

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

Board of Directors (held in Public)
At 1:30pm on Wednesday 30th March 2022
Held Via Video Conferencing

Ref	Title of item	Well-led theme	Format	Presented by	Time
ASSURANCE					
21/22/27 - Meeting Governance					
21/22/27 a	Welcome, apologies and quoracy		Verbal	Chair	1:30 (5 mins)
21/22/27 b	Declarations of interest		Verbal		
21/22/27 c	Minutes of the previous meetings held 26 th January 2022		Paper		
21/22/27 d	Matters arising and action schedule		Paper		
21/22/27 e	2021/22 Business cycle 2022/23 Business cycle – review and approve		Paper		
21/22/27 f	Chair’s Announcements		Verbal		1:35 (10 mins)
21/22/27 g	Chief Executive’s Announcements		Verbal	Chief Executive	1:45 (15 mins)
21/22/28 - Internal reporting from committees; matters of escalation and assurance					
21/22/28 a	Operational Committee <ul style="list-style-type: none"> Chair’s report from Operational Committee – February 2022 & March 2022 To Include the following Highlight Reports:- <ul style="list-style-type: none"> Monthly Safer Staffing Report 	W4 Governance W5 Risk	Paper	Director of Operations	2:00 (10 mins)

Ref	Title of item	Well-led theme	Format	Presented by	Time
21/22/28 b	Quality Committee <ul style="list-style-type: none"> Chairs report - 2nd March 2022 Committee To Include the following Highlight Reports:- <ul style="list-style-type: none"> Effectiveness Strategy 	W4 Governance W5 Risk	Paper	Quality Committee Chair & Medical Director	2:10 (30 mins)
Break – 2:40 – 2:50 (10 mins)					
21/22/28 c	Audit Committee <ul style="list-style-type: none"> Chairs Report - 8th March 2022 	W4 Governance W5 Risk	Paper	Audit Committee Chair	2:50 (10 mins)
21/22/28 d	Board Assurance Framework & Report Against Strategic Objectives	W4 Governance W5 Risk W6 Information	Paper	Chief Executive	3:00 (10 mins)
21/22/28 e	Equality, Diversity and Inclusion Policy and Human Rights Policy	W3 Culture W7 Engagement W8 Learning	Paper	Director of Nursing, Therapies and Patient Partnerships	3:10 (10 mins)
21/22/28 f	Modern Slavery Act statement	W3 Culture W4 Governance	Paper	Director of People and OD	3:20 (5 mins)
21/22/28 g	Publication of the Trust Strategy	W1 Leadership W2 Vision	Paper	Director of People and OD	3:25 (10 mins)
Break – 3:35 – 3:40 (5 mins)					
21/22/29 – In depth discussion: SO 6 – Reducing Inequalities					
21/22/29 a	To include <ul style="list-style-type: none"> Prevention Pledge update 	W3 Culture W7 Engagement W8 Learning	Presentation	Director of Nursing, Therapies and Patient Partnerships	3:40 (40 mins)
21/22/30 - Any other business					
21/22/30 a	Any other business				
21/22/30 b	Matters for referral to any other groups				
21/22/30 c	Matters impacting on policy and/ or practice				
21/22/30 d	Review risk impact of items discussed				
21/22/30 e	Three things to communicate				
21/22/30 f	Review the effectiveness of today's meeting – Board Wash Up				
CLOSE [4:30 pm]					
Date, time and venue of the next meeting: 25th May 2022. Time - TBC					

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

**At 1:00pm on Wednesday 26th January 2022
Via Video Conferencing**

Present	<p>Sheena Cumiskey Isla Wilson Andrea Campbell Rebecca Burke-Sharples Edward Jenner Farhad Ahmed Elizabeth Harrison David Harris Suzanne Edwards Andy Styring Tim Welch Gary Flockhart Dr Faouzi Alam</p> <p>Dr Anushta Sivananthan</p>	<p>Chief Executive Officer Chair Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Director of People and OD Director of Operations Director of Strategy and Partnerships Director of Business and Value Director of Nursing, Therapies and Patient Partnership Joint Medical Director, Effectiveness, Medical Education and Medical Workforce & Caldicott Guardian Joint Medical Director, Quality, Compliance and Assurance</p>
In attendance	<p>Suzanne Christopher Chris Lynch Raj Purewal</p>	<p>Head of Corporate Affairs Cheshire CCG Director - Healthcare</p>
Apologies	<p>Katherine Wright</p>	<p>Associate Director of Communications, Engagement and Corporate Affairs</p>

Ref	Title of item	Action
	Meeting governance	
21/22/23a	<p>Welcome, apologies and quoracy The Chair welcomed all to the meeting. Apologies were noted as above. The meeting was confirmed as quorate.</p> <p>Members of the public were also welcomed to the meeting, as above.</p>	
21/22/23b	<p>Declarations of interest None</p>	
21/22/23c	<p>Minutes of the previous meeting held 24th November 2021 The minutes of the meeting held on the 24th November 2021 were reviewed and approved.</p>	
21/22/23d	<p>Matters arising and action points</p> <p>Further to the Board of Directors approving the Green Plan at their last meeting, it was noted that a paper would be taken to the Operational Committee to consider the addition of a Sustainability Sub-Committee to the Governance Structure. This would be accompanied by draft Terms of Reference. Work was also underway to develop the job description for</p>	

Ref	Title of item	Action
	<p>the Sustainability Lead role previously approved by the Board of Directors.</p> <p>A further discussion will be scheduled for Board members to focus on the sustainability agenda against the CWP and Place agendas.</p>	Corporate Affairs
21/22/23e	<p>2021/22 business cycle The business cycle for 2021/22 was noted.</p>	
21/22/23f	<p>Chair's announcements</p> <p>I Wilson provided the following updates;</p> <p><u>New Chair</u> I Wilson began by introducing herself as the new Chair of CWP. I Wilson stated what an honour it was to be appointed to the role and reflected on the achievements of Mike Maier during his 11 years of service, wishing him all the best.</p> <p>I Wilson reflected on her first 3 weeks in the role of Chair and what a wonderful time it had been getting to know people in and across the organisation. The honesty and openness of people within CWP had shone through and was testimony to how the people of CWP had worked through the recent challenges and had the reputation it did, with a strong focus on patient care and outcomes.</p> <p><u>Vaccination Centre</u> It was noted that the first COVID-19 clinics at the former Huntington Primary School in Chester had now taken place. This saw the Trust's main vaccine site move away from Churton House at the Countess of Chester Health Park site. Walk-in clinics have been operated from the site, which included boosters, first and second jabs, and vaccinations to anyone aged 12 and over. Over the coming weeks the clinic will be added to the National Booking System.</p> <p>The Trust continues to encourage everyone to attend for their vaccinations as the best way to protect themselves and their loved ones from the virus.</p> <p><u>BBC Documentary</u> The Trust was delighted to support a new BBC documentary called "Stalkers" featuring Stacey Dooley. The first episode aired on the 19th January on BBC One and was covered widely in the national media.</p> <p>The documentary focused on the integrated harm reduction unit in Cheshire and aimed to raise awareness of stalking and the devastating impact that being stalked can have on victims. Our clinicians, alongside colleagues from Mersey Care and Cheshire Police, contributed their expertise to the two-part documentary. The second episode was scheduled to air on Wednesday 26th January. Both episodes are available on BBC iPlayer.</p> <p><u>Community Mental Health Engagement Events</u> Throughout January the Trust held virtual engagement events with community residents and stakeholders around transformation plans for community mental health services. During the 6 events, over 130 people attended to share their views and help to shape community mental health services for the future.</p>	

Ref	Title of item	Action
	<p>Thanks was offered to everybody who took part in the engagement sessions and provided their invaluable feedback.</p> <p><u>National IAPT Campaign</u> The Trust is supporting a national drive, led by NHS England, to raise awareness of IAPT services. IAPT stands for Improving Access to Psychological Therapies and typically involves interventions such as talking therapies and cognitive behavioural therapy. The national campaign makes use of the Beatles song “Help” and features a video of celebrities speaking the lyrics to the song with details of how to find your local service being shared.</p> <p>CWP’s very own Maxine Jones shared her incredible story with BBC North West Tonight. Maxine has accessed IAPT services herself and found the support so helpful that she went on to pursue a career within IAPT as a Psychological Wellbeing Practitioner. You can read more about it on the CWP website.</p> <p><u>CWP Recruitment Campaign</u> In January, CWP launched a Trust-wide recruitment campaign, co-produced with, and featuring members of, Team CWP. A range of activities are being utilised to reach as many people as possible, including bus shelter and radio adverts, social media advertising and a brand-new stand-alone careers website.</p> <p>The campaign has its own visual branding and identity and features the slogan 'giving you time to care, space to think and opportunity to grow'. Attendees were encouraged to support the efforts to maximise the reach of the campaign by sharing, liking, or retweeting the material.</p> <p>The first phase of the campaign will be running for six weeks until mid-February. Its effectiveness will then be evaluated.</p> <p><u>Anti-Discrimination Declaration</u> At the December meeting of the Board of Directors, the Board wholeheartedly signed up to the Prevention Pledge for Cheshire and Merseyside to tackle health inequalities. The Board made a pledge to stand up against all forms of racism and discrimination.</p> <p>In making this declaration, the Board would now like the views of colleagues around the Trust, to help shape, measure and maximise this moving forwards.</p> <p>Following today’s Board meeting, S Cumiskey and I Wilson will record an anti-racism and discrimination statement on behalf of the Board as part of the Chairs vlog. The results of the engagement will be shared at a future Board meeting to consider next steps.</p> <p>The Board of Directors noted the above updates.</p>	Corporate Affairs
21/22/23g	<p>Chief Executive’s announcements</p> <p>S Cumiskey introduced the item and provided the following updates.</p> <p>S Cumiskey commented on the Ant-Discrimination Pledge, advising that this was extremely important to the Board of Directors and would be critical as the Trust moves forward.</p> <p>The following items were outlined from the session of the Board of Directors held in a closed meeting that morning:</p>	

Ref	Title of item	Action
	<p><u>Patient Story</u> It was noted that the Board of Directors had begun their day with a Patient Story. The story was an inspirational one about a member of staff who had observed the difficulties experienced by service users in accessing the beach. The staff member took it upon herself to address this and ensured that beach accessible wheelchairs were made available to our patients. The Board of Directors commended the efforts of the staff members and encourage other staff and Teams to feel empowered to find similar solutions that positively impact on the experience of our service users.</p> <p><u>COVID-19 response</u> The Board of Directors were updated as to the current COVID response efforts in light of the increasing cases of the Omicron variant. The challenges felt across all services were noted along with the support and efforts of staff to continue to provide safe and effective care. The thanks of the Board of Directors to all CWP People and our partners was noted.</p> <p><u>Vaccination Centre</u> It was noted that the previous Huntington Primary School in Chester had now been utilised as a vaccination centre. The work and efforts of CWP People alongside partners was acknowledged.</p> <p><u>SUI's</u> The Board of Directors were appraised of SUI's within the reporting period, actions taken, and lesson learnt.</p> <p><u>Financial Planning Update</u> The Board of Directors were advised that guidance was issued on Christmas Eve. The Finance team continue to work through the guidance and will report back to Board.</p> <p><u>Trust Strategy</u> Board were updated on the progress made with the Trust Strategy refresh; Imagining the Future which Board approved in December. Work is now taking place with external and internal partners to establish a delivery plan.</p> <p><u>Lead Provider Collaboratives</u> An update of the two Lead Provider Collaboratives (Level Up and Empower) was provided that outlined the achievements to date.</p> <p><u>Emergency Powers</u> It was noted that Emergency Powers had been enacted during December 21 to ensure that the Vaccination Hub for Cheshire West and the roving clinics in Cheshire East could progress as required. This is brought to the public session to be ratified in accordance with the Trust Constitution. The Board of Directors ratified the decision.</p> <p>The Board of Directors noted the summary.</p>	
Internal reporting from committees, matters of governance and assurance		

Ref	Title of item	Action
21/22/23a	<p>Operational Committee: Chair's Report of the Operational Committee held December 2021 & January 2022</p> <p>T Welch introduced the item. It was noted that the Board pack included reports from the December 21 and the January 22 Operational Committee meetings.</p> <p>T Welch reflected the contrast between the two meetings. Whilst the December meeting reflected green shoots of recovery, the January meeting reflected the impact of the response to the Omicron variant.</p> <p><u>Safer Staffing Report</u> G Flockhart commented on the safer staffing highlight report that demonstrated the challenges felt across the trust to respond to the recent increase in cases due to the rise of the Omicron variant. The response of staff was acknowledged. Staff were thanked for their continued efforts, commitment and support to the Trust and our service users.</p> <p><u>Operational Committee Terms of Reference</u> It was noted that Operational Committee had agreed an amendment to their terms of reference regarding its role when considering internal audit reports. It was noted that internal audit reports are shared with Operational Committee ahead of the Audit Committee to increase awareness and ownership of management responses to support delivery. The Board of Directors approved the amended Terms of Reference.</p> <p>T Welch took time to acknowledge the huge efforts of CWP colleagues, particularly to support the Christmas and New Year period to ensure continued safe and effective provision of care.</p> <p>The Board of Directors noted the Chair's report.</p>	
21/22/24b	<p>Quality Committee: Chair's Report of the Quality Committee held 5 January 2022</p> <p>A Campbell introduced the item. It was noted that the January meeting had not been a fully constituted meeting further to the NHSE/I guidance – Reducing the Burden. Insisting on quoracy would have removed people from clinical work. Therefore, the committee focused on key areas and items that Board require assurance of.</p> <p>It was noted that the Committee had considered the regulatory requirements for the ADHD service, which had been presented to the Board of Directors during the earlier meeting. It had also been discussed and considered by the Operational Committee at their January meeting. Assurance was offered to the Board of Directors that this work is being closely overseen and the CQC are fully engaged with progress. A Sivananthan also commented that despite the current situation and pressures, all regulatory actions were being worked through accordingly.</p> <p>The Committee had also considered the Board Assurance Framework and suggested changes to risk scores, which will be considered as part of this meeting also.</p> <p><u>Learning from Experience Report</u> The report outlined the achievements in year and the priorities moving forwards. Board members acknowledged the efforts of staff to continue such great work, along side their efforts to support the response to the pandemic.</p>	

Ref	Title of item	Action
	<p>The Board of Directors noted the Chair's report.</p>	
21/22/24c	<p>Audit Committee: Minutes from the meetings held 11th January 2022</p> <p>E Jenner introduced the item. It was noted that the January meeting had been a shorter form meeting in light of the recent pressures.</p> <p>Escalations included;</p> <p>The committee received a compliance report against the Bribery Act. It was noted that Board members need to be able to demonstrate awareness and knowledge of the Bribery Act. To support this, the Board have a training session planned as part of the February workshop.</p> <p>The committee had challenged how anti-fraud and anti-bribery would be monitored as part of system working. This is not yet clear and will be considered.</p> <p>The Committee were updated on progress further to the SUI audit review. The Committee welcomed the significant amount of assurance provided.</p> <p>Routine updates were provided regarding internal and external audit activity.</p> <p>The Board of Directors were provided with a draft Anti-Bribery Statement for review and approval.</p> <p>The Board of Directors approved the statement and noted the update.</p>	
21/22/24d	<p>Board Assurance Framework & Report Against Strategic Objectives</p> <p>A Sivananthan introduced the item outlining the purpose of the BAF and strategic risk register.</p> <p>A Sivananthan summarised the recent changes to the BAF, which were fully described within the report, and advised that the risk relating to SystemOne would now be rescoped to acknowledge the actions completed regarding its implementation and the further work to be supported.</p> <p>T Welch introduced the report against strategic objectives and advised that further work will be undertaken to now align this to the new strategic objectives. The report reflected the pressures felt during December 2021.</p> <p>A discussion took place about CWP People and the pressures felt over the last 2 years. Work is on going to support recruitment and retention and the need to allow time for recovery was acknowledged. Board members reflected on how this is balanced against effectively serving our populations. Assurance was provided that support continues to be offered to staff whilst navigating both regional and national changes. Operational committee also have a clear focus on safer staffing levels and are monitoring these.</p> <p>It was agreed that additional time for Board members to consider people issues would be considered and linked to action from the Board meeting held in private.</p>	Corporate Affairs

Ref	Title of item	Action
	<p>A discussion took place about the triangulation of data and the need to ensure that the current data gaps, due to the introduction of SystemOne, were addressed appropriately.</p> <p>It was noted that the move from one system to another had gone well, and work was now taking place to ensure records during the phasing period are uploaded accordingly. Therefore, the risk is now required to be re-scoped.</p> <p>It was requested that if data was not available for the next report, the timescales for having this in place be reported to the Board of Directors and assurance that the metrics are supporting the strategic objectives.</p> <p>The Board of Directors noted the report and identified actions.</p>	A Siv
Enabling Our People		
21/22/25a	<p>Freedom to Speak Up – Six Monthly Report</p> <p>G Flockhart introduced the item explaining that the report outlined the Trusts commitment to an open and supportive culture to raise concerns when they arise to ensure efficient and effective resolution.</p> <p>It was noted that the Freedom to Speak Up culture is continually strengthened across the Trust. Whilst the data for raising concerns appears to have reduced during the reporting period, it was noted that this was likely due to the introduction of various helplines during COVID which have proved extremely helpful to staff. Thanks, was offered to teams who had supported those areas of work.</p> <p>Where concerns have been raised, they have been addressed in a timely manner and appropriate actions taken. Email continues to be the most popular route for people to make contact and the Ambassadors have assisted to support local resolution at an early stage.</p> <p>It was noted that policies and processes have been reviewed and will continue to be reviewed over the next 6-12 months. All data is reported to the National office.</p> <p>I Wilson requested that on-going review and change to the process continue to be reported to the Board of Directors.</p> <p>NEDs commented on the Freedom to Speak up week and enquired about the activity undertaken during that time. It was confirmed that a number of different activities had been undertaken during which had also been built into the Trust staff networks, as well as encouraging people to become ambassadors.</p> <p>E Harrison asked how the Trust measures awareness. G Flockhart advised that posters are displayed throughout the Trust and this is also measured via the staff survey. S Cumiskey added that this also forms part of the Trust induction and is regularly discussed as part of 'Breakfast with Sheena'.</p> <p>A Campbell highlighted that this was a public sector requirement and enquired how this may be transferred to third sector partners as we move towards system working. A Styring noted the comment and advised that this would need to be considered via the Partnership Boards. A Styring and G Flockhart will take this forward.</p>	A Styring / G Flockhart

Ref	Title of item	Action
	<p>Board members requested consideration of increased diversity across Freedom to Speak Up Guardians.</p> <p>The Board of Directors approved the report.</p>	G Flockhart
21/22/25b	<p>Guardian of Safe Working quarterly report</p> <p>F Alam introduced the item.</p> <p>It was noted that for the reporting period, there had been no concerns raised regarding safe practice or access to training. Nor had any fees been levied against the Trust.</p> <p>Congratulations was offered to the medical education team, who despite these difficult times, had supported Doctors to maintain these standards and requirements</p> <p>The Board of Directors noted the report.</p>	
Closing Business		
21/22/25a	<p>Any other business</p> <p>None.</p> <p>The Chair invited questions from the public regarding the agenda items discussed.</p> <p>Raj Purewal commented on the high standard of care provided to people receiving services from CWP from his own observations. The Chair thanked R Purewall for his comments.</p>	
21/22/25b	<p>Matters for referral to any other groups</p> <p>None</p>	
21/22/25c	<p>Matters impacting on policy and/ or practice</p> <p>None</p>	
21/22/25d	<p>Review risk impact of items discussed</p> <p>None</p>	
21/22/25e	<p>Three things to communicate</p> <ul style="list-style-type: none"> • How well Team CWP have performed in very difficult circumstances. • Working towards recovery – considering our priorities going forwards. • Encouraging people to be innovative. 	
21/22/25f	<p>Review of meeting performance</p> <p>The meeting was held in the context of reducing the burden guidance.</p>	
CLOSE		
<p>Date, time and venue of the next meeting: 30th March 2022. Time - TBC</p>		

Cheshire and Wirral Partnership NHS Foundation Trust
Open Actions Action Schedule

Board of Directors: Open meeting action schedule: March 2022					
Meeting date	Group/ Ref	Action	By Whom	By when	Status
26.01.2022	21.22.23 d	Matters arising and action points Green Plan - A further discussion will be scheduled for Board members to focus on the sustainability agenda against the CWP and Place agendas.	CA	TBC	Being considered against Board Workshop Programme for 22/23.
26.01.2022	21.22.23 f	Chair's announcements <u>Anti-Discrimination Declaration</u> . The results of the engagement will be shared at a future Board meeting to consider next steps.	CA	TBC	
26.01.2022	21.22.24 d	Board Assurance Framework & Report Against Strategic Objectives Additional time for Board members to consider people issues would be considered (possible Board workshop).	CA	TBC	
26.01.2022	21.22.24 d	Board Assurance Framework & Report Against Strategic Objectives SystemOne and Current Data Gaps - Data to be available for the next report. If not, timescales for this to be established to be reported to the Board of Directors and assurance that the metrics are supporting the strategic objectives.	Asiv	March 2022	
26.01.2022	21.22.25 a	Freedom to Speak Up – Six Monthly Report Freedom to Speak Up requirements to be considered against System Working arrangements. Andy Styring to raise at the Partnership Board.	ASty / GF	March 2022	
26.01.2022	21.22.25 a	Freedom to Speak Up – Six Monthly Report Consideration of increased diversity across Freedom to Speak Up Guardians.	GF	March 2022	

**DRAFT - Board of Directors
Business Cycle 2022/23
(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 7. Learning from Experience Report, incl. learning from deaths 8. LEVEN Report 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 & 7	✓ 1	✓ 5&7&8	✓ 2	✓ 4&3&7	✓ 8
	Audit Committee Chairs Report 1. Bribery Act – Board Statement – annual review 2. Modern Slavery Act – Board Statement	AC Chair	Review Chair's Report and any matters for note/ escalation	W4 W5	✓	✓	✓	✓	✓ 1 2	✓

Effective Systems of Governance	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&4	✓ 1&2	✓ 1&3	✓ 1	✓ 1&5	✓ 1
	Place Based reports / updates including ICP Board/s (minutes)	SC	To note system developments	W6	✓	✓	✓	✓	✓	✓
	BOD draft Business Cycle 2023/2024	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	✓	✓	✓	✓	✓	✓
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: <ul style="list-style-type: none"> Quality Committee Audit Committee Operational Committee 	Committee Chairs	Governance requirement	W4	✓	✓				
Enabling our people	Equality and Diversity responsibilities inc. WRES, WDES and Staff Networks. – including Annual Equality, Diversity, and Inclusion Monitoring Report.	GF	Review and note for assurance	W7			✓ (Annual Report)			✓ (Incl.EDI & HR Policy approval)
	Freedom to speak up six monthly report	GF	Review and note for assurance	W3 W5 W7 W8		✓			✓	

Quality of Care	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	✓		✓		✓	

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

STANDARDISED CHAIR'S REPORT

CHAIR'S REPORT DETAILS	
Name of meeting:	Operational Committee
Chair of meeting:	Tim Welch
Date of meeting:	15/02/2022

Quality, clinical, care, other risks identified that require escalation:	
ESCALATION	<p>Continuous Improvement Performance Report/ EPR Chair's Report - due to the migration of data to the new electronic patient record SystemOne (S1), temporary systems are in place to record patient activity and the January primary cut of performance data was reviewed by the Committee. The risks/mitigations associated with SI implementation are recorded as part of the Strategic Risk Register and Board Assurance Framework and further discussion took place under the EPR Chair's Report about strengthening this.</p> <ul style="list-style-type: none"> NHS Oversight Framework Targets – 2 metrics unable to report on and 1 fail in month: <ul style="list-style-type: none"> El: % in 2 weeks (completed): it is not possible to report at present due to issues with S1 data. Data Quality Maturity Index (DQMI) – has not been reported to the Trust this month due to issues at NHS Digital with changing to MHSDS v5. Out of Area placements – there were 8 new placements in month. Supervision – rates for clinical supervision have improved from last month (70.2%) to 73.1%, as have management supervision rates which have improved marginally to 68.5% compared to those reported last month (68.4%). Both remain below the 85% target. Work continues in care groups to learn from areas of best practice and explore areas where reporting rates are lower than expected. Staff appraisal – the Trust wide position has deteriorated in month to 61.1% compared to 80.2% last month. Appraisal compliance figures (both NHSEI and Internal rates) have seen a significant drop from last month, due to the end of the Band 5 & 6 window and this band group being the largest within CWP. A drop in compliance was anticipated due to the current operational pressures being experienced, however it was reiterated that appraisal remains a priority and focus will be placed on improving this position. Safeguarding 3 yearly training is below the 95% target. Performance for the month has improved slightly to 88.54% from 88.45% reported last month. <p>72-hour review: It is not possible to report at present due to issues with S1 data. A manual workaround is being scoped. In the meantime, focused work is taking place to validate data locally.</p> <p>ADHD Update: Needs stratification work continues and a revised target completion date of July 2022 has been suggested, following the operational impact of the Covid-19 pandemic / omicron variant.</p>

On which matters did the meeting make a decision, e.g. what did it approve?	
ASSURANCE	<p>Implementation of the Green Plan – Sustainability Sub Committee Proposals: The Operations Committee approved the Terms of Reference, with minor amendments.</p> <p>Chester Medical School Proposal: Following a Chair's action to approve the proposal within a set timeframe, the committee confirmed its approval of the proposal.</p> <p>Mental Health Investment Recruitment Project Review: Following discussion, the proposal was duly agreed.</p>
	Other matters discussed that provide assurance
	<p>TCG Update on COVID-19: TCG meetings during December 2021 had been taking place 5 days per week, however these were now reducing to 3 days per week. Whilst 6 outbreaks were now reaching an end, a decision had been made to allow admission to Mulberry Ward whilst in outbreak, on a risk assessed basis; operational staff had worked hard to enable this. Additional information demonstrated the first vaccination rate for staff as 94.7%, and a second rate</p>

of 92.5%; the current booster rate was 87.8%. Flu vaccination uptake had been recorded at 59.5%. Further guidance was awaited on VCOD.

Monthly ward staffing update for December 2021:

- During December 2021, the trust achieved average staffing levels of 94.3% for registered nurses and 95.5% for clinical support workers on day shifts (93.2% and 97.6% respectively on night shifts).
- During December all areas were operating under their Business Continuity Plans. Staff continued to be redeployed across services and localities, and temporary staff were utilised, as were incentive schemes.
- Members of the wider multidisciplinary inpatient teams worked within the staffing numbers as required to support the maintenance of core clinical interventions and staff from community teams have provided additional support where available. A high number of temporary staff were utilised throughout the month across all services to maintain minimum safe staffing. Incentive schemes were utilised during this period to encourage staff to work additional hours and to increase leadership capacity out of hours

CWP Provider Collaborative Update:

Two LPCs had gone live in October 2021. Achievements have included:

- CWP Commissioning Team – CWP Board approved the establishment of a more resilient Commissioning Team to March 2024. The appointments process had now commenced.
- The establishment of a formal subcommittee for the Board.
- Contracting – CWP would have subcontracts in place that will run until March 2024.
- Experts by Experience – the programme would run initially for 12 months, with a review at 9 months.
- Perinatal Mental Health LPC – discussions were in progress.

A detailed CWP Commissioning Team Risk and Issues Log was in development to support oversight of challenges and mitigations linked to implementation.

MIAA Reports:

ESR and Payroll – the purpose of the review was to provide an assessment of the effectiveness of the system of control operating at the Trust to ensure that only employees of the organisation are paid, and only for work they perform on behalf of CWP. The audit concluded that there is a good system of internal control designed to meet the system objectives, and that controls are generally being applied consistently. The Committee therefore confirmed that this item could be **recommended** to the Audit Sub Committee.

Quality Committee Chair Report: Noted update, including quality improvement report and learning from experience report – showcasing continuing demonstration of co-delivery with people accessing services.

Developments/ achievements

IMPROVEMENT

- Two new **crisis cafes** have launched in Cheshire East, as a result of excellent partnership working between CWP, Cheshire East Council, Independence Supported Living, and East Cheshire Housing Consortium.

STANDARDISED CHAIR'S REPORT

CHAIR'S REPORT DETAILS	
Name of meeting:	Operational Committee
Chair of meeting:	Tim Welch
Date of meeting:	22/03/2022

Quality, clinical, care, other risks identified that require escalation:	
ESCALATION	<p>Continuous Improvement Performance Report/ EPR Chair's Report: The transfer of the Cut Over records into SystmOne is now being taken forward by the ePR team and work is on-going with an estimated completion date of end March.</p> <p>Data input inconsistencies and data flows into SystmOne continue to be addressed and additional training/workshops are also being provided. Full performance dashboards have been circulated so that gaps in data can be identified and addressed.</p> <ul style="list-style-type: none"> NHS Oversight Framework Targets – 1 metric unable to report on and 2 fails in month <ul style="list-style-type: none"> EI: % in 2 weeks (completed): it is not possible to report at present due to issues with S1 data. Data Quality Maturity Index (DQMI) – 66% against a target of 95%. This is a data set score within MHSDS which is reported quarterly in arrears. This performance is for the month of November. Low performance is reflective of data issues linking to flow through SystmOne and exclusion of Cut Over Records. Out of Area placements – there were 5 new placements in month. Supervision – rates for clinical supervision and management supervision have reduced from last month. Staff appraisal – the Trust wide position has improved in month. Appraisal compliance figures (both NHSEI and Internal rates) saw a significant drop from last month, due to the end of the Band 5 & 6 window and this band group being the largest within CWP. A drop in compliance was anticipated due to the current operational pressures being experienced but a steady increase is expected moving forwards. Safeguarding 3 yearly training is below the required target. Performance for the month has improved slightly. Attendance – sickness has experienced an upward trend for several months. 72 hour follow up – the current rate is reflective of the work in progress on data flows through SystmOne, as no activity was reported last month. <p>ADHD Update – an update was given following the Operational Committee report of February 2022. The Committee noted the progress made, and agreed on a proposal.</p>

On which matters did the meeting make a decision, e.g. what did it approve?	
ASSURANCE	<p>Strategic Risk Register / Board Assurance Framework – Risk SR2 - <i>CWP capability (capacity, confidence and competence) to deliver, or support delivery of, safe and effective person-centred care or to enable the transformation of services and contribute to system working</i> was discussed. It was agreed that the score itself was reflective of the current situation, though the narrative required more focus and clarity to demonstrate that sufficient mitigations are in place.</p> <p>Records and IG Function Resilience Red Rated Risk Review - the Trusts current Information Governance support is due to expire at the end of April 2022. After further discussion, it was agreed to extend the current contract for a further 6 months as an interim mitigating solution whilst formulating a longer term plan.</p>
	<p>Other matters discussed that provide assurance</p>

NHS Operational Advice and Instructions on Improving Cyber Resilience - with due regard to ongoing world events and following advice from NHS Digital and the National Cyber Security Centre (NCSC), a review of key elements of cyber preparedness, resilience and response had been undertaken. At the same time, completion of the Data Security and Protection Toolkit was performed, the submission being made ahead of 4 March deadline. The Committee was assured that all precautions were in place and the Trust was currently in a strong position.

Monthly Ward Staffing Update for January 2022:

- There was an overall improvement on staffing levels during January 2022, in comparison to December 2021.
- Business Continuity Plans remained in place and staff continued to be redeployed across services and localities in response to service needs.

Staff Survey Results – Results were shared and discussed. Care Group feedback from the 2021 Staff Survey will be used to identify local and Trust-wide improvement actions to be enable colleagues’ experience to be the best that it can be.

MIAA Reports - Risk Management and Critical Application of CCTV – the Operational Committee noted the content and areas for improvement. The reports will now progress to the Audit Committee.

Developments/ achievements

IMPROVEMENT

The 2022 CANDDID Conference (focussing on Intellectual Disability) was held on 18 March 2022, providing attendance both in person and virtually.

The Children, Young Persons and Families Care Group reported that Starting Well has recently been awarded Baby Friendly accreditation, and an Ancorra Care Paper was also approved by the Lead Provider Collaborative.

STANDARDISED SBAR COMMUNICATION

REPORT DETAILS	
Report subject:	Ward Daily Staffing Levels January 2022
Agenda ref. number:	21.22.28
Report to (meeting):	Board of Directors
Action required:	Information and noting
Date of meeting:	30/03/2022
Presented by:	Gary Flockhart, Director of Nursing and Patient Partnerships

Which strategic objectives this report provides information about:	
Improving Care, Health and Wellbeing	Yes
Working within Communities	No
Working in Partnership	No
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	No		Sustainable	Yes
Leadership and improvement capability	No	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

This report details the ward daily staffing levels during the month of January 2022 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 the actions that are being taken to ensure patient safety is being maintained in the continued context of the impact of COVID-19.

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

The monthly reporting of daily staffing levels is a requirement of NHS England/Improvement and the National Quality Board in order to appraise the Board and the public of staffing levels within inpatient units. The recommendations made within the latest six-monthly reports are being taken forward in line with the ongoing COVID-19 response and continued development of the Transformation plans and new models of care being implemented across all care groups that provide inpatient services.

Assessment – analysis and considerations of the options and risks

During January 2022, the trust achieved average staffing levels of 96.7% (2.4% increase on last month) for registered nurses and 94.9% (0.6% reduction) for clinical support workers on day shifts and 95.5% (2.3% increase) and 99.7% (2.1% increase) respectively on night shifts. Therefore overall slightly better than December 2021.

All inpatient areas continued to experience challenges to ensure minimum safe staffing levels could be maintained and they used a flexible response and approach to support this.

The continued impact of the Omicron wave of Covid resulted in additional staffing pressures. An outbreak on Ancora resulted in associated sickness and isolation requirements and culminated in the merging of the two wards onto Indigo for a considerable proportion of the month.

Other contributory factors included registered nurse vacancies and also the requirement to redeploy staff to other wards as they have had no registered nurse cover. Covid and vacancies contributed to these issues.

Business Continuity Plans remained in place and staff continued to be redeployed across services and localities in response to service needs with additional clinical support worker capacity being used when planned registered nursing numbers were unable to be achieved on a shift by shift basis. Members of the wider multidisciplinary inpatient teams worked within the staffing numbers as required to support the maintenance of core clinical interventions and staff from community teams have provided additional support where available. Incentive schemes continued to be utilised during this period to encourage staff to work additional hours and to increase leadership capacity out of hours.

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

Appendix 1 details the fill rates for all inpatient services.

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

The Board of Directors are asked to note the report.

Who has approved this report for receipt at the above meeting?	Gary Flockhart, Director of Nursing, Therapies and Patient Partnerships
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Contributing authors:	
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Distribution to other people/ groups/ meetings:

Version	Name/ group/ meeting	Date issued
1	Operational Committee	22.03.2022

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

Appendix No.	Appendix title
1	Ward Daily Staffing fill rates January 2022
2	Ward Daily Staffing fill rates December 2021 (reported to February 22 Operational Committee)

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	959.00	871.00	1441.50	1338.00	713.00	688.50	713.00	696.00	90.8%	92.8%	96.6%	97.6%
	Greenways A&T	1183.75	1179.50	1782.50	1382.50	713.00	756.50	1426.00	1167.75	99.6%	77.6%	106.1%	81.9%
	Mulberry	1492.75	1340.25	2072.40	1938.00	724.50	724.50	2207.00	2149.50	89.8%	93.5%	100.0%	97.4%
	Silk	1289.50	1278.00	2252.00	2199.00	724.50	712.00	2166.00	2053.00	99.1%	97.6%	98.3%	94.8%
	Saddlebridge	1054.50	1016.00	1702.50	1679.50	701.50	667.00	828.00	828.00	96.3%	98.6%	95.1%	100.0%
Wirral	Brackendale	987.00	1045.00	1237.00	1167.00	638.50	629.00	874.00	980.50	105.9%	94.3%	98.5%	112.2%
	Brooklands	861.00	850.25	1798.00	1722.50	678.50	651.00	1727.50	1645.00	98.8%	95.8%	95.9%	95.2%
	Lakefield	931.00	945.50	942.50	910.00	639.00	630.00	880.00	910.25	101.6%	96.6%	98.6%	103.4%
	Meadowbank	810.00	761.00	1826.00	1573.00	667.00	626.00	1035.00	1103.00	94.0%	86.1%	93.9%	106.6%
	Riverwood	994.00	895.50	899.00	783.00	421.50	418.50	908.50	966.00	90.1%	87.1%	99.3%	106.3%
	Oaktrees	1096.50	1078.50	1427.00	1389.50	644.00	576.50	397.00	429.50	98.4%	97.4%	89.5%	108.2%
West	Willow PICU	870.50	822.50	1069.50	1437.50	713.00	609.50	713.00	931.50	94.5%	134.4%	85.5%	130.6%
	Beech	1052.00	1071.00	1294.50	1265.00	404.50	393.00	974.00	962.50	101.8%	97.7%	97.2%	98.8%
	Cherry	874.50	865.00	1731.50	1703.50	356.50	368.00	1391.50	1336.00	98.9%	98.4%	103.2%	96.0%
	Coral	480.00	489.50	690.00	563.50	276.00	215.50	644.00	498.50	102.0%	81.7%	78.1%	77.4%
	Eastway A&T	1507.45	1442.55	1021.70	911.40	745.50	723.20	1077.70	1071.90	95.7%	89.2%	97.0%	99.5%
	Indigo	1745.00	1549.50	3300.50	2934.50	1150.00	998.00	2978.50	2899.02	88.8%	88.9%	86.8%	97.3%
	Juniper	967.00	948.00	1254.00	1196.50	406.50	395.00	963.00	957.00	98.0%	95.4%	97.2%	99.4%
	Rosewood Unit	810.50	754.00	1536.00	1458.00	540.30	540.50	1101.00	1066.50	93.0%	94.9%	100.0%	96.9%
	Maple Unit	1093.25	1061.75	1122.00	1110.75	686.50	644.00	644.00	605.00	97.1%	99.0%	93.8%	93.9%
Trustwide	21059.20	20264.30	30400.10	28662.65	12543.80	11966.20	23648.70	23256.42	96.7%	94.9%	95.5%	99.7%	

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	989.00	899.00	1560.00	1445.00	701.50	678.50	770.50	761.75	90.9%	92.6%	96.7%	98.9%
	Greenways A&T	1235.75	1234.50	1784.00	1317.50	713.00	781.00	1426.00	1138.00	99.9%	73.9%	109.5%	79.8%
	Mulberry	1555.00	1307.50	1970.00	1809.00	713.00	668.50	2173.50	2096.50	84.1%	91.8%	93.8%	96.5%
	Silk	1245.50	1171.00	2353.00	2173.65	713.00	678.50	2203.50	2121.50	94.0%	92.4%	95.2%	96.3%
	Saddlebridge	1115.50	1052.00	1458.65	1458.65	713.00	609.50	747.50	736.00	94.3%	100.0%	85.5%	98.5%
Wirral	Brackendale	953.00	921.00	1226.00	1196.50	558.00	556.50	903.00	955.50	96.6%	97.6%	99.7%	105.8%
	Brooklands	658.50	653.25	1710.50	1563.92	816.50	792.00	1722.00	1663.00	99.2%	91.4%	97.0%	96.6%
	Lakefield	858.00	854.00	1103.50	1029.00	713.00	634.50	952.00	926.00	99.5%	93.2%	89.0%	97.3%
	Meadowbank	842.00	783.00	1642.50	1525.00	609.50	583.50	991.00	987.50	93.0%	92.8%	95.7%	99.6%
	Riverwood	898.00	914.00	756.50	661.50	514.00	513.50	886.00	880.00	101.8%	87.4%	99.9%	99.3%
	Oaktrees	1191.00	1217.00	1206.00	1097.00	552.00	557.50	617.50	631.21	102.2%	91.0%	101.0%	102.2%
West	Willow PICU	861.50	851.50	1058.00	1368.50	667.00	425.50	768.50	998.50	98.8%	129.3%	63.8%	129.9%
	Beech	826.50	803.50	1401.50	1297.50	487.00	458.00	928.00	905.00	97.2%	92.6%	94.0%	97.5%
	Cherry	1022.50	1000.50	1366.50	1296.50	494.50	454.00	1196.00	1090.00	97.8%	94.9%	91.8%	91.1%
	Coral	1420.50	1203.50	2633.50	2539.00	966.00	816.00	2323.00	2449.50	84.7%	96.4%	84.5%	105.4%
	Eastway A&T	1191.50	1125.60	1403.40	1417.30	909.90	868.30	1053.60	1031.55	94.5%	101.0%	95.4%	97.9%
	Indigo	1273.00	807.95	1610.00	1611.00	782.00	688.00	1633.00	1263.00	63.5%	100.1%	88.0%	77.3%
	Juniper	811.00	799.50	1307.00	1295.50	398.50	398.50	986.00	963.00	98.6%	99.1%	100.0%	97.7%
	Rosewood Unit	643.00	629.00	1293.50	1224.50	507.50	476.50	1069.50	1031.00	97.8%	94.7%	93.9%	96.4%
	Maple Unit	856.00	838.50	1174.00	1157.50	663.00	588.00	753.50	669.50	98.0%	98.6%	88.7%	88.9%
	Trustwide	20446.75	19065.80	30018.05	28484.02	13191.90	12226.30	24103.60	23298.01	94.3%	95.5%	93.2%	97.6%

STANDARDISED CHAIR'S REPORT

CHAIR'S REPORT DETAILS	
Name of meeting:	Quality Committee
Chair of meeting:	Andrea Campbell, Non-Executive Director
Date of meeting:	02/03/2022

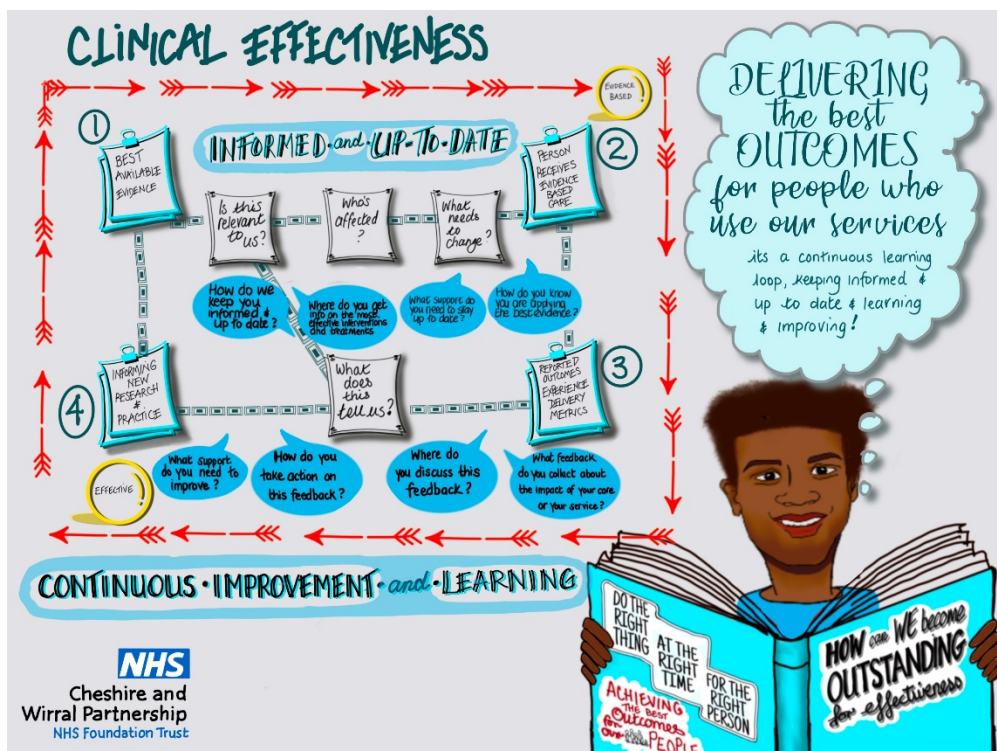
Quality, clinical, care, other risks identified that require escalation:	
ESCALATION	<ul style="list-style-type: none"> An extension is required to the timeline for completing the regulatory actions related to the provision of ADHD services. Since the Quality Committee meeting, the CQC have advised that CWP are required to continue to provide progress against the ongoing actions. An extension is required to the timeline for completing the regulatory actions concerning the provision of intensive rehabilitation services. Since the Quality Committee meeting, the CQC have agreed to an extension so that the improvement actions address the regulatory requirements on a sustained basis. This extension date will be submitted to the CQC formally by the end of March 2022. Progress with the Rosewood continuous improvement plan and regulatory actions was discussed in the context of the current Trustwide strategic risk #2 (risk that CWP may not have sufficient capability to deliver or support delivery of safe and effective person-centred care or to enable the transformation of services and contribute to system work). At a Trustwide level, there was agreement of medium assurance around the current risk treatment. Concerning Rosewood ward, there was agreement of limited assurance specific to challenges around recruitment, including appointment of a ward manager. There was discussion and challenge by the Quality Committee NEDs around increasing the current risk score of 20. The current risk description and score, and associated risk treatment plan, will be reviewed for this risk, following referral to Operational Committee on 22 March 2022. The Medical Director will update the Board on the outcome. The strategic risk in-scope regarding System One post 'go-live' issues was agreed, with a recommendation that the risk description be revised to include potential for impact on demonstrating that the Trust is meeting regulatory targets.

On which matters did the meeting make a decision, e.g. what did it approve?	
ASSURANCE	<ul style="list-style-type: none"> Review of the Clinical Effectiveness framework 2022/25, with the Quality Committee recommending approval by the Board as a key enabling strategic document underpinning the Quality Improvement strategy and the overarching Imaging the Future strategy. Agreement to receive an updated draft of the Trust's Autism strategy to the May 2022 Quality Committee, prior to recommending approval at the May 2022 Board meeting. Review of the Providing High Quality Care dashboard report, providing assurance that the atypical dip in performance to 50% (target 60%) around those with first episode psychosis accessing treatment within two weeks, reported at the last meeting, is being achieved and can be demonstrated pending the resolution of performance reporting issues associated with the transition to SystmOne. For the next report: <ul style="list-style-type: none"> Care Groups will share ideas around how they better engage with the quality measures across the breadth of the report. Proposed means of reviewing quality performance based on anticipation/ forecasting will be discussed. The aims and coverage of the restraint suite of measures will be reviewed.
	<p>Other matters discussed that provide assurance:</p> <p>Quarter 4 of 2021/22 has seen continued pressure on the need for acute admissions. Cheshire and Merseyside system work continues to understand system-wide capacity and demand to support future modelling. Operational Committee are receiving a further assurance report around this.</p>

Developments/ achievements:	
IMPROVEMENT	<ul style="list-style-type: none"> The Learning Disability Improvement Standards are being implemented across Care Groups, as per contractual requirements. Performance will continue to be overseen by, and any issues escalated, to Operational Committee. Excellent improvement work was noted around respecting and protecting rights, and inclusion and engagement. An overview of improvements to the care pathway for the assessment and treatment of adults with ADHD was presented. Historic pathways have been reviewed to now include needs stratification, diagnostic assessment and discharge to shared or primary care within Cheshire and Wirral. In all CCG areas, the number of young people transitioning to the adult service has been higher than expected. As this position is anticipated to increase, Quality Committee recommended that strategic discussions with the Programme Director for CYP Transformation at Cheshire and Merseyside Health and Care Partnership would be helpful.

Clinical Effectiveness: A Framework for learning & improvement

2022- 2025



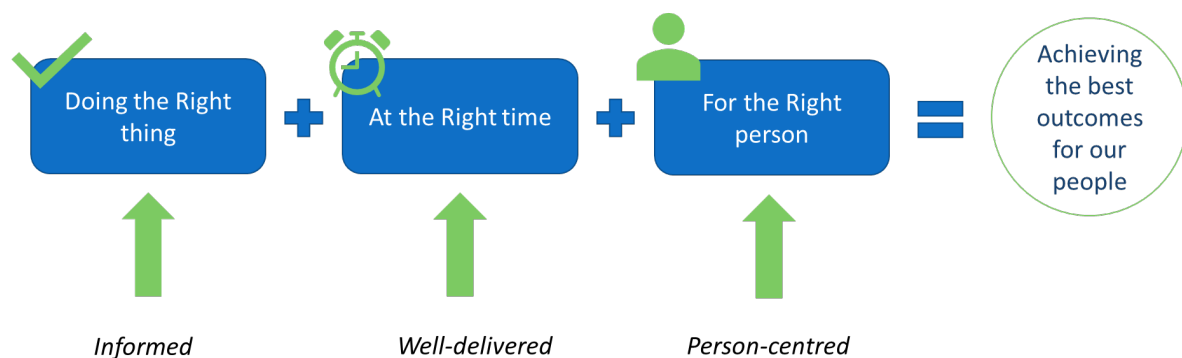
Contents:

1. Introduction – why do we need a strategy for Clinical Effectiveness?
2. Vision for the Future
3. Learning and Improvement Framework
4. Developing this strategy
5. Priorities for action
6. Key interfaces & governance

1. Introduction – why do we need a strategy for Clinical Effectiveness?

People who use our services rightly expect that the treatment, care and support they receive from us will be effective. This means that it should be designed, organised, and delivered in a way which supports people to achieve good outcomes - helping them to maintain their quality of life. As healthcare knowledge evolves and develops, this also means making sure that the treatment, care, and support given by us reflects the best available evidence, research, and practice.

As an ambitious organisation, we want to support people to achieve the best outcomes they can by doing the right thing, at the right time, and for the right person:



Getting these elements 'right' is essential to being as effective as we can and to making positive differences in the lives of the people and population we serve. By focusing on the outcomes we help people to achieve, we can understand how effective we are and where we need to make improvements.

We know providing services that are outstanding for their effectiveness is no easy feat. This document, therefore, provides a framework that will help us understand our effectiveness and build a continuous learning approach to improving and achieving better outcomes.

2. Vision for the Future

As a Trust, we have strategic ambitions and regulatory requirements that support this focus on outcomes and effectiveness. Our "Imagining the Future" strategy has the central vision of:

"Working in partnership to improve health and well-being by providing high-quality person-centred care"

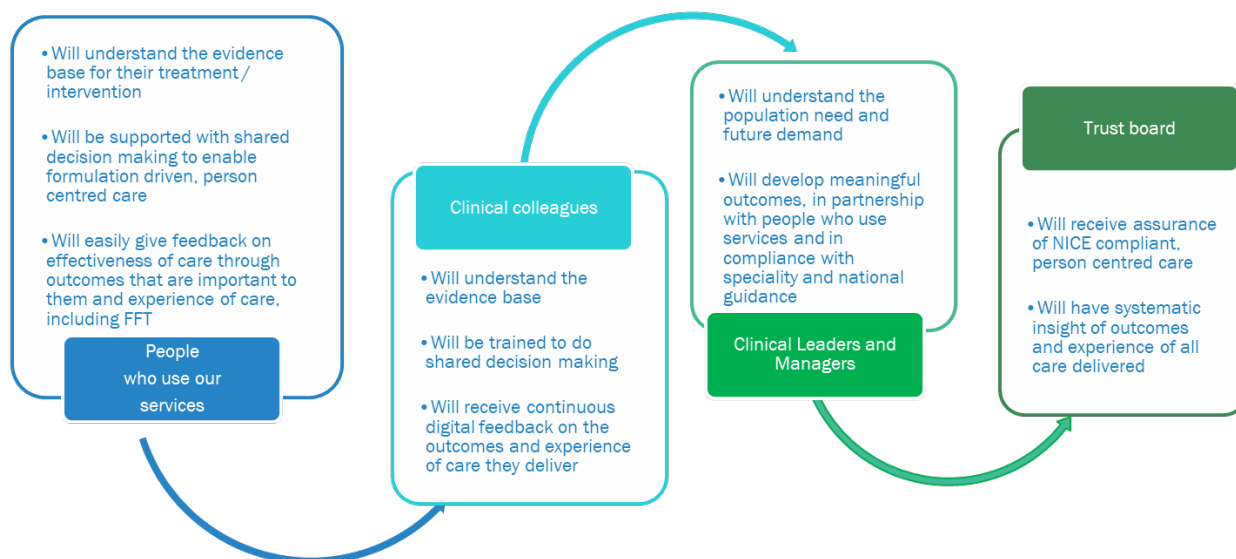
In parallel, our Quality Improvement Strategy Phase 2 (2021-2023) reinforces its ambition of "working in partnership to deliver the **best outcomes nationally** for the population we serve" through a drive to grow and strengthen our approach to continuous learning and improvement. The roadmap for Phase 2 of the QI Strategy contains a clear priority for Effectiveness in Quality Improvement priority #3:

"We will enable a focussed approach to improving outcomes of the care we deliver by tackling unwarranted variation and inefficiency within the Trust and, wherever possible, across wider care settings."

On the regulatory front, the Care Quality Commission’s Key Lines of Enquiry for Effectiveness (1-4) also support the importance of outcomes and effectiveness

- **E1:** Are people’s needs assessed and care and treatment delivered in line with current legislation, standards and evidence-based guidance to achieve effective outcomes?
- **E2** How are people’s care and treatment outcomes monitored and how do they compare with other similar services?
- **E3** How does the service make sure that staff have the skills, knowledge and experience to deliver effective care, support and treatment?
- **E4** How well do staff, teams and services work together within and across organisations to deliver effective care and treatment?

Our response to these strategic and regulatory drivers, is to develop an ambition for the future where we provide clinical outcomes that equal or exceed the best in the NHS, across all the services we provide. We will know we have achieved this when we can see this difference:



This measurable improvement in care will be evidenced by:

- All service users and carers will have the outcomes that are important to them measured, reported and tracked over time.
- Development of meaningful outcomes, in partnership with service users and carers and in compliance with speciality and national guidance
- Development of outcome resource and value measurements
- Demonstration that evidence-based guidelines, including but not limited to NICE guidelines, will inform care that is given to all service users.
- Provision of high-quality evidence-based information to inform care, providing access to front line teams to access real time, accessible information supporting and driving the value given to service users and carers
- Recognised by the people who use our services (via experience feedback) as providing effective care and rated as ‘Excellent’ for effectiveness by CQC.

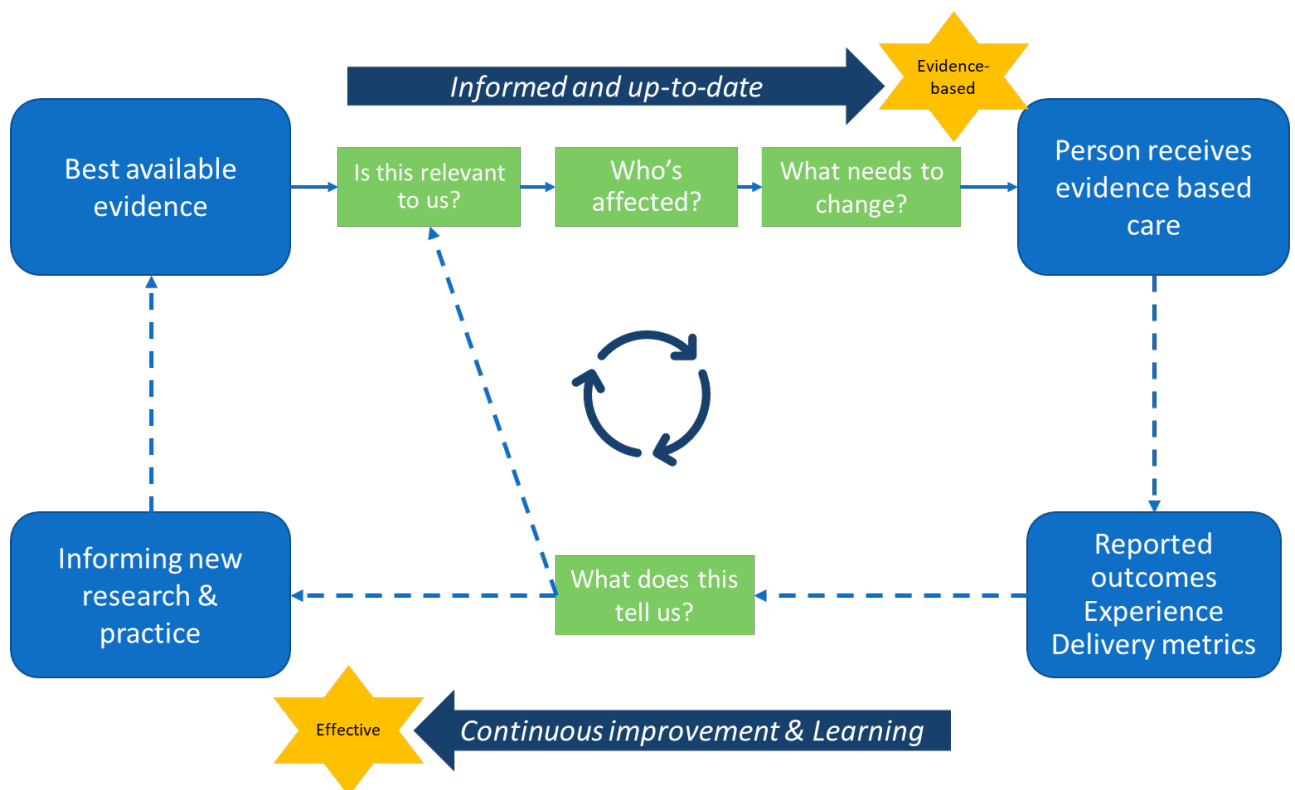
3. Learning and Improvement Framework

We know that delivering effectiveness by ‘doing the right thing at the right time for the right person’ involves effort at every level of our organisation – whether this is directly at the point of care provision or through providing support services that enable care provision to take place. We also know that there are great examples within our organisation of where teams and practitioners deliver outstanding outcomes for the people they serve).

However, we also know that this best practice is not commonplace nor universal as experienced by people using our services.

Our aim is to be able to describe, understand and demonstrate that all our services are driven by up-to-date evidence-based research and practice, and to know, through systematic feedback, that we are achieving the best outcomes and experience possible for the people we serve. Without being able to do this, we know that we cannot be assured that we are a learning organization that understands where it needs to improve and takes action to prioritise that improvement.

Our ambition is to build ‘Effectiveness learning loops’ across the organisation, at all levels, to ensure we understand what we do, how well we do it, and where we need to take action to improve:



An Effectiveness learning loop works like this:

Best available evidence (Top Left)

We know that there is a plethora of research, evidence-based practice and quality improvement knowledge that is available across the country and the world that can

potentially impact on the delivery of care. In this corner of the loop, this knowledge is taken in, understood and assessed for its impact on the delivery of service, care or intervention and applied or adapted accordingly. Here we are asking: 'Is this relevant to us? Who might be affected? What changes might we need to make?'

Person receives evidence-based care (Top Right)

At the point of care, knowledge is applied directly through the choices, made in partnership with people receiving the service around delivery, care and interventions. At this point, measures are applied to understand outcomes – both clinical and experiential.

Feedback through reported outcomes, experience, and service metrics (Bottom Right)

Here we need to turn 'data' into understanding by systematic enquiry, analysis and evaluation. What does our feedback tell us? Are we getting it right? Or do we have too much variation and inconsistency? Here we take a systematic approach, using clinical audit, service evaluation and performance data, to understand the real, rather than assumed, outcomes that we are achieving in order to answer these questions.

Informing new research and practice (Bottom Left)

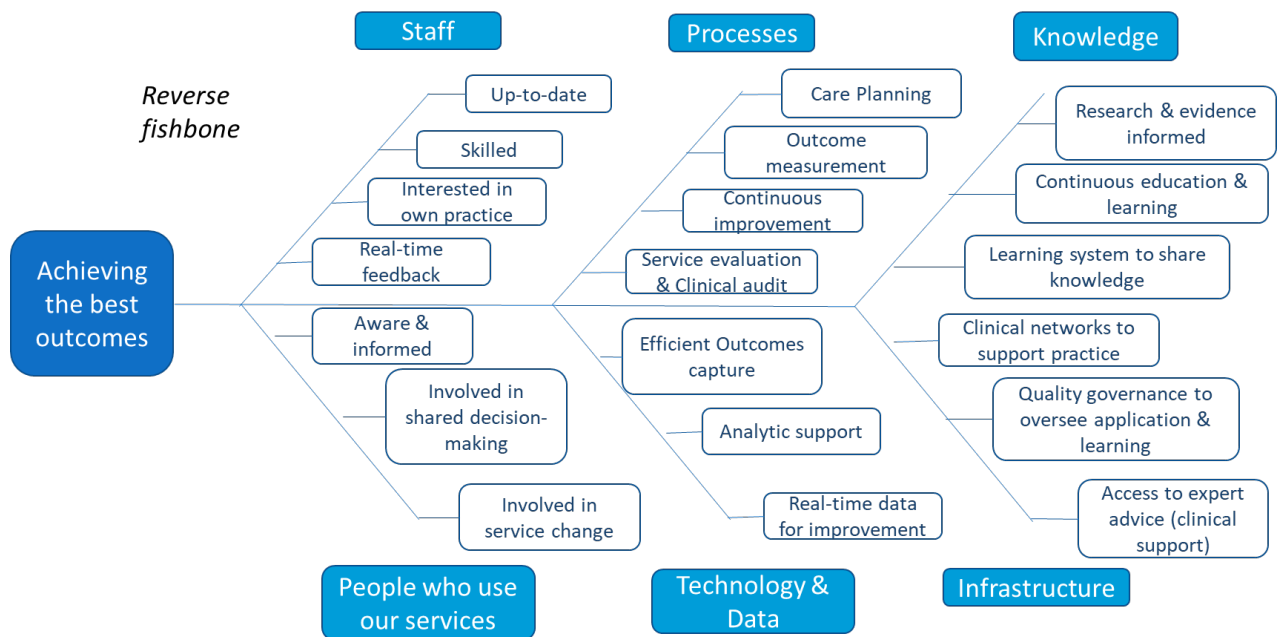
This is where we look towards improvement, innovation and research. Where could we do better? What needs to happen to generate better outcomes? By focusing on the feedback we get to drive continuous learning and improvement, we can change our own effectiveness and also generate opportunities to build knowledge for sharing externally with others. Using quality improvement, strategic transformation and smaller scale service changes, we can design and build better quality into the way we deliver care.

Learning and continuous improvement can happen at any level of the organisation, can be adopted by any member of staff in their roles, and can be developed in partnership with people who use our services to encourage active participation in their care. By adopting this approach, and replicating this across the organisation, we can build a systematic approach that can be understood, used, and shared across staff, people using our services, and with our commissioners and regulators.

4. Developing this strategy

In developing this strategy, we have adopted an appreciative inquiry approach that has sought to understand the strengths and opportunities that already exist to support more effective services. We have held conversations with representatives of different Care groups, clinical networks, clinical support services (such as Research, Safe services, Transformation), individual clinical teams, and Board members.

Below is a 'reverse fishbone' analysis produced through these discussions, which highlights the elements needed for achieving the best outcomes:



Using the 'learning loop' and the above analysis has enabled us to identify significant gaps and areas for improvement in the current organisational approach to effectiveness, which mean we are unable to systematically recognise and be assured that we are achieving the best outcomes possible. Areas identified were:

Strategic approach to Effectiveness

- There is currently no shared understanding of what constitutes effectiveness at different levels of the organisation. This results in varying expectations of staff at all level and does not provide systematic assurance through the quality governance process.
- On a cultural level, the organisation does not emphasise the importance of outcomes as the central mechanism for judging effectiveness and therefore the ability to continuously improve based on this feedback is restricted.
- People who use our services could be involved more directly and regularly in supporting the organisation to understand its outcomes and to develop person-centred responses to improving them.

Using outcomes to drive learning and improvement

- The measurement of outcomes is inconsistent and patchy across the organisation due to various factors. Establishing regular measurement and use in practice would enable practitioners, teams and care groups to understand their outcomes, analyse them for variation and prioritise improvements needed.
- An improvement project is needed to identify and build best practice in overcoming the barriers to measuring and using outcomes to drive practice. This project needs to build on current good practice within some teams and develop common standards for wider dissemination.

Organisational infrastructure for effectiveness

- There are opportunities to support clinical services achieve better outcomes through support infrastructures designed with effectiveness in mind. These include: digital solutions to support real-time use of data: clinical audit expertise to support

application of standards and understanding of variation; and integration of continuous improvement practices into daily operational management

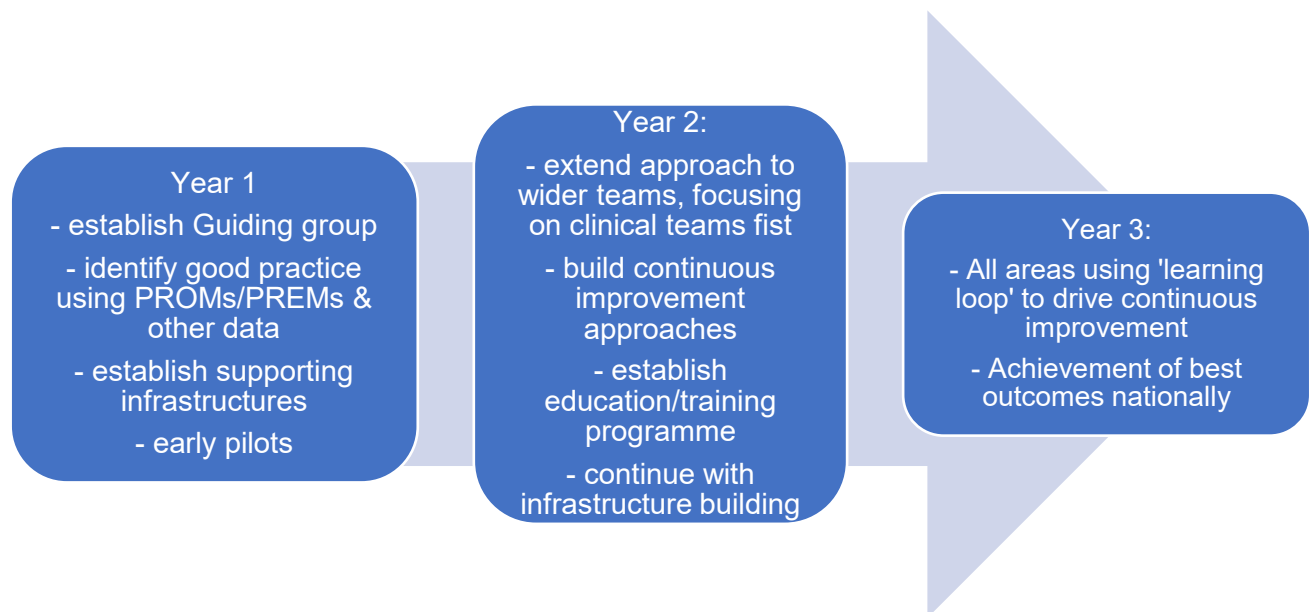
- Continuous learning can be built at different levels of the organisation to ensure that staff have the skills to understand, apply and adapt knowledge to their practice. Mechanisms such as supervision, appraisal, reflective practice and education are essential to reinforcing this approach.
- Clinical networks have the potential to support services and practitioners to utilise evidence and research as mechanisms for improvement. Current networks need stronger support to function effectively in this role.

Integrated research & knowledge into practice

- Currently there is no established mechanism for relevant evidence or research to be shared or to influence practice applied at patient level. At present, this happens due to interested individuals proactively sharing or seeking out new information rather than by a deliberate mechanism for ensuring evidence-based practice
- There are some areas in the Trust where internally-focused research activity is strong, however (in line with the Research Strategy), greater support is needed to encourage and develop active participation in research by staff and people who use our services.
- Learning generated through service or clinical practice change is not routinely captured and shared across the organisation, so that opportunities for wider application of good practice are lost.

5. Priorities for Action

Over the next three years, our aim is to establish the 'learning loop' described above through all levels of the organisation and to address the gaps and improvements needed as identified above. Becoming 'outstanding' for effectiveness will take time and will need a transformative approach as shown below:



Our priorities for action are:

Priority #1

A strategic (organisational) focus on Effectiveness
- Establish Guiding group with representation from all care groups and clinical support services
- Develop strategic framework and plan aligned to Trust strategic objectives and other enabling strategies
- Ensure effectiveness, as a core quality component, is integrated into the governance of the Trust
- Establish 'learning loop' model through communication and engagement plan
- Build strong patient participation into strategy

Priority #2

Deliver best outcomes through clinical effectiveness
- Improvement project to establish outcome measurement and monitoring across all care groups
- Organisational standards for effectiveness
- Training and education for clinical effectiveness
- Build daily continuous improvement mechanisms to support effectiveness

Priority #3

Provide the right infrastructure for effectiveness
- Development of digital solutions to understand and analyse outcomes e.g. Effective Care Tool
- Provide expert advice and support for measuring and assuring 'effectiveness' including clinical audit, clinical outcome measurement, quality improvement, service evaluation and benchmarking data through establishment of a central Effectiveness function
- Strengthen role of clinical networks to support service improvement, development and research

Priority #4

Develop the organisation's ability to learn & build knowledge
- Strengthen knowledge management function and align closely with Research
- Build proactive library services to support clinical networks and care groups
- Develop Knowledge Management function to capture and share learning

6. Key interfaces & governance

Doing the right thing, at the right time, for the right person involves the interaction of many parts of our organisation. As a necessity, this strategy needs to align with many other approaches, teams and services to achieve the level of change described above. Some of the key interfaces will be Care groups, Research, Safe Services, Transformation, IT and Education.

We will also work closely with our Board, our partners in commissioning and regulation, and with the people who use our services as our approach develops over time.

The governance structure for the strategy is as follows:



The Executive Sponsor for the strategy is the Medical Director for Education, Research & Effectiveness. Regular reports will be taken to the Clinical Practice & Standards sub-committee, with periodic reporting to the Quality Committee to enable them to oversight and assurance.

The guiding group will determine priorities for improvement in line with this strategy and will oversee the achievements of projects plans developed for each priority action area. Implementation of this strategy will usually take place at a Care group level, with the Effectiveness function providing expert support, advice and practical interventions where needed. A series of outcomes measures will be developed to track achievement of the overall strategy through monitoring by the guiding group. Anticipated measures are:

- Increase in number of patients with recorded (paired) outcome measures
- Improvement (targets set by services) in outcome measures
- Increased internal research projects, clinical audit & QI projects
- Rated Excellent for Effectiveness by CQC

We will also evaluate organisational maturity for effectiveness by developing a tool for assessing against the 'learning loop' as described. Using this assessment, the guiding group will adapt the strategy and plan to ensure continuous improvement in the organisation's effectiveness.

CHAIR'S REPORT DETAILS

Name of meeting:	Audit Committee
Chair of meeting:	Edward Jenner
Date of meeting:	8 th March 2022

Quality, clinical care, other risks identified that require escalation

(ESCALATION)

Items to be noted/escalated to Board of Directors

Board Assurance Framework

The Committee commented on the maturity of the Board Assurance Framework. It was noted that a number of trends were now clearly identifiable, and the Committee requests a Board workshop to further consider risk appetite in the context of the revised Trust strategy.

SystemOne Audit

It was noted that the planned audit of SystemOne had been cancelled due to the change from a third-party agency to CWP's own personnel. Committee members raised concern regarding this and requested that independent assurance is received as soon as possible regarding potential clinical and management information risks and lessons learnt for future implementations.

Potential Contracts with Russia

Further to the conflict in Ukraine, a review of all suppliers to CWP was now taking place. Further detail will be provided to a future audit committee meeting.

Matters discussed/decision:

(ASSURANCE)

Internal Audit

- The internal audit progress report was presented to Committee members and updates were noted.
- It was noted that a number of audits are yet to be concluded. It was agreed that CWP colleagues would support MIAA to progress audits as efficiently as possible.
- The requested change to the SystemOne audit was discussed, considered and noted (as above).
- MIAA acknowledged the difficulties experienced within year and offered assurance that next year's plan was expected to run to timetable.

External Audit

- The draft external audit plan was presented to Committee members and approved.
- The increase in costs for this year's audit process were noted.

Anti-Fraud Progress Report

- The Progress Report detailed the work undertaken during the last quarter.
- The Anti-Fraud Work Plan for 22/23 was presented and agreed.
- Follow up questions further to the Board of Directors Anti-Bribery training were confirmed as concluded.

Audit Progress and Future Plans

Assurance is provided by the Audit Committee that the plans for year-end work are progressing. It was also noted that consideration now be given to how face to face audit work may be supported moving forwards. This will be considered as part of next year's audit plan and considered by the Committee at the next meeting.

STANDARDISED SBAR COMMUNICATION

REPORT DETAILS	
Report subject:	Board Assurance Framework and Strategic Risk Register
Agenda ref. number:	21.22.28
Report to (meeting):	Board of Directors (meeting held in public)
Action required:	Discussion and Approval
Date of meeting:	30/03/2022
Presented by:	A Sivananthan, Medical Director

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				

Any matters that will impact on the CWP Green Plan?	
	No

Equality, Diversity, and Inclusion	
Does this report present any equality related impacts / risks in relation to any of the following protected characteristics; age, disability, ethnicity/race, gender reassignment, marriage & civil partnership, pregnancy & maternity, religion & belief, sex or sexual orientation ?	
No	

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	Yes
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 (March 2022) the Trust has nine strategic risks – four are rated red and five are rated amber. There is one risk in scope. One amber risk is recommended for archive.	

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 2nd March 2022 and by the Operational Committee at its meeting on the 22nd March 2022.

New risks/ risks in-scope

Risk A - Adverse impact on patient care ,operational effectiveness and regulatory compliance due to SystmOne training limitations, data entry issues and historic data quality impact.(score: 20 – Red). Further to the go-live of SystmOne and the completion of all risk actions, it is recommended that the previous risk 6 now be archived. However, following identification of some post go-live issues, it is recommended that a new risk is now added to address these matters. The risk has been added as 'in-scope'. There are data inputting issues as staff are not inputting data as intended, due to lack of familiarity/confidence and limited SystmOne training attendance by inpatient staff. The impact of this is causing reporting delays. At present there have been no clinical safety incidents as a result of staff capability with SystmOne. However recorded activity volumes are low and do not reflect true patient activity. Revised plans for the transfer of cutover records has caused a delay in the transfer of information which has a potential impact on clinical safety and reporting delays, until completed on 31/3/22. Referral allocation (allocating patients to the correct clinician) is 92% complete, reducing the risk to patient care. This is a historic data quality issue which will be addressed by 30/4/22. Delay in reporting may demonstrate an impact on the Trust meeting its regulatory and contractual targets. Support by EPR team to post implementation issues will also cause a delay in additional ePR phases which will now only start in June. Actions to mitigate the issues raised have been included in the risk treatment plan and will be worked through accordingly. Quality Committee have agreed to the addition of the in-scope risk to the register and recommended that the risk description be revised to include potential for impact on demonstrating that the Trust is meeting regulatory targets.

Current risks

Risk 2 - CWP may not have sufficient capability (capacity, confidence and competence) to deliver, or support delivery of, safe and effective person-centred care or to enable the transformation of services and contribute to system working. (score: 20 – Red). It is recognised that supply and retention has been negatively impacted nationally by the pandemic, impacting on a number of areas and creating significant pressures. Work has taken place to recruit to temporary roles, utilise agency staff as appropriate and ensure staff well-being is supported. A People Planning Oversight Group (PPOG) and Task and Finish Groups have been established and are taking forward the actions identified during the People Summit held in September 2021. Local risk registers also include this risk specific to each Care Group and representatives attend the PPOG (bi-weekly meeting) and Task and Finish Groups raising specific areas of concern to focus mitigating actions. Twice weekly reports regarding the attraction campaign have been provided to the Executive team and planning for Phase 2 of the campaign has begun. The intention for Phase 2 is to focus efforts on particular areas of improvement such as hard to fill roles and widening participation. Updates are provided to the Operational Committee to outline progress of the attraction campaign and recruitment activity, both of which benefit resourcing Trust wide. The likelihood score has been amended to 4, taking the overall score to 20. At their meeting on the 2nd March 2022, the Quality Committee recommended that the risk description be revised to include potential for impact on demonstrating that the Trust is meeting regulatory targets. The target score has also been amended to 12. It is noted that this risk was previously a risk in scope that was later combined with the risk to the delivery of transformation projects across care groups. The risk was reviewed and wording revised.

Risk 9 - Demand for ADHD services which exceeds current contract values and commissioned capacity. (score: 20 – Red). Regular updates regarding the progress made to address the CQC regulatory actions continue to be presented to the Operational Committee. The Trust has requested a second extension from the CQC to the timeline on completion of the needs stratification. This is in part due to workforce challenges. Additional support from an independent organisation to support the timeline for completion has also been commissioned, but has experienced similar workforce challenges relating to the pandemic. Service models are under review and pilot projects are being progressed to help inform the future model. Quality Committee and the Board of Directors are also kept informed of progress. Since the Quality Committee meeting (02.03.22), the CQC have advised that CWP are required to continue to provide progress against the ongoing actions.

Risk 10 - People requiring admission, may have to wait longer than 4 hours for a bed to be allocated. (score: 20 – Red). During Q4 the Trust has seen continued pressure on the need for acute admissions. Elysium healthcare have been commissioned to provide 9 independent beds locally with the aim to reduce Out Of Area (OOA) placements. However, the demand has exceeded the capacity meaning the Trust has continued to see patients sleeping out and in OOA placements. A series of rapid discharge meetings have been held with system partners to consider strategic plans to improve flow, this has resulted in the launch of ISL roving support offer, D2A provision and an increase in crisis beds coming online during January and February 22.

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. Flexibility exists to increase the frequency at short notice in response to demands. Operational pressures are constantly monitored and decision making supports operational delivery to ensure the safe delivery of care. The CWP EPRR framework and methodology will continue until March 2022. It was noted at recent Board of Director meetings that the National Incident level had increased to level 4. The TCG and SEG responded accordingly and guidance was considered to support our continued response to the pandemic and involvement in the delivery of the vaccination programme. Whilst pressures were evident during December 21 and January 22, outbreaks have reduced and changes to guidance have supported staff to return to work safely. In response to the above, it is recommended that the score reduce to from 20 to 16.

Risk 12 – Shortfalls in data capture. (Score: 12 - Amber) As previously reported, moving forwards it is planned that this risk will be considered as part of the Trust Digital Strategy. In part the introduction of the new EPR (SystemOne) will support improved recoding and has now been launched. The launch has seen the development of standardised data dictionaries / SOP's across services and system users. However, as outlined in the new risk in-scope, some post go-live issues have been identified and will now be worked through. Once rectified, it is hoped that the new system should support enhanced reporting enabling better oversight of team capacity and demands for line managers. It is anticipated that this will now not be achieved until 30 June 2022.

Risk 11 – Failure to achieve Trust (and system) control totals. (Score: 9 - Amber) Interim arrangements remain in place due to COVID-19 to support the NHS response, with the revised financial regime in place until the end of H2. It is expected that all organisations within the Cheshire and Merseyside HCP will breakeven by the end of the 21/22 financial year. Care Groups continue to consider how efficiency targets may be met 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. As described in risk 2, the Trust's attraction campaign is progressing. Weekly Mental Health planning and implementation meetings are attended by the Business & Value team and the Associate Directors of Operations.

Risk 5 - Failure to respond in accordance with Health & Safety Regulations in the event of a ward fire. (score: 8 – Amber). A significant number of additional fire Ward evacuation training sessions have been arranged between November and February that are being delivered by the approved external training provider in venues across the 3 localities in order to support the improvement in compliance for this competency. Informal face to face (on location) ward-based fire response training sessions continue to be delivered, provided by either the Trust's fire officer or experienced staff from within the units. This ensures that staff know how to respond in the event of a fire and are familiar with the specific fire evacuation approach on site (which the formal training is unable to provide as it is not location specific). As agreed at Operational Committee a new Fire Ward Evacuation eLearning module has been developed and launched on CWP Virtual Academy. This eLearning module is designed for all inpatient Care Groups and will have an annual compliance requirement. This new eLearning module now aligns with the clinical non-inpatient Care Groups Fire Safety eLearning module which has a 2 yearly compliance period. The local refresher training and updates for Fire Ward Evacuation across all Care Groups has taken place. This has seen partial success despite the workforce challenges due to Covid pandemic. Compliance data in the previous three months since October 2021 has seen a 4% increase for Fire Ward Evacuation Training across all Care Groups.

Archived risks

Risk 6 - Risk of adverse impact on patient care and operational effectiveness due to delays in implementation of SystemOne electronic patient record for MH, LD and CYP services. (Score: 8 – Amber)

As above, further to the go-live of SystemOne and the completion of all risk actions, it is recommended that risk 6 now be archived. However, further to the identification of some post go-live issues, it is recommended that a new risk now be added to address these matters. The risk has been added as 'in-scope'.

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
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Contributing authors:	Suzanne Christopher, Head of Corporate Affairs
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Distribution to other people/ groups/ meetings:

Version	Name/ group/ meeting	Date issued
1	Quality Committee	02.03.22
2	Operational Committee	22.03.22

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

Appendix No.	Appendix title
1	Board Assurance Framework (incorporating strategic risk register)

**STANDARDISED HIGHLIGHT/
EXCEPTION REPORT**

REPORT DETAILS	
Subject matter of report:	Report against Strategic Objectives – March 2022
Report provided by:	James Partington, Quality Surveillance Specialist
Date of report:	30/03/2022

Summarise the purpose of the report:	
SUBJECT MATTER What is this report about? Summarise why this report requires the attention of the Committee.	<p>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. A further Activity Appendix was added in Spring 2020 to enable the Trust to monitor some key aspects of the impact of the pandemic.</p> <p>There is an intention to review and potentially recast the metrics to better align with the new Strategic Objectives. Until that work takes place, the report is structured around the old Strategic Objectives.</p> <p>There has been an interruption in the flow of data following the move to SystemOne. Admissions via the dynamic support database, EI performance, information on mortality reviews and the activity appendix cannot be updated this month. Bed occupancy data is available once again.</p>

Quality, clinical, care, other risks that require escalation:	
ESCALATION What do you need to escalate to the Committee?	<p>Despite the Trust providing additional beds at Riverwood ward, the pressures on acute mental health beds have continued to grow such that more people have been cared for out of area (slide 4).</p> <p>Appraisal rates have fallen significantly (slide 11).</p> <p>The vacancy rate remains above average at around 7% (slide 16).</p>

Other key matters to highlight:	
ASSURANCE What assurance or evidence of improvements are you providing to the Committee?	<p>Sickness absence peaked in December 2021 and fell in January and again in February 2022.</p> <p>In-month turnover has levelled off (slide 15).</p>

Report Against Strategic Objectives

March 2022

Quality Surveillance Analysis Team

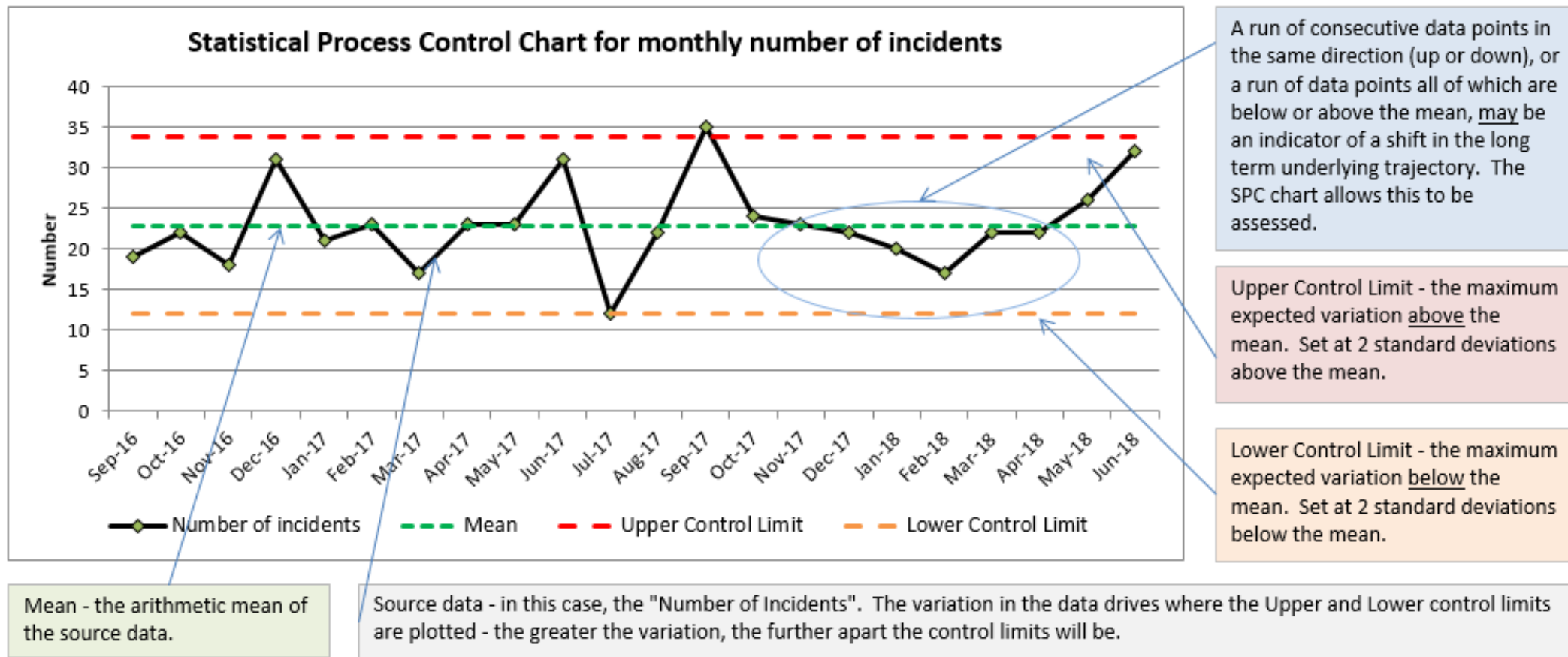
Helping people to be
the best they can be

NHS

**Cheshire and Wirral
Partnership**
NHS Foundation Trust



Interpreting Statistical Process Control charts



What does the SPC tell us?

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

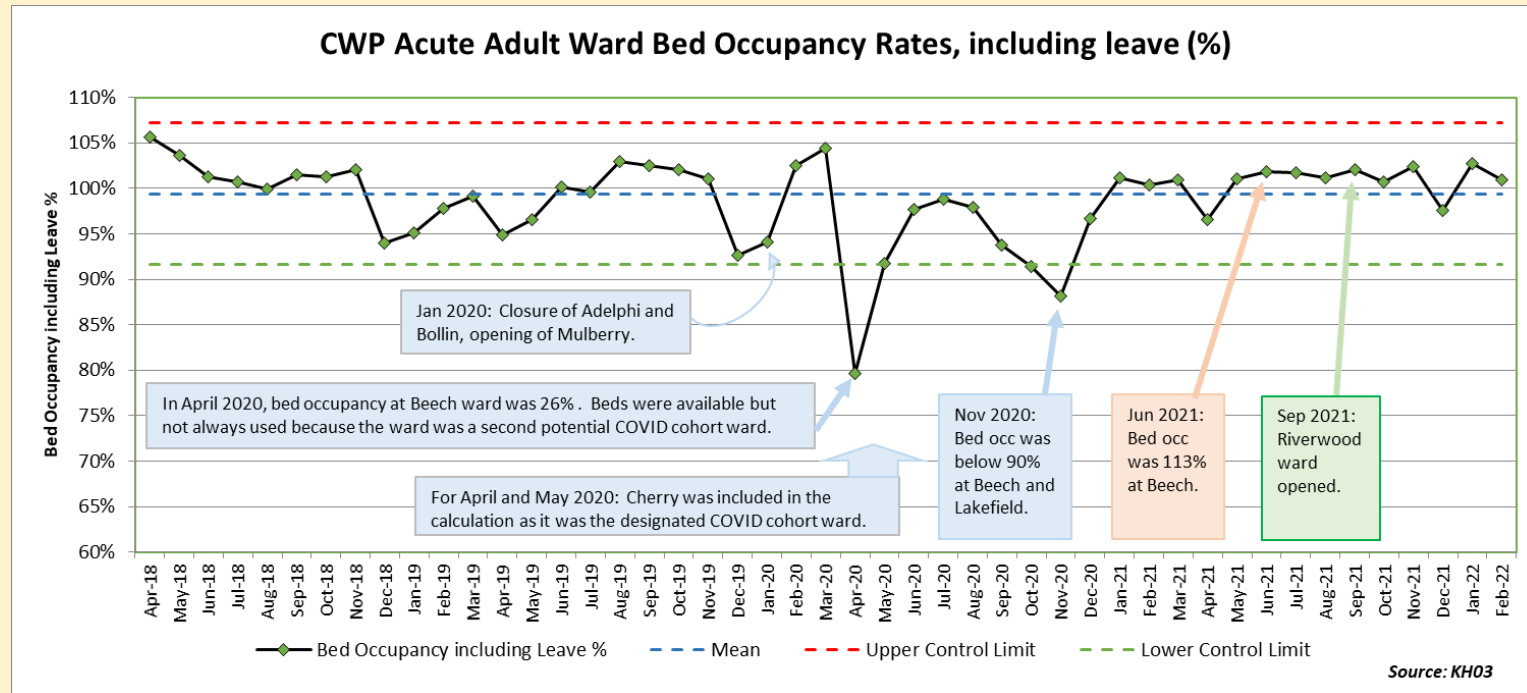
What's the science behind setting the control limits at two standard deviations from the mean?

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

Deliver high quality, integrated and innovative services that improve outcomes

Metric	Data	Further Explanation
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Bed Occupancy - Adult Acute wards



Metric owner:
Suzanne Edwards /
Anushta Sivananthan

Monitored at:
SMH Care Group

Data sources:
KH03 file provided by the
Information Team.

Comment: Bed occupancy including leave has been over 100% for 12 of the last 14 months, reflecting the challenges and pressure facing our inpatient services and explaining the need for out of area/Elysium beds as shown on the next slide.

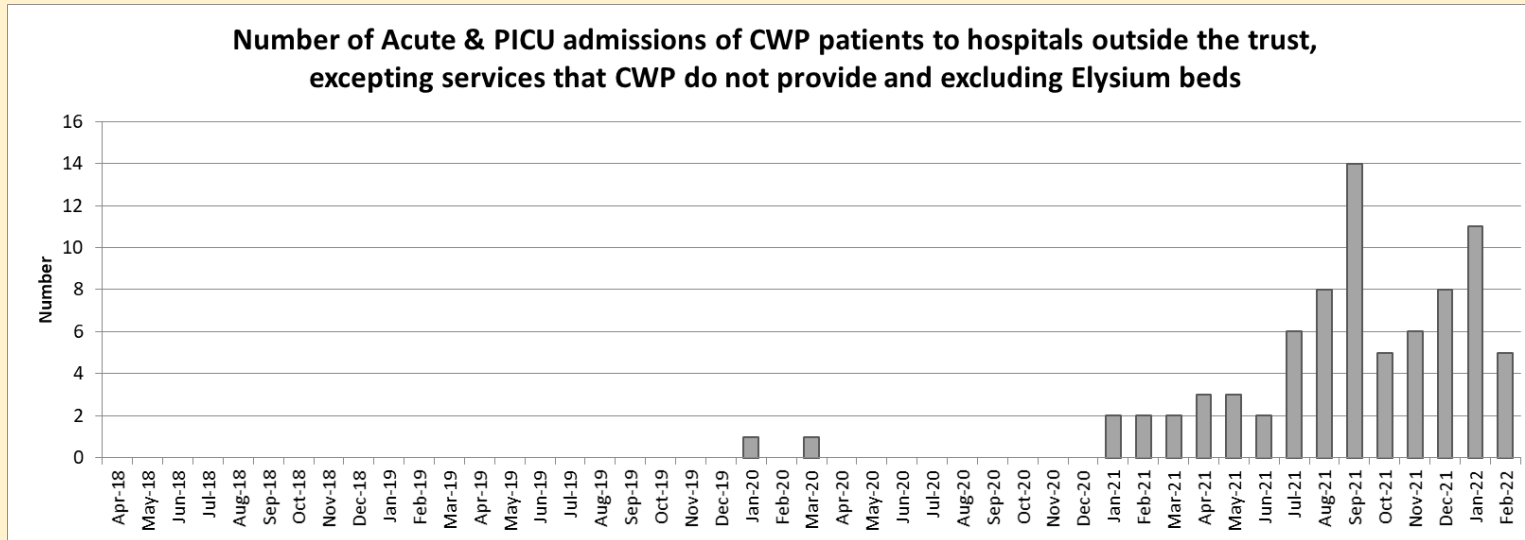
Deliver high quality, integrated and innovative services that improve outcomes

Metric

Data

Further Explanation

Out of Area Acute Admissions



Comment: There has been further need for patients to be placed out of area in the most recent months, adding to a pattern which has developed since January 2021, after a long period with only minimal out of area placements prior to the start of 2020. 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.

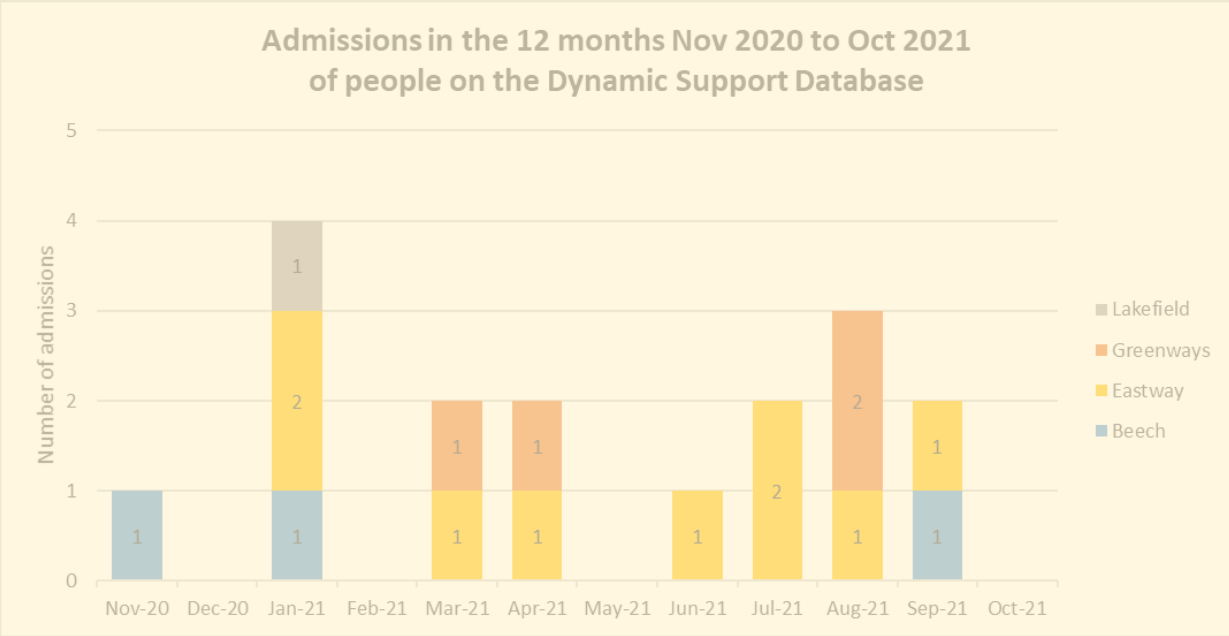
Metric owner:
Suzanne Edwards

Monitored at:
Operational Committee

Data source:
CWP Bed Hub

The definition has been changed since previous versions of the report. Each month's data now includes people who have been discharged or repatriated before the end of the month whereas previously the data were an end-of-month count. CWP patients looked after in Elysium beds are not counted as they are receiving continuity of care.

Deliver high quality, integrated and innovative services that improve outcomes

Metric	Data	Further Explanation
<p>Admission to hospital for those on the Dynamic Support Database</p>	<p style="text-align: center;">Admissions in the 12 months Nov 2020 to Oct 2021 of people on the Dynamic Support Database</p>  <p>This information is not yet available following the EPR migration from Carenotes to SystemOne. The chart will be updated once the information flow is reinstated.</p>	<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>

Deliver high quality, integrated and innovative services that improve outcomes

Metric	Data	Further Explanation
<p>CWP performance against NHSi targets</p> <p>(Exceptions only)</p>	<p>The Trust regularly reports a number of operational metrics to NHSi. These cover: Early Intervention in Psychosis (one metric), Improving Access to Psychological Therapies (3 metrics), Out of Area admissions (monitored on slide 4 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 January and February 2022, are for October and November 2021.</p> <p>The following metrics were below target performance as set out in the NHS Oversight Framework for January and February 2022:</p> <ul style="list-style-type: none"> • Out of Area Admissions which had 11 instances in January and 5 in February • The data quality measure, where the data for the most recent months was 63.4% in January and 66.0% in February against a target of 95%. <p>EI performance could not be reported due to the unavailability of data following the move to SystmOne.</p>	<p>Metric owner: Tim Welch</p> <p>Monitored by: Ops Committee by exception from Care Groups</p> <p>Data source: CWP Business and Value</p>

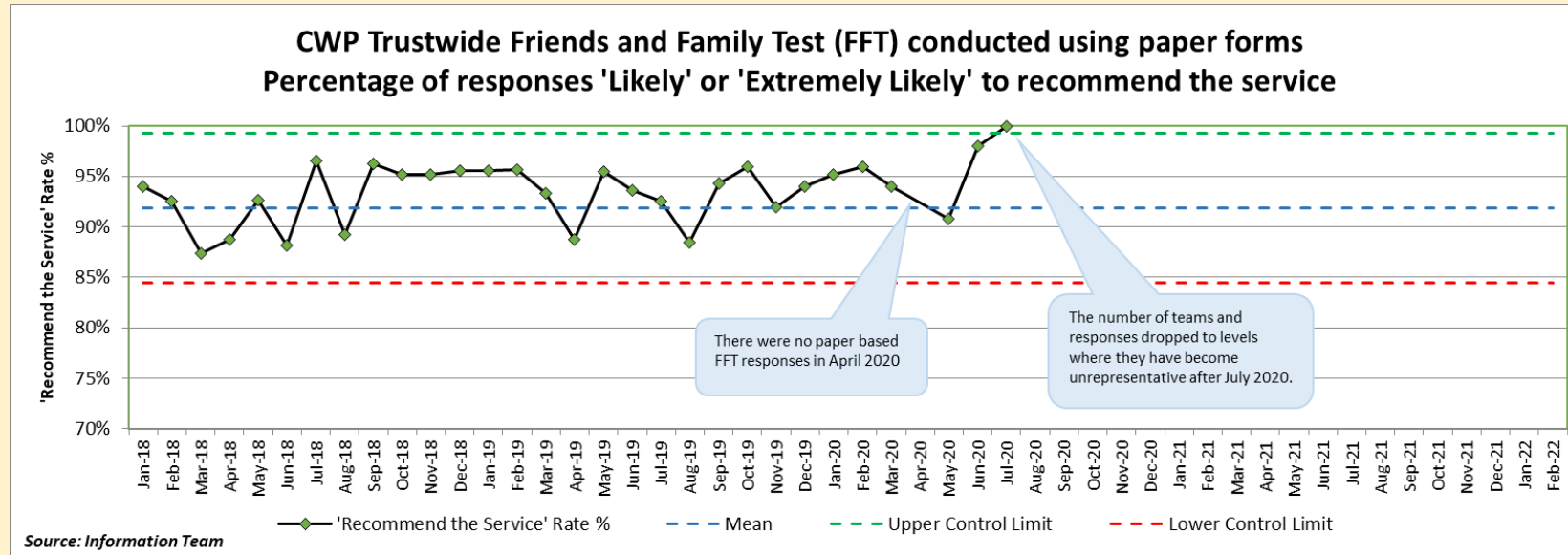
Ensure meaningful involvement of service users, carers, staff and the wider community

Metric

Data

Further Explanation

Friends and Family Test – responses from users of our services



Metric owner:
Gary Flockhart

Monitored through:
Quality Committee
and PACE

Data source:
'FFTalldatodate' file
from the Information
Team

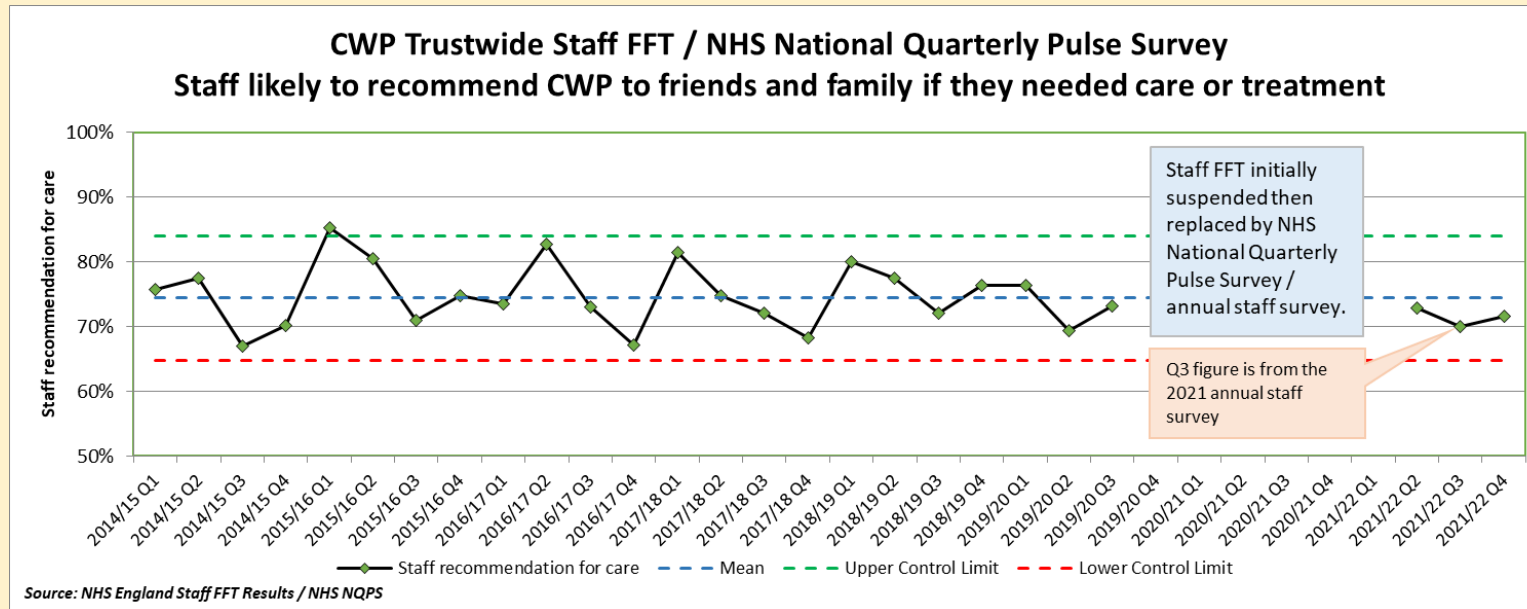
Comment: Following the onset of Covid-19, there was a national pause on the reporting of FFT. The volume of paper based FFT forms diminished after July 2020 to a point where they are not representative of all CWP services, so results are not shown after that date. The revised national FFT guidance offers 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.

Although there has been a pick-up in the use of the paper forms in recent months, the redirection of resources to support SystmOne has precluded the development work that is needed to update this chart.

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

Metric	Data	Further Explanation
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NHS National Quarterly Pulse Survey – about CWP as a care provider



Comment: The Staff Friends and Family Test was paused during the COVID pandemic and this was replaced in July 2021 with the NQPS which expands on the two previous questions to include the 9 engagement questions from the Annual NHS Staff Survey. For Q4 2021/22, CWP scored 71.6%. This is 4.8% higher than the average score of other Trusts who also utilised our external partner (Picker). For comparison, the NHS Annual Staff Survey ran in Q3 and 70% of colleagues indicated that they would be happy with the standard of care provided by the organisation. Although this is a drop of 5.5% from the 2020 Annual NHS Staff Survey, it is still above the average score (63.8%) for similar organisations who utilised Picker as their external contractor. Results from the Annual Staff Survey and NQPS are currently being analysed and worked into formal action plans.

Metric owner:
David Harris, delegated to Simon Platt

Monitored at:
POD Sub Committee

Data source:
People Information

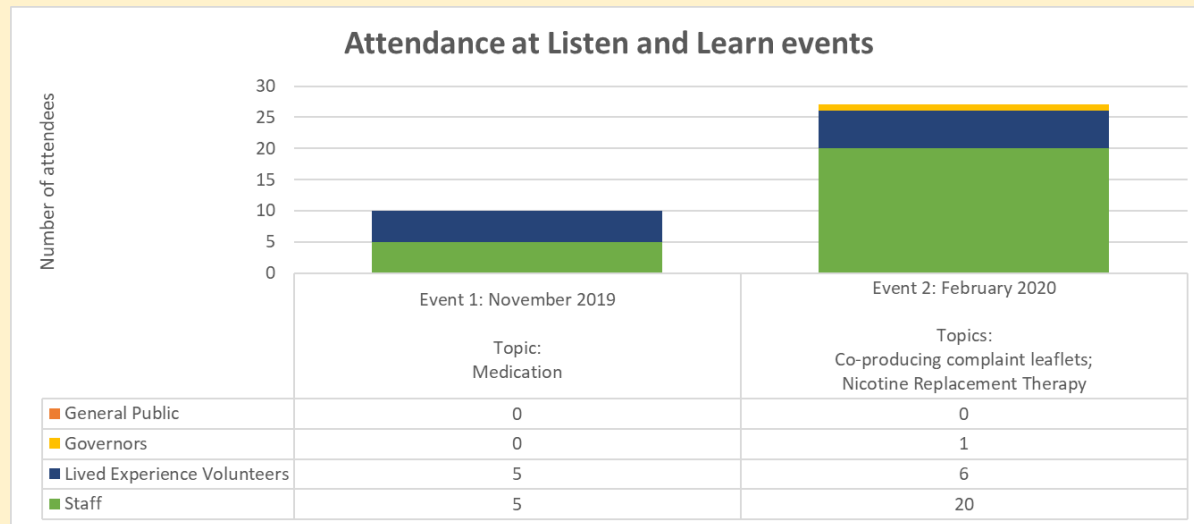
Ensure meaningful involvement of service users, carers, staff and the wider community

Metric	Data	Further Explanation																																																																		
<p>NHS National Quarterly Pulse Survey – about CWP as a place to work</p>	<div data-bbox="420 415 2000 1006"> <p style="text-align: center;">CWP Trustwide Staff FFT / NHS National Quarterly Pulse Survey Staff likely to recommend CWP to friends and family as a place to work</p> <table border="1"> <caption>Staff recommendation for place to work (%)</caption> <thead> <tr> <th>Quarter</th> <th>Staff recommendation (%)</th> </tr> </thead> <tbody> <tr><td>2014/15 Q1</td><td>62.0</td></tr> <tr><td>2014/15 Q2</td><td>61.0</td></tr> <tr><td>2014/15 Q3</td><td>61.0</td></tr> <tr><td>2014/15 Q4</td><td>55.0</td></tr> <tr><td>2015/16 Q1</td><td>71.0</td></tr> <tr><td>2015/16 Q2</td><td>60.0</td></tr> <tr><td>2015/16 Q3</td><td>61.0</td></tr> <tr><td>2015/16 Q4</td><td>62.0</td></tr> <tr><td>2016/17 Q1</td><td>56.0</td></tr> <tr><td>2016/17 Q2</td><td>66.0</td></tr> <tr><td>2016/17 Q3</td><td>64.0</td></tr> <tr><td>2016/17 Q4</td><td>52.0</td></tr> <tr><td>2017/18 Q1</td><td>54.0</td></tr> <tr><td>2017/18 Q2</td><td>60.0</td></tr> <tr><td>2017/18 Q3</td><td>64.0</td></tr> <tr><td>2017/18 Q4</td><td>48.0</td></tr> <tr><td>2018/19 Q1</td><td>64.0</td></tr> <tr><td>2018/19 Q2</td><td>60.0</td></tr> <tr><td>2018/19 Q3</td><td>64.0</td></tr> <tr><td>2018/19 Q4</td><td>62.0</td></tr> <tr><td>2019/20 Q1</td><td>62.0</td></tr> <tr><td>2019/20 Q2</td><td>56.0</td></tr> <tr><td>2019/20 Q3</td><td>65.0</td></tr> <tr><td>2019/20 Q4</td><td>66.0</td></tr> <tr><td>2020/21 Q1</td><td>60.0</td></tr> <tr><td>2020/21 Q2</td><td>60.0</td></tr> <tr><td>2020/21 Q3</td><td>62.0</td></tr> <tr><td>2020/21 Q4</td><td>62.0</td></tr> <tr><td>2021/22 Q1</td><td>67.0</td></tr> <tr><td>2021/22 Q2</td><td>63.0</td></tr> <tr><td>2021/22 Q3</td><td>63.0</td></tr> <tr><td>2021/22 Q4</td><td>66.4</td></tr> </tbody> </table> <p>Source: NHS England Staff FFT Results / NHS NQPS</p> </div> <div data-bbox="420 1035 2012 1349"> <p>Comment: The Staff Friends and Family Test was paused during the COVID pandemic and this was replaced in July 2021 with the NQPS which expands on the two previous questions to now include the 9 engagement questions from the Annual NHS Staff Survey. For Q4 2021/22, CWP scored 66.4%. This is 7.2% higher than the average score of other Trusts who also utilised our external partner (Picker). For comparison, the NHS Annual Staff Survey ran in Q3 and 63% of colleagues indicated that they would recommend the Trust as a place to work. Although this is a drop of 5.2% from the 2020 Annual NHS Staff Survey, it is still above the average score (62.7%) for similar organisations who utilised Picker as their external contractor. Results from the Annual Staff Survey and NQPS are currently being analysed and worked into formal action plans.</p> </div>	Quarter	Staff recommendation (%)	2014/15 Q1	62.0	2014/15 Q2	61.0	2014/15 Q3	61.0	2014/15 Q4	55.0	2015/16 Q1	71.0	2015/16 Q2	60.0	2015/16 Q3	61.0	2015/16 Q4	62.0	2016/17 Q1	56.0	2016/17 Q2	66.0	2016/17 Q3	64.0	2016/17 Q4	52.0	2017/18 Q1	54.0	2017/18 Q2	60.0	2017/18 Q3	64.0	2017/18 Q4	48.0	2018/19 Q1	64.0	2018/19 Q2	60.0	2018/19 Q3	64.0	2018/19 Q4	62.0	2019/20 Q1	62.0	2019/20 Q2	56.0	2019/20 Q3	65.0	2019/20 Q4	66.0	2020/21 Q1	60.0	2020/21 Q2	60.0	2020/21 Q3	62.0	2020/21 Q4	62.0	2021/22 Q1	67.0	2021/22 Q2	63.0	2021/22 Q3	63.0	2021/22 Q4	66.4	<p>Metric owner: David Harris, delegated to Simon Platt</p> <p>Monitored at: POD Sub Committee</p> <p>Data source: People Information</p>
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Ensure meaningful involvement of service users, carers, staff and the wider community

Metric	Data
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Effectiveness of working with the wider community



Comment: Due to Covid-19 restrictions and limited ability to connect virtually with members and public, we have utilised other methods of ensuring that we listen to the voice of people who access our services. We have involved people in the steering groups of various research and improvement projects. People with lived experience have been involved in data analysis of surveys. Our participation and engagement groups have been working within care groups to ensure that people voices are heard and they are involved. Despite no identified specific listen and learn events, the PACE team have been involved in the Imagining the Future consultation events and consulted with various groups and communities.

Metric owner:
Cathy Walsh

Monitored at:
PACE Sub Committee

Data Source:
PALS team

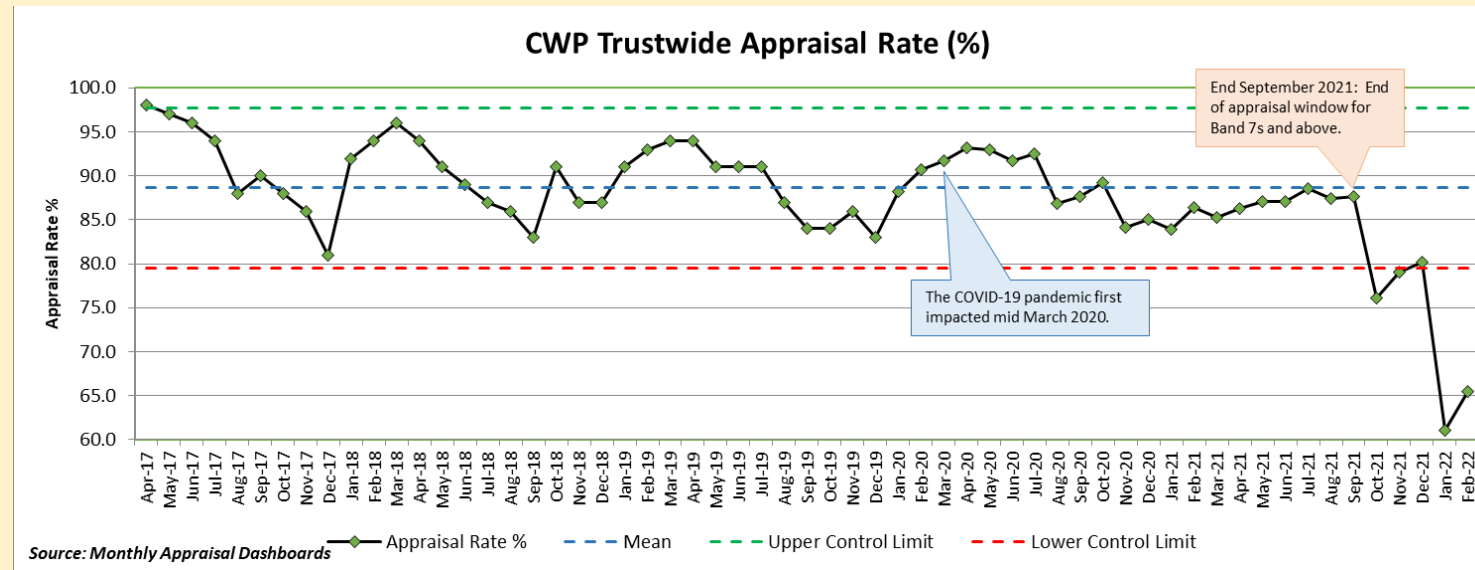
Be a model employer and have a caring, competent and motivated workforce

Metric

Data

Further Explanation

Appraisal



Metric owner:
David Harris, delegated to Carmel Hopkins

Monitored at:
POD Sub Committee and Ops Committee

Data source:
People Information

Comment: As reported last time, the sudden drop in performance is due to two of the windows for completion now closing. Also, in considering the “reducing the burden” instructions from NHSE/I the Trust considered extending these windows further. This would have kept performance at a higher level but it was decided that the Trust would stick with the current window, accept the inevitable drop in performance and then make it a priority to improve (alongside supervision). This issue will continue to be discussed with Care Group and Clinical Support Services colleagues at Operational Committee.

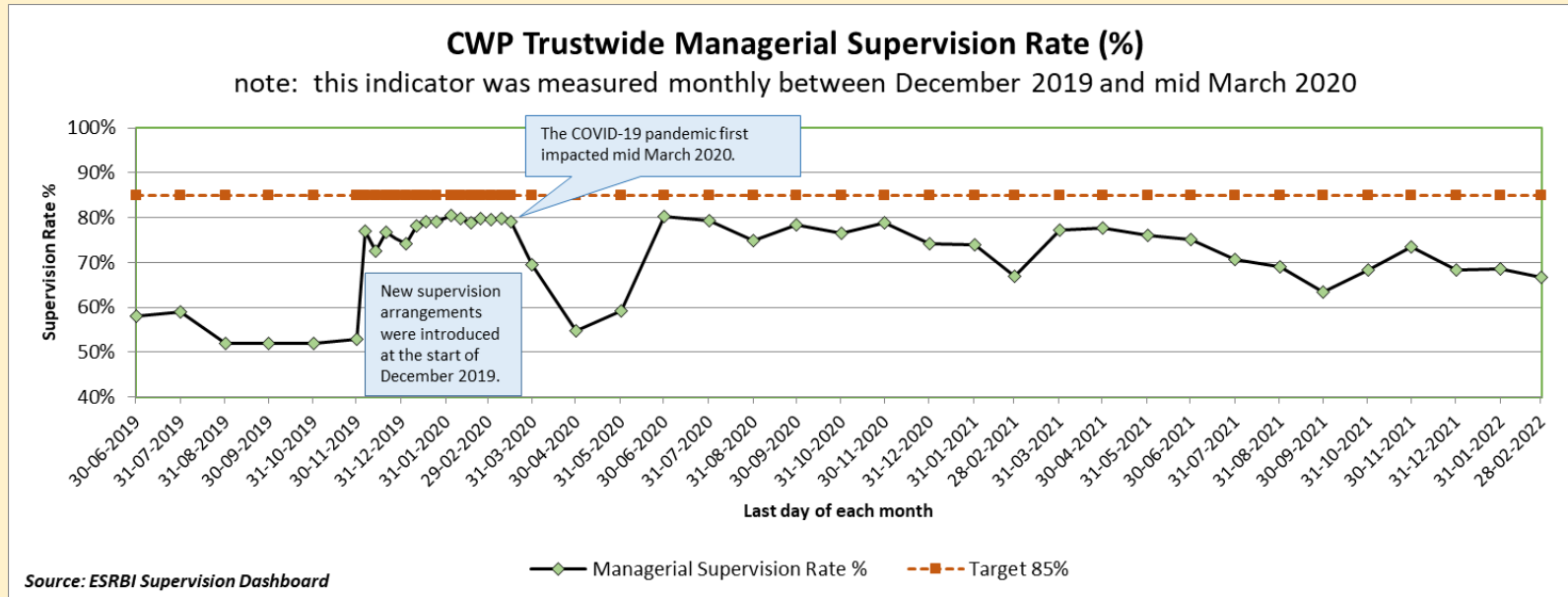
Be a model employer and have a caring, competent and motivated workforce

Metric

Data

Further Explanation

Managerial Supervision



Comment: Supervision has remained a focus of scrutiny at Operational Committee and People and OD Sub Committee. At the former, Care Groups provided details of the rapid improvement projects that they were carrying out with specific, targeted teams and this seemed to be leading to improved performance in November. However, in December and January a number of services were in business continuity mode with very high levels of absence. This led to a cessation of the improvement work (the focus was on keeping services running) and has had a negative impact on recorded supervision levels. At Operational Committee in January Care Groups were asked to give assurance that supervision was taking place. This was given verbally but it was acknowledged that this was not being reflected in the reported figures in all areas. Care Groups intend to restart the improvement projects that they had to stop over Dec/Jan but high level of absence and redeployment of staff continues to hinder this work.

Metric owner:
David Harris, delegated to Simon Platt

Monitored at:
POD Sub Committee and Ops Committee

Data source:
People Information

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.

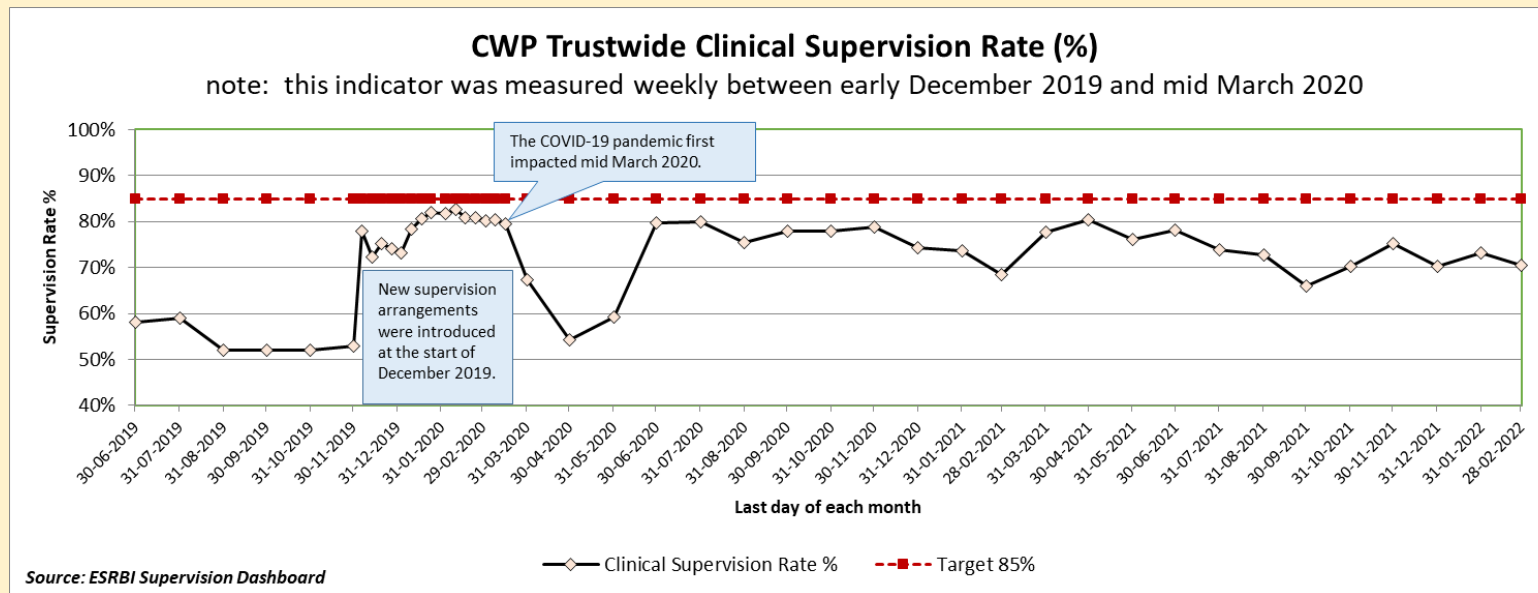
Be a model employer and have a caring, competent and motivated workforce

Metric

Data

Further Explanation

Clinical Supervision



Metric owner:
Gary Flockhart

Monitored at:
Care Group and Ops Committee

Data source:
People Information

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.

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.

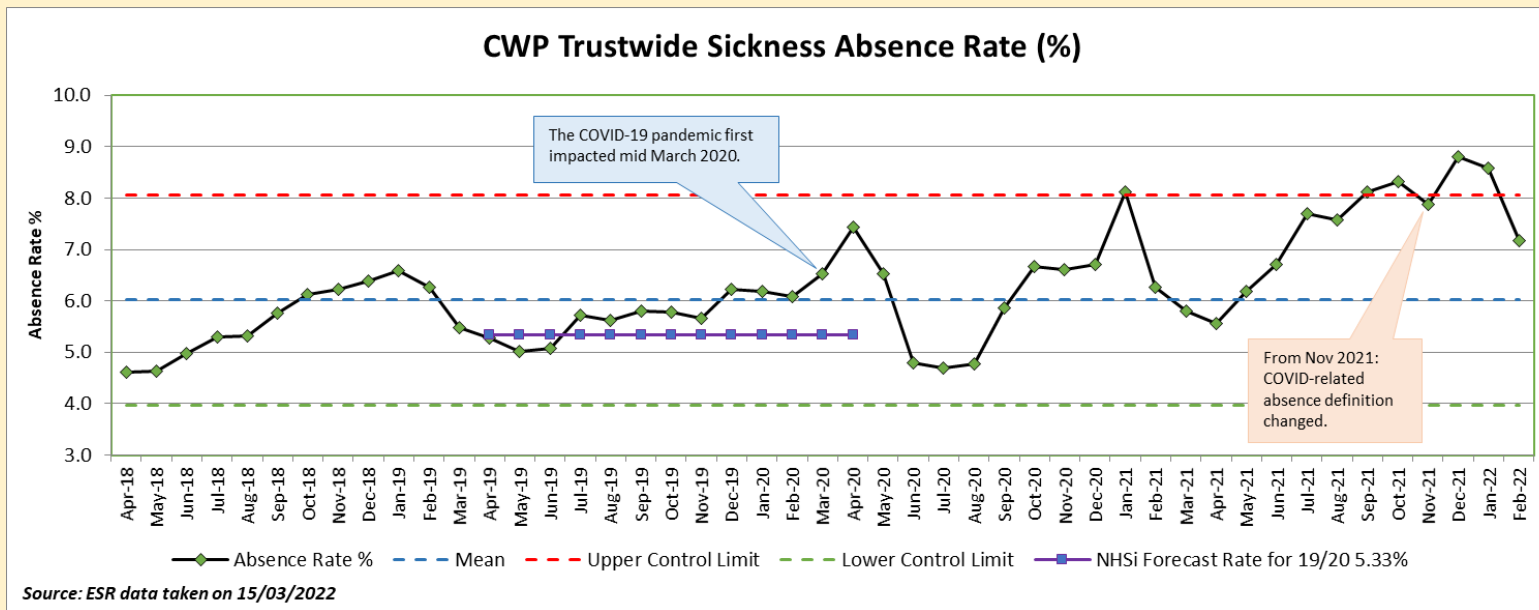
Be a model employer and have a caring, competent and motivated workforce

Metric

Data

Further Explanation

Sickness Absence (in-month)



Metric owners:
David Harris,
delegated to Carmel Hopkins

Monitored at:
POD Sub Committee

Data source:
People Information

Comment: There has been an extensive range of wellbeing interventions and regular scrutiny via Operations Committee, People and OD Sub- Committee and the ongoing support of the Trust Wellbeing Guardian. The main challenges remain as stated - 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. The national trend in Dec/Jan of a significant increase in people testing positive with the Omicron variant of Covid was mirrored within CWP with absence rising to the highest ever level. In addition to the established wellbeing offer, a group of wellbeing champions were mobilised to attend ward settings to offer in situ wellbeing coaching support. This was well received. The HR Ops team continue to work with managers to ensure that all absence cases are being effectively managed and recorded and absence has started to fall.

The data presented here are in-month sickness absence rates. A rolling 12 month rate is shown in the Operational Committee Performance Dashboard.

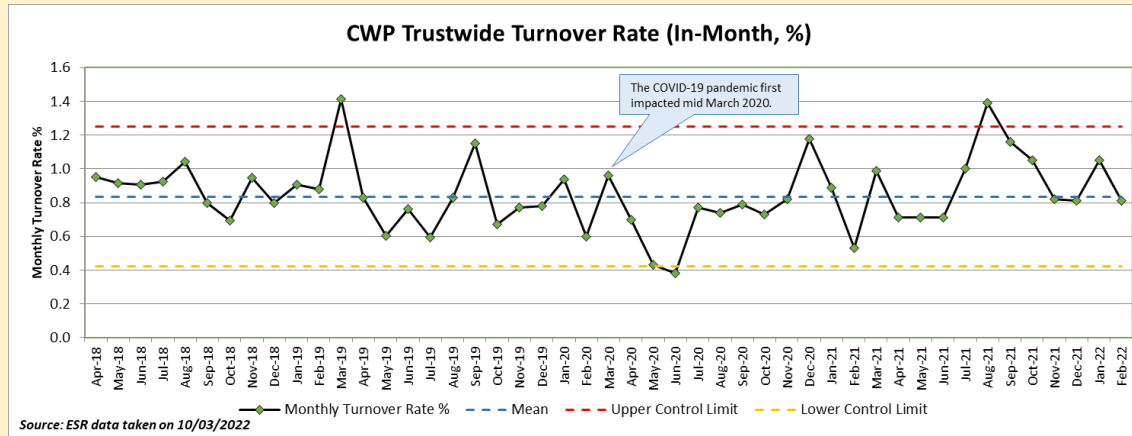
Be a model employer and have a caring, competent and motivated workforce

Metric

Data

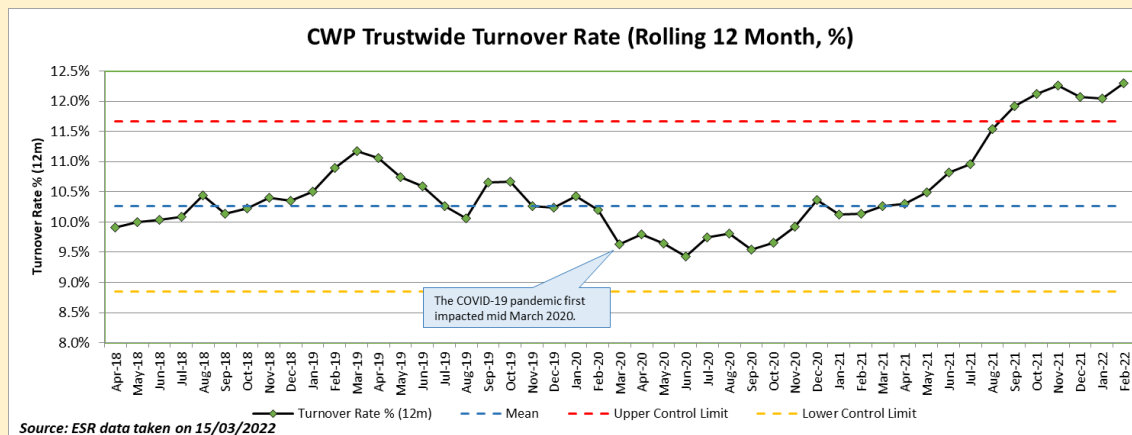
Further Explanation

Staff Turnover



Comment:

The latest rolling 12 month data continues to exceed the upper threshold. This is not what we would expect from normal variation but is representative of the national picture. As per previous updates the turnover and vacancy rate challenge has been captured in Strategic Risk 2, which has been reviewed by Quality Committee.



The mitigating actions are being addressed through a number of task and finish groups and overseen by the reinstated People Planning Group and People and OD Sub Committee.

Metric owner:
David Harris,
delegated to Viv
Williamson

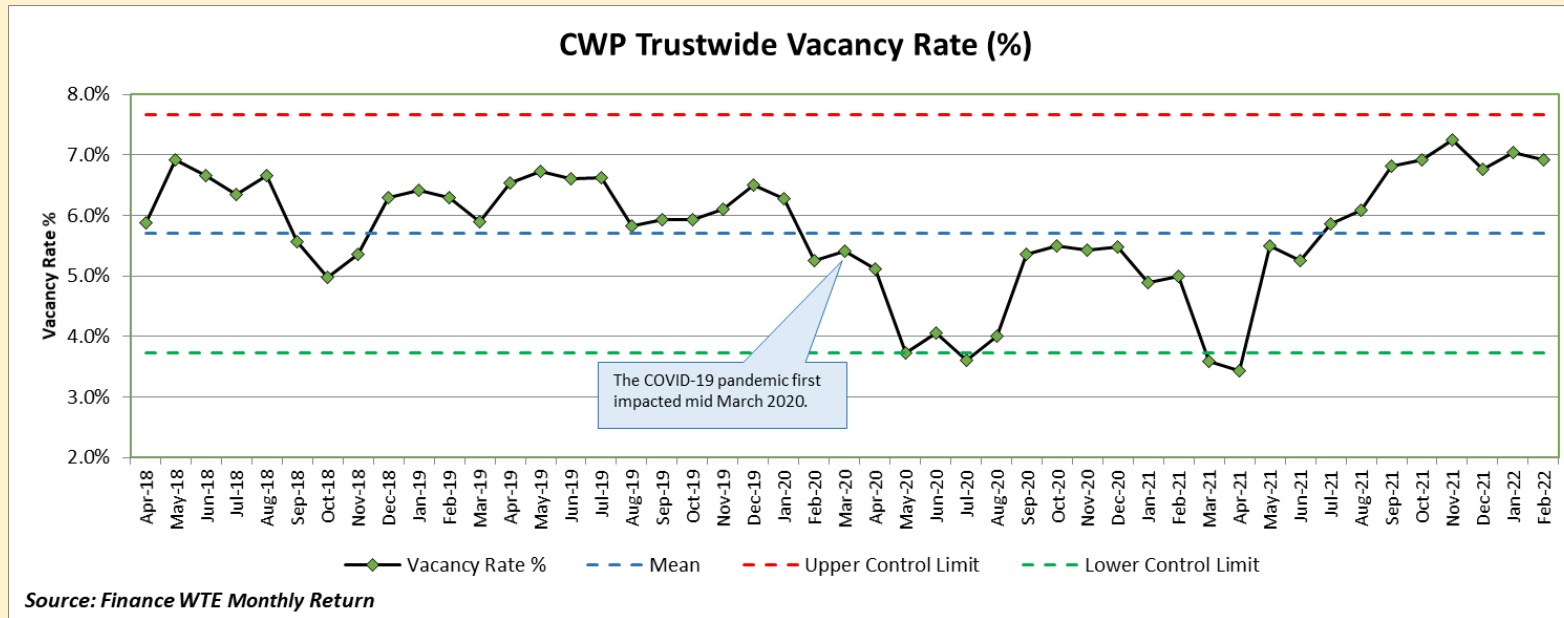
Monitored at:
POD Sub Committee

Data source:
People Information

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

Metric	Data	Further Explanation
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Vacancy Rate



Metric owner:
David Harris, delegated to
Viv Williamson

Monitored at:
POD Sub Committee

Data source:
Business and Value

Comment: Comment: The rate for Nov 21 was the highest in the last four years and Dec 21 was the first drop since Jun 21. Attraction, recruitment and retention initiatives were refreshed and workstreams involving Trustwide colleagues began in Oct 21. Number of offers on 1 Mar 22 were 186 FTE with a total of 363 FTE in recruitment excluding authorisation and advert stages. Data for starters/leavers shows a net increase of 173 FTE between Mar 21 and Feb 22. Work to align ledger and ESR data is on-going as part of workforce planning.

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

Metric	Data	Further Explanation
<h2>Mandatory Training</h2>	<div data-bbox="453 439 1880 988"> <p>CWP Trustwide Mandatory Training (EE1) Compliance Rate (%)</p> <p>The COVID-19 pandemic first impacted mid March 2020.</p> <p>Source: ESR/Education CWP</p> </div> <p data-bbox="453 1006 1936 1306"> 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 data-bbox="1982 435 2211 514">Metric owner: David Harris</p> <p data-bbox="1982 578 2382 706">Monitored at: POD Sub Committee and Ops Committee</p> <p data-bbox="1982 771 2229 849">Data source: Education CWP</p> <p data-bbox="1982 963 2407 1263">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
<p>Morbidity and Mortality</p>	<p style="text-align: center;">CWP Trustwide Morbidity and Mortality Percentage of deaths reviewed through either a case record or a Datix/StEIS review</p> <p>the scope of which deaths are reviewed was changed in Jan 2019.</p> <p>The COVID-19 pandemic first impacted mid March 2020.</p> <p>Source: Incidents Team, Datix</p>	<p>Metric owner: Gary Flockhart</p> <p>Monitored by: Quality Committee</p> <p>Data source: CWP Incidents team</p>
<p>This information is not yet available following the EPR migration from Carenotes to SystemOne. The chart will be updated once the information flow is reinstated.</p>		

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

Metric	Data	Further Explanation																																			
<p>Level 3 and 4 QI Training</p>	<div data-bbox="479 454 1791 1110" data-label="Figure"> <p>Cumulative growth in QI Training in CWP by Care Group</p> <table border="1"> <thead> <tr> <th>Cohort</th> <th>End Date</th> <th>Level 4 (Expert)</th> <th>Level 3 (Senior Manager)</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>March 2019</td> <td>12</td> <td>2</td> <td>14</td> </tr> <tr> <td>2</td> <td>June 2019</td> <td>15</td> <td>8</td> <td>23</td> </tr> <tr> <td>3</td> <td>September 2019</td> <td>16</td> <td>17</td> <td>33</td> </tr> <tr> <td>4</td> <td>July 2019</td> <td>6</td> <td>5</td> <td>11</td> </tr> <tr> <td>5</td> <td>September 2019</td> <td>10</td> <td>10</td> <td>20</td> </tr> <tr> <td>6</td> <td>December 2019</td> <td>15</td> <td>14</td> <td>29</td> </tr> </tbody> </table> <p>Legend: Clinical Support Services (Grey), LD, NDD & ABI (Light Blue), SMH (Dark Blue), CYPF (Yellow), Neighbourhoods (Orange)</p> </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 until the COVID situation is resolved rollout of all instructor led training has been halted. Latest figures show that 91% of staff members have completed the level 1 QI training.</p>	Cohort	End Date	Level 4 (Expert)	Level 3 (Senior Manager)	Total	1	March 2019	12	2	14	2	June 2019	15	8	23	3	September 2019	16	17	33	4	July 2019	6	5	11	5	September 2019	10	10	20	6	December 2019	15	14	29	<p>Metric owner: Anushta Sivananthan</p> <p>Monitored by: Quality Committee</p> <p>Data provider: Quality Assurance and Improvement team</p>
Cohort	End Date	Level 4 (Expert)	Level 3 (Senior Manager)	Total																																	
1	March 2019	12	2	14																																	
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6	December 2019	15	14	29																																	

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

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

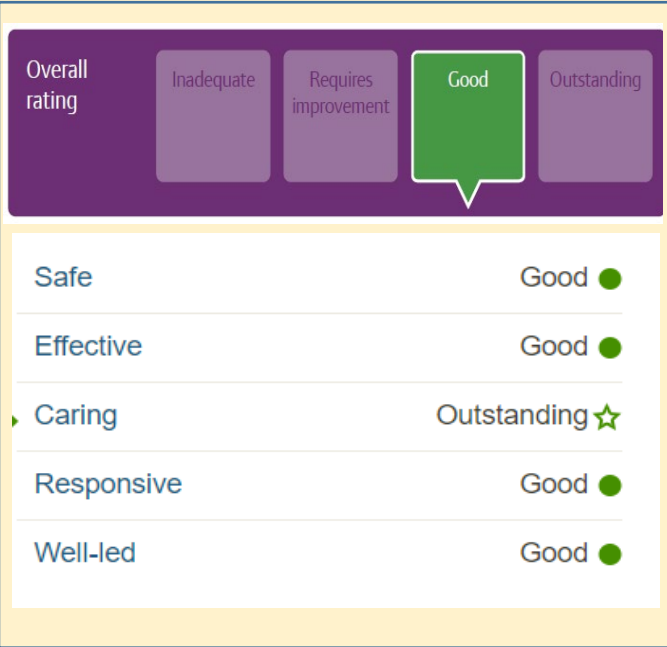
Metric	Development Plans
Dashboard development	<p>Development work on the Operational Committee Performance Report has been continuing and the following improvements have been made:</p> <ul style="list-style-type: none">• Rationalisation of measures so they are only reported into a single committee, 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>The image shows a CQC rating dashboard. At the top, there is a horizontal bar with five categories: 'Overall rating', 'Inadequate', 'Requires improvement', 'Good', and 'Outstanding'. The 'Good' category is highlighted with a green speech bubble. Below this, a list of five categories is shown with their respective ratings: 'Safe' (Good), 'Effective' (Good), 'Caring' (Outstanding), 'Responsive' (Good), and 'Well-led' (Good). Each rating is accompanied by a green dot or star icon.</p>	<p>Comments: The most recent Well led inspection took place between 9 and 11 March 2020 and showed improvement over the previous inspection.</p> <p>At the time of writing, there are 5 regulatory actions open in relation to ADHD services and Rosewood ward. As per March 2022 Quality Committee Chair's report, the CQC have advised that CWP are required to continue to provide progress against the ongoing actions in relation to ADHD, whilst for Rosewood, the CQC have agreed to an extension so that the improvement actions address the regulatory action on a sustained basis. This extension request will be submitted to the CQC formally by the end of March 2022. There is no change to report to the current CQC rating for the Trust.</p> <p>Metric owner: Anushta Sivananthan delegated to Stephanie Bailey</p> <p>Monitored at: Quality Committee</p> <p>Data source: CQC website</p>

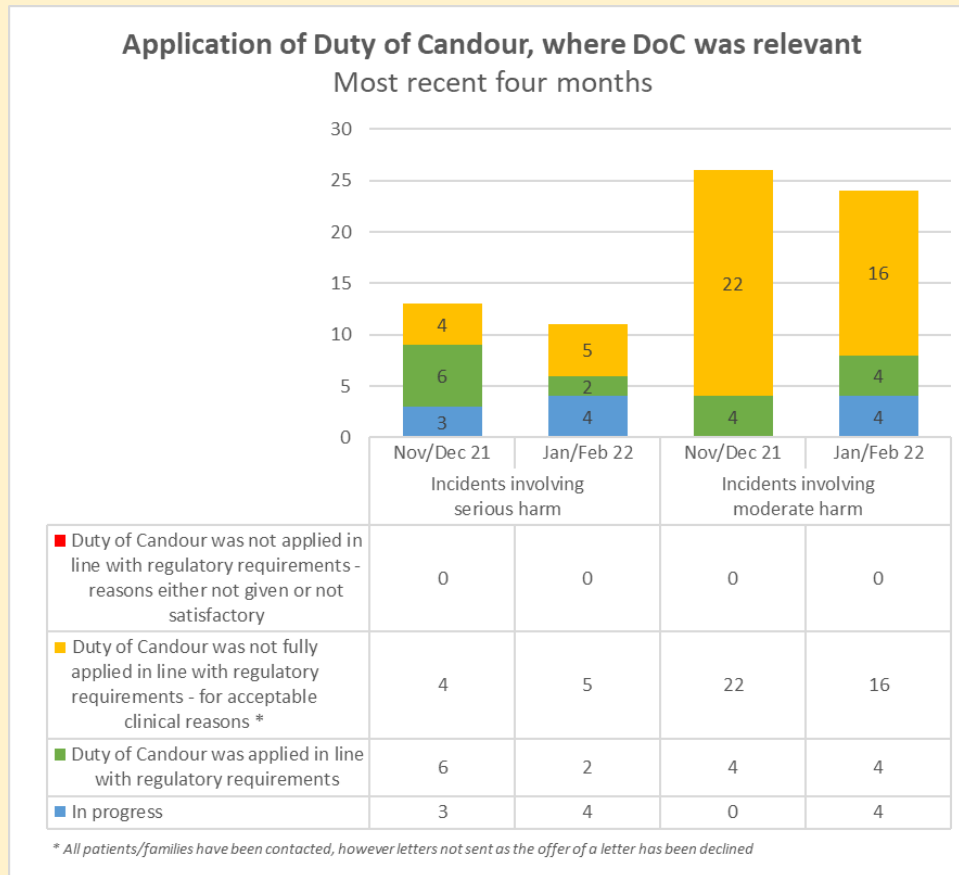
Be recognised as an open, progressive organisation that is about care, well-being and partnership

Metric

Data

Further Explanation

Duty of Candour



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 was issued last October explaining the updated regulation and was issued again in January 2022 as a reminder. Duty of Candour was also added to the February 2022 ISAF Learning from Incidents bulletin.

Metric owner:
Gary Flockhart

Monitored at:
Quality Committee

Data source:
CWP Incidents Team

Report Against Strategic Objectives

End Sheet

Helping people to be
the best they can be

STANDARDISED HIGHLIGHT/
EXCEPTION REPORT

REPORT DETAILS	
Subject matter of report:	Equality, Diversity, Inclusion & Human Rights Policy – Annual Review
Report provided by:	Gary Flockhart, Director of Nursing, Therapies and Patient Partnership
Date of report:	21/03/2022

Summarise the purpose of the report:	
SUBJECT MATTER What is this report about? Summarise why this report requires the attention of the Committee.	<p>The Trust’s Equality, Diversity, Inclusion & Human Rights Policy (GR10) provides the Trust’s overall framework to meet its commitment to promoting equality, diversity, inclusion and human rights. It underpins our strategic objectives to be a model employer and to have a caring, competent and motivated workforce. It illustrates our commitment to provide an inclusive culture which treats all individuals with dignity and respect.</p> <p>The Mental Health Act Code of Practice 2015 section 3.15 states the following:</p> <ul style="list-style-type: none"> Commissioners and providers should have in place a human rights and equality policy for service provision and practice in relation to the Act, which should be reviewed at Board (or equivalent) level at least annually.

Quality, clinical, care, other risks that require escalation:	
ESCALATION What do you need to escalate to the Committee?	<p>As part of the review in 2020, the policy was the subject of a thorough refresh to provide considerably more detail on how the Trust pays due regard to both the protected characteristics covered by the Equality Act 2010 and the articles covered by the Human Rights Act 1998. It was also updated to reflect the fact that Equality, Diversity, Inclusion & Human Rights training is now 3 yearly as opposed to non-renewable as was previously the case.</p> <p>In respect of the 2021 review, a small number of minor updates were made to some of the terminology contained within the document as well as reference to the new Reasonable Adjustments Guidance which was co-produced by members of the Trust’s Equity & Inclusion Network and colleagues from Workforce Wellbeing, Human Resources and Recruitment. In June 2021, Healthwatch partners were met with and were asked to comment on the content of the policy. Partners fed back that it is an extremely comprehensive document. It was tabled at the March 2022 Trustwide Equality, Diversity and Inclusion Group meeting and the view of members was that it remains fit for purpose.</p>

Other key matters to highlight:	
ASSURANCE What assurance or evidence of improvements are you providing to the Committee?	<p>Trust Board members are asked to note that, in accordance with the Mental Health Act Code of Practice 2015 section 3.15, the Equality, Diversity, Inclusion & Human Rights Policy has been reviewed by both Healthwatch partners and the Trustwide Equality, Diversity and Inclusion Group.</p> <p>Trust Board members are asked to note that both groups have provided assurance that the policy remains fit for purpose.</p> <p>In accordance with the Mental Health Act Code of Practice 2015 section 3.15, Trust Board members are asked to approve the continued use of the document and that a redated version may be published within the Trust’s online suite of ‘Policies, Standard Operating Procedures (SOPs), Guidelines, Pathways and Protocols’ and be shared with commissioners as part of the quality contract monitoring process.</p>

Document level: Trustwide (TW)
Code: GR10
Issue number: 3

Equality, Diversity, Inclusion and Human Rights Policy

Lead executive	Director of Nursing, Therapies and Patient Partnership
Authors details	Equality, Diversity & Inclusion Co-ordinator

Type of document	Policy	
Target audience	All CWP staff, volunteers, contractors, visitors and staff from other organisations working on CWP Premises.	
Document purpose	This Policy provides Cheshire and Wirral Partnership NHS Foundation Trust (CWP) with the overall framework to meet its commitment to promoting Equality, Diversity, Inclusion and Human Rights.	
Approving meeting	People and Organisational Development Subcommittee	18/07/2019
Implementation date	August 2019	

CWP documents to be read in conjunction with	
CP6 CP38 HR2.14 HR3.18 HR3.3 HR3.4 HR3.5 HR3.7 HR3.8 HR6 HR14 HR16 HR19	<p>The management of violence and aggression policy</p> <p>Seclusion and Segregation Policy</p> <p>Maternity, Paternity, Adoption and Shared Parental Leave Policy</p> <p>Capability policy and procedure</p> <p>Trust disciplinary policy and procedure</p> <p>Grievance policy and procedure</p> <p>Managing Attendance Policy</p> <p>Dignity at work policy and procedure (incorporating harassment and bullying)</p> <p>How to raise and escalate concerns within work (incorporating whistleblowing) policy</p> <p>Mandatory Employee Learning (MEL) policy - Trust-wide learning and development requirements including the training needs analysis (TNA)</p> <p>Guidance on accessing staff support and psychological wellbeing service</p> <p>Conflict resolution and mediation procedure</p> <p>Policy for supporting staff involved in traumatic events at work including incidents, complaints, claims and inquests – promoting staff wellbeing guidance for managers and staff</p> <p>People Plan</p> <p>Reasonable Adjustments Guidance</p>

Document change history	
What is different?	This Policy is reviewed annually. It is felt to remain fit for purpose, except for a small number of minor updates which have been made to the document.
Appendices / electronic forms	N/A
What is the impact of change?	N/A
Training requirements	3 Yearly - Training requirements for this policy are in accordance with the CWP Training Needs Analysis (TNA) with Education CWP.

Document consultation	
Clinical services	EDI Locality Leads
Corporate services	Director of Nursing, Therapies and Patient Partnership Associate Director of Patient and Carer Experience
External agencies	Healthwatch Merseyside Society for Deaf People Cheshire & Merseyside Commissioning Support E&D Lead
Internal	CWP Trustwide Equality, Diversity & Inclusion Group Consultation Negotiation Partnership Consultation Committee (CNPCC) Staff Side People and Organisational Development Sub Committee Council of Governors CWP Staff Network Groups

Financial resource implications	None
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Equality Impact Assessment (EIA) - Initial assessment	Yes/No	Comments
Does this document affect one group less or more favourably than another on the basis of:		
- Race	No	
- Ethnic origins (including gypsies and travellers)	No	
- Nationality	No	
- Sex	No	
- Culture	No	
- Religion or belief	No	
- Sexual orientation including lesbian, gay and bisexual people	No	
- Gender Reassignment	No	
- Pregnancy / Maternity	No	
- Marriage / Civil Partnership	No	
- Age	No	
- Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
Is there any evidence that some groups are affected differently?	No	
If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable? Select		
Is the impact of the document likely to be negative?	No	
- If so can the impact be avoided?	N/A	
- What alternatives are there to achieving the document without the impact?	N/A	
- Can we reduce the impact by taking different action?	N/A	
Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted.		
If you have identified a potential discriminatory impact of this procedural document, please refer it to the human resource department together with any suggestions as to the action required to avoid / reduce this impact. For advice in respect of answering the above questions, please contact the human resource department.		
Was a full impact assessment required?	No	
What is the level of impact?	Low	

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1. Introduction

This Policy provides the Cheshire and Wirral Partnership NHS Foundation Trust (hereafter referred to as 'CWP') with the overall framework to meet its' commitment to promoting equality, diversity, inclusion and human rights. It fits with one of the Trust's seven strategic objectives – to be a model employer and have a caring, competent and motivated workforce and with the CWP's People and Organisational Development Strategy. CWP recognises the need to tackle discrimination and to promote equality between different groups in the community whilst also addressing the diverse needs of individuals.

This Policy illustrates CWP's commitment to provide an inclusive culture which treats all individuals with dignity and respect. CWP values diversity highly and recognises that different people bring different perspectives, ideas, opinions, knowledge and culture and that this difference brings great strength.

The benefits of a diverse workforce are well recognised and include a culture where difference is visibly welcomed and where people are actively included in order that they can use their unique talents to the full in the provision of a healthcare service that respects and responds to the diverse needs of the local population it serves.

Benefits of diversity for policy and service delivery include:

- Increased confidence in public services amongst people who access services
- Improved 'openness' about policy making
- Equitable targeted policies
- The ability to improve the delivery of suitable and accessible services that meet varied needs
- The development of good practice

Benefits of diversity for employment include:

- Encouraging the workforce to be more representative of the community it serves
- Support CWP's ambition to be a model employer thus attracting potential staff to the service
- Retention of staff
- Improvement in staff morale and ultimately improved patient care

Equality Act

The Equality Act (2010) places an Equality Duty on public bodies which CWP needs to respond to in its employment policies, practices and provision of its services. Whilst the policy is not driven solely by legislation, it recognises the importance of ensuring that CWP can meet its statutory duties. As such, CWP is committed to meeting its duties under equality legislation which covers the following protected characteristics:

- Age
- Disability
- Ethnicity / Race

- Gender reassignment
- Marriage and Civil Partnership
- Pregnancy and Maternity
- Religion or belief – this includes lack of belief
- Sex
- Sexual orientation

Age

Where this is referred to, it refers to a person belonging to a particular age (e.g. 32 year olds) or range of ages (e.g. 18 - 30 year olds).

Disability

A person has a disability if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities. The definition

means that the vast majority of our service users and many of our staff will be protected by the Disability Protected Characteristic under the Equality Act.

Ethnicity / Race

Refers to the protected characteristic of Race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

Gender reassignment

The process of transitioning from one gender to another.

Marriage and Civil Partnership

Entitlement to marry is available to those who are;

- 16 or over
- free to marry or form a civil partnership (single, divorced or widowed)
- not closely related

Same-sex couples can have their relationships legally recognised as civil partnership and within England, Scotland and Wales Marriage of same-sex couples has been legal since 2014. Civil partners must be treated the same as married couples on a wide range of legal matters.

Pregnancy and Maternity

Pregnancy is the condition of being pregnant - expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

Religion and Belief

Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief or a belief that there is no god (Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

Sex

A person's genetically assigned sex: male, female or intersex (born with reproductive or sexual anatomy that does not fit the boxes of 'female' or 'male.'). May also relate to a person's concept of themselves or 'gender identity' since a person's genetically assigned sex may not necessarily correlate with their gender identity, hence transgender, non-binary or gender non-confirming for example.

Sexual Orientation

Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.

This legislation is also underpinned by Human Rights as set out in the Human Rights Act 1998.

CWP will also commit to observe the Equality and Human Right Commissions' Code of Good Practice for Employment

CWP will work within the Equalities Act 2010 in order to ensure that we pay due regard to our public sector equality duty (PSED) to;

- Eliminate discrimination, harassment and victimisation
- Advance opportunities
- Foster good relations between different people.

2. Policy Statement

The overall objective of this Equality, Diversity, Inclusion and Human Rights policy is to achieve the following in employment policies and practices, in services, and in engagement with partners and with the communities across the Trust's region:-

- Develop an organisational culture which embraces an inclusive approach;
- Discrimination, harassment, bullying, and victimisation are considered to be, and will be treated as serious disciplinary offences (i.e. gross misconduct, which, where proven, may lead to dismissal).
- Promote equality of opportunity;
- Promote good relations and positive attitudes between people of diverse backgrounds
- Foster a culture of respect and understanding between people of diverse cultures, backgrounds, circumstances and identities

CWP aims to ensure that no job applicants, employees, volunteers, contractors, patients or people who access services receive less favourable treatment on any reason which cannot be shown to be justified. This covers the nine protected characteristics; race (including colour, nationality, ethnic or national origin), religion or belief, sex, disability, sexual orientation, gender reassignment, age, marital or civil partnership status, pregnancy or maternity, in addition to having caring responsibilities for children or other dependents.

CWP recognises that;

- discrimination may occur on more than one ground at the same time
- people have a range of diverse needs and services should be designed or delivered in different ways to respond to these needs.

3. Scope of the Policy

This policy applies to all staff working within CWP including employees, contractors, volunteers and staff from other organisations working on Trust premises. It also applies to people who access services and visitors.

This policy applies to CWP premises and all staff working in other premises, including any place where the occasion can be identified with either the requirements of CWP or with social events linked to CWP.

4. Aims of the Policy

In meeting the overall objective of this policy, a number of more detailed aims have been identified covering general aims, services and employment. CWP will:-

- Incorporate consideration of equality, diversity, inclusion and human rights principles from the onset in all its policies, plans, strategies and services
- Undertake equality impact assessments to measure the impact of policies and services and to determine the needs of its employees, people who access services. and the public
- Identify equality, diversity and inclusion outcomes it requires for employees, people who access services and the public as necessary
- Reflect the diversity of the geographical areas it serves in publications, events and other marketing and communications activities
- Follow the social model of disability
- Apply the principles of this policy to suppliers of goods and services to CWP

Service Provision Aims:

CWP aims to:

- Ensure that no one should have negative experience relating to their protected characteristic when in receipt of or intending to be in receipt of a CWP service
- Provide appropriate, accessible and effective services and facilities to all sections of its communities without discrimination or prejudice
- Provide clear information about its services in appropriate formats or languages which meet people's needs
- Monitor its services to ensure that all sections of the community are receiving fair access and outcomes and take action to address any inequalities that are apparent
- Consult with and involve all sections of the community when making decisions about services
- Respond promptly and fairly to any complaints received about its services including those relating to discrimination

- CWP will regularly review patient experience using national or local patient surveys

Employment Aims:

CWP will:

- Ensure that its employment policies and procedures do not discriminate directly or indirectly against any group or individual on unjustifiable grounds
- Work to achieve a workforce that represents the community it serves
- Monitor our recruitment and selection processes, training and development opportunities, disciplinary, grievance, bullying and harassment and capability procedures by race, disability, sex, age, sexual orientation, gender reassignment, religion or belief, pregnancy and maternity, and whether married or in a civil partnership, and take action to address any inequalities that are apparent
- Promote a culture of fairness and respect in its employment policies, procedures and practices
- Provide appropriate training for employees at every level on equality, diversity and human rights issues
- Protect employees from bullying, harassment and violence and investigate all claims of bullying and harassment that are made
- Respond to the particular needs of employees including those relating to race, disability, age, sex, gender reassignment, sexual orientation, religion or belief, pregnancy or maternity, or whether married or in a civil partnership.

5. Responsibilities

CWP has taken into account and will continue to do so, the duties placed on it by equality legislation on race, disability, sex, age, religion or belief, gender reassignment, sexual orientation, pregnancy or maternity, and marriage or civil partnership. It is committed to applying good practice to all the equality areas to ensure equity of health outcomes and employment.

The following groups support CWP in meeting its Equality, Diversity, Inclusion and Human rights objectives:

The Trustwide Equality, Diversity & Inclusion Group is responsible for overseeing the work of the Equality, Diversity & Inclusion Local Groups, providing assurance that CWP is delivering on both its general and specific equality duties and taking other steps to promote equality and tackle discrimination. The Trustwide Equality, Diversity & Inclusion Group also has responsibility for contributing towards progression of the Trust's Equality, Diversity and Inclusion Objectives.

Local Equality, Diversity & Inclusion Groups support the work of the Trustwide Equality, Diversity & Inclusion Group and report to this group. They have responsibility for ensuring the development and delivery of the Trust Wide EDI agenda, focusing on 'Better Health Outcomes' and 'Improved Patient Access and Experience'. The group provides a forum for the users of CWP services, staff and community groups and networks and members to promote information and issues from local services/teams to the Trustwide EDI Group.

Care Groups are expected to regularly review EDI and Human Rights, specifically via their meeting structures.

The People and Organisational Development Sub Committee has oversight of the minutes of meetings of the **Trustwide Meeting** on a regular basis, has responsibility for ratifying any EDI matters having a potential impact on people working within CWP services.

The CWP Quality Committee monitors progress of the Trustwide Equality, Diversity and Inclusion Group on behalf of the Trust Board by oversight of the minutes of the meetings of this group on a regular basis. The Committee also has responsibility for monitoring performance against CWP's Equality, Diversity & Inclusion Objectives.

The Trust Board is ultimately responsible for ensuring that the organisation complies with its obligations under the Equality Duty and with the commitments set out in this policy. It will consider annually the information published under CWP's Equality, Diversity, Inclusion and Human Rights Objectives and agree actions on any underperformance by the Trust. It will also ensure that steps which have been taken to promote equality and tackle discrimination. Finally, it will consider recommendations made in relation to any further steps which are considered desirable in view of the Trust's duties to promote equality and address discrimination.

6. Other Considerations

Equality, Diversity, Inclusion and Human Rights Awareness Training - CWP provides Equality, Diversity, Inclusion and Human Rights Awareness Training to all staff as part of their Induction Programme and by means of regular online update training, every 3 years.

Dignity at Work – CWP supports a working environment for individuals in which dignity at work is paramount and a working environment and culture in which bullying and harassment is unacceptable. All complaints are treated with due regard and without prejudice to the employee or their career. Please refer to the Dignity at Work Policy and Procedure for further information.

7. Human Rights in Action

Human rights are the basic rights and freedoms that belong to all people. They cannot be taken away (but some can sometimes be restricted). There are 3 types of rights;

- 1) Absolute Right, These 'absolute' rights can never be interfered with in any circumstances they include the right to be free from inhuman and degrading treatment
- 2) Limited Right, the right to liberty can be limited if a person is convicted and sentenced to prison
- 3) Qualified Right which means they can only be restricted in order to protect the rights of other people or if it's in the public interest for specific reasons such as the prevention of crime.

Human rights are legally enforceable in the UK under the Human Rights Act (HRA). This means public authorities (like Mental Health Service providers) are legally required to respect the rights of service users in everything that we do, and in some cases we must take positive action to protect rights when they are known to be at risk.

Any restriction on a person's rights must be proportionate. This means a public authority must have a legitimate aim, and the restriction on your rights must be the least possible restriction in the circumstances.

For something to be a violation of human rights it needs to have had a serious impact. Individual circumstances are important, for example, health, gender, age and personal circumstances may all contribute to how a particular action or decision affects a person.

8. Outline of Human Rights contained in the Human Rights Act

- Article 2: Right to life;
- Article 3: Right not to be tortured or treated in an inhuman or degrading way;
- Article 4: Right to be free from slavery or forced labour;
- Article 5: Right to liberty;
- Article 6: Right to a fair trial;
- Article 7: Right not to be punished for something which wasn't against the law at the time;
- Article 8: Right to respect for private and family life, home and correspondence;
- Article 9: Right to freedom of thought, conscience and religion;
- Article 10: Right to freedom of expression;
- Article 11: Right to freedom of assembly and association;
- Article 12: Right to marry and found a family;
- Article 14: Right not be discriminated against in relation to any of the rights contained in the Human Rights Act;

- Article 1, Protocol 1: Right to peaceful enjoyment of possessions;
- Article 2, Protocol 1: Right to education;
- Article 3, Protocol 1: Right to free elections;
- Article 1, Protocol 13: Abolition of the death penalty.

9. Personal Fair and Diverse Statement

The Trust is committed to providing equality of opportunity, not only in its employment practices but also in the services for which it is responsible. An Equality Impact Assessment has been carried out on this document to identify any potential discriminatory impact. The Trust also values and respects the diversity of its employees and the communities it serves. In applying this policy, the Trust will have due regard for the need to:

- Eliminate unlawful discrimination
- Promote equality of opportunity
- Provide for good relations between people of diverse groups

For further information on this, please contact the CWP Equality, Diversity & Inclusion Co-ordinator.

10. Monitoring Compliance With and the Effectiveness of Procedural Documents

To comply with the Mental Health Act code of practice 2015 section 3.15 the policy and compliance to the HRA should be reviewed annually by:

- The Trust Board
- People and Organisational Development Sub Committee
- Equality, Diversity & Inclusion Trustwide Group

The effectiveness of the policy will be monitored on a regular basis via the Trusts Quality Committee. Key performance indicators within the Trust's Equality, Diversity and Inclusion Objectives will be monitored by analysing relevant data against agreed Trust/national targets. The equality agenda will be embedded across other key documents including business plans.

Equality Objectives

The Trust's Equality, Diversity and Inclusion Objectives reflect the equality needs of the Trust. These objectives will flow through our governance structures and our core business plans.

Equality Analysis

An equality analysis is a process whereby the Trust will assess risk of discrimination to ensure services meet the needs of patients through robust analysis of evidence and through specifications and contract monitoring arrangement. Equality analysis is an essential way of meeting our public sector equality duty. As well as advancing equality of opportunity for communities, equality analysis will take account of patient's individual human rights

Consultation and Engagement

CWP will consult and engage with the communities we serve, including those protected by law and our providers, to develop and put in place strategies, policies and services that meet the health and wellbeing needs of our diverse community as set out in the Trust's Communication and Engagement Strategy.

The effectiveness of the policy will be monitored on a regular basis via the Trusts Quality Committee. Key performance indicators within the Trust's Equality, Diversity and Inclusion Objectives will be monitored by analysing relevant data against agreed Trust / national targets. The equality agenda will be embedded across other key documents including business plans.

Equality Objectives

The Trust's Equality and Diversity Objectives reflect the equality needs of the Trust. These objectives will flow through our governance structures and our core business plans.

Equality Analysis

An equality analysis is a process whereby the Trust will assess risk of discrimination to ensure services meet the needs of patients through robust analysis of evidence and through specifications and contract monitoring arrangement. Equality analysis is an essential way of meeting our public sector equality duty. As well as advancing equality of opportunity for communities, equality analysis will take account of patient's individual human rights

Equality Delivery System (EDS2)

The EDS2 is designed to support NHS providers to deliver better outcomes for patients and communities and better working environments for staff, which are personal, fair and diverse. By adopting the model developed CWP will ensure that we have robust and sustainable processes in place that drive up improvements for people accessing services.

The EDS2 is based on 18 outcomes grouped into four goals:

- Better health outcomes for all
- Improved patient access and experience
- Empowered, engaged and well supported staff
- Inclusive leadership at all levels

CWP will use EDS2 to help:

- Achieve compliance with the PSED
- Deliver the NHS Commissioning Outcomes Framework Deliver the NHS Constitution
- Deliver the CQC's Essential Standards of Quality and Safety Deliver the Human Resources Transition Framework.

STANDARDISED SBAR COMMUNICATION

REPORT DETAILS	
Report subject:	Modern Slavery Act 2015 – Proposed Statement 2021/22
Agenda ref. number:	21.22.28 f
Report to (meeting):	Board
Action required:	Discussion and Approval
Date of meeting:	30/03/2022
Presented by:	David Harris, Director of People and OD

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

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

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

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

REPORT BRIEFING

Situation – a concise statement of the purpose of this report
This report provides a revised statement on Modern Slavery for publication on the Trust’s website for approval by the Board following People and OD Sub Committee chair’s approval.

Background – contextual and background information pertinent to the situation/ purpose of the report
The UK Modern Slavery Act came into force in 2015 and requires all businesses with commercial operations in the UK and a turnover in excess of £36m to publish an annual statement setting out the steps that they have taken to ensure that slavery and human trafficking do not exist in their business or supply chains. Whilst there is no obligation on NHS Trusts to provide a statement it is considered that providing one will uphold the values of the Trust. The proposed statement is attached as Appendix 1.

Assessment – analysis and considerations of the options and risks
The revised statement sets out the Trust’s approach to minimising the potential for modern slavery and human trafficking. Amendments have been made to geographical area covered, number of staff and locations and an update to the turnover figure.

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

Board is asked to approve the revised statement on Modern Slavery.

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

David Harris, Director of People and OD

Contributing authors:

Satwinder Lotay, Head of Safeguarding, Darren Henderson, Head of Procurement,

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	Modern Slavery Act 2015 Statement 2021/22

Appendix 1

Modern Slavery Act 2015 Annual Statement 2021/22

Introduction

Cheshire and Wirral Partnership NHS Foundation Trust offers the following statement regarding its efforts to prevent slavery and human trafficking in its supply chains, and in any part of its own business.

CWP provide specialist mental health, learning disabilities, neuro developmental and acquired brain injury services, community physical health, services for children, young people and families and primary care services. These are provided in partnership with commissioners, local authorities, voluntary and independent organisations, people who use our services and their carers. We also provide services across a wide geographic footprint including Bolton, Warrington, Halton and Trafford and specialist services for the North West as a whole.

We serve a population of over a million people and employ more than 4,000 staff working across 91 locations. Our annual turnover for 2020/21 was £204m.

Our vision is 'working in partnership to improve health and well-being by providing high quality care'. We are committed to the safeguarding agenda which encompasses a safeguarding strategy that ensures that all those who use CWP are appropriately protected.

We are also committed to the highest level of ethical standards and sound governance arrangements and fully support the government's objectives to eradicate modern slavery and human trafficking.

Supply chain policy

The Trust has internal policies and procedures in place that assess supplier risk in relation to the potential for modern slavery and human trafficking. The top 80% of suppliers nationally, affirm their own compliance with the Modern Slavery Act within their own organisation, sub-contracting arrangements and supply chain.

We expect our delivery partners, organisations within our frameworks and other companies we engage with to ensure their goods, materials and labour-related supply chains:

- Fully comply with the Modern Slavery Act 2015; and are
- Transparent, accountable and auditable; and are
- Free from ethical ambiguities.

Assessment of risk

The Trust has evaluated the principal risks related to slavery and human trafficking and identifies them as:

- Reputational
- Lack of assurances from suppliers

- Lack of anti-slavery clauses in contracts

Mitigation of risks

- Tender documentation includes the mandatory exclusion of any bidder who has been convicted of an offence under section 1, 2 or 4 of the Modern Slavery Act 2015.
- Impose in new contracts that we enter into provisions for termination in the event of a modern slavery or human trafficking breach by the supplier.
- Act promptly where a compliance breach has been identified or flagged.
- Train relevant staff in relation to the Act and to support them to maintain the trust's position around its requirements. Safeguarding policies and training references the action to be taken where slavery is suspected or identified.
- The Trust will raise awareness of this published statement by notifying organisations in our framework, delivery partnerships and other companies with which we regularly engage.

The Board has considered and approved this statement and will continue to support the requirements of the legislation.

Signed

Chief Executive and Chair

Date.

STANDARDISED SBAR COMMUNICATION

REPORT DETAILS	
Report subject:	Imagining the Future – Strategic Intent Document
Agenda ref. number:	21.22.28 g
Report to (meeting):	Trust Board
Action required:	Information and noting
Date of meeting:	30/03/2022
Presented by:	David Harris – Director of People and OD

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				

Any matters that will impact on the CWP Green Plan?	
	No

Equality, Diversity, and Inclusion	
Does this report present any equality related impacts / risks in relation to any of the following protected characteristics; age, disability, ethnicity/race, gender reassignment, marriage & civil partnership, pregnancy & maternity, religion & belief, sex or sexual orientation ?	
No	Comments (please explain which protected characteristics this impacts on and how)

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	No
N/A	

REPORT BRIEFING

Situation – a concise statement of the purpose of this report
The purpose of this report is to provide Board with the final version of the high-level Strategic Intent document that was approved at Private Board in December 2021 and is now being brought to Public Board for noting.

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

The Imagining the Future (If) initiative is a programme of work designed to refresh CWP's strategy and associated delivery plans and then embed a framework and mindset that enables that strategy to be reviewed and refreshed on a continual basis in response to a changing context. The core components continue to be:

- High level Strategic Intent document – which sets out the Trust's strategic objectives - "what" CWP is aiming to achieve and "why"
- Strategic Delivery Plan – which set out "how" the Trust will deliver those strategic objectives from a clinical and operational point of view.
- Enabling Strategies and Delivery Plans – these set out "how" the Trust will enable the delivery of its Strategic Objectives and the clinical and operational Strategic Delivery Plan within the areas of:
 - People
 - Estates
 - Digital
 - Quality Improvement
 - Communications & Engagement
 - Patient Experience
 - Effectiveness
 - Research
- New indicators and risk appetite – what does Board want to focus its attention on in relation to delivery of the Strategy and what outcomes does it expect to see?
- Relationship Mapping of external stakeholders
- Communication and Engagement – with internal and external stakeholders

At the private Board Meeting on 15th December 2021 the content for the CWP Strategic Intent document was agreed for final publication following some minor grammatical and presentational changes. The final version of this document is attached to this report at Appendix 1.

Assessment – analysis and considerations of the options and risks

This Strategy has been brought together using insight from a range of sources and following engagement with colleagues, partners and wider groups. Engagement took place from July to November 2021, including internal and external meetings and events; together with a dedicated website containing videos explaining the proposed strategic objectives and easy read downloadable materials.

Colleague engagement

Over 100 teams took part in meetings with directors as part of wider #CWPCares 'Thank You and Listening Events' to gather views on the here and now (the present challenge) and future opportunities. Liverpool John Moore's University analysed the feedback and summarised the following themes for the present challenge: 'Working conditions' related to the varied demands on colleagues' time and the changing work environment; 'Management and team support' included colleagues' reflections on how people worked together throughout the pandemic; and 'Staff recruitment, retention and redeployment' related to the impact of the pandemic on retaining staff, additional workload and its impact on wellbeing for colleagues and people who access services.

The themes colleagues identified as being important for the future were summarised as: 'The future of hybrid working'; 'Coproduction and joint working' including colleagues' reflections on opportunities for better partnership working; and 'Staff Wellbeing vs Professional Responsibility' relating to the balance needed between dedication to patient care and colleague wellbeing.

Partners and wider groups

The Trust took the conversation about Imagining the Future into its communities, with over 350 people attending 11 events including: joining Healthwatch Cheshire on its care community bus tour; attending

mental health forums in East Cheshire, Crewe and Nantwich, and Cheshire West; visiting Wirral Change forum and the Wirral Bridge forum; and members of the Board holding a bespoke Cheshire Chat webinar coinciding with World Mental Health Day. In summary, external groups highlighted the importance of focusing on areas with the highest need to address health inequalities, promote wellbeing and prevention.

Widespread social media content reached over 39,000 people, with over 200 people actively engaging with posts and a further 2,300 people visiting the website. CWP Life, the Trust's stakeholder magazine which is distributed to 12,000 members and a further 400 stakeholders featured an article on the new strategy seeking views - and health and social care partners supported promotion via their own publications and social media channels. Representatives from each of the three main 'places' that CWP operates in (Wirral, Cheshire West and Chester, and Cheshire East) also attended a dedicated Trust Board workshop on partnership working at Place.

A further 163 people responded to a dedicated e-survey. Liverpool John Moore's University analysed the feedback and summarised the following suggestions for the future: 'better partnership working between services'; 'improve public and patient involvement'; 'involvement of community groups, charities, police, academics/researchers, schools/universities'; 'meaningful co-production'; 'improve access irrespective of ethnicity, age, gender and sexuality'; 'improve training'; and 'focus on staff recruitment'.

An ongoing conversation

Many of these conversations helped re-build existing relationships that had paused during the pandemic or helped forge new relationships which will be fostered in order to grow. Feedback supports the new Strategy's emphasis on partnership working, working with communities to co-design services, tackling inequalities and focusing on our people. More in-depth conversations with colleagues, people who access our services, carers and partners are already underway as part of the Trust's transformation projects – for example the community mental health redesign – and this co-production will be a feature of the Strategic Delivery Plan that turns our strategic objectives into positive outcomes for the communities we serve.

Communicating CWP's Strategic Intent

The Strategic Intent document set out at Appendix 1 should be considered a core reference document. In order to communicate the content widely across a range of stakeholders the following documents will also be produced and published by 30th April 2022:

1. Summary document written in plain English
2. Easy-read version - the Trust has approached a third sector organisation to assist with this.
3. CWP colleague wellbeing magazine – this will bring together the range of feedback that colleagues have provided (e.g. #CWPCares events, Staff Survey, Covid Evaluation project, Wellbeing Champions) and set out the improvement plans that are being put in place. This magazine is being co-produced with representatives from our Colleague Networks.

An update on the 2021 Staff Survey and associated improvement plans will be brought to Board in May 2022.

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

Board is asked note:

1. The contents of the CWP Strategic Intent Document
2. The plans to publish a summary plain English version and an easy-read version of this document by the end of April 2022.
3. The work that is in underway to address the range of colleague feedback.

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

Contributing authors:

Distribution to other people/ groups/ meetings:		
Version	Name/ group/ meeting	Date issued
Appendices provided for reference and to give supporting/ contextual information:		
Appendix No.	Appendix title	
1	CWP Strategic Intent document	



Cheshire and Wirral
Partnership
NHS Foundation Trust

Imagining the future

*helping to improve the lives of everyone
in our communities*

Cheshire and Wirral Partnership NHS
Strategy 2022



www.cwp.nhs.uk

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Introduction

I am delighted to share this strategy with you. It is informed by colleagues, people who access our services, partners and communities and sets out our combined ambitions. We aspire to be an organisation that engages with all of those we work alongside and we hope to have encouraged as many people as possible to help shape our future.

One of the things that makes me very proud to be chief executive of CWP is the constant drive for improvement. We aim to work together, think innovatively and, importantly, support our communities and partners in making this happen.

Imagining the Future is a reflection of this and is the next step in our journey as an organisation. As such, this Strategy aims to **build on the past** three years of development and progression whilst **facing the present** challenges we have.

Importantly, this Strategy has been developed within an ever-changing public sector landscape. Since the national NHS Long Term Plan was published in 2019, we have been working across a wider set of partnerships to lead, support and enable the development of Integrated Care Systems (ICSs). This is a vehicle for NHS organisations like ourselves to work with local councils and other key stakeholders to take collective responsibility for improving the health and wellbeing of the population, co-ordinating services together and managing resources collectively.

As our name suggests, we have long valued the importance of working in partnership. Therefore, we believe that we are in a strong position to meet the objectives set out in this Strategy, our wider care systems and places and the overall long-term plan for the NHS.

Sheena Cumiskey, Chief Executive



On behalf of my colleagues and myself, I am thrilled to introduce our five-year Strategy; ***Imagining the Future***.

Within this document, we set out our objectives as an organisation and how we intend to deliver them.

Since our last strategy was published in 2018, we have successfully moved along a journey of transformation and improvement, working together with colleagues, people who access our services, partners and communities in doing so.

However, as we grow and develop, the context within which we operate becomes increasingly challenging. The population we serve is growing and the health needs of the people we care for are becoming more complex. Nevertheless, our overall direction remains; to work in partnership to improve health and well-being across all communities that we support

By our actions we have demonstrated our willingness as an organisation to act for the long-term benefits of the local population. This includes taking on three GP practices and responding to the call to run a mass vaccination centre and roving model during the pandemic, supporting over 130,000 people to receive their vaccine in a safe and timely way.

Of particular importance within this Strategy are the enabling pieces of work that will support our overall vision and objectives. There are eight of these that incorporate: communications and engagement; digital working; effectiveness; estates and infrastructure; patient and carer experience; people; quality; and research. Each of these creates opportunities for us to think differently about the way we do things and accelerate our improvement journey.

Isla Wilson, Chair



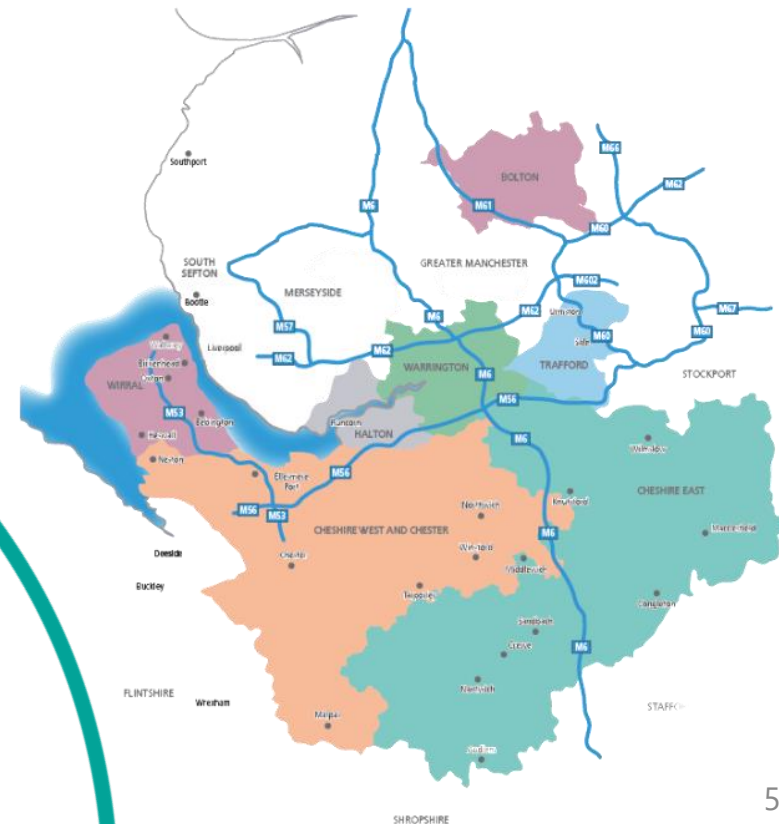
Our strategy

Cheshire and Wirral Partnership NHS Foundation Trust (CWP) was formed in 2002 and achieved Foundation Trust status in June 2007. We provide health and care services for local people, including mental health, learning disability, community physical health and all-age disability care. We have services across Wirral and Cheshire, as well as Trafford, Warrington, Bolton, Halton and Liverpool – and provide specialist services for the North West as a whole. Our services are provided in partnership with commissioners, local authorities, voluntary and independent organisations, people who access our services, their carers and families.

This Strategy represents a continuation of our journey of improvement and development from our initial formation, through the previous five years, into the present and onto our plans for the future. It has been brought together using insight from a range of sources and following engagement with colleagues, partners and wider groups.

Building on the past

Since the publication of our previous Strategy, Cheshire and Wirral Partnership has continued to evolve and enhance the way we deliver care and support. Rather than re-organising everything we do, we will build on the foundations that are in place and that have provided a stable and sustainable base from which to progress. This will also include the use of additional funding for mental health provision by looking at whole-life pathways and delivering support tailored to the individual rather than as a set of discrete services.



Facing the present

To deliver this strategy we must first understand the issues and challenges we currently face. We will need to meet the increasingly complex health needs of our population and maintain capacity for the delivery of timely and effective services. At the same time, the Coronavirus Pandemic has presented the biggest challenge for population health since the NHS was created and we know that it has hit our most vulnerable communities hardest. If we do not tackle the impact of COVID there is a real risk of an irreversible deepening of poverty and health inequity across the communities we support. We will therefore work to support our local communities beyond just the delivery of clinical care. We will seek to make the best use of NHS resources and develop sustainable services for the long term, whilst continuing to develop and grow our role as a commissioner and provider of care.

Imagining the Future

Imagining the Future sets out our ambitions to help improve the lives of everyone in our communities. Within this document, we set out our **eight strategic objectives** and show what it is that we want to achieve. These have been developed within the context of the evolving Integrated Care Systems (ICSs), established following the publication of the NHS Long Term Plan in 2019. We have made sure that this Strategy is aligned to all plans associated with these emerging systems of care and, as a result, we will ensure we are significant contributors to their success.



Building on the past

Over the past five years, we have had notable success in developing new models of care across home-based treatment, community teams and inpatient services. Operating within our core values, we have been able to deliver care closer to home, excellence in specialist care and services that place the individual at the heart of every decision. When imagining the future, we must be ambitious and forward thinking but, also, build on the successes we have achieved.

Much of the ambition from our previous Strategy has been delivered and achieved through four Care Groups – set up to drive excellence in knowledge, expertise and experience in key areas of our operations. Below is an indication of what these were set up to deliver and an example of the impact this has made:

Neighbourhoods

We continue to deliver integrated community care around the practice population, balancing restorative preventative and proactive care approach to drive better value focusing on prevention first. Services include primary care, physical health, mental health, social care, third sector services and the local community. Working with the person to deliver their care.

Hot hubs have been set up in a number of locations across Cheshire to support the treatment of patients who have Coronavirus (Covid-19) symptoms. Hot Hubs are set up to provide a hot site to treat people confirmed to have or have suspected coronavirus. The service aimed to support 21 surgeries across West Cheshire and offered face to face appointments in the PCAU as well as home visits. Between November 2020 and April 2021, the service saw 995 patients. Referred people were given an appointment date and time within the same day of referral.

Learning Disabilities, Acquired Brain Injury (ABI) or Neurodevelopmental Disorders

People with a learning disability, acquired brain injury (ABI) or a neurodevelopmental disorder, have the right to the same opportunities as anyone else to live satisfying and valued lives and to be treated with the same dignity and respect.

Dynamic Support Database – in response to the national Transforming Care Programme's ambition to reduce hospital admission for autistic people and those with Learning Disabilities, CWP designed, developed and evaluated the Dynamic Support Database (DSD) tool. Its used to assess whether someone with LD/A in the community is at imminent risk of hospital admission and has proved effective at earlier identification so that active community support can be provided, reducing the likelihood of admission. The tool is now in use at different Trusts across the UK and is supported and recommended by NHSE&I as good practice. CWP, working with people with lived experience, is now delivering on-line training nationally on this tool, through NHSE&I.

Children and Young People

We provide the right care, at the right time and in the right place by working in partnership with families, communities and other agencies, and listening to our children, young people and families to enable them to be the best they can be.

The Starting Well Service is committed to Social Value delivery. The service has focused on creating fair employment and good work for all creating healthier more sustainable places and communities. This includes over 750 weeks of apprenticeship delivery since 2018, 4.5 full time equivalent jobs created for disabled people, and 87 full time equivalent jobs for local people. £90,000 of initiatives have or will be taken or supported to improve the functionality of community assets and buildings so that they are fit for purpose for example work undertaken to Children's Centres.



Specialist Mental Health

We deliver outstanding person centred care to people who need help and support from specialist mental health services.

In collaboration with people that use our services, CWP colleagues and our third sector stakeholders, SMH has significantly developed services for people to access in crisis and in urgent need for mental health support. We have developed a 24/7 all age crisis line which has taken in excess of 90,000 calls over the last 2 years, launched 4 crisis cafés delivered by third sector partners in local communities and developed link worker roles to support people to access appropriate advice and support and prevent future crisis.



Facing the present: meeting our challenges head on

The NHS, and public sector as a whole, has faced unprecedented challenges over the last two years. The effect of covid-19 on mental health and wellbeing has been substantial. Services already under pressure have been stretched further in the face of rising demand from children and adults.

The long term effects are likely to be considerable, particularly for those who will require new or additional physical and mental health support. We must take account of this context but, through our ongoing planning, we must move forward by meeting these challenges head on. When imagining the future, we will use this as a backdrop for future success:

Needs of our Communities

The health needs of our local population will continue to change and grow. We will need to meet these demands and maintain capacity for specialist services. To do this we will need to embrace continuous improvement and innovation and to work with our partners to increase the amount of health and care provided outside the hospital. We will continue to develop our organisation to be clinically led, support our staff to make decisions and consider new roles and ways of working in areas where recruitment is more difficult.

Health Inequalities

We know that those living in the most deprived communities experience poorer mental health, higher rates of smoking and greater levels of obesity than the more affluent. People from these areas spend more years in ill health and they die sooner. Reducing health inequalities is an economic and social challenge and requires us to work beyond traditional NHS boundaries as part of wider societal approach to care.

Capacity and Resources

Growth in demand and the increasing complexity of community needs will continue to cause pressure on our capacity and resources. This necessitates a change to the way we work. We will invest in the latest digital technology to create an organisation that adapts and adopts new ways of working that better meet the needs of people, families and communities. We will seek to make the best use of NHS resources for patient care and develop sustainable services for the long term and seek new ways of meeting the challenges of recruitment and retention of staff.

Coronavirus Pandemic

We have undertaken an evaluation of our continued response to the Coronavirus pandemic. Whilst this has created severe pressure on us and partners, we have strengthened our ability to respond to community need, enhanced our network of partnerships, removed some of the previous hurdles that existed in making more immediate decisions. We have invested more resource into mental health crisis and played a fundamental role in improving community resilience.



What matters to you – feedback from our engagement

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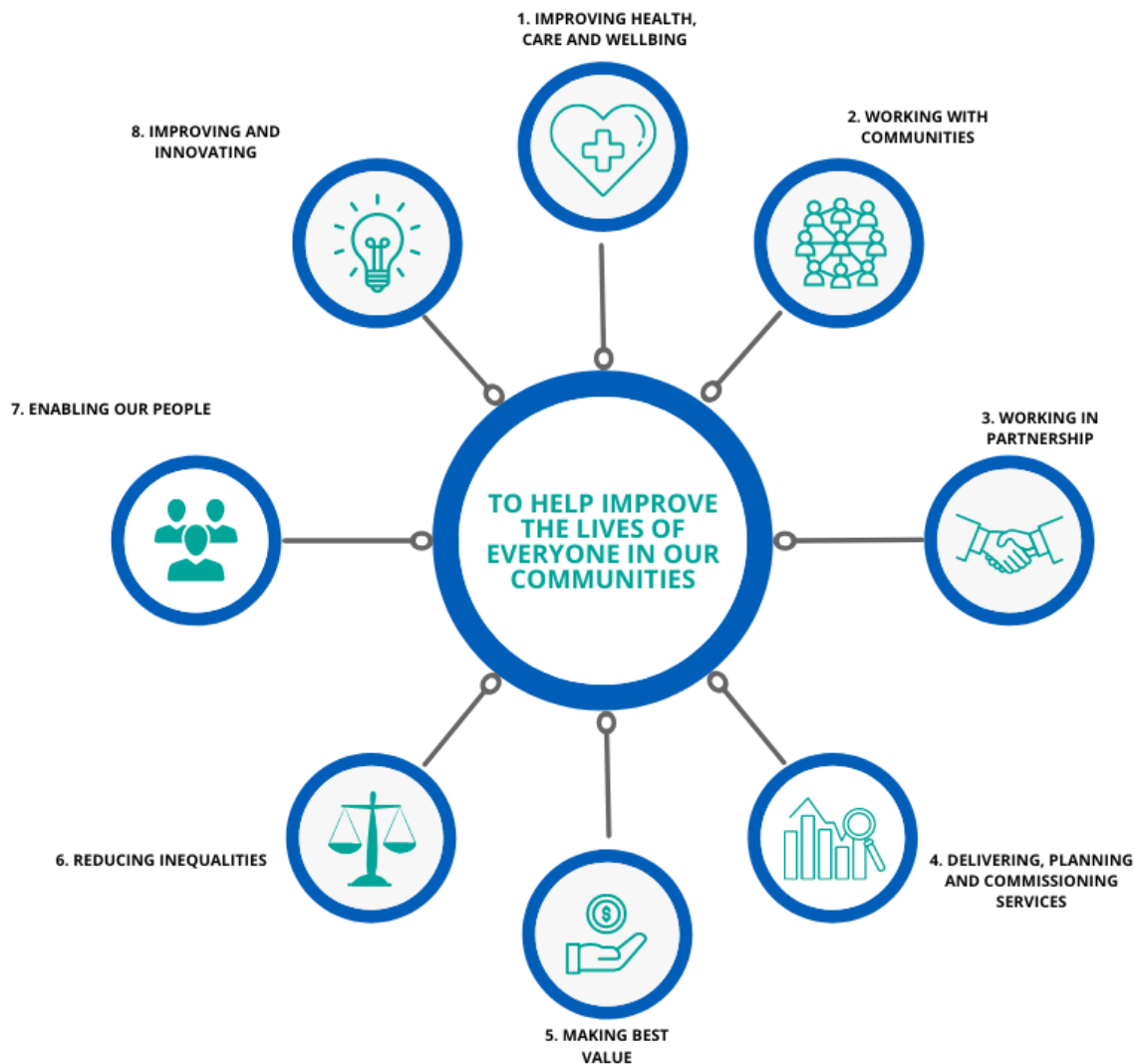
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An ongoing conversation

Many of these conversations helped re-build existing relationships that had paused during the pandemic, or helped forge new relationships which will be fostered in order to grow. Feedback supports the new Strategy's emphasis on partnership working, working with communities to co-design services, tackling inequalities and focusing on our people. More in-depth conversations with colleagues, people who access our services, carers and partners are already underway as part of the Trust's transformation projects – for example the community mental health redesign. We would like to thank everyone for taking the time to share their views, which will continue to shape our thinking as we implement the Strategy.

Imagining the future: ambition and objectives

This Strategy, and everything we do, is underpinned by **eight objectives**, each developed to deliver our overall vision. We want to improve the lives of everyone in our communities and these objectives show what we will prioritise in order to make this happen.



Importantly, each objective is not simply a set of words on a page. Instead, each has been defined through working with partners and people with lived experience in order to clearly set out what we need to achieve.

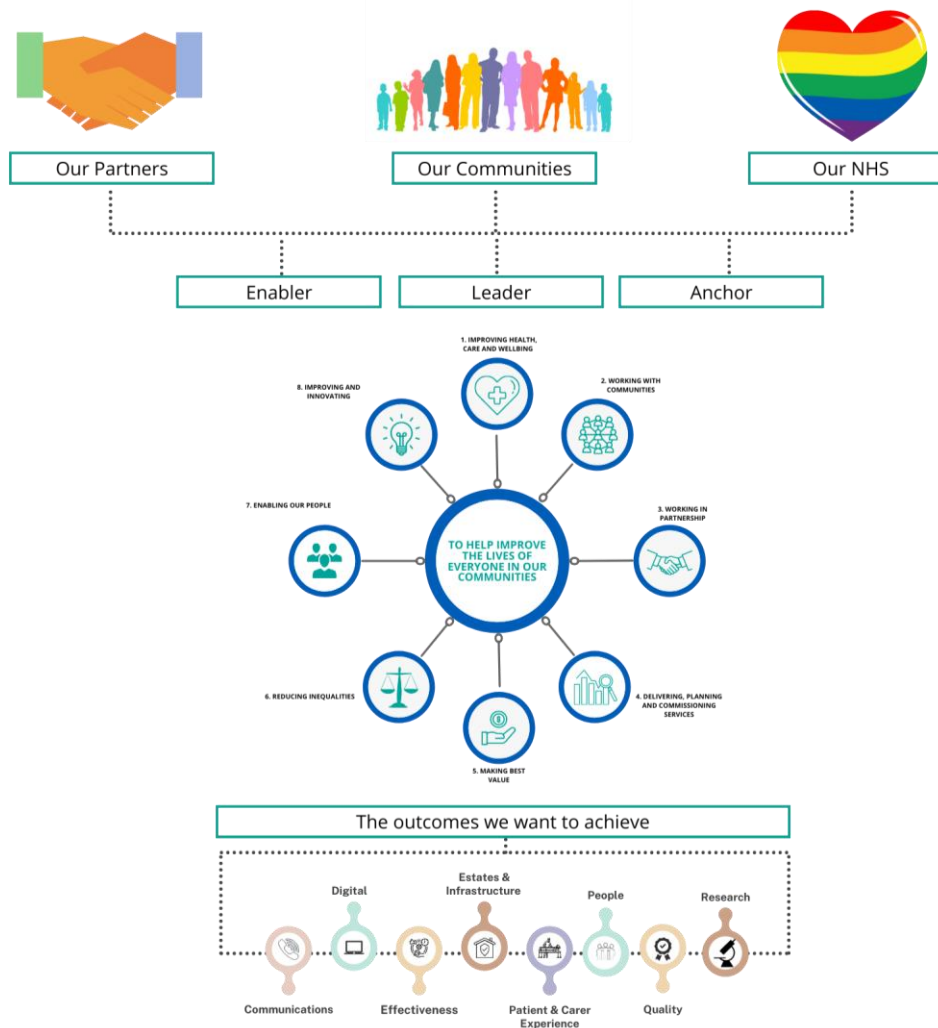
Our objectives

What this means



Imagining the future: delivering our objectives

Our objectives will help ensure that people thrive in their communities; accessing the best care when they need it. With these driving everything we do, we can support wellbeing and help people who access our services and their carers to achieve their goals, build resilience with people and in communities, ensure access to timely, inclusive and consistently high quality pathways of care. This will be delivered **alongside our partners**, together **with our communities** and all within the values and principles of a **successful and sustainable National Health Service**.



Supported by our **eight Enabling Strategies**

Our Partners

We will continue to build on the strong relationships we already have in place to create the Integrated Care System envisaged in the NHS Long Term Plan. This will increasingly see us making plans together as a single health and care system, taking a population health approach rather than separately as a single organisation.

To do that we will need to work in a different way – one where we and our partners are working more frequently as one joined-up seamless source of care – to meet the health and care needs of our populations. This will include where appropriate enabling people and communities to take more responsibility for their own health and wellbeing. Importantly, we will also need to maximise the extensive knowledge, understanding and expertise that exists across our local community organisations, voluntary groups and independent partners. To this end, we will **not only provide care and support but we will co-produce new models of care**, join with other organisations in delivering this and **fund other organisations when they are better placed than us** to deliver successful outcomes:

Other Providers

We work alongside a wide range of provider partners and we want to work more closely with them as we think about how we provide the best services we can.

This includes the delivery of Provider Collaboratives to re-think care pathways, use of limited resources and provide more seamless and efficient models of care.

Local Authority Partners

We recognise the vital role that our local authority partners play in delivering services aimed at prevention, maintaining health and wellbeing and social care.

We want to support this work to protect the future health of the local population and make sure that our staff work closely together to maximise care and independence in the community

Commissioners

We will work with our commissioners to understand and plan for the needs of our population and to advocate for the resources our health community needs

Local Community Organisations

Local community organisations and voluntary groups also have a key role to play in helping our communities to stay healthy, well and independent.

We will pass funding and resources to other organisations, maximising the extensive knowledge, understanding and expertise that exists across our local community organisations, voluntary groups and independent partners

Our Communities

As just one organisation of many that support our communities, we commit to reduce inequalities and improve the overall wellbeing of the local people we serve. This means that, alongside our core business, we will play a significant role in making a strategic contribution to the local economy. As such, we will seek to maximise the positive **social value** impact we have on our local communities, contributing to improving the economic, social and environmental wellbeing of the local population. As a result of this, we will:

- **Focus on tackling health inequalities**, removing the barriers to enhancing wellbeing for all
- **Maximise local investment**, recognising the social, economic and environmental benefits of doing so
- **Increase local employment** and training opportunities for local people, especially from areas of high deprivation and unemployment
- **Be recognised as a good employer**, provide outstanding careers, ensuring our employees have a positive and fulfilling experience and empowering our staff to deliver outstanding services every day
- **Champion equality, diversity and inclusion**, recognising people from different backgrounds and experience make a valuable contribution to the way in which we work
- **Be greener and sustainable**, recognising the impact we have and could have on the environment



Our National Health Service

The NHS continues to provide health, care and support for those who need it – based on clinical need rather than ability to pay. The role of the NHS, and ourselves, will need to evolve and enhance. Whilst we need to adapt to health-care needs and increasing demand, we also need to recognise the social, economic and environmental role we play. Community wellbeing requires a multi-faceted approach and not one that purely focusses on ill-health. As a result, we are in a unique and leading position to work together with our partners, utilising our resources and financial stability to reduce the burden of demand on social care, provide a greater degree of out-of-hospital care and tackle the determinants of ill-health as oppose to the symptoms of them.

The Flexible Nature of our Role

To be successful in delivering high-quality, person-centred care we will play numerous roles:

As an Anchor organisation - Providing the partnerships with local businesses, public sector partners and charitable organisations where we can support each other's visions and aims

The impact that we have on people's health extends well beyond our role as a provider of treatment and care. As large employers, purchasers and capital asset holders we recognise that **we are uniquely positioned** to use our capacity and resources to address the adverse social, economic and environmental factors that widen inequalities and contribute to poor health.

As an Enabler – Providing expertise, resource, capacity and infrastructure to wider community improvement

We will support local community organisations, voluntary groups and independent partners. We will **co-produce new models of care**, join with other organisations in delivering this and **fund other organisations when they are better placed than us** to deliver successful outcomes. This is achieved through a recognition that we cannot deliver every aspect of health and wellbeing in isolation but that we do have a significant degree of resources and capacity to support others in achieving shared outcomes.

As a Leader – In the development of new models of care

We will continue to play a significant role across the Cheshire and Merseyside Lead Provider Collaboratives. In particular within '**Level Up**' where we are leading the children and young people and Tier 4 Collaborative and '**EmpowerED**' where we are the Adult Eating Disorder Lead Provider Collaborative. In addition to this, we will also be a key partner in the Adult Secure Lead Provider Collaborative entitled '**Prospect**'.

Imagining the future: Improving outcomes

This Strategy has been written as a result of extensive information gathering, engagement and discussion with the people who we support. It is premised on the latest public health information that provides us with the most comprehensive view we have ever had as to the overall health, wellbeing and happiness of our communities. As such, in order to deliver our objectives and those of our partners, we must focus on the outcomes that we intend to achieve. Without this lens, we will not truly be putting people, families and communities at the heart of everything we do.

1

Improving health, care and wellbeing

What we want to achieve...

- Reduction in prevalence of smoking
- Reduction in prevalence of obesity (improved weight management)
- Reduction in the prevalence of people reporting common mental health disorders
- Reduction in suicide rate
- Reduction in alcohol consumption levels and associated hospital admissions
- Reduction in hospital attendances for mental health related problems without physical health need

What sorts of things we will focus on...

- Increased utilisation of self management tools across the community
- Use health analytics to segment our population to provide more effective care with those in greatest needs
- Increased utilisation of health coaches and voluntary sector social prescribers
- Continued development of mental health crisis cafes

2

Working within communities

What we want to achieve...

- Everyone has a personal care plan
- Single waiting lists in place to access diagnosis and treatment for common mental health disorders
- Enhanced access to services for harder to reach communities

What sorts of things we will focus on...

- Ensuring we integrate the delivery of our mental health and physical health services
- Better understanding of local areas of deprivation, with targeted in-reach of services to meet those community's needs
- Provision of education and training to partners
- Employment support services in place working in collaboration to improve unemployment levels
- Asset based community approach

3

Working in partnership

What we want to achieve...

- New models of care that are co-produced with people who use services, carers and families
- Working alongside colleagues in other organisations to support physical and mental wellbeing, regardless of organisational boundary

What sorts of things we will focus on...

- Ensuring that our governance and service delivery mechanisms are represented by the community
- Regular attendance by key personnel at regional, local and community meetings
- Aligning our plans to those of our partners to ensure shared outcomes and vision

4

Delivering, planning and commissioning services

What we want to achieve...

- To hold a range of commissioned contracts where we fund voluntary and independent organisations and monitor performance outcomes
- Improve all of our CQC ratings – recognising the actions that we need to take to enhance all aspects of service delivery and support

What sorts of things we will focus on...

- Where appropriate we will commission voluntary and community sector partners to be integral to clinical service delivery
- Designing seamless pathways of care across providers and ensuring associated joint commissioning plans
- Developing our estate to ensure that it is fit to meet the needs of the population accessing it

5

Making best value

What we want to achieve...

- Whilst retaining delivery of NICE-compliant or evidence-based care, pathways demonstrate a reduction in:
- Waiting times for access to community assessment and treatment (all age)
 - Number of people accessing inpatient mental health services (population acuity)
 - Length of stay for people accessing inpatient mental health services (improved care, treatment and discharge pathways)

What sorts of things we will focus on...

- Using local population data to drive improvements in health and care
- Focused attention on data quality and use of data to inform service delivery
- Shared use of resources relating to workforce, business intelligence and quality improvement

6

Reducing inequalities

What we want to achieve...

- Equal access for population to digital devices to access services
- Reduction in health inequality measures across all communities
- Delivery of our Green Plan
- Increase in the number of voluntary sector contracts that aim to support people with mental health challenges address the wider determinants of health

What sorts of things we will focus on...

- Understanding service delivery gaps to ensure people referred from more deprived wards have the same clinical outcomes as those from more affluent wards
- Increasing the number of people with lived experience employed in paid work within CWP
- To work across the system to highlight and drive forward sustainable options around estates, procurement and service delivery

7

Enabling our people

What we want to achieve...

- Our people have the capability (capacity, competence and confidence) to provide person-centred care and proactively contribute to community wellbeing
- Our people have a great experience that supports their own wellbeing
- Becoming a community of people which is representative of the communities we serve

What sorts of things we will focus on...

- Ability to recruit to posts ahead of need through a system-wide approach to development and retention
- Improving the wellbeing of all
- A range of training and education courses, delivered alongside place partners, such as the collaborative work with Chester University around neurodevelopmental disorders

8

Improving and innovating

What we want to achieve...

- Development of all future care pathways informed by local, national and international evidence
- Improved digital capability to share data across primary, community and inpatient care

What sorts of things we will focus on...

- Quality improvement as a core element of daily activity across services
- Continued development of part-time academic and clinical roles, seeding a culture of learning and improvement across all services
- A wide range of clinical research and development activity, leading to published articles and presentations, across all services

Imagining the future: delivering it

From imagination to reality

This document sets out our ambitions to deliver high-quality person centred care that focusses on physical and emotional wellbeing. Within it, we have recognised the role that we, as an organisation, will play in the future of health and care and the importance that we will play in the community. We therefore need to deliver on the vision that we have. This incorporates a number of elements:

- **Strategy Delivery Plans**

Accompanying this Strategy is a five-year action plan. This will ensure that we have clearly defined activities, responsibilities and timescales to what it is that we will deliver.

- **Outcomes Framework**

As has been highlighted within this document, each of our eight objectives includes a range of potential successes that we want to achieve. This will need to be understood and monitored in order for us to stay on track, fix any issues and focus on what is actually important: the outcomes that we want to achieve.

- **Enabling Activities**

Eight Enabling Strategies feed into this overarching Strategy. These are vital in ensuring that we continue to operate effectively and, most importantly, can deliver the improvement that we seek to achieve. Each of these enablers will require constant challenge, reinforcement and review to ensure that we advance our technology, information, infrastructure, resources and people capabilities over time.

- **Risk Appetite**

Feeding into the delivery of this Strategy, over the next five years, is the degree of risk that our Board is willing or unwilling to take in order to achieve the Trust's strategic objectives. As such, we will continue to consider where we need to be risk averse, for example where certain actions may jeopardise compliance with our statutory duties. Conversely, we will discuss and action any areas where we will accept a greater degree of risk in order to support a greater cause.

Imagining the future

This Strategy sets out our vision, values and strategic objectives. Over time, these will grow and evolve as we move forward and, as such, should be seen as a living piece of work rather than just a document. Framed in this way, we want to ensure that the objectives included can influence and shape the future for entire generations. Together, we will:

*help to improve the lives of
everyone in our communities*

Cheshire and Wirral Partnership NHS Foundation Trust

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