Meeting of the Foundation Trust Board of Directors
Wednesday 30th September 2015
Boardroom, Redesmere, Countess of Chester Health Park
1.00pm

Item no.	Title of item	Objectives/desired outcome	Process	Item presenter	Time allocated to item
15/16/55	Apologies for absence	Receive apologies	Verbal	Chair	1 min (1300)
15/16/56	Declarations of Interest	Identify and avoid conflicts of interest	Verbal	Chair	2 min (1301)
15/16/57	Minutes of the previous meeting held 29th July 2015	Confirm as an accurate record the minutes of the previous meetings	Written minutes	Chair	2 mins (1303)
15/16/58	Matters arising and action points	Provide an update in respect of ongoing and outstanding items to ensure progress	Written action schedule and verbal update	Chair	2 mins (1305)
15/16/59	Board Meeting business cycle 2015/16	Confirm that agenda items provide assurance that the Board is undertaking its duties	Written	Chair	3 mins (1307)
15/16/60	Chair's announcements	Announce items of significance not elsewhere on the agenda	Verbal	Chair	10 mins (1310)
15/16/61	Chief Executive's announcements	Announce items of significance not elsewhere on the agenda	Verbal	Chief Executive	10 mins (1320)

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Item no.	Title of item	Objectives/desired outcome	Process	Item presenter	Time allocated to item
MATTERS FOR APPROVAL/ DECISION					
Strategy					
15/16/62	Corporate Assurance Framework, Risk Register and Integrated Governance Framework	To approve current Corporate Assurance Framework, Risk Register and amended Integrated Governance Framework	Written Report	Medical Director	10 mins (1330)
15/16/63	Quality Report Q1 2015/16	To note the Q1 2015/16 position	Written Report	Medical Director	10 mins (1340)
Measurement					
15/16/64	Board Performance Dashboard – August 2015 data	To review Trust performance	Written Report	Director of Finance	15 mins (1350)
15/16/65	Risk Assessment Framework	To review impact of recent changes	Written Report	Director of Finance	10 mins (1405)
Capability and Culture					
15/16/66	Equality Act compliance	To note Trust obligations and compliance	Written Report	Director of Nursing, Therapies and Patient Partnership	10 mins (1415)
15/16/67	Caldicott 2 and Information Governance progress report	To update the Board on implementation of requirements	Written Report	Medical Director	10 mins (1425)

Item no.	Title of item	Objectives/desired outcome	Process	Item presenter	Time allocated to item
Process and Structures					
15/16/68	Daily Ward Staffing figures (July and August 2015)	To note the Daily Ward Staffing Figures	Written Report	Director of Nursing, Therapies and Patient Partnership	10 mins (1435)
15/16/69	Learning from Experience executive summary report	To note current position	Written Report	Director of Nursing, Therapies and Patient Partnership	10 mins (1445)
15/16/70	Infection, Prevention and Control Q1 2015/16 report	To note the Q1 2015/16 report	Written Report	Director of infection, Prevention and Control	10 mins (1455)
15/16/71	Emergency Planning Annual Report 2014/15	To note the 2014/15 Annual Report	Written Report	Director of Operations	10 mins (1505)
Governance					
15/16/72	CQC statement of purpose – amended position	To review changes to the statement of purpose	Written Report	Medical Director	5 mins (1515)
15/16/73	Audit Committee reporting: • Chair's Report of meeting held 1st September 2015	Review Chair's Report and any matters for note/ escalation	Written	Chair of Audit Committee	5 mins (1520)

Item no.	Title of item	Objectives/desired outcome	Process	Item presenter	Time allocated to item
15/16/74	Quality Committee reporting : • Chair's Report of meeting held 2nd September 2015	Review Chair's Report and any matters for note/ escalation	Written	Chair of Quality Committee	5 mins (1525)
15/16/75	Review of risk impacts of items discussed	Identify any new risk impacts	Verbal	Chair/ All	5 mins (1530)
15/16/76	Any other business	Consider any urgent items of other business	Verbal or written	Chair	2 mins (1535)
15/16/77	Review of meeting https://www.surveymonkey.com/s/XN5ZLNC	Review the effectiveness of the meeting (achievement of objectives/desired outcomes and management of time)	Verbal	Chair/All	2 mins (1537)
15/16/78	Date, time and place of next closed meeting: **Wednesday 25th November 2015, 1pm, Boardroom, Redesmere.**	Confirm arrangements for next meeting	Verbal	Chair	1539

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Cheshire and Wirral Partnership NHS

NHS Foundation Trust

Minutes of the Board of Directors Meeting
Wednesday 29th July 2015
Boardroom, Redesmere commencing at 1.00pm

PRESENT	David Eva, Chair Sheena Cumiskey, Chief Executive Dr Jim O'Connor, Non-Executive Director Avril Devaney, Director of Nursing Ron Howarth, Non-Executive Director Mike Maier, Deputy Chair and Non-Executive Director Dr Anushta Sivananthan, Medical Director Andy Styring, Director of Operations Rebecca Burke – Sharples, Non-Executive Director
IN ATTENDANCE	David Harris, Director of HR and Organisational Development Louise Brereton, Head of Corporate Affairs Andy Harland, Deputy Director of Finance Amanda Miskell, Acting Head of Infection, Prevention and Control (for item 15/16/43) Stephen Scorer, Director of Nursing, Therapies and Patient Partnership (Designate) David Wood, Associate Director, Safe Services (for item 15/16/36) Maurice Lea o'Mahoney, Partnership Governor Peter Wilkinson, Public Governor Phil Jarrold, Service User/ Carer Governor Derek Bosomworth, Member of the public Ruth Rogers, Member of the public Janet Atherton, Member of the public Chris Thomas, Member of the public
APOLOGIES	Dr Faouzi Alam, Medical Director Fiona Clark, Non-Executive Director Lucy Crumplin, Non-Executive Director Tim Welch, Director of Finance

		MINUTES	ACTION
15/16/28		**WELCOME AND APOLOGIES FOR ABSENCE** The Chair welcomed all to the meeting. Apologies were noted from Non-Executive Directors, Fiona Clark and Lucy Crumplin and from Executive Directors, Tim Welch and Dr Faouzi Alam. The Chair also welcomed all members of the public gallery.	
15/16/29		**DECLARATIONS OF INTEREST** No declarations of interest were raised by any members of the Board.	
15/16/30		**MINUTES OF THE PREVIOUS MEETING HELD 27TH MAY 2015** The minutes of the meeting held **27th May** 2015 were **approved** as a correct record.	

15/16/31	**MATTERS ARISING AND ACTION POINTS**	
	14/15/122: This currently in progress.	
	15/16/16: This action was discussed at Health, Safety and Well-being sub-committee and will be taken forward. Action closed.	
15/16/32	**BOARD BUSINESS CYCLE 2015/16**	
	The Board noted the business cycle for 2015/16.	
15/16/33	**CHAIR'S ANNOUCEMENTS**	
	The Chair announced:	
	National health awards rank CWP among the best NHS Trusts in the UK	
	The Trust has been named as one of the 100 best places to work in the NHS by trade publication Health Service Journal. CWP was also shortlisted in the Best Mental Health Trust to Work category at an awards ceremony at Birmingham's NIA this week.	
	CWP Community Mental Health Nurse Julie Sheen has also been included in the HSJ's first ever top 50 Patient Leaders list. This award is designed to celebrate the full breadth of patients and citizens' role in healthcare.	
	CWP achieves Workplace Wellbeing Charter Mark Cheshire and Wirral Partnership NHS Foundation Trust has been officially accredited with the Workplace Wellbeing Charter Mark. The Charter Mark, awarded to CWP by independent charity Health@Work, was received by the Trust following a recent inspection in which CWP was able to demonstrate its commitment to the health and wellbeing of its staff.	
	Westminster Surgery expanding under new management Cheshire and Wirral Partnership NHS Foundation Trust (CWP) is now responsible for all services at Ellesmere Port's Westminster Surgery. CWP recently won an NHS England tender, alongside Primary Care Cheshire, to manage services at the Church Parade practice. The surgery will offer GP services, provide access to community mental health services and deliver healthy living support including fitness, diet and nutrition, smoking cessation and substance misuse advice and support.	
	Save the date: 1 October 2015 - CWP's Best Practice event and Annual Members' Meeting CWP is pleased to announce that it will be holding its Best Practice Showcase Event and Annual Members' Meeting (AMM) on 1 October 2015 at the Crowne Plaza Hotel, Chester. The events will take place consecutively, with the Best Practice event in the morning and the AMM scheduled for the afternoon.	
	The Trust's Best Practice event is open to the public and will illustrate some examples of the best work that CWP services have achieved during the past 12 months to improve patient care.	

15/16/34	**CHIEF EXECUTIVE'S ANNOUCEMENTS**	
	The Chief Executive announced the following:	
	CQC	
	The CQC visited the Trust during the week of 22nd June 2015 for a comprehensive inspection. The visit was welcomed by staff enabling them to highlight their areas of good practice. The CQC noted several areas of good practice and some areas which could be improved. One such issue was around services provided in the Saddlebridge unit. The Trust are continuing to implement an action plan following the incident in July 2014 and continue to progress work to ensure our approach is as person centered as it can be. To support with progressing this further, the Trust has arranged a period of additional support from Greater Manchester West Foundation Trust who have significant expertise and experience in running low secure services. This will support CWP to develop further expertise and skills in this area.	
	300 information requests were received during the inspection process, many of which required a 24 hour return which meant that the inspection period and subsequent weeks have been extremely intensive.	
	The next steps of the inspection process are that CQC will be producing a draft report once they have completed the process of consolidating all the information gathered. The CQC have 50 days to produce the draft report following the end of the inspection meaning that the Trust are expecting this by the beginning of September 2015. Upon receipt, the Trust has a 10 day window to complete a factual accuracy check.	
	Financial Position	
	Sheena Cumiskey advised that the Trust is feeling significant impact from the national and local financial position of the NHS. The month 3 position for the Trust shows that we are deviating off track against the 2015/16 financial plan particularly due to income generation and expenditure levels. A financial recovery plan has been agreed operationally to expedite actions to return to the plan. The Trust will also be monitoring the quality impact of the recovery plan and the quality impact assessment process is in progress to monitor this.	
	David Eva commented that the issue of underfunding for the Trust has been ongoing for a significant period of time and there is need for benchmarking information of this and for the Trust to make a public statement on our position and to further discuss with commissioners the level of services that the Trust can provide within the current funding envelope.	
	Action: to produce benchmarking information to understand the impact on underfunding and for Sheena Cumiskey and David Eva write to all key commissioners to request Board to Board meetings with each commissioner to take this forward.	**SC/ DE**
15/16/35	**CORPORATE ASSURANCE FRAMEWORK AND RISK REGISTER**	
	Dr Anushta Sivananthan introduced the corporate assurance framework and the Trust risk register.	
	Dr Sivananthan highlighted to the Board that work has continued to	

	improve the presentation of the assurance framework and the risk register. Further work has been undertaken on re-modelling some of the strategic risks which have been on the register for some time but have been evolving as the nature of the risk has altered over time.	
	The Board noted that the staffing risk and the workforce transformation risk have been reviewed collectively and have been merged with a more robust risk treatment plan. The physical health care risk has updated and there is further work to undertake on linking this to other physical health risks on the risk register.	
	The Quality Committee have requested an in-depth risk review on the data quality risk at the August 2015 meeting. This is in response to some the quality governance framework amber-green rating for the measurement domain.	
	Since the last Board meeting, the number of red risks on the register has decreased from 11 to 10.	
	The Board commended the improvements to the assurance framework.	
	It was noted that the current risk on commissioning and pathways may need to be reworked to take account of the current commissioning picture.	
	The Board resolved to **approve** the report and the amendments to the risk register	
15/16/36	**ZERO HARM STRATEGY14/15 OUTCOMES** The Chair welcomed David Wood to the meeting to present the first year outcomes of the Trust's quality strategy – the zero harm strategy. It was noted that the strategy, developed and approved last year reflected much of the government's recent announcements on approaches to patient safety highlighting the Trust's proactive approach. The zero harm key strategy is a key component of the Trust's strategic plan, being one of two key strategic ambitions for the Trust. David Wood reported on the key year 1 improvements from the strategy. These included: • Increase in the number of no harm incident reporting (near misses), the data from this will now need investigating further for further learning. • A focus on variances and understanding what these mean. • Improvements to compliance visit ratings. These will now be tested further by patient safety walk-arounds. • Good feedback from patient survey and the need to sustain these results. • More than 150 staff trained in human factors who are now 'culture carriers' to try and embed human factors thinking throughout teams. David Wood provided an overview of the areas of focus for Year 2 of the strategy. This will include: • Improving SUI investigatory timeframes. Improvements have been	

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made to this process and initial feedback shows that the quality of investigations is improving which is more important but timeliness continues to be an important consideration due to the impact on families.

- Improving staff training around care planning so that CPA is not a process and becomes more outcomes focussed.
- Through the Trust values work, focusing more on the communication domain of the 6 Cs.
- Improving the Trust approach to quality improvement.

Ron Howarth commended the strategy and the results achieved in year 1 and endorsed the forthcoming work to understanding the incidents of no harm (near misses) and what the Trust can learn from this.

It was noted that a key enabler for the Zero Harm strategy is the People and Organisational Development strategy and the work on Trust values and empowering staff to make meaningful decisions to improve care.

The Board resolved to **note** the achievement of the Year 1 strategy and endorsed the continuing approach set out for year 2 of the strategy.

(David Wood left the meeting)

| 15/16/37 | **BOARD PERFORMANCE DASHBOARD: JUNE 2015**

Andy Harland presented the report and informed Board that the dashboard shows that the position due to be submitted to Monitor is £150k off plan at the end of Q1. Sheena Cumiskey advised that the Board had held a detailed discussion on a financial recovery plan in the closed session which will help improve on the current position and return to close to the planned position.

Performance for the CWP East clinical strategy was queried as KPI 2 is showing a consistent decline and further information was requested to understand what is driving the weaker performance.

Action: Andy Harland to check with Mandy Skelding-Jones.

The Board noted that the dashboard is moving towards empowering localities to identify their progress. A more detailed version goes to the Operational Board. This is supplemented by locality performance reviews where performance is scrutinised in detail along with discussions on improving quality standards in localities.

Mike Maier queried the mixed sex accommodation breach noted in the dashboard. It was noted that CQC are also interested in this issue. There are some issues around definition of what constitutes a breach and the current situation is that the configuration of one of our wards may mean the Trust has technically breached, although practically the configuration was felt to uphold privacy and dignity for patients on the ward. The Trust is working on developing an agreement with commissioners on an exact definition so all are clear on what would constitute a breach that would be reportable outside the organisation. Commissioners are currently understanding of our position and difficulties with the definition at this time. | **AH** |

	The Board noted that performance on IAPT access targets differs significantly between localities and CWP East is experiencing particular issues. Andy Styring advised that this locality is experiencing a high number of referrals and the Trust is looking at the methodology of referrals to ensure that primacy care services are referring appropriately. In west Cheshire, there is more of a primary care focus working with lead GPs potentially meaning the demand is less in CWP West. The Board resolved to **approve** the report and the Board dashboard.	
15/16/38	**Q1 15/15 QUALITY GOVERNANCE ASSESSMENT** Dr Anushta Sivananthan introduced the report and reminded Board members that the quarterly quality governance assessment supports the Q1 declarations to Monitor. The Board noted all domains of the assessment were rated as green with the exception of the measurement domain rated as amber-green. This is resulting from data quality issues identified. These are due for review at the August 2015 Quality Committee meeting. The Board noted that the rating of amber green for the measurement domain does not impact on the overall governance declaration. The Board resolved to **approve** the report and the Q1 quality governance position.	
15/16/39	**Q1 15/16 MONITOR DECLARATIONS AND SUBMISSION** Andy Harland introduced the report setting out the declarations required from the Board for the Q1 submission to Monitor. Andy Harland advised that although the Trust is working through financial recovery actions, the Trust expects to maintain a Continuity of Services Risk Rating of 3. Further to the previous item discussion, the quality governance position for Q1 is green and there are no governance exception issues to raise. The Board **resolved** to **approve** all declarations, to include the two declarations in relation to governance and the continuity of services risk rating declaration.	
15/16/40	**TRUST PROVIDER LICENCE:** • **DECLARATIONS 4, 5 AND 6** Andy Harland advised the Board of further governance declarations required by the Licence. Declaration 4 is the corporate governance statement, declaration 5 related to governance arrangements for (allied health science centres (AHSC) and for major JV arrangements and declaration 6 relates to provision of Governor training. Confirmation of these declarations had been submitted to Monitor in accordance with the deadline of 30th June 2015 and had been presented to Board members prior to the meeting for approval in lieu of the June 2015 Board meeting. The declarations are today formally presented to the Board for completeness. The Board **noted** the previously approved Licence declarations and	

	supporting evidence.	
15/16/41	**COMPREHENSIVE REVIEW OFSTAFFING (SIX MONTHLY REPORT)** Avril Devaney presented the report and advised Board members that six monthly staffing reports have been provided to the Board since January 2014 in line with the requirements of the National Quality Board (NQB). Trusts are now being asked to undertake a review of patient contact time and how much time clinical staff are spending face to face with patients. CWP has already done a review of this in 2012 resulting in the development of the resource manager role to support ward managers with the non-clinical management workload and free up time for clinical duties. A further review of contact time will be undertaken in September 2015 and it is hoped that the benefits of the resource manager posts will be seen in these results. Avril Devaney informed the Board that the Trust was expecting to see a greater impact in recruitment since January 2015 but due to recruitment difficulties and levels of staff sickness, this has not progressed as quickly has had bee hoped. It is therefore not appropriate to look at staffing establishments at this time. This review explores staff perceptions on how things feel on the ward. The general feedback is that ward staff do feel that things are improving. The review also takes into account the benefits of the wider multi-disciplinary team. The Board noted that in terms of numbers of qualified staff, any incidents where there is one registered nurse available on a shift are recorded on datix. A discussion followed on the need for the reports on ward staffing levels to include a measure of acuity. Avril Devaney advised that Tim McDougal, Clinical Director for CAMHS has been involved in national work with NICE on developing acuity tools which will be taken forward locally in the autumn. Avril Devaney advised that the next six monthly report will be presented to the Board by end of January 2016 to including the review of contact time. The Board were advised that while the reports for the NQB only focus on ward staffing, the Trust reviews staffing levels across wards and community teams. This information is informing contract discussions with commissioners. An example of this is the district nursing team in CWP West which is experiencing increased demand and acuity of patients. Staffing levels are having to be adjusted to meet the needs of patients. This has an impact on the financial position due to the increasing cost of providing services; however the local health economy impact is that this reduces admissions to the local acute hospital. The Board of Directors resolved to **approve** the report and recommendations.	

15/16/42	**DAILY WARD STAFFING LEVELS REPORT (JUNE 2015)** Avril Devaney introduced the report and highlighted the key staffing issues in the period. The Board resolved to **note** the report. *(Amanda Miskell joined the meeting)*	
15/16/43	**INFECTION, PREVENTION AND CONTROL ANNUAL REPORT 2014/15** The Chair welcomed Amanda Miskell to the meeting. Amanda highlighted the key achievements from the Infection, Prevention and Control Annual Report 2014/15. These included: - The team being awarded the contract to provide IPC and TB services across the Cheshire West and Chester Council footprint to GPs, care homes, child care providers, dentists and optometrists. - The IPC audit programme being implemented ahead of time meaning a more reliable system is in place. - No incidents of cross infection across the Trust, with the exception of the influenza outbreak which was well managed. - Success on the reduction of antibiotic prescribing. The Board noted that CWP West and Wirral had scored less favourably on the provision of clean work places. Amanda Miskell advised that these results will be followed up and links will be made with the Estates to ensure improvements are actioned. The Board resolved to **approve** the Infection, Prevention and Control Annual Report 2014/15 and the 2015/16 work programme. *(Amanda Miskell left the meeting)*	
15/16/44	**SAFEGUARDING CHILDREN AND ADULTS ANNUAL REPORT 2014/15** Avril Devaney introduced the report. The Board were informed that a named nurse for safeguarding is now a requirement. The Head of Safeguarding is now in post which meets this requirement. Avril Devaney reported that considerable work has been undertaken on the strategy risk around safeguarding and the risk has been reworked to refocus on practice where it previously focused on training requirements. The risk is reviewed by the Safeguarding subcommittee which has improved links to the locality governance structures. Avril Devaney drew attention to the section of the report focusing on children in need and looked after children. It was noted that the increasing number of children in need and looked after children have increased demands on the team. The Trust has increased the resource to the team to address the additional demand. A discussion followed on the impact of the loss of the drug and alcohol contract. Avril Devaney confirmed that the biggest impact has been	

	around the additional need to attend MARACs (domestic violence) which were previously covered by the Drug and Alcohol team and this has meant a further impact on the team although this will be monitored. The Board resolved to **approve** the Safeguarding Children and Adults Annual Report 2014/15.	
15/16/45	**DOCTORS REVALIDATION, APPRAISALS AND CONCERNS ANNUAL REPORT 2014/15** Dr Anushta Sivananthan presented the report on behalf of Dr Faouzi Alam and provided an overview of the appraisal activity undertaken. All required appraisals have been undertaken and the Trust has a total of 33 appraisers which is a high proportion. A peer group is also in place to ensure quality standards of appraisal. A discussion followed regarding appraisal process for out of hours GPs and for Westminster surgery GPs now CWP West has this contract. Dr Anushta Sivananthan advised that the RO route is different for these GPs however ROs for the Trust work together where any issues are identified. It was also noted that a Clinical Director is in place for the out of hours service to ensure revalidation processes are in line with Trust requirements. The Board resolved to **approve** the report and the statement of compliance confirming compliance with the regulations.	
15/16/46	**HEALTH AND SAFETY ANNUAL REPORT 2014/15** Avril Devaney presented the report and highlighted some key elements. These included: • Improving Trust performance on health safety and security incidents, particularly RIDDOR reportable incidents which has reduced. • A focussed piece of work is starting on the recording of incidents of harm to staff in line with zero harm work. • Development work on the central alerting system (CAS) to ensure responses in a timely way and to ensuring appropriate cover for this work when the main post holder is not present. • The number of fires in patient bedrooms has significantly decreased since the implementation of the NRT policy showing the impact of the policy although there were still 4 incidents of fire suggesting that the application of the policy is inconsistent in areas. Avril Devaney reported on the 2015/16 priorities. These included: • Continuing to develop evidence based recording systems to ensure governance of incident management in relation to health and safety incidents. • Improving coordination between the Business Support Manager Infrastructure Services and Health and Safety to maintain and monitor the contract for servicing and maintenance of medical devices. • All Health and Safety policies will be reviewed and updated as	

	required.	
	The Board resolved to **approve** the Health and Safety Annual Report 2014/15.	
15/16/47	**MEDICINES MANAGEMENT ACCOUNTABLE OFFICER ANNUAL REPORT 2014/15** Dr Anushta Sivananthan introduced the report and highlighted the key points. These included: • The Trust formulary was reviewed in July 2014 however has flexibility to enable prescribing where efficacy of medication outweighs cost. A specific process is in place for making specific requests for off formulary prescribing. • The Trust continues to have a number of non-medical prescribers mainly in community services but also in some mental health services. This staff group is supported with prescribing and has a peer group in place to enable sharing of issues. • A medicines safety officer has been appointed to look at safety issues in response to national recommendations. • Work has been undertaken with Learning Disability services to produce easy read patient medicines leaflets which have been welcomed. A discussion ensued regarding medicines incidents and the increase in no harm incidents. The Board were advised that these mainly related to inpatient settings. The Quality Committee looks at these incidents in more detail and where trends appear, compliance visits are targeted at settings. The Board resolved to **approve** the Medicines Management Accountable Officer Annual Report 2014/15.	
15/16/48	**PROPSED CHANGES TO TRUST CONSTITUTION** David Eva advised the Board that the Council of Governors had recently considered proposals to amend the Trust constitution following work undertaken by the Membership and Development subcommittee of the Council of Governors. The report sets out 4 recommendations, however following the meeting of the Council on 24th July 2015, the recommendations have altered from those in the report. Following discussions at the July 2015 meeting, the Council deferred a decision on reducing the number of seats for service user/ carer governors and a subsequent increase in seats for public governors. This was due to the recent nominations process for the summer election resulting in a contested election for service user/ carer seats. This suggests there is now increasing demand for these seats which had not been the case for a number of years. The Council of Governors approved that the model election rules be adopted by the Trust to enable electronic voting for Governor elections. The Council of Governors also considered a reduction in the qualification period for members to become governors. Following discussions, the Council voted to approve that the qualification period for members to become governors be removed in its entirety to enable new members to	

	be able to stand for a governor position. It was noted that these changes to the constitution become effective immediately, however must also be approved by Trust members at the Annual Members Meeting in October 2015. The Board of Directors resolved to: • **Approve** the adoption of the new model elections rules within the Trust constitution; and • **Approve** the Council of Governors recommendation that the qualification period for members to become governors be removed from the Trust constitution.	
15/16/49	**AUDIT COMMITTEE** Mike Maier provided an overview of recent work of the Audit Committee which included a review of the 14/15 audit with the Trust external auditors KPMG. There were no exceptions to raise. The Board resolved to receive the minutes of this meeting.	
15/16/50	**QUALITY COMMITTEE** The Board noted that the July meeting of the Quality Committee had been postponed until 4th August 2015 therefore there were no items to raise.	
15/16/51	**REVIEW OF RISK IMPACTS OF ITEMS DISCUSSED** It was felt that all risks had been adequately covered during the course of the meeting.	
15/16/52	**ANY OTHER BUSINESS** No further items of business were raised by any Board members. The Chair offered members of the public gallery to offer any comments on the items discussed at the meeting.	
15/16/53	**REVIEW OF MEETING** The meeting had been effective.	
15/16/54	**DATE, TIME AND PLACE OF NEXT MEETING** Wednesday 30th September 2015, 1.00pm at Romero Centre, Macclesfield	

Action points from Board of Directors Meetings
30th September 2015

Date of Meeting	Minute Number	Action	By when	By who	Progress Update	Status
25.03.15	14/15/122	**UPDATE ON OPERATIONAL PLAN 2015/16 AND CLINICAL STRATEGIES** It was agreed that Governors have a key role to play in terms of representing the Trust and lobbying on the Trust's behalf on these issued. **Action:** Work to be undertaken with Governors to take forward this agenda.	Sept 2015	DE and Execs	Interested Governors have been identified in taking this forward. Governor briefing session to look at key messages and contacts to be held in October 2015 to progress	Completed
29.7.15	15/16/34	**CHIEF EXECUTIVE'S ANNOUCEMENTS** Issue of underfunding CWP (have been ongoing) for significant period of time and now need benchmarking to clearly show the impact of this and then make a public statement on the Trust position. **Action:** Produce this information	October 2015	DE/ SC/ TW		In progress

		and SC and DE to then write to all key commissioners to request a Board to Board with each Commissioner to take this forward.				
29TH July 2015	15/16/37	**BOARD PERFORMANCE DASHBOARD- JUNE 2015** CWP east clinical strategy KPI 2 is showing a consistent decline, to understand what is driving this performance. **Action:** Andy Harland to check this with Mandy Skelding-Jones and provide additional information to the Board.	End July 2015	AH	Additional information provided and circulated to Board.	Closed

Cheshire and Wirral Partnership NHS Foundation Trust
Board of Directors meeting Business Cycle 2015/16

Cheshire and Wirral Partnership NHS Foundation Trust

No:	Agenda Item	Executive Lead	Responsible Committee/ Subcommittee	29/04/2015 Seminar	27/05/2015	24/06/2015 Seminar	29/07/2015	30/09/2015	28/10/2015 Seminar	25/11/2015	17/12/2015 Seminar	27/01/2016	24/02/2016 Seminar	30/03/2016
**Well Led Domain 1: Strategy**													
1	Operational Plan 2016-17approval of submission	Director of Finance	Operational Board											✔
2	Trust Clinical Strategies 2016/17	Director of Operations	Operational Board											✔
3	Monitoring implementation of Clinical Strategies/ Operational Plan 15/16	Director of Operations	Operational Board				✔			✔		✔		✔
4	Approve Integrated Governance Framework	Medical Director Compliance Quality and Regulation	Quality Committee					✔						
5	Receive Quarterly Quality Reports	Medical Director Compliance Quality and Regulation	Quality Committee		✔			✔		✔		✔		
6	Strategic Risk Register and Corporate Assurance Framework	Medical Director Compliance Quality and Regulation	Quality Committee		✔		✔	✔		✔		✔		✔
7	Strategic Plan 2014-2019 monitoring	Director of Finance	Operational Board					✔						
**Well Led Domain 2: Capability and Culture**													
8	CQC Community Patient Survey Report 2014/15 and Action Plan	Director of Nursing, Therapies and Patient	Operational Board					✔						
9	Single Equality Scheme and Equality Act Compliance	Director of Nursing, Therapies and Patient	Operational Board					✔						
10	Avoidable Harm / Zero Harm strategy reporting	Medical Director Compliance Quality and Regulation	Quality Committee				✔							✔
11	Staff survey 2014/15	Director of HR and OD	People and OD subcommittee (Operational Board)											✔
12	Six monthly staffing review	Director of Nursing, Therapies and Patient	Quality Committee/ Operational Board				✔					✔		
**Monitor Well Led Domain 3: Process and Structures**													
13	Receive and Approve Quarterly Monitor returns	Director of Finance	N/A	✔			✔		✔			✔		
14	Receive Learning from Experience Report executive summary	Director of Nursing, Therapies and Patient	Quality Committee		✔			✔				✔		
15	Assessment of Quality Governance	Medical Director Compliance Quality and	Quality Committee		✔		✔		✔			✔		

No	Item	Lead	Committee	C1	C2	C3	C4	C5	C6	C7	C8	C9	C10	C11	C12
16	**Declarations of Interest: Directors and Governors**	Chair	Audit Committee		✓										
17	**CEO /Chair Division of Responsibilities**	Chair	N/A											✓	
18	**Care Quality Commission Registration Report**	Director of Finance	Operational Board							✓					
19	**Receive Quarterly Infection Prevention Control Reports**	Director of Infection Prevention and Control	Infection, Prevention and Control subcommittee (Quality Committee)		✓		✓		✓	✓					
20	**Director of Infection Prevention and Control Annual Report 2014/145 inc PLACE**	Director of Infection Prevention and Control	Infection, Prevention and Control subcommittee (Quality Committee)			✓									
21	**Safeguarding Children Annual Report 2014/15**	Director of Nursing, Therapies and Patient Partnership	Quality Committee			✓									
22	**Safeguarding Adults Annual Report 2014/15**	Director of Nursing, Therapies and Patient Partnership	Quality Committee			✓									
23	**Accountable Officer Annual Report inc. Medicines Management 2014/15**	Medical Director Compliance Quality and Regulation	Medicines Management Group (Quality Committee)			✓									
24	**Health and Safety Annual Report and Fire 2014/15 and link certification**	Director of Nursing, Therapies and Patient Partnership	Health, Safety and Well-being subcommittee (Operational Board)			✓									
25	**Receive Appraisal Annual Report 2014/15 and annual declaration of medical revalidation**	Medical Director of Effectiveness and Medical Workforce	People and OD subcommittee (Operational Board)			✓									
26	**Emergency Planning Annual Report 2014/15**	Director of Nursing, Therapies and Patient Partnership	Emergency Planning subcommittee (Operational Board)				✓								
27	**Monthly Ward Staffing update**	Director of Nursing, Therapies and Patient Partnership	Quality Committee		✓	✓	✓		✓	✓		✓		✓	
28	**Provider Licence Compliance**	Director of Finance	Audit Committee		✓				✓						
29	**Security Annual Report 2014/15**	Director of Operations	Health, Safety and Well-being subcommittee (Operational Board)				✓								

No.	Item	Lead	Reporting Route												
30	**Mental Health Act annual reporting**	Medical Director Compliance Quality and Regulation	Compliance, Assurance and Learning subcommittee (Quality Committee)							✓					
31	**Receive Research Annual Report 2013/14**	Medical Director Effectiveness Medical Education	Operational Board					✓							
**Monitor Well Led Domain 4: Measurement**															
32	**Information Governance 14/15 Toolkit**	Medical Director	Records and Clinical Systems Group (Quality Committee)											✓	
33	**Board Performance Dashboard**	Director of Finance	Operational Board		✓		✓	✓		✓		✓		✓	
**Governance**															
17	**Receive minutes and Chair's Report of the Quality Committee**	Non Executive Director	N/A		✓		✓	✓		✓		✓		✓	
18	**Receive minutes and Chair's Report of the Audit Committee**	Non Executive Director	N/A		✓		✓	✓		✓		✓		✓	
34	**BOD Business Cycle 2014/15**	Chair	N/A		✓		✓	✓		✓		✓		✓	
35	**Approve BOD Business Cycle 2015/16**	Chair	N/A											✓	
36	**Review Risk impacts of items**	Chair/All	N/A		✓		✓	✓		✓		✓		✓	
37	**Chair's announcements**	Chair	N/A		✓		✓	✓		✓		✓		✓	
38	**Chief Executive announcements**	Chief Executive	N/A		✓		✓	✓		✓		✓		✓	

Cheshire and Wirral Partnership NHS
NHS Foundation Trust

STANDARDISED REPORT COMMUNICATION

REPORT DETAILS

Report subject:	Corporate assurance framework and risk register – update report
Agenda ref. no:	15/16/62
Report to (meeting):	Board of Directors – meeting in public
Action required:	Discussion and Approval
Date of meeting:	30/09/2015
Presented by:	Dr Anushta Sivananthan, Medical Director – Executive Lead for Quality

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

REPORT BRIEFING

Situation – *a concise statement of the purpose of this report*
To appraise the Board of Directors of the current status of the corporate assurance framework to inform discussion of the current risks to the delivery of the organisational strategic objectives, and as per the requirements outlined within the Trust's integrated governance strategy. The report indicates information and progress against the mitigating actions identified against the Trust's strategic risks, new risks that have been identified, and the (internal and external) controls and assurances in place that act as mitigations against each strategic risk.

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

The Board of Directors monitors and reviews the corporate assurance framework and receives assurances on risk via the Quality Committee. This is a key component of the Trust's integrated governance strategy which provides assurance regarding the quality and safety of the services that the Trust provides.

The Audit Committee has undertaken in-depth reviews of strategic risks as part of its remit to review the effectiveness of integrated governance and internal control Trust-wide. At the September meeting, the Audit Committee received assurances of the effectiveness of the risk treatment plans for the risks in relation to the management of physical health conditions (including falls) and undertook a review of the recent scoping work undertaken on the cyber threat risk.

It was agreed at the September 2015 meeting of the Quality Committee that individual in-depth reviews of risks will move to the Quality Committee with the Audit Committee undertaking periodic reviews of risk treatment processes for individual risks on an escalation/ enquiry basis.

Assessment – *analysis and considerations of options and risks*

New risks
- One new risk has been identified. This is the *risk of reduced provision of clinical pharmacy support services due to a number of staff vacancies within the pharmacy team and vacancy restrictions in operation, potentially impacting on patient safety and care and clinical strategic developments*. This risk has a residual risk score of 15 (impact: 3, likelihood: 5). Further work is now required to fully develop the risk treatment plan and to understand the target risk score and timescale for achievement.

Amended risk scores, re-modelled risks, updates to current risks
- One risk (risk 14) has been rescored and re-modelled to incorporate gaps that have informed the Trust's financial recovery plan. It is now '*Risk of not being able to deliver planned financial risk rating due to weaker than planned financial performance and incomplete CIP plans, resulting in potential breach of terms of licence'*. The risk score has increased to 16 reflecting the current challenging position and the potential impact on Trust services.
- At September 2015, due to the addition/ remodelling of risks, the Trust has 12 red rated risks on the strategic risk register. This is an increase of two from July 2015.

Archived risks – none.

Governance

CWP updated its integrated governance strategy on 12 June 2015 as part of an annual compliance review. There were no changes to the document purpose, amendments were made to the Trust's meetings structure, informed by the Trust's annual meetings effectiveness reviews. The Board of Directors will note that as a key component of the Trust's integrated governance strategy, the corporate assurance framework has been re-aligned accordingly.

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

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

Who/ which group has approved this report for receipt at the above meeting?	Board of Directors – business cycle requirement
Contributing authors:	David Wood, Associate Director of Safe Services
Distribution to other people/ groups/ meetings:	

Version	Name/ group/ meeting	Date issued
1	D Wood to L Brereton for Board of Directors	22/09/2015

Appendices provided for reference and to give supporting/ contextual information:	
Appendix no.	Appendix title
1	Risk register and corporate assurance framework - September 2015 (full document)
2	Integrated Governance Strategy 2015

Corporate
Assurance Framework

Updated:
23 September 2015

Risk no.	Current risk description	Origin/ source	Date initial risk added	Target risk score review date
1	Risk of harm to patients due to staff competency to manage changing physical health conditions	Incident report	20/01/2011	October 2015
2	Adults, children and young people are not protected through practitioners not implementing safeguarding practices and principles	External recommendations	01/12/2011	October 2015
3	The inability of staff to manage the occurrences of slips, trips, and falls of patients resulting in patient injury	Incident report	11/05/2010	March 2016
4	Risk of reduced provision of clinical pharmacy support services due to a number of staff vacancies within the pharmacy team and vacancy restrictions in operation, potentially impacting on patient safety and care and clinical strategic developments	Service notification (Trustwide risk)	29/08/2015	TBC
5	Risk of harm to patients due to CARSO risk assessment not being completed as per policy	Incident report	05/07/2013	January 2016
6	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	Incident report	11/05/2010	October 2015
7	Risk of harm to patients due to ligature points and environmental risks within the inpatient setting	Risk assessment/ incident report	11/05/2010	December 2015
8	Fragmentation of commissioning leading to fragmented patient pathways and therefore risks to delivery of good quality patient care and outcomes	Strategic plan 2014/19	05/11/2014	December 2015
9	Risk of adverse clinical incident due to quality of record keeping and dual record keeping systems (electronic and paper)	Incident report	11/05/2010	February 2016
10	Risk of not being able to deliver safe	Locality risk	11/05/2010	December

Risk no.	Current risk description	Origin/ source	Date initial risk added	Target risk score review date
	and effective services due to inadequate attendance on mandatory training. This may result in harm to patients, litigation claims and breach of legislation.	registers		2015
11	Failure to maintain (and predict the need for) the right number of staff with the right skills/ attitudes in the right place at the right time could impact on the Trust's ability to deliver a safe and effective service against changing needs	Strategic plan 2014/19	05/11/2014	March 2016
12	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	External/ independent recommendation	11/05/2010	February 2016
13	Loss of current services due to risks associated with the market environment and the potential for commissioners to seek further competitive tendering for clinical services	Strategic plan 2014/19	05/11/2014	December 2015
14	Risk of not being able to deliver planned financial risk rating due to weaker than planned financial performance and incomplete CIP plans, resulting in potential breach of terms of licence	Locality risk registers and Trust-wide reporting	11/05/2010	March 2016
15	Risk of breach of Trust Licence as a result of external scrutiny	External recommendations	07/12/2011	October 2015

Strategic Objective: 1. Deliver high quality, integrated and innovative services that improve outcomes

Risk Owner:	Medical Director Quality	Risk appetite:
Risk Lead:	Associate Director of Nursing & Therapies (Physical Health)	3

Risk 1: Risk of harm to patients due to staff competency to manage changing physical health conditions

Initial Risk (inherent)			Current Risk (Residual)			Target Risk		
Likelihood	Consequence	Score	Likelihood	Consequence	Score	Likelihood	Consequence	Score
5	5	25	4	5	20	3	5	15

Controls (what we are currently doing about the risk)	Assurances (how do we know we are making an impact)	Gaps in Controls	Further actions that would help achieve the target risk (who and when by)
▪ Physical healthcare network looking at areas such as physical health in mental health and pressure ulcers ▪ Physical health zero harm group in CWP West (which includes review of pressure ulcer care) ▪ Physical health pathway and policy ▪ Essential learning ▪ Patient safety metrics ▪ Falls policy and pathway; falls risk assessment tool (cross reference with risk 3) ▪ Healthcare quality improvement programme 2015/16	▪ Training reports to Patient Safety & Effectiveness Sub Committee ▪ Safety metrics reporting ▪ Learning from Experience reporting ▪ Participation in mental health physical healthcare CQUIN ▪ Assurance Framework completed including triangulation of complaints, incidents and concerns in relation to pressure ulcers, falls and other physical health risks ▪ Clinical Audit Programme 2015/16 ▪ Training in Physical Health ▪ Benchmarking CWP performance against NICE Guidelines, Safety Thermometer etc	▪ Gaps in relation to new policy and pathway implementation in relation to healthcare monitoring ▪ 2015/16 national CQUIN in relation to physical health to be published and may identify gaps ▪ Commissioners supported the archive of the pressure ulcer specific strategic risk (05/11/2014), however ongoing assurance is required via review at physical healthcare network to ensure care being delivered is evidence based and that standards are continuously improving	Cardiometabolic assessment national CQUIN data collection commences 1 October 2015 – localities to undertake gap analysis based on previous year's performance and report to Patient Safety & Effectiveness Sub Committee [escalating to Board as appropriate] Locality Service and Clinical Directors October 2015 (due to cancellation of August meeting) Audit via a three month trial across three wards of the proposed CWP physical health early warnings chart against the national chart to compare the number of false positives and gain an understanding of its points of use and practice

	- Localities have scoped resources, training, support and equipment needed to implement the national CQUIN 2015/2016 – this was reported to PSEC in February 2015 - Physical healthcare assurance framework reviewed and approved – June 2015 - Improvements are being demonstrated in stage 3 and stage 4 pressure ulcer reporting (trimester 1 2015/16 to-date)		Clinical Training Manager – Physical Health and Resuscitation January 2016

Strategic Objective:	1. Deliver high quality, integrated and innovative services that improve outcomes

Risk Owner: Director of Nursing, Therapies and patient partnership Risk Lead: Associate Director of Nursing (Physical Health)	Risk appetite: 2

Risk 2: Adults, children and young people are not protected through practitioners not implementing safeguarding practices and principles

Initial Risk (inherent)			Current Risk (Residual)			Target Risk		
Likelihood	Consequence	Score	Likelihood	Consequence	Score	Likelihood	Consequence	Score
5	5	25	4	4	16	3	4	12

Controls (what we are currently doing about the risk)	Assurances (how do we know we are making an impact)	Gaps in Controls	Further actions that would help achieve the target risk (who and when by)
▪ Safeguarding policies: ▪ Adult safeguarding policy ▪ Children's safeguarding policy ▪ Mandatory Essential Learning policy ▪ Policy for management of investigations ▪ Policy for management of complaints/ concerns ▪ How to raise and escalate concerns policy including whistleblowing ▪ Health records policy ▪ Incident reporting and management policy ▪ Supervision policy ▪ Visiting of patients by children on adult wards ▪ Prevent assurance framework ▪ Audit programme 2015/16	▪ Learning from experience and incident reporting ▪ Safeguarding exception reporting to Quality Committee ▪ Contractual requirements within NHS standard contract regarding 100% access to supervision and 80% compliance with statutory and mandatory training ▪ Inspection report from CQC safeguarding and looked after children January 2014 – completion of action plan approved by designated nurse ▪ Trustwide Safeguarding Sub Committee minutes, business cycle and terms of reference ▪ Training needs analysis of compliance with intercollegiate guidance	▪ CWP current benchmarked position indicates that a review of current controls in relation to e.g. seclusion/ segregation, restraint, DoLS requires review and/ or improvement to be assured that improper/ incorrect applications are not safeguarding concerns ▪ Current red complaints in CWP East require investigation by the Trust (in parallel to local authority investigation) ▪ Clinical audit plan requires close monitoring to ensure remains on track ▪ Training compliance with Prevent below requirement ▪ New guidance for Prevent required to be implemented ▪ Full impact of Care Act not known	Implement findings from identified quality improvement projects (e.g. "accelerating restraint reduction", seclusion audit, DoLS training gap analyses) Medical Director Quality/ Associate Director of Safe Services End September 2015 Implement action plan following investigations of red complaints in East locality CWP East locality management End September 2015 Ensure links between Trustwide Safeguarding Sub Committee and Patient Safety and Effectiveness Sub Committee (for Mental Capacity Act) are effective

- MHA visits - MIAA programme - Link to LSABs and LSCBs - Safeguarding flow chart displayed on all wards and community teams - Locality safeguarding groups - Essential learning - Patient safety metrics - Healthcare quality improvement programme - Compliance visits - Practice audits - CQC visits - Monitoring of safeguarding performance	- Monthly tracker of safeguarding training - CCG Self Assessment for Safeguarding Adults and Children - Completion of Section 11 audit and feedback and action plan - Monitoring of Prevent implementation – quarterly reporting to NHS England - Compliance/inspection reports internal - Quarterly performance reports to LSABs and LSCBs - MIAA reports and action plans - Benchmarking reports to Operational Board	- Capability and capacity within workforce in relation to front line safeguarding practice requires strengthening within localities	Associate Director of Nursing & Therapies [Physical Health] End March 2016 Strengthen locality safeguarding groups through membership representation from the Safeguarding Specialist Nurses Head of Safeguarding End September 2015 Ensure compliance reaches 85% across all levels of safeguarding training Service Directors End March 2016 Strengthen the monitoring of action plans by locality groups with robust updates to Trustwide Safeguarding Sub Committee Locality group chairs End October 2015 Continue to work closely with LSABs and sub groups to monitor impact of Care Act Members of LSABs and sub groups End October 2015 Develop the Safeguarding Practitioner Links programme across all localities Named Nurses Safeguarding End September 2015

Strategic Objective: 1. Deliver high quality, integrated and innovative services that improve outcomes

Risk Owner:	Medical Director Quality	Risk appetite:
Risk Lead:	Associate Director of Safe Services	3

Risk 3: The inability of staff to manage the occurrences of slips, trips, and falls of patients resulting in patient injury

Initial Risk (inherent)			Current Risk (Residual)			Target Risk		
Likelihood	Consequence	Score	Likelihood	Consequence	Score	Likelihood	Consequence	Score
4	5	20	4	4	16	3	4	12

Controls (what we are currently doing about the risk)	Assurances (how do we know we are making an impact)	Gaps in Controls	Further actions that would help achieve the target risk (who and when by)
- Falls policy and pathway - Fall Safe care bundle is in place across all wards - Falls risk assessment tool developed for older persons and service users who are known to have a risk of falls - Healthcare quality improvement programme - Links with PCT falls co-ordinators - Patient safety metrics - Falls Task and Finish group - Negotiation of community falls CQUIN for 2015/16 for West and Wirral – this will also be mirrored in East - Wards are currently using the FRAT as guidance, however, all patients over 65 are considered to	- External assurance received from acute falls nurse specialist who undertook a review of falls prevention and management. The review found that CWP has a robust system in place for falls management, however, sometimes locally these systems are not always fully implemented. - Ongoing monitoring of proportion of harm/ no harm reporting via the Learning from Experience report - Audit Committee has undertaken two in-depth assurance reviews of the risk during 2014 to agree target risk score of 12 - University of Stirling's Dementia Services Development Centre work re dementia care	- Local implementation of environmental improvements and training - FRAT remains incorporated currently within the falls care bundle	Ensure residual gaps re environment is ongoing as part of capital programme and that work has commenced higher risk areas prioritised Head of Estates/ Head of Clinical Governance End September 2015 (deferred from June 2015, assurance framework in place, any deviation will be reported to next Operational Board before confirmation of completion of this action) Falls task and finish group to meet in quarter 2 of 2015/16 to agree an implementation plan to replace the falls risk assessment tool with an holistic assessment of needs, and also

be a falls risk on the inpatient units	environments		requirements of a CQUIN identified for community falls pathways Head of Clinical Governance November 2015

Strategic Objective: 1. Deliver high quality, integrated and innovative services that improve outcomes

Risk Owner: Medical Director
Risk Lead: Fiona Couper, Chief Pharmacist & Associate Director for Medicines Management

Risk appetite:
TBC

Risk 4: Risk of reduced provision of clinical pharmacy support services due to a number of staff vacancies within the pharmacy team and vacancy restrictions in operation, potentially impacting on patient safety and care and clinical strategic developments

Initial Risk (inherent)			Current Risk (Residual)			Target Risk		
Likelihood	Consequence	Score	Likelihood	Consequence	Score	Likelihood	Consequence	Score
4	5	20	5	3	15	TBC	TBC	TBC

Controls (what we are currently doing about the risk)	Assurances (how do we know we are making an impact)	Gaps in Controls	Further actions that would help achieve the target risk (who and when by)
▪ Prioritisation of service in line with the team business continuity plan under implementation from 01/09/2015 ▪ Supply of medicines function not affected with Lloyds pharmacy ▪ Delivery of a service which is within the capacity of the existing team i.e. BCP stating prioritisation of work	▪ Various medicine policies and procedures in place for medicines management ▪ Service lead (Chief Pharmacist) addressing the gaps	▪ Various medicine policies and procedures in place for medicines management ▪ Service lead (Chief Pharmacist) addressing the gaps ▪ Limited pharmacy staffing in place in each locality ▪ No senior pharmacist lead in post in any of the localities from 28/08/2015 ▪ No physical health pharmacist in post in West since June 2015 ▪ Unable to replace vacancies based on service need until a	Undertake review of pharmacy service based on added value the team provides to patient care Chief Pharmacist October 2015 Review the health & well-being of the existing staff i.e. monitor sickness levels, holiday entitlement, increased errors/near misses by the team Chief Pharmacist December 2015

		full service review has been undertaken in line with NDCC workplan ■ Inability to carry out non-core strategic work of the medicines management business cycle	

Strategic Objective: 1. Deliver high quality, integrated and innovative services that improve outcomes

Risk Owner:	Medical Director Quality	Risk appetite:
Risk Lead:	Clinical Directors	3

Risk 5:   Risk of harm to patients due to CARSO risk assessment not being completed as per policy

Initial Risk (inherent)			Current Risk (Residual)			Target Risk		
Likelihood	Consequence	Score	Likelihood	Consequence	Score	Likelihood	Consequence	Score
5	4	20	4	4	16	3	4	12

Controls (what we are currently doing about the risk)	Assurances (how do we know we are making an impact)	Gaps in Controls	Further actions that would help achieve the target risk (who and when by)
- Clinical risk management policy - Essential learning - Patient safety metrics - Effective Care Planning Lead in situ - Zero Harm strategy implementation plan - Care co-ordination policy - Appointed clinical care planning lead - Ward manager task and finish groups	- Patient safety metrics reporting - Data quality/ completeness reporting to wards and teams - Learning from experience and incident reporting - Compliance visits - Critical issues escalated to Patient Safety & Effectiveness Sub Committee	- Services not sustaining over 99% completion rates - Further assurance needed on quality of CARSO assessments prior to re-modelling - Care co-ordination policy approved at April 2015 Patient Safety & Effectiveness Sub Committee, agreed a further review by end of 2015 calendar year based on feedback from training, further work around advance statements and an integrated checklist for care planning needs – to better align with standards around formulation of risk and clinical risk standards	Audit on a case by case basis end of September 2015, where no completed CARSO summary, to understand what might be the individual clinician or managerial issues preventing completion. Clinical Audit Coordinator September 2015 Second/ further review of care co-ordination policy that was approved in April 2015 to be undertaken based on feedback from training, further work around advance statements and feedback provided to Effective Care Planning Lead via Matrons and Ward Managers to October meeting of the Patient Safety & Effectiveness Sub Committee – to better align with standards around formulation of risk and clinical risk standards

			Effective Care Planning Lead December 2015

Strategic Objective:	1. Deliver high quality, integrated and innovative services that improve outcomes

Risk Owner: Director of Nursing, Therapies and Patient Partnership **Risk Lead:** Associate Director of Safe Services/ Service Directors	**Risk appetite:** 3

Risk 6: 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

Initial Risk (inherent)			Current Risk (Residual)			Target Risk		
Likelihood	Consequence	Score	Likelihood	Consequence	Score	Likelihood	Consequence	Score
5	4	20	4	4	16	3	3	9

Controls (what we are currently doing about the risk)	Assurances (how do we know we are making an impact)	Gaps in Controls	Further actions that would help achieve the target risk (who and when by)
▪ Incident reporting and management policy ▪ Complaints management policy ▪ Essential learning ▪ Quality assurance group with Non Executive Director review ▪ Weekly meeting of harm with senior oversight (Director of Nursing, Therapies and Patient Partnership and Medical Director) ▪ Learning from experience report ▪ Commissioner serious incident meetings ▪ Healthcare quality improvement programme ▪ SUI Board report	▪ Learning from experience reporting ▪ Compliance, Assurance & Learning Sub Committee review of completion of serious incident investigations ▪ Quality Committee review of Regulation 28 learning ▪ Board review of level 3 investigations ▪ Audit Committee in-depth review of current assurances March 2015 ▪ The governance of ensuring duty of candour is recorded ▪ Significant assurance received from Internal Audit regarding incident reporting and management	▪ Incident reporting and management policy does not reflect standards agreed with commissioners ▪ Agreement required on formal performance management of investigations ▪ Repeated learning themes ▪ Capacity in the Trust to meet contractual timeframes (as per NHS England guidance)	2015/16 contracts to agree performance management standards Head of Clinical Governance Ongoing (based on iterative discussions with commissioners) Scope appointment of clinical expert champion for serious incidents and bank of investigation officers Director of Nursing, Therapies & Patient Partnership/ Head of Clinical Governance End September 2015 (deferred from July 2015, job descriptions developed, currently being considered by Executive Team)

Strategic Objective: 1. Deliver high quality, integrated and innovative services that improve outcomes

Risk Owner: Director of Operations
Risk Lead: Associate Director Infrastructure Services/
                Head of Capital & Property Management

Risk appetite:
2

Risk 7:   Risk of harm to patients due to ligature points and environmental risks within the inpatient setting

Initial Risk (inherent)			Current Risk (Residual)			Target Risk		
Likelihood	Consequence	Score	Likelihood	Consequence	Score	Likelihood	Consequence	Score
5	5	25	4	5	20	3	5	15

Controls (what we are currently doing about the risk)	Assurances (how do we know we are making an impact)	Gaps in Controls	Further actions that would help achieve the target risk (who and when by)
▪ Environmental clinical risk assessment policy ▪ Seclusion and segregation policy reviewed against new MHA Code of Practice guidance, including associated education programme ▪ Board approved capital programme in place ▪ Patient safety walkrounds ▪ Cascade of safety alerts ▪ Suicide prevention action group meeting ▪ Suicide prevention strategy/ assurance framework ▪ Zero Harm strategy ▪ Compliance visits ▪ Patient safety metrics ▪ Testing protocol for door top alarm system	▪ Works completed (October 2014) regarding en-suite door top alarm systems and clinical risk management of dressing gown cords ▪ Patient safety metrics reporting ▪ Staff trained and guidance provided on the technical aspects of the en-suite door top alarm system ▪ Reporting to Operational Board on locality risks ▪ Reporting to Patient Safety & Effectiveness Sub Committee on outputs of suicide prevention strategy work ▪ Continuous improvement of patient environment ▪ Significant investment in ligature	▪ No formal link between HoNOS score and self-harm risk and/ or sudden new or sudden emergence of known risk factors to self ▪ Alignment of clinical and environmental risk management to be further enhanced ▪ Review required of the standard of rooms which being used as an emergency contingency measure for seclusion purposes	Task and finish group to review current policy to ensure observation and environment standards are aligned and HoNOS score of 4 scoped/ operationalised as a trigger for clinical risk management plans when self-harm risk and/ or sudden new or sudden emergence of known risk factors to self. Consultant Nurse Acute Care November 2015 (deferred from April 2015 following level 3 recommendation to Board and change of meeting schedule of Patient Safety & Effectiveness Sub Committee) Monthly Seclusion task and finish group to review current gaps in

• Operational risk registers monitor local controls • Estates network • Monthly seclusion task and finish group (from May 2015) • Peer benchmarking groups: CAMHS Secure Eating Disorder Learning Disability • New build – secure services and CAMHS Tier 4 unit • Ligature points are risk assessed by a process involving systematic examination of identified areas including external reviews of estate re ligatures • Each ward has a ligature "floor map" of all the bedrooms and bathrooms and identifies any potential ligature points – this supports staff when allocating bedrooms to facilitate clinical risk assessment and management • Safeguards (flow chart setting out escalation procedures) for seclusion incidents	remedial work over the last 4 years		control in relation to standard of rooms for seclusion Patient Safety & Effectiveness Sub Committee First meeting May 2015, currently ongoing – first report to Patient Safety & Effectiveness Sub Committee October 2015 (due to August meeting cancellation) Capital plan to presented to Operational Board Associate Director Infrastructure Services November 2015

Strategic Objective:	1. Deliver high quality, integrated and innovative services that improve outcomes

Risk Owner:	Chief Executive	Risk appetite:
Risk Lead:	Director of Operations	4

Risk 8:   Fragmentation of commissioning leading to fragmented patient pathways and therefore risks to delivery of good quality patient care and outcomes

Initial Risk (inherent)			Current Risk (Residual)			Target Risk		
Likelihood	Consequence	Score	Likelihood	Consequence	Score	Likelihood	Consequence	Score
4	4	16	3	4	12	3	3	9

Controls (what we are currently doing about the risk)	Assurances (how do we know we are making an impact)	Gaps in Controls	Further actions that would help achieve the target risk (who and when by)
▪ Existing discussion and engagement with commissioners and partner organisations, including across key complex patient pathways and populations and to take account of extensive change in commissioning structures ▪ Quality assurance, improvement and governance mechanisms in place and routinely assessed to promote delivery of good quality patient care and outcomes – including NICE guidance, outcome, care pathway variance reporting ▪ Establishment of integrated provider/ commissioning model across all CCGs ▪ Integrated provider models and	▪ Tender opportunity assessment tool has been developed. This will link to the tender opportunity standard operating procedures and the associated process maps. This will also be directed by the clinical localities strategic ambitions and their local business development plans. ▪ Initial local responses to contracting strategy (operational plan 2015/16) ▪ Programme Assurance Board for Integrated Provider Hub ▪ Memorandum of Understanding with Wirral commissioners	▪ Lack of full understanding of emerging commissioning structures, processes and culture in respect of: - Better Care Fund - Specialised Commissioned Service - Public Health Commissioned Services ▪ Associated risks to financial sustainability ▪ Inability to influence availability of commissioning budgets (Local Authority or CCG) ▪ Lack of commissioning of effectiveness pathways of care for people with emotionally unstable personality disorder resulting in inappropriate admissions to acute mental health wards	Strategic influence with commissioners via existing forums Director of Operations Locality Service Directors, Clinical Directors, Extended Board of Directors membership Immediate and ongoing Building upon opportunities presented by Vanguard, IPH, integration with CWaC provider services All strategic leaders and clinical leaders Immediate and ongoing Mitigate lack of full understanding of emerging commissioning structures, processes and culture All strategic leaders and clinical

partnerships, e.g. via pathfinder model • Establishing even better strategic partnerships with commissioners and providers to maximise adverse impact upon services to citizens • Vanguard; provider partnerships • Active partner in the Vanguards in Wirral and West Cheshire • Key partner in Connecting Care and Caring Together			leaders - cascade through CWP Immediate and ongoing Robust mechanisms around tendering ensuring capacity at senior level to respond to changes in commissioning intentions Corporate and Operational services/ Effective Services Department September 2015

Strategic Objective: 1. Deliver high quality, integrated and innovative services that improve outcomes

Risk Owner: Medical Director Quality **Risk Lead:** Associate Director of Performance & Redesign	**Risk appetite:** **4**

Risk 9:   Risk of adverse clinical incident due to quality of record keeping and dual record keeping systems (electronic and paper)

Initial Risk (inherent)			Current Risk (Residual)			Target Risk		
Likelihood	Consequence	Score	Likelihood	Consequence	Score	Likelihood	Consequence	Score
4	4	16	4	4	16	3	4	12

Controls (what we are currently doing about the risk)	Assurances (how do we know we are making an impact)	Gaps in Controls	Further actions that would help achieve the target risk (who and when by)
▪ Record keeping policy ▪ Information Governance Toolkit ▪ Healthcare quality improvement programme ▪ IT enabled programme board ▪ Records and information systems group review of clinical systems priorities (effectiveness and functionality) with dual record keeping risk ▪ CQC visits	▪ Reporting to Patient Safety & Effectiveness Sub Committee on outputs of audits ▪ Reporting of progress against dual record keeping action plan to Patient Safety & Effectiveness Sub Committee ▪ CQC compliance in relation to records ▪ Reduction in Datix incidents/ RCA reports identifying dual record keeping as a contributing factor in clinical incidents	▪ Processes supporting IT enabled transformation programmes are outstanding – includes feedback on CAREnotes developments needed in relation to recording of seclusion ▪ Clinical systems training not mandatory for new starters	Correlation of clinical systems priorities with the dual record keeping risk – also tie into review of system effectiveness and functionality Records and Clinical Systems Group Phase 1: Scoping exercise to identify clinical data held on shared drives/ manually Phase 2: process mapping Phase 3: review of process mapping to identify possible solutions for the removal of dual storage of clinical data Phase 1: August 2015 Phase 2: August 2016 Phase 3: January 2017 Clinical system provider to develop audit of alerts process Timeframe to be confirmed by supplier

			Interim audit in place, process to review alerts audit to be developed September 2015

Strategic Objective: 3. Be a model employer and have a caring, competent and motivated workforce

Risk Owner: Director of Nursing, Therapies and Patient Partnership Risk Lead: Associate Director of Nursing & Therapies (Mental Health)	Risk appetite: 2

Risk 10:   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.

Initial Risk (inherent)			Current Risk (Residual)			Target Risk		
Likelihood	Consequence	Score	Likelihood	Consequence	Score	Likelihood	Consequence	Score
5	4	20	4	4	16	3	4	12

Controls (what we are currently doing about the risk)	Assurances (how do we know we are making an impact)	Gaps in Controls	Further actions that would help achieve the target risk (who and when by)
▪ Essential learning and induction policy ▪ Trust training strategy in place responsive to corporate services review, planning priorities, Francis/ Berwick reports, CWP always events framework ▪ Approved essential learning programme approved by October 2013 Operational Board ▪ E-learning and rolling half days available ▪ Essentials 1 target in place: 85% to take into account turnover and other absences and longitudinal targets have been agreed (to 90% over two years) ▪ New 'Education Governance Group' to enable partnership working	▪ 2014/15 CWP performance dashboard identifying continuous improvements in essential learning compliance Trustwide ▪ Compliance data reviewed at People and Organisational Development Sub Committee and feeds into quality dashboard (Quality Committee), performance reviews and supervision/ appraisal (via 'trigger reports') ▪ Audit Committee has undertaken an in-depth assurance review of the risk during 2014 to agree target risk score of 12 by December 2015 ▪ Human Factors training events have been run throughout 2014/15. Over 100 staff have been trained to become 'culture	▪ Reported gaps in current essential learning programme content, e.g. fire, safeguarding, physical health in mental health, suicide training, psychological interventions, dementia, personality disorder, human factors, risk assessment, care planning, specifics for district nurses, clinical supervision ▪ Essential learning policy needs to reflect the Essentials framework training needs analysis that was agreed by POD Sub Committee in May 2015 ▪ Assurance around capacity of training schedule to meet demand	Delivery plan for training programme to be implemented Associate Director of Nursing and Therapies (Mental Health) Ongoing Review essential learning policy and align to new training needs analysis Education CWP for approval at POD Sub Committee September 2015 Consider outcomes of CQC inspection and following this, consider re-modelling or archiving risk. Head of Education November 2015

- Action plan in place re review of the essential learning programme - Extended hours to support e-learning at training venues - Development of 12 hour days for inpatient staff introduced to increase compliance - Monthly trigger reports provided to service managers that includes current position and DNA rates	carriers' throughout CWP. During 2015, there are additional plans to extend this group and numbers so that the Human Factors message is embedded within CWP. Training venue in Macclesfield introduced February 2014 to facilitate improved compliance		

Strategic Objective:	3. Be a model employer and have a caring, competent and motivated workforce

Risk Owner: Director of Human Resources and Organisational Development Risk Lead: Associate Director of Nursing & Therapies (Mental Health)/ Heads of Human Resources, Workforce Planning, Education	Risk appetite: 4

Risk 11: Failure to maintain (and predict the need for) the right number of staff with the right skills/ attitudes in the right place at the right time could impact on the Trust's ability to deliver a safe and effective service against changing needs

Initial Risk (inherent)			Current Risk (Residual)			Target Risk		
Likelihood	Consequence	Score	Likelihood	Consequence	Score	Likelihood	Consequence	Score
5	5	25	5	4	20	3	4	12

Controls (what we are currently doing about the risk)	Assurances (how do we know we are making an impact)	Gaps in Controls	Further actions that would help achieve the target risk (who and when by)
- Bank and agency usage reported to Operational Board - Process in place for vacancy approval and filling - Strategic Objective One of the Trust People and Organisational Development (POD) Strategy specifically addresses this risk - We attract and develop skilled, knowledgeable and innovative people who live out our Values - People Planning Group established to oversee resourcing activity across Trust, this includes management of agency and locum staff and management of activity in relation to these staff – reporting to POD Sub Committee - Recruitment processes revised to	- Investors in people assessment recognised good practice in a range of associated areas - National benchmarking work re skill mix - Ward staffing review identifying capacity issues and focusing recruitment activity - Recruitment activity (numbers recruited) remains high - Specific recruitment interventions produced for hotspot areas e.g. CWP East - Comprehensive staffing review for nursing inpatients completed and approved by Board of Directors - OT review completed and presented to the June 2015 Project Group	- Lack of confidence in data which indicates the size of the "gap" (i.e. current and anticipated vacancies) undermines assurance - Lack of proactive workforce planning means that targeted recruiting ahead of need and to prioritised areas is undermined - Lack of triangulation of data in reporting does not aid understanding of inter-dependencies or impact of controls - Focus is currently on ward staffing but the risk applies to all service delivery areas and there is a lack of information on the "gaps in controls" in those other	- Embed People Planning Group - Complete implementation of TRAC system - Embed the new integrated Resourcing Team - Expand the Temporary Staffing arm of the Resourcing Team to include control of all agency staff hire/ spend and supply of bank staff to service delivery areas other than just the wards - Complete 2015/16 round of Workforce Planning - Implement the recommendations of the report into Strategic Resourcing to establish a pool of suitable candidates - Task and Finish Group to continue to deliver action plan for

ensure that they are safe and that all the necessary checks and risk assessments are carried out (in response to the Saville Inquiry) ▪ TRAC online recruitment system implementation commenced ▪ Creation of one integrated Resourcing Team commenced (at final consultation stage) ▪ Review carried out on options for strategic resourcing – report produced and to be discussed at POD Sub Committee on 11/05/2015 ▪ Task and Finish Group set up to address sick absence levels ▪ Programme of education and learning interventions designed to meet clinical and non-clinical skills and knowledge needs based on a TNA ▪ Trust workforce plan produced and submitted to Health Education England informed by clinical strategies ▪ Essential learning features as a Trust KPI and is scrutinised via Trust's governance processes ▪ Ward staffing monthly and six monthly review reports published		areas ▪ Agency spend on staffing has increased. ▪ Assurance of inpatient staffing levels being fully implemented ▪ Whilst recruitment issues are being addressed, sickness levels remain a concern	reducing sickness absence ▪ Revised report tools to enable increased use of triangulation ▪ Increase use and analysis of exit interviews to aid understanding of turnover People and Organisational Development Sub Committee to configure its business cycle to enable implementation of the recently approved strategy and to capture above actions. People and Organisational Development Sub Committee October 2015 Financial Recovery Plan paper (including ward staffing costs) provided to Board of Directors requires update on implementation Director of Finance September 2015

Strategic Objective: 5. Improve quality of information to improve service delivery, evaluation and planning

| Risk Owner: Director of Finance | Risk appetite: |
| Risk Lead: Associate Director of Performance and Redesign | 4 |

Risk 12:   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

Initial Risk (inherent)			Current Risk (Residual)			Target Risk		
Likelihood	Consequence	Score	Likelihood	Consequence	Score	Likelihood	Consequence	Score
5	4	20	4	4	16	3	4	12

Controls (what we are currently doing about the risk)	Assurances (how do we know we are making an impact)	Gaps in Controls	Further actions that would help achieve the target risk (who and when by)
▪ Data quality improvement framework detailing data quality roles and responsibilities ▪ Five year strategic plan re better use of information ▪ Data quality reporting from clinical systems to localities for sense check ▪ IT enabled project board ▪ Data Quality Project Lead in post leading on implementation of data quality improvement framework to accelerate improvement	▪ Clinical coding and information governance audits detailing compliance ▪ Progress reported in 'measurement' section of Monitor quality governance framework self assessment ▪ Quality Account external audit 2013/14 received no qualifications (currently in progress for 2014/15) ▪ CWP performance dashboard reporting ▪ Implementation plan agreed at operational Board – March 2015 ▪ Data Quality project Lead in place – with effect from May 2015	Implementation plan required for data quality improvement framework to assure that the required systems, processes, competencies and gatekeeping arrangements are in place to operationalise the framework (this will identify forward actions to address specific gaps) Data quality issues raised during preparations for and during CQC inspection June 2015 Governor selected Quality Account indicator 2014/15 has gaps in control (as expected, hence the selection to inform risk treatment plan) in relation to data quality and completeness	Review of all data extracts from the data warehouse that support our contractual and mandatory reporting requirements Data Warehouse Manager November 2016 Improvement plan to improve data quality/ completeness for national IAPT indicators for 2015/16 (quarter 3) Associate Director of Performance & Redesign September 2015 Revised data quality framework approved by Operational Board under implementation Associate Director of Performance &

			Redesign Timescale March 2016

Strategic Objective:	5. Improve quality of information to improve service delivery, evaluation and planning

Risk Owner: Director of Finance Risk Lead: Associate Directors of Effective Services and Performance and Redesign	Risk appetite: 4

Risk 13: Loss of current services due to risks associated with the market environment and the potential for commissioners to seek further competitive tendering for clinical services

Initial Risk (inherent)			Current Risk (Residual)			Target Risk		
Likelihood	Consequence	Score	Likelihood	Consequence	Score	Likelihood	Consequence	Score
3	4	12	3	3	9	1	3	3

Controls (what we are currently doing about the risk)	Assurances (how do we know we are making an impact)	Gaps in Controls	Further actions that would help achieve the target risk (who and when by)
▪ Clinical and financial review and involvement throughout tender process ▪ Ability to influence commissioners via close working relationships ▪ History of good performance ▪ Robust Standard Operating procedures developed by Effective Services to respond to tender opportunities ▪ A non-direct care cost review is currently being undertaken and this will help to identify any gaps in current tendering processes and skills	▪ Clinical and financial review and involvement throughout the tender process ▪ Executive Director sponsor assigned to each tender ▪ 'Black hat' meeting undertaken in advance of tender submission ▪ Executive Director sign off of tender submission ▪ It is acknowledged that this risk score is likely to be volatile based on market environment	▪ Lack of business development strategy ▪ Bid writing constraints ▪ Contract management capacity constraints ▪ Costing and pricing capacity ▪ Current tendering exercises in the CWP West locality of value £25,000 - £100,000	Monitor impact of Service Improvement Framework to address the gaps in controls, to guide localities, mitigate governance issues associated with sub contracted services, and to bring about consistency to mitigate the volatility of the risk score Business Development and Innovation Sub Committee/ Effective Services Department Ongoing throughout 2015/16

Strategic Objective:	6. To sustain financial viability and deliver value for money

Risk Owner:	Director of Finance/ Director of Operations	Risk appetite:
Risk Lead:	Service Directors/ Deputy Director of Finance	4

Risk 14: Risk of not being able to deliver planned financial risk rating due to weaker than planned financial performance and incomplete CIP plans, resulting in potential breach of terms of licence

Initial Risk (inherent)			Current Risk (Residual)			Target Risk		
Likelihood	Consequence	Score	Likelihood	Consequence	Score	Likelihood	Consequence	Score
5	4	20	4	4	16	2	4	8

Controls (what we are currently doing about the risk)	Assurances (how do we know we are making an impact)	Gaps in Controls	Further actions that would help achieve the target risk (who and when by)
- Budget statements detail CIP - Quarterly financial risk rating to Monitor - Quarterly performance reviews address financial issues - Associate Director of Performance and Redesign leading CIP management process/ tracking of CIP delivery - Strengthened financial infrastructure via locality accountants - Board approved operational plan including 2014/15 CIP plans - Monthly reporting to Operational Board - CIP forward planning events held in August 2014 to start the 2015/16 process - Impact assessment process	- Impact assessment of service redesign as part of the annual planning processes - CWP performance report monthly monitoring - Regular monitoring via CIP steering group - Internal audit programme mapped to financial strategy - Audit Committee and Quality Committee overview - Weekly reporting to Exec team - Formal review in quarterly Performance Reviews with services - Improvement in M4 and M5 positions	- Quality of CIP plans - Plans off track - Uncertainty of commissioning intentions - Inability to influence the overall budget available to commissioners - Fully understanding of issues driving expenditure	To continue to review quality of CIP plans and those off track (as part of 2015/16 efficiency targets) Associate Director of Performance and Redesign Ongoing 2015/16 Agree strategic service plans with commissioners based either on disinvestment from CWP or reinvestment to deliver wider systemic efficiencies Service Directors Ongoing 2015/16 Implementation of Financial Recovery Plan 2015/16 and monthly reporting to Operational Board/ Board of Directors Ongoing until return to Plan 2015/16.

- Associate Director of Performance & Redesign and Director of Operations meeting with Service Directors to review progress - Development of Integrated Provider/ Commissioning Hubs to manage service re-design; delivery in a more strategic manner - Shared planning via emerging Vanguard model - Review and redesign of non-direct clinical care services to achieve greater efficiencies - Financial Recovery Plan 15/16 approved by Board of Directors, July 2015 - Monthly monitoring of financial recovery plan - Agreement of Contracting Strategy for 2015/16			Draft Financial Plan 2016/17 to be approved Director of Finance January 2016

Strategic Objective: 7. Be recognised as an open and progressive organisation that is about care, well-being and partnership

Risk Owner: Chief Executive Risk Lead: Associate Director of Safe Services	Risk appetite: 2

Risk 15: Risk of breach of the Trust Licence as a result of external scrutiny

Initial Risk (inherent)			Current Risk (Residual)			Target Risk		
Likelihood	Consequence	Score	Likelihood	Consequence	Score	Likelihood	Consequence	Score
4	5	20	3	4	12	2	4	8

Controls (what we are currently doing about the risk)	Assurances (how do we know we are making an impact)	Gaps in Controls	Further actions that would help achieve the target risk (who and when by)
▪ Integrated Governance Framework ▪ Internal audit plan ▪ External scrutiny by other agencies ▪ Regular patient surveys ▪ Provider licence self-assessment process in place reporting to Board ▪ Increased visibility of compliance against Provider Licence through quarterly reporting to Audit Committee	▪ Quality dashboard/ locality data pack reporting ▪ Regular meetings with commissioners to review contractual performance ▪ All registered locations are currently compliant ▪ Currently no concerns in relation to CQC compliance ▪ Monitor governance rating Green ▪ Audit Committee undertook in-depth review of this risk at May 2014 meeting (risk score 10 identified, subsequently amended to 8) ▪ Current CQC intelligence monitoring report highlights CWP as a low risk organisation ▪ April 2015 – internal audit of compliance received significant assurance	▪ CQC announced inspection scheduled w/c 22 June 2015 (assurances pending)	Await and respond to CQC draft report providing assurance to archive risk or otherwise Head of Compliance October/ November 2015

- CELF workshop and staff survey undertaken to understand initial feedback on staff experiences - MHA commissioner visits undertaken since CQC visit. - MHA ward audits programme now underway	

Quality Report

Quarter 1
April – June 2015

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

The Trust has received a second gold star from the national **Carers Trust** for **improving support** for unpaid carers and their families

Staff working in partnership with a service user and their carer, pictured above – see page 10

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-glossary

Welcome to CWP's first *Quality Report* of 2015/16

These reports are produced every quarter to update staff, people who access 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* and the previous *Quality Report*s of 2014/15 are available on the Trust's internet site:

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

Reporting on the quality of the Trust's services in this way enhances involvement of people 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 2015/16 in quarter 1
➲ **see page 5**

Mental health act detentions have been reduced through collaborative working – Operation Street Triage
➲ **see page 6**

The Clatterbridge ECT clinic has been **accredited with continuing excellence** by the ECT Accreditation Service
➲ **see page 7**

CWP has been awarded the Workplace Charter Mark, demonstrating a **commitment to the health and well-being of the Trust's workforce**
➲ **see page 8**

Seven staff roadshows were held in quarter 1, providing a condensed overview of the Trust's vision and the Trustwide/ locality strategies
➲ **see page 8**

The Trust has welcomed a new service, Access Sefton. The new service can offer **more flexible support** than before, making it **easier for people to get help and support at the time they need it**.
➲ **see page 9**

The Trust has received a second gold star from the national Carers Trust, recognising the Trust's **commitment to improving support for unpaid carers and their families**.
➲ **see page 10**

QUALITY PRIORITIES – 2015/16

CWP has set three **Trustwide quality priorities** for 2015/16, 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 2015/16 – 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:

- An Effective Care Planning 'z card' information leaflet has been developed which includes fundamentals of the effective care planning process, examples of care plans and links for national and local organisations.
- Demonstrated a comparative increase in the ratio of 'no harm' to 'harm' reporting of incidents during quarter 1. This is a positive indicator of the Trust's patient safety culture, that it is taking opportunities to learn from incidents that have not resulted in harm before actual harm events happen.

> *Clinical Effectiveness* priority for 2015/16 – 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:

- An acute care pathway went live in May 2015. Testing of a dementia pathway continues with a plan to make it live in July 2015. ADHD and bi-polar pathways are expected to be live in August 2015.
- Staff roadshows have been held in each locality. 3 locality films were shot/ edited for the staff roadshows and have been uploaded to the Trust intranet.
- The Communications and Involvement team had designed and produced a new staff magazine, including an e-version, which celebrates best practice.
- The Trust intranet has been re-launched in its new format.

> *Patient Experience* priority for 2015/16 – 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:

- Staff survey feedback has been provided to all localities and action plans have been created within each locality.
- Work has continued to raise awareness of the Friends and Family Test (FFT) throughout the Trust, with the aim of increasing response rates and embedding FFT into routine practice.
- Triangle of Care training was provided in May and June to primary care teams in the West locality, funded by the CCG.

IMPROVING OUTCOMES BY SUPPORTING RECOVERY

CWP is committed to **improving outcomes** for the people who access 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.

Reducing Mental Health Act detentions through collaborative working – Operation Street Triage

CWP has teamed up with Cheshire Police to lead a new approach to policing incidents involving people with mental ill-health.

Across East Cheshire, Operation "Street Triage" sees a team of mental health community nurses from CWP accompanying dedicated police officers during 999 and 101 call-outs to offer advice and assist in reducing the number of people being arrested under section 136 of the Mental Health Act or being unnecessarily taken to hospital for treatment.

What they did

Gordon Leonard, CWP specialist forensic lead and lead for the Street Triage project, said: "By working more closely with the Police we aim to realise tangible benefits for patients, offering vulnerable people a more supportive way of accessing CWP services whilst easing pressure on police or hospital resources.

"Having a dedicated community mental health nurse present when attending a police call-out, means that they are able to immediately access the individual's care plan to see if they are known to services and to contact their care co-ordinator to discuss what the best approach is, as well as offering immediate mental health specialist support to individuals in crisis."

Inspector Kate Woods, mental health co-ordinator for Cheshire Police, said: "The project is about ensuring people with mental health needs receive appropriate support whether they're a victim, witness or offender. This way of working has been piloted in other areas with great results and we are looking forward to rolling this out across the patch. The CWP and Police officers involved have really taken this collaborative approach on board and recognise this to be a great opportunity to improve mental health outcomes for people in Cheshire."

Impact

There is evidence that the street triage service eases the pressure on both police and hospital resources as well as improving the lives of people in the local community. Since November 2014, the team has been able to reduce Mental Health Act detentions by 90%.

Next steps

Commissioners play a key leadership role in making sure people in crisis receive care quickly. CWP will therefore continue to work with its commissioners in delivering the Crisis Care Concordat, which focuses on how services respond to help people with mental illness at the time of their greatest need, using the impacts of Operation "Street Triage" to inform the commissioning of their services.

QUALITY SUCCESS STORIES

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

The Quality Network for Forensic Mental Health *Services* adopts a **multi-disciplinary approach** to **quality improvement** in medium and low secure mental health services. A key component of its work is the **sharing of best practice**; by listening to and being led by frontline staff and patients. The Network serves to identify areas for improvement through a **culture of openness and enquiry**; the model is one of **engagement** rather than inspection. It aims to facilitate quality improvement and change in forensic mental health settings through a **supportive network** and **peer-review process**. Members are expected to use the results of reviews to **develop action plans** to **achieve year on year improvement**. They are also expected to **share their results** throughout their services as well as with key stakeholders, including health and local authorities, those making referrals to their services and local patient and family and friend groups. Participating services are able to **benchmark** their practice against **similar services** and **demonstrate the quality of care** they provide.

ECTAS accreditation decision for Clatterbridge ECT Clinic

What they did

- The ECT Clinic demonstrated the quality of care they provide to service users and carers, the wider organisation and commissioners.
- They have demonstrated that they meet national guidelines and standards.
- The Care Quality Commission uses *ECTAS* accreditation as one of the information sources it uses to direct its inspection activities in its core standards assessment of mental health services.
- Information from the accreditation process will be used in the Trust's Quality Account as recommended by the *National Quality Board.*
- The standards and assessment process provide a framework to monitor contracts and develop service level agreements.
- Learning and innovations from this accreditation will be spread beyond the participating service to other services within the Trust.

Impact

The accreditation process has supported the ECT Clinic to evaluate their performance and improve their practice through:

- A self review of their service.
- A peer review identifying and discussing challenges with the visiting reviewers.
- A detailed team report recognising areas of achievement and suggesting approaches to quality improvement.
- Organised visits to other services supported by an experienced lead reviewer.
- A report of national findings identifying trends and enabling benchmarking with other services.
- Personal development of staff through training in peer reviewing and visiting another service/s.

Next steps

The clinic has been **accredited with continuing excellence** for **Year 1** of the three year cycle. Accreditation with continuing excellence covers a period of three years subject to a satisfactory annual review.

Clinical Effectiveness News

CWP has been awarded the Workplace Charter Mark

The Workplace Wellbeing Charter is an opportunity for employers to demonstrate their commitment to the health and well-being of their workforce. The Charter provides employers with an easy and clear guide on how to make workplaces a supportive and productive environment in which employees can flourish. These standards reflect best practice and are endorsed nationally by *Public Health England*.

The Charter takes a holistic approach that includes leadership, culture and communication, as well as health and wellbeing topics such as physical activity, alcohol and mental health. The framework promotes rounded discussions between employer and employees about health, safety and wellbeing.

Having recently undertaken the accreditation process in accordance with the Workplace Wellbeing Charter assessment criteria, it has been concluded that the Trust has achieved the Workplace Wellbeing Charter. Achieving the Workplace Wellbeing Charter demonstrates that the Trust are forward thinking in cascading Wellbeing practices throughout the organisation and that we demonstrate this commitment.

Bernie Walsh from the Acquired Brain Injury Service gave a talk on "Coping with Fatigue after a Stroke".

Fatigue is one of the most common effects of stroke. It can make you feel unwell and like you're not in control of your recovery. The signs of fatigue are not always obvious to other people so they may not understand how you are feeling.

The talk was provided in conjunction with the Stroke *Association*. "Crewe Moving on Stroke Group" is a support group for people of working age who have been affected by stroke – stroke survivors, carers, family, friends, colleagues and health professionals.

Staff Roadshows 2015

There were seven roadshows held across the Trust footprint between April and May. Over 250 staff attended the roadshows, with the Chief Executive also attending each event, accompanied by various senior managers.

The aim of the roadshows was to provide a condensed overview of the strategy and vision; a chance to grill managers in a Question Time session; and a pre CQC 'Best we can be' workshop.

The roadshows were generally rated as 'excellent' or 'very good' by those who attended. People found the strategy and vision most useful.

The materials from the workshop along with other handouts available on the day are now available on the intranet, and videos will shortly be available for those who were unable to attend.

Patient Experience News and patient feedback

Westminster Surgery to be part of CWP from 1 July 2015

GP and other service provision at Westminster Surgery in Ellesmere Port will become part of the Trust on 1 July 2015.

The Trust, in partnership with *Primary Care Cheshire CIC*, submitted a successful bid to operate the surgery and wider services and is currently working with *NHS England* to upgrade and modernise the surgery before the official handover next month. Existing staff will transfer over with the surgery and a number of vacancies will be advertised over the coming weeks. Patient services and ongoing treatment will remain unaffected by the transition.
This is an exciting opportunity for the Trust to develop integrated service provision with our primary care partners.

LloydsPharmacy have arrived at Bowmere Hospital

Bowmere Hospital now boasts a new on-site *LloydsPharmacy*. The new, purpose built pharmacy will serve all three localities, providing additional services in a central location, ensuring that the Trust continues to provide the very best care to the people who access our services.

West services move to Fountains Health Medical Centre, Chester

A new purpose-built Health Medical Centre has opened called The Fountains. Based at the Fountains Roundabout in Chester, the centre will offer modern facilities and house a range of health services including four GP practices, a pharmacy and several CWP services.

CWP services include two community care teams, musculoskeletal physiotherapy, podiatry, speech and language, continence, primary mental health services and some child and adolescent mental health services.

The Trust welcomes it newest service, Access Sefton

The Trust was recently granted a contract for the service which is being delivered in partnership by both CWP and *Insight Healthcare* on behalf of the borough's two clinical commissioning groups (CCGs).
Access Sefton provides Improved Access to Psychological Therapies – widely known as IAPT – for common mental health problems such as anxiety, stress, feeling low in mood or depression to people aged 16 or over who live in the borough. Access Sefton replaces the existing IAPT service and it will support both GP referred patients and people who self-refer.

Sheena Cumiskey,
Chief Executive, said

"We are delighted to be providing this new service and are confident that Access Sefton will enable people to seek help early on, enabling them to maintain their lifestyle without any negative impact on their day to day lives. We will be working closely with local GPs and Clinical Commissioning Groups to make sure that we provide the best quality of care for all referrers, and will ensure that the transition for current staff and service users is as smooth as possible. It's great that this type of service will remain with the NHS."

NHS South Sefton CCG, NHS Southport and *Formby CCG* have been working closely with CWP and *Insight* over the past few months to ensure a seamless change to the new service for people accessing the service.

"The service will continue to run from the same locations, so existing patients won't notice any changes to the high quality of therapies they receive. In the future however, Access Sefton will make it easier for people to get help and support at the time they need it because the new service can offer more flexible support than before."

Dr Hilal Mulla, *mental health clinical lead for NHS Southport and Formby CCG*, said:

Working in partnership with carers

The Trust has received a second gold star from the national *Carers Trust*, recognising the Trust's commitment to improving support for unpaid carers and their families.

Since becoming one of the first members of the *Carers Trust*'s 'Triangle of Care' scheme, staff in secondary mental health, learning disability and acquired brain injury teams have completed 49 self-assessment audits and created action plans to work towards a three way partnership between the service user, the main carer and the professional.

Helen Bainbridge, carer experience and recovery lead at CWP has worked closely with Carers and *Cheshire and Warrington Carers Centre* and *Wirral Family Tree* to co-produce specialised carer awareness training for front line staff. Teams have been encouraged to develop stronger partnership working with a range of local carer support organisations including services to support both young carers and adults.

Avril Devaney,
Director of nursing,
therapies and patient partnership said;

"The Triangle of Care show that this three way partnership between service user, carers and clinicians, will all voices being heard will be the best most person centred care. It places an onus on professionals and services to actively encourage the partnership."

Ruth Hannan, Policy and Development Manager from *Carers Trust*, assessed CWP and said;

"There was evidence of strong partnership working with carers and a wide range of local carer organisations. I hope to see this strong commitment to the Triangle of Care to continue."

The recognition comes after the launch of the new Care Act which launched on 1 April 2015. The Act strengthens the rights of all voluntary and unpaid carers to request a Carers Assessment via the local authority who are keen to identify carers at an earlier stage, recognise the contribution they make and offer support to enable the unpaid carer to sustain their caring role and support their own health and wellbeing.

Pictured above, staff working in partnership with a service user and their carer

In quarter 1, CWP formally received 535 **compliments** from people accessing 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 services across the Trust:

Adult mental health services – CWP West
"All the staff were helpful, compassionate and very caring. The team managed to achieve the best possible outcome for my relative for which we are grateful."

Physical health services
"Back in November I lost my Dad. He had secondary cancer and had been ill for some time. On the night of his passing my Dad was attended to by 2 of the district nurse team, I thanked them on the night for all they had done for Dad but as I am sure you can understand my emotions were not in the right place to be saying thank you nor to fully appreciate just what and how they had dealt with Dad. It is hard for me to convey what I witnessed as they cleaned and dressed Dad prior to the undertakers arriving. The dignity and care shown is something that will remain with me all of my life, I only hope that one day someone would show me the same levels of care and courtesy these ladies showed my Dad. As I write this the tears roll down my cheeks as this really was above and beyond any pay scale or NHS banding or target driven bureaucracy, of the world and organisation in which we live, this was pure human niceness extended to my Dad by people who were doing a job that they were gifted to do. What saddens me is in this world the appreciation that these people are shown or told is nothing compared to that extended to sporting heroes; well in my world my heroes are the two nurses that attended my Dad that night. I have tried to get their names so I could go and speak to them personally, and I would like to try and invite them to a senate on end of life one day when I do a review of the end of life service review that the CCG are currently conducting so I could stand up in public and say thank you, but in the mean time I hope you would be so kind as to pass on my thanks, tell them if I can ever repay what they did they need only ask."

Child and Adolescent Mental health services – CWP West
"I wish to acknowledge in writing the wonderful support and service we have received both for my daughter and for us as a family. Without the care and support from yourselves, we would not have been able to support our daughter through what has been an extremely testing and difficult time… I would also like you to pass on my praise for the support that we have received when we have needed to use your service between appointments."

Adult mental health services – CWP East
"I would highly recommend Adelphi ward if any of my friends or family were ill. I found the staff very helpful and friendly. I had a very positive experience and I know I will be able to continue my recovery successfully at home. "

Share your stories
We welcome feedback about any of the Trust's services; please share your stories via the Quality Support Managers, Safe Services Department on 01244 393138

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

Cheshire and Wirral Partnership NHS

NHS Foundation Trust

STANDARDISED REPORT COMMUNICATION

REPORT DETAILS

Report subject:	Corporate Board Performance Report August 2015
Agenda ref. no:	15/16/64
Report to (meeting):	Board of Directors
Action required:	Discussion and Approval
Date of meeting:	30/09/2015
Presented by:	Tim Welch, Director of Finance/Deputy Chief Executive

Which strategic objectives this report provides information about:	
Deliver high quality, integrated and innovative services that improve outcomes	Yes
Ensure meaningful involvement of service users, carers, staff and the wider community	Yes
Be a model employer and have a caring, competent and motivated workforce	Yes
Maintain and develop robust partnerships with existing and potential new stakeholders	Yes
Improve quality of information to improve service delivery, evaluation and planning	Yes
Sustain financial viability and deliver value for money	Yes
Be recognised as an open, progressive organisation that is about care, well-being and partnership	Yes
Which CQC quality of service domains this report reflects:	
Safe services	Yes
Effective services	Yes
Caring services	Yes
Well-led services	Yes
Services that are responsive to people's needs	Yes
Which Monitor quality governance framework/ well-led domains this report reflects:	
Strategy	Yes
Capability and culture	Yes
Process and structures	Yes
Measurement	Yes
Does this report provide any information to update any current strategic risks? If so, which?	
See current risk register in the agenda of the public meeting of the Board of Directors at http://www.cwp.nhs.uk/about-us/board-members/our-board-meetings	
35T	
Does this report indicate any new strategic risks? If so, describe and indicate risk score:	
See current integrated governance strategy: CWP policies – policy code FR1	
35T	

REPORT BRIEFING

Situation – *a concise statement of the purpose of this report*
The Trust has a responsibility to ensure it is well led and this report intends to provide Board of Directors with an overview of performance against our KPI's and areas of concern or priority.

Background – *contextual and background information pertinent to the situation/ purpose of the report*
Having reviewed performance against our key KPI/priority areas, key lines of enquiry [KLOE] were identified. Operational board reviewed and discussed the KLOE. Feedback was provided by each KLOE owner. Service Directors provided an overview of actions being taken to understand and improve performance with indicative timescales for improvement.

Assessment – *analysis and considerations of options and risks*
Following review of the CPR at Operational Board it was agreed to exception report the following areas to the Board of Directors: 1. CPA 12 month review 2. IAPT waiting times compliance [75% in 6 weeks] 3. Supervision rates

Recommendation – *what action/ recommendation is needed, what needs to happen and by when?*
The Board of Directors are asked to: • Note the content, • Discuss the content, • Agree any further action determined

Who/ which group has approved this report for receipt at the above meeting?	Tim Welch, Director of Finance/Deputy Chief Executive
Contributing authors:	Neil Griffiths, Senior Information Analyst Anne Casey, Head of Performance and Information Mandy Skelding-Jones, Associate Director of Performance and Redesign Service Directors
Distribution to other people/ groups/ meetings:	

Version	Name/ group/ meeting	Date issued
0.1	Locality Management Teams Operational Board	10 September 2015 16 September 2015

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

CWP Board Dashboard

Reporting Month: August 2015

Cheshire and Wirral Partnership NHS
NHS Foundation Trust

	Previous month	Current month	Trend
Monitor Targets - 7	⬆ (orange)	⬇ (orange)	
Finance			
Income & Expenditure	⬆ (red)	➡ (red)	
CoSRR (Monitor Target)	➡ (orange)	➡ (orange)	
Cashflow	⬇ (orange)	➡ (green)	
Cost Improvement	⬆ (green)	⬆ (green)	**£235k achieved in August** **£881k achieved YTD** **£77k ahead of plan**

	Target	Previous month	Current month	Trend
Workforce				
Essentials 1	85%	⬆ (green)	⬆ (green)	
Appraisals (including medical staff)	85%	⬆ (red)	⬇ (red)	
Safeguarding	80%	⬆ (green)	➡ (green)	
Supervisions	85%	⬆ (red)	➡ (red)	
Sickness	< 4.5%	➡ (red)	⬇ (red)	
Disciplinary	TBC	⬆ (black)	⬇ (black)	
Patient Experience				
Complaints per 1000 episodes	< 2.17	⬇ (green)	⬆ (orange)	
Staff Raising Concerns	TBC	⬆ (black)	⬇ (black)	
Customer Satisfaction	80%	Process for data collection in development. Reporting expected to be in place Q2 2015/16		
Family & Friends Test		Process for data collection is developed, and recording has commenced. Reporting to be in place by end of Q2 2015/16		

Inpatient Metrics	Bed occupancy rate	Ward staffing levels
Previous Month	87.98%	Planned Shifts **7,483** Actual 7,041 **(94.10%)**
Current Month	91.76%	Planned Shifts **7,501** Actual 7,019 **(93.58%)**
Trend		

Waiting Times Indicators	Target	Previous month	Current month	Trend
Early Intervention (2 weeks)	50%	76.92%	68.97%	
IAPT (6 weeks)	75%	66.13%	69.45%	
IAPT (18 weeks)	95%	92.97%	93.37%	
Allied Health Prof'ls (18 weeks)	95%	98.53%	97.40%	

For a key to arrows and RAG statuses, please see Page 2 of dashboard

CWP Board Dashboard

Exception Reports

Cheshire and Wirral Partnership NHS
NHS Foundation Trust

Risks	Number of risks						Number of new risks added to register	Number of risks archived from register
	Red		Amber		Green			
	Current	Trend	Current	Trend	Current	Trend		
Strategic	9	⬆ (red)	5	➡ (amber)	0	➡ (green)	1	0
Clinical Services	16	⬇ (red)	48	⬆ (amber)	6	⬆ (green)	9	3
Corporate Support	**In development - being piloted by Performance and Redesign**							

Key for dashboard

⬆	Improvement in performance	GREEN	Above target
➡	Stable performance	AMBER	Within 5% of target
⬇	Decline in performance	RED	Below target

Incidents	Category A&B (SUIs)		Category C&D (Mild / Moderate harm)		Category E (No harm)		Trend
	Previous month	Current month	Previous month	Current month	Previous month	Current month	
Mental Health Services (inc LD)	⬇ (green)	⬇ (red)	⬇ (amber)	⬇ (amber)	⬇ (red)	⬇ (red)	[trend chart A B C D E]
West Physical Health Services	⬆ (red)	⬆ (green)	⬇ (amber)	⬇ (amber)	⬇ (red)	⬇ (red)	[trend chart A B C D E]
Clinical Support Services	⬇ (green)	➡ (green)	⬆ (amber)	⬆ (amber)	⬇ (red)	⬇ (red)	[trend chart A B C D E]

Quality	Previous month	Current month	Trend
Patient Safety Composite Score	➡	➡	
Staff Experience	**Process for data collection in development. Expected to be in place Q3 2015/16**		

Infection Prevention and Control	Previous audit compliance	Current audit compliance	Trend
Infection Control	5/15 passed 87% compliance	12/17 passed 94% compliance*	⬆ (green)

*2 new locations audited for first time in August

Clinical Strategies	CWP West	Previous month	Current month	CWP Wirral	Previous month	Current month	CWP East	Previous month	Current month
1 (Integration)		Stable	Stable		Improving	Improving		Stable	Stable
2 (Self care)		Stable	Stable		Improving	Improving		Declining	Stable
3 (Experience / 6Cs)		Stable	Stable		Stable	Stable		Stable	Stable
	Risk Rating			Risk Rating			Risk Rating		

Board Dashboard - Glossary

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

Theme	Link to Strategic Objectives	Definition	Threshold	RAG Status	Trigger for exception report to Board	Reviewing Group/ Person	Submission Frequency
Cost Improvement Programme	6	CIP is the term widely used in NHS to describe schemes to make efficiency savings and improvements in productivity	=> £x	Green = on or above plan Amber = behind plan with agreed remedial actions in place to rectify position Red = behind plan by => £ x with no agreed actions in place to recover position or position not recoverable	Exception reports will be provided when the position is reported as either Amber or Red.	Ops Board and Execs	Monthly
Contracts Held	4	Number of contracts held by the trust with commissioners	Loss of any contract or new contracts gained	Green= status quo or increase in contracts held Amber = intention to tender given on contract Red = loss of contract	The board would receive exception reports for any change in contract status	CAL	Monthly
Essentials 1	1 and 3	Percentage of staff being fully compliant with essentials 1 requirements	85%	Green => 85% Amber => 80% and < 85% Red < 80%	Exception reports will be provided when the position is reported as either Amber or Red.	CAL	Monthly
Appraisal	1 and 3	Competition of annual PDR for non-medical staff and annual appraisal for medics. Excludes Students, Locums & Bank Staff	85%	Green => 85% Amber => 80% and < 85% Red < 80%	Exception reports will be provided when the position is reported as either Amber or Red.	CAL	Monthly
Safeguarding	3 and 7	Level of compliance with safeguard training for all eligible staff	80%	Green => 80% Amber => 75% and < 80% Red < 75%	Exception reports will be provided when the position is reported as either Amber or Red.	CAL	Monthly
Complaints	7	Number of complaints received represented as a rate per 1,000 episodes (including mental health, LD, Drug and Alcohol, IAPT services and community physical health)	= < the rate for previous year	Green = rate =/less than the rate for the previous year Red = rate higher than previous year	Exception reports will be provided when the position is reported Red.	CAL	Monthly
Customer Satisfaction	2 and 7	Currently being developed as a measure				TBC	Monthly

Theme	Link to Strategic Objectives	Definition	Threshold	RAG Status	Trigger for exception report to Board	Reviewing Group/ Person	Submission Frequency
Staff Experience	3 and 7	Overall rating for staff survey	= > the rate for previous year and organisational ranking in national survey	Green = rate =/higher than the rate for the previous year Amber = ranking in national survey reduced Red = rate lower than previous year	Exception reports will be provided when the position is reported as Amber or Red.	TBC	Annual
Raising Staff Concerns	3 and 7	Number of staff concerns captured through raising concerns process				TBC	Monthly
Sickness	3	Rolling staff sickness levels	=< national benchmark rate	Green = rate that is below 4.5% Amber = between 4.5% and 5.5% Red = 5.5% or higher	Exception report and action plans will be provided when the position is reported as Amber or Red.	ODE/WOD	Monthly
Disciplinary	3	Current number of staff subject to disciplinary process	TBC			TBC	Monthly
Bed Occupancy rate	1 and 5	Average bed occupancy rate for the month	TBC		All incidents where occupancy is significantly below or above plan will be reported to board	In Patient Ward Review Programme	Monthly
Number of closed wards	1 , 5 and 7	Number of wards closed within the month	>0		All reported ward closures will require an exception report and action plan	In Patient Ward Review Programme/ Execs	Monthly
Ward Staffing levels:	1 , 5 and 7	Actual v Planned staffing levels	Actual staffing level is below plan		All incidents where staffing is significantly below or above plan will be reported to board	In Patient Ward Review Programme/ Execs/ Board	Monthly
Waiting times	1 , 5 and 7	Number of community physical health patients waiting for their first appointment with an Allied Health Professional	95% within 18 weeks	Red = Less than 90% compliance Amber = 90-95% compliance Green = 95% compliance	Reported as Amber or Red		Monthly
Risks	1 and 7	Provides overview of the current risks managed by the trust and movements in risk status	New red rated risk identified	Not applicable	Any new red risks should be reported to board by exception	Quality	Monthly

Theme	Link to Strategic Objectives	Definition	Threshold	RAG Status	Trigger for exception report to Board	Reviewing Group/ Person	Submission Frequency
Incidents	1 and 7	Provides overview of incidents occurring within the month. Categorised into three groups, serious harm, mild/moderate harm and no harm.	Current month performance should be equal to or less than the average of the previous 13 months for serious harm and mild/moderate harm. No harm incidents should be greater than average of the previous 13 months.	Cat A&B - Red if increase, Amber if decrease, Green if zero Cat C&D - Always Amber Cat E - Green if increase, Amber if static, Red if decrease	All serious incidents would be reported to board by exception. Growth over 3 month period in 'serious and mild/moderate' incidents an exception report and action plan would be required Should the number of 'no harm' incidents continually reduce over 3 month period, an exception report and action plan would be required	Quality	Monthly
Clinical Strategies	1, 2, 6 and 7	Proxy measures for the implementation of locality clinical strategies	Improvement on previous financial year	For individual measures: Green - improvement Amber - no significant change (+/- 5%) Red - worsening of position For overall KPI: Green - majority improving Amber - equal amount improving / worsening Red - majority worsening	Any indicator being red		Monthly
Infection Prevention and Control	1, 3 and 7		All areas audited in the month >93%	Green: All areas >= 93% Amber: Average >= 93% Red: Average < 93%	Any area having a compliance score of less than 93%	IPCSC	Monthly

Theme	Link to Strategic Objectives	Definition	Threshold	RAG Status	Trigger for exception report to Board	Reviewing Group/ Person	Submission Frequency

CWP Objectives

1 Deliver high quality, integrated and innovative services that improve outcomes

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

3 Be a model employer and have a caring, competent and motivated workforce

4 Maintain and develop robust partnerships with existing and potential new stakeholders

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

6 Sustain financial viability and deliver value for money

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

STANDARDISED REPORT COMMUNICATION

REPORT DETAILS

Report subject:	Monitor Risk Assessment Framework changes
Agenda ref. no:	15/16/65
Report to (meeting):	Board of Directors
Action required:	Information and noting
Date of meeting:	30/09/2015
Presented by:	Tim Welch, Director of Finance

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

REPORT BRIEFING

Situation – *a concise statement of the purpose of this report*
To update the Board of Directors on the recent changes to the Monitor Risk Assessment Framework.

Background – *contextual and background information pertinent to the situation/ purpose of the report*
Monitor published an updated Risk Assessment Framework (RAF) in August 2015 following a consultation period. The changes take immediate effect.

Assessment – *analysis and considerations of options and risks*
The key changes include: • The introduction of a financial sustainability indicator (previously the continuity of service risk rating indicator) made up of liquidity, capital servicing cover, I&E margins and I&E variance from plan. This risk rating represents Monitor's view of the likelihood that a licence holder is, will be, or could be in breach of the continuity of service licence condition 3 and/or the provisions of the NHS foundation trust licence condition 4 (governance) which relates to finance • Introduction of monthly financial reporting to Monitor • Introduction of the value for money governance measure • Removal of RTT and non-admitted targets • Changes to the Accounting Officer Memorandum. There is no significant impact of the changes to the Trust at this time, however in light of the current financial position and the likelihood that the new RAF measures may result in an increased number of regulatory interventions or investigations at providers which are historically well-led, the full implementation of the financial recovery plan 15/16 must remain a priority.

Recommendation – *what action/ recommendation is needed, what needs to happen and by when?*
The Board of Directors are asked to **note** the report.

Who/ which group has approved this report for receipt at the above meeting?	Operational Board – September 2015
Contributing authors:	Louise Brereton
Distribution to other people/ groups/ meetings:	

Version	Name/ group/ meeting	Date issued
35T	35T	35T

Appendices provided for reference and to give supporting/ contextual information: *Provide only underline necessary detail, do underline not embed appendices, provide as separate reports*	
Appendix no.	Appendix title
1	Monitor Risk Assessment Framework August 2015 - https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/455893/RAF_revised_25_August.pdf

Cheshire and Wirral Partnership NHS
NHS Foundation Trust

STANDARDISED REPORT COMMUNICATION

REPORT DETAILS

Report subject:	Equality and Diversity Update Report
Agenda ref. no:	15/16/66
Report to (meeting):	Board of Directors
Action required:	Discussion and Approval
Date of meeting:	28/09/2015
Presented by:	Stephen Scorer, Director of Nursing, Therapies and Patient Partnership

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

REPORT BRIEFING

Situation – *a concise statement of the purpose of this report*
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, ongoing work to date, identified challenges and sets key actions for moving forward.

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

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

Assessment – *analysis and considerations of options and risks*

The report highlights the various processes and systems the Trust has in place to meet is equality and diversity obligations, the Trust provides evidence in relation various requirements from various organisations i.e. NHS England, Workforce Race Equality Standard (WRES), Equality Delivery System 2 (EDS2). As part of the Trusts various contracts the Trust have to report to the commissioning support E&D manager for Cheshire and Merseyside on actions that have been set as part of the quality contract.

The Trust has a Trustwide Equality & Diversity Group and each locality has a locality E&D group and each service line has an equality & diversity champion, the Trust have also built up a network of contacts from the local communities who represent the members of the diverse community. The Trust Equality and Diversity Group will monitor the equality and diversity work taking place across the Trust and update the various CWP committees on it progress

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

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 objective action plan.

Who/ which group has approved this report for receipt at the above meeting?	People Organisational Development Committee
Contributing authors:	Equality & Diversity Co-ordinator
Distribution to other people/ groups/ meetings:	

Version	Name/ group/ meeting	Date issued
36T	CWP Equality & Diversity Group, Merseyside Society for Deaf People People and Organisational Development subcommittee	September 2015

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

Appendix no.	Appendix title
1	Equality and Diversity Update Report

Update on CWP Equality and Diversity Activity

September 2015

1. 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
- Gender Reassignment (Trans)
- Race

- Disability
- Marriage/Civil Partnership

- Religion or Belief (including lack of belief)

- Gender
- Pregnancy/Maternity

- 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:

2. Progress

Equality Delivery System Assessment 2
The main purpose of the EDS was, and remains, to help local NHS organisations, in discussion with local partner's 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 representing members of the diverse community groups were invited to attend CWP NHS Equality Delivery System Reviews across the Trust in March 2015. 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 2 (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 Teams and Service Managers. CWP also provided 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 the Trust was Achieving with one element Developing /Achieving.

1 organisation in their opinion thought we did not have sufficient evidence to show that 6-8 protected groups fair well, although the majority of the other groups believed we had provided sufficient evidence, it was agreed that we assess as developing / achieving against this element..

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.

Diversity Framework
The Trust Diversity Framework continues to develop and embed into the locality structure. Each locality has established a locality wide partnership network / group which consists of members from the diverse community, 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 equality and diversity group of the quality of equality and diversity in their local services. Trust equality and diversity leads representatives from these groups are active members of the Trustwide Equality & Diversity Group.

The Trustwide Group provides oversight to the implementation of the Equality and Diversity agenda and acts as a 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 Trustwide Group reports to the Quality Committee via he Peoples Organisational Development sub - Committee.

Work with our key third sector partners in relation to the Trusts diversity work continues to develop. Some of the partners are:

Age UK, Deafness Support Network, Irish Community Care Merseyside, Wirral Lesbian Gay Bisexual Transgender (LGBT) / Terrence Higgins Trust, Wirral Multicultural Centre, Merseyside Society for Deaf People

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) Cheshire & Merseyside Commissioning Support Unit. The template is updated by the Trust and monitored by the Commissioning Support Unit on a quarterly basis.

Trust Diversity Information
The Trust has published a variety of reports and information to meet both its statutory and contractual obligations: all of these reports can be found on the CWP website.
- Equality and Diversity Monitoring 2014-15
- Service User Equality Data
- CWP Equality & Diversity Objective Action Plan

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 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 2015/1 6
- CWP may not be able to provide robust data to measure equality and determine priorities and drive improvement
  To address the issues relating to data collection the Trust have:
- highlighted certain areas that can be improved on care notes, the collection of data on sexuality and ethnicity
- The Trust have promoted Stonewalls publication ' What's it got to do with you' this publication highlights reasons for collecting data, this has been prompted on the CWP internet, CWP Essential
- Copies have been sent to all 3 Locality Equality leads and Champions and raised at the CWP Equality & Diversity Committee
- A Equality & Diversity monitoring form has been compiled to collect equality data for service users carers and members of the public who make a complaint
- The Trust cannot make changes to Carenotes without going through a national process although the Trust are looking at how we can make some amendments to collect additional data, we are working with 3rd sector organisations to see what we can put onto Carenotes at a local level.

The Trustwide equality and diversity group will monitor the actions in response to these challenges which form part of the Trustwide 4 year equality objective action plan previously submitted to the Board.

STANDARDISED REPORT COMMUNICATION

REPORT DETAILS

Report subject:	Caldicott 2 Report
Agenda ref. no:	15/16/67
Report to (meeting):	Board of Directors
Action required:	Information and noting
Date of meeting:	30/09/2015
Presented by:	Dr Faouzi Alam, Medical Director & Caldicott Guardian

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

REPORT BRIEFING

Situation – *a concise statement of the purpose of this report*
To update provide information to the Board of Directors relating to the background of Caldicott 2, progress to date and risks.

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

Dame Fiona Caldicott undertook a second Caldicott review in 2013 – it was recognised that `Caldicott' had made staff wary of sharing information.  A further Caldicott principle was added -that `the duty to share information can be as important as the duty to protect confidentiality'.

All Trusts are required to implement process to meet the requirements of Caldicott 2. These will be monitored via a number of the requirements on the Information Governance Toolkit submissions. The risks of failing to fully implement Caldicott 2 will be failure to achieve IG toolkit standards which are a requirement of all Trust contracts therefore risking financial penalties.

Assessment – *analysis and considerations of options and risks*

CWP progress to date:
- December 2014 – publicised Department of Health guidelines for confidentiality and information sharing for direct care via CWP essential
- July 2015 – refreshed relevant Information Governance toolkit evidence for July baseline submission to ensure compliance with Caldicott 2 recommendations
- July 2015 – developed and delivered training package for doctors induction including patient carer experience and Barnardos DVD `no wrong door
- July 2015 – report from Information Governance toolkit confirms that CWP have fully implemented Caldicott 2 requirements.
- July 2015 onwards – added Caldicott 2 questions to IG spot checks to promote Caldicott 2 culture and reduce risk of non-compliance.

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

The Board of Directors is recommended to note the following further action to be taken:
- July 2015 onwards – continue IG spot checks of all Trust areas to embed Caldicott 2.
- October 2015 – refresh all relevant Information Governance toolkit evidence to ensure continued compliance with Caldicott 2 recommendations
- December 2015 – devise Caldicott 2 day for grand rounds
- March 2016 – refresh all relevant IG toolkit evidence to ensure continued compliance with Caldicott 2 recommendations – resulting in compliance with all Trust contracts.

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

Version	Name/ group/ meeting	Date issued
35T	35T	35T

Appendices provided for reference and to give supporting/ contextual information:	
Provide only <u>necessary</u> detail, do <u>not</u> embed appendices, provide as separate reports	
Appendix no.	Appendix title
1	Caldicott 2 compliance report

Caldicott 2 report for Trust Board of Directors

September 2015

Caldicott background

- Dame Fiona Caldicott undertook a review of information flows in the NHS in 1997 and produced the Caldicott report with recommendations.

- A recommendation was that each NHS organisation should have a Caldicott Guardian who was responsible for the protection and use of personal information.

- The main aim was to assist the flow of information in and out of the NHS to benefit the patient.

Original Caldicott principles

- Justify the purpose(s)

- Don't use Patient-Identifiable Information unless it is absolutely necessary

- Use the minimum necessary Patient-Identifiable Information

- Access to Patient-Identifiable Information should be on a strict need-to-know basis

- Everyone with access to Patient-Identifiable Information should be aware of their responsibilities

- Understand and comply with the law

Caldicott 2

- Dame Fiona Caldicott undertook a 2nd review in 2013 – it was recognised that `Caldicott' had made staff wary of sharing information.

- A **new 7th Caldicott principle** was added to the original 6.

The duty to share information can be as important as the duty to protect confidentiality

The Caldicott2 Report 2013 and the Independent IG Oversight Panel (IIGOP) Annual Report 2014 made clear the need for health and care organisations to:
- Strengthen their IG leadership;
- Improve information sharing for care;
- Provide transparency to citizens about how personal information is used and shared; and
- Ensure patients/service users are able to fully exercise their right (under the Data Protection Act 1998 and under the common law duty of confidentiality) to make informed decisions about who can use or share their information.

Information Governance Toolkit schedule for development

|	
August 2015	Ability to generate two reports using the **Baseline** Information Governance Toolkit assessments of the following organisation-types - acute, ambulance and mental health trusts. • *Caldicott2 Performance Report (Individual Organisation)* - A one page report of an organisation's performance against the Caldicott2 recommendations, e.g. for the Board or senior management team. **See CWP report from IG toolkit below.** • *Caldicott2 Performance Report (All Organisations)* - A report for the **National Data Guardian** which will compare the performance of all organisations of all organisation-types.
October 2015	A new Caldicott/confidentiality home page on IG toolkit - to include in the first instance: • The Caldicott Principles • The IG Toolkit requirements of relevance to Caldicott2 recommendations. • Links to the core documents, e.g. Caldicott2 Report, IIGOP Report, Confidentiality NHS Code of Practice, NHS Constitution, etc. • Information about people, groups or organisations involved in Caldicott/confidentiality issues (the National Data Guardian, UKCCG, IIGOP, CAG, NIGC, professional networks etc.) • Hopefully some FAQs.
End state	All relevant content will be accessible via a single page supporting organisations to meet the Caldicott2 recommendations that relate to health and care organisations. Content will be added to and is likely to: • Contain guidance for Boards/senior management teams. • Link to 'best practice' IG management frameworks. • Point to relevant training for the different audiences (senior teams, IG professionals, all staff) – e.g. in the NHS IGTT and from external providers. • Include several additional reports, and to meet the transparency agenda, will include a report that patients/service users and the public can view/download to see how well their local organisations are performing. • Provide materials tailored for different audiences (citizens, general health and care staff, and IG professionals) that describe consent and dissent /opt out issues. • Support organisations to develop local procedures for managing objections to sharing information for direct care and sharing information for secondary purposes. • Include fair processing materials and information sharing materials that can be downloaded for editing and tailored to individual organisations.

Reports show the organisation either:

• Has **fully implemented** a particular recommendation - all relevant IG Toolkit requirements within a recommendation are at level 3.
• Is **working towards** implementation of a particular recommendation - one or more IG Toolkit requirements within a recommendation are at level 1 or 2.
• Has **not started** implementing a particular recommendation - all relevant IG Toolkit requirements within a recommendation are at level 0.

CWP progress in implementing Caldicott2

Caldicott Recommendations Implementation - CHESHIRE AND WIRRAL PARTNERSHIP NHS FOUNDATION TRUST Version 13 Baseline Assessment Compliance as at 11/08/2015

No of Caldicott Recommendations by Compliance

9 ⎯⎯ (pie chart) ⎯⎯ 0
⎯⎯ 0

■ Not Started (0.00 %)
■ Working Towards Implementation (0.00 %)
■ Fully Implemented (100.00 %)
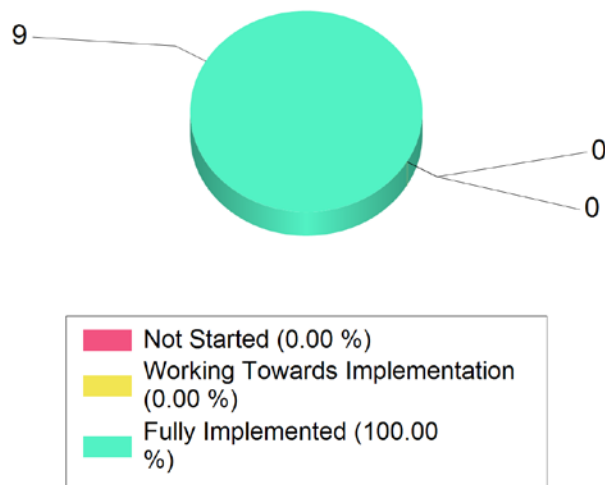
Fully Implemented	Determined as Fully Implemented for a Caldicott recommendation if the organisation has scored at level 3 for all the requirements for the recommendation

Recommendation No	Text of Recommendation	Compliance Level
1	People must have the fullest possible access to all the electronic care records about them, across the whole health and social care system, without charge. An audit trail that details anyone and everyone who has accessed a patient's record should be made available in a suitable form to patients via their personal health and social care records. The	Fully Implemented

	Department of Health and NHS Commissioning Board should drive a clear plan for implementation to ensure this happens as soon as possible.	
2	For the purposes of direct care, relevant personal confidential data should be shared among the registered and regulated health and social care professionals who have a legitimate relationship with the individual. Health and social care providers should audit their services against NICE Clinical Guideline 138, specifically against those quality statements concerned with sharing information for direct care.	Fully Implemented
4	Direct care is provided by health and social care staff working in multi-disciplinary care teams'. The Review Panel recommends that registered and regulated social workers be considered a part of the care team. Relevant information should be shared with members of the care team, when they have a legitimate relationship with the patient or service user. Providers must ensure that sharing is effective and safe. Commissioners must assure themselves on providers' performance. Care teams may also contain staff that are not registered with a regulatory authority and yet undertake direct care. Health and social care provider organisations must ensure that robust.	Fully Implemented
5	In cases when there is a breach of personal confidential data, the data controller, the individual or organisation legally responsible for the data, must give a full explanation of the cause of the breach with the remedial action being undertaken and an apology to the person whose confidentiality has been breached.	Fully Implemented
6	The processing of data without a legal basis, where one is required, must be reported to the board, or equivalent body of the health or social care organisation involved and dealt with as a data breach. There should be a standard severity scale for breaches agreed across the whole of the health and social care system. The board or equivalent body of each organisation in the health and social care system must publish all such data breaches. This should be in the quality report of NHS organisations, or as part of the annual report or performance report for non-NHS organisations.	Fully Implemented

7	All organisations in the health and social care system should clearly explain to patients and the public how the personal information they collect could be used in de-identified form for research, audit, public health and other purposes. All organisations must also make clear what rights the individual has open to them, including any ability to actively dissent (i.e. withhold their consent).	Fully Implemented
12	The boards or equivalent bodies in the NHS Commissioning Board, clinical commissioning groups, Public Health England and local authorities must ensure that their organisation has due regard for information governance and adherence to its legal and statutory framework. An executive director at board level should be formally responsible for the organisation's standards of practice in information governance, and its performance should be described in the annual report or equivalent document. Boards should ensure that the organisation is competent in information governance practice, and assured of that through its risk management. This mirrors the arrangements required of provider trusts for some years.	Fully Implemented
15	The Department of Health should recommend that all organisations within the health and social care system which process personal confidential data, including but not limited to local authorities and social care providers as well as telephony and other virtual service providers, appoint a Caldicott Guardian and any information governance leaders required, and assure themselves of their continuous professional development.	Fully Implemented
19	All health and social care organisations must publish in a prominent and accessible form: • a description of the personal confidential data they disclose; • a description of the de-identified data they disclose on a limited basis; • who the disclosure is to; and • the purpose of the disclosure	Fully Implemented

Actions undertaken

Action	Date
Publicised Department of Health guidance for confidentiality and information sharing for direct care via CWP essential	December 2014
Refreshed relevant Information Governance Toolkit evidence to ensure compliance with Caldicott 2 recommendations	July 2015
Added Caldicott 2 questions to IG spot checks to promote Caldicott 2 culture and reduce risk of non-compliance.	July 2015 onwards
Developed and delivered training package for doctors induction including patient carer experience and Barnardo's DVD - `No wrong door'	July 2015

Action to be undertaken

Action	When by
Continue IG spot checks of all Trust areas to embed Caldicott 2.	July 2015 onwards
Refresh relevant Information Governance Toolkit evidence to ensure compliance with Caldicott 2 recommendations and continue to deliver doctors induction training	October 2015 interim submission March 2016 final submission
Devise Caldicott 2 day for grand rounds	December 2015

Risks of non-compliance

The risks of failing to fully implement Caldicott 2 will be failure to achieve IG toolkit standards. It is a requirement of Trust contracts with commissioners to be fully compliant with the Information Governance toolkit. Failure to achieve this will result in the Trust being in breach of all contracts with a risk of financial penalties.

Cheshire and Wirral Partnership NHS

NHS Foundation Trust

STANDARDISED REPORT COMMUNICATION

REPORT DETAILS

Report subject:	Ward Daily Staffing Levels July and August 2015
Agenda ref. no:	15/16/68
Report to (meeting):	Board of Directors
Action required:	Information and noting
Date of meeting:	30/09/2015
Presented by:	Stephen Scorer, Director of Nursing, Therapies and Patient Partnership

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

REPORT BRIEFING

Situation – *a concise statement of the purpose of this report*
This report details the ward daily staffing levels during the month of July and August 2015.The planned and actual hours for registered nurses (RN) and clinical support workers (CSWs) for July and August 2015 have been submitted to UNIFY using the template supplied by NHS England (appendix 2 and 3). The themes arising within these monthly submissions continue to mirror those that have arisen previously. These themes identify how patient safety is being maintained on a shift by shift basis. The work of the ward staffing project group has been transferred to the newly formed People Planning Group to take forward the recommendations from the initial review relating to staffing levels and continuous improvement measures. The Director of Nursing is taking forward planning on how to meet the additional requirement of reporting on Contact Time twice yearly.

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

The monthly reporting of daily staffing levels is a requirement of NHS England and the National Quality Board in order to appraise the Board and the public of staffing levels within in-patient units. CWP undertook a comprehensive review of ward staffing levels between Oct and Dec 2013 with 6 monthly follow up reviews in May 2014, December 2014 and May 2015. The Board of Directors, in line with the NQB requirements, will continue to receive monthly reports on Ward Daily Staffing Levels and also reports on the six monthly ward staffing reviews that the trust are required to undertake.

NB. The June UNIFY figures reported in the July 2015 report were incorrect however the accompanying analysis was correct. The correct data had been sent to UNIFY and an amended version has now been posted on the external website (Appendix 1)

Assessment – *analysis and considerations of options and risks*

During July 2015 patient safety on in-patient wards was maintained by nurses working additional unplanned hours, cross covering across wards, the multi-disciplinary team and ward manager supporting nursing staff in the delivery of planned care and patient care being prioritised over non-direct care activities. These themes have been quantified from Feb-May 2015 and analysed as part of the 6 monthly review report submitted to the Board of Directors in July 2015.

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

The Board of Directors are recommended to note the report.

Who/ which group has approved this report for receipt at the above meeting?	Stephen Scorer, Director of Nursing, Therapies and Patient Partnership
Contributing authors:	Maria Nelligan, Deputy Director of Nursing
Distribution to other people/ groups/ meetings:	

Version	Name/ group/ meeting	Date issued
35T	35T	35T

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

Appendix no.	Appendix title
1 2 3	Ward Daily Staffing Board Report (June data) Ward Daily Staffing Board Report (July data) Ward Daily Staffing Board Report (Aug data)

Appendix 1 July 2015 Ward Daily Staffing Board Report (June data)

Region	Ward	Day — Registered midwives/nurses — Total monthly planned staff hours	Day — Registered midwives/nurses — Total monthly actual staff hours	Day — Care Staff — Total monthly planned staff hours	Day — Care Staff — Total monthly actual staff hours	Night — Registered midwives/nurses — Total monthly planned staff hours	Night — Registered midwives/nurses — Total monthly actual staff hours	Night — Care Staff — Total monthly planned staff hours	Night — Care Staff — Total monthly actual staff hours	Fill Rate Day — Average fill rate - registered nurses (%)	Fill Rate Day — Average fill rate - care staff (%)	Fill Rate Night — Average fill rate - registered nurses (%)	Fill Rate Night — Average fill rate - care staff (%)	Comment
East	Adelphi	1326.5	1257.5	1480	1451	724.5	678.5	1175.5	1141	94.80%	98.00%	93.70%	97.10%	The WM has worked within the clinical team and non-direct care activities were cancelled to maintain safe staffing levels
	Alderley Unit	868.5	857	1366	1308.5	598	598	782	770.5	98.70%	95.80%	100.00%	98.50%	*
	Bollin	1302.5	1268	1344.5	1344.5	701.5	655.5	1280	1299.5	97.40%	100.00%	93.40%	101.50%	Nursing staff worked additional hours to maintain safe staffing levels
	CARS	961.75	938.75	1345.5	1348	644	605	713	706	97.60%	100.20%	93.90%	99.00%	Nursing staff worked additional hours to maintain safe staffing levels and staff cross covered other wards
	Croft	1374	1296	1717.25	1535.25	820.5	751.5	1580	1430.5	94.30%	89.40%	91.60%	90.50%	Nursing staff worked additional hours to maintain safe staffing levels and staff cross covered other wards
	Greenways A&T	1279	1179.04	1420	1412.5	690	655.5	346.3	391	92.20%	99.50%	95.00%	112.90%	Non direct care activity was cancelled to maintain safe staffing levels
	LimeWalk Rehab	909	902	1174.5	1145	663	608	714	685	99.20%	97.50%	91.70%	95.90%	Nursing staff worked additional hours to maintain safe staffing levels and staff cross covered other wards
	Saddlebridge	727	700.5	1401.5	1501.5	690	448.5	931.5	920	96.40%	107.10%	65.00%	98.80%	Nursing staff worked additional hours and skill mix was altered to maintain safe staffing levels
Wirral	Brackendale	954.5	977	1035	1012	690	713	690	650	102.40%	97.80%	103.30%	94.20%	Nursing staff worked additional hours and skill mix was altered to maintain safe staffing levels
	Lakefield	1108	976.5	1035	1000.5	690	678.5	701.5	724.5	88.10%	96.70%	98.30%	103.30%	Nursing staff worked additional hours to maintain safe staffing levels and staff cross covered other wards
	Meadowbank	1149.5	1087.5	1797.5	1672	690	621	1391.5	1391.5	94.60%	93.00%	90.00%	100.00%	Nursing staff worked additional hours and skill mix was altered to maintain safe staffing levels
	Oaktrees	1117	1155.5	1322.5	1219	690	736	585	689	103.40%	92.20%	106.70%	117.80%	Nursing staff worked additional hours to maintain safe staffing levels
	Brooklands	1099.5	1085.5	1203.5	1203.5	705.5	696	944	1061	98.70%	100.00%	98.70%	112.40%	*
West	Beech	1345.5	1276.5	1069.5	1046.5	667	621	701.5	701.5	94.90%	97.80%	93.10%	100.00%	Nursing staff worked additional hours to maintain safe staffing levels and staff cross covered other wards
	Cherry	1423.5	1240.25	1062.5	997	724.5	644	1046.5	943	87.10%	93.80%	88.90%	90.10%	Nursing staff worked additional hours to maintain safe staffing levels and staff cross covered other wards
	Eastway A&T	1028.5	1009	1641.35	1635	598	598	661	661	98.10%	99.60%	100.00%	100.00%	*
	Juniper	1515.5	1423.5	1023	965.5	529	494.5	874	874	93.90%	94.40%	93.50%	100.00%	Non direct care activity was cancelled and skill mix was altered to maintain safe staffing levels
	Maple Ward	1253.5	1053.5	1212.5	1123	504	584.5	816.5	920	84.00%	92.60%	116.00%	112.70%	The WM has worked within the clinical team, nurses worked additional hours and some patient activities were cancelled to maintain safe staffing levels. Staff cross ocvered other wards.
	Pine Lodge (YPC)	1215.5	1148.1	805	770.5	598	609.5	644	667	94.50%	95.70%	101.90%	103.60%	The WM has worked within the clinical team, nurses worked additional hours and some patient activities were cancelled to maintain safe staffing levels. Staff cross ocvered other wards.
	Rosewood	1089.5	1066.5	1648.85	1649	563.5	563.5	737	737	97.90%	100.00%	100.00%	100.00%	*
	Willow PICU	898.5	863.5	996.5	1000.5	655.4	598	770.5	782	96.10%	100.40%	91.20%	101.50%	The WM has worked within the clinical team and nurses have worked additional hours to maintain safe staffing levels
Trust wide		23946.75	22761.64	27101.95	26340.25	13836.4	13158	18085.3	18145	95.10%	97.20%	95.10%	100.30%	

Appendix 2 Sep 2015 Ward Daily Staffing Board Report (July data)

	Ward	Day Registered		Day Care Staff		Night Registered		Night Care Staff		Fill Rate Day		Fill Rate Night		To maintain safe staffing levels the following actions were taken:
		Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses (%)	Average fill rate - care staff (%)	
East	Adelphi	1666.5	1557.5	1010.5	713	759	701.5	1242	1095.5	93.5%	70.6%	92.4%	88.2%	Nursing staff worked additonal unplanned hours
	Alderley Unit	874.5	894.5	1420.5	1269.5	690	609.5	713	713	102.3%	89.4%	88.3%	100.0%	Skill mix was altered, nursing staff cross covered wards and non direct patient care activities were cancelled
	Bollin	1138.5	1111.5	1587	1497	736	609.5	1322.5	1161.5	97.6%	94.3%	82.8%	87.8%	Nursing staff worked additonal unplanned hours
	CARS	1081	1028	1253.5	1201.5	713	614	724.5	700.5	95.1%	95.9%	86.1%	96.7%	Nursing staff worked additonal unplanned hours and nursing staff cross covered wards
	Croft	1147.75	940.15	1974	1738.75	793.5	744	1759	1632	81.9%	88.1%	93.8%	92.8%	Nursing staff worked additonal hours, nursing staff cross covered wards and non direct patient care activities were cancelled
	Greenways A&T	1278.5	1140.5	1467.5	1527	713	655.5	425.5	471.5	89.2%	104.1%	91.9%	110.8%	Skill mix was altered
	LimeWalk Rehab	1090.5	1061	1258	1185	702	657.5	738	730.5	97.3%	94.2%	93.7%	99.0%	Skill mix was altered, nursing staff worked additional unplanned hours and cross covered wards
	Saddlebridge	893	689	1426	1524.5	713	494.5	713	943	77.2%	106.9%	69.4%	132.3%	Nursing staff worked additional unplanned hours, the WM worked within the clinical team, the MDT supported the nursing team and skill mix was altered
Wirral	Brackendale	914	914	1121.5	1087.023	713	701.5	724.5	736	100.0%	96.9%	98.4%	101.6%	*
	Lakefield	1169.5	1001	1081	1012	713	678.5	720	766	85.6%	93.6%	95.2%	106.4%	Nursing staff worked additonal unplanned hours
	Meadowbank	1245	1189	2102	2052.5	713	650	1610	1621.5	95.5%	97.6%	91.2%	100.7%	Nursing staff worked additonal unplanned hours and skill mix was altered
	Oaktrees	1222.5	1209.75	1312	1289	713	701.5	534.5	551.5	99.0%	98.2%	98.4%	103.2%	*
	Brooklands	1051	1042	1271.5	1264	724.5	713	922	841.5	99.1%	99.4%	98.4%	91.3%	Nursing staff worked additonal unplanned hours and skill mix was altered
West	Beech	1274.5	1181.5	972.5	946.5	608	585	608	608	92.7%	97.3%	96.2%	100.0%	Nursing staff worked additional unplanned hours, skill mix was altered and non direct patient care activities were cancelled
	Cherry	1334	1212	1161.5	911.5	770.5	678.5	1115.5	1000.5	90.9%	78.5%	88.1%	89.7%	The WM worked within the clinical team, skill mix was altered and non direct patient care activities were cancelled
	Eastway A&T	1223.5	1173.5	1273.5	1270.5	667	638	1121	1128	95.9%	99.8%	95.7%	100.6%	*
	Juniper	1502	1444.5	1012	828	690	621	747.5	736	96.2%	81.8%	90.0%	98.5%	Nursing staff worked additonal unplanned hours and skill mix was altered
	Maple Ward	1205.5	965	1360.5	1251.5	642	676.5	726	787	80.0%	92.0%	105.4%	108.4%	The WM worked within the clinical team and 2 patient activities were cancelled
	Pine Lodge (YPC)	1160.7	942.9	966	1053	667	552	747.5	793.5	81.2%	109.0%	82.8%	106.2%	Nursing staff worked additional unplanned hours, the WM worked within the clinical team, the MDT supported the nursing team and nursing staff cross covered wards
	Rosewood	1292	1177	1565.5	1450.5	621	586.5	790.5	744.5	91.1%	92.7%	94.4%	94.2%	Nursing staff worked additonal unplanned hours and cross covered wards
	Willow PICU	997	993	1111	959	724.5	667	805	782	99.6%	86.3%	92.1%	97.1%	Nursing staff worked additonal unplanned hours
Trustwide		24761.45	22867	27708	26031	14786	13535	18810	18544	92.4%	94.0%	91.5%	98.6%	* all categories above 95%

Appendix 3 Sep 2015 Ward Daily Staffing Board report (Aug data)

Ward		Day				Night				Fill Rate				Safe staffing was maintained by:
		Registered		Care Staff		Registered		Care Staff		Day		Night		
		Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses (%)	Average fill rate - care staff (%)	
East	Adelphi	1655.5	1354.5	993	713	759	701.5	1270	1120.5	81.8%	71.8%	92.4%	88.2%	Staff working additional unplanned hours
	Alderley Unit	833	722	1429.5	1452.5	621	529	793.5	816.5	86.7%	101.6%	85.2%	102.9%	Altering skill mix
	Bollin	1327.5	1205.25	1699	1461.5	713	701.5	1490	1283	90.8%	86.0%	98.4%	86.1%	Staff working additional unplanned hours
	CARS	989.5	936.5	1334	1319.5	701.5	609	736	693	94.6%	98.9%	86.8%	94.2%	Staff working additional unplanned hours, staff also cross covered wards
	Croft	1180	1091	1910.5	1690.5	733	698.5	1809.5	1680	92.5%	88.5%	95.3%	92.8%	Staff working additional unplanned hours
	Greenways A&T	1239	1247	1526	1403	713	575	460	598	100.6%	91.9%	80.6%	130.0%	Altering skill mix
	LimeWalk Rehab	977.5	969.5	1020	1029	691	665	715	696	99.2%	100.9%	96.2%	97.3%	*
	Saddlebridge	889.5	878	1495	1472	713	724.5	1046.5	929	98.7%	98.5%	101.6%	88.8%	*
Wirral	Brackendale	985.5	928	959.5	845.5	701.5	655.5	736	724.5	94.2%	88.1%	93.4%	98.4%	Staff working additional unplanned hours
	Lakefield	1084.8	823.9	1111.5	1042.5	713	678.5	702	713.5	75.9%	93.8%	95.2%	101.6%	Staff working additional unplanned hours and altering skill mix
	Meadowbank	1089.5	1082.5	2092	2092.5	713	667	1656	1633	99.4%	100.0%	93.5%	98.6%	Staff working additional unplanned hours and altering skill mix
	Oaktrees	1131	1086.5	1239	1150.5	724.5	713	542.5	554	96.1%	92.9%	98.4%	102.1%	Staff working additional unplanned hours and altering skill mix
	Brooklands	937.5	915.5	1304.5	1304.5	721	709.5	1127	1127	97.7%	100.0%	98.4%	100.0%	*
West	Beech	1458	1380	1196	1127	701.5	655.5	713	701.5	94.7%	94.2%	93.4%	98.4%	Staff working additional unplanned hours and altering skill mix, staff also cross covered wards
	Cherry	1133.04	1041	1127	1081	713	667	989	954.5	91.9%	95.9%	93.5%	96.5%	Altering skill mix
	Eastway A&T	1142.5	1049	1404.5	1305	609.5	598	1115	1106	91.8%	92.9%	98.1%	99.2%	Staff working additional unplanned hours
	Juniper	1561.5	1393	1050.5	901	736	724.5	805	749.5	89.2%	85.8%	98.4%	93.1%	The WM working within the clinical team, skill mix being altered and cancelling non-direct patient care activity, staff also cross covered wards
	Maple Ward	1147.5	1001.5	1470	1297.5	552	575	881.5	858.5	87.3%	88.3%	104.2%	97.4%	The WM working within the clinical team, cancelling non-direct patient care activity and staff also cross covered wards
	Pine Lodge (YPC)	1057	919	943	931.5	644	644	736	690	86.9%	98.8%	100.0%	93.8%	Staff working additional unplanned hours, staff also cross covered wards
	Rosewood	1194.5	954	1759.5	1460.5	621	563.5	782	701.5	79.9%	83.0%	90.7%	89.7%	Staff working additional unplanned hours, staff also cross covered wards
	Willow PICU	889.25	935.75	1023.5	941	713	701.5	713	690	105.2%	91.9%	98.4%	96.8%	Altering skill mix
Trustwide		23903.09	21913	28088	26021	14508	13757	19819	19020	91.7%	92.6%	94.8%	96.0%	* all categories above 95%

Cheshire and Wirral Partnership NHS Foundation Trust

REPORT DETAILS

Report subject:	Learning from Experience report – trimester 1 2015/16
Agenda ref. no:	15/16/69
Report to (meeting):	Board of Directors – meeting in public
Action required:	Discussion and approval
Date of meeting:	30/09/2015
Presented by:	Stephen Scorer Interim Director of Nursing, Therapies & Patient Partnership

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

REPORT BRIEFING

1. Situation

This report compares current performance across a 4 trimester time series to mitigate seasonal variations, whilst also facilitating the identification of potential triggers to detect and prevent incidents by comparing current performance with the previous trimester.

2. Background – Key performance indicators

Performance indicator		2014/15			2015/16
		T1	T2	T3	T1
Number of patient safety incidents reported		2673	2368	2598	3335
Severity	Category A	26	33	23	33
	Category B	18	37	45	53
	Category C	313	306	419	375
	Category D	847	734	817	982
	Category E	1469	1258	1294	1890
External reporting	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations	9	1	7	8
	NHS Litigation Authority – NHSLA — Non clinical claims	2	9	11	7
	NHS Litigation Authority – NHSLA — Clinical claims	0	1	1	5
	National Reporting and Learning System	809	685	540	1617
Number of complaints		70	69	83	79
Acknowledgement of complaints within 3 days		99%	100%	99%	100%
Number of compliments		927	825	847	1175

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

3. Assessment
3.1 Incident reporting
All incidents involving patient safety are reported to the *National Reporting and Learning System* [*NRLS*]. The *NRLS* and CWP have proactively worked together to develop and identify coding conventions to enable data to be transferred directly from the Trust's internal incident reporting system Datix to *NRLS* accurately so that at any one point in time, Datix, NRLS and also the reporting system used by commissioners [StEIS] "say the same thing". The incidents manager has reviewed systems to improve data quality and validation, as a result in trimester 1 there has been an expected, positive increase in incidents being reported to *NRLS* with a higher proportion of incidents, again positively, being low harm or no harm. The Trust is part of a pilot with *NRLS* for developing *NRLS* to make it a truer national reporting and learning system that the NHS can benefit from to improve patient safety.

Positively, the number of incidents reported this trimester is greater than the overall average number of incidents reported in the last four trimesters – this is a positive indicator of a patient safety culture. In particular, there has been a welcomed substantial increase in lower/ no harm categories of incidents due to promoting the importance of reporting these incidents to capture learning, e.g. via sharelearning bulletins. There has also been a decrease in prone position restraint incidents, as a consequence of a quality improvement programme to influence improvement, bringing the Trust's reporting back in line with national benchmarks.

A particularly positive demonstration of a reduction in avoidable harm is the overall reduction in pressure ulcer incidents to five compared with 25 in trimester 1 of 2014/15. This reduction is due to a focus on implementing learning, and especially linked to the focus that has been given to promoting good skin integrity via a checklist that is now utilised in the community.

3.2 Falls incidents
There has been an increase in lower severity harm falls incidents by 53 this trimester. Analysis of the severity of the falls incidents demonstrates that the most frequently reported categories are E (no harm) [$n = 103$], followed by D (low harm) [$n = 92$]. There are again no category A falls for trimester 1. A sharelearning bulletin was distributed to inpatient staff alerting them to lessons learnt from previous falls investigations. Work is ongoing within the Trust in relation to its falls

strategy by implementing an action plan that was identified to reduce the residual risk score of this strategic risk to a tolerable level and including the residual elements of this risk to the overarching physical health risk. Results over the last 3 trimesters are demonstrating the successes that this action plan is facilitating. This is mirrored when taking into account national benchmarking data, particularly in relation to community falls.

3.3 Medicines incidents
The trajectory of decreasing incidents in relation to medicines management over the last two trimesters has not been sustained, however the level of incidents in specialties where there are increases are within range of previous trimester reporting. The exceptions to this are Drug & Alcohol services, which now covers CWP East rather than all three localities, and CWP West physical health services, where the level of reported incidents has remained at the same level over the last 4 trimesters. A number of recommendations have been identified to mitigate the top three medicines incident themes, as detailed in section 4. Certain medicines administration incidents will be reported as avoidable or unavoidable in the next report, based on definitions that are currently being agreed as part of the Trust's strategic approach to continuously reducing unwarranted avoidable harm.

3.4 Complaints, PALS, compliments
79 complaints were received under the NHS complaints procedure during the trimester. Of these, they were received per locality as follows: *CWP East* 22 complaints, *CWP West* 36 complaints, *CWP Wirral* 21 complaints. The PALS officer has continued to work with services to ensure that concerns are dealt with quickly and try to resolve locally if possible, which may have contributed in part to the reduced number of complaints [83 complaints were received last trimester].

4. Recommendation
4.1 Recommendations from trimester 1 analysis

	Recommendation	Action	By Whom	When
1	Ensure that care planning for individuals whose presentation involves self-harm meets the required standards of the Trust.	Review a sample of care plans to ensure that they meet the Trust standards.	Modern Matron CAMHS	Immediate effect, assurances to be delivered for the next report (December 2015)
2	Identify enabling actions in order to improve the completion of investigations for incidents within the timeframes set out by NHS England and within CWP's own policy.	Improve internal processes and support/ training for investigation managers, including in negotiation with commissioners, to ensure proportionality of effort whilst ensuring a learning and outcome focus.	Head of Clinical Governance	Commence September 2015
3	Restraint data across wards should be consolidated to show patterns across the Trust.	Agree a data set, including components from existing Locality Data Packs and other safety critical information, e.g. related to seclusion, and report to Quality Committee.	Restraint reduction task and finish group	September 2015
4	Report avoidable harm and unavoidable harm to CWP staff.	Develop the 'harm to staff' section of the Learning from Experience	Head of Clinical Governance	December 2015

		report to include this information.		
5	Better support staff when harm has occurred, whether this physical or psychological.	Raise awareness regarding second victim of harm principles throughout the Trust, incorporate this within Trust policy.	Head of Clinical Governance	October 2015
6	Report on avoidable medicines administration incidents.	Develop a plan to identify a definition of avoidable medicines administration incidents and implement.	Associate Director of Medicines Management/ Head of Clinical Governance	October 2015
7	Staff should promote and employ approaches that ensure frequency of 'failure to administer' is minimised.	Each locality formulate a robust action plan to address the reasons for failure to administer medicines. Medicines safety sub group and medicines safety officer to support localities to share good practice and monitor action plans on behalf of the Medicines Management Group. Compliance, Assurance & Learning Sub Committee to monitor implementation of this recommendation by an exception report.	Clinical Directors	September 2015
8	Improve consistency of incident reporting categorisation.	Training to be provided by the incidents team to staff who sign off Datix incidents to ensure that appropriate categories are reported.	Incidents Team	October 2015
9	Monitoring mechanisms should be implemented so that there is assurance that Lloyds Pharmacy follow agreed policies and procedures.	Monthly contract monitoring processes to monitor compliance with agreed policies and procedures.	Pharmacy Team	October 2015
10	Ensure safe controlled drugs monitoring.	Actions to be implemented to ensure all registered nursing staff follow the controlled drug standard operating procedures	Medicines Safety Sub Group	November 2015
11	Capture issues in relation to storage and documentation of patients own drugs.	The audit forms used to capture these issues to be reviewed by the pharmacy team, who should then feedback the learning directly to the wards.	Pharmacy Team	October 2015
12	Ensure a consistent	In discussion with	Complaints Team	September

				2015
	approach when signing off complaints and whether to 'uphold' or 'not uphold' the complaint.	Director of Nursing, when the decision for an amber or red complaint is to be recorded as 'upheld' or 'not upheld', the investigating manager will provide a suggested outcome during the final approval process in agreement with the relevant Clinical Service Manager.		
13	Ensure that good communication is maintained and relevant support identified for people who have both a PALS query and a complaint at the same time.	When there is a dual PALS/ complaint case, even though services may wish to lead in the investigation, PALS will also make continued contact with the person raising the concerns.	PALS Officer	September 2015
14	The Trust needs to begin to direct some of its resources to understand and learn where its services have delivered the right care as identified through compliments which are received.	The complaints team should develop a system to undertake a deeper review of compliments, utilising Root Cause Analysis principles to identify themes akin to serious incident themes [to aid comparison].	Complaints Manager/ Head of Clinical Governance	September 2015
15	Improve quality assurance of complaints, serious incidents and compliments processes.	Develop a more systematic process for "quality assurance reviews" for complaints, incidents and compliments.	Head of Clinical Governance	October 2015

4.2 Updates and assurances received against trimester 3 recommendations

As part of the review of the Trust's incident reporting and management policy, the CWP incidents team should draft supporting documentation and should pilot human factors questions as part of reflective review/ investigatory learning documentation.
This is currently being finalised and will be included in the toolkit to support the updated incident reporting and management policy, this will be used from September onwards, evaluation will be ongoing.
A thematic surveillance system should be identified and implemented collectively between the Safe Services Department, Education CWP and localities to track improvement actions from incident investigation to ensure that recurrent themes are being mitigated through appropriate action identification, mitigation of confirmation bias, enabling and support for staff to mitigate contributory factors to incidents to ensure that the right learning is identified in relation to index cases, this is shared effectively across localities, and overall Trustwide, new learning from incidents can be demonstrated underpinned by Human Factors.
The analysis of themes from serious incidents are sent through to Education CWP, these are based on thematic analysis undertaken by the Safe Services Department. A sharelearning bulletin process is in place to identify cross-locality contextual learning.
The Director of Nursing, Medical Director and Associate Director of Safe Services to meet with commissioners at the end of trimester 2 to review the benefits of the actions agreed to improve investigation management processes during trimester 1.
A further meeting took place on 17 September 2015, actions are in the process of being

developed.	
The Head of Clinical Governance to scope and cost options for providing more support to staff through access to a clinical expert champion and bank investigatory staff.	
This work has been completed; job descriptions have been written and are currently with People Services. It is envisaged that these will be advertised during September 2015.	
The Pharmacy Team should request that each locality formulate a robust action plan to address the reasons for failure to administer medicines. This should promote that staff employ approaches that ensure frequency of 'failure to administer' is minimised. This action plan should to come to the Medicines Management Group every two months to assess improvement through a reduction in reported incidents in this sub-category.	
Such action plans have not been received at the Medicines Management Group. This will be followed up by the medicines safety officer when she comes into post in September 2015 and at the medicines safety sub group. Any exceptions will then be escalated to the Medicines Management Group.	
The Pharmacy Team should alert and remind prescribers to prescribe antibiotics in line with the antibiotic formulary and if clinically appropriate.	
All antibiotic prescriptions are reviewed by the pharmacy team and data is collected. Any issues with prescribing are communicated to prescribers individually and since April 2015 antibiotic use is reviewed weekly with the infection prevention and control team to allow trends and wider learning needs to be identified. In June 2015 the new antibiotic policy was launched and was publicised widely as a medicine alert containing the new formulary and recommendations for appropriate use of antibiotics.	
The Pharmacy Team to put more emphasis on the medicines reconciliation process at junior doctor induction.	
The junior doctor induction presentation has been reviewed for August 2015 intake and includes clear information and examples of medicines reconciliation and potential errors that can occur. Information on prescribing incidents has also been fed back to doctors at the grand round meetings.	
The Effective Care Planning Lead should use complaints feedback themes to reference in the upcoming schedule of case based scenario care planning workshops for all Band 5 and above clinical staff Trustwide.	
Complaints themes are sent to Education CWP so that learning can be targeted to these issues.	
Awareness training re management of challenging behaviour should be introduced through Education CWP courses and also through the scheduled clinical trainers inpatient drop in sessions.	
Awareness training for restraint reduction is now facilitated through Education CWP who report to the People and Organisational Development Sub Committee.	

4.3 Recommendation to the Board of Directors

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

Who/ which group has approved this report for receipt at the above meeting?	David Wood Associate Director of Safe Services	
Contributing authors:	Audrey Jones, Head of Clinical Governance David Wood, Associate Director of Safe Services	
Distribution to other people/ groups/ meetings:		
Version	Name/ group/ meeting	Date issued
1	Board of Directors	23/09/2015

Cheshire and Wirral Partnership NHS Foundation Trust

STANDARDISED REPORT COMMUNICATION

REPORT DETAILS

Report subject:	Director of Infection Prevention and Control (DIPC) Board Report, Quarter 1 (April – June 2015)
Agenda ref. no:	15/16/70
Report to (meeting):	Board of Directors
Action required:	Information and noting
Date of meeting:	30/09/2015
Presented by:	Maria Nelligan, Director of Infection, Prevention and Control.

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

REPORT BRIEFING

Situation – *a concise statement of the purpose of this report*
Director of Infection, Prevention and Control (DIPC) report are provided on a quarterly basis to the Board to update on relevant IPC priorities and any further issues.

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

The quarterly report provides the Board of Directors with assurance that the IPC service continues to work efficiently, and is compliant with the internal and external reporting requests placed upon it. The audit performance to date will also be included, as will the newly published DH document (July 27th 2015) Code of practice on the prevention and control of infections and related guidance, referred to from now on as the "code of practice".

Assessment – *analysis and considerations of options and risks*

The Q1 2015/16 report includes the following priorities:

- Changes to the Director Infection, Prevention and Control

- New Health & Social Care Act 2008 - Code of Practice on the prevention and control of infections and regulated guidance (DH 2015)

- Infection Prevention & Control Integrated Service – audit programme performance.

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

The Board of Directors are asked to note the Q1 2015/16 Director of Infection, Prevention and Control Report.

Who/ which group has approved this report for receipt at the above meeting?	Sheena Cumiskey, Chief Executive
Contributing authors:	Amanda Miskell, Acting Head of IPC
Distribution to other people/ groups/ meetings:	

Version	Name/ group/ meeting	Date issued
1	Infection, Prevention and Control subcommittee	September 2015

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

Appendix no.	Appendix title
1	Appendix 1 – Q1 15/16 IPC Report

Director of Infection Prevention and Control (DIPC)
Quarterly Report to the Board of Directors
Quarter One (April – June 2015)

Contents

1.   The purpose of the report

Welcome to the Quarter One, Director of Infection Prevention and Control (DIPC) report, 2015/2016. This report will provide the Board of Directors with up to date information, and the performance reporting, in line with the standards and requirements set out in the Department of Health's, Health and Social Care Act 2008 (revised 2015).

This report will also give the board assurance that the IPC service continues to work efficiently, and is compliant with the internal and external reporting requests placed upon it. The audit performance to date will also be included, as will the newly published DH document (July 27th 2015) Code of practice on the prevention and control of infections and related guidance, referred to from now on as the "code of practice".

Due to the DIPC Maria Nelligan leaving the Trust the role going forward of DIPC will be held by Andrea Hughes Associate Director of Nursing for Physical Health from the 12th of October 2015. As the Board will be aware there has been a vacancy for a consultant nurse within the services for some time, I am pleased to announce following a recruitment process this has now been filled and Amanda Miskell (previously acting head) was appointed Consultant Nurse for the 1st September 2015.

2.   New Health & Social Care Act 2008 - Code of Practice on the prevention and control of infections and regulated guidance (DH 2015)

As referred to in the DIPC Quarter Four report, the CWP assurance framework was provisionally updated based on the consultation paper published in January 2015 for the "code of practice". A summary and assurances against these new draft standards was offered to the board and our CEO in the Quarter Four Report.

Based on the new publication, the CWP assurance framework for CQC regulations 12 and 15 has been reviewed and is now the final version for 2015/16.

3.   Infection Prevention & Control Integrated Service
The IPC service is an integrated service which covers all CWP services across all localities, and in addition the contractual elements to CWaC including the specialised Tuberculosis service. The service is working well and considerable development is also in place for the staff team in terms of clinical expertise and leadership.

3.1   CWP Service
Following a review of the services needs the IPC structure has been revisited, with locality based IPC nurses who are visible to all inpatient areas and community teams, including PH West. The nurses are responsible for clinical issues, audits and follow up, delivery of training and education to staff and services users and responding to any gaps in services appropriately. They are the first contact for all staff during normal business hours (8am-6pm) outside these hours support continues to be provided by public health England (PHE) on call.

CWP IPCT performance is ahead of schedule in terms of the audit programme. In preparedness for the Trusts CQC inspection and to highlight areas that may require replacement money considerations, the audit programme was prioritised based on the outcomes of the 2014/15 programme. In Quarter One the team carried out 60% (46) of the 2015/16 IPC Audit Programme. Of the 46 audits carried out 50% (23) were non-compliant (less than 93%). These were mostly Clozaril clinics and West Physical Health clinics mainly due to environmental issues. These were noted at IPCSC and escalated to the Operational Board. The IPC service continues to work closely with colleagues in the Estates and Facilities departments to address issues following IPC audits. Due to the actions instigated from the audits, and further review, five of these areas are now compliant, with ongoing improvement expected for Quarter Two.

In response to the National Antimicrobial Strategy 2013-2018, and the new standards within the new code of practice, the IPC service, from 1st April 2015 introduced a new process for collating all

antimicrobial prescribing across inpatients, responding in real time to any deviation from the antibiotic formulary and reacting appropriately to same. In combination with this, we are also reviewing all antimicrobial prescribing by non-medical prescribers and those in Out of Hours service. This information will be reported to the IPC subcommittee and gives the service a benchmark to improve prescribing. The IPC service is working closely with colleagues in pharmacy.

3.2 Cheshire West and Chester Service (covering Western Cheshire CCG & Vale Royal CCG)
The acting head IPC reports on a monthly basis to the performance team and to the PHE, for all those infections, not categorised as secondary care. There were 18 (13 WC and 5 in VR) confirmed clostridium difficile infections during Quarter One. No cross infection links were identified and the surveillance and Root cause analysis continued into July. There was also one MRSA Bacteraemia case, however all of these were unavoidable cases and none had CWP provider service input. The acting head of IPC has briefed all stakeholders and lessons learnt have been shared with commissioners and secondary care providers. The HCAI information is summarised in the table below:

Data for Q1 2015/16		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	1	0
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	6	4	8
E.coli bacteraemia (WCCCG)	Actual	18	14	19
MSSA bacteraemia (WCCCG)	Actual	0	4	2
ESBL (inc. E coli infections)	Actioned (Total resistant to oral antibiotics)	33 (10, 30%)	25 (10, 40%)	29 (4, 14%)

4. Recommendations
The Board of Directors is asked to note the DIPC Quarter One report for 2015/16.

Cheshire and Wirral Partnership NHS

NHS Foundation Trust

STANDARDISED REPORT COMMUNICATION

REPORT DETAILS

Report subject:	Emergency Planning and Business Continuity Plans and Policies 2015
Agenda ref. no:	15/16/ 71
Report to (meeting):	Board of Directors
Action required:	Discussion and Approval
Date of meeting:	30/09/2015
Presented by:	Andu Styring, Director of Operations

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

REPORT BRIEFING

Situation – *a concise statement of the purpose of this report*
The purpose of this annual report is to inform the Board of the key responsibilities, the work undertaken and the achievements of the emergency Planning Sub-Committee and the Emergency Planning Team throughout 2014-2015.

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

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

Assessment – *analysis and considerations of options and risks*

The report is for information purposes and outlines the discharge of duties imposed upon the Trust by the Civil Contingencies Act 2004 and the NHS Emergency preparedness Framework 2013 (update 2015).

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

The Board of Directors are requested to note the Annual Report 2014/15.

Who/ which group has approved this report for receipt at the above meeting?	Emergency Planning Sub-Committee 8th July 2015.	
Contributing authors:	Neil Furness.	
Distribution to other people/ groups/ meetings:		
Version	Name/ group/ meeting	Date issued
0.3	Julie Critchley, Emergency Accountable Officer	07/08/15

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

15_16_71 Appendix 1

CWP Emergency Planning Annual Report 2014/15

Contents

1   Purpose of the report

The purpose of this annual report is to inform the Board of the key responsibilities and the work undertaken and completed by the Emergency Planning Sub-Committee and Emergency Planning team throughout 2014/15.

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 2014/15. 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 and CWP Heatwave and CWP Winter 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 West Physical Health The CCA (2004) outlines roles and responsibilities for each responding organisation including; leadership in the event of a major incident, with requirements to support other agencies being deemed good practice for individual organisations.

Duties under the CCA (2004) include;

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 which seeks 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 2014/15

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 crucial 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".

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 which ensures 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.

The Director of Operations is the Executive Director of the board designated as Head of Emergency Preparedness. The 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.

The Emergency Accountable Officer is supported by the Emergency Planning team consisting of the Emergency Planning & Business Continuity Co-ordinator, the Emergency Planning Project Worker and the 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 the Emergency Accountable Officer 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 and action plans formulated;
- 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 2014/15 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 bi-monthly.

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 the benefit of Tim Jenkins being appointed to the role of Emergency Planning Project Worker in July 2014. He has many years' experience of knowledge and understanding of 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 2015/16 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 The Emergency Accountable Officer.

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 a planned, prepared and practised response to incidents and emergency situations which could affect the provision of normal services.

Throughout 2014/15, 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. This outlines an effective BCM programme for the Trust to follow.

Throughout 2014/15 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 BCM 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.

5.1.3   Command and Control

In 2014/15 a programme was introduced as part of the BCM System Policy and Procedures that each of CWP's Major Incident Rooms are audited each year to ensure that all the facilities are working (such as PCs, telephones and video-conferencing), any issues are identified and corrected and any best practice is introduced. As part of this audit, an additional Major Incident Room was established at York House, Soss Moss to particularly serve the in-patient units of Saddlebridge and the New Alderley Unit. A successful exercise was held to test this facility in May 2015. The primary Trust Major Incident Room located in Redesmere Boardroom was successfully tested via two training sessions as well as utilised when convening CWP's Major Incident Team's and their response during the industrial action in October and November 2014 as well as responding to the telephony outage in January 2015. See 10.1 for more details.

5.1.4 On Call process

During 2014/15 the Emergency Planning team has played an active part in supporting business areas and, in particular, On-Call manager's response to disruptions. Procedures have been identified or improved for matter such as:

- Bed Availability
- CAMHS Out of Hours
- Bed Contingency plan (loss of full unit)
- Ebola assessment
- Missing persons
- Suicide Prevention – environmental risks
- Acquiring PICU beds

The On-Call booklets and other relevant plans have been updated accordingly.

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, has 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.

Relationship meetings have been held between the Emergency Planning team and the recently appointed Head of Procurement in order to look at how our teams can support each other.

6 Achievements 2014/15

6.1 CWP Seasonal Flu Vaccine Campaign

Between October and December 2014, 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

During 2014/15 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.

6.3   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. Progress to plan is monitored via the locality emergency planning meetings as well as the Emergency Planning Sub Committee.

6.4   CWP Winter Plan

The Winter Plans (i.e. one for each locality) provides a framework for response and recovery to the winter period 2014/15, 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   Communication tools

The Emergency Planning team introduced in 2014/15 two additional resilience tools to assist communications in the event of a major disruption:

7.1.1   Messaging facility

CWP have subscribed to a third party communication system with Rant & Rave that allows for text, email, SMS and voice messages to large or small groups of CWP recipients such as major Incident team members, specific localities such as CWP Wirral employees or to all Trust mobiles and blackberries. This facility was effectively used during joint working between ICT and the Emergency Planning team during the July 2014 upgrade to IT servers to provide periodic updates to all CWP staff.

7.1.2   Conference call facility

2014/15 saw the addition within CWP's Major Incident plan and the 2nd and 3rd Tier On Call documents of the facility to operate a conference call utilising a third party provider "Powwownow".   The facility was utilised during the telephony outage in January 2015.

7.1.3   0300 telephone numbers

Following ICT's successful change in February 2015 to a 0300 telephone number for its service desk work has commenced via the Emergency Planning Sub-Committee to identity key Trust phone numbers (such as Switchboards, 24-7 patient access numbers, key ward numbers and any crisis phone lines) to be, potentially, transferred to an 0300 number. It is anticipated that a working group, will be established to conclude this transformation.

7.2 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 2015/16.

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, CWP essentials and communications bulletins to communicate key emergency planning messages to staff. Communications team 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.

7.2.1 Business Continuity Awareness week

In March 2015 the Emergency Planning team published an article in CWP Essentials promoting business continuity and emergency planning in line with the annual awareness programme organised by the Business Continuity Institute (BCI).

8 Training and Exercising

Training and exercising has remained a focus for 2014/15. 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; - evidenced below
- A "tabletop" exercise every year; - evidenced below
- A test of communications cascade every six months – not held in 2014/15 see 2015/16 planned action

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;

These have been demonstrated by the following activities:

8.2   Internally

1. Exercise Cypress
In April 2014 CWP participated in Exercise Cypress. As part of the requirements to undertake a live major incident exercise every 3 years under the Radiation (Emergency Preparedness and Public Information) Regulations 2001 (REPPIR) Regulations. This multi-agency response included the following organisations:

- o Urenco
- o Cheshire Police
- o Cheshire Fire & Rescue Service
- o Cheshire West & Chester Council
- o NHS England (Cheshire and Merseyside Team)
- o North West Ambulance Service (NWAS)
- o Public Health England
- o HM Nuclear Inspectorate
- o Gov't Departments – Environment Agency, DEFRA, Food Standards Agency

CWP convened a Major Incident Team consisting of over 15 participants who successfully tested our primary major incident room's facilities and liaised centrally with the "Gold" command team based at Cheshire Police headquarters.

2. Wirral Locality Desk-top Exercise
The Emergency Planning team facilitated a desk-top exercise in October 2014 for senior managers and nurses at Springview Unit around a major evacuation aimed at understanding command and control, reviewing existing business continuity plans and looking at how mutual aid may assist. Additionally, the exercise was used as an opportunity to test the appropriateness of their Major Incident Room.

3. 2nd & 3rd Tier On-Call workshops
In August, November and January On-Call workshops have been jointly organised by the Emergency Planning team and senior CWP management to ensure that relevant managers are adequately briefed and trained for this key role. These sessions have led to a range of improved procedures and guidance material being added to the relevant plans and booklets. Owing to the success of these workshops they are continuing through-out 2015/16.

4. Major Incident Room training
Across CWP West and East staff members have volunteered to be support staff to the Major Incident Team. Specific roles such as Loggists, Room Manager, Incident Board Logger and Telephonist have been devised and staff trained accordingly during sessions in October and November 2014 as well exercising these skills during actual disruptive events such as the industrial action in October and November and loss of telephony in Chester (see section 10.1). As yet, team members have not been appointed for Wirral locality and the Emergency Planning team will be working with the Emergency Planning Locality Lead in 2015/16 to recruit and train team members.

5. Decision Loggist Training
The Emergency Planning team ran a Decision Loggist training event for members of CWP West and East localities in September 2014.

6. Business Continuity Plan Workshop
In November 2014 a workshop was conducted by the Emergency Planning team in order to review the contents of existing business continuity plans against a specific scenario for CWP West and Corporate Functions. The event offered best practice advice as to plan contents.

8.3   Externally

- *Exercise Nightingale*

The Emergency planning team took participated in a NHS England and PHE organised event attended by over 150 colleagues from across Cheshire and Merseyside NHS Trusts and partnering organisations into the effect of a pandemic outbreak.

- *Strategic Leadership in a Crisis Course*

The members of the Emergency Planning team, CWP's Accountable Emergency Planning Officer as well as a 2nd and a 3rd Tier On-Call persons attended a nationally recognised course in 2014/15 aimed specifically at health organisations to raise awareness of the legislation, roles and responsibilities of all applicable agencies, legal obligations and the local and national structures for command and control

- *Exercise Kaiser*

The Emergency Planning team were part of the organising team for the desk-top exercise for all organisations participating in the North West Mental Health bed contingency group. The exercise aim was to jointly exercise the process of repatriation of patients who reside within secure service accommodation to replacement accommodation provided within the North West footprint by partner agencies from within the accommodation contingency plan.   All seven of the participating organisations attended and the exercise was overseen by NHS England.   During the event, a presentation on the management of CWP's Saddlebridge incident in July 2014 was particularly well received. The success of the exercise has led to three further organisations joining the group.

Other notable events:

- *Greater Manchester Mental Health Exercise* - desk-top exercise and risk forum in September 2014 to review the process of patients who present at A&E departments requiring mental health assessment / treatment.
- *Decision Loggist Training* - training event organised by the Emergency Preparedness Training Team of Public Health England on being a Decision Loggist. A nationally recognised course.
- *Cheshire & Merseyside Ebola Workshop and Exercise* - a joint NHS England and PHE event aimed at raising awareness of what plans and procedures both nationally and locally.
- *Exercise Cura (Highways incident)*- agency event aimed at raising awareness and to exercise the emergency arrangements within the Highways Agency Welfare Plan.
- *Cheshire Police Briefing & Awareness Meeting*- *C*heshire Police in collaboration with other emergency services to raise awareness of the Joint Emergency Services Interoperability Programme (Jesip).
- *Observer at COMAH exercise* - during a Control of Major Accident Hazards (COMAH) exercise organised by the Joint Cheshire Council's Emergency Planning team for Backford Petroleum.

8.4   Other Industry events

The Emergency Planning team attended a number of other industry recognised events and other such activities in order to maintain knowledge and understand best practice. These included:

- Emergency Planning Society event at the North West Fire Control Centre – May 2014
- Tour of Cheshire Police's Major Incident Control Room – May 2014
- Acted as an observer at a Urenco Training day – June 2014
- Attended the Emergency Services Show at Birmingham NEC – September 2014
- Scottish Power Winter preparedness seminar at Prenton – October 2014
- Emergency Planning Society event at Heysham Power Station – November 2014
- Attended Business Continuity Institute (BCI) regional event in Newcastle – January 2015

9 Education and awareness activities

9.1 Mandatory Employee Learning

During 2014/15 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.

9.2 Emergency Planning leaflets

CWP's two leaflets "Emergency Planning & Business Continuity" and "Emergency Planning & Business Continuity – FAQs" were revised and published on the intranet in 2014/15.

10 Learning from incidents

The Emergency Planning Sub-Committee reviewed a number of incidents throughout the year 2014/15 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:

1. Saddlebridge – Act of concerted indiscipline
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 Incident team in order to support its On-Call staff to effectively manage the situation. During this time we encountered some intensive media interest (Manchester Evening News, BBC NW News, Macclesfield Reporter as well as social media comments).

Post incident, the Emergency Planning team were actively involved in the recovery stage including:

- Supporting the refit (including some upgrades) of the unit. Particularly around CCTV
- Some IT and telephony 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, Mersey Care and Pennine Care as well as 3rd party providers Alpha, Partnerships in Care and St Georges)
- Internal investigation supported by 3rd parties (e.g. East Cheshire Council & NHS England)
- Successful conclusion of the Police operation "Flores"
- It remains an on-going Police investigation in regard to patient behaviour
- A very successful Open day in October attended by the emergency responders, commissioners, local councillors and other interested parties.

2. Industrial Action

CWP convened a Major Incident Team utilising our Major Incident Room in the Redesmere Boardroom in order to monitor any impacts from staff who were participating in the national industrial action held in November and December by a number of Unions. Regular "SitReps" were required as well as participating in conference calls lead by NHS England. CWP's Communications team as well as People Services department supported this response.

3. Loss of telephony

In January 2015 CWP lost connectivity to a number of phone lines in the Chester area due to a flooding at a local BT sub-station. CWP West convened a Major Incident team, as did the Countess of Chester Hospital. The outage lasted for over 10 hours and a number of business continuity plans were invoked. Since the incident work has been undertaken via the Emergency Planning Sub Committee to investigate with the business the use of 0300 numbers* for key Trust numbers such as Switchboards, in-patient wards, 24-7 access points and other crisis numbers.

*0300 numbers offer a range of benefits over a geographical number. From a resilience perspective, a dial plan can be formulated that will allow the number to be 'pointed' to a different number in times of BCP activation. This can be managed in real time via the ICT Service Desk who implements change requests through a cloud based control process.

4. Potential firearms incident

In November 2014 an incident occurred on Bowmere inpatient ward (Juniper). Staff believed a service user was in possession of a replica type gun. Person was approached and a consensual search requested. This was refused and the service user became hostile to the staff.

Cheshire Police assisted in dealing with the incident. The incident was escalated internally following CWP Command and Control processes. The incident was managed locally and not declared as a major incident although a number of CWP managers attended the scene of the incident. CWP Comms team were alerted and monitored local media for any interest but no such instances occurred.

During the incident, service users were evacuated from Juniper. Armed police officers were deployed to the incident but at no time were firearms drawn. The incident was managed at the scene and no firearm or anything suspicious was found. Over the following 24 hours, the police incident remained open. Communication between CWP and Cheshire Police continued as staff reported further suspicious behaviour by individuals linked to the suspected service user. Following the incident, a debrief event was held and a peer review completed.

11 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 where business continuity plans were invoked during 2014/15;

- Telephone issues at Delamere Resource centre - June 2014
- Power surges at Stein Centre – December 2014

Key lessons from all incidents were feedback initially to the locality Emergency Planning Forum as well as to the Emergency Planning Sub-Committee in order to ensure shared learning. Additionally, the relevant plans are updated accordingly.

12 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.

12.1 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.

12.2 Partnership working

The Emergency Planning team has 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 (ECT) on a service level agreement to provide them with emergency planning and business continuity support one day per week. A service review meeting was held in March 2015 between the CWP Emergency Accountable Officer, the Director of Corporate Affairs and Governance and Accountable Emergency Planning Officer for ECT the Deputy Director of Corporate Affairs & Governance and the CWP Emergency Planning Team at which ECT stated their high level of satisfaction at the way CWP serviced the contract.

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, Mid-Cheshire (Leighton Hospital) NHS Foundation Trust and Wirral University Teaching Hospital Foundation Trust.

The Emergency Planning team were group members of the Cheshire, Warrington & Wirral Pandemic Influenza Group alongside other local Health Trusts and Councils at which the Cheshire & Merseyside Pandemic Plan was ratified.

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. CWP chaired the group within the year.

The Emergency Planning team has 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. This has led to a formal agreement to provide mutual aid between seven other NHS mental Health Trusts as well as three third party providers in the event of the loss of an inpatient ward be it for need of beds, supplies, transport or staff. Exercise Kaiser was held on 12th December 2014 to validate the plan.

CWP are leading a project with NHS England across Cheshire and Merseyside for a Mass Vaccination Plan for each Community provider detailing roles and responsibilities for provider organisations alongside NHS England, PHE and local Authorities.

12.3 2015/16

It is worth noting that since the start of 2015/16 some significant initiatives and achievements have already occurred:

- April – attended a national emergency planning seminar - Ambition 2015 event

- May – delivered a presentation to Calderstone's NHS Foundation Trust's senior management team in regard to Major Incident management around the Saddlebridge disturbance.

- June - desk-top exercise delivered to over 30 CWP colleagues in the CWP West locality and for the Corporate Services.

- June - ran a joint exercise with Cheshire Fire & Rescue with staff from Soss Moss buildings.

- June – On-Call book revised and reissued to 2nd and 3rd Tier On-Call.

- July 2015 – Joint Emergency Planning and People services workshop aimed at looking at support pre and during a major incident.

Additionally, a **planned action** is to undertake six-monthly third tier call cascades.

These activities will form part of the 2015/16 annual report.

13 Conclusion

CWP has continued to maintain a good level of progress in emergency planning and business continuity work streams throughout 2014/15. The Emergency Planning Sub-Committee chaired by the Emergency Accountable Officer, 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.

Several major incidents have shown that CWP is in a good position to respond and to co-ordinate a response should such eventualities occur in the future.

14 Recommendations to the Board of Directors

The Board is asked:

- To note the CWP Emergency Planning Annual Report 2014/15.

Cheshire and Wirral Partnership NHS Foundation Trust

STANDARDISED REPORT COMMUNICATION

REPORT DETAILS

Report subject:	Statement of Purpose – Care Quality Commission
Agenda ref. no:	15/16/72
Report to (meeting):	Board of Directors – meeting in public
Action required:	Discussion and approval
Date of meeting:	30/09/2015
Presented by:	Dr Anushta Sivananthan – Medical Director/ Executive Lead for Quality

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

Which CQC quality of service domains this report reflects:	
Safe services	Yes
Effective services	Yes
Caring services	Yes
Well-led services	Yes
Services that are responsive to people's needs	Yes

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

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

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

REPORT BRIEFING

Situation – *a concise statement of the purpose of this report*
To provide an update to the Statement of Purpose in response to the successful tender bid for Westminster Surgery.

Background – *contextual and background information pertinent to the situation/ purpose of the report*
The Statement of Purpose was last approved at Board in May 2015 as part of the scheduled review undertaken prior to our CQC trustwide inspection. The Trust are required to update the statement of purpose in line with the registration guidance outlined by the CQC at the point of any changes to service provision.

Assessment – *analysis and considerations of options and risks*
The statement of purpose has been updated in conjunction with business support managers and clinical services managers within each locality. All locations and addresses have been reviewed to ensure that they are up-to date and, where necessary, amendments have been made to ensure accuracy. The key amendments are the inclusion of Westminster Surgery, since CWP took over management in July 2015. Several other locations, where physical health services are delivered in West Cheshire, have also been added to reflect recent relocations of teams within the area.

Recommendation – *what action/ recommendation is needed, what needs to happen and by when?*
The Board of Directors is asked to **note** the information held within the Statement of Purpose and **approve** the submission to the CQC registration team

Who/ which group has approved this report for receipt at the above meeting?	Anushta Sivananthan, Medical Director/ Executive Lead for Quality
Contributing authors:	Jo Watts, Head of Compliance David Wood, Associate Director of Safe Services

Distribution to other people/ groups/ meetings:		
Version	Name/ group/ meeting	Date issued
1	Board of Directors	14/09/2015

Appendices provided for reference and to give supporting/ contextual information:	
Appendix no.	Appendix title
1	CWP Statement of Purpose – Revised September 2015

15_16_72_ Appendix 1

Cheshire and Wirral Partnership NHS Foundation Trust

Statement of Purpose

1. **Provider Details**

Cheshire and Wirral partnership NHS Foundation Trust, Redesmere, Countess of Chester Health Park, Liverpool Road, Chester, CH2 1BQ. Tel: 01244 397397

Chief executive – Sheena Cumiskey

Chairman – David Eva

2. **Registered Locations**

REGISTERED LOCATION

SPRINGVIEW CLATTERBRIDGE HOSPITAL Springview Mental Health Unit Clatterbridge Road, Bebington, Wirral CH63 4JY   Tel: 0151 482 7676

General Manager/Nominated Individual: Suzanne Edwards

Regulated activity: assessment or medical treatment for persons detained under the mental health act 1983 & Treatment of disease, disorder or injury

CODE: MLS – Hospital services for people with mental health needs, and/or learning disabilities, and/or problems with substance misuse.

These services are for people with mental health needs who are admitted to hospital, involving an overnight stay, for assessment and treatment when there is a need for more intensive support than would typically be provided in the community, or a need for a specialist assessment or intervention.

BRACKENDALE WARD - Adult and Older Peoples functional ward	Mental Health Unit Clatterbridge Road, Bebington, Wirral CH63 4JY Tel. 0151 482 7952
BROOKLANDS WARD - Psychiatric Intensive Care Unit	Mental Health Unit Clatterbridge Road, Bebington, Wirral CH63 4JY Tel. 0151 482 7638
LAKEFIELD WARD - Adult Mental Health ward	Mental Health Unit Clatterbridge Road, Bebington, Wirral CH63 4JY Tel. 0151 482 7724
MEADOWBANK WARD - Older People's Organic ward	Mental Health Unit Clatterbridge Road, Bebington, Wirral CH63 4JY Tel. 0151 482 7267
OAKTREES WARD - Eating Disorder ward	Mental Health Unit Clatterbridge Road, Bebington, Wirral CH63 4JY Tel. 0151 482 7893
RIVERWOOD WARD - Adult Mental Health ward (closed for refurbishment opening September 2015)	Mental Health Unit Clatterbridge Road, Bebington, Wirral CH63 4JY Tel. 0151 482 7640

REGISTERED LOCATION

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

GENERAL MANAGER/NOMINATED INDIVIDUAL: Patricia McCormack

Regulated activity: assessment or medical treatment for persons detained under the mental health act 1983 & Treatment of disease, disorder or injury

CODE: MLS – Hospital services for people with mental health needs, and/or learning disabilities, and/or problems with substance misuse.

These services are for people with mental health needs who are admitted to hospital, involving an overnight stay, for assessment and treatment when there is a need for more intensive support than would typically be provided in the community, or a need for a specialist assessment or intervention.

RHS – Rehabilitation services

These services provide, as their sole or main purpose, treatment to people following an illness or injury that impairs their physical, mental or cognitive wellbeing, but for which continued rehabilitative care is likely to bring about improvement**.**

BEECH WARD – Adult Mental Health ward	Bowmere Hospital, Countess of Chester Health Park Liverpool Road, Chester CH2 1BQ Tel. Reception 01244 397300 / Ward 01244 397302
CHERRY WARD – Older Peoples Organic ward	Bowmere Hospital Countess of Chester Health Park Liverpool Road, Chester CH2 1BQ Tel. Reception 01244 397300 / Ward 01244 397304
JUNIPER WARD – Adult and Older People's functional ward	Bowmere Hospital Countess of Chester Health Park Liverpool Road, Chester CH2 1BQ Tel. Reception 01244 397300 / Ward 01244 397303
ROSEWOOD WARD – Rehabilitation ward	Bowmere Hospital Countess of Chester Health Park Liverpool Road, Chester CH2 1BQ Tel. Reception 01244 397300 / Ward 01244 397311
WILLOW WARD – Psychiatric Intensive Care ward	Bowmere Hospital Countess of Chester Health Park Liverpool Road, Chester CH2 1BQ Tel. Reception 01244 397300 / Ward 01244 397301

REGISTERED LOCATION

MILLBROOK/JOCELYN SOLLY Victoria Road, Macclesfield, SK10 3JF Tel: 01625 505600

GENERAL MANAGER/NOMINATED INDIVIDUAL: Sally Sanderson/Roisin Reynolds

Regulated activity: assessment or medical treatment for persons detained under the mental health act 1983 & Treatment of disease, disorder or injury

CODE: MLS – Hospital services for people with mental health needs, and/or learning disabilities, and/or problems with substance misuse.

These services are for people with mental health needs who are admitted to hospital, involving an overnight stay, for assessment and treatment when there is a need for more intensive support than would typically be provided in the community, or a need for a specialist assessment or intervention.

RHS – Rehabilitation services

These services provide, as their sole or main purpose, treatment to people following an illness or injury that impairs their physical, mental or cognitive wellbeing, but for which continued rehabilitative care is likely to bring about improvement**.**

ADELPHI WARD – Adult and Older People's functional ward	Millbrook Unit, Macclesfield Hospital, Victoria Road, Macclesfield, SK10 3BL Tel. 01625 663306
BOLLIN WARD - Adult Mental Health ward	Millbrook Unit, Macclesfield Hospital, Victoria Road, Macclesfield SK10 3BL Tel. 01625 663307/663978
CARS WARD – Adult Rehabilitation ward *(Complex, Assessment & Recovery Services)*	Millbrook Unit, Macclesfield Hospital, Victoria Road, Macclesfield SK10 3BL Tel. 01625 661139
CROFT WARD – Older People Organic ward	Millbrook Unit, Macclesfield Hospital, Victoria Road, Macclesfield SK10 3BL Tel. 01625 663060
LIME WALK HOUSE – Adult Rehabilitation ward	Jocelyn Solly Resource Centre, Victoria Road, Macclesfield SK10 3JE Tel. 01625 505662

REGISTERED LOCATION:

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

GENERAL MANAGER/NOMINATED INDIVIDUAL: Patricia McCormack

Regulated activity: assessment or medical treatment for persons detained under the mental health act 1983 & Treatment of disease, disorder or injury

CODE: MLS – Hospital services for people with mental health needs, and/or learning disabilities, and/or problems with substance misuse.

These services are for people with learning disabilities who are admitted to hospital, involving an overnight stay, for assessment and treatment when there is a need for more intensive support than would typically be provided in the community, or a need for a specialist assessment or intervention.

EASTWAY WARD – Learning Disability Ward	Countess of Chester Health Park, Liverpool Road, Chester, CH2 1BQ Tel. Reception 01244 397222 / Ward 01244 397224

REGISTERED LOCATION:

Thorn Heys Respite Unit 26 Village Road, Oxton, Wirral, CH43 5SR Tel: 0151 653 9660

GENERAL MANAGER/NOMINATED INDIVIDUAL: Suzanne Edwards

Regulated activity: assessment or medical treatment for persons detained under the mental health act 1983 & Treatment of disease, disorder or injury

CODE: MLS – Hospital services for people with mental health needs, and/or learning disabilities, and/or problems with substance misuse.

These services are for people with learning disabilities who are admitted to hospital, involving an overnight stay, for assessment and treatment when there is a need for more intensive support than would typically be provided in the community, or a need for a specialist assessment or intervention.

THORN HEYS RESPITE – Learning Disability Respite Unit	Ashton House Site 26 Village Road, Oxton, Wirral, CH43 5SR Tel. 0151 488 8101

REGISTERED LOCATION

GREENWAYS Rosemount Site, Chester Road, Macclesfield, SK11 8QA Tel: 01625 508550

GENERAL MANAGER/NOMINATED INDIVIDUAL: Sally Sanderson/Roisin Reynolds

Regulated activity: assessment or medical treatment for persons detained under the mental health act 1983 & Treatment of disease, disorder or injury

CODE: MLS – Hospital services for people with mental health needs, and/or learning disabilities, and/or problems with substance misuse.

These services are for people with learning disabilities who are admitted to hospital, involving an overnight stay, for assessment and treatment when there is a need for more intensive support than would typically be provided in the community, or a need for a specialist assessment or intervention.

GREENWAYS WARD - Learning Disability Ward	Rosemount Site, Lea Bank Close, Chester Road, Macclesfield SK11 8PU Tel: 01625 508550

REGISTERED LOCATION

CROOK LANE RESPITE UNIT 152 Crook Lane, Wharton, Winsford, CW7 3EQ Tel: 01606 861003

GENERAL MANAGER/NOMINATED INDIVIDUAL: Sally Sanderson/Roisin Reynolds

Regulated activity : assessment or medical treatment for persons detained under the mental health act 1983 & Treatment of disease, disorder or injury

CODE: MLS – Hospital services for people with mental health needs, and/or learning disabilities, and/or problems with substance misuse.

These services are for people with learning disabilities who are admitted to hospital, involving an overnight stay, for specialist health respite when there is a need for more intensive support than would typically be provided in the community, or a need for a specialist assessment or intervention.

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

REGISTERED LOCATION

ALDERLEY UNIT Soss Moss Site, Chelford Road, Nether Alderley, Macclesfield SK10 4UJ Tel: 01625 890052

GENERAL MANAGER/NOMINATED INDIVIDUAL: Sally Sanderson/Roisin Reynolds

Regulated activity: assessment or medical treatment for persons detained under the mental health act 1983 & Treatment of disease, disorder or injury

CODE: MLS – Hospital services for people with mental health needs, and/or learning disabilities, and/or problems with substance misuse.

These services are for people with learning disabilities who are admitted to hospital, involving an overnight stay, for assessment and treatment when there is a need for more intensive support than would typically be provided in the community, or a need for a specialist assessment or intervention.

ALDERLEY UNIT – Low Secure Learning Disability Unit	Chelford Road, Nether Alderley, Macclesfield , SK10 4UJ Tel. 01625 862500
SADDLEBRIDGE – Low Secure Adult Mental Health	Chelford Road, Nether Alderley, Macclesfield, SK10 4UJ Tel. 01625 862400

FORENSIC SUPPORT SERVICE - *including street triage*	Saddlebridge Unit, Chelford Road, Nether Alderley, Macclesfield, SK10 4UJ Tel. 01625 862400

REGISTERED LOCATION

PINE LODGE YOUNG PEOPLES' SERVICE Pine Lodge, Academic Unit, 79 Liverpool Road, Chester, CH2 1AW Tel: 01244 397595

GENERAL MANAGER/NOMINATED INDIVIDUAL: Karen Moore

Regulated activity: assessment or medical treatment for persons detained under the mental health act 1983 & Treatment of disease, disorder or injury

CODE: MLS – Hospital services for people with mental health needs, and/or learning disabilities, and/or problems with substance misuse.

These services are for adolescents who are admitted to hospital, involving an overnight stay, for assessment and treatment when there is a need for more intensive support than would typically be provided in the community, or a need for a specialist assessment or intervention.

MAPLE WARD- CAMHS Tier 4 ward, Assessment and Outreach (AOT) Team	Bowmere Hospital, Countess of Chester Health Park Liverpool Road, Chester CH2 1BQ Tel. Reception 01244 397300 / Ward 01244 397305, AOT 01244 397333
PINE LODGE – CAMHS Tier 4 ward	Pine Lodge, Academic Unit, 79 Liverpool Road, Chester CH2 1AW Tel. 01244 397595

REGISTERED LOCATION	
TRUST BOARD OFFICES : Redesmere, Countess of Chester Health Park Liverpool Road, Chester CH2 1BQ Tel: 01244 397397	
Chief executive: Sheena Cumiskey	
Chairman: David Eva	
Regulated activity: Transport services, triage and medical advice provided remotely	
Treatment of disease, disorder or injury	
CODE : CHC – COMMUNITY HEALTHCARE SERVICES; **HPS** – HOSPICE SERVICES; **MBS** – MOBILE DOCTORS SERVICE; **LDC** – COMMUNITY-BASED SERVICES FOR PEOPLE WITH A LEARNING DISABILITY; **MHC** – COMMUNITY – BASED SERVICES FOR PEOPLE WITH MENTAL HEALTH NEEDS; **SMC** – COMMUNITY BASED SERVICES FOR PEOPLE WHO MISUSE SUBSTANCES	
CODE – MHC– Adult and Older People's Community Mental Health Services – Wirral	
GENERAL MANAGER /NOMINATED INDIVIDUAL: Suzanne Edwards	
Regulated activity: Treatment of disease, disorder or injury	
Bolton Eating Disorders Service	Breightmet Health Centre, Breightmet Fold Lane, Breightmet, Bolton, BL2 6NT, Tel. 01204 462785
Trafford eating disorder	The Gateway 85-101 Sankey Street, Warrington, WA1 1SR Tel: 01625 505620
LIAISON PSYCHIATRY SERVICES including Street triage	Arrowe Park Hospital, Arrowe Park Road Upton Wirral CH49 5PE Tel. 0151 678 5111
Eating Disorders Service Macclesfield	Jocelyn Solly House, Macclesfield, Cheshire, SK10 3JE, 01625 505620
STEIN CENTRE- ADHD Service, Early Intervention Service, Homelessness Service, Wirral Memory Assessment Service, Eating Disorders Service Wirral, Birkenhead Mental Health Service, Wallasey and West Wirral Mental Health Service, Wirral Older Adults Mental Health Service, Adult Cognitive Assessment Service, Wirral Access Service, Personality Disorder Service, Access, Complex Needs Service.	Stein Centre, St Catherine's Hospital Derby Road, Tranmere, Wirral CH42 0LQ Tel. 0151 488 7708
Eating Disorders Service - Warrington and Halton	The Gateway, 85 – 101 Sankey Street, Warrington, Cheshire, WA1 1SR. Tel: 01925 248475

CODE – MHC– Adult and Older People's Community Mental Health Services – West	
GENERAL MANAGER/NOMINATED INDIVIDUAL: Patricia McCormack	
Regulated activity: Treatment of disease, disorder or injury	
1829 Building - Psychology	Psychology Department, 1829 Building, Countess of Chester health park, Liverpool Road, Chester
AIRBUS – supportive services	Airbus, Broughton, Chester CH4 0DR
ACCESS SEFTON – Sefton IAPT Service	Access Sefton, Unit 5, Stella Nova, Washington Parade, Bootle L20 4TQ
BOUGHTON MEDICAL CENTRE – primary care mental health	Boughton Medical Centre, Hoole Lane, Boughton, Chester CH2 3DP
BEWSEY STREET – Warrington IAPT	Mental Health Matters, 51 Bewsey Street, Warrington, Cheshire WA2 7JQ
BLUNDELLSANDS SURGERY – Sefton IAPT Service	Blundellsands Surgery, 1 Warren Road, Liverpool, L23 6TZ
BRIDGE ROAD MEDICAL CENTRE	Bridge Road Medical Centre, 66-68 Bridge Road, Litherland, Liverpool, L21 6PH
CHERRYBANK– Adult mental health services, early intervention team.	Cherrybank, 85 Wellington Road, Ellesmere Port, CH65 0BY – Tel 0151 488 8360
COUNTESS OF CHESTER HOSPITAL - primary care mental health services	Countess of Chester Hospital, Countess of Chester Health park, Liverpool Road, Chester CH2 1UL
DANEBRIDGE MEDICAL CENTRE – Older people's mental health services	Danebridge Medical Centre, 29 London Road, Northwich, Cheshire CW9 5HR Tel: 01606 544544
CROSBY VILLAGE SURGERY – Sefton IAPT service	Crosby Village Surgery, 3 Little Crosby Road, Great Crosby, Liverpool, Merseyside, L23 2TE
CROSSWAYS SURGERY SSP HEALTH LTD – Sefton IAPT Service	Crossways Surgery SSP Health Ltd, 168 Liverpool Road, Crosby, Liverpool
ELLESMERE PORT HOSPITAL—primary care mental health services	Ellesmere Port Hospital, 114 Chester Road, Whitby, Ellesmere Port CH65 6SG Tel : 01244 362 986
FOUNTAINS HEALTH CENTRE (AS OF 1ST MAY) – primary care mental health services	Fountains Health Centre, Delamere Street, Chester CH1 4DS
FIRDALE MEDICAL CENTRE – Older people's mental health services	Firdale Medical Centre, Firdale Road, Northwich, Cheshire CW8 4AZ Tel: 01606 544 300
GLOVERS LANE SURGERY – Sefton IAPT Service	*Glovers Lane Surgery, Glovers Lane, Netherton, Bootle, Merseyside, L30 5TA*
HELSBY HEALTH CENTRE– primary care mental health	Helsby Health Centre, Lower Robin Hood Lane, Helsby, WA6 0BW, Tel: 01829 723676
THE HESKETH CENTRE – Sefton IAPT Service	The Hesketh Centre, 51-55 Albert Road, Southport, PR8 0LT
HIGH PASTURES SURGERY – Sefton IAPT Service	High Pastures Surgery, 138 Liverpool Road North, Liverpool, Merseyside, L31 2HW
THE HOLLIES SURGERY – Sefton IAPT Service	The Hollies Surgery, 10 Elbow Lane, Formby, L37 4AD

HOPE FARM CLINIC – psychology, primary care mental health	Hope Farm Clinic, Hope Farm Road, Great Sutton CH66 2WW
LAUREL BANK SURGERY–primary care mental health service	Laurel Bank Surgery, Old Hall Street, Malpas, SY14 5PS, Tel : 01948 860205
LIAISON PSYCHIATRY SERVICES	Countess of Chester Hospital, Liverpool Road, Chester CH2 1UL TEL: 01244 364398
LINCOLN HOUSE SURGERY – Sefton IAPT Service	Lincoln House Surgery, 33 Lincoln Road, Southport, Merseyside PR8 4PR
LITHERLAND TOWN HALL HEALTH CENTRE –Sefton IAPT Service	Litherland Town Hall Health Centre, Hatton Hill Road, Litherland, Liverpool, Liverpool, Merseyside, L21 9JN
MAGHULL HEALTH CENTRE – Sefton IAPT service	Maghull Health Centre, Westway, Maghull, Liverpool, L31 0DJ
MAGHULL PRACTICE- Sefton IAPT Service	Maghull Practice, Parkhaven, Liverpool Road, Maghull, L31 8BP
MAY LOGAN CENTRE – Sefton IAPT service	MAY LOGAN CENTRE, 294 Knowsley Road, Bootle L20 5DQ
MIDDLEWICH ROAD SURGERY – Older people's mental health services	Middlewich Road Surgery, The Surgery, Middlewich Road, Rudheath, Tel: 01606 544700 CW9 7DB
MC ELROY & PTNRS GP – Sefton IAPT Service	Mc Elroy & Partners, 15 Sefton Road, Litherland, Liverpool, Merseyside, L21 9HA
NESTON CLINIC – primary care mental health, adult mental health services	Neston Clinic, Mellock Lane, Little Neston CH64 9RN, Tel 015 336 2189
NETHERTON HEALTH CENTRE – Sefton IAPT Service	Netherton Health Centre, Netherton Health Centre, Magdalen Square, Bootle, Merseyside, Merseyside, L30 5SP
NORTH PARK – Sefton IAPT Service	North Park, 290 Knowsley Road, Bootle, Merseyside, Liverpool, L20 5DQ
OAKWOOD MEDICAL CENTRE – older people's mental health services	Oakwood Medical Centre, Broadway, Barnton, Northwich CW8 4LF. Tel: 01606 544241
PARENTING 2000 CHILDRENS CENTRE SOUTHPORT – Sefton IAPT Service	Parenting 2000 Children's Centre Southport, The Lodge, Mornington Road, Southport PR9 0TS
PRINCE STREET CLINIC - Sefton IAPT Service	Prince Street Clinic, Prince St, Waterloo, Southport L22 5PB
PRINCEWAY CLINIC – adult mental health services, psychology, primary care mental health	Princeway Clinic, 2 Princeway, Frodsham, Cheshire WA6 6RX
ROE LANE SURGERY – Sefton IAPT Service	Roe Lane Surgery, 172 Roe Lane, Churchtown, Southport, Merseyside, PR9 7PN
SEAFORTH VILLAGE PRACTICE – Sefton IAPT Service	Seaforth Village Practice, 20 Seaforth Road, Liverpool, Merseyside, Liverpool, Merseyside, L21 3TA
SOUTHPORT CENTRE FOR HEALTH & WELLBEING – Sefton IAPT SERVICE	Southport Centre for Health & Wellbeing, 44-46 Hoghton Street, Southport, PR9 0PQ
SPIRE FORMBY CLINIC - Sefton IAPT Service	Spire Formby Clinic, Cropton House, Three Tuns Lane, Formby, Liverpool, Merseyside, L37 4AQ
ST ANNE STREET – Primary care mental health services	71 St Anne's Street Chester CH1 3HT tel. 01244 394949
ST MARKS MEDICAL CENTRE – Sefton IAPT Service	St Marks Medical Centre, 42 Derby Road, Southport, Merseyside, PR9 0TZ
STANNEY LANE CLINIC – primary care mental health services	Stanney Lane Clinic, Stanney Lane, Ellesmere Port CH65 9AE

STELLA NOVA (HEAD OFFICE – ACCESS SEFTON) – Sefton IAPT Service	5 Stella Nova, Washington Parade, Bootle, Merseyside L20 4TQ
ACCESS SEFTON – Sefton IAPT Service	Access Sefton, 2nd Floor, Gordon House, Leicester Street, Southport, PR9 0ER
TARPORLEY HEALTH CENTRE – Primary care mental health services	Tarporley Health Centre, Park Road, Tarporley Park Road, Tarporley, CW6 0BE, Tel :01829 733456
UPTON LEA RESOURCE CENTRE – Adult mental health services, older people's mental health services, home treatment team	Upton Lea Resource Centre, Countess of Chester Health Park Liverpool Road, Chester CH2 1BQ Tel. Outpatients Reception(ground floor) 01244 397451
VALE HOUSE RESOURCE CENTRE – Adult mental health services, older people's mental health services, IAPT, Liaison & Diversion Services.	Vale House Resource Centre, High Street Winsford CW7 2AS Tel. 01606 555100

CODE – MHC– Adult and Older People's Community Mental Health Services – East	
GENERAL MANAGER/NOMINATED INDIVIDUAL: Sally Sanderson/Roisin Reynolds	
Regulated activity: Treatment of disease, disorder or injury	
BEECH HOUSE - IAPT	Beech House, Lea Bank Close, Off Chester Road, Macclesfield, SK11 8PU, 01625 508511
CONGLETON LIBRARY- Early intervention team, home treatment team.	Congleton Library, Market Street, Congleton CW12 1BU Tel. HTT- 01260 292916, EI - 01260 292929,
DELAMERE RESOURCE CENTRE – IAPT, Psychosexual Services, Single Point of Access, Crewe Review Adult community mental health services, Central Memory & Older Adults Community mental health services, Crewe Recovery College, Expert Patient Programme, Older People Service Crewe.	Delamere Resource Centre, 45 Delamere Street, Crewe, CW1 2ER, Tel. 01270 655200
GREVILLE HOUSE - IAPT	Greville House, Greville Drive Wharton, Winsford CW7 3EP Tel. 01606 593230
JOCELYN SOLLY HOUSE RESOURCE CENTRE - Adult and older people's community mental health services, Single Point of Access/review, Recovery College, Expert Patient Programme	Jocelyn Solly House, Victoria Road, Macclesfield, SK10 3JE Tel. 01625 505600
KNUTSFORD & DISTRICT COMMUNITY HOSPITAL - Adult and older people's mental health services	Knutsford and District Community Hospital, Bexton Road Knutsford WA16 0BT Tel. 01565 757225
LIAISON PSYCHIATRY SERVICES/Hospital Alcohol Liaison Service	Accident & Emergency Unit, Leighton Hospital, Middlewich Road, Crewe CW1 4QJ TEL01270 612239 C/O CARS Ward, Mill Brook Unit, Macclesfield District General Hospital, Macclesfield, SK10 3BL, TEL: 01625 663868
CODE : SMC – community based services for people who misuse substances	
GENERAL MANAGER /NOMINATED INDIVIDUAL: Sally Sanderson/Roisin Reynolds, Patricia McCormack	
Regulated activity: treatment of disease, disorder or injury	
THE BARNABUS CENTRE	The Barnabus Centre, Bridge House, 15 Brook Street, Macclesfield, Cheshire SK11 7AA Tel: 01625 422100
CATHERINE HOUSE	Catherine House, Eaton Street, Crewe, Cheshire CW2 7EG Tel: 01270 216118
COUNTESS OF CHESTER HOSPITAL – hospital alcohol liaison service (HALs)	Countess of Chester Hospital, Countess of Chester health park, Liverpool Road, Chester
CODE - LDC – community based services for people with a learning disability	
GENERAL MANAGER/NOMINATED INDIVIDUAL: **Sally Sanderson/Roisin Reynolds, Patricia McCormack & Suzanne Edwards**	
Regulated activity : treatment of disease, disorder or injury	
WIRRAL CLDT	Ashton House, 26 Village Road, Prenton, Wirral, CH43 5SR Tel. 0151 488 8100
WEST CLDT	Eastway, Countess of Chester Health Park, Liverpool Road, Chester CH2 1BQ Tel. Reception 01244 397222 Wyvern House, The Drumber, Winsford, CW7 1AU Kingsley Resource Centre, Coronation Road, Ellesmere Port CH65 9AA

EAST CLDT	Rosemount Lodge, Chester Road, Macclesfield SK11 8QA TEL: 01625 663631/663673 54 Stalbridge Road, Crewe CW2 7LP Tel. 01270 656335
TRAFFORD CLDT	3rd Floor, Waterside House Sale Waterside M33 7ZF TEL: 0161 912 2810

CODE – MHC– CAMHS Community Based Services	
GENERAL MANAGER/NOMINATED INDIVIDUAL: Sally Sanderson/Roisin Reynolds, Suzanne Edwards & Karen Moore	
Regulated activity: Treatment of disease, disorder or injury	
1829 BUILDING - 16-19 Team	1829 Building, Countess of Chester Health Park Liverpool Road, Chester CH2 1BQ 16-19 CAMHS Reception 01244 397555
ACADEMIC UNIT – Tier 4 Home Based Therapy	Academic Unit, 79 Liverpool Road, Chester CH2 1AW. Tel: 01244 397597
WIRRAL CAMHS- HEALTH EDUCATION UNIT	Adcote House, Ashton House site, Kent Street, Oxton Wirral CH43 6TX Tel. 0151 488 8111
WIRRAL CAMHS- EAST LOCALITY AND PRIMARY MENTAL HEALTH WORKER TEAM	Columbia Hall, Ashton House Site, Kent Street, Oxton Wirral CH43 6TX Tel. 0151 488 8111
WIRRAL CAMHS- 16/18 Team	Victoria Central Hospital, Mill Lane, 1st Floor Wallasey CH44 5UF– 0151 630 2492
WIRRAL CAMHS PARTNERSHIP TEAM	Bebington Town Hall Annexe, Civic Way, Bebington Wirral CH63 7RX – 0151 643 9802
WIRRAL CAMHS LEARNING DISABILITIES	Child Development Centre, St Catherine's Hospital, Derby Road Birkenhead, CH42 0LQ 0151 514 2521
MST (MULTI SYSTEMIC THERAPY TEAM) WIRRAL	Solar Campus, St Mary's Building 235 Leasowe Road Wallasey CH45 8RE. Telephone – 0151 637 6136
WIRRAL CAMHS - West Locality Team	Ashleigh Centre, Pensby 281 Pensby Road, Pensby, Wirral CH61 5UB Tel. 0151 488 7474
EARLY INTERVENTION TEAM, WIRRAL	Stein Centre, St Catherine's Hospital Derby Road, Tranmere, Wirral CH42 0LQ 0151 488 7773
PIMHS PARENT, INFANT, MENTAL HEALTH SERVICES	Ashton House Site, 26 Village Road, Prenton Wirral CH43 5SR, 0151 488 8111
ELM HOUSE – East Cheshire young person's substance misuse service, 0-16 service, 16-19 service, CAMHS primary care mental health, LD CAMHS.	Elm House, The Priory, Rosemount Site, Lea Bank Close, Macclesfield, Cheshire, SK11 8QA, TEL: 01625 661475
HAWTHORN CENTRE – Winsford Tier 2 and Tier 3 CAMHs	1st Floor Commence House, Dene Drive, Winsford, CW7 1AS; Tel 01606 393200
MAPLE HOUSE – Wirral CAMHS child and family services.	Maple House, 3 Cleveland Street Birkenhead, Wirral CH41 6ND Tel. 0151 6470148
MARSDEN HOUSE - West Cheshire Tier 2 and Tier 3 CAMHs	Marsden House, Brookdale Place Chester CH1 3DY Tel: 01244 393200
MILL ST MEDICAL CENTRE – Crewe CAMHS, LD CAMHS, CAMHS 0-16, CAMHS 16-19 service.	Mill Street Medical Centre, Mill Street, Crewe, Cheshire. CW2 7AQ Tel: 01270 253 841
PENSBY CLINIC- Wirral CAMHS child and family services. (Rooms booked on session only basis)	Pensby Clinic, 281 Pensby Road, Pensby, Wirral CH61 5UB Tel. 0151 6480748

CODE : CHC – community healthcare services; HPS – hospice services; MBS – mobile doctors service **GENERAL MANAGER /NOMINATED INDIVIDUAL: Karen Moore** **Regulated activity** : **Treatment of disease, disorder or injury** **Transport services, triage and medical advice provided remotely**	
1829 BUILDING – GP Out of Hours and GP extended hours service, SALT, ABI, Specialist Nursing COPD and Oxygen, Specialist Nurses for Tissue Viability, SPA, Heart Failure Specialist Nurses, Evening and Night Nursing/night sitting, podiatry CART therapists (sit within SPA)	1829 Building, Countess of Chester Health Park, Liverpool Road, Chester CH2 1HJ Tel: 01244 650300 (main reception)
ALL SAINT'S CHURCH, HOOLE – adult weight management	2 Vicarage Road, Hoole, Chester CH2 3HZ; Tel 01244 322056
BOUGHTON HEALTH CENTRE- health visiting, 5-19 health and wellbeing service, podiatry, SALT, community pain service	Boughton Health Centre, Hoole Lane, Boughton, Chester, CH2 3DP Tel Surgery 01244 325421; Health Visiting 01244 348022, 5-19 health and wellbeing service 01244 400875
BOWMERE HOSPITAL - podiatry	Countess of Chester Healthpark, Liverpool Road, Chester
BLACON CHILDREN'S CENTRE – health visiting, infant feeding clinic, SALT, children's continence service	Blacon Children's Centre, Carlisle Road, Blacon, Chester, CH1 5DB
BLACON HEALTHY LIVING CENTRE – health promotion, recovery college west, adult weight management	Blacon Healthy Living Centre, Ground Floor, Plas Dinas, Blacon Point Road, Blacon, Chester CH1 5SN
CARLTON HOUSE - CRISIS and REABLEMENT TEAM (CART)	Carlton House, Lightfoot Street, Hoole, Chester CH2 3AD
CHERRYBANK RESOURCE CENTRE – stroke early supported discharge team	Cherrybank, 85 Wellington Road, Ellesmere Port, CH65 0BY. Tel: (0151) 488 8431 / (0151) 488 8432
CHESHIRE CAT PUBLIC HOUSE – infant feeding clinic	Whitchurch Road, Christleton CH3 6AE; Tel 01244 332200
CHESTER UNIVERSITY – cardiac rehabilitation	Parkgate Road, Chester CH1 4BJ; Tel: 01244 511000
CITY WALLS MEDICAL CENTRE – health visiting	City Walls Medical Centre, St Martins Way, Chester CH1 2NR
CIVIC WAY - Ellesmere Port North community care team, Ellesmere Port South community care team.	4 Civic Way, Ellesmere Port, CH65 0BE. Tel: 0151 357 2348/0151 355 9833
CLATTERBRIDGE HOSPITAL - ABI, stroke rehabilitation	Clatterbridge Road, Bebington, Wirral CH63 4JY
COMMUNITY OUTREACH GYM, ELLESMERE PORT – cardiac rehabilitation	
COUNTESS OF CHESTER HOSPITAL –Cardiac rehabilitation, community pain service	Countess of Chester Hospital, Countess of Chester Health Park, Liverpool Road, Chester
DALE CAMP (ARMY BARRACKS) – health visiting clinic	The Dale, Chester CH2 4BD; Tel 01244 650781
ELLESMERE PORT FIRE STATION – cardiac rehabilitation	Wellington Road, Ellesmere Port CH65 0EZ; Tel 0151 355 3333
ELLESMERE PORT HEALTHY LIVING CENTRE – health promotion, smoking cessation, adult weight management, cardiac rehabilitation	Ellesmere Port Healthy Living Centre, Civic Way, Ellesmere Port, CH65 0AZ
ELLESMERE PORT HOSPITAL – Adult musculoskeletal assessment and management service (AMAMS), MSK physiotherapy, GP Out of Hours service, stroke ESD, community neurotherapy physiotherapy, choose and book team, bed based (inpatient) therapy, adult continence service, smoking cessation, dermatology extended hours GP service, podiatry, Parkinson's specialist nurse service	Ellesmere Port Hospital, 114 Chester Road, Whitby, Ellesmere Port CH65 6SG
ELTON CHILDREN'S CENTRE – health visiting clinic	Elton Primary School, School Lane, Elton CH2 4LT; Tel 0151 338 2227

FARNDON SURGERY – MSK physiotherapy, podiatry, smoking cessation, health visiting (baby clinic)	Farndon Surgery, Church Lane, Farndon CH3 6QD
FOUNTAINS HEALTH – MSK Physiotherapy, Podiatry, SALT, Health Promotion, Northgate Community Care Team, Boughton Community Care Team, Chester East Community Care Team, smoking cessation, adult continence service, health visiting clinic	Fountains Health Centre, Delamere Street, Chester. Tel: 01244 398013
FRODSHAM CHILDREN'S CENTRE – health visiting clinic	Ship Street, Frodsham WA6 7PZ; Tel 01244 976210
GARDEN LANE MEDICAL CENTRE – health visiting, smoking cessation	Garden Lane Medical Centre, Garden Lane Medical Centre CH1 4EN
GREAT SUTTON CLINIC – health visiting, 5-19 health and wellbeing service. SALT, smoking cessation, podiatry	Great Sutton Clinic, Old Chester Road, Great Sutton CH66 3PB Tel: Health Visiting - 0151 339 2208; ; 5-19 health and wellbeing service – 0151 339 2183
HEATH LANE – 5-19 health and wellbeing service, palliative care and Macmillan nursing, dermatology, smoking cessation, respiratory physiotherapy	Heath Lane, Boughton CH3 5ST Tel : 01244 312723
HELSBY GP PRACTICE – GP extended hours service	Lower Robin Hood Lane, Frodsham WA6 0BW; Tel 01928 723676
HELSBY HEALTH CENTRE – health visiting clinic	Lower Robin Hood Lane, Frodsham WA6 0BW; Tel 01928 723676
HOPE FARM CLINIC – Health visiting, continence team, dermatology, podiatry, SALT, smoking cessation, children's continence team	Hope Farm Clinic, Hope Farm Road, Great Sutton CH66 2WW
KINGSWAY CHILDRENS CENTRE – health visiting clinic	University of Chester, Kingsway Campus, Kingsway, Chester CH2 2LB; Tel 01244 976100
LACHE HEALTH CENTRE –SALT, adult continence team, health visiting, 5-19 health and wellbeing service, Chester South community care team, MSK physiotherapy, podiatry, smoking cessation, children's continence service, infant feeding clinic	Lache Health Centre, Hawthorn Road, Lache, Chester CH4 8HX Tel: 01244 671366 Health Visiting and 5-19 health and well-being service – 01244 682991; Community Care Team – 01244 625030
MALPAS SURGERY – Broxton community care team, podiatry	Malpas Surgery, Laurel Bank, Old Hall Street, Malpas. Tel: 01948 860038 SY14 8PS
MALPAS YOUTH CENTRE - SALT	1 Chester Road, Malpas SY14 8HT; Tel 01948 860993
MERCURY HOUSE – health visiting	Mercury House, High Street, Tattenhall CH3 9PX Tel: 01829 771823
NESTON CLINIC- health visiting, MSK Physiotherapy, Neston and Willaston Community care team, podiatry, SALT	Neston Clinic, Mellock Lane, Little Neston CH64 9RN Tel: Health Visiting - 0151 336 2189; Community Care Team – 0151 353 1481
PORTSIDE COMMUNITY CENTRE – infant feeding clinic, health visiting clinic	Egerton Street, Ellesmere Port CH65 2BY; Tel: 0151 357 6365
PRINCEWAY HEALTH CENTRE- MSK physiotherapy, Princeway community care team, health visiting, 5-19 health and wellbeing service, podiatry, SALT, continence service, smoking cessation, adult weight management, children's continence service	Princeway Health Centre, 2 Princeway, Frodsham, WA6 6RX Tel: 01928 736007
SAUGHALL MEDICAL CENTRE – health visiting clinic	Saughall Medical Centre, 9 Church Road, Saughall, Chester, CH1 6EN
STANLAW ABBEY CHILDREN'S CENTRE – health visiting, infant feeding team	Stanlaw Abbey Children's Centre, Alnwick Drive, Ellesmere Port, CH65 9HE Tel: 0151 337 6425
STANNEY LANE CLINIC – Family nurse partnership, health visiting, infant feeding coordinator, dressing clinic, SALT,	Stanney Lane Clinic, Stanney Lane, Ellesmere Port CH65 9AE

podiatry, tissue viability services, smoking cessation	
ST WERBURGH'S – Intermediate Tier Epilepsy	Grosvenor Park Road, Chester CH1 1QJ; Tel 01244 350236
SUTTON BEECHES RESIDENTIAL REHAB AND RESPITE (LA), NURSING AND THERAPY BED BASED PROVISION	Sutton Beeches Care Home, Alvanley Road, Great Sutton, Cheshire, CH66 3JZ
TARPORLEY HEALTH CENTRE – health visiting, continence, Tarporley community care team, podiatry, smoking cessation	Tarporley Health Centre, Park Road, Tarporley, CW6 0BE Tel: Health Visiting – 01829 733686 District Nurse community care team – 01829 733193
TARPORLEY HOSPITAL – MSK physiotherapy, GP out of hours service, GP extended hours service	Tarporley War Memorial Hospital Trust, 14 Park Road, Tarporley, Cheshire CW6 0AP
TARVIN COMMUNITY CENTRE – health visiting clinic	Meadow Close, Tarvin, Chester CH3 8LY; Tel 07851 631010
TELFORD COURT – Smoking cessation, adult weight management team.	17a Telford Court, Dunkirk Lea, Chester gates, Chester, CH1 6LT
TRINITY METHODIST CHURCH – adult weight management	Whitby Road, Ellesmere Port CH65 0AB; Tel 0151 355 5379
UPTON VILLAGE SURGERY –health visiting, 5-19 health and wellbeing service	Upton Village Surgery, Wealstone Lane, Upton, CH2 1HD Tel: 01244 398013
VICTORIA COMMUNITY CENTRE – health visiting clinic	Victoria Road, Chester
WESTMINSTER SURGERY – GP services, smoking cessation	Westminster Surgery, 16 to 18 Church Parade, Ellesmere Port CH65 2ER. Tel 0151 3554864 Http://www.westminstersurgery.org.uk/
WHARTON CLINIC – 5-19 health and wellbeing service	Wharton Primary Healthcare Centre, Crook Lane, Winsford, CW7 3GY Tel: 01606 542526
WRENBURY SURGERY – MSK physiotherapy	Wrenbury Surgery, Nantwich Road, Crewe, CW5 8EW

3. Trust Legal Status

CWP was authorised by Monitor as a foundation trust from July 2007 and agreed our FT constitution as part of our terms of authorisation. A central feature of being a foundation trust is having an elected Council of Governors and a foundation trust membership.

4. Aims and Objectives

Cheshire and Wirral Partnership NHS Foundation Trust (CWP) provides mental health services for children, adults and older people, as well as learning disability and drug and alcohol services within some of our localities.

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

The 6c's are our Trust values:

Care.. Compassion.. Courage.. Communication.. Competence.. Commitment

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

We do this by:

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

5. Regulated Activity, Service Types and Person Bands

CWP is regulated to provide the following activities:

- Treatment of disease, disorder or injury
- Assessment or medical treatment for people detained under the Mental Health Act 1983
- Transport services, triage and medical advice provided remotely

The following types of services will provide this activity:

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

CWP provide services to the following service user bands:

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

5. Our Services

5.1 Physical Health, West

5.1.1 Community Nursing including Specialist Nurses

Physical Health, West provides community nursing services including specialist nurses which provide quality focused patient-centred care in a variety of community settings through utilising a holistic approach to care. This is to maximise the health potential of not only the individual patient but also addresses the wider health and social care needs of various patient groups and carers.

The principle functions of the service are:

- To provide high quality, culturally sensitive nursing care for people in their own homes or community setting;
- To promote and maintain independent living;
- To promote a co-ordinated approach to hospital discharge that facilitates a seamless service leading to improved health outcomes;
- To reduce the incidence of admission and readmission to hospital by supporting and educating both patients and carers to seek early intervention for potentially debilitating conditions;
- To adopt a public health approach to all areas of practice to reduce ill health and promote healthy lifestyles;
- To promote an evidence based approach to clinical activities thus ensuring the most clinically effective use of resources to improve patient care;
- To promote user involvement in both service planning and delivery.

The following services are included:

- Community Heart Failure Nurses
- COPD and Home Oxygen Service
- Community Matrons
- Continence Advisory Service, Tier 1 and Tier 2 Urology
- District Nursing
- Ellesmere Port and Neston Dressing Clinic
- Macmillan Nursing
- Parkinson's Service
- Tissue Viability Service

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

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

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

5.1.2 Therapies including Intermediate Care

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

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

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

The community service including physiotherapy and occupational therapy is part of a wider rehabilitation service providing active rehabilitation for patients in their own homes, intermediate care settings and long term residential care. There are specialist teams within the service who provide assessment and treatment for patients with neurological, respiratory or orthopaedic conditions and complex physical problems associated with old age.

5.1.3 Podiatry

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

5.1.4 Intermediate Care

Intermediate tier services are broader than the traditional definition of intermediate care. It is community based (e.g. Transitional care, home based support, community hospitals, hospices, respite) and includes a range of support to promote faster recovery from illness, prevent unnecessary hospital admission, support timely discharge and maximise independent living.

5.1.5 Acquired Brain Injury Service

This service provides a Cheshire wide highly specialist service to Acquired Brain Injury clients/carers and provides access to case management, neuropsychology and vocational rehabilitation in their own community, whilst enabling independent living and promoting quality of life.

5.1.6 Out of Hours Service

This service provides an integrated Out of Hours Medical Service to patients within the Western Cheshire area with access to prioritised call handling, telephone triage, and clinical/medical diagnostic and forward sign posting to other health care provision.

5.1.7 Primary Mental Health Services

The service treats patients with a range of presenting mental health problems.
The service is delivered by a multi-disciplinary team of highly specialist practitioners including graduate mental health workers, clinical/counselling, psychological well-being practitioners, therapists, counsellors, specialist mental health nurses, and other appropriately qualified staff:

At step 2 low-intensity interventions are delivered by a range of workers with appropriate training, supported and supervised by professionals with the relevant competences.

At step 3 high-intensity interventions are delivered by professionals competent in the delivery of CBT and other evidence-based interventions.

At step 4, patients are referred for high intensity interventions delivered by professionals competent in the delivery of specialist psychological interventions by secondary care colleagues.

The service provides appropriate treatment and improves access to psychological therapies for people with long-term conditions via the stepped care model.

5.1.8 Children, Young People & Families Community Health Service

This service provides a community based health service to all children and young people, including those with disabilities, inclusive of their families/carers, where appropriate (ante natal to 19 years). The service provides universal, preventative and targeted interventions to meet the physical and emotional health and well-being needs of individuals and their families/carers within their communities.

Service includes:

- Health Visiting
- School Health Advisors
- Primary Child and Adolescent Mental Health Services

5.1.9 Health Promotion Services
Physical Health services in West provide health promotion services targeted at promoting healthy life styles and prevention of ill health. These include:

- Smoking Cessation

5.2 Acute Mental Health Services

CWP provides acute mental health services along a care pathway that includes mental health in-patient wards and crisis resolution home treatment teams (CRHTS). The philosophy at every stage of the pathway is that the people should receive treatment and care in the least restrictive environment possible. Wherever possible, and taking into account the needs of the person and their carer(s), we aspire that this is home based acute care. The overall approach is that the person is enabled and equipped to manage their recovery from crisis in a way that best suits their needs. The recovery approach is integral to our core

philosophy. CWP has developed, and continues to develop, the acute care model as the vehicle to deliver modern mental health services in line with 'New Ways of Working'. The model ensures there are dedicated consultant psychiatrists across crisis resolution home treatment and inpatient care.

The team are highly trained specialists from a variety of professional backgrounds:

- Consultant psychiatrists
- Clinical service managers
- Nursing clinical leaders
- Specialist dieticians
- Occupational therapists
- Specialist diabetes nurse
- Ward managers
- Pharmacists
- Modern matrons
- Phlebotomists
- Nurse consultant in acute care
- Administration staff
- Nurses (providing psychological interventions)
- Support workers
- Physiotherapists

5.2.1 Community Mental Health

CWP community mental health teams (CMHTs) act as the entry point into a number of services for adult and older people. The teams provide assessments and care for people with severe and enduring mental illnesses. They are multi-disciplinary, which means they have staff from a range of different health professions which enables them to provide holistic care. CWP community mental health teams offer a care programme approach which enables staff to care for persons more effectively and involve them in their own care. All people involved in this programme have a copy of their own care plan and have a designated care co-ordinator who regularly reviews their plan.

Community mental health teams consist of a range of skilled staff including:

- Team managers
- Consultant psychiatrists
- A range of other grades of psychiatrists
- Approved social workers
- Psychologists
- Social workers
- Occupational therapists
- Clinical leads
- Community mental health nurses
- Support workers
- Administration staff

5.2.1 i) Therapies and support

Community mental health teams offer a range of treatments such as social interventions, and education.

In addition they:

- Co-ordinate care
- Help people/carers receive the care/service they require
- Explain the care plan
- Visit people in a variety of places, including at home
- Support people to be as independent as is possible
- Monitor medication
- Help people to move on e.g. Rehabilitation interventions, getting back to work or education
- Help people to be less socially isolated
- Monitor people in the outpatient department
- Provide support with smoking cessation

5.2.3 Crisis resolution and home treatment

Crisis resolution and home treatment (CRHT) teams are specialist teams of mental health professionals who can respond to psychiatric emergencies by providing intensive home based treatment and support as a safe alternative to admission as an in-patient. They also act as the "gatekeepers" who facilitate admission to in-patient care and who facilitate early discharge by providing intensive community based support. If hospital admission is required then CRHT aims to keep admission to a minimum by providing early discharge in agreement with the person. People can be referred to the team through different routes including their community mental health team (CMHT).

The team operate a 24 hour, 7 day a week service to adults with a serious mental illness in an acute crisis that would otherwise require hospital admission and has a range of staff including mental health nurses, psychiatrists, social workers and occupational therapists.

5.2.3 i) Therapies and support

CRHT is based on evidence that rapidly responding to persons and their support network at crisis point can facilitate improved outcomes. The service philosophy and aims are:

- To develop creative ways of working that are appropriate to a person's needs
- To remain involved in a person's care until a crisis has been resolved
- To actively involve people, their family / carer as appropriate and to reduce their vulnerability to crisis and to maximise their strengths

Risks of deterioration and harm to self and others can be reduced and this period is an ideal time to develop positive resolutions to distress. CRHT will work alongside the person / carer to develop a care plan to meet their needs. This may include medication management, education, support, assistance to develop positive coping strategies and a relapse prevention plan to address any deterioration in mental health in the future. When a person's mental health has improved to the point that their ability to self-manage has improved, their care will continue to be provided by their care co-ordinator and CMHT.

5.2.4 Dementia services

CWP is an experienced provider of comprehensive, multidisciplinary care for older adults with mental health problems in collaboration with partner organisations. We aim to maximise the independence of people whilst promoting their emotional, behavioural, social and psychological health. We also recognise the importance of supporting families and carers. Our older people's services provide specialist community mental health teams, memory

assessment services, in-patient beds (with separate provision for people with functional and organic illnesses) and access to psychological therapies. Organic illnesses include dementia and functional illnesses include illnesses such as depression, schizophrenia and bipolar affective disorder.

The teams include highly trained professionals from a variety of professional backgrounds:

- Consultant psychiatrists
- Clinical psychologists
- Nurses
- Modern matrons
- Occupational therapists
- Ward managers
- Junior medical staff
- Psychological therapists
- Specialist nurses
- Pharmacists
- Physiotherapists
- Clinical service managers
- Administrative staff

5.2.4 i) Therapies and support

Older people's mental health services within CWP aim to provide a comprehensive, integrated service for people with both functional and organic illnesses. We recognise that older people need specialist services that are organised, trained and skilled to meet their needs. We promote fair access to mental health services for older people and strive to challenge direct and indirect discrimination against older people. Our service works with partner organisations to promote the mental well-being of older adults and protect vulnerable older people and our therapies and support include:

- Specialist assessment and diagnosis
- Pharmacotherapy
- Psychological therapies
- Smoking cessation
- Occupational therapy
- Education

5.2.5 Adult Cognitive Assessment Team (Early Onset Dementia & Alcohol Related Brain Impairment)

The EOD/ARBD team provides a Wirral-wide service - estimated population size 360,000 to people under 65 years with a diagnosis of EOD and or ARBD. This includes complex, co-morbid physical and mental health needs and in the case of ARBD, significant problems with long term alcohol use. ARBD referrals are assessed after a period of detoxification and physical health screening/care. The team has a clear pathway for assessing EOD/ARBD people who are presenting as delayed discharges from Wirral Hospital Trust or who have presented with three short hospital admissions. Referrals for these cases are via the Psychiatric Liaison team. The team provides an assessment function offering expertise in early onset dementia, cognitive impairment and alcohol related brain damage. The team may offer a consultation role whilst the referring agent maintains care co-ordination.

Aims of Service

- To promote early recognition and intervention of persons with EOD/ARBD.
- To carry out assessments of people referred within an agreed timescale.
- To offer evidenced based interventions to people with diagnosed EOD/ARBD.
- To provide long term care for people with severe chronic conditions, where the primary problem is related to EOD/ARBD.
- To monitor clinical outcomes, long term effectiveness, views of the person, families and carers and use these to guide service delivery.

5.2.6 Early Intervention Mental Health Service (EI)

The early intervention team is a specialist mental health service offering intensive evidence-based support to persons typically aged 14-35 experiencing a first episode of a psychotic disorder.

All persons referred to the early intervention team should be:

- Aged 14 – 35 years
- Registered with a GP within the designated locality for that intervention service
- Experiencing psychotic symptoms for the first time

In the event of receiving an emergency referral for a person outside the area, an assessment and any essential treatment will commence with appropriate support provided until transfer back to services within the person's home area can be facilitated. People who have previously received treatment for other mental health difficulties or have previously experienced BLIPS (brief, limited or intermittent psychotic symptoms lasting for less than one week and spontaneously resolving) may also be referred for assessment.

The team is multi-disciplinary and is made up of highly trained specialists from a variety of professional backgrounds including:

- Support workers
- Occupational therapists
- Community mental health nurses
- Clinical psychologists
- Clinical leads
- Team managers
- Consultant psychiatrists.

5.2.6 i) Therapies and support

The services emphasis is placed upon 'maintaining ordinary lives' with the focus being enablement and recovery. Working within the ethos of early interventions the teams provide an intensive and assertive three-year package of care during the 'critical period'.

The aims of the service are to:

- Reduce stigma associated with psychosis
- Improve professional and lay person's awareness of the symptoms of psychosis and the need for early intervention
- Reduce the length of time young people remain undiagnosed and untreated

- Develop meaningful engagement, provide evidence-based interventions and promote recovery during the early phase of illness
- Increase stability in the lives of persons, facilitate development and provide opportunities for personal fulfilment
- Provide a person centred service that effectively integrates child, adolescent and adult mental health services and works in partnership with primary care, education, social services, youth and other services
- At the end of the treatment period ensure that the care is transferred thoughtfully and effectively

Rehabilitation is provided by the occupational therapists in conjunction with support workers to encourage people to return to activities for example using public transport, going shopping and accessing college or employment.

The team is also involved in the provision of mental health literacy programmes and providing mental health awareness sessions for other agencies, the general public and young people. Other therapies and support include:

- Specialist mental health assessment
- Pharmacotherapy and medication management
- Cognitive behaviour therapy
- Family intervention including carer support groups
- Relapse management
- Physical health assessment
- Smoking cessation
- Substance use assessment
- Vocational training

5.2.7 Eating disorder services

CWP provides the only NHS in-patient eating disorder accommodation in the North West, as well as a cutting-edge young people's service with pioneering care programmes. Our services are led by world-renowned clinicians and dedicated staff that put the person and their family at the heart of care planning. We provide support for both adults and young people with eating disorders. Our services are well integrated with regular liaison concerning care pathways, specific treatments and new techniques. We provide modern and well-equipped accommodation, multi-disciplinary teams and the assurance of years of well-developed expertise across a range of services.

5.2.8 Intensive rehabilitation services

CWP is at the forefront of developing intensive rehabilitation services, closer to home, for adults (between the ages of 18-64 years) with a diagnosis of severe and enduring mental illness with complex needs. The in-patient services are provided by skilled clinicians and dedicated staff that offer a personally tailored rehabilitation programme focussing on independent living skills. These services are provided by multi-disciplinary teams in modern and well equipped accommodation.

The principles of 'recovery' form the central framework of our philosophy of care. The aim is to maximise a person's quality of life and this is done through programmes where rehabilitation and social inclusion are key objectives. The service is based around the ethos of collaborative working with the person experiencing the illness, their carers and rehabilitation practitioners. The holistic assessment of the needs of a person experiencing severe mental illness is also paramount. This includes the person's social, spiritual and

cultural needs and a willingness to work with the person and carers, ensuring the best possible clinical and social outcomes for that person.

The promotion of independence and autonomy are fundamental to this process and encourage people to have hope for the future which in turn leads to successful community living with appropriate support.

The team are highly trained specialists from a variety of professional backgrounds:

- Consultant psychiatrist
- Clinical service manager
- Occupational therapists
- Nurse therapist's
- Physical therapists
- Unit managers
- Modern matron
- Technical instructors
- Nurse clinical leads
- Phlebotomists
- Pharmacists
- Care co-ordinators

Referrals to these services are available for known people (already in secondary care) who fulfil the inclusion criteria in the primary care trust service specifications and require intensive rehabilitation and a care setting with high levels of supervision and intervention.

5.2.8 i) Therapies and support

- Rehabilitation
- Self-help / wellness / prevention
- PPI led carer support groups
- Specialist risk assessment
- Self-harm interventions & coping strategies
- Management of aggression & de-escalation
- Crisis intervention
- WRAP (wellness recovery action planning)
- Pharmacotherapy
- Cognitive behavioural therapy
- Psycho-social therapy
- Dialectical behavioural therapy
- Occupational therapy
- Vocational / educational activities
- Healthy lifestyle support
- Psychological therapies

5.2.9 Liaison psychiatry

Liaison psychiatry is the sub–speciality of psychiatry that focuses on the interface between psychological and physical health in acute hospitals. CWP's liaison services are amongst the most experience and oldest established in the UK. They are led by skilled clinicians and dedicated staff that support people and their families in managing the complex interplay between physical and psychological problems. Our role extends beyond patient contact into the education of staff in acute trusts and developing policy to promote the needs of a person with mental health symptoms presenting to a General hospital. The liaison psychiatry

service endeavours to provide the highest standard of care and strive to maintain independence, whilst acknowledging the choices and rights of the person. CWP's liaison psychiatry service is delivered by a multi-disciplinary team based within four acute trust sites and one specialised cancer hospital.

The psychological medicine service provides assessment and care to out-patients and in-patients in the specialised cancer hospital. Referrals are made by oncology consultants and nurses as well as general practitioners. The most common reasons for referral are to support people struggling in coming to terms with a diagnosis of cancer; to offer advice about psychotropic medication and to share care in people with complex needs. The psychological medicine service works particularly closely with oncology specialist nurses and the palliative care service.

5.2.9 i) Therapies and support

CWP's liaison psychiatry service provides assessment and evidence based treatments, caring for people with many different needs:

- People presenting to accident and emergency departments with a mental health crisis
- People presenting to hospital after an episode of self-harm
- People with physical symptoms that are medically unexplained
- People struggling with the psychological impact of physical disease or treatment
- People with confusion
-

5.2.10 Primary care Psychological Therapies

NICE Guidelines recommend a stepped care approach which matches the intervention offered to the severity of the presenting problem. This offers the person the least invasive/intensive appropriate interventions. It gives the ability to step up or down the intervention if appropriate to the client. Within Primary Care Psychological Therapies, the service deals with Steps 2-4.

Step 1 offer the concept of "watchful waiting" as is usually carries out by the persons GP

Step 2 offers psycho-education (including telephone treatment and Computerised CBT (ccbt) to people with mild psychological problems associated with anxiety and depression.

Step 3 offers time limited CBT for people with mild to moderate anxiety and depression provide by the HIT's. In addition, Counselling at Step 3 offers time limited counselling for patients with a range of moderate psychological problems including loss issues and relationship problems.

Step 4 offers longer term (up to 26 sessions) interventions for people with complex psychogical problems.

Step 5 offers psychological support to people requiring secondary care mental health services

Staff work collaboratively with persons towards the achievement of mutually agreed goals.

The team:

- Counsellors

- Clinical psychologists
- Psychological therapists
- Consultant clinical psychologists
- Associated support staff
- Psychotherapists
- Counselling psychologists

Therapy: the purpose of the service is to reduce psychological distress and to enhance and promote psychological well-being.
Consultation: this process looks at difficulties from a broad psychological perspective, with a view to building on a person's resources and strengths.

In Central and East Cheshire, CWP is now providing IAPT (Improving Access to Psychological Therapies) services, and in Western Cheshire CWP is working with the primary care trust provider arm to provide the same service - both are commissioned by the primary care trusts via central government funding.

In Wirral CWP provides 'talking changes' services which is an IAPT compliant service funded wholly by the primary care trust.

5.2.10 i) Therapies and support

Clinicians in the service are trained to assess and offer a range of therapies that include:

- Cognitive behavioural therapy
- Dialectic behavioural therapy
- Counselling
- CAT (Cognitive Analytical Therapy)
- And other specialist approaches.

5.2.11 Psychiatric intensive care

CWP is an experienced provider of high quality psychiatric intensive care services in the North West. We aim to promote the emotional, behavioural, social and psychological health of people, their families and carers. Our services are led by skilled clinicians and dedicated staff that provide tailored care pathways for people and support for their families. These services are provided by multi-disciplinary teams in modern and well-equipped accommodation. A key feature of CWP's PICU services is our outreach work. We support healthcare colleagues by providing an assessment service to establish whether persons require the PICU environment. PICU services are extremely beneficial to people requiring this level of care, but other people may be better supported in different ways.

People receiving this service are from a wide range of backgrounds, including: adults with severe mental illness and high risk behaviours; mild to moderate learning disabilities in association with mental illness; and detained patients. The CWP approach involves effective care co-ordination practices. Following assessment, if a person does require care in our services they will benefit from psycho-social and specialist nursing interventions.

The team are highly trained specialists from a variety of professional backgrounds:

- Consultant psychiatrist
- Outreach worker
- Nursing clinical leaders
- Nurse therapists

- Cognitive behavioural therapists
- Physical therapists
- Occupational therapists
- Ward managers
- Modern matrons
- Clinical service managers/co-ordinators
- Specialist dieticians
- Specialist diabetes nurse
- Pharmacists
- Phlebotomists
- Administration staff

5.2.11 i) Therapies and support

Therapies and support includes:

- Specialist risk assessment using risk management aids such as CARSO and HCR20
- Pharmacotherapy
- Cognitive Behavioural Therapy (CBT)
- Safe care
- Occupational therapy
- Motivational interviewing
- Brief therapy
- Solution-focussed therapy
- Physical health assessment
- Smoking cessation
- Nutritional assessment
- Advocacy
- Spiritual care

5.2.12 Alcohol and Drugs Service

Alcohol service

CWP's alcohol teams provide a range of community based services across East Cheshire locality. These services are available to book via telephone or drop-in and self-referral can be made by people over 18 years. People may also be referred by their GP or other agencies. Separate services are provided for young people under 18 years old. The CWP alcohol teams work closely with different specialists in CWP and other agencies. The philosophy of the service is based on the aim of minimising the harm caused by alcohol to the physical, psychological and social wellbeing of people and their families. The service promotes health by supporting the person to recognise and change behaviour and lifestyle factors caused by hazardous or harmful drinking.

Our expert teams are from a variety of professional backgrounds ensuring that people using our services have the benefit of wide-ranging knowledge and skills to meet their needs. This includes:

- Specialist nurses (general and psychiatric)
- Social workers
- Substance misuse practitioners
- Counsellors
- Administrators and service managers

Treatment options across the areas include:

- Provision of open access 'drop in' sessions
- Advice, information and education about hazardous and harmful drinking
- Specialist assessment and care co-ordination
- Care planned and brief interventions
- Assessment and care planned treatment for dependent drinkers
- Community detoxification / referral to in-patient detoxification and rehabilitation
- Psychological therapies utilising a range of approaches e.g. Cognitive behavioural therapy, motivational and counselling type approaches
- Group and person programmes
- Specialist advice in hospitals and GP surgeries

Drug Services

CWP has well developed and high quality drug services across East Cheshire. The drugs service aims to provide easily assessable services to people whose drug use is a problem with the over-arching aim of promoting health and minimising harm to the person, their families and the community. Our services are led by expert clinicians and knowledgeable staff, all of whom are committed to supporting clients to make positive changes and progress toward improved health and well-being. We work in partnership with people receiving our care and many other agencies to achieve these goals. Our lead clinicians draw on extensive experience in the field and are recognised nationally for the development and improvement of substance misuse services.

The services take pride in being assessed against national standards by the National Treatment Agency and the Care Quality Commission as being some of the best performing services in the country in meeting the needs of their persons. Our staff work across teams from varying backgrounds which include:

- General practitioners and associate specialists
- General nurses
- Mental health nurses
- Social workers, youth workers
- Substance misuse specialists
- Administrators and managers
- Support and trainee staff

5.2.12 i) Therapies and support

At each centre clients can choose to access the following services for problem drugs which may include heroin, cocaine, crack cocaine, steroids and problematic cannabis use.

Harm Reduction Service

- Syringe exchange
- Blood borne virus testing
- Physical health screening
- Substance specific education and advice
- Sexual health screening/advice
- Referral to primary and specialist health and social care

Specialist Drug Services

- Comprehensive assessment of needs
- Care planned psychosocial interventions
- Substitute prescribing (methadone, subutex)
- Community detoxification
- Referral to in-patient detox and rehabilitation
- Co-ordination of care with other specialists and agencies
- Shared care with general practitioners

Treatment is within the framework of national guidelines and psychosocial interventions such as motivational interviewing which is utilised to support behavioural change. We work in close liaison with other specialists, as agreed with the client.

These commonly include:

- Community pharmacists
- Mental health services (dual diagnosis)
- Specialist liver units for hepatitis treatment
- Medical wards, A&E and maternity services
- Probation and criminal justice schemes
- Social care/child and family services

5.2.13 Children and young people's mental health (CAMHS)

Child and adolescent mental health services (CAMHS) are provided, on both an in-patient and out-patient basis, to children and adolescents who are suffering from mental health problems. These problems can be anorexia nervosa, depression, psychosis, attention deficit hyperactivity disorder, autism - and also children with learning disabilities who are suffering from mental health problems. People receiving a service are children and young people aged from 0 - 19 years, as well as their families and carers. CWP CAMHS provides services to residents of Cheshire and Wirral across Tiers 1- 4. CWP CAMHS provide training and consultation to Tier 1 via Tier 2. Services are also provided to residents of Merseyside for Tier 4. Working in collaboration with other agencies and clients, CWP CAMHS aims to create an environment in which professionals can work with people towards their empowerment, so that they take a key role in their own treatment programme.

CWP CAMHS staff are highly trained and specialise in a variety of professional backgrounds:

- Consultant psychiatrists
- Consultant nurses
- Registered mental health and learning disability nurses
- Clinical support workers
- Consultant clinical psychologists/clinical and assistant psychologists
- Consultant child and family therapists
- Family therapists
- Art therapists
- Cognitive behavioural therapists
- Ward and senior manager
- Modern matrons
- Clinical service managers/co-ordinators
- Child psychotherapists
- Administration staff

5.2.13 i) Therapies and support

Tier 1
CWP CAMHS staff can provide consultation and training to Tier 1 professionals such as health visitors and school nurses, to promote early diagnosis of mental health problems in children and young people.

Tier 2
Services include primary mental health workers and other experienced professionals working closely with Tier 1 and Tier 3 colleagues in the local community.

Tier 3
These services are provided by multi-disciplinary teams working with key partner agencies and are available for 0 - 16 year olds, with specific 16-19 year old provision.

This includes community based assessment, interventions and treatment for children and young people up to 19 years old with mental health issues and complex learning needs, including learning disabilities.

CWP also works in partnership with youth offending services and drug and alcohol services, providing mental health assessments and interventions.

The following is a general list of specialist therapies and support provided at Tier 3:

- Cognitive behavioural therapy
- Solution focused behavioural therapy
- Dialectic behavioural therapy
- Webster stratton
- Parent training
- Group work
- Anger management/social skills
- Crisis management
- Parent/child therapy
- Family work and formal family therapy
- Brief counselling
- Medication
- Individual psychotherapy
- In-patient admission for crisis intervention
- Crisis management

Tier 4
Tier 4 CAMHS includes assessment and treatment services for young people with complex, persistent or severe mental health needs and disorders.

This service includes the adolescent in-patient units at the Young People's Centre (YPC) and Maple Unit which provides in-patient beds for assessment and treatment for young people (13-18 years)

It also includes the Specialist Eating Disorder Service (Cheshire and Merseyside Eating Disorder Service - CHEDS). This service is for young people between the ages of 13-18 years. It is a specialist service comprising out-patient and day-patient services, as well as in-patient accommodation. Home based treatment services and complex needs services are also provided in the community by the Home Based Therapy Service, this is a regional service.

The following is a general list of specialist therapies and support provided at Tier 4:

- Emergency and planned assessments
- Team assessments
- Inpatient admission – planned and emergency admissions
- Inpatient, day patient and outpatient eating disorders service
- Group and individual therapy
- A range of therapeutic approaches are provided including, cognitive behavioural therapy, dialectic behavioural therapy, cognitive analytical therapy and art therapy
- Education provision for inpatients
- Family interventions/support
- Psychopharmacology
- Dietetic therapy
- One day per week group programme for people with an eating disorder

The following is a list of specialist therapies and support provided to young people with learning disabilities and mental health problems:

- Parenting courses
- Anger management/social skills
- Family therapy
- Brief intervention
- Drop ins at special schools / child development centres interventions
- Liaison and consultation with partner agencies
- Training

5.2.14 Learning Disability Services

CWP is an experienced provider of learning disability services, which are delivered by multi professional staff in community and inpatient settings. The aim is to provide a person-centred approach for adults with a learning disability and their carers, thus ensuring that person's needs and preferences influence the health care they receive. People's needs may include mental health issues, complex health needs, and communication difficulties, physical difficulties, challenging behaviour, epilepsy, autism, forensic issues and other specialist support requirements. Specialist adolescent support is also available across the footprint of the Trust for some young people aged 16 – 19 who have challenging behaviour. Learning disability services have a person and carer involvement officer to ensure that people are actively involved in patient and public involvement within the Trust and that significant improvements are made in line with person input.

Staff are experienced in providing dynamic and robust modern learning disability services and these are led by highly trained specialists from a variety of professional backgrounds.

- General Manager of the Clinical Service Line Clinical Director
- Community learning disability nurses
- Occupational therapists
- Physiotherapists
- Health facilitators
- Psychiatrists
- Clinical psychologists
- Speech and language therapists
- Clinical services managers

- Consultant nurses
- Dedicated specialist inpatient staff teams, consisting of unit managers, deputy managers, staff nurses, and support workers
- Modern matron
- Dedicated health respite teams consisting of unit managers, staff nurses and support workers.
- Administration staff
- Care managers and social workers employed by local authorities

5.2.14 i) Therapies and support

Community teams

The role of each community team includes supporting people with learning disabilities to lead full and healthy lives within their local community. The team is made up of a full range of health professionals and social workers who specialise in working with people with learning disabilities.

Assessment and treatment units

There are occasions when a person's health or circumstances mean that they cannot continue to remain in their own home and need a short period of specialist support within an adult acute Assessment and Treatment Unit. 24 hour care is provided in a therapeutic environment with specialist staff and a range of therapies, psychological therapies and support programmes

Respite care

This provides short breaks for adults with learning disabilities and additional health needs.

Low secure and forensic services

The Alderley Unit is a regional low secure all-male in-patient unit in Nether Alderley. The service is for person who have been convicted of a criminal offence and/or are considered at risk of offending.

In addition, the Forensic Outreach Team is a specialist team for adults with learning disabilities. The team works with practitioners in the specialist community learning disability teams and other professionals in health and social services, and the criminal justice system. The combined aim is to reduce the risk of re-offending & enable people to live in the least restrictive environment possible.

A range of therapies and support are provided within all the above services.

Service development and delivery

Clinical networks are developing across the service to ensure a strategic approach in the vision, direction and continued improvement of service delivery. These networks include

- Health access
- Communication
- Challenging Behaviour
- Forensic
- Mental Health

6. Safeguarding Children & Safeguarding Adults Service

This team provides support, advise, supervision and training to staff on Safeguarding Children & Adults. The service includes the following specialities:

- Head of Adult and Children Safeguarding
- Nurse Specialist for children in care
- Nurse Specialist for Child Death Overview Panel/ Paediatric Liaison
- Nurse Specialist for Safeguarding Children
- Named Nurse for Safeguarding Children
- Nurse specialist for Adult safeguarding
- Named Nurse for Adult safeguarding

7. Infection Prevention and Control

The infection prevention and control service provides advice and support across the Trust, to other Primary Care Providers and the public in the management of infection. They also provide assurance on mandatory surveillance and statutory infection control requirements. They provide education and training and act in the capacity of health protection field workers managing outbreaks of infection in the community reporting to Cheshire and Merseyside Health Protection Agency.

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CHAIR'S REPORT
AUDIT COMMITTEE
1 September 2015

The following is a summary of issues discussed and any matters for escalation from the September 2015 meeting of the Audit Committee:

Review of individual strategic risk

The Committee received assurances from the 'Physical Health' risk and the 'Falls' risk. Both have risk treatment plans fully in implementation. The Committee also received a further overview of the risk to the Trust of cyber threats. Although this work is progressing, the Audit Committee have requested that the pace of this work is increased and that a full risk treatment plan is presented to the Audit Committee at the October 2015 meeting.

Internal Audit progress update

The Audit Committee received an update on the outcomes of recent audits including audits on seclusion, the outcome of which differed from some recent clinical audit outcomes. This variance has been escalated to the Quality Committee for further analysis and was initially discussed at the September meeting.

A further audit had been undertaken on the blacklight roll out which received significant assurance.

External Audit technical update

KPMG provided a technical briefing providing an update on regulatory and policy matters recently announced. This included a focus on Monitor consultation on the risk assessment framework and the potential impact of the proposed metrics.

Procurement Strategy update

The Audit Committee received an update on some of the key achievements to date of the procurement strategy and the planned efficiencies and improvements for the future. These included the recruitment to posts within the procurement team, the closure of the SLA with Wirral University Teaching Hospitals allowing the full transfer of the procurement function internally and the introduction of electronic tendering and quotations. Significant savings are anticipated upon fully implementation of the strategy.

Anti-fraud

The Audit Committee received an update on all ongoing investigations.

Governance matters

The Audit Committee noted the minutes and/ or chair's reports from the Quality Committee and the Operational Board. There were no specific matters for escalation.

The Committee also noted the 2014/15 Register of Seals.

Full approved minutes of the meeting of 30 June 2015 available here.

CHAIR'S REPORT –
QUALITY COMMITTEE
2 SEPTEMBER 2015

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

▪ **Strategic risk register**

The Quality Committee reviewed the current status of controls, assurances and mitigating actions identified in relation to the Trust's strategic objectives. A new risk has been identified, namely risks associated with the current reduced capacity in the clinical pharmacy support service. The current risk of delivery of cost improvement programmes is being re-modelled to encompass the risks associated with wider financial position of the Trust, which will be informed by the financial recovery plan.

The Board of Directors is asked to endorse, in relation to the latter risk, the Quality Committee's recommendation that any safety critical developments (informed by quality impact assessment if necessary) not be deferred as part of decisions to defer wider developmental programmes, including but not limited to IT enabling/ CAREnotes developments.

▪ **Learning from experience and serious incidents**

The Learning from Experience report for trimester 1 2015/16 was discussed in detail at the Quality Committee and a number of recommendations identified subsequently which the Board is asked to endorse. For trimester 2, the report will be developed to explore harm to staff and also unwarranted avoidable harm in relation to medicines administration incidents, as part of Year 2 Zero Harm developments. In addition, an analysis was received at Quality Committee, giving early indications that the Trust is learning from serious incidents, with new learning sub category themes being identified over time. Further, it was agreed that for future high profile/ level 3 investigations, an Associate Director lead will be nominated at the weekly meeting of harm whose role will be to ensure that the locality where the index case took place is not distracted by co-ordinating learning cross-locality. This lead will work with the locality to understand the learning to facilitate putting it into context for other localities (who will take the learning through their own respective governance meetings). A Trustwide assurance framework will then be developed and monitored through to completion by the lead, reporting by exception to the Quality Committee.

The Board of Directors is asked to note the achievement of the recommendations identified from the previous trimester's Learning from Experience report.

▪ **Quality reporting**

The Quality Committee received a presentation on a number of options to receive assurances on quality at all levels of the organisation, from individual team level to aggregate corporate level. The foundation for this reporting will be the Locality Data Pack data sets, which have been successfully implemented at team level. Aggregate reporting to Quality Committee level will be trialed using a 'Service' Locality Data Pack presentation from CAMHS. This will be reviewed at the next Quality Committee, refinements made as necessary and plans for future quality reporting agreed. In addition to this quantitative approach, the Quality Committee, in order to receive more rounded assurances on quality, will also receive qualitative presentations from teams.

The Board of Directors should note that the aspiration is for, ultimately, the corporate Performance Dashboard to be generated from (an extended) Locality Data Pack data sets to promote efficiency, improve data quality and ensure consistency of reporting of quality and other key performance indicators.

▪ **Seclusion audit**

A clinical audit on seclusion was presented, which identified, overall, variation in practice despite this area of practice having an associated care bundle in place. It is the Human Factors element of this re-audit which has identified why this area of practice requiring improvement has a number of residual compliance gaps from the previous audit. Specifically this is around documentation (including policy), local senior oversight (including governance) and burden (capacity due to ways of working that include lower value activities that are disproportionate to safety critical ones). As such, the action plan for this re-audit is an enabling one to tackling these issues in that way rather than attempting to make changes through solely amending processes.

The Board of Directors is asked to note that a meeting is scheduled with locality senior clinical leaders to discuss current gaps in relation to seclusion and the wider management of challenging behavior agenda to identify supportive and enabling solutions and to secure ownership at locality and team level.

Lucy Crumplin
Non Executive Director/ Vice Chair, Quality Committee