

W1 Leadership	W2 Vision	W3 Culture	W4 Governance
W5 Risk	W6 Information	W7 Engagement	W8 Learning

**Board of Directors (held in Public)**  
At 1:00pm on Wednesday 27 January 2021  
Held Via Video Conferencing

Ref	Title of item	Well-led theme	Format	Presented by	Time
<b>ASSURANCE</b>					
<b>Committee governance</b>					
20/21/80	Welcome, apologies and quoracy		Verbal	Chair	13:00 (5 mins)
20/21/81	Declarations of interest		Verbal		
20/21/82	Minutes of the previous meetings held 25 November 2020		Paper		
20/21/83	Matters arising and action schedule		Paper		
20/21/84	2020/21 Business cycle		Paper		
20/21/85	Chair's Announcements		Verbal		13:05 (10 mins)
20/21/86	Chief Executive's Announcements		Verbal	Chief Executive	13:15 (15 mins)
<b>Internal reporting from committees, matters of governance and assurance</b>					
20/21/87	<b>Quality Committee</b> <ul style="list-style-type: none"> <li>Chair's report from Quality Committee – 6 January 2021</li> </ul> <i>(Board to discuss and note)</i>	W4 Governance W5 Risk	Paper	Quality Committee Chair	13:30 (5 mins)

Ref	Title of item	Well-led theme	Format	Presented by	Time
20/21/88	<b>Audit Committee</b> <ul style="list-style-type: none"> <li>Chair's report from Audit Committee 12 January 2021 (Board to discuss and note)</li> </ul>	W4 Governance W5 Risk	Paper	Audit Committee Chair	13:35 (5 mins)
20/21/89	<b>Report against Strategic Objectives</b> (Board to Discuss and Note)	W4 Governance W5 Risk W6 Information	Paper	Director of Business and Value	13:40 (10 mins)
20/21/90	<b>Monthly Ward Staffing Update:</b> <ul style="list-style-type: none"> <li>Ward Staffing: November and December 2020</li> <li>Six monthly safer staffing</li> </ul> (Board to Discuss and Note)	W4 Governance W5 Risk	Paper	Associate Director of Nursing and Therapies	13:50 (10 mins)
20/21/91	<b>Learning from Experience Report</b> (Board to Discuss and Note)	W4 Governance W5 Risk W6 Information	Paper	Associate Director of Nursing and Therapies	14:00 (10 mins)
<b>Break – 14:10 – 14:20 (10 mins)</b>					
20/21/92	<b>Freedom to Speak Up – Six Monthly Report</b> (Board to Discuss and Note)	W3 Culture W5 Risk W7 Engagment W8 Learning	Paper	Associate Director of Nursing and Therapies	14:20 (10 mins)
20/21/93	<b>Guardian of Safe Working - Quarterly Report</b> (Board to Discuss and Note)	W4 Governance W5 Risk W3 Culture W7 Engagement	Paper	Medical Director	14:30 (5 mins)
20/21/94	<b>Board Assurance Framework</b> <ul style="list-style-type: none"> <li>To include IPC Board Assurance Framework (<a href="#">Report</a> and <a href="#">IPC BAF</a>)</li> </ul> (BAF Reported to Quality Committee – January 21 - Board to Discuss and Note)	W4 Governance W5 Risk W6 Information	Paper	Medical Director	14:35 (10 mins)
20/21/95	<b>CQC Statement of Purpose</b> (Board to Discuss and Note)	W4	Paper	Medical Director	14:45 (5 mins)

Ref	Title of item	Well-led theme	Format	Presented by	Time
20/21/96	<b>Flu Campaign Update</b> <i>(Board to Discuss and Note)</i>	W3 Culture W5 Risk	Verbal	Director of People and OD	14:50 (10 mins)
20/21/97	<b>Provider Collaborative - Update</b>	W1 Leadersip W2 Vision W4 Governance	Paper / Verbal	Director of Strategy and Partnerships	15:00 (10 mins)
20/21/98	<b>Reports for Noting</b> <ul style="list-style-type: none"> <li>• <a href="#">Annual Research Report</a> (incl. <a href="#">portfolio publications</a>)</li> <li>• <a href="#">Safeguarding Adults and Children</a> – Six Month Report</li> </ul> <i>(Board to Discuss and Note)</i>	W4 Governance	Paper	<ul style="list-style-type: none"> <li>• Medical Director</li> <li>• Director of Nursing, Therapies and Patient Partnership</li> </ul>	15:10 (5 mins)
20/21/99	<b>Equality, Diversity, Inclusion and Human Rights</b> <ul style="list-style-type: none"> <li>• Policy Approval</li> </ul> <i>(Board to Consider and Approve)</i>	W4 Governance	Paper	Director of Nursing, Therapies and Patient Partnership	15:15 (5 mins)
<b>Any other business</b>					
20/21/74	Any other business		Verbal	Chair/ All	15:20 (5 mins)
20/21/75	Matters for referral to any other groups				
20/21/76	Matters impacting on policy and/ or practice				
20/21/77	Review risk impact of items discussed				
20/21/78	Three things to communicate				
20/21/79	Review the effectiveness of today's meeting <a href="https://www.smartsurvey.co.uk/s/meetingeffectivenesssurvey/">https://www.smartsurvey.co.uk/s/meetingeffectivenesssurvey/</a>				
<b>CLOSE [15:25]</b>					
<b>Date, time and venue of the next meeting: 31 March 2021 at 13:00</b>					

Version No	1	Date issued	21.01.2021
------------	---	-------------	------------



## DRAFT - Minutes of Board of Directors Meeting – held in Public

**At 1:00pm on Wednesday 25 November 2020  
Via Video Conferencing**

<b>Present</b>	<p>Mike Maier Paul Bowen Andrea Campbell Rebecca Burke-Sharples Edward Jenner Farhad Ahmed Elizabeth Harrison Sheena Cumiskey Suzanne Edwards Gary Flockhart</p> <p>David Harris</p> <p>Dr Anushta Sivananthan</p> <p>Andy Styring Tim Welch</p>	<p>Chairman Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Chief Executive Director of Operations Director of Nursing , Therapies and Patient Partnership Director of People and Organisational Development Joint Medical Director, Quality, Compliance and Assurance Director of Strategy and Partnerships Director of Business and Value</p>
<b>In attendance</b>	<p>Suzanne Christopher Katherine Wright</p> <p>Samantha Scholes Hayley McGowan</p> <p>Cathy Walsh</p> <p>Jenny Scott</p> <p>Dr Anjan Mandara</p> <p>Duncan Campbell</p> <p>Peter Ashley-Mudie Ferguson McQuarrie Beverley Greenwood</p>	<p>Acting Company Secretary Associate Director of Communications, Engagement and Corporate Affairs Governance Officer (minutes) Associate Director, Nursing and Therapies (MH &amp;LD) – <i>for item 20.21.71</i> Associate Director of Patient &amp; Carer Experience – <i>for item 20.21.73</i> Programme Manager Cheshire, Wirral Partnership Provider Collaborative Programme – <i>for item 20.21.68</i> Consultant Psychiatrist, Clinical director T4 CAMHs – <i>for item 20.21.68</i> CWP Clinical Lead for NW AED Provider Collaborative – <i>for item 20.21.68</i> Service User/Carer Governor Service User/Carer Governor Service User/Carer Governor</p>
<b>Apologies</b>	<p>Dr Faouzi Alam</p>	<p>Joint Medical Director, Effectiveness, Medical Education, and Medical Workforce &amp; Caldicott Guardian</p>

Ref	Title of item	Action
	<b>Meeting governance</b>	
20/21/56	<b>Welcome, apologies and quoracy</b>	
	The Chair welcomed all to the meeting and confirmed the meeting as quorate.	

Ref	Title of item	Action
	Dr F Alam had provided his apologies.	
20/21/57	<p><b>Declarations of interest</b></p> <p>None were declared.</p>	
20/21/58	<p><b>Minutes of the previous meeting held 30 September 2020</b></p> <p>The minutes of the 30 September 2020 Meeting of the Board of Directors were reviewed and <b>approved</b> as a true and accurate record.</p>	
20/21/59	<p><b>Matters arising and action points</b></p> <p>The action log was reviewed.</p> <p>20/21/40: the resolution of Grant Thornton's review of Value for Money was approved at the Audit Committee of 10 November 2020.  20/21/45: complete  20/21/46: complete</p>	
20/21/60	<p><b>2020/21 business cycle</b></p> <p>The business cycle for 2020/21 was <b>noted</b>.</p>	
20/21/61	<p><b>Chair's announcements</b></p> <p>M Maier updated the Board of Directors on the following:</p> <p><u>NED Appointments</u>  He welcomed Farhad Ahmed and Elizabeth Harrison whose 3 year tenures as Non-Executive Directors (NED) had commenced on 1 October 2020. He added his thanks to Dr Jim O'Connor whose tenure as NED ceased on 15 October 2020. Dr O'Connor had sent his best wishes to members of the Board.</p> <p><u>Lateral Flow Testing (LFT)</u>  LFT would be rolled out in the coming days. The objective was that all patient-facing staff would be able to test themselves for COVID-19 twice a week, at home. The Trust was working in a person-centred way to enable teams to record and report their results. This had been a significant logistical challenge which had been addressed. The Board recorded its thanks to the staff who had worked hard to ensure all requirements had been met.</p> <p><u>Flu &amp; COVID Vaccinations</u>  The Flu vaccination appointments for staff were now bookable via the Intranet and the Chair encouraged all staff to get these.</p> <p>In line with a national programme, the Trust was preparing to be ready for the delivering the COVID-19 vaccine from 1 December 2020, subject to approval.</p> <p><u>Little Book of COVID-19 Best Practice</u>  The 'Little Book of COVID-19 Best Practice' had been launched at the recent virtual Annual Members Meeting of 5 November 2020 and was an excellent publication. Whilst face to face engagement events had not taken place since March 2020 due to the pandemic, this was an innovative and commendable replacement. The Board recorded its</p>	

Ref	Title of item	Action
	<p>thanks to all who had been involved.</p> <p><u>Additional Day's Annual Leave</u> The Chair was pleased to report that in recognition of staff dedication and commitment during the most challenging time in the NHS, CWP had awarded staff an additional day's annual leave to be taken on or near to their birthday in the coming year.</p> <p>The Board of Directors <b>noted</b> the above updates.</p>	
20/21/62	<p><b>Chief Executive's announcements</b></p> <p>S Cumiskey updated Board members and those in attendance of proceedings at the Private Board of Directors' meeting, as follows;</p> <p>The Private Board had been presented with two patient stories ahead of their formal meeting. The stories described two individual experiences of physical health conditions. The stories are a great way to focus the Board and connect with the experience of those who access our services.</p> <p>The Board was apprised of the key priorities of next few months which included: providing safe effective care with a good experience; asymptomatic testing for staff; the potential of mass vaccination, the transition to the European Union exit on 1 January 2021 and Provider Collaboratives.</p> <p>In addition, the Board had looked at partnership work across its footprint in relation to Integrated Care Partnerships (ICP), 3 places covered by the Trust's footprint and with the Cheshire &amp; Mersey Health and Care Partnership.</p> <p>The Board had considered business cases for the Provider Collaborative for Children and Young People's Mental Health Services (CAMHs) and Adult Eating Disorders.</p> <p>The update on Financial performance assured the Board of the Trust's performance.</p> <p>The Board had also considered the response of staff within the COVID context and stated that it really appreciated the huge efforts staff had made.</p> <p>The Board of Directors <b>noted</b> the summary.</p>	
	<p><b>Internal reporting from committees, matters of governance and assurance</b></p>	
20/21/63	<p><b>Quality Committee: Chair's report of the Quality Committee held 4 November 2020</b></p> <p>A Campbell, as Chair of the Quality Committee highlighted that the independent quality assurance review of an incident was finalised on 11 September 2020. The Trust had been requested to evidence integration and learning from the eight recommendations in this report. This would be overseen by the Director of Nursing, Therapies &amp; Patient Partnership and matters for escalation reported to the Board of Directors via future Quality Committee Chair's Reports.</p> <p>A number of matters were escalated to the Quality Committee from the analysis within the Use of the Mental Health Act report. Actions had been</p>	

Ref	Title of item	Action
	<p>identified in relation to each matter, which Quality Committee would seek assurance around at its next meeting.</p> <p>The Children, Young People &amp; Families Care Group (CYP) delivered a presentation to the Committee illustrating both assurance and improvements in performance against the Cheshire and Wirral Partnership (CWP) quality framework and their strategic priorities for 2020/21 which will support delivery against the Long Term Plan across Starting Well, Community CAMHS and Tier 4 CAMHS. It was recommended that this be presented to a forthcoming Board.</p> <p>A Campbell presented the recommendation by the Committee that the Board approve the revised Terms of Reference.</p> <p>The Board of Directors <b>approved</b> the Terms of Reference and <b>noted</b> the Chair's report.</p>	
20/21/64	<p><b>Audit Committee: Chair's Report of the Quality Committee held 10 November 2020</b></p> <p>E Jenner as Chair of the Audit Committee highlighted that there would be a risk to delivering the Audit Plan during Wave 2 of COVID-19. In addition, the Committee had satisfied its Terms of Reference during the financial year and had provided the Board with the necessary assurance, which had informed the Annual Governance Statement.</p> <p>Discussion on the ease of use of the Board Assurance Framework (BAF) and the resolution of long-term 'static' risks took place. The resolution was seen in the addition of a 'risk over time' tab added to Appendix 1 of the report which tracked strategic risk ratings, to assure the Board that all mitigations had been actioned and therefore the risk score would move or would continue to be reviewed regularly.</p> <p>The Board of Directors <b>noted</b> the Chair's report.</p>	
20/21/65	<p><b>Board Assurance Framework (BAF)</b></p> <p>A Sivanathan outlined that at 18 November 2020, the Trust had nine strategic risks detailed within the BAF; three of which were red and six of which were amber.</p> <p>There was one new risk – <i>Risk of inability to access documents to guide clinical practice in a timely way due to the general search function on the intranet being inoperable</i>. The result of this risk would be that clinicians and other staff would not be able to locate policies as rapidly as previously, thus impacting on the time spent locating them. The resolution of this risk was being accelerated and any update of significance regarding progress will be provided verbally.</p> <p>A new risk was in scope – <i>Risk of failure to deliver full scale of transformation projects within Specialist Mental Health Services, resulting in reputational risks and risks to patient and staff experience and patient outcomes</i>. A proposed risk treatment plan would be presented to Quality Committee in January 2021.</p> <p>Strategic risk 11 – <i>Risk of failure to achieve Trust (and system) control totals due to gaps in Trust's costed and recurrent plans, and increased burden on the Trust's efficiency programme, resulting in potential care, quality and regulatory impacts</i> – score had decreased from 12 to 9 to</p>	

Ref	Title of item	Action
	<p>reflect the lower consequence to non-achievement of control totals as a result of COVID-19 and the revised financial regime.</p> <p>One risk was archived – <i>Risk of reducing ability to sustain safe and effective services within Central and Eastern Cheshire</i> (previous strategic risk 2) with residual risks being managed via the Specialist Mental Health (SMH) Care Group register.</p> <p>The Board of Directors <b>approved</b> the changes to the BAF.</p>	
20/21/66	<p><b>Draft Quality Account 2019/20</b></p> <p>A Sivananthan outlined that the Quality Account was usually published with the Annual Report and Accounts and would be presented to Board at the same time as per the Board Business Cycle. All NHS trusts received national direction to defer production and publication of their Quality Account until December 2020 to release capacity for organisations to respond to the COVID-19 pandemic. In addition, organisations had not been required to subject the report to an external audit review that would usually be reported to Audit Committee.</p> <p>The Trust had used the opportunity to be more creative in the content of the report and had presented it at the Overview and Scrutiny Committees along with sharing it with local Healthwatch organisations and Clinical Commissioning Groups. The final report would include any comments received verbatim, as Annex B. This ensured the Trust demonstrated public accountability, supported by production of Quality Improvement reports three times a year which were also published on the Trust's website and shared with Governors.</p> <p>The approved Quality Account would be published on our website and via NHS Choices.</p> <p>The Board of Directors <b>approved</b> the report.</p>	
20/21/67	<p><b>Fit and Proper Persons Policy and Process Review</b></p> <p>D Harris detailed that the purpose of the report was to provide assurance to the Board that the Trust was compliant with the Fit and Proper Persons (FPPR) requirements as outlined within the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The Board of Directors <b>noted</b> the report.</p>	
20/21/68	<p><b>Provider Collaborative update and presentation of Clinical Models</b></p> <p>A Styring introduced Jenny Scott, Programme Manager, Cheshire &amp; Wirral Partnership Provider Collaborative Programme, Dr Anjan Mandara, Children and Young People's Mental Health Services (CAMHs) Tier 4, Duncan Campbell, Cheshire &amp; Wirral Partnership (CWP) Clinical Lead for North West Adult Eating Disorders (AED) Provider Collaborative and Rachel Smethurst.</p> <p>A Styring detailed that outline business cases were submitted in 2019 to become Lead Providers for CAMHs Tier 4 and AED in the North West as part of the Provider Collaborative programme. The outline business cases were approved and CWP were asked to submit a Final Business Case providing further detail. Due to the pandemic this programme had been paused and re-started in Autumn 2020. Discussion at the day's Private</p>	



Ref	Title of item	Action
	<p>Board had taken place which encompassed the challenges, risks and opportunities.</p> <p>Dr A Mandara presented the CAMHS Tier 4 new care model, the purpose of which was to re-design and develop a care model which met the needs of young people and their families and was in line with the aspirations of the National New Care Model.</p> <p>D Campbell presented the AED Provider Collaborative which was also to re-design and develop a care model which met the needs of people with eating disorders for the seven million people of the North West. There was evidence that there was an increasing need for excellence, however there were issues with both community and inpatient provision. The proposal included a clinical gatekeeping team, collaborative service development along with co-production and ultimately acting as the North West Collaborative to improve recovery and outcomes for patients.</p> <p>P Bowen described the current role of GP's to support these patients and welcomed advice on how GP's could enhance their offer to support this work.</p> <p>E Harrison commented that both presentations brought the services to life from the perspective of a lay person and asked if discharge planning at the referral stage was the norm or a change to the current process. A Mandara responded that this was not a significant change. Children who were defined as 'Looked After Children' were supported by an encompassing legal framework which included discharge planning and treating the whole child.</p> <p>E Harrison further asked if partnering with Priory, whose goal as an independent provider was to achieve a surplus, aligned appropriately with longer stays delivering better outcomes for eating disorders. D Campbell responded that within the Provider Collaborative, working with the provider would, on paper, make the most constructive change within the system. The work to date had been positive and would continue to be monitored.</p> <p>A Styring acknowledged that working with the independent sector was different to commissioning services. The advantages of using Priory would include ensuring consistency and quality of care. In addition people could be treated closer to home which was likely to reduce the length of stay. Consideration of how to utilise small, local providers was also being undertaken.</p> <p>E Harrison further commented there was a challenge of providing services locally for University students who were considered to have both home and study bases and asked if this had been considered within the business case. D Campbell replied that this was one of the areas where a real difference could be made. NHS England (NHSE) were aware of this as an issue and were providing a national drive capable of providing the service.</p> <p>F Ahmed thanked both presenters and agreed that the stereotype was eating disorders only affected young, white women and asked how the approach of the team had been influenced by the needs of Black, Asian, Minority, Ethnic (BAME) Groups. A Styring responded that the challenge of lower referral rates, including self-referral, from the BAME community had been identified. Work to develop a plan to resolve this continued including meeting with the Chair of Oldham Clinical Commissioning Group</p>	

Ref	Title of item	Action
	<p>(CCG) who had significant, valuable experience to share.</p> <p><b>Addendum</b>  A letter of confirmation that the Board of Directors had considered the Provider Collaborative Proposals at the September, October and November Board meetings was required by NHS Improvement by noon on 2 December 2020. This was shared with Board members and the appropriate action taken by the Chair and the Chief Executive on 2 December 2020 to meet this requirement.</p> <p>The Board of Directors <b>approved</b> the report.</p>	
T Welch left the meeting		
20/21/69	<p><b>Flu Campaign</b></p> <p>D Harris presented the report which provided assurance that in support of the 2020/21 flu vaccination programme 100% of staff had been offered the vaccine.</p> <p>Vaccination rates for staff were 49.2% for Patient facing roles and 46.4% for non-Patient facing roles with a current overall rate of 48.5%, which in previous years would have been pleasing progress.</p> <p>The Trust continued to work to vaccinate as many front line staff as possible by 1 December 2020, using communications to promote and flexible accessibility to provide the vaccination.</p> <p>The Board of Directors <b>noted</b> the report.</p>	
20/21/70	<p><b>Report against Strategic Objectives- November 2020</b></p> <p>T Welch presented the report which continued to be developed from feedback to improve its relevance and brought high priority clinical support to the Board.</p> <p>Discussion took place about the current form of the report taking considerable time to produce in the light of the pandemic and focus on clinical outcomes. This would be examined and any simplification identified.</p> <p>Particular performance points noted were:</p> <ul style="list-style-type: none"> <li>• The Trust continued to perform well against NHSI targets</li> <li>• There had been no acute admissions of CWP patients to hospitals outside the Trust since March 2020, and no admissions to hospital of patients on the Dynamic Support Database in the last three months</li> <li>• Trust-wide supervision compliance rates took three months to stabilise to the levels seen prior to the outbreak of the pandemic, while the appraisal and mandatory learning compliance rates showed minimal impact from the pandemic;</li> <li>• Staff turnover and vacancy rates were at lower levels in the months following the outbreak of the pandemic.</li> </ul> <p>It was agreed that a chart would be included to detail staff sickness and include comparison between the live information and what had historically</p>	<b>TW</b>

Ref	Title of item	Action
	<p>been the norm.</p> <p>It was recognised that the impact of increased staff testing for COVID-19 would impact on the fluctuation of staff sickness and absence and could help to identify how to support staff during these occasions. The impact and implications of outbreaks would need to be managed as they would cause a ripple effect across communities.</p> <p>The activity data, provided in a separate appendix and not part of the public papers, showed a clear impact at the point of the outbreak.</p> <p>Notable points included:</p> <ul style="list-style-type: none"> <li>• a short term spike in appointments cancelled by the Trust in March, but an apparent shift since then to a lower rate of appointments cancelled by the Trust</li> <li>• a shift in patient behaviour towards patients not giving notice when not attending planned appointments</li> <li>• the immediate growth in telephone contact in Spring and gradual shift back towards face to face contact in subsequent months, with differing patterns seen by Care Groups.</li> </ul> <p>Further dialogue regarding how well the Trust was doing within its own geographical boundaries took place. It was evident the Trust and its staff were able to respond to respond more effectively in comparison to some other areas with acute Specialist Mental Health (SMH) beds supporting North West and Learning Disability beds plus, CAMHS Tier4 in the North West. The Trust had ably demonstrated its commitment to stand up and step forward to support its own and other populations.</p> <p>The Chair thanked Carers, Service Users and those included in the Lived Experience, Volunteering &amp; Engagement Network (LEVEN) who had enabled their own care where possible to assist the Trust in achieving its targets. It was good to see the whole community working well.</p> <p>The Board of Directors <b>noted</b> the report.</p>	
H McGowan joined the meeting		
20/21/71	<p><b>Safer Staffing</b></p> <p>G Flockhart presented the report which covered the period September to October 2020 and provided assurance that despite the challenges in regards to staffing establishments and staff absence, healthy fill rates had been maintained.</p> <p>During September 2020 the Trust achieved staffing levels of 97.2% for registered nurses and 96.1% for clinical support workers on day shifts and 96.0% and 103.1% respectively on nights.</p> <p>During October 2020 the Trust achieved staffing levels of 99.6% for registered nurses and 100.9% for clinical support workers on day shifts and 96.8% and 103.4% respectively on nights.</p> <p>The Chair thanked G Flockhart and Team for the commitment and dedication shown in achieving the levels despite the challenges of the pandemic and the start of the winter season.</p>	

Ref	Title of item	Action
	<p>The Board of Directors <b>noted</b> the report.</p> <p><i>H McGowan left the meeting.</i></p>	
20/21/72	<p><b>Guardian of Safe Working quarterly report</b></p> <p>A Sivananthan presented the report which detailed the months from July to October 2020 regarding issues for junior doctors, their working conditions and locum use due to vacancies.</p> <p>No exceptions had been reported from agreed work schedules during the report period and no highlighted areas of concern regarding safe working or access to training or educational opportunities.</p> <p>The Board of Directors <b>noted</b> the report.</p>	
C Walsh joined the meeting		
20/21/73	<p><b>Equality, Diversity &amp; Inclusion Annual Monitoring Report 2019-20</b></p> <p>G Flockhart presented the report which had been published on the Trust's website and was pleased to bring it to the Board.</p> <p>The report combined a number of reports in one place which was a way to celebrate areas of good practice more inclusively. The reports which were summarised within the Equality, Diversity &amp; Inclusion Annual Monitoring Report 2019-20 included, Equality Delivery Standard 2 (EDS2); the Gender Pay Gap Report; Staff Monitoring Information; Translation and Interpretation Report; Workforce Race Equality Standard (WRES); Workforce Disability Equality Standard (WDES) and Staff Monitoring Information. Additionally, and for the first time, Patient Monitoring Information had been included which demonstrated a key improvement during 2019-20. The report contained details of how we have supported people covered by protected characteristics.</p> <p>G Flockhart commented that brilliant work had taken place throughout the preceding 12 months with progress made to inform the direction of Trust with the inclusion and involvement of the Lesbian, gay, bisexual, trans, queer/questioning, plus (LGBTQ+) and BAME+ networks.</p> <p>The Trust was ambitious and already looking to what it does in the coming year. The Trust's commitment in 2021/22 would be to reduce the inequalities which had been identified as a result of COVID-19. This was a key priority for the Board and dedicated time will be given to consider this in further detail. G Flockhart conveyed massive thanks to all of the networks for their hard work and commitment.</p> <p>C Walsh added that the Trust had met all obligations for compliance and would focus on ensuring this was integrated for the people it served.</p> <p>The Chair thanked the team for their great report.</p> <p>S Cumiskey commended everyone who had participated. Great progress had been made and there was much more to do. A Board workshop in February 2021 was planned for further in-depth work.</p> <p>The Board of Directors <b>noted</b> the report.</p> <p><i>Cathy Walsh left the meeting.</i></p>	
<b>Closing Business</b>		

Ref	Title of item	Action
20/21/74	<p><b>Any other business</b></p> <p>There was no other formal business from the Board members.</p> <p>The Chair thanked those attending to observe the Board meeting and invited questions from them.</p> <p>A discussion took place in regards to the volunteering role undertaken by F McQuarrie, Service User / Carer Governor, and the positive impact this had had for him.</p> <p>The Board Members explored with attendees how the meeting may be improved to enhance understanding for those observing the proceedings. It was agreed that contact would be made with those attending to consider what more the Board could offer.</p> <p>B Greenwood, Service User/Carer Governor commented she was looking forward to participating in Mental Health collaborative work which would benefit service users, their families and the wider NHS.</p> <p>P Ashley-Mudie, Service User/Carer Governor asked what roles the new NEDs would undertake. (This was answered via email, as follows, later in the day due to connectivity issues with video-conferencing):</p> <p>F Ahmed and E Harrison were in their induction phase and once completed, their skills, experience and perspectives would be appropriately channelled.</p> <p>The Chair thanked everyone for their questions and attendance at today's meeting.</p>	<b>Corporate Affairs</b>
20/21/75	<p><b>Matters for referral to any other groups</b></p> <p>There were no matters to refer or escalate to other groups from the meeting.</p>	
20/21/76	<p><b>Matters impacting on policy and/ or practice</b></p> <p>There were no matters identified impacting on policy and/or practice.</p>	
20/21/77	<p><b>Review risk impact of items discussed</b></p> <p>It was acknowledged that the board assurance report and risk register reflected all risks discussed.</p>	
20/21/78	<p><b>Three things to communicate</b></p> <ul style="list-style-type: none"> <li>• Messages of thanks to staff for their efforts, commitment and flexibility during recent months.</li> </ul>	
20/21/79	<p><b>Review of meeting performance</b></p> <p>Board members were encouraged to review the meeting via the smart survey in order to continuously improve the meeting.</p>	
<b>CLOSE</b>		
<p><b>Date, time and venue of the next meeting:</b> Wednesday 27 January 2021 at 13:00 – Venue TBC</p>		

**Cheshire and Wirral Partnership NHS Foundation Trust  
Open Actions Action Schedule**

Board of Directors: Open meeting action schedule: January 2021					
Meeting date	Group/ Ref	Action	By Whom	By when	Status
25.11.20	20.21.63	<b>Quality Committee Chairs Report - 4th November 2020:</b> CYP Presentation re assurance and improvements in performance against the Cheshire and Wirral Partnership (CWP) quality framework and their strategic priorities for 20/21 to be shared at a future Board.	Corporate Affairs / AC	27.01.21	Consider circulation outside of Board meeting to allow for focused board agendas during current response to COVID-19 pandemic (alert level 5).
25.11.20	20.21.70	<b>Report against strategic objectives:</b> Additional Staff sickness data to be included with a comparison between the live information and historical norms to be included	TW	27.1.21	Open
25.11.20	20.21.74	<b>Any Other Business:</b> It was agreed contact would be made with those attending to observe Board proceedings to consider what more the Board could offer to enhance understanding of the issues discussed.	Corporate Affairs/PACE Team	27.01.21	Propose close. Attendees were contacted. No specific feedback of suggestions made.

Board of Directors  
Business Cycle 2020/21 (Public Meeting)

	Item	Lead	Scope	Well-led domain	Apr	May	Jun	Jul	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Assurance	Chair and CEO report and Announcements	MM/SC	To update on developments not on agenda	W1 W6		✓		✓	✓		✓		✓		✓
	Review minutes of the previous meeting	MM	To approve minutes	W4 W5		✓		✓	✓		✓		✓		✓
	Place Based reports/ updates including ICP Board/s (minutes)	SC	To note system developments	W6		✓		✓	✓		✓		✓		✓
	Receive Chair's Report of the Quality Committee	JOC	Review Chair's Report and any matters for note/ escalation	W4 W5		✓		✓	✓		✓		✓		✓
	Receive Chair's Report of the Audit Committee	EJ	Review Chair's Report and any matters for note/ escalation	W4 W5		✓		✓	✓		✓		✓		✓
	Freedom to speak up six monthly report	AD	Review and note for assurance	W3 W5 W7 W8				✓					✓		
	People and OD strategy delivery	DH	Review and note for assurance	W2 W3 W7							✓		✓		✓
	Six monthly Infection Prevention Control Report	Director of IPC	Review and note for assurance	W4 W5									✓		

Item	Lead	Scope	Well-led domain	Apr	May	Jun	Jul	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Director of Infection Prevention and Control Annual Report Inc. PLACE	Director of IPC	Review and note for assurance	W4 W5				✓							
Safeguarding Adults and Children Annual Report and six monthly report	AD	Review and note for assurance	W4 W5				✓					✓		
Accountable Officer Annual report Inc. Medicines Management	AS	Review and note for assurance	W4 W5				✓							
Monthly Ward Staffing update (monthly and six monthly reporting)	AD	Review and note for assurance	W4 W5		✓		✓	✓		✓		✓		✓
Research Annual Report	FA	Review and note for assurance	W2 W8					✓						
Medical Appraisal Annual Report and annual declaration of Medical revalidation	FA	Review and note for assurance	W4 W5				✓							
Performance report against strategic objectives	TW	Review performance and risk	W4 W5 W6		✓		✓	✓		✓		✓		✓
Annual Report, Accounts and Quality Account	TW	Statutory requirement	W4 W6		✓									
Annual SIRO report	TW	Review and note for assurance	W4 W5				✓							
Health and Safety Annual Report and Fire and Link Certification	AD	Review and note for assurance	W4 W5				✓							
Board Assurance Framework	AS	Review and note for assurance	W4 W5 W6		✓			✓				✓		✓



Item	Lead	Scope	Well-led domain	Apr	May	Jun	Jul	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Learning from Experience report, Inc. Learning from Deaths	AD	Review and note for assurance	W4 W5 W6		✓			✓				✓		
Integrated Governance Framework – annual review	AS	Best practice annual review	W4									✓		
Equality and Diversity responsibilities inc. WRES and WDES	AD	Review and note for assurance	W7					✓						
Guardian of Safe Working quarterly report	FA	Review and note for assurance	W4 W5 W3 W7		✓		✓			✓		✓		
Annual Provider Licence Compliance and self-certification statements	TW	Review and note for assurance/ regulatory requirement	W4		✓									
CQC Statement of Purpose	AS	Regulatory requirement	W4									✓		
Data Protection and Security toolkit	FA	Review and note for assurance	W4 W5 W6											✓
GDPR compliance annual review	FA	Review and note for assurance	W4 W5 W6				✓							
Register of Sealings	TW	Governance requirement	W4					✓						
Register of Interests (Directors and Governors)	MM	Governance requirement	W4		✓									
Corporate Governance Manual	TW	Best practice annual review	W4									✓		

	Item	Lead	Scope	Well-led domain	Apr	May	Jun	Jul	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	Fit and Proper Persons annual assurance	DH	Regulatory and Licence requirement	W4					✓						
	Terms of Reference and effectiveness reviews: <ul style="list-style-type: none"> <li>Quality Committee</li> <li>Audit Committee</li> <li>Operational Committee</li> </ul>	JOC/SC	Governance requirement	W4		✓		✓							
	Review risk impacts of items	MM/SC	Identify any new risk impacts	W4		✓		✓	✓		✓		✓		✓
	CEO/Chair Division of Responsibilities	MM/SC	Governance requirement	W3 W4 W6		✓									
	BOD draft Business Cycle 2021/222	MM/SC	Ensure matters reported to the Board in a timely fashion	W4											✓
IMPROVEMENT	Quality Improvement report/ strategy implementation	AS	Review and note for assurance	W2 W3 W8				✓			✓				✓
	CQC Community Patient Survey Report (themes and improvement plan)	AD	Review and note for assurance	W3 W7							✓				
	NHS Staff Survey (themes and improvement plan)	DH	Review and note for assurance	W3 W7											✓
	People and OD strategy inc. workforce planning)	DH	Review and note for assurance	W3 W7		✓					✓				

W1 Leadership	W2 Vision	W3 Culture	W4 Governance
W5 Risk	W6 Information	W7 Engagement	W8 Learning

STANDARDISED CHAIR'S REPORT

CHAIR'S REPORT DETAILS	
Name of meeting:	Quality Committee
Chair of meeting:	Andrea Campbell, Non-Executive Director
Date of meeting:	06/01/2021

Quality, clinical, care, other risks identified that require escalation:	
ESCALATION	<ul style="list-style-type: none"> <li>Action was agreed to be taken by the March 2021 meeting to understand the reasons for potential negative variation in the detention profile in relation to BAME+ people across the Trust's footprint.</li> <li>The Learning from Experience report (August – November 2020) escalated two main areas: (1) Reducing low/ no harm incident reporting in Neighbourhood Based Care services – the Head of Operations for the Care Group is undertaking an in-depth review, with progress monitored through the Providing High Quality Care dashboard. (2) An increase in self-harm incidents – a self-harm workstream has undertaken a self-assessment against the NICE quality standards and identified a number of areas for improvement, with progress being reported to the May 2021 Quality Committee.</li> <li>Fire evacuation training for inpatient services is below expected compliance levels; this will be placed on the strategic risk register due to the potential impact on the ability to comply with Health &amp; Safety regulations. Care Groups have been asked to provide assurance of compliance with fire evacuation competencies by the end of January 2021. This will be overseen by Operational Committee.</li> </ul>

On which matters did the meeting make a decision, e.g. what did it approve?	
ASSURANCE	<ul style="list-style-type: none"> <li>Approval of the Lived Experience, Volunteering &amp; Engagement Network report (December 2020).</li> <li>Approval of progress with the CQC 2019/20 inspection report improvement plan. The ADHD regulatory actions have been advanced as far as practicable by CWP within the initial timeframe of the end of December 2020. However, residual issues for the attention of commissioners/ the system has resulted in these timeframes being shifted to the end of March 2021 (in agreement with the CQC). The Executive team, Operational Committee and the Board will be approving the Trust's approach to the future provision of ADHD services by this timeframe.</li> <li>Approval of the Trust's action plan in response to the CQC report "Out of Sight – Who cares?".</li> <li>Approval of the Clinical Ethics Advisory Group terms of reference.</li> <li>Approval of the revised Infection Prevention &amp; Control (IPC) Board Assurance Framework.</li> <li>Approval of the plan for including a wider range of measures in the Providing High Quality Care dashboard report, to strengthen oversight of CWP's Strategy/ NHS Long Term Plan (LTP) delivery – supported by a new measurement for improvement approach and a dashboard reporting template.</li> <li>Approval of the quality impact of the closure of CWP's Short Break Services during COVID-19. Mitigation includes person-centred decision making related to accessing services, and supporting alternative support provision. Should Thorn Heys remain closed, the CQC will write to the Trust on 11 March 2020 to enforce a variation to remove this as a registered location due to continued "dormancy".</li> </ul>
	<p><b>Other matters discussed that provide assurance:</b></p> <ul style="list-style-type: none"> <li>Significant or high assurance was received in relation to all agenda items, excepting where further improvement is required in relation to specific matters as outlined within this Chair's Report.</li> <li>On 1 December 2020, the use of electronic MHA documentation became law. Quality Committee received assurance that to support this, a Quality Improvement (QI) project to implement Thalamos is in development which will (i) free up nursing time to care; (ii) reduce waste/ "defects" i.e. errors associated with manual checking). The first stage involves a process mapping exercise with bands 5 and 6.</li> </ul>

Developments/ achievements:	
IMPROVEMENT	<ul style="list-style-type: none"> <li>A presentation was received from our Primary Medical Services. Performance against quality KPIs, NHS LTP objectives, and QI work in relation to care homes and cancer care was received. Improvements to learning from incidents were noted. The benefits of the Primary Care Network were also presented. Learning from the pandemic has allowed the team to work in different and better ways.</li> <li>The Quality Improvement report (September – December 2020) continues to demonstrate the QI work being delivered, often autonomously, across the breadth of our clinical and clinical support services.</li> <li>The CQC report "Monitoring the MHA 2019/20" was published on 26/11/2020, focusing on the impact of the COVID-19 pandemic. CWP was mentioned twice: Silk ward for design being key to effective IPC, and Greenways for excellent feedback from a carer.</li> </ul>

## STANDARDISED CHAIR'S REPORT

CHAIR'S REPORT DETAILS	
<b>Name of meeting:</b>	Audit Committee
<b>Chair of meeting:</b>	Edward Jenner
<b>Date of meeting:</b>	12 <sup>th</sup> January 2021

### Quality, clinical care, other risks identified that require escalation

(ESCALATION)

#### Items to be escalated to Board of Directors

- Impact of COVID on Internal and External Audit Programme
- To make sure prioritisation of absolute necessities to minimise impact on clinical colleagues – Tim Welch and Andy Harland to lead on this
- Procurement Review
- Internal Follow Up Report of Audit work and response to the Programme

### Matters discussed/decision:

(ASSURANCE)

#### Internal Audit Plan

The MIAA Progress Report Included:

- Head of Internal Audit Opinion Delivery
- Compliance with Public Sector Internal Audit Standards
- Procurement Review
- Financial Systems
- Data Protection & Security Toolkit
- ESR HR/Payroll Controls
- Estates Maintenance/Strategy

#### Follow-Up Report

- The Committee were provided with an update on progress towards the implementation of recommendations made and an analysis of the level of agreement with the recommendations made

#### Internal Audit Network Report

- The Internal Audit Network Report and the TIAN Cyber Security Survey – The impact of COVID-19 on the NHS were noted by the Audit Committee Members

#### External Audit

Progress Report and Sector Update

- 2019/20 Financial Statements Audit has now concluded.
- Planning for 2020/21 Audit to start shortly

#### Anti-Fraud

- The Anti-Fraud Progress Report was presented to highlight work undertaken during the period from September to December 2020

#### Tender Waiver Update Report

- The Tender Waiver Update Report highlighted the current waiver position for the period of October to December 2020. Due to a higher levels of Tender Waivers in the last three months the report provides early notification of the increase in volume to the Committee members

STANDARDISED SBAR COMMUNICATION

REPORT DETAILS	
Report subject:	Report against Strategic Objectives – January 2021
Agenda ref. number:	20.21.89
Report to (meeting):	Board of Directors (meeting in public)
Action required:	Discussion and Approval
Date of meeting:	27/01/2021
Presented by:	James Partington, Quality Surveillance Specialist

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 NHSI Single Oversight Framework themes this report reflects:		CWP Quality Frame work:		
Quality	Yes	Patient Safety	Safe	Yes
Finance and use of resources	Yes	Clinical Effectiveness	Effective	Yes
Operational performance	Yes		Affordable	Yes
Strategic change	Yes		Sustainable	Yes
Leadership and improvement capability	Yes	Patient Experience	Acceptable	Yes
			Accessible	Yes

<http://www.cwp.nhs.uk/media/4142/quality-improvement-strategy-2018.pdf>

Does this report provide any information to update any current strategic risks? If so, which?	
Contact the corporate affairs teams for the most current strategic risk register.	No

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

REPORT BRIEFING

Situation – a concise statement of the purpose of this report
In mid-2019 the Board of Directors requested the development of a new product through which the Trust could report against its strategic objectives. This was based on metrics identified by the Board in December 2018. The new report was launched in September 2019 and the January 2021 edition presented today is the ninth iteration.

Background – contextual and background information pertinent to the situation/purpose of the report
Feedback since the early versions of this Report has centred on the following: continuing to add more commentary/ annotations so that the annotated time series form part of our corporate memory; named owners for each metric to take responsibility for content and sign off; the addition of targets/ benchmarks where appropriate and to provide further context; and the inclusion of further metrics to continually improve the Report's relevance. With the latter point in mind, activity metrics were added in May 2020 to show the impact of the pandemic. These were moved into a separate Appendix from September onwards. It is expected that changes to the Trust's Strategic Objectives will start to appear in the report from the March edition.

## Assessment – analysis and considerations of the options and risks

### Coverage and completeness

Charts based on Staff FFT and Use of Resources measurement cannot be updated because the data collection which is driven from outside the Trust has been suspended. For other metrics where the flow of data has been impeded by the pandemic, commentaries have been expanded to give further details.

### Current performance

Performance against the metrics is detailed in the Report attached. Particular points to note are:

- The Trust continues to perform well against NHSi targets with only one breach (the quality metric);
- There have been no acute admissions of CWP patients to hospitals outside the Trust since March.
- Trustwide supervision compliance rates took three months to stabilise to the levels seen before the outbreak of the pandemic, while the appraisal and mandatory learning compliance rates show minimal impact from the pandemic;
- Sickness absence has been higher in recent months but still below the peak seen in April 2020;
- Staff turnover and vacancy rates have been at lower levels in the months following the outbreak of the pandemic.

The turnover data for December are affected by a data issue related to the transfer of a team to a new service provider outside the Trust. It is expected that this apparent December upturn will no longer be present in the data in the next edition of the Report in March.

The activity data, provided in a separate appendix and not part of the public papers, show a clear impact at the point of the outbreak. Notable points include:

- a short term spike in appointments cancelled by the Trust in March, but an apparent shift since then to a lower rate of appointments cancelled by the Trust,
- the immediate growth in telephone contact in Spring and gradual shift back towards face to face contact in subsequent months, with differing patterns by Care Group.

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

The Board of Directors is invited to **comment** on this edition of the Report and **confirm** any direction they would like future editions to take.

### Who has approved this report for receipt at the above meeting?

Board business cycle requirement

### Contributing authors:

For the SBAR: James Partington, Tim Welch

For the Report: all metric owners who are listed in the Report

### Distribution to other people/ groups/ meetings:

Version	Name/ group/ meeting	Date issued
1	Board of Directors	18/01/2021

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

Appendix No.	Appendix title
1	Report against CWP Strategic Objectives January 2021 final (powerpoint file)
2	<a href="#">Report against CWP Strategic Objectives January 2021 Appendix (powerpoint file)</a>

# Report Against Strategic Objectives

January 2021

Quality Surveillance Analysis Team

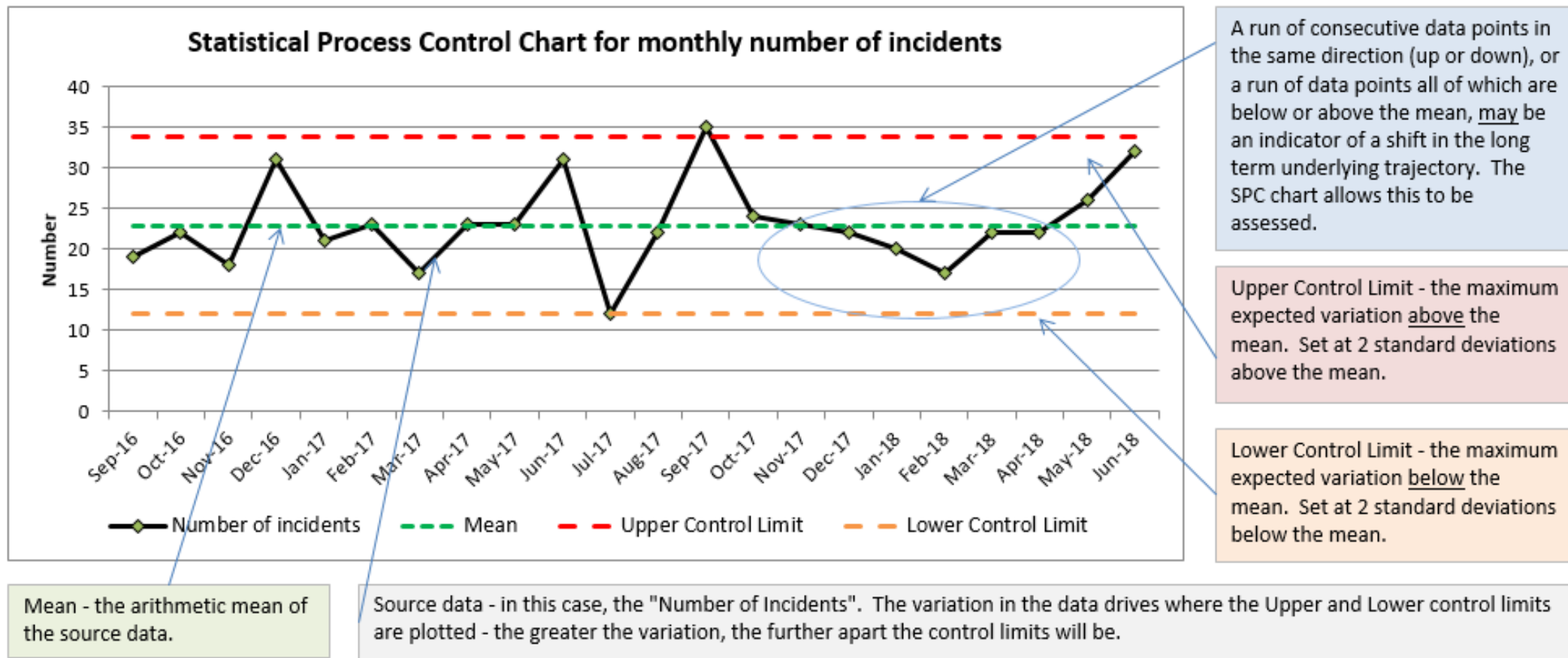
Helping people to be  
**the best they can be**

**NHS**

**Cheshire and Wirral  
Partnership**  
NHS Foundation Trust



## Interpreting Statistical Process Control charts



### What does the SPC tell us?

The SPC tells us whether a series is "in control". This is a statistical term equivalent to being predictable or stable. That's not to say there won't be variation, but the SPC shows what kind of variation can be expected. In the example above, the latest two months have shown increases, but we know from the rest of the data that this is within the bounds of expectation.

### What's the science behind setting the control limits at two standard deviations from the mean?

One of the properties of what is known as "the normal distribution" is that 95% of the data are within 2 standard deviations either side of the mean. The remaining 5% of the data are further away from the mean than that, in either direction. 95% is equivalent to one in 20. So we would expect, when looking at a SPC based on data that are distributed normally, that 19 out of 20 data items will be within the control limits, and one in 20 of the data items will exceed the control limits.



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

Metric	Data	Further Explanation
<p><b>Bed Occupancy - Adult Acute and Ageless wards</b></p>	<p><b>CWP Acute Adult and Ageless Ward Bed Occupancy Rates, including leave (%)</b></p> <p>Jan 2020: Closure of Adelphi and Bollin, opening of Mulberry.</p> <p>In April, bed occupancy at Beech ward was 26%. Beds were available but not always used because the ward was a second potential COVID cohort ward.</p> <p>For April and May 2020: Cherry has been included in the calculation as it was the designated COVID cohort ward.</p> <p>Nov 2020: Bed occ was below 90% at Beech, Brackendale, Juniper and Lakefield.</p> <p>Source: KH03</p>	<p>Metric owner: Suzanne Edwards / Anushta Sivananthan</p> <p>Monitored at: SMH Care Group</p> <p>Data sources: KH03 file provided by the Information Team.</p>
<p>Comment: The usual definition includes adult and ageless wards. Cherry ward, normally an older person’s ward, was used as the COVID-19 cohorting ward during April and May and has been added to the calculation for those months. Bed occupancy was low in November across a number of our acute wards due to both a lower rate of admissions and COVID outbreaks resulting in bed closures for periods of time.</p>		

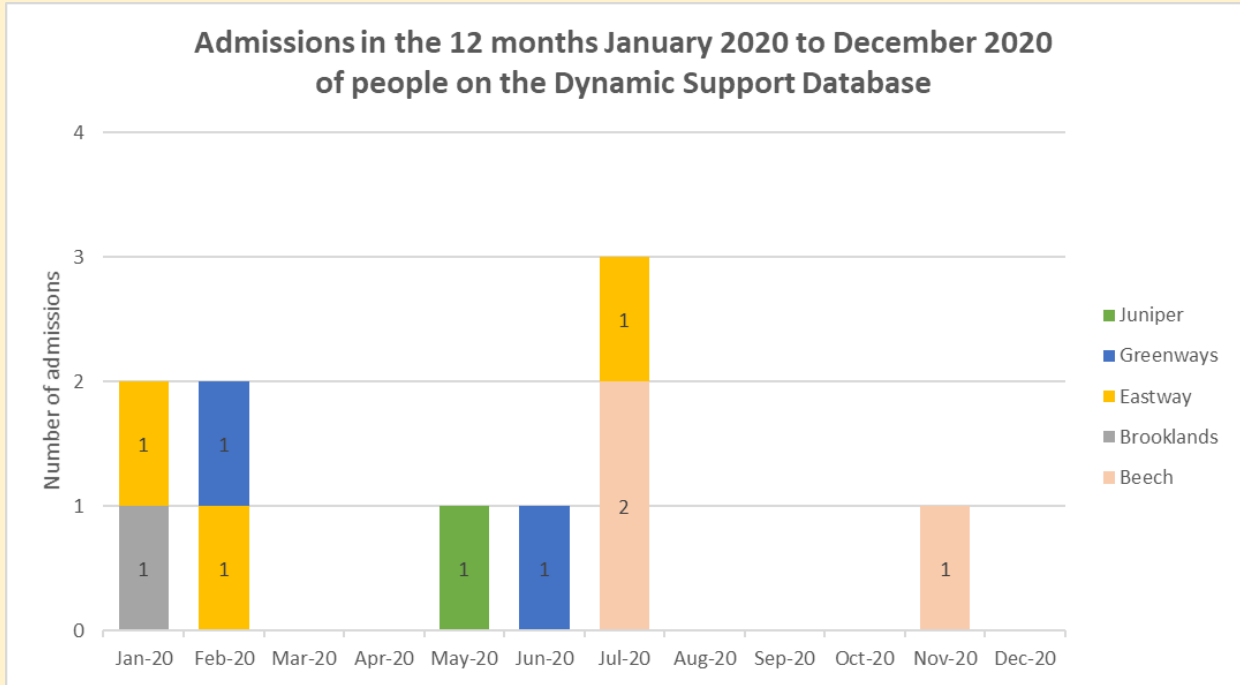
# Deliver high quality, integrated and innovative services that improve outcomes

Metric	Data	Further Explanation
<p><b>Out of Area Acute Admissions</b></p>	<p style="text-align: center;"><b>Number of acute admissions of CWP patients to hospitals outside the trust, excepting services that CWP do not provide</b></p> <p><b>Note:</b> There have been no out of area placements since March 2020.</p>	<p>Metric owner: Suzanne Edwards</p> <p>Monitored at: Operational Committee</p> <p>Data source: CWP Bed Hub</p>

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

Metric	Data	Further Explanation
--------	------	---------------------

**Admission to hospital for those on the Dynamic Support Database**



Comment: Of the six people who have been admitted in the current financial year, four have been rated 'red', one 'amber' and one 'green'. The amber and green rated patients were both admitted to Beech ward. All have since left hospital, and the average length of stay was 25 days.

Metric owner:  
Maddy Lowry

Monitored at:  
LD, NDD & ABI Care Group

Data source:  
'LD Risk Register Report for QS' Report Manager report

## Work to develop further measures for this strategic objective is as follows:

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

Metric	Data	Further Explanation
<b>CWP performance against NHSi targets</b>  <b>(Exceptions only)</b>	<p>The Trust reports a number of operational metrics to NHSi. These cover: Early Intervention in Psychosis (one metric), Improving Access to Psychological Therapies (3 metrics), Out of Area admissions (monitored on slide 5 of this pack), and a data quality measure which is provided with a three month lag. This means that the most recent two data points, reported in November and December 2020, are for August and September 2020.</p> <p>Only one metric was below target performance as set out in the NHS Oversight Framework for November and December 2020:</p> <ul style="list-style-type: none"><li>The data quality measure, where the data for both the most recent months was 88.6% against a target of 95%.</li></ul>	<p>Metric owner: Tim Welch</p> <p>Monitored by: Ops Committee by exception from Care Groups</p> <p>Data source: CWP Business and Value</p>

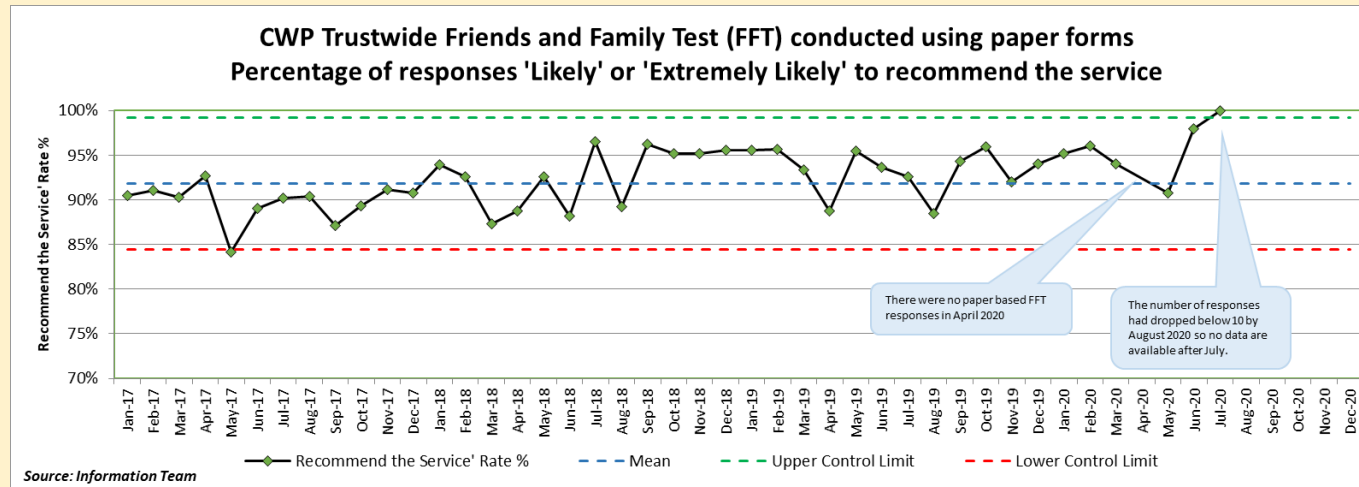
# Ensure meaningful involvement of service users, carers, staff and the wider community

## Metric

## Data

## Further Explanation

**Friends and Family Test – responses from users of our services**



Metric owner:  
Gary Flockhart

Monitored through:  
Quality Committee and  
PACE

Data source:  
'FFTalldatatodate' file from  
the Information Team

Comment: Following the onset of Covid-19, there was a national pause on the reporting of FFT. Paper based FFT forms diminished to a negligible number by August 2020. The trust was on track to resume FFT data collection from 1 December 2020, however the inputting for this from the national centre has been delayed/suspended to February 2021 with a view to publishing again in March/April 2021. The revised national FFT guidance offers providers greater flexibility than the original model. We should ensure that all patients and people that use services are able to give feedback if they want to, and we are required to use that feedback to identify good practice and opportunities to improve. We have developed the use of QR codes for use in our acute inpatient wards and are rolling this out to the remaining wards. We have initiated a new revised FFT form including the ordering of FFT post boxes and arranged Infection Prevention Control measures for emptying and recording. We have also developed and distributed a revised standard operating procedure that also includes the reminder for staff to check the patient details (telephone number) for automated FFT and takes the opportunity to remind people to check the person's protected characteristics which includes their ethnicity. We are also revising our reporting mechanisms and looking to provide a more up to date accurate display chart once the data begins to flow. We are also working on merging the paper based and the automated data into one information system.

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

Metric	Data	Further Explanation																																																						
<p><b>Friends and Family Test responses from our staff – about CWP as a care provider</b></p>	<p style="text-align: center;"><b>CWP Trustwide Staff FFT</b> Staff likely to recommend CWP to friends and family if they needed care or treatment</p> <p>Source: NHS England Staff FFT Results</p> <table border="1"> <caption>Approximate Staff FFT (For Care) Data</caption> <thead> <tr> <th>Quarter</th> <th>Staff FFT (For Care)</th> </tr> </thead> <tbody> <tr><td>2014/15 Q1</td><td>76%</td></tr> <tr><td>2014/15 Q2</td><td>78%</td></tr> <tr><td>2014/15 Q3</td><td>67%</td></tr> <tr><td>2014/15 Q4</td><td>70%</td></tr> <tr><td>2015/16 Q1</td><td>85%</td></tr> <tr><td>2015/16 Q2</td><td>80%</td></tr> <tr><td>2015/16 Q3</td><td>71%</td></tr> <tr><td>2015/16 Q4</td><td>75%</td></tr> <tr><td>2016/17 Q1</td><td>74%</td></tr> <tr><td>2016/17 Q2</td><td>83%</td></tr> <tr><td>2016/17 Q3</td><td>73%</td></tr> <tr><td>2016/17 Q4</td><td>67%</td></tr> <tr><td>2017/18 Q1</td><td>81%</td></tr> <tr><td>2017/18 Q2</td><td>75%</td></tr> <tr><td>2017/18 Q3</td><td>72%</td></tr> <tr><td>2017/18 Q4</td><td>68%</td></tr> <tr><td>2018/19 Q1</td><td>80%</td></tr> <tr><td>2018/19 Q2</td><td>77%</td></tr> <tr><td>2018/19 Q3</td><td>72%</td></tr> <tr><td>2018/19 Q4</td><td>76%</td></tr> <tr><td>2019/20 Q1</td><td>76%</td></tr> <tr><td>2019/20 Q2</td><td>69%</td></tr> <tr><td>2019/20 Q3</td><td>73%</td></tr> <tr><td>2020/21 Q1</td><td>No data</td></tr> <tr><td>2020/21 Q2</td><td>No data</td></tr> <tr><td>2020/21 Q3</td><td>No data</td></tr> </tbody> </table>	Quarter	Staff FFT (For Care)	2014/15 Q1	76%	2014/15 Q2	78%	2014/15 Q3	67%	2014/15 Q4	70%	2015/16 Q1	85%	2015/16 Q2	80%	2015/16 Q3	71%	2015/16 Q4	75%	2016/17 Q1	74%	2016/17 Q2	83%	2016/17 Q3	73%	2016/17 Q4	67%	2017/18 Q1	81%	2017/18 Q2	75%	2017/18 Q3	72%	2017/18 Q4	68%	2018/19 Q1	80%	2018/19 Q2	77%	2018/19 Q3	72%	2018/19 Q4	76%	2019/20 Q1	76%	2019/20 Q2	69%	2019/20 Q3	73%	2020/21 Q1	No data	2020/21 Q2	No data	2020/21 Q3	No data	<p>Metric owner: David Harris, delegated to Simon Platt</p> <p>Monitored at: POD Sub Committee</p> <p>Data source: People Information</p>
Quarter	Staff FFT (For Care)																																																							
2014/15 Q1	76%																																																							
2014/15 Q2	78%																																																							
2014/15 Q3	67%																																																							
2014/15 Q4	70%																																																							
2015/16 Q1	85%																																																							
2015/16 Q2	80%																																																							
2015/16 Q3	71%																																																							
2015/16 Q4	75%																																																							
2016/17 Q1	74%																																																							
2016/17 Q2	83%																																																							
2016/17 Q3	73%																																																							
2016/17 Q4	67%																																																							
2017/18 Q1	81%																																																							
2017/18 Q2	75%																																																							
2017/18 Q3	72%																																																							
2017/18 Q4	68%																																																							
2018/19 Q1	80%																																																							
2018/19 Q2	77%																																																							
2018/19 Q3	72%																																																							
2018/19 Q4	76%																																																							
2019/20 Q1	76%																																																							
2019/20 Q2	69%																																																							
2019/20 Q3	73%																																																							
2020/21 Q1	No data																																																							
2020/21 Q2	No data																																																							
2020/21 Q3	No data																																																							
	<p>Comment: Due to the national agreement to suspend certain data collection activities as a result of the COVID-19 pandemic, there has been no further data to add to this chart since the edition reported in March 2020. However, as well as the 2020 NHS Staff Survey, the Trust has also participated in the NHS People Pulse survey. While this does not replicate the questions from within the NHS FFT, it has given staff the option to participate and indicate how they are feeling and what support they have utilised through the pandemic as well as anything else that would further assist them.</p>																																																							

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

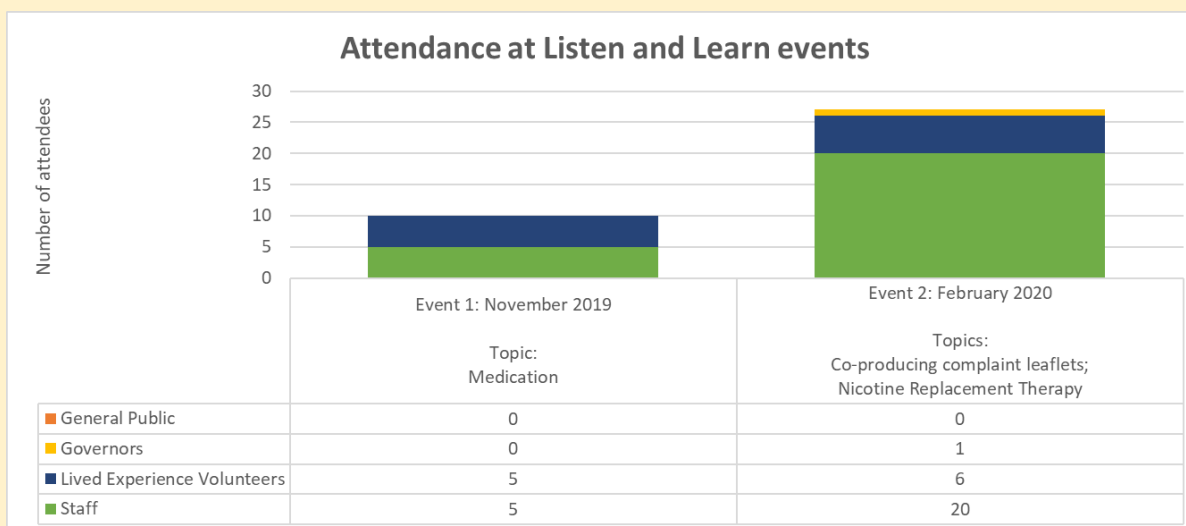
Metric	Data	Further Explanation																																																						
<p><b>Friends and Family Test responses from our staff – about CWP as a place to work</b></p>	<div data-bbox="417 415 1926 982"> <p style="text-align: center;"><b>CWP Trustwide Staff FFT</b> Staff likely to recommend CWP to friends and family as a place to work</p> <table border="1"> <caption>Staff FFT (For Employment) Data</caption> <thead> <tr> <th>Quarter</th> <th>Staff FFT (%)</th> </tr> </thead> <tbody> <tr><td>2014/15 Q1</td><td>62</td></tr> <tr><td>2014/15 Q2</td><td>61</td></tr> <tr><td>2014/15 Q3</td><td>61</td></tr> <tr><td>2014/15 Q4</td><td>56</td></tr> <tr><td>2015/16 Q1</td><td>71</td></tr> <tr><td>2015/16 Q2</td><td>60</td></tr> <tr><td>2015/16 Q3</td><td>61</td></tr> <tr><td>2015/16 Q4</td><td>62</td></tr> <tr><td>2016/17 Q1</td><td>56</td></tr> <tr><td>2016/17 Q2</td><td>67</td></tr> <tr><td>2016/17 Q3</td><td>64</td></tr> <tr><td>2016/17 Q4</td><td>52</td></tr> <tr><td>2017/18 Q1</td><td>54</td></tr> <tr><td>2017/18 Q2</td><td>60</td></tr> <tr><td>2017/18 Q3</td><td>64</td></tr> <tr><td>2017/18 Q4</td><td>48</td></tr> <tr><td>2018/19 Q1</td><td>64</td></tr> <tr><td>2018/19 Q2</td><td>60</td></tr> <tr><td>2018/19 Q3</td><td>65</td></tr> <tr><td>2018/19 Q4</td><td>62</td></tr> <tr><td>2019/20 Q1</td><td>62</td></tr> <tr><td>2019/20 Q2</td><td>56</td></tr> <tr><td>2019/20 Q3</td><td>65</td></tr> <tr><td>2020/21 Q1</td><td>No data</td></tr> <tr><td>2020/21 Q2</td><td>No data</td></tr> <tr><td>2020/21 Q3</td><td>No data</td></tr> </tbody> </table> <p>Source: NHS England Staff FFT Results</p> </div> <p>Comment: Due to the national agreement to suspend certain data collection activities as a result of the COVID-19 pandemic, there has been no further data to add to this chart since the edition reported in March 2020. However, as well as the 2020 NHS Staff Survey, the Trust has also participated in the NHS People Pulse survey. While this does not replicate the questions from within the NHS FFT, it has given staff the option to participate and indicate how they are feeling and what support they have utilised through the pandemic as well as anything else that would further assist them.</p>	Quarter	Staff FFT (%)	2014/15 Q1	62	2014/15 Q2	61	2014/15 Q3	61	2014/15 Q4	56	2015/16 Q1	71	2015/16 Q2	60	2015/16 Q3	61	2015/16 Q4	62	2016/17 Q1	56	2016/17 Q2	67	2016/17 Q3	64	2016/17 Q4	52	2017/18 Q1	54	2017/18 Q2	60	2017/18 Q3	64	2017/18 Q4	48	2018/19 Q1	64	2018/19 Q2	60	2018/19 Q3	65	2018/19 Q4	62	2019/20 Q1	62	2019/20 Q2	56	2019/20 Q3	65	2020/21 Q1	No data	2020/21 Q2	No data	2020/21 Q3	No data	<p>Metric owner: David Harris, delegated to Simon Platt</p> <p>Monitored at: POD Sub Committee</p> <p>Data source: People Information</p>
Quarter	Staff FFT (%)																																																							
2014/15 Q1	62																																																							
2014/15 Q2	61																																																							
2014/15 Q3	61																																																							
2014/15 Q4	56																																																							
2015/16 Q1	71																																																							
2015/16 Q2	60																																																							
2015/16 Q3	61																																																							
2015/16 Q4	62																																																							
2016/17 Q1	56																																																							
2016/17 Q2	67																																																							
2016/17 Q3	64																																																							
2016/17 Q4	52																																																							
2017/18 Q1	54																																																							
2017/18 Q2	60																																																							
2017/18 Q3	64																																																							
2017/18 Q4	48																																																							
2018/19 Q1	64																																																							
2018/19 Q2	60																																																							
2018/19 Q3	65																																																							
2018/19 Q4	62																																																							
2019/20 Q1	62																																																							
2019/20 Q2	56																																																							
2019/20 Q3	65																																																							
2020/21 Q1	No data																																																							
2020/21 Q2	No data																																																							
2020/21 Q3	No data																																																							

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

## Metric

## Data

**Effectiveness of working with the wider community**



Comment: Due to Covid-19 restrictions and limited ability to connect virtually with members and public, we have utilised other methods of ensuring that we listen to the voice of people who access our services. We have involved people in the steering groups of various research and improvement projects. People with lived experience have been involved in data analysis of surveys. Our participation and engagement groups have been working within care groups to ensure that people voices are heard and they are involved. We have revised the submission of the Lived experience Volunteering and Engagement Network reports to be submitted on a quarterly basis to the Quality Committee rather than bi-annually to ensure the committees are updated on the activities involving people.

Metric owner:  
Cathy Walsh

Monitored at:  
PACE Sub Committee

Data Source:  
PALS team



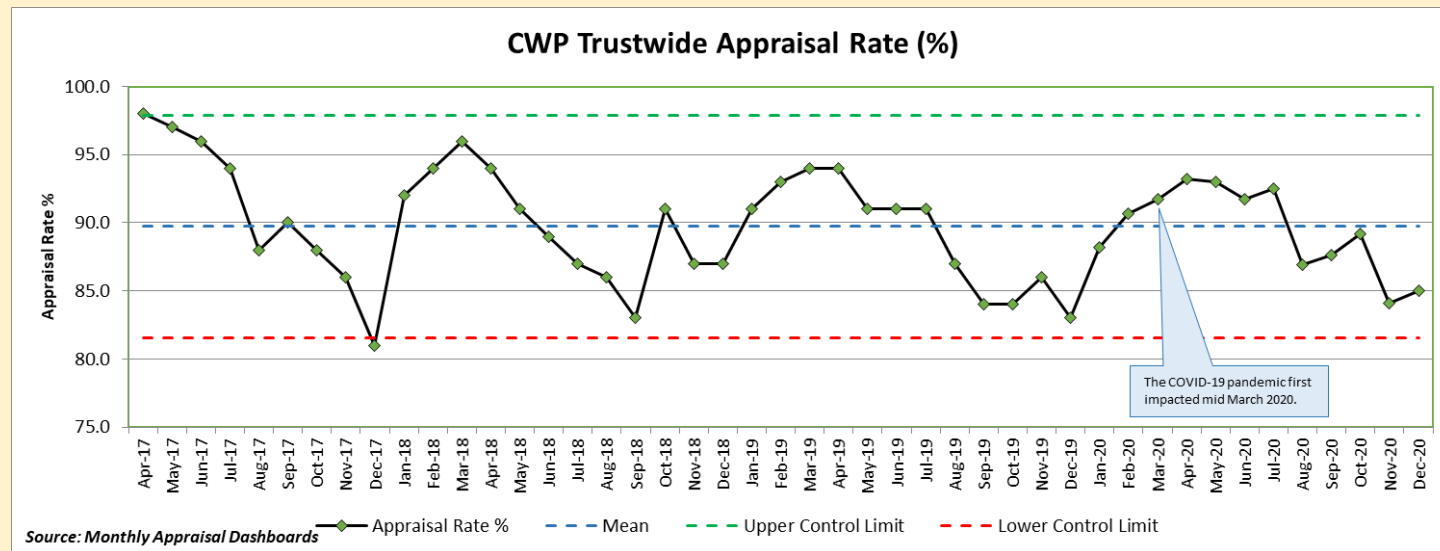
# Be a model employer and have a caring, competent and motivated workforce

Metric

Data

Further Explanation

Appraisal



Metric owner:  
David Harris

Monitored at:  
POD Sub Committee and  
Ops Committee

Data source:  
People Information

Comment: To date, peaks in compliance have tended to be at March/ April whereas dips in compliance occurred during Aug and Dec. Work to understand this has taken place and is attributed to peak leave period. The impact of the COVID-19 pandemic on appraisal rates has been marginal in the data reported so far and a 90 day extension has been applied since April 2020. In contrast to last year at the same period, compliance in December has increased marginally. Given the pandemic was not present in Dec 2019, the improvement for 2020 is testament to the efforts of Managers and Employees, lifting compliance (comparatively) even when they are under such pressure.

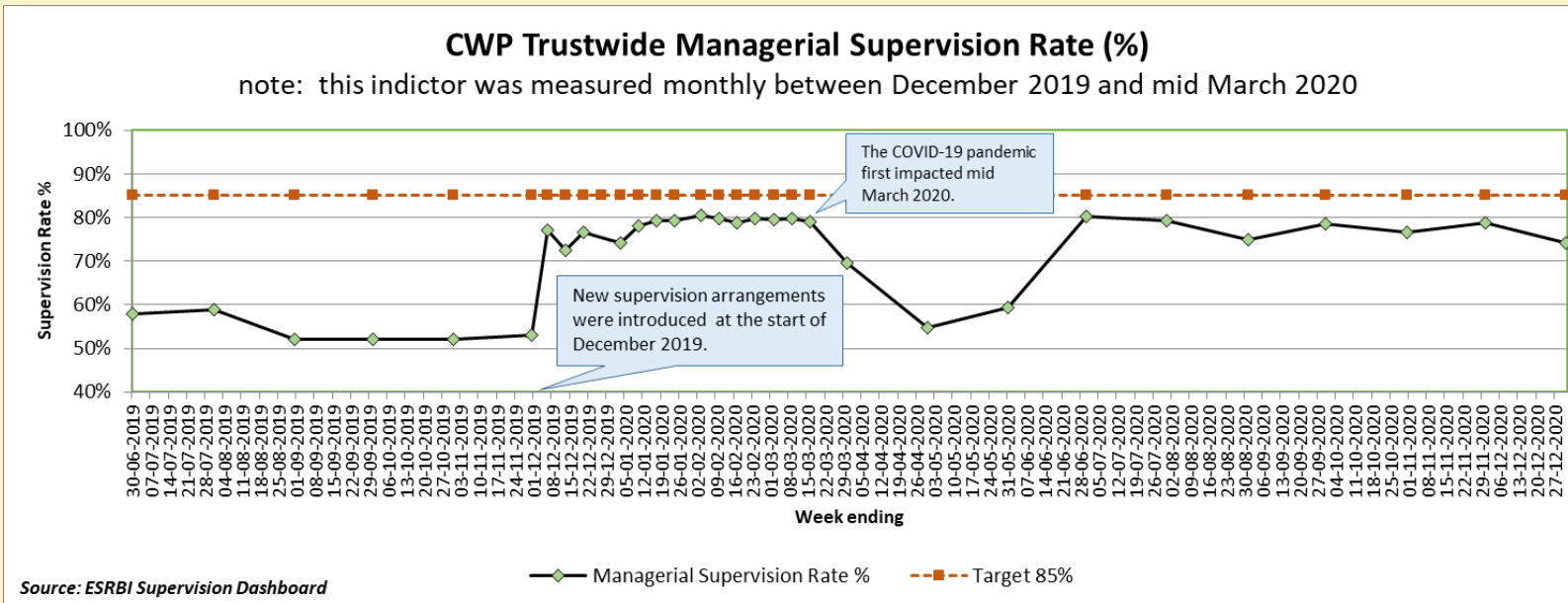
# Be a model employer and have a caring, competent and motivated workforce

Metric

Data

Further Explanation

## Managerial Supervision



Metric owner:  
David Harris, delegated to Simon Platt

Monitored at:  
POD Sub Committee and Ops Committee

Data source:  
People Information

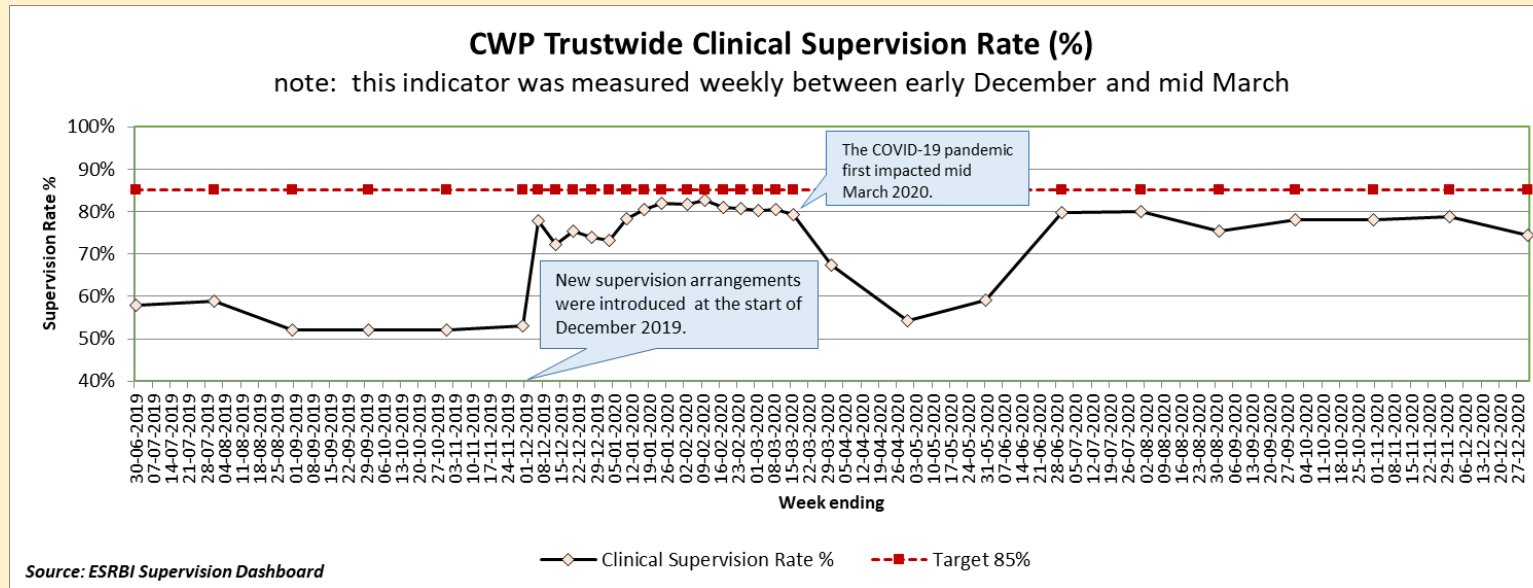
Comment: Separate managerial and clinical supervision competencies were introduced at the start of December 2019. For months up to and including November 2019, the time series reflects compliance with the previous 'all supervision' competence.

The COVID-19 pandemic had a marked impact on the recording of Managerial Supervision between March and May. However, since then, figures have shown a steady trend, recovering to give an approx. average of 77% compliance between July and December. With the Supervision Improvement Plan largely complete, December 2020's figures look similar to 2019. However, this should be noted as a positive, because in 2020, we had the increased pressures of the pandemic on services and, staff sickness rates and turnover were up on the previous years percentage. Further improvement to Managerial Supervision guidance is due to be shared with colleagues in January 2021.

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

Metric	Data	Further Explanation
--------	------	---------------------

## Clinical Supervision



Metric owner:  
Gary Flockhart, delegated to Victoria Peach

Monitored at:  
Care Group and Ops Committee

Data source:  
People Information

Comment: In December 2019 separate managerial and clinical supervision competencies were introduced. For months up to and including November 2019, the time series reflects compliance with the previous ‘all supervision’ competence.

The COVID-19 pandemic had a marked impact on the recording of clinical supervision over the period March to May 2020.

The clinical supervision compliance measure does not include medical supervision compliance.

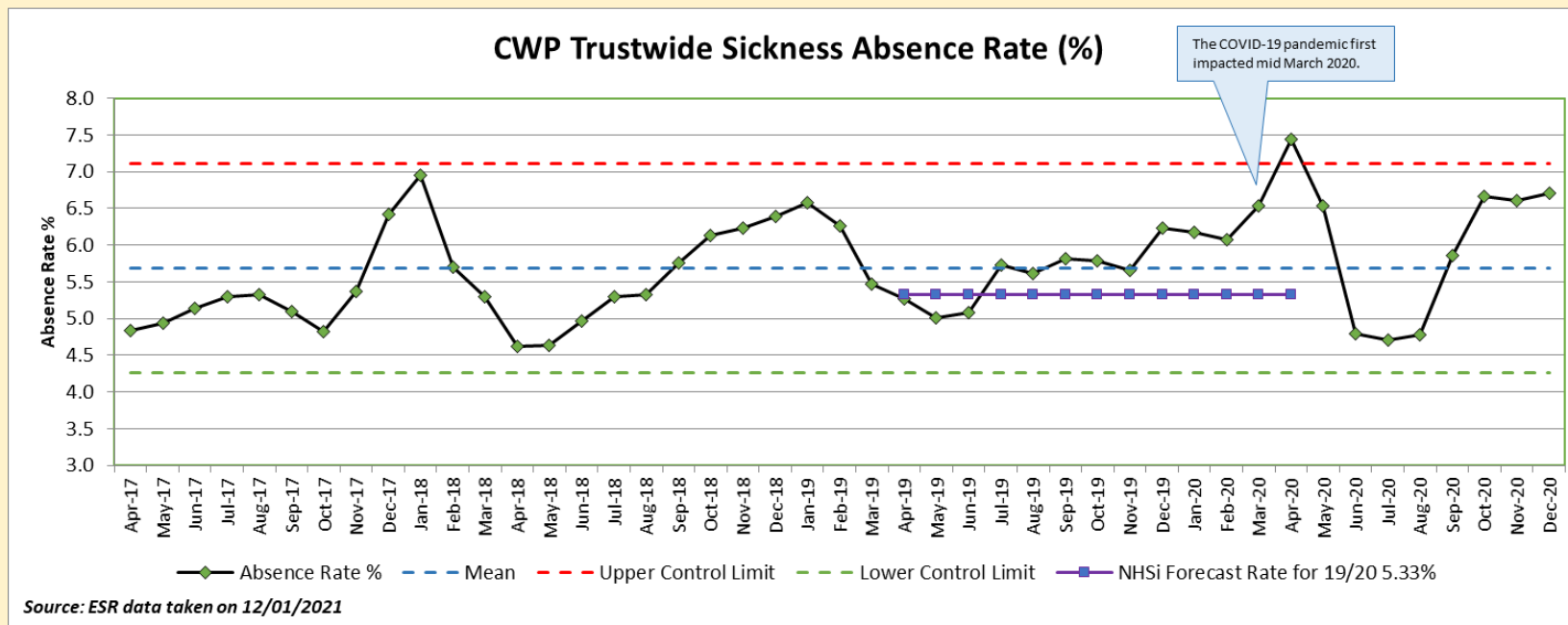
# Be a model employer and have a caring, competent and motivated workforce

Metric

Data

Further Explanation

Sickness Absence



Metric owners:  
David Harris

Monitored at:  
POD Sub Committee

Data source:  
People Information

Comment: The COVID-19 pandemic had a notable impact on sickness absence in March, April and May. The sickness absence rate dropped below the long term average in June, July and August for the first time since mid 2019. It has been above average in the last four months.

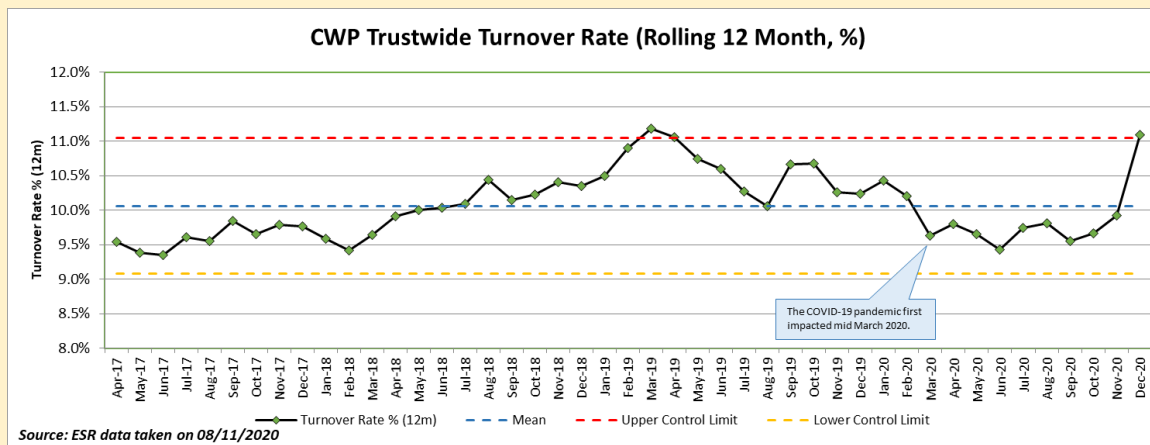
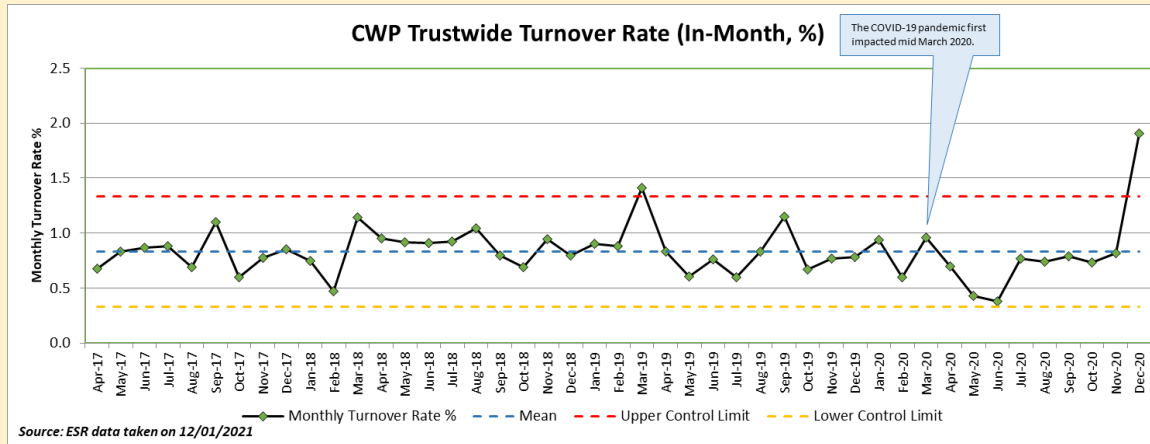
# Be a model employer and have a caring, competent and motivated workforce

Metric

Data

Further Explanation

Staff Turnover



Comment: After eight months below the long term average, the monthly turnover rate was much higher than average in December 2020.

This is because the December 2020 figure currently includes staff from the Sefton IAPT service being transferred outside the Trust to a new service provider. Employment transfers are usually excluded from any turnover data.

It is expected that these staff movements will be removed from the December data point by the time of the next Report.

Metric owner: David Harris

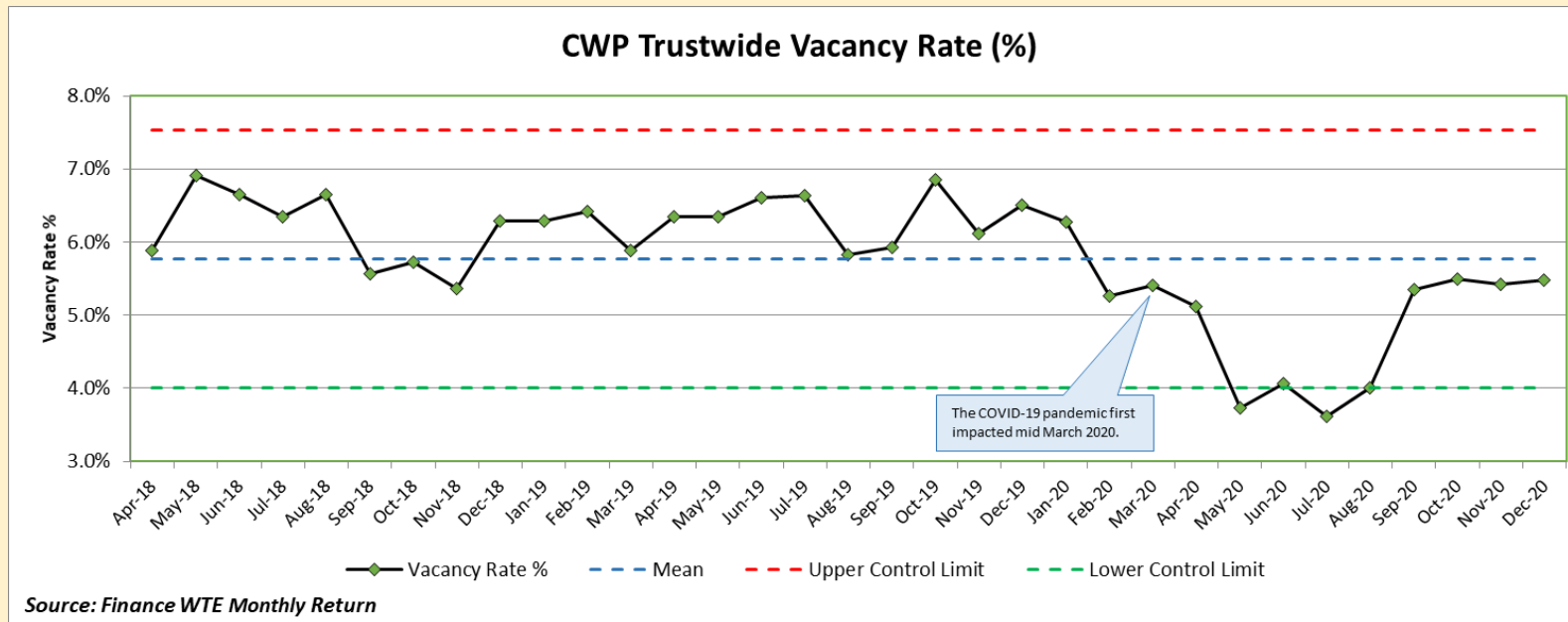
Monitored at: POD Sub Committee

Data source: People Information

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

Metric	Data	Further Explanation
--------	------	---------------------

## Vacancy Rate



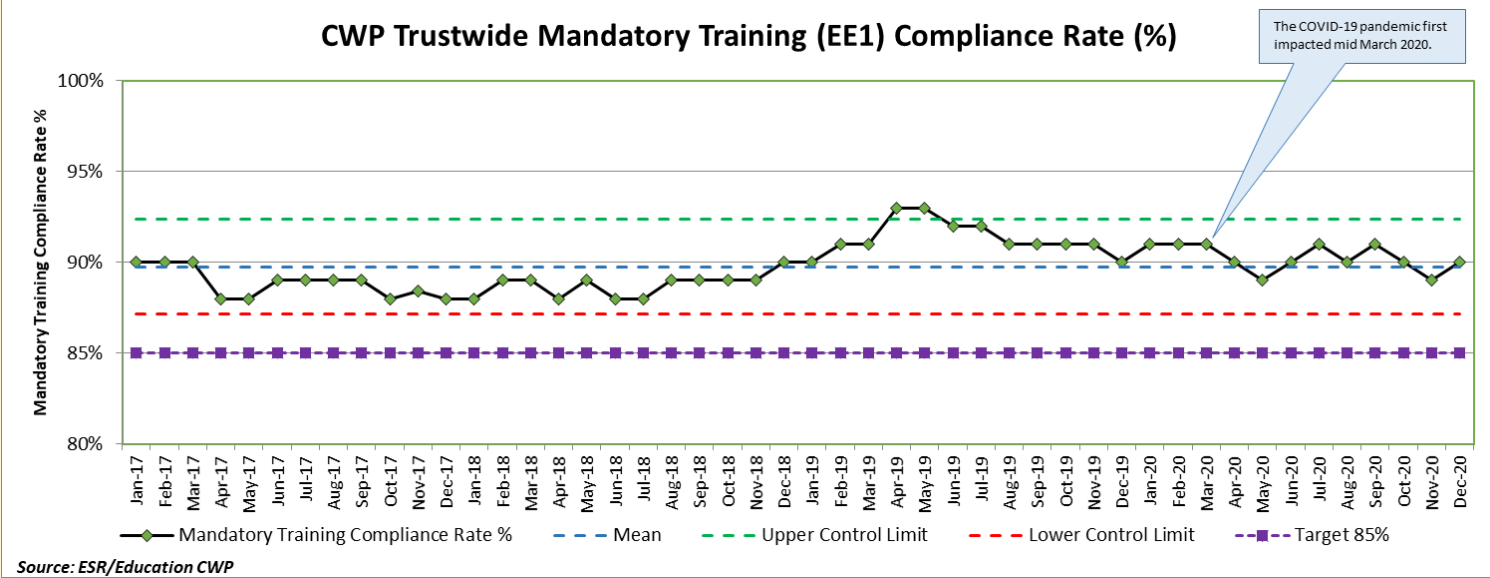
Metric owner:  
David Harris

Monitored at:  
POD Sub Committee

Data source:  
People Information

Comment: The vacancy rate was on or below the lower control limit between May and August 2020, and below the long term average for the last 11 months. A lower vacancy rate is consistent with low staff turnover which, until the most recent month, has been noted elsewhere in this Report.

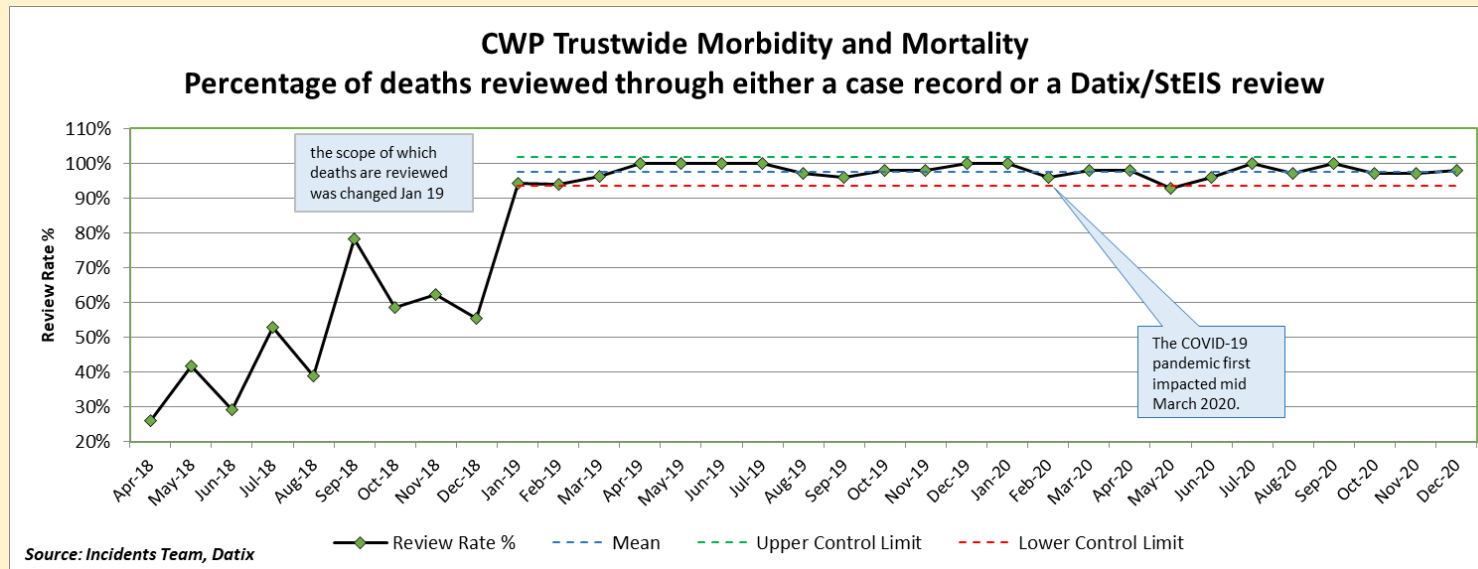
# Be a model employer and have a caring, competent and motivated workforce

Metric	Data	Further Explanation
<h2>Mandatory Training</h2>	 <p><b>CWP Trustwide Mandatory Training (EE1) Compliance Rate (%)</b></p> <p>The chart displays the Mandatory Training Compliance Rate % over time. The Y-axis ranges from 80% to 100%. The X-axis shows months from Jan-17 to Dec-20. A solid black line with diamond markers represents the compliance rate, which fluctuates around a mean of 90%. A dashed purple line indicates the target at 85%. Dashed green and red lines represent the upper and lower control limits, respectively. A callout box points to the data around March 2020, stating: 'The COVID-19 pandemic first impacted mid March 2020.'</p> <p>Source: ESR/Education CWP</p> <p>Legend:  <span style="color: black;">◆</span> Mandatory Training Compliance Rate %  <span style="color: blue;">---</span> Mean  <span style="color: green;">---</span> Upper Control Limit  <span style="color: red;">---</span> Lower Control Limit  <span style="color: purple;">---</span> Target 85%</p>	<p>Metric owner: David Harris</p> <p>Monitored at: POD Sub Committee and Ops Committee</p> <p>Data source: Education CWP</p>
<p>Comment: The Trust mandatory compliance figure is currently 90%, matching the long term average.</p> <p>Definition: Excludes staff on Maternity Leave, Career Break, External Secondments, Long Term Sick (&gt;92 days) and new starters &lt; 3 months. Also excludes any new course competences added to the Training Needs Analysis for 12 months, to allow staff time to complete.</p>		

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

Metric	Data	Further Explanation
--------	------	---------------------

## Morbidity and Mortality



Metric owner:  
Gary Flockhart

Monitored by:  
Quality Committee

Data source:  
CWP Incidents team

Comment: The requirement to undertake mortality case record reviews was paused during the COVID-19 response. At CWP we continued to undertake mortality case record reviews during this period as good practice. However, prioritisation was given to case reviews where it was considered there may be some learning to support ongoing service development during the easing of this requirement. This is the reason for the dip in the percentage in May 2020.



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

Metric	Data	Further Explanation																																										
<p><b>Level 3 and 4 QI Training</b></p>	<div data-bbox="448 454 1778 1119" data-label="Figure"> <p><b>Cumulative growth in QI Training in CWP by Care Group</b></p> <table border="1"> <caption>Estimated data from the stacked bar chart</caption> <thead> <tr> <th>Time Point</th> <th>Clinical Support Services</th> <th>LD, NDD &amp; ABI</th> <th>SMH</th> <th>CYPF</th> <th>Neighbourhoods</th> </tr> </thead> <tbody> <tr> <td>By the end of Cohort 1 (March 2019)</td> <td>12</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> </tr> <tr> <td>By the end of Cohort 2 (June 2019)</td> <td>15</td> <td>7</td> <td>2</td> <td>1</td> <td>3</td> </tr> <tr> <td>By the end of Cohort 3 (September 2019)</td> <td>16</td> <td>11</td> <td>7</td> <td>3</td> <td>7</td> </tr> <tr> <td>By the end of Cohort 1 (July 2019)</td> <td>5</td> <td>4</td> <td>2</td> <td>1</td> <td>1</td> </tr> <tr> <td>By the end of Cohort 2 (September 2019)</td> <td>10</td> <td>2</td> <td>8</td> <td>4</td> <td>4</td> </tr> <tr> <td>By the end of Cohort 3 (December 2019)</td> <td>15</td> <td>3</td> <td>11</td> <td>8</td> <td>6</td> </tr> </tbody> </table> </div> <p>Comment: Since the last update there has been no further progress regarding level 2, level 3 and level 4 training. This training is instructor led and is upwards of 4 hours per level. Due to the COVID situation further rollout of this training has been halted. As of December 2020, <b>2939</b> out of <b>5673</b> have completed the level 1 QI training. This is an increase of <b>770</b> since the end of August 2020.</p>	Time Point	Clinical Support Services	LD, NDD & ABI	SMH	CYPF	Neighbourhoods	By the end of Cohort 1 (March 2019)	12	1	1	1	1	By the end of Cohort 2 (June 2019)	15	7	2	1	3	By the end of Cohort 3 (September 2019)	16	11	7	3	7	By the end of Cohort 1 (July 2019)	5	4	2	1	1	By the end of Cohort 2 (September 2019)	10	2	8	4	4	By the end of Cohort 3 (December 2019)	15	3	11	8	6	<p>Metric owner: Anushta Sivananthan</p> <p>Monitored by: Quality Committee</p> <p>Data provider: Quality Assurance and Improvement team</p>
Time Point	Clinical Support Services	LD, NDD & ABI	SMH	CYPF	Neighbourhoods																																							
By the end of Cohort 1 (March 2019)	12	1	1	1	1																																							
By the end of Cohort 2 (June 2019)	15	7	2	1	3																																							
By the end of Cohort 3 (September 2019)	16	11	7	3	7																																							
By the end of Cohort 1 (July 2019)	5	4	2	1	1																																							
By the end of Cohort 2 (September 2019)	10	2	8	4	4																																							
By the end of Cohort 3 (December 2019)	15	3	11	8	6																																							

## Work to develop further measures for this strategic objective is as follows:

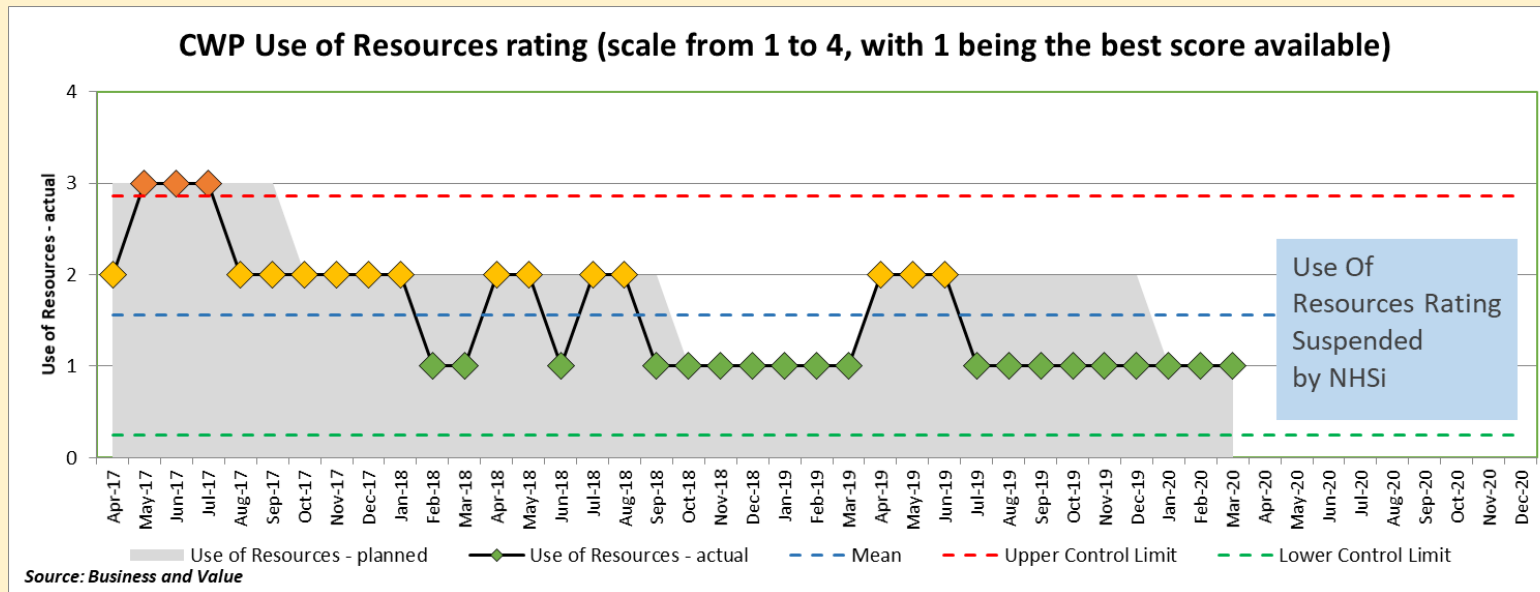
### Improve the quality of information to improve service delivery, evaluation and planning

Metric	Development Plans
<b>Dashboard development</b>	<p>Development work on the Operational Committee Performance Report has been continuing and the following improvements have been made:</p> <ul style="list-style-type: none"><li>• Rationalisation of measures so they are only reported into a single committee, leading to addition of new measures and others being reported elsewhere</li><li>• Overhaul of visualisation within the report</li><li>• Separate section created for Oversight Framework Performance Indicators</li><li>• Inclusion of Indicator definition and how RAG ratings are calculated</li><li>• Local targets agreed with Care Groups (which is still in progress)</li><li>• Separation of Specialist Mental Health into three localities</li></ul> <p>Operational Committee to discuss a paper to agree next steps in dashboard development</p> <p>Metric owner: Tim Welch</p> <p>Monitored by: Operational Committee</p>

# Sustain financial viability and deliver value for money

Metric	Data	Further Explanation
--------	------	---------------------

## Use of Resources Rating



Metric owner:  
Tim Welch

Monitored by:  
Trust Board

Data source:  
Business and Value

Comment: The overall Use of Resources metric is a summary of 5 separate financial metrics. A score of '1' reflects the lowest financial risk rating and a '4' the highest level of risk. The chart shows the actual rating against the planned rating; in no cases since April 2017 has the actual rating been higher (worse) than the planned rating.


At the time of preparing this report, the Use of Resource rating process has been suspended and the details of the regime for the 2020/21 financial year have not been finalised.

## Work to develop further measures for this strategic objective is as follows:

### Sustain financial viability and deliver value for money

Metric	Development Plans
<b>Delivery of Value for Money</b>	<p>Whilst the Covid-19 response has removed the requirement to deliver efficiency savings in 2020/21, the Business &amp; Value team have continued to work with colleagues to support the various new ways of working that have developed as part of the response and help maximise the use of resource. For example the rapid take up of working from home and deployment of digital tools has reduced the travel costs of the Trust and increased the available productive time.</p> <p>Metric owner: Tim Welch</p> <p>Monitored through: Ops Committee</p>

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

Metric	Data	Further Explanation												
<b>CQC Rating</b>	 <p>The image shows a CQC rating dashboard. At the top, there are five buttons for overall ratings: Inadequate, Requires improvement, Good, and Outstanding. The 'Good' button is highlighted with a green speech bubble. Below this, a table lists five domains with their respective ratings and icons:</p> <table border="1"> <thead> <tr> <th>Domain</th> <th>Rating</th> </tr> </thead> <tbody> <tr> <td>Safe</td> <td>Good ●</td> </tr> <tr> <td>Effective</td> <td>Good ●</td> </tr> <tr> <td>Caring</td> <td>Outstanding ☆</td> </tr> <tr> <td>Responsive</td> <td>Good ●</td> </tr> <tr> <td>Well-led</td> <td>Good ●</td> </tr> </tbody> </table>	Domain	Rating	Safe	Good ●	Effective	Good ●	Caring	Outstanding ☆	Responsive	Good ●	Well-led	Good ●	<p>Comments: The most recent Well Led inspection took place between 9 and 11 March 2020. The results were reported in June 2020 and showed improvement over the previous inspection.</p> <p>Key changes for the overall CQC domains are: Safe - Good overall ↑ Effective - Good overall → Caring - Outstanding overall → Responsive - Good overall → Well-Led - Good overall →</p> <p>Quality Committee is monitoring the 4 regulatory and 5 remaining improvement actions identified.</p> <p>Metric owner: Anushta Sivananthan delegated to Stephanie Bailey</p> <p>Monitored at: Quality Committee</p> <p>Data source: CQC website</p>
Domain	Rating													
Safe	Good ●													
Effective	Good ●													
Caring	Outstanding ☆													
Responsive	Good ●													
Well-led	Good ●													

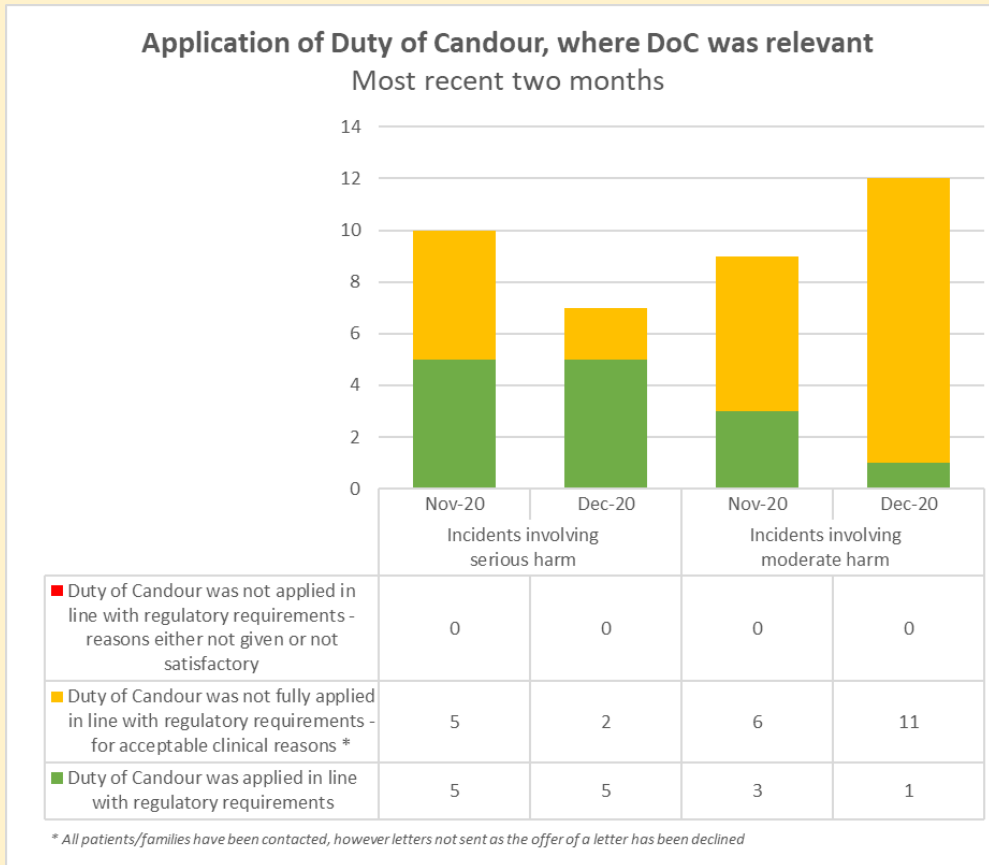
# Be recognised as an open, progressive organisation that is about care, well-being and partnership

## Metric

## Data

## Further Explanation

### Duty of Candour



Comment: Following the introduction of the electronic Immediate Safety Review process in April, the members of the ISAF are able to review whether Duty of Candour (DoC) has been applied appropriately for every serious incident and take corrective action as required in a timely manner. This has also enabled increased consistency in the recording of DoC to facilitate effective monitoring and reporting.

Metric owner:  
Gary Flockhart delegated to  
Hayley McGowan

Monitored at:  
Quality Committee

Data source:  
CWP Incidents Team

# Report Against Strategic Objectives

## End Sheet

Helping people to be  
**the best they can be**

STANDARDISED SBAR COMMUNICATION

REPORT DETAILS	
<b>Report subject:</b>	Ward Daily Staffing Levels November and December 2020
<b>Agenda ref. number:</b>	
<b>Report to (meeting):</b>	Board of Directors
<b>Action required:</b>	Information and noting
<b>Date of meeting:</b>	<a href="#">Click here to enter a date.</a>
<b>Presented by:</b>	Gary Flockhart, Director of Nursing, Therapies and Patient Partnerships

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 NHSI Single Oversight Framework themes this report reflects:		CWP Quality Framework:		
Quality	Yes	Patient Safety	Safe	Yes
Finance and use of resources	Yes	Clinical Effectiveness	Effective	Yes
Operational performance	Yes		Affordable	Yes
Strategic change	No		Sustainable	Yes
Leadership and improvement capability	Yes	Patient Experience	Acceptable	Yes
			Accessible	Yes
<a href="http://www.cwp.nhs.uk/media/4142/quality-improvement-strategy-2018.pdf">http://www.cwp.nhs.uk/media/4142/quality-improvement-strategy-2018.pdf</a>				

Does this report provide any information to update any current strategic risks? If so, which?	
Contact the corporate affairs teams for the most current strategic risk register.	No

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

REPORT BRIEFING

Situation – a concise statement of the purpose of this report
This report details the ward daily staffing levels during the months of November and December 2020 following the submission of the planned and actual hours of both registered nurses (RN) and clinical support workers (CSWs) to UNIFY (Appendix 1). The themes arising within these monthly submissions identify how patient safety is being maintained in the continued context of the COVID-19 response.

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 inpatient units. The recommendations made within the latest six monthly reports are being taken forward in line with the ongoing COVID-19 response and recovery planning and continued development of alternative ways of working.



## Assessment – analysis and considerations of the options and risks

During November 2020 the trust achieved average staffing levels of 96.4% for registered nurses and 98.8.1% for clinical support workers on day shifts and 93.7% and 104.0% respectively on nights. During December 2020 the trust achieved average staffing levels of 96.1% for registered nurses and 98.0% for clinical support workers on day shifts and 93.1% and 106.9% respectively on nights.

In December Business Continuity Plans were invoked in response to increasing prevalence of Covid-19 and services were supported to work within minimum safe staffing levels rather than optimal staffing levels as reflected in the fill rates for December.

Throughout November and December Maple and Rosewood continued to experience staffing challenges, particularly in relation to registered nurse fill rates across the 24-hour shift cycle on Rosewood and on nights on Maple. This was due to vacancies and sickness absence and was compounded by the impact of COVID-19 related absences following several outbreaks over this period. Safer staffing levels were maintained during this period by redeploying staff from other wards in Bowmere on a shift by shift basis and increasing the numbers of clinical support workers on night shifts on both units. Both units worked on reduced registered nurse staffing numbers at night with the registered nurses providing mutual support to both adjoining units.

During November and December Greenways continued to experience pressures in relation to the availability of clinical support workers to provide cover on day shifts and this was mitigated by the utilisation of additional registered nursing staff. In addition the Matron, Ward Manager, Psychologist and Occupational Therapy Technical Instructor also supported the team by working on the ward as required.

During November Coral and Indigo utilised significantly more Clinical Support Worker hours than their usual planned establishment at night as a result of increased utilisation of enhanced levels of observations in response to individual patient needs and increased levels of acuity and complexity. During December Coral and Indigo experienced staffing challenges, particularly in relation to registered nurse fill rates as a result of COVID-19 related absences following an outbreak over this period. Safer staffing levels were maintained during this period by redeploying staff from other teams and services and increasing the numbers of clinical support workers on both day and night shifts. The units were also temporarily merged so that they could be staffed by one combined team which reduced the overall staffing requirements.

During the reporting period Brooklands, Meadowbank and Brackendale utilised significantly more staffing than their usual planned establishment as a result of increased utilisation of enhanced levels of observations in response to individual patient needs and increased levels of acuity and complexity.

Note: Only full shifts are covered within the percentage rates, where wards are supported for less than this, this is not captured in the return. For example if the matron spends 2 hours on the ward this is not reflected in the return, nor are the hours the multi-disciplinary team who provide care to support the wards.

Appendix 1 details the fill rates for all inpatient services.

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

The Board of Directors are recommended to note the report.

**Who has approved this report for receipt at the above meeting?**

Gary Flockhart, Director of Nursing, Therapies and Patient Partnerships

**Contributing authors:**

Hayley McGowan Associate Director of Nursing and Therapies (Mental Health and Learning Disabilities)

### Distribution to other people/ groups/ meetings:

Version	Name/ group/ meeting	Date issued

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

Appendix No.	Appendix title
--------------	----------------

1	Ward Daily Staffing November and December 2020
---	--

Ward		Day				Night				Fill Rate			
		Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Day		Night	
		Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
East	Alderley Unit	916.75	918.90	1428.50	1394.75	736.00	736.00	667.00	649.50	100.2%	97.6%	100.0%	97.4%
	Greenways A&T	1169.00	1219.00	1600.25	1164.25	690.00	632.50	1518.00	1437.50	104.3%	72.8%	91.7%	94.7%
	Mulberry	1426.50	1296.50	1960.00	1795.50	701.50	701.50	1529.50	1495.00	90.9%	91.6%	100.0%	97.7%
	Silk	1398.00	1383.50	1750.50	1611.00	701.50	701.50	2016.00	1948.00	99.0%	92.0%	100.0%	96.6%
	Saddlebridge	1066.04	1055.00	999.50	999.50	690.00	690.00	678.50	678.50	99.0%	100.0%	100.0%	100.0%
Wirral	Brackendale	1086.00	1106.00	1134.50	1231.00	678.50	737.00	851.00	966.00	101.8%	108.5%	108.6%	113.5%
	Brooklands	1058.50	953.50	1368.50	1462.50	644.00	608.25	1000.50	1125.50	90.1%	106.9%	94.4%	112.5%
	Lakefield	1020.00	1042.50	1225.50	1221.00	673.50	648.50	943.00	989.00	102.2%	99.6%	96.3%	104.9%
	Meadowbank	1062.50	993.50	1444.50	1414.00	713.00	679.50	931.50	918.50	93.5%	97.9%	95.3%	98.6%
	Oaktrees	1104.00	1083.00	1426.00	1585.00	690.00	587.50	701.50	705.00	98.1%	111.2%	85.1%	100.5%
West	Willow PICU	916.50	916.50	1058.00	1058.00	552.00	552.00	966.00	966.00	100.0%	100.0%	100.0%	100.0%
	Beech	1028.50	1001.50	1342.50	1304.00	586.50	575.00	1169.00	1169.00	97.4%	97.1%	98.0%	100.0%
	Cherry	1207.50	1151.80	1178.50	1143.70	479.40	444.30	996.30	1029.70	95.4%	97.0%	92.7%	103.4%
	Coral	1207.50	1111.00	1407.50	1602.00	774.00	694.50	1020.00	1443.50	92.0%	113.8%	89.7%	141.5%
	Eastway A&T	1309.50	1313.50	1241.50	1241.50	689.00	689.00	1011.75	1011.75	100.3%	100.0%	100.0%	100.0%
	Indigo	1109.00	1015.50	921.50	956.00	649.50	626.50	988.00	988.00	91.6%	103.7%	96.5%	100.0%
	Juniper	1294.00	1263.00	1121.00	1090.50	544.30	544.30	1067.50	1056.00	97.6%	97.3%	100.0%	98.9%
	Maple	810.00	890.50	1380.00	1104.00	690.00	425.50	690.00	736.00	109.9%	80.0%	61.7%	106.7%
	Rosewood Unit	1192.50	808.00	1380.00	1529.50	690.00	483.00	1035.00	1138.50	67.8%	110.8%	70.0%	110.0%
	Trustwide	21382.29	20522.70	25368.25	24907.70	12572.70	11756.35	19780.05	20450.95	96.4%	98.8%	93.7%	104.0%

Ward		Day				Night				Fill Rate			
		Registered		Care Staff		Registered		Care Staff		Day		Night	
		Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
East	Alderley Unit	986.75	990.75	1407.15	1335.65	713.00	713.00	713.00	701.00	100.4%	94.9%	100.0%	98.3%
	Greenways A&T	1215.75	1324.95	1426.00	1149.50	713.00	747.50	1388.00	1290.50	109.0%	80.6%	104.8%	93.0%
	Mulberry	1417.85	1278.45	2041.00	1870.45	747.50	713.00	2155.00	2017.00	90.2%	91.6%	95.4%	93.6%
	Silk	1376.80	1328.30	1986.50	1890.30	805.00	805.00	2177.50	2021.50	96.5%	95.2%	100.0%	92.8%
	Saddlebridge	1069.50	1058.00	1196.00	1184.50	713.00	713.00	701.50	701.50	98.9%	99.0%	100.0%	100.0%
Wirral	Brackendale	1139.50	1163.50	1211.00	1277.50	701.50	707.50	908.50	921.00	102.1%	105.5%	100.9%	101.4%
	Brooklands	993.50	969.25	1558.50	1621.00	690.00	682.00	1000.50	1265.00	97.6%	104.0%	98.8%	126.4%
	Lakefield	1074.00	1081.50	1207.50	1264.50	701.50	736.00	1092.50	1035.00	100.7%	104.7%	104.9%	94.7%
	Meadowbank	1309.50	1224.25	1444.50	1431.25	713.00	645.00	897.00	1159.00	93.5%	99.1%	90.5%	129.2%
	Oaktrees	1123.50	1159.75	1593.00	1503.40	713.00	698.50	690.00	678.50	103.2%	94.4%	98.0%	98.3%
West	Willow PICU	944.00	944.00	1242.00	1231.50	713.00	644.00	1035.00	1081.00	100.0%	99.2%	90.3%	104.4%
	Beech	1158.50	1112.50	1311.50	1286.50	491.50	491.50	1293.00	1293.00	96.0%	98.1%	100.0%	100.0%
	Cherry	1252.90	1162.40	1324.50	1228.20	504.70	481.40	801.40	909.60	92.8%	92.7%	95.4%	113.5%
	Coral	1342.50	1023.00	1380.00	1525.50	808.50	626.10	862.50	1259.00	76.2%	110.5%	77.4%	146.0%
	Eastway A&T	1369.00	1179.00	1322.50	1324.50	736.00	626.00	1104.00	1115.50	86.1%	100.2%	85.1%	101.0%
	Indigo	939.50	782.90	925.50	1017.50	690.00	655.50	816.50	953.50	83.3%	109.9%	95.0%	116.8%
	Juniper	1116.50	1070.50	1325.50	1266.00	513.00	513.00	1092.50	1077.00	95.9%	95.5%	100.0%	98.6%
	Maple	815.00	1005.00	1426.00	1092.50	713.00	436.80	713.00	736.00	123.3%	76.6%	61.3%	103.2%
Rosewood Unit	1234.50	990.50	1472.00	1610.00	713.00	506.00	1115.50	1345.50	80.2%	109.4%	71.0%	120.6%	
	Trustwide	21879.05	20848.50	26800.65	26110.25	13093.20	12140.80	20556.90	21560.10	96.1%	98.0%	93.1%	106.9%

**STANDARDISED HIGHLIGHT/  
EXCEPTION REPORT**

<b>REPORT DETAILS</b>	
<b>Subject matter of report:</b>	Safer Staffing biannual report
<b>Report provided by:</b>	Hayley McGowan, Associate Director of Nursing and Therapies (MH & LD)
<b>Date of report:</b>	18/01/2021

<b>SUBJECT MATTER</b>	<b>Summarise the purpose of the report:</b>
What is this report about? Summarise why this report requires the attention of the Committee.	<p>This biannual report provides an overview of safer staffing for Cheshire and Wirral Partnership NHS Foundation Trust for the period June 2020 to November 2020 with a specific focus on the services ongoing response to COVID-19 in order to provide evidence regarding the Trust's capacity and capability to provide high quality care. This is in line with the Trust's contractual requirements and National Quality Board (NQB) standards.</p> <p>The report includes a review of approaches that have been utilised within all care groups in relation to the delivery of safer staffing requirements during this period.</p>

<b>ESCALATION</b>	<b>Quality, clinical, care, other risks that require escalation:</b>
What do you need to escalate to the Committee?	<p>Overall all services have worked incredibly hard to respond to the challenges that Covid-19 has presented in relation to maintaining safe staffing levels. Teams have adopted new approaches to service delivery and have worked flexibly across care groups and localities in order to ensure that staff with the appropriate skills, knowledge and experience have been available to support individuals within the most appropriate setting for their needs and circumstances. The committee are asked to note the significant contribution of staff across all clinical services to enable safe service delivery to be maintained during this period..</p> <p>Inpatient services across all care groups have been able to sustain sufficient fill rates to maintain safer staffing throughout the reporting period and have continued to recruit staff in advance of need. Further work is underway to respond to the ongoing retention challenges for the registered nursing workforce across inpatient services, which is also reflected on a national level.</p>

<b>ASSURANCE</b>	<b>Other key matters to highlight:</b>
What assurance or evidence of improvements are you providing to the Committee?	<p>The Operational Committee are asked to receive assurance that the National Quality Board safer staffing standards have continued to be met throughout the ongoing COVID-19 response and note the significant challenges that the services continue to experience. The Trust contract requires that information is presented bi-annually to ensure that there is "sufficient appropriately registered, qualified and experienced staff to enable the services to be provided in all respects"</p> <p>In addition to the ongoing implementation of service recovery plans in the context of the Covid-19 response the report provides assurance that progress also continues to be made across all care groups in relation to transformation and development programmes which include the development and expansion of new and existing roles and implementation of new models of care.</p>

## Six Monthly Safer Staffing Report

**Period of review: June 2020 – November 2020**

### Introduction

This report provides an overview of safer staffing for Cheshire and Wirral Partnership NHS Foundation Trust (thereafter referred to as the Trust) for the period June 2020 to November 2020 (inclusive). This is in addition to monthly fill rates for inpatient services that are reported to the Trust Board. The aim is to provide a high level review across the reporting period with a specific focus on the services ongoing response to COVID-19; including workforce planning, deployment of staff, skill mix and workforce challenges, in order to provide evidence regarding the Trust's capacity and capability to provide high quality care<sup>1</sup> via safer staffing during the implementation of business continuity and service recovery plans.

The guidance for safer staffing is determined by the National Quality Board (NQB). The NQB standards require trusts to provide assurance that organisational practices, skills development and evidence based tools are in place. Primarily this is to assure the delivery of quality clinical care to patients across the range of specialisms in the Trust, including inpatient, community and specialist services. Specifics that are requested to be considered include:

- Evidence-based tools employed to inform nursing and care staff requirements.
- Fostering a professional and responsive culture where staff feel able to raise concerns.
- Employing a multi-professional approach when setting nursing, midwifery and care staff, staffing establishments.
- Providing sufficient time for care staff to fulfil responsibilities beyond direct care delivery.
- Communicating the daily staffing provision per shift.
- Securing staff in line with the workforce requirements.

The information included in this report is derived through various means including data analysis (for example fill rates), temporary staffing and agency use. Additionally, qualitative views are considered. Specific updates for each service area are detailed in the subsequent sections below.

---

<sup>1</sup> The National Quality Board (2013) How to ensure the right people, with the right skills, are in the right place at the right time A guide to nursing, midwifery and care staffing capacity and capability

<https://www.england.nhs.uk/wp-content/uploads/2013/11/nqb-how-to-guid.pdf>

**Recommendations:**

The Trust Board are asked to receive assurance that the NQB safer staffing standards have continued to be met throughout the ongoing COVID-19 response and note the significant challenges that the services continue to experience.

**Process:**

The Trust contract requires that information is presented bi-annually to ensure that there is “sufficient appropriately registered, qualified and experienced staff to enable the services to be provided in all respects”. The achievement of this is continuous across the year through various work streams, task and finish groups, data accumulation and analysis.

The safer staffing review includes approaches underway in relation to safer staffing in the following areas:

Section 1 - Inpatient services

Section 2 - Place Based Specialist Mental Health services

Section 3 - Children, Young People and Families including Starting Well and Community CAMHS

Section 4 - Improving Access to Psychological Therapies (IAPT) services

Section 5 – Learning Disability, Neuro Developmental and Acquired Brain Injury Services

Section 6 - Neighbourhood Care Community Teams

Section 7 – All Age Disability Services

## Section 1: Inpatient Services

### 1. Effective Workforce Planning

Inpatient services roster staff utilising the Healthroster system, anticipating nursing staff requirements per shift, per week and monthly as required. The planned rostering facility offered within Healthroster permits nursing skill mix to be considered to enable the early identification of staffing deficits and facilitates contingency planning. The ward establishments mainly provide capacity to allow staff time to fulfil planned activities such as training requirements and planned leave. Staff may submit requests in relation to their allocated shifts to accommodate their individual needs and personal circumstances. Flexibility within rostering and determining the planned establishment per shift remains the responsibility of the ward manager in order to enable staff wellbeing needs to be met alongside the provision of safe and responsive staffing as far as possible.

#### 1.1 Aggregate Fill Rate by Bed Based Area (June 2020-November 2020):

Figure 1: Specialist Mental Health - Wirral Bed Based Services

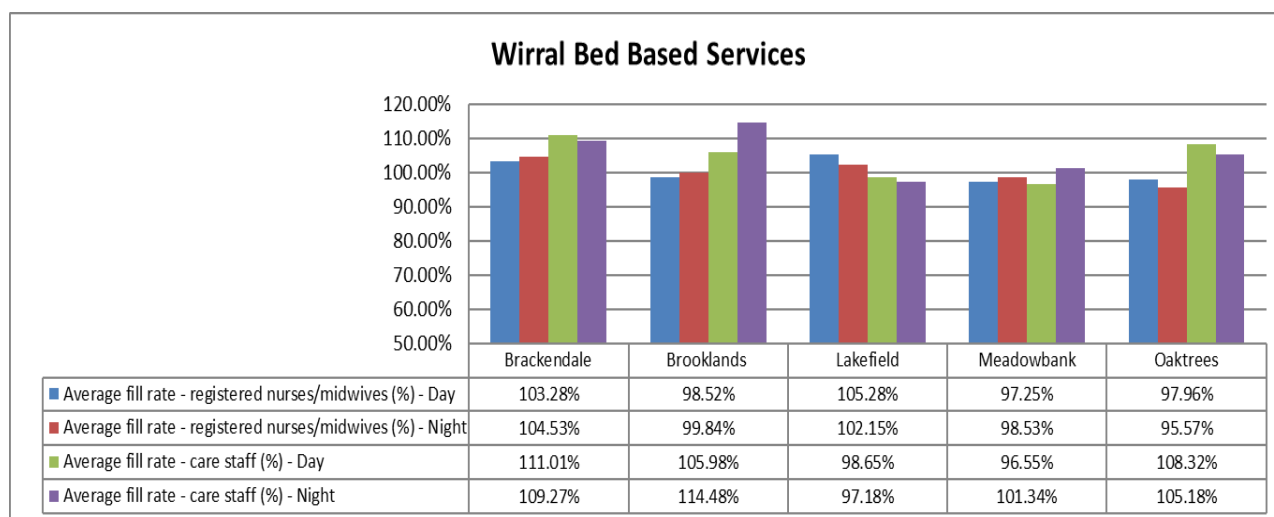


Figure 2: Specialist Mental Health- East Bed Based Services

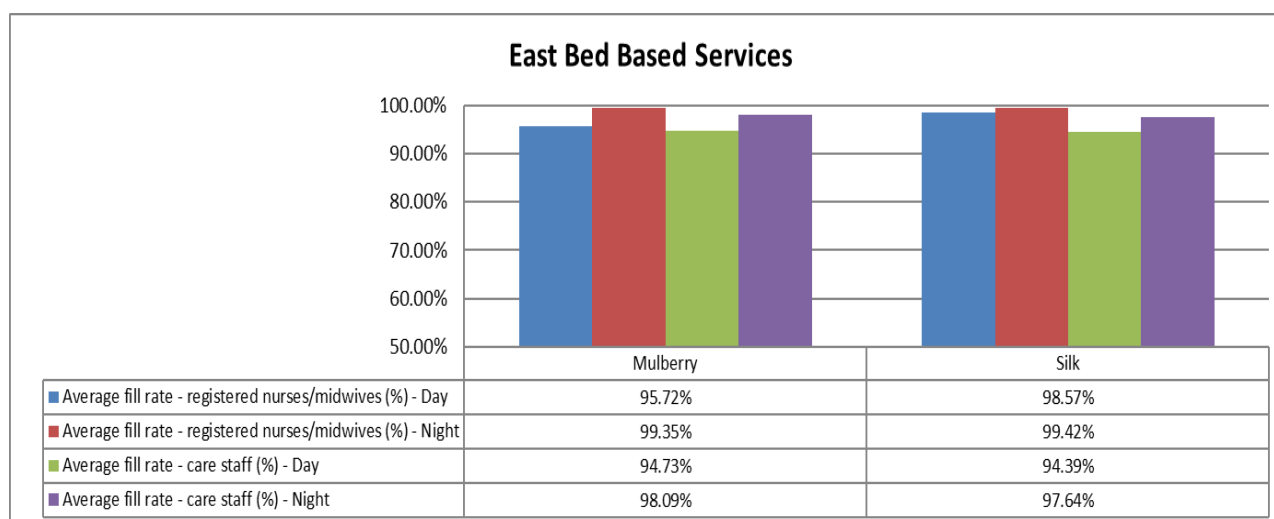
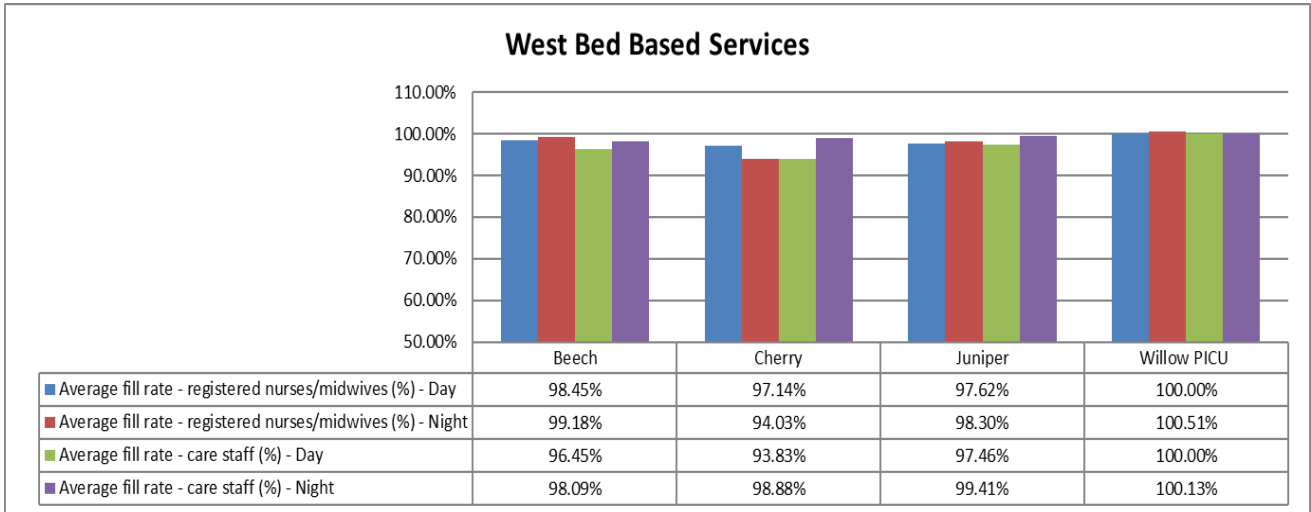




Figure 3: Specialist Mental Health – West Bed Based Services



NB. The figures in Table 3 provide the aggregate fill rates for Cherry from July only due to the temporary closure of the ward in June as part of the COVID-19 response

Figure 4: CYP- Bed Based Services

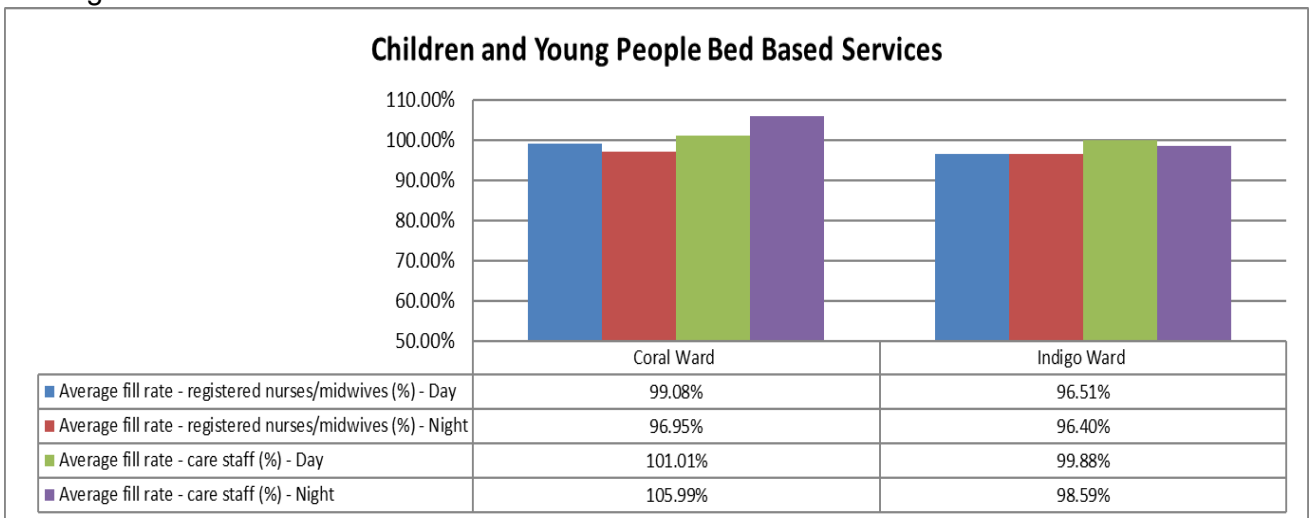


Figure 5: Rehabilitation and Secure – Bed Based Services

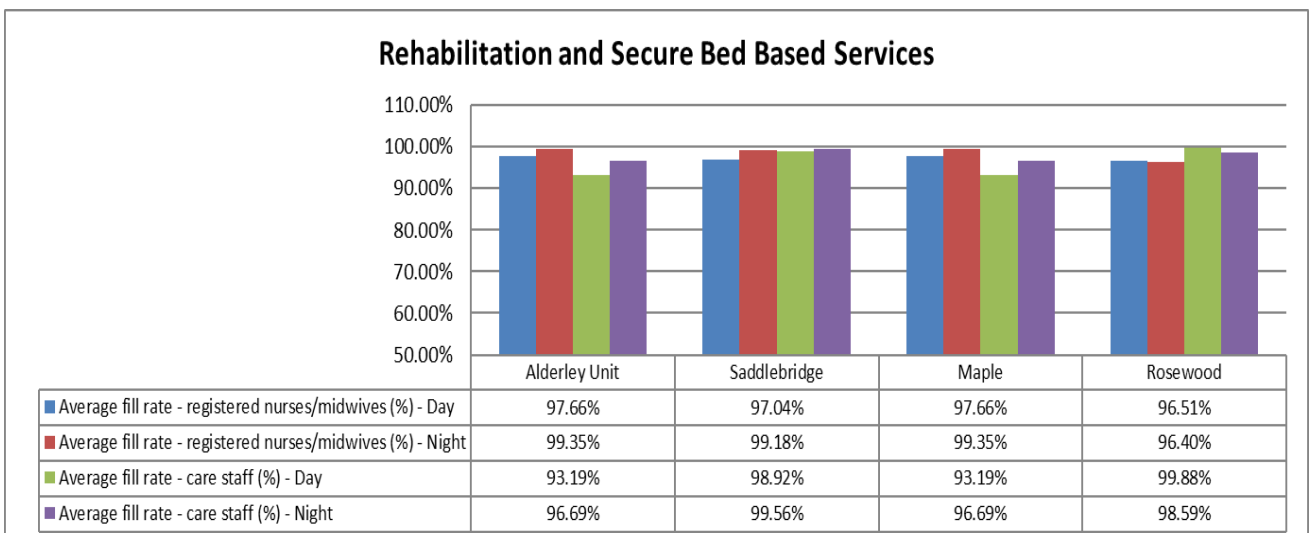
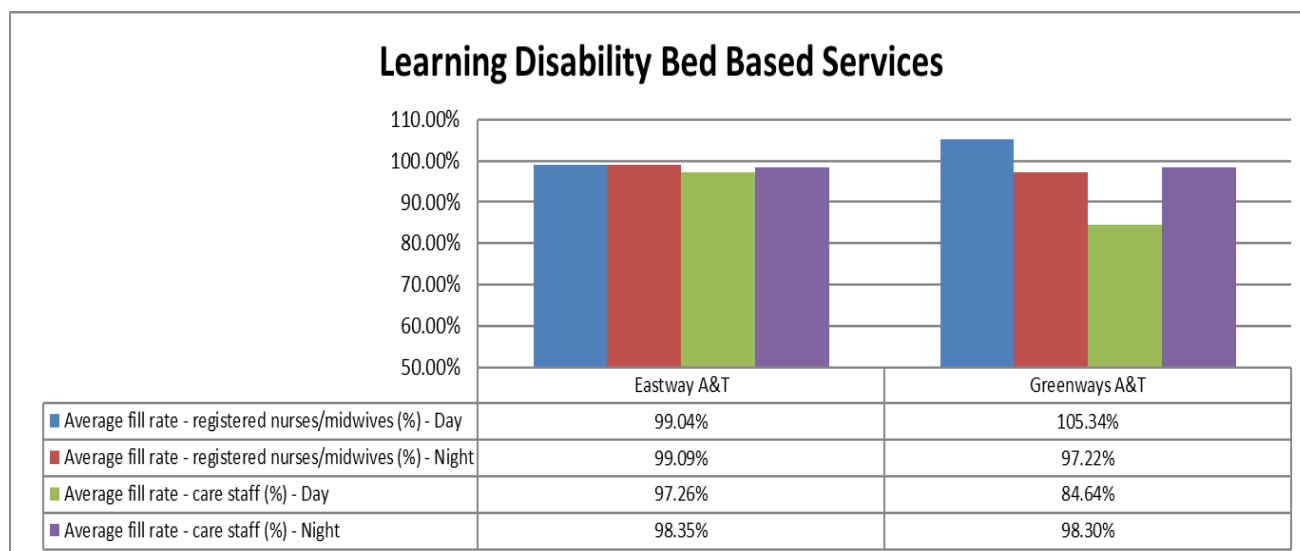


Figure 6 – Learning Disability – Bed Based Services



Overall, the wards have managed to sustain sufficient fill rates to maintain safer staffing levels over the reporting period through a flexible approach to utilising staffing across localities in order to provide cover in response to fluctuating clinical needs.

Greenways continued to experience pressures in relation to the availability of clinical support workers to provide cover on day shifts during this reporting period and this was mitigated by the utilisation of additional registered nursing staff. In addition, the Matron, Ward Manager, Psychologist and Occupational Therapy Technical Instructor also supported the team by working on the ward as required.

Fill rates include all registered and unregistered nursing staff who undertake full standard shifts but do not include staff from the wider multi-disciplinary teams who support the inpatient environments and are able to work into the staffing numbers as required.

## 2. Responding to workforce challenges during the ongoing COVID-19 response

### 2.1 Specialist Mental Health (SMH) Bed Based Services

The staffing on inpatient wards within Bowmere Hospital continued to be impacted upon by the pandemic from September onwards.

A new daily reporting process was introduced so that the inpatient services could report staffing, demand and changes in activity, highlighting any challenging areas, as well as tracking staff absence and use of agency staff.

Staff have continued to respond to the challenge of working flexibly to provide safe patient care. The requirements for wearing PPE and social distancing had an impact on how staff would usually interact and carry out their duties within a mental health inpatient setting. This has led to some staff reporting frustration and feeling tired at times. The health and wellbeing of staff remains a priority and staff have been regularly supported throughout this period.

The Inpatient Management Team have worked well to identify workforce needs across the inpatient unit and identified that staff needed more experience working with individuals with a wide range of different needs to develop skills, knowledge and confidence in areas of practice that they may not have previously experienced. Consequently, several staff were asked to rotate into development posts on another ward. There are further plans to develop staff rotation as part of a developing SMH workforce plan as part of the response to improving retention and recruitment for the nursing workforce within mental health inpatient services. Sickness absence continues to be managed in line with policy and continues to reduce. Recruitment has continued and some key posts have been successfully recruited to.

The inpatient wards at Spring View Hospital have continued to experience workforce challenges as a result of the ongoing Covid-19 response with several staff being unable to return to their substantive inpatient posts due to individual risk factors. Covid-19 related sickness has reduced over this reporting period compared to the previous period and the staff who were redeployed from other service areas have been able to return to their substantive posts. Staff have continued to be fully supported during this period by the operational management teams and through direct access to the workforce wellbeing service where required.

A daily staffing meeting takes place on the unit each morning to ensure that staff can be deployed in response to fluctuating levels of acuity and demand and to support maintenance of safe staffing levels across the unit.

One of the biggest challenges at Spring View is retention of experienced registered nursing staff due to a relatively high turnover of band 5 nursing staff. Whilst the unit is able to successfully recruit newly registered Band 5 nurses, in advance of need as part of the rolling recruitment strategy, the wards are consistently operating with a high proportion of less experienced nursing staff. This has presented some challenges in relation to skill and competency development. The leadership team has oversight of this and is proactively engaging with the wider MDT and Education CWP to ensure safe and effective care. The inpatient psychologist who commenced in post in August is providing regular reflective

supervision sessions and training opportunities for staff at the unit in order to support with some of these challenges.

The wards at Spring View do not have direct access to a number of allied health professions (such as Speech and Language Therapy, Dietetics, Podiatry and with a temporary arrangement in place for Physiotherapy support). This presents some challenge to provide holistic assessment and treatment for individuals with a number of co-morbid physical health needs. A business case is being developed to enable service level agreements to be considered in order to address this gap.

One of the priority areas for development at Spring View is improving staff knowledge, skills and confidence to be able to support individuals with high levels of complexity in relation to an increasing prevalence of comorbid physical health needs and complex personality issues. As part of our Quality Improvement programme this is being addressed through the acute inpatient project.

As part of the evaluation of the East acute service redesign project the staffing establishment for both Mulberry and Silk has been reviewed and the minimum staffing levels increased by 2 staff on each shift (days and nights) on both units. 10 clinical support worker posts have been recruited to during this reporting period on a 12 month fixed term contract to work on Mulberry and Silk with the aim of reducing the utilisation of bank and agency staff. This has been particularly significant for Silk ward due to the sustained high number of increased levels of observations that they have been facilitating.

As part of the ongoing evaluation of the service transformation programme the leadership team on Mulberry continue to review opportunities to enhance the operational model and as such are looking at changing the staffing structure to enable the ward to be supported by two staff teams on each shift to improve effectiveness and responsiveness. The Band 6 establishment for the ward is also being reviewed to provide additional capacity and enable a Band 6 to be available on each shift throughout the week to focus on service and quality improvement and practice standards.

A Trainee Nursing Associate is due to commence on Mulberry in January 2021 and the recruitment of a Nursing Associate is being considered on silk ward to replace the medication administration pharmacy technician role which became vacant during this reporting period.

The multi disciplinary teams at Alderly and Saddlebridge remain fully established in line with the secure service commissioning requirements and have continued to develop joint working

across the units to provide flexible mutual support. Work (recruitment in advance of need) is currently being undertaken to plan for a number of registered nurse vacancies that are due to come on line at Saddlebridge over the next 12 months as a result of several staff planning to retire.

The trainee Advanced Practitioner for inpatient services in the East locality will complete training in January 2021 and will be deployed across the service in response to need.

## 2.2 Learning Disability Bed Based Services

Throughout this reporting period the Assessment and Treatment Units have continued to provide mutual support across the units and to other inpatient units within their respective localities.

Eastway has been successful in recruiting to registered nurse posts in advance of need which has led to them being over established for this professional group. This currently allows for some support worker shifts to be covered by registered nursing staff. Recruitment of registered nurses continues to be a challenge for Greenways, in order to mitigate this Eastway have been able to support Greenways with registered nurse cover which has also provided an opportunity for staff to work across both units and share good practice. As with inpatient services in other care groups retention of Band 5 nurses presents some challenges with staff opting to move to Band 6 posts in community-based services following completion of preceptorship.

The environmental layout of the wards has an impact on staffing requirements due to the need to utilise higher levels of observations in order to maintain visibility of individuals admitted to the units and maintain their safety.

Greenways continue to have difficulties recruiting into Occupational Therapy posts therefore the Assistant Practitioner leads on the provision of activities at the unit. The Occupational Therapy teams for the units are being supported to develop additional skills in undertaking sensory assessments in order to be able to support individuals with Autism who are admitted to the units. Further training will be provided (Oliver McGowan training) for other staff groups within the teams to enhance their skills and confidence in supporting individuals with Autism in addition to other complex needs.

In order to support staffing requirements for externally commissioned beds Greenways has recruited an additional 9 clinical support workers above the baseline establishment. Going forward discussions are being undertaken in relation to the contracting arrangements to

enable substantive staffing establishments to be increased and rolling recruitment of bank staff.

The Trainee Nursing Associates aligned to the units are due to complete their training early next year. One Nursing Associate will be aligned to each unit to lead on physical health and health facilitation.

The pilot of the dedicated matron role across the two units has been completed and this has enhanced joint working across the two units, and has led to a greater degree of consistency and continuity of care and approach, with joint decisions in relation to gatekeeping now being undertaken. The matron role will now be recruited to substantively to focus on quality, innovation, staff development and skill development.

### 2.3 CAMHS

Both Coral and Indigo have continued to maintain safe staffing levels throughout the ongoing Covid-19 response. Covid-19 related absences have remained low during this period however there has been an increase in reported stress related absence. Staff have been fully supported by the Ancora leadership team and wider staff support services.

The MDT have facilitated the provision of education for the children in the absence of Ancora House School being operational during the initial part of the reporting period. The teaching staff were able to return to the unit at the start of the new school year in September to resume the dedicated education provision.

The ongoing Covid-19 response has presented challenges for some of the young people admitted to the unit in relation to the isolation requirements. This has led to additional staff resources being required to provide effective support to individuals who are being supported in isolation.

The staff turnover at the unit remains high despite successful recruitment in advance of need. As with other inpatient services retention of experienced Band 5 registered nurses presents a challenge. This is managed through utilisation of bank and agency staff which can also present a challenge in relation to maintaining consistency.

Several posts across all disciplines were recruited to on a fixed term contract basis in line with the funding received for the additional bed capacity at Ancora. This funding is currently due to end in April 2021. Discussions are ongoing regarding the longer-term commissioning

requirements for the additional bed capacity to enable the skilled and experienced staff to be retained in post.

The new care model for Tier 4 CAMHS is due to start in April next year with a focus on out of hospital care and the utilisation of a risk stratification tool to prevent admission. An Occupational Therapist and Family Therapist have recently been recruited as Tier 4 posts with the requirement to work flexibly in response to need and demand across both community and inpatient settings as required. This approach will be considered when recruiting other disciplines going forward in line with the new care model.

The service has completed a Training Needs Analysis based on the service specification to inform what additional skills and roles need to be enhanced and developed. A new Transformation and Innovation lead role has been developed and successfully recruited to during this reporting period to support staff development and improve consistency in care and approach.

Two trainee Nursing Associates have been recruited for Coral and Indigo during the reporting period and are due to commence in post in January 2021.

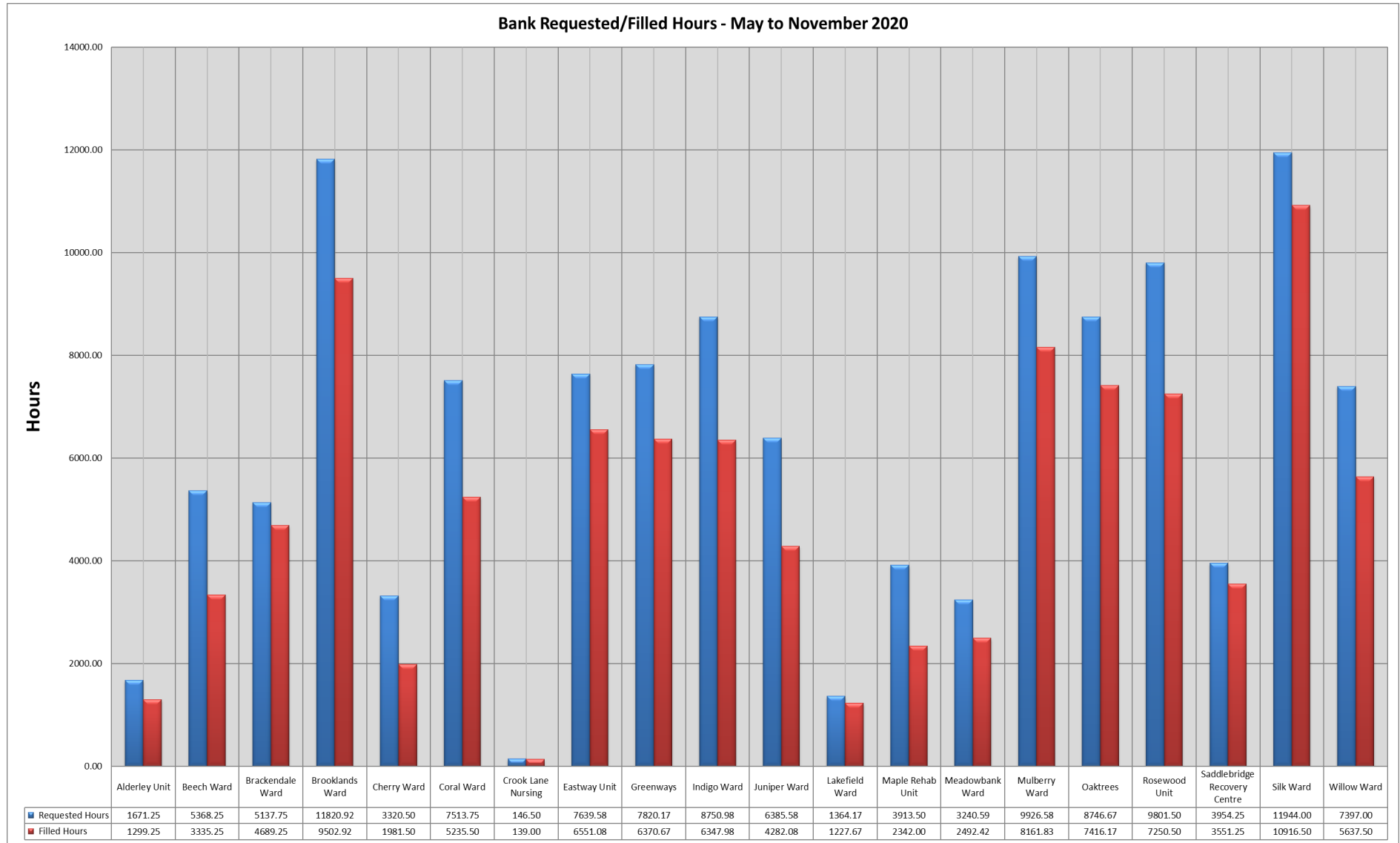
#### 2.4 Temporary Staffing

The chart below shows the requests made to temporary staffing during the reporting period to meet safer staffing requirements due to both staff absences/vacancies and increased clinical need.

The highest number of requests were received from Silk Ward due to a sustained period of utilisation of high numbers of one to one observations to support individuals with complex needs and risks. There were also a high number of requests made by Brooklands ward in response to a number of vacancies, staff absence and increased levels of acuity including a sustained period of utilisation of increased numbers of one to one observation to support individuals with complex needs and risks.

Overall a total of 125863.49 of hours of temporary staffing were requested during the reporting period with a fill rate of 78.44% achieved. Where requested hours could not be filled with temporary staff teams utilised a flexible approach across service areas to provide cross cover from other wards and units within the locality and also received support from the wider multidisciplinary team, including matrons, occupational therapists and psychologists to ensure safe staffing levels could be maintained on a shift by shift basis.

Figure 7: Requests made to temporary staffing from 1<sup>st</sup> May 2020 until 31<sup>st</sup> November 2020





## 2.6 Recruitment

There are challenges in recruitment and retention of registered nurses nationally; this is an area of priority for the Trust. A rolling quarterly programme of recruitment targets inpatient Band 5 nurses and Band 3 Clinical Support Workers with agreement to recruit in advance of need.

Understanding the turnover rate has enabled the determination of recruitment in advance of need and has helped reduce the impact of any recruitment attrition thus not resulting in longer term vacancy rates.

The employment of newly registered nurses requires availability of a sufficient number of preceptors to provide and support effective learning opportunities and enable them to develop the confidence and competence required to transition to fully independent practitioners. A comprehensive preceptorship programme is also essential to promote retention of registered nurses within inpatient services which is an ongoing challenge across all areas. In January 2021 there will be 22 newly registered nurses undertaking their preceptorship at Bowmere Hospital. Having a large proportion of the registered nursing workforce simultaneously undertaking preceptorship in one area is a challenge as the availability of experienced staff to provide the support and mentorship required is limited and ensuring preceptees are always supported by an experienced staff member on each shift adds additional complexity within roster planning. The Practice Education Facilitator Team are working with the management team at Bowmere to look at alternative ways of providing support and learning opportunities for the preceptees at Bowmere through facilitating virtual and group based learning opportunities. This approach will be evaluated to inform the ongoing development of the preceptorship offer for all newly registered professionals across CWP.

During this reporting period the associate director of nursing and therapies and the inpatient matrons have been working with CWP education to develop a competency framework for Band 5 inpatient registered nurses to provide a structured approach to their ongoing professional development following the completion of their initial preceptorship. The competency framework focuses on building on the knowledge and experience gained through preceptorship with an emphasis on leadership, management and quality to support practitioners to prepare for progression into Band 6 roles. This is another approach that will be utilised to improve retention of registered nurse within inpatient services. The framework is currently being piloted in Learning Disability and SMH inpatient services.

The vacancy position at December 2020 within inpatient services across the Trust was as follows:

Trust Wards	WTE budgeted establishment as at Dec20	WTE Staff in post as at Dec 20	Staffing differential	% of vacancies against establishment	WTE in recruitment as at Dec 20 (from out to advert to start date booked)
Registered Nurses	291.85	314.29	-22.44	-7.69%	15.34 (advert) 15 (offers) TOTAL 30.34
Clinical Support Workers	297.49	278.8	18.69	6.28%	12 (advert) 23.21 (offers) TOTAL 35.21

## 2.7 Training

The essential face to face training for inpatient services was restored in August 2020 following the initial pause in March due to the Covid-19 response. The new Positive Approach Training (PAT) was also launched at this time replacing the Management of Violence and Aggression (MVA) training in line with the Restraint Reduction Network Standard requirements. The competency period for MVA/PAT was extended to 24 months to enable all staff to complete the new PAT training within the first two years of the programme being available. Additional training capacity has been made available through the utilisation of an alternative training venue which provides safe space to deliver double the training capacity for each course compared to delivering the programme from Churton House. The additional essential face to face training for inpatient staff has been made available as a one day one stop programme that is delivered at the end of the 3 day PAT training so that staff can complete all face to face essential training within a 4 day block.

Releasing staff to attend face to face training remains a challenge across inpatient services due to the ongoing pressures of maintaining safe staffing requirements in the context of Covid-19 related absence and ongoing recruitment and retention challenges. The Clinical Education Team are working with inpatient services to explore alternative approaches to enabling staff to achieve compliance with all essential competencies whilst minimising time spent out of clinical services.

### **3. Update on progress since the previous report**

Psychological Therapies – The two inpatient psychologists for East and Wirral SMH inpatient services have commenced in post during the reporting period. The majority of inpatient services across all care groups now have dedicated psychology provision as part of their Multi-Disciplinary Teams who are able to support the wider inpatient safer staffing requirements as and when needed. The only areas without dedicated inpatient psychology provision are Willow and Cherry Ward at Bowmere, the requirements for these areas will be reviewed as part of the acute service workforce plan development.

Medicine Administration Pharmacy technician- The role that has previously been utilised on Silk Ward is being reviewed to inform the future role requirements to ensure sustainability and consistency across the care group and to enable an increased focus on medicines management competency development across the inpatient registered nursing and nursing associate workforce.

### **4. Priorities for the next reporting period**

CWP has secured the licence for the Mental Health Optimal Staffing Tool (MHOST) which is a multi-disciplinary, evidence based system that enables ward based clinicians to assess patient acuity and dependency, incorporating a staffing multiplier to ensure that ward establishments reflect patient needs in acuity and dependency terms. The tool, when triangulated with quality metrics and professional judgement, will also offer clinicians and managers a reliable method against which to deliver evidence based workforce plans to support existing services or to develop new services.

The MHOS is part of a suite of national Safer Care Nursing tools recommended for use by the National Quality Board to support the delivery of safer staffing.

During the next reporting period the MHOS will be rolled out across all inpatient services to obtain a baseline of the skill mix requirements for the current acuity and dependency of individuals supported within our inpatient services benchmarked against existing staffing establishments and triangulated with a range of other quality metrics.

## **Section 2: Specialist Mental Health- Placed Based Services**

### **1. Overview**

This report provides an overview of safer staffing within place based services that fall within the Specialist Mental Health (SMH) Care Group. It details the current position together with the steps being undertaken to ensure that services and the workforce are positioned to respond to the safer staffing agenda by ensuring the right staff, the right skills and the right place.

### **2. Responding to workforce challenges during the COVID-19 response**

During the continued COVID-19 response that has been required during the reporting period all SMH place based services have continued to experience workforce challenges due to staff being required to shield and COVID and non-COVID related sickness absence. Staff have continued to be redeployed to the Crisis Line, recruitment is currently in progress for these posts, which will allow staff to return to their substantive roles in Quarter 4 of 2020/21. Staff have become adept at agile working and using these options to work efficiently.

In a similar way The Liaison Psychiatry services also experienced staffing pressures as a result of COVID and non-COVID related sickness absence and the redeployment of staff from within the teams to the Crisis Line. The support that was previously provided by the Home Treatment Teams to the Liaison service was also diverted to the Crisis Line. The workload has been manageable as activity initially reduced; however, as the activity has increased the services have been supported by practitioners from the Single Point of Access (SPA) service.

The Complex Recovery Assessment and Consultation (CRAC) team continue to be challenged with vacancies due to absence and vacancies with aid being requested from Forensic services and proactive recruitment being undertaken. A new team manager has been recruited.

### **3. Update on progress since previous report**

The Community Transformation Programme continues to be progressed in line with the requirements within the NHS Long Term Plan involving all staff within the Specialist Mental Health Care Group

CWP is working with partners in social care, housing and Voluntary, Community and Social Enterprise partners to transform develop the services on offer to people in our communities

A programme board and implementation group have been identified with a number of defined work streams to support design, implementation and evaluation. A phased work plan is in the being finalised which includes an engagement plan followed by a model development phase. Rethink have partnered with the trust on this development and are providing consultancy into the programme board as well as reaching out to our VCSE partners and capacity building for experts by experience to support the transformation process.

## **Section 3: Children, Young People and Families**

### **1. Starting well**

Starting Well services include the Starting Well 0-19 service, Speech and Language Therapy service and Paediatric Continence service.

The integrated service provision includes delivery of the following specifications:

- Health Visiting 0-5
- Health and Well-being 5-19
- Family Nurse Partnership (FNP)
- Children's Centre Core offer
- Immunisation and Vaccination (commissioned separately by NHS England)

## **Responding to workforce challenges during the ongoing COVID-19 response**

### **Core Contacts**

In response to national guidance for the restoration of services following the national lockdown period, the service completed a review of capacity and demand for the core services and activity that needed to be recovered.

This ensured that in addition to the restoration of face to face service delivery, extra capacity was identified to undertake priority activity. This included an additional 600 home based visits to all the families of babies born during end of March, April and May who received a virtual contact for both their birth visit and 6-8 week contact.

The workforce was also mobilised to recover the 1 year and 2 year assessments that had been paused during lockdown. This ensured that there was minimal delay in the developmental assessments for children with onward referrals made as required to ensure children received services promptly. Additional clinics and staffing resource was prioritised to complete these assessments over the summer months in addition to the assessments due.

### **Early Years Development**

During the lockdown period and over the summer months staff resource was diverted to develop on line resources that parents could access to support early play and development. This supplemented the telephone advice and support that replaced the play sessions and targeted developmental sessions that families usually accessed. Staff developed short video sessions demonstrating play and activities for children.

Prior to lockdown the service had invested in training for staff to deliver Incredible Years parenting sessions for the toddler age group. In order to make best use of this investment and develop competence following training, approval was sought to allow safe small parenting groups to continue in the Children's Centres. A number of small groups have been delivered from September.

### **Early Help – Team Around the Family (TAF)**

Workforce development of both competence and capacity has continued to support the Team around the Family (TAF) workstream. 3 temporary TAF practitioner roles were recruited prior to lockdown and therefore the full effect and value of these roles could not be realised. Further funding for these roles has been identified to extend them for 12 months. There is already evidence of the benefit of these roles that work in a delegated function accountable to Health Visitors. Additionally, a robust supervision model has been implemented to ensure staff are fully making use of the TAF process and continuing to initiate TAFs. This is a key performance indicator for the service for which a corrective action plan has been in place. Over the last 6 months initiations have steadily increased which indicates a shift in how the workforce are identifying early help requirements using the TAF process. The TAF roles will continue to be evaluated with a view to incorporating them into the staffing model on a permanent basis if they prove to be effective.

### **Special Educational Need and Disability (SEND)**

The service has launched 2 new pathways that will ensure our workforce deliver a more consistent and clear offer for families with children with emerging or identified needs. The workforce has been trained on the use of the pathways by our Early Years Worker for SEND to ensure they are embedded and evaluated for effectiveness.

### **Emotional Health and Wellbeing Offer**

Public Health Nurses lead the emotional health and wellbeing offer for the school aged population. The service model has been amended to ensure a more consistent offer across all of this population and also develop a model that improves accessibility for young people not in school settings.

This has included streamlining the on line offer into the core hours of the service and using the staffing resource to strengthen the emotional health and wellbeing offer through training and best use of the skills within the team.

Skills for the whole workforce have been enhanced through mobilisation of on line training during August in anticipation of the greater need of the school aged population on return to

school in September. This training has been delivered by CAMHS staff and has included sessions on anxiety, self harm, depression and self esteem.

### **Safe Staffing Levels – Capacity and Demand**

The service periodically reviews the staffing levels across each District to ensure the right level of resource for the needs of the population. This is based on the data relating to deprivation at ward level using the index of multiple deprivation from the Joint Strategic Needs Assessment (JSNA) by the Local Authority. The service reviews current Health Visitor resource against number of under 5s in the top 30% Super Output Areas. Additional factors include the volume of universal core contacts required for all children.

### **Surge Plans**

In response to covid planning, the service has developed surge plans which identify the core activity required and the capacity and roles required to deliver that core activity. The plan sets out green, amber and red levels of staff and the actions that are required for each level of staffing. This has been implemented and proved to be effective in managing and monitoring staffing levels and activity.

### **Recruitment and Retention**

Health Visiting recruitment has remained strong with candidates seeking out opportunities to join Starting Well from other Trusts.

The service has continued to support new recruits through a strong induction programme, preceptorship and supervision. The service has re-established the 'critical friend' group which provides peer support for new starters.

### **Starting Well Band 5 Nurses**

Retention and satisfaction amongst this group of staff has been the most challenging over the last 6 months. There has been renewed focus to continue with their workforce training and support but retention has been difficult. More work is required to support retention as recruitment is often of newly qualified staff with limited experience both of nursing, children and community work.

### **Infant Feeding – Staff skill development**

In early 2020 the service increased the Infant feeding lead role provision. This has previously been held by one post and is now shared across 3 districts with a lead Health Visitor in each district. There is protected time allocated to support the work required in relation to breast feeding and to meet the requirements for the UNICEF standards. This element of the workforce has been strengthened as this now has oversight and leadership from the



Consultant Nurse. Protected time has increased to 3 days per week for a period of 6 months in order to progress with the training, audit and improvements in practice required to meet the UNICEF baby friendly accreditation.

### **Starting Well Safeguarding Nurses**

This role has been in place in the team structure for 6 months and is demonstrating a positive impact in the management of the safeguarding caseload. There is provision across each of the districts but the provision in Northwich/Winsford has only just been recruited to. This has provided progression opportunity within the staffing model and also supports the right level of skill at the right time for children and families.

### **Immunisation and Vaccination Scale Up**

Immunisation is a growing area of activity and programmes. An additional resource of 0.2 WTE has been added to the immunisation management function to improve resilience.

The service model for immunisation delivery is flexible and efficient. It has been scaled up to respond to the increased demand for flu vaccination and the recovery programme. The use of temporary staff to meet this function means that there is limited impact on the wider Starting Well workforce.

### **Apprenticeship Business support workers**

Two additional apprenticeships have been supported by the service during this reporting period within Business and Administration function. This adds social value by the service and also provides career entry into the children and young people work sector

### **Children in Care Team – Integration**

CWP's Children in Care Team (CHIC) have transferred across to the Starting Well portfolio of service provision. This service will continue to have a discreet budget, service specification and performance dashboard for reporting to the Clinical Commissioning Group (CCG). The additional value will be in increased leadership capability and resource to support Starting Well. There are interdependencies of the Starting Well service in terms of completion of Review Health Assessments (RHAs), overseen by the CHIC team which will mean more efficient management of this area of performance. The team includes 3 nurses and 3 administrative staff.

### **Actions for the next reporting period**

The workforce planning for Starting Well over the next 6 month period includes re-shaping of participation and engagement to strengthen integration with the wider CWP functions. In

response to Covid, our provision needs to focus on more online resources and delivery to ensure flexibility and sustainability during social restrictions.

The service model will also focus on developing capacity and capability through the workforce training plan to strengthen health and early years provision. This will allow for greater skill mixing amongst the roles within the service model.

Retention of Band 5 staff will be the priority over the next 6 months.

The service is looking at recruiting to a SEND nurse post to strengthen the SEND provision alongside our Early Years Worker lead for SEND.

## **2. Community Child and Adolescent Mental Health Service (CAMHS)**

The ongoing requirement to respond to Covid-19 has enabled Community CAMHS to look closely at the skills within the service and to identify areas where less experienced staff could be placed to enhance their levels of skill. An example of this has been the acceleration of the development of the Placed Based Risk/Crisis offer which is now available 7 days per week from 8am-8pm and interfaces with the 24/7 All Age Crisis Line offer. The service provides risk assessment and interventions to Children and Young People who may otherwise have presented in a crisis to the Acute Trusts. Less experienced staff had the opportunity to gain experience in this service on a rotational basis, whilst being supported by other members of the service who have more experience in the area of risk assessment. Staff have fed back that they have found this opportunity beneficial.

Due to the evolving nature of the pandemic and the rapid development of the Crisis functions the staff within the service continued to work flexibly and adapt to multiple changes in order to ensure rota's could be covered 24/7 and a consistent response could be provided. The service has recruited to specific posts for the Children and Young People (CYP) Crisis function and is developing the Crisis model in line with the NHS Long Term Plan ambitions. By having specific staff to undertake the Crisis function at weekends the services further flexed delivery to meet an anticipated system surge expected from September/October when schools returned and required teams to be responsive to referrals and professional consultations during school hours rather than a crisis response.

In September the place based offer returned to the pre-Covid core hours and the delivery of the weekend Crisis function was provided by identified team members; supported by the Crisis Advanced Nurse Practitioner. By not operating a rota across 7 days the service was able to support team members well-being; enabling them to have a work/life balance and to

maintain their resilience which was especially important should we see a second surge of Covid cases during the winter months. A mixture of office based and remote working helped teams to feel less isolated and was an opportunity for team working to be restored.

## **Update on progress since previous report**

### Community CAMHS model of care:

In 2019 the Children Young People and Families Care Group undertook a priority project for the community CAMHS model of care. The Clinical Directors for community CAMHS have been fully engaged and involved in the review of the model of care to ensure we demonstrate the clinical leadership aspect of the projects. The purpose of the project being to reduce unwarranted variation in delivery of care across our Community CAMHS services in CWP.

During phase 2 we worked with teams to mobilise and implement the proposed model of care. In July 2020 it was agreed to split the Community CAMHS Model of Care Project into four elements:

- Organisational Model
- Higher Order Clinical Model
- Access function
- Partnership function

The Organisational Model is being progressed within each locality separately and is distinct from the other three elements. The purpose is to facilitate the development of the organisational structure to match the new model – e.g. having a 0-18 Partnership Team.

The Higher Order Clinical Model drives the remaining two elements. Its purpose is to set the overall clinical model and to agree the things that the “Access” and “Partnership” elements must then deliver. It enables the key decisions to be taken by the senior managers – Clinical Directors and Heads of Clinical Service. A draft clinical model has been developed based on THRIVE. Further work is now being undertaken to gain the clarity needed for the “Access” and “Partnership” elements.

The Access element is being progressed through trust wide Access meetings. This has agreed core functions which are within the draft Higher Order Clinical Model:

- MyMind website and Communication.

- Links with school settings, colleges and other CYP services and Best Practice Schools. This is best done locally rather than at a corporate level.
- Training - Feedback from those who have previously attended training showed a clear preference for face-to-face and interactive online training (e.g. through MS Teams) rather than pre-recorded sessions. A subgroup is now developing training packages that can be delivered online and will be offered across Cheshire and Wirral.
- Consultations.
- Interventions - Access will deliver interventions for mild-moderate presentations and some core interventions for moderate-severe needs to enable CYP to get the help they need through focused evidence-based support

Access will own and lead on these functions but it is recognised that all parts of Community CAMHS delivery will provide content.

The Partnership element is yet to commence and will be progressed at a slower pace to enable staff to focus on delivering clinical services during the ongoing response to Covid-19. Early discussion suggests this may include:

- Review of team fidelity to the Choice and Partnership Approach (CAPA) model to ensure optimum team capacity is available and utilised.
- Improving the flow through the service which will positively impact on waiting times and discharge planning.
- Facilitating earlier discharge by looking to agree “step down” services with commissioners and / or third sector.
- Further development in the use of outcome measure and evidence-based goal-focussed interventions.

#### **Section 4 : Improving Access to Psychological Therapies (IAPT)**

The Improving Access to Psychological Therapies (IAPT) programme supports the NHS in implementing National Institute for Health and Clinical Excellence (NICE) guidelines for people with depression and anxiety disorders.

NHS England recommend services employ IAPT trained staff or train their existing staff in the recognised therapy modalities to expand capacity and where services are employing non-IAPT trained staff those staff should be accredited, by the recognised body (i.e. British Association for Behavioural & Cognitive Psychotherapists (BABCP) for Cognitive Behavioural Therapy (CBT) therapists) for the modality of therapy they are offering.

The IAPT model is that steps 1 and 2 are provided by low intensity therapy workers trained in cognitive behavioural approaches for people with mild to moderate anxiety and depression. Moving up the stepped approach to level 3, provided by IAPT high intensity therapists trained in CBT.

#### **Right Staff:**

	Trainee PWP (WTE)	Qualified PWP (WTE)	Senior PWP (WTE)	Trainee HITs (WTE)	Qualified HITs (WTE)	Qualified Counsellors (WTE)	Assistant PWP/HCA (WTE)	Total Staffing (WTE)	Variance from last six months
South Cheshire and Vale Royal	14	5.74	1.6	6	11.5	5.3	1	36.54	Increased by 2.6 WTE
West Cheshire	11	10.4	2	10	10.9	7.6	1	39.9	Increased by 3 WTE
South Sefton, Southport & Formby	7	15.49	2	0	15	5.52	0	38.01	No change

The increase in staffing is linked to the Five Year Forward View and Long Term Plan investment, which has created additional posts within the service.

NHS England (NHSE) are recommending that the IAPT model reflects a 40% low intensity work force and a 60% high intensity workforce, with the long term conditions modelling reflecting 30% low intensity and 70% high intensity, as documented in the updated IAPT manual. The West Cheshire, South Cheshire & Vale Royal CCGs have invested in additional trainee IAPT staff this year. Collaborative work with the CCG's is underway to

align local service provision with the recommended model to meet the expected national targets. This is reflected within the above table.

### Supervision

There are sufficient numbers of supervisors for core Psychological Wellbeing Practitioners (PWP), counsellors, and High Intensity Therapists (HITs) to meet the NHSE recommendations for IAPT. An Eye Movement Desensitization and Reprocessing (EMDR) therapist has achieved accreditation as an EMDR consultant during tis reporting period and is now able to provide internal supervision and is developing a cascade approach to supervision across all sites.

Internal supervision is being monitored monthly by the Clinical Leads within the service.

Sufficient number of supervisors to include supervision for counselling for depression is available as a result of the current trainees qualifying and accessing the Health Education England (HEE) commissioned supervisor course.

### Right Skills

Locality	% of PWP Trainee on IAPT approved training	% of IAPT Qualified PWP	% of HIT Trainee on IAPT approved trainee	% of IAPT Qualified HIT	% of Qualified Counsellors with IAPT approved training or commencing training
South Cheshire & Vale Royal	100%	100%	100%	100%	100%
West Cheshire	100%	100%	100%	100%	100%
South Sefton, Southport & Formby	100%	100%	100%	100%	100%

We are assured by reaching 100% compliance for training in accordance with expected standards for all staff groups. It is not mandated that qualified counsellors have IAPT approved training but it is recognised good practice. This is an area identified by the service for improvement and we plan to enable our qualified counsellors to access this additional training by the end of the financial year 2019 - 2020.

## **Right Time / Place**

The discussions of individual clinical cases during supervision are prioritised according to individual needs and a pre-determined schedule. All cases are reviewed within a 2- 4 week period of time; when assessed to be needed supervision is provided for individual clinical cases weekly.

High intensity activity is currently higher than the national model for step 3 across the IAPT services. Every service offers a stepped care model with all patients being offered a step 2 intervention initially. This enables staff to meet patient need effectively by identifying those with a greater need to continue onto a high intensity programme and enables capacity to be appropriately managed. To ensure we are offering the correct intervention at the right time therapists continually monitor an individual's improvement through psychometric measures and individuals are stepped up to a higher intensity therapy if they are not recovering as expected.

All IAPT services deliver treatment through a range of alternative delivery systems such as telephone, group therapy or 1-1 therapy which is delivered according to the IAPT guidance. All areas offer web based support which is a better use of staff resource to meet patient need.

## **Current Situation**

Through the current COVID-19 pandemic the IAPT services have followed the national IAPT guidance and moved to remote therapy being delivered via video conferencing or over the telephone. NHSE have provided comprehensive training to all IAPT therapists to support with the delivery of remote therapy.

Supervision has continued either face to face with social distancing or via remote delivery. The IAPT training programmes have been adapted by Chester University and Liverpool John Moores University for remote delivery. The trainees have also received regular supervision from the Universities via video link.

## **Actions for the next reporting period**

1. To monitor the provision of internal supervision for Counselling for Depression.
2. To monitor the internal cascade approach to supervision for the EMDR therapists.

## **Section 5: Learning Disability, Neuro Developmental and Acquired Brain Injury- Place based services**

### **1. Responding to workforce challenges during the ongoing COVID-19 response**

During the continuing Covid-19 response the Learning Disability (LD) community teams have actively utilised Dynamic Support Database and Dynamic Support Tool-physical health as tools to risk stratify their caseloads. This has provided a dynamic, proactive and responsive measure of the demand for the service. The teams have been able to utilise these tools to provide weekly updates regarding the number of patients requiring support and the level of risk across the caseload in order to inform capacity requirements across the service. Where capacity pressures have been identified the care group has been able to redeploy staff to critical areas where demand has increased. The service maintained a comprehensive understanding of their workforce needs and risks which enabled safe staffing levels to be maintained.

Staff who have been identified as high risk or extremely clinically vulnerable have been supported to work from home where possible and other staff have been supported to work remotely to enable maintenance of social distancing and reduce unnecessary travel. Contact has been maintained with all staff who have been working remotely and the workforce risk assessment tool has been utilised with staff to support their well-being.

The teams have embraced the increased use of technology. Staff have been maintaining contact with each other and patients virtually by telephone and video conferencing. The service has been able to realise the benefits of utilising digital solutions during this period including improving service efficiency, e.g. expediting multi agency reviews when individuals are in crisis.

Regular feedback has been sought from staff, patients and carers regarding their support needs. This has allowed the service to respond promptly and make adjustments to service provision as required. The utilisation of proactive calls to patients and providers has supported the service to manage the flow of referrals to the service and prioritise provision based on demand and capacity.

The teams have responded flexibly to national guidance and risk stratification to ensure that where patients require face to face assessment that this occurs as safely as possible taking



into account individual risk assessments. This person centred approach supports both staff and patients who access the services.

The services continue to experience challenges with recruitment overall, which have been compounded by the Covid -19 situation, leading to recruitment challenges.

## **2. Update on progress since previous report**

The teams have identified practitioners who are interested in developing further from Trainee Nurse Associates, Clinical Support Workers or Associate Practitioners through to Learning Disability Registered Nurses. This opportunity through the apprenticeship system provides opportunity for all staff to develop a career pathway. The care group is focussing on continuing professional development and supporting this with training, coaching or mentoring approaches.

The care group has also invested in supporting trainee advanced practitioners. Three practitioners have now completed their training and within community teams are now in prime position to provide senior clinical leadership. These posts cover Physiotherapy, Speech and Language Therapy and Nursing.

The care group is reviewing the structure of senior clinical leadership to ensure that direct clinical supervision, care group leadership and team leadership are a planned feature of appraisal and work planning.

The Care Group are continuing to develop opportunities for staff to undertake audit and research. This has been in response to the recognition of the need to promote academic pathways for practitioners allowing them to undertake role relevant training (through education) and develop the research base for the areas they work within (through partnership with universities) in order to provide career development opportunities. This initiative works alongside the quality improvement culture that has been developed.

Staff wellbeing has been a focus throughout this last 6 months. Ensuring that all staff have up to date assessments and the opportunity to raise concerns. The teams have taken full advantage of virtual connectivity to maintain team resilience.

## **Section 6: Neighbourhood Care Community Teams, Specialist Teams and GP Services**

### **1. Responding to workforce challenges during the ongoing COVID-19 response**

The focus of this report is to provide assurance regarding the safer staffing requirements within the Care Community Teams (CCT'S) and GP services that form the Neighbourhood Care Group during the continued COVID-19 response.

The new ways of working introduced in response to the Covid 19 pandemic that enabled the safe provision of triage, assessment and follow up reviews have been maintained to effectively utilise staffing capacity. The provision of virtual training and remote attendance at meetings has also had a positive impact on releasing capacity and engagement, however the need for face to face contact with colleagues has been recognised and where appropriate socially distanced alternatives are being safely reintroduced.

Working together the teams have identified non-clinical work for staff who are isolating or quarantined at home to undertake on behalf of all teams, thereby releasing capacity for those in the workplace to provide direct patient care.

Specialist team members who were supporting care community teams have returned to providing care in their specialist areas, and those deployed into areas outside of the care group have returned with the exception of staff who are seconded until March 2021 to support the Discharge to Assess service for patients who are transferring from acute care in the Countess of Chester Hospital to community care, either in their own home or in a temporary care home placement.

The issues with CCT's being required to fill the gaps within other elements of the health and social care pathway (e.g. social care provision) continues to be addressed with the changes in how colleagues across health and social care organisations engage in assessing a persons needs, and the understanding of the requirement for face to face, or alternative methods of care provision.

The Safer Staffing Situation Report (SSSR) has been reviewed and amended in collaboration with clinical leads to give an improved assurance of safer staffing. A definition of a deferment of clinical care has been agreed and a field added to the patient safety reporting system (Datix) which will capture any incidents specifically related to the absence of clinically required care.

From analysis of the information provided by CCT's on the daily SSSR, there has been a noticeable change in reporting from quarter 4 (Jan – Mar 20) to quarter 1 (Apr – Jun 20). This shows a decrease in number of patient visits and increase in time taken to care. This

has also been evidenced in the activity report and is reflective of the additional time taken to 'don and doff' PPE and time taken by those attending for a joint visit having to travel separately.

## **Section 7: All Age Disability Service**

### **1. Overview**

The All Age Disability (AAD) Service covers three areas of disability and mental health. This includes Children with Disability Service (CWD), Integrated Disability Service – Adults (IDS) and a Community Mental Health Service- Adults (MH). All teams were brought together in early 2018 within Wirral Borough Councils Adult Services and were transferred to Cheshire and Wirral Partnership Trust under TUPE arrangements in August 2018. The All Age Disability Service is split over two sites. CWD and IDS are located at the Millennium Centre and the CMHT's are located at the Stein Centre.

### **2. Responding to workforce challenges during the COVID-19 response**

During the continuing COVID-19 response, AAD's Care Group Pandemic Business Continuity Plan (BCP) has remained in operation. This has enabled the service to have clear plans around differing staffing reduction levels and the effect such reductions would have on services delivering the delegated statutory duties on behalf of the Local Authority in Wirral. Taking this approach has enabled services to continue to prioritise all key functions during this period and deliver safe and effective services.

Staff who were previously shielding during the 1<sup>st</sup> lockdown were supported through completion of the workforce risk assessment and buildings being designated Covid secure to begin the process of returning to a work environment where indicated. This was a process replicated across the entire workforce and services identified core functions that employees could deliver from Home, out of home or from a workplace. Across the three services within AAD, we have taken a blended approach to ensure that safety of all service users, carers and staff was paramount.

As part of the Corona Bill there was the potential for the Director of Adult Social Services in Wirral, in conjunction with the Principal Social Worker, to enact Care Act Easements to support continued delivery of core essential services. This would have enabled a further prioritisation of statutory duties. So far AAD & MH have been able to manage capacity and demand within available staffing resource and have not had to escalate internally within CWP or externally to the Department of Adult Social Services in Wirral.

Services have quickly shifted their service delivery model and have embraced the increased introduction of technology and different digital platforms to enable their core functions to continue to be delivered in a person centred way.

### **Right staff**

Immediately prior to the implementation of the Covid-19 BCP response in both CWD and IDS there had been staff changes within some key leadership roles including Team Managers and Advanced Practitioners; these posts were recruited to and staff joining our services have been key to our continued delivery of safe and effective services.

Absence rates for CWD have remained relatively low and stable. For MH and IDS services within AAD, absence related to Covid and for self-isolation escalated quickly during this period although it was not necessary to mitigate further any continued risk around delivery of the Mental Health Act requirements of our delegated statutory duties; therefore the AMHP Hub remained operational until lockdown restrictions were eased in July 2020.

### **Right skills**

The changed working arrangements that were implemented during the COVID-19 response posed challenges for some of the newly qualified social workers within the service who were in their Assessed and Supported Year in Employment (ASYE) due to the limited access to face to face supervision and support. Practice Educators have evaluated this with in individual ASYE's with support being given to these staff to get back on track.

The Think Ahead Students who were on placement in the Mental Health Teams completed their programme of studies (where elsewhere in the country the COVID-19 restrictions affected other students' completion dates) and graduated as Social Workers. This has enabled the service to recruit four newly qualified social workers who commenced in September 2020 and are now completing their Assessed and Supported Year in Employment.

To maintain compliance with the Care Act, three Senior Support Workers in the Mental Health element of the Care Group were supporting with the assessment process. This is aligned to a Care Navigator Role within Adult Social Care and will be progressed further.

### **Right Time and Place**

The care group has historically maintained high levels of staff retention. However, there have been four recent Social worker vacancies that have become available across IDS and CWD and these posts have been recruited to collectively.

In the Mental Health Service we have a number of Approved Mental Health Professionals retiring and a number who have been successful at interview in joining other services in CWP. These posts are currently out to recruitment.

STANDARDISED HIGHLIGHT/  
EXCEPTION REPORT

REPORT DETAILS	
Subject matter of report:	Learning From Experience Report Trimester 2 2020/21
Report provided by:	Gary Flockhart
Date of report:	18/01/2021

Summarise the purpose of the report:	
<b>SUBJECT MATTER</b> What is this report about? Summarise why this report requires the attention of the Committee.	<p>This <a href="#">Learning from Experience report</a> covers the period from August 2020 to the end of November 2020. The report aggregates qualitative and quantitative analysis from a variety of sources. It includes learning gained from undertaking safety reviews, case reviews, complaint investigations and learning from inquests. This report compares current themes, trends and exceptions across a 4 trimester time series to mitigate seasonal variations. The report demonstrates how learning is integrated across the Trust and strengthens assurances of sustainability of changes made to practice to continuously improve over time. The report will highlight the work the Trust is undertaking to respond to reports that have been published.</p> <p>The Learning from Experience Report was presented and approved at Quality Committee in December 2020. Quality committee agreed the recommendations within the report.</p>

Quality, clinical, care, other risks that require escalation:	
<b>ESCALATION</b> What do you need to escalate to the Committee?	<p>The self-harm category continues to remain the highest incident reporting category having increased by 27% this trimester. During Trimester 2 the suicide prevention subcommittee has started to focus on self-harm as one of the priority work areas. The subcommittee has completed the self-harm self-assessment against the NICE quality standards and identified areas for improvement which focus on assessment, risk assessment, safety planning and psychological interventions. Work has commenced to develop a self-harm pathway for utilisation across mental health services which will be supported by a training and supervision programme. Safety planning guidelines have also been developed which will be launched in January 2021. The Quality Committee will receive a progress report from the suicide prevention subcommittee in relation to the self-harm work stream in the Trimester 3 report.</p>

Other key matters to highlight:	
<b>ASSURANCE</b> What assurance or evidence of improvements are you providing to the Committee?	<p>All recommendations in the trimester 1 report have been actioned.</p> <p>The trust has responded to the Care Quality Commission report "Out of sight- who cares?" which was published in October 2020 and a paper was presented to Quality committee with an accompanying action plan.</p> <p>The NICHE/ NHS England/ Improvement and CCG Quality Assurance visit to the trust in December 2019 was published in October 2020. The review panel concluded that the Trust had completed the action plan.</p>

**STANDARDISED HIGHLIGHT/  
EXCEPTION REPORT**

REPORT DETAILS	
<b>Subject matter of report:</b>	Speaking Up and Raising Concerns Biannual Report April-Sept 2020
<b>Report provided by:</b>	Gary Flockhart,
<b>Date of report:</b>	27/01/2021

SUBJECT MATTER	Summarise the purpose of the report:
What is this report about? Summarise why this report requires the attention of the Committee.	<p>The purpose of the report is to provide assurance to the board that the Trust adheres to good practice and that appropriate Speak Up arrangements are in place in line with the requirements and recommendations from the National Guardians Office. The report contains details on the number of concerns raised, the categories of concerns that are being raised, lessons learned from investigating concerns and recommendations for any required improvement and ongoing development.</p>

ESCALATION	Quality, clinical, care, other risks that require escalation:
What do you need to escalate to the Committee?	<p>In contrast to an increase in Speak Up activity that has been reported nationally (influenced by the impact of the Covid-19 pandemic) the trajectory for the total number of concerns reported this financial year within CWP is slightly lower than the number of concerns reported in 2019/20. It is considered highly likely that the development of dedicated helplines for the Covid-19 Tactical Command Group, the Infection Prevention and Control Team and the Workforce Cell has provided staff with a range of other routes to raise any queries or concerns in relation to the impact of Covid-19 and receive a timely and effective resolution which has negated the need to access the Speak up pathway.</p>

ASSURANCE	Other key matters to highlight:
What assurance or evidence of improvements are you providing to the Committee?	<p>The Trust has maintained a good FTSU index score of 80.3% this year which is in line with the national average for providers of similar services. This demonstrates that there is a positive Speak Up culture within the organisation, recognising there is still further work to do to ensure that all CWP colleagues feel confident and secure to raise concerns.</p> <p>The opportunity for staff to speak up and raise concerns continues to be expanded with the appointment of Associate Freedom to Speak Up Guardians and new Ambassadors during this reporting period.</p> <p>The Speak Up culture continues to be promoted and embedded across the organisation with information on how to raise concerns and contact the Speak Up team cascaded via a wide range of communication channels.</p> <p>The Freedom to Speak Up Guardians continue to work with colleagues to promote the Speak Up pathway across staff networks.</p>

<b>Report to Board:</b>	Trust Board / Quality Committee
<b>Date of Meeting:</b>	
<b>Title of Report:</b>	Bi-annual update of Speak Up and Raising Concerns (Quarter 1 and Quarter 2)
<b>Action sought:</b>	Receive Assurance / Approval
<b>Author:</b>	Victoria Peach and Hayley McGowan
<b>Presented by:</b>	Hayley McGowan

<p><b>Strategic Objective(s) that this report covers</b> <i>(delete as appropriate):</i></p> <p>SO1 - Deliver high quality, integrated and innovative services that improve outcomes</p> <p>SO2 - Ensure meaningful involvement of service users, carers, staff and the wider community</p> <p>SO3 - Be a model employer and have a caring, competent and motivated workforce</p> <p>SO5 - Improve quality of information to improve service delivery, evaluation and planning</p> <p>SO7 - Be recognised as a progressive organisation that is about care, well-being and partnership</p>
--

**Distribution**

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

**Executive director sign-off**

Executive director (name and title)	Date signed-off
Gary Flockhart	



# Speaking Up and Raising Concerns

**Biannual Report**

**April 2020 – September 2020**

## **Board of Directors' Speaking Up Declaration**

Cheshire and Wirral Partnership NHS Foundation Trust (the Trust) are committed to create an open and honest learning culture that is responsive to feedback to continually improve, as such take the responsibility for Speaking Up very seriously. The following declaration of compliance with Speaking Up and Raising Concerns practice is made:

- The Trust meets the statutory requirement of NHS England by having Freedom to Speak Up Guardians available to support any employee to raise a concern that they may have.
- Speaking up policy and processes are up to date and in line with recommendations of the National Guardian's Office. All associated policies are reviewed on an annual basis or as guidance develops that requires change.
- Associate Freedom to Speak Up Guardians and Freedom to Speak Up Guardians have a clear understanding of their roles and responsibilities; and are able to access support as and when required.

Executive Director of Nursing, Therapies and Patient Experience, namely Gary Flockhart, is the Director Lead for Speaking Up. The Trust has a Non-Executive Director Freedom to Speak Up Champion, Rebecca Burke-Sharples, who provides alternative support to the Freedom to Speak Up Guardians, scrutinises and is able to robustly challenge Speak Up governance.

The Board receives regular reports in relation to Speak Up; a biannual and annual report. Reports contain details on the number of concerns raised, lessons learned and recommendations for any further necessary action. The Board is assured that the Trust adheres to good practice and that appropriate Speak Up arrangements are in place.

If any further information is required, please contact the Chief Executive Officer at Trust Headquarters.

## Contents

Introduction	5
Commitment	5
Speaking Up Q1-Q2 2020 – 2021:	
• Quality Improvement	5
• Building Confidence and Capability	6
• Measuring Progress	6
• Analysis of Activity	7
Speaking Up Q3-Q4 2019 – 2020	10

## Introduction

Cheshire and Wirral Partnership NHS Foundation Trust (thereafter referred to as the Trust) are committed to have effective speaking up arrangements for any employee to raise a concern that they may have.

This commitment aligns to the national Freedom to Speak Up (FTSU) programme led by the National Guardian Office, to make the NHS a 'better place to work and a safer place for patients' and is recognised as vitally important to help protect patients and improve the experience of our people.

This bi annual Speak Up and Raising Concerns report provides assurance to the Trust Board that a 'speak up' culture is continually being strengthened throughout the organisation.

## Commitment

Our person centred commitment to Freedom to Speak Up is that:

"We will have the courage to speak up and voice our views. We will always try to improve things to make a lasting difference".

## Speaking Up April 2020 – September 2020

### Quality Improvement

CWP achieved a FTSU index score of 80.3% in the Freedom to Speak Up Index report 2020 which was published for the second year this year. This is a sustained position on the 2019 score of 80% and is in line with the national average score for combined Mental Health / Learning Disability and Community Trusts which sits at 80.2%. The FTSU index brings together four questions from the NHS Staff Survey, these questions relate to whether staff feel knowledgeable, secure and encouraged to speak up and whether they would be treated fairly after an incident. The FTSU index seeks to allow trusts to see how an aspect of their FTSU culture compares with other organisations so learning can be shared, and improvements made. CWP's FTSU index score is a great achievement and demonstrates that there is positive speak up culture within the organisation. However, there is still work to do to ensure that all CWP colleagues feel confident and secure to raise concerns.

The FTSU Guardian role continues to be undertaken by the two Associate Directors of Nursing and Therapies. As part of the response to the Covid-19 pandemic the Trust has appointed four Associate FTSU Guardians on a temporary basis to provide additional capacity to respond to concerns raised by staff in recognition of the significant challenges that the Covid-19 response has created for everyone working within the organisation. The Associate FTSU Guardians are all experienced FTSU Ambassadors and undertake senior clinical roles across the Trust. The four posts provide a dedicated role in each locality and an additional role for trust wide and corporate support services. All Guardians and Associates are available to respond to concerns from individuals in any area of the organisation as required. Developing a shared approach has enabled increased access to a member of the FTSU team, providing choice for people, and quality assurance process to be implemented without compromise to individuals' confidentiality. Each speak up case has been quality reviewed and learning from cases has been extracted.

The FTSU Guardians are well supported to carry out the role. The FTSU Guardians have had regular meetings with the Executive Director lead for Speaking Up, and both Guardians have access to the Non-Executive Director FTSU Champion, as well as the Chief Executive and

Chair to discuss Speaking Up strategy and any associated matters. This continues to raise the profile of Speaking Up and ensure senior leaders are aware of the Speaking Up strategy enabling them to continue to promote a Speak Up culture during quality visits and engagement with people. The FTSU Guardians report in person at board meetings.

We have successfully recruited two additional Ambassadors who are members of the BAME staff network to further broaden access to opportunities for individuals to Speak Up and to promote the Speak Up Culture for staff from a BAME background.

The role of the Ambassador will be reviewed during the next reporting period to strengthen consistency in our approach and to ensure Ambassadors have the capability, capacity and support to fulfil the expectations of the role.

### Building Confidence and Capability

The Speaking Up policy and processes are in place and available on the Trust intranet. The importance of Speaking Up and Speaking Up processes continue to be shared with people in a variety of ways including; distribution of written information and posters; through the Trust's communication bulletins, social media platforms inclusive of Facebook Live sessions; board member quality visits; and face to face by FTSU Guardians, Associate Guardians and Ambassadors.

The Trust has a large cohort of Speak Up Ambassadors from a wide range of services across the trust. The Speak Up Ambassadors are self-nominated people working in any role within the trust who are able to provide support for colleagues in raising concerns. There has been limited engagement with Ambassadors that has resulted in individuals formally raising concerns through the Speak Up pathway during this reporting period. As a result a review of the role will consider how the Ambassadors can increasingly support the promotion of the speak up process and increase awareness of different ways of Speaking Up in addition to providing direct support to individuals who may have a concern they wish to raise.

The newly appointed Freedom to Speak Up Associate Guardians have been supported by the Guardians to promote their roles within the localities and areas of work; and have been supported to undertake direct case work with individuals who have raised concerns. The Guardians have been able to provide advice and guidance through a buddy approach to enable the Associate Guardians to develop confidence in undertaking their extended role.

Feedback mechanisms continue to be utilised to enable individuals who have raised concerns to evaluate their experience of the process as well as the outcome that was achieved. Staff are requested to provide feedback in line with National Guardian Office requirements.

### Measuring Progress

One of the ongoing challenges for the Trust is ensuring all staff are aware of the role of FTSU Guardians and how to access Speak Up pathways to enable them to raise any issues or concerns, or challenge any wrongdoing, through this route. The FTSU Guardians have continued to work closely with the Equality and Diversity lead to ensure that the importance of Speak Up is recognised in all staff networks with the aim of recruiting more Ambassadors from each network to provide staff from these groups with the opportunity to access support to Speak Up from a broad range of individuals, including people that they trust and feel a connection with.

Triangulation of trends and themes is reviewed collectively with the Equality and Diversity lead, senior OD and HR managers.

During this reporting period the FTSU App has been discontinued following the utilisation review which highlighted that there had been no engagement with the App by any staff in the preceding 18 months. All other speak up communication routes remain active including the dedicated FTSU email address and telephone number, mailing addresses and telephone numbers of the FTSU Guardians and Associate Guardians. Additionally staff have the opportunity to raise concerns face to face with any member of the team. The most common method of contacting the FTSU Guardians from individuals raising concerns remains through the dedicated raising concerns email account and phone line.

The FTSU Guardians will continue to work collaboratively with organisational development and others to link access to Speaking Up with other Trust staff initiatives. Results from the 2020 National Staff Survey will be reviewed in relation to staff feedback regarding raising concerns. The FTSU Guardians will continue to work with organisational development to scrutinise the findings and understand the opportunities for further development.

### Analysis of Activity

Systems are in place to record and monitor the FTSU activity across the organisation and the FTSU Guardians report this information to the National Guardians Office each quarter as required. However, success should not be measured by the number of concerns and issues being raised. It is recognised that the trends of activity can be useful to triangulate with wider data and can support the identification of early warning enabling prompt and appropriate intervention and support.

People are speaking up and raising concerns through the FTSU Guardian route which continues to be utilised across the Trust; the number of recorded speak up concerns in quarter 1 and 2 of 2020 / 2021 in comparison to previous years are below:

Table 1 – Total numbers of speak up concerns reported from 2016 / 2017 to date.

Locality	Total 2016 - 2017	TOTAL 2017- 2018	TOTAL 2018- 2019	Q1	Q2	Q3	Q4	TOTAL 2019- 2020	Q1	Q2	TOTAL 2020 / 2021
Central and East	5	14	12	4	1	2	2	9	2	1	3
Wirral	2	3	4	1	1	6	1	9	1	6	7
West	4	5	11	2	4	4	3	13	0	4	4
Trust wide	1	1	1	3	0	0	0	3	0	0	0
<b>TOTAL</b>	12	23	28	10	6	12	6	34	3	11	14

Based on the number of concerns raised during Q1 and Q2 2020/21 the trajectory for the total number of concerns reported this financial year is slightly lower than the number of concerns reported in 2019/20. This is in contrast to the reported increase in Speak Up activity that other organisations have experienced during the initial response to the Covid-19 pandemic highlighted through the FTSU Guardians network. The general increase has resulted from staff raising concerns about access to Personal Protective Equipment, working environments

and Infection Prevention and Control requirements and procedures. Whilst it has not been possible to evidence the reason why CWP has not seen a similar increase in formal Speak Up concerns during this period it is considered highly likely that the development of dedicated helplines for the Covid-19 Tactical Command Group, the Infection Prevention and Control Team and the Workforce Cell has provided staff with a range of other routes to raise any queries or concerns in relation to the impact of Covid-19 and receive a timely and effective resolution which has negated the need to access the Speak up pathway.

Table 2 – Comparison of percentage of concerns raised by locality

	17-18		18-19		19-20		20-21 (Qtr. 1 and 2)	
<b>TOTAL</b>	<b>23</b>		<b>28</b>		<b>34</b>		<b>14</b>	
East	14	61%	12	43%	9	27%	3	21%
Wirral	3	13%	4	14%	9	27%	7	50%
West	5	22%	11	39%	13	38%	4	29%
Trust Wide	1	4%	1	4%	3	8%	0	0%

The highest number of concerns raised during this reporting period was raised by individuals who work within the Wirral locality. These concerns are from individuals within a variety of teams in the locality and have not highlighted any specific themes or trends that indicate targeted actions are required.

All concerns raised during this period were followed up by a FTSU Guardian or Associate Guardian. The FTSU Guardian role is being promoted to encourage staff to report via this route however, in keeping with our Raising and Escalating Concerns policy staff will continue to be able to raise concerns externally with the CQC should they feel this is the most appropriate method.

People are able to raise concerns to the FTSU Guardian on an anonymous basis; such concerns are considered and investigated accordingly. However, personal evidence and clarification from individuals can be essential to enable a comprehensive response and outcome. In order to continue to improve the culture regarding raising concerns staff are encouraged to be open with the confidence that the FTSU Guardian will provide confidential support and only use the anonymous route when necessary. In 2019 – 2020 we received one anonymous concern. We have not received any anonymous concerns in Quarter 1 and Quarter 2 2020-2021

All the concerns raised have been investigated and responded to in a proportionate way by a variety of methods, inclusive of supporting people with specific concerns that could be addressed at supervision or through the line management processes.

Table 3 – Breakdown of concerns raised in Quarter 1 and 2 2020- 2021 per Care Group.

Care Group	Quarter 1	Quarter 2	Total
SMH	3	6	9
NBC	0	2	2
LD / ABI	0	0	0
CYP	0	2	2
AAD	0	2	2
Corporate	0	0	0
<b>Total</b>	<b>3</b>	<b>12</b>	<b>15</b>

The FTSU process is accessible to all people working within the Trust, or previously employed by the Trust, regardless of their role. Concerns have been received from a variety of people working across a range of services and from a variety of roles inclusive of nurses, housekeepers and medical staff. There have not been any concerns received from individuals working in corporate services or the Learning Disability, Neurodevelopmental Disorder and Acquired Brain Injury Care Group during this reporting period and therefore these will be areas for targeted communication and promotion in the next period.

The FTSU Guardians need to consider how Speak Up opportunities can be further promoted to individuals who are working remotely as a result of the implementation of new ways of working in response to the Covid-19 pandemic as this has reduced the opportunity for individuals to raise concerns face to face with a member of the Speak Up team. We continue to emphasise the importance of Speaking Up across our services and work with the Equality and Diversity lead to ensure options for considering harder to reach areas are taken into account.

There have been a range of concerns raised to the FTSU Guardian; the concerns have been categorised in line with the NGO guidance. Some concerns have been included within multiple categories therefore the total number does not equate to year-end total as above.

Table 4 – Number of concerns raised from 2019 / 2020 to 2020 / 2021 per NGO category

	2019 – 2020					2020 - 2021		
	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4	TOTAL	Qtr. 1	Qtr. 2	TOTAL
Bullying / Harassment	8	1	4	0	13 (26%)	0	3	3 (18%)
Patient Safety / Quality	4	1	1	2	8 (15%)	0	2	2 (12%)
System / Process	1	1	0	1	3 (6%)	0	2	2 (12%)
Staff Safety	0	0	0	0	0 (0%)	0	1	1 (6%)
Leadership / Management Issue	8	6	10	5	29 (55%)	3	7	10 (52%)

\*A speaking up concern can be assigned more than one category; the number of categories exceeds total concerns.

Analysis of the categories of concerns raised by people identifies that in 2020 – 2021 there has been a further reduction in the proportion of people speaking up who consider their concern to be as a direct result of bullying and harassment within the workplace. Concerns being raised associated with leadership and management continues to feature in more than half of all concerns raised.

The learning that has been extracted from cases is congruent with previous years; the importance of developing effective communication between individuals, managers and teams and supporting people to raise concerns as and when they arise.

A total of 17 cases were closed in quarter 1 and quarter 2 2020 – 2021.



## Speaking Up in Quarter 3 and 4 2020 – 2021

The FTSU Guardians are working alongside senior leaders to continue to strengthen, and achieve, a healthy speaking up culture throughout the Trust.

The following priority areas for action during the next reporting period are as follows:

- Utilise the national Freedom to Speak Up month in October 2020 to promote awareness of Speaking Up, the role of the Speak Up Team and the benefits that speaking up have for individuals, patients and the wider organisation.
- To review the role of the Freedom to Speak Up Associate Guardians and consider the longer-term requirements for these role
- To review the role of the Speak Up Ambassadors, gain feedback to understand if and how the role should be developed.
- To work closely with Equality Lead and develop a shared network approach to strengthen the voice of people with protected characteristics in relation to the Speak Up agenda.
- To continue to recruit Speak Up Ambassadors from staff networks that currently do not have Speak Up Ambassadors;
- To improve awareness of Speaking Up within Corporate Services and the Learning Disability, Neurodevelopmental Disorder and Acquired Brain Injury Care Group.
- To explore options for expanding access to routes to Speak Up for individuals who are increasingly undertaking work remotely.
- FTSU Guardians to support the work of organisational development to understand the matters which contribute to related areas of the 2020 staff survey.
- To implement the National Guardians Office Speak Up e-learning package as the core essential competency requirement for all individuals newly recruited to the Trust, replacing the existing e-learning package.

STANDARDISED SBAR COMMUNICATION

REPORT DETAILS	
Report subject:	Guardian of Safe Working Quarterly Report
Agenda ref. number:	20.21.93
Report to (meeting):	Board of Directors
Action required:	Information and noting
Date of meeting:	27/01/2021
Presented by:	Faouzi Alam, Medical Director

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

Which NHSI Single Oversight Framework themes this report reflects:		CWP Quality Frame work:		
Quality	Yes	Patient Safety	Safe	Yes
Finance and use of resources	Yes	Clinical Effectiveness	Effective	Yes
Operational performance	Yes		Affordable	Yes
Strategic change	Yes		Sustainable	Yes
Leadership and improvement capability	Yes	Patient Experience	Acceptable	Yes
			Accessible	Yes

<http://www.cwp.nhs.uk/media/4142/quality-improvement-strategy-2018.pdf>

Does this report provide any information to update any current strategic risks? If so, which?	
Contact the corporate affairs teams for the most current strategic risk register.	Yes/ No

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	Yes/ No

REPORT BRIEFING

Situation – a concise statement of the purpose of this report
This report is to update the trust on the issues regarding junior doctors, their working conditions and locum use due to vacancies, during the period of November 2020-January 2021. Consideration has been given for any current and future risk.

Background – contextual and background information pertinent to the situation/purpose of the report
The 2016 contract for Doctors in training created the post of Guardian of Safe Working in order to monitor and provide reassurance of Safe Working practice related to hours worked. This is an independent post and requires a responsibility of providing reports.

## Assessment – analysis and considerations of the options and risks

**Exception reporting:** This has been discussed through the Junior Doctor Forum on how and when to do exception reporting. There was no exception report during this period. There have been no fines levied against the Trust

**Junior Doctor Forum** It is part of the role of the Guardian of Safe Working to chair a Junior Doctor Forum. This is currently established as a monthly forum to discuss issues.

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

Board of Directors to note the report.

Who has approved this report for receipt at the above meeting?

Dr Sumita Prabhakaran

Contributing authors:

Sumita Prabhakaran, GOSW

## Distribution to other people/ groups/ meetings:

Version	Name/ group/ meeting	Date issued
	Junior Doctor Forum Mark Cadwalder Jon Ruffler	

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

Appendix No.	Appendix title
1	Guardian of Safe Working – January 21 report

## Guardian of Safe working Hours Report to the Trust Board for the period

November 2020 to January 2021

**Report Author:** Dr Sumita Prabhakaran  
Guardian of Safe Working Hours

### **Executive summary**

The following report is the second of the quarterly reports to the Trust board and details the months from November 2020 to January 2021.

There has been no report of exceptions from agreed work schedules during the report period. There have been no highlighted areas of concern regarding safe working or access to educational and training opportunities.

### **Introduction**

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

### **Background Data**

Number of doctors in training (total):	57
Number of vacancies:	10
Amount of time available in job plan for guardian to do the role:	0.5 PAs per week
Admin support provided to the guardian (if any):	No admin support
Amount of job-planned time for educational supervisors:	0.25 PAs per trainee

### **Exception reports**

There was no exception report for this time.

### **Work schedule reviews**

There have been no work schedule reviews requested or completed.

### **Summary**

There have been no concerns raised regarding safe practice or access to education and training experiences. There have been no fines levied against the Trust

STANDARDISED SBAR COMMUNICATION

REPORT DETAILS	
Report subject:	Board assurance framework and strategic risk register
Agenda ref. number:	20.21.94
Report to (meeting):	Board of Directors (meeting in public)
Action required:	Discussion and Approval
Date of meeting:	27/01/2021
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 NHSI Single Oversight Framework themes this report reflects:		CWP Quality Framework:		
Quality	Yes	Patient Safety	Safe	Yes
Finance and use of resources	Yes	Clinical Effectiveness	Effective	Yes
Operational performance	Yes		Affordable	Yes
Strategic change	Yes	Patient Experience	Sustainable	Yes
Leadership and improvement capability	Yes		Acceptable	Yes
			Accessible	Yes
<a href="http://www.cwp.nhs.uk/media/4142/quality-improvement-strategy-2018.pdf">http://www.cwp.nhs.uk/media/4142/quality-improvement-strategy-2018.pdf</a>				

Does this report provide any information to update any current strategic risks? If so, which?	
Contact the corporate affairs teams for the most current strategic risk register.	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 apprise the Board of Directors of the current status of the strategic risk register 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 framework. The report indicates progress against the mitigating actions identified against the Trust’s strategic risks and the controls and assurances in place that act as mitigations against each strategic risk.
<b>As at 18 January the Trust has 9 strategic risks – four are rated red and five are rated amber.</b>

Background – contextual and background information pertinent to the situation/purpose of the report
The Medical Director (Executive Lead for Quality) and the Quality Committee are the designated officer and committee respectively for risk management. The Quality Committee reviews the strategic risk register. The Board of Directors reviews the corporate assurance framework and receives assurances on risk via the Quality Committee. Complemented by Audit Committee’s oversight of the system of internal control, this framework provides assurance regarding the quality and safety of the services that the Trust provides. Additional to this (with effect from July 2020), Operational Committee receives the strategic risk register to increase operational awareness of strategic risks and strengthen integrated governance in terms of the synergy between Care Group and strategic risk registers. This was introduced in response to feedback from the CQC.

### Newly Agreed Strategic Objectives

The Trust has recently reviewed its strategic objectives as part of the 'Imagining the Future' CWP Strategy refresh. The current strategic risks have, therefore, been mapped against the new strategic objectives. Work will be taken forward to further refine the BAF and the strategic risk register against the new strategic objectives. Following a discussion at the January Board of Directors meeting, this will also inform the next report to the Quality Committee.

### New strategic risks

There is one new risk – *Risk of failure to achieve compliance levels of Fire Evacuation Training competency for inpatient service, resulting in risks to patients and staff and failure to comply with Health & Safety Regulations.* Care Groups have been asked to provide assurance of compliance with fire evacuation competencies by the end of January 2021. The risk has been partially scoped and will continue to be developed further.

There is one risk in scope – *Risk of failure to deliver full scale of transformation projects within Specialist Mental Health Services, resulting in reputational risks and risks to patient and staff experience and patient outcomes.* Due to ongoing operational pressures relating to the delivery of services in light of COVID-19 and in line with the priorities agreed by Operational Committee, the SMH Strategy and Transformation Group is yet to scope this risk. The Strategy and Transformation group met on the 13.01.21 at which they identified priorities for the coming months. A further meeting is planned for February 2021. A review of progress against the project areas and any items for escalation or change to anticipated timescales, alongside discussions with the Director of People & Organisational Development relating to the development of the transformation hub, will inform this risk further. An update will be provided to the Quality Committee in March 2021.

### Current strategic risks

Strategic risk positions have been reviewed and updated.

Risk 3 – *Risk of cyber-attack resulting in loss of access to key systems and/ or data files with possible impacts on healthcare delivery, financial penalties and reputational damage.* The risk treatment plan is nearing completion, but has been impacted upon by the response to the COVID-19 pandemic. Risk 3 and Risk 8 will be reviewed and remodelled as one risk before the end of the financial year 2020/21. ICT services are continuing to explore potential risks associated with the use of alternative IT platforms to support the work of the Trust during the current pandemic and beyond. A further update will be provided to the March Quality Committee.

Risk 4 - *Risk that the impact of COVID-19 will adversely affect services provided by CWP, potentially resulting in a risk to the delivery of safe, effective care to the population of Cheshire and Wirral.* Regular updates are provided by the TCG to the Board of Directors meetings to ensure Board members remain fully informed of the current situation and the actions taken by the Trust. At the November 2020 meeting, Board members were informed that the National Alert level had increased to level 4. With effect from the 4<sup>th</sup> January 2021, the National Alert level was further raised to level 5 across the NHS. The frequency of TCG meetings, therefore, increased to allow appropriate response and co-ordination of activities. Measures are continually under review to support the delivery of safe and effective care and the well-being and safety of staff.

Risk 8 – *Risk of deficiencies and end of life pathway in ICT infrastructure, that are unable to support the delivery of existing models of care nor the design of new models of care, thereby impacting on sustainability of services.* As above, risk 3 and risk 8 will be reviewed and remodelled as one risk before the end of the financial year 2020/21. This will include the remit of the newly established CIO and associated governance and resource structure.

Risk 9 - *Risk of increasing demand for ADHD services which exceeds current contract values and commissioned capacity, resulting in increasing waiting times and complaints from people who have not accessed services due to gaps in commissioning.* Dialogue continues with all three CCGs to consider future investment and intentions. Demand continues to far outweigh capacity, which has been escalated to the CCGs. CWP remains closed to new referrals from Cheshire.

### Amended risk scores

There are no amended risk scores.

### Archived risks

One risk has been archived and will be endorsed at the March 2021 Quality Committee - Risk 2; *Risk of inability to access documents to guide clinical practice in a timely way due to the general search function on the intranet being inoperable is archived as the functionality has been restored.* All actions have now been completed.

**Exception reporting**

There are no exceptions to report against overdue risk treatment plan actions.

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

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

**Who has approved this report?** K Wright, AD of Communications, Engagement and Corporate Affairs

**Contributing authors:** Suzanne Christopher, Acting Company Secretary

**Distribution to other people/ groups/ meetings:**

Version	Name/ group/ meeting	Date issued
1	Board of Directors	

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

Appendix No.	Appendix title

STANDARDISED HIGHLIGHT/  
EXCEPTION REPORT

REPORT DETAILS	
Subject matter of report:	CQC registration – annual endorsement of Statement of Purpose
Report provided by:	David Wood – Associate Director of Safe Services
Date of report:	19/01/2021

Summarise the purpose of the report:	
<b>SUBJECT MATTER</b> What is this report about? Summarise why this report requires the attention of the Committee.	<p>Our Statement of Purpose describes what we do, where we do it and who we do it for. It is endorsed annually by the Board of Directors, in line with the business cycle for the meeting. We are required to keep this statement up-to-date and to notify the CQC of any changes in-year, when a new certificate of registration is issued as appropriate. Our current certificate is dated 20/01/2020. A new certificate has been requested via the CQC portal in light of cessation of the provision of Access Sefton from 1 January 2021.</p> <p>The Board of Directors is asked to <b>endorse</b> the current Statement of Purpose at <a href="#">Appendix 1</a>.</p>

Quality, clinical, care, other risks that require escalation:	
<b>ESCALATION</b> What do you need to escalate to the Committee?	<p>Thorn Heys has been dormant from 27 March 2020. On 11 March 2021, the CQC will send a letter to the Trust about the continued dormancy. We will be required to respond to that letter by completing a form that gives brief information, including whether we intend/ do not intend to carry out the regulated activities at Thorn Heys and, if applicable, the anticipated start of service and plan to restart carrying out regulated activities. When regulated activities have been dormant for 12 continuous months, the CQC can enforce a variation to remove the location. The current intention is to re-open the unit, but the timeframe is dependent on the ability to do so once staffing pressures have abated. We are able to explain the circumstances concerning the dormancy in our response to the CQC, who will take an informed decision about whether to vary the registration. The Quality Committee will oversee progress with this matter and will escalate as necessary to the Board via the Chair's Report.</p>

Other key matters to highlight:	
<b>ASSURANCE</b> What assurance or evidence of improvements are you providing to the Committee?	<p>The Statement of Purpose has been updated in conjunction with the Care Group business and governance teams, who have updated, confirmed, and approved the services provided and service contacts detailed in the statement. Locations and addresses have been reviewed and updated accordingly. In addition, the description of services provided by the Trust has also been updated in line with the services we currently provide. Specific in-year amendments include:</p> <ul style="list-style-type: none"> <li>• Transfer of services from Stanney Lane Clinic to Hope Farm Clinic.</li> <li>• Transfer of the Wirral Continuing Health Care service to CWP.</li> <li>• Update of our strategic objectives.</li> </ul> <p>NHS England have designated Churton Resource Centre as a COVID vaccination site. This does not amend our regulated activity, but all trusts supporting the 'coronavirus vaccination programme' are required to send a statutory notification to the CQC, which we have completed and submitted.</p> <p>The Board of Directors will receive a further comprehensive update to the Statement of Purpose in January 2022, or sooner if there are significant changes required prior to this, e.g. due to service development or re-configuration.</p>



STANDARDISED SBAR COMMUNICATION

REPORT DETAILS	
<b>Report subject:</b>	Progress update on establishment of Provider Collaboratives in CWP
<b>Agenda ref. number:</b>	20.21.97
<b>Report to (meeting):</b>	Board of Directors Meeting
<b>Action required:</b>	Discussion and Approval
<b>Date of meeting:</b>	27/01/2021
<b>Presented by:</b>	Andy Styring, Director of Strategy and Partnerships

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 NHSI Single Oversight Framework themes this report reflects:		CWP Quality Framework:		
Quality	Yes	Patient Safety	Safe	Yes
Finance and use of resources	Yes	Clinical Effectiveness	Effective	Yes
Operational performance	Yes		Affordable	Yes
Strategic change	Yes		Sustainable	Yes
Leadership and improvement capability	Yes	Patient Experience	Acceptable	Yes
			Accessible	Yes
<a href="http://www.cwp.nhs.uk/media/4142/quality-improvement-strategy-2018.pdf">http://www.cwp.nhs.uk/media/4142/quality-improvement-strategy-2018.pdf</a>				

Does this report provide any information to update any current strategic risks? If so, which?	
Contact the corporate affairs teams for the most current strategic risk register.	Yes
Strategic risk 11 "Risk of failure to achieve Trust (and system) control totals due to gaps in Trust's costed and recurrent plans, and increased burden on the Trust's efficiency programme, resulting in potential care, quality and regulatory impacts" requires review in light of new financial risks linked to the funding available from NHSE/I and potential changes in referral patterns	

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

REPORT BRIEFING

Situation – a concise statement of the purpose of this report
<ul style="list-style-type: none"> <li>The purpose of this report is to give the latest position on the establishment of the two Provider Collaboratives (PCs) with Lead Provider arrangements in Tier 4 CAMHS and Adult Eating Disorders.</li> <li>Both PC updated Business Cases have been considered and approved by NHSE/I but with specific issues that must be addressed within a Final Business Case before the PCs can 'go live'.</li> <li>Detailed work is currently under way in both services to complete work on the business cases to address the issues outlined by NHSE/I, mainly centred on undertaking a detailed costing of the clinical model to determine affordability and sustainability in each service.</li> </ul>

Background – contextual and background information pertinent to the situation/purpose of the report
<ul style="list-style-type: none"> <li>NHSE/I established the national Provider Collaborative Programme to lead on innovative models of specialised mental health service delivery through Lead Provider arrangements.</li> </ul>

- CWP will be the Lead Provider for CAMHS Tier 4 services (Cheshire and Merseyside) and Adult Eating Disorders (AED) across the North West.
- Fundamental to the PC programme is the establishment of effective partnership arrangements across the different organisations providing care at each stage of the patient pathway. The full involvement of third sector partners and Experts by Experience is also crucial.

## Assessment – analysis and considerations of the options and risks

The PC Programme has been subdivided into 3 key phases as shown.

### PHASE 1

Following approval at CWP Board of Directors on 25<sup>th</sup> November 2020, both clinical teams presented the updated Business Cases submissions to an NHE/I panel on 10<sup>th</sup> December 2020 together with a range of supporting evidence.

### CAMHS Tier 4 (Cheshire and Merseyside)

This updated submission was approved with a PC 'go live' date of 1<sup>st</sup> April 2021. Further discussions will take place with NHSE/I regarding the proposed 'shadow period' up to October 2021 and what this would mean in terms of accountabilities between NHSE/I and CWP as Lead Provider.

The specific actions identified for completion by CWP prior to 'go live' are:

1. Submission of a fully costed service model by **Friday 15<sup>th</sup> March 2021**.
2. Submission of an agreed MOU between the 3 North West CAMHS PCs to outline how this relationship will work, particularly in relation to more specialised CAMHS services.

### Adult Eating Disorders (North West)

This updated submission was considered by the Panel and provisionally approved with a 'go live' date of **1<sup>st</sup> October 2021**. Reference was made to the 'sound' clinical model but the need for more detail to be provided regarding the financial and operational aspects of the PC, acknowledging the larger and more complex footprint of this PC.

The specific actions required to be addressed are as follows:

1. Submission of further detail regarding the mobilisation of this PC model in partnership with North West CCGs and community eating disorder providers.
2. Submission of a fully costed service model demonstrating affordability and sustainability by **14<sup>th</sup> May 2021**.
3. Presentation of the updated position to an NHSE/I panel in week commencing **1<sup>st</sup> June 2021**.

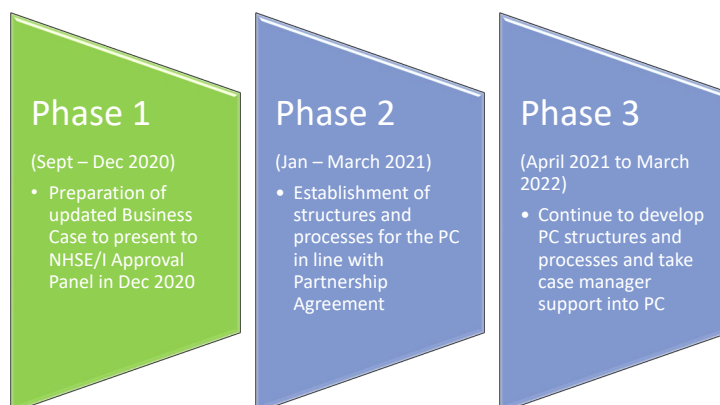
### PHASE 2

Phase 2 of the PC programme represents the mobilisation phase to prepare for the respective 'go live' dates for each PC outlined above.

Each PC has an organisational structure with a number of groups who will address the different aspects of the PCs provider and commissioner roles in order to provide assurance to NHSE/I, CWP Trust Board, Independent Sector Provider Boards and the broader integrated healthcare partnership system.

This phase will be project managed to ensure all necessary tasks are undertaken. A summary of these are as follows:

THEMES	ACTIONS
Establishment of PC structures	The establishment of PC groups with named leaders, terms of reference and clear reporting arrangements. All required actions of the Lead Provider and the PC (including its commissioning role) will be clearly articulated in the Terms of Reference and workplans of each group. The Non Executive Director oversight role for the PCs will be developed during this period.
Partnership Delivery	Agreement of documentation to guide each PC including Partnership Agreement / MOUs / Lead Provider Contracts or Management Agreements
Service Model Costs	Undertaking demand and capacity modelling in each service and in conjunction with CCG and other provider partners to provide assurance on affordability and sustainability
Workforce	Recruitment to each team, taking into account projected demand and affordability analyses



Commissioning Function	Working with colleagues across the North West to determine the most effective and affordable way to undertake the delegated commissioning function of each PC
Communications and engagement	Fundamental to the success of the PC is having effective means of engaging with all partners and stakeholders in establishing a sense of collective ownership in driving forward the ambition for service improvement. Each PC will have its own name and identity separate to CWP, developed in consultation with Experts by Experience. Membership of the working groups will be from across each footprint and all systems and processes will be developed through partnership discussions.

### PHASE 3

This phase will commence once each PC is up and running and will represent the evolution and maturing phase of the PC partnerships.

### RISK ASSESSMENT

There are a number of risks facing the CWP PC programme which are as summarised:

RISK	DESCRIPTION	LEVEL	MITIGATION
Clinical	<b>Patient pathways may not be developed consistently</b> The sustainability of each PC is contingent upon CCGs and community service providers also developing their parts of the patient pathway		Pathway focussed discussions in each PCs 'Clinical Delivery and Pathway' Group
Clinical	<b>Workforce recruitment may be delayed due to finances</b> Each PC will need to appoint to new clinical positions and will require confirmation of recurrent funding		Agreement at Board of Directors that each PC can appoint to all core essential positions.
Finance	<b>The clinical model may not be affordable.</b> Once the clinical models have been costed, there may be not sufficient income from NHSEI for the PC to be affordable or sustainable		Discussions with NHSE regarding Fairhaven funding / availability of any transitional / growth funding.
Operational	<b>The CAMHS PC may not be fully established by the required time.</b> The timeline for establishing the PC structures, systems and processes including the commissioning function is tight.		A detailed implementation plan will set the pace of the mobilisation phase, fully engaging all key partners.
Operational	<b>The delineated commissioning function of each PC will require dedicated resource but no earmarked funding</b> NW CEOs have agreed in the longer term, the PC commissioning function should align with ICS functions. Arrangements will however be needed in the short term		Discussions with ICS partners. Short term allocations of functions to named CWP leads

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

The Board of Directors is asked to:

- (i) Note the progress with the PCs in CWP and the actions being taken to mobilise each PC to achieve their respective 'go live dates of 1<sup>st</sup> April and 1<sup>st</sup> October 2021.
- (ii) Note that the final costed Business Case for CAMHS T4 will be presented to CWP Board of Directors in February 2021 and the North West AED Business Case in April 2021.

Who has approved this report for receipt at the above meeting?

Andy Styring, Director of Strategy & Partnerships

Contributing authors:

Claire James, Associate Director of Effective Services

Distribution to other people/ groups/ meetings:

Version	Name/ group/ meeting	Date issued
1	Jenny Scott, Programme Manager	2021 01 15
2	Claire James Associate Director of Effective Services	2021 01 15
3	Claire James & Andy Styring	2021 01 15

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

Appendix No.	Appendix title

**STANDARDISED HIGHLIGHT/  
EXCEPTION REPORT**

<b>REPORT DETAILS</b>	
<b>Subject matter of report:</b>	Safeguarding Adults and Children's Bi Annual Report 2020 / 2021
<b>Report provided by:</b>	Victoria Peach
<b>Date of report:</b>	17/11/2020

<b>Summarise the purpose of the report:</b>	
<b>SUBJECT MATTER</b> What is this report about? Summarise why this report requires the attention of the Committee.	<p>The purpose of this report is to provide Cheshire and Wirral Partnership (CWP) Board with an update in respect of assurance activity and performance for which CWP is responsible for during Quarter 1 and Quarter 2 of 2020.</p> <p>The report provides continuing assurance of how the Trust has met its responsibilities and requirements as a regulated provider under Regulation 13 of the Health and Social Care Act 2008, The Care Act 2014, the Children Acts of 2004 and 1989, the statutory guidance Working Together to Safeguard Children, 2018, and Promoting the Health of Looked After Children 2015.</p>

<b>Quality, clinical, care, other risks that require escalation:</b>	
<b>ESCALATION</b> What do you need to escalate to the Committee?	<p>There is a significant increase in the number of children at risk of child exploitation and the number known to mental health services: this has been shared with the safeguarding children partnerships for ongoing trend to be considered. In addition this increase has resulted in increased workload for the safeguarding team.</p> <p>MARAC processes across Cheshire and Wirral systems vary widely resulting in changes to the resource requirements of the safeguarding team.</p>

<b>Other key matters to highlight:</b>	
<b>ASSURANCE</b> What assurance or evidence of improvements are you providing to the Committee?	<p>Safeguarding statutory responsibilities have been fulfilled.</p> <p>Analysis of activity demonstrates that the 'Think Family' approach to safeguarding is being embedded in practice.</p> <p>Increase of referrals, during the same period the previous year, provides assurance that staff are identifying safeguarding risks, acting appropriately with those risks and referring them on as necessary; this is of particular note during the Covid 19 pandemic.</p> <p>Safeguarding supervision has been maintained with alternative approaches to access remotely has been achieved.</p> <p>Named Dr role for safeguarding children has been recruited to; allocated a Designated Doctor supervisor and has engaged in the process.</p> <p>Safeguarding level 3 training has been available as an eLearning package enabling continued improvements in compliance rates.</p>

STANDARDISED HIGHLIGHT/  
EXCEPTION REPORT

REPORT DETAILS	
<b>Subject matter of report:</b>	Equality, Diversity, Inclusion & Human Rights Policy – Annual Review
<b>Report provided by:</b>	Gary Flockhart, Director of Nursing, Therapies and Patient Partnership
<b>Date of report:</b>	15/01/2021

Summarise the purpose of the report:	
<b>SUBJECT MATTER</b> What is this report about? Summarise why this report requires the attention of the Committee.	<p>The Trust's Equality, Diversity, Inclusion &amp; Human Rights Policy (GR10) provides the Trust's overall framework to meet its commitment to promoting equality, diversity, inclusion and human rights. It underpins our strategic objectives to be a model employer and to have a caring, competent and motivated workforce. It illustrates our commitment to provide an inclusive culture which treats all individuals with dignity and respect.</p> <p>As stated within section 10 of the policy, to comply with the Mental Health Act Code of Practice 2015 section 3.15, an annual review of the policy should be carried out by the following:</p> <ul style="list-style-type: none"> <li>• Trust Board</li> <li>• People and Organisational Development Sub Committee (POD SC)</li> <li>• Trustwide Equality, Diversity &amp; Inclusion (EDI) Group</li> </ul>

Quality, clinical, care, other risks that require escalation:	
<b>ESCALATION</b> What do you need to escalate to the Committee?	<p>As part of last year's annual review, the Equality, Diversity, Inclusion &amp; Human Rights Policy was the subject of a thorough refresh to provide considerably more detail on how we pay due regard to both the protected characteristics covered by the Equality Act 2010 and the articles covered by the Human Rights Act 1998. It was also updated to reflect the fact that EDI training is now 3 yearly as opposed to non-renewable as was previously the case.</p> <p>In respect of this year's review, this has been duly carried out in December 2020 by the Trustwide Equality, Diversity &amp; Inclusion Group which recommended a small number of minor updates to some of the terminology contained within the document as well as reference to the new Reasonable Adjustments Guidance which was co-produced by members of the Trust's Disability Network Group and colleagues from Workforce Wellbeing, Human Resources and Recruitment. The revised document has since been agreed virtually by POD SC and Staff Side colleagues and is, subject to the minor changes outlined above, deemed to be fit for purpose.</p>

Other key matters to highlight:	
<b>ASSURANCE</b> What assurance or evidence of improvements are you providing to the Committee?	<p>Trust Board members are asked to note that, in accordance with the Mental Health Act Code of Practice 2015 section 3.15, the Equality, Diversity, Inclusion &amp; Human Rights Policy has been reviewed by Trustwide EDI Group and POD SC.</p> <p>Trust Board members are asked to note that both of these groups provide assurance that, subject to a small number of minor changes, the policy remains fit for purpose.</p> <p>In accordance with the Mental Health Act Code of Practice 2015 section 3.15, Trust Board members are asked to approve the <a href="#">updated policy</a> and to approve that the new document may now be published within the Trust's online suite of 'Policies, Standard Operating Procedures (SOPs), Guidelines, Pathways and Protocols' and be shared with commissioners as part of the quality contract monitoring process.</p>