Cheshire and Wirral Partnership NHS
NHS Foundation Trust

TRUST BOARD OF DIRECTORS MEETING

(**Meeting held in Public**)

DATE: Wednesday 28th March 2018

TIME: 1:30pm (prompt) to 4.20 pm (approx.)

VENUE: Board Room, Trust Headquarters, Redesmere Building, Liverpool Road, Chester, CH2 1BQ

Distribution:

MEETING CHAIR :	Mike Maier	Trust Chairman
MEMBERS:	Dr Faouzi Alam	Joint Medical Director (Effectiveness and Medical Workforce)
	Rebecca Burke-Sharples	Non-Executive Director
	Andrea Campbell	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 & Organisational Development
	Edward Jenner	Non-Executive Director and Chair of Audit Committee
	Dr James O'Connor	Non-Executive Director and Chair of Quality Committee
	Ann Pennell	Non-Executive Director
	Anushta Sivananthan	Joint Medical Director (Compliance, Quality and Assurance)
	Andy Styring	Director of Operations
	Tim Welch	Director of Finance
IN ATTENDANCE:	Julie Dawes	Head of Corporate Affairs
	Katherine Wright	Associate Director of Communications, Marketing and Public Engagement
APOLOGIES:	Edward Jenner	Non-Executive Director and Chair of Audit Committee
OBSERVER(S):	Rachael Davies	CQC Inspector, Hospitals Directorate – Mental Health North West
	Elizabeth Bott	Public Governor - Cheshire West and Chester
	Brain Crouch	Lead Governor / Service User Carer Governor
	Jacqueline McGhee	Service User Carer Governor
COPY FOR INFORMATION:	Rob Jones	KPMG, External Auditors
	Anne-Marie Harrop	MIAA, Internal Auditors

Cheshire and Wirral Partnership NHS
NHS Foundation Trust

Meeting of the Trust Board of Directors held in Public[1]

Wednesday 28 March 2018 at 1.30 pm

Boardroom, Redesmere, Countess of Chester Health Park

Item no.	Title of item	Objectives/desired outcome	Process	Item presenter	Time allocated (approx.)
17/18/111	Apologies for absence	Receive apologies: • Edward Jenner	Verbal	Chair	1330 – 1331 (1 mins)
17/18/112	Declarations of Interest	Identify and avoid conflicts of interest	Verbal	Chair	1331 – 1333 (2 mins)
17/18/113	Minutes of the previous meeting: • 31 January 2018	Confirm as an accurate record the minutes of the previous meetings	Written minutes	Chair	1333 – 1335 (2 mins)
17/18/114	Matters arising and action points	Provide an update in respect of ongoing and outstanding items to ensure progress	Written action schedule and verbal update *(to follow)*	Chair	1335 – 1337 (2 mins)
17/18/115	Board Meeting business cycle 2017/18	Confirm that agenda items provide assurance that the Board is undertaking its duties	Written Report	Chair	1337 – 1340 (3 mins)
17/18/116	Chair's announcements	Announce items of significance not elsewhere on the agenda	Verbal	Chair	1340 – 1350 (10 mins)

[1] In accordance with the Health & Social Care Act 2012, all Trust Board meetings must be held in public. All decisions which require the board's collective approval can only be made at a Trust Board (or a meeting held in closed session to discuss patient sensitive or confidential matters).

Item no.	Title of item	Objectives/desired outcome	Process	Item presenter	Time allocated (approx.)
17/18/117	Chief Executive's announcements *(including overview of items discussed in closed meeting)*	Announce items of significance not elsewhere on the agenda	Verbal	Chief Executive	**1350 – 1410 (20 mins)**
Quality of Care					
17/18/118	Safer Staffing: • Daily ward staffing figures: January and February 2018	To note the ward staffing reports for assurance	Written Report	Director of Nursing Therapies and Patient Partnership	**1410 – 1415 (5 mins)**
17/18/119	NHS Staff Survey Results 2017	To receive and note for assurance	Written Report	Director of People & Organisational Development	**1415 – 1425 (10 mins)**
17/18/120	Guardian of Safe Working Hours Quarterly Reports 120.1 June – August 2017 120.2 September – November 2017	To receive and note for assurance	Written Report	Medical Director Medical Director(Effectiveness, Medical Education and Medical Workforce)	**1425 – 1435 (10 mins)**
17/18/121	Gender Pay Gap Report	To receive and note for assurance	Written Report	Director of People & Organisational Development	**1435 – 1445 (10 mins)**
Strategic Change					
17/18/122	Public Consultation for the Redesign of Adult and Older People's Specialist Mental Health Services	To receive and note for information	Written Report	Chief Executive	**1445 – 1450 (5 mins)**

Item no.	Title of item	Objectives/desired outcome	Process	Item presenter	Time allocated (approx.)
Operational Performance, Finance and Use of Resources					
17/18/123	Operational Plan and Performance dashboard - February 2017	To note performance for assurance	Written Report	Director of Finance	**1450 – 1505 (15 mins)**
(**10 minute break 1505 – 1515 approx.**)					
Governance and Regulation					
17/18/124	Data Security and Protection Requirements - GDPR Readiness	To receive and note for assurance	Written Report Presentation	Medical Director(Effectiveness, Medical Education and Medical Workforce)	**1515 – 1525 (10 mins)**
17/18/125	Information Governance Annual Report (including IG Toolkit 2017/18 Submission)	To receive recommendations for approval	Written Report	Medical Director Medical Director(Effectiveness, Medical Education and Medical Workforce)	**1525 – 1530 (5 mins)**
17/18/126	Board Assurance Framework and Strategic Risk Register	To review new/ existing risks and assurances	Written Report	Medical Director (Compliance, Quality and Assurance)	**1530 – 1538 (8 mins)**
17/18/127	Corporate Governance Briefing Update	To receive an update	Verbal	Head of Corporate Affairs	**1538 – 1546 (8 mins)**

Item no.	Title of item	Objectives/desired outcome	Process	Item presenter	Time allocated (approx.)
Governance and regulation: Assurance and escalation reports from Board Sub-committees (discussion by exception only)					
17/18/128	Audit Committee Chair's report: • 6 March 2018	Review Chair's Report and any matters for note/ escalation	Written Report	Vice Chair of Audit Committee	**1546 – 1548 (2 mins)**
17/18/129	Quality Committee Chair's report: • 7 March 2018	Review Chair's Report and any matters for note/ escalation	Written Report	Chair of Quality Committee	**1548 – 1550 (2 mins)**
Closing Business					
17/18/130	Any other business *(Any items should have been previously notified to the Chair)*	Consider any urgent items of other business	Verbal	Chair	**1550 – 1555 (5 mins)**
17/18/131	Questions from observers or members of the public. *(relating to specific items on the agenda)*	To encourage openness and transparency	Verbal	Chair	**1555 – 1603 (8 mins)**
17/18/132	Review of risk impacts of items discussed	Identify any new risk impacts	Verbal	Chair/ All	**1603 – 1605 (2 mins)**
17/18/133	Key messages for communication	Agree items of particular importance to communicate to staff, governors or other key stakeholders	Verbal	Chair	**1605 – 1613 (8 mins)**
17/18/134	Review of meeting performance	Review the effectiveness of the meeting (achievement of objectives/desired outcomes and management of time)	Verbal	Chair/All	**1613 – 1620 (7 mins)**

Item no.	Title of item	Objectives/desired outcome	Process	Item presenter	Time allocated (approx.)
17/18/135	Date, time and place of next meeting(s): **1. Joint Board of Directors and Council of Governors** Monday 23rd April at 10.30 am Sycamore House **2. Board of Directors** Wednesday 31st May 2018 at 1:30 pm Boardroom, Redesmere	Confirm arrangements for next meeting	Verbal	Chair	**1620 (Close)**

Cheshire and Wirral Partnership NHS
NHS Foundation Trust

UNCONFIRMED Minutes of the Board of Directors Meeting held in Public
Wednesday 31 January 2018 at 1.30 pm
Boardroom, Redesmere, Countess of Chester Health Park

PRESENT	Mike Maier, Chair (MM) Dr Faouzi Alam, Medical Director (Effectiveness, Medical Education and Medical Workforce) (FA) Andrea Campbell, Non-Executive Director (AC) Dr Jim O'Connor, Non-Executive Director (JO'C) Lucy Crumplin, Non-Executive Director (LC) Sheena Cumiskey, Chief Executive (SC) Avril Devaney, Director of Nursing, Therapies and Patient Partnership (AD) David Harris, Director of People and Organisational Development (AH) Edward Jenner, Non-Executive Director (EJ) Dr Anushta Sivananthan, Medical Director (Quality, Compliance and Assurance) (ASi) Andy Styring, Director of Operations (ASt) Tim Welch, Director of Finance (TW)
IN ATTENDANCE	Julie Dawes, Head of Corporate Affairs (JD) Gary Flockhart, Associate Director of Nursing and Therapies (MH & LD) (GF) Katherine Wright, Associate Director Communications and Engagement (KW) Derek Bosomworth, Public Governor, East Cheshire
APOLOGIES	None

	MINUTES	**ACTION**	
17/18/88	**WELCOME AND APOLOGIES FOR ABSENCE** The Chair welcomed all to the meeting, noting that this was the first formal meeting for both Ann Pennell who was appointed as a Non-Executive Director on 1 January 2018 and Julie Dawes, Head of Corporate Affairs who joined the Trust on 12 January 2018. It was reported that apologies had been received from Rebecca Burke-Sharples. The Chair confirmed that the meeting quorate and declared the meeting being held in public open.		
17/18/89	**DECLARATIONS OF INTEREST** It was CONFIRMED that there no declarations of interests in relation to matters on the agenda or any notification of changes to the Trust's Register of Interests for Directors.		
17/18/90	**MINUTES OF PREVIOUS MEETING – 29 NOVEMBER 2018** It was confirmed that the Minutes of the meeting of the Board of Directors held in public on Wednesday 29 November 2017 were APPROVED as a true and accurate record and accordingly signed by the Chair.		

17/18/91	**MATTERS ARISING AND ACTION POINTS** Members reviewed the summary of matters arising from the meetings and notwithstanding the comment below, CONFIRMED that the actions agreed had either been completed or that satisfactory assurances concerning progress had been provided at the meeting: <u>17/18/78c: WRES Update</u> Noting that this action remained outstanding, the Head of Corporate Affairs COMFIRMED that a WRES update would be scheduled in the Board Business cycle for 2018/19.	**JD**	**30/5**
17/18/92	**BOARD 2017/18 BUSINESS CYCLE** Following a review of the board business cycle for the remainder of the year, the Chair noted that there was an expectation that the output from the Central Cheshire Integrated Care Partnership (CCICP) would be reported to the Board. It was accordingly AGREED that the Director of Finance and Head of Corporate Affairs would determine CCICP's future reporting requirements to the Board. The board business cycle for 2017/18 was received and NOTED.	**TW/ JD**	**28/3**
17/18/93	**CHAIR'S ANNOUNCEMENTS** The Chair drew attention to a number of key highlights for the Trust since the previous meeting: **Starting Well Service launch** On 1 January, CWP launched a new health and wellbeing service for young people aged 0-19 in West Cheshire. We were officially named as the provider to deliver the Starting Well 0-19 Service back in May 2017 after being commissioned by Cheshire West and Chester Council (CWaC). The new service brings together local authority early years workers and business and performance support workers. Within 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) who currently serve the CWaC population. **Trainee Nursing Associates – one year on** CWP celebrated a year of trainee nursing associates and their lived experience connectors at an event held at Sycamore House. **Care Wash Packs** The Wirral Homeless service donated more than 100 care packs filled with toiletries and personal items to the local homeless community. The services enlisted the help of Wirral Community NHS Foundation Trust in collecting donations, and were also given extra toiletries by the local St Vincent De Paul Society. **Step into Health celebration**		

	Julia Cottier, Service Director for Central and East attended the national public launch of the Step into Health campaign on the 18 January at a ceremony in London. His Royal Highness the Duke of Cambridge joined representatives of NHS organisations involved in the programme, its ambassadors, those employed through the programme and leaders from across health and the Armed Forces. **CWP Awards** CAMHS were announced as 'Innovator of the Year' at this year's Children and Young People's Mental Health Awards for their work on MyMind, a support website for child and adolescent mental health. The Winsford CAMHS team were also highly commended in the contribution to services category for their mental health in schools project, and a young person who accesses CWP CAMHS was highly commended in the volunteer of the year category and a parent who regularly supports the service was highly commended in the parent/carer/sibling category. The Board of Directors received and NOTED Chair's verbal report.		
17/18/94	**CHIEF EXECUTIVE'S ANNOUNCEMENTS** *(including overview of items discussed in closed meeting)* a) Sheena Cumiskey summarised the discussions held earlier in the closed Board meeting. These included: • Resilience plan for maintaining safe effective services with good patient experience whilst re-designing adult and older peoples mental health services in Cheshire East • The merger of Caring 2gether and Connecting Care programmes • Progress update on the work undertaken to review the options for provision of IM&T services for the Trust • An update on the challenges of sustaining the safe short breaks service for people with learning difficulties • An update on the developments concerning the Wirral All Age Disability Services Business Case • Explored various options of how the Trust might take forward the Estates and Facilities Services • Reviewed the Trust's 2017/18 financial position and noted that still on track to achieve the previously agreed control total of £980k. Work is ongoing on setting the 2018/19 plan and this is currently being delayed as awaiting the planning guidance for next year to be published by NHS Improvement. In addition, she drew attention the following noteworthy matters: b) Stanlaw Abbey Children Centre She had the opportunity to visit the Stanlaw Abbey Children Centre in [Ellesmere Port] on 29 January and was very impressed by their		

	philosophy as to how to improve the outcomes for children, young people and families. In this connection, the Medical Director (Quality, Compliance and Assurance), reported that at a recent Health and Wellbeing Board meeting for Cheshire West and Chester Council, the excellent work being done by Children Services at CWP was openly acknowledged. The Board of Directors received and NOTED the Chief Executive's verbal report.		
17/18/95	**OPERATIONAL PLAN AND PERFORMANCE DASHBOARD: DECEMBER 2017** The Director of Finance presented the report and explained that in response to national guidance, this was the first time that the Trust had reported on mortality in this manner. It was acknowledged that whilst much of the content and format of this report was still subject to development, a more detailed explanation of this report would be provided at the [April] 2018 Board seminar in order to facilitate the Board's wider understanding and oversight. Referring to Appendix 2 relating to the Trust's performance dashboard, it was noted that the outdated reference to Fiona Clark under the patient experience section of the quality strategic objective (ref. SO1.1.2) should be removed from future reports. In response, the following challenge and comments were received: i. In response to the Chair's comment on the level of staff receiving annual appraisals (via the new proposed framework) (ref SO3.2.2), the Director of People and Organisational Development, explained that the People Planning Group would look into this and escalate to the People and Organisational Development Sub Committee where necessary. Similarly, referring to the level of sickness absence (ref. SO3.2.3), assurance was provided that he was not overly concerned about this issue at this time. The Board of Directors NOTED the report.	**TW/ AD** **TW**	**25/4** **28/3**
17/18/96	**CONSULTATION ON THE REDESIGN OF ADULT AND OLDER PEOPLE'S SPECIALIST MENTAL HEALTH SERVICES IN EASTERN CHESHIRE, SOUTH CHESHIRE AND VALE ROYAL** The Director of Operations explained that 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. The report therefore 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.

It was noted that as at the time of writing, the consultation was scheduled to run for a period of 12 weeks from 26 February to 20 May 2018.

Post meeting note:
The consultation period commenced on 7 March 2018.

ASt assured the Board that the Operational Board had full oversight and accountability for this matter and that it was also being addressed under the remit of the Trust's wider business continuity planning.

In response, the following challenge and comments were received:

a) The Medical Director (Quality, Compliance and Assurance), emphasised the importance of the Board being totally sighted on the rationale for doing the re-design in relation to the systems finite resources and the necessity to engage effectively with the community we serve;

b) Andrea Campbell, NED, commented that it was a very good document and congratulated the team. Referring to the 'Our Ambition' section on page 5, she suggested that the word "*evidence*" should be included;

c) Dr O'Connor, NED, fully supported Ms Campbell's comments. In response to his request for clarification around NHS England's (NHSE) assurance process and the associated implications if the required approval to proceed was not forthcoming, the Associate Director Communications and Engagement confirmed that she saw no reason why CWP should not obtain the necessary assurance from NHSE. She however noted that there was some flexibility for a minor slippage in the timetable;

d) The Chair drew attention to comments received from Rebecca Burke-Sharples (NED), prior to the meeting concerning the wider funding implications.

Following discussion, it was RESOLVED that :

1. The Board of Directors CONFIRMS that it received the necessary assurance on the following matters –

   That the process by the Trust:
   i. complies with section 242 of the NHS Act 2006 (section 12.2);

   ii. takes into account the duties placed upon them under the Equality Act 2010 (section 14.4);

   iii. has been mindful of the Gunning or Sedley principles, which are applicable to all consultations within the UK (section 12.5);

   iv. has sought the required engagement with Local Authority Overview and Security Committee (section 1.3);

	2. Subject to obtaining the necessary final agreement from NHS England, the Board of Directors APPROVED the recommendation as outlined at the meeting to proceed to formal joint consultation with the three CCGs (Eastern Cheshire, South Cheshire and Vale Royal); 3. The Board of Directors NOTES that the draft consultation documents as produced to the meeting may be subject to further amendment by members of the Trust Board, the governing body of each the CCGs and/or Hill Dickinson, the nominated legal advisor on the joint consultation; and further 4. NOTES that any proposed minor changes following the consideration and approval in principle by the Board of Directors and the governing body meetings, will be formally approved jointly by the Trust's Chief Executive and the respective Accountable Officers.		
17/18/97	**BOARD ASSURANCE FRAMEWORK AND STRATEGIC RISK REGISTER** The Medical Director (Quality, Compliance and Assurance), presented the board assurance framework and the current strategic risk register (SRR). Board members were reminded that in accordance with the Integrated Governance Framework, that the SRR including the associated risk mitigation plans are subject to in-depth scrutiny and robust challenge at the Quality Committee and from an internal control perspective, at the Audit Committee. ASi highlighted the following four new risks currently 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; • 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; and • Risk of not achieving contractual obligations and subsequent reputational impact due to increased inspector burden and significant increase in the volume of multiagency case reviews. It was reported that two risks had been archived since the last report, namely: • Risk of harm due to deficits in familiarity with and staff confidence in applying safety critical policies, in particular the Trust's "search" policy; and • Risk of harm to patients due to ligature points and environmental risks within the inpatient setting. It was noted that no risk scores had been amended or re-modelled during the period. Assurance was also provided that there were currently no overdue risk treatment plans as at the date of the report.		

	The Board of Directors APPROVED the report and any proposed changes to the strategic risk register.		
17/18/98	**CORONATION ROAD UPDATE** The Director of Operations presented the report which was intended to provide an update on the progress being made in respect of the IT solution for the proposed integrated workplace hub at Coronation Road, Ellesmere Port. He drew specific attention to the positioning statement by the Trust's Head of IT, which explains that order to improve the collaborative work between Cheshire West and Chester Council (CW&C) and CWP 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 will include advertising both corporate Wi-Fi (CWP_A & Corporate_WiFi), wired connections for desktop PCs 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. ASt concluded his report by assuring the Board that the proposed collaborative approach provides the necessary confidence that the integrated IT proposals will work as planned. In response, the following challenge and comments were received: a) Dr O'Connor noted the need to have the necessary checks and balances in place; and b) The Medical Director (Quality, Compliance and Assurance), also advised the importance of undertaking the necessary quality impact assessments. Following discussion it was RESOLVED: That the Board of Directors NOTED the report. *[The Associate Director Communications and Engagement left the meeting at 14.30 pm]*		
17/18/99	**SAFER STAFFING: 6 MONTHLY REVIEW – ENDING OCTOBER 2017** The Chair welcomed the Associate Director of Nursing and Therapies to the meeting. He explained that in accordance with NHS England and the National Quality Board [NQB] guidelines, the report is intended to provide details of the findings of the Safer Staffing six month review, covering May 2017 to October 2017. It was NOTED that the information in the report is based on meetings with staff members, safer staffing group meetings, desk top review, and analysis of data. It was CONFIRMED that the general consensus from ward managers and clinical service managers is that the staffing establishment is fit for purpose		

	to provide high quality care. In response, the following challenge and comments were received: a) Referring to section 2.1 relating to Care Hours Per Patient, the Medical Director (Quality, Compliance and Assurance), highlighted that further data collection and analysis needed to be done to better understand this measure and that this would be reflected in future staffing review reports. b) Dr O'Connor, NED, commented on one fact emerging from the report was an increasing trend towards less face-to-face contact care time. c) In response to the Director of Operations comment on the potential impact of multi-disciplinary teams and clinical psychologists on patient outcomes, it was AGREED that the Associate Director of Nursing, Therapies and Patient Partnership would follow-up this up with Marjorie Goold, Nurse Consultant.	**GF**	**30/5**
	d) The Chair drew attention to the comments received from Rebecca Burke-Sharples prior to the meeting. She commented that the report was, once again, excellently written and the introduction of the MDT element is a really important contribution. Furthermore, referring to the Adelphi staffing pressures, she requested a more detailed regular update on both East Inpatient and East CMHT pressures given her earlier comments. e) Lucy Crumplin, NED, took the opportunity to reiterate the need for future reports to focus more on the Trust's outcomes. Following discussion it was RESOLVED that: 1. The Board of Directors NOTES the content of the report and the key recommendation that ward establishments should be sustained at current levels to maintain safer staffing; 2. The Board of Directors NOTES the decision to continue to progress relevant work streams 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. The Board of Directors acknowledges 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. The Board of Directors NOTES as the specialist mental healthcare 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	**GF**	**25/7**

	staffing; and 5. The Board of Directors NOTES the proposed commencement of CHPPD data collection and report findings in future safer staffing review papers.		
17/18/100	**SAFER STAFFING : DAILY WARD STAFFING FIGURES – NOVEMBER TO DECEMBER 2017** The Associate Director of Nursing and Therapies presented the report and highlighted that during November the Trust achieved staffing levels of 96% or above, and in December of 93% or above, across all categories. It was noted that these levels were impacted by annual leave, maternity leave or sickness absence. In recognition of the winter pressure challenges, the Chief Executive suggested that the Board's appreciation be formally conveyed to staff. The Board of Directors NOTED the report. *[The Associate Director of Nursing, Therapies and Patient Partnership left the meeting at 15.00 hrs]*	**SC/ KW**	**9/2**
17/18/101	**LEARNING FROM EXPERIENCE REPORT – AUGUST TO NOVEMBER 2017** The Director of Nursing, Therapies and Patient Partnership explained that the report aggregates qualitative and quantitative analysis from key sources of feedback from those who access and deliver the Trust's services. It was noted that the full report had been previously presented to the Quality Committee on 6 January 2018. Referring to the section on Mortality Monitoring she noted that the Operational Performance Dashboard considered earlier in the meeting also incorporates the new requirement for mortality reporting. She explained that the national focus was to ensure that Trusts have systems in place to learn from deaths. It was noted that the Trust was currently in pilot state but expecting that by Q1 2018/19 should have achieved 100% and the monitoring systems will be rolled out across the Trust. In response, the following challenge and comments were received: a) Dr O'Connor, NED, assured the Board that this report was extremely well received at the Quality Committee and represents a significant improvement on the Trust's historical mortality reporting. Following discussion it was RESOLVED that: The Board of Directors APPROVED the report and ENDORSED the recommendations contained therein. *[The Director of Finance left the meeting at 15.15hrs to attend an external*		

	meeting.]		
17/18/102	**QUALITY IMPROVEMENT REPORT** The Medical Director (Quality, Compliance and Assurance) explained that this report is produced three times per year and is intended to provide a summary on progress in improving quality across the Trust's services. In particular, the report describes projects that are improving the quality of patient safety, clinical effectiveness and patient experience. She drew attention to a number of examples of initiatives in the report including the work being done by the Community Learning Disability Teams, who have adopted Quality Improvement methodology to develop a Dynamic Support Register of service users with a learning disability and/or autism, who are at risk of admission. Following discussion it was RESOLVED that: The Board of Directors NOTE the report.		
17/18/103	**FLU CAMPAIGN 2017/18** The Director of People and Organisational Development presented the report and confirmed that the current vaccination uptake position was 63% and based on current benchmarking that this was lower than other Trusts. It was noted that the CQUIN target for 2017/18 is for the Trust to achieve an uptake of 70% within those members of staff classified as "face to face" by the end of February 2018. He drew attention to the three main areas currently being targeted, namely ensuring vaccines are available at the right time, getting the data correct and improved management reporting. It was reported that in light of the current uptake percentage, the Trust is in dialogue with NHS Improvement to provide assurance on actions being taken. DH emphasised that the effort put into this campaign was ultimately about staff and patient safety and care. He concluded his report by assuring the Board that the oversight on this matter would continue to be a focus of attention for both the Operational Board and the Quality Committee. Following discussion it was RESOLVED that: 1. The last paragraph in the report be revised to reflect the discussions at the meeting; and 2. The Board of Directors NOTES, subject to the point above, the progress made to date, the associated risk of not achieving 70% and the mitigating actions being taken.	**DH**	**2/2**

17/18/104	**PATIENT LED ASSESSMENT OF CARE ENVIRONMENT (PLACE) RESULTS 2017** The Director of Operations presented the report and explained that PLACE is an annual self-assessment of non-clinical services which contribute to healthcare, delivered in both the NHS and the independent/private healthcare sector in England. It was noted that during the year the assessment requirement was extended to include disability. Referring to the results section it was noted that overall these were good and that the Trust was performing above the national average in all areas. In response, the following challenge and comments were received: a) Andrea Campbell, NED, acknowledged that this was a good news story; b) Dr O'Conner, NED, supported Ms Campbell's earlier comments however noted his surprise around the scores for Ancora House; c) The Medical Director (Quality, Compliance and Assurance) commented on how well Millbrook has performed despite the environmental limitations; d) The Chief Executive echoed the earlier comments re Millbrook. Following discussion it was RESOLVED that: The Board of Directors NOTED the content of the report.	
17/18/105	**QUARTER 3 2017/18 REPORTS** a) **Infection, prevention and Control (IPC)** The Director of Nursing, Therapies and Patient Partnership presented the report in the absence of the Director of Infection Prevention and Control (DIPC), for the period October to December 2017 and explained that the report is intended to provide an update in respect of assurance activity and performance for infection prevention and control. It was reported that during the period there were no reportable or avoidable infections of Methicillin Resistant Staphylococcus Aureus (MRSA) bacteraemia or Clostridium Difficile within CWP. AD drew attention to a recent outbreak of flu on one of the wards. Assurance was provided that everything was being done from a public health perspective. b) **Safeguarding report** The Director of Nursing, Therapies and Patient Partnership presented the report and explained that it is intended to give an overview of safeguarding inspections and reviews that the Trust has been involved with, as well as providing assurance to the Board that the Trust is	

	meeting it's safeguarding responsibilities. She drew attention to the key points in the report, including: i. The current risk that has been highlighted by the Trustwide Safeguarding Sub Committee which relates to the potential non achievement of contractual obligations due to increased inspections and the significant increase in the volume of multi-agency case reviews; and ii. The Trustwide objectives for 2017/18 and specifically the work being undertaken in relation to the national Truth Project. In response, the following challenge and comments were received: Dr O'Connor endorsed some of AD's earlier comments concerning the volume of work being undertaken by the Safeguarding Team. The Board extended its thanks to the Safeguarding Team in recognition of their work. Following discussion it was RESOLVED that: The Board of Directors NOTED the quarterly assurance reports.	
17/18/106	**CARE QUALITY COMMISSION REGISTRATION AND STATEMENT OF PURPOSE** The Medical Director (Quality, Compliance and Assurance) explained that the Trust's Statement of Purpose (the Statement) was last approved by the Board in January 2017. It was noted that, in accordance with the CQC's registration guidance, the Trust is required to update the Statement at the point of any changes to service provision. ASi drew attention to the following key amendments as detailed in Appendix 1 of the report: • 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. It was noted that appendix 2 is the Trust's current Certificate of Registration which was re-issued in December 2017 to reflect the amendments as detailed above. Assurance was provided that the Board of Directors would receive a further comprehensive update to the Statement in January 2019, or sooner if there are significant changes required prior to this date due to service development and/or reconfiguration (i.e. Care Group configuration). Following discussion it was RESOLVED that:	

	The Board of Directors NOTED the information contained within the Statement and APPROVED it's submission to the CQC Registration Team.	
17/18/107	**AUDIT COMMITTEE REPORTING** • **Chair's report of meeting held 9 January 2018** Edward Jenner provided an overview of discussions at the January 2018 Audit Committee meeting. Noting the Committee's continued concern over ward management it was AGREED that this matter would be referred to the Operational Board for attention. The Board of Directors received and NOTED the Chair's report for the Audit Committee.	
17/18/108	**QUALITY COMMITTEE REPORTING** • **Chair's report of meeting held 10 January 2018** Dr Jim O'Connor provided an overview of discussions at the January Quality Committee. The Board of Directors received and NOTED the Chair's report for the Quality Committee.	
	Review of risk impacts of items discussed It was agreed that all matters had been adequately covered and risks were already contained within the strategic risk register.	
	Any other business It was CONFIRMED there was no further business to raise.	
	Review of meeting All agreed the meeting had been effective.	
	Date, time and place of next meeting: Wednesday 28 March 2018, 2.00 pm, Boardroom Redesmere	
	There being no further business the Chair thanked everyone for their participation and declared the meeting closed at 4.05 pm	

Signed as a true and accurate record of the meeting.

……..
Mike Maier, Chair

Date: 30 May 2018

Cheshire and Wirral Partnership NHS
NHS Foundation Trust

STANDARDISED REPORT COMMUNICATION

REPORT DETAILS

Report subject:	Ward Daily Staffing Levels January and February Data 2018
Agenda ref. no:	17.18.118
Report to (meeting):	Board of Directors
Action required:	Information and noting
Date of meeting:	28/03/2018
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
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 details the ward daily staffing levels during the months of January and February 2018 following the submission of the planned and actual hours of both registered nurses (RN) and clinical support workers (CSWs) to UNIFY (appendix 1 and 2). The themes arising within these monthly submissions continue to mirror those that have arisen previously. These themes identify how patient safety is being maintained on a shift by shift basis.

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

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

Assessment – *analysis and considerations of options and risks*

During January 2018 the trust achieved staffing levels of 95.5% for registered nurses and 96.7% for clinical support workers on day shifts and 96.2% and 96.6% respectively on nights. During February 2018 the trust achieved staffing levels of 96.8% for registered nurses and 96.9% for clinical support workers on day shifts and 96% and 99.4% respectively on nights.

In the months of January and February the wards continued to experience 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] and Avril Devaney, Director of Nursing, Therapies and Patient Partnership
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] Avril Devaney, Avril Devaney, Director of Nursing, Therapies and Patient Partnership	14/03/2018 14/03/2018

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

Appendix no.	Appendix title
1	Ward Daily Staffing January 2018
2	Ward Daily Staffing February 2018

	Ward	Day				Night				Fill Rate				Safe Staffing was maintained by:
		Registered		Care Staff		Registered		Care Staff		Day		Night		
		Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	
East	Adelphi	1503.5	1289	1266	1156	809.5	775	1453.5	1208	85.7%	91.3%	95.7%	83.1%	Nursing staff working additional unplanned hours. Cross cover arrangements.
	Alderley Unit	1080	1112.5	1361	1204.5	713	575	713	801.5	103.0%	88.5%	80.6%	112.4%	Nursing staff working additional unplanned hours. Cross cover arrangements.
	Bollin	1297	1270	1421	1366.5	701.5	671	1280.5	1185	97.9%	96.2%	95.7%	92.5%	Nursing staff working additional unplanned hours. Cross cover arrangements.
	Croft	1242	1143	1565.5	1487.5	713	607	1426	1388	92.0%	95.0%	85.1%	97.3%	Cross cover arrangements. Staff covered from other wards. MDT supported the team. Nursing staff working additional unplanned hours.
	Greenways A&T	1272	1042.5	2139	1746	713	736	1426	1207.5	82.0%	81.6%	103.2%	84.7%	Nursing staff working additional unplanned hours. Cross cover arrangements.
	LimeWalk Rehab	1154	920.5	1069.5	1047.5	713	621	713	656.5	79.8%	97.9%	87.1%	92.1%	Nursing staff working additional unplanned hours. Cross cover arrangements.
	Saddlebridge	993	932.5	1293.5	1305.5	655.5	625	805	828	93.9%	100.9%	95.3%	102.9%	Cross cover arrangements.
Wirral	Brackendale	880	884	1139	1139	729.5	706.5	713	678.5	100.5%	100.0%	96.8%	95.2%	*
	Brooklands	1030	1007	1278.5	1278.5	770.5	713	1006.5	983.5	97.8%	100.0%	92.5%	97.7%	*
	Lakefield	1151	1135.5	874.5	874.5	724.5	724.5	1012	1012	98.7%	100.0%	100.0%	100.0%	*
	Meadowbank	1081	1069.5	1771	1770.5	805	782	1334	1334	98.9%	100.0%	97.1%	100.0%	*
	Oaktrees	1228	1203	1275	1252.5	839.5	851	425.5	391	98.0%	98.2%	101.4%	91.9%	*
	Willow PICU	1028.5	973.5	991	935	724	724	713	701	94.7%	94.3%	100.0%	98.3%	*
West	Beech	1359	1303.5	1113	1113	697.5	697.5	722.5	678.5	95.9%	100.0%	100.0%	93.9%	Cross cover arrangements.
	Cherry	1207.75	1177.75	1454.5	1446.5	670.5	628	1230.5	1223	97.5%	99.4%	93.7%	99.4%	Cross cover arrangements. Staff covered from other wards. MDT supported the team. Ward Manager working in the clinical team.
	Eastway A&T	712.75	689.75	1344.5	1328.5	598	598	855.5	855.5	96.8%	98.8%	100.0%	100.0%	*
	Juniper	1306	1294.5	1186	1151.5	724	724	955	909	99.1%	97.1%	100.0%	95.2%	*
	Coral	1032.3	1020.8	1364.5	1364.5	669	669	874	874	98.9%	100.0%	100.0%	100.0%	*
	Indigo	1063	1051.5	1068	1010.5	648	647	843	796	98.9%	94.6%	99.8%	94.4%	Cross cover arrangements.
	Rosewood	915.25	914.75	1401.5	1390	609.5	609.5	837	837	99.9%	99.2%	100.0%	100.0%	*
	Trustwide	22536.05	21435.05	26376.5	25368	14228	13684	19338.5	18547.5	95.5%	96.7%	96.2%	96.6%	

	Ward	Day				Night				Fill Rate				Safe Staffing was maintained by:
		Registered		Care Staff		Registered		Care Staff		Day		Night		
		Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	
East	Adelphi	1202	1107.5	1222	1084.5	690	690	1046.5	977.5	92.1%	88.7%	100.0%	93.4%	Nursing staff working additional unplanned hours. Cross cover arrangements.
	Alderley Unit	920	890	1307.5	1221.5	644	552	655.5	736	96.7%	93.4%	85.7%	112.3%	Nursing staff working additional unplanned hours. Staff covered from other wards.
	Bollin	1127.5	1088	1292.5	1190.5	669	636.5	1056.5	1022	96.5%	92.1%	95.1%	96.7%	Nursing staff working additional unplanned hours. Cross cover arrangements. MDT supported the team.
	Croft	1093.5	980	1414	1411	644	575	1288	1259.5	89.6%	99.8%	89.3%	97.8%	Cross cover arrangements. MDT supported the team.
	Greenways A&T	1057	986	1932	1519.5	644	667	1288	1092.5	93.3%	78.6%	103.6%	84.8%	Nursing staff working additional unplanned hours. Cross cover arrangements.
	LimeWalk Rehab	1024	947.5	963	922	644	540.5	644	694.5	92.5%	95.7%	83.9%	107.8%	Cross cover arrangements.
	Saddlebridge	917.5	850	1196	1140	563.5	540.5	747.5	770.5	92.6%	95.3%	95.9%	103.1%	Cross cover arrangements. Staff covered from other wards.
Wirral	Brackendale	900	896.5	1011	1012	644	644	632.5	632.5	99.6%	100.1%	100.0%	100.0%	*
	Brooklands	788	765.04	1230.5	1219	632.5	563.5	920	920	97.1%	99.1%	89.1%	100.0%	Nursing staff working additional unplanned hours. Cross cover arrangements.
	Lakefield	996	996	897.5	897.5	632.5	632.5	862.5	862.5	100.0%	100.0%	100.0%	100.0%	*
	Meadowbank	780.5	757.5	1403	1403	655.5	575	1311	1244	97.1%	100.0%	87.7%	94.9%	Nursing staff working additional unplanned hours.
	Oaktrees	1160	1150	977	977	690	690	307.5	307.5	99.1%	100.0%	100.0%	100.0%	*
	Willow PICU	931.5	913	901	900	644	644	655	655	98.0%	99.9%	100.0%	100.0%	*
West	Beech	1227	1202.5	1034.9	1007.4	656	644.5	644	639	98.0%	97.3%	98.2%	99.2%	*
	Cherry	903	903	1483.5	1483.5	531.5	531.5	1173	1173	100.0%	100.0%	100.0%	100.0%	*
	Eastway A&T	929.5	923.5	1046.5	1046.5	479.5	479.5	830	830	99.4%	100.0%	100.0%	100.0%	*
	Juniper	1168.5	1136	1242	1230.5	713.5	710.5	906	896	97.2%	99.1%	99.6%	98.9%	*
	Coral	740	739	1321.5	1321.5	598.5	577.5	949	949	99.9%	100.0%	96.5%	100.0%	*
	Indigo	950.5	919	1010	992	492	469	792	784.5	96.7%	98.2%	95.3%	99.1%	*
	Rosewood	868.5	868.5	1372	1372	522.75	522.75	744.5	744.5	100.0%	100.0%	100.0%	100.0%	*
	Trustwide	19684.5	19018.54	24257.4	23350.9	12390.75	11885.75	17453	17190	96.8%	96.9%	96.0%	99.4%	

Cheshire and Wirral Partnership NHS
NHS Foundation Trust

STANDARDISED REPORT COMMUNICATION

REPORT DETAILS

Report subject:	Staff Survey 2017 Results
Agenda ref. no:	17.18.119
Report to (meeting):	Board of Directors
Action required:	Information and noting
Date of meeting:	27/03/2018
Presented by:	David Harris, Director of People and Organisational Development

Which strategic objectives this report provides information about:	
Deliver high quality, integrated and innovative services that improve outcomes	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 purpose of this report is to provide Trust Board with an overview of the 2017 Staff Survey results including response rate, highlights and areas of focus for improvement.

The paper will outline plans for cascading the results and developing annual plan of action.

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

The embargo for the annual staff survey was lifted on 6th March, in which CWP's Key Findings were published nationally. The NHS Staff Survey is a standard survey that all NHS organisations are required to complete. The survey is perception based and provides great insight into staff experience. CWP's results are compared with other combined mental health, learning disability and community (known as *'sector'*) trusts across England, of which there are 29 in total.

This year CWP commissioned the Picker Institute to conduct the survey on behalf of CWP. The results provide a Trust-wide overview which can be broken down into Exec portfolios, Directorates / Care Groups and to service / team level. The data can also be cross cut to reflect workforce groups and demographics providing a vast amount of workforce insight to be triangulated with other data sources to measure performance inform planning.

All staff were asked to complete a survey and whilst the majority of surveys were completed electronically, staff with limited access to emails were provided with a paper based version. (A paper based version was also made available upon request, should staff prefer this option).

The 2017 CWP survey response rate was 53%, up 6% from 2016 which is 2% higher than average when compared with other trusts within the sector. This equates to 1683 staff surveys completed.

Assessment – *analysis and considerations of options and risks*

The National Key Findings report places CWP as Top for '*Organisation and management interest in and action on health and wellbeing*', scoring 3.87 (out of a possible 5) compared with sector average of 3.70. CWP's staff engagement score, also highlighted within the Key Findings report, as 3.86 (out of a possible 5); this is down 0.03 on 2016 scores but remains significantly above sector average of 3.79. For further details click here: CWP National Staff Survey - Key Findings report

Highlights to be shared with staff are:

- CWP came out top for organisation and management action on health and wellbeing when compared to across our sector nationally
- CWP remain higher than average for workforce engagement across the sector
- 93.5% of staff said '*Yes, definitely* or *Yes, to some extent'* when asked if they were able to deliver a person centred approach in their practice / delivery'. This is an increase of 5% reported in 2016
- 98% of staff said they know how to report unsafe clinical practice (up 1% from 2016)
- 94% of staff have had an appraisal, which is an increase of 3% on last year

Since 2016, two areas identified as significantly improved. The Picker Institute use the 'Z Test' to determine statistical significance. These were:

		2016	2017
Q13a+	Know how to report unsafe clinical practice	97%	98% +
Q20a+	Had appraisal/KSF review in last 12 months	91%	94% +

There were seven areas deemed significantly worse than 2016 score, these were:

		2016	2017	
Q4d	Able to make improvements happen in my area of work	61%	58%	-
Q4e	Able to meet conflicting demands on my time at work	47%	43%	-
Q4f	Have adequate materials, supplies and equipment to do my work	57%	53%	-
Q4i	Team members often meet to discuss the team's effectiveness	71%	67%	-
Q5a	Satisfied with recognition for good work	62%	58%	-
Q5g	Satisfied with level of pay	48%	37%	-
Q20e	Appraisal/performance review: organisational values definitely discussed	35%	31%	-

Areas for further review and improvement are:

- Improvements in team effectiveness with a focus on quality and service improvement
- Staff access to resources, materials and support to enable them to do their job
- Senior manager visibility and communication between staff and senior managers
- Staff provided with opportunities to help shape CWP agenda and influence decision making
- Improvements in the quality of appraisal conversation and improved access to quality non-mandatory training for some (non-clinical) staff groups
- Greater opportunities for flexible working and support for our diverse workforce

The plan to cascade results and to develop a Trust –wide action plan, are as follows:

- Exec Briefing and cascade of Exec portfolio reports – 6th March 2018
- Initial communications to staff – 15th March 2018
- Picker Institute present findings at CELF followed by facilitated workshop – 21st March 2018
- AD / Care Group / Service level reports disseminated – 21st March 2018
- Community Conversations to engage staff on findings and plans – April 2018
- Present detailed summary of results and action plan to P&OD Sub Committee – May 2018
- Present detailed summary of results and action plan to Ops Board & Trust Board – May 2018
- Launch staff survey action plan '*We said, we're doing'* campaign – May 2018

**Action plan and 'We said, we're doing' staff briefings will be quarterly there after

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

The Board are asked to **note** to note the initial findings and plans over coming weeks to undertake detailed analysis which will result in a robust plan of action to further build on good practice and address areas for improvement.

To **further note** that This information will be presented at the Trust Board meeting in May 2018.

Who/ which group has approved this report for receipt at the above meeting?		Executive Team
Contributing authors:		Hayley Curran & Natalie Lewis
Distribution to other people/ groups/ meetings:		
Version	Name/ group/ meeting	Date issued
36T	36T	36T

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

Cheshire and Wirral Partnership NHS
NHS Foundation Trust

STANDARDISED REPORT COMMUNICATION

REPORT DETAILS

Report subject:	Guardian of Safe Working Hours Report - June to August 2017
Agenda ref. no:	17.18.120.1
Report to (meeting):	Trust Board of Directors
Action required:	Information and noting
Date of meeting:	28/03/2018
Presented by:	Dr Faouzi Alam, Medical Director (Effectiveness, Medical Education and Medical Workforce) r

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*

This report sets out data regarding rotas, locum/agency usage and safe working for the period June-August 2017 for doctors in training across the trust. It considers current areas of risk and suggested areas of future risk which should be addressed.

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

The implementation of the 2016 contract for Doctors in Training involved the creation of the position of Guardian of Safe Working Hours in order to monitor and provide reassurance of safe working practice related to hours worked. The post is an independent safeguard within the terms and conditions of the contract and comes with a responsibility to provide quarterly and annual reports to the Trust Board.

This is the second such quarterly report.

Assessment – *analysis and considerations of options and risks*

Detailed information can be found in the attached report as directed by NHS Employers.

We currently have 26 doctors working under the terms and conditions of the 2016 contract. There are considerable vacancies related to HENW posts not being filled, maternity leave, LTFT and higher trainees completing training.

We have received one exception report during the reporting period, resolved through time off in lieu and there have been no issues raised regarding safe working hours or access to educational and training experiences.

The establishment of the Medical bank now ensures that all of the undertaken internal locum work is streamlined; this means that a formal process can be established to monitor and ensure that safe working hours and EWTD are adhered to.

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

Board is asked to note this report for assurance.

Who/ which group has approved this report for receipt at the above meeting?		Dr Ian Porter
Contributing authors:		Dr Ian Porter
Distribution to other people/ groups/ meetings:		
Version	Name/ group/ meeting	Date issued
Full	Junior Doctor Forum	To be brought to meeting

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

Appendix no.	Appendix title
1	Guardian of Safe working Hours Report to the Trust Board for the period June – August 2017.

Cheshire and Wirral Partnership NHS
NHS Foundation Trust

Guardian of Safe working Hours Report to the Trust Board for the period June 2017 – August 2017

Report Author: Dr Ian Porter
Guardian of Safe Working Hours

Date of report: 24th January 2018

Executive summary

The following report is the third of the quarterly reports to the Trust board and details the quarter June – August 2017.

There has been one exception reported during the reporting period that was resolved through time off in lieu. There have been no highlighted areas of concern regarding safe working or access to educational and training opportunities.

Introduction

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

High level data

Number of doctors in training (total):	47
(60 placements in total with HENW and maternity/LTFT vacant posts accounted)	
Number of doctors in training on 2016 TCS (total):	26
Amount of time available in job plan for guardian to do the role:	0.5 PAs per week
Admin support provided to the guardian (if any):	No admin support
Amount of job-planned time for educational supervisors:	0.25 PAs per trainee

a) Exception reports (with regard to working hours)

During the reporting period there were 26 doctors working under the TCS of the 2016 contract. **We have had one exception reported regarding working hours and no exceptions reported regarding access to training/education reported at the time of preparation of the report.**

There is currently a mixed economy of contracts on individual rotas and this pattern will persist for several years as trainees progress onto the new contracts. For this reason there will continue to be a requirement on the trust to conduct traditional hours monitoring exercises for those rotas and trainees.

The latest period of monitoring for this reporting cycle was completed in May 2017 with unfortunately a very poor response so as to render any information or results invalid. This has recently been re-run and the results are being collated and analysed.

b) Work schedule reviews

There have been no formal work schedule reviews requested or completed. Given the issues raised in the reporting period regarding the Chester 1st on call rota I did request that one trainee's rota be reviewed as it did not correlate with the work schedule. This identified that several trainees were undertaking locum shifts that they were unaware of – this was rectified by apology on behalf of the trust through the DME at the Junior Doctor Forum and those doctors involved being offered locum pay or loss of a future on call for shifts already worked and being offered future erroneously rota'd shifts as locum shifts which they had no obligation to undertake.

c) Locum bookings

Vacancies stood at August as follows:

1st on call:
Chester: 3 vacancies
Wirral: 3 Vacancies
Central/East: 7 Vacancies

Higher Trainee:

Wirral/West: 1.3 WTE vacancies
Central/East: This is currently operated as a 1:10 Rota with 2.6 WTE doctors on that rota and the Consultant on call acting as 2nd on call at other times.

i) Bank

Internal locum/bank work has varied across rota and site. Cost for the period June-August inclusive is as follows according to the information given to me to prepare this report:

Higher Trainee: £26,880 (see below narrative)

1st on call rota: £8,932.50 (£828 Central/East, £8104.50 Wirral/West)

The information provided to me to complete this report indicates the following locum shifts over the reporting period:

Higher Trainee: 45 – from locum doctor report used to inform payroll and Central/East rota
According to other information there is 13 shifts not yet claimed for

1st on call rota: 35 – from locum doctor report used to inform payroll
According to other information there are 40 shifts not yet claimed for

In addition to the locum usage stated above there have been no occasions whereby the Consultant on call or higher trainee has stepped down to cover the 1st on call rota out of hours. This has occurred 8 times in the Central/East and there have been no occurrences in the Wirral/West rota.

Reasons for locum usage and step down into the first on call rota are recorded as sickness or maternity leave.

Locum usage within the 2nd on call rota is related to vacancy, LTFT and placement numbers in general when populating a 1 in 10 rota.

ii) Agency

During the reporting period there has been no agency usage to cover 1st or 2nd on call rotas.

d) Locum work carried out by trainees

There is currently no formal process by which internal locum work undertaken by doctors is monitored to ensure safe working hours and EWTD is adhered to.

We do not have a way currently of collecting data regarding doctors completing work for other NHS trusts or agencies outside of their normal practice within CWP.

Doctors joining the trust are informed of the importance and professional responsibility of informing those responsible for their rota and placement of any locum work completed both inside and outside of the trust in order that safe working hours are not breached. The locally used EWTD opt out form reflects this.

e) Vacancies

Trust wide data for vacancies for all doctors in training irrespective of contract:

Total Placements in CWP	
F1	8
F2	6
GPST1/2	5
CT1/2/3	23
ST4/5/6	18
Total	60

HENW Placement Vacancies by month			
	June	July	August
F1	0	0	0
F2	0	0	0
GPST1/2	0	0	0
CT1/2/3	7	7	11
ST4/5/6	6	7	2
Total	13	14	13

WTE Vacancies by Month (inc LTFT and Maternity Leave)			
	June	July	August
F1	0	0	0
F2	0	0	0
GPST1/2	0	0	0
CT1/2/3	10.2	10.2	12.8
ST4/5/6	6.9	7.9	3.6
Total	17.1	18.1	16.4

Regional data for vacancies for all doctors in training irrespective of contract:

HENW Placement Vacancies by month - Chester			
	June	July	August
F1	0	0	0
F2	0	0	0
GPST1/2	0	0	0
CT1/2/3	1	1	2
ST4/5/6	2	3	2
Total	3	4	4

WTE Vacancies by Month (inc LTFT and Maternity Leave) - Chester			
	June	July	August
F1	0	0	0
F2	0	0	0
GPST1/2	0	0	0
CT1/2/3	2.4	2.4	3.4
ST4/5/6	2	3	2.5
Total	4.4	5.4	5.9

HENW Placement Vacancies by month - Wirral			
	June	July	August
F1	0	0	0
F2	0	0	0
GPST1/2	0	0	1
CT1/2/3	2	2	3
ST4/5/6	2	2	0
Total	4	4	4

WTE Vacancies by Month (inc LTFT and Maternity Leave) - Wirral			
	June	July	August
F1	0	0	0
F2	0	0	0
GPST1/2	0	0	0.8
CT1/2/3	2.4	2.4	3
ST4/5/6	2.5	2.5	0.7
Total	4.9	4.9	4.5

HENW Placement Vacancies by month - Crewe			
	June	July	August
F1	0	0	0
F2	0	0	0
GPST1/2	0	0	0
CT1/2/3	2	2	2
ST4/5/6	1	1	0
Total	3	3	2

WTE Vacancies by Month (inc LTFT and Maternity Leave) - Crewe			
	June	July	August
F1	0	0	0
F2	0	0	0
GPST1/2	0	0	0
CT1/2/3	3	3	2
ST4/5/6	1	1	0
Total	4	4	2

HENW Placement Vacancies by month - Macclesfield			
	June	July	August
F1	0	0	0
F2	0	0	1
GPST1/2	0	0	0
CT1/2/3	2	2	4
ST4/5/6	1	1	0
Total	3	3	5

WTE Vacancies by Month (inc LTFT and Maternity Leave) - Macclesfield			
	June	July	August
F1	0	0	0
F2	0	0	1
GPST1/2	0	0	0
CT1/2/3	2.4	2.4	4.4
ST4/5/6	1.4	1.4	0.4
Total	3.8	3.8	5.8

The above figures reflect a slight anomaly that is technically correct. We have 3 GP placements on the Wirral in August, and one of those is a vacancy. However, one of the filled placements is a job share with 2 trainees, both working 0.6 WTE. This creates a situation whereby we actually have less WTE vacancies, than official HENW vacancies.

The figures are based on the HENW allocation. Where a vacancy has been filled with a locum, this is still recorded as a vacancy. We currently have 3 LAS Doctors in post reducing 1st on call rota gaps in both East and West.

f) Fines

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

This has however been an issue raised during this reporting cycle and there has been several occasions whereby it has been me reviewing the rota for other purposes which has revealed that doctors have accepted locum shifts which would have meant they have exceeded the 72hr safe working limit and meant a fine could be imposed. It has then been raised with the Dr in question and rota co-ordinator and appropriate changes have been made.

Summary

We currently have 26 doctors working under the terms and conditions of the 2016 contract. There are considerable vacancies related to HENW posts not being filled, maternity leave, LTFT and higher trainees completing training.

We have received one exception report during the reporting period, resolved through term off in lieu, and there have been no issues raised regarding safe working hours or access to educational and training experiences.

Cheshire and Wirral Partnership NHS
NHS Foundation Trust

STANDARDISED REPORT COMMUNICATION

REPORT DETAILS

Report subject:	Guardian of Safe Working Hours Report – September to November 2017
Agenda ref. no:	17.18.120.2
Report to (meeting):	Trust Board of Directors
Action required:	Information and noting
Date of meeting:	28/03/2018
Presented by:	Dr Faouzi Alam, Medical Director (Effectiveness, Medical Education and Medical Workforce)

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*

This report sets out data regarding rotas, locum/agency usage and safe working for the period September-November 2017 for doctors in training across the trust. It considers current areas of risk and suggested areas of future risk which should be addressed.

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

The implementation of the 2016 contract for Doctors in Training involved the creation of the position of Guardian of Safe Working Hours in order to monitor and provide reassurance of safe working practice related to hours worked. The post is an independent safeguard within the terms and conditions of the contract and comes with a responsibility to provide quarterly and annual reports to the Trust Board.

This is the third such quarterly report.

Assessment – *analysis and considerations of options and risks*

Detailed information can be found in the attached report as directed by NHS Employers.

During the reporting period we had 29 doctors working under the terms and conditions of the 2016 contract. There were considerable vacancies related to HENW posts not being filled, maternity leave, LTFT and higher trainees completing training.

We have received one exception report during the reporting period, resolved through payment and there have been no issues raised regarding safe working hours.

The establishment of the Medical bank now ensures that all of the undertaken internal locum work is streamlined; this means that a formal process can be established to monitor and ensure that safe working hours and EWTD are adhered to.

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

The Board of Directors are asked to note this report for assurance.

Who/ which group has approved this report for receipt at the above meeting?		Dr Ian Porter
Contributing authors:		Dr Ian Porter
Distribution to other people/ groups/ meetings:		
Version	Name/ group/ meeting	Date issued
Full	Junior Doctor Forum	To be brought to meeting

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

Appendix no.	Appendix title
1	Guardian of Safe working Hours Report to the Trust Board for the period September – November 2017

2

Cheshire and Wirral Partnership NHS
NHS Foundation Trust

Guardian of Safe working Hours Report to the Trust Board for the period September 2017 – November 2017

Report Author: Dr Ian Porter
Guardian of Safe Working Hours

Date of report: 7th March 2018

Executive summary

The following report is the third of the quarterly reports to the Trust board and details the quarter September – November 2017.

There has been one exception reported during the reporting period that was resolved through additional payment of three hours. There have been no highlighted areas of concern regarding safe working or access to educational and training opportunities.

Introduction

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

High level data

Number of doctors in training (total):	45
(60 placements in total with HENW and maternity/LTFT vacant posts accounted)	
Number of doctors in training on 2016 TCS (total):	29
Amount of time available in job plan for guardian to do the role:	0.5 PAs per week
Admin support provided to the guardian (if any):	No admin support
Amount of job-planned time for educational supervisors:	0.25 PAs per trainee

a) Exception reports (with regard to working hours)

During the reporting period there were 29 doctors working under the TCS of the 2016 contract. **We have had one exception reported regarding working hours.**

There is currently a mixed economy of contracts on individual rotas and this pattern will persist for several years as trainees progress onto the new contracts. For this reason there will continue to be a requirement on the trust to conduct traditional hours monitoring exercises for those rotas and trainees.

The latest period of monitoring took place in November 2017. There was a low return of data which revealed that the rotas were compliant with the banding.

b) Work schedule reviews

There have been no formal work schedule reviews requested or completed.

c) Locum bookings

Vacancies *(including LTFT and maternity leave)* stood at August as follows:

1st on call:
Chester: 3.4 vacancies
Wirral: 3.8 Vacancies
Central/East: 7.4 Vacancies

Higher Trainee:

Wirral/West: 3 WTE vacancies
Central/East: 1.4 WTE vacancies – This rota is currently a 1:10 rota with Consultant Cover for second on call when there is no Higher Trainee on.

i) Bank

Cost for the period September – November inclusive is as follows according to the information given to me to prepare this report:

1st on call: (information taken from Rota with hourly locum rate of £45)

Wirral/West: £18,112.50
Central/East: £20,452.50

Higher Trainee: (information gathered from mix of rota and monthly locum doctor report with hourly locum rate of £35)

Wirral/West: £9,380 – *information from locum doctor report as not available from rota*
Central/East: £3,920 - *information from rota as not reflected on locum doctor report*

The information available to me to complete this report indicates the following locum shifts over the reporting period:

Higher Trainee: 22 – Information gleaned from the locum doctor report and on call rotas

1st on call rota: 91 – From rota

In addition to the locum usage stated above there have been 8 occasions whereby the Consultant on call or higher trainee has stepped down to cover the 1st on call rota out of hours.

Reasons for locum usage and step down into the first on call rota are recorded as vacancy or cover for LTFT.

Locum usage within the 2nd on call rota is related to vacancy, LTFT and placement numbers in general when populating a 1 in 10 rota.

ii) Agency

During the reporting period there has been no agency usage to cover 1st or 2nd on call rotas.

d) Locum work carried out by trainees

There is currently no formal process by which internal locum work undertaken by doctors is monitored to ensure safe working hours and EWTD is adhered to.

We do not have a way currently of collecting data regarding doctors completing work for other NHS trusts or agencies outside of their normal practice within CWP.

Doctors joining the trust are informed of the importance and professional responsibility of informing those responsible for their rota and placement of any locum work completed both inside and outside of the trust in order that safe working hours are not breached. The locally used EWTD opt out form reflects this.

e) Vacancies

Trust wide data for vacancies for all doctors in training irrespective of contract:

	Placements				Vacancies			
	Chester	Wirral	Crewe	Macc	Chester	Wirral	Crewe	Macc
F1	2	3	2	1	0	0	0	0
F2	2	2	0	2	0	0	0	1
GPST1/2	1	3	0	1	0	1	0	0
CT1/2/3	6	7	3	7	2	3	2	4
ST4/5/6	8	6	1	3	2	0	0	0
Total	19	21	6	14	4	4	2	5

The figures are based on the HENW allocation. Where a vacancy has been filled with a locum, this is still recorded as a vacancy. We currently have 3 LAS Doctors in post reducing 1st on call rota gaps in both East and West.

f) Fines

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

Summary

During the reporting period there were 29 doctors working under the terms and conditions of the 2016 contract. There are considerable vacancies related to HENW posts not being filled, maternity leave, LTFT and higher trainees completing training.

We have received one exception report during the reporting period, resolved through payment and there have been no issues raised regarding safe working hours.

Cheshire and Wirral Partnership NHS
NHS Foundation Trust

STANDARDISED REPORT COMMUNICATION

REPORT DETAILS

Report subject:	Gender Pay Gap
Agenda ref. no:	17.18.121
Report to (meeting):	Board of Directors
Action required:	Discussion and Approval
Date of meeting:	27/03/2017
Presented by:	David Harris, Director of People and Organisational Development

Which strategic objectives this report provides information about:	
Deliver high quality, integrated and innovative services that improve outcomes	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	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	No
Effective services	Yes
Caring services	No
Well-led services	Yes
Services that are responsive to people's needs	No
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
Strategic Risk 11	
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
NA	

REPORT BRIEFING

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

The purpose of this report is to present CWP gender pay gap figures which will be posted to the government public website and the narrative which includes the figures and further detail which it is proposed will be published on the CWP public website.

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

Employers with more than 250 staff are required to publish their gender pay gap information annually beginning with publication of figures for 16/17 by 30 March 2018. The figures detail a snapshot of median and mean hourly rates as at 31 March 2017, a quartile anaylsis of hourly pay rates and median and mean bonus payments between 1 April 2016 and 31 March 2017. The narrative in appendix 2 is the proposed information for the CWP website and provides more detail to explain CWP's gender pay gap by band, staff group and comparison with the gender pay gap nationally in 2017 as reported by the Office of National Statistics.

Assessment – *analysis and considerations of options and risks*

CWP employed 3490 staff as at 31 March 2017 – 78.65% female and 21.35% male. The data for upload to the government website is in appendix 1. The snapshot of hourly rates as at 31/3/17 shows that on average men were paid 11.98% more than women with the median difference being 4.79%. The national figures for public sector in 2017 are 17.7% and 19.4% respectively. The gender pay gap for hourly rates reduces significantly if medical staff are taken out – men are paid 0.29% on average higher while there is no difference in the median pay. There is a significant gap in bonus payments for the year 1/4/16-31/3/17 due to CEA payments for medical staff – the average bonus payment to men was 69.36% higher while the median was 40% higher. There are a number of reasons why a gender pay gap exists such as women being more likely to have unpaid carer responsibilities and occupational segregation but further investigation is needed into the detail and the reasons for the gap in CWP.

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

1. Approve the figures for upload to the government website.
2. Approve the narrative for the CWP website.
3. Approve the recommendation to task the Equality and Diversity Group to undertake the work to investigate the reasons for the gap in CWP and develop an action plan to close the gap.

Who/ which group has approved this report for receipt at the above meeting?	Executive Directors Meeting
Contributing authors:	Vivienne Williamson, Head of Resourcing. Data from Neal Evans, Information and Reporting Manager

Distribution to other people/ groups/ meetings:

Version	Name/ group/ meeting	Date issued
1	NA	NA

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

Appendix no.	Appendix title
1	Gender Pay Gap Summary – Figures for upload to Government Website
2	Gender Pay Gap Report – Draft Narrative

Appendix 1 – Gender Pay Gap Summary – Figures for upload to Government Website

Gender Pay Gap

Gender	Average Hourly Rate	Median Hourly Rate
Female	£ 15.47	£ 15.88
Male	£ 17.58	£ 16.68
Difference	£ 2.11	£ 0.80
Pay Gap %	11.98%	4.79%

Quartile	No. of Female	No. of Male	Female %	Male %
1 (lower)	716	157	82.02%	17.98%
2	656	216	75.23%	24.77%
3	721	151	82.68%	17.32%
4 (upper)	652	221	74.68%	25.32%
Grand Total	**2745**	**745**	**78.65%**	**21.35%**

This calculation shows the proportions of male and female employees in four quartile pay bands, which is done by sorting by hourly rate and then dividing the workforce into four equal parts.

Staff in the lower quarter 1 receive the lowest hourly rate.
Staff in the upper quarter 4 recieve the highest hourly rates.

Employees Paid Bonus

(01/04/2016 - 31/03/2017)

Gender	Average Bonus Payment	Median Bonus Payment
Male	£ 5,226.54	250
Female	£ 1,601.48	150
Difference	£ 3,625.06	100
Pay Gap %	69.36%	40.00%

Gender	No. of Employees Paid Bonus	Total No. of Relevant Employees	%
Female	154	3070	5.02%
Male	51	817	6.24%

Bonus pay includes Clinical Excellence Awards, Discretionary Points, Recognition of Service Awards and Retirement Awards paid between 01-04-2016 and 31-03-2017

Appendix 2 - Gender Pay Gap Report

From 6 April 2017 employers in Great Britain with more than 250 staff are required to publish their gender pay gap information annually, using six different measures, covering pay and bonuses. The first report is for a snapshot of pay data on 31/3/17 which is also published on the Gender Pay Gap Reporting pages of the Gov.uk website. The purpose of the reporting is to increase awareness, improve pay transparency and to encourage closing the gap.

It is important to clarify that the gender pay gap is not the same as equal pay. Equal pay is concerned with the individual earnings of a female and male doing equal work. The gender pay gap is a measure of comparison between average hourly rates of pay and bonuses. Cheshire and Wirral Partnership NHS Foundation Trust (CWP) employs staff across a range of roles and adheres to the appropriate national NHS Medical and Dental Pay and Conditions and the national NHS job evaluation framework within Agenda for Change. All pay scales provide a process for paying employees equally regardless of gender for the same or equivalent work together with paypoints for annual progression.

Gender Pay Gap – Hourly Rates as at 31 March 2017

CWP employed 3490 staff as at 31 March 2017 of which 78.65% were female and 21.35% were male.

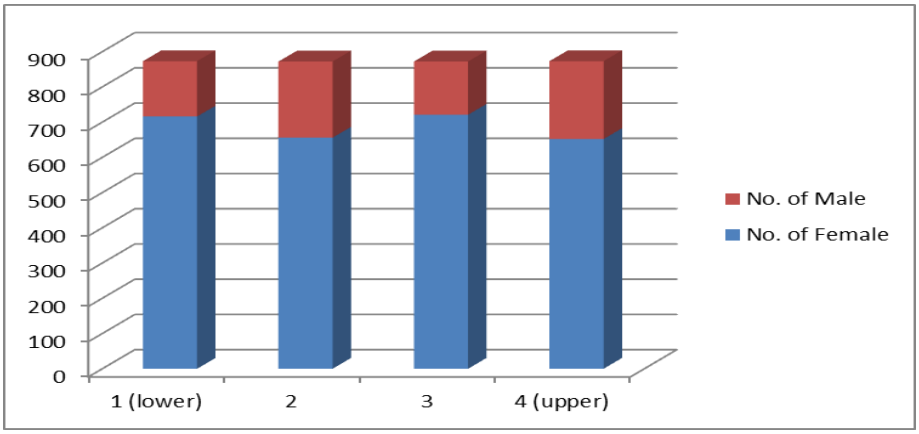
The reporting requires the pay gap to be presented as both median and mean. Median is used because it isn't affected by extreme values but the mean or average calculation captures where men and women sit in the earnings distribution. The mean is the average of all the numbers in a dataset, that is, you have to add up all the numbers and then divide the result by how many numbers you are dealing with. The median is the numerical value which splits the top 50% of the figures from the bottom 50%.

CWP's pay gap for basic hourly rates is as follows. On average, men are paid 11.98% higher than women. The median difference shows that men are paid 4.79% higher than women. The chart below shows how this compares to the national gender pay gap in the public sector (figures from the Office of National Statistics 2017, published October 2017):

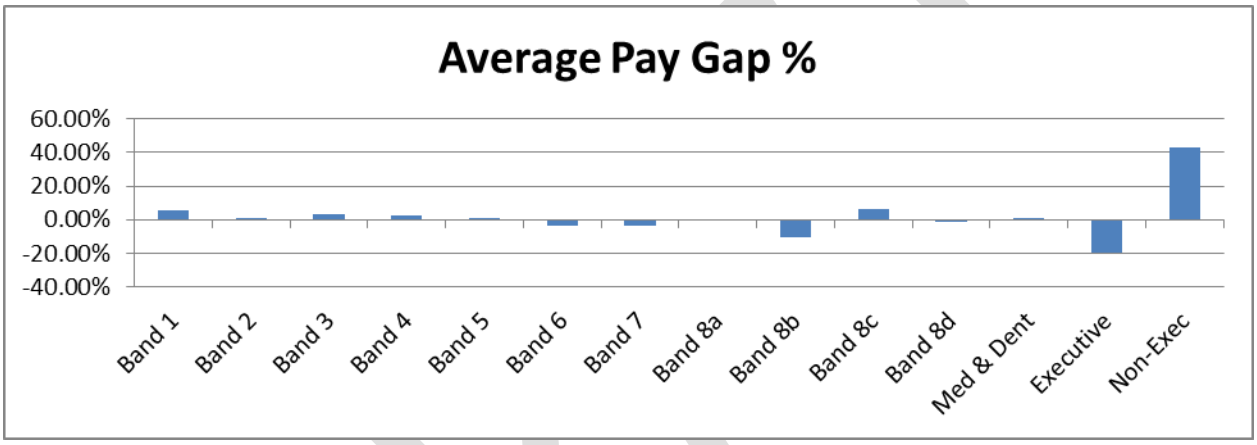
	Average Hourly Rate	Median Hourly Rate
CWP Pay Gap %	11.98%	4.79%
National Public Sector Pay Gap %	17.70%	19.40%

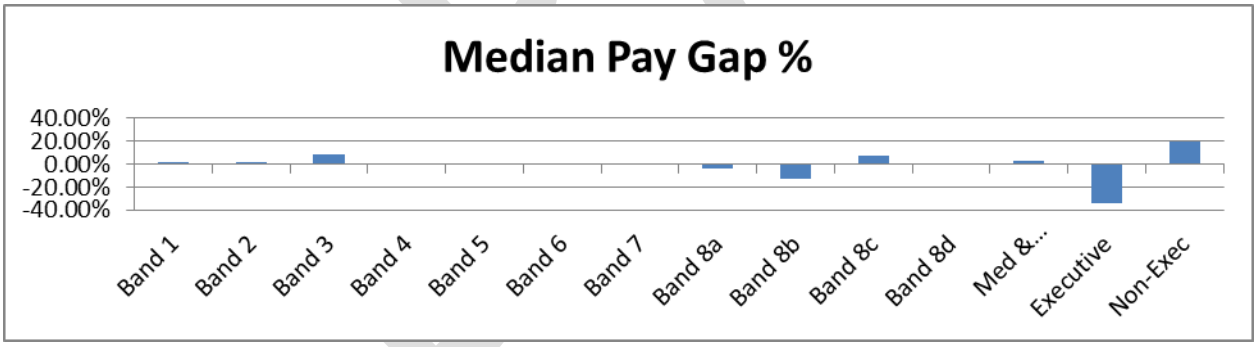
When medical pay is removed the difference in pay on Agenda for Change pay scales falls. Without medical pay in the figures, men are paid 0.29% on average higher than women and there is no difference in the median hourly pay.

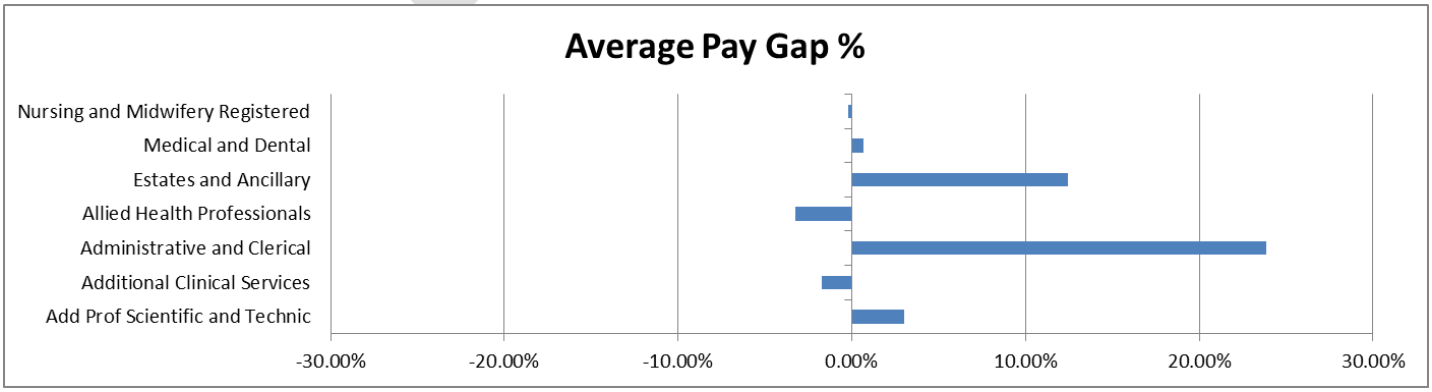
The following chart shows the proportions of male and female employees in four quartile pay bands including medical pay. This is calculated by sorting pay by hourly rate and dividing the workforce into four equal parts:

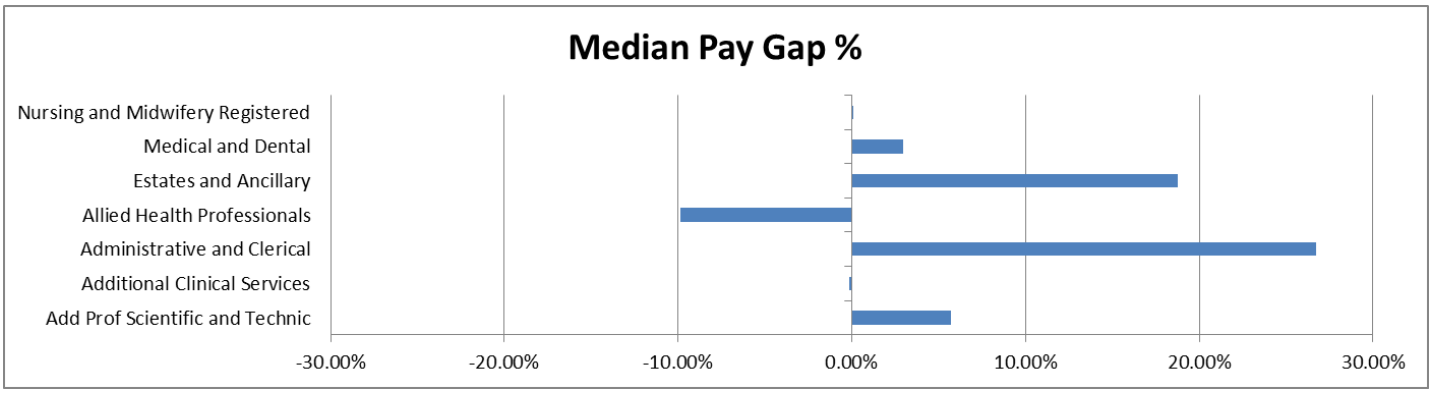


The following charts detail the pay gap by band and staff group. Minus figures indicate that the hourly rate for women is higher than for men.









Gender Pay Gap – Bonus Pay

Bonus pay includes Clinical Excellence Awards, Recognition of Service Awards, Retirement Awards and discretionary points paid between 1 April 2016 and 31 March 2017 for all staff including medical staff.

A total of 205 staff were paid a bonus between 1 April 2016 and 31 March 2017. The following chart details the split by gender:

Gender	No. of Employees Paid Bonus	Total No. of Relevant Employees	%
Female	154	3070	5.02%
Male	51	817	6.24%

The average bonus payment was 69.36% higher for men while the median was 40% higher.

Next Steps

Although CWP's hourly gender pay gap is less than the national gender pay gap in the public sector there is still work to be done to reduce the gap further wherever this exists for each band and staff group and we also need to address the high gap in bonus payments. Key drivers for the gender pay gap are believed to be the outcome of a variety of factors outside the control of individuals e.g. unpaid carer responsibilities, occupational segregation. However further investigation is needed into the detail and reasons for the gap in CWP and an action plan produced to close the gap. CWP will task the Trustwide Equality and Diversity Group to undertake this work.

Cheshire and Wirral Partnership NHS
NHS Foundation Trust

STANDARDISED REPORT COMMUNICATION

REPORT DETAILS

Report subject:	Adult & Older People's Specialist Mental Health Redesign: East/South Cheshire/ValeRoyal
Agenda ref. no:	17.18.122
Report to (meeting):	Board of Directors
Action required:	For noting
Date of meeting:	28/03/2018
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	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	Choose an item.
Click here to enter text.	

REPORT BRIEFING

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

This report updates the Board on the start of the public consultation on the proposed 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 public consultation commenced on Tuesday 6th March and will run through to 29th May 2018. Enclosed in Board papers is the public consultation document, which details the case for change, the proposed new model of care, the options appraisal process and the options for consultation. The launch of the consultation was covered on local radio, with positive coverage of the case for change and the proposed new model of care. NHS official channels (websites, twitter, facebook) called for local people to #JoinTheConversation and featured videos of clinical leaders from clinical commissioning groups and CWP, as well as a host of information including the online consultation document, questionnaire, details of the six public meetings, frequently asked questions and other supporting documents. A Freephone helpline is being operated by CCG and CWP staff providing additional support. All service users on the 7000 caseload have received a copy of the consultation document, which has also been extensively shared with our key partners and local groups. The detailed communications and engagement strategy is published online. The first public event took place in Macclesfield on 21st March. Discussions were table-based with facilitators supporting each discussion and recording people's views. A question and answer session also took place at the end of each event, with a panel of clinical and operational leads from the partner organisations. Lay members were available to provide independent evaluation of each event to provide feedback on accessibility and overall effectiveness. Since our first event we have had an opportunity for reflection and learning on the ideal format and as a consequence greater support will be made available to service users, families and carers attending future events and who may be effected throughout and post the period of consultation. We will continue to reflect and learn from each event and adapt as required to ensure effective engagement throughout the consultation period. In addition to the public meetings, we continue to meet with key local community groups including Healthwatch and the three mental health forums in East Cheshire, South Cheshire and West Cheshire (for Vale Royal). 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 to note the launch of the public consultation and the communications/engagement approach to ensuring people have a wide range of opportunities to learn about the proposals and share their views.

Who/ which group has approved this report for receipt at the above meeting?		
Contributing authors:		Katherine Wright
Distribution to other people/ groups/ meetings:		
Version	Name/ group/ meeting	Date issued
1	Andy Styring	21.3.18
Appendices provided for reference and to give supporting/ contextual information: *Provide only necessary detail, do not embed appendices, provide as separate reports*		
Appendix no.	Appendix title	
1	Public consultation document	

REDESIGNING:

Adult and Older People's Specialist Mental Health Services

Consultation from 6th March - 29th May 2018

NHS Eastern Cheshire Clinical Commissioning Group
NHS South Cheshire Clinical Commissioning Group
NHS Vale Royal Clinical Commissioning Group
Cheshire and Wirral Partnership NHS Foundation Trust

Caring together
EASTERN CHESHIRE

Connecting Care

Contents

Section 1: A message from our clinical leaders

Thank you for showing your support for local NHS services by giving your time to read this document and lending your voice to this public consultation.

Every year, one in six adults will suffer from a mental illness. Many people will recover with help from family, friends, work colleagues and primary mental health services such as our GPs or counselling services. However, some people will require more specialist help and support.

As clinical leaders representing the local NHS, we have worked together with you to help develop a set of proposals for adult and older people's specialist mental health services. We represent both commissioners of health - whose responsibility it is to plan, buy and monitor services for our population - and providers of services who are responsible for the day-to-day provision of care.

We are very clear on our commitment to ensuring that any change to mental health services must improve outcomes for people suffering from mental illness, and meet the highest standards possible within the resources available. This is what we are passionate about achieving, for you, your family and the NHS.

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 and 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 and our social environment. We all understand that our overall well-being is dependent on our mental well-being. To provide the very best support, within the funds we have available, and to achieve the best outcomes for each and every person we care for is something we believe can only be achieved through a new approach to care that is presented in this public consultation. These new models put early intervention and support at the heart of local NHS mental health services.

The proposed new approach will provide a much wider range of choices to meet people's changing needs. It looks at better support in people's homes and communities, rather than relying too much on hospital care, as long stays in hospital can make it difficult for people to reconnect with their lives.

At the heart of our proposal is an absolute commitment to improve the health and well-being 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 working together to deliver safer and more effective services. We believe we can do things better by doing them differently. As such, this consultation should be seen as the start of a wider conversation and as a key part of our local transformation initiatives; Caring Together and Connecting Care.

We really value the time people have already taken to share their ideas about what good looks like and this has 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 by attending our public meetings.

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

Yours faithfully,

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
Compliance, Quality and Assurance,
Cheshire and Wirral Partnership NHS Foundation Trust

What would good care look like?

Carer support

Carers attending a family event at Lime Walk House in 2016

Section 2: Introduction and purpose of the document

This consultation document relates to the proposed redesign of specialist mental health services for adults and older people experiencing severe or mental ill-health across community and hospital care settings.

WE HAVE A POPULATION OF **480,000** ACROSS EASTERN CHESHIRE, SOUTH CHESHIRE AND VALE ROYAL

WE CURRENTLY PROVIDE SPECIALIST COMMUNITY SUPPORT FOR APPROXIMATELY **7,000** ADULTS AND OLDER PEOPLE EXPERIENCING THESE PROBLEMS PER YEAR

SOME PEOPLE REQUIRE AN INPATIENT STAY ACCOUNTING FOR APPROXIMATELY **350** PEOPLE PER YEAR AT THE MILLBROOK UNIT IN MACCLESFIELD

THIS MEANS **95%** OF CARE ALREADY TAKES PLACE IN THE COMMUNITY

The local NHS is committed to making improvements to the way mental health services are provided. 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 local authority health overview and scrutiny committees, and have held monthly meetings between commissioners and service providers to develop proposals.

We need to redesign 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 for the better.

Through the proposed redesign we want to:

- **provide new services** so that there is better access for people to help keep them well and active in the community
- provide much **greater choice of services** for those in, or at risk of, crisis
- **support people with dementia** and **those who care for them** to stay in their own surroundings.

We have an opportunity to learn from what others have done and bring the very best of ideas and plans to the people we serve. We know in order to do this we need to look again at how and where resources are being used.

We want to make changes as soon as we can to get the best outcomes possible, meet clinical and facilities standards and design a service which is fit for the 21st Century. To help us with this task we are working with people who use our services, their carers and other stakeholders - many of whom have already influenced our proposals.

Through this work we have identified options for a proposed new approach to the provision of specialist mental health services. We have looked at many different ways to deliver this approach and considered, in depth, their various strengths and weaknesses. We have visited other areas where innovative services are leading to real benefits and improvements to service user well-being and their experience, and we have learned from them.

We have sense-checked our ideas with national evidence of best practice and information. We have continuously reflected 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 stay true to what people told us. Through all of these conversations we have been able to better understand and establish what works well, what the issues and concerns are, and what we need to do to ensure we provide the very best service we can to our population.

This consultation document is the product of this work.

It provides lots of information to **enable you to give your view**. It explains which adult and older people's specialist mental health services are included, why change is necessary and how we believe we can achieve **our ambition** of **early intervention** and **prevention**, **rapid response** and **improved outcomes for the 7,000 people** currently accessing the services that are the subject of this consultation.

We identified eight possible options which we considered in detail. These are described further on page 19 where we explain how and why we selected three to take forward for further discussion as part of a public consultation. We include further information and case studies to show what each of the three options would mean if adopted. We have also provided a range of supporting documents which you can access easily should you wish to consider areas in more detail such as how we reviewed the care and support needs of our population, what plans we have for our workforce and how we assessed each of the eight options.

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 further this redesign.

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

Our ambition…

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:

- **focus on early intervention and prevention;**
- **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 people who access services and their carers through choice and involvement.**

Section 3: Adult and Older People's Specialist Mental Health Services in Eastern Cheshire, South Cheshire and Vale Royal

Cheshire and Wirral Partnership (CWP) NHS Foundation Trust is the main local provider of specialist mental health services.

The services that are included in this proposal for redesign are:

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 in the community for people with severe and/or enduring mental illness and their carers.

Acute inpatient wards:

The Millbrook Unit and Lime Walk House in Macclesfield, and Bowmere Hospital in Chester. Acute wards provide rehabilitation services and inpatient assessment and treatment for people with acute episode mental illness, including Electro Convulsive Therapy (ECT) on both an inpatient and outpatient basis. Bowmere also provides a Psychiatric Intensive Care Unit (PICU) which supports people with very complex needs who may also present with behaviour that challenges.

There are two new services that are not currently available, which 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 and A&E.

A Dementia Outreach Service:

Offering care for people with dementia in their own homes as an alternative to hospital.

Section 4: Why redesign?

Changes to adult and older people's 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 the best they can be. They must 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. While the feedback received from these reviews helps us to improve patient experience and safety, taken together they began to show that more comprehensive and far-reaching changes are needed – both to build on what we do well and to change what is not working for those who use services.

The national Five Year Forward View for Mental Health strategy, published in 2016 by the Mental Health Taskforce established by NHS England and led by patient representatives, also clearly sets out its expectations for improving health and well-being, 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 at the right time for the 7,000 people they care for.
- A range of new services are needed for people in crisis as an alternative to A&E and inpatient hospital 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 the required 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 absence 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 (PICU).

These are areas which the Care Quality Commission (CQC) has commented on as falling short of expected standards in its regular inspections at CWP.

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

Living within our means

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

Existing adult and older people's specialist mental health services in Eastern Cheshire, South Cheshire and Vale Royal are already costing more to deliver than the budget set aside for them – and those services are not meeting all the needs of the local population. When we look at what services cost elsewhere we know that some of our inpatient services are costing significantly more when compared to other units elsewhere in the country.

Local commissioners have committed to retaining the current level of investment – so **there will be no budget reduction** as part of this redesign - however to achieve improved outcomes for our 7,000 service users we need to redesign what we currently have.

For further information please visit **www.easterncheshireccg.nhs.uk** and look at the supporting information on finances or request a copy via our Freephone telephone number **0808 169 1189**.

In redesigning these services we must:

- provide timely access to a range of high quality services with a focus on early intervention and prevention;
- develop services which are clinically safe and effective;
- take account of 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 safe and timely implementation of plans and improvements.

Section 5:
The development journey

The redesign proposals presented here are the result of 12 months of 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 who 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 per cent increase in people accessing mental health services and a 60 per cent increase in the need for dementia services. This further underlines the need to adapt services to meet rising demand.

For further information please visit **www.easterncheshireccg.nhs.uk** and look at the supporting information on the needs analysis, or request a copy via our Freephone telephone number **0808 169 1189**.

When we listened to users of the service they told us they want a much wider range of services to support them in times of crisis. They also want both community and hospital services that they can access locally in a timely manner 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 this redesign. To illustrate how the feedback from a range of sources contributed to the proposals to redesign, a summary of comments and key themes is 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 (e.g. 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.

Feedback from service users and carers on what they want from future services is included in this document, which can be seen in the speech bubbles displayed throughout.

We visited other areas where services are considered to be best practice and we were joined by service users and carers who knew what questions to ask. We brought the learning back and used it to shape our proposals. We saw exciting examples of a range of services tailored to people's needs and we saw innovative approaches to how these services were delivered.

From all our analysis, conversations and learning we know we need:

- alternatives to acute care provision in the form of local crisis beds, drop-in centres and cafes to enable us to support an additional 30 people at any one time to remain out of hospital – which is over 50 per cent of the available occupancy of the Millbrook Unit (58 beds);
- a better staffed home treatment team to care for more people in their own home and oversee crisis beds/centres on a 24/7 basis;
- better staffed specialist community mental health teams and more joined-up working for our 7,000 people currently on caseload with a clear focus on prevention, early help and providing further intensive support for up to 630 people per year;
- a new service to help up to 12 people at any one time with dementia who have complex needs to remain in their own homes rather than being admitted to hospital;
- 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 the people who may still need them.

Section 6: A new model of care

Diagram One brings together all the ideas, research and learning into a proposed new model of care for our local population. It shows how specialist care services would 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:

Diagram One

Key to achieving this model of care is the refinement 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 in-depth analysis of current staffing, role, function, caseloads and location to improve our understanding of how best to support people who require specialist care.

We believe community mental health teams need to be expanded by 30 staff. Those extra staff can support up to 630 people at any one time with a wider range of treatment choices. In addition to more staff, teams would work with service users to review care plans to ensure they provide the right level of care and link closely with primary care colleagues to transfer patients back into the care of their GP when they are well enough.

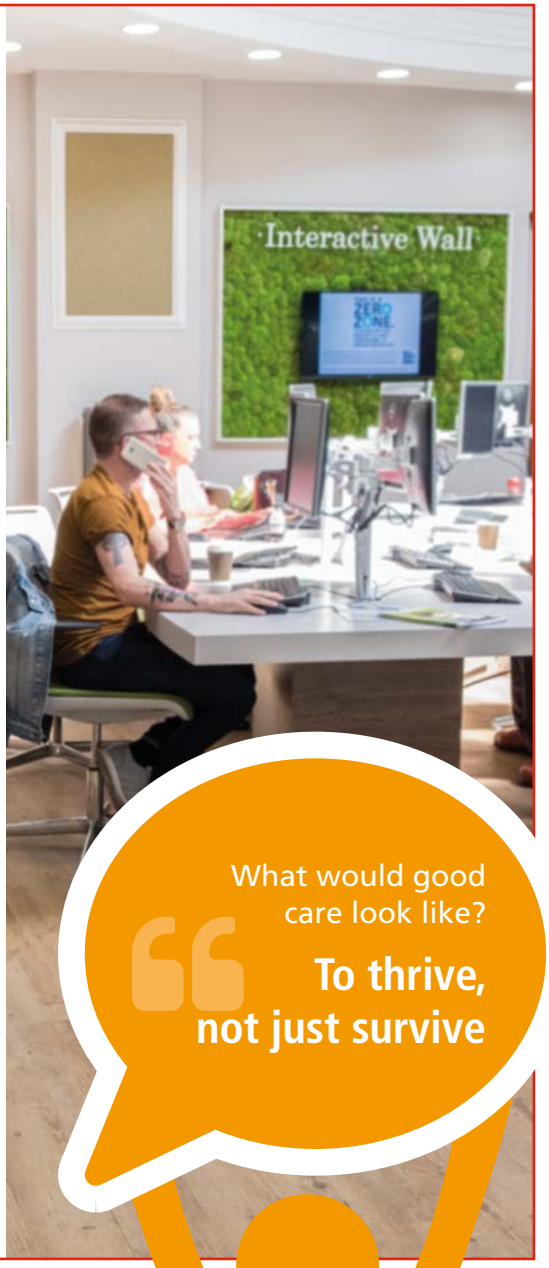
Crisis care

We have considered a number of alternatives to inpatient hospital beds including crisis and safe house models. We would wish to establish a 24-hour crisis support service providing better and quicker response to people who need it. A range of options could be made available and tailored to need, to 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 cafés and drop-in centres at various locations in local communities with links to talking therapies, health and well-being and recovery and rehabilitation services;
- eight more staff would be needed in the home treatment teams, along with trained counsellors and support staff and facilities within our local community.

We know this combination of enhanced support will enable us to support an additional 30 people at any one time who are in crisis.

Examples where this type of service is working well include Cambrian House, Wirral, and the Liverpool Life Rooms. More information can be found on our website in the supporting information on crisis care, or request a copy via our Freephone telephone number **0808 169 1189**.



What would good care look like?

To thrive, not just survive

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 two more specialist practitioners delivering an outreach service we can support 12 people at any one time to remain at home and avoid admission to hospital. For those who do require a hospital stay the outreach team could support timely discharge back home with their carers and family.

Inpatient care

Through our conversations with service 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 satisfactory environment as it needs 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 the required standards for privacy and dignity and it provides access to PICU for those who require it.

Section 7: The options for care delivery

Having identified a new model of care, we then spoke again to a wide range of service users, carers, professional and support staff, estates and financial experts to develop a long list of eight options which could deliver this vision. These were then considered at length.

We identified a list of criteria against which to assess the pros and cons of each of these options. Criteria included how clinically safe the options were, if they could be maintained over time, if they provided the highest quality possible and if they were affordable. We also used the feedback we had gathered at patient events to determine how acceptable the option would be to users of the service.

We spoke to other inpatient providers in other surrounding counties to explore the possibilities of people accessing inpatient care closer to where they lived but lack of continuity of care between inpatient and community teams can affect patient safety. We also looked at the merits and capacity of other mental health service providers to take on both inpatient and community services. However this would have been additional workload for them which some were unable to accommodate.

The cost of transferring services and the challenge to achieve the same quality of care were also factors that counted against these options. We explored the opportunity to work with the private sector but we knew from recent reviews there was neither the capacity nor the skills available to meet the often very complex needs of our service users.

For further information please visit **www.easterncheshireccg.nhs.uk** and look at the supporting information on the options appraisal, or request a copy via our Freephone telephone number **0808 169 1189**.

After thorough analysis, it was decided that three options would 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 proposed new model of care

In this option there would be no prospect of improvement or development of the following services: community care, crisis care/choice of service, dementia outreach, or inpatient care unless funding was taken/diverted from other current local NHS services.

What this would mean for service users and carers:

- There would be no choice of crisis response, no new dementia outreach service.
- To fully refurbish the Millbrook Unit to bring it up to the required standards for such units would cost in the region of £7 million. Borrowing the money and paying it back would mean a total cost to the local NHS of approximately £14 million. These funds, that would be needed to repay the borrowed money, would have to be taken from the local NHS budget which would otherwise have been used to fund other local healthcare services.
- As the current model of care costs more to provide than the funding that is available, in the region of £2.5 million annually, this money would have to be taken/diverted from other local healthcare services to fund the current level/model of service.
- Inpatient care and outpatient services would remain on the Millbrook Unit and additional travel for some service users and carers would be avoided.

OPTION 2

Preferred option:

Improve community and home treatment (crisis) teams, provide local crisis beds within the community, older people's inpatient care at Lime Walk House, Macclesfield and adult inpatient care at Bowmere, Chester

This scored highest during option appraisal as it:

- **Provides all of the improved community services**
- **Has an onsite Psychiatric Intensive Care Unit (PICU) for adults**
- **Doesn't require additional travel for older people**

Enhance community and home treatment (crisis) teams to provide a wider range of services and improve access to care locally for the 7,000 adults and older people in our communities who currently access specialist mental health services.

What this would mean for service users and carers:

For the 350 people per year who at the moment access inpatient care services currently provided at Millbrook, this 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; with specialist rehabilitation patients currently at Lime Walk House transferred to the nearby specialist rehabilitation facility at Soss Moss in Nether Alderley.
- A new dementia outreach service supporting people to remain in their own homes.
- New 24-hour local crisis care services overseen by an enhanced community home treatment team which can visit a person a number of times a day to prevent the need for hospital admission, and including access to:
  - 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;
  - daytime crisis cafés 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 PICU and Electro Convulsive Therapy (ECT) 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).

The cost of adapting and expanding existing facilities is approximately £1.1 million and would be funded from CWP's annual capital expenditure programme.

There would be no requirement to divert funds from other services as this option would be less expensive to run and would enable the ongoing funding of the proposed new service model.

In this option, approximately 260 adults from Eastern Cheshire, South Cheshire and Vale Royal would travel further to access acute inpatient care in Chester each year. There would be a support plan in place for their carers.

With this model, we would expect all 7,000 people on the community caseload to have improved access to support through the out-reach, crisis care and other newly provided services. Our needs analysis indicates this would mean the number of people requiring inpatient care per year could reduce by as much as 16 per cent (approximately 70 people).

OPTION 3

Improve community and home treatment (crisis) teams, provide local crisis beds within the community, provide adult inpatient care at Lime Walk House, Macclesfield and older people's inpatient care at Bowmere, Chester

Enhance community and home treatment (crisis) teams to provide a wider range of services and improved access to care locally for the 7,000 adults and older people in our communities who currently access specialist mental health services.

For the 350 people per year who at the moment access inpatient care services currently provided at Millbrook, this would be replaced with NEW services as follows:

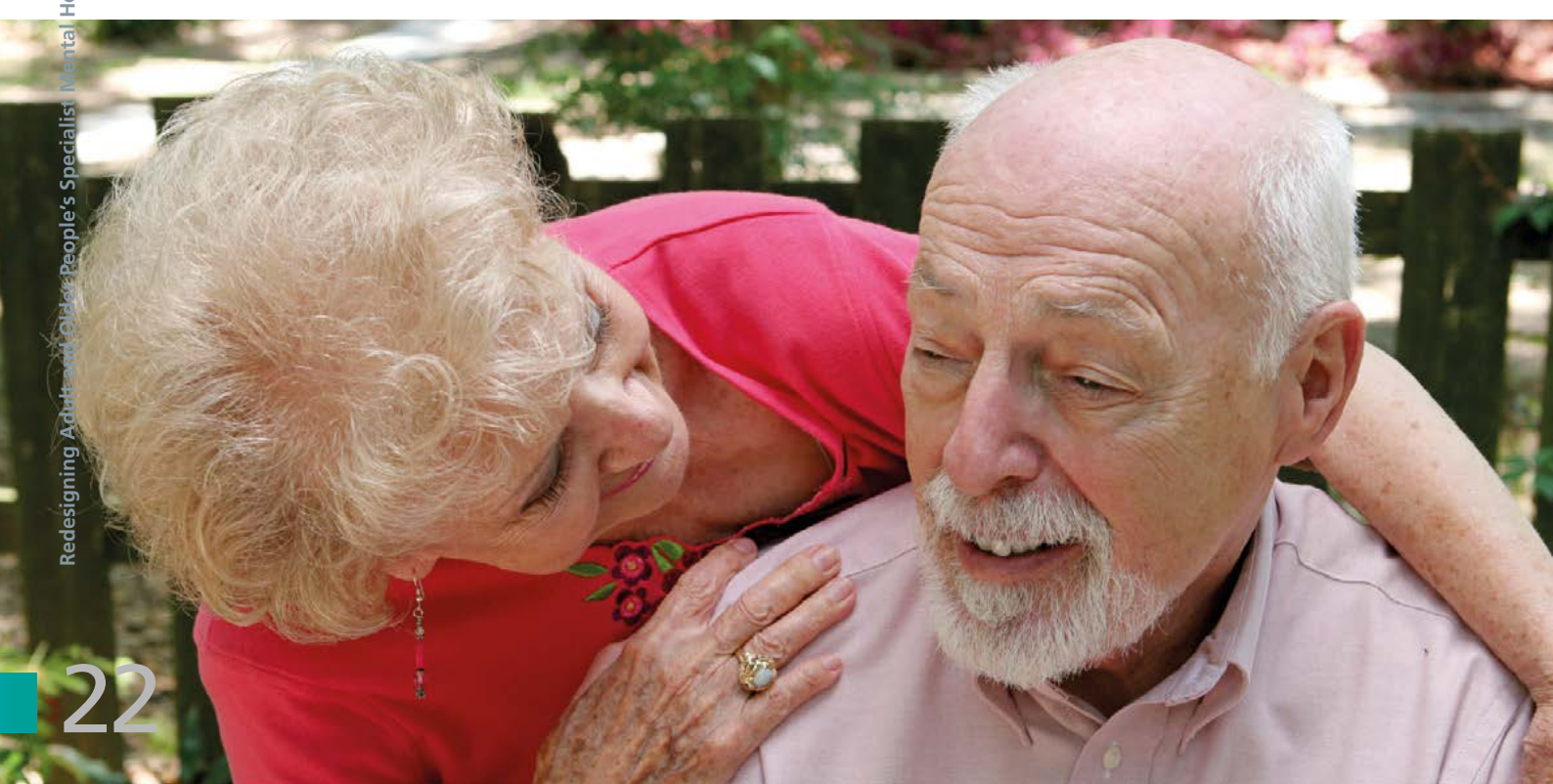
The only differences to Option 2 are the following:

- The new inpatient service providing 22 beds and meeting CQC standards, based at Lime Walk House would be for **adults**, with specialist rehabilitation patients currently at Lime Walk House transferred to the nearby specialist rehabilitation facility at Soss Moss.
- This would not provide on-site access to a Psychiatric Intensive Care Unit (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 this option, approximately 70 older people would travel further to access inpatient care in Chester each year. There would be a support plan in place for their carers.

The cost of adapting and expanding existing facilities is approximately £1.1 million and would be funded from CWP's annual capital expenditure programme.

There would be no requirement to divert funds from other services as this option would be less expensive to run and would enable the ongoing funding of the proposed new service model.



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

	Option 1	Option 2	Option 3
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 (adult)	✔	✖	✔
Being able to visit hospital easily (older person)	✔	✔	✖

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. The last two factors in the table above relate to this issue.

Travel will affect people to varying degrees under the preferred option, depending on where they live. Some adults in South Cheshire, for example, may be able to travel more easily to Chester than their current journey to Macclesfield whereas those in and around Macclesfield would have further to travel.

Support for travel is already provided to patients. CWP has its own patient transport service and a person's care co-ordinator may accompany them to hospital, where there is a clinical need.

Travel for carers

The following proposals could minimise the impact for carers who have to travel further:

- 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 at convenient times;
- identifying potential funding sources to support carers' travel needs where appropriate;
- using technology to support contact.

During the last year a significant number of people have travelled from South Cheshire / Vale Royal, as well as a small number from Eastern Cheshire, to Bowmere in Chester to receive treatment with no problems reported.

For more details look at the supporting information about travel on our website **www.easterncheshireccg.nhs.uk** or request a copy via our Freephone telephone number **0808 169 1189**.

Impact on staff

CWP's staff form the backbone of the service. We have asked their opinions throughout this process and are committed to investing in required 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. CWP would look to provide the following opportunities for staff:

- 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 professionals
- 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).

For more details look at the supporting information about impact on staff on our website **www.easterncheshireccg.nhs.uk**, or request a copy via our Freephone telephone number **0808 169 1189**.

Section 8: How would the proposed changes look in practice?

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

Case Study 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.

Proposed 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.

Case Study Two: Dementia outreach service

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 is eventually discharged with a care package three months later.

Proposed 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.

Case Study Three: Admission to hospital

Twenty four-year-old Andrew has been met by a street triage team made up of mental health nurses and police working together to support people in crisis. This follows a call to the police from a member of the public reporting a man behaving unusually in Macclesfield town centre in the early hours of the morning.

In the weeks leading up to this incident, Andrew had become very afraid as he started to hear voices telling him that someone was going to kill him. At first he was able to ignore these voices but they became increasingly insistent until they were there almost all the time. The voices were angry and told him that he had done bad things. They whispered into his ears but also talked among themselves discussing how they would harm him. Following assessment, Andrew was diagnosed as having his first episode of psychotic illness and taken to A&E to be seen by the liaison psychiatry team and sectioned under the Mental Health Act.

The team advises that Andrew would benefit from a psychiatric intensive care environment. This is a ward with few patients and more nursing staff to offer support. Here there are areas he can visit to be calm when his voices are at their worst and a greater ratio of staff to patients so that there is more support when things are difficult. He would also benefit from a safe and contained outside area so that he can get fresh air even when he is not well enough to be away from the ward.

Current service: Andrew is admitted to the Millbrook Unit, where there is no Psychiatric Intensive Care Unit (PICU), while a transfer is arranged to Bowmere Hospital in Chester where PICU is available onsite. The transfer is likely to take up to 24 hours from the time of request. His presence on the ward is disruptive to other patients who don't require a PICU and the seclusion area isn't a suitable environment for him to stay in for any longer. By this point, he is agitated and too unwell to be transferred without sedation. His nursing team has recommended his medication is increased.

On arrival at PICU at Bowmere Hospital, the calmer environment means that Andrew's voices become less insistent and he eventually requires less medication to help resolve his symptoms so does not become groggy. While in hospital, he is able to regularly access a gymnasium and therapeutic activities away from the ward which contributes to his overall physical and mental well-being. The ward environment is spacious with en-suite rooms giving Andrew the space he needs.

There is no support for his family to keep in touch. Due to the level of medication he required on admission, he needs to stay for three weeks. He is discharged to the care of the community mental health team. If he requires out-of-hours support in the future he would need to go to A&E again.

Future service: Andrew is directly transferred and admitted to the PICU at Bowmere Hospital. The calmer environment means that Andrew's voices become less insistent and he requires less medication to help resolve his symptoms so does not become groggy. While in hospital, he is able to regularly access a gymnasium and therapeutic activities away from the ward which contributes to his overall physical and mental well-being. The ward environment is spacious with en-suite rooms giving Andrew the space he needs. His family are supported to regularly keep in touch via Skype and are able to visit twice a week with the help of a volunteer driver service from Macclesfield. Due to the level of medication he required on admission, he needed a two-week stay. He is discharged to the care of the enhanced community mental health team. If he requires out-of-hours support in the future he would also be able to access the crisis café/centre.

What would good care look like?

Sessions on talking about mental health issues, confidence, well-being and relaxation.

Section 9: How you can get involved

We want to hear your feedback on these proposals. You can do this as follows:

Attend one of our public meetings

Details on where and when these are being held can be found at **www.easterncheshireccg.nhs.uk** or by calling Freephone number **0808 169 1189**.

Venue	Date	Time
Macclesfield Town Hall, Macclesfield	21/03/2018	14:30
Hartford Golf Club, Northwich	23/03/2018	09:30
Congleton Town Hall, Congleton	28/03/2018	14:30
Crewe Alexandra Football Club, Crewe	26/04/2018	18:30
Canalside Conference Centre, Middlewich	04/05/2018	14:30
Macclesfield Town Football Club, Macclesfield	23/05/2018	18:30

Complete the survey attached (or online via **www.easterncheshireccg.nhs.uk**)

Request further paper copies by emailing **mlcsu.consultation@nhs.net**

calling Freephone number **0808 169 1189**

We will **post you** the survey with a **pre-paid, freepost envelope** for you to return your completed survey.

Call Freephone number **0808 169 1189**, if you need help completing the survey or if you require any of the supporting online documents posted to you.

Please email **mlcsu.consultation@nhs.net**

or call Freephone number **0808 169 1189** 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** – where the communications and engagement plan and a range of additional supporting documents is provided.

Section 10: What happens next and how decisions are made

10

This public consultation will be open between **6th March – 29th May 2018**. All of the responses will be collected and analysed independently by the University of Chester.

Following this analysis a formal report will be written and then discussed by the governing bodies of the consultation partners and by the health overview and scrutiny committees of Cheshire East Council and Cheshire West and Chester Council. This is likely to happen during July and August 2018.

No decision will be made until after the consultation findings have been fully considered and a decision-making business case has been developed and presented for final selection.

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 ensuring enhanced services are established in the community ahead of any changes to inpatient provision.

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

www.easterncheshireccg.nhs.uk

www.southcheshireccg.nhs.uk

www.valeroyalccg.nhs.uk

www.cwp.nhs.uk

University of Chester

Glossary of terms

Name	Description
Access to Psychological Therapies:	Psychological therapy is a general term for treating mental health problems by talking with a psychiatrist, psychologist or other mental health provider.
Acute Care:	A branch of healthcare where a patient receives active, but short-term treatment for a severe injury or episode of illness, an urgent medical condition, or during recovery from surgery.
Acute mental health episode:	An acute mental health episode is where a person demonstrates significant and distressing symptoms of a mental illness requiring immediate treatment.
Bipolar Affective Disorder:	A mental health condition that mainly affects a person's mood.
Care Quality Commission:	The Care Quality Commission (CQC) is the independent regulator of health and adult social care in England.
Caring Together:	The Caring Together programme is a collaborative approach to the provision of care in East Cheshire, involving many public sector organisations.
Cheshire and Wirral Partnership NHS Foundation Trust (CWP):	CWP provides mental health, substance misuse, learning disability and community physical health services.
Clinical Commissioning Group (CCG)	Clinical Commissioning Groups (CCGs) were created following the Health and Social Care Act in 2012, and replaced Primary Care Trusts on 1 April 2013. They are clinically-led statutory NHS bodies responsible for the planning and commissioning (buying) of health care services for their local area.
Connecting Care:	The Connecting Care strategy sees a transformational, integrated approach to the integration of care in Central and South Cheshire
Community Care:	Social care and treatment provided outside of hospitals.
Complex Mental Health Needs:	Typically, a patient with complex needs is someone whose needs cannot be met by a general mental health service.
Crisis:	If a person's mental or emotional state quickly gets worse or deteriorates, this can be called a 'mental health crisis'.
Dementia:	A condition that is associated with an ongoing decline of the brain.
Early Intervention:	Services to detect and treat illnesses, in the very early stages, and before they can develop into a more serious illness.
NHS Eastern Cheshire Clinical Commissioning Group (CCG):	The CCG is made up of 22 GP practices. It plans, buys and monitors health care services for approximately 204,000 people in and around Alderley Edge, Bollington, Chelford, Congleton, Disley, Handforth, Holmes Chapel, Knutsford, Macclesfield, Poynton and Wilmslow.
Electro Convulsive Therapy (ECT):	ECT is a treatment that involves sending an electric current through the brain to trigger an epileptic seizure to relieve the symptoms of some severe mental health problems.

Name	Description
Five Year Forward View for Mental Health:	Published in 2016, this national strategy was developed for NHS England by an independent Mental Health Taskforce, established in 2015.
Inpatient:	Refers to a patient who has been admitted to hospital for an overnight stay. The length of time a person will remain an inpatient varies on a case-by-case basis.
MDT Support:	MDT stands for Multi-Disciplinary Team. An MDT contains a number of health professionals from different areas of care.
National Institute for Health and Care Excellence:	The National Institute for Health and Care Excellence (NICE) is a national provider of guidance and advice to help improve health and social care.
Outpatient:	A patient who attends a hospital for treatment without staying there overnight.
Prevention:	The promotion of mental health and well-being strategies to potentially prevent, or reduce the severity of some mental health disorders.
Practitioner:	A person who is qualified to treat patients.
Primary Care:	This is day-to-day healthcare given by a healthcare provider.
Psychiatrist Intensive Care Unit (PICU):	A PICU provides mental health care and treatment for people who need a secure environment beyond that which can normally be provided on an open psychiatric ward
Rapid Response:	Rapid Response aims to respond quickly to those experiencing a mental health crisis.
Recovery College:	Recovery Colleges offer educational courses to people who access services.
Rehabilitation services:	Help support people's well-being and recovery from a mental health illness.
NHS South Cheshire Clinical Commissioning Group (CCG):	The CCG is made up of 17 GP practices. It plans, buys and monitors health care services for approximately 173,000 people in and around Alsager, Crewe, Middlewich, Nantwich and Sandbach.
Specialist Mental Health Services:	These are services for people who require additional support to those provided in primary care settings (ie. GP or talking therapies). Specialist services are currently provided in this locality by dedicated community mental health teams, home treatment (crisis) teams or inpatient services.
Street Triage:	The street triage scheme sees mental health nurses accompany Police officers to incidents where they believe people need immediate mental health support.
Talking Therapies:	The term 'talking therapy' covers all the psychological therapies that involve a person talking to a therapist about their problems.
NHS Vale Royal Clinical Commissioning Group (CCG):	The CCG is made up of 12 GP practices. It plans, buys and monitors health care services for approximately 102,000 people in and around Nantwich, Weaverham and Winsford.

Data Protection

Your views and opinions on the adult and older people's specialist mental health proposals consultation have been requested by the following NHS organisations:

- NHS Eastern Cheshire Clinical Commissioning Group (CCG)
- NHS South Cheshire Clinical Commissioning Group (CCG)
- NHS Vale Royal Clinical Commissioning Group (CCG)
- Cheshire and Wirral Partnership NHS Foundation Trust (CWP)

These four organisations commission and provide adult and older peoples specialist mental health services in Cheshire. Jointly, they are looking at improvements to service provision and will be hosting further engagement events with the public throughout Spring 2018.

NHS Midlands and Lancashire Commissioning Support Unit (MLCSU) and the University of Chester (UoC) have been commissioned to collect, handle, process and report on the responses gathered in the consultation. MLCSU uses an online survey tool called Elesurvey which is owned by Elephant Kiosks Ltd, a private company who specialise in online surveys. Any information you provide via this survey will be handled in accordance with UK Data Protection Legislation.

Participants who need help completing the survey or require any of the supporting online documents will be directed to a telephone contact number which will be answered by CWP or CCG Patient Advice and Liaison Service colleagues in South Cheshire / Vale Royal.

The survey asks respondents to provide demographic profiling data (age, gender etc.). This information will be available to MLCSU and UoC and all NHS organisations listed above in an anonymous format. You do not have to provide this information to take part in the survey.

Any reports published using the data collected will not contain any personally identifiable information and only show anonymised, aggregated responses to the consultation document. Reports could also be placed within the public domain for example on NHS public facing websites or printed and distributed.

Your involvement is voluntary, and you are free to exit the survey at any time. You can also refuse to answer questions in the survey, should you wish. All information collected via the survey will be held for a period of 5 years from the date of survey closure, in line with the NHS records management retention schedule.

Any queries about your involvement with this survey can be emailed to: **mlcsu.consultation@nhs.net**

☐ Please tick here to confirm you have read and accept the terms outlines within the Data Protection statement as above.

As part of this survey, participants can choose to be contacted and invited to other engagement events on an ad-hoc basis, if you would like to receive information and invites please provide your contact details when prompted. As processors of the survey MLCSU and UoC will automatically receive this information. Please indicate below if you would like to be made aware of and involved in these further engagement events:

☐ Yes, I would like to be involved in these further activities.

To allow you to be invited to future engagement events your contact details will need to be shared with organisations who commission these events. Please now indicate which organisations we can share your contact details with:

☐ NHS Eastern Cheshire Clinical Commissioning Group

☐ NHS South Cheshire Clinical Commissioning Group

☐ NHS Vale Royal Clinical Commissioning Group

☐ NHS Cheshire and Wirral Partnership NHS Foundation Trust (CWP)

☐ None of the above

If you would like to be invited to other engagement events, please provide your email address. If you do not have an email address, please provide alternative contact details.

Email:

Alternative contact details:

This survey is in four sections.

We want to find out:

Section 1 - About you and your involvement with adult and older peoples specialist mental health services,

Section 2 - What is important to you when it comes to the delivery of adult and older people's specialist mental health services in your area

Section 3 - Your views on our proposals for adult and older people's specialist mental health services

Section 4 - Who's taking part in our survey (Demographic Profiling)

We would like to receive one response per person and/or per organisation. Please tick here to confirm this is your only response to the survey. ☐

Section 1: Tell us about you

a. Please indicate in what capacity you are answering this questionnaire	*(Please select more than one if this relates to you)*
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. **Any other organisation** employee	
g. Other *(please specify)*	

b. If you live in Cheshire, please provide us with the first part of your postcode and the first number of the second part of the postcode for example 'CH12 6'

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: Please select **the three** most important things to you when considering our proposals for adult and older people's mental health services

a. Service Criteria	*Please tick the* **three** *most important to you*
Improving outcomes for people with mental ill-health	
More choice about the services available for people in crisis	
24-hour access to crisis services	
A dementia outreach service supporting people in their own homes	
Better access to community services	
Access to a better range of treatment options	
Inpatient services meeting privacy and dignity standards	
Being able to visit hospital easily	

Section 3: Comment on our proposals

In this section we would like you to comment on the three options for adult and older people's specialist mental health services in our area. Please see see pages 19-24, section 7 for a full explanation of the options.

Option 1 - please see page 20, section 7: Do not introduce the proposed new model of care

a. To what extent do you agree or disagree with this option?	**Strongly disagree**	**Disagree**	**Neither agree or disagree**	**Agree**	**Strongly agree**
(Please select one)					

b. What do you agree with in this option?

c. What do you disagree with in this option?

d. Are there any specific groups of people you think may be disproportionately or unfairly impacted by this option? Please tell us who they are and how they may be impacted.

e. Do you believe the issues, concerns, challenges you have raised above can be overcome and, if so, please describe how?

f. Please tell us how much you agree/ disagree with the following statements concerning this option:	**Strongly disagree**	**Disagree**	**Neither agree or disagree**	**Agree**	**Strongly agree**
Option 1 will improve outcomes for people with mental ill-health					
Option 1 will offer more choice about the services available for people in crisis					
Option 1 will provide 24-hour access to crisis services					
Option 1 will offer a dementia outreach service supporting people in their own homes					
Option 1 will provide better access to community services					
Option 1 offers access to a better range of treatment options					
Option 1 provides inpatient services meeting privacy and dignity standards					
Option 1 means people being able to visit hospital easily					

g. Please tell us why you agree with these statements?

h. Please tell us why you disagree with these statements?

Option 2 – please see page 21, section 7: Improve community and home treatment (crisis teams), provide local crisis beds within the community, older people's inpatient care at Lime Walk House, Macclesfield and adult inpatient care at Bowmere, Chester.

i. To what extent do you agree or disagree with this option?	**Strongly disagree**	**Disagree**	**Neither agree or disagree**	**Agree**	**Strongly agree**
(Please select one)					

j. What do you agree with in this option?

k. What do you disagree with in this option?

l. Are there any specific groups of people you think may be disproportionately or unfairly impacted by this option? Please tell us who they are and how they may be impacted.

m. Do you believe the issues, concerns, challenges you have raised above can be overcome and, if so, please describe how?

n. Please tell us how much you agree/ disagree with the following statements concerning this option:	**Strongly disagree**	**Disagree**	**Neither agree or disagree**	**Agree**	**Strongly agree**
Option 2 will improve outcomes for people with mental ill-health					
Option 2 will offer more choice about the services available for people in crisis					
Option 2 will provide 24-hour access to crisis services					
Option 2 will offer a dementia outreach service supporting people in their own homes					
Option 2 will provide better access to community services					
Option 2 offers access to a better range of treatment options					
Option 2 provides inpatient services meeting privacy and dignity standards					
Option 2 means people being able to visit hospital easily					

o. Please tell us why you agree with these statements?

p. Please tell us why you disagree with these statements?

Option 3 - please see page 22 and section 7: Improve community and home treatment (crisis teams), provide local crisis beds within the community, provide adult inpatient care at Lime Walk House, Macclesfield and older people's inpatient care at Bowmere, Chester.

q. To what extent do you agree or disagree with this option?	**Strongly disagree**	**Disagree**	**Neither agree or disagree**	**Agree**	**Strongly agree**
(Please select one)					

r. What do you agree with in this option?

s. What do you disagree with in this option?

t. Are there any specific groups of people you think may be disproportionately or unfairly impacted by this option? Please tell us who they are and how they may be impacted.

u. Do you believe the issues, concerns, challenges you have raised above can be overcome and, if so, please describe how?

v. Please tell us how much you agree/ disagree with the following statements concerning this option:	**Strongly disagree**	**Disagree**	**Neither agree or disagree**	**Agree**	**Strongly agree**
Option 3 will improve outcomes for people with mental ill-health					
Option 3 will offer more choice about the services available for people in crisis					
Option 3 will provide 24-hour access to crisis services					
Option 3 will offer a dementia outreach service supporting people in their own homes					
Option 3 will provide better access to community services					
Option 3 offers access to a better range of treatment options					
Option 3 provides inpatient services meeting privacy and dignity standards					
Option 3 means people being able to visit hospital easily					

w. Please tell us why you agree with these statements?

x. Please tell us why you disagree with these statements?

Comparing all of the options

a. Please rank these options in order from 1 to 3, with number one being your most preferred option

Option	Rank in order of preference
1	
2	
3	

b. Do you have any alternative suggestions for adult and older people's specialist mental health services?

c. Do you have any additional comments?

Section 4: Demographic profiling

We would like to know a little more about you

You are under no obligation to complete this section, however your answers will help us to understand who has responded to the questionnaire and support continual improvement of our consultations. 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?

15-19		55-59	
20-24		60-64	
25-29		65-69	
30-34		70-74	
35-39		75-79	
40-44		80-84	
45-49		85-89	
50-54		90+	

What is your religion or belief?

Hinduism		Christianity	
Judaism		Buddhism	
Islam		Sikhism	

Other, *please state*

No religion		Prefer not to say	

I identify my gender as:

Male		Female	
Intersex		Other	

Other, *please state*

Prefer not to say	

Is the gender you currently identify as the same as your gender at birth?

Yes		No		Prefer not to say	

What is your sexual orientation?

Heterosexual		Bisexual	
Lesbian		Prefer not to say	
Gay			

What is your relationship status?

Married		Single	
Divorced		Separated	
Widowed		Civil partnership	

Other, please state

Prefer not to say	

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 for people who access mental health services play a crucial role in health and social care. We need to know we've gathered their views.

Please tell us if you care for someone who uses, or has used mental health services and how old they are.

I am not a carer for anyone who has accessed/ is accessing mental health services	
Yes, I do and they are under 24 years of age	
Yes I do and they are aged 25 to 49 years of age	
Yes I do and they are over 50 years of age	

Thank you for taking the time to complete this questionnaire.

Please return both perforated survey sheets in the freepost addressed envelope provided

NHS Eastern Cheshire Clinical Commissioning Group
NHS South Cheshire Clinical Commissioning Group
NHS Vale Royal Clinical Commissioning Group
Cheshire and Wirral Partnership NHS Foundation Trust

Caring together
EASTERN CHESHIRE

Connecting Care

Cheshire and Wirral Partnership NHS
NHS Foundation Trust

STANDARDISED REPORT COMMUNICATION

REPORT DETAILS

Report subject:	Operational Plan 2017/18- delivery indicators dashboard [February data]
Agenda ref. no:	17.18.123
Report to (meeting):	Board of Directors
Action required:	Discussion and Approval
Date of meeting:	28/03/2018
Presented by:	Tim Welch, Director of Finance

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 February 2018 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.

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 11 there are 6 indicators off track.
SO1: 1.1 Patient safety
SO1: 1.2 Patient experience
SO3: 2.1 Competence
SO3: 2.2 Capacity
SO3: 2.3 Attendance
SO3: 3.1 NHSI Operational KPIs

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 February 2018 Board Operational Plan dashboard.

Who/ which group has approved this report for receipt at the above meeting?	Tim Welch, Director of Finance
Contributing authors:	Stephen Poppleton, Senior Information Analyst Mandy Skelding-Jones, Associate Director Performance & Redesign

Distribution to other people/ groups/ meetings:

Version	Name/ group/ meeting	Date issued
1	Tim Welch Operational Board Meeting 35T	16/03/18 21/03/18

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

Appendix no.	Appendix title
1	February 2018 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	64.1	63.0				Please note outturn position has been updated to reflect position as at the end of 2016/17. The rates shown here are representative of MH incidents only, The inclusion of Physical Health incident reporting would increase the rate to 115.0 for February 2018.
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	380	230				The trust are implementing a new FFT process, paper forms are available for patients to complete during the transition 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%	80.97%	80.97%	88.56%	91.81%				
SO1: 1.4	Patient Safety: Total number of in-patient deaths/*subject to a case record review	No outturn 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	N/A				N/A = no inpatient 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 outturn as no past performance for 2016/7	KPI escalation via Learning from Experience report	0	**1**	**2**	0	0	0	**0**	N/A	N/A				N/A = no inpatient deaths
SO1: 1.6	Patient Safety: Total number of deaths reported by the Trust(including inpatient deaths)/*subject to a case record review	No outturn as no past performance for 2016/7	KPI escalation via Learning from Experience report	TBC (current pilot)	15%	17%	20%	22%	11%	17%	21%	20%				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 outturn as no past performance for 2016/7	KPI escalation via Learning from Experience report	0	**0**	**2**	1	1	0	**1**	0	0				
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%	4.85%	5.38%	6.61%	6.61%	5.0%	5.74%				Capacity is an issue across 3 clinical areas (West PH& MH, Wirral locality) and corporate support services. The redesign of clinical services will have an impact on performance in this area, HR business partners are supporting recruitment activities. The highest % of staff vacancies sits within corporate support services at 8.56 %.
SO3: 2.2	Competence: % of staff receiving annual appraisal (via new proposed framework)	97.6%	100.0%		95.72%	89.78%				81.07%	92.2%	93.8%				Managers have been asked to ensure that they are recording completion of appraisals.
SO3: 2.3	% staff absence due to sickness	5.04%	Above annual plan (appendix 3) projection for 3 months		5.46%	5.37%	4.85%	5.32%	6.32%	6.32%	6.99%	5.88%				Performance measurement against Annual Plan Trajectory. The target has not been met fort here consecutive months. Services are monitoring sickness absence in line with policy.

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%	100%	93.00%				7 Day Follow Up not met (5 patients not seen within timeframes.). This is the first occasion this year where this indicator has not been met at trust level. This is the only indicator out of the 14 NHSI target that has not been met.
	100% Contractual targets met	324 (98.1%)	100%	100%			98.3%	98.3%	98.3%		95.1%					Wirral CCG -11indicators that have been red for 3 consecutive months – (2 due to over performance) Please note this indicator reports 2 months behind.
SO3: 3.2	CQUIN performance quarterly review	TBC	100%													Central & East reported as Amber due to perceived potential problems with CQUIN 3b Collaboration with Primary Care clinicians. Wirral also reported amber for this CQUIN. West Physical Health reported as amber due to the wounds CQUIN. Trustwide we are amber due to CQUIN 1c. flu vaccinations for frontline staff.
This section is to be updated																
This sectio	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/ Business Intelligence	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	2	1				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	Tabular	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	Tabular	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	Tabular	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	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	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
ion is to be	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 is to be updated										
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	

Cheshire and Wirral Partnership NHS
NHS Foundation Trust

STANDARDISED REPORT COMMUNICATION

REPORT DETAILS

Report subject:	Data Security and Protection Requirements - GDPR Readiness .
Agenda ref. no:	17.18.124
Report to (meeting):	Board of Directors
Action required:	Information and noting
Date of meeting:	28/03/2018
Presented by:	Dr Faouzi Alam, Medical Director (Effectiveness, Medical Education and Medical Workforce) and Caldicott Guardian

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

This report provides an update to the Board of Directors on progress with preparing for the GDPR. The GDPR was approved in 2016 and will become directly applicable as law in the UK from 25 May 2018. The current Data Protection Bill, which will become the Data Protection Act 2018 (DPA18), fills in the gaps of the GDPR, addressing areas in which flexibility and exceptions are permitted. Achievement of compliance with the regulation is overseen by the Trust's Records & Information Systems Group (RISG) including the action plan, any variance or risk is escalated to the Trusts

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

The Trust's GDPR GROUP has been managing preparations for GDPR and the National Data Guardian (NDG) and CQC data security review recommendations for nearly two years. The first briefing paper containing a copy of the Trust's NDG/CQC/GDPR action plan was presented to the Board of Directors on 28/09/16. The work has been methodical and incorporated wherever possible into other scheduled reviews of policies and procedures. An updated position paper was submitted to the Board of Directors on 26/07/17. In mid-February 2018, further national guidance was released by the Information Governance Alliance which clarified a number of key points. The action plan is being updated accordingly with clearer ownership assigned and delivery timeframes being added. See Appendix 1 for updated action plan.

Assessment – *analysis and considerations of options and risks*

Organisations (data controllers) must be able to demonstrate compliance with the GDPR principles and in particular that they have appropriate technical and organisational measures in place. For the Trust, the principle demonstrations of compliance are: 1) **IGTK Level 2 with some areas achieving level 3.** 2**) Extensive existing policies and procedures associated with IG which have been updated to reflect specific requirements of GDPR and 3) Significant review of the Information Asset Register.** The following areas are potential risks for the Trust. 1) **The privacy notice -** has been reviewed and a staff privacy notice to ensure GDPR compliance is under development, both will be in place for May 2018. All relevant policies have been reviewed. 2) **Data Protection Officer -** The Trust is currently reviewing the role of Data Protection Officer (DPO) and is undertaking options appraisals. This will be completed by the end of March. 3) **Review of all contracts** to ensure GDPR compliance. 4) **Roll out across the organisation -** The impact of GDPR for most staff will be minimal and communications to staff will take place over the coming weeks until GDPR implementation. Whilst the priority for the Trust has been on ensuring that all health records are fully considered against the requirements of GDPR, work has also been ongoing in other areas such as Human Resources, Membership, Contracts and Procurement to assure wider organisational readiness. More work will be required in these areas however this is being brought within the overall work plan. Overall the Board of Directors should feel assured that the Trust will be ready for GDPR adoption from the 25 May 2018. A further updated action plan will be submitted to the July 2018 Board of Directors to provide assurance that all actions for implementation have been completed.

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

- .Board to note update.

Who/ which group has approved this report for receipt at the above meeting?	Dr Faouzi Alam, Medical Director & Caldicott Guardian
Contributing authors:	Gill Monteith, Information Governance Manager

Distribution to other people/ groups/ meetings:

Version	Name/ group/ meeting	Date issued
1	Dr Faouzi Alam, Medical Director & Caldicott Guardian	15/03/2018

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

Appendix no.	Appendix title
1	Updated GDPR Action Plan March 2018

Cheshire and Wirral Partnership NHS
NHS Foundation Trust

STANDARDISED REPORT COMMUNICATION

REPORT DETAILS

Report subject:	Annual Information Governance Board Report
Agenda ref. no:	17.18.125
Report to (meeting):	Board of Directors
Action required:	Discussion and Approval
Date of meeting:	28/03/2018
Presented by:	Dr Faouzi Alam, Medical Director (Effectiveness, Medical Education and Medical Workforce) and Caldicott Guardian

Which strategic objectives this report provides information about:	
Deliver high quality, integrated and innovative services that improve outcomes	Yes
Ensure meaningful involvement of service users, carers, staff and the wider community	Yes
Be a model employer and have a caring, competent and motivated workforce	Yes
Maintain and develop robust partnerships with existing and potential new stakeholders	Yes
Improve quality of information to improve service delivery, evaluation and planning	Yes
Sustain financial viability and deliver value for money	Yes
Be recognised as an open, progressive organisation that is about care, well-being and partnership	Yes
Which 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
38T	
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
38T	

REPORT BRIEFING

Situation – *a concise statement of the purpose of this report*
To brief the Board of Directors on information governance resources, governance, issues, risks and improvement plans undertaken in 2017/18 and planned for 2018/19 and to seek approval for the 2017/18 annual Information Governance Toolkit submission.

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

Information governance is the framework of organisational culture, communication, policies and procedures which ensure the security, validity, availability and accuracy of its clinical and corporate information. It is driven by a framework of legislation, national and international standards and good practice guidelines and is particularly impacted by the rate of technological change which requires the compliance framework in which the Trust operates to be regularly updated. Compliance with information governance standards is annually assessed through the completion of the Information Governance Toolkit (IGT), hosted by NHS Digital. The Records & Information Systems Group has devolved responsibility from The Patient Safety & Effectiveness Sub Committee for monitoring overall compliance with Information Governance principles, escalating risks and ensuring mitigating actions are in place.

Assessment – *analysis and considerations of options and risks*

The planned final March 2018 IGT score will be 94%. The Westminster Surgery IGT submission has an increased score from 91% to 94% compliance. The Trust assumed management of Willaston Surgery on 1st December 2017 with an IGT score of 66% and the score has now achieved 94% compliance. All three toolkits will score at least at level 2 with many areas scoring level 3 and will be fully compliant. Mersey Internal Audit Agency have undertaken an annual assessment of the Trust's IGT scores and supporting evidence and awarded a significant assurance rating for the sixth consecutive year. This supports the case that current information governance arrangements within Cheshire & Wirral Partnership NHS Foundation Trust are appropriate and fit for purpose. The focus of the 2018/19 work plan will be to work towards the IGT replacement Data Protection & Security Toolkit.

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

The Board is invited:

1. To **receive** and **approve** the Integrated Governance Annual Report for 207/18 and the statement therein that the Trust's current information governance arrangements are considered 'fit for purpose';

2. To **approve** the proposed submission of the 2017/18 information governance toolkit by 31 March 2018; and

3. To **note** the introduction of the new information governance toolkit arrangements from 1 April 2018.

Who/ which group has approved this report for receipt at the above meeting?	Dr Faouzi Alam, Medical Director & Caldicott Guardian
Contributing authors:	Gill Monteith, Records & Information Governance Manager

Distribution to other people/ groups/ meetings:

Version	Name/ group/ meeting	Date issued
1	Records & Information Systems Group	22 March 2018

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

Appendix no.	Appendix title
1	Annual Information Governance Board Report March 2018
2	CWP IGT Planned Submissions March 2018

Appendix 1 Annual Information Governance Board Report March 2018

1. Purpose of the report

To brief the Board of Directors on information governance resources, governance, issues, risks and improvement plans undertaken in 2017/18, and to seek approval for the 2017/18 annual Information Governance Toolkit (IGT) submission.

2. Summary

The focus of the Trust's work plan for 2017/18 was to:

- Implement MIAA recommendations contained in the clinical coding audit report
- Continue to develop the Clinical Coding Resource web page
- Implement recommendations made in the MIAA cyber security audit report
- Work towards implementation of the new General Data Protection Regulation
- Maintain all level 3 information governance toolkit requirements and improve scores at level 2 to level 3

The planned final March 2018 IGT score will be 94% (green satisfactory). The Westminster Surgery IGT submission has increased the score from 91% to 94% compliance. The Trust assumed management of Willaston Surgery on 1st December 2017 with an IGT score of 66%. Work has taken place to increase this score which has now achieved 94%. All three toolkits will score at least level 2 with many areas scoring level 3 and will be fully compliant.

All internal audits required by the IGT have been completed with satisfactory results which have been monitored by the Records & Information Systems Group (RISG). Mersey Internal Audit Agency (MIAA) have undertaken an annual assessment of the Trust's IGT scores and supporting evidence and awarded **significant assurance** for the sixth consecutive year.

Information governance arrangements have been reviewed during 2017/18 firstly against the latest version of the information governance toolkit, and then against guidance released throughout the year. This supports the case that current information governance arrangements within Cheshire & Wirral Partnership are appropriate and fit for purpose.

The focus of the Trust's work plan for 2018/19 will be to:

- Implement GDPR
- Work towards compliance with the new Data Security Protection Toolkit
- Replace the high number of legacy IT network switches
- Investigating the feasibility of migrating our primary clinical system to a hosted solution
- Complete the Data Centre equipment refresh
- Migrate to NHS Mail away from the in house provision
- Aim to implement Patient and Public Wi-Fi subject to central funding
- Implement MIAA recommendations contained in clinical coding audit report
- Continue to develop the Clinical Coding Resource web page
- Improving the content and usefulness of data quality reports provided to services
- Focus on waiting times data cleansing exercise and setting clear guidance for the recording of referral dates and treatment start criteria

- Building on the focus 2017/18 the focus will extend to cover improvement in the quality of data capture/ reporting for MHSMDS, by setting internal data validation processes to highlight outliers which can be checked, and corrected where appropriate, with service prior to the submission of the monthly refresh data set.

3. Information governance briefing

It is a requirement of the information governance toolkit that the board is briefed in relation to the information governance requirements. Information governance is the framework of organisational culture, communication, policies and procedures which ensure the security, validity, availability and accuracy of its clinical and corporate information. It is driven by a framework of legislation, national and international standards and good practice guidelines and is particularly impacted by the rate of technological change which requires the compliance framework in which the Trust operates to be regularly updated.

Compliance with information governance standards is annually assessed through the completion of the Information Governance Toolkit, hosted by NHS Digital. The IGT submission is examined by the Trust's regulators: The Care Quality Commission (CQC) review the toolkit assessment in their assessments while the foundation trust regulator, NHSI, consider the toolkit when assessing the foundation trust's governance risk rating. The Records & Information Systems Group has devolved responsibility from The Patient Safety & Effectiveness Sub Committee for monitoring overall compliance with Information Governance principles, escalating risks and ensuring mitigating actions are in place.

4. Information Governance 2017/18 and 2018/19

4.1 Review of information governance work undertaken in 2017/18

The focus of the Trust's work plan for 2017/18 was to:

- Implement MIAA recommendations contained in the clinical coding audit report
- Continue to develop the Clinical Coding Resource web page
- Implement recommendations made in the MIAA cyber security audit report
- Work towards implementation of the new General Data Protection Regulation
- Maintain all level 3 information governance toolkit requirements and improve scores at level 2 to level 3

The Trust scored 95% for both the baseline July 2017 and interim October 2017 IGT submissions. The planned final March 2018 IGT score will be 94% (green satisfactory), which is a decrease of 1% for the clinical coding audit element since last year. The decrease has resulted in dropping from level 3 to level 2 for clinical coding and does not affect the compliance of the Trust. The decrease was as a result of a technical system fault with the data extract from the Trust and was not a reflection of the quality of the clinical coding in the Trust. The Associate Director for Performance & Re-design will be implementing the recommendations of the clinical coding audit. The Westminster Surgery IGT submission has increased the score from 91% to 94% compliance. The Trust assumed management of Willaston Surgery on 1st December 2017 with an IGT score of 66%. Work has taken place to increase this score which has now achieved 94%. All three toolkits will score at least at level 2 with many areas scoring level 3 and will be fully compliant.

The following annual audits have all been undertaken:

- Patient IG survey
- Staff IG survey
- Data protection audit (transfers of data outside of UK)
- Corporate records audit

- Health records audit
- Clinical coding audit

The above audits which are required by the IGT have been completed with satisfactory results which have been monitored by the Records & Information Systems Group.

4.1.1 Information Assets

Information asset owners are general managers and heads of departments. They are responsible for information held within their areas and the nature of and justification for information flows to and from each asset. All asset owners both clinical and corporate were asked to undertake an annual risk report for the Senior Information Risk Owner (SIRO) and a data flow mapping exercise in December 2017. The information asset register has been checked for accuracy by asset owners and is held centrally on the information governance page of the intranet. No new risks were identified by the information asset owners.

4.1.2 Upgrade to ICT disaster recovery facilities and backup systems

ICT Services will have completed a Data Centre refresh by the end of this financial year which will give the Trust more capacity, resilience and capability to back up applications or data. Work on disaster recovery is an on-going task.

All servers are now on Windows 2008 (R2)

4.1.3 MIAA Security Audit

ICT Services formed an internal Project Board to manage the recommendations which were highlighted in the MIAA Cyber Security Baseline Audit. This board has now completed many of the recommendations with a number being passed in to business as usual work plans to be completed once other major projects such as a Data Centre refresh has been completed. Continuous updates have been provided to the Records & Information Systems Group.

Further audits have taken place during 2017-18 including two provided by NHS Digital, an IT Health Check and a Cyber Essentials pre-audit together with an audit by MIAA covering the trusts Core ICT Infrastructure. Actions from these audits have been fed in to the ICT Cyber Security Project Board for management of the recommendations.

4.1.4 NHS Digital IT Health Check Audit

In November 2017 ICT invited NHS Digital to complete an IT health check, the outcome of this is a list of recommendations with various levels of urgency. The results are being compiled in to a single document with the Critical and High Level actions being targeted first.

4.1.5 NHS Digital Cyber Essentials Plus Compliance Audit

NHS Digital instructed a company called Dionach to offer a Cyber Essentials Plus compliance audit, the results of which are being compiled in to a single document for ICT Services to evaluate what actions are required to achieve compliance.

4.1.6 MIAA Core Infrastructure Audit

MIAA completed a core infrastructure audit in December 2017, the results of which are being compiled in to a single document for ICT Services to evaluate what actions are required to achieve compliance. The Records & Information Systems Group will receive regular update reports to monitor the progress of actions.

4.1.7 Implementation of an IPS (Intrusion Prevention System)

ICT Services have successfully provisioned and implemented an IPS

4.1.8 Implementation of McAfee Day One Malware Protection

ICT Services have successfully provisioned and implemented an upgrade to our McAfee Anti-Malware application so the trust now has day one protection against malicious activity. Work continues to gain day zero coverage, this may need more investment if it is deemed necessary. Our configuration now includes Active Threat Protection and Threat Intelligence Exchange.

4.1.9 Data Quality

In 2014/15 we began to review our data quality performance management processes to support decision making and the identification of areas of risk to the delivery of plans. This approach has resulted in the development of appropriate and meaningful performance dashboards at team, services, locality and Trust Board levels. These dashboards will support our service line reporting processes, enabling managers to understand how the resources at their disposal are utilised and to facilitate internal benchmarking. This approach continues to be developed and refined to meet the needs of key stakeholder.

4.1.10 Caldicott 2

A Caldicott 2 training package has continued to be delivered at the doctor's induction programme. Relevant IGT evidence has been refreshed to ensure compliance with Caldicott 2 recommendations.

4.1.11 Information Governance Spot Checks

It is a requirement for the Trust to monitor staff understanding and compliance with information governance standards. All wards, corporate departments and the substance mis-use service have been audited to date.

Staff have been asked a series of information governance related questions designed to test understanding and compliance. The following are also checked:

- Induction and training of staff
- Clear desk policy
- Security of records
- Confidential waste procedures
- Confidentiality & access to information procedures
- Freedom of information procedures
- Whether staff are adhering to Trust policy of electronic record being the primary record
- Whether staff are aware of the requirement to record patient email addresses and consent to receive emails

A good overall understanding of information governance understanding and compliance has been demonstrated. Common themes where staff have not had sufficient knowledge were:

- Role of SIRO and Caldicott Guardian
- Knowledge of Caldicott 2, although on further questioning staff are becoming more aware of this but are not necessarily familiar with the term `Caldicott 2'

Staff have shown a good overall understanding of information governance requirements in terms of enquiries which may be received and information security issues. Ward managers and heads of departments which have been visited have received detailed feedback and have been asked to ensure that where knowledge has been lacking, that all staff are briefed. Spot checks which are planned during the coming months include community services.

4.1.12 New General Data Protection Act Rule and National Data Guardian Review

The Care Quality Commission (CQC) undertook a review of data security in the NHS, and in parallel Dame Fiona Caldicott, the National Data Guardian (NDG), was asked to develop new data security standards and a method for testing compliance against these. A national compliance tool has been published for consultation and the final version will form part of the revised information governance toolkit (Data Security & Protection Toolkit) to be released from April 2018. A CWP working group consisting of Caldicott/IG/ICT and Clinical Systems Managers have produced a combined action plan for compliance with the data security standards and the new General Data Protection Regulation (GDPR), due to come into force in May 2018. NHS England issued a briefing to CEO's regarding the new GDPR Data Protection Officer (D.P.O.) role and the Trust is currently undertaking an options appraisal for this role. The requirement to undertake a Data Protection (DP) Impact Assessment for any major new system or way of working which includes the use of personal data, has been included in revised policies.

4.1.13 Review of information governance incidents 2017/18

Data on information governance incidents and near misses was reviewed for the first 3 quarters of 2017/18 as reported on the Trust's Datix risk and incident reporting system. There have been no reportable security breaches within the reporting period.

Overall, information governance (IG) incidents have decreased compared to the first 3 quarters of the previous year. There were 185 information governance incidents reported in the first three quarters of 2017 compared to 202 the previous year which is a decrease of 8.5%. Of the 185 incidents reviewed, mis-directed post accounted for 30.2% (56 in total) of incidents. 18.3% (34 in total) incidents related to computer system issues e.g. computers freezing/working slowly/IPAD failing to synchronise. Documents attached to wrong patient's records accounted for 7% (13 in total) of incidents. There were also smaller numbers of incidents including care plans not being available in patient's homes, filing errors/missing paper records, mis-directed emails, verbal disclosure, lost work mobile phones and lost smart cards. Staff have received information governance reminders based on IG incidents throughout the year, such as reminders of Trust policy and to hi-light areas for improvement.. The Records & Information Systems Group will continue to monitor trends in the coming year and take rememdial action where necessary.

The Records & Information Systems Group also monitors compliance with statutory timeframes associated with subject access requests and freedom of information requests as a standing agenda item.

4.1.14 Information governance toolkit audit 2017/18

In recent years, following national guidance, Mersey Internal Audit Agency (MIAA) has completed an annual IG Toolkit review of scores and evidence uploaded to the toolkit. MIAA have awarded the Trust a **significant assurance** rating for the last six consecutive years.

4.2 Information governance work plan 2018/19

The focus of the Trust's work plan for 2018/19 will be to:

- Implement GDPR
- Work towards compliance with the new Data Security Protection Toolkit
- Replace the high number of legacy IT network switches
- Investigating the feasibility of migrating our primary clinical system to a hosted solution
- Complete the Data Centre equipment refresh
- Migrate to NHS Mail away from the in house provision
- Aim to implement Patient and Public Wi-Fi subject to central funding
- Implement MIAA recommendations contained in clinical coding audit report
- Continue to develop the Clinical Coding Resource web page
- Improving the content and usefulness of data quality reports provided to services
- Focus on waiting times data cleansing exercise and setting clear guidance for the recording of referral dates and treatment start criteria
- Building on the focus 2017/18 the focus will extend to cover improvement in the quality of data capture/ reporting for MHSMDS, by setting internal data validation processes to highlight outliers which can be checked, and corrected where appropriate, with service prior to the submission of the monthly refresh data set.

4.2.1 Policies and procedures

Policy review remains an on-going process and will be reviewed in line with clinical pathway development and in line with the clinical effectiveness strategy. Policies will also be in reviewed in line with the policy review process to ensure they are clear, concise and easily accessible to all staff.

4.2.2 Awareness and training

While the majority of information governance training is delivered through e-learning, requests for greater choice in delivery have been facilitated by the use of a handbook and assessment sheet, which have been reviewed and approved within the year and which meets the requirements of the toolkit. Face to face sessions are also available for staff. A choice of training methods will continue to be offered in 2018/19.

4.2.3 Caldicott 2

The training package will continue to be delivered at the doctor's induction. General awareness raising for Caldicott will also continue in the next financial year.

4.2.4 Information governance spot checks

The rolling programme of information governance spot checks will continue and the results will be reported to the Records & Information Systems Group.

4.2.5 New General Data Protection Act Rule and Data Security & Protection Toolkit

The working group of the Records & Information systems group will continue to work towards implementation of the new GDPR and requirements of the new Data Security & Protection Toolkit. The privacy notice is being reviewed and a staff privacy notice to ensure GDPR compliance is under development, both will be in place for May 2018. The new GDPR compliant standard contract is awaited from NHS England. The contracts team will liaise with the Trust solicitors and undertake a piece of work to ensure clinical contracts & SLA documentation reflects new requirements, and will feedback solicitors advice to HR, IT, Estates and Procurement for teams to apply to Trust contracts as appropriate. The Records and Information Systems Group will continue to monitor compliance with the action plan to ensure a state of readiness for implementation as a

standing agenda item. Any variance will be escalated to the Patient Safety & Effectiveness Sub-Committee.

4.2.8 Data Quality

The Trust's quality strategy has described plans to better use data and information by increasing skills and capacity to intelligently analyse data at team, service and Trust-wide levels. This will facilitate the identification of variance – promoting positive variance and reducing/ eliminating harmful or inefficient/ unnecessary variance. This requires support for meta-analysis to facilitate checking for variance, normalised deviance, and looking at what works well.

The Trust collects a wealth of data, however, in common with many other organisations it has been less skilled at turning this into usable information that supports decision making at the appropriate level within the organisation. Many of our existing reporting models have been guided towards providing data for historic contractual currencies that do not support current clinical practice. With this comes a lack of ownership that may reduce data quality. Our approach is to break out of this vicious circle as improved data quality is essential to ensure that we have data and information that can be used to inform service and organisation redesign and development. This will be supported and provided through improved clinical systems and real time data capture.

We will invest in and develop skills in the performance and business intelligence functions within the Trust. As part of our strategy, we will be bringing these two teams together to work as one business intelligence unit. This will be supported by a development programme that will include shadowing clinical teams, working with clinicians to understand their information requirements, understanding of the data available and supporting clinical teams to utilise the wealth of data in an informed way. This will build on the established role of the locality analyst.

Developing a central team alone will not achieve the required cultural shift whereby robust data and information is at the heart of our decision making and practice. There is a value to producing high quality information that needs to be owned at every level of the Trust. Our strategy is to engage at all levels and with a supporting training and development programme, ensure that the Trust information requirements, from clinical practice through to business and strategic planning are met.

The key priorities in 2017/18 were;

- Sustainability of locality led data quality improvement programmes
- Building on the focus in 2016/17 for the Improvement in quality of demographic ie postcode/ GP/ DoB) details, in 2017/18 the focus will extend to cover improvement in the quality of data capture for MHSMDS requirements and client waiting times
- Further development of data quality webpage

The key priorities for 2018/19 are:

- Improving the content and usefulness of data quality reports provided to services
- Focus on waiting times data cleansing exercise and setting clear guidance for the recording of referral dates and treatment start criteria
- Building on the focus 2017/18 the focus will extend to cover improvement in the quality of data capture/ reporting for MHSMDS, by setting internal data validation processes to highlight outliers which can be checked, and corrected where appropriate, with service prior to the submission of the monthly refresh data set.

5. Information risk management approach

CWP has access to a number of sources of information, guidance and assurance concerning information governance. NHS digital maintains a comprehensive library of exemplar materials supports the information governance toolkit and provides guidance on ethics and the health and social care record guarantees. The Information Commissioner's Office provides guidance on the Data Protection and Freedom of Information Acts and the Environmental Information Regulations. Audit opinions are provided by both external and internal audit and the Trust incorporates mandatory information governance audit within its annual audit programme. CWP takes a risk-based approach to information governance – evaluating incidents and being appraised of potential gaps in assurance. It should be noted that compliance with the requirements of the information governance toolkit does not necessarily imply that there are no areas of risk within the Trust, the toolkit cannot accommodate every eventuality and therefore the Trust needs to consider the level of risk in collecting, processing, disclosing and disposing of data. The Records & Information Systems Group monitors overall compliance with Information Governance principles, escalating risks and ensuring mitigating actions are in place. Lesson learned from investigations and reviews are incorporated into training materials, communication notices and policy as appropriate.

6. Assessment of information governance arrangements

Information governance arrangements have been reviewed during 2017/18 firstly against the latest version of the information governance toolkit, and then against guidance released throughout the year. All three toolkits will score at least at level 2 with many areas scoring level 3. This supports the case that current information governance arrangements within Cheshire & Wirral Partnership are appropriate and fit for purpose. The Records & Information Systems Group will continue to monitor information governance arrangements during the coming year.

7. Recommendations to the Board of Directors

a. That the Board approves the statement that current information governance arrangements are fit for purpose
b. That the Board approves the submissions of the 2017/18 information governance toolkit.

Cheshire and Wirral Partnership NHS
NHS Foundation Trust

Appendix 2 **Cheshire & Wirral Partnership information governance toolkit planned submissions March 2018**

Req No	Description	Status	Attainment Level
Information Governance Management			
13-101	There is an adequate Information Governance Management Framework to support the current and evolving Information Governance agenda	Reviewed And Updated	Level 3
13-105	There are approved and comprehensive Information Governance Policies with associated strategies and/or improvement plans	Reviewed And Updated	Level 3
13-110	Formal contractual arrangements that include compliance with information governance requirements, are in place with all contractors and support organisations	Reviewed And Updated	Level 2
13-111	Employment contracts which include compliance with information governance standards are in place for all individuals carrying out work on behalf of the organisation	Reviewed And Updated	Level 3
13-112	Information Governance awareness and mandatory training procedures are in place and all staff are appropriately trained	Reviewed And Updated	Level 3
Confidentiality and Data Protection Assurance			
13-200	The Information Governance agenda is supported by adequate confidentiality and data protection skills, knowledge and experience which meet the organisation's assessed needs	Reviewed And Updated	Level 3
13-201	The organisation ensures that arrangements are in place to support and promote information sharing for coordinated and integrated care, and staff are provided with clear guidance on sharing information for care in an effective, secure and safe manner	Reviewed And Updated	Level 3
13-202	Confidential personal information is only shared and used in a lawful manner and objections to the disclosure or use of this information are appropriately respected	Reviewed And Updated	Level 3
13-203	Patients, service users and the public understand how personal information is used and shared for both direct and non-direct care, and are fully informed of their rights in relation to such use	Reviewed And Updated	Level 3
13-205	There are appropriate procedures for recognising and responding to individuals' requests for access to their personal data	Reviewed And Updated	Level 3
13-206	Staff access to confidential personal information is monitored and audited. Where care records are held electronically, audit trail details about access to a record can be made available to the individual concerned on request	Reviewed And Updated	Level 3
13-207	Where required, protocols governing the routine sharing of personal information have been agreed with other organisations	Reviewed And Updated	Level 2
13-209	All person identifiable data processed outside of the UK complies with the Data Protection Act 1998 and Department of Health guidelines	Reviewed And Updated	Level 3
13-210	All new processes, services, information systems, and other relevant information assets are developed and implemented in a	Reviewed And Updated	Level 3

	secure and structured manner, and comply with IG security accreditation, information quality and confidentiality and data protection requirements		
Information Security Assurance			
13-300	The Information Governance agenda is supported by adequate information security skills, knowledge and experience which meet the organisation's assessed needs	Reviewed And Updated	Level 3
13-301	A formal information security risk assessment and management programme for key Information Assets has been documented, implemented and reviewed	Reviewed And Updated	Level 3
13-302	There are documented information security incident / event reporting and management procedures that are accessible to all staff	Reviewed And Updated	Level 3
13-303	There are established business processes and procedures that satisfy the organisation's obligations as a Registration Authority	Reviewed And Updated	Level 3
13-304	Monitoring and enforcement processes are in place to ensure NHS national application Smartcard users comply with the terms and conditions of use	Reviewed And Updated	Level 3
13-305	Operating and application information systems (under the organisation's control) support appropriate access control functionality and documented and managed access rights are in place for all users of these systems	Reviewed And Updated	Level 3
13-307	An effectively supported Senior Information Risk Owner takes ownership of the organisation's information risk policy and information risk management strategy	Reviewed And Updated	Level 3
13-308	All transfers of hardcopy and digital person identifiable and sensitive information have been identified, mapped and risk assessed; technical and organisational measures adequately secure these transfers	Reviewed And Updated	Level 3
13-309	Business continuity plans are up to date and tested for all critical information assets (data processing facilities, communications services and data) and service - specific measures are in place	Reviewed And Updated	Level 3
13-310	Procedures are in place to prevent information processing being interrupted or disrupted through equipment failure, environmental hazard or human error	Reviewed And Updated	Level 3
13-311	Information Assets with computer components are capable of the rapid detection, isolation and removal of malicious code and unauthorised mobile code	Reviewed And Updated	Level 3
13-313	Policy and procedures are in place to ensure that Information Communication Technology (ICT) networks operate securely	Reviewed And Updated	Level 3
13-314	Policy and procedures ensure that mobile computing and teleworking are secure	Reviewed	Level 2
13-323	All information assets that hold, or are, personal data are protected by appropriate organisational and technical measures	Reviewed And Updated	Level 2
13-324	The confidentiality of service user information is protected through use of pseudonymisation and anonymisation techniques where appropriate	Reviewed	Level 2
Clinical Information Assurance			
13-400	The Information Governance agenda is supported by adequate information quality and records management skills, knowledge and experience	Reviewed And Updated	Level 3

13-401	There is consistent and comprehensive use of the NHS Number in line with National Patient Safety Agency requirements	Reviewed And Updated	Level 3
13-402	Procedures are in place to ensure the accuracy of service user information on all systems and /or records that support the provision of care	Reviewed And Updated	Level 3
13-404	A multi-professional audit of clinical records across all specialties has been undertaken	Reviewed And Updated	Level 3
13-406	Procedures are in place for monitoring the availability of paper health/care records and tracing missing records	Reviewed And Updated	Level 3
Secondary Use Assurance			
13-501	National data definitions, standards, values and validation programmes are incorporated within key systems and local documentation is updated as standards develop	Reviewed And Updated	Level 3
13-502	External data quality reports are used for monitoring and improving data quality	Reviewed And Updated	Level 3
13-504	Documented procedures are in place for using both local and national benchmarking to identify data quality issues and analyse trends in information over time, ensuring that large changes are investigated and explained	Reviewed And Updated	Level 3
13-506	A documented procedure and a regular audit cycle for accuracy checks on service user data is in place	Reviewed And Updated	Level 3
13-507	The Completeness and Validity check for data has been completed and passed	Reviewed And Updated	Level 3
13-508	Clinical/care staff are involved in validating information derived from the recording of clinical/care activity	Reviewed And Updated	Level 3
13-514	An audit of clinical coding, based on national standards, has been undertaken by a Clinical Classifications Service (CCS) approved clinical coding auditor within the last 12 months	Reviewed And Updated	Level 2
13-516	Training programmes for clinical coding staff entering coded clinical data are comprehensive and conform to national clinical coding standards	Reviewed	Level 2
Corporate Information Assurance			
13-601	Documented and implemented procedures are in place for the effective management of corporate records	Reviewed And Updated	Level 3
13-603	Documented and publicly available procedures are in place to ensure compliance with the Freedom of Information Act 2000	Reviewed And Updated	Level 3
13-604	As part of the information lifecycle management strategy, an audit of corporate records has been undertaken	Reviewed And Updated	Level 3

Westminster & Willaston Surgery IG toolkits

Information Governance Management			
13-114	Responsibility for Information Governance has been assigned to an appropriate member, or members, of staff	Reviewed And Updated	Level 3
13-115	There is an information governance policy that addresses the overall requirements of information governance	Reviewed And Updated	Level 3
13-116	All contracts (staff, contractor and third party) contain clauses that clearly identify information governance responsibilities	Reviewed And Updated	Level 2

13-117	All staff members are provided with appropriate training on information governance requirements	Reviewed And Updated	Level 3
Confidentiality and Data Protection Assurance			
13-211	All transfers of personal and sensitive information are conducted in a secure and confidential manner	Reviewed And Updated	Level 3
13-212	Consent is appropriately sought before personal information is used in ways that do not directly contribute to the delivery of care services and objections to the disclosure of confidential personal information are appropriately respected	Reviewed And Updated	Level 3
13-213	There is a publicly available and easy to understand information leaflet that informs patients/service users how their information is used, who may have access to that information, and their own rights to see and obtain copies of their records	Reviewed And Updated	Level 3
Information Security Assurance			
13-304	Monitoring and enforcement processes are in place to ensure NHS national application Smartcard users comply with the terms and conditions of use	Reviewed And Updated	Level 3
13-316	There is an information asset register that includes all key information, software, hardware and services	Reviewed And Updated	Level 3
13-317	Unauthorised access to the premises, equipment, records and other assets is prevented	Reviewed And Updated	Level 2
13-318	The use of mobile computing systems is controlled, monitored and audited to ensure their correct operation and to prevent unauthorised access	Reviewed And Updated	NR
13-319	There are documented plans and procedures to support business continuity in the event of power failures, system failures, natural disasters and other disruptions	Reviewed And Updated	Level 3
13-320	There are documented incident management and reporting procedures	Reviewed And Updated	Level 3

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:	17.18.126
Report to (meeting):	Board of Directors – meeting in public
Action required:	Discussion and Approval
Date of meeting:	28/03/2018
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 March 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.* The Q3 submission for the Trust shows a current risk of £96k associated with failure to deliver CQUIN requirements as such the risk score has been increased from 6 to 9. However, the Trust currently has an opportunity to provide additional evidence to mitigate this risk. As the Trust moves to the new care group operational structure and staff are embedded into their new roles, it is intended that single named leads will be identified for each CQUIN to ensure greater responsibility and accountability at an operational level.
- *Risks associated with the transition to the Trust's clinician-led operational (Care Group) structure as part of CWP Forward View strategy.* The Forward View transition task and finish group is established and a local risk register has been modelled that clearly states all possible risks and current control measures. The register is regularly monitored and reviewed by this group.
- *Risk of significantly reduced capacity within the Performance & Redesign team, resulting in a reduced ability to support/ develop current work and new commissions.* The team remains in business continuity mode, which has been communicated via CWP Essential as a reminder to all staff. Regular meetings are being held with the emergency planning lead and updates are being provided to the Executive Team by exception. Two incidents of data submissions have been reported as missed/ delayed due to capacity issues, following which internal processes have been reviewed and updated. Operational recruitment processes continue.
- *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 has recently been explored by the Head of Safeguarding and the Trustwide Safeguarding Sub Committee and a full risk treatment plan will be developed.

Amended risk scores or re-modelled risks

- *Risk of failure to achieve Trust control total due to in-achievement of cost improvement programme*. It is envisaged that the Trust will achieve its control total for this year. This risk has been re-scored to its target score and the Quality Committee has therefore recommended the risk for archive, with re-escalation in 2018/19 as necessary.

Archived risks

None.

Exceptions – overdue risk treatment action points

- Risk 11 – *Risk that the CWP workforce may not have sufficient capability (capacity, confidence, competence) to deliver place-based, person-centred care*. There is one overdue action, which was scheduled for discussion at the People and Organisational Development Sub Committee meeting on 19 March 2018. The Quality Committee has also requested an in-depth position be presented, at its meeting in May, of current controls, assurances, gaps and mitigation plans against this risk as it applies to the recruitment strategy and the quality impact of gaps in its operationalisation.

Exceptions – other matters

The annual review of the Board Assurance Framework by the Trust's internal audit function has returned a **significant assurance** opinion over the period of 2017/18.

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

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

Who/ which group has approved this report for receipt at the above meeting?	Board of Directors – business cycle requirement
Contributing authors:	S Christopher, D Wood

Distribution to other people/ groups/ meetings:

Version	Name/ group/ meeting	Date issued
1	Board of Directors	21/03/2018

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

Appendix no.	Appendix title
(attachment to agenda email)	BAF and Risk Register WORKING.xlsm

Cheshire and Wirral Partnership NHS
NHS Foundation Trust

AUDIT COMMITTEE – 6 March 2018

CHAIR'S REPORT

The following is a summary of issues discussed and any matters for escalation from the 6 March 2018 meeting of the Audit Committee:

Internal Audit progress update
Three recently completed audits were reviewed by the Audit Committee, all of which attained significant assurance. These were:

- Controlled Drugs
- Cost Improvement Programme
- Core Financial Systems

In addition, the Committee received and noted the findings from a number of Quality Spot Checks where the level assurance attained ranged from Limited to High. A number of recommendations were identified within each team, primarily relating to cleanliness, disrepair and the management of local risks. The areas identified of high risk included Cherry Ward, Greenways Learning Disabilities Unit and Oaktree Ward.

The Committee debated at the length these findings and placed on record their considerable concern about the issues raised relating specifically to inpatient ward management which they concurred should be considered as a matter of potential risk for the Trust. The Committee also noted that it was not sufficiently assured by some of the management responses.

The draft internal audit plan for 2018/19 was presented to the meeting and it was agreed the approval would be deferred to May meeting, pending review by the Operational Board in March 2018.

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 Committee was asked to note the recent publication of the additional Quality Accounts guidance relating to the mandatory indicator. It was confirmed that as a result of this guidance, IAPT would automatically become the Trust's third indicator to be tested this year.

Assurance was provided that the pre-audit work undertaken during February had only raised a few minor issues, all of which were expected to be resolved.

Strategic Risk Register and Board Assurance Framework
The Committee reviewed the changes to the risk register and assurance framework.

Governance Matters
The Audit Committee noted the minutes and/ or chair's reports from the Quality Committee and the Operational Board.

It was agreed that that in view of the absence of the Chair of the Quality Committee the previously scheduled effectiveness review of the Audit Committee which was being facilitated by MIAA would be deferred until the May meeting.

The review of the Terms of Reference was similarly deferred until the May meeting so that this could be considered in the context of the wider Governance Framework review being undertaken by the Head of Corporate Affairs to reflect the Trust's restructuring into care groups.

Specific matters for escalation to the Board of Directors

1. **Outcome of Quality Spot Checks of Inpatient Services**
   The Committee recommended that the outcome of the recent Quality Checks undertaken by Internal Audit should be escalated to the Executive Team for immediate attention with a view that the necessary assurance would be provided tin due course to the Board. In addition, the Committee also requested that limited scope Quality Spot Checks be performed by Internal Audit across all inpatient areas in approximately six months' time.

   The Committee reflected that yet again lapses in ward management had been brought to its attention.

Edward Jenner
Chair of Audit Committee

14 March 2018

Cheshire and Wirral Partnership NHS
NHS Foundation Trust

CHAIR'S REPORT – QUALITY COMMITTEE 7 MARCH 2018

The following issues and exceptions were raised at the Quality Committee, which require escalation to the Board of Directors:

- **Primary care streaming model**
  The Quality Committee received a presentation from the Clinical Services Manager for Urgent Care on the primary care streaming model of care that operates between CWP and the Countess of Chester Hospital NHS Foundation Trust as part of an Urgent Treatment Centre (UTC) format, as mandated by NHS England. Within the new model, clinical streaming is conducted by the Emergency Department, who stream people with primary care conditions to the UTC. Here, CWP nurses assess patients face-to-face, using evidence-based clinical decision criteria to facilitate safe and effective referral to primary care clinicians at a range of locations across the West Cheshire footprint. This can include referral to the local GP out of hours service provider; as this includes North Wales, this requires review to ensure clinical risks and commissioning arrangements for people not registered with West Cheshire GPs is being managed appropriately. The clinical responsibility and operational management of streaming, triage and treatment within the UTC is outlined in a Memorandum of Understanding (MoU), however since this new service model was implemented and demand at the time was unknown, the MoU has not been reviewed formally. The Quality Committee asked that a plan to do so be developed to ensure that the Trust has clear controls, assurances and risk treatment plans in place to assure of effective mitigation of current clinical, operational and financial risks. This plan will also be extended to include a review the effectiveness of the current model of care, with all stakeholders, to ensure that care delivery and the care pathway is based on "what good care looks like".
  The senior clinical and operational leadership team are developing a mitigation plan, to be reported to the next meeting of the Quality Committee, with a target date for resolution of July 2018.

- **Assurance in response to concerns raised and escalated – Meadowbank ward**
  The Quality Committee received assurance of the Trust's response to a concern raised in February 2018, via the whistleblowing route, with the Care Quality Commission. The issues raised were predominantly around perceived concerns around the safety of staffing levels (impacted on by sickness) and adequacy of response to increasing complexity of patient need. The Quality Committee went on to discuss this index issue as a common theme about poor communication between local management and staff impacting on ineffective resolution of concerns raised, that has been identified from other sources of feedback (e.g. patient safety culture surveys).
  The Quality Committee has requested that a plan be developed to promote raising concerns locally and via the Freedom to Speak Up route, including how this can be enabled via organisational development activities and the work of the PALS team.

- **National Confidential Inquiry into Suicide and Homicide (NCISH) – "Safety Scorecard"**
  CWP has received a safety scorecard – its relative position regarding indicators that relate to the work of NCISH compared with other mental health providers. The Trust has been asked to identify any potential quality improvement (QI) work arising from this benchmarking data, with the Quality Committee agreeing to endorse current QI work around effective crisis and contingency within person-centred care planning.
  The NCISH has asked for feedback on the safety scorecard – CWP's feedback will be that it can be improved by ensuring consideration of not just mental health providers, using a longitudinal and consistent reporting timeframes, and by not using indicators that have potentially significant variation within and across trusts.

- **Quality Account quality improvement priorities 2018/19**
  The annual quality improvement priorities have this year been identified based on where local issues reflect and relate to national imperatives. Consultation has taken place with CWP Governors and the Patient Safety and Effectiveness Sub Committee, which includes representation of the patient and carer experience agenda.
  The Board will later be asked to approve the full Quality Account as part of the annual report 2017/18.

Lucy Crumplin
Non Executive Director/ Vice Chair of Quality Committee