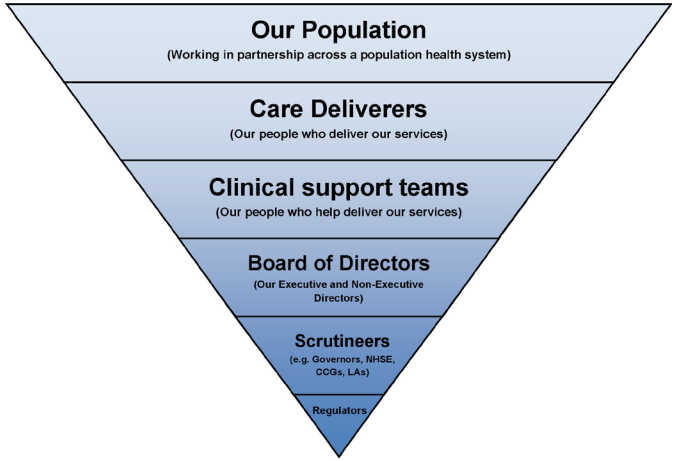
W1 Leadership	W2 Vision	W3 Culture	W4 Governance
W5 Risk	W6 Information	W7 Engagement	W8 Learning



NHS
Cheshire and Wirral Partnership
NHS Foundation Trust

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Board of Directors *(held in Public)*

At 1:00pm on Wednesday 25 November 2020
Held Via WebEx

Ref	Title of item	Well-led theme	Format	Presented by	Time
	ASSURANCE				
	Committee governance				
20/21/56	Welcome, apologies and quoracy		Verbal	Chair	13:00 (5 mins)
20/21/57	Declarations of interest		Verbal		
20/21/58	Minutes of the previous meetings held 30 September 2020		Paper		
20/21/59	Matters arising and action schedule		Paper		
20/21/60	2020/21 Business cycle		Paper		
20/21/61	Chair's Announcements		Verbal		13:05 (10 mins)
20/21/62	Chief Executive's Announcements		Verbal	Chief Executive	13:15 (15 mins)
	Internal reporting from committees, matters of governance and assurance				
20/21/63	**Quality Committee** • Chair's report from Quality Committee – 4 November 2020	W4 Governance W5 Risk	Paper	Quality Committee Chair	13:30 (5 mins)

Ref	Title of item	Well-led theme	Format	Presented by	Time
	• Quality Committee Terms of Reference *(Reported to the Quality Committee 4 November 2020: Board to Approve)*				
20/21/64	**Audit Committee** • Chair's report from Audit Committee 10 November 2020 • To include – Audit Committee Annual Report *(Click Here)*	W4 Governance W5 Risk	Paper	Audit Committee Chair	13:35 (5 mins)
20/21/65	**Board Assurance Framework** *(Reported to Quality Committee and Operational Committee – Nov 20 - Board to Discuss and Note)*	W4 Governance W5 Risk W6 Information	Paper	Medical Director	13:40 (10 mins)
20/21/66	**Draft Quality Account** *(Board to Discuss and Approve)*	W4 Governance W5 Risk W8 Learning	Paper	Medical Director	13:50 (25 mins)
Break 14:15– 14:25 (10 mins)					
20/21/67	**Fit and Proper Persons Policy and process Review** *(Reported to Audit Committee – Nov 20 - Board to Discuss and Note)*	W1 Leadership W4 Governance	Paper	Director of People and OD	14:25 (10 mins)
20/21/68	**Provider Collaborative update and presentation of Clinical Models** *(Board to Discuss and Approve)*	W2 Vision W3 Culture W7 Engagement	Presentation & Paper	Director of Strategy and Partnerships / Programme Manager	14:35 (30 mins)
20/21/69	**Flu Campaign** • Best Practice Management Checklist for Public Assurance via Boards *(Reported to Private Board – October 2020 – shared here for completeness - Board to note)*	W3 Culture W5 Risk	Paper	Director of People and OD / Director of Nursing, Therapies and Patient Partnership	15:05 (10 mins)
	Quality of Care				
20/21/70	**Report against Strategic Objectives** *(Board to Discuss and Note)*	W4 Governance W5 Risk W6 Information	Paper	Director of Business and Value	15:15 (10 mins)
20/21/71	**Safer Staffing:** • Ward Staffing: September and October 2020 *(Board to Discuss and Note)*	W4 Governance W5 Risk	Paper	Director of Nursing, Therapies and Patient Partnership	15:25 (10 mins)
20/21/72	**Guardian of Safe Working quarterly report** *(Board to Discuss and Note)*	W4 Governance W5 Risk	Paper	Medical Director	15:35 (10 mins)

Ref	Title of item	Well-led theme	Format	Presented by	Time
		W3 Culture W7 Engagement			
20/21/73	**Equality, Diversity & Inclusion Annual Monitoring Report 2019-20** *(Approved at the October Board meeting – presented here for noting)*	W1 Leadership W3 Culture W7 Engagement	Paper	Director of Nursing, Therapies and patient Partnership	15:45 (15 mins)
	Any other business				
20/21/74	Any other business		Verbal	Chair/ All	16:00 (5 mins)
20/21/75	Matters for referral to any other groups				
20/21/76	Matters impacting on policy and/ or practice				
20/21/77	Review risk impact of items discussed				
20/21/78	Three things to communicate				
20/21/79	Review the effectiveness of today's meeting https://www.smartsurvey.co.uk/s/meetingeffectivenesssurvey/				
CLOSE [16:05]					
Date, time and venue of the next meeting: 27 January 2021 at 13:00					

Version No	1	Date issued	Updated - 24.11.2020

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

At 1:00pm on Wednesday 30 September 2020
Via Video Conferencing Webex

Present	Mike Maier	Chairman
	Jim O'Connor	Non-Executive Director
	Paul Bowen	Non-Executive Director
	Andrea Campbell	Non-Executive Director
	Rebecca Burke-Sharples	Non-Executive Director
	Edward Jenner	Non-Executive Director
	Sheena Cumiskey	Chief Executive
	Gary Flockhart	Director of Nursing , Therapies and Patient Partnership
	David Harris	Director of People and Organisational Development
	Dr Anushta Sivananthan	Joint Medical Director, Quality, Compliance and Assurance
	Andy Styring	Director of Strategy and Partnerships
	Tim Welch	Director of Business and Value
	Suzanne Edwards	Director of Operations
	Dr Faouzi Alam	Joint Medical Director, Effectiveness, Medical Education, and Medical Workforce & Caldicott Guardian
In attendance	Suzanne Christopher	Acting Company Secretary
	Katherine Wright	Associate Director of Communications, Engagement and Corporate Affairs
	Samantha Scholes	Governance Officer
	Hayley McGowan	Associate Director, Nursing and Therapies (MH &LD) – *for items 20.21.46 & 20.21.47*
	Victoria Peach	Associate Director, Nursing and Therapies / Director of IPC – *for item 20.21.49*
Apologies	None	

Ref	Title of item	Action
	Meeting governance	
20/21/32	**Welcome, apologies and quoracy** The Chair welcomed all to the meeting and confirmed the meeting as quorate. Gus Cairns and Peter Ashley-Mudie (Service User and Carer Governors) were also welcomed to the meeting.	
20/21/33	**Declarations of interest** None were declared.	
20/21/34	**Minutes of the previous meeting held 29 July 2020** The minutes of the 29 July 2020 Meeting of the Board of Directors were	

Ref	Title of item	Action
	reviewed and **approved** as a true and accurate record.	
20/21/35	**Matters arising and action points** The action log was reviewed. 20.21.25 – complete 20.21.16 – complete R Burke-Sharples requested feedback on the access to Flu Vaccinations. D Harris responded that a paper would be presented at the October Private Board which would include: a. Number of vaccinations b. Information on the personalised appointment system c. Identification of vulnerable staff, who may be shielding from the workplace It was noted that there had also been some delays experienced to obtain appointments. D Harris advised that this would be fed back in to the team for resolution.	
20/21/36	**2020/21 business cycle** The business cycle for 2020/21 was **noted**.	
20/21/37	**Chair's announcements** M Maier updated the Board of Directors on the following:- CWP, in partnership with NHS Cheshire Clinical Commissioning Group, has been recognised as the winner of the Mental Health Service Redesign Initiative at the Health Service Journal (HSJ) Value Awards 2020 for working to improve specialist mental health services for local people. The long-term nature of the pandemic brings an added importance to our annual campaign to support all CWP colleagues to receive the flu vaccine. Preparations for this and wider winter planning requirements are well underway, including capacity modelling to accommodate any surge may be experienced. To support children, young people and their families as schools re-open, we shared a number of resources created by our new Mental Health Support Teams, (see our CAMHS website, MyMind). . We have recently been supporting World Suicide Prevention Day with colleagues across CWP sharing messages of support and best practice across their networks to highlight the importance of the campaign not just to within CWP but also to our wider communities. The Board of Directors **noted** the above updates.	
20/21/38	**Chief Executive's announcements** S Cumiskey updated Board members and those in attendance of proceedings at the private Board of Directors' meeting. This included: • Reflections on two staff stories relating to LGBT experiences. • Updates from the ICP's in regards to collaborative working, taking a population based approach and addressing inequalities. • CWP's response to COVID-19 with acknowledgement of staff's	

Ref	Title of item	Action
	commitment to providing safe and effective care and our plans going forward. • Financial performance of the Trust to date, and the new financial regime that we are now operating in. • Update in regards to CWP's strategy refresh. • As part of the Digital Strategy, the Board of Directors agreed the implementation of Microsoft Office N365. S Cumiskey publicly recorded the huge gratitude of the Board to all staff who have supported patients, both directly and indirectly. It was absolutely remarkable to see the resilience of teams including their care, capacity and compassion. The feedback had been resoundingly positive and this was demonstrated during very difficult circumstances. Further thanks were extended to collaborative partners. The Chairman acknowledged that it had been a stressful and exhausting time and echoed the thanks of all Board members. Non-Executive Directors also acknowledged the efforts of S Cumiskey and Executive colleagues during such unprecedented times. The Board of Directors **noted** the above summary.	
	Internal reporting from committees, matters of governance and assurance	
20/21/39	**Quality Committee: Chair's report of the Quality Committee held 9 September 2020** A Campbell, Chair of the Quality Committee, reported that in addition to the update provided within the paper, a digital story had been shared with the committee members which highlighted how easily people can feel excluded. Other agenda items included the receipt of the Lived experience report, the Quality Improvement report and a paper outlining proposed streamlining of governance arrangements moving forward. A Campbell also noted her thanks to A Sivananthan and D Wood for their support to the committee. The Board of Directors **noted** the Chair's report.	
20/21/40	**Audit Committee: Chair's Report of the Quality Committee held 8 September 2020** E Jenner, Chair of the Audit Committee, reported that the Internal Audit Plan had been disrupted as a result of COVID-19. Assurance was provided that a revised Plan had been considered in detail with amended timescales to ensure all necessary work would be undertaken within the financial calendar year. MIAA reported to the Audit Committee on the 8th September that projects are now underway and thanked CWP colleagues for their co-operation. Further to a recent MIAA audit, it was recommended that the identified Sub-Committee with oversight of each risk included on the BAF be reviewed. MIAA will work with the Chair of Quality Committee to consider this further and support a review of the terms of reference. A Campbell assured the Board that a meeting with MIAA would take place on 1 October to discuss and assure them on the Terms of Reference and the current state.	

Ref	Title of item	Action
	A new code of practice for External Audit will come into force in 2021. This will introduce additional responsibilities on external auditors when reviewing the Value for Money (VfM) Statement and will significantly impact on the work required to be undertaken. Grant Thornton (external auditors) will provide further details in due course and Board members will be kept informed. **ACTION** – Paper to be provided to Board members at a future meeting. The Board of Directors **noted** the Chair's report.	**TW**
20/21/41	**Board Assurance Framework (BAF)** A Sivananthan introduced the item and gave an overview of the current BAF. The report included a "risk over time" tab within Appendix 1. This addressed a recommendation made by the CQC following their inspection (published June 2020) that CWP "should fully track and measure the risk ratings over time to see if remedial work to mitigate risk was effective". All Executive Directors are Risk Owners and risks are scrutinised within various committees with oversight by the Quality Committee. The current BAF included 9 risks, and no new risks were in scope. A discussion took place in regards to the proposed reduction of the risk score for risk #1 – Supervision compliance. Non-Executive Directors raised concerns in relation to this given the importance of supervision to the delivery of care and the need to keep a clear line of sight on this going forward. Assurance was given that in light of the recent performance this had been considered by relevant sub-committee (Quality and Operational Committee). It was acknowledged that significant work had been undertaken to improve the position of the trust over the years with support from Non-Executive colleagues. Should the trend continue to show a decline in compliance over following months, then this would require further scrutiny by Board members. Consideration will be given to the Board strategic report against objectives to ensure this can be appropriately tracked over time. The Board of Directors **approved** the changes to the BAF.	
20/21/42	**Provider Collaborative (PC)** A Styring introduced the paper which included updates on a number of collaborative arrangements. In July 2019 Mersey Care, with support of the PROSPECT Partners, applied to be the Lead Provider in the Lead Provider Collaborative (LPC) process in respect of secure Mental Illness and Personality Disorder services across Cheshire and Merseyside (the current PROSPECT Partnership). The application was subsequently fast tracked with a go live date of the 1st April 2020. Following negotiations with other Lead Providers it was agreed that Mersey Care would also be the Lead Provider for Forensic services for people with Learning Disability and Autism across the North West area. On 25th March 2020, following the outbreak of Covid-19, the NHSE/I national team advised that the LPC process was paused for a period of at least six months to allow providers to focus on their response to the pandemic. The	

Ref	Title of item	Action
	programme had now resumed with an ambition that fast tracked LPCs would go live on 1st October 2020. For the PROSPECT New Care Model, a number of financial risks had been identified and subsequently mitigated by way of caveat agreement with NHS England and NHS Improvement (NHSE/I) regional team. For the LPC, that agreement no longer applies but the risks remain in place. Negotiations were taking place at both regional and national level in order to seek satisfactory mitigations and a Partner Board was scheduled to take place in January 2021 if a resolution had been agreed. K Wright commented that it would be helpful to understand engagement of stakeholders and what partners can contribute. K Wright would link with A Styring outside the meeting to further scope the required support. A Campbell noted that it was Mental Health (MH) and Learning Disability (LD) friendly and asked for consideration of how this service would work in prison or remand centres where significant demand was seen. The Care model commends a forensic out-reach approach, which was the CWP approach also, however this would require sufficient resource and would need to be included in the pressures being seen. The Board of Directors **noted** the progress with the Provider Collaboratives and the proposed programme management processes to secure delivery of the business cases by December 2020.	
20/21/43	**Data Protection MIAA Checklist – Compliance Review** F Alam introduced the item, which provided assurance in relation to Covid-19 Data Protection considerations. The checklist had been developed with NHS Digital (NHSX) guidance and submitted to the Operational Committee in September for review and scrutiny. The Board of Directors were requested to note the COVID-19 Data Protection Checklist found in Appendix B. The approach provided robust internal control, a legal framework and a referencing and planning tool for data protection in the recovery phase, working towards a return to `business as usual'. It was noted that the data sharing agreements put in place with emergency powers during COVID-19 were scheduled to cease at the end of April 2021. The Information Governance & Data Protection Sub-Committee (IG & DP SC) had reviewed the completed checklist on 24 August 2020. The Board of Directors **noted** the report.	
20/21/44	**Information Governance & Data Protection Sub-Committee Terms of Reference** F Alam introduced the Terms of Reference (ToR) which had been reported at the IG & DP Sub-committee and the Operational Committee in September 2020. The Board of Directors **approved** the terms of reference.	
	Quality of Care	
20/21/45	**Report against Strategic Objectives** T Welch introduced the item and noted the links to the Strategy refresh and developmental work of the Trust. It was, therefore, recognised that as this	

Ref	Title of item	Action
	work progresses the report would also change over time. Items to note were supervision charts (page 49 of 73) demonstrating recovery to pre-pandemic levels; sickness absence showing recovery following high levels during the pandemic; absence in the preceding three months had been below the long-term average and the vacancy rate remained low. A Sivananthan commented that the Quality Committee dashboard would focus on the outcomes relating to practice. Board members noted that the report was very helpful and gave assurance. S Cumiskey requested the addition of indicators at the end of the report to demonstrate staff efforts to continue to provide care. P Bowen commented that the manner of consultations and interactions would be the next step to consider and questioned what plans the Trust were making to ensure safe, COVID-19 compliant environments, from both a patient and staff perspective, for those would need face-to-face contact, i.e. for dressings etc. S Cumiskey stated that the Trust was building on the processes and procedures which were already implemented. S Edwards added that the Trust was focused on the requirements for safe, COVID-19 compliant environments within clinics to provide face-to-face contact. It was also mindful of the support staff who visited patients at home would require. Clear guidance including the use and management of appropriate Personal Protective Equipment (PPE) including masks and gloves was provided. Regular testing of a cohort of staff was also taking place. P Bowen suggested that there may be value in the Trust exploring collaborations with hot hubs in Chester, Crewe and possibly Macclesfield and contributing to their agendas for place based solutions. S Edwards agreed this was a good suggestion, adding that the Trust was tied into the Countess of Chester Hospital campus and this approach could be widened to incorporate the geography of the Trust. The Board of Directors **noted** the report.	**TW**
	S Cumiskey left the meeting and *H McGowan (Associate Director, Nursing and Therapies - MH &LD) joined the meeting*	
20/21/46	**Safer Staffing: July and August 2020** The item was introduced by H McGowan. The report covered the period July 2020 to August 2020 and provided assurance that despite the challenges in regards to staffing establishments and staff absence, healthy fill rates have been maintained. Some staff remain redeployed to support the response to COVID. Additional support has also been received from Pre-Registered nursing students as part of the national response to COVID 19. During July 2020 the Trust achieved staffing levels of 98.6% for registered nurses and 97.4% for clinical support workers on day shifts and 96.3% and 100.1% respectively on nights. During August 2020 the Trust achieved	

Ref	Title of item	Action
	staffing levels of 100.8% for registered nurses and 97.9% for clinical support workers on day shifts and 97.7% and 100.7% respectively on nights. R Burke-Sharples commented that the continuing maintenance of safe staffing levels was a reflection of the leadership and commitment seen from nurses, clinical practitioners and support workers. She relayed her true respect to all the staff for their commitment and requested that H McGowan passed this onto the Matrons. The Chairman echoed the heartfelt sentiments. ***ACTION*** – H McGowan to convey the respect of the Board to the Matrons. The Board of Directors **noted** the report.	**HMcG**
20/21/47	**Learning from Experience Report (April to July 2020)** H McGowan introduced the item, advising that the report focused on Trimester 1 for 2020-21. The following key points were highlighted from the report: • The proportional reporting of incidents measured incidents against the care group. Reporting in this way revealed differences between the care groups which can be used to identify where the focus was required. It also helped to reinforce the need for reporting no or lower harm incidents to promote learning to enable mitigation of future actual or significant harm incidents. • During this trimester, the number of safety incidents reported had increased in comparison to trimester 3, which demonstrated that patient safety continued to be an organisational priority. • The number of Strategic Executive Information System (StEIS) incidents had reduced which was due to a number of factors including: - clarifying the facts prior to reporting the incident. This resulted in the Trust reducing the number of incidents that were undeclared. - During the months of April and May 2020, the notification of deaths from the coroner's office was delayed due to the COVID-19 pandemic. - Unexpected death where COVID-19 was confirmed or suspected due to COVID-19 was not reportable on StEIS in line with NHS England guidance. • A significant increase in the number of self-harm incidents reported this trimester had resulted in this moving to the highest reported incident category. Further analysis would be undertaken by the Specialist Mental Health Care Group and Children & Young People Care Group to understand this increase, as the previous 3 trimester had shown a sustained reduction. • The number of incidents reported relating to pressure damage that developed whilst under the care of Trust services has increased in Trimester 1 2020/21 within the Neighbourhood Care Group. Work continued to understand the factors influencing this increase to establish if this was a result of increased awareness, care delivery or patient related factors. The number of incidents reported within	

Ref	Title of item	Action
	the transfer issue category had also increased over the past two trimester's and further analysis was being undertaken to understand the increase in the volume of transfer issues being reported, to determine next steps. The Board of Directors **noted** the report.	
	H McGowan left the Board of Directors meeting	
20/21/48	**CWPs Response to COVID-19** S Edwards introduced the presentation which demonstrated the outstanding contribution of all colleagues who had worked tirelessly to provide safe and continued care for planned appointments in physical community services and rescheduling of appointments where necessary. The following key points were highlighted from the report: • The majority of appointments, including those of a physical nature, were maintained and where this was not possible, Teams had reached out to ensure the support required was given. • Staff had been flexible and willing in embracing new technology and new ways of working to support their Teams and Service Users. • Hours of working had been extended to provide support at evenings and weekends and included support for people who were shielding. Holistic care had continued despite the restrictions resulting from COVID-19 and a range of services had reached out to support. • iPads were introduced on wards to support the use of FaceTime and WhatsApp to keep patients in touch with their families and friends. • The staffing and recruitment Teams had speeded up their processes to fill vacancies and ensure that appropriate and safe numbers of staff were employed. • The 24/7 Crisis Line was launched to support the people the Trust cared for. • Staff had been supported with risk assessments, a dedicated 7-day workforce advice and well-being helpline, Thoughtful Thursday well-being newsletter and the launch of Facebook Live weekly staff sessions. • In recognition of the commitment of staff, there had been significant staff 'thank you's' and rewards. P Bowen added his thanks to S Edwards and the Executive Team for their appreciation to our staff. It was encouraging to note that sickness and staff turn-over had reduced in this time which was a reflection of them feeling valued and safe. J O'Connor echoed the sentiments of his colleague and added that it was great to hear what had gone well. It was amazing and thanked all staff. A Styring concurred with the above comments and added that the presentation truly encompassed all the good things the Trust had achieved. D Harris added that it was an amazing position for the Trust to be in and he was proud to be part of it. In addition to the rewards and thanks already provided, consideration was being given to further reward staff for their	

Ref	Title of item	Action
	efforts. The Board of Directors **noted** the report.	
V Peach (Associate Director, Nursing and Therapies – Physical Health) joined the meeting		
20/21/49	**Safeguarding Annual Report** V Peach introduced the item which would assure the Board that the Trust had and continued to meet its safeguarding responsibilities including Prevent, Modern Slavery, Domestic Violence and Abuse, Harmful Practices, Sexual Exploitation as well as Adult Safeguarding and Safeguarding Children. In addition the report provided an overview of the safeguarding activity during 2019/20, plus a position statement on the key objectives set. The Board of Directors **noted** the report.	
	Closing Business	
20/21/50	**Any other business** **Governor Attendance** Thanks were offered to G Cairns and P Ashley-Mudie Service User/Carer Governors for attending the meeting. The Chairman invited questions from them. G Cairns raised a question in relation to the potential effect of the Provider Collaborative work on the current Diagnosis and Follow ups for Adults suspected of having Autism in Cheshire. Assurance was given that this would be a complimentary service and PROSPECT would look to increase the numbers of people receiving Mental Health support in the community or at home. G Cairns further asked if the money saved from provision of beds would be re-distributed and assurance was given that the service would no longer be dependent on the provision of beds and would therefore improve the resources to the wider community. G Cairns added his thanks to staff for 'Going the Extra Mile'. Many good things had been reported and all staff should be thanked. The Chairman thanked G Cairns for his kind words and for attending the Board. P Ashley-Mudie echoed G Cairns' sentiments and added that in Wirral, staff had been very supportive to him and others. The Chairman also thanked P Ashley-Mudie for his kind words and for attending the Board. **Flu Vaccination** D Harris advised that a response had now been received from his team in regards to the flu vaccination telephone line. It was acknowledged that the team had been aware that the line had been overwhelmed initially. In response to this, additional telephone lines have now been established to resolve this issue. It was welcoming to see that so many staff were actively seeking appointments. D Harris invited further feedback of any concerns going forward.	

Ref	Title of item	Action
	J O'Connor The Chairman stated that this would be the final Board meeting for J O'Connor in his role as Non-Executive Director. J O'Connor's term of office was due to conclude on 16October. The Chairman thanked him for his hard work, dedication and counsel, both personally and on behalf of the Board of Directors.	
20/21/51	**Matters for referral to any other groups** There were no matters to refer or escalate to other groups from the meeting.	
20/21/52	**Matters impacting on policy and/ or practice** There were no matters identified impacting on policy and/or practice.	
20/21/53	**Review risk impact of items discussed** It was acknowledged that the board assurance report and risk register reflected all risks discussed.	
20/21/54	**Three things to communicate** • Messages of thanks to staff for their efforts, commitment and flexibility during recent months.	
20/21/55	**Review of meeting performance** Board members were encouraged to review the meeting via the smart survey in order to continuously improve the meeting.	
CLOSE		
Date, time and venue of the next meeting: **Wednesday 25 November, 1:00pm via Video Conferencing**		

Cheshire and Wirral Partnership NHS Foundation Trust
Open Actions Action Schedule

		Board of Directors: Open meeting action schedule: November 2020			

Meeting date	Group/ Ref	Action	By Whom	By when	Status
30.09.2020	20.21.40	Audit Committee, Chair's Report: external auditors review of the Value for Money (VfM) Statement will significantly impact on the work to be undertaken. Grant Thornton (external auditors) will provide further details in due course and Board members will be kept informed. Paper to be provided to Board members at a future meeting.	TW	Nov 2020	Open
30.09.2020	20.21.45	Report against Strategic Objectives: the addition of indicators to be added at the end of the report to demonstrate staff efforts in continuing with referrals.	TW	Nov 2020	Open
30.09.2020	20.21.46	Safer Staffing: H McGowan to convey the respect of the Board to the Matrons for maintaining healthy fill rates	HMcG	Sept 2020	Open

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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: • 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

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STANDARDISED CHAIR'S REPORT

CHAIR'S REPORT DETAILS	
Name of meeting:	Quality Committee
Chair of meeting:	Andrea Campbell, Non-Executive Director
Date of meeting:	04/11/2020

ESCALATION

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

- Independent quality assurance review report 2016/23382, commissioned by NHS England and undertaken by Niche relating to a homicide incident, was finalised on 11 September 2020. The Trust has been requested to evidence integration and learning from the eight recommendations in this report. This will be overseen by the Director of Nursing, Therapies & Patient Partnership and matters for escalation reported to the Board of Director's via the Quality Committee Chair's Report.
- The following matters were escalated to the Quality Committee from the analysis within the Use of the Mental Health Act report: (1) Continuing reduction in the use of Community Treatment Orders. (2) Gaps in data completeness around ICD-10 primary diagnosis recording. (3) Pace of work in understanding the reasons for potential negative variation in the Trustwide detention profile in relation to BAME+ people across the Trust's footprint. Actions have been identified in relation to each matter, which Quality Committee will seek assurance around at the next meeting.

ASSURANCE

On which matters did the meeting make a decision, e.g. what did it approve?

- Recommendation of approval of the Quality Committee terms of reference by the Board of Directors at the 25 November 2020 meeting.
- Approval of the Clinical Ethics Advisory Group terms of reference and its integration into existing governance processes. The group will provide independent scrutiny of and advice on ethical aspects of care delivery and policies to ensure ethical considerations are central to the care we deliver.
- Recommendation of approval of the Quality Account 2019/20 by the Board of Directors at the 25 November 2020 meeting.
- Approval of amendments to the strategic risk register for update of the Board Assurance Framework (BAF) being presented at the Board of Directors meeting on 25 November 2020. Specifically to note: (1) Archive of strategic risk #2 – Central & Eastern Cheshire redesign project. (2) Reduction in the residual risk score for strategic risk #11 around the Trust's efficiency programme (from 12 – amber to 9 – amber) associated with lower consequence of non-achievement of control totals as a result of the revised financial regime. (3) The revised Infection Prevention & Control (IPC) BAF will be reviewed at the IPC Sub Committee on 8 November 2020.
- Approval of inclusion of a wider range of measures in the Providing High Quality Care dashboard report, to strengthen oversight of CWP's Strategy and Long Term Plan delivery.

Other matters discussed that provide assurance:

- The Quality Committee trialled the use of an assurance ratings approach to assess assurance levels of each agenda item presented. Significant assurance was received in relation to all agenda items, excepting where further improvement is required in relation to specific matters as outlined within this Chair's Report.
- Discussion of quality performance over time, in the Providing High Quality Care dashboard report, in relation to: (1) Restrictive practices. (2) Low and no harm incident reporting. Assurance was provided that specific quality improvement work had been identified and is in progress, the impact of which will be monitored at each Quality Committee meeting.
- Completion of the first tranche of actions arising from the recommendations in the CQC inspection report 2019/20. Assurance around the second tranche are due to be reported to the next meeting.

IMPROVEMENT

Developments/ achievements:

- A presentation was received on progress in using the peer supported Open DIALOG psychosocial interventions model. Feedback from people accessing and delivering services using this model has been positive. The Quality Committee will receive a further evaluation of the impact in 12 months.
- The Children, Young People & Families Care Group delivered a presentation to present: (1) A rounded picture of their care delivery, illustrating both assurance and improvements in performance against the CWP quality framework. (2) Their strategic priorities for 2020/21 to support delivery against the Long Term Plan across Starting Well, Community CAMHS and Tier 4 CAMHS.

Cheshire and Wirral Partnership NHS Foundation Trust

QUALITY COMMITTEE

Terms of Reference

1. Constitution

The Board of Directors hereby resolves to establish a committee to be known as the Quality Committee.

2. Duties

The Quality Committee is responsible for:

Improvement
a. Ensuring that that the strategic priorities for quality improvement are identified, implemented and monitored, to support the ambition of the Trust's quality improvement strategy.
b. Oversight of organisational and Care Group quality improvement activities and programmes of work.

Assurance
a. Receiving assurance on the delivery of the quality of care to the population served by the Trust against the Trust's quality framework, CWP Forward View Strategy and Long Term Plan outcome measures.
b. Oversight of the Trust's delivery of integrated governance.

The Quality Committee has delegated responsibility from the Board of Directors for oversight of the integrated governance framework, has overarching responsibility for risk, and therefore for monitoring strategic risks within the organisation.

The Quality Committee agenda will be structured to demonstrate where it is receiving assurance or oversight of improvement in relation to the 'well-led' questions.

The Quality Committee's duties can be categorised as:

Improvement
a) Identifying the strategic priorities in relation to quality improvement as per the Trust's Quality Improvement strategy and Quality Account.
b) Oversight of Care Group quality improvement plans and delivery of the same.
c) Oversight of improvement work identified in relation to quality performance and learning from internal and external experience and feedback, through receipt of service specific reports, the Quality Improvement report and Learning from Experience report.
d) Ensuring that the Trust is improving in response to learning identified in implementing the patient safety agenda throughout the Trust. This includes updates from patient safety initiatives and improvement work, and patient safety cultural work identified as an output of implementing the Trust's safety management system and the NHS Patient Safety Strategy.
e) Ensuring that the Trust is improving in response to learning identified in implementing the clinical effectiveness agenda throughout the Trust. This includes updates from clinical effectiveness initiatives and improvement work as an output of implementing the Trust's transformation, change, and effectiveness work programme.
f) Ensuring that the Trust is improving in response to learning identified in implementing the patient and carer experience agenda throughout the Trust. This includes updates from improvement work co-ordinated by the Lived Experience, Volunteering and Engagement Network.
g) Receipt of quality related themes and improvement plans in response to the annual CQC community mental health survey and NHS Staff Survey.

Assurance

h) Monitoring and reporting on the Trust's delivery of integrated governance and escalating any matters of concern as appropriate, specifically in relation to the strategic risk register ahead of receipt of the Board Assurance Framework at the Board of Directors.
i) Receiving assurance, via a 'providing high quality care' dashboard report, on organisational and Care Group quality of care, aligned to the Trust's Strategy, quality outcomes in the Long Term Plan, Trust quality framework, and Care Quality Commission (CQC) framework.
j) Seeking assurances that the Trust is protecting people's rights and complies with external regulations and standards of quality and governance, including CQC and Ofsted regulatory standards and Mental Health legislation (the Acts and Codes of Practice).
k) Receiving assurance, via Quality and Equality Impact Assessments, on the clinical and quality impact of the delivery of key Trust priorities.
l) Reviewing the draft of the Trust's Quality Account and recommending its approval to the Board of Directors.
m) Receiving reports from the Board of Directors and Operational Committee for information, context, assurance and/ or action as appropriate.
n) Approving the terms of reference and membership of its reporting sub committees and overseeing the work of those sub committees, receiving reports from them for consideration and action as necessary and routinely receiving the Chair's reports of their meetings. These meetings are:
    - Infection Prevention & Control and Health Protection Sub Committee
    - Clinical Practice & Standards Sub Committee
    - Safeguarding Sub Committee
    - Patient and Carer Experience Sub Committee

3. Membership

Membership will be appointed by the Board of Directors and will consist of the following:

i. Non Executive Director (Chair)
ii. Two additional Non Executive Directors (one of whom shall be Vice Chair)
iii. Chief Executive (Accountable Officer) as ex officio member
iv. Medical Director (Compliance, Quality & Assurance)
v. [+] Medical Director (Effectiveness and Medical Staffing)
vi. [+] Director of Nursing, Therapies & Patient Partnership
vii. [+] Director of Business & Value
viii. * Director of Operations
ix. *** Director of People & Organisational Development
x. ** Strategic Clinical Directors
xi. ***Associate Directors of Operations (place-based leads)
xii. [+] Associate Director of Effective Services
xiii. Associate Director of Patient and Carer Experience
xiv. Associate Director of Safe Services

* or their nominated representative who will be sufficiently senior and have the authority to make decisions
** or their nominated representative who will be sufficiently senior and have the authority to make decisions – quoracy requires at least one representative of each Care Group
[+] responsive attendance based on agenda

(otherwise, core members)

If core members cannot attend meetings, they must ensure that a nominated deputy attends.

The following individuals may be in attendance at meetings:
Committee Secretary

Governors
Internal audit officer
Care Quality Commission representative

Members can participate in meetings by two-way video/ audio communication (excepting email communication). Participation in this way shall be deemed to constitute presence in person at the meeting and count towards the quorum.

The Board of Directors will appoint one of the members to be Chair and another Vice Chair from the outset. The Vice Chair will automatically assume the authority of the Chair should the former be absent.

a. Quorum
A quorum shall be 50% of core membership including the Chair or Vice Chair, two Executive Directors, two Non Executive Directors (which can include the Chair) and a representative from each CWP Care Group.

b. Voting
Each member will have one vote with the Chair having a second and casting vote, if required. Should a vote be necessary, a decision will be determined by a simple majority.

c. Attendance by members
Core members identified above will be required to attend a minimum of 50% of all meetings in-year, this is in addition to the requirement to ensure that a nominated deputy attends.

d. Attendance by officers
Officers and staff of the Trust will be invited to attend the meeting as appropriate when an issue relating to their area of operation or responsibility is being discussed.

4. Accountability and reporting arrangements

The Quality Committee will be accountable to the Board of Directors.

The minutes of the Quality Committee will be formally recorded and submitted to the Board of Directors. The Chair of the Quality Committee shall draw to the attention of the Board of Directors any issues that require disclosure to it, or require executive action, via a Chair's report.

The Chair's report will also be circulated to the meeting of the Board in public, Audit Committee and Operational Committee for information.

Members of the Quality Committee will provide reports to the Audit Committee on assurances relating to the effective operation of controls and in the event of a significant risk arising, the risk will be reported as per the Trust's integrated governance framework and risk management processes.

5. Frequency

Meetings shall be held every two months, with at least 5 meetings per year, and additional meetings may be arranged from time to time, if required, to support the effective functioning of the Trust.

6. Authority

The Quality Committee is authorised by the Board of Directors to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Quality Committee.

The Quality Committee is authorised to obtain legal or other independent professional advice and to secure the attendance of other parties with relevant experience and expertise to facilitate its understanding of the issues if it considers necessary.

7. Monitoring effectiveness

The Quality Committee will undertake an annual review of its performance against its duties in order to evaluate its achievements.

8. Administration

The Quality Committee shall be supported administratively by a member of the corporate affairs/ board support team, whose duties in this respect will include:

- Agreement of the agenda with the Chair
- Collation and review of reports
- Distribution of agenda and reports to members in accordance with the Trust's corporate governance standards
- Taking the minutes of the meeting
- Preparing a record of actions

9. Review

These terms of reference will be reviewed at least annually by the Committee.

Date reviewed by Committee	4 November 2020
Date approved by Board of Directors	Pending
Review date	As per 2021/22 business cycle

The latest version of the terms of reference are held on the Trust's website at www.cwp.nhs.uk

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STANDARDISED CHAIR'S REPORT

CHAIR'S REPORT DETAILS	
Name of meeting:	Audit Committee
Chair of meeting:	Edward Jenner
Date of meeting:	10th November 2020

(ESCALATION) Quality, clinical care, other risks identified that require escalation

Items to be escalated to Board of Directors

- Risk to Audit Plan during COVID Wave 2
- BAF and Risk Register – ease of use & resolving long term, "static" risks
- Healthy Wirral and risk to CWP Strategy

Audit Committee Report to the Board – year ended 31st March 2020

- Audit Committee has satisfied its terms of reference during the financial year and seeks to provide the Board with evidence relevant to its responsibilities for the Annual Governance Statement.

Fit and Proper Persons Policy and Process Review 2020

- The Committee recommends to the Board the Fit and Proper Persons Policy and Process Review 2020.

(ASSURANCE) Matters discussed/decision:

Internal Audit Plan

- The MIAA Progress Report Included:
  - Assurances, key issues and progress against the Internal Audit Plan 2020/21
  - Conformance with the Public Sector Internal Audit Standards during the Pandemic
  - Review of the Internal Audit Risk Assessment and Plan for 2020/21
  - Risk Management & Governance
  - Cyber Essentials Follow up

- Cyber Essentials Recommendations –good progress on previous recommendations. MIAA will continue to monitor progress.

External Audit

- Planning for the 2020/21 Audit will take place in December 2020 and will aim to undertake an Interim Audit early in January 2021.

Anti-Fraud

- The Anti-Fraud Bribery and Corruption Policy was approved by the Committee.

Audit Committee Terms of Reference

- The Terms of Reference was approved by the Committee, subject to one amendment.

Tender Waiver Update Report

- The Tender Waiver Report was approved by the Committee members.

Requisition Approval Update Report

- It was agreed by the Committee members that the approval limit for the Director of Business & Value was to be increased.

Critical Application Review (Health Roster) Update

- The Health Roster review recommendations have all now been implemented.

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STANDARDISED SBAR COMMUNICATION

REPORT DETAILS	
Report subject:	Board assurance framework and strategic risk register
Agenda ref. number:	20.21.65
Report to (meeting):	Board of Directors (meeting in public)
Action required:	Discussion and Approval
Date of meeting:	25/11/2020
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 strategic risk register to inform discussion of the current risks to the delivery of the organisational strategic objectives, and as per the requirements outlined within the Trust's integrated governance framework. The report indicates progress against the mitigating actions identified against the Trust's strategic risks and the controls and assurances in place that act as mitigations against each strategic risk.

As at 18 November the Trust has the Trust has nine strategic risks – three are rated red and six are rated amber.

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

The Medical Director (Executive Lead for Quality) and the Quality Committee are the designated officer and committee respectively for risk management. The Quality Committee reviews the strategic risk register. The Board of Directors reviews the corporate assurance framework and receives assurances on risk via the Quality Committee. Complemented by Audit Committee's oversight of the system of internal control, this framework provides assurance regarding the quality and safety of the services that the Trust provides. Commencing in July 2020, Operational Committee also receives the strategic risk register to increase operational awareness of strategic risks and to respond to CQC feedback around ensuring differentiation between strategic and operational risks.

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

New risks/ risks in-scope

There is one new risk – *Risk of inability to access documents to guide clinical practice in a timely way due to the general search function on the intranet being inoperable.* Treatment of this risk is being accelerated and any update of significance regarding progress will be provided verbally.

There is one new risk in scope – *Risk of failure to deliver full scale of transformation projects within Specialist Mental Health Services, resulting in reputational risks and risks to patient and staff experience and patient outcomes*. A proposed risk treatment plan will be presented to Quality Committee in January 2021.

Current risks

All strategic risk positions have been updated as per Appendix 1.

Amended risk scores

Strategic risk 11 – *Risk of failure to achieve Trust (and system) control totals due to gaps in Trust's costed and recurrent plans, and increased burden on the Trust's efficiency programme, resulting in potential care, quality and regulatory impacts* – score has been decreased from 12 to 9 to reflect the lower consequence to non-achievement of control totals as a result of COVID-19 and the revised financial regime.

Archived risks

One risk has been archived since the last reporting period – *Risk of reducing ability to sustain safe and effective services within Central and Eastern Cheshire* (previous strategic risk 2). As a consequence of near completion of the redesign project, this risk is recommended for archive at corporate level with residual risks being managed via the SMH Care Group register, via the following active risks that are being treated:
Risk ID 990 – Reputational and financial risk to the Trust in relation to the possibility of community beds not being re-commissioned due to low usage.
Risk ID 1009 – Possible breakdown of working relationship between Cheshire East Council (CEC) and CWP.
Risk ID 1015 – Various defects and outstanding aspects of environmental estates work following the refurbishment of Mulberry and Silk wards.

Enhancements to reporting

An addition to the Board Assurance Framework is the tracking of strategic risk ratings. See the "risk over time" tab within Appendix 1. This addresses a recommendation made by the CQC following their inspection (published June 2020) that CWP "***should*** *fully track and measure the risk ratings over time to see if remedial work to mitigate risk was effective".* A small number of risks are identified as requiring remodelling in the near future to fully reflect the current position. Along with this, and as part of the ongoing Phase 3 COVID-19 response, future reports to Board will revisit current risk treatment plans, supported by what the risk score tracker is indicating.

Refresh of the Board Assurance Framework

The Trust is currently reviewing its strategic objectives as part of the 'Imagining the Future' CWP Strategy refresh. This will therefore require the Board Assurance Framework to be refreshed in terms of strategic objectives and risk appetite, as well as including emerging corporate risks as discussed as part of recent engagement via Board and CELF workshops. The 'Streamlining Governance' review will also inform this work, which incorporates feedback from the recent MIAA audit of risk management.

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

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

Who has approved this report?	David Wood Associate Director of Safe Services
Contributing authors:	Elspeth Fergusson, Business and Governance Lead

Distribution to other people/ groups/ meetings:

Version	Name/ group/ meeting	Date issued
1	Board of Directors	18/11/2020

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

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

Cheshire and Wirral Partnership NHS Foundation Trust

STANDARDISED SBAR COMMUNICATION

REPORT DETAILS	
Report subject:	Quality Account 2019/20
Agenda ref. number:	20.21.66
Report to (meeting):	Board of Directors (meeting in public)
Action required:	Discussion and Approval
Date of meeting:	25/11/2020
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:	
Quality	Yes
Finance and use of resources	Yes
Operational performance	Yes
Strategic change	Yes
Leadership and improvement capability	Yes

CWP Quality Framework:		
Patient Safety	Safe	Yes
Clinical Effectiveness	Effective	Yes
	Affordable	Yes
	Sustainable	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
N/A	
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*

This report provides our annual Quality Account for the period 2019/20.

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

The terms of reference for Quality Committee requires the committee to review the draft of the Trust's Quality Account and recommend its approval to the Board of Directors.

The report is coming later to the Board of Directors than as set out in the business cycle as all NHS trusts received a national direction to defer production and publication of their Quality Account until December 2020. This was to release capacity for organisations to respond to the COVID-19 pandemic. Further, organisations were not required to subject the report to external audit review that would usually be reported to Audit Committee.

Quality Committee reviewed this report at its meeting on 4 November 2020 and it recommends that the Board of Directors approves the report.

Assessment – *analysis and considerations of the options and risks*
Our Quality Account is an annual report to the people we serve about the quality of services we provide. It gives an opportunity for the public to see what we are doing to improve the quality of care we deliver. Our progress in delivering our quality improvement priorities for 2019/20 that were approved by the Quality Committee last year is provided, and our plans for 2020/21 as approved by Quality Committee are also set out. Assurances around our delivery of care within a robust quality framework are described and provided, as are many examples of quality improvement which have led to improvements in care throughout the year. The report has been provided to and presented at our Overview and Scrutiny Committees, and shared with local Healthwatch organisations, our Clinical Commissioning Groups, and the Governors for comment. Any comments received will be added, verbatim, to the report as Annex B (commentaries received to-date have been added). This ensures that we demonstrate public accountability, supported by production of Quality Improvement reports three times a year which are also published on our website. The approved Quality Account will be published on our website and via NHS Choices.

Recommendation – *what action/ recommendation is needed, what needs to happen and by when?*
Approval of the Quality Account 2019/20.

Who has approved this report for receipt at the above meeting?	Dr Anushta Sivananthan, Medical Director
Contributing authors:	David Wood, Associate Director of Safe Services Helen Fishwick, Interim Quality Account Co-ordinator

Distribution to other people/ groups/ meetings:		
Version	Name/ group/ meeting	Date issued
1	Quality Committee	30/10/2020
2	Board of Directors (meeting in public)	18/11/2020

Appendices provided for reference and to give supporting/ contextual information:	
Appendix No.	Appendix title
1	Quality Account 2019/20 (draft)

Cheshire and Wirral Partnership NHS Foundation Trust

STANDARDISED SBAR COMMUNICATION

REPORT DETAILS	
Report subject:	Fit and Proper Persons policy and process review 2020
Agenda ref. number:	20.21.67
Report to (meeting):	Board of Directors
Action required:	Information and noting
Date of meeting:	25/11/2020
Presented by:	David Harris, Director of People and OD

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

Which NHSI Single Oversight Framework themes this report reflects:	
Quality	Yes
Finance and use of resources	No
Operational performance	No
Strategic change	No
Leadership and improvement capability	Yes

CWP Quality Framework:		
Patient Safety	Safe	Yes
Clinical Effectiveness	Effective	Yes
	Affordable	No
	Sustainable	No
Patient Experience	Acceptable	No
	Accessible	No

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

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

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

REPORT BRIEFING

Situation – *a concise statement of the purpose of this report*

The purpose of this report is to provide assurance to the Board of DIrectors that the trust is compliant with the Fit and Proper Persons (FPPR) requirements as outlined within the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 requires that all trusts ensure that all executive and non-executive director posts (or anyone performing similar or equivalent functions) are filled by people that meet the requirements of the FPPR. These regulations were introduced in 2014 and the fundamental standards came into force in April 2015.

The regulations place a duty on trusts to ensure that their directors are compliant with the FPPR. It is the trust's duty to ensure that they have fit and proper directors in post. The CQC has the power to take enforcement action against the trust if it considers that the trust has not complied with the requirements of the FPPR.

In accordance with the trust policy, the trust is expected to undertake a number of pre-employment checks on appointment as well as a number of on-going checks on a yearly basis.

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

Below is an outline of the evidence for the reporting year 2019/20 and to present day.

Annual FPPR Checks

- Self- declaration forms have been renewed and completed and are held by the Corporate Affairs Team for the full Board for the reporting year
- Appraisals – have been completed for 2019/20 with objectives agreed for 2020/21 for Executive Colleagues. NED appraisals will be completed by 30th November 2020. Final copies of all appraisals will be held by the Corporate Affairs Team. The timetable for the completion of appraisals this year was adjusted in view of COVID-19.
- The Register of Disqualified Directors was checked for 2019-2020 and is held in a central register.
- The Insolvency/ bankruptcy Service Register (IIR) was checked for 2019/2020 and is held in a central register.
- A general google search is undertaken on each Director and the output from this is held in a central register.
- DBS Checks are carried out every three years – all are up to date
- The Board has received two new appointments since the last review. Two new Non-Executive Directors, Farhad Ahmed and Elizabeth Harrison have been appointed to the Board. Their pre-employment checks have been undertaken and they commenced in post on the 1st October 2020.

Audits

MIAA completed a follow up audit in May 2019 (further to a full audit in 2018).

The follow up audit recognised that the recommendations from the May 2019 audit had been implemented, with the exception of some outstanding documents to support a fully central paperless electronic system. It was noted that some documents remained in hard copy and there was a need to finalise some access requirements. This work has also now been completed.

It is also worth noting the CQC Well Led inspection in 2020 made no recommendations for improvement in relation to the Fit and Proper Person arrangements within CWP.

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

The Audit Committee are recommended to **note** the report.

Who has approved this report for receipt at the above meeting?	David Harris, Director of People and OD.
Contributing authors:	Suzanne Christopher, Acting Company Secretary, Jo Wing, Head of Recruitment

Version	Name/ group/ meeting	Date issued
1	Audit Committee	10.11.2020

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

Appendix No.	Appendix title

NHS
Cheshire and Wirral Partnership
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STANDARDISED HIGHLIGHT/ EXCEPTION REPORT

REPORT DETAILS	
Subject matter of report:	Cheshire and Merseyside CAMHS Tier 4 Provider Collaborative Business Case
Report provided by:	Jenny Scott
Date of report:	19/11/2020

SUBJECT MATTER
What is this report about?
Summarise why this report requires the attention of the Committee.

Summarise the purpose of the report:

- CWP submitted an outline business case in summer 2019 to become a Lead Provider for the CAMHS Tier 4 Provider Collaborative (PC) in Cheshire and Merseyside.
- The national PC programme was established by NHS England to build on the work of the New Care Models Programme. Please consult the following hyperlink to an NHSE video which provides an explanation of Provider Collaboratives: https://www.youtube.com/watch?v=V4J0FX_Ifk4
- The Outline Business Case was approved and CWP were asked to submit a Final Business Case providing further detail.
- The national Programme was paused due to the pandemic and re-started in autumn 2020.
- The attached updated Business Case submission is due to be presented to an NHSE/I Panel on Thursday 10th December 2020. This Panel is considered to be a Gateway meeting but there will KLOEs and detailed analysis of the attached updated business case.
- All Provider Collaboratives are due to be established by April 2021.
- CWP, as Lead Provider, will be required to lead in the establishment of the partnership structures and a commissioning function. There are specific risks associated with the Lead Provider role.

ESCALATION
What do you need to escalate to the Committee?

- Establishment of arrangements by April 2021 will be challenging as they require full engagement and agreement of all partners.
- The establishment of the commissioning function in the PC has been discussed at NW CEOs meeting. There are 7 PCs in the North West and there will be minimal funding available to support this function – this will mean diversion of patient services funding.
- There are some potential financial risks associated with becoming a Lead Provider. The contract baseline year is 2018/19 and detailed work has been undertaken to validate the activity and finance from this year and to consider if this is a representative year.
- The closure of the Fairhaven Unit in Warrington during 2018/19 is a financial risk.
- The clinical model for CAMHS Tier 4 is well advanced but has not as yet been fully costed. As C&M has been a net importer of patients and bed usage has previously been optimised, there will be fewer savings to be made to reinvest in alternative service provision.
- The clinical model is dependent upon CCGs developing their local CAMHS services along the patient pathway. Without these, patients will continue to be inappropriately admitted to inpatient beds.

ASSURANCE
What assurance or evidence of improvements are you providing to the Committee?

Other key matters to highlight:

Leadership and Organisational Structure – Work is progressing to confirm governance and accountabilities in the Partnership Agreement as part of the establishment of a Partnership Board.
Operational Model – Detailed plans are progressing to describe the infrastructure required to deliver Lead Provider and Commissioning roles. Discussions ongoing regarding decision making, re-investment and disputes.
Clinical Models – The model for CAMHS T4 in C&M is well developed. Further clinical modelling is required with the 2 other NW CAMHS POCs for specialised services.
Stakeholder Engagement – There will need to be a series of events over the coming months providing opportunity to share thinking on models and how the PC will conduct business.
Finance / activity analyses – Baselines will reflect 2018/19 data. Clinical models will be costed to assess financial gap and risk faced by CWP. Discussions progressing regarding 2021/22 contracting and risk / gain share.
Delineated commissioning – CWP will become commissioner for services transferring, including financial / contractual roles. Minimal Case Manager resource will transfer in April 2022; shadowing arrangements will be in place prior.
Governance and Assurance – CWP as Lead Provider will be required to evidence compliance with governance processes.

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STANDARDISED HIGHLIGHT/ EXCEPTION REPORT

REPORT DETAILS	
Subject matter of report:	North West Adult Eating Disorders Provider Collaborative Updated Business Case
Report provided by:	Jenny Scott
Date of report:	19/11/2020

SUBJECT MATTER
What is this report about?
Summarise why this report requires the attention of the Committee.

Summarise the purpose of the report:

- CWP submitted an outline business case in summer 2019 to become a Lead Provider for the Adult Eating Disorders (AED) Provider Collaborative (PC) in the North West.
- The national PC programme was established by NHS England to build on the work of the New Care Models Programme. Please consult the following hyperlink to an NHSE video which provides an explanation of Provider Collaboratives: https://www.youtube.com/watch?v=V4J0FX_Ifk4
- The outline Business Case was approved and CWP were asked to submit a Final Business Case providing further detail.
- The national Programme was paused due to the pandemic and re-started in autumn 2020.
- The attached updated Business Case submission is due to be presented to an NHSE/I Panel on Thursday 10th December 2020. This Panel is considered to be a Gateway meeting but there will KLOEs and detailed analysis of the attached updated business case.
- All Provider Collaboratives are due to be established by April 2021.
- CWP, as Lead Provider, will be required to lead in the establishment of the partnership structures and a commissioning function. There are specific risks associated with the Lead Provider role.

ESCALATION
What do you need to escalate to the Committee?

- Establishment of arrangements by April 2021 will be challenging as they require full engagement and agreement of all partners.
- The establishment of the commissioning function in the PC has been discussed at NW CEOs meeting. There are 7 PCs in the North West and there will be minimal funding available to support this function – this will mean diversion of patient services funding.
- There are some potential financial risks associated with becoming a Lead Provider. The contract baseline year is 2018/19 and detailed work has been undertaken to validate the activity and finance from this year and to consider if this is a representative year.
- The clinical model for AED will be costed once finalised. As the North West has been a net importer of patients and bed usage has previously been optimised, there will be fewer savings to be made to reinvest in alternative service provision.
- The clinical model is dependent upon CCGs developing their local community eating disorder services. Without these, patients will continue to be admitted to inpatient beds.

ASSURANCE
What assurance or evidence of improvements are you providing to the Committee?

Other key matters to highlight:

Leadership and Organisational Structure – Work is progressing to confirm governance and accountabilities in the Partnership Agreement as part of the establishment of a Partnership Board.
Operational Model – Detailed plans are progressing to describe the infrastructure required to deliver Lead Provider and Commissioning roles. Discussions ongoing regarding decision making, re-investment and disputes.
Clinical Models – The model for AEDs across the North West requires further discussion with community eating disorder providers and CCGs. Nationally, there are long waiting times for eating disorder services and inequitable access.
Stakeholder Engagement – There will need to be a series of events over the coming months providing opportunity to share thinking on models and how the PC will conduct business.
Finance / activity analyses – Baselines will reflect 2018/19 data. Clinical models will be costed to assess financial gap and risk faced by CWP. Discussions progressing regarding 2021/22 contracting and risk / gain share.
Delineated commissioning – CWP will become commissioner for services transferring, including financial / contractual role of Supplier Managers. Minimal Case Manager resource will transfer in April 2022; shadowing arrangements will be in place prior.
Governance and Assurance – CWP as Lead Provider will be required to evidence compliance with governance processes.

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STANDARDISED SBAR COMMUNICATION

REPORT DETAILS	
Report subject:	Board Assurance for Flu Campaign 2020/21
Agenda ref. number:	20.21.69
Report to (meeting):	Board of Directors
Action required:	Information and noting
Date of meeting:	25/11/2020
Presented by:	David Harris, Director of People and OD

Which strategic objectives this report provides information about:	
Deliver high quality, integrated and innovative services that improve outcomes	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	No		Sustainable	Yes
Leadership and improvement capability	Yes	Patient Experience	Acceptable	Yes
			Accessible	Yes
		http://www.cwp.nhs.uk/media/4142/quality-improvement-strategy-2018.pdf		

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

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

REPORT BRIEFING

Situation – *a concise statement of the purpose of this report*

The purpose of this report is to provide public assurance via the Trust Board of the best practice management in support of the 2020/2021 flu vaccination programme. This report serves to assure the Trust Board, public, Department of Health & Social Care (DHSE) & Public Health England (PHE) that 100% of frontline staff will be offered the vaccine and how as an organisation we will achieve the highest possible level of vaccine coverage this year.

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

The 2019/2020 flu vaccination campaign achieved a 71% uptake in healthcare workers. In light of the risk of flu and COVID-19 co-circulating this winter, this year's flu immunisation programme is absolutely essential to protecting vulnerable people and supporting the wellbeing of colleagues and the resilience of the health and care system. Our focus will be on achieving maximum uptake of the flu vaccine for all CWP staff.

The Department of Health & Social Care and Public Health England via their letter dated 5 August 2020 have asked that each Board provide public assurance by December 2020, that their Flu Campaign for

2020/21 follows best practice Management (See Appendix A).

Assessment

The campaign commenced on 1st October 2020. The Flu Planning Group along with the newly appointment Project Manager for the Flu Campaign oversee Project delivery. The vaccination rate recorded on the database, as of Friday, 16th October 2020 stood at 880 staff vaccinated.

Appendix A sets out the best practice Board assurance checklist for 2020/21 Flu Campaign. It should be noted that all areas are rated "green". This indicates that "best practice" arrangements are in place. Of more importance is that Board colleagues and everyone within the Trust support and make full use of this provision to ensure maximum vaccination rates.

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

The Board is asked to note the checklist best practice management for healthcare worker Flu vaccination programme for 2020/21.

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

Distribution to other people/ groups/ meetings:

Version	Name/ group/ meeting	Date issued
1	Private Board of Directors	28.10.2020

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

Appendix No.	Appendix title
A	Best Practice Management Checklist

BOARD ASSURANCE FOR FLU CAMPAIGN 2020/21

Department of Health & Social Care & Public Health England - Self-assessment Tool			
A	**Committed leadership**	**Evidence**	**Self-assessment**
A1	Board record commitment to achieving the ambition of vaccinating all frontline healthcare workers	Board support formally received July 2020.	
A2	Trust has ordered and provided a quadrivalent (QIV) flu vaccine for healthcare workers	QIV ordered for all Healthcare workers under 64 and ATIV for 65 plus years.	
A3	Board receive an evaluation of the flu programme 2019/20, including data, successes, challenges and lessons learnt	The evaluation of flu programme 2019-2020 was presented to Board in July 2020  Flu Campaign Report Final Version 16 July	
A4	Agree on a board champion for flu campaign	Director of People & OD Executive Lead and Director of Nursing, Therapies is Clinical Executive Lead	
A5	All board members receive flu vaccination and publicise this	Will be scheduled in diaries to ensure that this can be photographed (with the Board members consent). Offer will also be given to NED's and photographs taken (with consent) and promoted. However, feedback from staff is that this is not a particularly persuasive means of communication. Consequently, we have used a Facebook Live event to focus on flu and show the Director of Nursing being vaccinated and our communications will make use of staff stories.	
A6	Flu team formed with representatives from all	Flu Planning Group well established with Chief Pharmacist (Clinical	

	directorates, staff groups and trade union representatives	Chair) Head of Workforce Wellbeing (Operational Lead for Flu and Deputy Chair). Representation from all Care Groups and Clinical Support Services as appropriate.	
A7	Flu team to meet regularly from September 2020	Regular Flu Planning Group meetings already scheduled from end of August 2020 to March 2021. In addition the core flu programme team regularly meet with the Director of Nursing and Director of People and OD.	
B	**Communications plan**	**Evidence**	**Trust self-assessment**
B1	Rationale for the flu vaccination programme and facts to be published – sponsored by senior clinical leaders and trades unions	Communication Strategy based on National PHE Campaign has been produced and is being implemented.	
B2	Drop in clinics and mobile vaccination schedule to be published electronically, on social media and on paper	Rather than drop in clinics (which are problematic due to the need to socially distance) the Trust is using a flexible combination of an appointment systems for planned Clinics as well as peer vaccinators who are utilised for opportune vaccinations and are allocated a cohort of staff they are responsible for vaccinating. All opportunities for vaccination are being published, electronically, on social media and on paper as per the CWP Flu Campaign Communications Strategy.	
B3	Board and senior managers having their vaccinations to be publicised	Photographs captured and promoted through Trust media with consent.	
B4	Flu vaccination programme and access to vaccination on induction programmes	Face to Face Induction is postponed currently but the Importance of Flu Vaccinations is highlighted on the Induction Video.	
B5	Programme to be publicised on screensavers, posters	Support provided from communication team and a clear Communications	

	and social media	Strategy detailing delivery of messages across all available means	
B6	Weekly feedback on percentage uptake for directorates, teams and professional groups	Weekly figures submitted to the key stakeholders and headline figures promoted widely. This is done via People Information and Workforce Wellbeing Hotspot reports and also forms part of the Communications Strategy.	
C	**Flexible accessibility**	**Evidence**	**Trust self-assessment**
C1	Peer vaccinators, ideally at least one in each clinical area to be identified, trained, released to vaccinate and empowered	Peer vaccinators identified and training made available. This year has actually seen an “ask” from people to be peer vaccinators.	
C2	Schedule for easy access drop in clinics agreed	See above. Easy access to clinics by appointment to minimise risks to social distancing combined with peer vaccinators with an allocated cohort.	
C3	Schedule for 24 hour mobile vaccinations to be agreed	Effective utilisation of peer to peer vaccinators to cover 24 hour 7 day operation including early mornings, nights and weekends and “dial a jab” vaccinators.	
D	**Incentives**	**Evidence**	**Trust self-assessment**
D1	Board to agree on incentives and how to publicise this	Agreement from Board for a small amount of funding. Flu Planning Group have agreed a set of incentives.	
D2	Success to be celebrated weekly	This forms part of the Communications Strategy	

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STANDARDISED SBAR COMMUNICATION

REPORT DETAILS	
Report subject:	Report against Strategic Objectives – November 2020
Agenda ref. number:	20.21.70
Report to (meeting):	Board of Directors (meeting in public)
Action required:	Discussion and Approval
Date of meeting:	25/11/2020
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 Framework:		
Quality	Yes	Patient Safety	Safe	Yes
Finance and use of resources	Yes	Clinical Effectiveness	Effective	Yes
Operational performance	Yes		Affordable	Yes
Strategic change	Yes		Sustainable	Yes
Leadership and improvement capability	Yes	Patient Experience	Acceptable	Yes
			Accessible	Yes
		http://www.cwp.nhs.uk/media/4142/quality-improvement-strategy-2018.pdf		

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

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

REPORT BRIEFING

Situation – *a concise statement of the purpose of this report*

In mid-2019 the Board of Directors requested the development of a new product through which the Trust could report against its strategic objectives. This was based on metrics identified by the Board in December 2018. The new report was launched in September 2019 and the November 2020 edition presented today is the eighth iteration.

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

Feedback since the early versions of this Report has centred on the following: continuing to add more commentary/ annotations so that the annotated time series form part of our corporate memory; named owners for each metric to take responsibility for content and sign off; the addition of targets/ benchmarks where appropriate and to provide further context; and the inclusion of further metrics to continually improve the Report's relevance. With the latter point in mind, activity metrics were added for the first time in May to show the impact of the pandemic. These were moved into a separate Appendix in September and have been augmented in November to give more time series analysis. Cross references to the Trust's strategic risks were removed from the September edition of the Report.

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

Coverage and completeness

One third of the metrics have not been updated since the September report, because the activity or the data collection has been suspended.

Current performance

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

- The Trust continues to perform well against NHSi targets with only one breach (the quality metric);
- There have been no acute admissions of CWP patients to hospitals outside the Trust since March, and no admissions to hospital of patients on the Dynamic Support Database in the last three months;
- Trustwide supervision compliance rates took three months to stabilise to the levels seen before the outbreak of the pandemic, while the appraisal and mandatory learning compliance rates show minimal impact from the pandemic;
- Staff turnover and vacancy rates have been at lower levels in the months following the outbreak of the pandemic.

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

- a short term spike in appointments cancelled by the Trust in March, but an apparent shift since then to a lower rate of appointments cancelled by the Trust,
- a shift in patient behaviour towards patients not giving notice when not attending planned appointments
- the immediate growth in telephone contact in Spring and gradual shift back towards face to face contact vin subsequent months, with differing patterns by Care Group.

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

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

Who has approved this report for receipt at the above meeting?	Board business cycle requirement
Contributing authors:	For the SBAR: James Partington, Tim Welch For the Report: all metric owners who are listed in the Report

Distribution to other people/ groups/ meetings:

Version	Name/ group/ meeting	Date issued
1	Board of Directors	16/11/2020

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

Appendix No.	Appendix title
1	Report against CWP Strategic Objectives November 2020 final (powerpoint file)
2	Report against CWP Strategic Objectives November 2020 Appendix (powerpoint file)

Report Against Strategic Objectives

NHS
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NHS Foundation Trust

November 2020

Quality Surveillance Analysis Team

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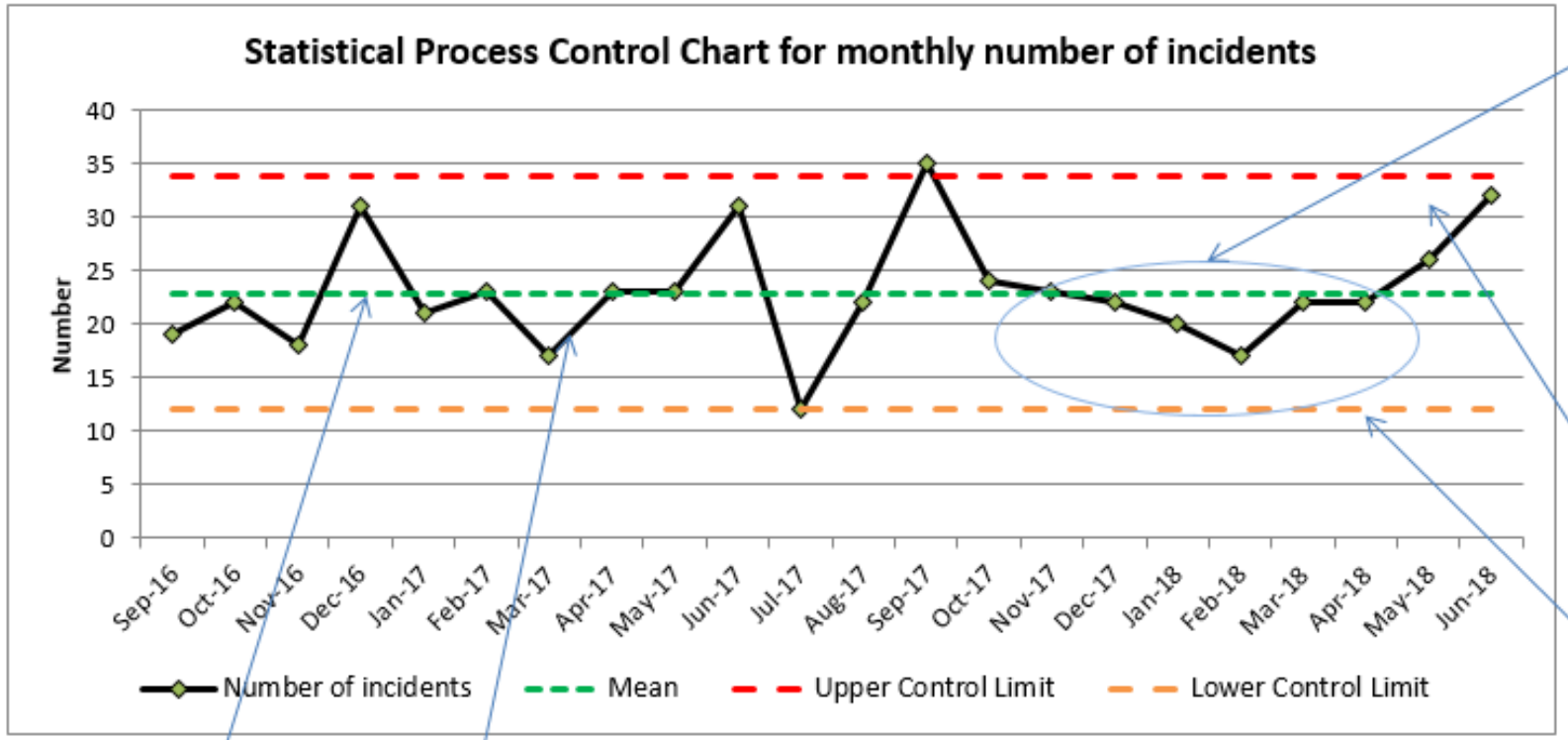
Interpreting Statistical Process Control charts



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

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

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

Mean - the arithmetic mean of the source data.

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

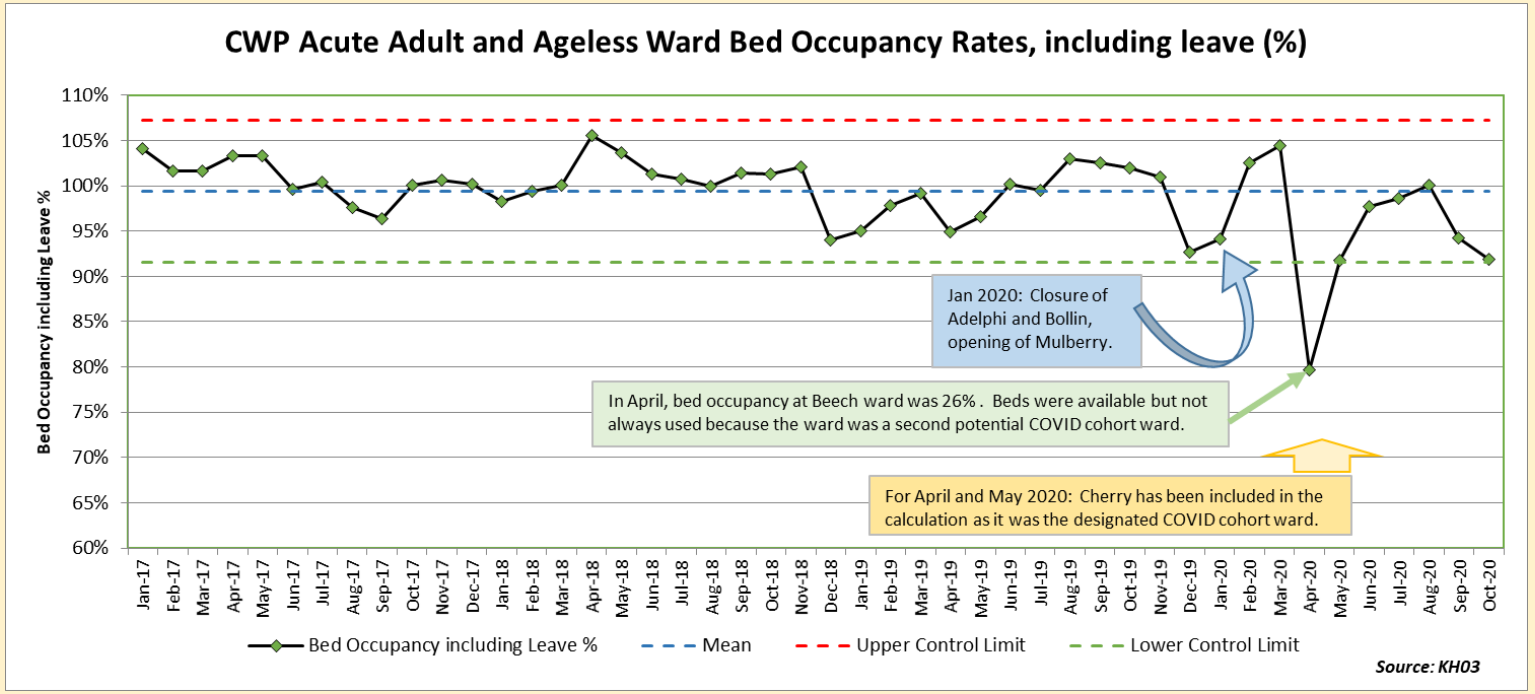
What does the SPC tell us?

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

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

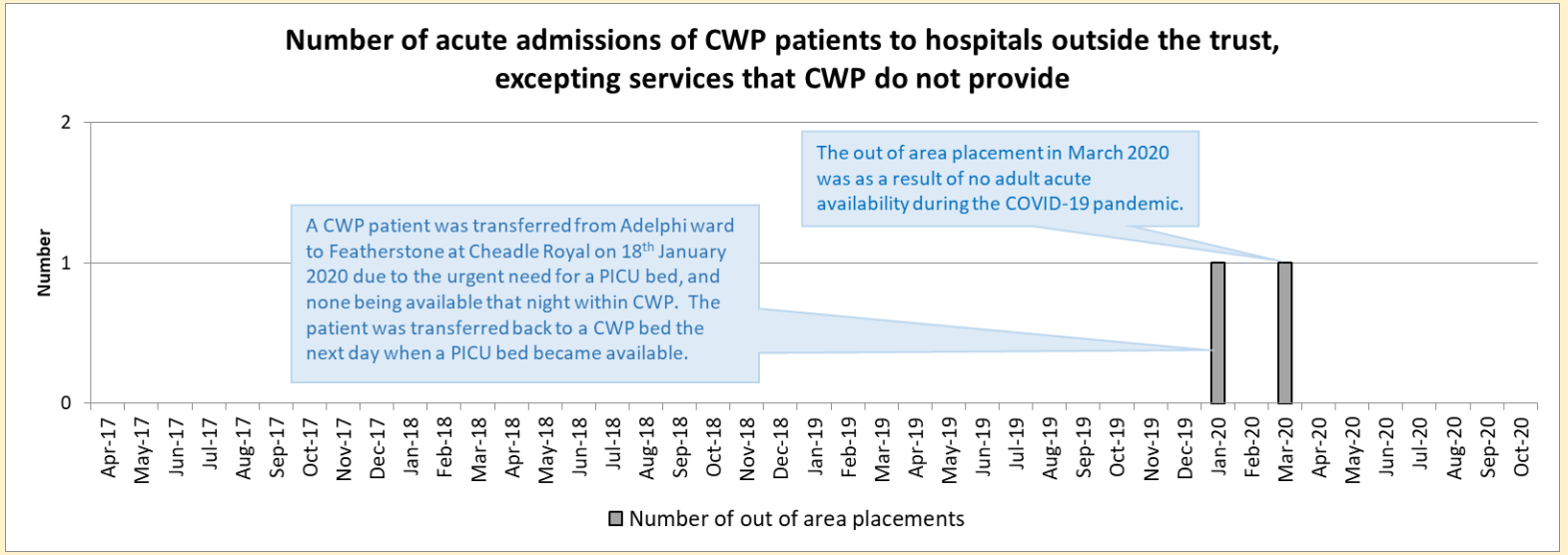
One of the properties of what is known as "the normal distribution" is that 95% of the data are within 2 standard deviations either side of the mean. The remaining 5% of the data are further away from the mean than that, in either direction. 95% is equivalent to one in 20. So we would expect, when looking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

Deliver high quality, integrated and innovative services that improve outcomes

Metric	Data	Further Explanation
Bed Occupancy - Adult Acute and Ageless wards		Metric owner: Suzanne Edwards / Anushta Sivananthan Monitored at: SMH Care Group Data sources: KH03 file provided by the Information Team.

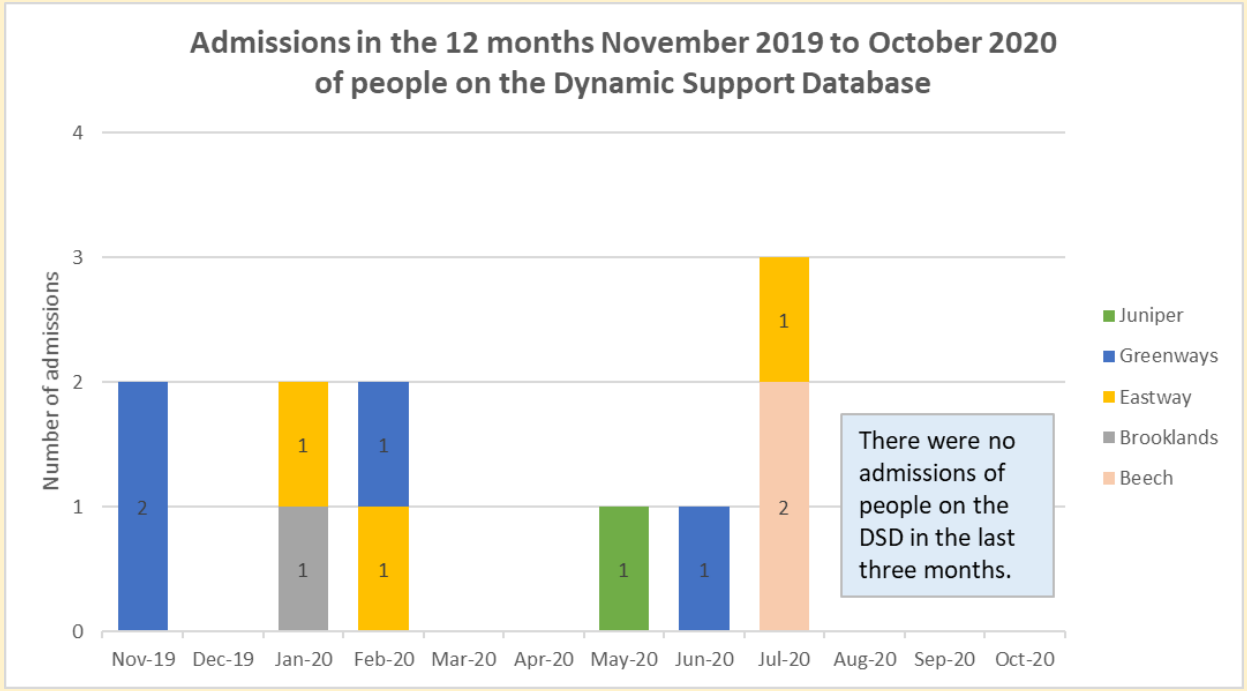
Comment: The usual definition includes adult and ageless wards. Cherry ward, normally an older person's ward, was used as the COVID-19 cohorting ward during April and May and has been added to the calculation for those months. During that time, Beech ward was the second designated COVID cohort ward if needed, with beds available but for most of the time not used; this drives the downward spike in bed occupancy in April 2020.

Deliver high quality, integrated and innovative services that improve outcomes

Metric	Data	Further Explanation
Out of Area Acute Admissions		Metric owner: Suzanne Edwards Monitored at: Operational Committee Data source: CWP Bed Hub

Note:
There have been no out of area placements since March 2020.

Deliver high quality, integrated and innovative services that improve outcomes

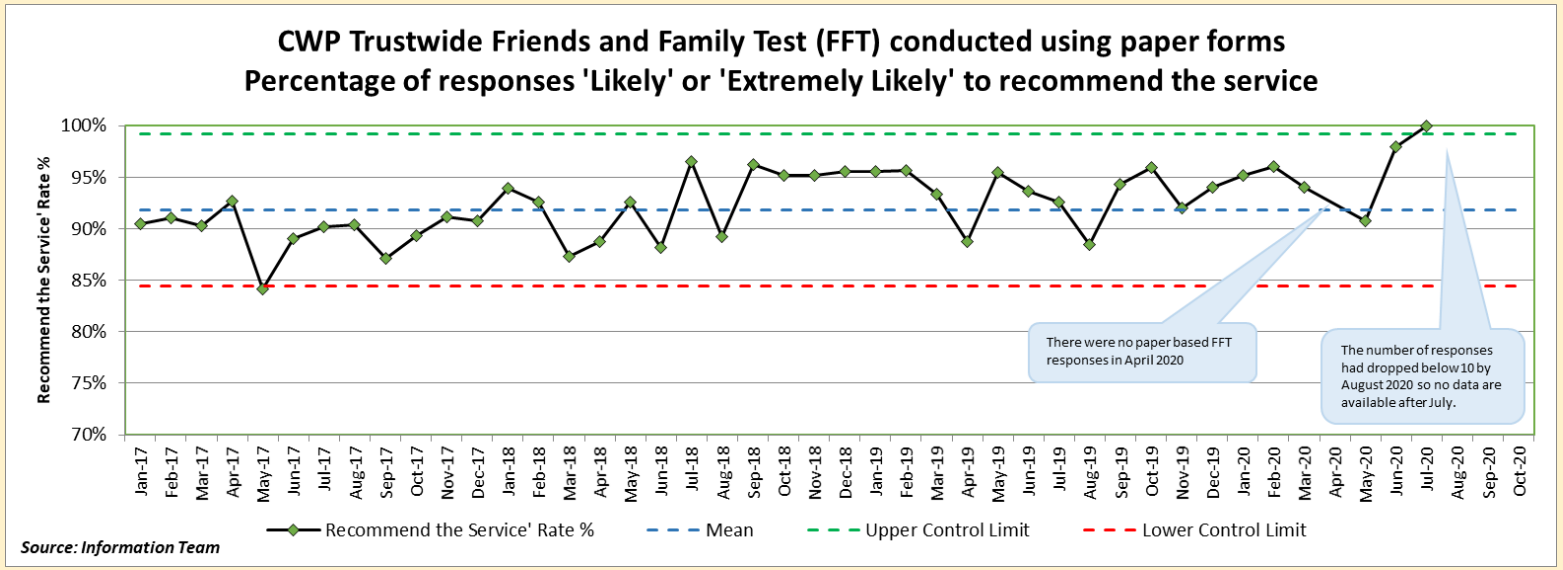
Metric	Data	Further Explanation
Admission to hospital for those on the Dynamic Support Database		Metric owner: Maddy Lowry Monitored at: LD, NDD & ABI Care Group Data source: 'LD Risk Register Report for QS' Report Manager report

Comment: Of the five people who have been admitted in the current financial year, four have been 'red' rated and one has been 'amber' rated.

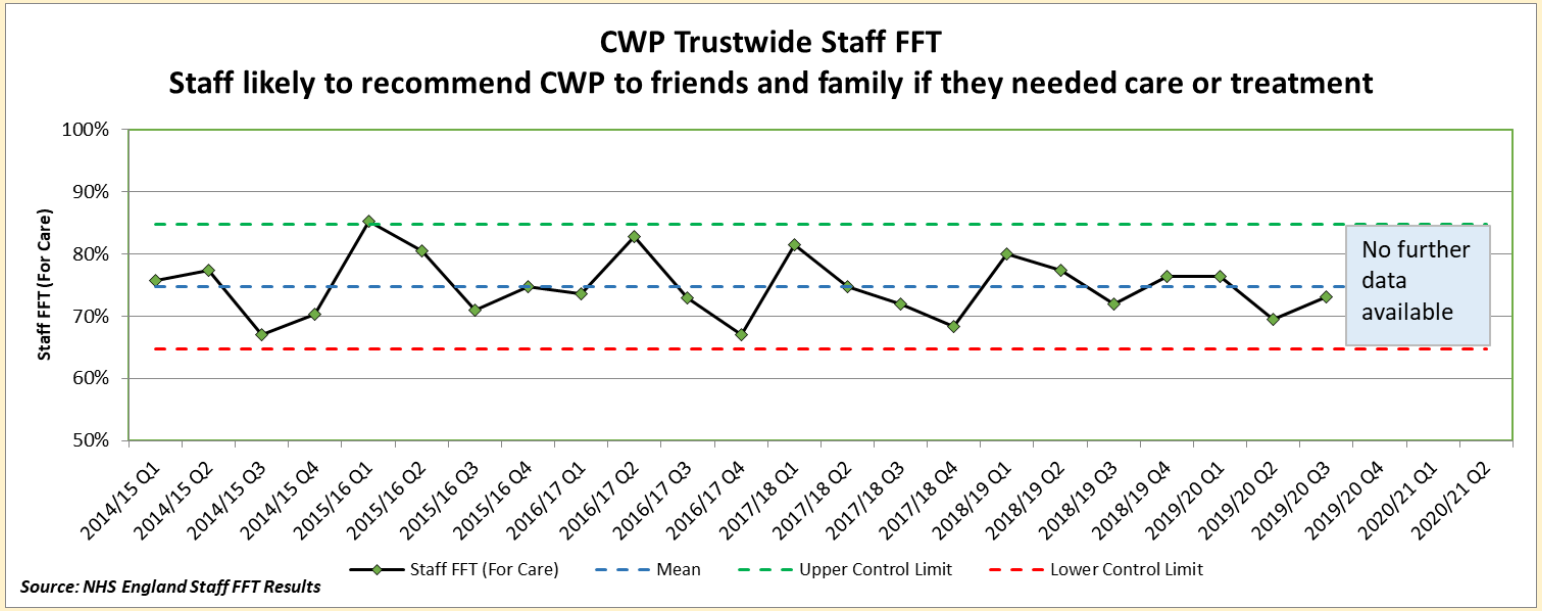
Work to develop further measures for this strategic objective is as follows:

Deliver high quality, integrated and innovative services that improve outcomes		
Metric	**Data**	**Further Explanation**
CWP performance against NHSi targets **(Exceptions only)**	The Trust reports a number of operational metrics to NHSi. These cover: Early Intervention in Psychosis (one metric), Improving Access to Psychological Therapies (3 metrics), Out of Area admissions (monitored on slide 5 of this pack), and a data quality measure which is provided with a three month lag, so the most recent two data points are for June and July 2020. Only one metric was below target performance as set out in the NHS Oversight Framework for September and October 2020: • The data quality measure, where the data for June 2020 are 88.7% and for July 2020 89.1% against a target of 95%.	Metric owner: Tim Welch Monitored by: Ops Committee by exception from Care Groups Data source: CWP Business and Value

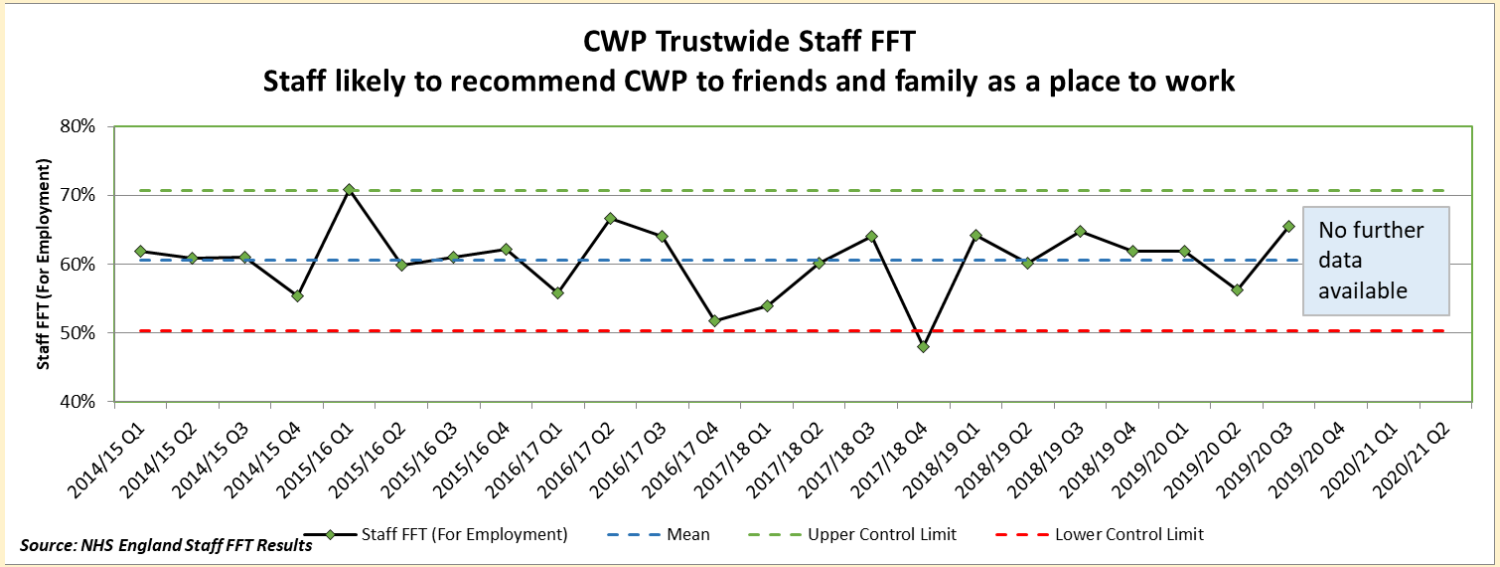
Ensure meaningful involvement of service users, carers, staff and the wider community

Metric	Data	Further Explanation
Friends and Family Test – responses from users of our services	 Comment: Following the onset of Covid-19, there was a national pause on the reporting of FFT. Since then, only a handful of CWP services have continued to use paper FFT forms and the number of responses had diminished to a negligible number by August 2020. Looking ahead, the Trust is working to resume FFT collection from 1 December 2020 with a view to publishing again in February 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. Because safety of patients is paramount, we are working with Infection Prevention and Control colleagues to ensure that any collection process avoids risk of spreading infection, so initially we may only be using text messaging.	Metric owner: Gary Flockhart Monitored through: Quality Committee and PACE Data source: 'FFTalldatatodate' file from the Information Team

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

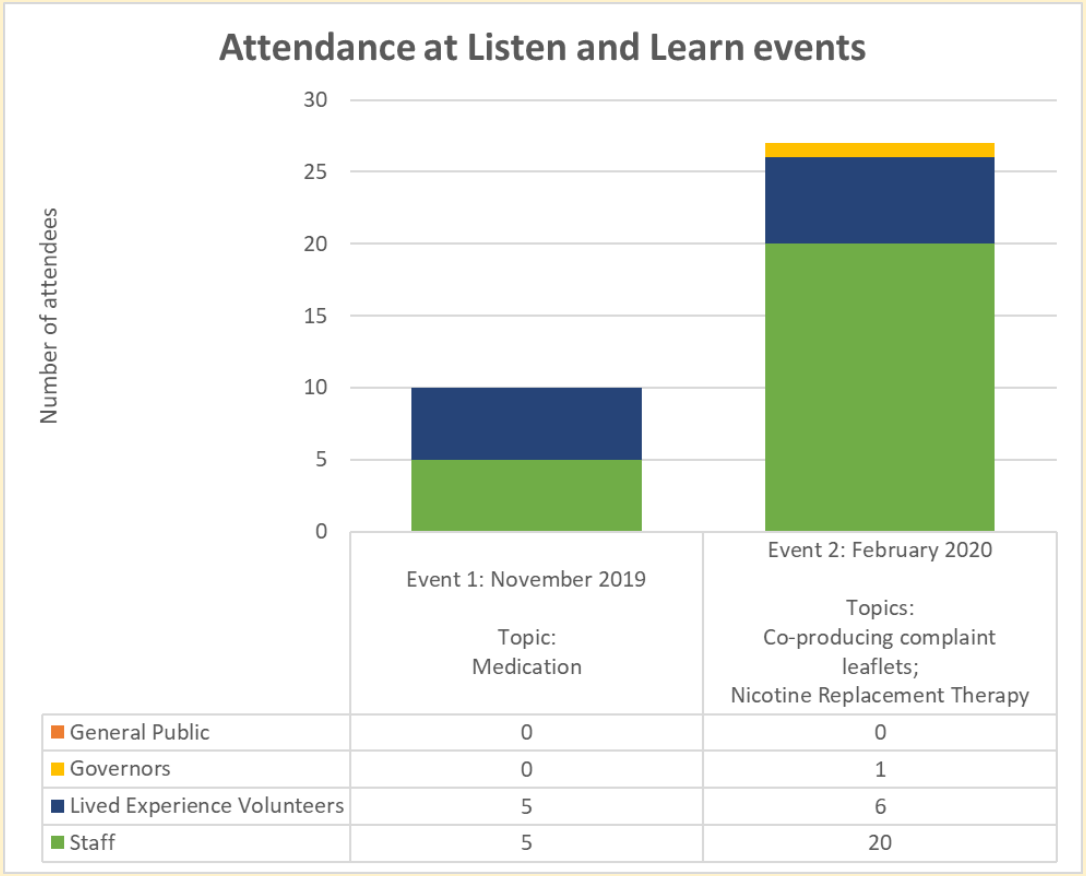
Metric	Data	Further Explanation
Friends and Family Test responses from our staff – about CWP as a care provider	 Comment: Due to the national agreement to suspend certain data collection activities as a result of the COVID-19 pandemic, there has been no further data to add to this chart since the edition reported in March 2020. However, ahead of 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 anything else that would further assist them.	Metric owner: David Harris, delegated to Simon Platt Monitored at: POD Sub Committee Data source: People Information

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

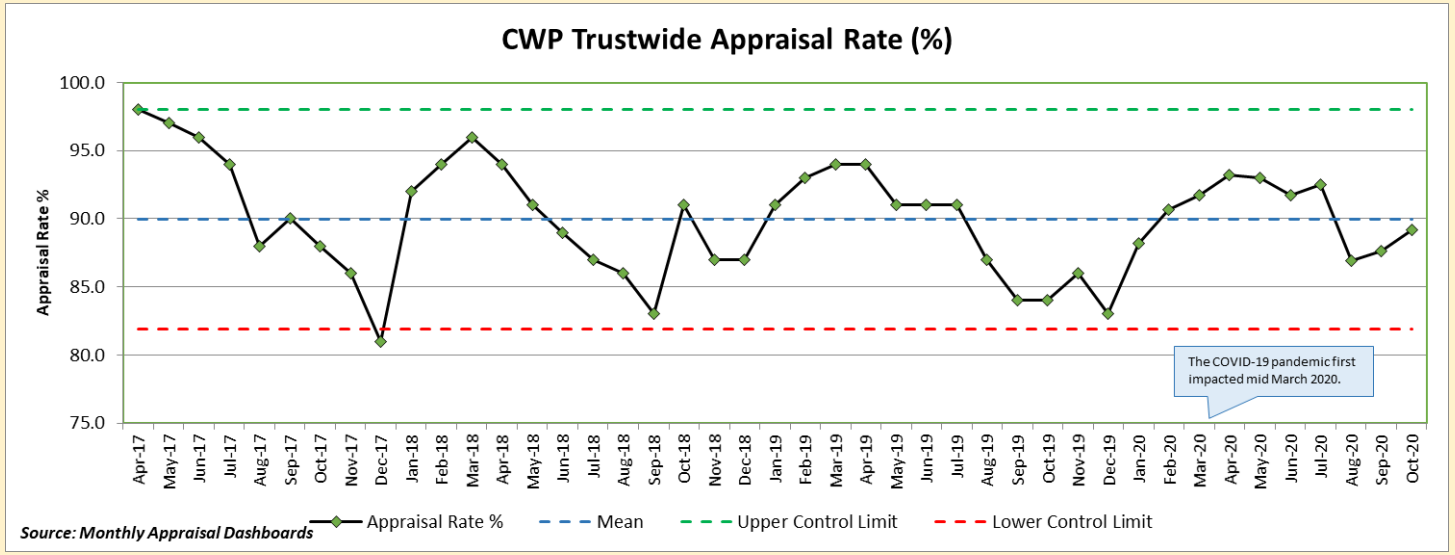
Metric	Data	Further Explanation
Friends and Family Test responses from our staff – about CWP as a place to work		Metric owner: David Harris, delegated to Simon Platt Monitored at: POD Sub Committee Data source: People Information

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, ahead of 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 anything else that would further assist them.

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

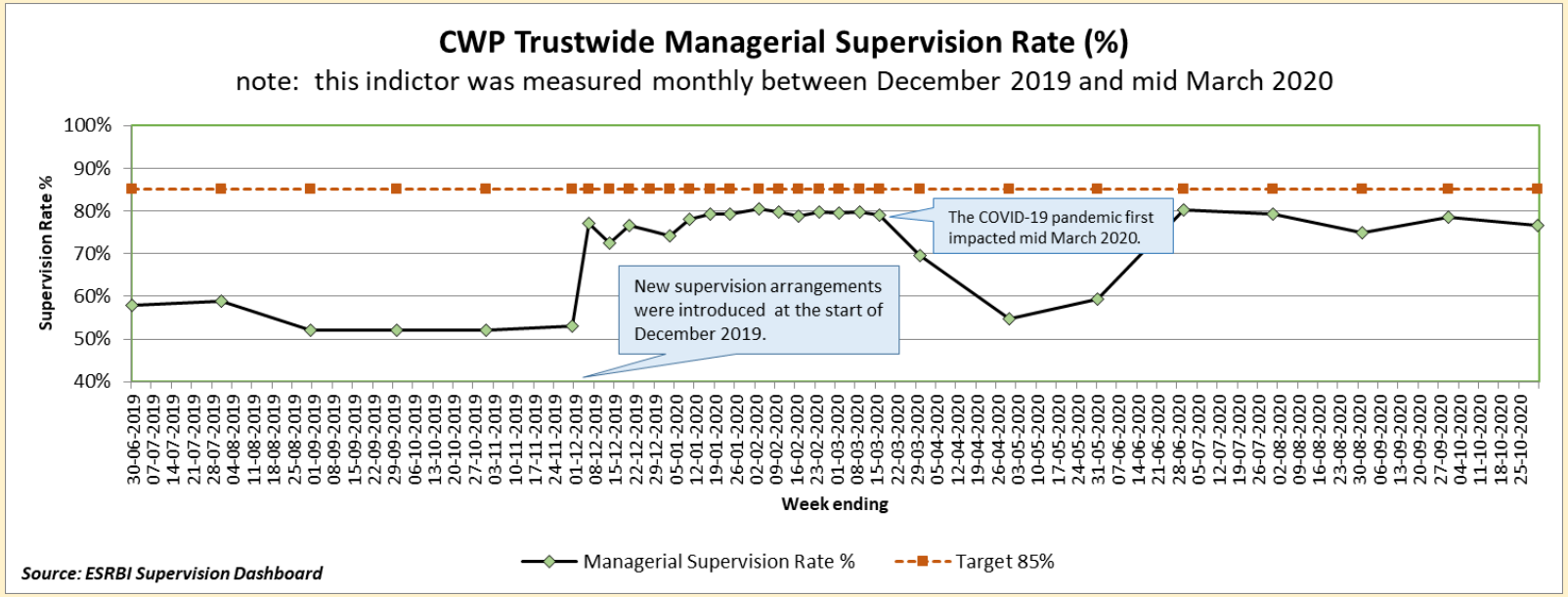
Metric	Data		
Effectiveness of working with the wider community		Comment: No additional listen and learn events have been held since February 2020.	Metric owner: Cathy Walsh Monitored at: PACE Sub Committee Data Source: PALS team

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

Metric	Data	Further Explanation
Appraisal		Metric owner: David Harris Monitored at: POD Sub Committee and Ops Committee Data source: People Information

Comment: To date, peaks in compliance have tended to be at March/ April whereas dips in compliance occurred during Aug. Work to understand this has taken place and is attributed to peak leave period. The impact of the COVID-19 pandemic on appraisal rates has been marginal in the data reported so far and a 90 day extension has been applied since April 2020. In contrast to last year at the same period, compliance in October has increased. The Trust continues to promote the importance of 2020/21 appraisals, recognising them as another form of support and development for staff as we navigate the Pandemic.

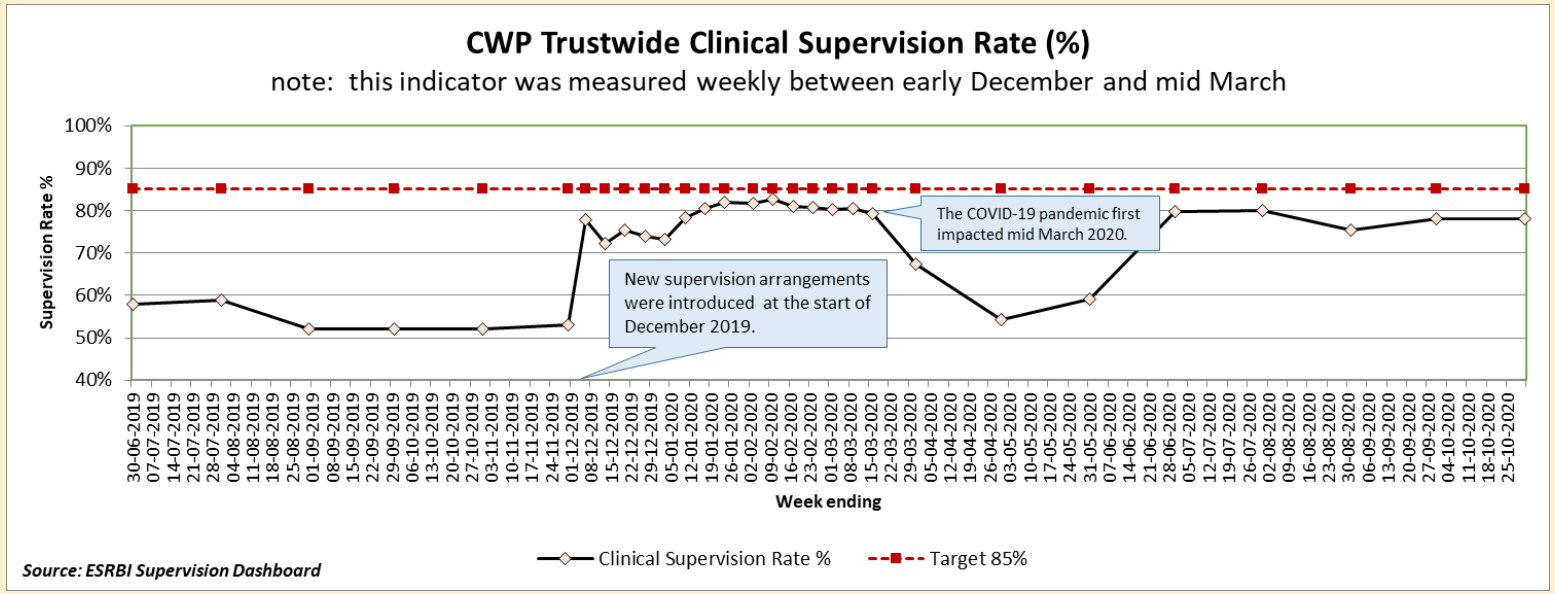
Be a model employer and have a caring, competent and motivated workforce

Metric	Data	Further Explanation
Managerial Supervision		Metric owner: David Harris, delegated to Simon Platt Monitored at: POD Sub Committee and Ops Committee Data source: People Information

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

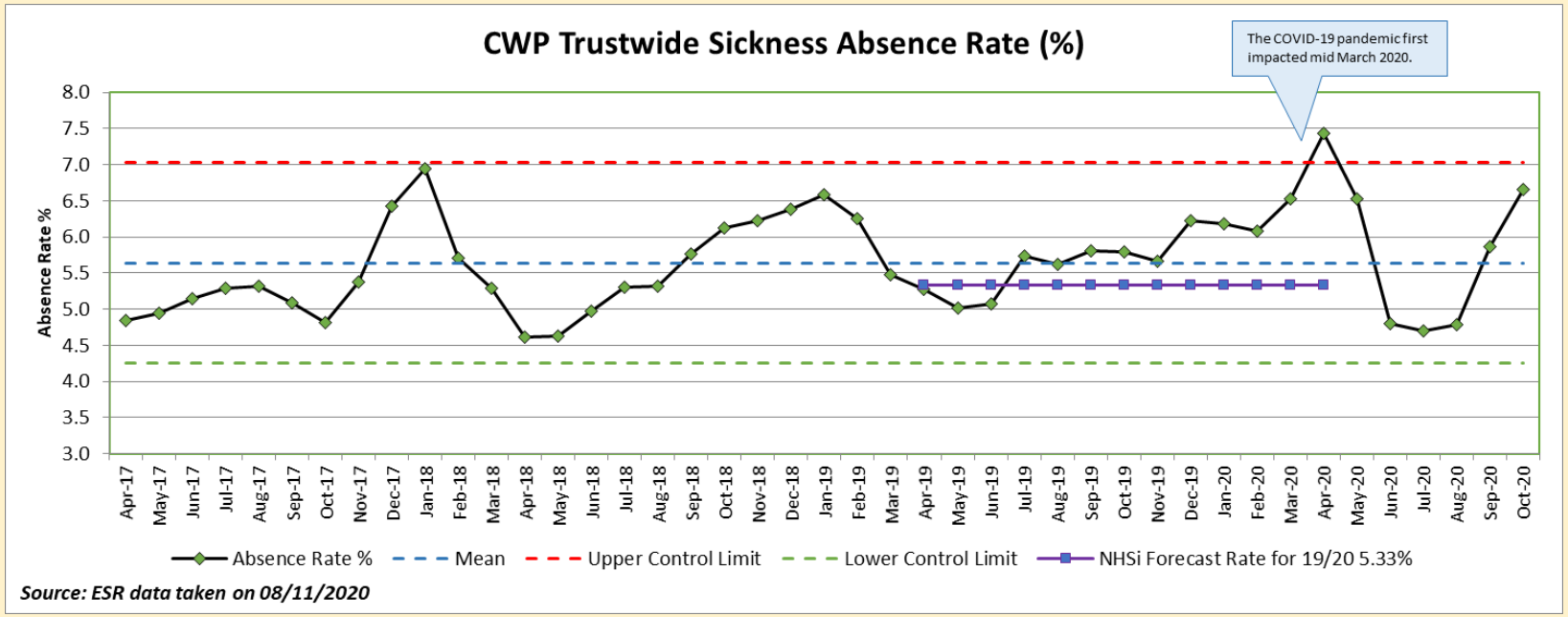
The COVID-19 pandemic had a marked impact on the recording of Managerial Supervision. However, since then, figures have shown a strong recovery back up as high as 80% for both Managerial and Clinical Supervision. The slight dip in compliance for October, could be attributed to an increased sickness absence rate over the last two months. A Supervision Improvement Plan was approved during September's Quality Committee. Most of the actions of that improvement plan have now been implemented and it is anticipated that absorption into the workforce will begin to show a benefit in compliance over the coming months.

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

Metric	Data	Further Explanation
Clinical Supervision		Metric owner: Gary Flockhart, delegated to Victoria Peach Monitored at: Care Group and Ops Committee Data source: People Information

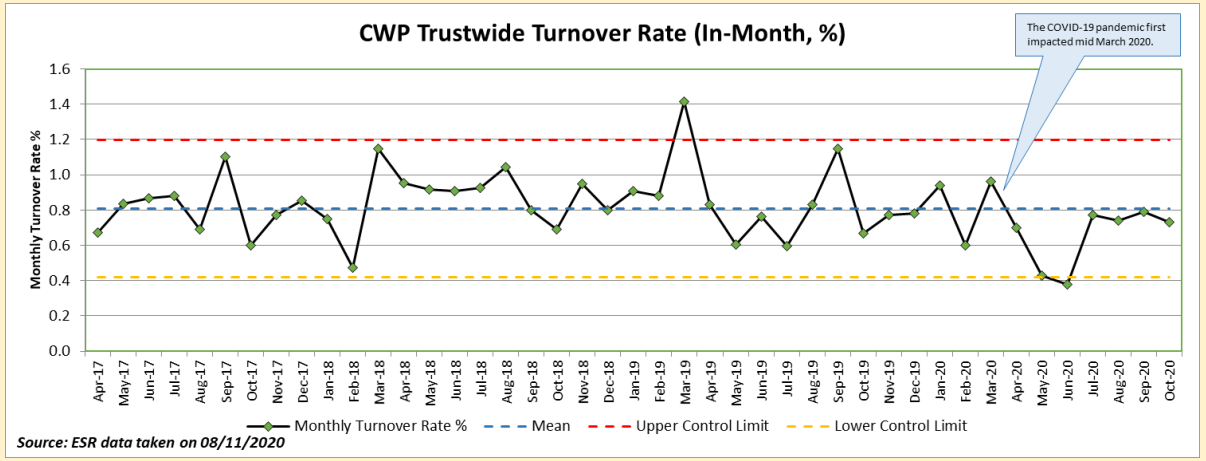
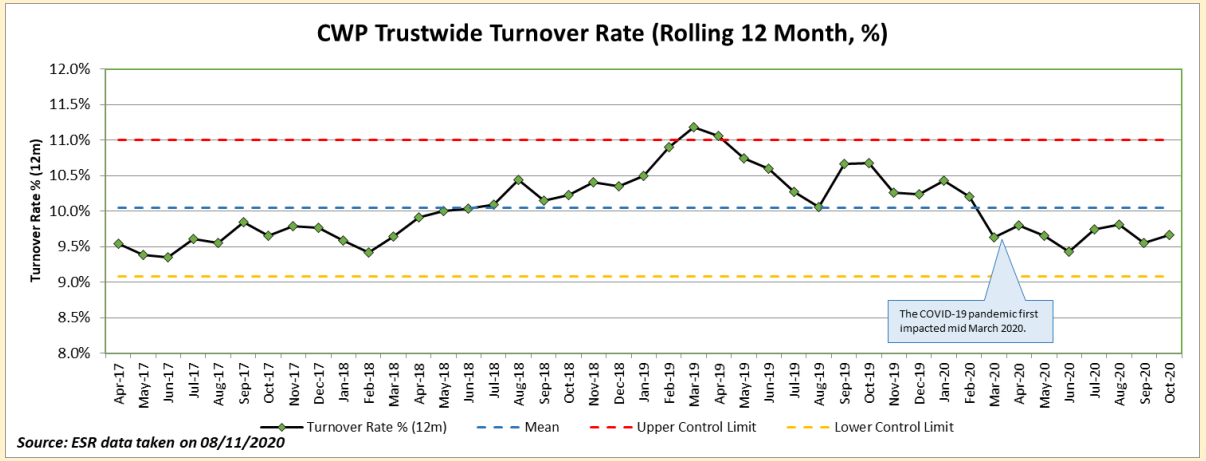
Comment: In December 2019 separate managerial and clinical supervision competencies were introduced. For months up to and including November 2019, the time series reflects compliance with the previous 'all supervision' competence.
The COVID-19 pandemic had a marked impact on the recording of clinical supervision over the period March to May 2020.
The clinical supervision compliance measure does not include medical supervision compliance.

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

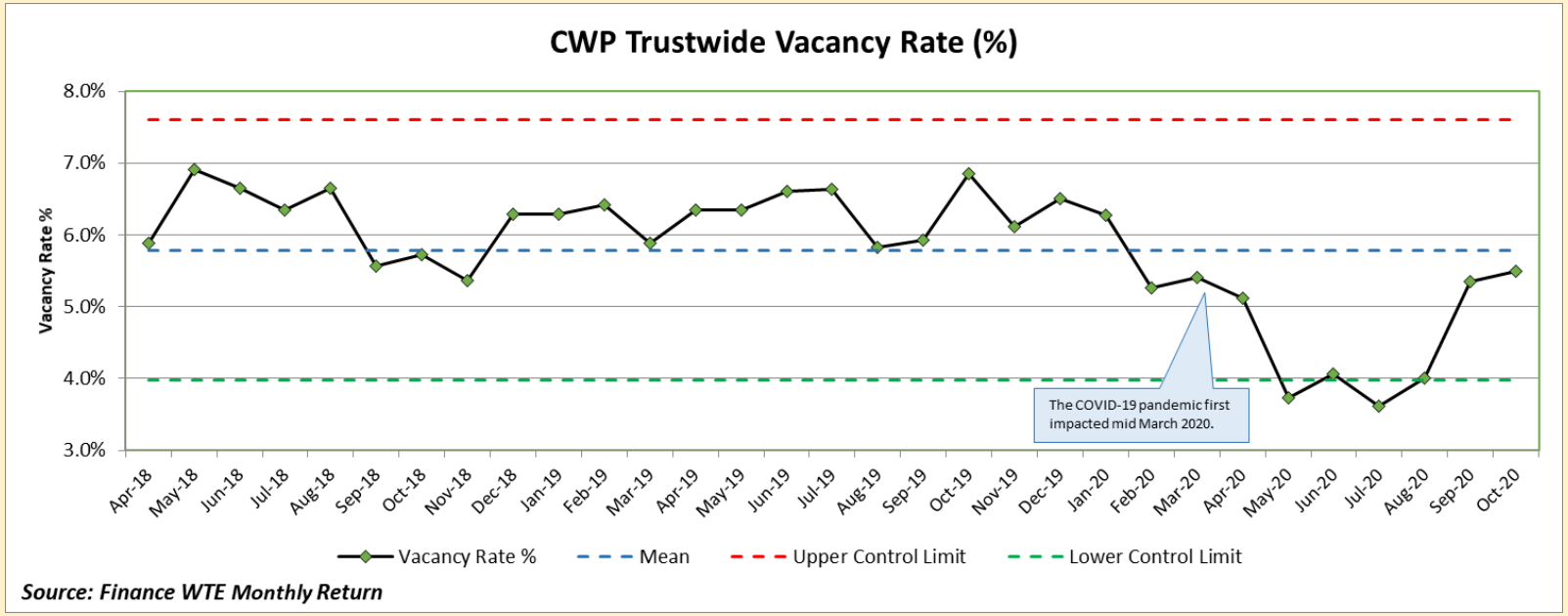
Metric	Data	Further Explanation
Sickness Absence		Metric owners: David Harris Monitored at: POD Sub Committee Data source: People Information

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

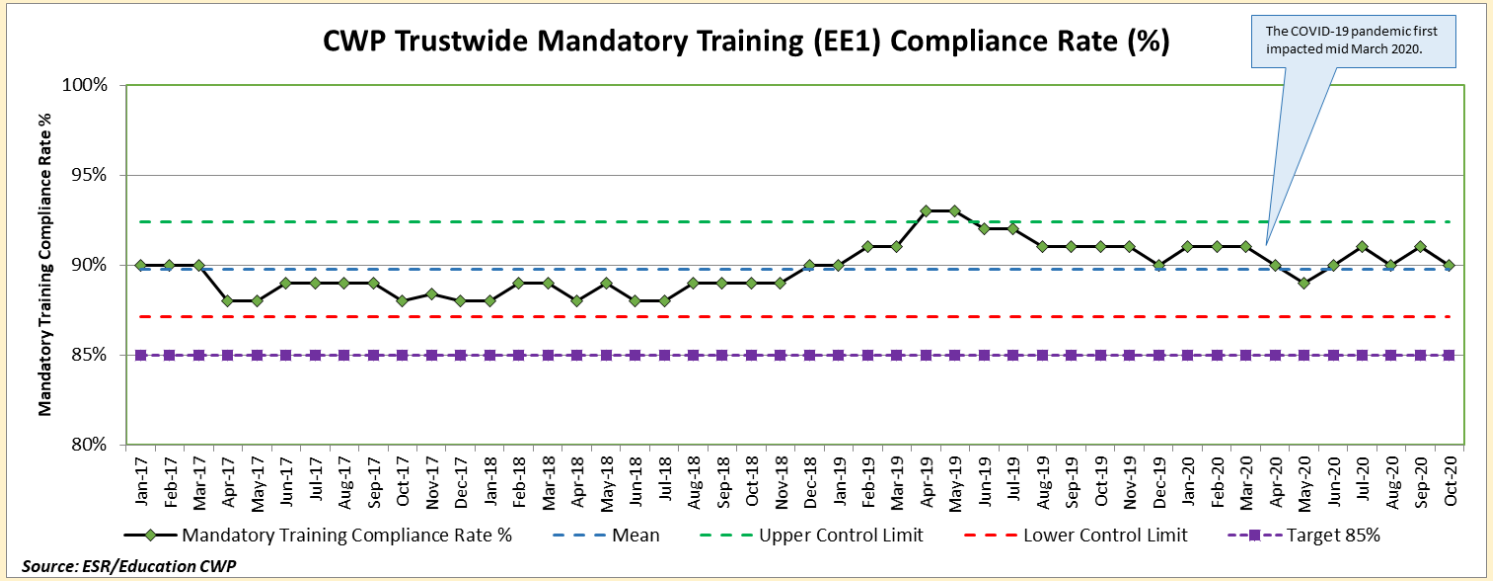
Be a model employer and have a caring, competent and motivated workforce

Metric	Data	Further Explanation
Staff Turnover	 *Source: ESR data taken on 08/11/2020*  *Source: ESR data taken on 08/11/2020*	Comment: The monthly turnover rate was close to the lower control limit in June 2020, indicating lower turnover (people leaving the Trust) than would be expected given the natural variation in the data. This may be explained by economic uncertainties following the COVID-19 pandemic. The monthly turnover rate has been more typical in the most recent four months.	Metric owner: David Harris Monitored at: POD Sub Committee Data source: People Information

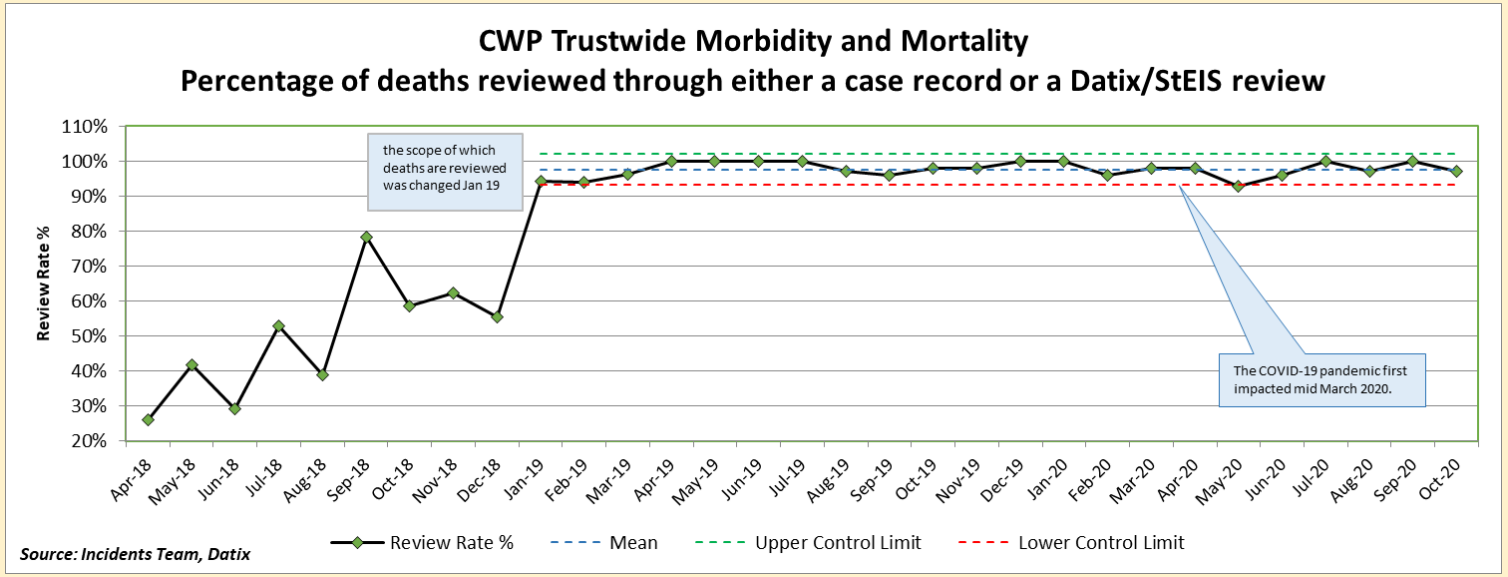
Be a model employer and have a caring, competent and motivated workforce

Metric	Data	Further Explanation
Vacancy Rate	 *Source: Finance WTE Monthly Return* Comment: The vacancy rate was on or below the lower control limit between May and August 2020. A lower vacancy rate is consistent with low staff turnover which has been seen elsewhere in this Report.	Metric owner: David Harris Monitored at: POD Sub Committee Data source: People Information

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

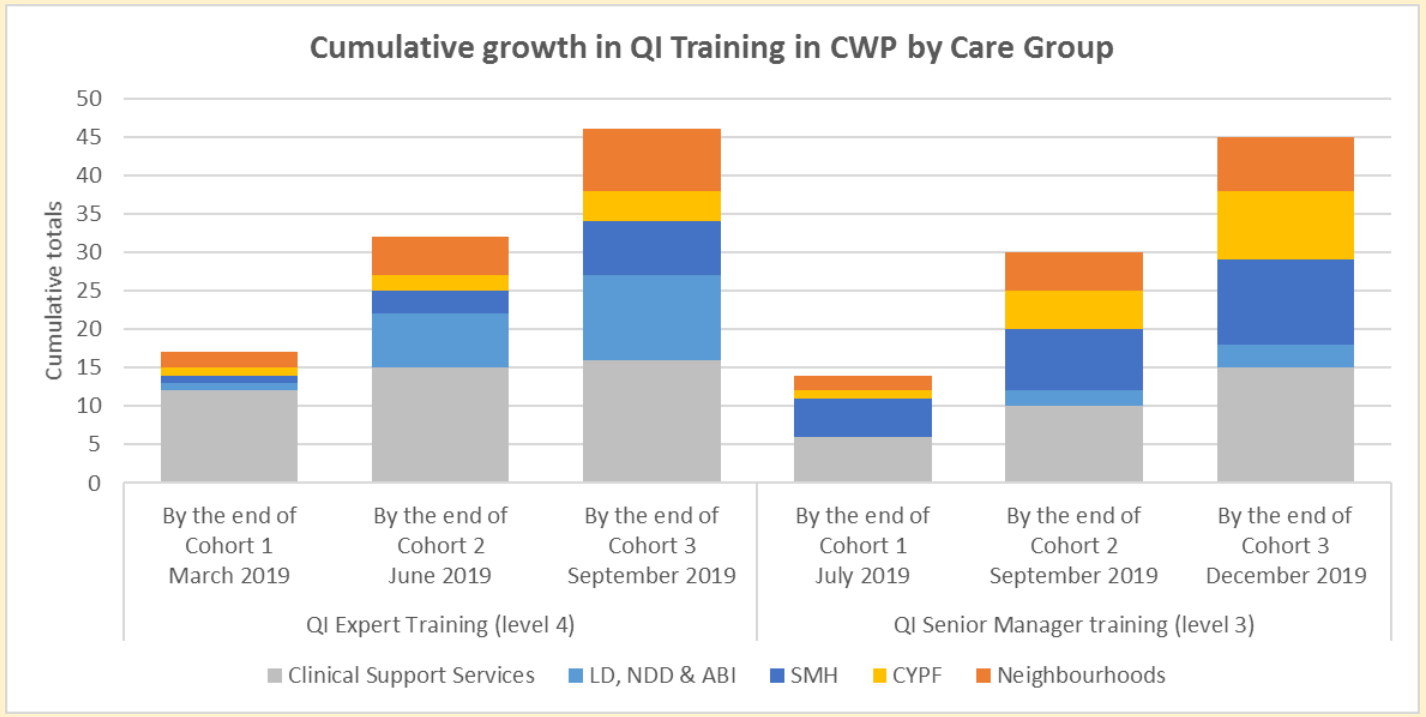
Metric	Data	Further Explanation
Mandatory Training	 Comment: The Trust mandatory compliance figure is currently 90%, matching the long term average. Definition: Excludes staff on Maternity Leave, Career Break, External Secondments, Long Term Sick (>92 days) and new starters < 3 months. Also excludes any new course competences added to the Training Needs Analysis for 12 months, to allow staff time to complete.	Metric owner: David Harris Monitored at: POD Sub Committee and Ops Committee Data source: Education CWP

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

Metric	Data	Further Explanation
Morbidity and Mortality		Metric owner: Gary Flockhart Monitored by: Quality Committee Data source: CWP Incidents team

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

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

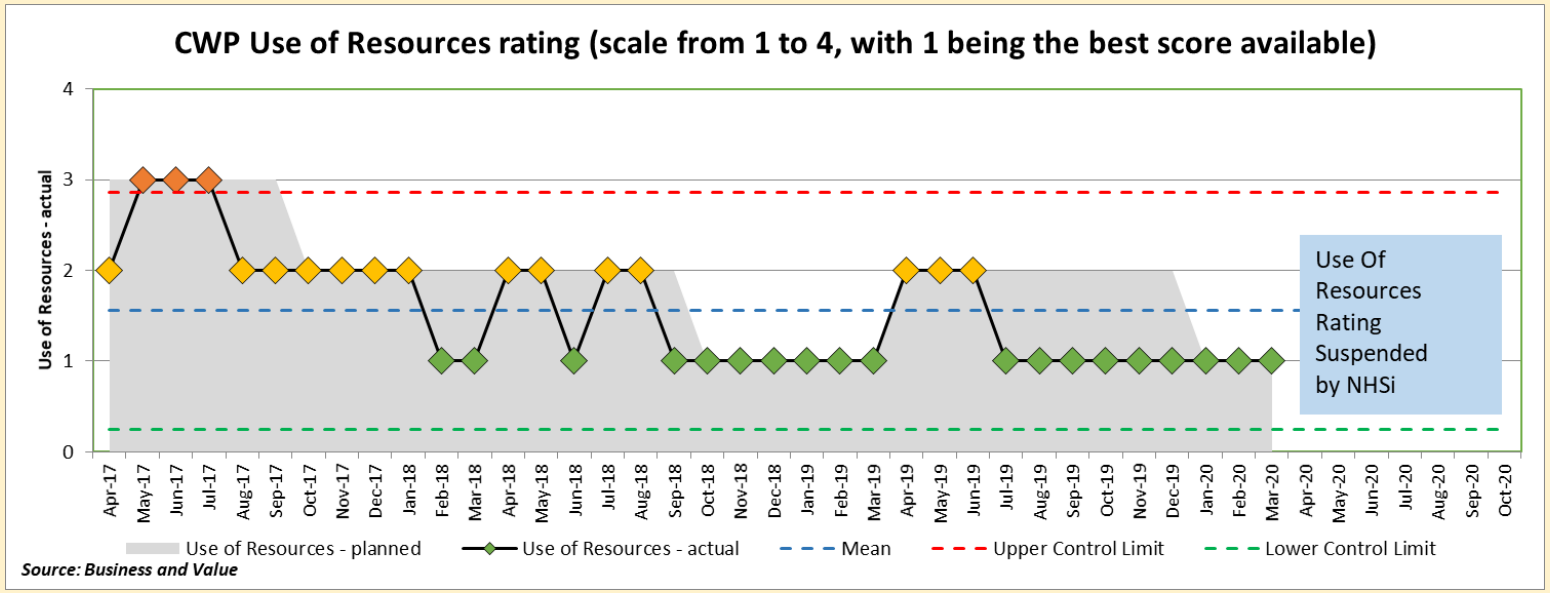
Metric	Data	Further Explanation
Level 3 and 4 QI Training		Metric owner: Anushta Sivananthan Monitored by: Quality Committee Data provider: Quality Assurance and Improvement team

Comment: Pilot level 2 QI training events took place in October 2020, with all delegates being from Clinical Support Services. Feedback will inform further roll out of this training. There will be no further level 3 training until January 2021 at the earliest as the training needs to be face to face.

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	Development work on the Operational Committee Performance Report has been continuing and the following improvements have been made: • 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 Operational Committee to discuss a paper to agree next steps in dashboard development Metric owner: Tim Welch Monitored by: Operational Committee

Sustain financial viability and deliver value for money

Metric	Data	Further Explanation
Use of Resources Rating		Metric owner: Tim Welch Monitored by: Trust Board Data source: Business and Value

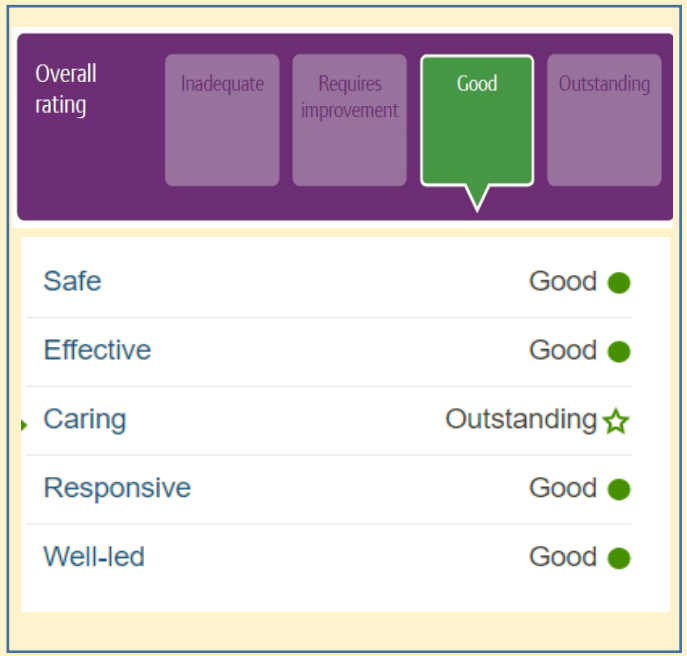
Comment: The overall Use of Resources metric is a summary of 5 separate financial metrics. A score of '1' reflects the lowest financial risk rating and a '4' the highest level of risk. The chart shows the actual rating against the planned rating; in no cases since April 2017 has the actual rating been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

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

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

Sustain financial viability and deliver value for money	
Metric	**Development Plans**
Delivery of Value for Money	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. Metric owner: Tim Welch Monitored through: Ops Committee

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

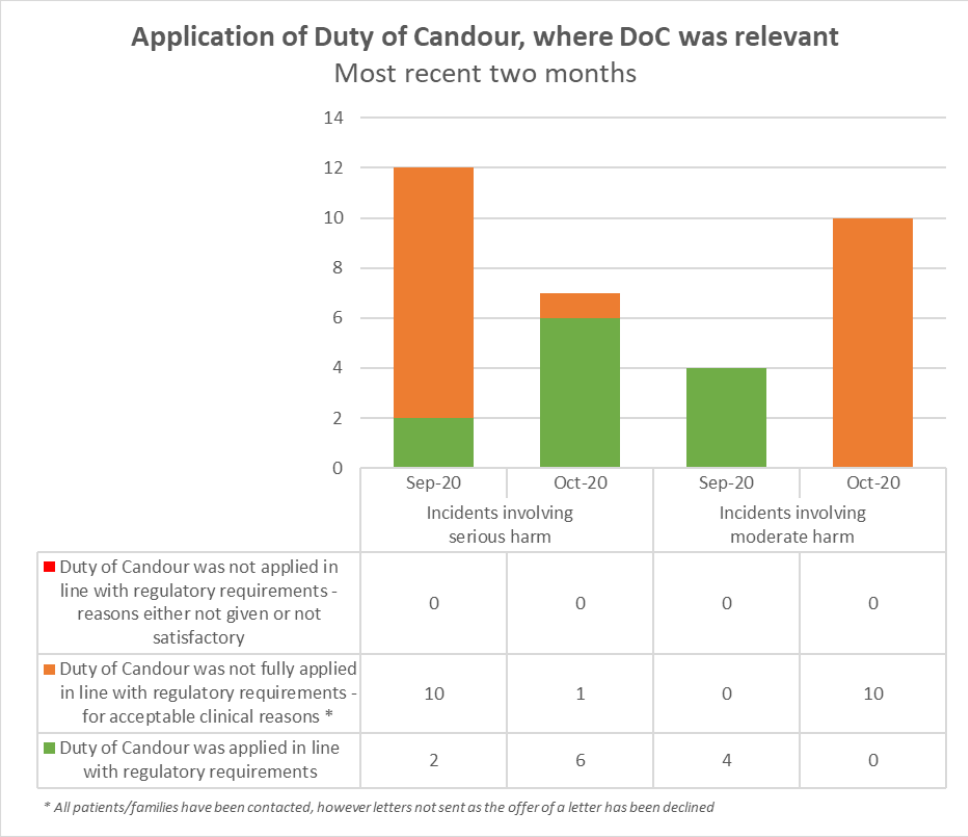
Metric	Data	Further Explanation
CQC Rating		Metric owner: Anushta Sivananthan delegated to Stephanie Bailey Monitored at: Quality Committee Data source: CQC website

Comments:
The most recent Well Led inspection took place between 9 and 11 March 2020. The results were reported in June 2020 and showed improvement over the previous inspection.

Key changes for the overall CQC domains are: Safe - Good overall ↑
Effective -Good overall →
Caring - Outstanding overall→
Responsive - Good overall→
Well-Led - Good overall→

Quality Committee is monitoring the 4 regulatory and 16 improvement actions identified.

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

Metric	Data	Further Explanation
Duty of Candour		Comment: Following the introduction of the electronic Immediate Safety Review process in April, the members of the ISAF are able to review whether Duty of Candour (DoC) has been applied appropriately for every serious incident and take corrective action as required in a timely manner. This has also enabled increased consistency in the recording of DoC to facilitate effective monitoring and reporting.	Metric owner: Gary Flockhart delegated to Hayley McGowan Monitored at: Quality Committee Data source: CWP Incidents Team

Report Against Strategic Objectives

End Sheet

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STANDARDISED SBAR COMMUNICATION

REPORT DETAILS	
Report subject:	Ward Daily Staffing Levels September and October 2020
Agenda ref. number:	20.21.71
Report to (meeting):	Board of Directors
Action required:	Information and noting
Date of meeting:	25/11/2020
Presented by:	Gary Flockhart, Director of Nursing, Therapies and Patient Partnerships

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

Which NHSI Single Oversight Framework themes this report reflects:	
Quality	Yes
Finance and use of resources	Yes
Operational performance	Yes
Strategic change	No
Leadership and improvement capability	Yes

CWP Quality Framework:		
Patient Safety	Safe	Yes
Clinical Effectiveness	Effective	Yes
	Affordable	Yes
	Sustainable	Yes
Patient Experience	Acceptable	Yes
	Accessible	Yes

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

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

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

REPORT BRIEFING

Situation – *a concise statement of the purpose of this report*

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

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

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

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

During September 2020 the trust achieved average staffing levels of 97.2% for registered nurses and 96.1% for clinical support workers on day shifts and 96.1% and 103.1% respectively on nights. During October 2020 the trust achieved average staffing levels of 99.6% for registered nurses and 100.9% for clinical support workers on day shifts and 96.8% and 103.4% respectively on nights.

Throughout September and October Maple and Rosewood continued to experience staffing challenges, particularly in relation to registered nurse fill rates. This was due to vacancies and sickness absence and was compounded by the impact of isolation requirements. 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. Maple worked on reduced registered nurse staffing numbers at night and received support from the registered nurses on Rosewood as the adjoining ward. Recruitment into the registered nurse vacancies on Maple has been successful with 3 new staff due to commence in post later this month.

During September 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 October Brakendale, Brooklands and Oaktrees utilised significantly more staffing than their usual planned establishment which was in response to increased utilisation of enhanced levels of observations in response to individual patient needs and increased levels of acuity and complexity.

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

Appendix 1 details the fill rates for all inpatient services.

Recommendation – *what action/ recommendation is needed, what needs to happen and by when?*
The Board of Directors are recommended to note the report.

Who has approved this report for receipt at the above meeting?	Gary Flockhart, Director of Nursing, Therapies and Patient Partnerships
Contributing authors:	Hayley McGowan, Associate Director of Nursing and Therapies (Mental Health and Learning Disabilities)

Distribution to other people/ groups/ meetings:

Version	Name/ group/ meeting	Date issued

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

Appendix No.	Appendix title
1	Ward Daily Staffing September and October 2020

		Day				Night				Fill Rate			
		Registered midmives/nurses		Care Staff		Registered midmives/nurses		Care Staff		Day		Night	
	Ward	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	981.50	960.50	1387.25	1293.25	667.00	644.00	678.50	656.00	97.9%	93.2%	96.6%	96.7%
	Greenways A&T	1208.00	1207.25	1667.50	1363.50	747.50	725.50	1345.50	1343.00	99.9%	81.8%	97.1%	99.8%
	Maple	825.00	778.00	1380.00	1133.90	690.00	471.50	690.00	770.50	94.3%	82.2%	68.3%	111.7%
	Mulberry	1398.00	1383.50	1859.00	1820.00	690.00	667.00	1414.50	1403.00	99.0%	97.9%	96.7%	99.2%
	Silk	1302.00	1290.50	1983.50	1824.00	777.00	765.50	2047.00	1979.00	99.1%	92.0%	98.5%	96.7%
	Saddlebridge	989.00	933.15	1368.50	1340.50	724.50	724.50	667.00	667.00	94.4%	98.0%	100.0%	100.0%
Wirral	Brackendale	1067.30	1060.80	1110.00	1229.00	678.50	707.00	724.50	854.00	99.4%	110.7%	104.2%	117.9%
	Brooklands	1028.50	1008.50	1552.50	1505.50	713.00	725.50	862.50	1033.50	98.1%	97.0%	101.8%	119.8%
	Lakefield	1180.20	1285.00	1069.50	1075.00	690.00	726.50	920.00	794.50	108.9%	100.5%	105.3%	86.4%
	Meadowbank	1123.50	1045.50	1518.00	1352.50	632.50	633.50	1035.00	1144.00	93.1%	89.1%	100.2%	110.5%
	Oaktrees	1201.50	1178.25	1445.00	1578.00	667.00	618.75	632.50	713.00	98.1%	109.2%	92.8%	112.7%
West	Willow PICU	1065.30	1065.30	1506.50	1506.50	713.00	724.50	1495.00	1506.50	100.0%	100.0%	101.6%	100.8%
	Beech	1223.50	1200.50	1150.00	1124.00	575.00	575.00	908.50	881.50	98.1%	97.7%	100.0%	97.0%
	Cherry	904.30	830.70	804.00	695.60	643.20	584.00	769.50	738.00	91.9%	86.5%	90.8%	95.9%
	Coral	1131.00	1142.50	1069.50	1035.00	690.00	667.00	977.50	943.00	101.0%	96.8%	96.7%	96.5%
	Eastway A&T	1437.00	1439.00	1151.25	1128.25	805.00	805.75	908.50	897.00	100.1%	98.0%	100.1%	98.7%
	Indigo	903.00	853.50	977.50	966.00	586.50	557.50	816.50	782.00	94.5%	98.8%	95.1%	95.8%
	Juniper	1094.00	1070.00	1082.50	1052.50	460.50	460.50	1005.00	993.50	97.8%	97.2%	100.0%	98.9%
	Rosewood Unit	1147.50	926.00	1437.50	1437.70	690.00	552.00	1173.00	1449.00	80.7%	100.0%	80.0%	123.5%
	Trustwide	21210.10	20658.45	25519.50	24460.70	12840.20	12335.50	19070.50	19548.00	97.2%	96.1%	96.1%	103.1%

		Day				Night				Fill Rate			
		Registered		Care Staff		Registered		Care Staff		Day		Night	
	Ward	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	1026.50	1007.00	1429.50	1386.50	690.00	686.95	816.50	828.00	98.1%	97.0%	99.6%	101.4%
	Greenways A&T	1190.00	1156.55	1506.50	1348.50	747.50	736.00	1460.50	1414.50	97.2%	89.5%	98.5%	96.9%
	Maple	803.00	776.30	1345.50	1161.50	713.00	437.00	713.00	770.50	96.7%	86.3%	61.3%	108.1%
	Mulberry	1503.00	1388.00	1903.40	1745.50	724.50	720.50	1467.50	1412.00	92.3%	91.7%	99.4%	96.2%
	Silk	1512.00	1473.50	1915.50	1789.50	736.00	736.00	2149.00	2093.00	97.5%	93.4%	100.0%	97.4%
	Saddlebridge	1050.50	1035.00	1115.50	1115.50	713.00	701.50	701.50	701.50	98.5%	100.0%	98.4%	100.0%
Wirral	Brackendale	1006.50	1198.00	1000.50	1349.00	552.00	647.00	851.00	1004.00	119.0%	134.8%	117.2%	118.0%
	Brooklands	922.50	892.50	1449.00	1582.50	655.50	663.00	1138.50	1426.00	96.7%	109.2%	101.1%	125.3%
	Lakefield	1198.00	1220.50	1352.00	1406.50	708.00	718.50	887.00	931.50	101.9%	104.0%	101.5%	105.0%
	Meadowbank	1079.50	1000.00	1416.00	1264.00	690.00	668.00	1035.00	1021.50	92.6%	89.3%	96.8%	98.7%
	Oaktrees	1257.25	1235.25	1202.00	1458.50	707.50	687.00	724.50	724.50	98.3%	121.3%	97.1%	100.0%
West	Willow PICU	1144.00	1144.00	1127.00	1127.00	678.50	678.50	1035.00	1035.00	100.0%	100.0%	100.0%	100.0%
	Beech	1191.00	1179.50	1136.00	1103.50	609.50	609.50	843.50	832.00	99.0%	97.1%	100.0%	98.6%
	Cherry	1099.10	1132.50	1065.50	1057.70	560.50	486.70	1018.90	1033.30	103.0%	99.3%	86.8%	101.4%
	Coral	1193.00	1170.00	1252.00	1217.50	734.50	723.00	1276.50	1265.00	98.1%	97.2%	98.4%	99.1%
	Eastway A&T	1610.00	1622.00	1167.00	1167.00	747.50	747.50	1058.00	1058.00	100.7%	100.0%	100.0%	100.0%
	Indigo	985.50	985.50	1092.50	1069.50	690.00	655.50	826.00	803.00	100.0%	97.9%	95.0%	97.2%
	Juniper	1222.00	1199.00	1024.50	990.50	590.50	575.00	839.50	839.50	98.1%	96.7%	97.4%	100.0%
	Rosewood Unit	1234.50	1288.50	1238.00	1391.50	713.00	644.00	1000.50	1219.00	104.4%	112.4%	90.3%	121.8%
	Trustwide	22227.85	22103.60	24737.90	24731.70	12961.00	12521.15	19841.90	20411.80	99.6%	100.9%	96.8%	103.4%

		Day				Night				Fill Rate			
		Registered midmives/nurses		Care Staff		Registered midmives/nurses		Care Staff		Day		Night	
	Ward	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	981.50	960.50	1387.25	1293.25	667.00	644.00	678.50	656.00	97.9%	93.2%	96.6%	96.7%
	Greenways A&T	1208.00	1207.25	1667.50	1363.50	747.50	725.50	1345.50	1343.00	99.9%	81.8%	97.1%	99.8%
	Maple	825.00	778.00	1380.00	1133.90	690.00	471.50	690.00	770.50	94.3%	82.2%	68.3%	111.7%
	Mulberry	1398.00	1383.50	1859.00	1820.00	690.00	667.00	1414.50	1403.00	99.0%	97.9%	96.7%	99.2%
	Silk	1302.00	1290.50	1983.50	1824.00	777.00	765.50	2047.00	1979.00	99.1%	92.0%	98.5%	96.7%
	Saddlebridge	989.00	933.15	1368.50	1340.50	724.50	724.50	667.00	667.00	94.4%	98.0%	100.0%	100.0%
Wirral	Brackendale	1067.30	1060.80	1110.00	1229.00	678.50	707.00	724.50	854.00	99.4%	110.7%	104.2%	117.9%
	Brooklands	1028.50	1008.50	1552.50	1505.50	713.00	725.50	862.50	1033.50	98.1%	97.0%	101.8%	119.8%
	Lakefield	1180.20	1285.00	1069.50	1075.00	690.00	726.50	920.00	794.50	108.9%	100.5%	105.3%	86.4%
	Meadowbank	1123.50	1045.50	1518.00	1352.50	632.50	633.50	1035.00	1144.00	93.1%	89.1%	100.2%	110.5%
	Oaktrees	1201.50	1178.25	1445.00	1578.00	667.00	618.75	632.50	713.00	98.1%	109.2%	92.8%	112.7%
West	Willow PICU	1065.30	1065.30	1506.50	1506.50	713.00	724.50	1495.00	1506.50	100.0%	100.0%	101.6%	100.8%
	Beech	1223.50	1200.50	1150.00	1124.00	575.00	575.00	908.50	881.50	98.1%	97.7%	100.0%	97.0%
	Cherry	904.30	830.70	804.00	695.60	643.20	584.00	769.50	738.00	91.9%	86.5%	90.8%	95.9%
	Coral	1131.00	1142.50	1069.50	1035.00	690.00	667.00	977.50	943.00	101.0%	96.8%	96.7%	96.5%
	Eastway A&T	1437.00	1439.00	1151.25	1128.25	805.00	805.75	908.50	897.00	100.1%	98.0%	100.1%	98.7%
	Indigo	903.00	853.50	977.50	966.00	586.50	557.50	816.50	782.00	94.5%	98.8%	95.1%	95.8%
	Juniper	1094.00	1070.00	1082.50	1052.50	460.50	460.50	1005.00	993.50	97.8%	97.2%	100.0%	98.9%
	Rosewood Unit	1147.50	926.00	1437.50	1437.70	690.00	552.00	1173.00	1449.00	80.7%	100.0%	80.0%	123.5%
	Trustwide	21210.10	20658.45	25519.50	24460.70	12840.20	12335.50	19070.50	19548.00	97.2%	96.1%	96.1%	103.1%

		Day				Night				Fill Rate			
		Registered		Care Staff		Registered		Care Staff		Day		Night	
	Ward	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	1026.50	1007.00	1429.50	1386.50	690.00	686.95	816.50	828.00	98.1%	97.0%	99.6%	101.4%
	Greenways A&T	1190.00	1156.55	1506.50	1348.50	747.50	736.00	1460.50	1414.50	97.2%	89.5%	98.5%	96.9%
	Maple	803.00	776.30	1345.50	1161.50	713.00	437.00	713.00	770.50	96.7%	86.3%	61.3%	108.1%
	Mulberry	1503.00	1388.00	1903.40	1745.50	724.50	720.50	1467.50	1412.00	92.3%	91.7%	99.4%	96.2%
	Silk	1512.00	1473.50	1915.50	1789.50	736.00	736.00	2149.00	2093.00	97.5%	93.4%	100.0%	97.4%
	Saddlebridge	1050.50	1035.00	1115.50	1115.50	713.00	701.50	701.50	701.50	98.5%	100.0%	98.4%	100.0%
Wirral	Brackendale	1006.50	1198.00	1000.50	1349.00	552.00	647.00	851.00	1004.00	119.0%	134.8%	117.2%	118.0%
	Brooklands	922.50	892.50	1449.00	1582.50	655.50	663.00	1138.50	1426.00	96.7%	109.2%	101.1%	125.3%
	Lakefield	1198.00	1220.50	1352.00	1406.50	708.00	718.50	887.00	931.50	101.9%	104.0%	101.5%	105.0%
	Meadowbank	1079.50	1000.00	1416.00	1264.00	690.00	668.00	1035.00	1021.50	92.6%	89.3%	96.8%	98.7%
	Oaktrees	1257.25	1235.25	1202.00	1458.50	707.50	687.00	724.50	724.50	98.3%	121.3%	97.1%	100.0%
West	Willow PICU	1144.00	1144.00	1127.00	1127.00	678.50	678.50	1035.00	1035.00	100.0%	100.0%	100.0%	100.0%
	Beech	1191.00	1179.50	1136.00	1103.50	609.50	609.50	843.50	832.00	99.0%	97.1%	100.0%	98.6%
	Cherry	1099.10	1132.50	1065.50	1057.70	560.50	486.70	1018.90	1033.30	103.0%	99.3%	86.8%	101.4%
	Coral	1193.00	1170.00	1252.00	1217.50	734.50	723.00	1276.50	1265.00	98.1%	97.2%	98.4%	99.1%
	Eastway A&T	1610.00	1622.00	1167.00	1167.00	747.50	747.50	1058.00	1058.00	100.7%	100.0%	100.0%	100.0%
	Indigo	985.50	985.50	1092.50	1069.50	690.00	655.50	826.00	803.00	100.0%	97.9%	95.0%	97.2%
	Juniper	1222.00	1199.00	1024.50	990.50	590.50	575.00	839.50	839.50	98.1%	96.7%	97.4%	100.0%
	Rosewood Unit	1234.50	1288.50	1238.00	1391.50	713.00	644.00	1000.50	1219.00	104.4%	112.4%	90.3%	121.8%
	Trustwide	22227.85	22103.60	24737.90	24731.70	12961.00	12521.15	19841.90	20411.80	99.6%	100.9%	96.8%	103.4%

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STANDARDISED SBAR COMMUNICATION

REPORT DETAILS	
Report subject:	Guardian of Safe Working Quarterly Report
Agenda ref. number:	20.21.72
Report to (meeting):	Board of Directors
Action required:	Information and noting
Date of meeting:	25/11/2020
Presented by:	Faouzi Alam, Medical Director

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

Which NHSI Single Oversight Framework themes this report reflects:		CWP Quality 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/ No

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

REPORT BRIEFING

Situation – *a concise statement of the purpose of this report*

This report is to update the trust on the issues regarding junior doctors, their working conditions and locum use due to vacancies, during the period of July 2020-October 2020. Consideration has been given for any current and future risk.

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

The 2016 contract for Doctors in training created the post of Guardian of Safe Working in order to monitor and provide reassurance of Safe Workjing practice related to hours worked. This is an independent post and requires a resposibilty of providing reports.

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

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

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

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

Board of Directors to note the report.

Who has approved this report for receipt at the above meeting?	Dr Sumita Prabhakaran
Contributing authors:	Sumita Prabhakaran, GOSW

Distribution to other people/ groups/ meetings:

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

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

Appendix No.	Appendix title	
1	Guardian report November 2020 final	

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STANDARDISED SBAR COMMUNICATION

REPORT DETAILS	
Report subject:	Equality, Diversity & Inclusion Annual Monitoring Report 2019-20
Agenda ref. number:	20.21.73
Report to (meeting):	Board of Directors
Action required:	Information and noting
Date of meeting:	25/11/2020
Presented by:	Gary Flockhart, Director of Nursing, Therapies and Patient Partnership

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

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

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

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

REPORT BRIEFING

Situation – *a concise statement of the purpose of this report*

CWP Equality, Diversity & Inclusion Annual Monitoring Report 2019-20 which summaries ED&I activity within the organisation is due for publication on the Trust internet website. This requires prior sign off by the Board.

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

The report provides all information in one place, whilst we are obliged to also publish these separately, combining these in one place is a way to also celebrate areas of good practice in a more inclusive way. The reports which we publish separately which are summarised within the Equality, Diversity & Inclusion Annual Monitoring Report 2019-20 are as follows:

- Equality Delivery Standard 2 (EDS2)
- Gender Pay Gap Report
- Staff Monitoring Information
- Translation and Interpretation Report
- Workforce Race Equality Standard (WRES)
- Workforce Disability Equality Standard (WDES)

It also contains the following:

- Staff Monitoring Information
- Patient Monitoring Information (NB this is the first time that this has been included so demonstrates a key improvement during 2019-20.)

The report contains details of how we have supported people covered by protected characteristics.

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

The Annual Report at Appendix 1 is a 70 page document which provides considerable detail on activities undertaken and outlines the Equality, Diversity & Inclusion Annual work that took place during 2019-20. There have been a number of improvements in connection with our second WDES report as well as areas for development. However, whilst our WRES report also identifies some areas of improvement, there are a number of areas for development and regular updates on progress regarding these and all areas of EDI are provided. An area of note is in relation to recruitment data regarding gender reassignment. Whilst we advised in last year's report that work to report on and analyse this was planned, it has been confirmed that this specific data capture is not possible. Therefore, there is no reference to this in this year's report. Furthermore, there is no national agreement on data capture and reporting so ESR cannot implement any changes to the current national system at this stage. We will keep this under review.

•The Trust has met its statutory obligations in accordance with the requirements of the Equality Act 2010 and our CCGs' Equality, Diversity & Inclusion Quality Requirements. •Regular updates are provided to the various commissioners as requested within the quality contract. •CWP has met its statutory obligations to monitor and report on workforce and patient Equality, Diversity & Inclusion issues and provides assurance that action is being taken to address issues of note.

The Board of Directors approved the submission of the full Equality, Diversity and Inclusion Annual Monitoring Report to the public website at their October 2020 meeting.

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

The Board is asked to note:

- The submission of the full Equality, Diversity & Inclusion Annual Monitoring Report to the public website.
- The Trust has met its statutory obligations in accordance with the requirements of the Equality Act 2010 and CCGs' Equality, Diversity & Inclusion Quality Requirements.
- The Trust has met its statutory obligations to monitor and report on workforce and patient Equality, Diversity & Inclusion issues and provides assurance that action is being taken to address issues of note.
- Regular updates are provided to the various commissioners as requested within the quality contract.

Who has approved this report for receipt at the above meeting?	Gary Flockhart
Contributing authors:	Philip Makin - Equality, Diversity and Inclusion Coordinator Cathy Walsh - Associate Director of Patient and Carer Experience

Distribution to other people/ groups/ meetings:

Version	Name/ group/ meeting	Date issued
1	Trustwide EDI Group *(People and Organisational Development Sub-Committee would, under normal circumstances, also agree this report prior to submission to Trust Board. However, this group has not met since March 2020 due to the impact of the covid-19 pandemic and the Trustwide EDI Group includes members of POD Sub-Committee who have approved the contents of the report.)*	October 2020
2	Trust Board	October 2020

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

Appendix No.	Appendix title
1	Equality, Diversity & Inclusion Annual Monitoring Report 2019-20

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Equality, Diversity & Inclusion Annual Monitoring Report 2019 -2020

Cheshire and Wirral Partnership
NHS Foundation Trust

Title of Report: Equality, Diversity & Inclusion Annual Monitoring Report 2019-20

Action sought: For Noting

Author: Philip Makin - Equality, Diversity & Inclusion Co-ordinator

Authorised by: Cathy Walsh - Associate Director of Patient and Carer Experience

Strategic Objectives that this report covers:

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

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Contents

1. Introduction

Purpose of the Report

Welcome to the Cheshire and Wirral Partnership NHS Foundation Trust Equality, Diversity & Inclusion Annual Monitoring Report for 2019/2020. This document provides assurance that we are meeting our Equality, Diversity and Inclusion requirements. It includes information about people accessing our services, people delivering our services and our local population. It outlines our commitment to promoting equality in all our services and to valuing the diversity of staff, people accessing our services and the community. Finally, it provides details of our current performance and what we have been working on to achieve this.

Background

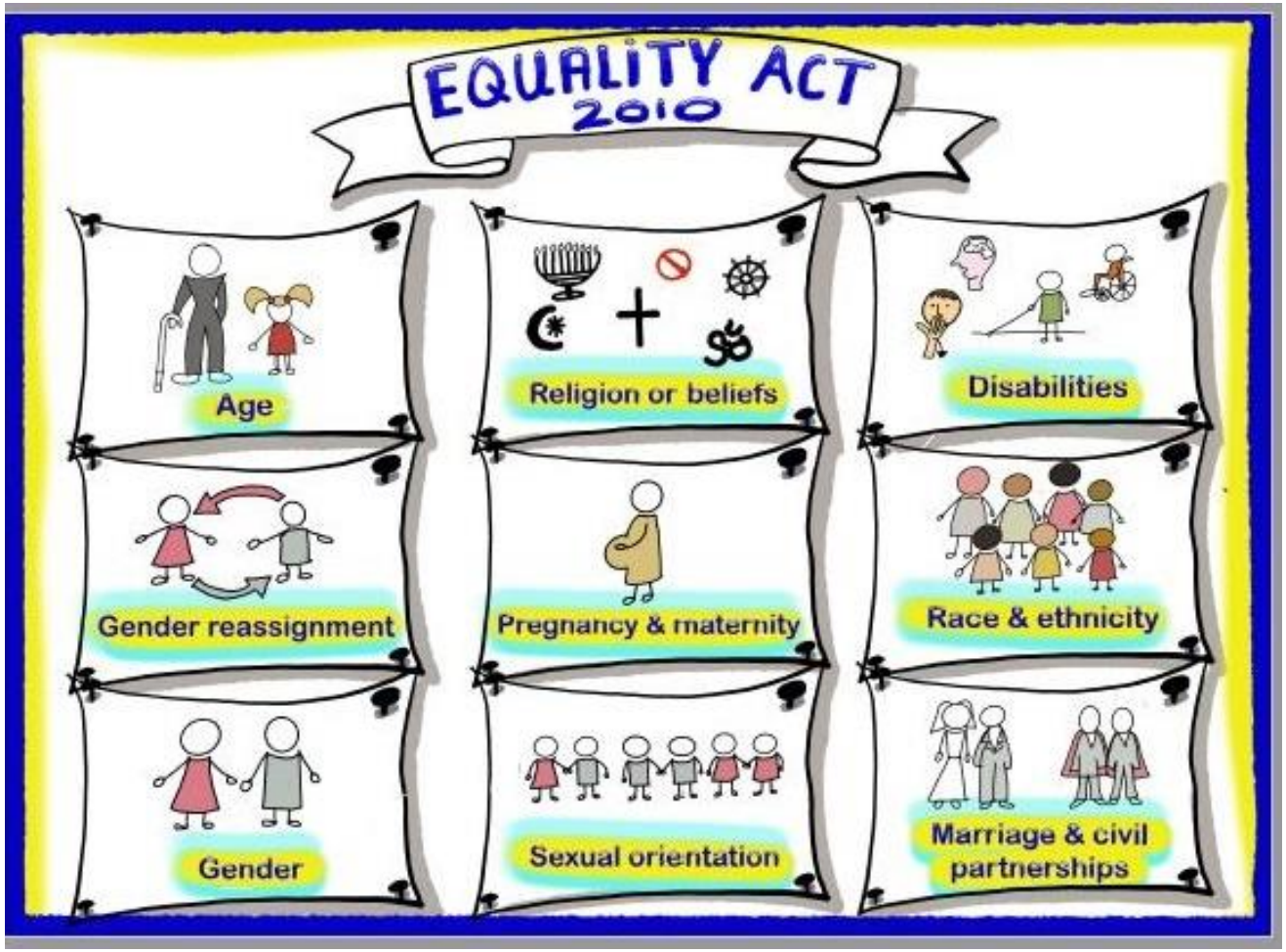
The Equality Act (2010) brought together existing legislation and frameworks that relate to discrimination and inclusion. The spirit of the Act is intended to recognise that people are all different but everyone has characteristics about them that mean that they may be subject to discrimination or exclusion. The Act clarifies characteristics which could lead to discrimination and places a duty on public sector organisations to eliminate unlawful discrimination and promote equality between people who have protected characteristics and those who do not. The characteristics are:

- Age
- Disability
- Ethnicity/Race
- Gender Reassignment
- Marriage & Civil Partnership
- Pregnancy & Maternity
- Religion & Belief
- Sex
- Sexual Orientation

The Equality and Human Rights Commission (EHRC)

The Equality and Human Rights Commission (EHRC) is the body charged to ensure compliance. As future guidance emerges from the EHRC, the Trust will incorporate this into plans and actions around equality.

Last year, we took the decision to incorporate "Inclusion" into our work to make certain a greater focus on ensuring that everyone has the same access and opportunities to services and employment. Whilst Diversity is about recognising that no two people are the same, Inclusion recognises that what one person finds easy to achieve may be more challenging for somebody else.



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Equality, Diversity and Inclusion (EDI) Governance Structure

Trust Board

People and Organisational Development Sub Committee / Patient and Carer Experience Sub Committee

- Underpinned by our developing networks.

EDI Trust Wide Group

- Supported by our partners.

EDI Local /Champion Group

CWP Trust Board is fully signed up to the principles of Equality, Diversity and Inclusion with the Director of Nursing, Therapy and Patient Partnerships being the Executive Lead for Equality, Diversity & Inclusion which sends out a really positive message that we actively work with people to help them to be the best they can be in a fair and diverse way. Our approach to Equality, Diversity & Inclusion within CWP demonstrates how important it is within everything we do. It continues to develop and become embedded into all of our governance structures.

Each area has a group of Equality, Diversity & Inclusion Champions who meet regularly and invite to their meetings members from the diverse community. We carried out a review of the role and responsibilities of our Champions and agree and implement a refreshed set of Terms of Reference. Champions wear Rainbow Lanyards to identify them to people and so assure people that CWP is an inclusive place to work, volunteer and access services. More Champions have been recruited this year and their managers support them by releasing them to attend meetings and take part in Equality, Diversity & Inclusion initiatives and projects during working hours. The groups respond to the EDS2 assessment and focus on driving improvement in the provision of services to people with protected characteristics. The groups also provide assurance to the Trustwide Equality, Diversity & Inclusion Group in relation to the quality of Equality, Diversity and Inclusion. The Trustwide Group reports through the People and Organisational Development Sub Committee and the Patient and Carer Experience Sub Committee to Trust Board and also feeds into Operations Board and Quality Committee.

All meetings follow our newly developed “Autism Informed Meeting Guidance” and we also ask that introductions involve the use of pronouns to ensure that meetings are as person centred and inclusive as possible.

2. Equality Priorities

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CWP's Commitment to Delivering Personal, Fair and Diverse Healthcare Services Equality Priorities

The actions in our plan were agreed after reviewing information and evidence from the various EDS2 assessments, NHS England initiatives and issues raised by staff and the local Equality, Diversity & Inclusion network groups.

Improving our Intelligence

- Develop a Trust-wide approach to collecting equality information
- Review current people accessing CWP services data/ information in order to address gaps in equality and diversity information reporting.
- Develop in partnership with representatives of local community group processes and information sessions for improving CWP staff collection of equality data / information
- Work with lived experience representatives to further consult with people who access CWP services and their carers in relation to Trust E & D objectives and action plan
- Formalise relationship with Local Authority, third sector and other statutory bodies to enable greater sharing of data and intelligence information in relation to equality groups and health inequalities

Developing our Staff

- Provide training and development opportunities for all staff across the Trust and provide a summary of mandatory and non - mandatory training by ethnic groups providing data for the Trustwide Equality & Diversity Committee
- The Trust to develop a diverse workface in the various bandings and attract minority staff across the range of job opportunities and in particular into senior roles.
- Develop a range of successful community and staff engagement events and activities that highlight different communities and demonstrate the Trusts commitment to being a personal, fair and diverse organisation
- Develop a successful staff diversity forum and champions network that plays a meaningful role within the Trust and local community
- Staff to complete all CWP mandatory training

Working with our Communities

- Corporately and locally develop robust partnership working with third sector providers including the sharing of information and intelligence, partnership service delivery and shared training events
- Develop leaflets with partnership organisations to ensure they are reflective and meet the needs of our targeted communities and ensure our website is truly reflective of our personal, fair and diverse services we deliver.
- Develop the various CWP locality network groups that consist of staff and members of the various diverse community groups
- Invite representatives from the various diverse community to present information and training sessions on issue relating to their specific group,
- Support local community events across the CWP footprint example: Chester Pride

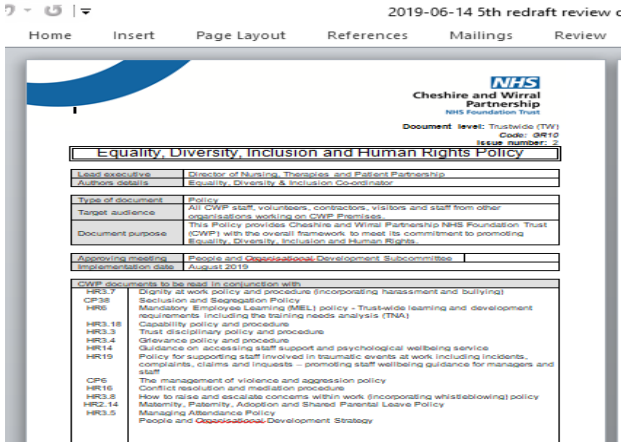
Underpinning Requirements

Equality Act 2010 | Equality Delivery System 2 (EDS2) | Workforce Race Equality Standard (WRES) | Workforce Disability Equality Standard (WDES)

Care Quality Commission requirements

3. Achievements

Equality, Diversity, Inclusion and Human Rights Policy


2019-06-14 5th redraft review c

Home Insert Page Layout References Mailings Review

NHS Cheshire and Wirral Partnership NHS Foundation Trust

Document level: Trustwide (TW)
Code: GR10
Issue number: 2

Equality, Diversity, Inclusion and Human Rights Policy

Lead executive Authors details	Director of Nursing, Therapies and Patient Partnership Equality, Diversity & Inclusion Co-ordinator
Type of document Target audience	Policy All CWP staff, volunteers, contractors, visitors and staff from other organisations working on CWP Premises.
Document purpose	This Policy provides Cheshire and Wirral Partnership NHS Foundation Trust (CWP) with the overall framework to meet its commitment to promoting Equality, Diversity, Inclusion and Human Rights.
Approving meeting Implementation date	People and Organisational Development Subcommittee August 2019

CWP documents to be read in conjunction with

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

In partnership with colleagues from People and Organisational Development (POD), Staff Side, our Council of Governors and Healthwatch, we conducted a piece of work to update and refresh our Equality, Diversity, Inclusion and Human Rights Policy to reflect up to date language, make it more person centred and also incorporate a greater emphasis on inclusion and the Human Rights Act.

Equality, Diversity & Inclusion Training

We have updated and reformatted our online Equality, Diversity, Inclusion and Human Rights training which was implemented in June 2019 following consultation with Council of Governors and Staff Side colleagues. This is now 3 yearly as opposed to non-renewable and is regularly updated in line with legislation changes. Compliance with this is reviewed as part of the Equality, Diversity & Inclusion Trustwide Group business cycle. We have also developed and delivered a training programme for our Council of Governors. Equality, Diversity & Inclusion continues to form part of our induction training programme for new staff and volunteers.

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Person Centred Framework

Our Person Centred Framework is the foundation of working with people to improve their quality of life and training takes place across the Trust to enable people's care to be delivered in such a way as to take account of individual needs. Personalised care and support planning has allowed people to receive personalised care and support in hospital which is co-produced with the patient or with people who know them well if that is not possible. As part of the framework, we are working to introduce a positive approach to Trauma Informed Care called "Positive Behaviour Support" to understand why people do things or behave in a particular way and so work to support them to lead a life without unnecessary limitations.

Autism Awareness

Building on the success of last year's large scale Autism Awareness Training, we acted on training needs identified by the Transforming Care Partnership in response to National Policy which stated that health and social care staff should be trained in working with Autistic People and people with Learning Disabilities (LD) or both. We submitted a bid for funding to deliver this, were successful and are now delivering 15 training days to provide training to CWP and Local Authority colleagues across the CWP footprint focusing specifically on those services who do not provide specialist autism/LD intervention, but where autistic people or people with LD will regularly present and require reasonable adjustments and informed care. People who access our services attend these sessions to share experiences and respond to questions from delegates and the events also include a session highlighting links to Equality, Diversity & Inclusion and protected characteristics. Staff members are encouraged to attend these and other events as part of regular supervision. We have also co-produced a CWP Autism Strategy.

We launched a competition for young people in Ancora House to design a flag to promote Autism Awareness Day which was to be made into a flag and flown on the flagpole at the entrance to our Chester site. A young autistic person from Coral Ward was picked as the winner by a team of 49 autistic adults with the adult service. Unfortunately, due to the impact of the Covid-19 pandemic, we were not able to have a flag made although a member of the OT team made a small version which was displayed in Reception. The competition was a great success with a great response and the young person who won was shocked and pleased.

Staff Network Groups

We have introduced Staff Network Groups to help support people covered by protected characteristics. The groups increase awareness, allow people to network with others, act as a source of support and also to enable people to have a voice in influencing changes to working practices to the benefit of everyone within the Trust. We are really pleased to have active groups for Disabled people, for BAME + (Black, Asian and Minority Ethnic, (the + is for all ethnicities both visible and non-visible) and also for LGBT+ (Lesbian, Gay, Bisexual and Transgender), the + simply means that we are inclusive of all identities, regardless of how people define themselves.

The introduction of the new Workforce Disability Equality Standard (WDES) highlights the requirements to review employment practises for colleagues with a disability. Members of our Disability Network are working with us to address the points highlighted within the report such as the production of a video to support people to update their disability status on their Electronic Staff Record (ESR) to ensure that the representation of protected characteristics are known and actively supported . They are also co-producing a set of Reasonable Adjustments Guidelines to help and support managers and staff.

Our LGBT+ Network has worked hard on awareness raising and Pride as well as the implementation of the NHS Rainbow Pin Badge Scheme, all of which are detailed later in this report.

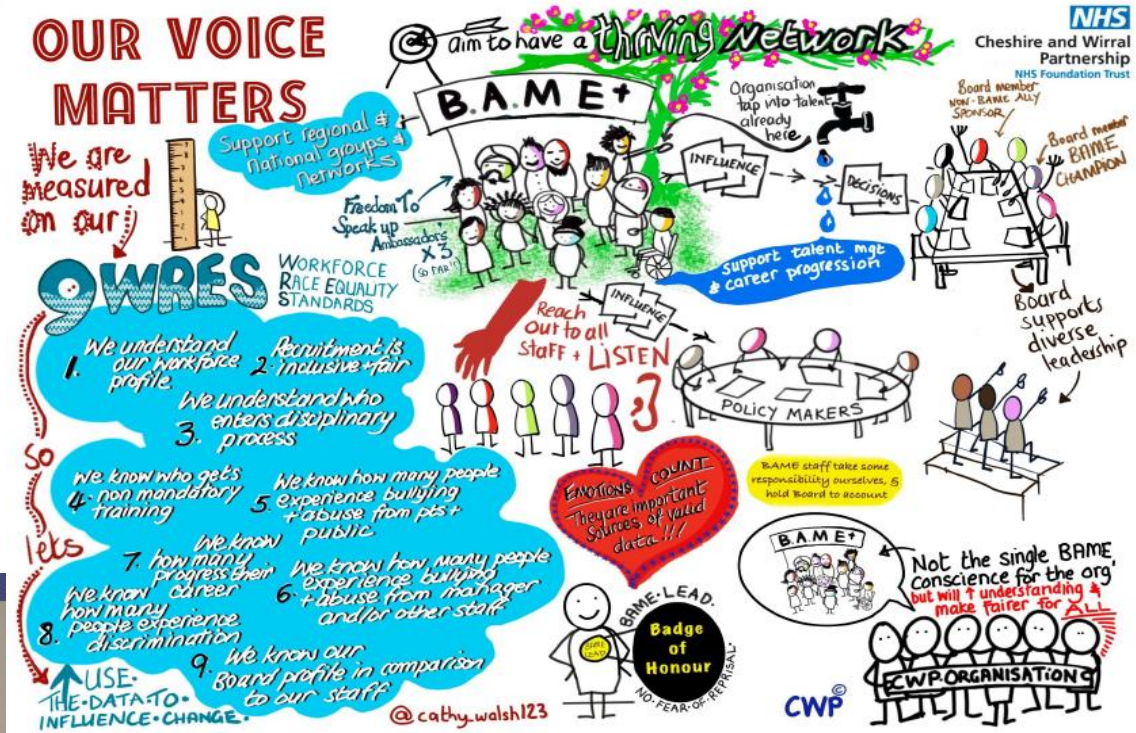
We have an Adoptive Parents Network which provides an informative and supportive forum for people with discussion topics and external speakers being chosen by group members.

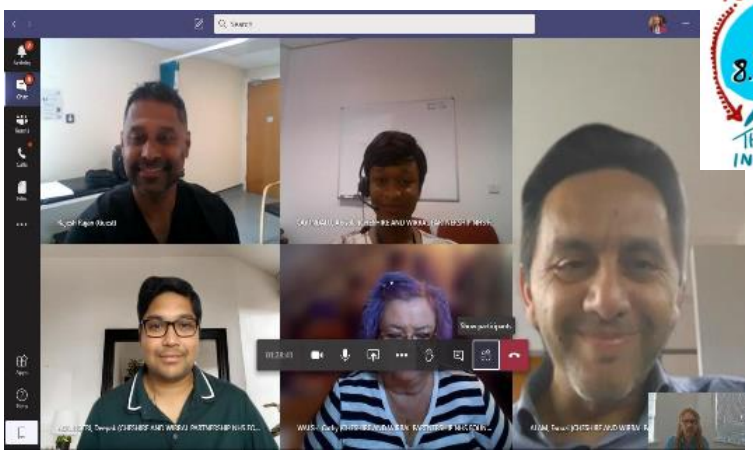
We are also looking to introduce a Carers Network in the near future.

Staff Network Groups (Continued)

Members of our BAME+ Network are working with us to address development areas identified within our Workforce Race Equality Standard (WRES) Report.

The group has also produced a Sketchnote to raise awareness and publicise its aims and objectives. This will be a living document and will be developed as things progress.





Our BAME+ group also welcomed the addition of two Board links in Medical Directors Dr Faouzi Alam and Dr Anushta Sivananthan and also Gary Flockhart, Director of Nursing who is the non-BAME Board Ally Sponsor..

NHS Rainbow Pin Badge Initiative

The NHS Rainbow Pin Badge initiative gives staff a simple visual way to show that CWP offers open, non-judgemental and inclusive support for all people and their families who identify as LGBT+ [lesbian, gay, bisexual, transgender (the + simply means that we are inclusive of all identities, regardless of how people define themselves)]. CWP launched this in February 2020 as a way of helping us to celebrate LGBT+ History Month and Trust Board members all wear badges as do many of our team members. People wearing badges are asked to make a pledge and undergo a short online training module to have awareness of research and ways in which we can support people, listen in a non-judgemental way and sign post to support available.

Transgender Training

In partnership with Education CWP, we have delivered bespoke training events for teams across the Trust linked to protected characteristics. We delivered Transgender Awareness Training sessions for staff in both Cheshire West and Cheshire East and involved Jessica Lynn and Jenny-Anne Bishop, world-renowned transgender educators and also included people who have accessed our services.

Staff Opinion Survey

The 2019 National Staff Opinion Survey indicates that the number of staff who believe that the Trust provides equal opportunities for career progression is above the average for other Trusts of a similar type and that the number of people who would recommend our Trust as a place to work is higher than the average for other similar Trusts.

The Staff Survey also indicates that our score for Equality, Diversity & Inclusion is above the national average and is amongst the highest scoring Trusts in this factor. It also indicates that the number of staff saying they have experienced discrimination in the last 12 months is lower than the national average.

Policy Reviews

We have engaged people covered by protected characteristics in People and Organisational Development Services Policy Reviews such as Flexible Working and Management of Attendance and Supervision & Appraisal Policy to make them more person centred.

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Awareness Raising

National and International Awareness Days and initiatives are celebrated to increase awareness and raise the profile of Equality, Diversity & Inclusion. We have improved our use of social media to reach all groups and now utilise Twitter and Facebook more effectively to increase awareness, promote good practice and to raise awareness of programmes and initiatives.

Similarly, Equality, Diversity & Inclusion initiatives are communicated to managers and staff via the weekly news bulletin and the staff Facebook page to demonstrate senior support and so increase awareness. We have also increased use of quarterly CWP Life magazine and the CWP Twitter account to further increase the profile of Equality, Diversity & Inclusion in order to continue to make it part of everything we do.

Stories from people covered by protected characteristics are shared within the Trust and externally on social media to raise awareness, praise support received from the Trust and share experiences. These are also discussed at the start of Equality, Diversity & Inclusion Group meetings to highlight the different protected characteristics and focus members' minds for the remainder of the meeting. Managers encourage their team members to submit stories.

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Recognition Awards

We hold an annual Recognition Awards event to honour the tremendous and tireless work of our staff, volunteers and partners and present awards in categories such as “Excellence in supporting patient care”, ‘Outstanding contribution to our communities” and “Outstanding contribution to leadership.” The event provides an opportunity to showcase achievements across different roles and services, as well as to connect staff, provide informative entertainment through a guest speaker and hear from senior leaders in the organisation. Staff and Staff Side contribute to the content and format to make it a really inclusive event. At the 2019 event, there was a moving performance of “This Is Me” from the Winsford CAMHS Choir.

Recruitment and Selection

We have developed and enhanced our approach to recruitment, selection and promotion to positively attract, retain and support the progression of diverse individuals within the workforce. We continue to utilise Values Based Recruitment (VBR) processes which aim to attract and select employees on the basis that their individual values and behaviours align with those of the NHS. People who access services take part on interview panels and vacancies are shared with local Equality, Diversity & Inclusion contacts and BAME+ groups to widen our pool of potential applicants.

We continue to be a mindful employer which supports people with long term health conditions back into employment and have retained Level 2 Disability Confident Employer which helps us to recruit and retain people living with disabilities or with health conditions for their skills and talent. It demonstrates that CWP treats equality in the workplace as a priority. The standard includes a guaranteed interview scheme for people applying to work with us who are living with a disability and meet the essential criteria within the person specification for the post applied for.

We are one of 32 Trusts taking part in an NHS England and NHS Improvement Easy Read Job Application Pilot to establish if the Easy Read paper job application form can make a positive contribution to the recruitment framework for NHS organisations and are keen to implement recommendations once this reaches a conclusion.

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Freedom To Speak Up

At CWP, we understand the importance of raising concerns and take this very seriously. Our approach to Freedom to Speak Up (FTSU) is aligned to the national FTSU programme led by the National Guardian Office and aims to make the NHS a 'better place to work and a safer place for patients'. This is recognised as being vitally important to help protect patients and improve the experience of our people. We have been working closely with our FTSU Guardians, Associate Guardians and Ambassadors to develop a shared network approach to strengthening the voice of people with protected characteristics in relation to the Speak Up agenda. By doing this, we are working to ensure we learn from people's experiences and improve practice. This year, we have recruited new Freedom To Speak Up Ambassadors from within our staff network groups.

Access To Work

Access to Work is promoted at Trust induction and across the Trust to support staff with disabilities and long term conditions around reasonable adjustments. This includes the completion of a Tailored Reasonable Adjustment template which looks at what changes can be made to support an individual to remain in work and to have the same opportunities as employees who do not have a disability. Managers provide support to staff members and there is also access to Occupational Health, Counselling and Local HR Links. We have worked hard to create stronger links between Equality, Diversity & Inclusion to HR Operations Team to ensure joined up working to support people in relation to Equality, Diversity & Inclusion for example the Equality, Diversity & Inclusion and Human Rights Policy referred to above.

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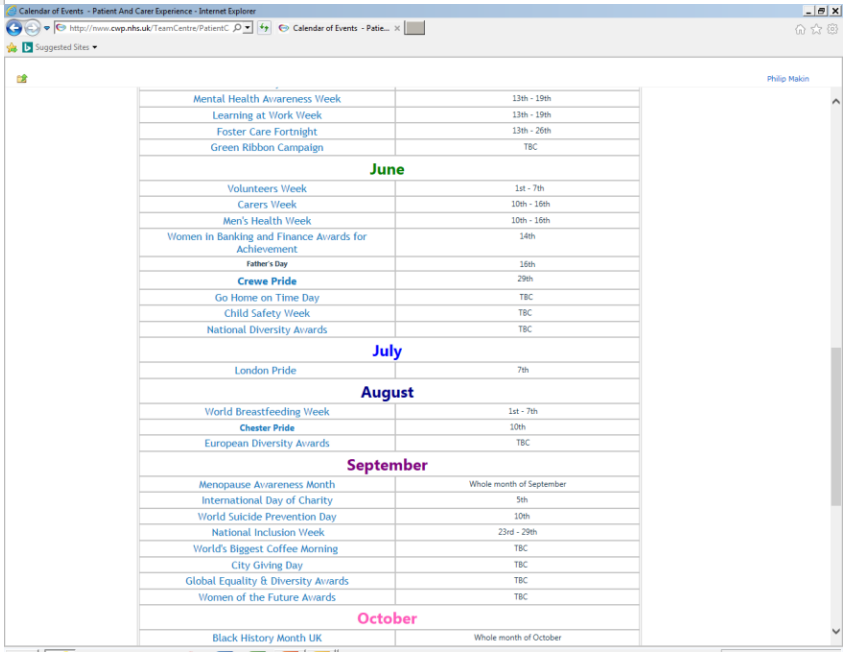
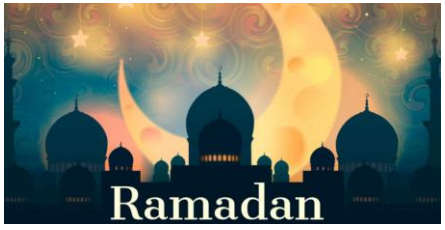
We have developed and implemented Equality, Diversity & Inclusion intranet pages which include reference materials and links to information and reports held on our Internet site. The pages also feature details of our networks as well as support groups for people covered by protected characteristics. We have also devised and published an online Calendar of Events to celebrate local and national festivals and events throughout the year. We are improving our intranet pages on an ongoing basis taking on board people's feedback and suggestions.





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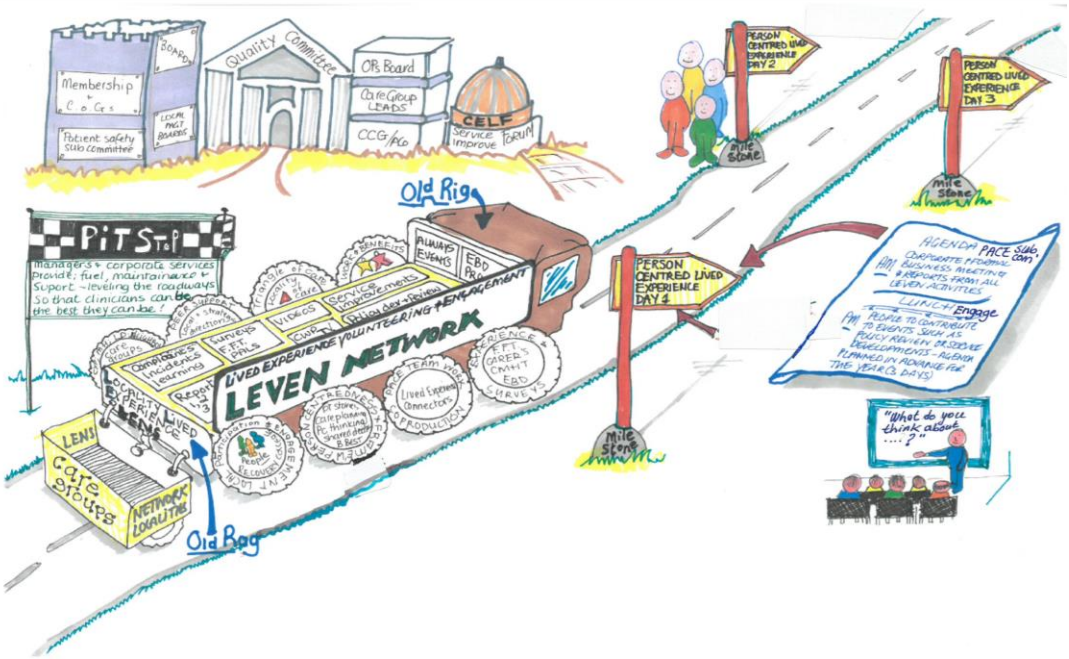
Lived Experience, Volunteering & Engagement Network



Last year, we revised our reward and recognition systems and worked with people with lived experience to redesign how we get people involved. We now have our LEVEN – lived experience, volunteering and engagement network and we have worked to coproduce this with people who access our service and their carers.

We coproduced a system of involvement that stems from the localities and places and represents care groups. People told us they wanted the experience of people who access our services to be the driving force for improvement.

The Trustwide LEVEN includes all the care groups and in addition we also hold a number of lived experience days, some around community mental health services redesign, inpatient care models, involving people's lived experience in education and training programmes.

We also developed paid roles specifically for people with lived experience. We have a number of people employed to co-deliver training in Person Centred Thinking & Planning and in Values Based Recruitment to staff and people who access our services.

Lived Experience Connector®

Last year also saw the further development of the innovative Lived Experience Connector (LEC®) role which has been specially designed for people with lived experience of our services to link together with our new nursing associates. All Board members now have a Lived Experience Connector and Health Education England (HEE) has provided funding to support the national rollout of the programme to other Mental Health Trusts as part of its work on creating new roles in mental health. HEE funded events which we hosted in London and Leeds and people with lived experience co-delivered these sessions along with members of the PACE team. HEE also created a film featuring people from CWP and this is now hosted on the HEE website. The LEC® role has been recognised by HEE as a development opportunity and is seen as part of the Peer Support Workers work stream.

Listen Up Groups and Focus Groups

Over 200 people have signed up as volunteers and many more are involved and participate in things like focus groups, Listen Up groups, specific pieces of work surrounding improvements to services including training and development. People are engaged in a wide range of activities such as project groups, audits & inspections and staff recruitment.

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Pride 2019

CHESTER PRIDE

PR!DE in the park

Working with our LGBT+ Network Group and local partners, we sponsored, promoted and attended Crewe Pride In The Park as well as Chester Pride and Macclesfield Pride. We also held Pride launch events in Crewe and Chester. Events were supported by Board members, colleagues, volunteers and people with lived experience as a visible demonstration of inclusion to our communities.

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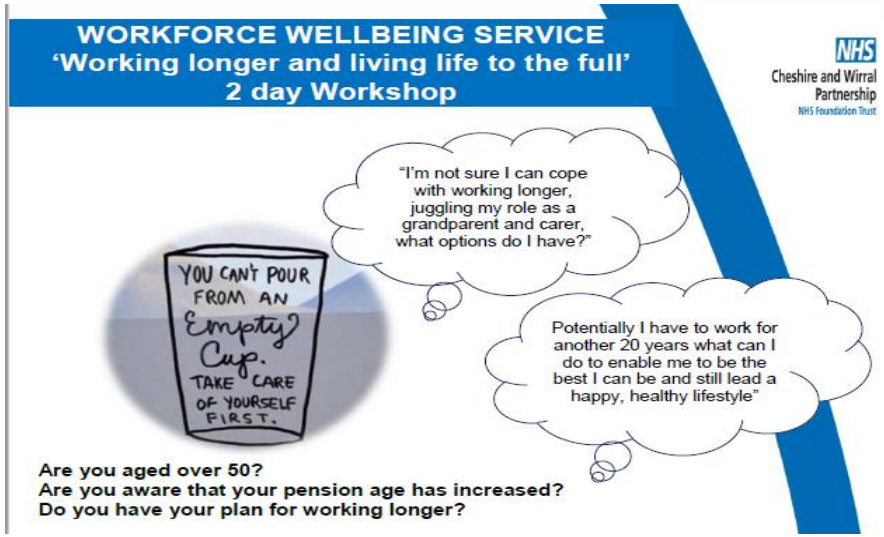
Workforce Wellbeing



We have re-introduced our Workforce Wellbeing Group and are working to support staff wellbeing, including capacity (time, energy and attention) and opportunities for flexible working in response to a development area from our most recent Staff Survey. We also hold a 2 day workshop "Working Longer and Living Life To The Full" to provide staff aged over 50 with space to reflect, develop strategies and plans to deal effectively with life transition and encourage work station assessments via our regular CWP Essentials bulletin and more recently our weekly 'Thoughtful Thursday' publication.

People and Organisational Development Strategy

Our People and Organisational Development (POD) Strategy 2019-22 was developed in consultation with people from Care Groups, Board Members and other colleagues to ensure that we give our people the confidence, knowledge, skills and behaviours to deliver person-centred care. To ensure that it will enable us to deliver the long term plans in our refreshed CWP 'Imagining The Future' Strategy, our POD Strategy will be reviewed in 2020-21 and mapped against the NHS People Plan & Promise.

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‘Going The Extra Mile’ Award

We have a “Going The Extra Mile Award” scheme whereby the Chief Executive and Independent Chair recognise individual and team contributions to CWP which go above and beyond normal job requirements to deliver excellent services. For example, one winner shared with Trust Board their experiences regarding the workplace support they had received from their manager with regards to their disability.

Protected Characteristics Information

ePR Programme

We continue to review and improve how protected characteristics are captured within current data systems and how these are reported on and analysed. We are encouraging teams to fully complete these to enable us to strengthen how information is fed back to Care Group and Information & Governance Meetings within Data Completeness Reports and make continuous improvements. The introduction of the new EPR system (SystmOne) will improve this further so that data can be gathered at registration and recorded consistently. Our processes will be amended to support this.

systmone
ONEPATIENTONERECORD

Social Value Charter

Cheshire & Merseyside Health & Care Partnership

"Be the reason someone receives better care today"

We signed up to the Cheshire and Merseyside Social Value Charter which is being led by the Cheshire and Merseyside Health and Care Partnership. We have committed to the principles of social value by becoming an NHS Anchor Organisation and signing the Social Values Charter and will seek, where possible, to do this when we design, shape and deliver services.

Concerns and Complaints

The Trust seeks to continuously improve how people's concerns are dealt with, both via informal PALS (Patient Advice Liaison Service) concerns and formal complaints. PALS aim to support people who access services, their family members and carers, as well as members of staff to ensure that support is provided to aid the provision of person-centred care and aims to resolve requests for help quickly and avoid the person entering the formal complaints process. We continue to carry out central monitoring of concerns and complaints and formulate actions to ensure that our people have the opportunity to be involved in care planning and delivery decisions. These are reported on at Trustwide Equality, Diversity & Inclusion Group meetings to share learning with the aim being to present a less 'weighted' positive viewpoint. We also encourage Equality, Diversity & Inclusion champions to ask colleagues to report on complaints at local meetings and give evidence of how services are being improved. Reviews of protected characteristics of those who make complaints are now being reviewed at quarterly Trustwide Equality, Diversity & Inclusion meetings and key themes and learning identified.

PALS

Patient Advice and Liaison Service

4. Equality Delivery System 2 (EDS2)

1. Introduction:

Cheshire and Wirral Partnership NHS Foundation Trust (CWP) has implemented the Equality Delivery System (now EDS2) which was launched by the Department of Health in 2011 and is a tool to drive up equality performance and embed equality into mainstream NHS business.

The EDS2 is a public commitment of how NHS Organisations plan to meet the needs and wishes of local people and staff and meet the duties placed on them by the Equality Act 2010. It also sets out how they recognise the differences between people and how they aim to make sure that any gaps and inequalities are identified and addressed.

The EDS2 is split into four measurable areas:

a. Better Health Outcomes
b. Improved patient access and experience
c. A representative and supported workforce
d. Inclusive leadership

Against these four areas, there are a set of 18 outcomes. These range from service quality to how members of staff are managed in the Trust.

2. How does it work?

It works by ensuring that the Trust's services and employment practices are benefiting protected groups in different ways. It is also about creating a system where our stakeholders are the ones who are assessing our performance rather than the Trust doing a simple self-assessment. This includes CWP providing detailed evidence and locality based presentations to our stakeholders.

1. Undeveloped	**Evidence provided for 0-2 protected characteristics**
2. Developing	Evidence provided for 3-4 protected characteristics
3. Achieving	Evidence provided for 5-7 protected characteristics
4. Excelling	Evidence provided for 8-9 (all) protected characteristics

3. Grading
Grading is based on a simple criteria for each of the standards as highlighted above.

4. Public sector equality duty
This has three aims. It requires public bodies to give due regard to the need to:
• eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act;
• advance equality of opportunity between people who share a protected characteristic and people who do not share it; and
• foster good relations between people who share a protected characteristic and people who do not share it.

5. What are protected characteristics?
Protected characteristics refer to all the different groups of people that are covered under the Equality Act 2010 – the main piece of legislation that protects people from discrimination in the UK. These are:
•Age
•Disability
•Ethnicity/Race
•Gender Reassignment
•Marriage & Civil Partnership
•Pregnancy & Maternity
•Religion & Belief
•Sex
•Sexual Orientation

6. What are the benefits?

The introduction of the EDS2 helps to recognise, encourage and highlight the undoubted good practice and evidence that already exists at the Trust. At the same time, it ensures that there is better or consistent engagement with our local communities, that any gaps are identified and addressed and that we become more reflective of the community we serve at all grades and positions.

7. How are we doing?

The Trust has been working hard to implement the NHS Equality Delivery System (EDS2). In July 2020, we held our EDS2 assessment for Goals 1 – **'**Better health outcomes for all' and Goal 2 – 'Improved patient access and experience'. The Trust provided Healthwatch representatives and volunteers with examples of various case studies highlighting how CWP is providing services to members of the diverse community. Due to the impact of the COVID-19 pandemic, the assessment took place virtually via Microsoft Teams and we were not able to invite people delivering and accessing our services to share their experiences with the panel as we have done in previous years.

All outcomes within both Goal 1 'Better health outcomes for all' and Goal 2 'Improved patient access and experience' scored "Achieving" which demonstrates that we have maintained the same level as last year. For Goal 3 - 'Empowered, engaged and well-supported staff' and Goal - 4 Inclusive Leadership', the assessment completed with CWP staff side identified that the Trust again maintained the score of "Achieving" for all of the outcomes in Goals 3 and 4.

In 2019-2020, a number of Equality, Diversity & Inclusion network meetings took place across the Trust and these provided the Trust with an opportunity to provide updates on its activity in relation to the various EDS2 Goals. The meetings consisted of CWP staff / equality champions and representatives from some of the diverse groups. At the group meetings, people were provided with information, presentations and training on the various community groups they support.

We are extremely grateful to all teams submitting and collating case studies which are a really powerful way of showcasing good work across the Trust and sharing good practice.

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Equality, Diversity & Inclusion Champions meet with representatives from Healthwatch, Cheshire Council, Proud Trust, Body Positive and DSN

8. EDS2 Assessment:

The Trustwide EDS2 assessment summary is shown below. Also below is a comparison with our 2018-2019 assessment. Our full EDS2 Assessment Report can be found at the following link: https://webstore.cwp.nhs.uk/EDS21920.pdf

Equality Delivery System 2: Goal 1		
1. 'Better health outcomes for all'	Verified by: Stakeholders	
Individual Outcome grades for Goal 1		
CWP Trustwide		
	2018-19	2019-20
EDS2 Outcome 1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities	Achieving	Achieving
EDS2 Outcome 1.2 Individual people's health needs are assessed and met in appropriate and effective ways	Achieving	Achieving
EDS2 Outcome 1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	Achieving	Achieving
EDS2 Outcome 1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	Achieving	Achieving
EDS2 Outcome 1.5 Screening, vaccination and other health promotion services reach and benefit all local communities	Achieving	Achieving

Equality Delivery System 2 Goal 2:		
2. 'Improved patient access and experience'	Verified by: Stakeholders	
Individual Outcome grades for Goal 2:		
CWP Trustwide		
	2018-19	2019-20
EDS2 Outcome 2.1 People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	Achieving	Achieving
EDS2 Outcome 2.2 People are informed and supported to be as involved as they wish to be in decisions about their care	Achieving	Achieving
EDS2 Outcome 2.3 People report positive experiences of the NHS	Achieving	Achieving
EDS2 Outcome 2.4 People's complaints about services are handled respectfully and efficiently	Achieving	Achieving

Equality Delivery System 2 Goal 3:		
Goal 3. 'Empowered, engaged and well-supported staff'	Verified by: Staffside Reps	
CWP Trustwide	2018-19	2019-2020
EDS2 Outcome 3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	Achieving	Achieving
EDS2 Outcome 3.2 The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations	Achieving	Achieving
EDS2 Outcome 3.3 Training and development opportunities are taken up and positively evaluated by all staff	Achieving	Achieving
EDS2 Outcome 3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source	Achieving	Achieving
EDS2 Outcome 3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	Achieving	Achieving
EDS2 Outcome 3.6 Staff report positive experiences of their membership of the workforce	Achieving	Achieving

Equality Delivery System 2 Goal 4:		
4. 'Inclusive Leadership'	Verified by: Staffside Reps	
CWP Trustwide	2018-19	2019-20
EDS2 Outcome 4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	Achieving	Achieving
EDS2 Outcome 4.2 Papers that come before the Board and other major Committees identify equality related impacts including risks, and say how these risks are to be managed	Achieving	Achieving
EDS2 Outcome 4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	Achieving	Achieving

9. Conclusion:

The EDS2 assessment completed by the Trust and its partners across the Trust footprint highlights its commitment to meeting the needs and wishes of people and meets the duties placed on us by the Equality Act 2010.

5. People Accessing Our Services (Patients)

The following Patient demographics data is collected routinely within the Trust's EPR system:

- Age
- Ethnicity/Race
- Marital & Civil Partnership
- Religion & Belief
- Sex
- Sexual Orientation

There are some areas where we currently don't have a consistent way of collecting data yet, namely: Disability, Pregnancy & Maternity. The introduction of the new EPR system (SystmOne) should improve this as it has been confirmed that this data will be consistently recorded and can be gathered at registration and processes will be amended to support this.

For the purposes of this report we have reviewed the data which is available to us in terms of the protected characteristics based on data extracts of CareNotes for all episodes opened between 1st April 2019 and 31st March 2020. There are 27,661 distinct patients with open episodes on Care Notes for that period and according to their records on the system:

- Age 66.8% were under 50, 33.2% were over 50
- Ethnicity/Race 1.5% were reporting as being from Black, Asian and Minority and Ethnic Backgrounds although there are 27.7% which are reported as not known. There is on-going work within Care Groups to improve the collection of this.
- Marriage & Civil Partnership 38.2% were recorded as Single, 14.0% were recorded as Married.
- Religion & Belief 27.6% are recorded as Christian, 5.6% recorded as another stated religion, 7.2% recorded as none or pagan and the rest either not known or declined to answer
- Sex 53% were recorded as Female, 46.8% were recorded as Male
- Sexual Orientation 27.2% are recorded as Heterosexual, 7.6% Not stated, 0.9% recorded a different sexuality with the rest being not known or prefer not to answer.

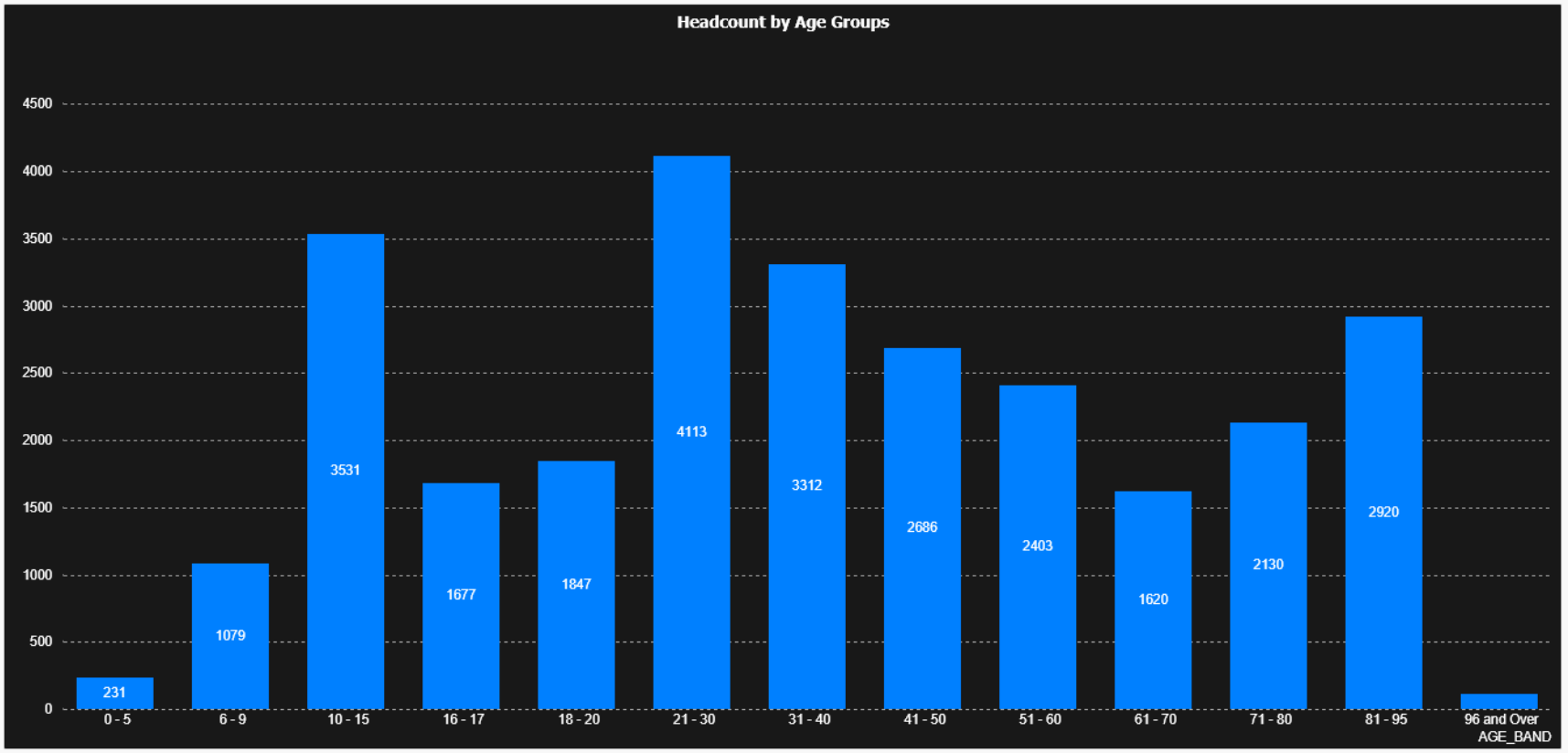
Age

Cheshire and Wirral Partnership NHS Foundation Trust

As at 31 March 2020, our patient breakdown was:

66.8% under 50

33.2% over 50



Ethnicity/Race

As at 31 March 2020:

70.8% White patients (92.67% local population)

As at 31 March 2020:

1.5% of patients from BAME background. (7.08% local population)

As at 31 March 2020:

27.7% of patients not known

Marriage and Civil Partnership

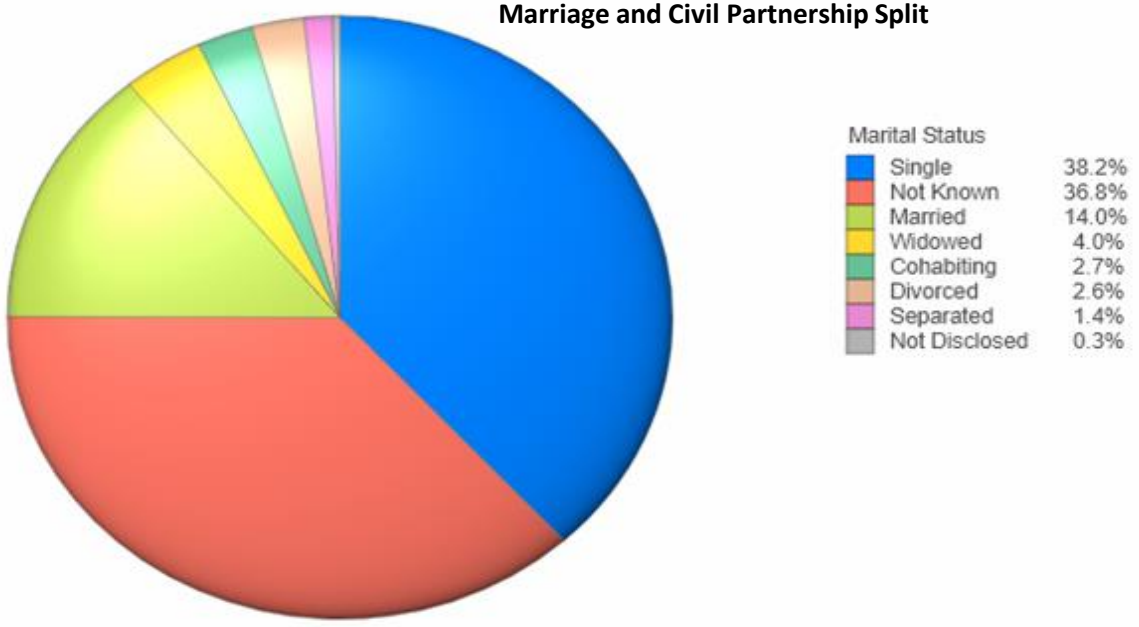
As at 31 March 2020:

38.2% of patients were **Single**

14% of patients were **Married**

4% Widowed, 2.7% Co-habiting, 2.6% Divorced,
1.4 Separated, 0.3% Not Disclosed,
36.8% Unknown.

Marriage and Civil Partnership Split



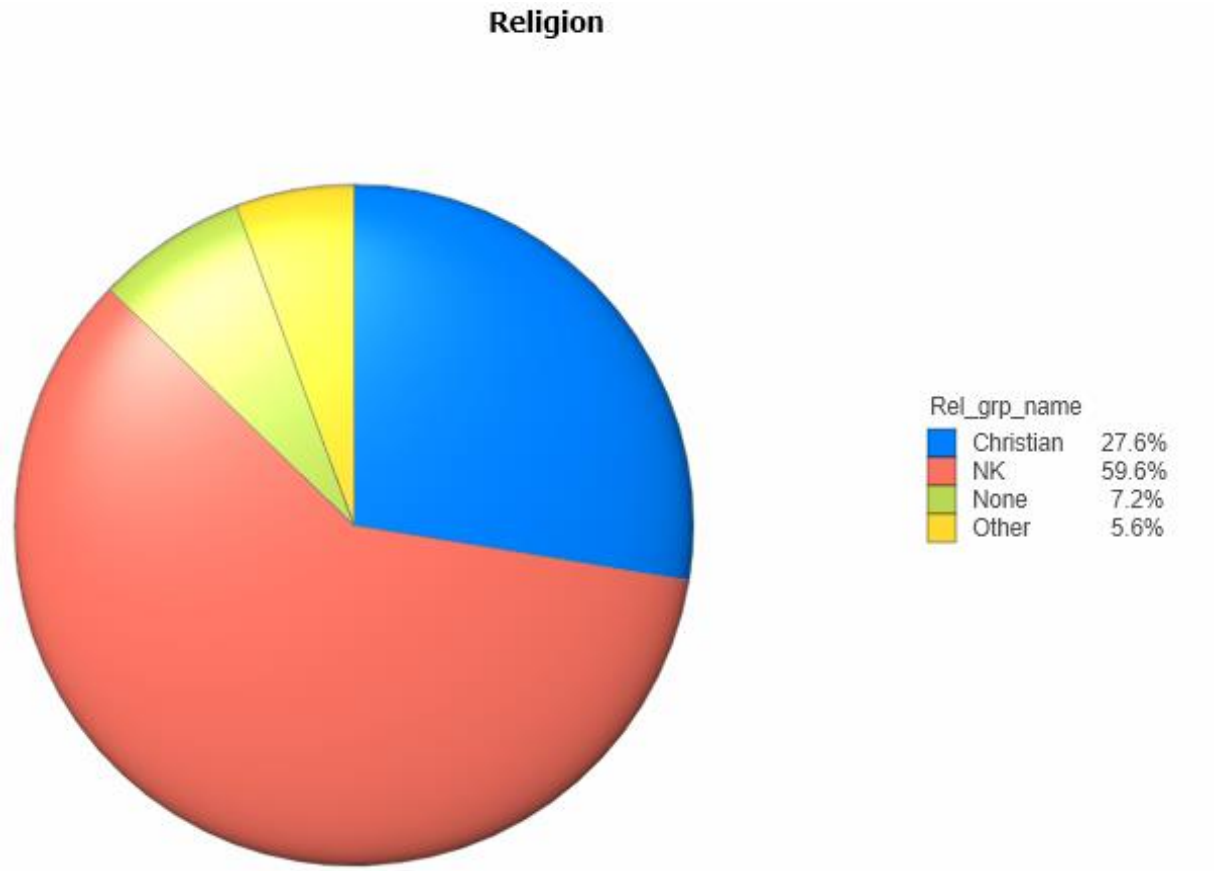
Religion and Belief

Cheshire and Wirral Partnership NHS Foundation Trust

27.6% Christianity

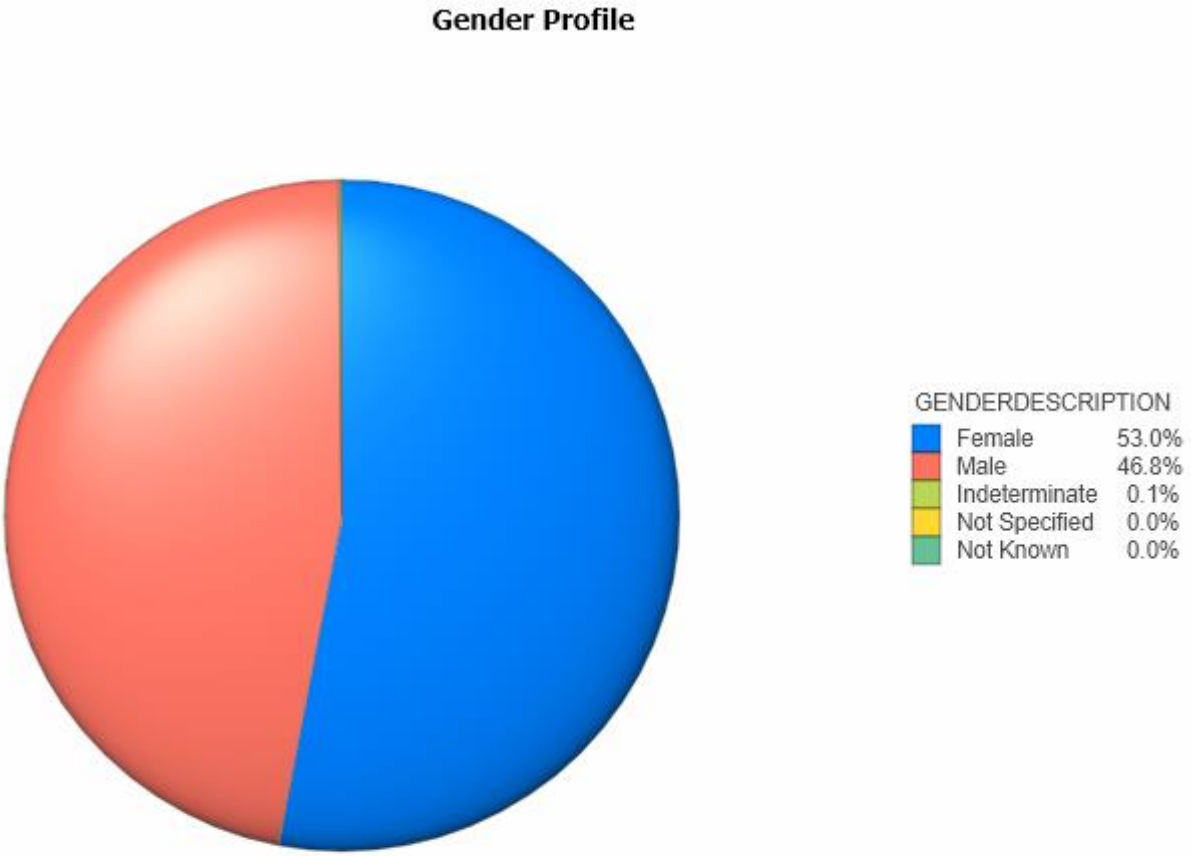
15.6% Other Stated Religion

A significant proportion were showing as not known or declined to answer.



Sex

Cheshire and Wirral Partnership NHS Foundation Trust



As at 31 March 2020:

53.0% Female Patients

46.8% Male Patients

Sexual Orientation

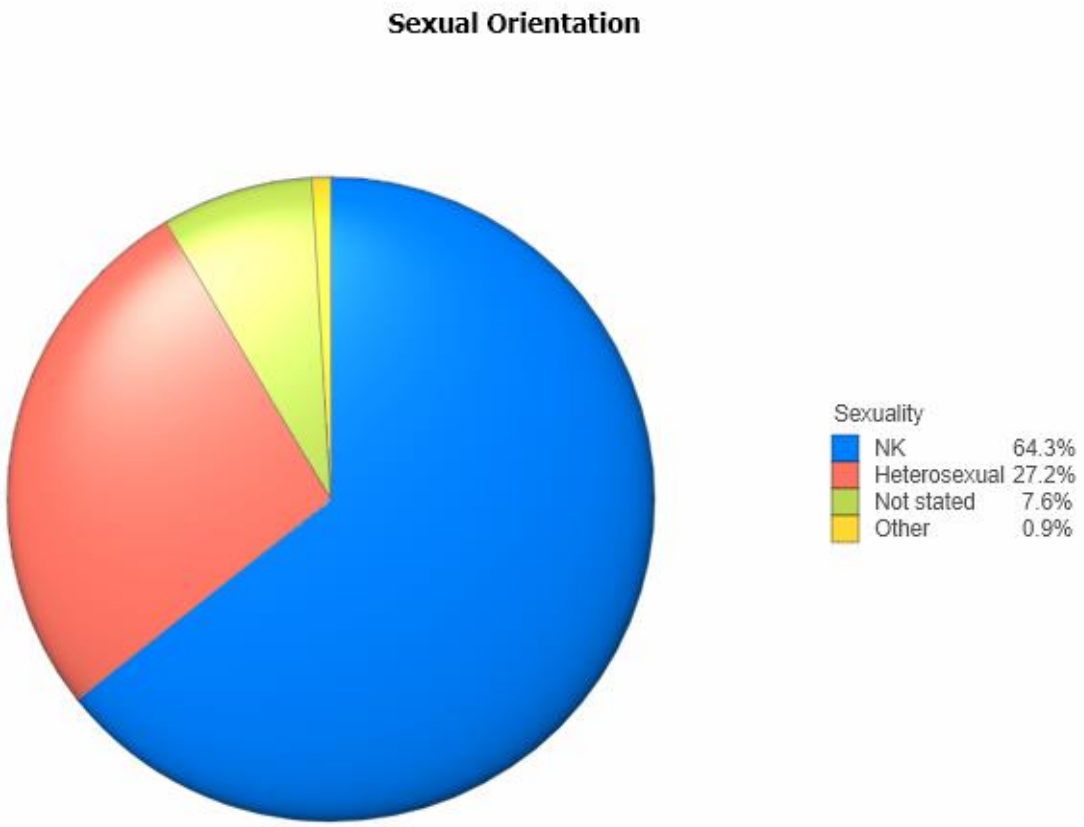
Cheshire and Wirral Partnership NHS Foundation Trust

As at 31 March 2020:

27.2% Heterosexual

7.6 % Not Stated

0.9% Other (Includes Gay/Lesbian and Bisexual)



6. People Delivering Our Services (Staff)

Cheshire and Wirral Partnership NHS Foundation Trust

The following People Information data is collected routinely by the Trust:

- Age
- Disability
- Ethnicity / Race
- Marital & Civil Partnerships
- Pregnancy & Maternity
- Religion & Belief
- Sex
- Sexual Orientation

For the purposes of this report, we have reviewed the data which is available to us in terms of the above protected characteristics. The Trust does not currently hold data on Gender Reassignment for its workforce profile.

As at 31 March 2020, 3741 people were working for CWP and, according to their record on our Electronic Staff Record system:

- **Age** **60%** were aged under 50 and **40%** were aged over 50.
- **Disability** **5.6%** reported that they considered themselves to have a disability which is a slight increase on the past few years. **85.3%** told us they did not consider themselves to have a disability with the remainder either unknown or choosing not to tell us.
- **Ethnicity / Race** Across the areas where we hold contracts (Cheshire West & Chester, Cheshire East, Wirral, Trafford, Sefton and Warrington), there are between **2.7% and 20%** of staff from Black, Asian and Minority and Ethnic backgrounds depending on where staff are located across the Trust with the average Trust wide figure being **4.4%.**
- **Marriage & Civil Partnerships** **49.3%** stated that they were married, **31.4%** stated that they were single.
- **Pregnancy & Maternity** **2.1%** of our female colleagues were on Maternity Leave.
- **Religion & Belief** **53%** considered themselves to be Christian, **13%** as Atheist and the third biggest group at **8.8%** chose to define their religion as Other. **23.1%** chose not to tell us their Religion or Belief.
- **Sex** **80%** were recorded as female.
- **Sexual Orientation** **80.9%** were Heterosexual, 2.2**%** as Lesbian, Gay or Bisexual with the remainder either unknown or choosing not to tell us.

Age

NHS
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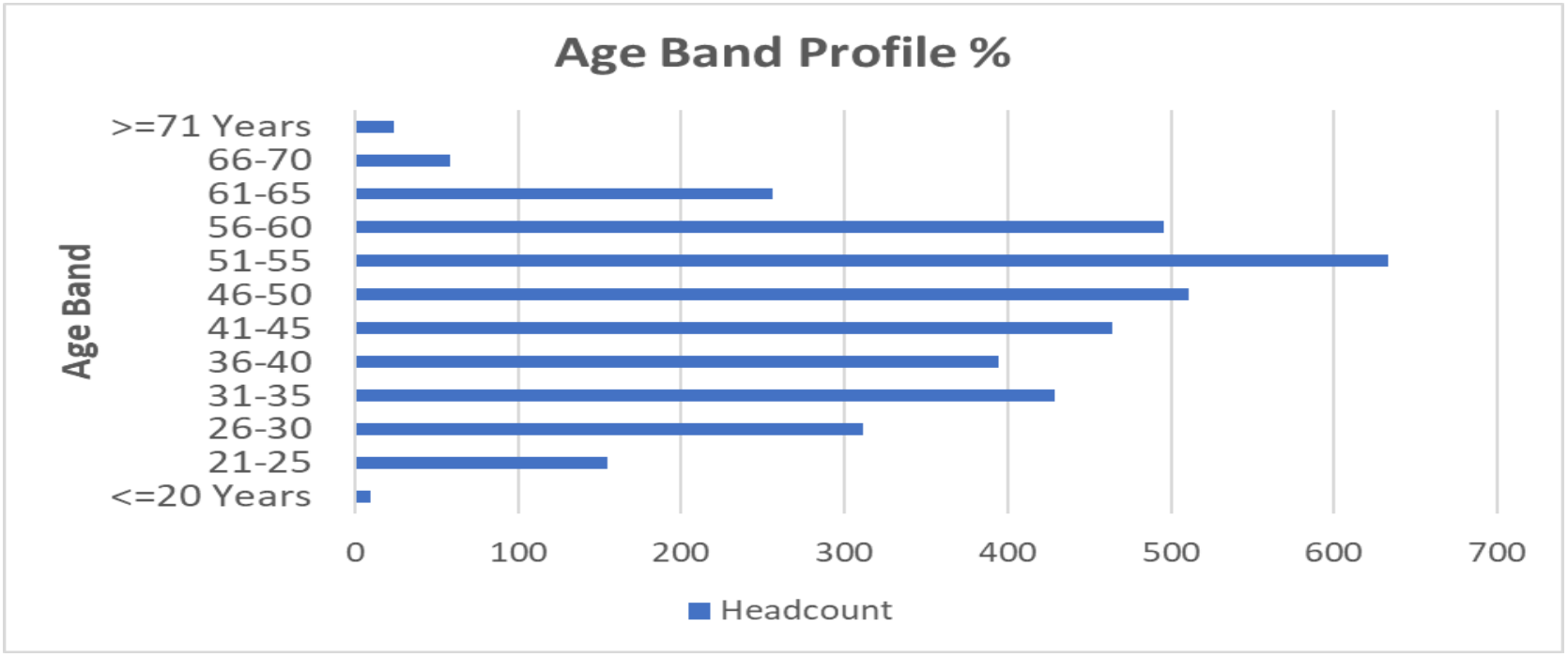
NHS Foundation Trust

As at 31 March 2020, our workforce breakdown was:

60% under 50

40% over 50

Percentage of colleagues aged 60+ years is 9%.



Disability

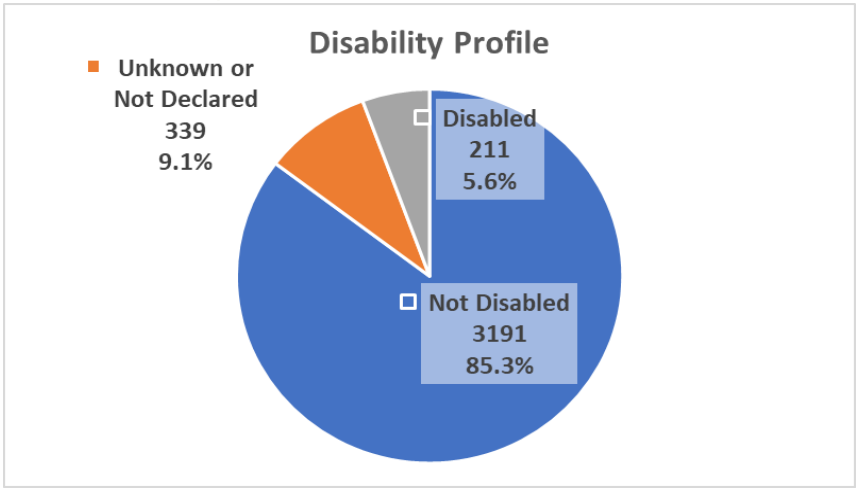
NHS
Cheshire and Wirral Partnership
NHS Foundation Trust

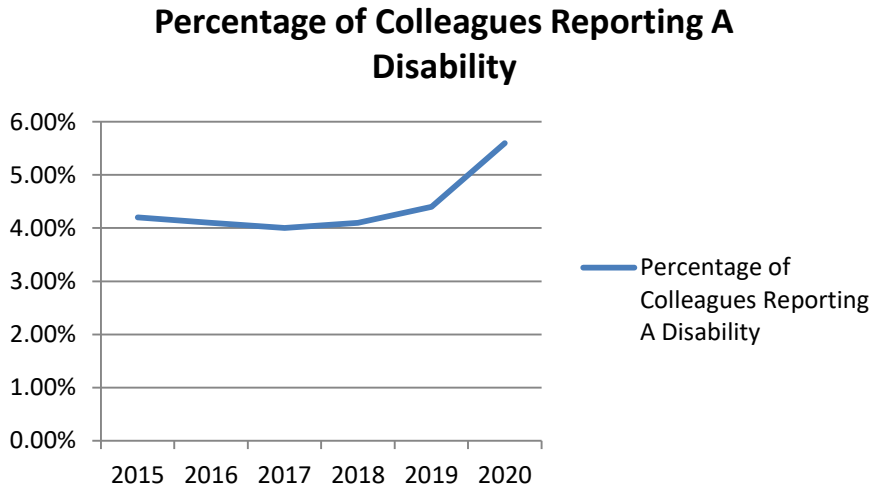
As at 31 March 2020:

5.6% of colleagues have declared that they are living with a disability.

This is a slight increase on the past few years' figures.

Within **Recruitment**, 7.5 % of applicants declared that they were living with a disability (7.8% of shortlisted people and 6.9% of appointed people).





Disability	Trust Staff					
	March 2015	March 2016	March 2017	March 2018	March 2019	March 2020
Not Disabled	83.0%	85.1%	86.0%	87.1%	86.9%	85.3%
Unknown or Not Declared	12.8%	10.8%	10.0%	8.7%	8.6%	9.1%
Disabled	4.2%	4.1%	4.0%	4.1%	4.4%	5.6%

Ethnicity/Race

As at 31 March 2020:

94.% White staff (95.5% local population)

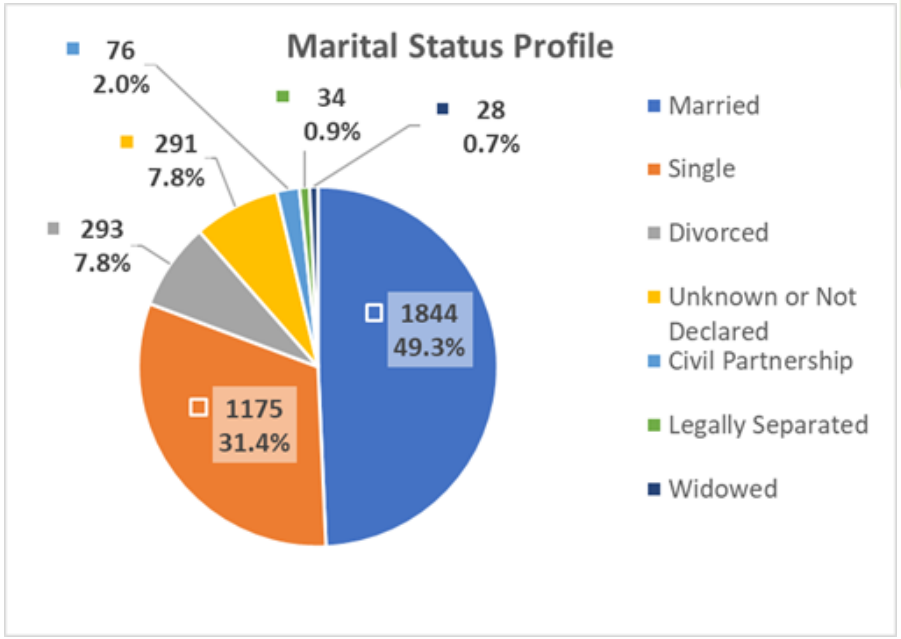
As at 31 March 2020:

4.4% of staff from BAME background. (7.1% local population)

Cheshire and Wirral Partnership NHS Foundation Trust

Across the areas where we hold contracts (Cheshire West & Chester, Cheshire East, Wirral, Trafford, Sefton and Warrington), there are between **2. 7% and 20%** of staff from Black, Asian and Minority and Ethnic (BAME) backgrounds depending on where staff are located across the Trust with the average Trust wide figure being **4.4%.**

Marriage and Civil Partnership



As at 31 March 2020:

49.3% of colleagues were **Married**

31.4% were Single

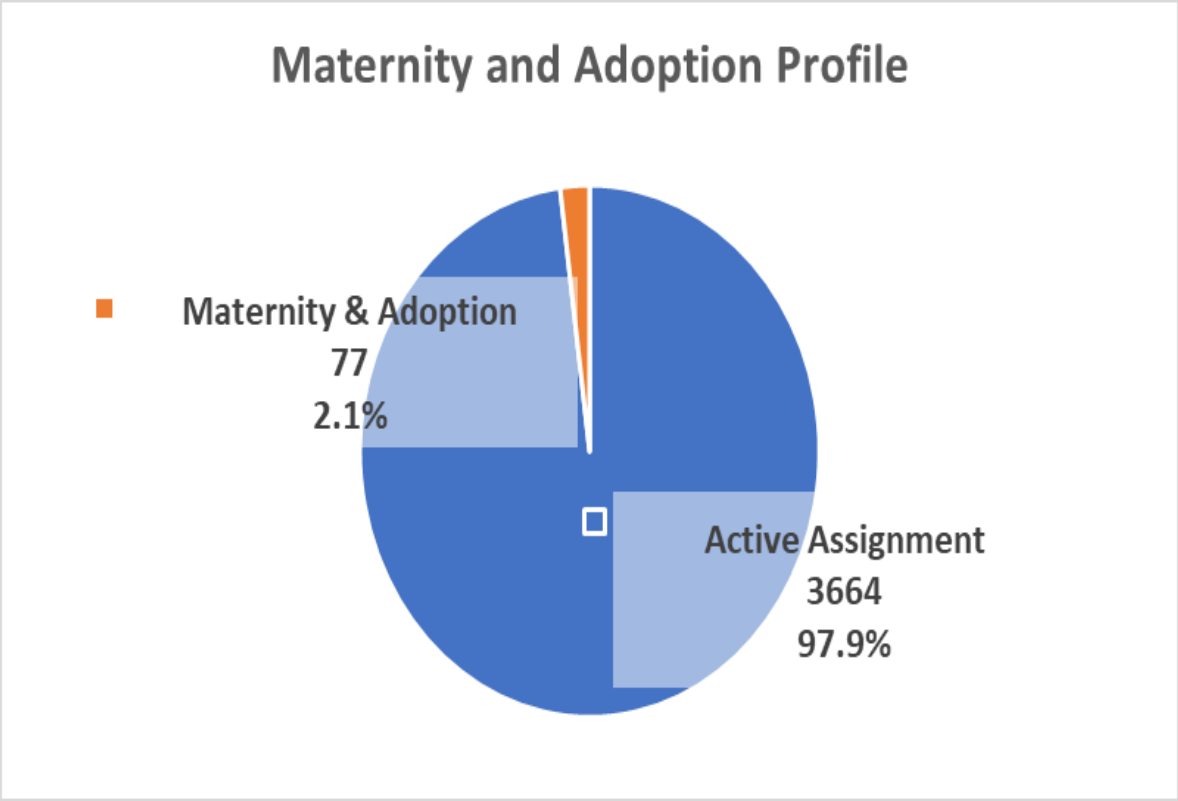
7.8% Divorced,, 7.8% Unknown. 2% Civil Partnership

Pregnancy and Maternity

Cheshire and Wirral Partnership NHS Foundation Trust

As at 31 March 2020:

2.1% of female colleagues were on **Maternity Leave**



Religion and Belief

Cheshire and Wirral Partnership NHS Foundation Trust

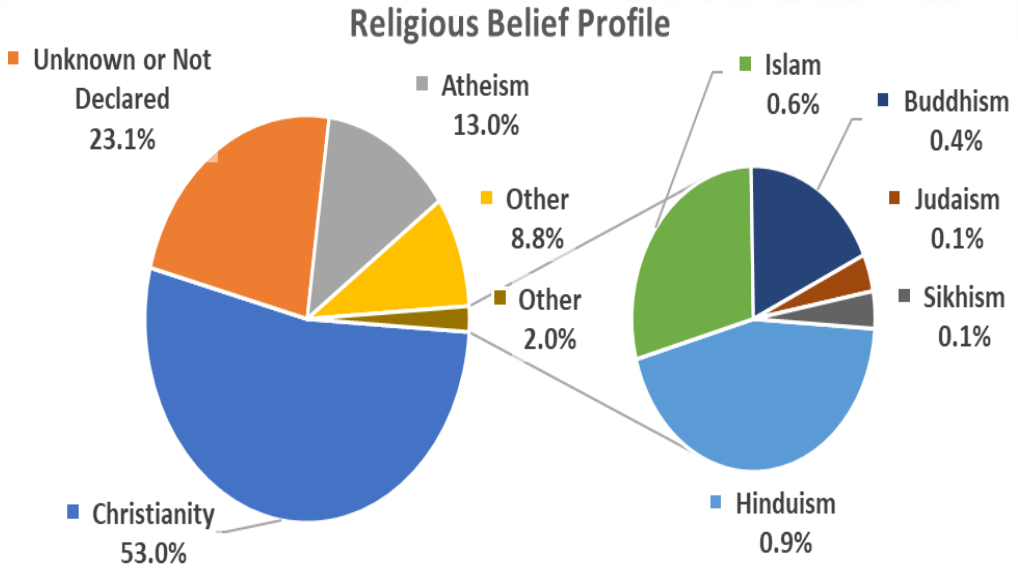
As at 31 March 2020:

53% Christianity

13% Atheism

Remaining staff split across a range of religions and beliefs with the highest number being in the `other` category (8.8%).

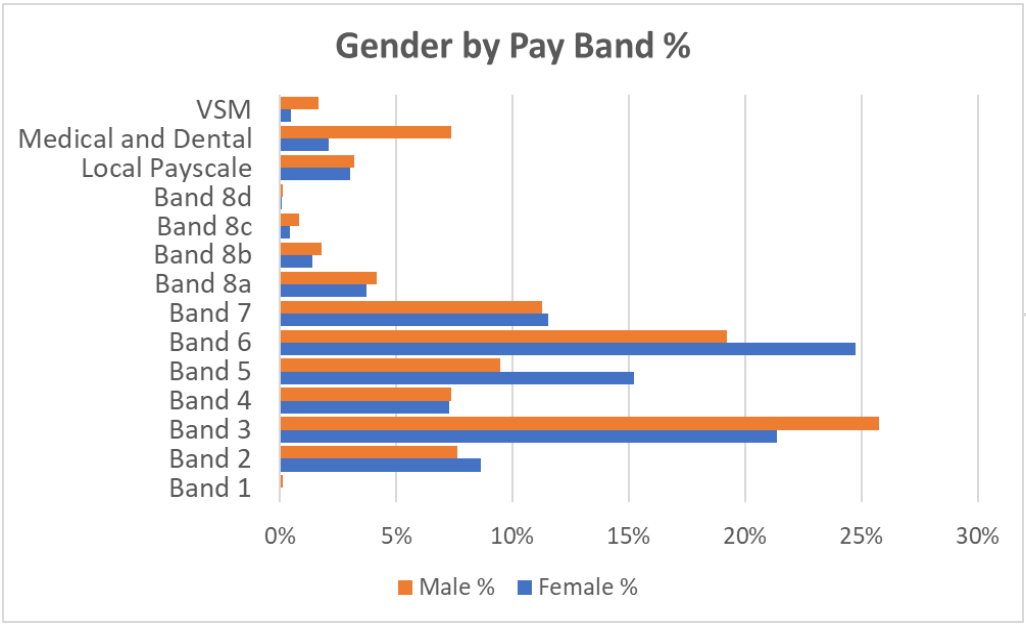
A significant proportion of staff have not declared their religion and belief (23.1%).

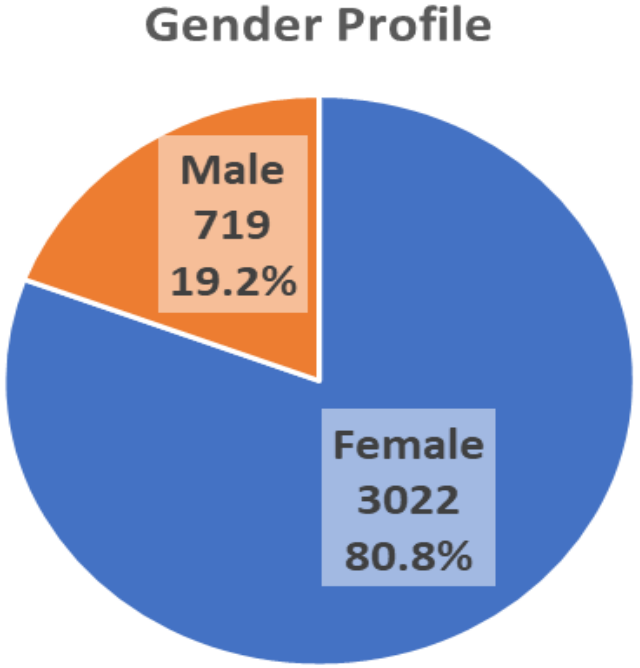


Religious Belief	Trust Staff					
	March 2015	March 2016	March 2017	March 2018	March 2019	March 2020
Atheism	9.2%	9.6%	10.1%	10.7%	11.5%	13.0%
Buddhism	0.4%	0.5%	0.5%	0.4%	0.4%	0.4%
Christianity	56.9%	56.7%	56.5%	55.8%	55.0%	53.0%
Hinduism	0.6%	0.6%	0.7%	0.7%	0.8%	0.9%
Unknown or Not Declared	25.0%	24.5%	23.7%	23.9%	23.4%	23.1%
Islam	0.5%	0.4%	0.4%	0.5%	0.6%	0.6%
Jainism	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Judaism	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%
Other	7.2%	7.6%	8.0%	7.9%	8.1%	8.8%
Sikhism	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%

Cheshire and Wirral Partnership
NHS Foundation Trust

Sex





80% of our colleagues were recorded as female.

Sexual Orientation and Gender Reassignment

Cheshire and Wirral Partnership NHS Foundation Trust

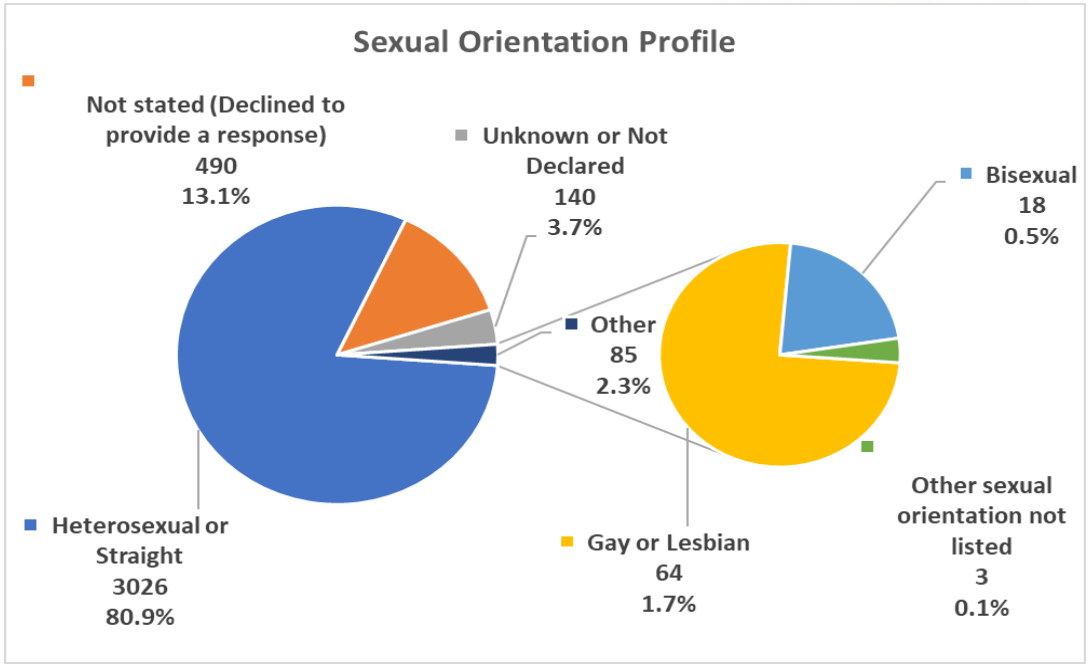
As at 31 March 2020:

80.9% Heterosexual

2.2 % Gay, Lesbian or Bisexual

13.1% Not stated

Gender Reassignment information is not recorded on ESR so we cannot therefore undertake workforce profile monitoring..



Sexual Orientation	Trust Staff					
	March 2015	March 2016	March 2017	March 2018	March 2019	March 2020
Bisexual	0.2%	0.2%	0.3%	0.4%	0.6%	0.5%
Gay or Lesbian	1.2%	1.2%	1.3%	1.3%	1.6%	1.7%
Heterosexual or Straight	76.7%	77.4%	78.4%	78.8%	80.6%	80.9%
Not stated (Declined to provide a response)	13.5%	14.3%	13.7%	14.2%	14.6%	13.1%
Other sexual orientation not listed	-	-	-	-	-	0.1%
Unknown or Not Declared	8.4%	6.9%	6.4%	5.4%	2.6%	3.7%

7. Workforce Race Equality Standard (WRES)

Indicators from the Staff Survey contribute to certain criteria within the Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES). These reports highlight differences between the experiences and treatment of people covered by protected characteristics who are working within CWP.

The NHS Workforce Race Equality Standard Indicators *(please note the wording used is directly from the criteria)*

Workforce Indicators

For each of these four workforce indicators, compare the data for White and BME staff

Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce

Note: Organisations should undertake this calculation separately for non-clinical and for clinical staff

Relative likelihood of staff being appointed from shortlisting across all posts

Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation

Note: This indicator will be based on data from a two year rolling average of the current year and the previous year

Relative likelihood of staff accessing non-mandatory training and CPD

National NHS Staff Survey indicators

For each of the four staff survey indicators, compare the outcomes of the responses for White and BME staff.

KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion

Q217. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues

Board representation indicator

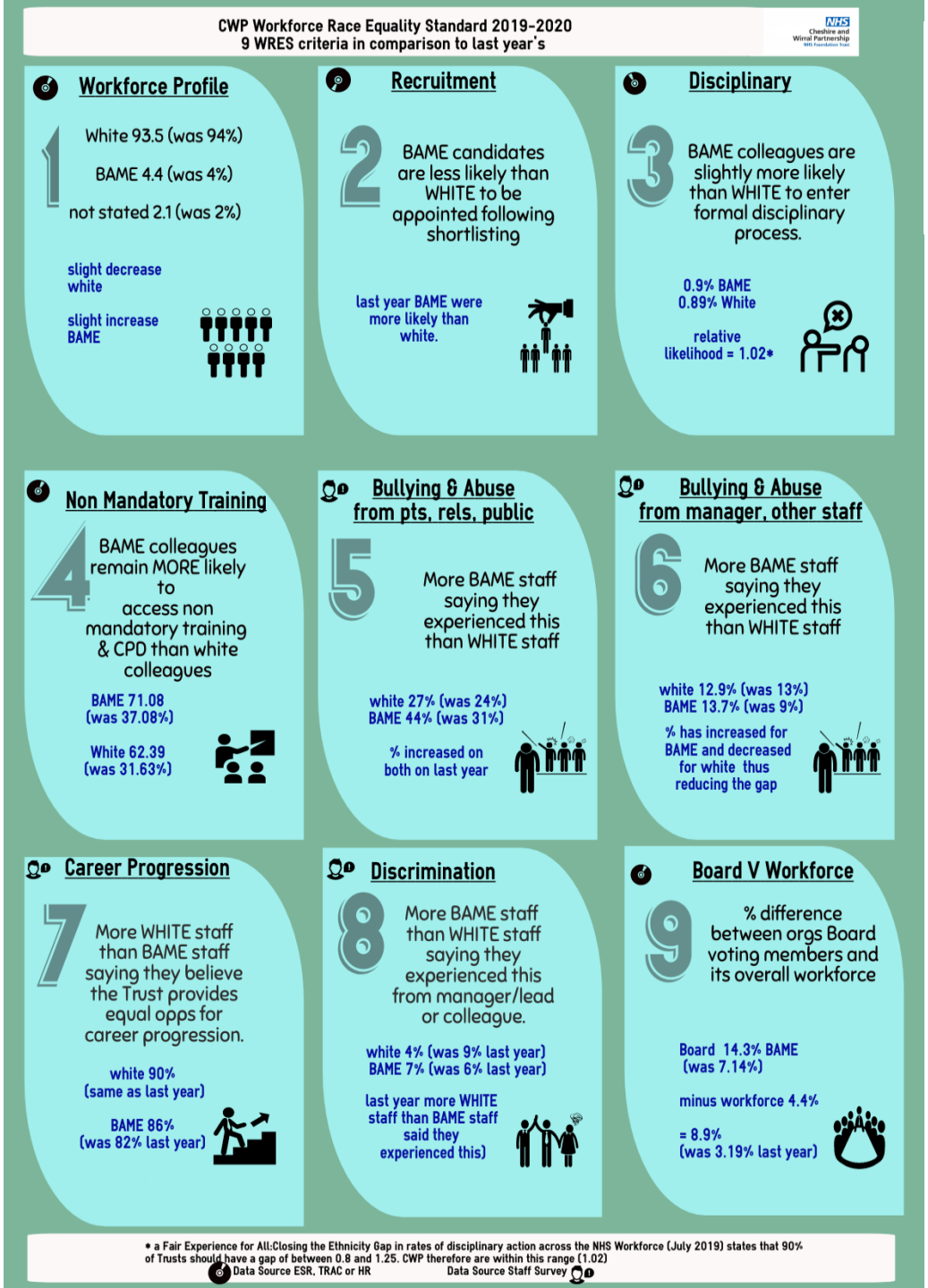
For this indicator, compare the difference for White and BME staff

Percentage difference between the organisations' Board voting membership and its overall workforce

Note: Only voting members of the Board should be included when considering this indicator

The infograph image provides an 'at a glance' view of the WRES criteria and results for CWP. The detailed data is contained further within this report and at this link:

http://www.cwp.nhs.uk/about-us/our-vision-and-values/equality-and-diversity/



Workforce Race Equality Standard (WRES)

The NHS Equality and Diversity Council agreed in July 2014 that action across the NHS needs to be taken to ensure employees from black and ethnic minority (BAME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

Whilst Equality, Diversity and Inclusion feedback from the NHS Staff Survey indicates that this is one of our strongest themes and that we are amongst the highest when compared with other Mental Health/Learning Disability and community trusts, responses from BAME staff members which inform certain parts of the WRES highlight some areas for improvement which will remain a focus moving forward as we also look to develop our network for staff members from a BAME background.

The WRES consists of nine metrics, four of which are specifically on workforce data and one of which is concerned with the percentage difference between Trusts' Board membership and the overall workforce. In terms of workforce data, CWP continues to perform better than a number of other Trusts in respect of BAME Board representation.

Workforce Indicators (Workforce Race Equality Standard (WRES) *(wording is taken from the criteria)*
For each of these four workforce indicators, compare the data for White and BME staff
1. Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce
Note: Organisations should undertake this calculation separately for nonclinical and for clinical staff
2. Relative likelihood of staff being appointed from shortlisting across all posts
3. Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation
Note: This indicator will be based on data from a two year rolling average of the current year and the previous year
4. Relative likelihood of staff accessing non-mandatory training and CPD

National NHS Staff Survey Indicators
For each of the four staff survey indicators, compare the outcomes of the responses for White and BME staff.

5. KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.
6. KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.
7. KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.
8. Q217. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues.

Board representation indicator
For this indicator, compare the difference for White and BME staff
9. Percentage difference between the organisations' Board voting membership and its overall workforce
Note: Only voting members of the Board should be included when considering this indicator.

Cheshire and Wirral Partnership
NHS Foundation Trust

Workforce Indicators

Indicator 1 - Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce

Clinical / Non Clinical and Banding	White	BAME	UNKNOWN/NULL
Non Clinical			
Under Band 1	0.0%	0.0%	0.0%
Bands 1	100.0%	0.0%	0.0%
Bands 2	95.4%	2.6%	2.1%
Bands 3	95.0%	5.0%	0.0%
Bands 4	94.6%	5.4%	0.0%
Bands 5	95.2%	2.4%	2.4%
Bands 6	95.8%	2.1%	2.1%
Bands 7	97.1%	2.9%	0.0%
Bands 8a	92.9%	3.6%	3.6%
Bands 8b	96.4%	0.0%	3.6%
Bands 8c	100.0%	0.0%	0.0%
Bands 8d	100.0%	0.0%	0.0%
Bands 9	0.0%	0.0%	0.0%
VSM	100.0%	0.0%	0.0%
Other	0.0%	0.0%	0.0%
Clinical			
Under Band 1	0.0%	0.0%	0.0%
Bands 1	0.0%	0.0%	0.0%
Bands 2	90.7%	4.7%	4.7%
Bands 3	96.6%	2.4%	1.1%
Bands 4	92.7%	2.4%	4.9%
Bands 5	97.2%	2.3%	0.6%
Bands 6	95.0%	2.9%	2.1%
Bands 7	92.1%	3.8%	4.1%
Bands 8a	93.3%	2.5%	4.2%
Bands 8b	90.0%	10.0%	0.0%
Bands 8c	81.8%	9.1%	9.1%
Bands 8d	100.0%	0.0%	0.0%
Bands 9	0.0%	0.0%	0.0%
VSM	66.7%	33.3%	0.0%
Consultants	48.5%	48.5%	3.1%
of which Senior Medical Manager	0.0%	100.0%	0.0%
Non-Consultant Career Grade	45.0%	55.0%	0.0%
Trainee Grade	0.0%	0.0%	0.0%
Other	0.0%	0.0%	0.0%
Trust Total	93.5%	4.4%	2.1%

Indicator 2 - Relative likelihood of staff being appointed from shortlisting across all posts

Current Year 2019-20

	Shortlisted	Appointed	Relative Likelihood of Shortlisted/Appointed
White	3183	934	29.34
BAME	283	73	25.80
Not Stated	79	51	64.56
Relative Likelihood of White staff being appointed from shortlisting compared to BAME			1.14

Previous Year 2018-19

	Shortlisted	Appointed	Relative Likelihood of Shortlisted/Appointed
White	4544	295	6.49%
BAME	378	26	6.88%
Not Stated	150	42	28.00%
Relative Likelihood of White staff being appointed from shortlisting compared to BAME			0.94

The relative likelihood for the current year 2019-20 indicates that BAME staff are **LESS** likely to be appointed when compared to white staff. This contrasts with the previous year 2018-19 where BAME staff were **MORE** likely to be appointed when compared to white staff

Indicator 3 - Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation

Note: This indicator is based on data from a two year rolling average of the current year and the previous year.

Current year's average April 2018 to March 2020

Average over 2 years	Entering Formal Disc Process	Headcount	Relative Likelihood of staff entering the Disciplinary Process
White	31	3496	0.89
BAME	1.50	166	0.90
Not Stated	0	79	0
Relative Likelihood of BAME staff entering the formal Disciplinary process compared to White staff.			1.02

Previous year's average April 2017 to March 2019

Average over 2 years	Entering Formal Disc Process	Headcount	Relative Likelihood of staff entering the Disciplinary Process
White	70	3367	2.08%
BAME	1	143	0.69%
Not Stated	0	106	0.00%
Relative Likelihood of BAME staff entering the formal Disciplinary process compared to White staff.			0.34

The relative likelihood of the current year's average for April 2018 to March 2020 indicates that BAME staff are slightly **MORE** likely to enter the formal disciplinary process when compared to white staff. This contrasts the previous year's April 2017 to March 2019 where BAME staff on average were **LESS** likely to enter the formal disciplinary process when compared to white staff.

Cheshire and Wirral Partnership NHS Foundation Trust

Indicator 4 - Relative likelihood of staff accessing non-mandatory training and CPD

Current Year 2019-20

	Accessing non-mand / CPD training	Headcount	Relative Likelihood of staff accessing non-mand / CPD training
White	2181	3496	62.39
BAME	118	166	71.08
Not Stated	27	79	34.18
Relative Likelihood of White staff accessing non-mand / CPD training.			0.88

Previous Year 2018-19

	Accessing non-mand / CPD training	Headcount	Relative Likelihood of staff accessing non-mand / CPD training
White	1065	3367	31.63%
BAME	53	143	37.06%
Not Stated	26	106	24.52%
Relative Likelihood of White staff accessing non-mand / CPD training.			0.85

The relative likelihood for the current year 2019-20 indicates that BAME staff are **MORE** likely to access non-mandatory training when compared to white staff. This is in keeping with the previous year 2018-19 where BAME staff were also **MORE** likely to access non-mandatory training when compared to white staff.

National NHS Staff Survey Indicators

Indicator 5 - KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

	2019 Survey	2018 Survey	2017 Survey	2016 Survey
White	27.4%	24%	24%	27%
BAME	44.4%	31%	42%	40%

The results from the latest staff survey indicates that a larger proportion of BAME staff have experienced harassment, bullying or abuse from patients, relatives or the public when compared to white staff. This is also the case for the previous 3 years of staff survey results.

Indicator 6 - KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

	2019 Survey	2018 Survey	2017 Survey	2016 Survey
White	12.9%	13%	17%	16%
BAME	13.7%	9%	17%	15%

The results from the latest staff survey indicates slightly larger proportion of BAME staff have experienced harassment, bullying or abuse from patients, relatives or the public when compared to white staff.

Indicator 7 - KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion

	2019 Survey	2018 Survey	2017 Survey	2016 Survey
White	89.6%	90%	90%	91%
BAME	85.7%	82%	90%	97%

The results from the latest staff survey indicate that fewer BAME colleagues believe that the Trust provides equal opportunities for career progression or promotion when compared to white staff. However, the BAME rate has increased since 2018 and the White rate has reduced slightly.

Indicator 8 - Q217. In the last 12 months, have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues

	2019 Survey	2018 Survey	2017 Survey	2016 Survey
White	4.4%	9%	5%	4%
BAME	6.8%	6%	8%	3%

The results from the latest staff survey indicates that more BAME staff have experienced discrimination from their manager when compared to white staff.

Indicator 9 - Percentage difference between the organisations' Board voting membership and its overall workforce

Current Year 2019-20

	Board Member		Overall Workforce		Percentage difference between the organisation board voting membership and its overall workforce
White	12	85.7%	3496	93.5%	-6.8%
BAME	2	14.3%	166	4.4%	8.9%
Not Stated	0	0%	79	2.1%	-2.1%

As at March 2020, the Trust's Board is made up of 14.3% of BAME staff compared with 4.4% of the overall trust. A difference of 8.9%.

Previous Year 2018-19

	Board Member		Overall Workforce		Percentage difference between the organisation board voting membership and its overall workforce
White	12	85.71%	3367	93.11%	-7.40%
BAME	1	7.14%	143	3.95%	3.19%
Not Stated	1	7.14%	106	2.93%	4.21%

As at March 2019, the Trust's Board was made up of 7.14% of BAME staff compared with 3.95% of the overall trust. A difference of 3.19%.

WRES Indicators

- There have been improvements since last year in that there has been a slight increase in the representation of Black and Minority Ethnic (BAME) people at Board level (Indicator 1) and the fact that BAME colleagues remain more likely to access non-mandatory training and CPD than white (Indicator 4). Furthermore, there has been an improvement in relation to Career Progression (Indicator 7) due to an increase in the percentage of BAME people saying that they believe the Trust provides equal opportunities for this meaning that it is now closer to the percentage of white people saying this which has remained the same as last year.

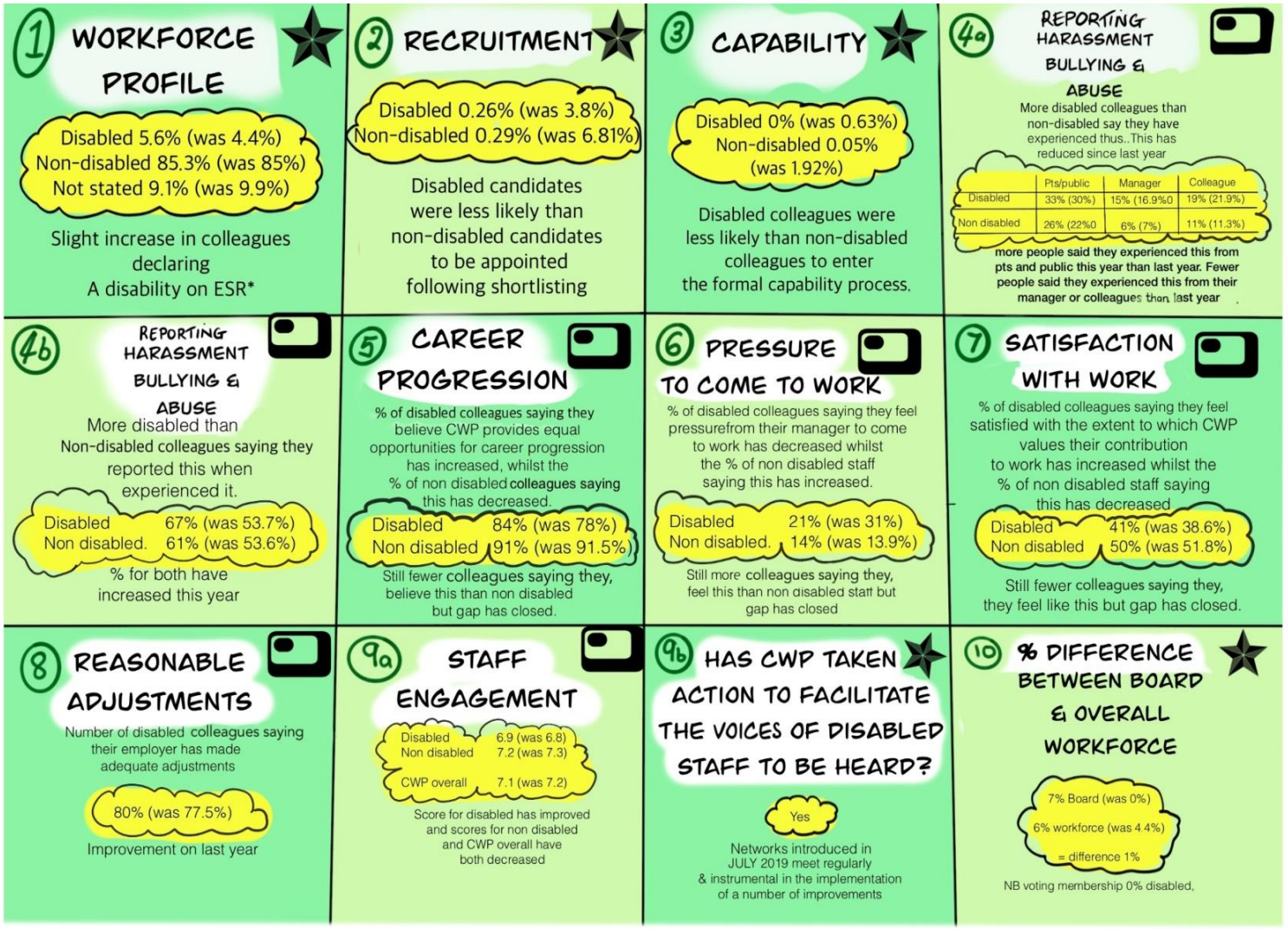
- However, indications are that BAME candidates are less likely to be appointed following shortlisting whereas they were more likely last year (Indicator 2). Also, BAME people are slightly more likely to enter the formal disciplinary process than white people (Indicator 3). However, the likelihood is within the range stipulated in the July 2019 NHS document 'Closing the Ethnicity Gap in Rates of Disciplinary Action'.

- Both more white and more BAME people said they had experienced increased Harassment, Bullying and Abuse from patients, relatives and the public (Indicator 5). However, an area for development is that the percentage increase for BAME people was greater than it was for white people. In relation to Harassment, Bullying and Abuse from manager / other staff (Indicator 6), there has been an increase in BAME people saying that they experienced this and a decrease for white people which means that the gap has closed and there is now a 1% difference between the experience of BAME people and white people in this regard. A further area for development is in relation to the number of people saying that they experienced discrimination from manager / lead / colleague since last year (Indicator 8), as there has been a 1% increase in the number of BAME people saying that they experienced this whereas the percentage of white people has decreased by 5% so is now 3% lower than the BAME percentage.

- CWP still has a higher representation of BAME people at Board level than the Workforce as a whole and this has increased from 7.14% to 14.3% (Indicator 9). The difference between the two has increased from 3.14% to 8.9%. As stated above, CWP continues to perform better than a number of other Trusts in respect of BAME Board representation.

We are working with members of our BAME+ Network Group to look at how we can progress in a positive way. We are refreshing our WRES Action Driver Diagrams and developing a WRES action plan to address the points made above and will continue to monitor these.

8. Workforce Disability Equality Standard (WRES)



The infograph image provides an 'at a glance' view of the WDES criteria and results for CWP. The detailed data is contained later within this report and at this link:

http://www.cwp.nhs.uk/about-us/our-vision-and-values/equality-and-diversity/

Workforce Disability Equality Standard (WDES)

From 2019, the WDES forms part of the NHS Standard Contract. It consists of a set of specific measures to enable us to compare the experiences of disabled and non-disabled staff since research shows that a motivated, included and valued workforce helps to deliver high quality patient care, increased patient satisfaction and improved patient safety. The report will enable us to better understand the experiences of disabled staff and will support positive change for existing employees, enabling a more inclusive environment for disabled people delivering our services.

This is the second year that Trusts have completed a WDES report and it is positive to note that, since last year, there have been improvements within a number of indictors. These include disabled representation both at Board level (indicator 10) and within our workforce as a whole (indicator 1). Further improvements are within the likelihood of disabled people entering the formal capability process (indicator 3) , disabled people's views about equal opportunities for career progression (indicator 5), feeling less pressure to come to work (indicator 6) , satisfaction with work (indicator 7), reasonable adjustments (indicator 8) and staff engagement (indicator 9a).

The key area for development is in connection with indicator 4a - harassment, bullying and abuse. 3% more disabled people than last year said that they experienced this from patients and the public. Of note is that there was also an increase in the number of non-disabled people saying this since last year, and that this increase is greater than for disabled people. There have been improvements in relation to harassment, bullying and abuse, however, since fewer people (both disabled and non-disabled) said that they experienced this from manager / colleagues than last year and secondly, more people (both disabled and non-disabled) who said that they experienced this said that they reported it (indicator 4b) with the increase for disabled people being larger than the increase for non-disabled people.

23% of all staff completing their staff survey in 2019 stated that they had a disability whereas, of the current workforce profile on ESR, only 5.6% have a disability recorded against their staff file. We have raised awareness of the need for people to update their ESR records and, whilst a slight improvement has been noted, we will continue to do so .

The marked improvement within our WDES report for this year is that we now facilitate for disabled people to have a voice which was not the case last year.

The NHS Workforce Disability Equality Standard Indicators *(wording is taken from the criteria)*

Workforce Indicators

For each of these four workforce indicators, compare the data for Non-Disabled and Disabled staff

1. Percentage of staff in AfC pay bands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce.

Note: Definitions for these categories are based on Electronic Staff Record occupation codes with the exception of medical and dental staff, which are based upon grade codes

2. Relative likelihood of Disabled staff being appointed from shortlisting compared to Non-Disabled staff across all posts
3. Relative likelihood of Disabled staff compared to Don-Disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.

Note: This indicator will be based on data from a two year rolling average of the current year and the previous year

Indicators of the National NHS Staff Survey (or equivalent) *(wording taken from the criteria)*

For each of the staff survey indicators, compare the outcomes of the responses for Non-Disabled and Disabled staff.

4.

a)Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months from:

i. Patients/service users, their relatives or other members of the public
ii. Managers
iii. Other colleagues

b) Percentage of Disabled staff compared to Non-Disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.

5. Percentage of Disabled staff compared to Non-Disabled staff believing that the Trust provides equal opportunities for career progression or promotion.

6. Percentage of Disabled staff compared to Non-Disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.

7. Percentage of Disabled staff compared to Non-Disabled staff saying that they are satisfied with the extent to which their organisation values their work.

8. Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.

9.

a) The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation.

b) Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (Yes) or (No)

If yes, please provide at least one practical example of current action being taken in the relevant section of your WDES annual report. If no, please include what action is planned to address this gap in your WDES annual report. Examples are listed in the WDES technical guidance

Board representation indicator

For this indicator, <u>compare the difference for Non-Disabled and Disabled staff</u>

10. Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated:

Indicator 1 - Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce

Clinical / Non Clinical and Banding	% DISABLED	% NON-DISABLED	% UNKNOWN/NULL
Non Clinical			
Under Band 1	0.0%	0.0%	0.0%
Bands 1	0.0%	100.0%	0.0%
Bands 2	8.2%	84.5%	7.2%
Bands 3	6.3%	88.8%	5.0%
Bands 4	8.1%	87.8%	4.1%
Bands 5	4.8%	92.9%	2.4%
Bands 6	8.3%	87.5%	4.2%
Bands 7	5.7%	88.6%	5.7%
Bands 8a	0.0%	89.3%	10.7%
Bands 8b	3.6%	85.7%	10.7%
Bands 8c	12.5%	87.5%	0.0%
Bands 8d	0.0%	100.0%	0.0%
Bands 9	0.0%	0.0%	0.0%
VSM	14.3%	85.7%	0.0%
Other	0.0%	0.0%	0.0%
Cluster 1 (Under Band 1, Bands 1-4)	7.7%	86.2%	6.0%
Cluster 2 (Band 5 - 7)	6.4%	89.6%	4.0%
Cluster 3 (Bands 8a - 8b)	1.8%	87.5%	10.7%
Cluster 4 (Bands 8c - 9 & VSM)	13.3%	86.7%	0.0%
Clinical			
Under Band 1	0.0%	0.0%	0.0%
Bands 1	0.0%	0.0%	0.0%
Bands 2	7.8%	86.0%	6.2%
Bands 3	5.5%	84.7%	9.8%
Bands 4	8.7%	84.0%	7.3%
Bands 5	5.7%	82.6%	11.7%
Bands 6	4.8%	86.0%	9.2%
Bands 7	4.8%	85.6%	9.6%
Bands 8a	4.2%	87.4%	8.4%
Bands 8b	0.0%	83.3%	16.7%
Bands 8c	0.0%	72.7%	27.3%
Bands 8d	0.0%	100.0%	0.0%
Bands 9	0.0%	0.0%	0.0%
VSM	0.0%	100.0%	0.0%
Medical & Dental Staff, Consultants	4.1%	85.6%	10.3%
Medical & Dental Staff, Non-Consultants career grade	5.0%	90.0%	5.0%
Medical & Dental Staff, Medical and dental trainee grades	0.0%	0.0%	0.0%
Other	0.0%	0.0%	0.0%
Trust Total	**5.6%**	**85.3%**	**9.1%**

Indicator 2 - Relative likelihood of staff being appointed from shortlisting across all posts

	Shortlisted	Appointed	Relative Likelihood of Shortlisted/Appointed
Disabled	279	72	0.26
Non-Disabled	3172	930	0.29
Not Stated	94	56	0.60
I do not wish to disclose	-	-	-
Relative Likelihood of Non-Disabled staff being appointed from shortlisting compared to Disabled			1.14 Times more likely

The relative likelihood indicates that Disabled staff are **LESS** likely to appointed when compared to Non-Disabled staff

Indicator 3 - Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by

Average over 2 years	Average Headcount Entering Formal Capability Process	Trust Headcount	Relative Likelihood of staff entering the capability Process
Disabled	0	211	0
Non-Disabled	1.50	3191	0.05
Not Stated	0.50	339	0.15
Relative Likelihood of Disabled staff entering the formal Disciplinary process compared to Non-Disabled staff.			0.00

The relative likelihood indicates that Disabled staff are **LESS** likely to enter the formal capability process when compared to Non-Disabled staff.

Indicator 4a - Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from

Category	Question	2019 Survey	2018 Survey	2017 Survey	2016 Survey
Non-Disabled	Patients/service users, relatives or public	26.3%	22.6%	22%	24%
	Managers	6.3%	7.0%	8.0%	Not available
	Other colleagues	11.0%	11.3%	9.0%	15%
Disabled	Patients/service users, relatives or public	33.3%	30.8%	33%	27%
	Managers	15.3%	16.9%	15%	Not available
	Other colleagues	19.4%	21.9%	20%	21%

The results from the latest staff survey in 2019 indicate that Disabled staff are **MORE** likely to have experienced harassment, bullying or abuse from Patients/Service users, relatives or other members of the public and from their managers than non-disabled staff.

Indicator 4b - Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.

Category	2019 Survey	2018 Survey	2017 Survey	2016 Survey
Non-Disabled	61.4%	53.6%	61%	60%
Disabled	66.9%	53.7%	58%	56%

The results from the latest staff survey indicates that that over 60% of all staff regardless of disability reported harassment, bullying or abuse at work when they experienced it.

Indicator 5 - Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.

Category	2019 Survey	2018 Survey	2017 Survey	2016 Survey
Non-Disabled	91.1%	91.5%	91%	92%
Disabled	83.9%	78.5%	84%	88%

The results from the latest staff survey indicates that a larger proportion of disabled staff believe the trust provides equal opportunities for career progression than non-disabled staff.

Indicator 6 - Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.

Category	2019 Survey	2018 Survey	2017 Survey	2016 Survey
Non-Disabled	14.0%	13.9%	16%	49%
Disabled	21.3%	31.0%	24%	64%

The results from the latest staff survey indicates that disabled staff are **MORE** likely to feel pressure from their manager to come to work than non-disabled staff. This was also the case for 2018, 2017 and 2016 but the percentage has reduced since last year.

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Indicator 7 - Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.

Category	2019 Survey	2018 Survey	2017 Survey	2016 Survey
Non-Disabled	50.2%	51.5%	50%	Not available
Disabled	41.1%	38.6%	39%	Not available

The results from the latest staff survey indicates that disabled staff are **LESS** likely to feel satisfied with the extent to which CWP values their work than non-disabled staff although the percentage has increased since last year.

Indicator 8 - Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.

Category	2019 Survey	2018 Survey	2017 Survey	2016 Survey
Disabled	80.2%	77.5%	79%	84%

The percentage of disabled staff saying that the trust has made adequate adjustment(s) to enable them to carry out their work has increased since last year.

Indicator 9a - The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation. (Out of 10)

Category	2019 Survey	2018 Survey
Non-Disabled	7.2	7.3
Disabled	6.9	6.8
Overall Trust	7.1	7.2

The staff engagement score has increased for disabled staff and decreased for non-disabled staff and the Trust overall.

Indicator 9b - Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (Yes) or (No)

Yes – Network Group introduced in July 2019 and instrumental in the implementation of a number of improvements.

Indicator 10 - Percentage difference between the organisations' Board and its overall workforce.

Category	Board Member		Overall Workforce	
Non-Disabled	14	93.34%	3191	8.0%
Disabled	1	6.66%	211	5.6%
Not Stated	0	0.00%	339	9.1%
Percentage difference between the organisation board voting membership and its overall workforce			1.06%	

The Trust's Board including voting and non-voting members is made up of 6.6% disabled compared with 4.4% of the overall Trust. The Trust's Board voting membership is made up of 0% disabled compared with 5.6% of the overall Trust.

9. Gender Pay Gap

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CWP is passionate about creating a fulfilling, diverse and inclusive place to work, with equality and fairness at the heart of our values, policies and everyday practices. We are committed to be an employer of choice and work hard to ensure that our staff have equality of access to vacancies, promotion and training. This and other supportive policies make CWP a more inclusive place to work.

The Gender Pay Gap is a measure of comparisons between average hourly rates and bonuses. It does not cover equal pay as this would look at comparing the individual earnings of a female and a male doing equal work.

In line with our Gender Pay Gap obligations, we now publish on our website and on a government website, the following:

- mean gender pay gap
- median gender pay gap
- mean bonus gender pay gap
- median bonus gender pay gap
- proportion of males and females receiving a bonus payment
- proportion of males and females in each pay quartile.

For our full Gender Pay Gap report and infograph, please see the link below:

https://www.cwp.nhs.uk/resources/reports/cwp-gender-pay-gap-report-2019/

https://www.cwp.nhs.uk/resources/reports/cwp-gender-pay-gap-infographic-2019/

CWP's hourly gender pay gap continues to be less than the national public sector gender pay gap but there is room for development to reduce the gap further wherever this exists for each band and staff group. In addition the gender gap in bonus payments also needs to be addressed. Key drivers for the gender pay gap are understood to be the outcome of a variety of factors outside the control of individuals such as unpaid carer responsibilities. CWP is committed to workforce equality and have agreed the following actions:

- Strengthening of unconscious bias training for recruiting managers including refresher training
- Task and Finish group to review the flexible working policy and access to flexible working opportunities which will lead to raising awareness
- Development of a talent management programme to support all employees with their career development which may be outside of their current role
- Promotion of development opportunities such as Apprenticeships and regional training
- Promotion of Clinical Excellence Award opportunities to increase applications from female medical staff

Despite a slight improvement since last year, our data still highlights that there is a gender pay gap with women across the average, median and bonus gap being paid less than males. There is a significant gap in average bonus payments for the year 1/4/18-31/3/19 due to Clinical Excellence Award payments for medical staff.

We have met Gender Pay Gap reporting obligations and the results are published on the CWP internet website.

10 Translation & Interpretation

NHS
Cheshire and Wirral Partnership
NHS Foundation Trust

The Trust continues to promote its Interpretation & Translation Best Practice Guidance for booking interpretation and translation services. We hold contracts with professional interpreting and translation service providers who can be contacted 24 hours a day to provide services to support our staff and those accessing services. These services include telephone interpretation, face to face interpretation, written translation, British Sign Language, Easy Read, Audio, Braille and Large Print. We hold regular contract review meetings to ensure that service provisions are up to standard and provide regular reports at Equality, Diversity & Inclusion Trustwide meetings which are also shared with our commissioners.

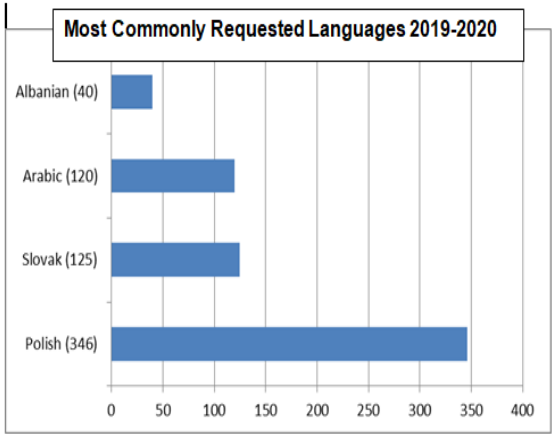
We also have "BrowseAloud", an innovative support software system that adds speech, reading, and translation to websites facilitating access and participation for people with Dyslexia, Low Literacy, English as a Second Language and mild visual impairments.

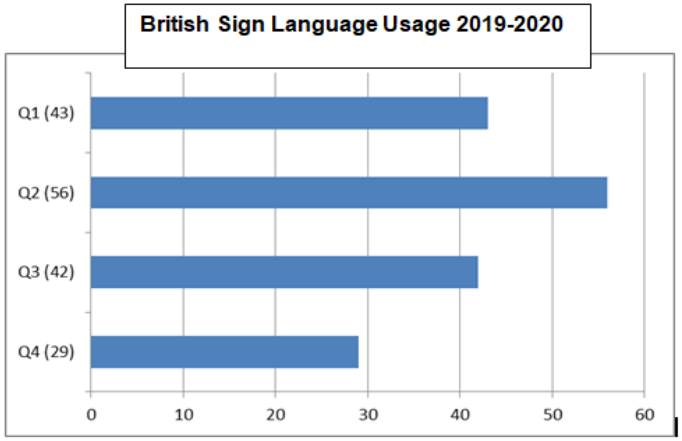
For our full Translation and Interpretation Report, please see the link below:

http://www.cwp.nhs.uk/about-us/our-vision-and-values/equality-and-diversity/

The graph opposite highlights the use of British Sign Language (BSL) interpreters from April 2019 to March 2020. In total, a BSL interpreter was used on 170 occasions during the year.

As shown below, for the year 2019-2020, the 4 most common languages requested for interpretation across the CWP footprint were Polish, Slovak, Arabic and Albanian.





Improvements are underway and we are working with our translation and interpretation providers to ensure that we can offer support to people who do not speak English when they contact us by telephone. We are ensuring that people can get an interpreter on the line to support the caller within 60-90 seconds. This will be piloted by the 24/7 Crisis Line Team before being rolled out to other teams such as Complaints and PALS. We will be marketing the line in different languages to support widened access for all. Our Local Authorities have supported us to identify the 10 different languages which we know are spoken across our communities and we are going to produce some marketing material in relation to the crisis line in those languages.

11. Accessible Information Standard

This aims to ensure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand with support so they can communicate effectively with services. Examples of possible types of support include large print, braille or a British Sign Language (BSL) interpreter.

We have continued to raise the profile of the Accessible Information Standard (AIS) and monitor developments and progress against the standards, working in parallel to the Green Light Toolkit.

The Trust has promoted the Accessible Information Standard and has begun to implement the five requirements of the standard:

1. Ask people if they have any information or communication needs, and find out how to meet their needs.

2. Record those needs clearly and in a set way.

3. Highlight or 'flag' the person's file or notes so it is clear that they have information or communication needs and how those needs should be met.

4. Share information about people's information and communication needs with other providers of NHS and adult social care, when they have consent or permission to do so.

. Take steps to ensure that people receive information which they can access and understand and receive communication support if they need it.

We review the effectiveness of our flagging system or "Alerts" "on our electronic Care Notes system at Equality, Diversity & Inclusion Trustwide Group meetings. We have also continued to work hard to ensure that Trust buildings have access and egress or alternative arrangements can be made on an individual basis if particular needs cannot be met. The "Alert" system referred to above also identifies if somebody has accessibility needs.

GreenLight Toolkit

ALERT

Easyread

CANDDID

Make this web site talk
get textHELP
BrowseAloud

12. Equality Impact Assessments

Equality, Diversity & Inclusion influences all CWP policies. We therefore ensure that all new or reviewed policies undergo an Equality Impact Assessment to provide assurance that all aspects of the Equality Act 2010 have been considered. Equality Impact Assessments are completed on all CWP policies, strategies and proposed changes to services.

In the early part of 2019/2020, we linked this process to the Quality Impact Assessment framework so as to ensure that Quality and Equality continue to go hand in hand

in every aspect of service delivery and employment practice and that we are providing the best possible service and employment provision for everybody including those covered by protected characteristics under the Equality Act 2010.

We will also improve the level of guidance in the template and so increase people's understanding of completing assessments.

13. Quality Contracts

Contract Guidance recommends that commissioners' service specifications should clearly set out requirements for protected groups where there is a need to do so. Through their contract monitoring, commissioners ensure that providers are working towards better health outcomes for all and improved patient access and experience.

Trust Diversity Information

The Trust has published a variety of reports and information to meet both its statutory and contractual obligations. These reports can be found on the CWP website:

http://www.cwp.nhs.uk/about-us/our-vision-and-values/equality-and-diversity/

- Equality Delivery System 2 (EDS2)
- Equality, Diversity & Inclusion Priorities
- Gender Pay Gap Report
- Translation and Interpretation Report
- Workforce Disability Equality Standard (WDES)
- Workforce Race Equality Standard (WRES)

14. Conclusion

- The Trust has met its statutory obligations in accordance with the requirements of the Equality Act 2010 and the CCGs Equality, Diversity & Inclusion Quality Requirements. Regular updates are provided to the various commissioners as requested within the quality contract.

- CWP has met its statutory obligations to monitor and report on workforce and patient Equality, Diversity & Inclusion issues and provides assurance that action is being taken to address issues of note.

- Work around the requirements of the Equality Delivery System 2 (EDS2) is enabling the Trust to develop stronger foundations to support the progression and implementation of Equality, Diversity & Inclusion principles into mainstream processes. This report demonstrates the commitment within the Trust to progress work around equality.

- The progress made in embedding the Equality, Diversity & Inclusion Framework across the Trust is updated at the Trustwide Equality, Diversity & Inclusion Group. Equality Delivery System 2 (EDS2) assessments have been completed by Healthwatch and a process for collecting evidence for the EDS2 assessments for 2019-20 has been agreed. Updates will be presented to Healthwatch at stages throughout the year and the Trust's progress will be reported on at the Trustwide Equality, Diversity & Inclusion Group.

- CWP continues to work towards our Commitment to Delivering Personal, Fair and Diverse Healthcare Services.

- There are governance arrangements in place to monitor progress of the CWP Trustwide Equality, Diversity & Inclusion priorities. Updates will be provided to the various CWP committees.

- The Trust is compliant with the requirements of the Equality Act 2010 and the CCGs' Equality, Diversity & Inclusion Quality Requirements.

- Regular updates are provided to the various commissioners as requested in the Quality Contact.

- The progress made in embedding the Equality, Diversity & Inclusion Framework across the Trust is updated at the Trustwide Equality, Diversity & Inclusion Group.

- The Equality Delivery System 2 (EDS2) assessments have been completed with Healthwatch and a process for collecting evidence for the EDS2 assessments for 2019-20 has been agreed. The Trust's progress with be fed back at the Trustwide Equality, Diversity & Inclusion Meeting.

- There are governance arrangements in place to monitor progress of Equality, Diversity & Inclusion and updates are provided to the various CWP committees.

15. Recommendation

Trust Board members are invited to receive and approve the Annual Equality, Diversity & Inclusion Monitoring Report 2019-20.

Equality Diversity & Inclusion Co-ordinator and Equality, Diversity & Inclusion Leads
(L – R) Nicky Robinson, Philip Makin, Sharon Vernon, Tracey Williamson