Cheshire and Wirral Partnership NHS
NHS Foundation Trust

Meeting of the Foundation Trust Board of Directors
Wednesday 30 November 2016
Redesmere, Countess of Chester Health Park, Chester
1.30pm

Item no.	Title of item	Objectives/desired outcome	Process	Item presenter	Time allocated to item
16/17/80	Apologies for absence	Receive apologies	Verbal	Chair	1 min (1330)
16/17/81	Declarations of Interest	Identify and avoid conflicts of interest	Verbal	Chair	2 min (1331)
16/17/82	Minutes of the previous meeting held 28th September 2016	Confirm as an accurate record the minutes of the previous meetings	Written minutes	Chair	2 mins (1333)
16/17/83	Matters arising and action points	Provide an update in respect of ongoing and outstanding items to ensure progress	Written action schedule and verbal update	Chair	2 mins (1335)
16/17/84	Board Meeting 2016/17 business cycle	Confirm that agenda items provide assurance that the Board is undertaking its duties	Written	Chair	3 mins (1337)
16/17/85	Chair's announcements	Announce items of significance not elsewhere on the agenda	Verbal	Chair	10 mins (1340)
16/17/86	Chief Executive's announcements *(including overview of items discussed in closed meeting)*	Announce items of significance not elsewhere on the agenda	Verbal	Deputy Chief Executive	10 mins (1350)

Item no.	Title of item	Objectives/desired outcome	Process	Item presenter	Time allocated to item
MATTERS FOR APPROVAL/ DECISION					
Strategy					
16/17/87	Strategic Risk Register escalation updates: • a. Apprenticeship levy update • b. Cyber Risk	To approve the risk register and assurance framework	Written	Director of People and OD Director of Finance	10 mins (1400)
16/17/88	Commercialisation of CWP Intellectual Property (IP)	To approve establishment of 'Newco'	Written	Director of Finance	10 mins (1410)
Capability and Culture					
16/17/89	CQC community health survey: key findings	To note the survey results	Written	Director of Nursing, Therapies and Patient Partnership	10 mins (1420)
16/17/90	Freedom to Speak out- six monthly report	To note six monthly report	Written	Director of Nursing, Therapies and Patient Partnership	10mins (1430)
Process and Structures					
16/17/91	Serious Case Review- Child B	To review report outcomes	Written Report	Director of Nursing, Therapies and Patient Partnership	10mins (1440)

Item no.	Title of item	Objectives/desired outcome	Process	Item presenter	Time allocated to item
16/17/92	Wirral Council Ofsted Inspection report and action plan	To review report outcome	Written Report	Director of Nursing, Therapies and Patient Partnership	10 mins (1450)
16/17/93	Daily Ward Staffing figures: October 2016	To note the Daily Ward Staffing Figures	Written Report	Director of Nursing, Therapies and Patient Partnership	10 mins (1500)
16/17/94	Q2 2016/17 reports • a. Infection, Prevention and Control Report • b. CWP Safeguarding (Q1&Q2)	To note the Q2 reports	Written Reports	Director of Nursing, Therapies and Patient Partnership	10 mins (1510)
16/17/95	2015/16 Annual Reports: • a. Research and Development • b. Emergency Planning	To note annual reports	Written Reports	Medical Director/ Director of Operations	10 mins (1520)
Governance					
16/17/96	Matters of Governance: • a. Register of Seals 2015/16 • b. Integrated Governance Strategy: annual review • c. Q2 2016/17 Trust Licence Compliance	To note matters of governance	Written	Director of Finance	5 mins (1530)

Item no.	Title of item	Objectives/desired outcome	Process	Item presenter	Time allocated to item
16/17/97	Audit Committee reporting: • Chair's report of meeting held 1 November 2016	Review Chair's Report and terms of reference and any matters for note/ escalation	Written	Chair of Audit Committee	3 mins (1535)
16/17/98	Quality Committee reporting : • Chair's report of meeting held 2 November 2016	Review Chair's Report and any matters for note/ escalation	Written	Chair of Quality Committee	3 mins (1538)
16/17/99	Review of risk impacts of items discussed	Identify any new risk impacts	Verbal	Chair/ All	5 mins (1541)
16/17/100	Any other business	Consider any urgent items of other business	Verbal or written	Chair	2 mins (1446)
16/17/101	Review of meeting	Review the effectiveness of the meeting (achievement of objectives/desired outcomes and management of time)	Verbal	Chair/All	2 mins (1548)
16/17/102	Date, time and place of next meeting: **Wednesday 25th January 2017, 2pm Boardroom, Redesmere.**	Confirm arrangements for next meeting	Verbal	Chair	1550

Cheshire and Wirral Partnership NHS
NHS Foundation Trust

Minutes of the Open Board of Directors Meeting
Wednesday 28th September 2016
Board Room, Trust HQ, Redesmere commencing at 1.45pm

PRESENT	Mike Maier, Chair Sheena Cumiskey, Chief Executive Dr Faouzi Alam, Medical Director Fiona Clark, Non-Executive Director Avril Devaney, Director of Nursing, Therapies and Patient Partnership Dr Jim O'Connor, Non-Executive Director Lucy Crumplin, Non-Executive Director Andy Harland, Deputy Director of Finance. Rebecca Burke – Sharples, Non-Executive Director Andy Styring, Director of Operations
IN ATTENDANCE	Louise Brereton, Head of Corporate Affairs Louise Douglas, Interim Communications Adviser (for item 16/17/89) Amanda Miskell, Infection, Prevention and Control (for item 16/17/68) Hayley Curran, Head of Organisational Development (for item 16/17/65) Chris Sheldon, Head of HR (for item 16/17/64) Rob Robertson, Public Governor Ken Edward, Staff Governor Stanley Mayne, Public Governor
APOLOGIES	David Harris, Director of People and Organisational Development. Sarah McKenna, Non-Executive Director Tim Welch, Director of Finance Dr Anushta Sivananthan, Medical Director

REF	MINUTES	ACTION
16/17/54	**Apologies for absence** Mike Maier welcomed all to the meeting. Apologies were noted from David Harris, Sarah McKenna, Tim Welch and Dr Anushta Sivananthan. Andy Harland, Deputy Director of Finance was attending on behalf of Tim Welch. The meeting was quorate.	
16/17/55	**Declarations of Interest** None was declared.	
16/17/56	**Minutes of the previous meeting held 27th July 2016** The minutes of the meeting held 27th July 2016 were reviewed. Avril Devaney requested an amendment to minute 16/17/35 to reference that the Person Centred Framework will not be issued for consultation but that feedback is being widely accepted on the principles. The Board will receive the final framework in January 2017. The minutes of the meeting held **27th July 2016** were **agreed** as a correct record.	

16/17/57	**Matters arising and action points** All actions were closed or in progress.	
16/17/58	**Board 2016/17 Business Cycle** The business cycle was reviewed. A number of items had been deferred to the November 2016 to better manage the agenda. These included: • Emergency Planning Annual Report • Integrated Governance Strategy • Security Annual Report.	
16/17/59	**Chair's Announcements** The Chair announced the following: **Tier 4 CAMHS** Ancora House is now fully operational. Some excellent launch events have been held. Thanks were extended to everyone involved in the project. **Award for young people's mental health model** Claire Evans, Participation and Engagement Lead, was named National Lead of the Year at the Young Advisor Awards 2016. The award comes two years after CWP became the first NHS Trust to sign up to the national Young Advisors scheme, which gives 15 to 24-year-olds the chance to influence decision-making and improve community services in their area. **Autism screening to improve criminal justice service** CWP has begun working towards national accreditation as part of plans to increase awareness of autism in the criminal justice system.	
16/17/60	**Chief Executive Announcements** Sheena Cumiskey gave an overview of items discussed at the closed meeting. These included: • An update on the Trust's well led review which has now launched. • Healthy Wirral systems working update. • The formal start of the CCICP partnership from 1st October 2016 and transfer of service from East Cheshire Trust to Mid Cheshire Trust. • Progress on proposed consultation on service redesign in Central and Eastern Cheshire. • A financial update including confirmation that the Trust is on track to achieve control total of deficit of £0.9m. Work is continuing to consider how to ensure sufficient levels of cash. • Progress on West Cheshire financial recovery plan (FRP). Sheena Cumiskey provided an overview of the recently issued NHSI planning guidance. This requires a two year Operational Plan to be finalised by 23rd December 2016. A significant change is the introduction of system wide control totals and efforts to return local health economies to financial balance. It was noted that this guidance makes clear the operational environment with the central mandate for financial balance.	

16/17/61	**Q1 2016/17 Quality Improvement Report** Dr Faouzi Alam presented the report on behalf of Dr Anushta Sivananthan. A discussion followed regarding the Trust ABI partnership work with the Walton Centre. Dr Faouzi Alam advised that this was started informally by clinicians with an interest in this area, who started working together to look at how to best manage ABI patients. Since this time, a pathway linked to Walton was established and a more formal agreement was entered into; however there is not the funding to continue to support this work. Andy Styring commented that this is disappointing picture as there is a good evidence base about outcomes and the service is cited as international best practice but the additional funding is not forthcoming and in some areas there have been reductions. The shortage of local services continues to be raised with CCGs. Sheena Cumiskey commented on the success of the Westminster surgery. This is operating in a diverse population with some patients having a high level of needs. Feedback suggests the difference that the facility has made to the community at large and so far, this has been a great success and represents good learning for the Trust on services to improve wellbeing. The Board expressed thanks to the team for the style and presentation of the report which is far more outcomes focussed and person centred in style. The Board resolved to **note** the report.	
16/17/62	**Risk Register and Assurance Framework** Dr Faouzi Alam presented the report on behalf of Dr Anushta Sivananthan and provided an overview of the risk register and assurance framework. The presentation of the document has been reworked and is aiming to be more user friendly for risk leads. Three new risks have been added to the risk register: • the impact of the apprenticeship levy; • risk of avoidable falls resulting in harm for specific vulnerable patients; and • risk of harm to vulnerable patients in the event of failure to identify deteriorating physical health. Two risks have been amended: • fragmentation of commissioning leading to fragmented patient pathways (increase in likelihood scoring); and • risk in relation to staff skills and attitudes (remodelled to a risk score of 9). Dr Alam advised that there are currently seven red-rated risks and eight amber risks. The new presentation of the risk register and assurance framework has been well received at the Quality Committee and by the governors at the Scrutiny subcommittee.	

	A discussion ensued. Mike Maier commented on the lack of progress with action to minimise cyber risk. There is a lack of expertise in the organisation which is contributing to the slow pace however this is a significant risk for the Trust. The Audit Committee continue to take an interest in the progress with this risk. A query was raised regarding the apprenticeship levy risk and the level impact expected. The Board were advised that Louise Kitchener, Head of Learning and Development is leading on a group to look at the impact which links into the People and OD subcommittee. The financial plan also includes the potential cost impact of the levy. Board members agreed an update on this would be useful for a future meeting. **Action:** DH to bring an update on progress with this to next board for an update.	**DH**
16/17/63	**Equality and Diversity Annual Report 2015/16** Avril Devaney briefed the Board on the Equality and Diversity Annual Report and highlighted the following issues: • The Trust is compliant with the Equality Act 2010 however there have been challenges in 2015/16 which require addressing in 2016/17, These include: • EDS2 evidence needs to be more specific on how services are provided to all members of the diverse communities. • Collection of equality data for service users' needs to be improved especially in the areas of ethnic and sexuality • Changes to Care-notes in relation to gathering information on additional issues relating to culture. Avril Devaney provided an overview of the 2016/17 objectives. These included: • Improving intelligence. • Developing staff including actions to attract a more diverse workforce. • Working with communities and building on the already strong links in place. A discussion followed regarding the action that the Trust is taking to encourage diversity of senior managers. Avril Devaney advised that this work will initially focus on understanding if there are any barriers faced by those we already employ and understanding why there is a lack of progression here. The Board noted that the North West Leadership Academy are prioritising this and have introduced a number of programmes to encourage diversity in senior positions. The Board resolved to **note** the report. (Chris Sheldon joined the meeting).	

16/17/64	**Modern Slavery Act statement** The Chair welcomed Chris Sheldon to the meeting. Chris advised that the UK Modern Slavery Act came into force recently requiring commercial organisations with a specified level of turnover to publish a statement on the systems in place to ensure slavery or human trafficking is not present in their organisations or supply chains. Chris Sheldon advised that the requirement impacts on the Trust on a number of levels, as employers, as procurers and as upholders of safeguarding. Fiona Clark queried how the Trust seeks assurance that organisations within the Trust's supply chains are compliant with our expectations and our commitment to the principles within the statement. Andy Styring advised that this should be clearly cited within contracts and sub-contracts so suppliers are clear of our expectations. Should the Trust become aware of practices that are not compliant, then the Trust would take action to cease the contact and report this to safeguarding. The Board agreed that the safeguarding element of the statement needed strengthening. A communications plan is also required to promote the statement and to ensure that staff understand the action to take should they suspect any non-compliance. Rebecca Burke-Sharples commented that adherence to the statement should be confirmed within subcontractors. **Action:** To check on agreement and compliance of suppliers to the statement and to ensure that suppliers on procurement frameworks are compliant with the statement and that this is factored into due diligence checks. The final statement will be signed by the Chairman and published on the Trust website. Subject to the agreed additions, the Board resolved to **approve** the Modern Slavery Act statement for publication. (Hayley Curran joined the meeting).	**DH**
16/17/65	**Staff Appraisal Update** The Chair welcomed Hayley Curran to the meeting. Hayley briefed the Board on the new staff appraisal which was launched in May 2016. The aim of the new process was to achieve 100% compliance (of all available appraisals) and to improve the quality of the appraisal discussion. The new approach includes two phases, the first to complete appraisals for staff at Band 7 and above and the second to complete appraisals for staff at Bands 5/6 and above. At end of phase one, 83.2% of staff at Band 7 and above had completed their appraisals which was 16.8% short of Trust target. Feedback from staff indicates that the shortfall was due to a lack of planning from managers. The team intend to better support managers by supplying monthly reports to help managers know when appraisals should be	

	scheduled. The Trust is still within the phase two period focusing on Bands 5/6 appraisal. To date, 52% have been completed with those outstanding scheduled for completion within the remaining timeframe. A quality review of appraisal has now been built into the process, via a survey to those who have their appraisal. This has had a pleasing response rate with good feedback from staff on their recent appraisal experience. Further analysis has been requested by the People and OD subcommittee to interrogate the data further to locality level to target further work or areas for development. The subcommittee are also looking at ways to remove barriers for people accessing development and training as a response to the feedback. Lucy Crumplin queried the current performance for Band 7 appraisal and whether the gap in compliance had since been closed, as the Board's expectations were that 100% compliance should have been achieved. Hayley Curran advised that the updated figures would be provided to Board members following the meeting. **Action:** Update on position re. Band 7 appraisal compliance to be provided to Board Sheena Cumiskey commented that overall, there had been a significant improvement in progress over the three month period, however there was still further work to do to close the outstanding gap in compliance. Dr Faouzi Alam commented on the robust approach to doctors' appraisal but that the national compliance rate for this was 90%, suggesting that 100% compliance is a very challenging target. Rebecca Burke-Sharples commended the progress to date but commented that Band 7 is a senior role and there should also be an onus on incumbent to seek out their appraisal as part of their own commitment to personal development. Dr Jim O'Connor also commended the progress and the improvements made. The additional angle on measuring quality was also welcomed. Avril Devaney commented that the new approach to appraisal including the completion of the workbook has been useful for nursing staff for revalidation evidence. The Board resolved to **note** the report.	**DH**
16/17/66	**Daily Ward Staffing Figures August 2016** Avril Devaney presented the August ward staffing data. Overall the wards are performing well. Those with variation showed that this was due to staff sickness or maternity leave. Ward workarounds undertaken by the Deputy Director of Nursing are targeted at those wards with variation in figures. The Board resolved to **note** the report.	

16/17/67	**PLACE 2016 Inspection Report** Andy Styring presented the report. The 2016 PLACE results have shown a significant improvement since 2015. Inspections are undertaken by a wide variety of patient assessors including involvement representatives, past and current service users, governors and representatives from Healthwatch in each locality. Andy Styring highlighted the following points: • Improvement was seen in all areas with the exception of one domain within the inspection of the Millbrook unit. • Improvement is now above national average in each area. • Any lower scoring areas such as catering, have since been addressed. The Chair extended his thanks to the Estates and Facilities team for their work in helping the Trust achieve these improvements. A letter would be sent on behalf of the Board to formally extend the appreciation. **Action:** Note of thanks from the Board to be sent to the Estates and Facilities team regarding the improvement in the PLACE results The Board resolved to **note** the report. (Amanda Miskell joined the meeting)	**LB**
16/17/68	**2016/17 Q1 Infection, Prevention and Control Report** The Chair welcomed Amanda Miskell to the meeting. Amanda informed the Board that Q1 2016/17 focussed on the prevalence of invasive device related infections. Sheena Cumiskey queried whether the number of infections had increased or the actual usage of invasive devices. The latter was confirmed and it was agreed that this would be made clearer in the report published on the website. Rebecca Burke-Sharples requested clarification that the definition of wounds includes pressure sores. This was confirmed. The Board resolved to **note** the report.	
16/17/69	**National Data Guardian review** Dr Faouzi Alam introduced the report. The national guardian data review was referred to the Board from the Audit Committee following the direction from NHS England requesting that Boards take action to note the review recommendations. There has been no formal acceptance of the recommendations from the Secretary of State as yet but it is expected that these will be accepted. Dr Alam drew attention to appendix 2 which sets out the action plan which the Trust will be implementing in response to the recommendations.	

	The Board were advised of the new Data Protection Act due in 2018 though the impact of 'Brexit' on this is still unknown. The new Act will have a significant impact and there will be a number of new requirements to be implemented in future. The Board noted the need to consider the implications of the new Data Protection Act and the National Data Guardian Review from a local systems point of view due to the potential impacts of data sharing and shared care records. Dr Faouzi Alam commented that as Trust Caldicott Guardian, he is part of the national network and will share developments with the Board as they arise. The Board resolved to **note** the report.	
16/17/70	**Learning from Experience Trimester 1 report** Avril Devaney presented the Learning from Experience report. This presents aggregated learning and is a summary of the full report received by the Quality Committee. Avril Devaney highlighted the following areas: • An audit on duty of candour responsibility showed that 96% people had been notified that a moderate/ severe incident had happened. The next step is to take this further to explain whether the incident was avoidable or not. • The continued focus on reducing incidents of prone positon. Thanks were extended to Ken Edwards' team for changing the approach to training and supporting staff to understand and adopt new methods. Sheena Cumiskey commented on the positive audit of the duty of candour. This was of interest to governors as it was raised at the last Council meeting. The Board resolved to **approve** the report and recommendations.	
16/17/71	**NHSI Oversight Framework** Andy Harland presented the report and advised that following the Board overview of the draft Single Oversight Framework in July, the final framework has been launched and will be effective from 1 October 2016. A number of significant changes have been made to the framework including the calculation of the risk rating which will now be between 1 and 4 and the introduction of 'segmentation' defining the level of central interventions that the Trust may be subject to. Andy Harland provided an overview of the changes. The Board agreed that an early assessment is required to try and estimate which segment the Trust will fall into. NHSI are due to contact Trusts directly to discuss segmentation shortly following the framework becoming operational. The Board resolved to **note** the report.	

16/17/72	**Proposed Constitution amendment** Mike Maier presented a report requested Board approval to a constitution change to uplift the minimum and maximum number of executive directors on the Board of Directors. This had recently been considered and approved by the Council of Governors. The Board resolved to **approve** the report and the constitution amendment.	
16/17/73	**Corporate Governance Manual (CGM): additional amendments** Andy Harland advised the Board of a number of small changes to the Corporate Governance Manual. These had recently been reviewed by the Audit Committee and were commended to the Board for approval. Louise Brereton advised that following changes to the manual, notice of the changes is provided to all Operational Board members, to all staff via CWP essential and via the intranet. The Board resolved to **approve** the changes to the Corporate Governance Manual.	
16/17/74	**Audit Committee reporting:** **• Chair's report of meeting held 6th September 2016** Rebecca Burke-Sharples provided an overview of proceedings at the September Audit Committee meeting. There were no issues for escalation. The annual meeting with auditors resulted in very positive feedback for the Trust. The Board resolved to **receive** the Chair's report.	
16/17/75	**Quality Committee reporting :** **• Chair's report of meeting held 6th July 2016** Lucy Crumplin provided an overview of proceedings at the September Quality Committee. Although there were no issues for escalation, here had been a significant focus on service redesign and quality impacts of this had attracted strong challenge. The Board resolved to **receive** the Chair's report.	
16/17/76	**Review of risk impact of items discussed** All agreed risks had been adequately covered during proceedings.	
16/17/77	**Any other business** There were no further items of business	

16/17/78	**Review of meeting** All agreed that the meeting had been effectual.	
16/17/79	**Date, time and place of the next meeting** Wednesday 30th November, 1.30pm, Boardroom, Redesmere.	

Signed

Chair

Date:

Cheshire and Wirral Partnership NHS
NHS Foundation Trust

Action points from Board of Directors Meetings
September 2016

Date of Meeting	Minute Number	Action	By when	By who	Progress Update	Status
27.7.16	16/17/49	**QUALITY COMMITTEE REPORTING** To schedule a Board presentation on the work of the CRAC team at future meeting.	Nov/ Dec 2016	LB	Scheduled for November/ December 2016	Open
28.9.16	16/17/62	**RISK REGISTER AND ASSURANCE FRAMEWORK** David Harris to provide overview of implementation of apprenticeship levy at future meeting	Nov 2016	DH	Scheduled for November meeting	Closed
28.9.16	16/17/64	**MODERN SLAVERY ACT STATEMENT** To check on agreement and compliance of suppliers to the statement and to ensure that suppliers on procurement frameworks are compliant with the statement	ASAP	DH	Additional actions completed and statement published.	Closed
28.9.16	16/17/65	**STAFF APPRAISAL UPDATE** Update on position re. B7 appraisal compliance to be provided to Board	ASAP	DH	Additional information provided to Board members in October	Closed

28.9.16	16/17/67	**PLACE 2016 INPSECTION REPORT** Note of thanks from the Board to be sent to the Estates team re. PLACE results	ASAP	LB		Completed
28.9.16	16/17/68	**INFECTION, PREVENTION AND CONTROL Q1 REPORT** Amended paper to be provided for final Board pack and to update website	ASAP	AM/ LB	Final amended paper uploaded to Trust website.	Completed

Cheshire and Wirral Partnership NHS Foundation Trust
Board of Directors meeting Business Cycle 2016/17

Cheshire and Wirral Partnership NHS
NHS Foundation Trust

No:	Agenda Item	Executive Lead	Responsible Committee/ Subcommittee	27/04/2016 Seminar	25/05/2016	29/06/2016 Seminar	27/07/2016	28/09/2016	26/10/2016 Seminar	30/11/2016	22/12/2016 Seminar	25/01/2017	22/02/2017 seminar	29/03/2017
Well Led Domain 1: Strategy														
1	**Operational Plan 2017-18approval of submission**	Director of Finance	Operational Board											✓
2	**Receive Annual Report, Accounts and Quality Account**	Director of Finance	Audit Committee (Quality Committee for QA)		✓									
3	**Integrated Governance Framework**	Medical Director Compliance Quality and Regulation	Quality Committee					✓						
4	**Quality Improvement Reports**	Medical Director Compliance Quality and Regulation	Quality Committee		✓			✓				✓		
5	**Strategic Risk Register and Corporate Assurance Framework**	Medical Director Compliance Quality and Regulation	Quality Committee		✓			✓				✓		✓
Well Led Domain 2: Capability and Culture														
6	**CQC Community Patient Survey Report 2015/16 and Action Plan**	Director of Nursing, Therapies and Patient Partnership	Operational Board					✓						
7	**Equality Act Compliance**	Director of Nursing, Therapies and Patient	Operational Board					✓						
8	**Zero Harm strategy reporting**	Medical Director Compliance Quality and Regulation	Quality Committee									✓		
9	**Staff survey 2015/16**	Director of HR and OD	People and OD subcommittee (Operational Board)											✓
10	**Six monthly staffing review**	Director of Nursing, Therapies and Patient	Quality Committee/ Operational Board				✓					✓		
Monitor Well Led Domain 3: Process and Structures														
11	**Receive and Approve Quarterly Monitor returns**	Director of Finance	N/A	✓			✓		✓			✓		
12	**Receive Learning from Experience Report executive summary**	Director of Nursing, Therapies and Patient Partnership	Quality Committee		✓			✓				✓		
13	**Assessment of Quality Governance**	Medical Director Compliance Quality and Regulation	Quality Committee		✓		✓		✓			✓		
14	**Declarations of Interest: Directors and Governors**	Chair	Audit Committee		✓									
15	**CEO /Chair Division of Responsibilities**	Chair	N/A											✓

16	**Care Quality Commission Registration Report**	Director of Finance	Operational Board									✓		
17	**Receive Quarterly Infection Prevention Control Reports**	Director of Infection Prevention and Control	Infection, Prevention and Control subcommittee (Quality Committee)		✓			✓		✓		✓		
18	**Director of Infection Prevention and Control Annual Report 2015/16 inc PLACE**	Director of Infection Prevention and Control	Infection, Prevention and Control subcommittee (Quality Committee)				✓							
19	**Safeguarding Children Annual Report 2015/16**	Director of Nursing, Therapies and Patient Partnership	Safeguarding subcommittee				✓							
20	**Quartely Safeguarding Report**	Director of Nursing, Therapies and Patient Partnership	Safeguarding subcommittee				✓	✓		✓		✓		
21	**Safeguarding Adults Annual Report 2015/16**	Director of Nursing, Therapies and Patient Partnership	Safeguarding subcommittee				✓							
22	**Accountable Officer Annual Report inc. Medicines Management 2015/16**	Medical Director Compliance Quality and Regulation	Medicines Management Group (Quality Committee)				✓							
25	**Health and Safety Annual Report and Fire 2015/16 and link certification**	Director of Nursing, Therapies and Patient Partnership	Health, Safety and Well-being subcommittee (Operational Board)				✓							
26	**Receive Appraisal Annual Report 2015/16 and annual declaration of medical revalidation**	Medical Director of Effectiveness and Medical Workforce	People and OD subcommittee (Operational Board)				✓							
23	**Emergency Planning Annual Report 2015/16**	Director of Nursing, Therapies and Patient Partnership	Emergency Planning subcommittee (Operational Board)					✓						
24	**Monthly Ward Staffing update**	Director of Nursing, Therapies and Patient	Quality Committee		✓		✓	✓		✓		✓		✓
25	**Provider Licence Compliance**	Director of Finance	Audit Committee		✓					✓				
26	**Security Annual Report 2015/16**	Director of Operations	Health, Safety and Well-being subcommittee (Operational Board)					✓						

27	**Mental Health Act compliance report (KP90)**	Medical Director Compliance Quality and Regulation	Compliance, Assurance and Learning subcommittee (Quality Committee)		✓					✓				
28	**Receive Register of Sealings Report**	Director of Finance	Audit Committee					✓						
29	**Receive Research Annual Report 2015/16**	Medical Director Effectiveness Medical Education	Operational Board					✓						
	Monitor Well Led Domain 4: Measurement													
30	**Information Governance 15/16 Toolkit**	Medical Director	Records and Clinical Systems Group (Quality Committee)											✓
31	**Board Performance Dashboard**	Director of Finance	Operational Board		✓		✓	✓		✓		✓		✓
	Governance													
32	**Receive minutes and Chair's Report of the Quality Committee**	Non Executive Director	N/A		✓		✓	✓		✓		✓		✓
33	**Receive minutes and Chair's Report of the Audit Committee**	Non Executive Director	N/A		✓		✓	✓		✓		✓		✓
34	**BOD Business Cycle 2016/17**	Chair	N/A		✓		✓	✓		✓		✓		✓
35	**Approve BOD Business Cycle 2017/18**	Chair	N/A											✓
36	**Review Risk impacts of items**	Chair/All	N/A		✓		✓	✓		✓		✓		✓
37	**Chair's announcements**	Chair	N/A		✓		✓	✓		✓		✓		✓
38	**Chief Executive announcements**	Chief Executive	N/A		✓		✓	✓		✓		✓		✓

Cheshire and Wirral Partnership NHS
NHS Foundation Trust

STANDARDISED REPORT COMMUNICATION

REPORT DETAILS

Report subject:	Strategic Risk Register update: Apprenticeship Levy Report
Agenda ref. no:	16/17/87a
Report to (meeting):	Board of Directors
Action required:	Information and noting
Date of meeting:	30/11/2016
Presented by:	David Harris, Director of People and Organisational Development

Which strategic objectives this report provides information about:	
Deliver high quality, integrated and innovative services that improve outcomes	Yes
Ensure meaningful involvement of service users, carers, staff and the wider community	Yes
Be a model employer and have a caring, competent and motivated workforce	Yes
Maintain and develop robust partnerships with existing and potential new stakeholders	Yes
Improve quality of information to improve service delivery, evaluation and planning	Yes
Sustain financial viability and deliver value for money	Yes
Be recognised as an open, progressive organisation that is about care, well-being and partnership	Yes
Which CQC quality of service domains this report reflects:	
Safe services	Yes
Effective services	Yes
Caring services	Yes
Well-led services	Yes
Services that are responsive to people's needs	Yes
Which Monitor quality governance framework/ well-led domains this report reflects:	
Strategy	Yes
Capability and culture	Yes
Process and structures	Yes
Measurement	Yes
Does this report provide any information to update any current strategic risks? If so, which?	
See current risk register in the agenda of the public meeting of the Board of Directors at http://www.cwp.nhs.uk/about-us/board-members/our-board-meetings	Yes
36T	
Does this report indicate any new strategic risks? If so, describe and indicate risk score:	
See current integrated governance strategy: CWP policies – policy code FR1	
36T	

REPORT BRIEFING

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

The government has committed to delivering 3 million apprenticeships by 2020 across all industries including health and social care. An 'Apprenticeship Levy' will be payable from April 2017 which will have financial and reporting implications for CWP. The levy charge for the Trust will be 0.5% of the total pay bill which will be £646,197 per annum. We also have been given a target of 2.3% apprenticeships per year, based on the headcount of the organisation which equates to 81 staff.

This paper identifies financial risk and options for managing the Levy to ensure that we reduce the risk and build apprenticeships into our wider workforce plans.

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

The Apprenticeship levy was introduced by the government in 2016 through the Finance and Enterprise Bill. The levy applies to all UK employers with annual pay bills of more than £3 million and will be collected through PAYE to HRMC. Employers will draw down funds to cover, or at least subsidise, the cost of training apprenticeships. The money cannot be used to support salaries. Employers can only spend levy funds on training provided by an approved provider. Levy funds can be spent on training against approved apprenticeship standards. This includes either existing staff or new recruits as long as the training meets the approved standard and the employee meets the apprentice eligibility criteria. More detailed background information is contained in Appendix 1.

Assessment – *analysis and considerations of options and risks*

The Apprenticeship Levy has been escalated as a Trust strategic risk and is noted on the Board assurance framework. By way of mitigation an Apprenticeship Task and Finish Group has been established and has been reporting through PODSC since April 2016.

Following the recent publication of the operational planning guidance it has become clear that the cost of the levy is funded and covered within the overall net 0.1% uplift (after 2% efficiency) settlement for the Trust. As such this has already been factored into planning assumptions for 17/18, although the Trust will continue to look for efficiencies in learning and development as elsewhere. Therefore, the focus of this paper is on how the Trust is seeking to maximise the use of the levy to build capability through apprenticeships to enable our people to be the best that they can be. Detail on the work been carried out in this respect can be found in Appendix 1. This is being overseen by a Task and Finish Group and the relevant plan used by the group is attached in Appendix 2.

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

The Board of Directors is asked to **note** the contents of this report.

Who/ which group has approved this report for receipt at the above meeting?	People and OD Sub-Committee
Contributing authors:	Louise Kitchener, Head of Education Sandra Johnson, Senior Education Practitioner

Distribution to other people/ groups/ meetings:

Version	Name/ group/ meeting	Date issued
36T	People and Od subcommittee	November 2016

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

Appendix no.	Appendix title
1 and 2	Background information and Levy Action Plan

16/17/88a Appendix 1

Board Paper – Apprenticeship Levy – Additional Background Information

November 2016

Background

The Government is committed to the creation of three million apprenticeships by 2020 and as a consequence the Apprenticeship Levy will commence in April 2017. All employers with a pay bill of £3m or more will be required to pay 0.5% of its total pay bill which will be collected by HM Revenue and Customs from May 2017. The Government will top up levy payments by 10% each month. Organisations have 2 years to spend their levy fund and those that are unable to utilise their Levy will see it reallocated to committed employers through a top up process. As a result, it should be noted that the Trust will have £630,000 – £650,000 levy taken from Trust resources which can only be spent on Apprenticeship training.

Employers will be able to use their levy to support the provision of Apprenticeship programmes for both existing and new starters. The levy will meet the cost of Apprenticeship training and assessment (with an approved training provider and assessment organisation up to a funding maximum) but not wages, travel and subsidiary costs, managerial costs or the costs of setting up an Apprenticeship programme.

The levy funding can subsequently be drawn back down via a digital vouchers system on the Digital Apprenticeship Service (DAS) to support and fund the apprenticeship qualifications training.

Additionally, the Enterprise Bill (2015) introduced annual statutory targets for the employment of apprentices within public bodies of 2.3% of total head count. It is estimated this equates to approximately 82 (excl bank staff) and 93 (incl bank staff) new Apprenticeship starts for 2017/2018 for CWP based on figures as of 1.11.16. There is an expectation to report annually on progress towards meeting this target.

Apprenticeships will be available at a range of educational levels from 2 – 7 for example, A Level to Master Degree.

There are clear benefits associated with employing apprentices such as helping to grow our own workforce, creation of career pathways and organisational contributions to increased local career opportunities.

Apprenticeship programmes can also be undertaken by existing staff to support effective development workforce and it is anticipated that a significant proportion of the levy will be utilised by our existing workforce alongside those externally recruited apprentices.

Details of the levy are still developing and the Board are asked to note the work that has taken place to date and the opportunities and challenges the Levy will bring to the Trust.

Work to Date

Education CWP have identified a number of opportunities for the Trust to optimise the levy funding for apprenticeships;

- Enhanced attraction of entrants to areas of skills gaps and shortages.
- New vacancies are firstly considered for possible Apprenticeship programmes
- Appraisal conversations and development plans to support the growth of the Trust's own talent by accessing Apprenticeship programmes that extend from entry level to technical, managerial and professional roles.
- Ensure future workforce plans are flexible with regard to Apprenticeship posts with links to the People and Organisational Development Strategy including talent pipeline development via the apprenticeship route.
- Develop further local and regional partnerships in the management and development of Apprenticeship programmes.

In preparation for the introduction of the Apprenticeship Levy Education CWP have achieved the following to date to ensure maximum return on the levy payment:

- Liaising with finance colleagues regarding mitigation of financial risk
- Highlighted financial risk on CWP risk Register
- Working with partners in health and social care to explore opportunities for collaborative working to recoup the maximum return on the levy and are in partnership currently developing regional Apprenticeship Strategies across Merseyside and Cheshire.
- Established an Apprenticeship Levy Task and Finish Group - a plan has been developed to ensure the Apprenticeship Levy can be effectively utilised. The Apprenticeship Action Plan will enable the Trust to utilise the Apprenticeship Levy for 2017/2018 and have a clear actions going forward to achieve the Levy year on year.
- Identifying potential expansion of Apprenticeship activity including newly developing roles to support patient care skill mix and the opportunities to recruit from our local community.
- Working with Recruitment colleagues to increase links with local schools and participate in regional apprenticeship events
- Ensuring further information is utilised as soon as it becomes available
- Review of our existing contractual arrangements with Apprenticeship providers.
- Education CWP are discussing the Apprenticeship Levy and its impact at various locality meetings and groups with the development of further senior manager briefings and bulletins over the coming months
- Plan to undertake Apprenticeship Levy readiness assessment

The Trust already operates an Apprenticeship scheme and we have currently had 22 apprenticeships across the organisation in 2015-2016. Education CWP recognises the requirement to increase this number significantly to meet the public sector levy target.

Challenges and next steps for the Trust

Health Education England anticipates making an allocation of £40,000 per organisation for the financial years 2017- 2018 & 2018-2019 (subject to HEE's current finance planning assumptions). While it will be a locally determined decision in how organisations plan and use the investment HEE anticipate that it will help with provision of infrastructure capacity to coordinate and plan developments. They will also provide an additional allocation to support potential activity-based related costs that might be needed to develop and support specific local partnership delivery activity, i.e. occupational health, DBS and uniform costs.

- Education CWP to review Vocational Learning Officer role (band 4) to focus solely on Apprenticeships (including managing the DAS) and pre-employment schemes and current structure regarding additional staff requirement to support management of this levy. This is supported by the additional HEE funding.
- There is an immediate requirement for CWP to embark on a programme of work to recruit the required number of Apprenticeships in order for the organisation to meet the target on an annual basis including;
    - Working in partnership with the Recruitment team establish a clear recruitment pathway for Apprenticeships, ensuring that when vacancies arise - think apprenticeships first.
    - Communications documents to provide information to recruiting managers and prospective employees.
    - Role identification - it is proposed to automatically highlight all vacancies for consideration as apprenticeship posts especially Bands 1-4. The details for this, including consideration for exclusion areas (e.g. access to clinical areas for under 18 years of age) and impact through saturation of areas will be worked through via engagement of services.
    - Apprenticeships will be widely communicated across the Trust to ensure that managers are aware of the development opportunities available for existing staff but also think 'Apprentice' when vacancies arise – Education CWP Vocational team.
    - The Education CWP and Recruitment team have been reaching out to schools etc to build relationships and continue to attend open evening and apprenticeship events.
- The Nursing Associate role and the removal of bursaries for nursing and allied health professional students will lead to the development of alternative routes for

those wishing to pursue a career in nursing, midwifery and other allied health professions. This is an area of work being developed by the Education CWP team.

- Dedicated e mail feeds are being developed and intranet pages developed with links to apprenticeship and other relevant information.

  Long term

- Consideration of opportunity to set up as assessment and/or training centre with provider status within Education CWP from 2018.

Recommendations

- Education CWP manage the Apprenticeship Levy (in partnership with other CWP departments), Digital Apprenticeship Service, negotiation and agreement of prices for training with selected providers and planning Apprenticeship training

- We will recruit new apprentices into existing vacancies that are deemed to be suitable to ensure that Apprenticeships receive support at the highest level and support the development of the current workforce through offering a range of apprenticeship opportunities for existing staff as a method of growing our own future workforce including our future nursing workforce.

Supporting documents and/or further reading

Apprenticeship levy – how it will work

https://www.gov.uk/government/publications/apprenticeship-levy-how-it-will-work

Department of Health: Reforming healthcare education funding: creating a sustainable workforce – 04/2016
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/539774/health-education-funding-response.pdf

Impact Assessment 07/04/2016 Department for Business, Innovation and Skills;
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/515029/NHS_Bursary_IA.pdf

NHS Employers Board Briefing

http://www.nhsemployers.org/your-workforce/recruit/employer-led-recruitment/apprenticeships/apprenticeship-policy/levy/board-briefing-on-apprenticeship-policy-changes

	Completed
	Actions almost completed
	Moderate progress made
	Little or no progress made

Maximising the Levy – Action Plan

April 2016 - April 2017

Lead: Louise Kitchener, Head of Education

ACTIVITY	OWNER(S)	OBJECTIVES	ACTION PLAN	TIME SCALE	RAG Status
Education CWP					
• Engage with key stakeholder and ensure governance requirements in place • Lead Apprenticeship levy implementation and support innovative ways of using the levy to support existing and new opportunities for delivery of care	Sandra Johnson	• Have agreed assurance processes in place for the key levy deliverables i.e.: o Criteria for staff groups o Financial implications • Communicate apprenticeship programmes and pathways across CWP • Higher take up of NVQ's (Apprenticeships) for existing staff • Increase new starters Apprenticeship programmes • Deliver against the target set by DoH • Increase in existing development pathways for our clinical and non-clinical staff • Increase in staff contacting Education CWP regarding apprenticeships	• Establish Task and Finish group (March 2016) • CWP applied to take part in the national Digital Apprenticeship Service pilot (commencing June 16) to update PODSC in September	March 2016	

ACTIVITY	OWNER(S)	OBJECTIVES	ACTION PLAN	TIME SCALE	RAG Status
			• Ensure governance requirements for Education Governance, PODSC, QC and strategically are in place as required. • Confirm finance representative on T&F group • Work in partnership with other trusts at regional level and support these groups in development of regional strategies following successful funding bid. • Explore innovative options for new Apprenticeships across all levels	Dec 16	
			• Work with Senior Managers and People Services to agree and promote career pathways for our current and future workforce. • Link in with training providers to strengthen partnerships and pool opportunities including academic years / enrolment. • Review and update current Apprenticeship programmes • Explore Trailblazers option	December 2016	
Resourcing					
• Work in partnership with Education to support the smooth implementation	Viv Williamson	• Advise on future roles required within CWP • More enquires from target group (16-18yrs) • Case studies	• On-going in line with Trust workforce planning • Link in with apprenticeship website and Facebook page when ready – link is in for HEE careers website.	Ongoing	

ACTIVITY	OWNER(S)	OBJECTIVES	ACTION PLAN	TIME SCALE	RAG Status
of the levy in relation to future workforce requirements • Support continuing development of resilience workforce • Employer brand • Attract new staff • Future Workforce plan • Look at current and future role requirements • Raising the aspirations of current staff		• Canvass schools, colleges, career fairs • Network job centres • Target group of new staff employed (16-24yrs) • Reinforce recruitment process i.e. importance of DBS, policy etc • Support development of comms and information to managers and staff • Consider secondments • Work with comms/Education to develop staff 'stories' re examples of career pathways	• To be developed for in-house as available but will have links to other national case studies • Recruitment attend career fairs, colleges, universities. To progress this work with Career and Engagement Hubs to benefit from collaborative approach • Work already underway with job centres and on-going. • Education rather than Resourcing? • On-going through recruitment training and to include with future comms • As per comms plan • As above re case studies – link to pathways on HEE site		
People Information					
• Provision of information to support planning and implementation of apprenticeship levy	Gill Kelly	• Data collection o Where is the need? o Current positions that could become apprenticeships	• Information regarding enough new staff recruited to reach levy target • Current staff turnover bands 1-4 • Planned retirement figures to plan for future recruitment? • Provision of information to support initial mapping, research and progress as required	December 16	
Finance					
• Lead on financial aspects of levy	Lucy Jones	• Ensure we have processes in place to deliver the Levy by April	• Option Appraisal work to be completed (commence October) • All budget leaders are notified the	January 2017	

ACTIVITY	OWNER(S)	OBJECTIVES	ACTION PLAN	TIME SCALE	RAG Status
implementation		2017, via PAYE code for 2.3% wage bill (monthly).	cost of apprenticeships and levy charges • HRMC process in place to collect the levy. • Work with Education CWP to help 'draw down' the funding from the Digital Apprenticeship Service.		
Comms and Engagement					
• Provision of expert communications support to ensure Trust wide engagement in preparation to meet the requirements of the levy	Natalie Lewis	• Agree and tailor key messages for internal / external / locality and demographic needs • Work with Education CWP to agree messages of benefits of apprenticeships at CWP • Enhance CWP's promotion as a good employer and promote opportunities • Staff confident in what apprenticeships can bring to their team / wider service / CWP	• Create comms and engagement strategy to monitor and evaluate progress • Support Education CWP in promoting existing good practice at CWP for apprentices • Use comms channels to cascade timely info and signpost staff to appropriate support & provide context • Develop and share case studies and best practice examples – why people want to work for CWP / how they've developed their career • Continue to use LinkedIn and Twitter to promote the latest jobs/opportunities available • Continue to explore specific benefits of working for CWP in context of NHS and other local employers	September 2016	

ACTIVITY	OWNER(S)	OBJECTIVES	ACTION PLAN	TIME SCALE	RAG Status
			• Set up an Apprenticeship area of the intranet		
Localities					
Central and East	Chrissie Evans	• Develop culture of innovatively utilising apprenticeships within locality to enhance current workforce	• Working with Education CWP Vocational team to consider current options and staff for apprenticeship training • Developing career pathways for Nursing and Admin staff • Consider new ways of managing the aging workforce e.g. consideration for staff in clinical roles to transfer to non-clinical roles, with a training package provided via apprenticeship route.	December 2016	
West	Jean Pace	• Develop culture of innovatively utilising apprenticeships within locality to enhance current workforce • Update CWP West Senior Management Team about the Apprenticeship Levy • Cascade information to service and team level via CSM's who attend Senior Management Team meeting	• Working with Education CWP Vocational team to consider current options and staff for apprenticeship training • Develop career pathways clinical and non-clinical staff • Work with Finance and Wor kforce departments to review establishments/skill mix to create opportunities for apprentices • Consider how staff can gain employment within CWP West on completion of apprenticeship	December 2016	

ACTIVITY	OWNER(S)	OBJECTIVES	ACTION PLAN	TIME SCALE	RAG Status
Wirral	Adrian Moss	• Develop culture of innovatively utilising apprenticeships within locality to enhance current workforce • Update CWP West Senior Management Team about the Apprenticeship Levy	• Confirmation of date of update to senior management team • Work with education CWP and senior management team to consider options for apprenticeship within Wirral locality	December 16	

Cheshire and Wirral Partnership NHS
NHS Foundation Trust

STANDARDISED REPORT COMMUNICATION

REPORT DETAILS

Report subject:	Update on strategic risk 3 – risk of cyber attack
Agenda ref. no:	16/17/87b
Report to (meeting):	Board of Directors
Action required:	Discussion and Approval
Date of meeting:	30/11/2016
Presented by:	Tim Welch – Director of Finance

Which strategic objectives this report provides information about:	
Deliver high quality, integrated and innovative services that improve outcomes	Yes
Ensure meaningful involvement of service users, carers, staff and the wider community	Yes
Be a model employer and have a caring, competent and motivated workforce	Yes
Maintain and develop robust partnerships with existing and potential new stakeholders	Yes
Improve quality of information to improve service delivery, evaluation and planning	Yes
Sustain financial viability and deliver value for money	Yes
Be recognised as an open, progressive organisation that is about care, well-being and partnership	Yes
Which CQC quality of service domains this report reflects:	
Safe services	Yes
Effective services	Yes
Caring services	Yes
Well-led services	Yes
Services that are responsive to people's needs	Yes
Which Monitor quality governance framework/ well-led domains this report reflects:	
Strategy	Yes
Capability and culture	Yes
Process and structures	Yes
Measurement	No
Does this report provide any information to update any current strategic risks? If so, which?	
See current risk register in the agenda of the public meeting of the Board of Directors at http://www.cwp.nhs.uk/about-us/board-members/our-board-meetings	Yes
Risk of cyber-attack resulting in loss of access to key systems and/ or data files with possible impacts on healthcare delivery, financial penalties and reputational damage	
Does this report indicate any new strategic risks? If so, describe and indicate risk score:	
See current integrated governance strategy: CWP policies – policy code FR1	No
N/A	

REPORT BRIEFING

Situation – *a concise statement of the purpose of this report*
To provide an update on the proposed treatment of the current strategic risk of cyber-attack resulting in loss of access to key systems and/ or data files with possible impacts on healthcare delivery, financial penalties and reputational damage.

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

Organisationally, the strategic risk of cyber attack has been in-scope for a number of months in response to the evolving threat from cyber crime. Nationally, and recently, the Government unveiled plans to spend £1.9billion on enhancing Britain's cyber security.

The Audit Committee has taken a proactive and lead role in understanding the nature and degree of this risk. The Audit Committee commissioned an ICT network cyber security audit by MIAA, which was presented at their November meeting. Following this, recommendations from the audit were discussed and it was agreed to refer the matter to Operational Board (to maintain oversight of the strategic risk) and Board of Directors (to approve the assurance approach as a component of the Board Assurance Framework).

Assessment – *analysis and considerations of options and risks*

This strategic risk is a clear and present threat, with large quantities of sensitive data held by the NHS and the Government being a target. The risk has a number of interdependencies at a number of levels, including outwith the Trust, and also has a non-technical element in relation to the risks posed by the limitations of human behaviour (Human Factors). It is therefore important to accept that the Trust should be prepared to tolerate a relatively significant inherent level of risk. As such, it is proposed that the treatment of this risk is undertaken in a structured way, thus:

- Conduct the necessary impact/ risk assessments to identify and analyse the risks to the organisation. This should include an analysis of the threats and gaps but also the opportunities – data protection is a key enabler of innovation and better care. The subsequent practicable mitigating actions, with timeframes, to treat this risk should be identified by 28 December for Quality Committee approval. (Programme Manager – IT Enabled Service Transformation)
- This risk assessment to identify a revised timeframe for additional resilience work. (Programme Manager – IT Enabled Service Transformation)
- The risk treatment plan to also consider:
  - (i) Intrusion prevention options. (Programme Manager – IT Enabled Service Transformation)
  - (ii) Preparation of a response plan to respond to the different types of incidents and to meet notification and reporting requirements. (Programme Manager – IT Enabled Service Transformation and Information Governance Manager)
  - (iii) Links with Education CWP regarding training for staff and to get key messages out, this should include mitigation of the Human Factors elements of the risk. (Head of Education)

The Programme Manager – IT Enabled Service Transformation, will be the identified risk lead.

The Trust is currently considering options for implementing and fundng its future ICT strategy. It is recommended that as these plans are being developed, the above actions be dovetailed into that work. As such, it is proposed that the current risk owner be transferred from the Director of Operations to the Director of Finance.

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

The Board of Directors is asked to **discuss** and **approve** the proposed approach to identifying the most practicable approach to treating this strategic risk.

Who/ which group has approved this report for receipt at the above meeting?	Tim Welch, Director of Finance
Contributing authors:	David Wood, Associate Director of Safe Services

Distribution to other people/ groups/ meetings:

Version	Name/ group/ meeting	Date issued
1	Board of Directors	23/11/2016

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

Appendix no.	Appendix title
N/A	N/A

Cheshire and Wirral Partnership NHS
NHS Foundation Trust

STANDARDISED REPORT COMMUNICATION

REPORT DETAILS

Report subject:	Commercialisation of CWP IP
Agenda ref. no:	16/17/88
Report to (meeting):	Board of Directors
Action required:	Discussion and Approval
Date of meeting:	26/10/2016
Presented by:	Tim Welch, Director of Finance

Which strategic objectives this report provides information about:	
Deliver high quality, integrated and innovative services that improve outcomes	Yes
Ensure meaningful involvement of service users, carers, staff and the wider community	No
Be a model employer and have a caring, competent and motivated workforce	No
Maintain and develop robust partnerships with existing and potential new stakeholders	Yes
Improve quality of information to improve service delivery, evaluation and planning	No
Sustain financial viability and deliver value for money	Yes
Be recognised as an open, progressive organisation that is about care, well-being and partnership	Yes
Which CQC quality of service domains this report reflects:	
Safe services	Yes
Effective services	Yes
Caring services	Yes
Well-led services	Yes
Services that are responsive to people's needs	Yes
Which Monitor quality governance framework/ well-led domains this report reflects:	
Strategy	Yes
Capability and culture	Yes
Process and structures	Yes
Measurement	No
Does this report provide any information to update any current strategic risks? If so, which?	
See current risk register in the agenda of the public meeting of the Board of Directors at http://www.cwp.nhs.uk/about-us/board-members/our-board-meetings	Yes
35T	
Does this report indicate any new strategic risks? If so, describe and indicate risk score:	
See current integrated governance strategy: CWP policies – policy code FR1	No
35T	

REPORT BRIEFING

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

CWP has been very successful in nurturing innovation. Over the past three years the organisation has been supporting the development of two innovative products. The Team of Life Kit (ToL) and Next Steps Cards (NSC) are the creations of 2 CWP staff members and as such CWP own the Intellectual Property associated with them.

The support CWP has provided has been financial in terms of getting both products to the point of sale and in staff resources in enabling staff to dedicate time to product development. The products are now at a point where they can be marketed and sold; however, there have been several issues when it comes to NHS organisations selling innovation, particularly associated with receiving payments on line, commercial banking arrangements and VAT considerations. After consulting the Innovation Agency, CWP engaged the consultancy 2bio to recommend a way forward. It is now CWP's intention to follow the recommendation of that guidance and create a limited company to commercialise CWP's IP.

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

The ToL resilience programme is an evidence-informed narrative group intervention which uses ideas from sport to build resilience and community spirit among young people aged 9-14.

NSC is a resource is designed to support staff to take a patient-centred approach to their work with young people, enabling them to set and review young people's goals ("Goal Based Outcomes"). This enables professionals within CAMHS to make a self-defined recovery and provide greater focus and efficiency to therapeutic work.

Assessment – *analysis and considerations of options and risks*

Way forward. CWP wishes to market both products as widely as possible to support as many service users as possible. NSC has already sold products to local CCGs and this market now needs to be widened to a national market. ToL has potential global market place and already has links with The Dulwich Centre in Australia.
CWP will establish a Company limited by shares. (Newco). CWP will be 100% shareholder in Newco and all net profits generated from the sales of IP will be distributed back to CWP. Fiona Pender creator of NSC will be seconded into Newco and will develop the marketing and business plans for the company.
CWP will continue to support Newco with development support and financial advice and recharges to Newco will be made for this resource.
Once established, Newco will be a ready-made vehicle with which to market and sell any further CWP IP products.
Governance. It is intended that two Execs from CWP (DoO and DoF) will be Directors of Newco, reporting directly back to CWP Board. Operationally Newco will be led by CWP Consultant Fiona Pender, with support of Head of Effective Services, Tracey Collins. See Appendix A - Newco Governance
Risks will be minimal and the liability relating to Newco for CWP will be limited to the £1 shareholding CWP has in the Newco.
The recommendation to pursue the Newco was made at BDISC on 7 July 2016. Following further investigation into the best type of legal vehicle to take forward. A steering group has been established and will progress this work.

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

The Board of Directors are recommended to **approve** that CWP establishes "Newco" with 100% shareholding for CWP to enable national and global marketing and commercialisation of its IP and the sharing of its innovative products.

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

Distribution to other people/ groups/ meetings:

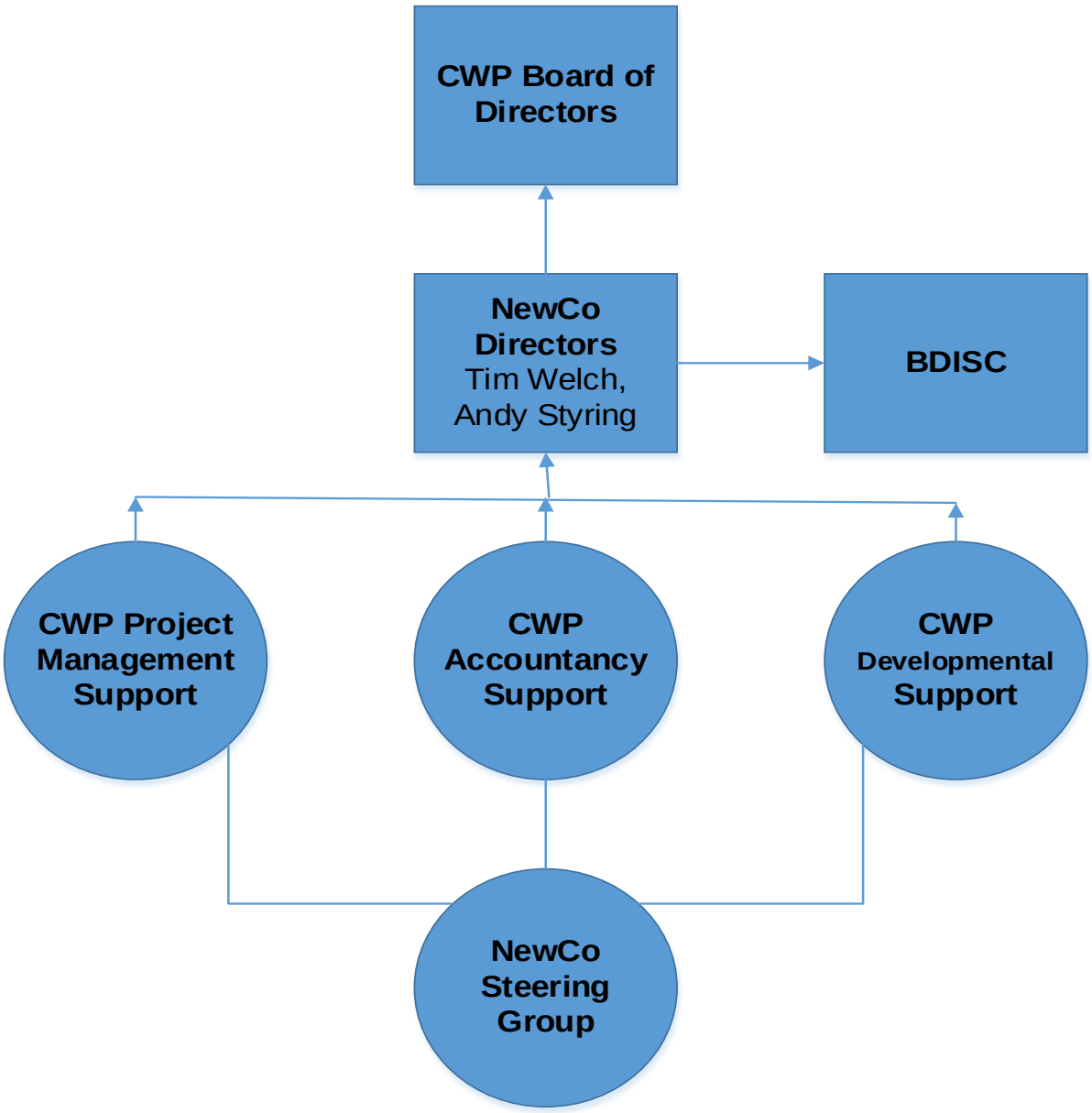
Version	Name/ group/ meeting	Date issued
35T	Business, Development and Innovation subcommittee	July 2016

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

Appendix no.	Appendix title
1	Newco Governance structure

16_17_88 Appendix 1

Governance Structure of “NewCo”
CWP Vehicle to commercialise its Intellectual Property



Cheshire and Wirral Partnership NHS
NHS Foundation Trust

STANDARDISED REPORT COMMUNICATION

REPORT DETAILS

Report subject:	Community Mental Health Survey Results 2016
Agenda ref. no:	16/17/89
Report to (meeting):	Board of Directors
Action required:	Information and noting
Date of meeting:	30/11/2016
Presented by:	Avril Devaney, Director of Nursing, Therapies and Patient Partnership

Which strategic objectives this report provides information about:	
Deliver high quality, integrated and innovative services that improve outcomes	Yes
Ensure meaningful involvement of service users, carers, staff and the wider community	Yes
Be a model employer and have a caring, competent and motivated workforce	No
Maintain and develop robust partnerships with existing and potential new stakeholders	No
Improve quality of information to improve service delivery, evaluation and planning	Yes
Sustain financial viability and deliver value for money	No
Be recognised as an open, progressive organisation that is about care, well-being and partnership	Yes
Which CQC quality of service domains this report reflects:	
Safe services	Yes
Effective services	Yes
Caring services	Yes
Well-led services	No
Services that are responsive to people's needs	Yes
Which Monitor quality governance framework/ well-led domains this report reflects:	
Strategy	No
Capability and culture	No
Process and structures	No
Measurement	Yes
Does this report provide any information to update any current strategic risks? If so, which?	
See current risk register in the agenda of the public meeting of the Board of Directors at http://www.cwp.nhs.uk/about-us/board-members/our-board-meetings	No
36T	
Does this report indicate any new strategic risks? If so, describe and indicate risk score:	
See current integrated governance strategy: CWP policies – policy code FR1	No
36T	

REPORT BRIEFING

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

The Care Quality Commission conducts an annual survey which looks at the experiences of people receiving community mental health services. The national results were published in November.

- Service users involved in deciding treatments and therapies rated "better" than national average.
- Above national average for providing help needed when service users contacted CWP in crisis.
- ¼ of service users rated CWP 10 out of 10, with 70% rating their experience as 7 or above - our overall rating of experience places us "about the same" as the national average.
- 96% of service users felt that they were treated with respect and dignity.
- 95% of the people who responded said the person they saw listened to them carefully.
- 97% felt decisions were made together.

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

A sample of 850 was taken from 8,925 eligible community mental health service users in January 2016 (people who received care or treatment for a mental health condition between September to November 2015). We had a basic response rate of 29% (average 28%). 33% of respondents had been in contact with our services for over 10 years and 44% of respondents had been seen in the last month. Interestingly, 57% of the respondents were female with 50% of respondents 60 years or older - this was driven by Central and East and West respondents, which had proportionately fewer younger patients in the cohort. Wirral respondents were more in line with the national profile.

While the survey results highlight many positive aspects of care the CQC reported the lack of improvement overall in trusts in England. The survey results suggest scope for further improvements nationally in a number of areas including: involvement in care, crisis care, care planning and reviews. To read the full report on CWP please visit www.cqc.org.uk

Assessment – *analysis and considerations of options and risks*

The challenge will be to maintain good ratings, embed and consolidate the improved ratings and to continue development of intermediate ratings. We do not want to stand still and we are continually seeking ways to improve our services. Our top three areas for focus are:

1. further improve knowledge of who the care co-ordinator / lead professional is and awareness of how they can be accessed;
2. further improve incidence of care reviews;
3. review arrangements for ensuring service users know who to contact during out of office hours if they have a crisis.

These key recommendations from the main report will now be taken forward, including locality trends, and allocated to existing developmental or review work streams. An overarching short action plan will keep the Trust on track with progress led by Liz Matthews, Associate Director of Patient and Carer Experience. Locality analysis of the community mental health survey will be made available to team managers at the end of November as part of the locality data packs. These key areas will now be taken forward.

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

1. To note the national picture;
2. To note our areas for improvement;
3. To note team managers will be receiving locality trends at the end of November for review;
4. Liz Matthews, Associate Director of Patient and Carer Experience, to lead action plan.

Who/ which group has approved this report for receipt at the above meeting?	Avril Devaney / Liz Matthews
Contributing authors:	Jodie D'Enrico

Distribution to other people/ groups/ meetings:

Version	Name/ group/ meeting	Date issued
1	Operational Board	October 2016

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

Appendix no.	Appendix title
36T	

Cheshire and Wirral Partnership NHS
NHS Foundation Trust

STANDARDISED REPORT COMMUNICATION

REPORT DETAILS

Report subject:	Freedom to Speak up six monthly update
Agenda ref. no:	16/17/90
Report to (meeting):	Board of Directors
Action required:	Information and noting
Date of meeting:	30/11/2016
Presented by:	CWP Freedom to Speak up Guardian – Andrea Hughes, Deputy Director of Nursing

Which strategic objectives this report provides information about:	
Deliver high quality, integrated and innovative services that improve outcomes	Yes
Ensure meaningful involvement of service users, carers, staff and the wider community	Yes
Be a model employer and have a caring, competent and motivated workforce	Yes
Maintain and develop robust partnerships with existing and potential new stakeholders	No
Improve quality of information to improve service delivery, evaluation and planning	Yes
Sustain financial viability and deliver value for money	Yes
Be recognised as an open, progressive organisation that is about care, well-being and partnership	Yes
Which CQC quality of service domains this report reflects:	
Safe services	Yes
Effective services	Yes
Caring services	Yes
Well-led services	Yes
Services that are responsive to people's needs	Yes
Which Monitor quality governance framework/ well-led domains this report reflects:	
Strategy	Yes
Capability and culture	Yes
Process and structures	Yes
Measurement	Yes
Does this report provide any information to update any current strategic risks? If so, which?	
See current risk register in the agenda of the public meeting of the Board of Directors at http://www.cwp.nhs.uk/about-us/board-members/our-board-meetings	Choose an item.
Click here to enter text.	
Does this report indicate any new strategic risks? If so, describe and indicate risk score:	
See current integrated governance strategy: CWP policies – policy code FR1	No
Click here to enter text.	

REPORT BRIEFING

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

This report is to provide the Board with a six monthly update on progress and activity in relation to Raising Concerns.

The Freedom to Speak up Guardian guidance requires that a report should be taken to Board at least every six months. The inaugural Freedom to speak up guardian report was brought to Board in May 2016.

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

Following the Mid Staffordshire Public enquiry recommendations were made to make the culture of the NHS more patient focused, open and transparent. The Freedom to speak up(F2SU) report (2015) arising from the review identified five overarching themes; culture change, improved handling of cases, measures to support good practice, particular measures for vulnerable groups and extending the legal protection.

Further guidance to support F2SU has been disseminated, including about the role of F2SU guardian which included the reporting to Board on a six monthly basis.

Assessment – *analysis and considerations of options and risks*

The first F2SU Guardian report was submitted to the Board in May 2016. The attached update outlines the progress made during the last six months in response to the objectives identified for 16/17. The activities undertaken by the F2SU Guardian in support of the continuous building of a culture within the organisation where people are confident to speak up and raise concerns and highlights the Boards' naming of Rebecda Burke-Sharples as the Non-Executive Director Freedom to Speak Up Champion. The update also provides the Board with an overview of concerns raised to the F2SU Guardian and the actions taken in response during this period. A refreshed F2SU group reporting to the People, Organisational Development sub Committee (PODSC) continues to support the governance arrangements in ensuring changes are embedded across the organisation. These include reporting of trimester themes and trends to PODSC, contributing to the Learning from Experience report and inclusion into the Trusts' Annual Quality Report.

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

The Board is recommend to discuss and note the content of this report.

Who/ which group has approved this report for receipt at the above meeting?	Director of Nursing, Therapies and Patient Participation
Contributing authors:	Click here to enter text.

Distribution to other people/ groups/ meetings:

Version	Name/ group/ meeting	Date issued
Click here to enter text.	Click here to enter text.	Click here to enter text.

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

Appendix no.	Appendix title
1	Six monthly report – F2SU

16_17_90 Appendix 1

6 monthly report April – September 2016

Contents

1. Background and Context

1.1 The Freedom to Speak Up (F2SU) Review was an independent review, led by Sir Robert Francis QC, into creating an open and honest reporting culture in the NHS following concerns raised by NHS staff and the treatment of some who had spoken up. The review produced a comprehensive report providing details good practice which is taking place and to address the gap and variation, the report covers how organisations can create the right culture, how concerns should be handled and what is needed to ensure the system works. The overall purpose of the report is to make the NHS a 'better place to work and a safer place for patients'.

1.2 The Office of the National Guardian published a guide for NHS Trusts on establishing the Freedom to Speak Up (FTSU) Guardian role which provides guidance for organisations recruiting to this new role. It also contains proposals on how guardians will be supported to ensure that the new role is meeting its intended purpose.

Under the guidance all trusts are expected to have plans in place in respect of this role by September 2016 and will be required to have a FTSU Guardian in place by the end of the 2016/17 financial year.

The guidelines set out the expectations of the role including providing a six monthly report to Boards. This report is the first six monthly report following the inaugural annual report provided to Board in May 2016

2. Actions taken April - September

- **Improving process and progress**
  The FTSU Guardian is integral to ensuring all staff within the Trust feel able to raise any issues or concerns, or challenge any wrongdoing – safe in the knowledge that they will be addressed confidentially, promptly, and in line with best practice.

  - The Trust Guardian has attended a national training / networking event facilitated by NHS Employers to enable benchmarking and sharing of best practice.
  - Attended the first National Guardian's Office meeting with the National Guardian Dr Henrietta Hughes

  Rebecca Burke-Sharples has been named by the CWP Board of Directors as the Non - Executive Director Freedom to Speak Up Champion

  The Trust mini site continues to develop on the intranet. The CWP Freedom to Speak Up Annual report is available and links to the National Guardians Office which contains details of that role and links to other resources. These include an educational film which has been developed by health education England which will support healthcare professionals at all levels – ensuring they feel empowered to both raise and respond to concerns. The films look at three scenarios that highlight broad lessons to be applied elsewhere.

  Speak up Ambassadors - The role has been agreed at the F2SU working group and will be recruited to during October an initial training date for ambassadors and regular on-going peer support has been arranged.

- **Building Confidence and Capability**
  The Trust's how to raise concerns policy has been reviewed by the F2SU working group following the publication of the NHS England and NHS Improvement standard policy which all NHS organisations have to adopt as a minimum standard.

  A basic awarness raising E-learning packgage developed by Health Education England will be put included as part of EE1 training; to commence in October 2016

- **Measuring Progress**
  The Trust is investigating the potential of an "app" which will further enhance the current arrangements in place for direct contact for any member of staff to raise a concern.

3. Concerns Raised

3.1 Table 1 below shows the number of concerns raised during the last six months and compares them with those raised in the previous three years. There has been a reduction of concerns raised with the guardian during this reporting period compared with this time last year and this will require further work to understand if this is a developing trend or not; however the figures are in equal to those reported during this period in 13/14 and 15/16.

Table 1. Total numbers of concerns raised by locality over last three years and to date.

Locality	Pre April 2013	2013 -2014				2014- 2015				2015 – 2016				2016 – 2017			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
East		4	0	0	0	1			1	4			2	2			
Wirral		0	0	0	0		1			1	2		1		1		
West	2	1	0	0	1	1			3	4	1	2	1	1			
Trust wide		0	0	2	0						1		1		1		
Sub Total		5	0	2	1	2	1	0	4	9	4	2	5	3	2		
IN year	2	8				7				20							

3.2 Concerns raised during this period were about culture, clinical practice and staffing.

In response there has been a 360 ward review undertaken, an action plan was developed collaboratively with staff; some staff described the process as;

"It felt very positive actually, and well timed"

It's going to allow the team to develop strategies to move forwards and improve "

Other responses to concerns have involved the Safe Services Healthcare Quality Improvement team focusing on specific areas in the patient safety review.

4. Next Steps

The F2SU Guardian will continue to work in collaboration with others, to achieve the objectives for 2016/17 set out in the Annual Report.

5. Recommendations

The Board of Directors is asked to note the concerns raised and progress to date.

Cheshire and Wirral Partnership NHS
NHS Foundation Trust

STANDARDISED REPORT COMMUNICATION

REPORT DETAILS

Report subject:	Serious Case Review into the Death of Child B
Agenda ref. no:	16/17/91
Report to (meeting):	Board of Directors
Action required:	Information and noting
Date of meeting:	30/11/2016
Presented by:	Avril Devaney Director of Nursing ,Therapies and Patient Partnership

Which strategic objectives this report provides information about:	
Deliver high quality, integrated and innovative services that improve outcomes	No
Ensure meaningful involvement of service users, carers, staff and the wider community	Yes
Be a model employer and have a caring, competent and motivated workforce	Yes
Maintain and develop robust partnerships with existing and potential new stakeholders	No
Improve quality of information to improve service delivery, evaluation and planning	Yes
Sustain financial viability and deliver value for money	No
Be recognised as an open, progressive organisation that is about care, well-being and partnership	No
Which CQC quality of service domains this report reflects:	
Safe services	Yes
Effective services	Yes
Caring services	No
Well-led services	No
Services that are responsive to people's needs	Yes
Which Monitor quality governance framework/ well-led domains this report reflects:	
Strategy	No
Capability and culture	Yes
Process and structures	Yes
Measurement	No
Does this report provide any information to update any current strategic risks? If so, which?	
See current risk register in the agenda of the public meeting of the Board of Directors at http://www.cwp.nhs.uk/about-us/board-members/our-board-meetings	No
35T	
Does this report indicate any new strategic risks? If so, describe and indicate risk score:	
See current integrated governance strategy: CWP policies – policy code FR1	No
35T	

REPORT BRIEFING

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

The Serious Case Review (SCR) was commissioned by Cheshire West and Chester LSCB and was published on the 08 August 2016. CWP provided a chronology for the Serious Case Review and the independent author had conversations with key practitioners within CWP. The services involved from CWP include CAMHS, School Nursing and Children in Care (safeguarding team).

This report is to give an overview of the SCR (Circulated in September 2016) and CWP action plan in which CWP are involved in delivering (appendix A).

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

Child B was a Looked After Child by Chester West and Chester and was living at home with her mother at the time of her death. Child B died from a suspected overdose in February 2015. The review covered the period 2011 to 2015 during which time Child B spent time in foster care in North Wales, as such the review includes Cheshire West and North Wales agencies.

Assessment – *analysis and considerations of options and risks*

The report highlights that "no one professional or agency should feel responsible for the tragic outcome". The review findings fall within the following areas:

- Professional understanding in relation to risk and vulnerability
- Coordinated multi-agency planning and the role of the Care Plan
- Listening to and being guided by the voice of the child
- Managing family dynamics; family consultation, Responding to serious incidents and crisis
- Appropriate use of assessment tools and statutory powers
- Single and multi-agency communication and information sharing systems

CWP are actively involved in implementing the action plan in response to the following specific recommendations (Appendix A):-

- All Professionals are familiar with the principles of risk and vulnerability
- CWP can evidence practitioners can respond to need of whole family, prioritise welfare of young people
- Evidence that learning from this review has been implemented.

The Named Nurse for Safeguarding Children has met with the services involved to ensure learning from the case is shared. The action plan is being overseen at Trust-wide Safeguarding subcommittee and implemented by West locality. A shared learning bulletin will be produced and disseminated to all staff.

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

The Board of Directors is recommended to **note** the report and the progress with the CWP action plan.

Who/ which group has approved this report for receipt at the above meeting?	Trustwide Safeguarding Sub committee
Contributing authors:	Satwinder Lotay

Distribution to other people/ groups/ meetings:

Version	Name/ group/ meeting	Date issued
1.0	Trustwide Safeguarding Sub committee	10 November 2016

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

Appendix no.	Appendix title
1	Single Agency Action Plan for SCR for Child B

16/17/91 Appendix 1

CWP Serious Case Review Action Plan - Child B

The action plan is being implemented by West Locality Safeguarding Group. Progress and exceptions are to be reported to Trust Wide Safeguarding Sub-committee. The action plan has been discussed in November 2016 at Trustwide Safeguarding Subcommittee. The completed action plan with embedded evidence is due for submission in May 2017. The table below is a summary of the action plan and progress to date

Ref No	LSCB Recommendation	Actions for CWP	Outcome to be achieved.	Lead Person	Target Date	Update and completion
1A	The Chair of Cheshire West & Chester LSCB should satisfy themselves that all professionals are familiar with the principles of **Risk and Vulnerability,** and have means to assess their work with children and families (for example the Risk and Vulnerability Matrix).	1) Relevant staff to attend the LSCB toolkit training 2) Risk and Vulnerability matrix to be embedded into the updated level 3 safeguarding children training programme. 3) Escalation process to be embedded into level 3 training	Senior Management and frontline practitioners understand that challenge can be positive for the child and the service. Evidence provided that the Escalation Policy is embedded in practice.	1) CSMs for starting well and CAMHS service 2) Named Nurse for Safeguarding children 3) Named Nurse for safeguarding children	1) Staff identified for training end of September 2016. 2) 30/09/2016 3) 30/09/2016	1) COMPLETED Staff identified and booked onto courses 2) COMPLETED- level 3 training embedded into the vulnerability matrix 3) COMPLETED- level 3 training includes the escalation process

	This process should be completed within six months of this Overview Report being approved by the LSCB	programme 4) Safeguarding team to monitor the use of the escalation policy. 5) An aide memoire to be produced for safeguarding clinical supervisors to ensure the use of tools is promoted at every opportunity.		4) Named nurse for safeguarding children	4)30/09/2016 5)30/11/2016	4) COMPLETED- Escalation spreadsheet implemented and safeguarding team are completing this. 5) IN Progress
1B	The Board should initiate a focused piece of work that brings risk assessment, risk management and safeguarding practice together across Children's and Adult's Social Care This process should be completed within six months of this Overview Report being approved by the LSCB	1) Safeguarding case audit to include review of wider family members being considered and the potential risks they could pose to the child.	CWP to provide evidence that practitioners' can recognise and respond to the needs of whole families and prioritise the welfare of CYP.	1) Named nurse for safeguarding children	1) May 2017	2) In progress
6.2	The Board should seek evidence from all CWAC agencies (and those involved	1) Shared learning bulletin to be cascaded trustwide	All agencies involved in this SCR should prepare a response to the LSCB outlining	Named nurse for both 1, 2 and 3	1. 30.11.16	1) IN PROGRESS

	in the review across borders) that learning has been implemented.	2) Relevant staff groups to have face to face learning.	learning and corresponding actions within their own agencies.		2. End of November 2016	2) In progress, 3 briefings have taken place.

Cheshire and Wirral Partnership NHS
NHS Foundation Trust

STANDARDISED REPORT COMMUNICATION

REPORT DETAILS

Report subject:	Wirral Ofsted Inspection Report
Agenda ref. no:	16/17/92
Report to (meeting):	Board of Directors
Action required:	Information and noting
Date of meeting:	30/11/2016
Presented by:	Avril Devaney Director of Nursing ,Therapies and Patient Partnership

Which strategic objectives this report provides information about:	
Deliver high quality, integrated and innovative services that improve outcomes	No
Ensure meaningful involvement of service users, carers, staff and the wider community	Yes
Be a model employer and have a caring, competent and motivated workforce	Yes
Maintain and develop robust partnerships with existing and potential new stakeholders	No
Improve quality of information to improve service delivery, evaluation and planning	Yes
Sustain financial viability and deliver value for money	No
Be recognised as an open, progressive organisation that is about care, well-being and partnership	No
Which CQC quality of service domains this report reflects:	
Safe services	Yes
Effective services	Yes
Caring services	No
Well-led services	No
Services that are responsive to people's needs	Yes
Which Monitor quality governance framework/ well-led domains this report reflects:	
Strategy	No
Capability and culture	Yes
Process and structures	Yes
Measurement	No
Does this report provide any information to update any current strategic risks? If so, which?	
See current risk register in the agenda of the public meeting of the Board of Directors at http://www.cwp.nhs.uk/about-us/board-members/our-board-meetings	No
35T	
Does this report indicate any new strategic risks? If so, describe and indicate risk score:	
See current integrated governance strategy: CWP policies – policy code FR1	
35T	

REPORT BRIEFING

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

This report is to give the Board of Directors an overview of the Wirral Local Authority Ofsted Inspection Report that had been published in September 2016.

The Ofsted Inspection concluded that both children services in Wirral Local Authority and Wirral Local Safeguarding Children Board were deemed Inadequate.

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

Ofsted undertook the inspection in Wirral Local Authority week commencing 4th July 2016 over a period of 4 weeks. The inspection included an inspection of Wirral Local Safeguarding Children Board.

As a result an Improvement board has been formed in Wirral. CWP Director of Nursing, Avril Devaney is a member of the Improvement Board.

Assessment – *analysis and considerations of options and risks*

Ofsted have made 19 Recommendations for the Local Authority to address and 7 Recommendations for Wirral LSCB (see Appendix A).

CWP are a partner agency on Wirral LSCB and is committed to working with other partners to make the necessary improvements to safeguard Wirral children.

CWP will work in conjunction with both the Local Authority and the LSCB to implement improvement. Presently the action plans are being written. CWP's actions will be monitored through the Trust wide safeguarding Group and the Quality Committee.

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

The Board of Directors is recommended to:

- **note** the report
- **note** that CWP will be working with the both LSCB and the Local Authority to implement improvements.

Who/ which group has approved this report for receipt at the above meeting?		Avril Devaney
Contributing authors:		Satwinder Lotay
Distribution to other people/ groups/ meetings:		
Version	Name/ group/ meeting	Date issued
1.0	Trustwide Safeguarding Sub committee	10 November 2016

Appendices provided for reference and to give supporting/ contextual information: *Provide only necessary detail, do not embed appendices, provide as separate reports*	
Appendix no.	Appendix title
1	Summary of Recommendations of Wirral's Ofsted Inspection Report September 2016
35T	

16/17/92 Appendix 1

The following are the recommendations for Wirral Local Authority and Wirral Local Safeguarding Children board and have been extracted from the Wirral Ofsted Repot September 2016.

Recommendations

1. Urgently progress plans to recruit a permanent head of service for children's social care to provide consistent and effective operational leadership of services for vulnerable children.

2. Ensure that thresholds are consistently understood and applied by the local authority and partner agencies, so that all children receive appropriate responses to risk and intervention at the right level when they need it.

3. Ensure that all performance management information is based on accurate data, and that managers, leaders and elected members use it effectively to measure and inform service improvements.

4. Ensure that recommendations from local authority audits of social work with children, themes from complaints and other quality assurance activities are fully reflected in subsequent learning and development programmes, and that the impact is demonstrated in regular management supervision of social workers.

5. Ensure that the underlying causes for changes of social workers are quickly and purposefully addressed to reduce the use of temporary social workers and the disruption that this causes for children

6. Provide regular supervision to social workers that demonstrate reflective analysis of challenging and complex issues arising in their work with children and families.

7. Ensure that strategy meetings are timely and include information from key professionals to inform identification of risks to children, when assessing the need for child protection intervention.

8. Improve the quality of assessments and plans to ensure that all risks to children, young people and care leavers are identified, including their family history and diverse needs. Ensure that plans are specific and realistic to achieve change, and are informed by children and young people's views, balanced against an holistic assessment of risk.

9. Ensure that all case records fully and accurately reflect children's and young people's experience so that there is sufficient information available to inform decision making, including out of hours, and so that young people have a clear account of actions taken, should they choose to access their records.

10. Ensure that the emergency duty team's involvement in children's casework is regularly quality assured and analysed, and that its performance is included in wider performance management reporting to senior leaders and elected members.

11. Ensure that, when contact has been lost with care leavers, strenuous and regular efforts are made in all cases to re-establish this contact and engage young people in services.

12. Ensure that those children in private fostering arrangements are identified, assessed and visited within statutory timescales.

13. Ensure that procedures for referral to the designated officer are understood and followed by staff to provide a consistent, timely and effective response to allegations against professionals.

14. Ensure that homeless 16- and 17-year-olds receive a coordinated response from children's social care and housing, so that assessments identify their vulnerabilities early and ensure that they are offered and receive appropriate services and accommodation.

15. Ensure that independent reviewing officers (IROs) have sufficient capacity to fulfil all of their responsibilities towards children in need of help and protection and children looked after, and that, when IRO challenges to poor practice are unsuccessful, escalation processes are used to achieve positive change for children.

16. Ensure that the progress of children in pre-proceedings agreements is regularly reviewed to make sure that there is no delay in planning for them.

17. Ensure that children's emotional health needs are better understood through the completion of strengths and difficulties questionnaires, in accordance with statutory guidance, and that their emotional health needs are met through provision of timely, effective support.

18. Ensure that young people's personal education plans are specific, measurable, match the identified needs of children and young people, and include progress against targets.

19. Ensure that all children who would benefit from an advocacy service or an independent visitor have the opportunity to do so.

Recommendations for the LSCB

1. WSCB should urgently review its governance and business arrangements to ensure that the board is independent of influence, as required by statutory guidance, and that it has the capacity and shared resourcing to meet business needs.

2. Ensure that the chair of WSCB has sufficient influence to meet WSCB priorities and that statutory partners are held to account for influencing WSCB priorities within their agencies.

3. WSCB should ensure that any challenges from the board are explicitly recorded and that there is a mechanism for effectively tracking progress and resolutions.

4. Ensure that the board has oversight of how well the needs both of children living in the area who were placed by other local authorities and of children who are privately fostered are being met in Wirral.

5. Ensure that all serious incidents are notified to Ofsted within the timeframe set out in statutory guidance.

6. Ensure that the board uses accurate data to inform conclusions about the safeguarding of children, and publishes an annual report with an informed assessment of the effectiveness of child safeguarding and the performance of local services.

7. Ensure that multi-agency audits focus on the outcomes and experiences of children and families, form clear actions from findings, and include managers and practitioners to develop the workforce and share learning

Cheshire and Wirral Partnership NHS
NHS Foundation Trust

STANDARDISED REPORT COMMUNICATION

REPORT DETAILS

Report subject:	Ward Daily Staffing Levels October 2016
Agenda ref. no:	
Report to (meeting):	Board of Directors
Action required:	Information and noting
Date of meeting:	30/11/2016
Presented by:	Avril Devaney, Director of Nursing, Therapies and Patient Partnership

Which strategic objectives this report provides information about:	
Deliver high quality, integrated and innovative services that improve outcomes	Yes
Ensure meaningful involvement of service users, carers, staff and the wider community	No
Be a model employer and have a caring, competent and motivated workforce	Yes
Maintain and develop robust partnerships with existing and potential new stakeholders	No
Improve quality of information to improve service delivery, evaluation and planning	Yes
Sustain financial viability and deliver value for money	Yes
Be recognised as an open, progressive organisation that is about care, well-being and partnership	Yes
Which CQC quality of service domains this report reflects:	
Safe services	Yes
Effective services	Yes
Caring services	Yes
Well-led services	Yes
Services that are responsive to people's needs	Yes
Which Monitor quality governance framework/ well-led domains this report reflects:	
Strategy	No
Capability and culture	Yes
Process and structures	Yes
Measurement	Yes
Does this report provide any information to update any current strategic risks? If so, which?	
See current risk register in the agenda of the public meeting of the Board of Directors at http://www.cwp.nhs.uk/about-us/board-members/our-board-meetings	No
35T	
Does this report indicate any new strategic risks? If so, describe and indicate risk score:	
See current integrated governance strategy: CWP policies – policy code FR1	No

REPORT BRIEFING

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

This report details the ward daily staffing levels during the month of October 2016 following the submission of the planned and actual hours of both registered nurses (RN) and clinical support workers (CSWs) to UNIFY (appendix 1). The themes arising within these monthly submissions continue to mirror those that have arisen previously. These themes identify how patient safety is being maintained on a shift by shift basis.

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

The monthly reporting of daily staffing levels is a requirement of NHS England and the National Quality Board in order to appraise the Board and the public of staffing levels within in-patient units.
A number of recommendations were made within the latest six monthly report including consistency checking, national benchmarking, and widening the consideration of the MDT role within safer staffing. These recommendations are currently being followed through and monitored via the Safer Staffing group led by the Associate Director of Nursing [MH and LD] and will be reported on in the next 6 monthly report.

Assessment – *analysis and considerations of options and risks*

During October 2016 the trust achieved staffing levels of 94.1% for registered nurses and 95.1% for clinical support workers on day shifts and 94.1% and 98.8% respectively on nights.

Where 100% fill rate was not achieved patient safety on in-patient wards was maintained by nurses working additional unplanned hours, cross covering across wards, the multi-disciplinary team and ward manager supporting nursing staff in the delivery of planned care and patient care being prioritised over non-direct care activities. Appendix 1 details how wards, who did not achieve overall staffing of 95%, maintained patient safety.

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

The Board of Directors are recommended to note the report.

Who/ which group has approved this report for receipt at the above meeting?	Avril Devaney, Director of Nursing, Therapies and Patient Partnership
Contributing authors:	Anne Casey, Head of Performance and Information

Distribution to other people/ groups/ meetings:

Version	Name/ group/ meeting	Date issued
1	Gary Flockhart, Associate Director of Nursing [MH and LD] Avril Devaney, Director of Nursing, Therapies and Patient Partnership	22/11/2016

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

Appendix no.	Appendix title
1	Ward Daily Staffing October 2016

	Ward	Day				Night				Fill Rate				Safe Staffing was maintained by:
		Registered		Care Staff		Registered		Care Staff		Day		Night		
		Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	
East	Adelphi	1287	1162	1017.5	1022.5	713	678.5	1088.5	1077	90.3%	100.5%	95.2%	98.9%	Altering skill mix. Staff cross covered other wards. Nursing staff working additional unplanned hours.
	Alderley Unit	1015	923.5	1407	1355	713	655.5	759	797.5	91.0%	96.3%	91.9%	105.1%	Altering skill mix. Nursing staff working additional unplanned hours.
	Bollin	1340	1221	1299.5	1266.5	747.5	747.5	1357	1276.5	91.1%	97.5%	100.0%	94.1%	Staff cross covered other wards. Ward Manager working in the clinical team. Nursing staff working additional unplanned hours.
	CARS	879	821	1130.5	1071.5	713	585.5	448.5	513.5	93.4%	94.8%	82.1%	114.5%	Altering skill mix. Staff cross covered other wards. Nursing staff working additional unplanned hours.
	Croft	1100.5	1022.5	1573	1522.5	713	621	1437.5	1446.5	92.9%	96.8%	87.1%	100.6%	Staff cross covered other wards. Altering skill mix. Ward Manager working in the clinical team. Nursing staff working additional unplanned hours.
	Greenways A&T	1268.5	1045.5	2248.5	2016.5	713	517.5	1414.5	1529.5	82.4%	89.7%	72.6%	108.1%	Staff cross covered other wards. Altering skill mix. Ward Manager working in the clinical team. Nursing staff working additional unplanned hours.
	LimeWalk Rehab	1195.5	1146	962.5	839	736	632.5	713	654	95.9%	87.2%	85.9%	91.7%	Staff cross covered other wards. Nursing staff working additional unplanned hours.
	Saddlebridge	934	911	1442.5	1415.5	644	621	793.5	828	97.5%	98.1%	96.4%	104.3%	*
Wirral	Brackendale	1058.5	1058.5	828	805	724.5	713	713	708	100.0%	97.2%	98.4%	99.3%	*
	Lakefield	1074.5	924.5	1404.5	1241.5	722	650	1090	1018	86.0%	88.4%	90.0%	93.4%	Staff cross covered other wards. Ward Manager working in the clinical team. Altering skill mix.
	Meadowbank	1012.5	960.5	1018	995	727	692.5	720	708.5	94.9%	97.7%	95.3%	98.4%	Staff cross covered other wards. Nursing staff working additional unplanned hours.
	Oaktrees	1058	1058	1493.5	1436	690	667	1092.5	1081	100.0%	96.1%	96.7%	98.9%	*
	Willow PICU	1075.75	884.25	1288	1207.5	713	701.5	376	284	82.2%	93.8%	98.4%	75.5%	Altering skill mix. Staff cross covered other wards. Nursing staff working additional unplanned hours.
	Brooklands PICU	1186.5	1201.5	874	839.5	736	720	770.5	746.5	101.3%	96.1%	97.8%	96.9%	*
West	Beech	1421.5	1420	1069.5	953	690	690	766	742	99.9%	89.1%	100.0%	96.9%	Staff cross covered other wards. Altering skill mix. Nursing staff working additional unplanned hours.
	Cherry	1448	1425	975.5	954.5	724.5	728.5	1023.5	1002.5	98.4%	97.8%	100.6%	97.9%	*
	Eastway A&T	1146.5	1109	973.5	965	586.5	586.5	1150	1150	96.7%	99.1%	100.0%	100.0%	*
	Juniper	1326	1286.5	946	923.5	690	678.5	790	767	97.0%	97.6%	98.3%	97.1%	*
	Coral	1089	1008.5	1375	1363.5	529	506	1150	1138.5	92.6%	99.2%	95.7%	99.0%	*
	Indigo	1231.5	1164.5	1012	931.5	575	575	966	920	94.6%	92.0%	100.0%	95.2%	*
	Rosewood	1098	1055.5	1449	1403	437	425.5	1012	1012	96.1%	96.8%	97.4%	100.0%	*
	Trustwide	**24245.75**	**22808.75**	**25787.5**	**24527.5**	**14237**	**13393**	**19631**	**19400.5**	94.1%	95.1%	94.1%	98.8%	

Cheshire and Wirral Partnership NHS
NHS Foundation Trust

STANDARDISED REPORT COMMUNICATION

REPORT DETAILS

Report subject:	Director of Infection Prevention & Control Report Q2 2016/17
Agenda ref. no:	16/17/94a
Report to (meeting):	Board of Directors
Action required:	Information and noting
Date of meeting:	30/11/2016
Presented by:	Andrea Hughes, Director of Infection, Prevention and Control

Which strategic objectives this report provides information about:	
Deliver high quality, integrated and innovative services that improve outcomes	Yes
Ensure meaningful involvement of service users, carers, staff and the wider community	Yes
Be a model employer and have a caring, competent and motivated workforce	Yes
Maintain and develop robust partnerships with existing and potential new stakeholders	Yes
Improve quality of information to improve service delivery, evaluation and planning	Yes
Sustain financial viability and deliver value for money	Yes
Be recognised as an open, progressive organisation that is about care, well-being and partnership	Yes
Which CQC quality of service domains this report reflects:	
Safe services	Yes
Effective services	Yes
Caring services	Yes
Well-led services	Yes
Services that are responsive to people's needs	Yes
Which Monitor quality governance framework/ well-led domains this report reflects:	
Strategy	Yes
Capability and culture	Yes
Process and structures	Yes
Measurement	Yes
Does this report provide any information to update any current strategic risks? If so, which?	
See current risk register in the agenda of the public meeting of the Board of Directors at http://www.cwp.nhs.uk/about-us/board-members/our-board-meetings	No
36T	
Does this report indicate any new strategic risks? If so, describe and indicate risk score:	
See current integrated governance strategy: CWP policies – policy code FR1	No
36T	

REPORT BRIEFING

Situation – *a concise statement of the purpose of this report*
Please find Quarter 2 report for Infection Prevention and Control (IPC). This is a mandatory requirement and requires noting.

Background – *contextual and background information pertinent to the situation/ purpose of the report*
The Director of Infection, Prevention and Control (IPC) or Nurse Consultant for IPC, delivers a quarterly report to appraise the Board of Director regarding IPC activity and any associated risks.

Assessment – *analysis and considerations of options and risks*
The report will detail the work undertaken prior to and during quarter 2 regarding the forward view and commitment of IPC for 2016 – 2020. This commitment will assure the board of the obligation from the IPC team and CWP staff to minimise the risks associated with IPC and its assurance against the core values and national Antimicrobial Stewardship.

Recommendation – *what action/ recommendation is needed, what needs to happen and by when?*
The Board of Directors is recommended to **note** the IPC Q2 report for 2016/2017.

Who/ which group has approved this report for receipt at the above meeting?		IPCSC – November 2016
Contributing authors:		Amanda Miskell
Distribution to other people/ groups/ meetings:		
Version	Name/ group/ meeting	Date issued
1	Chief Executive	November 2016

Appendices provided for reference and to give supporting/ contextual information: *Provide only necessary detail, do not embed appendices, provide as separate reports*	
Appendix no.	Appendix title
1	IPC Commitment 2016 - 2020

Infection Prevention and Control – Q2 report t2016/17

1. The purpose of the report

This report will inform the Board of recent work in relation to the commitment, Appendix 1, (previously strategy) and advancing view in terms of Infection Prevention & Control (IPC) within CWP for the next four years 2016- 2020.

2. Background to the IPC commitment

Good infection prevention (including cleanliness*) is essential to ensure that people who use health and social care services receive safe and effective care. Effective prevention and control of infection must be part of everyday practice and be applied consistently by everyone. Good management and organisational processes are crucial to make sure that high standards of infection prevention are developed and maintained.

The Health and Social Care Act 2008, "Code of Practice" on the prevention and control of infections and related guidance, revised 2015, sets out the "Code of Practice" on the prevention and control of infections, under The Health and Social Care Act 2008 (2015).

The code applies to registered providers of all healthcare and adult social care in England. The Code of Practice sets out the 10 criteria against which the Care Quality Commission (CQC) will judge a registered provider on how it complies with the infection prevention requirements, which is set out in regulations 12 & 15. To ensure that consistently high levels of infection prevention (including cleanliness) are developed and maintained, it is essential that CWP as providers of healthcare consider the whole document and its application in the appropriate sectors and not just selective parts.

The Code of Practice together with previous relevant documents, guidance and publications has been considered in the formulation of this commitment.

To protect patients and staff from infection it is important that the risk is eliminated, reduced or managed effectively. The acquisition of infection as a result of hospital or other health care treatment has important implications both for the patients affected and the organisation concerned. HCAI's are seen as an important quality indicator and as such their prevention is key to ensuring that services provided by the NHS are of a high quality.

*This description of all activities related to infection prevention and control (IPC) was adopted in response to the consultation on the revision of the code of practice in 2015 to make it clear to non-specialists that cleanliness is an integral part of IPC. Throughout the document "infection prevention" should be interpreted as including cleanliness.

3. The four year commitment to IPC

This commitment has been produced to support the work which has been taken in previous years across the organisation to reduce avoidable healthcare-associated infection. The Board receives regular progress reports on the initiatives that are in place and this process will continue over the next four years.

The key objectives and plans for monitoring improvement are highlighted within this commitment which is supported by the Infection Prevention and Control Subcommittee (IPCSC) work programme and assurance framework.

The IPC Team recognise that there are challenges ahead within the current arrangements in which the management of our patients is becoming more complex with increasing antimicrobial resistance, invasive procedures and treatments. In addition to this our staff are caring for an increasing number of patients and we must continue to ensure that IPC is integrated to ensure safe, high quality care with the resources available.

Additionally the aim of this approach is to ensure that the trust demonstrates its commitment to patient safety, zero harm and compliance with the revised Health and Social Care Act 2008 (July 2015) during the period 2016 – 2020 in relation to IPC. This will also help to ensure that effective and meaningful infection prevention and control is embedded into everyday practice of employees within CWP. It will also support effective measures for prevention and control of infection integration in the trust core business, planning and delivery.

This ensures that effective systems are implemented without unnecessary duplication and the trust can monitor and deliver its strategic objectives.

4. Recommendations

The Board of Directors is asked to note the DIPC Quarter Two report for 2016/17.

5. Appendix 1

IPC committment 2016 -2020 v4.pub

Cheshire and Wirral Partnership NHS
NHS Foundation Trust

STANDARDISED REPORT COMMUNICATION

REPORT DETAILS

Report subject:	Safeguarding Report – midyear report 2016
Agenda ref. no:	16/17/94b
Report to (meeting):	Board meeting
Action required:	Information and noting
Date of meeting:	09/11/2016
Presented by:	Avril Devaney Director of Nursing ,Therapies and Patient Partnership

Which strategic objectives this report provides information about:	
Deliver high quality, integrated and innovative services that improve outcomes	No
Ensure meaningful involvement of service users, carers, staff and the wider community	Yes
Be a model employer and have a caring, competent and motivated workforce	Yes
Maintain and develop robust partnerships with existing and potential new stakeholders	No
Improve quality of information to improve service delivery, evaluation and planning	Yes
Sustain financial viability and deliver value for money	No
Be recognised as an open, progressive organisation that is about care, well-being and partnership	No
Which CQC quality of service domains this report reflects:	
Safe services	Yes
Effective services	Yes
Caring services	No
Well-led services	No
Services that are responsive to people's needs	Yes
Which Monitor quality governance framework/ well-led domains this report reflects:	
Strategy	No
Capability and culture	Yes
Process and structures	Yes
Measurement	No
Does this report provide any information to update any current strategic risks? If so, which?	
See current risk register in the agenda of the public meeting of the Board of Directors at http://www.cwp.nhs.uk/about-us/board-members/our-board-meetings Strategic Risk 4: safeguarding	Yes
35T	
Does this report indicate any new strategic risks? If so, describe and indicate risk score:	
See current integrated governance strategy: CWP policies – policy code FR1	No
35T	

REPORT BRIEFING

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

This report is to give the Board and an overview of Safeguarding activity over the last 6 months and a position statement on the implementation of key objectives set.

The report gives an overview of safeguarding inspections and reviews that CWP have been involved with.

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

This is a midyear report covering Q1 and Q2 2016/17 to give the Board assurance that CWP are meeting their safeguarding responsibilities.

Assessment – *analysis and considerations of options and risks*

CWP have been involved in a number of safeguarding inspections and reviews since April 2016 and have implemented a number of recommendations as a result.

This report gives an overview of safeguarding activity for the period April 2016 until the end of September 2016.

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

The Board is recommended to **note** the report and progress of key objectives.

Who/ which group has approved this report for receipt at the above meeting?		Trustwide Safeguarding Sub committee
Contributing authors:		Satwinder Lotay
Distribution to other people/ groups/ meetings:		
Version	Name/ group/ meeting	Date issued
0.1	Trustwide Safeguarding Sub committee	10 November 2016

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

Appendix no.	Appendix title
A	Q1 and Q2 2016/17 Safeguarding Report
35T	

16_17_94b Appendix 1

CWP Safeguarding Adults and Children (including Children in Care) Mid -year (Q1and Q2) Report 2016

1.0 Purpose of the Report

The purpose of this report is to provide Cheshire and Wirral Partnership (CWP) Board with an update in respect of assurance activity and performance for which CWP is responsible for during April 2016- End of September 2016.

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

2.0 Summary

There have been a number of key changes that have been implemented within CWP to strengthen safeguarding practice following review of processes, response to Serious Case Reviews and inspections across our partner organisations. The key changes are as follows:

- Strengthening Safeguarding supervision arrangements and monitoring uptake (response to East CCG CQC safeguarding inspection).
- Updated safeguarding level 3 education programme to ensure "Think Family' principles are explored and evidenced based tools are introduced to practitioners (response to serious case reviews).
- Strengthened safeguarding children induction to key services.
- Delivered Safe sleep (Lullaby Trust) as recommended by Pan Cheshire CDOP panel
- Updated Safeguarding Children Policy (integrated child visiting policy within this).
- Written and Launched Promoting the Health of Children in Care Policy (multiagency).
- Introduced the Safeguarding screening function onto CARENOTES.
- Safeguarding team participating in the Weekly Meeting of Harm.

3.0 Safeguarding Governance Arrangements & Assurance

The Quality Committee has established the Trustwide Safeguarding Sub-committee to provide assurance that Safeguarding responsibilities are met through the activities of the Trust in line with the terms of reference for the sub-committee. CWP provides assurance to commissioning CCGs and Designated Nurses for both adults and children via completion of Safeguarding Assurance Frameworks.

The annual self-assessment for both adult and children's safeguarding has been undertaken and submitted for scrutiny to the CCGs. Feedback for the safeguarding adult self-assessment was received from the Cheshire CCGs and CWP were commended for the audit submission. All areas were RAG rated green. The self-assessment for children (which incorporates the Section 11 audit has been completed. The multi-agency panel are due to meet in November to review the CWP submission.

Mersey Internal Agency Audit undertook a Safeguarding Audit this year, with the final report issued in July 2016. It had concluded that CWP provided significant assurance.

3.1 Board assurance Frameworks- Risk Register

The risks relating to safeguarding on the CWP Board Assurance Framework are reviewed, mitigated, and monitored by the Trustwide Safeguarding Sub-committee. The risks have been remodelled and two risks have been identified; one in relation to compliance with the new intercollegiate document (Safeguarding Children Intercollegiate 2014) changes in relation to broadening the requirement for clinicians to undertake safeguarding training at level 3 and the other in Implementing the learning from Sexual Abuse Inquiry (previously known as Goddard) and Bradbury Investigation. The risks are regularly reviewed and updated.

3.2. Safeguarding Activity

CWP Nurse Specialists for Safeguarding Adults receive enquiries for advice and support from CWP staff in relation to safeguarding issues. The outcome of these discussions may result in the concern that has been raised, being managed locally within the service or in a referral to the appropriate Local Authority safeguarding services. In 2016/17 year to date there have been 610 enquires. The process for capturing number of enquiries made to the safeguarding children team has been strengthened and this data will be available for the next half of the year. Quarter 2 data which is available has shown that the safeguarding children team have received 474 enquiries. Safeguarding supervision uptake remains with 323 cases being discussed since April.. Tier 4 CAMHS cases have required a high intensity of safeguarding children nurse specialist time due to the complexities that these children are presenting.

To date CWP have made two referralsvia the Prevent route, which have been discussed at the respective Channel Panel. CWP continues to attend monthly MARAC meetings, which operate across Cheshire East, Cheshire West and Wirral. CWP have increased the pool of MARAC representatives to support the safeguarding Nurse Specialists in managing the process. The number of meetings and the number of cases discussed are comparable to last year.

Children in Care Service have seen a rise in the number of children coming into care. Following on from a recommendation from SCR Child B, a number of processes and pathways have been strengthened with social care to ensure information sharing is more robust and timely. The children in Care team are preparing for the unaccompanied asylum seekers who are due to come to Cheshire West and Chester Local Authority.

3.3 Safeguarding and Prevent Training

Safeguarding and Prevent Training compliance rates are detailed in the respective tables below. There is currently an action plan in each locality to improve the Level 3 training compliance to above 80% by the end of March 2017. The Trustwide Safeguarding Subcommittee scrutinise the training compliance against the predicated milestones to ensure that this will be achieved and hold the services to account.

Table 1 Safeguarding Training Compliance Rates for CWP at end of September 2016

Safeguarding Training 2016	Trustwide Compliance Rate as at 30/09/16
Level 1 (children and adults includes domestic abuse)	85%
Level 2 (children and adults includes domestic abuse)	85%
Level 3 (safeguarding children only)	52%
Level 4	100%
Level 6 (Board training)	100%

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The Prevent Wrap training for CWP staff is mandatory and the compliance as at end of September 2016 are detailed in Table 2 below:

Table 2: PREVENT WRAP Training Compliance on 30 September 2016.

PREVENT	Trustwide Compliance Rate as at 30/09/16
Level 1 and 2	62%
WRAP 3 (level 3)	84%

3.4 Serious Case Reviews (SCR)/ Serious Adults Reviews (SAR)/ Domestic Homicide Reviews

Since April, the following review activity has been undertaken:

- One Serious Case review has been published (Child B Cheshire West and Chester West (CWAC) and Chester Local Safeguarding Children Board (LSCB) – learning being disseminated. Action plan is being implemented.
- One SCR due to commence in Wirral and one in CWAC LSCB
- Awaiting the outcome of SCR panel on two cases (one case from CWAC LSCB and one case from Wirral LSCB)
- One Serious Adult Review (SAR) published (Adult TT Worcestshire LSAB) – Learning being disseminated. Action plan completed.
- One SAR commenced (Trafford LSAB) and Individual Management Report being provided
- One Individual Management Review commenced for Practice Learning Review (CWAC LSAB)
- One Domestic Homicide Review to commence (East Cheshire Community Safety Partnership).

Since April 2016, CWP have provided ten chronologies on cases for serious case review panels. There are two safeguarding children multi-agency reviews that are pending in which CWP services will be involved. One child case had been referred by CWP for Serious Case Review consideration Since April 2016, CWP have provided six chronologies for serious adult reviews and one chronology for a domestic homicide panel. Three safeguarding adult multiagency case reviews are pending. CWP have referred one case for serious adult reviews consideration.

3.5 Inspections

In the July 2016, there was a Safeguarding CQC Inspection of East Cheshire and South Cheshire CCG. CWP services were included within this inspection. The report has not yet been published. The final report will highlight two excellent practice examples delivered by CWP- young advisors work and CAMHS LD signposting. CWP have developed and is implementing an action plan in response to the inspection which will be monitored and overseen both internaly and by the respective CCGs.

Wirral Local Authority and Wirral LSCB have had an Ofsted inspection and the final report was published in September. It was rated as Inadequate. CWP will be working with agencies to address the recommendations from this report, the Director of Nursing, Therapies and Patient Partnerships has been co-opted as member of the Improvement Board.

4.0 Trust Wide Objectives for 2016/17

Progress of the objectives are as follows:

- **Reviewing and implementing the intercollegiate document for adult safeguarding**- This is currently on hold following the withdrawal of the document. CWP awaiting the new document prior to implementing.

- **Preparing for Goddard inquiry and reviewing the lessons from Bradbury Investigation and implement learning within CWP**. Review undertaken and action plan has been developed to address the areas, which CWP needed to address.

- **Safeguarding Strategy for CWP to be refreshed**- this is in progress

- **Align CWP priorities with the respective safeguarding boards on Wirral, Cheshire West and Chester and Cheshire East**. The priorities have been reviewed and CWP have aligned the work plan accordingly

- **Promote the use of evidence assessment tools to support safeguarding practice.** The training has been implemented and work to ensure this is embedded is progressing.

- **Continue to work with services in ensuring robust safeguarding processes are in response to the integrated agenda.** This work has commenced.

5.0 Conclusion

CWP has continued to work in partnership across each of the local Safeguarding Boards for both adults and children. The Trust has assessed compliance with regulatory standards in relation to children through completion of the Section 11 Audit self-assessment. The Trust has completed a self- assessment against adult standards based on the six principles of adult safeguarding.

The report demonstrates how CWP is responding to the key objectives set for 2016/17.

Cheshire and Wirral Partnership NHS
NHS Foundation Trust

STANDARDISED REPORT COMMUNICATION

REPORT DETAILS

Report subject:	Annual Research Report 2015/16
Agenda ref. no:	16/17/96a
Report to (meeting):	Board of Directors
Action required:	Information and noting
Date of meeting:	30/11/2016
Presented by:	Dr Faouzi Alam, Medical Director

Which strategic objectives this report provides information about:	
Deliver high quality, integrated and innovative services that improve outcomes	Yes
Ensure meaningful involvement of service users, carers, staff and the wider community	Yes
Be a model employer and have a caring, competent and motivated workforce	Yes
Maintain and develop robust partnerships with existing and potential new stakeholders	Yes
Improve quality of information to improve service delivery, evaluation and planning	Yes
Sustain financial viability and deliver value for money	Yes
Be recognised as an open, progressive organisation that is about care, well-being and partnership	Yes
Which CQC quality of service domains this report reflects:	
Safe services	Yes
Effective services	Yes
Caring services	Yes
Well-led services	Yes
Services that are responsive to people's needs	Yes
Which Monitor quality governance framework/ well-led domains this report reflects:	
Strategy	Yes
Capability and culture	Yes
Process and structures	Yes
Measurement	Yes
Does this report provide any information to update any current strategic risks? If so, which?	
See current risk register in the agenda of the public meeting of the Board of Directors at http://www.cwp.nhs.uk/about-us/board-members/our-board-meetings	No
36T	
Does this report indicate any new strategic risks? If so, describe and indicate risk score:	
See current integrated governance strategy: CWP policies – policy code FR1	No
36T	

REPORT BRIEFING

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

All Trusts are mandated to make research a priority area for growth and part of core business. The attached Annual Research Report provides an overview of research activity undertaken during 2015/16 within the Trust. The report details performance against the Comprehensive Research Network (CRN) targets for studies on the National Institute of Health Research (NIHR) portfolio, and non-portfolio, studies.

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

CWP recruits to a diverse range of studies from all around the UK. The research funding received by the Trust depends on the number of NIHR studies the Trust participates in. For 2015-2016, CWP received £216k funding. This funding covers the cost of 4.6 WTE Clinical Studies Officers (CSOs) and £7.5k for Research Governance. This was an increase of £15.6k over 2014/15 funding but this was specifically to reflect the increased cost of existing staff increments.

Assessment – *analysis and considerations of options and risks*

CWP has successfully recruited to 17 new NIHR portfolio studies and 34 existing studies in 2015/16. In total, the Trust recruited 1,253 participants to portfolio studies during the financial year and, as such, is the highest recruiting trust within the Local Delivery System. A list of all NIHR portfolio studies recruited to is detailed in the attached annual report. The report includes a brief description of the study, the numbers recruited in CWP and the timescales for publication of results, which in turn should contribute to improved outcomes for patients.

The national target for the completion of the Trusts research governance processes and grant approval has been reduced from 30 days to 15 days. CWP has successfully reduced the average time taken to approve a study from 9.6 days in 2014/15 to 6.41 days.

Many of the 2015/16 achievements are detailed within the attached report, but it is of particular note that CWP has over-recruited to a prestigious Phase 1b (first in man) clinical trial examining the use of a vaccine on participants with Mild to Moderate Alzheimer's Disease.

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

The Board of Directors is asked to **note** the Annual Research Report for 2015/16.

Who/ which group has approved this report for receipt at the above meeting?	Dr Faouzi Alam
Contributing authors:	Dr Pat Mottram Dr Taj Nathan Claire James

Distribution to other people/ groups/ meetings:

Version	Name/ group/ meeting	Date issued
1 - 5	Claire James & Taj Nathan	17/11/16

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

Appendix no.	Appendix title
1	Annual Research Report 2015/16
2	Participation breakdown and 16/17 Delivery Plan

16_17_96a Appendix 1

Annual Research Report 2015/16

1. Purpose of the report

This report provides an overview of research activity undertaken during 2015/16 within the Trust. The report details performance against the Comprehensive Research Network (CRN) targets for studies on the National Institute of Health Research (NIHR) portfolio, and non-portfolio, studies. It also reports on the progress made against the Delivery Plan developed to address objectives outlined in CWP's approved Research Strategy 2015 -2018.

2. Background

Research and its evidence translated into practice is vital in transforming services and improving patient outcomes across the NHS. By fully integrating research into our organisation we can out-perform organisations that do not, leading to better quality of care and improved use of resources (NHS England). CWP have a demonstrable history in supporting high quality research which aims to improve patient outcomes.

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.

Following the implementation of the National Institute for Health Research (NIHR) redesign in April 2014, the majority of projects are multi-centre and multi-disciplinary. Most originate in the large academic centres of excellence such as the Institute of Psychiatry and the University of Manchester. However, CWP has also successfully acquired a number of industry studies which are aligned with the NIHR.

CWP embraces its mandate to prioritise and grow research as part of its core business. Board of Directors approved the CWP Research Strategy for 2015 – 2018 in March 2015. The strategy identified the following priorities to be addressed during the three year period:

Priority 1	**Raise the profile of CWP research internally and externally**
Priority 2	**Strengthen links with external partners**
Priority 3	**Secure external funding from academia and/or industry**

3. NIHR Funding

The research funding received by CWP is dependent on the number of NIHR studies the Trust participates in and the number of participants recruited to each study. These studies are referred to as 'portfolio studies' and have been identified as important to the NHS. They are funded by an NHS body, industry or a charity.

For 2015-2016, CWP received funding of £216k. This covered the cost of 4.6 WTE Clinical Studies Officers (CSOs) and their associated travel. The small balance of £7.5k was allocated in respect of Research Governance. The 2015/16 funding allocation included an increase of £15.6k over 2014/15 funding levels to specifically reflect the increased cost of staff increments.

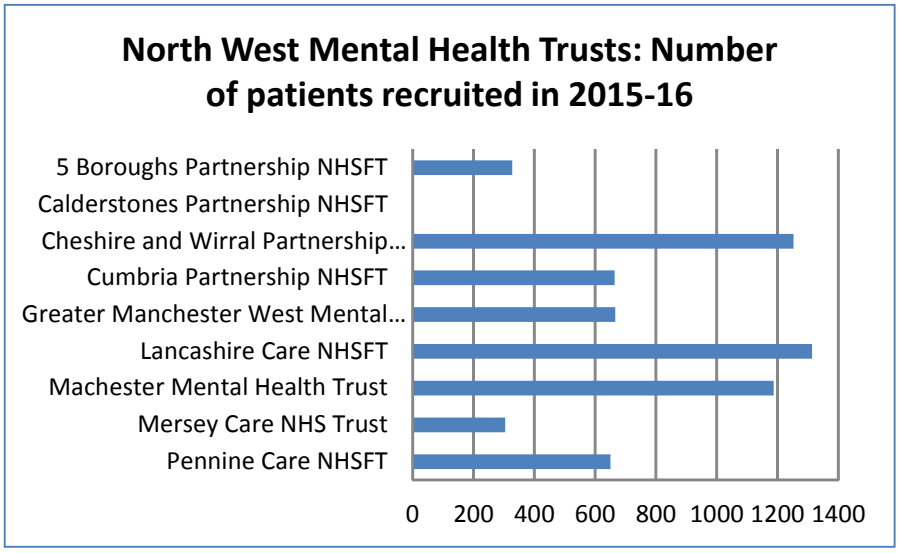
CWP has historically received Programmed Activity (PA) funding from the Clinical Research Network (CRN) which covered the time that clinical staff worked on research projects. However, this allocation has ceased as a result of reductions to the CRN budget.

In March 2016, research governance processes became a national function of the Health Research Authority (HRA) to ensure that all studies have central joint ethical and research governance checks. It is therefore anticipated that the funding associated with research governance that is currently allocated to CWP will reduce or cease in 2016/17.

4. Recruitment to Portfolio Studies

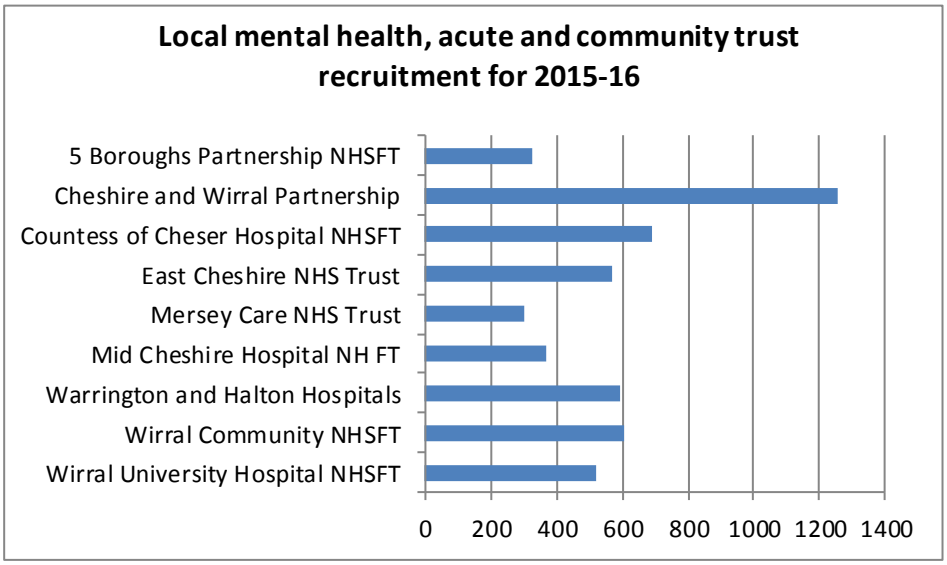
CWP's commitment to supporting ground breaking research can be quantified by the high number of NIHR studies recruiting in the Trust and the overall number of participants recruited by CWP.

The 2015-2018 Strategy outlined a target of 500 participants for the financial year but CWP successfully recruited over double this number achieving 1,253 participants by year end. This is an increase of 684 over the previous year's figures. The graph below demonstrates that CWP is one of the highest recruiting mental health trusts in the North West Coast Area.



(Figures taken from the NHS Portal)

In the context of the Cheshire and Wirral Local Delivery System (LDS), CWP is, by far, the highest recruiting organisation for 2015/16, as evidenced by the graph below.



(Figures taken from the NHS Portal)

During 2015/16, there were 17 new studies and 34 existing studies to recruit to. The Trust participated in two NIHR portfolio studies which were sponsored by the pharmaceutical industry. CWP exceeded their contractual obligation and over recruited to time and target for one study – a prestigious Phase 1b vaccine for Alzheimer's disease. The other study is still recruiting and is a study of a drug for agitation in dementia.

CWP additionally participated in two Randomised Controlled Clinical Trials of an Investigational Medicinal Product (CTIMP). One was a study of an antipsychotic (amisulperide) in late onset schizophrenia. CWP was the best recruiter outside of the main centre. The study has now completed and is in the process of being written up. The other, run by the University of Manchester and funded by the NIHR and the Medical Research Council (MRC), studied the use of a well-known antibiotic, Minocycline, and examined the benefits of the drug on the negative symptoms in early-phase psychosis in addition to standard care. The Trust was asked to take part in the latter stages of the recruitment process, however, this still proved successful and recruitment to time and target was achieved. CWP has recently completed follow-up to this study.

CWP recruits to a diverse range of studies from all around the UK. By far the largest study of the year was the Wirral Child Development study. This is an epidemiological study which has been running for almost 9 years and looks at how first born children develop.

A list of all NIHR portfolio studies recruited to in the last year is attached at appendix 1. The schedule outlines a brief description of the study, the numbers recruited in CWP, and the timescales for anticipated publication of results.

5. Research Governance / Time and target

The national target for the completion of research governance processes and grant approval has been reduced from 30 days to 15 days by the NIHR. CWP successfully reduced this time further to 9.6 days in 2014/15 and has reduced this again in 2015/16, achieving an average time of 6.41 days to grant approval.

The Government benchmark for the consent of the first patient to a study is a maximum of 70 days. During the financial year 2015/16 CWP approved 17 NIHR portfolio studies. Of these the Trust met this 70 day consent benchmark for 14 (88%) studies.

Of those studies that did not meet the 70 day recruitment (3 studies):

- one was conducted by an external research team and did not have any involvement from the Trust's research team; the Trust therefore had no influence on the timescales.
- one study only recruited patients following acute illness after childbirth, which is rare, and this therefore took longer to recruit to
- the final exception was a scanning study which was being run as a follow-on study from prior research which took time to complete due to a scanner breakdown. Those people are now going through to a second study and will meet the CWP recruitment target on time.

Following the HRA centralisation of research governance processes for portfolio studies, the Trust will be responsible for undertaking capacity and capability checks for future studies. This means that CWP will need to advise the study teams whether capacity and capability exists within the current service and clinical resource available and whether there is an appropriate patient cohort to facilitate delivery of the study.

The EDGE™ database, has now become the database of choice from the CRN and this will in future upload information from the Trust to the National Platform of information on both portfolio and non-portfolio studies. The team monitor both portfolio and non-portfolio studies to ensure they adhere to Good Clinical Practice (GCP) standards, to ensure patient and staff safety, and to protect the integrity of the data collected.

6. Non Portfolio Studies

CWP staff were involved in undertaking or assisting with 41 non portfolio studies during the year (see appendix 2); many of these contributed to staff gaining higher degrees i.e. Masters and Doctorates. Whilst this was slightly lower than the 45 non-portfolio studies anticipated for 2015/16, it must be acknowledged that the trust does not have full control of the number of people undertaking higher degrees. The trend is also consistent with the dip in the number of higher degrees undertaken locally.

The CRN expects the Trust to provide the same level of service to non-portfolio studies as delivered for portfolio research. The average time to approval of non-portfolio studies has reduced from the 2014/15 figure of 15.9 days to 4.6 days in 2015/16. However, 3 studies were excluded from these figures as they were outliers due to external problems outside of the Trust. Exceptions are as follows:

- 24 days due to a delay via an external reviewer
- 38 days waiting for NHS ethics
- 218 days waiting for University of Chester ethics

A member of the CWP Research team specialises in supporting new researchers as it is important that all studies reach the same standard of research governance as that expected for larger portfolio studies. Non portfolio studies are often potential sources of ideas for future research.

7. Delivery Plan

Following approval of the CWP Research Strategy 2015 -2018, a delivery plan was agreed to address the three strategic priorities:

- Raise the profile of CWP research internally and externally;
- Strengthen links with external partners;
- Secure external funding from academia and/or industry.

Appendix 3 provides an overview of achievement during 2015/16.

In summary, significant work has been undertaken during 2015/16 to raise the profile of CWP research, both internally and externally. The number of staff training to be Principal Investigators and the number of people actively involved in research has increased. The Research team now routinely attends CWP induction days to ensure that all staff are aware of the research undertaken and know how to seek help and support from colleagues as soon as they start in post.

Links with external partners have been significantly strengthened during the year. Joint feasibility is now regularly being completed for commercial studies in conjunction with Royal Liverpool and Broadgreen University Hospitals and discussions are continuing with the Countess of Chester NHS Foundation Trust and University of Chester in respect of the

establishment of a joint research hub, the "Centre for Integrated Healthcare Science", at Bache Hall, Chester. In addition, the University of Chester has delivered a series of workshops in collaboration with CWP and it is anticipated that these will be repeated in future years.

CWP received a commercial funding allocation of £23k in 2015/16 but did not successfully secure any additional external funding via bidding processes during the year.

8. Key Achievements 2015-16

CWP recruited 1,253 people to research studies, all within time and target. Time to study approval reduced to 6.4 days and 88% of studies recruited the first patient within 70 days.

Other specific achievements include:

- Over recruitment targets for the Trust's first Phase 1b Alzheimer's study. This prestigious "first in man" trial is testing a vaccine to determine if it slows the progression of the disease.

- The Trust commenced a genetic study examining the risk of developing Dementia in those with Down's syndrome. CWP successfully achieved the recruitment target within a few months of the study opening and as a result have been asked by the study team to continue to recruit for as long as the study is ongoing.

- Successfully recruited to a very difficult agitation in dementia study.

- Increased the number of staff undertaking Principal Investigator training from 6 to 11.

- Increased the number of staff actively involved in research from 6 in 9.

- CWP staff have been co-authors or contributed to 25 publications in 2015/16 (a list can be requested from research@cwp.nhs.uk). These have been published in high impact journals such as: the British Journal of Psychiatry, International Journal of Geriatric Psychiatry, Neurology, Psychiatric Bulletin and British Journal of Medicine.

- CWP developed a "consent to contact" process in 2015/16 by 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.

- The research team hosted a very successful conference in November 2015. There were presentations relating to NIHR portfolio research that have taken place in CWP in subject areas such as:

    - Adverse drug reactions to clozapine;
    - Memory Assessment Service;
    - the Benyamin Study looking at the Benefits of Minocycline on Negative Symptoms in Psychosis.

  A variety of workshops were held in the afternoon covering areas such as Eating Disorders, Perinatal Mental Health, Bipolar Disorder and various workshops on literature searching and critical appraisal skills. The conference was well attended with 96 people on the day and well received with over 90% rating the presentations to be of a high quality and relevant.

9. Conclusions

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.

CWP has increased its ability to provide access to new treatments, particularly in Alzheimer's disease, but also in schizophrenia and other mental health areas. The Trust is also building up expertise in physical health research areas and plans to expand this work in conjunction with nurses and allied health professionals.

CWP has maintained its high standards of recruitment to NIHR portfolio studies, with a total of 1,253 participants recruited during this year. The Trust aims to match, or exceed, this target next year.

CWP over-recruited to a prestigious Phase 1b, "First in Man" study and, now has more studies in the pipeline following successful recruitment and retention to this study.

Commercially funded research is a potential income generator and CWP has developed close links with partners to facilitate this, particularly with the Clinical Research Unit at RLBUHT where staff are learning and gaining experience in research and in running pharmaceutical studies.

CWP is committed to improving staff involvement in research via the Strategy Delivery Plan for 2015-2018. Increased numbers of clinical staff are now engaged in research and work will continue to encourage staff to take part in and use research in their practice in the coming years.

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

Cheshire and Wirral Partnership NHS
NHS Foundation Trust

STANDARDISED REPORT COMMUNICATION

REPORT DETAILS

Report subject:	Emergency Planning Annual Report 2016
Agenda ref. no:	16/17/95b
Report to (meeting):	Board of Directors
Action required:	Information and noting
Date of meeting:	30/11/2016
Presented by:	Tim Jenkins, Emergency Planning and Business Continuity Co-Ordinator

Which strategic objectives this report provides information about:	
Deliver high quality, integrated and innovative services that improve outcomes	Yes
Ensure meaningful involvement of service users, carers, staff and the wider community	Yes
Be a model employer and have a caring, competent and motivated workforce	No
Maintain and develop robust partnerships with existing and potential new stakeholders	Yes
Improve quality of information to improve service delivery, evaluation and planning	Yes
Sustain financial viability and deliver value for money	No
Be recognised as an open, progressive organisation that is about care, well-being and partnership	Yes
Which CQC quality of service domains this report reflects:	
Safe services	Yes
Effective services	Yes
Caring services	No
Well-led services	Yes
Services that are responsive to people's needs	No
Which Monitor quality governance framework/ well-led domains this report reflects:	
Strategy	Yes
Capability and culture	Yes
Process and structures	Yes
Measurement	No
Does this report provide any information to update any current strategic risks? If so, which?	
See current risk register in the agenda of the public meeting of the Board of Directors at http://www.cwp.nhs.uk/about-us/board-members/our-board-meetings	No
36T	
Does this report indicate any new strategic risks? If so, describe and indicate risk score:	
See current integrated governance strategy: CWP policies – policy code FR1	No
36T	

REPORT BRIEFING

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

The purpose of this annual report is to inform the Board of the key responsibilities, the work undertaken and the achievements of the Emergency Planning Sub-Committee and the Emergency Planning Team 2015/16

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

As a requirement of the Care Quality Commission Essential Standards of Quality and Safety, CWP complies with the standard of producing an emergency planning annual report for Cheshire and Wirral Partnership NHS Foundation Trust Board.

Assessment – *analysis and considerations of options and risks*

The report is for information purposes and outlines the discharge of duties imposed upon the Trust by the Civil Contingencies Act 2004 and the NHS Emergency Preparedness Framework 2015.

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

The Board of Directors are requested to **note** the report.

Who/ which group has approved this report for receipt at the above meeting?	Emergency Planning Sub-Committee 13th September 2016
Contributing authors:	Tim Jenkins

Distribution to other people/ groups/ meetings:

Version	Name/ group/ meeting	Date issued
V1	Julie Critchley, Emergency Accountable Officer Andy Styring, Director of Operations.	11/08/16

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

Appendix no.	Appendix title
00	Annual Report 2015/16 .

Cheshire and Wirral Partnership NHS
NHS Foundation Trust

Emergency Planning Annual Report 2015/16

1 Purpose of the report

1.1 The purpose of this annual report is to inform the Board of the key responsibilities and the work undertaken and completed by the Emergency Planning Sub-Committee and Emergency Planning team throughout 2015/16.

2 Background

2.1 All NHS organisations are required to ensure they have in place robust command and control mechanisms to enable them to plan for, and respond to, major incidents in coordination with the command and control arrangements of the wider response community.

All NHS organisations are required to deliver their responsibilities as defined by the Civil Contingencies Act (CCA) (2004) and NHS Commissioning Board Emergency Preparedness Resilience and Response (EPRR) Framework 2015.

CWP is a CCA (2004) Category 2 responder with Category 1 responsibilities within CWP West Physical Health. The CCA (2004) outlines roles and responsibilities for each responding organisation including; leadership in the event of a major incident, with requirements to support other agencies being deemed good practice for individual organisations.

2.2 It is particularly important for CWP to ensure it is equipped to work as part of a multi-agency response, ensuring the ability to provide mutual aid to partner agencies. CWP contributes to the multi-agency planning frameworks of the Cheshire and Merseyside Local Health Resilience Partnerships (LHRPs).

2.3 The LHRP provides a strategic forum for local organisations to:

- Facilitate health sector emergency preparedness and resilience across the NHS or at the Local resilience Forum level. The partnership has no role in managing the response to emergencies;

- Provide support to the NHS Commissioning Board, NHS England, Public Health England and public health colleagues on the Local Resilience Forum in their role to represent the health sector in emergency preparedness and resilience matters

- Provide support to the NHS England Cheshire and Merseyside Area Team and Public Health England in assessing and assuring the ability of the health sector to respond in partnership to emergencies at Local resilience Forum level.

3 Governance Arrangements

3.1 The trust governance arrangements for EPRR ensure there are robust mechanisms in place to enable the trust to plan for, respond to and recover from business continuity incidents and major incidents.

3.2 In line with statutory requirements, the Chief Executive has overall responsibility for CWP emergency planning arrangements. The Director of Operations is the Head of EPRR. The Service Director West is the trust Accountable Emergency Officer.

3.3 The Accountable Emergency Officer is supported by the Emergency Planning Team which consists of two members; the Emergency Planning and Business Continuity Co-ordinator and the Emergency Planning Project Worker. Each post was occupied by a new individual in 2015.

The Emergency Planning Project Worker has embarked on the Diploma in Health Emergency Planning through Public Health England and Loughborough University.

3.4 The Emergency Planning Team has published its statement of purpose;

- Emergency Preparedness: delivering emergency planning to enable the effective and efficient prevention, reduction, control, mitigation of, and response to critical incidents, major incidents and emergencies.

- Resilience: Enhancing the ability of the trust, its services, departments, teams and infrastructure to detect, prevent and, if necessary, to withstand, handle and recover from disruptive challenges.

- Response: Providing leadership, expertise and guidance to support decisions and actions taken in accordance with the strategic, tactical and operational objectives defined by incidents and their consequences.

3.5 The Emergency Planning Sub-Committee (EPSC) is chaired by the Accountable Emergency officer. The EPSC meets bi-monthly and consists of representatives from across services and departments. The EPSC is responsible for co-ordinating and developing emergency planning and business continuity across CWP. It provides assurance that CWP aligns to local and national emergency guidance and polices.

Following a trust wide review of the effectiveness of committees and sub-committees, the EPSC received extremely positive feedback across all the categories that were examined.

3.6 Locality Emergency Planning Groups are established in all three localities and meet bi-monthly. They co-ordinate and develop local business continuity planning and capture and record business continuity incidents to enable learning.

4 Achievements

4.1 As part of the national governance process, CWP EPRR arrangements were presented in the National Emergency Planning and Resilience and Response Core Standards Assurance Process. The trust complied with the set time-scales and submitted a response that was fully compliant with all the cores standards.

4.2 The Information Governance Toolkit in relation to trust wide business continuity has been strengthened. The EPSC business cycle has been updated to include a pathway from the Records

and Information Systems Group which allows for additional resilience assurance of the trust's critical assets.

4.3 Following the launch of CWP.net, the Emergency Planning site has been developed to provide a range of guidance and information. In particular the EPSC and locality emergency planning meeting agendas and minutes are stored and accessed via the site. This negates the need for sending emails with attachments and the latest versions are always instantly accessible.

4.4 The Major Incident Plan, The Heatwave Plan and winter preparedness have all been reviewed. A trust wide communication strategy utilising visual imagery raised awareness of both summer and winter preparedness. The LHRP identified this method as an example of best practice and shared the process with all LHRP members.

4.5 The British Medical Association undertook several periods of national industrial action throughout the early part of 2016. Strike action was taken by junior doctors who were in dispute over contracts with the government on the following dates;

- 8 am Tuesday 12th January –until 8 am Wednesday 13th January
- 8am Tuesday 26th January – until 8am Thursday 28th January
- 8am Wednesday 10th February – until 5pm the same day
- 8am Wednesday 9th March – until 8am Friday 11th March
- 8am Wednesday 6th April – until 8am Friday 8th April
- 8am Tuesday 26th April – until 8am Thursday 28th April

The Emergency Planning Team led the trust wide response to the BMA industrial action. The CWP Industrial Action Steering Group was convened and chaired by Emergency Planning. Membership included; Medical Director, Director of Operations, Director of People and Organisational Development, Clinical Directors and Service Directors. The aim of the planning and response was to ensure the continued delivery of safe and effective care.

As BMA members were not obliged to inform the organisation in advance if they were taking strike action, pre-planning provided assurances regarding appropriate levels of care being maintained. During the periods of industrial action a CWP incident room was established. Situational reporting (sitrep) was utilised to capture real time information from in-patient services. In turn the information was provided to NHS England for national reporting purposes using the UNIFY process.

CWP met all its many obligations in relation to time critical information requests. Importantly safe and effective care was maintained.

4.6 The EPSC established a sub group known as the Seasonal Flu Planning Group. Led by Occupational Health, the group delivered the seasonal flu vaccination programme. The 2015/16

results of staff uptake of the flu vaccination showed a remarkable improvement on the previous year's figures with over 51% of 'face to face' staff having received the vaccination.

4.7 The EPSC also established the Outbreak Planning Group (OPG). Led by Infection Prevention and Control, the OPG established streamlined processes for managing outbreaks. In particular the trust wide communication process was improved in relation to instances of service closures and reopening's.

4.8 CWP Emergency Planning chairs the North West Emergency Accommodation Plan for Secure Services group (NWEAPSS). The group consists of nine service providers (private and NHS) who deliver medium and low secure services in the North West. A robust plan has been delivered that can be invoked in times of a crisis / major incident. Mutual arrangements will provide immediate support for a period of up to 72 hours. This activity supports some of the learning outcomes from the Saddlebridge major incident in 2014.

This work has been recognised and selected to be featured in the 2016-2017 Big Book of Best Practice.

4.9 A review has taken place of the inpatient shelter plans and these have been uploaded onto the Emergency Planning site on CWP.net. Each inpatient area has a floor plan which has been marked to show areas which could be utilised to create extra short-term accommodation at times of a crisis within another CWP inpatient unit. This enhances business continuity plans and provides an additional level of resilience.

4.10 As part of EPRR compliance, CWP must undertake a live multi-agency exercise every three years. There was no obligation on CWP to undertake a live multi-agency exercise in 2016. Ancora House the new state of the art CAMHS building provided an opportunity (pre-occupancy) to undertake a live multi-agency exercise whilst promoting CWP to our wider partnership network.

Agreement to undertake the exercise was sought internally through the Ancora House Building User Group, the EPSC, the Chief Executive and the Operational Board. Full support for the exercise was obtained. Engagement with external partners also resulted in full support for the exercise.

Exercise Ancora took place on 8th July 2016. The aim of the exercise was to to test CWP's preparedness and response to a security incident occurring within a CWP establishment on a multi-occupancy health park. A number of CWP locations was utilised including Ancora House as the scene of the incident, Redesmere for the CWP Major Incident Room and the Emergency Services Rendezvous Point and Upton Lea for testing service business continuity plans.

Partnership participation included:

- NHS England
- Countess of Chester NHS Foundation Trust
- East Cheshire NHS Trust

- Mersey Care Foundation Trust
- Liverpool Community NHS Trust
- Chester and Cheshire West Council
- Cheshire Police
- Cheshire Fire and Rescue Service
- North West Ambulance Service
- HM Armed Services

The exercise provided numerous learning outcomes which are being taken forward as part of the annual work plan.

4.11 A number of exercises were successfully undertaken in April 2016. These included a regional pandemic flu exercise (Bluebird), a regional heatwave exercise (Sizzler) and a CWP loggist course.

4.12 Following a change in local authority practice in Cheshire East Council, responsibility for the application and execution of a Magistrates Court warrant under Section 135(2) of the Mental Health Act has transferred to inpatient staff in Central and East locality. This is a step change in processes resulting in new increased activities for CWP resources. In May, Emergency Planning delivered training to Central and East staff. The training was supported by Cheshire Police and Cheshire East Council.

4.13 As a result of learning outcomes from a number of sources including the BMA industrial action, NWEAPSS plus changes to the Section 135(2) warrant application and execution process, in June Emergency Planning delivered an On Call Manager workshop for 2nd and 3rd Tier on call managers. The event was supported by the Medical Director.

4.14 Emergency Planning led a work stream within the Home Treatment Team and Bed Utilisation Project. This work stream activity resulted in the delivery of the CWP Bed Escalation Policy.

5 Incidents

5.1 The EPSC has an established procedure for collating learning from trust wide incidents.

5.2 Industrial action: As indicated in 4.5 above, learning from the industrial action was shared internally and with Clinical Commissioning Groups, NHS England and LHRP members. Learning led to the delivery of the On Call Manager Workshop with the aim to enhance the delivery of safe and effective care.

5.3 In October 2015 Ellesmere Port suffered from a number of water shortages caused by a major outage in the United Utilities network. The impact required a number of CWP clinics to be cancelled due to concern over maintaining infection and prevention and control requirements. Business Continuity Plans were invoked and an incident room was established to manage the trust response.

5.4 Prior to the Single Point of Access moving to Civic Way, it was situated in the 1829 Building. The GP Out of Hours Service is also within the 1829 Building. In October 2015, a major telephony outage affected both services. The telephony services were provided outside of the CWP ICT network by the Cheshire and Merseyside CSU. Business continuity plans were invoked and a report on learning outcomes was shared with the CCG.

5.5 Following a network upgrade in October 2015 by a third party supplier to the EMIS Mobile platform, issues arose affecting approximately 120 community users. Engagement took place with Performance and Redesign which strengthened communication, change and testing processes.

5.6 In April 2016, Millbrook suffered a number of issues including a flood, problems with drains and a lack of hot water. Whilst the age of the infrastructure has a direct impact on these incidents, the resilience in relation to the obtaining of spare parts and subsequent time delays caused additional pressures. Business continuity plans were invoked and learning outcomes provided opportunities for the wider strategic direction of the organisation.

5.7 CWP is supported by a complex ICT infrastructure. With any entity of such complexity there will inevitably be incidents which will affect users. The establishment of robust processes to manage incidents is a vital element to a swift recovery and identifying learning. In May 2016 the ICT infrastructure suffered a priority 1 incident causing some users to be unable to access Outlook email, Carenotes, EMIS, PcMis, telephony and file share. The incident was quickly resolved and a root cause analysis completed.

A further incident occurred in June 2016 when a VLAN failed. This affected access to Outlook e mail, telephony, Datix, Carenotes and file shares. The priority 1 process was followed but the incident took three days to resolve from it first being reported. A full root cause analysis was completed.

The EPSC reviewed both incidents and reinforced the requirement for services, teams and departments to ensure they have up to date and accessible business continuity plans.

6 Support to East Cheshire Trust

6.1 CWP has been providing Emergency Planning expertise to East Cheshire Trust under a service level agreement. This equated to one day a week. Whilst this support was welcomed by East Cheshire Trust the CWP resource allocated to the task was providing far more than 1 day whilst trying to ensure the trust (an acute and community provider) discharged its obligations under the CCA and the EPPR Framework.

Following a review, the CWP support and consequently the SLA between the two organisations was terminated on the 31st March 2016.

7 Actions

7.1 Outcomes from 2015/16 work plan have resulted in the following actions which are all currently in motion:

7.2 Learning from the delivery of NWEAPSS and Exercise Ancora has identified the need for a regional emergency accommodation plan for Child Adolescent Mental Health Services (CAMHS).

7.3 A requirement to repeat the On Call Manager workshop and the Section 135(2) exercise to capture staff who were unable to attend the initial sessions.

7.4 Deliver a trust wide winter preparedness exercise (Exercise Snowflake).

8 Recommendations

8.1 To note the contents of the Emergency Planning Annual Report 2015/16.

Cheshire and Wirral Partnership NHS
NHS Foundation Trust

STANDARDISED REPORT COMMUNICATION

REPORT DETAILS

Report subject:	Register of Seals 2015/16
Agenda ref. no:	16/17/96a
Report to (meeting):	Board of Directors
Action required:	Information and noting
Date of meeting:	30/11/2016
Presented by:	Tim Welch, Director of Finance

Which strategic objectives this report provides information about:	
Deliver high quality, integrated and innovative services that improve outcomes	No
Ensure meaningful involvement of service users, carers, staff and the wider community	No
Be a model employer and have a caring, competent and motivated workforce	No
Maintain and develop robust partnerships with existing and potential new stakeholders	No
Improve quality of information to improve service delivery, evaluation and planning	Yes
Sustain financial viability and deliver value for money	No
Be recognised as an open, progressive organisation that is about care, well-being and partnership	No
Which CQC quality of service domains this report reflects:	
Safe services	No
Effective services	No
Caring services	No
Well-led services	Yes
Services that are responsive to people's needs	No
Which Monitor quality governance framework/ well-led domains this report reflects:	
Strategy	No
Capability and culture	No
Process and structures	No
Measurement	Yes
Does this report provide any information to update any current strategic risks? If so, which?	
See current risk register in the agenda of the public meeting of the Board of Directors at http://www.cwp.nhs.uk/about-us/board-members/our-board-meetings	No
35T	
Does this report indicate any new strategic risks? If so, describe and indicate risk score:	
See current integrated governance strategy: CWP policies – policy code FR1	No
35T	

REPORT BRIEFING

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

It is a legal requirement to place any property transactions e.g. purchase, sale, lease, under seal. Other contracts/documentation should be approved by an authorised signatory 'under hand' i.e. signed. The seal shall not be affixed except under the authority of the Board of Directors.

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

Before any building, engineering, property or capital document is sealed, it must be approved and signed by the Director of Finance (or an officer nominated by them) and authorised and countersigned by the Chief Executive (or an officer nominated by them who shall not be within the originating division or department).

The Chief Executive keeps a register in which they, or the Head of Corporate Affairs as authorised by them enters a record of the sealing of every document.

Assessment – *analysis and considerations of options and risks*

The Sealing Report for the period April 2015 – March 2016 is set out below. This was reviewed by the Audit Committee on 6th September 2016

The Register of Sealing is required to be noted by the Board of Directors on an annual basis in accordance with the Corporate Governance Manual.

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

The Board of Directors are recommended to **note** the Register of Seals 2015/16.

Who/ which group has approved this report for receipt at the above meeting?		N/A
Contributing authors:		N/A
Distribution to other people/ groups/ meetings:		
Version	Name/ group/ meeting	Date issued
35T	Audit Committee	6 September 2016

Appendices provided for reference and to give supporting/ contextual information: *Provide only necessary detail, do not embed appendices, provide as separate reports*	
Appendix no.	Appendix title
1	Register of Seals 2015/16

16_17_96a Appendix 1

Register of Seals April 2015 – March 2016

Entry no.	Details	Date of Sealing
206	Transfer of Plot 90, Liverpool Road, Upton, Chester	09/04/2015
207	Transfer of Plot 253, Liverpool Road, Upton, Chester	09/04/2015
208	Transfer of Plot 252, Liverpool Road, Upton, Chester	09/04/2015
209	Transfer of Plot 237, Liverpool Road, Upton, Chester	09/04/2015
210	Transfer of Plot 97, Liverpool Road, Upton, Chester	30/04/2015
211	Transfer of Plot 52, Liverpool Road, Upton, Chester	19/05/2015
212	Transfer of Plot 212, Liverpool Road, Upton, Chester	19/05/2015
213	Transfer of Plot 255, Liverpool Road, Upton, Chester	19/05/2015
214	Transfer of Plot 256, Liverpool Road, Upton, Chester	19/05/2015
215	Transfer of Plot 257, Liverpool Road, Upton, Chester	19/05/2015
216	Lease of Second Floor, Gordon House, 3-5 Leicester Street, Southport	01/06/2015
217	Transfer of Plot 96, Liverpool Road, Upton, Chester	10/06/2015
218	Transfer of Plot 99, Liverpool Road, Upton, Chester	0/06/2015
219	Transfer of Plot 226, Liverpool Road, Upton, Chester	10/06/2015
220	Deed of Novation between CWP and Cheshire West and Chester	16/06/2015
221	Transfer of Plot 254, Liverpool Road, Upton, Chester	22/06/2015
222	Transfer of Plot 240, Liverpool Road, Upton, Chester	25/06/2015
223	Deed of Convenant between PHIP (Gorsestacks) Limited and the Trust	07/08/2015
224	Plot 101 Liverpool Road	12/08/2015
225	Plot 100 Liverpool Road	12/08/2015
226	Contract for Sale of Freehold Land with Vacant Possession conditional on planning permission at Field House, 40 Congleton Road, Sandbach, Cheshire CW11 1HJ	27/08/2015
227	Transfer of Plot 238, Liverpool Road, Upton, Chester	27/08/2015
228	Transfer of Plot 239, Liverpool Road, Upton, Chester	27/08/2015

Entry no.	Details	Date of Sealing
229	Transfer of Plot 104, Liverpool Road, Upton, Chester	07/10/2015
230	Transfer of Plot 170, Liverpool Road, Upton Chester	07/10/2015
231	Lease between Lloyds Pharmacy Ltd and the Trust	11/11/2015
232	Transfer of Plot 109, Countess of Chester	23/11/2015
233	Transfer of Plot 232, Countess of Chester	23/11/2015
234	Transfer of Plot 233, Countess of Chester	23/11/2015
235	Transfer of Scout Facility	23/11/2015
236	Transfer of Plot 170, Liverpool Road, Upton, Chester	14/12/2015
237	Transfer of Plot 234, Liverpool Road, Upton, Chester	14/12/2015
238	Transfer of Plot 243, Liverpool Road, Upton, Chester	14/12/2015
239	Transfer of Plot 235, Liverpool Road, Upton, Chester	12/01/2016
240	Disposal of Field House, Sandbach	22/01/2016
241	Transfer of Plot 165, Liverpool Road, Upton, Chester	28/01/2016
242	Transfer of Plot 94, Liverpool Road, Upton, Chester	18/02/2016
243	Sale of Field House, 40 Congleton Road, Sandbach, Cheshire CW11 1HJ	24/03/2016
244	Lease of Mill Street medical Centre, Mill Street, Crewe, Cheshire CW2 7AQ	31/03/2016

Cheshire and Wirral Partnership NHS
NHS Foundation Trust

STANDARDISED REPORT COMMUNICATION

REPORT DETAILS

Report subject:	Annual Review of Integrated Governance Strategy
Agenda ref. no:	16/17/96b
Report to (meeting):	Board of Directors
Action required:	Information and noting
Date of meeting:	30/11/2016
Presented by:	Louise Brereton, Head of Corporate Affairs

Which strategic objectives this report provides information about:	
Deliver high quality, integrated and innovative services that improve outcomes	Yes
Ensure meaningful involvement of service users, carers, staff and the wider community	Yes
Be a model employer and have a caring, competent and motivated workforce	Yes
Maintain and develop robust partnerships with existing and potential new stakeholders	Yes
Improve quality of information to improve service delivery, evaluation and planning	Yes
Sustain financial viability and deliver value for money	Yes
Be recognised as an open, progressive organisation that is about care, well-being and partnership	Yes
Which CQC quality of service domains this report reflects:	
Safe services	Yes
Effective services	Yes
Caring services	No
Well-led services	Yes
Services that are responsive to people's needs	Yes
Which Monitor quality governance framework/ well-led domains this report reflects:	
Strategy	Yes
Capability and culture	Yes
Process and structures	Yes
Measurement	Yes
Does this report provide any information to update any current strategic risks? If so, which?	
See current risk register in the agenda of the public meeting of the Board of Directors at http://www.cwp.nhs.uk/about-us/board-members/our-board-meetings	No
N/A	
Does this report indicate any new strategic risks? If so, describe and indicate risk score:	
See current integrated governance strategy: CWP policies – policy code FR1	No
N/A	

REPORT BRIEFING

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

The Trust's Integrated Governance Strategy combines the Trust's risk management and performance management systems into one framework. This ensures that effective assurance and escalation systems can be implemented without unnecessary duplication and the Trust can monitor and deliver against its strategic objectives, delivered via an integrated governance model. As with all policy documents, this framework is subject to an annual review to ensure that the information contained within it remains accurate and up-to-date.

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

The Quality Committee approved version 7 of the Integrated Governance Strategy in June 2015; the annual review of the document has taken place over the summer of 2016 and has been amended to ensure that it remains up-to-date. Following assurance received from the Care Quality Commission in the past year regarding the soundness of the Trust's framework, functional changes only have been made, this report outlines those changes. A more detailed review will be undertaken during the course of the following year, informed by the output of the impending well-led review and also the Trust's own plans to strengthen its annual review of effectiveness of the meetings structure.

Assessment – *analysis and considerations of options and risks*

An annual review has been conducted and a number of minor changes have been made in relation to the contents page, job titles, regulatory title changes, formatting, page numbering, cross referencing within the document. Some more material changes have been made which are noted below:

- Addition of information on the governance arrangements regarding Chair's action.
- Updated Trust meetings structure inserted.
- Updated Terms of Reference hyperlinked.

Please note that all hyperlinks will be reviewed and updated at the time when the strategy is uploaded to the internet and intranet.

The amendments to the Integrated Governance Strategy have been reviewed and approved by the Associate Director of Safe Services, on behalf of the Head of Compliance (policy lead), to ensure compliance with the document control policy.

As detailed above, a further complete and comprehensive review of the Integrated Governance Strategy will be undertaken during the course of the year, prior to the next annual review. This will reflect changes to the Trust's governance arrangements as a result of CWP's work with Central Cheshire Integrated Care Partnership and partnership working to deliver community services in Central Cheshire. An in-depth review of governance arrangements within the Trust is also scheduled as an enhancement to the annual review of the effectiveness of the meetings structure (aligned to the outputs of the impending well-led governance review; the findings of this will be reflected in future updates to the Integrated Governance Strategy.

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

The Board of Directors is asked to **note** the updated Integrated Governance Strategy.

Who/ which group has approved this report for receipt at the above meeting?	David Wood, Associate Director of Safe Services
Contributing authors:	Elspeth Fergusson, Corporate Affairs Manager

Distribution to other people/ groups/ meetings:

Version	Name/ group/ meeting	Date issued
1	Audit Committee	6 September 2016

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

Appendix no.	Appendix title
1	Integrated Governance Strategy – Issue 8

Cheshire and Wirral Partnership NHS
NHS Foundation Trust

Document level: Trustwide (TW)
Code: FR1
Issue number: 8

Integrated Governance Strategy

Lead executive	Medical Director
Authors details	Associate Director of Safe Services

Type of document	Policy
Target audience	All CWP staff
Document purpose	The integrated governance strategy combines the risk management strategy and performance management framework into one document. This will ensure that effective systems can be implemented without unnecessary duplication and the Trust can monitor and deliver its strategic objectives, delivered via the integrated governance model.

Approving meeting	Quality Committee	07-Sept-15
Implementation date	07-Sept-16 followed by an annual compliance review	

CWP documents to be read in conjunction with	
HR6	Mandatory Employment Learning (MEL) policy

Document change history	
What is different?	1. Minor changes have been made in relation to the contents page, job titles, regulatory title changes, formatting, page numbering, cross referencing within the document. 2. Addition of information on the governance arrangements regarding Chair's action. 3. Updated Trust meetings structure. 4. Updated Terms of Reference.
Appendices / electronic forms	No amendments since previous review.
What is the impact of change?	Amendments provide greater clarity, but will not significantly impact upon current processes.

Training requirements	No specific requirements.

Financial resource implications	No

External references

Equality Impact Assessment (EIA) - Initial assessment	**Yes/No**	**Comments**
Does this document affect one group less or more favourably than another on the basis of:		
- Race	No	
- Ethnic origins (including gypsies and travellers)	No	
- Nationality	No	
- Gender	No	
- Culture	No	

Equality Impact Assessment (EIA) - Initial assessment	Yes/No	Comments
- Religion or belief	No	
- Sexual orientation including lesbian, gay and bisexual people	No	
- Age	No	
- Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
Is there any evidence that some groups are affected differently?	No	
If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?		
Is the impact of the document likely to be negative? - If so can the impact be avoided? - What alternatives are there to achieving the document without the impact? - Can we reduce the impact by taking different action?	No N/A N/A N/A	
Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted. If you have identified a potential discriminatory impact of this procedural document, please refer it to the human resource department together with any suggestions as to the action required to avoid / reduce this impact. For advice in respect of answering the above questions, please contact the human resource department.		
Was a full impact assessment required?	No	
What is the level of impact?	Low	

Content

1. Introduction

The Integrated Governance Handbook, produced by the Department of Health and developed in February 2006, describes integrated governance as *'systems, processes and behaviours by which Trusts lead, direct and control their functions, in order to achieve organisational objectives, safety and quality of service and in which they relate to patients and carers, the wider community and partner organisations'*.

Integrated governance in Cheshire and Wirral Partnership NHS Foundation Trust (CWP) is therefore about the integration of clinical and corporate governance, clinical and non-clinical risk management, and performance management / improvement / escalation processes in order to give the Board of Directors and key internal / external stakeholders assurance regarding the quality and safety of the services that the Trust provides.

This ensures that effective systems are implemented without unnecessary duplication and the Trust can monitor and deliver its strategic objectives, which are as follows:

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

2. Implementation of the integrated governance model

The delivery of this integrated governance strategy relies on having:

- Robust internal (corporate) assurance mechanisms and quality governance arrangements – this is delivered through the direct and indirect assurance provided through the corporate meetings structure to the Board and to external stakeholders, i.e. regulators, commissioners, external scrutineers, partner organisations and patient groups;
- Assurance mechanisms through the use of external and internal (independent) audit and seeking to review benchmarking / peer review data, where available;
- Robust links to the Trust's Governance Framework to describe the accountability arrangements and the actions that will be taken should risk / performance issues be judged as requiring escalation.

2.1 Organisational risk management structure detailing all those committees and groups which have some responsibility for risk

The Trust's corporate meetings structure is shown in appendix 1.

The committees of the Board are responsible for overseeing strategic risks outlined within the strategic risk register and corporate assurance framework. The Quality Committee reviews the strategic risk register at each meeting, as the committee with 'overarching responsibility for risk'. The Quality Committee will refer any risks to the Operational Board as appropriate, particularly where there are identified resource requirements to address the risk(s).

The Audit Committee is responsible for oversight and internal scrutiny of risk systems and processes within the organisation, and discharges these functions through the use of internal and external auditors. The internal audit plan is developed in collaboration with the strategic risk register. In addition, the Audit Committee receives the Strategic Risk Register and Corporate Assurance Framework on a quarterly basis to enable them to undertake periodic reviews of risk treatment processes for individual risks on an escalation / enquiry basis. In summary, this committee provides additional assurance on risk management processes and systems for the Board of Directors.

Both committees will escalate to the Board of Directors any risks where controls are not sufficiently impacting (positively) on the residual risk rating towards achieving the target risk score.

There must be approved, documented terms of reference for the high level committee(s) with overarching responsibility for risk. The terms of reference for these, i.e. the Quality Committee, Operational Board and Audit Committee are outlined in appendix 2 respectively.

Terms of references within the governance structure must include a description of:

- Duties;
- Who the members are, including nominated deputies where appropriate;
- How often members must attend;
- Requirements for a quorum;
- How often meetings take place;
- Reporting arrangements into the high level risk committee(s);
- Reporting arrangements into the Board from the high level risk committee(s).

2.2 How the board or high level risk committee(s) review the organisation-wide risk register

The corporate assurance framework is utilised by the Board of Directors as a planned and systematic approach to the identification, assessment and mitigation of the risks that could hinder the Trust achieving its strategic objectives. The assurance framework document contains information regarding internal and external assurances that strategic objectives are being met.

Where risks are identified, mitigations and subsequent action plans are mapped against them. The assurance framework is used to develop the risk register that is scored using a 5x5 matrix of impact and likelihood, see appendix 3 for risk matrix. This matrix adapted from the internationally recognised Australian and New Zealand standard (AS NZS 4360:2004), which is widely used within the NHS. This is a 5x5 matrix, in which score for impact or consequence of the risk is multiplied by the score for likelihood of recurrence. The total score generated is known as the risk rating.

In addition to the escalation of risks via the Quality and Audit Committees, the Board of Directors is also required to receive the full corporate assurance framework document and the strategic risk register a minimum four times yearly for review.

The approved strategic risk register includes the following:

- Source of the risk (including, but not limited to, incident reports, risk assessments, locality risk registers, and external recommendations);
- Description of the risk;
- Identified risk owner and risk leads;
- Risk score detailing inherent score (gross - before the application of controls), residual score (net - after the application of controls) and target (tolerable) score;
- Controls, assurances and risk treatment plan to address gaps;
- Date of review.

Each risk is linked to a Trust strategic objective and has an Executive lead responsible for receiving assurance that the actions required to mitigate the risk are completed at local, operational or strategic level.

2.3 Process for the management of risk locally, which reflects the organisation-wide risk management strategy / how risks are escalated through the organisation

Risk is managed at all levels, both up and down the organisation.

As well as having a strategic risk register, each locality has its own risk register(s), with the accountable officers for risk management being the Locality Clinical Director and Service Director of each locality as appropriate. The locality risk register must be reviewed within the local governance

structure. Meetings within the corporate meetings structure or other meetings such as task and finish groups may maintain a risk log but in doing so should at each meeting consider whether those risks that are logged represent a hindrance to the Trust achieving its local strategic objectives or Trustwide strategic objectives – the process of local management of risk and escalation should be followed as per Table 1. Additionally, corporate/ clinical support service departments may also maintain department risk registers or risk logs, which are reviewed at least annually by the Medical Director (Executive Lead for Quality) and the Associate Director of Safe Services. The same process of escalation as described in Table 1 applies.

Risks can be managed and monitored within a locality but must be elevated appropriately, dependent on the severity of the risk. This is outlined below:

Table 1: Local management of risk and escalation

Score	Grade	Local management of risk and escalation
Risk Rating 1-6 'Green'	**Low - moderate**	**Risk can be managed within localities via agreed governance structures** – individual / team must escalate to Team Manager
Risk Rating 8-12 'Amber'	**High**	**Risk can be managed within localities via agreed governance structures** – General Manager must escalate to Service Director and Locality Clinical Director
Risk Rating 15-25 'Red'	**Extreme**	**Risk is escalated to Safe Services Department for consideration for inclusion on the strategic risk register – those risks scoring 15 or more when modelled for their Trustwide impact are included and a risk treatment plan agreed** – Service Director or Locality Clinical Director to inform Safe Services Department. Safe Services Department to escalate to relevant Executive(s) to agree Trustwide impact, with management in line with corporate assurance framework processes if risk score remains red.

The top five risks on locality risk registers are reviewed at quarterly performance reviews. This involves Executive scrutiny of the local risk register and seeking assurance from the locality managers that appropriate controls are identified and implemented to address and reduce risk.

2.4 Assignment of management responsibility for different levels of risk within the organisation / authority levels for managing different levels of risk within the organisation

The integrated governance strategy sets out the responsibility and roles of each level of leadership in the organisation in relation to handling and managing risk.

At an executive level, the Chief Executive has delegated operational responsibility for oversight of risk management processes to the Medical Director (Quality), but each Executive Director is accountable for managing the strategic risks that are related to their portfolio. Executive Directors, as strategic 'risk owners', can discharge accountability to 'risk leads' within their portfolio, e.g. Associate Directors / senior managers.

At a locality level, Locality Clinical Directors and Service Directors are the accountable officers for the local risk register process and must manage risks as outlined in section 2.3. Locality Clinical Directors and Service Directors, as local 'risk owners', can discharge accountability to 'risk leads' within their portfolio, e.g. General Managers / Clinical Service Managers / Matrons. As per section 2.3, any red rated local risks must be escalated to the Safe Services Department, for consideration to include on the strategic risk register. The Head of Compliance will receive an automated notification from the Trust DATIX system outlining that a risk has been red rated. The Head of Compliance will highlight

the risk to the appropriate Executive Director for consideration of inclusion on the strategic risk register; the Executive Director should consider the following factors:

- The impact of the risk on the organisations ability to achieve strategic objectives;
- The nature of the risk (i.e. risks that could cause serious harm to people who use services);
- Does the risk treatment plan provide adequate assurance to mitigate the impact of the risk;
- If this risk is a locality based risk or affects one or more services.

The Executive Director will indicate those risks that should be escalated to the strategic risk register; such decisions will then be reported to the next Quality Committee for approval.

2.5 How all risks are assessed

There are five steps to risk assessment as defined by the Health & Safety Executive, which the Trust has adapted, thus.

The approved strategic / locality risk register includes the following:

- Source of the risk (including, but not limited to incident reports, risk assessments, locality risk registers, and external recommendations);
- Description of the risk;
- Identified risk owner and risk leads;
- Risk score detailing inherent score (gross - before the application of controls), residual score (net - after the application of controls) and target (tolerable) score;
- Controls, assurances and risk treatment plan to address gaps;
- Date of review.

The process for assessing and recording risk both at a strategic and locality level within the Trust is as follows:

Step 1 - Identify the hazards / risks
This may be via a concurrent or reactive process (risk identified as a result of an incident for example) or via a proactive process (risk identified via a service development initiative / clinical strategic priority). The source of the risk must be identified and recorded on the relevant (strategic / locality) risk register.

Step 2 - Describing the risk and looking at current controls and assurances in place
Controls and assurances are recorded on the risk register and this helps determine the inherent (gross score) current residual risk score and target (tolerable) score (step 3).

Step 3 - Scoring the risk using 5x5 impact and likelihood
The risk is scored using the matrix in appendix 3.

Step 4 - Record of findings and actions
Actions are identified and implemented to reduce the risk to an acceptable level (as it is recognised that all risks can be practicably be eliminated). An acceptable level of risk will be determined on a case by case basis (using the Trust's risk tolerance methodology) to formulate the target risk score.

Step 5 - Reviewing the risk at regular intervals
Locality risk registers are reviewed monthly at the local governance meetings to ensure that risks are being monitored / managed. The strategic risk register is reviewed as a minimum four times per year by the Board of Directors and at every meeting of the Trust's Quality Committee which meets every two months. Outside of these meetings, where a new risk is identified or current risk controls are identified as not bringing about the desired degree of mitigation (i.e. occurrence of a further incident relating to a risk that is being managed) the Executive lead would identify the risk and ensure this is recorded on the strategic risk register and is escalated to the next Board of Directors meeting and Quality Committee.

2.6 How risk assessments are conducted consistently

There is not an exhaustive list of risk assessments however all risk assessments would usually follow their accompanying template, e.g. there is a stress risk assessment tool for stress, however where guidance is required to ensure a consistent approach to robustly conducting risk assessments for where there is not an accompanying tool, the Trust has also developed a generic risk assessment tool.

2.7 Risk awareness training for senior managers

As part of the Board of Directors development, there is regular risk management training to the Board of Directors and senior managers as part of the Trust's Training Needs Analysis (TNA).

Trust-wide risk awareness training sessions will be delivered as part of the mandatory employee learning programme and can be booked through the booking processes for training, outlined within Trust policy Mandatory Employee Learning (MEL) policy.

The process for recording attendance for the Board is via the Head of Corporate Affairs recording attendance and forwarding to Education CWP so that this can be recorded on the Trust's Electronic Staff Record (ESR) system. For all other attendees who must have risk awareness training, the recording of attendance is completed by Education CWP once the individual attends the learning event and signs the attendance register. Education CWP collates the sheets (either locally or through the trainer sending the documentation to Education CWP). The individual's learning record is updated by Education CWP to 'completed' or 'Did Not Attend' (dependent on the action) on ESR.

Follow-up of non attendance of Board members is undertaken by the Head of Corporate Affairs and, where a Board member has not been able to attend the planned seminar on risk management, they will be booked onto one of the other senior managers risk awareness sessions planned as part of the Mandatory Employee Learning (MEL) programme.

Follow-up of non attendance for all other senior managers who must have risk awareness training (other than Board members) is undertaken as per the processes outlined within Trust policy Mandatory Employee Learning (MEL) policy.

2.8 Risk acceptance

No organisation can achieve its strategic objectives without taking risk. Each organisational strategic objective in the corporate assurance framework features risks which the organisation is engaging with at any one time, which is indicative of the Trust's risk appetite. The risk tolerance is indicated by a target risk score in the corporate assurance framework, which is the level of risk that the organisation can accept.

As part of annual business planning cycle processes, including considering an integrated governance strategy that incorporates local, regional and national strategic context, commissioning intentions, and horizon scanning information, the Board of Directors in accepting new risks to organisational strategic objectives will assess (through its receipt, review and approval of the corporate assurance framework) its appetite for the risk(s). Where the risk appetite scores 2 – 5, then the risk will be added to the corporate assurance framework, risk treatment plan identified, and a target risk rating allocated. As per the descriptions below, the assessment of the target risk will predominantly be influenced the likelihood score.

Risk Appetite	Assessment	Description
1	Zero	Organisation is **not willing to accept under any circumstances risks that may** result in reputation damage, financial loss, or exposure, major breakdown in services, information systems or integrity, significant incidents of regulatory and / or legislative compliance, potential risk of

Risk Appetite	Assessment	Description
		injury to staff / people who use the Trust's services.
2	Low	Organisation is **not willing to accept (except in very exceptional circumstances)** risks that may result in reputation damage, financial loss, or exposure, major breakdown in services, information systems or integrity, significant incidents of regulatory and / or legislative compliance, potential risk of injury to staff / people who use the Trust's services.
3	Moderate	Organisation is **willing to accept some risks in certain circumstances that may** result in reputation damage, financial loss, or exposure, major breakdown in services, information systems or integrity, significant incidents of regulatory and / or legislative compliance, potential risk of injury to staff / people who use the Trust's services.
4	High	Organisation is **willing to accept risks that may** result in reputation damage, financial loss, or exposure, major breakdown in services, information systems or integrity, significant incidents of regulatory and / or legislative compliance, potential risk of injury to staff / people who use the Trust's services.
5	Very high	Organisation **accepts risks that are likely** to result in reputation damage, financial loss, or exposure, major breakdown in services, information systems or integrity, significant incidents of regulatory and / or legislative compliance, potential risk of injury to staff / people who use the Trust's services.

2.9 Escalation framework (incorporating judgement and accountability framework)

The integrated governance strategy describes risk "events" and the management and escalation of these risks. However, as an integrated governance framework that not only considers risk but clinical governance and performance issues, consideration must also be given to the escalation of such "issues" that the organisation will be required to judge the significance of at any one time to inform means of escalation, for example to the Executive Team. The National Patient Safety Agency (NPSA) describes these in terms of the following domains:

- Impact on the safety of patients, staff or public;
- Quality / complaints / audit;
- Human resources / organisational / development / staffing / competence;
- Statutory duty / inspections;
- Adverse publicity / reputation;
- Business objectives / projects (including locality key performance indicators);
- Finance, including claims;
- Service / business interruption;
- Environmental impact.

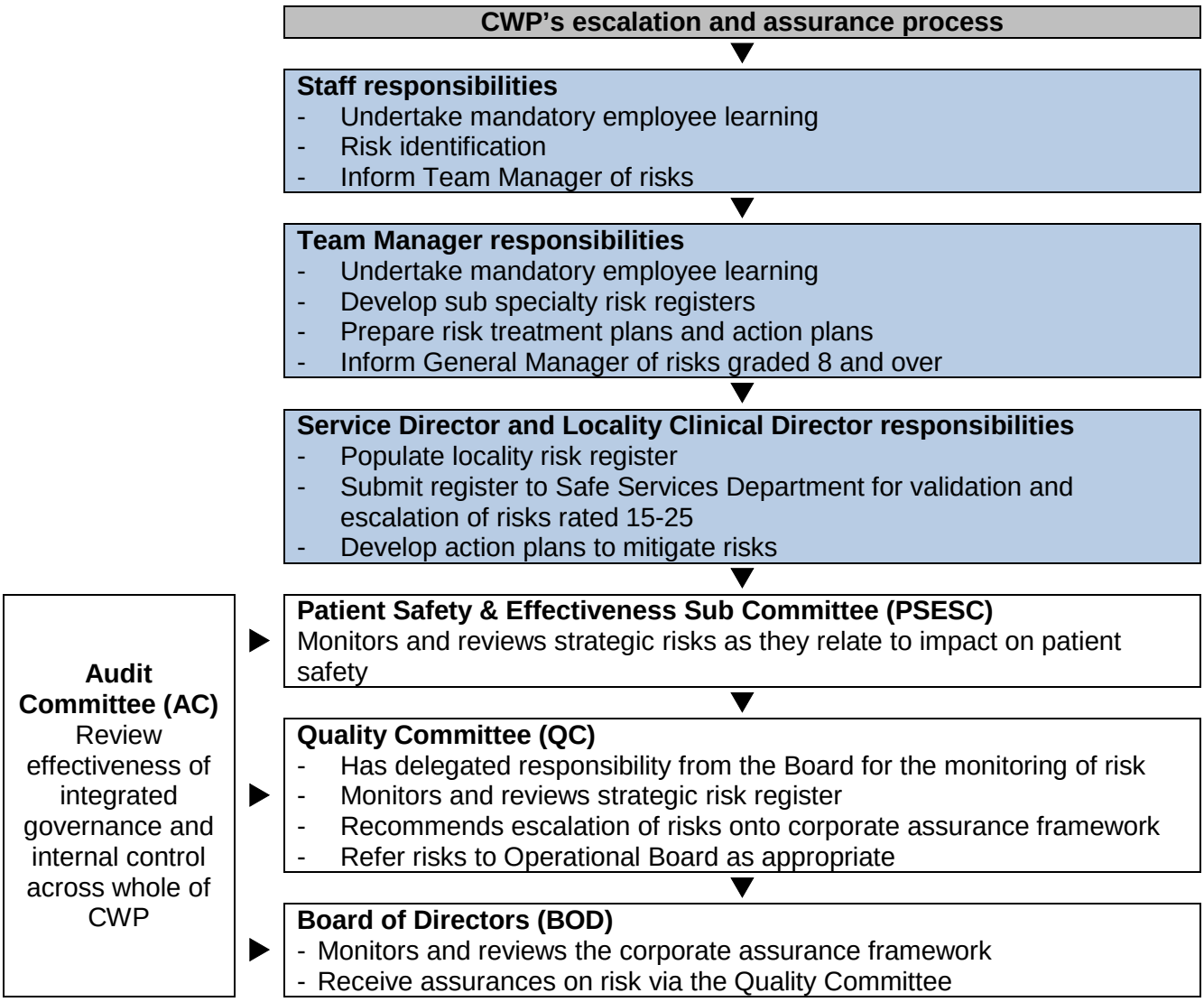
2.9.1 Early warning frameworks

Early warning frameworks are in place to identify the potential for deteriorating standards in the quality of care related to the above domains. For example, the quality dashboard incorporates a set of indicators that, taken together, give an indication of how well an individual team or service is functioning. It provides an early warning, pre-empting more serious concerns and enabling action to be taken before things go wrong. It offers a simple method to enable clinical management staff to assess the risk of deteriorating performance and to benchmark against others. Other frameworks / reports are reviewed by the Trust's Board of Directors to give a detailed view of CWP's overall performance, including:

- **The three times yearly 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 Corporate Performance report** – reviews the Trust's quality and safety performance by reporting on compliance in achieving key local and national priorities;
- **The three times yearly Quality Improvement Report** – provides a highlight of what CWP is doing to continuously improve the quality of care and treatment that its services provide.

2.9.2 Escalation

Clear, transparent and consistent use of evidence based means of assessing / judging these issues is essential to inform when and how to (including who to) escalate. Application of a consistent methodology also ensures means of applying on-going judgements to inform eventual de-escalation. The risk rating matrix (appendix 3) provides criteria for scoring the risk associated with the above domains, and the significance of the risk. This facilitates the judgement of risk events or issues and whether they present as triggers for escalation. The following flowchart describes CWP's escalation and assurance process:



2.9.3 Trust meetings structure – reporting, responsibility, assurance mechanisms, escalation and accountability

The escalation framework is reliant on an effective Trust meetings structure (see appendix 1) which links through to the corporate assurance framework, underpinned by Monitor's quality governance requirements and the Care Quality Commission's requirements for registration. This provides the Board with assurance about how the organisation is able to identify, monitor and escalate and manage concerns, which may include identifying consequences to ensure performance management where assurance is not provided, in a timely fashion at an appropriate level.

The Trust's strategic plan is implemented, monitored and assured by the Trust's meeting structure which has delegated responsibility from the Trust Board. The structure monitors compliance through performance indicators, a comprehensive audit programme, the monitoring of associated risks and through other mechanisms of assurance. The table below demonstrates the reporting and accountability mechanisms.

These are supported by clear terms of reference (ToR) (the most recent ToR are available via the corporate governance manual) and responsibilities (appendix 1).

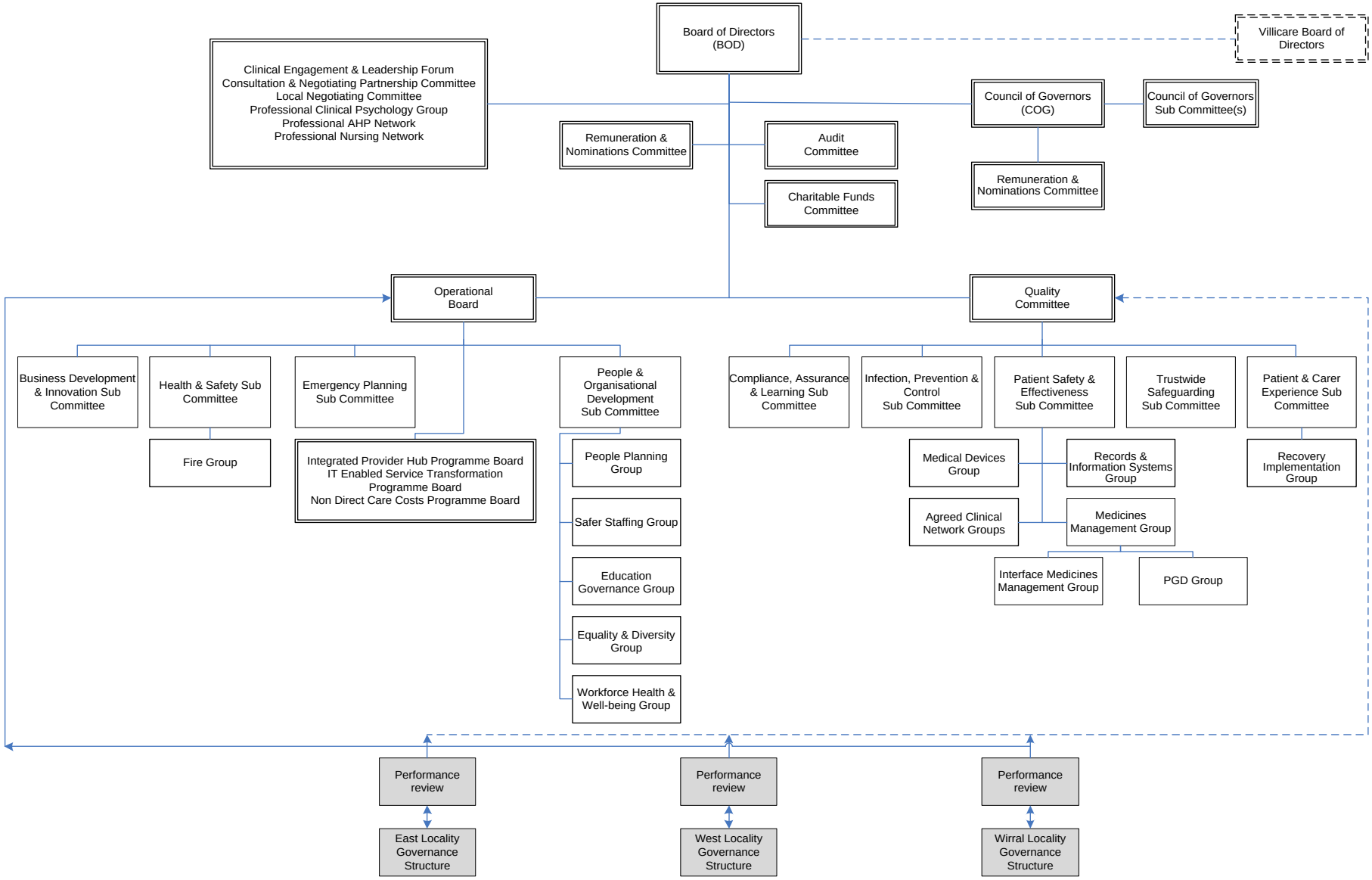
	Trust Board Committees	Sub Committees	Groups	Task & Finish Groups	Programme Boards
Reporting to	Trust Board	Board Committees	Sub Committees	Groups	Operational Boards
Reviewed	Annually against ToR	Annually against ToR	Annually against ToR	On establishment	On establishment
Type	- Quality Committee - Audit Committee - Operational Board - Remuneration and Nominations Committee - Charitable Funds Committee	- Business Development and Innovation Sub Committee (BDISC) - Health, Safety and Wellbeing Sub Committee (HSWSC) - Emergency Planning Sub Committee (EPSC) - People and Organisational Development Sub Committee (PODSC) - Infection, Prevention and Control Sub Committee (IPCSC) - Patient Safety and Effectiveness Sub Committee (PSESC) - Compliance, Assurance and Learning Sub Committee (CALSC) - Trustwide Safeguarding Sub Committee - Patient and Carer Experience Sub Committee	- Medicines Management Group (MMG)/ Interface Medicines Management Group - PGD Group - Equality and Diversity Group - Clinical Network Groups - Records and Information Systems Group - Medical Devices Group - Education Governance Group - Recovery Implementation Group (RIG) - Fire Group - Performance Reviews	ToR devised on inception	ToR devised on inception

	Trust Board Committees	Sub Committees	Groups	Task & Finish Groups	Programme Boards
Membership	- Non-Executive Directors (NED) - Executive Director - Senior Managers - Senior Clinicians	- Executive Directors - Senior Managers - Staff - Representatives	- Various Staff	- Various Staff	- Various Staff
Responsible for	- Strategy - Assurance - Monitoring progress, including identification of consequences - Devising plans	- Providing assurance - Implementing plans - Performance management of groups, including identification of consequences	- Operational activity delivery	- Specific delivery of work streams	- Specific delivery of work streams
Assurance mechanisms (up to Board)	- Minutes - Action Log - Action Plans - Audit - Risk Registers	- Minutes - Action Logs - Action Plans - Audit - Risk Registers - Detailed reports	- Minutes - Action Log - Audit - Detailed reports	- ToR - Minutes - Action plans	- ToR - Minutes - Action plans
Escalation of risks	- To Trust Board through Risk Registers, minutes, detailed reports and audit	- To sub committee via minutes, risk registers, detailed reports, audit	- To committees reporting progress, risks, and quality	- Report risks	- Report risks

It is recognised that there will be times when urgent decisions are required outside of scheduled meetings. Such decision making authority by the Chair of the meeting on behalf of the group will only be used when an urgent decision is required and there are no alternatives (e.g. the matter will not wait until the next meeting of the committee / sub committee and cannot be managed in another way without introducing unwarranted risk). Anyone putting forward an item for Chair's action should ensure that the issue has been supported by key individuals and groups in the usual way.

To ensure transparency, any urgent decisions will be submitted, along with relevant supporting papers, to the next regular meeting for formal endorsement and documentation in the minutes. If decisions have an immediate impact on the wider membership of the group or an immediate impact on practice, the members will be informed as soon as is practicable.

Appendix 1 – Trust meetings structure



Appendix 2 - Responsibility of committees

Operational Board

The Operational Board is responsible for reviewing and monitoring the operational performance of the Trust. The Operational Board also review proposed annual financial plans (including the capital plan) and to monitor the financial performance of the Trust. The Operational Board also oversee the development of Trust strategy and to monitor the development, completion, and delivery of the Operational Plan and Strategic Plan (including efficiency plans) in accordance with regulatory requirements and have responsibility to oversee and monitor locality operational risks.
To view the full terms of reference click here

Quality Committee

The Quality Committee is responsible for ensuring that the strategic priorities for quality improvement are identified, implemented and monitored. The Quality Committee is the committee responsible for monitoring strategic risks within the organisation.

To view the full terms of reference click here

Audit Committee

The Audit Committee is responsible for reviewing the establishment and maintenance of an effective system of integrated governance, risk management and internal control across the whole of the Trust's activities (both clinical and non-clinical) that supports the achievements of the Trust's objectives. It will provide an independent and objective view on internal control and probity. In addition, the Committee shall monitor the integrity of the financial statements of the Trust and any formal announcements relating to its financial performance, reviewing significant financial reports and the judgements contained in them.

To view the full terms of reference click here

Appendix 3 - Risk rating matrix

	Impact				
Likelihood of occurrence	**Catastrophic (5)**	**Major (4)**	**Moderate (3)**	**Low (2)**	**Minimal (1)**
Almost certain (5)	25	20	15	10	5
Likely (4)	20	16	12	8	4
Possible (3)	15	12	9	6	3
Unlikely (2)	10	8	6	4	2
Rare (1)	5	4	3	2	1

Some examples of scoring the impact of risks are outlined below:

	1	**2**	**3**	**4**	**5**
Descriptor	**Minimal**	**Low**	**Moderate**	**Major**	**Catastrophic**
Injury to staff or patient	Minor injury or illness, with / without first aid treatment	NPSA reportable Police reportable (Violent & Aggressive acts)	Injury up to 24hrs hospital treatment required (except major injuries)	Major injuries Long term incapacity / disability requiring extensive rehabilitation	Death or incident causing such harm that they place a patient or staff members life in jeopardy
Patient experience / complaints	Concerns raised / referral to PALS with agreed local resolution	Green complaint	Amber complaint	Red complaint	Detrimental recommendation following referral to external regulator
Litigation	None / minor out of court settlement	Civil Litigation – without defence Litigation cost <£50k	Civil / Criminal Litigation without defence costs of £50k - £500k	Civil / Criminal Litigation without defence cost £500k - £1m	Litigation cost >£1m
Service / Business continuity	Partial loss of service – short recovery	Partial loss of service – long recovery	Partial loss of service – cannot recover Complete loss of service – short recovery	Complete loss of service – long recovery	Complete loss of service – cannot recover
Staffing / Capacity	Short term low staffing level temporarily reduces service quality (less than 1 day)	On-going low staffing level reduces service quality	Late delivery of key objective / service due to lack of staff / capacity	Uncertain delivery of key objective / service due to lack of staff / capacity within organisation	Non delivery of key objective / service due to lack of staff / capacity within organisation

	1	2	3	4	5
Descriptor	**Minimal**	**Low**	**Moderate**	**Major**	**Catastrophic**
Financial (Loss)	Less than £1k	More than £1k but less than £25k	More than £25k but less than £100k	More than £100k but less than £1m Drop in financial risk rating	More than £1m unrecoverable financial loss by end of financial year. Drop in financial risk rating
Inspection / Self-assessment	Minor recommendations Minor non-compliance with standards	Recommendations given. Non-compliance with standards	Critical report Challenging recommendations. Non-compliance with standards	Enforcement Action. Severely critical report. Major non-compliance with standards	Successful prosecution. Query de-authorisation with Monitor
Adverse Publicity / Reputation	Local media – Short term. Minor effect on staff morale	Local media – Long term. Significant effect on staff morale	National Media less than 3 days	National Media more than 3 days Questions in Parliament	Public enquiry Prolonged national media attention

Measures of Likelihood are outlined below:

	1	2	3	4	5
Descriptor	**Rare**	**Unlikely**	**Possible**	**Likely**	**Almost Certain**
Frequency	Not expected to occur for years	Expected to occur at least annually	Expected to occur at least monthly	Expected to occur at least weekly	Expected to occur at least daily
Probability	Will only occur in exceptional circumstances	Unlikely to occur	Reasonable chance of occurring	Likely to occur	More likely to occur than not

Cheshire and Wirral Partnership NHS
NHS Foundation Trust

STANDARDISED REPORT COMMUNICATION

REPORT DETAILS

Report subject:	CWP Provider Licence- Quarterly self-assessment
Agenda ref. no:	16/17/96c
Report to (meeting):	Board of Directors
Action required:	Information and noting
Date of meeting:	30/11/2016
Presented by:	Tim Welch, Director of Finance

Which strategic objectives this report provides information about:	
Deliver high quality, integrated and innovative services that improve outcomes	Yes
Ensure meaningful involvement of service users, carers, staff and the wider community	Yes
Be a model employer and have a caring, competent and motivated workforce	Yes
Maintain and develop robust partnerships with existing and potential new stakeholders	Yes
Improve quality of information to improve service delivery, evaluation and planning	Yes
Sustain financial viability and deliver value for money	Yes
Be recognised as an open, progressive organisation that is about care, well-being and partnership	Yes
Which CQC quality of service domains this report reflects:	
Safe services	No
Effective services	Yes
Caring services	Yes
Well-led services	Yes
Services that are responsive to people's needs	Yes
Which Monitor quality governance framework/ well-led domains this report reflects:	
Strategy	Yes
Capability and culture	Yes
Process and structures	Yes
Measurement	Yes
Does this report provide any information to update any current strategic risks? If so, which?	
See current risk register in the agenda of the public meeting of the Board of Directors at http://www.cwp.nhs.uk/about-us/board-members/our-board-meetings	Yes
35T	
Does this report indicate any new strategic risks? If so, describe and indicate risk score:	
See current integrated governance strategy: CWP policies – policy code FR1	No
35T	

REPORT BRIEFING

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

The licence requirement for health care providers came into effect from April 2013.

Key components within the licence criteria are reviewed on a quarterly basis. The Board receives assurance on licence compliance on a six monthly basis, with the Audit Committee reviewing this information prior to the Board of Directors. The last review of the licence was undertaken at the end of Q4 2015/16.

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

This report details the NHS provider licence criteria self-assessment for Q2 2016/17. The licence contains obligations for the Trust and this assessment aims to help the Audit Committee/ Board members in confirming the accuracy of requirements that CWP is required to comply with as a license holder.

Assessment – *analysis and considerations of options and risks*

Appendix 1 contains the high level excerpts from the full licence document and enables Audit Committee members to consider the key licence conditions and any risks to compliance.

All conditions are now rated as Green (compliant) following improvements to the following conditions:

- Condition/ licence provision C1 (3) (systems for notifying patients regarding choice) previously rated as red/ amber
- Condition/ licence provision G8 (1) (provision/ publication of information regarding referral and eligibility criteria) previously rated as amber/ green.

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

The Board of Directors is recommended to **note** the report.

Who/ which group has approved this report for receipt at the above meeting?	David Wood, Associate Director Safe Services
Contributing authors:	

Distribution to other people/ groups/ meetings:

Version	Name/ group/ meeting	Date issued
35T	Audit Committee	1 November 2016

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

Appendix no.	Appendix title
1	Key Provider licence conditions as at end Q2 2016/17
2	Full Licence

Cheshire and Wirral Partnership NHS
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CHAIR'S REPORT
AUDIT COMMITTEE – 1st November 2016

The following is a summary of issues discussed and any matters for escalation from the November 2016 meeting of the Audit Committee:

Internal Audit progress update
The Audit Committee was updated on the completion of recent work including an audit on CQC standards compliance which attained significant assurance. A governor effectiveness review has recently been undertaken to gain an appreciation of good practice and areas for improvement around governor efficacy. This will also inform the well led governance review currently happening within the Trust.

An assessment of cyber security in the Trust has been undertaken and was reported to the Committee. This did not conclude an audit opinion however found that technical baseline controls for cyber security were only partially implemented. The recommendations from this will inform the risk treatment plan and assurance was provided via recent Villicare work on the Trust IMT strategy. Additionally, the Committee agreed that they would review the strategic cyber risk at the next Audit Committee in January 2017.

The Committee also reviewed a new report from MIAA to provide additional assurance to the Audit Committee on the implementation of actions and recommendations from previous audits.

External Audit update
A technical update was also provided with recent sector updates including the apprenticeship levy, the consultation on the 2016/17 annual reporting manual and operational planning guidance from NHSI.

Provider Licence Compliance Q2 2016/17
The Committee reviewed the Trust's compliance against the key conditions of the licence. Since the last review, two areas rated as amber green (patient choice and access to eligibility and referral information) have progressed and all areas were rated as compliant.

Healthcare Quality Improvement Plan – six-monthly update
The Committee received a six monthly update on the Healthcare Quality Improvement Plan, formally known as the clinical audit plan.

Well led governance review
The Committee were reminded that the well led governance review had commenced and would run over the following two-three months. The Audit Committee will be sighted on the final report and recommendations due in January 2017.

Governance Matters
The Chair's reports/ minutes of recent Operational Board and Quality Committee meetings were reviewed. There were no items for escalation to the Board.

The Committee noted that progress of the non-executive director recruitment. The Trust is appointing two non-executive directors, including an Audit Committee chair. It is hoped that the individual will join the Audit Committee from January 2017.

Cheshire and Wirral Partnership NHS
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CHAIR'S REPORT –
QUALITY COMMITTEE
2 NOVEMBER 2016

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

- **Strategic risk register**
  The main points to note are (i) a new risk being overseen by Operational Board to mitigate potential for non-compliance with regulatory frameworks and negative impact on patient care due to accommodation shortcomings at Civic Way, Ellesmere Port; and (ii) the potential risk of cyber-attack resulting in loss of access to key systems and/ or data files with possible impacts on healthcare delivery, financial penalties and reputational damage, which has been escalated via Audit Committee in response to the findings of a proactive internal audit. The next meeting of the Quality Committee will archive a number of strategic risks that are approaching their target risk score. The Board of Directors will receive this update at their quarterly review of the corporate assurance framework at the next meeting, it is however receiving a brief update on the 'cyber-attack' risk at today's meeting.
  The Board of Directors is asked to note the exceptions to the strategic risk register highlighted above.

- **A Zero Harm approach to mitigating recurring learning themes**
  The Board of Directors will be aware of one of the primary drivers for investing in the Trust's Zero Harm strategy was in response to recurrent learning themes. Since these have been taken forward through the Zero Harm implementation plan, there has been a demonstrable decrease in the recurrence of the same themes across the majority of learning from the investigation of serious incidents. However to sustain this and to mitigate recurrence of new emerging themes, the Quality Committee has endorsed a quality improvement approach that will be applied to each learning theme which tracks interventions at clinical and corporate levels that make a positive difference as sustainable control measures on an organisation-wide basis.
  The Board of Directors is asked to note the Quality Committee's ongoing role in receiving assurance around the impacts of quality improvement work being undertaken to mitigate the recurrence of learning themes and in promoting Zero Harm.

- **Delivering outstanding care in End of Life services**
  The Quality Committee received a presentation from the Specialist Community Palliative Care Team following their rating of outstanding for the care they deliver to people in their service at the end of their lives. The Committee heard that the success was attributable to person-centred approaches to delivering care, with key behaviours exhibited by the team such as determination, compassion, partnership working, proactivity and communication.
  The Board of Directors is asked to join the Quality Committee in recognising the outstanding care delivered by the Specialist Community Palliative Care Team.

- **Locality quality assurance**
  The Quality Committee received assurance 'maps' from each locality to describe how 'first line' assurances operate at locality level in line with the Trust's integrated governance framework. Second (e.g. compliance visits) and third (e.g. internal and external audit) line assurances are routinely received through the Trust's corporate governance structure. The Committee approved the commission of an internal audit to be assured of the effectiveness of the operation of first line locality assurance in response to the following drivers:
  - Learning from the CQC comprehensive inspection and preparedness for the new CQC inspection regime.
  - To strengthen the value of the current well-led governance review.
  - To strengthen the annual review of effectiveness of the integrated governance framework.
  - To instigate a debate around strengthening service line management principles in light of ongoing STP discussions, particularly around place based systems of care and regulation.

  The Board of Directors is asked to endorse this approach.

Jim O'Connor
Non Executive Director/ Chair, Quality Committee