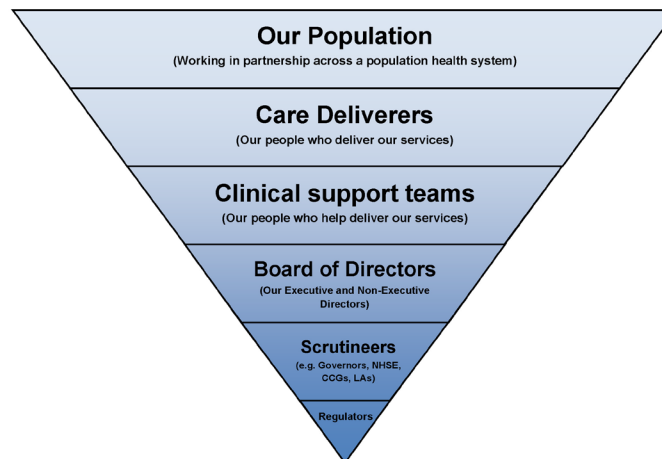


W1 Leadership	W2 Vision	W3 Culture	W4 Governance
W5 Risk	W6 Information	W7 Engagement	W8 Learning



Board of Directors *(held in Public)*

At 1:30pm on Wednesday 31 March 2021

Held Via Video Conferencing

Ref	Title of item	Well-led theme	Format	Presented by	Time
ASSURANCE					
Committee governance					
20/21/106	Welcome, apologies and quoracy		Verbal	Chair	13:30 (5 mins)
20/21/107	Declarations of interest		Verbal		
20/21/108	Minutes of the previous meetings held 27 January 2021		Paper		
20/21/109	Matters arising and action schedule		Paper		
20/21/110	2020/21 Business cycle		Paper		
20/21/111	Chair's Announcements		Verbal		13:35 (10 mins)
20/21/112	Chief Executive's Announcements		Verbal	Chief Executive	13:45 (15 mins)
Internal reporting from committees, matters of governance and assurance					
20/21/113	Quality Committee <ul style="list-style-type: none"> Chair's report from Quality Committee – 3 March 2021 <i>(Board to discuss and note)</i>	W4 Governance W5 Risk	Paper	Quality Committee Chair	14:00 (5 mins)

Ref	Title of item	Well-led theme	Format	Presented by	Time
20/21/114	Audit Committee <ul style="list-style-type: none">Chair’s report from Audit Committee 9 March 2021 (Board to discuss and note)	W4 Governance W5 Risk	Paper	Audit Committee Chair	14:05 (5 mins)
20/21/115	Report against Strategic Objectives (Board to Discuss and Note)	W4 Governance W5 Risk W6 Information	Paper	Director of Business and Value	14:10 (10 mins)
20/21/116	Board Assurance Framework <ul style="list-style-type: none">To include Infection Prevention and Control Board Assurance Framework (Click here) (BAF Reported to Quality Committee – March 21 - Board to Discuss and Note)	W4 Governance W5 Risk W6 Information	Paper	Medical Director/ Associate Director of Nursing and Therapies (Physical Health)	14:20 (10 mins)
20/21/117	Monthly Ward Staffing Update: <ul style="list-style-type: none">Ward Staffing: January and February 2021 (Board to Discuss and Note)	W4 Governance W5 Risk	Paper	Associate Director of Nursing and Therapies	14:30 (15 mins)
Break – 14:45 – 14:55 (10 mins)					
IMPROVEMENT					
20/21/118	CWP Strategy Refresh – Imagining the Future update (Board to Discuss and Note)	W1 Leadership W2 Vision W4 Governance	Presentation	Director of People and OD	14:55 (15 mins)
20/21/119	Mental Health Act Reform <ul style="list-style-type: none">CWP consultation response (Board to Discuss and Note)	W3 Culture W7 Engagement	Paper	Medical Director	15:10 (10 mins)
20/21/120	Quality Improvement Report (Board to Discuss and Note)	W3 Culture W8 Learning	Paper	Medical Director	15:20 (10 mins)
Any other business					
20/21/121	Any other business		Verbal	Chair/ All	15:30 (5 mins)
20/21/122	Matters for referral to any other groups				
20/21/123	Matters impacting on policy and/ or practice				
20/21/124	Review risk impact of items discussed				
20/21/125	Three things to communicate				
20/21/126	Review the effectiveness of today’s meeting https://www.smartsurvey.co.uk/s/meetingeffectivenesssurvey/				
CLOSE [15:35]					
Date, time and venue of the next meeting: 26 May 2021 at 13:00					

Version No	1	Date issued	25.03.2021
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DRAFT - Minutes of Board of Directors Meeting – held in Public



**At 1:00pm on Wednesday 27 January 2021
Via Video Conferencing**

Present	<div> Mike Maier Farhad Ahmed Paul Bowen Rebecca Burke-Sharpley Andrea Campbell Elizabeth Harrison Edward Jenner Sheena Cumiskey Dr Faouzi Alam Suzanne Edwards Gary Flockhart David Harris Dr Anushta Sivananthan Andy Styring Tim Welch </div> <div> Chairman Non-Executive Director Non-Executive Director Non-Executive Director (to 2.30pm) Non-Executive Director Non-Executive Director Non-Executive Director Chief Executive Joint Medical Director, Effectiveness, Medical Education, and Medical Workforce & Caldicott Guardian Director of Operations Director of Nursing, Therapies and Patient Partnership Director of People and Organisational Development Joint Medical Director, Quality, Compliance and Assurance Director of Strategy and Partnerships Director of Business and Value </div>
In attendance	<div> Suzanne Christopher Katherine Wright Samantha Scholes Hayley McGowan Victoria Peach Peter Ashley-Mudie Kevin Bradburne Gordon Cairns Roy Cartlidge Beverly Greenwood Marilyn Houston Lisa Hulmes Ferguson McQuarrie Tracey Cooper Steve McMahon </div> <div> Acting Company Secretary Associate Director of Communications, Engagement and Corporate Affairs Governance Officer (minutes) Associate Director, Nursing and Therapies (MH & LD) – <i>for items 20.21.90, 91 & 92</i> Associate Director, Nursing and Therapies & Director of Infection Prevention & Control – <i>for item 20.21.98</i> Service User/Carer Governor Public Governor Service User/Carer Governor Public Governor Service User/Carer Governor Appointed Governor – Cheshire East Staff Governor Service User/Carer Governor Senior Accounts Sales Manager, Healthcare, Nuance Communications Member of the Public </div>
Apologies	None

Ref	Title of item	Action
	Meeting governance	
20/21/80	<p>Welcome, apologies and quoracy</p> <p>The Chair welcomed everyone to the meeting, including Governors and Members of the Public and confirmed the meeting as quorate.</p> <p>He advised that the Board Meeting was a meeting held in Public. If sufficient time was available, Governors and Member of the Public would be invited to ask questions on agenda items.</p> <p>The Chair further advised that R Burke-Sharples would leave the meeting at approx. 14:30.</p>	
20/21/81	<p>Declarations of interest</p> <p>None were declared.</p>	
20/21/82	<p>Minutes of the previous meeting held 25 November 2020</p> <p>The minutes of the 25 November 2020 Meeting of the Board of Directors were reviewed and approved as a true and accurate record.</p>	
20/21/83	<p>Matters arising and action points</p> <p>The action log was reviewed.</p> <p>20/21/63: Quality Committee: Children & Young People presentation It was agreed this would be circulated outside of the Board and the action was closed.</p> <p>20/21/70: Staff Sickness The request to produce an additional staff sickness report had not been actioned to reduce the pressure on the team who produce the reports. The current staff sickness report will change when the new Strategic Objectives are embedded and the action was closed.</p> <p>20/21/74: Understanding the Board All Governors who had attended the 27 November 2020 Board had been contacted and no specific suggestions or feedback had been received and the action was closed.</p>	
20/21/84	<p>2020/21 business cycle</p> <p>The business cycle for 2020/21 was noted.</p>	
20/21/85	<p>Chair's announcements</p> <p>M Maier updated the Board of Directors on the following:</p> <p>COVID vaccinations</p> <p>Vaccinations had been mobilised at Churton House for Cheshire & Wirral Partnership NHS Foundation Trust (CWP) staff and other Health & Social Care Staff. The vaccination could also be accessed at neighbouring trusts to reduce travel time. The Board was assured that the programme was being rolled out in a phased and controlled manner.</p> <p>Patient vaccinations would be rolled out, based on established priority</p>	

Ref	Title of item	Action
	<p>groups, starting with those on In-patient wards aged 80yrs+. Thanks were given to all those who have been involved in the organisation. Feedback from staff had been hugely positive.</p> <p>Blogs</p> <p>In addition to the blogs recently published for the Trust by F Ahmed and L Harrison, Non-Executive Directors, the Chair had also published one on the subject of looking after one's own wellbeing, particularly during the pandemic. The blog had encompassed the variety of help that was available and accessible. In addition, the CWP Wellbeing magazine gave host of articles on how to support and cope with the pandemic and its impact.</p> <p>Race Equality Week (1-7 February 2021)</p> <p>The week will be fully supported by the Trust, including organisational commitment and encouragement for all staff to make their own commitment to equality.</p> <p>G Flockhart introduced himself as the Director of Nursing, Therapies and Patient Partnership. The Trust was raising awareness of Race Equality and lots of engagement was planned, including the Big Promise. He stated that he will personally make this promise and details of how staff can do so too would be shared. The aim of the week was to understand others experiences and consider how, as a Trust and individually, we can learn from this. During the week Reverse Mentoring would be launched along with the holding up of promises.</p> <p>P Bowen introduced himself as a Non-Executive Director and asked if all patient-facing staff were being prioritised for the COVID vaccination, to which the Chair responded that the Trust was following national guidelines which prioritised patient-facing staff. It was being widened accordingly to all other Trust staff when possible.</p> <p>The Board of Directors noted the updates.</p>	
20/21/86	<p>Chief Executive's announcements</p> <p>S Cumiskey introduced herself as the Chief Executive and stated her pronouns were she/her's.</p> <p>She explained that the Private Board which took place earlier in the day considered issues which were commercially sensitive or in confidence. The session had begun with a reflection on a Patient's Story. On this occasion, this was a reflection by -someone with a learning disability on their experience of COVID which gave the Board members insight about the focus and understanding of the world from this person's perspective. It was important that the Trust did all it can to tackle inequalities and improve people's lives.</p> <p>The Private Board had considered the following issues;</p> <ul style="list-style-type: none"> • The priorities of the Trust for the coming months, based on the National Framework letter of 23 December 2020. It was 	

Ref	Title of item	Action
	<p>acknowledged that the third wave and subsequent lockdown of the pandemic further influenced the priorities. The priorities were listed as</p> <ul style="list-style-type: none"> • The provision of safe and effective services. • Ensuring the wellbeing of staff and wider colleagues. • The Trust's role in the mass vaccination, alongside other parts of the NHS. • Work on Provider Collaboratives. • Trust finances were on track to achieve financial balance and the planning process for 2021/22 was in progress. • Approval of the development of health and wellbeing support for partners, which had been significantly impacted on. This would supplement the work already in place in Cheshire & Merseyside. • Report on Serious Untoward Incidents. • Report on how the Trust Board Assurance Framework (BAF) would reflect the new Strategic Objectives and further development of the Trust's risk appetite statement. • Discussion relating to the national integrated care system including the Integrated Care Partnerships of Cheshire & Merseyside. <p>S Cumiskey was pleased to report that following the Board Development Workshop in December a small group of the Board had the opportunity to test a new range of hospital food which to support the enhancement of the range available and further enhance quality.</p> <p>The Board of Directors noted the summary.</p>	
<p><i>The Chair left the meeting temporarily due to technical issues. A Campbell as Deputy Chair assumed the role of Chair.</i></p>		
	Internal reporting from committees, matters of governance and assurance	
20/21/87	<p>Quality Committee: Chair's Report of the Quality Committee held 6 January 2021</p> <p>A Campbell introduced herself as the Deputy Chair and Chair of the Quality Committee and presented the report.</p> <p>The Committee had focused on carefully examining metrics and data to fulfil the Trust's priority of delivering safe and effective services.</p> <p>The items escalated were:</p> <ul style="list-style-type: none"> • agreement that the Committee would review the reasons for potential negative variation in the detention profile in relation to BAME+ people across the Trust's footprint at the March 2021 meeting. • the Head of Operations for the Neighbourhood Based Care Group would undertake an in-depth review of reducing low/ no harm incident reporting in the services, with progress monitored through the Providing High Quality Care dashboard. • the self-harm workstream had undertaken self-assessment against the NICE quality standards and identified a number of areas for further improvement, and progress would be reported to the May 2021 	

Ref	Title of item	Action
	<p>Quality Committee.</p> <ul style="list-style-type: none"> • Fire evacuation training for inpatient services was below expected compliance levels and was placed on the Strategic Risk Register due to the potential impact on compliance. Care Groups had been asked to provide assurance of compliance with fire evacuation competencies by the end of January 2021, which would be overseen by the Operational Committee. <p>All items which had been approved and reported were of high or significant assurance to Board.</p> <p>A Campbell recommended that members of the Board read the following:</p> <ul style="list-style-type: none"> • CQC Report 'Out of Sight - Who Cares?' action plan • Quality Improvement Report which outlines what the Trust is doing and how staff are working hard to deliver safe, effective services which was heartening <p>The Board of Directors noted the report.</p>	
20/21/88	<p>Audit Committee: Chair's Report of the Audit Committee held 12 January 2021</p> <p>E Jenner introduced himself as the Chair of the Audit Committee and presented the report.</p> <p>The Committee had escalated the impact of COVID on the internal and external Audit programme and awaited an agreed start date for the next year end. It was acknowledged that Auditors were under pressure nationally to comply.</p> <p>The Internal Follow Up Report of the Audit work programme had been reviewed and analysis had taken place on the level of agreement with the recommendations made. Due to the new wave of COVID this had impeded progress. T Welch & A Harland were leading a project to prioritise the remainder of the year to ensure there would be sufficient assurance at year end. In addition, a Procurement Review had taken place, with identified lapses in procedure resolved by 12 January 2021.</p> <p>The Internal Audit Progress Review had taken place. The outcome was a credit to the Executive Team which assured the Committee that all recommendations made had been implemented.</p> <p>External Audit start date was to be agreed shortly. The Anti-Fraud progress report was very assuring and the Tender Waiver update report had highlighted there had been occasions where it had been operationally appropriate to waive the standard process.</p> <p>T Welch introduced himself as Director of Business & Value and commented that the Auditors had agreed a reduced the number of audits between now and year-end which would be formally brought back to the Committee at the beginning of March.</p> <p>The Board of Directors noted the Chair's report.</p>	

Ref	Title of item	Action
	<p><i>The Chair returned to the meeting and resumed the position of Chair</i> <i>H McGowan joined the meeting in preparation for items 20/21/90, 91& 92</i></p>	
20/21/89	<p>Report against Strategic Objectives</p> <p>T Welch presented the report which detailed reporting against existing objectives. A number of developments were required however these had not been actioned to reduce the pressure on the team who extract the data and compile the reports. An aim to provide an updated suite to the Board in March 2021 was agreed.</p> <p>The report had defined key indicator areas of achievement for the Board and performance had been very good, with the impact of the second wave of the pandemic now being evidenced.</p> <p>D Harris introduced himself as Director of People & Organisational Development. He highlighted that previous Boards had commented on the performance of supervision rates and compliance and as a result the last two Operational Committee meetings had prioritised this.</p> <p>Two factors had been identified:</p> <ol style="list-style-type: none"> 1. A significant amount of staff movement had taken place due to demand, which had resulted in challenges recording their supervision 2. Data quality required examination, resulting in a holding state and obtaining operational assurance <p>A review of sickness absence for the current period, having removed COVID related illness, had revealed lower rates than previously recorded in comparison with the same period in 2019-20 and 2018-19. D Harris was pleased to report that the Trust had made the wellbeing of staff a key priority during the pandemic. It was recognised that the mental health component may be further required as the pandemic was exited and the Trust was working with partner organisations across Cheshire and Merseyside to develop this capability.</p> <p>E Harrison introduced herself as a Non-Executive Director and requested that the Morbidity report chart be re-started from 2019 to make it easier to read. She further sought clarification on the apparent disparity of the processes investigating serious and moderate harm, referenced in the Duty of Candour report.</p> <p>H McGowan introduced herself as Associate Director, Nursing and Therapies and responded that this was ongoing work, with lower (moderate) harm managed at service level and not investigated. It was agreed that this should be mapped across all incidents and this was being re-considered for summer 2021.</p> <p>S Edwards introduced herself as Director of Operations and commented that all the slides were produced in the context of COVID and it was important to recognise the achievements made. There had been minimal admissions outside CWP and services continued to be accessed despite current absences and high levels of community infections. The report for January may differ due to the national restrictions, so it was good to</p>	

Ref	Title of item	Action
	<p>celebrate what was being achieved.</p> <p>The Board of Directors noted the report.</p>	
20/21/90	<p>Monthly Ward Staffing Update, November and December 2020</p> <p>H McGowan presented the bi-monthly report for the period November to December 2020. There had been challenges due to the impact of COVID on maintaining safer staffing and it had been good to see a flexible approach adopted across localities and services. Tremendous support had ensured patient safety which had enabled services to function well.</p> <p>During November 2020 the Trust had achieved average staffing levels of 96.4% for registered nurses and 98.8% for clinical support workers on day shifts, with 93.7% and 104.0% respectively on nights.</p> <p>During December 2020 the Trust achieved average staffing levels of 96.1% for registered nurses and 98.0% for clinical support workers on day shifts, with 93.1% and 106.9% respectively on nights.</p> <p>A Styring introduced himself as Director of Strategy and Partnerships and stated that it would be easy to take this result for granted, however it was recognised that this was a difficult time and staff were thanked for their hard work and commitment.</p> <p>P Bowen echoed his thanks and commented that he had experienced CWP staff volunteering in communities in their own time, and added his thanks to them.</p> <p>The Chair concurred, adding that all of the pressures faced, including schooling at home for some, made them real heroes, and thanked them.</p> <p>Six month safer staffing</p> <p>H McGowan presented the report which gave a more detailed overview of how staff fill rates were maintained across all services. On this occasion the focus had been on the COVID response implemented across all teams which had enabled them to adapt in challenging circumstances. The tremendous hard work along with flexible innovation was acknowledged across Care Groups and Localities. New models of care had continued to be developed, along with the response to COVID, and this had enabled changes to take place.</p> <p>Overall the fill rates for inpatient services had been achieved in this period which was to be congratulated. Going forward the teams would look at reviewing baseline establishments, use the nationally recommended Mental Health Optimum Safer Staffing (MHOS) tool to examine the bi-annual data and triangulate this with the skills mix and professional judgement. Mental Health services would be presented with different sets of needs and complexity and the need would be to ensure the skill mix was sufficient to meet increasing and changing needs.</p> <p>R Burke-Sharples introduced herself as a Non-Executive Director and asked how, in the future, would practice educators manage the preceptorship challenge. What strategy would be in place to enable</p>	

Ref	Title of item	Action
	<p>access to practice placements? There was a risk that if placements were not available, student progress could stall.</p> <p>H McGowan responded that work with universities continued alongside pre-registration to adapt students' experiences and use the time to prepare for working in different environments, using a technological approach. Different approaches had been considered for practice mentors to focus on practical placements and access. To help mitigate transport issues and ensure COVID-safe environments were maintained, flexible working over a 24 hour period was available. The Trust's Charitable Fund had provided laptops for students on placement to assist them to access Trust-secured sites and therefore have a good experience working from home. Work continued to support students and increase capacity. First year students had been prioritised for pre-registration experience and access. Third year students had also been able to support first year students. The Board was assured that work continued to ensure that students experience fulfilled the requirements.</p> <p>R Burke-Sharples asked what strategy was planned to address the relatively high turnover of Band 5 Associated Health Practitioner (AHP) nursing staff at Spring View Hospital, including recruitment and retention as continued high levels of turnover of experienced staff could impact on care.</p> <p>H McGowan responded that the challenge was not unique to CWP with Band 5 staff historically moving rapidly to Band 6 roles. Growth in mental health demand had resulted in pressures and traditionally staff had changed roles to focus on specialisms.</p> <p>Work was taking place with Care Groups to look at wider requirements and considering the AHP role as a specialism with a career path within In-patient Services. Looking at a range of approaches was also underway to address the potential for burn-out.</p> <p>G Flockhart added that as Senior Responsible Officer for the Cheshire & Mersey Nursing & Midwifery Council this was a shared experience and the Council was collectively looking at how to address this challenge through retention and development, Continual Personal Development (CPD) and preceptorship.</p> <p>He also commented that CWP had been influential in developing the Mental Health Optimum Safer Staffing (MHOS) tool and thanked H McGowan for her invaluable work. He requested that the Board record and acknowledge excellent innovation which had taken place during this difficult time whilst responding to the pandemic. Forward thinking and future opportunities were integral to how the Trust worked and further work with AHPs and Psychology would continue by V Peach and himself.</p> <p>A Styling suggested that the next report could look to assure the Board that non in-patient/community services had not been impacted on, plus inclusion of an impact assessment. He also added his thanks to Members of the Public for their help in ensuring CWP prioritised its services.</p> <p>P Bowen commented and noted as a potential Declaration of Interest in</p>	

Ref	Title of item	Action
	<p>his role as GP, that over the next year or two, Primary Care Networks (PCN) will be funded to take more responsibility for Mental Health provision. This could be a great opportunity for current local Mental Health providers and the Trust plus the PCN as part of the Integrated Care Partnership (ICP) to act together.</p> <p>The Board of Directors approved the report.</p>	
20/21/91	<p>Learning from Experience Report</p> <p>H McGowan presented the report which provided themes and trends across Care Groups.</p> <p>Incident reporting had increased in the last trimester (Trimester 2) which was a positive outcome and reflected the efforts to promote reporting. Work continued with Care Groups to report in a timely manner and to improve learning.</p> <p>During Trimester 2 the Suicide Prevention sub-committee started to focus on self-harm as one of the key priority work areas. The committee identified areas for improvement, focussing on assessment, risk assessment and psychological interventions to meet NICE quality standards and to support those who may self-harm to reduce.</p> <p>The Board of Directors noted the report.</p>	
20/21/92	<p>Freedom to Speak Up – Six Monthly Report</p> <p>H McGowan presented the report.</p> <p>Work continued to embed the Freedom to Speak Up (FTSU) culture.</p> <p>Nationally there had been an increase of concerns raised, which had not been seen by CWP. Staff had accessed other routes for concerns regarding Personal Protective Equipment (PPE) and the Swabbing helplines had been well-utilised, which routed concerns away from FTSU.</p> <p>Additional capacity including ambassadors from the BAME community had been put in place for staff to access this route if needed and promotion of the pathway had been undertaken to encourage staff to raise concerns. All concerns were fed into on-going learning.</p> <p>G Flockhart conveyed his thanks to R Burke-Sharples for her ongoing support as Freedom to Speak Up Champion, along with all Board members.</p> <p>The Board of Directors approved the report.</p>	
	<i>H McGowan left the meeting</i>	
20/21/93	<p>Guardian of Safe Working - Quarterly Report</p> <p>Dr F Alam introduced himself as Medical Director (joint) and presented the report.</p> <p>He was pleased to report that no exceptions or fines had been levied in relation to Junior Doctors. The number of Junior Doctors had increased, and there were no vacancies. There were 10 Specialist Registrar (SpR)</p>	

Ref	Title of item	Action
	<p>rota vacancies and it was anticipated that this rota would be filled in the next year or two by Junior Doctors.</p> <p>The Board of Directors noted the report.</p>	
20/21/94	<p>Board Assurance Framework</p> <ul style="list-style-type: none"> To include IPC Board Assurance Framework (BAF) <p>Dr A Sivananthan introduced herself as Medical Director (joint) and presented the report which covered the Strategic Risks against the Strategic Objectives of the Trust. She stated that the BAF was reviewed at each Quality Committee which undertook in-depth reviews. On 18 January 2021, the Committee had reviewed the BAF to ensure controls and risks were headed in the right direction. Of the nine Strategic risks, five were rated red and 4 rated as amber.</p> <p>A new risk for Fire Evacuation training competency had been added and continued to be scoped. The Specialist Mental Health risk also continued to be scoped however as a result of COVID, operational capacity which would undertake this continued to be used to support services and updates were scheduled for the coming months. Risks 3, 4, 8 and 9 had been reviewed and updated.</p> <p>The Board of Directors noted the report.</p>	
20/21/95	<p>CQC Statement of Purpose</p> <p>Dr A Sivananthan presented the report which was an annual requirement to scrutinise where the Trust provided services from and to declare this in a statement to CQC.</p> <p>Due to the ongoing impact of COVID, services were not being provided from Thorn Heys. The impact of this had been scrutinised and from a regulatory perspective was considered 'dormant' as the building is fit for purpose but the service suspended due to impact of COVID.</p> <p>The Board of Directors endorsed the report.</p>	
20/21/96	<p>Flu Campaign Update</p> <p>D Harris presented the report which continued to provide assurance of the 2020/21 Flu vaccination programme.</p> <p>Vaccination rates for staff in Patient facing roles were 80% and 73.1% for staff in non-Patient facing roles with a current overall rate of 78.5%, which was an excellent result and had not previously been achieved.</p> <p>The programme would continue to the end of February 2021 and every effort was being made to contact those at home, including Facilities staff, to make sure they have had opportunity to access the vaccine.</p> <p>A review of the successful flu vaccination process would take place to learn from it for the COVID vaccination programme.</p> <p>D Harris advised that in support of partner organisations, these, including</p>	

Ref	Title of item	Action
	<p>the Police, had been offered the flu vaccination.</p> <p>The Board of Directors noted the report.</p>	
20/21/97	<p>Provider Collaborative - Update</p> <p>A Styling presented the report.</p> <p>A presentation was received at the November 2020 Board relating to Children & Adolescent Mental Health Services (CAMHS) Tier 4 and Adult Eating Disorders (AED). The Board considered and approved business cases. Following this, revised business cases were submitted to NHSEI Panel for the 10 December 2020 deadline.</p> <p>As a result (CAMHS) Tier 4 was approved to 'go live' on 1 April 2021. Further discussions will take place regarding the proposed 'shadow period' up to October 2021 and what this would mean in terms of accountabilities between NHSE/I and CWP as Lead Provider.</p> <p>CAMHS Tier 4 (Cheshire and Merseyside)</p> <p>Specific actions identified for completion by CWP prior to 'go live' were:</p> <ol style="list-style-type: none"> 1. Submission of a fully costed service model by Friday 15th March 2021 which would be required to be approved at the February Board of Directors. 2. Submission of an agreed Memorandum of Understanding (MOU) between the three North West CAMHS Provide Collaboratives (PCs) to outline how this relationship will work, particularly in relation to more specialised CAMHS services. <p>Adult Eating Disorders (North West)</p> <p>The updated submission was considered by the Panel and provisionally approved with a 'go live' date of 1st October 2021. Reference was made to the 'sound' clinical model and more detail was required regarding the financial and operational aspects of the PC, acknowledging the larger and more complex footprint of this PC.</p> <p>The specific actions required to be addressed were:</p> <ol style="list-style-type: none"> 1. Submission of further detail regarding the mobilisation of this PC model in partnership with North West CCGs and community eating disorder providers. 2. Submission of a fully costed service model demonstrating affordability and sustainability by 14th May 2021, which would be required to be approved by the Board of Directors at the April 2021 meeting. 3. Presentation of the updated position to an NHSE/I panel in week commencing 1st June 2021. <p>The report described key themes etc., with financial and operational risks plus mitigations. The Board was asked to note progress and go-live</p>	

Ref	Title of item	Action
	<p>dates.</p> <p>No questions arose from the Board and P Bowen stated that this reflected thorough engagement on the subject with all Board members.</p> <p>The Board of Directors noted the report.</p>	
	<i>V Peach joined the meeting</i>	
20/21/98	<p>Reports for Noting</p> <ul style="list-style-type: none"> • Annual Research Report (incl. portfolio publications) April 2019 - November 2020 • Safeguarding Adults and Children – Six Month Report <p>Annual Research Report (incl. portfolio publications) April 2019 - November 2020</p> <p>Dr F Alam presented the Annual Research Report which was the first of a five year strategy approved April 2019.</p> <p>There were four main aims of the strategy and these had been achieved as follows:</p> <ol style="list-style-type: none"> 1. <i>Deliver high quality research that informs the best ways to promote the health and well-being of the population we serve</i> <p>Through recruiting to portfolio studies and undertaking our own non-portfolio studies, high quality research relevant to the health and well-being of our population had been delivered.</p> <ol style="list-style-type: none"> 2. <i>Ensure service users, the public and health care professionals are centrally involved in the design and delivery of research</i> <p>Service Users, the Public and Health Care Partners had been central to the design and delivery of research. An example of this was the COVID project which had been critical in data analysis; clinical decision making, conceptualisation in clinical settings and learning.</p> <ol style="list-style-type: none"> 3. <i>Promote research which aligns with our strategic objectives</i> <p>The studies undertaken and supported had been prioritised on the extent of the alignment between the research question the study addressed and robust links with one or more CWP strategic objective.</p> <ol style="list-style-type: none"> 4. <i>Strengthen collaborative links with our academic partners to deliver innovative research</i> <p>A range of links had been strengthened and developed, including CWP clinical academic posts (including a professorial position) with the University of Chester; close work with Liverpool John Moores University on a PhD project (on pathways for patients experiencing suicidal crisis); and a study examining patient experience, clinical profile, resource use and clinical decision-making in relation to patients with complex needs and a professorial post at the University of Manchester had been part funded.</p> <p>Continued close work was ongoing with the University of Liverpool,</p>	

Ref	Title of item	Action
	<p>particularly through the Applied Research Collaborations (ARC) North West Collaborative (NWC). We have established new collaborative relationships with the Universities of Birmingham and Salford.</p> <p>Research studies with far reaching implications had taken place. The Wirral Child Development Study which was coming to end had shaped thinking around child development. The Care Group had used information from this to design services in contract negotiations and delivery. A significant number of papers based upon this study had been published nationally and internationally.</p> <p>The Research Team had achieved the targets set for the majority in period with any exceptions due to the impact of COVID or sponsor-related.</p> <p>Dr F Alam was pleased to report that over 500 subjects had been recruited and was recognised as one of top recruiting Trust in the region. It had also contributed to 70 papers within the period.</p> <p>F Ahmed introduced himself as a Non-Executive Director, and acknowledged the tremendous output of the Research Team and asked how the information resulted was disseminated. Dr F Alam responded that COVID studies had been reviewed in various Board meetings and across year and internal conferences had taken place with findings discussed. In addition, the Quality Committee reviewed findings based on relevancy and specific groups, including each Care Group, reviewed quality including Research.</p> <p>S Cumiskey thanked and congratulated Dr F Alam, Prof T Nathan, partners and Governors who had participated. It was beneficial that studies had been inclusive of staff and the wider community. Research was vital to provide the best care possible and having people always thinking of innovation and being curious was greatly valued.</p> <p>Safeguarding Adults and Children – Six Month Report</p> <p>G Flockhart introduced V Peach, Associate Director, Nursing and Therapies & Director of Infection Prevention & Control who had been key to ensuring the Team continued to make Safeguarding a priority.</p> <p>V Peach presented the report which covered the periods of Quarters 1 + Q2 (April - September 2020) which had seen an increase in referral activity. Analysis had demonstrated that staff continued to identify and act legitimately and appropriately.</p> <p>A Named Doctor had been identified and appointed to replace the outgoing post-holder and safeguarding supervision rates had been maintained with virtual approaches for those with statutory responsibility.</p> <p>Multi-Agency Risk Assessment Conference (MARAC) processes had been developed across Cheshire and Wirral with daily meetings which impacted on the Trust's available safeguarding resource. The team continued to work with the process to further understand and fulfil compliance.</p>	

Ref	Title of item	Action
	<p>Increases in the number of children at risk and known to Mental Health Services had been evidenced in the Safeguarding Children's Partnership and wider partners. This data had been reviewed and objectives had been identified in Quarters 3 and 4.</p> <p>A Campbell thanked V Peach and the team for the work undertaken and commended on the quality of work produced. She added that the reports were clear and concise and was assured that the Trust was diligently working to safeguard Adults and Children.</p> <p>The Chair also thanked V Peach for joining the Board to present the report.</p> <p>The Board of Directors noted the report.</p>	
20/21/99	<p>Equality, Diversity, Inclusion and Human Rights</p> <ul style="list-style-type: none"> Policy Approval <p>G Flockhart presented the policy which had been updated to provide the Trust with a framework to meet its commitments. The Annual Review had taken place in December 2020 which had resulted in a number of requests for amendments which had been incorporated. The People & Organisational Development Sub-Committee had approved the changes.</p> <p>F Ahmed observed that three external agencies had been consulted and suggested that the next iteration was broadened to include every protected characteristic. G Flockhart agreed to consider this for future reviews.</p> <p>The Board of Directors approved the policy.</p>	
	Closing Business	
20/21/100	<p>Any other business</p> <p>There was no other formal business from the Board members.</p> <p>The Chair thanked all attendees for attending and invited questions from Governors on agenda items.</p> <p>P Ashley-Mudie stated that he had been involved in the research led by Prof. T Nathan and it was good that this had focused on Service User input.</p> <p>A number of Governors commented on the impact of the pandemic on Mental Health and the increased demand which was emerging. S Edwards remarked that the long term plan was to access funding opportunities to help with those challenges of increased demand.</p> <p>T Welch commented that many are finding this time difficult and it was important to note that we are not alone.</p> <p>A Sivananthan added that Public Health England (PHE) had launched the campaign 'Every Mind Matters' Better Health - Every Mind Matters Campaign Resource Centre (phe.gov.uk) which had a range of resources to support Mental Health. In addition the 'Headspace' website and associated app was also helpful. She further stated that human</p>	

Ref	Title of item	Action
	<p>connectivity was vital with support lines, local communities, GP practices and friendship services available to reach out to. The PHE website Campaigns Campaign Resource Centre (phe.gov.uk) contained a lot of valuable information. The CWP Crisis Line, 0800 145 6485, was also available 24 hours a day, 7 days a week.</p> <p>B Greenwood asked what plans there were to fund Mental Health support for Students, Children and Young People, to which S Edwards responded that services had been developed to support schools remotely or on site. Mental Health Support had been made available to students, learners, carers, teachers and schools throughout the Trust's footprint. Investment in the long-term plan was focused on access to services for Children and Young People with the focus on early intervention and prevention. The all-age Crisis Line, 0800 145 6485 was also available to young people.</p> <p>Mental Health support for Staff was vital and the potential for respite leave or other options was being considered with staff encouraged to take their annual leave and not bank it for the 2021/22 period. Staff would be asked what would be the one thing the Trust could do to help them. It was recognised that planning for the future needed to be realistic as staff were exhausted.</p> <p>The Chair added that the matter had also been discussed at the Private Board.</p> <p>The Chair suggested if Governors or Members of the Public had any questions which were not answered at the end of the Board; these can be raised via Melysa Border m.border@nhs.net in the Corporate Affairs Team, who had managed their access to attend the Board.</p>	
20/21/101	<p>Matters for referral to any other groups</p> <p>There were no matters to refer or escalate to other groups from the meeting.</p>	
20/21/102	<p>Matters impacting on policy and/ or practice</p> <p>There were no matters identified impacting on policy and/or practice.</p>	
20/21/103	<p>Review risk impact of items discussed</p> <p>It was acknowledged that the board assurance report and risk register reflected all risks discussed.</p>	
20/21/104	<p>Three things to communicate</p>	
20/21/105	<p>Review of meeting performance</p> <p>Board members were encouraged to review the meeting via the survey in order to continuously improve the meeting.</p>	
CLOSE		
<p>Date, time and venue of the next meeting: Wednesday 31 March 2021 at 13:00</p>		

Cheshire and Wirral Partnership NHS Foundation Trust
Open Actions Action Schedule

		Board of Directors: Open meeting action schedule: March 2021			
Meeting date	Group/ Ref	Action	By Whom	By when	Status
25.11.20	20.21.70	Report against strategic objectives: Additional Staff sickness data to be included with a comparison between the live information and historical norms to be included	TW	27.1.21	Deferred whilst new reporting is developed (delayed due to pandemic)

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

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

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

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

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

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

STANDARDISED CHAIR'S REPORT

CHAIR'S REPORT DETAILS	
Name of meeting:	Quality Committee
Chair of meeting:	Andrea Campbell, Non-Executive Director
Date of meeting:	03/03/2021
ESCALATION	Quality, clinical, care, other risks identified that require escalation: <ul style="list-style-type: none"> CWP has undertaken no remote assessments concerning inpatient detentions. 34 remote assessments have been undertaken concerning Community Treatment Order renewals. The latter were in line with initial NHS England guidance, but this guidance has been temporarily revoked following a Court ruling. No further remote assessments are being undertaken following a directive issued by the Trust. As the most current guidance is subject to significant national challenge, the aforementioned remote assessments requiring face-to-face reassessment are on hold pending this final clarification which will then be enacted by the Trust. This approach maximises the mitigation of unwarranted short-term adverse impacts on patient experience and staff capacity. A greater contribution from professionals and experts in CWP is required in response to the current consultation on proposals for major reform of the Mental Health Act. This has been escalated to Care Groups and all responses received will be presented to the Board for their consideration. CWP's response will be submitted by 21 April 2021. A second extension to the regulatory action plan concerning ADHD service provision is being sought once the current plan to the end of March 2021 elapses – see 'assurance' section below.
	On which matters did the meeting make a decision, e.g. what did it approve? <ul style="list-style-type: none"> Approval of progress with the CQC 2019/20 inspection report improvement plan: <ul style="list-style-type: none"> The ADHD regulatory actions have been advanced as far as practicable by CWP within the first revised timeframe of the end of March 2021 agreed with the CQC. The Operational Committee and the Board will be approving the Trust's approach to the future provision of ADHD services and agreeing a further revision to our regulatory action plan based on this for consideration by the CQC. The NBC Care Group regulatory actions are on track for completion by the end of March 2021. All improvement actions have been completed, bar actions around complaints processes, delayed as a consequence of the need to complete these actions in a quality way, but with the operational response to the pandemic impacting on this. Revised timeframes: end July 2021. Shortfalls in fire evacuation training levels for inpatient services is being addressed by in situ training provided by ward managers – expected timeframe for full compliance is end of quarter one 2021/22. Approval of the quality impact concerning Specialist Mental Health acute inpatient capacity. Approval of the revised Infection Prevention & Control (IPC) Board Assurance Framework.
ASSURANCE	Other matters discussed that provide assurance: <ul style="list-style-type: none"> Significant assurance received in relation to all agenda items, excepting where further improvement is required in relation to specific matters as outlined within this Chair's Report. Assurance received on quality performance against the current measures in the Providing High Quality Care dashboard report, excepting the improvement required concerning restrictive practices measures highlighted in the 'improvement' section below. The report is strengthening oversight of CWP's Strategy/ NHS Long Term Plan (LTP) delivery.
	Developments/ achievements: <ul style="list-style-type: none"> A QI initiative is progressing within Specialist Mental Health Services to reduce all restrictive practices and to deliver the Providing High Quality Care dashboard report's aim of eliminating prone position restraint. A 'team around the team' approach, using the principles of Insight, Involvement and Improvement to deliver safer care to patients through safer systems and a safer culture (as set out in The NHS Patient Safety Strategy) is being used, initially on Brooklands ward. Three short presentations were received from our Eating Disorder Service, setting out quality approaches to: <ul style="list-style-type: none"> Holding people safely in community through integrating physical and psychological care. Evaluation staff training on emotionally unstable personality disorder. New clinical challenges and innovative ways of changing current pathways in response to the impact of the COVID-19 pandemic.
IMPROVEMENT	

CHAIR'S REPORT DETAILS

Name of meeting:	Audit Committee
Chair of meeting:	Edward Jenner
Date of meeting:	9 th March 2021

Quality, clinical care, other risks identified that require escalation

Items to be escalated to Board of Directors

Internal Audit Report – Estates Maintenance Strategy

It was confirmed to the Committee that the recent audit in regards to the Estates Maintenance Strategy had been awarded substantial assurance. It was noted that as part of the recommendations the department were due to review their structure. The Committee will escalate this to the Board of Directors for discussion and consideration alongside the Trust Strategy refresh.

Year-End Schedule

Committee members noted that in line with current guidance the 2020/21 Annual Report and Accounts would be approved by the 15th June 2021 deadline. Although the guidance allows for a possible slight extension, all plans are in place to meet the above deadline.

Board Assurance Framework (BAF)

The Committee was presented with a revised BAF and Strategic Risk Register for consideration. It was noted that the new format had been approved by Board members at their recent meeting. Committee members noted that the format was much improved. Committee members gave consideration to risks 9 and 10 in particular. The relevance, risk scores and risk appetite for both risks were considered by Committee members. Comments will be fed back to Risk Owners as part of the current continued review and development of the BAF.

(ESCALATION)

Matters discussed/decision:

Internal Audit Plan

The MIAA Progress Report Included:

- Head on Internal Audit Opinion Delivery confirming that this was on track.
- Compliance with Public Sector Internal Audit Standards
- Estates Maintenance Strategy (as above).
- 20/21 Plan Reviews – Fieldwork in progress for:
 - HR/Payroll Systems
 - Conflicts of Interest
 - Assurance Framework
 - Data Protection Security Toolkit

Internal Audit Plan will include Core Assurances, National and Regional Risk areas, Strategic Risks from Board Assurance Framework and Management requests, MIAA Insights including benchmarking, briefing and events.

External Audit

Progress Report and Sector Update

- Planning processes for the 2020/21 audit are underway
- The Report provides progress in External Auditors delivering their responsibilities – assurances given

Anti-Fraud

- The Anti-Fraud Progress Report was presented to highlight work undertaken during the period from January 2021 to March 2021
- The Draft Anti-Fraud Plan was presented and was approved by members of the Audit Committee

Board of Directors Register of Interest and Register of Gifts and Hospitality

- The registers were noted by the Committee members

(ASSURANCE)

STANDARDISED SBAR COMMUNICATION

REPORT DETAILS	
Report subject:	Report against Strategic Objectives – March 2021
Agenda ref. number:	20.21.115
Report to (meeting):	Board of Directors (meeting in public)
Action required:	Discussion and Approval
Date of meeting:	31/03/2021
Presented by:	Tim Welch, Director of Business and Value

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

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

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

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

REPORT BRIEFING

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

Background – contextual and background information pertinent to the situation/purpose of the report
The format of the Report has been stable since the first couple of editions and even the relatively new activity appendix, introduced in May 2020 to show the impact of the pandemic, is now well embedded. There is good engagement between the Quality Surveillance team, data providers and metric owners within the production process and the amount of commentary has steadily grown. It is expected that changes to the Trust's Strategic Objectives will start to appear in the report from the May edition.

Assessment – analysis and considerations of the options and risks

Coverage and completeness

The data behind a quarter of the indicators are not being updated as a result of suspensions due to the pandemic. This particularly affects the charts showing patient and staff feedback: patient FFT, staff FFT, Listen and Learn events; but it also affects the Use of Resources and QI Training metrics. Commentaries give further details.

Current performance

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

- There was a cluster of out of area placements in January/early February.
- Absence due to sickness was higher in January 2021 than at the start of the pandemic in April 2020;
- The Trust's vacancy rate continue to run below the long term average

The activity data is provided in a separate appendix. Notable points include:

- A fundamental shift downwards in referrals to the Neighbourhood based physical health services
- the immediate growth in telephone contact in Spring and gradual shift back towards face to face contact in subsequent months, with differing patterns by Care Group, and continued growth in the use of video technologies
- Notable improvement in the proportion of planned appointments that have been attended, driven particularly by what appears to have been a fundamental shift in the proportion of appointments cancelled by the patient to a new lower level since the start of the pandemic.

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

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

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

Board business cycle requirement

Contributing authors:

For the SBAR: James Partington, Tim Welch
For the Report: all metric owners who are listed in the Report

Distribution to other people/ groups/ meetings:

Version	Name/ group/ meeting	Date issued
1	Board of Directors	23/03/2021

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

Appendix No.	Appendix title
1	Report against CWP Strategic Objectives March 2021 - Final (powerpoint file)
2	Report against CWP Strategic Objectives March 2021 Appendix (powerpoint file)

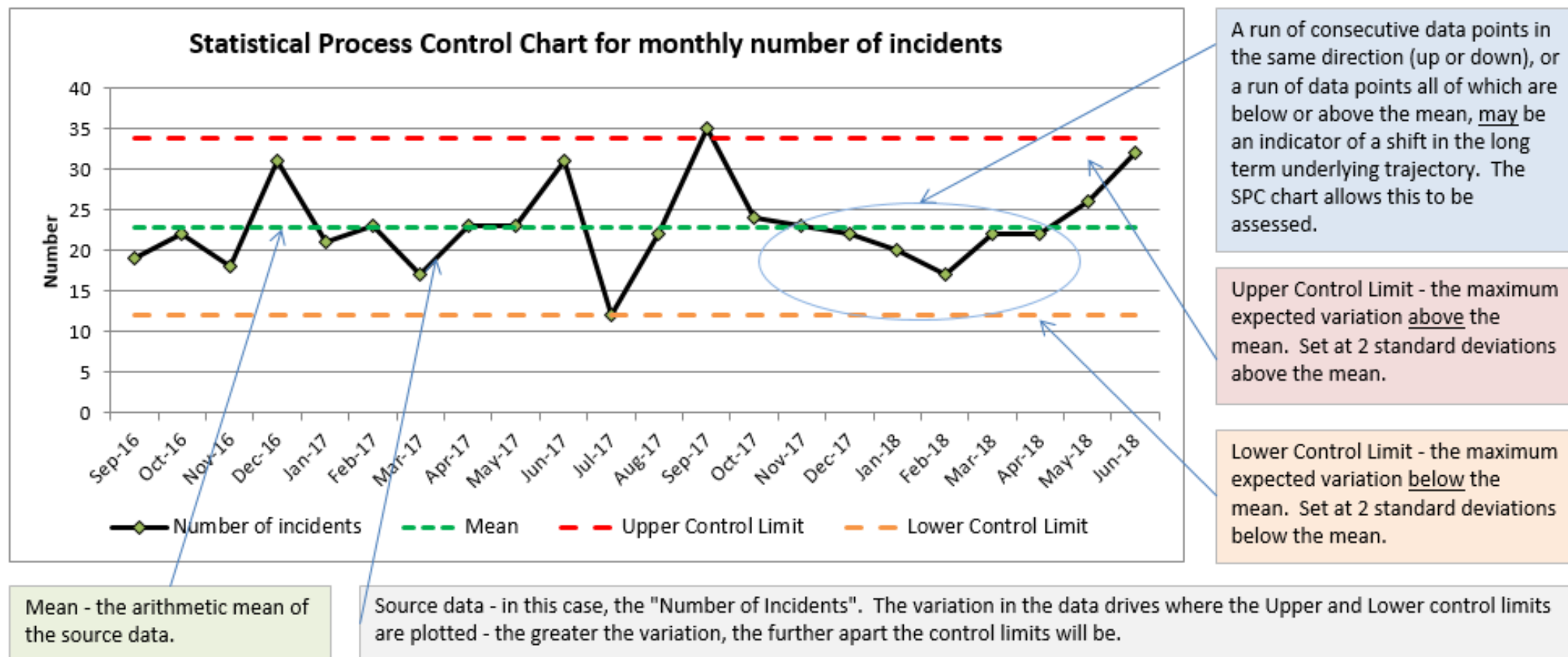
Report Against Strategic Objectives

March 2021

Quality Surveillance Analysis Team

Helping people to be
the best they can be

Interpreting Statistical Process Control charts



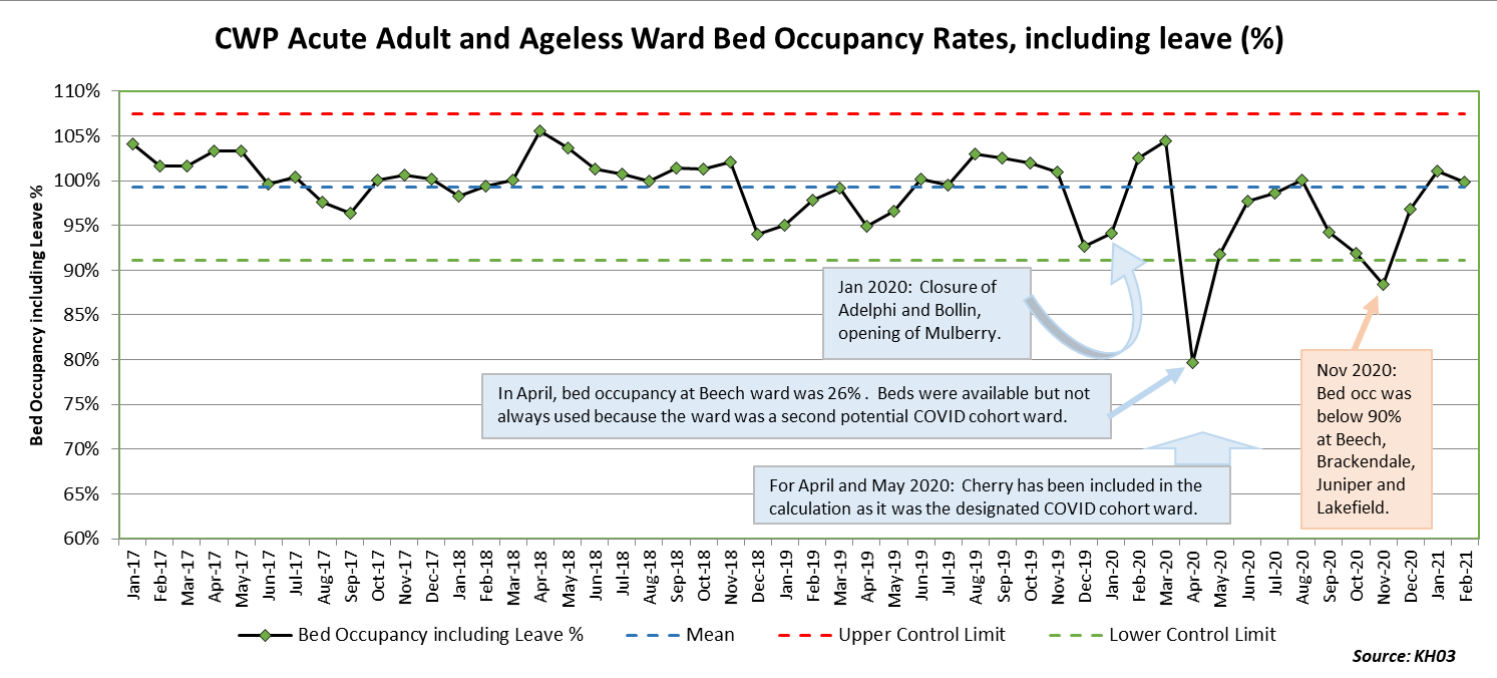
What does the SPC tell us?

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

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

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

Deliver high quality, integrated and innovative services that improve outcomes

Metric	Data	Further Explanation
Bed Occupancy - Adult Acute and Ageless wards	<p data-bbox="682 425 1745 458">CWP Acute Adult and Ageless Ward Bed Occupancy Rates, including leave (%)</p>  <p data-bbox="1294 672 1480 743">Jan 2020: Closure of Adelphi and Bollin, opening of Mulberry.</p> <p data-bbox="950 772 1569 829">In April, bed occupancy at Beech ward was 26%. Beds were available but not always used because the ward was a second potential COVID cohort ward.</p> <p data-bbox="1225 865 1671 915">For April and May 2020: Cherry has been included in the calculation as it was the designated COVID cohort ward.</p> <p data-bbox="1773 751 1888 915">Nov 2020: Bed occ was below 90% at Beech, Brackendale, Juniper and Lakefield.</p> <p data-bbox="1811 1036 1913 1058">Source: KH03</p> <p data-bbox="448 1093 1982 1308">Comment: The usual definition includes adult and ageless wards. Cherry ward, normally an older person's ward, was used as the COVID-19 cohorting ward during April and May and has been added to the calculation for those months. Bed occupancy was low in November across a number of our acute wards due to both a lower rate of admissions and COVID outbreaks resulting in bed closures for periods of time. Bed occupancy rates have been back to more typical levels since then.</p>	<p data-bbox="2015 379 2359 508">Metric owner: Suzanne Edwards / Anushta Sivananthan</p> <p data-bbox="2015 565 2283 651">Monitored at: SMH Care Group</p> <p data-bbox="2015 708 2423 836">Data sources: KH03 file provided by the Information Team.</p>

Deliver high quality, integrated and innovative services that improve outcomes

Metric	Data	Further Explanation																																																																																																
Out of Area Acute Admissions	<div><p>Number of acute admissions of CWP patients to hospitals outside the trust, excepting services that CWP do not provide</p><table><tr><th>Month</th><th>Number of out of area placements</th></tr><tr><td>Apr-17</td><td>0</td></tr><tr><td>May-17</td><td>0</td></tr><tr><td>Jun-17</td><td>0</td></tr><tr><td>Jul-17</td><td>0</td></tr><tr><td>Aug-17</td><td>0</td></tr><tr><td>Sep-17</td><td>0</td></tr><tr><td>Oct-17</td><td>0</td></tr><tr><td>Nov-17</td><td>0</td></tr><tr><td>Dec-17</td><td>0</td></tr><tr><td>Jan-18</td><td>0</td></tr><tr><td>Feb-18</td><td>0</td></tr><tr><td>Mar-18</td><td>0</td></tr><tr><td>Apr-18</td><td>0</td></tr><tr><td>May-18</td><td>0</td></tr><tr><td>Jun-18</td><td>0</td></tr><tr><td>Jul-18</td><td>0</td></tr><tr><td>Aug-18</td><td>0</td></tr><tr><td>Sep-18</td><td>0</td></tr><tr><td>Oct-18</td><td>0</td></tr><tr><td>Nov-18</td><td>0</td></tr><tr><td>Dec-18</td><td>0</td></tr><tr><td>Jan-19</td><td>0</td></tr><tr><td>Feb-19</td><td>0</td></tr><tr><td>Mar-19</td><td>0</td></tr><tr><td>Apr-19</td><td>0</td></tr><tr><td>May-19</td><td>0</td></tr><tr><td>Jun-19</td><td>0</td></tr><tr><td>Jul-19</td><td>0</td></tr><tr><td>Aug-19</td><td>0</td></tr><tr><td>Sep-19</td><td>0</td></tr><tr><td>Oct-19</td><td>0</td></tr><tr><td>Nov-19</td><td>0</td></tr><tr><td>Dec-19</td><td>0</td></tr><tr><td>Jan-20</td><td>1</td></tr><tr><td>Feb-20</td><td>1</td></tr><tr><td>Mar-20</td><td>0</td></tr><tr><td>Apr-20</td><td>0</td></tr><tr><td>May-20</td><td>0</td></tr><tr><td>Jun-20</td><td>0</td></tr><tr><td>Jul-20</td><td>0</td></tr><tr><td>Aug-20</td><td>0</td></tr><tr><td>Sep-20</td><td>0</td></tr><tr><td>Oct-20</td><td>0</td></tr><tr><td>Nov-20</td><td>0</td></tr><tr><td>Dec-20</td><td>0</td></tr><tr><td>Jan-21</td><td>2</td></tr><tr><td>Feb-21</td><td>2</td></tr></table><p>■ Number of out of area placements</p></div> <p>Note: There was a cluster of out of area placements in January and February 2021 as a result of no adult acute availability during the COVID-19 pandemic. In addition to the out of area placements into acute beds shown above, a further person was placed out of area into an organic bed, arranged via mutual aid. Three of the four placements shown in the chart were outside the North West.</p>	Month	Number of out of area placements	Apr-17	0	May-17	0	Jun-17	0	Jul-17	0	Aug-17	0	Sep-17	0	Oct-17	0	Nov-17	0	Dec-17	0	Jan-18	0	Feb-18	0	Mar-18	0	Apr-18	0	May-18	0	Jun-18	0	Jul-18	0	Aug-18	0	Sep-18	0	Oct-18	0	Nov-18	0	Dec-18	0	Jan-19	0	Feb-19	0	Mar-19	0	Apr-19	0	May-19	0	Jun-19	0	Jul-19	0	Aug-19	0	Sep-19	0	Oct-19	0	Nov-19	0	Dec-19	0	Jan-20	1	Feb-20	1	Mar-20	0	Apr-20	0	May-20	0	Jun-20	0	Jul-20	0	Aug-20	0	Sep-20	0	Oct-20	0	Nov-20	0	Dec-20	0	Jan-21	2	Feb-21	2	<p>Metric owner: Suzanne Edwards</p> <p>Monitored at: Operational Committee</p> <p>Data source: CWP Bed Hub</p>
Month	Number of out of area placements																																																																																																	
Apr-17	0																																																																																																	
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Deliver high quality, integrated and innovative services that improve outcomes

Metric	Data	Further Explanation																																																																														
Admission to hospital for those on the Dynamic Support Database	<div><p>Admissions in the 12 months March 2020 to February 2021 of people on the Dynamic Support Database</p><table><thead><tr><th>Month</th><th>Juniper</th><th>Greenways</th><th>Beech</th><th>Eastway</th><th>Lakefield</th></tr></thead><tbody><tr><td>Mar-20</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Apr-20</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>May-20</td><td>1</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Jun-20</td><td>0</td><td>1</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Jul-20</td><td>0</td><td>0</td><td>2</td><td>1</td><td>0</td></tr><tr><td>Aug-20</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Sep-20</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Oct-20</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Nov-20</td><td>0</td><td>0</td><td>1</td><td>0</td><td>0</td></tr><tr><td>Dec-20</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Jan-21</td><td>0</td><td>0</td><td>1</td><td>2</td><td>1</td></tr><tr><td>Feb-21</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr></tbody></table></div> <div><p>Comment: Of the four people who have been admitted in 2021, two were rated ‘red’ and two ‘amber’. Two were being looked after by the Wirral community team and two by the Cheshire West and Chester team. One remains in hospital, and the average length of stay for the patients who have since been discharged was 7 days.</p></div>	Month	Juniper	Greenways	Beech	Eastway	Lakefield	Mar-20	0	0	0	0	0	Apr-20	0	0	0	0	0	May-20	1	0	0	0	0	Jun-20	0	1	0	0	0	Jul-20	0	0	2	1	0	Aug-20	0	0	0	0	0	Sep-20	0	0	0	0	0	Oct-20	0	0	0	0	0	Nov-20	0	0	1	0	0	Dec-20	0	0	0	0	0	Jan-21	0	0	1	2	1	Feb-21	0	0	0	0	0	<p>Metric owner: Maddy Lowry</p> <p>Monitored at: LD, NDD & ABI Care Group</p> <p>Data source: ‘LD Risk Register Report for QS’ Report Manager report</p>
	Month	Juniper	Greenways	Beech	Eastway	Lakefield																																																																										
Mar-20	0	0	0	0	0																																																																											
Apr-20	0	0	0	0	0																																																																											
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Jan-21	0	0	1	2	1																																																																											
Feb-21	0	0	0	0	0																																																																											

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

Deliver high quality, integrated and innovative services that improve outcomes

Metric	Data	Further Explanation
CWP performance against NHSi targets (Exceptions only)	<p>The Trust reports a number of operational metrics to NHSi. These cover: Early Intervention in Psychosis (one metric), Improving Access to Psychological Therapies (3 metrics), Out of Area acute admissions (monitored on slide 5 of this pack), and a data quality measure which is provided with a three month lag. This means that the most recent two data points, reported in January and February 2021, are for October and November 2020.</p> <p>The following metrics were below target performance as set out in the NHS Oversight Framework for January and February 2021:</p> <ul style="list-style-type: none">• Out of Area Acute Admissions which had 2 instances in January, and 2 in February.• The data quality measure, where the data for both the most recent months was 87.1% against a target of 95%.	<p>Metric owner: Tim Welch</p> <p>Monitored by: Ops Committee by exception from Care Groups</p> <p>Data source: CWP Business and Value</p>

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

Metric	Data	Further Explanation
Friends and Family Test – responses from users of our services	<p>CWP Trustwide Friends and Family Test (FFT) conducted using paper forms Percentage of responses 'Likely' or 'Extremely Likely' to recommend the service</p> <p>Source: Information Team</p>	<p>Metric owner: Gary Flockhart</p> <p>Monitored through: Quality Committee and PACE</p> <p>Data source: 'FFTalldatatodate' file from the Information Team</p>

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

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

Metric	Data	Further Explanation
<p>Friends and Family Test responses from our staff – about CWP as a care provider</p>	<div data-bbox="420 421 1974 1035"> <p>CWP Trustwide Staff FFT</p> <p>Staff likely to recommend CWP to friends and family if they needed care or treatment</p> <p>Source: NHS England Staff FFT Results</p> </div> <p>Comment: Due to the national agreement to suspend certain data collection activities as a result of the COVID-19 pandemic, there has been no further data to add to this chart since the edition reported in March 2020. However, as well as the 2020 NHS Staff Survey, the Trust has also participated in the NHS People Pulse survey. While this does not replicate the questions from within the NHS FFT, it has given staff the option to participate and indicate how they are feeling and what support they have utilised through the pandemic as well as anything else that would further assist them.</p>	<p>Metric owner: David Harris, delegated to Simon Platt</p> <p>Monitored at: POD Sub Committee</p> <p>Data source: People Information</p>

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

Metric	Data	Further Explanation
<p>Friends and Family Test responses from our staff – about CWP as a place to work</p>	<div data-bbox="420 415 1931 982"> <p>CWP Trustwide Staff FFT</p> <p>Staff likely to recommend CWP to friends and family as a place to work</p> <p>Source: NHS England Staff FFT Results</p> </div> <p>Comment: Due to the national agreement to suspend certain data collection activities as a result of the COVID-19 pandemic, there has been no further data to add to this chart since the edition reported in March 2020. However, as well as the 2020 NHS Staff Survey, the Trust has also participated in the NHS People Pulse survey. While this does not replicate the questions from within the NHS FFT, it has given staff the option to participate and indicate how they are feeling and what support they have utilised through the pandemic as well as anything else that would further assist them.</p>	<p>Metric owner: David Harris, delegated to Simon Platt</p> <p>Monitored at: POD Sub Committee</p> <p>Data source: People Information</p>

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

Metric	Data																
Effectiveness of working with the wider community	<div><p>Attendance at Listen and Learn events</p><table><thead><tr><th></th><th>Event 1: November 2019</th><th>Event 2: February 2020</th></tr></thead><tbody><tr><td>General Public</td><td>0</td><td>0</td></tr><tr><td>Governors</td><td>0</td><td>1</td></tr><tr><td>Lived Experience Volunteers</td><td>5</td><td>6</td></tr><tr><td>Staff</td><td>5</td><td>20</td></tr></tbody></table></div> <p>Comment: Due to Covid-19 restrictions and limited ability to connect virtually with members and public, we have utilised other methods of ensuring that we listen to the voice of people who access our services. We have involved people in the steering groups of various research and improvement projects. People with lived experience have been involved in data analysis of surveys. Our participation and engagement groups have been working within care groups to ensure that people voices are heard and they are involved. We have revised the submission of the Lived Experience Volunteering and Engagement Network reports to be submitted on a quarterly basis to the Quality Committee rather than bi-annually to ensure the committees are updated on the activities involving people.</p>		Event 1: November 2019	Event 2: February 2020	General Public	0	0	Governors	0	1	Lived Experience Volunteers	5	6	Staff	5	20	<p>Metric owner: Cathy Walsh</p> <p>Monitored at: PACE Sub Committee</p> <p>Data Source: PALS team</p>
		Event 1: November 2019	Event 2: February 2020														
General Public	0	0															
Governors	0	1															
Lived Experience Volunteers	5	6															
Staff	5	20															

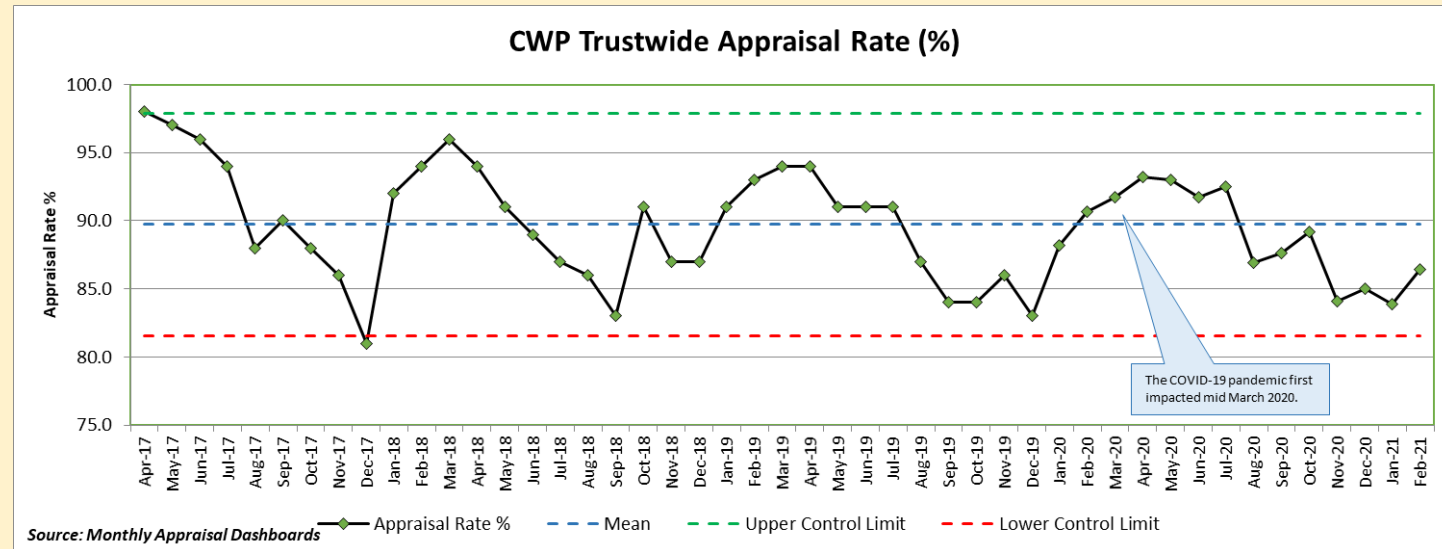
Be a model employer and have a caring, competent and motivated workforce

Metric

Data

Further Explanation

Appraisal



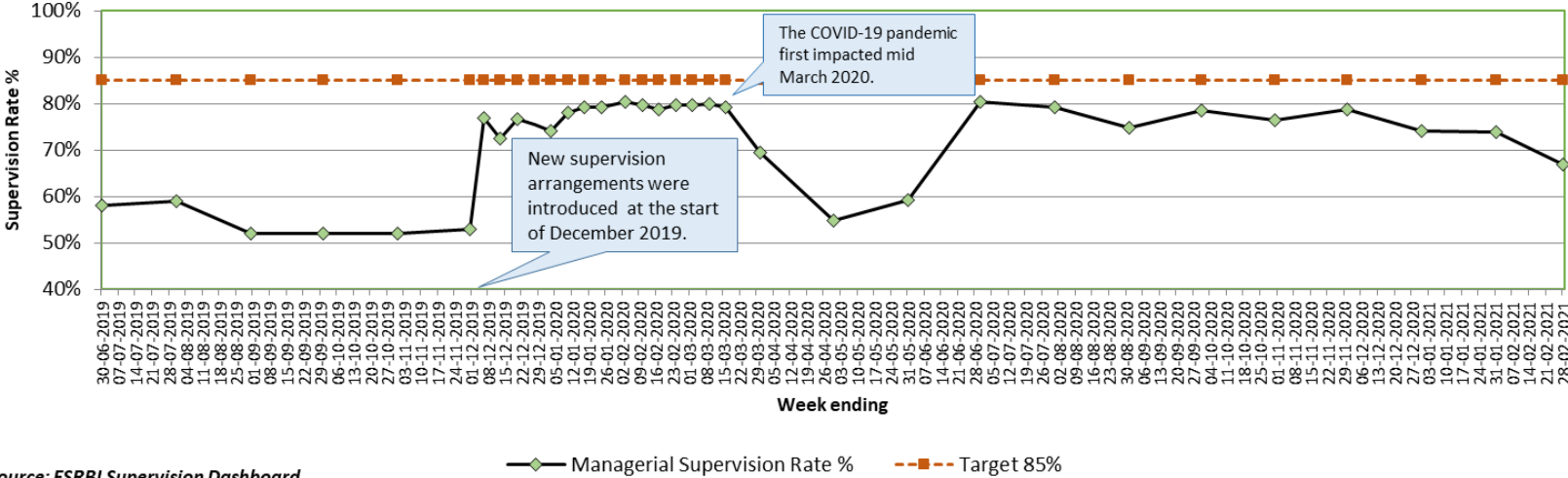
Comment: To date, peaks in compliance have tended to be at March/ April whereas dips in compliance occurred during Aug and Dec. Work to understand this has taken place and is attributed to peak leave period. The impact of the COVID-19 pandemic on appraisal rates has been marginal in the data reported so far and a 90 day extension has been applied since April 2020. Hotspot reports are now being issued to ensure that line managers are aware of where action needs to be taken and appraisal compliance remains an important indicator for Care Group governance meetings.

Metric owner:
David Harris

Monitored at:
POD Sub Committee and
Ops Committee

Data source:
People Information

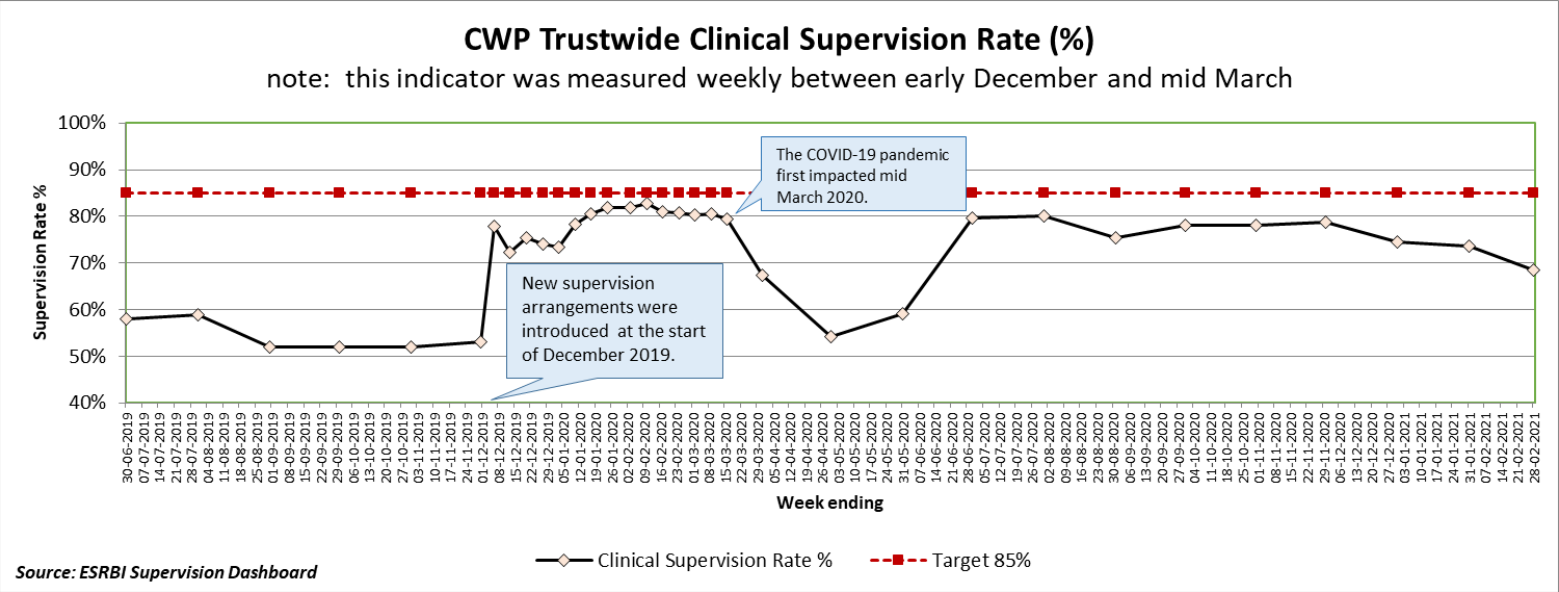
Be a model employer and have a caring, competent and motivated workforce

Metric	Data	Further Explanation
Managerial Supervision	<p data-bbox="835 411 1572 445">CWP Trustwide Managerial Supervision Rate (%)</p> <p data-bbox="621 454 1786 488">note: this indicator was measured monthly between December 2019 and mid March 2020</p>  <p data-bbox="392 979 715 999">Source: ESRBI Supervision Dashboard</p> <p data-bbox="379 1062 2023 1319">Comment: The COVID-19 pandemic had a marked impact on the recording of Managerial Supervision between March and May 2020. Since then, figures have shown a steady trend, recovering to give an approx. average of 77% compliance between July and December. However, recent weeks have seen a further tailing off. Discussions with Care Groups indicate that this remains a reporting issue with a number of staff being redeployed to other areas and/or individuals being absent who normally update supervision records. In response to this a focussed pilot took place during January with 23 of the Trust's teams with low compliance for Management Supervision. As a result of the pilot 56% of the teams showed a marked increase in their compliance. A full report on the pilot is being compiled for Operational Committee to consider the findings and next steps.</p>	<p data-bbox="2071 382 2453 511">Metric owner: David Harris, delegated to Simon Platt</p> <p data-bbox="2071 574 2402 702">Monitored at: POD Sub Committee and Ops Committee</p> <p data-bbox="2071 765 2390 845">Data source: People Information</p> <p data-bbox="2071 1016 2453 1273">Note: Separate managerial and clinical supervision competencies were introduced at the start of December 2019. For months up to and including November 2019, the time series reflects compliance with the previous 'all supervision' competence.</p>

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Metric	Data	Further Explanation
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Clinical Supervision



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

Metric owner:
Gary Flockhart, delegated to Victoria Peach

Monitored at:
Care Group and Ops Committee

Data source:
People Information

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

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

Metric	Data	Further Explanation
Sickness Absence	<p>CWP Trustwide Sickness Absence Rate (%)</p> <p>Source: ESR data taken on 10/03/2021</p> <p>Comment: The peak at January 2021 was higher than the peak in April 2020. It is difficult to provide conclusive evidence why that might be although it is possible that this is due to the combination of a seasonal peak with covid outbreaks and general lower resilience amongst our people. Absence levels will continue to be monitored and a more detailed analysis will take place once capacity is released from supporting the Covid workforce cell.</p>	<p>Metric owners: David Harris</p> <p>Monitored at: POD Sub Committee</p> <p>Data source: People Information</p>

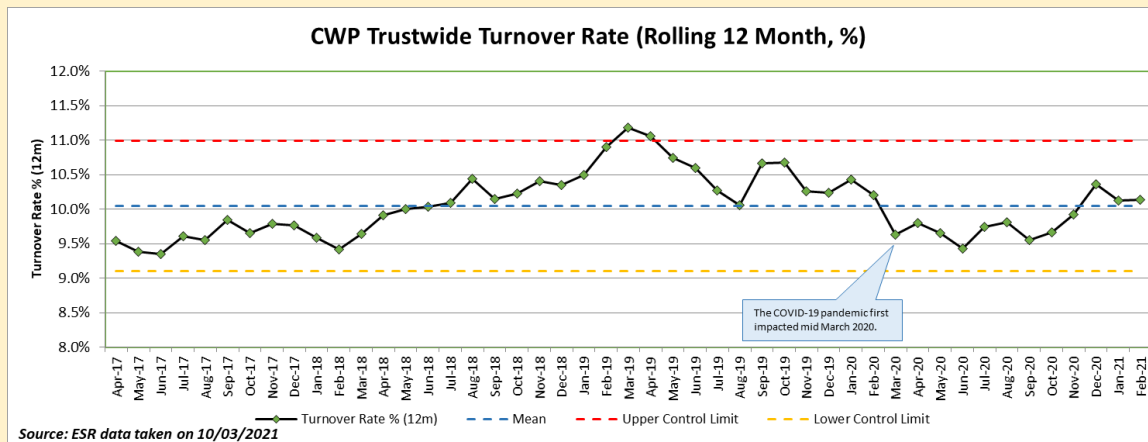
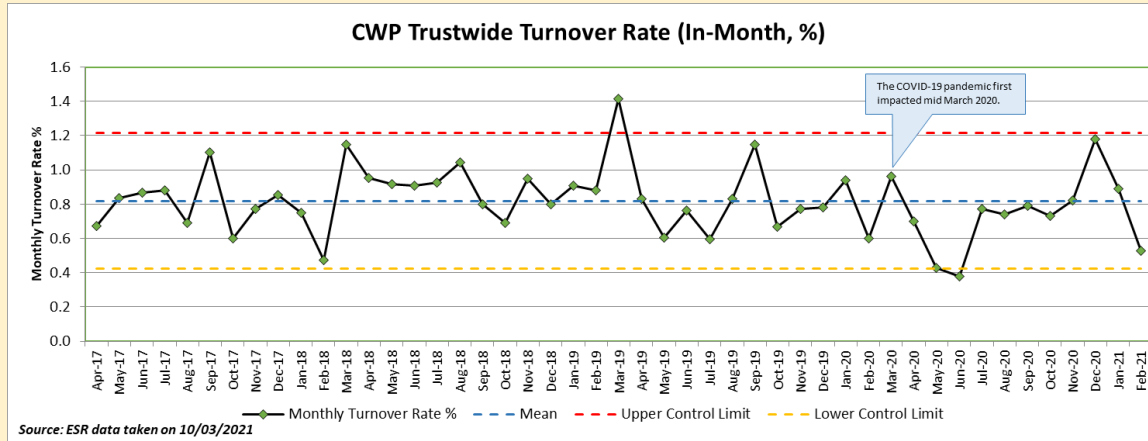
Be a model employer and have a caring, competent and motivated workforce

Metric

Data

Further Explanation

Staff Turnover



Comment: The December 2020 figure has been revised since the last Report, removing from scope the staff from the Sefton IAPT service being transferred outside the Trust to a new service provider. Employment transfers are usually excluded from any turnover data.

The latest data are very close to the long term average after a period of eight months in 2020 when they were below the long term average.

Metric owner:
David Harris

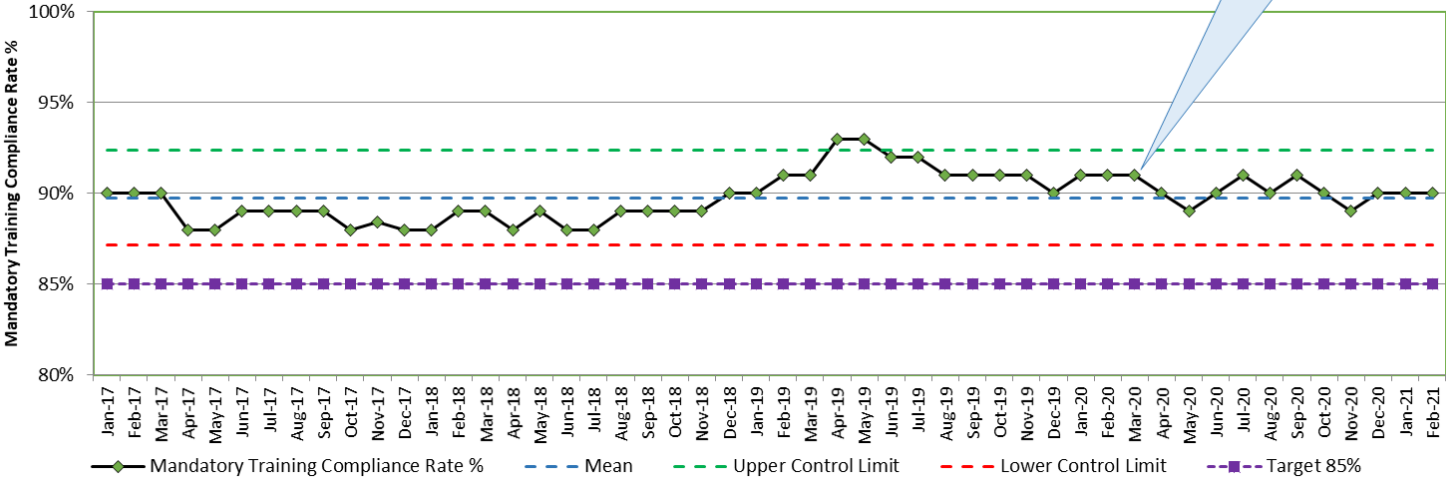
Monitored at:
POD Sub Committee

Data source:
People Information

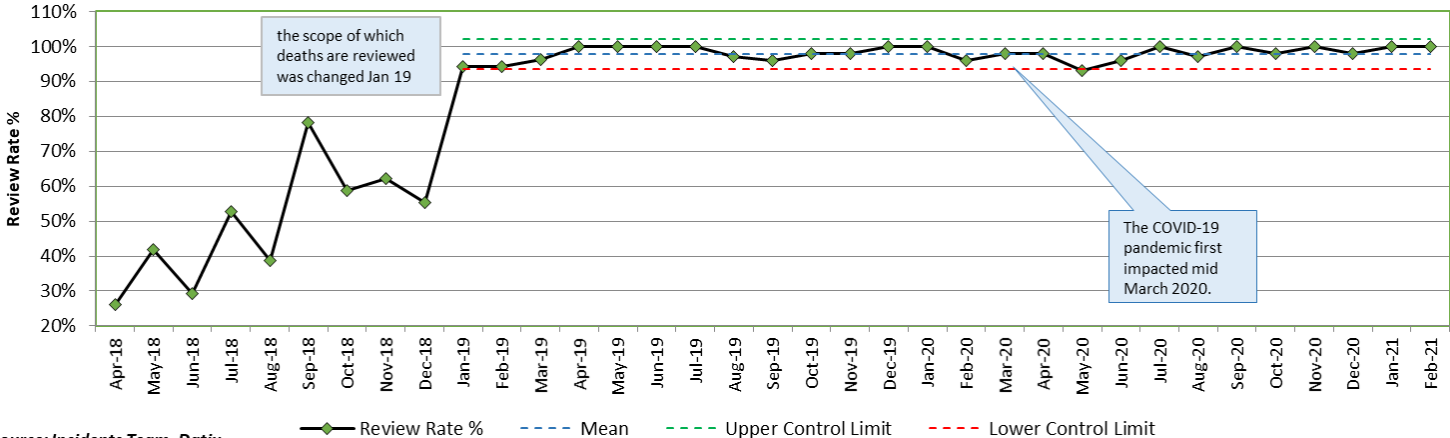
Be a model employer and have a caring, competent and motivated workforce

Metric	Data	Further Explanation
Vacancy Rate	<div data-bbox="384 404 1969 1022"> <p style="text-align: center;">CWP Trustwide Vacancy Rate (%)</p> <p>Source: Finance WTE Monthly Return</p> </div> <p>Comment: The vacancy rate was on or below the lower control limit between May and August 2020, and below the long term average for the last 13 months. A lower vacancy rate is consistent with low staff turnover which has been noted elsewhere in this Report.</p>	<p>Metric owner: David Harris</p> <p>Monitored at: POD Sub Committee</p> <p>Data source: People Information</p>

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

Metric	Data	Further Explanation
Mandatory Training	<p data-bbox="766 454 1623 486">CWP Trustwide Mandatory Training (EE1) Compliance Rate (%)</p>  <p data-bbox="479 986 682 1003">Source: ESR/Education CWP</p> <p data-bbox="453 1051 1939 1136">Comment: The Trust mandatory compliance figure is currently 90%, matching the long term average.</p> <p data-bbox="453 1190 1931 1296">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>	<p data-bbox="1982 432 2211 515">Metric owner: David Harris</p> <p data-bbox="1982 575 2379 706">Monitored at: POD Sub Committee and Ops Committee</p> <p data-bbox="1982 766 2226 849">Data source: Education CWP</p>

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

Metric	Data	Further Explanation
Morbidity and Mortality	<p data-bbox="647 515 1786 586">CWP Trustwide Morbidity and Mortality Percentage of deaths reviewed through either a case record or a Datix/StEIS review</p>  <p data-bbox="499 1033 715 1048">Source: Incidents Team, Datix</p> <p data-bbox="800 1019 1646 1039"> ◆ Review Rate % --- Mean --- Upper Control Limit --- Lower Control Limit </p> <p data-bbox="468 1105 1964 1319"> Comment: The requirement to undertake mortality case record reviews was paused during the COVID-19 response. At CWP we continued to undertake mortality case record reviews during this period as good practice. However, prioritisation was given to case reviews where it was considered there may be some learning to support ongoing service development during the easing of this requirement. This is the reason for the dip in the percentage in May 2020. </p>	<p data-bbox="2002 494 2244 572">Metric owner: Gary Flockhart</p> <p data-bbox="2002 636 2308 715">Monitored by: Quality Committee</p> <p data-bbox="2002 779 2333 858">Data source: CWP Incidents team</p>

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

Metric	Data	Further Explanation																																																											
Level 3 and 4 QI Training	<div><p>Cumulative growth in QI Training in CWP by Care Group</p><table><caption>Cumulative growth in QI Training in CWP by Care Group</caption><thead><tr><th>Training Level</th><th>Cohort</th><th>End Date</th><th>Clinical Support Services</th><th>LD, NDD & ABI</th><th>SMH</th><th>CYPF</th><th>Neighbourhoods</th><th>Total</th></tr></thead><tbody><tr><td rowspan="3">QI Expert Training (level 4)</td><td>Cohort 1</td><td>March 2019</td><td>12</td><td>1</td><td>1</td><td>1</td><td>1</td><td>16</td></tr><tr><td>Cohort 2</td><td>June 2019</td><td>15</td><td>8</td><td>2</td><td>2</td><td>3</td><td>30</td></tr><tr><td>Cohort 3</td><td>September 2019</td><td>16</td><td>11</td><td>8</td><td>3</td><td>5</td><td>43</td></tr><tr><td rowspan="3">QI Senior Manager training (level 3)</td><td>Cohort 1</td><td>July 2019</td><td>6</td><td>4</td><td>4</td><td>2</td><td>2</td><td>18</td></tr><tr><td>Cohort 2</td><td>September 2019</td><td>10</td><td>2</td><td>9</td><td>5</td><td>4</td><td>30</td></tr><tr><td>Cohort 3</td><td>December 2019</td><td>15</td><td>3</td><td>13</td><td>8</td><td>5</td><td>44</td></tr></tbody></table></div> <p>Comment: Since the last update there has been no further progress regarding level 2, level 3 and level 4 training. This training is instructor led and is upwards of 4 hours per level. Due to the COVID situation further rollout of this training has been halted. As of December 2020, 2939 out of 5673 have completed the level 1 QI training. This is an increase of 770 since the end of August 2020.</p>	Training Level	Cohort	End Date	Clinical Support Services	LD, NDD & ABI	SMH	CYPF	Neighbourhoods	Total	QI Expert Training (level 4)	Cohort 1	March 2019	12	1	1	1	1	16	Cohort 2	June 2019	15	8	2	2	3	30	Cohort 3	September 2019	16	11	8	3	5	43	QI Senior Manager training (level 3)	Cohort 1	July 2019	6	4	4	2	2	18	Cohort 2	September 2019	10	2	9	5	4	30	Cohort 3	December 2019	15	3	13	8	5	44	<p>Metric owner: Anushta Sivananthan</p> <p>Monitored by: Quality Committee</p> <p>Data provider: Quality Assurance and Improvement team</p>
Training Level	Cohort	End Date	Clinical Support Services	LD, NDD & ABI	SMH	CYPF	Neighbourhoods	Total																																																					
QI Expert Training (level 4)	Cohort 1	March 2019	12	1	1	1	1	16																																																					
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QI Senior Manager training (level 3)	Cohort 1	July 2019	6	4	4	2	2	18																																																					
	Cohort 2	September 2019	10	2	9	5	4	30																																																					
	Cohort 3	December 2019	15	3	13	8	5	44																																																					

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>

Sustain financial viability and deliver value for money


Metric	Data	Further Explanation
Use of Resources Rating	<div><p>CWP Use of Resources rating (scale from 1 to 4, with 1 being the best score available)</p><p>Source: Business and Value</p></div> <p>Comment: The overall Use of Resources metric is a summary of 5 separate financial metrics. A score of ‘1’ reflects the lowest financial risk rating and a ‘4’ the highest level of risk. The chart shows the actual rating against the planned rating; in no cases since April 2017 has the actual rating been higher (worse) than the planned rating.</p> <p>At the time of preparing this report, the Use of Resource rating process has been suspended.</p>	<p>Metric owner: Tim Welch</p> <p>Monitored by: Trust Board</p> <p>Data source: Business and Value</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>Whilst the Covid-19 response has removed the requirement to deliver efficiency savings in 2020/21, the Business & Value team have continued to work with colleagues to support the various new ways of working that have developed as part of the response and help maximise the use of resource. For example the rapid take up of working from home and deployment of digital tools has reduced the travel costs of the Trust and increased the available productive time.</p> <p>Metric owner: Tim Welch</p> <p>Monitored through: Ops Committee</p>

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

Metric	Data	Further Explanation
CQC Rating	 <p>The image shows a CQC Rating Summary Card. At the top, it displays the 'Overall rating' as 'Good' with a green speech bubble icon. Below this, there are five categories: Safe, Effective, Caring, Responsive, and Well-led. Each category has a corresponding rating: Safe (Good), Effective (Good), Caring (Outstanding), Responsive (Good), and Well-led (Good). The 'Caring' category is highlighted with a green star icon.</p>	<p>Comments:</p> <p>The most recent Well Led inspection took place between 9 and 11 March 2020. The results were reported in June 2020 and showed improvement over the previous inspection.</p> <p>Key changes for the overall CQC domains are: Safe - Good overall ↑ Effective -Good overall → Caring - Outstanding overall→ Responsive - Good overall→ Well-Led - Good overall→</p> <p>At the time of writing, there are 2 regulatory and 3 improvement actions open; these continue to be monitored by Quality Committee.</p> <p>Metric owner: Anushta Sivananthan delegated to Stephanie Bailey</p> <p>Monitored at: Quality Committee</p> <p>Data source: CQC website</p>

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

Metric	Data	Further Explanation																									
Duty of Candour	<div><p>Application of Duty of Candour, where DoC was relevant Most recent two months</p><table><tr><th></th><th>Jan-21</th><th>Feb-21</th><th>Jan-21</th><th>Feb-21</th></tr><tr><th></th><th colspan="2">Incidents involving serious harm</th><th colspan="2">Incidents involving moderate harm</th></tr><tr><td>Duty of Candour was not applied in line with regulatory requirements - reasons either not given or not satisfactory</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Duty of Candour was not fully applied in line with regulatory requirements - for acceptable clinical reasons *</td><td>10</td><td>7</td><td>3</td><td>4</td></tr><tr><td>Duty of Candour was applied in line with regulatory requirements</td><td>2</td><td>0</td><td>4</td><td>0</td></tr></table><p><small>* All patients/families have been contacted, however letters not sent as the offer of a letter has been declined</small></p></div>		Jan-21	Feb-21	Jan-21	Feb-21		Incidents involving serious harm		Incidents involving moderate harm		Duty of Candour was not applied in line with regulatory requirements - reasons either not given or not satisfactory	0	0	0	0	Duty of Candour was not fully applied in line with regulatory requirements - for acceptable clinical reasons *	10	7	3	4	Duty of Candour was applied in line with regulatory requirements	2	0	4	0	<p>Metric owner: Gary Flockhart delegated to Hayley McGowan</p> <p>Monitored at: Quality Committee</p> <p>Data source: CWP Incidents Team</p> <p>Comment: Following the introduction of the electronic Immediate Safety Review process in April, the members of the ISAF are able to review whether Duty of Candour (DoC) has been applied appropriately for every serious incident and take corrective action as required in a timely manner. This has also enabled increased consistency in the recording of DoC to facilitate effective monitoring and reporting.</p>
	Jan-21	Feb-21	Jan-21	Feb-21																							
	Incidents involving serious harm		Incidents involving moderate harm																								
Duty of Candour was not applied in line with regulatory requirements - reasons either not given or not satisfactory	0	0	0	0																							
Duty of Candour was not fully applied in line with regulatory requirements - for acceptable clinical reasons *	10	7	3	4																							
Duty of Candour was applied in line with regulatory requirements	2	0	4	0																							

Report Against Strategic Objectives

End Sheet

Helping people to be
the best they can be

STANDARDISED SBAR COMMUNICATION

REPORT DETAILS	
Report subject:	Board assurance framework and strategic risk register
Agenda ref. number:	20.21.116
Report to (meeting):	Board of Directors (meeting in public)
Action required:	Discussion and Approval
Date of meeting:	31/03/2021
Presented by:	Dr Anushta Sivananthan, Medical Director (Executive Lead for Quality)

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

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

Does this report provide any information to update any current strategic risks? If so, which?	
Contact the corporate affairs teams for the most current strategic risk register.	Yes
All strategic risks	

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

REPORT BRIEFING

Situation – a concise statement of the purpose of this report
To apprise the Board of Directors of the current status of the Board Assurance Framework (BAF) and Strategic Risk Register (SSR), to inform discussion of the current risks to the delivery of the organisational strategic objectives and to meet the requirements outlined within the Trust's integrated governance framework.

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

Newly Agreed Strategic Objectives

As Board members are aware, the Trust has recently reviewed its strategic objectives as part of the 'Imagining the Future' CWP Strategy refresh. The current strategic risks have, therefore, been mapped against the new strategic objectives. This was reported to the January Board of Directors. An update in regards to the new format of the BAF and SRR was then shared at the March Quality Committee and Audit Committee meetings. Feedback to date has been positive.

Further work has now been undertaken to review each of the current risks with the respective Executive Risk Owner. The reviewees considered the risk descriptions, risk scores, risk appetite, current controls and current assurances. Each risk was also considered in the context of the new strategic objectives. Between now and the May Quality Committee meeting, risk owners and risk leads will undertake further detailed reviews of current risks and their alignment to the newly agreed strategic objectives. A number of risks are being considered for re-modelling or archiving. This work will continue to be scrutinised by the sub-committees of the Board.

Alongside the above, the Board business cycles have also been reviewed, with the aim of releasing capacity for Board members to consider one strategic objective in detail at each of their meetings. This approach will also enable horizon scanning, which in turn will inform the BAF and SRR.

An updated BAF and SRR will be reported to the May Quality Committee, clearly outlining the proposed amendments for consideration. The revised framework will then be considered by Board members at their May 2021 meeting.

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

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

Who has approved this report?	K Wright, AD of Communications, Engagement and Corporate Affairs
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Contributing authors:	Suzanne Christopher, Acting Company Secretary
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Distribution to other people/ groups/ meetings:

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

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

Appendix No.	Appendix title

STANDARDISED SBAR COMMUNICATION

REPORT DETAILS	
Report subject:	Ward Daily Staffing Levels January and February 2021
Agenda ref. number:	20.21.117
Report to (meeting):	Board of Directors
Action required:	Information and noting
Date of meeting:	31/03/2021
Presented by:	Vic Peach, Associate Director of Nursing and Therapies

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

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

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

REPORT BRIEFING

Situation – a concise statement of the purpose of this report
This report details the ward daily staffing levels during the months of January and February 2021 following the submission of the planned and actual hours of both registered nurses (RN) and clinical support workers (CSWs) to UNIFY (Appendix 1). The themes arising within these monthly submissions identify how patient safety is being maintained in the continued context of the COVID-19 response.

Background – contextual and background information pertinent to the situation/purpose of the report
The monthly reporting of daily staffing levels is a requirement of NHS England and the National Quality Board in order to appraise the Board and the public of staffing levels within inpatient units. The recommendations made within the latest six monthly reports are being taken forward in line with the ongoing COVID-19 response and recovery planning and continued development of alternative ways of working.

Assessment – analysis and considerations of the options and risks

During January 2021 the trust achieved average staffing levels of 93.7% for registered nurses and 98.7% for clinical support workers on day shifts and 93.6% and 103.7% respectively on night shifts. During February 2021 the trust achieved average staffing levels of 94.7% for registered nurses and 102.6% for clinical support workers on day shifts and 92.5% and 105.6% respectively on night shifts.

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

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

During January Eastway experienced staffing challenges due to Covid related staff absence. Minimum safe staffing levels were maintained by redeploying staff from other services and the wider multidisciplinary team supporting with activities and interventions on the unit. During January and February Greenways continued to experience pressures in relation to the availability of clinical support workers to provide cover on day shifts and this was mitigated by the utilisation of additional registered nursing staff. In addition, the Matron, Ward Manager, Psychologist and Occupational Therapy Technical Instructor also supported the team by working on the ward as required.

During January Coral and Indigo experienced staffing challenges, particularly in relation to registered nurse fill rates, as a result of COVID-19 related absences. This led to a temporary merger of the two wards, redeployment of staff from other services and increased utilisation of Clinical Support Workers to maintain safe staffing levels and enable the ward to be managed in Covid specific cohort areas. During February there have been additional staffing requirements for the unit due to the isolation area of Coral being operational throughout the month and a large number of increased levels of observations.

In January Brooklands and Oaktrees experienced staffing challenges in relation to registered nurse fill rates due to Covid related staff absence. Minimum safe staffing levels were maintained by redeploying staff from other wards in Springview on a shift by shift basis, adapting rotas and utilising support from temporary staffing.

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

Appendix 1 details the fill rates for all inpatient services.

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

The Board of Directors are recommended to note the report.

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

Gary Flockhart, Director of Nursing, Therapies and Patient Partnerships

Contributing authors:

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

Distribution to other people/ groups/ meetings:

Version	Name/ group/ meeting	Date issued

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

Appendix No.	Appendix title
1	Ward Daily Staffing January and February 2021

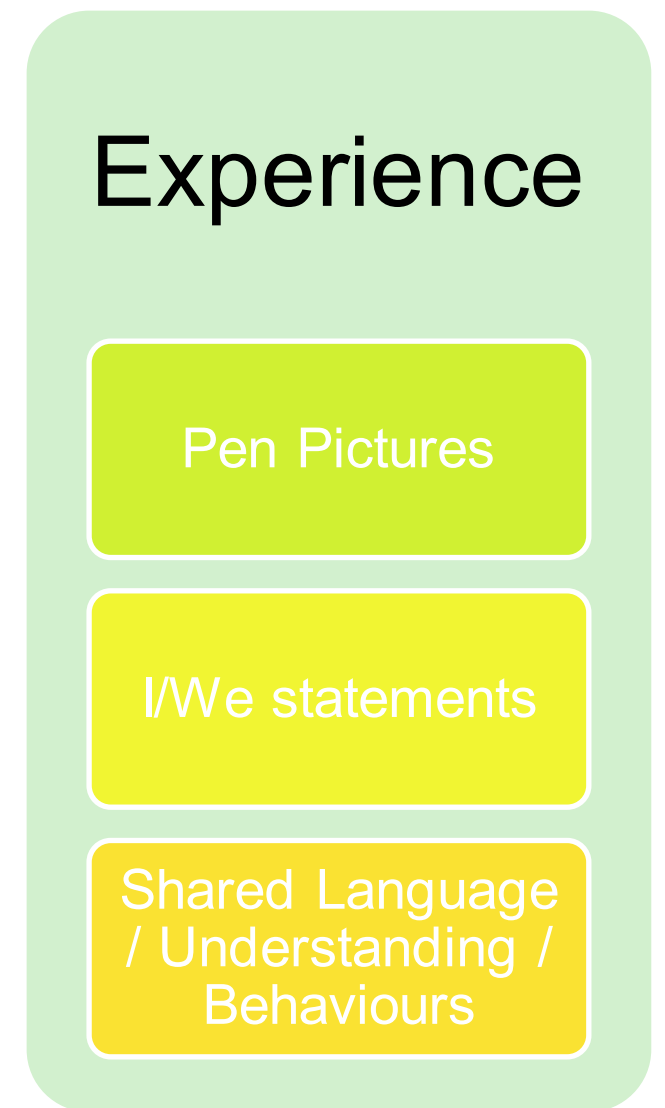
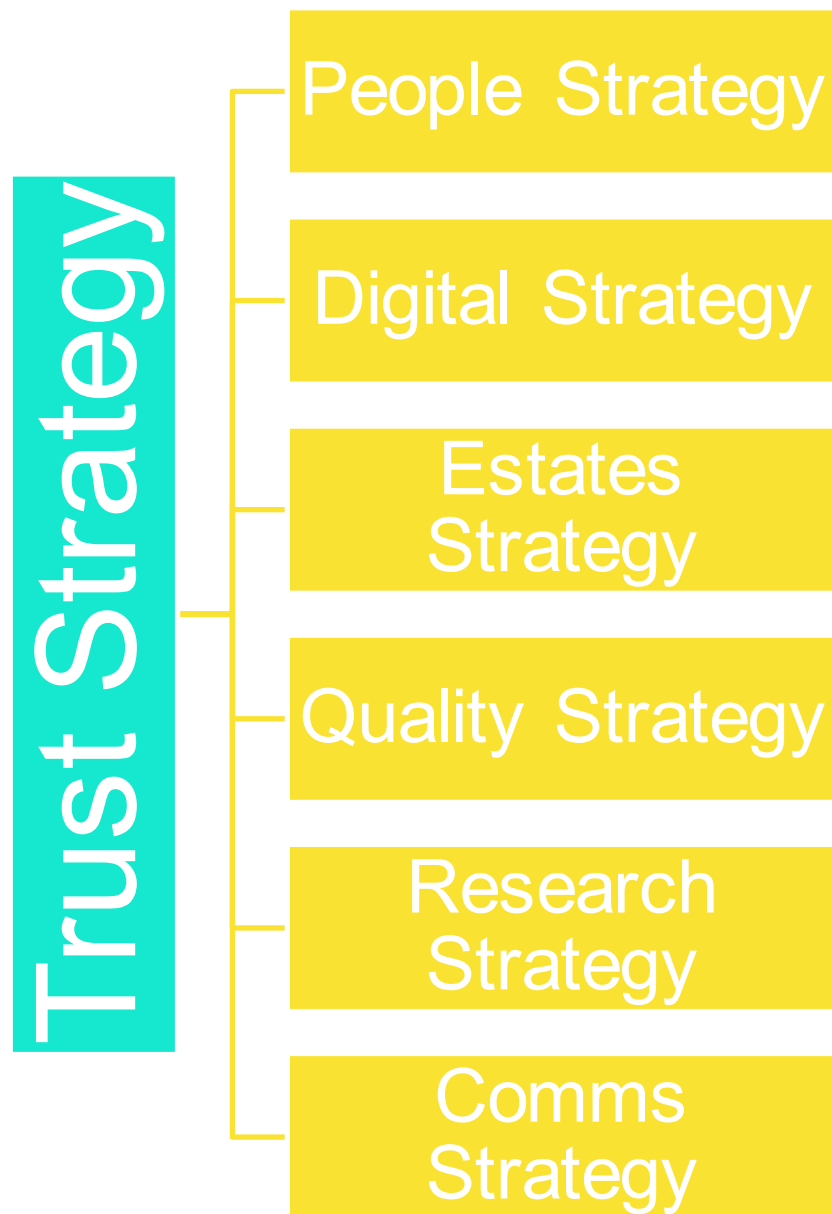
Ward		Day				Night				Fill Rate			
		Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Day		Night	
		Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total 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	1001.00	965.70	1234.75	1177.25	678.50	678.50	713.00	705.50	96.5%	95.3%	100.0%	98.9%
	Greenways A&T	1201.25	1149.25	1426.50	1273.25	747.50	786.00	1299.50	1168.50	95.7%	89.3%	105.2%	89.9%
	Mulberry	1349.50	1262.00	2145.00	1897.60	713.00	678.50	2113.85	2006.00	93.5%	88.5%	95.2%	94.9%
	Silk	1117.00	1105.50	2167.00	1921.50	670.00	670.00	2403.50	2211.00	99.0%	88.7%	100.0%	92.0%
	Saddlebridge	1123.50	1099.00	1115.50	1087.50	701.50	701.50	678.50	678.50	97.8%	97.5%	100.0%	100.0%
Wirral	Brackendale	1177.50	1205.50	1219.00	1338.50	759.00	806.00	885.50	839.50	102.4%	109.8%	106.2%	94.8%
	Brooklands	1194.50	1052.50	1489.50	1561.00	660.00	487.50	943.00	816.50	88.1%	104.8%	73.9%	86.6%
	Lakefield	1144.50	1113.00	1184.50	1231.50	724.50	802.00	949.50	731.00	97.2%	104.0%	110.7%	77.0%
	Meadowbank	1500.00	1350.25	1479.00	1482.00	701.50	725.50	1012.00	1058.00	90.0%	100.2%	103.4%	104.5%
	Oaktrees	1243.50	1198.00	1397.50	1545.20	793.50	682.50	828.00	897.00	96.3%	110.6%	86.0%	108.3%
West	Willow PICU	949.40	869.00	1372.00	1257.00	701.50	655.50	1322.50	1138.50	91.5%	91.6%	93.4%	86.1%
	Beech	1118.00	1093.00	1405.50	1365.00	575.00	575.00	1266.50	1232.00	97.8%	97.1%	100.0%	97.3%
	Cherry	1163.20	1164.90	1220.50	1277.50	537.50	548.40	1193.90	1254.80	100.1%	104.7%	102.0%	105.1%
	Coral	1672.00	1390.50	1851.50	1741.50	1065.00	867.50	1196.00	1877.00	83.2%	94.1%	81.5%	156.9%
	Eastway A&T	1327.80	990.35	1464.80	1338.10	669.80	594.20	1032.00	961.60	74.6%	91.4%	88.7%	93.2%
	Indigo	411.00	380.50	526.00	560.50	313.50	290.50	379.50	517.50	92.6%	106.6%	92.7%	136.4%
	Juniper	1088.50	1057.00	1278.50	1255.50	584.00	584.00	1027.50	1004.50	97.1%	98.2%	100.0%	97.8%
	Rosewood Unit	1174.50	760.50	1460.50	1748.00	713.00	517.50	1104.00	1460.50	64.8%	119.7%	72.6%	132.3%
	Maple Unit	761.00	934.50	1426.00	1184.30	713.00	482.80	713.00	850.00	122.8%	83.1%	67.7%	119.2%
	Trustwide	20956.65	19206.45	25437.55	25058.40	12308.30	11650.60	20348.25	20557.90	93.7%	98.7%	93.6%	103.7%

Ward		Day				Night				Fill Rate			
		Registered		Care Staff		Registered		Care Staff		Day		Night	
		Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
East	Alderley Unit	809.50	801.80	1304.00	1254.50	678.50	678.50	609.50	602.50	99.0%	96.2%	100.0%	98.9%
	Greenways A&T	1108.25	951.75	1124.50	1076.50	644.00	552.00	1114.60	1183.60	85.9%	95.7%	85.7%	106.2%
	Mulberry	1343.50	1213.50	1776.00	1670.50	644.00	639.00	1886.00	1771.00	90.3%	94.1%	99.2%	93.9%
	Silk	1095.00	1080.00	2345.50	2232.00	708.50	708.50	2080.00	2025.50	98.6%	95.2%	100.0%	97.4%
	Saddlebridge	1009.00	1002.50	1012.00	1000.50	678.50	678.50	655.50	655.50	99.4%	98.9%	100.0%	100.0%
Wirral	Brackendale	1040.50	1068.50	1035.00	1092.50	638.50	626.00	874.00	920.04	102.7%	105.6%	98.0%	105.3%
	Brooklands	963.00	953.00	1380.00	1442.00	667.00	634.00	1000.50	1058.50	99.0%	104.5%	95.1%	105.8%
	Lakefield	1169.50	1185.00	1145.00	1214.50	783.50	800.00	949.50	1169.00	101.3%	106.1%	102.1%	123.1%
	Meadowbank	1307.00	1241.00	1133.50	1242.00	713.00	675.50	1069.50	1232.50	95.0%	109.6%	94.7%	115.2%
	Oaktrees	1349.00	1207.00	1276.50	1584.50	609.50	577.00	816.50	872.50	89.5%	124.1%	94.7%	106.9%
West	Willow PICU	888.50	877.00	1031.50	1020.00	644.00	575.00	736.00	747.50	98.7%	98.9%	89.3%	101.6%
	Beech	1180.50	1134.50	1207.50	1196.00	546.50	523.50	1127.00	1107.50	96.1%	99.0%	95.8%	98.3%
	Cherry	927.30	878.60	1429.40	1317.12	320.20	320.20	764.70	799.90	94.7%	92.1%	100.0%	104.6%
	Coral	1123.50	1143.00	1447.00	1458.50	678.50	678.50	1166.00	1166.00	101.7%	100.8%	100.0%	100.0%
	Eastway A&T	1082.20	877.55	1320.30	1250.20	607.70	480.20	859.10	836.10	81.1%	94.7%	79.0%	97.3%
	Indigo	898.50	905.50	1104.00	1104.00	517.50	517.50	1046.50	1046.50	100.8%	100.0%	100.0%	100.0%
	Juniper	932.50	915.50	1129.00	1138.50	501.50	498.50	908.50	885.50	98.2%	100.8%	99.4%	97.5%
	Rosewood Unit	1093.50	886.50	1288.00	1591.75	644.00	333.50	966.00	1322.50	81.1%	123.6%	51.8%	136.9%
	Maple Unit	1063.50	919.75	966.00	1051.09	644.00	471.30	644.00	759.00	86.5%	108.8%	73.2%	117.9%
	Trustwide	19320.75	18322.20	23488.70	23885.57	11224.90	10495.90	18629.40	19402.14	94.7%	102.6%	92.5%	105.6%

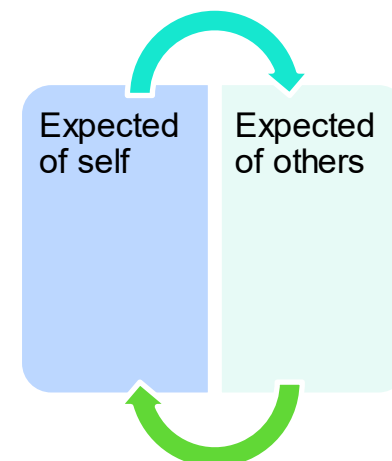
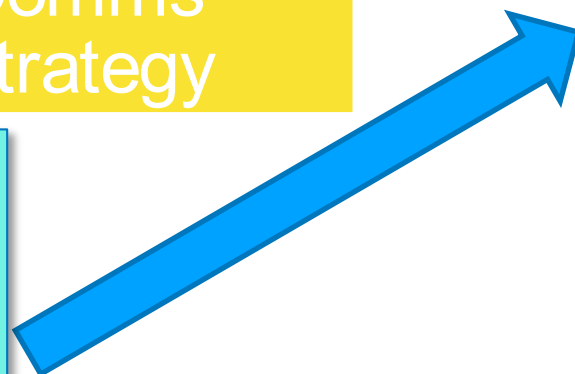
Engagement and Alignment

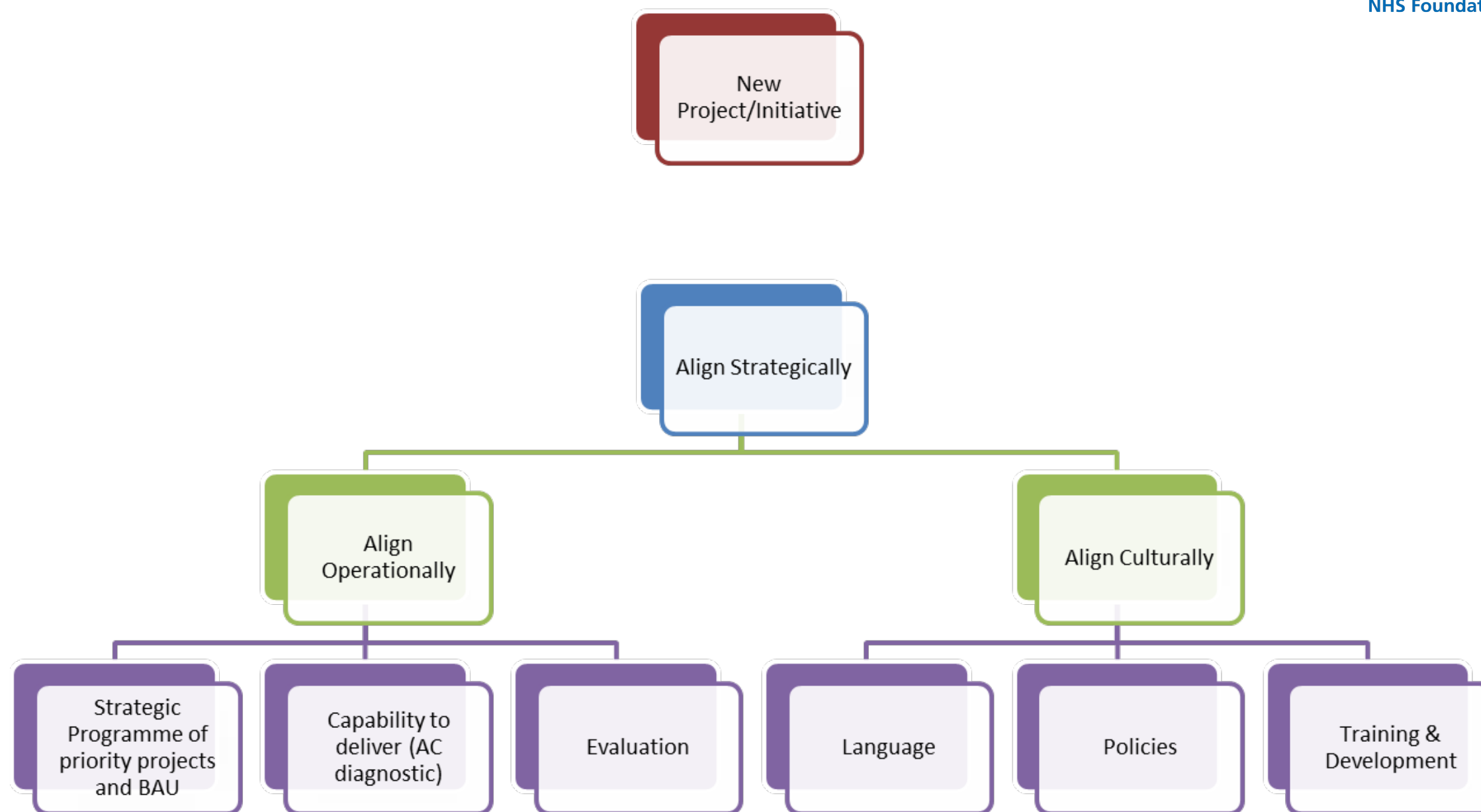
David Harris

Helping people to be
the best they can be



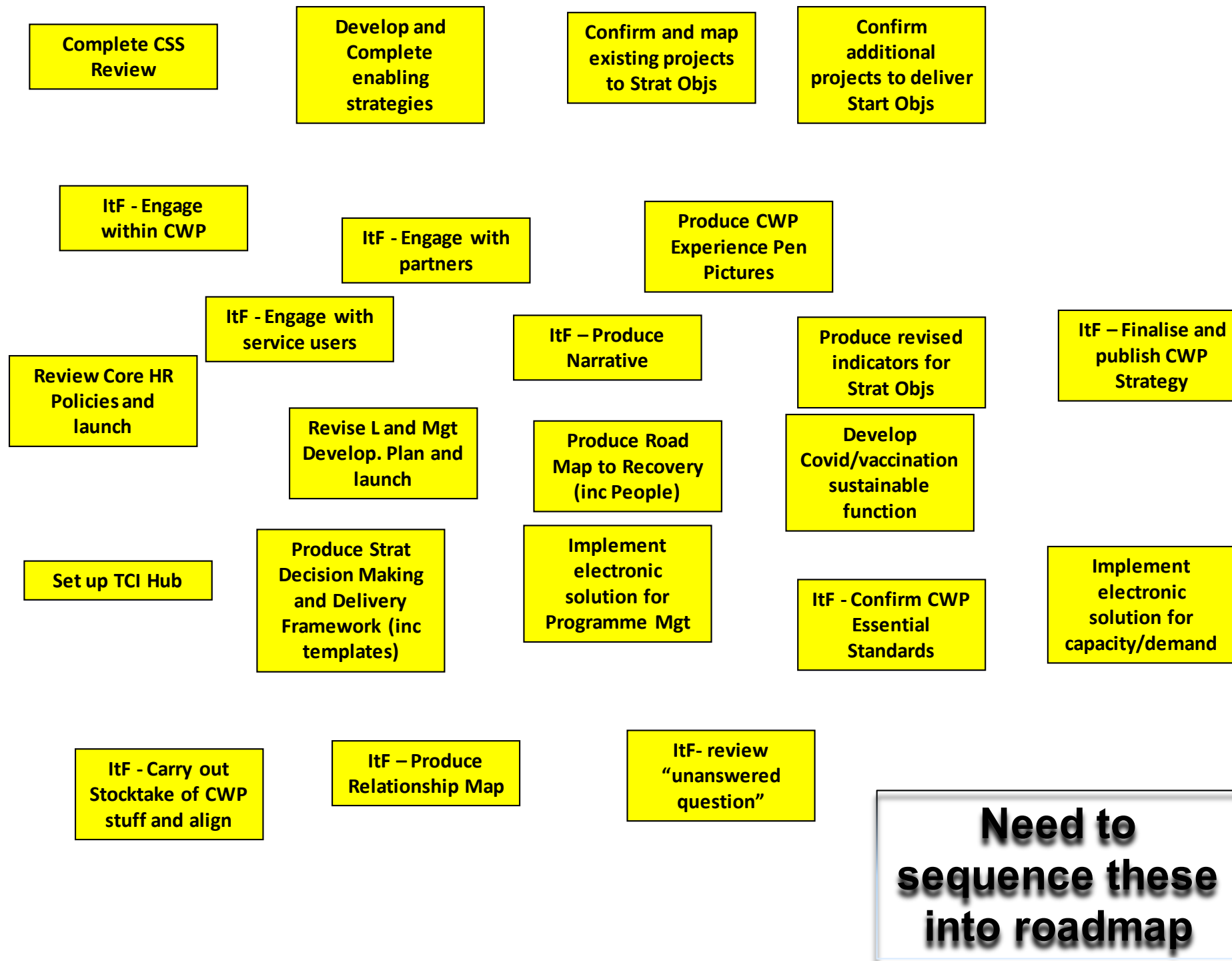
Next phase of engagement here!

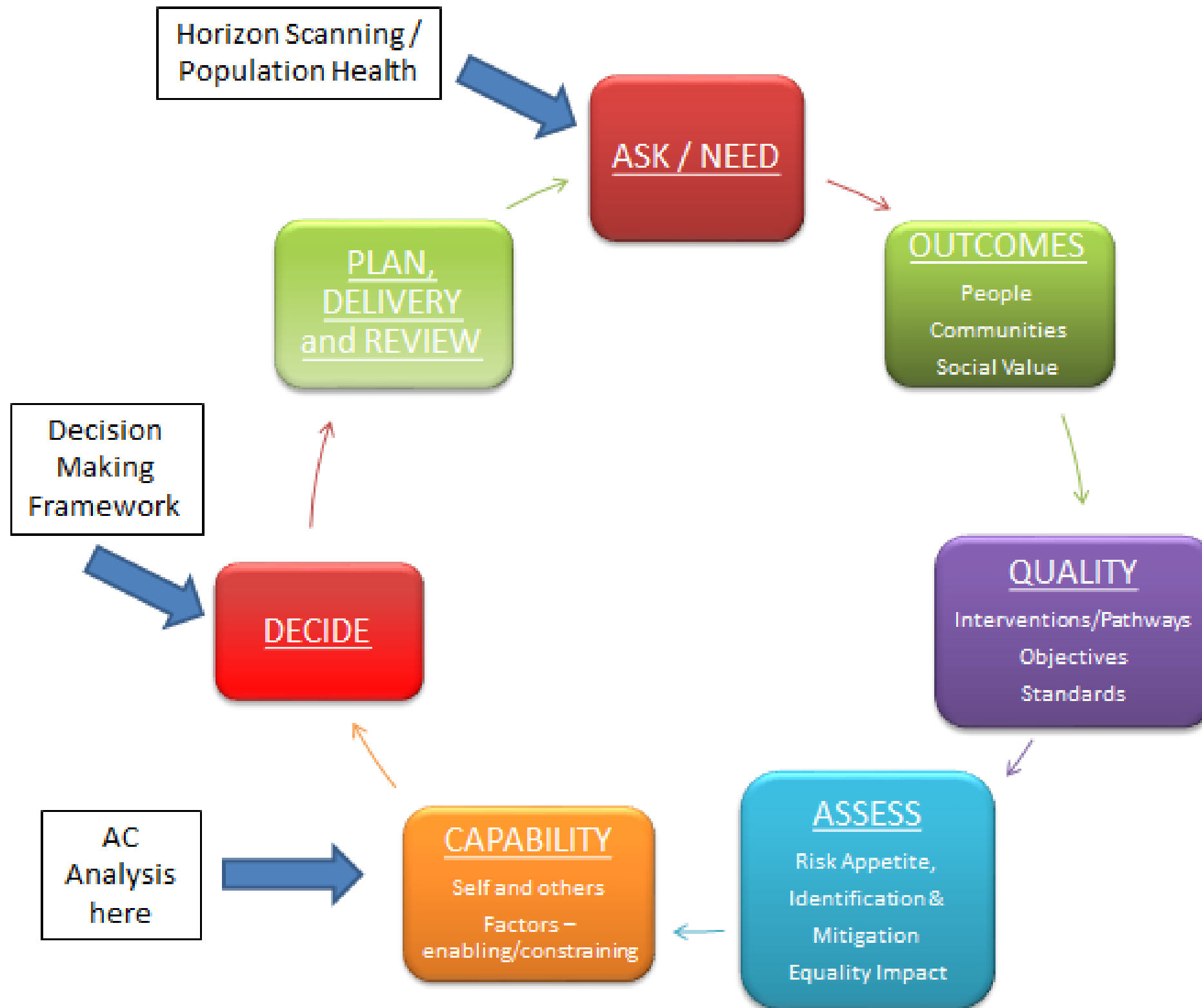






Helping people to be
the best they can be





**STANDARDISED HIGHLIGHT/
EXCEPTION REPORT**

REPORT DETAILS	
Subject matter of report:	Consultation responses on the White Paper: Reform of the Mental Health Act
Report provided by:	Jan Devine, MHL Manager
Date of report:	23/03/2021
SUBJECT MATTER What is this report about? Summarise why this report requires the attention of the Board.	Summarise the purpose of the report: <ul style="list-style-type: none"> The purpose of this report is to support the Board with discussion around the White Paper: Reforming the Mental Health Act, which was published by the Department of Health and Social Care (DHSC) on 13 January 2021. The consultation period ends 21 April 2021. A summary of the proposed changes to the Act was submitted to the Quality Committee for comment on 3 March 2021. To enable a collective response, the White Paper was circulated Trustwide, with comments requested by 19 March 2021. 8 comments were received by this date. Appendix 1 provides a list of questions within the White Paper survey. Appendix 2 summarises the comments from responses received to-date, allied to each White Paper consultation question.
	Quality, clinical, care, other risks that require escalation: <p>The reform of the MHA will result in significant changes to both service provision and delivery as a consequence of the points detailed within the White Paper. This list is not exhaustive:</p> <ul style="list-style-type: none"> New guiding principles to be embedded in the MHA and MHA Code of Practice. A change to the criteria for detention in hospital. Enhanced opportunities to challenge detention via the First-tier Tribunal Service. Removal of the Hospital Managers' Panel power to discharge. Introduction of Advance Choice documents and statutory Care and Treatment plans. New framework for consent and refusal of treatment, giving patients greater control. Additional powers for Independent Mental Health Advocates (IMHA). Strengthening of the criteria for detention for those with a learning disability and autism; revision of the MHA to make it clearer that learning disability is not considered to be a mental disorder warranting compulsory treatment under section 3. Reform of Community Treatment Orders to ensure they are only used when there is strong justification and there is genuine therapeutic benefit. Tackling inequalities across mental health services for those from BAME communities. Putting individuals at the forefront of care, ensuring their views and preferences are taken fully into consideration. Ensuring collaboration between health and social care providers. <p>Given the above, it is therefore important that CWP, as a specialist mental health services provider, contributes to the national consultation.</p> <p>The proposed changes will require a redesign of the use of current assets and resources, nationally and locally, to ensure appropriate and effective service provision in line with the new Act. For CWP's part, once further details have been published by DHSC, a task and finish group will be established, involving key partners, to discuss the impact of the changes and how we respond.</p>
ESCALATION What do you need to escalate to the Board?	
ASSURANCE What assurance or evidence of improvements are you providing to the Board?	Other key matters to highlight: <ul style="list-style-type: none"> As Executive Lead for the MHA, Dr Sivananthan, will take the Board's comments and ensure sign off of the Trust's final collaborative response – for submission by Safe Services by 21 April 2021. Any further comments received from Care Groups will be included as appropriate. The Quality Committee continues to oversee MHA performance and will continue to routinely escalate matters for the attention of the Board, including progress on the reform of the MHA and the outputs from the aforementioned task and finish group.
	Appendix 1 – Consultation Questions Appendix 2 – Comments received

Quality Improvement Report

Edition 3
September – December 2020

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



Bowmere staff celebrating World Patient Safety Day (see page 7)

Some of the imagery contained within this report was taken before
the response to the COVID-19 pandemic

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

Welcome to CWP's third *Quality Improvement Report* of 2020/21

Our Quality Improvement reports are produced to update people who access and deliver our services, carers, the public, commissioners, internal groups, and external scrutiny groups on progress in improving quality across our services.



At CWP, we look at **quality** in detail to better demonstrate where we are making real improvements, with the aspiration to achieve **equity** of care through **Quality Improvement (QI)**. We are using international ways of defining quality to help us with this aim.

CWP's *Quality Account* and *Quality Improvement Reports* are available via:

<http://www.cwp.nhs.uk/resources/reports/?ResourceCategory=2335&Search=&HasSearched=True>

What is Quality Improvement

QI is the use of methods and tools to continuously improve quality of care and outcomes for people who access and deliver our services

Reporting on the quality of our services in this way enhances involvement of people by strengthening our approach to listening and involving the public, partner agencies and, most importantly, acting on the feedback we receive.

QUALITY					
↓	↓	↓	↓	↓	↓
Patient safety	Clinical effectiveness			Patient experience	
Safe	Effective	Affordable	Sustainable	Acceptable	Accessible
Achieving Equity and Person-centred Care through CO-PRODUCTION, CO-DELIVERY, QUALITY IMPROVEMENT & WELL-LED SERVICES					
Delivering care in a way which increases safety by using effective approaches that mitigate unwarranted risks	Delivering care that follows an evidence base and results in improved health outcomes, based on people's needs	Delivering care in a way which maximises use of resources and minimises waste	Delivering care that can be supported within the limits of financial, social and environmental resources	Delivering care which takes into account the preferences and aspirations of people	Delivering care that is timely, geographically reasonable, and provided in a place where skills and resources are appropriate to meet people's needs

This report is just one of many reviewed by the Trust's Board of Directors that, together, give a detailed view of CWP's overall performance.

This *Quality Improvement Report* provides a highlight of what CWP is doing to continuously improve the quality of care and treatment we provide. It also provides examples of **Quality Improvement (QI)** projects.

Our Quality Account for 2019/20 is now available to read on our public website and NHS Choices:

NHS Choices website: <https://www.nhs.uk/Services/Trusts/Overview/DefaultView.aspx?id=2807>

CWP's public website: <https://www.cwp.nhs.uk/resources/reports/quality-account-201920/>

QUALITY IMPROVEMENT HEADLINES FOR THIS EDITION

Executive summary

Emotional Healthy schools improve teacher confidence to support children and young people attending A&E with self-harm

on page 6

Bowmere staff celebrate World Patient Safety Day

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Ellesmere Port Community Care team flu vaccination initiative

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ESCAPE Pain Programme delivers health economy savings

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Mental Health Law Team helps increase participation of Community Treatment Order patients in Hospital Managers' review hearings

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Education CWP Leadership and Management Development Programme continues to support person-centred, professional management skills


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Healthy Child Programme delivery through COVID-19 pandemic

on page 15

Expert by Experience and Psychology work jointly to deliver training to increase understanding of people with Personality Disorder




on page 16



**Try our new
hyperlinks!** Hold
Ctrl and click on
the page number
to take you
directly to the
article

QUALITY IMPROVEMENT PRIORITIES

We have set three **Trustwide QI priorities** for 2020/21, which reflect our vision of **working in partnership to improve health and well-being by providing high quality care**. They are linked to our Trust strategic objectives and reflect an emphasis on **patient safety**, **clinical effectiveness** and **patient experience**. We have made a commitment in our *Quality Account* to monitor and report on these goal driven measures in our *Quality Improvement Reports*.

	QI priority	Progress update	
Patient safety priority	<p>Improvement in team level patient safety systems and culture, as rated by the people who deliver our services.</p> <p>We want at least a 10% improvement in the percentage of survey participants grading their team as excellent or very good</p>	<ul style="list-style-type: none"> ✓ One of our priorities is on the Trustwide implementation of positive behaviour support (PBS) across services, both clinical and non-clinical, which is being supported through an evidence-based training programme which commenced in 2019/20. ✓ A "team around a team" approach project with one of our rehabilitation wards has now been completed. The project aimed to support staff to develop a PBS environment which would have a positive impact on patient safety culture. ✓ Learning from this approach has been considered and will be used to strengthen future "team around a team" projects. ✓ Our next "team around the team" approach will start in January 2021, and we will continue to focus our support on systems and culture, in addition to strengthening partnerships within clinical support services to widen the breadth of support 	 <p>Patient Safety is about increasing the things that go right and minimising the things that go wrong for people who access our services</p>
Clinical effectiveness priority	<p>Improved and consistent recording and use of outcome measures across inpatient, community, EI, CAMHS and perinatal services.</p> <p>We want to reduce the gaps and variation in the current recording, reporting and use of outcome measures.</p>	<ul style="list-style-type: none"> ✓ A project to improve the meaningful use of outcome measures in inpatient settings has made significant progress with a pilot planned for January 2021 across 5 wards. ✓ An outcome measures eLearning package has been launched to improve access to training and support around HoNOS (and soon to include DIALOG) with a focus on clinical utility. An outcome measures Share Learning Bulletin has been circulated and guides developed for staff and for people who access our services. ✓ A measures' framework for inpatients has been developed and is pending QlikSense development ✓ Significant work has taken place with community CAMHS (CQUIN 7a) to finalise a measures' framework with a defined list of outcome measures (CROMs – clinician rated outcome measures, PROMs – patient reported outcome measures, and PREMIs – patient reported experience measures), process measures and balancing measures. 	 <p>Clinical Effectiveness is a range of activities that support practitioners to examine and improve the quality of care</p>
	<p>Improvement in asking people who access our services about their experience of care, and learning from what they tell us to make changes to our services and improve their experience.</p> <p>We want to promote the revised</p>	<ul style="list-style-type: none"> ✓ People with lived experience are currently involved in the Acute/ PICU review. Current inpatients, former inpatients, carers and step down patients have all been engaged with or will be engaged with during this review. ✓ Staff helped co-produce the new Friends and Family Test forms along with patients to ensure the Trust used forms that were both appropriate for system use but also coproduced. 	 <p>Patient Experience is what the process of accessing and receiving care and treatment feels like</p>

Patient experience priority	<p>Friends and Family Test (FFT) survey, in addition to using a variety of opportunities to 'Ask, Listen, Do' in relation to what people say matters to them. Services will report changes they make as a result of feedback they receive from people by publishing posters.</p>	<ul style="list-style-type: none"> ✓ QR codes for all inpatient areas have been created to enable completion of the Friends and Family Test remotely; this enhancement is at no extra cost and will enable the QR codes to be printed on posters, newsletters any other material sent to inpatients and their families. ✓ The new Friends and Family Test question was relaunched in December 2020. The new question and answers are: Overall, how was your experience of our service? Respondents are given six options to choose from: <ul style="list-style-type: none"> ▪ Very good ▪ Good ▪ Neither good nor poor ▪ Poor ▪ Very Poor ▪ Don't know
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QUALITY IMPROVEMENT PROJECTS

Patient Safety improvements

Emotional Healthy schools improve teacher confidence to support children and young people attending A&E with self-harm

In edition 1 2018/19, we wrote about the start of the Emotional Healthy schools' initiative programme and this article now presents an update following the next steps:

Background

The Emotionally Healthy Children and Young People project has been running for two years and is supported by a number of agencies, including CWP, Cheshire East Council, local schools, Eastern Cheshire CCG, NHS South Cheshire CCG and the charities Visyon and Just Drop In. The report 'Case for Change' self-harm in children and young people 2017, found that the numbers of accident & emergency (A&E) attendances and admissions per 10,000 is worse than the North West and UK average in East Cheshire.



Patient safety improvement projects show how CWP teams are delivering care which increases safety by using effective approaches that mitigate unwarranted risks

What we wanted to achieve

The emotionally healthy schools link team approached East Cheshire NHS Trust with an innovative idea to deliver training to school staff on how to manage self-harm in children and young people. Through simulated education, the training was designed to empower the teaching staff to appropriately address the issue of self-harm within the school environment and, consequently, help to reduce A&E attendances and hospital admissions. This is an excellent **example of collaborative partnership working** with the people's best interests at heart.

What we did

The Responding to Self-Harm simulation training is a collaborative partnership approach to improve the confidence of school staff when responding to self-harm in school settings. A simulation training package has been developed to address this need in schools and aims to reduce unnecessary attendance at A&E departments by children and young people by **improving the initial response** by school staff.

Together we developed a short simulation education programme focusing on scenarios and facilitated group reflection and discussion. As an accredited North West simulation centre, East Cheshire NHS Trust has a reservoir of experience in the development and delivery of simulation based teaching, in particular with mental health issues, and together with the expertise from the Emotionally Healthy Schools team, the project evolved. Attendees are asked to complete the online MindEd module, "self-harm and risky behaviour", as a pre-requisite to the face-to-face learning to provide a shared understanding of self-harm.

Two preliminary pilots were developed and the young people's input was crucial in the fine tuning of the course content. Further pilots brought in teachers for the first time and the parts of the children were played by students from a media and drama course at the local college.

The final product took the format of three scenarios, including direct teaching, facilitated reflection

The Emotionally Healthy Schools Project is an innovative partnership committed to enhancing the capacity of schools in Cheshire East

and discussion groups for the duration of a half day training session. The sessions were separated into primary and secondary schools, as the self-harm situations are significantly different.

We were supported by Macclesfield College drama students who played the part of the patients in the three scenarios and this added a much needed young person's perspective to the training. The students were also involved in the feedback after each scenario.



"I have greater understanding and I will be more confident to follow up self-harm disclosures"

Results

Collaboratively, we believe that this is an **innovative method of teaching** that undoubtedly adds value for everyone. So far, a total of 25 school staff have attended the training in small cohorts from a variety of both primary and secondary schools. Staff from both primary and secondary school settings have provided positive feedback, the majority of whom expressed that they found the 'role play and simulation and post discussion' very useful.

Next steps

The initial pilot feedback was extremely positive. Strategically over the next two years we will be targeting the schools in the Cheshire East geographical footprint that have the greater numbers of A&E referrals and hospital admissions. There are a further 4 training cohorts arranged for early 2021.

For further information, please contact Robert Lupton, team coordinator, at robert.lupton@nhs.net

Bowmere staff celebrate World Patient Safety Day

Background

World Patient Safety Day was established in May 2019 by the World Health Organization to increase public awareness, understanding, and to spur action to promote the welfare of patients. This year's theme highlighted **Health Worker Safety**, with the slogan: "Safe health workers, safe patients".

What we wanted to achieve

We wanted to make this as relevant and applicable as possible, in particular for our clinical colleagues who struggle to get time out of practice. The day was focused on **supporting the safety of healthcare workers**, as their health and wellbeing directly impacts on **patient safety**. The matron and head of clinical service organised drop in sessions for staff in Bowmere with an aim to raise awareness of patient safety issues.



What we did

- ✓ We set up the drop-in sessions in Bowmere for each ward and ensured that staff were able to attend.
- ✓ We made the sessions informal and asked staff to be open and honest with us.
- ✓ We spoke to staff about what they enjoyed about their job, what they thought could be improved for them, in relation to safety, what they found difficult about their job and how we could work together to improve staff and patient safety.



Results

All staff were engaged in the sessions and reported that they thought they were beneficial. Staff filled in comments box with ideas on how to improve staff safety and as a result enhance patient safety.

Next steps

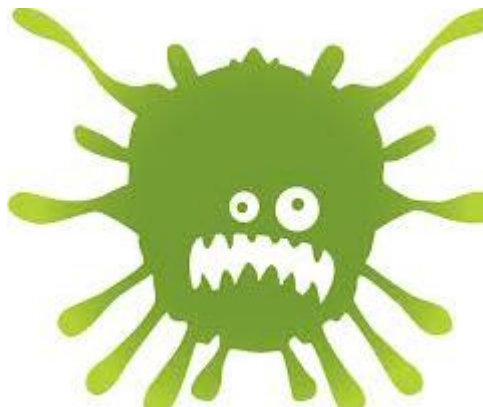
Moving forward, the intention is to implement the initiatives suggested by the staff in a phased approach, across all wards. This will include a medication error QI project, which will be developed shortly.

For further information, please contact Gemma Levy, Matron, at gemma.levy@nhs.net

Ellesmere Port Community Care team flu vaccination initiative

Background

Ellesmere Port Community Care Team have historically supported GP surgeries with delivery of the annual flu vaccination to people who are housebound and already known to the team. Drug administration errors, when giving flu vaccinations, have been highlighted through incident reports. Further investigation identified the following contributing factors: different vaccines for different age groups, different brands of vaccine manufacturers that each surgery had, and one storage for all vaccines, in the same fridge, within the community care team.



Care Community Teams are a group of health and social care professionals who work alongside local GP Practices to support people at home

What did we want to achieve

We wanted to improve the process of delivering vaccines, to ensure safety with the aim of having no medication errors as a team. Alongside this, we also wanted to increase the staff intake of the flu vaccination.

What we did

As a team we have made few **quick and easy improvements**:

- Map out how many staff we had available to support a coordinated flu vaccination programme.

- Enable staff from the Care Community Team to attend flu vaccine training and basic life support/ anaphylaxis training.
- Engaged with the newly formed Primary Care Network lead for the flu vaccination campaign to work collaboratively with all the GP surgeries to promote safe immunisation and ensure as many people had the flu vaccine in a timely manner.

By working collaboratively with the GP surgeries, we have decided to look at the flu vaccination process differently:

- GP vaccines are stored at the GP surgery instead of the community care team's fridge.
- The staff from the community care team only gives vaccines to people that are already on the caseload. The GP surgeries agreed that their own practice nurses would give vaccines to the nursing and residential homes as this approach minimised the risk of duplicating vaccine to a patient.
- The staff from the district nurse team specifically focus on patient vaccines whilst the community matron and case managers coordinate the staff vaccines.



In order to deliver this safely we have developed a document that offers clarity about the process.

The community matron joined the CWP flu group and in order to encourage staff uptake of the flu vaccine, presented a personal story at our Clinical Engagement and Leadership Forum which was then also produced as a Facebook live presentation.

"The efficiency of the staff and excellent organisation of the vaccination yesterday was amazing and made the whole process stress free. Well done team, you are doing a great job!"

Results

By using a different approach and working collaboratively, we have achieved our aim and the team had **no medication errors** during the flu vaccination season 2019/20. **All the patients identified had their flu vaccine in a timely manner.**

The team's **staff target for flu vaccination was met.**

Feedback from the patients, care team and primary care network was positive.

Next steps

The team wants to continue this safe and effective practice through the next flu season, especially due to the additional pressures connected to the pandemic and the increased demand and additional workload that the team is facing. There will be another article this time next year to report on the sustainability of this best practice.

For more information please contact the Ellesmere Port Care Community Team on 0151 488 8066

QUALITY IMPROVEMENT PROJECTS

Clinical effectiveness improvements

ESCAPE Pain programme delivers health economy savings

In edition 2 2019/20, we wrote about the start of the ESCAPE pain programme and this article now presents an update following the next steps that were outlined previously.

Your ESCAPE-pain savings 2019/20



£67,144
saved in the health and
social care sector over 2.5
years based on the
number of completers for
your site this past year.

Centre and Tarporley Hospital.

What we wanted to achieve

Following successful staff training, the programme has now been operating on a rolling basis since 2018. The team wanted to expand the programme in terms of location and run a number of concurrent ESCAPE pain programmes that met the needs of more of the people they serve.

What we did

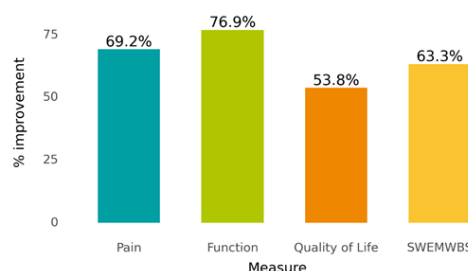
The programme consists of group sessions of up to 10 people, operating for an hour twice a week over five weeks. The programme incorporates both education and physical exercise that aims to increase flexibility and independence.

Results

Data gathered for Fountains Health showed a health economy saving of approximately £67,000 due to running the programme. The data also outlined that the majority of participants experienced an improvement in pain levels, function, quality of life and attributes measured in the Warwick-Edinburgh Wellbeing Scale (see graph below).

Percentage of participants improved

This graph shows the percentage of your ESCAPE-pain participants which improved at post-intervention across every outcome measure.



Clinical effectiveness improvement
projects show how CWP teams are delivering care which maximises use of resources and minimises waste

Next steps

The programme has been disrupted due to the response to the COVID-19 pandemic, however the team plan to meet with colleagues from the Health Innovation Network to discuss updates to the programme and to discuss how they can produce/ send Webinars to people. People have been sent written information and exercise booklets. They have also been signposted to the Escape Pain apps and website. The team recently signpost people to an encrypted webinar on "YouTube"; however this was a temporary webinar. Prior to the current pandemic, the programme was being extended to include "Escape Pain Back Pain & Escape Pain Chronic Pain".

For more information, please contact Tanya Booth, Lead MSK Therapist at tanya.booth@nhs.net or Margaret Walsh, at margaret.walsh4@nhs.net

Mental Health Law team help to increase participation of people on a CTO in Hospital Managers' review hearings

Background

During the emergency response to the COVID-19 pandemic, the Mental Health Law (MHL) team had to be **creative in adapting how they support clinical services** to ensure Hospital Managers' reviews of detention under the Mental Health Act 1983 (MHA) continued to take place. The Hospital Managers' Panel is a body of people appointed by mental health trusts to review detention under the MHA. They have the power to discharge most people who are detained, including those subject to a Community Treatment Order (CTO). Within CWP, the panels are made up of associate Hospital Managers appointed specifically for this purpose, and Non-Executive Directors (NEDs) of the Trust.



Mental Health Law (MHL) team's role is to ensure the legal framework of the Mental Health Act and associated legislation is followed to safeguard the rights of people who access our services

What we wanted to achieve

Following 'lockdown' on 23rd March 2020, face-to-face Hospital Managers' hearings stopped, resulting in ten hearings being cancelled during the last two weeks of March 2020. Also impacting on these cancellations was the diversity of the panel members, at least half of whom fell into the clinically extremely vulnerable category. As a result of this, the challenge was to seek alternative means of ensuring the rights of people who were detained continued to be upheld.

What we did

Whilst many trusts held paper hearings (i.e. panels just reviewed reports to reach a decision) or used teleconference systems as an interim solution, CWP planned for the introduction of videoconference hearings from the outset. We were keen to ensure that the process did not become a 'tick box' exercise – **patient participation and experience was at the forefront.**

- With the support of our ICT service, a WebEx licence was secured for the MHL Team.
- The MHL Team tested the system to become familiar with its functions and to develop guidance on the most effective and simplest way to manage hearings.
- A test hearing was arranged with a panel. It was agreed that this was a huge learning curve for all involved. Following a successful test, it was agreed to commence WebEx hearings as soon as possible.

- The MHL Team supported the Hospital Managers' panels in downloading the WebEx App on their devices and carried out test meetings to ensure panel members were comfortable in using the system.
- All panel members were informed of the new process, including the continued use of nhs.net email accounts for arranging panels and sharing of confidential documentation.
- All hearings are hosted by an MHL Administrator to support panels, to ensure all participants are able to connect effectively and that due process is followed. This also enabled the written decision to be completed at the time of the hearing and timely communication of the decision to the patient and professionals.
- After five months, a survey was sent to all panel members to obtain their views and experiences of virtual hearings.

Results

Since the beginning of April 2020, **all Hospital Managers' hearings have been held via WebEx.** Hearings are arranged more efficiently and timely due to a flexible approach to timings. Remote participation in hearings is encouraged and supported by nursing and community staff resulting in an increase in attendance by those subject to CTO.

Feedback from the panel survey:

- All responses indicated that WebEx was easy to use.
- All responses indicated that they were able to obtain the relevant information required to make an informed decision and were able to contribute to the written decision.
- Responses varied on patients' ability to actively participate in remote hearings. Some panel members were of the opinion that this was not the case.
- Although not all panel members rated their experience of remote hearings as positive, they were unanimous in their opinions that remote hearings are effective in ensuring patient hearings take place during the pandemic restrictions.

Data on attendance by those detained under CTO since the introduction of virtual hearings

As a result of anecdotal comments regarding an increase in participation by those subject to a CTO, a review has been undertaken to ascertain if this is actually the case. The following table shows a comparison of data.

Period	Number of CTO hearings	Number of patients who participated	Participation attendance rate
01/04/2019 – 30/09/2019	63 (face-to-face)	13	20%
01/04/2020 – 30/09/2020	103 (virtual)	29	28%

This data shows an **increase in participation** by those subject to CTOs by 8% when comparing the two periods and following the introduction of virtual hearings.

Next steps

Going forward, it is not known how long virtual hearings will be in place. However, the benefits of virtual hearings are being considered, specifically for those subject to CTOs who do not wish to attend CWP premises for a hearing, but would otherwise wish to participate. In such cases, virtual hearings may be offered and as alternative to face-to-face hearings in the future.

For more information, please contact the Mental Health Law team on 01244 393167.

A Community Treatment Order (CTO) is a legal order made by either the Mental Health Review Tribunal or, in very limited circumstances by a Magistrate. Under a CTO, a person may be ordered to accept treatment, care and management to be provided in the community by a nominated mental health facility.

EducationCWP Leadership and Management Development Programme continues to support person centred, professional management skills



Coaching supports staff to become better equipped to respond to modernisation agendas aimed at raising standards, improving the quality of the patient experience, enhancing job performance, staff morale and supporting people to be the best they can

Background

The SUCCEED Management Development programme was the result of Trustwide research into leadership and management conducted by Education CWP in 2018. Findings from this report highlighted, firstly, that whilst there was demand for training in these subjects, the existing formats did not always address the need and, secondly, that there was no evidence of management follow up outside the sessions in order to support application of learning within the programme.

What did we want to achieve?

The aim of offering the development as a programme enabled delegates to build knowledge and capability over a period of time and use the sessions to reflect on their application of learning in different situations. We also wanted delegates to **build a support network** within their cohort which allowed them to share ideas and learning both within and without the sessions.

What we did?

We started with the SUCCEED programme for those with line management responsibility (now a role specific training requirement) and then started CHALLENGE for Clinical leaders and ASPIRE for those aiming to move into a team leader or manager role. As the courses have developed, there have been some changes to the content. All delegates are now offered a **Coach or Mentor to support** their application of learning and additional modules have been added to respond to the feedback from delegates.

Mentoring is the one to one support and guidance of one person to another to help with professional development and career goals with the opportunity to develop leadership capacity at all levels

Results

Over 250 staff have accessed the development sessions since their inception. Due to the nature of the programme, it would be reductionist to ask delegates to evaluate their learning through numerical scores. However, each programme has a three month follow up session in which delegates reflect on their learning and how they have applied it in practice. This feedback repeatedly shows **increase in confidence, practical application of learning and proactive problem solving**.

"I am more confident in using policies and having courageous conversations. I am using supervision to develop team members, we are also using action learning sets in our team meetings and developing our team awareness. I feel more confident as a team leader."

"My practice as clinical supervisor has benefitted from the tools and techniques learnt, as I have been able to use these with the people I supervise to help them raise any issues or concerns they have."

Next steps

Due to the emergency response to the COVID-19 pandemic in March 2020, we had to pause the programmes, however after a lot of re-working all three workshops were re-launched virtually in September 2020. Each programme is now on Cohort 6 with delegates waitlisted for Cohorts 7 and 8.

We would like to get more engagement from the managers of those delegates attending – we are well aware that learning the skills and behaviours is only the first step; delegates need opportunities to apply learning and reflect on that learning with their management. We hope that as more of our delegates move into senior roles they will bring that learning with them and support their teams' learning. We have a pilot 'INSPIRE' scheme for senior leaders ready to launch, however, this has been put on hold to ensure that the content fits with the key priorities for the trust which will come out of the 'Looking to the future' project.



For more information, please contact Anna Beaver, Senior Education Practitioner at anna.beaver@nhs.net

QUALITY IMPROVEMENT PROJECTS

Patient Experience improvements and Patient Feedback

Healthy Child Programme delivery through COVID-19

Background

Starting Well deliver The Healthy Child Programme to all children across Cheshire West and Chester. This is the public health national programme that sets out the universal health provision for children in England. There are core contacts that must be delivered within this programme in order for Starting Well to meet contractual requirements. Alongside this programme, Starting Well teams work in partnership with the local authority safeguarding team to ensure the safety of children across the area.

What we wanted to achieve

In response to the direction set by NHS England at the start of the COVID-19 pandemic in March 2020, setting out how 0-5 services should be prioritised during the lockdown period, Starting Well responded quickly in considering how provision could be adapted using telephone and video for consultations and advice whilst ensuring the safety of children and families was maintained.

What we did

Normal provision is for new birth families to receive a birth visit and a 6-8 week visit, at home. During the lockdown period, these visits were delivered virtually using video-calling. For universal families (those requiring no further support), the next contact would be the 1 year developmental review.

There are significant benefits to the quality of assessment and engagement with families from a face-to-face home visit; during the lockdown period we know that new families have been isolated from the usual levels of support. As part of the recovery planning, the service decided that in order to maximise safety, 'recovery' visits would be planned for all those who had only had a virtual contact for the birth visit and 6-8 week contact. This meant undertaking 600 additional visits over the summer months.

Safeguarding children is a key part of the Starting Well service role. The service ensured that clinical prioritisation across all the caseload was aligned to the Local Authority Safeguarding Children Partnership prioritisation guidance. This ensured consistency with the partnership to support multi-agency working during the lockdown period in particular. Throughout the lockdown period, the service continued to ensure that face-to-face contact with families was still available if assessed as required. The open advice clinic (baby clinic), which is usually a drop-in session, changed to appointment only, and there was an enhanced telephone service and virtual support available for advice for children and families. The Starting Well website information was strengthened and families were signposted here for advice and support. The service established a duty desk function to ensure easy access for Starting Well staff and other professionals. The Early Years Workers usually provide home-based learning. This was continued on a telephone one to one basis and including virtual play sessions to support young families. Video play sessions were recorded by staff and loaded on to the website.



Patient Experience improvements and Patient Feedback

projects show how CWP teams are delivering care which takes into account the preferences and aspirations of people. They also show how CWP teams are delivering care that is timely, geographically reasonable, and provided in a place where skills and resources are appropriate to meet people's needs.

What is the 0-19 Starting Well Service?

Our Starting Well Service aims to deliver a high quality preventative service to improve the health and wellbeing of children, young people and their families across Cheshire West and Chester

Results

The 'recovery' visits were completed over the summer with a quality assurance process in place to monitor uptake and effectiveness. Feedback from families has been positive and they have welcomed the individual home contact with a health professional who has provided reassurance and advice, as well as confidence that the health service continues to be available. Staff are fully aware that although virtual visits have been very effective, they have limitations and do not allow for the family environment or quality of family relationships to be observed, which is why these recovery visits have been so valuable.

Next steps

The service is continuing to plan for small group work such as family learning and breast feeding support sessions so that the benefits of this approach can be re-established within the constraints of COVID-19 guidance.

Learning from the first lockdown and the national feedback on the impact on child development and family vulnerability has been that we wish to maintain home visits and face-to-face contacts as far as possible. This has been reflected in the service surge plans to ensure capacity is prioritised to these core contacts.

Quality assurance processes are continuing to ensure consistency of service offer across the whole service and close monitoring of demand and capacity requirements.

For more information please contact Claire Maidment at Clairemaidment@nhs.net

Expert by Experience and psychology work jointly to deliver training to increase understanding of people with Personality Disorder

Background

An investigation highlighted a skills and knowledge gap within staff teams regarding understanding of people with Personality Disorder. Therefore Dr Kim Taplin (Principal Clinical Psychologist) sought to co-produce and co-facilitate staff training in this area.

What we wanted to achieve

We wanted to develop staff understanding, skills, and confidence working from a psychologically informed perspective with people with a diagnosis of personality disorder. Kim asked Joe Gavin (Expert by Experience) to be involved in the development and facilitation of the training to enable him to add value by sharing his personal experiences and knowledge from a different perspective.

What we did

The first training session was offered to Beech ward staff in November 2019. The training covered many different aspects of personality disorder. Some of the areas covered include childhood (unmet) needs, attachment theory, the impact of childhood adverse experiences and trauma, defining personality and personality disorder, conceptualisations of personality disorder, the use of language, schema formulation and case discussion, interventions and management, therapeutic relationships and relational security, and boundaries. Joe also shared his understanding of personality disorder, and reflected on his own experiences of receiving care from NHS professionals.

What does Personality Disorder mean?

Personality is how our thoughts feelings and behaviours make us who we are. If someone experiences significant difficulties with how they relate to themselves and others, they may have a diagnosis of Personality Disorder.

Results

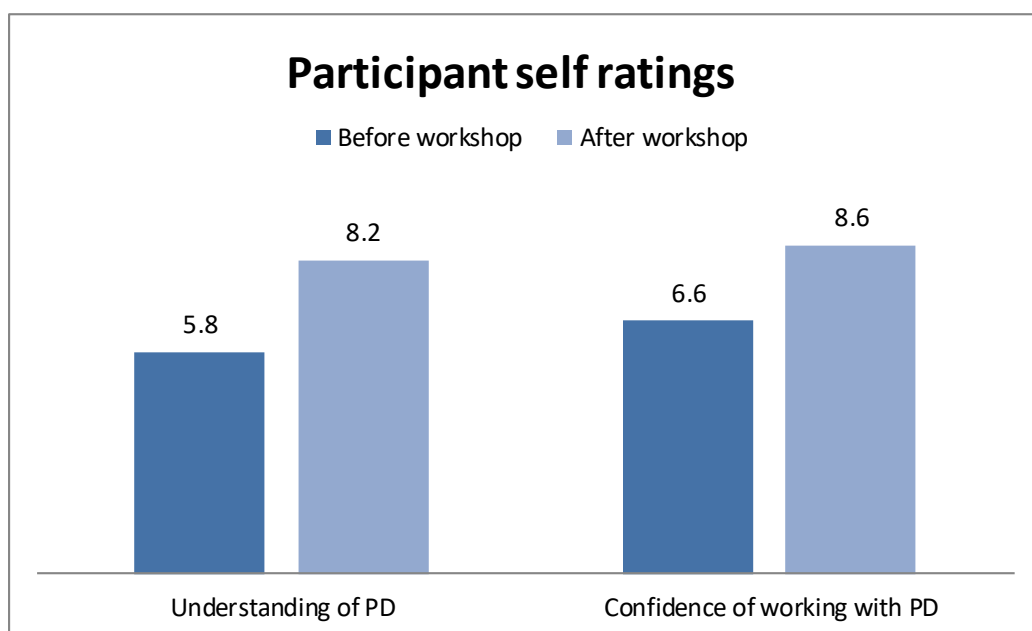
Five staff from Beech ward attended the training. Feedback data collated from the workshop demonstrated an increase in both understanding and confidence working with personality disorder. Participants were asked to rate themselves on a 10 point numeric scale before and after the workshop. The graph below illustrates the improvement:

Qualitative data collected were positive and indicated staff would be able to apply their new knowledge and skills to their practice:

"This will enable me to support others when dealing with care plans, formulation plans"

"This will help with all aspects of my role; I will now look at my therapeutic relationships!"

I will "listen more and understand service user background more"



The training was described as "interesting, helpful, exciting, rewarding, stimulating and constructive". The majority of participants reported having Joe involved was the most useful aspect of the training.

Joe's reflections:

I think in my life I have been through so many good and mostly bad things, I feel that these experiences have made me who I am. I have been in very dark places, places so dark that you couldn't see a way out; sometimes in the darkest of places there are stars shining bright for you. Those stars help lead the way through thick and thin. My stars have always been there even on the sunniest of days. My stars are hope, hope for the future. My stars symbolise that even though how much I want to give up, there will be a time that I don't feel this way. I learnt to look up every so often to remember that with the help of psychology. I have done therapy on and off since I was 15 (I'm almost 21). I think the therapy that has helped me the most was DBT, it helped me understand things in different perspectives and realise that not everyone is evil, not everyone wants to hurt or take advantage of me. I didn't do the full course, but even just a little of it has helped broaden my confidence and compassion for myself. I think 'Personality Disorders' are so very stigmatised and I feel these are the disorders which are in desperate need of the most compassion and care. I feel having this disorder has made professionals make assumptions of what I'm like, in reality I'm like no one they have ever met; no two people are the same. Some

What is DBT?

DBT stands for Dialectical Behaviour Therapy. It is a type of talking therapy based on Cognitive Behaviour Therapy (CBT) principles but adapted for people who feel emotions very intensely. CBT is a therapy that addresses how your thoughts, feelings and behaviours interact

people with these disorders have a whole sky of stars and some just have the one they look towards. PDs are so complex, but I feel if people stopped telling us what not to do and started asking why we were doing those things it would help a lot more in the long run, we do anything we can to feel better no matter how impulsive or destructive it may be. I think we need to stop comparing ourselves with each other, we have all been through so many things and I think it doesn't justify comparing one person's life with another.

People with PDs have been through so much trauma and just need help to deal with those traumas. Before my major traumas I was a young teenager who had struggles but still was happy. I could function with people and have endless arguments or cry myself to sleep. A trauma can really tear someone down but that doesn't mean that they aren't still there, they just need some stars to show them a way out. I realised in CAMHS I thought a lot more into things than most even when the manager said I was very insightful, I think being insightful is a blessing and a curse because you understand too much of anything and you always think about everyone's point of view. I realised this helped me to understand my therapies and the skills they were teaching me and what I could use them for and how to develop them. I've always wanted to help those who are in pain (Mental and/ or Physical) because I can sympathise what they may be going through and I wouldn't want them to go through it without support, when I heard about the 'PD Training' I knew I had to have some input. If I was able to just help one member of staff to think a bit different to help someone it would help a great deal of people, it would help reduce the stigma and increase the compassion and helping them to know that if someone with these disorders is struggling and they lash out its just because that's what they have been shown their whole life, I feel people with PDs exhibit behaviours which they have been shown their whole life, we just need to show them healthy boundaries. We live in a dark world and we just need to be someone's star sometimes and show them a way out.

Next steps:

This training is ongoing with plans to deliver training to more Beech ward staff, the Home Treatment Team – West, Juniper ward and Willow ward in the near future.

For further information, please contact Dr Kim Taplin, Principal Clinical Psychologist – Lead, at kimberley.taplin@nhs.net

COMPLIMENTS

Between September 2020 and December 2020, CWP formally received 533 compliments from people accessing our services, and others, about their experience. Below is a selection of the comments and compliments received:

All Age Disability

"We were lucky that throughout COVID-19 we still have sessions, this kept our son in some sort of routine. All the family support workers who work with our son are absolutely amazing. They are all so good with him and know him inside out. He feels happy and safe when he is out with them, knowing he is going to do something fun."

Children, Young People & Families

"I want to thank you for everything you have done for me. Thank you for being there to talk to for always offering support. Thanks for the good times and good laughs, and mood enhancers, but thank you most for never giving up on me and losing hope. It has been the darkest place I have been in. You are all part of my recovery and helped me gain some part of my life back. You are an amazing team and make such a difference to people's lives, keep being the superheros."

Joint Therapies

"A wonderful service provided by the team. Compassionate and professional, very caring. We could not have managed as a family without your visits. Thank you very much for all your help to mum and family."

Neighbourhoods

"To all the nurses and reception staff. I would like to say a big thank you to all of you for the attention and care I have received over the last 13 weeks while I have been attending the dressing clinic. You have all been so kind and thoughtful, it is very much appreciated."

Specialist Mental Health – Bed Based

"The care our daughter received on the ward was very special. The nursing and medical expertise she received was wonderful and in some cases beyond the call of duty. Each member of the team is to be commended and hopefully appreciated at this busy time."

Specialist Mental Health – Place Based

"I'm really grateful, counselling has made such a difference to me. It's made me change the way I think about things after so many years. I feel in charge of myself and I have a right to be in charge. I don't have to apologise for it. Thank you, you have made such a big difference to me."

Learning Disability, Neuro Developmental Disorders & Acquired Brain Injury

The grandparents of a patient commented on how much they enjoyed looking through the patient's scrap book and seeing him do activities he really likes. "It is lovely to see him smile!"

Share your improvement work!

We welcome your best practice examples and Quality Improvement successes; please share your work via the Safe Services Department using the QI Hub page on the intranet or contact the Patient Safety Improvement Team at cwp.patientsafetyteam@nhs.net

Look out for more about Quality Improvement in Edition 4 2021/22 of the Quality Improvement Report

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