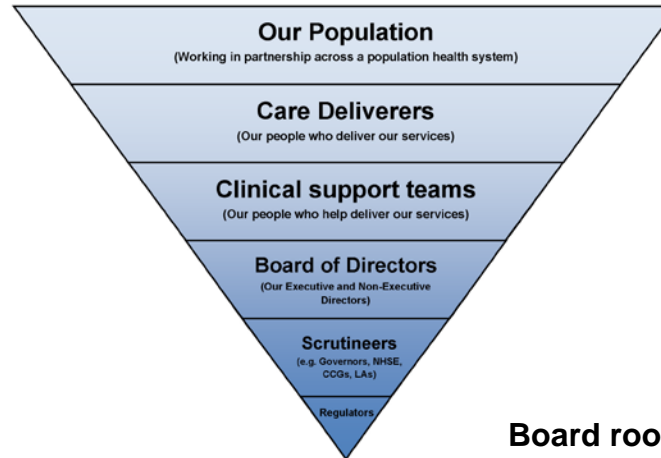




Board of Directors

At 1.30pm on Wednesday 27 November 2019
Board room, Redesmere, Countess of Chester Health Park



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

Ref	Title of item	Well-led theme	Format	Presented by	Time
Part 1: ASSURANCE					
Committee Governance					
19/20/90	Welcome, apologies and quoracy		Verbal	Chair	1.30pm (5 mins)
19/20/91	Declarations of interest				
19/20/92	Minutes of the previous meeting held Wednesday 25 September 2019		Paper		
19/20/93	Matters arising and action schedule		Paper		
19//20/94	2019/20 cycle of business		Paper		
19/20/95	Chair's Announcements		Verbal		1.35pm (10mins)
19/20/96	Chief Executive's Announcements <i>(inc. overview of discussions held in private session)</i>		Verbal	Chief Executive	1.45pm (10 mins)
Internal reporting from committees, matters of governance and assurance					
19/20/97	Quality Committee: Chair's report of Quality Committee held 6 November 2019	W4 Governance W5 Risk W8 Learning	Paper	Chair of Quality Committee	1.55pm (5 mins)
19/20/98	Audit Committee: Chair's report of Audit Committee held 12 November 2019	W4 Governance W5 Risk W8 Learning	Paper	Chair of Audit Committee	2.00pm (5 mins)

Ref	Title of item	Well-led theme	Format	Presented by	Time
19/20/99	Register of Seals (for noting only) <ul style="list-style-type: none"> 2018/19 Register (received at Audit Committee September 2019) 	W4 Governance	Paper	Chief Executive	2.05pm (5 mins)
19/20/100	Fit and Proper Persons regulations annual assurance 2019/20	W1 Leadership W4 Governance	Paper	Chair	2.10pm (10 mins)
19/20/101	Safer staffing: September and October 2019	W4 Governance W5 Risk W6 Information	Paper	Director of Nursing, Therapies and Patient Partnership	2.20pm (10 mins)
19/20/102	Report against Strategic Objectives (<i>including operational performance</i>)	W4 Governance W5 Risk W6 Information	Paper	Director of Business and Value	2.30pm (10 mins)
19/20/103	Board assurance framework and strategic risk register	W4 Governance W5 Risk	Paper	Medical Director	2.40pm (10 mins)
Break (2.50- 3.00pm)					
Quality of Care					
19/20/104	Central and East Cheshire services redesign	W2 Vision W3 Culture W5 Risk	Paper	Acting Director of Operations	3.00pm (10 mins)
19/20/105	2019/20 Flu immunisation campaign	W5 Risk W7 Engagement	Paper	Director of People and OD	3.10pm (10 mins)
19/20/106	All Age Disability Service: Year 1 evaluation	W1 Leadership W2 Vision W7 Engagement W8 Learning	Paper	Acting Director of Operations	3.20pm (20 mins)
Part 2: IMPROVEMENT					
Strategy/ Strategic Development					
19/20/107	People strategy 2019/24: delivery plan	W2 Vision W3 Culture W7 Engagement	Paper	Director of People and OD	3.40pm (10 mins)
19/20/108	Learning lessons to improve HR processes	W4 Governance W3 Culture	Paper	Director of People and OD	3.50pm (10 mins)

Ref	Title of item	Well-led theme	Format	Presented by	Time
19/20/109	Research strategy	W2 Vision W3 Culture W8 Learning	Paper	Medical Director	4.00pm (10mins)
Any other business					
19/20/110	Any other business		Verbal	Chair/ All	4.10pm (5 mins)
19/20/111	Matters for referral to any other groups				
19/20/112	Matters impacting on policy and/ or practice				
19/20/113	Review risk impact of items discussed				
19/20/114	Three things to communicate				
19/20/115	Review the effectiveness of today's meeting https://www.smartsurvey.co.uk/s/meetingeffectivenesssurvey/				
CLOSE [4.15pm]					
Date, time and venue of the next meeting:					
Wednesday 19th December 2019, 9.30am (seminar session)					

Version No	1	Date issued	21/11/2019
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DRAFT - Minutes of Board of Directors Meeting – held in Public

**At 1:30pm on Wednesday 25 September 2019
At Boardroom, Redesmere**

Present	Mike Maier	Chairman
	Sheena Cumiskey	Chief Executive
	Gary Flockhart	Director of Nursing and Therapies
	Dr Anushta Sivananthan	Joint Medical Director, Quality, Compliance and Assurance
	David Harris	Director of People and Organisational Development
	Suzanne Edwards	Acting Director of Operations
	Dr Faouzi Alam	Joint Medical Director, Effectiveness, Medical Education and Medical Workforce & Caldicott Guardian
Andy Harland	Deputy Director of Business and value (for Tim Welch)	
Andrea Campbell	Non-Executive Director	
Edward Jenner	Non-Executive Director	
Dr Jim O'Connor	Non-Executive Director	
In attendance	Louise Brereton	Head of Corporate Affairs
	Suzanne Christopher	Corporate Affairs Manager (minutes)
	Helen Bett	Shadow Associate
Apologies	Tim Welch	Director of Business and Value
	Rebecca Burke-Sharples	Non-Executive Director
	Anne Boyd	Non-Executive Director

Ref	Title of item	Action
	Meeting governance	
19/20/64	Welcome, apologies and quoracy The Chair welcomed all to the meeting. The meeting was confirmed as quorate. Apologies were noted as above.	
19/20/65	Declarations of interest None declared.	
19/20/66	Minutes of the previous meeting held 31 July 2019. The minutes of the meeting held 31 July 2019 were approved as an accurate record.	
19/20/67	Matters arising and action points Item 19/20/55 - E Jenner commented on the need to ensure that the personality of the organisation is clear within the People and OD Strategy. D Harris confirmed that this is being worked into the narrative of the strategy.	

Ref	Title of item	Action
19/20/68	<p>2019/20 Cycle of business</p> <p>It was noted that the 2018/19 Research annual report would be provided to the November 2019 meeting of the Board of Directors. The Fit and Proper Persons annual assurance report will also be provided to the November meeting.</p> <p>The business cycle for 2019/20 was noted.</p>	
19/20/69	<p>Chair's announcements</p> <p>The Chair made the following announcements.</p> <p>Director of Nursing A formal welcome was offered from the Board of Directors to Gary Flockhart to his first official Board Meeting.</p> <p>The Board reflected on the Person Centred Event that was held on the 6th September to say farewell to Avril Devaney in her Director Role with the Trust. The Chair commented that the day was enjoyable with some very valuable presentations and time to reflect on Avril's contribution to the Trust over the past 17 years as Director of Nursing. The Board of Directors wished Avril all the very best for the future.</p> <p>Annual Members Meeting and Best Practice Event It was reported that this year's Annual Members Meeting and Best Practice Event will take place at the Floral Pavilion, New Brighton on Thursday 3rd October 2019. The Best Practice Event will provide an opportunity for services to present their work and will also launch the 19/20 Big Book of Best Practice. The award winning performer, writer, presenter and mental health advocate Juliette Burton will be the key-note speaker and this will be followed by the Annual Members' Meeting, commencing at 1pm. The meeting provides an opportunity to hear from the Board of Directors about the performance of the Trust and ambitions for the future.</p> <p>HSJ Awards CWP have been announced as a finalist for the mental health provider of the year category of the HSJ Awards. The event is scheduled for the 6th November 2019 when the results will be announced.</p> <p>NHS Provider Conference Our Wirral All Age Disability service will be attending the NHS Providers showcase in Manchester on 8 and 9 October.</p> <p>National Association of Primary Care Conference Our Knutsford Memory Service and Winsford CAMHS service will be showcasing at the National Association of Primary Care conference in Birmingham on 9 and 10 October.</p> <p>Old Hall Surgery CWP has been awarded the contract to provide GP services at Ellesmere Port's Old Hall Surgery from September 2019.</p> <p>Old Hall becomes the third local GP practice to be managed by CWP, joining Westminster Surgery (Ellesmere Port) and Willaston Surgery – recently recognised as the number one GP surgery in Cheshire for patient opinion following publication results from the national GP Patient Survey.</p>	

Ref	Title of item	Action
	<p>NED Recruitment The Council of Governors recently confirmed the appointment of two new NEDs. Anne Boyd will join the Board with effect from 23 September 2019. Paul Bowen will join the Board with effect from 1 October 2019. Helen Bett also joins the Trust as a shadow board associate, supported by Gatenby Sanderson. Helen will be invited to shadow the Board and receive coaching from Board Members.</p> <p>The Board of Directors noted the above updates.</p>	
19/20/70	<p>Chief Executive's announcements</p> <p>S Cumiskey provided the following summary of the closed board meeting held that morning;</p> <ul style="list-style-type: none"> • The Board of Directors received the Chair's report from Operational Committee, a sub-committee of the Board, which included a number of areas of escalation, assurance and improvement. As part of the assurance provided, the Committee were assured of the preparations in place for the UK's potential exit from the EU on the 31 October 2019. • The Board were advised that the Trust remains on track to deliver their Control Total. • A report was received regarding continuous improvement within our Learning Disabilities short break services. • Board members considered the outcome of a recent RCA level 3 review. The review highlighted the reflective approach that was taken and how we can further improve the care we provide. • An update of the Central and East redesign was provided with development of the community based services and re-provision of inpatient services outlined. It was confirmed that a date had been set for mid-December 2019 for the opening of our two in-patient new facilities. • An update was provided regarding PLACE based working and the systems approach on the provider collaborative. This will be a different way of commissioning and providing services for the future. <p>The Board of Directors noted the above summary.</p>	
Reporting from Committees and Matters of Governance		
19/20/71	<p>Audit Committee: Chair's report of the Audit Committee held on 17 September 2019</p> <p>E Jenner introduced the item. Board members were advised that the Committee had received a number of audit reports. Attention was drawn to the recent health roster audit, for which moderate assurance was issued concerning issues related to access and logging processes. Colleagues have been invited to the November 2019 Audit Committee meeting to provide further assurance against the identified actions.</p> <p>A review of consultant job plans was also received. Further assurance has been requested for the November 2019 Audit Committee meeting.</p> <p>A discussion took place regarding the current governance arrangements which stipulate that audit reports are reviewed at Operational Committee prior to being presented to Audit Committee for approval. It was agreed</p>	

Ref	Title of item	Action
	<p>that it may be helpful for senior management representatives to attend Audit Committee as necessary to provide additional assurance of how actions have been progressed.</p> <p>The Audit Committee advised that they had recently reviewed the need for an audit of the supervision policy. It was confirmed that this would continue to be part of the audit programme to support the introduction of the proposed new policy.</p> <p>It was confirmed that Grant Thornton were integrating well and had received a helpful handover from KPMG.</p> <p>The Audit Committee recently approved the revised procurement tender waivers policy.</p> <p>The Committee received significant assurance that the issues identified in the Year End ISO 260 in regards to the EIP indicator were being appropriately addressed, with mechanisms now in place to improve data capture and review.</p> <p>Dr A Sivananthan added that a review of EI capability and capacity is underway to understand the current pressures on the team. The capacity of the team is challenged in part due to CWP supplying information over and above requirements. Work is underway to fully understand our statutory and mandatory reporting requirements.</p> <p>The Board of Directors noted the Chair's report.</p>	
19/20/72	<p>Quality Committee: Chair's Report of the Quality Committee held 11 September 2019</p> <p>Dr J O'Connor introduced the item and highlighted the following points:</p> <p>A quality impact assessment was undertaken further to referral from the Operational Committee in relation to the bed reduction on Bolin Ward. The assessment was well received and created significant debate. Thanks was noted from the Operational Committee Chair to the Quality Committee for undertaking this work.</p> <p>The Committee received a presentation provided by the Pharmacy team regarding activity on the Wirral. The successful outcomes were noted.</p> <p>Dr A Sivananthan advised that a presentation was recently provided by NHS England to the North West Medical Directors meeting concerning nicotine management. Issues raised by the CQC have been formally raised by CWP with Public Health England who will address this directly with NHSE. It was confirmed that this is a national issue. S Cumiskey commented on the recent information released by Public Health England regarding the potential adverse effects of e-cigarettes.</p> <p>The Board of Directors noted the Chair's report.</p>	
19/20/73	<p>2018/19 Annual Reports:</p> <ul style="list-style-type: none"> • Health, Safety and Fire <p>G Flockhart advised that the 2018/19 Health, Safety and Fire Annual Report was provided to the Board of Directors following comprehensive review by the Operational Committee. It was noted that the additional</p>	

Ref	Title of item	Action
	<p>requirements for fire safety identified by the CQC in their 2018 inspection had been delivered.</p> <p>The Board of Directors noted the 2018/19 Health, Safety and Fire Annual Report.</p> <ul style="list-style-type: none"> • Safeguarding Adults and Children <p>The 2018/19 Safeguarding Adults and Children Report was provided to the Board of Directors. Board members noted that the report had been subject to comprehensive review by the Quality Committee with the assurance that all statutory requirements had been met.</p> <p>The Board of Directors noted the 2018/19 Safeguarding Children and Adults Annual Report.</p>	
Operational Performance		
19/20/74	<p>Board Dashboard</p> <p><i>J Partington (Quality Surveillance Specialist) joined the meeting.</i></p> <p>J Partington introduced the item. A presentation was provided to Board Members to demonstrate the dashboard that had been created to better report against organisational objectives. The proposed dashboard focused on the areas agreed during the Board Seminar in December 2018.</p> <p>J Partington provided an overview of the content of the dashboard.</p> <p>Board Members considered how the dashboards, as they stand, would help them to consider the Trust's performance. For example, comments were made regarding potential seasonal trends, e.g. staff absence, bed pressures during common times of year etc.</p> <p>Board Members requested additional context be provided to the dashboard, i.e. what impact other factors may have had on performance at certain times of the year. It was also requested that internal controls and national targets be included. It will be important to understand the impact of the newly proposed supervision policy as part of this process.</p> <p>It was noted that some of the people services indicators need further consideration and may require some additions.</p> <p>Board members expressed their satisfaction with the dashboards to date and thanked J Partington and his team for their work on this to date. The dashboards will assist the Board to more fully understand how the Trust is performing against its strategic objectives.</p> <p>The Board of Directors noted dashboard.</p> <p><i>J Partington left the meeting.</i></p>	
19/20/75	<p>Board assurance framework and strategic risk register</p> <p>Dr A Sivananthan introduced the item as the nominated lead for risk.</p> <p>Board Members were advised that at the time of the report, the register included three red risks and six amber risks.</p>	

Ref	Title of item	Action
	<p>It was noted that risks are discussed in depth at Quality Committee. All Care Groups also hold a local risk register and can escalate or de-escalate risks via the Operational Committee.</p> <p>Reporting on the current strategic risks. An emerging risk concerning consistent application of the mental health act is currently in-scope. Board Members were advised that a task and finish group has been established to develop a risk treatment plan.</p> <p>Reporting on risk 10, acute care bed pressures, it was highlighted that overall risk score had been increased reflecting a prolonged period in OPEL 4. At this time, mitigations were felt to be efficient and controls sufficient.</p> <p>The risk relating to mixed sex accommodation has been archived reflecting the completion of the actions required.</p> <p>Reporting on risk 1 – supervision levels, the internal audit on supervision had been refocused to support the implementation of the new policy.</p> <p>It was confirmed that the outstanding risk management workshop facilitated with MIAA had been directed to the SMH care group to participate in. Dr A Sivananthan also advised that internal management risk training had also since been delivered with all senior leaders. Board members will undertake risk appetite discussions as part of the board development plan.</p> <p>S Cumiskey confirmed that care groups regularly report their risk registers to Operational Committee, and feedback on their governance meetings on a monthly basis.</p> <p>The Board of Directors approved the amendments and noted the paper.</p>	
19/20/76	<p>NHS I/E single oversight framework 2019/20</p> <p>A Harland introduced the item, advising that the single oversight framework has existed now for a number of years and relates to performance measures for Foundation Trusts.</p> <p>The single oversight framework has recently been updated and been re-issued. The framework is now also applicable to CCGs and sets out the joint approach that NHSI and NHSE will take to oversee organisational performance and identify where providers and commissioners may need support.</p> <p>The key changes were outlined to Board Members as part of the SBAR. In line with the previous approach, the framework considered providers across the five themes of Quality of Care, Use of Resources, Operational Performance, Strategic Change, Leadership and Improvement. Performance against these domains determines the segment of the provider, of which CWP are rated 1 (most autonomy).</p> <p>S Cumiskey outlined the quarterly review assessment that will now take place from a systems perspective. This new review process will be monitored and tested over time.</p> <p>The Board of Directors noted the report.</p>	

Ref	Title of item	Action
19/20/77	<p>Quality of Care</p> <p>Safer Staffing: ward staffing: July and August 2019</p> <p>G Flockhart introduced the item. The report outlined data for July and August 2019 and was provided to Board Members for information and for noting.</p> <p>G Flockhart outlined that during July 2019, the Trust saw consistently high levels of staffing across all areas. In August, some particular pressures were evident, such as in the Greenways Unit, Macclesfield but these were successfully mitigated.</p> <p>It was highlighted that the report does not fully demonstrate the flexibility across the system to enable cross-cover arrangements.</p> <p>The Board of Directors noted the report.</p>	
19/20/78	<p>Guardian of Safe working Q1 2019/20</p> <p>Dr F Alam introduced the item. The report provided covered the period April to August 2019, and has been presented to the Board of Directors for the last three years.</p> <p>It was confirmed that there were no exception reports during the reported period with no concerns regarding access to education and no fines were levied against the Trust.</p> <p>Dr J O'Connor requested assurance around supervision compliance for junior doctors. Dr F Alam confirmed that regular communication takes place with the Dean for junior doctors which is the route of assurance.</p> <p>S Cumiskey commented that nationally it has been recognised that junior doctors struggle to establish connections with trusts due to the number of placements they have while on training. CWP medical education colleagues are considering this issue to try and enhance their experience while with CWP.</p> <p>A discussion took place about introducing a possible alumni programme. It was confirmed that efforts are made to maintain contact informally, however, CWP also wishes to consider how to encourage junior doctors to become substantive employees once they complete their training.</p> <p>The Board of Directors noted the report.</p>	
19/20/79	<p>Learning from Experience: executive summary report: edition 1</p> <p>G Flockhart introduced the item and drew attention to the recommendations of the report.</p> <p>The report provided covered trimester 1 (April to July 2019). It was noted that there had been a slight increase in safety related incidents in all areas (with the exception of inpatients).</p> <p>The NHSI Patient Safety report was published in July. This is a welcomed report and will be presented to the Quality Committee to consider the Trust's response and delivery plan.</p> <p>Two regulation 28 letters were detailed in the report, both of which have been formally responded to in line with requirements.</p>	

Ref	Title of item	Action
	<p>G Flockhart advised that six recommendations were included in the report, as follows:</p> <ol style="list-style-type: none"> 1. A review of incident reporting and management policy in preparation for the publication of the Patient Safety Incident Response Framework; 2. A task and finish group to be developed to identify further quality improvement work. This will also involve lived experience representatives; 3. A review to understand how the Learning from Experience report can be improved to even better support learning across the Trust; 4. Development of systems to flag index learning from claims to be incorporated into ongoing quality improvement work; 5. Further incorporating leaning from external reviews into our quality improvement work; 6. Reporting of incidents in relation to prescribing errors to be monitored by the Medicines Management group. <p>Board members were advised that appendix 1 of the report provided an update and assurance against recommendations identified during trimester 3.</p> <p>A Campbell questioned how learning is captured, particularly from reoccurring themes. It was noted that a quality improvement approach is currently being considered to take this work forward even more consistently. Board members were advised that a number of factors will be considered as part of this review, i.e. frequency of particular recommendation themes and how we ensure decision making processes are considered as part of the review process.</p> <p>It was noted that the Quality Committee had comprehensively reviewed the full Learning from Experience report at the September meeting.</p> <p>The Board of Directors noted the report.</p>	
19/20/80	<p>Quality Report: edition 1</p> <p>Dr A Sivananthan introduced the report and Board members were reminded that the Quality Reports forms part of the Trust's reporting against the quality schedule, the quality account priorities and CWP's commitment to quality improvement and how best practice is shared.</p> <p>Dr A Sivananthan highlighted a number of the areas of good practice from the report including:</p> <ul style="list-style-type: none"> • Work undertaken by the McMillan Palliative Care team, liaising with the local hospice, they have been able to increase capacity and offer much needed interventions to patients receiving end of life care. • The introduction of 'Journey Gram' - a computer programme that is able to plot individual journeys in a visual way enhancing a co-ordinated approach to care. • A successful bid with The Poppy Factory, which provides funding to support veterans back into work. CWP is the only Trust in the North West who is part of this project. 	

Ref	Title of item	Action
	<p>Board members commented on the positive nature of the report and congratulated staff on their achievements which were clearly improving the outcomes for patients.</p> <p>The Board of Directors noted the report.</p>	
19/20/81	<p>Equality and Diversity annual report 2018 / 19</p> <p><i>C Walsh (Associate Director of Patient and Public Involvement) joined the meeting.</i></p> <p>C Walsh introduced the item. It was noted that a series of reports had been combined this year, which were required to be reported to Board and published by the Trust.</p> <p>It was confirmed that CWP had met all required obligations is compliant with the requirements of the Equality and Diversity Act.</p> <p>The following achievements were highlighted:</p> <ul style="list-style-type: none"> • Achievement of Equality Delivery System (EDS2). • A wider involvement of representative groups to the Equality and Diversity group. • Improved intranet page providing information on equality and diversity issues. • Support for events across all care groups. • Implementation of autism training led by CANDID. • Improvement in workforce race equality data showing a positive improvement on issues previously identified. • Issues previously raised concerning BAME staff have seen an improvement. <p>A discussion followed regarding how the Trust ensures it is fully representing the populations it serves. This is improving but there is further work to do. This will include ensuring access to progression opportunities so all staff feel able to reach their full potential. It was recognised that this is a NHS wide challenge but even more work is needed locally to ensure we further consider the experiences of all staff and patient groups.</p> <p>It was noted that the report was very helpful and the increasing focus on equality and diversity was commended.</p> <p>The Board of Directors approved the Equality and Diversity Annual Report 2018/29.</p> <p><i>(C Walsh left the meeting).</i></p>	
19/20/82	<p>Place based working</p> <ul style="list-style-type: none"> • Cheshire East and Cheshire West Partnerships' Five Year Plans <p>S Cumiskey introduced the item. Board members were presented with two place based plans; Cheshire East and Cheshire West Partnerships. The plans provided high level statements in regards to the vision and aspirations of the partnerships to transform health and care systems across their respective local authority areas. The partnerships will feed</p>	

Ref	Title of item	Action
	<p>into the Cheshire and Merseyside Health and Care Partnership Five Year Strategy.</p> <p>S Cumiskey highlighted that both plans consider the wider determinants of health and both have been out to consultation to ensure they resonate with what people need to address.</p> <p>It was noted that the Cheshire West plan had recently been presented to the Health and Wellbeing Board.</p> <p>A Campbell commented that there is a clear need to ensure these plans remain live and dynamic and inform future decision making.</p> <p>Dr J O'Connor commented that the language was good and the plans reflect what all partners are seeking to achieve. A strong emphasis is placed on values which reconciles with CWP particularly.</p> <p>The Board of Directors noted the reports.</p>	
19/20/83	<p>West Cheshire Integrated Care Partnership</p> <ul style="list-style-type: none"> • Terms of Reference <p>The terms of reference for both the West Cheshire Integrated Care Partnership (ICP) Board and the Directors' Group were presented for approval.</p> <p>S Cumiskey outlined the work that had been taking place with partners to bring services together to consider a population approach to improving outcomes for patients. It was confirmed that the Integrated Care Partnership Board would only operate with delegated authority from its constituent bodies. Any decisions would be referred back for individual Board approval. The CWP representatives are S Cumiskey and A Campbell.</p> <p>A query was raised regarding the reference that the Chair of the ICP would always being a NED of the Countess of Chester Board. It was confirmed that A Campbell is also noted as the Deputy Chair but that the comment would be relayed back to the ICP Board.</p> <p>A concern was raised regarding the Directors' Group terms of reference regarding the reference to investment requirements. This would be reviewed further and an update provided on the definition.</p> <p>Action: to provide clarity on the meaning to the investment reference in the ICP Directors' Group terms of reference</p> <ul style="list-style-type: none"> • ICP Business Plan <p>A draft business plan was provided to Board Members for information and noting. It was noted that this remained in its formative stage and a final version would be presented for approval in due course.</p> <p>The Board of Directors approved the terms of reference for the ICP.</p>	SC/ AC
Closing Business		
19/20/84	<p>Any other business</p> <p>There were no further items of business.</p>	

Ref	Title of item	Action
19/20/85	<p>Matters for referral to any other groups</p> <p>There were no matters to refer or escalate to other groups.</p>	
19/20/86	<p>Matters impacting on policy and/ or practice</p> <p>There were no matters identified impacting on policy and/or practice.</p>	
19/20/87	<p>Review risk impact of items discussed</p> <p>It was confirmed that all risks referenced though discussions at the meeting were appropriately captured on the assurance framework.</p>	
19/20/88	<p>Key messages for communication</p> <p>The Board agreed a number of matters to communicate.</p>	
19/20/89	<p>Review of meeting performance</p> <p>All agreed the meeting had been effective. Board members were encouraged to complete the online meeting survey to ensure ongoing Board effectiveness.</p>	
CLOSE		
Date, time and venue of the next meeting:		
Wednesday 27 November, 9.30am, Boardroom, Redesmere		

Cheshire and Wirral Partnership NHS Foundation Trust
Open Actions Action Schedule

Meeting date	Group/ Ref	Action	By Whom	By when	Status
25/09/2019	19/20/83	West Cheshire Integrated Care Partnership : to seek clarity on the meaning to the reference to investment in the ICP Directors' Group terms of reference	SC/AC	November 2019	Open

Board of Directors
Business Cycle 2019/20 (Public Meeting)

	Item	Lead	Apr	May	Jun	Jul	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Assurance	Chair and CEO report and Announcements	MM/SC		✓		✓	✓		✓		✓		✓
	Review minutes of the previous meeting	MM		✓		✓	✓		✓		✓		✓
	ICP Board/s (minutes)	SC		✓		✓	✓		✓		✓		✓
	Receive Chair's Report of the Quality Committee	JOC		✓		✓	✓		✓		✓		✓
	Receive Chair's Report of the Audit Committee	EJ		✓		✓	✓		✓		✓		✓
	Freedom to speak up six monthly report	AD				✓					✓		
	Six monthly Infection Prevention Control Report	Director of IPC									✓		
	Director of Infection Prevention and Control Annual Report Inc. PLACE	Director of IPC				✓							
	Safeguarding Adults and Children Annual Report and six monthly report	AD				✓					✓		
	Accountable Officer Annual report Inc. Medicines Management	AS				✓							

Item	Lead	Apr	May	Jun	Jul	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly Ward Staffing update (monthly and six monthly reporting)	AD		✓		✓	✓		✓		✓		✓
Research Annual Report	FA					✓						
Medical Appraisal Annual Report and annual declaration of Medical revalidation	FA				✓							
Operational Plan/Board performance dashboard (incorporating Operational and Quality Dashboard)	TW		✓		✓	✓		✓		✓		✓
Annual Report, Accounts and Quality Account	TW		✓									
Health and Safety Annual Report and Fire and Link Certification	AD				✓							
Board Assurance Framework	AS		✓			✓				✓		✓
Learning from Experience report, Inc. Learning from Deaths	AD		✓			✓				✓		
Integrated Governance Framework	AS									✓		
Equality and Diversity responsibilities inc. WRES and WDES	AD		✓		✓	✓						
Guardian of Safe Working quarterly report	FA		✓		✓			✓		✓		
Provider Licence Compliance	TW		✓					✓				

Item	Lead	Apr	May	Jun	Jul	Sep	Oct	Nov	Dec	Jan	Feb	Mar
CQC Statement of Purpose	AS									✓		
Data Protection and Security toolkit	FA											✓
GDPR compliance annual review	FA				✓							
Register of Sealings	TW					✓						
Register of Interests (Directors and Governors)	MM		✓									
Self-certification statements	TW		✓									
Corporate Governance Manual	TW									✓		
Fit and Proper Persons annual assurance	DH							✓				
Terms of Reference and effectiveness reviews: <ul style="list-style-type: none"> Quality Committee Audit Committee Operational Committee 	JOC/SC		✓		✓							
Review risk impacts of items	MM/SC		✓		✓	✓		✓		✓		✓
CEO/Chair Division of Responsibilities	MM/SC		✓									
BOD draft Business Cycle 20/21	MM/SC											✓

	Item	Lead	Apr	May	Jun	Jul	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	AOB (including matters that are NOT commercial in-confidence)	MM/SC		✓		✓	✓		✓		✓		✓
IMPROVEMENT	Quality Improvement report/ strategy implementation	AS				✓			✓				✓
	CQC Community Patient Survey Report (themes and improvement plan)	AD							✓				
	NHS Staff Survey (themes and improvement plan)	DH											✓
	People and OD strategy inc. workforce planning)	DH		✓					✓				

STANDARDISED CHAIR'S REPORT

CHAIR'S REPORT DETAILS	
Name of meeting:	Quality Committee
Chair of meeting:	Dr J O'Connor, Non Executive Director
Date of meeting:	06/11/2019

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

(ESCALATION)

Based on matters escalated to the Quality Committee via its subsidiary groups, it was requested that risks associated with the following subject matters be scoped:

(1) Risks to the effective delivery of the Trust's policy for the prevention of the transmission of flu to help protect both staff and those that they care for.

(2) Risks to compliance with Trust targets for mandatory training.

The integrated governance framework will be applied to test whether the threshold is met to escalate these subject matters as strategic risks.

Improved compliance with the Trust's policy in relation to rapid tranquilisation and physical health monitoring was noted from an audit commissioned and received by the Clinical Practice & Standards Sub Committee. The quality assurance dashboard has identified opportunities to improve data completeness in Datix, following the changes to definitions of restraint incidents, particularly chemical restraint, introduced nationally in 2019. A task and finish group will be convened to identify support for staff in using the correct reporting fields.

Matters discussed:

(ASSURANCE)

The terms of reference of the Quality Committee's subsidiary groups were approved, excepting the Clinical Practice & Standards Sub Committee which are currently being consulted on, therefore these will be scheduled for approval at the January 2020 meeting of the committee.

The Trust's Quality & Equality Impact Assessment process and documentation were approved.

Progress has been made against the regulatory actions identified in the 2018 CQC inspection report, with all actions completed or on track for completion. Assurance updates are routinely shared with the CQC.

Assurance was received that implementation of learning from the two current internal level 3 serious incident reviews will be overseen by the Specialist Mental Health Care Group. Additionally, progress against the action plan following the external level 3 review by Niche (commissioned by NHS England) was received, with all actions completed except for the action to undertake an audit of cases where people are under Care Programme Approach – this is currently in progress and due for completion by the end of November 2019. An assurance visit by NHS Improvement, the CCG and Niche is taking place on 6 December 2019. Further, assurance was provided that an action plan is in development to respond to a Prevention of Future Deaths report received from HM Coroner, dated 26/07/2019.

Achievements:

(IMPROVEMENT)

Improvements to the Trust's processes in applying the Duty of Candour were presented, with a desktop review indicating 99% compliance. To re-inforce and clarify the requirements, the current share learning bulletin is being updated and will be re-circulated to all staff.

CWP now has over 90 staff trained in quality improvement at senior level and they and others are working on QI projects across clinical and non-clinical working areas. Plans are in place to improve on the number of senior level QI trained staff further by the end of March 2020, in addition to plans for building capability at all levels of the organisation. A video presentation was received to provide assurance of QI capability being used effectively in action.

STANDARDISED CHAIR'S REPORT

CHAIR'S REPORT DETAILS	
Name of meeting:	Audit Committee
Chair of meeting:	Edward Jenner
Date of meeting:	12 November 2019

Quality, clinical care, other risks identified that require escalation

(ESCALATION)

Internal audit:

- An audit undertaken on access and waiting times in CYP services attained a limited assurance opinion. The CYP Head of Operations joined Committee members to inform on the current position and the action plan in place to respond to the issues, particularly around data processes. A further update on this will be provided early in 2020 to inform on progress made. The need to extend the scope of risk 12 was highlighted in light of this audit to better reflect the current Trust position.
- A discussion was held on the scoping of the quality spot checks audit. Committee members agreed that the specification should reflect that of the audit undertaken last year to provide means of true comparison.
- Committee members reiterated the requirement for any changes to the audit plan should be proposed directly to the Committee in the first instance.
- The follow up reports on Health- roster and risk 11 were deferred due to sickness and will be rescheduled.

Matters discussed/decision:

(ASSURANCE)

Internal Audit

- MIAA provided an update in respect of the assurances, key issues and progress against the Internal Audit Plan for 2019/20. The completed audits above were discussed.
- Dr Faouzi Alam joined Audit Committee members to provide assurance on the actions taken following the limited assurance opinion on the consultants' increment audit. The action plan is due for completion by 1 December and assurance was provided on the robustness of the SARD system. MIAA will undertake a short follow up on the completed actions in early January 2020.
- Details of future events and benchmarking were noted by the Committee.

External Audit

- Grant Thornton provided an update on their recent work as incoming auditors. A meeting held with former audits KPMG was positive. Further detail was given on the forthcoming pre audit work commencing early in 2020, including the process for the governor selected indicator.
- An update on progress with the recommendations made in the ISA 260 2018/19 report was presented with evidence of good progress made.

Strategic Risk Register

- The update strategic risk register and board assurance framework was noted.

STANDARDISED SBAR COMMUNICATION

REPORT DETAILS	
Report subject:	Fit and Proper Persons policy and process review 2019
Agenda ref. number:	19.20.100
Report to (meeting):	Board of Directors
Action required:	Information and noting
Date of meeting:	17/09/2019
Presented by:	Mike Maier, Chairman,

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	Yes
Improve quality of information to improve service delivery, evaluation and planning	No
Sustain financial viability and deliver value for money	No
Be recognised as an open, progressive organisation that is about care, well-being and partnership	No

Which NHSI Single Oversight Framework themes this report reflects:		CWP Quality Framework:		
Quality	Yes	Patient Safety	Safe	Yes
Finance and use of resources	No	Clinical Effectiveness	Effective	Yes
Operational performance	No		Affordable	No
Strategic change	No		Sustainable	No
Leadership and improvement capability	Yes	Patient Experience	Acceptable	No
			Accessible	No
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
The purpose of this report is to provide assurance to the Board of Directors that the trust is compliant with the Fit and Proper Persons requirements as outlined within the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Background – contextual and background information pertinent to the situation/ purpose of the report
The Health and Social Care Act 2018 (Regulated Activities) Regulations 2014 requires that all trusts ensure that all executive and non-executive director posts (or anyone performing similar or equivalent functions) are filled by people that meet the requirements of the FPPR. These regulations were introduced in 2014 and the fundamental standards came into force in April 2015.
The regulations place a duty on trusts to ensure that their directors are compliant with the FPPR. It is the trust's duty to ensure that they have fit and proper directors in post. The CQC has the power to take enforcement action against the trust if it considers that the trust has not complied with the requirements of the FPPR.
In accordance with the trust policy, the trust is expected to undertake a number of pre-employment checks

on appointment as well as a number of on-going checks on a yearly basis.

Assessment – analysis and considerations of the options and risks

Below is an outline of the evidence for the reporting year 2018/19 and to present day

Annual FPPR Checks

- Self- declaration forms have been renewed and completed and are held by the Corporate Affairs team for the full Board for the reporting year
- Appraisals – have been completed for 2018/19 with objectives agreed for 2019/20. These are held in the electronic files for all NEDs and Executives.
- The Register of Disqualified Directors was checked for 2018-2019 and records held in a central register
- The Insolvency/ bankruptcy Service Register (IIR) was checked for 2018/2019 and records held in a central register
- A general google search is undertaken on each Director and the output from this is held in a central register.
- DBS Checks are carried out every three years – all are up to date or in process.
- The Board has received three new appointments since the last review. Two new Non Executive Directors, Dr Paul Bowen and Anne Boyd have been appointed to the Board and their pre-employment checks have been completed.
- Gary Flockhart has been appointed as Director of Nursing from 5 August 2019. All the required FPPR checks have been undertaken for the new appointments, in line with the policy requirements.
- Suzanne Edwards has been undertaking the role of acting Director of Operations to cover the sickness absence of the Director of Operations. All relevant checks have been completed, in line with policy requirements.

Audits

MIAA were commissioned to complete a follow-up audit following the full audit of the Trust FPPR systems in 2018. This reviewed whether the recommendations from the full audit below had been completed. These were:

- To establish a stand-alone policy in respect of Fit and Proper Persons Regulations and processes for the trust.

The follow up audit undertaken in May 2019 confirmed that the stand-alone policy was now operational, having been developed and approved and that no further amendments were required.

- To look to go paperless and ensure all ED and NED file management is consistent throughout and all documentation is held in a central electronic filing system.

The follow up audit also recognised that the central paperless electronic system was now established but that there were some outstanding documents required for some files which remained in hard copy and also the need to finalise some access requirements. This has been completed and an internal mini-audit on records was undertaken in October 2019 with some minor housekeeping actions to be undertaken.

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

The Remuneration and Nominations Committee are recommended to **note** the report.

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

David Harris, Director of People and OD.

Contributing authors:

Chris Sheldon, Head of HR, Jo Wing, Head of Recruitment

Version

Name/ group/ meeting

Date issued

1 Audit Committee

Sept 2019

2 Remuneration and Nominations Committee of the BOD

Nov 2019

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

Appendix No.

Appendix title

STANDARDISED SBAR COMMUNICATION

REPORT DETAILS	
Report subject:	Ward Daily Staffing Levels September and October 2019
Agenda ref. number:	19.20.101
Report to (meeting):	Board of Directors
Action required:	Information and noting
Date of meeting:	27/11/2019
Presented by:	Gary Flockhart, Director of Nursing, Therapies and Patient Partnership

Which strategic objectives this report provides information about:	
Deliver high quality, integrated and innovative services that improve outcomes	Yes
Ensure meaningful involvement of service users, carers, staff and the wider community	No
Be a model employer and have a caring, competent and motivated workforce	Yes
Maintain and develop robust partnerships with existing and potential new stakeholders	No
Improve quality of information to improve service delivery, evaluation and planning	Yes
Sustain financial viability and deliver value for money	Yes
Be recognised as an open, progressive organisation that is about care, well-being and partnership	Yes

Which 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

<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
This report details the ward daily staffing levels during the months of September and October 2019 following the submission of the planned and actual hours of both registered nurses (RN) and clinical support workers (CSWs) to UNIFY (appendix 1 and 2). The themes arising within these monthly submissions continue to mirror those that have arisen previously. These themes identify how patient safety is being maintained on a shift by shift basis.

Background – contextual and background information pertinent to the situation/ purpose of the report
The monthly reporting of daily staffing levels is a requirement of NHS England and the National Quality Board in order to appraise the Board and the public of staffing levels within in-patient units. The recommendations made within the latest six monthly report are being followed through and will be monitored via the People Planning group which oversees the strategic approach to safe staffing. The Trust is engaged in the Mental Health National Optimum Staffing Project a programme of work commissioned by Health Education England to develop a generic tool (multi-disciplinary) for Safe Staffing that can be used in any service setting for inpatient mental health services.

Assessment – analysis and considerations of the options and risks

During September 2019 the trust (with the exclusion of the CYP Inpatient areas) achieved staffing levels of 96.7% for registered nurses and 97.2% for clinical support workers on day shifts and 95.5% and 99.4% respectively on nights. During October 2019 the trust (with the exclusion of the CYP Inpatient areas) achieved staffing levels of 96.4% for registered nurses and 98.9% for clinical support workers on day shifts and 97.7% and 100% respectively on nights.

For the months of September and October 2019, publication of data for the CYP inpatient wards (Coral and Indigo) will be carried forward to the January 2020 reporting period. This is due to the requirement to update these wards' staffing levels data, identified as part of the Trust's data validation processes.

In the month of October 2019 Greenways experienced pressures in terms of staffing due a reduction in Band 6 leadership due to acting up arrangements. However the Band 5 nurses in charge were supported by the Acting Manager and Modern Matron who both had a continuous presence on the ward. There was a period of above average sickness for the Band 5 nurses however from investigating the reasons for absence no themes emerged. The below measures were also put in place to ensure the continuous safety on the ward:

- Staffing levels were monitored closely at the twice weekly staffing meetings.
- Incidents were reviewed regularly
- Patient activity was not effected during this time and this was monitored
- There was no delay reported in discharges, assessments or referrals during this period

During the months of September and October Bollin ward have reduced there requests for additional staff due to a planned reduction in bed numbers to support the Central and East service redesign. This has also included planned reallocation of staff to other clinical areas.

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 and 2 details how all wards, who did not achieve overall staffing of 95%, maintained patient safety.

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

The Board of Directors are recommended to note the report

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

Gary Flockhart, Director of Nursing, Therapies and Patient Partnership

Contributing authors:

Charlotte Hughes, Business and Innovation Manager, Educaion CWP

Distribution to other people/ groups/ meetings:

Version	Name/ group/ meeting	Date issued
1	Gary Flockhart, Director of Nursing, Therapies and Patient Partnership	14.11.19

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

Appendix No.	Appendix title
1	Ward Daily Staffing September 2019
2	Ward Daily Staffing October 2019

Service Line	Ward	Day				Night				Day		Night		Safe Staffing was maintained by:
		Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	
		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					
SMH - Bed Based West & East	Adelphi	1314.75	1212.25	1196.5	1128.5	657	627.5	1316	1258.5	92.2%	94.3%	95.5%	95.6%	Staff cross covered. Ward Manager worked actively within the staffing establishment. Staff worked additional hours.
	Bollin	1042	940.45	1273	1041.5	690	632.5	1047.4	1012	90.3%	81.8%	91.7%	96.6%	Staff cross covered. Ward Manager worked actively within the staffing establishment. Staff worked additional hours.
	Croft	1122.84	1065.5	1482.5	1444.5	690	628.5	1368.5	1313.5	94.9%	97.4%	91.1%	96.0%	Staff cross covered. Ward Manager worked actively within the staffing establishment. Staff worked additional hours.
	Beech	1226.5	1153	1072	1026	685	685	722.5	717.5	94.0%	95.7%	100.0%	99.3%	Staff cross covered. Staff worked additional hours.
	Cherry	1044	1026.5	1174.5	1157	563.5	563.5	1081	1081	98.3%	98.5%	100.0%	100.0%	
	Juniper	1001.5	1001.5	1256.5	1238	632.5	609.5	885	872.5	100.0%	98.5%	96.4%	98.6%	
	Willow PICU	817.15	805.65	1046.5	1035	563.5	563.5	1000.5	989	98.6%	98.9%	100.0%	98.9%	
SMH - Forensic, Rehab, CRAC	Alderley Unit	877	876.5	1407.5	1377	718.8	672.8	791	779.5	99.9%	97.8%	93.6%	98.5%	Staff cross covered. Staff worked additional hours.
	Maple	984.95	996.6	1030.9	1030.9	609.5	609.5	575	575	101.2%	100.0%	100.0%	100.0%	
	Rosewood	986	990.45	1230.5	1184.5	581	566	596	596	100.5%	96.3%	97.4%	100.0%	
	Saddlebridge	1008.5	853	1383.5	1297.5	586.5	506	839.5	793.5	84.6%	93.8%	86.3%	94.5%	Staff cross covered. Staff worked additional hours. Note period of short term increased sickness .
Learning Disabilities & NDD	Eastway A&T	1194	1182.5	1312	1289	667	667	1322.5	1322.5	99.0%	98.2%	100.0%	100.0%	
	Greenways A&T	1193.25	1034	1818	1792.5	690	465.5	1460.5	1627.5	86.7%	98.6%	67.5%	111.4%	Staff cross covered. Staff worked additional hours. Ward Manager and members of the MDT actively worked within the staff establishment. Attendance at some mandatory training classes were cancelled.
SMH - Bed Based Wirral & PICU	Brackendale	1042.25	1042.25	1174	1174	668	668	540.5	540.5	100.0%	100.0%	100.0%	100.0%	
	Brooklands	1044.5	1044.5	1350.5	1350.5	563.5	563.5	1305.5	1305.5	100.0%	100.0%	100.0%	100.0%	
	Lakefield	1014	1014	1115	1115	701	701	881	881	100.0%	100.0%	100.0%	100.0%	
	Meadowbank	1300	1292.5	1472	1472	713	713	1059	1059	99.4%	100.0%	100.0%	100.0%	
	Oaktrees	1355.5	1366.5	964.75	964.75	693.25	693.25	597	597	100.8%	100.0%	100.0%	100.0%	
	Trustwide	19568.69	18897.65	22760.15	22118.15	11673.05	11135.55	17388.4	17321	96.7%	97.2%	95.5%	99.4%	

Service Line	Ward	Day				Night				Day		Night		Safe Staffing was maintained by:
		Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	
		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					
SMH - Bed Based West & East	Adelphi	1178	1109.45	1479.5	1358.5	719	676.5	1329.5	1306.5	94.2%	91.8%	94.1%	98.3%	Nursing staff working additional unplanned hours. Cross cover arrangements. Ward Manager and Multi Disciplinary Team actively worked within the staffing establishment.
	Bollin	1033	914.5	1152	1063	713	655.5	989	969.5	88.5%	92.3%	91.9%	98.0%	Nursing staff working additional unplanned hours. Cross cover arrangements. Ward Manager worked within the staffing establishment.
	Croft	1209.5	1145.5	1440.75	1320	701.5	684	1426	1403.5	94.7%	91.6%	97.5%	98.4%	Nursing staff working additional unplanned hours. Cross cover arrangements. Ward Manager worked within the staffing establishment.
	Beech	1273.5	1151	1151.5	1060	663.5	663.5	770.5	759	90.4%	92.1%	100.0%	98.5%	Nursing staff working additional unplanned hours. Cross cover arrangements. Ward Manager worked within the staffing establishment.
	Cherry	1015	999.25	1198	1194	655.5	655.5	1023.5	1000.5	98.4%	99.7%	100.0%	97.8%	
	Juniper	993	993	1380	1353	690	690	776	772	100.0%	98.0%	100.0%	99.5%	
	Willow PICU	940.7	929.2	1152.9	1153	586.5	586.5	885.5	885.5	98.8%	100.0%	100.0%	100.0%	
SMH - Forensic, Rehab, CRAC	Alderley Unit	927.75	903.5	1572.75	1469.75	645.5	607.5	805	770.5	97.4%	93.5%	94.1%	95.7%	Nursing staff working additional unplanned hours. Cross cover arrangements. Ward Manager worked within the staffing establishment.
	Maple	1150.25	1180.35	908.5	886	575	575	632.5	632.5	102.6%	97.5%	100.0%	100.0%	
	Rosewood	915.5	899.5	1322.5	1322.5	736	736	644	644	98.3%	100.0%	100.0%	100.0%	
	Saddlebridge	897	858.5	1354	1500	425.5	425.5	954.5	1023.5	95.7%	110.8%	100.0%	107.2%	
Learning Disabilities & NDD	Eastway A&T	1323.5	1312	1437.5	1414.5	609.5	609.5	1311	1311	99.1%	98.4%	100.0%	100.0%	
	Greenways A&T	1192.25	911	1495	1711.5	713	575	1426	1520	76.4%	114.5%	80.6%	106.6%	Nursing staff working additional unplanned hours. Cross cover arrangements. Ward Manager and Multi Disciplinary Team actively worked within the staffing establishment.
SMH - Bed Based Wirral & PICU	Brackendale	1363	1363	1029	1029	742	742	705.5	705.5	100.0%	100.0%	100.0%	100.0%	
	Brooklands	901.25	901.25	1456.5	1456.5	673	673	1112.5	1112.5	100.0%	100.0%	100.0%	100.0%	
	Lakefield	1220.5	1220.5	1085.5	1085.5	760.5	760.5	864.5	864.5	100.0%	100.0%	100.0%	100.0%	
	Meadowbank	1108.5	1108.5	1532.5	1532.5	655.5	655.5	1008.5	1008.5	100.0%	100.0%	100.0%	100.0%	
	Oaktrees	1517.75	1529.25	794.75	794.75	708	708	590.5	590.5	100.8%	100.0%	100.0%	100.0%	
Trustwide	20159.95	19429.25	22943.15	22704	11972.5	11679	17254.5	17279.5	96.4%	98.9%	97.7%	100.0%		

STANDARDISED SBAR COMMUNICATION

REPORT DETAILS	
Report subject:	Report against Strategic Objectives – November 2019
Agenda ref. number:	19.20.102
Report to (meeting):	Board of Directors (meeting in public)
Action required:	Discussion and Approval
Date of meeting:	27/11/2019
Presented by:	Tim Welch, Director of Business and Value, 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 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

<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
The Board of Directors requested the development of a new product to support Reporting against Strategic Objectives. This was based on metrics identified by the Board in December 2018. The new report was launched in September 2019 and the November 2019 version presented today is the second iteration.

Background – contextual and background information pertinent to the situation/ purpose of the report
In the September 2019 meeting, the Board were content with the style of presentation and the progress made to-date. However, the Board also asked for: more commentary/ annotations, named owners for each metric to take responsibility for content and sign off, the addition of targets/ benchmarks where applicable, and the addition of metrics covering vacancies and mandatory training. The pack was also taken to the Governor’s Scrutiny Committee on 9 October and a similar request was made about adding targets. In addition, they asked for more information on the link between this pack and the strategic risks registered on the Board Assurance Framework, which has been added for each metric. Finally, the Neighbourhood & Communities Care Group has proposed to the Executive Team the addition of further metrics relating to community physical health services to ensure more comprehensive coverage of Trust activity, which is currently being considered.

Assessment – analysis and considerations of the options and risks

Current performance – including exceptions to national metrics

- Current performance against the metrics presently included in the strategic objective data set is detailed in the charts attached.
- The following metrics are below target performance as set out in the NHS Oversight Framework/ other nationally required metrics:
 - IAPT 6 week target 75%, actual performance 74.43%.

Notable progress updates

- To properly reflect local healthcare need and to ensure objectivity in allocation of resource, CCG allocations are continuing in line with the priorities set out in the NHS Long Term Plan and the aim to reduce health inequalities, although MH investment values for 2019/20 and future years have not yet been finalised with commissioners.
- The metrics have been mapped to the Trust's current strategic risks as registered on the Board Assurance Framework, demonstrating that there is a clear alignment between the strategic risks currently being treated that are risks to the delivery of the Trust's strategic objectives. Whilst this is very positive, there is the potential for more sophistication, which will be discussed with the Head of Corporate Affairs.
- There remains scope for further improvement to the production process of the dashboard to ensure latest months' data are included smoothly, and not all deadlines were met; as such it is recommended that the Board supports the continuous improvement required in this area for future iterations.

Future developments

- As well as introducing more metrics into the January 2020 report, it will be further developed to provide more commentary on the wider impact and how it is being used across the whole performance spectrum (mental health, physical health and learning disability and neurodevelopmental services), from ensuring operational performance (maintaining and improving performance against core standards) to facilitating strategic change (delivering clinically, operationally and financially sustainable patterns of care).

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

The Board of Directors is invited to **comment** on and **note** this second iteration of the dashboard and **confirm** any direction they would like future iterations to take.

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

Board business cycle requirement

Contributing authors:

David Wood, Andy Harland, James Partington

Distribution to other people/ groups/ meetings:

Version	Name/ group/ meeting	Date issued
1	Board of Directors	20/11/2019

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

Appendix No.	Appendix title
1	Report against CWP Strategic Objectives November 2019 final (powerpoint file)

Report Against Strategic Objectives

November 2019

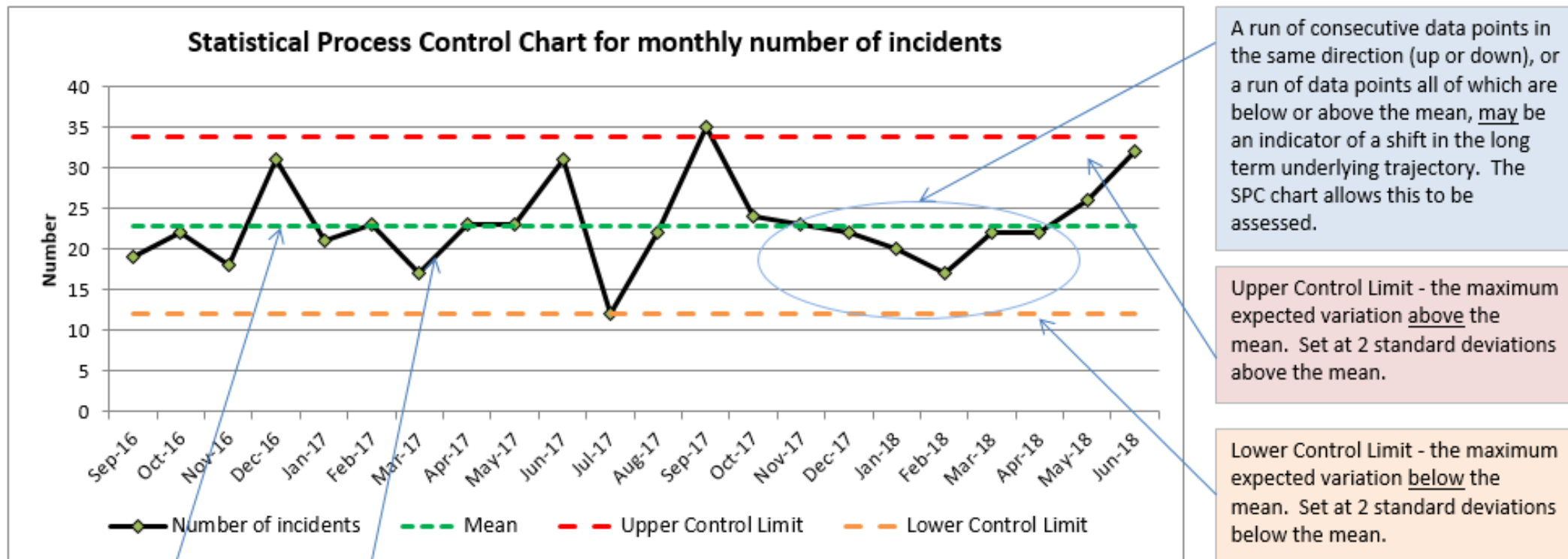
Quality Surveillance Analysis Team

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Interpreting Statistical Process Control charts



A run of consecutive data points in the same direction (up or down), or a run of data points all of which are below or above the mean, may be an indicator of a shift in the long term underlying trajectory. The SPC chart allows this to be assessed.

Upper Control Limit - the maximum expected variation above the mean. Set at 2 standard deviations above the mean.

Lower Control Limit - the maximum expected variation below the mean. Set at 2 standard deviations below the mean.

Mean - the arithmetic mean of the source data.

Source data - in this case, the "Number of Incidents". The variation in the data drives where the Upper and Lower control limits are plotted - the greater the variation, the further apart the control limits will be.

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.

Open Strategic Risks

Risk description	ID
Supervision compliance rates are below Trust target of 85% and show varying levels of compliance across clinical and non clinical staff groups. This indicates a risk that some staff may not be accessing supervision (clinical or management).	1
Risk of ability to sustain safe and effective services within Central and Eastern Cheshire	2
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	3
Risk of not providing effective electronic transfer of inpatient discharge summaries within 24 hours and outpatient clinic letters within 7 days, potentially impacting on the quality of clinical information and potentially increasing the likelihood of contractual and regulatory breaches	4
Risk of breach of legislation and CQC regulation in respect of adherence to the Mental Health Act, potentially impacting on: <ul style="list-style-type: none"> • patient safety, safeguards and experience; • likelihood of legal challenges; • reputation of the Trust. 	5
Gaps in consultant staffing in both inpatient and the community setting resulting in a potential risk to patient safety, service continuity and increasing waiting times	7
Risk of deficiencies in ICT infrastructure and end of life of ICT equipment, that are unable to support the delivery of existing models of care and the design of new models of care, thereby impacting on sustainability of services	8
Due to pressures on acute care bed capacity, there is a risk that people who require admission may have to wait longer than 4 hours for a bed to be allocated	10
Potential for adverse impact on the effectiveness of service delivery, evaluation and planning due to shortfalls in data capture by existing clinical systems, staff capability and delivery of the organisational data quality framework	12
Risk of increasing demand for ADHD services which exceeds current contract values and commissioned capacity, resulting in increasing waiting times, potential risks to patient safety and experience, in addition to potential reputational and financial impacts	A
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	B
New risk to be scoped: Risks to the effective delivery of the Trust's policy for the prevention of the transmission of flu to help protect both staff and those that they care for.	C
New risk to be scoped: Risks to compliance with Trust targets for mandatory training.	D

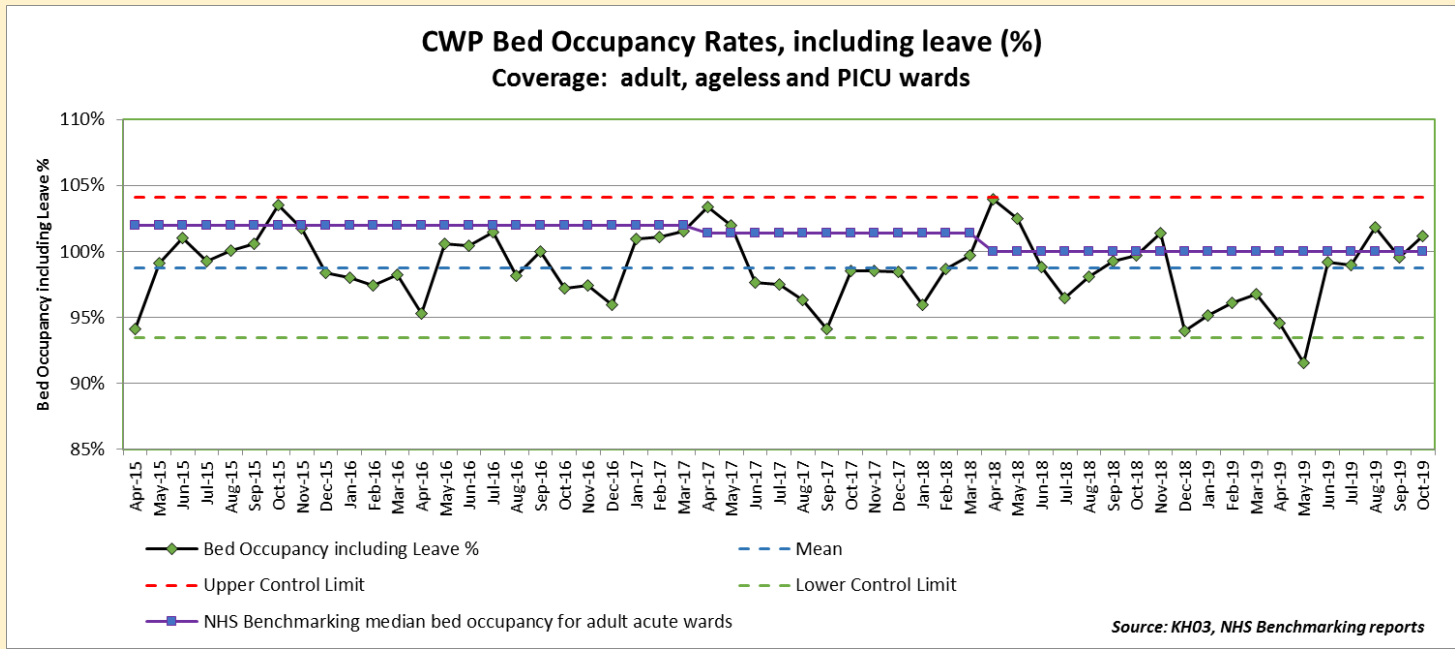
Deliver high quality, integrated and innovative services that improve outcomes

Metric

Data

Further Explanation

Bed Occupancy



Metric owner:
Suzanne Edwards

Data sources:
KH03 file provided by the Information Team.
NHS Benchmarking reports.

Comment: NHS Benchmarking median bed occupancy for adult acute wards has been included in this chart for comparison. By definition, half of Trusts will have bed occupancy levels higher than the median, and half will have lower bed occupancy than the median. Note that the NHS Benchmarking figure does not include PICU beds; we estimate that if it were to do so, the national median bed occupancy line would drop by between 1.0 and 1.5 percentage points. A target occupancy rate of 85% is recommended by the Royal College of Psychiatrists.

Link to strategic risks:
Treatment of strategic risks #2, #7 and #10 have an impact on this metric, but overall performance is impacted by many other factors also.

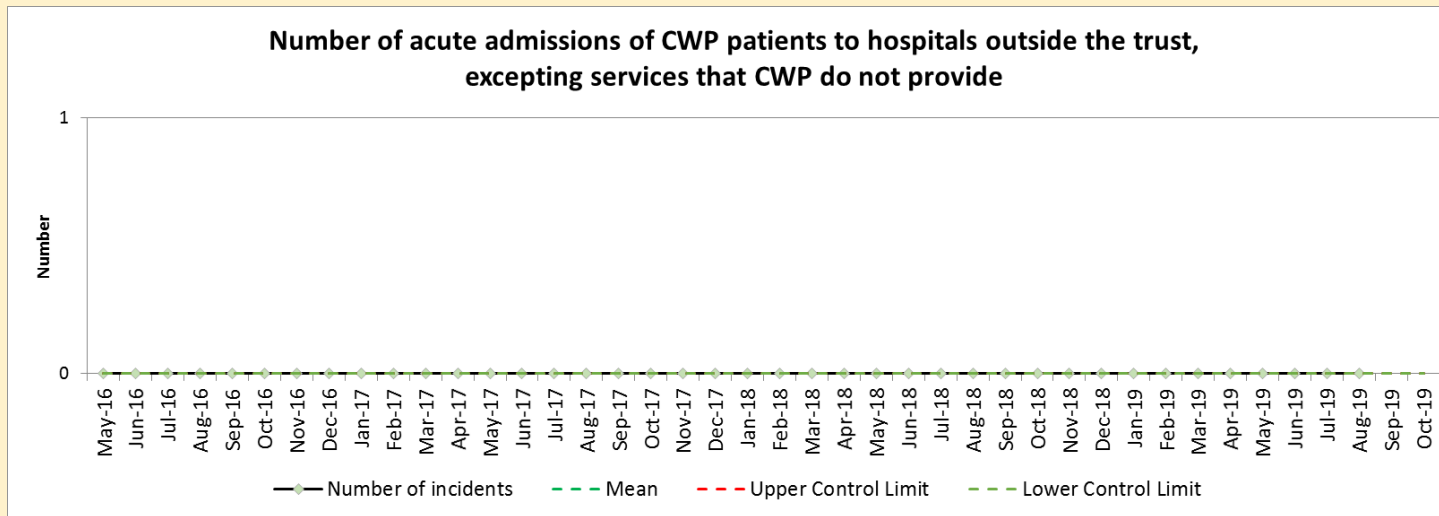
Deliver high quality, integrated and innovative services that improve outcomes

Metric

Data

Further Explanation

Out of Area Acute Admissions



Note:

A CWP patient was admitted to a hospital in Bolton in September 2018. CWP determined that this did not fit the criteria to be counted as an out of area placement, but we are aware that it is being recorded as an 'inappropriate out of area placement' for CWP in NHS Digital datasets.

Metric owner: Suzanne Edwards

Data source: CWP Bed Hub

Link to strategic risks:
Treatment of strategic risks #2, #7 and #10 have an impact on this metric, but overall performance is impacted by many other factors also. The positive performance against this metric informed the reduction to a risk score of 12 for strategic risk #10 (Source: Quality Committee 06/11/2019).

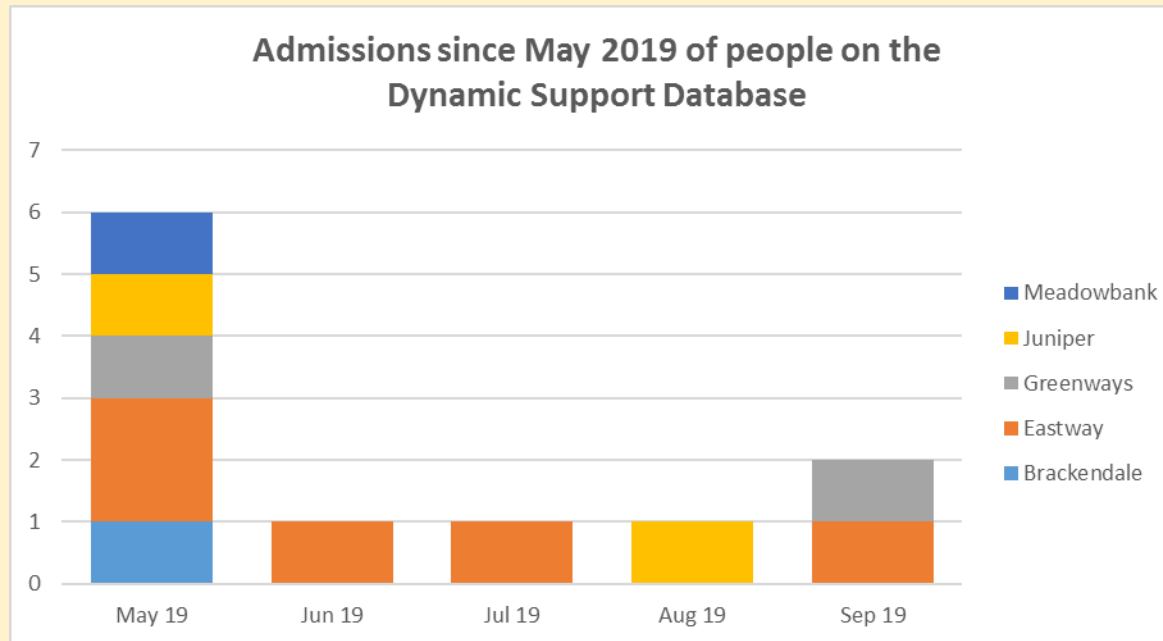
Deliver high quality, integrated and innovative services that improve outcomes

Metric

Data

Further Explanation

Admission to hospital for those on the dynamic support register



The admissions were all of patients rated 'red' with the exception of two: the patient who was admitted to Meadowbank in May, and one of the patients who was admitted to Eastway in June, were amber.

Metric owner: Suzanne Edwards
 Data source: 'LD Risk Register Resulting in Inpatient Admission Report' run from CWP Report Manager

Link to strategic risks: Treatment of strategic risks #2, #4, #7 and #10 have an impact on this metric, but overall performance is impacted by many other factors also.

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
CWP performance against NHSi targets	<p>The Trust reports a suite of operational metrics to NHSi. As well as each metric, there is an overall count of the number of metrics met/ exceeded. Business and Value are considering the best way to summarise this information and will introduce further content in January 2020.</p> <p>The following metrics are below target performance as set out in the NHS Oversight Framework/ other nationally required metrics:</p> <ul style="list-style-type: none">• IAPT 6 week target 75%, actual performance 74.43%.	<p>Metric owner: Tim Welch</p> <p>Data source: CWP Business and Value</p>

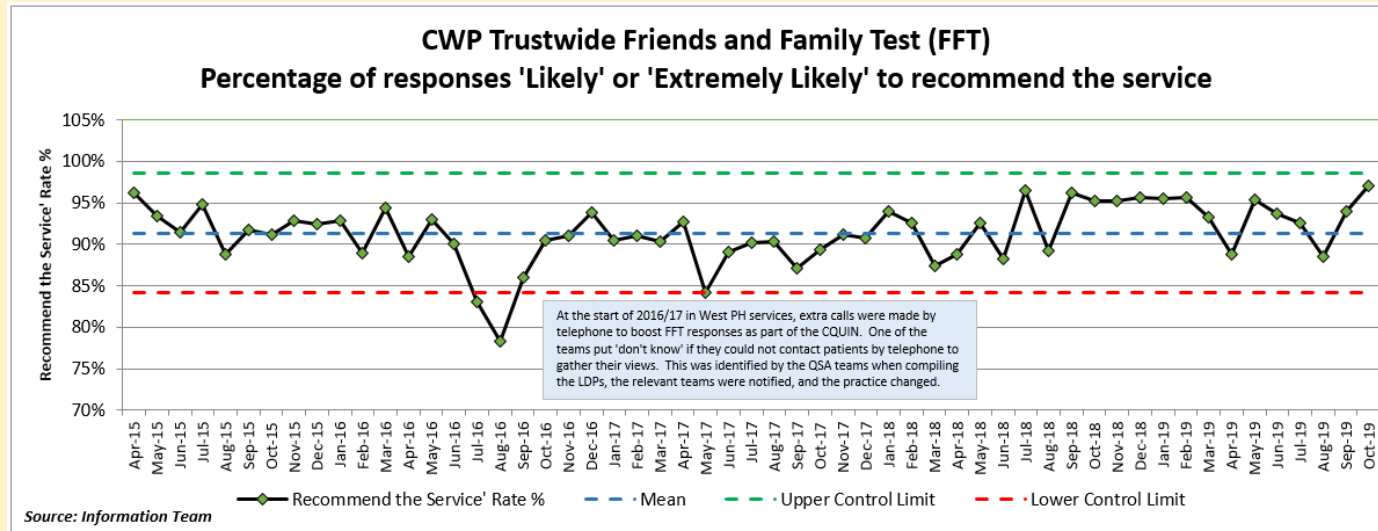
Ensure meaningful involvement of service users, carers, staff and the wider community

Metric

Data

Further Explanation

Friends and Family Test – responses from users of our services



Comment: The most recent data point is very high, driven by a large volume of very positive responses from our Adult Musculoskeletal, GP Out of Hours services and Macclesfield and Crewe Recovery Colleges.

Metric owner: Gary Flockhart

Data source: 'FFTalldata' file provided by Performance and Information

Link to strategic risks: Treatment of strategic risks #2, #4, #5, #7, #10 and #A have an impact on this metric, but overall performance is impacted by many other factors also. The sustained good FFT performance in recent periods gives positive assurance against the patient experience elements of these risks.

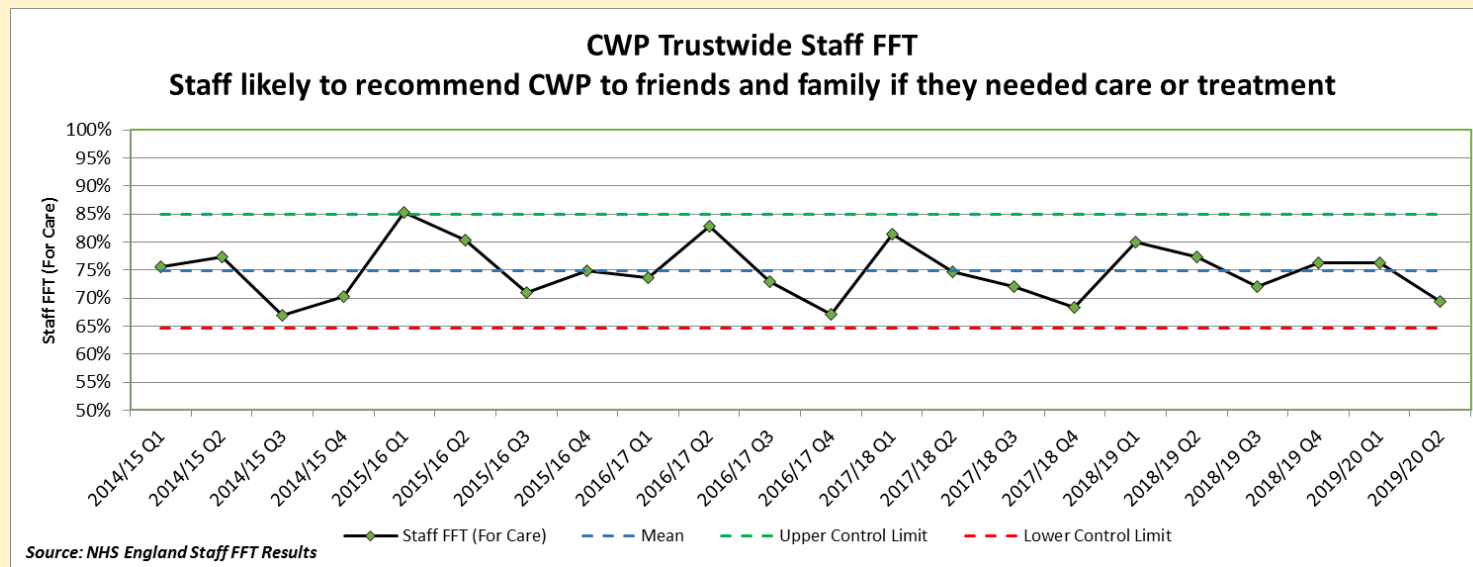
Ensure meaningful involvement of service users, carers, staff and the wider community

Metric

Data

Further Explanation

Friends and Family Test responses from our staff – about CWP as a care provider



Comment: 2018/19 Q4 results were better than Q4 in the two previous years. In the earlier periods, the Staff FFT survey took place in only one locality each quarter; the Q4 surveys took place in Central and East locality. The time series therefore includes an element of locality driven variation. 2019/20 Staff FFT has been distributed to all staff via Staff Bulletin email in order to increase response rates and reduce locality driven variation.

Metric owner: David Harris

Data source: People Information

Link to strategic risks: Treatment of strategic risks #1, #2, #8, #10, #12 and #B have an impact on this metric, but overall performance is impacted by many other factors also.

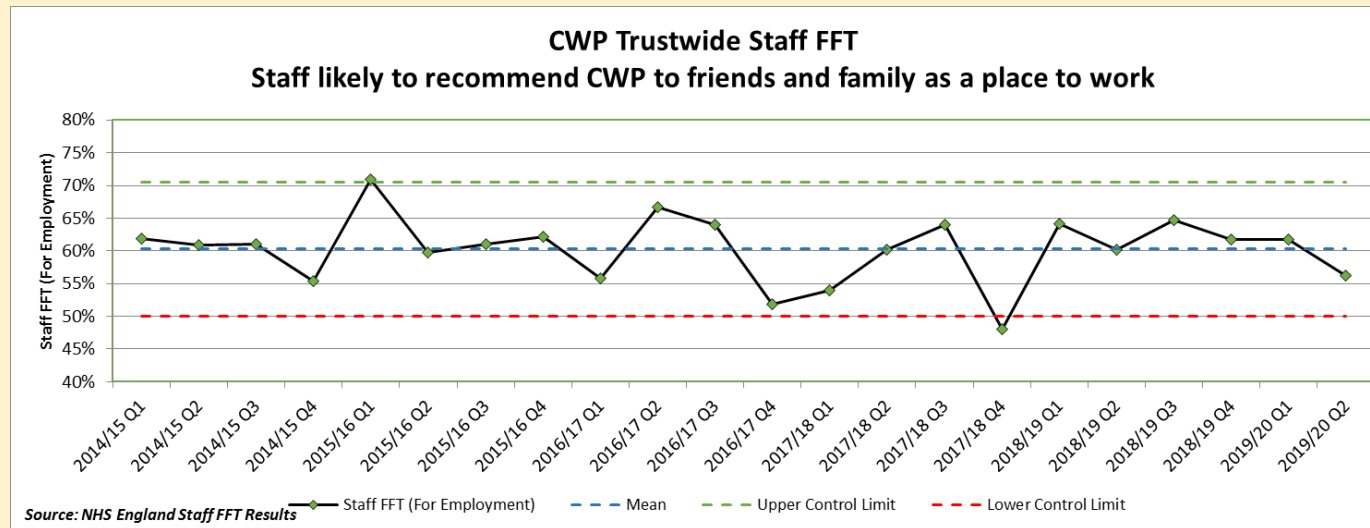
Ensure meaningful involvement of service users, carers, staff and the wider community

Metric

Data

Further Explanation

Friends and Family Test responses from our staff – about CWP as a place to work



Comment: Like the previous chart, 2018/19 Q4 results were better than Q4 in the two previous years. For this metric, the 2017/18 Q4 data point dipped below the lower threshold, i.e. it was an atypically low response. 2019/20 Staff FFT has been distributed to all staff via Staff Bulletin email in order to increase response rates and reduce locality driven variation.

Metric owner: David Harris

Data source: People Information

Link to strategic risks: Treatment of all strategic risks have an impact on this metric, but overall performance is impacted by many other factors also.

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

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

Metric	Development Plans
Effectiveness of working with the wider community	<p>Every six months, a report from the Lived Experience, Volunteering and Engagement Network (LEVEN) is taken to Quality Committee. The Associate Director of Patient and Carer Experience has suggested that the Trust should give further thought to how this report provides qualitative information to demonstrate progress against this objective.</p> <p>In addition, a chart will be developed to map the number of 'Listen and Learn' events, and the number of people attending them. The first was held on 14 November 2019.</p> <p>Metric owner: Cathy Walsh</p>

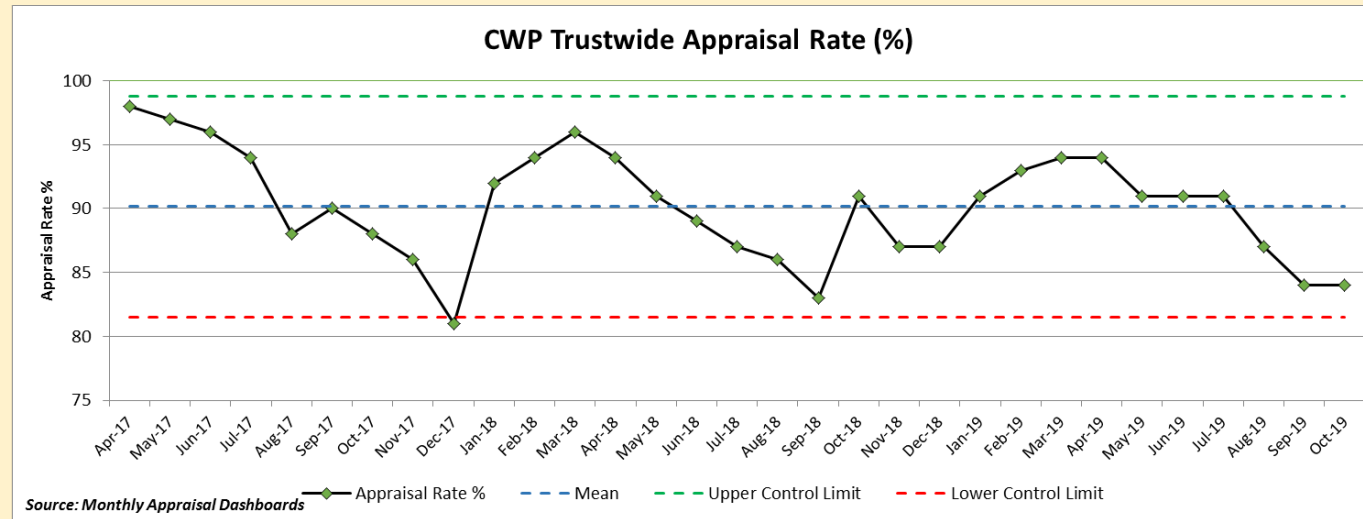
Be a model employer and have a caring, competent and motivated workforce

Metric

Data

Further Explanation

Appraisal



Comment: Peaks have tended to be at March/ April. The dip in December 2017 was part of the legacy of the introduction of the new appraisal process in May 2016. Following three years of implementation, a dip in compliance rates during Aug – Sept has become a trend. Work to understand this has taken place and is attributed to peak leave period. Initiatives to support services and staff in implementation of appraisal continues in anticipation of these trends.

Metric owner:
David Harris

Data source: People Information

Link to strategic risks:
There is no direct relationship between this metric and any of the risks currently being treated on the strategic risk register, however indirectly this metric is closely associated with the earlier Staff FFT metrics.

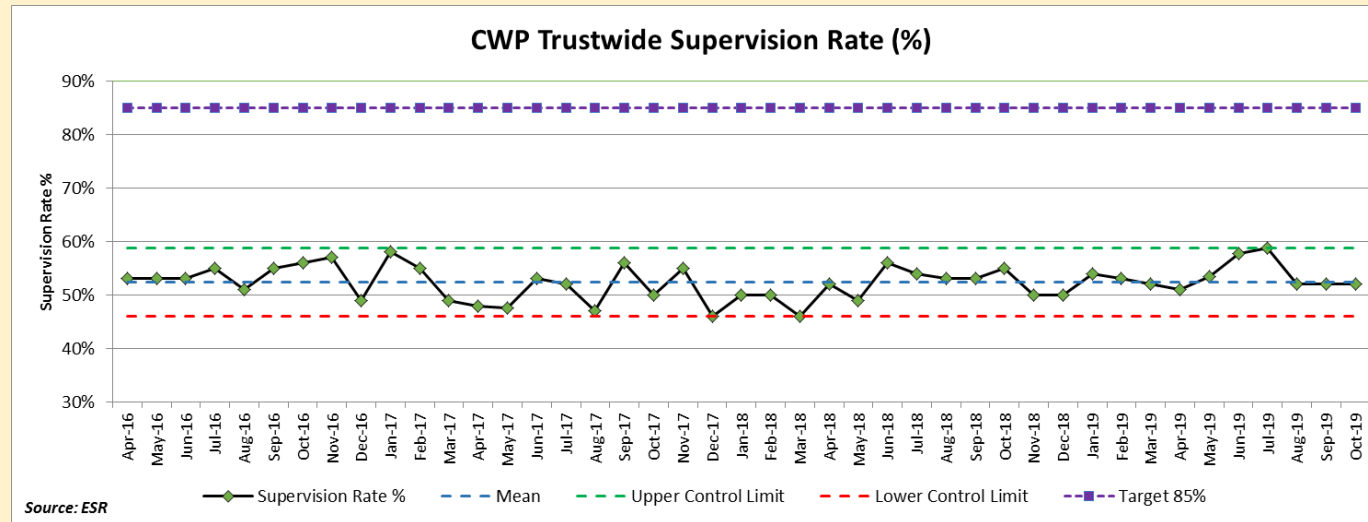
Be a model employer and have a caring, competent and motivated workforce

Metric

Data

Further Explanation

Supervision



Comment: See slide 17 for more information on planned changes to supervision.

Metric owner:
David Harris

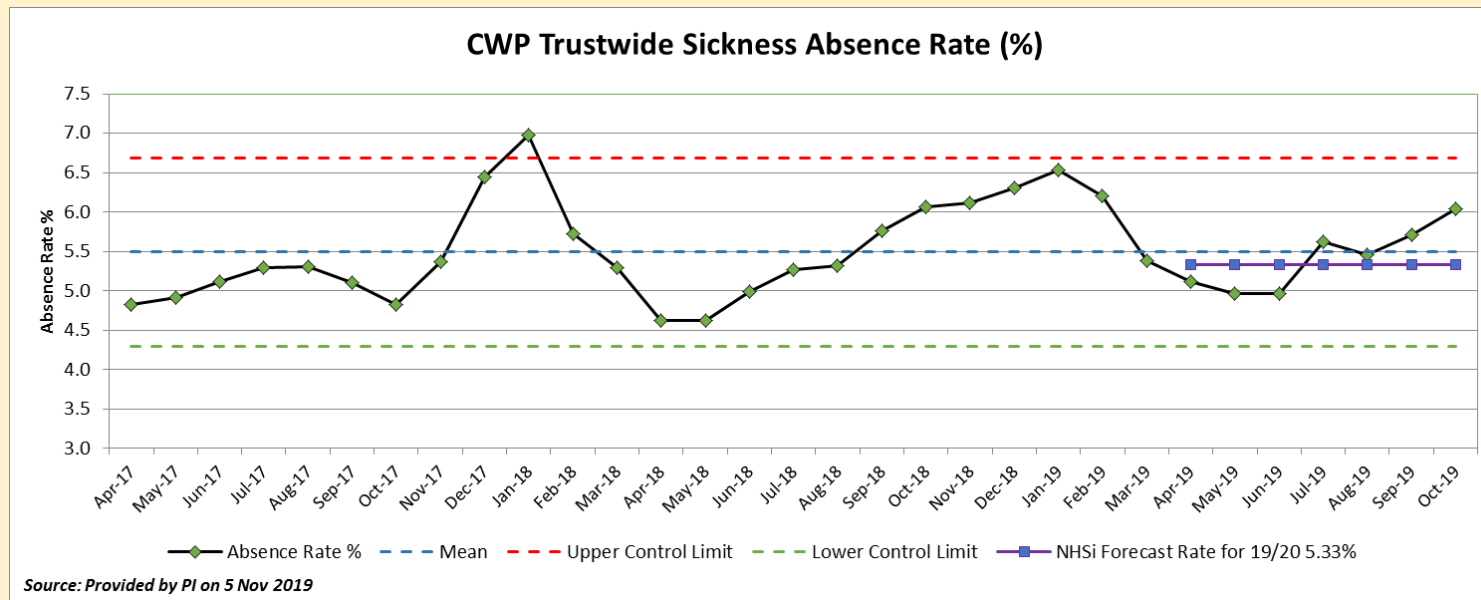
Data source: Education
CWP

Link to strategic risks:
Performance against this
metric is being used to inform
the ongoing treatment of
strategic risk #1.

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

Metric	Data	Further Explanation
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Sickness Absence



Comment: Sickness absence exceeded the upper control limit in January 2018. This triggered the Deep Dive Report provided to Operational Committee in April 2019. Comparing NHS Digital benchmarking with similar Trusts in the North West, CWP reports sickness below or the same rate as the NW average in each month for previous 12 months (July 18 to June 19) with the exception of February 2019 where we reported above average. For May and June 2019, the Trust had the 2nd lowest sickness absence rate within the benchmarking group.

Metric owners:
David Harris

Data source: People Information

Link to strategic risks:
Treatment of strategic risk #1 has an impact on this metric, but overall performance is impacted by many other factors also. There is also a close association with the earlier Staff FFT metrics and appraisal metric.

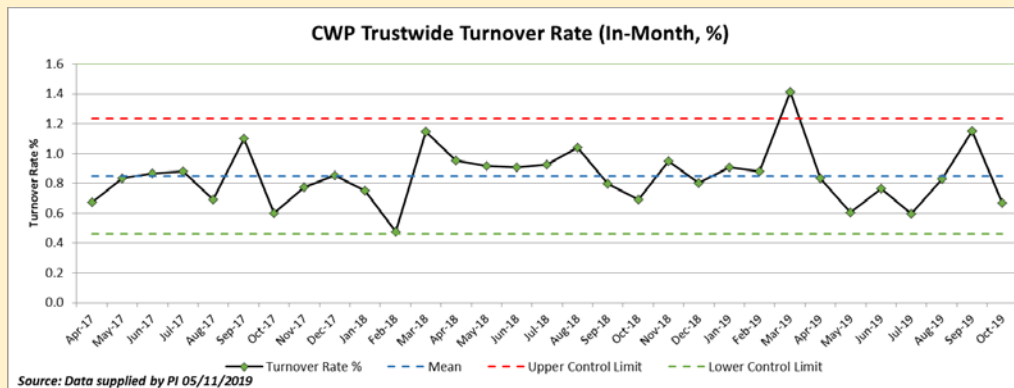
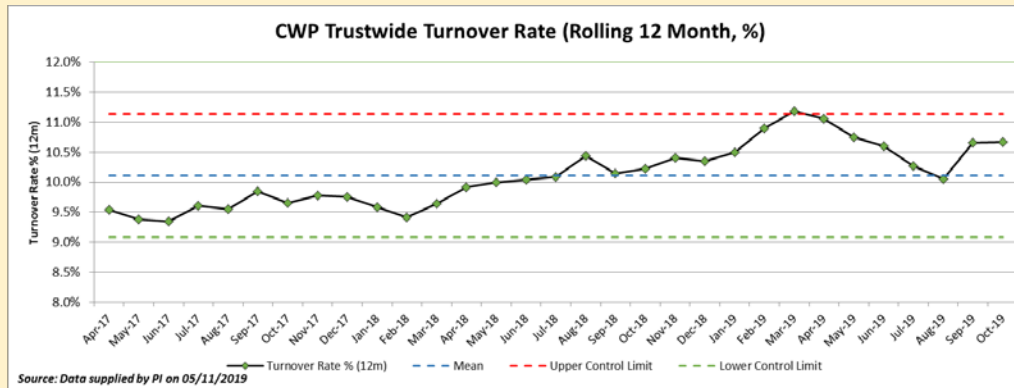
Be a model employer and have a caring, competent and motivated workforce

Metric

Data

Further Explanation

Staff Turnover



Comment: The lower chart indicates that March 2019 drove the peak in the rolling 12 month turnover series, taking the series above the upper control limit for that month.

People Information suggest that this is due to March being a more common month for fixed term contracts to end.

Metric owner:
David Harris

Data source: People Information

Link to strategic risks: Treatment of strategic risk #1 has an impact on this metric, but overall performance is impacted by many other factors also. There is also a close association with the earlier Staff FFT metrics and appraisal metric.

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

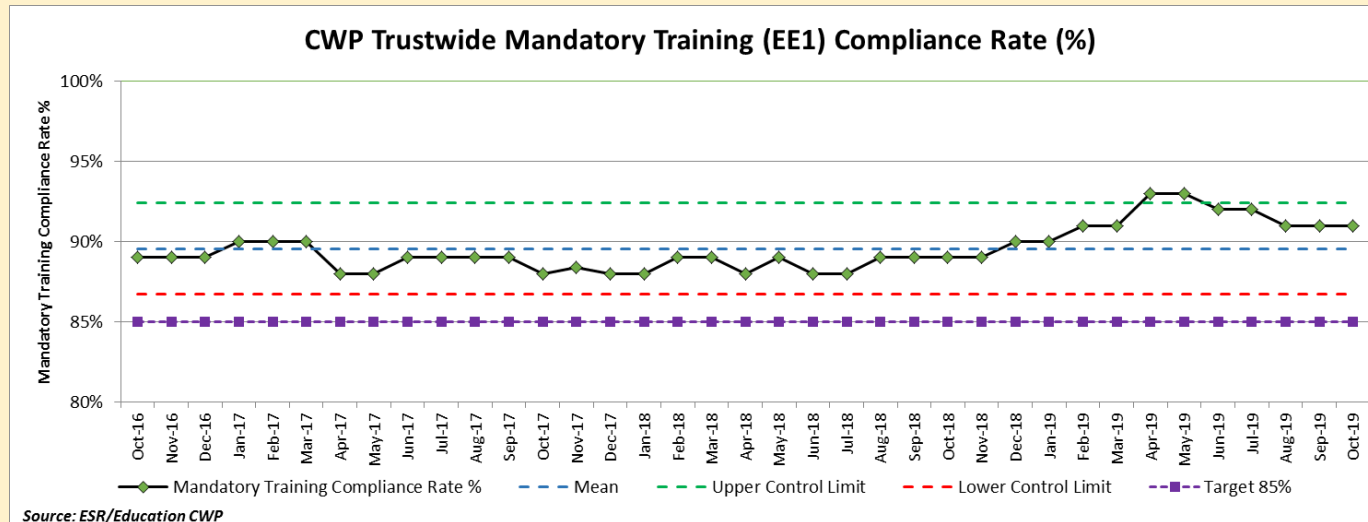
Metric

Data

Further Explanation

Mandatory Training

(new in November 2019)



Comment: Mandatory training compliance has exceeded the 85% target in each of the last 36 months. It was unusually high in April and May 2019.

Metric owner:
Gary Flockhart

Data source: Education
CWP

Link to strategic risks:
Performance against this metric is being used to scope the modelling of strategic risk #D, however this risk relates to variation in mandatory training compliance (as opposed to overall Trustwide compliance), which the November 2019 Quality Committee asked to be scoped. This metric gives positive assurance of the current overall Trustwide compliance level.

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

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

Metric	Development Plans
'All supervision' to be split into Clinical Supervision and Managerial Supervision	<p>From the time the next report is published (January 2020), the current 'All supervision' metric will be replaced by two separate measures, one for clinical supervision and one for managerial supervision. Each will have a target of 85% compliance.</p> <p>The current 'All supervision' metric will be used to provide the back series for both these new metrics.</p> <p>Metric owners will be Hayley Curran (managerial supervision) and Victoria Peach (clinical supervision).</p> <p>This development plan gives positive assurance of actions being taken to mitigate the risk 1 on the strategic risk register which relates to supervision compliance.</p>
Vacancies	<p>Vacancy charts are under development and it is planned for these to be added to the next Report, to be published January 2020.</p>

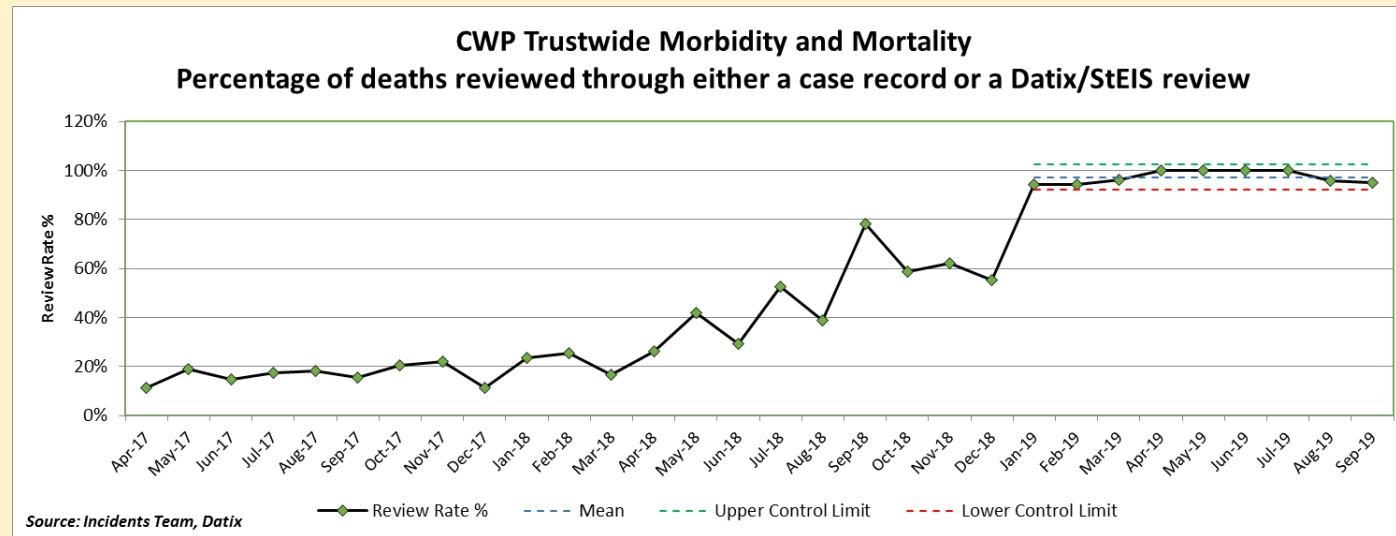
Improve the quality of information to improve service delivery, evaluation and planning

Metric

Data

Further Explanation

Morbidity and Mortality



Metric owner: Gary Flockhart

Data source: CWP Incidents team

Link to strategic risks: N/A

Comment: The scope of which deaths are to be reviewed was changed in January 2019, so SPC control limits have only been included from that point. The target is 100%.

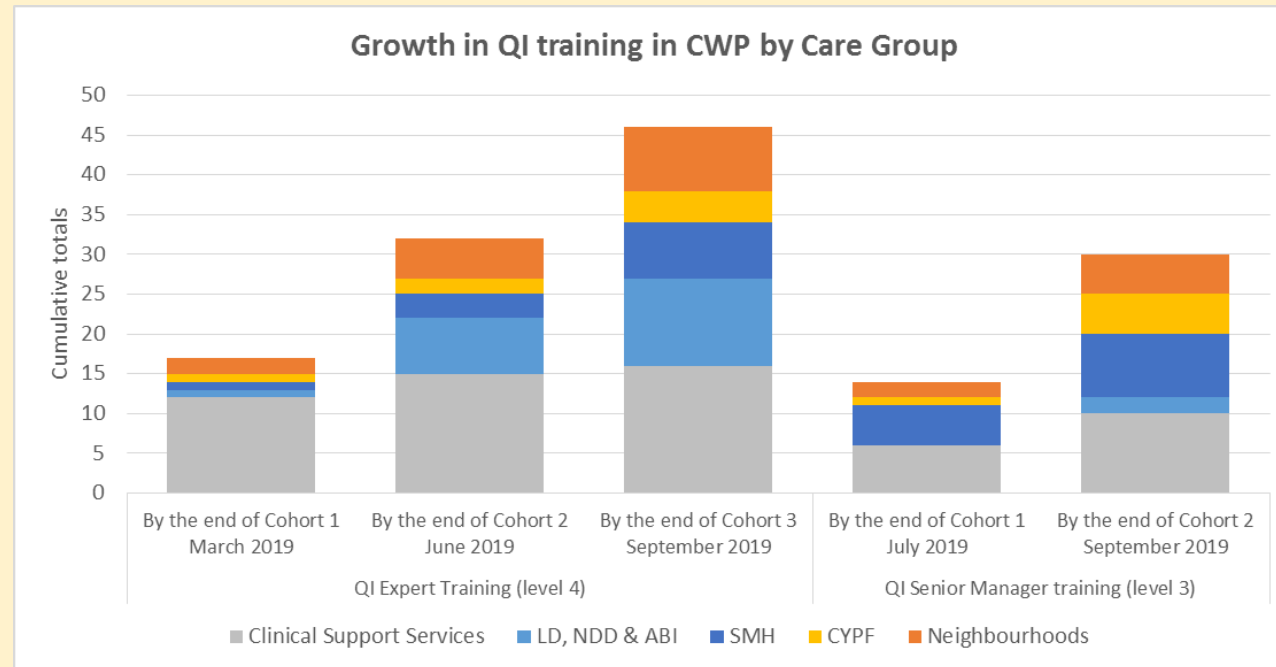
Improve the quality of information to improve service delivery, evaluation and planning

Metric

Data

Further Explanation

Level 3 and 4 QI Training



Metric owner:
Anushta Sivananthan

Data provider:
Quality Assurance and Improvement team

Comment: The chart shows the focus on training staff from Care Groups (rather than staff in clinical support services) from Cohort 2 onwards. The next QI Senior Manager training event is scheduled for 16 December 2019.

Link to strategic risks:
Positive performance against this metric acts as a controls assurance measure against all strategic risks.

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
Dashboard development	<p>Development work to the performance dashboard will take place next year.</p> <p>As part of care group specific development work, an internal survey to test views on existing reports is being developed with leadership from the CYPF Care Group.</p> <p>Care Group LDPs are being augmented with further metrics by December 2019.</p>

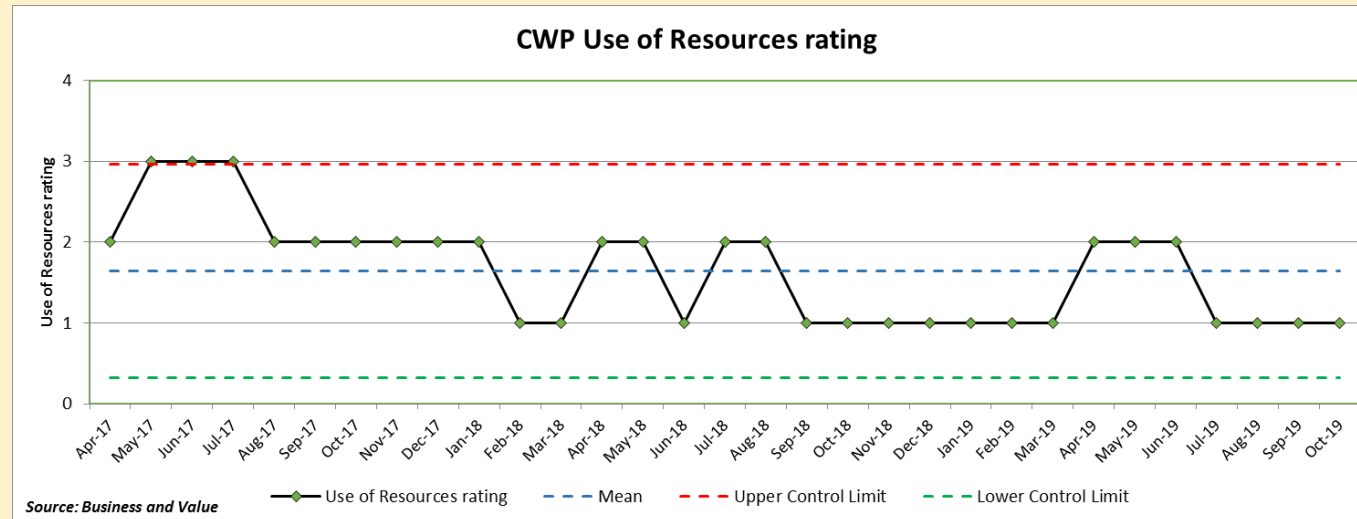
Sustain financial viability and deliver value for money

Metric

Data

Further Explanation

Use of Resources Rating



Comment: The overall Use of Resources metric is a summary total of 5 separate financial metrics. A score of '1' reflects the lowest financial risk rating and a '4' the highest level of risk.

Metric owner:
Tim Welch

Data source:
Business and Value

Link to strategic risks:
Performance against this metric is being used to scope the modelling of strategic risk #B (as requested by November 2019 Quality Committee), thereafter it will inform the effectiveness of the identified risk treatment plan.

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

Sustain financial viability and deliver value for money

Metric	Development Plans
Delivery of Value for Money	<p>During 2019/20, as part of a continuous programme to maximise resource utilisation within direct patient care provision, CWP has continued to review opportunities to reduce expenditure within support functions.</p> <p>Two successful examples of this include the re-tendering of external audit and interpreter services.</p> <p>External Audit – 18% reduction in cost Interpreters – 43% reduction in cost</p> <p>Both of these tenders delivered recurrent savings without directly affecting the delivery and quality of patient care. They both provide positive assurance to Risk B, Finance.</p> <p>Metric owner: Scott Maull</p>
Reduction in unwarranted variation	<p>Plans will be added into this section as they develop.</p> <p>Metric owner: Anushta Sivananthan</p>

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

Metric

Data

Further Explanation

CQC Rating

	Safe	Effective	Caring	Responsive	Well led	Overall
Inpatient services						
Overall	RI	G	O	G	G	G
Acute wards for adults of working age and psychiatric intensive care units	RI	G	G	G	G	G
Long stay/rehabilitation mental health wards for working age adults	G	G	G	G	G	G
Forensic inpatient/secure wards	G	G	G	G	G	G
Child and adolescent mental health wards	RI	G	G	O	G	G
Wards for older people with mental health problems	RI	G	G	G	G	G
Wards for people with learning disabilities or autism	G	G	O	O	G	O
Community-based services						
Community-based mental health services for adults of working age	G	G	G	G	G	G
Mental health crisis services and health-based places of safety	G	G	G	G	G	G
Specialist community mental health services for children and young people	G	G	G	G	G	G
Community-based mental health services for older people	G	G	G	G	G	G
Community mental health services for people with learning disabilities or autism	G	G	G	G	G	G
Community health services						
Overall	RI	G	O	G	G	G
Community health services for adults	RI	G	G	G	G	G
Community health services for children, young people and families	G	G	O	G	G	G
Additional core services						
Overall	RI	G	O	G	G	G
End of life care	G	G	O	G	G	G
Substance misuse services	G	G	G	G	G	G

Comment: Improvement actions are being monitored through Quality Committee.

Metric owner: Anushta Sivananthan

Data source: CQC Intelligent Monitoring reports

Link to strategic risks: Treatment of all strategic risks have an impact on this metric, but overall performance is impacted by many other factors also.

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

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

Metric	Development Plans
Duty of Candour	<p>Work is underway to improve reporting streams to demonstrate compliance with the required regulatory standard/s.</p> <p>Data presented to Quality Committee in November 2019 demonstrated that Duty of Candour had taken place in all but one case where it was deemed applicable in the last 12 months; and a subsequent review of that one case determined that Duty of Candour had not been applicable as the incident was not an interface incident.</p> <p>Metric owner: Gary Flockhart</p>

STANDARDISED SBAR COMMUNICATION

REPORT DETAILS	
Report subject:	Board assurance framework and strategic risk register
Agenda ref. number:	19.20. 103
Report to (meeting):	Board of Directors (meeting in public)
Action required:	Discussion and Approval
Date of meeting:	27/11/2019
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		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
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
<p>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.</p> <p>As at November 2019, the Trust has 9 strategic risks – 1 is rated red and 8 are rated amber. There are 4 risks currently in scope – 1 is rated and 3 are rated amber.</p>

Background – contextual and background information pertinent to the situation/ purpose of the report
<p>The Medical Director (Executive Lead for Quality) and the Quality Committee are the designated officer and committee respectively for risk management. The Board of Directors monitors and 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.</p>

Assessment – analysis and considerations of the options and risks

New risks/ risks in scope (since the last report to the Board of Directors in September 2019):

Interim updates against the following four risks are provided below:

Risk of increasing demand for ADHD services which exceeds current contract values and commissioned capacity, resulting in increasing waiting times, potential risks to patient safety and experience, in addition to potential reputational and financial impacts – rated red (risk score 16). In line with the Trust's integrated governance framework, this has been escalated from the LD, NDD & ABI Care Group risk register, via the Operational Committee. The risk issues differ across the Trust geography, reflecting the lower overall strategic risk score. The most significant issues are in Cheshire – there is ongoing dialogue with the CCGs regarding the future delivery of ADHD services. Outcomes from the November 2019 primary care forum are awaited. The Operational Committee is receiving monthly updates.

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 – rated amber (risk score 12). This previously archived risk has been re-escalated (and re-modelled to take account of the system imperative around efficiency) due to the 2019/20 efficiency programme being behind target and with a reliance on non-recurrent plans. The Board of Directors oversee this risk robustly as part of their responsibility to oversee and understand financial matters, via the monthly finance report which focusses on the risks to the delivery of financial plans both from an income and expenditure and a cash perspective.

Based on matters escalated to the November 2019 Quality Committee via its subsidiary groups, it was requested that risks associated with the following subject matters be scoped:

- *Risks to the effective delivery of the Trust's policy for the prevention of the transmission of flu to help protect both staff and those that they care for.*
- *Risks to compliance with Trust targets for mandatory training.*

The integrated governance framework will be applied to test whether the threshold is met to escalate these subject matters as strategic risks.

Amended risk scores

The residual score relating to *supervision compliance rates* (risk 1) has been increased to 12 (rated amber) to reflect the delay in approving the Trust's new policy and the subsequent delay in being able to demonstrate improvements. Reporting against the new policy will commence from 1 December 2019, with monthly oversight of compliance rates by Operational Committee. Additionally, a specific report will be received by the January 2020 meeting of the Board.

The residual score for the *risk that due to pressures on acute care bed capacity, there is a risk that people who require admission may have to wait longer than 4 hours for a bed to be allocated* (risk 10) has been decreased to 12 (rated amber) to reflect (i) demonstration of a lower and more stable OPEL position since the last review of the strategic risk register (ii) assurances received on the identification and progress with longer term recommendations to sustainably reduce the Trust's OPEL level to the best it can (presented to the October and November 2019 meetings of Operational and Quality Committee respectively).

Archived risks

The Quality Committee approved archive of the *risk of failure to deliver elements of the Learning Disabilities Transforming Care Programme (short breaks services), resulting in potential impacts on patient care* (former risk 6) on the basis of the completion of the agreed risk treatment plan, reaching the target risk score, and the positive direction of travel for the future provision of short breaks at Thorn Heys.

Exception reporting

- There are no exceptions to report against overdue risk treatment plan actions – all are on track.
- As at 21/11/2019, the Trust is awaiting the certificate of registration for Old Hall Surgery, the delay has been brought about by incompatibility between commissioner procurement timetables, provider mobilisation periods and regulator registration timeframes. Assurance wise (i) there has been no alteration in service provision to the population served by the surgery (ii) the surgery is rated as Good across all domains and across all population groups (iii) the annual regulatory review in August 2019 did not identify any issues (iv) the risk is being overseen by the Care Group risk register (ID 961). The CQC have asked that the Board of Directors **notes** the delay.

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?

David Wood, Associate Director of Safe Services

Contributing authors:

Louise Brereton, Head of Corporate Affairs

Distribution to other people/ groups/ meetings:

Version	Name/ group/ meeting	Date issued
1	Board of Directors	21/11/2019

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

Appendix No.	Appendix title
1	Board assurance framework and strategic risk register

STANDARDISED SBAR COMMUNICATION

REPORT DETAILS	
Report subject:	Update on the redesign of specialist mental health services in Eastern Cheshire, South Cheshire, and Vale Royal
Agenda ref. number:	19.20.104
Report to (meeting):	Board of Directors
Action required:	Information and noting
Date of meeting:	27/11/2019
Presented by:	Suzanne Edwards Acting Director of Operations

Which strategic objectives this report provides information about:	
Deliver high quality, integrated and innovative services that improve outcomes	Yes
Ensure meaningful involvement of service users, carers, staff and the wider community	Yes
Be a model employer and have a caring, competent and motivated workforce	Yes
Maintain and develop robust partnerships with existing and potential new stakeholders	Yes
Improve quality of information to improve service delivery, evaluation and planning	No
Sustain financial viability and deliver value for money	No
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

<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

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 is to update the Board of Directors on progress against the implementation plan for the redesign of specialist mental health services in Eastern Cheshire, South Cheshire, and Vale Royal.

Background – contextual and background information pertinent to the situation/ purpose of the report
In October 2018, the final configuration of services was agreed as part of the Central and East redesign following a public consultation.
The final configuration is; 1 adult and older peoples functional ward in Lime Walk House with 26 beds 1 dementia ward moving to the ward formally known as CARS with 15 beds Centralisation of inpatient complex rehabilitation from LWH to Bowmere, Chester Centralisation of ECT services to Bowmere, Chester An increased capacity in Crisis Resolution Home Treatment Team (CRHTT) and Community Mental Health Team (CMHT) through additional staffing

Dementia outreach practitioners

This is supported by additional bed capacity within Bowmere (4 beds) and Lakefield (3 beds), and crisis beds within the community.

Assessment – analysis and considerations of the options and risks

Specialist mental health inpatient care for adults and older people

Building work on Lime Walk House which will become Mulberry Ward (the new inpatient ward for adults and older people) will be completed in December 2019. Following a two week period of commissioning and staff receiving situational orientation and training, Mulberry will open Tuesday 17th December 2019.

Building work on CARS which will become Silk Ward (the new inpatient ward for service users with organic disorders) will be completed in December 2019. After a two week period of commissioning and staff receiving situational orientation and training, Silk will open on Monday 20th January 2020. The Care Quality Commission have offered, post building sign off, to undertake MHA Reviewer visits of the wards to provide a baseline and to help identify areas for development moving forward.

Feedback from service users, carers and staff has been central to the development and design of the buildings via the Building User Groups. A full plan for moving the wards has been developed and is being supported by Emergency Planning.

Inpatient staff have received new IT equipment to aid agile and person centred working. They have also received OD sessions on resilience and managing change, plus away days to support the service development. A number of staff have become BILD trained Positive Behaviour Support (PBS) coaches, and with support from others within CWP.

Training and education sessions, including sessions on the new wards are planned for the weeks prior to the moves, supported by CWP Education.

The transition period of the project is well underway the first stage of this was approved in August 2019 to reduce up to 11 beds on Bollin. This allowed the staff transitioning to the CRHTT and some CMHT Team roles to be released. At the same time, to support this change the CCG have commissioned 6 community beds from East Cheshire Housing, 5 of which are open; 2 in Macclesfield, 2 in Congleton and 1 in Crewe (the remaining Crewe bed will open in January 2020). The community beds are gatekept by the CRHTT as per the inpatient units. The second stage of the transition began in October to reconfigure the beds to match the new ward sizes (26 adults and older people functional beds and 15 organic beds).

CRHTT- Staff have been supported to move into the CRHTT from the inpatient units with individual transition plans, including training and clinical supervision sessions. As with the inpatient units, new IT equipment has been distributed to aid staff in being more agile and person centred, especially with reducing time spent travelling. The team are working closely with East Cheshire Housing to implement the community crisis beds. They have also benefited from Cheshire and Merseyside HCP funding allowing them to advertise a further 3 practitioner roles in the team. The CRHTT are transitioning to a 24/7 service with a short period of twilight shifts before becoming 24/7 on 9th December 2019.

CMHT- Facilities in the 3 resource centres across the locality have been reviewed and actions are progressing to accommodate the additional staff within the resource centres. This includes a review of room utilisation and access to appropriate clinical environments. New IT equipment has been distributed to the administrative and clinical staff to aid agile working. Staff who have moved already have been supported with individual transition plans. Once stage two of the transition period has been completed, the remaining staff will transition from the wards to the CMHT. A number of additional CMHT posts have been recruited into, with the remaining posts to be completed by early 2020.

Clinical engagement and an organisational development programme is in progress. This will underpin the transformation of community mental health services in line with the NHS long term plan.

Market research is continuing to identify alternative methods of peer support provision that could be utilised in collaboration with the clinical teams. The CQC have fed back that as part of their MHA Reviewer visits, staff and patient feedback indicates that the redesign is being implemented effectively

Centralisation

Electro-convulsive therapy (ECT) and Rehabilitation services have successfully been centralised to

Bowmere, Chester. Comprehensive engagement has underpinned the relocation of these services ensuring those who previously and/or regularly receive treatment in Macclesfield are supported adequately in Chester. The PALS team have on a weekly basis been visiting all service users within the unit who are receiving ECT to gain feedback on their experience and identify opportunities for improvements. An evaluation of this feedback will then be presented at Quality Committee.

The services are both developing further strategic improvements to create centres of excellence. The Rehabilitation service has benefited from an organisational development programme to develop the service as part of the trust rehabilitation strategy. The PALS team over a 6 week period post transfer engaged with service users who had moved from Macclesfield to gain feedback on their experience. This was fed back to the ward team for immediate action, and monitored through the redesign implementation group.

During this past 5 weeks, senior leaders have ensured that there is clear visibility and support, and will be linking with staff to organise a celebration event to mark the opening of the new facilities. The CQC have fed back that as part of their MHA Reviewer visits, staff and patient feedback indicates that the redesign is being implemented effectively.

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

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

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

Sarah Quinn Acting Associate Director of Operations

Contributing authors:

Rebecca Cummings Transformation manager

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

STANDARDISED SBAR COMMUNICATION

REPORT DETAILS	
Report subject:	Flu Campaign 2019/20 Self-Assessment for Board Assurance
Agenda ref. number:	19.20.105
Report to (meeting):	Board of Directors
Action required:	Information and noting
Date of meeting:	27/11/2019
Presented by:	David Harris, Director of People and Organisational Development

Which strategic objectives this report provides information about:	
Deliver high quality, integrated and innovative services that improve outcomes	No
Ensure meaningful involvement of service users, carers, staff and the wider community	Yes
Be a model employer and have a caring, competent and motivated workforce	Yes
Maintain and develop robust partnerships with existing and potential new stakeholders	No
Improve quality of information to improve service delivery, evaluation and planning	No
Sustain financial viability and deliver value for money	Yes
Be recognised as an open, progressive organisation that is about care, well-being and partnership	Yes

Which 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

<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
<p>The purpose of this report is to set out for Board actions being taken in support of the 2019/20 flu vaccination campaign at Cheshire & Wirral Partnership NHS Foundation Trust (CWP). In addition, this report also addresses the requirement in a letter dated 17 September 2019 from NHSE/I to the Chief Executive to present to Board and to publish a self-assessment that details performance against the recommended best practice management checklist.</p>

Background – contextual and background information pertinent to the situation/ purpose of the report
<p>For the 2018/19 flu campaign, CWP's final flu vaccination rate for frontline staff was 60% against a CQUIN target of 75%. This was a disappointing result and went against the trend of previous year on year improvements in vaccination rates within CWP.</p>

For 2019/20 the national aspiration is that 100% of healthcare workers with direct patient contact are vaccinated although the CQUIN target has been set at 80% by the end of February 2020.

Due to CWP being in the lower quartile for uptake of vaccinations in 2018/19, the Trust has been asked to “buddy up” with a higher performing Trust. The Head of Workforce Wellbeing is a member of the Cheshire & Merseyside NHS Occupational Health Manager’s Network and this year, as in previous years, is ensuring that at the monthly meetings CWP’s approach is compared and contrasted with other Trusts’ and that any good practice is identified and brought back to CWP. More specifically, for the 2019/20 Campaign, CWP is “buddying up” with North West Boroughs NHS Foundation Trust and the Head of Workforce Wellbeing is meeting formally with their OH Manager.

This gathering of information about previous years' campaigns within and without CWP along with the identification of other areas of good practice has been used to inform the CWP 2019/20 flu campaign.

Assessment – analysis and considerations of the options and risks

CWP’s current vaccination rate for patient-facing staff is 45.3% (compared to 43.7% at a similar time last year) and for non-patient-facing staff it is 53.7% (compared to 49% at a similar time last year).

Set out in Appendix 1 is the self-assessment of the 2019/20 flu campaign.

It can be seen from this assessment that good practice is being followed and the all the main “building blocks” are in place. However, the key determinant is people’s willingness to be vaccinated. Evaluation of previous campaigns and feedback gathered from staff has identified the following themes that can impact on the uptake rate:

- Some staff can become resentful if repeatedly asked if they have had their flu jab in a prolonged campaign.
- Some staff have a fear of the safety of the vaccine
- Some staff perceive that the evidence does not prove the vaccine’s efficacy
- Some staff have significant fear of needles
- The vaccination sessions must meet the needs of the individual, being accessible and timely
- Unseasonably warm weather can slow demand and affect uptake

What staff have reported motivates them:

- Peer support and Flu Champions
- Flu vaccination will protect their loved ones and people who access CWP services

Taking account of the above, the 2019/20 campaign plan has focused on the following:

- Committed leadership and promotion at all levels of the organisation including dedicating the October Clinical Engagement Leadership Forum (CELf) to discussing the flu campaign (see Appendix 2 for the slides presented to that session)
- Ensure that staff are aware of what is expected of them and of the benefits of being vaccinated
- Ensure that staff are given the correct facts about flu vaccination in order to eliminate rumours/myths (see Appendix 3 for Communications Plan)
- Afford engaged staff the opportunity to be vaccinated at their convenience in accessible clinics, walkabouts, drop in sessions daily and that peer vaccinators are available out of office hours
- Provide incentives and celebrate success

Timescales

Vaccinations will be available from 1 October 2019 until 28 February 2020.

Resources

The campaign is delivered by the Workforce Wellbeing Service with support from IPC, trained peer vaccinators and flu bank nurses.

Implications/Impact of low vaccination rates

- Quality – negative impact on patient safety and care if staff are absent with flu and a risk of infection of patients from non-vaccinated staff.
- Finance – the cost of using bank and agency staff to cover potential sickness if staff absent with flu as well as loss of CQUIN money
- Workforce – the impact on both patient facing and support staff wellbeing and if high levels of transmission of flu within the workplace
- Compliance and reputation – the Trust will be seen in a negative light if it fails to improve and achieve the target

As stated above, the October CELF session focused on the flu campaign. A range of observations and ideas were discussed but the main issue identified was what action the Trust can and should take if large numbers of individuals refuse to have the vaccine. The following options are presented for Board discussion and comment:

- Low uptake areas to be considered by the Director of Nursing in respect of patient-safety and targeted action taken as appropriate
- Moving people who have refused to be vaccinated to non-vulnerable patient facing areas
- Consider mandating e-learning for those declining vaccination (this will form part of IPC mandatory training in 2020)

In summary, CWP has all the arrangements in place that are considered to be good practice in delivering an effective flu campaign and meets the requirements of the self-assessment. The main risk remains people's reluctance to accept vaccination. Leadership and communication at all levels of the organisation will be crucial in mitigating this risk.

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

The Board of Directors is recommended to **note** this update on the 2019/20 flu campaign, the associated self-assessment and the options around low uptake.

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

David Harris, Director of People and OD

Contributing authors:

Karen Phillips (Head of Workforce Wellbeing & Operational Lead for Flu)
Fiona Couper (Chief Pharmacist)

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	Self-Assessment Report
2	Presentation to CELF (linked document)
3	Communications Plan (linked document)

A	Committed leadership	Evidence	Trust self-assessment
A1	Board record commitment to achieving the ambition of 100% of front line healthcare workers being vaccinated, and for any healthcare worker who decides on the balance of evidence and personal circumstance against getting the vaccine should anonymously mark their reason for doing so.	Board support at commencement of campaign. Plan submitted to Flu Planning Group for approval. Clinical Leadership and Engagement Forum on 16 th October 2019, dedicated to the Flu Campaign (Presentation attached Appendix 2) Staff declining offer of vaccine asked to complete anonymised proforma to capture reasons for refusal	
A2	Trust has ordered and provided the quadrivalent (QIV) flu vaccine for healthcare workers.	QIV ordered for HCW's up to age of 64 and aTIV ordered for HCW's over the age of 65	
A3	Board receive an evaluation of the flu programme from 2018-19, including data, successes, challenges and lessons learnt.	Self-assessment submitted to Board for 2018/19 campaign and also more detailed evaluation report Executive Team and Operations Committee	
A4	Agree on a board champion for flu campaign.	Director of People & OD identified as board champion	
A5	All board members receive flu vaccination and publicise this.	Board Members received flu vaccination at Big Book of Best Practice Public Event on 3 October 2019 and at other opportunities.	
A6	Flu team formed with representatives from all directorates, staff groups and trade union representatives.	Peer vaccinators trained during the summer. Written Instruction produced for Occupational Health Staff. PGD produced for Peer Vaccinators. There is Staff Side and Care Group representation at the Flu Planning Group. The Chief Pharmacist Chairs the Flu Planning Group and the Operational Lead for Flu (Head of Workforce Wellbeing) and her department coordinate the Group.	
A7	Flu team to meet regularly from Sept 2019	Monthly Flu Planning Group is held throughout the year not just from September. In addition, a small sub-group of the Flu Planning Group has met monthly to operationalise actions from the main Planning Group.	

B	Communications plan		
B1	Rationale for the flu vaccination programme and facts to be published – sponsored by senior clinical leaders and trade unions	Communications Team work closely with Workforce Wellbeing and IPC and have representation at the Flu Planning Group. Staff Side is represented on the Flu Planning Group and the flu campaign has been discussed both formally and informally with Staff Side. The Clinical Engagement Leadership Forum on 16 th October 2019 was dedicated to discussing the flu campaign and how to maximise vaccination rates. (attached Appendix 3)	
B2	Drop in clinics and mobile vaccination schedule to be published electronically, on social media and on paper	Accessibility across a 24/7 timescale with clinics, drop-in session and peer vaccinators, coordinated within the Workforce Wellbeing Service.	
B3	Board and senior managers having their vaccinations to be publicised	Photographs captured and promotion through Trust media as per A5	
B4	Flu vaccination programme and access to vaccination on induction programmes (4)	Each monthly induction has vaccination sessions and vaccines are also made available at any other large training events held.	
B5	Programme to be publicised on screensavers, posters and social media	Robust communications plan produced detailing delivery of messages across all available medium (as per B1)	
B6	Weekly feedback on percentage uptake for directorates, teams and professional groups	Weekly figures are submitted to the key stakeholders and headline figures promoted widely including “Flu Hot Spot” Reports sent to all line managers. Flu uptake is discussed at the weekly Executive Team Meeting.	

C	Flexible accessibility		
C1	Peer vaccinators, ideally at least one in each clinical area to be identified, trained, released to vaccinate and empowered	Peer Vaccinators trained by members of Education CWP & IPC during the summer months.	
C2	Schedule for easy access drop in clinics agreed	All clinics offer 'no appointment needed' drop in format. During the first weeks of the Campaign Clinics were set up in all of the main localities of the Trust, Any large training sessions, including Induction have Vaccinators in attendance. Peer Vaccinators are available to ensure local vaccinations and to minimise time away from clinical duties	
C3	Schedule for 24 hour mobile vaccinations to be agreed	Effective utilisation of peer vaccinators to cover 24 hour 7 day operation including early mornings, nights and weekends	
D	Incentives		
D1	Board to agree on incentives and how to publicise this	The following incentives have been agreed: <ul style="list-style-type: none"> • Weekly draw for staff who have been vaccinated • Weekly draw for vaccinator • Fridge monitor incentive – monthly draw All will received £20 Shopping Vouchers. Staff Flu Champions have been engaged and will be distinguishable by their lanyards and a pack has been pulled together to support their involvement with the Flu Campaign	
D2	Success to be celebrated weekly	Published in CWP Essential	

STANDARDISED SBAR COMMUNICATION

REPORT DETAILS	
Report subject:	All Age Disability and Mental Health Services Annual Report 2019
Agenda ref. number:	19.20.106
Report to (meeting):	Board of Directors
Action required:	Discussion and Approval
Date of meeting:	27/11/2019
Presented by:	Suzanne Edwards Acting Director of Operations

Which strategic objectives this report provides information about:	
Deliver high quality, integrated and innovative services that improve outcomes	Yes
Ensure meaningful involvement of service users, carers, staff and the wider community	Yes
Be a model employer and have a caring, competent and motivated workforce	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

<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:	
No new risk identified.	No

REPORT BRIEFING

Situation – a concise statement of the purpose of this report
<p>To provide an overview to the Operational Committee of the transfer and stabilisation of the All age Disabilities Services into CWP within Wirral.</p> <p>This will include details of the feedback from the North West Associate Directors of Social Care Peer review of Social care provision within CWP.</p> <p>As the service moves out of the stabilisation stage and into transformation, this report will outline key challenges, priorities, and its future vision.</p>

Background – contextual and background information pertinent to the situation/ purpose of the report
<p>The All Age Disability & Mental Health Service successfully transferred to CWP from Wirral Borough Council on Sunday 19th August and became fully operational on Monday 20th August 2018.</p> <p>The overall aim of the first phase was to achieve the safe transfer of services to CWP. This included the transfer of existing social workers and support staff to CWP for the services in scope of the new service. The services included in the transfer were Children with Disabilities (CWD), Integrated Disability Team (IDT) and Mental Health.</p>

Following the transfer of the services, the first year of the contract has been one of stabilisation. The transitional work continues to ensure that the new services were fully embedded within CWP alongside operational management and corporate governance arrangements.

A second phase of the project was required to manage and coordinate the full transition of the services to CWP. A 30/60/90 day improvement plan was developed and implemented to support the successful transition of the services into CWP. This enabled the appropriate operational and governance management oversight during this period.

Assessment – analysis and considerations of the options and risks

The full report provides the detail of the 12 month review. The main highlights from the review include the following:

The achievements to date have been delivered through:

- Meeting the explicit requirements and ambitions of the service specification.
- The successful transfer of the services to CWP and the continued integration, alignment and closer working relationships with existing CWP services.
- The formalisation of closer working relationships with Wirral Borough Council and partner organisations.
- A shared vision for All Age Disability & Mental Health Services.
- The opportunity to consolidate a person centred delivery approach for Wirral residents.
- The governance structure for the All Age Disability Service and integration into the wider CWP care group structure.

Challenges

- Efficiency targets levied at the care budget
- Interoperability between clinical and information systems (carenotes and Liquid logic)
- Workforce planning and Approved Mental Health Practitioner availability

Next Steps

- Working alongside the care groups, the AAD provision will be developed which will focus on
- Outcomes for the population
- Reduction in duplication
- Reduction in multiple services
- Development of all age care pathways

In order to so this the following actions are proposed:

1. Review and redesign of current care and support pathways utilising QI methodology
2. Develop and implement an integrated leadership structure that dovetails into the care groups at the same time retaining its integrity to the principles in which the service has been designed
3. Establish a governance framework to support the above
4. Work alongside Wirral Health and Care Trust to explore opportunities for greater joint working and collaboration at care pathway level, learning and development opportunities including the pooling of resources to achieve the shared goals and population outcomes
5. Explore social care professional leadership and visibility at all levels within the organisation, in particular how the voice of social work is heard at board level.

The Board of Directors is recommended to note and discuss the following recommendations

- **Note** the next steps and associated proposals
- **Discuss** the request that the Board of Directors considers how the voice of social work is strengthened at board level

Who has approved this report for receipt at the above meeting?		Suzanne Edwards Acting Director of Operations
Contributing authors:		Adrian Moss Transformation Lead AAD and MHS Sarah Aldis Associate Director of Social Care Wirral Community Health and Care Trust
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	Annual Report	
2	Concerns, compliments and incidents	
3	Outcomes and benefits	

All Age Disability and Mental Health Services Annual Report

1. Introduction

1.1 Purpose of the Report

To provide to the Board of Directors an overview and evaluation of the transfer and stabilisation of the All Age Disabilities and Mental Health Services (AAD and MHS) into CWP within Wirral.

This will include details of the feedback from the North West Associate Directors of Social Care Peer review of Social care provision within CWP.

As the service moves out of the stabilisation stage and into transformation, this report will outline key priorities, and its future vision.

The report will also provide recommendations for consideration by the Board of Directors.

2. Background

Wirral Borough Council (WBC) had a vision that everyone living in Wirral, regardless of their age or personal challenges, can live a life that is healthy, active and as independent as possible. A key component in delivering on that vision is the redesign and reconfiguration of service delivery across Wirral which will enable the transformational changes required to provide the most effective outcomes for its residents.

The All Age Disability & Mental Health Service (AAD & MHS) is a significant element of achieving the vision and ambitions for the residents of Wirral. As a consequence of the close working relationship and the long standing track record of collaborative working, CWP was identified as the preferred provider to deliver the new integrated service. The services included in the transfer were Children with Disabilities (CWD), Integrated Disability Team (IDT) and Mental Health.

Following an extensive due diligence process, the full business case for the proposed transfer of the All Age Disability & Mental Health Service from Wirral Borough Council was approved by the Board of Directors on the 25th July 2018. A Section 75 Agreement was formally signed by both parties on Friday 17th August 2018. The services in scope of the transfer successfully transferred to CWP on Sunday 19th August and became fully operational on Monday 20th August 2018.

The overall aim of the first phase was to achieve the safe transfer of services to CWP. This included the transfer of existing social workers and support staff to CWP for the services in scope of the new service.

As part of the arrangements, CWP has a license agreement to accommodate the Millennium Centre in Leasowe which supports the children with disability team and the integrated disability team. This also provided CWP with the opportunity to co-locate its Child and Adolescent Mental Health Services, Learning Disabilities (LD) and Community LD teams to enable full integration of these services from a single working location.

Following the transfer of the services, the first year of the contract has been one of stabilisation. The transitional work continues to ensure that the new services were fully embedded within CWP alongside operational management and corporate governance arrangements.

3. Success and Achievements

3.1 Phase 2

A second phase of the project was required to manage and coordinate the full transition of the services to CWP. A 30/60/90 day improvement plan was developed and implemented to support the successful transition of the services into CWP. This enabled the appropriate operational and governance management oversight during this period. The 30/60/90 day plan enabled the project to provide assurances in respect of the following key aims:

- Establish the operational governance arrangements
- Establish the corporate governance arrangements
- Enable the full integration of services

The scope of this work included the following areas:

- Workforce related to the services listed
- Governance arrangements (operational and governance)
- Regulatory requirements
- Financial performance
- Contract management & performance
- Education & training requirements
- ICT management

4. Quality & Performance

4.1 Performance

Performance information is captured via Liquid Logic, which is WBC's information system. There is currently no interoperability with carenotes which can create duplication for practitioners, and that the two systems need to be used to document activity.

CWP attends a monthly Finance & Performance contract meeting with Wirral Borough Council. The monthly contract monitoring meetings receive reports on:

- Key Performance Indicators (KPIs) and Activity Measures Performance
- Complaints and Political Enquiries

There has been effective KPI and activity measures performance reporting and improvement in place since the start of the contract which has been positively received by commissioners and portfolio holders within Cabinet.

During Year 1 for the Adults part of AAD & MH, performance has been measured against 11 KPI's. When comparing pre-transfer performance it is clear that there has been an improvement in performance.

A small number of the KPI's had limited meaningfulness in relationship to CWP's performance as there were factors outside CWP's direct influence which adversely affected and limited our achievement of increased levels of compliance. For example 'Learning Disabilities with Access to Employment'

As part of an iterative process with commissioners the performance framework has been refreshed to allow for more meaningful indicators. These came into effect from 01.10.2019. The longer term ambition will be to move to a fully integrated outcomes based framework.

During Year 1 for the Children's part of AAD & MH, performance against their 11 KPI's has been consistently high. Where there has been deviation from 100% against a KPI the numbers of service users that these relate to are extremely low and teams have clear mechanisms in place to monitor improvement in these areas.

As with the Adults KPI's CWP will be seeking to review the Children's part of the reporting arrangements.

4.2 Concerns and Political Enquiries

Concerns and political enquiries form a standing agenda item for the contract and quality and performance meeting. The annual report is detailed in appendix 1. It is acknowledged that there is a difference in the logging and capturing of concerns raised through the difference routes between WBC and CWP, and discussions have taken place on agreeing how greater joint working with the respective teams can be achieved to minimise any delays or confusion in responding to concerns.

4.3 Quality Assurance

Within the Department of Adult Social Services there is a professional standards team that have worked with CWP to identify key areas for audit and quality improvement during 2019-20.

These are:

- Liberty Protection Safeguards and the importance of undertaking robust capacity and best interest decisions that will stand up to scrutiny in the Court of Protection
- Feedbacks from audits
- The promotion of RiPFA and encouraging access to the site
- Strength based approach to assessment and care delivery
- Making safeguarding personal
- Developments in the Mental Health Act (when they are published)
- In addition, as part of the contractual arrangement the Professional standards Team also support CWP with its AMHP re-approval process

Results of audits will be reported into the AAD & MH Operations and Governance Group and their corresponding Care Groups for action as appropriate. If there any risks arising from audits, these will be monitored via the care group risk register and escalated accordingly to the relevant sub-committee.

5. Governance

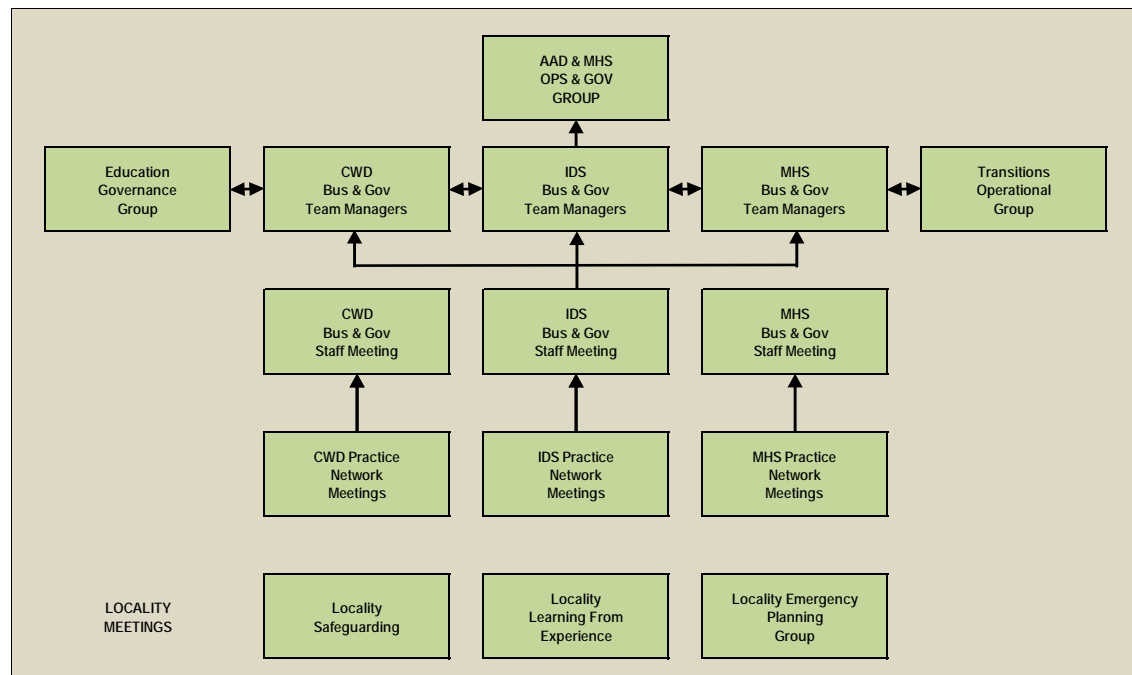
The All Age Disability and Mental Health Service is a place based Wirral service and was afforded its own care group structure to ensure a fit within the current CWP operational

structure, but to also enable the robust governance arrangements required for the new service to be established.

Reporting to the CWP Operational Committee, the Operations & Governance Group oversees a number of service line and practice meetings within each service, whilst attendance at the place based meetings ensures that the All Age Disability & Mental Health Service is represented in these areas.

Figure 1 illustrates the All Age Disability and Mental Health Service Governance Structure.

Fig.1



An All Age Disability and Mental Health Service Education Governance Group was established and meets monthly with attendance from all service lines and key personnel. The Group provides oversight and assurances in respect of the following:

- Professional Standards
- Approved Mental Health Practitioner
- Career Progression Framework
- Practice Educators
- Apprenticeship Programme
- Work Force Development Plan
- Staff Training
- Risk Management

The Group reports into the monthly All Age Disability and Mental Health Service Operations & Governance Group.

The All Age Disability and Mental Health services also link in with the wider care group clinical network groups and are establishing peer relationships with other leadership teams within the care group structure.

The transfer of the All Age Disability & Mental Health Service included the provision of personal services which required the CWP statement of purpose to be amended and the Trust's registration with the Care Quality Commission to be revised. Both of these have been completed.

6. Use of Resources

Within the first year, the contract has been managed within the available resources. There has been some high expenditure on Agency staffing but this has been covered from vacancy slippage.

There are a number of efficiencies applied to the contract including a staff turnover target and 4 days unpaid leave, these have all been met by CWP.

As part of the contract WBC has retained the community care budget which funds packages of care, they have an efficiency target of £2.5m within the financial year 2019/20 attached to the AAD & MH element of this budget.

CWP has committed to work with WBC to support them in achieving this target, mainly through ensuring reviews are carried out in a timely and appropriate manner. To date CWP has identified a number of efficiencies to contribute recurrently to the 2019/20 target.

There is still a pressure for WBC against this budget and CWP is limited in how it can contribute, as it does not own this budget and is not in control of the commissioning aspect against this budget; however work will continue to with WBC to support them in reducing this pressure.

Including:

- Work collaboratively with commissioners on a range of work streams to deliver care differently and deliver efficiencies.
- Take accountability for developing a range of programmes of work to achieve care budget efficiencies as required by commissioners

In 2019/20, Wirral Borough Council (WBC) has a budget shortfall within its Adult Social Care Community Care Budget of £5m (Adults). It was proposed to bridge this gap via a 50:50 split between CWP and WCHCT giving each organisation a savings target of £2.5m.

Within AAD & MH a paper was produced that analysed current Community Care Budget via: service user numbers, service profiles and spend data in order to provide rational background evidence as a basis for the generation of ideas/ proposals.

Within our proposals we advised on the areas of expenditure where we felt the community care budget could be better utilised. This included:

- Continuing Health Care
- Supported Living
- Joint Funding Arrangements
- Residential Care
- Day Care
- Direct Payments for Personal Care

In October the MH part of the AAD & MH submitted the efficiencies that it believed it had been able to find from within the community care budget expenditure. These figures are

being validated however there are risks associated with achieving these efficiencies which will require a quality and equality impact assessment to be completed to ensure that there are no adverse impact on those receiving care and support currently or in the future.

7. Inspections and Peer Reviews

7.1 North West Association of Directors of Adult Social Services

Cheshire and Wirral Partnerships NHS Foundation Trust (CWP) together with Wirral Health and Care Commissioning (WHCC) and Wirral Community Health and Care NHS Foundation Trust (WCHCT) asked the North West region of the Association of Directors of Adult Social Services (NW ADASS) to conduct an Adults' Peer Review focussing on the quality of front-line Social Work practice within the context of integration, personalisation and neighbourhood working. The work was jointly commissioned by the three partner organisations, which were seeking an external view to consider how the transfer of Social Workers has created a seamless, integrated care and health service that provides an improved response to people in need of support. As an organisation, our intention is to use the findings of this peer review to strengthen our work on promoting a strengths-based approach to prevention and access to appropriate services.

The review team made a number of recommendations and CWP are working with partners on the co-production of a systems wide action plan that supports delivery across CWP, WCHCT and WHCC. CWP will also have its own targeted action plan reflecting the different stages of development of the two NHS Foundation Trusts that have worked with WHCC in the re-provision of social care. These recommendations included the following:

- Touch base and revisit team building to address any silo working
- Listen to people who use services to fully understand the changes that integration is having on them
- Be clear and transparent within the Trust(s) about the responsibilities for Social Work practice – increase the level of communications around the PSW role and how this links with the Trust and the DASS in the Council. The PSW should be more visible and accessible to all the Social Work teams in both Trusts.
- Address recruitment issues for social workers: sell the benefits of working in an integrated system – advertise Social Work vacancies on sites visited by Social Workers.
- Develop a strategy for estates and IT to support agile multi-agency working – increase the pace around finding rooms that can accommodate MDTs in one place and ensure that information can be shared between the different IT systems
- Strengths based practice needs to be embedded in all professions – provide training and develop a culture that supports the strengths based approach across all the professions so that it does not just sit with Social Workers.
- Develop a community directory of services in relation to self-care
- Share success stories and areas of good practice to embed learning. Wirral could do more to promote the approach; case studies, video stories, presentations to the community as well as other professionals at the local, regional and national stage. It is important that staff can see that their involvement is recognised by demonstrating how integration is working at an organisational level, the benefits it provides for staff and the people who use the whole range of Health and Social Care services.

7.2 OFSTED

Wirral Metropolitan Borough Council had an Inspection of children's social care services from 17th – 28th June 2019.

The findings were that the quality of services for children has improved in all areas since the last inspection in 2016, when services were judged to be inadequate overall.

Judgement	Grade
The impact of leaders on social work practice with children and families	Good
The experiences and progress of children who need help and protection	Requires improvement to be good
The experiences and progress of children in care and care leavers	Requires improvement to be good
Overall effectiveness	Requires improvement to be good

Ofsted have been clear with WBC on what needs to improve. In terms of services within AAD & MH we will need to consider how we can better support/respond to the challenges faced by young people at transition and explore the age at which this process begins.

8. People Engagement

A crucial enabler to the effective transfer and transition of the All Age Disability and Mental Health Service was the successful delivery of the induction process for new staff.

The induction days were specifically tailored to meet the needs of the transferring services and included additional manager awareness sessions. The events were well attended and contributed to some very positive feedback post induction and also as part of the 1 month post transfer staff survey.

During 2018-19 CWP undertook its annual staff survey. The AAD & MH workforce were included in the survey having only transferred into CWP some 8 week previously.

It was not possible to drill down the information to Team Level or the three service areas in AAD & MH (IDS, MH and CWD) due to the response rate. The overall response rate was 45.55% (approx. 50 respondents) with the majority from the CWD Team where 82.30% responded.

There were 4 areas identified as AAD scoring marginally lower than the Trust average and it was these areas that teams were asked to focus on over the following 12 months:

- Create more opportunities for flexible working
- Teams to receive service user feedback to inform decision making
- Increased awareness in reporting incidents for staff
- Improved access to resources and materials to support staff in undertaking work

Progress against these are monitored via the service areas within the governance and business framework.

9. Professional Standards

9.1 Role of the Principle Social Worker

The role of the Principal Social Worker (PSW) has developed since 2011 when it was first introduced by the Social Work Reform Board and recommended in the Munroe report. The majority of local authorities now have PSWs and the Care Act 2014 firmly imbedded the PSW role in legislation.

Most Mental Health Trusts have a lead for social work who have assumed the PSW role in that organisation. Whilst the statutory function still sits with the PSW of the local authority. This role is important in ensuring the development of excellent social work.

Currently the PSW role sits within the DASS governance structure and reports directly to the Director for Adult Social Services, providing assurance that we are discharging our delegated statutory duties as specified in the Section 75 agreement. In year one, the post has had 'interim arrangements' where the DASS continue to recruit to this post. Based upon our experience of this arrangement and collaborative working with WHCT, who have an Associate Director of Social care we see that in year two it is important for CWP to consider the creation of role of similar authority that can fulfil the functions of a PSW and provide assurance to the Board of Directors on practice in relation to all delegated functions. This will enable us to strengthen the voice of social work and practice within CWP.

The benefits of having this dedicated and visible role ensures that there is professional practice oversight in place to lead, oversee, support and develop excellent social work practice and in turn lead the development of excellent social workers and social care practitioners. Such a role will lead on quality assuring social work practice and amongst other tasks the role will also:

- Support effective social work supervision and decision making
- Oversee quality assurance and improvement of social work practice
- Advise the Board of Directors in complex or controversial cases and on developing case or other law relating to social work practice
- Develop practice across adult social care to include support staff who complete assessments and support social work
- Function at the strategic level of the Professional Capabilities Framework (PCF).

10. Service Developments and Transformation

10.1 Trusted Assessor

As part of the current Adult Social Care arrangements with Wirral Borough Council, Cheshire & Wirral Partnership NHS Foundation Trust has a number of key transformation areas outlined to improve services across the Wirral for adults requiring support and care at home.

The development of a Trusted Assessor model with key partners and stake holders is identified as one such area and nationally this has been evidenced to improve capacity within the domiciliary care market, manage demand more effectively and provide a more responsive service for individuals and carers.

10.2 Peer Led Reviews

Working alongside the Council and with two of our biggest Supported Living Providers we are due to commence a test and learn initiative in conjunction with Wirral Community Health & Care, to introduce Provider Led reviews. Within agreed parameters this will enable supported living providers to arrange both increases and decreases to existing packages of care, thus promoting greater continuity for service users and ensuring a more timely response to changes in circumstance. Dedicated social care staff will support the process and an operational governance group will need to be established.

10.3 Strengths Based Approach

AAD & MH are currently working in conjunction with Wirral Community Health & Care NHS Trust to progress further the strengths based training in our workforce in Wirral. We are jointly exploring an option to jointly commission through RiPFA (as per our membership) a bespoke train the trainers programme. As part of this joint approach, both organisations would commit to hosting training events throughout the year where members of staff from both organisations can book on/attend. These events would be led by our staff that we have 'trained'.

CWP's offer to this shared approach would be 4 x HCPC registered social care staff, 1 x AHP and 1 x Nurse from CWP to undertake the training

11. People and Organisational Development

11.1 Workforce

At the point of transfer August 2018 the overall staff establishment was 109.78 FTE.

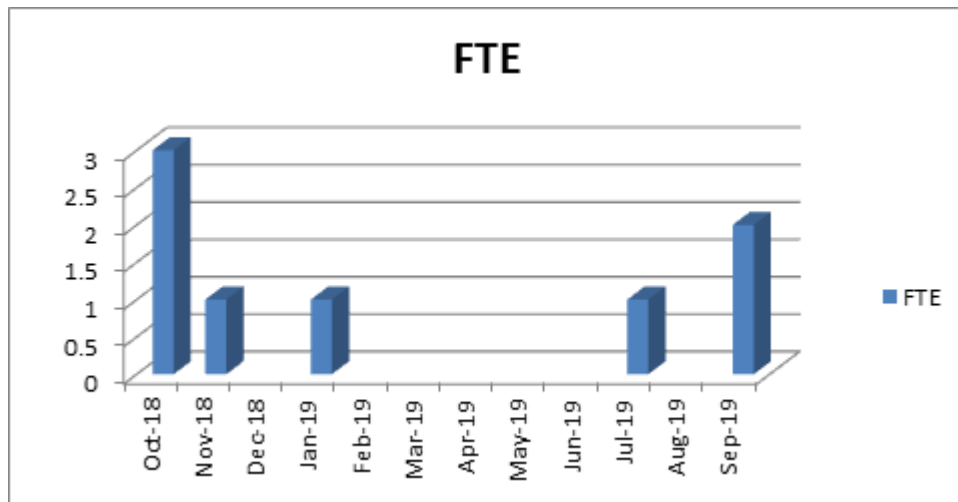
Twelve months on at October 2019 the staffing establishment altered slightly to 109.08 FTE, a variance of 0.7 FTE

The table below illustrates the team breakdown summary:

	2018 August	2019 October
AAD - Birkenhead CMHT	17.00	18.00
AAD - Wallasey & WW CMHT	13.44	12.64
AAD - Home Treatment Team	10.00	11.83
AAD - Early Intervention	0.80	0.00
AAD - Early On-Set Dementia	11.85	10.85
AAD - CWD Team 1	8.20	8.20
AAD - CWD Team 2	7.85	8.43
AAD - Family Support Team	11.54	11.53
AAD - IDS Team 1	14.00	11.50
AAD - IDS Team 2	12.00	13.10
AAD - Management & Administration	3.00	3.00

11.2 Recruitment

The first vacancy was received via Trac in October 2018 and overall, to Sept 19, 9 FTE have been advertised (7 at Millennium and 2 at Stein).



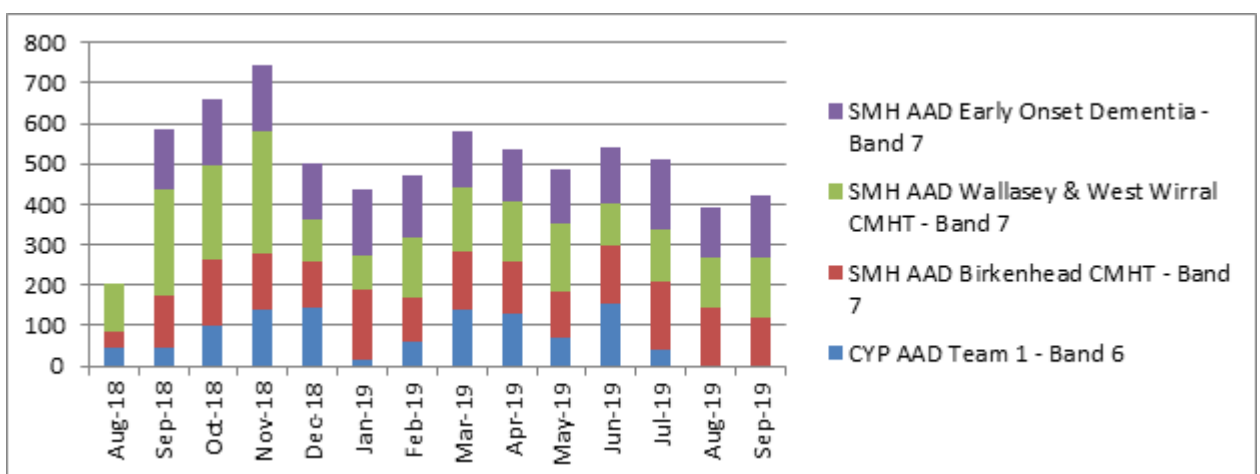
11.3 Agency Use

All shifts, with the exception of those worked for CWD Team post Sept 18, have been breaches to NHSI rules both in terms of charges and also compliance.

The booking for CWD post Sept 18 was via GRI, with full compliance and within NHSI charge caps.

At the transfer point MH had four agency AMHP's and these have been key to CWP delivering its delegated statutory functions as part of this contract.

Agency bookings in hours per month: (all bookings are for Agency AMHP's except for the CWD booking)



Within the MH part of the AAD & MH service there are currently 20 Approved Mental Health Professionals (AMHP's) - 19 FTE who contribute to the delivery of the AMHP function via a

rota during day time hours. Usually there are 4 AMHP's per day on the rota, alongside a Duty Manager and a support AMHP.

Within this part of the service there are approx. 7.3 WTE vacancies that are hard to recruit to. Currently monies from these vacancies fund the Agency AMHP's who then contribute to the delivery of this delegated statutory function.

As part of the workforce plan we have 3 x WTE Social workers who within timescales will progress onto the AMHP training programme; eventually joining the rota. In addition we have also widened the access to the pre-AMHP programme to Nurses, OT's and Psychologists (as per 2007 amendments to the Mental Health Act 1983). Two individuals have successfully completed this programme of study and we are hopeful that one employee will commence the AMHP programme in January 2020.

CWP continue to work in partnership with "Think Ahead" this is a national scheme to recruit graduates (4 for Wirral) to the integrated Community Mental Health Teams. These candidates commenced their social work training with CWP. The Social Work Consultant post (plus deputy) was appointed to which is integral to the running of this programme. These individuals are responsible for mentoring these graduates to attain their Social Work qualification over 2 year period, with a view to then proceed to gaining their AMHP qualification. This will also support addressing the current AMHP workforce challenges.

In addition to recruiting experienced social workers into vacancies, CWP has taken a decision to recruit newly qualified social workers and take them through their Assessed and Supported Year in Employment. This helps support peoples planning and demonstrates to newly qualified candidates our commitment in helping them to be the best they can be.

In further considering the workforce plan for social care, both CWP and WCHCT are working in conjunction with the local universities in the development and delivery of a potential apprenticeship programme for social workers. Both CWP and WCHCT have very experienced social care staff who are extremely interested in this programme. Our intention is to develop this system wide in Wirral with DASS and other partners.

CWP currently have two of its health registered colleagues who have completed the pre-AMHP course, with a view to progressing to the AMHP course in January 2020. Further opportunities will be pursued to widen this opportunity to more non-social work staff.

11.4 Appraisals and Education Essentials Compliance

During the stabilisation period, all staff that transferred into CWP have been required to complete mandatory essential learning. Compliance levels at the end of Q1 are illustrated below. Target is 85% compliance and above and compliance has improved significantly since transfer.

All Age Disabilities & Mental Health	%age compliant
373 AAD - Birkenhead CMHT Total	88%
373 AAD - CWD Team 1 Total	85%
373 AAD - CWD Team 2 Total	96%
373 AAD - Early Intervention Total	96%
373 AAD - Early On-Set Dementia Total	95%
373 AAD - Family Support Team Total	100%
373 AAD - Home Treatment Team Total	94%
373 AAD - IDS Team 1 Total	99%
373 AAD - IDS Team 2 Total	99%
373 AAD - Management & Administration Total	93%
373 AAD - Wallasey & WW CMHT Total	88%
Average	94%

At the end of year 1 the AAD & MH workforce had a 93% compliance with appraisals. The less than 100% value is attributable to long term sickness, maternity leave and the timescales involved in staff becoming exempt from being counted i.e. for long term sick it is 90+ days absent, Maternity 90+ days etc. Anything less than the 90+ days gets included.

CWP is working closely with its social care workforce around mandatory learning as it recognises that the subject content needs broadening to include social care topics. This has included a stakeholder led review of:

- Statutory Essential Learning for Social Care staff
- Role specific Learning for Social Care staff
- Continuing Professional Development Learning for Social Care staff
- Role specific Learning for staff within integrated health and social care teams
- CWP are also working with WCHCT in this respect to establish opportunities for joint procurement and/or delivery of training and development opportunities

12. Conclusion

The outcomes and benefits of the transfer are detailed in appendix 2. These outcomes and benefits reflect the long term ambitions of the project and the service improvement plan agreed with Wirral Borough Council. Progress to date is highlighted as either amber or green. Amber indicates that work is ongoing to achieve the desired benefit or outcome, where green indicates the full achievement of that outcome.

Phase 1 of the project managed the transfer of the services to CWP, whilst phase 2 managed the transition. As part of the transfer of the services, CWP agreed that the year 1 of the contract would be a period of stabilisation, with year 2 onwards dedicated to undertake the necessary service transformation required to achieve the longer term outcomes and benefits, greater integration into CWP and delivery of the commissioned service improvement plan. Amber work streams will be further enabled and achieved through future transformation in year 2 of the contract.

The achievements to date have been delivered through:

- Meeting the explicit requirements and ambitions of the service specification.
- The successful transfer of the services to CWP and the continued integration, alignment and closer working relationships with existing CWP services.
- The formalisation of closer working relationships with Wirral Borough Council and partner organisations.
- A shared vision for All Age Disability and Mental Health Services.
- The opportunity to consolidate a person centred delivery approach for Wirral residents.

- The governance structure for the All Age Disability and Mental Health Service and integration into the wider CWP care group structure.

13. Next Steps

Working alongside the care groups, the All Age Disability and Mental Health Service will be developed which will focus on:

- Outcomes for the population
- Reduction in duplication
- Reduction in multiple services
- Development of all age care pathways

In order to achieve the above the following are proposed:

- Review and redesign of current care and support pathways utilising Quality Improvement methodology (linking into Long Term Plan ambitions)
- Continue to move towards an outcome based performance framework, and agree key metric for inclusion in the strategic objective dashboard
- Develop and implement an integrated leadership structure that dovetails into the care groups at the same time retaining its integrity to the principles in which the service has been designed
- Establish a governance framework to support the above
- Work alongside WCHCT to explore opportunities for greater joint working and collaboration at care pathway level, learning and development opportunities including the pooling of resources to achieve the shared goals and population outcomes
- Consideration to how going forward we can the strengthen the voice of social work across the organisation and that the social care voice is heard at board level
- Work with partners to achieve the efficiencies set by WBC, focusing on population need and achieving great outcomes for the population
- Consider how CWP engages with other Local Authority Partners to consider opportunities for sharing and spreading the success of the principles of the transfer of AAD and MH Services across Cheshire

Authors

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November 2019

STANDARDISED SBAR COMMUNICATION

REPORT DETAILS	
Report subject:	POD Strategy Delivery Plan 2019-2020
Agenda ref. number:	19.20.107
Report to (meeting):	Board of Director
Action required:	Information and noting
Date of meeting:	27/11/2019
Presented by:	David Harris, Director People and Organisational Development

Which strategic objectives this report provides information about:	
Deliver high quality, integrated and innovative services that improve outcomes	Yes
Ensure meaningful involvement of service users, carers, staff and the wider community	Yes
Be a model employer and have a caring, competent and motivated workforce	Yes
Maintain and develop robust partnerships with existing and potential new stakeholders	No
Improve quality of information to improve service delivery, evaluation and planning	No
Sustain financial viability and deliver value for money	No
Be recognised as an open, progressive organisation that is about care, well-being and partnership	Yes

Which 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
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
This report provides a copy of the Delivery Plan which has been developed to deliver the People and OD (POD) Strategy previously agreed by Board.

Background – contextual and background information pertinent to the situation/ purpose of the report
On 31 st July Board agreed the Trust People and OD Strategy for 2019-2022. This strategy set out four strategic priorities:
Contribution - To ensure we have the right numbers of people in the right place who have the time, competence and confidence to make their unique contribution to delivering outstanding, person-centred care.

Development - To help our people to have the knowledge, skills and behaviours they need to deliver outstanding, person-centred care

Wellbeing - To create a workplace which helps everyone to enjoy positive physical and mental health and wellbeing and so to be the best they can be.

Policies, Processes & Systems - To provide policies, processes and systems that help our people to deliver outstanding, person-centred care.

For each of these priorities a number of focus areas were also agreed by Board. The linked Delivery Plan sets out in more detail what actions will be taken by whom and by when in order to deliver the areas of focus and so the strategic priorities for 2019-2020

Assessment – analysis and considerations of the options and risks

Set out in Appendix 1 is the Year 1 Delivery Plan which details the actions that have been identified as necessary to deliver the POD outcomes, areas of focus and strategic priorities for 2019-2020. The areas of focus are being linked to the relevant POD risks and to NHS Interim People Plan in order to make it clear for regulators how that national plan is being translated and implemented within CWP. Please note that these two columns on the spreadsheet are still work in progress.

Sitting behind the high level plan are a number of linked service delivery plans which mirror the wider delivery plan but set out in even more detail the planned actions for delivery. These, in turn, will form part of Heads of Service PDR objectives. The overall set of plans forms a very large document and so, by way of illustration, Appendix 2 sets out just the HR service delivery plan.

Oversight and scrutiny of the delivery plan and associated risks will be carried out by the People and OD Sub-Committee (PODSC). Other POD risks will be identified and escalated to Operational Committee and to PODSC as appropriate from Care Groups and other governance meetings (e.g. People Planning Group; Workforce Wellbeing Group).

As proposed to Board in July, consideration has been given to the role of PODSC within the wider Trust governance arrangements and a number of actions have been identified to address concerns raised by Non-Executive Directors. These actions include the following:

- Monthly reports to Operational Committee from Care Groups via operational dashboard with any POD risks/issues and mitigation escalated via Chair's report to Board.
- Regular updates to Board via monthly Board dashboard on POD KPIs already agreed by Board (i.e. absence, turnover, vacancies, appraisal and supervision, mandatory training) and specific updates on progress with the Delivery Plan on a quarterly basis.
- PODSC to continue to meet bi-monthly ensuring that a full chair's report goes to Operational Committee with sufficient time on the agenda item to discuss progress against delivery plan and any risks/issues.
- A further review of the terms of reference to be completed, which covers membership and effectiveness of integration e.g. which POD issues should go directly to Ops Committee from Care Groups and what items should go directly to PODSC.

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

The Board of Directors is recommended to note the contents of the Delivery Plan and provide any comments.

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

Jane Woods, Director of People and OD

Contributing authors:**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	POD Strategy Delivery Plan for 2019-2020
2	HR Service Delivery Plan

STANDARDISED SBAR COMMUNICATION

REPORT DETAILS	
Report subject:	Learning lessons to improve our people practices - update
Agenda ref. number:	19.20.108
Report to (meeting):	Board of Directors
Action required:	Information and noting
Date of meeting:	27/11/2019
Presented by:	David Harris, Director of People and Organisational Development

Which strategic objectives this report provides information about:	
Deliver high quality, integrated and innovative services that improve outcomes	Yes
Ensure meaningful involvement of service users, carers, staff and the wider community	Yes
Be a model employer and have a caring, competent and motivated workforce	Yes
Maintain and develop robust partnerships with existing and potential new stakeholders	No
Improve quality of information to improve service delivery, evaluation and planning	No
Sustain financial viability and deliver value for money	No
Be recognised as an open, progressive organisation that is about care, well-being and partnership	Yes

Which 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	No
			Accessible	No
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
This report provides an update on progress made since July when the Board was provided with an initial high level assessment of CWP’s current investigation and disciplinary processes against the set of recommendations issued by NHS England and NHS Improvement. A more detailed review has now been undertaken and an action plan developed (attached at Appendix 1) which identifies objectives and actions the Trust will take in order to meet the recommendations and provide assurance to the Board that they are being implemented.

Background – contextual and background information pertinent to the situation/ purpose of the report
In May 2019, NHSI/E issued a letter to all NHS Trust and Foundation Trust Chairs and Chief Executives from Baroness Dido Harding requesting that investigation and disciplinary processes be reviewed against a set of recommendations in order that the Board have sufficient information and assessment of the ‘health’ of organisational culture in respect of those aspects relating to the management of workplace issues.
Similar recommendations were also contained in the recently issued guidance document, “A fair experience for all’ which promotes the closing of the ethnicity gap in rates of disciplinary action between black and minority ethnic (BME) and white staff across the healthcare system. The action plan attached at

Appendix 1 supports the goals identified in this document as well as the Baroness Harding letter recommendations.

Assessment – analysis and considerations of the options and risks

The initial, high-level assessment of the Trust’s investigation and disciplinary processes identified a number of areas of good practice as well as areas for improvement. Wider views have now been sought through engagement with managers involved in these processes as well as with staff who have been subject to investigations and disciplinary action to inform the action plan.

A Quality Improvement methodology is being applied to the review of the Disciplinary Policy and Procedure which is ongoing. The overall aim of the review is to make the processes, easier, better, faster and cheaper and the extensive feedback received to date from stakeholders including those who have been subject to disciplinary processes has helped inform all of these aims.

It is clear from the feedback received that whilst the current policy conforms to established good practice from an employment law point of view its application needs to be more consistent, compassionate and person-centred and that more should be done to support people’s health and wellbeing throughout the process. Set out below is a summary of some of the key improvement actions identified:

- Review of policy and all standard letters and documentation
- Development and implementation of a case triage process to ensure more rigorous decision making methodology
- Clear role description for ‘support persons’ that sets out expectations
- All investigations to require a written plan with timeframes which identifies any support offered and how people will be communicated with
- Review of the process and recording of suspension / restriction / redeployment decisions and on-going assessments to be undertaken
- Training for investigating managers and commissioning managers to be updated and specific training for panel members to be developed
- Ongoing assessment to be carried out to identify whether adequate resource has been allocated to allow for the timely completion of investigations
- Regular reporting to Board to be introduced to allow for senior level scrutiny and challenge

Once the review has been completed the revised policy will be launched by means of briefing sessions to managers to ensure they understand the changes and how they fit with the wider ambitions set out in the People Strategy and Delivery Plan.

Cases will be monitored and learning taken into account to enable continuous improvement of practice. Monitoring arrangements will also consider the expected rates of improvement in closing the gap in the likelihood of entry into the disciplinary process between BME and white staff over the next three years as set out in ‘A fair experience for all’. Currently CWP figures are not a cause for concern but monitoring will continue.

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

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

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

Jane Woods, Director of People and OD

Contributing authors:

Chris Sheldon, Head of HR, Carmel Hopkins, POD Business Partner

Distribution to other people/ groups/ meetings:

Version	Name/ group/ meeting	Date issued
1	People and OD Sub-Committee	21st November 2019

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

Appendix No.	Appendix title
1	Lessons Learned – Improving People Practices Action Plan 2019/20.

STANDARDISED SBAR COMMUNICATION

REPORT DETAILS	
Report subject:	CWP Research Strategy 2019 (2019/20 – 2023/24)
Agenda ref. number:	19.20.109
Report to (meeting):	Board of Directors
Action required:	Discussion and Approval
Date of meeting:	27/11/2019
Presented by:	Dr Faouzi Alam, Joint 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	No
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	No	Clinical Effectiveness	Effective	Yes
Operational performance	No		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
<p>The CWP Research Strategy expired in 2018.</p> <p>This paper presents the new CWP Research Strategy for 2019/20 – 2023/24</p>

Background – contextual and background information pertinent to the situation/ purpose of the report
<p>Further to (i) an analysis of the national and regional context for health research, (ii) a review of the recent history of research in CWP, and (iii) extensive consultation, the new CWP Research Strategy has been developed.</p> <p>The CWP was presented to the Board Seminar on 30 October 2019.</p>

Assessment – analysis and considerations of the options and risks

The overarching objectives of the CWP Research Strategy are:

1. Deliver high quality research that informs the best ways to promote the health and well-being of the population
2. Involve people who use our services, the public and health care professionals the design and delivery of research
3. Align research with our strategic objectives
4. Collaborate with our academic partners to deliver innovative research

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

The Board of Directors is recommended to **approve** the Research Strategy 2019/20-23/24

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

Dr Faouzi Alam, Medical Director

Contributing authors:

Distribution to other people/ groups/ meetings:

Version	Name/ group/ meeting	Date issued
1	Research Strategy 2019/20-23/24	

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

Appendix No.	Appendix title

CWP Research Strategy

(2019/20 - 2023/24)

CWP Research Strategy – introduction

What is research?

- Research involves the systematic gathering and analysis of data to answer important questions
- It is a transparent process that enhances knowledge and understanding
- Research answers questions about
 - risks and protective factors for health and social care problems
 - steps that can be taken to reduce the likelihood of developing health and social care problems
 - best ways to assess and diagnose health and social care problems, and
 - the most effective interventions to safely improve health and well-being

Why is research important to us?

- To best enable the health and well-being of the population we serve, we need to ensure that what we do is informed by the relevant evidence
- The outcome of research studies is the most robust way to establish an evidence base for practice

How does research help people who use our services?

- Research studies are an opportunity for people who use our services to directly participate in the furtherance of knowledge
- Having an up-to-date knowledge of relevant research results means that members of our workforce are informed about how to help people who use our services
- The improved knowledge and understanding that comes from research informs how we design and deliver our services in the interest of people who use those services
- Having people in our organisation who lead research means that we can access their high level of expertise to improve relevant services
- Being a research-active health provider is associated with improved outcomes for the people who use that provider's services

How does research help members of our workforce who deliver our services?

- There is strong evidence that instilling research principles into the culture of a health organisation has benefits for the organisation's workforce

Who can do research?

- Anyone can get involved in research
- Research is a multi-layered process from developing research ideas, through designing and undertaking studies, to disseminating the findings of the studies
- People can become involved at an individual stage or throughout the whole process

CWP's vision and values

The vision of the Trust sets the fundamental premise against which all of our work over the next five years will be delivered:

Working in partnership to improve health and wellbeing by providing high quality person centred care

In support of this, our organisational values will continue to underpin all of our work and reflect our identity, principles and beliefs.

These values are a major strength of the organisation and are captured as Six Cs

The 6Cs embody a set of behaviours to enable cultural change and underpin the Trust's drive towards a continuous improvement culture. The Trust is encouraging staff to understand their individual responsibilities to embody these values in professional practice and in their everyday roles



Our Strategic Objectives:

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

CWP Research Strategy – national context

The NHS Long Term Plan

The **NHS Long Term Plan** (January 2019) provides clear and costed priorities to tackle health inequalities and to help our population stay healthy and sets out improvement agendas to make further advances in mental health, learning disability and autism, and healthy ageing including dementia, amongst others.

The Plan outlines significant improvements to be made in mental health and primary care in the next two years, alongside other improvement areas over the coming five and ten years, and recognises that further research and innovation will drive future outcomes improvement. It recognises that patients benefit enormously from research, with breakthroughs enabling the prevention of ill-health, earlier diagnosis, more effective treatments, better outcomes and faster recovery.

Nationally, the ambition is to increase the number of people registering to participate in health research to one million by 2023/24. Locally, we will support this ambition by attracting studies designed to address issues related to the health and well-being of our population.

Higher Education Establishments (HEIs)

Working with academic leaders in HEIs is essential for the delivery of high quality health research. Clinical academic posts strengthen the link between health providers and HEIs and deliver benefits to both types of organisation.

The National Institute for Health Research

The **National Institute for Health Research** (NIHR) is the nation's largest funder of health and care research. Its mission is to improve the health and wealth of the nation through research.

To achieve this goal, the NIHR (i) delivers research funding schemes; (ii) engages and involves patients, carers and the public; (iii) attracts, trains and supports the researchers; (iv) invests in infrastructure and a skilled delivery workforce; and (v) partners with other public funders, charities and industry.

The NIHR mental health speciality group promotes and supports mental health research within health and care settings across the country. Cheshire and Wirral Partnership NHS Foundation Trust is represented at the National Mental Health Specialty Group. NiHR's commitment to mental health research is demonstrated by the £35.4 million spent on this area in 2017-18.

Academics working in universities and other **higher education institutions** (HEIs) bring considerable experience and expertise in designing and undertaking research studies.

The NHS Patient Safety Strategy

The **NHS Patient Safety Strategy** (July 2019) describes how safety improvement relies on innovation, and innovation relies on research to generate and test new ideas.

The parallel approach to research and innovation involves a two-way bridge for information flow: from existing scientific evidence to the frontline, and from the frontline back to scientific evidence building. In the NHS, this bridge can be built between national bodies and universities, independent research groups and private industries working at the cutting edge of knowledge development.

The National Institute for Health Research (NIHR)-funded Patient Safety Translational Research Centres (PSTRCs) exist to do just this – to pull advances from basic research that have potential relevance to patient safety, into early pilot/feasibility clinical, applied and health services research.

Research in safety improvement demands involvement from patients and staff to be considered valid and have impact. This collaborative type of research aligns closely with the philosophy of person-centred design, which focuses on the creation of innovations, based on science and rooted in reality and human factors.

Academic Health Science Networks

Academic Health Science Networks (AHSNs) support rapid evaluation and early adoption of new innovations. To do this, the AHSNs align education, clinical research, informatics, innovation, training and education and healthcare delivery. Their aim is to improve patient and population health outcomes by translating research into practice, and developing and implementing integrated health care services.

The Care Quality Commission

The **Care Quality Commission** (CQC) has collaborated with the National Institute of Health Research (NIHR), the Health Research Authority (HRA), the Medicines and Healthcare Products Regulatory Agency (MHRA), to develop new research indicators for use as part of CQC’s monitoring and inspection programme.

A Framework for mental health research

‘**A Framework for mental health research.**’ (Department of Health, 2017) recognises that “the NHS is a unique resource for research – both as a source of research data and as a setting in which new interventions can be studied.” This potential for the study of mental health and population wellbeing must be fully realised.

CWP Research Strategy – regional/local context

Clinical Research Network (CRN) North West Coast

The NIHR **Clinical Research Network North West Coast** provides infrastructure that allows high-quality clinical research to take place in the NHS in the North West Coast area with a view to increasing opportunities for patients to take part in clinical research and ensure that studies are carried out efficiently.

Applied Research Collaborations (ARCs)

The NIHR has invested £135 million in 15 new NIHR **Applied Research Collaborations (ARCs)**, to support applied health and care research that responds to, and meets, the needs of local populations and local health and care systems. As a member of the North West Coast ARC, CWP will build on the programme of applied research undertaken within ARC's predecessor, CLAHRC.

Higher Education Establishments

CWP has partnered with many universities in the North West to undertake diverse types of research. We have ongoing collaborative links with a number of local universities including the University of Chester, the University of Liverpool, the University of Manchester and Liverpool John Moores University.

Cheshire and Merseyside Health and Care Partnership

The **Cheshire and Merseyside Health and Care Partnership** is a collection of organisations responsible for providing health and care to a population of approximately 2.6 million people. CWP works collaboratively with other NHS partners, GPs, local councils and the community and voluntary sector to plan how best to deliver services in future so that they meet the needs of local people, are of high quality and are affordable. The relationships and governance processes that the Health and Care Partnership has in place afford an opportunity to strengthen research collaboration across the footprint and CWP will aim to maximise these opportunities during the life of this strategy.

CWP's Chief Executive is the Senior Responsible Officer for the mental health programme within Cheshire and Merseyside and strong working relationships exist with neighbouring mental health trusts. A collaborative approach will be adopted to evaluate the impact of new service models developed 'at scale' and work will continue within the area to share best practice and develop services to meet health and care challenges. .

CWP Research Strategy – Aims

Aim 1: Deliver high quality research that informs the best ways to promote the health and well-being of the population we serve by

- Developing academic capability within our workforce to enable us to lead research relevant to the health and well-being of our population;
- Securing external funding to allow us to undertake this research;
- Attracting studies to CWP designed to address issues related to the health and well-being of our population;
- Facilitating research studies in CWP that answer questions linked to the health and well-being of our population;
- Supporting and undertaking research that informs the protection and promotion of the health and well-being for our population.



Aim 2: Ensure service users, the public and health and social care professionals are centrally involved in the design and delivery of research by

- Delivering research that is prioritised by people who use our services, the public and practitioners
- Ensuring strong and consistent patient, public and practitioner involvement in the development of research questions
- Ensuring our research is designed and led by teams comprising people who use our services, members of the public and practitioners
- Offering more opportunities for people who use our services to participate in research
- Supporting the development of academic expertise within our workforce

Aim 3: Promote research which aligns with our strategic objectives by

- Supporting studies whose objectives align with our strategic objectives
- Translating the priorities of our Care Groups and corporate services into appropriate research researchable questions
- Supporting research that address priorities identified by the Cheshire and Merseyside Health and Care Partnership
- Encouraging research that links with priority initiatives (e.g. person-centred and trauma-focused care approaches)
- Promoting awareness of the impact on improved outcomes of being a research active organisation.



Aim 4: Strengthen collaborative links with our academic partners to deliver innovative research by

- Consolidating collaborative partnerships with key universities in the North West to support aims 1, 2 & 3
- Fostering links with a wider network of relevant external academic groups to achieve our aims
- Working with other health and social care providers to undertake studies over a wide footprint
- Collaborating with acute care health providers to develop a portfolio of integrated health research



Delivering the CWP Research Strategy

AIM 1:

Deliver high quality research that informs the best ways to promote the health and well-being of the population we serve

Objective 1.1: To develop academic capability within our workforce to enable us to lead research relevant to the health and well-being of our population, we will:

- Support Care Groups and Corporate Services to work with our key HEI partners to develop a shared plan for the development of academic capability
- Establish a CWP network of support and supervision for the delivery of focused service-related research
- Provide support to seek funding for post-graduate opportunities
- Work with Care Groups and Corporate Services to identify workforce potential for academic development
- Agree CWP research area priorities (see Aim 3)

Objective 1.3: To attract appropriate studies to CWP to address issues related to the health and well-being of our population, we will:

- Undertake efficient and accurate assessments of our capacity and capability to recruit to portfolio studies
- Recruit to CRN/NiHR metrics (e.g. to time and target)
- Support more clinicians to take on the Principle Investigator role
- Develop a research communications strategy to broadcast successful completion of studies
- Increase the breadth of study areas to include the whole range of services we deliver (i.e. physical health, primary care and mental health)

Objective 1.2: To secure external funding to allow us to undertake this research, we will:

- Develop a horizon scanning process for funding opportunities
- Establish research groups with our key HEI partners to make competitive bids for research funding
- Capitalise on our membership of the ARC (NWC) to jointly apply for research monies
- Seek and pursue opportunities for commercial research

Develop clinical academic capacity to lead applications for research funding

Objective 1.4: To facilitate research studies in CWP that answer questions linked to the health and well-being of our population, we will:

- Provide research department staff to screen, recruit and follow-up participants in portfolio studies
- Support clinical staff to identify potentially suitable participants for studies
- Provide support for the ethical and governance approval of new research proposals
- Signpost our researchers to expertise within our HEI partners for statistical, health economics, and design support
- Provide guidance on research training opportunities

Objective 1.5: To support and undertake research that informs the protection and promotion of the health and well-being for our population, we will:

- To draw on the Cheshire and Merseyside Health and Care Partnership’s understanding of the health and well-being needs of our population to inform research priorities
- Maintain an up-to-date profile of the key metrics for our population to inform the design of relevant research
- Promote the importance of an interdisciplinary population health approach to research
- Encourage a holistic approach
- Build on relations with primary care, public health and social care academics

AIM 2:	Ensure service users, the public and health and social care professionals are centrally involved in the design and delivery of research
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Objective 2.1: To deliver research that is prioritised by people who use our services, the public and clinicians, we will:

- Work with Care Groups to agree their research priorities
- Work with the patient experience sub-committee to involve people who use our services and the public in identifying research priorities
- Support a focus on the real-world application of proposed research
- Engage with relevant charities to inform our understanding of the priorities of the people who use our services and the public
- Involve people who use our services, the public and practitioners in the approval process for research

Objective 2.2: To ensure strong and consistent patient, public and practitioner involvement in the development of research questions, we will:

- Provide support for the people who use our services and the public to develop research questions relevant to their concerns
 - Be available to support practitioner teams to develop research ideas based on questions arising in their service
 - Offer support to our ‘patient and public involvement’ (PPI) partners to develop research competencies
 - Provide opportunities within agreed job plans for our staff to become involved in research
- Facilitate staff involvement in research across all disciplines and grades

Objective 2.3: To ensure our research is designed and led by teams comprising people who use our services, members of the public and practitioners, we will:

- Ensure that there has been public involvement in the studies to which we recruit
- Prioritise studies in which there is public involvement in the research team
- Offer opportunities for people who use our services and the public to become part of research teams
- Provide informed advice regarding ethical approval of study proposals
- Involve the people who use our services, the public and practitioners in the dissemination of the findings of our research

Objective 2.5: To support the development of academic expertise within our workforce, we will

- Support clinical/practitioner academic development across professional boundaries
- Deliver education and training sessions on research skills
- Make available support to those staff for whom research is identified in their personal development plan
- Support clinical/practitioner academics to develop into Chief Investigator roles
- Facilitate the hosting of funded academic posts (e.g. doctoral fellowships)

Objective 2.4: To offer more opportunities for people who use our services to participate in research, we will:

- Ensure high levels of recruitment to portfolio studies
- Attract a wide range of studies that reflects the breadth of services we provide
- Use multimedia approaches to disseminate information about opportunities for study participation
- Enhance the use of clinical information systems to identify potential participants
- Develop markers to track opportunities for patient participation

AIM 3:	Promote research which aligns with our strategic objectives
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Objective 3.1: To support studies whose objectives align with our strategic objectives, we will

- Encourage our researchers to take account of our strategic objectives in the development of new research studies
- Collect data on ongoing studies in a way that allows relevance to our strategic objectives to be tracked
- Describe and promote the relevance of the 6Cs to academic work within our organisation
- Work with leaders in our organisation to encourage the use of research methodology to demonstrate effectiveness
- Support the appropriate use of routinely gathered data for research

Objective 3.3: To support research that address priorities identified by the Cheshire and Merseyside Health and Care Partnership, (HCP) we will:

- Link with the Partnership to identify research questions relevant to the Partnership's priorities
- Consolidate links with partner provider organisation research departments to deliver joint research across the HCP footprint
- Develop local expertise in research methodologies to evaluate service planning and delivery
- Support the appropriate use of existing data across the footprint to provide an evidence base for Partnership planning

Objective 3.2: To translate the priorities of our Care Groups and corporate services into researchable questions, we will:

- Work with Care Groups and corporate services to describe their priorities in a way that can inform our research agenda
- Work with library services to support the provision of reviews of evidence relevant to these priorities
- Identify a lead for research in each of the Care Groups
- Offer peer-support to the Care Group research leads
- Actively influence efficient service design, contributing to improved patient pathways, clinical outcomes and patient experience

Objective 3.4: To encourage research that links with priority initiatives (e.g. person-centred and trauma-focused care approaches), we will:

- Facilitate mixed methods research so that as well as important group-level data, our research generates qualitative data that captures the individual's experiences
- Establish links with academic partners with expertise in developmental and trauma-focused perspectives
- Encourage a life-course approach to research agenda
- Promote a holistic bio-psycho-social model of understanding mental health problems

Objective 3.5: To promote awareness of the impact on improved outcomes of being a research active organisation, we will

- Disseminate the evidence for the relationship between research activity and improved patient outcomes
- Promote the workforce benefits of involvement in research
- Support research leads and clinical/practitioner academics to articulate the benefits within service areas

AIM 4:	Strengthen collaborative links with our academic partners to deliver innovative research
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Objective 4.1: To consolidate collaborative partnerships with key universities in the North West to support aims 1, 2 & 3, we will:

- Work with the universities in the North West to identify areas of common interest and expertise
- Promote the value of practitioner expertise in the delivery of relevant research
- On the basis of an understanding of common interests and expertise, develop shared research priorities with the university research groups
- Agree plans with the universities for the development of increased academic capability within our workforce
- Work with the universities to support honorary roles in recognition of our practitioners' academic and teaching contributions

Objective 4.2: To foster links with a wider network of relevant external academic groups to achieve our aims, we will:

- Link with academic groups nationally and internationally with expertise of direct relevance to our strategic objectives
- Draw on this expertise to inform the delivery of high quality research
- Welcome studies relevant to our services and population from a wide range of academic groups
- Support our clinical academics to collaborate with academic groups with relevant expertise

Objective 4.3: To work with other health and social care providers to undertake studies over a wider geographical footprint, we will:

- Facilitate the development of a network of the research leads from across our partner health and social care providers
- Utilise links with existing partner providers to agree common research priorities
- Support our clinical/practitioner academics to explore the benefits of collaboration across organisational boundaries
- Encourage a system-wide perspective in the study of interventionsBuild links with academics in the field of social care

Objective 4.4: To collaborate with acute care health providers to develop a portfolio of integrated health research , we will:

- Enhance links with the research leads in partner acute care providers
- Identify shared research priorities
- Support our Care Groups to identify
- Encourage research that adopts an integrated approach
- Examine the appropriate use of routinely collected data to study long-term conditions