



Meeting of the Foundation Trust Board of Directors

Wednesday 26th November at 1.00pm

Boardroom, Redesmere, Countess of Chester Health Park

Item no.	Title of item	Objectives/desired outcome	Process	Item presenter	Time allocated to item
14/15/66	Apologies for absence	Receive apologies	Verbal	Chair	1 min (1300)
14/15/67	Declarations of interest	Identify and avoid conflicts of interest	Verbal	Chair	1 min (1301)
14/15/68	Minutes of the previous meeting held 24th September 2014	Confirm as an accurate record the minutes of the previous meetings	Written minutes	Chair	3 mins (1302)
14/15/69	Matters arising and action points	Provide an update in respect of ongoing and outstanding items to ensure progress	Written action schedule and verbal update	Chair	5 mins (1305)
14/15/70	Business Cycle 2014/15	Confirm that agenda items provide assurance that the Board is undertaking its duties	Written Report	Chair	2 mins (1310)
14/15/71	Chair's announcements	Announce items of significance not elsewhere on the agenda	Verbal	Chair	5 mins (1312)
14/15/72	Chief Executive's announcements	Announce items of significance not elsewhere on the agenda	Verbal	Chief Executive	5 mins (1317)

Item no.	Title of item	Objectives/desired outcome	Process	Item presenter	Time allocated to item						
Assurance: Quality/ Effectiveness/ Experience/ Safety											
14/15/73	Corporate Assurance Framework and Risk Register	To approve current Corporate Assurance Framework and Risk Register	Written Report	Medical Director	10mins (1322)						
14/15/74	Daily Ward Staffing Levels	To note the daily ward staffing levels for October 2014	Written Report	Director of Nursing, Therapies and Patient Partnership	10 mins (1332)						
14/15/75	Q2 Infection, Prevention and Control report	To note the Q2 Infection, Prevention and Control report	Written Report	Deputy Director of Nursing	10 mins (1342)						
14/15/76	Q2 Quality Report	To note the Q2 Quality Report	Written Report	Medical Director	10 mins (1352)						
		Performance									
14/15/77	Board Performance Dashboard - October 2014	Review Trust performance	Written Report	Director of Operations	15 mins (1402)						
		Strategy									
14/15/78	Research Annual Report 2013/14	To note the Annual Report 13/14	Written Report	Medical Director	10 mins (1417)						
14/15/79	Wirral Vision 2018 Board update	To note the Vision 2018 update	Written Report	Chief Executive/ Service Director, Wirral	15 mins (1427)						
14/15/80	CWP Social Values and 6 Cs	To note the social values and 6 Cs update	Presentation	Director of Nursing, Therapies and	10mins (1442)						

Item no.	Title of item	Objectives/desired outcome	Process	Item presenter	Time allocated to item
				Patient Partnership	
		Assurance: Governance			
14/15/81	Provider Licence Compliance Assessment	To note the provider licence compliance assessment	Written Report	Medical Director	10 mins (1452)
14/15/82	Review of risk impacts of items discussed	Identify any new risk impacts	Verbal	Chair	5 mins (1502)
14/15/83	Any other business	Consider any urgent items of other business	Verbal or written	Chair/ All	5 mins (1507)
14/15/84	Review of meeting	Review the effectiveness of the meeting (achievement of objectives/desired outcomes and management of time)	Verbal	Chair/All	2 mins (1512)
14/15/85	Date, time and place of next meeting: Wednesday 28th January 2015 1.00pm at Redesmere Boardroom.	Confirm arrangements for next meeting	Verbal	Chair	2 mins (1514)



Cheshire and Wirral Partnership **NHS**

NHS Foundation Trust

Minutes of the Board of Directors Meeting Wednesday 24th September 2014, Boardroom, Redesmere commencing at 1.00pm

PRESENT	David Eva, Chair	
	Sheena Cumiskey, Chief Executive	
	Fiona Clark, Non-Executive Director Lucy Crumplin, Non-Executive Director	
	Avril Devaney, Director of Nursing	
	Ron Howarth, Non-Executive Director	
	Mike Maier, Non-Executive Director	
	Rebecca Burke Sharples, Non-Executive Director	
	Dr Anushta Sivananthan - Medical Director	
	Andy Styring, Director of Operations	
	Tim Welch, Director of Finance	
IN	Devid Harris Director of Worldones and Organizational Development	
ATTENDANCE	David Harris, Director of Workforce and Organisational Development Louise Hulme, Head of Corporate Affairs (inc.CoSec)	
ATTENDANCE	Maria Nelligan. Deputy Director of Nursing and Director of Infection Prevent	ion and
	Control (for item/ 14/15/51 and 53)	lion and
	Amanda Miskell, Head of Infection, Prevention and Control (for item 14/15/5	53)
	, , , , , , , , , , , , , , , , , , , ,	,
	Brian Green, West Cheshire CCG	
	Derek Bosomwoth, Public Governor	
	Anna Usherwood, Public Governor	
APOLOGIES	Dr Faouzi Alam, Medical Director, Effectiveness & Medical Workforce	
AI OLOGILO	Dr Jim O'Connor, Non-Executive Director	
	MINUTES	ACTION
14/15/42	WELCOMES AND APOLOGIES FOR ABSENCE	
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14/15/45	MATTERS ARISING AND ACTION POINTS	
	All actions had been completed. It was agreed that action 14/15/08 could be closed as the CIP programme is being overseen by the Operational Board.	
14/15/46	BOARD MEETING BUSINESS CYCLE 2014/15	
	The business cycle for 2014/15 was noted.	
14/15/47	CHAIR'S ANNOUNCEMENTS	
	The Chair announced that:	
	Top results for CWP in CQC mental health community survey CWP has achieved top results in the Care Quality Commission survey of mental health community services. CWP achieved the highest Trust score in four of the nine areas covered in the survey – more than any of the other 56 Trusts who took part in the survey. The Trust also achieved the highest number of questions with a 'better than expected' score, with a total of 11. This item would be covered in more detail later in the meeting.	
	Annual Members' Meeting/Best Practice Event CWP's Annual Members' Meeting and Best Practice showcase event will take place on Tuesday 30 September at Crewe Alexandra Football Stadium.	
	CWP has won contract for drug and alcohol services in East Cheshire East Cheshire Council has appointed CWP as the lead provider of a new integrated Drug and Alcohol Service in Cheshire East from 1 October 2014.	
	BMJ Quality licences – working towards #CWPZeroHarm September sees the start of an exciting project as part of the #CWPZeroHarm campaign. 100 British Medical Journal (BMJ) Quality licences have been funded by the Adult Autism Spectrum Disorder (ASD) Service, supporting staff to undertake a quality improvement project which will be published within the global BMJ Quality Improvement Reports.	
13/14/48	CHIEF EXECUTIVE'S ANNOUNCEMENTS	
	Sheena Cumiskey announced that:	
	A consultation on podiatry services provided in west Cheshire has been proposed by West Cheshire CCG. The Board have agreed to take forward with the CCG.	
	CWP have been shortlisted for an award for the Open Minded website	
	The Trust has full CQC compliance following the receipt of two final	

reports on the Out of Horus service and for Bowmere Hospital. Sheena Cumiskey also advised on benchmarking work being undertaken nationally on understanding how services are benchmarked in certain areas and linking staffing and number of beds to the population needs. The outcome of this work will be reported to the November Board meeting.

14/15/49

BOARD ASSURANCE FRAMEWORK AND RISK REGISTER

Dr Anushta Sivananthan presented the report and highlighted the following key issues.

- Audit Committee undertook a follow up review on the slips, trips and falls risk. This risk will stay at its current score.
- The Audit Committee will undertake an in-depth review on the CARSO risk at the October meeting.
- The Quality Committee continue to scrutinise the risk register and agree any new risks and risks to be archived.

A discussion ensued regarding the mandatory training risk and the Board's assurance on the strength of the risk treatment plan. Dr Anushta Sivananthan commented on the work currently being undertaken by CWP education to identify exactly what is required by mandatory training and the current work to streamline training processes and the development of rolling half days and other ways of engaging staff in undertaking training.

Ron Howarth queried whether there was any way of identifying whether the changes to salary increments have had an impact on training levels. Avril Devaney commented that it is possible to look at the impact; however it is important to bear in mind that this only impacted on a proportion of Trust staff as a significant proportion are not eligible for increments.

The Board **resolved** to **note** the report.

14/15/50

EMERGENCY PLANNING ANNUAL REPORT 2013/14

Andy Styring introduced the report and informed the Board that in 2013/14, there had been significant changes to the emergency planning team. The team now sits in CWP West under Service Director, Julie Critchley.

The Annual Report 2013/14 makes reference to some of the initial learning from the Saddlebridge incident although this was in 2014/15. There were no major incidents in 2013/14.

A discussion ensued regarding the minimum exercises that the Trust is required to undertake as part of emergency preparedness. It was noted that there is a commitment required from partners to enable these exercises to be undertaken. Andy Styring commented that providers are collaborating more and that the Trust has close working relationship with other mental health providers but there are on-going changes in NHS England. It was noted that the support from NHS England arising from Saddlebridge incident has been very good.

The Board of Directors **resolved** to **note** the report.

(Maria Nelligan joined the meeting)

14/15/51

DAILY WARD STAFFING LEVELS

The Chair welcomed Maria Nelligan to the meeting. Maria Nelligan reminded the Board that a Programme Board is in place to monitor the recruitment plan and this is now progressing.

Highlighting the key areas of the report, Maria Nelligan advised that Alderley currently has a higher staffing compliment that is due to the displaced staff from Saddlebridge staff working there. Juniper ward currently does not have enough registered nurses, but recruitment has taken place and these individuals are due to take up post shortly.

Maria Nelligan advised that there had been an increase in 1.4% in registered nurses on daytime sifts, and a 1.2% increase of registered nurses on nightshifts. There has been a slight decrease in Clinical Support Workers.

Maria Nelligan advised that the next full staffing review will be undertaken in October 2014 and this will provide further detailed analysis in term of any staffing gaps and the impacts of this.

Ron Howarth queried the impact of staff sickness rates and queried whether it is possible to accelerate the recruitment process. Maria Nelligan advised that the Programme Board are looking at this. Recruitment is taking place but at the same time, existing staff are moving on to new posts.

Rebecca Burke-Sharples queried how factors such as patient acuity are considered in relation to staffing needs. Maria Nelligan commented that this aspect was covered in the original ward review and this will be revisited again in November when this review is redone. This will allow further discussions on thresholds and will be picked up by the Quality Committee.

The Board **resolved** to **note** the report.

14/15/52

PLACE REPORT

Andy Styring presented the PLACE report. The assessment has highlighted some areas with low scoring. Andy Styring advised that action plans are in place for all issues to make improvements in these areas and to understand the impact of these scores on patients.

A discussion ensued regarding some of the areas with a red rating and the criteria and thresholds for the scoring. It was noted that the PLACE inspections inform the unannounced inspection schedule and the scoring feeds into the preparation information for unannounced inspections allowing the team to look at lines of enquiry.

A discussion ensued regarding the scoring of the Greenways unit in particular and the need to follow up on the issues identified with the

management team. Andy Styring confirmed that he is in the process of doing this.

Mike Maier commented that at a recent unannounced inspection he was involved in, there was a feeling of resignation from some staff about the length of time it can take for Estates to fix or undertake certain maintenance. It was agreed that Andy Styring will take these issues forward including the timeliness of repairs.

The Board **resolved** to **note** the report.

(Amanda Miskell joined the meeting).

14/15/53

Q1 INFECTION, PREVENTION AND CONTROL REPORT

The Chair welcomed Amanda Miskell to the meeting. Amanda Miskell highlighted the key areas of the report. Q1 saw an increase in Clostridium difficile case. A stakeholder meeting was held and work was undertaken to analyse the cases. All were deemed to be isolated cases in western Cheshire.

It was noted that the TB annual report for 2013/14 was detailed within the Q1 report.

The Board were informed that the new IPC contract commences implementation from 1st October 2014 which will extend the west Cheshire work across the Vale Royal area. Meetings are being held with commissioners on a monthly basis to plan the work. Contacts due to be signed shortly and contract outcomes are being negotiated. This work is felt to be progressing well.

It was also noted that Maria Nelligan presented at an IPC conference in Glasgow showcasing CWP's IPC work. The Board congratulated Maria on this work.

The Board **resolved** to **note** the report.

(Amanda Miskell and Maria Nelligan left the meeting)

14/15/54

LEARNING FROM EXPERIENCE TRIMESTER 1 REPORT

Avril Devaney presented the report which is the first report for 2014/15. There has been an increase in incident reporting of 5.9%. Category B and C incidents have reduced with an increase in lower harm incidents. We cannot conclude too much from this at this stage but we can note that this is a positive direction of travel.

Avril Devaney reported that medicines management incidents have decreased due to additional work undertaken in east Cheshire and Wirral localities.

There has also been a 55% reduction in incidents involving managing challenging behaviour which is pleasing.

Rebecca Burke Sharples commended the report and the range of the information included. The Board were reminded that the full Learning from

Experience report is presented to the Quality Committee. The Board **resolved** to **note** to the report. 14/15/55 **QUALITY REPORT Q1** Dr Anushta Sivananthan introduced the report and highlighted the following key areas: The Trust quality priorities are set as part of the planning cycle. The human factors training continues to be well received by staff. Substance misuse work with GPs to improve outcomes for patients is being undertaken and is recognised locally as good practice. Norman Lamb visited west integration team to look at integration of mental health and physical health teams. The Stein Centre recently achieved a Merseyside recovery award. The Board **resolved** to **note** the report. CQC COMMUNITY MENTAL HEALTH SURVEY 2014 PRESENTATION 14/15/56 Avril Devaney presented the Board with the outcomes of the 2014 CQC mental health survey. The Trust had received outstanding results which were published on the 18th September. CWP achieved the highest trust score in the whole country and scored the highest in 4 of the 9 areas and also achieved the highest number of questions with a better than expected score. The survey response rate was 31% which is 1% above the national average. The Trust received top scores on crisis care, providing patient care and for overall service experience. Feedback from the survey included comments from patients and service users and carers. There were some areas for improvement identified in the survey. One of which was the high proportion of service users who have been on caseload for 10 or more years. This was one of the drivers for the Community Services Improvement Programme and the Trust has made efforts to try and resolve this issue. Avril Devaney informed that locality action plans are being developed to identify improvements and this will be linked to zero harm campaign. The Medicines Management Group will pick up on medicines findings. Service Directors will report improvements to Operational Board. David Eva commented that the Trust had performed well in the area of the survey assessing how people obtain help with both physical and mental health issues and demonstrates the Trust's integrated approach to delivering services.

Head of Corporate Affairs DRAFT

The Board **resolved** to **note** the presentation and the survey results.

14/15/57

CORPORATE PERFORMANCE REPORT

Tim Welch presented the report and highlighted key areas.

Fiona Clark queried the number of people waiting for physical health services and the services they require. Tim Welch advised that the figures are combined figures for all services where there are waiting times, rather than specifically pertaining to a certain service.

Ron Howarth commented that there appears to be a consistent decline in terms of some targets, specifically the CPA target and queried the escalation process. Tim Welch reported that enhanced monitoring is undertaken and this can involve daily reporting should this be needed. Information is also being provided to Clinical Directors earlier than previously.

Ron Howarth -commented that the west Cheshire contract is not yet signed. Tim Welch advised that there is no particular issue with this and the Trust is progressing this with the CCG.

The Board resolved to **approve** the report and work programmes.

14/15/58

MANIFESTO FOR BETTER MENTAL HEALTH

Sheena Cumiskey introduced the recently issued manifesto for better mental health. The manifesto sets out five key areas including ensuring fair funding, ensuring children have a good start in life, prenatal and perinatal care, Improving access to physical health services for those with mental health conditions and reducing the risk of premature deaths which is thought to be around 50 years of age at this time.

It was agreed that there is a need to highlight the issues raised by the manifesto to local stakeholders and other partners.

Action: Letters to be sent to chairs of CCGs, Health and Well-being Boards and other key stakeholders to highlight the key messages and the 5 key priorities set out in the manifesto

Action: Communications team to look at the manifesto and the key message arising from this and develop a targeted campaign on promoting key messages.

The Board **resolved** to **note** the report.

14/15/59

REVISED CORPORATE GOVERNANCE MANUAL AND COMMUNICATION PLAN

Tim Welch presented the report and highlighted the key changes made to the Corporate Governance Manual. These revisions had been approved by the Audit Committee at their meeting in September 2014.

The Board were informed that a communications plan will be

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14/15/60	implemented to support the re-launch of the corporate governance manual to ensure all managers are aware of the policies and the need for compliance. The Board resolved to approve the revised Corporate Governance Manual. REGISTER OF INTERESTS - DIRECTORS AND GOVENORS Louise Hulme introduced the registers for Directors and Governors interests. The Board resolved to note the Registers of Interests for Governors and	
14/15/61	Directors. EQUALITY AND DIVERSITY UPDATE	
	 Avril Devaney introduced the report and highlighted the key issues from the report. These included: The Trust is compliant with the requirements of the Equality Act and CCG equality and diversity requirements. Responsibility for equality and diversity is embedded at locality level with a small corporate resource in support. 	
	A discussion ensued regarding the importance of equality and diversity issues and the need for the Trust to demonstrate best practice and to ensure we can meet the needs of the people that we serve in the community and to be as representative of our populations as we can, especially through management structures.	
	The Board resolved to note the report.	
14/15/62	REVIEW OF RISK IMPACTS OF ITEMS DISCUSSED There were no further risk areas identified.	
14/15/63	ANY OTHER BUSINESS	
	There were no further items of business raised.	
	The Chair involved comments from the public gallery. Anna Usherwood, Lead Governor informed the Board that she had attended the West Cheshire CCG Annual General Meeting at which two CWP cases had been raised where patients had received a negative experience. Avril Devaney commented that she was aware of the cases. It was also noted that the AGM had also referenced the positive survey results from the CQC.	
	David Eva extended his thanks to the out-going governors following the recent election.	
	It was agreed that the Boards recognition and thanks regarding the CQC	

	survey results should be extended to staff.	SC/LH
	Action: Letter to be written on behalf of the Board to team managers to congratulate and thank them for the impressive CQC survey results.	
14/15/64	REVIEW OF MEETING	
	All agreed the meeting had been effective.	
14/15/65	DATE, TIME AND PLACE OF NEXT MEETING	
	Wednesday 26th November 2014, Boardroom, Redesmere.	







Action points from Board of Directors Meetings 26th November 2014

Date of Meeting	Minute Number	Action	By when	By who	Progress Update	Status
24.9.14	14/15/58	MANIFESTO FOR BETTER MENTAL HEALTH Letters to be sent to chairs of CCGs, HWB boards and other key stakeholders to highlight the key messages and the 5 key priorities set out in the manifesto.	October 2014	DE/SC		In progress
24.9.14	14/15/58	MANIFESTO FOR BETTER MENTAL HEALTH Communications team to look at the manifesto and the key message arising from this and develop a targeted campaign on promoting key messages.	November 2014	AD	Key areas of manifesto are being integrated into communications and engagement strategy.	Completed
24.9.14	14/15/63	ANY OTHER BUSINESS Letter to be written on behalf of the Board to team managers to congratulate and thank them for the impressive CQC survey results.	October 2014	SC/LH		Completed

Cheshire and Wirral Partnership NHS Foundation Trust Board of Directors meeting Business Cycle 2014/15



Cheshire and Wirral Partnership
NHS Foundation Trust

No:	Agenda Item	Executive Lead	30/04/2014 Seminar	28/05/2014	25/06/2014 Seminar	30/07/2014	24/09/2014	29/10/2014 Seminar	26/11/2014	18/12/2014 Seminar	28/01/2015	25/02/2015 Seminar	25/03/2015
1	Chair's announcements	Chair		٧		٧	٧		٧		٧		٧
2	Chief Executive announcements	Chief Executive		٧		٧	٧		٧		٧		٧
					Matters for Di	scussion /Boar	d Action						
					Assuranc	e Quality / Safe	ety						
	Receive Quarterly Infection Prevention Control Reports	Director of Infection Prevention and Control		Qtr 4 13/14			Qtr 1 14/15		Qtr 2 14/15		Qtr 3 14/15		
	Director of Infection Prevention and Control Annual Report 2013/14 inc PLACE	Director of Infection Prevention and Control				٧							
	Safeguarding Children Annual Report 2013/14	Director of Nursing, Therapies and Patient Partnership				٧							
	Safeguarding Adults Annual Report 2013/14	Director of Nursing, Therapies and Patient Partnership				٧							
	Accountable Officer Annual Report inc. Medicines Management 2013/14	Medical Director Compliance Quality and Regulation				٧							
	Health and Safety Annual Report and Fire 2013/14 link certification	Director of Nursing, Therapies and Patient Partnership				٧							
	Receive Appraisal Annual Report 2013/2014 and declaration of medical revalidation	Medical Director of Effectiveness and Medical Workforce				٧							
	Implemtation of service redesign programmes	Director of Operations					٧						٧
	Implemetaton of Trust Clinical Strategy	Director of Operations					٧						٧
	Emergency Planning Annual Report 2013/14	Director of Nursing, Therapies and Patient Partnership					٧						
	Avoidable Harm / Zero Harm strategy reporting										٧		
14	Monthly Ward Staffing update					٧	٧		٧		٧		٧
	Care Quality Commission Registration Report	Director of Finance									٧		

16	Approve Integrated Governance Framework	Medical Director Compliance Quality and Regulation			Accurance	undian / Effecti					٧
17	National Annual Patient Survey Report 2013/14- Action Plan	Director of Nursing, Therapies and Patient Partnership			Assurance C	uality / Effecti	veness				
18	Single Equality Scheme	Director of Nursing, Therapies and Patient Partnership					٧				٧
19	Receive and Approve Quarterly Monitor returns (to include licence compliance and quality governance assessment)	Director of Finance	Q4 13/14			Q1 14/15		Q2 14/15		Q3 14/15	
20	Strategic Risk Register and Assurance Framework	Medical Director Compliance Quality and Regulation		٧		٧	٧		٧	٧	٧
21	Receive Research Annual Report 2013/14	Medical Director Effectiveness Medical Education and Medical Workforce							٧		
					E	xperience					
22	Receive Quarterly Quality Reports	Medical Director Compliance Quality and Regulation		Qtr 4 13/14			Qtr 1 14/15		Qtr 2 14/15	Qtr 3 14/15	
23	Receive Learning from Experience Report	Director of Nursing, Therapies and Patient Partnership	Trimester 3 (13 /14)				Trimester 1 (14/15)			Trimester 2 (14/15)	
					Strate	gy and Plannin	g				
24	Monitor Operational Plan 2015- 2017	Director of Finance									٧
25	Monitor Strategic Plan 2014-2019	Director of Finance			V						
					Assura	nce Governanc	e				
26	Appointment of Board Deputy Chair and Senior Independent Director	Chair					٧				
27	Declarations of Interest: Directors and Governors	Chair					٧				
	CEO /Chair Division of Responsibilities	Chair									٧
	BOD Business Cycle 2014/15	Chair		٧		٧	٧		٧	٧	٧
30	Approve BOD Business Cycle 2015/16	Chair									٧

3	1 Review Risk impacts of items	Chair/All						
			٧	٧	٧	٧	٧	٧





(Document Reference 2014/15/73)

Report to: Board of Directors

Date of meeting: 26 November 2014

Title of report: Strategic risk register/ corporate assurance framework update

Action sought: For DISCUSSION & APPROVAL

Author: David Wood, Associate Director of Safe Services

Presenting Executive: Dr Anushta Sivananthan, Medical Director

(Quality, Assurance & Compliance)

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

SO1. Deliver high quality, integrated and innovative services that improve outcomes

SO2. Ensure meaningful involvement of service users, carers, staff and the wider community

SO3. Be a model employer and have a caring, competent and motivated workforce

SO4. Maintain and develop robust partnership with existing and potential new stakeholders

SO5. Improve quality of information to improve service delivery, evaluation and planning

SO6. To sustain financial viability and deliver value for money

SO7. To be recognised as a an open, progressive organisation that is about care, well-being and partnership

Distribution

Version	Name(s)/Group(s)	Date Issued
1	D Wood to L Hulme for Board of Directors	18.11.2014

1. Purpose of the report

To apprise the Board of Directors of the current status of the corporate assurance framework and strategic risk register, as per the requirements of the Trust's integrated governance strategy.

2. Summary

The following report indicates controls and assurances and progress against the mitigating actions identified against risks to the Trust's strategic objectives. The Quality Committee is the designated committee for risk management operationally and last reviewed the strategic risk register at its meeting on 5 November 2014. The Audit Committee, at its September 2014 meeting, received assurances on the management of the 'CARSO [clinical risk assessment]' risk.

3. Current status

3.1 Strategic risk register

Description of the risk	Residual risk rating July 2014	Residual risk rating Sept 2014	Residual risk rating Nov 2014	Risk score since last review	Summary risk treatment plan
Risk of harm to patients due to lack of staff competency to manage changing physical conditions	20	20	20		 The 4 March 2014 meeting of the Audit Committee undertook an in-depth review and agreed a target risk score of 15 to be achieved by January 2015. The 19 June 2014 Patient Safety and Effectiveness Sub Committee received assurances on progress towards the target risk score from the physical healthcare network group and requested that it strengthen the controls and assurances in managing this strategic risk by: Benchmarking CWP position, in relation to outcomes and performance against NICE guidance, with other mental health trusts in the region. Developing an assurance framework as a priority. Ensuring seamless linkage with the national "improving physical healthcare to reduce premature mortality in people with severe mental illness" CQUIN scheme. Patient Safety & Effectiveness Sub Committee 16 October received update report – physical healthcare assurance framework and benchmarking in development. A view will be taken at December 2014 sub committee meeting whether the target risk score is on track

Description of the risk	Residual risk rating July 2014	Residual risk rating Sept 2014	Residual risk rating Nov 2014	Risk score since last review	Summary risk treatment plan
					for January 2015.
Lack of robust ligature management programme within the Trust may result in harm to patients with associated reputational and financial impact on the organisation	20	20	20		 Board approved capital programme in place. Updates provided to September 2013 Quality Committee and November 2013/ January 2014 Operational Boards. Further action agreed regarding the en suite door top alarm systems and clinical risk management of dressing gown cords. January 2014 Operational Board agreed to expedite the timeframes for completion of these installation works in response to regulation 28 report [August, September and October 2014 for the high, medium and low priority areas respectively]. It agreed to increase the likelihood score to 4 due to the known residual environmental risk, increasing the current residual risk score to 20. This was also agreed with the CQC. All works were completed October 2014. Scoping the operationalisation of the use of HoNOS score 4 for self harm risk and/ or sudden new or sudden emergence of known risk factors to self. As per zero harm plans, this will also raise the profile and effectiveness of CARSO, HoNOS and care planning as key elements in safety and quality – facilitating the recording of outcomes and use of outcome measures to support clinical care.
Risk of harm to patients and staff due to staffing levels across inpatient services in the three localities	16	20	20	\longleftrightarrow	 Position statement prepared by the Associate Director of Nursing [Mental Health] and DIPC on current staffing levels, including safety and skill mix across all professional types, benchmarked against other trusts presented to Operational Board in October 2013. A review team was established with

Description of the risk	Residual risk rating July 2014	Residual risk rating Sept 2014	Residual risk rating Nov 2014	Risk score since last review	Summary risk treatment plan
					external input and undertake a review to consider staffing levels identified by ward managers and modern matrons, use of bank and financial impact of this and rostering issues. Review was presented to Operational Board in January 2014 which approved, in principle, the operational recommendations. Review was noted at March 2014 meeting of the Quality Committee for qualitative recommendations. Specific, immediate actions identified were presented and approved by January 2014 Board of Directors – update report subsequently provided at March 2014 meeting. Programme lead now in place and publication of staffing establishment levels on website from 1 April 2014. July 2014 Board of Directors agreed recommendation to increase residual risk score to 20 on the basis of recruitment difficulties in CWP East and new agreed inpatient staffing levels not yet fully implemented. The Quality Committee meeting on 5 November requested, for the next meeting, that the description of the risk be re-modelled to ensure that the current wording reflects the current nature of the risk.
Adults, children and young people are not protected through practitioners not implementing safeguarding practice and principles	16	16	16	+	 The risk is reviewed by Quality Committee following receipt of safeguarding exception report every two months. Discussed at November 2013 Board of Directors, with request that risk is re- modelled to reflect the focus of the risk on training. Safeguarding training targets in place in West with current consistent over- performance. Positive outcome of the West Cheshire CQC inspection of safeguarding for looked after children w/c 20 January 2014. Continuous monitoring of safeguarding

Description of the risk	Residual risk rating July 2014	Residual risk rating Sept 2014	Residual risk rating Nov 2014	Risk score since last review	Summary risk treatment plan
	4	40	40		practice through the Trust's compliance visits, safety metrics programmes, CQC visits, and practice audits. The Trust is providing the monthly safeguarding assurance framework to each CCG for both adult and children's services. Target risk score of 12 and timescale for achievement agreed as March 2015 as per corporate assurance framework.
The inability of staff to manage the occurrences of slips, trips and falls of patients, resulting in patient injury	16	16	16		 FallSafe care bundle is in place across all wards. Patient Safety and Effectiveness Sub Committee has approved a risk treatment plan to implement control measures to mitigate this risk to a target risk score. The report was in response to the findings of an external acute falls nurse specialist who undertook a review of falls prevention and management. The review found that, in general, CWP has a robust system in place for the management of slips, trips and falls however, sometimes locally these systems are not always fully implemented. Additionally, issues such as environmental improvements and training also need to be addressed at local level. Audit Committee undertook in-depth review of the risk at the January 2014 meeting. Initial risk score target of 15 agreed, however has been remodelled by the risk owner and 12 is achievable. Action plan is being implemented by a task and finish group and is reviewed routinely by the Patient Safety and Effectiveness Sub Committee. Risk subsequently re-modelled to 16 to reflect progress. Residual falls/ clinical specific actions that are outstanding were reported to the September 2014 meeting of the Audit Committee and will continue to report to the Patient Safety &

Description of the risk	Residual risk rating July 2014	Residual risk rating Sept 2014	Residual risk rating Nov 2014	Risk score since last review	Summary risk treatment plan
					Effectiveness Sub Committee. Other residual elements of this risk are being assessed for their interdependency/ placement with other strategic risks [in relation to environment and physical healthcare/ pathways]. Ongoing monitoring of proportion of harm/ no harm reporting via the Learning from Experience report.
Risk of harm to patients due to CARSO risk assessment not being completed as per policy	16	16	16	←→	 Completion and quality of CARSO risk assessments included in community safety metrics programme. Recruitment to CPA/ effective lead complete – who will look at developing care plan training and guidance, including risk assessment. This will be based on historic and recent serious incident reporting themes including those in relation to the standalone 'ligature management' risk. Recent data quality report indicates a 97% CARSO completion rate. Further assurance needed on quality of CARSO assessments prior to remodelling. The main priority is ensuring services reach and sustain over 99% completion rates. Audit on a case by case basis end quarter 3 2014/15 where no completed CARSO summary to understand what might be the individual clinician or managerial issues preventing completion. September 2014 Quality Committee agreed a target risk score of 12 and timescale for achievement. The Audit Committee received an in-depth review of this risk at its November 2014 meeting and noted the risk treatment plan.
Risk of not being able to deliver safe and effective services due to inadequate attendance on mandatory training. This may result in harm to patients, litigation claims and breach of legislation.	16	16	16	←→	 A review of the Trust's training strategy has been undertaken following corporate services review and follows planning priorities and links to response to Francis and Berwick reports and CWP always events framework. Revised mandatory employee learning

Description of the risk	Residual risk rating July 2014	Residual risk rating Sept 2014	Residual risk rating Nov 2014	Risk score since last review	Summary risk treatment plan
Data quality may have an adverse impact on external (regulatory, contractual) monitoring and governance ratings and on effective internal decision making regarding service planning and development	16	16	16	•••	programme presented and approved by October 2013 Operational Board. 2014 dashboard reports have identified improvements in MEL compliance Trustwide. Workforce and Organisational Development Sub Committee has adjusted Essentials 1 target to 85% to take into account turnover and other absences – discussed at September 2014 Quality Committee and recommended that a stepped/ stretch targets be agreed over a longitudinal period to encourage a continuous improvement focus on this risk. The Audit Committee has requested that this be subject to an in-depth review at its meeting in January 2015. Data quality improvement framework being consulted on – better use of information is detailed in the five year strategic plan. An external audit regarding the processes and systems associated with development of the quality dashboard reported to January 2014 Quality Committee – with positive assurance. Risk was reviewed as part of Q3 2013/14 Monitor quality governance self-assessment – returned to green and remains green to-date. Quality Account external audit 2013/14 received no qualifications. Draft data quality improvement framework received at the October 2014 Operational Board re how the Trust incrementally improves data quality. For approval at November 2014 Operational Board. This is monitored as part of the quarterly Monitor quality governance framework self assessment.
Risk of adverse clinical incident or regulatory action due to dual record keeping systems (electronic and paper) and quality of recording	16	16	16	←→	The Records and Clinical Systems Group is correlating clinical systems priorities with the dual record keeping risk – also tying into review of system effectiveness and functionality.

Description of the risk	Residual risk rating July 2014	Residual risk rating Sept 2014	Residual risk rating Nov 2014	Risk score since last review	Summary risk treatment plan
Risk of harm to patients, carers	16	16	16		 A revised dual record keeping action plan was presented to the December and February 2013/ 2014 Patient Safety & Effectiveness Sub Committee meetings, for completion end March 2014. Confirmed as completed. Escalated to risk score of 16 following CQC visits to Springview in November 2013 and Bowmere in January 2014 which highlighted minor concern in respect of outcome 21 (records). Subsequently CQC have provided full assurance on compliance at Springview and Bowmere following reinspections. Updated assurance frameworks are presented to the Patient Safety & Effectiveness Sub Committee. Target risk score of 12 deferred with target date to be agreed pending confirmation of processes supporting IT enabled transformation programmes. Learning from experience report and
and staff as well as reputational and litigation risks due to a/ unable to show consistent investigation of incidents; b/ unable to show learning from actions of incidents, claims etc is cascaded; c/ unable to be assured investigations are carried out in a timely manner d/ inability to communicate in a timely manner with partners			2		always events performance will be monitored to inform risk treatment plan on an ongoing basis. Service Directors have been asked to monitor the management of actions arising from root cause analysis investigations – this is routinely monitored at the Compliance, Assurance & Learning Sub Committee. Ongoing work around improving the process around interface incidents and ensuring actions arising/ learning points are clear. Incident reporting and management policy currently under review, however a case management approach to investigation management is being introduced in the interim. A full review is deferred pending a review, as commissioned by the Executive Directors, of new ways of working to bring about better outcomes rather than addressing this risk solely through

Description of the risk	Residual risk rating July 2014	Residual risk rating Sept 2014	Residual risk rating Nov 2014	Risk score since last review	Summary risk treatment plan
Risk of breach of Trust Provider Licence as a result of external scrutiny	15	15	15	→	 adding process focussed capacity. Target risk score will then be pending discussions with commissioners regarding agreed future performance management of investigations. The CQC visited Eastway on 27 September 2013 and found the unit fully compliant against all standards. The Monitor governance rating for the Trust has returned to Green. The two minor concerns following the CQC unannounced visit to Clatterbridge mental health services registered location have returned to compliant. CQC has also confirmed compliance for Bowmere. Audit Committee undertook an in-depth review of this risk at their May 2014 meeting. Target risk score of 10 identified to achieve by December 2014. This will be informed by scheduled internal audit of the provider licence.
Risk of not being able to deliver planned financial risk rating due to incomplete CIP plans resulting in potential breach of terms of authorisation and reputational damage	12	12	12	←→	 Strengthened financial infrastructure via recruitment of locality accountants and establishment of a performance and redesign function to support tracking of CIP delivery. Board seminars in October and December 2013 considered financial projection and revised approach to CIP going forward. January and February 2014 Board received outline financial projects and plans. March 2014 Board approved operational plan including 2014/15 CIP plans. Improved process now in place, including weekly updates on CIP plans to Executive Team and also at every Operational Board meeting. Risk remodelled to take account of improvements to process. To be reviewed based on year-end position.

 $\textbf{3.2 Corporate assurance framework} \\ \textbf{The corporate assurance framework outlining controls and assurances is available at appendix 1/ T drive.}$

4. Discussion

The following are significant updates since the last review of the strategic risk register and corporate assurance framework.

4.1 New risks

The three risks identified through the strategic planning process presented to the July 2014 Quality Committee were presented by the risk leads at the November 2014 Quality Committee for approval. They are now logged on the corporate assurance framework for Board assurance purposes and the full risk treatment plans will be added to the next report of the strategic risk register.

The Board of Directors will note that the 'governance of sub contracted services' is currently in scope as a strategic risk, as reported the last meeting. Assurance mechanisms are currently being reviewed by the Associate Director of Safe Services to consider, based on the inherent risk score, whether this requires escalation to the corporate assurance framework or is being managed/ maintained at a tolerable residual risk level.

4.2 Amended risk scores or re-modelled risks

No risks have been re-scored or re-modelled.

4.3 Archived risks

The Quality Committee approved the recommendation that the risk 'Risk of harm to patients as a result of increased rate of Grade 3/4 pressure ulcers being reported and evidence of recurring themes in RCA reports relating to pressure care' be archived based on the success of the work of the pressure ulcer action group, which includes commissioner representation and positive feedback regarding the effectiveness of the control measures and assurance mechanisms that the Trust has in place – which have been shared with partner organisations. Audit results have also demonstrated that the care being delivered is evidence based and standards are continuously improving. Reporting by exception via the quality dashboards [incident reporting feeding in] and analysis within the Learning from Experience report will identify the need to re-escalate this risk to the strategic risk register. The Associate Director of Safe Services discussed this at the West Cheshire CCG contract meeting on 13 November 2014 and they were in agreement with the archive of this risk.

It was agreed at the October 2014 meeting of the Audit Committee that the 'falls' strategic risk not be archived on the basis of outstanding actions, particularly in relation to environmental risk mitigations. Once these are completed, it is expected that the falls risk be aligned to the physical healthcare risk rather than be separate to it.

4.4 Audit Committee review of the risk register

The Audit Committee reviewed the assurances from the 'CARSO [clinical risk assessment]' strategic risk at the October 2014 meeting. The Associate Director of Safe Services presented on the current status of this risk and the risk treatment plan identified to reduce the residual risk score to a target risk score of 12. The Audit Committee selected the 'Risk of not being able to deliver safe and effective services due to inadequate attendance on mandatory training' for in-depth review at its next meeting on 6 January 2015.

5. Recommendations

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

Appendix 1

Corporate assurance framework

T:\01. BoD Committees\Board of Directors\Meetings\2014\141126\Open\Appendix documents\Corporate Assurance Framework





(Document Reference (2014/15/74)

Report to: Board of Directors

Date of Meeting: 26th November 2014

Title of Report: Ward Daily Staffing Levels (October 2014)

Action sought: To Note

Author: Maria Nelligan, Deputy Director of Nursing

Presented by: Avril Devaney, Director of Nursing, Therapies and Patient Partnership

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

- SO1 Deliver high quality, integrated and innovative services that improve outcomes
- SO2 Ensure meaningful involvement of service users, carers, staff and the wider community
- SO3 Be a model employer and have a caring, competent and motivated workforce
- SO4 Maintain and develop robust partnerships with existing and potential new stakeholders
- SO5 Improve quality of information to improve service delivery, evaluation and planning
- SO6 Sustain financial viability and deliver value for money
- SO7 Be recognised as an open, progressive organisation that is about care, well-being and partnership

Distribution

Version	Name(s)/Group(s)	Date Issued
1		

Executive director sign-off

Executive director (name and title)	Date signed-off
Avril Devaney, Director of Nursing, Therapies and Patient Partnership	19 November 2014

1. Purpose

This report details the ward daily staffing levels during the month of September 2014. This 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.

2. Background

CWP undertook a comprehensive review of ward staffing levels between Oct and Dec 2013. A programme has been established to take forward the recommendations from the review including staffing levels and a programme of continuous improvement. The Director of Operations is the lead executive for the programme supported by the Director of Nursing who has overview of the Ward Staffing work stream and reports directly to the Board of Directors in line with the NQB requirements.

3. Content

The planned and actual hours for registered nurses (RN) and clinical support workers (CSWs) are compared on a ward by ward shift by shift basis for both days and nights. The template used has been supplied by NHS England for submission to UNIFY and CWP has submitted the October 2014 data before the required deadline. In addition to this data comments from the localities have been supplied in relation to any shortfalls in staffing where the staffing has fallen below 95%. Sixteen wards had staffing falling below 95% in at least one category, compared to 17 in September, 14 in August, 16 in July and 15 in June 2014.

4. Actions

CWP Ward Managers(WM) plan for adequate staffing levels on a shift by shift basis supported by Modern Matrons and Clinical Services Managers. If, however, the required levels are not achieved staff follow an escalation procedure to source additional staffing. Should this be unsuccessful staff then review and evaluate the work of the team and put in place actions to mitigate harm to patients. These measures will include reviewing the workload for the day, prioritising patient interventions, review of non-direct care and cancelling non-essential patient care activities. Additionally the Ward Manager (WM) and staff from the Multi-Disciplinary Team (MDT), such as Occupational Therapists (OT), are also available if required to support nursing staff to deliver planned care. A recruitment drive is in place to increase Registered Nurses and Clinical Support Workers in both substantive posts and the Trust Bank.

5. Recommendations to the Board of Directors

The Board of Director are recommended to note the report.

5. Data for October 2014

				Da	ay			Ni	ght			Fill R			
			Regis	tered	Care	Staff	Regis	tered	Care	Staff	Da	ay	Ni	ght	
											Average		Average		
			Total	Total	Total	Total	Total	Total	Total	Total	fill rate -		fill rate -		
			monthly	monthly	monthly	monthly	monthly	monthly	monthly	monthly	registere	Average	registere	Average	Comments
	Ward	Ward codes	planned	actual	planned	actual	planned	actual	planned	actual	ď	fill rate -	d	fill rate -	
			staff	staff	staff	staff	staff	staff	staff	staff	nurses/m	care staff	nurses/m	care staff	
			hours	hours	hours	hours	hours	hours	hours	hours	idwives	(%)	idwives	(%)	
			ilouis	ilouis	ilouis	ilouis	ilouis	ilouis	ilouis	liouis					
											(%)		(%)		
	Adelphi	RXAWK	1146.25	987.325	1333	1278.5	793.5	667	1009.5	1009.5	86.1%	95.9%	84.1%	100.0%	The multi-disciplinary team have supported the ward in maintaining safe staffing levels. Sickness and
												001011			maternity leave impacted on RN levels.
															Nursing staff have worked additional hours, the ward manager has worked within the clinical team and the multi-
	Alderley Unit	RXA72	977.5	887	1426	1360.5	713	713	1069.5	1058	90.7%	95.4%	100.0%	98.9%	disciplinary team have supported the ward in maintaining safe staffing levels. Some non-direct care nursing
															activity had to be rescheduled.
	D 111	5,7,4,1,4,7	1160 -	1000.0	4706	1.00		-	4.4.70	0.40		00 70/			The multi-disciplinary team have supported the ward in maintaining safe staffing levels. Some non-
	Bollin	RXAWK	1168.5	1098.8	1796	1593	793.5	736	1173	943	94.0%	88.7%	92.8%	80.4%	direct care nursing activity had to be rescheduled.
St															Nursing staff have worked additonal hours, the ward manager has worked within the clinical team and the multi-
Ea	CARC	DVANAU	4050	1013	053	064.5	704 5	cca	750	702	05.70/	404 40/	04.50/	402.00/	disciplinary team have supported the ward in maintaining safe staffing levels. Some non-direct care nursing
	CARS	RXAWK	1058	1012	852	861.5	701.5	663	759	782	95.7%	101.1%	94.5%	103.0%	activity had to be rescheduled. Some patient activities have had to be cancelled due to supporting staffing on
															other wards.
	Croft	RXAWK	1413	1318.5	2021	1933.5	874	839.5	1704	1616.5	93.3%	95.7%	96.1%	94.9%	The multi-disciplinary team have supported the ward in maintaining safe staffing levels.
	Greenways A&T	RXA20	1143.5	1126	1779.5	1777	713	678.5	414	448.5	98.5%	99.9%	95.2%	108.3%	*
															Nursing staff have worked additonal hours, the ward manager has worked within the clinical team and the multi-
															disciplinary team have supported the ward in maintaining safe staffing levels. Some non-direct care nursing
	LimeWalk Rehab	RXA34	1124	1115	971.5	955.5	724.5	701.5	736	716.65	99.2%	98.4%	96.8%	u / /۱%	activity had to be rescheduled. Some patient activities have had to be cancelled due to supporting staffing on
															other wards.
															Nursing staff have worked additional hours, the ward manager has worked within the clinical team to
	Brackendale	RXA54	1000.5	905.5	1046.5	1118	713	667	713	747.5	90.5%	106.8%	93.5%	111/1 8%	support the ward in maintaining safe staffing levels. Patient activities were shortened on occasions.
															Support the ward in maintaining safe starring revers. Fatherit activities were shortened on occasions.
	Lakefield	RXA54	1012	817	1035	1002	713	713	713	711	80.7%	96.8%	100.0%	99.7%	Nursing staff have worked additonal hours, the ward manager has worked within the clinical team to support the
	Lakerieiu	IXA34	1012	017	1033	1002	/13	/13	/13	/11	00.770	30.878	100.076		ward in maintaining safe staffing levels. Some activities were curtalied due to supporting staffing on other wards.
<u></u>															
Wirral															Nursing staff have worked additional hours, the ward manager and modern matron have worked
\leq	Meadowbank	RXA54	1302	761	1782	1811.5	713	391	1426	1460.5	58.4%	101.7%	54.8%	102.4%	within the clinical team to support the ward in maintaining safe staffing levels. Redployment,
															vacancies and sickness impacted on RN cover, this is expected to improve imminently.
															Nursing staff have worked additional hours, the ward manager has worked within the clinical team to
	Oaktrees	RXA54	1119	927.5	1449.5	1298.5	667	563.5	506	391	82.9%	89.6%	84.5%	77.3%	support the ward in maintaining safe staffing levels. On occasions patient activities had to be
															cancelled and some non-direct care nursing activity had to be rescheduled.
	Brooklands	RXA54	819	788	1133	1355.5	713	686.5	713	908.5	96.2%	119.6%	96.3%		
	Brooklands	100151	013	700	1133	1333.3	713	000.5	713	300.3	30.270	2231070	30.070		High level of RN vacancies impacting on RN fill rate - these are currently being recruited to. Nursing staff have
															worked additional hours, the ward manager has worked within the clinical team and the multi-disciplinary team
	Beech	RXA19	1196	897.5	770.5	1058	713	517.5	575	713	75.0%	137.3%	72.6 %	17/1 0%	have supported the ward in maintaining safe staffing levels. Some non-direct care nursing activity had to be
															rescheduled.
	Cherry	RXA19	860	822.5	1006.5	958.5	562	618.5	734.5	790	95.6%	95.2%	110.1%	107.6%	*
	,		1								,-	- /-	- 7-		
	Eastway A&T	RXA52	1207	1143.5	471.5	430.5	529	529	759	759	94.7%	91.3%	100.0%		Nursing staff have worked additional hours, the ward manager has worked within the clinical team and the multi- disciplinary team have supported the ward in maintaining safe staffing levels. Activities were shortened on
	Lustray / tot		1201	1173.3	., 1.5	.50.5	323	323	, , , ,	, 55	5-7.7/0	32.3/0	200.070		occasions and some non-direct care nursing activity had to be rescheduled.
															occasions and some non-unrecticare maising activity had to be rescheduled.
															High level of RN vacancies impacting on RN fill rate - these are currently being recruited to. Nursing staff have
West	Juniper	RXA19	1127	920	793.5	1173	713	483	356.5	678.5	81.6%	147.8%	67.7%	100 20/	worked additional hours, the ward manager has worked within the clinical team and the multi-disciplinary team
\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\															have supported the ward in maintaining safe staffing levels. On occasions activities had to be shortened.
>	Maple Ward	RXA19	908.5	897	1230.5	1230.5	437	437	989	989	98.7%	100.0%	100.0%	100.0%	
	IVIAPIE VVAIU	IVVVID	200.3	031	1430.3	1430.3	+3/	43/	202	303	30.170	100.0%	100.0%	100.0/0	
	D	DV 4 = 2	4000 -	625	606	400-	224	400 -		225			400		Nursing staff have worked additonal hours, the ward manager has worked within the clinical team and the multi-
	Pine Lodge (YPC)	RXA53	1023.5	828	989	1035	391	402.5	943	920	80.9%	104.7%	102.9%	97.6%	disciplinary team have supported the ward in maintaining safe staffing levels. Some non-direct care nursing
															activity had to be rescheduled.
	Posowood	DVA10	1058	O/E F	1654.5	1210 5	563.5	563.5	609.5	782	00 40/	70 20/	100.09/	128.3%	Activities were shortened on occasions and some non-direct care nursing activity had to be
	Rosewood	RXA19	TOOR	945.5	1034.5	1310.5	503.5	505.5	009.5	/82	89.4%	79.2%	100.0%	120.5%	rescheduled.
															The ward manager has worked within the clinical team and the multi-disciplinary team have
			713	747.5	1058	1019.5	713	586.5	713	857.5	104.8%	96.4%	82.3%		supported the ward in maintaining safe staffing levels. Some non-direct care nursing activity had to
	Willow PICU	RXA19	, 13		_000	_5_5.5	, 13	200.5	,15	337.3	10 200	33.470	32.370		be rescheduled.
		IWATS													be resulteduied.
T	rust wide		21376.25	18945.13	24599	24560.5	13453.5	12157	16615.5	17281.65	88.6%	99.8%	90.4%	104.0%	





NHS Foundation Trust

(Document Reference 2014/15/75)

Board of Directors Report to

26th November 2014 **Date of Meeting**

Director of Infection Prevention and Control (DIPC) Board Report, Title of Report

Quarter Two (July – September 2014)

Action sought For Noting

Amanda Miskell, IPC Clinical Nurse Specialist **Author**

Presented by Maria Nelligan, Director of Infection Prevention & Control

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

SO1 - Deliver high quality, integrated and innovative services that improve outcomes

SO2 - Ensure meaningful involvement of service users, carers, staff and the wider community

SO3 - Be a model employer and have a caring, competent and motivated workforce

SO5 - Improve quality of information to improve service delivery, evaluation and planning

SO6 - Sustain financial viability and deliver value for money

SO7 - Be recognised as an open, progressive organisation that is about care, well-being and partnership

Distribution

Diotribution			
Version	Name(s)/Group(s)	Date Issued	
V1	Infection Prevention & Control Sub Committee	November 10th 2014	

Executive director sign-off

Executive director (name and title)	Date signed-off
Sheena Cumiskey, Chief Executive	November 2014

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	Community Services Pathway	
	External Services Pathway	
	Recommendations	

1. The purpose of the report

Welcome to the Quarter Two, Director of Infection Prevention and Control (DIPC) report, 2014/2015. This report will give the board assurance that the IPC team is working efficiently, and is compliant with the internal and external performance reporting requests placed upon it. The successful process to secure the wider community IPC services for Western Cheshire (WCCCG) & Vale Royal Clinical Commissioning Groups (VRCCG), via Cheshire West & Chester (CWaC) Local Authority Public Health Service starts on 1st October, and this will also be discussed.

2.1 Inpatients Services Pathway

- There was one case of Clostridium difficile infection reported to the IPCT for inpatient mental health during August. The service user was being cared for on Bollin Ward. The service user developed symptoms more that 48hours post admission to inpatient services therefore a root cause analysis (RCA) was carried out in accordance with Trust policy. The outcome of the RCA demonstrated that the service user had significant underlying physical health problems that had required oral antibiotic therapy prior to admission. This incidence of Clostridium difficile infection and was therefore categorised as unavoidable. The RCA was noted at the September Infection Prevention and Control Sub Committee.
- Service user and Public Involvement: the IPCT supported the CWP "Best Practice Event" at Crewe Alexander Stadium on 30th September.
- Joint working has also continued with the Physical Health Facilitator in the Recovery Colleges in Macclesfield and Crewe, providing sessions to empower service users to take control of their physical health, by promoting hand decontamination.

2.2 External Services Pathway – New contract commencing on 1st October 2014

- Following a tendering process, CWP IPCT was successful in securing the IPC contract for all the IPC services for the wider communities, including TB, for Western Cheshire CCG & Vale Royal CCG. This is via the contract with Cheshire West & Chester Council (CWaC). This service will commence on 1st October 2014 and includes the following contractual obligations that CWP IPCT will provide:
 - Audit of all Care Homes and GP practices
 - Training accessibility for all staff in care homes and GP practices
 - Support Dentists with all IPC self-assessments
 - Respond to all advice and support requirements for schools, nurseries, hospices and optometrists
 - Manage all outbreaks across the footprint
 - Report on a regular basis

KPI's are now agreed. CWP IPCT and CWaC will hold regular meetings to review the service and data reported and the Workplan will be agreed within the first three months of the contract.

This quarter has seen three care homes closed due to outbreaks of gastrointestinal illness.
 Norovirus was confirmed by samples submitted to the laboratory from one home; no causative organism was identified for the remaining outbreaks.

2.3 Community Services Pathway

• The Pathway reports on a monthly basis to the performance team and to the PHE, for all those infections, not secondary care. There were an extraordinary amount of confirmed clostridium

Difficle infections during the month of September. The CNS coordinated a meeting with key stakeholders and an analysis of each was scrutinised. No cross infection links were identified and the surveillance continues. The CNS has updated all involved and lessons learnt from the meeting and analysis has been shared with commissioners and secondary care providers. The information is summarised in the table below:

Data for Q2 2014/15 for WCCCG							
		July	August	Sept'			
MRSA bacteraemia	Apportioned to non-acute trust and received care from CWP	0	0	0			
MRSA bacteraemia	Apportioned to non-acute trust and did not receive care from CWP	0	0	0			
MRSA decolonisation	Number of patients decolonised who are referred to the service	7	4	7			
Clostridium difficile	Apportioned to non-acute trust and received care from CWP	0	0	0			
Clostridium difficile	Apportioned to non-acute trust and did not receive care from CWP	0	3	7			
E Coli bacteraemia	Actual	12	12	16			
MSSA bacteraemia	Actual	0	2	4			
MRSA infections	Actioned	5	5	8			
ESBL infections	Actioned (Total resistant to oral antibiotics)	31 (6, 19%)	33 (8, 24%)	22 (8, 36%)			

3. Recommendations

The Board of Directors is asked to note the DIPC Quarter Two report for 2014/15.





Quality Report

Quarter 2
July – September 2014

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



The Lache Integrated Early Support Centre was visited by the Prince of Wales and the Duchess of Cornwall on a recent visit to Chester. Launched last October, the innovative Integrated Early Support (IES) has already shifted demand from social care to early support through timely multi-disciplinary problem identification, assessment and intervention.

Prince of Wales and the Duchess of Cornwall – pictured sampling food prepared by service users from the Healthy Eating Group

See page 7

Care • Well-being • Partnership

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QUALITY SUCCESS STORIES	7 8

An explanation of terms used throughout this report is available on the Trust's internet: http://www.cwp.nhs.uk/reports/1628-quality-reporting-glossar

Welcome to CWP's second Quality Report of 2014/15

These reports are produced every quarter to update staff, people who use the Trust's services, carers, the public, commissioners, internal groups, and external scrutiny groups on progress in improving quality across CWP's services, which CWP is required to formally report on in its annual *Quality Account*.



CWP's *Quality Account* 2013/14 and the previous *Quality Reports* of 2013/14 and 2014/15 are available on the Trust's internet site:

http://www.cwp.nhs.uk/ourpublications/reports/categories/431

Reporting on the quality of the Trust's services in this way enhances public involvement by strengthening the Trust's approach to listening and involving the public, partner agencies and, most importantly, acting on the feedback the Trust receives.

Quality in the NHS is split into three parts. It can mean different things to different people, for example:

Ľ	QUALITY	y
Patient safety	Clinical effectiveness	Patient experience
Being protected from harm and injury	Receiving care and treatment that will make me better	Having a positive experience
Being treated in a safe environment	Having an improved quality of life after treatment	Being treated with compassion, dignity and respect

This report is just one of many reviewed by the Trust's Board of Directors. Other reports include:

- the three times a year Learning from Experience report –
 reviews learning from incidents, complaints, concerns, claims and compliments, including
 Patient Advice and Liaison Service [PALS] contacts;
- the quarterly Infection Prevention and Control report –
 reviews the management and clinical governance systems in place to ensure that people experience care in a clean environment, and are protected from acquiring infections;
- the monthly Performance dashboard –
 reviews the Trust's quality and safety performance by reporting on compliance in achieving key local and national priorities;
- the Medicines Management Group newsletter contains clinical information for practitioners, articles of interest and general pharmacy information for ward staff and teams.

Together, these reports give a detailed view of CWP's overall performance.

This *Quality Report* provides a highlight of what CWP is doing to continuously improve the quality of care and treatment that its services provide.

EXECUTIVE SUMMARY – QUALITY HEADLINES THIS QUARTER

CWP has made good progress in delivering against its trustwide **quality priorities** for 2014/15 in quarter 2.

⇒ see page 5

Service users from the **Links Healthy Living Centre** give their feedback on the services provided there by **Physical Health West** staff.

see page 6

The Prince of Wales and the Duchess of Cornwall visited the Lache Integrated Early Support Centre during their recent visit to Chester to hear about its innovative work.

⇒ see page 7

The Older People's Memory Service West has received an accreditation of "excellent" from the Memory Services National Accreditation Programme (MSNAP).

⇒ see pages 7 & 8

CWP has been shortlisted for the Innovation in Mental Health – HSJ Award 2014.

⇒ see page 8

The Care Quality Commission has published the results of the 2014 Community Mental Health Survey – CWP received positive results.

⇒ see page 10

CWP has received 324 **formal compliments** about the quality of its services during the second quarter of 2014/15.

⇒ see page 12

QUALITY PRIORITIES 2014/15

CWP has set three **trustwide quality priorities** for 2014/15, which reflect the Trust's vision of "**leading in partnership to improve health and well-being by providing high quality care**". They are linked to the Trust's strategic objectives, and reflect an emphasis on **patient safety**, **clinical effectiveness** and **patient experience**.

The Trust has made a commitment in its *Quality Account* to monitor and report on these in its quarterly *Quality Reports*. This year, the common focus across all the priorities is **reducing unnecessary avoidable harm** to help reduce avoidable variations in the quality of care and to improve outcomes.

Patient Safety priority for 2014/15 – Achieve a continuous reduction in unnecessary avoidable harm and make measurable progress to embed a culture of patient safety in CWP, including through improved reporting of incidents

CWP has worked towards achieving this quality priority, as detailed below:

- All Education CWP trainers have been scheduled to attend Human Factors workshops to ensure that the principles of SBAR (Situation Background Assessment Recommendation) are embedded into the training where appropriate. SBAR actively focusses on how to improve communication, in particular verbal communication. The tool can be used to shape communication at any stage of the patient's journey. When staff use the tool in a clinical setting, they make a recommendation which ensures that the reason for the communication is clear which is important in improving overall patient safety.
- The Trust has successfully recruited to the role of Effective Care Planning Lead. The role will be to lead in the delivery of a Trustwide Care planning/ CPA/ risk management programme, which includes staff education and strategic document development. A Trustwide review of existing CPA practices is underway to develop ways to promote safe and effective day to day services which are person centred, focus on recovery and include co-produced, holistic assessments. The aim is for the Trust to become outcome orientated, providing increased local assurances, dynamic risk assessments and care plans that are developed with people who use the Trust's services that acknowledge their needs, strengths and aspirations.

Clinical Effectiveness priority for 2014/15 – Achieve a continuous improvement in health outcomes for people using the Trust's services by engaging staff to improve and innovate

CWP has worked towards achieving this quality priority, as detailed below:

- The Trust has launched an **Innovation Competition**. Development funding will be awarded to the ideas with the greatest potential to **improve quality**, make processes and provision more **effective**, or **improve patient experience**.
- 85 good practice stories were shared with others through the Trust's best practice site. The best practice stories were featured in the Trust's second **Big Book of Best Practice** and were showcased at the Best Practice Event on 30 September 2014. A special edition of the Quality Report is in development to focus on a number of best practice stories and share some of the outcomes achieved.

Patient Experience priority for 2014/15 -

Achieve a continuous improvement in people's experience of healthcare by promoting the highest standards of caring through implementation of the Trust's values

CWP has worked towards achieving this quality priority, as detailed below:

• The 6Cs: Care, Competence, Compassion, Commitment, Communication and Courage are now incorporated into the staff appraisal documentation which is now available on the intranet. This will help staff to deliver compassion in practice.

IMPROVING OUTCOMES BY SUPPORTING RECOVERY

CWP is committed to **improving outcomes** for the people who use its service, so that the care and treatment that the Trust provides improves their **quality of life**, **social functioning** and **social inclusion**, self-reported **health status** and supports them in reaching their best level of **recovery**. Recovery is CWP's approach to **helping people to be the best they can and want to be**. In each Quality Report, CWP reports on how its services are improving outcomes for people who use its services by supporting recovery.

The *Healthy Living Team* offers a four week course called 'Cook well for Diabetes'. It is designed for people with type 2 diabetes to help them to understand what is meant by a healthy diet. The course covers cookery demonstrations, new recipe ideas, food labels, portion sizes and glycaemic index. Over the past year the course has been well attended and the participants have been reporting various health improvement benefits, one of these people is *James* (pictured right). *James* joined the Healthy Living Centre activities in February 2014 when he enrolled onto 'Cook Well for Diabetes'. Having completed the course he is enthusiastic about the impact it has had on his eating habits and health.



James stated:

"The course has really opened my eyes about cooking and shopping, what I have learned is unbelievable... I have learned how to eat properly and lost weight, I eat less sugar which means my blood sugar has stabilised and my cholesterol has reduced to a healthy level."

Babies First Bites is a one week information session for parents of young babies who are preparing to start the weaning process. The weaning sessions are designed and delivered through a collaboration with the *Community Nursery Nursing Team* and *Healthy Living Centre Community Food Workers* and provide information for the new parents which focuses on

baby led weaning and producing healthy home cooked meals for the whole family. *Pamela* (pictured left) was introduced to the healthy living service when her daughter was four months old and *Pamela* wanted to prepare for weaning at 6 months. The weaning sessions provided her with evidence based information and advice to help her and her husband provide a healthy balanced diet for their young daughter. *Pamela* took part in the 'Look and Learn' cooking demos, the 'Learn to Relax' session and a 'Food Labelling' session. *Pamela* said:

'The weaning and cookery sessions have made me realise how unhealthy our diets were, we have changed the way we are eating as a family and I am making my own food for my daughter... I wouldn't have done any of this before. I feel now that we can be a good example to our daughter as she grows up'.

Physical Health West's Health Promotion Team has been helping people who use its services to stop smoking. They helped **John** who smoked 20 to 30 roll up cigarettes a day when he was diagnosed with COPD (Chronic Obstructive Pulmonary Disease). He'd tried "half-heartedly" to give up smoking before, but it wasn't until he attended his stop smoking service

Quit4Good, that he was able to finally say goodbye to smoking. He says that the support and treatment he got to help him give up was really effective. **John** says that more should be done to inform people of the risks of smoking, especially young people. **John** said:

John's still getting support from the British Lung Foundation, and is currently attending *Why Weight?* his local CWP NHS adult weight management service and has recently lost weight, which

"If I see a young person smoking, I want to tell them if you carry on smoking you'll be like me in your 30's", but he says that they "foolishly carry on... they think they can't stop. They need to do it the way I did it... try it that way".

he knows will help with his COPD too. *John* said that if he hadn't stopped smoking his COPD would have got worse and he would now be on "oxygen or dead" – he says that he hopes it will **extend his life** considerably and that his **quality of life will be better**.

QUALITY SUCCESS STORIES

In addition to earlier success stories featured in the report, below is a summary of some of CWP's other success stories over the past quarter in **promoting quality** within the communities that the Trust serves, and in **improving the quality of the Trust's services**.

Patient Safety News



CWP staff working in the *Lache Integrated Early Support Centre* in Chester met the *Prince of Wales* and the *Duchess of Cornwall* on a visit to Chester on Friday 12 September.

The Lache Integrated Early Support Centre has helped to cut 24% of referrals to social services. Launched last October, the innovative Integrated Early Support Service (IES) has already shifted demand from social care to early support through timely multi-disciplinary problem identification, assessment and intervention. IES has been established to intervene, in a joined up way and at the earliest possible stage, to tackle problems as they emerge for people who use its

services. Early intervention can prevent an escalation of problems and improve people's life chances. In the current economic climate *Integrated Early Support* can ensure that people at risk do not become further away from economic and social activity, thus improving patient safety as a result.

Health Visitors Beth Nixon, Vicky Connolly and Sally Williams and Nursery Nurse Diane Hollis were all invited to meet the Royal couple to celebrate all the hard work they have done for the Lache community. Vicky was asked about health visiting. Prince Charles commended the team and said:

You're amazing; I don't know how you do it!



The royal visitors saw and experienced a variety of the skills and classes offered to local families, including a healthy eating class.

Pictured left – *Prince Charles* and the *Duchess of Cornwall* sample food with the *Healthy Eating Group*.

The Royal visitors' packed programme to Chester also saw the *Duchess of Cornwall* visit the *Countess of Chester Country Park* to open the new facility for local people.





We are delighted that our Royal visitors were able see the fantastic partnership work that we are involved in that makes such a positive difference to people's lives.

The Older People's Memory Service West has received an accreditation of "excellent" from the Memory Services National Accreditation Programme (MSNAP). The Older People's Memory Service West's team consists of professionally trained staff providing assessment, diagnosis and treatment for people with a range of memory problems. The team also offers support for those with memory problems and their carers.

The MSNAP accreditation committee consists of formal representatives from the professional bodies involved in the assessment and diagnosis of dementia. This includes the Royal College of Nursing, British Psychological Society, College of Occupational Therapists, Alzheimer's Society and the Royal College of Psychiatrists. People with dementia and carers are also represented on the accreditation committee.

As part of the accreditation audit, *MSNAP* looked at feedback received from the following – patient questionnaires, carer questionnaires, staff questionnaires and referrer questionnaires. Some examples of the positive feedback received from the questionnaires and the *MSNAP* peer review team are:

The service has a strong focus on developing their non-pharmacological interventions through the post diagnostic support group, wellbeing group and cognitive stimulation therapy.

There is a seamless link between the memory service and the Alzheimer's Society Dementia advisor. The rooms are very spacious and comfortable. There is an information section in the waiting area as well as a computer which staff help people to use. There are also flowers and music which give a very welcoming atmosphere.



Maple Ward, part of the Child and Adolescent Mental Health Service, has received an accreditation of "excellent" from the CAMHS Quality Network for Inpatient CAMHS.

The *CAMHS Quality Network for Inpatient CAMHS* received feedback from both young people and parents which was **positive**, particularly in relation to the **staff**, their involvement in **care planning**, and the **admission process**.

Clinical Effectiveness News



CWP has been shortlisted for the *Innovation in Mental Health – HSJ Award 2014.* With one person in four now experiencing a mental health problem in any given year, and up to one in 100 people living with serious mental illness, innovation is needed now more than ever.

The *Innovation in Mental Health HSJ Award* is about seeking out the innovation that is leading the way in delivering better services, empowering people who use services, putting them at the centre of care, engaging the community and reducing stigma. CWP has been shortlisted for the award for the creation of the **mymind website**, run by CWP CAMHS. The site was developed for everyone interested in the mental health and well-being of children and young people across Cheshire and Wirral.



Physical Health West's *Community Nursing service* is transforming their service in relation to the care and treatment provided for managing **Chronic Oedema**.

The **service transformation** is being achieved by adopting a **multi-faceted approach** that illustrates the pillars of good care, incorporating:

Care: Ensuring best practice approach acknowledges the duty of care that professionals have to improve outcomes

Compassion: The needs of this patient population is essential to address the holistic often complex needs

Competence: Highly specialist nurses (geographically located) undergoing accredited training to quip them to act as link nurses. Training is also being provided to all qualified staff caring for such patients, to equip them with fundamental skills.

CWP Company

Safe Services Department Quality Report Q2 2014/15 Page 8 of 12 Communication: Between patient and healthcare professionals. The aim is to eventually provide training to all care providers. Courage: Is essential to address care provision and drive change. Some patients had received treatment for years with little or no improvement.

Commitment: Ongoing improvement. The Trust has committed financially and individuals have committed time to improve the care they provide.

The process has up-skilled professionals to improve access to appropriate management. It is envisaged that this will lead to job satisfaction, cost minimisation and most importantly **improved quality of life**.

Case Study: 80 year old female was receiving visits from community nursing services for 16 weeks for bilateral leaking legs. Initially her legs were exuding high levels of serous fluid and she had 2 incidences of cellulitis which resulted in oral antibiotic therapy. The community nursing service visits over the period cost £349.60 and the dressings used cost £952, a total of £1301.60.

Following a Doppler assessment (where an ultrasound measures the blood flow in the leg), it was determined that the lady was suitable for chronic oedema bandaging. Both legs were bandaged toe to thigh 3 times per week for 4 weeks. The leakage reduced until the legs were healed. She remained in chronic oedema bandaging (changing it once a week) for a further 6 weeks, providing skin care every visit. The lady was then measured for 'made to measure stockings' and will be managed in future by her carers. The community nursing service visits over the period cost £209.76 and the dressings used cost £305.04, a total of £514.80.

By transforming the care and treatment offered for the management of Chronic Oedema, Physical Health West's Community Nursing service saved a total of £786.80 in the overall cost of the treatment provided to this lady.



Patient Experience News and patient feedback

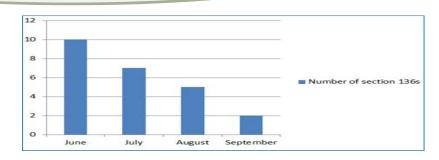


The *Mental Health Act team* has continued its training sessions with local Police forces. Most recently the team has worked with police officers from *Merseyside Police*. Upton Police Station was used as a training location with the objective of the session to update officers' knowledge and understanding of the *Mental*

Health Act and other related legislation. Inspector Nye Audas, Wirral Critical Incident Manager said:

The sessions invoked some unexpected and probing questions from officers. Having yourselves there with such expert knowledge of MHA issues and historic Wirral issues at APH was extremely helpful and informative for the officers and myself attending. I have had positive feedbacks from all of the sessions that took place.

Since the training in June there has been a **significant reduction** on the number of section 136s, as demonstrated in the table:





The Care Quality Commission (CQC) has published the results for the 2014 Community Mental Health Survey.

At the start of 2014, a questionnaire was sent to **850** people who received community mental health services from CWP and responses were received from **256** people. The questionnaire asked them to answer questions about different aspects of their care and treatment.

Based on the responses received, the CQC then gave each NHS trust a score out of 10 for each question (the higher the score the better).

CWP was one of only two trusts that scored 'better than expected' on more than 10 questions and in both cases these questions were spread across various aspects of care covered within the survey. The table below details the results that CWP achieved from the survey:

Patient Survey	Patient Response Score	Compared with other Trusts
Health & Social Care Workers	8.2/10	Average
Organising Care	9/10	Above
Planning Care	7.8/10	Above
Reviewing Care	8/10	Average
Changes in who people see	6.6/10	Average
Crisis Care	7.3/10	Above
Treatments	7.6/10	Average
Other areas of life	5.8/10	Average
Overall views & experiences	7.8/10	Above

In relation to CWP being one of the top performing trusts, *Sheena Cumiskey*, *Chief Executive* commented:

These results are a great reflection on the quality of care delivered by our community mental health services and show the commitment and fantastic work that our staff do every day.

The Expert Patients Programme Cheshire (EPP) are part of the East recovery college and offer free courses for people with long term health conditions, helping them learn new skills to manage their condition better and take more control from day to day. Patient involvement has been key to their success as the courses are delivered by trained volunteer tutors, who themselves live with long term health conditions.

Together the team and patients look at:

- Dealing with pain and tiredness
- Coping with feelings of depression
- Relaxation techniques and gentle exercise
- Healthy eating
- Communicating with family, friends and health professionals
- Planning for the future

The team is providing an innovative service that is achieving a **continuous improvement in people's experience of healthcare**, as demonstrated in the feedback below:



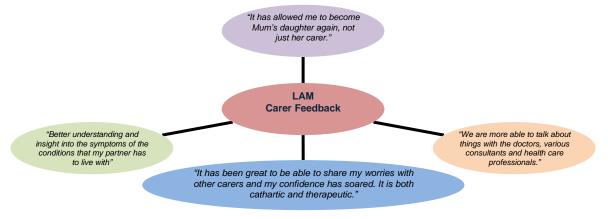


As well as running the **EPP** course, the team also ensures meaningful involvement with carers by offering the **Looking After Me (LAM)** course; a course for adult carers who care for someone living with a long-term health condition or disability.

Carers who have taken part in the **LAM** course have told CWP that it has helped them:

- Feel confident and more in control of their lives
- Be more realistic about the impact of their caring situation on themselves and their family
- Develop more effective relationships with their health care professionals
- Use their skills and knowledge to lead a fuller life
- From carer to cared for

The feedback received from the carers shows that they have received a positive experience of healthcare, as demonstrated in the feedback below:



In quarter 2, CWP formally received 324 *compliments* from people using the Trust's services, and others, about their experience of the Trust's services. Below is a selection of the comments and compliments received for the specialties across the Trust:

Adult mental health services

"Therapy has really helped me overcome my eating disorder. I am mindful that I could lapse in the future, but I know my trigger and now feel quipped to deal with this in the future."

Physical health – CWP West

"Thank you so much for your guidance and advice. It has been invaluable to me."

Child & adolescent mental health services

"Thank you for everything you have done for me during my admission on Maple and in Pine Lodge, it means a lot and I will never forget what you have done for me or forget you."

Learning disability services

"Thank you for bringing (service user) to us on his birthday, although you are not directly on the unit, you brought him anyway. We are very grateful and you're thoughtful, thank you so much."

Drug and alcohol services

"Thank you for your colleagues and I just needed to tell you that in all these 30 years I am practically prescribed drug free and alcohol free."

Corporate/ Clinical Support Services

"Having yourself there with such expert knowledge of Mental Health Act issues... was extremely helpful and informative for the officers and myself attending. I have had positive feedback from all of the sessions that took place."

Share your stories

We welcome feedback about any of the Trust's services; please share your stories via email at hayley.mannin@cwp.nhs.uk

Look out for more quality stories in the quarter 3 Quality Report

Document Reference (2014/15)

Nov-14

Date of Meeting: 26th November 2014

Title of Report: CWP Performance Dashboard

Open Version

Action sought: DISCUSSION & APPROVAL

Author: Neil Griffiths, Acting Head of Performance and Information

Mandy Skelding-Jones, Associate Director of Performance and Redesign

Presented by: Mandy Skelding-Jones, Associate Director of Performance and Redesign

The Board are asked to:

Note:

- 1. The Continuity of Services Risk Rating for October 2014 is 4.
- 2. Trustwide CIP performance has worsened in October, to £108k behind year-to-date target. Remedial actions continue.
- 3. Performance for all Monitor indicators is above target.
- **4**. Sections of this new-format dashboard remain in development and work is ongoing to provide all data. Items remaining in development (estimated dates of availability in parenthesis):
 - Customer Satisfaction (Q4 2014-15)
 - Friends and Family Test (Q4 2014-15)
 - Staff Experience (Q4 2014-15)
 - Locality Clinical Strategies (Due to sickness absence in the Information team it has not been possible to provide this in time for this month's report. The data is available and these KPIs will be provided from next month, including retrospective data from 1 April 2014. A completed copy of this section will be circulated to Ops Board members by 28th November.)
 - Timely reporting for ESR data (December 2014 see item 6)
- **5** Trending for waiting times and ward staffing is now available.
- **6** Live data from ESR is now available to the Trust, and development is underway to obtain the various Workforce and Essentials 1 indicators using real time, which will ensure that data can be provided for the most recent month, rather than a month behind as at present this month (November's) report still contains September ESR data. Real time reporting is expected to commence by January 2015.
- 7. Waiting time reporting is currently being provided for the services CWP provide which are subject to 18-week RTT reporting (Allied Health Professional-led services in CWP West Physical Health Services only). Over the next months, this will be developed to provide waiting time data for all services following the addressing of data quality issues. Following the recent governmental announcement of new waiting times indicators for Mental Health, work has commenced on providing the current Trust position on these indicators, and work will commence to ensure full implementation with clinical services.
- **8**. Overall compliance with new Essential 1 training has improved markedly, to 89.9% for September, and is now above the 85% compliance target.

Discuss:

9. The Trustwide position for sickness remains above target, at 6.26% for September, a further increase from August's position of 5.53%. The Trust tolerable threshold is 4.5%. CWP East remains the worst-performing area, at 7.59%. CWP West is also an outlier, at 7.31%. CWP Wirral is in the early stages of introducing the BlackLight attendance management system which is anticipated to help the locality ensure significant improvements.

Strategic Objective(s) that this report covers:

- SO1 Deliver high quality, integrated and innovative services that improve outcomes
- SO2 Ensure meaningful involvement of service users, carers, staff and the wider community
- SO3 Be a model employer and have a caring, competent and motivated workforce
- SO4 Maintain and develop robust partnerships with existing and potential new stakeholders
- SO5 Improve quality of information to improve service delivery, evaluation and planning
- SO6 Sustain financial viability and deliver value for money
- SO7 Be recognised as a progressive organisation that is about care, well-being and partnership

1 Andy Harland, Deputy Director of Finance

2 Operational Board

Executive Director

Tim Welch, Director of Finance/Deputy Chief Executive

CWP Board Dashboard

Reporting Month: October 2014

Exception Reports





	Previous month	Current month	Trend
<u> Monitor Targets - 7</u>	0	0	~~
	Fina	nce	
Income & Expenditure	0	0	~~
CoSRR (Monitor Target)	\Rightarrow	-	
<u>Cashflow</u>	0	U	
Cost Improvement	U	U	14/15 value - £5.3m Plan to date - £2,454k Delivered - £2,356k CIP gap - £108k behind

	Target	Previous month	Current month	Trend			
Workforce							
Essentials 1	85%	0	0				
Appraisals (including medical staff)	85%	-	U	~			
<u>Safeguarding</u>	80%		U				
<u>Supervisions</u>	85%	U	U				
<u>Sickness</u>	< 4.5%	U	0				
<u>Disciplinary</u>	ТВС	U	U	~~			
		Patient Expe	rience				
Complaints per 1000 episodes	< 2.17	U	0				
Staff Concerns	ТВС	U	0	/ ~~			
Customer Satisfaction	80%	Process for data collection in development. Expected to be in place Q4 2014/15					
Family & Friends Test	Process for data collection in development. Expected to be in place Q4 2014/15						

	Bed occupancy rate	Number of closed wards	Ward staffing levels	
Previous Month	85.98%	2	Planned Shifts 6,345 Actual 6,050	95.36%
Current Month	88.74%	2	Planned Shifts 6,612 Actual 6,343	95.92%
Trend				

Number of people waiting	Average Wait	Maximum wait (no. of people)
512	8.3 weeks	15 weeks (2 people)
451	7.5 weeks	17 weeks (3 people)
Average wait	\ \	Max wait

CWP Board Dashboard

Reporting Month: October 2014

Exception Reports





		Number of risks						Number of risks
Risks	Red		Amber		Green		risks added to	archived from
	Current	Trend	Current	Trend	Current	Trend	register	register
Strategic	11	U	1	U	0		0	1
Clinical Services	14	\bigcirc	34		2		0	0
Corporate Support		In development - being piloted by Performance and Redesign						

Quality	Previous month	Current month	Trend		
Patient Safety Composite Score	0	1			
Staff Experience	Process for data collection in development. Expected to be in place Q4 2014/15				

In development	- being piloted	by Performance	and Redesign
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Incidents	Category A&B (SUIs)		Category C&D (Mild / Moderate harm)		Category E (No harm)		7
incidents	Previous month	Current month	Previous month	Current month	Previous month	Current month	Trend
Clinical Services	•	0	U	0	U	O	■A&B ■C&D ■E
Clinical Support Services	•	•	U	U	U	O	■ A&B ■ C&D ■ E
<u>Total</u>	U	U	U	0	U	U	■ A&B ■ C&D ■ E

Infection Prevention and Control	Previous audit compliance	Current audit compliance	Trend
Infection Control	5/6 passed 97% average compliance	No audits undertaken	

Clinical Strategies	CWP East	Previous month	Current month	CWP West	Previous month	Current month	ICWP East	Previous month	Current month
KPI 1									
KPI 2		* - b- tt	To be implemented Q3 2014-15		was bastoon tanan	-td-02-2044-45		was bastana banan	-t- d 02 2014 4F
KPI 3		To be implemen			To be implemen	nted Q3 2014-15		To be impleme	nted Q3 2014-15
	Risk Rating						Risk Rating		

Board Dashboard - Glossary

Theme	Link to Strategic Objectives	Definition	Threshold	RAG Status	Trigger for exception report to Board	~	Submission Frequency
Monitor Targets	5 and 6	Composite view of performance against the 7 reportable monitor targets	100% of targets meeting required standard	Green = 7 targets above threshold Amber = 1 or more target(s) failed by 0.1% - 5% Red = 1 or more target(s) failed by =>5.1%	Exception reports will be provided for any indicators that are classified as Amber or Red.		Quarterly
Income & Expenditure	6	Income and Expenditure Accounts (I/E) are used by non- profit making organisations. They are prepared on an accrual basis and include only transactions incurred within, and relevant to, period covered. Resulting in an overall bottom line surplus/ deficit position.	Forecast surplus <	Green = On plan I&E rating =>3 Amber = I&E rating =3 and forecast surplus =>£250k < plan Red = = I&E rating <3 and forecast surplus =<£225k	Exception reports will be provided when the position is reported as either Amber or Red.		Quarterly
CoSRR (monitor target)	6	Continuity of Service Risk rating identifies the level of risk to the ongoing availability of key services		Green = on plan and/or risk rating of above 3 Amber = risk rating of 3, with downward trend over 2 quarters Red = risk rating of 2 or below	Continued downward trend in performance, over 2 quarters		Monthly
Cash	6	Level of in bank	=> £2 million	Green = on or above plan Amber = behind plan with agreed remedial actions in place to rectify position Red = behind plan by => £2 million with no agreed actions in place to recover position or position not recoverable	Exception reports will be provided when the position is reported as either Amber or Red.		Quarterly

Theme	Link to Strategic Objectives	Definition	Threshold	RAG Status		Reviewing Group/ Person	Submission Frequency
Cost Improvement Programme	6	CIP is the term widely used in NHS to describe schemes to make efficiency savings and improvements in productivity	=> £x	place to rectify position Red = behind plan by => £ x	Exception reports will be provided when the position is reported as either Amber or Red.	Ops Board and Execs	Monthly
Contracts Held	4	Number of contracts held by the trust with commissioners	Loss of any contract or new contracts gained		The board would receive exception reports for any change in contract status	CAL	Monthly
Essentials 1	1 and 3	Percentage of staff being fully compliant with essentials 1 requirements	85%	Amber => 80% and < 85%	Exception reports will be provided when the position is reported as either Amber or Red.	CAL	Monthly
Appraisal	1 and 3	Competition of annual PDR for non-medical staff and annual appraisal for medics. Excludes Students, Locums & Bank Staff	85%	Amber => 80% and < 85%	Exception reports will be provided when the position is reported as either Amber or Red.	CAL	Monthly
Safeguarding	3 and 7	Level of compliance with safeguard training for all eligible staff	80%	Amber => 75% and < 80%	Exception reports will be provided when the position is reported as either Amber or Red.	CAL	Monthly
Complaints	7	Number of complaints received represented as a rate per 1,000 episodes (including mental health, LD, Drug and Alcohol, IAPT services and community physical health)	= < the rate for	,	Exception reports will be provided when the position is reported Red.	CAL	Monthly
Customer Satisfaction	2 and 7	Currently being developed as a measure				TBC	Monthly

Theme	Link to Strategic Objectives	Definition	Threshold	RAG Status	Trigger for exception report to Board	Reviewing Group/ Person	Submission Frequency
Staff Experience	3 and 7	Overall rating for staff survey	= > the rate for previous year and organisational ranking in national survey	Green = rate =/higher than the rate for the previous year Amber = ranking in national survey reduced Red = rate lower than previous year	Exception reports will be provided when the position is reported as Amber or Red.	TBC	
Staff Concerns	3 and 7	Number of staff concerns captured through raising concerns process				ТВС	
Sickness	3	Rolling staff sickness levels	=< national benchmark rate		Exception report and action plans will be provided when the position is reported as Amber or Red.	ODE/WOD	Monthly
Disciplinary	3	Current number of staff subject to disciplinary process	TBC			ТВС	
Bed Occupancy rate	1 and 5	Average bed occupancy rate for the month	TBC			In Patient Ward Review Programme	Monthly
Number of closed wards	1,5 and 7	Number of wards closed within the month	>0		All reported ward closures will require an exception report and action plan	In Patient Ward Review Programme/ Execs	Monthly
Ward Staffing levels:	1,5 and 7	Actual v Planned staffing levels	Actual staffing level is below plan		All incidents where staffing is below plan, will be reported to board	In Patient Ward Review Programme/ Execs/ Board	Monthly
Waiting times	1,5 and 7	Number of community physical health patients waiting for their first appointment with an Allied Health Professional	95% within 18 weeks	Red = Less than 90% compliance Amber = 90-95% compliance Green = 95% compliance	Reported as Amber or Red		
Risks	1 and 7	Provides overview of the current risks managed by the trust and movements in risk status	New red rated risk identified	Not applicable	Any new red risks should be reported to board by exception	Quality	?

Theme	Link to Strategic Objectives	Definition	Threshold	IKAG Status	Trigger for exception report to Board	•	Submission Frequency
			Current month performance should be equal to or less than the average of the previous 13 months for serious harm and mild/moderate harm.		All serious incidents would be reported to board by exception.		
Incidents	1 and 7	Provides overview of incidents occurring within the month. Categorised into three groups, serious harm, mild/moderate harm and no harm.	No harm incidents should be greater than average of the previous 13 months.		Growth over 3 month period in 'serious and mild/moderate' incidents an exception report and action plan would be required	Quality	?
					Should the number of 'no harm' incidents continually reduce over 3 month period, an exception report and action plan would be required		
Infection Prevention and Control	1, 3 and 7		All areas audited in the month >93%	Green: All areas >= 93% Amber: Average >= 93% Red: Average < 93%	Any area having a compliance score of less than 93%	IPCSC	Monthly

CWP Objectives

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





Document Reference (2014/15/78)

Report to: Board of Directors

Date of Meeting: 26th November 2014

Title of Report: Annual Research Report 2013/14

Action sought: FOR NOTING

Author: Dr Pat Mottram, Head of Research

Presented by: Dr Faouzi Alam, Medical Director

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

SO1 - Deliver high quality, integrated and innovative services that improve outcomes

SO2 - Ensure meaningful involvement of service users, carers, staff and the wider community

SO3 - Be a model employer and have a caring, competent and motivated workforce

SO4 - Maintain and develop robust partnerships with existing and potential new stakeholders

SO5 – Improve quality of information to improve service delivery, evaluation and planning

SO6 - Sustain financial viability and deliver value for money

 $\ensuremath{\mathsf{SO7}}$ – Be recognised as an open, progressive organisation that is about care, well-being and partnership

Distribution

Version	Name(s)/Group(s)	Date Issued
1	Chris Link / Claire James	19 th September 2014
2	Chris Link / Claire James / Dr Faouzi Alam	6 th November 2014

Executive director sign-off

Executive director (name and title)	Date signed-off
Dr Faouzi Alam, Medical Director	17 th November 2014

1. Purpose of the report

To inform Board of Directors of the research activity within the Trust and of performance against the Comprehensive Research Network (CRN) targets for studies on the National Institute of Health Research (NIHR) portfolio, and non-portfolio studies.

2. Background

The White Paper Equity and Excellence: Liberating the NHS (Reference 1) highlights the Government's commitment to research in health and social care and identifies the importance of increasing the effectiveness and efficiency of interventions and improving outcomes for our patients, even in this financially austere climate.

All Trusts are mandated to make research a priority area for growth and part of core business. It will be important that CWP embraces this change in culture to access expertise and new knowledge and generate income that comes from being a research-active organisation.

Following the implementation of the NIHR redesign in April 2014, the majority of projects are multicentre and multidisciplinary. Most originate in the large academic centres of excellence such as the Institute of Psychiatry and the University of Manchester. CWP has recruited to two commercial studies (neither of them traditional drug studies) in the last year and needs to build on this to generate income.

3. Subject matter/content

The Government is committed to the promotion and conduct of research as a core NHS role. Research is vital in providing the new knowledge needed to improve health outcomes and reduce inequalities. Research is even more important when resources are under pressure – it identifies new ways of preventing, diagnosing and treating disease. It is essential for CWP to be active participants in this.

The vision of the National Institute for Health Research (NIHR) is to improve the 'health and wealth' of the nation through research. Research and development according to The NHS Constitution (Reference 2) is to be considered as part of a Trusts core business and no longer as an optional add-on. Trusts are expected to report on the number of patients recruited to research studies as part of their performance review and are expected to increase accrual to studies each year. Future funding (70% of the research support cost) to Trusts will depend on their participation in Industry sponsored studies.

As part of the government's strategy a number of Academic Health Science Networks (AHSN) have been developed across the country. The NW Coast AHSN covers South Cumbria and the North West Coast. Its purpose is to provide a systematic delivery mechanism for the local NHS, higher education institutions, public health and social care to work with industry to transform the identification, adoption and spread of proven innovations and best practice. It is a partnership organisation in which the partners are committed to working together to improve the quality and productivity of health care resulting in better patient outcomes and population health. CWP have identified two representatives to routinely liaise with AHSNs; a Communications Liaison representative (Associate Director of Nursing) and an Innovation representative (Associate Director of Effective Services).

The Department of health is continuing with the following goals set out through NIHR

- Establish the NHS as an internationally recognised centre of research excellence
- Attract, develop and retain the best research professionals to conduct people-based research
- Commission research focused on improving health and social-care
- Strengthen and streamline systems for research management and governance
- Act as sound custodians of public money for public good

4. Funding

The research funding to CWP will depend on the number of NIHR studies the Trust participates in. These studies are referred to as 'portfolio studies'. There are 6 Divisions within NIHR each of which deals with a different therapeutic area (see Appendix 1). Disease specific networks such as the Mental Health Research Network (MHRN) and the Dementia and Neurodegenerative Diseases Network (DeNDroN)) have now been assimilated into Division 4, and the Primary Care Research Network (PCRN) into Division 6 of the CRN. The Comprehensive Research Networks (CRN) now supports all studies via the Divisions locally and also provides local research governance working with Trusts' internal research governance structures. However this may change and become a national function of the organisation so that all studies have central joint ethical and research governance. These changes have had minimal impact on the day to day research inside CWP.

For 2013-2014, CWP received £139,931 funding. This funding covers the cost of the 3 Clinical Studies Officers (CSOs) and £13,500 for Research Governance. In addition, CWP received the cost of the CSOs travel (£4,500). CWP no longer receives Programmed Activity (PA) funding from the CRN which covered the time clinical staff worked on research projects due to the reduced CRN budget.

CWP also received £20,000 funding from the Research Development Fund which is awarded for recruiting over 500 people to research studies (Appendix 2). This money can be used only to support research governance or work on portfolio studies.

5. Recruitment to Portfolio Studies

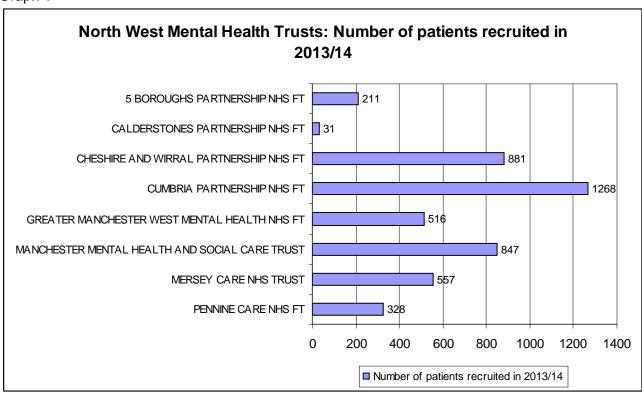
These are studies which are on the National Portfolio of the NIHR and for which CWP receive funding to recruit patients to. These studies have been identified as important to the NHS; either they are funded by an NHS body, industry or a charity.

CWP has been very successful this year in recruiting to NIHR portfolio studies. There have been 25 new studies and 28 existing studies to recruit to. In total CWP has recruited 881 subjects, a significant increase over the 548 recruited in the previous year (see Appendix 3).

CWP participated in two NIHR portfolio studies sponsored by the pharmaceutical industry. For both studies recruitment to time and target exceeded the Trust's contractual obligation (Roche study target = 30, actual = 35; ALTO study target = 5, actual = 8).

Overall CWP is performing well. The graph below (taken from a report in the Guardian newspaper) provides a comparison of Mental Health Trusts in the North West.

Graph 1



The full list with all trusts is available as Reference 3.

CWP recruits to a diverse range of studies from all around the UK. Appendix 4 provides a list of all NIHR portfolio studies recruited to in the last year, the numbers recruited in CWP, a brief description of the study and when any results which contribute to improved outcomes for patients are likely to be available.

6. Research Governance / Time and target

The national target for approval of NIHR studies is 30 days. On average CWP achieved approval in 15.8 days. The target time to recruitment is a maximum of 70 days; CWP achieved 5 of the 14 studies that were appropriate to this target. Of the 9 studies where CWP missed the 70 day target, 1 study (PPiP see Appendix 3) was due to the stringent inclusion criteria and

initial difficulty in accessing the information. CWP did however recruit over our target by the end of the study. The rest were; 2 studies where CWP did not have patients in the time frame (suicides, prisoners released into community), 3 studies where all recruitment was conducted by an external research team who were not ready to recruit in our area within the 70 days, and 3 studies that were Population Investigation Committee (PIC) studies where all recruitment and accrual is external and CWP researchers have no involvement.

7. Non Portfolio Studies

CWP staff were involved in undertaking 39 non portfolio studies (see Appendix 5); the majority of these contributed to staff gaining higher degrees i.e. Masters and Doctorates. The average time to approval of non-portfolio studies was 24.55 days. A member of the CWP Research team specialises in supporting new researchers as it is considered important that all studies reach the same standard of research governance as the larger portfolio studies as many are potential source of ideas for future research.

8. Achievements 2013-14

CWP recruited 881 people to research studies.

CWP is working with the Clinical Research Unit at Royal Liverpool and Broadgreen University Hospital Trust (RLBUHT) to develop joint working on Phase 1 & 2 studies i.e. early stage drug development work and/or proof of concept work. These will be hosted by RLBUHT but CWP will provide a co-investigator in studies of schizophrenia and dementia and facilitate patient access to these trials.

CWP regularly completes feasibility questionnaires for industry and completed 7 over the 2013/2014 period.

CWP has successfully completed 4 industry studies over the last three years recruiting to time and target. A new industry randomised controlled drug trial looking at behavioural problems in the elderly will commence before the end of 2014.

The trust has secured commercial funding of £35,431.97 this financial year. This is used to employ research staff.

The EDGETM database which holds all the information on studies the Trust are conducting will improve the trust's research governance information. Last year the research team started to monitor non-portfolio studies to ensure that these are well run and that patients and staff are safe. There is now a requirement to also report on these studies to NIHR.

CWP staff have been co-authors or contributed to 63 publications over the last three years (a list can be requested from research@cwp.nhs.uk). These have been published in high impact journals such as: British Journal of Psychiatry, International Journal of Geriatric Psychiatry, Neurology, Psychiatric Bulletin and British Journal of Medicine.

The research team also ran a very successful conference in 2013 (see feedback Appendix 6) with an agenda that focussed on new technology. A further conference is planned for 18th November 2014.

CWP is also involved in developing a "consent to consent" process in which service users and carers are able to express their interest in taking part in research within the Trust and agree to research staff checking their eligibility against study protocol inclusion/exclusion criteria (see Appendix 7). Where the Trust has developed pathways of care this has been included as one of the questions clinicians ask. This will be further advertised using the digital signage which

the team has recently purchased and will be displayed in out patient waiting areas from January 2015.

9. Discussion/conclusions

Research is now part of core NHS business. Research brings added benefits to CWP and it is known that outcomes for patients in research active trusts are better than in trusts that do not research.

Commercially funded research is a potential income generator and CWP is developing close links with partners to facilitate this e.g. the Clinical Research Unit at RLBUHTs.

CWP has increased recruitment to NIHR portfolio studies this year to 881, an increase of 332 subjects over last year.

CWP is committed to improving staff involvement in research through the recently drafted research strategy.

10. Recommendations to the Board of Directors

The Board of Director are asked to note the report.

References

- **1.** https://www.gov.uk/government/publications/liberating- White paper: Equity and Excellence the-nhs-white-paper
- 2. The NHS Constitution http://www.nhs.uk/choiceintheNHS/Rightsandpledges/NHSConstitution/Documents/2013/the-nhs-constitution-for-england-2013.pdf
- **3.** Guardian Research Performance http://www.theguardian.com/healthcare-network-nihr-clinical-research-zone/table/trust-research-activity-league-tables?quni=Article:in%20body%20link

Appendix		
1	Organisational Chart for	T:\01. BoD Committees\Board of
	CRN	Directors\Meetings\2014\141126\Open\Appendix
		documents\Annual Research report appendices
2	Research Capability	T:\01. BoD Committees\Board of
	Funding	Directors\Meetings\2014\141126\Open\Appendix
		documents\Annual Research report appendices
3	Portfolio Studies	T:\01. BoD Committees\Board of
		Directors\Meetings\2014\141126\Open\Appendix
		documents\Annual Research report appendices
4	Description of studies for	T:\01. BoD Committees\Board of
	2013/14 recruitment with	Directors\Meetings\2014\141126\Open\Appendix
	description and report date	documents\Annual Research report appendices
5	Non portfolio studies	T:\01. BoD Committees\Board of
		Directors\Meetings\2014\141126\Open\Appendix
		documents\Annual Research report appendices
6	2013 Conference	T:\01. BoD Committees\Board of
	Evaluation	Directors\Meetings\2014\141126\Open\Appendix
		documents\Annual Research report appendices
7	Consent to consent	T:\01. BoD Committees\Board of
		Directors\Meetings\2014\141126\Open\Appendix
		documents\Annual Research report appendices





(Document Reference 2014/15/79)

Report to: Board of Directors

Date of Meeting: 26th November 2014

Title of Report: Wirral Vision 2018: An update for partner organisations' Boards

Action sought: For note

Author: Anna Rigby, Wirral Vision 2018 Programme Manager

Presented by: Sheena Cumiskey, Chief Executive, Val McGee, Service Director: Wirral

Strategic Objectives that this report covers:

SO1 - Deliver high quality, integrated and innovative services that improve outcomes

SO2 - Ensure meaningful involvement of service users, carers, staff and the wider community

SO3 - Be a model employer and have a caring, competent and motivated workforce

SO4 - Maintain and develop robust partnerships with existing and potential new stakeholders

SO5 - Improve quality of information to improve service delivery, evaluation and planning

SO6 - Sustain financial viability and deliver value for money

SO7 - Be recognised as an open, progressive organisation that is about care, well-being and partnership

Distribution

Version	Name(s)/Group(s)	Date Issued
1		
2		

Executive director sign-off

Executive director (name and title)	Date signed-off
Sheena Cumiskey, Chief Executive	3rd November 2014





1. Purpose of the report

The report is provided to update the Board of Directors on the progress to date in regards to;

- the review of Vision 2018 governance arrangements and programme structure and priorities;
- the case for change describing the size of the financial challenge and population need; and
- the development of the next steps for implementing change

2. Recommendations to the Board of Directors

The Board of Directors are asked to:

- to note the progress of the development of Vision 2018
- to provide feedback to the Strategic Leadership Group regarding progress to date and next step



Vision 2018: an update for partner organisations' Boards

Document History

Authors:

Terry Whalley, Project Director - Vision 2018, North West Leadership Academy Anna Rigby, Vision 2018 Programme Manager, Wirral Clinical Commissioning Group

Approved:

Vision 2018 Strategic Leadership Group (SLG): 22.10.14

Version:

Final Draft (including amendments noted at SLG): 29.10.14







The purpose of this paper is to provide an update to Board members of partner organisations in respect of the Vision 2018 programme.

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1. Vision 2018 Context

Vision 2018 is the plan to re-shape health services and social care in Wirral, whilst supporting people to take more responsibility for looking after their own health. Over the next 20 years, the number of people who are aged 85 or over will more than double, meaning many more people with multiple, long term health conditions and increased financial pressures. However the challenges also present opportunities. Vision 2018 will transform GP, primary care, community health, hospital and social care services in Wirral.

It will mean:

- Community based health services (e.g. access to GPs, community nurses and social workers) seven days a week
- More hospital services in the community, with consultant led teams
- · Health and social care professionals working together for people with on-going needs: one assessment, one care plan, one key coordinator
- Specialist in-patient hospital care for those that need it
- Support for people to look after themselves and stay healthy

We are developing a Vision 2018 Strategy to outline the case for change, to describe the vision for Wirral health and social care economy and how this will be achieved.

We have established a new shape to Vision 2018 which allows us to focus our efforts on 3 key programmes of work; Planned Care, Unplanned Care and Long Term Conditions and Complex needs (Appendix B). We also have a number of enabling programmes, for example Integration Adults, which focuses on the development of integrated teams, services and systems to provide coordinated care for people aged over 18. For the full programme structure see Appendix A.

We have done more work to ensure we have really clear strategic outcomes defined for Vision 2018; these have been informed by local evidence base and national drivers including the Better Care Fund aims and objectives (Section 6 – Strategic Outcomes). Each of the programmes are developing a detailed definition of scope to ensure its aims and objectives are linked back to these strategic outcomes. This will enable a clear description of how those programmes will enable benefits that will ultimately improve health outcomes for the people of Wirral together with their experience of health care. At the same time, balancing quality and value to improve the efficiency of services delivered will be the third major consideration for each programme.

As part of a series of 30 day challenges each of the programmes are identifying the projects that can be done quickly to start to make a real difference in 2015 i.e. 'the Fast 5 projects' along with those bigger, transformational projects that will need further planning 'the Big 5 projects'. It is important that we balance the need to re-imagine health and wellbeing in 2018 and consider how best we achieve this future state vision with the need to make real and practical improvements to the services we have today. It is this balance that the Vision 2018 team is now focused on achieving.

2. Governance

The Vision 2018 Strategic Leadership Group (SLG) is made up of the Chief Executives from NHS Providers and Commissioners along with equivalent Stakeholders from Local Authority. The SLG recognises that there exists already a Health Economy governance framework; the Health and Wellbeing Board and the Joint Strategic Commissioning Group, there are also respective Provider and Commissioner Boards or similar Governance Arrangements. In no way shape or form is any proposed governance arrangement for Vision 2018 intended to replace or interfere with any of these established governance models.





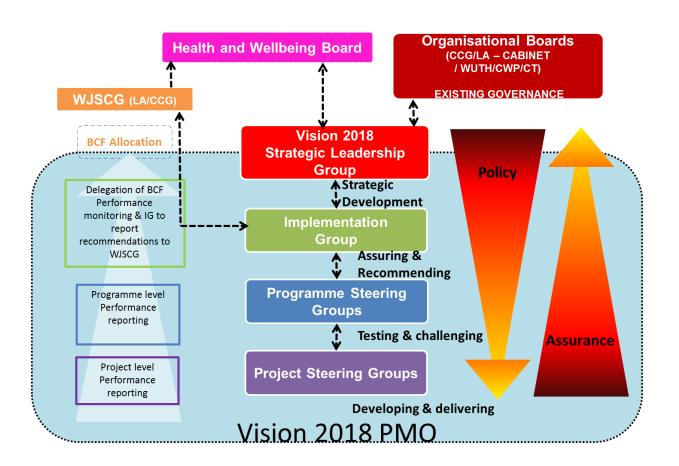
Rather, the Vision 2018 SLG is seeking to establish the best way to integrate decision making within the context of Vision 2018 into this broader established framework, the desired outcome being an appropriate balance of pace and rigour to enable safe but rapid progress to be made meeting the challenges this health economy faces.

It is proposed therefore that respective organisations' Boards delegate through their Chief Executive some level of decision making authority to enable the SLG to take certain decisions in a more timely fashion, but at the same time provide clarity on the expectations each Board has for when their CEOs will refer back to their Boards. It is also proposed that the Implementation Group, on behalf of the SLG, provides recommendations to the Commissioners on matters which affect Commissioning, contracts and use of Better Care Fund (Figure 1).

If this is done, and done effectively, there is increased probability that the organisations can become better performing collaborators in defining solution options for Wirral's Health and Social Care Economy, and that an effective delivery and tracking mechanism can be wrapped around the whole transformation agenda to ensure a joined up approach, informed decision making, robust benefits and costs management plus effective dependency and risk management.

There will need to be different 'checkpoints' during the development and implementation of the projects within Vision 2018 and to ensure that the governance model enables faster projects to be implemented quickly whilst ensuring that that they align to the longer term vision and principles of the individual organisations. There are four scenarios that have been developed to described how the governance model will be applied to 1) Faster projects 2) Bigger Projects 3) Commissioner Led Projects and 4) 'Other' non contractual projects (Appendix D).

Figure 1: Proposed Governance Structure





4



3. Strategic Leadership Group Terms of Reference

Role/Purpose

To be accountable for delivering a sustainable Wirral Health and Social Care Economy

Tasks

- To agree the strategy and implications of this
- To agree the processes and resources for delivery
- To steer the implementation group
- To enable delivery/resolution of issues
- To resolve conflict/issues

Interfaces

- Health and Wellbeing Board (the Strategic Leadership Group will report to the Health and Wellbeing Board)
- Wirral Joint Strategic Commissioning Group (this group also reports directly to the Health and Wellbeing
- Strategic planning for each organisation needs to link in with the development of the Vision 2018 strategy
- Organisational Boards to be informed and updated by members of the Strategic Leadership Group
- Implementation Group (this group will report to the Strategic Leadership Group), the Implementation Group Chair will be a member of the SLG to provide a link.

Governance and Accountability

The Strategic Leadership Group (SLG) will be accountable for delivering a sustainable Wirral Health and Social Care Economy. It will hold the Implementation Group to account to lead and manage the successful delivery of the strategy.

The Implementation Group (IG) will hold the programmes identified below to account to organise and manage the delivery of the goals and objectives assigned to the programme of work/enabling groups. The Strategic Leadership Group will report its progress to Health and Wellbeing Board.

The Programme Management Office (PMO), hosted by the CCG, will support the Implementation Group in organising and managing programme development and delivery, providing a central function for the programme in collating and reporting overall status. The programmes will report progress to the Implementation Group on a monthly basis and exceptions and risks to the Strategic Leadership Group.

The members of the group, through the Memorandum of Understanding, will also hold each other to account for delivery of agreed objectives and ensuring each partner contributes appropriately to overall vision and aims.

The SLG, while appropriately empowered by respective organisations to take decisions with delegated limits, will nonetheless ensure that assurance is provided back to respective Boards and to the Health and Wellbeing Board and Joint Strategic Commissioning Group as to those decisions, and will refer recommendations to those Boards when limits of decision making are reached. This mechanism will maximise the opportunity for effective collaboration while eliminating the risk of collusion.





Programmes of Work

A number of programmes of work have been established to deliver specific elements of the overall aims and objectives of Vision 2018, these programmes of work will report into the Implementation Group.

The lead programmes are;

- Planned Care
- **Unplanned Care**
- Long Term Conditions and Complex Needs

The programmes that deliver care or system enablers are:

- Communications and Workforce
 - Engagement (sub group)
- Integration Adults
- Integration Children
- Prevention, Self-Care and Community Development
- Information Technology and Information Governance
- **Primary Care Strategy Group**
- Finance and Contracting
- **Estates**

There is also the Outcomes and Quality Assurance group (OQuA), which is charged with providing scrutiny to proposals and providing oversight and responsibility for ensuring that outcomes and modelling support is made available to programmes.

Role of Members

The members of the Strategic Leadership Group will be of senior level within their respective organisations and have the ability to make decisions and escalate issues as appropriate. They will also ensure compliance with governance arrangements. Members will be responsible for disseminating information to and from their organisations, departments or professional groups.

Membership

Name	Title	Organisation	Role
Jon Develing	Interim Accountable Officer	CCG	Commissioner
Clare Fish	Strategic Director of Families and Wellbeing	WMBC	Commissioner
Fiona Johnstone	Director of Public Health	WMBC	Commissioner
Graham Hodkinson	Director of Adult Social	WMBC	Commissioner
	Services		
David Allison	Chief Executive	WUTH	Provider
Simon Gilby	Chief Executive	СТ	Provider
Sheena Cumiskey	Chief Executive	CWP	Provider
Dr Peter Naylor	Acting Chair CCG	CCG	Provider





In cases where members cannot attend for a single meeting, apologies should be sent. A deputy would not be permissible for the core members section, but is encouraged for the Business Items for Decision.

Also in attendance at the Business Items for Decision segment of SLG are:

Name	Title	Organisation
Anna Rigby	Vision 2018 Programme Manager	CCG
Terry Whalley	Project Director - Vision 2018	NWLA
Clare Grainger	Vision 2018 Project Manager CCG	
Andrew Crawshaw	Director of Operations and Delivery	NHS England

Additional members will be invited as and when required.

Frequency of Meetings

Monthly (to be reviewed after 6 months)

Communication and Accountability Arrangements

Members will retain accountability to their respective organisational governance arrangements, but with agreed levels of delegated authority from their respective organisations

Resources

In terms of publicity, engagement and other activities related to Vision 2018, member organisations should be prepared to contribute resources on an equitable on-going basis as details arise. In addition, partner organisations will be expected to provide resource to enable members to attend and will not be reimbursed additionally.

Administrative Arrangements

Decisions and Actions will be recorded, but there will be no need for full meeting minutes.

Chair/Vice Chair

Chair: Jon Develing Vice Chair: Pete Naylor

Quorum

2 Commissioners and 2 Providers

Date of Ratification/Date of Review

First draft: 30.05.14 Second Draft: 10.06.14 Third Draft 10.10.14

Date of approval: 22.10.14 Date for review: 01.03.15







4. Implementation Group Terms of Reference

Role/Purpose

To lead and manage the successful delivery of the strategy through the core components of Delivery, Grip and Coherence.

Function

- To identify gaps in programme resource and areas of risk to be reported to the SLG
- Utilise the Programme Management Office to:
 - Define the goals and objectives of the workstreams
 - Manage the performance of the workstreams
 - Drive the implementation of the strategy activity
 - Identify if the programme is delivering benefits to the system
 - Link cross cutting themes across programmes
 - To identify gaps in programme resource and areas of risk to be reported to the SLG

Interfaces

- Programmes (chairs to sit on this)
- Strategic Leadership Group

Governance and Accountability (See Governance Structure Figure 1)

The Programme Management Office, hosted by the CCG, will support the Vision Programme in organising and managing programme development and delivery, providing a central function for the programme in collating and reporting overall status. The programmes will be accountable to the Implementation Group and report progress to the group on a monthly basis. A meeting of the programme managers will assist with alignment, cross-cutting themes, delivery and reporting.

The Programme Directors will be held accountable by the Implementation Group for delivery of agreed objectives and for ensuring each member and partner contributes appropriately. Members will retain accountability to their respective organisational governance arrangements, but with maximum levels of delegated authority from their respective organisations. If there are any issues with contribution from work-stream members or sub-groups that tasks are delegated to, the Programme Director will be expected to escalate these to the Implementation group to resolve.

Role of Members

Implementation Group members have the ability to make decisions and escalate issues as appropriate within their organisation. They will also ensure compliance with governance arrangements. Members will be responsible for disseminating information to and from their organisations, departments or professional groups.

Membership

In cases where members cannot attend for a single meeting, apologies and a deputy should be sent. Additional members will be invited as and when required.





Name	Title	Organisation	Representing which
			Programmes/Functions
Fiona Johnstone	Director of Public Health	WMBC	Outcomes and Quality Assurance
David Allison	Chief Executive	WUTH	Planned Care
Jon Develing	Interim Accountable Officer	CCG	Unplanned Care
Sheena Cumiskey	Chief Executive	CWP	Long Term Conditions / Complex
Val McGee	Service Director for Wirral	CWP	Needs
Graham Hodkinson	Director of Adult Social Services	WMBC	Integration – Adults
Clare Fish	Strategic Director of Families and Wellbeing	WMBC	Chair – Implementation Group
Julie Webster	Head of Public Health	WMBC	Prevention, Self-Care and Community Development
Simon Gilby	Chief Executive	СТ	Communications and Workforce
Julia Hassall	Director of Children's Services	WMBC	Integration – Children
Mark Blakeman	Director of Informatics	WUTH	IT and Information Governance
Pete Naylor	Acting Chair	CCG	Primary Care Strategy Group
Mark Bakewell	Chief Financial Officer	CCG	Finance and Contracting
Simon Gilby	Chief Executive	СТ	Estates
Richard Freeman	Interim Head of QIPP Delivery, Specialised Commissioning	NHS England	N/A provides link to NHS England
Terry Whalley	Project Director - Vision 2018	NWLA	N/A
Anna Rigby	Vision 2018 Programme Manager	CCG	N/A
Clare Grainger	Vision 2018 Project Manager	CCG	N/A

Resources / Capacity and Capability

It is the responsibility of the Implementation group to consider any additional capacity and capability resources identified by workstreams as necessary to deliver the work stream programme.

Frequency of Meetings

Monthly

Leadership

Programme Director / Chair: Clare Fish

Programme Manager / Vice Chair: CCG Accountable Officer

Quorum

Representation from each lead programme of work.

Administrative Arrangements

Decisions and Actions will be recorded, but there will be no need for full meeting minutes.







Reporting

The Implementation Group will review monthly workstream update reports

PMO

Each work stream will need to adhere to PMO principles and methods.

Date of Ratification/Date of Review

First draft: 10.07.14 Final Draft: 16.10.14

Date of approval: 22.10.14 Date for review: 01.03.15





5. The Case for Change

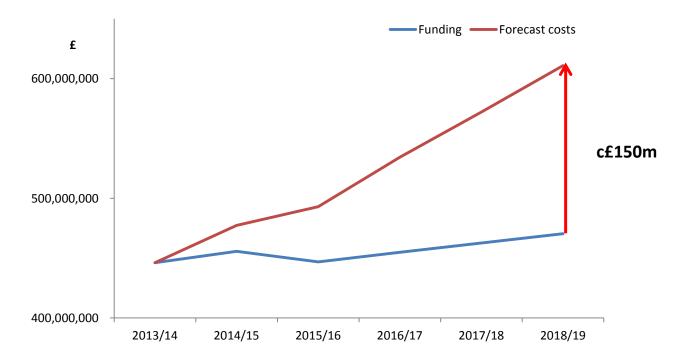
We know from our planning that the demand for health and social care will be increasing against a background of reducing resources across all organisations. In this context, we need to transform the way we provide health and social care, to ensure we are working as efficiently as possible, and we will need services that empower patients to manage their health and wellbeing.

People will need to share in the decision-making process about themselves and their care and support. The interactions between community, residential and hospital services will be improved, with care delivered through integrated services 7 days a week that are joined up around the needs of patients. This integrated care will be provided across the community, bringing specialised care and treatment (when appropriate) into community settings near patients' homes, to enable the right care to be provided at the right time and the right place, with patients supported to self-care as appropriate.

These changes will implemented between now and 2018, and the model of care will be co-developed with the public and staff to ensure it meets the needs of the Wirral population, with the right capacity and balance across the community, residential and hospital services.

A piece of work has been undertaken which models the scale of the challenge faced by Wirral Health Economy, the 'Shape Change Analysis'. This piece of work requires further validation in the coming months however shows a potential gap of around £150m given forecast of cost pressures and assumptions around funding growth (Figure 2). This is an unprecedented position, and we need to reimagine how health and wellbeing is delivered and consider making assumptions about the scale of change required.

Figure 2: The challenge facing the system



Alongside the financial pressures, the demand for local services is increasing. Wirral's overall population is projected to increase by 1.4% from 319,863 in 2011 to 324,226 in 2021. The older population (aged 65 years and above) are



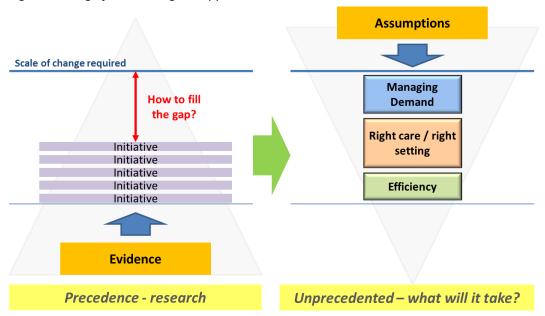




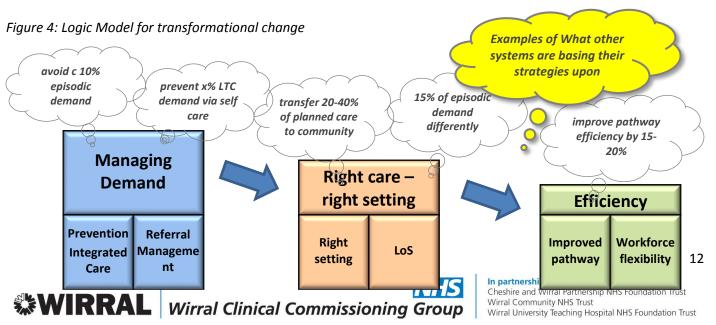
expected to increase at the fastest rate, with an 18% increase projected by 2021. They are also more likely to have a long term condition; the 2011 Census reported about 36,000 (57%) people living in Wirral aged 65 years and over have a long term condition or disability that limits their daily activities. The health outcomes of Wirral residents vary depending on the area of Wirral in which they live, which has an impact on the health inequalities across the population.

Due to the size of the gap and the needs of the population changing there is a need to reimagine health and social care and make transformational changes that will create a new health and social care system to improve health outcomes, patient and service user experience and value for money (Figure 3).

Figure 3: A significant change in approach



In addition to continuing with traditional incremental change (Cost Improvement Programmes (CIP) based on current operating models), the transformational change that we will need to make begins with **managing the demand** on services e.g. via prevention, referral management, integrated care. Then, making sure that of those people who do require services that they are provided with the **right care in the right setting** and finally a focus on the **efficiency** is needed to ensure the pathways are delivered in the most efficient way (Figure 4). As much of the evidence base is focused on efficiency rather than managing demand and right care right setting it is necessary for us to create some high level assumptions of how we can change the health and social care system in a different way.

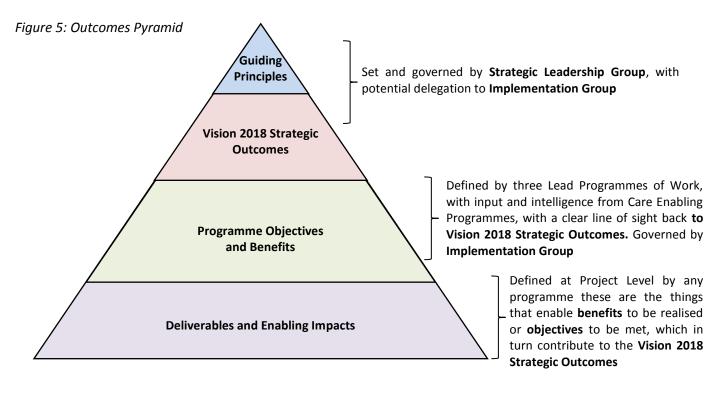




6. Strategic Outcomes

To provide some further guidance to colleagues working on Vision 2018, and to ensure we have the right focus on patient safety and quality in addition to the financials, we have identified three guiding principles that underpin the scope of work within Vision 2018;

- 1. We will improve Health and Wellbeing outcomes
- 2. We will improve patients' and service users' experience
- 3. We will reduce the cost of health and social care



These guiding principles, the 'triple aim' have then been further defined in a set of Strategic Outcomes that we are striving to achieve through Vision 2018. Some of these are highly aspirational and ambitious, but they serve as a goal that all programme objectives and benefits should directly link back to. Taking this approach will ensure that the deliverables at project level will be demonstrably and directly linked back to one or more of the triple aims.

The Strategic Outcomes defined are listed below.





Table 1: Vision 2018 Strategic Outcomes

Vision 2018 Strategic Outcomes We deliver the right care in the right place at the right time. First time and every time. 1 2 We deliver an improved health and wellbeing experience to all patients, service users and carers, in all health, community and social care settings We reduce the frequency and necessity for emergency admissions and for care in hospital, residential and nursing home settings 4 We enable more people to access appropriate and effective services closer to home 5 We improve health and social care outcomes in early years to improve school readiness 6 We enable more people to live independently at home for longer 7 We improve the health and social care related quality of life for people with more than one long term condition, physiological and/or psychological 8 We increase collaboration and effective joint working between health and social care partners We improve the satisfaction levels for our workforce colleagues across all health, community and social care settings 10 We improve the end of life experience for individuals and their carers. 11 We are better able to prevent ill health and diagnose conditions quickly thereby reducing the burden on treatment

- We enable people to live longer, healthier lives 12
- We reduce the cost of health and social care while maintaining balance of quality and value
- We ensure equal and fair access to clinically appropriate services for everyone on the Wirral 14
- We will reduce health inequalities so that all Wirral's residents can expect and receive the same health and wellbeing 15 opportunities





7. Programme Scopes

Each of the programmes are developing a detailed definition of scope to ensure its aims and objectives are linked back to these strategic outcomes. This will enable a clear description of how those programmes will enable benefits that will ultimately improve health outcomes for the people of Wirral together with their experience of health care. At the same time, balancing quality and value to improve the efficiency of services delivered will be the third major consideration for each programme.

The programmes are identifying the projects that can be done quickly to start to make a real difference in 2015 i.e. 'the Fast 5 projects' along with those bigger, transformational projects that will need further planning 'the Big 5 projects'. The Programme Managers are using a checklist to identify if their project is faster or bigger (Appendix E). The existing projects and evidence base including Better Care Fund schemes and Quality, Innovation, Productivity and Prevention (QIPP) initiatives are being incorporated into this work to enable a coherent view and governance over all change projects across the system.

For the Big 5 projects a Hexagon 'Deep Dive' model for data collection is being used to develop a more detailed view of the current model/pathway and opportunities for improvement prior to developing a future state service model with staff, patients and carers (Figure 6). Some initial examples of the Big 5 and Fast 5 projects for the Lead Programmes are in Figure 7.

The next step is to implement the Faster projects identified below and for the Bigger projects to initially focus on a couple that will have the biggest impact such as 'Unplanned care system redesign' and 'Respiratory'. For these Bigger projects a focused approach would be undertaken to identify opportunities to transform models of care in these areas of work and establish the short term and longer term benefits.

Figure 6: Hexagon 'Deep Dive' model



N.B. Including benchmarking data



Figure 7: DRAFT BIG and FAST Projects for Lead Programmes

rigure 7. DIALL BIG UIU LAST LIGE	ets for Lead Frogrammes	
Planned Care	Long Term Conditions and Complex Needs	Unplanned Care
	BIG Projects	
 Orthopaedics Gastroenterology Ophthalmology Urology Gynaecology 	 Respiratory Cardiology Stroke Dementia, Alcohol Anxiety and Depression Diabetes Back Pain Long term, out of area, expensive placements 	 Unplanned care system redesign Development of Community Care of Older People's services Develop an integrated single front door on the Arrowe Park site Review of tariffs relating to unplanned care Community rapid response team
	FAST Projects	
Orthopaedic pre-secondary care referral work-up	 Implementation of 15 Better Care Fund schemes e.g. Wirral 	 IV antibiotics and blood transfusion Early Supported Discharge

- 2. One stop hernia service
- 3. Ear care clinic (drop-in)
- 4. PTNS/Botox (drop-in)
- 5. Trial without catheter
- **Anticoagulation services** 6.
- 7. Cancer strategy
- Independence Service, ICCT's/ **Neighbourhood 7 Day** working (for details see Appendix F) 2. **Single Care Plan**
- 3. Pharmacy First
- 4. Collation and publication of available services to all providers
- 5. Development of a communication strategy for Winter



8. Current Position and Next Steps

As part of the review of Vision 2018 a programme methodology has been developed (Figure 8) that is based upon Public Sector Programme Management Approach. There are five distinct phases each broken into key steps and can be used across all Vision 2018 programmes or individual projects. The current position of the Vision 2018 programme in is at the initiation phase and depending on the pace and complexity of individual programmes and projects within Vision 2018 the speed at which they progress will differ.

Figure 8: Programme Methodology

INITIATE	DEFINE	DESIGN	IMPLEMENT	CLOSE
1. Mandate/ case for change	3. Organise programme	7. Engage stakeholders	11. Plan project	15. Formal close down
2. Programme brief/ vision	4. Define governance	8. Develop future state	12. Change management	16. Learning capture
	5. Investigate/ scope benefits	9. Define metrics	13. Programme monitoring	
	6. Programme blueprint	10. Consult	14. Benefits realisation	

Progress to date: Review and Initiate Phase

The paper has indicated the progress to date in regards to the review of Vision 2018 governance arrangements and Programme structure and priorities. This has enabled the baseline quantum of change required (£) to enable sustainable health and social care economy between now and 18/19 and a consensus on the Strategic Outcomes. An alignment exercise of all Better Care Fund and QIPP initiatives and along with this strategic direction has informed the development of initial programme plans for each area, identifying co-dependencies and benefits that link back to the endorsed strategic outcomes. It has also led to initial ideas of the 'Faster' and 'Bigger' Projects that aim to deliver the benefits.

Next steps: Define, Design and Implement Phase

The next steps are as follows (see timeline in Appendix G for more information):

- Continue the mapping to commissioning intentions and 15/16 contracting round to ensure that the Vision 2018 planning is linked into the Commissioning Cycle.
- Establish rapid cycle testing frameworks for quick wins to enable benefits to be realised at pace (see Appendix D, Scenario 1).
- Establish plans for delivering bigger initiatives for delivery during 2015/16 to follow a methodology to enable transformational change and clarity on the outputs that will be realised.
- Undertake a focused approach for Respiratory to identify opportunities to transform models of care in these areas of work and establish the short term and longer term benefits.
- Undertake a focused approach for Unplanned Care System Redesign to identify opportunities to transform models of care in these areas of work and establish the short term and longer term benefits.





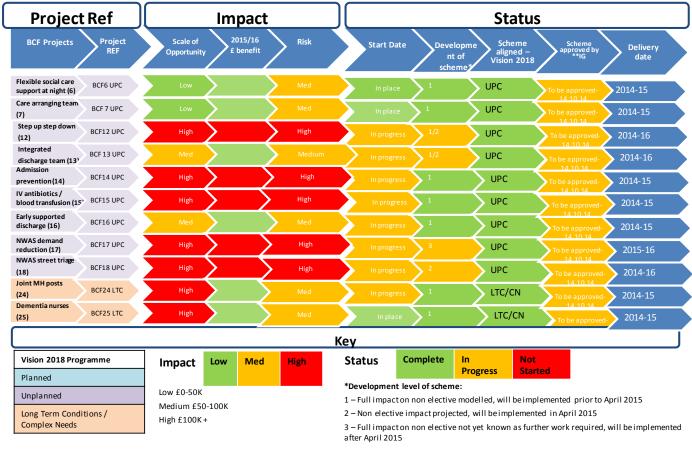


- Implement tools and templates to enable the Implementation Group to have a 'Grip' on the project planning, so that we can effectively manage delivery, interdependencies, cost and benefit tracking for example see Figure 9.
- Embed the Governance Framework to ensure Programme Directors and Programme Managers have clear checkpoints to report to the Implementation Group and the Strategic Leadership Group so that decision making can be made in a fully informed way by the right people.
- Determine opportunity and right size/capability for a pooled Vision 2018 Change Management Office, and how to align enabling functions 'supply' (e.g. workforce management, communications, engagement, finance, business intelligence) with the 'demand' from primary and system enabling programmes. This will ensure that there is sufficient resource to form the Vision 2018 strategy and deliver it effectively in the timescales necessary.

Figure 9: Example of Project Dashboard

Project Development

Year 1 BCF (2014/15): in year







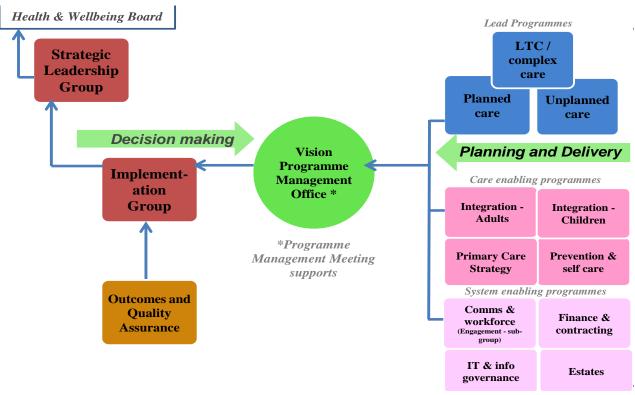
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9. APPENDIX

A. Programme Structure



B. Lead Programmes

Integrated health and social care system principles: Right care, right time, right place, rapid response, change in culture and expectations, prioritising elderly care, 7 day integrated care, early intervention and prevention, building on community based assets

Short term care

Planned Care

begins with a diagnosis in the community, leading to treatment in the community or specialist input for further opinion, diagnosis, treatment or procedure.

There is a planned pathway and patient is able to make decisions about their own treatment.

Unplanned Care

not planned or pre-booked with a GP or hospital. It includes urgent / emergency:

- •GP appointments
- •social care
- •mental health crisis
- •pharmacists, opticians, dentists
- •walk-in centres
- •minor injuries units
- North West Ambulance Service
- accident and emergency (A&E)
- emergency admission to hospital
- GP out of hours

Ongoing Care

Long term conditions and complex needs

represents the largest proportion of people who access planned and unplanned services and require ongoing support. Eg people with diabetes, suffering from drug abuse, alcohol abuse, mental health condition or homelessness

Self-care, early intervention prevention, building resilience and maintaining wellbeing



C. Programme Directors and Managers

		Group	Chair	Programme Manager
		Strategic Leadership Group		Terry Whalley (NWLA)Project Director - Vision 2018
Вс	oards	Implementation Group	, , , , , , , , , , , , , , , , , , ,	Anna Rigby (CCG) PMO
		p	Clare Fish (LA)	Programme Manager

	Programme	Programme Directors	Programme Manager
	Planned Care	Anthony Hassall (WUTH)	Jo Goodfellow (WUTH)
Lead	Unplanned Care	Jon Develing (CCG)	Andrew Cooper (CCG)
Programmes	Long Term Conditions/ Complex Needs	Sheena Cumiskey (CWP)	Val McGee (CWP)
	Integration -Adults	Graham Hodkinson (LA)	Peter Tomlin (CCG/LA)
	Prevention, Self-Care and Community Development	Clare Fish (LA)	Julie Webster (LA)
Care Enabling Programmes	Primary Care Strategy Group	Dr Peter Naylor (CCG)	Christine Campbell (CCG) Barbara Dunton (CCG)
	Integration -Children	Julia Hassall (LA)	Janice Montey(LA)
	Informatics / IT and Information Governance	Mark Blakeman (WUTH)	
System Enabling	Communications and Workforce	Simon Gilby (CT)	Jane Loughran -Communications (CT), Roger Nielson- Workforce (CWP)
Programmes	Engagement (sub group – C and W)	•	Peter Tomlin (CCG) Jane Loughran (CT)
	Finance and Contracting	Mark Bakewell (CCG)	
	Estates	Simon Gilby (CT)	TBC

Key

(CCG) - Clinical Commissioning Group

(LA) - Local Authority

(CWP) – Cheshire and Wirral Partnership NHS Foundation Trust

(CT) – Community Trust

(WUTH) – Wirral University Teaching Hospital NHS Foundation Trust



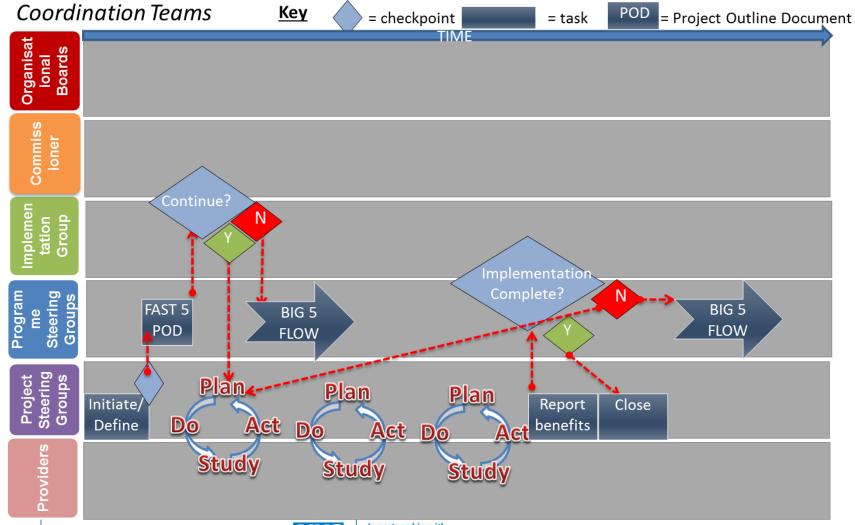




D. Scenarios

Scenario 1 – FAST 5

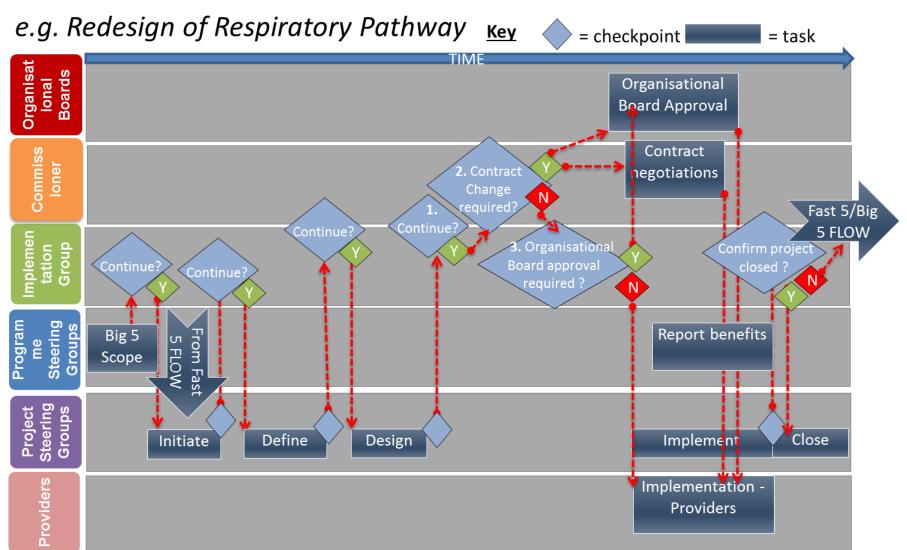
e.g. Readmissions Rapid Cycle Testing – Integrated Care







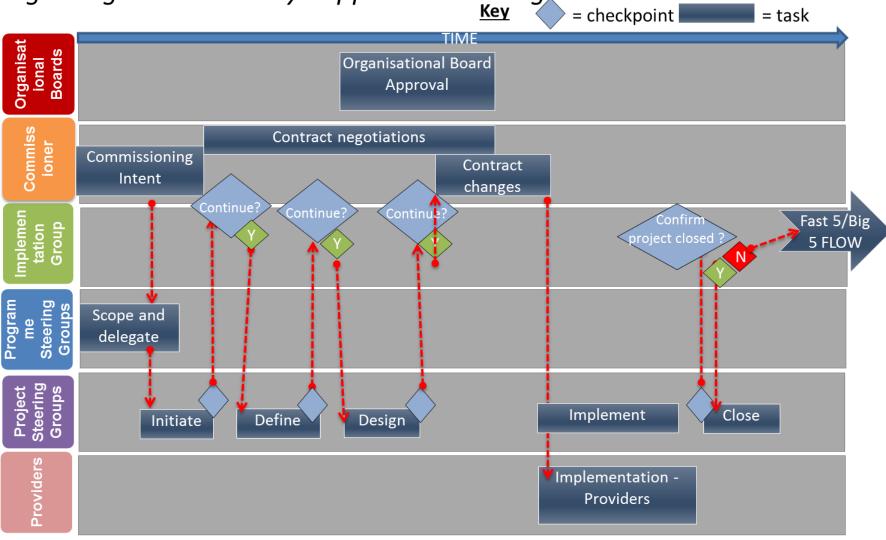
Scenario 2 – BIG 5





Scenario 3 – Commissioner led

e.g. Integration i.e. Early Supported Discharge

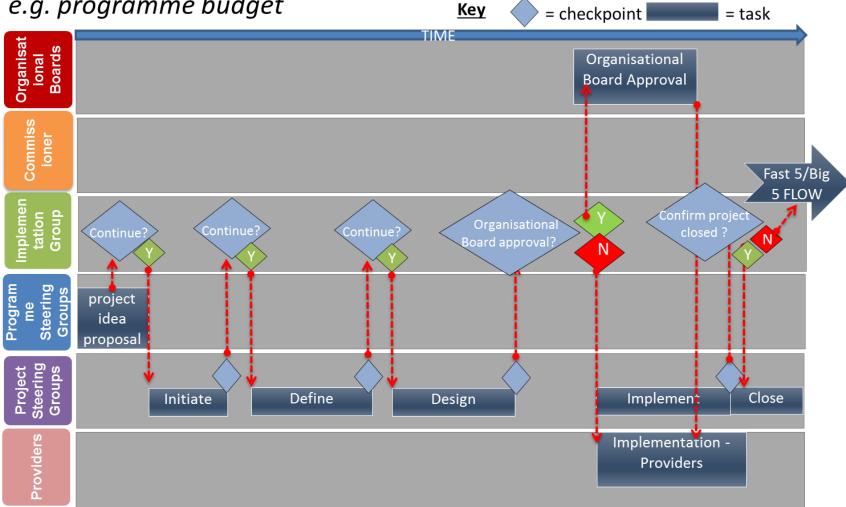






Scenario 4 – Other non contractual

e.g. programme budget







E. Checklist – Big 5, Fast 5

Please answer each of the checklist questions below before proceeding to complete the Project Outline Document. It should help establish if your project can be a Fast or Big 5 project.

Checklist		Sliding scale (0 = faster, 10 = bigger)													
CHECKIISL		4	c	Fa	st	ter	г		В	ig	ge	·r	>		Reference
oblem and the solution are tested and well understood npletely agree, 10 = completely disagree)	(0	1	2	3	4	5	6) 	7 8	T 3 :	9	10	Þ	
cost, 10 = very high cost)		0	1	2	3	4	5	6	3 7	7 8	3 :	9	10	Þ	I
risk, 10 = very high risk)	• (0	1	2	3	4	5	6	3 7	7 8	3 9	9	10	Þ	Risk and Issues Log!
o undertake is / weeks, 10 = numerous years)	•	0	1	2	3	4	5	 6	 	T 7 8	T 3 :	- -	10	Þ	Delivery Plan! A1
ach – would it benefit from a Plan, Do, Study, Act (PDSA) ach over 4 months or less are from breaking the project down into smaller projects / de approach	4													F	http://www.institute.n s.uk/quality_and_ser ce_improvement_tor /quality_and_service mprovement_tools/p
initely benefit from PDSA, 10 = definitely benefit from breakding down)	0	0	1	2	3	4	5	6	1	7 8	3 !	9	10		n do study act.htm
ntious / controversial at all, 10 = very)		0	1	2	3	4		 	 }	 7 8	 3 :) 9	10	Þ	1
nct / Commissioning changes required ne for PDSA, 10 = significant implications e.g. procurement required)		0	1	2	3	4	15	6	 	7 8	T sls	9	10	Þ	I
cant impact to patients I staff I carers - Use stakeholder analysis establish	1							Ţ	ļ	Ţ	Ţ	Ţ		Þ	Stakeholder
ne, 10 = very significant) I Consultation = Use stakeholder analysis sheet to establish ne required for PDSA or anticipated following PDSA, 10 = definitley would formal consultation prior to PDSA / implementation)	4	0			3			6 6		Ţ			10	Þ	Communications!A1 Stakeholder Communications!A1
will be some value to undertaking a PDSA approach lless of the outcome of the immediate tests upletley agree, 10 = completely disagree)			1	2	0	1				,,,			10	F	
ets with a consistent sliding scale toward the lower end can be co lerations all projects must be able to contribute to Vision strategi projects. All projects should have SMART measures of success (S	on jic	si o	id u		ec or	l i ne	or es	tr	a: ip	st le	5. ai	im	n a	r ce	





F. Long Term Conditions and Complex Needs Big/ Fast Projects **Bigger Projects**

Disease §	group (care pathway)	Pieces of work linked to each disease profile
1.	Respiratory	Review of current care pathway Respiratory specialist admission avoidance scheme Psychological input to respiratory patients around prognosis and managing anxiety
2.	Cardiology	Review of current care pathway Review opportunities around creating a Community LTC rehabilitation unit – including Cardiac/Pulmonary and Cancer and aligning Live Well programme
3.	Stroke	Review of current care pathway
4.	Dementia	Review of current care pathway
5.	Alcohol	Review of current care pathway ARBD development including ABI
6.	Anxiety and Depression	Review of current care pathway Link with the tendering of the PCMH service
7.	Diabetes	Review of current care pathway Care planning Community Diabetes Unit
8.	Back Pain	Review of current care pathway
9.	Long term, out of area, expensive placements	Integrated provider hub – as per West's model

Faster Projects

Topic	Details
BCF – all need to be in place by 31 st March 2015	 Wirral Independence – Community Equipment, Telehealth/Telecare and Falls service Community care of the Elderly services Unplanned care and LTC CCG/DASS third sector spend LTC – linked to self-care self-management and community assets ICCT's Investment Care Home schemes Flexible social care support at night Care arranging team Care and support bill implementation Investment in social services in the community Dementia Specialist Alcohol unit Complex needs service Direct joint MH posts
Single Care plan	Development of a single care plan (relevant for all programmes)

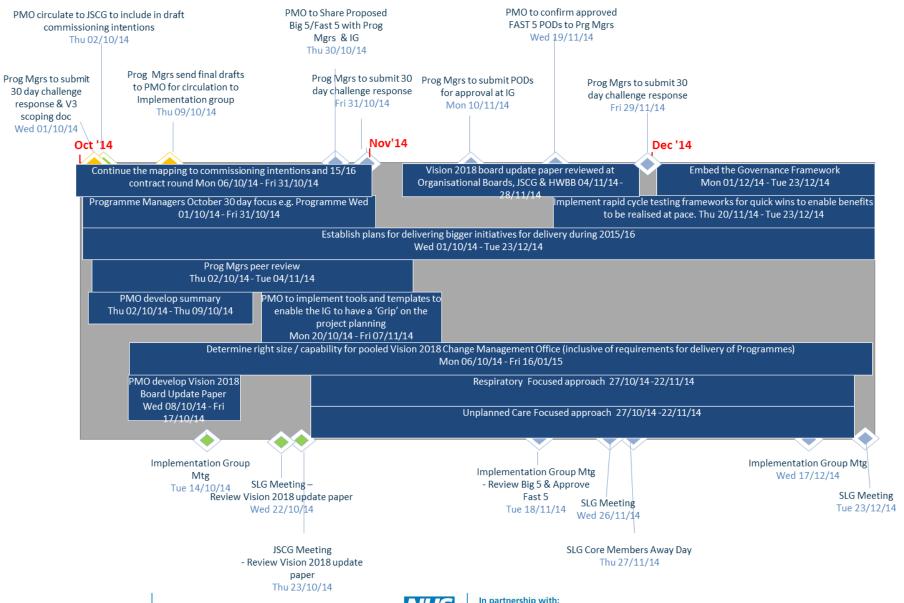




G. Timeline October – December 2014

WIRRAL Wirral Clinical Commissioning Group





Cheshire and Wirral Partnership NHS Foundation Trust

Wirral University Teaching Hospital NHS Foundation Trust

Wirral Community NHS Trust



Document Reference (2014/15/81)

Report to: Board of Directors

Date of Meeting: 26 November 2014

Title of Report: NHS provider licence criteria – 6 monthly self assessment

Action sought: For APPROVAL and NOTING

Authors: David Wood, Associate Director of Safe Services

Louise Hulme, Head of Corporate Affairs

Presenting Executive: Tim Welch, Director of Finance

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

SO1 - Deliver high quality, integrated and innovative services that improve outcomes

SO2 - Ensure meaningful involvement of service users, carers, staff and the wider community

SO3 - Be a model employer and have a caring, competent and motivated workforce

SO4 - Maintain and develop robust partnerships with existing and potential new stakeholders

SO5 – Improve quality of information to improve service delivery, evaluation and planning

SO6 - Sustain financial viability and deliver value for money

SO7 – Be recognised as an open, progressive organisation that is about care, well-being and partnership

Distribution

Version	Name(s)/Group(s)	Date Issued
1	L Hulme to D Wood	17 November 2014
2	D Wood to L Hulme	17 November 2014
2	D Wood to L Hulme for Board of Directors	18 November 2014

Executive director sign-off

Executive director (name and title)	Date signed-off
Tim Welch, Director of Finance	19 November 2014

1. Purpose of the report

In February 2013, *Monitor* published guidance to respond to the statutory consultation on the new NHS provider licence and provided the final standard licence conditions. The guidance was designed to inform providers of NHS services of how *Monitor* will main regulate providers of NHS services. The licence for health care providers came into effect from April 2013.

This report details the 6 monthly NHS provider licence criteria self assessment (May – November 2014). The licence contains obligations for the Trust that allows *Monitor* to fulfil its duties. Since it enables *Monitor* to continuously oversee the way that CWP is governed, this assessment aims to help the Board in confirming the accuracy of requirements and rules that CWP is required to comply with as a license holder.

2. Quarters 1 & 2 *Monitor* NHS provider licence criteria self assessment: April – September 2014 Six month assessment of compliance

See *Appendix 1.1.* There is self assessment evidence detailed against selected *Monitor* NHS provider licence criteria where either a review of position is required or the criteria require the Trust to "comply or explain".

The majority of conditions are rated as Green. The exceptions to this are:

- Condition/ licence provision G6 rated as Amber/ Green: due to residual risks in relation to the strategic risk "Risk of breach of Trust Terms of Authorisation/ Licence as a result of external scrutiny" described within the corporate assurance framework. The Audit Committee reviewed this risk on 1 May 2014 and assurance was received that early warning frameworks are in place, as far as reasonably practical, to mitigate this risk. Risk treatment plan is in place. The Trust is also fully compliant with CQC essential standards of safety and quality. A risk target agreed as 10 to achieve by end 2014/15. It is anticipated that this criteria will return to Green following achievement of the risk target score, which will be informed by internal audit review.
- Condition/ licence provision P1 (4) rated as Amber/ Green: Sub-contracting arrangements are being put in place for the East Drug and Alcohol contract. Appropriate monitoring arrangements are under development. To inform Monitor of these arrangements once finalised.

2. Recommendations to the Board of Directors

The Board of Directors is asked to:

- **Discuss** and **note** the April November 2014 provider licence key criteria self assessment as per *Appendix 1.1* and full licence self assessment as per *Appendix 1.2*.
- Agree that the Audit Committee undertake a role in monitoring the ongoing compliance against the
 provider licence, as part of its remit for assuring on the system of internal control, by reviewing the
 key criteria on a quarterly basis.

Appendix 1.1: Self-assessment evidence against NHS provider licence key criteria as at Q2 2014/15

RAG		Definition
GREEN		Meets or exceeds expectations. Many elements of good practice. No major omissions.
AMBER/	GREEN	Partially meets expectations but confident in management's capacity to deliver green performance within reasonable timeframe.
AMBER/ RED		Partially meets expectations but some concerns on capacity to deliver within a reasonable timeframe.
RI	ED	Does not meet expectations.

Licence	Licence	Self	End quarter 2 2014/15 position	Further actions for completion
reference	provision	assessment	, , , , , , , , , , , , , , , , , , ,	P 111
	provisions	00000	Lau	
G2	Has Monitor	GREEN	No.	No further actions.
	given any			
	direction			
	regarding			
	setting or limiting			
	conditions			
	within the			
	Provider			
	Licence?			
G4(1)	Is the Trust aware of any reason why a newly appointed Governor or an appointed Governor is unfit to be a Governor?	GREEN	No.	In line with changes to Trust declarations of interest, all Governors will be required to complete an annual fit and proper persons declaration in addition to the annual declaration of interest
G4(2)	Is the Trust aware of any reason why a newly appointed Director or a	GREEN	No. To note there is new legislation due to be coming into force setting out that directors of NHS providers must meet a fit and proper person test. The Care Quality Commission will be able to insist on the removal of directors that	In line with changes to Trust declarations of interest, all Directors (and Governors) will be required to complete an annual fit and proper persons declaration in addition to the annual declaration of interest

Licence	Licence	Self	End quarter 2 2014/15 position	Further actions for completion
reference	provision	assessment	·	i dittiei actions for completion
	Director in post is unfit to be a Director?		fail this test.	
G5	Has Monitor issued new guidance relating to the provider licence in the quarter?	GREEN	No.	No further actions.
G6	Executive to consider any new licencing risks identified in the quarter – update of Board Assurance Framework for Board approval?	AMBER/ GREEN	The current corporate assurance framework includes a strategic risk in relation to "Risk of breach of Trust Terms of Authorisation/ Licence as a result of external scrutiny" rated 15 - to inform risk treatment plan on an ongoing basis.	Internal audit review planned by end 2014/15, receipt of significant assurance will confirm archive of this strategic risk and promotion of self assessment rating to Green. Associate Director of Safe Services/ Head of Corporate Affairs
G6(3)	Publication of Annual Governance Statement (AGS)?	GREEN	Completed	Completed for 2014/15. T:\01. BoD Committees\Board of Directors\Meetings\2014\141126\Open\Appendix documents\Provider Licence
G7	Consider CQC registration status in quarter – note cancellations and registrations (G7(2))?	GREEN	Trust Board location to be amended to Redesmere.	Head of Compliance to update statement of registration with change to Trust Board location.
G9	Consider whether	GREEN	No changes.	No further actions.

Licence	Licence	Self	Find avantar 2 204 4/45 manifing	Fruith ou action a four completion
reference	provision	assessment	End quarter 2 2014/15 position	Further actions for completion
	Commissioner			
	Requested			
	Services have			
	not been			
	amended?			
G9(12)	Have the	GREEN	No.	No further actions.
	contractual			
	requirements			
	to activities or			
	any			
	mandatory			
	services been			
	amended?			
2. Pricing				
P1(4)	Have any	AMBER/	Sub contracting arrangements are being put in	To check whether the sub contracting
	services been	GREEN	place for the East Drug and Alcohol contract.	arrangements need to be notified to Monitor.
	sub			Effective Services Department leading on this.
	contracted?		Appropriate monitoring arrangements are under development.	
	and competition			
C1(3)	Are clear	GREEN	The Trust complies with the requirements of the	
	systems in		2014/15 standard contract requirements.	
	place for			
	notifying			
	individual			
	patients about			
	choice?			
4. Integrate				
IC1	Are there any	GREEN	Not at this time.	
	service			
	changes that			
	require staff/			
	public			
	consultation			
	(need to be			
	cognisant of			

Licence	Licence	Self	E - L	-					
reference	provision	assessment	End quarter 2 2014/15 position	Further actions for completion					
	Public								
	Interest)?								
5. Continu	5. Continuity of services								
CoS1	Have any	GREEN	Any contract variations are in line with licence						
	contract		requirements.						
	variations								
	been								
	completed to								
	service								
	specifications								
	[if Yes action								
	required								
0.00	CoS1(4)]?	00000	A.I.						
CoS2	Have any	GREEN	No.						
	assets been								
	disposed of								
	that would								
	impact on the								
	ability to provide								
	'Commissioner								
	Requested								
	Services'?								
6 NHS For	undation Trust c	onditions							
FT1	Has the	GREEN	No changes.						
	Constitution	J. L.L.	The changes.						
	been		Annual Report and Accounts 2013/14 submitted						
	amended?		and published in accordance with timescales.						
	Publication of								
	the Annual								
	Report and								
	Accounts in								
	accordance								
	with Monitor								
	requirements								

Licence	Licence	Self	End quarter 2 2014/15 position	Further actions for completion
FT4(8)	provision - once published requires submission to Monitor with 28 days. Submit to Monitor audited Corporate Governance Statement following Board approval in Q1 by 30 June 2014.	GREEN	Completed in line with Monitor deadline of 30 June 2014. T:\01. BoD Committees\Board of Directors\Meetings\2014\141126\Open\Appendix documents\Provider Licence	

Appendix 1.2: Full list of *Monitor NHS* provider licence criteria

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Appendix 1.3: CWP Licence document

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