mean — Upper Control Limit — Lower Control Limit

Comment: The chart shows a relatively stable data series with an average trustwide vacancy rate of 6.2%. The latest data point is unusually low in the time series, nearly one percentage point below average. The vacancy rate of 5.26% for Feb 2020 equates to 180.96 whole time equivalents (WTE) compared to 218.46 WTE in recruitment from advertising to offer stage. A further 32.15 WTE is awaiting authorisation to advertise. The WTE in recruitment is higher due to advertising in advance of resignation date/in advance of service changes and also due to recruitment in advance of need. Recruitment in advance of need is run on a rolling recruitment basis and has had a positive impact on the vacancy rate. In addition the use of values based recruitment language in adverts is supporting our attraction activities.

Link to strategic risks:
There are links to strategic risks #2 (Redesign of services in Central and Eastern Cheshire), 7 (gaps in consultant staffing), 10 (pressures on acute care bed capacity), and 11 (risk of failure to meet efficiency targets).

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

Metric	Data	Further Explanation
Mandatory Training		

CWP Trustwide Mandatory Training (EE1) Compliance Rate (%)

Source: ESR/Education CWP
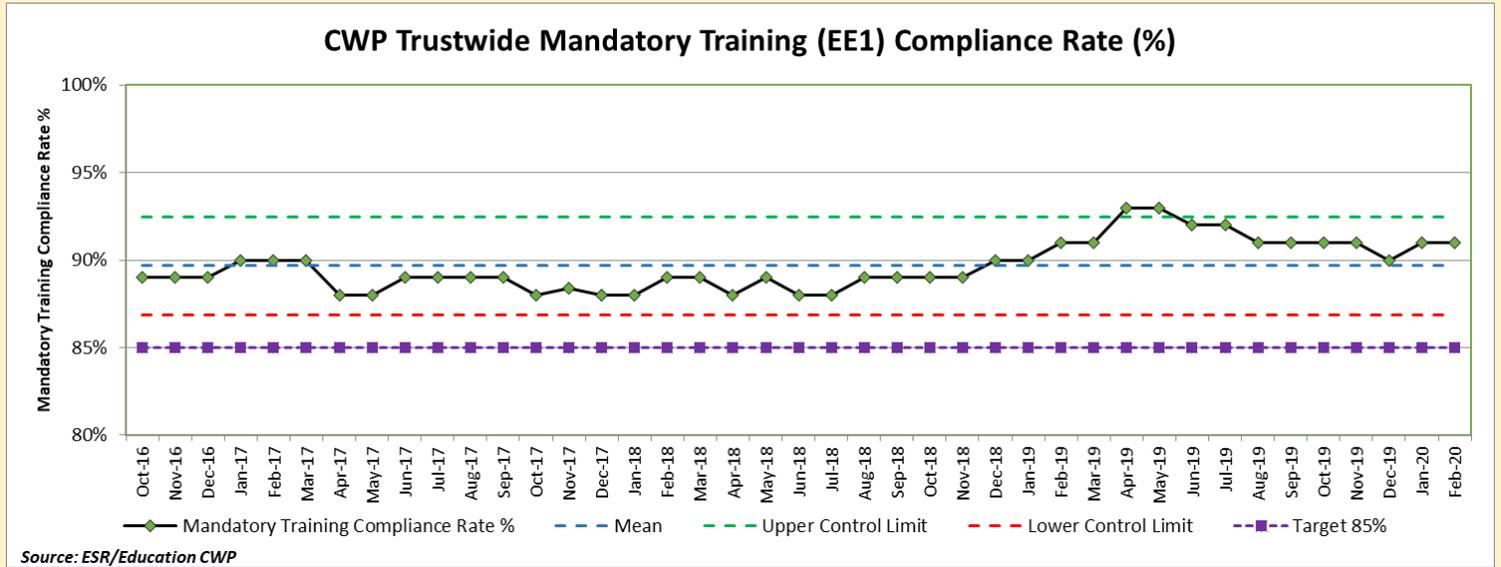
Comment: Mandatory training compliance continues above the Trust's 85% target at 91%. This can be attributed to ongoing work to identify specific areas of low compliance and action plans to improve compliance.

Metric owner: David Harris

Monitored at: POD Sub Committee and Ops Committee

Data source: Education CWP

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

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

Metric	Data	Further Explanation
Morbidity and Mortality		Metric owner: Gary Flockhart Monitored by: Quality Committee Data source: CWP Incidents team

CWP Trustwide Morbidity and Mortality
Percentage of deaths reviewed through either a case record or a Datix/StEIS review

Source: Incidents Team, Datix

Review Rate % — Mean — Upper Control Limit — Lower Control Limit

Link to strategic risks: N/A

Comment: The scope of which deaths are to be reviewed was changed in January 2019, so SPC control limits have only been included from that point. The target is 100%.

At the time this report was compiled, figures beyond December 2019 were not available.

In March 2020, CWP will be working with NHS I/ NHS England on a project looking into "learning from deaths"

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

Metric	Data	Further Explanation
Level 3 and 4 QI Training	Comment: The next QI training event was due to take place on 16th March, after this Report was finalised. There will also be another experts course after Easter, this will increase the numbers of experts by a further 15.	Metric owner: Anushta Sivananthan Monitored by: Quality Committee Data provider: Quality Assurance and Improvement team Link to strategic risks: Positive performance against this metric acts as a controls assurance measure against all strategic risks.

Chart: Cumulative growth in QI Training in CWP by Care Group

QI Expert Training (level 4): By the end of Cohort 1 March 2019; By the end of Cohort 2 June 2019; By the end of Cohort 3 September 2019

QI Senior Manager training (level 3): By the end of Cohort 1 July 2019; By the end of Cohort 2 September 2019; By the end of Cohort 3 December 2019

Legend: Clinical Support Services; LD, NDD & ABI; SMH; CYPF; Neighbourhoods

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	Development work to the performance dashboard will take place in 2020. Metric owner: Tim Welch Monitored by: Operational Committee

Sustain financial viability and deliver value for money

Metric	Data	Further Explanation
Use of Resources Rating		**Metric owner:** Tim Welch

CWP Use of Resources rating (scale from 1 to 4, with 1 being the best score available)

Source: Business and Value

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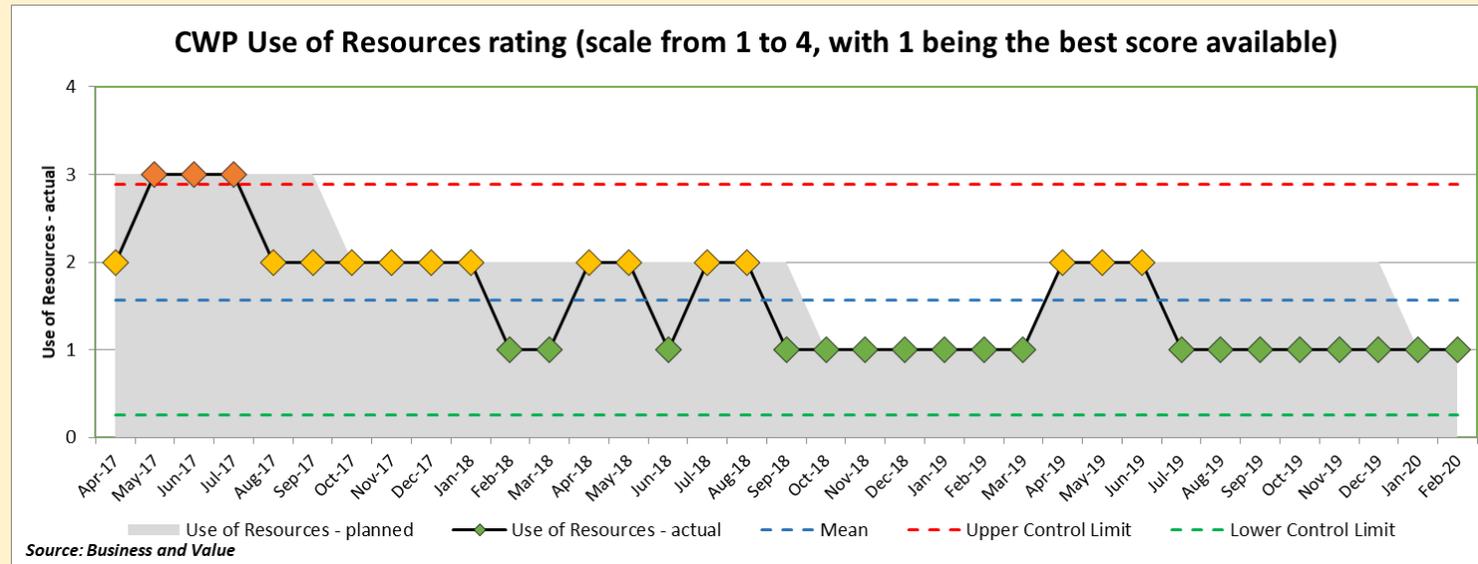
Comment: The overall Use of Resources metric is a summary total of 5 separate financial metrics. A score of '1' reflects the lowest financial risk rating and a '4' the highest level of risk. The chart shows the actual rating against the planned rating; in no cases since April 2017 has the actual rating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

Metric owner: Tim Welch

Monitored by: Trust Board

Data source: Business and Value

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

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

Sustain financial viability and deliver value for money	
Metric	**Development Plans**
Delivery of Value for Money	In January 2020 after four years of planning work, the Central and Eastern Cheshire Adult and Older Peoples redesign has been delivered.

The redesign from a patient perspective supports the delivery of care away from an inpatient setting due to a £1.2m investment into community and home treatment team services.

The redesign however also delivered improvements to our inpatient facilities with two new wards on the Macclesfield site.

Overall the redesign delivered a financial efficiency of £1m to the organisation whilst ensuring improving patient care was at the heart of the programme.

Metric owner: Tim Welch

Monitored through: Ops Committee |

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

Metric	Data	Further Explanation
CQC Rating	Comments: Improvement actions are being monitored through Quality Committee. The most recent Well Led inspection took place between 9 and 11 March 2020. Results are expected later in the year.	Metric owner: Anushta Sivananthan Monitored at: Quality Committee Data source: CQC Intelligent Monitoring reports Link to strategic risks: Treatment of all strategic risks have an impact on this metric, but overall performance is impacted by many other factors also.

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

Be recognised as an open, progressive organisation that is about care, well-being and partnership	
Metric	**Development Plans**
Duty of Candour	Work is underway to improve reporting streams to demonstrate compliance with the required regulatory standard/s. Data presented to Quality Committee in November 2019 demonstrated that Duty of Candour had taken place in all but one case where is was deemed applicable in the last 12 months; and a subsequent review of that one case determined that Duty of Candour had not been applicable as the incident was an interface incident. A leaflet has been developed for service users and their families/carers to provide information about Duty of Candour. This was co-produced with the Patient Experience team. Information in relation to Duty of Candour is also available on the CWP website. A Shared Learning Bulletin has been disseminated in February 2020 across the trust to highlight that it is expected that teams will meet the requirement of Duty of Candour. The Duty of Candour section within the Incident Policy has been strengthened; this was approved at Quality committee in March 2020. The Datix system has been updated in March 2020 to ensure the Duty of Candour letters can be easily uploaded onto the system Metric owner: Gary Flockhart Monitored through: Quality Committee

NHS
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NHS Foundation Trust

STANDARDISED SBAR COMMUNICATION

REPORT DETAILS	
Report subject:	Report against Strategic Objectives – March 2020
Agenda ref. number:	19.20.203
Report to (meeting):	Board of Directors (meeting in public)
Action required:	Discussion and Approval
Date of meeting:	25/03/2020
Presented by:	James Partington, Quality Surveillance Specialist

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
		http://www.cwp.nhs.uk/media/4142/quality-improvement-strategy-2018.pdf		

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

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

REPORT BRIEFING

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

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

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

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

Notable progress updates
Changes since the January 2020 Report are:
- the addition of a chart showing vacancy rates (slide 17)
- the addition of a chart showing listen and learn events (slide 11)
- changes to the definition of the bed occupancy chart. (slide 4)

In addition, a number of the charts now contain much more extensive commentary than previously.

Future developments
There remains scope for further improvement to the production process to ensure that the latest months' data are included smoothly into the charts.

There continues to be scope to add further insight and context into the Report – particularly through annotations to the charts themselves. The responsibility falls on the metric owners to ensure that this information is provided to those compiling the Report.

It is recognised that this particular production round has fallen at a time when resources at all levels have been stretched and colleagues are thanked for their efforts in ensuring the Report has reached a satisfactory level of completeness.

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

The Board of Directors is invited to **comment** on this iteration of the dashboard and **confirm** any direction they would like future iterations to take.

Who has approved this report for receipt at the above meeting?	Board business cycle requirement	
Contributing authors:	James Partington, Tim Welch	
Distribution to other people/ groups/ meetings:		
Version	Name/ group/ meeting	Date issued
1	Board of Directors	16/03/2020
Appendices provided for reference and to give supporting/ contextual information:		
Appendix No.	Appendix title	
1	Report against CWP Strategic Objectives March 2020 final (powerpoint file)	

STANDARDISED SBAR COMMUNICATION

REPORT DETAILS	
Report subject:	Ward Daily Staffing Levels January and February 2020
Agenda ref. number:	19.20.204
Report to (meeting):	Board of Directors
Action required:	Information and noting
Date of meeting:	25/03/2020
Presented by:	Hayley McGowan, Associate Director of Nursing and Therapies (Mental Health and Learning Disabilities)

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

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

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

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

REPORT BRIEFING

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

This report details the ward daily staffing levels during the months of January and February 2020 following the submission of the planned and actual hours of both registered nurses (RN) and clinical support workers (CSWs) to UNIFY (appendix 1 and 2). The themes arising within these monthly submissions continue to mirror those that have arisen previously. These themes identify how patient safety is being maintained on a shift by shift basis.

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

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

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

During January 2020 the trust achieved staffing levels of 98.1% for registered nurses and 97.9% for clinical support workers on day shifts and 98.1% and 99.4% respectively on nights. During February 2020 the trust achieved staffing levels of 96.6% for registered nurses and 99% for clinical support workers on day shifts and 98.4 and 99.2% respectively on nights.

Greenways continued to experience staffing pressures on day shifts during January and February due to ongoing vacancies and sickness absence however managed these through members of the wider MDT providing support to the staff including the ward manager and matron working within the numbers.

During January Beech Ward experienced staffing pressures on day shifts due to vacancies and sickness absence however cross cover was provided form across the unit to ensure safe staffing numbers could be maintained during this period.

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

Appendix 1 and 2 details the fill rates for all wards and summarises how wards who did not achieve overall staffing of 95% maintained patient safety.

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

The Board of Directors are recommended to note the report

Who has approved this report for receipt at the above meeting?	Hayley McGowan, Associate Director of Nursing and Therapies (Mental Health and Learning Disabilities)
Contributing authors:	Charlotte Hughes, Business and Innovation Manager, Education CWP

Distribution to other people/ groups/ meetings:

Version	Name/ group/ meeting	Date issued
1	Hayley McGowan, Associate Director of Nursing and Therapies (Mental Health and Learning Disabilities)	19.03.20

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

Appendix No.	Appendix title
1	Ward Daily Staffing January 2020
2	Ward Daily Staffing February 2020

#cwpQI

| Service Line | Ward | Day | | | | Night | | | | Day | | Night | | Safe Staffing was maintained by: |
| | | Registered midwives/nurses | | Care Staff | | Registered midwives/nurses | | Care Staff | | Average fill rate - registered nurses/ midwives (%) | Average fill rate - care staff (%) | Average fill rate - registered nurses/ midwives (%) | Average fill rate - care staff (%) | |
		Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours					
SMH - Bed Based West & East	Mulberry	1469	1460.95	1753.5	1623	747.5	736	1656	1570.5	99.5%	92.6%	98.5%	94.8%	Staff cross covered. Staff worked additional hours.
	Croft	1641.65	1622.1	1577.8	1524.3	770.5	770.5	1656	1586.5	98.8%	96.6%	100.0%	95.8%	
	Beech	1289.5	1103	924.5	753.5	708.5	703.5	770.5	764.5	85.5%	81.5%	99.3%	99.2%	Staff cross covered. Staff worked additional hours. Ward Manager actively worked within the staff establishment.
	Cherry	1005	1005	1238	1238	713	713	1035	1035	100.0%	100.0%	100.0%	100.0%	
	Juniper	1179.5	1156.5	1247	1114.5	639.5	639.5	887.5	869.5	98.1%	89.4%	100.0%	98.0%	Staff cross covered. Staff worked additional hours.
	Willow PICU	1008.4	1008.4	1069.5	1069.5	736	736	828	828	100.0%	100.0%	100.0%	100.0%	
SMH - Forensic, Rehab, CRAC	Alderley Unit	928.5	931.65	1612	1517.5	690	657.5	753.5	764	100.3%	94.1%	95.3%	101.4%	
	Maple	977.5	1003.3	1253.5	1230.5	471.5	448.5	839.5	839.5	102.6%	98.2%	95.1%	100.0%	
	Rosewood	978.5	952.5	1132	1120.5	632.5	598	862.5	816.5	97.3%	99.0%	94.5%	94.7%	Staff cross covered. Staff worked additional hours.
	Saddlebridge	1081	1072	1334	1334	701.5	701.5	724.5	724.5	99.2%	100.0%	100.0%	100.0%	
Learning Disabilities & NDD	Eastway A&T	1387.5	1387.5	1184.5	1184.5	885.5	885.5	828	828	100.0%	100.0%	100.0%	100.0%	
	Greenways A&T	1234.5	1015	1426	1558.5	713	584	1426	1483.5	82.2%	109.3%	81.9%	104.0%	
CYP - Tier 4 CAMHS & Outreach	Coral	1160.4	1160.4	1119	1119	724	724	979	979	100.0%	100.0%	100.0%	100.0%	
	Indigo	1020	1020	972.5	972.5	598	598	920	920	100.0%	100.0%	100.0%	100.0%	
SMH - Bed Based Wirral & PICU	Brackendale	1294.5	1294.5	1198.75	1198.75	691	691	678.5	678.5	100.0%	100.0%	100.0%	100.0%	
	Brooklands	1009.5	1009.5	1489	1489	724.5	713	758	758	100.0%	100.0%	98.4%	100.0%	
	Lakefield	1218	1218	1319	1319	670	670	883.5	883.5	100.0%	100.0%	100.0%	100.0%	
	Meadowbank	955.9	955.9	2163.7	2163.7	576	576	1288.5	1288.5	100.0%	100.0%	100.0%	100.0%	
	Oaktrees	1639.75	1639.75	918	918	729	729	449	449	100.0%	100.0%	100.0%	100.0%	
	Trustwide	22478.6	22015.95	24932.25	24448.25	13121.5	12874.5	18223.5	18066.5	98.1%	97.9%	98.1%	99.4%	

Service Line	Ward	Day Registered midwives/nurses Total monthly planned staff hours	Day Registered midwives/nurses Total monthly actual staff hours	Day Care Staff Total monthly planned staff hours	Day Care Staff Total monthly actual staff hours	Night Registered midwives/nurses Total monthly planned staff hours	Night Registered midwives/nurses Total monthly actual staff hours	Night Care Staff Total monthly planned staff hours	Night Care Staff Total monthly actual staff hours	Day Average fill rate - registered nurses/midwives (%)	Day Average fill rate - care staff (%)	Night Average fill rate registered nurses/midwives (%)	Night Average fill rate - care staff (%)	Safe Staffing was maintained by:
SMH - Bed Based West & East	Mulberry	1329.5	1265.5	1710	1614	678.5	667	1424	1411.5	95.2%	94.4%	98.3%	99.1%	Staff cross covered. Staff worked additional hours.
	Bollin	923	855.5	949.5	905	644	609.5	828	793.5	92.7%	95.3%	94.6%	95.8%	Staff cross covered. Staff worked additional hours.
	Silk	1266	1257.15	1923	1740.5	719	673	1930.5	1831	99.3%	90.5%	93.6%	94.8%	Staff cross covered. Staff worked additional hours. Ward Manager and members of the MDT actively worked within the staff establishment. T
	Beech	1069.5	1058	914	914	660	660	667	655.5	98.9%	100.0%	100.0%	98.3%	
	Cherry	849	826	1253.5	1253.5	748.5	737	1036	1036	97.3%	100.0%	98.5%	100.0%	
	Juniper	877.5	877.5	1120.5	1080.5	621	621	729	727	100.0%	96.4%	100.0%	99.7%	
	Willow PICU	851.4	853.4	982.5	971	690	678.5	694.5	683	100.2%	98.8%	98.3%	98.3%	
SMH - Forensic, Rehab, CRAC	Alderley Unit	797.5	794	1561	1442.15	623.5	619	677	624.5	99.6%	92.4%	99.3%	92.2%	Staff cross covered. Staff worked additional hours.
	Maple	747	728	1115.5	1115.5	483	483	736	736	97.5%	100.0%	100.0%	100.0%	
	Rosewood	940.5	939.5	1080.85	1069.5	540.5	529	770.5	748.5	99.9%	98.9%	97.9%	97.1%	
	Saddlebridge	1069.95	995.5	1207.5	1172	575	575	667	667	93.0%	97.1%	100.0%	100.0%	Staff cross covered. Staff worked additional hours.
Learning Disabilities & NDD	Eastway A&T	1262.5	1251	1073	1073	746.9	747.5	897	885.5	99.1%	100.0%	100.1%	98.7%	
	Greenways A&T	1128	945.65	1334	1420.5	667	565.5	1334	1401	83.8%	106.5%	84.8%	105.0%	Staff cross covered. Staff worked additional hours. Ward Manager and members of the MDT actively worked within the staff establishment.
CYP - Tier 4 CAMHS & Outreach	Coral	913.5	890.5	1196.302	1196.3	659.5	659.5	729	729	97.5%	100.0%	100.0%	100.0%	
	Indigo	946.5	935	950.5	950.5	563.5	563.5	816.5	816.5	98.8%	100.0%	100.0%	100.0%	
SMH - Bed Based Wirral & PICU	Brackendale	1273.5	1206	1144	1144	657.5	657.5	655.5	655.5	94.7%	100.0%	100.0%	100.0%	Staff cross covered. Staff worked additional hours.
	Brooklands	949	949	1463.25	1463.25	755.5	755.5	763	763	100.0%	100.0%	100.0%	100.0%	
	Lakefield	1253.25	1253.25	1183	1183	656.5	656.5	828	828	100.0%	100.0%	100.0%	100.0%	
	Meadowbank	1017.5	1017.5	1895.5	1895.5	586.5	586.5	1259	1259	100.0%	100.0%	100.0%	100.0%	
	Oaktrees	1303.5	1302.5	811	811	588.5	588.5	310.5	310.5	99.9%	100.0%	100.0%	100.0%	
	Trustwide	21743.8	21002.8	23397.6	23148.1	13061.003	12864.75	18368.75	18206.8	96.6%	99.0%	98.4%	99.2%	