Meeting of the Trust Board of Directors

Wednesday 31 January 2018 at 1.45pm

Boardroom, Redesmere, Countess of Chester Health Park

Item no.	Title of item	Objectives/desired outcome	Process	Item presenter	Time allocated to item
17/18/88	Apologies for absence	Receive apologies	Verbal	Chair	1 min (13:45)
17/18/89	Declarations of Interest	Identify and avoid conflicts of interest	Verbal	Chair	2 min (1346)
17/18/90	Minutes of the previous meeting held 29 November 2017	Confirm as an accurate record the minutes of the previous meetings	Written minutes	Chair	2 mins (1348)
17/18/91	Matters arising and action points	Provide an update in respect of ongoing and outstanding items to ensure progress	Written action schedule and verbal update	Chair	2 mins (1350)
17/18/92	Board Meeting 2017/18 business cycle	Confirm that agenda items provide assurance that the Board is undertaking its duties	Written	Chair	3 mins (1352)
17/18/93	Chair's announcements	Announce items of significance not elsewhere on the agenda	Verbal	Chair	10 mins (1355)

Item no.	Title of item	Objectives/desired outcome	Process	Item presenter	Time allocated to item
17/18/94	Chief Executive's announcements *(including overview of items discussed in closed meeting)*	Announce items of significance not elsewhere on the agenda	Verbal	Chief Executive	10 mins (1405)
MATTERS FOR APPROVAL/ DECISION					
Operational Performance/ Finance & Use of Resources					
17/18/95	Operational Plan and Performance dashboard: December 2017 data	To note performance	Written Report	Director of Finance	10 mins (1415)
Strategic Change					
17/18/*111*	Consultation on the redesign of adult and older people's specialist mental health services in Eastern Cheshire, South Cheshire and Vale Royal	To receive and note developments	Written Report	Director of Operations	15 mins (1425)
17/18/96	Board Assurance Framework and Risk Register	To review new/ existing risks and assurances	Written Report	Medical Director	10 mins (1440)
17/18/97	Coronation Road update	To update on developments	Written Report	Director of Operations	15 mins (1450)
Quality of Care					
17/18/98	Safer Staffing: • a. Six monthly Report • b. Daily ward staffing figures: November and December 2017	To note the ward staffing reports	Written Report	Director of Nursing Therapies and Patient Partnership	15 mins (1505)

Item no.	Title of item	Objectives/desired outcome	Process	Item presenter	Time allocated to item
17/18/99	Learning from Experience Report: executive summary	To review and note report	Written Report	Director of Nursing Therapies and Patient Partnership	15 mins (1520)
10 minute break (1535-1545)					
17/18/100	Quality Improvement Report	To review and note report	Written Report	Medical Director	10 mins (1545)
17/18/101	2017/18 Flu campaign	To note position	Written Report	Director of People and OD	10 mins (1555)
17/18/102	Patient Led Assessment of Care Environment (PLACE) results 2017	To review and note report	Written Report	Director of Operations	10 mins (1605)
Governance					
17/18/103	Q3 2017/18 reports: • a. Infection, Prevention and Control • b. Safeguarding	To note reports	Written Report	Director of Nursing Therapies and Patient Partnership	5 mins (1615)
17/18/104	CQC: Statement of Purpose update	To approve updated statement	Written Report	Medical Director	5 mins (1620)

Item no.	Title of item	Objectives/desired outcome	Process	Item presenter	Time allocated to item
17/18/105	Audit Committee reporting: • Chair's report of meeting held 9 January 2018	Review Chair's Report and terms of reference and any matters for note/ escalation	Written Report	Chair of Audit Committee	3 mins (1625)
17/18/106	Quality Committee reporting : • Chair's report of meeting held 10 January 2018	Review Chair's Report and any matters for note/ escalation	Written Report	Chair of Quality Committee	3 mins (1628)
17/18/107	Review of risk impacts of items discussed	Identify any new risk impacts	Verbal	Chair/ All	3 mins (1631)
17/18/108	Any other business	Consider any urgent items of other business	Verbal	Chair	5 mins (1634)
17/18/109	Review of meeting	Review the effectiveness of the meeting (achievement of objectives/desired outcomes and management of time)	Verbal	Chair/All	6 mins (1639)
17/18/110	Date, time and place of next meeting: **Wednesday 28 March 2018, 1:30 pm Boardroom, Redesmere**	Confirm arrangements for next meeting	Verbal	Chair	1645

Cheshire and Wirral Partnership **NHS**

NHS Foundation Trust

UNCONFIRMED Minutes of the Board of Directors Meeting
Wednesday 29 November 2017
Boardroom, Redesmere, Countess of Chester Health Park
1.30pm

PRESENT	Mike Maier, Chair Andrea Campbell, Non-Executive Director Dr Jim O'Connor, Non-Executive Director Lucy Crumplin, Non-Executive Director Sheena Cumiskey, Chief Executive Avril Devaney, Director of Nursing, Therapies and Patient Partnership David Harris, Director of People and Organisational Development Edward Jenner, Non-Executive Director Andy Styring, Director of Operations Rebecca Burke-Sharples, Non-Executive Director Dr Anushta Sivananthan, Medical Director, Quality, Compliance and Assurance Tim Welch, Director of Finance
IN ATTENDANCE	Louise Brereton, Head of Corporate Affairs Katherine Wright, Associate Director Communications and Engagement Suzanne Christopher, Corporate Affairs Manager Cathy Walsh, Associate Director: Patient and Carer Experience (for item 17/18/74) Andrea Hughes, Deputy Director of Nursing/ Director of IPC (for item 17/18/75 and 81b) Derek Bosomworth, Public Governor, East Cheshire Phil Billington, Service User/ Carer Governor
APOLOGIES	None

	MINUTES	ACTION
17/18/64	**Apologies for absence** Mike Maier welcomed all to the meeting and advised that the meeting was a meeting held in public.	
17/18/65	**Declarations of Interest** None was declared.	
17/18/66	**Minutes of the previous meeting held 27 September 2017** The minutes of the last meeting held 27 September 2017 were reviewed. It was requested the minutes reflect the Board's review of the Quality Committee Chair's Report as oppose to the minutes. Subject to the amendment, the minutes of the meeting held 27 September 2017 were **approved** as a correct record.	

17/18/67	**Matters arising and action points**	
	The action log was reviewed with the following updates:	
	• 17/18/48: ECT – Andy Styring updated on the changes to the delivery of ECT. The Patient Safety and Effectiveness Sub-committee recently received a report providing assurance on clinical quality and care. One complaint has been received from a patient regarding travel to access central ECT provision; this has been rectified by provision of transport. No care has been deferred due to the centralisation of services. Action closed.	
	• 17/18/84: Confirmation has been sought from the National Quality Board (NQB) regarding the publication of safer staffing data. No response has yet been received.	
	• 17/18/55: Discussions have commenced on access to services for BME and other minority groups. It will require a fairly substantial piece of work to be taken forward by the Trust's Equality & Diversity group. Reporting on this matter will be via the People and OD Sub-committee moving forward. Action closed.	
17/18/68	**Board Meeting 2017/18 business cycle**	
	The business cycle was reviewed.	
17/18/69	**Chair's announcements**	
	Mike Maier announced the following:	
	Recognition of Service Awards	
	On Thursday 26 October, the Trust held its inaugural 'Recognition Awards: Celebrating our Workforce' event at Ellesmere Port Civic Hall. It was a thoroughly enjoyable evening and it was great to honour the hard work of our workforce throughout - last year. Thanks were extended from the Board to those involved in organising and participating in the event.	
	Willaston Surgery	
	On Friday 1 December, the Trust will officially be taking over as the provider of services at Willaston Surgery in Willaston, near Neston. Willaston will become the second GP Practice managed by the Trust, joining Westminster Surgery in Ellesmere Port.	
	Starting Well	
	Work is continuing to mobilise the new Starting Well service ready for its launch on 1st January 2018. The new service will bring together local authority early years workers and business and performance support workers with CWP Starting Well staff. This includes Health Visiting, Family Nurse Partnership, 5-19 Health and Wellbeing teams including immunisations and vaccinations and health visiting staff from East Cheshire NHS Trust (ECT). The integrated teams will have an extensive range of skills and experience from across the whole workforce to deliver a seamless service for our local children, young people and families. The service will work from eight children's centres across the patch with further linked sites, providing a tailored offer to meet local population needs.	

	CWP awards A successful evening was held at the Positive Practice in Mental Health awards in Blackpool on Monday 12 October. The Wirral CAMHS Primary Mental Health team was announced as winners in the "Improving Access and Outcomes in Education" category and the Young Advisors, alongside the East CAMHS Primary Mental Health Team, were announced as winners in the "Innovation in Children and Young People's Mental Health" category. The Wirral CAMHS Primary Mental Health team were also awarded "Highly Commended" in the 'Primary and Secondary Mental Health Care Collaboration" category. The CWP Facilities team won 'Team of the Year' at the Building Better Healthcare Awards at a ceremony in London on Wednesday 1 November. **NED recruitment** Interviews were held for the vacant Non-Executive Director position on 21 November. The successful candidate will be recommended for approval to the Council of Governors on 19 December 2017.	
17/18/70	**Chief Executive's announcements** *(including overview of items discussed in closed meeting)* Sheena Cumiskey summarised the discussions held earlier in the closed Board meeting. These included: - Development of collaborative partnership work on integration of care, in a person centred way. - Approval of Memorandum of Understanding for the West Cheshire Integrated Care Partnership (ICP). - Further development of the Trust's Forward View strategy - The Trust's financial performance which remains on track to achieve the control total of £980k. **Single Oversight Framework update** The NHSI Single Oversight Framework has recently been updated. This sets out the risk framework for NHS Foundation Trusts over five domains, performance against which determines Trust segmentation. **Action:** circulate Single Oversight Framework update slide deck. The most significant change is around the definition of Out of Area Placements (OOAP). This is not currently an issue for CWP. The framework sets out changes that mean that OOAP will now be defined on an internal/ external basis with a view to eliminating external OOAP by 2021. A new monitoring tool will be introduced to ensure these are appropriately recorded. The definitions of internal and external OOAPs are not yet clear. Current considerations are around whether the patient can have continuity of services based on where they live when they are moved into a placement. The Trust's bed hub process already takes account of this. **Action:** circulate the bed hub decision tree document. Dr Jim O'Connor queried whether the changes will impact on decisions previously made when patients have been accepted onto CWP wards from outside the CWP footprint where there was no other option for the care of	**LB** **LB**

	the person. It was noted that every decision will continue to be made on a case by case basis in the best interests of the patient, not just the bed provision. The Board were assured that a robust process in place to support decision making on these issues which includes consultation with NHS England. **NHS Improvement (NHSI)** NHSI are now extending their support offer into improvement. An OSM meeting was held recently on the Trust's People and OD Strategy which was very positive and included highlighting areas for sharing good practice nationally.	
17/18/71	**Operational Plan and Performance dashboard: October 2017** Tim Welch presented the report and highlighted the following issues: • Teams are in the process of updating reporting systems to reflect the revised priority projects, therefore there is no report on these this month. Reporting will recommence in December 2017. • The CPA12 month follow-up target previously at risk has improved performance and was achieved in October 2017. Work continues to understand why this indicator seems to periodically oscillate. • Some contractual performance risks appear to be emerging which is currently being explored particularly relating to over performance Greater detail on this issue will be provided to the December 2017 Board meeting. • CQUIN performance is currently rated as amber and remains an emerging risk. The Q2 data issues were resolved but this is not a sustainable strategy. CQUIN management requires mainstreaming with greater accountability for the coordination. Work is being taken forward to make improvements in this area. The issue is also in scope on the strategic risk register. The Board of Directors **noted** the report.	
17/18/72	**Board Assurance Framework and Risk Register** Dr Anushta Sivananthan presented the board assurance framework and the updated risk register. Board members were reminded that in accordance with the Integrated Governance Framework that the risk register is subject to in-depth scrutiny at Quality Committee and from a risk management process perspective at Audit Committee. Dr Sivananthan highlighted a number of new risks currently in-scope. These were: • Risk of potential loss of Trust income and delivery of improved quality outcomes arising from failure to reach agreed targets within the CQUIN programme. • Risks associated with the transition to the Trust's clinician-led operational (Care Group) structure as part of the CWP Forward	

	View strategy.	
	• Risks associated with decreased capacity within the Performance and Redesign team, resulting in a reduced ability to support/ develop current work and new commissions	
	Two risks had been remodelled or rescored:	
	• Risk of ability to sustain safe and effective services within Central and Eastern Cheshire has been remodelled with an increased residual risk score of 16 but a strong risk treatment plan is in place to mitigate this.	
	• Risk of deficiencies in IT infrastructure that are unable to support the design and delivery of new models of care thereby impacting on sustainability of services has also been remodelled but scoring remains the same.	
	The risk of 'lack of training in respect of mandatory Autism training requirements as per the Autism Act and related guidance including MHA Code of Practice and the Care Act' is proposed for archive. The risk treatment plan has been fully achieved including an increased uptake in autism training.	
	The Board of Directors **approved** the report and proposed changes to the strategic risk register.	
17/18/73	**Central and East Cheshire redesign** • **Pre-Consultation Business Case (PCBC)** Andy Styring presented the report and advised the Board that the PCBC is culmination of a challenging piece of work involving several stakeholders. Thanks were extended to Jacki Wilkes of East Cheshire CCG, to all involved from CWP perspective and to those involved in the co-production of the PCBC, including a wide range of clinicians and people with lived experience. He also acknowledged the very helpful feedback and two-way dialogue with the Open Minds mental health forum in Crewe and the East Cheshire mental health forum. The PCBC is also being reviewed by NHS England regarding best practice in public consultation. Following approval from CCG Governing Body and the CWP Board of Directors, the PCBC will be presented to the December 2017 Overview and Scrutiny Committee meeting for approval to go forward to consultation with the public. Andy Styring summarised the PCBC. The process to bring the document together has sought to focus on development of place based services for the local population, developing services that are clinically safe and effective and that provide good experience in a clinically and financially sustainable way. The PCBC sets out a number of options for the delivery of services in Central and Eastern Cheshire. The preferred option is option 4a which would enhance community and home treatment (crisis) services. This would involve providing the inpatient and bed-based care currently	

available at Millbrook within new crisis care services established locally, including up to 6 local short stay beds, as well as a new older people's service at Lime Walk House in Macclesfield, and an adult functional service at Bowmere in Chester. In total these services provide 53 beds. This represents a reduction in Trust-wide beds of 5, but services would be supported by an enhanced community provision offer which is proven nationally to reduce unnecessary hospital admissions.

Dr Jim O'Connor commented on his full support to the PCBC, however suggested that the Trust must be cautious about what can be delivered within the available resources, especially around ensuring the Trust could meet the staffing requirements needed to deliver the preferred option. It was confirmed that this has been made clear and the Trust has strong mitigations in place for managing risks. In particular the new roles offer careers in a more modernised service which has a better chance of attracting people; additionally community posts traditionally tend to be more attractive than inpatient posts.

Dr Sivananthan reiterated the next steps, including presentation to the Joint CCG Governing Body meeting and to the Overview and Scrutiny Committee (OSC) on 7 December 2017 for consideration and approval to progress to public consultation. The role of OSC is to assure themselves that the appropriate process has been followed, and that a robust plan for consultation is in place.

Sheena Cumiskey reminded Board members that the PCBC is not a CWP document; rather it is a partnership document. Recent press coverage has not conveyed the proposed significant boost to community services despite the strong feedback calling for better community and crisis care from service users and carers at recent pre-consultation events.

Dr Jim O'Connor requested assurance on the Trust's position should the PCBC not be accepted. Sheena Cumiskey advised that the 'do nothing' option effectively represents the status quo, however this would create significant challenges to be able to provide safe and effective services and would need significant cash injection from the CCG just to keep current services going and with no investment in more community support. Each service provided would need to be individually reviewed and a Board decision would be required on each regarding whether the service was deliverable. These decisions would be considered in conjunction with the CCGs.

It was noted that previous experiences at the OSC have helped to shape the PCBC, in particular the additional engagement with local groups to understand their views and to feed into the development of the options.

The Board of Directors **approved** the Pre-Consultation Business Case

- **Resilience update**

Andy Styring updated the Broad on the work to mitigate the continuing challenges with managing risks in Central and Eastern Cheshire. The Pressures group, supported by the Business Continuity team is meeting regularly to review and monitor risks, in line with the risk treatment plan set out on the Trust strategic risk register.

The Board of Directors **noted** the report.

	(Cathy Walsh joined the meeting)	
17/18/74	**CQC Mental Health Survey 2017 results**	
	Cathy Walsh was welcomed to the meeting.	
	A presentation was provided to the Board setting out the results of the recent CQC CMHT survey. The survey is set around 10 themes with 40 questions overall. It was noted that the CQC have found that nationally patient experience has not improved and has actually declined in some areas.	

	Cathy Walsh provided an overview of the responses to the 40 questions and highlighted the following issues:
	• CWP received responses from 207 people who were receiving specialist care or treatment for a mental health condition between September and November 2016.
	• Overall, 7.1 out of 10 people had a good experience of services which is 'about the same' as the national average.
	• The CQC notes that CWP score higher than national average in two areas:
	  - Time - patients being given enough time to discuss their needs and treatment.
	  - Contact – patients are informed who is in charge of organising their care and are able to contact this person if they are concerned about their care.
	• CWP performance was weaker than last year in a number of areas including understanding who to contact in a crisis, support with medicines management, patients understanding their care plan and what it constitutes and support with seeking financial advice.	

	Cathy Walsh advised that she will be working Trust-wide and with localities to develop actions to respond to areas of weaker performance. These include: • Ensuring that all patients have a hard copy of their care plan - using consistent language to ensure that service users know that what they have been given is their care plan. • Ensuring that patients are clear why changes in the people they see may be necessary and that they understand who is in charge of their care while this change takes place. • Reviewing arrangements for ensuring patients know who to contact during out of office hours if they have a crisis. Consider ways of making this information more accessible and understandable. • Assessing arrangements for the regular review of patient medication and its effectiveness. • Reviewing the offer of support towards service users for accessing financial advice. • Exploring why there are still a high number of people who said they wanted support from other people with similar experiences of the same mental health needs and why they are not receiving this.	

	A discussion followed. Avril Devaney advised caution when comparing year on year results given the survey talks to different people each year, however commented that the results provided a useful focus on where work is needed. Non-Executive Directors expressed disappointment with some of the results; in particular the reduction in people understanding how to access crisis care. Dr. Faouzi Alam commented that the local results reflect the national picture and also there is the issue of the definition of crisis which maybe different to each person. Assurance was requested on how the results are being fed back to teams. Cathy Walsh advised that this was via her team, supporting localities to understand where to target their actions. The Board of Directors **noted** the report. (Andrea Hughes joined the meeting, Cathy Walsh left the meeting)	
17/18/75	**Freedom to Speak Up Guardian: six month report** The Chair welcomed Andrea Hughes to the meeting. Andrea Hughes introduced the report to the Board and highlighted the following points: • Six monthly reporting on Freedom to Speak Out is a requirement of the National Guardian's Office. This is the second six monthly report to the CWP Board. • There has been an increased level of guidance from the National Guardian's Office, including guidance on recording and case review processes which has impacted on our figures. Individuals can now directly access the National Guardian with concerns. Reporting on progress against priorities for 2017/18, Andrea Hughes reported the following: • There are improved processes locally including the development of a mini-site with links to national sites including Health Education England and HEE and the National Guardian's Office. • An app was launched in September 2017 which is now live and is accessible on all Trust devices. 27 devices had downloaded the app at the end of September 2017. A campaign is now underway to increase the number of downloads. • The numbers of cases has increased due to the new requirements to record all contacts. • Overall, good progress has been made with good feedback received from staff using the service. • Common themes for those with concerns included specific change issues and issues with how service change is communicated to staff, patients and families. A discussion followed regarding where more detailed data is reported. This was confirmed to be via the People and OD Sub-committee. The Operational Board would receive any escalation of issues through reporting from this Committee.	

	Avril Devaney extended her thanks to Andrea Hughes on behalf of Board members for her work in developing the Speak Out Guardian role at the Trust. The Board of Directors **noted** the report.		
17/18/76	**Quality Improvement strategy** Dr Anushta Sivananthan presented the new Trust Quality Improvement (QI) strategy which builds up the Zero Harm strategy. Dr Sivananthan highlighted the following points: - PDSA methodology will be embedded across clinical and non-clinical service to prioritise areas of risk. - The strategy will be implemented in partnership with people who use our services and those who care for them. - The strategy requires Board commitment to the development of QI skills, setting a precedent for the whole organisation - The supporting business case has been approved and will build on the assets already in place have to drive the strategy forward. Commenting on the business case, David Harris requested discussions within teams to confirm investment is directed appropriately to ensure capacity for the strategy delivery. QI training was noted as a key requirement for future Board development. **Action:** Assign Board members to undertaken QI training with clinical teams. The Board of Directors **approved** the Quality Improvement Strategy	**ASt**	
17/18/77	**Safer Staffing: Daily ward staffing figures: September and October 2017** Avril Devaney presented the report and highlighted that the majority of wards have staffing above 90% levels. Those with less have their issues reviewed. These are generally impacted by annual leave, maternity leave or sickness. Any with major issues with staffing levels are supported by the Deputy Director of Nursing. It was noted that NHSI are currently exploring the reporting of daily care hours. There are limitations to this data as individuals have differing needs so it cannot alone be relied upon as a measure of safety. The Board of Directors **noted** the report.		
17/18/78	**Well led inspection reports:** **CQC well-led pilot inspection final report and improvement themes** Dr Sivananthan reminded Board members of the two well-led reviews undertaken in 2017. The first being the external governance review undertaken by AQUA/MIAA concluding in March 2017 and the second being the Trust's involvement in the CQC well-led pilot inspection, both of which gave a very positive view of the trust.		

	Dr Sivananthan drew attention to appendix 1 - the final CQC report and appendix 2 - the action plan setting out the responses to the recommendations. All have been appropriately responded to. **Aqua/MIAA external well-led review improvement themes: six monthly review** Dr Sivananthan advised that appendix 3 sets out the six month review of the external well-led governance review and the progress with actions. All were satisfied that the majority were on track. The Board will receive a further update on these in March 2018. **Workforce Race Equality Standard (WRES) update** David Harris provided an overview of the work undertaken in response to the CQC well-led pilot which highlighted some issues with a small number of BME staff being potentially disadvantaged in recruitment processes and disciplinary processes. Each case has been since examined with one case outstanding due to the individual being on jury duty. There have been no exceptions found in process around the disciplinary investigations. With regard to the recruitment processes, it is not possible to retrieve individual applications, however the Resourcing Team have made contact with NHSI and other trusts to look at their approaches to avoiding bias in recruitment. They are also contacting community groups involving people of different backgrounds to understand if there is more we can do to increase the reach of our recruitment. It was agreed that there is a need to continue to assure that recruitment processes are fully accessible and that staffing reflects the communities we serve. **Action:** To build in more frequent WRES monitoring into the Board business cycle to maintain Board line of sight on this issue.	**LB**
17/18/79	**Corporate Governance Manual: Annual Review** Tim Welch presented the changes to the recently review Corporate Governance Manual. The most significant change was highlighted as the update to the Trust's policy on conflicts of interest which has been updated in light of recent NHS England guidance. This has been reviewed in depth by the Audit Committee. The Board of Directors **approved** the updated Corporate Governance Manual including the reviewed policy on conflicts of interest.	
17/18/80	**Annual Report 2016/17:** **Research and Development** Dr Faouzi Alam presented the Research and Development Annual Report 2016/17. The following key points were highlighted: • Number of people recruited to research has increased. • There were 60 publications in last three years.	

	• A Research Strategy is in development which will align to the CWP Forward View with a focus on prevention, service innovation and service improvement. A discussion followed. The annual report was felt to provide a good reflection of the breadth of research areas that the Trust is involved in. Organisations with high levels of research tend to have better outcomes so there is a need to continue to value this area of work. A request was suggested to build in non-clinical research to future plans. NHSI have a particular interest in this which has the potential to become income generating in future. It was also noted that future place based care will provide more opportunities for research on public health matters and social issues but the NEW strategy needs true alignment to the CWP Forward View to ensure this happens. It was noted that the new Research Strategy will be in place from April 2018. **Health, Safety and Fire** Avril Devaney presented the report and highlighted the following points: • Reconfiguration of the sub-committee has worked well in 2016/17, with the sub-committee meeting six monthly, with locality meetings in the interim. This has continued into 2017/18. • Health and Safety training compliance is at 81%. • There has been a continued reduction of RIDDOR reports indicating that continuous improvement is impacting on safety. Part of the reduction is believed to be due to reducing usage of restraint. • There were 5 fires on CWP sites in 2016/17. The majority started by patients using lighters as an ignition source. Increased staff training on accountability for lighters has bene undertaken to respond to this. The Board of Directors **approved** the Health, Safety and Fire Annual Report 2016/17.	
17/18/81	**Q2 2017/18 reports (Q2)** **a. Infection, prevention and Control (IPC)** Andrea Hughes presented the report and highlighted the following issues: • Adelphi Ward was closed to new admissions in September 2017 due to an outbreak of diarrhoea. Families were still allowed access for visits during this time but received guidance on IPC standards. • IPC training compliance is currently at 74%. An e-learning module is in development for those finding it hard to attend the face to face training. • An IPC study day was recently held covering a range of topics and was well attended • The 2017 flu campaign is in progress with 47% compliance currently. This is 10% less than December 2016 but the campaign will run until end of February 2018 so there is confidence of achieving last year's target.	

	(Andrea Hughes left the meeting) **b. Safeguarding reports (Q1&Q2)** Avril Devaney presented the reports. The following issues were noted. - The Safeguarding team have recently participated in a CQC, Ofsted and Department of Education joint targeted area inspection. This is a new format of inspection process and was demanding for the teams involved. Initial feedback was positive on school nurses. The final report is due shortly. - The team have participated in a national inquiry into child abuse. - There has been an increase in Serious Case Reviews resulting in capacity issues in the Safeguarding team. The risk is being modelled for the risk register at present. There are currently modelling for the risk register. Thanks were extended to the Safeguarding team for their work. The Board of Directors **noted** the quarterly reports.	
17/18/82	**Audit Committee reporting:** • **Chair's report of meeting held November 2017** Edward Jenner provided an overview of discussions at the November 2017 Audit Committee meeting, including the referral to the Quality Committee of the issue of resuscitation trolley readiness. Audit Committee had also noted the recruitment issues for CAMHS consultants discussed at the October 2017 Operational Board. Dr Alam provided assurance that recruitment had since taken place and this was no longer a risk. • **Approval of NED membership** Louise Brereton advised that the NED membership of the Audit Committee comprised of Edward Jenner (Chair), Rebecca Burke Sharples (Vice-Chair), Dr. Jim O'Connor and Andrea Campbell. The Board of Directors **received** the Chair's Report and **approved** the Committee membership.	
17/18/83	**Quality Committee reporting :** • Chair's report of meeting held 1 November 2017 Dr Jim O'Connor provided an overview of discussions at the November Quality Committee. Board training on Ofsted responsibilities was noted as a gap. Andy Styring advised that Cheshire West and Chester Council have offered support to the Trust with this. The training will be built into the Board development plan.	
17/18/84	**Review of risk impacts of items discussed**	

	It was agreed that all matters had been adequately covered and risks were already contained within the risk register.		
17/18/85	**Any other business** There was none.		13
17/18/86	**Review of meeting** All agreed the meeting had been effective.		
17/18/87	**Date, time and place of next meeting:** Wednesday 31 January 2018, 2.00 pm, Boardroom Redesmere		

Signed

Mike Maier, Chair

Date:

Cheshire and Wirral Partnership NHS Foundation Trust

Action points from Board of Directors Meetings
November 2017

Date of Meeting	Minute Number	Action	By when	By who	Progress Update	Status
29/11/17	17/18/70	**CEO's Announcements** Circulate Single Oversight Framework slides	End Nov 2017	LB	Slides circulated	Closed
29/11/17	17/18/70	**CEO's Announcements** Circulate bed decision tree diagram	End Nov 2017	LB	Slides circulated	Closed
29/11/17	17/18/78c	**WRES update** Add further WRES update to Board business cycle to continue line of sight on the issues raised.	Jan 2018	LB/ JD	2018/19 business cycle to include WRES update	Open

Appendix 1: Trust Dashboard

	Indicator	Outturn 2016/17	Target or Thresholds for escalation	Target	Q1	Q2	Oct-17	Nov-17	Dec-17	Q3	Jan-18	Feb-18	Mar-18	Q4	Year End	General Comment
Strategic Objective 1 – Quality																
SO1: 1.1	Patient safety: The target for improvement is a 10% increase in the number of D&E incidents reported, based on numbers reported at the start of Trimester 1 of this year. The indicator is shown as a rate per 1,000 episodes of care.	58.6 per 1,000 episodes	Red: Below 2016/17 outturn Amber: better than 2016/17 outturn Green: above 2016/17 target(64.5)	75.6	65.4	72.7	71.1	62.5	79.8	70.3						Please note outturn position has been updated to reflect position as at the end of 2016/17.
SO1: 1.2	Patient experience: Demonstrable increase in the uptake of the Friends and Family Test (FFT) each quarter	Average 216 (per month)	237 per month	324.5	785	817	400	273	163	836						The trust are implementing a new FFT process, paper forms are avilable for patients to completeduring the tranistion period.
SO1: 1.3	Clinical Effectiveness: Demonstrable improvement in the Trustwide average bed occupancy rate, excluding leave, for working age adult wards	93.19%	Improvement to 85% by KHO3's month 12 (December 2017)		91.83%	87.50%	87.52%	87.64%	81%	81%						
SO1: 1.4	Patient Safety: Total number of in-patient deaths/*subject to a case record review	No outurn as no past performance for 2016/7	KPI escalation via Learning from Experience report	100%	100.00%	100.00%	N/A	100.00%	100.00%	100.00%						N/A = no inpatinet deaths
SO1: 1.5	Patient Safety: Total number of in-patient deaths subject to a case record review estimated due to problems in care	No outurn as no past performance for 2016/7	KPI escalation via Learning from Experience report	0	1	2	0	0	0	0						No learning points for Q3 (no cases).
SO1: 1.6	Patient Safety: Total number of deaths reported by the Trust(including inpatient deaths)/*subject to a case record review	No outurn as no past performance for 2016/7	KPI escalation via Learning from Experience report	TBC (current pilot)	15%	17%	20%	22%	11%	17%						The % reflects the case record reviews undertaken by teams subject to a pilot of the new mortality review process. From Q1 2018/19, the aim is to implement the new mortality review process Trustwide when the target will be 100%. Note that for deaths meeting NHS England criteria as a serious incident, investigatory performance is 100%.
SO1: 1.7	Patient Safety: Total number of deaths reported to the Trust subject to a case record review estimated due to problems in care	No outurn as no past performance for 2016/7	KPI escalation via Learning from Experience report	0	0	2	1	1	0	1						Learning points identified: Oct- 17: Need to review adequacy of systems to reliably contact the District Nursing Service out of hours. Nov-17: Improvements required to communication with families in relation to medication regimens in place for people receiving palliative care.
Strategic Objective 2: People and OD/ Approach to workforce																
SO3: 2.1	Capacity: % of staff vacancies (Contracted)	5.31%	equal to or below baseline 4.15%		4.05%	4.49%	5.04%	4.81%	5.00%	4.95%						
SO3: 2.2	Competence: % of staff receiving annual appraisal (via new proposed framework)	97.6%	100.0%		95.72%	89.78%				81.07%						Managers have been asked to ensure that they are recording completion
SO3: 2.3	% staff absence due to sickness	5.04%	Above annual plan projection for 3 months		5.46%	5.37%	5.10%	5.6%	6.6%	5.6%						Performance measurement against Annual Plan Trajectory. The target has not been met for two consectutive months.
Operational Performance / Priority areas																
SO3: 3.1	100% of the 13 NHSI operational performance targets achieved (including waiting times)	100%	100%	100%	100%	98.00%	100%	86.0%	100%	100%						
SO3: 3.2	100% Contractual targets met	324 (98.1%)	100%	100%			97.1%	98.3%								**Wirral CCG** - 9 indicators that have been red for 3 consecutive months – (2 due to over performance) **West CCG** Physical Health - 1 indicator that has been red for 3 – both due to under performance Please note this indicator reports 2 months behind.
	CQUIN performance quarterly review	TBC	100%													Q3 performance will be reported in month 10 following CQUIN submissions to CCGs for review & sign off
This sectionhas been updated to refect the trust priorities agreed in Octobe 2017																
SO3: 3.3	Priority project 1: Children and Young Families Prevention/ Early interventions:	N/A	Delivery of Key Milestones													The Executive team agreed the new 8 Priority Projects list in October 2017
SO3: 3.6	Priority project 2:Transforming Care - LD	N/A	Delivery of Key Milestones													Following this, it was agreed that there would not be a PSO status report for November, that instead some time should be taken to reflect how the overall Programme of activity is reported, scrutinised and monitored and ensure arrangements are robust enough going forward.
SO3: 3.7	Priority project 3: Improved Place Based Care	N/A	Delivery of Key Milestones													This section of the report has been updated to reflect the trust priority projects and will be updated following the agreement of the new reporting processes. In light of this review all prior reporting has been removed from this dashboard.
	Priority project 4: redesign Adult & Older peoples MH services	N/A	Delivery of Key Milestones													
	Priority 5: EI Review & Delivery	N/A	Delivery of Key Milestones													
SO3: 3.10	Priority 6: Wirral All Age Disability															
SO3: 3.11	Priority 7: Enabler: People															
SO3: 3.12	Priority 8: Enabler: Information/ Busi	N/A	Delivery of Key Milestones													
Strategic Objective 6: Financial Planning																
SO6: 1	Use of resources		Use of Resources [UoR]		3	2	2	2	2	2						Further detail is available in Finance Report

Appendix 2: Trust Dashboard Reporting Framework

Op Plan ref	Indicator	Target or Thresholds for escalation	Base line	Reporting and Frequency	Reporting Months	01/04/2017	01/05/2017	Director	Project Lead	Risk Register/ CAF ref
Strategic Objective 1 – Quality										
SO1: 1.1	Patient safety: The target for improvement is a 10% increase in the number of D&E incidents reported, based on numbers reported at the start of Trimester 1 of this year. The indicator is shown as a rate per 1,000 episodes of care.	10% improvement in reporting of low and no harm incidents **Escalation Thresholds** Red: Below 2016/17 outturn Amber: better than 2016/17 outturn (58.6) Green: above 2016/17 target (64.5)	Red: Below 2016/17 outturn Amber: better than 2016/17 outturn Green: above 2016/17 target(64.6)	Learning from Experience report Every 4 months	May August January April	Quality Committee	Trend line	Anushta Sivananthan/ Avril Devaney/ Jim O'Connor	David Wood	Risk 6 – learning from incidents (red 16)
SO1: 1.2	Patient experience: Demonstrable increase in the uptake of the Friends and Family Test (FFT) each quarter	10% improvement in Trustwide uptake of FFT	300 per month	Quality Improvement Report Quarterly	July October February April	Patient and Carer Experience Sub Committee	? Trajectory for improvement	Avril Devaney/ Jim O'Connor	Cathy Walsh	Risk 5 – feedback from learning (red 16)
SO1: 1.3	Clinical Effectiveness: Demonstrable improvement in the Trustwide average bed occupancy rate, excluding leave, for working age adult wards	Improvement to 85% by KH03's month 12 (December 2017)	93.19%	Continuous Improvement Report Monthly	May-March	Quality Committee	TBA	Faouzi Alam/Anushta Sivananthan/ Jim O'Connor/ Lucy Crumplin	Claire James	
SO1: 1.4	Patient Safety: Total number of in-patient deaths/*subject to a case record review	KPI escalation via Learning from Experience report	100%	Learning from Experience report Every 4 months	May August January April	Quality Committee	Trend line	Avril Devaney/ Jim O'Connor	Lisa Parker	
SO1: 1.5	Patient Safety: Total number of in-patient deaths subject to a case record review estimated due to problems in care	KPI escalation via Learning from Experience report	0	Learning from Experience report Every 4 months	May August January April	Quality Committee	Trend line	Avril Devaney/ Jim O'Connor	Lisa Parker	
SO1: 1.6	Patient Safety: Total number of deaths reported by the Trust(including inpatient deaths)/*subject to a case record review	KPI escalation via Learning from Experience report	15%	Learning from Experience report Every 4 months	May August January April	Quality Committee	Trend line	Avril Devaney/ Jim O'Connor	Lisa Parker	
SO1: 1.7	Patient Safety: Total number of deaths reported to the Trust subject to a case record review estimated due to problems in care	KPI escalation via Learning from Experience report	0	Learning from Experience report Every 4 months	May August January April	Quality Committee	Trend line	Avril Devaney/ Jim O'Connor	Lisa Parker	

SO3: 2.1	Capacity: % of staff vacancies	4.15%	5.31%	Any quarter in which each of the three months the staff vacancy rate is above the base line position	By exception	People and OD subcommittee	Chairs escalation	Dave Harris	Viv Williamson	Risk 11 – staffing (rated red 20)
SO3: 2.2	Competence: % of staff receiving annual appraisal (via new proposed framework)	100% of available eligible cohort	98%	Any quarter in which each of the three months the appraisal rate is below the baseline position	Quarterly	People and OD subcommittee	Performance against plan chart or variance from plan	Dave Harris	Hayley Rigby	Risk 11 – staffing (rated red 20)
SO3: 2.3	% staff absence due to sickness	5.30%	5.04%	Any quarter in which each of the three months the sick absence rate was % above the profile set out in the annual plan.	By exception	People and OD sub committee	Variance from target trend line	Dave Harris	Chris Sheldon	Risk 11 – staffing (rated red 20)

Operational Performance / Priority areas

SO3: 3.1	100% of the 13 NHSI operational performance targets achieved (including waiting times)	100%	87%	Any occasion where the compliance with any monitor target is missed for 3 consecutive months	By exception	Operational Board	Achievement trend line	Andy Styring/ Tim Welch	Service Directors	Risk in scope re. IAPT delivery
SO3: 3.2	100% Contractual targets met	100%	Avg 97.04%	Any occasion where the same target for any contractual KPI is missed for 3 consecutive months	By exception	Operational Board	Achievement trend line	Andy Styring/ Tim Welch	Service Directors	Risk in scope re. IAPT delivery

This section will be updated when the planning for the revised trust priorities is completed in February 2018

SO3: 3.3	Priority project 1: Children and Young Families Prevention/ Early interventions:	Delivery of Key Milestones		Project Status report monthly and at key decision/ milestone points along the project	April - March	Operational Board	Delivery of Key Milestones	Avril Devaney and Dave Harris	Val Sturgess	Risk 13 – tendering of services (rated amber 12)
SO3: 3.4	Priority project 2:Transforming Care - LD	Delivery of Key Milestones		Project Status report monthly and at key decision/ milestone points along the project	April - March	Operational Board	Delivery of Key Milestones	Andy Styring	Mahesh Odiyoor	

SO3: 3.5	Priority project 3: Improved Place Based Care	Delivery of Key Milestones		Project Status report monthly and at key decision/ milestone points along the project	April - March	Operational Board	Delivery of Key Milestones	Dave Harris	Jonathan Gregson & Karen Moore	
SO3: 3.7	Priority project 4: redesign Adult & Older peoples MH services	Delivery of Key Milestones		Project Status report monthly and at key decision/ milestone points along the project	April - March	Operational Board	Delivery of Key Milestones	Nush Sivananthan & Faouzi Alam and Dave Harris	Sally Sanderson / John Loughlin	
SO3: 3.8	Priority 5: EI Review & Delivery	Delivery of Key Milestones		Project Status report monthly and at key decision/ milestone points along the project	April - March	Operational Board	Delivery of Key Milestones	Nush Sivananthan & Faouzi Alam and Dave Harris	Sally Sanderson / John Loughlin	
SO3: 3.10	Priority 6: Wirral All Age Disabilities	N/A	Delivery of Key Milestones					Andy Styring	Sarah Quinn	
SO3: 3.11	Priority 7: Enabler: People	N/A	Delivery of Key Milestones					Dave Harris/ Faouzi alam	Jane Woods	
SO3: 3.12	Priority 8: Enabler: Information/ Business Intelligence	N/A	Delivery of Key Milestones					Tim Welch	Mandy Skelding-Jones	
Strategic Objective 6: Financial Planning										
SO6: 1	Use of resources	Use of Resources [UoR] score of 3 or 4	Plan	Monthly	April - March	Trust Board		Tim Welch/ Edward Jenner	Andy Harland	

Appendix 3: Trust Dashboard 2017 Reporting month August

Annual Plan Trust Board Key Performance Indicators Trajectory 17/18

Please enter your key performance indicators that are reported internally. Enter in a short description of the KPI and the threshold which that KPI is measured against.

	Target	Plan M1 Month Ending 30-Apr-16	Plan M2 Month Ending 31-May-16	Plan M3 Month Ending 30-Jun-16	Plan M4 Month Ending 31-Jul-16	Plan M4 Month Ending 31-Jul-16	Plan M6 Month Ending 30-Sep-16	Plan M7 Month Ending 31-Oct-16	Plan M8 Month Ending 30-Nov-16	Plan M9 Month Ending 31-Dec-16	Plan M10 Month Ending 31-Jan-17	Plan M11 Month Ending 28-Feb-17	Plan M12 Month Ending 31-Mar-17	Plan Year Ending 31-Mar-17
Patient experience: Demonstrable increase in the uptake of the Friends and Family Test (FFT) each quarter	85.00	88.00	88.00	88.00	88.00	851.00	88.00	88.00	88.00	88.00	88.00	88.00	88.00	88.00
Supervisions	85.00	54.00	57.00	60.00	63.00	67.00	70.00	73.00	77.00	80.00	82.00	84.00	85.00	85.00
Sickness	4.50	5.8%	5.7%	5.6%	5.6%	5.6%	5.5%	5.5%	5.4%	5.4%	5.4%	5.3%	5.3%	5.3%
Safeguarding training	80.00	83.00	83.00	83.00	83.00	83.00	83.00	83.00	83.00	83.00	83.00	83.00	83.00	83.00
Bed Occupancy [including leave]	85.00	89.00	89.00	89.00	89.00	89.00	89.00	89.00	89.00	89.00	89.00	89.00	89.00	89.00
Friends and Family Test	0.00	0.05	90.00	90.00	90.00	90.00	90.00	90.00	90.00	90.00	90.00	90.00	90.00	90.00

98%   100%

###

Operational Plan

Indicator	Target	Plan M1 Month Ending 30-Apr-17	Plan M2 Month Ending 31-May-17	Plan M3 Month Ending 30-Jun-17	Plan M4 Month Ending 31-Jul-17	Plan M5 Month Ending 31-Aug-17	Plan M6 Month Ending 30-Sep-17	Plan M7 Month Ending 31-Oct-17	Plan M8 Month Ending 30-Nov-17	Plan M9 Month Ending 31-Dec-17	Plan M10 Month Ending 31-Jan-18	Plan M11 Month Ending 28-Feb-18	Plan M12 Month Ending 31-Mar-18	Plan Year Ending 31-Mar-18

Code	Measure	Target	1	2	3	4	5	6	7	8	9	10	11	12	13
SO1: 1.1	Patient safety: Demonstrable improvement in the alignment of the Trust-wide incident reporting profile in line with the Heinrich ratio each trimester	75.6 per 1,000 episodes	75.6	75.6	75.6	75.6	75.6	75.6	75.6	75.6	75.6	75.6	75.6	75.6	75.6
SO1: 1.2	Patient experience: Demonstrable increase in the uptake of the Friends and Family Test (FFT) each quarter	237	237	237	237	237	237	237	237	237	237	237	237	237	237
SO1: 1.3	Clinical Effectiveness: Demonstrable improvement in service level health related outcome ratings each quarter	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC
SO3: 2.1	Capacity: % of staff vacancies (Contracted)	equal to or below baseline	4.15%	4.15%	4.15%	4.15%	4.15%	4.15%	4.15%	4.15%	4.15%	4.15%	4.15%	4.15%	4.15%
SO3: 2.2	Competence: % of staff receiving annual appraisal (via new proposed framework)	100%	70%	80%	90%	80%	80%	90%	80%	90%	100%	100%	100%	100%	100%
SO3: 2.3	% staff absence due to sickness	5.30%	5.8%	5.7%	5.6%	5.6%	5.6%	5.5%	5.5%	5.4%	5.4%	5.4%	5.3%	5.3%	5.3%
SO3: 3.1	100% of the 13 Monitor operational performance targets achieved (including waiting times)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
SO3: 3.2	100% Contractual targets met	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Capital expenditure position	100%					100%			100%			100%		100%
SO3: 3.3	Strategy priority 1: CAMHS T4	Delivery of Key Milestones					✓								
SO3: 3.4	Strategy priority 2: West Cheshire 0-19 services	Delivery of Key Milestones							✓						✓
SO3: 3.5	Strategy priority 3: Local implementation of the transforming Learning Disability services strategy	Delivery of Key Milestones								✓					
SO3: 3.6	Strategy priority 4: Further development of integrated community health services	Delivery of Key Milestones				✓			✓						✓
SO3: 3.7	Strategic priority 5: Developing potential options for enhancing inpatient provision	Delivery of Key Milestones			✓					✓	✓				
SO3: 3.8	Strategic priority 6: Transformation, of trust wide IAPT services	Delivery of Key Milestones						✓	✓						
SO6: 4.1	Cash position Variance ('000)	10% adverse variance against plan	5182	4060	3294	2507	2089	2017	1769	1986	2097	1775	1687	960	960
SO6: 4.2	Income and Expenditure position ('000)	10% cumulative adverse variance YTD	-256	-359	-547	-647	-744	-879	-907	-902	-879	-874	-881	-890	-890
SO6: 4.3	Capital expenditure position (accruals) ('000)	15% variance of capex plan	1225	2475	3590	4590	5465	6340	7115	7215	7440	7565	7715	8020	8020
SO6: 4.4	Achievement of CIP plan ('000)	10% adverse variance from plan	22	43	66	191	304	417	1245	2073	2901	3742	4583	5424	5424

-73

-829

STANDARDISED REPORT COMMUNICATION

Cheshire and Wirral Partnership NHS
NHS Foundation Trust

REPORT DETAILS

Report subject:	Operational Plan 2017/18- delivery indicators dashboard [December data]
Agenda ref. no:	17.18.95
Report to (meeting):	Board of Directors
Action required:	Discussion and Approval
Date of meeting:	31/01/2018
Presented by:	Tim Welch, Director of Finance/Deputy Chief Executive

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 CQC quality of service domains this report reflects:	
Safe services	Yes
Effective services	Yes
Caring services	Yes
Well-led services	Yes
Services that are responsive to people's needs	Yes
Which Monitor quality governance framework/ well-led domains this report reflects:	
Strategy	Yes
Capability and culture	Yes
Process and structures	Yes
Measurement	Yes
Does this report provide any information to update any current strategic risks? If so, which?	
See current risk register in the agenda of the public meeting of the Board of Directors at http://www.cwp.nhs.uk/about-us/board-members/our-board-meetings	Yes
35T	
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
35T	

REPORT BRIEFING

Situation – *a concise statement of the purpose of this report*
The Operational Plan 2017/18 sets out the Trust's approach to activity, quality, workforce planning and financial planning. The dashboard attached in **appendix 1** reflects the key performance indicators (KPIs) defined to enable the Board to monitor the delivery of the Operational Plan and the Trust's strategic objectives and any risks to achievement. This report relates to December 2017 Performance.

Background – *contextual and background information pertinent to the situation/ purpose of the report*
The operational plan delivery indicators dashboard in appendix 1 reflects the review of the metrics that has been undertaken with lead officers to ensure that the focus of monitoring the delivery of the Operational Plan and the Trust's strategic objectives is in line with the revision of the Operational Plan 2017/19 and highlights areas for improvement. Safe services have requested the inclusion of four new KPIs (SO1: 1.4,1.5,1.6,&1.7) within the dashboard relating to the Trust mortality rate. The inclusion of the KPIs provides data collected on deaths. It is usual for strategic objectives to just have 1 KPI, however as per **national requirements** and directions provided by the Secretary of State for Health & Social Care we are required to provide 4 KPIs to Board. It is important to recognise that this is not about benchmarking different trusts; rather it is about encouraging a dialogue about safety being the most important part of quality and not just about avoiding harm but appropriate delivery of high quality care. The Board will be required to come to a collective decision about how it defines and reports 'preventable deaths' first, then for the future, 'avoidable harm'. The current requirement is to report on deaths that may have been contributed to by problems in care. In addition, the Secretary of State and CQC Chief of Hospitals wrote to Medical Directors in November 2017 and   described safety as being the most important part of quality and not just about avoiding harm but appropriate delivery of high quality care. They indicated there will be a "league" table of Trusts, which will also inform CQC inspection regime focussing on the Safe and Well-Led domains and the need for a clear focus on how we involve people who access our services in patient safety. CQC judgements will be based on the culture of organisations and leadership culture. Importance is on being a learning organisation and being able to continuously demonstrate this. The Board dashboard has been adapted to include data collected on deaths to enable the Board to come to a collective decision about reporting preventable deaths first, and to consider the reporting of avoidable harm.

Assessment – *analysis and considerations of options and risks*
The performance framework attached at **appendix 1** sets the range of Board key performance indicators (KPI) based on the key delivery areas of the Operational Plan. Where KPI performance trajectories have been set for the year these can be found in **appendix 2**. The dashboard reflects month 8 the following indicators are off track for quarter 3 SO1: 1.1 Patient safety SO1: 1.2 Patient experience SO3: 2.1 Competence SO3: 2.2 Capacity Please note the Inclusion of 4 new KPIs for monitoring the trust mortality rate Where any threshold variance is exceeded, the commentary in **appendix 1** will describe how remedial action is being taken to improve.

Recommendation – *what action/ recommendation is needed, what needs to happen and by when?*
The Board are recommended to **note** the December 2017 Board Operational Plan dashboard.

Who/ which group has approved this report for receipt at the above meeting?	Tim Welch, Director of Finance
Contributing authors:	35T

Distribution to other people/ groups/ meetings:		
Version	Name/ group/ meeting	Date issued
1	Tim Welch 35T	19/01/18

Appendices provided for reference and to give supporting/ contextual information:
Provide only <u>necessary</u> detail, do <u>not</u> embed appendices, provide as separate reports

Appendix no.	Appendix title
1	October 2017 Board Operational Plan Dashboard.
2	Operational Plan 2017/18 – Delivery Indicators/ Board KPIs

Appendix 1: Trust Dashboard

Indicator		Outturn 2016/17	Target or Thresholds for escalation	Target	Q1	Q2	Oct-17	Nov-17	Dec-17	Q3	Jan-18	Feb-18	Mar-18	Q4	Year End	General Comment
Strategic Objective 1 – Quality																
SO1: 1.1	Patient safety: The target for improvement is a 10% increase in the number of D&E incidents reported, based on numbers reported at the start of Trimester 1 of this year. The indicator is shown as a rate per 1,000 episodes of care.	58.6 per 1,000 episodes	Red: Below 2016/17 outturn Amber: better than 2016/17 outturn Green: above 2016/17 target(64.5)	75.6	65.4	72.7	71.1	62.5	79.8	70.3						Please note outturn position has been updated to reflect position as at the end of 2016/17.
SO1: 1.2	Patient experience: Demonstrable increase in the uptake of the Friends and Family Test (FFT) each quarter	Average 216 (per month)	237 per month	324.5	785	817	400	273	163	836						The trust are implementing a new FFT process, paper forms are avilable for patients to completeduring the tranistion period.
SO1: 1.3	Clinical Effectiveness: Demonstrable improvement in the Trustwide average bed occupancy rate, excluding leave, for working age adult wards	93.19%	Improvement to 85% by KH03's month 12 (December 2017)		91.83%	87.50%	87.52%	87.64%	81%	81%						
SO1: 1.4	Patient Safety: Total % inpatient deaths subject to a case record review	No outurn as no past performance for 2016/7	KPI escalation via Learning from Experience report	100%	100.00%	100.00%	N/A	100.00%	100.00%	100.00%						N/A = no inpatient deaths
SO1: 1.5	Patient Safety: Total number of inpatient deaths subject to a case record review identifying that there may have been a problem in the care provided	No outurn as no past performance for 2016/7	KPI escalation via Learning from Experience report	0	1	2	N/A	0	0	0						No learning points for Q3 (no cases).
SO1: 1.6	Patient Safety: Total % deaths reported by and to the Trust (including inpatient deaths) subject to a case record review	No outurn as no past performance for 2016/7	KPI escalation via Learning from Experience report	TBC (current pilot)	15%	17%	20%	22%	11%	17%						The % reflects the case record reviews undertaken by teams subject to a pilot of the new mortality review process. From Q1 2018/19, the aim is to implement the new mortality review process Trustwide when the target will be 100%. Note that for deaths meeting NHS England criteria as a serious incident, investigatory performance is 100%.
SO1: 1.7	Patient Safety: Total number of deaths (including inpatient deaths) subject to a case record review identifying that there may have been a problem in the care provided	No outurn as no past performance for 2016/7	KPI escalation via Learning from Experience report	0	0	2	1	1	0	1						Q3 learning points identified: Oct-17: Need to review adequacy of systems to reliably contact the District Nursing Service out of hours. Nov-17: Improvements required to communication with families in relation to medication regimens in place for people receiving palliative care.
Strategic Objective 2: People and OD/ Approach to workforce																
SO3: 2.1	Capacity: % of staff vacancies (Contracted)	5.31%	equal to or below baseline 4.15%		4.05%	4.49%	5.04%	4.81%	5.00%	4.95%						
SO3: 2.2	Competence: % of staff receiving annual appraisal (via new proposed framework)	97.6%	100.0%		95.72%	89.78%				81.07%						Managers have been asked to ensure that they are recording completion

SO3: 2.3	% staff absence due to sickness	5.04%	Above annual plan projection for 3 months			5.46%	5.37%	5.10%	5.6%	6.6%	5.6%						Performance measurement against Annual Plan Trajectory. The target has not been met for two consectuive months.

Operational Performance / Priority areas

SO3: 3.1	100% of the 13 NHSI operational performance targets achieved (including waiting times)	100%	100%	100%	100%	98.00%	100%	86.0%	100%	100%							
SO3: 3.2	100% Contractual targets met	324 (98.1%)	100%	100%			97.1%	98.3%									**Wirral CCG** - 9 indicators that have been red for 3 consecutive months – (2 due to over performance) **West CCG** Physical Health - 1 indicator that has been red for 3 – both due to under performance Please note this indicator reports 2 months behind.
	CQUIN performance quarterly review	TBC	100%														Q3 performance will be reported in month 10 following CQUIN submissions to CCGs for review & sign off

This section will be updated when the planning for the revised Trust priorities is completed in February 2018

SO3: 3.3	Priority project 1: Children and Young Families Prevention/ Early interventions:	N/A	Delivery of Key Milestones														The Executive team agreed the new 8 Priority Projects list in October 2017 Following this, it was agreed that there would not be a PSO status report for November, that instead some time should be taken to reflect how the overall Programme of activity is reported, scrutinised and monitored and ensure arrangements are robust enough going forward. This section of the report has been updated to reflect the trust priority projects and will be updated following the agreement of the new reporting processes. In light of this review all prior reporting has been removed from this dashboard.
SO3: 3.6	Priority project 2:Transforming Care - LD	N/A	Delivery of Key Milestones														
SO3: 3.7	Priority project 3: Improved Place Based Care	N/A	Delivery of Key Milestones														
	Priority project 4: redesign Adult & Older peoples MH services	N/A	Delivery of Key Milestones														
	Priority 5: EI Review & Delivery	N/A	Delivery of Key Milestones														
SO3: 3.10	Priority 6: Wirral All Age Disability																
SO3: 3.11	Priority 7: Enabler: People																
SO3: 3.12	Priority 8: Enabler: Information/ Busin	N/A	Delivery of Key Milestones														

Strategic Objective 6: Financial Planning

SO6: 1	Use of resources		Use of Resources [UoR]			3	2	2	2	2	2						Further detail is available in Finance Report

Appendix 2: Trust Dashboard Reporting Framework

Op Plan ref	Indicator	Target or Thresholds for escalation	Base line	Reporting and Frequency	Reporting Months	01/04/2017	01/05/2017	Director	Project Lead	Risk Register/ CAF ref
Strategic Objective 1 – Quality										
SO1: 1.1	Patient safety: The target for improvement is a 10% increase in the number of D&E incidents reported, based on numbers reported at the start of Trimester 1 of this year. The indicator is shown as a rate per 1,000 episodes of care.	10% improvement in reporting of low and no harm incidents **Escalation Thresholds** Red: Below 2016/17 outturn Amber: better than 2016/17 outturn (58.6) Green: above 2016/17 target (64.5)	Red: Below 2016/17 outturn Amber: better than 2016/17 outturn Green: above 2016/17 target(64.6)	Learning from Experience report Every 4 months	May August January April	Quality Committee	Trend line	Anushta Sivananthan/ Avril Devaney/ Jim O'Connor	David Wood	Risk 6 – learning from incidents (red 16)
SO1: 1.2	Patient experience: Demonstrable increase in the uptake of the Friends and Family Test (FFT) each quarter	10% improvement in Trustwide uptake of FFT	300 per month	Quality Improvement Report Quarterly	July October February April	Patient and Carer Experience Sub Committee	? Trajectory for improvement	Avril Devaney/ Fiona Clark/ Jim O'Connor	Liz Matthews	Risk 5 – feedback from learning (red 16)
SO1: 1.3	Clinical Effectiveness: Demonstrable improvement in the Trustwide average bed occupancy rate, excluding leave, for working age adult wards	Improvement to 85% by KH03's month 12 (December 2017)	93.19%	Continuous Improvement Report Monthly	May-March	Quality Committee	TBA	Faouzi Alam/Anushta Sivananthan/ Jim O'Connor/ Lucy Crumplin	Claire James	
SO1: 1.4	Patient Safety: Total % inpatient deaths subject to a case record review	KPI escalation via Learning from Experience report	100%	Learning from Experience report Every 4 months	May August January April	Quality Committee	Tabular	Avril Devaney/ Jim O'Connor	Lisa Parker	
SO1: 1.5	Patient Safety: Total number of inpatient deaths subject to a case record review identifying that there may have been a problem in the care provided	KPI escalation via Learning from Experience report	0	Learning from Experience report Every 4 months	May August January April	Quality Committee	Tabular	Avril Devaney/ Jim O'Connor	Lisa Parker	
SO1: 1.6	Patient Safety: Total % deaths reported by and to the Trust (including inpatient deaths) subject to a case record review	KPI escalation via Learning from Experience report	TBC (current pilot)	Learning from Experience report Every 4 months	May August January April	Quality Committee	Tabular	Avril Devaney/ Jim O'Connor	Lisa Parker	

SO1: 1.7	Patient Safety: Total number of deaths (including inpatient deaths) subject to a case record review identifying that there may have been a problem in the care provided	KPI escalation via Learning from Experience report	0	Learning from Experience report Every 4 months	May August January April	Quality Committee	Tabular	Avril Devaney/ Jim O'Connor	Lisa Parker	
SO3: 2.1	Capacity: % of staff vacancies	4.15%	5.31%	Any quarter in which each of the three months the staff vacancy rate is above the base line position	By exception	People and OD subcommittee	Chairs escalation	David Harris	Viv Williamson	Risk 11 – staffing (rated red 20)
SO3: 2.2	Competence: % of staff receiving annual appraisal (via new proposed framework)	100% of available eligible cohort	98%	Any quarter in which each of the three months the appraisal rate is below the baseline position	Quarterly	People and OD subcommittee	Performance against plan chart or variance from plan	David Harris	Hayley Rigby	Risk 11 – staffing (rated red 20)
SO3: 2.3	% staff absence due to sickness	5.30%	5.04%	Any quarter in which each of the three months the sick absence rate was % above the profile set out in the annual plan.	By exception	People and OD sub committee	Variance from target trend line	David Harris	Chris Sheldon	Risk 11 – staffing (rated red 20)
Operational Performance / Priority areas										
SO3: 3.1	100% of the 13 NHSI operational performance targets achieved (including waiting times)	100%	87%	Any occasion where the compliance with any monitor target is missed for 3 consecutive months	By exception	Operational Board	Achievement trend line	Andy Styring/ Tim Welch	Service Directors	Risk in scope re. IAPT delivery
SO3: 3.2	100% Contractual targets met	100%	Avg 97.04%	Any occasion where the same target for any contractual KPI is missed for 3 consecutive months	By exception	Operational Board	Achievement trend line	Andy Styring/ Tim Welch	Service Directors	Risk in scope re. IAPT delivery
This section will be updated when the planning for the revised Trust priorities is completed in February 2018										
SO3: 3.3	Priority project 1: Children and Young Families Prevention/ Early interventions:	Delivery of Key Milestones		Project Status report monthly and at key decision/ milestone points along the project	April - March	Operational Board	Delivery of Key Milestones	Avril Devaney and Dave Harris	Val Sturgess	Risk 13 – tendering of services (rated amber 12)

SO3: 3.4	Priority project 2:Transforming Care - LD	Delivery of Key Milestones		Project Status report monthly and at key decision/ milestone points along the project	April - March	Operational Board	Delivery of Key Milestones	Andy Styring	Mahesh Odiyoor	
SO3: 3.5	Priority project 3: Improved Place Based Care	Delivery of Key Milestones		Project Status report monthly and at key decision/ milestone points along the project	April - March	Operational Board	Delivery of Key Milestones	Dave Harris	Jonathan Gregson & Karen Moore	
SO3: 3.7	Priority project 4: redesign Adult & Older peoples MH services	Delivery of Key Milestones		Project Status report monthly and at key decision/ milestone points along the project	April - March	Operational Board	Delivery of Key Milestones	Nush Sivananthan & Faouzi Alam and Dve Harris	Sally Sanderson John Loughlin	
SO3: 3.8	Priority 5: EI Review & Delivery	Delivery of Key Milestones		Project Status report monthly and at key decision/ milestone points along the project	April - March	Operational Board	Delivery of Key Milestones	Nush Sivananthan & Faouzi Alam and Dve Harris	Sally Sanderson John Loughlin	
SO3: 3.10	Priority 6: Wirral All Age Disabilities	N/A	Delivery of Key Milestones					Andy Styring	Sarah Quinn	
SO3: 3.11	Priority 7: Enabler: People	N/A	Delivery of Key Milestones					Dave Harris/ Faouzi alam	Jane Woods	
SO3: 3.12	Priority 8: Enabler: Information/ Business Intelligence	N/A	Delivery of Key Milestones					Tim Welcch	Mandy Skelding-Jones	
Strategic Objective 6: Financial Planning										
SO6: 1	Use of resources	Use of Resources [UoR] score of 3 or 4	Plan	Monthly	April - March	Trust Board		Tim Welch/ Mike Maier/ Rebecca Burke Sharples	Andy Harland	

Cheshire and Wirral Partnership NHS
NHS Foundation Trust

STANDARDISED REPORT COMMUNICATION

REPORT DETAILS

Report subject:	Consultation on the redesign of adult and older people's specialist mental health services in Eastern Cheshire, South Cheshire and Vale Royal
Agenda ref. no:	17.18.111
Report to (meeting):	Trust Board of Directors
Action required:	Approval of public consultation document and approach to public consultation
Date of meeting:	31/01/2018
Presented by:	Andy Styring, Director of Operations

Which strategic objectives this report provides information about:	
Deliver high quality, integrated and innovative services that improve outcomes	Yes
Ensure meaningful involvement of service users, carers, staff and the wider community	Yes
Be a model employer and have a caring, competent and motivated workforce	Yes
Maintain and develop robust partnerships with existing and potential new stakeholders	Yes
Improve quality of information to improve service delivery, evaluation and planning	Yes
Sustain financial viability and deliver value for money	Yes
Be recognised as an open, progressive organisation that is about care, well-being and partnership	Yes
Which CQC quality of service domains this report reflects:	
Safe services	Yes
Effective services	Yes
Caring services	Yes
Well-led services	Yes
Services that are responsive to people's needs	Yes
Which Monitor quality governance framework/ well-led domains this report reflects:	
Strategy	Yes
Capability and culture	Yes
Process and structures	Yes
Measurement	Yes
Does this report provide any information to update any current strategic risks? If so, which?	
See current risk register in the agenda of the public meeting of the Board of Directors at http://www.cwp.nhs.uk/about-us/board-members/our-board-meetings	Yes
36T	
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
36T	

REPORT BRIEFING

Situation – *a concise statement of the purpose of this report*
The law requires commissioners (and providers) to involve the public when making changes to the provision of NHS healthcare. NHS Eastern Cheshire CCG, NHS South Cheshire CCG and NHS Vale Royal CCG (the relevant CCGs) are the statutory bodies required to undertake the required consultation for the redesign of adult and older people's mental health services in South and East Cheshire, and Vale Royal. This report is intended to provide assurance that adequate arrangements are being put in place to secure the involvement of and to take into consideration the views of service users, members of the public, staff and stakeholders in the development of the Pre-Consultation Business Case (PCBC) of the proposed approach to public consultation for the redesign of adult and older people's mental health services in South and East Cheshire, and Vale Royal.

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

The Five Year Forward View for Mental Health is a national framework for improvement. It recognises the need to address capacity in the community and reduce the over reliance on hospital services. Locally in Eastern Cheshire, South Cheshire and Vale Royal there is rising demand for care and support. Since 2010 there has been an increase in activity across the three CCGs of 35% in functional services and 60% in dementia services. CWP supports circa 7,000 people in the community for secondary mental health needs across this geography. Lack of capacity in the home treatment teams (who offer step up care) and community mental health teams (who offer ongoing support for stable patients) leads to an over-reliance on inpatient services of up to 16%, which equates to approximately 10 beds. Inpatient services are currently provided at a number of sites across Cheshire and Wirral including Millbrook in Macclesfield. The facilities at Millbrook are in need of significant refurbishment to comply with CQC standards and, due to the layout of the unit, require a disproportionately higher staffing model to maintain clinical safety. The local health and social care system is showing a deteriorating financial position. The cost of the current adult and older people's mental health service model exceeds the funding available and change is required for the local NHS to operate within mandated financial controls.

Assessment – *analysis and considerations of options and risks*

The full Pre-Consultation Business Case relating to the proposed redesign has been approved by CWP Board and the governing bodies of the three CCGs: Vale Royal, South Cheshire and East Cheshire. Endorsement has also been received from Connecting Care and Caring Together. At time of writing this report, we are awaiting final confirmation of NHS England assurance. Up until this time the accompanying appendices will remain private however an appropriate update on proposed consultation will be made in the public meeting. Cheshire East and Cheshire West Council Health Scrutiny Committees have given their endorsement for the proposals to proceed to public consultation in February 2018. The consultation will run for a period of 12 weeks from 26th February to 20th May with comprehensive publicity, hard copy and online documentation in plain language and accessible formats, a minimum of six public meetings and extensive engagement with local community groups including Healthwatch and mental health forums. A copy of the proposed text for the consultation document and survey are attached. These documents have been produced by the joint project team and have been amended following feedback from patient reader panels. These documents will go into graphic design following governing body approval and will benefit from additional photography, quotes and infographics. The results of the consultation will be independently analysed and reported back to governance bodies and scrutiny committees at the end of the consultation period before any decisions are made.

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

The Board is asked:
1. To **note** the contents of the report and seek assurance that the process by the Trust:
    a) complies with section 242 of the NHS Act 2006 (section 12.2);
    b) takes into account the duties placed upon them under the Equality Act 2010 (section 14.4);
    c) has been mindful of the Gunning or Sedley principles, which are applicable to all consultations within the UK (section 12.5);
    d) has sought the required engagement with Local Authority Overview and Security Committee (section 1.3
 	
2. To **approve** the recommendations that subject to obtaining the necessary final agreement from NHS England, the Trust proceeds to formal joint consultation with the three CCGs (Eastern Cheshire, South Cheshire and Vale Royal);
 	
3. To **note** that the draft consultation documents as produced to the meeting may be subject to further amendment by members of the Trust Board of Directors, the governing body of each the CCGs and/or Hill Dickinson, the nominated legal advisor on the joint consultation; and
 	
4. To **approve** the recommendation that any proposed minor changes following the consideration and approval in principle by the Trust Board and the governing body meetings, will be formally approved jointly by the Trust's Chief Executive and the respective Accountable Officers.

Who/ which group has approved this report for receipt at the above meeting?	36T
Contributing authors:	Katherine Wright

Distribution to other people/ groups/ meetings:		
Version	Name/ group/ meeting	Date issued
1	Andy Styring – Director of Operations	24/01/2018

Appendices provided for reference and to give supporting/ contextual information: *Provide only <u>necessary</u> detail, do <u>not</u> embed appendices, provide as separate reports*	
Appendix no.	Appendix title
1 2 3	Draft public consultation document Draft public consultation questionnaire Summary of communications and engagement strategy

NHS ECCCG, NHS SC and NHS VR in partnership with CWP (Logos - on all pages)

The fully designed document will also feature quotes and infographics

DRAFT

2018

Re-designing Specialist Adult and Older People's Mental Health Services

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Contents   Page

A message from clinical leaders

Welcome to this public consultation document and thank you for showing your support for local NHS services by giving your time to take part in this important discussion.

We are very clear on our commitment to ensuring that any changes to services must improve lives. That is what we are passionate about achieving, for you and your family.
Severe or long term mental ill-health can have a devastating impact on people and their families and friends. Yet we know we can make a big, positive difference by working with people to agree support plans and arrangements to help in times of crisis.

More than ever before people are talking about mental health alongside physical health, understanding that there is no true 'health' without good mental health. We want to provide the very best support, within the funds we have available, to achieve the best outcomes for each and every person we care for. We passionately believe that this can be achieved through the proposed new model and approach to care that is presented in this public consultation, as it puts early intervention and prevention at the heart of NHS services.

The new approach provides people with a much wider range of choices to meet their changing needs. It looks at better support in people's homes and communities, rather than relying too much on hospital care – which is often when people have become so desperately ill that they are unable to reconnect with their lives for a long time.
At the heart of our proposals is an absolute commitment to the health and wellbeing of people, and a recognition that people want to live well. In the striking words of a service user who attended one of our listening events: "I deserve to thrive, not just to survive".

Across Cheshire and Wirral, health and social care organisations are coming together in the belief that by working together we can deliver safer and more effective services, and that we can innovate and achieve great outcomes for our population. As such, this consultation should be seen as the start of a wider conversation around service changes and as a key part of our local transformation initiatives Caring Together and Connecting Care.

We really value the time people have taken to share their ideas about what 'good' looks like and this has already helped shape the proposals in this document. Please continue to help us understand what is important to you by completing the survey attached to this document and attending our public meetings.

Our commitment is that there will be no decision about your NHS, without your input.

Yours sincerely,

(Insert signatures)

Dr Paul Bowen, Clinical Chair NHS Eastern Cheshire CCG
Dr Andrew Wilson, Clinical Chair, NHS South Cheshire CCG
Dr Jonathan Griffiths, Clinical Chair, NHS Vale Royal CCG
Dr Anushta Sivananthan, Medical Director, Cheshire and Wirral Partnership NHS FT

Introduction and purpose of the document

This consultatation document relates to specialist mental health services for adults and older people, across community and hospital care.

The local NHS is committed to making improvements to the way mental health services are delivered. We have held listening and engagement workshops with users and clinical staff including nurses, consultants, therapists and GPs, plus we have spoken to patient representatives, to our Health Overview and Scrutiny Committees, and have held monthly meetings between commissioners and service providers to develop proposals.

We need to re-design these services for a number of reasons. User and carer feedback, along with recent audit recommendations and inspections, told us that some things in these services work well but that other things need to change. In addition, we need to develop new services which means we need to look again at how and where resources are being used.

There is a need to do the work within certain time frames, get the best outcomes possible, meet clinical and facilities standards and design a service which can be delivered within the resources we have been given. To help us with this task we are seeking to work with people who use our services, their carers and other stakeholders - many of whom have already started to work with us over previous months and whose input has shaped the proposals so far.

Through this work we have identified options for a new approach to care. We have looked at different ways to deliver this approach and considered, in depth, their various strengths and weaknesses. We have visited other areas to learn from them and have sense-checked our ideas with national evidence and information. We have continuously reflected back on feedback from patients and clinicians, to make sure our proposals meet required criteria in terms of safe, effective care and above all to make sure they stayed true to what people told us. Through all of these conversations we have been better able to understand and establish what works well, what the issues and concerns are, and to start to develop new approaches that provide better ways of working.

This consultation document is the product of this work

It provides lots of information to enable you to give your view. It explains what services in adult and older people's mental health care are included, why change is necessary and the various factors: that have led us to look again at what services are delivered and how they are organised.

All the options we considered are described and an explanation of how, and why, we selected three to take forward for further discussion. We include further information to show what they would mean for various groups, if they are adopted. We invite you to consider the work that has been undertaken, and the proposals and options themselves, and then please give us your view. Towards the end of the document we outline what will happen next and who to contact if you wish to discuss this re-design.

Thank you for taking the time to read this document and for giving your view. We very much appreciate it.

Our ambition…(present in a box)

The ambition guiding these proposals is the same as for the wider plans in our local transformation programmes; Caring Together and Connecting Care. We want to:

- improve outcomes for people with serious and complex mental health needs;
- meet people's health **and** well-being needs;
- ensure people live longer healthier lives;
- support people at home or as close to home as possible in the most appropriate environment;
- empower users and their carers through choice and involvement.

Adult and Older People's Specialist Mental Health Services in Eastern Cheshire, South Cheshire and Vale Royal

Cheshire and Wirral Partnership NHS Foundation Trust is the main local provider of specialist mental health services. The services that are included in this proposal for re-design are:

- **Acute inpatient wards:** The Millbrook Unit and Lime Walk House in Macclesfield, and Bowmere Hospital in Chester. Acute wards provide inpatient assessment and treatment of people with acute episode mental illness. Bowmere also provides a Psychiatric Intensive Care Unit (PICU) which supports people with very complex needs who may also present with behavior that challenges
- **Home Treatment Teams:** The teams offer a community-based service as an alternative to hospital admission to a psychiatric ward, and facilitate early discharge for admitted patients. They can provide a number of home visits per day if required.
- **Community Mental Health Teams:** These teams offer assessment and treatment for people with severe and/or enduring mental illness in the community.

There are two new services which are not currently available, that we would wish to provide and are included in proposals:

- **24 – Hour Crisis Response:** a range of services available to support people in crisis as an alternative to hospital admission;

- **A Dementia Outreach Service:** offering care for people with dementia in their own homes as an alternative to hospital

Why re-design?

Changes to specialist mental health services are necessary for a number of reasons. These reasons are detailed below:

The Importance of Quality

The services we provide need to be up to date and based on evidence of what works well. We regularly review them through a variety of ways such as quality monitoring, audits, inspections, surveys and through compliments and complaints. Whilst the feedback received from these quality mechanisms is routinely used to help improve patient experience and safety, taken together they began to show that

5) Re-designing Specialist Adult and Older People's Mental Health Services

more comprehensive and far-reaching changes are needed – both to build on what we do well and to change what isn't working for those who use services.

The national Five Year Forward View for Mental Health, published in 2016 by a Mental Health Taskforce established by NHS England and led by patient representatives, also clearly sets out its expectations for raising the quality of early intervention and comprehensive community mental health services to prevent unnecessary hospital admission.

What changes are necessary to meet quality and safety standards

- We need more staff in our community mental health teams to ensure the right care for the increasing number of people they care for.

- A range of new services are needed for people in crisis as an alternative to A&E and inpatient care.

- We need more staff in our home treatment teams for us to provide 24-hour support for people in crisis.

- Some of our buildings need significant upgrades to meet standards for privacy and dignity and psychiatric intensive care.

Accommodation standards

The Millbrook Unit does not meet the requirements of modern mental health services due to lack of single en-suite rooms and appropriate seclusion areas. Seclusion areas are quiet spaces for people who require intensive observation. In addition the Millbrook Unit does not provide a psychiatric intensive care unit.

These are areas which the Care Quality Commission have commented on as part of their regular inspections at CWP.

To fully refurbish the Millbrook Unit to meet modern standards would require an extensive upgrade which would cost in the region of £7million if capital funds were available. As they are not, borrowing the money and paying it back would mean a total cost of c. £14 million

Living within our means

The NHS has a limited budget and we need to ensure that the funds available for mental health services achieve the best impact.

Adult and older people's mental health services in Eastern Cheshire, South Cheshire and Vale Royal are already costing more than the budget set aside for them – and those services are not meeting all the needs of the local population.

Local commissioners have committed to retaining this level of investment – so **there will be no budget reduction** as part of this redesign - however to achieve any significant changes to improve services there is a need to redesign the services we currently have.

In summarya re-design is necessary to look again at services, including what is provided and how they are organised and delivered. The challenge of the re-design was to:

- develop clinically effective and safe services;
- meet service user expectations;
- adhere to clinical guidelines and standards for health care facilities;
- make the best use of the resources we have, including our estate;
- ensure timely implementation of plans and improvements.

The development journey…

The re-design proposals presented here are the result of a12-month collaboration with commissioners, clinical staff, experts by experience, service users and carers. We worked together to develop a shared understanding of what needs to be changed and how best to achieve this.

Very early on in the process we took a detailed look at the mental health needs of our population. We looked at how many people we would expect to see with serious complex mental health needs and we compared this with the actual numbers of people each year that are supported by our specialist care services. We looked at the conditions they have and the latest guidance on the care and treatment they should be receiving. We found that the numbers of people receiving care matched the numbers of people we would expect to see. We also found that since 2010 there has been a 30% increase in people accessing mental health services and a 60% increase in the need for dementia services with no significant increase to resources to meet this rising demand.

When we listened to users of the service they told us they want a wider range of services to support them in times of crisis. They also want both community and hospital services that they can access locally and that are adapted to reflect their individual needs and are not 'over medicalised'. People with serious and complex mental health needs want to be seen as more than their illness, they want support to stay well, work, learn and socialise.

Patient and carer feedback is at the heart of the co-design. To illustrate how the feedback from a range of sources contributed to the decision to re-design, a summary of comments and key themes are included here:

What service users have said they want from future services:

- more 'personalised' care (care that responds to their individual needs);

- more support in the local community;

- different support when in crisis – specifically:

  - One point of contact for services / clear access points

  - Care available quickly e.g. 24/7 care which is not just available at A&E.

- Support available at different places, for example in:

  - your home;

  - a safe place (eg crisis beds)

  - a drop-in centre or crisis café.

Overall, people are supportive of the need for change but have some concerns about increased travel for hospital-based services.

We visited other areas where services are considered to be best practice and b were joined by users and carers on these trips, who knew what questions to ask and we brought the learning back and used it to shape our proposals. A long list of options were developed and considered at length, underpinned by a number of themes which emerged from the work undertaken. We knew we needed:

- alternatives to acute care provision in the form of local Crisis Beds and drop-in centres and cafes;
- a better staffed Home Treatment Team to care for more people in their own home and oversee crisis beds/centres;
- a better staffed specialist Community Mental Health Team with a clear focus on early help and prevention;
- a new service to help people with dementia who have complex needs to remain in their own homes;
- closer working across physical and mental health services and social care so care is balanced and tailored to the individual;
- inpatient services as close to home as possible for those people who needed it.

A new model of care

The diagram below brings together all the ideas, research and learning into a new model of care for our local population. It shows how specialist care services fit with the wider mental health care offer and shows where new services would sit. It aims to show how physical and mental health and well-being needs can be identified and supported around the individual to give more person-centred care:

(add in medication management)
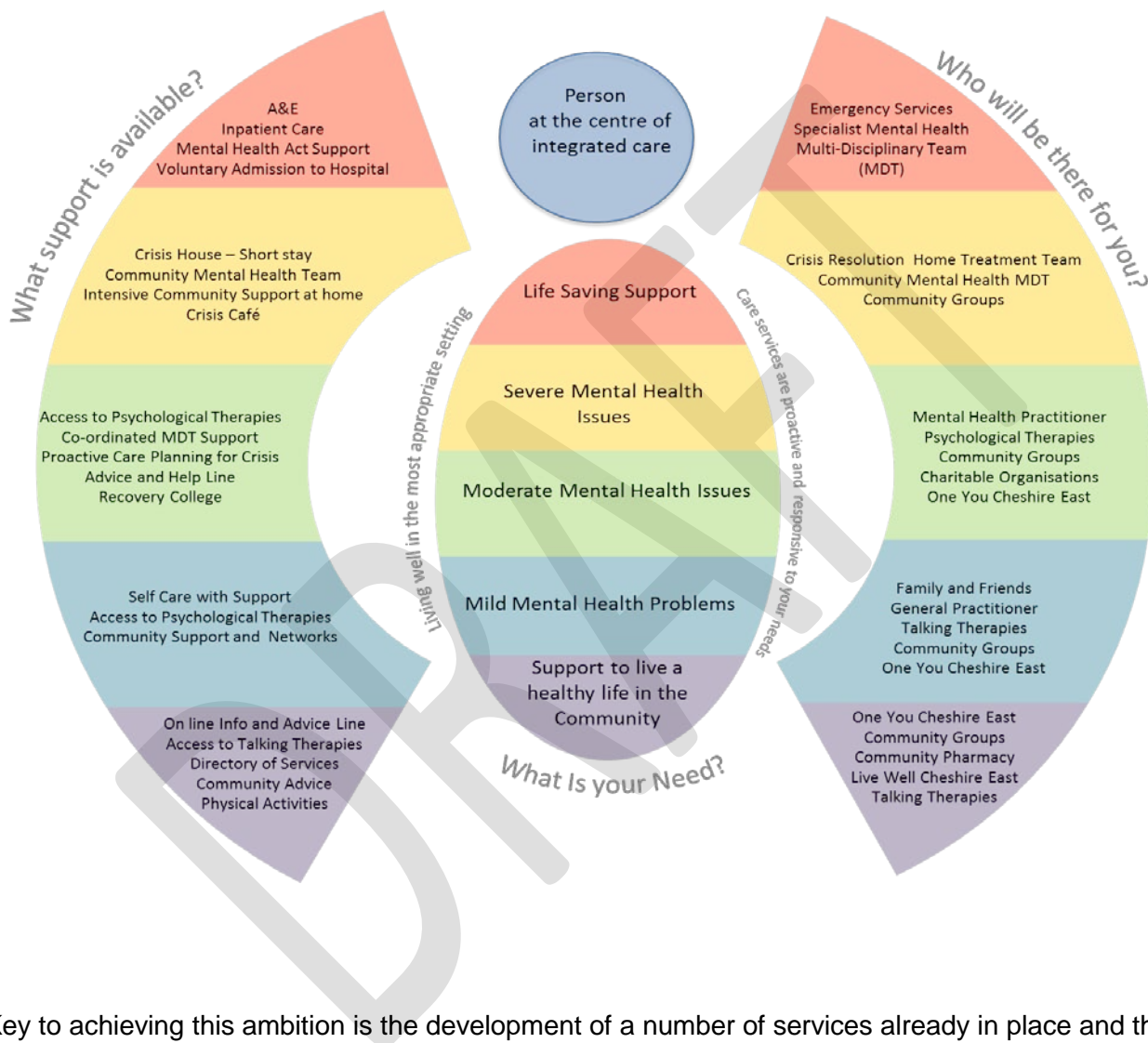
Key to achieving this ambition is the development of a number of services already in place and the establishment of new services to support care outside of hospital

Community Mental Health Teams

We have undertaken an in-depth analysis of current staffing, role, function, caseloads and location to better understand how best to support people who need specialist care.

We believe Community Mental Health Teams need to be expanded by 30 additional staff. Those extra staff can support 630 people at any one time with a wider range of treatment choices. In addition to more staff, teams will work with service users to review care plans to ensure they provide the right level

9) Re-designing Specialist Adult and Older People's Mental Health Services

of care and link closely with primary care colleagues to transfer patients back into the care of their GP when they are well enough.

Crisis care

We have considered a number of alternatives to inpatient beds including crisis and safe house models. We wish to establish a 24-hour crisis support service providing better and quicker response to people who need it. To do this we will need 8 more staff in the home treatment teams, trained counsellors and support staff and facilities within our local community. We know this will enable us to support an additional 30 people per week who are in crisis

A range of options will be available and tailored to need, it will include:

- local crisis beds provided in centres, as an alternative to hospital admission and A&E attendance - with a dedicated hub open 24/7 that a person can attend in crisis and be supported by trained personnel

- day time crisis cafes and drop in centres at various locations in local communities with links to talking therapies, health and well-being and recovery and rehabilitation services

Examples include Cambrian House and the Liverpool Life Rooms (see photos and for more information see www……).

Dementia Outreach

We know that taking older people with dementia needs out of their familiar surroundings is distressing for them and their families. We also know that people with complex needs as a result of dementia need specialist care. With 2 more specialist practitioners delivering an 'outreach service' we can support 12 people per week to remain at home and avoid admission to hospital. For those who do require a hospital stay the outreach team will support timely discharge back home with their carers and family

Inpatient care

Through our conversations with users and carers we heard that inpatient services should only be provided for those who are very acutely unwell, with home care and treatment being offered much more than it currently is. Many patients said that they wanted to be treated at home and they felt that some admissions were unnecessary.

We know that the standard of inpatient facilities across Cheshire and Wirral varies considerably with the Millbrook Unit considered the least best environment in need of significant refurbishment to comply with required standards for privacy and dignity. The Millbrook unit does not have a psychiatric intensive care unit (PICU). CWP has two other facilities and the one closest to Eastern Cheshire, South Cheshire and Vale Royal is Bowmere Hospital in Chester. This unit meets required standards for privacy and dignity and it does provide access to PICU for those who require it.

The options for care delivery

Taking these themes on board we looked at what changes were needed to address them. We spoke to other inpatient providers to explore the possibilities of people accessing inpatient care in nearby counties, but lack of continuity of care between inpatient and community teams is a clinical risk. . We also looked at the merits and capacity of other mental health providers to take on both inpatient and community services, but the cost of transferring services and the challenge to achieve the same quality of care were factors that counted against these options. More information about the options appraisal process can be found online at www…….

After careful consideration it was decided that three options could be taken forward for further consideration and would form part of a much wider conversation with the people of Eastern Cheshire, South Cheshire and Vale Royal.

Option 1 –
Do not introduce the new model of care

In this option there would be:

No improvements or development of the following services: community care, crisis care/choice of service, dementia outreach, or inpatient unless funding was taken from other NHS services.

Inpatient care would remain at the Millbrook Unit.

What this would mean for users and carers:

- There would be no choice of crisis response, no new dementia outreach service.

- As the current model of care costs more to provide than the funding that is available, in the region of £2.5 million would have to be taken from other health care services to fund the current service.

- To fully refurbish the Millbrook Unit would cost in the region of £7 million. Borrowing the money and paying it back would mean a total cost of c. £14 million. These funds would have to be taken from other health care services.

- Inpatient care would remain on the Millbrook unit and additional travel for users and carers would be avoided.

Option 2 (preferred) -
Improve community and home treatment (crisis) teams, with older people's inpatient care at Lime Walk House and adult inpatient care at Chester and in local crisis beds

Enhance community and home treatment (crisis) teams to provide better care for the 7,000 adults and older people who access specialist mental health services.

For the 350 people per year who at the moment require an inpatient stay, the services currently provided at Millbrook would be replaced with NEW services as follows:

- A new older people's inpatient service providing 22 beds and meeting CQC standards, based at Lime Walk House in Macclesfield;

11) Re-designing Specialist Adult and Older People's Mental Health Services

- New 24-hour local crisis care services overseen by an enhanced community home treatment team, who can visit a person a number of times a day to prevent the need for hospital admission, and including access to:

  o six new local crisis beds provided in centres, as an alternative to hospital admission and A&E attendance - with a dedicated hub open 24/7;

  o day time crisis cafes and drop in centres with links to other support services

- A new adult inpatient ward with 22 beds providing an improved inpatient experience, including access to a dedicated psychiatric intensive care unit (PICU) if required, and meeting CQC standards at Bowmere Hospital, Chester;

- An increase of three beds at Springview Hospital, Wirral to ensure adequate capacity across Cheshire and Wirral when required.

In total, these inpatient services would provide 53 beds (a reduction of five beds from those currently available at the Millbrook Unit).

In this option, approximately 260 adults would travel further to access inpatient care in Chester each year. There would be a support plan in place for their carers..

Option 3 –
Improve community and home treatment (crisis) teams, with adult inpatient care at Lime Walk House and in local crisis beds; and older people's inpatient care at Chester

Option 3 provides the same improvements to community services and the same range of new crisis services that would replace services at the Millbrook Unit in Option 2.

The only differences to Option 2 are the following:

- The new inpatient service providing 22 beds and meeting CQC standards, based at Lime Walk House in Macclesfield, would be for **adults** – and would not provide on-site access to a PICU(so people requiring this service would need to continue to travel to the PICU in Chester).

- The NEW inpatient ward with 22 beds providing an improved inpatient experience and meeting CQC standards at Bowmere Hospital, Chester would be for **older people**.

In the chart below we have summarised how each of the options compare against the factors that service users and carers have told us are important to them.

	Option 1	Option 2	Option 3
Meeting the rising demand for care	x	√	√
Improving outcomes for people with mental ill-health	x	√	√
More choice about the services available for people in crisis	x	√	√
24-hour access to these crisis services	x	√	√

	x	√	√
A dementia outreach service supporting people in their own homes	x	√	√
Better access to community services and a range of treatment options	x	√	√
Inpatient services meeting privacy and dignity standards	√	√	√
Being able to visit hospital easily (adult)	√	x	√
Being able to visit hospital easily (older person)	√	√	x

Travel support

When we developed the proposed new model of care, we addressed patient and public concerns about the logistics of travelling to Bowmere Hospital in Chester. Travel will affect people to varying degrees under the preferred option, depending on where they live. Adults in Crewe, for example, would be able to travel more easily to Chester than their current journey to Macclesfield.

Travel for patients

Support is already provided to patients. CWP has its own patient transport service and a person's care co-ordinator accompanies them to hospital.

Travel for carers

Plans being developed to minimise the impact for carers who have to travel further include:

- working with partner organisations (councils and voluntary sector), patients, carers and local transport services to provide short-term travel solutions for carers who are unable to use their own transport or public transport to visit friends and relatives who have been admitted to Bowmere;
- exploring the possibility of a volunteer driver scheme;
- agreeing flexible visiting times to enable people to visit earlier in the day;
- identifying potential funding sources to support carers' travel needs where appropriate;
- using technology to support contact

    During the last year there have been 12 people from Eastern Cheshire and 57 from South Cheshire/Vale Royal who have travelled to Bowmere in Chester to receive treatment with no problems reported.

Impact on staff

Our staff form the backbone of the service. We have asked their opinions throuogut this process and are committed to investing in our staffing for the future. In the proposed new model of care there will be more jobs overall than in the current model, and staff will be able to move into different roles in both inpatient and community services.

More people are expected to be attracted to working in the proposed new range of community services, based on recent experience of recruitment to similar services, and existing staff would be supported to make the change to new roles. We will look to provide the following opportunities for staff:

13) Re-designing Specialist Adult and Older People's Mental Health Services

- introducing new roles
- training and education opportunities to improve skills and deliver interventions recommended by the National Institute for Health and Care Excellence
- creating opportunities for career progression
- extending the practice of existing roles and professions
- providing opportunities for flexible working
- linking in with educational establishments to improve recruitment to training and educational programmes
- capitalising on the apprenticeship levy (which provides additional funding for people wanting to pursue an apprenticeship).

How would the proposed changes look in practice:

Below are two patient case studies which show the benefits that the proposed new model of care would bring:

Example One: Crisis Support:

Carol is a 30-year-old lady who has suffered from bipolar affective disorder since she had her first child. She has three children aged 12, seven and three. She lives with them and her partner. When younger she had episodes where she felt elated and hyperactive but these days her illness means that she feels depressed most of the time. She struggles to motivate herself to get out of the house. She is on a lot of medication and worries about the effect this is having on her body.

Sometimes her moods become so bad that she feels like killing herself and she has had to be admitted to hospital. However this doesn't happen often and she has only had two admissions in the last 10 years. Carol is very reliant on the support she gets from the community mental health team. She has noticed that her community nurse, Peter, and her consultant psychiatrist, Dr Kaur, both seem much busier these days and she is not able to see them as often as she would like. In the past few weeks Carol has been feeling very low and has started to think it might be better if she wasn't here.

Current Service: Carol has told Peter how she feels and he has increased his visits to see her. He has asked the community home treatment team to be involved. Carol feels supported throughout the day but things are much worse at night. She can't sleep and feels she has no one to turn to when she wakes in the night. She calls the emergency contact number and talks to a nurse on the ward. The nurse listens and is supportive. However Carol feels she is having to tell her story all over again and she is worried the nurse has other work she should be doing so she hangs up. Things are so bad that she takes an overdose and ends up being admitted to hospital.

Future Service: As well as support throughout the day there is now a 24-hour home treatment team. They give Carol a number to call if she becomes afraid in the night and, when she calls, the community nurse knows about her case and what has been happening recently. She is able to calm Carol and arrange to see her first thing in the morning. Carol feels at the end of her tether and, to have a break "from life", she stays at the local crisis house for a couple of nights. After two days she feels well enough to return home and resume her parenting role and continue to be supported by her community teams.

Carol is also given the number for the primary care 'talking therapies' service, a crisis café and recovery college that she can visit for additional group support.

Example Two: Dementia outreach service

Mr Joseph is a 75-year-old gentleman with a diagnosis of an Alzheimer's dementia of moderate severity (he is known to the memory clinic). He has deteriorated rapidly in his mental state and become agitated

and aggressive towards his family. His wife contacts the GP stressing that she requires extra support but desperately wishes to keep him at home for as long as possible.

Current Service: Due to the severity of his condition at present, he is admitted to an inpatient ward. He becomes more distressed due to the change in environment and change in people who he is not familiar with. We establish that his abdomen is heavily distended and he is acutely constipated. He is treated successfully and has a good bowel movement in the next 24-48 hours. His condition settles. Mr Joseph is calmer. However, he ends up developing pneumonia and spends some time on the medical ward. He has a fall and suffers a fractured wrist. He is eventually discharged with a care package three months later.

Future Service: With the development of the *dementia outreach service*, professionals will be able to visit him in his own home and complete a thorough assessment. They can liaise with the GP and work with the multi-disciplinary team in managing his relapse. They treat his underlying constipation and he settles. The above medical complications can be avoided by simply having this service where staff from the dementia outreach service are going out to see him in his own familiar surroundings.

How you can get involved:

We want to hear your feedback on these proposals. You can do this as follows:
- Attend one of our six public meetings at: (insert venues/dates/times).

- Complete the survey attached (or online via www.)

- Request further paper copies by emailing . . ., calling . . . or writing to (freepost address). We will post you the survey with a pre-paid, freepost envelope for you to return your completed survey.

- Telephone (insert number here) if you need help completing the survey or if you require any of the supporting online documents posted to you.

Please email . . . or call . . . if you need the survey in large print, braille, as a talking document or in a language other than English.

- For more information on the consultation, visit www.easterncheshireccg.nhs.uk/News-Events/current-engagement – where a range of supporting documents are provided.

What happens next and how decisions are made:

This public consultation will be open between 26th February and 20th May 2018. All of the responses will be collected and analysed independently by Chester University.

Following this analysis a formal report will be written and then discussed by the governing bodies of the consultation partners and by Overview and Scrutiny Committees. This is likely to happen during July and August 2018.

No decision will be made until after the consultation findings have been fully considered.

Following a decision, a full business case would be developed and implemented towards the end of 2018. Any new service arrangements would then be introduced gradually into 2019.

We will ensure that the result of the consultation and related decisions are publicised on the following

website: www.easterncheshireccg.nhs.uk

(Insert contact details/logos etc of CCGs/CWP on back page).

16) Re-designing Specialist Adult and Older People's Mental Health Services

Draft consultation questionnaire version 1.4

Data Protection

The information you supply will be stored and processed by Midlands and Lancashire Commissioning Support Unit (MLCSU) and the University of Chester in accordance with the Data Protection Act 1998. The data will be used to understand respondents views and opinions on the consultation proposals and these will be presented in an aggregated format in the consultation report. Any reports published using this information will not contain any personally identifiable information. We will provide anonymised and aggregated responses to the consultation document. The consultation report will be placed in the public domain (e.g. placed on public websites and / or printed and distributed).

You are given the opportunity to provide your personal contact information (name, telephone, email and address) so that we can contact you to be further involved in the consultation on an ad hoc basis. If you do not wish to be involved then please do not provide your personal contact information.

The information collected will be kept for six months after the closing date and then destroyed.

Please provide your name and address for validation purposes only. (This information will not be provided to CWP or the Clinical Commissioning Groups by the independent reviewer of responses, Chester University. Chester University will treat your personal data in accordance with the Data Protection Act and will not use the information for any other purpose).

Title: _____

Name:_____

Address_____

_____ Postcode : _____

Section 1: Tell us about you

a.

a. **Service user** - a current or former mental health service user	
b. **Carer** - a current or former mental health carer	
c. **Public** – member of the public	
d. **NHS employee** (mental health)	
e. **Other public sector** employee	
f. **Non-NHS** organisation employee	
g. Other (please specify)	

b. Are you a Cheshire resident?

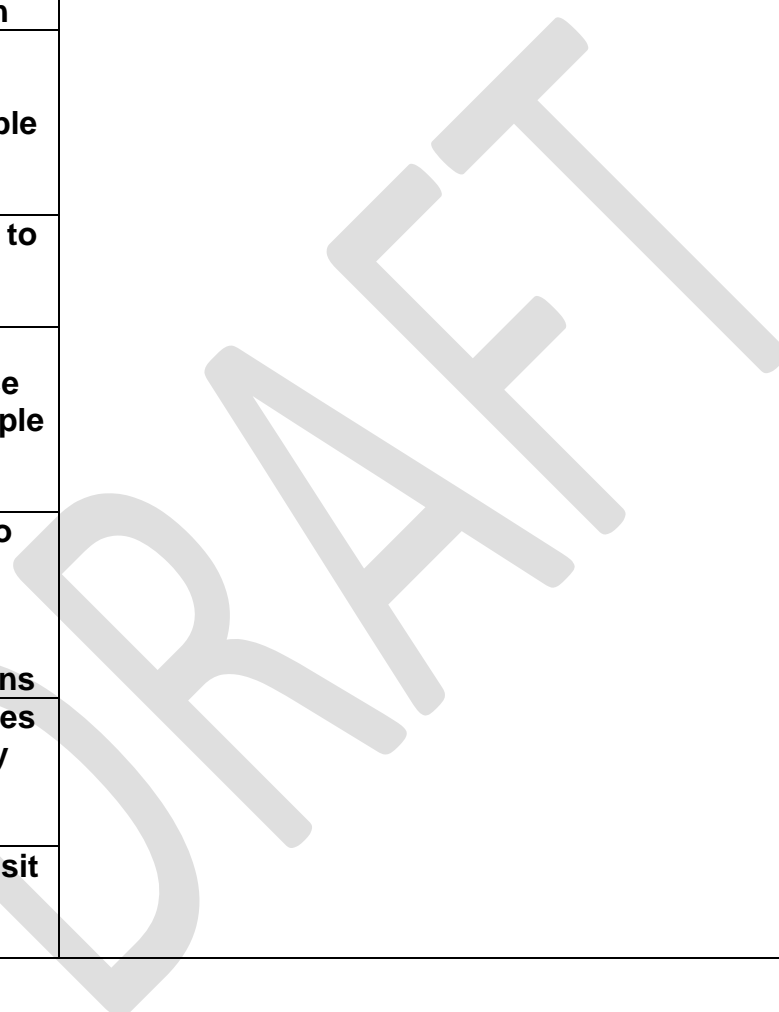| Yes		No	

c. If you are replying on behalf of an organisation, please state the name of the organisation below:

Please note – if you are responding on behalf of an organisation and would also like to respond as an individual (or vice versa), please complete a second questionnaire.

d. If you are a member, volunteer or involvement representative for any health or social care organisation (NHS, local government, private or voluntary) please state the name of the organisation below:

Section 2: What matters to you?

   a) **We want to understand what matters to you. On a scale of 1 to 10 (where 10 is the most important) please rank the following:**

	Scale to be inserted
Meeting rising demand for care	
Improving outcomes for people with mental ill-health	
More choice about the services available for people in crisis	
24-hour access to these crisis services	
A dementia outreach service supporting people in their own homes	
Better access to community services and a range of treatment options	
Inpatient services meeting privacy and dignity standards	
Being able to visit hospital easily	

Section 3: Comment on our proposals

    a) **This section outlines the three options for specialist adult and older people's mental health services in our area.**

INSERT OPTIONS FROM CONSULTATION DOCUMENT

Followed by:

To what extent do you like this option? (scale 1- 10)

What do you like most about this option? (qualitative)

What do you like least about this option? (qualitative)

How do you think these challenges could be overcome? (qualitative)

Identify which option is your 1st, 2nd and 3rd choice (quantative)

    b) **To what extent would you support taking money from other NHS services to enable the current specialist mental health services for adults and older people to stay the same (which is what would be required under Option 1). (scale 1- 10**)

    c) **Do you have any alternative suggestions for adult and older people's specialist mental health services? (qualitative)**

    d) **Are there any specific groups of people you think may be negatively impacted by the option you have chosen? Please tell us who they are and how they may be impacted. (qualitative)**

    e) **Do you have any additional comments? (qualitative)**

Section 5: Demographic profiling

We would like to know a little more about you.

You don't need to complete this section but we would appreciate it if you did. Answering the questions in this section will help us to understand who has responded and continually improve our consultations. To ensure we are meeting our equality duties it is important that everyone in the community has the opportunity to provide feedback and your responses to these questions will help us to understand how well we have done this.

Please indicate your answers below with an 'X'.

What is your ethnicity?		
White	British	
	Irish	
	Polish	
	Other European, please state	
	Other, please state	
Mixed multi-ethnic	White and Black Caribbean	
	White and Black African	
	White and Asian	
	Other, please state	
Asian or Asian British	Indian	
	Pakistani	
	Bangladeshi	
	Other, please state	
Chinese or other ethnic group	Chinese	
	Philippine	
	Vietnamese	
	Thai	
	Other, please state	
Black	Caribbean	
	African	
	British	
	Other, please state	
Gypsy and traveller	Irish	
	Romany	
	Other, please state	

Any other ethnic or nationality background not listed, please state:

What is your age?			
10-19		20-29	
30-39		40-49	
50-59		60-69	
70-79		80+	

What is your religion or belief?			
Hinduism		Christianity	
Judaism		Buddhism	
Islam		Sikhism	
Other, please state			
No religion			
Prefer not to say			

What is your gender?			
Male		Female	
Intersex		Other	
Other, please state			
Prefer not to say			

Have you ever identified as a transgender or trans person? Equality organisations use the terms 'transgender' and 'trans' as inclusive umbrella terms for a diverse range of people who find their gender identity differs in some way from the sex they were originally assumed to be at birth.			
Yes		No	
Prefer not to say			

What is your sexual orientation?	
Heterosexual	
Lesbian	
Gay	
Bisexual	
Prefer not to say	

What is your relationship status?			
Married		Single	
Divorced		Separated	
Widowed		Civil partnership	
Other, please state			
Prefer not to say			

Please tick as appropriate:	
Are you pregnant at this time?	
Have you recently given birth? (within the last 26 week period)	

Do you consider yourself to have a disability? The Equality Act 2010 states a person has a disability if they have a physical or mental impairment which has a long term (12 month period or longer) or substantial adverse effects on their ability to carry out day-to-day activities.	
Physical impairment (please state)	
Sensory impairment (please state)	
Mental health need (please state)	
Learning disability or difficulty (please state)	
Long term illness (please state)	
Other (please state)	
Carers play a crucial role in health and social care. We need to know we've gathered the views of carers. Please tell us if you care for someone and how old they are.	
I am not a carer for anyone	
I care for young person/s aged younger than 24 years of age	
I care for adult/s aged 25 to 49 years of age	
I care for older person/s aged over 50 years of age.	

Appendix D

Communications and Engagement Strategy Summary

Public consultation strategy

The public consultation will be for a 12-week period and will be a comprehensive process involving six public meetings across the major towns in Eastern Cheshire, South Cheshire and Vale Royal.

In addition offers will be made to attend local community meetings such as mental health forums, Age UK, Alzheimer's Society etc.

A comprehensive Equality Impact Assessment has been conducted that will guide our approach to formal consultation, ensuring that we target groups that will be directly and indirectly affected by the proposals – and that we produce information in different formats and made available in different places that are convenient and accessible for different people, including those with protected characteristics.

To enable people to understand the rationale for change and give full consideration to the options, information will be shared via a number of channels, these include:

- A public consultation booklet in plain language that clearly sets out the reasons for change and the options the public are being asked to comment on, including details of public meetings and ways to find out more information and feedback views. It will feature a freepost survey to complete and return;
- An online version of this booklet will also enable people to share their views via a simple online survey;
- Further hard copy information including posters and flyers signposting people to the public meetings and website, distributed widely in:
  - CWP services, including the Millbrook Unit where volunteers will support an information hub throughout the 12-week consultation period;
  - GP surgeries;
  - Macclesfield and Leighton general hospitals;
  - Other NHS and public sector premises, including libraries; and
  - Voluntary sector premises
- Where possible the use of messages on information screens in hospital and GP surgeries will also be utilised;
- There will be a dedicated website page to act as a hub of online information;
- We will seek to engage with local media outlets (local newspapers and radio) as well sharing information via NHS and local authority websites and social media channels;
- Dedicated staff events and drop-in sessions in Eastern Cheshire, South Cheshire and Vale Royal will continue during the formal consultation period;
- All CWP members and staff in Eastern Cheshire, South Cheshire and Vale Royal will be invited to give their views;
- A dedicated phone number will be available throughout the 12 week period for people with any queries about public meetings or getting copies of the consultation document; and
- In addition, the Patient Advice and Liaison Service at commissioners and CWP will support service users and carers with specific concerns raised as a result of the consultation during this time.

We will engage an independent organisation to receive feedback and conduct analysis of findings in order for the partnership to fully consider views put forward, before making a decision on next steps.

Any personal details provided will be treated in accordance with the Data Protection Act and will not be used for any other purpose. We will also establish robust methods of recording stakeholder comment directed at partners during this period, to ensure we can channel all feedback into the final report.

Reporting and decision-making

The independent analysis of feedback on the consultation will be reviewed by a range of organisations before any decisions are made on the way forwards:

- CWP's Trust Board;
- Eastern Cheshire CCG's Governing Body;
- South Cheshire and Vale Royal CCG's Governing Body;
- Cheshire East Council's Adult Health and Social Care Overview and Scrutiny Committee; and
- NHS England's Assurance Process.

The partners are committed to communicating the outcome of the consultation and what will happen next and ensure the continued involvement of service users, carers, staff and partners during implementation of any changes.

STANDARDISED REPORT COMMUNICATION

REPORT DETAILS

Report subject:	Corporate assurance framework and strategic risk register – update report
Agenda ref. no:	17.18.96
Report to (meeting):	Board of Directors – meeting in public
Action required:	Discussion and Approval
Date of meeting:	31/01/2018
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 CQC quality of service domains this report reflects:	
Safe services	Yes
Effective services	Yes
Caring services	Yes
Well-led services	Yes
Services that are responsive to people's needs	Yes
Which Monitor quality governance framework/ well-led domains this report reflects:	
Strategy	Yes
Capability and culture	Yes
Process and structures	Yes
Measurement	Yes
Does this report provide any information to update any current strategic risks? If so, which?	
See current risk register in the agenda of the public meeting of the Board of Directors at http://www.cwp.nhs.uk/about-us/board-members/our-board-meetings	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 update the Board of Directors of the current status of the corporate assurance framework 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 strategy. The report indicates progress against the mitigating actions identified against the Trust's strategic risks and the controls and assurances in place that act as mitigations against each strategic risk. **As at January 2018 the Trust has 4 red and 3 amber rated strategic risks. 4 strategic risks are currently in scope.**

Background – *contextual and background information pertinent to the situation/ purpose of the report*
The Board of Directors monitors and reviews the corporate assurance framework and receives assurances on strategic risk via the Quality Committee. This is a key component of the Trust's integrated governance strategy which provides assurance regarding the quality and safety of the services that the Trust provides. The Quality Committee undertakes individual in-depth reviews of risks, with the Audit Committee undertaking periodic reviews of risk treatment processes for individual risks on an escalation/ enquiry basis.

Assessment – *analysis and considerations of options and risks*

New risks/ risks in-scope

Four risks are in-scope:

- *Risk of potential loss of Trust income and delivery of improved quality outcomes arising from failure to reach agreed targets within the CQUIN programme.* This will remain in-scope pending confirmation of successfully achievement of quarter 3 evidence submissions to commissioners. Dependent on this feedback, a decision will be taken regarding either archive of this risk or formal escalation to the strategic risk register.

- *Risks associated with the transition to the Trust's clinician-led operational (Care Group) structure as part of the CWP Forward View strategy.* As this in-scope risk is multi-faceted, its component parts require thorough consideration to ensure reflective and adequate risk treatment plans. It is currently awaiting full modelling by the CWP Forward View transitional group. The January 2018 meeting where this work was originally planned to take place was cancelled, work on this will therefore take place with members of this group outside of the meeting.

- *Risks associated with decreased capacity within the Performance & Redesign team, resulting in a reduced ability to support/ develop current work and new commissions.* This risk was identified at the November 2017 Operational Board meeting and is currently under review, pending decisions at the Board of Directors around IMT transformation (including the performance and redesign service).

- *Risk of not achieving contractual obligations and subsequent reputational impact, due to increased inspectoratory burden and acute increase in the volume of multiagency case reviews.* This risk is in-scope with the full risk treatment plan pending from the Safeguarding Sub Committee.

Amended risk scores or re-modelled risks

- There have been no amended risk scores in the period.

Archived risks

Risk 1: *Risk of harm due to deficits in familiarity with and staff confidence in applying safety critical policies, in particular the Trust's "search" policy,* has been archived following full completion of the agreed risk treatment plan and discussion at the Quality Committee where it was agreed to move specific issues associated with this broader risk to a quality improvement framework.

Risk 7: *Risk of harm to patients due to ligature points and environmental risks within the inpatient setting* has been archived following full completion of the agreed risk treatment plan. The Suicide Prevention Group will review any residual risk areas and provide any recommendations regarding the requirement to model a new strategic risk to the next Quality Committee.

Exceptions – overdue risk treatment action points

There are no overdue actions to report.

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.

Who/ which group has approved this report for receipt at the above meeting?	Board of Directors – business cycle requirement	
Contributing authors:	L Brereton, D Wood	
Distribution to other people/ groups/ meetings:		
Version	Name/ group/ meeting	Date issued
1	Board of Directors	24/01/2018

Appendices provided for reference and to give supporting/ contextual information:	
Appendix no.	Appendix title
(attachment to agenda email)	Corporate assurance framework and risk register (click here)

Cheshire and Wirral Partnership NHS

NHS Foundation Trust

STANDARDISED REPORT COMMUNICATION

REPORT DETAILS

Report subject:	Corporate assurance framework and strategic risk register – update report
Agenda ref. no:	17.18.96
Report to (meeting):	Board of Directors – meeting in public
Action required:	Discussion and Approval
Date of meeting:	31/01/2018
Presented by:	Dr Anushta Sivananthan, Medical Director (Executive Lead for Quality)

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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

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Assessment – *analysis and considerations of options and risks*

New risks/ risks in-scope

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Archived risks

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Exceptions – overdue risk treatment action points

There are no overdue actions to report.

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.

Who/ which group has approved this report for receipt at the above meeting?	Board of Directors – business cycle requirement	
Contributing authors:	L Brereton, D Wood	
Distribution to other people/ groups/ meetings:		
Version	Name/ group/ meeting	Date issued
1	Board of Directors	24/01/2018

Appendices provided for reference and to give supporting/ contextual information:	
Appendix no.	Appendix title
(attachment to agenda email)	Corporate assurance framework and risk register (click here)

Cheshire and Wirral Partnership NHS

NHS Foundation Trust

STANDARDISED REPORT COMMUNICATION

REPORT DETAILS

Report subject:	Update – IT solution for Integrated workplace hub - Coronation Road
Agenda ref. no:	17.18.97
Report to (meeting):	Board of Directors
Action required:	Information and noting
Date of meeting:	31/01/2018
Presented by:	Andy Styring, Director of Operations / Justin Pidcock, AD EFM

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	No
Maintain and develop robust partnerships with existing and potential new stakeholders	Yes
Improve quality of information to improve service delivery, evaluation and planning	Yes
Sustain financial viability and deliver value for money	Yes
Be recognised as an open, progressive organisation that is about care, well-being and partnership	Yes
Which CQC quality of service domains this report reflects:	
Safe services	Yes
Effective services	Yes
Caring services	Yes
Well-led services	Yes
Services that are responsive to people's needs	Yes
Which Monitor quality governance framework/ well-led domains this report reflects:	
Strategy	No
Capability and culture	Yes
Process and structures	Yes
Measurement	No
Does this report provide any information to update any current strategic risks? If so, which?	
See current risk register in the agenda of the public meeting of the Board of Directors at http://www.cwp.nhs.uk/about-us/board-members/our-board-meetings	Choose an item.
Click here to enter text.	
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
Click here to enter text.	

REPORT BRIEFING

Situation – *a concise statement of the purpose of this report*
This report updates the board on progress being made in respect of the IT solution for proposed integrated workplace hub at Coronation Road, Ellesmere Port.

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

The board was previously presented a paper on the integrated workplace hub proposal for Coronation Road. The paper recognised that IT was a critical aspect of the proposal - both in the agile working capability of staff based at the hub, together with connectivity and access to all required IT systems across health and social care.

Historically it has been recognised that IT solutions previously provided at locations of co-located and integrated services of health and social care / local authority have been problematic and therefore the board have sought reassurance on progress made on this aspect of the proposal.

Assessment – *analysis and considerations of options and risks*

The following statement has been provided by CWP Head of IT .

 In order to improve the collaborative work between CWP and CW&C and as a result of the recent Starting Well Service contract award, both organisations ICT teams have undertaken a joint project to share the network provision in each others buildings. This solution includes advertising both corporate Wi-Fi (CWP_A & Corporate_WiFi), wired connections for desktop PC's or printers and desk phones. This solution enables both parties to share property with a single network provision whilst keeping a secure and segregated network cancelling out any governance concerns.

The above IT service configuration principle is to be adopted for Coronation Road and provides confidence that the integrated IT proposals will work as planned.

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

The board are required to note the contents of this report.

Who/ which group has approved this report for receipt at the above meeting?		A Styring - Director of Operations
Contributing authors:		Justin Pidcock / Phil Spencer
Distribution to other people/ groups/ meetings:		
Version	Name/ group/ meeting	Date issued
Click here to enter text.	Andy Styring	22/01/18

Appendices provided for reference and to give supporting/ contextual information:	
Provide only <u>necessary</u> detail, do <u>not</u> embed appendices, provide as separate reports	
Appendix no.	Appendix title
Click here to enter text.	Click here to enter text.

Cheshire and Wirral Partnership NHS
NHS Foundation Trust

STANDARDISED REPORT COMMUNICATION

REPORT DETAILS

Report subject:	Safer Staffing Six Monthly Review
Agenda ref. no:	17.18.98
Report to (meeting):	Board of Directors
Action required:	Discussion and Approval
Date of meeting:	31/01/2018
Presented by:	Avril Devaney, Director of Nursing, Therapies and Patient Partnership

Which strategic objectives this report provides information about:	
Deliver high quality, integrated and innovative services that improve outcomes	Yes
Ensure meaningful involvement of service users, carers, staff and the wider community	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 CQC quality of service domains this report reflects:	
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Effective services	Yes
Caring services	Yes
Well-led services	Yes
Services that are responsive to people's needs	Yes
Which Monitor quality governance framework/ well-led domains this report reflects:	
Strategy	Yes
Capability and culture	Yes
Process and structures	Yes
Measurement	Yes
Does this report provide any information to update any current strategic risks? If so, which?	
See current risk register in the agenda of the public meeting of the Board of Directors at http://www.cwp.nhs.uk/about-us/board-members/our-board-meetings	No
N/A	
Does this report indicate any new strategic risks? If so, describe and indicate risk score:	
See current integrated governance strategy: CWP policies – policy code FR1	No
N/A	

REPORT BRIEFING

Situation – *a concise statement of the purpose of this report*
This report has been produced to provide Board members with details of the findings of the Safer Staffing six month review, covering May 2017 to October 2017, in line with NHS England and the National Quality Board [NQB] requirements. The information in this report is based on meetings with staff members, safer staffing group meetings, desk top review, and analysis of data.

Background – *contextual and background information pertinent to the situation/ purpose of the report*
In January 2014, the Operational Board and Board of Directors received and approved a paper setting out the Trust's current position in relation to ward staffing, vacancies, skill mix and areas for improvement following a comprehensive review led, on behalf of the Board, by the Associate Director of Nursing & Therapies (MH). Since the initial review there have been seven, six monthly follow up reviews (including this one). Additionally, monthly reports have been provided to the Board of Directors from June 2014 onwards. In order to comply with NHS England and NQB requirements these reports and the Trust's performance are also published on CWP and NHS Choices websites.

Assessment – *analysis and considerations of options and risks*
The report details findings from actions agreed at the Operational and Trust Boards in July 2017 in relation to: • Care Hours Per Patient Day • Ward reviews and Hurst National Pilot • Follow up actions relating to deep dive and e-roster update • Widening the consideration of Multi-Disciplinary Team in relation to Safer Staffing (Occupational Therapy and Pharmacy update) • Children and Adolescent Mental Health (CAMHS) wards structured review One of the key areas of focus of the review has been on quality and quality benchmarking. As per previous six monthly reviews, the general consensus from ward managers and clinical service managers is that the staffing establishment is fit for purpose to provide high quality care.

Recommendation – *what action/ recommendation is needed, what needs to happen and by when?*
The Trust Board are asked to approve the recommendations and approach to future work streams as set out in appendix 1: "Six Monthly Safer Staffing Review"

Who/ which group has approved this report for receipt at the above meeting?	Avril Devaney	
Contributing authors:	Gary Flockhart and Anne Casey	
Distribution to other people/ groups/ meetings:		
Version	Name/ group/ meeting	Date issued
1 2	36T	36T

Appendices provided for reference and to give supporting/ contextual information:	
Appendix no.	Appendix title
1 2	Safer Staffing Six Monthly Review Ward fill rates May 2017 to October 2017

Appendix 1 December 2017 Six Monthly Ward Staffing Review

1   Introduction

This report has been produced to provide Board members with details of the findings of the Safer Staffing six month review, covering May 2017 to October 2017, in line with NHS Improvement and the National Quality Board [NQB] requirements. The information in this report is based on meetings with staff members, safer staffing group meetings, desk top review, and analysis of data.

The report summarises key actions completed to date and further action required based on the findings of the review.

The review team have continued to engage with the Mental Health safer staffing national programme being led by NHS Improvement. The trust continues to participate in the Hurst national programme and is involved in the Optimum Staffing Project. This programme of work was commissioned by Health Education England to develop a generic tool (multi-disciplinary) that can be used in any service setting for inpatient mental health services. The tool is based on the methodology of Dr Keith Hurst and is akin to the Safer Nursing Care Tool (which received NICE endorsement in 2015).

The October 2017 review was carried out by the Associate Director of Nursing and Therapies (Mental Health and Learning Disabilities) with support from the Head of Performance and Information. The trust adopted the approach from the initial staffing review which recommended the continuous improvement of workforce practices alongside considering safe staffing levels in relation to nursing, the wider Multi-Disciplinary Team (MDT) and other professions.

The reviewers met with representatives from wards including Clinical Service Managers, Ward Managers, Modern Matrons, pharmacy colleagues and Allied Health Professionals in order to discuss issues currently impacting on ward staffing on a shift by shift basis and progress made since the last review. The areas discussed covered the range of factors impacting on nursing care challenges and the delivery of high quality care. The ward representatives were challenged on areas of practice and assumptions in order to support the resulting conclusions and recommendations. The review team undertook analysis of the information available and have made recommendations to the Board within this report.

The general consensus from ward managers and clinical service managers is that staffing establishments are fit for purpose to provide high quality care, however, the availability of staff (due to vacancies and absence) can at times cause pressure.

Since the last review the Children and Adolescent Mental Health (CAMHS) wards have undergone a structured review using the Hurst tool, which is detailed within the report.

1.1 Background to the Ward Nurse staffing review

In order to comply with NHS England and NQB requirements the staffing review report and the Trust's monthly performance are published on CWP and NHS Choices websites. The

Director of Nursing continues to have oversight of ward staffing levels and reports directly to the Board of Directors in line with the NQB requirements.

2 Report findings

A key area of focus of this review has been on quality and quality benchmarking. As part of the consultation during the review, ward managers and clinical service managers continue to report the impact of filling vacancies, secondments and restrictions in practice during Human Resource (HR) investigations and the requirement to backfill or cover these posts which is considered within the 'Truth on a page' report.

Note: Truth on a Page is a monthly report issued to CWP senior managers showing the triangulation of Fill Rates, Full Time Equivalents (FTE) in Post, Establishment, Vacancies, Recruitment, Temporary Staffing Usage, Sickness and Compliance levels for Essential Learning, Appraisal and Supervision, broken down by registered and non-registered clinical staff by inpatient area.

The Trusts People Planning group now oversees the strategic approach to safe staffing. Alongside the Inpatient Service Improvement Forum, the following are discussed and considered:

- monitoring staffing levels, turnover, vacancy rates and recruitment timescales, recommending mitigating actions where necessary
- reviewing strategic safer staffing and any necessary mitigating actions to support the delivery of the National Quality Board requirements
- monitoring and taking mitigating action where necessary regarding recruitment campaign success rates, roster effectiveness and bank and agency usage
- monitoring workforce supply and widening participation and engagement programmes to ensure the work is aligned to workforce planning

The report consists of a number of reviews and analysis encompassing a comprehensive programme of work in relation to safer staffing progressed since May 2017 and reviewed in October 2017, comprising the following areas:

2.1	**Care Hours Per Patient Day**
2.2	**Ward reviews and Hurst National Pilot**
2.3	**Follow up actions relating to deep dive and e-roster**
2.4	**Widening the consideration of Multi-Disciplinary Team in relation to Safer Staffing (Occupational Therapy and Pharmacy update)**
3	**Conclusion and Recommendations**

2.1 Care Hours Per Patient Day

Since the last review was undertaken the trust participated in a data collection exercise undertaken by NHSI ((Care Hours per Patient Day (CHPPD)) between 4th September 2017 until 1st October 2017. CHPPD is a calculation derived from dividing the number of actual care hours provided by the number of inpatients in a 24 hour period. NHSI recognise that the needs of patients using these services are often quite different; the CHPPD measure provides a representation of the number of care hours available to patients and is a measure that enables wards/units of a similar size, speciality and patient group to be benchmarked.

NHSI collected 1 months' data from all mental health and community inpatient wards nationally across September 2017. The aim being to undertake further testing to tailor the

data collection and metric and ensure that it is fit for purpose ahead of mandating the metric in April 2018. The results of the sampling will be summarised within the next 6 monthly safer staffing review.

2.2 Ward reviews and Hurst National Pilot

Methodology

The six-monthly ward staffing review was undertaken in October 2017. The review included both qualitative and quantitative data and methodology (previously the Telford Model) and the review continues using a consultative approach based on professional judgement and using the Hurst Safer Staffing Pilot outcomes data.

Hurst Tool

During this review period, the Trust has completed the Hurst Tool Safer Staffing Pilot across the two CAMHS wards (Coral and Indigo). Further quality audits are planned for Bollin, Rosewood, Limewalk, Alderley and Eastway which will be completed in the subsequent six month period. The data was analysed by Dr Keith Hurst and the quality scores reported back based on discreet areas the audit focusses on:

- Assessing
- Planning
- Implementing
- Evaluating
- Ward Centred
- Overall

Table 1: Overall Quality Scores

Quality Score Results	Overall*	Last Reported/To Be Completed
Lakefield	94%	May 2017
Brackendale	85%	May 2017
Meadowbank	95%	May 2017
Oaktrees	94%	May 2017
Juniper	80%	May 2017
Cherry	97%	May 2017
Beech	94%	May 2017
Adelphi	89%	May 2017
Croft	95%	May 2017
Saddlebridge	97%	May 2017
Coral	83%	May 2017
Indigo	84%	May 2017
Willow	81%	May 2017
Brooklands	94%	May 2017
Greenways	Figures to be confirmed	December 2017
Rosewood	To be completed	11 January 2018
Limewalk	To be completed	To be arranged
Alderley	To be completed	To be arranged
Eastway	To be completed	To be arranged
Bollin	To be completed	To be arranged

*This figure represents the overall percentage across all of the domains included in the audit.

2.2.1 Acute wards [Bollin, Beech and Lakefield]

The management teams are keen to have a flexible unit wide approach to manage change to meet clinical need. Developing this further the wards in Wirral have implemented a super roster which means they are utilising supernumerary shifts four weeks in advance. The safer staffing group to continue to review and to consider "truth on a page" (staffing, vacancy attendance figures) on a six weekly basis to ensure that variance between wards is identified and acted upon.

Consistency between the acute wards will be strengthened, with findings shared and improvement work underway via the inpatient service improvement forum. The inpatient service improvement forum (lead by Consultant Nurses) will continue to develop service improvement initiatives.

Bollin has a GP who visits 3 sessions a week focusing on physical health.

2.2.2 Open age acute wards [Adelphi, Juniper and Brackendale]

As with the adult acute wards the management teams adopt a flexible unit wide approach to manage change to meet clinical need. Whilst recognising that at times due to the physical health needs of the patients that there is increased dependency.

2.2.3 Organic wards [Croft, Cherry and Meadowbank]

The wards are working in partnership with local acute trusts to raise awareness of dementia, share knowledge and skills with acute trust staff. In addition wards are undertaking joint work for the End of Life pathway, specifically around frailty and palliative care. The team on Croft have requested additional training in relation to diabetes, COPD and cardio vascular disease due to the complex physical health needs of patients being admitted.

2.2.4 CAMHS wards [Coral and Indigo]

Using the Hurst tool a detailed review of CAMHS wards was undertaken. In addition to the quality audit, staff activity data was also collected across day and night staff.

Key Findings (compared with national CAMHS inpatient area scores)

Occupancy and Dependency/Acuity (dependency/acuity as scored using Hurst Tool care level descriptors)

The scores reflected that Coral Ward had the same level of occupancy compared with the national average score, while Indigo Ward had higher occupancy. Both wards had proportionally more patients with higher dependency, as scored via the Hurst Tool.

Staff Activity-Direct Care Activity (including general communication; therapeutic communication and interventions; mobility; medication; nutrition; technical procedures; escorting; nursing procedures; ECT; hygiene and elimination; observation)

Across both wards the audit findings indicated that there was less face to face Direct Care than the CAMHS average. On Coral Ward, there was greater engagement in therapeutic communication and a greater degree of non-therapeutic observation.

Indirect Care Activity (Doctor's review and MDT working; report writing; patient communication)

	All 15 Wards	Coral	Indigo
Indirect Care Sub-total	28.7%	28.6%	20.3%

Associated work (Cleaning; clerical; communication; errands; meetings/management; restocking; teaching)

The Associated Work activity was higher than the CAMHS average. Moreover, the findings also reflected that there was scope for registered nurses to be more supported by healthcare assistant colleagues.

Personal time (breaks; other; unoccupied)

The activity audit reflected that staff used their breaks, and by doing so potentially decreasing the risk of burnout. To sustain this it is recommended that staff breaks are rostered within the daily allocation of tasks so that all staff are familiar with these allocated breaks.

Service Quality

The audit scores, which were previously presented, reflected the required level of service quality to progress the Staff Activity Audit (70% or above) and this was completed in September 2017.

Time Out (sickness; maternity leave; compassionate leave; study leave)

The time-out percentage is higher than average however, they are based point of time of audit and require further analysis.

Staffing

Staffing reflected that there was a higher than CAMHS average in terms of staff time out and a greater understanding of this is essential. The allocated staffing for registered nurses was less than the CAMHS average resulting in the utilisation of a greater amount of temporary staff. This will be measured against CHPPD moving forward.

The quality audits for Coral and Indigo were completed by the Lead Occupational Therapist and the Nurse Consultant for CAMHS. Themes arising from the audit have been discussed with individual ward managers and a continuous improvement plan has been developed to implement change.

This includes:-
- Strengthening the roles and responsibilities of the staffing cohort focusing attention on Direct, Indirect and Associated work activities

- Strengthening the Assessment, Planning, Implementation and Evaluation of care
- Appraising time out/absence factors to identify any particular pattern or trends
- Strengthening supervision processes to consider person centred thinking in terms of improving direct care and balancing this with non-direct care.

2.2.5 Eating Disorder ward [Oaktrees]

The team reported the benefits of having Registered General Nurse's as part of the ward establishment and would look to increase the number if recruitment was successful. The ward manager is having increased clinical time and working with the wider MDT. The occupational therapy activities are now provided over extended hours.

2.2.6 Rehabilitation and Recovery wards [Limewalk House and Rosewood]

The teams reported opportunities for staff to work across the pathway with staff from both rehabilitation wards visiting secure services and vice versa. A clinical network is in development whereby the focus is on sharing practice and driving the service forward.

2.2.7 Saddlebridge and Alderley

Saddlebridge reported a strengthened ward team and effective Multi-Disciplinary Team (MDT) with vacancies filled. Alderley reported challenges with being able to recruit learning disability nurses which reflects the national position.

2.2.8 PICU Wards [Willow and Brooklands]

Training is planned for staff from both wards with respect to Emotionally Unstable Personality Disorder [EUPD] due to the increasing number of patients being admitted. This training, delivered by a psychotherapist, has been extended to all inpatient staff.

2.2.9 Learning Disability Assessment and Treatment Units [Eastway and Greenways]

Following on from the last six month review 7.00 wte additional CSW's were recruited. The transforming care agenda will consider the staffing establishments for the learning disability assessment and treatment units.

Monitoring and Escalation

The Trust has systems and processes in place to manage demand should pressures arise.

Quality and Safety

This section identifies how wards are maintaining safe staffing levels, the potential impacts and the actions being undertaken currently, alongside future recommended actions to minimise potential negative impacts.

The CWP reports submitted to UNIFY from May 2017 – October 2017 demonstrate that ward staffing actuals have been over 90% of planned staffing as shown in the graph below:
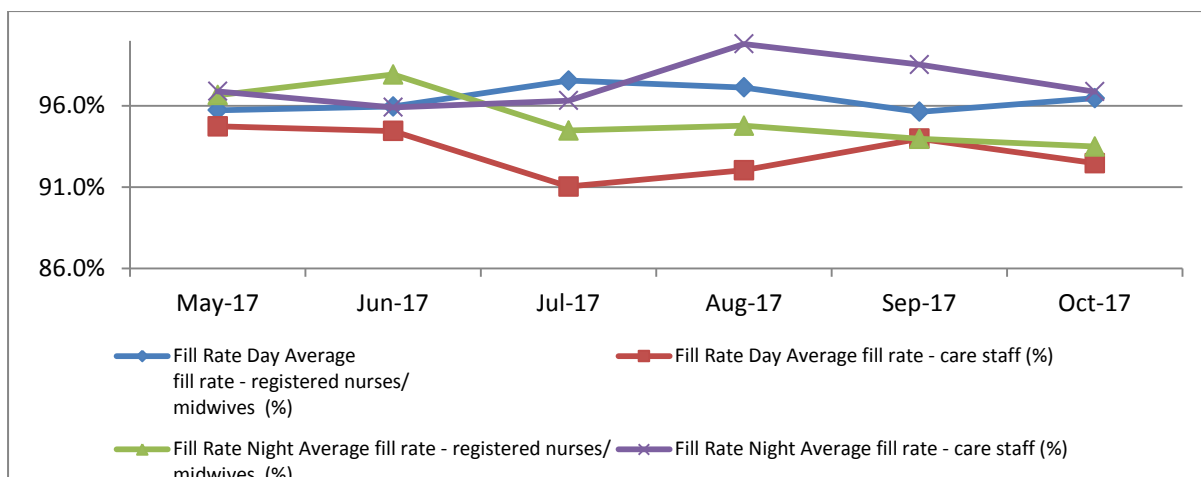
This is broadly comparable with the previous 6 months reporting period [Nov 2016 – April 2017]
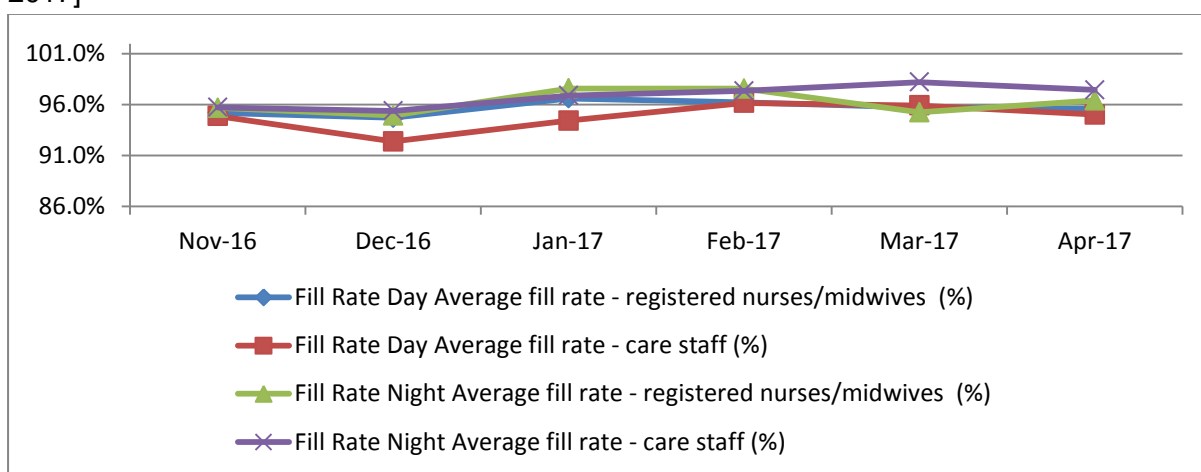
Interventions to maintain safe staffing levels

The action taken by the Board in agreeing the safe staffing levels recommendations from the initial review alongside the subsequent work of the programme board and ward teams has had a significant impact in ensuring that CWP wards are safely staffed. On an on-going basis there are a further four key interventions that contribute to maintaining safe staffing levels. Firstly, effective rostering (see section 2.3), secondly the use of temporary staff to backfill shortfalls, thirdly, actions taken by ward staff to mitigate against the potential impact of unfilled shifts, and the involvement of the Multidisciplinary Team, "more than nursing".

Temporary Staffing Activity:

From May 2017 - October 2017 the following details temporary staffing activity:

Locality	Total Hours Requested	Total Hours Filled	Bank/Agency Fill Rate (%)	% of Total Planned Hours on Ward covered by	WTE filled by Bank	WTE filled by Agency	Total WTE filled

				Bank/Agency			
East	41652	31861	76	17	33	0.7	33
West	39595	27991	71	17	29	0.1	32
Wirral	23277	17574	76	13	18	0	19
Trustwide	**104524**	**77426**	**74**	**16**	**78.6**	**0.8**	**79.4**

Bank use has fallen from 84 WTE Nov 2016 – Apr 2017 to 79.4 WTE in this current six monthly review. This is compared to 118 WTE 12 months prior to the original staffing review. Agency use has remained 0.8 WTE during this time and the agency bookings were within NHS Improvement rules. On average over the six month reporting period, based on booking reasons used by the wards, 22% of requests were due to vacancy, 26% due to sickness, 10% due to other absence reasons and 42% due to increased workload reasons.

Recruitment:

The table below indicates the establishments, vacancies and numbers in recruitment as at October 2017. The average recruitment time from vacancy created to contract letter was 56 days during this reporting period which has fallen from 60 days since the introduction of new recruitment software, Trac, in June 2015. Also during this time the Resourcing team have developed an attraction strategy and are strengthening the recruitment presence in social media. On average over the reporting period vacancies as a proportion of establishment have been 8.64% for registered nurses and 6.42% for clinical support workers.

Trust Wards	Current WTE [budgeted establishment]	Current WTE [Staff in post]	Staffing differential	Current WTE in recruitment (from out to advert to start date booked)
Registered Nurses	291.91	264.59	27.32	26.92
Clinical Support Workers	295.21	272.99	22.22	18.00

Actions taken by ward staff

Each month Clinical Service Managers report on the actions taken to maintain safe staffing levels on wards. The same themes arise each month and include:

- Nursing staff working additional hours – either by not taking a break or working beyond the end of their shift.
- Nursing staff cross covering wards to maintain safe staffing.
- Ward Managers working in the numbers rather than supernumerary status.
- Multi-disciplinary teams supporting nursing staff in delivering planned care.
- Patient care being prioritised over non-direct care activities such as mandatory training, supervision and appraisal.
- Patient activities being cancelled or shortened due to nurse staffing levels.

Right Skills

The Trust has successfully been awarded funding to support new roles and new routes into nursing via Health Education England.

- **Accelerated MSc Pre Registration Nursing:** an accelerated post graduate nurse masters degree programme. On completion of the education programme the staff will be registered nurses, who are supported to further develop their clinical leadership skills through completion of a structured bespoke preceptorship year. The Trust successfully recruited 4 staff to undertake this programme in September 2017.
- **Trainee Nursing Associates:** these are posts which give staff in health care or clinical based support roles the opportunity to develop skills and expertise to a band 4 level. Once qualified, the Nursing Associate role will be regulated and aims to bridge the gap between a Clinical Support Worker and a graduate Registered Nurse. The Trust currently has 8 TNA's who have completed their first year of training and has recruited an additional 4 to commence training in March 2018.
- **Advanced Practitioners:** the Trust was successful in obtaining sponsorship via Health Education England to train 5 Advanced Nurse Practitioners within the Specialist Mental Health [Dementia Services, Home treatment, and Adult acute], Children and Young People [Mental Health or Learning Disability] and Neighbourhood Care Groups, to undertake a 2 year Trainee Advanced Nurse Practitioner programme. On completion of the education programme the successful candidates will be qualified Advanced Nurse Practitioners who will continue to exercise advanced clinical expertise.

Managing challenges and risks

In order to support the wards to maintain staff staffing the following are in place to identify issues relating to safe staffing levels or risks relating to staffing and to enable escalation and resolution:

- Locality data packs
- Exception reporting on a monthly basis to Operational Board via continuous improvement monthly dashboard
- Ward escalation process for safe staffing
- Truth on a Page
- Emergency planning response.

Triangulation of evidence

Since the last ward staffing report the Operational Board continuous improvement performance report focusses on key measures related to local operational risks. The report provides a dashboard view, of performance over time and enables triangulation of key metrics such as attendance rates, vacancy rates, admission levels, numbers of Serious Untoward Incidents and number of avoidable harm incidents.

On a quarterly basis incident information has been presented in the locality data packs using the Heinrich model to identify variation from the expected profile of low harm incidents and specific areas of interest to the Care Quality Commission. This includes the presentation of category and sub category detail to allow variability in the nature of incidents. Going forward the locality data packs, rather than just show data for individual wards, the data pack will show data for wards and other wards in the same peer service group. This will allow a much better understanding of how wards compare with others offering similar or related services; which will support preparedness for the shift to Care Group management structures in 2018. The revised locality data packs were published internally in December 2017.

2.3 Follow up actions relating to deep dive and E-Roster Update

The Healthroster update has been implemented with the following objectives delivered:-

- Upgrade Healthroster version 9 to version 10 including Bank Staff and Employee On Line modules
- Renewed support contract with system supplier
- Train system users in the differences between versions 9 and 10
- Implement system backups in version 10 (MIAA high risk rating).

A post implementation review of Healthroster Version 10 will start in January 2018 and will be conducted by Mersey Internal Audit Agency to assess performance against the audit actions detailed in the Health Rostering Review of August 2016.

There was a delay in finalising the policy, however the final draft was presented at Consultation & Negotiation Partnership Committee Meeting (CNPC) on 14/12/2017; to be followed by presentation at People and OD Services (POD) in January 2018 and subsequent consultation via CWP's intranet.

A key area of development with the new system is enhancing predictable and non-predictable risk to safer staffing. The implementation of the new software is enabling the development of a dashboard which will be received and reviewed by the People Planning Group. The first draft of the dashboard will be available by February 2018 for review and further discussion. The improved workforce analytics will help services provide assurances to Board that rostering has been done effectively by being able to better demonstrate not only the demand/supply ratio but also the rationale for any increased demand i.e. patient driven or workforce driven.

2.4 Widening the consideration of MDT in relation to Safer Staffing (Occupational Therapy and Pharmacy update)

Occupational Therapy: Following on from the Occupational Therapy review presented at People Organisational Development Sub Group (POD) meeting the Hurst Tool staff analysis tool was carried out in each Occupational Therapy department covering Wirral, Chester and Macclesfield.

The Inpatient Occupational Therapy staff working in the Trusts three inpatient areas completed the staff activity section of the Hurst Tool as part of a pilot for Dr Keith Hurst to understand the relevance of this tool to the wider MDT and the results of the pilot were fed back to Dr Keith Hurst. CWP's occupational therapy staff are the first occupational therapy service in the country to use this tool therefore there are no comparison figures. The tool is not specifically designed for occupational therapy and does not differentiate variations in the role in comparison to ward based nursing colleagues. The Hurst Tool used in line with NQB (2017) safer staffing guidelines focuses on a shared commitment to quality; supporting and enabling improvement whilst providing the Trust with the information and intelligence on how the occupational therapy team is functioning.

Key Findings

Direct care activity	40.6%	Predominantly therapeutic interventions.
Indirect care	28.2%	Report acknowledged the importance of OT reports; assessments; care and discharge planning.
Associated work	25%	This total includes planning time for assessments and group preparation. The report does indicate that a change in skill mix could result in "boosting" OT clinical activity.
		Action – OT teams reviewing skill mix, Chester OT service have regraded a vacancy to band 3 to perform "housekeeping" duties. This will be reviewed in other OT teams.
Personal total	6.%	This total indicates that are OT staff are working productively

At the time of the audit there were 4.25 vacancies across the occupational therapy teams.

From the audit data, Dr Keith Hurst indicated two Occupational Practitioners per ward for a Monday to Friday 9 - 5 service. This statement is not related to bed numbers per ward and therefore requires further exploration. Dr Hurst further suggested that staffing include time for team leader managerial responsibilities.

Pharmacy as Part of the Multidisciplinary Approach to Safe, Effective Staffing and Care

Clinical Pharmacists and Technicians are currently an integral part of multidisciplinary teams for inpatient services. As a workforce, the pharmacy sector has been pivotal to

transformation of care and workload alongside nursing and medical colleagues in other healthcare sectors, including general practice over the recent years. Capacity of the specialist mental health pharmacy team is currently focussed on in-patient services. Pharmaceutical provision of care includes reducing risk of harm from medicines and optimising medicines treatment plans, taking into account individual patient characteristics and clinical presentations.

Future Service Model
There is currently scope to develop Specialist Clinical Pharmacy input into Community Mental Health Teams / Home Treatment Teams and there is an opportunity to bridge the current gap, in line with the Forward View. Pharmacists and pharmacy technicians have the potential to support the Community MDTs, patients and their carers in optimising medicines use. In line with emerging workforce redesign across the country, the pharmacy workforce has a significant role to play in safer staffing, and reducing risks relating to medicines harm.

3 Conclusion and Recommendations

The review team would like to acknowledge the commitment of colleagues to ensure the ongoing provision of high quality care and in their work supporting the safer staffing six monthly review. The board are respectfully requested to consider and approve the following recommendations:

1. To note the content of the report and the key recommendation that ward establishments should be sustained at current levels to maintain safer staffing.

2. To continue to progress relevant workstreams as detailed within the Safer Staffing Working Group in particular in relation to:

   - The next six monthly safer staffing review.
   - Linking in with national work programmes in relation to safer staffing.

3. There is recognition and acceptance that due to vacancies, environmental constraints and high levels of observations required to meet physical and mental health needs, Adelphi requires to use varying degrees of bank use and is proactively booking bank shifts to ensure the increased observations to support safe and effective care and the ongoing safer staffing requirements.

4. As the specialist mental health care group becomes more established, safer staffing reviews will be an essential part of the inpatient work stream and will be utilised to support workforce modelling and setting future safe and sustainable staffing.

5. Commencement of CHPPD data collection and report findings in future safer staffing review papers.

Appendix 2

Month and Year of Data	Locality	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 (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses (%)	Average fill rate - care staff (%)
May-17	Central & East	Adelphi	1344	1296	1180	1078	743.5	712.5	1282.5	1206.5	96.4%	91.4%	95.8%	94.1%
Jun-17	Central & East	Adelphi	1196.5	1063.5	1121.5	1011	694	680	1102	1044.5	88.9%	90.1%	98.0%	94.8%
Jul-17	Central & East	Adelphi	1214.5	1202	1169.5	1111	713	686.5	1391.5	1334	99.0%	95.0%	96.3%	95.9%
Aug-17	Central & East	Adelphi	1340.25	1261.75	1152.5	1149.95	713	708	1196	1148	94.1%	99.8%	99.3%	96.0%
Sep-17	Central & East	Adelphi	1381.25	1272.75	1107	1001.5	711.5	711.5	1301	1190	92.1%	90.5%	100.0%	91.5%
Oct-17	Central & East	Adelphi	1387.5	1337.25	966	931.5	724.5	713	1270.5	1259	96.4%	96.4%	98.4%	99.1%
May-17	Central & East	Alderley Unit	1174.5	1102.5	1700	1563	690	692.5	805	763.5	93.9%	91.9%	100.4%	94.8%
Jun-17	Central & East	Alderley Unit	924	792.5	1610	1566	678.5	678.5	701.5	690	85.8%	97.3%	100.0%	98.4%
Jul-17	Central & East	Alderley Unit	984	916.5	1656	1546.5	713	667	713	713	93.1%	93.4%	93.5%	100.0%
Aug-17	Central & East	Alderley Unit	963.5	937.5	1665.5	1527.5	713	655.5	713	770.5	97.3%	91.7%	91.9%	108.1%
Sep-17	Central & East	Alderley Unit	1028	924	1403	1338	690	642.5	690	711.5	89.9%	95.4%	93.1%	103.1%
Oct-17	Central & East	Alderley Unit	1066	974.5	1409	1309.5	713	678.5	713	726.5	91.4%	92.9%	95.2%	101.9%
May-17	Central & East	Bollin	1382	1292.5	1586.5	1389.5	707	707	1442	1315.5	93.5%	87.6%	100.0%	91.2%
Jun-17	Central & East	Bollin	1335	1218	1395	1268.5	690	690	1299.5	1223	91.2%	90.9%	100.0%	94.1%
Jul-17	Central & East	Bollin	1417.5	1340	1306.5	1262.5	713	724.5	1246.5	1191	94.5%	96.6%	101.6%	95.5%
Aug-17	Central & East	Bollin	1284.5	1219.5	1369.5	1218	723	732	1414.5	1370	94.9%	88.9%	101.2%	96.9%
Sep-17	Central & East	Bollin	1256	1141	1372.5	1285	690	644	1346	1288.5	90.8%	93.6%	93.3%	95.7%
Oct-17	Central & East	Bollin	1325	1281	1394.75	1280.75	713	620	1587	1343.5	96.7%	91.8%	87.0%	84.7%
May-17	Central & East	Croft	1189.5	904.5	1791	1722.5	713	621.5	1437.5	1404	76.0%	96.2%	87.2%	97.7%
Jun-17	Central & East	Croft	1177.5	992.5	1653	1643	690	621.5	1518	1426	84.3%	99.4%	90.1%	93.9%
Jul-17	Central & East	Croft	1227	1228.9	1922	1399.4	713	649	1529.5	1510.5	100.2%	72.8%	91.0%	98.8%
Aug-17	Central & East	Croft	1204.5	1215	1922	1487.5	713	667.5	1426	1392.5	100.9%	77.4%	93.6%	97.7%
Sep-17	Central & East	Croft	1192.5	1109	1779.5	1450.25	690	667	1380	1244	93.0%	81.5%	96.7%	90.1%
Oct-17	Central & East	Croft	1197	1290.5	1841.5	1314.5	713	671.5	1426	1408	107.8%	71.4%	94.2%	98.7%
May-17	Central & East	Greenways A&T	1246	1266	1574	1314.75	713	690	1069.5	1023.5	101.6%	83.5%	96.8%	95.7%
Jun-17	Central & East	Greenways A&T	1273	1266	1918	1456	690	632.5	1253.5	984.5	99.5%	75.9%	91.7%	78.5%
Jul-17	Central & East	Greenways A&T	1228	1278.75	1925	1499.5	713	736	1334	1160.5	104.1%	77.9%	103.2%	87.0%
Aug-17	Central & East	Greenways A&T	1237.5	1340	1759.5	1210.5	713	609.5	1000.5	1069.5	108.3%	68.8%	85.5%	106.9%

Sep-17	Central & East	Greenways A&T	1170	1276	1734.5	1274	690	563.5	966	1024	**109.1%**	**73.5%**	**81.7%**	**106.0%**
Oct-17	Central & East	Greenways A&T	1227	1100.5	1792	1675	713	598	1069.5	1150	**89.7%**	**93.5%**	**83.9%**	**107.5%**
May-17	Central & East	LimeWalk Rehab	1106.5	1059.5	1013.5	854.25	697	637	754	721	**95.8%**	**84.3%**	**91.4%**	**95.6%**
Jun-17	Central & East	LimeWalk Rehab	1077.5	1085.5	1086	1024.5	652.5	651	709.5	670	**100.7%**	**94.3%**	**99.8%**	**94.4%**
Jul-17	Central & East	LimeWalk Rehab	1234	1129	1038.5	860.5	713	618.5	724.5	707.5	**91.5%**	**82.9%**	**86.7%**	**97.7%**
Aug-17	Central & East	LimeWalk Rehab	1112.5	922.5	1069.5	1167.5	713	631.5	713	747.5	**82.9%**	**109.2%**	**88.6%**	**104.8%**
Sep-17	Central & East	LimeWalk Rehab	1044	868.5	1035	1112.5	690	609.5	690	717.5	**83.2%**	**107.5%**	**88.3%**	**104.0%**
Oct-17	Central & East	LimeWalk Rehab	1101	1042.75	1023.5	912	713	655.5	713	713	**94.7%**	**89.1%**	**91.9%**	**100.0%**
May-17	Central & East	Saddlebridge	987.5	965.5	1327	1307	690	609.5	736	805	**97.8%**	**98.5%**	**88.3%**	**109.4%**
Jun-17	Central & East	Saddlebridge	975.5	927.5	1276.5	1250.15	690	667	690	701.5	**95.1%**	**97.9%**	**96.7%**	**101.7%**
Jul-17	Central & East	Saddlebridge	1018	987	1248.5	1206	644	609.5	782	793.5	**97.0%**	**96.6%**	**94.6%**	**101.5%**
Aug-17	Central & East	Saddlebridge	905.5	914.55	1331.5	1279	713	575	701.5	832	**101.0%**	**96.1%**	**80.6%**	**118.6%**
Sep-17	Central & East	Saddlebridge	1013	966.5	1318.5	1265.5	644	552	724.5	782	**95.4%**	**96.0%**	**85.7%**	**107.9%**
Oct-17	Central & East	Saddlebridge	997	898.5	1414.5	1404	701.5	529	724.5	839.5	**90.1%**	**99.3%**	**75.4%**	**115.9%**
May-17	West	Beech	1388.5	1353	1069.5	994	701.5	701.5	736	694	**97.4%**	**92.9%**	**100.0%**	**94.3%**
Jun-17	West	Beech	1408	1368.5	1089	1066	713	713	770.5	770.5	**97.2%**	**97.9%**	**100.0%**	**100.0%**
Jul-17	West	Beech	1341	1338.5	1057.5	1040.5	686.5	686.5	747.5	736	**99.8%**	**98.4%**	**100.0%**	**98.5%**
Aug-17	West	Beech	1475.5	1474.5	920	920	745.5	745.5	793.5	770.5	**99.9%**	**100.0%**	**100.0%**	**97.1%**
Sep-17	West	Beech	1327.15	1282.65	1012	989	693.5	693.5	717	695	**96.6%**	**97.7%**	**100.0%**	**96.9%**
Oct-17	West	Beech	1360	1348.5	981.5	970	644	635	816.3	824.4	**99.2%**	**98.8%**	**98.6%**	**101.0%**
May-17	West	Cherry	1243.5	1184.5	1168	1168	699	699	1081	1058	**95.3%**	**100.0%**	**100.0%**	**97.9%**
Jun-17	West	Cherry	1286	1231	1173	1173	805	782	1173	1138.5	**95.7%**	**100.0%**	**97.1%**	**97.1%**
Jul-17	West	Cherry	1220	1203	1259	1187.5	724.5	713	1035	933.5	**98.6%**	**94.3%**	**98.4%**	**90.2%**
Aug-17	West	Cherry	1178.5	1147.25	1150	1117	560	561.5	782	782	**97.3%**	**97.1%**	**100.3%**	**100.0%**
Sep-17	West	Cherry	1116	1077	1192.5	1167.5	704.5	693	950.5	919	**96.5%**	**97.9%**	**98.4%**	**96.7%**
Oct-17	West	Cherry	1090.25	1078.75	1162.65	1151.15	598	517.5	1058	1046.5	**98.9%**	**99.0%**	**86.5%**	**98.9%**
May-17	West	Coral	1241	1229.5	1067.5	1067.5	577	577	979.6	979.6	**99.1%**	**100.0%**	**100.0%**	**100.0%**
Jun-17	West	Coral	1153.53	1126.8	1154.5	1127	580	570	874.05	874.05	**97.7%**	**97.6%**	**98.3%**	**100.0%**
Jul-17	West	Coral	1223	1108	1414.5	1334	701.5	598	1058	862.5	**90.6%**	**94.3%**	**85.2%**	**81.5%**
Aug-17	West	Coral	942.25	953.75	1294	1294	532.75	532.75	1071	1071	**101.2%**	**100.0%**	**100.0%**	**100.0%**
Sep-17	West	Coral	1108.5	1051.5	1073	1035	557.5	536	954	954	**94.9%**	**96.5%**	**96.1%**	**100.0%**
Oct-17	West	Coral	1189	1179	1269.5	1235	616.5	605	1061	980.5	**99.2%**	**97.3%**	**98.1%**	**92.4%**
May-17	West	Eastway A&T	1115	1057.5	1077.75	1062.25	419	419	1077.75	1077.75	**94.8%**	**98.6%**	**100.0%**	**100.0%**
Jun-17	West	Eastway A&T	1230.9	1230.9	920.5	892.5	466.5	466.5	956.5	949	**100.0%**	**97.0%**	**100.0%**	**99.2%**
Jul-17	West	Eastway A&T	1133	1134	865.5	858	495.5	495.5	1063.5	1053.75	**100.1%**	**99.1%**	**100.0%**	**99.1%**
Aug-17	West	Eastway A&T	1077.75	1023.75	1080	1080	533	533	893.5	870.5	**95.0%**	**100.0%**	**100.0%**	**97.4%**

Month	Region	Site												
Sep-17	West	Eastway A&T	934.25	907.2	1146	1109	545	543.5	855	855	97.1%	96.8%	99.7%	100.0%
Oct-17	West	Eastway A&T	1092.5	1092.4	1154	1154	532.5	541	870.5	874.5	100.0%	100.0%	101.6%	100.5%
May-17	West	Indigo	975	963.5	1096	1096	514	502.5	1052	1041.5	98.8%	100.0%	97.8%	99.0%
Jun-17	West	Indigo	1136.5	1139.5	966.5	966.5	570	570	843.5	843.5	100.3%	100.0%	100.0%	100.0%
Jul-17	West	Indigo	964	1120.5	1281.5	1017	690	636.5	713	736	116.2%	79.4%	92.2%	103.2%
Aug-17	West	Indigo	1018.25	993.5	1002.5	1002.5	473.25	473.25	877	877	97.6%	100.0%	100.0%	100.0%
Sep-17	West	Indigo	918.5	899.5	1091.75	1068.75	638.5	595.5	771.5	760	97.9%	97.9%	93.3%	98.5%
Oct-17	West	Indigo	1051	1039.5	1129.5	1075	544	534.5	931.5	929.5	98.9%	95.2%	98.3%	99.8%
May-17	West	Juniper	1544.5	1498.5	1005	993.5	759	747.5	831	811.5	97.0%	98.9%	98.5%	97.7%
Jun-17	West	Juniper	1258	1246.5	1046.5	1035	707.5	707.5	797.5	774.5	99.1%	98.9%	100.0%	97.1%
Jul-17	West	Juniper	1335.5	1323	966	920	644	644	759	757	99.1%	95.2%	100.0%	99.7%
Aug-17	West	Juniper	1410.5	1399	1012	1012	751.5	740	736	719.5	99.2%	100.0%	98.5%	97.8%
Sep-17	West	Juniper	1199.5	1188	936.5	915	695	695	680	678.5	99.0%	97.7%	100.0%	99.8%
Oct-17	West	Juniper	1475.5	1429.5	874	846.5	713	705	724.5	701.5	96.9%	96.9%	98.9%	96.8%
May-17	West	Rosewood	1084	1052	1356.5	1355.5	621	621	793.5	793.5	97.0%	99.9%	100.0%	100.0%
Jun-17	West	Rosewood	1195	1195	1208.5	1208.5	581.75	581.75	771.25	771.25	100.0%	100.0%	100.0%	100.0%
Jul-17	West	Rosewood	1020	1020	1542	1542	704.5	704.5	785	785	100.0%	100.0%	100.0%	100.0%
Aug-17	West	Rosewood	962	904.5	1481	1469.5	678.5	678.5	752	752	94.0%	99.2%	100.0%	100.0%
Sep-17	West	Rosewood	1016.5	993.5	1353	1353	562.5	555.75	865	865	97.7%	100.0%	98.8%	100.0%
Oct-17	West	Rosewood	838.25	837.25	1501	1478	587.25	587.25	963.75	952.25	99.9%	98.5%	100.0%	98.8%
May-17	Wirral	Brackendale	1046.5	1056	897	897	759	736	678.5	646	100.9%	100.0%	97.0%	95.2%
Jun-17	Wirral	Brackendale	960	908.5	1010.5	930	696	696	667	621	94.6%	92.0%	100.0%	93.1%
Jul-17	Wirral	Brackendale	1020.5	1009.55	1007	892	709.5	686.5	724.5	713	98.9%	88.6%	96.8%	98.4%
Aug-17	Wirral	Brackendale	1000	977.5	1016	884	724.5	713	701.5	678.5	97.8%	87.0%	98.4%	96.7%
Sep-17	Wirral	Brackendale	1050.5	1020	902	871	701.5	690	701.5	701.5	97.1%	96.6%	98.4%	100.0%
Oct-17	Wirral	Brackendale	1094	1082.5	911.5	888.5	759	747.5	667	667	98.9%	97.5%	98.5%	100.0%
May-17	Wirral	Brooklands	1039.5	994	1256	1256	747.5	713	1000.5	920	95.6%	100.0%	95.4%	92.0%
Jun-17	Wirral	Brooklands	1032.5	1032.5	1287	1275.5	690	690	874	839.5	100.0%	99.1%	100.0%	96.1%
Jul-17	Wirral	Brooklands	1110.5	1015.5	1229	1217.5	733	637	1084	1060.5	91.4%	99.1%	86.9%	97.8%
Aug-17	Wirral	Brooklands	867	771	1148.5	1144.5	704.5	613	931.5	1025	88.9%	99.7%	87.0%	110.0%
Sep-17	Wirral	Brooklands	991	941	1115.5	1073.5	597	516.5	769	882.9	95.0%	96.2%	86.5%	114.8%
Oct-17	Wirral	Brooklands	1023	941.5	1352.5	1365.5	724.5	655.5	1133.5	1186	92.0%	101.0%	90.5%	104.6%
May-17	Wirral	Lakefield	1019	932	978.75	921.25	713	678.5	690	655.5	91.5%	94.1%	95.2%	95.0%
Jun-17	Wirral	Lakefield	1187.5	1161	1051.5	985.5	690	678.5	851	839.5	97.8%	93.7%	98.3%	98.6%
Jul-17	Wirral	Lakefield	1076	996.1	1046.5	1023.5	713	586.5	839.5	885.5	92.6%	97.8%	82.3%	105.5%
Aug-17	Wirral	Lakefield	1028.5	981.5	1022.5	965	713	644	762	839.5	95.4%	94.4%	90.3%	110.2%

Sep-17	Wirral	Lakefield	1079.5	1033.5	954.5	977.6	690	609.5	736	701.5	**95.7%**	**102.4%**	**88.3%**	**95.3%**
Oct-17	Wirral	Lakefield	1176.5	1146	1052.5	1018.5	714	702.5	713	690	**97.4%**	**96.8%**	**98.4%**	**96.8%**
May-17	Wirral	Meadow bank	1167	1133	1429.5	1383.5	713	667	1194	1182.5	**97.1%**	**96.8%**	**93.5%**	**99.0%**
Jun-17	Wirral	Meadow bank	1080	1057	1361	1234.5	690	667	1058	1035	**97.9%**	**90.7%**	**96.7%**	**97.8%**
Jul-17	Wirral	Meadow bank	1088.9	986	1661	1649.5	701.5	655.5	1122	1059	**90.6%**	**99.3%**	**93.4%**	**94.4%**
Aug-17	Wirral	Meadow bank	1099	1099	1433	1345.5	747.5	701.5	1008.5	744	**100.0%**	**93.9%**	**93.8%**	**73.8%**
Sep-17	Wirral	Meadow bank	1120.5	1109	1449.5	1417.5	701.5	647.5	1104	1029.5	**99.0%**	**97.8%**	**92.3%**	**93.3%**
Oct-17	Wirral	Meadow bank	1326.5	1292	1457	1108.5	736	567	1000.5	736	**97.4%**	**76.1%**	**77.0%**	**73.6%**
May-17	Wirral	Oaktrees	1183	1145.75	927	800.5	713	701.5	356.5	356.5	**96.9%**	**86.4%**	**98.4%**	**100.0%**
Jun-17	Wirral	Oaktrees	1103.5	1014	897	770.5	690	678.5	425.5	414	**91.9%**	**85.9%**	**98.3%**	**97.3%**
Jul-17	Wirral	Oaktrees	1295	1242	796	589	713	690	356.5	333.5	**95.9%**	**74.0%**	**96.8%**	**93.5%**
Aug-17	Wirral	Oaktrees	1250.5	1178.5	872.5	515.5	713	678.5	356.5	345	**94.2%**	**59.1%**	**95.2%**	**96.8%**
Sep-17	Wirral	Oaktrees	1040.5	987	861.25	769.75	690	690	391	379.5	**94.9%**	**89.4%**	**100.0%**	**97.1%**
Oct-17	Wirral	Oaktrees	1191.4	1092	1007.75	812.25	713	736	563.5	483	**91.7%**	**80.6%**	**103.2%**	**85.7%**
May-17	Wirral	Willow PICU	1163	1142	917.5	906	732.5	732.5	885.5	839.5	**98.2%**	**98.7%**	**100.0%**	**94.8%**
Jun-17	Wirral	Willow PICU	1081.5	1081.5	913	913	717.5	683	751.5	736	**100.0%**	**100.0%**	**95.2%**	**97.9%**
Jul-17	Wirral	Willow PICU	1147.5	1147.5	920	885.5	754	700.5	839.5	828	**100.0%**	**96.3%**	**92.9%**	**98.6%**
Aug-17	Wirral	Willow PICU	1024.5	1024.5	888	842	644	621	897	885.5	**100.0%**	**94.8%**	**96.4%**	**98.7%**
Sep-17	Wirral	Willow PICU	1041	1017	899	832	690	614.5	793.5	751.5	**97.7%**	**92.5%**	**89.1%**	**94.7%**
Oct-17	Wirral	Willow PICU	1050	951	926	834	713	701.5	828	733.5	**90.6%**	**90.1%**	**98.4%**	**88.6%**

Cheshire and Wirral Partnership NHS Foundation Trust

STANDARDISED REPORT COMMUNICATION

REPORT DETAILS

Report subject:	Ward Daily Staffing Levels November and December Data 2017
Agenda ref. no:	
Report to (meeting):	Board of Directors
Action required:	Information and noting
Date of meeting:	31/01/2018
Presented by:	Avril Devaney, Director of Nursing, Therapies and Patient Partnership

Which strategic objectives this report provides information about:	
Deliver high quality, integrated and innovative services that improve outcomes	Yes
Ensure meaningful involvement of service users, carers, staff and the wider community	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 CQC quality of service domains this report reflects:	
Safe services	Yes
Effective services	Yes
Caring services	Yes
Well-led services	Yes
Services that are responsive to people's needs	Yes
Which Monitor quality governance framework/ well-led domains this report reflects:	
Strategy	No
Capability and culture	Yes
Process and structures	Yes
Measurement	Yes
Does this report provide any information to update any current strategic risks? If so, which?	
See current risk register in the agenda of the public meeting of the Board of Directors at http://www.cwp.nhs.uk/about-us/board-members/our-board-meetings	No
35T	
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
35T	

REPORT BRIEFING

Situation – *a concise statement of the purpose of this report*
This report details the ward daily staffing levels during the months of November and December 2017 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.

A number of recommendations are made within the latest six monthly report including consistency checking, national benchmarking, and widening the consideration of the multi-disciplinary team role within safer staffing. These recommendations are currently being followed through and will be monitored via the Inpatient Service Improvement Forum and the People Planning group which oversees the strategic approach to safe staffing. They are reported on in the 6 monthly report presented to Board of Directors in January 2018.

Assessment – *analysis and considerations of options and risks*

During November 2017 the trust achieved staffing levels of 96.4% for registered nurses and 96.3% for clinical support workers on day shifts and 96.3% and 98.2% respectively on nights. During December 2017 the trust achieved staffing levels of 95.8% for registered nurses and 93.1% for clinical support workers on day shifts and 94.7% and 96.8% respectively on nights.

In the month of November and December the wards had pressures in terms of staffing in particular on the wards in Central and East locality due to staff sickness, maternity leave, patients on increased levels of observations and vacancies.

Where 100% fill rate was not achieved patient safety on in-patient wards was maintained by nurses working additional unplanned hours, staff cross covering across wards, the multi-disciplinary team and ward manager supporting nursing staff in the delivery of planned care and patient care being prioritised over non-direct care activities. Appendix 1 and 2 details 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/ which group has approved this report for receipt at the above meeting?		Gary Flockhart, Associate Director of Nursing [MH and LD]
Contributing authors:		Anne Casey
Distribution to other people/ groups/ meetings:		
Version	Name/ group/ meeting	Date issued
1	Gary Flockhart, Associate Director of Nursing [MH and LD]	18/01/2018
	Avril Devaney, Avril Devaney, Director of Nursing, Therapies and Patient Partnership	18/01/2018

Appendices provided for reference and to give supporting/ contextual information:	
Provide only <u>necessary</u> detail, do <u>not</u> embed appendices, provide as separate reports	
Appendix no.	Appendix title
1	Ward Daily Staffing November 2017
2	Ward Daily Staffing December 2017

	Ward	Day Registered Total monthly planned staff hours	Day Registered Total monthly actual staff hours	Day Care Staff Total monthly planned staff hours	Day Care Staff Total monthly actual staff hours	Night Registered Total monthly planned staff hours	Night Registered Total monthly actual staff hours	Night Care Staff Total monthly planned staff hours	Night Care Staff Total monthly actual staff hours	Fill Rate Day Average fill rate - registered nurses/midwives (%)	Fill Rate Day Average fill rate - care staff (%)	Fill Rate Night Average fill rate - registered nurses/midwives (%)	Fill Rate Night Average fill rate - care staff (%)	Safe Staffing was maintained by:
East	Adelphi	1233	1164	1119	1070.5	701.5	701.5	1150	1085.5	94.4%	95.7%	100.0%	94.4%	Nursing staff working additional unplanned hours. Cross cover arrangements.
East	Alderley Unit	1055	985	1369	1352.5	690	632.5	690	706	93.4%	98.8%	91.7%	102.3%	Nursing staff working additional unplanned hours. Cross cover arrangements.
East	Bollin	1272	1170	1323	1230.5	655.5	664.5	1368.5	1204	92.0%	93.0%	101.4%	88.0%	Ward Manager working in the clinical team. Nursing staff working additional unplanned hours. Cross cover arrangements.
East	Croft	1200	1114.95	1860	1468.5	690	560.5	1380	1266.5	92.9%	79.0%	81.2%	91.8%	Ward Manager working in the clinical team. Nursing staff working additional unplanned hours. Cross cover arrangements.
East	Greenways A&T	1132.5	958.35	1725	1607.5	690	667	1035	1012	84.6%	93.2%	96.7%	97.8%	Ward Manager working in the clinical team. Nursing staff working additional unplanned hours. Cross cover arrangements.
East	LimeWalk Rehab	1104.5	1087.5	1035	1077.5	690	540.5	690	774.5	98.5%	104.1%	78.3%	112.2%	Nursing staff working additional unplanned hours. Cross cover arrangements.
East	Saddlebridge	1039	994	1345.5	1265	690.5	587	678.5	778	95.7%	94.0%	85.0%	114.7%	Nursing staff working additional unplanned hours. Cross cover arrangements.
Wirral	Brackendale	1105	1116	933.5	933.5	678.5	667	678.5	690	101.0%	100.0%	98.3%	101.7%	*
Wirral	Brooklands	1026.5	1026.5	1114.5	1114.5	621	621	1104	1104	100.0%	100.0%	100.0%	100.0%	*
Wirral	Lakefield	1034	1034	1012	977.5	667	667	701.5	667	100.0%	96.6%	100.0%	95.1%	*
Wirral	Meadowbank	1141	1140.5	1520	1497	747.5	782	1107	1061	100.0%	98.5%	104.6%	95.8%	*
Wirral	Oaktrees	1256	1213	724.5	724.5	540.5	540.5	753.5	753.5	96.6%	100.0%	100.0%	100.0%	*
Wirral	Willow PICU	1056	989.5	877.5	866.5	724.5	701.5	678	666	93.7%	98.7%	96.8%	98.2%	Ward Manager working in the clinical team. Cross cover arrangements.
West	Beech	1267	1289	1150	1121.5	701.5	697.5	681	654.5	101.7%	97.5%	99.4%	96.1%	*
West	Cherry	1168.75	1105.25	1239.5	1210.5	644	632	1068.5	1057	94.6%	97.7%	98.1%	98.9%	Cross cover arrangements. Staff covered from other wards. MDT supported the team. Ward Manager working in the clinical team.
West	Eastway A&T	1041	1041	1082.5	1058	609.5	609.5	806	806	100.0%	97.7%	100.0%	100.0%	*
West	Juniper	1396.5	1379.5	967	932.5	685.5	685.5	724.5	724.5	98.8%	96.4%	100.0%	100.0%	*
West	Coral	989.5	936.5	1317.5	1317.5	632.8	632.8	770.5	770.5	94.6%	100.0%	100.0%	100.0%	Ward Manager working in the clinical team. Cross cover arrangements.
West	Indigo	1088.5	1040.5	897	897	542.5	531	874	845	95.6%	100.0%	97.9%	96.7%	*
West	Rosewood	1028.5	1024.35	1523	1523	517.5	517.5	816.5	816.5	99.6%	100.0%	100.0%	100.0%	*
	Trustwide	22634.25	21809.4	24135	23245.5	13119.8	12638.3	17755.5	17442	96.4%	96.3%	96.3%	98.2%	

Ward		Day Registered		Day Care Staff		Night Registered		Night Care Staff		Fill Rate Day		Fill Rate Night		Safe Staffing was maintained by:
		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	Adelphi	1245.5	1069	1289	1154	727.5	705.5	1253	1077.5	85.8%	89.5%	97.0%	86.0%	Nursing staff working additional unplanned hours. Cross cover arrangements. Staff covered from other wards.
East	Alderley Unit	1128.5	1094.8	1397.5	1286.5	713	609.5	713	770.5	97.0%	92.1%	85.5%	108.1%	Nursing staff working additional unplanned hours. Staff covered from other wards.
East	Bollin	1269.04	1174	1268	1176.25	730.5	712	1426	1292.5	92.5%	92.8%	97.5%	90.6%	Nursing staff working additional unplanned hours. Cross cover arrangements. Staff covered from other wards.
East	Croft	1227	1194.65	1922	1267.5	713	529	1426	1393.5	97.4%	65.9%	74.2%	97.7%	Cross cover arrangements. Staff covered from other wards. MDT supported the team. Ward Manager working in the clinical team.
East	Greenways A&T	1197	1084	2001	1666	713	736	1288	1184.5	90.6%	83.3%	103.2%	92.0%	Ward Manager working in the clinical team. Nursing staff working additional unplanned hours. Cross cover arrangements.
East	LimeWalk Rehab	1051	911	1069.5	1006.5	713	568	713	711	86.7%	94.1%	79.7%	99.7%	Cross cover arrangements.
East	Saddlebridge	998.5	914.5	1234.5	1173	678.5	544.5	747	745.5	91.6%	95.0%	80.3%	99.8%	Nursing staff working additional unplanned hours. Cross cover arrangements. Staff covered from other wards.
Wirral	Brackendale	987.5	966	1045	1033	713	713	713	701.5	97.8%	98.9%	100.0%	98.4%	*
Wirral	Brooklands	898.5	852.5	1207.5	1207.5	644	609.5	1092.5	1069	94.9%	100.0%	94.6%	97.8%	Nursing staff working additional unplanned hours. Cross cover arrangements.
Wirral	Lakefield	1105.5	1105	1049	1025.5	690	690	908.5	885.5	100.0%	97.8%	100.0%	97.5%	*
Wirral	Meadowbank	1098.5	1086.5	1387.5	1355.5	724.5	724.5	1138.5	1127	98.9%	97.7%	100.0%	99.0%	*
Wirral	Oaktrees	1174.5	1170.5	1323.5	1307	724.5	724.5	397.5	352.5	99.7%	98.8%	100.0%	88.7%	Cross cover arrangements.
Wirral	Willow PICU	918.5	907	943.5	909	667	655.5	770.5	747.5	98.7%	96.3%	98.3%	97.0%	*
West	Beech	1326	1314.5	1007.5	936.5	713	704.5	701.5	701.5	99.1%	93.0%	98.8%	100.0%	Nursing staff working additional unplanned hours. Cross cover arrangements.
West	Cherry	1362.25	1311.29	1288.5	1232	684	666	1101	1090.5	96.3%	95.6%	97.4%	99.0%	*
West	Eastway A&T	835	812	1136	1136	616.5	605	786	774.5	97.2%	100.0%	98.1%	98.5%	*
West	Juniper	1392	1398	1034.5	977	663.5	652	951.1	933.6	100.4%	94.4%	98.3%	98.2%	*
West	Coral	905.5	894	1358	1358	586.5	586.5	901.5	901.5	98.7%	100.0%	100.0%	100.0%	*
West	Indigo	900.5	854.5	1086.5	1086.5	598	586.5	897.5	895.5	94.9%	100.0%	98.1%	99.8%	*
West	Rosewood	958.3	945.3	1389	1389	542	520.5	827.5	804.5	98.6%	100.0%	96.0%	97.2%	*
Trustwide		23258.4	22434.9	24620.65	22764.15	13585.75	12700.75	18834.55	18244.15	95.8%	93.1%	94.7%	96.8%	

Appendix 2 Dec 2017

Report subject:	Learning from Experience report – trimester 2 2017/18 (incorporating an update on the national Learning from Deaths framework)
Agenda ref. no:	17.18.99
Report to (meeting):	Board of Directors meeting in public
Action required:	Discussion and approval
Date of meeting:	31/01/2018
Presented by:	Avril Devaney, Director of Nursing, Therapies & Patient Partnership

Which strategic objectives this report provides information about:	
Deliver high quality, integrated and innovative services that improve outcomes	Yes
Ensure meaningful involvement of service users, carers, staff and the wider community	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	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	No
Which CQC quality of service domains this report reflects:	
Safe services	Yes
Effective services	Yes
Caring services	Yes
Well-led services	Yes
Services that are responsive to people's needs	Yes
Which Monitor quality governance framework/ well-led domains this report reflects:	
Strategy	Yes
Capability and culture	Yes
Process and structures	Yes
Measurement	Yes
Does this report provide any information to update any current strategic risks? If so, which?	
See current risk register in the agenda of the public meeting of the Board of Directors at http://www.cwp.nhs.uk/about-us/board-members/our-board-meetings	No
N/A	
Does this report indicate any new strategic risks? If so, describe and indicate risk score:	
See current integrated governance strategy: CWP policies – policy code FR1	No
N/A	

1. Situation

This Learning from Experience report aggregates qualitative and quantitative analysis from key sources of feedback from people who access and deliver the Trust's services, and other relevant sources of learning, covering the period from August 2017 to November 2017, trimester 2 of 2017/18. The report compares current performance across a four trimester time series to mitigate seasonal variations, whilst also facilitating the identification of potential triggers to detect and prevent incidents by comparing current performance with the previous trimester.

The in-depth Learning from Experience report received by the Quality Committee in January 2018 continues to pilot the use of Statistical Process Control (SPC) charts to help with more effective and visual depiction of learning from experience and identification of recommendations, as well as to alert, as part of an early warning framework, any emerging trends. This report will be emergent in its use of SPC, which will be reflected more in future reports to the Board of Directors.

2. Background – Key performance indicators

2.1 Performance indicators

Performance indicator			2016/17 T2	2016/17 T3	2017/18 T1	2017/18 T2	RAG rating
Number of safety incidents reported			**3027**	**3178**	**3186**	**3347**	—
Number of safety incidents by speciality		*Inpatient*	*2010*	*2002*	*2154*	*2318*	—
		Community physical health	*577*	*742*	*602*	*575*	—
		Community mental health	*359*	*364*	*370*	*365*	—
		Other	*81*	*70*	*60*	*89*	—
Reports to external agencies	**StEIS**		69	45	33	**59**	⌄
	National Reporting & Learning System		1418	1686	1576	**1985**	—
	NHS Resolution	Non clinical claims	4	2	0	**4**	V
		Clinical claims	0	1	1	**2**	—
	NHS Protect						
	Staff assaults		288	258	288	**310**	—
	Missing patient		40	36	44	**70**	—
	Suspected theft		8	5	3	**9**	—
	Damage to property		24	19	18	**15**	—
	Lost or missing items		75	92	65	**39**	—
Number of complaints			164	100	84	**97**	—
Number of compliments			987	1040	822	**1203**	—

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

2.2 Proportional reporting performance indicators – Incident reporting

The charts below show a proportional split of incident grade per service type and service peer group[1]. This illustrates the differences in severity of incident occurrence and show that the majority of serious incidents occur within the Community Mental Health Teams, in particular Substance Misuse Services, IAPT and Community LD Teams. Developing incident reporting profiles in this way, introduced in the most recent locality data packs (LDPs), enables visibility and understanding of where people are accessing services when these incidents occur.

Non Patient Facing Peer Incident Grade proportional profile, Dec 16 - Nov 17

Community MH Peer Incident Grade proportional profile, Dec 16 - Nov 17

Community PH Peer Incident Grade proportional profile, Dec 16 - Nov 17

Inpatient Peer Incident Grade proportional profile, Dec 16 - Nov 17
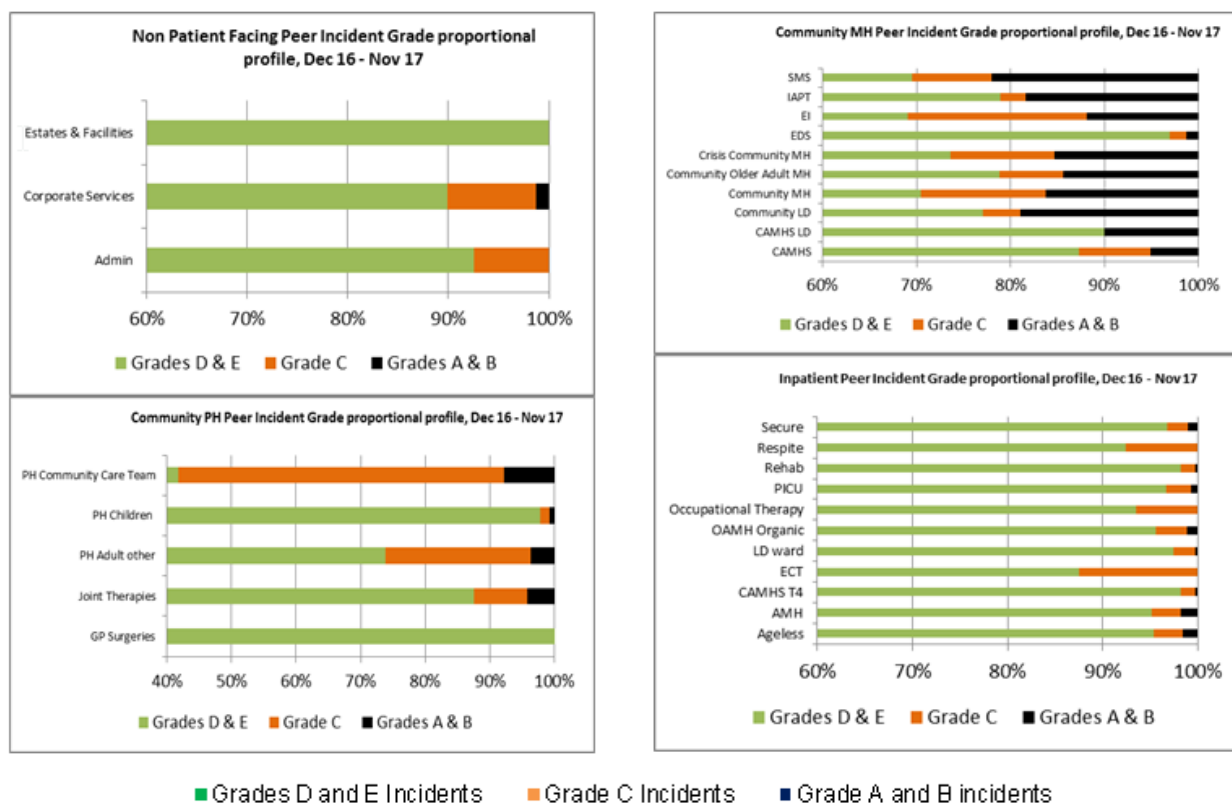
By presenting the incident reporting profiles in this way, the charts reveal fundamental differences between the service types. They demonstrate how physical health community teams' reporting profiles are influenced by pressure ulcer incident reporting because of the way they are reported as required nationally. They can also be used to identify where focus is needed to reinforce the Zero Harm message that reporting no or lower harm incidents promotes learning to be able to potential mitigate future actual or significant harm incidents. Further, the charts can further inform potential opportunities for both Service Improvement and Quality Improvement activity.

3. Analysis

3.1.1 Incident reporting

Analysis of the last four trimesters of incident reports shows little variation in the number of incidents reported, however there has been a positive increase in the number of incidents reported in trimester 2 of 2017/18 to *n. 3347*, which has been contributed to from all service areas excepting community physical health services. Reporting more incidents shows that patient safety is a high priority and that we have the capability to learn from experience.

59 serious incidents were reported to StEIS, an increase since trimester 1 2017/18 when *n. 33* were reported. The top five ranked incident categories are (1) self-harm; (2) violence; (3) estates

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[1] Service peer groups are a tier mechanism to group together teams that provide similar services. The development has been shared with the Learning from Experience Group meetings that they support and have been published in each of the most recent ward and community LDPs and they are aligned to the organisational redesign to Care Group structures.

and facilities; (4) pressure ulcers; (5) falls. Falls related incidents were previously ranked sixth (see section 3.3).

Organisation Patient Safety Incident Reports for the providers of the NHS in England was published by *NHS Improvement* in October 2017. CWP have reported 2645 patient safety incidents to the *National Reporting & Learning System* that occurred between October 2016 and March 2017 (note this is different to the four month period of this report as reported in section 2.1). The report showed that CWP was ranked 24th for reporting of incidents when benchmarked against 54 other mental health trusts across the NHS in England. CWP are in the upper middle range of reporters, demonstrating a good reporting culture in providing safe services and improving care and quality. The report indicated that CWP reports 13% more self-harm related incidents compared to other mental health trusts, which is a priority area for Quality Improvement that has been identified as part of the developing Quality Account 2017/18.

3.1.2 Mortality monitoring

As per the expectations of national guidance regarding improving learning from deaths and mortality reporting, CWP is continuing to increase the learning from those deaths reported to the Trust that do not meet the criteria as a serious incident (see section 2.1).

In September 2017, CWP published its first GR47 - Learning from Deaths Policy as recommended in the national Learning from Deaths framework. The policy has now been implemented and the '*case record review*', based on structured judgement methodologies, is being piloted by the Central and East community mental health, West physical health and Wirral learning disability services. Multi-disciplinary teams are responsible for undertaking a review on those deaths reported by the team or reported to the team (e.g. from another organisation) that are not initially reported as serious incidents (as defined in NHS England's serious incident framework), in order to:

- Reflect on the care provided by the whole team, supported by a high level overview of the clinical care record.
- Discuss whether the review identified if there may have been a problem in the care provided.
- Share learning with the wider team.
- Make recommendations on further action/ investigation required.

The Mortality task and finish group, which is chaired by the Director of Nursing, Therapies & Patient Partnership, undertook the first series of PDSA (Plan, Do, Study, Act) tests in October 2017; further recommendations were made in relation to refining the case record review template to ensure the ability to differentiate between a material or incidental problem in care. Three case record reviews have been discussed at the weekly meeting of harm, of which one has led to further investigation. Further training and guidance is required to ensure the quality of the case record review. There is a 5% quality control process in place for reviewing case record reviews that assess that it was unlikely there were no problems in care. The Mortality task and finish group will next meet in early 2018 with a view to implementing the case record review process Trustwide from April 2018, so that the 2018/19 approach commences by reviewing all applicable cases, as per national requirements.

Mortality monitoring	2017/18	
	T1	T2
Inpatient deaths (including deaths 30 days after discharge)/ subject to a case record review	3/ 100%	**3/ 100%**
Deaths reported by and to the Trust (including inpatient deaths)/ subject to a case review record	477/ 16%*	**420/ 18%***
Deaths reported as a serious incident/ subject to a serious incident investigation	18/ 100%**	**25/ 100%***

*The % reflects the case record reviews undertaken by teams subject to a pilot of the new mortality review process. From Q1 2018/19, the aim is to implement the new mortality review process Trustwide, when the target will be 100%.

The Board dashboard now provides data collected on deaths, as per national requirements and directions provided by the Secretary of State for Health & Social Care. It is important to note that mortality reporting is not about benchmarking different trusts; rather it is about encouraging a dialogue about safety being the most important part of quality and not just about avoiding harm but appropriate delivery of high quality care. The Board will initially be required to come to a collective decision about how it defines and reports 'preventable deaths', then for the future, 'avoidable harm'. The current requirement is to report on those deaths reported by and to the Trust that do not meet StEIS criteria (for deaths meeting NHS England criteria as a serious incident, investigatory performance is 100%**) but may have been contributed to by problems in care (as identified by a case record review).

3.2 Falls incidents
There has been a Trustwide increase in the reported number of falls this trimester from 146 to 223, of which 96% of incidents resulted in either low or no harm, which is better that the 'ideal' proportional incident reporting profile. Quality Improvement work is continuing (in both inpatient and community settings) in line with the Trust's Zero Harm continuous improvement plans.

3.3 Incidents associated with managing behaviour that challenges
In November 2017, the number of prone position restraint incidents increased and exceeded the statistical upper control limit. Whilst this increase is individual rather than thematic, associated with two people with behaviour that challenges accessing intensive psychiatric care, the Trust is about to embark on in-depth clinical reviews of all incidents of physical restraint to build on the significant and sustained improvements to-date, as a response to the 90-day quality improvement cycle which has been completed, and in alignment with one of the CQC's current strategic mental health priority areas. This will be supported by the Trust's Clinical Expert Champion for Zero Harm & Quality Improvement, whose clinical review aims to see what can be learnt about why prone position restraint incidents are persisting and from that make recommendations.

3.4 Feedback from people who access the Trust's services
During this trimester, the Trust received 97 complaints under the NHS complaints procedure. Of these, they were received per locality as follows: CWP Central & East *n. 32* complaints, CWP West *n. 34* complaints, CWP Wirral *n. 28* complaints and *n. 3* for *Corporate Support Services*. Staff attitude associated as a theme has decreased by 43% this trimester and has become the second highest ranked theme after being the longstanding highest reported theme, demonstrating the effectiveness of improvement work following identification of this as an issue through this report.
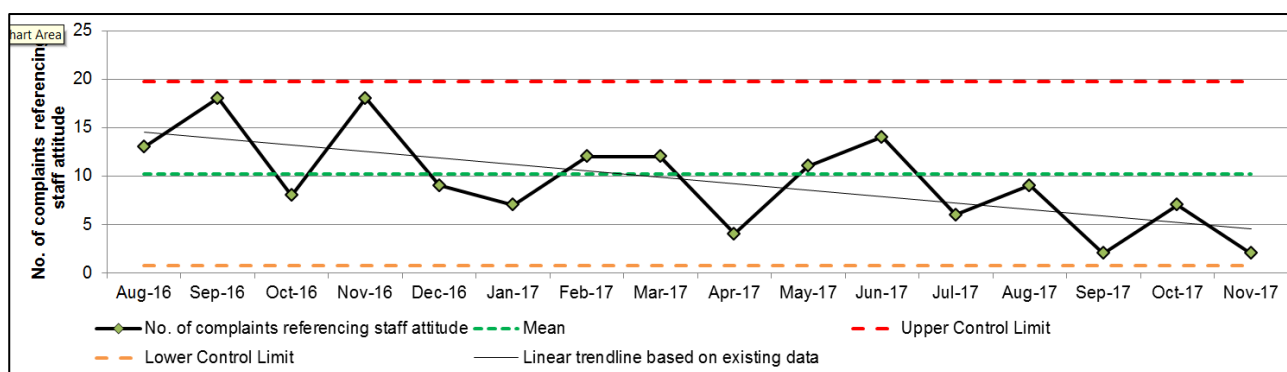
This trimester, there has been an increase in the number of compliments recorded, from 822 to 1233. This follows work by the complaints team in promoting the new system for recording compliments at induction and when delivering training and drop-in sessions to teams.

4. Recommendation

Recommendations from trimester 2 analysis
The recommendations below have been identified from the detailed analysis of learning from experience that is received by the Quality Committee. Updates and assurances received against these recommendations will be presented in the next report to the Board of Directors.

4.1 Consider self-harm as the Trust's identified "patient safety" quality improvement priority for 2018/19 as described in the Trust's Quality Account 2017/18.
4.2 The Mortality task and finish group to refine the Learning from Deaths policy to respond to the findings of PDSA (Plan, Do, Study, Act) cycles prior to full implementation of the policy, particularly in relation to case record reviews, across the Trust.
4.3 CWP Consultant Nurse lead for LeDeR (the Learning Disabilities Mortality Review Programme) to be asked to present at the next Quality Committee meeting to update on how CWP is supporting this programme and to update on the governance framework from an NHS England perspective and the role of adult safeguarding boards.
4.4 Further analysis to be undertaken by the Safe Services Department to understand system weaknesses where control measures were in place but still resulted in an incident.
4.5 The business cycle of the Health and Well-being Group should include routine review of staff accident incidents resulting in harm to identify safer systems and mitigate harm.
4.6 The business cycle of each sub committee should include at least one publication a year to assist with practice development through sharing a subject/ case scenario. These will be edited by the Director of Nursing and Medical Director (Quality).
4.7 The Medication Safety Officer (MSO) should work closely with the Safe Services Department to review those medicines incidents classified as 'other'. Analysis of any trends will be undertaken by the MSO as more data becomes available and as learning is discussed at the Medicines Management Group to identify improvements.

In addition, to strengthen 'ward to Board' assurance, the Quality Committee has agreed to a new approach of seeking assurance of learning from experience, thus:

Clinical support service teams have been asked to:
▪ Review the findings and key analysis within the report and identify any changes for improvement required to their enabling work programmes.

Clinical services have been asked to:
▪ Review the findings and key analysis within the report at locality Learning from Experience groups and identify:
  o Any areas of practice that warrant quality improvement work.
  o Any areas of practice that require enabling support from clinical support services.

An update in respect of the above will be sought for the next report to the Quality Committee.

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

Who/ which group has approved this report for receipt at the above meeting?	David Wood Associate Director of Safe Services
Contributing authors:	Audrey Jones, Head of Clinical Governance Lisa Parker, Incidents Manager David Wood, Associate Director of Safe Services
Distribution to other people/ groups/ meetings:	

Version	Name/ group/ meeting	Date issued
1	Board of Directors	24/01/2018

Appendices provided for reference and to give supporting/ contextual information:	
Appendix number	Appendix title
1	Updates and assurances received against trimester 1 2017/18 recommendations

Appendix 1 – Updates and assurances received against trimester 1's recommendations

The Quality Surveillance analysts to work with Clinical Service Managers to review why the community mental health teams and other community mental health specialities appear to be increasingly reporting less lower level harm incidents compared with inpatient teams.
Ongoing work will commence when clinical Care Group structures are established.
The Nicotine Replacement Therapy Lead to work with the Rosewood unit regarding repeated incidents associated with access to ignition sources.
As a result of this work, there has been a reduction in the occurrence of these incidents by 32% this trimester. The work of the Nicotine Replacement Therapy Lead is ongoing.
The Mortality task and finish group to oversee the pilot of the structured case record review template and undertake a series of PDSA (Plan, Do, Study, Act) cycles prior to roll out across the Trust.
See section 3.1.2.
The Medication Safety Officer (MSO) should work closely with the Safe Services Department to review those medicines incidents classified as 'other'. Analysis of any trends will be undertaken by the MSO once more data becomes available and as learning is discussed at the Medicines Safety Sub Group to identify improvements.
Revised medication categories and sub categories were introduced in Datix in April 2017 to more accurately align to the National Reporting & Learning System. These changes, together with the introduction of the Medication Safety Officer finally approving medication incidents will lead to improved data quality. The medication categories were separated into patient safety incidents, non patient safety incidents and other. It is not possible to make direct comparisons for many of the categories from previous reports due to the revision of the reporting categories.
Head of Education to consider targeting education and training activities for staff around best practice in providing customer care. Consideration should also be given to current e-learning and mandatory training packages available to staff and whether this is adequate based on the current intelligence gathered from feedback across the Trust and increasing numbers of complaints.
The Head of Education has been asked to routinely consider the outputs of this Learning from Experience report to ensure that the Trust's training needs analysis is responsive to gaps and areas requiring improvement.

Cheshire and Wirral Partnership NHS

NHS Foundation Trust

STANDARDISED REPORT COMMUNICATION

REPORT DETAILS

Report subject:	Quality Improvement Report – Edition 2: 2017/18
Agenda ref. no:	17.18.100
Report to (meeting):	Board of Directors – meeting in public
Action required:	Endorse approval by other group
Date of meeting:	31/01/2018
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	No
Improve quality of information to improve service delivery, evaluation and planning	Yes
Sustain financial viability and deliver value for money	No
Be recognised as an open, progressive organisation that is about care, well-being and partnership	Yes
Which CQC quality of service domains this report reflects:	
Safe services	Yes
Effective services	Yes
Caring services	Yes
Well-led services	Yes
Services that are responsive to people's needs	Yes
Which Monitor quality governance framework/ well-led domains this report reflects:	
Strategy	No
Capability and culture	Yes
Process and structures	No
Measurement	Yes
Does this report provide any information to update any current strategic risks? If so, which?	
See current risk register in the agenda of the public meeting of the Board of Directors at http://www.cwp.nhs.uk/about-us/board-members/our-board-meetings	No
N/A	
Does this report indicate any new strategic risks? If so, describe and indicate risk score:	
See current integrated governance strategy: CWP policies – policy code FR1	No
N/A	

REPORT BRIEFING

Situation – *a concise statement of the purpose of this report*
The purpose of this paper is to update the Board on Edition 2 (August – November 2017) of the Quality Improvement report. This is produced three times a year with the aim of updating people who access and deliver the Trust's services, and other stakeholders, on progress in improving quality across CWP's services. The report describes projects that are improving the quality of patient safety, clinical effectiveness and patient experience. The report also illustrates other elements of quality as detailed in the Trust's Quality Improvement strategy and as defined nationally and internationally, i.e. equity, accessibility, sustainability, acceptability and affordability.

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

The aim of the Quality Improvement report is to provide a detailed focus on individual projects, describing the aims, methodology, results and next steps in the spirit of continuous improvement. This edition of the Quality Improvement report was approved by the Quality Committee on 10/01/2018.

Assessment – *analysis and considerations of options and risks*

Alongside the Best Practice portal and the annual Big Book of Best Practice, the Quality Improvement report is a vehicle for staff to share examples of quality improvement projects, share learning and celebrate successes. The report describes projects in an accessible way with an aim of encouraging more staff to get involved in quality improvement in their areas. It will be shared via CWP Essential and via email to ward and team managers, and management teams, copies are also provided to the Trust's Governors.

The Healthcare Quality Improvement team will continue to work with clinical teams to ensure that examples of best practice are publicised and that a culture of sharing best practice and learning becomes embedded.

Highlights in this edition are:
- Community learning disability teams have used QI methodology to develop a Dynamic Support Register of people with a Learning Disability and/ or Autism, who are at risk of admission, to increase safety by better managing risks.
- A review of deaths in adults with learning disabilities in Cheshire has been completed, improving our local services and reducing premature death in this population.
- The Pharmacy team, supported by the Healthcare Quality Improvement team, have worked on a project that has successfully improved risk assessments to reduce prescribing risks associated with sodium valproate and the risk of birth defects.
- The Red and Green Bed Days project is having a positive, sustained impact, both in terms of progressing the patient journey so that they receive active care and interventions, as well as reducing length of stay.
- Central and East Recovery College have promoted innovative approaches to improving health and well-being, with a joint initiative to provide yoga classes.
- The crisis and reablement team have developed a collaborative approach to providing palliative care, which has helped with providing faster discharges home.

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

The Board is asked to **endorse** the Quality Improvement report.

Who/ which group has approved this report for receipt at the above meeting?	David Wood, Associate Director of Safe Services
Contributing authors:	Helen Fishwick, Healthcare Quality Improvement Manager
Distribution to other people/ groups/ meetings:	

Version	Name/ group/ meeting	Date issued
1	Board of Directors	24/01/2018

Appendices provided for reference and to give supporting/ contextual information:	
Appendix no.	Appendix title
1	Quality Improvement Report, Edition 2: August – November 2017

Quality Improvement Report

Edition 2
August – November 2017

Vision:
Working in partnership
to improve health and well-being by providing high quality care

% of patients identified as Red each day
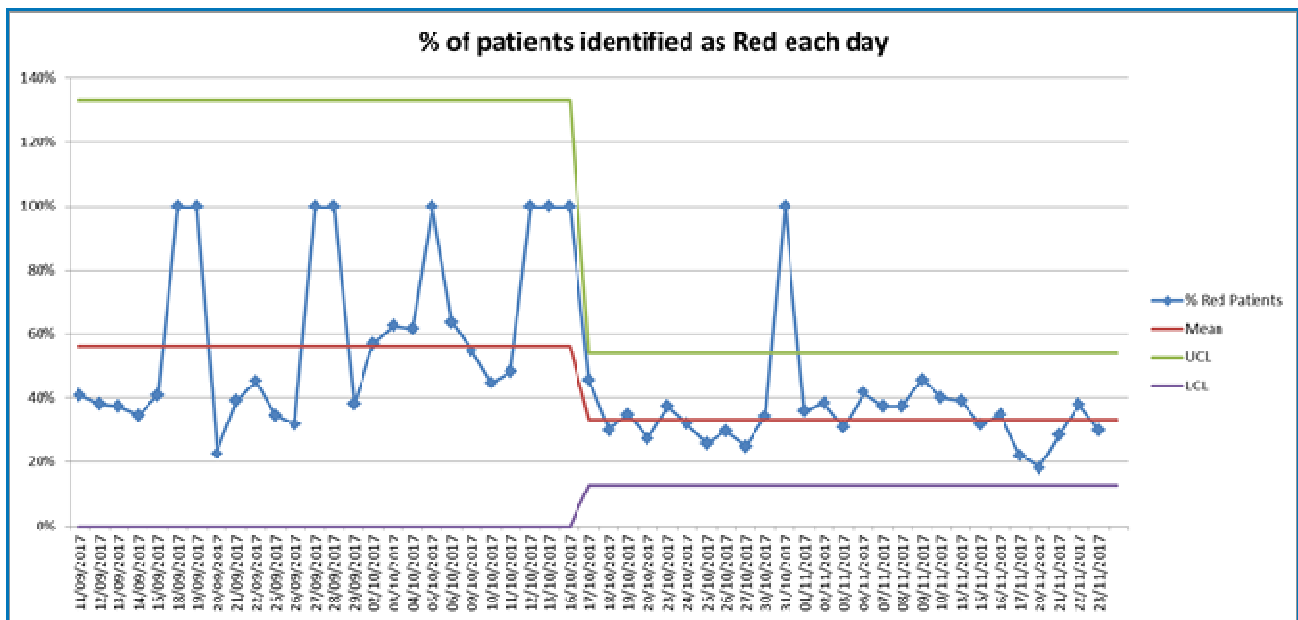
Red and Green Bed Days project successfully reduces "Red" days and lengths of stay (see page 9)

Care ● Well-being ● Partnership

Welcome to CWP's second *Quality Improvement Report* of 2017/18

These reports are produced three times a year to update people who access and deliver the Trust's services, carers, the public, commissioners, internal groups, and external scrutiny groups on progress in improving quality across our services. We are required to formally report on our quality improvement priorities in the annual *Quality Account*.
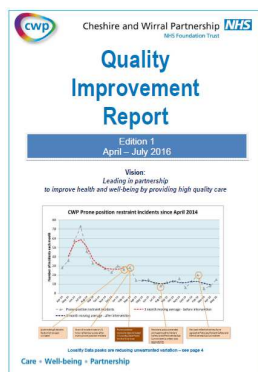
Our annual Best Practice event took place at Macclesfield Town Hall on 5 October 2017, and was a showcase for the most innovative, exciting and joined up work done by CWP over the past year to ensure the best possible outcomes for people who access our services, their carers and families. The event also launched our Big Book of Best Practice for 2017/18.

CWP's *Quality Account* and *Quality Improvement Report*s are available via:

http://www.cwp.nhs.uk/resources/reports/?ResourceCategory=2335&Search=&HasSearched=True

Reporting on the quality of our services in this way enhances involvement of people by strengthening our approach to listening and involving the public, partner agencies and, most importantly, acting on the feedback we receive.

At CWP, we are starting to look at *quality* in more detail to better demonstrate where we are making real improvements, with the aspiration to achieve **equity** of care through *Quality Improvement* (**QI**). We are using international ways of defining quality to help us with this aim.

QUALITY					
↓	↓	↓	↓	↓	↓
Patient safety	**Clinical effectiveness**			**Patient experience**	
Safe	**Effective**	**Affordable**	**Sustainable**	**Acceptable**	**Accessible**
Achieving **Equity** and **Person-centred Care** through **CO-PRODUCTION, CO-DELIVERY, QUALITY IMPROVEMENT & WELL-LED SERVICES**					
Delivering care in a way which increases safety by using effective approaches that mitigate unwarranted risks	Delivering care that follows an evidence base and results in improved health outcomes, based on people's needs	Delivering care in a way which maximises use of resources and minimises waste	Delivering care that can be supported within the limits of financial, social and environmental resources	Delivering care which takes into account the preferences and aspirations of people	Delivering care that is timely, geographically reasonable, and provided in a place where skills and resources are appropriate to meet people's needs

This report is just one of many reviewed by the Trust's Board of Directors that, together, give a detailed view of CWP's overall performance.

This *Quality Improvement Report* provides a highlight of what CWP is doing to continuously improve the quality of care and treatment that its services provide. It also provides examples of **Quality Improvement** (**QI**) projects. This edition includes some of our QI projects which demonstrate the dimensions of quality which we have added to our Quality framework, such as *affordable, sustainable, acceptable* and *accessible* care.

Our new Quality Improvement strategy will be implemented in April 2018. It describes how we will deliver and implement our framework for QI. For this framework to be effective, it is really important to acknowledge that not everything will work – QI is about trying, succeeding or failing, reflecting and learning from things that are successful and things that are not. Many of the projects in this edition show how our teams are using our principal QI methodology, *Model for Improvement*, which tests change ideas using PDSA (Plan-Do-Study-Act) cycles, which will help us identify what does and does not work before we redesign.

Community learning disability teams have used Quality Improvement methodology to develop a Dynamic Support Register of people with a Learning Disability and/ or Autism who are at risk of admission to increase safety by better managing risks
⮞ see page 6

A review of deaths in adults with learning disabilities in Cheshire has been completed, improving our local services and reducing premature death in this population
⮞ see page 8

The Pharmacy team, supported by the Healthcare Quality Improvement team, have worked on a project that has successfully improved risk assessments to reduce prescribing risks associated with sodium valproate and the risk of birth defects
⮞ see page 12

The Red and Green Bed Days project is having a positive, sustained impact, both in terms of progressing the patient journey so that they receive active care and interventions, as well as reducing length of stay
⮞ see page 9

Central and East Recovery College have promoted innovative approaches to improving health and well-being, with a joint initiative to provide yoga classes
⮞ see page 17

The crisis and reablement team have developed a collaborative approach to providing palliative care, which has helped with providing faster discharges home
⮞ see page 18

QUALITY IMPROVEMENT PRIORITIES

We have set three **Trustwide QI priorities** for 2017/18, which reflect our current vision of "**working in partnership to improve health and well-being by providing high quality care**". They are linked to the Trust's strategic objectives, and reflect an emphasis on **patient safety**, **clinical effectiveness** and **patient experience**.

We have made a commitment in our *Quality Account* to monitor and report on these in our *Quality Improvement Report*s. This year, the common focus across all the priorities is **reducing unnecessary avoidable harm** to help reduce avoidable variations in the quality of care and to improve outcomes.

This year, as well as setting a number of areas for overall continuous quality improvement, a number of goal driven measures aligned to the dimensions of our **safety management system**, and to the Trust's forward operational plan for 2017/18, have been set. These are described below.

Goal driven measure for **patient safety**

Increase in the identification of patients taking monotherapy or combination antipsychotic treatment, in which daily doses exceed the recommended maximum limits (according to the British National Formulary) to improve monitoring of the associated risks

At the start of 2017/18, we set a goal to minimise harm in patients taking high dose antipsychotic treatment (HDAT). There are greater risks, including serious physical side effects, when antipsychotic drugs are taken in high dose or in combination.
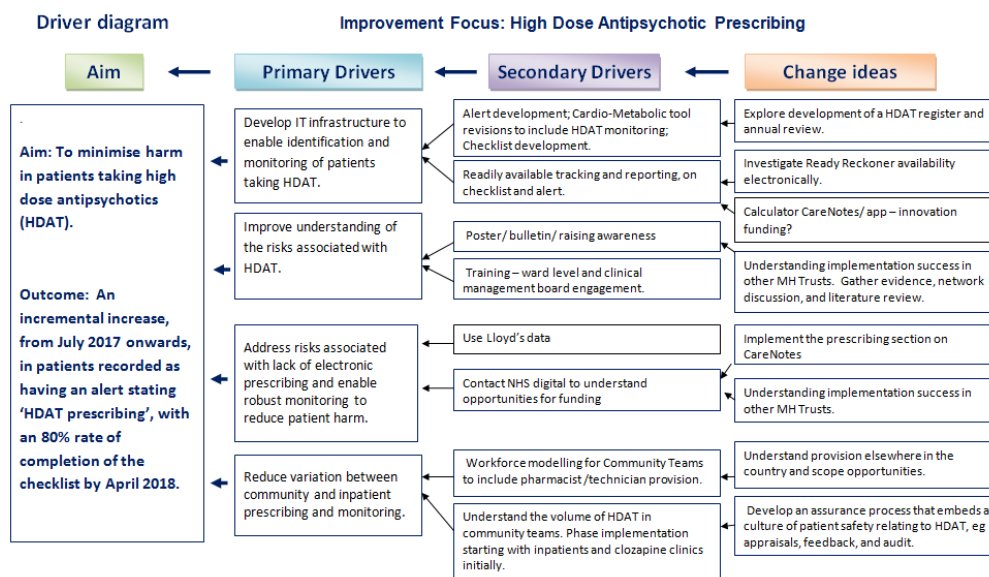
This project aims to increase the identification of patients on this treatment so that we can **improve monitoring of the associated risks**. The driver diagram, left, details the range of QI activities being developed to achieve this goal. We have adopted a QI approach and our progress is regularly assessed. For example, CWP participated in the *Royal College of Psychiatrists*' audit of this issue earlier in 2017. The results have now been published and show the following:

- The proportion of patients in acute adult wards or psychiatric intensive care units for whom HDAT was prescribed, was similar to the national average at 22% (national levels: 21%). This was a **reduction from 49%** as audited in 2012.
- The proportion of patients in forensic and rehabilitation/ complex needs services, for whom HDAT was prescribed, was 14%, which was lower than the national average and a **significant reduction** compared to 56% as audited in 2012.
- The main clinical reasons for regularly prescribed antipsychotic combinations in rehabilitation/ complex needs settings was clozapine augmentation, or poor response to monotherapy, and 8% of cases were long term without a clear reason documented.
- **Improvement is required** in recording when and why HDAT is being prescribed (only 29% audited in adult/ PICU were recorded as HDAT prescribed).

- Physical health checks, however, exceeded or equalled the national average and the results for this are **very positive** for blood pressure, temperature, pulse, body mass index, and full blood count. Improvement will be made for ECG (electrocardiography) tests, lipids, glucose, and movement disorder assessment.

In Quarter 2, 2017/18, an HDAT alert and checklist was introduced on CAREnotes (our electronic record system) and this is being adopted for all inpatients prescribed HDAT initially, with phased implementation for depot prescribing, clozapine prescribing and outpatient teams. Over Quarter 3, 16 alerts have been added to CAREnotes which is **good progress in line with the QI approach for this work, for incremental change to reduce the risks with this area of prescribing.**

For more information, please contact Jasmeen Islam, Acting Chief Pharmacist & Associate Director for Medicines Management on 01244 397380

Goal driven measure for **clinical effectiveness**

Improvement in the Trustwide average bed occupancy rate for adults and older people

Very high bed occupancy rates can affect the quality and safety of patient care. We have set ourselves the target of reducing the average Trustwide bed occupancy rate to 85% by the end of December 2017 on our adults and older people's inpatient wards. This target is taken from the *Royal College of Psychiatrists*' research into the optimal level of bed occupancy (*Looking Ahead – Future Development of UK Mental Health Services, 2010*). Bed occupancy rates are a main driver of inpatient care standards, and a rate of 85% is seen as optimal. December 2017 data will be available in Edition 3.

CWP has identified a centralised 'bed hub' to optimise use of our bed stock and ensure everyone needing an inpatient bed is in the best bed for their needs that day. A number of projects are underway to support a reduction in our bed occupancy levels, and in this edition we are providing a progress update on one of these projects, the *Red and Green Bed Days* which is detailed on page 9.

For further information, please contact Sarah Quinn, General Manager on 0151 488 7444

Goal driven measure for **patient experience**

Improvement in embedding a person-centred culture across the organisation

At the start of 2017/18, we set ourselves a goal to demonstrate that 90% or more of our staff are able to respond positively in the *NHS Staff Survey* that they are able to deliver a person-centred approach in their practice/ delivery of care. Following the successful implementation of the person-centred framework, CWP has put in place the following measures to enable us to meet this goal. These include:
- A dedicated page on the Trust's intranet.
- Face to face training sessions facilitated by the nurse consultant for learning disabilities and the participation and engagement lead. To-date **over 200 staff have attended and feedback has been positive.**
- The Interim Associate Director of Patient and Carer Experience is working with the Care Programme Approach (CPA) lead as part of the workstream in person-centred care, and reviewing the CPA/ care planning policy. This will link with the actions from the national community mental health survey and we will also build in the work of 'Always Events' that is due to start in February. 'Always Events' are aspects of the patient experience that are so important to patients and family members that health care providers must aim to perform them consistently for every individual, every time.

The *NHS Staff Survey* is an annual event and took place during September and October 2017. Results are expected in spring 2018, and a further update will be reported in Edition 3 of the Quality Improvement Report.

QUALITY IMPROVEMENT PROJECTS

Patient Safety Improvements

Delivering *Safe* care

The following projects illustrate how CWP teams are delivering care which increases safety by using effective approaches that mitigate unwarranted risks.

Support for people with learning disabilities or autism who are at risk of admission

Community learning disability teams, led by Sue Williamson, team manager (pictured below), have been working on a QI project to support people with a learning disability (LD) or autism who are at risk of admission. This is one example of many in CWP that demonstrate how our staff are using QI methodologies to ensure we provide the best care possible.

Background:

In line with the national guidance under Transforming Care on *Care and Treatment Reviews* (CTR), Clinical Commissioning Groups are required to keep a *Dynamic Support Register* (DSR) of individuals with LD and/ or autism that were at risk of admission. A scoping exercise showed a wide variation, inconsistency, and subjectivity in the use of DSR and CTR.

What did we want to achieve?

With a lack of existing objective tools, we set out to develop a tool that would help professionals to proactively identify individuals with current level of risks of admission.

What we did:

We used PDSA to develop the objective tool. Baseline assessment was around consistency, attitude and understanding of staff on the use of DSR and CTR processes. A working group identified potential screening questions to be used in a DSR tool. Questions were given weighted scores with cut off for total scores to identify Red, Amber and Green (RAG) ratings.

The initial screening tool, with weighted scores was piloted. Based on the feedback, scores were adjusted and the tool was eventually used to screen people known to community LD teams. To improve objectivity, the working group developed guidelines on the use of tool.

Results:

Development of the tool resulted in staff feeling more confident in identifying individuals for the DSR and resulted in **improved use of appropriate care pathways in the community**. The screening tool allows for rapid objective rating, early identification and timely **management of risks** of admissions and supports the use of CTR process.
In addition:

- There is uniform and objective decision making from the members of the Multi-Disciplinary Team.
- The tool is easy to use and fully incorporated into the electronic record system.

Next steps:

The tool is being adapted for children's services Trustwide, and being written up for publication. To view the poster presentation with further details of the project, please see the Best Practice portal on the intranet.

For more information, please contact Sue Williamson, Team Manager, 01244 397222 or 01606 288850

Improving the quality of handovers at Bowmere Hospital

At CWP, everyone has an important role to play in improving quality. As part of our QI strategy, we will be revisiting the contribution that our medical trainees (junior doctors) can play, as this project demonstrates.

Background:

Whilst spending four months working as a trainee doctor on an acute adult psychiatry ward, Dr Jack Keogan completed a project to **improve the quality of handover** for patients being escalated to the on-call doctor. The quality of a handover is of vital importance. It allows staff to prioritise, request action and give advice effectively, **improving patient care and reducing delays.** Poor handover can waste time, leave people without assessment or treatment unnecessarily, and damage working relationships.

The SBAR tool is a commonly understood, succinct framework for communicating clinical information in order to obtain a response. It structures information into four categories: Situation, Background, Assessment, and Recommendation. It has been validated, widely taken up and is recommended by the *British Medical Journal* and *Resuscitation Council (UK)*.

What did we want to achieve?

The aim of this project was to improve the quality of handover to the on-call junior doctor to allow better prioritisation, increase the possibility of advice being given over the phone, and ultimately improve the patient's experience and outcomes.

What we did:

Across a weekend on-call (36 hours), all calls to the on-call doctor were recorded using an audit tool to identify which areas of information were volunteered and which were lacking, as well as what further information was required in order for the job to be prioritised or advice to be given. Action was taken to encourage structured handover. The next weekend, bleeps were again recorded to assess improvements following the intervention, and suggest areas for possible further improvement. An SBAR reminder was created and situated near to phones commonly used to make referrals during the initial audit. Alongside this, the SBAR framework was opportunistically discussed with team members to remind them of its role and how to apply it, as well as to gain feedback regarding its use and possible barriers to this.

Results:
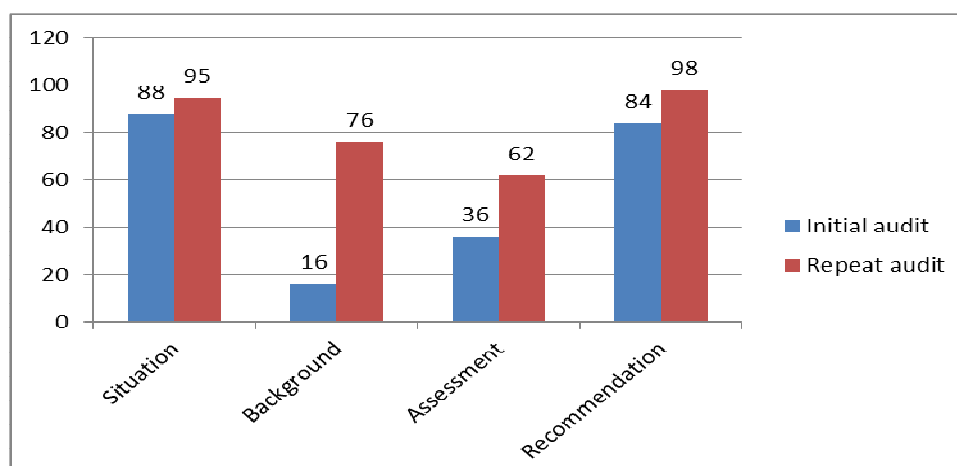
The initial audit showed that team members referring to the on-call doctor commonly explained the *Situation* and made a *Recommendation*, but an *Assessment* and especially *Background* information were poorly supplied.

The re-audit showed improvement in all areas, with the greatest gain being made in *Background* with an almost five-fold increase. The proportion of calls in which *Assessment* was given almost

doubled, showing a smaller but still very significant step forward. A brief reminder of the importance and structure of a clear handover has been enough to prompt **dramatic improvement**. Specific areas identified as requiring further work were the provision of physical observations when patients were unwell, and the rarity of patient names featuring in a handover.

Staff at Bowmere Hospital are skilled at delivering handover in a structured and concise way, but have benefited from a reminder to prompt a structured handover when appropriate.   There remains work to be done to improve handover, but **this simple intervention has made a dramatic improvement in the quality of communication to the on-call junior doctor.**

For more information, please contact Dr Jack Keogan, jack.keogan@nhs.net

Improving the lives of people with learning disabilities

Learning Disabilities Mortality Review (LeDeR) Programme

Background:
Research has shown that people with a learning disability have poorer health than people without a learning disability, including a higher rate of respiratory disease, gastrointestinal conditions, and mental health conditions amongst others.   In addition, people with a learning disability have historically tended to have poorer health outcomes due to inequitable provision of health care.   This combination of factors means that people with a learning disability often die younger, and sometimes die in situations where their death could have been prevented, had they received better quality or more effective health care. Over the last 15 years, a number of national reports have highlighted this inequality (see table above). A review of deaths amongst people with a learning disability had not been attempted previously in Cheshire; however partners from across health care commissioning and provision expressed support for a local review of deaths based on the principles of CIPOLD and the national mortality review programme. The Learning Disabilities Mortality Review (LeDeR) programme aims to make improvements to the lives of people with learning disabilities. It clarifies any potentially modifiable factors associated with a person's death, and works to ensure that these are not repeated elsewhere.

> **2004: Mencap report, "Treat me right!"**
>
> **2007: Mencap report, "Death by Indifference"**
>
> **2012: Mencap report, "Death by indifference: 74 deaths and counting"**
>
> **2013: Confidential Inquiry into Premature Deaths of People with Learning Disabilities (CIPOLD)**

What did we want to achieve?
Working with our commissioners and with public health partners, we wanted to ensure that people with a learning disability that access and use our services, receive the best possible care. The aim of the project was to complete a review of deaths in adults with learning disabilities in Cheshire with a view to improving our local services and reducing premature death in this population.

What we did:
We reviewed deaths that had occurred in adults with learning disabilities in the Cheshire East, Cheshire West and Chester localities, between 2013 and 2015. We completed a retrospective case review of 81 people with a learning disability who had died, looking at their journeys across primary, secondary and CWP care. The review examined the care people had received in the period leading up to their death, and determined whether it was in line with expected standards. We also identified good practice, key learning themes and opportunities for improvement.

Results:
The results of this project have provided an overview of some of the health care issues experienced by people with a learning disability in Cheshire, and their families, during their last months and weeks of life. As well as identifying examples of good practice, the project has identified several areas for local quality improvement, including five priority areas for action and a

further 19 recommendations, all of which seek to reduce morbidity and mortality in people with learning disabilities in Cheshire. The five priority areas include (i) improving the handover process between children's and adult services, (ii) raising the local profile of CWP, (iii) improving understanding of the Mental Capacity Act, (iv) reviewing local pathways that aim to reduce the risk of pneumonia, and finally, (v) the need for a well-supported and sustainable mortality review process going forward.

Next steps:
We are now working to share best practice from the review, and also to look at how we can target areas of practice that require improvement. For example, we are looking at specific issues such as the care of people who died from respiratory problems.

For more information, contact Michele Bering, Consultant Nurse, on 01270 656335 or Karen Somers, Specialist Health Facilitator, on 01625 712043

Clinical Effectiveness Improvements

Delivering *Affordable* care
The following projects illustrate how CWP teams are delivering care which maximises use of resources and minimises waste.

'Red and Green Bed Days' pilot project reduces length of stay

Background:
The 'Red and Green Bed Days' pilot project began on Beech ward between September and December 2017. The initiative aims to optimise patient flow through the identification of wasted time in a patient's journey, and the **reduction of internal and external delays**. The Service Improvement team ensured **that QI methodology was utilised throughout, with driver diagrams, PDSA cycles and run charts used to address any issues identified.**

Broadly speaking, a *Green* day is a day when the patient has received care or an intervention in accordance with their care plan to support their journey to discharge. A *Red* day, however, is a day when a patient does not receive the care or intervention which was requested or planned, or that the care or intervention the patient is receiving that day could have been delivered safely and effectively in a non-acute setting.

What did we want to achieve?
Due to increasing pressures on inpatient beds, it is vital that patients are receiving active care and treatment in the most appropriate setting, and for no longer than is clinically necessary. This is vital in **improving quality of care and freeing up capacity within the system** by ensuring that patients are discharged as efficiently as possible back to the community once they no longer require acute care; thereby reducing length of stay.

This initiative was identified by the 'Bed Hub' as one of the suite of projects to help reduce bed occupancy rates by reducing length of stay (on a pilot ward). Although the process has been successfully used within acute care settings, it is not currently well established within mental health inpatient settings and we wanted to apply the principles and process to our wards in order to achieve the same successes.

What we did:
The principles of the Red and Green Bed Days process were implemented, including:
- Daily 30-45 minute multi-disciplinary team (MDT) board rounds were held to rapidly assess the progress of each patient, determine whether they are 'Red' or 'Green' and identify, discuss and implement specific actions to address barriers or delays to active treatment or discharge at an earlier stage.
- Longer more in-depth meetings were then also held each week to discuss more complex cases and have team ownership of risk. The success of the Beech pilot is attributable to the buy-in and input of the full MDT present at the daily ward rounds.
- An 'Away Day' was held in August to engage inpatient staff, and help to translate the process and criteria established within an acute setting, to a mental health inpatient setting.
- A visual management system, in the form of a spreadsheet, was developed to record patient status on a daily basis, monitor performance of the process, identify internal or external barriers, and target unnecessary delays by allocating actions to individuals that will progress the patient's journey to receiving active care, interventions and ultimately, timely discharge.

A number of rapid PDSA cycles were implemented which focused on further developing and improving the spreadsheet to increase the validity of the data collection by ensuring that it was fit for purpose, collected all relevant information and enabled the reporting of data on a daily basis via statistical process control charts and Pareto charts, as appropriate.

Results:

The Red and Green Bed Days process has resulted in information on patient delays no longer being hearsay, but supported by relevant reported information that results in specific action and escalation to reach a solution and expedite the patient journey towards receiving active care, treatment or discharge.
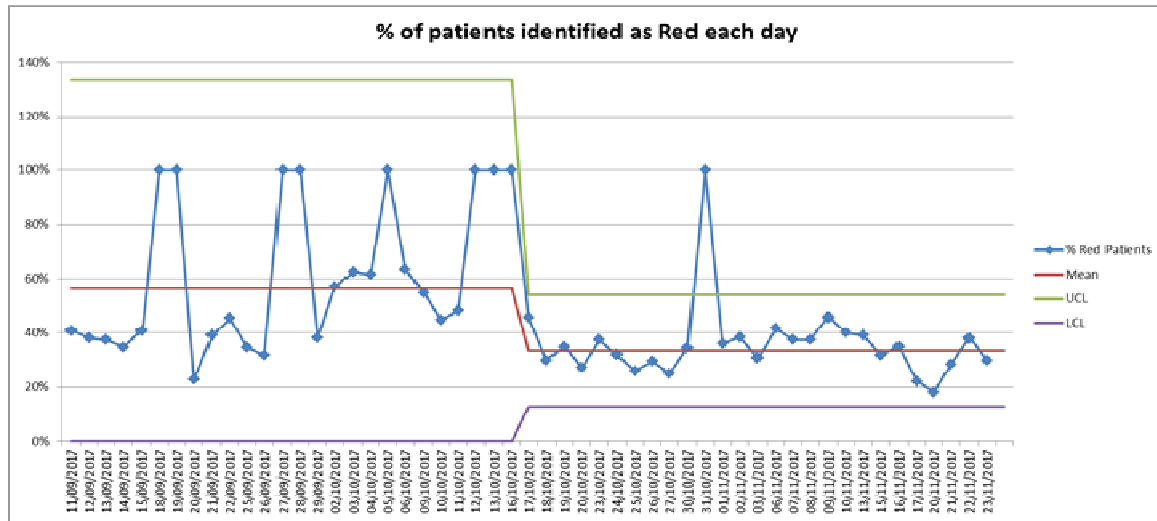
Early indications from the data and staff feedback identify that the Red and Green Bed Days project is having a **positive impact, both in terms of progressing the patient journey to receiving active care and interventions, but also in terms of reducing length of stay**. This is reflected within the data analysis, which identifies a reduction in the percentage of Red patients, from 56% at the start of the pilot, to 33% at week 6 of the pilot, where it has remained since.
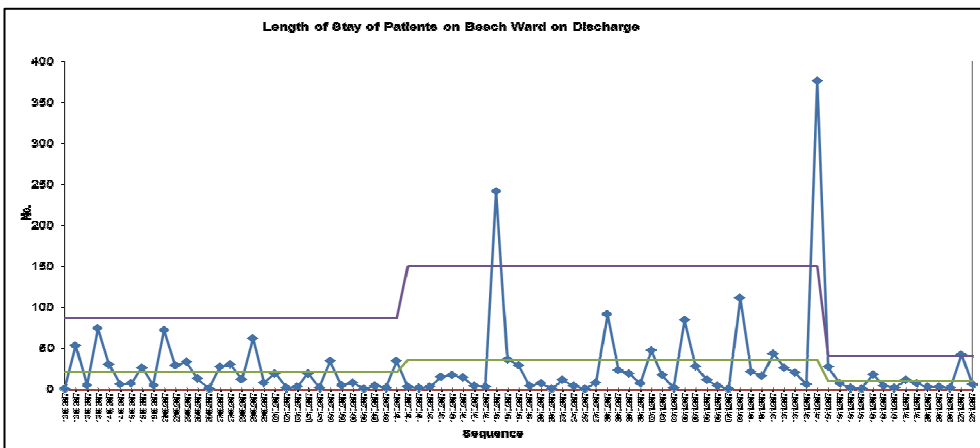
Most significantly, the data analysis identified **a reduction in the average length of stay** when patients are discharged, from 20 days at week 5 of the pilot (11.10.2017), to 9.6 days at week 9 (15.11.2017), where it has remained since.

A thematic analysis of the internal and external barriers was undertaken throughout the pilot. This highlighted the importance of working at all levels (ward, Trust and with external partners) to overcome delays and barriers and thereby reduce the number of Red days and length of stay. A Pareto chart was used to clearly present the main causes of internal and external delays and thereby inform further external escalation with partners and focus areas for further QI projects.
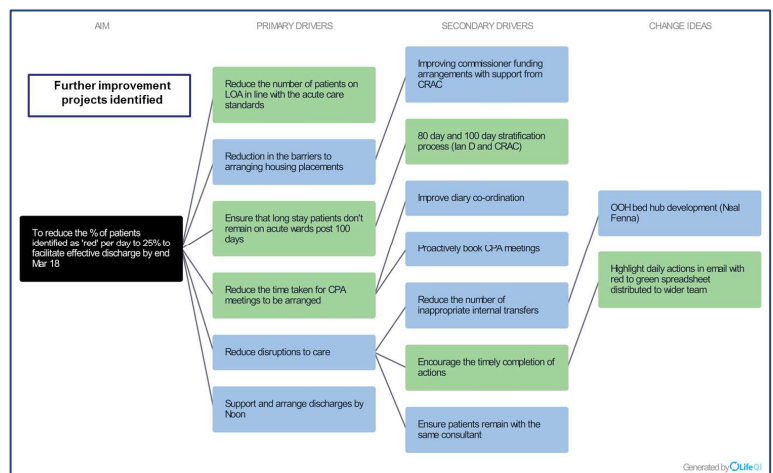
Next steps:

Data will continue to be gathered and analysed in order to validate the length of stay of discharged patients over a longer period to identify whether performance continues to be sustained going forward. Phase 2 of the project begins in January 2018, with a pilot project on Brackendale ward using the refined criteria and process flow chart, and the piloting of a database on Beech ward to improve the efficiency and effectiveness of reporting Red and Green data. Further scoping will take place into the possible use of interactive white boards or an app to display data in real time and improve the recording and reporting process.

For further information, please contact Lauren Connah, Service Improvement Manager on 01244 397396. A full version of the report can be found on the Best Practice portal on the intranet.

Delivering *Sustainable* care

Quality services and systems include sustainability as a fundamental principle. The following projects illustrate how CWP teams are delivering care that can be supported within the limits of financial, social and environmental resources.

Prize winning clinical research at CWP

In October this year, Dr Peter Wilson (trainee psychiatrist at CWP, pictured left) won the prize for the best trainee oral presentation at the *Faculty of General Adult Psychiatry Annual Conference*. It was here he presented a research project he conducted at CWP under the leadership of Professor Taj Nathan (Director of Research, Development & Clinical Effectiveness at CWP) and with the support of the Research Department at Churton House. He was assisted by co-authors Dr Liz Shaw and Dr Tomos Williams, pictured below, who also work in the *Health Education North West* training scheme.

The research focused on how practitioners in front line services, here at CWP, interpret symptoms that might be considered on the psychotic spectrum. Not only did this give the team a useful snapshot of current practice from a service evaluation perspective; it also allowed the team to consider bigger questions such as the boundaries of diagnosis in mental health and current classification systems.

Exploratory Study of Approaches to the Assessment and Formulation of Psychotic-Spectrum Symptoms in Routine Clinical Practice
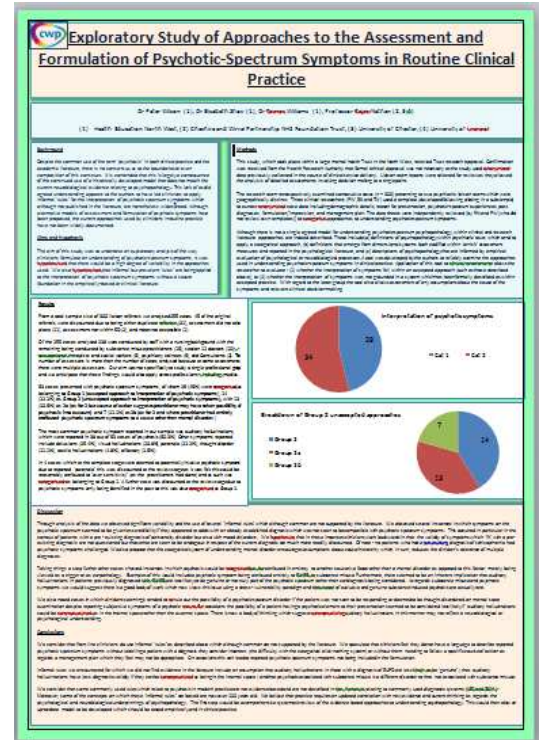
Next steps:

The team is now planning to pursue this line of empirical research further in partnership with local universities.

Dr Wilson commented:

'It is really exciting to consider the big questions of diagnosis and classification because it involves the work we do in clinic and on the wards every day.'

Professor Nathan, pictured left, went on to say:

'This project demonstrates that it is possible to do meaningful empirical research while being a practicing clinician.'

For more information, please contact Dr Peter Wilson, peter.wilson@cwp.nhs.uk

To view the poster presentation, please see the Best Practice portal on the intranet.
Professor Nathan has also presented a research paper at the *Managing Drug and Alcohol Problems in Primary Care* conference, in London in November. The research, entitled **'Improving identification and engagement in dual diagnosis'**, describes the dual diagnosis assessment model used within the service. The initial pilot of this model over a period of 6 months has been **received favourably by patients and professionals** and has led to the increased identification of psychiatric disorder and to referrals into secondary mental health services

For more information, please contact Professor Nathan, on 01625 862518. To view the poster presentation, please see the Best Practice portal on the intranet.
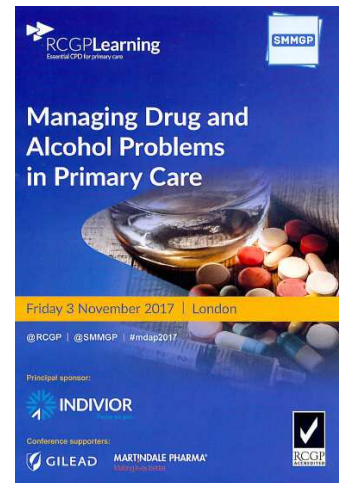
Reducing the risks of prescribing sodium valproate in women of childbearing age

Background:
Sodium valproate is a medication primarily used to treat epilepsy and bipolar disorder. When sodium valproate is taken during pregnancy, it can affect how the baby develops in the womb and cause birth defects. A QI approach has been implemented to reduce prescribing risks associated with sodium valproate and the risk of teratogenicity (birth defects).

What we did:
- 67 'alerts' and respective 'checklists', promoting discussion around patient consent, have been implemented Trustwide by clinicians between February 2017 to December 2017.
- **Rapid PDSA cycles have been employed to further improve performance and this is ongoing**.
- In Quarter 3 2017, an education session was provided by the Pharmacy Team at the CWP Perinatal 'Grand Round' meeting.
- In October 2017, it was established that some risk still remained in community teams and so data was analysed, cleansed and distributed to individual clinicians for review. **This resulted in a significant increase in reviews** (33) undertaken by clinicians in November 2017.

Results:
- 100% of inpatients of child bearing potential prescribed valproate had a checklist and alert documented (Pharmacy team audit: June 2017).
- Prescribing rates of sodium valproate have decreased since the programme of work started in November 2016.

Next steps:
The **sustainability** of this QI prescribing initiative has been factored into the approach for this work, and the data will be reviewed and circulated to teams to support a reduction of risk.

For more information, please contact Jasmeen Islam, Acting Chief Pharmacist & Associate Director for Medicines Management on 01244 397380

Community pharmacy project shows the benefits of working together

An ongoing Community Pharmacy project in Nantwich has been bringing enormous benefits to some of the most vulnerable people in our area.

Background:

Dr Sabu Oomman is Clinical Director of Adult and Old Age Services in Central and East locality, based at Delamere Resource Centre in Crewe. He and his team have been working closely with the team at a local GP surgery, Kiltearn Medical Centre, to improve the care that is being provided for high risk patients in the local population.

What did we want to achieve?

The project, which has been ongoing for 8 months, aims to **improve the efficiency** in which older people living with conditions such as dementia, psychosis, depression or severe anxiety, amongst others, are treated. Caring for such people can involve a lot of multi-organisation working, as they may encounter other health issues that need to be treated on top of their pre-existing ones. By Dr Oomman and Anna Drinkwater, a Clinical Pharmacist at the Practice, working together directly, this project cuts out a lot of the middle management that can sometimes cause delays in their treatment. As well as this, by dealing with each other directly there is **better communication and better coordination of care plans.**

What we did:

Dr Oomman said: "The joined working initiative between the Community Mental Health Team and the Clinical Pharmacist began as a multi-disciplinary meeting, between health professionals. We decided to move things forward by establishing quick access between the two services via email or telephone, with an option of face-to-face meetings. Since then, we have had the opportunity to manage, jointly, clients with unique complicated medical problems. This has **helped manage unnecessary reviews** by reducing the need for GPs to always be involved, reduce prescription of excessive medication and **improve the consistency of care plans** that we have implemented."

Results:

Currently, this project, established by CWP, is only involving one GP practice. However, such has been its success, members of staff from other practices have expressed an interest in adopting something similar. Indeed, Dr Oomman has invited other health workers, such as pharmacists and matrons, to come along to shadow meetings between staff involved in the projects. They have been invited to the meetings in an observational capacity, to see what this dynamic way of working involves and how the **improved communication** is implemented.

Next steps:

Describing plans to extend the project, Dr Oomman said:

> **"We are currently planning to extend joined-up working with high-risk cohorts of patients who present with management difficulties."**

Anna Drinkwater, the Clinical Pharmacist from Kiltearn Medical centre also stated her enthusiasm for the project, saying:

> **"This project has resulted in more timely and effective management of specific patients' medication, and has also resulted in less demand from these patients on the surgery and ensures that the medications prescribed are more consistently monitored and adjusted. This consistent approach ensures that the patients feel more supported and improves their clinical management."**

For more information, please contact Dr Sabu Oomman, Consultant Psychiatrist on 01270 655298

The 'Q' Community – National Quality Improvement event

Q is a national initiative connecting people with improvement expertise across health and care services in the United Kingdom. Q's mission is to foster **continuous and sustainable improvement in health and social care by creating opportunities for people to come together to create a community to share ideas, enhance skills and collaborate on improvement projects.** A number of CWP staff have already joined the community and attended the national event on 29 November in Liverpool

Why was the Q Community established?
Our health and care system is facing major challenges, with the need to improve at significant scale and pace and in the face of considerable financial pressures. Q was established in response to a recommendation from Don Berwick's 2013 report, '*A promise to learn – a commitment to act: Improving the Safety of Patients in England*', that we urgently need to enhance the 'bottom up' capacity of the health and care system to identify and respond to new ideas. It is hoped that creating a diverse and well-connected community will encourage innovation and help develop solutions that have the buy-in of different groups. Over the past decades, thousands of people in health and care have been trained in, and are now delivering, structured approaches to improvement. Providing long-term support for people with improvement expertise makes the most of that investment already made*.*

The vision for Q is to create a large-scale, connected improvement community, making it easier to share ideas, enhance skills and make changes that benefit patients. Q offers members flexible development, practical networking and collaboration opportunities. There is no membership fee or minimum time commitment. Talking about the event, Helen Fishwick, HQI manager, commented:

> **"This excellent event provided me with opportunity to connect with others interested in quality improvement, and identify opportunities for collaboration. It allowed me to explore ways of thinking and doing things differently, and I've shared these ideas with my team. I'd encourage anyone to join this community."**

As part of our QI strategy, we will encourage CWP staff to participate in the Q initiative to nurture **continuous and sustainable improvement in health and care**. There will be more opportunities to join Q in spring 2018; more information will be posted on the **Best Practice portal** on the intranet.

For more information, please contact Helen Fishwick, Healthcare Quality Improvement Manager, on 01244 393325

Effective Services Department provide *Improvement Surgeries*

Our Quality Improvement strategy states:
"To sustain Quality Improvement, it must be part of our culture and our everyday work. We will build an effective QI infrastructure by providing education and training to ensure we have the right number and level of people who are able to use QI skills, and are actively engaged in QI projects."

Background:
The Effective Services Department are coordinating Improvement Surgery sessions that will be two hours every month. These will be held at a variety of locations across the Trust; they are drop-in sessions available to all members of staff, and all staffing levels are encouraged to attend.

What did we want to achieve?
We wanted to provide an opportunity for staff to receive advice and guidance on improvement ideas and projects. The Effective Services Department can provide staff with information on how the Service Improvement team and other clinical support teams can help staff to implement improvement ideas and to find out more about QI tools and techniques.

What we did:
Two improvement surgeries have been held so far. Following poor attendance at the first improvement surgery, we reflected and the communication plan has been revised and locations reassessed to ensure they are appropriate.

Results:
The second Improvement surgery in Chester had five attendees from a variety of professions and these are examples of the projects we are supporting teams with:
- We are supporting a clinical facilitator in a CMHT with embedding QI methodologies within her team, and building the capacity to implement improvement projects, as well as providing support for her complex improvement project. We will be providing her team with an *Improvement Readiness* course at the team's away day in February.
- We are supporting a specialist physiotherapist, in learning disability services, with a project to **improve accessibility** to physiotherapy for those with a learning disability. Process mapping and improvement coaching sessions have been arranged to progress the improvement ideas.
- We are supporting the PA to the Chief Pharmacist to achieve a more sustainable approach to collating information about specific drug requests.
- We are supporting the Criminal Justice and Liaison Diversion team with developing person-centred team working.

Next steps:
The Service Improvement team will provide updates on these pieces of work, and the outputs achieved as work progresses. Please contact the Effective Services Department on 01244 397390 for more information on training dates.

For more information, please contact Safieh Fraser, Service Improvement Manager on 01244 397618

Junior Doctors' 'Improvement Readiness' Training

Background:
The Service Improvement team was approached by the Teaching Medical Education Manager to deliver a bespoke 'Improvement Readiness' training session for Junior Doctors.

What did we want to achieve?
The team aimed to increase awareness and understanding of CWP's approach to Continuous Improvement and to equip trainees with basic improvement techniques. All the training that the Service Improvement team delivers ensures that the feedback is considered and the training is adapted for future cohorts.

What we did:
An initial short improvement introduction session was held to introduce the team and the support available, as well as to seek the Junior Doctors' prior knowledge and experience of improvement to inform our 'Improvement Readiness' session. Service improvement managers then devised a bespoke 3-hour session focusing on developing an understanding of the foundations of QI and the basic improvement tools to use when undertaking an improvement project. There was also a focus on engaging and motivating people for improvement, and developing an improved understanding of measurement for improvement.

Outcome:

The Effective Services Department has received positive feedback. The overall average score that the team received for delivering the session was 4 out of 5. The feedback included positive comments such as:

"Very enthusiastic. A good sense of humour during the presentation. Engaged audience."

"A good overview of a topic which we have little knowledge or experience of. Good presenters and group activities to break the presentations up."

"A good recap of quality improvement and PDSA cycles."

For more information, please contact Safieh Fraser, Service Improvement Manager on 01244 397618

Patient Experience Improvements and Patient Feedback

Delivering *Acceptable* and *Accessible* care

The following projects illustrate how CWP teams are delivering care which takes into account the preferences and aspirations of people. They also show how CWP teams are delivering care that is timely, geographically reasonable, and provided in a place where skills and resources are appropriate to meet people's needs.

Substance Misuse Service Bereavement pack

CWP's **Person-centred Framework** is a set of overarching principles that ensure that person-centred thinking runs through everything we do. This project exemplifies how one of our teams has applied these principles to provide care and support to the families of people who have used their services.
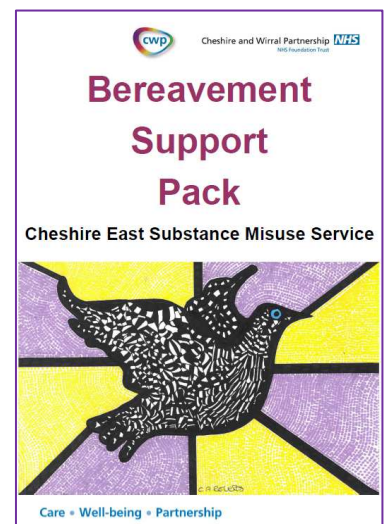
Background:

Bereavement through a loved one's drug or alcohol misuse can be a devastating, challenging, and often an isolating experience. The Substance Misuse Service (SMS) has developed an information pack to provide support for families following bereavement. The project was inspired by Paul and Hilary Jamieson, following the loss of their son Alex. The SMS had asked the family if there was anything that could help them at such a difficult time. Suzanne Jones, the SMS Lead, decided to start to bring together useful information in one place. Cathy Roberts, who had previously accessed support from the SMS, provided the artwork (see below), and a poem used in the pack.

What did we want to achieve?

We wanted to give people information to help them cope after bereavement and we wanted to bring it together in one place.

What we did:

We worked with the Communications and Engagement team to design the packs to support bereaved people on a range of practical issues, and offer advice on all aspects of bereavement from registering the death, to Coroners and post mortem examinations, and who to inform. They provide a wealth of information and resources to those unsure where to turn or what to do in such a difficult situation.

Cheshire and Wirral Partnership NHS
Bereavement Support Pack
Cheshire East Substance Misuse Service
Care • Well-being • Partnership

The Bereavement Pack's features include advice on:

- How people normally grieve after a loss, helping people through the grieving process by looking at the emotions they might be experiencing and how to overcome them.
- Unresolved grief.
- Places to get help, outlining where and how to access appropriate support and links to useful resources and organisations.
- Practical advice and help with things people will have to deal with as a result of their loss.
- How friends and relatives can help.

Results:
The Bereavement Pack has been piloted and it is hoped that similar packs can be made available Trustwide to provide support to families following the loss of a loved one.

**For more information, please contact Suzanne Jones, Substance Misuse Service Lead on
01270 656 301 (Crewe)/ 01625 712000 (Macclesfield)**

Central and East Recovery College promote innovative approach to improving health and well-being

CWP's Quality framework emphasises the importance of delivering care in ways which are **acceptable** and **accessible** to those who use our services. The following project demonstrates how our teams are putting this into practice, by using innovative approaches to engage people in physical activity, who would not normally participate. There has been recognition that sometimes the health service has been prone to operating a limited approach to engaging the community and partnership working, as well as underdeveloped action on the broader influencers of health and wellbeing, for example physical activity. This project demonstrates CWP's commitment to working with partners to develop a new approach.

Background:
NHS England (2014) recommends that all adults should undertake muscle strengthening activity such as yoga. Following outcomes from a commissioning for quality and innovation (CQUIN) project: *Sustaining health and promoting exercise* (SHAPE), Central and East Recovery College worked alongside Health Facilitator, Donna Davies, to offer yoga sessions to people accessing CWP's services in order to increase their physical activity engagement. The project involved joint working across many teams and organisations, with the piece of work being funded by both CWP's Central and East Early Intervention (EI) team, and *Active Cheshire*, who are a health and wellbeing charity who work with partners to find new ways to get people active.

Further to this, the 'Ministry of Yoga', a yoga studio in Crewe, facilitated the yoga sessions, alongside Central and East Recovery College. The Recovery College is a resource for users of CWP services, offering educational courses around self-management, mental health conditions, and workshops to **improve health and wellbeing**. It operates in Macclesfield, Crewe and Winsford.

What did we want to achieve?
Research shows exercise and physical activity can have a positive impact on mental health and improve wellbeing. Indeed, a review of randomised controlled physical activity interventions, found exercise improves the negative symptoms of schizophrenia. The study showed small increases in physical activity could have health benefits, and enhancing quality of life (Department of Health, 2016). This shows how beneficial the project could be to those accessing EI services. Feedback from the SHAPE CQUIN suggested that people wanted to get more active, but often environments like gyms could be daunting, and

traditional exercise seemed overwhelming. From here, it was proposed that yoga was a way to engage people in physical activity, without it being too anxiety provoking or strenuous.

How did we do it?

Existing resources of the Recovery College were used to promote the yoga sessions, including systems for enrolments and workshop bookings, alongside advertising them in our prospectus. The sessions took place in Macclesfield, Crewe and Winsford, using both CWP and community settings, meaning the sessions were accessible to as many people who use our services as possible. *Ministry of Yoga* tailored six sessions across each location, to include Hatha, Nidra and Yin yoga, to help people find an exercise that suited them best. The experience of the Recovery College, through the yoga sessions, also helped people gain confidence in groups, and feel more able to access other courses within the college, in order to **help improve wellbeing**. The project has also allowed people to attend classes in the community in their own time, with further classes signposted in local areas, and some classes offering discounted rates to people who use CWP services.

Results:

Feedback from patients has been really positive:

> 'If I wasn't attending Yoga today I would have stayed in bed all day' 'Thoroughly enjoyed it'
> 'This is fantastic, will recommend this to everyone' 'The social side of meeting the same faces each week makes me want to keep coming'

Our results showed that attendance has been an average of three per class (three classes per week across three sites), six places are available per class. Barriers still exist in trying to get the message out to all community mental health teams and their patients, but the Recovery College will continue to work on improving this. New projects appear to take time to establish themselves in our practice! However, we recognise the difficulties of trying to engage with people when it comes to increasing levels of physical activity, hence the *Introduction to Yoga* course as a different option.

We evaluated how people felt before and after the yoga sessions. When asked for a word, or statement, that described how they felt before yoga, responses included: 'tired', 'anxious', 'stressed', 'apprehensive', 'rushed' and 'tense'. Following yoga, peoples responses had improved and were: 'serene', 'calmer', 'relaxed', 'mellow', 'tingly', and 'peaceful'. We also asked people to score out of five how they felt about getting involved in any activity to help their wellbeing before yoga, compared to after yoga, and **all scores increased**.

Next steps:

We want to see if yoga can help people with mental health conditions to become less sedentary in their behaviour. Following the success of the pilot project, a further bid has been put in, in order to secure funding to allow the project to become ongoing, and support more people who use our services in improving their physical and mental health and wellbeing.

For more information, please contact Donna Davies, Health Facilitator on 07876 035832, or the Recovery College on 01625 505647 or email ce.recoverycollege@cwp.nhs.uk

Care matrix – improving end of life care

This project exemplifies how CWP teams, through a collaborative approach, are achieving real improvements in the way we deliver **person-centred** and **acceptable care** to our patients when they are most vulnerable.

What did we want to achieve?

The Crisis and Reablement Team (CART) are a team of experienced community support workers who are highly specialised in providing care to patients needing palliative care. Their aim is to

make the journey as comfortable as possible for these people as well as their families, who in the final days of life, chose home as their preferred place of care, to go home from hospital to die. This is a time pressured activity where hours can make a difference to achieving the desired outcome for the patient and their family.

What we did:

- We worked with the Countess of Chester Integrated Discharge Team (IDT) to see how we could take a patient needing palliative care home within hours of referral, and have CART support workers visit the same day.
- A *Care Matrix* (care plan document) was produced between Discharge Liaison, Continuing Health Care and CART teams that provides details on the patient's condition, mobility and care needs.
- A hospital bed is provided at home ready for the patient's return, and a referral to Continuing Health Care is made at the same time.
- A copy of the Care Matrix goes home with the patient, and a copy is sent to CART. The Care Matrix is triaged by the team's clinical service manager and the information given to the staff who will be visiting. Technical terms are explained and a concise evaluation of the situation, including health and safety concerns, is discussed with the team.
- The patient makes a very important return home and CART support workers provide care for the patient that same day. Patients are followed up within 24 hours by the District Nurses.

Results:

CART has facilitated a **much faster discharge home for the patient** from hospital. Using a "trusted assessor" model, there are no delays in waiting for an assessment and subsequent care plan to be carried out by the community care teams (CCTs) before referral can be made to CART for palliative care. **Our expertise in providing care to patients needing palliative care has helped patients achieve their dying wish, which is important to themselves and to their family.**

The process has improved the discharge planning for the IDT and helped to relieve the pressures on the CCTs. CART staff have improved information with regard to the patient, their environment and home circumstances, making them feel more comfortable with dealing with a complex and emotional situation. Feedback has been very positive:

> "I was unable to cope both physically and emotionally with my husband being terminally ill. I cannot emphasise how wonderful the team has been, not only with him but with support for me. They've all become like friends and we look forward to them coming. We cannot thank them enough!"

Next steps:

We are in the process of developing a similar process for patients needing palliative care being discharged from Arrowe Park Hospital. We would also like to develop a pathway for patients being discharged from Hospital@Home.

For more information, please contact Sue McGuigan, Team Manager, on 01244 977346

Between August and November 2017, CWP formally received 1203 **compliments** from people accessing the Trust's services, and others, about their experience. Below is a selection of the comments and compliments received:

CWP East
Croft – "I would like to thank you all for the care you gave (person) during his stay in your ward. I appreciate very much all you did for him. THANK YOU again - all my very best regards."
Adelphi – Family of a service user emailed the consultant and team to thank them for the care received, and how the family would not have coped without the support from the team.
Macclesfield CAMHS – A mum thanked (person) for supporting her daughter with her eating disorder during the difficult times they had gone through and for always been there in sessions, but also on the end of the phone if needed.
Crewe Recovery – A member of a care agency complimented (person) for his lovely manner, patience and attention to detail. She observed that on several occasions she has witnessed (person) dealing with patients in a very compassionate and respectful way.

CWP West
Juniper – "It helps to talk to you; it calms me down, thank you."
Indigo – "Thank you so much for all of your kindness and support during my time at Ancora and I hope you know how grateful I am. You have been so understanding and helped make me laugh on my worst days. Thank you for helping me to feel like myself again."
Primary care mental health services – "Excellent service really calmed me down and helped tremendously to come to terms with things. Thank you."
Ellesmere Port and Neston Recovery – At the end of the outpatient clinic (person) said "You are a very nice man and always listen to what I have to say."

CWP Wirral
Wirral Home Treatment team – Note received which stated: "Dear staff at home treatment team, I'd like to thank you for all your lovely hard work; it means a lot to me. You are all lovely, kind and considerate."
Wirral Home Treatment team – Service user thanked (person) for telephone advice and support given when she contacted HTT over the weekend period experiencing anxiety. (Person) spent time discussing coping and breathing techniques to help the client manage her emotional distress.
Brackendale – Wife of patient complimented staff on compassion shown during telephone conversation.
Brooklands – Thank you card received for ward manager from patient. "Just a little card to say thank you for everything you have done for me. I will miss you and our little chats you are a 'boss man' and I will never forget you."

Share your stories

We welcome your best practice stories and Quality Improvement successes; please share your work via the Safe Services Department using the Best Practice and Outcomes page on the intranet or contact the Healthcare Quality Improvement Team on 01244 393138

Look out for more about Quality Improvement in Edition 3 2017/18 of the *Quality Improvement Report*

Cheshire and Wirral Partnership NHS
NHS Foundation Trust

STANDARDISED REPORT COMMUNICATION

REPORT DETAILS

Report subject:	Flu Campaign 2017/18 Update
Agenda ref. no:	17.18.101
Report to (meeting):	Board of Directors
Action required:	Information and noting
Date of meeting:	31/01/2018
Presented by:	David Harris, Director of People & OD

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	No
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 CQC quality of service domains this report reflects:	
Safe services	Yes
Effective services	Yes
Caring services	Yes
Well-led services	Yes
Services that are responsive to people's needs	Yes
Which Monitor quality governance framework/ well-led domains this report reflects:	
Strategy	Yes
Capability and culture	Yes
Process and structures	No
Measurement	Yes
Does this report provide any information to update any current strategic risks? If so, which?	
See current risk register in the agenda of the public meeting of the Board of Directors at http://www.cwp.nhs.uk/about-us/board-members/our-board-meetings	Yes
36T	
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
36T	

REPORT BRIEFING

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

The purpose of this report is to provide the Trust Board with an up to date position on the Flu Campaign 2017/18, including action already taken, current performance and final steps to be undertaken before the Campaign ends on February 28th 2018.

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

The Flu Campaign 2017/18 began on 2nd October 2017 overseen by a Flu Planning Group, which involves the Director of People & OD as Chair and Executive Lead for Flu, the Head of Workforce Wellbeing as Deputy Chair and operational lead for the campaign, with representatives from Workforce Wellbeing, IPC Team, Locality Clinical Flu Leads, Pharmacy, Communications Team, Finance, Staff-side, Effective Services and Emergency Planning. This year's CQUIN target for the Trust is to achieve an uptake of 70% within those members of staff classified as "Face to Face" by the end of February 2018. The 16/17 campaign's final uptake figure was 57%.

Assessment – *analysis and considerations of options and risks*

As of 18th January 2018, the current vaccination uptake position is 57%. We have approximately 5 weeks of the Campaign left to achieve our 70% target.

The delivery of this year's Campaign has been a mixture of formal clinics in all localities within CWP foot print and targeted clinics arranged for areas not within the main localities, for example Warrington, Sefton, Bolton. Alongside formal clinics the campaign has adopted a "dial-a-jab" approach advertising peer vaccinators details so that they can be telephoned and vaccinations arranged, as well as a drop-in service within each Occupational Health Pathway department and "walkabouts" conducted on wards and within community teams. Vaccinators have also attended Trust Inductions and any large training events including Grand Round, Safeguarding etc.

The Communications Plan has been to use an approach that was successful within Liverpool Trusts, which has been a mixture of posters (including again utilising a "News-in-the-loos" approach), as well as screen savers, targeted emails to certain groups of staff, letters from Executive team members, tweets, intranet updates, articles in CWP Essential and targeting particular "hot spots" with personalised communications. In addition, the Workforce Wellbeing Service has both directly and via General Managers emailed Team Managers on a regular basis asking them to confirm numbers within their team and seeking the numbers of staff within their Team who do not wish to be vaccinated. This information is required by Public Health England but it also enables the Trust to triangulate information being received via database and line managers.

Statistics published on 11th January 2018, show that over the last week there has been a 78% increase in the GP consultation rate with flu like illnesses, a 50% increase in the flu hospitalisation rate and a 65% increase in the flu intensive care admissions rate.

Despite all of the above current benchmarking suggest that the Trust has a lower uptake of flu vaccination than some other Trusts. That said, there is evidence that some CWP staff have received the vaccination but their records have not been updated or submitted. In order to try to resolve this and ensure CWP is able to submit robust data to Public Health England dedicated time and energy is been given to scrutinising further the database to ensure the correct staff are categorised as "Face to Face" and this is being triangulated with data from team managers as described above. In addition to the focus on data quality, Operations Board on 17th January 2018 discussed Flu at length and committed clinicians and managers to continuing to make it a priority for the coming weeks.

In addition to the above staff wellbeing and capacity risk there is also a financial risk. The CQUIN funding attached to this year's Flu Campaign is split between 1.5% of the overall contract value and payment is as follows:-
50% or less   No Payment
50% - 60%   25% of Payment
60% - 65%   50% of Payment
65% -70%   75% of Payment
70% or above   100% of Payment

In addition to the focus on data quality, Operations Board on 17th January 2018 discussed Flu at length and committed clinicians and managers to continuing to make it a priority for the coming weeks.

The Trust is in communication with NHSI to provide assurance on the actions being taken and to ensure that CWP's reading of the national guidance and reporting is correct and consistent with that being used by other Trusts.

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

Board is asked to note the progress made thus far, the risk of not achieving 70% and the mitigating actions being taken.

Who/ which group has approved this report for receipt at the above meeting?	36T
Contributing authors:	36T
Distribution to other people/ groups/ meetings:	

Version	Name/ group/ meeting	Date issued
1	36T	36T

Appendices provided for reference and to give supporting/ contextual information:	
Provide only <u>necessary</u> detail, do <u>not</u> embed appendices, provide as separate reports	
Appendix no.	Appendix title
36T	

Cheshire and Wirral Partnership NHS

NHS Foundation Trust

STANDARDISED REPORT COMMUNICATION

REPORT DETAILS

Report subject:	Patient Led Assessment of Care Environment (PLACE) results 2017
Agenda ref. no:	17.18.102
Report to (meeting):	Board of Directors
Action required:	Discussion and Approval
Date of meeting:	31/01/2018
Presented by:	Director of Operations

Which strategic objectives this report provides information about:	
Deliver high quality, integrated and innovative services that improve outcomes	Yes
Ensure meaningful involvement of service users, carers, staff and the wider community	Yes
Be a model employer and have a caring, competent and motivated workforce	Yes
Maintain and develop robust partnerships with existing and potential new stakeholders	Yes
Improve quality of information to improve service delivery, evaluation and planning	Yes
Sustain financial viability and deliver value for money	Yes
Be recognised as an open, progressive organisation that is about care, well-being and partnership	Yes
Which CQC quality of service domains this report reflects:	
Safe services	Yes
Effective services	Yes
Caring services	Yes
Well-led services	Yes
Services that are responsive to people's needs	Yes
Which Monitor quality governance framework/ well-led domains this report reflects:	
Strategy	Yes
Capability and culture	Yes
Process and structures	Yes
Measurement	Yes
Does this report provide any information to update any current strategic risks? If so, which?	
See current risk register in the agenda of the public meeting of the Board of Directors at http://www.cwp.nhs.uk/about-us/board-members/our-board-meetings	No
Click here to enter text.	
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
Click here to enter text.	

REPORT BRIEFING

Situation – *a concise statement of the purpose of this report*
CWP are required to undertake and report on environmental standards through the Patient-Led Assessments of the Care Environment (PLACE) which are a annual self-assessment of non-clinical services which contribute to healthcare delivered in both the NHS and independent/ private healthcare sector in England. PLACE is reported directly to the Department of Health and results are calculated nationally and broken down into organisations, and formulate part of the Model Hospital matrix as outlined in Lord Carters report to central government. PLACE encourages the involvement of patients, the public and other healthcare bodies, both national and local (e.g. Local Healthwatch) in assessing healthcare providers, this is done in equal partnership. The full detailed report is enclosed as appendix 1.

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

The aim of PLACE assessments is to provide a snapshot of how an organisation is performing against a range of non-clinical activities which impact on the patient experience of care. The non-clinical activities of concern are:- Cleanliness, Food and Hydration, Privacy, Dignity and Wellbeing, Condition, Appearance and Maintenance of healthcare premises, Dementia, Disability (new for 2017). In 2017, Cheshire & Wirral Partnership participated in the Patient-Led Assessment of the Care Environment (PLACE) inspections lead by the Facilities Management team; all assessments were concluded by the end of May 2017. A wide variety of patient assessors were used to perform the inspections these included, registered PPI representatives, volunteers, past and current Service users, trust governors and representatives from Healthwatch in each locality.

Assessment – *analysis and considerations of options and risks*

Overall Cheshire & Wirral Partnership has improved its cleanliness, condition, appearance & maintenance of buildings and privacy, dignity and wellbeing scores in 2017 compared to 2016; the Facilities and Estates teams are proud to be the top organisation in all areas of the inspection within the local Mental Health and Learning Disability Trusts, while also achieving above national average in all elements of inspections. This not only demonstrates the commitment and engagement of the Facilities & Estates team but also the value and benefit of continuing investment in latest equipment to enable improved outcomes. Overall the 2017 PLACE inspection programme has been very successful, the assessments completed help to provide assurance to Cheshire & Wirral Partnership board of directors, commissioners and general public that the standards of the environment and Facilities Services provided are meeting the needs of service users.

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

The board is asked to note the contents of the full report included in appendix 1.

Who/ which group has approved this report for receipt at the above meeting?	A Styring Director of Operations
Contributing authors:	David Pearson FM
Distribution to other people/ groups/ meetings:	

Version	Name/ group/ meeting	Date issued
Click here to enter text.	Operational Board	October 2017

Appendices provided for reference and to give supporting/ contextual information:
Provide only <u>necessary</u> detail, do <u>not</u> embed appendices, provide as separate reports

Appendix no.	Appendix title
1	CWP Public Board Meeting report - October 2017.

Report to:	**CWP Trust Board Meeting**
Date Report Due:	**January 2018**

Title of Report:

PLACE (Patient led assessment of the care environment) results 2017

Author:

David Pearson MBIFM
Head of Facilities Management

Objectives that this report covers:

O1 – Introduction

O2 – Principles of PLACE

O3 – Process

O4 – Results

O5 – Conclusion

Distribution

Version	Name(s)/Group(s)	Date Issued
FINAL	Justin Pidcock – Associate Director Estates & Facilities Andy Styring – Director of Operations	January 2018

Introduction

CWP are required to undertake and report on environmental standards through the Patient-Led Assessments of the Care Environment (PLACE) which are a annual self-assessment of non-clinical services which contribute to healthcare delivered in both the NHS and independent/ private healthcare sector in England. PLACE is reported directly to the Department of Health and results are calculated nationally and broken down into organisations, and formulate part of the Model Hospital matrix as outlined in Lord Carters report to central government.

Through focussing on the areas which directly affect patients, families and/or carers, the PLACE programme aims to promote a range of principles established by the NHS Constitution, including:-

- Putting patients first;

- Actively encouraging feedback from the public, patients and staff to help improve services;

- Striving to get the basics of quality of care right;

- A commitment to ensure that services are provided in a clean and safe environment that is fit for purpose.

PLACE encourages the involvement of patients, the public and other healthcare bodies, both national and local (e.g. Local Healthwatch) in assessing healthcare providers. This is done in equal partnership with NHS staff to both identify how they are currently performing and to identify which services can be improved for the future.

There have been further developments of the Dementia assessment section within 2017; the criteria within this section assess how well healthcare providers' premises are equipped to meet the needs of caring for patients with dementia. It should however be noted that this does not represent a comprehensive assessment relating to dementia, rather it focused on a limited range of aspects with strong environmental, and buildings-associated components. Organisations are encouraged to separately undertake a comprehensive dementia-related assessment using a recognised environmental assessment toolkit. (CWP undertake this using the University of Sterling audit tool)

The Principles

The aim of PLACE assessments is to provide a snapshot of how an organisation is performing against a range of non-clinical activities which impact on the patient experience of care. The non-clinical activities of concern are:-

- Cleanliness;
- Food and Hydration;
- Privacy, Dignity and Wellbeing (the extent to which the environment supports the delivery of care with regards to the patient's privacy dignity and wellbeing);
- Condition, Appearance and Maintenance of healthcare premises;
- Dementia (whether the premises are equipped to meet the needs of dementia patients against a specified range of criteria).
- Disability (new for 2017)

The criteria included in PLACE are not standards, but they do represent aspects of care which patients and the public have identified as important. It also represents good practice as identified by professional organisations whose members are responsible for the delivery of these services. These include but are not limited to the Healthcare Estates Facilities Managers Association (HEFMA), the

Association of Healthcare Cleaning Professionals (ACHP), the Hospital Caterers Association (HCA) and the British institute of Facilities Managers (BIFM). In the case of dementia they draw heavily on the work of The Kings Fund and Stirling University.

The assessments cover:

Cleanliness
- The assessment of Cleanliness covers all items commonly found in a healthcare premises including patient equipment; baths, toilets and showers; furniture; floors and other fixtures and fittings.

Food & Hydration
- The assessment of Food and Hydration includes a range of organisational questions relating to the catering service for example, the choice of food, 24-hour availability, meal times and access to menus. An assessment of food services at ward level and the taste and temperature of food is also completed.

Privacy, Dignity & Wellbeing
- The assessment of Privacy, Dignity and Wellbeing includes infrastructural/ organisational aspects such as provision of outdoor/ recreation areas, changing and waiting facilities, access to television, radio, computers and telephones. It also includes the practicality of male and female services such as sleeping and bathroom/ toilet facilities, bedside curtains sufficient in size to create a private space around beds and ensuring patients are appropriately dressed to protect their dignity.

Condition, Appearance & Maintenance
- The assessment of Condition, Appearance and Maintenance includes various aspects of the general environment including décor, the condition of fixtures and fittings, tidiness, signage, lighting (including access to natural light), linen, access to car parking, waste management, and the external appearance of buildings and maintenance of grounds.

Dementia & Disability Assessment
The Dementia and disability assessment focuses on flooring, decor and signage, but also includes such things as availability of handrails and appropriate seating and, to a lesser extent, food. The items included in the assessment do not constitute the full range of issues requiring assessment which, in total, are too numerous to include in these assessments. However they do include a number of key issues, and organisations are encouraged to undertake more comprehensive assessments using one of the recognised environmental assessment tools available. (CWP undertake this using the University of Sterling audit tool.)

Process

In 2017, Cheshire & Wirral Partnership participated in the Patient-Led Assessment of the Care Environment (PLACE) inspections lead by the Facilities Management team; all assessments were concluded by the end of May 2017, all NHS organisations were given a 6 week window in which to carry out an assessment of a named site, these dates were provided by NHS England and were unannounced to the wards until day of inspection.

A wide variety of patient assessors were used to perform the inspections these included, registered PPI representatives, volunteers, past and current Service users, trust governors and representatives from Healthwatch in each locality. CWP also had external verification of visits conducted by a trained individual from another NHS organisation to ensure that process was fair and reasonable as set out within Department of Health guidelines.

All assessments were undertaken using a standard assessment format issued by NHS England; all of the trusts inpatient units over 10 beds were inspected.

The premises assessed were as follows:

- Bowmere
- Springview
- Millbrook
- Lime Walk
- Greenways
- Alderley Unit
- Saddlebridge Unit
- Eastway
- Ancora House

Within 2017 the process that the Facilities team used to facilitate the PLACE visits ensured a consistent member of the senior FM team was present at each inspection, while also ensuring that the number of inspectors was correct based on the size of the unit/ward being inspected so not to cause too much disruption to the ward environment.

Results

Below is a visual representation of all scores within Cheshire & Wirral Partnerships commissioning region:
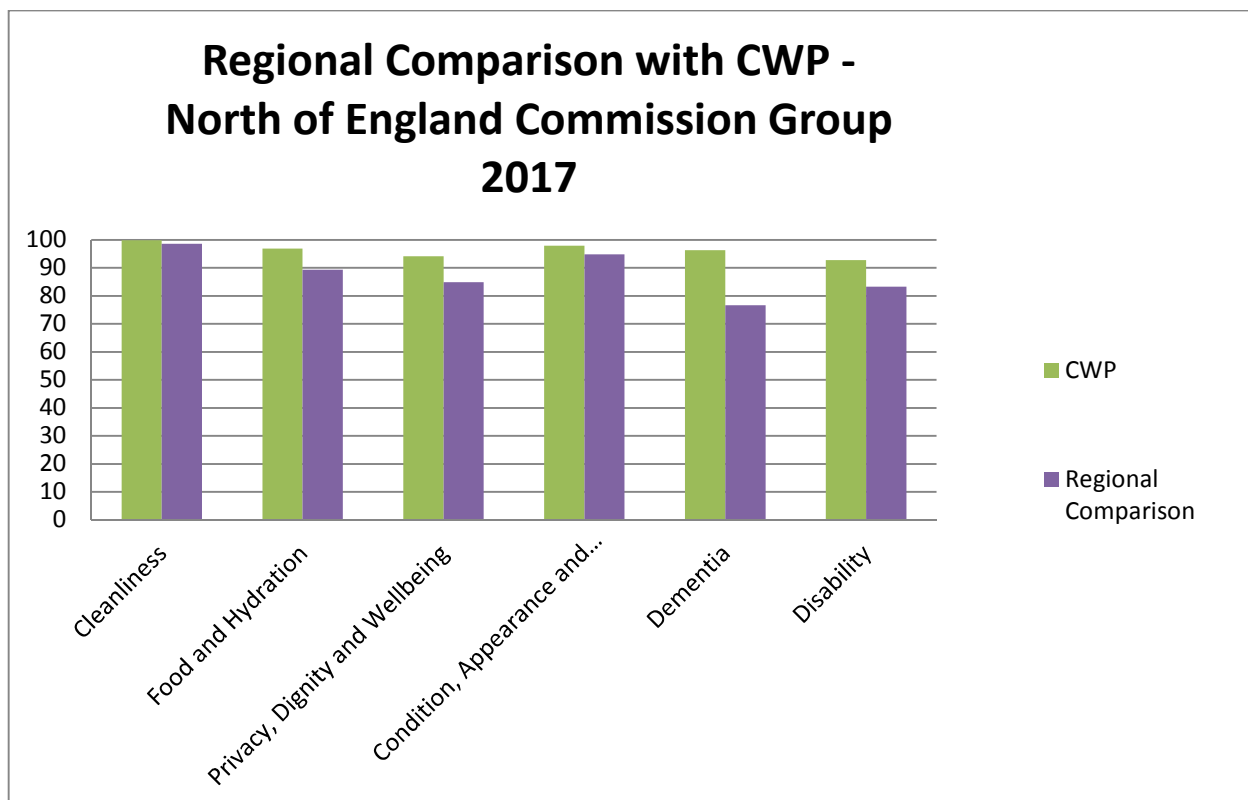
Figure 1: Visual representation of Cheshire & West Partnership as compared to the region for the 6 non-clinical activities of concern.

Below is a visual representation of all scores within Cheshire & Wirral Partnerships against overall national average:
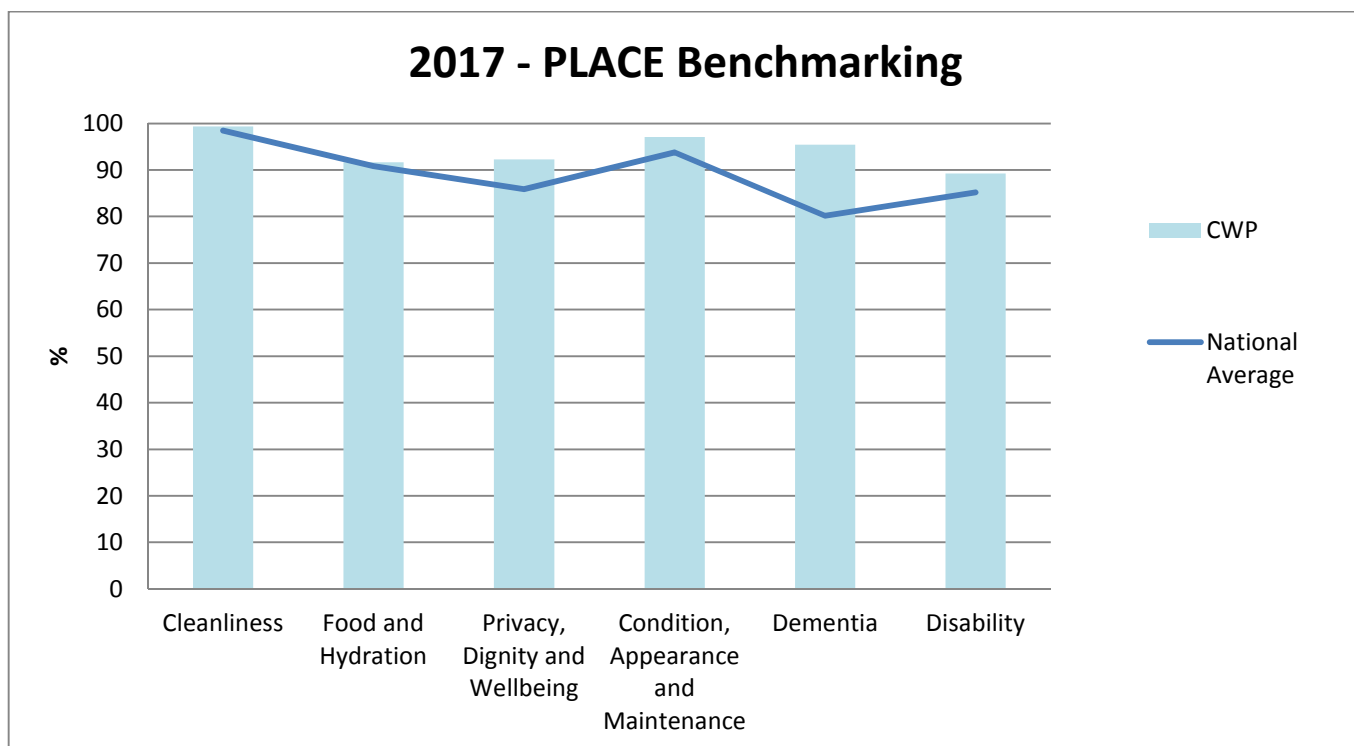
Figure 2: PLACE Benchmarking of Cheshire & West Partnership against the National average scores for the 6 non-clinical activities of concern.

There has been an improvement in all areas of scoring within Cheshire & Wirral Partnership; this is down to the hard work input by the Facilities and Estates teams across the organisation. The scoring also demonstrates the good working relationship the support services team have with clinical services. PLACE is a useful tool to help gauge how the investment the Trust has put into wards is perceived by patient representatives, as well as external organisations with an interest in healthcare (Healthwatch).

The scoring above is the average for the Trust as a whole, below are details of scores per unit:

	Cleanliness	Food and Hydration	Privacy, Dignity and Wellbeing	Condition, Appearance and Maintenance	Dementia	Disability
Bowmere	99.87	96.71	94.31	99.75	96.1	98.77
Limewalk House	99.58	95.36	95.57	97.1	96.42	93.22
Springview	100	97.81	98.08	99.18	97.91	96
Millbrook	99.84	97.59	88.18	96.68	92.57	92.99
Greenways	100	96.67	95.43	98.5	98.67	96.24
Eastway	99.79	97.64	91.94	98.48	n/a*	91.3
Soss moss	100	96.48	94.84	97.24	n/a*	86.87
Ancora house	99.72	97.04	94.97	96.88	n/a*	86.96

*assessment not required due to nature of patients within that inpatient unit

Finally below is a visual representation of how CWP compares with surrounding mental health NHS organisations in regards to the PLACE inspections:

Local MH&LD PLACE Comparison 2017

(Bar chart comparing CWP, North West Boroughs, Mersey Care, Lancashire Care, and NAT AVERAGE across categories: Cleanliness, Food and Hydration, Privacy, Dignity and Wellbeing, Condition, Appearance and Maintenance, Dementia, Disability)
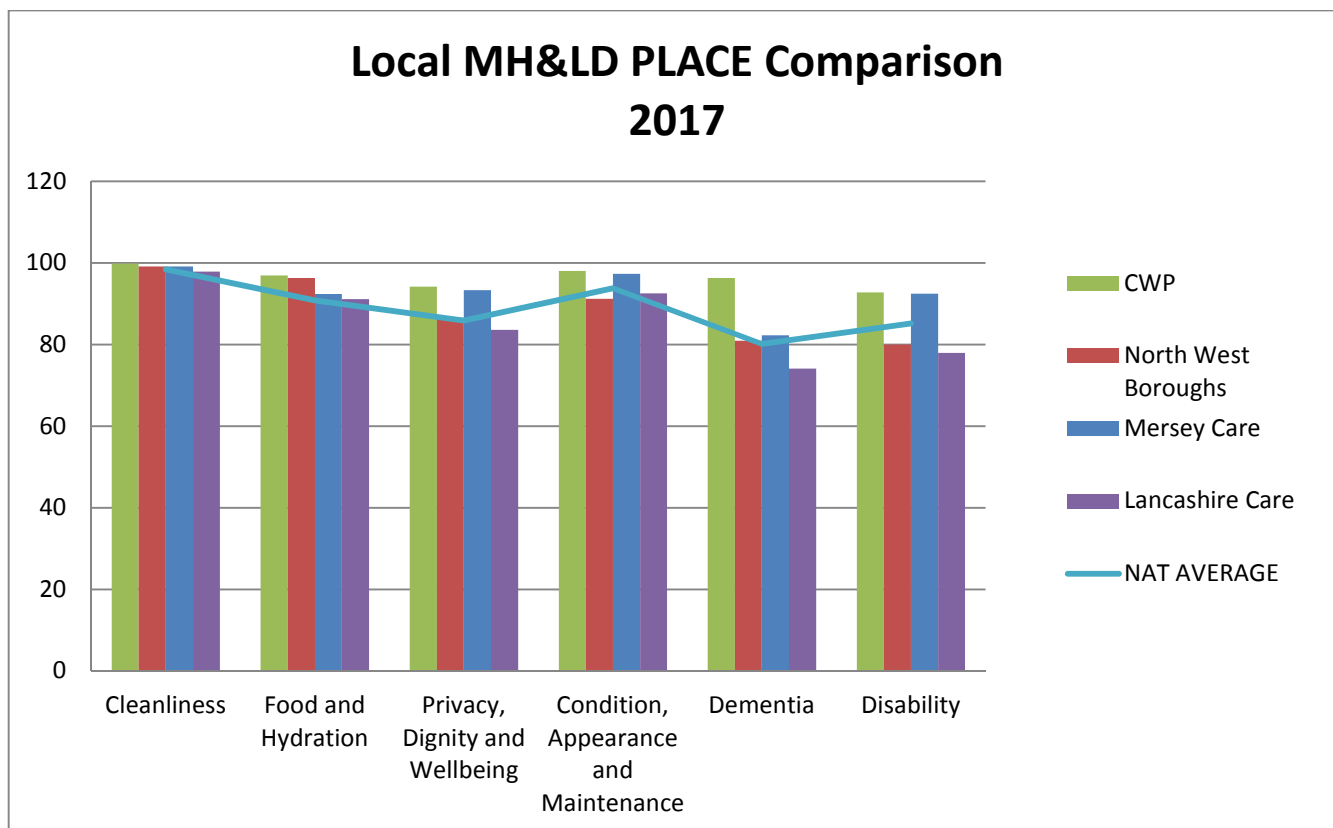
Figure 3: Visual representation of the comparison between Cheshire & West Partnerships with other surrounding mental health NHS organisations of the results of the PLACE inspections.

Conclusion

Overall Cheshire & Wirral Partnership has improved its cleanliness, condition, appearance & maintenance of buildings and privacy, dignity and wellbeing scores in 2017 compared to 2016; the Facilities and Estates teams are proud to be the top organisation in all areas of the inspection within the local Mental Health and Learning Disability Trusts, while also achieving above national average in all elements of inspections. This not only demonstrates the commitment and engagement of the Facilities & Estates team but also the value and benefit of continuing investment in latest equipment to enable improved outcomes.

While the inspections were extremely positive action plans were developed to address any issues noted during the inspections and distributed to the appropriate managers for rectification. All cleaning issues and minor maintenance issues were addressed immediately.

All patient assessors were very complimentary of the Trust and expressed they had learnt a great deal by participating in the PLACE inspections. They also made comments as follows*:

- *"Excellent Facilities available to patients – the cleanest hospital I have ever seen"*
- *"Food service was excellent catered for all types of patients and I would be happy to eat it"*
- *"The Bowmere unit was fantastic the range of services available to patients was lovely Cherry ward was my favourite so friendly and welcoming."*
- *"The facilities teams are credit to CWP and to the NHS as a whole the environment is fantastic, clean and safe"*
- *"Springview did not feel clinical wards felt calming and a pleasant place to be"*

*All of the above quotes were taken directly from patient summary sheets completed following assessment of units.

Overall the 2017 PLACE inspection programme has been very successful, the assessments completed help to provide assurance to Cheshire & Wirral Partnership board of directors, commissioners and general public that the standards of the environment and Facilities Services provided are meeting the needs of service users. These assessments also showcases the hard work that the Facilities and Estates team in conjunction with clinical services provide in improving the environment for service users to ensure it is safe and effective.

David Pearson MBIFM
Head of Facilities Management

Report to	Board of Directors
Date of Meeting	Wednesday 31st January 2018
Title of Report	Director of Infection Prevention and Control (DIPC) Quarterly Board Report, Quarter Three (Q3) - (October to December 2017)
Agenda ref. no	17.18.102
Action sought	For Discussion and Approval
Author	Julie Spendlove, Nurse Consultant / Head of Infection Prevention and Control
Presented by	Julie Spendlove, Nurse Consultant / Head of Infection Prevention and Control

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
SO6 - Sustain financial viability and deliver value for money
SO7 - Be recognised as a progressive organisation that is about care, well-being and partnership

Distribution

Version	Name(s)/Group(s)	Date Issued
V1	Infection Prevention and Control Sub Committee	22nd January 2018
V1	Board of Directors	31st January 2018

Executive director sign-off

Executive director (name and title)	Date signed-off
Sheena Cumiskey, Chief Executive	24th January 2018

Contents

1.   Purpose of the report

The purpose of this report is to provide Cheshire and Wirral Partnership (CWP) Board of Directors with an update in respect of assurance, activity and performance for infection prevention and control (IPC), for which CWP is responsible for during Quarter 3 (Q3) – (October – December 2017).

2.   Infection Prevention and Control Activity

During Q3 there have been no reportable or avoidable infections and no cases of *Methicillin Resistant Staphylococcus Aureus* (MRSA) bacteraemia or *Clostridium Difficile* within CWP.

2.1   Outbreaks

There has been one ward closure due to an outbreak of diarrhoea during Q3. No causative organism was identified. This was on Cherry ward in October; four patients were affected and one member of staff. The ward was closed for two days and had two empty beds at the time of closure.

A post outbreak meeting was conducted and feedback given to the staff on the ward. Areas of good practice included the prompt notification and timely implementation of IPC measures. An area for improvement however, is to improve the information communicated between ward staff and the IPC team regarding the patients affected with diarrhoea to support the IPC staff in making decisions about the severity of the outbreak to help avoid unnecessary ward closures.

2.2   Audits

Audits have been undertaken on 12 wards or clinics and 11 of these have passed their audits with scores of over 93%. The only non-compliant was Willaston Surgery, which became part of CWP as of 1st December 2017. The IPC team are supporting the staff at Willaston to improve compliance. The staff are grateful of the support and keen to work with IPC. The main issues found were around dustiness and cleanliness of both equipment and the environment. An action plan is in place and the team have planned to revisit.

2.3   Training

A total of 699 staff have attended IPC training, including induction, during the period of Q3 and within this period 77% of staff Trust wide were compliant with IPC training. This is an increase of 3% on Q2.

The IPC team are currently developing an IPC e-learning package for staff to access across the organisation. This will provide an alternative method of learning and it is proposed that staff will be able to access the e-learning bi-annually and will have face to face learning in between. This training will be due for roll out during Q4.

The IPC training continues to receive very positive evaluations during Q3 with 99% of the attendees rating the training as good or excellent.

An Infection Prevention and Control Study Day took place in November 2017 and covered topics including urosepsis, antimicrobial resistance, influenza and sepsis. The event was very well attended by CWP from Mental Health, Learning Disability and Physical Health West.

The team received positive and encouraging feedback, from the 34 attendees. In particular the sepsis presentation was well received with attendees stating they were now more aware of the signs and symptoms of sepsis. More in depth information about sepsis and in particular in relation to community physical health has been requested, both of which will be addressed when the sepsis programme is rolled out across the Trust. Staff felt they benefited from the antimicrobial resistance presentation and could relate this to practice, however they have asked for more clarity as to when antibiotics should and should not be prescribed.

3.   Antimicrobial Resistance
Within Q3, there have been no multi drug resistant organisms (MDRO) brought to the attention of the IPC team.

The team continue to work very closely with pharmacy teams across the Trust and collect data around antimicrobial prescribing and compliance to formulary. The data shows that 65% of all antimicrobial prescribing was in line with West Cheshire Clinical Commissioning Group prescribing guidelines but a further 8% was prescribed based on sensitivities or advice from the microbiologist and 15% had been commenced by another provider. Therefore, actual non – adherence to formulary was 11% which is a slight decrease of 1% from Q3.

Throughout Q3, a public health campaign 'Keep Antibiotics Working' was promoted across the organisation to all staff, including prescribers, in the form of training, presentations and posters. The campaign aim has been to motivate people to change their behaviour relating to the use of antibiotics, without deterring those who need antibiotics. The key audiences are those most likely to use antibiotics and include young children and their carers; also women aged 20-45 who generally have primary responsibility for family health; and older men and women aged 50+, with a focus on those with recurrent conditions and high levels of contact with their GP's.

4   Influenza
The IPC team have been actively involved in supporting Workforce Wellbeing to deliver this year's staff flu campaign and aim to support the achievement of 75% update of the influenza vaccine amongst frontline staff. The current uptake is 54% and the IPC are continuing to support Workforce Wellbeing and the Communications team in promoting the message that the flu vaccine is the best protection we have against flu.

5.   Quality Premium - Gram Negative Blood Stream Infections (GNBSI)
There is a national ambition to reduce healthcare associated gram-negative blood stream infections by 50% by March 2021. This is supported by the Quality Premium for Clinical Commissioning Groups (CCG), which has also set a reduction ambition of 10% in all E. coli blood stream infections reported at CCG level, by 2019.

An improvement plan was developed and submitted by the CCG to NHS England in September 2017 in conjunction with the IPC team focussing on improving practice in keys areas that could result in this type of infection, including; catheter care, appropriate management and treatment of patients presenting with a urinary tract infection; appropriate antimicrobial prescribing; PICC line management and chronic wound care management.

Implementation of this action plan commenced in Q2 and included a review and update of the catheter Care pathway in the community. This piece of work is progressing very well and will be completed during Q4. There is also a working party currently looking at the appropriate management and treatment of patients presenting with a urinary tract infection and includes the appropriateness of antimicrobial prescribing. This particular piece of work is being led by microbiology, pharmacy and GPs but its outcome will benefit our patient population across Cheshire West. A full summary of progress will be available in the IPC annual report.

6.   Safety Devices
Most sharps injuries can be prevented and there are legal requirements for employers to take steps to prevent healthcare staff being exposed to infectious agents from sharp injuries. As of May 2013, new regulations were implemented by the Health and Safety Executive (HSE), to ensure that risks from sharp injuries to healthcare staff are adequately assessed and that appropriate control measures are in place. The regulations build on existing law and provide specific detail on requirements that must be taken by healthcare employers.

Trusts are therefore required to substitute traditional, unprotected medical sharps with a 'safer sharp' where it is reasonably practicable to do so. CWP are not currently fully complaint with the regulations and are therefore at risk of being served an improvement notice by the HSE. Any subsequent non-compliance following an improvement notice can result in prosecution.

The IPC team have identified that there are currently a mixture of safety and non-safety sharps in use across the Trust. The team are now in the process of identifying the most suitable safer sharps to be used within CWP in order to standardise the products and ensure staff are provided with appropriate training.

A small working group has been formed to include IPC, Health and Safety, Pharmacy and Procurement to review the current usage and project plan a full implementation of sharps safety devices, where appropriate, across the organisation

There is likely to be a cost implication due to the higher cost of the safety devices and this would need to be risk assessed against the potential for prosecution and potential litigation risk of a member of staff receiving a needlestick injury with a non-safety device in the absence of any Hepatitis B prophylaxis.

Full roll out of safety devices across the organisation is anticipated by the end of Q1 2019/19.

7.   Sepsis Care Improvement Programme – Pilot
The three month pilot of the Suspected Sepsis Pathway and the Sepsis E-learning package was completed on 8th Jan 2018. The pilot was carried out on Meadowbank at Springview, and in the Out of Hours (OOH) Service in Chester.

During the pilot, staff were asked to complete the e-learning package as part of the planned awareness raising. In cases where sepsis was suspected, the inpatient unit followed the Suspected Sepsis Pathway, which prompted them when to use a sepsis triage form related to the patient's National Early Warning Score (NEWS). The use of this early warning score is well established in the monitoring of the deteriorating patient, and the aim of the Suspected Sepsis Pathway is to link the two processes – NEWS and Sepsis Triage forms.

The OOH Service use the ADASTRA system, and since this guides users toward differential diagnoses, sepsis triage forms are not needed, but were made available to assist awareness raising and to use for reference if required.

Those involved in the pilot will be sent a survey to assist in gathering feedback about the e-learning package and the Suspected Sepsis Pathway. This feedback will be used to make any changes needed, before the programme is to be rolled out across CWP. The first phase will be rollout across the In-Patient services but discussions are in progress looking at the best way forward for the community services in developing a sepsis pathway that is supportive of the situations faced by our community based colleagues.

8.   Recommendations
The Board of Directors is asked to discuss and note the DIPC Quarter 3 report for 2017/18.

Cheshire and Wirral Partnership NHS Foundation Trust

STANDARDISED REPORT COMMUNICATION

REPORT DETAILS

Report subject:	Safeguarding Report – Quarter 3 2017/18
Agenda ref. no:	17.18.103
Report to (meeting):	Board of Directors
Action required:	Information and noting
Date of meeting:	30/11/2017
Presented by:	Avril Devaney Director of Nursing ,Therapies and Patient Partnership

Which strategic objectives this report provides information about:	
Deliver high quality, integrated and innovative services that improve outcomes	
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	
Improve quality of information to improve service delivery, evaluation and planning	Yes
Sustain financial viability and deliver value for money	
Be recognised as an open, progressive organisation that is about care, well-being and partnership	
Which CQC quality of service domains this report reflects:	
Safe services	Yes
Effective services	Yes
Caring services	
Well-led services	
Services that are responsive to people's needs	Yes
Which Monitor quality governance framework/ well-led domains this report reflects:	
Strategy	
Capability and culture	Yes
Process and structures	Yes
Measurement	
Does this report provide any information to update any current strategic risks? If so, which?	
See current risk register in the agenda of the public meeting of the Board of Directors at http://www.cwp.nhs.uk/about-us/board-members/our-board-meetings	No
35T	
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	
35T	

REPORT BRIEFING

Situation – *a concise statement of the purpose of this report*
This report is to give the Board and an overview of Safeguarding activity in quarter 2   The report gives an overview of safeguarding inspections and reviews that CWP have been involved with as well as current identified risks related to safeguarding.

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

This is a quarter 3 report to the board to give the Board assurance that CWP are meeting their safeguarding responsibilities.

Assessment – *analysis and considerations of options and risks*

This report gives an overview of safeguarding activity for quarter 3.

The report highlights current safeguarding risk that has been highlighted by the Trustwide Safeguarding Subcommittee which relates to CWP may not achieve contractual obligations due to increased inspections and acute increase in the volume of multi-agency case reviews.

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

The Board is asked to note the report.

Who/ which group has approved this report for receipt at the above meeting?	Trustwide Safeguarding Sub committee
Contributing authors:	Satwinder Lotay Head of Safeguarding
Distribution to other people/ groups/ meetings:	

Version	Name/ group/ meeting	Date issued
0.1	Trustwide Safeguarding Sub committee	16/11/2017

Appendices provided for reference and to give supporting/ contextual information: *Provide only <u>necessary</u> detail, do <u>not</u> embed appendices, provide as separate reports*	
Appendix no.	Appendix title
A	Safeguarding Report Quarter 3
35T	

Appendix 1

CWP Safeguarding Adults and Children (including Children in Care) Quarter 3 2017/18 Report

Contents

1. **Purpose of the report**
2. **Board Assurance Framework- Risk Register**
3. **Safeguarding Activity**
4. **Safeguarding and Prevent Training**
5. **Serious Case Reviews/Serious Adults Reviews/Domestic Homicide Reviews**
6. **Inspections**
7. **Trust Wide Objectives for 2017/2018**
8. **Conclusion**

1.0 Purpose of the Report

The purpose of this report is to provide Cheshire and Wirral Partnership (CWP) Board with an update in respect of assurance activity and performance for which CWP is responsible for during Quarter 3.

The report provides continuing assurance of how the Trust has met its responsibilities and requirements as a regulated provider under Regulation 13 of the Health and Social Care Act 2008, The Care Act 2014, the Children Acts of 2004 and 1989, the statutory guidance Working Together to Safeguard Children, 2015 and Promoting the Health of Looked After Children, 2015.

2.0 Board assurance Frameworks- Risk Register

This quarter has seen an ongoing increase in case reviews being undertaken as well as vacancies and staff sickness affecting CWP safeguarding department ablity to respond appropriately to the safeguarding agenda/ inspections. This has resulted the risks being added on the CWP Board Assurance Framework. The risk of not achieving contractual obligations and subsequent reputational impact due to increase in inspections and acute increase in volume of multiagency case reviews. A full risk plan is in place to mitigate the identified risks The Trustwide Safeguarding Subcommittee will monitor and review this risk.

3.0 Safeguarding Activity

CWP Nurse Specialists for Safeguarding Adults receive enquiries for advice and support from CWP staff in relation to safeguarding issues. The outcome of these discussions may result in the concern that has been raised, being managed locally within the service or in a referral to the appropriate Local Authority safeguarding services. In quarter 3 there have been 305 enquires. The adults safeguarding team have supervised 7 cases. They have led on 3 section 42 of the Care Act enquiries (safeguarding adult investigations).

The number of enquiries made to the safeguarding children team has shown that the safeguarding children team have received 496 enquiries. Safeguarding supervision uptake remains high with 217 cases being discussed within this reporting period.

The Children in Care team have supervised 44 cases. The robust system of review health assessments(RHAs) monitoring has ensured that compliance levels for CWP completing RHAs within timescales remains on average above 80%.

CWP have made no referrals via the Prevent route. CWP have been represented at 8 Channel Panel meetings this quarter across CWP footprint and continues to support this work.

CWP continues to attend MARAC meetings, which operate across Cheshire East, Cheshire West and Wirral and within quarter three, 21 MARAC meetings have been attended. Currently the head of safeguarding is part of a multiagency working party looking at how the MARAC process can become more responsive and timely across Cheshire.

The Nurse specialist for Child Death has responded to 3 child deaths, attended 1 rapid response meetings and coordinated 12 child death clinical information requests. She has also attended 1 Child Death Overview Panels in this quarter. As the result of the Rapid response meeting the case was referred for serious review consideration.

4.0 Safeguarding and Prevent Training

Safeguarding and Prevent Training compliance rates are detailed in the tables 1 and 2. Whilst overall targets are being achieved, the Trustwide Safeguarding subcommittee have requested detailed action plans from clinical services to ensure compliance above 80% is achieved as the overall compliance for level 3 has decreased this quarter by 3%.

Table 1 Safeguarding Training Compliance Rates for CWP at end of December 2017

Safeguarding Training	Trustwide compliance Rate as on 31st December 2017
Level 1 (children and adults includes domestic abuse)	88%
Level 2 (children and adults includes domestic abuse)	88%
Level 3 (safeguarding children only)	80%

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Table 2: PREVENT WRAP Training Compliance on December 2017.

PREVENT	Trustwide Compliance Rate as at 31/12/17
Level 1 and 2	88%
WRAP 3 (level 3)	90%

CWP safeguarding have supported the launch of Supporting Families and Enhancing Futures and have committed a nurse specialist to support the training pool in Wirral. Within this quarter, CWP nurse specialist has delivered 3 multi-agency training sessions and CWP nurses have delivered 2 Local Safeguaridng Children Board courses.

5.0 Serious Case Reviews/ Serious Adults Reviews/ Domestic Homicide Reviews

Since September 2017, the following review activity has been undertaken:
- Serious Adult Review has commenced for Adult H (involves Trafford Learning Disability service) and being overseen by Warrington Safeguarding Adult Board. Head of Safeguarding is a panel member and a joint IMR author with Clinical Service manager.
- Domestic Homicide Review commenced for Adult JR (involves Adult Mental Health services and 5-19 service) and is being overseen by Cheshire West and Chester Community Safety Partnership Board. Head of Safeguarding is a panel member and Nurse Specialist for safeguarding adult is IMR author.
- Domestic Homicide Review commenced for Adult W (16-19 CAMHS and IAPT service) and is being overseen by East Cheshire Community Safety Partnership. Head of Safeguarding is IMR author
- Serious Case Review has commenced for Child E in East Cheshire
- A serious case review in Wirral has been concluded and an action plan subsequently developed.

In addition, CWP has submitted one chronology for Safeguarding Adult Review consideration (1 for Trafford Local Safeguarding Adult Board) and are waiting upon the panels decision.

6.0 Inspections

During this quarter the Joint targeted area inspection in West Cheshire (focused on Neglect) report was published in November 2017. Recommendations have been made to the LSCB and a multi agency action plan is being developed.

CWP are continuing to implement the CQC action plan in response to the CQC inspection into Safeguarding in East Cheshire and is being overseen by Trustwide Safeguarding Subcommittee. CWP also continues to support the Improvement Board in Wirral.

CWP are currently awaiting feedback upon the completed NHS Self Assessment Standards for Safeguarding.

7.0 Trust Wide Objectives for 2017/18

An update on the progress of meeting CWP objectives as follows:

To work with the respective boards to embed learning from case reviews and evidence based practice. This is in progress with the Named Nurse and Head of Safeguarding working within a number of workstreams with agencies to address this as well as embedding this within CWP safeguarding training and clinical practice.

To promote and embed the safeguarding strategy. Safeguarding strategy has been promoted across the organisation Work to strengthen Safeguarding practice links has commenced. Safeguarding training is maintaining 80% compliance.

To support and promote the work of the Truth Project. This is work is to explore and evidence the issue of historical sexuala abuse that people have suffered from institiutitions and where they have felt they have not been responsded to appropriately at that time This has commenced and CWP are working closely with the Truth Project to develop material to promote the project.

Continue to work with services in ensuring robust safeguarding processes are in place in response to the integrated agenda. CWP safeguarding leadership team are working with services to respond to this agenda.

8.0 Conclusion

CWP has continued to work in partnership across each of the local Safeguarding Boards for both adults and children. Safeguarding activity continues to remain at a high level across the organisation. The team have a mitigation plan in place to respond to increasing pressures that is being monitored by the Trustwide Safeguarding Subcommittee.

Cheshire and Wirral Partnership NHS Foundation Trust

STANDARDISED REPORT COMMUNICATION

REPORT DETAILS

Report subject:	Care Quality Commission Registration & Statement of Purpose – Update
Agenda ref. no:	17.18.104
Report to (meeting):	Board of Directors
Action required:	Discussion and approval
Date of meeting:	31/01/2018
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 CQC quality of service domains this report reflects:	
Safe services	Yes
Effective services	Yes
Caring services	Yes
Well-led services	Yes
Services that are responsive to people's needs	Yes

Which Monitor quality governance framework/ well-led domains this report reflects:	
Strategy	No
Capability and culture	No
Process and structures	Yes
Measurement	Yes

Does this report provide any information to update any current strategic risks? If so, which?	
See current risk register in the agenda of the public meeting of the Board of Directors at http://www.cwp.nhs.uk/about-us/board-members/our-board-meetings	No
N/A	

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

REPORT BRIEFING

Situation – *a concise statement of the purpose of this report*
To provide an update to the Statement of Purpose and CQC registration as specified by the business cycle for the Board of Directors.

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

The Statement of Purpose was last approved at Board in January 2017, in line with the business cycle for the Board of Directors. The Trust is required to update the statement of purpose in accordance with the registration guidance outlined by the CQC at the point of any changes to service provision.

Assessment – *analysis and considerations of options and risks*

The Statement of Purpose (**Appendix 1**) has been updated in conjunction with business support managers and clinical service managers within each locality. 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:

- The registration of the Countess of Chester Hospital as the location for the GP Out of Hours Service since the relocation to the Urgent Treatment Centre in October 2017.
- The inclusion of Willaston Surgery, which joined CWP in December 2017.
- The inclusion of the locations from which Starting Well Services are provided in West Cheshire from January 2018.

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

The description of services provided by the Trust has also been updated in line with the services currently provided by CWP.

Appendix 2 is the current Certificate of Registration for CWP which was re-issued in December 2017 and reflects the changes noted above.

The Board of Directors will receive a further comprehensive update to the Statement of Purpose in January 2019, or sooner if there are significant changes required prior to this due to service development or re-configuration (i.e. Care Group configuration).

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

The Board of Directors is asked to **note** the information held within the Statement of Purpose and **approve** the submission to the CQC registration team.

Who/ which group has approved this report for receipt at the above meeting?	David Wood, Associate Director of Safe Services	
Contributing authors:	Elspeth Fergusson, Compliance Manager	
Distribution to other people/ groups/ meetings:		
Version	Name/ group/ meeting	Date issued
1	E Fergusson to D Wood and A Sivananthan	12/01/2018
2	D Wood to L Brereton for Board of Directors	12/01/2018

Appendices provided for reference and to give supporting/ contextual information:	
Appendix no.	Appendix title
1	CWP Statement of Purpose – Revised January 2018
2	CQC Certificate of Registration – December 2017

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

2. Registered Locations

REGISTERED LOCATION

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

GENERAL MANAGER/NOMINATED INDIVIDUAL: Patricia McCormack

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 397601

REGISTERED LOCATION

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

GENERAL MANAGER/NOMINATED INDIVIDUAL: Patricia McCormack/Sarah Quinn

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**.**

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

REGISTERED LOCATION

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

General Manager/Nominated Individual: Sarah Quinn

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.

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

REGISTERED LOCATION

COUNTESS OF CHESTER HOSPITAL Countess of Chester Health Park, Liverpool Road, Chester CH2 1UL Tel. 01244 365000

GENERAL MANAGER /NOMINATED INDIVIDUAL: Alison Swanton

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

CODE : DCS –Doctors consultation services; **DTS** Doctors treatment services, NHS GP Practice

1829 BUILDING – GP Extended Hours Service - hub	1829 Building, Countess of Chester Health Park, Liverpool Road, Chester CH2 1HJ Tel. 01244 650300 (main reception)

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

GENERAL MANAGER/NOMINATED INDIVIDUAL: Roisin Reynolds

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.

CROOK LANE – Learning Disability Respite Unit	152 Crook Lane, Wharton, Winsford, CW7 3EQ Tel. 01606 861003

REGISTERED LOCATION:

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

GENERAL MANAGER/NOMINATED INDIVIDUAL: Patricia McCormack

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	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

GENERAL MANAGER/NOMINATED INDIVIDUAL: Roisin Reynolds

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 UNIT) Victoria Road, Macclesfield, SK10 3JF Tel: 01625 505600

GENERAL MANAGER/NOMINATED INDIVIDUAL: Roisin Reynolds

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.

ADELPHI WARD – Adult and Older People functional ward	Millbrook Unit, Macclesfield Hospital, Victoria Road, Macclesfield, SK10 3BL Tel. 01625 663306
BOLLIN WARD - Adult Mental Health ward	Millbrook Unit, Macclesfield Hospital, Victoria Road, Macclesfield SK10 3BL Tel. 01625 663307/663978
CROFT WARD – Older People Organic ward	Millbrook Unit, Macclesfield Hospital, Victoria Road, Macclesfield SK10 3BL Tel. 01625 663060
LIME WALK HOUSE – Adult Rehabilitation ward	Jocelyn Solly Resource Centre, Victoria Road, Macclesfield SK10 3JE Tel. 01625 505662

REGISTERED LOCATION

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

GENERAL MANAGER/NOMINATED INDIVIDUAL: Roisin Reynolds

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 secure service 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.

Saddlebridge Unit provides a 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.

ALDERLEY UNIT – Low Secure Learning Disability Unit	Chelford Road, Nether Alderley, Macclesfield , SK10 4UJ Tel. 01625 862500

FORENSIC SUPPORT SERVICE - including street triage	Saddlebridge Unit, Chelford Road, Nether Alderley, Macclesfield, SK10 4UJ Tel. 01625 862400
SADDLEBRIDGE – Low Secure Adult Mental Health	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

GENERAL MANAGER/NOMINATED INDIVIDUAL: Sarah Quinn

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 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.

THORN HEYS RESPITE – Learning Disability Respite Unit	Ashton House Site Columbia Road, Prenton, Wirral, CH43 6TU Tel. 0151 488 8101

REGISTERED LOCATION

TRUST BOARD OFFICES : 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; **MBS** – MOBILE DOCTORS SERVICE; **LDC** – COMMUNITY-BASED SERVICES FOR PEOPLE WITH A LEARNING DISABILITY; **MHC** – COMMUNITY – BASED SERVICES FOR PEOPLE WITH MENTAL HEALTH NEEDS; **SMC** – COMMUNITY BASED SERVICES FOR PEOPLE WHO MISUSE SUBSTANCES

CODE – MHC– Adult and Older People's Community Mental Health Services – Wirral

GENERAL MANAGER /NOMINATED INDIVIDUAL: Sarah Quinn

Regulated activity: Treatment of disease, disorder or injury

ARROWE PARK HOSPITAL – Liaison Psychiatry including Street triage - hub	Arrowe Park Hospital, Arrowe Park Road Upton Wirral CH49 5PE Tel. 0151 678 5111
BREIGHTMET HEALTH CENTRE - Bolton eating disorders service - hub	Breightmet Health Centre, Breightmet Fold Lane, Breightmet, Bolton, BL2 6NT Tel. 01204 462785
THE GATEWAY- *Warrington and Halton eating disorders service, Trafford eating disorders service - hub*	The Gateway, 85 – 101 Sankey Street, Warrington, Cheshire, WA1 1SR Tel. 01925 248475

JOCELYN SOLLY RESOURCE CENTRE - Macclesfield eating disorders service - hub	Jocelyn Solly House, Macclesfield, Cheshire, SK10 3JE Tel. 01625 505620
STEIN CENTRE- Birkenhead Mental Health Service, Wallasey and West Wirral Mental Health Service, Wirral Older Adults Mental Health Service, Adult Cognitive Assessment Service, Wirral Memory Assessment Service, Personality Disorder Service, Complex Needs Service Central Access Team (incorporating access and home treatment teams), Homelessness Service, ADHD Service – hub.	Stein Centre, St Catherine's Hospital Derby Road, Tranmere, Wirral CH42 0LQ Tel. 03003033157

CODE – MHC– Adult and Older People's Community Mental Health Services – West

GENERAL MANAGER/NOMINATED INDIVIDUAL: Patricia McCormack/Roisin Reynolds

Regulated activity: Treatment of disease, disorder or injury

1829 BUILDING – Psychology, Acquired Brain Injury (West Cheshire) - hub	1829 Building, Countess of Chester Health Park, Liverpool Road, Chester , CH2 1HJ Tel: Psychology 01244 397575 Tel: ABI 01244 389252
ACCESS SEFTON – Access Sefton - hub	Access Sefton, 2nd Floor, Gordon House, Leicester Street, Southport, PR9 0ER. Tel. 0151 955 3200
AIRBUS – supportive services - satellite	Airbus, Broughton, Chester CH4 0DR Tel. 01244 397589
BOOTLE HEALTH CENTRE – Access Sefton - satellite	Bootle Health Centre, Park Street, Bootle, L20 3RF. Tel: 0151 247 6000
BOOTLE ONE STOP SHOP – Access Sefton - satellite	Bootle One Stop Shop, 324 Stanley Road, Bootle, L20 3ET. Tel: 0345 140 0845
BOUGHTON MEDICAL CENTRE – primary care mental health - satellite	Boughton Medical Centre, Hoole Lane, Boughton, Chester CH2 3DP Tel. 01244 325421
BLUNDELLSANDS SURGERY – Access Sefton (counselling) - satellite	Blundellsands Surgery, 1 Warren Road, Liverpool, L23 6TZ Tel. 0151 924 6464
CHERRYBANK RESOURCE CENTRE – Adult mental health services, early intervention team, Criminal Justice Liaison and Diversion Team (Central and East Managed), Cheshire and Mersey Specialist Perinatal Service - hub	Cherrybank Resource Centre, 85 Wellington Road, Ellesmere Port, CH65 0BY Tel. 0151 488 8360
CHURCHTOWN MEDICAL CENTRE – Access Sefton – satellite	Churchtown Medical Centre, 137 Cambridge Road, Southport PR9 7LT. Tel: 01704 224416
CLATTERBRIDGE HOSPITAL - Acquired Brain Injury Wirral - hub	Clatterbridge Road, Bebington, Wirral CH63 4JY. Tel: 0151 334 4000 (Switchboard)

COUNTESS OF CHESTER HOSPITAL - liaison psychiatry - hub	Countess of Chester Hospital, Countess of Chester Health park, Liverpool Road, Chester CH2 1UL Tel. 01244 346398
CROSBY VILLAGE SURGERY – Access Sefton - satellite	Crosby Village Surgery, 3 Little Crosby Road, Great Crosby, Liverpool, Merseyside, L23 2TE Tel. 0151924 2233
EASTVIEW SURGERY (Waterloo)- Access Sefton - satellite	Eastview Surgery, 81 - 83 Crosby Road North, Liverpool L22 4QD. Tel: 0151 920 7255
FORMBY CLINIC – Access Sefton - satellite	Formby Clinic, Phillips Lane, Formby L37 4AY. Tel: 01704 387210
FOUNTAINS HEALTH CENTRE– primary care mental health services - satellite	Fountains Health Centre, Delamere Street, Chester, CH1 4DS. Tel: 01244 325721.
GLOVERS LANE SURGERY – Access Sefton – satellite	Glovers Lane Surgery, Glovers Lane, Bootle, Merseyside, L30 5TA Tel. 0151 524 2444
GREAT SUTTON CLINIC - primary care mental health - satellite	Great Sutton Clinic, Old Chester Road, Ellesmere Port CH66 3PB. Tel: 0151 339 2208
HEATH LANE MEDICAL CENTRE – primary care mental health - satellite	Health Lane Medical Centre, Heath Lane, Chester CH3 5UJ. Tel: 01244 563105
HELSBY HEALTH CENTRE– primary care mental health - satellite	Helsby Health Centre, Lower Robin Hood Lane, Helsby, WA6 0BW, Tel. 01928 723676
THE HOLLIES SURGERY – Access Sefton - satellite	The Hollies Surgery, 10 Elbow Lane, Formby, L37 4AF Tel. 01704 877600
HOPE FARM CLINIC –primary care mental health - satellite	Hope Farm Clinic, Hope Farm Road, Great Sutton CH66 2RQ Tel. 0151 347 4200
LACHE HEALTH CENTRE – primary care mental health	Hawthorn Road, Lache, Chester CH4 8HX. Tel: 01244 671991
LAUREL BANK SURGERY – primary care mental health service - satellite	Laurel Bank Surgery, Old Hall Street, Malpas, SY14 5PS, Tel. 01948 860205
MAGHULL HEALTH CENTRE – Access Sefton - satellite	Maghull Health Centre, Westway, Maghull, Liverpool, L31 0DJ Tel. 0151 247 6800
NESTON CLINIC – primary care mental health, adult mental health services, older adult mental health services - satellite	Neston Clinic, Mellock Lane, Little Neston CH64 9RN, Tel. 0151 488 8441

NETHERTON HEALTH CENTRE – Access Sefton - satellite	Netherton Health Centre, Magdalen Square, Bootle, Merseyside, L30 5SP Tel. 0151 247 6098
PARK MEDICAL CENTRE – primary care mental health	Park Medical Centre, Shavington Avenue, Newton Lane, Chester CH2 3RD. Tel: 01244 342136
PRINCE STREET CLINIC - Access Sefton- satellite	Prince Street Clinic, Prince Street, WaterlooL22 5PB Tel. 0151 928 2694
THE ROCK SURGERY – adult mental health services, psychology, primary care mental health, older adult mental health services - satellite	The Rock Surgery, 2 Princeway, Frodsham, Cheshire WA6 6RX Tel. 01928 732 110
SOUTH SEFTON ADULT EDUCATION CENTRE – Access Sefton - satellite	South Sefton Adult Education Centre, 53 Cambridge Rd, Liverpool L21 1EZ. Tel: 0151 285 5041
ST ANNE STREET – Primary care mental health services, , Cheshire and Merseyside Adolescent Eating Disorder Service – hub	71 St Anne's Street, Chester, CH1 3HT Tel. 01244 394949
STANNEY LANE CLINIC – primary care mental health services- satellite	Stanney Lane Clinic, Stanney Lane, Ellesmere Port CH65 9AE Tel: 0151 488 8465.
STELLA NOVA (HEAD OFFICE – ACCESS SEFTON) – Access Sefton - hub	Unit 5 Stella Nova, Washington Parade, Bootle, Merseyside L20 4TQ Tel. 0151 955 3200
ST WERBURGH'S – homelessness service - satellite	2a George Street, Chester CH1 3EQ. Tel. 01244 665834
TARPORLEY HEALTH CENTRE – Primary care mental health services - satellite	Tarporley Health Centre, Park Road, Tarporley, CW6 0BE Tel. 01829 733686
UPTON LEA RESOURCE CENTRE – Adult mental health services, older people's mental health services, home treatment team, PICU consultant – hub, Early intervention team - satellite	Upton Lea Resource Centre, Countess of Chester Health Park Liverpool Road, Chester CH2 1BQ Tel. 01244 397425
UPTON VILLAGE SURGERY – primary care mental health	Upton Village Surgery, Wealstone Lane, Upton, Chester CH2 1HD. Tel: 01244 382238
WESTERN AVENUE MEDICAL CENTRE – primary care mental health	Western Avenue Medical Centre, Gordon Road, Blacon, Chester CH1 5PA. Tel: 01244 390755
CODE – MHC– Adult and Older People's Community Mental Health Services – East **GENERAL MANAGER/NOMINATED INDIVIDUAL:** Roisin Reynolds Regulated activity: Treatment of disease, disorder or injury	

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
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
CARS WARD - Liaison Psychiatry and HALS - hub	Liaison Psychiatry and HALS C/O CARS Ward, Millbrook Unit, Macclesfield District General Hospital, Macclesfield, SK10 3BL, Tel. 01625 663868
CONGLETON LIBRARY- Home treatment team (HTT) - hub	Congleton Library, Market Street, Congleton CW12 1BU Tel. HTT- 01260 292916
CONGLETON WAR MEMORIAL HOSPITAL - Adult & Older People's Community Mental Health Service- satellite	Congleton War Memorial Hospital, Canal Road, Congleton. CW12 3AR Tel. 01260 294800
DELAMERE RESOURCE CENTRE – IAPT, Psychosexual Services, Single Point of Access, Crewe Review Adult community mental health services, Central Memory & Older Adults Community mental health services, Crewe Recovery College, Expert Patient Programme, Older People Service Crewe, Personality Disorder Service - hub	Delamere Resource Centre, 45 Delamere Street, Crewe, CW1 2ER, Tel. 01270 655200
EAGLEBRIDGE MEDICAL CENTRE - Adult & Older People's Community Mental Health Services - satellite	Eaglebridge Medical Centre, Wellbeing Centre, Dunwoody Way, Crewe. CW1 3AW Tel. 01270 275780
HANDFORTH CLINIC - Adult & Older People's Community Mental Health Service- satellite	Handforth Clinic, Wilmslow Road, Handforth. SK9 3HL Tel. 01625 529421
HOLMES CHAPEL HEALTH CENTRE - Adult & Older People's Community Mental Health Service- satellite	Holmes Chapel Health Centre, London Road, Holmes Chapel. CW4 7BB Tel. 01477 533100
JOCELYN SOLLY HOUSE RESOURCE CENTRE - Adult and older people's community mental health services, Single Point of Access/review, Recovery College, Expert Patient Programme - hub	Jocelyn Solly House, Victoria Road, Macclesfield, SK10 3JE Tel. 01625 505600
KNUTSFORD & DISTRICT COMMUNITY HOSPITAL - Adult and older people's mental health services - satellite	Knutsford and District Community Hospital, Bexton Road Knutsford WA16 0BT Tel. 01565 757225
LEIGHTON HOSPITAL, ACCIDENT & EMERGENCY UNIT - Liaison Psychiatry - hub	Liaison Psychiatry, Accident & Emergency Unit, Leighton Hospital, Middlewich Road, Crewe CW1 4QJ Tel. 01270 612239
NANTWICH HEALTH CENTRE - Adult & Older People's Community Mental Health Services- satellite	Church View PC Centre, off Beam Street, Nantwich. CW5 5NX Tel. 01270 610181

POYNTON COMMUNITY CLINIC - Adult & Older People's Community Mental Health Services- satellite	Poynton Community Clinic, Park Avenue, Poynton, Stockport SK12 1QY Tel. 01625 875618
ROPE GREEN MEDICAL CENTRE - Adult & Older People's Community Mental Health Services- satellite	Rope Green Medical Centre, Rope Lane, Shavington, Crewe CW2 5DA Tel. 01720 275990
VALE HOUSE RESOURCE CENTRE – Adult Mental Health Services, Older People's Mental Health Services, IAPT, Liaison & Diversion Service, Personality Disorder Service, Early Intervention Team - hub	Vale House Resource Centre, High Street Winsford CW7 2AS Tel. 01606 555100
WATERSEDGE MEDICAL CENTRE - Adult & Older People's Community Mental Health Services- satellite	Waterside Medical Centre, 10-12 Leadsmithy Street, Middlewich. CW10 9EH Tel. 01606 544401
WATERS GREEN MEDICAL CENTRE - Adult & Older People's Community Mental Health Services- satellite	Waters Green Medical Centre, Sunderland Street, Macclesfield. SK11 6JL Tel. 01625 264095
CODE : SMC – community based services for people who misuse substances **GENERAL MANAGER /NOMINATED INDIVIDUAL:** Roisin Reynolds, Patricia McCormack **Regulated activity:** treatment of disease, disorder or injury	
THE BARNABAS CENTRE – Substance Misuse Service, Young Person's Substance Misuse Service - hub	The Barnabas Centre, Bridge House, 15 Brook Street, Macclesfield, Cheshire SK11 7AA Tel. 01625 702000
CATHERINE HOUSE - Substance Misuse Service, Young Person's Substance Misuse Service , HALS, - hub	Catherine House, Eaton Street, Crewe, Cheshire CW2 7EG Tel. 01270 656301
COUNTESS OF CHESTER HOSPITAL – hospital alcohol liaison service (HALS) - hub	Countess of Chester Hospital, Countess of Chester health park, Liverpool Road, Chester. Tel. 01244 397706
CODE - LDC – community based services for people with a learning disability **GENERAL MANAGER/NOMINATED INDIVIDUAL**: Roisin Reynolds, Patricia McCormack & Sarah Quinn **Regulated activity :** treatment of disease, disorder or injury	
EASTWAY - Cheshire West and Chester CLDT - hub	Eastway, Countess of Chester Health Park, Liverpool Road, Chester CH2 1BQ. Tel.01244 397222
ROSEMOUNT LODGE – Central and East CLDT - hub	Rosemount Lodge, Chester Road, Macclesfield SK11 8QA Tel. 01625 509017 54 Stalbridge Road, Crewe CW2 7LP Tel. 01270 656335
STEIN CENTRE - Wirral CLDT - hub	Stein Centre, St Catherine's Hospital Derby Road, Tranmere, Wirral CH42 0LQ Tel. 03003033157

WATERSIDE HOUSE - Trafford CLDT - hub	3rd Floor, Waterside House Sale Waterside M33 7ZF Tel., 0161 912 2810
WYVERN HOUSE – Cheshire West and Chester CLDT - hub	Wyvern House, The Drumber, Winsford, CW7 1AU. Tel: 01606 288850

CODE – MHC– CAMHS Community Based Services

GENERAL MANAGER/NOMINATED INDIVIDUAL: Roisin Reynolds, Sarah Quinn & Patricia McCormack

Regulated activity: 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
THE BIRCH CENTRE - Wirral CAHMS 0-13 Team, Wirral CAMHS 14-18 Team, Wirral Early Intervention Team - hub	The Birch Centre, St Catherine's Hospital Derby Road, Tranmere, Wirral CH42 0LQ 0151 488 8100
CIVIC WAY – West LD CAMHS - hub	4 Civic Way, Ellesmere Port, CH65 0BE. Tel. 0151 337 6317
ELM HOUSE - 0-16 service, 16-19 service, CAMHS primary care mental health, LD CAMHS, Neuro Development Service - hub	Elm House, The Priory, Rosemount Site, Lea Bank Close, Macclesfield, Cheshire, SK11 8QA, Tel. 01625 712043
HAWTHORN CENTRE – Vale Royal - Winsford Tier 2 and Tier 3 CAMHs - hub	1st 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 6470148
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, Neuro Development Service - hub	Mill Street Medical Centre, Mill Street, Crewe, Cheshire, CW2 7AQ Tel. 01270 253 841

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

GENERAL MANAGER /NOMINATED INDIVIDUAL: Karen Moore/ Patricia McCormack

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

1829 BUILDING –SALT, ABI, Specialist Nurses for Tissue Viability, SPA, Heart Failure Specialist Nurses, podiatry, professional development lead pulmonary rehab – hub	1829 Building, Countess of Chester Health Park, Liverpool Road, Chester CH2 1HJ Tel. 01244 650300 (main reception)
BLACON CHILDREN'S CENTRE – Starting Well Service 0-19 service – hub. SALT, children's continence service - satellite	Blacon Children's Centre, Carlisle Road, Blacon, Chester, CH1 5DB Tel. 01244 397412

BLACON HEALTHY LIVING CENTRE – recovery college west – hub	Blacon Healthy Living Centre, Ground Floor, Plas Dinas, Blacon Point Road, Blacon, Chester CH1 5SN Tel. 01244 385035
BOUGHTON HEALTH CENTRE - Starting Well 0-19 service, podiatry, SALT, community pain service, adult continence team - satellite	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
BOWMERE HOSPITAL – podiatry, out of hours district nursing team - hub	Countess of Chester Healthpark, Liverpool Road, Chester Tel. Main reception 01244 397300, District Nurses 01244 385306, Podiatry 01244 385001
CHERRYBANK RESOURCE CENTRE – stroke early supported discharge team - hub	Cherrybank Resource Centre, 85 Wellington Road, Ellesmere Port, CH65 0BY Tel. 0151 488 8360
CHESTER UNIVERSITY – cardiac rehabilitation - satellite	Chester University, Parkgate Road, Chester CH1 4BJ Tel. 01244 511000
CIVIC WAY - Ellesmere Port North community care team, Ellesmere Port South community care team, Single Point of Access (SPA), Crisis and Reablement Team - hub	4 Civic Way, Ellesmere Port, CH65 0BE Tel: EP North 0151 357 2348, Tel: EP South 0151 355 8946, Tel: SPA: 0300 1237740
CLATTERBRIDGE HOSPITAL – stroke rehabilitation - hub	Clatterbridge Road, Bebington, Wirral CH63 4JY Tel. 0151 334 4000 (Switchboard)
COMMUNITY OUTREACH GYM, ELLESMERE PORT – cardiac rehabilitation - satellite	Referrals and enquiries to Cardiology department, Countess of Chester Hospital, Liverpool Road, Chester, CH2 1UL Tel. 01244 365662/365192. Ask for Sophie McIntosh.
COUNTESS OF CHESTER HOSPITAL –Cardiac rehabilitation, Specialist Nursing COPD and Oxygen, community pain service, respiratory physiotherapy - hub	Countess of Chester Hospital, Countess of Chester Health Park, Liverpool Road, Chester Tel. 01244 365000 (switchboard)
DALE CAMP (ARMY BARRACKS) – Starting Well 0-19 service (health visiting clinic) - satellite	The Dale, Chester CH2 4BD Tel. 01244 650781
DENE DRIVE MEDICAL CENTRE – Starting Well 0-19 service - satellite	Dene Drive Medical Centre, Winsford, CW7 1AT. Tel. 01616 544130
ELLESMERE PORT FIRE STATION – cardiac rehabilitation - satellite	Referrals and enquiries to Cardiology department, Countess of Chester Hospital, Liverpool Road, Chester, CH2 1UL. Tel: 01244 365662/365192. Ask for Sophie McIntosh.
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	Ellesmere Port Hospital, 114 Chester Road, Whitby, Ellesmere Port CH65 6SG Tel. 01244 365000 (switchboard)

ELTON CHILDREN'S CENTRE – Starting Well 0-19 - satellite	Elton Primary School, School Lane, Elton CH2 4LT Tel. 0151 338 2227
FARNDON SURGERY – MSK physiotherapy, Starting Well 0-19 (health visiting baby clinic) - satellite	Farndon Surgery, Church Lane, Farndon CH3 6PT; Tel. 01829 771588
FOUNTAINS HEALTH CENTRE – Fountains Community Care Team, Chester East Community Care Team –hub; MSK Physiotherapy, Podiatry, SALT, adult continence service, health visiting clinic, - satellite	Fountains Health Centre, Delamere Street, Chester Tel. 01244 325721
FRODSHAM CHILDREN'S CENTRE – health visiting clinic-satellite	Frodsham Children's Centre, Ship Street, Frodsham WA6 7PZ Tel. 01606 555287
GREAT SUTTON CLINIC – Starting Well 0-19 service, SALT, podiatry, leg ulcer clinic (provided by EP North CCT), Adult continence team - satellite	Great Sutton Clinic, Old Chester Road, Great Sutton CH66 3PB Tel. 0151 339 2208
GREENFIELDS CHILDREN'S CENTRE – Starting Well 0-19 service - hub	Greenfields Children's Centre, Whitby's Lane, Winsford, CW7 2LZ. Tel. 01606 555288
HEATH LANE – palliative care and Macmillan nursing, Intermediate dermatology- hub	Heath Lane, Boughton CH3 5UJ. Tel. 01244 563105
HELSBY GP PRACTICE/HEALTH CENTRE – Starting Well 0-19 (health visiting clinic) - satellite	Lower Robin Hood Lane, Frodsham WA6 0BW. Tel. 01928 723676
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.	Hope Farm Clinic, Hope Farm Road, Great Sutton CH66 2RQ Tel. 0151 347 4200
HOSPICE OF THE GOOD SHEPHERD – Macmillan Team - satellite	Hospice of the Good Shepherd, Gordon Lane, Backford, Chester CH2 4DG Tel: 01244 851091
KINGSMEAD MEDICAL CENTRE – Starting Well 0-19 (clinic) - satellite	Kingsmead Medical Centre, Kingsmead Square, Northwich CW9 8UW. Tel. 01606 861140
KINGSWAY CHILDREN'S CENTRE – Starting Well 0-19 - hub	Kingsway Children's Centre, University of Chester, Kingsway Campus, Kingsway, Chester CH2 2LB Tel. 01244 397503
LACHE CHILDREN'S CENTRE – Starting Well 0-19 - hub	Lache Children's Centre, Hawthorn Road, Lache, Chester, CH4 8HX. Tel. 01244 397486
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	Lache Health Centre, Hawthorn Road, Lache, Chester CH4 8HX Tel: Health Visiting 01244 671366.

MALPAS SURGERY – Broxton community care team, podiatry – hub	Malpas Surgery, Laurel Bank, Old Hall Street, Malpas SY14 8PS. Tel: 01948 860205
MALPAS YOUTH CENTRE – SALT- satellite	Malpas Youth Centre, 1 Chester Road, Malpas SY14 8HT Tel. 01948 860993
NESTON CLINIC - Neston Community care team- hub; Starting Well 0-19 service (health visiting clinic), MSK Physiotherapy, podiatry, SALT - satellite	Neston Clinic, Mellock Lane, Little Neston CH64 9RN Tel. Health Visiting - 0151 336 2189 Community Care Team – 0151 488 8440
OAKWOOD MEDICAL CENTRE – Starting Well 0-19 service (health visiting clinic) - satellite	Oakwood Medical Centre, Broadway, Northwich, CW8 4LF. Tel. 01606 544241
PORTSIDE CHILDREN'S CENTRE – Starting Well 0-19 service – hub	Portside Community Centre, Egerton Street, Ellesmere Port CH65 2BY; Tel. 0151 488 8037
PORTSIDE HUB – Starting Well 0-19 services - hub	Portside Hub, 2-6 Church Parade, Ellesmere Port, CH65 2ER
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	Princeway Health Centre, 2 Princeway, Frodsham, WA6 6RX Tel. 01928 732110
STANLAW ABBEY CHILDREN'S CENTRE – Starting Well 0-19 service - hub. SALT- satellite	Stanlaw Abbey Children's Centre, Alnwick Drive, Ellesmere Port, CH65 9HE Tel. 0151 488 8036
STANNEY LANE CLINIC – Doppler/dressing clinic - hub SALT, podiatry, tissue viability services, Starting Well 0-19 service (health visiting clinic) - satellite	Stanney Lane Clinic, Stanney Lane, Ellesmere Port CH65 9AETel. 0151 488 8465
ST WERBURGH'S – Intermediate Tier Epilepsy - hub	2a George Street, Chester CH1 5EQ Tel. 01244 665834
TARPORLEY HEALTH CENTRE – Starting Well 0-19 service, Tarporley community care team - hub podiatry, continence - satellite	Tarporley Health Centre, Park Road, Tarporley, CW6 0BE Tel. Health Visiting – 01829 733193 community care team – 01829 733193
TARPORLEY WAR MEMORIAL HOSPITAL – MSK physiotherapy - satellite	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

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, NHS GP Practice

GENERAL MANAGER /NOMINATED INDIVIDUAL: Alison Swanton

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

WESTMINSTER SURGERY – GP services, maternity and midwifery services, family planning services, diagnostic and screening procedures- hub	Westminster Surgery, 12 to 18 Church Parade, Ellesmere Port CH65 2ER Tel. 0151 3554864 www.westminstersurgery.nhs.uk

REGISTERED LOCATION

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

CODE : DCS –Doctors consultation services; **DTS** Doctors treatment services, NHS GP Practice

GENERAL MANAGER /NOMINATED INDIVIDUAL: Alison Swanton

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

WILLASTON SURGERY – GP services, maternity and midwifery services, family planning services, diagnostic and screening procedures- hub	Willaston Surgery, Neston Road, Willaston, CH64 2TN Tel. 0151 327 4593 www.willastonsurgery.nhs.uk

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 and drug and alcohol services within some of our localities.

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

The 6Cs are our Trust values;
- Care
- Compassion
- Courage
- Communication
- Competence
- Commitment

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

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

5. Regulated Activity, Service Types and Person Bands

CWP is regulated to provide the following activities;
- Treatment of disease, disorder or injury
- Assessment or medical treatment for people detained under the Mental Health Act 1983
- Transport services, triage and medical advice provided remotely
- Diagnostic and screening procedures
- Maternity and midwifery services
- Family planning services

The following types of services will provide this activity;

- Hospital services for people with mental health needs, learning disabilities and problems with substance misuse
- Rehabilitation services
- Community based services for people with mental health needs
- Community based services for people with a learning disability
- Community based services for people who misuse substances
- Community healthcare service
- GP Service
- Mobile doctors service

CWP provide services to the following service user bands;
- Learning disabilities and autistic spectrum disorder
- Older people
- Younger adults
- Children 0-3 years
- Children 4-12 years
- Children 13-18 years
- Mental health
- Dementia
- People detained under the MHA 1983
- People who misuse drugs and alcohol
- People with an eating disorder
- Whole population

5. Our Services

5.1 Physical Health, West

5.1.1 Community Nursing including Specialist Nurses

Physical Health, West 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
- Ellesmere Port and Neston Dressing Clinic
- Macmillan Nursing
- Parkinson's Service
- Tissue Viability Service

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

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

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

5.1.2 Therapies including Intermediate Care

Physical Health, West provide comprehensive therapy services, delivered to the local population of Western Cheshire in a variety of treatment settings including hospitals, local community clinics, GP practices, leisure centres and domiciliary locations (including nursing and residential homes).

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

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

The community service including physiotherapy and occupational therapy is part of a wider rehabilitation service providing active rehabilitation for patients in their own homes, intermediate care settings and long term residential care. There are specialist teams within

the service who provide assessment and treatment for patients with neurological, respiratory or orthopaedic conditions and complex physical problems associated with old age.

5.1.3 Podiatry

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

5.1.4 Intermediate Care

Intermediate tier services are broader than the traditional definition of intermediate care. It is community based (e.g. Transitional care, home based support, community hospitals, hospices, respite) and includes a range of support to promote faster recovery from illness, prevent unnecessary hospital admission, support timely discharge and maximise independent living.

5.1.5 Acquired Brain Injury Service

This service provides a Cheshire wide highly specialist service to Acquired Brain Injury clients/carers and provides access to case management, neuropsychology and vocational rehabilitation in their own community, whilst enabling independent living and promoting quality of life.

5.1.6 General Practice

Westminster Surgery and Willaston Surgery provide a comprehensive range of primary care services to its patients in Ellesmere Port and Willaston respectively. 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

5.1.7 Out of Hours Service

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

5.1.8 Children, Young People & Families Community Health Service

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

Service includes;
- Health Visiting

- School Health Advisors
- Primary Child and Adolescent Mental Health Services

5.2 Acute Mental Health Services

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

The team are highly trained specialists from a variety of professional backgrounds;
- Consultant psychiatrists
- Clinical service managers
- Nursing clinical leaders
- Specialist dieticians
- Occupational therapists
- Specialist diabetes nurse
- Ward managers
- Pharmacists
- Modern matrons
- Phlebotomists
- Nurse consultant in acute care
- Administration staff
- Nurses (providing psychological interventions)
- Support workers
- Physiotherapists

5.2.1 Community Mental Health

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

Community mental health teams consist of a range of skilled staff including;
- Team managers
- Consultant psychiatrists
- A range of other grades of psychiatrists
- Approved social workers
- Psychologists
- Social workers
- Occupational therapists
- Clinical leads
- Community mental health nurses

- Support workers
- Administration staff

5.2.1 i) Therapies and support

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

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

5.2.2 Home Treatment Teams

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

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

5.2.3 i) Therapies and support

Home treatment is based on evidence that rapidly responding to persons and their support network at crisis point can facilitate improved outcomes. The service philosophy and aims are;
- To develop creative ways of working that are appropriate to a person's needs
- To remain involved in a person's care until a crisis has been resolved
- To actively involve people, their family / carer as appropriate and to reduce their vulnerability to crisis and to maximise their strengths

Risks of deterioration and harm to self and others can be reduced and this period is an ideal time to develop positive resolutions to distress. HTT will work alongside the person / carer to develop a care plan to meet their needs. This may include medication management, education, support, assistance to develop positive coping strategies and a relapse prevention plan to address any deterioration in mental health in the future. When a person's mental health has improved to the point that their ability to self-manage has improved, their care will continue to be provided by their care co-ordinator and CMHT.

5.2.4 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
- Modern matrons
- Occupational therapists
- Ward managers
- Junior medical staff
- Psychological therapists
- Specialist nurses
- Pharmacists
- Physiotherapists
- Clinical service managers
- Administrative staff

5.2.5 i) Therapies and support

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

5.2.6 Adult Cognitive Assessment Team (Early Onset Dementia & Alcohol Related Brain Impairment)

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

early onset dementia, cognitive impairment and alcohol related brain damage. The team may offer a consultation role whilst the referring agent maintains care co-ordination.

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

5.2.7 Early Intervention Mental Health Service (EI)

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

All persons referred to the early intervention team should be;
- Aged 14 – 65 years
- Registered with a GP within the designated locality for that intervention service
- Experiencing psychotic symptoms for the first time

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

The team is multi-disciplinary and is made up of highly trained specialists from a variety of professional backgrounds including;
- Support workers
- Occupational therapists
- Community mental health nurses
- Clinical psychologists
- Clinical leads
- Team managers
- Consultant psychiatrists.

5.2.8 i) Therapies and support

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

The aims of the service are to;
- Reduce stigma associated with psychosis
- Improve professional and lay person's awareness of the symptoms of psychosis and the need for early intervention
- Reduce the length of time young people remain undiagnosed and untreated
- Develop meaningful engagement, provide evidence-based interventions and promote recovery during the early phase of illness

- Increase stability in the lives of persons, facilitate development and provide opportunities for personal fulfilment
- Provide a person centred service that effectively integrates child, adolescent and adult mental health services and works in partnership with primary care, education, social services, youth and other services
- At the end of the treatment period ensure that the care is transferred thoughtfully and effectively

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

The team is also involved in the provision of mental health literacy programmes and providing mental health awareness sessions for other agencies, the general public and young people. Other therapies and support include;
- Specialist mental health assessment
- Pharmacotherapy and medication management
- Cognitive behaviour therapy
- Family intervention including carer support groups
- Relapse management
- Physical health assessment
- Smoking cessation
- Substance use assessment
- Vocational training

5.2.9 Eating disorder services

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

5.2.10 Intensive rehabilitation services

CWP is at the forefront of developing intensive 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
- Clinical service manager
- Occupational therapists
- Nurse therapist's
- Physical therapists
- Unit managers
- Modern matron
- Technical instructors
- Nurse clinical leads
- Phlebotomists
- Pharmacists
- Care co-ordinators

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

5.2.11 i) Therapies and support

- Rehabilitation
- Self-help / wellness / prevention
- PPI led carer support groups
- Specialist risk assessment
- Self-harm interventions & coping strategies
- Management of aggression & de-escalation
- Crisis intervention
- WRAP (wellness recovery action planning)
- Pharmacotherapy
- Cognitive behavioural therapy
- Psycho-social therapy
- Dialectical behavioural therapy
- Occupational therapy
- Vocational / educational activities
- Healthy lifestyle support
- Psychological therapies

5.2.12 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.

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.

5.2.13 i) Therapies and support

CWP's liaison psychiatry service provides assessment and evidence based treatments, caring for people with many different needs:
- People presenting to accident and emergency departments with a mental health crisis
- People presenting to hospital after an episode of self-harm
- People with physical symptoms that are medically unexplained
- People struggling with the psychological impact of physical disease or treatment
- People with confusion

5.2.14 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 (up to 26 sessions) interventions for people with complex psychogical problems.

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

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

The team includes;
- Counsellors
- Clinical psychologists
- Psychological therapists
- Consultant clinical psychologists
- Associated support staff
- Psychotherapists
- Counselling psychologists

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

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

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

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

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

5.2.15 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)
- And other specialist approaches.

5.2.16 Psychiatric intensive care

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. A key feature of CWP's PICU services is our outreach work. 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

- Clinical service managers/co-ordinators
- Specialist dieticians
- Specialist diabetes nurse
- Pharmacists
- Phlebotomists
- Administration staff

5.2.17 i) Therapies and support

Therapies and support includes;
- Specialist risk assessment using risk management aids such as CARSO and HCR20
- Pharmacotherapy
- Cognitive Behavioural Therapy (CBT)
- Safe care
- Occupational therapy
- Motivational interviewing
- Brief therapy
- Solution-focussed therapy
- Physical health assessment
- Smoking cessation
- Nutritional assessment
- Advocacy
- Spiritual care

5.2.18 Substance Misuse Service

Substance Misuse Services

Cheshire East Substance Misuse Services (CESMS) provide a range of community based services across Central and East Cheshire locality. CWP is the lead provider and work with our Partner Agencies, Acorn Recovery and Intuitive Thinking Skills who provide psychosocial interventions. People who live in the locality can self-refer to this service, by telephone or dropping in, or ask another professional involved in their care to refer them (e.g. GP, Probation Office, medical ward). CWP also have a Young Person's Service for service users up until the age of 25, this includes providing support to individual and in schools. The CWP service works closely with different specialists in CWP and other agencies. The philosophy of the service is based on the aim of minimising the harm caused by substances to the physical, psychological and social wellbeing of people and their families. The service promotes health by supporting the person to recognise and change behaviour and lifestyles and work towards recovery.

Our expert teams are from a variety of professional backgrounds ensuring that people using our services have the benefit of wide-ranging knowledge and skills to meet their needs. This includes;
- Specialist Nurses (general and psychiatric)
- Social Workers
- Substance Misuse Practitioners
- Administrators and Service Managers
- General Practitioners and Associate Specialists
- General Nurses
- Mental Health Nurses

Treatment options across the areas include;
- Provision of open access 'drop in' sessions
- Advice, information and education about substance misuse

- Specialist Assessment
- Substitute Prescribing
- Recovery Care Plans and Brief Interventions
- Community detoxification / referral to in-patient detoxification and rehabilitation
- Psychological therapies utilising a range of approaches e.g. Cognitive behavioural therapy, motivational and counselling type approaches
- Group and person programmes
- Recovery Groups delivered by CWP staff and partner agencies
- Shared care with GPs

Harm Reduction Service

Clients can access a Harm Reduction Service at both the Crewe and Macclesfield sites.

This involves access to:
- Syringe exchange
- Blood borne virus testing
- Physical health screening
- Substance specific education and advice
- Sexual health screening/advice
- Referral to primary and specialist health and social care

Hospital Alcohol Liaison Service (HALS)

The Cheshire East Substance Misuse Service provides the HALS at Mid Cheshire Hospital Trust (MCHT).The service operates daily Monday to Friday (excluding Bank Holidays). The In-reach Service is staffed by experienced Substance Misuse Workers and or Nurses from CESMS who are able to deliver services to both alcohol and drug misusing service users.

Staff members attend the hospital each morning to collect referrals from the wards and the A&E Department. If the service users are still an inpatient at the hospital they will be visited on the wards or in A&E. CESMS staff will then spend the time required on site at MDGH.

The workers can offer a range of interventions to inpatients and can arrange for assessment on the wards or in A&E. They can also provide assessment and Interventions in the community if they have already been discharged.

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

These commonly include;
- Community Pharmacists
- Mental Health Services (dual diagnosis)
- Specialist Liver Units for hepatitis treatment
- Medical Wards, A&E and Maternity Services
- Probation and Criminal Justice Schemes
- Social Care/Child and Family Services

5.2.19 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
- Clinical service managers/co-ordinators
- Child psychotherapists
- Administration staff

5.2.20 i) Therapies and support

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

Tier 2
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
These services are provided by multi-disciplinary teams working with key partner agencies and are available for 0 - 16 year olds, with specific 16-19 year old provision.

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

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. Home based treatment services and complex needs 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
- One day per week group programme for people with an eating disorder

The following is a list of specialist therapies and support provided to young people with learning disabilities and mental health problems;
- Parenting courses
- Anger management/social skills
- Family therapy
- Brief intervention
- Drop ins at special schools / child development centres interventions
- Liaison and consultation with partner agencies
- Training

5.2.21 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

5.2.22 i) Therapies and support

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.

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. Safeguarding Children and Safeguarding Adults Service

This team provides support, advise, supervision and training to staff on Safeguarding Children and Adults. The service includes the following specialities:
- Head of Adult and Children Safeguarding
- Nurse Specialist for children in care
- Nurse Specialist for Child Death Overview Panel/ Paediatric Liaison
- Nurse Specialist for Safeguarding Children

- Named Nurse for Safeguarding Children
- Nurse Specialist for Adult Safeguarding
- Named Nurse for Adult Safeguarding

7. Infection Prevention and Control

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

Certificate of Registration

This is to certify the following service provider has been registered by the Care Quality Commission under the Health and Social Care Act 2008

Certificate number: CRT1-4646122996
Certificate date: 19/12/2017
Provider ID: RXA

Section 1   **Service Provider details**

Name of service provider: Cheshire and Wirral Partnership NHS Foundation Trust

Address of service provider: Trust Headquarters, Redesmere
The Countess of Chester Health Park, Liverpool Road
Chester
Cheshire
CH2 1BQ

Date of Registration: 01/04/2010

Signed

Sir David Behan CBE
Chief Executive

Section 2

Cheshire and Wirral Partnership NHS Foundation Trust is registered in respect of Regulated Activity: **Assessment or medical treatment for persons detained under the Mental Health Act 1983**

For Regulated Activity **Assessment or medical treatment for persons detained under the Mental Health Act 1983** the Nominated Individual (where applicable) is:
David Wood

Conditions of registration that apply to:
Cheshire and Wirral Partnership NHS Foundation Trust for **Assessment or medical treatment for persons detained under the Mental Health Act 1983**

1. This Regulated Activity may only be carried on at or from the following locations:

Location Name and address	Ancora House The Countess Of Chester Health Park Chester Cheshire CH2 1BQ
Location ID	RXAG5
Additional conditions that apply at this location	

Location Name and address	Bowmere Hospital Executive Suite, Countess Of Chester Health Park Liverpool Road Chester Cheshire CH2 1UL
Location ID	RXA19
Additional conditions that apply at this location	

Location Name and address	Clatterbridge Hospital Psychiatric Services Springview Mental Health Unit Clatterbridge Hospital, Clatterbridge Road Wirral Merseyside CH63 4JY
Location ID	RXA54
Additional conditions that apply at this location	

Location Name and address	Eastway Executive Suite, Countess Of Chester Health Park Liverpool Road Chester Cheshire CH2 1UL
Location ID	RXA89
Additional conditions that apply at this location	

Location Name and address	Greenways Rosemount Site Chester Road Macclesfield Cheshire SK11 8QA
Location ID	RXA35
Additional conditions that apply at this location	

Location Name and address	Jocelyn Solly (Millbrook) Victoria Road Macclesfield Cheshire SK10 3JF
Location ID	RXAAE
Additional conditions that apply at this location	

Location Name and address	Soss Moss Site Chelford Road Nether, Alderley Macclesfield Cheshire SK10 4SZ
Location ID	RXA72
Additional conditions that apply at this location	

Cheshire and Wirral Partnership NHS Foundation Trust is registered in respect of Regulated Activity: **Diagnostic and screening procedures**

For Regulated Activity **Diagnostic and screening procedures** the Nominated Individual (where applicable) is:
David Wood

Conditions of registration that apply to:
Cheshire and Wirral Partnership NHS Foundation Trust for **Diagnostic and screening procedures**

1. This Regulated Activity may only be carried on at or from the following locations:

Location Name and address	Countess of Chester Hospital Countess Of Chester Health Park Liverpool Road Chester Cheshire CH2 1UL
Location ID	RXADT
Additional conditions that apply at this location	

Location Name and address	Westminster Surgery 12-18 Church Parade Ellesmere Port Merseyside CH65 2ER
Location ID	RXAX4
Additional conditions that apply at this location	

Location Name and address	Willaston Surgery Neston Road Willaston Neston Merseyside CH64 2TN
Location ID	RXAG4
Additional conditions that apply at this location	

Cheshire and Wirral Partnership NHS Foundation Trust is registered in respect of Regulated Activity: **Family planning**

For Regulated Activity **Family planning** the Nominated Individual (where applicable) is: **David Wood**

Conditions of registration that apply to:
Cheshire and Wirral Partnership NHS Foundation Trust for **Family planning**

1. This Regulated Activity may only be carried on at or from the following locations:

Location Name and address	Westminster Surgery 12-18 Church Parade Ellesmere Port Merseyside CH65 2ER
Location ID	RXAX4
Additional conditions that apply at this location	

Location Name and address	Willaston Surgery Neston Road Willaston Neston Merseyside CH64 2TN
Location ID	RXAG4
Additional conditions that apply at this location	

Cheshire and Wirral Partnership NHS Foundation Trust is registered in respect of Regulated Activity: **Maternity and midwifery services**

For Regulated Activity **Maternity and midwifery services** the Nominated Individual (where applicable) is:
David Wood

Conditions of registration that apply to:
Cheshire and Wirral Partnership NHS Foundation Trust for **Maternity and midwifery services**

1. This Regulated Activity may only be carried on at or from the following locations:

Location Name and address	Countess of Chester Hospital Countess Of Chester Health Park Liverpool Road Chester Cheshire CH2 1UL
Location ID	RXADT
Additional conditions that apply at this location	

Location Name and address	Westminster Surgery 12-18 Church Parade Ellesmere Port Merseyside CH65 2ER
Location ID	RXAX4
Additional conditions that apply at this location	

Location Name and address	Willaston Surgery Neston Road Willaston Neston Merseyside CH64 2TN
Location ID	RXAG4
Additional conditions that apply at this location	

Cheshire and Wirral Partnership NHS Foundation Trust is registered in respect of Regulated Activity: **Transport services, triage and medical advice provided remotely**

For Regulated Activity **Transport services, triage and medical advice provided remotely** the Nominated Individual (where applicable) is:
David Wood

Conditions of registration that apply to:
Cheshire and Wirral Partnership NHS Foundation Trust for **Transport services, triage and medical advice provided remotely**

1. This Regulated Activity may only be carried on at or from the following locations:

Location Name and address	Countess of Chester Hospital Countess Of Chester Health Park Liverpool Road Chester Cheshire CH2 1UL
Location ID	RXADT
Additional conditions that apply at this location	

Location Name and address	Trust Headquarters, Redesmere The Countess of Chester Health Park Liverpool Road Chester Cheshire CH2 1BQ
Location ID	RXARE
Additional conditions that apply at this location	

Cheshire and Wirral Partnership NHS Foundation Trust is registered in respect of Regulated Activity: **Treatment of disease, disorder or injury**

For Regulated Activity **Treatment of disease, disorder or injury** the Nominated Individual (where applicable) is:
David Wood

Conditions of registration that apply to:
Cheshire and Wirral Partnership NHS Foundation Trust for **Treatment of disease, disorder or injury**

1. This Regulated Activity may only be carried on at or from the following locations:

Location Name and address	Ancora House The Countess Of Chester Health Park Chester Cheshire CH2 1BQ
Location ID	RXAG5
Additional conditions that apply at this location	

Location Name and address	Bowmere Hospital Executive Suite, Countess Of Chester Health Park Liverpool Road Chester Cheshire CH2 1UL
Location ID	RXA19
Additional conditions that apply at this location	

Location Name and address	Clatterbridge Hospital Psychiatric Services Springview Mental Health Unit Clatterbridge Hospital, Clatterbridge Road Wirral Merseyside CH63 4JY
Location ID	RXA54
Additional conditions that apply at this location	

Location Name and address	Countess of Chester Hospital Countess Of Chester Health Park Liverpool Road Chester Cheshire CH2 1UL
Location ID	RXADT
Additional conditions that apply at this location	

Location Name and address	Crook Lane Respite Unit 152 Crook Lane Wharton Winsford Cheshire CW7 3EQ
Location ID	RXADV
Additional conditions that apply at this location	

Location Name and address	Eastway Executive Suite, Countess Of Chester Health Park Liverpool Road Chester Cheshire CH2 1UL
Location ID	RXA89
Additional conditions that apply at this location	

Location Name and address	Greenways Rosemount Site Chester Road Macclesfield Cheshire SK11 8QA
Location ID	RXA35
Additional conditions that apply at this location	

Location Name and address	Jocelyn Solly (Millbrook) Victoria Road Macclesfield Cheshire SK10 3JF
Location ID	RXAAE
Additional conditions that apply at this location	

Location Name and address	Soss Moss Site Chelford Road Nether, Alderley Macclesfield Cheshire SK10 4SZ
Location ID	RXA72
Additional conditions that apply at this location	

Location Name and address	Thorn Heys Respite Unit 26 Village Road Oxton Prenton Merseyside CH43 5SR
Location ID	RXAX3
Additional conditions that apply at this location	

Location Name and address	Trust Headquarters, Redesmere The Countess of Chester Health Park Liverpool Road Chester Cheshire CH2 1BQ
Location ID	RXARE
Additional conditions that apply at this location	

Location Name and address	Westminster Surgery 12-18 Church Parade Ellesmere Port Merseyside CH65 2ER
Location ID	RXAX4
Additional conditions that apply at this location	

Location Name and address	Willaston Surgery Neston Road Willaston Neston Merseyside CH64 2TN
Location ID	RXAG4
Additional conditions that apply at this location	

End of certificate

CHAIR'S REPORT
AUDIT COMMITTEE – 9 January 2018

The following is a summary of issues discussed and any matters for escalation from the 9 January 2018 meeting of the Audit Committee:

Internal Audit progress update
Four recently completed audits were reviewed by the Audit Committee. These were:
- Core IT infrastructure review which attained Limited Assurance
- A follow up audit on the East locality on Patient Cash & Valuables Review which also attained Limited Assurance
- Locality Governance review which attained Significant Assurance.
- Contract Management review which attained Significant Assurance

The Committee noted that the findings of the IT review were of major concern but the situation was well known management and the Board. The Committee will remind the Board that the planned implementation of the new server architecture is critical.

The Audit Committee agreed to seek further assurance from the Board of Directors on the Limited Assurance audits on Patient Cash and Valuables.

The Committee was briefed on forthcoming audits. Internal audit reconfirmed that the reminder of the audit plan was deliverable before the end of the financial year.

The Committee also reviewed the follow up to previous audit recommendations report and an insight update report.

External Audit update
A technical update was also provided with recent sector updates.

The 2017/18 external audit plan was presented. One new risk was highlighted around liabilities with local government pensions due to the transfer of local authority staff for 0-19 services and other projects.
Pre audit work will commence in the Trust from w/c 12 February 2018. Work with governors on the selected indicator will also take place in February 2018. The Quality Account guidance is expected from NHSI imminently.

Strategic Risk Register and Board Assurance Framework
The Committee reviewed the changes to the risk register and assurance framework. Four new emerging risks in-scope were noted.

The Committee reflected that it had again had received audit reviews where ward management was not adhering to procedures.

Governance Matters
The Audit Committee noted the minutes and/ or chair's reports from the Quality Committee and the Operational Board.

Edward Jenner
Chair of Audit Committee

CHAIR'S REPORT
QUALITY COMMITTEE
10 JANUARY 2018

The following issues and exceptions were raised at the Quality Committee held on 10 January 2018, which require escalation to the Board of Directors:

- **Strategic risk register**
  The Quality Committee discussed the current status of the risk register, the most current update of which is being presented at the January 2018 meeting of the Board of Directors.

  The Quality Committee noted the completion of the following two risks, with residual matters associated with these respective subject areas being addressed via the Trust's quality improvement framework (i) risk of harm due to deficits in familiarity with and staff confidence in applying safety critical policies to ensure CWP maintains safe environments for patients and staff (ii) risk of harm to patients due to ligature points and environmental risks within the inpatient setting.

  The Quality Committee chose the risk for in-depth review at its next meeting. This was the risk of reducing ability to sustain safe and effective services within Central and Eastern Cheshire.
  The Board is asked to note the updates to the strategic risk register.

- **Quality Improvement (QI) strategy – next steps (implementation and delivery)**
  The Quality Committee received an update on preliminary work that is planned to ensure effective delivery of Phase 1 of the QI strategy. This includes:
  o Establishment of a QI Faculty – to ensure alignment of everybody's way of working (using continuous improvement approaches) and towards a common ambition.
  o Improvement priorities and governance – Care Group and strategic improvement priorities will be taken forward once Care Groups are "authorised" and the Quality Committee business cycle will be updated to schedule ongoing reviews of this work. "Local" level governance structures will be developed also to ensure oversight of and/ or ways to get the most learning out of local level QI activities.
  o External strategic partner – to help CWP to develop its QI ambition through capability building, promoting self-sufficiency in maintaining capability, and advising on key performance indicators to monitor and assure of the Trust's progress towards its QI ambition.
  The Board is asked to note the next steps being taken to prepare for implementation from April 2018.

- **Thematic report on safety management system outputs**
  The Quality Committee received an update, including from a representative of a clinical team that is currently engaging in the review process, on progress with the patient safety improvement review programme, which underpins the Board approved safety management system. A thematic review of learning and outcomes from these reviews has identified common themes (areas of best practice and areas requiring improvement) across each of the five dimensions of the system. This is underpinned by a patient safety cultural survey, which will be continuously rolled out, thereby giving the Trust the potential to examine trends in patient safety culture over time, and the cultural impact of the QI strategy, patient safety initiatives and interventions.
  Follow-up visits are being scheduled to provide assurance that the safety management system enables improvement. Non-Executive Directors will attend these visits to assure themselves that the system is operating effectively and in support of their role in the discharge of primary governance.

- **90-day improvement cycle – prone position restraint**
  The current status of incidence of prone position restraint was discussed by the Quality Committee, who also received an update on a 90-day improvement cycle which has identified potential further measures to achieve marginal gains required to achieve an ambition of zero such restraints. These measures are being tested, alongside a clinical focus/ review which is being undertaken by the Clinical Champion for Quality Improvement.
  The Clinical Champion's work will include in-depth reviews of prone position restraint incidents to see what can be learnt about why they are persisting and from that make further recommendations.

Jim O'Connor
Non Executive Director