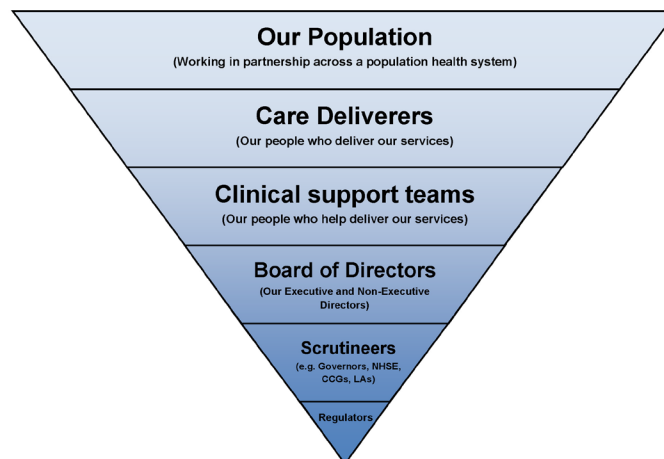


W1 Leadership	W2 Vision	W3 Culture	W4 Governance
W5 Risk	W6 Information	W7 Engagement	W8 Learning



Board of Directors *(held in Public)*

At 1:00pm on Wednesday 29th September 2021

Held Via Video Conferencing

Ref	Title of item	Well-led theme	Format	Presented by	Time
ASSURANCE					
21/22/13 - Meeting Governance					
21/22/13 a	Welcome, apologies and quoracy		Verbal	Chair	1:00 (5 mins)
21/22/13 b	Declarations of interest		Verbal		
21/22/13 c	Minutes of the previous meetings held 28 July 2021		Paper		
21/22/13 d	Matters arising and action schedule		Paper		
21/22/13 e	2021/22 Business cycle		Paper		
21/22/13 f	Chair's Announcements		Verbal		1:05 (5 mins)
21/22/13 g	Chief Executive's Announcements		Verbal	Chief Executive	1:10 (10 mins)
21/22/14 - Internal reporting from committees; matters of escalation and assurance					
21/22/14 a	Operational Committee <ul style="list-style-type: none"> Chair's report from Operational Committee – September 2021 To Include the following Highlight Reports:- <ul style="list-style-type: none"> Monthly Safer Staffing Report 	W4 Governance W5 Risk	Paper	Operational Committee Chair	1:20 (10 mins)
21/22/14 b	Quality Committee	W4 Governance W5 Risk	Paper	Quality Committee Chair	1:30 (10 mins)

Ref	Title of item	Well-led theme	Format	Presented by	Time
	<ul style="list-style-type: none">Chair's report from Quality Committee – 8th September 2021To include the following Highlight Reports:-<ul style="list-style-type: none">Learning From Experience Report				
21/22/14 c	Audit Committee <ul style="list-style-type: none">Audit Committee Chairs Report21st July 2021 – for noting14th September – was postponed	W4 Governance W5 Risk	Paper (to follow)	Audit Committee Chair	1:40 (10 mins)
21/22/14 d	Gender Pay Gap	W1 Leadership W3 Culture	Paper	Director of People and OD	1:50 (15 mins)
21/22/14 e	Board Assurance Framework & Report Against Strategic Objectives	W4 Governance W5 Risk W6 Information	Paper	Chief Executive / Director of Business and Value	2:05 (10 mins)
Break – 2:15 – 2:25 (10 mins)					
21/22/15 – In Depth Discussion – CWP Colleagues					
21/22/15 a	In-depth discussion: CWP Colleagues <i>Informed by feedback from engagement exercises, safer staffing reports and people information.</i>	W1 Leadership W2 Vision W3 Culture W5 Risk	Verbal	Director of People and OD / Director of Nursing, Therapies and Patient Partnership	2:25 (45 mins)
21/22/16 - Any other business					
21/22/16 a	Any other business		Verbal	Chair/ All	3:10 (5 mins)
21/22/16 b	Matters for referral to any other groups				
21/22/16 c	Matters impacting on policy and/ or practice				
21/22/16 d	Review risk impact of items discussed				
21/22/16 e	Three things to communicate				
21/22/16 f	Review the effectiveness of today's meeting https://www.smartsurvey.co.uk/s/meetingeffectivenesssurvey/				
CLOSE [3:15]					
Date, time and venue of the next meeting: 24 th November 2021 at 13:00/ 13:30 - TBC					

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



**At 1:30pm on Wednesday 28th July 2021
Via Video Conferencing**

Present	Mike Maier	Chairman
	Andrea Campbell	Deputy Chair
	Rebecca Burke-Sharples	Non-Executive Director
	Edward Jenner	Non-Executive Director
	Farhad Ahmed	Non-Executive Director
	Sheena Cumiskey	Chief Executive
	David Harris	Director of People and OD
	Dr Anushta Sivananthan	Joint Medical Director, Quality, Compliance and Assurance
	Andy Styring	Director of Strategy and Partnerships
	Tim Welch	Director of Business and Value
	Gary Flockhart	Director of Nursing, Therapies and Patient Partnership
In attendance	Suzanne Christopher	Head of Corporate Affairs
	Katherine Wright	Associate Director of Communications, Engagement and Corporate Affairs
	Justin Pidcock	Associate Director Operations (attending on behalf of Suzanne Edwards)
	D Campbell	Team Manager – Macclesfield Eating Disorder Service
	A Mandara	Specialist Clinical Director – CAMHS Tier 4
	M Calhill	Consultant Psychiatrist in Eating Disorder)
	R McLoughlin	(Consultant Child and Adolescent Psychiatrist)
	Tim Seabrooke	CWP Governor
	Chris Lynch	Member of the Public
Apologies	Paul Bowen	Non-Executive Director
	Elizabeth Harrison	Non-Executive Director
	Suzanne Edwards	Director of Operations
	Dr Faouzi Alam	Joint Medical Director, Effectiveness, Medical Education and Medical Workforce & Caldicott Guardian

Ref	Title of item	Action
	Meeting governance	
21/22/07a	Welcome, apologies and quoracy The Chair welcomed all to the meeting. Apologies were noted as above. The meeting was confirmed as quorate. The Chair welcomed Tim Seabrooke, Service User Carer Governor and Chris Lynch, member of the public, to the meeting.	
21/22/07b	Declarations of interest S Cumiskey declared an interest, advising Board members of her pending secondment to be the Chief Officer for the Cheshire and Merseyside Health Care Partnership. More detail would be provided as part of the Chair's announcements.	

Ref	Title of item	Action
21/22/07c	Minutes of the previous meeting held 26 May 2021 The minutes of the meeting held on the 26 th May 2021 were reviewed and approved .	
21/22/07d	Matters arising and action points Action 21.22.05c – Introduction of a woman's group as part of the CWP EDI networks. G Flockhart commented that the Trust is always keen to look at how the networks can expand and that this would be a good one to build on. Action agreed as Closed.	
21/22/07e	2021/22 business cycle The business cycle for 2021/22 was noted .	
21/22/07f	Chair's announcements M Maier provided the following updates:- Interim Arrangements It had been agreed that S Cumiskey would take up an interim role for 3 months as the Chief Officer of the Cheshire and Merseyside Health Care Partnership (HCP). This was anticipated to run until the end of November, at which point S Cumiskey will return to her substantive post as Chief Executive Officer for CWP. This was a temporary solution for the HCP as they undertake the process to appoint substantively to the position. During this time, T Welch was confirmed as the Interim Chief Executive Officer for CWP and A Harland will be the Director of Business and Value. Handover periods were planned for the first two weeks of August. The Chair wished S Cumiskey all the best for her secondment. Patient Safety Improvement The Patient Safety Improvement Team had been shortlisted for the Patient Safety Team of the Year award by the HSJ. This was noted as recognition of the work they do across the Trust. The finals would take place in September. Good Housekeeping Magazine Two members of CWP staff had appeared in an article published by Good Housekeeping to advise on the desperately sad, but ultimately important, issue of supporting young people through grief and bereavement. Included in the article was a guide specifically tailored for parents or carers of children with learning disabilities. New Mural A spectacular new mural had been unveiled at Willow Ward at Bowmere Hospital in Chester. Inspired by nature, the artwork, produced by Yorkshire-based artist Sam Porter, aims to bring the healing power of nature to those who are accessing services on the ward. Feedback to date had been positive and said to enhance the experience on the ward. Vaccination roll out. CWP continues with efforts to make the vaccine as available as possible for residents of Cheshire aged 18 and over. The Mass Vaccination Centre offers drop-ins and booked appointments. Pop-up clinics were also noted as taking place across Cheshire West and Cheshire East. The Board of Directors noted the above updates.	

Ref	Title of item	Action
21/22/07g	<p>Chief Executive's announcements</p> <p>S Cumiskey provided the following summary of the Board of Directors held in private.</p> <ul style="list-style-type: none"> • Updates were received regarding the new system oversight framework and Health and Social Care Bill. • Progress of the Mass Vaccination site was considered • Serious incidents were reviewed and learning from those considered. • Assurance was received that Trust finances were on track and the impact of system working was further considered. • An update regarding Lead Provider Collaboratives was received. • Further considered was given to the Trust's Strategy Refresh. <p>S Cumsikey outlined that part of the strategy refresh included engagement with staff, colleagues and partners. It was noted that meetings will be held with staff in the first instance (either virtually or face to face as appropriate and where this can be achieved safely) to understand their experience over the last 18 months and to say Thank You to all the teams within CWP. This work had already commenced and had provided a great opportunity to come along side teams and learn from their experiences. The themes from that work will be collated by John Moores University of Liverpool and will help to further shape the Imagining the Future work contributing to how CWP further improves the lives of people in its communities.</p> <p>The Board of Directors noted the summary.</p>	
	Internal reporting from committees, matters of governance and assurance	
21/22/08a	<p>Operational Committee: Chair's Report of the Operational Committee held June & July 2021</p> <p>S Cumiskey introduced the item and gave an overview of the governance process within the Trust to contextualise this item.</p> <p>It was noted that there are two main sub-committee of the Board of Directors, Operational Committee and Quality Committee. Chairs reports are provided to the Board of Directors from each of these sub-committees to ensure appropriate escalation and assurance. Alongside that, highlight reports are provided to the Board of Directors on particular matters to allow further consideration and noting from a governance perspective.</p> <p>Since the last Board of Directors meeting, two meetings of the Operational Committee had been held (June and July). A verbal update of the most recent meeting held in July was outlined to Board members.</p> <p>The following items were noted by way of escalation;</p> <ul style="list-style-type: none"> • Data quality Maturity Index – lower than last month • Out of area placements. There had been three out of area placements. It was noted that this was not unique to CWP and reflective of the current pressures felt by the NHS across England. 	

Ref	Title of item	Action
	<ul style="list-style-type: none"> • Ethnicity Data recording – improvements in the data had been seen across the Trust. The information has helped the Trust to better understand access to our services. • Waiting times had seen an improvement on the previous month, but remained slightly behind target • 72 Hour follow up target had seen an improvement on the previous month, but also remained slightly behind target. However, this remains ahead of the improvement trajectory target. • A significant and continued increase in need and acuity of people accessing mental health services had been noted. This had resulted in a continuation of the pressure on all areas of care including bed availability and therefore increased the time of people waiting in Emergency Departments to access a bed. The Trust is working in partnership with acute care colleagues and developing a robust escalation policy. • Clinical supervision rates had increased. Management supervision had seen a slight decrease. It was noted that Care Groups are working on improvement targets which will be monitored by Operational Committee. <p>Assurance of the following areas were highlighted to Board members;</p> <ul style="list-style-type: none"> • CYP Crisis model Implementation. The Committee approved the mobilisation of the Cheshire and Merseyside New Care Model for CYP Urgent care and support services in line with the requirements of the NHS Long Terms Plan for Mental Health. • MIAA Report: Data Security and Protection Toolkit Assessment Summary was received, and moderate assurance noted. • Lead Provider Collaboratives for Specialised Services. Assurance was received of the strong position to 'Go Live' on 1/10/21, subject to further assurance from NHSE/I. This will be considered further as part of this agenda. • COVID-19 update was received and had also been discussed in the private session of the Board of Directors. • COVID restoration and recovery. The Trust continues to consider learning from its response to COVID since March 2020, whilst continuing to respond to the current situation. • Safer staffing updates were received. Further detail formed part of the Board of Directors agenda. • New Pension rules were considered in light of the potential increase in retirements. Managers and staff are being supported by People Services to address this matter and ensure recruitment ahead of need. • Recruitment to Care Groups. All Care Groups reported current recruitment pressures. This work is being supported by the Workforce Team. • Electronic Patient Record Programme. An update was provided to confirm progress with the aim to go live mid-November. <p>The following highlight reports were considered;</p> <p>Health, Safety and Fire Report</p>	

Ref	Title of item	Action
	<p>G Flockhart introduced the item and gave assurance that all due processes were in place. The Operational Committee had noted the report.</p> <p>Monthly and Six Monthly Safer Staffing Report The flexibility of staff was acknowledged by Board members. Staff were thanked for their continued commitment and flexibility that allowed the Trust to maintain appropriate standards of staffing.</p> <p>Six Monthly Report – the report outlined the innovation and commitment to the on-going delivery of safe and effective care. The report acknowledged the on-going challenges of the continued response to COVID. It also outlined the support to staff that remains extremely important. Board members were advised that during the Imagining the Future engagement sessions held to date, staff had put forward some strong suggestions of continuous improvement in this area.</p> <p>R Burke-Sharples queried the specific areas that Care Groups were considering to improve supervision. It was noted that supervision allows an important time to reflect on practice. It was confirmed that this would be monitored through Quality Committee and Operational Committee with appropriate assurance provided to the Board members.</p> <p>The Board of Directors noted the Chair's report.</p>	
21/22/08b	<p>Quality Committee: Chair's Report of the Quality Committee held 7th July 2021</p> <p>A Campbell introduced the item and escalated the following areas;</p> <ul style="list-style-type: none"> Transformation project risk modelling. The delays in modelling this risk were acknowledged. The Quality Committee requested support from the Corporate Affairs team to help model this going forward. Independent quality assurance action plan progress. Quality Committee requested further evidence to demonstrate that the actions taken have been integrated into practice and will continue to oversee progress. The 'providing high quality care' dashboard was reviewed and Quality Committee noted the further improvements required concerning restraint and self-harm. This is due to be further considered by the Quality Committee at their meeting in September. <p>A Campbell stated that the Quality Committee had not been quorate at its July meeting. Therefore the Committee had been unable to formally approve the Quality Improvement Strategy. In light of this, action was taken following the meeting to ensure appropriate consultation with Committee members. The item also formed part of this Board agenda for consideration by the Board of Directors.</p> <p>Assurance was provided in the following areas;</p> <p>Quality Improvement Strategy – Phase 2 The report outlined the progress made within the Trust and the future plans. Learning had been taken forward from the Trust's response to the</p>	

Ref	Title of item	Action
	<p>pandemic to ensure improvements were made, with a focus on partnership working to improve population health.</p> <p>Safeguarding Adults and Children Annual Report The amount of work taken forward by the Trust was acknowledged. It was noted that all requirements of COVID had been delivered.</p> <p>Infection, Prevention and Control Annual Report The report was reviewed and accepted by the Committee.</p> <p>Service Improvement Plan Further to a serious incident on Mulberry Ward, the improvement plan was noted by Quality Committee. The report will be provided to the Board of Directors for scrutiny and approval.</p> <p>The following areas of improvement were highlighted;</p> <p>A presentation had been provided to the Quality Committee by the Complex Needs Service, Wirral. A structured pathway approach had demonstrated many improved outcomes to quality of life. Quality Committee requested this model be shared across Care Groups for consideration. The achievement of this team was acknowledged by Board members. It was clear that the team had continued to innovate and transform in line with the Long Term Plan aims and ambitions, whilst also continuing their response to the current pandemic.</p> <p>The Board of Directors noted the updates and approved the Quality Improvement Strategy, the Safeguarding Adults and Children annual report and the Infection, Prevention and Control annual report.</p>	
21/22/08c	<p>Audit Committee: Minutes from the meetings held 8th June, 25th June, 21st July 2021</p> <p>E Jenner introduced the item and confirmed that the recent meetings held during June related to the successful closure of the annual report and accounts for the accounting year ending 31st March 2021. Assurance was provided that the process did conclude satisfactorily and appropriate paperwork had been completed as part of an extra-ordinary Board meeting.</p> <p>Due to changes to the process for this year, the Trust awaits the final Auditors Report. On receipt, this will be considered by members of the Audit Committee and the Board of Directors. The final Auditors Report must also be included in the Annual Report and Accounts before it can be laid before Parliament. It was anticipated that the report would be made available to the Trust within the following few weeks.</p> <p>An overview of the most recent Audit Committee meeting held in July was then verbally reported to the Board of Directors.</p> <ul style="list-style-type: none"> • Committee self-assessment. The self-assessment had been co-ordinated by the Internal Auditors to review the committees effectiveness. A separate meeting would be arranged to further consider the findings of this exercise. • SUI Review. It was noted that the review was making good progress. • External Auditors progress report. This was received and related to the progress against the annual report and accounts close down, as above. 	

Ref	Title of item	Action
	<ul style="list-style-type: none"> • Anti-Fraud and Bribery policy. No concerns raised. Appendix A of the report was suggested as a good Trust screensaver to remind staff of the policy. • Board Assurance Framework. The report was reviewed and concerns regarding levels of supervision were noted. Also considered how the level of risk relating to the Lead Provider Collaborative would be reflected at CWP level. It was noted that the Board members had considered the same during their private session. The committee also considered archived risks and how this may be further monitored by Quality Committee. • Speak Up Guardian. The process was considered by committee members, and assurance obtained of the effectiveness of the current processes. <p>The annual report (for the year ending 31st March 2021) of the Audit Committee was provided to Board members. It outlined the key duties undertaken in year and assurance that those duties had been fulfilled.</p> <p>The Board of Directors approved the annual report.</p> <p>Thanks were noted to all involved in the completion of the annual audit process.</p> <p>The Board of Directors noted the update.</p>	
21/22/08d	<p>Board Assurance Framework</p> <p><u>Board Assurance Framework</u></p> <p>A Sivananthan introduced the item and outlined that the Board Assurance Framework (BAF) detailed the risks against the delivery of the Trust's Strategic Objectives. The BAF is mapped against the eight strategic objectives. The lead committee for oversight of the strategic risk register is the Quality Committee.</p> <p>It was noted that Quality Committee have addressed some of the risk areas. In relation to archived risks, it was noted that these are risks that have been mitigated as far as possible and reached their target score. It was explained that the risks are monitored by Quality Committee and may be re-escalated at any time.</p> <p>A Sivananthan discussed a number the risks in detail. It was noted that the data capture risk would be monitored via Operational Committee and the risk regarding supervision had been discussed earlier in this meeting.</p> <p>Impact of the pandemic. It was noted that Board members see a range of metrics to ensure the Trust can continue to deliver safe and effective care. The Infection Prevention and Control annual report was noted as a further form of assurance to Board members in this respect.</p> <p>ADHD Services. The service provided currently exceeds the contract value. Assurance was provided that work continues to improve the situation and ensure a more effective commissioning capacity.</p> <p>Bed Waits. It was noted that the impact of COVID had resulted in an increase in the number of people waiting longer than 4 hours to be allocated a bed, which in turn was impacting on the number of out of area</p>	

Ref	Title of item	Action
	<p>admissions. Assurance was provided that the input of multi-disciplinary teams is being utilised to ensure the effective use of resources.</p> <p>Fire Evacuations Training. Measures had been established that allowed a review of the risk score and resulted in this being reduced.</p> <p>The Board of Directors were asked to note and approve the report.</p> <p>Report Against Strategic Objectives.</p> <p>T Welch introduced the item, which provided further assurance to Board members.</p> <p>The out of area placements were considered and are being monitored via Operational Committee. T Welch advised that the indicators demonstrated that the system is under extreme pressure. Whilst numbers of out of area placements for CWP remain low, historically, CWP would report zero against this metrics. The Board noted that whilst this was disappointing, it also highlighted the need to support colleagues, recognising the impact on staff and the pressures they are experiencing. Despite the above, the mandatory training target continued to be achieved. Thanks was noted for all those involved in supporting that process.</p> <p>A discussion took place about how best to present these two reports to Board in the future and how the above would link with the digital strategy. The importance of remaining aware of the population need as well as supporting staff to use the technology in the best way possible were noted.</p> <p>The Board of Directors noted and approved both reports.</p>	
	Enabling our People	
21/22/09a	<p>Freedom to Speak Up – Six Monthly report</p> <p>G Flockhart introduced the item. It was noted that the report had been considered in detail at the recent People and OD Sub-Committee. The report is submitted on a bi-annual basis and provided assurance that the speak up culture is continually being strengthened. The report was taken as read and G Flockhart outlined the priorities for the following six months.</p> <p>It was noted that an ABC approach will be taken, A for accountability, B for barriers, C for culture etc. The Trust has also adopted the freedom to speak up module.</p> <p>It was noted that all concerns raised had been considered and responded to. Consideration was also being given to how this work may be enhanced via the Trust networks.</p> <p>F Allam thanked the team for the report noting that it was clear and demonstrated an excellent speak up culture. It was noted that the role of the speak up guardian would be reviewed, which would include benchmarking against other Trusts. It was also noted that bullying and harassment cases appear to be raised via this route, and the appropriateness of this was queried.</p> <p>G Flockhart advised that the benchmarking data had prompted a review of the role. It was noted that different trusts had taken different</p>	

Ref	Title of item	Action
	<p>approaches to the role. G Flockhart commented that Freedom to Speak Up was not the primary route for bullying and harassment concerns. However, Guardians would be meeting with People and OD colleagues to triangulate information. However, it was recognised that processes need to allow people to easily raise concerns.</p> <p>D Harris noted that consideration was being given to a report that allows better triangulation of staff experiences and how these are being raised.</p> <p>The Board of Directors approved the report.</p>	
21/22/09b	<p>Guardian of Safe Working</p> <p>A Sivananthan introduced the item, outlining that the report considered the terms and conditions of Junior Doctors. The report outlines Junior Doctors asked to work additional hours and unable to attend training.</p> <p>The report detailed open exception. The matter was resolved appropriately and efficiently with the Doctor receiving time in lieu for the additional hours worked.</p> <p>The report was for noting and provided assurance to the Board of Directors that the terms and conditions of Junior Doctors in training are being supported.</p> <p>The Board of Directors noted the report.</p>	
21/22/09c	<p>Medical Appraisal Annual Report and Annual Declaration of Medical Revalidation</p> <p>Dr Rachael McLoughlin (Consultant Child and Adolescent Psychiatrist) joined the meeting and introduced the item. The report was an annual report that considered the appraisal, revalidation and governance of the medical workforce.</p> <p>The final page of the report provided a summary of the actions taken during the reporting period.</p> <p>The report noted that a key strength of the workforce had been their ability to move at pace to the changes required to support the response to COVID. Job plans and on-call rotas had been adapted to allow processes that supported the response. Although appraisals had been paused for six months, it was noted that these were now back on track, with positive feedback from the Doctors themselves regarding the processes in place to support them.</p> <p>Recruitment activity had continued during the year. Despite the pressures of vacancies, a number of positions had been successfully recruited to. CWP was recognised as an employer of choice, considering factors that are important to Doctors, which contributed to good retention rates.</p> <p>Assurance was provided that work was being considered to ensure better inclusion of GP's who are not appraised by the Trust.</p> <p>D Harris commented on the quality of the report and the role of Dr McLoughlin to support the medical workforce. D Harris also outlined the role of the Joint Negotiating Committee, that considers issues with the medical workforce. Although some of the meetings have been</p>	

Ref	Title of item	Action
	<p>challenging, matters have been resolved quickly and efficiently. This has therefore, avoided the need for escalation of matters via the People and OD sub-committee and Operational Committee.</p> <p>The Board of Directors offered thanks to Doctor McLoughlin and approved the report.</p> <p><i>Doctor McLoughlin left the meeting.</i></p>	
	Quality of Care	
21/22/10a	<p>Provider Collaboratives – Clinical Models</p> <p><i>D Campbell (Team Manager – Maccelsfield Eating Disorder Service), A Mandara (Specialist Clinical Director) and M Calhill (Consultant Psychiatrist in Eating Disorder) joined the meeting.</i></p> <p>A Strying introduced the item and thanked the Clinicians for joining the Board meeting. Thanks were also offered to the Board members for allowing time on both the private and the public Board agendas to consider this item. During the private session of the Board of Directors, the business and due diligence of the Lead Provider Collaborative (LPC) was considered. The time allowed within the Board of Directors held in Public, allowed for the clinical models to be presented.</p> <p>The Clinicians provided two presentations to the Board members. The first related to the CWP Tier 4 Lead Provider Collaborative. The second related to the Adult Eating Disorder Lead Provider Collaborative.</p> <p>Each presentation provided an outline of the clinical models to be taken forward and the structure of the LPC to undertake this work.</p> <p>CAMHS Tier 4 LPC</p> <p>Board members were advised that the care model was in line with the ambitions of the Trust and was based on the 'Thrive Model'. The work is being taken forward in conjunction with crisis pathways. The aim will be to ensure that young people who are at risk of admission to hospital are identified and supported at an early stage. The model will endeavour where appropriate to deliver care, normally delivered in hospital, in the community. It was noted that Young people are very supportive of this approach.</p> <p>It is hoped that the model will result in a decreased number of hospital admissions, reduced restrictive care, reduced transitions to Adult Mental Health services, improved patient experience, reduced re-admissions, and improved quality of care. The model will also be cost effective and provide value for money.</p> <p>A Strying noted that the proposals had been developed through engagement with Young people and their families. Alongside this, the Trust is working to recruit a Young Persons Ambassador and Families Ambassador. The Ambassadors will be individuals with lived experience. Engagement will also be sought from Young Minds to ensure an inclusive model of care and effective monitoring of the service.</p> <p>Eating Disorder LPC</p> <p>The model was presented, which also focused on support to patients in the community to ensure the best possible outcomes and recovery. The services wished to fully understand the barriers to care and how services</p>	

Ref	Title of item	Action
	<p>could be improved to ensure enhanced quality of care and outcomes for patients.</p> <p>The structure of the LPC was considered. It was outlined that the Adult Eating Disorder Delivery Group would be responsible for the implementation of the care model and would include the clinical team, Chairs of the clinical network groups, experts by experience and BAME links.</p> <p>As above, it was presented that the aim of the model is to ensure people are treated early and quickly. To achieve this, the service would work collaboratively with partner organisations.</p> <p>A Campbell queried the involvement of primary care and the resources available to undertake the work. It was noted that there needed to be a focus on educating partners about eating disorders to enhance their understanding. It was acknowledged that links do need to be formed with Primary Care providers to better understand the issues. Work would be taken forward via clinical network groups to ensure clear actions were identified and followed up.</p> <p>R Burke-Sharples queried how the Trust works across two collaboratives to ensure the best possible outcomes for patients. A Styring noted that Primary Care Colleagues are engaged through the operational delivery group's specialist teams. It is vital that both LPC's are appropriately invested in to be successful.</p> <p>The Board of Directors noted the enthusiasm of the Clinicians and commended the teams for their work on this whilst also continuing to respond to the pandemic.</p> <p>The Chair thanked all for their time and efforts.</p> <p>The Board of Directors noted the Clinical Models.</p> <p><i>D Campbell, A Mandara, and M Calhill left the meeting.</i></p>	
21/22/10b	<p>Strategic Objective 6 – Reducing Inequalities</p> <p>G Flockhart introduced the item, outlining that Health Inequalities are driven by a range of different determinants. The impact of Health Inequalities can also be wide ranging.</p> <p>The Board of Directors were provided with a framework from which to discuss their ambitions regarding Strategic Objective 6 – Reducing Inequalities, and considered the type of work they would wish the Trust to take forward.</p> <p>J Pidcock advised that a recent CELF session had been held regarding this topic and provided assurance that Care Groups are also undertaking work in this area as a priority.</p> <p>The following areas were discussed and considered by the Board of Directors;</p> <ul style="list-style-type: none"> • Policies and Procedures How the Trust ensures that policies, processes and procedures better facilitate these agendas, such as the more creative use of estates and how that is reflected in the current Estates Strategy. 	

Ref	Title of item	Action
	<p>It was noted that the topic also related to Digital inclusion and how CWP works with partners in the future to address the full need.</p> <ul style="list-style-type: none"> • Making a fundamental difference Building on what CWP already does. CWP was noted as the only Trust in the Cheshire and Wirral Footprint that pays the real living wage. CWP needs to ensure that it continues to appropriately support the people who work with us and for us. • Procurement Considering how services are procured and who services are procured from. • Credit Union As a Trust CWP contributes to the Credit Union which supports work against poverty. This work would need to be further developed and considered. • Workforce Development Considering how our workforce is further developed and working along side Education Institutions to reduce barriers to educational opportunities. • Lived Experience Advisors Consider how the Trust can further build on these relationships through the introduction of Ambassador roles to enhance the experience of our patients. • Imaging the Future – Engagement work The sessions held to date had resulted in positive feedback and valuable ideas. The Trust now needs to build on that and take it forward to improve the outcomes for our communities. • Community Interest Company The Board of Directors considered the possibility of the Bowmere Cafe becoming a Community Interest Company. • Use of Trust Buildings How Trust buildings could be utilised differently in the future. • Local Authorities An opportunity for closer working with Local Authority colleagues regarding procurement, etc. <p>The Board of Directors acknowledged the amount of work already being undertaken within the Trust and the great ideas that could be taken forward in the future. They also considered how the Trust may come along side people who don't currently access CWP services to better understand the wider needs of the community it serves.</p> <p>The Board of Directors reflected on an example known to them regarding a CWP patient. The example related to discharge processes and how support from CWP enabled the individual to be appropriately housed.</p> <p>Board members considered their role to ensure appropriate engagement with and influence of partners (statutory and third sector), as well as identifying the areas in which CWP is an expert and the services that could be provided differently by others.</p> <p>It was noted that data is scrutinised to allow the Trust to understand who accesses CWP services, who doesn't, and who returns to service. That data needs to support the work of the Trust moving forwards. It was also noted that partnership working would provide an opportunity to support people in our communities at an earlier stage, resulting in better outcomes and fewer hospital admissions.</p> <p>NEDs suggested a review of the online information about the Trust, the services CWP provides, and its wider involvement/ activities, such as the</p>	

Ref	Title of item	Action
	<p>Credit Union. They also suggested how Care Group budgets may be utilised differently, allowing more autonomy for Care Groups to focus funding where it is needed most.</p> <p>Board members recognised the learning that could be taken from third sector organisations. They also reflected on the importance of forging stronger links with schools, to reach people at an early age. However, the importance of supporting parents and families was also recognised. It was acknowledged that supporting parents out of difficulty could also have a significant impact on children.</p> <p>G Flockhart thanked everyone for their contribution to a very valuable discussion. The importance of recognising what is already being undertaken by the Trust was noted. Board members also reflected on the patient story received before their private session and the importance of partnership working to ensure better outcomes for patients.</p> <p>The Chair thanked all for their contributions.</p>	
	Effective Systems of Governance	
21/22/11a	<p>CQC Statement of Purpose</p> <p>A Sivananthan introduced the item. The report detailed the Trust's regulated places of activity and is submitted to the CQC on an annual basis. Since the Board of Directors last received the report, it had been updated to reflect the opening of Riverwood Ward, Thorn Heys and the Mass Vaccination Site.</p> <p>The Board of Directors noted the report.</p>	
	Closing Business	
21/22/12a	<p>Any other business</p> <p>None.</p> <p>The Chair invited questions from the members of the public observing the session.</p> <p>C Lynch commented on the positive discussion and enthusiasm.</p> <p>T Seabrooke commented on the discussion of strategic objective 6. He agreed that the system can act as a barrier and can reinforce inequalities. It can be difficult to access support at times unless you meet specific criteria.</p> <p>M Maier wished S Cumiskey all the very best for her secondment on behalf of the Board members. He also wished T Welch and A Harland the best as they step up to take on new roles. He reflected that this was an exciting opportunity for the system, for S Cumiskey and for the Trust. M Maier was thankful that as a Trust we could support this request due to the competency and confidence of the team at CWP.</p>	
21/22/12b	<p>Matters for referral to any other groups</p> <p>None</p>	
21/22/12c	<p>Matters impacting on policy and/ or practice</p> <p>None</p>	
21/22/12d	<p>Review risk impact of items discussed</p> <p>None</p>	
21/22/12e	<p>Three things to communicate</p> <p>None</p>	
21/22/12f	Review of meeting performance	

Ref	Title of item	Action
	Board members were encouraged to review the meeting via Smart survey in order to continuously improve the meeting.	
CLOSE		
Date, time and venue of the next meeting: Wednesday 29 th September 2021, 13:30		

DRAFT

Cheshire and Wirral Partnership NHS Foundation Trust
Open Actions Action Schedule

		Board of Directors: Open meeting action schedule: September 2021			
Meeting date	Group/ Ref	Action	By Whom	By when	Status

DRAFT - Board of Directors
Business Cycle 2021/22
(Meeting held in Public)

	Item	Lead	Scope	Well-led domain	May	Jul	Sep	Nov	Jan	Mar
Meeting Governance	Chair and CEO report and Announcements	Chair / CEO	To update on development not on agenda	W1 W6	✓	✓	✓	✓	✓	✓
	Review minutes of the previous meeting	Chair	To approve minutes	W4 W5	✓	✓	✓	✓	✓	✓
	Quality Committee Chairs Report To include:- 1. Annual Safeguarding report 2. Annual Medicines Report 3. Annual Research Report 4. Six monthly Infection, Prevention and Control Report 5. DIPC Annual report (inc. PLACE). 6. CQC Patient survey and response All above reports to be accompanied by a Highlight report.	QC Chair	Review Chair's Report and any matters for note/ escalation and provide assurance to the Board of Directors	W4 W5	✓ 6	✓ 1	✓ 5	✓ 2	✓ 4&3	✓
	Audit Committee Chairs Report	AC Chair	Review Chair's Report and any matters for note/ escalation	W4 W5	✓	✓	✓	✓	✓	✓
	Operational Committee Chairs Report To include:- 1. Monthly safer staffing 2. Health and Safety and Fire annual report (and LINK Certification) 3. PLACE 4. DPST/GDPR 5. Capital Plan All above reports to be accompanied by a Highlight report.	OC Chair	Review Chair's Report and any matters for note/ escalation	W4 W5	✓ 1	✓ 1&2	✓ 1&3	✓ 1&4	✓ 1&5	✓ 1

	Place Based reports / updates including ICP Board/s (minutes)	SC	To note system developments	W6	✓	✓	✓	✓	✓	✓
	BOD draft Business Cycle 2022/2023	MM/SC	Ensure matters reported to the Board in a timely fashion	W4						✓
	Review risk impacts of items	MM/SC	Identify any new risk impacts	W4	✓	✓	✓	✓	✓	✓
	Strategic Objectives	All	In-depth discussion in regards to individual strategic objectives.	W1 W2 W4 W5	SO7 Staff survey and EDI focus	SO6	SO8	SO4	SO1	SO2 SO3
	Board Assurance Framework / Performance report against strategic objectives	ASiv / TW	Review performance and risk – and note for assurance	W4 W5 W6	✓	✓	✓	✓	✓	✓
Effective Systems of Governance	Annual Provider Licence Compliance and self-certification statements	TW	Review and note for assurance/ regulatory requirement	W4	✓					
	Annual Report, Accounts and Quality Account	TW	Statutory requirement	W4 W6	✓					
	CQC Statement of Purpose	ASiv	Regulatory requirement	W4	✓					
	Corporate Governance Manual	TW	Best practice annual review	W4	✓					
	Integrated Governance Framework – annual review	ASiv	Best practice annual review	W4	✓					

	CEO/Chair Division of Responsibilities	MM/SC	Governance requirement	W3 W4 W6	✓					
	Register of Interests (Directors and Governors)	MM	Governance requirement	W4	✓					
	Fit and Proper Persons annual assurance	DH	Regulatory and Licence requirement	W4	✓					
	Register of Sealings	TW	Governance requirement	W4	✓					
	Terms of Reference and effectiveness reviews: • Quality Committee • Audit Committee • Operational Committee	Committee Chairs	Governance requirement	W4	✓	✓				
Enabling our people	Equality and Diversity responsibilities inc. WRES, WDES and Staff Networks.	GF	Review and note for assurance	W7	✓	✓		✓	✓	
	Freedom to speak up six monthly report	GF	Review and note for assurance	W3 W5 W7 W8		✓			✓	
	Medical Appraisal Annual Report and annual declaration of Medical revalidation	FA	Review and note for assurance	W4 W5		✓				
	Guardian of Safe Working quarterly report	FA	Review and note for assurance	W4 W5 W3 W7	✓	✓		✓	✓	
	People and OD strategy delivery	DH	Review and note for assurance	W2 W3 W7		✓		✓		✓
	NHS Staff Survey (themes and improvement plan)	DH	Review and note for assurance	W3 W7	✓					

	Digital Strategy	TW	Review and note for assurance	W2 W3 W8		✓				✓
	Estates Strategy	SE	Review and note for assurance	W2 W3 W8		✓				✓
	Research Strategy	FA	Review and note for assurance	W2 W3 W8		✓				✓
	Communication and Engagement Strategy	SC	Review and note for assurance	W2 W3 W8		✓				✓
Quality of Care	Quality Improvement report/ strategy implementation	ASiv	Review and note for assurance	W2 W3 W8		✓		✓		✓
	Learning from Experience report, Inc. Learning from Deaths	GF	Review and note for assurance	W4 W5 W6	✓		✓		✓	
	LEVEN Report	GF	Review and note for assurance	W2 W3 W7 W8						

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

STANDARDISED CHAIR'S REPORT

CHAIR'S REPORT DETAILS	
Name of meeting:	Operational Committee
Chair of meeting:	Tim Welch
Date of meeting:	21/09/2021

Quality, clinical, care, other risks identified that require escalation:	
ESCALATION	<p>Workforce recruitment and retention issues: A number of reports to Operational Committee (including POD sub-committee and the Ward Staffing Update) reflected the challenges inherent in this area, for both safe and effective care. This also features in a new risk in scope on the Board Assurance Framework.</p> <p>Lead Provider Collaboratives: The Committee received an update on risks and mitigations in relation to the two LPCs that are due to go live in October. The Board of Directors will now be asked to approve go live.</p> <p>Continuous Improvement Performance Report:</p> <p>NHS Oversight Framework Targets:</p> <p>Data Quality Maturity Index (DQMI) – 87.0% against a target of 95%. This data is reported quarterly in arrears and the performance for May is similar to last month (86.9%). Ethnicity data recording is a component of this and all areas apart from SMH East and CYP are reporting improvements in numbers. The DQ Group continues to monitor, review progress and make suggestions for improving this.</p> <ul style="list-style-type: none"> IAPT Recovery Rate - 47.9% against the target of 50%. Out of Area placements – there were an additional 5 in August. It was noted that regular contact is being maintained with people accessing services out of area to ensure their ongoing wellbeing. The opening of Riverwood ward in September will help with the pressures on inpatient services. <p>72-hour follow up target (95%) for all patients had been missed at 82.4%. This position had worsened compared to last month's figure of 88.7%. SMH care group had seen a 1% improvement on last month's figures. Service managers have reviewed and validated breaches and have identified a number of recording issues. HoCs are ensuring all breaches are validated and corrective action made.</p> <p>Supervision – rates for clinical supervision had deteriorated from last month (73.9%) to 72.8%, as had management supervision rates which were 69.1% compared to those reported last month (70.8%). Both remained below the 85% target. Work is ongoing across Care Groups to address reporting issues.</p> <p>Safeguarding 3 yearly training was below the 95% target. Performance for the month had marginally decreased (88.7%) compared to last month's figure of 88.9%.</p> <p>Waiting times (Community) – Overall CWP was reporting 91.7% seen within 18 weeks (target 95%), a slight deterioration on last month of 92.4%. An audit of waiting times is taking place to ensure recording is consistent.</p> <p>All Age Disabilities – for the twelfth month in a row, sickness percentages had worsened. Work has taken place to understand if there are any specific themes and none have been identified. HR are supporting.</p>

On which matters did the meeting make a decision, e.g. what did it approve?	
ASSURANCE	<p>Electronic Patient Record Programme: The Committee gave final approval for the Electronic Patient Record Additional Phases Business Case. It also noted progress made in respect of standardising naming conventions and approved a Standard Operating Procedure.</p> <p>Emergency Preparedness: The Committee was assured that CWP was fully compliant with the 37 domains within the annual NHSE Emergency Preparedness Resilience and Response (EPRR) core standards 2021. The Committee approved the submission of the annual return.</p>

Other matters discussed that provide assurance:	
IMPROVEMENT	<p>COVID 19 (Coronavirus Update): The mass vaccination site at Ellesmere Port was now closed. Phase 3 (health staff) would be operating out of Churton House. A Standard Operating Procedure would come into effect in November relating to vaccinated staff entering Care Homes. CWP is supporting the Rural Alliance with their booster vaccination programme.</p>
	<p>POD Sub-Committee: A CWP workforce summit has taken place in relation to workforce shortages and further work continues in the People Planning group. Discussions are also taking place regionally.</p>
	<p>Ward Staffing Update: The Committee received an update in relation to monthly ward staffing. Staffing levels continued to be a challenge across Care Groups due to the impact of the pandemic, but assurance was given that work was ongoing in relation to recruitment and retention.</p>
	<p>ADHD Update: The Committee received an update and gained assurance on progress in reducing the waiting lists.</p>
	<p>Strategic Risk Register / Care Group Risk Registers: The Committee received the Strategic Risk Register to increase operational awareness of strategic risks.</p>
	<p>CYP Crisis Model Implementation in CWP: The Committee received an update and gained assurance that the CYP crisis model now aligned with the adult crisis model, as developed by Cheshire and Merseyside.</p>
Developments/ achievements:	
IMPROVEMENT	<p>Continuing Health Care: Review of Service: The Committee received a progress report on the service since its transfer from Wirral Health and Care Commissioning to CWP in July 2020, including a range of improvements.</p>
	<p>Digital Strategy Update: The Committee received an update on the Trust's proposed Digital Strategy.</p>

**STANDARDISED HIGHLIGHT/
EXCEPTION REPORT**

REPORT DETAILS	
Subject matter of report:	Inpatient Daily Staffing Levels July and August 2021
Report provided by:	Hayley McGowan, Associate Director of Nursing and Therapies
Date of report:	15/09/2021
SUBJECT MATTER What is this report about? Summarise why this report requires the attention of the Committee.	Summarise the purpose of the report: <p>This report details the ward daily staffing levels during the months of July and August 2021 following the submission of the planned and actual hours of both registered nurses (RN) and clinical support workers (CSWs) to UNIFY (Appendix 1). The themes arising within these monthly submissions identify how patient safety is being maintained in the continued context of the COVID-19 response and recovery.</p> <p>The monthly reporting of daily staffing levels is a requirement of NHS England/Improvement and the National Quality Board in order to appraise the Board and the public of staffing levels within inpatient units.</p> <p>The recommendations made within the latest six monthly reports are being taken forward in line with the ongoing COVID-19 response and recovery planning and continued development of the Transformation plans and new models of care being implemented across all care groups that provide inpatient services.</p>
	Quality, clinical, care, other risks that require escalation: <p>Greenways continued to experience significant staffing challenges in relation to both registered nurses and clinical support workers resulting in Business Continuity Plans being invoked in August. Staff from Eastway and Community Learning Disability Teams have been redeployed to support the unit and staff from other inpatient units in the locality have provided support as required. Members of the wider multidisciplinary team continue to work within the staffing numbers as required to support the maintenance of core clinical interventions. As part of the Business Continuity Plan the units have also temporarily closed to admissions to ensure the available staffing resource can support the level of acuity and dependency of the individuals currently admitted to the units.</p> <p>Coral and Indigo also experienced significant staffing challenges due to reduced staffing capacity resulting from recurrent vacancies and planned and unplanned absence. Staff were redeployed across the unit to support maintenance of minimum staffing levels on a shift by shift basis with staff from the care group and wider multidisciplinary teams providing support as required.</p> <p>The Specialist Mental Health Care Group invoked Critical Incident status due to increased levels of demand for inpatient services and reduced staffing capacity resulting from vacancies, sickness absence and annual leave. During this period staff from community mental health services were redeployed along with staff from the clinical education team and practice education facilitation team in order to support maintenance of minimum staffing levels. In the East and Wirral localities cross cover was provided between wards on a shift by shift basis. Bowmere experienced significant staffing challenges, particularly on Rosewood and Maple, and staff from other inpatient services were also redeployed on a shift by shift basis with members of the leadership team, the wider multidisciplinary team and the safeguarding team providing support to the wards to cover core clinical interventions. The registered nursing numbers on some units was reduced to a minimum of one at night and support was provided from other inpatient areas across the unit/locality with additional clinical support worker resources deployed where available. In August Bowmere temporarily closed to admissions to ensure the available staffing resource could support the level of acuity and dependency of the individuals currently admitted to the units.</p>
ESCALATION What do you need to escalate to the Committee?	
ASSURANCE What assurance or evidence of improvements are you	Other key matters to highlight: <p>During July 2021 the trust achieved average staffing levels of 94.6% for registered nurses and 96.8% for clinical support workers on day shifts and 92.5% and 99.3% respectively on night shifts. During August 2021 the trust achieved average staffing levels of 96.3% for registered nurses and 97.9% for clinical support workers on day shifts and 94.1% and 99.6% respectively on night shifts.</p>
	<p>Appendix 1 details the fill rates for all inpatient services.</p>

Ward		Day				Night				Fill Rate			
		Registered midmives/nurses		Care Staff		Registered midmives/nurses		Care Staff		Day		Night	
		Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
East	Alderley Unit	899.90	866.70	1469.00	1399.00	724.50	672.00	672.50	644.00	96.3%	95.2%	92.8%	95.8%
	Greenways A&T	1213.00	1180.00	1314.00	1017.25	713.00	733.50	1426.00	1152.50	97.3%	77.4%	102.9%	80.8%
	Mulberry	849.00	656.80	1391.50	1322.50	644.00	540.30	782.00	736.00	77.4%	95.0%	83.9%	94.1%
	Silk	1216.50	1139.45	2425.80	2012.50	724.50	690.00	2278.50	2083.00	93.7%	83.0%	95.2%	91.4%
	Saddlebridge	1142.50	1106.00	1207.50	1135.00	701.50	517.50	724.50	586.50	96.8%	94.0%	73.8%	81.0%
Wirral	Brackendale	915.50	913.50	1426.00	1439.00	667.50	604.00	966.00	1052.50	99.8%	100.9%	90.5%	109.0%
	Brooklands	791.50	783.50	1535.50	1449.00	678.50	675.50	920.00	931.50	99.0%	94.4%	99.6%	101.3%
	Lakefield	960.00	946.50	1196.00	1197.00	655.50	615.75	1012.00	1067.00	98.6%	100.1%	93.9%	105.4%
	Meadowbank	1092.50	1024.00	1456.50	1410.50	701.50	680.50	985.50	1086.50	93.7%	96.8%	97.0%	110.2%
	Oaktrees	1257.50	1256.50	1066.00	1143.75	713.00	690.00	655.50	678.50	99.9%	107.3%	96.8%	103.5%
West	Willow PICU	954.00	908.00	1023.50	1293.50	713.00	586.50	713.00	793.50	95.2%	126.4%	82.3%	111.3%
	Beech	986.50	968.50	1436.00	1424.50	565.50	565.50	984.00	984.00	98.2%	99.2%	100.0%	100.0%
	Cherry	967.00	844.60	1368.50	1284.30	412.60	415.60	1206.70	1139.63	87.3%	93.8%	100.7%	94.4%
	Coral	1015.50	1015.50	1523.00	1523.00	605.50	605.50	1284.00	1319.50	100.0%	100.0%	100.0%	102.8%
	Eastway A&T	1427.30	1360.50	988.60	888.08	553.50	530.10	1095.60	1084.30	95.3%	89.8%	95.8%	99.0%
	Indigo	913.50	913.50	1247.00	1247.00	586.50	609.50	1069.50	1092.50	100.0%	100.0%	103.9%	102.2%
	Juniper	771.00	736.50	1452.50	1390.00	576.00	553.00	857.00	857.00	95.5%	95.7%	96.0%	100.0%
	Rosewood Unit	1126.00	942.00	1633.00	1604.50	713.00	390.80	1288.00	1449.00	83.7%	98.3%	54.8%	112.5%
	Maple Unit	849.00	656.80	1391.50	1322.50	644.00	540.30	782.00	736.00	77.4%	95.0%	83.9%	94.1%
	Trustwide	19614.20	18567.05	27533.90	26366.03	12382.10	11391.70	21036.30	20688.43	94.6%	96.8%	92.5%	99.3%

Ward		Day				Night				Fill Rate			
		Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Day		Night	
		Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
East	Alderley Unit	936.00	890.50	1667.00	1503.25	701.50	676.00	701.50	690.00	95.1%	90.2%	96.4%	98.4%
	Greenways A&T	1217.50	1172.25	1357.50	1102.25	713.00	719.00	1437.50	1192.00	96.3%	81.2%	100.8%	82.9%
	Mulberry	1167.50	1018.00	2336.50	2245.00	724.50	655.50	2196.50	2047.00	87.2%	96.1%	90.5%	93.2%
	Silk	1216.00	1124.10	2427.00	2192.00	713.00	713.00	2352.50	2329.50	92.4%	90.3%	100.0%	99.0%
	Saddlebridge	1119.50	1012.55	1138.50	1070.00	690.00	586.50	759.00	782.00	90.4%	94.0%	85.0%	103.0%
Wirral	Brackendale	887.00	965.00	1386.50	1472.25	631.50	620.00	1035.00	1093.50	108.8%	106.2%	98.2%	105.7%
	Brooklands	844.00	928.50	1676.00	1550.75	701.50	694.00	920.00	1002.00	110.0%	92.5%	98.9%	108.9%
	Lakefield	870.00	863.00	1323.00	1328.50	650.50	621.50	1127.00	1104.00	99.2%	100.4%	95.5%	98.0%
	Meadowbank	1209.50	1090.50	1524.50	1540.00	609.50	548.50	1207.50	1191.50	90.2%	101.0%	90.0%	98.7%
	Oaktrees	1259.00	1190.00	1237.00	1271.40	690.00	637.50	644.00	702.50	94.5%	102.8%	92.4%	109.1%
West	Willow PICU	928.00	799.50	1012.00	1161.50	713.00	529.00	713.00	816.50	86.2%	114.8%	74.2%	114.5%
	Beech	1131.40	1108.00	1331.50	1308.50	561.00	561.00	990.00	967.00	97.9%	98.3%	100.0%	97.7%
	Cherry	1162.00	1115.75	1234.00	1280.50	437.00	403.50	1391.50	1351.50	96.0%	103.8%	92.3%	97.1%
	Coral	994.50	994.50	1538.00	1538.00	613.00	613.00	1359.00	1359.00	100.0%	100.0%	100.0%	100.0%
	Eastway A&T	1304.20	1285.05	1167.50	1110.60	623.40	610.00	962.80	870.80	98.5%	95.1%	97.9%	90.4%
	Indigo	927.00	927.00	1326.00	1326.00	488.00	488.00	1218.50	1218.50	100.0%	100.0%	100.0%	100.0%
	Juniper	755.00	697.50	1420.50	1363.00	612.00	604.50	989.00	989.00	92.4%	96.0%	98.8%	100.0%
	Rosewood Unit	765.50	778.00	1550.00	1512.00	471.50	431.50	1472.00	1437.00	101.6%	97.5%	91.5%	97.6%
	Maple Unit	921.50	848.00	1310.50	1303.50	598.00	516.80	772.50	752.50	92.0%	99.5%	86.4%	97.4%
	Trustwide	19615.10	18807.70	27963.50	27179.00	11941.90	11228.80	22248.80	21895.80	96.3%	97.9%	94.1%	99.6%

STANDARDISED CHAIR'S REPORT

CHAIR'S REPORT DETAILS	
Name of meeting:	Quality Committee
Chair of meeting:	Rebecca Burke-Sharples, Non-Executive Director
Date of meeting:	08/09/2021
ESCALATION	Quality, clinical, care, other risks identified that require escalation: <ul style="list-style-type: none"> The Learning from Experience report, Quality Improvement report and Providing High Quality Care dashboard report escalated that improvements are required to reporting of staff and patient feedback through a number of routes including Friends & Family Test, compliments and reporting of incidents. The Quality Committee will take oversight early in the next agenda and discuss/ agree any interventions needed in order to assure the Board. In reviewing the strategic risk register, it was noted that compliance levels for fire evacuation training for inpatient services would be taken to Operational Committee in October 2021 for their oversight around continuous improvement plans needed to improve and sustain current performance.
	On which matters did the meeting make a decision, e.g. what did it approve? <ul style="list-style-type: none"> Formally noted approval of the following matters as a result of the previous meeting not being quorate: <ul style="list-style-type: none"> Mulberry ward service improvement plan. Quality Improvement strategy: phase 2 (2021/23). Safeguarding Adults and Children (including Children in Care) annual report (2020/21). Infection Prevention & Control annual report (2020/21). Approval of the: <ul style="list-style-type: none"> care and quality impact concerning the recent operational pressures critical incident. Rosewood improvement plan in response to identified themes/ concerns/ incidents and the CQC lines of enquiry from their unannounced inspection of Rosewood on 17 August 2021. Approval (in principle) of the quality schedule as part of the NHS standard contract for 2021/22. Care Group leads and clinical support service leads will agree and confirm the content of the schedule in line with the secondary governance remit of the collective commissioning CCGs.
ASSURANCE	Other matters discussed that provide assurance: <ul style="list-style-type: none"> Significant assurance was taken by Quality Committee and can thence be provided to the Board around the plans in place to mitigate the impacts on quality and safety during the migration to and implementation of SystemOne. Status updates provided on the following national mental health safety improvement programmes: (1) reducing suicide and self-harm; (2) reducing restrictive practices; (3) improving sexual safety.
	Developments/ achievements: <ul style="list-style-type: none"> Presentation received from the patient safety improvement and clinical governance teams to assure Quality Committee of our plans to improve safety systems and safety culture in line with our Trust strategic objectives, the strategic aims of The NHS Patient Safety Strategy and the ambitions of our Quality Framework. The patient safety improvement team has been shortlisted as a finalist in the category of Patient Safety Team of the Year (2021 HSJ Awards) for their programme of patient safety improvement reviews and making sustainable improvements to patient safety within our services. Presentation received from the tissue viability service around their safety improvement work, including changes/ improvement to practice via the pressure care taskforce. Patient reported outcome measures are being collected as part of routine care. There is reflective learning/ improvements at a team level, supported by a culture of staff feeling psychologically safe to address issues. Presentation received around the social impact of the work of Weaver Vale Housing Trust, which has invested significantly in its assets, services and the communities in which it works to support their sustainability, as well as improve outcomes and life chances for their customers. As partners, CWP via our Care Groups have been asked to consider use of our assets to support the sustainability of collaborative work, with our community partners, to address inequalities of the communities we serve. Presentation received on how one of our community services has integrated specialist mental health care into primary care networks. Learning for other services is to build relationships and work together with professionals in primary care, as part of the multi-disciplinary team (integration), to actively support meeting the needs of the communities we serve (improving access to services).
IMPROVEMENT	

**STANDARDISED HIGHLIGHT/
EXCEPTION REPORT**

REPORT DETAILS	
Subject matter of report:	Learning From Experience Report
Report provided by:	Gary Flockhart Director of Nursing, Therapies and Patient Partnerships
Date of report:	22/09/2021
SUBJECT MATTER What is this report about? Summarise why this report requires the attention of the	Summarise the purpose of the report: <p>The Learning from Experience report compares current themes, trends, and exceptions across a 4 trimester time series to mitigate seasonal variations. The report demonstrates how learning is integrated across the Trust and strengthens assurances of sustainability of changes made to practice to continuously improve over time.</p> <p>The report includes an analysis of the main themes that have been identified from incident reviews that have been undertaken during the past year, the progress that the Trust has made in responding to these themes as well as identifying any new themes that have emerged in trimester 1 and how the trust is responding to these. Finally, a progress report on previous recommendations made in trimester 3 2020/2021 is contained within the report and concludes with any further recommendations.</p>
ESCALATION What do you need to escalate to the Committee?	Quality, clinical, care, other risks that require escalation: <p>There has been an increased focus to complete outstanding reviews that have exceeded expected timescales for completion and the trust has reduced the number of reviews that have not been concluded within 60 days. The Trust has developed and implemented a serious incident tracker (underpinned by an escalation process) which has allowed for robust tracking and oversight of all the reviews being undertaken by the trust and provides assurance to the commissioners.</p> <p>The Quality Committee approved the following recommendations from the LFE report:</p> <ul style="list-style-type: none"> • Within the next trimester the Trust to review the audit/assurance process for Learning from Deaths. • Complaints Standards Benchmarking and proposed Implementation Plan to be presented at PACE Subcommittee in Trimester 2. • The Quality Committee are asked to note the emerging complaint themes. Care groups are to ensure the themes are being addressed within their respective care group through their respective governance and service improvement processes. • The Third-Party Liability Claims and the learning from this will be reviewed with the People Organisational Development Subcommittee
ASSURANCE What assurance or evidence of improvements are you providing to the Committee?	Other key matters to highlight: <p>To enhance quality and consistency of incident reporting and to support improved safety across the organisation, the Trust has developed and is due to launch the new incident reporting and immediate safety review E-learning packages in September 2021. This training will be added to the essential role specific competencies for all employees as agreed at the People and Organisational Development Sub Committee.</p> <p>99% of deaths have been in scope of a review have been undertaken in trimester 1. The remaining 1% of cases are cases where the trust has sought additional information to clarify the circumstances leading to the deaths.</p> <p>All the learning themes that have been identified are being actioned within the trust and progress of the various workstreams are detailed within the report.</p> <p>All recommendations identified in T3 2020/21 Learning from Experience report have all been completed.</p> <p>Link to Full Report</p>

STANDARDISED SBAR COMMUNICATION

REPORT DETAILS	
Report subject:	Gender Pay Gap Report
Agenda ref. number:	
Report to (meeting):	Board Meeting
Action required:	Information and noting
Date of meeting:	29/09/2021
Presented by:	David Harris

Which strategic objectives this report provides information about:	
Improving Care, Health and Wellbeing	Yes
Working within Communities	Yes
Working in Partnership	Yes
Delivering, Planning and Commissioning Services	Yes
Making Best Value	Yes
Reducing Inequalities	Yes
Enabling our People	Yes
Improving and Innovating	Yes

Which NHSI Single Oversight Framework themes this report reflects:		CWP Quality Framework:		
Quality	Yes	Patient Safety	Safe	No
Finance and use of resources	Yes	Clinical	Effective	Yes
Operational performance	Yes	Effectiveness	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
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	Yes/ No
N/A	

REPORT BRIEFING

Situation – a concise statement of the purpose of this report
Employers in Great Britain with more than 250 staff are required to publish their gender pay gap information annually, using six different measures, covering pay and bonuses. This report provides a snapshot of pay data on 31 st March 2021, which is also published on the Gender Pay Gap Reporting pages of the Gov.uk website. The purpose of the reporting is to increase awareness, improve pay transparency and to encourage actions in relation to closing the gap. The full report is attached including appendices with the relevant data.

Background – contextual and background information pertinent to the situation/ purpose of the report
The gender pay gap is a measure of the difference between men's and women's average earnings across an organisation, regardless of the nature of their work and it is expressed as a percentage of men's earnings. It is important to distinguish between the gender pay gap and equal pay. Equal pay concerns differences between the actual pay of male and female employees doing equal work or work of equal value. An organisation may be an equal pay employer, paying male and female staff equally for doing equal work, and it may still have a gender pay gap. Overall, as an organisation, the Trust employs more women than men as is seen across many NHS Organisations. The Trust employed 4148 'relevant employees' and 4020 'full-pay relevant employees' as of 31 st March 2021, this figure includes 292 bank-only workers who were paid in March 2021 and therefore have been used as part of the calculation of the gender pay gap information. 3187 (79%) were female and 833 (21%) were male.

Assessment – analysis and considerations of the options and risks

The Trust's mean gender pay gap for average hourly pay is **15.40%**. This is lower than the national public sector average of **15.8%** as identified by the Office for National Statistics Annual Survey of Hours and Earnings published 7th December 2020. When comparing our median figure, the Trust has a **0.43%** pay gap compared to the national public sector average of **14.5%**.

Ordinary Pay Gap

- The pay gap of 15.40% is in favour of males but has reduced from 18.50% and the Trust is continuing to work towards narrowing this further.
- The Trust employs significantly more female staff; 79% of our workforce is female. The Trust has a lower proportion of females in the **Lower Middle** and **Upper** quartiles where 76% and 75% are female respectively – highlighting where there is a larger male workforce.
- The Trust is awaiting the national public sector mean pay gap for 2021 to be published to examine where the Trust is comparably. Currently the Trust's pay gap of 15.4% is below the national rate of 15.8% (latest available year was published in December 2020).
- The pay gap specifically for staff on Agenda for Change terms and conditions however is broadening and is currently 1.58%. This has increased from 0.91% in the 2018-19 year.
- In the production of the 2019-20 Gender Pay Gap report, the Trust identified that an incorrect calculation was made when calculating the hourly pay rate of GPs in our Out of Hours service, which resulted in a spike for the 2019-20 year of 18.50% mean hour rate.
- Through engagement with female medical staff, the Trust has supported them with applications for Clinical Excellence Awards. The awards for 2019-20 were paid in April 2020 and therefore the trust's approach to making these payments equitable can be seen to have contributed to the reduction in the bonus pay gap.
- Through further detailed analysis of the pay gap within each Banding and Staff Group on NHS Agenda for Change terms and conditions, the organisation have identified some specific groups of staff that have a higher-than-average ordinary pay gap (see Appendix 4 of the attached report).

Bonus Pay Gap

- The bonus pay gap has reduced from 75.60% to 63.36%.
- There is no national comparator for national public sector bonus pay gap.
- The Trust identified previously that the Clinical Excellence Awards to medical staff were potentially inequitable as fewer females applied for these awards each year. Work completed in 2019-20 and subsequent payments made in April 2020 has culminated in a reduction in the bonus gender pay gap, although there is still some way to go.
- The median bonus pay gap specifically for Clinical Excellence Awards has reduced year on year from 68.01% in 2018-19 to 16.10%.
- The mean bonus pay gap for Clinical Excellence Awards has reduced from 32.17% in 2018-19 year to 22.20%

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

The Board are asked to note the following actions and the report for publication and submission:

The Trust's mean hourly gender pay gap is now lower than the national public sector gender pay gap and the Trust is committed to workforce equality and the following actions have been incorporated into the Trust's People Plan for 2021/22:

- Strengthening of unconscious bias training for recruiting managers including refresher training.
- Creation of a Task and Finish group to review the flexible working policy and access to flexible working opportunities which will lead to raising awareness.
- Development of a talent management programme to support all employees with their career development, which may be outside of their current role.
- Promotion of development opportunities such as Apprenticeships and regional training.
- Continued promotion of Clinical Excellence Awards opportunities to increase applications from female medical staff.
- Re-visit the development programme for people to shadow senior leaders and executive board members.
- Further publicise story telling by people working at VSM level within the Trust.
- Implement the programme of Reciprocal Mentoring Programme.

- Raising these subject areas in the agendas of the staff network groups and consider any relevant or related output information from the Trust's 'Imagining the Future' engagement programme.

Who has approved this report for receipt at the above meeting?	David Harris Director of People and OD	
Contributing authors:	Neal Evans (People Information), Philip Makin (ED&I Co-ordinator), Cathy Walsh (AD Patient & Carer Experience)	
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	Gender Pay Gap Report September 2021	

GENDER PAY GAP REPORT

September 2021

Authors

Neal Evans – People Information, Philip Makin – Equality, Diversity and Inclusion Coordinator,
Cathy Walsh - Associate Director Patient & Carer Experience

Gender Pay Gap Report 2021

Foreword

From 6 April 2017 employers in Great Britain with more than 250 staff are required to publish their gender pay gap information annually, using six different measures, covering pay and bonuses. This report provides a snapshot of pay data on 31st March 2021, which is also published on the Gender Pay Gap Reporting pages of the Gov.uk website. The purpose of the reporting is to increase awareness, improve pay transparency and to encourage actions in relation to closing the gap.

What is the Gender Pay Gap?

The gender pay gap is a measure of the difference between men's and women's average earnings across an organisation, regardless of the nature of their work and it is expressed as a percentage of men's earnings.

It is important to distinguish between the gender pay gap and equal pay. Equal pay concerns differences between the actual pay of male and female employees doing equal work or work of equal value. An organisation may be an equal pay employer, paying male and female staff equally for doing equal work, and it may still have a gender pay gap. The Trust employs staff across a range of roles and adheres to the appropriate national NHS Medical and Dental Pay and Conditions and the national NHS job evaluation framework within Agenda for Change. All pay scales provide a process for paying employees equally regardless of gender for the same or equivalent work.

How do we calculate the Gender Pay Gap?

The snapshot date for this report being 31st March 2021 for ordinary pay and a whole 12 month period from 1st April 2020 to 31st March 2021 for bonus pay. For gender pay gap reporting, employees are those employed under a contract of employment to do work. This includes those under Agenda for Change terms and conditions, medical staff and very senior managers (VSM), those employees on other terms and conditions following a transfer under TUPE legislation and any Bank Staff who received pay on 31st March 2021.

The requirement is to publish six key measures of the gender pay gap:

Mean gender pay gap

The difference between the mean hourly rate of pay of relevant full-pay male employees and that of full-time female employees. This measure captures where men and women sit in the earnings distribution and is the average of all the numbers in the dataset, that is, you have to add up all the numbers and then divide the result by how many numbers are being dealt with.

Median gender pay gap

The difference between the median hourly rate of pay of relevant full-pay male employees and that of full-time female employees. The median measure is used because it is not affected by extreme values and is the numerical value that splits the top 50% of the figures from the bottom 50%.

Mean bonus gap

The difference between the mean bonus pay paid to relevant male employees and that paid to female employees.

Median bonus gap

The difference between the median bonus pay paid to relevant male employees and that paid to female employees.

Bonus proportions

The proportions of male and female relevant employees who were paid bonus pay during the 12-month period compared to those who did not receive a bonus.

Quartile pay bands

The proportions of male and female relevant full-pay employees in the lower, lower middle, upper middle and upper quartile pay bands. Effectively we split the workforce into 4 equal quarters based on the average hourly rate of pay.

What is the Trust's Gender Pay Gap?

Current Staff in Post

Overall, as an organisation, the Trust employs more women than men as is seen across many NHS Organisations. The Trust employed **4148** 'relevant employees' and **4020** 'full-pay relevant employees' as of 31st March 2021, this figure includes **292** bank-only workers who were paid in March 2021 and therefore have been used as part of the calculation of the gender pay gap information. **3187 (79%)** were female and **833 (21%)** were male.

Ordinary Pay

The Trust's mean gender pay gap for average hourly pay is **15.40%**. This is lower than the national public sector average of **15.8%** as identified by the Office for National Statistics Annual Survey of Hours and Earnings published 7th December 2020. When comparing our median figure, the Trust has a **0.43%** pay gap compared to the national public sector average of **14.5%**.

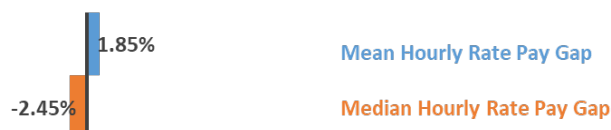
	Female	Male	Difference	Pay Gap %	National Public Sector Pay Gap %
Mean Hourly Rate	£17.4621	£20.6402	£3.1781	15.40%	15.80%
Median Hourly Rate	£16.0402	£16.1089	£0.0687	0.43%	14.50%

The Trust



When reporting the pay gap for all staff employed at the snapshot date the Trust's mean hourly pay gap is **15.40%** and the median pay gap is **0.43%**.

Highlighting Staff on Agenda for Change Terms and Conditions



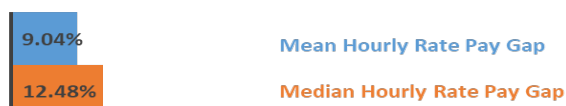
When reporting solely on staff that are on Agenda for Change terms and conditions the mean hourly pay gap is **1.85%** and the median **-2.45%**.

Highlighting Staff on Executive Team



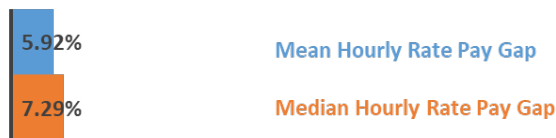
When reporting solely on staff that are on Executive terms and conditions the mean hourly pay gap is **-14.74%** and the median **-19.91%**.

Highlighting Staff on Medical Terms and Conditions



When reporting solely on staff that are on medical terms and conditions the mean hourly pay gap is **9.04%** and the median **12.48%**.

Highlighting Staff on Local Terms and Conditions



When reporting solely on staff that are on Local terms and conditions the mean hourly pay gap is **5.92%** and the median **7.29%**.

Further detail regarding the gender pay gap across pay bands, staff groups and comparing year 16/17 to 20/21 is provided in the appendices 1 and 2.

Bonus Pay

Bonus pay includes Clinical Excellence Awards and Recognition of Service Awards paid between 1 April 2020 and 31 March 2021 for all relevant staff. Please note payments are only included where pay was due for the reporting period, any arrears payments are excluded from the total amount before calculating the pay gap. During the year, 169 staff received these payments with the median amount for women being **£150.00** and for men **£3,177.00** with a pay gap of **95.3%**. The mean average amount was **£2,452.08** for women and **£6,691.99** for men with a pay gap of **63.36%**.

					% of trust staff by gender who received bonus	
	Female	Male	Difference	Pay Gap	% Female	% Male
Average Bonus Pay Value	£2,452.08	£6,691.98	£4,239.90	63.36%	3.37%	6.81%
Median Bonus Pay Value	£150.00	£3,177.00	£3,027.00	95.3%	111 out of 3296	58 out of 852



Highlighting on Recognition of Service Awards

101 staff received recognition of service award vouchers where the median for both men and women is **£100**, with the pay gap as **0.00%** for these awards in isolation. The mean average amount was **£124.38** for women and **£126.19** for men with a pay gap of **1.4%**.



Highlighting on Clinical Excellence Awards

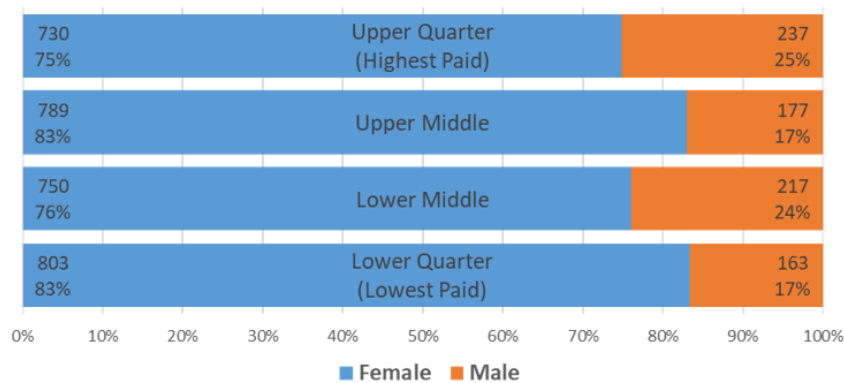
69 staff received Clinical Excellence Awards. When looking at these payments alone, the median amount for women being **£3,880.72** and for men was **£4,986.60** with a pay gap of **22.2%**. The mean average amount is **£8,120.51** for women and **£9,676.40** for men with a pay gap of **16.1%**.



Gender Pay Gap Metrics Summary

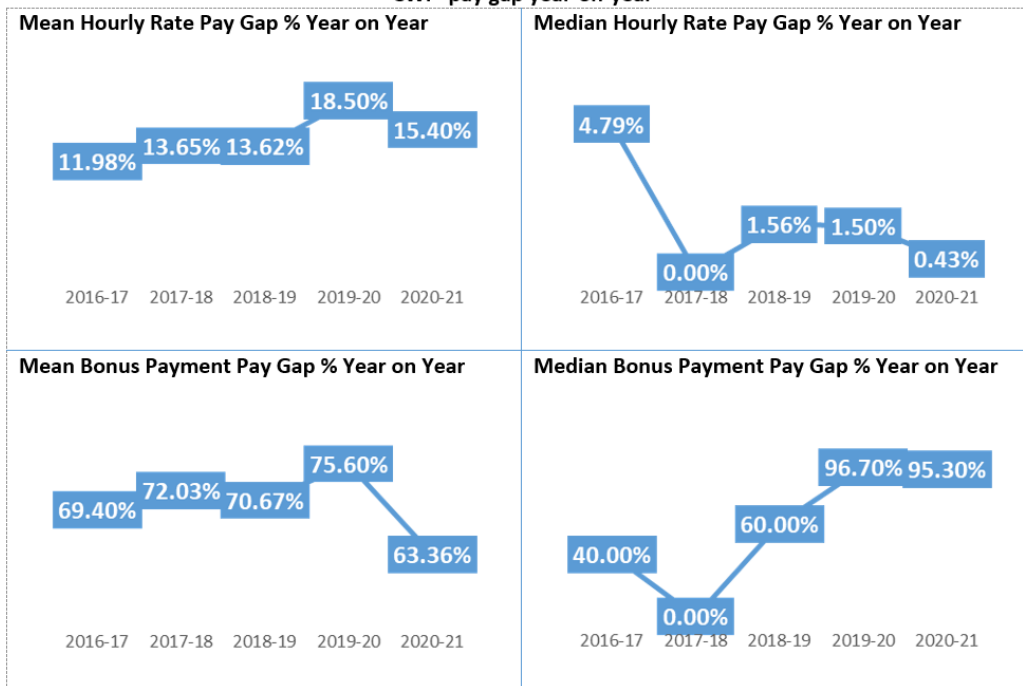
Gender Pay Gap	Bonus Pay Gap	Proportion of Employees Who Received Bonus
15.40% <i>Mean Hourly Rate</i>	63.36% <i>Mean Bonus Payment</i>	3.33% <i>Of trust Female staff</i>
0.43% <i>Median Hourly Rate</i>	95.30% <i>Median Bonus Payment</i>	6.81% <i>Of trust Male staff</i>

Proportion of employees in quartile bands



In CWP, women occupy **75%** of the highest paid jobs and **83%** of the lowest paid jobs.

CWP pay gap year-on-year



Key findings

Ordinary Pay Gap

- The pay gap of 15.40% is in favour of males but has reduced from 18.50% and the Trust is continuing to work towards narrowing this further.
- The Trust employs significantly more female staff; 79% of our workforce is female. The Trust has a lower proportion of females in the **Lower Middle** and **Upper** quartiles where 76% and 75% are female respectively – highlighting where there is a larger male workforce.
- The Trust is awaiting the national public sector mean pay gap for 2021 to be published to examine where the Trust is comparably. Currently the Trust's pay gap of 15.4% is below the national rate of 15.8% (latest available year was published in December 2020).
- The pay gap specifically for staff on Agenda for Change terms and conditions however is broadening and is currently 1.58%. This has increased from 0.91% in the 2018-19 year.
- In the production of the 2019-20 Gender Pay Gap report, the Trust identified that an incorrect calculation was made when calculating the hourly pay rate of GPs in our Out of Hours service, which resulted in a spike for the 2019-20 year of 18.50% mean hour rate.
- Through engagement with female medical staff, the Trust has supported them with applications for Clinical Excellence Awards. The awards for 2019-20 were paid in April 2020 and therefore the trusts approach to making these payments equitable can be seen to have contributed to the reduction in the bonus pay gap.
- Through further detailed analysis of the pay gap within each Banding and Staff Group on NHS Agenda for Change terms and conditions, the organisation have identified some specific groups of staff that have a higher-than-average ordinary pay gap – further detail in *appendix 4*.

Bonus Pay Gap

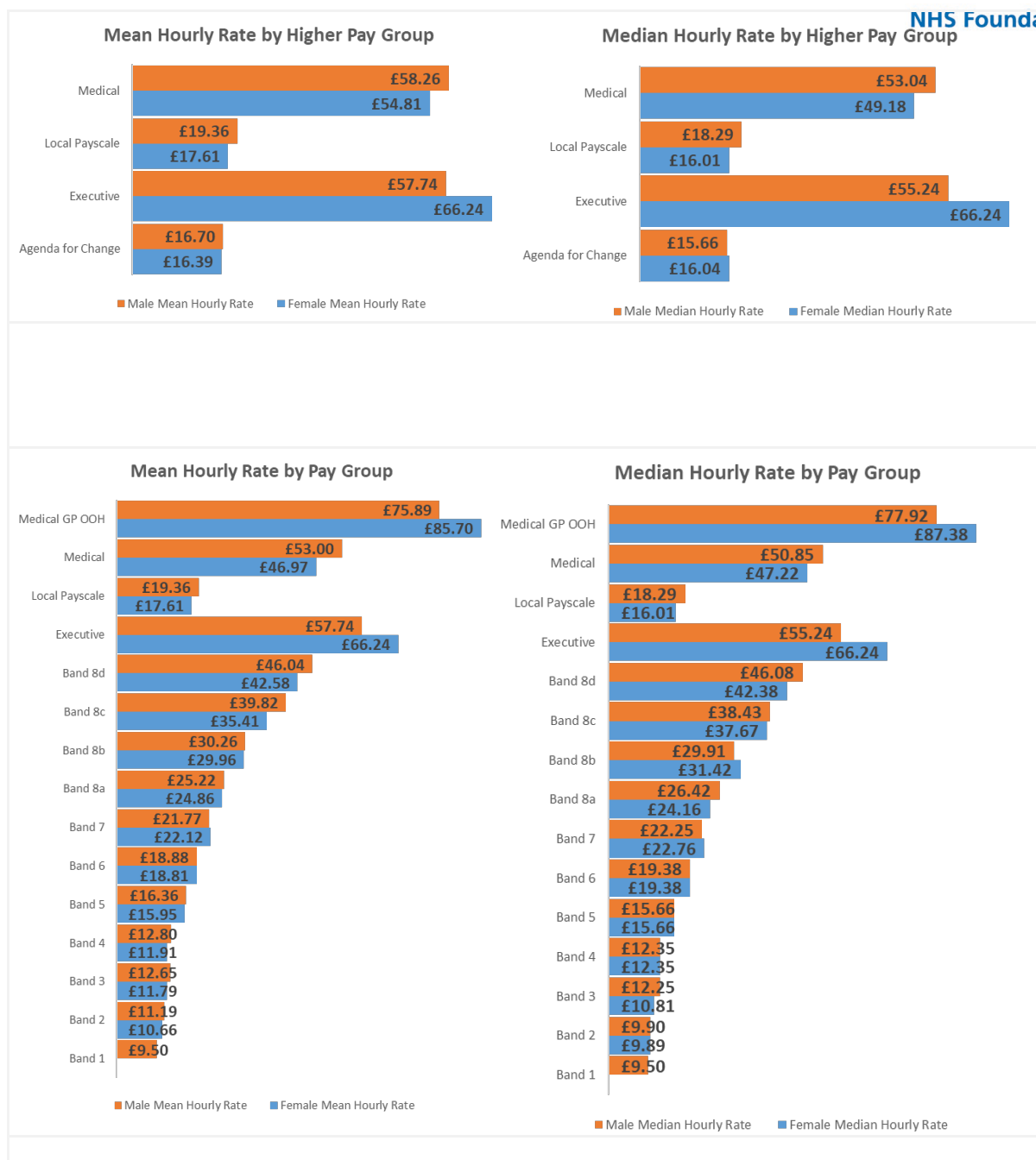
- The bonus pay gap has reduced from 75.60% to 63.36%.
- There is no national comparator for national public sector bonus pay gap.
- The Trust identified previously that the Clinical Excellence Awards to medical staff were potentially inequitable as fewer females applied for these awards each year. Work completed in 2019-20 and subsequent payments made in April 2020 has culminated in a reduction in the bonus gender pay gap.
- The median bonus pay gap specifically for Clinical Excellence Awards has reduced year on year from 68.01% in 2018-19 to 16.10%.
- The mean bonus pay gap for Clinical Excellence Awards has reduced from 32.17% in 2018-19 year to 22.20% - see *appendix 3*.

The next steps

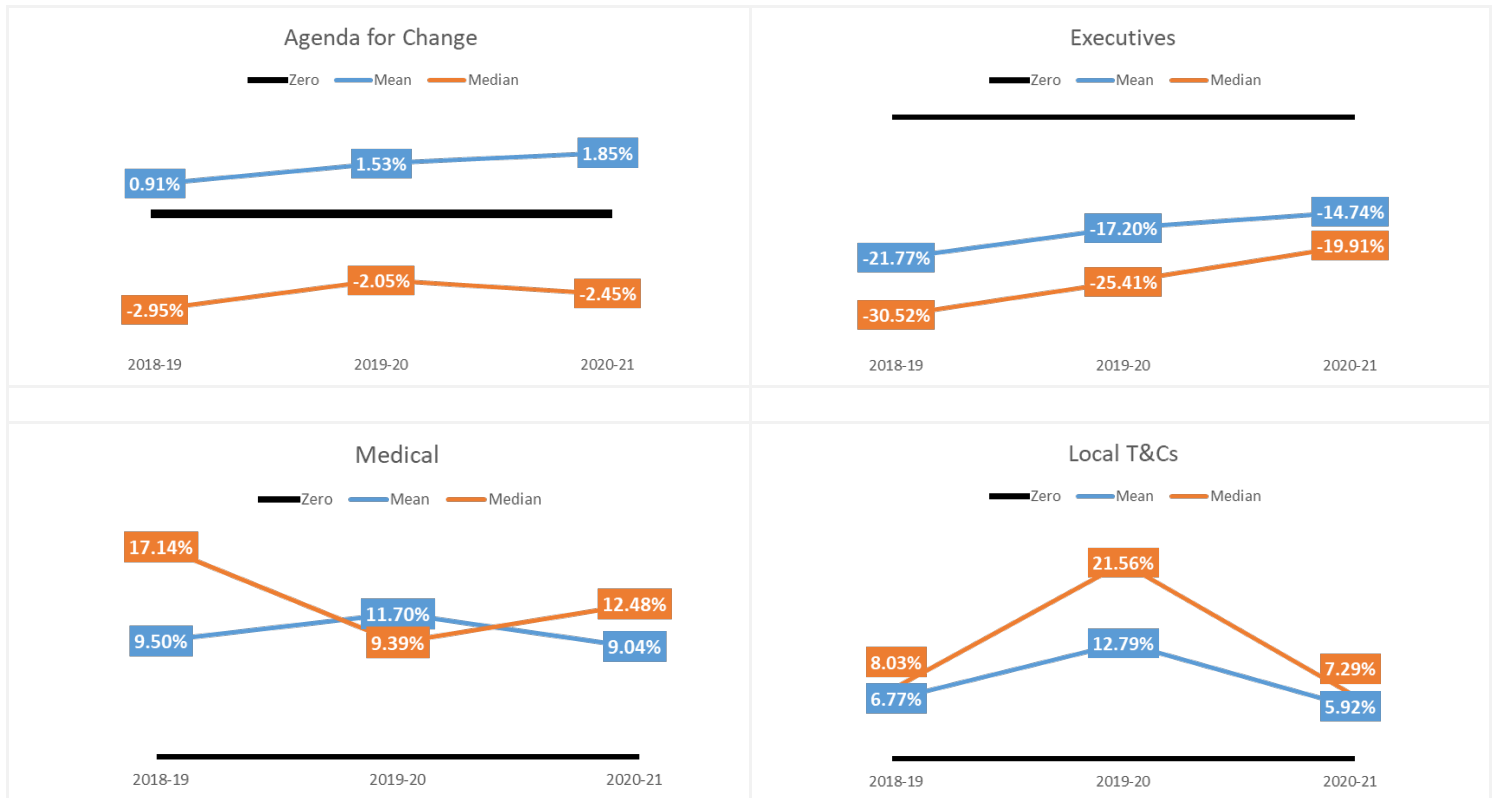
The Trust's mean hourly gender pay gap is now lower than the national public sector gender pay gap, exploring where this exists for each band and staff group will assist in identifying future improvement work. In addition, work will continue to address the payment issue in the gender gap in bonus payments. Key drivers for the gender pay gap are understood to be the result of various factors outside the control of individuals, for example unpaid carer responsibilities could be a consideration. The Trust is committed to workforce equality and the following actions have been incorporated into the Trust's People Plan for 2021/22:

- Strengthening of unconscious bias training for recruiting managers including refresher training.
- Creation of a Task and Finish group to review the flexible working policy and access to flexible working opportunities which will lead to raising awareness.
- Development of a talent management programme to support all employees with their career development, which may be outside of their current role.
- Promotion of development opportunities such as Apprenticeships and regional training.
- Continued promotion of Clinical Excellence Awards opportunities to increase applications from female medical staff.
- Re-visit the development programme for people to shadow senior leaders and executive board members.
- Further publicise story telling by people working at VSM level within the Trust.
- Implement the programme of Reciprocal Mentoring Programme.
- Raising these subject areas in the agendas of the staff network groups and consider any relevant or related output information from the Trust's 'Imagining the Future' engagement programme.

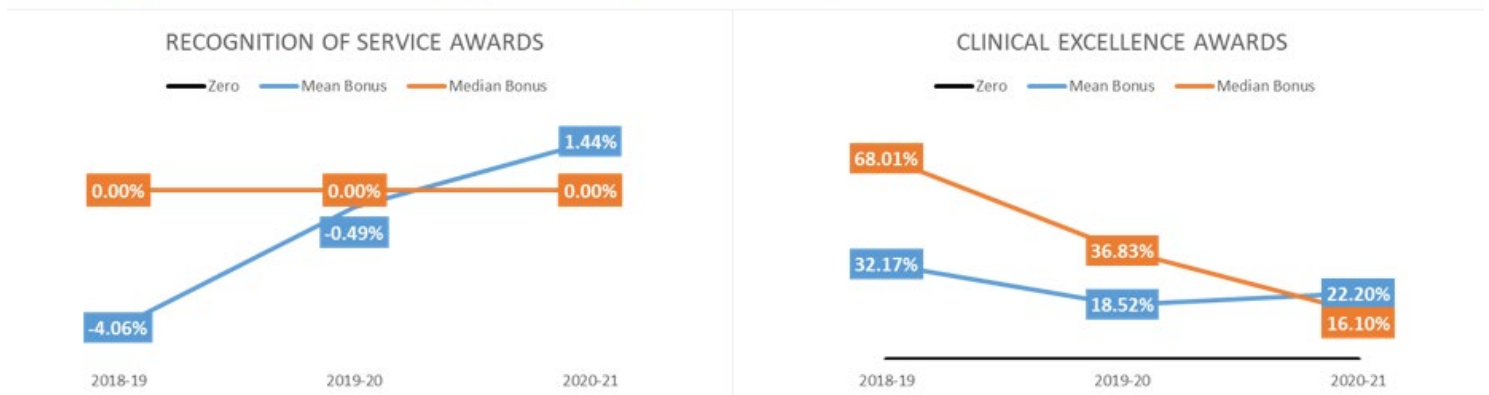
Appendix 1 – Average Hourly Rate by Pay Groups



Appendix 2 – Average Hourly Rate by Pay Groups – Year on Year



Appendix 3 – Bonus Pay by Bonus Type – Year on year



Appendix 4 – Pay Gaps within specific AfC Bands and Staff Group

Band / Staff Group	Mean Hourly Rate				Median Hourly Rate			
	Female	Male	Difference	Pay Gap %	Female	Male	Difference	Pay Gap %
Band 3 - Estates and Facilities	£10.89	£12.76	£1.86	14.59%	£10.81	£12.41	£1.59	12.84%
Band 4 - Estates and Facilities	£12.91	£14.74	£1.83	12.40%	£13.11	£14.97	£1.86	12.41%
Band 5 - Estates and Facilities	£0.00	£17.30			£0.00	£17.42		
Band 5 - Addt. Prof. Tech	£13.97	£15.64	£1.67	10.65%	£12.74	£15.66	£2.92	18.64%
Band 6 - Admin	£17.93	£18.32	£0.39	2.14%	£17.27	£18.87	£1.59	8.44%
Band 7 - Addt. Clinical Services	£21.09	£24.01	£2.91	12.13%	£21.13	£24.01	£2.88	12.00%
Band 8a - Addt. Prof Tech	£24.44	£26.42	£1.98	7.50%	£24.10	£26.42	£2.32	8.79%
Band 8a - Admin	£25.02	£25.00	-£0.02	-0.08%	£24.50	£26.42	£1.93	7.29%
Band 8b - Nursing	£28.45	£32.48	£4.03	12.41%	£27.62	£32.48	£4.87	14.99%
Band 8c - Addt. Prof Tech	£36.07	£41.67	£5.60	13.44%	£37.67	£38.13	£0.46	1.21%
Band 8c - Admin	£34.81	£37.35	£2.54	6.81%	£33.20	£38.43	£5.22	13.60%
Band 8a - Admin	£42.00	£46.43	£4.43	9.53%	£39.74	£46.39	£6.65	14.33%

STANDARDISED SBAR COMMUNICATION

REPORT DETAILS	
Report subject:	Board Assurance Framework and Strategic Risk Register
Agenda ref. number:	21.22.14
Report to (meeting):	Board of Directors (meeting held in public)
Action required:	Discussion and Approval
Date of meeting:	29/09/2021
Presented by:	T Welch, Interim Chief Executive

Which strategic objectives this report provides information about:	
Improving Care, Health and Wellbeing	Yes
Working within Communities	Yes
Working in Partnership	Yes
Delivering, Planning and Commissioning Services	Yes
Making Best Value	Yes
Reducing Inequalities	Yes
Enabling our People	Yes
Improving and Innovating	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
To apprise the Board of Directors of the current status of the Board Assurance Framework (BAF) and Strategic Risk Register (SSR), to inform discussion of the current risks to the delivery of the organisational strategic objectives and to meet the requirements outlined within the Trust's integrated governance framework.
At the time of reporting (September 2021) the Trust has eight strategic risks – three are rated red and five are rated amber. There are two risks in-scope.

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

Assessment – analysis and considerations of the options and risks

The Strategic Risk Register was recently reviewed by the Quality Committee at its meeting on the 8th September 2021 and by the Operational Committee at its meeting on the 21st September 2021. At each meeting, they considered the following updates.

New risks/ risks in-scope

There are two risks in-scope:

Risk of adverse impact on patient care due to workforce shortages across care groups: This is as a result of Covid-19 absence and vacancies. Consequently, patients may not be able to receive the full range of interventions and therapeutic activities as identified within their individualised care plan causing a risk to patient and staff experience, and risks to patient outcomes. A CWP workforce summit has taken place and further work continues in the People Planning group. Discussions are also taking place regionally regarding workforce shortages. This has been given a preliminary risk score of 20 whilst a full risk treatment plan is scoped.

Risk of adverse impact on patient care and operational effectiveness due to delays in implementation of SystmOne electronic patient record for MH, LD and CYP services: This is as a result of delays in training due to staff absence and staff vacancies, delays to data migration from carenotes to SystmOne due to the configuration of Carenotes, and not all staff having a smartcard required to access electronic patient records (EPR). This has been given a preliminary risk score of 12 whilst a full risk treatment plan is scoped.

Current risks

Risk 9 – Demand for ADHD services which exceeds current contract values and commissioned capacity. (Score: 20 - Red) Further to the Quality Committee held on the 5th May 2021 the risk score was increased from 16-20 in line with provisions in the Trust's integrated governance framework. An update to the progress addressing the CQC regulatory actions was presented to 23 June 2021 Operational Committee. The needs stratification work continues and the rate is increasing, with new staff coming onboard. It is anticipated that this work will be completed by December 2021. The care group will reprofile its trajectories and the situation will continue to be monitored via the Operational Committee and the Board of Directors. Updates are also provided to Executive Directors on a regular basis. A full update against each geographical location is provided as part of the Risk Treatment Plan.

Risk 10 – People requiring admission, may have to wait longer than 4 hours for a bed to be allocated. (Score: 20 - Red) Continued pressure on beds and the ongoing delays to admissions, with full mitigation actions not yet in effect, has resulted in the current overall risk score of 20. The surge in demand for inpatient beds is likely linked to the impact of the pandemic. The Care Group has been operating at the highest Opel levels (3 and 4) for the last 3 to 4 months. The bed hub is prioritising patients for admission based on risk factors and working closely with A&E departments to keep patients safe. The Care Group are opening Riverwood ward to create an additional 9 adult acute beds with effect from mid-end September 2021. As a consequence, Out of Area (OOA) placements have been high for CWP in August, although continue to remain low in comparison to other trusts. This has been further impacted in light of the current critical incident in respect of workforce shortages (see new risk in scope).

Risk 4 – Potential adverse impact on the delivery of safe and effective care to the population of Cheshire and Wirral due to the COVID-19 pandemic. (Score: 16 - Red) In response to the National Incident level, the frequency of TCG meetings and associated measures remain continually under review to support the delivery of safe and effective care and the well-being and safety of staff. The EPRR process is being utilised as the single point of contact and lead to enable the Trust to fulfil its obligations into the announced national Covid inquiry which will be held in 2022. Following the change in national guidance on 19th July and a lifting of restrictions across England, a SOP was developed to support staff and managers in bringing staff who were isolating back into the workplace under set circumstances. However, following new winter planning guidance issued in August 2021, a review is being undertaken of the required CWP EPRR framework and methodology to ensure that CWP is able to maintain an effective mechanism beyond September 2021. Indications include intelligence that Covid together with a significant rise in flu cases will lead to serious pressures within health and care settings during winter 21/22. The risk needs to be considered alongside the new risk in scope, potentially adding to the workforce shortages across care groups. Lateral flow testing continues to be undertaken by staff twice a week, Phase 3 of the vaccination programme (booster) is close to being operationalised, and staff continue to be supported during this period.

Risk 1 – Risk of supervision compliance rates falling below the Trust target of 85%. (Score: 12 - Amber) Work in this area continues to be a priority and will form part of the review of the Digital and People strategies moving forwards. Supervision was further discussed at July Operational Committee and Board and Executive Team meeting in August. Through various forms of feedback, it has been reported that a significant amount of supervision is taking place. However, these sessions are not consistently recorded. Reasons for this relate to

covid-related absence, covid-related staff moves between units and the general increase in pressure in terms of patient numbers, acuity and complexity. ESR is also reported to be non-user friendly, leading to an under-representation of the level of supervision taking place. To support an improvement in this area, revised monthly reporting is being provided to managers to identify target areas, support with recording via the People and OD Team, and alternative digital systems are currently being explored to allow easier reporting processes in the longer term.

Risk 12 – Shortfalls in data capture. (Score: 12 - Amber) This risk underpins a number of the newly agreed Strategic Objectives. Going forwards, the risk will be considered as part of the Digital Strategy. In part the introduction of the new EPR (SystemOne) will support improved recording moving forwards. Work is progressing to build an agreed data dictionary and develop a dashboard to support enhanced reporting enabling better oversight of team capacity and demands for line managers.

Risk 11 – Failure to achieve Trust (and system) control totals. (Score: 9 - Amber) Interim arrangements are in place due to COVID-19 to support the NHS response. The revised financial regime is in place until the end of Q2 21/22. Care Groups have been asked to consider efficiencies moving forwards. All Care Groups are considering how to meet this against a background of acuity and demand, with a requirement to increase capacity and meet this through bank/ agency. Mechanisms are in place to monitor new investment schemes in terms of mobilisation progress. All current vacancies are also being reviewed to understand the challenges to recruitment and mitigate slippage for spend plans. Weekly Mental Health planning and implementation meetings are attended by the Business & Value team and the Associate Directors of Operations.

Risk 2 - Risk of failure to deliver full scale of transformation projects across Care Groups (Score: 6 – Amber). This risk previously related to the transformation projects within the Specialist Mental Health Care Group. Discussion with Executive risk owners has resulted in a broader risk description to encompass Trustwide transformation programmes. Work is underway to develop a full treatment plan based on the controls set out for this risk. The response to the COVID-19 pandemic has adversely impacted on the ability to release capacity to progress this work sooner. Sufficient capability to manage and deliver the programme, and support the impact needs to be identified and is being considered as part of the CSS review to identify how clinical support services may flex and align their capability to support the transformation projects. In addition, the mitigation plan for Risk in Scope A, which relates to current and future challenges around recruitment and retention, will assist with addressing the capacity challenge. The purchase of system tools, the development of the DMDF and the establishment of governance and a Transformation and Development Hub will all support this work and allow consistent monitoring and reporting on the transformational projects.

Risk 5 – Failure to achieve compliance levels for Fire Evacuation training for inpatient services. (Score: 6 - Amber) Compliance with the formal training requirements remains stable with an overall compliance rate of 70% for all inpatient areas achieved in July 2021. The new training matrix continues to be used to identify which staff groups need to complete which elements of the new training provision and revisions continue to be made to the current e-learning programme to support the implementation of the new training approach in August 2021. At their meeting on the 8th September 2021, the Quality Committee agreed that compliance levels for fire evacuation training for inpatient services would be taken to Operational Committee in October 2021 for their oversight around continuous improvement plans needed to improve and sustain current performance.

Amended risk scores

None

Archived risks

None

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

The Board of Directors are asked to **note** and **approve** the process outlined above and the progress made to date.

Who has approved this report for receipt at the above meeting?		Katherine Wright, AD of Communications, Engagement and Corporate Affairs
Contributing authors:		Suzanne Christopher, Head of Corporate Affairs
Distribution to other people/ groups/ meetings:		
Version	Name/ group/ meeting	Date issued
1	Quality Committee	08.09.21
2	Operational Committee	21.09.21
Appendices provided for reference and to give supporting/ contextual information:		
Appendix No.	Appendix title	
1	Board Assurance Framework (incorporating strategic risk register)	

STANDARDISED SBAR COMMUNICATION

REPORT DETAILS	
Report subject:	Report against Strategic Objectives – September 2021
Agenda ref. number:	21.22.14
Report to (meeting):	Board of Directors (meeting in public)
Action required:	Discussion and Approval
Date of meeting:	29/09/2021
Presented by:	Andy Harland, Interim Director of Business and Value

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

Background – contextual and background information pertinent to the situation/purpose of the report
The format of the Report has been stable since the first couple of editions. However, a number of changes are in the pipeline. The first relates to the format of the report. An alternative format, based on a good practice template promoted by NHS Improvement, has been adopted for the providing High Quality Care Report taken to Quality Committee. This has been well received and the same format will be adopted for the RaSO later in 2021. The second relates to the Strategic Objectives. The September RaSO is still structured around the metrics that were agreed in December 2018 linked to the strategic objectives in place at that time. Work has commenced to map the current metrics onto the new strategic objectives and a piece of work is being considered for late summer/autumn to look again at the extent to which the current metrics provide coverage of performance against the new strategic objectives and what further developments are needed.

Assessment – analysis and considerations of the options and risks

Coverage and completeness

The data behind a number of the indicators are not being updated as a result of suspensions due to the pandemic. This affects patient FFT, Listen and Learn events, QI Training metrics and the Use of Resources metric. On a positive note, the new NHS National Quarterly Pulse Surveys is providing information for the first time to continue the flow of information on CWP as a place to work and a place for loved ones to be cared for that used to come from the Staff FFT survey. Commentaries within the Report give details.

Current performance

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

- CWP has needed to place acutely ill patients out of area in each month of 2021 so far;
- Absence due to sickness has been high again in the most recent two months;
- Staff turnover has risen sharply in the most recent month pushing the rolling 12 month measure to a high level. The resourcing concerns that have led to a new strategic risk being raised can be seen in a number of the metrics and associated commentaries including turnover, vacancies, sickness absence and appraisal & supervision compliance
- The results from the first NHS National Quarterly Pulse Survey has given a relatively high score for CWP being a place to work that staff would recommend to friends and family.

The activity data, provided in a separate appendix and not part of the public papers, show a clear impact at the point of the outbreak. With the passage of time we have been able to more confidently assess whether the features seen immediately after the initial outbreak were blips or the start of fundamental shifts in patterns of behaviour. Where we are confident that the data are showing fundamental shifts we have introduced breaks in the SPC charts. Notable points include:

- The growth in the use of video technologies appeared to reach a peak in February 2021 and has fallen back since;
- Recent data for appointment outcomes are moving back to the patterns last seen before the pandemic after an extended period where cancellations by the patient and failed home visits had been unusually low.

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

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

Who has approved this report for receipt at the above meeting?		Board business cycle requirement	
Contributing authors:		For the SBAR: James Partington, Tim Welch For the Report: all metric owners who are listed in the Report	
Distribution to other people/ groups/ meetings:			
Version	Name/ group/ meeting		Date issued
1	Board of Directors		22/09/2021
Appendices provided for reference and to give supporting/ contextual information:			
Appendix No.	Appendix title		
1	Report against Strategic Objectives Sept 2021 - Final (powerpoint file)		
2	Report against Strategic Objectives Sept 2021 Appendix – Final (powerpoint file)		

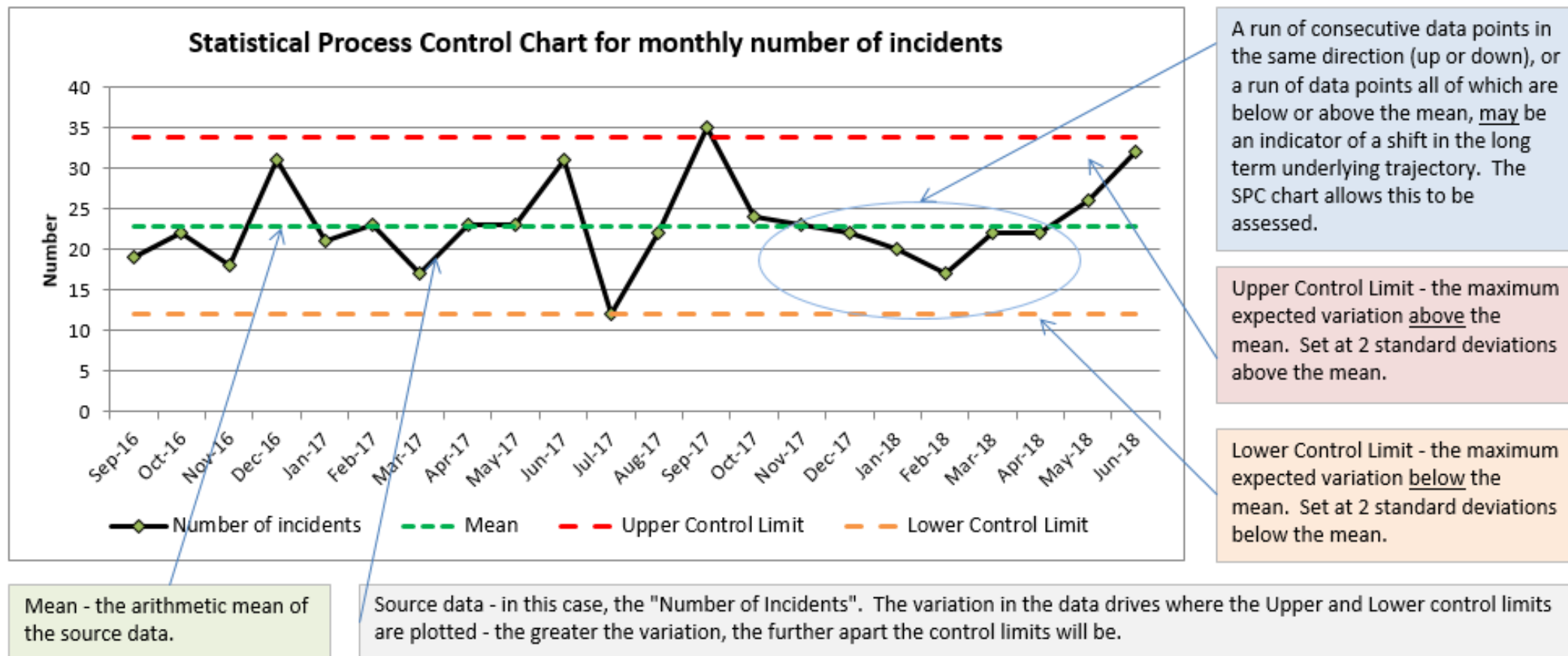
Report Against Strategic Objectives

September 2021

Quality Surveillance Analysis Team

Helping people to be
the best they can be

Interpreting Statistical Process Control charts



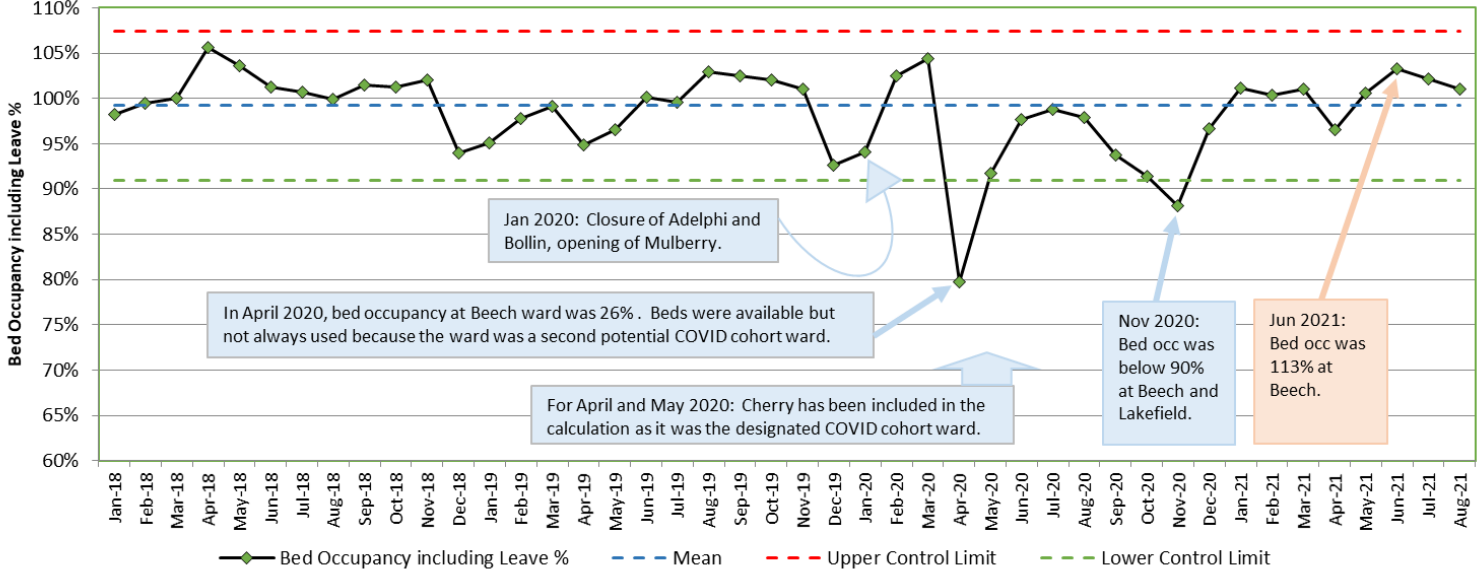
What does the SPC tell us?

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

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

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

Deliver high quality, integrated and innovative services that improve outcomes

Metric	Data	Further Explanation
Bed Occupancy - Adult Acute and Ageless wards	<p data-bbox="672 405 1753 439">CWP Acute Adult and Ageless Ward Bed Occupancy Rates, including leave (%)</p>  <p data-bbox="486 511 512 978">Bed Occupancy including Leave %</p> <p data-bbox="1090 675 1319 718">Jan 2020: Closure of Adelphi and Bollin, opening of Mulberry.</p> <p data-bbox="695 768 1345 811">In April 2020, bed occupancy at Beech ward was 26%. Beds were available but not always used because the ward was a second potential COVID cohort ward.</p> <p data-bbox="1021 861 1472 903">For April and May 2020: Cherry has been included in the calculation as it was the designated COVID cohort ward.</p> <p data-bbox="1587 775 1714 903">Nov 2020: Bed occ was below 90% at Beech and Lakefield.</p> <p data-bbox="1740 775 1867 903">Jun 2021: Bed occ was 113% at Beech.</p> <p data-bbox="695 1011 1745 1032"> —◆— Bed Occupancy including Leave % --- Mean --- Upper Control Limit --- Lower Control Limit </p> <p data-bbox="1816 1032 1931 1053">Source: KH03</p> <p data-bbox="448 1089 1956 1175"> Comment: Since December 2020, the overall bed occ figures for these wards have been well within the normal variation we see from month to month. </p> <p data-bbox="448 1225 1956 1296"> <i>The usual definition includes adult and ageless wards. Cherry ward, normally an older person's ward, was used as the COVID-19 cohorting ward during April and May 2020 and has been added to the calculation for those months.</i> </p>	<p data-bbox="2015 375 2364 511">Metric owner: Suzanne Edwards / Anushta Sivananthan</p> <p data-bbox="2015 568 2288 654">Monitored at: SMH Care Group</p> <p data-bbox="2015 711 2430 839">Data sources: KH03 file provided by the Information Team.</p>

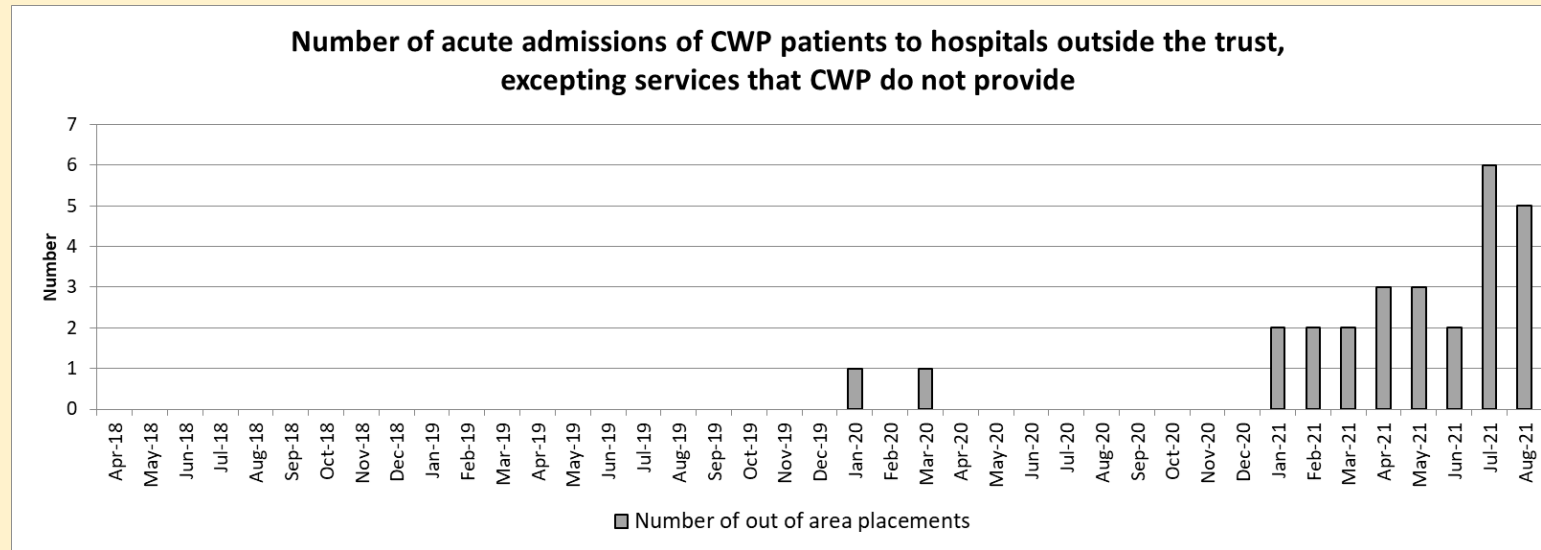
Deliver high quality, integrated and innovative services that improve outcomes

Metric

Data

Further Explanation

Out of Area Acute Admissions



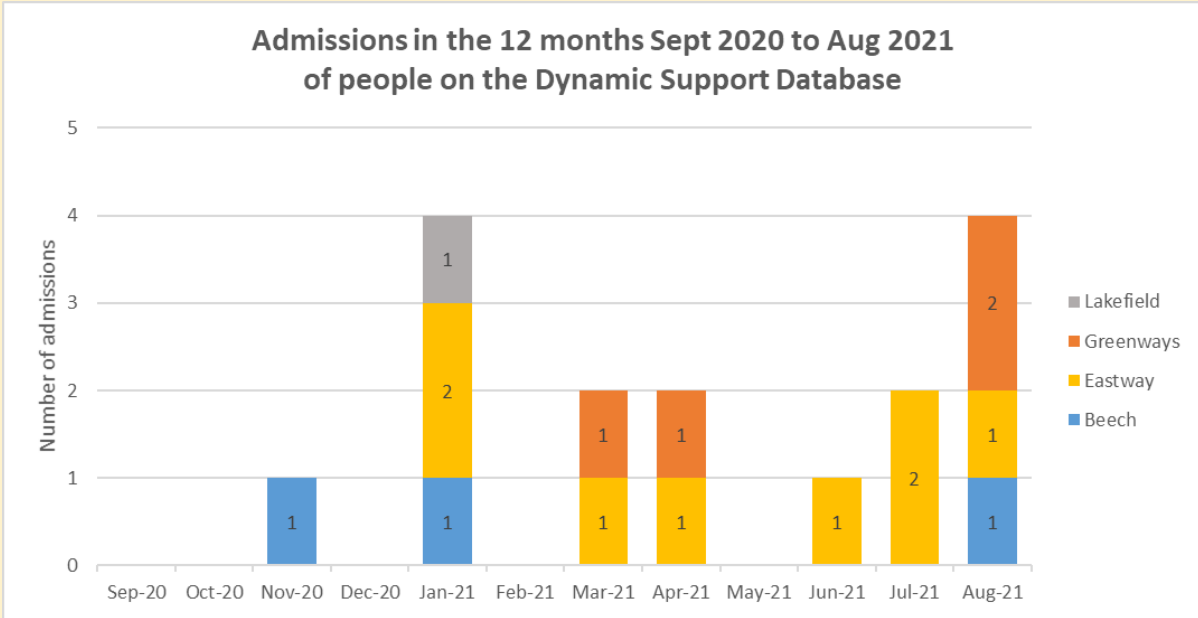
Comment: There has been a continued increase in the number of patients placed out of area since Q2 2020/21. This has been as a result of high levels of acuity in acute care impacting on flow and discharges, bed availability due to covid outbreaks and staffing challenges.

Metric owner:
Suzanne Edwards

Monitored at:
Operational Committee

Data source:
CWP Bed Hub

Deliver high quality, integrated and innovative services that improve outcomes

Metric	Data	Further Explanation																																																																														
Admission to hospital for those on the Dynamic Support Database	<div><p>Admissions in the 12 months Sept 2020 to Aug 2021 of people on the Dynamic Support Database</p><table><tr><th>Month</th><th>Beech</th><th>Eastway</th><th>Greenways</th><th>Lakefield</th><th>Total</th></tr><tr><td>Sep-20</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Oct-20</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Nov-20</td><td>1</td><td>0</td><td>0</td><td>0</td><td>1</td></tr><tr><td>Dec-20</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Jan-21</td><td>1</td><td>2</td><td>0</td><td>1</td><td>4</td></tr><tr><td>Feb-21</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Mar-21</td><td>0</td><td>1</td><td>1</td><td>0</td><td>2</td></tr><tr><td>Apr-21</td><td>0</td><td>1</td><td>1</td><td>0</td><td>2</td></tr><tr><td>May-21</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Jun-21</td><td>0</td><td>1</td><td>0</td><td>0</td><td>1</td></tr><tr><td>Jul-21</td><td>0</td><td>2</td><td>0</td><td>0</td><td>2</td></tr><tr><td>Aug-21</td><td>1</td><td>1</td><td>2</td><td>0</td><td>4</td></tr></table></div> <p>Comment: August 2021 saw the joint highest number of monthly admissions since May 2019 (joint with January 2021) and the first time since January of this year that admissions had been made to an adult acute ward rather than an inpatient unit for people with learning disabilities. Two of the admissions were for patients rated red and two for patients rated amber. The patient who was admitted to Beech was discharged after 6 days but as at mid September the other people admitted in July and August are still inpatients.</p>	Month	Beech	Eastway	Greenways	Lakefield	Total	Sep-20	0	0	0	0	0	Oct-20	0	0	0	0	0	Nov-20	1	0	0	0	1	Dec-20	0	0	0	0	0	Jan-21	1	2	0	1	4	Feb-21	0	0	0	0	0	Mar-21	0	1	1	0	2	Apr-21	0	1	1	0	2	May-21	0	0	0	0	0	Jun-21	0	1	0	0	1	Jul-21	0	2	0	0	2	Aug-21	1	1	2	0	4	<p>Metric owner: Maddy Lowry</p> <p>Monitored at: LD, NDD & ABI Care Group</p> <p>Data source: 'LD Risk Register Report for QS' Report Manager report</p>
	Month	Beech	Eastway	Greenways	Lakefield	Total																																																																										
Sep-20	0	0	0	0	0																																																																											
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May-21	0	0	0	0	0																																																																											
Jun-21	0	1	0	0	1																																																																											
Jul-21	0	2	0	0	2																																																																											
Aug-21	1	1	2	0	4																																																																											

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

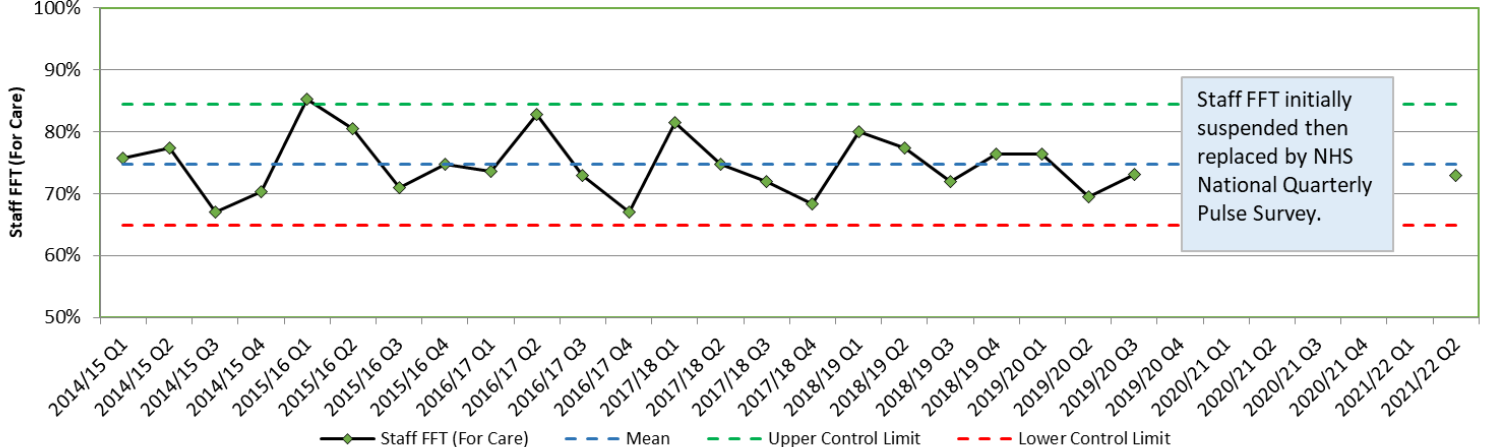
Deliver high quality, integrated and innovative services that improve outcomes

Metric	Data	Further Explanation
CWP performance against NHSi targets (Exceptions only)	<p>The Trust reports a number of operational metrics to NHSi. These cover: Early Intervention in Psychosis (one metric), Improving Access to Psychological Therapies (three metrics), Out of Area acute admissions (monitored on slide four of this pack), and a data quality measure which is provided with a three month lag. This means that the most recent two data points, reported in July and August 2021, are for April and May 2021.</p> <p>The following metrics were below target performance as set out in the NHS Oversight Framework for July and August 2021:</p> <ul style="list-style-type: none">• Out of Area Acute Admissions which had 6 instances in July and 5 in August;• IAPT Recover Rate where the figure was 47.9% in August against a target of 50%;• The data quality measure, where the data for the most recent months was 86.9% for April 2021 and 87.0% for May 2021 against a target of 95%.	<p>Metric owner: Tim Welch</p> <p>Monitored by: Ops Committee by exception from Care Groups</p> <p>Data source: CWP Business and Value</p>

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

Metric	Data	Further Explanation
Friends and Family Test – responses from users of our services	<div><p>CWP Trustwide Friends and Family Test (FFT) conducted using paper forms Percentage of responses 'Likely' or 'Extremely Likely' to recommend the service</p><p>Source: Information Team</p></div> <p>Comment: Following the onset of Covid-19, there was a national pause on the reporting of FFT. The volume of paper based FFT forms diminished after July 2020 to a point where they are not representative of all CWP services, so results are not shown after that date. The revised national FFT guidance offers providers greater flexibility than the original model and we are developing new processes including QR codes, new forms and refreshed secure methods of collection. Updated collection procedures should also ensure more complete recording of patient details including the person’s protected characteristics. We are also revising our reporting mechanisms and looking to provide a more up to date chart once the data begins to flow. We are also working on merging the paper based and the automated data into one information system.</p>	<p>Metric owner: Gary Flockhart</p> <p>Monitored through: Quality Committee and PACE</p> <p>Data source: ‘FFTalldatatodate’ file from the Information Team</p>

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

Metric	Data	Further Explanation
<p>Friends and Family Test responses from our staff – about CWP as a care provider</p>	<p>CWP Trustwide Staff FFT / NHS National Quarterly Pulse Survey Staff likely to recommend CWP to friends and family if they needed care or treatment</p>  <p>Source: NHS England Staff FFT Results / NHS NQPS</p> <p>Comment: NHS Staff Friends and Family Test has now been formally replaced by the recently launched NHS National Quarterly Pulse Survey (NQPS). The NQPS has adopted the 9 engagement questions from the NHS Annual Staff Survey, meaning it is still possible to compare the original FFT questions to the new NQPS responses. The first set of data is now available for Q2 2021. CWP scored 72.9%. This is 2.8 percentage points higher than the average score of other Trusts who also utilised our external partner and approx. the same score as the old FFT survey back in Q3 2019/20.</p>	<p>Metric owner: David Harris, delegated to Simon Platt</p> <p>Monitored at: POD Sub Committee</p> <p>Data source: People Information</p>

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

Metric	Data	Further Explanation
<p>Friends and Family Test responses from our staff – about CWP as a place to work</p>	<div data-bbox="420 425 1944 996"> <p>CWP Trustwide Staff FFT / NHS National Quarterly Pulse Survey Staff likely to recommend CWP to friends and family as a place to work</p> <p>Source: NHS England Staff FFT Results / NHS NQPS</p> </div> <p>Comment: NHS Staff Friends and Family Test has now been formally replaced by the recently launched NHS National Quarterly Pulse Survey (NQPS). The NQPS has adopted the 9 engagement questions from the NHS Annual Staff Survey, meaning it is still possible to compare the original FFT questions to the new NQPS responses. The first set of data is now available for Q2 2021. CWP scored 67.7%. This is 6.4 percentage points higher than the average score of other Trusts who also utilised our external partner. It is also a relatively high score when set against the previous dataset, and the second highest score over the last seven years, albeit with a measurement gap for some of that period.</p>	<p>Metric owner: David Harris, delegated to Simon Platt</p> <p>Monitored at: POD Sub Committee</p> <p>Data source: People Information</p>

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

Metric	Data																
Effectiveness of working with the wider community	<div data-bbox="555 358 1745 875"> <p>Attendance at Listen and Learn events</p> <table border="1"> <thead> <tr> <th></th><th>Event 1: November 2019</th><th>Event 2: February 2020</th></tr> </thead> <tbody> <tr> <td>General Public</td><td>0</td><td>0</td></tr> <tr> <td>Governors</td><td>0</td><td>1</td></tr> <tr> <td>Lived Experience Volunteers</td><td>5</td><td>6</td></tr> <tr> <td>Staff</td><td>5</td><td>20</td></tr> </tbody> </table> </div> <p>Comment: Due to Covid-19 restrictions and limited ability to connect virtually with members and public, we have utilised other methods of ensuring that we listen to the voice of people who access our services. We have involved people in the steering groups of various research and improvement projects. People with lived experience have been involved in data analysis of surveys. Our participation and engagement groups have been working within care groups to ensure that people voices are heard and they are involved.</p>		Event 1: November 2019	Event 2: February 2020	General Public	0	0	Governors	0	1	Lived Experience Volunteers	5	6	Staff	5	20	<p>Metric owner: Cathy Walsh</p> <p>Monitored at: PACE Sub Committee</p> <p>Data Source: PALS team</p>
	Event 1: November 2019	Event 2: February 2020															
General Public	0	0															
Governors	0	1															
Lived Experience Volunteers	5	6															
Staff	5	20															

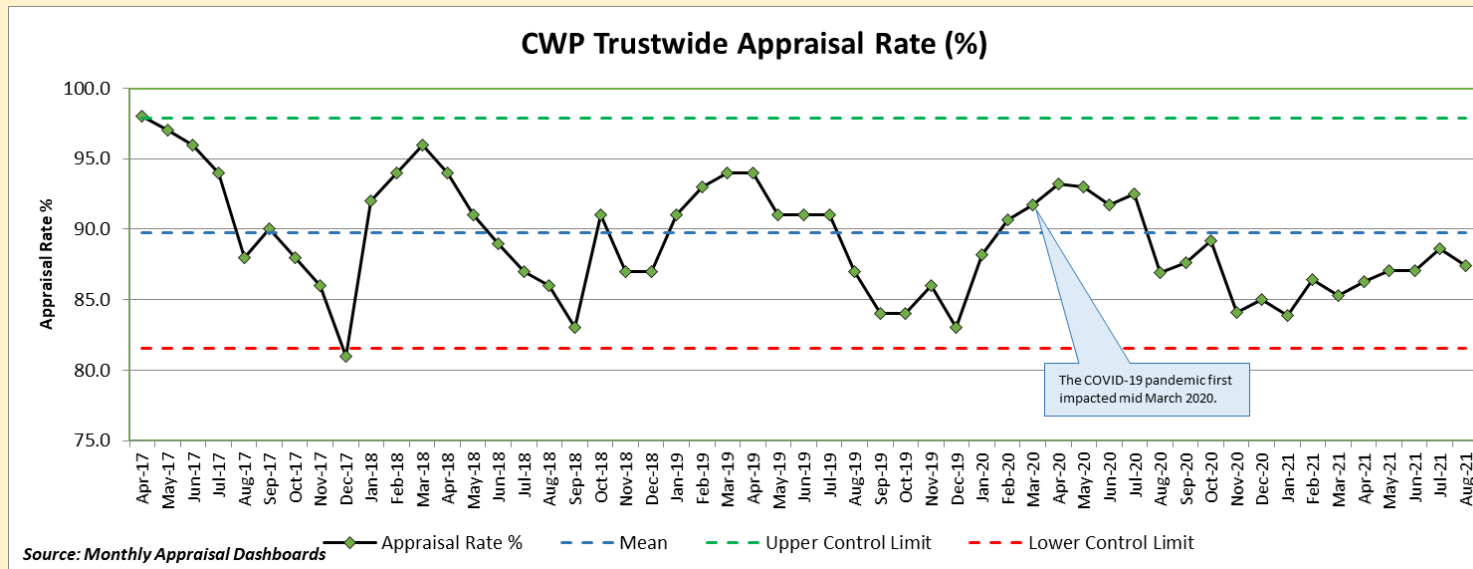
Be a model employer and have a caring, competent and motivated workforce

Metric

Data

Further Explanation

Appraisal



Comment: In previous years, peaks in compliance have tended to be at March/ April whereas dips in compliance occurred during Aug and Dec. Work to understand this has taken place and is attributed to peak leave period. The impact of the COVID-19 pandemic on appraisal rates has been marginal in the data reported so far. However, recent increases in both Staff Absence and Turnover may be impacting the compliance against Appraisals, as the workforce flexes to cope with capacity/demand challenges. A 90 day extension has been applied since April 2020. Hotspot Compliance reports are issued to line managers via the Care Groups' Business and Governance Managers, making them aware of where action needs to be taken. Appraisal compliance remains an important indicator for Care Group governance meetings. The June 2021 figure is subject to revision because of the change in the way appraisal is being recorded.

Metric owner:
David Harris

Monitored at:
POD Sub Committee and
Ops Committee

Data source:
People Information

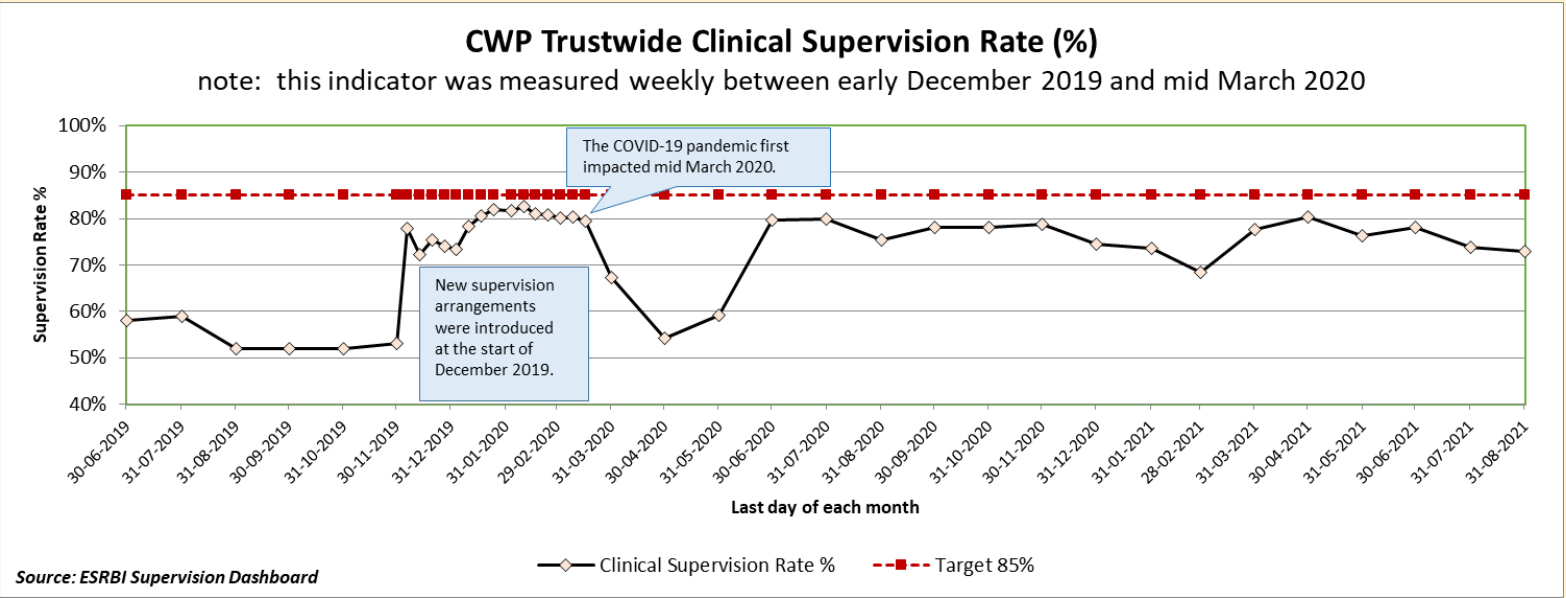
Be a model employer and have a caring, competent and motivated workforce

Metric	Data	Further Explanation
Managerial Supervision	<p>CWP Trustwide Managerial Supervision Rate (%)</p> <p>note: this indicator was measured monthly between December 2019 and mid March 2020</p> <p>The COVID-19 pandemic first impacted mid March 2020.</p> <p>New supervision arrangements were introduced at the start of December 2019.</p> <p>Supervision Rate %</p> <p>Last day of each month</p> <p>Source: ESRBI Supervision Dashboard</p> <p>—◆— Managerial Supervision Rate % - - - - - Target 85%</p> <p>Comment: The COVID-19 pandemic had a marked impact on the recording of Managerial Supervision between March and May 2020. Since then, figures had shown a steady trend, recovering to give an approx. average of 77% compliance between July and December 2020. However, January and February 2021 saw a tailing off which has continued over recent months. Supervision has remained a focus of scrutiny at Operational Committee and People and OD Sub Committee. At the former, Care Groups have provided improvement trajectories and the work they are doing to meet them. At the latter in September a detailed report was received which set out investigatory and pilot work that has been carried out into supervision. In summary, it is concluded that supervision (both managerial and clinical) is taking place but the issue is still one of reporting and recording. On reporting, a new combined report is being produced which will address concerns raised by managers. The main issue is one of recording. In part this is down to ESR not being “fit for purpose” and to this end an alternative digital solution is being explored. The more significant issue is that due to the ongoing service pressures and the prevalence of covid a number of staff are isolating or being moved at short notice between teams which is making it very difficult to record supervision. At PODSC in September it was proposed that a short-term, interim solution would be to have temporary posts which enters all supervisions. This is now being costed.</p>	<p>Metric owner: David Harris, delegated to Simon Platt</p> <p>Monitored at: POD Sub Committee and Ops Committee</p> <p>Data source: People Information</p> <p>Note: Separate managerial and clinical supervision competencies were introduced at the start of December 2019. For months up to and including November 2019, the time series reflects compliance with the previous ‘all supervision’ competence.</p>

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Metric	Data	Further Explanation
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Clinical Supervision



Comment: The COVID-19 pandemic had a marked impact on the recording of clinical supervision over the period March to May 2020.
 See comments on managerial supervision.
 The clinical supervision compliance measure does not include medical supervision compliance.

Metric owner:
Gary Flockhart

Monitored at:
Care Group and Ops Committee

Data source:
People Information

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

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Metric	Data	Further Explanation																																																																																										
Sickness Absence	<div><p>CWP Trustwide Sickness Absence Rate (%)</p><table><caption>Approximate data points from the chart</caption><tr><th>Month</th><th>Absence Rate %</th></tr><tr><td>Jan-18</td><td>7.0</td></tr><tr><td>Feb-18</td><td>5.8</td></tr><tr><td>Mar-18</td><td>5.3</td></tr><tr><td>Apr-18</td><td>4.6</td></tr><tr><td>May-18</td><td>4.7</td></tr><tr><td>Jun-18</td><td>5.0</td></tr><tr><td>Jul-18</td><td>5.3</td></tr><tr><td>Aug-18</td><td>5.3</td></tr><tr><td>Sep-18</td><td>5.8</td></tr><tr><td>Oct-18</td><td>6.2</td></tr><tr><td>Nov-18</td><td>6.3</td></tr><tr><td>Dec-18</td><td>6.5</td></tr><tr><td>Jan-19</td><td>6.6</td></tr><tr><td>Feb-19</td><td>6.3</td></tr><tr><td>Mar-19</td><td>5.5</td></tr><tr><td>Apr-19</td><td>5.3</td></tr><tr><td>May-19</td><td>5.0</td></tr><tr><td>Jun-19</td><td>5.1</td></tr><tr><td>Jul-19</td><td>5.7</td></tr><tr><td>Aug-19</td><td>5.6</td></tr><tr><td>Sep-19</td><td>5.8</td></tr><tr><td>Oct-19</td><td>5.8</td></tr><tr><td>Nov-19</td><td>5.6</td></tr><tr><td>Dec-19</td><td>6.3</td></tr><tr><td>Jan-20</td><td>6.2</td></tr><tr><td>Feb-20</td><td>6.1</td></tr><tr><td>Mar-20</td><td>6.6</td></tr><tr><td>Apr-20</td><td>7.5</td></tr><tr><td>May-20</td><td>6.6</td></tr><tr><td>Jun-20</td><td>4.8</td></tr><tr><td>Jul-20</td><td>4.7</td></tr><tr><td>Aug-20</td><td>4.8</td></tr><tr><td>Sep-20</td><td>5.9</td></tr><tr><td>Oct-20</td><td>6.7</td></tr><tr><td>Nov-20</td><td>6.6</td></tr><tr><td>Dec-20</td><td>6.7</td></tr><tr><td>Jan-21</td><td>8.1</td></tr><tr><td>Feb-21</td><td>6.3</td></tr><tr><td>Mar-21</td><td>5.8</td></tr><tr><td>Apr-21</td><td>5.6</td></tr><tr><td>May-21</td><td>6.2</td></tr><tr><td>Jun-21</td><td>6.8</td></tr><tr><td>Jul-21</td><td>7.7</td></tr><tr><td>Aug-21</td><td>7.6</td></tr></table></div> <p>Source: ESR data taken on 10/09/2021</p>	Month	Absence Rate %	Jan-18	7.0	Feb-18	5.8	Mar-18	5.3	Apr-18	4.6	May-18	4.7	Jun-18	5.0	Jul-18	5.3	Aug-18	5.3	Sep-18	5.8	Oct-18	6.2	Nov-18	6.3	Dec-18	6.5	Jan-19	6.6	Feb-19	6.3	Mar-19	5.5	Apr-19	5.3	May-19	5.0	Jun-19	5.1	Jul-19	5.7	Aug-19	5.6	Sep-19	5.8	Oct-19	5.8	Nov-19	5.6	Dec-19	6.3	Jan-20	6.2	Feb-20	6.1	Mar-20	6.6	Apr-20	7.5	May-20	6.6	Jun-20	4.8	Jul-20	4.7	Aug-20	4.8	Sep-20	5.9	Oct-20	6.7	Nov-20	6.6	Dec-20	6.7	Jan-21	8.1	Feb-21	6.3	Mar-21	5.8	Apr-21	5.6	May-21	6.2	Jun-21	6.8	Jul-21	7.7	Aug-21	7.6	<p>Metric owners: David Harris</p> <p>Monitored at: POD Sub Committee</p> <p>Data source: People Information</p>
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	<p>Comment: The most recent two months have exceeded the upper threshold suggesting higher sickness absence in these months than we could attribute to normal variation. Ongoing monitoring and proactive management of absence remains a focus for Care Groups and Clinical Support Services and is a focus of discussions at Operational Committee. In addition, CWP is in dialogue with the NW regional team about participating in an Attendance Management pilot and also with the Health and Safety Executive about piloting the new NHS Wellbeing Dashboard. Finally, the Trust’s Wellbeing Guardian, Director of People and OD and Head of Workforce Wellbeing are meeting monthly to discuss the wellbeing plan. In summary, the demands on services are growing in number and complexity, and we know from staff feedback that they are tired. This combined with challenges in recruitment and retention all make for a harder working environment which leads to increased sickness. While the offer of interventions to support wellbeing remain important, attention is also being focused on these wider causal factors (see other metrics).</p>																																																																																											

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Metric	Data	Further Explanation
Staff Turnover	<div data-bbox="338 406 1485 839"> <p>CWP Trustwide Turnover Rate (In-Month, %)</p> <p>Source: ESR data taken on 10/09/2021</p> </div> <div data-bbox="338 873 1485 1306"> <p>CWP Trustwide Turnover Rate (Rolling 12 Month, %)</p> <p>Source: ESR data taken on 10/09/2021</p> </div>	<p>Metric owner: David Harris</p> <p>Monitored at: POD Sub Committee</p> <p>Data source: People Information</p>

Comment:

The latest rolling 12 month data has now exceeded the upper threshold after seven months of growth. This is not what we would expect from normal variation. Recent discussions at Operational Committee have highlighted the increase in turnover and vacancy rates along with the challenge of filling the posts to be created by mental health investment monies. This Resourcing risk has been identified as a strategic risk. Its scope and mitigating actions were discussed at a “workforce summit” on 14/9 and the action plan will be overseen by the reinstituted People Planning Group and People and OD Sub Committee.

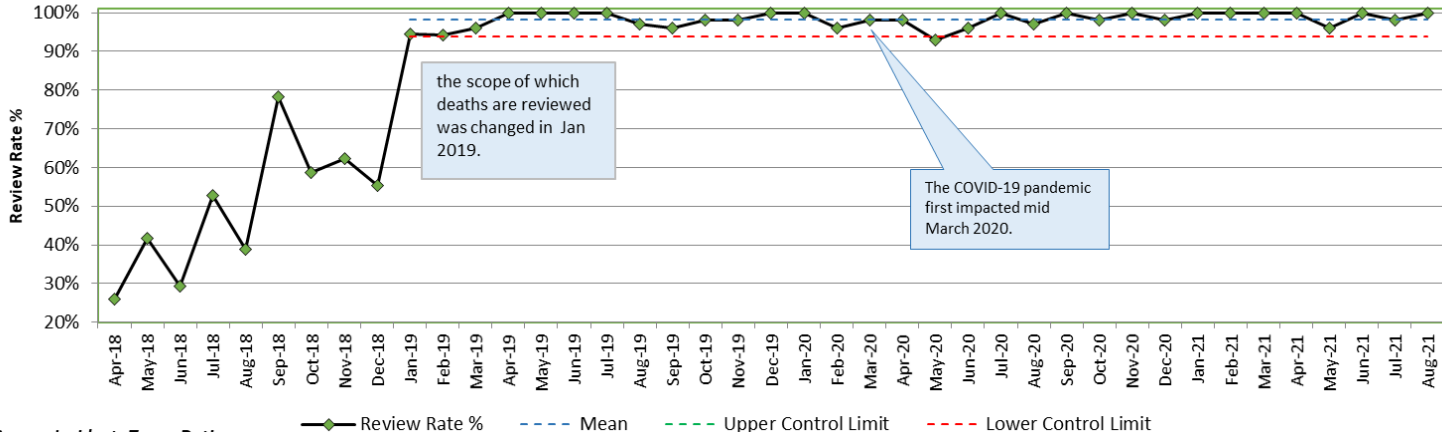
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Metric	Data	Further Explanation
Vacancy Rate	<div data-bbox="382 399 1967 1016"> <p style="text-align: center;">CWP Trustwide Vacancy Rate (%)</p> <p>The chart displays the monthly vacancy rate percentage over a three-year period. The y-axis ranges from 3.0% to 8.0% in 1.0% increments. The x-axis shows months from April 2018 to August 2021. A solid black line with diamond markers represents the monthly vacancy rate. A horizontal blue dashed line at 5.8% indicates the mean. A red dashed line at 7.5% represents the upper control limit, and a green dashed line at 4.0% represents the lower control limit. A callout box points to the data point for March 2020, stating: 'The COVID-19 pandemic first impacted mid March 2020.' The vacancy rate shows a significant dip in early 2020, remaining below the lower control limit until August 2020, and then fluctuating between 4.0% and 6.0% through 2021.</p> <p>Source: Finance WTE Monthly Return</p> </div> <p>Comment: The vacancy rate was on or below the lower control limit between May and August 2020, and again in March and April 2021. The vacancy rate had been consistently below the long term average since just before the start of the pandemic until the most recent two months. See comments on turnover. As part of the Resourcing Risk action plan a recruitment project is underway which is designed to provide a new approach to attraction and to the recruitment process itself. The national challenge of a shortage of suitable people for posts remains.</p>	<p>Metric owner: David Harris</p> <p>Monitored at: POD Sub Committee</p> <p>Data source: People Information</p>

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

Metric	Data	Further Explanation
Mandatory Training	<div data-bbox="445 432 1905 993"> <p style="text-align: center;">CWP Trustwide Mandatory Training (EE1) Compliance Rate (%)</p> <p>The chart displays the Mandatory Training Compliance Rate (%) over time. The y-axis ranges from 80% to 100% in 5% increments. The x-axis shows months from Jan-18 to Aug-21. The compliance rate (solid line) starts around 88% in Jan-18, fluctuates between 88% and 93% until early 2020, then drops to around 89% by mid-2020 and remains there. The mean (dashed blue) is at 90%, the upper control limit (dashed green) is at 92.5%, the lower control limit (dashed red) is at 87.5%, and the target (dashed purple) is at 85%.</p> <p>Source: ESR/Education CWP</p> </div> <p>Comment: The Trust mandatory compliance figure is currently 89%, just below the long term average, however we are still above the 85% target. As part of the Trust’s People Strategy and Plan a review will be carried out of our mandatory training programme to ensure it maximises capacity and best meets need. A timetable for this review is being produced. The recent declaration of a critical incident, teams being in Business Continuity mode and Education CWP releasing staff to provide support to the wards are likely to mean that mandatory training compliance rates will dip further before they recover.</p>	<p>Metric owner: David Harris</p> <p>Monitored at: POD Sub Committee and Ops Committee</p> <p>Data source: Education CWP</p> <p>Definition: Excludes staff on Maternity Leave, Career Break, External Secondments, Long Term Sick (>92 days) and new starters < 3 months. Also excludes any new course competences added to the Training Needs Analysis for 12 months, to allow staff time to complete</p>

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

Metric	Data	Further Explanation
Morbidity and Mortality	<p data-bbox="647 529 1783 601">CWP Trustwide Morbidity and Mortality Percentage of deaths reviewed through either a case record or a Datix/StEIS review</p>  <p data-bbox="496 1043 715 1062">Source: Incidents Team, Datix</p> <p data-bbox="792 1033 1640 1052"> ◆ Review Rate % --- Mean --- Upper Control Limit --- Lower Control Limit </p> <p data-bbox="466 1115 1860 1205">Comment: CWP have recommenced mortality case record reviews following the Covid-19 pandemic.</p>	<p data-bbox="2002 494 2244 576">Metric owner: Gary Flockhart</p> <p data-bbox="2002 634 2308 719">Monitored by: Quality Committee</p> <p data-bbox="2002 776 2333 862">Data source: CWP Incidents team</p>

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

Metric	Data	Further Explanation																																											
Level 3 and 4 QI Training	<div><p>Cumulative growth in QI Training in CWP by Care Group</p><table><caption>Estimated data from the stacked bar chart</caption><thead><tr><th>Training Level</th><th>Cohort</th><th>End Date</th><th>Clinical Support Services</th><th>LD, NDD & ABI</th><th>SMH</th><th>CYPF</th><th>Neighbourhoods</th><th>Total</th></tr></thead><tbody><tr><td rowspan="2">Level 4 (Expert)</td><td>Cohort 1</td><td>March 2019</td><td>12</td><td>2</td><td>1</td><td>1</td><td>1</td><td>17</td></tr><tr><td>Cohort 2</td><td>June 2019</td><td>15</td><td>7</td><td>2</td><td>2</td><td>3</td><td>32</td></tr><tr><td rowspan="2">Level 3 (Senior Manager)</td><td>Cohort 1</td><td>July 2019</td><td>5</td><td>5</td><td>2</td><td>1</td><td>1</td><td>14</td></tr><tr><td>Cohort 2</td><td>September 2019</td><td>10</td><td>10</td><td>5</td><td>5</td><td>5</td><td>35</td></tr></tbody></table></div> <p>Comment: Since the last update there has been no further progress regarding level 2, level 3 and level 4 training. This training is instructor led and is upwards of 4 hours per level. Due to the COVID situation further rollout of this training has been halted. As of mid September 2021, 3,718 people have completed the level 1 QI training.</p>	Training Level	Cohort	End Date	Clinical Support Services	LD, NDD & ABI	SMH	CYPF	Neighbourhoods	Total	Level 4 (Expert)	Cohort 1	March 2019	12	2	1	1	1	17	Cohort 2	June 2019	15	7	2	2	3	32	Level 3 (Senior Manager)	Cohort 1	July 2019	5	5	2	1	1	14	Cohort 2	September 2019	10	10	5	5	5	35	<p>Metric owner: Anushta Sivananthan</p> <p>Monitored by: Quality Committee</p> <p>Data provider: Quality Assurance and Improvement team</p>
Training Level	Cohort	End Date	Clinical Support Services	LD, NDD & ABI	SMH	CYPF	Neighbourhoods	Total																																					
Level 4 (Expert)	Cohort 1	March 2019	12	2	1	1	1	17																																					
	Cohort 2	June 2019	15	7	2	2	3	32																																					
Level 3 (Senior Manager)	Cohort 1	July 2019	5	5	2	1	1	14																																					
	Cohort 2	September 2019	10	10	5	5	5	35																																					

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

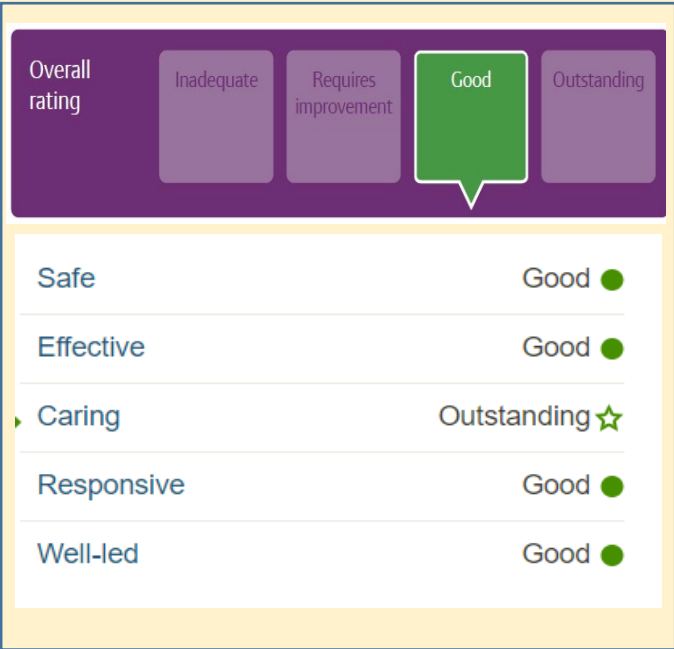
Improve the quality of information to improve service delivery, evaluation and planning	
Metric	Development Plans
Dashboard development	<p>Development work on the Operational Committee Performance Report has been continuing and the following improvements have been made:</p> <ul style="list-style-type: none">• Rationalisation of measures so they are only reported into a single committee, leading to addition of new measures and others being reported elsewhere• Overhaul of visualisation within the report• Separate section created for Oversight Framework Performance Indicators• Inclusion of Indicator definition and how RAG ratings are calculated• Local targets agreed with Care Groups (which is still in progress)• Separation of Specialist Mental Health into three localities <p>Collaborative work continues between Clinical Support Services and the Specialist Mental Health Care Group to develop a care group specific performance framework.</p> <p>Metric owner: Tim Welch</p> <p>Monitored by: Operational Committee</p>

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>Temporary financial arrangements are again in place for 2021/22 with a limited efficiency requirement in the first half of the year, but this is expected to increase significantly from October. The Business & Value team will continue to work with colleagues to support them to maximise the use of resources.</p> <p>Metric owner: Tim Welch</p> <p>Monitored through: Ops Committee</p>

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

Metric	Data	Further Explanation
CQC Rating	 <p>Overall rating</p> <p>Inadequate Requires improvement Good Outstanding</p> <p>Safe Good ●</p> <p>Effective Good ●</p> <p>Caring Outstanding ☆</p> <p>Responsive Good ●</p> <p>Well-led Good ●</p>	<p>Comments:</p> <p>The most recent Well Led inspection took place between 9 and 11 March 2020. The results were reported in June 2020 and showed improvement over the previous inspection.</p> <p>Key changes for the overall CQC domains are:</p> <p>Safe - Good overall ↑</p> <p>Effective - Good overall →</p> <p>Caring - Outstanding overall →</p> <p>Responsive - Good overall →</p> <p>Well-Led - Good overall →</p> <p>At the time of writing, there are 2 regulatory and 2 improvement actions open. Outstanding regulatory action has been agreed as an extension with the CQC and will be monitored weekly by the executive team to ensure all touchpoints as part of that extension are met or can be effectively escalated.</p> <p>Metric owner: Anushta Sivananthan delegated to Stephanie Bailey</p> <p>Monitored at: Quality Committee</p> <p>Data source: CQC website</p>

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

Metric	Data	Further Explanation																										
Duty of Candour	<div><p>Application of Duty of Candour, where DoC was relevant Most recent two months</p><table><tr><th></th><th>Jul-21</th><th>Aug-21</th><th>Jul-21</th><th>Aug-21</th></tr><tr><th></th><th>Incidents involving serious harm</th><th>Incidents involving serious harm</th><th>Incidents involving moderate harm</th><th>Incidents involving moderate harm</th></tr><tr><td>■ Duty of Candour was not applied in line with regulatory requirements - reasons either not given or not satisfactory</td><td>3</td><td>2</td><td>0</td><td>0</td></tr><tr><td>■ Duty of Candour was not fully applied in line with regulatory requirements - for acceptable clinical reasons *</td><td>8</td><td>8</td><td>8</td><td>4</td></tr><tr><td>■ Duty of Candour was applied in line with regulatory requirements</td><td>3</td><td>3</td><td>1</td><td>0</td></tr></table><p><small>* All patients/families have been contacted, however letters not sent as the offer of a letter has been declined</small></p></div>		Jul-21	Aug-21	Jul-21	Aug-21		Incidents involving serious harm	Incidents involving serious harm	Incidents involving moderate harm	Incidents involving moderate harm	■ Duty of Candour was not applied in line with regulatory requirements - reasons either not given or not satisfactory	3	2	0	0	■ Duty of Candour was not fully applied in line with regulatory requirements - for acceptable clinical reasons *	8	8	8	4	■ Duty of Candour was applied in line with regulatory requirements	3	3	1	0	<p>Comment: The Immediate Safety Assurance Forum scrutinise all the serious incidents and have identified the cases where the Duty of Candour has not been applied as required and requested immediate action with assurance being given to the Patient Safety incident Lead that this has been completed. A learning bulletin on Duty of Candour and when it is applied has been issued explaining the updated regulation.</p>	<p>Metric owner: Gary Flockhart delegated to Hayley McGowan</p> <p>Monitored at: Quality Committee</p> <p>Data source: CWP Incidents Team</p>
	Jul-21	Aug-21	Jul-21	Aug-21																								
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Report Against Strategic Objectives

End Sheet

Helping people to be
the best they can be