Cheshire and Wirral Partnership NHS
NHS Foundation Trust

Meeting of the Foundation Trust Board of Directors

Wednesday 24th September 2014 at 1.00pm

Boardroom, Redesmere, Countess of Chester Health Park

Item no.	Title of item	Objectives/desired outcome	Process	Item presenter	Time allocated to item
14/15/42	Apologies for absence	Receive apologies	Verbal	Chair	1 min (1300)
14/15/43	Declarations of interest	Identify and avoid conflicts of interest	Verbal	Chair	1 min (1301)
14/15/44	Minutes of the previous meeting held 30th July 2014	Confirm as an accurate record the minutes of the previous meetings	Written minutes	Chair	3 mins (1302)
14/15/45	Matters arising and action points	Provide an update in respect of ongoing and outstanding items to ensure progress	Written action schedule and verbal update	Chair	5 mins (1305)
14/15/46	Business Cycle 2014/15	Confirm that agenda items provide assurance that the Board is undertaking its duties	Written Report	Chair	2 mins (1310)
14/15/47	Chair's announcements	Announce items of significance not elsewhere on the agenda	Verbal	Chair	5 mins (1312)
14/15/48	Chief Executive's announcements	Announce items of significance not elsewhere on the agenda	Verbal	Chief Executive	5 mins (1317)

Item no.	Title of item	Objectives/desired outcome	Process	Item presenter	Time allocated to item
Assurance: Quality/ Effectiveness/ Experience/ Safety					
14/15/49	Board Assurance Framework and Risk Register	To note current Board Assurance Framework and Risk Register	Written Report	Medical Director	10mins (1322)
14/15/50	Emergency Planning Annual Report 2013/14	To receive the 2013/14 Annual Report	Written Report	Director of Operations	10 mins (1332)
14/15/51	Daily Ward Staffing Levels	To note the daily ward staffing levels for August 2014	Written Report	Deputy Director of Nursing	10 mins (1342)
14/15/52	PLACE report 2014	To note the 2014 PLACE survey results	Written Report	Director of Operations	10 mins (1352)
14/15/53	Q1 Infection, Prevention and Control report	To note the IPC Q1report	Written Report	Deputy Director of Nursing	10 mins (1402)
14/15/54	Learning from Experience summary report Trimester 1	To note and approve the Learning from Experience summary report	Written Report	Director of Nursing, Therapies and Patient Partnership	10 mins (1412)
14/15/55	Quality Report Q1	To note the Quality Report	Written Report	Medical Director	10mins (1422)
14/15/56	CQC Community Mental Health Survey 2014 presentation	To note the results of the survey	Presentation	Director of Nursing, Therapies and Patient Partnership	15 mins (1432)

Item no.	Title of item	Objectives/desired outcome	Process	Item presenter	Time allocated to item
Performance					
14/15/57	Corporate Performance Report - August 2014	Review Trust performance	Written Report	Director of Finance	10 mins (1447)
Strategy					
14/15/58	Manifesto for Better Mental Health	To consider new manifesto	Verbal	Chief Executive	10 mins (1457)
Assurance: Governance					
14/15/59	Revised Corporate Governance Manual (CGM) and communication plan	To approve the revisions to the CGM	Written Report	Director of Finance	5 mins (1507)
14/15/60	Register of Interests • Directors • Governors	To note Directors' and Governors' declarations of interests	Written Report	Head of Corporate Affairs	5 mins (1512)
14/15/61	Equality and Diversity update	To update the Board on activity to meet legal obligations	Written Report	Director of Nursing, Therapies and Patient Partnership	5 mins (1517)
14/15/62	Review of risk impacts of items discussed	Identify any new risk impacts	Verbal	Chair	5 mins (1522)
14/15/63	Any other business	Consider any urgent items of other business	Verbal or written	Chair/ All	5 mins (1527)

Item no.	Title of item	Objectives/desired outcome	Process	Item presenter	Time allocated to item
14/15/64	Review of meeting	Review the effectiveness of the meeting (achievement of objectives/desired outcomes and management of time)	Verbal	Chair/All	2 mins (1532)
14/15/65	Date, time and place of next meeting: **Wednesday 26th November 2014, 1.00pm at Redesmere Boardroom.**	Confirm arrangements for next meeting	Verbal	Chair	2 mins (1534)

Cheshire and Wirral Partnership NHS
NHS Foundation Trust

Minutes of the Board of Directors Meeting
Wednesday 30th July 2014, Romero Centre, All Hallows College, Macclesfield
commencing at 1.00pm

PRESENT	David Eva, Chair Sheena Cumiskey, Chief Executive Dr Jim O'Connor, Non-Executive Director Avril Devaney, Director of Nursing, Therapies and Patient Partnership Ron Howarth, Non-Executive Director Mike Maier, Non-Executive Director Dr Anushta Sivananthan, Medical Director Andy Styring, Director of Operations Tim Welch, Director of Finance
IN ATTENDANCE	Louise Hulme, Head of Corporate Affairs (inc. CoSec) Rebecca Burke-Sharples, Non-Executive Director designate Maria Nelligan, Director of Infection, Prevention and Control and Deputy Director of Nursing (for items 14/15/33 and 34) Derek Bosomworth, Public Governor, Cheshire East Steve Buckley, Staff Governor Peter Wilkinson, Public Governor, Cheshire East Brian Crouch, Service User/ Carer Governor Phil Jarrold, Service User/ Carer Governor
APOLOGIES	Fiona Clark, Non-Executive Director Lucy Crumplin, Non-Executive Director Dr Faouzi Alam, Medical Director, Effectiveness & Medical Workforce

	MINUTES	**ACTION**
14/15/19	**WELCOMES AND APOLOGIES FOR ABSENCE** The Chair welcomed everyone to the meeting. Apologies were noted from Fiona Clark, Lucy Crumplin and Dr Faouzi Alam. The meeting was quorate.	
14/15/20	**DECLARATIONS OF INTEREST** There were no interests declared.	
14/15/21	**BOARD MINUTES- MEETING OF 28TH MAY 2014** One amendment was required to the minutes. This was in reference to item 14/15/08 and the need to increase the proportion of staff who have the dual qualification.	
14/15/22	**MATTERS ARISING AND ACTION POINTS** All actions had been completed. There were no further matters arising.	

14/15/23	**BOARD MEETING BUSINESS CYCLE 2013-14 AND 14/15** The Business cycles for 2014/15 were noted.	
14/15/24	**CHAIR'S ANNOUNCEMENTS** The Chair announced that: **Stop Think Listen** Stop Think Listen is the new campaign from CWP to put safe patient care at the heart of everything we do. Dr Anushta Sivananthan updated the Board on the aspirations of the programme. **Minister visit to Aqua House** Parliamentary Under Secretary of State at the Minister of Justice, Jeremy Wright, and Chester MP Stephen Mosley praised a CWP's West Cheshire drug and alcohol teams for the work they do to support people in the community during a visit to Aqua House in Boughton. **Recovery Celebration** Over 100 patients, carers, staff and visitors packed out Lime Walk House and gardens for the East Cheshire Recovery & Carer Celebration. The day featured recovery focussed presentations, a cake and art competition, BBQ, face painting, gardening, Zumba and lots more. The day was part of a host of events taking place across CWP as part of Carers Weeks. **Engage Magazine** The latest edition of Engage is now available. In this edition, we are raising awareness of post-natal depression and find out more about Care Minister, Norman Lamb's visit to Princeway Health Centre in Frodsham. Electronic copies are available at cwp.nhs.uk. The Chair informed that he would have to leave the meeting early and Mike Maier, deputy Chair would take over to chair at this point. It was agreed that the agenda running order would also slightly change.	
13/14/25	**CHIEF EXECUTIVE'S ANNOUNCEMENTS** Sheena Cumiskey announced that: <u>CQC Inspections</u> The CQC have recently inspected the GP out of hours service in West Cheshire. The verbal feedback indicated that the Trust is compliant against the standards, but we are awaiting full report. <u>Director of HR</u> The new Director of Workforce and Transformation David Harris will take up post from 1st September 2014.	

	Saddlebridge unit incident - 5th July 2014 Sheena Cumiskey invited Andy Styring to provide the update. Andy Styring updated that a major disturbance started involving a number of patients had occurred on Saturday 5th July 2014. Our on-duty staff safely evacuated from the scene and the emergency services quickly responded. Cheshire Police declared the situation a Major Incident including instigating a gold chain of command. There were 14 patients on the unit at the time of the incident. Throughout the incident, at no point was the perimeter of the unit breached. All patients were taken into custody and charged. CWP staff assisted the Police in the custody suite in relation to clinical assessment, appropriate adult and medication. The site remained a crime scene until Tuesday, 8th July 2014. During the following days, once released from Police custody and with the assistance of NHS England, all patients were placed with alternative providers. CWP has proactively communicated with a number of key stakeholders in order to ensure clear, open and precise messages were delivered. The incident remains as an on-going Police investigation and CWP are conducting their own internal investigation. There was no injury to any person, staff or emergency service workers. Avril Devaney will be leading the CWP investigation. Dr Jim O'Connor will be chairing the investigation. An initial report undertaken by a security adviser Bill Abbott appointed by NHS England has concluded that the building was fit for purpose and was appropriate but the report also includes some recommendations on potential further improvements. It was confirmed that support is available for the staff involved. It was noted that the timescale for the repair of the building is approximately 12 weeks.	
14/15/26	**COMMUNITY SERVICES IMPROVEMENT PROGRAMME - LOCALITY EVALUATIONS** Andy Styring introduced the report which reviews the impact to date of the community services improvement programme (CSIP) on service provision across the three localities using the quality dashboards, one year following implementation. The quality dashboards continue to monitor the quality of the services which is overseen by Quality Committee. Andy Styring informed that a PwC evaluation of the dashboard was undertaken in 2013 to ensure the validity of the dashboard and the data. The number of complaints received since the implementation of CSIP is being monitored. Only one has been received which was a green compliant and was resolved locally. Nothing further has been received.	

	Good patient experience feedback has also been received indicating patient satisfaction with the services. In terms of the staff impact of the redesign programme, it is recognised that there is a need to improve on this and to have an ongoing view on getting this right. Ron Howarth commented that the Quality Committee has oversight of the quality dashboard data however noted that the CWP East narrative is described as stable, but the data actually shows clear peaks and troughs. Andy Styring commented that these variances are picked up through the community safety metrics but there is also need to keep in mind the statistical variance and the thresholds for the composite scores. There is a need to present the data in a clearer way. Commenting on the fact that the data presented is for year ended March 31st 2014, Ron Howarth queried whether the post March 2014 data indicates the same positive trends. Andy Styring commented that this was the case. Dr Jim O'Connor commented on whether there are targets in place to progress towards. Andy Styring commented that as part of continuous improvement programme work is being undertaken to move toward improving ways of recording and presenting this information. Variations are also monitored by Compliance, Assurance and Learning subcommittee and unannounced inspections also reflect on any exceptions. It was noted that the patient survey findings also support measuring the impact. The Board resolved to **note** the report.	
14/15/27	**BOARD ASSURANCE FRAMEWORK AND RISK REGISTER** Dr Anushta Sivananthan presented the report and informed the Board that as part of the strategic planning process, risk 'horizon scanning' had taken place and three new risks are now being modelled. These risks pertain to potential for fragmented care pathways, workforce implications and the impact of the number of forthcoming tenders. Dr Anushta Sivananthan advised that the report proposes that the trust-wide recruitment and workforce risk is increased to 20 on the basis of the recruitment difficulties in east Cheshire and the current progress towards implementing the ward staffing review recommendations. Ron Howarth commented on his concern that the staffing risk score is proposed to be increased, since assurances from the ward staffing review papers that have recently been presented to the Board indicate that staffing levels are sufficient. Dr Anushta Sivananthan commented that the basis of the risk increase is that the implementation of the recommendations from the ward staffing review have not yet been fully implemented and this is a reflection of the	

	risk that this could pose. Avril Devaney advised that the staffing levels are sufficient and are safe but we still have a reliance on bank staff and the drive to make these staff permanent, has taken longer than was anticipated, however additionally it has been recognised that impact score should always have been scored as a 5. Ron Howarth queried the action that is being taken to move forward with the recruitment issues in east Cheshire. Avril Devaney advised that an improved recruitment drive is underway. Sheena Cumiskey advised that there is a level of pressure in the system around both in-patient bed availability and also in the community services. However this is common in other areas. The key issue is to continue to work to improve the position in the health and social care system to reduce this pressure. David Eva queried the position in terms of the current Monitor consultation on the tariff. Tim Welch commented that there is a need to keep close to Monitor to respond to shaping of the future direction and to plan to mitigate the potential risks in the system as this area progresses. The Board resolved to **approve** the report.	
14/15/28	**HEALTH AND SAFETY ANNUAL REPORT 2013/14** Avril Devaney introduced the report. It was acknowledged that the detail of the report is reviewed by the Health, Safety and Well-being sub-committee. Avril Devaney drew attention to some key areas of the report including the decreasing number of RIDDOR reports. The Board resolved to **note** the report and **approve** the proposal for in patient areas and clinics to be assessed annually and a programme of assessments for resource centres, office areas and other buildings to be assessed bi-annually due to the low risk nature of these areas.	
14/15/29	**SAFEGUARDING CHILDREN AND ADULTS ANNUAL REPORT 2013/14** Avril Devaney introduced the report and advised the Board that the report aims to set out how the Trust has discharged its duties with regard to the need to safeguard and promote the well-being of adults, children and young people. Avril Devaney advised that this area of work has increasing through the significant responsibilities the Trust has to safeguard people. This includes the work on the 'Prevent' programme which aims to protect young people against radicalisation therefore requiring that those working with vulnerable people are aware of these risks and have a role in protecting these people. There are also similar obligations in respect of domestic violence.	

	Dr Jim O'Connor commended the report and commented on the way it highlights the national picture and that this is a growth area. Dr O'Connor queried how the team are coping with the additional pressure. Avril Devaney advised that the team are being proactive but there will potentially be a need to review the current provision in order to satisfy the requirements going forward. The Board resolved to **note** the report. (David Eva left the meeting, Mike Maier, Deputy Chair took the position of Chair of the meeting).	
(14/15/35)	**CORPORATE PERFORMANCE REPORT** Tim Welch presented the report and advised that the new CPR dashboard continues to develop. Highlighting the key issues, Tim Welch advised that the delivery of CIP plan is still behind profile but is an improving picture. The Wirral locality position has particularly improved and locality planning events are underway to look at finalising plans and undertaking quality impact assessments. Reporting on the Monitor targets, Tim Welch advised that the Trust had seen a decline in CPA 7 day follow up compliance, however this has since improved. Tim Welch advised that this target breached the Trust target in month; however this will not impact on the quarterly target which is reported to Monitor. The breach pertained to East locality and the issues behind this were explored through the performance review process. It was commented on the need to ensure that the dashboard indicators and the supporting narrative need to be more consistent. Mike Maier commented that the occupancy levels at Eastway were low. This is down on the usual levels of occupancy at this unit but also due to the building work which is ongoing there at present. The Board resolved to **note** the report.	
(14/15/36)	**MONITOR QUARTERLY COMPLIANCE Q1 14/15 AND Q1 14/15 QUALITY GOVERNANCE ASSESSMENT** Tim Welch presented the two reports for the item. The first report sets out the detail of the Q1 quality governance assessment and the plans for assessing the provider licence on a six monthly basis. In respect of the Q1 compliance report, Sheena Cumiskey advised that although the CPA 7 day target had been breached in month, the Board can be assured that this has not impacted on the overall quarterly compliance.	

	It was agreed that Q1 letter to accompany the submission should include reference to the Saddlebridge incident which Monitor have been previously notified of, and reference to the CPA 7 day follow up breach in month but that this has not impacted on our overall compliance. The Board **resolved** to **approve** the declarations in respect of both governance declarations and in respect of the finance declaration. (Tim Welch left the meeting)	
14/15/30	**ACCOUNTABLE OFFICER AND MEDICINES MANAGEMENT ANNUAL REPORT 2013/14** Dr Anushta Sivananthan introduced the report and reminded the Board that this report is a statutory obligation to inform Board members of the activities of the Medicines Management Group (MMG). Dr Sivananthan highlighted the change from the use of risperidone to alternative medications. There has been no impact on patient care but has resulted in a significant financial benefit from this change of medication. Dr Sivananthan highlighted the increased reporting of medical incidents and that plans for medicines management have been developed in line with the clinical strategies to support the achievement of these strategies. The Board resolved to **approve** the report.	
14/15/31	**MEDICAL APPRAISAL ANNUAL REPORT 2013/14** Dr Anushta Sivananthan introduced the report and informed that this being received earlier now due to NHS England reporting requirements. The Board were informed that medical revalidation happens every 5 years and appraisal structures are well established. The report shows 5 individuals have not received an appraisal. This is potentially an issue in the time lag with reporting information. A difficult area of the appraisal process is obtaining patient feedback so the Trust is looking at ways to improve on this. Ron Howarth queried how those who not covered by our appraisal system are appraised, and the resulting assurance that they are fit to practice. Dr Anushta Sivananthan advised that there are other processes in place such as the appraisals system for trainee doctors. Dr Jim O'Connor commented on the 5 doctors who have not been appraised and where there any issues with their revalidation. Dr Anushta Sivananthan advised that there are some on sick leave and some on maternity leave. Two are still outstanding but their revalidation dates are not approaching, but there is need to ensure this is progressed. It was noted that the Board's approval of this paper needs to be reported to NHS England.	

	The Board resolved to **approve** the report.	
14/15/32	**NICOTINE MANAGEMENT POLICY** Avril Devaney introduced the report and advised that CWP are the only trust to go entirely smoke free. Several other trusts are working towards this now and CWP are supporting other trusts to progress towards this. Initial feedback from localities has been positive overall regarding the implementation of Smoke Free policies in each of the inpatient units however there are some ongoing issues with patients and visitors to the site smoking in certain areas. There is also a need to ensure that staff are confident enough to ask people to not smoke on site. Avril Devaney commented that there is an issue with people who are in services who are then looking for the earliest possible leave to enable them to smoke. They are then binge smoking which is resulting in withdrawal issues. Proposal is to treat dependency in same way as alcohol, so patients ae not provided or issued with cigarettes when they go on leave. The Trust will be holding a joint conference with South London and Maudsley Foundation Trust (SLaM) to look at progressing with nicotine policies. CWP are teaming up with SLaM to also look at ways to measure the impact of the policy. Ron Howarth commented on his support for the policy but commented that feedback he had obtained from staff on the wards is that it is impossible to remove all smoking related items from patients. Sheena Cumiskey advised that the current situation is that in some cases people are still smoking on site, but this is not an indication that the policy is not working, it is indicative that there is more work to do. This is a big policy change for the Trust and as such it will take time to fully embed. Dr Jim O'Connor commented on the publicity to support the policy. Avril Devaney advised that CWP have done lots of our own promotional work around the policy launch but this is being looked at again, as this previously focused on the physical health benefits, but now needs to focus on the mental health benefits of not smoking. Avril Devaney advised Board member that the revised NICE guidelines are focusing people on the smoking issue and now acute hospitals are moving towards implementing smoke free policies. Public Health England has also shown their support to the CWP campaign. The Board resolved to **note** the report.	
14/15/33	**INFECTION PREVENTION AND CONTROL (IPC) ANNUAL REPORT 2013/14** The Chair welcomed Maria Nelligan to the meeting and reminded Board members that the annual report for IPC encompasses all the quarterly information previously submitted to the Board across 2013/14.	

	Maria Nelligan drew out some key highlights from the report including the development of an IPC audit tool for use with patients with learning disabilities and promotional work undertaken in the Recovery Colleges. Maria Nelligan reported that the recent tender submission for the delivery of services to CWaC was successful. This is an exciting development for the team and further details of this work are included in the IPC work programme accompanying the annual report. It was noted that this work also fits with the Trust's strategic ambitions around integration and the Trust's aspirations to be a centre of excellence for infection, prevention and control services. The Board resolved to **approve** the report and work programmes.	
14/15/34	**DAILY WARD STAFFING LEVELS** Maria Nelligan presented the report and reminded Board members that the detailed report is provided to the Board on a six monthly basis with a short update reporting monthly. The monthly data is provided to Unify and is uploaded onto the CWP website. Maria Nelligan advised that there has been a slight decrease on the May data but only by 1%. There is a recruitment plan in place in reach locality This is monitored by Clinical Service Managers and General Managers locally and through the ward staffing implementation programme. Ron Howarth commented that the CPR stated that there were approximately 400 fewer actual hours than planned and queried the impact of this on care. Maria Nelligan advised that the nursing team are working hard to maintain safe staffing levels and have a protocol in place which is implemented when actual staffing levels do not meet planned. This includes rescheduling non-essential activity such as training, supervision, appraisals and staff breaks. Then rescheduling non-direct patient care activities such as attending meetings, report writing and activities. However there is also support from the multi-disciplinary team to the nursing staff in these cases and these hours are not included in this exercise. Maria also clarified that ward managers hours are included but they also have non clinical duties to complete Maria Nelligan advised that a work programme in place to improve this position and gave assurance that there is a clear procedure in place in terms of deciding which activities are not done. Avril Devaney commented that the ward staffing programme is far wider and takes a broader view to ensure staffing sufficiency. This is also a part of the continuous improvement programme as part of the zero harm strategy. The 6 monthly review will give a broader picture which will incorporate the impact of staffing levels and a significant focus on quality The Board resolved to **approve** the report.	

14/15/37	**MONITOR WELL-LED GOVERNANCE REVIEWS** Louise Hulme updated the Board on the recently issued guidance from Monitor on well-led governance reviews which are required on a three yearly basis. Sheena Cumiskey advised on the need to link this with the CQC wed led domain. It was noted that the process to begin the governance review will commence in the autumn with a view to starting the process early in 2015. The Board resolved to **note** the report.	
14/15/38	**REVIEW OF RISK IMPACTS OF ITEMS DISCUSSED** There were no further risk areas identified.	
14/15/39	**ANY OTHER BUSINESS** There were no further items of business raised.	
14/15/40	**REVIEW OF MEETING** Mike Maier gave a summary of the meeting. This included: • To note the update on the incident at Saddlebridge and to note the likely timescales of the of police investigations. • The staffing risk to be increased on the risk register but recognising that this was reflected of the national picture and the previous impact score. • CPR work is in progress. • CIP gap is narrowing. • Monitor Q1 declarations were approved with the need to reflect on CPA and Saddlebridge in the submission covering letter. • Ward staffing and the publication of the data on the CWP website and ON NHS choices. The Deputy Chair invited comments from the public gallery.	
14/15/41	**DATE, TIME AND PLACE OF NEXT MEETING** Wednesday 24th September 2014, 1.00pm, Boardroom, Redesmere, Countess of Chester Health Park.	

Cheshire and Wirral Partnership NHS
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Action points from Board of Directors Meetings
24th September 2014

Date of Meeting	Minute Number	Action	By when	By who	Progress Update	Status
28.5.2014	14/15/08	**Board Assurance Framework and Risk Register** To continue to closely monitor CIP risk and escalate risk should the position worsen	July/ September 2014	AS/TW	Monitoring via Operational Board on a monthly basis.	On-going
Meeting of 30th July 2014 - No Actions Arising						

Cheshire and Wirral Partnership NHS Foundation Trust

Board of Directors meeting Business Cycle 2014/15

Cheshire and Wirral Partnership NHS
NHS Foundation Trust

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

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

31	Review Risk impacts of items	Chair/All		√		√	√		√		√		√

Cheshire and Wirral Partnership NHS
NHS Foundation Trust

(Document Reference 2014/15/49)

Report to:	**Board of Directors**
Date of meeting:	**24 September 2014**
Title of report:	**Strategic risk register/ corporate assurance framework update**
Action sought:	**For DISCUSSION & APPROVAL**
Author:	**David Wood, Associate Director of Safe Services**
Presenting Executive:	**Dr Anushta Sivananthan, Medical Director (Quality, Assurance & Compliance)**

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

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

Distribution

Version	Name(s)/Group(s)	Date Issued
1	D Wood to L Hulme for Board of Directors	09.09.2014

1. Purpose of the report

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

2. Summary

The following report indicates progress against the mitigating actions identified against the Trust's strategic risks, new risks that have been identified, and the controls, assurances in place that act as mitigations against each strategic risk. The Quality Committee is the designated committee for risk management operationally and last reviewed the strategic risk register at its meeting on 3 September 2014. The Audit Committee, at its September 2014 meeting, received assurances on the management of the 'falls' risk.

3. Current status

3.1 Strategic risk register

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

Description of the risk	Residual risk rating May 2014	Residual risk rating July 2014	Residual risk rating Sept 2014	Risk score since last review	Summary risk treatment plan
					plan based on the updated physical healthcare assurance framework. A view will be taken on whether the target risk score is on track for January 2015.
Lack of robust ligature management programme within the Trust may result in harm to patients with associated reputational and financial impact on the organisation	**20**	**20**	**20**	↔	▪ Board approved the capital programme in May 2013. ▪ Updates provided to September 2013 Quality Committee and November 2013/ January 2014 Operational Boards. ▪ Further action agreed regarding the en suite door top alarm systems and clinical risk management of dressing gown cords. ▪ January 2014 Operational Board agreed to expedite the timeframes for completion of these installation works in response to regulation 28 report [August, September and October 2014 for the high, medium and low priority areas respectively]. It agreed to increase the likelihood score to 4 due to the known residual environmental risk, increasing the current residual risk score to 20. Risk score will be re-visited in August upon completion of high priority works. This has also been agreed with CQC. ▪ May 2014 Quality Committee received assurances that all actions on track for completion by August 2014 as agreed. ▪ High priority works were completed by August 2014. **Clinical risk elements are addressed as part of the 'CARSO risk assessment' risk. The environmental risk elements and residual risk score will be reviewed end of October 2014 upon completed of scheduled works to medium and low priority areas.**
Risk of harm to patients and staff due to staffing levels across inpatient services in the three localities	**16**	**16**	**20**	↑	▪ Position statement prepared by the Associate Director of Nursing [Mental Health] and DIPC on current staffing levels, including safety and skill mix across all professional types, benchmarked against other trusts

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

Description of the risk	Residual risk rating May 2014	Residual risk rating July 2014	Residual risk rating Sept 2014	Risk score since last review	Summary risk treatment plan
					looked after children w/c 20 January 2014. ▪ Continuous monitoring of safeguarding practice through the Trust's unannounced compliance visits, safety metrics programmes, CQC visits, and practice audits. ▪ The Trust is providing the monthly safeguarding assurance framework to each CCG for both adult and children's services. **Target risk score of 12 and timescale for achievement agreed as March 2015 as per corporate assurance framework.**
Risk of harm to patients as a result of increased rate of Grade 3/4 pressure ulcers being reported and evidence of recurring themes in RCA reports relating to pressure care (resulting in concerns raised by commissioners)	**16**	**16**	**16**	↔	▪ Risk treatment plan provided to the February 2014 meeting of the Patient Safety & Effectiveness Sub Committee and March 2014 meeting of the Quality Committee. ▪ A pressure ulcer action group has been established to take forward actions to reduce the risk to an acceptable target risk. ▪ Audit results are demonstrating that the care being delivered is evidence based and standards have improved. ▪ The Board of Directors received the assurance report via the Quality Committee at the March 2014 meeting. This detailed the risk score has been re-modelled to 16 to reflect improvements. Assurances presented to July 2014 Audit Committee following the previous review. **Risk target score of 12 for achievement by November 2014 is on track as per assurances received in the Learning from Experience report for trimester 1 2014/15.**

Description of the risk	Residual risk rating May 2014	Residual risk rating July 2014	Residual risk rating Sept 2014	Risk score since last review	Summary risk treatment plan
The inability of staff to manage the occurrences of slips, trips and falls of patients, resulting in patient injury	**16**	**16**	**16**	↔	▪ FallSafe care bundle is in place across all wards. ▪ Patient Safety and Effectiveness Sub Committee has approved a risk treatment plan to implement control measures to mitigate this risk to a target risk score. The report was in response to the findings of an external acute falls nurse specialist who undertook a review of falls prevention and management. The review found that, in general, CWP has a robust system in place for the management of slips, trips and falls however, sometimes locally these systems are not always fully implemented. Additionally, issues such as environmental improvements and training also need to be addressed at local level. ▪ Audit Committee undertook in-depth review of the risk at the January 2014 meeting. Initial risk score target of 15 agreed, however has been remodelled by the risk owner and 12 is achievable. ▪ Action plan is being implemented by a task and finish group and is reviewed routinely by the Patient Safety and Effectiveness Sub Committee. Risk subsequently re-modelled to 16 to reflect progress. **Residual falls/ clinical specific actions that are outstanding were reported to the September 2014 meeting of the Audit Committee and will continue to report to the Patient Safety & Effectiveness Sub Committee. Other residual elements of this risk are being assessed for their interdependency/ placement with other strategic risks [in relation to environment and pathways]. Ongoing monitoring of proportion of harm/ no harm reporting via the Learning from Experience report.**

Description of the risk	Residual risk rating May 2014	Residual risk rating July 2014	Residual risk rating Sept 2014	Risk score since last review	Summary risk treatment plan
Risk of harm to patients due to CARSO risk assessment not being completed as per policy	16	16	16	↔	▪ Completion and quality of CARSO risk assessments included in community safety metrics programme. ▪ Recruitment to CPA/ effective lead underway – who will look at developing care plan training and guidance, including risk assessment. This will be based on historic and recent serious incident reporting themes including those in relation to the standalone 'ligature management' risk. ▪ Recent data quality report indicates a 90% CARSO completion rate. Further assurance needed on quality of CARSO assessments prior to re-modelling. The main priority is ensuring services reach and sustain over 99% completion rates. Audit on a case by case basis in September 2014 where no completed CARSO summary to understand what might be the individual clinician or managerial issues preventing completion. **September 2014 Quality Committee agreed a target risk score of 12 and timescale for achievement. The Audit Committee has requested an in-depth review of this risk at its November 2014 meeting.**
Risk of not being able to deliver safe and effective services due to inadequate attendance on mandatory training. This may result in harm to patients, litigation claims and breach of legislation.	16	16	16	↔	▪ A review of the Trust training strategy has been undertaken following corporate services review and follows planning priorities and links to response to Francis and Berwick reports and CWP always events framework. ▪ Revised mandatory employee learning programme presented and approved by October 2013 Operational Board. ▪ 2014 corporate performance reports have identified improvements in MEL compliance trustwide. **Workforce and Development Sub Committee/ Education CWP Sub Group to recommend a target risk score and achievement date. Currently Essentials 1 target of 95% is under review to take**

Description of the risk	Residual risk rating May 2014	Residual risk rating July 2014	Residual risk rating Sept 2014	Risk score since last review	Summary risk treatment plan
					into account turnover and other absences – discussed at September 2014 Quality Committee and recommended that a stepped/ stretch targets be agreed over a longitudinal period to encourage a continuous improvement focus on this risk.
Data quality may have an adverse impact on external (regulatory, contractual) monitoring and governance ratings and on effective internal decision making regarding service planning and development	**16**	**16**	**16**	↔	▪ Information strategy outstanding – better use of information is detailed in the five year strategic plan. ▪ An external audit regarding the processes and systems associated with development of the quality dashboard reported to January 2014 Quality Committee – with positive assurance. ▪ Action plan further to the contract query received from Wirral CCG was completed December 2013. ▪ Risk was reviewed as part of Q3 Monitor quality governance self-assessment – returned to green. ▪ Quality Account external audit 2013/14 received no qualifications. **Paper received at the September 2014 Operational Board re how the Trust incrementally improves data quality. This is monitored as part of the quarterly *Monitor* quality governance framework self assessment.**
Risk of adverse clinical incident or regulatory action due to dual record keeping systems (electronic and paper) and quality of recording	**16**	**16**	**16**	↔	▪ The Records and Clinical Systems Group is correlating clinical systems priorities with the dual record keeping risk – also tying into review of system effectiveness and functionality. ▪ A revised dual record keeping action plan was presented to the December and February 2013/ 2014 Patient Safety & Effectiveness Sub Committee meetings, for completion end March 2014. Confirmed as completed. ▪ Escalated to risk score of 16 following CQC visits to Springview in November 2013 and Bowmere in January 2014 which highlighted minor concern in respect of outcome 21 (records). Subsequently CQC have provided full

Description of the risk	Residual risk rating May 2014	Residual risk rating July 2014	Residual risk rating Sept 2014	Risk score since last review	Summary risk treatment plan
					assurance on compliance at Springview and Bowmere following re-inspections. **An updated assurance framework was presented to the June 2014 Patient Safety & Effectiveness Sub Committee. Target risk score is proposed to be 12 for achievement by December 2014 following confirmation of processes supporting IT enabled transformation programmes.**
Risk of harm to patients, carers and staff as well as reputational and litigation risks due to a/ unable to show consistent investigation of incidents; b/ unable to show learning from actions of incidents, claims etc is cascaded; c/ unable to be assured investigations are carried out in a timely manner d/ inability to communicate in a timely manner with partners	**16**	**16**	**16**	↔	▪ Learning from experience report and always events performance will be monitored to inform risk treatment plan on an ongoing basis. ▪ Service Directors have been asked to monitor the management of actions arising from root cause analysis investigations – this is routinely monitored at the Compliance, Assurance & Learning Sub Committee. ▪ Ongoing work around improving the process around interface incidents and ensuring actions arising/ learning points are clear. **Incident reporting and management policy currently under review, however a case management approach to investigation management is being introduced in the interim. A full review is deferred pending a review, as commissioned by the Executive Directors, of new ways of working to bring about better outcomes rather than addressing this risk solely through adding process focussed capacity. Target risk score will then be pending discussions with commissioners regarding agreed future performance management of investigations.**
Risk of breach of Trust Provider Licence as a result of external scrutiny	**15**	**15**	**15**	↔	▪ The CQC visited Eastway on 27 September 2013 and found the unit fully compliant against all standards. ▪ The Monitor governance rating for the Trust has return to Green. ▪ The two minor concerns following the

Description of the risk	Residual risk rating May 2014	Residual risk rating July 2014	Residual risk rating Sept 2014	Risk score since last review	Summary risk treatment plan
					CQC unannounced visit to Clatterbridge mental health services registered location have returned to compliance. CQC have also confirmed compliance for Bowmere. **Audit Committee undertook an in-depth review of this risk at their May 2014 meeting. Target risk score of 10 identified to achieve by December 2014. This will be informed by scheduled internal audit of the provider licence.**
Risk of not being able to deliver planned financial risk rating due to incomplete CIP plans resulting in potential breach of terms of authorisation and reputational damage	**12**	**12**	**12**	↔	▪ Strengthened financial infrastructure via recruitment of locality accountants and establishment of a performance and redesign function to support tracking of CIP delivery. ▪ Board seminars in October and December 2013 considered financial projection and revised approach to CIP going forward. ▪ January and February 2014 Board received outline financial projects and plans. March 2014 Board approved operational plan including 2014/15 CIP plans. **Improved process now in place, including weekly updates on CIP plans to Executive Team and also at every Operational Board meeting. Risk re-modelled to take account of improvements to process. A view will be taken on archive or adjustment to risk score following presentation of CIP position at September 2014 Operational Board.**

3.2 Corporate assurance framework

The corporate assurance framework outlining controls and assurances is available at appendix 1/ T drive.

4. Discussion

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

4.1 New and potential risks

The three new risks identified through the strategic planning process presented to the July 2014 Quality Committee currently remain in scope while risk modelling and risk treatment plans are developed, as a number of interdependencies have been identified during the scoping work. These will report to the November 2014 Quality Committee for approval.

The potential risks posed by the governance of integrated and sub contracted services, as noted at the last meeting of the Board of Directors, is also being scoped. The following controls and assurances are in place, which will be tested through contractual implementation of drug and alcohol services in East Cheshire.

- The Effective Service Manager for CWP East is working with the CWP East locality Clinical Director to work through an implementation plan. This will involve discussions with commissioners, sub contractors, and CWP corporate support staff and clinicians.
- Process maps are being developed by the Effective Services Department for all known/ potential components relating to implementation and governance requirements associated various contractual scenarios, e.g. mergers, acquisitions, joint ventures, integration, sub contracted services, transfer of services, asset swaps, management agreements.
- First stage due diligence is completed as soon as the Trust commences discussions with potential sub contractors at the tendering stage. This includes any requirements in relation to Monitor, commissioners and other providers. Any subsequent procurement arrangements and due diligence will be included as part of a contracts implementation and governance framework, which is being developed by the Effective Services Department.
- The Effective Services and Safe Services Departments have held an internal meeting with the Finance Department to discuss sub contracting arrangements and establish templates for sub contracts/ memoranda of understanding/ service level agreements, which includes the identification of those who might be involved in the establishment of specific key performance indicators and the arrangements for managing and monitoring sub contractors.
- Beachcroft LLP is preparing a suite of standard templates for a number of work areas in relation to commercial business matters. This will include contractual documentation to cover management responsibilities, workforce matters, accountability/ liability, performance monitoring and reporting arrangements, policies and procedures, information sharing and access, termination, standard terms like insurance, and dispute resolution.
- A training session for key staff members covering CWP's role as a commissioner of services from sub contractors, different types of contracting models and the Trust's responsibilities including reporting requirements is being scoped for delivery in September/ October 2014.

A view will be taken at the November 2014 meeting of the Quality Committee regarding whether there are any residual risks remaining following application of the above controls and receipt of assurances.

All new and potential risks are logged on the corporate assurance framework for Board assurance purposes until they have been fully modelled.

4.2 Amended risk scores

The Board of Directors agreed to amend the risk score in relation to the 'Risk of harm to patients and staff due to staffing levels across inpatient services in the three localities' at its last meeting. The current residual risk score is 20 and this was noted by the Quality Committee when it met in September 2014. The Quality Committee has requested that the risk lead re-models this risk to ensure that it reflects the current nature of the risk, i.e. reflects more specifically the patient safety and qualitative issues associated with staffing levels in order to identify the most appropriate and effective controls and assurances in managing this risk.

4.3 Archived risks

The Quality Committee recommended that the following risk be archived:

Reduction in quality of service provided as a result of service redesign, which may result in patient harm, increased burden on carers, increased complaints and litigations, and a negative impact on Trust reputation to patients, public and commissioners.

This is on the basis of the receipt of full locality evaluations to reflect impacts of the CSIP presented at the July 2014 Board of Directors and September 2014 meeting of the Council of Governors. Learning has been identified from this service redesign process to inform the effectiveness of other service redesigns. Residually in relation to the above risk, reporting by exception via the quality dashboards and at the Operational Board will identify the need to re-escalate this risk to the strategic risk register.

4.4 Audit Committee review of the risk register

The Audit Committee reviewed the assurances from the 'falls' risk at the September 2014 meeting. This was a follow up of the previous review on this risk in January 2014. It received progress on implementing additional controls and receipt of additional assurances. However, at present, the Audit Committee agreed with the risk lead that the residual score remains at 16 pending further falls/ clinical specific work and the need to consider interdependencies with the current environmental and physical health risks on the strategic risk register, as well as the strategic risk that is currently in scope regarding the fragmentation of pathways. It was agreed that the residual risk score did not require increasing, as per the criteria in the Trust's integrated governance strategy, based on the proportion of level of harm incident reporting where 'no harm' reports are demonstrably and longitudinally a positive outlier.

At the November 2014 meeting, the Audit Committee will be receiving assurances from the risk lead in relation to the 'Risk of harm to patients due to CARSO risk assessment not being completed as per policy'. The above detailed risk treatment plan will be reviewed to ensure that it is robust enough to reach a target score of 12, as agreed by the September 2014 meeting of the Quality Committee.

5. Recommendations

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

Appendix 1

Corporate assurance framework

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Cheshire and Wirral Partnership NHS
NHS Foundation Trust

(Document Reference 2014/15/50)

Report to:	**Board of Directors**
Date of Meeting:	**24th September 2014**
Title of Report:	**CWP Emergency Planning Annual Report 2013/14**
Action sought:	**FOR NOTING**
Author:	**Neil Furness, Emergency Planning and Business Continuity Coordinator**
Presented by:	**Andy Styring, Head of Operations**

Strategic Objective(s) that this report covers *(delete as appropriate):*
SO1. Deliver high quality, integrated and innovative services that improve outcomes
SO2. Ensure meaningful involvement of service users, carers, staff and the wider community
SO3. Be a model employer and have a caring, competent and motivated workforce
SO4. Maintain and develop robust partnership with existing and potential new stakeholders
SO5. Improve quality of information to improve service delivery, evaluation and planning
SO6. To sustain financial viability and deliver value for money
SO7. To be recognised as an open, progressive organisation that is about care, well-being and partnership

Distribution

Version	Name(s)/Group(s)	Date Issued
0.1	Neil Furness and Tim Jenkins initial draft	07th September 2014
0.2	Emergency Planning Sub-Committee Chair	10th September 2014
0.3	Feedback from John Hilton, Operational Development Manager	10th September 2014

Executive director sign-off

Executive director (name and title)	Date signed-off
Andy Styring, Director of Operations	12th September 2014

Contents

1 Purpose of the report

The purpose of this annual report is to provide an overview of the work undertaken and completed by the Emergency Planning Sub-Committee and Emergency Planning team throughout 2013/14.

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

2 Summary

The report contains details of the work undertaken and completed by the Emergency Planning Sub-Committee, and Emergency Planning team in order to ensure robust preparedness and maintain essential services throughout 2013/14. During this period, work has been undertaken to develop and maintain emergency plans; including but not limited to; CWP Business Continuity Management System Policy and Procedures, CWP Strategic Business Continuity Plan, CWP Fuel Plan, CWP Winter Plan and CWP Pandemic Influenza Business Continuity Plan.

3 Background

Each NHS organisation is 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 guidance; this includes ensuring the contribution to multi-agency planning frameworks of Local Resilience Forums.

CWP is a CCA (2004) Category 2 responder with Category 1 responsibilities within CWP Community Care. 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.

Duties under the CCA (2004) include;

Risk assess

To dynamically assess the local and national emergencies, threats, risks and hazards that CWP may face in response to an incident. The Emergency Planning Sub-Committee conduct emergency planning risk assessments throughout the year and monitor the impact of local and national emergencies, threats, risks and hazards within the assurance framework.

Make business continuity arrangements

The CWP Business Continuity Management System Policy and Procedures, and CWP Strategic Business Continuity Plan set the scope and strategy of the preparedness, response and recovery following business continuity incidents. Business continuity arrangements are managed through the Emergency Planning Sub-Committee who seek assurance and reassurance from services that the appropriate business continuity arrangements are in place trust wide.

Conduct emergency planning

The Emergency Planning Team comprising of the Emergency Planning and Business Continuity Coordinator, and Emergency Planning Project Worker led by the CWP accountable emergency officer conduct emergency planning trust wide.

Inform, warn and advise the public
CWP fulfils its duty to inform, warn and advise in preparedness, response and recovery phases of an incident minimising the impact of the incident on staff, service users and stakeholders. Emergency planning communications' strategies identify appropriate and effective ways of communicating before emergencies ensuring staff, service users and stakeholders are aware of the risks that CWP may face; having robust arrangements in place to communicate during an emergency including both verbal and non-verbal communication methods; and having clear and concise strategies for working with the media in an emergency.

Cooperate in resilience activities
The CWP Emergency Planning Team and Emergency Planning Sub-Committee establishes and maintains relationships and networks with resilience partners to cooperate in resilience activities in Cheshire, Merseyside and Greater Manchester including training and exercising, to ensure a resilient approach to preparedness, response and recovery in an emergency.

Share information
The CWP Emergency Planning Team and Emergency Planning Sub-Committee share information with resilience partners as information sharing is the heart of emergency planning, underpinning all forms of cooperation. Through liaison with Cheshire, Merseyside and Greater Manchester partner organisations CWP has raised awareness of the emergencies, threats risks and hazards that the Trust may face.

CWP Emergency Planning work is also underpinned by the following requirements set out in;

- NHS England Board Emergency Preparedness Resilience and Response Frameworks (2013)
- NHS Emergency Planning Guidance (2011)
- Care Quality Commission document "Essential Standards of Quality and Safety" (2010)
- British Standard for Business Continuity (BS 25999) (2009)
- International Standard for Business Continuity Management (ISO 22301) (2012)
- The operating framework for the NHS in England 2013/14

Each individual NHS organisation must plan to respond and recover from incidents in which its own services may be overwhelmed. The organisation itself may be affected by its own internal incident or by an external incident that impairs the organisation's ability to operate normally.

It is particularly important for NHS organisations to ensure that they are equipped to work as part of a multi-agency response across geographical boundaries, ensuring the ability to provide and to give mutual aid within the context of Local Resilience Forums (LRF) and their subgroups. LRF's are multi-agency forums allowing responders to consult, collaborate and disclose information with each other to facilitate planning and response to emergencies. Each LRF publishes a Community Risk Register, an assessment of the natural hazards and manmade threats that could affect the LRF area enabling organisations to ensure that their response and recovery plans are proportionate to the local risks it may face. CWP services fall within Cheshire and Merseyside LRF boundaries, arrangements are in place to ensure a consistent and coordinated approach to any incident in any LRF area.

3.1 Department of Health requirements

The Department of Health NHS Emergency Planning Guidance (2005) and associated Department of Health Emergency Preparedness Resilience and Response sets out to guide NHS organisations in developing their ability to respond to major incidents and to manage recovery where incidents have effects locally, within the context of the CCA (2004).

For the NHS a Major Incident is defined as;

"Any occurrence that presents serious threat to the health of the community, disruption to the service or causes (or is likely to cause) such numbers or types of casualties as to require special arrangements, Department of Health Emergency Planning Guidance 2005, to be implemented by hospitals, ambulance trusts or primary care organisations".

3.2 Care Quality Commission requirements

The Care Quality Commission Essential Standards of Quality and Safety (2010) look specifically at what providers should do to make sure that people who use the service, workers and others who visit are as safe as they can be and that risks are managed.

Emergency planning duties are referenced in Outcome 6 – Cooperating with other providers under prompt 6D:

People who use services benefit from a service that:

- Wherever it is required, has in place a planned and prepared response to major incident and emergency situations. This prepared response should include arrangements for sharing information with other providers, provision of mutual aid and arrangements for engagement with appropriate emergency planning and civil resilience partners across the local area;
- Is aware of and has arrangements in place to respond to any requirements made of the provider by the Civil Contingencies Act (2004);
- Partnership, practises, monitors and reviews all of the plans that are in place.

The Emergency Planning team ensures that CWP is compliant under the CCA (2004) and therefore the requirements of the Care Quality Commission with respect to managing emergencies and major incidents and working with partner agencies across Cheshire and Merseyside. The Emergency Planning Sub-Committee monitors, reviews and approves all plans throughout the year under a rolling programme within the business cycle.

4 Emergency Planning arrangements

The Trust emergency planning arrangements ensure that there are robust mechanisms in place to enable the Trust to plan for, respond to, and recover from major incidents, in conjunction with the command and control arrangements for the wider response community.

The Trust has a Major Incident Plan aiming to provide a coordinated response to managing an internal or external major incident and to build on existing emergency plans, policies and procedures. The plan covers three categories of a major incident

1. A major incident affecting the local community;
2. A major incident affecting health services in the area;
3. A major incident which threatens the business continuity of CWP's key services.

4.1 Internal arrangements

4.1.1 Governance arrangements

As directed by the NHS Emergency Planning Guidance (2011), the Chief Executive has overall responsibility for CWP's emergency planning arrangements; to include the CWP Major Incident Plan.

Andy Styring, the Director of Operations, is the Executive Director of the board designated to take responsibility for emergency preparedness. Julie Critchley, Service Director CWP West fulfils the role of the Trust Accountable Emergency Officer; leading on the development and implementation of integrated emergency planning, preparedness, response and recovery within the organisation.

Julie Critchley is supported by the Emergency Planning team and Emergency Planning Sub-Committee. The Sub-Committee reports to the Operational Board which receives the minutes and work programme of the Sub-Committee.

4.1.2 The Emergency Planning Sub-Committee

The Emergency Planning Sub-Committee, chaired by Julie Critchley meets on a bi-monthly basis and consists of representatives from across the Service Lines and Corporate Departments. For terms of reference please see Appendix 1.

The clinical and non-clinical services are represented at the Emergency Planning Sub-Committee by designated business continuity leads. Each business continuity lead has a responsibility to;

- Ensure that risk assessments and business impact analysis are undertaken for each service and risks entered onto the organisational/departmental risk register;
- Ensure that the training of key staff within each Department is undertaken, including giving a documented localised induction to staff involved in the BCM process;
- Complete the Business Continuity Plan template and ensuring that it is reviewed annually or following any major change; is tested and maintained;
- Ensure that staff are aware of the need to escalate to the appropriate On-Call Manager in the event of any disruption to service and that a report incorporating lessons learned is completed and forwarded to the accountable emergency officer within a week of the event.

See Appendix 2 for details of the current composition of the Emergency Planning Sub-Committee.
The Sub-Committee is responsible for co-ordinating and developing emergency planning and business continuity within CWP. It is also responsible for considering local and national emergency planning policies, and developing emergency plans.

The focus of the Emergency Planning Sub-Committee for 2013/14 has been the development and implementation of local Business Continuity Plans within all services as per the CWP Business Continuity Management System Policy and Procedure and CWP Strategic Business Continuity Plan.

4.1.3 Local Emergency Planning Groups

The Emergency Planning Sub-Committee monitors the effectiveness of local business continuity planning through local Emergency Planning groups established in Wirral, West and East with representation across all services. The local Emergency Planning groups are authorised to coordinate and develop business continuity planning locally, test and review local business continuity arrangements, and capture and record preventative and corrective actions from business continuity incidents. A continuing priority of the group is to encourage local ownership of Business Continuity Plans.

The local Emergency Planning groups are chaired by a clinical service unit business continuity lead and meetings are held quarterly.

4.1.4 Emergency Planning Team

The emergency planning team provided support to the Accountable Emergency officer and Emergency Planning Sub-Committee ensuring that the Trust fulfils its duties for emergency planning and business continuity.

This year has seen a time of significant change within the Emergency Planning Team. Notably:

- Responsibility for Emergency Planning within CWP was passed to the Service Director CWP West
- The Emergency Planning and Business Continuity Coordinator left the organisation in July 2013.
- The Emergency Planning Project Worker was off sick for a period of time resulting in her taking voluntary ill-health retirement.
- Temporary cover was provided for both these roles up to March 2014.
- The new Emergency Planning and Business Continuity Coordinator was appointed in March 2014
- Additionally, between March 2014 and June 2014, an Emergency Planning Project Worker was in post.

Neil Furness has joined the organisation from the private sector and is an experienced business continuity and emergency planning practitioner with over 10 years' subject matter knowledge.

Going forward, it is worth noting that Tim Jenkins was appointed to the role of Emergency Planning Project Worker in July 2014 and, again, has many years' experience of knowledge and understanding of experienced business continuity and emergency planning whilst being a Police Officer.

The team aided the delivery of the Emergency Planning Sub-Committee assurance framework ensuring that the administrative requirements for each clinical and corporate service were minimised.

4.1.5 Emergency Planning Risk Register

The emergency planning team has developed an emergency planning risk register, providing a local framework for documenting and quantifying the emergency planning risks faced by the Trust. The work will continue in 2014/15 in order to facilitate and maintain a good standard of preparedness.

It is vital that the Trust response arrangements are proportionate to the threats, risks and hazards faced.

4.2 External arrangements

4.2.1 Local Health Economy arrangements

Local health economy arrangements for emergency planning include CWP being part of NHS England's Cheshire Warrington and Wirral Local Health Resilience Partnership (LHRP).

Additionally, given the operating system for NHS England, Merseyside CWP is also part of the Merseyside LHRP in relation to CWP's Wirral services.

The LHRP's will provide 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, Public Health England and public health colleagues on the Local Resilience Forum in their role to represent health sector emergency preparedness and resilience matters;

- Provide support to NHS Commissioning Board Local Area Team and Public Health England in assessing and assuring the ability of the health sector to respond in partnership to emergencies at an Local Resilience Forum level

The trust is represented on the forum by Julie Critchley, Service Director CWP West.

In Cheshire, the LRF Health Sub-Group (Local Health Resilience Partnership Practitioners' Sub Group) is attended by the Emergency Planning and Business Continuity Coordinator. The aim of the forum is to ensure that the health community has planned, prepared and practised response to incidents and emergency situations which could affect the provision of normal services, ensuring a consistent and coordinated approach to any incident or emergency.

Throughout 2013/14, CWP Emergency Planning representatives have continued to attend Emergency Planning meetings within Cheshire LRF and Merseyside LRF to ensure a consistent and coordinated approach to an incident or emergency within any of CWP's geographical operational footprint.

5 CWP Business Continuity Arrangements

CWP adopt processes and procedures in line with the International Standard for Business Continuity Management (ISO 22301 (2012)). This standard specifies requirements to plan, establish, implement, operate, monitor, review, maintain and continually improve a documented management system to prepare for, respond to and recover from disruptive events when they arise.

5.1 Internal

5.1.1 CWP Business Continuity Management System Policy and Procedures

The Business Continuity Management (BCM) System Policy and Procedures provides an all-encompassing approach to Business Continuity. The business continuity management system policy outlines an effective business continuity management programme for the Trust to follow.

Throughout 2013/14 the BCM System Policy and Procedures has set the holistic management process that identifies the potential threats to the Trust, and the impacts to organisational resilience that those threats may cause.

The Trust business continuity management system policy and procedures effectively maintains the ability to manage the risks to essential service activity. The business continuity management system demonstrated that the Trust has robust arrangements in place to maintain delivery of services as contracted. The system also maintains the ability to manage uninsurable risks. The Trust is contracted to have in place procedures and resources to ensure that they can deliver all aspects of service at all times and in all circumstances, as a provider of healthcare the Trust can assure, reassure and evidence that these arrangements are in place through the business continuity management system.

The BCM System Policy and Procedures informs local Business Continuity Plans which are subject to annual review by the Emergency Planning Sub-Committee. Local plans ensure robust arrangements are in place to deliver contracted services activity in the event of a disruption. Business Continuity is an ongoing process of establishing, implementing, operating, monitoring, exercising, maintaining and improving the effectiveness of Business Continuity Plans and Business Impact Analysis.

5.1.2 CWP Strategic Business Continuity Plan

The Strategic Business Continuity Plan outlines the strategic approach to Business Continuity within the Trust identifying the appropriate arrangements for response to a business continuity incident. The strategy outlines the processes for appropriate response to and recovery from loss of staff, loss of workspace, loss of ICT, loss of equipment, loss of critical data and loss of supplies. The Strategic

Business Continuity Plan identifies clinical and non-clinical essential services to be provided in the event of an interruption or disruption to Trust activity.

5.2 External

5.2.1 Commissioning Organisation requirements

The Trust business continuity arrangements are externally communicated to all commissioning organisations as per contractual agreements, providing partner organisations with policies and procedures in relation to delivering all aspects of service at all times.

These external business continuity arrangements are facilitated by the emergency planning team who communicate with commissioners providing details of business continuity arrangements in place.

5.2.2 Suppliers arrangements

The Emergency Planning Sub-Committee, as part of the business continuity management system, have ensured robust arrangements are in place with Trust suppliers, to provide services in the event interruption and disruption. Local business continuity plans contain details of Trust supplier's business continuity arrangements.

6 Achievements 2013/14

6.1 CWP Seasonal Flu Vaccine Campaign

Between October and December 2013, the trusts seasonal flu vaccine campaign was underway. This year, as with previous years', the campaign was operationally supported by the Emergency Planning Sub-Committee and Emergency Planning team.

6.2 Development of Emergency Plans and Policies

2013/14 saw an increased level of re-organisation across CWP and actions have been taken to ensure that plans and arrangements remain in place to reflect such changes.

During 2013/14 the Emergency Planning Sub-Committee and Document Quality Group approved and ratified the following plans and policies respectively in conjunction with local and national emergency plans, policies and guidance. All plans are subject to a peer review and consultation before approval to ensure that the content is appropriate and understood by all staff. A significant amount of Local responsibility for co-ordinating business continuity plans now lays with the locality Emergency Planning Forums supported by the Emergency Planning Team. 2014/15 will see an enhanced programme of review via walkthrough exercises and other workshops.

6.3 CWP Fuel Plan

The Fuel Plan provides a coordinated response to a fuel emergency, outlining an operational framework for response and recovery. The plan is produced in conjunction with local business continuity plans following a change in the national strategy for responding to disruption to road fuel supplies, focussing on robust business continuity planning.

6.4 CWP Heatwave Plan

CWP has registered to receive severe weather warnings in the event of a heatwave. The Emergency Planning team receive and cascade these severe weather heatwave warnings as required.

The Heatwave Plan outlines a response to a heatwave as directed by the national heatwave plan, outlining plans in place to respond to the needs of people who are most at risk during periods of heat.

CWP Estates in conjunction with the general managers and Emergency Planning Sub-Committee are progressing well with a programme for CWP to have designated cool rooms in inpatient areas as required in the national guidance.

6.5 CWP Pandemic Flu Plan

The Pandemic Flu Plan provides a framework for a coordinated response and recovery to a pandemic. The plan is produced in conjunction with the Cheshire Local Resilience Forum Pandemic Influenza Plan and the National Pandemic Influenza Guidance and Strategies. The appendices of the CWP pandemic flu plan comprise of a template for local service pandemic flu Business Continuity Plans taking into account planning assumptions of 50% loss of staff.

The plan has been reviewed in light of changes to service structures and will be reviewed again during 2014/15 taking into account the new national strategy and subsequent guidance.

6.6 CWP Winter Plan

The Winter Plan provides a framework for response and recovery to the winter period 2013/14, ensuring the trust is prepared and coordinated to respond to increased needs and service demand throughout the winter period. The plan comprises of; operational readiness, out of hours arrangements, preventative measures, communications, escalation planning and severe weather. The plan is to be read in conjunction with the Department of Health Cold Weather Plan.

CWP has registered to receive severe weather warnings in the event of severe weather. The Emergency Planning team receive and cascade these severe weather warnings as required, supported by the business continuity leads.

7 Communications

7.1 CWP Emergency Planning Intranet Page

The Emergency Planning team has maintained and developed a CWP Emergency Planning intranet page communicating emergency planning and business continuity plans, guidance, useful information and training materials to all staff. The page has enabled the Emergency Planning Sub-Committee to have an online presence and will continue to be developed during 2014/15.

The page is utilised for the publication of local Business Continuity Plans creating a central point for access of local plans by all staff. The CWP Emergency Planning intranet page also provides a portal for publication of national and international guidance, strategies and standards to enable CWP staff to maintain a professional overview of Emergency Planning and Business Continuity developments.

In addition to the intranet page, the Emergency Planning team continue to utilise various communications channels in preparedness, response and recovery to an incident including but not limited to the CEO Blog, CWPessentials and communications bulletins to communicate key emergency planning messages to staff. Communications will continue to liaise with the Emergency Planning team with regards to the most effective methods of communicating in preparation and in response to an emergency ensuring that the communications strategy is effective and appropriate.

8 Training and Exercising

Training and exercising has remained a focus for 2013/14. Training, exercise and education ensure all CWP staff are knowledgeable and experienced in the procedures for response and recovery.

It is necessary to ensure that CWP staff are trained and educated in emergency preparedness. The Department of Health NHS Emergency Planning Guidance states that, in conjunction with the CCA

(2004), training, exercising and testing of major incident plans within individual NHS organisations, between NHS organisations and with multi-agency partners must be an important part of emergency preparedness.

As a minimum requirement, the Trust is required to undertake a minimum of;

- A "live" exercise every three years; - conducted on 9th April 2014 (Exercise Cypress)
- A "tabletop" exercise every year – evacuation exercise in May 2013 for West
- A test of communications cascade every six months – held in May 2013 but not undertaken in November as planned (refer to section 4.1.4).

A full training and exercise programme was approved by the Emergency Planning Sub-Committee and progress was reviewed during the year providing an opportunity for staff to obtain the training they require to effectively respond to an emergency situation. A training needs analysis was developed providing Business Continuity Leads the opportunity to contribute to the training that they require.

8.1 Training and Exercising achievements

CWP were invited to and participated in a number of training and exercises throughout the year and were represented at the following training sessions by members of the Emergency Planning Sub-Committee or appropriate delegates where training required it.

The exercises include multi-agency exercises, NHS only exercises and CWP internal exercises. All provided an opportunity to validate plans through testing and exercising. Full debrief reports were produced and approved at the Emergency Planning Sub-Committee identifying areas that went well and lessons identified;

- **Cheshire LRF Training and Awareness day – November 2013**

Cheshire Local Resilience Forum training aiming to bring together people who may respond to a Major Incident in Cheshire, broadening understanding of each other's roles, responsibilities and working practices; providing an opportunity to network, familiarise themselves with inter-agency expectations, understand practicalities of coordinating multi-agency response, develop an awareness of command and control, develop an understanding of media issues and identify Business Continuity and Recovery issues arising from an incident.

- **Greater Manchester Resilience Forum – North West Residence Conference– January 2014**

Greater Manchester Resilience Forum provided a one day conference where a number of speakers spoke on a wide range of topical matter as well the opportunity to discuss best practice with a number of subject matter experts.

9 Education and awareness activities

9.1 Mandatory Employee Learning

During 2013/14 the Emergency Planning team maintained the CWP Emergency Planning and Business Continuity Mandatory Employee Learning package. The Emergency Planning & Business Continuity e-learning package aims to raise awareness of emergency planning and business continuity within the trust. The objectives of the training package are;

- To explain emergency planning and business continuity;
- To identify the trust wide and local structures in place to support emergency planning and business continuity;
- To give details of policies and plans in place;
- To consider how emergency planning and business continuity might affect you.

10 Learning from incidents

The Emergency Planning Sub-Committee reviewed a number of incidents throughout the year 2013/14 discussing what went well, identifying lessons, recommendations for improvements and actions; the learning from these incidents was used to inform both local and trust wide Emergency and Business Continuity plans and policies and to identify areas for progress and development.

10.1 Trust wide incidents

The Emergency Planning Sub-Committee has established a procedure for collating learning from trust wide incidents and communicating the learning to key stakeholders in the trust.

The Emergency Planning team was proactive in responding to a number of disruptive events ensuring that relevant business areas and wider partners were informed as to potential impacts and plans were in place to respond. These included:

- Industrial Action
- Cheshire flooding
- Severe Weather

10.2 Local incidents

The Emergency Planning Sub-Committee has established a procedure for collating learning from local Business Continuity incidents. It can be noted that in response to these incidents, Business Continuity plans were not always activated but procedures were followed in both response and recovery to mitigate the impact of disruption to local services.

Local incidents during 2013/14;

- Roof collapse at Vale House – March 2013
- Flood at Mill Street, Crewe – March 2013

Key lessons from all incidents were feedback to the Emergency Planning Sub-Committee as well as the relevant plans updated accordingly.

11 Resources

It is acknowledged that Emergency Planning activity is a key element of the organisation's risk management strategy and is required to be performed under various pieces of legislation.

The support provided by the Emergency Planning team located in the Redesmere Building, Chester, has been crucial to the success of emergency planning and business continuity over the last year. The team worked with local services to support business continuity planning.

11.1 Emergency Planning Team

The Emergency Planning team supports the CWP Accountable Emergency Officer and CWP to fulfil its duties for emergency planning. With the responsibility for conducting emergency planning and business continuity within CWP the Emergency Planning Team are resilient and effective in conducting their responsibilities under the relevant emergency planning guidance.

On behalf of the Trust the Emergency Planning team work closely with Cheshire NHS Resilience and Merseyside NHS Resilience Forums to ensure an effective and coherent approach to emergency planning across the region and provide support as appropriate in preparedness, response and recovery to an emergency.

The team constantly maintains professional awareness of developments within the emergency planning and business continuity networks enabling CWP emergency policies and procedures to be up to date with new initiatives, guidance and legislation.

11.2 Partnership working

The Emergency Planning team have developed a service specification for providing emergency planning and business continuity support to other providers of NHS funded care in Cheshire.

The team are currently appointed by East Cheshire NHS Trust on a service level agreement to provide them with emergency planning and business continuity support one day per week.

As well as attending Local Health Resilience Forum meeting CWP have developed a wider peer group of contacts including Emergency Planning Officers at the Countess of Chester NHS Foundation Trust and Mid Cheshire (Leighton Hospital) NHS Foundation Trust.

The Emergency Planning team are part of a Mental Health wider working where Emergency Planning officers including from the North-west, Yorkshire, Greater Manchester and Humberside meet four times a year to discuss best practice and other related matters.

The emergency planning team have also joined a sub group of the above in that has resulted in a joint agreement with other NHS and an external provider to provide mutual aid if bedding was required with the intention to finalise in 2014/15.

11.3 2014/15

It is worth noting that since the start of 2014/15 some significant initiatives and achievements have already occurred:

- April 2014 - CWP participated in Exercise Cypress. As part of the requirements to undertake a live major incident exercise every 3 years under REPPIR Regulations. This multi-agency response included the following organisations:
    - Urenco
    - Cheshire Police
    - Cheshire Fire & Rescue Service
    - Cheshire West & Chester Council
    - NHS (CWW Area Team and NWAS)
    - Public Health England
    - HM Nuclear Inspectorate
    - Gov't Dept's – Environment Agency, DEFRA, Food Standards Agency

- May 2014 – enhanced CWP's Major Incident Room (Redesmere Boardroom) with better communications and IT infrastructure.

- July 2014 – CWP encountered its largest disruptive event with CWP declaring a 'Major Incident'; the incident at Saddlebridge Unit, Nether Alderley. CWP invoked its Major Response team in order to support its On-Call staff to effectively manage the situation. Key matters included:
    - Media interest (Manchester Evening News, BBC NW News, Macclesfield Reporter as well as social media comments)
    - The need to refit (including some upgrades) the unit – scheduled for a w/c 20th October re-opening
    - Some IT upgrades
    - CWP are now part of a wider contingency bed plan to support other areas in a reciprocal arrangement (in partnership with other NHS trusts: 5 Boroughs,

Calderstones, Greater Manchester Care, Lancashire Care and Mersey Care as well as 3rd party provider Partnerships in Care).
  - It remains an on-going Police investigation

- July 2014 - supported the IT department during a significant IT project to increase stability and resilience to CWP's servers.

- August 2014 – 2nd and 3rd Tier On-Call workshop delivered to support relevant colleagues as well as upgraded 'pocket packs' and plans.

Forthcoming events:

- October 2014 – Business Continuity Plan workshop for CWP – West
- October 2014 – Desktop exercise for CWP – Wirral
- October 2014 – Loggist Training (a role on the CWP Major Incident team) for CWP - East

These activities will form part of the 2014/15 annual report.

12 Conclusion

CWP have continued to maintain a good level of progress in Emergency Planning and business continuity work streams throughout the period of change in 2013/14. The Emergency Planning Sub-Committee chaired by the Julie Critchley Service Director - West, and supported by the Emergency Planning team has continued to coordinate development and implementation of generic and specific response plans ensuring robust arrangements are in place during response and recovery of an incident. Local Business Continuity Plans have been maintained and improved locally supported by the Business Continuity Leads and Emergency Planning team.

The trust has continued to embed Emergency Planning and Business Continuity into the culture of the organisation through policy development, training and exercising, and learning from incidents which is essential in maintaining effective risk management trust wide.

13 Recommendations to the Board of Directors

The Board is asked:

- To note the CWP Emergency Planning Annual Report 2013/14.

14 Appendices (preferably URLs)

Appendix 1: Emergency Planning Sub-Committee Terms of Reference

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Appendix 2: Emergency Planning Sub-Committee Attendance

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Appendix 3: Emergency Planning Sub-Committee assurance framework 2013/14

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Cheshire and Wirral Partnership NHS
NHS Foundation Trust

Document Reference (2014/15/51)

Report to:	**Board of Directors**
Date of Meeting:	**24th September 2014**
Title of Report:	**Ward Daily Staffing Levels (August 2014)**
Action sought:	**To Note**
Author:	**Maria Nelligan, Deputy Director of Nursing**
Presented by:	**Avril Devaney, Director of Nursing, Therapies and Patient Partnership**

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

Distribution

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

Executive director sign-off

Executive director (name and title)	Date signed-off
Avril Devaney, Director of Nursing, Therapies and Patient Partnership	17th September 2014

1. Purpose

This report details the ward daily staffing levels during the month of August 2014. This is a requirement of NHS England and the National Quality Board in order to appraise the Board and the public of staffing levels within in-patient units.

2. Background

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

3. Content

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

4. Actions

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

5. Recommendations to the Board of Directors

- The Board of Director are recommended to note the report.

5. Data for August 2014

	Ward	Day				Night				Fill Rate				Comments
		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	1116.5	1105	1728.5	1576.7	793.5	786.5	1085.5	1028	99.0%	91.2%	99.1%	94.7%	The multi-disciplinary team have supported the ward in maintaining safe staffing levels.
	Alderley Unit	954.5	1128.5	1460.5	1437.5	690	724.5	1115.5	1115.5	118.2%	98.4%	105.0%	100.0%	
	Bollin	1100	1102.5	1591	1434.5	736	747.5	793.5	701.5	100.2%	90.2%	101.6%	88.4%	Nursing staff have worked additional hours and the multi-disciplinary team have supported the ward in maintaining safe staffing levels.
	CARS	1192	1100	829.5	758	678.5	667	752	715	92.3%	91.4%	98.3%	95.1%	Nursing staff have worked additonal hours, the ward manager has worked within the clinical team and the multi-disciplinary team have supported the ward in maintaining safe staffing levels.
	Croft	1182.25	1180.8	1720	1516.5	816.5	828	1519	1523.5	99.9%	88.2%	101.4%	100.3%	The multi-disciplinary team have supported the ward in maintaining safe staffing levels.
	Greenways A&T	1109	1010	1610.5	1367	713	644	713	690	91.1%	84.9%	90.3%	96.8%	WM has worked in the clinical team to maintain safe staffing levels.
	LimeWalk Rehab	996.5	959.5	985.5	960	713	690	736	724.5	96.3%	97.4%	96.8%	98.4%	
	Saddlebridge	0	0	0	0	0	0	0	0	n/a	n/a	n/a	n/a	Ward currently closed
Wirral	Brackendale	851	742	1127	1162	609.5	586.5	816.5	816.5	87.2%	103.1%	96.2%	100.0%	Nursing staff worked additional hours to maintain safe staffing levels.
	Lakefield	793.5	830	1115.5	1000.5	689.5	678	735.5	735.5	104.6%	89.7%	98.3%	100.0%	Staffing levels impacted on the consistent delivery of patient activities.
	Meadowbank	1024	1024	2051.5	2040	655.5	609.5	1518	1506.5	100.0%	99.4%	93.0%	99.2%	
	Oaktrees	764	712.5	1409.5	1367.5	678.5	652.5	592.5	592.5	93.3%	97.0%	96.2%	100.0%	The ward manager has worked in the clinical team and nursing staff have worked additional hours to maintain safe staffing levels.
West	Beech	1207.5	1035	713	805	713	644	713	655.5	85.7%	112.9%	90.3%	91.9%	Nursing staff have worked additional hours, the ward manager has worked within the clinical team and the multi-disciplinary team have supported the ward in maintaining safe staffing levels.
	Brooklands	842	805.5	1127	1104	548	548	954.5	972	95.7%	98.0%	100.0%	101.8%	
	Cherry	885.5	885.5	736	740.3	678.5	701.5	621	612	100.0%	100.6%	103.4%	98.6%	
	Eastway A&T	762	779.5	782	769	437	437	724.5	724.5	102.3%	98.3%	100.0%	100.0%	
	Juniper	1104	793.5	828	1000.5	713	506	356.5	471.5	71.9%	120.8%	71.0%	132.3%	Nursing staff have worked additional hours, the ward manager has worked within the clinical team and the multi-disciplinary team have supported the ward in maintaining safe staffing levels. Interviews for vacant registered nurse posts have been held and appointments made.
	Maple Ward	862.5	782	1161.5	1104	471.5	460	1104	1092.5	90.7%	95.0%	97.6%	99.0%	Nursing staff have worked additional hours, the ward manager has worked within the clinical team and the multi-disciplinary team have supported the ward in maintaining safe staffing levels.
	Pine Lodge (YPC)	724.5	655	977.5	954.5	425.5	414	1091.1	1056.6	90.4%	97.6%	97.3%	96.8%	The ward manager has worked in the clinical team and multi-disciplinary team have supported the ward in maintaining safe staffing levels.
	Rosewood	839.5	842	1414.5	1293	402.5	368	690	690	100.3%	91.4%	91.4%	100.0%	Nursing staff have worked additional hours to support the ward in maintaining safe staffing levels. Rehabilitation activities were shortened on occasions.
	Willow PICU	713	775.5	977.5	838	713	621.5	713	701.5	108.8%	85.7%	87.2%	98.4%	The ward manager has worked in the clinical team and multi-disciplinary team have supported the ward in maintaining safe staffing levels.
	Trust wide	17471.25	16630.8	21954	21097.5	11760	11324.5	15941.6	15733.6	95.2%	96.1%	96.3%	98.7%	

Cheshire and Wirral Partnership NHS
NHS Foundation Trust

Document Reference (2014/15/52)

Report to:	**Board of Directors**
Date of Meeting:	**24th September 2014**
Title of Report:	**PLACE REPORT 2014**
Action sought:	**FOR NOTING & APPROVAL**
Author:	**Tracey Battison Head of Facilities**
Presented by:	**Andy Styring, Director of Operations**

Strategic Objective(s) that this report covers *(delete as appropriate):*
SO1 - Deliver high quality, integrated and innovative services that improve outcomes
SO2 - Ensure meaningful involvement of service users, carers, staff and the wider community
SO5 – Improve quality of information to improve service delivery, evaluation and planning
SO7 – Be recognised as an open, progressive organisation that is about care, well-being and partnership

Distribution

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

Executive director sign-off

Executive director (name and title)	Date signed-off
Andy Styring, Director of Operations	9th September 2014

1. Purpose of the report

The purpose of the PLACE assessments is to assess hospitals across a range of environmental aspects against common guidelines. It is recognised that hospitals vary in age and design and sometimes this will limit their ability to meet the assessment measures. Whilst there may be nothing that the organisation can do about some of these things, it is important that the assessment is based on standard criteria and no allowances should be made for such factors. The scores awarded must reflect what was seen on the day.

The PLACE programme aims to promote the principles and values, listed below, by ensuring that the assessment focuses on the areas which patients say matter and by encouraging and facilitating the involvement of patients, the public and other bodies with an interest in healthcare.

- Putting patients first
- Actively encouraging feedback from the public, patients and staff to help improve services
- Striving to get the basics of quality of care right
- A commitment to ensure that services are provided in a clean, safe environment that is fit for purpose

It is important to remember that these visits were patient led and all comments have been submitted to the NHS Information Centre. We also had an external Validator from a neighbouring Trust on some of our visits (the full national report is attached at appendix 1).

The scoring was based on the following:-

Pass/Fail
Pass/Qualified Pass/ Clear Fail
Y/N

Each ward /outpatient area is scored separately and then combined to produce a score for the whole unit and should be scored by each individual as the visit is undertaken. In addition the patient assessors have a separate document to complete at the end of the visit as to how the visit was conducted.

2. Subject matter/content

This section of the report details each of the areas that were visited and the score that was given to each area. The headline issues that were raised are also detailed. A more detailed action plan can be found at appendix 2 which is currently being worked through and updated to reflect completed actions, the action plan requires input and response from Estates and Facilities, Clinical services and also from the Executive Team. The action plan is a working document with constant updates with the aim of ensuring completion before the next formal PLACE round starts in February 2015. The site scores are detailed on appendix 3 which includes benchmarking against national averages.

The tables below show the scores with benchmarking against mental health national averages.

Green = on or above target
Amber = below target, within 5%
Red = below target and below 5%

Cleanliness

Area	National Average	Mental Health Average	Eastway	Greenways	Soss Moss	Millbrook	Springview	YPC	Bowmere	Lime Walk
Cleanliness	97	97	99	73	99	99	98	80	84	100

Greenways

Unfortunately during the period of this assessment we were experiencing performance issue with the facilities member of staff at Greenways, the management team have since dealt with this. In general it was attention to detail, i.e. smears on walls and dust across the unit. We are currently undertaking remedial works with the intention to revisit in November.

YPC

There were a few minor issues mainly relating to dust throughout the unit, which have since been addressed and are supported by recent good cleanliness monitoring scores. Patient representatives on this visit when completing their overall impression said they were very confident that the ward environment supported good care.

Bowmere

The cleaning standards on Juniper were well below those expected again due to staff performance issues which have since been addressed and also adjustments to rotas to support better cleaning. A re-inspection by some of the original patient representatives has since been carried out and received a favourable and much improved report. It is not possible to obtain a score due to the format of the scoring system but all issues were addressed and the patient representatives made very positive comments and were more than satisfied with the outcome.

Rosewood was also scored down on the cleanliness section of this report however the issues highlighted by the patient representatives actually relate to maintenance issues such as broken door handles, heating and bathroom adhesive. The only work outstanding is one toilet door and floor requires replacing.

The rest of Bowmere scored highly on cleanliness.

Other areas

All other areas scored above average with now issues to report.

Food & Hydration

Area	National Average	Mental Health Average	Eastway	Greenways	Soss Moss	Millbrook	Springview	YPC	Bowmere	Lime Walk
Food & Hydration	87	90	82	87	90	80	87	93	81	83

It was recognised by the Facilities team prior to the PLACE visits that there were inconsistencies in relation to the food provision across the Trust and that standards, quality and choice needed to be improved. A full review has been carried out of service provision and suppliers and with effect from November 2014 all catering services will be provided in house which will offer greater flexibility and choice and also give the Trust the ability to react to patient feedback more effectively.

Privacy, Dignity & Wellbeing

Area	National Average	Mental Health Average	Eastway	Greenways	Soss Moss	Millbrook	Springview	YPC	Bowmere	Lime Walk
Privacy, Dignity & Wellbeing	92	90	81	76	90	86	89	73	91	86

There are 32 questions in this section which are either yes/no or multiple choices from set answers. The only areas the Trust would have lost points would be on access to incoming telephone calls, access to outside exercise space (e.g. for football) and access to televisions at the bedside. We feel that these scores are not a true reflection of the privacy and dignity afforded to our service users as all other questions were scored in the positive. The smaller units scores have suffered more due to the lesser number of scores impacting on the percentage. The Facilities department intends to express concern to the Health and Social Care Information Centre that the method of scoring this section is not a true reflection of our Trust or Mental Trust in general due the risks presented by providing items such as over-bed TV and telephones. We have also noted that this is the only area that Mental Health has scored below general national averages.

Condition, Appearance & Maintenance

Area	National Average	Mental Health Average	Eastway	Greenways	Soss Moss	Millbrook	Springview	YPC	Bowmere	Lime Walk
Condition, Appearance & Maintenance	89	92	98	80	99	95	96	94	92	98

Greenways

The team noted that the gardens at Greenways were neglected and not therapeutic, on investigation it transpired that there were no formal arrangements in place for maintaining these gardens and this has now been taken on by CWP grounds and gardens. The team also commented that the lounges were not decorated appropriately for the patient group and this is being addressed. There was also damage to equipment in the laundry room and OT Kitchen.

Other Areas

All other areas scored average or above.

The team visiting Millbrook however did raise the issue of parking outside the unit. There were cars parked in the disabled bays not displaying badges, parked on kerbs blocking access and use of pavement areas for wheelchair users. On investigation it was medical staff visiting the unit who had parked in the disabled bays, it has been noted that this is still an ongoing issue.

3. Recommendations to the Board of Directors

That the Board of Directors:

- note the report and acknowledge the results achieved.
- support improvements where relevant as detailed in the action plan and provide feedback as necessary.

Appendix 1 - National Report

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Appendix 2 – Action Plan

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Appendix 3 - Scores

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Cheshire and Wirral Partnership NHS
NHS Foundation Trust

(Document Reference 2014/15/53)

Report to	**Board of Directors**
Date of Meeting	**Wednesday 24th September 2014**
Title of Report	**Director of Infection Prevention and Control (DIPC) Board Report- Quarter One (April – June 2014)**
Action sought	**For Noting**
Author	**Amanda Miskell, IPC Clinical Nurse Specialist & Maria Nelligan, Director of Infection Prevention & Control**
Presented by	**Maria Nelligan, Director of Infection Prevention & Control**

Strategic Objective(s) that this report covers *(delete as appropriate):*
SO1 - Deliver high quality, integrated and innovative services that improve outcomes
SO2 - Ensure meaningful involvement of service users, carers, staff and the wider community
SO3 - Be a model employer and have a caring, competent and motivated workforce
SO5 - Improve quality of information to improve service delivery, evaluation and planning
SO6 - Sustain financial viability and deliver value for money
SO7 - Be recognised as an open, progressive organisation that is about care, well-being and partnership

Distribution

Version	Name(s)/Group(s)	Date Issued
V1	Infection Prevention & Control Sub Committee	September 4th 2014

Executive director sign-off

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

Contents

1. The purpose of the report

Welcome to the Quarter One, Director of Infection Prevention and Control (DIPC) report, 2014/2015. This report will provide the Board of Directors with up to date information, and the compliance reporting, in line with the standards and requirements set out in the Department of Health's, Health and Social Care Act 2008 (revised 2010). This report will also give the board assurance that the IPC team is working efficiently, and is accommodating with the internal and external performance reporting requests placed upon it. The operational work carried out by the Infection Prevention and Control Team during quarter one will also be reported on within the content as will the Tuberculosis annual report for 2013/14.

2.1 Inpatients Services Pathway

There are no outbreaks or incidents to report from the inpatient pathway. The audit programme and service user involvement continues, and will be reported on in more detail in the Q2 DIPC report in November 2014. The In-Patient Pathway have also worked closely with the Trust's Communication Officer for Learning Disability Services, to create a pictorial version of the audit document, which will hopefully enable service users who require the use of pictures & symbols to be involved in the audit process.

2.2 Community Services Pathway

The community IPC Clinical Nurse Specialist (CNS) reports on a monthly basis to the performance team and to the PHE, for all those infections, not secondary care. There were an extraordinary amount of confirmed clostridium Difficle infections during the month of June. The CNS coordinated a meeting with key stakeholders and an analysis of each. No cross infection links were identified and the surveillance continued into July which saw no cases. The CNS has updated all involved and lessons learnt from the meeting and analysis has been shared with commissioners and secondary care providers. The information is summarised in the table below:

Data for Q1 2014/15				
		April	**May**	**June**
MRSA bacteraemia	Apportioned to non-acute trust and **received** care from CWP	0	0	0
MRSA bacteraemia	Apportioned to non-acute trust and **did not receive** care from CWP	0	0	1
MRSA decolonisation	Number of patients decolonised who are referred to the service	4	7	5
Clostridium difficile	Apportioned to non-acute trust and **received** care from CWP	0	0	0
Clostridium difficile	Apportioned to non-acute trust and **did not receive** care from CWP	1	2	7
E Coli bacteraemia	Actual	14	16	14
MSSA bacteraemia	Actual	5	2	1
MRSA infections	Actioned	7	5	11
ESBL infections	Actioned (Total resistant to oral antibiotics)	32 (9, 28%)	23 (6, 26%)	40 (9, 22.5%)

2.3 External Services Pathway

This quarter has seen three care homes closed due to outbreaks of gastrointestinal illness. Norovirus was confirmed by samples submitted to the laboratory from one home; no causative organism was identified for the remaining outbreaks. Care homes appear to have experienced a number of individuals having shingles resulting in several requests for advice and support from the team.

Local nurseries continue to have incidence of common childhood infectious disease, including a number of cases of scarlet fever, which has also been noted to have increased nationally, and

Chickenpox. Work is ongoing to support Public Health England (PHE) in partnership with the local authority monitoring tattoo practices locally, to prevent the transmission of infections. GP practices continue to be supported to ensure compliance related to Care Quality Commission Registration.

The investigation of a care home resident suspected of having active Tuberculosis resulted in a high level of input into support for other residents, their families and staff to ensure effective communication and screening of appropriate contacts in liaison with Public Health England.

3. 2013/14 Tuberculosis service annual report

Tuberculosis (TB) is a communicable disease managed throughout Western Cheshire health economy by the TB Nurse Specialist (TBNS) employed by Cheshire & Wirral Partnership (CWP) as part of the Infection Prevention and Control Team. The TB Nurse specialist is based in the 1829 building with the infection prevention and control team, on the Countess of Chester Health Park, though to ensure close working relationships with the Respiratory Consultants at the Countess of Chester Hospital (COCH) NHS Foundation Trust; desk space has also been made available at the hospital. The TBNS has close working relationships with General Practice, the COCH NHS Foundation Trust, and Public Health England, previously known as the Health Protection Agency (HPA).

TB intervention is compliant with the NICE TB guidelines, which focuses on the management of active and latent TB, and measures for its prevention and control.

An annual report is produced by the TBSN and distributed to clinical areas and clinical governance teams of the Cheshire and Wirral Partnership (CWP), COCH, Public Health England and Cheshire West & Chester Local Authority Public Health colleagues.

Below.

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4. CWP IPC awarded contract for Cheshire West and Chester (CWaC)

The IPC Team successfully tendered to be the provider of Infection Prevention and Control services to all external services across Western Cheshire and Vale Royal Clinical Commissioning Groups (CCG). This contract will commence 01/10/14 and mobilisation plan is near completion. Further updates will be given in Q2 DIPC Report

5. Recommendations

The Board of Directors is asked:

- to note the DIPC Quarter One report for 2014/15.

Cheshire and Wirral Partnership NHS
NHS Foundation Trust

(Document Reference 2014/15/54)

Report to:	**Board of Directors – meeting in public**
Date of meeting:	**22 September 2014**
Title of report:	**Learning from Experience report – Trimester 1 2014/15 [April 2014 – July 2014]**
Action sought:	**For noting and approval**
Authors:	**Audrey Jones, Head of Clinical Governance** **David Wood, Associate Director of Safe Services** **PALS, Complaints & Incidents Team** **Safety, Security & Clinical Education Lead** **Pharmacy Team**
Presented by:	**Avril Devaney, Director of Nursing, Therapies and Patient Partnership**

Strategic objective/s that this report covers:
SO1 – Deliver high quality, integrated and innovative services that improve outcomes
SO2 – Ensure meaningful involvement of service users, carers, staff and the wider community
SO5 – To use and produce high quality information to enable effective decisions and improved care
SO6 – To sustain financial viability and deliver value for money
SO7 – To be recognised as a progressive organisation that is about care, wellbeing and partnership

Distribution

Version	Names/ Groups	Date issued
1	Working version – A Jones	11.09.2014
2	D Wood to L Hulme for Board of Directors meeting in public	12.09.2014

1. Purpose of the report

This *Learning from Experience* report aggregates qualitative and quantitative analysis from key sources of staff and service user feedback, and other relevant sources of learning, covering the period from April 2014 to July 2014, **trimester 1** of 2014/15.

Performance indicator			2013/14			2014/15
			T1	T2	T3	T1
Number of patient safety incidents reported			2437	2418	2514	2673
Severity (Increase in level of harm ⇧)	**Category A**		16	17	11	26
	Category B		33	30	33	18
	Category C		276	270	409	313
	Category D		693	915	786	847
	Category E		1419	1137	1220	1469
Reports to external agencies	StEIS		49	43	79	31
	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations		10	5	10	9
	NHS Litigation Authority – NHSLA	Non clinical claims	7	9	2	9
		Clinical claims	0	2	0	1
	National Reporting and Learning System		1501	1074	1055	809
Number of complaints			76	59	85	70
Acknowledgement of complaints within 3 days			99%	93%	95%	99%
Number of compliments			516	671	864	927

All incident associated and compliment numbers represent a snapshot at the time of publication of the report and are subject to change over time, for example: re-categorisation of incidents following receipt of further information since the previous report, receipt of compliments retrospectively

2. Analysis – key highlights

Follow up from the actions identified in trimester 3 of 2013/14 are outlined in *Appendix A.*

2.1 Incident reporting

All incidents involving patient safety are reported to the *National Reporting and Learning System* [*NRLS*]. CWP has achieved 100% compliance in meeting these reporting targets. Increases in incident reporting are encouraged, in line with best practice. Overall, incident reporting has increased by 5.9% in trimester 1. Category B and C incident reports have reduced, whilst the lower harm categories of incidents continue to be the highest number of reported incidents. This is an internationally recognised standard as it allows learning from safety issues before they result in harm.

2.2 Falls incidents

There has been another overall decrease in falls incidents this trimester, from 195 to 175. This is in part as a consequence of the risk treatment plan in place as part of management of this risk through the corporate assurance framework process. The most frequently reported severity of falls has again been category E [near miss/ prevented] patient safety incidents. Seven were recorded as category C; there were no category A or B incidents for falls trimester 1. Work from the falls task and finish group is ongoing, and is due to be completed by October 2014. A full report will be submitted to the next Patient Safety & Effectiveness Sub Committee.

2.3 Medicines incidents

The total number of medicines incidents this trimester is 156, this is a 24% decrease from the last report. Data from this trimester demonstrates that *Adult MH East* continues to make improvements seen in the previous three trimesters. *Adult MH West* reported a similar level of incidents when compared with the previous trimester. *Adult MH Wirral*'s remedial plans that were put in place

previously have demonstrated a positive impact with a consequential reduction in medication related incidents. *CAMHS*, *Physical Health West*, *Learning Disability Services* and *Drug & Alcohol Services* reported a similar number of incidents as previously, and approximate to the four trimester average. A number of recommendations have been identified to mitigate the top three medicines incident themes, as detailed below.

2.4 Complaints, PALS, compliments

70 complaints were received under the NHS complaints procedure during the trimester. Of these, they were received per locality as follows: *CWP East* 18 complaints, *CWP West* 36 complaints, *CWP Wirral* 16 complaints. In relation to PALS contacts, 138 contacts were handled this trimester, compared with 166 in trimester 3. The PALS officer has undertaken further training with staff to ensure that services deal with concerns quickly and try to resolve locally if possible, which has contributed in part to the reduced number of contacts. However, promotion of PALS to people who use the Trust's services and carers is an ideal and for trimester 2 a formal schedule has been developed to enable this.

2.5 Management of challenging behaviour

All staff are educated to use a graduated approach to the management of safe environments which can then be evidenced and supported through service user led management plans. In the twelve months since the launch of the new mandatory restraint training modules, incidents of physical holding has reduced by 55%. This has reflected the trend through the previous trimesters, with incidents reducing by 38%, 17%, 13% respectively. Of the reported physical intervention incidents, 43% involved the use of the new restrictive interventions. This is an increase of 3% from the previous trimester. The use of prone restraint position as a management intervention based on the policy guidance for risk behaviour has reduced by 5% since trimester 1 in 2013/14. Thematic learning from the annual data indicates a need to closely monitor non-physical restraint interventions across all inpatient areas. Awareness training is being introduced through Education CWP courses and also through the scheduled clinical trainers inpatient drop in sessions. A review of the Datix incident reporting fields is in progress which will make reporting more transparent and compliant with national standards.

3. Summary of recommendations

The following highlights the recommendations identified as a result of the aggregated analysis undertaken on key sources of feedback from people who use the Trusts' services and staff, and other relevant sources of learning.

	Recommendation	Action	By Whom	When
1	Ensure that the Trust's incident reporting and management policy is in line with current practice and evidence bases, including ensuring that human factors practices are incorporated into the investigatory tools.	Policy will be updated. Tools for investigation will be developed to include questions which relate to safe clinical human factors practices.	Head of Clinical Governance	These will be piloted for 2 months [to the end of November] prior to being implemented fully
2	The incidents team to work towards facilitating a case management approach for the management of incidents, complaints, claims and inquests.	The Datix incident reporting system should be developed to interface with HR and safeguarding investigations as appropriate to inform how cases will be managed holistically.	PALS, Incidents and Complaints Manager	November 2014
3	Ensure that the frequency of incident reports of 'failure to administer drugs' is minimised.	The Pharmacy Team should request that each locality formulate a robust action plan to address the	Pharmacy Team, also to be monitored every two months by	October 2014

	Recommendation	Action	By Whom	When
		reasons for failure to administer medicines.	the Medicines Management Group	
4	Antibiotics should be prescribed in line with the antibiotic formulary and only if clinically appropriate.	Pharmacy Team to alert prescribers of this.	Pharmacy Team	October 2014
5	The Trust's values group should be provided with the themes that have emerged in relation to communication gaps from all investigations across the Trust.	A report to be completed for the values group which will theme gaps in communication and attitude from all investigations across the Trust. This can then be incorporated into the plans for this group for the implementation of the 6Cs.	Head of Clinical Governance	October 2014
6	Reduction in incidents in relation to the loss of prescription charts and documentation.	▪ All teams to review their current systems to minimise the risk of prescriptions being lost. ▪ Memory Clinic West to review and update strategies to prevent prescriptions being lost and/ or mislaid. ▪ GP Out of Hours service should adhere to the prescription paperwork reconciliation process that has recently been introduced.	Pharmacy Team	October 2014
7	The complaints policy to be updated to incorporate feedback from those people who have made complaints.	To undertake an audit to seek the views of those people who have made complaints and those staff who have investigated complaints. These will be themed and the feedback incorporated into the changes of the policy.	Head of Clinical Governance	October 2014
8	The recording of incidents and restraints to be improved to ensure codes are clear and staff are able to specify why they have used a specific technique.	Datix incident reporting system should be developed to improve recording.	Incidents and Complaints Manager/ Safety, Security and Clinical Education Lead	October 2014

4. The Board of Directors is asked to:

- **Discuss** the findings and key analysis within the report.
- **Note and approve** the recommendations identified, which will be monitored by the Quality Committee.

Appendix A – Updates and assurances received against trimester 3's recommendations

The incidents team to review the coding for recommendations/ actions after the completion of investigations of incidents to ensure that actions are consistently and appropriately themed. These codes should then be applied to recommendations/ actions from complaints investigations and learning identified from claims to ensure there is a joined up approach to learning.
This work is ongoing with the support of the locality Quality Surveillance Support Managers and is being reported on as part of the Zero Harm implementation plan.
Head of Clinical Governance to submit updated CWP Policy GR1Incident Reporting and Management Policy to the next Quality Committee 2 September 2014.
Currently there is a review of the Trust's investigatory management processes. Therefore, the policy will be updated to ensure that it reflects current practice, further, human factors questions will be added to the template for root cause analysis. The peer review document will be updated so it incorporates an SBAR [communication] approach, this will also include prompts for care planning, risk assessment and human factors. These will be piloted during trimester 2 and feedback will be given to the next Quality Committee.
Head of Clinical Governance and the Clinical Services Manager for Ageing Well will analyse immediate learning which has been identified from local root cause analysis undertaken on a cohort of patients and then compare with comprehensive root cause analysis undertaken for individual patients from the same cohort to establish the extent of additional learning/benefit the comprehensive root cause analysis added. Work will be ongoing for 6 months, with an interim report submitted to the next Patient Safety & Effectiveness Sub Committee.
A baseline report detailing information on the recurring themes that have emerged following reflective reviews that are undertaken on pressure ulcers that have been classified as unavoidable has been undertaken by the clinical audit team. The three main themes identified for pressure ulcers that were avoidable included: ▪ Care plans not completed in line with the CWP care bundle and NICE guidance, including risk assessment. ▪ Gaps in record keeping. ▪ Improved education and training required. This work has just been completed, so further work will now explore the actual root cause analyses from unavoidable harm to establish if learning is different from these findings. This will be reported on via the pressure ulcer working group.
The ward nursing team should: ▪ Contact the pharmacy team [or the on-call pharmacist if out of hours] if a medication is not available on the ward. ▪ Ensure mechanisms are in place to reduce the number of non-administrations when the medication is available on the ward.
Modern matrons at the next Medicines Management Group meeting in September 2014 will provide assurances regarding the above recommendations.
Everyone submitting a Datix form should ensure the correct sub-category of incident is selected, including the differentiation between failure to administer and non-adherence to policy/ procedures.
Clarity has been provided by the Medicines Management Group. If an administration chart is not signed it should be established whether medicines were given. If given, then the incident should be categorised as 'non adherence to policy/ procedures'. If not able to ascertain administration within a reasonable timeframe, then the category is 'failure to administer'.
The pharmacy team should continue the feedback to prescribers regarding errors on a quarterly basis and extend to all localities.
The feedback on prescribing errors has been extended to all localities.
The medicines Management Team should provide an update for the next Learning from Experience report on the contents of the medicines incidents plan how this is being monitored for the implementation and effectiveness.
This has been incorporated within the other feedback from the Pharmacy Team, further recommendations have been made with the report for trimester 1.
Head of Compliance and Head of Clinical Governance to link the 6Cs to existing assurance systems and embed this into the unannounced compliance visits. Future reports from

unannounced compliance visits after July 2014 will include a selection on these findings.
Information from complaints and incidents is triangulated prior to each unannounced visit. Where these appear to be in relation to the 6Cs, for example, staff attitude or any aspect of care, these are addressed at the visit and reported on in the routine compliance visits report to the Quality Committee.
The complaints team will provide a report regarding communication issues for the Trust's 'values group' to consider feedback recommendations.
A summary report of common themes has been provided to the Chair of the values group. A further recommendation and action forms part of this report.
The locality Quality Surveillance Support Managers to review associated themes and learning on a real time basis from August 2014 to identify early warning themes for prompt action.
These reviews routinely form part of the triangulated learning themes that are presented to the Compliance, Assurance and Learning Sub Committee.
The associate director lead for raising concerns should meet with the Head of HR and Head of Compliance to ensure that the Trust is maximising all opportunities to seek and promote feedback from staff and reporting on this feedback consistently.
Individual processes in place have been reviewed to ensure that they dovetail where there are interfaces so that feedback from staff is handled consistently.

Cheshire and Wirral Partnership NHS
NHS Foundation Trust

Quality Report

Quarter 1
April – June 2014

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

The Trustwide ***Early Intervention Service*** has developed the *OpenMinded* website for everyone across Cheshire and Wirral that want to know more about psychosis and how the Early Intervention Service can work with people using the service to ensure a successful journey to **recovery.**

Andy Pulford, Team Leader within the Early Intervention Service, pictured above reviewing the *OpenMinded* website.
See page 8

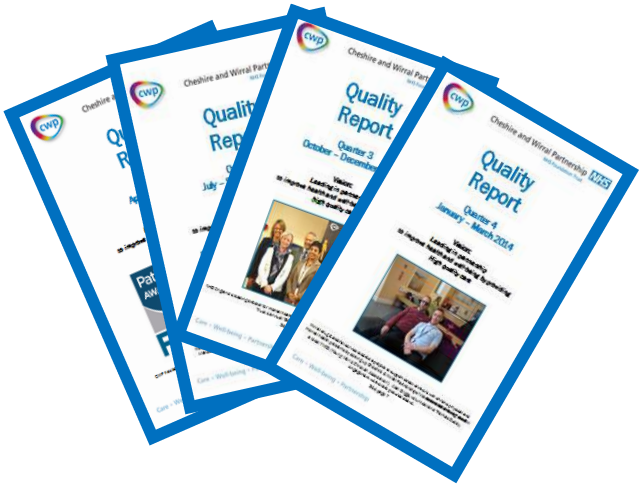
Care • Well-being • Partnership

CONTENTS

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

Welcome to CWP's first *Quality Report* of 2014/15

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



CWP's *Quality Account* 2013/14 and the four quarterly *Quality Report*s of 2013/14 are available on the Trust's internet site:

http://www.cwp.nhs.uk/our-publications/reports/categories/431

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

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

QUALITY

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

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

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

Together, these reports give a detailed view of CWP's overall performance.
This *Quality Report* provides a highlight of what CWP is doing to continuously improve the quality of care and treatment that its services provide.

EXECUTIVE SUMMARY – QUALITY HEADLINES THIS QUARTER

CWP has made good progress in delivering against its trustwide **quality priorities** for 2014/15 in quarter 1.
➲ see page 3

Parliamentary Under Secretary of State at the ***Ministry of Justice***, Jeremy Wright, and **Chester MP** Stephen Mosley visited the **drug and alcohol team** at Aqua House in Boughton.
➲ see page 7

The **Early Intervention Service** has created its own website OpenMinded.org.uk and share their successes within the service in this report.
➲ see page 8

CWP has recognised the importance of continuous improvement and has invested in **#CWPZeroHarm**. Further information is provided on the details of the implementation of **Zero Harm.**
➲ see page 10

Merseyside Recovery Awards recognise and honour an **Alcohol Associate Practitioner** at CWP for her **'Footsteps to Recovery'** – a visual project providing inspiration to service users seeking support for substance misuse.
➲ see page 11

The **Care Quality Commission** has received positive feedback on its website in relation to the **Eating Disorder Service**.
➲ see page 12

CWP has received **751 formal compliments** about the quality of its services during the first quarter of 2014/15.
➲ see page 13

QUALITY PRIORITIES 2014/15

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

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

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

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

- More than 50 CWP staff have attended training in **safe clinical *Human Factors*** practices. Human Factors is a patient safety science that acknowledges human limitations which will enable CWP to build resilience and reduce the impact and consequences of human error by designing and educating for safety. More sessions are planned throughout the year. The training will improve staff understanding of human factors and how it relates to their role. In raising this awareness, it will help to reduce unnecessary avoidable harm and embed a culture of patient safety in CWP.

- The Trust has invested in **Quality Surveillance Support Managers** who will provide localities with support for monitoring quality of care so that any positive changes can be spread and enhanced and any potential dips can be managed at an early stage to better safeguard quality. They will do this by evaluating themes across quality and performance information, including recommendations following a review of incidents. This will help to improve learning from current and previous experience of health care delivery to **further improve patient care.**

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

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

- The Trust's Quality Committee has endorsed the distribution of *British Medical Journal* **quality improvement licences to 100 staff** across the Trust to provide staff with **recognised improvement methodology tools.** This will **enable learning opportunities** from the results of quality improvement work to increase the ability to **share best practice** and to **learn** when things do not deliver hoped for improvements.

- A **"Your good ideas"** has been added as a quick link on the Trust's Intranet page for staff. These ideas will be considered by a panel to make a decision on whether they will be developed further and receive any development funding. This will help to **spread innovative practices that improve outcomes for people using the Trust's services**.

***Patient Experience* priority for 2014/15 –**
Achieve a continuous improvement in people's experience of healthcare by promoting the highest standards of caring through implementation of the Trust's values

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

- Following **feedback from patients** and **valuable learning from the Care Quality Commission**, the Trust's policies in relation to admission, discharge and transfer of care are being reviewed to ensure that the Trust **improves people's experience in relation to co-ordination of their care**.

- **CWP has signed up as a pilot Trust for 'Care Connect'.** In conjunction with routine learning from experience, feedback and complaints, this will help to **identify actions to improve key areas,** including appropriateness and effectiveness of communication.

IMPROVING OUTCOMES FOR SERVICES USERS BY SUPPORTING RECOVERY

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

Parliamentary Under Secretary of State at the ***Ministry of Justice*, Jeremy Wright**, and **Chester MP Stephen Mosley** have praised the **drug and alcohol team** for the work they do to support people in the community. The visit took place at **Aqua House in Boughton**.

It included a tour of the facilities which include:

- Nursing support;
- Healthy living advice;
- Mental health support;
- Hospital liaison;
- A range of partnerships including work with local hostels and other voluntary groups.

Also in attendance were partners from Cheshire Police.

Jeremy Wright stated:

> *"I've been really impressed by the work of Aqua House. Helping people with drug and alcohol addiction is important for all of society. It is particularly important for those at risk of entering a downward spiral into prison and those who are trying to get themselves back on the straight and narrow after a period in prison. The staff at Aqua House are **transforming lives** and it's been inspiring to meet the beneficiaries of the work they do."*

Stephen Mosley added**:**

> *"Drug and alcohol addiction is a great challenge – for the individuals involved, their families and for all of society. Overcoming it requires passionate and **tailored intervention** at facilities like Aqua House."*

Tony McLeod, Clinical Service Manager for CWP said:

> *"We were delighted to receive a visit from the Minister of Justice and the local MP to our Chester team. We talked about the recent changes to the way the Trust delivers its services for people in West Cheshire, which enables us to work more effectively and holistically to deal with the challenges people with addictions face. We now have an exciting mix of **recovery services** including **physical health, mental health and wellbeing interventions** which enable our clients to integrate back into communities and lead better lives."*

Public Health England chose to highlight a series of **best practice** examples on the **"Recovery Resources"** website that demonstrate how commissioners and providers are putting the national drug strategy outcomes into practice at local level. One of the articles was in relation to the dedicated over-the-counter (OTC) and prescription-only medicines (POM) substance misuse practitioner from within the **Wirral Drug and Alcohol Service**.

Part of the practitioner's role is to:

- Run campaigns in GP surgeries and pharmacies, highlighting what the **drug and alcohol service** provides.
- Once service users are identified, a three-way conversation is held between the practitioner, service user and their GP, where a **package of care** is developed collaboratively.
- Offer to service users' **psychosocial interventions** such as motivational interviewing and cognitive behavioural therapy, as well as support in managing anxiety and triggers.
- Arrange residential and community detox, alternative prescribing and access to support groups.

With its **20-year history** of working with GPs, the drug and alcohol service has **strong working relationships** with the area's GP surgeries. It also works closely with local pharmacies, voluntary sector organisations, mutual aid, other support groups and the local pain clinic.

Since the creation of the post in 2010, the OTC and POM substance misuse practitioner has:

Seen 205 people. Of these…
64 have been ***discharged drug free*** and
23 **transferred** to either another substance misuse practitioner or agency.
The remainder have either returned to their GP having **reduced the medication they are taking** or **transferred to medication that still manages their pain but has a reduced risk of misuse or dependency.**

Early Intervention (EI) in Psychosis is one of the most evidence based specialties in psychiatry and is an approach focused upon supporting and treating those people experiencing symptoms of psychosis for the first time; most commonly occurring in the late teens to early years of adulthood. ***CWP EI Team*** is part of a prevention and recovery model of mental health services, providing interventions that successfully span this critical period of life development.

Optimism, **hope of recovery**, **family support**, **holistic care** and a **reduction in stigma** associated with mental illness are at the centre of the specialty's values. The importance of early intervention in psychosis services and the interventions available with such teams for service users is recognised in the updated *NICE* guidance for psychosis and schizophrenia for adults (2014) and the new *NICE* guidance for psychosis and schizophrenia for children and young people (2013).

The approach used is similar to that seen in many physical health conditions such as heart disease or diabetes; where support and treatment starts earlier on in the course of an illness, reducing the chances of longer-term effects. It can help to think about it working in the same way as heart disease, where the symptoms of mild chest pain would be treated, rather than waiting for a heart attack to happen. By **providing individualised specialist treatments** early on and in a timely manner, the **long-term effects can be minimised or avoided entirely**, so that the people can **enjoy a healthy and fulfilling life**.

Duration of Untreated Psychosis (DUP) within EI Services represents the delay between the onset of psychosis and accessing appropriate services. The DUP has been shown as an indicator of prognosis, with **a longer DUP associated with more long term disability**. Nationally EI Services are being monitored on a 3 month 'median' (average) DUP, however within the CWP EI Teams, the average DUP for each locality falls well below this, indicating **a better prognosis.**

Median DUP National Target = <90 days		
East EI Service <49 days	West EI Service <60 days	Wirral EI Service <23 days

100% of service users accepted into EI Services are offered ***psychological therapy*** at their point of access into the service. Psychological therapy is delivered either by appropriately trained members of the team, or by the Clinical Psychologist. Cognitive Behavioural Therapy (CBT) is the most commonly used psychological intervention.

Family interventions are used across the EI services. ***East EI Service*** recorded that over ***70%*** of people using their services are involved in a family intervention. The ***West EI Service*** has developed an eight week programme aimed at carers of clients which enables them to access information about psychosis within a group environment. Carers provided the following feedback:

"I realised how much my husband had improved and had lost sight of his progress until I talked about it"

"I listened to other people's stories and realised that I was not on my own"

"The group helped my understanding of mental illness."

Wirral EI Service are currently in the process of providing ***in-house training*** to 9 members of staff on ***Behavioural Family Therapy*** (BFT) to increase availability to more families.

QUALITY SUCCESS STORIES

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

Patient Safety News

CWP has recognised the importance of continuous improvement and has invested in ***#CWPZeroHarm***.

Zero Harm is an aspiration of "continuously improving the quality of care by tackling unwarranted risks and variation". CWP has taken the following actions in relation to the implementation of Zero Harm:

- ***Quality Surveillance Support Managers*** have been appointed in each locality to provide teams with the information they need to support the needs of their local communities better.
- A Trustwide ***physical health lead*** is being recruited to, in order to promote the delivery of the right care, promote shared decision making and support staff with effective care planning.
- Each locality is now able to access the ***CRAC (complex recovery and assessment) team***. The CRAC team support complex cases, to reduce length of stay on acute wards and out of area placements.
- ***Education*** and ***training opportunities*** will be made available as part of #CWPZeroHarm including courses on ***Human Factors*** and ***care planning***.

Dr Anushta Sivananthan, **consultant psychiatrist and medical director** says:

*"CWP wants to respond **proactively** to national reports including Francis, Keogh and Berwick by promoting the **highest safety standards** across the Trust and ensuring that we harness all of your good ideas. Our aim is for the maximum number of people to achieve **good outcomes** and **positive recovery**, with the smallest number of people experiencing adverse outcomes.*
*You may have seen the national 'Sign up to Safety' scheme, which sets the acute sector a target of a 50% reduction in incidences of avoidable harm. Our **#CWPZeroHarm** campaign is in the same spirit. We have set a CWP target of continuous improvement over the next three years.*
Zero harm is one of two main themes in the Trust's Strategic Plan for 2014-19, so you will hear a lot more about it in the coming weeks, months and years!"

Clinical Effectiveness News

Rosewood Integrated Services has been shortlisted and are now a finalist in the **Nursing in Mental Health** category for this year's *Nursing Times Awards*. **The award recognises individuals or teams who have developed initiatives that have improved the delivery of mental healthcare.** The finalists are from both NHS and independent organisations from any care setting. All finalists have demonstrated the benefits of their work in terms of *improved quality of life* or *increased independence* of their patient or client group.

The Rt Hon Norman Lamb, Minister of State at the Department of Health recently visited the West locality's **Integrated Physical Health Teams** and chose to present a patient story at the *NHS Confederation* around the value of the Ellesmere Port Integrated team.

During the *NHS Confederation* conference, **Norman Lamb** mentioned the integration pioneers, who are staff from integrated initiatives across the country who are leading the way for pioneering coordinated care saying they have been given *"a licence to do things differently".*

Over recent years there has been a massive change in the way in which drug and alcohol problems are addressed in Merseyside, and this has led to **a recovery revolution** in the area. The ***Merseyside Recovery Awards*** recognise and honour the people of Liverpool, Wirral, Knowsley and Sefton who have made this happen.

Annie Lynn, Alcohol Associate Practitioner at CWP, was honoured at the Merseyside Recovery Awards 2014 for her **outstanding creativity in service delivery**. The award was for her ***'Footsteps to Recovery'*** – a visual project providing inspiration to service users seeking support for substance misuse.

The ***'Footsteps to Recovery'*** project consists of positive messages and images being placed by service users on the walls throughout the treatment and waiting areas of the Trust's ***Stein Centre***, highlighting what can be achieved by finding a route to recovery. Annie added:

> *"From the feedback we've received, 'Footprints to Recovery' has been able to inspire people who have previously become stuck in their recovery journey and this has assisted them in moving forward. The project has service user involvement, gives hope to new and existing clients and is visually inspiring to all who see it."*

"*Methadown May*" – Wirral Drug & Alcohol services introduced the idea of service users committing to a small reduction in their methadone prescription as a way to start looking at longer term reductions and a move closer towards abstinence where appropriate. A total ***reduction of 54 litres*** during the month of May was achieved.

Pictured to the left are staff from the ***Shared Care and Recovery Team***.
Left to right on the back row, ***Colin Tyrer, Paddy Byrne, Dr Pete Whitby***.
Left to right on the front row, ***Danielle Parry, Linda Johnstone, Karen Hoile***.

Patient Experience **News** and **patient feedback**

In May 2014 the ***Care Quality Commission*** received positive feedback on their website in relation to the ***Eating Disorder Service*** and their ***Consultant Psychiatrist, Dr Matthew Cahill*** *(left)*.

"There is very good teamwork to ensure continuity of care and as a service, they are very person-centred in the planning and delivery of individual care. I have been a patient there since 2007. They listen to user views and act on them. Patient involvement in shaping the service is encouraged."

"The Eating Disorder Team at Macclesfield is part of Cheshire and Wirral Partnership Eating Disorder Service. Dr Cahill has clinic at different sites; Macclesfield, Chester and Warrington. I have always gone to Macclesfield but last week had to go to Chester clinic as a 'one-off' instead of Macclesfield. When Dr Cahill asked if my journey had been ok, I commented that it is much easier to get to on the bus than Macclesfield. He straightaway said that I can always see him in Chester from now on if it is easier. He has also given me the choice of staying with the Macclesfield Team as well because I know them or I can transfer all my care to Chester. I think Dr Cahill has really considered me and my needs and that it is commendable that he is so caring and professional at all times."

In June 2014 CWP organised an open afternoon for carers to attend ***Bowmere Hospital***. Carers are vital partners in the provision of mental health and social care services. 1.5 million people care for someone with a mental illness in the UK. That is one in every forty people, or one in four of the UK's six million carers.

Carers are increasingly being recognised for their expertise and knowledge, and the fact that they can be **essential partners in the treatment and recovery processes**. Indeed, caring rarely stops when the person cared for enters acute care services. Carers are often integral to a service user's support system, and their input and support can substantially improve that person's chances of recovery.

The carers event has helped promote ***'Triangle of Care'*** which is a therapeutic alliance between a service user, staff member and carer that ***promotes safety, supports recovery*** and ***sustains well-being***.

Helen Bainbridge, Carer Experience and Recovery Lead, (right) said

"A key achievement from my perspective was to have a range of providers from the Voluntary Sector covering the whole age spectrum and specialists in Mental Health. Organisations included ***Cheshire Young Carers, Cheshire Carer's Centre, Making Space, Alzheimer's Society, Age UK (Cheshire)****……I was present with the* ***Triangle of Care*** *Stand,* ***CAMHS*** *handed out bracelets they had made to carers and* ***Cherry Ward*** *had a fabulous cake stand. I was delighted I managed to attract the* ***full age spectrum of support*** *agencies to attend."*

In quarter 1, CWP formally received ***751 compliments*** from people using the Trust's services, and others, about their experience of the Trust's services. Below is a selection of the comments and compliments received for the specialties across the Trust:

Adult mental health services

"The assessment and outreach team are fantastic. They stand out as a particularly strong element of our experience, my daughter was very anxious about discharge and the staff that supported her made a very stressful time easier to manage."

Physical health – CWP West

"The family nurse partnership programme has helped me a lot through my pregnancy from the start. Helping me become the best parent I can be by myself and since I have given birth my family nurse has educated me about caring for my child in the best way possible and I feel lucky to receive this programme. Thank You!!"

Child & adolescent mental health services

"Thank you for making me feel that I am in fact not alone and I feel that I have finally found someone to talk to."

Learning disability services

"They have met his needs and meet our needs too and provide emotional support."

Drug and alcohol services

"Thanks for the service and advice over the past few months. I've taken on board everything you said. I really appreciate it! Thank you!"

Share your stories

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

Look out for more quality stories in the quarter 2 *Quality Report*

A MANIFESTO FOR BETTER MENTAL HEALTH

The Mental Health Policy Group – General Election 2015

Centre for Mental Health

Rethink Mental Illness.

RC PSYCH ROYAL COLLEGE OF PSYCHIATRISTS

mental health foundation

Mental Health Network NHS CONFEDERATION

mind for better mental health

THE ROAD TO 2020

The challenge and the opportunity for the next Government is clear. If we take steps to improve our nation's mental health, we will improve the lives of millions of people across England.

More people are becoming more ill and are unable to access support when they most need it. Without a clear commitment to action, we will store up problems for the future, both in terms of our public finances and the lives of future generations.

We call on all parties in England to make a positive commitment to value our mental and physical health equally. This manifesto sets out five specific areas where significant improvement is needed.

ENSURE FAIR FUNDING FOR MENTAL HEALTH SERVICES

Funding for mental health services has been cut in real terms for three years in a row. Mental health problems account for 23% of the total burden of disease. Yet despite the existence of cost-effective treatments it receives only 13% of NHS health expenditure. Huge proportions of people with mental health problems get no treatment at all (only a third of people with depression) and even fewer get the right treatment. Demand is rising, and will continue to do so – by 2030 there will be approximately two million more adults in the UK with mental health problems than there are today.

Mental health services must be equipped to respond to increasing demand and able to tackle unmet need. To achieve this, we need to rebalance the NHS budget to ensure mental health care for children and adults receives the level of investment needed to improve outcomes. As a minimum, mental health services must see real terms increases in investment in each year of the next Parliament.

But mental health services are already disproportionately disadvantaged. To begin to redress this imbalance, additional funding should also be made available from 2015/16, to support a range of improvements, including the implementation of the Crisis Care Concordat; introduction of maximum waiting times for a range of mental health services and implementing the recommendations of the Francis and Winterbourne reports in mental health settings.

All national and local decisions – including funding – must be consistent with legal requirements to promote both the mental and the physical health of every citizen, often referred to as 'parity of esteem'. Funding decisions must be supported by a thorough assessment of their potential impact on parity, as well as by transparent methods of monitoring and reporting.

Commit to real terms increases in funding for mental health services for both adults and children in each year of the next Parliament.

Commit to ensuring that national funding decisions are assessed for impact on the existing legislative commitment to both mental and physical health.

GIVE CHILDREN A GOOD START IN LIFE

It is critical to children's mental health and resilience that they should have a secure relationship with their primary caregiver, which starts to develop in the earliest days of life. However, more than one in ten women will experience mental health difficulties during and after pregnancy, which often go unrecognised and untreated. Without the right support and specialist help, it can be difficult for them to form a secure bond, which can have a significant impact on the baby, the family and life outcomes for the child. We want women to have universal access to mental health support during and after pregnancy. The Government must send out a clear message to the NHS and local authorities in England that it expects to see these services in place, in part by ensuring measurable objectives are included in the next NHS Mandate.

Schools have a golden opportunity to protect and promote children's mental health at the same time as helping children attain good educational outcomes. Children with mental health problems can easily fall behind in school and the consequences of this are profound.

We need the Government to mandate and support all schools to protect and promote children's wellbeing. This should include placing mental health on the curriculum, skilling up teachers and school nurses in child development and ensuring that local child and adolescent mental health services (CAMHS) offer timely, engaging mental health support for children who need it.

Evidence-based parenting programmes can be highly cost-effective for children with behavioural problems, costing an average of just £1,300 per child, and can improve the wellbeing of the whole family as well as the life chances of their children. We call on the next Government to commit to invest, across the nation, in parenting programmes for families who need them.

Ensure all women have access to mental health support during, and after, pregnancy by committing to include measurable objectives in the NHS Mandate following the General Election.

Commit to raising awareness of mental health and well-being among young people, by ensuring mental health education forms an enhanced part of the PSHE (Personal, Social and Health Education) curriculum.

Commit to ensuring mental health education forms a key part of training for teachers and school nurses.

Commit to investing in parenting programmes across England.

IMPROVE PHYSICAL HEALTH CARE FOR PEOPLE WITH MENTAL HEALTH PROBLEMS

People with mental health problems can have extremely poor physical health outcomes. It is one of the starkest health inequalities in our society that despite extensive evidence that people with serious mental illness are at risk of dying, on average, 20 years prematurely, we are not proactively seeking to close this gap. One in three of the 100,000 'avoidable deaths' every year happen to people with mental health problems. Compared with the general population, people with serious mental illness experience:

- Twice the risk of diabetes.
- 2-3 times the risk of hypertension.
- 3 times the risk of dying from coronary heart disease.
- A 10-fold increase in deaths from respiratory disease for people with schizophrenia.
- 4.1 times the overall risk of dying prematurely (than the general population aged under 50).

People with mental illness face increased risk of developing chronic physical health problems, due in part to side effects of medication such as anti-psychotics. But many of these premature avoidable deaths are in part the result of poor care which fails to monitor and respond to risk factors such as smoking and obesity. Yet despite these poor outcomes, the NHS is not providing the care people need. For example, only half of people taking anti-psychotic medication routinely have their weight checked, despite the risk of rapid weight gain.

Some say this issue is simply 'too difficult' to tackle, but the stark reality is that we could easily save thousands of lives with simple, cost-effective solutions. These include small things like offering targeted support to give up smoking and ensuring GPs carry out physical health checks on people with mental health problems and act on the results. It is a scandal that the system does not currently ensure that all citizens are the recipients of a basic duty of care.

We call on the next Government to:

Ensure that the current 18.5% target for smoking reduction by 2015 applies equally to people with mental health problems.

Introduce a quantified national reduction in premature mortality among people with mental health problems.

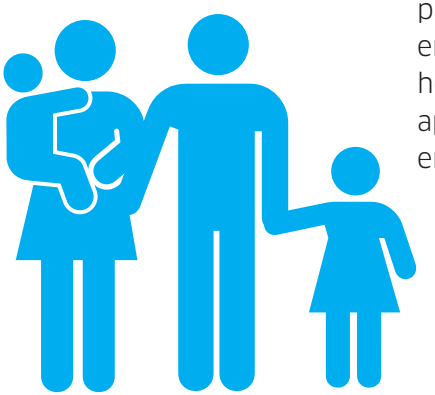
IMPROVE THE LIVES OF PEOPLE WITH MENTAL HEALTH PROBLEMS

Stigma and discrimination affect 9 out of 10 people with mental health problems, restricting people's working lives, curtailing their social lives and relationships and leading to social isolation. At its worst, the stigma people face can cause them to give up on life.

Time to Change, England's biggest programme to challenge mental health stigma and discrimination, run jointly by Mind and Rethink Mental Illness, is seeing results and more people are now able to live discrimination-free lives. But changing attitudes is the work of a generation, and funding for Time to Change stops in March 2015 leaving a real chance that hard-won gains may be lost. We call on the next Government to commit to supporting Time to Change over its five year term.

Being in paid work can be a critical factor in supporting recovery from mental health problems, yet for too many people this means being out of work. Cost-effective employment support can help more people with a range of mental health problems get and keep work and build careers.

The next Government should ensure that people with mental health problems who are out of work are offered integrated health, care and employment support, a model which we know works. This means enabling health and employment services to work together locally using evidenced approaches such as Individual Placement and Support as the basis for employment programmes.



Commit to a continuation of government funding for the Time to Change programme over the 2015-20 period.

Commit to offer integrated health and employment support to people with mental health conditions who are out of work and seeking employment.

ENABLE BETTER ACCESS TO MENTAL HEALTH SERVICES

Only a third of people with depression get any help, and even fewer get the full range of recommended NICE treatments. Only 65% of people with schizophrenia receive treatment, and again, not the full NICE-recommended treatment. The NHS Constitution gives people the right to access NICE-recommended treatment but currently excludes the majority of mental health treatments. Government should commit to increasing access to mental health services so that everyone gets the support they need to recover.

The NHS Constitution also provides the right to start treatment for most health problems within 18 weeks – in certain circumstances, such as suspected cancer, guaranteed waiting times are even shorter. But these rights do not extend to people accessing non-consultant-led mental health services, which includes, for example, the majority of talking therapies. We should not have to wait any longer for access to treatment for a mental health problem than we do for a physical health problem. Many people are experiencing unacceptable waits to access talking treatments, and struggle to access appropriate care in a crisis.

We should be intervening earlier to prevent mental health problems getting worse, but mental health services are too often left to pick up the pieces too late. We call on the next Government to mandate the creation and delivery of a clear, transparent programme to introducing maximum waiting times to mental health services. This will help to ensure that people have timely access to essential mental health services such as early intervention in psychosis, talking therapies and crisis care. The NHS Constitution must be amended to ensure equivalent access rights to mental health treatment, within appropriate maximum waiting times. Rights should apply to a broad range of mental health services, including talking therapies.

In particular, everyone, including children and young people, should have safe and speedy access to quality crisis care 24 hours a day, 7 days a week. All hospitals must have comprehensive liaison psychiatry services on hand around the clock. The next Government must ensure they maintain commitment and momentum around implementing the Crisis Care Concordat, including ensuring that physical restraint is only used on people with mental health problems safely, appropriately and as a last resort.

We must ensure that people coming into contact with the police and the courts get access to the right mental health services. Building on work under this Parliament, we must ensure liaison and diversion services are extended to all police stations and courts in England and Wales. It is essential that mental health services are inclusive to all. There are no ‘hard to reach’ people but all too often outcomes for people with complex needs, older people, black and minority ethnic communities and disabled people are unacceptably poor.

Commit to a clear, transparent programme for introducing maximum waiting times for mental health services, and amend the NHS Constitution to embed these during the next Parliament. These actions must be guided by the best outcomes for people using mental health services and not short-term affordability.

Commit to continued momentum around the Crisis Care Concordat including comprehensive liaison psychiatry services on hand around the clock in every hospital.

Commit to continue funding for a national network of liaison and diversion mental health services, working with police and the courts.

THE CASE FOR CHANGE

Investing in our economy

- Poor mental health carries an economic and social cost of £105 billion a year in England. The business cost of mental ill health among the UK workforce is £26 billion.

Improving individual lives

- By 2030 there will be approximately 2 million more adults in the UK with mental health problems than there are today.
- The level of unmet need is high. Currently, just 25% of adults experiencing depression and anxiety related problems get any treatment. Only 65% of people with psychotic disorder are thought to access treatment.
- Referrals to mental health services continue to increase. Monthly referrals to community mental health teams were up 13% in 2013, and up 16% for crisis services.
- Investment in mental health services has fallen in real terms for three years in a row. Mental health problems account for 23% of the total burden of disease. Yet, despite the existence of cost-effective treatments, it receives only 13% of NHS health expenditure.
- Between 10% and 16% of working age people with a mental health condition, excluding depression, are in employment. However, of the vast majority of people with mental health problems want to work.

- Around 70% of people accessing homelessness services have a mental health problem.

- Nearly nine out of ten people with a mental health problem say they have faced stigma or discrimination. Since Time to Change began, the average level of discrimination that people with mental health problems report has dropped by 5.5%, and public attitudes towards mental health have improved by 3.6%.

- People with a mental illness are almost twice as likely to die from coronary heart disease as the general population, four times more likely to die from respiratory disease, and are at a higher risk of being overweight or obese.

- A third of the 100,000 annual 'avoidable deaths' amongst the under 75s involve someone with a mental health problem.

- Between 4,000 and 4,500 people take their own lives in England each year.

Supporting future generations

- Around one in ten children aged between 5 and 16 years has a mental health problem.

- 75% of children and young people experiencing a mental health problem are thought to not access any treatment.

- Half of those with lifetime mental health problems first experience symptoms by the age of 14.

- Children with behavioural problems that emerge early in life have the poorest life chances of any group of children, including higher rates of unemployment, imprisonment and premature mortality.

ABOUT THE MENTAL HEALTH POLICY GROUP

The Mental Health Policy Group consists of six national organisations working together to improve mental health, comprised of the Centre for Mental Health, Mental Health Foundation, Mental Health Network, Mind, Rethink Mental Illness and the Royal College of Psychiatrists.

Cheshire and Wirral Partnership NHS
NHS Foundation Trust

Document Reference (2014/15/59)

Report to:	**Board of Directors**
Date of Meeting:	**24th September 2014**
Title of Report:	**Revised Corporate Governance Manual 2014**
Action sought:	**For review**
Author:	**Louise Hulme, Head of Corporate Affairs, Andy Harland, Deputy Director Of Finance**
Presented by:	**Louise Hulme, Head of Corporate Affairs**

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

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

Distribution

Version	Name(s)/Group(s)	Date Issued
1	Audit Committee	2nd September 2014

1. Purpose of the report

This report presents a revised and updated version of the Trust's Corporate Governance Manual (CGM) for review by the Audit Committee prior to being considered by the Board of Directors with a view to approval.

2. Summary

The Corporate Governance Manual has required some revisions and updates further to some previous revisions undertaken in 2012. Non-Executive Director Members of Audit Committee met with Trust officers to discuss the changes to the CGM in July 2014 and the revised manual was presented to the Audit Committee for their approval at the September 2014 meeting .The Audit Committee have approved the revised manual and commend this to the Board of Directors for approval.

3. The Revised Corporate Governance Manual

The Trust's Corporate Governance Manual (CGM) provides a regulatory framework for its business conduct. The key changes to the CGM are detailed below. Other changes not detailed below involve changes to the job titles of a number of members of Trust staff to reflect departmental changes. Please note that there is further formatting work to be undertaken to the CGM due to the size and complexity of the document. This will be finalised prior to final circulation.

Section	Change	Page
Foreword	Change reference from Terms of Authorisation to Licence	Page 3
Definitions	References to legislation (Health and Social Care Act 2012 and Bribery Act 2010)	Page 5
Terms of Reference	Updated ToRs included for • Audit Committee • Quality Committee • Operational Board • Remuneration Committee of the Board of Directors	Page 10 onwards
Delegated Authority - Table B	• Non-Pay Expenditure section: Addition to in year to capital scheme control totals. The original capital programme for the year having been approved by the Board of Directors, whichever is the lower of 10% of the total capital programme approved by Board or £500k • Virements and operational responsibilities • Short term borrowing extended to short and long term borrowing	Page 40 onwards
Standing Financial Instructions	• Updated references to NHS Protect • Updated non NHS income section and 5% threshold of total income requiring approval from Council of Governors • Reference to financial assistance to clarify this is not allowed • Policy on gifts and hospitality updated (in line with MIAA recommendations) • Amendment to policy on virements	• Page 50 • Page 56 • Page 64 • Page 88 • Page 92

Section	Change	Page
Standing Financial Instructions Attachment 1 Overview of European Procurement Legislation	• Removal of outdated thresholds and link to website detailing current thresholds inserted.	• Page 93
Standing Financial Instructions Attachment 2	• Revision to tender waiver request form to reference submission to Supplies department • Addition of requirement to declare any interests	• Page 95
Standing Financial Instructions Attachment 5	• Amendment to Budget Virement Request form to reference	• Page 98
Standing orders for Board of Directors	• Inserted reference to Health and Social Care Act 2012 • Terminology to reflect Trust Licence • Small amendment to division of responsibilities for Chief Executive and Chair • Updated reference to Code of Governance 2014	• Page 99 onwards
Code of Conduct for Governors	• Inserted updated Code of Conduct for Council of Governors (last updated August 2013)	• Page 116
Standing Orders for the Council of Governors	• Standing Orders as per the Constitution inserted.	• Page 128

4. Standing Orders

The small amendments to the Standing Orders will require approval by the Board of Directors as part of the Corporate Governance Manual approval.

5. Communication of CGM changes

It is important to plan effective communication of the changes made to the CGM to ensure that managers are aware of their responsibilities to ensure that they and their team members comply with the requirements set out in the manual. As such, a short programme of communications is planned via CWP essential to ensure that all Trust staff are notified of the changes and where to access the CGM document. An update will also be in included in the 'monthly communication to mangers' briefing to ensure that they are reminded to update their team members on the CGM in team meetings.

To assist with highlighting the key components of the manual and managers' responsibilities, a leaflet will be developed to accompany the revised manual. Managers will also be required to sign a declaration that they are aware of the existence of the CGM and their responsibilities to ensure their own and their teams' compliance.

6. Recommendation

The Board of Directors is recommended to:

- Review and approve the updated Corporate Governance Manual, including the minor changes to the Standing Orders.
- Note and support the process for communicating the updated Corporate Governance Manual
-

Appendix 1 - Corporate Governance Manual (July 2014)

T:\01. BoD Committees\Audit Committee\2014\140903

Cheshire and Wirral Partnership NHS
NHS Foundation Trust

Document Reference (2014/15/60)

Report to:	**Board of Directors**
Date of Meeting:	**24th September 2014**
Title of Report:	**Directors and Governors Register of Interests**
Action sought:	**FOR NOTE**
Author:	**Louise Hulme, Head of Corporate Affairs**
Presented by:	**Louise Hulme, Head of Corporate Affairs**

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

Distribution

Version	Name(s)/Group(s)	Date Issued
1	Audit Committee (January and September 2014)	

Executive director sign-off

Executive director (name and title)	Date signed-off

1. Introduction and background

The requirements for Directors and Governors to identify and declare interests are set out in the Trust's Constitution; the Corporate Governance Manual and in the Governors' Code of Conduct.

In order to assist with the identification and declaration of interests, Directors and Governors are requested to declare their interests upon initial appointment and annually thereafter. There is also the opportunity at each Board of Directors and Council of Governors meeting for Directors and Governors respectively to declare their interests and for the declared interests to be managed appropriately.

Directors and Governors are provided with guidance to inform their declarations. Where Directors and Governors have no declarations of interest, they are asked to provide NIL response.

The Governors register was noted by the Audit Committee at the January 2014 meeting, however at this time, declarations had noted been received from all Governors and the Committee requested for the register to be noted again once completed. The completed register was noted by the Audit Committee at the September 2014 meeting.

The Audit Committee noted the Directors register at the January 2014 meeting. This has subsequently been updated since the appointment of two Non-Executive Directors.

Work is currently underway to improve the format and the process for supporting Directors and Governors to register interests. These changes will be reflected in the presentation of the registers from April 2015.

2. Recommendation to the Board of Directors

The Board of Directors is asked to:

- note the Directors Register of Interests as at September 2014
- note the Governors Register of Interests as at August 2014.

Appendix 1
Directors Register of Interests as at September 2014

Appendix 2
Governor Register of Interests as at August 2014

Cheshire and Wirral Partnership NHS
NHS Foundation Trust

DIRECTOR REGISTER OF INTERESTS
(updated September 2014)

(As per section 7.23 of the Corporate Governance Manual, an annual review of the register should detail any changes to interests declared during the preceding twelve months)

NAME & BOARD DIRECTORSHIP	TITLE	DETAILS OF RELEVANT ORGANISATION	COMMENCEMENT OF INTEREST	LENGTH OF APPOINTMENT
Fiona Clark Non-Executive Director	Tribunal Member, Social Security and Child Support Appeals Tribunals	Tribunals Service, Tribunals Judiciary	January 2003	Permanent
	Tribunal Member, Employment Tribunals	Tribunals Service, Tribunals Judiciary	November 2009	Permanent
	Tribunal Member Mental Health Tribunals	Tribunals Service, Tribunals Judiciary	July 2013	Permanent
	Advisor	Tuberous Sclerosis Association	July 2009	Permanent
Dr Faouzi Alam Medical Director – Effectiveness, Medical Education & Medical Workforce	Nothing to Declare			
Dr James O'Connor Non Executive Director	Sister has company 'Catch On' operational in South England (no pecuniary interest)	Catch on	N/A	Ongoing
Lucy Crumplin Non-Executive Director	Director	Tiger Bright Ltd (consultancy)	August 2013	On-going

NAME & BOARD DIRECTORSHIP	TITLE	DETAILS OF RELEVANT ORGANISATION	COMMENCEMENT OF INTEREST	LENGTH OF APPOINTMENT
Sheena Cumiskey Chief Executive	Member	Chair of the Board of the NHS North West Leadership Academy	22 February 2010	Ongoing
	Member	Health Education England North West Board	2013	On-going
	Member	North West Coast Academic Health Science Network	2013	On-going
Avril Devaney Director of Nursing, Therapies and Patient Partnership	Trustee Of Jamie Devaney Memorial Fund	Charity supporting mental health care in Uganda	March 2013	Ongoing
David Eva Chairman	Company Secretary (non remunerated)	ECCL Ltd	January 2004	Concluded January 2014
	National Officer for Regional Coordination.	UnionLearn	April 2006	On-going
	Wife is Director/Daughter employee	Mobat Ltd	April 2011	Concluded January 2014
	Wife is Director	HHM Design Ltd	January 2014	On-going
Ron Howarth Non-Executive Director	Non-Executive Director	Cheshire Area Probation Trust	1 April 2010	Concluded July 2014

NAME & BOARD DIRECTORSHIP	TITLE	DETAILS OF RELEVANT ORGANISATION	COMMENCEMENT OF INTEREST	LENGTH OF APPOINTMENT
	Non-Executive Director and Chair of Audit - Cheshire & Greater Manchester Community Rehabilitation Company Ltd	Organisation currently in public ownership & providing community based offender management services for Cheshire and Greater Manchester	12th May 2014	On-going
Mike Maier Non-Executive Director (Chair of Audit Committee)	Head of finance shared services,	Home Delivery Network Ltd	August 2011 -	Concluded November 2013
Dr Anushta Sivananthan Medical Director – Compliance, Quality & Assurance	Nothing to declare			
Andy Styring Director of Operations	Nothing to declare			
Tim Welch Director of Finance	Nothing to declare			
Rebecca Burke Sharples Non-Executive Director	Spouse (Alan Sharples) is a NED/ Chair of Audit Committee (currently in 2nd term of office).	Walton Centre NHS Foundation Trust	Appointed 2011	Ongoing
	Vice Chairman of the Board of Trustees	North of England Zoological Society aka Chester Zoo	Began 2009	Ongoing

Cheshire and Wirral Partnership NHS
NHS Foundation Trust

GOVERNOR REGISTER OF INTERESTS

APRIL- MARCH 2014/15

NAME	DECLARED INTEREST/S	DATE
Nick Ankers Service User and Carer Governor	Member of Charity Head Injured People in Cheshire (HIP)	4/11/13
Laurie Van Niekerk Staff Governor Medical	NIL	5/11/13
Phil Gilchrist Partnership Governor Wirral Metropolitan Borough Council	Member of Wirral Borough Council	5/11/13
Ken Wilson Partnership Governor Universities	Director of CLRN Associate Medical Director for Effective Practice	6/11/13
Rob Robertson Public Governor Cheshire West and Chester	Chair - West Cheshire Mental Health Alliance (Voluntary Sector Forum)	6/11/13
Deborah Bennett Service User and Carer Governor	Head of Strategic Planning at East Cheshire NHS Trust	6/11/13
Brenda Dowding Partnership Governor Cheshire West and Chester Council	COUNCILLOR WITH CHESHIRE WEST & CHESTER BOROUGH COUNCIL CHAIR OF CHESHIRE WEST & CHESTER HEALTH & WELLBEING BOARD	9/11/13
Richard Harland Service User and Carer Governor	NIL	11/2013

NAME	DECLARED INTEREST/S	DATE
John Wray **Partnership Governor Cheshire East Council**	**NIL**	**12/11/13**
Michael Robinson **Public Governor Cheshire West and Chester**	**NIL**	**13/11/13**
Peter Wilkinson **Public Governor Cheshire East**	**I am a Registered Mental Health Nurse and work several shifts for CWP as a bank nurse**	**20/11/13**
Ann McGrath **Service User and Carer Governor**	**Member and Volunteer Alzheimer's Society**	**6/12/13**
Ferguson McQuarrie **Service User and Carer Governor**	**Volunteer**	**6/12/13**
Eddie Salisbury **Public Governor Wirral**	**People**	**6/12/13**
Jill Doble **Staff Governor Therapies**	**NIL**	**6/12/13**
Derek Bosomworth **Public Governor Cheshire East**	**NIL**	**6/12/13**
Anna Usherwood **Service User and Carer/ Lead Governor**	**NIL**	**6/12/13**

NAME	DECLARED INTEREST/S	DATE
Phil Jarrold **Service User and Carer Governor**	**Attend various carer and service user groups run by third sector organisations, including** **- Bi Polar UK** **- Making Space** **- Open Minds etc**	**13/12/13**
Val McGee **Staff Governor Non Clinical**	**NIL**	**16/12/13**
Maurice Lea O'Mahoney **Partnership Governor Staff Side**	**NIL**	**16/12/13**
Brenda Jones **Service User and Carer Governor**	**Involvement work with the CQC**	**16/12/13**
Steven Buckley **Staff Governor Therapies**	**NIL**	**17/12/13**
Stanley Mayne **Public Governor-Wirral**	**Wirral LINk** **Liverpool LINk** **West Kirby PPG** **Liverpool Prison** **BME Mental Health** **Membership Groups:** **Social Partnership** **Hope Club- Drug & Alcohol Community Programme**	**23/12/13**

NAME	DECLARED INTEREST/S	DATE
Brian Crouch **Service User/ Carer Governor**	**NIL**	**April 2014**
Iain Stewart **Partnership Governor - Wirral CCG**	**Spouse is Head of Contracting at Wirral University Teaching Hospital, NHS Foundation Trust**	**April 2014**
Pam Smith **Partnership Governor – West Cheshire CCG**	**Lay member on governing body of West Cheshire Clinical Commissioning Group** **Director of Pam Smith Consultancy Ltd** **Board member of Care Plus, a subsidiary company of Housing Plus group in Staffordshire** **AQuA Associate** **Ripfa Associate** **Advisor to CQC**	**June 2014**

Cheshire and Wirral Partnership NHS
NHS Foundation Trust

(Document Reference: 2014/15/61)

Report to:	**Board of Directors**
Date of Meeting:	**24th September 2014**
Title of Report:	**Update on Equality and Diversity activity**
Action sought:	**For Noting**
Author:	**Andrea Hughes Associate Director of Nursing and Therapies**
Presented by	**Avril Devaney, Director of Nursing Therapies and Patient Partnerships**

Strategic Objectives that this report covers:

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

Distribution

Version	Name(s)/Group(s)	Date Issued
	Andrea Hughes on behalf of Avril Devaney, Director of Nursing, Therapies and Patient Partnership	12th September 2014

1. Purpose of the report

This report is to update the Board on the progress in relation to work around equality and diversity. The report provides details of our current performance, how the trust is meeting its legal obligations, on going work to date, identified challenges and sets key actions for moving forward.

2. Background

The Equality Act (2010) brought together existing legislation and frameworks that relate to discrimination and inclusion. The spirit of the Act is intended to recognise that people are all different and everyone has characteristics about them that mean they may be subject to discrimination or exclusion. The Act clarifies characteristics that lead to discrimination and places a duty on public sector organisations to eliminate unlawful discrimination and promote equality between people who have protected characteristics and those who do not. The characteristics are;

- Age
- Disability
- Gender
- Gender Reassignment (Trans)
- Marriage/Civil Partnership
- Pregnancy/Maternity
- Race
- Religion or Belief (including lack of belief)
- Sexual Orientation

The Equality and Human Rights Commission (EHRC) is the body that is charged with ensuring the Act is complied with and has similar powers to the CQC. As future guidance emerges from the EHRC the Trust will incorporate it into plans and actions around equality:

3. Progress

Equality Delivery System Assessment 2

The main purpose of the EDS was, and remains, to help local NHS organisations, in discussion with local partners including local people, review and improve their performance for people with characteristics protected by the Equality Act 2010. By using the EDS2, NHS organisations can also be helped to deliver on the public sector Equality Duty (PSED).

Local community network groups were invited to attend CWP NHS Equality Delivery System Reviews across the Trust in January 2014. The events were designed to allow key community partners across the Trust to undertake and contribute to assessing performance by CWP in their strategic implementation of the Equality Delivery System (EDS2).

Organisations had been chosen for their location and expertise within the communities in which they serve; all organisations involved provide services for groups classed under the nine equality 'Protected Characteristics' of the Equality Act 2010.

The events involved presentations from locality services to local community network groups and provided opportunities for them to ask questions of CWP Team and Service Managers. CWP also provided files of evidence produced by respective services to pinpoint their strategic successes against the EDS2 and thereafter to rate and scale the CWP Trust performance against the EDS2 rating scale.

The assessment rating scale is graded using 4 levels underdeveloped, developing, achieving and excellent; the assessment panel concluded that each service line was **developing** with some elements of achieving.

Responses and actions to the Equality Delivery System 2 (EDS2) assessments will be developed and embedded in some business plans completed by the clinical service units to improve services to services users that help support delivery of personal fair diverse services and monitored via the diversity framework.

Responses to the Equality Delivery System 2 (EDS2) assessment will be developed and monitored via the diversity framework.

Diversity Framework
The Trust Diversity Framework continues to develop and embed into the locality structure. Each locality has established a locality wide Personal Fair and Diverse Group, the three groups are currently at different stages of maturity and effectiveness. The purpose of the locality groups is to respond to the EDS2 assessment and drive improvement in the EDS2 and provide assurance to the Trustwide group of the quality of equality and diversity in their local services. Representatives from these groups form the Trust wide Equality & Diversity Group.

The Trust Wide Group provides oversight to the implementation of the Equality and Diversity agenda and acts as communication hub for work and best practice as well as act as a conduit for the identification of any risks that need escalating from an equality governance perspective.

The Trust wide Group reports to the Performance and Compliance Sub Committee and the Workforce and Organisational Development Sub Committee.

Work with our seven key third sector partners to work with in relation to diversity work continues to develop. The partners are:

- Age UK
- Deafness Support Network
- Irish Community Care Merseyside
- Lesbian and Gay Foundation
- National Autistic Society
- North West Interfaith Forum
- Transforum

The Impact of change in commissioning landscape
The 2014/15 Contract Guidance recommended that commissioners' service specifications should clearly set out requirements for protected groups where there is a need to do so. Contracts and service specifications may also encourage providers to recruit, retain and develop a workforce with the appropriate skills and competencies to deliver what is required, in support of the Care Quality Commission's essential standards.

Through their contract monitoring, commissioners can ensure that providers are working towards better health outcomes for all and improved patient access and experience. The EDS2 can provide a tool to flag issues of concern that can be dealt with through the contract monitoring process

Quality Contract Equality & Diversity Reporting Schedule
A number of equality and diversity quality requirements have been set and an reporting template complied by the Senior Governance Manager (Equality & Diversity) Cheshire & Merseyside Commissioning Support Unit. The template is updated by the Trust and monitored by the Senior Equality & Diversity Governance Manager for Commissioning Support Unit on a quarterly basis.

Trust Diversity Information
The Trust has published a variety of reports to meet both its statutory and contractual obligations: all of these reports can be found on the CWP website.

- Equality and Diversity Monitoring 2013
- Service User Equality Data

Interpretation & Translation
In order to meet the needs of service users whose first language is not English, the Trust has a varied list of recognised service providers in place to meet interpretation and translation requirements. This includes telephone interpretation, face to face interpretation, written translation, British Sign Language, Easy Read, Audio, Braille and Large Print.

The Trust has recently complied 2 documents Best Practice Guidance for Booking Interpretation and Translation Services and a Flowchart /Pathway to assist service lines and staff with the process of booking the appropriate interpretation and translation service.

The CWP website has the BrowseAloud facility which adds speech, reading and translation support to the Trust website facilitating access and participation for those people with print disabilities, dyslexia, low literacy, mild visual impairments and those with English as a second language.

Equality Impact Assessments
Equality Impact Assessments are completed on all CWP policies strategies and proposed changes to services.

Challenges identified 2014/15

- CWP may not be able to provide robust data to measure equality and determine priorities and drive improvement
- The impact of locality structures will be that the implementation of EDS2 is at varying levels of maturity across the organisation.
- Equality and Diversity leads need to work closely with patient involvement leads to avoid overlap or gaps in engagement with groups to address access

The Trust wide group will monitor the actions in response to these challenges which form part of the 4 year action plan previously submitted to the board.

Recommendations

It is recommended that the Board of Directors note;

- The Trust is compliant with the requirements of the Equality Act and the CCGs Equality and Diversity Quality Requirements.
- The progress made in embedding the Equality and Diversity Framework within the locality structure.
- The Governance arrangements to monitor progress of the Trust Equality and Diversity 4 year action plan.