PUBLIC BOARD MEETING

Thursday 6 April 2023, 10am
Meeting rooms A1 and A2, Spencer House, Dewhurst Road, Birchwood, Warrington

AGENDA

Ref	Time	Item Title	BAF Ref	Action
16/23	10.00	(i) Apologies for Absence (ii) Quoracy Statement (iii) Declarations of Interest in items on the agenda		Information Assurance
17/23 Page 4	10.00	Minutes of the last meeting: (i) Board meeting held 2 February 2023		Assurance/ Approval
18/23 Page 12	10.05	Matters Arising from the Action Log		Assurance
19/23 Attached separately	10.10	Any urgent items to be taken at the discretion of the Chair (i) BAME Assembly Statement		Discussion
20/23	10.20	Patient Story – Neurosciences Service (presentation to be given on the day)		Information
21/23 Page 17	10.50	Board Assurance Framework – presented by Executive Leads and Board Committee Chairs	ALL	Assurance/ Approval
22/23 Page 34	11.05	Key Corporate Messages	1	Information
QUALITY: to deliver high quality, safe and effective care which meets both individual and community needs				
23/23 (i) Page 39 (ii) Page 64 (iii) Page 71 (iv) Page 83	11:10	(i) IQPR – presented by Executive Leads	ALL	Assurance
		(ii) Performance Framework – presented by the Chief Operating Officer	ALL	Approval
		(iii) Report from the Quality and Safety Committee held on 23 February 2023 – presented by the Committee Chair	2,3,6	Assurance
		(iv) Learning from Deaths Report – presented by the Deputy Chief Nurse	2	Assurance
BREAK				

SUSTAINABILITY: to deliver value for money, ensure that the Trust is financially sustainable and contributes to system sustainability

24/23 (i) Page 88 (ii) Page 95 (iii) Page 104	11:50	(i) Finance Report month 11 – presented by the Director of Finance	4	Assurance
		(ii) 2023/24 Plan – presented by the Director of Finance	4	Approval
		(iii) Report from the Finance and Performance Committee held on 23 March 2023 – presented by the Committee Chair	4,7,8	Assurance

INNOVATION AND COLLABORATION: to deliver innovative and integrated care closer to home which supports and improves health, well being and independent living

25/23 (i) Page 110 (ii) Page 136	12:15	(i) Bridgewater Organisational Strategy – presented by the Programme Director of Integration and Collaboration	3-8	Approval
		(ii) Integration and Collaboration Update – presented by the Programme Director of Integration and Collaboration	3-8	Assurance

EQUALITY, DIVERSITY AND INCLUSION: to actively promote equality, diversity and inclusion by creating the conditions that enable compassion and inclusivity to thrive

26/23 Page 142	12:50	(i) Equality, Diversity and Inclusion Annual Report – presented by the Director of People	5, 6	Information
		(ii) Equality Delivery System 2022 – Board to note this report was approved via e-governance: https://bridgewater.nhs.uk/aboutus/equalitydiversity/equalityact2010/	5, 6	Information

PEOPLE: to be a highly effective organisation with empowered, highly skilled and competent staff

27/23 (i) Page 189 (ii) Page 213 (iii) Page 218 (iv) Page 241 (v) Page 284 (vi) Page 292	1:00	(i) Report from the People Committee held on 15 March 2023 - presented by the Committee Chair	5, 6	Assurance
		(ii) Medical Appraisal and Revalidation Report – presented by the Dental Network Clinical Director	5, 6	Assurance
		(iii) Staff Survey Results and Action Plan – presented by the Director of People	5, 6	Assurance
		(iv) People Plan – presented by the Director of People	5, 6	Assurance
		(v) Statutory and Mandatory Training and PPDR Action Plans	5, 6	Assurance
		(vi) Update Report on Industrial Action – presented by the Director of People	5, 6	Assurance

OVERARCHING CORPORATE GOVERNANCE ITEMS					
28/23 (i) Page 311 (ii) Page 332 (iii) Page 337	1.30	(i) Results of annual Board effectiveness survey – presented by the Trust Secretary	1	Assurance
		(ii) Code of Governance Updates – presented by the Trust Secretary	1	Assurance
		(iii) Board business cycle – presented by the Trust Secretary	1	Approval
29/23	1.45	Review of meeting and Items to be added to the Board Assurance Framework		Information
30/23	1.50	Opportunity for questions to the Board from Staff, Media or Members of the Public at the discretion of the Chair		Information

DATE & TIME OF NEXT MEETING

Thursday 1 June 2023, 10am at Spencer House, Dewhurst Road, Birchwood, Warrington

MOTION TO EXCLUDE

(Section 1 (2) Public Bodies (Admissions to Meetings) Act 1960)

The Trust Board reserves the right to exclude, by its resolution, the press and public wherever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons, stated in the resolution

<u>**Unapproved Minutes from a Public Board Meeting**</u>
<u>**Held on Thursday 2 February 2023, 10am**</u>
<u>**Meeting Rooms A1 and A2, Spencer House, Dewhurst Road, Birchwood, Warrington**</u>

<u>**Present**</u>
Karen Bliss, Chair
Colin Scales, Chief Executive
Ted Adams, Medical Director
Gail Briers, Non-Executive Director
Sarah Brennan, Chief Operating Officer
Linda Chivers, Non-Executive Director
Nick Gallagher, Director of Finance
Abdul Siddique, Non-Executive Director
Martyn Taylor, Non-Executive Director
Tina Wilkins, Non-Executive Director
Paula Woods, Director of People and Organisational Development

<u>**In Attendance**</u>
Susan Burton, Deputy Chief Nurse
Sam Ollerenshaw, Community Health and Wellbeing Project Lead (to item 06/23)
Tania Strong, Head of Human Resources
Helen Young, Freedom to Speak Up Guardian
Jan McCartney, Trust Secretary
Lynda Richardson, Board and Committee Administrator

<u>**Observers/members of the Public**</u>
Deepak Agnihotri
Elaine Inglesby, Designate Non-Executive Director
Peter Hollett, Public Governor, Halton

01/23 **(i) APOLOGIES FOR ABSENCE**
Lynne Carter, Chief Nurse
Rob Foster, Programme Director of Integration and Collaboration
Aruna Hodgson, Medical Director

(ii) QUORACY STATEMENT

The Chair confirmed that the meeting was quorate.

(iii) DECLARATIONS OF INTEREST IN ITEMS ON THE AGENDA

No declarations of interest were made.

02/23   MINUTES OF THE LAST MEETING HELD ON 8 DECEMBER 2022

It was agreed that apologies should be recorded for Medical Director, Aruna Hodgson. The minutes were otherwise approved as an accurate record.

03/23   MATTERS ARISING FROM THE ACTION LOG

The Board noted the updates provided against the actions recorded in the log.

75/22iii Cheshire and Merseyside Prevention Pledge

The Trust Secretary advised that there was no longer a requirement for the Trust to identify a lead Non-Executive Director for the pledge. This action would therefore be rated as blue to be removed from the action log.

88/22i Integration and Collaboration Update

Date for the Board time out session dedicated to children's transformation work to be added to this action.

88/22ii Update on Provider Collaboratives

The Chief Executive advised that this matter was progressing in terms of regular meetings for Executive and Non-Executive Directors across the collaborative. He explained that there would be a requirement for Non-Executive Directors to be included in the governance of the collaborative from 2023/24 and there would be further updates and discussions concerning this. The Board agreed that this matter would be kept on the action log until further progress had been made and reported.

90/22i Committee Chair's Report from the People Committee

The Chair asked that the Board consider the report provided later in the agenda and agree whether this action was completed or not in terms of the length of the report being appropriate and the correct application of the RAG ratings.

91/22i Accountability Framework (Performance Framework)

The Chief Operating Officer reported that the first iteration of the refreshed performance framework was being devised for the Finance and Performance Committee in March 2023 and this was part of wider work on the further development of the IQPR. However she shared her concerns regarding capacity challenges and commented that in the light of current pressures, there may need to be a review of timings with discussions to take place on capacity to continue to progress the work. The Director of Finance added that there were metrics and measures in place but those needed to be brought together into one model. **The Board agreed that a discussion needed to take place concerning the metrics that the Trust wanted to deliver against the strategy and the associated timescales. This would need to be discussed at a dedicated Board time out session prior to the Finance and Performance Committee taking place in late March 2023A date would be set for this to take place.**

92/22 Items to be added to the Board Assurance Framework

The Board agreed that this action had now been completed.

It was agreed that the following items were completed and could be removed from the action log:
36/22iii Ockenden II report
70/22 Patient Story

73/22i IQPR – a discussion would take place later in the meeting regarding the scheduling of a dedicated IQPR Board time out session.

04/23   **ANY URGENT ITEMS TO BE TAKEN AT THE DISCRETION OF THE TRUST CHAIR**

The Chair confirmed that she had not been made aware of any urgent items of business to be taken.

05/23   **SPOTLIGHT ON SERVICES – COMMUNITY HEALTH WORKERS**

The Board welcomed Community Health and Wellbeing Project Lead, Sam Ollerenshaw, who provided and update on the Community Health Workers pilot that was taking place in Oakwood, Birchwood, Warrington and was one of three pilots in the UK. He advised that the pilot was based upon a model from Brazil and aimed to reduce health inequalities. He explained that the Community Health Workers developed relationships with whole households and looked wider than health in relation to housing, education, food or debt, around any areas that had the potential to affect quality of life. This would also include signposting to other services or advising on support that people could receive from community services. Sam Ollerenshaw advised that whilst the Bridgewater pilot was at an early stage, with two Community Health Workers in post and further work being undertaken to recruit more, there had been some benefits observed from the longer running pilot undertaken in Westminster. This included an increase in health screenings and an 8% reduction in GP attendance. The pilot in Bridgewater was at a much earlier stage, with early data showing that all people that the workers had engaged with were experiencing mental health issues, including anxiety and loneliness that had increased during the pandemic. Support had also been provided to people not taking their medication, including for mental health issues, as well as helping with access to hearing support from Warrington Disability Support. He explained that partnership working was a key part of the roll out with PCNs and there were links into Birchwood Health Centre. The importance of the data and evidence from the pilot and its impact would be crucial both for the Trust and local residents, as well as on a wider scale across the system and feeding into UK wide evaluations.

The Board welcomed the project and the opportunities and potential this had to make a difference to people. Non-Executive Director, Linda Chivers advised that she was interested in the economic impact and how each contact would be measured in terms of how they had been helped/supported. She asked if metrics and common models would be utilised to measure this. Sam Ollerenshaw advised that he would provide some information to Non-Executive Director, Linda Chivers concerning this and that there was a validated model in place to determine people's wellbeing which was being used with a questionnaire which also provided an indication of improvements. Future approaches would be discussed with Medical Director, Ted Adams as the lead Executive Director.

Non-Executive Director, Tina Wilkins asked about involvement with Primary Care networks in the area noting that they had funding in place for a range of roles which would provide support. She asked how relationships in this area were developing. Sam Ollerenshaw advised that this would be a key part of work and as with the Brazil model, primary care input would be needed to support the roll out of this model. The Trust had linked in with Birchwood Health Centre building relationships with clinical staff and finalising ways of working collaboratively. He explained that the initial information that people received from the service was a letter from their GP with the Bridgewater information leaflet which demonstrated that the Trust was connected with the GP surgery and working together on the Community Health Worker project. The Chief Operating Officer highlighted that there had been considerable interest in this work with a recent discussion that had taken place at the Warrington Partnership Board as part of Staying Well. There had been interest in replicating the model across other geographical areas.

Non-Executive Director, Gail Briers referred to training and supervision for the Community Health Workers and asked what arrangements were in place. Sam Ollerenshaw advised that staff would undertake the required NHS mandatory training and electronic learning via Health Education England which was specific to community work with online modules which

included a care certificate training, Royal Society of Public Health level two training and there would be shadowing taking place across the community in a variety of settings. Staff would also attend a weekly supervision session where feedback could be discussed on case studies and issues that may arise. The Director of People would also be linking in with the project to explore opportunities around recruitment. She noted that there would be opportunities around an upcoming national apprenticeship week.

Non-Executive Director, Abdul Siddique sought further information regarding the ethnic composition of the community and asked if there had been any challenges in this regard. Sam Ollerenshaw confirmed that the community was 96% white and that there had been one issue noted concerning a language barrier, however the person had not wanted to move forward with the service. He advised that the service had received positive feedback from contacts with people and highlighted that the area had been chosen for the project due to the high level of deprivation.

Medical Director, Ted Adams reported that an evaluation would be undertaken with the Trust being part of three organisations to economically evaluate the programme for the UK and measuring the impact of the project would be the next step of work. The Chief Executive commented that this would characterise the contribution of community services to understand and address this as a conduit between organisations: how was accountability identified within systems to address inequalities. He added that it would be important to describe this, and the impact of the work. The evidence and the data would be important to this and he suggested that some metrics could be identified and included within the IQPR. He noted that it would also be important to recognise that it may take some time for the project and its work to have an impact. It would be key to share the outputs once available with other places and partners across the system.

The Board thanked Sam Ollerenshaw for his presentation and he left the meeting.

06/23   BOARD ASSURANCE FRAMEWORK

The Trust Secretary presented the Board Assurance Framework and the detail of changes made by Board Committees during December 2022 and January 2023. She highlighted the recommendation of the Finance and Performance Committee regarding a reduction to the current risk scoring of BAF4: this would change the rating from four (consequence) by three (likelihood) = 12 high, by reducing the likelihood to two, this would result in a rating of eight, medium. She explained that this was due to the acknowledgment of the Committee that there was an increased confidence level within both the Integrated Care System and the Trust in achieving in-year financial balance. Non-Executive Director and Finance and Performance Committee Chair, Tina Wilkins advised that the Committee had recognised that there were some unknown factors going forwards but would discuss the risk rating again at the next Committee meeting in March recognising that the Board Assurance Framework was a living document and recognised a point in time. Non-Executive Director, Linda Chivers commented that whilst there appeared to be a number of minor changes across the Board Assurance Framework, that some of those changes were fundamental as they were important in relation to the rationale for the risk scores. She noted that if targets were properly set the Trust should be able to achieve them within a financial year and whilst there may be factors outside of the Trust's control that may impact the scoring, those must be reflected within the narrative otherwise there could be a target risk score set that could not be achieved, with the scoring not set accurately or inappropriate actions.

The Board welcomed a suggestion from the Chief Operating Officer to track the risk levels within a scorecard which would demonstrate the movement of those levels across the year. This would highlight areas that may require attention and demonstrate where targets should be set in the future.

The Board agreed all of the recommended changes to be made across the Board Assurance Framework.

07/23   KEY CORPORATE MESSAGES

The Chief Executive presented the report and highlighted the high level of engagement of Board members across the Trust, including the continued engagement of Non-Executive Directors in time to talk sessions with services. He referred to the Delivery Plan for the Recovery of Services and advised that this would be circulated. He advised that the Executive Management Team were reviewing this and would discuss it at its next meeting. The content of this report would be featured in future board papers.

08/23   QUALITY - To deliver high quality, safe and effective care which meets both individual and community needs

(i) IQPR

The Board received the report which set out the key areas of performance for the Trust across operations, quality, people and finance.

The Board noted that there had been two new red rated indicators in relation to the '28 day faster diagnosis' and 'referrals to plan' indicators. All operational red rated indicators were being monitored by the operational teams and with plans in place to improve performance with a focus on dermatology, community paediatrics and patients waiting over 18 weeks. A discussion took place concerning mandatory and statutory training. The Chief Executive advised that consideration would be given to the consequences for staff of not being compliant with this training. This action would be taken forwards by the Executive Management Team and discussion would take place with staff side colleagues. **The Board would be updated on this at its next meeting.**

The Board would further discuss and review the IQPR and metrics at a dedicated time out session as agreed earlier in the meeting.

(ii) Report from the Quality and Safety Committee held on 21 December 2022

The Board received a report for assurance from Non-Executive Director and Committee Chair, Gail Briers. The Board noted in particular the deep dive presentation to the Committee concerning the Voice of the Child and welcomed the work that was taking place concerning the practical application of work such as auditing of notes to ensure the voices of children and young people were being heard across services.

(iii) Operational Winter Update

The Chief Operating Officer updated the Board on the actions taken to manage the operational delivery of services during the winter period. Delivery against the plan was underway which included an updated staff health and wellbeing offer, the position with staff sickness, covid-19 and flu vaccinations uptake and an update on virtual wards in Warrington and Halton. The Trust was also involved in work to support system pressures. Discharge funding monies had also been awarded to the Trust in Warrington, with an allocation yet to be awarded in Halton. The Warrington monies had been intended to increase capacity in the Enhanced Care Home Support Service to seven days a week and till 7pm each evening, with additional staff to be put into place in the IV and catheter services and staff to support the work of an accelerated discharge team in conjunction with primary care. However there was a challenge to currently identify additional capacity to put the staff in place as the monies were non recurrent ending on 31st March. Work was in train to progress this matter to identify capacity with operational managers. Additional monies had been requested in Halton to support the development of additional capacity for the Halton Intermediate Care and Frailty Services to support patients in care homes.

The Board received the report for assurance.

09/23 **SUSTAINABILITY -– to deliver value for money, ensure that the Trust is financially sustainable and contributes to system sustainability**

(i) Finance Report – month nine

The Board noted the financial position as at month nine.

(ii) Trusts response to the planning priorities guidance

The Director of Finance briefed the Board on the latest 2023/24 financial planning guidance and the Trust timetable for completion. This included the national planning guidance that had been issued to date, the current gaps in local planning guidance and the expected receipt date, as well as the Trust timetable for completion, with work to date, current assumptions, identified risks and next steps. It was likely that there may be several iterations of the 2023/24 plan required, but the ICB was encouraging all organisations to remain consistent in approach to ensure equity and minimise the need for multiple resubmissions. **It was agreed that a bespoke Board session would be scheduled to enable a review of plans, both draft and final, and it was noted that some e-governance may be required, depending on the timescales for submission.**

(iii) Report from the Finance and Performance Committee held on 23 January 2023

The Board received a report for assurance from the November meeting of the Finance and Performance Committee from Non-Executive Director and Committee Chair, Tina Wilkins.

(iv) Report from the Audit Committee held on 12 January 2023

The Board received the report for assurance from the January meeting of the Audit Committee from Non-Executive Director and Committee Chair, Linda Chivers.
She particularly highlighted the response rate to the Committee's annual review of effectiveness survey: one Committee member did not respond and the response rate from Committee attendees was low. She emphasised the importance of respondents providing key feedback to help ensure that the Board Committees were functioning effectively and noted that the low response levels had been a theme across Committees previously. A discussion took place as to whether the responses should be continue to be provided anonymously going forwards. There was a consensus of opinion that the **responses could continue to be anonymously reported on to Committees, but that responders would be asked to provide their name as part of their feedback confidentially**. This would assist in following up with non-responders. **An approach would also be agreed where the outputs of the surveys would be reviewed by the Board at a time out session.**

10/23 **INNOVATION AND COLLABORATION – to deliver innovative and integrated care closer to home which supports and improves health, wellbeing and independent living**

(i) Integration and Collaboration Update and public engagement on the Quality and Place Strategy (Q&P23)

An update was provided on integration and collaboration work and the work to continue the refresh of the Q&P23 strategy for April 2023. Engagement activities were in train with further activities planned in February and March continuing into April and beyond the date of the strategy refresh. The work of the Trust's transformation group was continuing with a second meeting being held. Work was continuing on the development of the Mental Health, Learning Disability and Community Provider Collaborative (MHLDC PC), both strategically through the Forum and managerially/operationally, through the Management Group. The development of a Strategic Outline Case continued to be a key area of focus, with work ongoing, driven by the Forum.

11/23 **EQUALITY, DIVERSITY AND INCLUSION: to actively promote equality, diversity and inclusion by creating the conditions that enable compassion and inclusivity to thrive**

(i) Gender Pay Gap Annual Report

The Board received and approved the report which had been reviewed by the People Committee in January 2023. This would be submitted to the Government Equalities Office by the deadline date of 31 March 2023.

Non-Executive Director, Linda Chivers referred to the report being produced for 2021/2022 and questioned the delay in this being produced. She suggested that the report could have been reviewed at an earlier point, potentially at quarter two, to ensure the initiatives would be addressing necessary issues. **The Director of People would liaise with Non-Executive Director, Linda Chivers regarding this**. She suggested that the People Committee business cycle could be reviewed to accommodate this. Non-Executive Director, Linda Chivers added that the Trust should be utilising the report as well as approving it.

12/23 **PEOPLE – to be a highly effective organisation with empowered, highly skilled and competent staff**

(i) Preparation for and consequences of industrial action

The Board received an update report from the Director of People concerning the industrial action that took place on 18 and 19 January 2023. The impact upon patients was noted: there had been 834 cancellations and 300 staff absences (150 each day). Absence rates were static, prior to, and there was no correlation of industrial action impacting on absence rates. All clinical incidents that had been logged on the Ulysses system would be reported to relevant councils and Committees, there were no significant incidents, and all lessons learned would be reviewed. Whilst further national strike dates were planned the Trust was currently not included in those. It was expected that more dates would be announced as the pay dispute continued.

(ii) Freedom to Speak Up Update Report

The Board received a report from the Head of Human Resources which confirmed that activity levels in the Trust were reported to be low with 12 cases over 12 months. Nine of the cases were open with two of those raised in confidence and one raised anonymously. Those cases related to patient safety, staff safety, infrastructure and environment and relationships. It was noted that current grievance levels are currently low. The Board acknowledged that the willingness of people to raise concerns was a key element of its culture. It was noted that the staff survey had seen a positive 50% return on questions related to raising concerns and whether staff were confident that action would be taken following this. Consideration would be given to how information and feedback on raising concerns and freedom to speak up matters was shared through to the Board as a 'temperature check'.

(iii) Report from the People Committee held on 23 January 2023.

The Committee Chair and Non-Executive Director, Abdul Siddique presented the report setting out the key considerations of the January People Committee.

13/22 **OVERARCHING CORPORATE GOVERNANCE ITEMS**

(i) Application of the Trust Seal

The Board noted the detail of eight applications of the Trust Seal between 23 July 2022 to 20 January 2023.

14/23 <u>**REVIEW OF MEETING AND ITEMS TO BE ADDED TO THE BOARD ASSURANCE FRAMEWORK**</u>

Non-Executive Director, Linda Chivers commented that whilst the presentation on the Community Health Workers had been informative, the Board had received reports on this service at past meetings, and she would welcome a focus on lesser promoted services within the Trust. The Trust Secretary advised that this was being progressed, with a patient story being scheduled for the April Board from the Trust's Neurology Service.

Non-Executive Director, Linda Chivers also highlighted the importance for Governors in observing Board meetings as part of the Governor's role in holding the Non-Executive Directors to account.

15/23 <u>**OPPORTUNITY FOR QUESTIONS TO THE BOARD FROM STAFF, MEDIA OR MEMBERS OF THE PUBLIC AT THE DISCRETION OF THE TRUST CHAIR**</u>

There were no questions raised.

<u>**DATE AND TIME OF NEXT MEETING**</u>

Thursday 6 April 2023, 10am, in Meeting rooms A1 and A2, Spencer House, Dewhurst Road, Birchwood, Warrington.

<u>**MOTION TO EXCLUDE**</u>

(Section 1 (2) Public Bodies (Admissions to Meetings) Act 1960)

The Trust Board reserves the right to exclude, by its resolution, the press and public wherever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons, stated in the resolution.

ACTION LOG

Key

Red	Significantly Delayed and / or of High Risk
Amber	Slightly Delayed and / or of Low Risk
Green	Progressing to timescale
Blue	Completed

Date	Minute Ref	Issue	Action	Director	Completion Date Due Date/BRAG Status	Comments/Further Action
04.08.22	55/22	Board Assurance Framework	**Board session to review the BAF to be scheduled with support from GGI. Any further work following the development of an ICS BAF would be considered subsequently.**	Jan McCartney	**GREEN April 2023**	Now part of the Board Development programme
06.10.22	75/22iii	Cheshire and Merseyside Prevention Pledge	**Named Non-Executive Director to be identified**	Karen Bliss/Jan McCartney	**BLUE**	February 2023: The Board noted that there was no longer a requirement to nominate a Non-Executive Director for this.
08.12.22	88/22i	Integration and Collaboration Update	**The Board agreed that a time out session should consider involvement of external partners in children's transformation work in the context of the strategy.**	Jan McCartney/Rob Foster	**GREEN July 2023**	This has been included on the future Board development/time out programme for July 2023.

ACTION LOG

Key

Red	**Significantly Delayed and / or of High Risk**
Amber	**Slightly Delayed and / or of Low Risk**
Green	**Progressing to timescale**
Blue	**Completed**

Meeting: Bridgewater Community Healthcare NHS Foundation Trust Board – Public Meeting

Date	Minute Ref	Issue	Action	Director	Completion Date Due Date/BRAG Status	Comments/Further Action
08.12.22	88/22ii	Update on Provider Collaboratives	**The Board agreed that regular meetings would be required at least quarterly with Executive and Non-Executive Directors from each of the organisations within the Collaborative to discuss key matters and strategies. The Chair agreed to raise this at the meeting of CEOs and Chairs of the Collaborative in January 2023.** **The Board would also welcome presentation of the report which was provided to all of the Boards within the Collaborative on a regular basis.**	Karen Bliss	**GREEN**	February 2023: The Board noted that further discussions would take place on this matter and that this action would remain on the log pending further updates in due course. April 2023: Verbal update to be provided by the Chair.
08.12.22	90/22i	Committee Chair's report from People Committee	**It was agreed that the Director of People would review the length of future Committee Chair reports and the application of the RAG ratings against each item. Where areas were not rated as green (where the Committee was not fully assured), the narrative would be provided to inform the Board as to actions being taken.**	Paula Woods	**BLUE**	February 2023: The Board agreed that this action was now complete and it was satisfied with the report.

ACTION LOG

Key

Red	**Significantly Delayed and / or of High Risk**
Amber	**Slightly Delayed and / or of Low Risk**
Green	**Progressing to timescale**
Blue	**Completed**

Meeting: Bridgewater Community Healthcare NHS Foundation Trust Board – Public Meeting

Date	Minute Ref	Issue	Action	Director	Completion Date Due Date/BRAG Status	Comments/Further Action
08.12.22	91/22i	Accountability Framework	**Whilst the Board approved the second part of the Accountability Framework, the updated performance framework must be in place to support this and the associated timescales for that framework must be reviewed.**	Sarah Brennan/Jan McCartney	**GREEN April 2023**	February 2023: The Board agreed that a discussion needed to take place concerning the IQPR metrics that the Trust wanted to deliver against the strategy and the associated timescales. This would need to be discussed at a dedicated Board time out session prior to the Finance and Performance Committee taking place in late March 2023. A date would be set for this to take place. March 2023: Item included on the agenda.
08.12.22	92/22	Items to be added to the Board Assurance Framework	**Accountability Framework to be added to BAF1.**	Jan McCartney	**BLUE**	This has now been included in the BAF.

3

ACTION LOG

Key

Red	Significantly Delayed and / or of High Risk
Amber	Slightly Delayed and / or of Low Risk
Green	Progressing to timescale
Blue	Completed

Meeting: Bridgewater Community Healthcare NHS Foundation Trust Board – Public Meeting

Date	Minute Ref	Issue	Action	Director	Completion Date Due Date/BRAG Status	Comments/Further Action
02.02.23	08/23i	IQPR	A discussion took place concerning mandatory and statutory training and it was agreed that consideration would be given to the consequences for staff of not being compliant with this training, with discussion to take place with staff side colleagues. This would be taken forward by the EMT. The Board would be updated on this at its next meeting.	Colin Scales/EMT	**GREEN April 2023**	April 2023: Report included on the agenda.
02.02.23	09/23ii	Trust's response to the planning priorities guidance	It was agreed that a bespoke Board session would be scheduled to enable a review of plans, both draft and final, and it was noted that some e-governance may be required, depending on the timescales for submission.	Jan McCartney/Nick Gallagher	**GREEN**	March 2023: in train, first session held on 28 February 2023.

April 2023: update included on the agenda. |
| 02.02.23 | 09/23iv | Chair's Report from the Audit Committee | The Board agreed that self-effectiveness survey feedback should no longer be provided anonymously going forwards. An approach would also be agreed where the outputs of the surveys would be reviewed by the Board at a time out session. | Jan McCartney | **GREEN** | March 2023: Completed, the first effectiveness review has been conducted for the People Committee. Due to being able to target those non-compliant the response rate has increased. |

ACTION LOG

Key

Red	Significantly Delayed and / or of High Risk
Amber	Slightly Delayed and / or of Low Risk
Green	Progressing to timescale
Blue	Completed

Meeting: Bridgewater Community Healthcare NHS Foundation Trust Board – Public Meeting

Date	Minute Ref	Issue	Action	Director	Completion Date	
					Due Date/BRAG Status	Comments/**Further Action**
02.02.23	11/23i	Gender Pay Gap Report	**Director of People to liaise with Non-Executive Director, Linda Chivers concerning the timings around the report and how the this could be utilised actively going forwards to ensure that initiatives were addressing issues.**	Paula Woods	**BLUE**	March 2023: The timing of the report has been reviewed by the Trust's Equality & Inclusion Manager. The People Committee Business Cycle will be reviewed at its March meeting. The work programmes in the GPG Reports are routed through the PODs who present their action plans to the People Committee. **15 March 2023: The People Committee met and agreed to the GPGR being presented in July. The PC Business Cycle was amended accordingly**

BOARD OF DIRECTORS

Title of Meeting	BOARD OF DIRECTORS		Date	06/04/2023
Agenda Item	21/23			
Report Title	BOARD ASSURANCE FRAMEWORK			
Executive Lead	Colin Scales, Chief Executive Officer			
Report Author	Jan McCartney, Trust Secretary			
Presented by	Jan McCartney, Trust Secretary			
Action Required	☒ To Approve	☐ To Assure		☐ To Note

Purpose

To approve the recommendations received from the Committees of the Board.

Executive Summary

The purpose of the report is to present the recommended updates from the Committees of the Board to update the Board Assurance Framework.

The BAF is the key mechanism which the Board uses to hold itself to account. It provides a structure to focus on risks that might compromise the Trust in achieving its strategic objectives and confirms to the Board of Directors that there is sufficient assurance on the effectiveness of controls

Previously considered by:

☒ **Audit Committee**   ☒ **Quality & Safety Committee**

☒ **Finance & Performance Committee**   ☐ **Remuneration & Nominations Committee**

☒ **People Committee**

Strategic Objectives

☒ **Equality, Diversity and Inclusion** – to actively promote equality, diversity and inclusion by creating the conditions that enable compassion and inclusivity to thrive

☒ **Innovation and collaboration** – to deliver innovative and integrated care closer to home which supports and improves health, wellbeing and independent living

☒ **People** – to be a highly effective organisation with empowered, highly skilled and competent staff

☒ **Quality** – to deliver high quality, safe and effective care which meets both individual and community needs

☒ **Sustainability** – to deliver value for money, ensure that the Trust is financially sustainable and contributes to system sustainability

How does the paper address the strategic risks identified in the BAF?							
☒ BAF 1	☒ BAF 2	☒ BAF 3	☒ BAF 4	☒ BAF 5	☒ BAF 6	☒ BAF 7	☒ BAF 8
Failure to implement and maintain sound systems of corporate governance	Failure to deliver safe & effective patient care	Managing demand & capacity	Financial sustainability	Staff engagement and morale	Staffing levels	Strategy & organisational sustainability	Digital services which do not meet the demands of the organisation

CQC Domains:	☒ Caring	☒ Effective	☒ Responsive	☒ Safe	☒ Well Led

BOARD OF DIRECTORS

Title of Meeting	BOARD OF DIRECTORS	Date	06/04/2023
Agenda Item	21/23		
Report Title	BOARD ASSURANCE FRAMEWORK		
Report Author	Jan McCartney, Trust Secretary		
Purpose	The purpose of the report is to present the recommended updates from the Committees of the Board to update the Board Assurance Framework.		

1. EXECUTIVE SUMMARY

1.1   The purpose of the report is to present the recommended updates from the Committees of the Board to update the Board Assurance Framework.

1.2   The BAF is the key mechanism which the Board uses to hold itself to account. It provides a structure to focus on risks that might compromise the Trust in achieving its strategic objectives and confirms to the Board of Directors that there is sufficient assurance on the effectiveness of controls.

1.3   The Board Assurance Framework is received at the Board, all the Committees of the Board and other key decision-making / operational meetings. It is a working document that is used in Committees and meetings to ensure the meeting agendas remain focused and proactive on strategic objectives. The recommended changes can be found in section 2.

1.4   The BAF document has been updated to include a table tracking progress of the BAF risks over the quarters of this year.

2. CHANGES TO THE BOARD ASSURANCE FRAMEWORK

2.1   **BAF1 - Failure to implement and maintain sound systems of Corporate Governance**

The Audit Committee has not met during this reporting period so there are no changes or updates to BAF1. The Audit Committee next meets on 28 April 2023

2.2   **BAF2 – Failure to deliver safe and effective patient care**

The Quality & Safety Committee met on 23 February 2023 and recommends that reference be made to the Trust transformation programme (BOOST and Quality summits. No further changes were recommended, with no change to the risk rating.

2.3   **BAF3 – Managing demand and capacity**

The Quality & Safety Committee met on 23 February 2023 and recommends the following updates:

a) The Principal Risk is updated to remove references to the Covid pandemic.
b) The rationale for current score is updated to remove references to the pandemic.

c) The Controls sections have been updated to reflect the work of the Performance Council and Directorate Leadership Teams in waiting list management. The Executive management performance dashboard has been added along with the daily joint operations and nursing meetings.

d) The Assurance section has updated the Dermatology action plan to Rapid Improvement Events and has removed 'waiting lists seeing reductions.'

The Committee had a discussion on the current risk rating and did not recommend a change in the current risk rating.

No further changes were recommended.

2.4   BAF4 – Financial sustainability

The Finance & Performance Committee met on 23 March 2023 and recommended the following change:

a) Gaps in Control – remove reference to the 22/23 plans.

This risk rating remains at target.

2.5   BAF5 - Staff engagement and morale

The People Committee met on 15 March 2023 where the Committee recommended and update to the principal risk section recognising the industrial action has occurred and no longer a risk, although noting that there may be additional action.

The Committee also asked for the Gaps in Control be updated to reflect;

a)   reference Warrington Adults staff survey results
b)   Pay deals under negotiation

No change to the current risk rating.

2.6   BAF6 – Staffing levels

The Quality & Safety Committee met on 23 February 2023 and did not ask for any changes to be made.

The People Committee met on 15 March 2023 and asked for the winter plan be moved from gaps in control to prevent controls and assurances.

Neither Committee recommended a change in the current risk rating.

2.6   BAF7 – Strategy and organisational sustainability

The Finance & Performance Committee met on 23 March 2023, no changes were recommended, however the Committee asked for the Executive Team review this BAF before the next meeting.

2.8   BAF8 – Digital Services

The Finance & Performance Committee met on 23 March 2023. A number of changes were recommended by DIGIT and following that discussion the Committee recommends the following updates:

a) The principal risk updates to reflect the biggest risk is failure to deliver the Digital Strategy and to note Cyber-related threats
b) In Prevent Controls / Assurances, the following were added,
    a. Digital technology assessment criteria (DTAC) and Data Protection Impact Assessments (DPIA)
    b. High Severity Care Cert notifications from National Cyber Security Centre
    c. Password penetration test tools.
c) Under the gaps in control the following was removed as the Committee agreed that this should be dealt with under Quality & Safety;
    a. Population Health Data not being fully utilised

The Committee had a thorough discussion on the current risk rating, noting that the rating has always remained high due to the ongoing cyber related risk. The threat of cyber-related risks has long been recognised and accepted as an ongoing high risk and, as such, the Committee feels this risk has been mitigated to its full extent and no additional actions can be undertake. This is backed up with external review and ongoing monitoring. With this in mind the Committee agreed the overall current risk rating should be reduced to 4(c) x 2 (l) = 8 medium, which is the target risk rating for this BAF.

3. RECOMMENDATION

3.1   The Board is asked to approve the changes recommended by the Committees and note that three of the BAF risks (BAF1, BAF4 and BAF8) are currently at target.

Appendix A – Board assurance framework
Appendix B – BAF tracker

NHS
Bridgewater
Community Healthcare
NHS Foundation Trust

BRIDGEWATER COMMUNITY HEALTHCARE NHS FOUNDATION TRUST – BOARD ASSURANCE FRAMEWORK
LAST UPDATED 24 March 2023

STRATEGIC OBJECTIVES

- **Equality, diversity and inclusion** – to actively promote equality, diversity and inclusion by creating the conditions that enable compassion and inclusivity to thrive.
- **Innovation and collaboration** – to deliver innovative and integrated care closer to home which supports and improves health, wellbeing and independent living
- **People** – to be a highly effective organisation with empowered, highly skilled and competent staff
- **Quality** – to deliver high quality, safe and effective care which meets both individual and community needs
- **Sustainability** – to deliver value for money, ensure that the Trust is financially sustainable and contributes to system sustainability.

BAF 1	BAF 2	BAF 3	BAF 4	BAF 5	BAF 6	BAF 7	BAF 8
Failure to implement and maintain sound systems of Corporate Governance	**Failure to deliver safe & effective patient care**	**Managing demand & capacity**	**Financial sustainability**	**Staff engagement & morale**	**Staffing levels**	**Strategy & organisational sustainability**	**Digital services**
BAF 1	BAF 2	BAF 3	BAF 4	BAF 5	BAF 6	BAF 7	BAF 8
Inherent risk rating 4(C) x 4 (L) = 16, **significant**	Inherent risk rating 5(C) x 5 (L) = 25, **significant**	Inherent risk rating 4(C) x 4 (L) = 16, **significant**	Inherent risk rating 4(C) x 4 (L) = 16, **significant**	Inherent risk rating 4(C) x 4 (L) = 16, **significant**	Inherent risk rating 5(C) x 4 (L) = 20, **significant**	Inherent risk rating 4(C) x 3 (L) = 12, **high**	Inherent risk rating 4(C) x 4 (L) = 16, **significant**
Current risk rating 4(C) x 2 (L) = 8, **medium**	Current risk rating 5 (C) x 3 (L) = 15, **significant**	Current risk rating 4 (C) x 4 (L) = 16, **significant**	Current risk rating 4 (C) x 2 (L) = 8, **medium**	Current risk rating 4 (C) x 3 (L) = 12, **high**	Current risk rating 5 (C) x 3 (L) = 15, **significant**	Current risk rating 4 (C) x 2 (L) = 8, **medium**	Current risk rating 4 (C) x 2 (L) = 8, **medium**
Target risk rating 4(C) x 2(L) = 8, **medium**	Target risk rating 5(C) x 2 (L) = 10, **high**	Target risk rating 4(C) x 2 (L) = 8, **medium**	Target risk rating 4(C) x 2 (L) = 8, **medium**	Target risk rating 4(C) x 1 (L) = 4, **low**	Target risk rating 5 (C) x 2 (L) = 10, **high**	Target risk rating 4 (C) x 2 (L) = 10, **medium**	Target risk rating 4(C) x 2 (L) = 8, **medium**

Board Assurance Framework (BAF) April 2023 – V0.2 – for Board

BAF 1: **Failure to implement and maintain sound systems of Corporate Governance**	**TRUST OBJECTIVES:** • People • Sustainability		**RISK RATING:** Inherent risk rating: 4 (C) x 4(L) = 16, **significant** Current risk rating: 4(C) x 2 (L) = 8, **medium** Target risk rating: 4(C) x 2 (L) = 8, **medium**	**RISK APPETITE:** **CAUTIOUS**

Lead Director/ Lead Committee	Principal risk	Rationale for current score	Prevent Controls & Assurances	
Chief Executive Officer Deputy CEO / Chief Nurse Last reviewed: January 2023 Audit Committee Last reviewed: January 2023 Risk Ratings reviewed: January 2023	**Failure to implement and maintain sound systems of Corporate Governance.** If the Trust is unable to put in place and maintain effective corporate governance structures and processes. Caused by insufficient or inadequate resources and / or fundamental structural or process issues including those caused by the pandemic. **Risks on register 15 plus** No risks at this level	Governance structure approved by Board and audited by internal auditors. Substantial Assurance - Heads of Audit opinion 2021/22 Well Led actions fully implemented.	**Prevent Controls** • Trust Board • Governance structure approved by the Board, SFIs &Scheme of Reservation and Delegation • Operational management structure and policies and procedures are in place • Board Assurance Framework & Risk Register **Detect Controls** • The committees receive by exception reports from Ops leads, these are reported to the Board • Staff engagement • Performance Council established • Senior Leadership Team meeting monthly • Risk Management Council • Staff Survey – improving position • **Assurances** • Clean Unmodified Audit Opinion & clean VFM opinion 2021/22 • Board, committees (Quality & Safety, Finance & Performance, and People) • Trust continuous improvement plan in place • Internal Audit Plan agreed for 22/23 • Leader in Me • External independent Well Led review • Daily automated data reporting • Declarations of Interests Register • MIAA governance checklists • Annual Review of Committee Effectiveness • Annual Review of Effectiveness of Anti-Fraud Service • Annual Review of Effectiveness of External Audit Service • Audit Committee Effectiveness Review (2020/21) • Effectiveness Review of External Audit and Anti-Fraud (2020/21) • Board Assurance Framework Review – (2020/21) • Risk Management Audit – substantial assurance (2021/22) • DSPT Audit – substantial / moderate assurance (2021/22}	
Gaps in controls and assurance: (and mitigating actions) 2018 CQC rating 'requires improvement' remains due to changes to inspections. CQC not due to inspect as no concerns have been raised in relation to the Trust.				

Board Assurance Framework (BAF) April 2023 – V0.2 – for Board

BAF 2: **Failure to deliver safe and effective patient care**	**TRUST OBJECTIVES:** • Quality	**RISK RATING:** Inherent risk rating: 5 (C) x 5(L) = 25, **significant** Current risk rating: 5 (C) x 3(L) = 15, **significant** Target risk rating: 5(C) x 2 (L) = 10, **high**	**RISK APPETITE:** MINIMAL

Lead Director/ Lead Committee	Principal risk	Rationale for current score	Prevent Controls & Assurances
Chief Nurse / Deputy CEO / Last reviewed: February 2023 Quality & Safety Committee Last reviewed: February 2023 Risk Ratings reviewed: February 2023	**Failure to deliver safe & effective patient care.** There is a risk that the Trust may be unable to achieve and maintain the required levels of safe and effective patient care. This could be caused by multi-faceted risks such as a) challenges in relation to recovery, restoration, and service reset b) National recruitment challenges (inc. accessibility to specialist training) c) Geographical recruitment pressures d) Potential industrial action e) Seasonal pressures If this were to happen it may result in instances of avoidable patient harm, this in turn could lead to regulatory intervention and adverse publicity that damages the Trust's reputation and could affect CQC registration. **Risks on register 15 plus** 3075 : Dermatology – patient safety Less than 15 – combined District Nursing workforce risk	Quality & safety governance structure in place. Robust QIA process for all services Number of ongoing high risks Industrial action (Cross ref. with BAF2) Additional winter capacity	**Prevent Controls** • Clinical policies, procedures & pathways • Risk Management Council & Quality Council in place • Quality Impact Assessment Process • Trust Strategy – Quality and Place • Freedom to speak up guardian in place • Winter Plan • Daily Ops Huddle & Daily sit rep • Directorate Team Meetings **Detect Controls** • Quality & Safety Committee bimonthly meetings • Clinical & Internal Audit Programme • IQPR & quality dashboards • Quality Council • Performance Council • Learning from deaths report • Clinical Quality and Performance Groups (CQPGs) in place with all NHS commissioners. • Increased reporting of incidents, including medication incidents • Equality Impact Assessments • Quality Impact Assessments • End of Life group • Health and Safety group • Deep Dives at Committee • Ockenden Report to Committee • E-roster monitoring • Trust transformation programme (BOOST) • Quality Summits **Audits** • Risk Management Substantial Assurance (2020/21) • Trust Improvement Plan – Significant Assurance (2019/20) • Quality Spot Check – Significant Assurance (2021/22)

Gaps in controls and assurance: (and mitigating actions)
Staff compliance with mandatory and service specific training - training trajectory in place, monitoring related incidents
Current processes in relation to developing specialist roles – workforce PODS
System pressures – involvement in system pressure meetings and System Sustainability Group (SSG)
Agency Cap – mitigating actions in place

Board Assurance Framework (BAF) April 2023 – V0.2 – for Board

| BAF 3:
Managing demand and capacity | TRUST OBJECTIVES:
• People
• Quality | RISK RATING:
Inherent risk rating: 4 (C) x 4(L) = 16, **significant**
Current risk rating: 4 (C) x 4(L) = 16, **significant**
Target risk rating: 4(C) x 2 (L) = 8, **medium** | RISK APPETITE:

CAUTIOUS |

Lead Director/ Lead Committee	Principal risk	Rationale for current score	Prevent Controls & Assurances
Chief Operating Officer Last reviewed: February 2023 Quality & Safety Committee last reviewed: February 2023 Risk Ratings reviewed: February 2023	**Managing demand & capacity** If the Trust is unable to manage the level of demand. It may result in sustained failure to achieve constitutional standards in relation to access; substantial delays to the treatment of multiple patients; increased costs; financial penalties; unmanageable staff workloads. **Risks on register 15 plus** **2887:** Dermatology, waiting lists **3091:** Capacity in Risk & Patient Safety Team	Quality & Safety Committee Risk Management Council meets monthly. Performance Council meets monthly. Daily joint operations and nursing meetings. Managed risk with approval from the Board. Quality and safety under constant review to ensure no patient harm.	**Prevent Controls** • Quality & Safety Committee • Waiting list management via Performance council and Directorate Leadership Teams (DLTs) • Patient pathway management arrangements • System One PAS – Patient Administration System • RTT lists to track 6 week and 18-week access standards, national weekly submission • Executive management performance dashboard • Risk management council • Monthly workforce information reports • Winter plans • IQPR • Daily Operations and Nursing meetings • EPPR • Health roster implementation **Detect Controls** • Borough Quality & FWP meetings to gain overview of risks in relation to capacity at local level • Weekly Operational Management Team meetings • Contract meetings with commissioners • Daily system pressure calls • Workforce Strategy in place / Workforce POD • Daily joint operations and nursing meetings **Assurances** • Audits monitored at each relevant Board Committee, exception reports to Audit Committee • Performance Council reports to Finance & Performance Committee • Deep dives at Committee • Winter Plans • Emergency Preparedness, Resilience and Response Plans (EPPR) • Quality Summits • Rapid Improvement Events Absence Management Audit – Significant Assurance (2019/20)

Gaps in controls and assurance: (and mitigating actions)
Dermatology – Action plans in place

Board Assurance Framework (BAF) April 2023 – V0.2 – for Board

NHS
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BAF 4: Financial sustainability	TRUST OBJECTIVES: • Sustainability		RISK RATING: Inherent risk rating: 4 (C) x 4(L) = 16, **significant** Current risk rating: 4 (C) x 2(L) = 8, **medium** Target risk rating: 4(C) x 2 (L) = 8, **medium**	RISK APPETITE: OPEN

Lead Director/ Lead Committee	Principal risk	Rationale for current score	Prevent Controls & Assurances	

Director of Finance
Last reviewed:
March 2023
 	
Finance &
Performance
Committee last
reviewed:
March 2023
 	
Risk Ratings
reviewed:
March 2023
	Financial sustainability If the Trust is unable to achieve and maintain financial sustainability.
	
	Due to the requirement to achieve a break-even budget against a backdrop of increasing system pressures may result in a deficit for 2022/23 and the potential loss of public and stakeholder confidence.
	
	Risks on register 15 plus
	No risks at this level
		Financial governance arrangements in place
		
		Bi-monthly F&P Committee
		
		National COVID-19 arrangements in place due to be removed.
		
		Break even budget 2022/23. System pressures may result in a deficit
			Prevent Controls
			• Accountability Framework and Standing Financial Instructions with limits approved by the Board.
			• Financial plan and budgets signed off by the Board and submitted to NHSI
			• Process around Capital and Revenue Business Cases
			• Robust temporary staffing expenditure control and monitoring – MIAA follow up in progress
			Detect Controls
			• F&P Committee review bi- monthly financial performance
			• Audit committee receives reports from internal audit and external audit
			• Exec team and Committees receive Audit Recommendations tracker
			• HCP/ICS control and reporting
			• NHSE/I monthly returns
			• CIP Council
			Assurances
			  Monthly Finance Report including
			• Financial position / Forecast Position
			• Cash & Capital
			• Working Capital
			• CIP
			  Internal audit reports including
			• CIP – moderate assurance (2019/20)
			• Key Financial Systems (2020/21) and high and substantial assurance (2021/22)
			• Board review of internal audit plan
			External audit
			• Audit review findings – Clean Unmodified Audit (2020/21)
			• Board review of external audit plan and annual accounts	

Gaps in controls and assurance: (and mitigating actions) The Trust is setting budgets in line with recurrent expenditure to ensure budget monitoring control and reporting is in place. All Grip and control measures remain in place and the Trust is utilising the HfMA best practice guide -"Improving NHS financial stability – are you getting the basics right?" to benchmark against best practice.

5

Board Assurance Framework (BAF) April 2023 – V0.2 – for Board

| BAF 5:
Staff engagement and morale | TRUST OBJECTIVES:
• People
• Quality | RISK RATING:
Inherent risk rating: 4 (C) x 4(L) = 16, **significant**
Current risk rating: 4 (C) x 4(L) = 16, **significant**
Target risk rating: 4(C) x 1 (L) = 4, **very low** | RISK APPETITE:

OPEN |

Lead Director/ Lead Committee	Principal risk	Rationale for current score	Prevent Controls & Assurances
Director of People and OD Last reviewed: March 2023 People Committee Last reviewed: March 2023 Risk Ratings reviewed: March 2023	**Staff engagement & morale** If the Trust loses the engagement of a substantial sector or sectors of its workforce. Caused by uncertainty of internal and/or external factors, influences and conditions i.e cost of living crisis. Impact on leadership and management practices, winter pressures, system incentives It may result in low staff morale, leading to poor outcomes and experience for large numbers of patients; less effective teamwork; reduced compliance with policies and standards; high levels of staff absence; and high staff turnover rates. **Risks on register 15 plus** No risks at this level	People Committee ensure governance and holds to account. Current risk rating reflects the Board acknowledges that, despite the controls and assurances in place, staff are currently fatigued; Restoration and recovery programmes / post covid effects Patient experience adversely affected (links to Q&S Committee) Uncertainty / Impact of national change programmes – Health & Care Act integration and collaboration Organisational structures and service redesigns and reorganisations	**Prevent Controls** • People Committee Organisational and local Staff engagement plan • Managers' Key brief/ communication, Time to Talk and CEO Q&A sessions • Local Negotiating Committee, Joint Negotiation & Consultative Committee • Occupational Health Service & Staff Health & Wellbeing Officer/Board Health & Wellbeing Guardian • Talent Management process and Succession Planning Tool • Revised Exit interview questionnaire / In house Resilience Training Programme • People Hub and POD Groups • Recruitment & Retention • Health & Wellbeing • Education & Professional development • Northwest Person-Centred approach to absence management • Fortnightly meetings with Staff Side • Industrial Action working group, national negotiations **Detect Controls** • National Staff Survey. • Feedback from Quality and Safety Committee on workforce issues • Staff Friends and Family Test (SFFT) and Staff Engagement Surveys • E-rostering project plan and implementation PDR reporting • Staff Stress Audit Survey **Assurances** • Staff Survey and 'temperature check' surveys • DAWN – Disability and wellbeing Network • LGBT+ and Race Inclusion Networks • The Employee Relations Activity Report • Staff Survey – sustained score for staff engagement • Temporary increase in milage payments . **Internal Audit MIAA Substantial Assurance** • Freedom to Speak Up (2020/21) • Attendance management Staff Engagement (2019/20) • Induction (2020/21)

Gaps in controls and assurance: (and mitigating actions)
Engagement with staff groups including BAME and LGBT+ staff (remain until all established Networks are considered to be embedded)
PDR Compliance and mandatory training (to remain until processes embedded)
Staff morale and resilience (inc. cost of living crisis) – ongoing monitoring, communication, engagement and health and wellbeing services and programmes
Warrington Adults staff survey results – engagement ongoing
Pay deals under negotiation nationally

Board Assurance Framework (BAF) April 2023 – V0.2 – for Board

| BAF 6:
Staffing levels | TRUST OBJECTIVES:
• Equality, diversity and inclusion
• People
• Quality | RISK RATING:
Inherent risk rating: 5 (C) x 4(L) = 20, **significant**
Current risk rating: 5 (C) x 3(L) = 15, **significant**
Target risk rating: 5(C) x 2 (L) = 10, **high** | RISK APPETITE:

CAUTIOUS - OPEN |

Lead Director/ Lead Committee	Principal risk	Rationale for current score	Prevent Controls & Assurances
Chief Operating Officer Last review: March 2022 Quality & Safety Committee Last review: February 2022 People Committee: March 2023 Risk Ratings reviewed: March 2022	**Staffing levels** If the Trust fails to have an appropriately resourced, focused, resilient workforce in place that meets service requirements; Caused by an inability to recruit, retain and/or appropriately deploy a workforce with the necessary skills and experience; or caused by organisational change; It may result in extended unplanned service closure and disruption to services, leading to poor clinical outcomes & experience for large numbers of patients; unmanageable staff workloads; and increased costs **Risks on register 15 plus** No risks at this level	Robust operational management structures in place. Adverse impacts to consider include: winter pressures, system wide incentives causing instability in recruitment and retention, potential for industrial action. (Cross ref. with BAF2) With consideration to local employment opportunities and competing with local employers.	**Prevent Controls** • Business continuity plans in place • Organisational Development Strategy • Agreed medical and nursing revalidation protocols, preparation and remedial processes • Agreed recruitment and selection policies and processes • People Strategy & People Delivery Plan • HR Policies and working groups • Fortnightly meetings with staff side • People Hub & PODs / Culture & Leadership / Recruitment & Retention / Health & Wellbeing / Education & Professional Development **Detect Controls** • Agency staff reporting / Staff sickness reporting • Turnover rate reporting • Premium Pay and Spend reporting • Daily Ops Huddles x 3 per week • Staff survey / pulse survey results **Assurances** • Quality & Safety Committee • Integrated Performance Report includes workforce metrics including training levels • Vacancy approval process reviews use of agency staff – regular review of staffing levels • Performance report indicating number of lapsed registrations each month • E-rostering / Safer Staffing Report • Key workforce metrics 'heat map' now received at Board via the IQPR • Workforce plans developed by service to support recruitment **Audits – Substantial Assurance** Induction audit (2020/21) Attendance Management (2019/20

Gaps in controls and assurance: (and mitigating actions) Winter plan being refreshed.

Board Assurance Framework (BAF) April 2023 – V0.2 – for Board

BAF 7: Strategy and organisational sustainability	TRUST OBJECTIVES: • Innovation and collaboration • Sustainability	RISK RATING: Inherent risk rating: 4 (C) x 3(L) = 12, **high** Current risk rating: 4 (C) x 3(L) = 12, **high** Target risk rating: 4(C) x 2 (L) = 8, **medium**	RISK APPETITE: CAUTIOUS - OPEN

Lead Director/ Lead Committee	Principal risk	Rationale for current score	Prevent Controls & Assurances
Director of Finance Last reviewed: March 2023 Executive Team July 2022 F&P Committee Last reviewed: March 2023 Risk Ratings reviewed: March 2023	**Strategy & Organisational Sustainability** If the Trust does not develop and deliver a strategy which demonstrates innovation and collaboration with partners and which is in line with current NHS Guidance and Health & Care Act, then the organisation may fail to deliver the best outcomes for patients and their families. The Trust may also lose its identity as a key system and place partner or lose influence within the ICS or provider collaborative which could result in services being assigned to other providers and the Trust would become financially and clinically unsustainable. **Risks on register 15 plus** No risks at this level	Trust involved in influencing the development of the Integrated Care Boards and Mental Health Provider Collaborative. Trust Strategy 2023 is being refreshed and re-launched. Trust System Oversight Framework (SOF) is segment 2	**Prevent Controls** • Trust Board Oversight – engagement and delivery of Health & Care Act • Regular Exec meetings with commissioners and other key stakeholders • Exec involvement with borough based integrated care partnerships visions; 'Warrington Together' and 'One Halton' • Execs carrying out SRO roles for system projects such as integrated community teams • Joints working on a number of projects with commissioners and local authority i.e. rapid community response and intermediate care • Contributing to work across the system in relation to developing Children's Services • Exec involvement in ICS and Provider Collaborative development across the Cheshire & Mersey and GM footprint • Chair working within wider system • Exec attendance at Collaborative Commissioning Forum (CCF) • Implementing dental strategy with partners • Board development with Good Governance Institute and NHS Providers **Assurances** • Mental Health, Community and Learning Disability Provider Collaborative member – Trust is host, including employing staff • Programme Director – Collaboration and Integration • Emerging integrated governance structures with partners • MOU in place where services are delivered in conjunction with other partners • Chief Executive's monthly reports providing an overview of engagement activity • Executive Directors hold regular meetings with all key partners and stakeholders • Adaptive reserve contribution

Gaps in controls and assurance: (and mitigating actions) Implementation of revised system governance arrangements, to be finalised

Board Assurance Framework (BAF) April 2023 – V0.2 – for Board

| BAF 8:
Digital services which do not meet demands of the organisation | TRUST OBJECTIVES:
• Innovation and collaboration
• People
• Quality
• Sustainability
• Equality, diversity & inclusion | RISK RATING:
Inherent risk rating: 4 (C) x 4(L) = 16, **significant**
Current risk rating: 4 (C) x 2 (L) = **8, medium**
Target risk rating: 4(C) x 2 (L) = 8, **medium** | RISK APPETITE:

SEEK |

Lead Director/ Lead Committee	Principal risk	Rationale for current score	Prevent Controls & Assurances
Director of Finance Last reviewed: March 2023 F&P Committee Last reviewed: March 2023 Risk Ratings reviewed: March 2023	**If the Trust does not maintain and develop and adopt digital services to meet the current and future needs of the Trust.** This could impact in our ability to; • deliver the Digital Strategy • meet operational, regulatory, contractual & reporting requirements • embrace innovative and existing clinical service models • collaborate in system place-based developments • keep the Trust safe from Cyber-related threats **Risks on register 15 plus**	Cyber risks. Assurance received from DIGIT, Risk Council and Performance Council. Consideration of resource to deliver Digital Strategy and system requirements. Lack of stability in the system. Cyber risks.	**Prevent controls** Digital Strategy 2018–2021 approved by Board Multi layers cyber solutions All current software and hardware solutions supported by the provider Continued migration of services to cloud based solutions Digital technology assessment criteria (DTAC) and Data Protection Impact Assessment (DPIA) routinely completed **Detect Controls** DIGIT and Digital Programmes Groups Participation and membership of ICS and Place based digital development groups High Severity Care Cert notifications from the National Cyber Security Centre **Assurances** Finance & Performance Committee Audit Committee The Board receives reports from the F&P Committee which receives regular IT reports Relevant MIAA audit reports. SIRO & Caldicott Guardian Data, Security & Protection (DSP) Toolkit Cyber Essentials – on site assessment Business Continuity Management (BCM) and Cyber Incident Response Plan (CIRP) plans Password penetration test tools **Audits – Substantial Assurance**: IT Threats & Vulnerability (2020/21) DSP Toolkit (2021/22) Information Commissioners Officer Audit (2019/20)

| **Gaps in controls and assurance: (and mitigating actions)**

Digital Services team capacity |

Board Assurance Framework (BAF) April 2023 – V0.2 – for Board
Appendix 1: BAF Tracker

No.	Risk Title	Inherent Score			Target Score			Q1 August			Q2 October			Q3 February			Q4 April			Target Date	Change	Impact on Objectives				
		C	L	S	C	L	S	C	L	S	C	L	S	C	L	S	C	L	S			Equality, Diversity & Inclusion	Innovation & Collaboration	People	Quality	Sustainability
BAF 1	Failure to implement and maintain sound systems of corporate governance	4	4	16	4	2	8	4	2	8	4	2	8	4	2	8	4	2	8	TBC	→			✔		✔
BAF 2	Failure to deliver safe & effective patient care	5	5	25	5	2	10	5	3	15	5	3	15	5	3	15	5	3	15	TBC	→				✔	
BAF 3	Managing demand & capacity	4	4	16	4	2	8	4	4	16	4	4	16	4	4	16	4	4	16	TBC	→			✔	✔	
BAF 4	Financial sustainability	4	4	16	4	2	8	4	3	12	4	3	12	4	2	8	4	2	8	TBC	→					✔
BAF 5	Staff engagement and morale	4	4	16	4	1	4	4	3	12	4	3	12	4	4	16	4	4	16	TBC	→			✔		✔
BAF 6	Staffing levels	4	5	20	5	2	10	5	3	15	5	3	15	5	3	15	5	3	15	TBC	→	✔		✔	✔	
BAF 7	Strategy & organisational sustainability	3	4	12	4	2	8	4	3	12	4	3	12	4	3	12	4	3	12	TBC	→		✔			✔
BAF 8	Digital services	4	4	16	4	2	8	4	3	12	4	3	12	4	3	12	4	2	8	TBC	↑	✔	✔	✔	✔	✔

Board Assurance Framework (BAF) April 2023 – V0.2 – for Board
Appendix 2: Risk grading criteria

Risk type	Consequence score & descriptor with examples				
	Very low 1	Low 2	Moderate 3	High 4	Very high 5
a. **Patient harm** or b. **Staff harm** or c. **Public harm**	Minimal physical or psychological harm, not requiring any clinical intervention. e.g.: Discomfort.	Minor, short term injury or illness, requiring non-urgent clinical intervention (e.g., extra observations, minor treatment or first aid). e.g.: Bruise, graze, small laceration, sprain. Grade 1 pressure ulcer. Temporary stress / anxiety. Intolerance to medication.	Significant but not permanent injury or illness, requiring urgent or on-going clinical intervention. e.g.: Substantial laceration / severe sprain / fracture / dislocation / concussion. Sustained stress / anxiety / depression / emotional exhaustion. Grade 2 or3 pressure ulcer. Healthcare associated infection (HCAI). Noticeable adverse reaction to medication. RIDDOR reportable incident.	Significant long-term or permanent harm, requiring urgent and on-going clinical intervention, or the death of an individual. e.g.: Loss of a limb Permanent disability. Severe, long-term mental illness. Grade 4 pressure ulcer. Long-term HCAI. Retained instruments after surgery. Severe allergic reaction to medication.	Multiple fatal injuries or terminal illnesses.
d. **Services**	Minimal disruption to peripheral aspects of service.	Noticeable disruption to essential aspects of service.	Temporary service closure or disruption across one or more divisions.	Extended service closure or prolonged disruption across a division.	Hospital or site closure.
e. **Reputation**	Minimal reduction in public, commissioner and regulator confidence. e.g.: Concerns expressed.	Minor, short term reduction in public, commissioner and regulator confidence. e.g.: Recommendations for improvement.	Significant, medium term reduction in public, commissioner and regulator confidence. e.g.: Improvement / warning notice. Independent review.	Widespread reduction in public, commissioner and regulator confidence. e.g.: Prohibition notice.	Widespread loss of public, commissioner and regulator confidence. e.g.: Special Administration. Suspension of CQC Registration. Parliamentary intervention.
f. **Finances**	Financial impact on achievement of annual control total of up to £50k	Financial impact on achievement of annual control total of between £50 - 100k	Financial impact on achievement of annual control total of between £100k - £1m	Financial impact on achievement of annual control total of between £1 - 5m	Financial impact on achievement of annual control total of more than £5m

Every risk recorded within the Trust's risk registers is assigned a rating, which is derived from an assessment of its **Consequence** (the scale of impact on objectives if the risk event occurs) and its **Likelihood** (the probability that the risk event will occur).

The risk grading criteria summarised below provide the basis for all risk assessments recorded within the Trust's risk registers, at strategic, operational and project level. +

Board Assurance Framework (BAF) April 2023 – V0.2 – for Board

Likelihood score & descriptor with examples				
Very unlikely **1**	**Unlikely** **2**	**Possible** **3**	**Somewhat likely** **4**	**Very likely** **5**
Less than 1 chance in 1,000 Statistical probability below 0.1% Very good control	Between 1 chance in 1,000 and 1 in 100 Statistical probability between 0.1% - 1% Good control	Between 1 chance in 100 and 1 in 10 Statistical probability between 1% and 10% Limited effective control	Between 1 chance in 10 and 1 in 2 Statistical probability between 10% and 50% Weak control	Greater than 1 chance in 2 Statistical probability above 50% Ineffective control

Risk scoring matrix					
	5	5	10	15	20	25
Consequence **4**	4	8	12	16	20
3	3	6	9	12	15
2	2	4	6	8	10
1	1	2	3	4	5
	1	**2**	**3**	**4**	**5**
	Likelihood				

Rating	Very low (1-3)	Low (4-6)	Medium (8-9)	High (10-12)	Significant (15-25)
Oversight	Specialty / Service level annual review		Borough quarterly review		Board monthly review
Reporting	None			Relevant Board Committee	

BOARD OF DIRECTORS

Title of Meeting	**BOARD OF DIRECTORS**		**Date**	**6 April 2023**
Agenda Item	**22/23**			
Report Title	**KEY CORPORATE MESSAGES**			
Executive Lead	Colin Scales – Chief Executive			
Report Author	Jan McCartney – Trust Secretary			
Presented by	Colin Scales – Chief Executive			
Action Required	☐ **To Approve**	☐ **To Assure**		☒ **To Note**

Executive Summary

The Board is asked to note the report.

Previously considered by:

☐ **Audit Committee**	☐ **Quality & Safety Committee**
☐ **Finance & Performance Committee**	☐ **Remuneration & Nominations Committee**
☐ **People Committee**	☐ **EMT**

Strategic Objectives

☒ **Equality, Diversity and Inclusion** – to actively promote equality, diversity and inclusion by creating the conditions that enable compassion and inclusivity to thrive

☒ **Innovation and collaboration** – to deliver innovative and integrated care closer to home which supports and improves health, wellbeing and independent living

☒ **People** – to be a highly effective organisation with empowered, highly skilled and competent staff

☒ **Quality** – to deliver high quality, safe and effective care which meets both individual and community needs

☒ **Sustainability** – to deliver value for money, ensure that the Trust is financially sustainable and contributes to system sustainability

How does the paper address the strategic risks identified in the BAF?							
☒ **BAF 1**	☐ **BAF 2**	☐ **BAF 3**	☐ **BAF 4**	☐ **BAF 5**	☐ **BAF 6**	☐ **BAF 7**	☐ **BAF 8**
Failure to implement and maintain sound systems of corporate governance	Failure to deliver safe & effective patient care	Managing demand & capacity	Financial sustainability	Staff engagement and morale	Staffing levels	Strategy & organisational sustainability	Digital services

CQC Domains:	☐ **Caring**	☐ **Effective**	☐ **Responsive**	☐ **Safe**	☒ **Well Led**

BOARD OF DIRECTORS

Title of Meeting	BOARD OF DIRECTORS	Date	6 April 2023
Agenda Item	22/23		
Report Title	KEY CORPORATE MESSAGES		
Report Author	Jan McCartney		
Purpose	To update the Board concerning key matters within the Trust and the NHS as a whole.		

1. NON-EXECUTIVE DIRECTOR UPDATES

1.1 The Trust Chair, Karen Bliss attended several meetings, namely:
- North West Region NHS Leaders Monthly Update meetings on 24 January and the 28 February.
- NHS Confederation National Chairs' meeting and the Standalone Community Trust Chairs' meeting on 6 February
- Mental Health & Learning Disability Provider Collaborative Chief Executive and Chairs' meeting on 9 February.
- NHS Providers Community Network meeting on 23 February.
- Time to Shine meeting on 24 February.
- Mental Health & Learning Disability Provider Collaborative Chairs' meeting.

1.2 Non-Executive Director, Linda Chivers attended the Rest of England Governors meeting and also the Council of Governors meeting and follow-on development session. Linda also participated in the following sessions:
- monthly meetings with MIAA to consider delivery of the Internal Audit Plan
- Good Governance Institute NEDs session on Developing Liberating times for Boards
- Well-led interview with Facere Melius

Linda also met with the Director of People & OD as part of the buddying arrangements and Time to Talk sessions.

1.3 Non-Executive Director, Martyn Taylor attended several meetings as follows:
- A total of 3 Time to Shine meetings, which focused on Dental and staff engagement; Widnes UTC and dental patient services; risk management and dermatology.
- Halton and Warrington Governors meeting on 15 February.
- Serious Incident Review Panel meeting on 7 March.
- FNP Annual Review meeting on 8 March.
- IQPR meeting on 13 March.

Martyn also attended the NHS Providers Webinar regarding PSIRF on 27 January and had a 1-1 meeting with the Director of Safeguarding services on 25 January.

1.4   Non-Executive Director, Abdul Siddique had a 1-1 meeting with the Director of People & OD on 23 February and as part of the buddying arrangements, met with the Director of Finance on 9 February.

1.5   Non-Executive Director, Gail Briers attended the Council of Governors meeting on 15 February. Gail also attended the March IQPR Task & Finish Group meeting and the Pre-Board review of the Trust Strategy meeting held on 22 March. Gail held two 1-1 meetings with the Chief Operating Officer in February and March and also accompanied the Chief Operating Office at the Time to Talk session with the Adult Safeguarding team. In addition, Gail had a 1-1 meeting with Facere Melius as part of the Well-led review and attended a Freedom to Speak Up Webinar for Non-Executive Directors on 23 March 2023.

1.6   Non-Executive Director, Tina Wilkins attended the Governor Development session on 16 February, the Time to Shine meeting and the IQPR Task & Finish Group on 13 March. Tine also observed the Performance Council on 1 March and met with Howard Scott regarding the Well-led review on 9 March.

2. EXECUTIVE UPDATES

2.1   The Chief Executive attended a follow-up meeting with the Chairs and Chief Executives of the organisations included in the Mental Health & Learning Disability Collaborative. This was held on 9 February to discuss the future role, remit and structure.

2.2   On 17 February, the Chief Executive attended the Warrington System Sustainability Group Workshop to discuss future planning, including – short, medium and long terms plans for bed based and home based care and the route to be taken to fund this.

2.3   The Chief Executive met with Non-Executive Director, Martyn Taylor on 10 March to discuss the Dental Strategy.

2.4   On 14 March, the Chief Executive held an introductory meeting with the newly appointed Non-Executive Director, Elaine Inglesby.

2.5   The Chief Executive attended an event in London on 20 March, which was organised by Health Education England – Investing in our people: sustaining the health and care workforce now and in the future.

2.6   On 21 March, the Chief Executive and the Chair met with colleagues from Birmingham Community Health Trust to share experiences in commissioning support for community services from the third sector.

2.7   An EMT Workshop took place on Wednesday, 8 March to discuss Quality & Place 2023.

2.8   **Executive and Senior Team Engagement**

A monthly programme of 'Time to Talk' sessions has been set up to allow the Executive Team to update staff on Trust news, ask questions about the teams and service and to take an interest in staff health and wellbeing. It also provides an opportunity for staff to share good news stories and to ask any questions of the executive team.

The following Time to Talk sessions have taken place since the last Board meeting:

2.8.1 On 30 January, the Chief Executive held a virtual Time to Talk session with the Educational & Professional Development and Learning & Development Teams.

The Chief Executive also shadowed a member of staff in their role as a District Nurse from the team based at Chapelfield clinic. A further visit was arranged for the Chief Executive to meet all the team, and this took place on 16 February.

2.8.2 The Director of Finance held a face to face meeting on 25 January with the Workforce & HR Teams based at Spencer House. A virtual session also took place with the Transformation Team on 8 March.

2.8.3 The Chief Operating Officer met virtually with the Adult Safeguarding Team on 26 January.

2.8.4 The Trust Secretary met with the Stoma Care Team based at Woolston Clinic, Warrington on 30 January and also the Neuro Rehab Team based at the Independent Living Centre, Runcorn on 1 March 2023.

Where possible, and as per the agreed Buddying Arrangements for Board Members, Non-Executive Directors join the Directors on their Time to Talk session with services as follows:

Director	Non-Executive Director
Colin Scales	Karen Bliss
Lynne Carter	Tina Wilkins
Sarah Brennan	Gail Briers
Paula Woods	Linda Chivers
Nick Gallagher	Abdul Siddique
Ted Adams	Dame Elaine Inglesby
Aruna Hodgson	Martyn Taylor

2.9 Board Sessions/Events

2.9.1 A Board Time-Out session took place on the afternoon of 28 February. The first part of the session was facilitated by colleagues from the Good Governance Institute, focusing on the IQPR. The Board then discussed financial planning and strategy for the remainder of the session.

3. DIRECTORS' FEEDBACK FROM TIME TO TALK SESSIONS

3.1 Monthly feedback from the Time to Talk sessions are collated from the Executive Team. An example of feedback is provided below:

"They are keen to raise their profile via, spotlight on services at Board, Bulletin etc."

4. EXTERNAL PUBLICATIONS AND REPORTS

4.1 The Health Foundation - Realising the potential of community-based multidisciplinary teams

This briefing summarises evidence from Improvement Analytics Unit (IAU) evaluations of three multi-disciplinary teams (MDTs) and wider evidence to inform current efforts to develop integrated care in England. It reflects on what this evidence means for local leaders looking to implement MDTs, as well as for national leaders seeking to support these models of integrated care.

Realising the potential of community-based multidisciplinary teams - The Health Foundation

4.2 NHS Confederation Briefing – How have provider collaboratives been set up?

NHS England (NHSE) defines provider collaboratives as partnership arrangements involving at least two trusts working at scale across multiple places. They have a shared purpose and effective decision-making arrangements to reduce unwarranted variation, improve resilience and to ensure that specialisation and consolidation occur where this will provide better outcomes and value.

How have provider collaboratives been set up? | NHS Confederation

4.3 HFMA: Summary of 2023/24 priorities and operational planning guidance

NHS England has published the 2023/24 priorities and operational planning guidance. It sets out the national priorities for the NHS to recover core services and productivity, make progress in delivering the key ambitions in the NHS long term plan, and continue to transform the NHS for the future. This briefing summarises the key points from the guidance.

Summary of 2023/24 priorities and operational planning guidance (hfma.org.uk)

5.	RECOMMENDATIONS

5.1 The Board is asked to note the report.

Contents

- **Section 1 : Trust Overview**

- **Section 2 :Operations – Responsive**

- **Section 3: Safe, High-Quality Care**

- **Section 4: People**

- **Section 5: Finance - Making Good Use of Resources**

Introduction

The monthly Integrated Quality and Performance Report (IQPR) provides an overview of the Trust's performance against the balanced scorecard Key Performance Indicators (KPIs)

KPIs are grouped by Domain and Executive leads are tasked with ensuring the KPIs are relevant, achievable, measurable, monitored, and managed.

This month's report describes activity in January 2023.

Within this Report

1. KPI Amendments

None this month

2. Recommendations:

The Board is asked to:

- Accept this paper as assurance that indicators of performance in relation to operations, quality, people, and finance are being reviewed and appropriate actions taken to rectify any indicators which are reported as red.

Trust Overview

Executive Summary

Due to validation and review timescales for Cancer, the RAG rating on the dashboard for these indicators is based on Decembers validated position.

Responsive (Operations)

There are 10 green indicators in month 10 and 9 green indicators, 1 indicator has changes from red to green is the cancer 2 week wait referrals target. All of the indicators which are red show an improved position in month and all of the cancer indicators are now green.

There are notable improvements in the referrals to plan, the patients waiting under 18 weeks and the indicators linked to the Widnes Urgent Treatment Centre.

Trust Overview

Executive Summary

Safe, High-Quality Care (Quality)

There are 40 green indicators in month 10. There are no new red indicators and 1 new green indicator. Compliance with mandatory training is the main reason for red indicators.

People

Four out of the five people indicators are red in month. All of the red indicators have shown an improvement in performance.

Making Good Use of Resources (Finance)

There is a positive position reported in relation to finance with the majority of indicators reporting as green.

Operations

Executive Summary

Of the 19 Operations indicators which are reported; 9 are red and 10 are green.

The nine indicators which were red in January are as follows:

- Referrals to plan – Improvement in month

- Cancellations by service – Improvement in month

- Cancellations by Patient – Improvement in month

- Percentage of patients waiting under 18 weeks RTT Non-Admitted (Incomplete pathway) – Improvement in month

- A&E: Total time in A&E (% of pts who have waited <= 4hrs) – Improvement in month

- Total time in A&E - 95th Percentile – Improvement in month

- Warrington Audiology - Number of 6 weeks diagnostic breaches – Improvement in month

- Warrington Activity Variance – Improvement in month

- Halton Activity Variance – Improvement in month

Overall, there is an improved position across all of the indicators.

Operations

Actions

Indicator	Action	Target date	Responsible Committee
% of patients waiting under 18 weeks	Three services now showing breaches of the 18-week RTT – dermatology and community paediatrics, in Warrington and in Halton. Additional resources are already supporting the delivery of these services, but they will be monitored closely to ensure that the RTT is achieved as soon as possible.	October 2022 – Revised date for achievement of waiting times. **Trajectories are being developed for these services based on capacity and demand modelling**	Chief Operating Officer / Finance and Performance Committee

Operations

Trust Scorecard

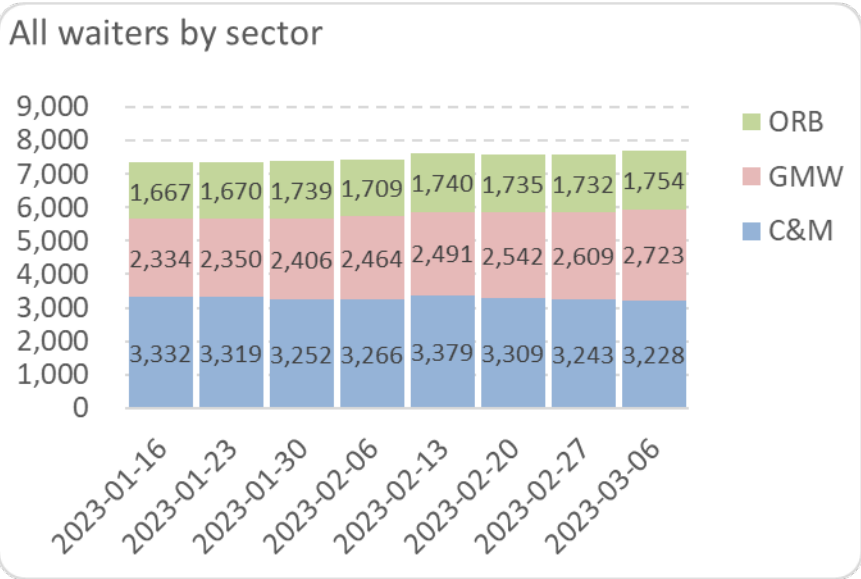| Code	KPI Name	Target	Trend Line	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
OP01	KPIs / Achievements Locally agreed KPIs	100.00%														
OP02	Warrington Dermatology Cancer 2 week referrals (urgent GP)	93.00%		97.97% (▲)	95.98% (▼)	93.97% (▼)	93.94% (▼)	94.03% (▲)	95.76% (▲)	93.19% (▼)	91.34% (▼)	93.93% (▲)	31.25% (▼)	92.34% (▲)	94.39% (▲)	98.84% (▲)
OP03	Warrington Dermatology Cancer 31 day 2nd treatment comprising surgery	94.00%		100% (►)	66.67% (▼)	100% (▲)	50% (▼)	100% (▲)	100% (►)	100% (►)	100% (►)	100% (►)	100% (►)	100% (►)	83.33% (▼)	100% (▲)
OP04	Warrington Dermatology Cancer 31 day wait from diagnosis to 1st treatment	96.00%		93.33% (▲)	52.94% (▼)	100% (▲)	83.33% (▼)	100% (▲)	80% (▼)	100% (▲)	92.86% (▼)	100% (▲)	80% (▼)	100% (▲)	100% (►)	100% (▲)
OP05	Warrington Dermatology Cancer 62 day for 1st Treatment (urgent GP Referral)	85.00%		100% (▲)	92% (▼)	86.67% (▼)	95.24% (▲)	96.97% (▲)	100% (▲)	85.71% (▼)	87.5% (▲)	92.31% (▲)	100% (▲)	100% (▲)	100% (▲)	93.33% (▼)
OP22	28 day faster diagnosis	75.00%		47.67% (▲)	45.41% (▼)	60.21% (▲)	73.84% (▲)	66.5% (▼)	71.92% (▲)	72.73% (▲)	68.67% (▼)	75.19% (▲)	79.17% (▲)	73.02% (▼)	75.29% (▲)	75.95% (▲)
OP06	Referrals to plan	95.00%		77.74% (▼)	77.93% (▲)	76.51% (▼)	85.54% (▲)	94.12% (▲)	89.86% (▼)	87.27% (▼)	87.03% (▼)	84.88% (▼)	95.85% (▲)	89.79% (▼)	74.95% (▼)	91.26% (▲)
OP07	Cancellations by service	5.00%		9.27% (▲)	8.7% (▼)	9.18% (▲)	12.68% (▲)	11.58% (▼)	11.29% (▼)	12.43% (▼)	11.67% (▲)	12.56% (▼)	10.61% (▲)	10.56% (▲)	12.22% (▼)	10.9% (▲)
OP08	Cancellations by Patient	5.00%		4.66% (▲)	4.66% (▼)	5.18% (▼)	4.64% (▲)	4.5% (▲)	5.28% (▼)	6.32% (▼)	5.16% (▲)	5.3% (▼)	5.81% (▼)	5.66% (▲)	5.73% (▼)	5.39% (▲)
OP09	% of patients waiting under 18 weeks RTT Non-Admitted (Incomplete pathway)	92.00%		53.79% (▼)	54.5% (▲)	60.01% (▲)	57.26% (▼)	61.03% (▲)	59.48% (▼)	59.05% (▼)	53.34% (▼)	43.21% (▼)	39.74% (▼)	35.29% (▼)	34.75% (▼)	39.76% (▲)
OP11	A&E: Total time in A&E (% of pts who have waited <= 4hrs)	95%		99.23% (▲)	97.61% (▼)	94.16% (▼)	93.96% (▼)	98.38% (▲)	96.6% (▼)	96.3% (▼)	98.66% (▲)	96.48% (▼)	92.66% (▼)	87.43% (▼)	82.48% (▼)	93.72% (▲)
OP12	Total time in A&E - 95th Percentile	4 Hrs		02:47 (▲)	03:19 (▼)	04:07 (▼)	04:17 (▼)	03:35 (▲)	03:54 (▼)	03:56 (▼)	03:32 (▲)	03:55 (▼)	04:31 (▼)	05:11 (▼)	06:06 (▼)	04:27 (▲)
OP13	A&E Time to treatment decision (median) <=60 mins	60 Mins		00:05 (▲)	00:06 (▼)	00:18 (▼)	00:04 (▲)	00:09 (▼)	00:11 (▼)	00:10 (▲)	00:09 (▲)	00:09 (▼)	00:10 (▼)	00:12 (▼)	00:14 (▼)	00:10 (▲)
OP14	A&E Unplanned re-attendance rate <=5%	5%		0% (►)	0% (►)	0% (►)	0.09% (▼)	0% (▲)	0% (►)	0.03% (▼)	0% (▲)	0% (►)	0% (►)	0% (►)	0% (►)	0% (►)
OP15	A&E left without being seen <=5%	5%		0.07% (▲)	0.03% (▲)	0.13% (▼)	0.11% (▲)	0.41% (▼)	0.13% (▲)	0.28% (▼)	0.44% (▼)	0.23% (▲)	0.08% (▲)	0.27% (▼)	0.89% (▼)	0.13% (▲)
OP16	Warrington Audiology - Number of 6 weeks diagnostic breaches	0		14 (▼)	1 (▲)	2 (▼)	2 (►)	0 (▲)	5 (▼)	1 (▲)	0 (▲)	3 (▼)	2 (▲)	4 (▼)	4 (►)	1 (▲)
OP17	Data Quality Maturity Index (DQMI) MHSDS quarterly score	95%		99.53% (▲)	99.52% (▼)	99.67% (▲)	99.68% (▲)	99.68% (►)	99.76% (▲)	99.8% (▲)	99.77% (▼)	95.36% (▼)	99.83% (▲)	99.83% (►)	99.82% (▼)	99.71% (▼)
OP18	Halton Maternity Dashboard - Number of red rated areas	0		0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)
OP19	Warrington Activity Variance	3%		-23.17% (▲)	-23.2% (▼)	-23.17% (▲)	-24.03% (▼)	-20.85% (▲)	-19.14% (▲)	-16.68% (▲)	-17.26% (▼)	-17.81% (▼)	-16.77% (▲)	-16.37% (▲)	-17.02% (▼)	-16.95% (▲)
OP20	Halton Activity Variance	3%		-7.87% (▼)	-8.27% (▼)	-6.46% (▲)	15.26% (▼)	17.05% (▼)	14.07% (▲)	17.27% (▼)	17.39% (▼)	15.15% (▲)	13.85% (▲)	12.36% (▲)	11.08% (▲)	10.92% (▲)

Operations: Exception Reporting

Chart

All waiters by sector

ORB
GMW
C&M

	2023-01-16	2023-01-23	2023-01-30	2023-02-06	2023-02-13	2023-02-20	2023-02-27	2023-03-06
ORB	1,667	1,670	1,739	1,709	1,740	1,735	1,732	1,754
GMW	2,334	2,350	2,406	2,464	2,491	2,542	2,609	2,723
C&M	3,332	3,319	3,252	3,266	3,379	3,309	3,243	3,228

Issue

Dental - Patients waiting by Sector

The number of patients waiting for dental treatment has decreased in Cheshire and Merseyside but has increased in Greater Manchester West and to a lesser extent in Oldham, Rochdale and Bury.

There is weekly oversight of the patients who are waiting at the Directorate Leadership Team meetings to be seen and capacity and demand modelling has been undertaken to understand the workforce that is required to manage the demand.

Operations: Exception Reporting

Chart

All waiters by time band

Legend:
- f) 104+ wks
- e) 79-103 wks
- d) 52-78 wks
- c) 26-51 wks
- b) 18-25 wks
- a) 0-17 wks

X-axis: 2023-01-16, 2023-01-23, 2023-01-30, 2023-02-06, 2023-02-13, 2023-02-20, 2023-02-27, 2023-03-06
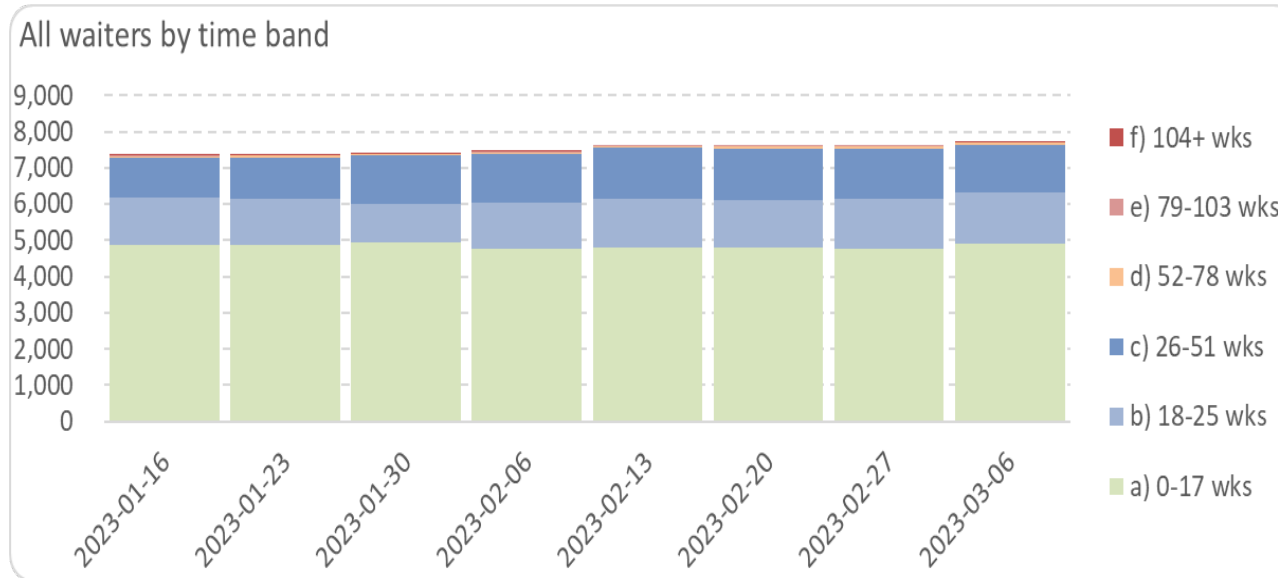
Issue

Dental – Waiters by time band

There are now only 2 patients above 104 weeks and 2 between 79 and 103 weeks. There is a further 63 patients waiting between 52 and 78 weeks.

We are on track to have all 78 week plus waiters seen by 1st April.

Operations: Exception Reporting

Chart

All waiters by modality

Legend:
- Minor Oral Surgery
- IV Anxious Adults
- Domiciliary
- Special Care - GA
- Special Care
- Paediatrics
- Paediatrics - IHS
- Paediatrics - GA

X-axis: 2023-01-16, 2023-01-23, 2023-01-30, 2023-02-06, 2023-02-13, 2023-02-20, 2023-02-27, 2023-03-06
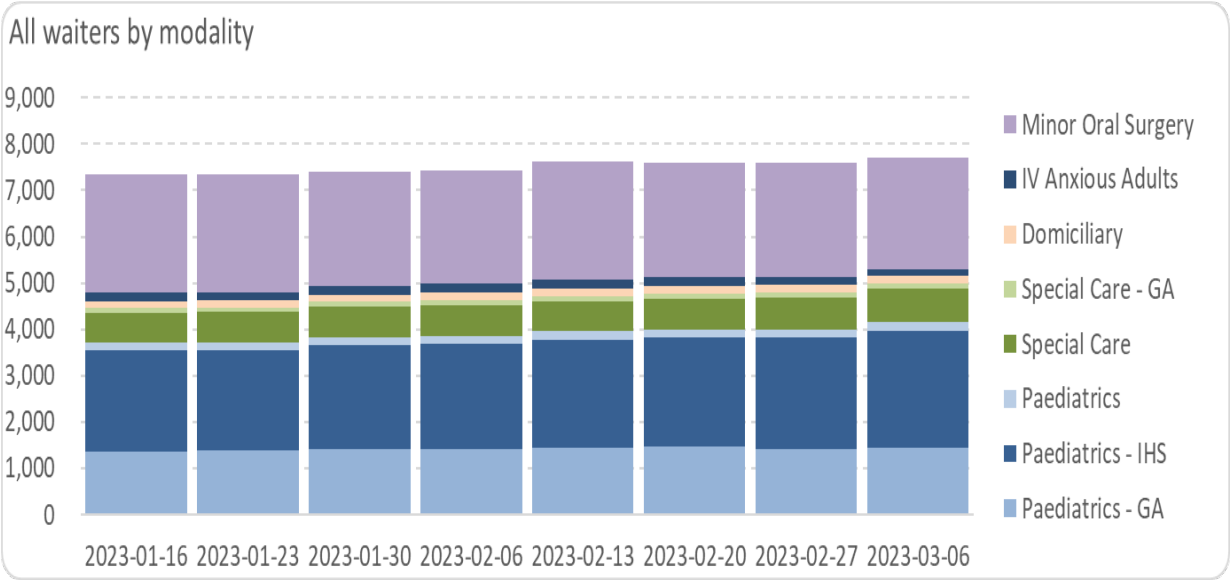
Issue

Dental - Patients waiting by treatment

The number of patients waiting for minor oral surgery, IV anxious adults, domiciliary and paediatrics have all decreased in month. The most significant increase is in Paediatrics – IHS (Inhalation Sedation).

The number of patients waiting by modality is carefully factored into clinic planning in each of the dental sectors and reviewed at the Directorate Leadership meetings.

Quality
Executive Summary

There are 5 Quality indicators reporting as red and 40 green indicators in January 2023.

The 5 indicators which were red in January are as follows:

- % Of Incidents Low impact Level 1-2 - Improvement in month
- Information Governance – Decline in month
- Safeguarding Adults Level 2 Training – Improvement in month
- Safeguarding Adults Level 3 Training – Decline in month
- Total Number of Unstageable Pressure Ulcers acquired in Bridgewater – Decline in month

The Duty of Candour indicator has moved from red to green.

Quality

Actions:

Indicator	Action	Target date	Responsible Committee
Safeguarding Level 3 – Children's and Adults	• Staff to be supported to participate in training. • Additional sessions to be delivered as capacity permits • Regular reminders at Daily Ops Huddle • Education and Training team sharing regular lists of staff who are compliant and non compliant	• Children's Level 3 is now compliant • Discussions are taking place with staff side to support required actions to ensure compliance	Associate Directors / Director of Nursing and Operational Managers

Quality: Exception Reporting

Trust Scorecard

Quality

Code	KPI Name	Target		Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
Incidents																
QU01	Number of Never Events	0		0 (▶)	0 (▶)	0 (▶)	0 (▶)	0 (▶)	0 (▶)	0 (▶)	0 (▶)	0 (▶)	0 (▶)	0 (▶)	0 (▶)	0 (▶)
QU02	Number of patient safety incidents reported	97-217		170 (▼)	129 (▲)	141 (▼)	117 (▲)	133 (▼)	137 (▼)	102 (▲)	139 (▼)	140 (▼)	148 (▼)	156 (▼)	112 (▲)	133 (▼)
QU03	% of incidents High impact Level 3-5	7.88%		1.76% (▲)	0.78% (▲)	2.13% (▼)	2.56% (▼)	3.01% (▼)	0.73% (▲)	4.9% (▼)	3.6% (▲)	5% (▼)	3.38% (▲)	3.85% (▼)	4.46% (▼)	6.02% (▼)
QU04	% Of Incidents Low impact Level 1-2	68.97%		77.65% (▲)	86.05% (▼)	89.36% (▼)	85.47% (▲)	89.47% (▼)	85.4% (▼)	86.27% (▼)	87.77% (▼)	91.43% (▼)	85.81% (▲)	81.41% (▲)	84.82% (▼)	83.46% (▼)
QU05	Number of Serious Incidents Reported	9		2 (▲)	4 (▼)	4 (▲)	2 (▲)	5 (▼)	3 (▲)	8 (▼)	4 (▲)	9 (▼)	3 (▲)	8 (▼)	6 (▲)	5 (▲)
QU06	Percentage of Serious Incidents Reported - Compliance with reporting time frames for StEIS within 48 hours	100.00%		100% (▶)	100% (▶)	100% (▶)	100% (▶)	100% (▶)	100% (▶)	100% (▶)	100% (▶)	100% (▶)	100% (▶)	100% (▶)	100% (▶)	100% (▶)
QU07	RCA investigations compliance submitted within 60 day time frame	100.00%		100% (▶)	100% (▶)	100% (▶)	100% (▶)	100% (▶)	100% (▶)	100% (▶)	100% (▶)	100% (▶)	100% (▶)	100% (▶)	100% (▶)	100% (▶)
QU08	DOC (Duty of Candour) - 10 day compliance	100.00%		100% (▶)	100% (▶)	100% (▶)	100% (▶)	100% (▶)	100% (▶)	100% (▶)	88.89% (▼)	100% (▲)	100% (▶)	75% (▼)	75% (▶)	100% (▲)
QU09	CAS Alert Compliance	100.00%		100% (▶)	100% (▶)	100% (▶)	100% (▶)	100% (▶)	100% (▶)	100% (▶)	100% (▶)	100% (▶)	100% (▶)	100% (▶)	100% (▶)	100% (▶)
QU10	Total Number of Medication Errors	33		21 (▼)	16 (▲)	16 (▶)	10 (▲)	13 (▼)	15 (▼)	7 (▲)	12 (▼)	12 (▶)	18 (▼)	12 (▲)	9 (▲)	8 (▲)
QU11	Medication Errors That Caused Harm	6		2 (▼)	0 (▲)	0 (▲)	0 (▶)	1 (▼)	0 (▲)	1 (▼)	0 (▲)	0 (▶)	2 (▼)	1 (▲)	0 (▲)	1 (▼)
QU12	Medical Device Incidents	14		10 (▶)	6 (▲)	3 (▲)	5 (▼)	4 (▲)	3 (▲)	9 (▼)	6 (▲)	5 (▲)	13 (▼)	6 (▲)	4 (▲)	6 (▼)
Training Compliance																
QU13	Information Governance	95.00%		79.51% (▼)	83.91% (▲)	85.15% (▲)	84.05% (▼)	87.22% (▲)	94.7% (▲)	95.5% (▲)	93.94% (▼)	92.67% (▼)	92.37% (▼)	91.21% (▼)	91.47% (▲)	90.79% (▼)
QU14	Safeguarding Childrens Level 1	85.00%		86.11% (▲)	86.97% (▲)	86.78% (▼)	86.26% (▼)	87.86% (▲)	86.61% (▼)	89.07% (▲)	90.45% (▲)	90.85% (▲)	92.04% (▲)	92.55% (▲)	92.32% (▼)	92.68% (▲)
QU15	Safeguarding Childrens Level 2	85.00%		73.67% (▲)	72.82% (▼)	73.09% (▲)	68.5% (▼)	75.57% (▲)	77.42% (▲)	80.84% (▲)	85.4% (▲)	85.3% (▼)	85.96% (▲)	84.87% (▼)	85.94% (▲)	87.15% (▲)
QU16	Safeguarding Childrens Level 3	85.00%		85.33% (▲)	84.47% (▼)	84.2% (▼)	85.02% (▲)	83.74% (▼)	80.27% (▼)	85.86% (▲)	85.08% (▼)	82.84% (▼)	83.44% (▲)	83.77% (▲)	89.37% (▲)	86.44% (▼)
QU17	Safeguarding Adults Level 1	85.00%		86.98% (▲)	87.9% (▲)	87.91% (▲)	87.23% (▼)	88.57% (▲)	88.18% (▼)	88.95% (▲)	90.07% (▲)	89.72% (▼)	92.45% (▲)	92.9% (▲)	92.87% (▼)	93.49% (▲)
QU18	Safeguarding Adults Level 2	85.00%		77.84% (▼)	75.62% (▼)	74.6% (▼)	72.97% (▼)	73.63% (▲)	74.15% (▲)	76.27% (▲)	81.83% (▲)	71.19% (▼)	76.22% (▲)	77.18% (▲)	80.67% (▲)	83.45% (▲)
QU19	Safeguarding Adults Level 3	85.00%		46.97% (▲)	47.01% (▲)	47.24% (▲)	51.96% (▲)	53.91% (▲)	56.98% (▲)	58.88% (▲)	65.79% (▲)	67.24% (▲)	69.36% (▲)	69.21% (▼)	77.16% (▲)	76.26% (▼)
Risks																
QU20	Total Number of risks	258		204 (▲)	204 (▶)	204 (▶)	202 (▲)	181 (▲)	184 (▼)	187 (▼)	177 (▲)	164 (▲)	145 (▲)	147 (▼)	148 (▼)	149 (▼)
QU21	Total Number of risks identified as High	111		104 (▼)	104 (▶)	104 (▶)	102 (▲)	88 (▲)	87 (▲)	92 (▼)	85 (▲)	73 (▲)	71 (▲)	62 (▲)	62 (▶)	62 (▶)
QU22	Percentage of risks identified as High	44.02%		50.98% (▼)	50.98% (▶)	50.98% (▶)	50.5% (▲)	48.62% (▲)	47.28% (▲)	49.2% (▼)	48.02% (▲)	44.51% (▲)	48.97% (▼)	42.18% (▲)	41.89% (▲)	41.61% (▲)
QU23	Total Number of risks identified as High 12	57		22 (▲)	22 (▶)	22 (▶)	20 (▲)	22 (▼)	23 (▼)	22 (▲)	22 (▶)	20 (▲)	16 (▲)	22 (▼)	22 (▶)	22 (▶)
QU24	Percentage of risks identified as High 12	15.17%		10.78% (▲)	10.78% (▶)	10.78% (▶)	9.9% (▲)	12.15% (▼)	12.5% (▼)	11.76% (▲)	12.43% (▼)	12.2% (▲)	11.03% (▲)	14.97% (▼)	14.86% (▲)	14.77% (▼)
QU25	Total Number of risks identified as Extreme	21		4 (▶)	4 (▶)	4 (▶)	3 (▲)	1 (▲)	2 (▼)	3 (▼)	1 (▲)	2 (▼)	1 (▲)	3 (▼)	3 (▶)	3 (▶)
QU52	Percentage of risks identified as Extreme	4.69%		1.96% (▼)	1.96% (▶)	1.96% (▶)	1.49% (▲)	0.55% (▲)	1.09% (▼)	1.6% (▼)	0.56% (▲)	1.22% (▼)	0.69% (▲)	2.04% (▼)	2.03% (▲)	2.01% (▼)

Quality: Exception Reporting

Trust Scorecard

Quality

Falls (Bridgewater)

Code	KPI Name	Target	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
QU26	Total Number of falls	23	17 (▼)	10 (▲)	18 (▼)	14 (▲)	15 (▼)	18 (▼)	9 (▲)	13 (▼)	13 (►)	18 (▼)	14 (▲)	14 (►)	20 (▼)
QU27	Total Number of falls identified as Catastrophic	0	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)
QU28	Falls per 1,000 bed days – bed based	14	13.88 (▼)	6.39 (▲)	13.26 (▼)	11.45 (▲)	10.34 (▲)	16.29 (▼)	4.49 (▲)	9.42 (▼)	10.13 (▼)	14.61 (▼)	11.72 (▲)	11.39 (▲)	8.65 (▲)
QU29	Percentage of overall falls that are bed based	88.28%	82.35% (▲)	50% (▲)	77.78% (▼)	78.57% (▼)	73.33% (▲)	88.89% (▼)	44.44% (▲)	76.92% (▼)	76.92% (▲)	83.33% (▼)	85.71% (▼)	85.71% (▲)	45% (▲)
QU30	Total Number of Community Falls	11	3 (▼)	5 (▼)	4 (▲)	3 (▲)	4 (▼)	2 (▲)	5 (▼)	3 (▲)	3 (►)	3 (►)	2 (▲)	2 (▲)	11 (▼)
QU31	Percentage of overall falls that are community falls	55.01%	17.65% (▲)	50% (▼)	22.22% (▲)	21.43% (▲)	26.67% (▲)	11.11% (▲)	55.56% (▼)	23.08% (▲)	23.08% (▲)	16.67% (▲)	14.29% (▲)	14.29% (►)	55% (▼)

Pressure Ulcers

Code	KPI Name	Target	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
QU32	Total Number of Category 2 Pressure Ulcers acquired in Bridgewater	44	25 (▲)	17 (▲)	22 (▼)	18 (▲)	31 (▼)	14 (▲)	12 (▲)	30 (▼)	23 (▲)	14 (▲)	23 (▼)	19 (▲)	23 (▼)
QU33	Total Number of Category 3 Pressure Ulcers acquired in Bridgewater	5	0 (▲)	0 (►)	2 (▼)	0 (▲)	0 (►)	0 (►)	2 (▼)	0 (▲)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)
QU34	Total Number of Category 4 Pressure Ulcers acquired in Bridgewater	2	2 (►)	0 (▲)	1 (▼)	0 (▲)	0 (►)	0 (►)	2 (▼)	0 (▲)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)
QU35	Total Number of Unstageable Pressure Ulcers acquired in Bridgewater	3	0 (►)	0 (►)	0 (►)	0 (►)	2 (▼)	2 (►)	3 (▼)	3 (►)	6 (▼)	4 (▲)	6 (▼)	5 (▲)	6 (▼)

Quality

Code	KPI Name	Target	Trend Line	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23

Health Care Acquired Infections

Code	KPI Name	Target	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
QU36	MRSA - Total Number of outbreaks (Community)	0	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)
QU37	C.Diff - Total Number of outbreaks (Community)	0	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)
QU38	Bacteraemia - Total Number of outbreaks	0	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)	0 (►)

Harm Free Care

Code	KPI Name	Target	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
QU40	VTE - Bed Based - % of patients risk assessed	100%	100% (►)	100% (►)	100% (►)	100% (►)	100% (►)	100% (►)	100% (►)	100% (►)	100% (►)	100% (►)	100% (►)	100% (►)	100% (►)

Patient Experience

Code	KPI Name	Target	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
QU41	Friends and Family Test	95.00%	98.72% (▲)	97.22% (▼)	98.96% (▲)	95.27% (▼)	99.03% (▲)	99.11% (▲)	99% (▼)	98.01% (▼)	98.97% (▲)	98.98% (▲)	98.06% (▼)	98.94% (▲)	99.03% (▲)
QU42	Number of Complaints	9	6 (▼)	4 (▲)	3 (▲)	4 (▼)	0 (▲)	5 (▼)	4 (▲)	5 (▼)	6 (▼)	6 (►)	6 (►)	2 (▲)	0 (▲)
QU44	Patient Experience - Dignity and Respect	95.00%	100% (▲)	99.19% (▼)	99.72% (▲)	98.97% (▼)	100% (▲)	100% (►)	100% (▲)	99.01% (▼)	100% (▲)	98.98% (▼)	98.97% (▼)	100% (▲)	100% (►)
QU45	Patient Experience - Information / Communication	95.00%	99.03% (▼)	98.39% (▼)	98.58% (▼)	98.97% (▲)	99.03% (▲)	99.11% (▲)	99% (▼)	98.01% (▼)	98.97% (▲)	98.98% (▲)	98.97% (▼)	100% (▲)	100% (►)
QU46	Patient Experience - Access/Waiting Time	95.00%	99.03% (▲)	97.9% (▼)	96.51% (▼)	97.94% (▲)	94.05% (▼)	93.96% (▼)	96% (▲)	95.03% (▼)	98.01% (▲)	97.03% (▼)	96% (▼)	95.98% (▼)	95.99% (▲)

People
Executive Summary

Four out of five People indicators are shown as red in January 2023.

The four indicators which were red in January are as follows:

- Staff turnover (rolling) – Improvement in month
- Percentage Overall organisation sickness rate (rolling) – Improvement in month
- Sickness absence rate (actual) – Improvement in month
- Percentage of staff with current PDR – Improvement in month

People

Actions

Indicator	Action	Target date	Responsible Committee

People

Trust Scorecard

People

Code	KPI Name	Target		Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
PO01	adcount of new starters attending induction programme	95.00%		99.47% (▼)	99.3% (▼)	99.58% (▲)	99.26% (▼)	99.6% (▲)	99.54% (▼)	99.54% (▼)	99.4% (▼)	99.4% (▲)	99.47% (▲)	99.34% (▼)	99.74% (▲)	99.6% (▼)
PO02	turnover (rolling)	8.00%		15.56% (▼)	15.36% (▲)	27.69% (▼)	30.81% (▼)	31.35% (▼)	32.37% (▼)	32.62% (▼)	37.05% (▼)	33.57% (▲)	28.67% (▲)	28.47% (▲)	28.54% (▼)	27.91% (▼)
PO03	erall Organisation Sickness rate (rolling)	4.80%		6.45% (▼)	6.67% (▼)	6.83% (▼)	6.01% (▲)	7.01% (▼)	7.02% (▼)	7.05% (▼)	6.99% (▲)	6.96% (▲)	6.88% (▲)	6.81% (▲)	6.75% (▲)	6.52% (▲)
PO04	less absence rate (Actual)	4.80%		7.2% (▲)	6.67% (▲)	6.98% (▼)	5.27% (▲)	7.02% (▼)	6.31% (▲)	7.16% (▼)	5.28% (▲)	5.77% (▼)	5.81% (▼)	6.1% (▼)	7.11% (▼)	6.19% (▼)
PO05	staff with a current PDR	85.00%		53.89% (▼)	57.32% (▲)	56.94% (▼)	56.35% (▼)	57% (▲)	58.96% (▲)	58.45% (▼)	63.59% (▲)	67.42% (▲)	63.71% (▼)	67.44% (▲)	66.09% (▼)	70.13% (▲)

Finance

Month Ten Finance Report

Scope

1.1 The purpose of this paper is to update the Committee on the financial position of the Trust at the end of annuary 2023 (Month 10).

Summary Performance Month 10 2022-23	Month 10 Plan (£M)	Month 10 Actual (£M)	Month 10 Variance (£M)	YTD Plan (£M)	YTD Actual (£M)	YTD Variance (£M)	Full Year Plan (£M)	Forecast Outturn M12 (£M)
Income	(7.47)	(8.01)	0.54	(75.02)	(77.03)	2.02	(89.96)	(92.52)
Expenditure - Pay	4.80	5.19	(0.39)	48.00	48.53	(0.53)	57.60	58.19
Expenditure - Agency	0.41	0.47	(0.06)	4.12	4.90	(0.78)	4.95	5.76
Expenditure - Non Pay	2.20	2.35	(0.15)	22.64	23.20	(0.56)	27.03	27.61
EBITDA	(0.06)	0.01	(0.07)	(0.25)	(0.40)	0.15	(0.37)	(0.96)
Financing	0.03	(0.04)	0.07	0.31	(0.03)	0.34	0.37	(0.04)
Normalised (Surplus)/Deficit	(0.03)	(0.03)	0.00	0.06	(0.43)	0.49	(0.00)	(1.00)
Exceptional Costs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Net (Surplus)/Deficit after Exceptional Items	(0.03)	(0.03)	0.00	0.06	(0.43)	0.49	(0.00)	(1.00)
Other Adjustments	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Adjusted Net (Surplus)/Deficit	(0.03)	(0.03)	0.00	0.06	(0.43)	0.49	(0.00)	(1.00)
CIP	0.40	0.39	(0.00)	3.40	3.41	0.00	4.20	4.20
Capital	0.10	0.15	(0.05)	1.90	0.79	1.11	2.10	2.10
Cash	26.15	24.76	(1.39)	26.15	24.76	(1.39)	26.64	26.00
Use of Resources Metric	N/A	N/A		N/A	N/A		N/A	N/A

● Favourable Variance   ⚠ Adverse Variance

Finance

Key Headlines

Rolling Run Rates 2021/22 to 2022/23
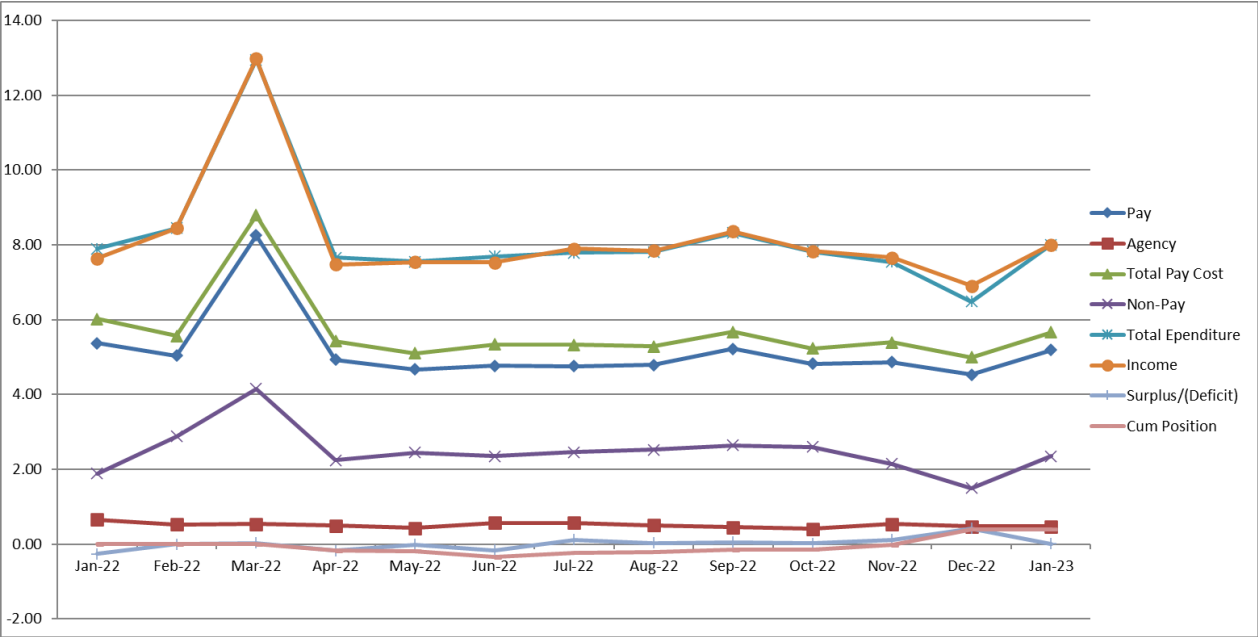
Finance

CUMULATIVE PERFORMANCE AGAINST NHSE/I PLAN – £1m SURPLUS FOR THE YEAR.

The key headlines for month ten are as follows:

- The Trust is reporting a year-to-date surplus of £0.43m, ahead of the plan deficit of £0.06m.

- The Trust has a savings requirement of £4.20m (4.50%), split between £1.865m recurrent and £2.332m non recurrent largely driven by the requirement to reduce covid related spend.

- The Trust savings plan to month ten is £3.40m, which is reported as achieved.

- Income is £77.03m for the year-to-date - £2.02m above the plan, predominantly due to the STHK income referred to below (savings/CIP) plus the additional funding for the pay award.

- Expenditure is £76.60m for the year-to-date – £1.53m above plan.

Finance

CUMULATIVE PERFORMANCE AGAINST NHSE/I PLAN – £1m SURPLUS FOR THE YEAR (continued)

- Pay is £48.53m for the year-to-date - £0.53m above plan due to the pay award.

- Agency spend of £4.90m for the year-to-date against a plan of £4.12m.

- Non pay expenditure is £23.20m for the year-to-date, against a plan of £22.64m.

- Capital charges are £0.34m below plan.

- Capital expenditure is £0.79m for the year, £1.11m behind plan

- Cash is £24.76m

Appendix

Indicator	Detail
Operations	
Diagnostic waiting times – 6 weeks	All diagnostic tests need to be carried out within 6 weeks of the request for the test being made. The national target is 99% or over within 6 weeks.
Four-hour A&E Target	All patients who attend a Walk in Centre or Urgent Care Centre (A&E Type 4) should wait no more 4 hours from arrival to treatment/transfer/discharge. The national target is 95%.
Cancellation by Service	The Trust aspires to ensure that no patient will have their appointment cancelled. In exceptional circumstances, however the service may need to cancel patient appointments. In these instances, patients/carers will be contacted and offered an alternative appointment at their convenience acknowledging the maximum access times target.
Cancellation by patient	A patient cancellation or rescheduling request occurs when the patient contacts the service to cancel their appointment. Short notice cancellations i.e.: within 3 hours of appointment time should also be recorded as cancellation.

Thank You

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PERFORMANCE FRAMEWORK

1. Introduction

Bridgewater Community Healthcare NHS Foundation Trust (the Trust) strives to continually improve the quality and performance of all services that the Trust provides.

The Trust requires assurance that its approach to performance management is rigorous and enables the identification and escalation of areas of performance of concern.

The Performance Framework has been developed to ensure that there is an integrated approach to managing performance with clear visibility and lines of accountability from the Board to service level.

The framework sets out the governance and responsibilities for performance at every level of the organisation. Effective performance management will enable us to embed a continuous improvement cycle linked to the Building On Our Strengths Together (BOOST) transformation programme.

Whilst the framework describes the links to individual accountabilities and the contributions that all staff make to the delivery of the Trust performance, it does not deal directly with individual performance management. This is covered within the Trusts 'Capability and Performance Management Policy.'

2. Definition

Performance management is defined as establishing a formal, regular, and rigorous system of data collection and usage to indicate trends and measure the performance of services. Performance management should be used to help identify areas of best practice, to focus on continuous improvement and delivery of improved outcomes, to take action to improve patient care and to ensure that the activities of services are in line with the overall organisational strategy and priorities.

3. Aims

The aims of the Performance Framework are to:

- To support the delivery of all Trust strategic objectives
- To provide assurance to the Board, stakeholders, and the public that the organisation has strong systems in place to ensure the delivery of high-quality care.
- To clearly set out all lines of accountability for delivery from Board to service level.

4. Principles

The Trust's principles for performance management are set out below:

- Clear objectives - The Trust Strategic Objectives are fundamental to the Performance Framework ensuring clarity, monitoring and focus on these key deliverables at all levels of the Trust.
- Responsibility - The Performance Framework will ensure that everyone understands their responsibility for performance within the Trust.
- Transparency - The methodology, information, tools, and evidence used to assess performance is clear. All staff will understand what is required and will be held accountable through a transparent approach.
- Improvement focussed - The Performance Framework approach will be supportive and focussed on improvements. Areas which are identified as performing poorly will be supported to improve

performance with the responsibility for making improvements shared with the necessary support services.

- Empowerment and delegation – Directorates are empowered to highlight all areas performance (strong or poor), escalating matters for attention and support, and assuming responsibility through delegation and accountability.

The Performance Management Framework will be reviewed each year to ensure effectiveness - accepting the fast pace of healthcare change and the external environment within which the Trust operates.

5. Performance Governance

The main strands of performance reporting within the Trust are:

- National and local performance reporting e.g., to regulators, place, and system
- Board performance reporting
- Board Committee performance reporting
- Council Performance Reporting
- Directorate performance reporting
- Service Performance reporting

The remit of the Trust Board is to:

- Set the right level of ambition and communicate those goals widely.
- Understand which services are performing well and which require improvement
- Create an environment of appropriate challenge and holding to account
- Understand current and future challenges and plan for those.

Performance management must be embedded across the Trust to generate alignment, so that all Directorates are working together to achieve the organisational objectives. In order to facilitate this, structures exist within the Trust that support reporting to the Board, and the comprehensive detail required for management of performance at the operational level. Reporting structures have been designed to accommodate differing needs of managers at all tiers of the organisation, and the information flow across these levels mirrors the Trust's management and governance structure.

This is illustrated below:

A key aspect of this approach is that performance measures are identified at as low a common denominator as possible. Measures made at a service level create a Directorate position and Directorate level performance measures are then summated to give a Trust-wide picture of performance.

5.1 Board Reporting

At Board, the Trust's Integrated Quality and Performance Report is presented which uses a performance scorecard approach and provides a summary of the business-critical indicators for the Trust and indicators linked to the Trusts Strategic Objectives. It is issued bi-monthly highlighting key areas of success or concern and actions being taken to address the issues. Performance is also visually displayed in the form of tables and charts which show historic performance and trends.

5.2 Committee Reporting

The Board's Committees receive a breakdown of the Integrated Quality and Performance Report aligned to their respective areas of focus. This highlights key areas of success or concern and actions being taken to address the issues of concern.

5.3 Council Reporting

The Performance Council receives the Integrated Quality and Performance Report on a monthly basis as well as the Directorate Performance Scorecards and the Service Level scorecard for any services which are reporting by exception. The Performance Council has the overview of the Directorate Scorecard and can identify themes and trends across the organisation which feed into the committees. Other Councils receive a breakdown of the Directorate scorecard aligned to their respective area of focus and at Service level by exception.

5.4 Directorate Reporting

The Directorate Management Team meeting receives all of the service level scorecards as well as an overview of performance by Directorate. Its purpose is to provide an insight into the contribution of individual service to performance of the business-critical indicators and delivery of the strategy, as well as furnishing the Directorate with a performance overview. The Directorate has the overview of all of the services and can identify themes and trends across the services which can fed into the councils.

5.5 Service Level Reporting

Following a similar format to the Directorate report the Service level report contains the indicators disaggregated to Service level. Its purpose is to provide an insight into the contribution of individual services to the performance of the Directorates and it also contains performance data more specific to their area of activity.

6. Responsibilities

Ownership of performance lies with everyone working for and with the Trust with overall accountability and leadership for performance with the Trust Board. The underlying principle that performance is everyone's responsibility relies heavily on effective performance and personal development reviews (PPDR) enabling every employee to be the best they can be, understanding what performance means for them and their role. Objective setting, not just at individual level, is required and those objectives will provide the context for how performance will be measured, whether a key performance indicator (KPI) or local measure or how an individual contributes to service objectives. Competency frameworks support this and provide an assessment process to ensure all staff have the skills, knowledge, experience, and behaviours to deliver performance aligned with Trust values.

6.1 Trust Board

The Trust Board is responsible for monitoring the performance of the organisation in an effective way and satisfying itself that appropriate action is taken to remedy problems as they arise. It should consider any independent scrutiny of performance for example from regulators. The Board should offer rigorous and constructive challenge from all board members both executive and non-executive.

6.2 Executive Team

The Chief Operating Officer is the Executive lead for the Performance Framework supported by the Director of Nursing and the Medical Director in relation to clinical matters and quality, the Director of People and Organisation Development for workforce and the Director of Finance for finance.

The Business Intelligence Department under the management of the Director of Finance has responsibility for providing the data and management information both within the Trust and to appropriate external parties.

The Executive Team will review the performance of the Directorates at the Quarterly Directorate Review Meetings.

6.3 Directorate Management Team

Ultimate accountability and responsibility for Directorate performance is held by the Associate Director of Operations for the Directorate. The Directorate Management Team reflects the triumvirate approach with an Associate Director of Operations, Clinical Director and Director of Nursing supported by the corporate teams such as finance, people, information technology (IT), transformation and business intelligence.

The Directorate Management team is responsible for driving forward the development and embedding performance management arrangements across their Directorate, ensuring a consistency of approach as defined in the Performance Management Framework.

The Directorate Dashboard provides an overview of Directorate performance using Trust priority deliverable KPIs and local indicators around service delivery as a collective dashboard for performance management.

6.4 Business Intelligence Team

The Business Intelligence team provides the accurate and timely analysis and interpretation of performance data for performance review and follow up purposes.

6.5 Corporate Business Partners

The Corporate Business Partners such as finance, people, transformation, information technology and business intelligence are responsible for supporting the Directorate Management Teams and providing direction in relation to performance in their individual area of expertise and supporting Operational Managers, Clinical Leads and Team Leaders to own and drive forward performance in these areas.

6.6 All Staff

All staff contribute towards performance improvement and management by being encouraged and supported to identify improvement opportunities and to take the required action. It is important that staff own the data on their service and understand how that translates to the corporate performance of the organisation.

7. Risk Management

The Performance Framework supports risk management in the Trust in the following ways:

- Key Performance Indicator (KPI) targets have agreed risk tolerances which enables the Trust to focus on KPIs that are currently breaching or are at risk of breaching.
- Links to active risks on the Trust's Risk Register

8. Performance Scorecard

The Key Performance Indicators (KPIs) which the Board and its Committees use to monitor and report performance are contained within Performance Scorecards. The Performance Scorecards are refreshed monthly and are available at Service, Directorate and Trust.

The Performance Scorecards provide a clear and standardised structure to the performance meetings which take place at various levels in the Trust.

8.1 Strategic Objectives

The Performance Scorecard KPIs are grouped in the following domains which are taken from the Trust's Strategic Objectives:

- Quality
- Health equity
- Staff
- Resources
- Diversity, equality, and inclusion
- Partnerships

The Integrated Quality and Performance Report (IQPR) summarises performance by each of the Strategic Objectives and updates the Board on any observable trends or patterns and enables any areas of challenge to be recognised.

8.2 Service and Directorate Performance Scorecards

Service and Directorate Performance Scorecards contain disaggregated subsets of the KPI data shown on the Trust Performance Scorecard.

Specific KPIs relating to key Service or Directorate targets or activity may also be included on Performance Scorecards at the request of Board, individual Executives or via agreement at the Performance Council.

9. Key Performance Indicators

The set of Key Performance Indicators (KPIs) which comprises the Performance Scorecards will be reviewed and set each year to take account of changes in local, contractual and regulatory requirements. KPIs will be drawn from a variety of sources and will cover a wide range of themes.

Where national guidance exists, the metric will be constructed according to this guidance to allow for benchmarking. Where this has not yet been available, the metrics will be defined locally in discussion with senior managers, clinicians and corporate teams as required.

In order to ensure effective governance changes to the KPIs on the Performance Scorecard must:

- Be recommended by the appropriate committee linked to the KPI
- Approved by Board

Committee Chair's Report

NHS Bridgewater Community Healthcare NHS Foundation Trust

Name of Committee/Group:	Quality and Safety Committee		Report to:	Board of Directors
Date of Meeting:	23 February 2023		Date of next meeting:	20 April 2023
Chair:	Gail Briers		Quorate (Yes/No):	Yes
Members present/attendees:	**Committee Members Present:** Gail Briers, Non-Executive Director and Committee Chair Abdul Siddique, Non-Executive Director Martyn Taylor, Non-Executive Director Ted Adams, Medical Director Lynne Carter, Chief Nurse Eugene Lavan, Deputy Chief Operating Officer (on behalf of Sarah Brennan, Chief Operating Officer)	**In attendance:** Susan Burton, Deputy Chief Nurse Sarah Howarth, Associate Director of Warrington Adults Services Tania Strong, Interim Head of HR Mark Charman, Assistant Director of Transformation (from item 05/23) Anita Buckley, Head of Information (from item 05/23) Jim Eatwell, Head of Safeguarding Adults (on behalf of Kristine Brayford West, Director of Safeguarding Services) Andi Sizer, Principal Lead for Public Health Jan McCartney, Trust Secretary **Observers**: Paul Mendeika, Public Governor, Warrington (first half of meeting) Christine Stankus, Public Governor, Rest of England (second half of meeting) Howard Scott, Facere Melius	**Key Members not present**:	**Apologies received from:** Sarah Brennan, Chief Operating Officer Sue Mackie, Director of Quality Governance Aruna Hodgson, Medical Director Kristine Brayford-West, Director of Safeguarding Services

Key Agenda Items:	BAF	RAG	Key Points/Assurance Given:	Action/decision:
Deep Dive - Waiting List Validation and Clinical Harms Review	2, 3	🟩	The Deputy Chief Nurse, Assistant Director of Transformation and Head of Information presented a report to inform the Committee on progress with the development and roll-out of the Trust-wide standard operating procedure (SOP) for validation of clinical waiting lists and the subsequent clinical harms review. In February 2022, NHS England (NHSE) produced draft 10 of the framework for clinical prioritisation of outpatient and non-admitted waiting lists, in recognition of increased waiting times due to the pandemic. NHSE detailed the current scope of the programme to be:	

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			▪ All new patient 52+ week waits should be reviewed on a three-monthly basis: this included Gastroenterology waits, Cardiology waits and patients on RTT and non-RTT pathways During the last reporting cycle there had been 179 patients within this scope in the Trust and, of these: ▪ 173 waiters had been validated ▪ 146 waiters had been incorrectly listed, due to data quality errors ▪ 27 Clinical Harm Reviews were required ▪ 27 Clinical Harm Reviews were undertaken ▪ 0 actual harms were identified Compliance was measured on a regional basis with expectations set out for each quarter. By quarter four a minimum of 25% of total regional waiting lists would need to be clinically prioritised. In response to this, the Trust established a task and finish group that developed a Standard Operating Procedure (SOP) for validation of clinical waiting lists that would satisfy the NHSE requirements. This had now been rolled out to all directorates and waiting list validation was underway for all new patients waiting longer than 52 weeks for an initial appointment. The task and finish group would now focus on the development and roll out of the process for the review of waiting lists. It was noted that work had enabled a focus on the waiting lists and data quality and managing data errors. The Committee agreed that it was assured that the waiting list validation process was being effectively managed and being driven forwards acknowledging the current issues that were affecting the delivery of the programme. It was also assured that steps were being taken to resolve or mitigate those as quickly and effectively as possible.	The Committee discussed the potential for data quality issues to be present across other areas and it was agreed that a benchmark would be helpful to measure against to demonstrate improvements. It was agreed that the data quality issues would be referred to the Finance and Performance Committee for their consideration, along with the suggestion for some benchmarking to be undertaken. This should also include a breakdown of how the Trust captured 52 week waiters.
Serious Incidents Compliance Report	2, 3		The Deputy Chief Nurse presented the report which provided information from December 2022 to the end of January 2023. There had been 11	

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Committee Chair's Report

			incidents reported and managed as serious incidents. The Trust had been 100% compliant with the reporting of incidents and the submission of investigations. The Trust submitted eight completed serious incident investigation reports to the ICB. Two cases had been closed and six remained open with feedback awaited from the ICB. One serious incident had been reported from the dermatology service related to a patient with multiple lesions under the care of both the dermatology service and Whiston Hospital, and the investigation had demonstrated poor communication regarding the planning of treatment between the organisations. The Deputy Chief Nurse explained that following the rapid improvement work for the dermatology service, this would help to address the multiple actions identified within that report and in addition there would be further actions taken forward to review communication in the pathways between the organisations. There were 10 serious incidents in relation to pressure ulcers. The report highlighted the significant lessons learned during the period. There was also significant good practice highlighted. The Deputy Chief Nurse highlighted that preparation had commenced for the process of transition to the Patient Safety Instant Response framework. The Committee noted the contents of the report and was assured of the systems and processes in place to effectively manage serious incidents reported within the Trust.	**The Committee agreed that a deep dive would be provided concerning the Patient Safety Response Framework. This would give the Committee an understanding of the new arrangements that would be in place and areas of pressures recognising that this new system would be significantly different than the one previously in place. This could also include any potential gaps in terms of the Trust's ability to resource the transfer.** **An update was also requested on confirmation of the decision related to the Trust's transfer from Ulysses to Datix which had been experiencing delays. This could be provided via a verbal update.**

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Committee Chair's Report

Summary Report for Risks Relating to Quality and Safety	2, 3		The report detailed identified risks in relation to Quality and Safety from 3 January 2023, discussed at the Risk Management Council on 25 January 2022. There were 21 risks regarding quality and safety, however, four of those risks had passed their review dates, which had been subsequently updated by the risk owners. Regarding risk themes, there had been an increase relating to capacity treatment and delay and business continuity, which was indicative of the current pressures within the teams. Two risks had been closed: One related to a dental risk which was a duplicate risk and the children's immunisation and vaccination risk. This related to the supply of vaccines which had since been resolved. One new risk was identified in relation to the Wheelchair Service. This was concerning and the lack of service provision of for reassessment once a wheelchair has been supplied. This was discussed in detail by the Risk Management Council and was currently under review. The Committee received the report and was assured that risks scoring 12 plus in relation to quality and safety aspects within the Trust were being managed effectively.	
IQPR – month nine	2, 3, 6		The Deputy Chief Operating Officer reported that for month nine there had been six red rated indicators with four improvements in month, with one indicator unchanged. There was a new indicator moving from red to green which was in relation to safeguarding training. Safeguarding Children level three training was reporting as compliant. There was an action plan in place to achieve compliance for adults. This was being discussed on a regular basis on operational teams calls and there were several actions in place. Staff were continuing to be supported to participate in training, with additional sessions being delivered. The Committee also noted the Duty of Candour compliance which had remained at 75% for a period of time. It requested that this be improved to achieve the previous compliance level of 100% for the next reporting period.	

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		🟧	The Committee accepted the report as assurance that any indicators impacting on quality and safety were being reviewed and appropriate actions were being taken to rectify any indicators reporting as red rated. The Committee also noted that the IQPR was a work in progress as further work progressed on indicators and the performance framework.	
Report from the Quality Council	2, 3	🟩	The Committee received the report setting out the key considerations from the Quality Council meeting held in January 2023: A report was provided from Warrington and Halton boroughs on all BOOST plans. Community Paediatrics had undertaken quality summits in both boroughs and the BOOST plans had identified areas for focus. Both Halton and Warrington boroughs were providing assurances concerning the reviews of clinical policies that had been delayed. The Quality Council was being fully sighted on all of the outstanding reviews and was continuing to monitor this position. The Committee noted the work of the clinical practice educators and associate clinical practice educators and the positive impact of those roles in supporting newly registered nurses within community nursing as well as support for Specialist Practitioner Qualifications (SPQ) for students and their mentors. The Quality Council would continue to be sighted on the record keeping compliance and audit completion around this. A new quality summit had taken place for both Warrington and Halton boroughs around the implementation of the universal in-reach personalised response and the modernisation of health visiting and school nursing delivery model. The first session had taken place in January 2023 with two workshops being held: one for 0-19 service and one for school health. This was to explore creative ideas to meet the population needs and demands in place whilst ensuring that the service provided a workforce focussed on improving outcomes. The Deputy Chief Nurse explained that this work would progress over the next few months, and this would involve engagement and discussion with partners.	

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			The Deputy Chief Nurse provided an update on reports received from dental services. This included a report around an audit reviewing antibiotic usage where an increase in compliance had been observed in the fifth cycle of the audit. Work was still required and it had been identified that targeted feedback was required with a future audit to take place. This would be reported back through the Quality Council. Discussions also took place regarding recent guidance concerning direct patient access to therapist and hygienist care. This was considered to be positive for the services, however any further implications for dental services would be reported through to the Quality Council.	
			Positive reports were noted from Infection, Prevention and Control, with compliance reported of 73% for quarter three against a target of 85%. This demonstrated a steady improvement from the beginning of the year.	
			The Committee noted that an Ofsted follow up visit had taken place in Halton in November 2022 following an inspection in October 2021. This was focussed on 'front door' arrangements. The visit demonstrated that services reflected positive engagement and good communication.	
			Concerning the use of lone worker devices, it was noted that there had been an ongoing issue with the devices being available but staff not undertaking the training to use them or were just not utilising them. The Chief Nurse had discussed this issue with operational managers to ask them to insist that staff must carry and use the devices for their safety and this would be monitored going forwards as part of staff and manager's roles. The Committee asked that the Quality Council provided an update on this matter as part of its next report.	
			The Committee agreed that it was assured that the Quality Council was undertaking its duties effectively and received the report.	
Production of the Quality Account	2,3		The Trust had not yet received any official guidance on the submission date for the report, but it was expected that this would be the same date as in previous years which was 30 June. The Trust would be working towards this date for submission of the report. The Deputy Chief Nurse advised that all paper authors had been contacted to request the information for the inclusion in the report, with some authors advising that	It was agreed that the Committee would receive the partially completed report in April 2023, which would include all submissions

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			due to the year end, some information may not be available until early May.	provided up to that time. Any feedback would then be incorporated into the report mid-May with a further draft to be circulated subsequently. This may be via e-governance due to the timings. The report would then be presented to the ICB at the end of May with the final report to be presented to the Quality and Safety Committee in June 2023 setting out any further amendments
Dermatology Update	2, 3		The Deputy Chief Operating Officer and the Associate Director of Warrington Adults Services presented the report which reflected the current position with the service and actions being taken. The Committee discussed the recommendations and agreed: That the service was being managed to ensure the delivery of safe and effective care. That it recognised the risks in relation to the ability to recruit additional staff to deliver the cancer pathway and the impact that this would have for continuing to deliver the cancer activity. It noted that there has been one new risk added to the risk register and there have only been a low number of incidents which largely relate to old processes. It noted the significant amount of work that had been done to complete the required actions in the action plan but that delivery of these were challenged by capacity in the department and any further concerns will be escalated.	A further update would be provided to the Committee in April 2023 to monitor the progress and to monitor any increases in risks and incidents.

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Learning from Deaths Monitoring – Quarter One	2, 3		The Principal Lead for Public Health presented the report and set out the number of deaths from quarters one to three (1,375). By the end of the third quarter, 142 case record 72-hour reviews/investigations were carried out in relation to those deaths. Of the 142, 78% of the deaths were recorded as unexpected. There were 19 unexpected child deaths. Five of the 142 cases were related to patients with a Learning Disability. Concerning the review outcomes, none of the 142 patient death reviews were judged to have been due to problems in the care provided to the patient. However there were some themes identified as learning areas for the Trust, including communication with partner agencies and documentation/record keeping.	
CQC Update Report	2, 3		The Chief Nurse reported that there had been no further meetings with the CQC since the last update was provided to the Committee in December 2022.	
Trust Improvement Plan Update	2, 3		There were 10 improvement plans currently on the Trust Improvement Programme with four new plans added since the last report: Community Paediatrics and Halton, Warrington District Nursing, Halton and Warrington Children's Services and Dental Services. Three plans had been removed in the last reporting cycle in relation to Padgate House, Well Led Review and the Royal College of Paediatricians report with two improvement plans revised in relation to Dermatology and Driveability North West. It was noted that the MIAA quality spot check plan was completed but the review from MIAA was still outstanding. This was being followed up. The Community Equipment Stores plan held two amber ratings however it was anticipated that those areas should now be completed. The Committee noted two amber actions which had now moved to a red rating causing some concern: Those were related to configuration work for clinical systems which the Trust configuration team had advised that they did not have the capacity to undertake. The Assistant Director of Transformation had raised this as an escalation to the Quality Council and this was now recognised as a risk. Support was now being provided	

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			to release some capacity within the configuration team for this work to be undertaken. The Committee received the report for assurance.	
QIA Report – Quarter Three	2,3		There were 11 QIAs that had been taken to panel during quarter three. The Committee received the report for assurance and noted that the report demonstrated that the Trust had robust QIAs in place as part of routine areas of service development moving away from the arrangements that had been in place for QIAs in the pandemic.	
Review of MIAA and Clinical Audits with Limited or Moderate Assurance	2,3		The Committee noted that there were no current audits to be reviewed.	
Children's Strategy	2, 3		The Deputy Chief Nurse provided a verbal update reporting that children's transformation work was underway across both boroughs which would inform the overall strategy. Alongside this, the Associate Director of Children's Services was holding regular meetings with the Programme Director for Integration and Collaboration to ensure that the strategy flowed from the overall Trust strategy. She advised that this work was independent of the place based starting well priorities and programme. However there would be linkages with partners concerning the service offer for children and the Trust's approach. She noted that whilst the work was not at a stage to be able to share a draft strategy at the current time, it was anticipated that a further update would be provided at a future Committee meeting.	
Safeguarding Strategy	2,3		The Head of Safeguarding Adults provided a verbal update on the three year safeguarding strategy which would run from 2022 to 2025. He reported that the strategy covered themes of leadership, the approach to safeguarding, multi-agency partnership, accountability and governance and issues around competent workforce and the learning ethos and just culture, where there were programmes in place and an extensive programme of wider activity around briefings and launches. He reported	

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		█	that there was a good level of engagement with partners within Warrington and Halton across safeguarding groups. Safeguarding supervision was in place on a one-to-one basis and also group supervision available. There had been good work undertaken in the Trust around the voice of the child as well as the voice of adults.	
Risk Management Framework	2, 3	█	The Committee noted that this item had been deferred to the next meeting in April 2023.	
Committee Annual Effectiveness Review	1	█	The Trust Secretary presented the results from the Committee's annual effectiveness review survey. She reported that 14 responders had been invited to provide input, with 12 of those providing a response. The results demonstrated that there was a high level of satisfaction with the Committee, with the Chairing of the Committee being of particular note, with Committee members indicating that they valued the way in which the meeting was run. The Trust Secretary highlighted some potential areas for further consideration, which included the length of the overall meeting and therefore the length of the minutes. The importance of responses being provided to the effectiveness review survey by members, attendees and observers was emphasised.	
Committee Annual Report	1	█	The Committee approved its annual report, with some minor amendments to be made. This would now be provided to the Audit Committee to give assurance that the Quality and Safety Committee was undertaking its role and functions effectively in accordance with its Terms of Reference.	
Committee Business Cycle	1	█	The Committee approved its business cycle for 2023/24. A discussion took place concerning the volume of items for the February meeting in particular. The Chief Nurse suggested that presenters be reminded to adhere to the allotted times on the agenda when presenting their items and also allowing sufficient time for questions and discussion to avoid exceeding their time, supporting the smooth running of the agenda.	

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NHS Bridgewater Community Healthcare NHS Foundation Trust

Board Assurance Framework	2,3,6		BAF2: Updates to be made concerning Dermatology risks under the principal risk section. It was agreed that BAF2 and BAF3 should contain further detail/information about the quality summits and BOOST programmes. The newly established Trust Transformation Council would bring together elements such as BOOST and quality summits and this should now be included and referred to within the BAF as a detect control. BAF3: The Trust Secretary confirmed that she had undertaken a review of this section with the Chief Nurse and the Chief Operating Officer.This now ensured that BAF3 was more current. She confirmed that all of the actions discussed previously by the Committee for BAF3 had been encompassed in the review and update. It was also agreed that the deep dive on waiting times and clinical harms would be included. BAF6: It was agreed within the gaps and assurances, that references to the winter plan would be updated.	
Items for Deep Dive	1, 2, 3, 6		The Committee discussed Deep Dive subjects for upcoming meetings.	It was agreed that the following Deep Dives would be scheduled: April 2023: Patient Safety Incident Response Framework June 2023: Nurse Advocate, Clinical Practice Educators and the Associate Clinical Practice Educators.
Items to be shared with the Board or other Committees	1		Following the earlier deep dive, it was agreed that data quality issues be referred to the Finance and Performance Committee for their consideration, along with the suggestion for some benchmarking to be	This matter has now been reviewed by the Finance and Performance Committee at it's

🟥	No assurance – could have a significant impact on quality, operational or financial performance;
🟧	Moderate assurance – potential moderate impact on quality, operational or financial performance
🟩	Assured – no or minor impact on quality, operational or financial performance

Please complete to highlight the key discussion points of the meeting using the key to identify the level of assurance/risk to the Trust

Committee Chair's Report

		█	undertaken. This would also include a breakdown of how the Trust captured 52 week waiters. It was noted that the Committee's Annual Report was to be taken through the Audit Committee.	meeting on 23 March. The Quality and Safety Committee will receive a verbal update at it's April meeting.

Risks Escalated: None from this meeting

█	No assurance – could have a significant impact on quality, operational or financial performance;
█	Moderate assurance – potential moderate impact on quality, operational or financial performance
█	Assured – no or minor impact on quality, operational or financial performance

Please complete to highlight the key discussion points of the meeting using the key to identify the level of assurance/risk to the Trust

BOARD OF DIRECTORS

Title of Meeting	**BOARD OF DIRECTORS**	**Date**	**06 April 2022**
Agenda Item	**23/23iv**		
Report Title	**LEARNING FROM DEATHS REPORT**		
Executive Lead	Dr Ted Adams, Executive Medical Director		
Report Author	Andi Sizer, Principal Lead for Public Health		
Presented by	Jeanette Hogan, Deputy Chief Nurse		
Action Required	☐ **To Approve**	☒ **To Assure**	☐ **To Note**

Executive Summary

Bridgewater Community Healthcare NHS Foundation Trust Board recognises that effective implementation of the Learning from Deaths Framework (National Quality Board, March 2017), is an integral component of the Trusts' learning culture, driving continuous quality improvement to support the delivery of high-quality sustainable services to patients and service users.

This paper details the number of deaths and the reviews of unexpected deaths in the specified period and make recommendations to improve the data collection and expand this to inform the Trust approach and understanding for health inequalities.

142 patients' death were reviewed by the Trust. These patients did not suffer any detriment because of the care we delivered. Some themes around patients' deaths were identified and are presented in the body of the report.

Previously considered by:

☐ **Audit Committee**   ☒ **Quality & Safety Committee**

☐ **Finance & Performance Committee**   ☐ **Remuneration & Nominations Committee**

☐ **People Committee**   ☐ **EMT**

Strategic Objectives

☒ **Equality, Diversity and Inclusion** – to actively promote equality, diversity and inclusion by creating the conditions that enable compassion and inclusivity to thrive

☐ **Innovation and collaboration** – to deliver innovative and integrated care closer to home which supports and improves health, wellbeing and independent living

☐ **People** – to be a highly effective organisation with empowered, highly skilled and competent staff

☒ **Quality** – to deliver high quality, safe and effective care which meets both individual and community needs

☐ **Sustainability** – to deliver value for money, ensure that the Trust is financially sustainable and contributes to system sustainability

How does the paper address the strategic risks identified in the BAF?							
☐ **BAF 1**	☒ **BAF 2**	☐ **BAF 3**	☐ **BAF 4**	☐ **BAF 5**	☐ **BAF 6**	☐ **BAF 7**	☐ **BAF 8**

Failure to implement and maintain sound systems of corporate governance	Failure to deliver safe & effective patient care	Managing demand & capacity	Financial sustainability	Staff engagement and morale	Staffing levels	Strategy & organisational sustainability	Digital services

CQC Domains:	☒ Caring	☒ Effective	☒ Responsive	☒ Safe	☒ Well Led

BOARD OF DIRECTORS

Title of Meeting	BOARD OF DIRECTORS	Date	06 April 2022
Agenda Item	23/23iv		
Report Title	LEARNING FROM DEATHS REPORT		
Report Author	Andi Sizer, Principal Lead for Public Health		
Purpose	The purpose of this paper is to provide assurance in relation to the implementation of the Learning from Deaths framework.		

1. INTRODUCTION

1.1 The purpose of this paper is to provide assurance to the members of the Board of Directors in relation to the implementation of the Learning from Deaths framework.

1.2 The Board recognises that effective implementation of the Learning from Deaths Framework (National Quality Board, March 2017), is an integral component of the Trusts' learning culture, driving continuous quality improvement to support the delivery of high-quality sustainable services to patients and service users.

1.3 All reviews regarding the death of patients undertaken by the Trust are subject to scrutiny through the 72-hour review and Serious Incident Review Panel process (SIRP).

2. INFORMATION

2.1 During **1st April 2022 to 31st December 2022, 1375 patients who had an open episode of care with the Trust died.** This comprised the following number of deaths which occurred in each quarter of that reporting period:

- **469** in the first quarter
- **413** in the second quarter
- **493** in the third quarter

Table 1 shows a gender breakdown of all deaths by gender

Quarter	Male	Female
First	230	239
Second	210	203
Third	231	262
Fourth	-	-

Total	671	704

2.2   By 31st December 2022, **142** case record 72-hour reviews/investigations were carried out in relation to the **1375** deaths. The reviews were undertaken for the reasons set out in the Trust's Learning from Deaths policy.

2.3   The number of deaths in each quarter for which a case record review or an investigation was conducted were:

- 29 in the first quarter
- 54 in the second quarter
- 59 in the third quarter

Table 2 shows the deaths by Borough

Quarter	First	Second	Third	Fourth
Halton	13	18	12	-
Warrington	16	36	47	-
Total	**29**	**54**	**59**	**-**

Table 2: Deaths by Borough

2.4   Of the **142** deaths;

- **78%** were recorded as unexpected.

- There were **19** unexpected child deaths.

- **Five** of the 1**42** were of patients with a Learning Disability

Review Outcomes

2.5   None of the **142** patient death reviews during the reporting period are judged to have been due to problems in the care provided to the patient.

2.6   There are some themes which have been identified as learning areas for the Trust, including communication with partner agencies and documentation/record keeping.

- Examples:

    i.   A communication failure of another Trust's midwifery service record details not being received into the 0-19 service.

    ii.   The level of background noise in reception areas hindering the relaying of messages over the phone - addressed with additional patient advisory training for the identified team.

2.7 There were some inconsistencies presented in the 72-hour review paperwork. Examples being gender, ethnicity, place of death along with omissions in content such as: cause of death and year of birth. Many of these parameters can be checked by going into the patient's clinical record, but this increases the time spent on each review.

3.	RECUMMENDATIONS	5

3.1 This paper recommends that the 72-hour report template be revisited again and designed to allow for drop down parameters and the use of compulsory fields. This will improve the data collection to further support the Trust's learning from deaths along with informing the Trust's action on reducing health inequalities.

3.2 It is also recommended that bi-monthly Learning from deaths meeting is held between the Deputy Chief Nurse and Principal Lead for Public Health to review themes with regards health inequalities.

3.3 The dental directorate have not reported any deaths and had not applied the Learning from Deaths policy. It is expected that the directorate report from the First of April 2023 onwards. Steps have been take to address this gap with the dental directorate.

BOARD OF DIRECTORS

Title of Meeting	BOARD OF DIRECTORS	Date	06 April 2023
Agenda Item	24/23i		
Report Title	FINANCE REPORT – FEBRUARY 2023		
Executive Lead	Nick Gallagher – Executive Director of Finance		
Report Author	Rachel Hurst – Deputy Director of Finance		
Presented by	Nick Gallagher – Director of Finance		
Action Required	☐ To Approve	☒ To Assure	☐ To Note

Purpose
To brief the Board on the financial position as at Month Eleven

Executive Summary

To brief the Board on:

- Financial position as at Month Eleven
  - The Trust is reporting a year-to-date surplus of £0.83m, ahead of the plan deficit of £0.03m.
  - The Trust savings plan to month eleven is £3.80m, which is reported as achieved.
  - Income is £84.79m for the year-to-date - £2.30m above the plan.
  - Expenditure is £83.96m for the year-to-date – £1.44m above plan.
  - Pay is £53.05m for the year-to-date - £0.25m above plan due to the pay award.
  - Agency spend of £5.34m for the year-to-date against a plan of £4.54m.
  - Non pay expenditure is £25.65m for the year-to-date, against a plan of £24.84m.
  - Capital charges are £0.44m below plan.
  - Capital expenditure is £0.95m for the year, £1.05m behind plan.
  - Cash is £27.35m

Previously considered by:

☐ **Audit Committee**	☐ **Quality & Safety Committee**
☒ **Finance & Performance Committee**	☐ **Remuneration & Nominations Committee**
☐ **People Committee**	

Strategic Objectives

☐ **Equality, Diversity and Inclusion** – to actively promote equality, diversity and inclusion by creating the conditions that enable compassion and inclusivity to thrive

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☒ **Sustainability** – to deliver value for money, ensure that the Trust is financially sustainable and contributes to system sustainability

How does the paper address the strategic risks identified in the BAF?							
☐ **BAF 1**	☐ **BAF 2**	☐ **BAF 3**	☒ **BAF 4**	☐ **BAF 5**	☐ **BAF 6**	☐ **BAF 7**	☐ **BAF 8**
Failure to implement and maintain sound systems of corporate governance	Failure to deliver safe & effective patient care	Managing demand & capacity	Financial sustainability	Staff engagement and morale	Staffing levels	Strategy & organisational sustainability	Digital services which do not meet the demands of the organisation

CQC Domains:	☐ **Caring**	☒ **Effective**	☐ **Responsive**	☐ **Safe**	☐ **Well Led**

BOARD OF DIRECTORS

Title of Meeting	**BOARD OF DIRECTORS**	Date	**06 April 2023**
Agenda Item	24/23i		
Report Title	**FINANCE REPORT – FEBRUARY 2023 – MONTH ELEVEN**		
Report Author	Rachel Hurst – Deputy Director of Finance		
Purpose	To brief the Board on the Financial Position as at Month Eleven		

1. SCOPE

1.1 The purpose of this report is to brief the Board on

- Financial position as at Month Eleven
- CIP plans and delivery
- Capital and Cash

2. FINANCIAL POSITION AS AT MONTH ELEVEN

2.1 The key headlines for Month Eleven are shown in the table below.

Table 1 – Summary of financial performance

Summary Performance Month 11 2022-23	Month 11 Plan (£M)	Month 11 Actual (£M)	Month 11 Variance (£M)	YTD Plan (£M)	YTD Actual (£M)	YTD Variance (£M)	Full Year Plan (£M)	Forecast Outturn M12 (£M)
Income	(7.47)	(7.76)	⬤ 0.29	(82.49)	(84.79)	⬤ 2.30	(89.96)	(92.69)
Expenditure - Pay	4.80	4.52	⬤ 0.28	52.80	53.05	⚠ (0.25)	57.60	57.91
Expenditure - Agency	0.41	0.44	⚠ (0.03)	4.54	5.34	⚠ (0.81)	4.95	5.76
Expenditure - Non Pay	2.20	2.45	⚠ (0.25)	24.84	25.65	⚠ (0.81)	27.03	28.10
EBITDA	(0.06)	(0.35)	⬤ 0.29	(0.31)	(0.75)	⬤ 0.44	(0.37)	(0.92)
Financing	0.03	(0.05)	⬤ 0.08	0.34	(0.08)	⬤ 0.42	0.37	(0.04)
Normalised (Surplus)/Deficit	(0.03)	(0.40)	⬤ 0.37	0.03	(0.83)	⬤ 0.86	(0.00)	(0.96)
Exceptional Costs	0.00	0.00	⬤ 0.00	0.00	0.00	⬤ 0.00	0.00	0.00
Net (Surplus)/Deficit after Exceptional Items	(0.03)	(0.40)	⬤ 0.37	0.03	(0.83)	⬤ 0.86	(0.00)	(0.96)
Other Adjustments	0.00	0.00	⬤ 0.00	0.00	0.00	⬤ 0.00	0.00	0.00
Adjusted Net (Surplus)/Deficit	(0.03)	(0.40)	⬤ 0.37	0.03	(0.83)	⬤ 0.86	(0.00)	(0.96)
CIP	0.40	0.40	⬤ 0.00	3.80	3.80	⬤ 0.00	4.20	4.20
Capital	0.10	0.15	⚠ (0.05)	2.00	0.95	⬤ 1.05	2.10	2.10
Cash	26.15	27.35	⬤ 1.20	26.15	27.35	⬤ 1.20	26.64	26.00
Use of Resources Metric	N/A	N/A		N/A	N/A		N/A	N/A

⬤ Favourable Variance   ⚠ Adverse Variance

Table 2 - Rolling Run Rates 2021/22 to 2022/23
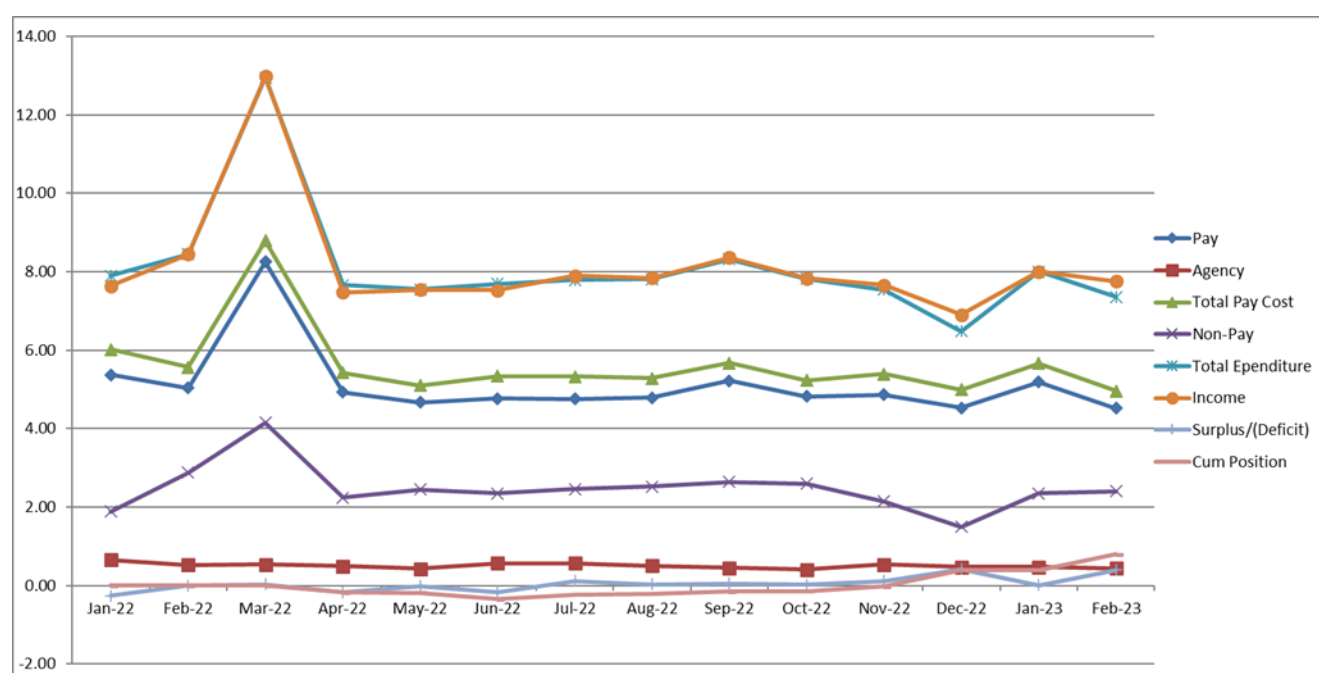
2.2 The Trust is reporting a year-to-date financial position ahead of plan, a surplus of £0.83m (plan £0.03m deficit).

Income

- Income was favourable to plan by £0.29m in month eleven predominantly due to funding received from the ICB for the Local Authority contracts pay award plus recharges for hosting the Provider Collaborative (there are pay and non pay costs that offset this income (£96k)).

Pay

- Pay costs are below plan by £0.28m in month eleven primarily due to the release of the HMRC provision for GPOOH (£0.36m), partially offset by the pay award.

Agency

- Although month on month agency expenditure continues to decrease, cumulative expenditure of £5.34m, remains above the year-to-date planned expenditure of £4.54m. £1.07m of the cumulative expenditure is COVID related.

- Agency costs incurred in month eleven equated to 54.10 whole time equivalent staff.

- An Executive led workplan is being produced for the remainder of 22/23 and 23/24.

Non Pay

- Cumulative non pay expenditure is £0.25m adverse to plan, primarily due to costs incurred in hosting the Provider Collaborative and some additional Estates related costs, The underlying overspend largely relates to increased expenditure on drugs (biologics) and continence products and equipment aligned to increasing discharges together with an increase in the acuity of patients being discharged. These overspends are all offset by income.

Financing Costs

- Additional interest received and an improved statement of financial position have contributed to reduced financing costs and a £0.42m variance favourable to plan

2.3 Adjusting for year-end national accounting adjustments, all month eleven run rates are consistent with expectations and previous year comparators (see table 2 above).

3. COST IMPROVEMENT PROGRAMME (CIP)

3.1 Cost savings requirements were identified in the planning guidance and were followed up with additional requirements identified by the ICS. The additional cost reductions are primarily driven by the requirement to reduce Covid expenditure in line with the 53% Covid funding reduction.

3.2 This results in total savings for 2022/23 of £4.197m (4.5%), split between £1.865m recurrent CIP (required by the original planning guidance) and £2.332m non-recurrent savings.

3.3 The Trust year to date savings plan to month eleven is £3.80m, the Trust is reporting savings in line with plan.

3.4 It should be noted that the reduction in Covid spend, although categorised in the plan as non-recurrent, will be recurrent.

3.5 As these cost reductions have already been reflected in the plan and budgets, the spend is monitored against the reduced Covid budget to ensure delivery.

3.6 As at end of February, Covid expenditure is above budget, although information continues to be collated from budget managers to ensure all Covid related expenditure is complete and accurate.

4. SYSTEM IMPACT ON FINANCIAL OUT TURN & RISK

4.1 NHSE/I guidance expects systems to deliver a cumulative breakeven position at the end of the financial year. The Cheshire and Merseyside ICS currently has an underlying planned deficit. As at month nine, the ICS is continuing to forecast a year end deficit in line with plan, recognising that there are still some pressures to manage.

4.2 The ICB have requested that all organisations reflect the additional interest receivable income generated by the recent interest rate increases in their forecast outturn position for 2022/23.

4.3 The Trust has also reassessed a provision held for the potential employment claims from maternity staff transferred in November 2021, and this provision is no longer deemed necessary.

4.4 The Trust has also reassessed a provision relating to a potential tax liability from HMRC. The Trust has received confirmation that this will not be pursued.

4.5 As a result of these adjustments, the Trust is reporting an improved forecast outturn position to a £1.0m surplus.

4.6 Further review work is continuing on all provisions in preparation for year end.

5. CAPITAL, LOANS, CASH & BETTER PAYMENT PRACTICE CODE

5.1 Total capital expenditure as at 28th February is £0.95m against a plan of £2.00m. The underspend relates to expected delays in the delivery of a couple of high value schemes, i.e., the Strategic Estates and Altrincham dental schemes.

5.2 Of the remaining schemes, £0.70m have orders raised and are committed for expenditure. There is £0.20m of clinical equipment confirmed to be delivered by mid-March 2023.

5.3 Capital spend is monitored in detail on a monthly basis by the Capital Committee and reported to the Finance and Performance Committee. At this time, the Trust is expecting the 2022/23 capital spend to be in line with the plan.

5.4 In February there was a net cash inflow of £2.59m with a closing cash balance of £27.35m.

5.5 Total debt as at 28th February is £8.84m excluding bad debt and credit note provisions, of which £6.36m relates to invoiced debt. Overall debt has decreased by £0.93m from January, overdue debt has decreased by £0.72m.

5.6 The table shows the percentage (number and value) of invoices paid within BPPC terms.

	Target to be paid %	No of Invoices %	Value of Invoices %
Apr-22	95	99.8	99.9
May-22	95	99.7	99.9
Jun-22	95	99.1	98.6
Jul-22	95	99.7	99.9
Aug-22	95	99.4	99.3
Sep-22	95	99.4	99.9
Oct-22	95	99.0	99.8
Nov-22	95	99.1	98.9
Dec-22	95	99.6	99.9
Jan-23	95	99.6	99.9
Feb-23	95	99.8	99.9
Year to date performance	95	99.5	99.7

5.7 NHSE/I continues to focus on BPPC performance relating to the value of non-NHS invoices paid within terms in the coming months. The Trust has improved approval and payment times. The national target is 95% and the Trust is now exceeding this.

6. RECOMMENDATIONS

6.1 The Board is asked to:

- Note the contents of this report.
- Note the financial position.

BOARD OF DIRECTORS

Title of Meeting	BOARD OF DIRECTORS		Date	6 April 2023
Agenda Item	24/23ii			
Report Title	2023-24 Plan			
Executive Lead	Nick Gallagher – Executive Director of Finance			
Report Author	Nick Gallagher – Executive Director of Finance			
Presented by	Nick Gallagher – Executive Director of Finance			
Action Required	☒ To Approve	☒ To Assure		☐ To Note
Purpose				

To brief the Board on the 2023/24 operational plan, financial planning guidance, request formal approval of the plan and inform the Board of the expected next steps.

Executive Summary

To brief the Board on:

- The Operational Plan for 2023/24.

- Expected changes.

- Request formal approval of the 2023/24 plan.

- The next steps.

Previously considered by:

☐ **Audit Committee**   ☐ **Quality & Safety Committee**

☐ **Finance & Performance Committee**   ☐ **Remuneration & Nominations Committee**

☐ **People Committee**

Strategic Objectives

☐ **Equality, Diversity, and Inclusion** – to actively promote equality, diversity, and inclusion by creating the conditions that enable compassion and inclusivity to thrive

☐ **Innovation and collaboration** – to deliver innovative and integrated care closer to home which supports and improves health, wellbeing and independent living

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How does the paper address the strategic risks identified in the BAF?							
☐ **BAF 1**	☐ **BAF 2**	☐ **BAF 3**	☒ **BAF 4**	☐ **BAF 5**	☐ **BAF 6**	☐ **BAF 7**	☐ **BAF 8**
Failure to implement and maintain sound systems of corporate governance	Failure to deliver safe & effective patient care	Managing demand & capacity	Financial sustainability	Staff engagement and morale	Staffing levels	Strategy & organisational sustainability	Digital services which do not meet the demands of the organisation

CQC Domains:	☐ **Caring**	☒ **Effective**	☐ **Responsive**	☐ **Safe**	☒ **Well Led**

BOARD OF DIRECTORS

Title of Meeting	BOARD OF DIRECTORS	Date	6 April 2023
Agenda Item	24/23ii		
Report Title	2023-24 Draft Plan		
Report Author	Nick Gallagher – Executive Director of Finance		
Purpose	To brief the Board on the 2023/24 operational plan, financial planning guidance, request formal approval of the plan and inform the Board of the expected next steps.		

1. SCOPE

1.1 The purpose of this report is to brief the Board on

- The National planning guidance issued to date.
- The Operational Plan for 2023/24.
- Expected changes.
- Request formal approval of the 2023/24 plan.
- The next steps.

2. NATIONAL GUIDANCE ISSUED TO DATE

2.1 The 2023-24 priorities and operational planning guidance was issued on 23 December 2022. ([NHS England » 2023/24 priorities and operational planning guidance](#)).The document sets out the priorities for the next financial year including recovering core services, improving productivity and renewing focus on delivering the NHS long term plan.

2.2 The guidance acknowledges that 2023/24 will be a challenging year for the NHS, with ongoing Covid-19 pressures, rising demand and capacity issues.

2.3 NHSE also published its guidance for Integrated Care Boards (ICBs) on the development of five-year joint forward plans (JFPs). These plans will be produced by ICBs with partner trusts and foundation trusts. The operational plans will form an integral part of the JFPs.

2.4 Included in Appendix 1 of this report are copies of and hyperlinks to both the NHSE guidance and the NHS Providers 'On the day briefing' which summarises the NHSE guidance and draws out the key messages.

2.5 Cheshire and Merseyside ICB have confirmed that all funding allocations have now been allocated, although some allocations are draft and could be subject to change.

2.6 Nationally the draft plans have not been accepted and based on regular updates on plan changes to date, a further submission of final plans is expected in April.

3. KEY MESSAGES – NATIONAL GUIDANCE

3.1 Operational

The detail of the overall operational ask can be found in the attached guidance. The key areas for the Trust include:

- Continued focus on managing and reducing waiting times with particular focus on cancer waits and early diagnosis,
- Continued focus on recovery,
- Ensuring the 2-hour community response standard is met,
- Reduction of agency spend,
- Continued support to reduce bed occupancy in acutes, and
- Working jointly with the ICB and other trusts to produce a five year forward plan.

3.2 Workforce

The clear message from NHSE is that there should be no significant workforce increases. There is an expectation that workforce changes will be managed within the allocated funding. Any increases will be scrutinised at both ICB and national levels. All workforce plans are expected to triangulate with operational and financial plans.

The guidance makes particular reference to utilising digital solutions to deploy staff more flexibly, improving staff experience and retention and ensuring that there is adequate clinical capacity.

3.3 Finance / Funding

Key messages within guidance and from NHSE include:

- ICS duty to breakeven
- ICS baseline funding consistent with 22/23
  - o 2.9% uplift for inflation
- ICS baseline funding now includes:
  - o System top up
  - o Covid funding (80% reduction of 22/23 allocation)
- Efficiency ask of 2.2% minimum (excludes local convergence of 0.71% and the impact of covid funding reduction)
- Revised contracting approach – elective activity to be funded by 'Payment by Results' model, remainder of contracts to be single block with commissioner.- Note: No additional funding unless elective targets are exceeded (not issued from NHSE yet)
- Agency spend at ICS level to be reduced to 3.7% of total pay costs
- Expectation of a reduction in corporate running costs with a focus on consolidation, standardisation and automation.

4.	KEY MESSAGES – LOCAL ICS TO DATE

4.1 2023/24 planning has a more finance focus than in 2022/23. National guidance is primarily aimed at system level.

4.2 Key ICS areas include:

- Single contracts for services – The Trust is likely to have three primary contracts – One for intra ICS NHS services; one for Cheshire and Mersey Dental services and one for Greater Manchester services. The values of these contracts has been calculated by the ICS and reviewed by the Trust.
- These contracts exclude all non-recurrent funding such as Top up, Covid, Elective recovery monies, community specific growth funding etc, although the ICS have issued indicative organisational figures available at the same time as the contract values. These were draft allocations initially but most are now finalised for planning purposes.
  - o It should be noted that the community growth funding of 4.1% initially allocated to community providers has been retracted to the ICS and reallocated to specifically fund virtual wards across the system.
  - o It should also be noted that the Trust has received additional funding from the Urgent and Elective care allocations previously earmarked for Acute Trusts to support delivery of the 2-hour urgent community response service.
- All organisations were asked to reflect a minimum of 3.7% savings (CIP) in their plans. This will include the impact of the covid reduction and the convergence factor. Any organisations submitting deficit plans will be expected to have a minimum savings target of 5%.
- Capital allocations should be in line with those agreed during 2022/23 as the central allocation was for 3 years.
- The ICS, as a whole, performed well in 2022/23 against the target agency spend. Although the Trust has not significantly increased its agency spend during the pandemic, the amount spent on agency as a percentage of total pay bill is high. An organisational review, led by the Director of Finance is looking to reduce the spend significantly over the next twelve months, assuming that there may be organisational targets set by the ICB. There is no organisational target issued by the ICB at this stage.

4.3 At the time of writing this report, NHSE have not accepted the consolidated ICS plan which is still reflecting a considerable deficit. The national team have indicated that there will be further submissions in April to reflect a more acceptable financial plan. The Trust is awaiting confirmation of future submission requirements.

5. DRAFT PLAN SUBMITTED

5.1 The Trust has prepared the 2023/24 plan in line with all the national and local guidance, reflecting all notified funding.

5.2 The Trust has followed previous years internal processes to ensure that all income and expenditure plans are robust and complete based on all the information available to the Trust at this time.

5.3 The budget setting process, which drives the Trust expenditure plans was started in October 2022 and is nearing completion. This process is expected to complete once the 2023/24 plan is formally approved by the Trust Board and NHSE.

5.4 The CIP process for 2022/23 included identifying schemes for 2023/24. The CIP Council is currently finalising the 2022/23 delivery, with the main focus now moving to continue to develop and deliver schemes for 2023/24.

5.5 The Trust has reflected the income schedules and notified ICS funding in its plan, recognising that until formal sign off by NHSE, these figures may be subject to change. However, this is unlikely at this stage of the planning process.

5.6 Weekly ICS meetings remain in place to monitor and inform the planning round. The Trust will continue to attend and contribute to these discussions.

5.7 The timescales are challenging. Recognising that NHSE have informed the ICS that additional submissions are to be made, the final plan expected to be approved and submitted by 30 March is now recognised as a further draft submission.

5.8 Based on the assumptions and process outlined in this section, the current submitted plan is:

Summary Performance	2021/22	2022/23	2023/24
	Actual	Forecast	Plan
Income	(107.18)	(92.52)	(93.98)
Expenditure - Pay	67.92	58.19	61.88
Expenditure - Agency	5.97	5.76	4.22
Expenditure - Non Pay	33.49	27.61	27.63
EBITDA	**0.20**	**(0.96)**	**(0.24)**
Financing	0.06	(0.04)	0.24
Normalised (Surplus)/Deficit	**0.26**	**(1.00)**	**0.00**
Exceptional Costs	0.00	0.00	
Net(Surplus)/Deficit after Exceptional Items	0.26	(1.00)	0.00
Other Adjustments	(0.28)	0.00	
Adjusted Net (Surplus)/Deficit	**(0.03)**	**(1.00)**	**0.00**
CIP	2.16	4.20	4.15
Capital	1.85	2.10	2.38
Cash	26.15	26.00	24.66

5.9   Key notes are:

- The plan is for breakeven in 2023/24.

- The plan excludes the 4.1% community growth funding and includes additional funding for virtual wards and the 2-hour community response service as notified by the ICB.

- The plan reflects an increase of circa 60 whole time equivalents (WTE). It should be noted that a significant proportion of the increase in WTE relates to the planned conversion of agency into permanent directly employed staff.

- The plan also includes projected costs for the dermatology service based on the current proposed staffing solution and the expected additional contractor costs taking the structure into account.

- Run rates are expected to remain consistent with 2022/23, reflecting any additional costs additional costs where identified.

- CIP is set at 4.2% which is set in line with the ICB instructions and reflects the national planning ask, the local convergence factor and the notified reduction in covid funding.

- The capital spend reflects the notified capital resource limit and is part of the three year agreed ICS approach.

5.10 It should be noted that as in previous years, the plan contains cost pressures that the Trust is expecting to manage and mitigate during 2023/24. Key areas recognised by the ICB include:

- Excess inflation – central funding is yet to be agreed and allocated.

- Local Authority pay award funding (for 2022/23 and 2023/24) – funding to be finalised and agreed as part of the recent pay award proposals.

- Further increases in demands on Trust services.

5.11 The Trust will continue to review the internal governance timetable to ensure all plans are appropriately reviewed and approved prior to submission. This may require a dedicated Board session followed by e-governance updates, if appropriate.

6. NEXT STEPS

6.1 The Trust will continue to analyse and review the plan leading up to any further submissions, to identify any further adjustments required.

6.2 Any adjustments notified to the Trust by the ICS or identified as part of 6.1 above will be adjusted in a revised plan and presented to the Board for approval.

6.3 If no changes are required, the plan described in this paper will be submitted as the final plan for 2023/24.

7. RECOMMENDATIONS

6.4 The Board is asked to:

- Note the contents of this report.
- Note the progress to date and the challenging time period for completion.
- Formally approve the 2023/24 plan, recognising that additional planning submissions are expected.
- Approve the submission of this plan as the final plan in future planning submissions if no further adjustments are made to this plan.

Appendix 1

- NHSE 2023-24 Priorities and operational guidance – December 2022

NHS England » 2023/24 priorities and operational planning guidance

- NHS Providers on the day briefing document on 2023-24 planning guidance.

50482_nhs-providers-on-the-day-briefing---guidance-on-development-of-the-join-forward-plan.pdf (emlfiles4.com)

Committee Chair's Report

NHS
Bridgewater
Community Healthcare
NHS Foundation Trust

Name of Committee/Group:	Finance and Performance Committee		Report to:	Board of Directors
Date of Meeting:	23 March 2023		Date of next meeting:	27 April 2023
Chair:	Tina Wilkins		Quorate (Yes/No):	Yes
Members present/attendees:	**Committee Members Present:** Tina Wilkins, Committee Chair Gail Briers, Non-Executive Director Linda Chivers, Non-Executive Director Nick Gallagher, Director of Finance Sarah Brennan, Chief Operating Officer	**In Attendance** Rachel Hurst, Deputy Director of Finance Susan Burton, Deputy Chief Nurse Gareth Pugh, Assistant Director of Finance Eugene Lavan, Deputy Chief Operating Officer Debbie Weir, Financial Controller John Morris, Deputy Director of Estates Anita Buckley, Head of Information Jan McCartney, Trust Secretary **Observers:** Andrew Mortimer, Public Governor, Warrington Howard Scott, Facere Melius	**Key Members not present**:	**Apologies received from:** Martyn Taylor, Non-Executive Director Lynne Carter, Chief Nurse Mark Charman, Assistant Director of Transformation Dave Smith, Assistant Director of IT

Key Agenda Items:	BAF	RAG	Key Points/Assurance Given:	Action/decision:
Finance	4		Month 11 finance report received and provided assurance. The Committee noted that: • Month 11 22/23 ahead of plan • CIP on plan	The Committee noted the financial position now being ahead of plan as a result of increased interest receivable income and the release of historic provisions. The Committee noted CIP delivery including the element delivered non recurrently.

🟥	No assurance – could have a significant impact on quality, operational or financial performance;
🟧	Moderate assurance – potential moderate impact on quality, operational or financial performance
🟩	Assured – no or minor impact on quality, operational or financial performance

Please complete to highlight the key discussion points of the meeting using the key to identify the level of assurance/risk to the Trust

			• Maintenance of improvement in BPPC performance • Healthy cash position • Increased capital spend to date	The Committee noted agency spend and for the top three spend areas and received confirmation that recruitment was underway. The Committee noted the capital position and the robust process in place to ensure the plan is delivered.
Finance	4		Operational Plan 2023-24	The Committee received an update on the latest plan. The Committee noted that the ICB had redistributed community growth monies to fund virtual wards. There are likely to be further iterations as the system deficit is currently about that expected by NHSE. The Committee noted the tight turnaround and the potential need for e governance and extraordinary committee meetings.
Finance	4		Chair's report from CIP Council was received. This provided an update to the programme for 2022/23 and the pipeline for 2023/24.	The Committee noted the report and the progress reported to date for 2022-23 including recurrent/non recurrent split. The pipeline for 2023/24 schemes was received by the Committee including best, worst and most likely scenarios. CIP Council will work through and refine the schemes including development of PIDs and QIAs etc.
Finance	4		Service Line Reporting/National Cost Collection	The Committee noted the report.

No assurance – could have a significant impact on quality, operational or financial performance;	
Moderate assurance – potential moderate impact on quality, operational or financial performance	
Assured – no or minor impact on quality, operational or financial performance	

Please complete to highlight the key discussion points of the meeting using the key to identify the level of assurance/risk to the Trust

Finance	4		Charitable Funds	The Committee noted the report.
Performance	4,8		IQPR for month 10 was received by the Committee	The Committee noted the report.
				There were improvements in performance across all operational indicators. All cancer indicators were green and Widnes UTC performance has been steadily improving.
				There was an increase in the dental waiting list excluding Cheshire and Merseyside.
				Performance for the Duty of Candour indicator had returned to green.
				Action plans are in place to support RTT waiting lists.
				There are 4 patients showing with a waiting time of over 78 weeks in dental all of which will be cleared by 1st April. The cohort of waiters between 52 to 78 weeks is being closely monitored and clinical harm reviews are being undertaken to ensure these patients do not exceed the 78-week mark.
				There are no other services with waiters of 78 weeks or more. Dermatology, community paediatrics in Warrington and Paediatric Speech and Language therapy in Warrington have waiters on or around the 52 week mark and there are action plans in place to reduce the waiting times.

🟥	No assurance – could have a significant impact on quality, operational or financial performance;
🟧	Moderate assurance – potential moderate impact on quality, operational or financial performance
🟩	Assured – no or minor impact on quality, operational or financial performance

Please complete to highlight the key discussion points of the meeting using the key to identify the level of assurance/risk to the Trust

Committee Chair's Report

Performance	4,8		Performance Framework	The Committee received the report and made a number of observations and comments which would feed into the development of the framework.
				It was agreed that the detailed elements relating to the process would be included in a SOP, and the high level principles would remain as the policy. Hierarchy and governance would be reviewed, and Committee members would receive the updated version via e governance with comments back to the COO and a final version to be presented to Board on 6th April.
Performance	4.8		Waiting List Data Quality	The Committee received the report. The Committee requested a report once all sessions have been completed which would summarise key findings and how progress will be monitored.
Performance	4,8		The Chair's report from Performance Council for month 11 was received.	The Committee noted the report.
				The Committee requested that further work be carried out to provide assurance around key performance hot spots with more focused commentary on actions in future Chair's reports.
Digital	8		Chair's report from DIGIT	The Committee received the report. The rationale for the RAG ratings was discussed.
Estates	4		Estates Update including update on Estates and Health and Safety Strategy	The Committee noted the report.
			Green Plan Update	The Committee noted the report.

No assurance – could have a significant impact on quality, operational or financial performance;	Please complete to highlight the key discussion points of the meeting using the key to identify the level of assurance/risk to the Trust
Moderate assurance – potential moderate impact on quality, operational or financial performance	
Assured – no or minor impact on quality, operational or financial performance	

Committee Chair's Report

Audit	4			The Committee noted the report and requested an end date for out of date policies (ISA260).
Risks	4			The Committee noted the report. The Committee requested that the level of assurance from Risk Council be included for the Digital risk in the next report.
BAF	4,7,8		BAF 4	The Committee requested the removal of the gap in control "The plans for 2022/23 have been submitted to both HCP and NHSE/I. The breakeven plan submitted has some provision for restoration and recovery but the Trust does not qualify for full reimbursement from the Elective Recovery Fund." Risk unchanged.
			BAF 7	No change
			BAF 8	A number of updates were recommended and accepted by the Committee; these can be found in the Board Assurance Paper earlier in the agenda. Following a robust discussion the Committee agreed that on balance the Risk rating be recommended to Board to reduce from 12 to 8.
Governance	4,7,8		Committee Annual Report	The Committee received the report.
			Committee Business Cycle	The Committee noted the annual business cycle.

No assurance – could have a significant impact on quality, operational or financial performance;	Please complete to highlight the key discussion points of the meeting using the key to identify the level of assurance/risk to the Trust
Moderate assurance – potential moderate impact on quality, operational or financial performance	
Assured – no or minor impact on quality, operational or financial performance	

Committee Chair's Report

			Review of meeting	Feedback regarding the meeting was very good and members were assured by the content and triangulation between the papers and the interrelated discussions. However, it was noted that the meeting had a large agenda and was lengthy.

Risks Escalated: None from the meeting

Actions delegated to other Committees:

1. The waiting list data quality report to go to next Q&S for noting

2. The Committee recommend to the Board to approve the proposed change in risk rating for BAF 8.

	No assurance – could have a significant impact on quality, operational or financial performance;
	Moderate assurance – potential moderate impact on quality, operational or financial performance
	Assured – no or minor impact on quality, operational or financial performance

Please complete to highlight the key discussion points of the meeting using the key to identify the level of assurance/risk to the Trust

Title of Meeting	**BOARD OF DIRECTORS**	**Date**	**06 April 2023**
Agenda Item	**25/23i**		
Report Title	**Bridgwater Organisational Strategy**		
Executive Lead	Colin Scales – Chief Executive Officer		
Report Author	Rob Foster – Programme Director Collaboration and Integration		
Presented by	Rob Foster – Programme Director Collaboration and Integration		
Action Required	☒ **To Approve**	☐ **To Assure**	☐ **To Note**

Executive Summary

The purpose of this report is to introduce the new Bridgewater Organisational Strategy.

Previously considered by:

☐ **Audit Committee** ☐ **Quality & Safety Committee**

☐ **Finance & Performance Committee** ☐ **Remuneration & Nominations Committee**

☐ **People Committee** ☐ **EMT**

Strategic Objectives

☒ **Equality, Diversity and Inclusion** – to actively promote equality, diversity and inclusion by creating the conditions that enable compassion and inclusivity to thrive

☒ **Innovation and collaboration** – to deliver innovative and integrated care closer to home which supports and improves health, wellbeing and independent living

☒ **People** – to be a highly effective organisation with empowered, highly skilled and competent staff

☒ **Quality** – to deliver high quality, safe and effective care which meets both individual and community needs

☒ **Sustainability** – to deliver value for money, ensure that the Trust is financially sustainable and contributes to system sustainability

How does the paper address the strategic risks identified in the BAF?							
☐ **BAF 1**	☐ **BAF 2**	☒ **BAF 3**	☒ **BAF 4**	☒ **BAF 5**	☒ **BAF 6**	☒ **BAF 7**	☒ **BAF 8**
Failure to implement and maintain sound systems of corporate governance	Failure to deliver safe & effective patient care	Managing demand & capacity	Financial sustainability	Staff engagement and morale	Staffing levels	Strategy & organisational sustainability	Digital services

CQC Domains:	☒ **Caring**	☒ **Effective**	☒ **Responsive**	☒ **Safe**	☒ **Well Led**

1. Summary

1.1 The new Bridgewater organisation strategy, Communities Matter, has been developed to cover the period 2023 – 2026.

1.2 We have renewed our mission statement to:

"We will improve health, health equity, wellbeing and prosperity across local communities, by providing person-centred care in collaboration with our partners"

1.3 We have also reviewed and renewed our Strategy Objectives to:

- **Quality -** We will deliver high quality services in a safe, inclusive environment where our patients, their families, carers and staff work together to continually improve how they are delivered.
- **Health equity** - We will collaborate with partners and communities to improve equity in health outcomes and focus on the needs of those who are vulnerable and at-risk.
- **Staff** - We will ensure the Trust is a great place to work by creating an environment for our staff to develop, grow and thrive.
- **Resources -** We will ensure that we use our resources in a sustainable and effective way.
- **Equity, Diversity and Inclusion** - We will ensure that equity, diversity and inclusion are at the heart of what we do, and we will create compassionate and inclusive conditions for patients and staff.
- **Partnerships -** We will work in close collaboration with partners and their staff in place, and across the system to deliver the best possible care and positive impact in local communities.

1.4 The six Strategy Objective are each underpinned by a series of Key Deliverables, using "We will…" statements.

1.5 We have created the Bridgewater quadruple aims (using the principles of the Triple Aim), and these will be embedded into our impact and measurement approach to ensure we are:

- Improving the health and wellbeing of local people and communities (including equity in that health and wellbeing).
- Improving the health and wellbeing of our staff (including equity in that health and wellbeing).
- Improving the quality of services provided (including equity in benefits from those services).
- Improving the sustainable and efficient use of resources.

1.6 Each Directorate Leadership Team and their services is developing an annual operational delivery plan, aligned to the Corporate Objectives and Key Deliverables. Through this process, measurable indicators will be developed to monitor all actions identified in the delivery plans, aligned to our quadruple aims.

1.7 These indicators will be embedded into the new Performance Assurance Framework and associated governance.

1.8 Underpinning our new strategy is the ambition to continue to build on, and reshape how we engage, and how we empower individuals. Our Governors have been critical in shaping our thinking, approach and ambitions.

1.9   Taking a values and strengths-based approach to our engagement, our ambition is to engage with our staff and jointly with our partners and communities, not as individual providers, to ensure everyone has a voice, empowering our workforce, service users and communities.

1.10   Continuous engagement and co-production will shape and influence how we improve the health and wellbeing of local communities.

2. Engagement

2.1   The whole Board has taken an active and thorough role in the production of this strategy. Over the last six months it has been involved in conversations, input, insights and engagement with a broad range of partners and stakeholders, in different formats, to help shape and influence our mission and objectives.

2.2   Alignment with our partners has been a critical focus, as has wanting to ensure that we use and leverage our reach into and across communities to have the maximum impact on people, local communities and our staff.

2.3   Our engagement has involved staff, our governors, our Non-Executive Directors, our partners in place, local people and community/voluntary sector organisations and support services.

2.4   This document is a product of input of the whole community of Bridgewater and our partners, and it is important to place on record thanks to all who helped draft, shape, challenge and populate this strategy.

3. Presentation of the strategy

3.1   The version of the strategy being presented to the Trust Board will be used to create visual 'Plans on a Page', where the key headlines and messages can be displayed clearly and in a format that engages.

3.2   As described in the strategy, and in section 1.6 above, our four Directorates are creating annual operation delivery plans. These will be created in the form of a document, setting out actions and targets, but, as with the strategy, visual 'Plans on a Page' will be also created for each.

3.3   Upon completion of the annual delivery plans, our Communications Team will take the content and detail, and ensure common branding and style is applied, enabling us to create visual displays, where the overarching strategy and Directorate plans on a page fit together to create a joined up visual presentation for each Directorate.

3.4   We will also work with our staff and partners to ensure alternative versions of the strategy are created. This is likely to include a digital version (with links and the use of QR codes to create a more interactive and informed experience for the reader), shortened versions in various formats, a video summary and versions available in different languages.

4. Recommendations

4.1   The Board are asked to approve the new Bridgewater organisational strategy.

Communities Matter

Creating stronger, healthier, happier communities

2023 - 2026

Contents

1) Summary on a page – Mission statement, objectives and deliverables

1) QUALITY

We will deliver high quality services in a safe, inclusive environment where our patients, their families, carers and staff work together to continually improve how they are delivered

- We will apply a systematic approach to the measurement of safety, patient experience, continuous learning, leadership and governance, ensuring accountability for improvement in line with the CQC quality statements.
- We will use Our Building On Our Strengths Together (BOOST) methodology to drive forward continuous quality improvements in the services we provide, led by our staff. This will be supported by access to learning, mentoring and training to improve the care delivered.
- We will ensure patients and their families, including children and young people, are more involved in shaping our services, and the voice of the child, and their feedback will shape service transformation plans, alongside the views, insight and experience of our staff.
- We will learn through an open approach when things go well and when things go wrong, and we will continually strive to improve the care we provide to patients. Implementing the new NHS Patient Safety Strategy including the Patient Safety Incident Response Framework and Patient Safety Partners.
- We will support staff and services to recover from the impact of the pandemic and ensure that patients receive care in a timely way.

2) HEALTH EQUITY

We will collaborate with partners and communities to improve equity in health outcomes and focus on the needs of those who are vulnerable and at-risk

- We will implement the evidence-based, priority areas of focus from the NHS Prevention Pledge.
- We will work with partners in place to change the way our services are designed and delivered to ensure more equitable access, which will support improved outcomes and experience.
- We will influence, shape and support the delivery of Health and Wellbeing strategies in the places that we work.
- We will further develop working relationships with all our health and care partners to identify high intensity users of services and support these patients to access the right services at the right time.
- We will enhance our relationships with the voluntary sector and we will work in partnership with them to support the needs of our most vulnerable and at risk patients.

3) STAFF

We will ensure the Trust is a great place to work by creating an environment for our staff to develop, grow and thrive

- We will maximise our workforce intelligence to fully understand our workforce profile to inform workforce planning utilising Population Centric Workforce Planning approaches.
- We will promote 'Grow your Own' initiatives with the local community to understand the potential future workforce and create job pipelines with colleges, local businesses and our strategic partners within each borough.
- We will maximise utilisation of the apprenticeship levy to support the development of our workforce.
- We will realise the added value to our workforce of our volunteers, third sector organisations and the armed forces.
- We will create opportunities for working together with our community and other health and social care providers.
- We will create a culture where we are supportive of innovative roles – new ideas and innovative ways of working, upskilling and transforming services.

Our mission statement

We will improve health, health equity, wellbeing and prosperity across local communities, by providing person-centred care in collaboration with our partners

4) RESOURCES

We will ensure that we use our resources in a sustainable and effective way

- We will work in collaboration with staff, partners and communities to transform the way we provide services to generate efficiencies, which can be reinvested to improve the quality of care and improve outcomes in health equity.
- We will enable excellent digital and data services to drive and deliver efficiency and optimisation.
- We will look to reduce carbon emissions and deliver the Trusts Green Plan.
- We will embed Anchor principles and look to procure locally where we can.
- We will work with partners to maximise and right size our estates.
- We will work with partners to operate within our financial allocations and maintain financial balance.

5) EQUITY, DIVERITY & INCLUSION

We will ensure that equity, diversity and inclusion are at the heart of what we do and we will create compassionate and inclusive conditions for patients and staff

- We will build a culture that champions diversity, equity and inclusion. Supporting and developing our people to provide compassionate and culturally competent care to our patients and each other.
- We will be proactive in anticipating the diversity of our patient needs and will respond to them to ensure we achieve the best outcomes.
- We will become an Anchor Institute in the community: We will take our social and environmental responsibility seriously, addressing the socioeconomic determinants of health.
- We will improve the reach of our organisation and grow our standing in the community through local partnerships.

6) PARTNERSHIPS

We will work in close collaboration with partners and their staff in place, and across the system to deliver the best possible care and positive impact in local communities

- We will continue work in close partnership with local General Practice, the Primary Care Networks and GP Federations to further enhance the quality and provision of services across our local communities.
- We will work closely with all our partners to drive forward continuous quality improvements in the services we collectively provide.
- We will work across our organisational boundaries with partners in place as we create future integrated care and service models.
- We will work with partners to improve equity in health outcomes.
- We will work with our system partners to collaborate at scale to enable better care at place.

2) Foreword from the Chair and Chief Executive Officer

Each and every day our dedicated and professional staff work tirelessly to provide person-centred care and support. The work that they undertake is varied and diverse, from visiting new parents to providing compassionate end of life care. Every contact they carry out is used to make a real difference to patients' lives and they speak passionately about how privileged they are to share key life moments with patients and their families. As a Trust, we are exceptionally proud of all the achievements of our staff.

Our staff are our greatest asset, and we could not do what we do without them. Alongside our commitment to continuously improving services, we are committed to supporting our staff to be the best that they can be and developing a modern, flexible workforce that has the skills to meet the changing needs of local communities. We will also continue to focus on, and support the wellbeing needs of our staff to try and ensure Bridgewater is an organisation every member of staff is proud to be part of.

We are equally committed to the people and communities we serve and our collaboration with local partners enables us to provide person-centred care that improves health, health equity, wellbeing and prosperity. Our focus is on the positive and progressive action we will take to improve health equity across those communities, as we address the challenging health inequalities that exist.

As we launch this strategy, the world looks beyond a global pandemic that has fundamentally changed the way many NHS services are provided, and it laid bare the health disparities and complex access issues across different ethnic communities. Demand for healthcare is greater than ever, inequalities are deeper and waiting lists are longer. We have faced challenges that have never been seen before and the importance of collaborating with partners has never been greater.

To respond to the demands upon us, we must make sure we continue to drive forward the quality of our services despite growing economic uncertainty. We will continue to work tirelessly to transform and adapt our services to ensure that we meet the needs of local people and their families using the resources we have to do this in a sustainable and efficient way.

As an organisation, we are values-driven. They are the beliefs and principles that guide us and shape our decision making. We have recently reviewed and updated our values with our staff, and we will continue to embed them across all that we do. They provide us all with the foundations of how we what and expect Bridgewater staff to think and act in all that they do.

This is a significant moment for us. As the recognition of the huge contribution NHS community services makes to patients, their families and the communities in which they live continues to grow, we are proud and ready to take on the challenges ahead.

3) Context

When it was established, the primary focus of the NHS was on treating single conditions or illnesses, but since then, the health and care needs of the population have changed dramatically. People are living longer with multiple, complex, long-term conditions which increasingly require long-term support from many different services and professionals, placing increasing demands across all health and care services.

Where people live matters. Communities matter. We see the impact of health inequalities, and the wider determinants of health, across our local communities. The Institute for Health Equity 'All Together Fairer' report clearly sets out the health challenges we face as a nation, as system and as places (executive-summary.pdf (instituteofhealthequity.org)).

The challenges aren't new and for some years, health and care professionals have been working to bring organisations and services closer together, in neighbourhoods, places and networks, to better meet the needs of local people by working in a joined-up way. But previous legislation has limited integration and encouraged competition between providers.

The new Health & Care Act 2022 and associated Integrated Care Systems (ICS) shape a vision of forming integrated partnerships around a person, empowering and supporting them and their families, in their homes and communities, to only access hospital and specialist services when they really need to, where we collaborate to prevent ill health, and ultimately, create health equity and well-being.
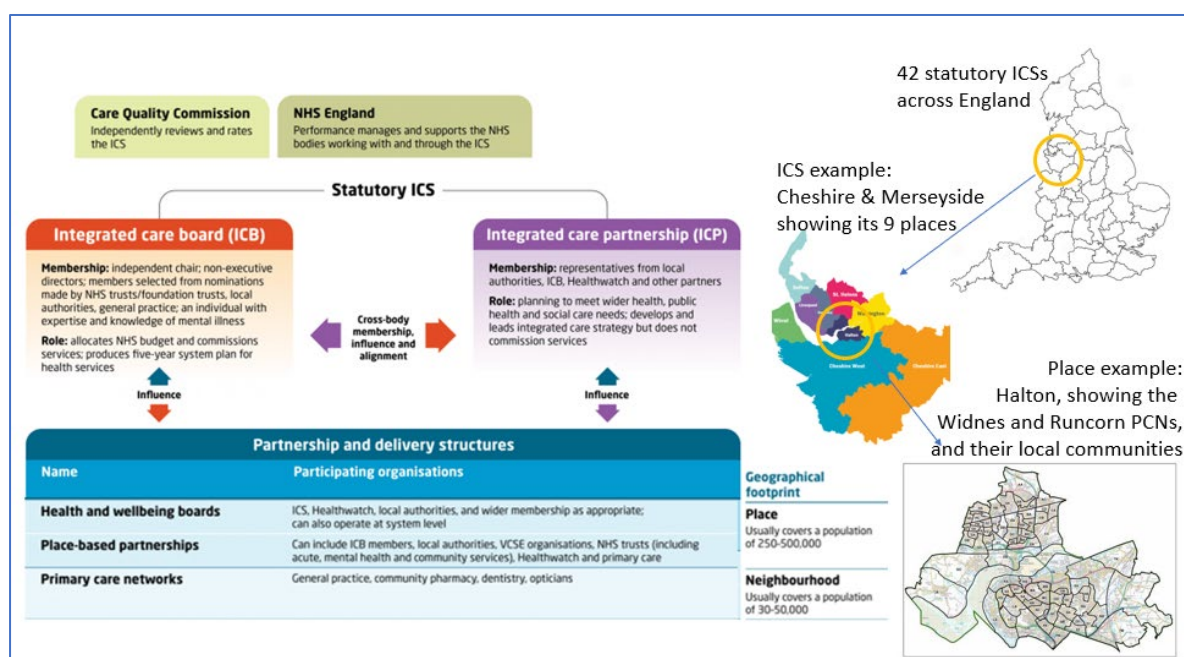
We have aligned our strategy and ambitions with objectives and emerging priorities of the new ICSs and in the places that we deliver care, so that we collectively address the demands and acuity of need, as well as increasing the economic prosperity for individuals, households, streets and neighbourhoods.

We will focus on supporting and delivering prosperity as we embed the NHS Prevention Pledge and Anchor Institute practices. We will continue to focus on local recruitment across health and care roles, we will focus on local and collaborative procurement helping to support and drive local recruitment, and we will continue to explore new partnership opportunities to increase investment into the local voluntary sector and other local organisations.

These emerging priorities focus on a workforce that is equipped to respond to patient needs and have effective support in place. This will ensure we can prevent ill health, ensure early intervention and accelerate a joined up, integrated approach. Where we give the best possible start in life to babies and children, where we can use our vast reach into communities to positively influence wider determinants, and where we focus on improving health equity.

As a community health care provider, Bridgewater is stitched-into the fabric of local communities. Every year, our community services in Warrington and Halton provide high quality, compassionate, person-focused care and support to 30% of the local population, and our Community Dental services reach over 18,500 people across Cheshire, Merseyside and Greater Manchester. Our ability to connect, influence and support our communities is significant and this should be at the forefront of the care that we provide.

We are a critical conduit in people's lives as we work with partners across our broad and diverse range of services every day. We prevent hospital admissions and support people to be discharged from hospital into their usual place of residence. We support and care for people in our communities with Long Term Conditions (and often people with multiple conditions), helping them to live their best lives. We provide specialised dental care to people of all ages, with disabilities and special needs which make it impossible for them to access treatment from an NHS family dentist. We work with local schools, children's centres/family hubs, children's social services and other partners to give all local children the best start in life. Our Drive Ability service helps local people drive safely and remain independent. We will drive forward the recognition of community services and promote access to reduce the burden on our hospital and primary care services.

We are determined to maximise the health, wellbeing and prosperity of communities and we are challenging the traditional notion that an NHS Provider only treats the ill. Across our service portfolio, we already play a huge role in offering expert clinical care, and we play a significant role in preventing poor health and creating health and wellbeing.
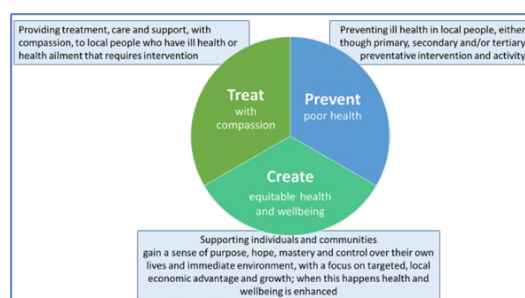
Communities matter. Our role is to develop stronger, healthier and happier communities.

4) Our Services

Our services are structured around four Directorates, each of which has a clearly identified, multi-skilled leadership team:

Warrington adults

Our Warrington adults' services has a large team of community nurses supported by specialised nurses and matrons. Responding to urgent care needs and therapy needs as part of an integrated intermediate tier health and care offer, intermediate care beds, care in care homes, equipment services, wheelchair services, acquired brain injury and neuropsychology as well as podiatry, musculoskeletal and orthopaedic clinical assessment and dermatology.

Halton and St Helens adults

As in Warrington, our Halton adult's services has a large team of community nurses supported by specialised nurses and matrons, a Neuro Rehabilitation service, as well as providing integrated urgent care and an integrated frailty services, with local providers, as we support the community and intermediate care needs of the population.

Our urgent treatment centre in Widnes is the focal point for a lot of community-based services, with clear connections to our own services and those of our local partners. We also deliver wheelchair services, equipment services, podiatry and speech and language services.

The Drive Ability North West service, delivered in partnership with Drive Mobility and the Department for Transport, provides services across the North West of England, supporting people with assisted driving, accessibility and independent living ([Drive Ability North West – Bridgewater Community Healthcare NHS Foundation Trust](#))
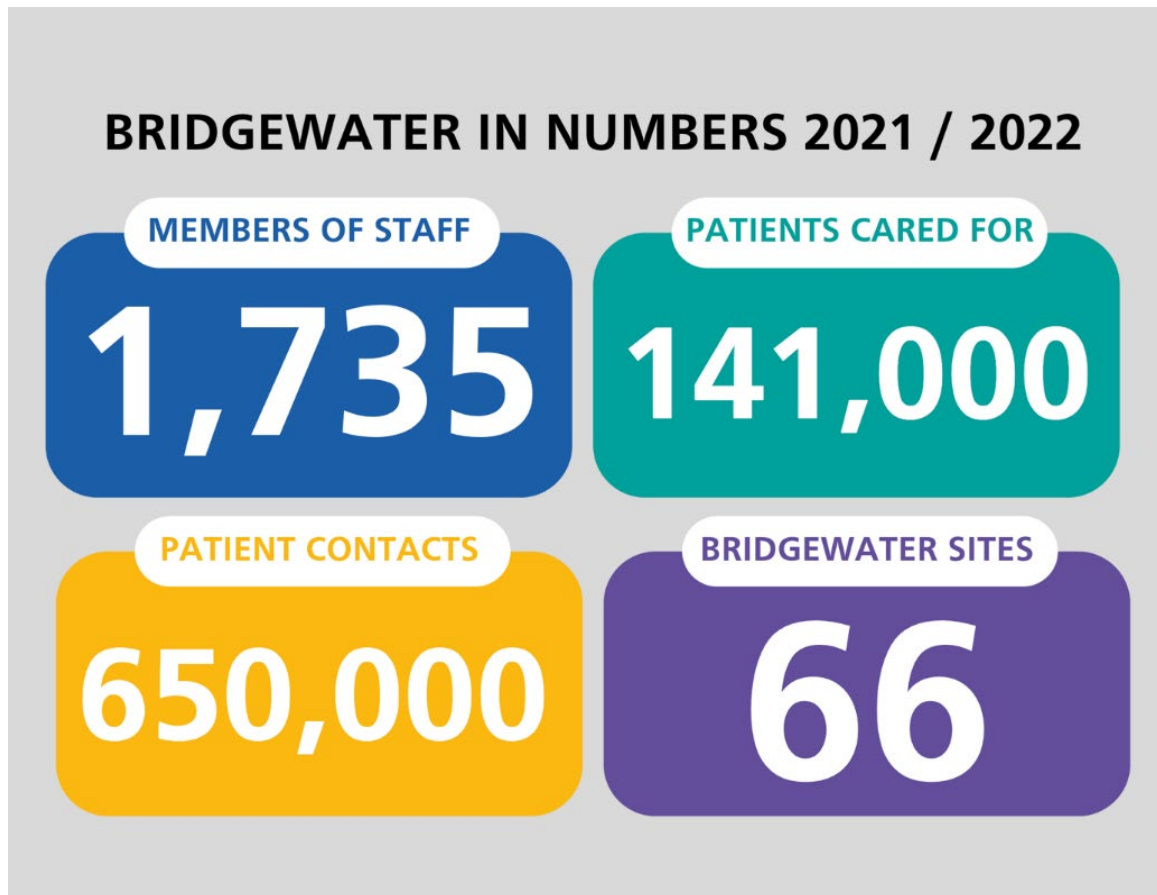
Children's Services

We deliver 0-19s (25 for those with special educational needs) services in both Warrington and Halton as well as a number of specialised children's services such as audiology, occupational therapy, physiotherapy and speech and language. We have community paediatric services and deliver the neurodevelopment pathway in both Halton and Warrington.

Bridgewater Community Healthcare NHS Foundation Trust
Map of Services

Specialised Dental services

The Bridgewater Dental Network currently provides services to a combined population of over two million people, who live across Cheshire, Merseyside and Greater Manchester. We provide specialised dental care on referral to people of all ages, with disabilities and special needs which make it impossible for them to access treatment from an NHS family dentist (General Dental Practice)

We provide services across three *Integrated Care Systems*, and 25 local *places*, with a total catchment population of 7.7 million people. Our reach is vast.

BRIDGEWATER IN NUMBERS 2021 / 2022

MEMBERS OF STAFF

1,735

PATIENTS CARED FOR

141,000

PATIENT CONTACTS

650,000

BRIDGEWATER SITES

66

In over 90% of the sites we deliver services from, we are not the sole provider. We co-locate with other providers to deliver services in the heart of communities across the Northwest.

5) Our Mission

We have reviewed and renewed our mission statement to ensure it is fit for purpose, aligned to the mission of our partners, and provides clarity and focus for our staff.

Our new mission statement is:

"We will improve health, health equity, wellbeing and prosperity across local communities, by providing person-centred care in collaboration with our partners".

The table below presents the mission and/or vision from four of our key partners;

- The Cheshire & Merseyside and Greater Manchester Health (& Social) Care Partnerships.
  [Cheshire and Merseyside Health and Care Partnership - NHS Cheshire and Merseyside](#)
  [About the Greater Manchester Health & Social Care Partnership (gmhsc.org.uk)](#)
- Warrington Together [Warrington Together | warrington.gov.uk](#)
- One Halton [One Halton | Working Better Together](#)

Cheshire & Merseyside Health Care Partnership	Greater Manchester Health & Social Care Partnership
We want everyone in C&M to have a great start in life, and get the support they need to stay healthy and live longer	*Our vision is to make Greater Manchester one of the best places in the world to grow up, get on and grow old*
Warrington Together	**One Halton**
To ensure Warrington is a place where we work together to create stronger neighbourhoods, healthier people and greater equality across our communities.	*To improve the health and wellbeing of the population of Halton by empowering and supporting local people from the start to the end of their lives by preventing ill health, promoting self-care and independence, arranging local, community-based support and ensuring high quality services for those who need them*

It is vital we maximise the opportunities of collaboration across the health and care landscape, and so ensuring alignment of our mission is critical.

How will we know if we've been successful?

And by successful, we mean, how will we know if we've met our mission?

The following pages describe, for each Strategic Objective, the key deliverables and relevant context. Each Directorate will, as part of the internal, annual planning cycle, describe how they will meet the Strategic Objectives and the actions they will take to achieve the key deliverables.

We have created the Bridgewater quadruple aims (using the principles of the Triple Aim), and will use these aims to measure the progress of the key deliverables that underpin our Strategic Objectives. This will all be aligned, monitored and assured through our Performance Assurance Framework and governance arrangements:

The Bridgewater quadruple aims:

- Improve the health and wellbeing of local people and communities (including equity in that health and wellbeing).
- Improve the health and wellbeing of our staff (including equity in that health and wellbeing).
- Improve the quality of services provided (including equity in benefits from those services).
- Improve the sustainable and efficient use of resources.

6) Strategic Objectives

We have described the diversity of our service portfolio and the vast reach across our communities. This diversity also means that across our services, we have a range of different national, regional and local priorities and must do's. However, our Strategic Objectives are cross-cutting and apply to every service and Directorate, and align with those of our partners, supporting our ambition for great collaboration.

Our Strategic Objectives have been developed to ensure they help drive delivery of our mission, provide clear goals and measurable steps for each Directorate and service, and describe how they will, collectively, enable our services and our staff to thrive.
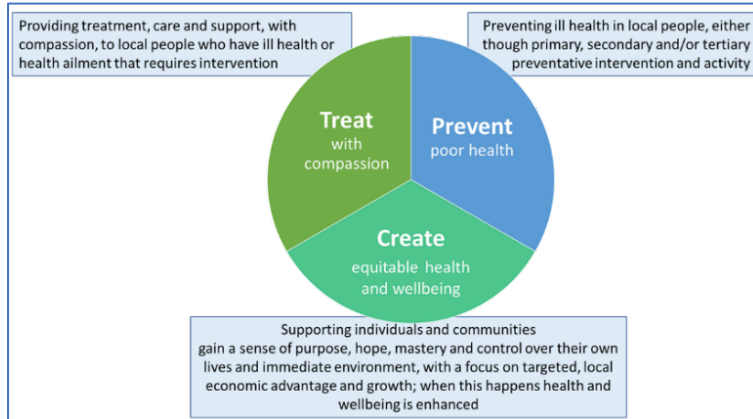
Our six Strategic Objectives are:
1. **Quality -** We will deliver high quality services in a safe, inclusive environment where our patients, their families, carers and staff work together to continually improve how they are delivered.
2. **Health equity** - We will collaborate with partners and communities to improve equity in health outcomes and focus on the needs of those who are vulnerable and at-risk.
3. **Staff** - We will ensure the Trust is a great place to work by creating an environment for our staff to develop, grow and thrive.
4. **Resources -** We will ensure that we use our resources in a sustainable and effective way.
5. **Equity, Diversity and Inclusion** - We will ensure that equity, diversity and inclusion are at the heart of what we do, and we will create compassionate and inclusive conditions for patients and staff.
6. **Partnerships -** We will work in close collaboration with partners and their staff in place, and across the system to deliver the best possible care and positive impact in local communities.

6a) Strategic Objective 1 - Quality

We will deliver high quality services in a safe, inclusive environment where our patients, their families, carers and staff work together to continually improve how they are delivered.

Context

Providing treatment, care and support, with compassion, to local people who have ill health or health ailment that requires intervention

Preventing ill health in local people, either though primary, secondary and/or tertiary preventative intervention and activity

Treat with compassion

Prevent poor health

Create equitable health and wellbeing

Supporting individuals and communities gain a sense of purpose, hope, mastery and control over their own lives and immediate environment, with a focus on targeted, local economic advantage and growth; when this happens health and wellbeing is enhanced

Our services already play a huge role in treating the ill, but we also prevent poor health. We want to build on this, and we want to drive transformation and continuous improvement further with a person-centred approach to improve equity, improve outcomes and improve the health and wellbeing of local people. We have invested in our transformation capacity and capability to drive forward a culture of sustainable continuous improvement where staff are empowered and equipped to lead change. We recognise that the opportunities for increased prevention and health creation actions and activities will vary across our range of services. As we set out in Objective 4, one of our key deliverables is to work in collaboration with staff, partners and communities to transform the way we provide services to generate efficiencies, which can be reinvested to improve the quality of care and improve outcomes in health equity.

The Trust has worked hard to develop a continuous improvement culture, driven by our People and Quality teams. *Leader in Me* events, *Time to Shine and Staff Awards* are examples of how we've invested in the development of our staff, our culture and how we capture and share great practice, ideas and innovation. Our ongoing approach and embedding of *Just Culture* is critical as we strive to improve people practices and focus on fairness and learning.

We will embed the new Patient Safety Incident Response Framework (PSIRF), which is the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety. It replaced the current Serious Incident Framework. PSIRF represents a significant shift in the way the NHS responds to patient safety incidents and is a key part of the NHS patient safety strategy.

We recognise the importance of ensuring our staff feel valued and supported with an enhanced model of preceptorship and we have introduced Professional Nurse Advocates. We listen intently and actively seek feedback and hold ourselves to account to create a just culture based on a high level of psychological safety, encouraging reporting of incidents and errors without fear with a focus on learning, development and improvement.

We recognise the importance of investing in research and innovation. Our ambition is to broaden the opportunities available to all our patients, staff and communities to not only co-produce and participate in high quality research but to ensure staff have the capacity and capability to lead research and drive evidence based clinically effective practice that will increase time to care and shape future health services that we provide.

Deliverables

- We will apply a systematic approach to the measurement of safety, patient experience, continuous learning, leadership and governance, ensuring accountability for improvement in line with the CQC quality statements.
- We will use Our Building On Our Strengths Together (BOOST) methodology to drive forward continuous quality improvements in the services we provide, led by our staff. This will be supported by access to learning, mentoring and training to improve the care delivered.
- We will ensure patients and their families, including children and young people, are more involved in shaping our services, and the voice of the child, and their feedback will shape service transformation plans, alongside the views, insight and experience of our staff.
- We will learn through an open approach when things go well and when things go wrong, and we will continually strive to improve the care we provide to patients. Implementing the new NHS Patient Safety Strategy including the Patient Safety Incident Response Framework and Patient Safety Partners.
- We will support staff and services to recover from the impact of the pandemic and ensure that patients receive care in a timely way.

6b) Strategic Objective 2 – Health Equity

We will collaborate with partners and communities to improve equity in health outcomes and focus on the needs of those who are vulnerable and at-risk.

Context

Our focus is on the collaborative, positive and progressive action we will take with our partners to improve outcomes in health equity across the communities we serve.

The World Health Organisation (WHO) defines health inequity as *'systematic differences in the health status of different population groups.'* This means that certain groups experience worse health and increased difficulty accessing healthcare as a result of the systems that influence their lives. We want the focus of our actions to be on how we 'level up', and not just reduce the gap, hence our recognition of improving equity, rather than reducing inequality.
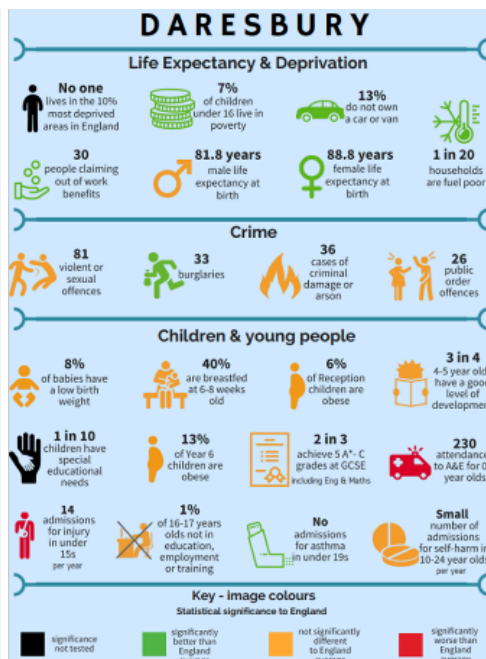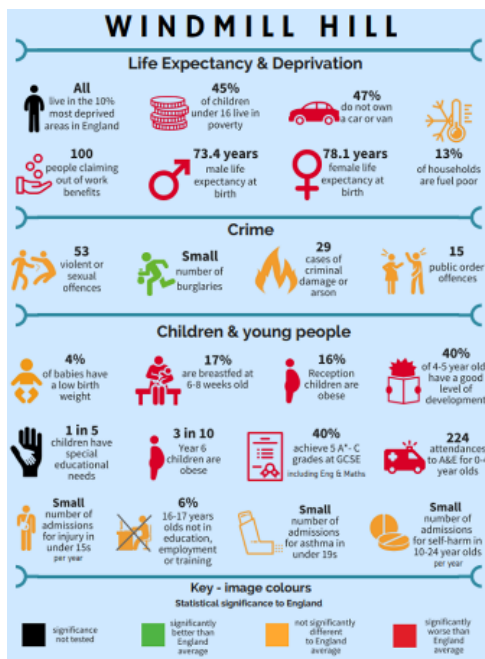

This graphic and the data it contains is sourced from the Halton Public Health Intelligence Team (2017) and has been shown in various meetings in Bridgewater over the last year as it is a powerful demonstration of the above.

The primary schools between these two wards in Halton are 2 miles apart, and yet the life expectancy and health metrics vary significantly. But inequalities are prevalent across many of the communities where we deliver our services.

Sourced from the Warrington Joint Strategic Needs Assessment (2021), we see inequalities in the obesity prevalence rates, by deprivation quintile, across both reception and Year 6 aged children.

In Year 6, obesity prevalence is highest (25%) in Quintile 1 (most deprived) and gradually reduces by quintile to 13% in Quintile 5 (least deprived).

Error bars represent 95% confidence limits
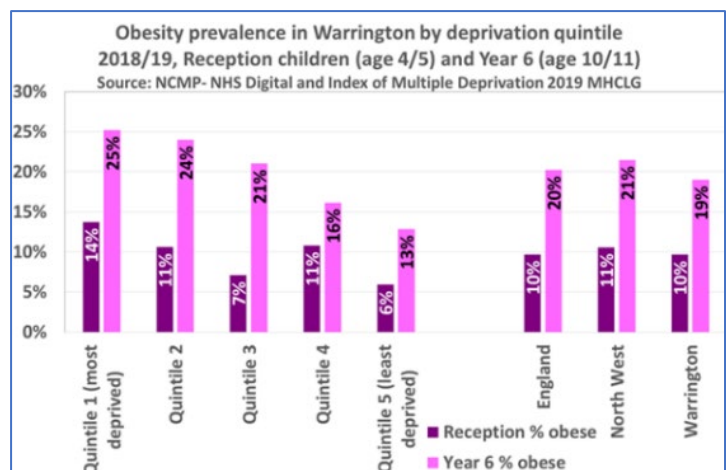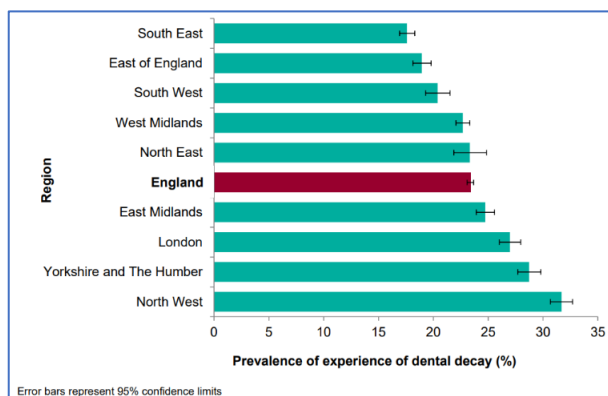
Sourced from the Public Health England National Dental Epidemiology Programme for England (Oral health survey of 5-year-olds, 2019), we see the prevalence of experience of dental decay in 5-year-old children in England, by region. This clearly demonstrates the highest prevalence rates in the North West. As per the chart from Warrington above, this demonstrates the difference of prevalence across people living in the most deprived and the least deprived areas.

As part of our response, we are focusing on the delivery of the NHS Prevention Pledge, as we look to achieve Anchor Institute status. We will be embedding the various elements across our organisation and partnerships.

The NHS Prevention Pledge has been designed to assist NHS Trusts in Cheshire & Merseyside strengthen and scale up prevention activities across local populations. Working together on this with our partners is a vital aspect of our approach (NHS Prevention Pledge - NHS Cheshire and Merseyside)

Driving our actions will be a newly formed Health Equity group, comprising cross-organisational representation. The group will oversee and coordinate all activities including our Health Inequalities training, research and engagement. From our engagement work, we will bring insights back into organisation, and share learnings, actions and opportunities.

This new group will also drive the development of Directorate Health Equity reports, to support our services identify where the opportunities to tackle inequalities exist.

Deliverables

- We will implement the evidence-based, priority areas of focus from the NHS Prevention Pledge.

- We will work with partners in place to change the way our services are designed and delivered to ensure more equitable access, which will support improved outcomes and experience.

- We will influence, shape and support the delivery of Health and Wellbeing strategies in the places that we work.

- We will further develop working relationships with all our health and care partners to identify high intensity users of services and support these patients to access the right services at the right time.

- We will enhance our relationships with the voluntary sector and we will work in partnership with them to support the needs of our most vulnerable and at risk patients.

6c) Strategic Objective 3 - Staff

We will ensure the Trust is a great place to work by creating an environment for our staff to develop, grow and thrive

Context

"Key to our continued success as a Trust is that we effectively work across our organisational boundaries with borough partners as we create our future integrated care models, delivered safely and with patient experience at its heart by 'One Workforce' irrespective of employer."
Bridgewater People Strategy (Jan 2023)

We support everyone working at the Trust to be their very best and reach their full potential through a relentless focus on delivering the NHS People Plan and the NHS Our People Promise, of which there are seven promises. We are able to measure the impact of these by way of the NHS Annual Staff Survey:

Delivery of our People Strategy will continue to be driven via a People Hub underpinned by our People Operational Delivery Groups (the PODs), of which there are four:

1. **Recruitment and Retention** – We have received national recognition and awards for our approach to recruitment and have a significant programme of work underway to retain our valued workforce. We are attracting our future workforce from the communities we serve.
2. **Health and Wellbeing** – We are constantly focusing on ensuring that our staff can balance their home and work lives, offering a wide range of support programmes and initiatives to ensure that they are safe, healthy and well.
3. **Education and Professional Development** – We ensure that our staff can learn and develop throughout their careers and have established competency, talent management and succession planning frameworks. Career development pathways are supporting the work of all PODs.
4. **Culture and Leadership** – We remain committed to our Just and Learning Culture journey with compassionate leadership, kindness, civility and respect being at the forefront of everything we do. Our staff have a voice that counts and we communicate and engage with staff via a variety of methods. Our PEOPLE Values are owned as are the behavioural statements that underpin them.

We are focused on creating a great employee experience and great place to work. We will continue to inspire staff to communicate with us and make suggestions for improvement on our people plans and promises. The work of our PODs is further supported by our Staff Survey Action Plans.

Prioritising the health and wellbeing of all our staff to ensure that working at the Trust has a positive impact on employee experience and our commitment to a healthy workforce includes addressing health inequalities at work and in our communities.

There will continue to be a strong focus on supporting and enabling our Bridgewater People to develop throughout their careers, with a particular emphasis on building the capabilities and expertise that support service transformation and cultural change. Leading improvement, change and innovation will be productive, efficient and much more responsive as our Operating Model delivers transformation and embeds innovation across the organisation and system at various levels. Crucial to this is our journey to make best use of technology and digital solutions to deliver great services. We are developing our digital capability to equip ourselves for the future.

We are enabling and will continue to facilitate new ways of working and planning for the future, supporting our people to work differently to support new models of care. In doing so, we anticipate the needs of the health and care system and play our part in creating a sustainable supply of workforce which meets the needs of our patients now and for the future. Our continued focus will be on 'growing our own' models of workforce planning, skills mixing and offering opportunities for new entrants into the NHS from our local communities through the support of Apprenticeships. This workforce will also share our values and our kindness, care and compassion.

We recognise our efforts and achievements by way of a Staff Awards celebration event which takes place annually. During the year, we continuously thank our staff through various means for their contribution to the work of the Trust and their impact on the communities we serve.

We are now seeing more integrated working emerge with our partners to provide the best possible care to our communities.

Deliverables

- We will maximise our workforce intelligence to fully understand our workforce profile to inform workforce planning utilising Population Centric Workforce Planning approaches.

- We will promote 'Grow your Own' initiatives with the local community to understand the potential future workforce and create job pipelines with colleges, local businesses and our strategic partners within each borough.

- We will maximise utilisation of the apprenticeship levy to support the development of our workforce.

- We will realise the added value to our workforce of our volunteers, third sector organisations and the armed forces.

- We will create opportunities for working together with our community and other health and social care providers.

- We will create a culture where we are supportive of innovative roles – new ideas and innovative ways of working, upskilling and transforming services.

6d) Strategic Objective 4 - Resources

We will ensure that we use our resources in a sustainable and effective way

Context

As stated in Strategic Objective 1, our ambition is to drive transformation and continuous improvement further to improve the health and wellbeing of local people. We have, and will continue to invest in our transformation capacity and capability to support our staff and services, to enable them to drive forward continuous quality improvements. As part of this, it is vital we maximise the opportunities of collaboration across the health and care landscape, engaging and working with our broad and diverse range of partners, stakeholders and communities.

Our partnerships across service planning and transformation are evolving in place, provider collaboratives and the ICB, with a focus on Starting Well, Living Well, Ageing Well. Our focus in place on developing integrated community services is at the heart of this transformation.

This includes how we maximise and optimise our use of estates, and how our communities access and utilise health and care premises, not just for care, but to support and drive prevention and health creation.

Digital and data is one of the main enablers for our Trust. It underpins nearly everything we do, from seeing patients to ensuring staff are paid; from turning the lights on to communicating. Thinking digitally is our opportunity to use the strengths of our systems, data, and people to focus on delivering the best we can for patients and communities. The challenge for the Trust is to seek out every opportunity to benefit from digitisation for all, whilst protecting those most vulnerable from being the impact of the digital divide

Digital and data have been used to redesign services, raising the expectations of service users about self-service, personalisation, and convenience, and increasing workforce productivity. The pandemic accelerated the shift to online and changed patient expectations and clinical willingness to adopt new ways of working. In addition, it has facilitated new collaborations across local health and care systems. Together, these changes have enabled previously unimaginable progress in digitally enabled care pathways, and we must harness this to drive efficiencies and to support our Green ambitions.

Together, these opportunities support our plans to become an Anchor Institution and will be vital in our aspirations to address Health Inequalities in the places where we deliver services.

Deliverables

- We will work in collaboration with staff, partners and communities to transform the way we provide services to generate efficiencies, which can be reinvested to improve the quality of care and improve outcomes in health equity.

- We will enable excellent digital and data services to drive and deliver efficiency and optimisation.

- We will look to reduce carbon emissions and deliver the Trusts Green Plan.

- We will embed Anchor principles and look to procure locally where we can.

- We will work with partners to maximise and right size our estates.

- We will work with partners to operate within our financial allocations and maintain financial balance.

6e) Strategic Objective 5 – Equity, Diversity & Inclusion

We will ensure that equity, diversity and inclusion are at the heart of what we do and we will create compassionate and inclusive conditions for patients and staff.

Context

Our aim is to have a healthy and diverse a workforce as possible to deliver better health outcomes and improved patient access and experience, taking into consideration health inequalities in the populations we serve and our staff working in and serving those communities.

We are committed to high quality care and compassion for our staff and service users, anticipating the diversity of our patient needs and responding to them to ensure we achieve the best possible outcomes.

We will improve the reach of our organisation and grow recognition of the services we provide in the community through local partnerships, ensuring everyone has equal and fair access our services.

All who come into contact with the Trust will be treated with the utmost dignity and respect, whether that is patients, families or staff.

Deliverables

- We will build a culture that champions diversity, equity and inclusion. Supporting and developing our people to provide compassionate and culturally competent care to our patients and each other.

- We will be proactive in anticipating the diversity of our patient needs and will respond to them to ensure we achieve the best outcomes.

- We will become an Anchor Institute in the community: We will take our social and environmental responsibility seriously, addressing the socioeconomic determinants of health.

- We will improve the reach of our organisation and grow our standing in the community through local partnerships.

6f) Strategic Objective 6 - Partnerships

We will work in close collaboration with partners, and their staff, in place and across the system to deliver the best possible care and positive impact in local communities

Context

It is vital we maximise the opportunities of collaboration across the health and care landscape, engaging and working with a broad and diverse range of partners, stakeholders and staff.

The benefits of delivering services in collaboration are well documented and include:

- Improved outcomes.
- Improved equity in health outcomes.
- Improved experience (for patients, local people and staff).
- Faster access to the right intervention, first time.
- Reduced inefficiencies.
- Improved staff morale and job satisfaction.

Throughout our strategy, we have described our ambition to deliver high quality, person-focused care and we believe that a partnership approach will best help us collectively achieve this. The partnership between community health care, primary care, local government, the voluntary sector and wider partners is absolutely pivotal.

However, our collaboration ambition goes further and beyond some of the traditional boundaries, as we recognise that to improve equity in health outcomes, the opportunities to collaborate with housing, social prescribing, faith, food banks and education – and many, many more local providers, organisations and groups – will enable us to go further, faster. We are united in our mission of providing support, help, aid and/or compassion to local people and communities.

Our partnership working in the places where we deliver care is critical in shaping, influencing and developing integrated services across local communities. Our focus is not only on treating the ill (where we already play a huge role in offering expert clinical care), but where we also, collectively, prevent poor health and create health and wellbeing.

Our work in the emerging Cheshire & Merseyside Mental Health, Learning Disability and Community Provider Collaborative is focusing on what we can do together, that delivers better outcomes for people and communities and that drives and delivers more equitable services in place.

Deliverables

- We will continue work in close partnership with local General Practice, the Primary Care Networks and GP Federations to further enhance the quality and provision of services across our local communities.
- We will work closely with all our partners and their staff to drive forward continuous quality improvements in the services we collectively provide.
- We will work across our organisational boundaries with partners and their staff in place as we create future integrated care and service models.
- We will work with partners to improve equity in health outcomes.
- We will work with our system partners to collaborate at scale to enable better care at place.

7) Innovation in action

The Community Health Worker service

We are proud to have launched the Community Health Worker (CHW) service in Warrington, as one of three national projects. This service is a great demonstration of how we can and will deliver the mission, values and objectives set out in our strategy and we aspire to create many more opportunities like this.

Our Community Health Workers utilise a population health approach into primary and community care, through delivery of community, public health and household interventions. They provide holistic, person-focused care, and support the principles and objectives set out the Marmot review to reduce the social gradient in health:

- Give every child the best start in life.
- Enabling all children, young people and adults to maximise their capabilities and have control over their lives.
- Creating fair employment and good work for all.
- Ensuring a healthy standard of living for all.
- Creating and developing sustainable places and communities.
- Strengthening the role and impact of ill-health prevention.

The objective of the service is to support people and families in their homes through regular home visits and virtual contacts, delivering advice, support and interventions.

The CHWs positively contribute to a range of outcomes, with a focus on improving health equity. This includes:

- Improving rates of screening.
- Partnership working through better linkage of communities to existing third sector resources.
- Early detection of severe mental and physical illness.
- Increased rates of immunisation.
- Support the management of long-term conditions.
- Surveillance of patients who have delayed seeking care.

Our ambition is to continue to grow this service and it's impacts, working in close collaboration with our partners and local communities.

8) Engagement

Our strategy focuses on continuing to build on and reshape how we engage and how we empower individuals. Our Governors have been critical in shaping our thinking, approach and ambitions.

At the heart of the collaboration between the NHS and its partners, our aspiration is that patients, public and staff must be further empowered to ensure their voices are heard and embedded. Not as a one off, periodically undertaken task, but in the true spirit of, continuous co-production to shape and influence how we improve the health and wellbeing of local communities.

By taking a values and strengths-based approach to our engagement, working with partners to consider about how we can achieve this and recognise that the conversation will develop over time. Our ambition is to engage jointly with our partners and communities, not as individual providers.

We want to build on the existing community networks, staff network, meetings, groups and committees – both internally and externally - and not create extra demands but to build the conversations into our business as usual.

Initially, we have identified four broad stakeholder groups – patients, public, staff and partners.

We are mindful that, across our range of stakeholders, the knowledge and ability to engage in discussions varies greatly but this should not preclude anyone from participating. Our approach must therefore cater, and be tailored, to all.

How we will engage

- We will engage in all places and across all communities where we deliver services and support, ensuring all communities and community groups have a voice.

- We will adopt a strengths-based approach to our engagement, where we will attend existing groups, fora and committees, investing in the areas where we have gaps.

- We will develop new and innovative ways to continuously engage with our staff to ensure their voice is embedded in how we deliver our mission and achieve our Objectives.

- We will embed the patient voice at the heart of our service transformation ambitions.

- We will celebrate our successes and share good practice, innovation and case studies and embed this into our business as usual.

9) How we will deliver our strategy together

Our approach to the delivery of this strategy will be categorised and guided by the Care Quality Commission description of an outstanding, Well Led, NHS provider, where "…the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture."

Guided by the underpinning Key Lines of Enquiry, we have made fundamental changes to our internal governance and ways of working, devolving greater levels of decision-making to our staff and services, through a new Accountability Framework and performance framework, providing greater levels of leadership autonomy and accountability, via the newly formed Directorate Leadership Teams

Good governance is essential to the provision of safe, sustainable and high-quality care for patients. Accountability and performance management are core components of our governance framework and enable the Board to fulfil its obligations in the effective management of the organisation.

A culture of high performance is defined by continued improvement, leadership development, and empowerment to act, providing clear direction through a credible strategy, objectives / values and ensuring effective systems for appraisal and feedback.

There is a strong and established evidence base demonstrating the link between cultures of compassionate and inclusive leadership and stronger organisational performance in terms of patient experience, innovation, operational delivery, finances, staff retention and staff engagement.

Achieving a culture of high performance is dependent upon performance management being an integral part of our organisational environment and is recognised as a positive, not punitive activity. Therefore, the implementation of the new Accountability Framework supports us in delivering our strategy, objectives and will provide clarity on our expectations.

As such, our approach to engagement, investment in transformation, digital and data, and a clear focus on action help legitimise this new approach through our Directorate Leadership Teams into the whole organisation and brings this new approach to life.

Developing annual operational delivery plans

Delivery of our strategy is the responsibility of every member of staff.

Each Directorate Leadership Team and their services will be supported to develop an annual operational delivery plan, using a common framework, to ensure consistency in approach, but with the scope to enable each Directorate to tailor and hone their plans to their unique challenges, needs and opportunities.

Through this process, measurable indicators will be developed to monitor all actions identified in the delivery plans, aligned to our quadruple aims. These indicators will be embedded into the new Performance Assurance Framework, which is aligned to our Directorate approach and new governance framework. This is how our Trust Board, Senior Management Team, Governors and all services will monitor the impact and effectiveness of our strategy, objectives and delivery plans and provide the assurance that we are delivering our objectives and meeting our ambiti

Summary – Mission statement, objectives and deliverables

1) QUALITY

We will deliver high quality services in a safe, inclusive environment where our patients, their families, carers and staff work together to continually improve how they are delivered

- We will apply a systematic approach to the measurement of safety, patient experience, continuous learning, leadership and governance, ensuring accountability for improvement in line with the CQC quality statements.
- We will use Our Building On Our Strengths Together (BOOST) methodology to drive forward continuous quality improvements in the services we provide, led by our staff. This will be supported by access to learning, mentoring and training to improve the care delivered.
- We will ensure patients and their families, including children and young people, are more involved in shaping our services, and the voice of the child, and their feedback will shape service transformation plans, alongside the views, insight and experience of our staff.
- We will learn through an open approach when things go well and when things go wrong, and we will continually strive to improve the care we provide to patients. Implementing the new NHS Patient Safety Strategy including the Patient Safety Incident Response Framework and Patient Safety Partners.
- We will support staff and services to recover from the impact of the pandemic and ensure that patients receive care in a timely way.

2) HEALTH EQUITY

We will collaborate with partners and communities to improve equity in health outcomes and focus on the needs of those who are vulnerable and at-risk

- We will implement the evidence-based, priority areas of focus from the NHS Prevention Pledge.
- We will work with partners in place to change the way our services are designed and delivered to ensure more equitable access, which will support improved outcomes and experience.
- We will influence, shape and support the delivery of Health and Wellbeing strategies in the places that we work.
- We will further develop working relationships with all our health and care partners to identify high intensity users of services and support these patients to access the right services at the right time.
- We will enhance our relationships with the voluntary sector and we will work in partnership with them to support the needs of our most vulnerable and at risk patients.

3) STAFF

We will ensure the Trust is a great place to work by creating an environment for our staff to develop, grow and thrive

- We will maximise our workforce intelligence to fully understand our workforce profile to inform workforce planning utilising Population Centric Workforce Planning approaches.
- We will promote 'Grow your Own' initiatives with the local community to understand the potential future workforce and create job pipelines with colleges, local businesses and our strategic partners within each borough.
- We will maximise utilisation of the apprenticeship levy to support the development of our workforce.
- We will realise the added value to our workforce of our volunteers, third sector organisations and the armed forces.
- We will create opportunities for working together with our community and other health and social care providers.
- We will create a culture where we are supportive of innovative roles – new ideas and innovative ways of working, upskilling and transforming services.

Our mission statement

We will improve health, health equity, wellbeing and prosperity across local communities, by providing person-centred care in collaboration with our partners

4) RESOURCES

We will ensure that we use our resources in a sustainable and effective way

- We will work in collaboration with staff, partners and communities to transform the way we provide services to generate efficiencies, which can be reinvested to improve the quality of care and improve outcomes in health equity.
- We will enable excellent digital and data services to drive and deliver efficiency and optimisation.
- We will look to reduce carbon emissions and deliver the Trusts Green Plan.
- We will embed Anchor principles and look to procure locally where we can.
- We will work with partners to maximise and right size our estates.
- We will work with partners to operate within our financial allocations and maintain financial balance.

5) EQUITY, DIVERITY & INCLUSION

We will ensure that equity, diversity and inclusion are at the heart of what we do and we will create compassionate and inclusive conditions for patients and staff

- We will build a culture that champions diversity, equity and inclusion. Supporting and developing our people to provide compassionate and culturally competent care to our patients and each other.
- We will be proactive in anticipating the diversity of our patient needs and will respond to them to ensure we achieve the best outcomes.
- We will become an Anchor Institute in the community: We will take our social and environmental responsibility seriously, addressing the socioeconomic determinants of health.
- We will improve the reach of our organisation and grow our standing in the community through local partnerships.

6) PARTNERSHIPS

We will work in close collaboration with partners and their staff in place, and across the system to deliver the best possible care and positive impact in local communities

- We will continue work in close partnership with local General Practice, the Primary Care Networks and GP Federations to further enhance the quality and provision of services across our local communities.
- We will work closely with all our partners to drive forward continuous quality improvements in the services we collectively provide.
- We will work across our organisational boundaries with partners in place as we create future integrated care and service models.
- We will work with partners to improve equity in health outcomes.
- We will work with our system partners to collaborate at scale to enable better care at place.

BOARD OF DIRECTORS

Title of Meeting	**BOARD OF DIRECTORS**	**Date**	**06 April 2023**
Agenda Item	**25/23ii**		
Report Title	**INTEGRATION & COLLABORATION**		
Executive Lead	Colin Scales – Chief Executive Officer		
Report Author	Rob Foster – Programme Director Collaboration and Integration Sarah Brennan – Chief Operating Officer		
Presented by	Rob Foster – Programme Director Collaboration and Integration		
Action Required	☐ **To Approve**	☐ **To Assure**	☒ **To Note**

Executive Summary
The purpose of this report is to provide insight and oversight to the Board about the progress with integration and collaboration development and opportunities across the Trust.

Previously considered by:	
☐ **Audit Committee**	☐ **Quality & Safety Committee**
☐ **Finance & Performance Committee**	☐ **Remuneration & Nominations Committee**
☐ **People Committee**	☐ **EMT**

Strategic Objectives
☒ **Equality, Diversity, and Inclusion** – to actively promote equality, diversity and inclusion by creating the conditions that enable compassion and inclusivity to thrive
☒ **Innovation and collaboration** – to deliver innovative and integrated care closer to home which supports and improves health, wellbeing and independent living
☒ **People** – to be a highly effective organisation with empowered, highly skilled and competent staff
☒ **Quality** – to deliver high quality, safe and effective care which meets both individual and community needs
☒ **Sustainability** – to deliver value for money, ensure that the Trust is financially sustainable and contributes to system sustainability

How does the paper address the strategic risks identified in the BAF?							
☐ **BAF 1**	☐ **BAF 2**	☒ **BAF 3**	☒ **BAF 4**	☒ **BAF 5**	☒ **BAF 6**	☒ **BAF 7**	☒ **BAF 8**
Failure to implement and maintain sound systems of corporate governance	Failure to deliver safe & effective patient care	Managing demand & capacity	Financial sustainability	Staff engagement and morale	Staffing levels	Strategy & organisational sustainability	Digital services

CQC Domains:	☒ **Caring**	☒ **Effective**	☒ **Responsive**	☒ **Safe**	☒ **Well Led**

BOARD OF DIRECTORS

Title of Meeting	**BOARD OF DIRECTORS**	**Date**	**06 April 2023**
Agenda Item	**25/23ii**		
Report Title	INTERGRATION & COLLABORATION		
Report Author	Rob Foster – Programme Director Collaboration and Integration Sarah Brennan – Chief Operating Officer		
Purpose	The purpose of this report is to provide insight and oversight to the Board about the progress with integration and collaboration development and opportunities across the Trust.		

1. ICS UPDATE

1.1 Warrington Together Update

1.1.1 The Starting Well, Living Well and Ageing Well Boards are now fully established and have project management support in place to progress the workstreams which sit under them.

1.1.2 There is a planned reporting schedule for the Warrington Together Partnership Board in place which involves a rotational deep dive for each of the life cycle boards and a report from the Delivery Oversight Committee.

1.1.3 The Delivery Oversight Committee meets on a monthly basis and brings a representative of all of the life cycle groups and the enabling workstreams of Communication and Involvement, Digital, Estates, Workforce and Business Intelligence.

1.1.4 The Trust are represented on all of the groups and engaged with the different projects.

1.1.5 The Associate Director for Warrington Adults presented the deep dive into the Ageing Well workstream at the March Warrington Together Partnership Board. The projects which sit under the remit of Ageing Well were discussed as well as the development of a number of key metrics that will be developed to monitor the progress of the Board.

1.1.6   The aim of the Ageing Well Programme Board is:

Ageing Well: What are we trying to achieve? Warringtontogether
Together for a happier and healthier Warrington

People enjoy a fulfilling life as they age, feeling safe, healthy and connected within their communities.

People will age well, living independently in their home setting for as long as possible, with strengths based support where required.

Enabling people to live this way will prevent avoidable non-elective admissions and elective admissions to hospital, avoidable entry to long-term care and any subsequent associated negative impact on the individual, their family and the health and social care system as a whole.

1.1.7   The projects which currently sit under the Board are:

Our Ageing Well Programme: 3 Years 2023-2026 Warringtontogether
Together for a happier and healthier Warrington

Strategic Outcome	*People enjoy a healthy and fulfilling life as they age, feeling safe, healthy and connected within their communities.*										
Programme Outcomes	People are living independently at home for as long as possible	People are enabled to access information and can make community connection to support their well-being	People and professionals receive education and training that enables proactive self-care	People are supported to 'make the most' of their medication	Carers and families feel supported and informed	At times of crisis people receive timely, high quality, urgent care	People living in care settings receive safe, high quality personalised support	At end of life people receive proactive and compassionate care			
Projects that will Support Delivery of Programme Outcomes	Embedding the 8 Frailty Indicators in Every Contact: Education, Training and ICTs	Development of the Living Well Hub (Co-Working With)	Proactive Care Planning	Implementing 'One Front Door'	Supporting People to Make the Most of their Medications	Implementing the New Operating Model for Discharge and the Transfer of Care Hub	Effective Discharge	Virtual Wards	Enhanced Health in Care Homes	Dying Well with Dignity	
High Level Success Measures	Examples of Application and Impact of the 8 FIs	Delivering the One Front Door Offer	Roll out of Polypharmacy and Deprescribing Guidance with best practice guidance provided to clinicians.	Increased numbers of Carers Assessments Offered in Ageing Well Services	Reduction in the length of hospital stay for pathway 1 patients	Community Crisis Care and Reablement Response Targets Met	Roll Out of the Virtual Ward Model	Increased Proactive Care Planning			
Delivery Enablers	ICTs, Anticipatory Care and CLEAR	Prevention Groups e.g. CVD, Lipids Hypertension etc	Virtual Handovers and PCNs	Falls Prevention Steering Group and Falls Response	Care Home Development Group	Polypharmacy Group	Town Deal	IMC Board	Virtual Ward Group	Adult Social Care	Mental Health Servcies	VCSE	Advance Care Planning Group
Principles & Values	Being open, honest and accountable	Working with and engaging communities through community led support and good conversations	Spending money wisely	Working in partnership across PLACE	Focusing on dignity, choice and quality	Enabling our workforce	Being forward thinking	Treating people fairly & equally			

It is also proposed that dementia and falls sit under the Ageing Well Board.

1.1.8   During March, a Local Government Peer Review was undertaken to prepare Warrington Borough Council for the Care Quality Commission (CQC) new inspection framework. The findings of this review were positive, and the peer reviewers commented on the partnership in place:

'There are strong strategic partnerships across Warrington, with Warrington Borough Council respected as a valued partner and leader in the Health and Care system'.

1.1.9   The joint Office for Standards in Education, Children's Services and Skills (OFSTED) and CQC inspection for Special Educational Needs and/or Disabilities (SEND) took place in February 2023 in Warrington and the partnership is currently awaiting the formal report which will have actions for all of the partners to undertake.

1.2   **One Halton update**

1.2.1   At the February 2023 One Halton Partnership Board, there was a focus on the revised governance arrangements, priority workstreams and respective Senior Reporting Officers (SROs) to ensure the governance structure is aligned to the Health & Well Being priorities of Starting Well, Living Well, Ageing Well.

1.2.2   In addition, to the three priority areas of Starting Well, Living Well and Ageing Well, 2 further, cross-cutting priority workstreams were agreed with a focus on:

1) Tackling the wider determinants of health, and

2) Development of an Integrated Neighbourhood Model (INM).

1.2.3   The proposed SRO arrangements for the 5 priority workstream areas was the identification of joint SROs, shared between One Halton member organisations.

1.2.4   Bridgewater was identified as joint SRO for the Starting Well workstream, in partnership with the Director of Children's Services from Halton Borough Council. Bridgewater will also be an active member of all workstreams.

1.2.5   Integrated Neighbourhood Model (INM)

1.2.6   The focus on the INM model, and its prominence as a priority workstream, will continue to shape key areas of focus across the Starting Well, Living Well and Ageing well workstreams. The Family Hub model is an example of the type of integrated working model being developed in Halton.

1.2.7   Work continues to be developed to ensure consistency in the approach with One Halton partners shaping the INM vision, key features and common principles. These will be applicable to the solutions being developed across the priority workstreams, ensuring alignment and consistency in their practical delivery and roll out.

2. Strategy

2.1   The new Bridgewater organisational strategy is being presented at the Trust Board in April 2023. This builds on a process of engagement to collectively shape and influence our mission, objectives and general approach.

2.2   We have renewed our mission statement and objectives, and by taking a values and strengths-based approach to our engagement, our ambition is to engage with our staff

and jointly with our partners and communities, not as individual providers, to ensure everyone has a voice, empowering our workforce, service users and communities.

2.3   Each Directorate Leadership Team and their respective services are being supported to develop an annual operational delivery plan, using a common framework, to ensure consistency in approach, but with the scope to enable each Directorate to tailor and hone their plans to their unique challenges, needs and opportunities.

2.4   We have created the Bridgewater quadruple aims (using the principles of the Triple Aim), and will use these aims to measure delivery our Strategic Objectives through our Performance Assurance Framework and governance arrangements:

3. Provider Collaborative

3.1   The Cheshire & Merseyside Mental Health, Learning Disability and Community (MHLDC) Provider Collaborative is working together to develop and articulate the ambitions and aspirations for the next 12-18 months, in line with the national planning requirements, the Cheshire & Merseyside Health & Care Partnership strategy, and the Joint Forward Plan.

3.2   The Collaborative has had an impact since it began to operate, initially through the former out-of-hospital cell. It has led impactful transformation in managing acute demand, in delivering the nMABS roll-out (with extensive leadership and input from the Bridgewater Executive Medical Director) and in supporting the recovery of elective care through community-based elective services.

3.3   Since the autumn of 2021, the Collaborative has developed a programme of work that is predominantly focused on national priorities. This is in part a reflection of the status of the wider ICS, as it manages the transition from the previous competitive structure to one founded on integration of services at Place.

3.4   These include better management of capacity in its services and of flow between acute and community-based care, recovery of community services and waiting times post-pandemic, review, and development of new models of care for urgent care services (walk-in centres / UTCs), mobilisation of national priority services (e.g., urgent community response) and design and delivery of new Covid treatments.

3.5   The Collaborative has also demonstrated progress in other, key areas of focus including *IV therapy, mental health programmes and workforce.*

3.6   Looking forward to 2023/24, the Collaborative work programme will focus on the areas where member organisations identify opportunities to enhance the delivery of clinical services. It will also ensure alignment with, and supporting the delivery of, the Cheshire & Merseyside Health & Care Partnership strategy and Joint Forward Plan in areas such as supporting fragile services, delivering services at scale, and addressing inequality through the principles in the CORE20Plus 5 approach, with a clear focus on population health and prevention.

3.7   As part of Collaborative's development, and to ensure the right capacity and skills are focusing on the broad and differing range of initiatives and work streams as we move

forward, the existing Management Group is being updated and changed to enable equal focus on Strategic Transformation and Operational Transformation. As such, the current Management Group will be superseded by these two new groups, both of which will report into the Collaborative Forum.

4. RECOMMENDATIONS

4.1   The Board are asked to note the contents of the report

BOARD OF DIRECTORS

Title of Meeting	BOARD OF DIRECTORS	Date	6 April 2023
Agenda Item	26/23		
Report Title	PUBLIC SECTOR EQUALITY DUTY ANNUAL REPORT 2023		
Executive Lead	Paula Woods (Director of People and Organisational Development)		
Report Author	Ruth Besford (Equality & Inclusion Manager)		
Presented by	Paula Woods (Director of People and Organisational Development)		
Action Required	☐ To Approve	☒ To Assure	☒ To Note

Executive Summary
This report relates to the Trust's Public Sector Equality Duty Annual Report 2023. The report is a mandated requirement of the General Equality Duty of the Equality Act 2010 (Section 149: Public Sector Equality Duty). Specifically, all bodies subject to the Duty must publish at least annually a report that details how they evidence meeting due regard to the aims of the General Equality Duty: • Eliminating discrimination, harassment, victimisation, and other prohibited conduct. • Advancing equality of opportunity for protected characteristic groups. • Fostering good relations between people from protected characteristic groups and those not in that group. The attached report is our 2023 annual equality report, following those published annually since 2011. The report provides an overview of how we show due regard to equality in both employment and service delivery. It covers the day-to-day functions that ensure we meet our legal duties as well as some specific examples of work being undertaken that positively impacts on protected characteristic and Core20Plus5 groups. Following approval by People Committee in March 2023 this paper and the attached report are presented to Board for review and assurance of both our legal compliance and the work being undertaken to ensure we meet our legal and moral duties to our staff, patients, and communities.

Previously considered by:	
☐ **Audit Committee**	☐ **Quality & Safety Committee**
☐ **Finance & Performance Committee**	☐ **Remuneration & Nominations Committee**
☒ **People Committee**	☐ **EMT**

Strategic Objectives
☒ **Equality, Diversity and Inclusion** – to actively promote equality, diversity and inclusion by creating the conditions that enable compassion and inclusivity to thrive
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Failure to implement and maintain sound systems of corporate governance	Failure to deliver safe & effective patient care	Managing demand & capacity	Financial sustainability	Staff engagement and morale	Staffing levels	Strategy & organisational sustainability	Digital services

CQC Domains:	☐ **Caring**	☐ **Effective**	☐ **Responsive**	☐ **Safe**	☒ **Well Led**

BOARD OF DIRECTORS

Title of Meeting	BOARD OF DIRECTORS	Date	6 April 2023
Agenda Item	26/23		
Report Title	PUBLIC SECTOR EQUALITY DUTY ANNUAL REPORT 2023		
Report Author	Ruth Besford (Equality & Inclusion Manager)		
Purpose	To provide to the Board the Public Sector Equality Duty Annual Report 2023 for review and assurance following sign off at People Committee in March 2023.		

1. SCOPE

1.1 This report relates to a mandated equality requirement, part of the Equality Act 2010, (specifically Section 149: Public Sector Equality Duty), and the NHS Standard Contract (SC13.3 of the Service Conditions).

1.2 The report relates to both workforce and service delivery, and details how we show due regard to the three aims of the General Equality Duty:

1. Eliminating discrimination, harassment, victimisation, and other prohibited conduct.

2. Advancing equality of opportunity for people from protected characteristic groups.

3. Fostering good relations between people from protected characteristic groups and those not in that group.

2. INTRODUCTION

2.1 As an organisation providing services to the public the Trust is subject to the Public Sector Equality Duty and its General and Specific Duties.

2.2 The General Equality Duty is as detailed in section 1, which includes the three aims that must be considered in every part of business delivery. The Specific Duties that sit underneath the General Equality Duty are that the Trust publishes measurable equality objectives at least every four years, and at least annually publishes information about how due regard is met.

2.3 This report to the Board relates to the latter of the two Specific Duties which is our Annual Report detailing how we show due regard in employment and service delivery.

3. PUBLIC SECTOR EQUALITY DUTY ANNUAL REPORT 2023

3.1 Our Annual Report is attached as Appendix 1 to this report.

3.2 The report provides:

   a. General information about Bridgewater.

   b. Details about equality in Bridgewater, including strategy, action plans, and governance.

   c. Information on how we show due regard in employment, day to day functions and specific areas of action or good practice.

   d. Information on how we show due regard in service delivery, day to day functions and specific areas of action or good practice.

   e. Brief details of mandated reporting for workforce equality including Workforce Race and Disability Equality Standards, Gender Pay Gap, and the Equality Delivery System results for 2022.

   f. Detail on language interpretation usage for 2022.

3.3 Much of this detail is specified in the NHS Standard Contract for inclusion in the annual equality report.
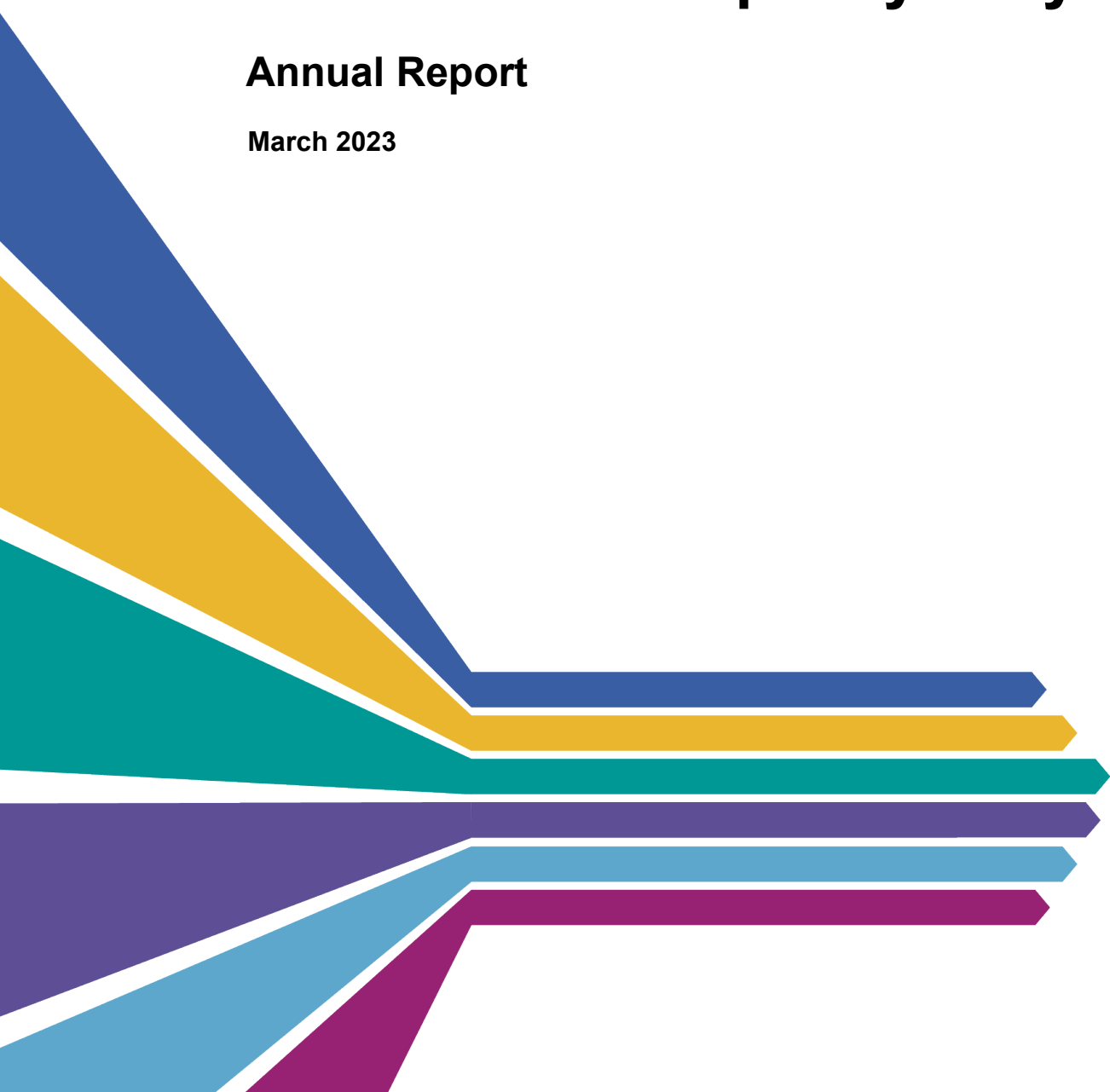
4. RECOMMENDATION

4.1 It is recommended that the Board review and accept the attached annual report as assurance of legal compliance following endorsement and sign off at the Trust's People Committee held in March 2023.

Appendix 1: Public Sector Equality Duty Annual Report 2023

NHS

Bridgewater Community Healthcare

NHS Foundation Trust

Public Sector Equality Duty

Annual Report

March 2023

Contents

Glossary of acronyms

BOOST	Building On Our Strengths Together (Programme)
BSL	British Sign Language
EDI	Equality, Diversity, and Inclusion
EDS	Equality Delivery System
GP	General Practice
HR	Human Resources
LGBTQIA+	Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, Agender/Asexual. + denotes other gender and sexual identities
NICE	National Institute of Clinical Excellence
NHS	National Health Service
PDSA	Plan, Do, Study, Act
POD	People Operational Delivery (Group)
WDES	Workforce Disability Equality Standard
WRES	Workforce Race Equality Standard

Introduction

Welcome to our Public Sector Equality Duty Annual Report for 2023.

This report will provide you with information on our equality, diversity, and inclusion activities over the last year, together with an update on our current projects.

If you have any questions or queries regarding the information in this report, or if you require the information in another language or format, please do not hesitate to contact us using the contact details below.

Thank you.

Paula Woods (Director of People and Organisational Development).

Ruth Besford (Equality & Inclusion Manager).

Contact Details:

Ruth Besford

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1st Floor Spencer House, 81 Dewhurst Road, Birchwood, Warrington. WA3 7PG

Executive Summary

The Equality Act came into force in England in 2010.

The Act brought together 116 separate pieces of equality legislation into one simplified and streamlined act that brought protection from discrimination for nine protected characteristic groups:

- Age

- Disability. This includes:

    o Physical, mental, sensory, learning, and hidden disabilities

    o Neurodivergent differences such as for example autism, dyslexia, and dyspraxia

    o Some people with long term conditions, where their impact is significant on day to day living.

- Gender Reassignment (Transgender)

- Marriage & Civil Partnership (including same sex marriage)

- Pregnancy and Maternity

- Race (Ethnicity)

- Religion or Belief, including no belief

- Sex (we recognise and value the diversity of gender identity and expression beyond the male/female binary)

- Sexual Orientation (we recognise and value all sexual identities, recognising that this is a wide and not static spectrum of personal identity)

Bridgewater also recognises other often disadvantaged and vulnerable groups. These include:

- Carers

- Military veterans and the armed forces community

- The homeless and vulnerably housed

- Asylum seekers and refugees

- Those with 'chaotic lifestyles' – drug and alcohol abuse, and sex workers

- People living in areas of high social deprivation

For organisations providing public services the Equality Act introduced a Public Sector Equality Duty (Section 149 of the Act). The Public Sector Equality Duty has two duties:

- The General Equality Duty - see below

- The Specific Duties

There are two parts to the Specific Duties:

- To publish at least annually evidence of compliance with the Equality Duty

- To publish at least every four years measurable and achievable equality objectives

This report is our 2023 compliance with the first of these two Specific Duties.

Our two actions plans, the second of the two Specific Duties, are on our website at http://bridgewater.nhs.uk/aboutus/equalitydiversity/equalityact2010/

The General Equality Duty

The General Equality Duty requires public sector organisations to have due regard to three aims in all they do:

- To eliminate discrimination, harassment, victimisation, and other conduct prohibited by the Act

- To advance equality of opportunity between people who share a protected characteristic and people who do not, the Act states that this includes:

  - Removing or minimising disadvantages suffered by people due to their protected characteristics

  - Taking steps to meet the needs of people from protected groups where these are different from the needs of other people

  - Encouraging people from protected groups to participate in public life or in other activities where the participation is disproportionately low

- To foster good relations between people who share a protected characteristic and people who do not, which includes promoting understanding of and between different groups and tackling prejudice, racism, homophobia, transphobia, religious hatred and disability harassment and hatred

Due regard means thinking about these three aims in all Trust business. This consideration should be robust, timely, conscious, and carried out with an open mind as to the outcomes.

In this report we provide brief information about the Trust, i.e. where services are delivered, the Trust's mission and objectives, including strategic equality objective, and details of the Board's anti-racism statement.

The way in which equality is managed and action plans are overseen and delivered is covered briefly, as is how we ensure due regard to the General Equality Duty in employment and service delivery is observed on a day-to-day basis.

It is expected that the information provided is comprehensive and provides assurance that due regard to equality and inclusion is embedded throughout Trust business.

The report also provides more details on some specific programmes of work being undertaken within our employment functions, and in service delivery and community engagement.

Recent updates on important accreditations including Disability Confident, Navajo, and Veteran Aware are detailed. The Trust has been privileged to receive these accreditations in 2022 and are working hard to develop, improve upon, and maintain them.

Finally, the appendices to the report will refer to language interpretation usage, and results for Workforce Disability and Race Equality Standards, Equality Delivery System 2022, and Gender Pay Gap 2022.

About Bridgewater

Bridgewater provides community services in Halton (Runcorn and Widnes), and Warrington, these services include:

- 0 – 19s services

- District nurses and community matrons

- Therapy services including physiotherapy and speech and language/communication therapies

- Specialist services such as palliative care and mental wellbeing

We also have a small number of services who deliver in St Helens and Knowsley, and our Drive Ability North West Service delivers across the North West of England.

The Trust also provides dental services across a wide geographical area within Cheshire, Merseyside, and Greater Manchester.

We have specialist dental care that provides treatment to patients who because of differing needs and vulnerabilities are unable to access high street dental services.

Figure 1: Bridgewater Map of Services
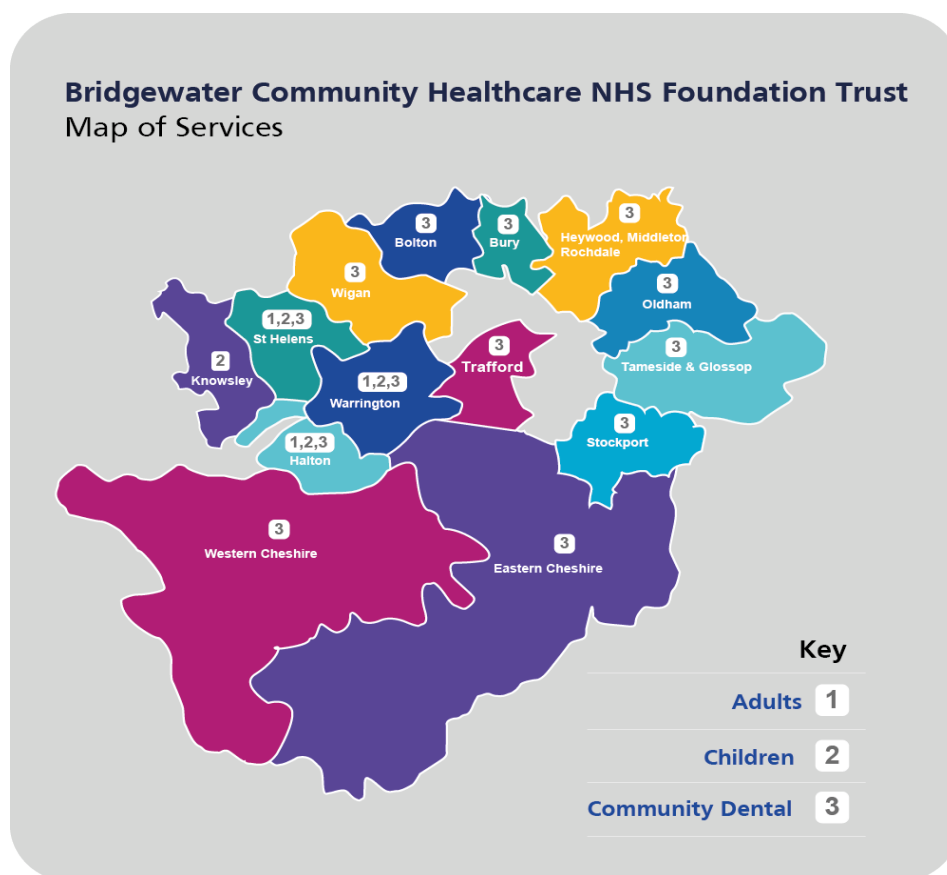
Trust Mission, Strategy and Objectives

The Trust's mission is '*to improve local health and promote wellbeing in the communities we serve*'. To do this '*we will work closely with local people and partners to promote good health and to be a leading provider of excellent community healthcare services in the North-West*'.

This mission is underpinned by our People values which are supported by behavioural statements:

Figure 2: Bridgewater People Values image

Our overarching Trust Strategy, Quality and Place, was refreshed in 2021. It details plans for the next three years to deliver high quality, place-based care, as a key partner in local care organisations. Further details can be found on our website at https://bridgewater.nhs.uk/aboutus/qualityandplace/

Our Strategy Objectives, refreshed in 2020 to add our equality objective, are:

- **Quality** – to deliver high quality, safe and effective care which meets both individual and community needs

- **Innovation and collaboration** – to deliver innovative and integrated care closer to home which supports and improves health, wellbeing, and independent living

- **Sustainability** – to deliver value for money, ensure that the Trust is financially sustainable and contributes to system sustainability

- **People** – to be a highly effective organisation with empowered, highly skilled, and competent staff

- **Equality, Diversity, and Inclusion** – to actively promote equality, diversity, and inclusion by creating the conditions that enable compassion and inclusivity to thrive.

The last objective is our mandated objective as per the Specific Duties of the Equality Act 2010. The actions to deliver it are set out in our two equality action plans, see page 10.

Anti-Racism Statement and Commitment

Bridgewater is committed to improving race equality for our staff and our communities, and to being actively anti-racist.

We are committed to improving awareness and understanding, from an individual to a Trust level, of the ways in which many of us have benefitted from privilege and systemic racial discrimination throughout our lives.

We will as a Trust demonstrate honestly and transparency; we will admit where we have gaps in knowledge, understanding, data, representation; we will be open and honest about where we believe we can do better; and we will actively facilitate and listen to the voices of our diverse workforce and communities, recognising that Black, Asian and minority ethnic groups are not a collective whole any more than 'White British' is a group with identical views, needs, aspirations and inequalities.

We will work in true partnership with our staff networks and with our wider communities to develop and deliver real and sustainable plans that address racism, discrimination, and inequality.

Equality in Bridgewater

Equality Strategy and Action Plans

Our Equality, Diversity, & Inclusion Strategy 2020 - 2023, is built on the conversations we held with our Staff Networks and is aligned to national actions such as the NHS People Plan.

The Strategy, signed off with the full commitment and active support of our Executive and Non-Executive Directors, recognises that every member of staff is a key stakeholder in the delivery of the Strategic Equality Objective and action plans for Bridgewater. The aim is to ensure that equality is fully embedded across the Trust, and integral to the everyday narrative of all our staff.

The Strategy's vision, aims and principles promote a workplace and services that are compassionate, inclusive, representative, respectful, value diversity, and embed respect and support for individual contributions, needs and aspirations.

Our Strategy will be reviewed in 2023 in consultation with our staff and staff networks, whereby we ensure equality is an integral part of every strategy across the Trust, with its own clear narrative and commitments within each.

The current strategy can be found on our **website**.

Equality, diversity, and inclusion is inherent within several programme action plans, including our Just Culture journey and Civility and Respect programme. In addition, there are specifics set out in two overarching action plans, and a number of smaller specialist plans referenced within these. The two overarching action plans can be found on the website link above and are:

- Six High Impact Areas for Equality – workforce focused

- Equality Action Plan – Services and Communities

Equality governance

Day to day responsibility sits with the Equality & Inclusion Manager, with executive responsibility in the portfolio of the Director of People & Organisational Development.

Governance is in place that provides challenge around the equality work of the Trust and provides assurance to Board. This is as follows:

- People Operational Delivery groups, or PODs. These are tasked by Board to deliver the People Plan and its People Promises across Bridgewater. There are four PODs which oversee task and finish and working groups delivering specific pieces of work. Equality is aligned to the Culture and Leadership POD, albeit the agenda is pertinent and vital to all areas of work:

  1. Culture and Leadership POD
  2. Education and Professional Development POD – talent management and succession planning, Workforce Race Equality Disparity action plan, any training identified as required.
  3. Health and Wellbeing POD – menopause, carers, and Equality Delivery System (EDS) outcomes.
  4. Recruitment and Retention POD – armed forces friendly and Veteran Aware, Disability Confident, and general support for all recruitment and retention workstreams

- People Committee

- Joint Negotiating and Consulting Committee

- HR Policy Group

- Quality Impact Assessment Panel, including equality impact assessment

- Board

There are also strong connections with the community engagement and Quality and Place Strategy working groups.

The Trust also reports to Halton and Warrington commissioners through the quarterly assurance meetings – equality has a distinct section within the NHS Standard Contract on which compliance and progress must be reported on quarterly.

And the Trust is accountable to Government Equalities Office, NHS England, and NHS North West for progress on equality specifically in relation to:

- Workforce Race Equality Standard (WRES)

- Workforce Disability Equality Standard (WDES)

- NHS Anti-Racism Framework

- Gender Pay Gap

- Equality Delivery System

All reports related to these frameworks are scrutinised through the governance structure until given final approval by the Trust's Board.

Staff voice

The annual NHS Staff Survey has a number of equality and inclusion related questions and provides all staff with an opportunity to anonymously feed back to us their views based on their own experiences of the workplace.

The Trust has seen a steady increase in the number of respondents every year, with more than half of all staff now completing the survey. We have observed an increasing number of responses from staff within diverse groups, notably those from Black, Asian, and minority ethnic heritages, and staff with disabilities and long-term conditions. This is encouraging as it is critical to our aims of really understanding the lived experience of our minority groups.

Since 2020 we have been building our staff networks to provide a safe space for the voice of diverse groups of staff. The staff networks, and their Executive sponsors are as follows:

- Carers Support Network – Chief Nurse, and Deputy Chief Executive

- Enabled Network – Director of Finance

- LGBTQIA+ Staff Network – Chief Operating Officer, and Trust Secretary

- Menopause Support Network – Trust Secretary

- Paths to Parenthood – new network in late 2022, in development

- Race Inclusion Network – Medical Director (network chair), Chief Executive, Trust Chair

The networks are also supported by the Trust's Freedom To Speak Up Guardian, ensuring that staff who raise issues can be supported to further highlight those concerns where appropriate.

A key priority for 2023 is development of the networks – membership, objectives, and programmes of work and events for 2023.

Figure 3: Staff networks logo
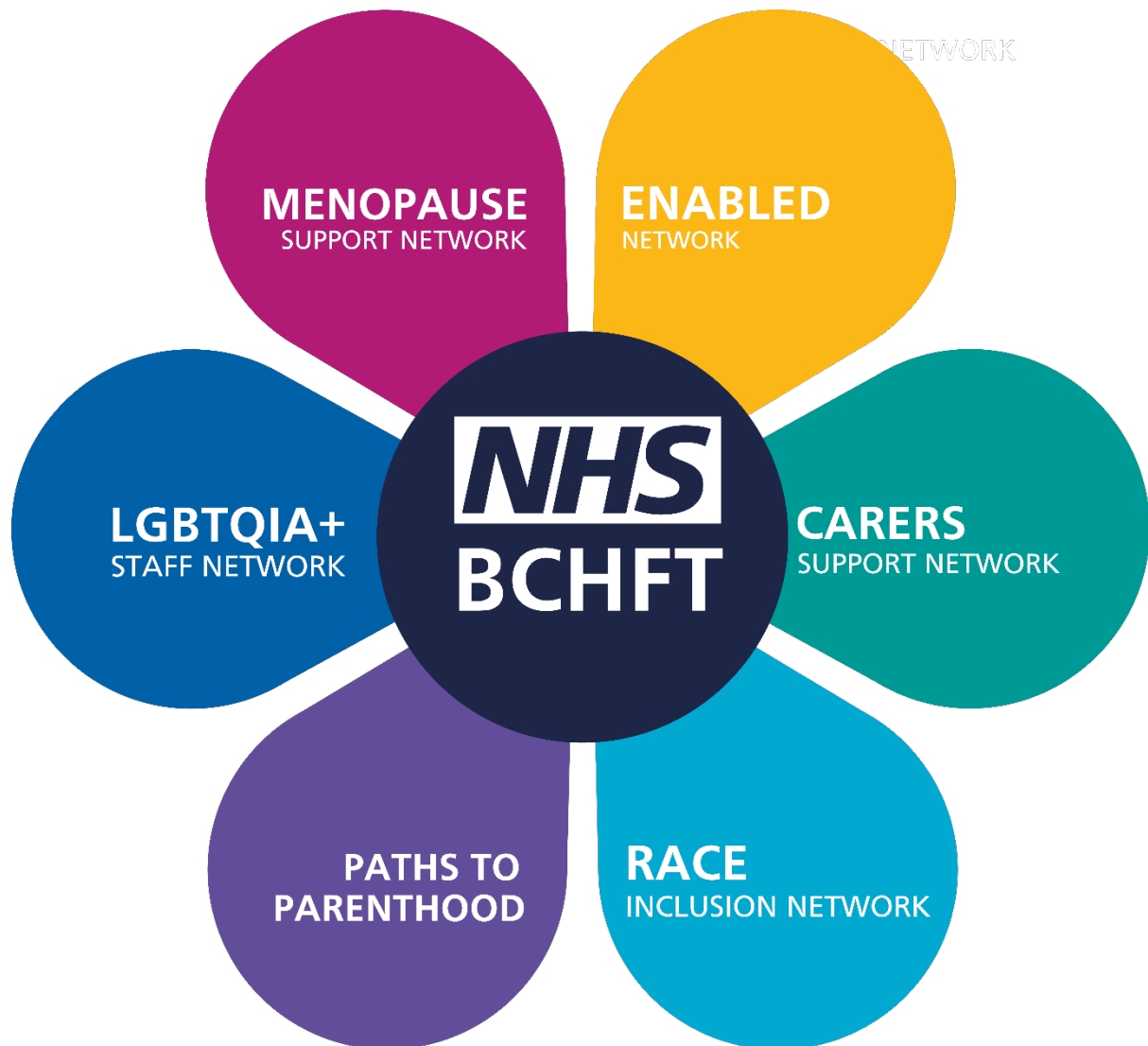
Due regard in employment

Due regard in employment requires us to consider the three aims of the Equality Duty in all workforce related issues, including for those potentially joining our Trust, and those who support our work through their invaluable volunteering contributions.

Data regarding our staff can be seen in the Appendix, but here are the fundamental functions we carry out which support due regard in our employment actions and decisions.

- The Trust's People Strategy was refreshed in 2022 with some support from the Trust's equality lead. It aligns with the national NHS People Plan and NHS People Promise, both of which have equality and inclusion throughout. Priority three of the People Strategy is specific to equality, but equality and inclusion are woven throughout the priorities set out in the document.

- All Trust workforce policies undergo scrutiny for equality impact at design or review. Sign off is not given until such time as any identified potential negative impact is addressed through minimisation or elimination.

- Policy governance is overseen through the Joint Negotiating and Consulting Committee (JNCC) and People Committee, the latter providing assurance to Board. Day to day policy design and review is managed through the HR Policy Group, where the Trust's equality lead is a management member.

- Staff-side colleagues work closely with corporate and clinical/medical leads through the Joint Negotiating and Consulting Committee and Local Negotiating Committee (LNC). Their insight and challenge on staff issues ensures the Trust considers impact, including equality impact, of workforce policy, strategy, and plans.

- The vast majority of job vacancies are advertised through the national NHS Jobs website with prospective candidates signposted to this.

- As a Disability Confident Leader, and Defence Employer Recognition Scheme Trust we offer a guaranteed interview to any candidates who identify as disabled, or an armed forces community member on their application, and who meet the essential criteria of the role.

- All job descriptions undergo thorough scrutiny and are evaluated through the Agenda for Change Job Evaluation Scheme. This is a process which has membership support from HR and Staff-side colleagues.

- All staff, except those in very senior leadership roles, are recruited on nationally agreed terms and conditions, either Agenda for Change or Medical and Dental.

- All staff can access occupational health services, who provide support and advice on health and wellbeing, including advice and support for staff with disabilities requiring reasonable adjustments.

- There are a range of other health and wellbeing support offers available, managed by the Trust's Health & Wellbeing Co-ordinator. This includes Able Futures, (the Department for Work and Pensions Mental Health Service), and Cheshire and Merseyside Resilience Hub.

- Bespoke health and wellbeing offers, for example for Black, Asian, and minority ethnic staff, are flagged to staff through staff network mailing lists and through the Bridgewater Bulletin.

- Flexible working is open to all staff, taking into consideration the needs of the service, and more than half of our staff work flexibly. Retire and return is also an option that many staff eligible to retire, have taken up in recent years.

- We make reasonable adjustments for staff with disabilities, or unpaid caring responsibilities, and these can be recorded and held by the staff member in the Trust's Employee Adjustment Passport.

- In April 2021, the costs for making reasonable adjustments for staff with disabilities was centralised in line with best practice set out by the NHS Workforce Disability Equality Standard team.

- A lot of work has been undertaken in 2022 to embed support for the working carers within Bridgwater. This has included the establishment of the Carers Support Network, and the drafting of a Carers Support Policy. The latter is due to finish governance sign off in early 2023 and will support our application to Carers UK's Employers for Carers Accreditation Scheme. Work has been led by the Trust's Health & Wellbeing Co-ordinator and HR with support from the Trust's equality lead.

- Menopause friendly cultures and workplaces have been a priority focus in the NHS and Bridgewater in 2022. Work has included the establishment of a Support Network, a Working Group, publishing of the Menopause Support Policy, events for our Health & Wellbeing Fortnight, regular communications, and practical aspects such as a roll out of Fresh Packs to services.

- In 2022 the Board signed the Armed Forces Covenant, and the Trust was successful in applications to the Defence Employers Recognition Scheme bronze level, and Veteran Aware accreditation.

- Employment, and health and safety laws also underpin our employment practice, including providing protection and reporting processes for staff from discrimination, violence, bullying and harassment.

- Staff can report incidents through a number of channels including Ulysses (for incidents related to patients/families), through online and anonymous reporting for staff incidents, directly to HR and Staff-side colleagues, and to the Trust's Freedom To Speak Up Guardian and Champions.

- The Freedom To Speak Up programme in the Trust has been refreshed in 2022, with the recruitment of staff from the staff networks into Champions roles with clear messaging regarding alignment to equality and inclusion.

- Annual data is provided by the NHS Staff Survey and through the Gender Pay Gap, and Workforce Disability and Race Equality Standards. These provide us with a profile of progression across the years, and through engagement with our staff networks we are able to identify barriers, gaps, issues, and then agree actions to take to continue the work of eliminating any discriminatory practices, or behaviours witnessed or experienced by our staff.

- We have a quality impact assessment panel that looks at service changes and the potential impact on protected groups, including within the workforce, and equality impact and risk is included within this.

- We ensure due regard through robust processes that are reported through our governance structures to Board. These structures ensure that all areas of Trust business are appropriately under scrutiny, and are, most importantly, interlinked with issues arising in our People Committee - for example being brought to the attention of our Audit, Finance and Performance Committees.

- We have undertaken awareness events for several years, but with our staff networks, are focusing more clearly on just a small number of events every year, through communications, events, and bitesize equality learning events.

- Awareness events in 2022 have focused on Gypsy, Roma, and Traveller History Month, Bridgewater Menopause Fortnight, and Ramadan.

- In September 2022 the Board held a development day looking at anti-racism, and how they as leaders embedded a culture of anti-racism. The day was facilitated by Real and Authentic Representations of Africans and Caribbeans (RARA) Education Project.

- RARA supported the Trust again in December 2022 at its Leader in Me event. These events are run throughout the year and are open to all staff. 100 members of staff joined the day looking at anti-discrimination and anti-racism. Feedback was overwhelmingly positive, with support for further events to raise awareness and provide time and space to discuss these important issues.

Outlined below is more information on our essential work programmes that support due regard in equality and inclusion.

Disability Confident

The Trust was delighted to be awarded Disability Confident Leader level in March 2022. This was in collaboration with the Shaw Trust who provided leadership, advice, and final verification of evidence of progress in relation to disability equality.

An action plan is being delivered through the Recruitment and Retention POD to fill gaps, embed best practice, and further develop our employment and service delivery practices in anticipation of re-assessment in March 2024.

Figure 4: Disability Confident Leader Logo

Navajo Charter Mark

In summer 2022 we were proud to be re-accredited with the Navajo Charter Mark for LGBT+ inclusion in employment and service delivery.

Assessed externally by Navajo staff and volunteers the re-accreditation looked at current policy and practice, and progress on the action plan agreed in 2018 when first awarded the Charter Mark.

Work has now commenced on delivery of the action plan up to 2024.

Figure 5: Navajo Charter Mark logo

Merseyside & Cheshire LGBTIQA Chartermark

Armed Forces Friendly

The Armed Forces Act 2021 placed a new due regard duty on organisations in relation to the armed forces community, due regard to the commitments of the Armed Forces Covenant.

Bridgewater has for several years been a signatory of local covenants across our boroughs, Royal Assent of the new Act felt the time was right for the Trust to review and make its own commitments to this community.

The Armed Forces Covenant was signed by Board in 2022 and set out the following additional commitments:

- **Promoting the Armed Forces:** promoting the fact that we are an armed forces-friendly organisation, to our staff, customers, suppliers, contractors and wider public.

- **Accessible health and dental services:** ensuring our services are accessible and inclusive for the armed forces community, and that there is no disadvantage suffered in accessing our services for members of the community.

- **Veterans:** supporting the employment of veterans, recognising military skills and qualifications in our recruitment and selection process; and working with the Career Transition Partnership to support the employment of service leavers.

- **Service families:** supporting the employment of service family members and providing flexibility in granting leave for service family members before, during and after deployment.

- **Reserves:** supporting our employees who are members of the Reserve Forces; granting additional leave for annual Reserve Forces training; supporting any mobilisations and deployment; and actively encouraging members of staff to become Reservists.

- **Cadet Organisations:** supporting our employees who are volunteer leaders in military cadet organisations, granting additional leave to attend annual training camps and courses; actively encouraging members of staff to become volunteer leaders in cadet organisations; and recognising the benefits of employing cadets/ex-cadets within the workforce.

- **National Events:** supporting Armed Forces Day, Reserves Day, the Poppy Appeal Day, and Remembrance activities.

The Trust was awarded Defence Employers Recognition Scheme bronze level in November 2022.

With the support of the Trust's Veteran Health Care Alliance representative, Bridgewater was delighted to be awarded Veteran Aware accredited status in February 2023. This is a significant recognition of the work undertaken so far to develop and embed armed forces friendly cultures in employment and in service delivery.

Figure 6: Defence Employers Recognition Scheme bronze award
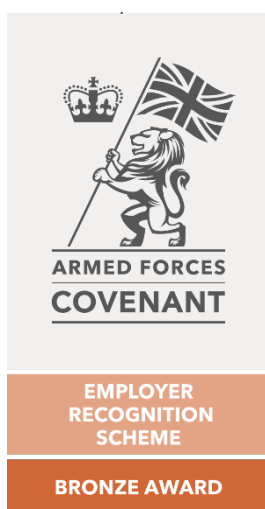
Figure 7: Veteran Aware logo

Our next steps are the delivery of an action plan through the Recruitment and Retention POD to fill those identified gaps and implement a number of actions, including refresh of communications and literature produced a number of years ago.

The Trust is part of local and regional armed forces networks and is looking to develop further engagement with the armed forces community in the workforce and in the community.

Staff Engagement Champions

The Trust has had a network of Staff Engagement Champions since 2017. These are staff who volunteer a little of their time to feed back some key Trust messages to their teams, and to feedback team messages to the Trust's senior leaders and Executives.

In 2022 it was agreed to refresh the champions programme, and to bring in a number of specialist areas that Staff Engagement Champions could volunteer to focus on. These specialists would continue to act as a conduit for messages in their teams, but would have the opportunity to access additional training and support to enable them to focus on supporting an area of interest to them.

These additional champions roles are:

- Carers Support Champions

- Digital Champions

- Enabled Champions for disability equality

- Freedom to Speak Up Champions – as per national programme

- Health and Wellbeing Champions

- Menopause Champions

- Race Equality Champions

The equality focused champions will be aligned to the Trust's equality lead. The champions will provide information to their teams about events and news, feedback issues and ideas to the equality lead, and will support where able with equality focused events They will also act as support to staff in certain areas (for example disability peer support, LGBTQIA+ buddy, or support for new international staff).

Apprentices

The Trust is increasingly utilising apprenticeship programmes as a way of offering on-the-job training and development opportunities to individuals who are new to the sector or looking to progress within their current role. The apprenticeships are proving to be powerful for promoting equality, diversity, and inclusion within the workforce and community.

Increased apprenticeship opportunities:

Increased apprenticeship opportunities are being provided for those who may have no prior experience in the sector but who have the potential to succeed and make valuable contributions to our workforce. This approach helps to break down barriers to entry and create more inclusive workplaces that reflect the diversity of our wider community.

Supporting existing staff:

In addition to providing external apprenticeship opportunities, our programmes also provide existing staff with opportunities to develop and progress. This helps to ensure that all members of our can achieve their full potential, regardless of their background or previous experience.

By investing in our staff through apprenticeships we are demonstrating our commitment to promoting equality, diversity, and inclusion at all levels of our organisation.

Engaging with our local partners:

The Trust regularly engages with local partners including schools, colleges, youth organisations, and local Job Centres, to support members of our community to access our vacancies. By offering job application and interview advice and guidance, we are helping to break down barriers to entry and ensure everyone has an equal opportunity to succeed. This approach also helps to build stronger connections between our organisation and the wider community, promoting a more inclusive and collaborative working environment.

Supporting learning needs:

We recognise that everyone learns differently and that some individuals may require additional support to complete their apprenticeship successfully. That is why we are committed to supporting all apprentice learners who have dyslexia or other learning needs to access and complete our programmes. By providing additional support, including access to diagnosis and workplace assessment, we are ensuring that everyone has an equal opportunity to succeed and contribute to our workforce.

Maths and English qualifications:

We offer our staff the opportunity to gain Maths and English qualifications, enabling them to apply for higher level apprenticeship opportunities. This approach is particularly important for promoting diversity and inclusion as it helps to ensure that everyone has an equal opportunity to progress and achieve their full potential, regardless of their previous education or qualifications.

The Trust is demonstrating its commitment to creating a more inclusive and equitable workplace for all. We will continue to work hard to ensure that our apprenticeship programmes remain a driving force for positive changes within our organisation and the wider community.

Just Culture, and Civility and Respect

The principles of our Just and Learning Culture programme are being continually assimilated and embedded into routine practice.

In essence a Just and Learning Culture is fundamental and integral to the culture of the Trust underpinned by an emphasis on the values and behaviours of civility and respect, kindness, and compassion. The Trust has made significant progress in reviewing and revising its human resources, employee relations policies and procedures to ensure that justice and inclusion are cornerstones of practice.

Promotion of our Just and Learning Culture has expanded with routine delivery of training to new employees and learners in addition to the established workforce.

A programme of Civility and Respect training has been developed and delivered to staff groups with whom it has been well received and successfully evaluated in the context of insight into behaviours and commitment to improve where necessary.

This agenda features on our Corporate Induction Programme that we run monthly.

Due regard in service delivery

Due regard to our patients, their families, and carers, and our diverse communities requires us to consider the three aims of the Equality Duty in all service delivery and healthcare related issues. This includes a focus on accessibility, experience, outcomes, and inequalities.

Outlined below are the fundamental functions which support and promote due regard in our employment actions and decisions.

- The Trust's Quality and Place Strategy, Strategic Objectives, Mission, and Values, all have equality and inclusion embedded. Valuing diversity and meeting individual needs are at the heart of the Trust's delivery of community and specialist dental services.

- Equality is a regular feature on Committee agendas up to Board. Monthly attendance by the equality lead is required at the Trust's Senior Leadership Team meetings where issues, strategy, and delivery of the strategy in services is discussed. This allows equality issues and impacts to be discussed and understood before decisions are made.

- All Trust policies, procedures and guidelines related to patients and services have an equality impact assessment completed by the Trust's equality lead as part of consultation. Final sign off is given through the governance pathway from the Trust's Corporate and Clinical Policy Group on to our Quality & Safety Committee and ultimately, to Board.

- All policies are drafted and reviewed by subject matter experts and are reviewed by a large consultation group that includes clinical and corporate staff. Clinical policies are taken from national best practice including NICE guidelines and the Royal Marsden Manual of Clinical and Cancer Nursing Procedures.

- Many policies relate at least in part to equality, but of particular note are the Equal Opportunities Policy, Language Interpretation Policy, Reasonable Adjustments for Patients Policy, and Violence and Aggression Policy. Policies also cover consent, Mental Capacity Act, and Safeguarding, which includes child sexual exploitation, female genital mutilation, honour-based violence and other topics.

- All Trust staff must undertake mandatory training, of which some is standard for all and some role specific. This includes equality eLearning every three years that covers legislation and also scenario-based learning.

- Many Trust services are commissioned and designed to support people from protected characteristic groups, for example children's services, including

those for children and young people with additional and specific needs related to disability, long term, and life limiting conditions.

- Services can be delivered in many cases at a place suited to patient need, many services are domiciliary, or in schools or community venues. Some services meet with patients in safe spaces determined by the patients. There are of course some services that are less easy to move about, for example dental, but these services also look at how they can offer care within people's homes and places of residence where the treatment involved allows.

- EDS2022 looked at two services connected to NHS Core20Plus5 maternity outcomes – Health Visiting Halton, and Family Nurse Partnership Warrington. The evidence gathering, engagement with services, and evaluation allowed us to demonstrate how these two services, part of the wider 0 – 19 Children's Services in these boroughs show due regard to the three aims of the General Equality Duty, and embed individual patient and community need at the heart of service delivery.

- A review of these two services evidenced how at service level the Trust engages with patients, communities, partners, and voluntary sector organisations to support the best outcomes for patients and families. Service action plans are agreed and implemented to support improvements and sharing of best practice.

- Patient data in relation to equality can be challenging for the Trust as many fields are not mandatory for completion and of course patients have the choice not to declare this information. EDS2022 demonstrated how some services have undertaken review of their records and standard letters to ensure inclusion for diverse gender and sexual identities, same sex marriage/civil partnership, and diverse family units within their service delivery.

- The 0 – 19s Children's Chat Health service offers free and confidential health advice for 11 – 19 year olds in Halton and Warrington. This includes topics such as sexual health, gender identity, and sexual identity.

Figure 8: Chat Health logo

- Patient experience reports are collated monthly and shared within governance structures, through to Board. Patient stories are a regular Board agenda item, both good news stories, and stories where things may not have gone to plan, and lessons have been learned through governance reviews.

- The Trust's incident reporting systems and Freedom to Speak Up processes ensure that any issues in relation to patient experience are flagged, recorded, analysed, and lessons learned and shared.

- The 0 – 19 Children's Service Leads have been engaging with Irish Community Care to deliver some awareness/training sessions with all staff in spring 2023. This will look at access and outcome for Gypsy, Roma, and Traveller communities in our region.

- All services have access to interpretation and translation providers, this includes information and communication support in community languages, BSL, and other formats such as audio, easy read and Braille. Please see Appendix 6 for our language interpretation usage in 2022.

- The Trust has action plans for d/Deaf patients following engagement led by Liverpool CCG on behalf of all local providers, and for the Accessible Information Standard. These are monitored by our commissioners in Halton and Warrington.

- The Trust's internet has been refreshed in 2022, based on national accessibility guidelines. The website hosts ReachDeck accessibility software that allows patients to tailor their view to best suit their needs, whether this is translation, screen masks, text to speech, or creation of MP4 files.

- The house writing guide for leaflets and patient information was refreshed in 2022 based on national accessibility guidelines. The new templates are created to allow easy access using digital technology, but paper copies, translations and other formats will always still be produced based on patient need.

- AccessAble have produced access guides to some Trust clinics through Community Health Partnerships, our landlord in some services. These are available on their website, and the Trust is looking to engage with AccessAble about guides for our Trust owned buildings in 2023-2024.

- Staff are supported by the internal Library Service who advise on updated NICE guidance, changes to legislation, current news, and who provide an invaluable source of support in developing the patient policies, procedures, and guidelines.

- The Trust's services are effectively supported by our Safeguarding Teams, with staff and named nurses working collaboratively with outside agencies to ensure the most vulnerable in our communities are identified and supported.

- There is robust health and safety, and risk management in place with policy, training, and governance to ensure the safety and wellbeing of staff and patients accessing services.

- Our Just Culture programme referenced earlier in the report is an improvement tool that, through the creation of a psychological safe space for staff, enables everyone to speak up when they experience an instance where something did not go to plan and/or was unexpected, including in patient care. This programme and culture change should ensure ongoing improvements for patients in the delivery and outcome of care.

- The Trust has a strong focus on the 'voice of the child' and has published information and training to support staff in this important area. The webpage introduction states:

    - *The voice of the child is a phrase used to describe the real involvement of children and young people. It means more than seeking their views, which could just mean the child saying what they want, rather than being really involved in what happens. Lord Laming said of Victoria Climbié that no-one could describe a day in her life.*

    - *Children and young people should have the opportunity to describe things from their point of view. They should be continually involved, and have information fed back to them in a way that they can understand.*

    - *There should always be evidence that their voice has influenced the decisions that professionals have made. Voice of the child can help others gain a sense of a child's life experience.*

    - *Understanding the life experience can help professionals make the right decisions for children.*

- We understand that patients and carers are often best placed to gauge how services are performing. Patient Partners is an approach that aims to actively encourage patients, their families and carers to work in collaboration with services to identify areas for improvement in quality of care and service delivery. A network of clinical staff meets regularly to discuss and share good practice in involving patients and carers in service improvement activities. The network aims to ensure all services continually listen to the unique insight of patients and carers in order to inform service development and to improve patient care and service quality.

- Our public governors have a key role to play as a link to our local communities, and we have public governors for each of our boroughs. Most will also have strong links with local voluntary sector organisations where they have a particular personal interest, for example due to a family member having a disability; and while their role isn't to act as a mediator, they can provide valuable feedback from these groups when other charity service users have accessed Trust services.

- The Trust published its Carers Strategy in 2022 in recognition of the valuable support that unpaid carers provide the NHS, and their often unmet health and wellbeing needs

- Trust teams undertake regular communications and awareness raising to ensure all staff are aware of diverse need and experience. This includes annual religious and cultural events such as Ramadan, Diwali, and Spring Festival, and also awareness raising such as hate crime awareness, violence against women, and safeguarding children.

- As stated earlier in the report the Trust was awarded a number of accreditations in 2022 that recognise equality in service delivery, and action plans are being implemented to continue to improve in these areas:

  - Disability Confident Leader

  - Navajo Charter Mark for LGBT+ inclusion

  - Veteran Aware

- To help us to consider our equality impact, and to support us in meeting due regard to equality, we use borough health inequality documents; these provide local population demographics by protected characteristic, and inequalities information for protected groups.

Outlined below is some more information on important work programmes that support due regard in equality and inclusion.

Quality and Place 2023

Since the publication of our original Quality and Place Strategy in 2018 the NHS has seen some significant changes and challenges.

In 2022 the launch of the Health and Care Act, and the subsequent establishment of Integrated Care Systems, has changed the NHS landscape:

- New Integrated Care Boards and Integrated Care Partnerships bringing together NHS providers, commissioners, local authorities, and other partners

to design and deliver services that will effectively address the health inequalities so starkly and tragically evidenced by the Covid 19 pandemic.

- New place-based approaches and teams with new levels of autonomy to address disparity in equality at local levels – for Bridgewater mainly Cheshire and Merseyside, with some provision in Greater Manchester.

- Launch of Provider Collaboratives, smaller groups of NHS Trusts based on specialism whether that is acute hospital Trusts, specialist Trusts for cancer care for example, and community and mental health Trusts.

Professor Sir Michael Marmot and the Institute of Health Inequity present a compelling picture about the health inequality challenges nationally, regionally and locally to Bridgewater.

Whilst these changes and challenges present complexity and uncertainty at the moment they also present a great opportunity for the NHS and its partners.

Through the delivery of the Trust's current Quality & Place strategy, we have made fundamental changes to our internal governance and ways of working – devolving greater levels of decision-making and leadership autonomy to our directorates, teams and front line staff.

We now have an opportunity to:

- Embrace the opportunities of the new health and care act.

- Build on the great foundations and progress of the current Quality & Place strategy.

- Ensure new priorities, 'must dos', and opportunities are identified and embedded as we move forward.

- Ensure our approach and actions deliver our mission to improve the health and wellbeing of local people.

In 2023 we are refreshing our Quality and Place Strategy to ensure it remains aligned to national, regional, and local priorities and plans. Underpinning this, we want to use this strategy refresh to launch a new, continuous, and collaborative approach to our engagement and relationship with local people and local communities, embracing and embedding a strengths-based approach in how we co-design and co-produce services, support, care and health creation.

Digital inclusion

The Covid 19 pandemic led to a very rapid change in how NHS services were delivered, moving many patient contacts into a digital or remote format, whether that was telephone consultations, video appointments, or information sent digitally.

While this change has been great for many people, supporting them to access services in a way that suits their work and home lives, for others it has led to the potential for further exclusion.

Evidence shows that there are particular groups that are more likely, though not unilaterally or exclusively, to be excluded digitally, whether that is through access to technology and smart devices, financial constraints, language and communication barriers, or other factors.

As a Trust we are working to engage with our communities and voluntary sector organisations to understand the reasons and issues behind digital exclusion. And we are considering steps that we could take as an anchor organisation in our communities to upskill and digitally enable communities.

Digital will never and should never be the default option for all. However, we believe that by better engaging with digitally excluded groups, seeking to remove barriers, and upskilling where appropriate, and simply acknowledging that for some groups digital is not a solution, we can identify the inequalities that are a consequence of digital exclusionary policies and practices.

Learning disabilities

The Trust has a small working group that meets to discuss action plans agreed following the regular submission of data and evidence to the national NHS Learning Disability Improvement Framework.

Actions this year have included engagement with local groups, a competition for service users to develop a working group logo, co-development of a talk to us form for learning disability patients with service users, relaunch of the Trust's learning disabilities webpage, and publishing of a regular newsletter.

Veterans and armed forces community

In February 2023 we were proud to be awarded Veteran Aware accreditation through the Veterans Health Care Alliance. This allowed us to join more than 100 other NHS Trusts who work to ensure equitable access and outcome for members of the armed forces community in our boroughs.

The armed forces community is itself diverse, including veterans and service leavers, reservists, adult cadet force volunteers, and of course family members. Needs can vary, can be based on injury sustained in service, or can result from frequent moves

around the country and abroad, but the community as a whole can suffer disadvantage when accessing public services, something recognised within the Armed Forces Covenant.

As stated earlier the Trust has an action plan to continue to improve its offer to the armed forces community, particularly in our service delivery, and this is led by our Champions Dyad of Chief Operating Officer, Public Health Lead, and equality lead.

Community Health and Wellbeing Workers

Figure 9: Community Health and Wellbeing Worker logo

The Community Health and Wellbeing Worker pilot is a new model of care that provides universal and integrated geography-based outreach in peoples own homes, based on the Brazilian Family Health Strategy model. It is currently running within the Oakwood area of Birchwood, which according to the Index of Multiple Deprivation is ranked in the top 20% of the most deprived areas in the UK.

This is a proactive approach, whereby the Community Health and Wellbeing Workers actively seek out engagement in the service at a household level, thereby allowing for the discovery of unmet health needs, with the ultimate aim of reducing inequality.

Developing links with all community services that affect any of the social determinants of health, including charities, voluntary organisations and GP services allows for connections to be developed between service users and providers, allowing for increased support for those most in need.

Employment requirements are kept to a minimum to allow for increased diversity in the team of Community Health and Wellbeing Workers, with the aim of employing as locally as possible.

BOOST

The Trust's approach to transformation and quality improvement is known as the BOOST (Building On Our Strengths Together) programme.

The approach features a strong ethos of staff inclusion and engagement, with programmes of work being agreed and developed from the "bottom up" – usually

starting with a series of staff workshops that are open to staff at all levels within the organisation, where ideas are gathered to form the basis of directorate and service work streams.

BOOST's methodology is based on NHS England's Change Model, using simple PDSA (Plan, Do, Study, Act) cycles to drive change, and is supported by the Trust's Transformation Team.

Upon creation of a transformation or quality improvement plan, follow up staff workshops are arranged, to ensure that staff engagement remains central to the steering and delivery of the plans.

Progress with transformation and quality improvement plans are monitored by the Trust's Transformation Council to ensure appropriate governance is in place, and that plans have high visibility within the organisation.

Governors

As an NHS Foundation Trust we have some devolved decision making authority, with our members and governors supporting and challenging the Trust in our strategy and how we operate and run services.

Our members can be service users, carers, staff, and other local people interested in Bridgewater. They represent the areas in which the Trust delivers services, i.e. Halton, Warrington and those parts of the North West region where we provide community dental services including Bolton, Oldham, Rochdale, Bury, Ellesmere Port, St Helens, Widnes, Warrington and Leigh.

We strive to ensure our members are representative of the communities in which they live. When recruiting members we pay due regard to the diversity of an area and endeavour to encourage people from a diverse range of groups through targeted engagement with local groups.

Our public governors are elected by our members to undertake specific roles, including the appointment of the Trust Chair and non-executive directors, and holding the Board to account on decision making and progress; we make every effort to encourage diversity in applications to public governor roles as they are advertised.

Looking at just one protected characteristic - race and ethnicity, we know that the most culturally diverse of our constituencies is the Rest of England which represents our community dental services and as described serves a large, culturally diverse population. Trust public members in 'Rest of England' area are currently predominantly White (English, Welsh, or Scottish British), but there are a number who describe their ethnicity as Asian/Asian British-Indian or Pakistani, and black/British Caribbean. Although there are no governors from an ethnic minority background at present, we have attempted to actively engage with communities in

advance of public governor elections – attending community events in Bolton and Oldham.

In the summer of 2022, the Trust held elections for several governor vacancies. In advance of the elections, we contacted groups and organisations whose members use our services. We were delighted when a member of staff from a local Deaf organisation was elected a public governor and ensured the induction into the organisation was fully supported and enabled. Unfortunately, due to personal reasons, the individual has since resigned their governor position but we continue to work with the sector in an effort to build on these firm foundations and encourage further participation in forthcoming elections.

We have also utilised the knowledge of one of our Non-Executive Directors to target our recruitment activity within the ethnic communities in Greater Manchester, and have successfully recruited a partner governor representing the voluntary/ third sector in the Halton area.

Many of our serving governors are members of groups/organisations that support our communities including Warrington Foodbank, Healthwatch Halton, Healthwatch Warrington, and parent/carers support networks.

Our staff governors are elected by our staff members. Again, we are seeking to harness the knowledge of our colleagues who are members of our Race Inclusion Network, Enabled Network, and other staff networks, by encouraging them to consider standing for election in 2023.

It is important our Council of Governors is reflective of the communities they serve and the staff they represent, and we make every effort to consider the diversity of the towns where we deliver services. We remain cognisant of the need to encourage greater representation of culturally diverse and challenged sectors and shall be working closely with those groups in the months to come.

Appendix 1 – EDS2022

The Equality Delivery System, or EDS, was refreshed by NHS England in 2022 to streamline and align its outcomes to Core20Plus5, and to staff health and wellbeing following the Covid 19 pandemic and ongoing disparity in workplace experience for some groups within the workforce.

The 11 outcomes of EDS2022 cover three domains:

- Service delivery

- Workforce experience

- Inclusive leadership

In partnership with providers and equality leads in the Cheshire and Merseyside Integrated Care Board the Trust focused for EDS2022 on two services for domain 1:

- Health Visiting Halton

- Family Nurse Partnership Warrington

Both services aligned to the maternity element of Core20Plus5 – as a collaborative most providers in the region looked at elements of maternity, some general and some very specialised, to give a holistic view of maternity provision and outcome across our boroughs.

Engagement for evidence review and grading was undertaken with stakeholders from staff side and staff networks, and peer review was given, with thanks to them, by local Health Watch representatives.

The full EDS2022 report can be viewed on our website, but results are detailed below.

EDS2022 Domain and Outcome	Rating
Domain 1: Commissioned or provided services	
1A: Patients (service users) have required levels of access to the service	Developing
1B: Individual patients (service users) health needs are met	Achieving
1C: When patients (service users) use the service, they are free from harm	Achieving
1D: Patients (service users) report positive experiences of the service	Achieving
Domain 2: Workforce health and wellbeing	
2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD, and mental health conditions	Achieving
2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	Excelling
2C: Staff have access to independent support and advice when suffering stress, abuse, bullying, harassment, and physical violence from any source	Achieving
2D: Staff recommend the organisation as a place to work and receive treatment	Under-developed
Domain 3: Inclusive leadership	
3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	Excelling
3A: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	Excelling
3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	Excelling
Overall rating	**Achieving**

Appendix 2 - Gender Pay Gap 2022

The full report for Gender Pay Gap at 31st March 2022 can be found on our [website](#), but please see below in brief our 2022 results.

	March 2019		March 2020		March 2021		March 2022	
Percentage of male and female staff in quartiles								
	Female	Male	Female	Male	Female	Male	Female	Male
1	660	57	397	44	370	50	371	50
2	621	61	416	24	397	23	391	30
3	626	42	415	25	392	28	395	26
4	707	97	373	67	364	56	367	54
Mean Gender Pay Gap								
Percentage %	22.38		25.35		16.14		14.45	
Cost £	4.53		5.56		3.26		2.95	
Median Gender Pay Gap								
Percentage %	1.54		9.19		2.37		0.34	
Cost £	0.23		1.56		0.38		0.06	
Bonus pay								
Note	No bonus pay gap, all clinical excellence awards to female staff in relevant period							

Appendix 3 – Workforce Disability Equality Standard 2022 (WDES)

The full report for WDES 2022 can be found on our [website](#), but please see below in brief our 2022 results.

Metric

1. Percentage of staff in each AfC Band 1-9 or Medical and Dental pay grades, compared with the percentage of staff in the workforce overall. Disaggregated by non-clinical staff, clinical staff, and medical and dental staff. *Note rounding up of numbers may mean a slightly higher figure than 100% is seen in the below. A * means that numbers are below 10 and therefore not published for data protection.*

	Non-clinical			Clinical		
	Disabled	Not Disabled	N/S	Disabled	Not Disabled	N/S
AfC1 - 4	10	219	52	*	224	91
AfC5 - 7	*	77	22	27	630	158
AfC8a – 8b	0	14	*	*	40	22
AfC8c - VSM	*	12	13	0	*	*
Medical and Dental Grades:						
Consultants	0	*	*			
Non-Consultant Career Grade	0	52	19			
Trainee Grades	0	0	0			

2. Relative likelihood of being appointed from shortlisting across all posts	0.69 times more likely to be appointed if you are not disabled
3. Relative likelihood of entering capability processes	No formal capability procedures related to performance No formal capability procedures related to ill health for staff with a disability

Metric	
4. **A) Percentage of staff experiencing bullying, harassment, and abuse from patients/relatives/public in last 12 months**	27.5% Disabled 17.6% Not Disabled
Percentage of staff experiencing bullying, harassment, and abuse from managers in last 12 months	12.8% Disabled 5.1% Not Disabled
Percentage of staff experiencing bullying, harassment, and abuse from staff in last 12 months	18.7% Disabled 12.6% Not Disabled
B) Percentage staff reporting bullying, harassment, and abuse in last 12 months	40.5% Disabled 55.6% Not Disabled
5. **Percentage believing the Trust provides equal opportunities for career progression and promotion**	51.8% Disabled 60.0% Not Disabled
6. **Percentage feeling pressure by manager to attend work even when feeling unwell**	28.3% Disabled 10.1% Not Disabled
7. **Feeling valued by the Trust**	35.5% Disabled 50.1% Not Disabled
8. **Satisfaction that reasonable adjustments made to support them in their work**	73.4% Disabled
9. **A) Staff engagement score (Disabled staff only)**	6.7 Disabled 7.3 Not Disabled
B) Have you taken action to facilitate the voices of Disabled staff	Yes
10. **Percentage difference between Board membership and overall workforce** **Disaggregated by voting and non-voting members**	-3.0% Disabled -32.0% Not Disabled 35.0% Not Stated

Trust Overall Workforce:

Disabled: 52 (3.02%)

Non-Disabled: 1281 (74.39%)

Unknown: 389 (22.59%)

Appendix 4 – Workforce Race Equality Standard 2022 (WRES)

The full report for WRES 2022 can be found on our [website](#), but please see below in brief our 2022 results.

Indicator						
1. Percentage of staff in each AfC Band 1-9 or Medical and Dental pay grades, compared with the percentage of staff in the workforce overall. Disaggregated by non-clinical staff, clinical staff, and medical and dental staff						
	Non-clinical			**Clinical**		
	White	**Black, Asian, or minority ethnic**	**Not stated, or unknown**	**White**	**Black, Asian, or minority ethnic**	**Not stated, or unknown**
Under AfC Band 1	*	*	0	0	0	0
AfC1	0	0	0	0	0	0
AfC2	94	*	*	39	*	*
AfC3	131	*	*	121	*	*
AfC4	40	*	0	133	*	*
AfC5	41	*	*	245	18	*
AfC6	32	*	*	341	16	15
AfC7	15	*	*	168	*	*
AfC8a	10	0	*	59	0	*
AfC8b	*	*	0	*	0	0
AfC8c	11	0	0	*	*	0
AfC8d	*	0	0	0	*	*
AfC9	*	0	0	0	0	0
VSM	*	*	*	*	0	0
Medical and Dental Grades:						
Consultants	*	*	*			

(Senior medical manager)	*	0	*
Non-Consultant Grade	45	20	*

2.	**Relative likelihood of being appointed from shortlisting across all posts**	1.17 times more likely to be appointed if you are White
3.	**Relative likelihood of entering formal disciplinary processes**	0.0 times more likely to enter formal disciplinary processes if you are Black, Asian, or minority ethnic
4.	**Relative likelihood of accessing non-mandatory training/CPD**	0.57 times more likely to access this training if you are Black, Asian, or minority ethnic
5.	**Percentage of staff experiencing bullying, harassment, and abuse from patients/relatives/public in last 12 months**	Black, Asian, or minority ethnic 22.2% White 20.1%
6.	**Percentage of staff experiencing bullying, harassment, and abuse from staff in last 12 months**	Black, Asian, or minority ethnic 13.3% White 16.9%
7.	**Percentage believing the Trust provides equal opportunities for career progression and promotion**	Black, Asian, or minority ethnic 51.1% White 58.9%
8.	**In the last 12 months personally experiencing discrimination from manager/team leader/other colleagues**	Black, Asian, or minority ethnic 13.3% White 3.6%
9.	**Percentage difference between Board membership and overall workforce** **Disaggregated by voting and non-voting members**	White -17.4% Black, Asian, or minority ethnic 7.6% Not Stated 9.8%

Trust Overall Workforce:

Black, Asian, and minority ethnic: 99 (5.75%)

White: 1,562 (90.7%)

Not stated: 61 (3.5%)

Appendix 5 – Workforce Equality Data

Please see in the table below information on the workforce by protected characteristic group as at the snapshot date of 31st December 2022.

Staff Equality Demographics (excluding Bank, career break, and external secondment)		Clinical Staff	Non- Clinical Staff
Age	Under 21	*	*
	21 – 30	137	32
	31 – 40	311	64
	41 – 50	350	96
	51 – 60	305	164
	61 – 70	93	47
	Over 70	*	*
Disability	No	949	324
	Yes	36	22
	Not Stated	213	68
Pregnancy and Maternity	Maternity and adoption (pregnancy not recorded on staff record except for sickness absence purposes)	33	*
Race/Ethnicity	Asian, Asian British (inc Indian, Pakistani, Bangladeshi, Sri Lankan, and other)	48	*
	Black British, Black African and Caribbean	*	*
	Chinese	*	*
	Mixed ethnicity	11	*
	Other Ethnicity	*	-
	White, (inc White British, Irish, European, and Other)	1103	385
	Not Stated	24	*
We recognise that the figures above do not reflect the diversity of our multi-racial workforce. However, figures for minority ethnic staff are too low to report when disaggregated into detailed individual identities, so we have aggregated them to provide reportable figures			
			Continued…

Staff Equality Demographics (excluding Bank, career break, and external secondment) continued.		Clinical Staff	Non- Clinical Staff
Religion/Belief	Christianity	581	199
	Islam, Buddhism, Hinduism, Sikhism	37	*
	No Religion	121	38
	Other	69	20
	Not Stated/ Do Not Wish To Disclose	390	151
Gender Identity	Male	92	72
	Female	1106	342
Our Electronic Staff Record records gender as identified by the member of staff, however we recognise that at this time for gender identity, and also sexual identity, there is limited capability to record the full spectrum of identities and this is being reviewed nationally			
Sexual identity	Heterosexual	873	311
	LGB+	11	14
	Not Stated/Do Not Wish To Disclose	314	89
Note: Where numbers are 10 or below the figure is replaced with * to protect identity			

Appendix 6 – Language Interpretation 2022

The provision of language and communication support for people whose first language isn't English, or for people with disabilities or impairments with communication support needs, is very important for effective and safe provision of care, and equity of outcome.

As a Trust through the EDS Collaborative we have implemented the use of a language interpretation quality standard for procurement of interpretation services across Cheshire and Merseyside providers.

Total	Bookings
Face to Face	1,751
Telephone	227
Video	41
Translation	54
Total	2,073

Most frequently requested languages for face-to-face interpretation have been (by number of bookings):

- Urdu - 344
- Bengali - 225
- British Sign Language - 196
- Polish - 165
- Arabic – 137

For translations this has been:

- Arabic - 15
- Urdu – 7
- Polish – 6
- Simplified Chinese – 6
- Turkish – 6

And for video remote interpreting:

- Turkish - 7
- Polish - 4
- Tamil - 4
- Kurdish Sorani- 4

We have been working closely with our language interpretation provider throughout 2022 as we have worked through difficulties sourcing particularly face to face interpretation in some languages, especially Kurdish Sorani, Farsi, Albanian, and Ukrainian.

There are different factors that are influencing this issue including a shortage of trained interpreters in the region, and a culture change to home working. Our language interpretation provider has worked to actively recruit throughout 2022.

Committee Chair's Report

NHS Bridgewater Community Healthcare NHS Foundation Trust

Name of Committee/Group:	People Committee	**Report to:**	Board of Directors
Date of Meeting:	15 March 2023	Date of next meeting:	10 May 2023
Chair:	Abdul Siddique, Non-Executive Director	Parent Committee:	Board of Directors
Members present/attendees:	**Members** Abdul Hafeez Siddique, Non-Executive Director (Chair) Tina Wilkins, Non-Executive Director Linda Chivers, Non-Executive Director Dame Elaine Inglesby, Non-Executive Director Paula Woods, Director of People & Organisational Development Sarah Brennan, Chief Operating Officer In attendance Jo Waldron, Deputy Director of People & Organisational Development Mike Baker, Deputy Director of Communications and Engagement Tania Strong, Interim Head of Human Resources Adie Richards, Education and Professional Development Lead Ruth Besford, Equality and Inclusion Manager Denise Bradley, Unison Bridgewater Branch Secretary & Staff Side Chair Katherine Summers, IPC Nurse Andi Sizer, Principal Lead for Public Health attending on behalf of Dr Ted Adams, Medical Director Samantha Scholes, Head of Governance attending on behalf of Jan McCartney, Trust Secretary Jeanette Hogan, Deputy Chief Nurse attending on behalf of Lynne Carter, Chief Nurse **Observers** Christine Stankus, Governor Observer	Quorate (Yes/No):	Yes
		Key Members not present:	Member: Dr Ted Adams, Medical Director Member: Lynne Carter, Deputy Chief Executive & Chief Nurse Attendee: Jan McCartney, Trust Secretary Attendee: Helen Hollett, Head of Leadership and Organisational Development Attendee: Kathryn Sharkey, Head of Workforce Observer: Sarah Power, Governor Observer Observer: Rachel Game, Governor Observer

■	No assurance – could have a significant impact on quality, operational or financial performance;
■	Moderate assurance – potential moderate impact on quality, operational or financial performance
■	Assured – no or minor impact on quality, operational or financial performance

Please complete to highlight the key discussion points of the meeting using the key to identify the level of assurance/risk to the Trust

Committee Chair's Report

NHS
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	Elaine Richards, HR Business Partner – Warrington Adults		

Key Agenda Items (aligned to the BAF, Well-led Action Plan Recommendations – WLR and the 7 NHS People Promises - PP):	BAF, WLR and PP	RAG	Key Points/Assurance Given	Action/decision
REVIEW OF PEOPLE COMMITTEE BUSINESS CYCLE	BAF 5 and 6		The People Committee Business Cycle was presented by Sam Scholes, Head of Governance for assurance and approval purposes. Each item was reviewed by the Director of People and Organisational Development and the Trust Secretary and the following items were amended: • The interim business cycle review was moved from July to September to provide an equidistant date in the cycle. • With agreement of the Executive Medical Director, the Responsible Officer (RO) Annual Report was moved from March to September to align with the September Medical Appraisal and GMC Revalidation Report. It was agreed that the business cycle would be reviewed again in June to factor in some potential changes to the Equality, Diversity and Inclusion (EDI) reporting.	The Committee approved the changes to the business cycle proposed. Cycle will be reviewed again June 23 to factor some anticipated changes to EDI reporting.
PEOPLE COMMITTEE ANNUAL EFFECTIVENESS SURVEY	BAF 5 and 6		The People Committee Business Cycle was presented by Sam Scholes, Head of Governance for assurance purposes. As part of the annual review of the People Committee's effectiveness, an online survey was distributed to 19 members, invited attendees and observers who regularly attend the People Committee in February 2023	The Committee noted the contents of the survey and were assured of the Committee's effectiveness due to the high response rate and level of satisfaction.

🟥	No assurance – could have a significant impact on quality, operational or financial performance;
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Please complete to highlight the key discussion points of the meeting using the key to identify the level of assurance/risk to the Trust

Committee Chair's Report

Key Agenda Items (aligned to the BAF, Well-led Action Plan Recommendations – WLR and the 7 NHS People Promises - PP):	BAF, WLR and PP	RAG	Key Points/Assurance Given	Action/decision
			17 returns were received, equating to an 89% response rate. 6 were from the 7 members, 9 were attendees and 2 were observers. The majority of responders either agreed or strongly agreed to the statements, demonstrating a high level of satisfaction with the effectiveness of the People Committee's function. Overall satisfaction was 4.5 out of 5.	
PEOPLE COMMITTEE ANNUAL ACTIVITY REPORT	BAF 5 and 6		The People Committee Business Cycle was presented by Sam Scholes, Head of Governance for assurance purposes. The People Committee is a Committee of the Board and is for maintaining the strategic overview of the Trust's People and Organisational Development arrangements. The Committee reviews compliance with all People and Organisational Development policies. This report outlined the activity for 2022-23 to provide assurance to the Audit Committee on the People Committee's governance and processes.	The Committee were assured on the level of activity and noted the extensive work taking place to support the People agenda.
RISK REPORT UPDATES • **HR** • **OD/EPD** **COMMUNICATION**	BAF 5 and 6		The Risk Reports for HR, OD/EPD and Communications were tabled for information and assurance purposes. The detail and discussions relating to the risks as presented, are addressed in more detail at the Trust's Risk Management Council (RMC).	The Committee noted the content of the reports and were assured that the risks were being managed appropriately.

	No assurance – could have a significant impact on quality, operational or financial performance;
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Please complete to highlight the key discussion points of the meeting using the key to identify the level of assurance/risk to the Trust

Committee Chair's Report

Key Agenda Items (aligned to the BAF, Well-led Action Plan Recommendations – WLR and the 7 NHS People Promises - PP):	BAF, WLR and PP	RAG	Key Points/Assurance Given	Action/decision
		🟩	**HR Risk Report**	
			During the reporting period there are a total of 2 risks detailed on the HR Risk Register, one of which is at a score of 12:	
			• Staff health and wellbeing: aim of reduction in sickness absence levels, along with the attainment of the Trust's sickness absence target of 4.8%	
			• Ongoing Industrial/Strike Action linked to National Pay award.	
			Due to the fast-paced nature of Industrial Action, updates since the time of writing the report were given to the Committee. At the time of writing this Chair's Report, the Trust has had confirmation that all planned Industrial Action is currently paused. The Secretary of State for Health and Social Care, trade unions and NHS Employers, have agreed an 'offer in principle' and members will be consulted with over the coming weeks.	
			Educational and Professional Development (EPD) and Organisational Development (OD) Risk Report	
			During the reporting period there is 1 risk detailed on the EPD and OD Risk Register:	
			• Reduction in Mandatory Training compliance as a consequence of the pandemic response.	
			This risk was created following the recommendation of the RMC to merge the two previous risks and create one overall mandatory training compliance corporate risk, covering all	

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Key Agenda Items (aligned to the BAF, Well-led Action Plan Recommendations – WLR and the 7 NHS People Promises - PP):	BAF, WLR and PP	RAG	Key Points/Assurance Given	Action/decision
			reported core statutory and mandatory training titles together.	
			It was recognised by the RMC that areas of low compliance within individual services should be recognised and managed locally. It was agreed that service specific risks should logged and assessed to address these areas as required.	
			Communications Risk Report	
			During the reporting period there is 1 risk detailed on the Communications Risk Register:	
			• Bridgewater staff intranet – continuity of service	
			Following the last presentation to People Committee in January, the risk remains unaltered although work is happening behind the scenes between the Communications Team, IT Team and Procurement Team in the potential of working with a preferred digital supplier.	
			Dedicated Communications Team resource, using the current establishment, is focusing on this Extranet task so progression can continue.	
IQPR – PEOPLE INDICATORS	BAF 5 and 6

WLR 9

PP 1-7 | | The 5 IQPR people indicators were presented to the Committee for month 8. Four of the five People Indicators were reporting as red – the exception being Induction which is reporting green.

Three of the indicators however PDR's, Sickness and Turnover still remain adrift from the Trust targets. | The Committee noted and were assured of the progress with the indicators. Further updates will be provided at future meetings. |

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Committee Chair's Report

NHS
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Key Agenda Items (aligned to the BAF, Well-led Action Plan Recommendations – WLR and the 7 NHS People Promises - PP):	BAF, WLR and PP	RAG	Key Points/Assurance Given	Action/decision
			Voluntary turnover is at 15.20% and when compared with similar local Trusts, who haven't been impacted as significantly by the transfer of services, we are not a significant outlier.	
			The Recruitment and Retention Pod actions are focusing on retention, recruitment, and workforce planning strategies including identifying areas of the new national retention toolkit that can support existing strategies, best practice, and resources to help NHS Trusts recruit and retain staff. Turnover data is provided to Borough leads each month to ensure that local plans can be put into place to address and improve retention.	
			As per the request from January 23 Committee, themes from Exit Interviews and On-boarding surveys were presented. A new process for the application and processing of exit interviews and for the completion of on-boarding surveys, intends to improve reporting richness with qualitative data to inform action planning. It was noted that actions in the PODs and DLT meetings are seeking to address the themes.	
			As per the action from January 23 Committee, a comparison of incentives on offer across the Region was presented. Messages are on-going via the ICB to ensure that all Cheshire and Merseyside Trusts are committed to consistency in offer.	
			Papers presented later in the agenda outlined the actions being taken to address those other indicators that remain below the Trust target.	

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Committee Chair's Report

Key Agenda Items (aligned to the BAF, Well-led Action Plan Recommendations – WLR and the 7 NHS People Promises - PP):	BAF, WLR and PP	RAG	Key Points/Assurance Given	Action/decision
DIRECTOR'S UPDATE REPORT	BAF 5 and 6 WLR as highlighted in the report PP as highlighted in the report		The Director's Update Report was presented by Paula Woods, Director of People and OD, for information and assurance purposes. The following areas were highlighted to the Committee by Paula Woods, paying attention to any developments since the writing of the report by way of verbal updates: The Director's update report additionally tabled the following: • Industrial Acton Update: Suspension of strike action at the Trust (RCN, UNISON and CSP) • Staff Survey 2022: Benchmarking and Breakdown Reports • NHS Quarterly Pulse Survey – January 2023 • NHSE National NHS People Policies • Veteran Aware Accreditation - Letter and Certificate • North West Wellbeing Pledge: Wellbeing & Sickness Absence Policy – Early Adopter • Cheshire & Merseyside Resilience Hub – Cessation of services from 31st March • Warrington Together: Workforce & OD Enabling Group Update • Our relationships with Further Education Colleges • NHS HR Graduate Trainee Bid • MHLDC Provider Collaborative – Inaugural Workforce Meeting • Diane McCormick, Public Governor - Acknowledgement TUC – Dying to Work Charter	The Committee noted the report and its comprehensive contents. Further updates on the workstreams will be provided in future meetings as they progress.

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🟩	Assured – no or minor impact on quality, operational or financial performance	

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Key Agenda Items (aligned to the BAF, Well-led Action Plan Recommendations – WLR and the 7 NHS People Promises - PP):	BAF, WLR and PP	RAG	Key Points/Assurance Given	Action/decision
			• Leader in me – 21st of April • AHP Lead appointed internally • People Strategy branding • Reciprocal Mentoring for Inclusion Programme • Children's Services: 0-19 (25) Tender and Bidding Process • Practice Placement Evaluations in Bridgewater – Feature in March's Team Brief • NHS 75 Years Celebrations – 3 staff stories published online	
REVIEW OF THE PEOPLE STRATEGY: PEOPLE OPERATIONAL DELIVERY PLAN REPORT	BAF 5 and 6 PP 1-7		The Review of the People Strategy: People Operational Delivery Plan Report was presented by Jo Waldron, Deputy Director of People and Organisational Development for information and assurance purposes. The report specifically focuses on the progress of the four PODs that have been established to deliver on the NHS People Plan and People Promises, along with other People agendas. The work of the PODs is driven by the Trust data and underpinned by various NHSE/I Frameworks and toolkits which have been developed to support Trust's with the delivery of the People Plan and Promises. The four PODs are: 1. Recruitment and Retention • Significant focus on how we improve and enhance our recruitment processes and attraction techniques, with a particular focus on engaging with students • Better wrap around support for newly qualified clinical staff	The Committee noted the content of the report and agreed that it provided a good overview of the work in progress.

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Key Agenda Items (aligned to the BAF, Well-led Action Plan Recommendations – WLR and the 7 NHS People Promises - PP):	BAF, WLR and PP	RAG	Key Points/Assurance Given	Action/decision
			• Richer data to support Trust wide and Directorate action planning • Promotion and strengthened culture around flexible working 2. Health and Wellbeing • Strong focus on how we better support staff suffering symptoms of stress 3. Education and Professional Development • Consistent Trust wide competency frameworks and career pathways • Leadership development, with a focus on First Line Managers and Operational Managers 4. Culture and Leadership • Review of Staff Survey Results and overseeing of Trust wide action plans • Embedding of Just Culture principles	
MEDICAL APPRAISAL AND GMC REVALIDATION REPORT	BAF 5 and 6		The Medical Appraisal and GMC Revalidation Report was taken as completely read by Andi Sizer, Principle Lead for Public Health for information and assurance purposes. As of February 2023, there were 18 doctors aligned to Bridgewater for appraisal. This included 15 doctors employed by Bridgewater and 3 doctors employed by hospices (2 by Halton Haven and 1 by St Rocco's Hospice). 16 of these 18 doctors had had their 2022/23 appraisals by 28th February 2023, with two approved postponements (in	The Committee noted the content of the report

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Key Agenda Items (aligned to the BAF, Well-led Action Plan Recommendations – WLR and the 7 NHS People Promises - PP):	BAF, WLR and PP	RAG	Key Points/Assurance Given	Action/decision
			both cases, the appraisal dates have been deferred due to sick leave).	
			In regards to revalidation, there are 15 doctors who have been aligned to Bridgewater as their Designated Body throughout the 2022/23 year. Responsible Officer responsibilities are also provided for 3 hospice-employed doctors via a Memorandum of Understanding (2 doctors have Halton Haven as their Designated Body and 1 has St Rocco's Hospice as their Designated Body).	
			In addition, the Responsible Officer received notification on 28th February 2023 from the General Medical Council (GMC) that another doctor had added the trust as their Designated Body. Details are being sought about this doctor's appraisal compliance and revalidation date.	
			One positive revalidation recommendation was made during the period 1st September 2022 to 28th February 2023. There was also one deferral, pertaining to a doctor with performance concerns which are in the process of being addressed.	
			Two more doctors are due for revalidation before the end of March 2023.	
RESPONSIBLE OFFICER ANNUAL REPORT	BAF 5 and 6		The Medical Appraisal and GMC Revalidation Report was taken as completely read by Andi Sizer, Principle Lead for Public Health for information and assurance purposes. The 2021-22 Annual Submission to NHS England North West: Appraisal and Revalidation and Medical Governance report	The Committee noted the content of the report

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Key Agenda Items (aligned to the BAF, Well-led Action Plan Recommendations – WLR and the 7 NHS People Promises - PP):	BAF, WLR and PP	RAG	Key Points/Assurance Given	Action/decision
			was submitted on 26th September 2022 following its approval by People Committee by e-governance. It is expected that the submission date for the 2022-23 Responsible Officer Annual Report will be 30th September 2023. The template for this report is awaited from NHS England Northwest.	
CHAIRS REPORT: MEDICAL AND DENTAL PROFESSIONAL GOVERNANCE MEETING	BAF 5 and 6		The Chairs Report: Medical and Dental Professional Governance Meeting was presented by Andi Sizer, Principle Lead for Public Health for information and assurance purposes. During the period 1st September 2022 to 28th February 2023, four formal meetings and one informal meeting of the Medical & Dental Professional Governance group have taken place. Issues discussed have included: • Medical appraisal compliance and revalidation recommendations • Medical and dental performance concerns • Governance of locum doctors • Governance of sessional GPs • Progress with the implementation of the 2021 Specialty Doctor and Specialist Grade Contracts • Allocation of the 2022/23 Clinical Excellence Awards and planning for the 2023/24 round. • Progress with the Responsible Officer (RO) Action Plan At present there are three doctors and dentists employed substantively by Bridgewater where there are concerns about	The Committee noted the content of the report

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Key Agenda Items (aligned to the BAF, Well-led Action Plan Recommendations – WLR and the 7 NHS People Promises - PP):	BAF, WLR and PP	RAG	Key Points/Assurance Given	Action/decision
			their performance (one doctor and two dentists). One of these practitioners has been referred to Practitioner Performance Advice (PPA) for a behavioural assessment. In the other two cases, health issues are thought to be a contributory factor to the performance concerns. All three cases are being managed in accordance with Trust policy.	
NATIONAL STAFF OPINION SURVEY – FINAL REPORT ISSUED 9TH MARCH 2023 AND ACTION PLANNING PROCESS	BAF 5 and 6 PP 1-7		The National Staff Opinion Survey – Final Report Issued 9th March 2023 and Action Planning Process was presented by Mike Baker, Deputy Director of Communications and Engagements for information and assurance purposes. 56% of Bridgewater staff completed the survey this year, making it the best response rate ever. The 2022 NHS Staff Survey benchmark report showcases an average and static looking staff survey for the organisation. The graphics and tables included in the report outlined in greater detail the breakdown of the key figures from the 2022 survey. Five out of the nine elements/themes remain static when compared against the Community Trust average. Four elements/themes show a decrease. These will be the areas that the Trust will work closely on as part of its organisation-wide action planning: • We are recognised and rewarded • We are always learning • We work flexibly	The Committee noted the content of the report and the governance arrangements in relation to action planning. It was requested that a comparative analysis of the last year's action plan effectiveness and impact on this year's staff survey results be brought to the next Committee.

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■	Moderate assurance – potential moderate impact on quality, operational or financial performance
■	Assured – no or minor impact on quality, operational or financial performance

Please complete to highlight the key discussion points of the meeting using the key to identify the level of assurance/risk to the Trust

Committee Chair's Report

NHS Bridgewater Community Healthcare NHS Foundation Trust

Key Agenda Items (aligned to the BAF, Well-led Action Plan Recommendations – WLR and the 7 NHS People Promises - PP):	BAF, WLR and PP	RAG	Key Points/Assurance Given	Action/decision
			• We are a team The directorate information contains greater breakdown content. Any areas highlighted in red display where the directorate has scored lower that the Trust score. This will result in the directorate focussing on these areas for further improvement and development at directorate level. Staff Survey Action Plans will once again be created Trust-wide and at directorate level. A dedicated Staff Survey Action Plan Group has been created on Microsoft (MS) Teams once again this year. Both the trust-wide and directorate action plans will be saved in this dedicated MS Teams channel and will be a live and workable document. The importance of ownership of action plans at a Directorate level was noted, which should be monitored at the DLT's and reported to Performance Council. Trust wide work will be overseen in the People Operational Delivery (POD) Groups. A comparative analysis of the last year's action plan effectiveness and impact on this year's staff survey results was requested for the next People Committee Meeting. It was noted that this would be a significant piece of work and this would need to be driven by the Directorates.	
REVIEW OF STAFF SICKNESS AGAINST TRUST TARGET OF 4.8%	BAF 5 and 6 WLR 8		The Review of Sickness Absence against Trust Target report was presented by Jo Waldron, Deputy Director of People and Organisational Development for information and assurance purposes.	The Committee noted the content of the report and were assured that the appropriate scrutiny was being applied.

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Committee Chair's Report

Key Agenda Items (aligned to the BAF, Well-led Action Plan Recommendations – WLR and the 7 NHS People Promises - PP):	BAF, WLR and PP	RAG	Key Points/Assurance Given	Action/decision
	PP 4		Trust sickness absence for the period 01 February 2022 to 31 January 2023 was 6.52% compared to 01 February 2021 to 31 January 2022 (6.45%). The trust sickness absence target is 4.80%. Over the 12-month period, rolling sickness absence rates increased month on month from February to June 2022 but decreased month on month from July 2022 to January 2023 from 7.05% to 6.19%. Actual sickness absence % rate has increased month on month from August to December 2022, however, has shown a reduction in January 2023 to 6.52% Support and programmes of work to support improvements were presented to the Committee.	
EMPLOYEE RELATIONS REPORT INCLUDING FREEDOM TO SPEAK UP REPORT	BAF 5 and 6 PP 3		The Employee Relations Report was presented by Tania Strong, Interim Head of HR for information and assurance on the management of employee relations cases. The report details numbers of ER Cases, numbers of Freedom to Speak Up (FTSU) cases and as per our Just and Learning Journey the report contained numbers of those who had been engaged in the Just and Learning 4 Step Process and the numbers of those who had progressed to formal procedures. Over the rolling 12 month period, a total of 25 employee relations cases have been opened (28 in the previous 12 month rolling period). No new cases have been opened during January and February.	The report was noted by the Committee. Next report to include EDI data alongside ER cases.

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Please complete to highlight the key discussion points of the meeting using the key to identify the level of assurance/risk to the Trust

Committee Chair's Report

NHS
Bridgewater Community Healthcare
NHS Foundation Trust

Key Agenda Items (aligned to the BAF, Well-led Action Plan Recommendations – WLR and the 7 NHS People Promises - PP):	BAF, WLR and PP	RAG	Key Points/Assurance Given	Action/decision
		🟩	Following the adoption of the Just Culture '4 step' approach (going forward labelled as the 'informal' procedure), the number of cases where this has been adopted is 8 in total. Over the rolling 12 month period, a total of 13 Freedom to Speak contacts have been made. The Committee requested that Equality, Diversity and Inclusion data be provided alongside the Employee Relations cases in the May 23 Committee Report. It was noted this was included in the WRES and WDES data.	
SYSTEM STAFFING IMPLEMENTATION UPDATE	BAF 5 and 6	🟩	The System Staffing Implementation Update report was presented by Jo Waldron, Deputy Director of People and Organisational Development for information and assurance purposes. With the exception of Dental Services, the E-Rostering system is embedded within all teams. Dental Services are currently undertaking training and will go live on the 1st of April 2023. E Scheduling – Allocate and EMIS have confirmed the interface between the systems and work commenced in February 2023. To support the interface of the systems and introduce E Community within Halton District Nursing Team a series of training meetings started on 6th February 2023. It was noted by Committee members, the extensive work that had taken place to successfully implement the system.	The Committee noted the reports and were assured on the progress and plans.

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Committee Chair's Report

NHS
Bridgewater
Community Healthcare
NHS Foundation Trust

Key Agenda Items (aligned to the BAF, Well-led Action Plan Recommendations – WLR and the 7 NHS People Promises - PP):	BAF, WLR and PP	RAG	Key Points/Assurance Given	Action/decision
HR POLICIES AND PROCEDURES	BAF 5 PP 1-7		The progress with the review and approval of HR Policies and Procedures was presented by Tania Strong, Interim Head of HR for information and assurance purposes. There were four policies presented to HRPG since the last Committee as follows: **E- Roster Policy** - JNCC members approved the policy in February meeting. The policy was final formatted and uploaded to the intranet in February 2023. The policy will be next reviewed in February 2026. **Freedom to Speak Up in the NHS Policy** - JNCC members approved the policy in February meeting and the policy was final formatted and uploaded to the intranet in March 2023. The policy will be next reviewed in February 2026. **Staff Carer Support Policy** - Only minor amendments were proposed via the consultation process and so the policy was approved by HRPG members, with the recommendation it be presented to February JNCC for final approval. Clarity was sought as to whether the policy was to be a standalone policy or an addendum to the Special Leave Policy and so JNCC did not approve the policy but proposed that it go back to the policy author for clarification. Once amended, the policy will re-presented to HRPG and JNCC for final sign off. **Disciplinary Policy** - JNCC members approved the policy in February meeting. The policy is awaiting finalisation of a supporting toolkit which will aid roll	The Committee noted the content of the report. The Committee also noted the extension of the Trust's Absence Management Policy in light of the pending implementation of a North West Policy.

Key Agenda Items (aligned to the BAF, Well-led Action Plan Recommendations – WLR and the 7 NHS People Promises - PP):	BAF, WLR and PP	RAG	Key Points/Assurance Given	Action/decision
			out / implementation of the policy from April 2023. The policy will be uploaded to the staff intranet in advance of the April rollout.	
EQUALITY, DIVERSITY AND INCLUSION • **Equality, Diversity & Inclusion Strategy: Refresh** • **Objectives and Action Plan Updates** • **Public Sector Equality Duty (PSED) for Workforce and Services Annual Report**	BAF 5 PP 1-7		The following was presented by Ruth Besford, EDI Lead for information and assurance purposes as follows: • Equality, Diversity & Inclusion Strategy: Refresh • Objectives and Action Plan Updates • Public Sector Equality Duty (PSED) for Workforce and Services Annual Report **Equality, Diversity and Inclusion Strategy: Refresh** NHS England have undertaken some initial communications with Trusts to advise that a new Equality, Diversity, and Inclusion Workforce Plan is to be published in March 2023. At the time of writing this report the new plan has not yet been released. The understanding is that there will be resources, actions and accountabilities, including at Board level. To allow time to review and understand this new mandate once published, and to consider alignment to the NHS People Plan and NHS Long Term Plan, it was asked that the Committee agree an extension to the existing Equality, Diversity, and Inclusion Strategy to 31 December 2023. The Committee agreed that it was a sensible approach to await the publishing of the EDI Workforce Plan and extend the refresh of the Strategy to December 23.	The Committee noted the reports and were assured on the progress and plans. Committee agreed to extend the refresh of the EDI Strategy whilst the Trust's awaits the publication of the national EDI Workforce Plan. Extension agreed to December 23. It was agreed that the EDI Action Plan report would be by exception for future Committees. The Committee approved the PSED report for escalation to Board as per best practice.

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Committee Chair's Report

NHS
**Bridgewater
Community Healthcare**
NHS Foundation Trust

Key Agenda Items (aligned to the BAF, Well-led Action Plan Recommendations – WLR and the 7 NHS People Promises - PP):	BAF, WLR and PP	RAG	Key Points/Assurance Given	Action/decision
			Objectives and Action Plan Updates Since the last update in January 2023 there has been progress/completion of a number of the actions within the workforce action plans that support the Six High Impact Areas for Equality, mandated plan. The covering report provided updates by exception and a full copy of the plan was provided to the Committee by way of an appendix. It was agreed for future Committee's, exception reporting will suffice with an assurance that the full action plan is overseen at the Culture and Leadership POD. **Public Sector Equality Duty (PSED) for Workforce and Services Annual Report** There is a legal requirement on the Trust to publish an annual report detailing how due regard is evidenced for both employment and service delivery. Committee members were provided with a full copy of the report. Committee members were asked to approve this, pending any suggested amendments to allow for publishing before the 30th March 2023. There is no legal requirement for this report to be signed off at Board level, however Board oversight is best practice and as such the report is scheduled for the Board's April agenda.	
DELIVERY OF THE STAFF VACCINATION PROGRAMME 2022/23	BAF 5 and 6 PP 4		The Vaccinations Campaign and Staff Take Up Report was presented by Katherine Summers, Adult Immunisation and Infection Prevention and Control (IPC) nurse, for information and assurance purposes.	The Committee noted the reports and were assured on the progress and plans. Survey to be conducted to understand staff reasons for their vaccine choice.

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Key Agenda Items (aligned to the BAF, Well-led Action Plan Recommendations – WLR and the 7 NHS People Promises - PP):	BAF, WLR and PP	RAG	Key Points/Assurance Given	Action/decision
			• After being suspended since 2020 during the Covid-19 pandemic, the Commissioning for Quality & Innovation (CQUIN) scheme has been reintroduced for 2022/23 to support the NHS in its recovery campaign • The CQUIN goal is to achieve an uptake of 70% to 90% of frontline healthcare workers • Initial Covid-19 booster sessions commenced on 10th October and further sessions took place at Spencer House on 28th and 29th November 2022. • Staff receiving their vaccinations elsewhere are asked to inform the IPC team so the uptake rates can be captured. • A total of 738 BCHFT staff have received their Covid-19 autumn booster. This equates to 52% of staff overall with 48% patient facing staff. • A total of 918 BCHFT staff have received their flu vaccine. This equates to 62% of staff overall with 61% patient facing staff. • A monthly drawer takes place at the end of each month for one member of staff to win a £50 voucher. It was suggested by the Committee that a survey be sent to staff to understand why staff choose to have the vaccine and why they choose not to.	
ORGANISATIONAL DEVELOPMENT UPDATES:	BAF 5 and 6 PP 4 and 5		Three reports were presented for information and assurance purposes – PPDR & Mandatory and Statutory Training Compliance and the Talent Management and Succession	PPDR, S&MT compliance is being actively monitored and staff will be asked to prioritise safeguarding training and maintain overall compliance.

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Committee Chair's Report

Key Agenda Items (aligned to the BAF, Well-led Action Plan Recommendations – WLR and the 7 NHS People Promises - PP):	BAF, WLR and PP	RAG	Key Points/Assurance Given	Action/decision
			Planning and Staff Engagement and Recognition Annual Report.	
PDR AND STATUTORY & MANDATORY TRAINING COMPLIANCE	BAF 5 and 6 WLR7 and 8 PP 1, 4 and 5		The PDR and Statutory and Mandatory Training Compliance Report was presented by Adie Richards, Education and Professional Development Lead for information and assurance purposes. Month 10 (latest available data when the paper was written) compliance with Mandatory Training shows 17 requirements at green, 5 at amber and 1 at red. PPDR compliance at Month 9 stands at 70.13%. In the interests of providing the most up to date information to the Committee, since the paper was written new reports for Month 11 show an improvement in all required modules, with the exception of Data Security Awareness which has slightly decreased to 88.59%. All Safeguarding modules are now in green with the exception of Level 3 Adults which is at 78.45%. Clear communications continue to be prioritised and Managers continue to be requested to allocate time in the E-Roster system for the completion of mandatory training. The Committee noted the on-going improvement in the compliance rates but asked that there continues to be a focus, ensuring that we create the right environment for staff to become compliant. Sarah Brennan, Chief of Operations recognised that there needs to be a focus on Warrington Adults and she has plans to work with the Associate Director	The Committee noted the reports and were assured on the progress and plans, as above. Positive compliance trends were noted.

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Key Agenda Items (aligned to the BAF, Well-led Action Plan Recommendations – WLR and the 7 NHS People Promises - PP):	BAF, WLR and PP	RAG	Key Points/Assurance Given	Action/decision
			for that Directorate. Non-Executive Director, Elaine Inglesby noted that a number of indicators i.e. sickness, staff survey were suggesting that Warrington Adults needed closer support and monitoring. Paula Woods, Director of People noted that a paper will be presented to Board in relation to our journey, proposed actions/trajectories and consideration of what measures may be considered should we continue with the current challenges around compliance. This will be done in full consultation with our Staff-Side colleagues. Most important was to focus on creating the right conditions for training to be undertaken.	
TALENT MANAGEMENT AND SUCCESSION PLANNING	BAF 5 and 6 PP 1, 4 and 5		The Talent Management and Succession Planning Report was presented by Jo Waldron, Deputy Director of People and OD for information and assurance purposes. The 22-23 Mary Seacole Programme completed in February 2023. Participants are awaiting the results of their final assignment. Recruitment for a 23-24 cohort has commenced. The Operational Managers Programme has a cohort of 47 current and aspiring Operational Managers. The Leadership Development aspect of Operational Managers programme concluded in November 2022 and the Transactional aspects of the programme commenced in February 2023. The first Line managers programme is now established with 40 participants signed up for this rolling programme. This is a positive uptake and will support the future development of managers across the Trust.	The Committee noted the reports and were assured on the progress and plans.

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Committee Chair's Report

NHS Bridgewater Community Healthcare NHS Foundation Trust

Key Agenda Items (aligned to the BAF, Well-led Action Plan Recommendations – WLR and the 7 NHS People Promises - PP):	BAF, WLR and PP	RAG	Key Points/Assurance Given	Action/decision
			Progress towards the launch of Scope for Growth has been delayed due to operational and capacity issues, however plans continue to be developed with a focus on ensuring the OD Team have the capacity and skills to progress this at speed. Currently, the Team continue to promote the well-established PPDR process. The Committee noted and commended the focus on first line managers by way of ensuring that good leadership starts early in line managers careers.	
STAFF ENGAGEMENT AND RECOGNITION ANNUAL REPORT	BAF 5 PP 1-7		The Staff Engagement and Recognition Annual Report was presented by Mike Baker, Deputy Director of Communications and Engagement for information and assurance purposes. The report is broken down into two parts. These being Staff Engagement and the second being Staff Recognition. **Staff Engagement** The following items are discussed within this part of the paper: • NHS Staff Survey • Staff Engagement Champions • Leader in Me Events • Time to Talk Sessions • Health & Wellbeing	

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Committee Chair's Report

Key Agenda Items (aligned to the BAF, Well-led Action Plan Recommendations – WLR and the 7 NHS People Promises - PP):	BAF, WLR and PP	RAG	Key Points/Assurance Given	Action/decision
			Staff Recognition The following items are discussed within this part of the paper: • Reward and Recognition Package • 2022 Bridgewater 'Thank You' Awards	
MIAA INTERNAL AUDIT UPDATE – NO CURRENT AUDITS	BAF 5 and 6		There were no current reports.	
BOARD ASSURANCE FRAMEWORK & RISK REGISTER	BAF 5 and 6		A review of BAF 5 and 6 was undertaken. There were some suggestions for additions to the gaps in controls which Sam Scholes, Head of Governance assured she would add.	The Committee were assured on the progress and governance around the monitoring of the BAF.
ANY ITEMS FOR ESCALATION TO BOARD OR SHARING WITH OTHER COMMITTEES	BAF 5 and 6		It was agreed that the Public Sector Equality Duty (PSED) Report would be escalated to board by way of best practice.	PSED Report to progress to Board.
REVIEW OF MEETNG ANY ITEMS TO BE ADDED TO THE BOARD ASSURANCE FRAMEWORK			Christine Stankus, Lead Governor reviewed the meeting as positive and informative, particularly noting the extensive work on-going in terms of the People Operational Delivery Groups. Christine noted in a recent visit with the People Team that team members were fully on board with the POD work and showed a great deal of enthusiasm for the delivery.	

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Committee Chair's Report

Key Agenda Items (aligned to the BAF, Well-led Action Plan Recommendations – WLR and the 7 NHS People Promises - PP):	BAF, WLR and PP	RAG	Key Points/Assurance Given	Action/decision
Risks Escalated		■	None.	

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Please complete to highlight the key discussion points of the meeting using the key to identify the level of assurance/risk to the Trust

BOARD OF DIRECTORS

Title of Meeting	BOARD OF DIRECTORS		Date	06 April 2022
Agenda Item	27/23ii			
Report Title	MEDICAL APPRAISAL & REVALIDATION			
Executive Lead	Dr Aruna Hodgson & Dr Ted Adams, Executive Medical Directors			
Report Author	Dr Aruna Hodgson & Dr Ted Adams, Executive Medical Directors			
Presented by	Dr Ted Adams, Executive Medical Director			
Action Required	☐ To Approve	☐ To Assure		☒ To Note

Executive Summary

This report provides assurance to the Trust that it has met its statutory responsibilities in regard to medical appraisal and revalidation.

During the period 1st September 2022 to 28th February 2023, four formal meetings and one informal meeting of the Medical & Dental Professional Governance group have taken place.

Issues discussed have included:

- Medical appraisal compliance and revalidation recommendations
- Medical and dental performance concerns
- Governance of locum doctors
- Governance of sessional GPs
- Progress with the implementation of the 2021 Specialty Doctor and Specialist Grade Contracts
- Allocation of the 2022/23 Clinical Excellence Awards and planning for the 2023/24 round.
- Progress with the Responsible Officer (RO) Action Plan

As of February 2023, there were 18 doctors aligned to Bridgewater for appraisal. 16 of these 18 doctors had had their 2022/23 appraisals by 28th February 2023, with two approved postponements.

Previously considered by:

☐ **Audit Committee**   ☐ **Quality & Safety Committee**

☐ **Finance & Performance Committee**   ☐ **Remuneration & Nominations Committee**

☒ **People Committee**   ☐ **EMT**

Strategic Objectives

☐ **Equality, Diversity and Inclusion** – to actively promote equality, diversity and inclusion by creating the conditions that enable compassion and inclusivity to thrive

☐ **Innovation and collaboration** – to deliver innovative and integrated care closer to home which supports and improves health, wellbeing and independent living

☒ **People** – to be a highly effective organisation with empowered, highly skilled and competent staff

☒ **Quality** – to deliver high quality, safe and effective care which meets both individual and community needs
☐ **Sustainability** – to deliver value for money, ensure that the Trust is financially sustainable and contributes to system sustainability

How does the paper address the strategic risks identified in the BAF?							
☒ **BAF 1**	☒ **BAF 2**	☐ **BAF 3**	☐ **BAF 4**	☒ **BAF 5**	☐ **BAF 6**	☐ **BAF 7**	☒ **BAF 8**
Failure to implement and maintain sound systems of corporate governance	Failure to deliver safe & effective patient care	Managing demand & capacity	Financial sustainability	Staff engagement and morale	Staffing levels	Strategy & organisational sustainability	Digital services

CQC Domains:	☒ **Caring**	☐ **Effective**	☐ **Responsive**	☒ **Safe**	☒ **Well Led**

BOARD OF DIRECTORS

Title of Meeting	BOARD OF DIRECTORS	Date	06 April 2022
Agenda Item	28/23ii		
Report Title	**MEDICAL APPRAISAL & REVALIDATION**		
Report Author	Dr Ted Adams, Executive Medical Director		
Purpose	This report provides assurance to the Trust that it has met its statutory responsibilities in regard to medical appraisal and revalidation.		

1. SCOPE

1.1 This report provides an update on medical appraisal and revalidation compliance and also a summary of the wider issues discussed at the Medical & Dental Professional Governance meeting during the period 1st September 2022 to 28th February 2023 inclusive.

1.2 It also provides updates on medical appraisal compliance and revalidation recommendations.

2. INTRODUCTION

2.1 The last reports to People Committee regarding medical appraisal and revalidation compliance were submitted in September 2022. These consisted of:

- The Chair's Report of the Medical and Dental Professional Governance Meeting for the period 1st April to 31st August 2022
- The 2021-2022 Annual Submission to NHS England North West: Appraisal and Revalidation and Medical Governance report.

2.2 This report provides an update on the issues discussed at the Medical and Dental Professional Governance Meeting from 1st September 2022 to 28th February 2023. It also provides data on appraisal compliance and revalidation recommendations.

2.3 It provides assurance that Bridgewater Community Healthcare NHS Foundation Trust is achieving satisfactory compliance for completion of medical appraisals and that timely recommendations are being made to the GMC about the fitness to practice of all doctors with a prescribed connection to Bridgewater.

3. MEDICAL & DENTAL PROFESSIONAL GOVERNANCE MEETINGS

3.1 The purpose of the Medical & Dental Professional Governance Meeting is to ensure that relevant information relating to the performance of the Medical and Dental workforce is

shared between key stakeholders such that any concerns are appropriately addressed and monitored.

3.2 Meetings are held monthly, with membership consisting of the Responsible Officer/ Medical Director (Chair), Medical Appraisal Lead, senior HR representative, Business Manager for the Medical Team (vacant during the period covered by this report) and a Dental Lead Clinician.

3.3 During the period 1st September 2022 to 28th February 2023, four formal meetings and one informal meeting of the Medical & Dental Professional Governance group have taken place.

3.4 Issues discussed have included:

- Medical appraisal compliance and revalidation recommendations
- Medical and dental performance concerns
- Governance of locum doctors
- Governance of sessional GPs
- Progress with the implementation of the 2021 Specialty Doctor and Specialist Grade Contracts
- Allocation of the 2022/23 Clinical Excellence Awards and planning for the 2023/24 round.
- Progress with the Responsible Officer (RO) Action Plan

3.5 All doctors and dentists who have had concerns about them discussed at the Medical and Dental Professional Governance group are aware of the concerns raised about them. All concerns are being managed in accordance with Trust policy.

4. MEDICAL APPRAISAL AND REVALIDATION COMPLIANCE

4.1 As of February 2023, there were 18 doctors aligned to Bridgewater for appraisal. This included 15 doctors employed by Bridgewater and 3 doctors employed by hospices (2 by Halton Haven and 1 by St Rocco's Hospice).

4.2 16 of these 18 doctors had had their 2022/23 appraisals by 28th February 2023, with two approved postponements (in both cases, the appraisal dates have been deferred due to sick leave).

4.3 In regards to revalidation, there are 15 doctors who have been aligned to Bridgewater as their Designated Body throughout the 2022/23 year. Responsible Officer responsibilities are also provided for 3 hospice-employed doctors via a Memorandum of Understanding (2 doctors have Halton Haven as their Designated Body and 1 has St Rocco's Hospice as their Designated Body).

4.4 In addition, the Responsible Officer received notification on 28th February 2023 from the General Medical Council (GMC) that another doctor had added the trust as their Designated Body. Details are being sought about this doctor's appraisal compliance and revalidation date.

4.5 One positive revalidation recommendation was made during the period 1st September 2022 to 28th February 2023. There was also one deferral, pertaining to a doctor with performance concerns which are in the process of being addressed.

4.6 Two more doctors are due for revalidation before the end of March 2023.

5. RESPONSIBLE OFFICER ANNUAL REPORT

5.1 The 2021-22 Annual Submission to NHS England North West: Appraisal and Revalidation and Medical Governance report was submitted on 26th September 2022 following its approval by People Committee by e-governance.

5.2 It is expected that the submission date for the 2022-23 Responsible Officer Annual Report will be 30th September 2023. The template for this report is awaited from NHS England North West.

6. CONCLUSION

6.1 This report provides assurance that the Trust is meeting its statutory responsibilities in regard to medical appraisal and revalidation and medical governance, and that these matters are discussed and monitored on a regular basis by the Medical & Dental Professional Governance meeting.

6.2 The next update to People Committee will be due in September 2023 and subsequently reported to Board in October 2023. This is expected to consist of:
- The Chair's Report of the Medical and Dental Professional Governance Meeting for the period 1st March 2023 to 31st August 2023
- The 2022-2023 Annual Submission to NHS England North West: Appraisal and Revalidation and Medical Governance report

BOARD OF DIRECTORS

Title of Meeting	BOARD OF DIRECTORS		Date	6th April 2023
Agenda Item	27/23 (iii)			
Report Title	STAFF SURVEY RESULTS AND ACTION PLANS			
Executive Lead	Paula Woods – Director of People and Organisational Development			
Report Author	Mike Baker – Deputy Director of Communications and Engagement			
Presented by	Paula Woods – Director of People and Organisational Development			
Action Required	☐ To Approve	☒ To Assure		☒ To Note
Executive Summary				

The annual NHS Staff Survey is one of the largest employee surveys in the world. 56% of Bridgewater staff completed the survey this year, making it the best response rate ever. The survey period was open between September and November 2022.

The 2022 NHS Staff Survey benchmark report showcases an average and static looking staff survey for the organisation from a trust-wide perspective. The graphics and tables included in the report outline in greater detail the breakdown of the key figures from the 2022 survey.

Five out of the nine elements/themes remain static when compared against the Community Trust average. Four elements/themes show a decrease. These will be the areas that the Trust will work closely on as part of its organisation-wide action planning:

- We are recognised and rewarded
- We are always learning
- We work flexibly
- We are a team

Additional graphics highlight how the Trust has fared when compared against the averages across the Cheshire and Merseyside ICS and the wider NHS North West region.

The directorate information contains greater breakdown content that is weighted against the Trust average. Any areas highlighted in red display where the Directorate has scored lower that the Trust score. This will result in the Directorate focussing on these areas for further improvement and development at Directorate level.

Staff Survey Action Plans will once again be created Trust-wide (owned by the People Directorate) and at Directorate team level (owned by the Directorate).

A dedicated Staff Survey Action Plan Group has been created on Microsoft (MS) Teams once again this year. Both the trust-wide and Directorate Action Plans are saved in this dedicated MS Teams channel and will be a live and workable document over the coming months.

Trust-wide and Directorate Action Plans will be closely monitored and will be updated/reported to various internal groups for assurance purposes. Populated action plans have been requested by close of play on **Friday 21st April 2023.**

The full NHS Staff Survey results can be found on the dedicated **www.nhsstaffsurveys.com** website.

The attached report includes developments resulting from the Trust's People Committee held on 15th March 2023 where the Staff Survey results and action planning process were referred to.

The contents of this paper were tabled at the EMT meeting held on 21st March 2023.

Previously considered by:	
☐ **Flu Group**	☐ **Freedom to Speak Up Guardian Group**
☐ **Medical & Dental Professional Governance**	☒ **PEOPLE HUB**

Strategic Objectives

☒ **Equality, Diversity and Inclusion** – to actively promote equality, diversity and inclusion by creating the conditions that enable compassion and inclusivity to thrive

☒ **Innovation and collaboration** – to deliver innovative and integrated care closer to home which supports and improves health, wellbeing and independent living

☒ **People** – to be a highly effective organisation with empowered, highly skilled and competent staff

☒ **Quality** – to deliver high quality, safe and effective care which meets both individual and community needs

☒ **Sustainability** – to deliver value for money, ensure that the Trust is financially sustainable and contributes to system sustainability

How does the paper address the strategic risks identified in the BAF?							
☐ **BAF 1**	☐ **BAF 2**	☐ **BAF 3**	☐ **BAF 4**	☒ **BAF 5**	☒ **BAF 6**	☐ **BAF 7**	☐ **BAF 8**
Failure to implement and maintain sound systems of corporate governance	Failure to deliver safe & effective patient care	Managing demand & capacity	Financial sustainability	Staff engagement and morale	Staffing levels	Strategy & organisational sustainability	Digital services

CQC Domains:	☒ **Caring**	☒ **Effective**	☒ **Responsive**	☒ **Safe**	☒ **Well Led**

BOARD OF DIRECTORS

Title of Meeting	BOARD OF DIRECTORS	Date	6th April 2023
Agenda Item	**27/23 (iii)**		
Report Title	**STAFF SURVEY RESULTS AND ACTION PLANS**		
Report Author	Mike Baker – Deputy Director of Communications and Engagement		
Purpose	To provide the Board with a comparative update on the 2022 NHS Staff Survey results and our next steps around action planning.		

1. SCOPE AND INTRODUCTION

1.1　The NHS has a couple of key important listening channels to hear and respond to Employee Voice. These are:

　　a.　The annual NHS Staff Survey
　　b.　The National Quarterly Pulse Survey

1.2　These surveys give us a great opportunity to hear what matters to our NHS people and make positive steps to improving our experience of work.

1.3　The annual NHS Staff Survey is one of the largest workforce surveys in the world and is carried out every year to improve staff experiences across the NHS.

1.4　In 2021, the questions were aligned with the NHS People Promise to track progress against its' ambition to make the NHS the workplace we all want it be.

1.5　The fieldwork for the 2022 NHS Staff Survey was carried out between September and November 2022.

1.6   The response rate for Bridgewater was 56% (828 respondents). This was the best ever return rate for Bridgewater, although the median response rate against other Community Trusts was 57%.

1.7   The chosen survey mode for Bridgewater was via an 'online' survey.

1.8   There were 16 Community Trusts benchmarked in the results. 24,650 surveys were completed within this benchmarked group.

2. TRUST BREAKDOWN OF RESULTS

2.1   The 2022 NHS Staff Survey benchmark report showcases an average and static looking staff survey for the organisation. When taking into account another challenging and turbulent year for the NHS, it is important not to be too downtrodden.

2.2   Starting with **Figure 1**, this displays how the Trust has scored for this survey period against other benchmarked Community Trusts.

2.3   Following the lifting of the embargo on Thursday 9 March there has now been opportunity to unpick the survey in greater detail. As such, **Figure 1** also showcases the averages from a NHS North West geography and a regional Cheshire and Merseyside ICS geography.

2.4 **Figure 1**

People Promise Element / Theme	BCHFT 2022 score	Community Trust Average	Trust results v's Community Trust Average	North West Average	Trust results v's North West Average	C&M ICS Average	Trust results v's CM ICS Average
We are compassionate and inclusive	7.6	7.6	0	7.2	0.4	7.3	0.3
We are recognised and rewarded	6.1	6.4	-0.3	5.8	0.3	6	0.1
We each have a voice that counts	7.1	7.1	0	6.7	0.4	6.8	0.3
We are safe and healthy	6.3	6.3	0	6	0.3	6.1	0.2
We are always learning	5.3	5.9	-0.3	5.2	0.1	5.1	0.2
We work flexibly	6.4	6.7	-0.3	6.1	0.3	6.1	0.3
We are a team	7	7.1	-0.1	6.7	0.3	6.7	0.3
Staff engagement	7.2	7.2	0	6.8	0.4	6.9	0.3
Morale	6.1	6.1	0	5.8	0.3	5.8	0.3
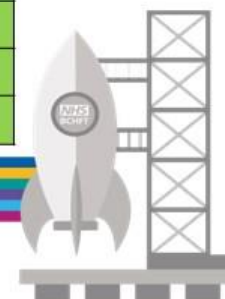
2.5 When viewing **Figure 1**, five out of the nine elements/themes remain static when compared against the Community Trust average. Four elements/themes show a decrease. These will be the areas that the Trust will work closely on as part of its organisation-wide action planning.

2.6 The areas showing a decrease compared to the Community Trust average are as follows:

a. We are recognised and rewarded

b. We are always learning

c. We work flexibly

d. We are a team

2.7 **Figure 1** also outlines the encouraging breakdown comparison from a regional perspective and shows the Trust excelling across all People Promise themes and the two elements of Staff Engagement and Morale. Knowing the organisation flags green when compared to the averages of both NHS North West region and the Cheshire and Merseyside ICS region is no mean feat.

2.8 In addition to **Figure1**, there has also been opportunity post-embargo to work out where the organisation ranks in the North West against the following NHS Staff Survey provider categories:

a. Community Trusts (CT)

b. Acute and Acute/Community (A & A&CT)

c. Mental Health and Learning Disabilities and Community (MHLD & CT)

2.9 In seven out of the nine People Promise elements, Bridgewater ranks either top or joint top.

2.10 As the Trust continues on its focused journey of improvement, this is really important post-embargo feedback to mention. This can be seen in **Figure 2**.

2.11 **Figure 2**

People Promise Element / Theme	BCHFT 2022 score	Key Headlines
We are compassionate and inclusive	7.6	• **Joint top for CT** (with WCHC) • **Joint top for A & A&CT** (with StHK) • **Joint top for MHLD & CT** (with CWP & MC & PC)
We are recognised and rewarded	6.1	• **Joint top for CT** (with WCHC) • **Joint top for A & A&CT** (with WCHC)
We each have a voice that counts	7.1	• **Top for CT** • **Joint top for A & A&CT** (with StHK) • **Joint top for MHLD & CT** (with CWP)
We are safe and healthy	6.3	• **Top for CT** • **Top for A & A&CT**
We are always learning	5.3	
We work flexibly	6.4	• **Top for CT** • **Joint top for A & A&CT** (with StHK)
We are a team	7	
Staff engagement	7.2	• **Top for CT** • **Joint top for A & A&CT** (with StHK)
Morale	6.1	• **Top for CT** • **Joint top for A & A&CT** (with StHK) • **Joint top for MHLD & CT** (with CWP & PC)

Key:

CT	Community Trust
A & A&CT	Acute & Acute/Community
MHLD & CT	Mental Health Learning Disability/Community

WCHC	Wirral Community Health and Care
StHK	St Helens and Knowsley
CWP	Cheshire and Wirral Partnership
MC	Mersey Care
PC	Pennine Care

2.12 **Figure 3** tables the nine themes/elements between the 2021 results and the 2022 results. When viewing this table there is only one element that shows a decrease from the 2021 score. This theme is **We are recognised and rewarded** which has decreased by 0.2. As outlined in 2.5, this is a Trust focused theme as part of our 2023 action planning.

2.13 **Figure 3**

People Promise Element / Theme	2021 score	2022 score	Comparator Difference
We are compassionate and inclusive	7.6	7.6	0
We are recognised and rewarded	6.3	6.1	-0.2
We each have a voice that counts	7.1	7.1	0
We are safe and healthy	6.2	6.3	0.1
We are always learning	4.9	5.3	0.4
We work flexibly	6.4	6.4	0
We are a team	7	7	0
Staff engagement	7.2	7.2	0
Morale	5.9	6.1	0.2

2.14 If we drill down into some of the questions that are asked within the NHS Staff Survey and highlight areas of significant (above or below 5%) comparator differences, there are a number of strong green category indicators. There are however a number of red areas that have been flagged, mainly focussing on health and wellbeing, as well as personal development. These are outlined in **Figure 4**.

2.15 **Figure 4**

		2022 Results	Comparator	22 'v' the comparator/benchmark
YOUR JOB				
3i (previously 4g)	There are enough staff at this organisation for me to do my job properly.	35%	29%	6%
4d (previously 5h)	The opportunities for flexible working patterns.	60%	67%	-7%
5a (previously 6a)	I have unrealistic time pressures.	31%	26%	5%
YOUR TEAM				
7d	Team members understand each other's roles	80%	75%	5%
7i	I feel a strong personal attachment to my team	75%	68%	7%
YOUR MANAGERS				
9b (previously 8c)	My immediate manager gives me clear feedback on my work.	63%	70%	-7%
YOUR HEALTH, WELLBEING AND SAFETY AT WORK				
10b	On average, how many additional PAID hours do you work per week for this organisation, over and above your contracted hours?	82%	73%	9%
10c	On average, how many additional UNPAID hours do you work per week for this organisation, over and above your contracted hours?	45%	38%	7%
11b	In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?	78%	72%	6%

		2022 Results	Comparator	22 'v' the comparator/benchmark
13d (previously 12d)	The last time you experienced physical violence at work, did you or a colleague report it?	66%	74%	-8%
14d (previously 13d)	The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?	51%	57%	-6%
16c01 (previously Q16)	On what grounds have you experienced discrimination? Ethnic background	80%	61%	19%
16c02	On what grounds have you experienced discrimination? Gender (No).	91%	81%	10%
16c06	On what grounds have you experienced discrimination? Age (No).	87%	82%	5%
16c07	On what grounds have you experienced discrimination? Other (No).	56%	72%	-16%
18c	When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again (Agree/Strongly agree).	74%	79%	-5%
18d	We are given feedback about changes made in response to reported errors, near misses and incidents (Agree/Strongly agree).	66%	72%	-6%
YOUR PERSONAL DEVELOPMENT				
21a (previously 19a)	In the last 12 months, have you had an appraisal, annual review, development review, or knowledge and skills framework (KSF) development review	79%	90%	-11%

		2022 Results	Comparator	22 'v' the comparator/benchmark
22b (previously 20b)	There are opportunities for me to develop my career in this organisation	45%	55%	-10%
22c (previously 20c)	I have opportunities to improve my knowledge and skills	68%	73%	-5%
22d (previously 20d)	I feel supported to develop my potential	52%	60%	-8%
YOUR ORGANISATION				
23c (previously 21c)	I would recommend my organisation as a place to work.	57%	66%	-9%
23d (previously 21d)	If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.	80%	75%	5%

2.16 A full breakdown of the NHS Staff Survey benchmark results can be found on the dedicated NHS Staff Survey website via **www.nhsstaffsurveys.com**.

2.17 The above Trust breakdown of data is a brief snapshot of the 2022 highlights and where the organisation has either improved (green), stayed static (green) or decreased (red). As outlined, it is important to note that from a Bridgewater trust-wide perspective (benchmarked against other Community Trusts), the 2022 results show a mainly static report. An organisation-wide staff survey action plan will however be created on this data so improvements can be made on the four elements outlined in section 2.6.

2.18 **Appendix 1** showcases a template example that will be used to monitor progress of actions to help address required improvements.

3. DIRECTORATE BREAKDOWN OF RESULTS

3.1 The Directorate breakdown contains results by breakdown for the seven People Promise themes and the two elements of staff engagement and morale.

3.2 **It's important to note that these results are compared to the unweighted average for the organisation.** As such, two People Promise elements (**We are safe and healthy** and **We work flexibly**) will show a 0.1 difference to the Trust score compared to the benchmark report Trust score. This is because the results in the benchmark reporting are weighted to allow for fair comparisons between organisations of a similar type (i.e. other Community Trusts). The Trust versus Directorate data can be found as **Figure 5**.

3.3 **Figure 5**

People Promise Element / Theme	Trust	Corporate Estates	Corp Ops	Corp Safeguarding	Dental Central	Dental East	Dental West	Halton Adults	Halton Children	St Helens Children	Warrington Adults	Warrington Children
We are compassionate and inclusive	7.6	7.4	8.1	8.2	7.2	7.7	7.6	8	7.4	7.3	7.3	7.9
We are recognised and rewarded	6.1	6	6.9	7.1	5.8	6.1	5.9	6.3	6.1	5.5	5.5	6.3
We each have a voice that counts	7.1	7.1	7.7	8.1	6.6	6.8	6.2	7.4	6.9	6.8	6.6	7.3
We are safe and healthy	6.4*	6.8	6.9	6.9	6.5	6.4	6.8	6.2	6.2	7.3	5.8	6.3
We are always learning	5.3	4.6	5.8	6.1	4.9	4.6	4.5	5.9	5.3	4.7	5.1	5.5
We work flexibly	6.5*	6.3	8.1	8	5.7	6.1	5.3	6	6.1	5.9	6.2	6.7
We are a team	7	6.4	7.7	8.2	6.4	7	6.8	7.4	6.9	6.6	6.5	7.3

People Promise Element / Theme	Trust	Corporate Estates	Corp Ops	Corp Safeguarding	Dental Central	Dental East	Dental West	Halton Adults	Halton Children	St Helens Children	Warrington Adults	Warrington Children
Staff engagement	7.2	7.2	7.6	8	6.9	6.9	6.5	7.5	7	7.1	6.8	7.4
Morale	6.1	6.4	6.4	7.2	6.1	6	6.4	6.1	5.8	6.2	5.6	6.1

3.4 Areas highlighted in red display where the Directorate has scored lower than the Trust score. This will result in the Directorate focussing on these areas for further improvement and development at Directorate level.

3.5 As was the case in 2022/23, each Directorate - no matter how they fare in the 2022 survey results - will be required to produce a working and live Staff Survey Action Plan (**Appendix 1**). This must highlight the work the Directorates will undertake to improve their results which will be reflected in the 2023 survey period.

3.6 **Figure 5** shows strong Directorate and service areas of green. This is pleasing to see, but complacency must not be shown.

3.7 Regrettably, **Figure 5** also shows Directorate and service areas that are flagging red, some areas greater than others.

3.8 It is clear from **Figure 5**, areas flagging as red will need dedicated help and support to better address the areas of concern. It is imperative that these Directorates and service areas work on and own their Staff Survey Action Plans as quickly as possible.

3.9 When viewing **Figure 5**, it is important to note that the dental sector breakdown uses the previous sector names and locations. This will be updated as part of the 2023 Staff Survey period:

    a. **Central** = Bolton, Wigan, Oldham, Rochdale, Bury, Management

    b. **East** = Stockport, Tameside and Glossop, Trafford

    c. **West** = Halton, Cheshire, St Helens, Warrington, Vale Royal, Sandbach

3.10 Although not represented in this staff survey reporting, dental services are now split into the following areas:

    a. **Greater Manchester (GM) West and South** = Stockport, Tameside and Glossop, Trafford, Bolton, Leigh/Wigan

b. **GM North East** = Oldham, Bury, Rochdale

c. **Cheshire and Merseyside (C&M) Dental** = Warrington, St Helens, Halton, Sandbach and Chester

4. PEOPLE COMMITTEE MEETING FEEDBACK – 15TH MARCH 2023

4.1   The Committee received a Staff Survey Update Report presented by Mike Baker – Deputy Director of Communications and Engagement. This included our action planning process, and a section of the report was focused on the Directorate breakdown results which indicated areas where we need to focus more resource and effort. An example of the Action Plan that each area will now start to complete was provided and talked through.

4.2   The overall results were very well received and the hard work and efforts over the last year were recognised by Committee Members, particularly with regards to the analysing of the responses across Directorates and Teams. The Committee Observer feedback was also extremely complimentary of all the work being done to support our 'Bridgewater People'.

4.3   The Committee requested an 'analysis of impact' of the actions taken by each of the Directorates and their Teams, including any positive links to this year's results. There was a particular ask as to whether we could demonstrate the before and after improvements from these actions, noting the People Promises and their alignments.

4.4   Two services results were enquired about which were St Helen's Childrens Services and Warrington Adults. It was confirmed that the former is the smaller service in terms of staff numbers and Warrington Adults is our largest staff group. It was felt that some direct engagement with these staff should be factored into the Action Plans, including how these staff groups would receive feedback. A focus on culture was considered a priority in these areas. An agreed action, following some discussion, was **a comparative analysis of the last year's action plan effectiveness and impact on this year's staff survey results to be brought to the next People Committee meeting in May**. As report author, it was highlighted to the Committee that this would require 'deep dives' driven by the Associate Directors which would take some time and may be complex.

4.5.   The Trust's Chief Operating Officer, Sarah Brennan offered to assist with the above action and identify themes as to what we have learned, including gaining an understanding of the culture and ethos around why people feel the way that they do. This was highlighted as very important as per direct links to line management responsibility which we have put a lot of effort into, including at Team Leader level.

5. ACTION PLAN AND NEXT STEPS

5.1 Following the use of a NHS England Staff Survey Action Plan template last year and its importance, the Trust Communications and Engagement Team has made further improvements to the template for this survey period to make it easier to use and more accessible (**Appendix 1**). Populated Directorate Action Plans have been requested by close of play on **Friday 21st April 2023.**

5.2 There will be a great deal of information that was inserted into the previous year's Staff Survey Action Plan, that can easily transfer into 2023/24 action plans. This will make it an easier task for contributors to complete their action plan. Directorate and service areas must own their individual action plans. They are the responsible keepers for them. For assurance purposes, each Directorate action plan should be updated and delivered at the regular Directorate Leadership Team (DLT) meetings of which a summary report should be included at each monthly Performance Council. A further summary should also be provided at Quarterly Review updates. This reporting mechanism and oversight will subsequently feed into the People Committee to give assurance to its members that action plans were being taken seriously and progressing.

5.3 To assist Directorate and service areas with their 2023/24 action plan is a dedicated **Staff Survey Action Plan Group** that has been created on Microsoft (MS) Teams. Both the Trust-wide and Directorate Action Plans will be saved in this dedicated MS Teams channel and will be a live and workable document. Key personnel will also have access to this MS Teams channel meaning they will be able to update and amend their action plan when required. It also means other Directorates can 'dip' into other Staff Survey Action Plans and utilise any best practice they spot for their own plan.

5.4 As outlined, Trust-wide and Directorate Action Plans will be closely monitored and will be updated/reported to various internal groups for assurance purposes. Some groups will go through individual action plans. Other groups will receive a highlight report on how the staff survey action planning is progressing. As stated earlier, first iterations of populated Action Plans are due in by the 21st of April and will promptly progress through various groups.

5.5 Proposed assurance groups include the following:

- Directorate Leadership Team (DLT)

- Performance Council

- Quarterly Directorate Review Meetings

- Culture and Leadership POD

- Joint Negotiation and Consultation Committee (JNCC)

- People Committee

- Trust Board

6. EMT ENDORSEMENTS – 21ST MARCH 2023

6.1 EMT were asked to note the content of this report and agree the importance that Staff Survey Action Plans must be completed and owned by the individual Directorates and service areas. Furthermore, EMT endorsed that Action Plans be routed through, discussed and reviewed at the DLT Meetings with progress reports, updates and assurance to the Performance Council and ultimately the Quarterly Directorate Reviews. Assurances will continue to be tabled at the JNCC, People Committee and Board.

6.2 EMT noted that the Trust-wide Action Plan will be oversighted by the People Directorate (including the Culture & Leadership POD), but the Communications and Engagement Team will take ownership in its development. Directorate Action Plans will be developed, owned and delivered by Directorate Leads. EMT recognised that Action Plans are working documents and would offer support (where applicable) to the areas flagging red within the overarching Trust-wide action plan and the areas requiring improvement.

7. RECOMMENDATIONS

7.1 The Board are asked to:

- note the contents of the report and planned next steps, along with the points raised at the People Committee held on the 15th of March 2023 as outlined in section 5.
- note the actions required for the next People Committee to be held in May, which the Chief Operating Officer will take the lead on with support from the Deputy Director of Communications and Engagement as per the provision of last year's populated Directorate Action Plans.

APPENDIX 1

Staff Survey Action Plan

Trust Action Plan

Date: 2023 - 2024
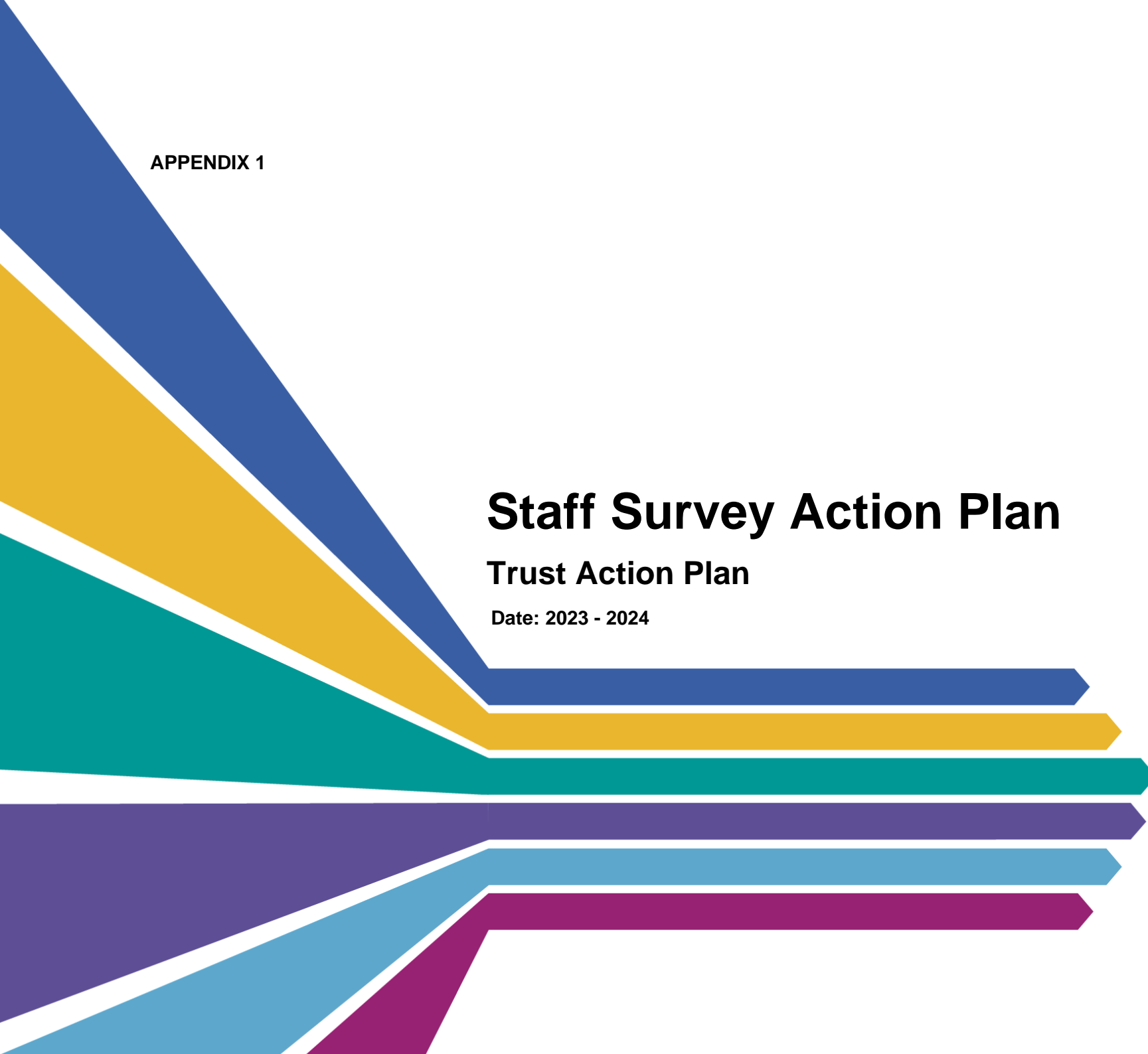
Staff Survey Action Plan

Listening to Employee Voice: Our way forward

The NHS is extraordinary! Together we have achieved and continue to achieve great things. We should all feel very proud of this.

We have a few important listening channels to hear and respond to Employee Voice. These are:

- the annual NHS Staff Survey
- the National Quarterly Pulse Survey.

These give us a great opportunity to hear what matters to our NHS people and make positive steps to improving our experience of work.

The People Promise is the single, unifying framework for understanding, measuring and improving Employee Experience in the NHS. Those best placed to say when progress has been made towards achieving improved experience in the workplace are our NHS people. This is why the NHS Staff Survey now aligns with the People Promise.

Within Bridgewater, we want our culture to be positive, compassionate. We all have a part to play in achieving this. The Staff Survey Action Plans is a live document for each lead/Directorate to update on their development, changes and improvements over the next twelve months by paying particular attention to the highlighted Trust areas of focus and areas of development within each Directorate.

We are **compassionate** and **inclusive**

We are **recognised** and **rewarded**

We each have **a voice that counts**

We are **safe** and **healthy**

We are **always learning**

We work **flexibly**

We are **a team**

2022 NHS Staff Survey Trust Data

The table below shows the 2022 NHS Staff Survey scores for Bridgewater Community Healthcare NHS Foundation Trust. **Green** highlights Trust is equal or above NHS Community Trust average. **Red** highlights the Trust is below NHS Community Trust average:

People Promise Element / Theme	2022 score	2022 respondents	Community Trust Average	Trust results v's Community Trust Average
We are compassionate and inclusive	7.6	828	7.6	0
We are recognised and rewarded	6.1	823	6.4	-0.3
We each have a voice that counts	7.1	825	7.1	0
We are safe and healthy	6.3	827	6.3	0
We are always learning	5.3	792	5.9	-0.3
We work flexibly	6.4	818	6.7	-0.3
We are a team	7	826	7.1	-0.1
Staff engagement	7.2	827	7.2	0
Morale	6.1	828	6.1	0

2023 Areas of Focus

Taking in to account the 2022 NHS Staff Survey Trust data, the Trust-wide areas of focus for 2023 are:

- **We are recognised and rewarded**
- **We are always learning**
- **We work flexibly**
- **We are a team**

2021 v 2022 Trust Data

The Trust has seem improvement across the majority of the seven Staff Survey People Promise themes and two element themes, with the exception of 'We are recognised and rewarded' where there has been a decrease, please see table below. **Green** highlights 2022 trust score same or increase from 2021 Trust score. **Red** highlights a decrease from 2021 Trust score:

People Promise Element / Theme	2021 score	2022 score	Comparator Difference
We are compassionate and inclusive	7.6	7.6	0
We are recognised and rewarded	6.3	6.1	-0.2
We each have a voice that counts	7.1	7.1	0
We are safe and healthy	6.2	6.3	0.1
We are always learning	4.9	5.3	0.4
We work flexibly	6.4	6.4	0.0
We are a team	7	7	0
Staff engagement	7.2	7.2	0
Morale	5.9	6.1	0.2

2022 Trust v Directorate Data

Below displays Directorate Data. **Green** highlights where the 2022 Directorate score is the same or above the 2022 Trust score. **Red** highlights where the 2022 Directorate score is below the 2022 Trust score:

People Promise Element / Theme	Trust	Corporate Estates	Corp Ops	Corp Safeguarding	Dental Central	Dental East	Dental West	Halton Adults	Halton Children	St Helens Children	Warrington Adults	Warrington Children
We are compassionate and inclusive	7.6	7.4	8.1	8.2	7.2	7.7	7.6	8	7.4	7.3	7.3	7.9
We are recognised and rewarded	6.1	6	6.9	7.1	5.8	6.1	5.9	6.3	6.1	5.5	5.5	6.3
We each have a voice that counts	7.1	7.1	7.7	8.1	6.6	6.8	6.2	7.4	6.9	6.8	6.6	7.3
We are safe and healthy	6.4*	6.8	6.9	6.9	6.5	6.4	6.8	6.2	6.2	7.3	5.8	6.3
We are always learning	5.3	4.6	5.8	6.1	4.9	4.6	4.5	5.9	5.3	4.7	5.1	5.5
We work flexibly	6.5*	6.3	8.1	8	5.7	6.1	5.3	6	6.1	5.9	6.2	6.7
We are a team	7	6.4	7.7	8.2	6.4	7	6.8	7.4	6.9	6.6	6.5	7.3
Staff engagement	7.2	7.2	7.6	8	6.9	6.9	6.5	7.5	7	7.1	6.8	7.4
Morale	6.1	6.4	6.4	7.2	6.1	6	6.4	6.1	5.8	6.2	5.6	6.1

(* = These results are compared to the unweighted average for the organisation. As such, those marked with a * show a slight difference to the benchmark report Trust score)

Bridgewater Community Healthcare NHS Foundation Trust

Staff Survey Action Plan

Within Bridgewater, we want our culture to be positive, compassionate, and inclusive. We all have a part to play in this. Each Staff Survey Action Plan is a live document for each lead/Directorate to update on their development, changes and improvements over the next twelve months. Particular attention should happen to the Trust areas of focus (highlighted in yellow) and areas of development within each Directorate (RAG rated **red**) and discussed at relevant Trust meetings i.e. Performance Council and Directorate Leadership Team (DLT) meetings:

Promise / Element	2022 Trust Score	RAG	Steps to Take	Outcomes & Measures	Timescales	Lead(s)	Updates
	BCHFT CT average		What are the deliverables that will be developed?	What outcome is expected and how will it be measured?	Estimated completion date	Lead taking this forward.	Provide update on steps, outcomes and measures.
We are compassionate and inclusive	7.6 7.6	G					
We are recognised and rewarded	6.1 6.4	R					
We each have a voice that counts	7.1 7.1	G					
We are safe and healthy	6.3 6.3	G					
We are always learning	5.3 5.9	R					

Promise / Element	2022 Trust Score	RAG	Steps to Take	Outcomes & Measures	Timescales	Lead(s)	Updates
We work flexibly	6.4 6.7	R					
We are a team	7.0 7.1	R					
Staff Engagement	7.2 7.2	G					
Morale	6.1 6.1	G					

BOARD OF DIRECTORS

Title of Meeting	BOARD OF DIRECTORS	Date	06 April 2023
Agenda Item	27/23iv		
Report Title	PEOPLE PLAN		
Executive Lead	Paula Woods – Director of People & Organisational Development		
Report Authors	Paula Woods – Director of People & Organisational Development Jo Waldron – Deputy Director of People & Organisational Development		
Presented by	Paula Woods – Director of People & Organisational Development		
Action Required	☐ To Approve	☒ To Assure	☒ To Note
Executive Summary			

Published in July 2020 by NHS England, the NHS People Plan's aim is to have more people, working differently, in a compassionate and inclusive culture within the NHS.

A year after the NHS People Plan was published, we saw the introduction of the NHS Our People Promise, which outlines behaviours and actions that staff can expect from NHS Leaders and Colleagues, to improve the experience of working in the NHS for everyone. There are seven People Promises. We measure our progress against these by way of the annual NHS Staff Survey and NHS Pulse Surveys that enable a temperature check on a quarterly basis.

Following on from the release of these publications, we refreshed our Workforce Strategy and renamed it People Strategy. This progressed through various ratification channels and on to Trust Board. Our People Strategy refresh included a review of its nine strategic aims which ultimately support the delivery of the People Plan. We have subsequently revisited our PEOPLE Values and their underpinning behavioural statements.

The Trust's approach to the delivery of the NHS People Plan, Promises and its resultant People Strategy is by way of our People Operational Delivery Groups (PODs), of which there are 4:

1. Recruitment and Retention
2. Health and Wellbeing
3. Education and Professional Development and;
4. Culture and Leadership

A report was presented to the Trust's People Committee on the 15th of March 2023. It provides an overview of the programmes of work taking place in each POD. It should be noted that progress reports are taken to the Committee periodically and there is an overall Action Plan. To reduce the amount of paperwork presented, we report on progress since the last report is tabled.

Previously considered by:	
☐ Audit Committee	☐ Quality & Safety Committee
☐ Finance & Performance Committee	☐ Remuneration & Nominations Committee
☒ People Committee	☐ EMT

Strategic Objectives
☒ **Equality, Diversity, and Inclusion** – to actively promote equality, diversity and inclusion by creating the conditions that enable compassion and inclusivity to thrive
☒ **Innovation and collaboration** – to deliver innovative and integrated care closer to home which supports and improves health, wellbeing and independent living
☒ **People** – to be a highly effective organisation with empowered, highly skilled and competent staff
☒ **Quality** – to deliver high quality, safe and effective care which meets both individual and community needs
☒ **Sustainability** – to deliver value for money, ensure that the Trust is financially sustainable and contributes to system sustainability

How does the paper address the strategic risks identified in the BAF?							
☐ **BAF 1**	☐ **BAF 2**	☒ **BAF 3**	☐ **BAF 4**	☒ **BAF 5**	☒ **BAF 6**	☐ **BAF 7**	☐ **BAF 8**
Failure to implement and maintain sound systems of corporate governance	Failure to deliver safe & effective patient care	Managing demand & capacity	Financial sustainability	Staff engagement and morale	Staffing levels	Strategy & organisational sustainability	Digital services

CQC Domains:	☒ Caring	☒ Effective	☒ Responsive	☒ Safe	☒ Well Led

BOARD OF DIRECTORS

Title of Meeting	BOARD OF DIRECTORS	Date	06 April 2023
Agenda Item	27/23iv		
Report Title	PEOPLE PLAN		
Report Authors	Paula Woods – Director of People & Organisational Development Jo Waldron – Deputy Director of People & Organisational Development		
Purpose	To provide an update to Board on the progress being made in relation to the delivery of the NHS People Plan and Promises in line with our People Strategy and People Operational Delivery Groups (PODs).		

1. SCOPE

1.1 To inform the Board of the approach that we are taking in relation to the delivery of the NHS People Plan and People Promises in line with our People Strategy and People Operational Delivery Groups.

1.2 To provide a progress update on the delivery of the People Plan and Promises and commitments outlined in the Trust's People Strategy.

1.3 To provide the Board with assurance on the significant amount of work being undertaken to support our Bridgewater PEOPLE which is routed through the Trust's People Committee.

2. INTRODUCTION

2.1 Published in July 2020 by NHS England, the NHS People Plan's aim is to have more people, working differently, in a compassionate and inclusive culture within the NHS.

2.2 The plan also includes the NHS Our People Promise, which outlines behaviours and actions that staff can expect from NHS Leaders and Colleagues, to improve the experience of working in the NHS for everyone.

3. OUR PEOPLE STRATEGY

3.1 Our People Strategy was refreshed following national people publications. It has nine strategic aims which ultimately support the delivery of the NHS People Plan and its Promises.

3.2 A copy of the latest re-branded People Strategy is in Appendix A. This includes updated PEOPLE Values and underpinning behavioural statements.

4. OUR APPROACH

4.1   The Trust's approach to the delivery of the NHS People Plan and its People Strategy is by way of our People Operational Delivery Groups (PODs), of which there are 4:

1. Recruitment and Retention

2. Health and Wellbeing

3. Education and Professional Development and;

4. Culture and Leadership

4.2   The work committed to in each POD is driven by associated Trust data and is underpinned by the appropriate NHSE/I Guidance, Frameworks and Toolkits. There are reporting schedules that we must adhere to, and we are required to send in several returns, documentary evidence and also attend webinars at regional and national levels.

4.3   The People Directorate's approach is one of "what gets measured, gets done" and we are all clear on our people priorities. Not only do they respond to national and regional requirements, they also ensure delivery on our Quality & Place Strategy.

4.4   Membership of the PODs is focused on ensuring the right subject matter experts are involved to ensure programmes of work have the right input, skills and expertise.

4.5   There is an equal spread of Operational, Clinical and Corporate membership, and an Operational Associate Director is aligned to each POD. They take responsibility for updating each other.

4.5   There is a recognition that there are inherent links between the workstreams in each POD, and the Chair ensures that there is sufficient alignment to ensure work is joined up and avoids duplication of effort. The PODs are the equivalent of a Trust Council i.e. Risk Management.

4.6   A number of Task and Finish groups sit under the PODs to ensure the appropriate delivery. Highlight reports are presented to guarantee that projects remain on track and that any barriers to delivery can be supported by the wider group and escalated accordingly.

5. GOVERNANCE

5.1   The report in Appendix B was presented to the People Committee on the 15th of March 2023 and provides an overview of the programmes of work taking place in each POD.

5.2   The report was very well received at the Committee and the extensive work being undertaken was commended by Committee Members.

5.3　　The Trust's Lead Governor, Christine Stankus observed the Committee and in her articulate and structured review of the meeting, she noted the extensive work being progressed through the PODs. Furthermore, she referred to a recent visit to the People Directorate and made reference to staff's enthusiasm and commitment to the work of the PODs.

5.4　　Our people agendas will be highlighted at the Council of Governors meeting in April where the Director and Deputy Director of People & OD have a dedicated slot on the agenda.

6. RECOMMENDATION

6.1　　It is recommended that the Board:

- note the content of the report, along with appendices A and B.

- are assured on the delivery of the NHS People Plan, Promises and the Trust's People Strategy via the four well established PODs.

7. APPENDICES

Appendix A　　　　Bridgewater's People Strategy

Appendix B　　　　People Operational Delivery Groups – POD Progress Report

PEOPLE

STRATEGY

JANUARY 2023

NHS
Bridgewater
Community Healthcare
NHS Foundation Trust

Contents

Introduction

Paula Woods

Director of People & Organisational Development

I would like to welcome our staff, volunteers and those engaged to work at Bridgewater to our People Strategy which sets out our firm commitment to developing and supporting our people so that they are equipped with the right knowledge and skills to continuously improve the quality of care for our patients and service users. It also outlines how we will make this a reality, in term of having the right policies, processes, skills, equipment and environment to provide a great service irrespective of role.

We have embraced many changes over recent years including but not exclusively, developing new roles, accessing apprenticeships, working differently and upskilling. All done with the purpose of improving the quality of care provided to our patients. Reflecting back to, 2020 will be a period of time the NHS will never ever forget. The Covid-19 Pandemic has been the most significant challenge in the 73-year history of the NHS.

Key to our continued success as a Trust is that we effectively work across our organisational boundaries with borough partners as we create our future integrated care models, delivered safely and with patient experience at its heart by 'One Workforce' irrespective of employer.

Our aim is to ensure that all those who work for the Trust strive to be outstanding in all they do and that they believe that we are all focused on providing safe high quality care, which is responsive, caring and effective in terms of providing good outcomes for our patients. Staff health and wellbeing, as well as that of our patients is paramount. All providers of care have worked hard and much more closely together to meet the unprecedented levels of demand, putting the needs of patients and communities first.

The strategic priorities set out in this strategy will be reviewed annually to ensure our plans and key projects support the delivery of the strategy in practice. We have refreshed the Trust's overall Quality & Place Strategy and as part of that review, we have captured significant people developments nationally and regionally around the support our staff can expect locally for us to deliver the NHS People Plan and its People Promises.

Foreword

Our healthcare workforce is changing, roles and responsibilities are evolving and traditional organisational demarcation lines are being eroded in the face of new ways of working. During the years ahead the NHS will continue to evolve as it recovers from the pandemic.

I believe that we have a strong future as part of a progressive local integrated health and care system which supports our populations to live long and healthy lives independently. There were many examples of true system working during the pandemic which provided improved outcomes for patients and this is something we will continue to focus on to meet the growing challenges that we face.

Our staff remain our greatest asset and we aim to retain our highly skilled and committed staff by enabling flexible careers, having supportive employment models and ensuring we have the right skills, competencies and equipment to allow staff to do their jobs.

We anticipate our organisational form changing over the next 3 years as we align our ambition and service offer to the development of Integrated Care Systems and the creation of Integrated Care Teams within boroughs, including working differently with our partners within Primary Care, Voluntary and Community Sector (VCS), Acute Providers, Local Authorities, Social Care, and Education. Integral to this is the NHS People Plan published in July 2020 and it's subsequent People Promises published in 2021, which you will see are prevalent in this strategy, our people objectives and our key priorities.

We recognise that our future workforce will be supported by unpaid volunteers and carers and our plans will help to ensure that they too are appropriately supported, developed and trained.

This strategy is our commitment to our staff, to support them to improve health and wellbeing in the communities we serve, whilst we equally support their wellbeing.
As a key provider and partner in the emerging ICS in our boroughs, it is crucial the links between community services

Colin Scales
Chief Executive

Our Strategic Objectives

Bridgewater Community Healthcare NHS Foundation Trust delivers out of hospital care and currently provides services across Warrington, Halton, and St Helens. It also provides extensive Specialist Dental Services within Bolton, Bury, Glossop, Halton, Heywood, Middleton, Oldham, Rochdale, Salford, Stockport, St Helens, Tameside, Trafford, Eastern and Western Cheshire.

Our five strategic objectives make clear our vision to be an outstanding provider of community services:

Innovation & Collaboration
Delivering innovative and integrated care closer to home which supports and improves health, wellbeing, and independent living.

Quality
Delivering high quality, safe and effective care which meets both individual and community needs.

Sustainability
Delivering value for money, ensure that the Trust is financially sustainable and contributes to system sustainability.

People
To be a highly effective organisation with empowered, highly skilled, and competent staff.

Equality, Diversity & Inclusion
To actively promote equality, diversity, and inclusion by creating the conditions that enable compassion and inclusivity to thrive.

What we want to achieve:

To be a highly effective organisation with empowered, highly skilled and competent staff.

Our Strategy

Over the next 3 years we will work to:

Implement and deliver on the actions required of the 'We are the NHS: People Plan – action for us all".

Deliver the "NHS Our People Promise" – a promise we must all make to each other to improve the experience of working in the NHS for everyone, making the NHS the best place to work and an employer of choice.

We will create a progressive, collaborative, safe and healthy working environment that is conducive and beneficial to both staff and patient experience.

We will attract and recruit the best staff who aspire to work within an innovative community healthcare integrated organisation and our recruitment will select those who align to our inclusive culture, values and our future plans for community services.

Create an environment in which our staff can see (and are rewarded for) an alignment between their overall contribution and the quality of patient care delivered.

To develop a culture of continuous quality improvement to support patient safety and the quality of care delivered.

Enable the delivery of high quality and safe healthcare as we strive to be rated as 'outstanding' and aim to improve the health of our local communities.

Engage in the integration of health and social care, working in multi-disciplinary teams to support the 'system' and the communities we serve.

How we are doing this now

Some of our current work in these areas includes:

1 **An action plan with programmes of work that underpin the NHS People Plan and Promise to be delivered through the Trust's PEOPLE Hub and People Operational Delivery Groups (PODs):**

- Health and wellbeing
- Flexible working
- Equality and diversity
- Culture and leadership (including the implementation of a "Just Culture")
- New ways of delivering care
- Growing the workforce
- Recruitment
- Retaining staff
- Recruitment and deployment across systems

There are specific commitments and pledges to support the above:

- Looking after our people – with quality health and wellbeing support for everyone

- Belonging in the NHS – with a particular focus on tackling the discrimination that some staff face

- New ways of working and delivering care – making effective use of the full range of our people's skills and experience, including the rolling out of an e-roster system

- Growing for the future – how we recruit and keep our people, and welcome back colleagues who want to return

2 **A suite of Key Performance Indicators (KPI), metrics and measures to enable us to monitor and evaluate our progress, including the NHS Staff Survey and NHS Quarterly Pulse Survey**

3 **Communication, Engagement and OD Plans and Frameworks**

4 **Talent Management and Succession Planning Frameworks**

How we will do this in the future

We will:

Deliver our People Strategy via a People Hub underpinned by People Operational Delivery Groups (the PODs).

Maximise our workforce intelligence to fully understand our workforce profile to inform workforce planning utilising Population Centric Workforce Planning approaches.

Promote 'Grow your Own' initiatives with the local community to understand the potential future workforce and create job pipelines with colleges, local businesses and our strategic partners within each borough.

Maximise utilisation of the apprenticeship levy to support the development of our workforce.

Realise the added value to our workforce of our volunteers, third sector organisations and the armed forces.

Create opportunities for working together with our community and other health and social care providers.

Create a culture where we are supportive of innovative roles – new ideas and innovative ways of working, upskilling and transforming services.
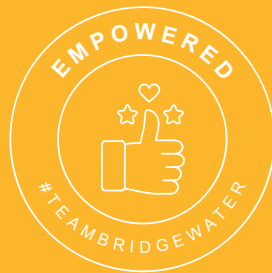
We are Bridgewater

P E O P L E

PERSON CENTRED
#TEAMBRIDGEWATER

We are passionate about individual needs and promote independence in the healthcare that we provide.

EMPOWERED
#TEAMBRIDGEWATER

We empower our people and encourage new ideas to deliver and create improvements in community care.

OPEN & HONEST
#TEAMBRIDGEWATER

We behave in a way that develops relationships based on trust, openness, honesty and respect.

PROFESSIONAL
#TEAMBRIDGEWATER

We support our people, so everyone has the right skills and training to deliver outstanding patient care.

LOCAL
#TEAMBRIDGEWATER

We are always learning about our communities and show great pride in being a local provider of health and care.

EFFICIENT
#TEAMBRIDGEWATER

We use our resources wisely to provide sustainable and value for money healthcare for our patients.

Our positive partnership working arrangements support our people values. Our Staff-side Colleagues work closely with us on our people agendas.

People Strategy Vision

At Bridgewater Community Healthcare NHS Foundation Trust our strategic vision for the people we employ is to create a modern employment culture where staff want to work, to deliver innovative models of care.

The Trust's Board of Directors

Our Pledge to You

The Trust Board are committed to delivering this People Strategy and the aim is to ensure that, like all the best organisations, the focus is on constant improvement, innovation and adaptation. The Board pledge to:

- **Set out the vision for the people that work for it and how they can deliver quality and safe services to patients and service users**
- **Ensure that the leadership and culture of the Trust focuses on how we deliver the People Plan Pledges and Promises, whilst monitoring performance delivery**
- **Invest in developing our workforce so that they have the skills fit for the future**
- **Help support a system where staff know what the direction of the Trust is, so that leaders can develop their business plans and support their staff**

Direction Setting

- **We want to ensure that we know how good we are and where we stand relative to the best and that we outline for staff our People Strategy and vision**
- **We will engage staff on issues that will impact on their work and career choices and co- produce innovative solutions to future models of care, integration and collaboration**
- **We will ensure that due to our governance systems, we know where our risks are and that we have plans to ensure we manage, mitigate and reduce risks**
- **We ensure that we have the knowledge and skills in the Trust so that we can respond to the changing health and social care landscape and that we are well placed to deliver the NHS Long Term Plan, its People Plan and People Promises**
- **We have robust data and information that can show the effectiveness of our people practices**

Our Commitment to Each Other

Our strategic vision for the people we employee is to create a modern employment culture where staff want to work, and where they are equipped with the skills and flexibility to deliver innovative models of care

		We will	You will
Our commitment and expectations of the people we employ	**P**	Ensure visible, accessible, compassionate leadership and recognise your hard work and performance ensuring it is centred on achieving the best possible health and care outcomes for our communities	Embrace #TeamBridgewater, believe inyourself and treat others with mutual trust and respect so that you can focus on achieving the best health and care outcomes for your patients and service users
	E	Engage and involve you in decisions affecting your roles whilst embracing and helping us to shape future outstanding community care	Be efficient, flexible and professional and engage with learning and development opportunities to ensure you continuously learn and grow
	O	Model the 'PEOPLE' behaviours and care and support you so that you maintain your health, wellbeing and safety	Model the 'PEOPLE' behaviours and take care of your own health, wellbeing and safety
	P	Listen to you, recognise everyone's contribution to the care we provide to our communities and strive to have the necessary skills to deliver outstanding care	Raise issues and concerns appropriately and have your say so that you maintain your skills to be able to provide future models of care and provide outstanding services
	L	Working in partnership with our communities and with you so we are responsive to changing needs as we develop future models of care delivery	Recognise the changing health and social care landscape so that you can knowledgeably tailor care to the needs of local communities
	E	Support the delivery of our services and always aim to give you the resources needed to do a good job	Always act in the patient /service users best interest putting 'quality first and foremost'

THE NHS PEOPLE PLAN

The pledges and actions within the NHS People Plan fall under nine headings:

1. Health and Wellbeing
2. Flexible Working
3. Equality and Diversity
4. Culture and Leadership
5. New ways of Delivering Care
6. Growing the Workforce
7. Recruitment
8. Retaining Staff
9. Recruitment and Deployment across Systems

HEALTH & WELLBEING

Pledge: We will create and sustain a progressive 'person centred' health and wellbeing offer, that is conducive and beneficial to our people and patient experiences

Appointment of a Wellbeing Guardian at Board level – Chair of the People Committee

Staff Wellbeing Champions

Effective infection, prevention and control measures, including personal protective equipment (PPE) and staff vaccinations

Occupational health and Counselling Services

All staff will have a health and wellbeing conversation as part of their personal development review and 121 meetings

Promotion and monitoring of risk assessments for vulnerable staff and those suffering from stress

All staff will be supported to take their rest breaks and annual leave and will be supported as best possible, to manage the physical and phycological demands of work

Prevention of violence, bullying,Prevention of violence, bullying, harassment and abuse (our Civility & Respect commitments)

A just and learning culture that advocates civility and respect, reducing the need to revert to formal procedures (where appropriate to do so)

Support for an open and transparent culture so that staff feel free to raise concerns

Ensuring that people working from home can do so safely and have the support to do so, with the equipment they need

Respond to internal and external feedback to ensure that our workforce recommend the Trust to their friends and family as a place to work and receive care/treatment

Build resilience within the workforce at all levels, recognising mental health, physical wellbeing and psychological safety

A focus on health and wellbeing to support decreased work related stress and burnout

A person-centred and holistic approach to managing and handling absence and presenteeism

Strategic Priority 2
FLEXIBLE WORKING

Pledge: To attract, develop and retain a workforce that is agile in nature and works as flexibly as possible to enable the balancing of home and work lives, whilst maintaining the best possible delivery of high quality care to patients and service users

Regular promotion of our Board's commitment to flexible and agile working practices

A continuation of the Trust being open to all clinical and non-clinical permanent roles being flexible

Flexible working to be promoted at induction and in annual appraisals, supervision and 121 discussions

Requesting of flexible and agile working to be looked on as favourably as possible, regardless of role, team, grade etc

Ongoing review of our Employee Adjustment Passport to support staff with disabilities and caring responsibilities

Ongoing commitment to being a Disability Confident Leader (as accredited)

Ongoing review of our Flexible and Agile Working Policies and Practices that are available to people on day one of working for the Trust

Flexible working to be an integral part of health and wellbeing conversations which should take place regularly

EQUALITY & DIVERSITY

Pledge: We will attract and recruit a diverse workforce who aspire to work within an innovative community healthcare integrated organisation and our recruitment will select those who align to our inclusive culture and our future plans for community services (collaboration and integration)

Review our recruitment and promotion practices to make sure that staffing levels reflect the diversity of the communities that we serve

Work to reduce any ethnicity gaps in formal disciplinary and grievances processes

Become an 'Employer of Choice' across all staff groups, by offering a modern employment culture, harnessing a bespoke approach to local, regional, national and international labour markets

Develop a unique and flexible employment package to attract the best talent

Identify our 'difficult to recruit' posts and create bespoke recruitment campaigns to address these

Review best practice and ensure our 'offer' is reflective and responsive to the organisation's needs

Maximise our workforce intelligence to fully understand our workforce profile to inform workforce planning, utilising Population Centric Workforce Planning approaches

Tackle health inequalities within our communities and strive to improve the quality of their lives and access to employment and services

Develop our on-boarding approach so that we appeal to staff with Protected Characteristics because we have adopted an inclusive approach to our recruitment and we enhance the induction and preceptorship and support to all new staff

Complete Quality Impact Assessments (QIA) for any fundamental changes made to our workforce and service delivery, ensuring the quality of care we deliver is not adversely affected

Embedding equality, inclusion and diversity as fundamental principles in all activities affecting current and future workforce

CULTURE & LEADERSHIP

Pledge: We want to create an environment in which our staff feel safe, well-led and fully supported throughout their working lives to provide the best possible healthcare to the communities we serve

Further develop the Trust's Reward, Recognition and Retention Packages so that they are flexible and equitable for all our colleagues

Promote a just and learning culture where staff feel confident to raise concerns and report incidents, creating a culture of phycological safety

To promote a culture whereby we refer less to formal grievance and disciplinary procedures, where it is appropriate to do so

Ensure flexible and agile working opportunities are available for staff including flexible retirement, fixed term contracts, varying shift patterns, agile working and hot desking

Empower our colleagues to access opportunities to ensure they have the right competence, the right skills and knowledge to deliver the best possible care and support services

Capture and share our success stories, recognising our role models and sharing this learning through recognition schemes, the promotion of achievements and awards

Enhance and develop our Health & Wellbeing programmes, ensuring they are reviewed and evaluated annually to best meet the needs of the Trust

Build our talent management and succession planning processes to provide opportunities for staff who demonstrate the aptitude to progress

Develop a planned and systemic approach management and leadership development

Promote integrated and inclusive approaches to personal and professional development through our structured 'My Plan' process

Create opportunities for our people to gain experience of the wider health economy through participation in rotational posts

NEW WAYS OF DELIVERING CARE

Pledge: We are committed to developing a culture of continuous quality improvement to support patient safety and high levels of quality of care delivered by our people to the diverse communities they serve

Create and support a culture of workforce transformation

Continued focus on developing skills and expanding capabilities to create more flexibility, boost morale and support career progression

Embed workforce planning frameworks and approaches

Develop and evaluate the impact of new roles and new ways of working and create a climate to work differently

Support 'portfolio careers' for people seeking very flexible and transferrable development opportunities

Source funding streams and collaborative working opportunities

Understand regulatory frameworks and the potential impact on our workforce/services

Provide assurance of our Education activity through the Education Governance Frameworks

Enrich and strengthen our workforce through 'Grow your Own' initiatives
Support joint posts and working arrangements

Proactively identify training needs to respond to changes in the local health and social care economy

Realise the potential of our volunteers and carers to enhance service delivery
Upskill our workforce to support them to work in a digitally enabled environment

Support and upskill our colleagues to maximise the opportunities for `evidence based' decision making

Promote sharing of best practice across boroughs and services, and the system as a whole

To work with our partners by way of multi-disciplinary teams and integrated pathways and ways of working

GROWING THE WORKFORCE

Pledge: Enable the delivery of high quality and safe healthcare as we strive to be 'outstanding' and aim to improve the health of our local communities

Full integration of education and training into restart and recovery plans following the pandemic

Releasing the time of Educators and Supervisors to support the expansion of clinical placement capacity

Increased focus on support for students, placements and trainees
Maximising the potential of workforce systems to develop an inclusive, in depth understanding of our workforce

Develop an internal bank and work to develop a shared approach with other Trusts to drive down premium costs

Ensure people have access to continuing professional development, supportive supervision, and protected time for training

Embed systems that support revalidation and preceptorship across professional groups

Ensure appropriate utilisation of a temporary workforce within local and national guidance

Deliver cost effective services which can demonstrate added value across Cheshire & Merseyside

Maximise our medical and dental workforce, improve productivity and modernise careers across community, primary and social care settings

Support and monitor the transition of staff into new teams as part of a programme of organisational change, integrated and collaborative working

Prepare for and implement as appropriate nationally agreed new employment contracts

Share learning through our lessons learned frameworks

RECRUITMENT

Pledge: To attract and recruit a diverse rage of people into health and care careers and corporate support, managerial and executive roles

Increase recruitment to roles such as Health Care and Clinical Support Workers, highlighting the importance of these roles for patients and other Healthcare Workers as well as potential career pathways to other registered roles

Actively work alongside schools, colleges, universities and local communities to attract a more diverse range of applicants

More Apprenticeships, ranging from entry level jobs through to senior clinical and managerial roles

Maximise utilisation of the Apprenticeship Levy to support the development of our workforce

Realise the added value to our workforce of our volunteers, third sector organisations and the armed forces

Make better use of routes into the NHS, supporting routes into non-clinical as well as clinical roles

Encourage our former people to return to practice as a key part of our recruitment drives and campaigns

Develop Lead Recruiter and system-level models of recruitment which will improve support for new starters as well as being more efficient and better value for money

Work in partnership with our managers to strengthen and streamline our recruitment processes

Promote 'Grow your Own' initiatives with the local community to understand the potential future workforce and create job pipelines with colleges, local businesses and our strategic partners within each borough

Utilise multiple media platforms to attract the best talent, using innovative recruitment and retention initiatives such as the Staff App

RETAINING STAFF

Pledge: To attract, develop and retain our People, making the Trust a model employer, an employer of choice and most of all a brilliant place to work and provide the best possible healthcare to the communities we serve

Design roles which make the greatest use of each person's skills and experience and fit with their needs and preferences

Ensure that staff have a robust onboarding experience following their induction, gathering employment experience data through a series of onboarding questionnaires over a 12-18 month period

Ensure that staff who are mid-career have career conversations

Ensure that staff are aware of the increase in the annual allowance pension tax threshold

Make sure potential returners, or those who plan to retire are aware of the ongoing pension flexibility

Strengthen the approach to workforce planning to sure the skills of our people and teams more effectively and efficiently

Work with NHSE/I's regional teams to further develop competency based workforce modelling and planning, including assessing any existing skills gaps' and agreeing, where possible, system wide action to address this

Ensure the best possible people policies and practices

Ensure that our strategic priorities from one to nine are an integral part of everyone's working experience with us

RECRUITMENT & REDEPLOYMENT

Pledge: To support the systems within which we operate, actively working with other Trusts, Primary Care, Social Care, the Voluntary Sector and beyond……..

Working with schools, colleges, universities and local communities

Better use of our volunteering, work experience/placements and apprenticeships schemes

Develop workforce sharing agreements and memorandums of understanding to enable system deployment of our people across health and social care and the system as a whole

When recruiting temporary staff, we will prioritise the use of Bank Staff before more expensive Agency and Locum Options, thus reducing the use of 'off framework' agency shifts

Joint posts

Hosting arrangements

Honorary contracts

Rotational posts and rotational working arrangements

Secondments

Support for the Provider Collaborative

Support for place-based partnerships and workforce planning

Collaborative Banks

Staff Passports

Integrated Teams / Multi-Disciplinary Teams

National Drivers
The NHS Our People Promise

The NHS People Plan sets out what our NHS people can expect from their leaders and each other to make the NHS the best place to work. The NHS 'Our People Promise' was created by way of significant engagement with those working in the NHS. Its seven elements form the framework that embodies the importance of employee experience and quality of work, as well as a fully understood, consistent and standardised way of talking about employee experience.

We have mapped the 'Promises' to our existing frameworks. Our success will be evident in our annual NHS Staff Survey results and Quarterly NHS Pulse Survey Results. From 2021, the Survey as been aligned to all elements of the People Promise. There are two remaining themes – Morale and Staff Engagement.

We are **compassionate** and **inclusive**

We are **recognised** and **rewarded**

We each have **a voice that counts**

We are **safe** and **healthy**

We are **always learning**

We work **flexibly**

We are **a team**

National Drivers - The NHS Our People Promise

We are safe and healthy

** We're considerate of each other's time and mindful of each other's workload and the physical and emotional impact this can have.

** Wellbeing is our business and our priority. We stay mentally and physically fit and healthy through working hour limits, healthier food choices and access to schemes to help us stay in shape.

** If we're unwell ourselves, we are supported to get the help we need, take the time to recover, and return to work at our own pace.

** Our occupational health and wellbeing services are there for us when we need them, with rapid access to help with work- related mental and physical injury and illness.

** We have clean safe spaces to rest and reflect, and access to hot food and drinks, including fresh water. These are the basics, but they really matter and can't be underestimated.

** We have the technology and equipment we need to keep us safe, deliver the best possible care, and make the best use of our time and our skills.

We are always learning

** Opportunities to learn and develop while working for the NHS are plentiful.

** Our management and supervision are first class – with regular reviews of work-load, and opportunities for two-way feed-back and appraisals – to ensure we are able to realise our potential.

** We are supported to invest in our careers, through formal and informal training, to reach our personal and professional goals. We have the time, space, and funding to do this.

** The many career options mean we can experience a variety of health and care settings, skills and practice, and progress to different roles.

** There are opportunities to take advantage of shadowing and secondments, coaching and mentoring, and contribute towards research and teaching.

** We exchange our skills and knowledge across the local health and care system, and beyond.

We work flexibly

** Our work doesn't mean we have to sacrifice family, friends or interests.

** Predictable working patterns and hours, that we have a say in agreeing, make a real difference to our lives and our wellbeing.

** That's why we have access to new rostering technology that lets us take more control over when we work.

** We can work flexibly, doing whatever work pattern fits our needs, regardless of the type of role we're in.

** As a modern and model employer, flexible and less than full-time working isn't a barrier to progress in the NHS – it is commonplace.

** If we have unpaid caring duties, we are supported and helped to return to work if we take time off to look after someone.

** We are able to come back to the NHS even after we retire, if we still want to contribute our expertise.

National Drivers - The NHS Our People Promise

We are compassionate and inclusive

** We are kind and respectful.

** We all feel the pressure at times, but we care for each other, as we care for our patients.

** We don't tolerate any form of discrimination, bullying or violence, and call out inappropriate behaviour.

** We are open and inclusive.

** We understand, encourage, and celebrate diversity, making the NHS a place where we all feel we belong.

We are recognised and rewarded

** We are recognised and appreciated.

** We have a fair salary, competitive pension and an attractive package of extended benefits, whatever our role.

** We have more choices. We can buy and sell unused holiday and arrange unpaid leave, if this is what we'd prefer.

** We also enjoy enhanced maternity and shared parental leave.

** We have access to employee assistance programmes for advice and support on issues like caring responsibilities and financial wellbeing.

We each have a voice that counts

** We all feel safe and confident when expressing our views. If something concerns us, we speak up, knowing we will be listened to and supported.

** Our teams are safe spaces where we can work through issues that are worrying us.

** If we find a better way of doing something, we share it.

** We use our voices to shape our roles, workplace, the NHS, and our communities, to improve the health and care of the nation.

** We take the time to really listen – beyond the words – to understand the hopes and fears that lie beneath them.

** We help one another through challenges, during times of change, and to make the most of new opportunities.

We are a team

** The NHS is first and foremost one huge team. Regardless of our role, experience, or background, if we work for the NHS, we are part of that team.

** We are united by a desire to provide the very best care and support not just to those using our services, but to each other.

** We're also part of a growing team, with people from many different professions and roles, working together in a flexible way to respond to the changing needs of our patients. Being in a diverse team gives us a chance to learn from each other's experience, specialisms, and skills, working with a shared purpose.

** Our work is fulfilling – it makes a real difference and is rewarding.

** We give one another the space to innovate, we support each other when times are tough, and we take time to celebrate successes, small and large.

The Health & Care Bill - Our Future Direction

Integration and Innovation: Working together to improve health and social care for all

On 11 February 2021, the Department of Health and Social Care published the White Paper - Integration and Innovation: Working together to improve health and social care for all, which set out legislative proposals for a Health and Care Bill. This received Royal Assent in July 2022.

This brings together proposals that build on the recommendations made by NHS England and NHS Improvement.

The Health and Care system faces many challenges, including chronic staff shortages, deep health inequalities and an urgent need for the long-term reform of social care. The system will work together to find the best way out of these deep-seated challenges. The people that work in the system are more crucial then ever.
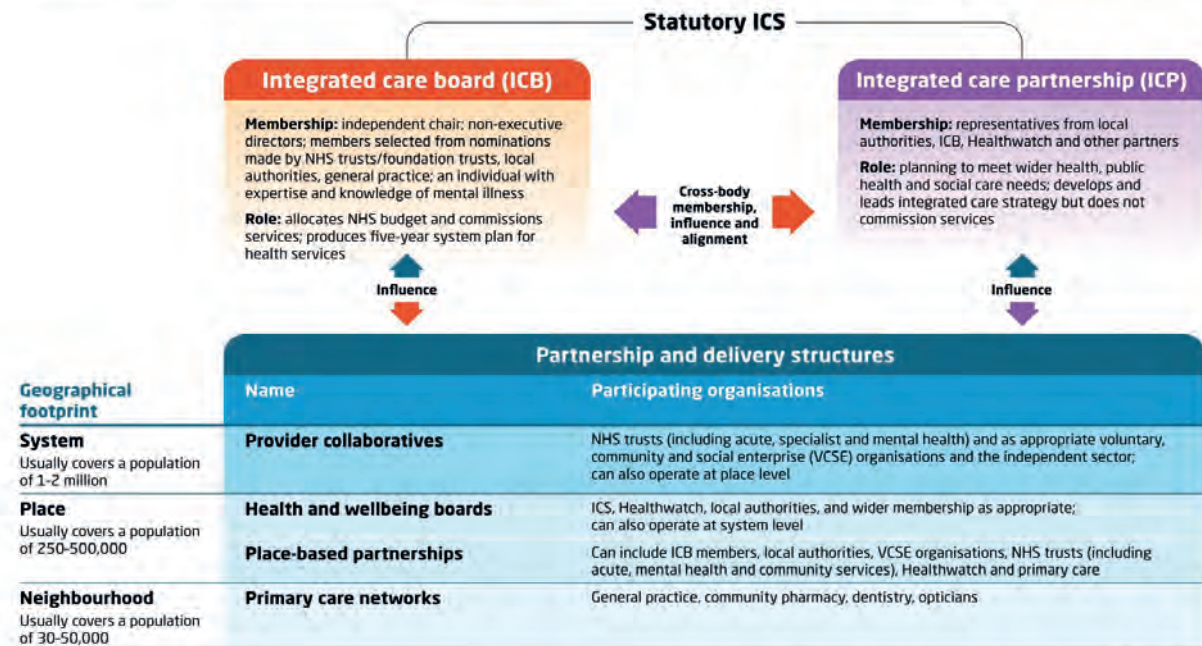
Integrated Care Systems: Integration & Collaboration

Integrated care systems (ICSs) are geographically based partnerships that bring together providers and commissioners of NHS services with local authorities and other local partners to plan, co-ordinate and commission health and care services. They are part of a fundamental shift in the way the health and care system is organised. The future is that of health and care organisations working together to integrate services and improve population health.

The following diagram and accompanying narrative uses the framework of system, place and neighbourhood to explain how organisations will contribute to system working at these different levels. Many organisations will work across more than one level. This flexibility is an important feature of ensuring ICSs can work effectively to meet local needs.   Our staff have a key part to play.

The Trust's PEOPLE Governance Arrangements

We will deliver our People Strategy over a 3 year period through partnership working with internal and external stakeholders. People Operational Delivery Group Action Plans have been introduced to underpin each of the People Plan Pledges and People Promises.

A 'People Hub' has been established to oversee the People Operational Delivery Groups (PODs) which report to the People Committee. The Committee which will monitor progress, along with all the operational aspects of this Strategy.

People Committee

▼

People Hub

▼

Pods

People Operational Delivery Groups and Partnership Working with Staff-side Colleagues
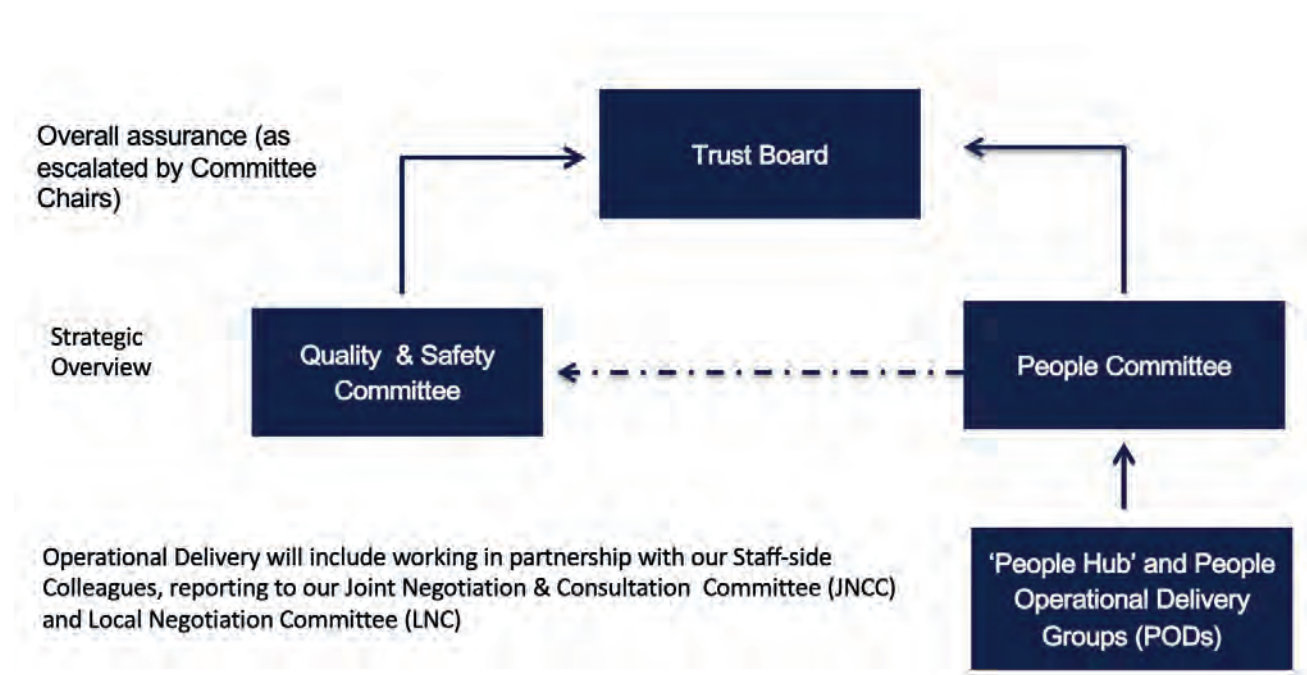
PEOPLE Operational Delivery Plans

KEY PERFORMANCE INDICATORS (KPIs) to be developed for year on year improvement and reported in line with the Trust's People Committee's business reporting cycle

If we achieve everything we set out in our People Strategy we should see the following:

Increased annual NHS Staff Survey Response Rates

Above peer average for all 9 themes on the national NHS Staff Survey

Turnover rates below the Trust target of 8%

Lower 'Actual' sickness absence rates against the Trust target of 4.8%

Lower 'Rolling' absence rates against the Trust target of 4.8%

Higher Retention Rates (length of service)

Tracked 'onboarding' candidates awaiting appointment to posts and improved induction attendance against the Trust's target of 95%

Personal Development Reviews(PDRs) compliance against the Trust target rate of 85%

An improved experience with PDRs and the quality of Appraisals (Staff Survey results)

Statutory & Mandatory Core Skills Training compliance improved against the Trust targets as set between 85% and 95%

Talent Management and Succession Planning implemented across the Trust

Increased applications from people wanting to work at the Trust

Increased diversity – in particular Senior, Executive and Board level roles

Increased opportunities for BAME staff to access training and development opportunities

Reduction in the number of disciplinary and grievance cases as we embrace the principles of a Just and Learning Culture

Reduced time to deal with disciplinary and grievance cases where the principles of a Just and Learning Culture identify the need to apply formal procedures

More productive use of our resources - maximisation of the Trust's e-rostering system, capacity and demand tools

More staff with agile and flexible working arrangements in place

Increases in the number of staff recommending the Trust to their family and friends as a place to work and receive care/treatment (measured by the NHS Staff Survey)

Collaborative working examples increasing - Integrated Care Teams and increased Multi-disciplinary Working

Evidence of our fulfilling of the NHS People Promises (measured by the NHS Staff Survey)

Increase in Volunteers, Apprenticeships and Work Experience Placements

Freedom to Speak Up – Staff reporting their awareness of the Guardian role across all services and how to access service

Reduction in the use of premium spend for workforce including overtime, on-call, agency and bank

Supporting Strategies, Frameworks and Plans

The People Strategy is an enabler to the Trust's Quality & Place Strategy, the national NHS Long Term Plan, the NHS People Plan and People Promises. There are a number of frameworks and plans that underpin the People Strategy, delivered by the People Hub and People Operational Delivery Groups (PODs):

People Operational Delivery Plans
Staff Engagement Plan
Organisational Development Plan
Leadership Development "Offer"
Talent Management and Succession Planning Frameworks
(Scope for Growth)
Workforce Plans

Glossary

BAME - Black, Asian and minority ethnic
BCHT – Bridgewater Community Healthcare NHS Foundation Trust
HR – Human Resources
ICS – Integrated Care System
ICB – Integrated Care Board
ICP – Integrated Care Partnership
ICT – Integrated Care Team
KPI – Key Performance Indicators
MDT – Multi Disciplinary Teams
NHSE/I – NHS England / Improvement
OD – Organisational Development
POD – People Operational Delivery Group
PDR – Personal Development Review

![NHS Bridgewater Community Healthcare NHS Foundation Trust]

People Operational Delivery Groups (POD)

Progress Update

Date: 15th March 2023

People Committee

Title	People Operational Delivery Groups (PODs) – Progress Report
Author	Jo Waldron – Deputy Director of People & Organisational Development
Presented by	Jo Waldron – Deputy Director of People
Date	15th March 2023
Purpose	To update the People Committee on the progress of the Trust's four PODs
Audience	People Committee

1.0 EXECUTIVE SUMMARY

1.1. This report specifically focuses on the progress of the four PODs that have been established to deliver on the NHS People Plan and People Promises, along with other People agendas. The four PODs are:

1. Recruitment and Retention
2. Health and Wellbeing
3. Education and Professional Development and;
4. Culture and Leadership

1.2. The **Health and Wellbeing POD** will focus on the following workstreams from the People Plan, whilst continuing to support areas of work in the other PODs:

- **Health and Wellbeing**

1.3. The **Recruitment and Retention POD** will focus on the following workstreams from the People Plan, whilst continuing to support areas of work in the other PODs

- **Recruitment**
- **Retaining Staff**
- **Recruitment & Deployment across Systems**
- **Flexible Working**

1.4.   The **Culture and Leadership POD** will focus on the following workstreams from the People Plan, whilst continuing to support areas of work in the other PODs

- **Equality and Diversity**
- **Culture and Leadership**

1.5.   The **Education and Professional Development POD** will focus on the following workstreams from the People Plan, whilst continuing to support areas of work in the other PODs

- **Growing the Workforce**
- **New Ways of Delivering Care**

2.0   PURPOSE OF THE PAPER

2.1   In each area of the NHS People Plan, the document sets out actions for employers, national bodies, and systems. Please find below a summary of the actions and POD progress to date, along with a glossary of abbreviations used:

POD – People Operational Delivery Group	ESR – Electronic Staff Records System
R&R – Recruitment & Retention	CCG – Clinical Commissioning Group
EPD – Education & Professional Development	TOR – Terms of Reference
CPD - Continuing Professional Development	HCSW – Health Care Support Workers
HWB – Health & Wellbeing	HR – Human Resources
OD – Organisational Development	PDR – Personal Development Review
EDI – Equality Diversity & Inclusion	AHP – Allied Health Professional(s)
RLC – Rugby League Cares	LGBT+ - Lesbian, Gay, Bisexual, Transexual +

Health and Wellbeing POD

Health & Wellbeing

- Stress: A group has been set up to look into the process of risk assessments, training for managers and the collation of risk assessments for assurance and action planning purposes. This group will be overseen by the Health and Wellbeing POD, with input from key personnel across the People Directorate, Health and Safety and Risk. **Update: A draft Terms of Reference for the group has been developed to ensure that the group remain focussed on the task in hand. Key personnel are aware of their input requirements and programmes of work in relation to recording and training are work is underway. Progress reports will be presented to the POD.**

- **UPDATE: New full-time Health and Wellbeing Lead will allow for more focussed work in services based on key areas of concern.**

- **UPDATE: Data continues to be presented at the POD to ensure focus remains on where our hotspots are – stress being a key focus. The information from the Stress Group will then inform an action plan which will be taken forward by the Health and Wellbeing Lead.**

Recruitment and Retention POD

Recruitment and Retention

- A recruitment task and finish group has been established to achieve the recruitment actions from the Recruitment and Retention POD. Some workstreams have had to take priority over others to ensure we have the focus on the challenges faced by Operational Teams. The task and finish group are focusing on the 8 workstreams.

1) The development of Standardised Job Descriptions: A working group has been established and are meeting every two weeks. A new standard job description template has been agreed and the group have agreed a matrix of roles. The templates are currently being piloted within the District Nursing Team.

2) Reviewing the current recruitment process and the new NHS jobs platform: The group are identifying areas to support and improve the recruitment process. It has been agreed that the new standardised JD's and a Trust advert template will support the completion of the VAF. Also, it has been agreed that the group will identify KPI targets for all sections of the recruitment process. A new recruitment pack is currently being developed to support the recruitment process.

3) An enhanced digitised process: The RPA (Robotic Processing Automation) project kick off meeting with the Royal Free has took place and this will support the recruitment process in line with the development of forms using Microsoft 365.

4) Attraction and Branding: New Bridgewater branding has been created and a style guide and external facing website has been developed - the group will continue to work with the Communications team and use all new branding for recruitment and retention workstreams. There are plans in place to create a digital handbook for prospective candidates and current staff to showcase all the things we offer at Bridgewater. Posts are now being advertised via social media.

5) Recruitment Fairs: Halton Recruitment Fair will took place on the 01st December 2022 at the Halton stadium. There are plans to take lessons from that forward to into future Recruitment Fairs.

6) New recruitment training package: Work is ongoing to revise the recruitment training package and will be delivered across the Trust to recruiting managers.

7) Military / Veterans: Work is ongoing to support the application for silver award Step into Health programme for veterans within our recruitment practices

8) Disability Confident: Update: As reported at the last Committee meeting, following our success as a Disability Confident Leader, actions identified have been integrated into the Recruitment workstreams, as opposed to being a separate standalone action plan.

9) Volunteers: Lead to be identified through group. This is yet to progress but discussions have taken place as to how we can progress and linked to our Apprenticeship and Careers Team.

- An Exit and On-Boarding Survey Task and Finish Group has been established to consider the current process in relation to the gathering of data, along with how the data should be distributed and to whom. The group will ensure that Turnover data has more detailed qualitative information alongside it to provide a richer context as to why people may be leaving the Trust, and how their on-boarding experience may be enhanced to avoid future attrition. The intention is for information to support action planning at a Borough, Corporate Service and Trust wide level to support better retention of staff. **Update: The T&F Group is bringing its final report to the POD on 9ᵗʰ March 2023. The Onboarding survey has been streamlined to encourage uptake and questions are linked to the NHS People Promises. Thematic information in relation to ESR Exit Interview data is now included in the DLT reports in relation to turnover, which will help support local action planning. Once the newly designed Onboarding survey is signed off at POD on 9ᵗʰ March, this information will be provided to DLT's with their turnover reports.**

- Stay Conversations. The Chair of the Recruitment & Retention POD is taking a proposal to the next POD meeting to take forward 'Stay Conversations.' The intention is to understand why those staff, who have long service with Bridgewater, stay with us so that we can build on their experiences for all staff. it is proposed that this would be a great piece of work to involve the Staff Engagement Champions in. **UPDATE: This was received well by the POD and work is underway to develop a process for the completion and collation.**

- **Update: Support for Newly Qualified Nursing and AHP staff: The turnover data presented to POD suggested we needed to do more to support newly qualified Nursing and AHP staff – this is not isolated to Bridgewater and we are engaged in a number of Regional and National workstreams to support this piece of work. A collaborative group has been set up, led by the Acting Deputy Chief Nurse, to consider the wrap around support available for this staff group. Role profiles have been developed for each of the support role i.e Professional Nurse Advocate (PNA), Preceptor, Clinical Practice Educator, Practice Education Facilitator (PEF), Legacy Mentor. There are plans to bring this group of support staff together as a Network to ensure that our offer is holistic and joined up for all newly qualified staff.**

  - ➢ **The Trust bid for funding via NHSE/I for the introduction of Legacy Mentor roles. The Trust was allocated part of the funding but has allocated additional funding to introduce the role in both the Warrington and Halton Borough. This role will be aimed an experienced clinical individual looking to share their experience, knowledge and skills and they'll be responsible for pastoral support, mentoring and coaching of those in their early career.**

- **UPDATE: It was agreed at a recent POD that it would be good to deliver a Retention session at SLT to ensure that this collective issue is considered by all of the Senior Leaders across the organisation. The session was delivered by the Deputy Director of People and Organisational Development and the Acting Deputy Chief Nurse. Data was presented in relation to Trust wide turnover along with an overview of the work being undertaken in the POD's. Each Directorate was then asked to take part in a table top exercise whereby they were presented with their Directorate turnover data and, using the NHSE/I Retention Toolkit as a guide, were asked to come up with 2 or 3 action that they could take forward in their Staff Survey Action plans to help improve Retention rates. These plans will be monitored via DLT's and Performance Council.**

Recruitment & Deployment across Systems

- Workforce plans have incorporated working closely with schools, colleges, universities, and local communities to attract a more diverse range of people into health and care careers.

- Implementing E-Roster to include its bank module will support the use of bank staff as a priority before going to agency. This in turn, should see a reduction in agency spend.

- **UPDATE: Warrington Together: Workforce and OD Enabling Group (WEG): Paula Woods, Director of People Chairs the WEG with the aim of developing a Placed Based Integrated Workforce Strategy. Meetings are scheduled monthly with key stakeholders across Place. Terms of Reference have been approved and work has commenced. Full detail in Directors update report.**

Flexible Working

- Our Agile Working and Flexible Working Policy was reviewed recently. Policy wording was reviewed to actively promote flexible working to encourage work life balance, including opportunities to continue to work in a Hybrid way – working some of the working week from home. The Trust's Communications Team continues to support messaging via the Bridgewater Bulletin and Team Brief. **Update: The function for staff to submit Flexible Working applications via ESR has now been actioned. This will allow better reporting on the managing and handling of such applications by way of**

offering advice and guidance for managers on the process and supporting discussions into innovative ways that we can offer flexible working as a Trust, particularly in Clinical Teams. This was a key focus of the discussions at the SLT sessions with a commitment from the DLT's to take forward the actions proposed to embed messages in terms of promotion of flexible working opportunities across teams locally.

- **UPDATE: Flexible Working Promotion: A key focus over recent months has been on the communication and promotion of flexible working, including Team Brief, Bulletin and ensuring the flexible working discussions are taking place during all 'tough points' with staff. The Induction Checklist has been reviewed to prompt managers to have discussions with staff about what flexible working options, as has the PPDR paperwork In line with this, the on-boarding survey will test this with specific questions in the same way as is tested in Quarterly Pulse and Annual Staff Survey questions.**

Culture and Leadership POD

UPDATE: Just Culture

The principles of our Just and Learning Culture journey continue to be assimilated into our everyday practice, evidence of which is demonstrated by our employee relations data whereby grievances and disciplinary processes remain at very low levels. Essentially the values central to a Just Culture are those which are integral to those of the Trust and underpinned by the Respect Charter, our range of Equality, Diversity and Inclusion initiatives and our recently developed Civility and Respect Training. The Steering Group has arrived at its natural conclusion and the restructured Culture and Leadership POD has oversight of the agenda. However, the workstreams continue to deliver the priorities of our Just Culture:

- **The _data and performance workstream_ has now been assimilated into routine Employee Relations monitoring and deployment of the Stepped Approach is included in performance reports which is reported to the People Committee.**
- **The _policy workstream_ has made significant progress with the recently completed disciplinary toolkit within a framework of Just Culture and underpinned by a comprehensive training module; the toolkit was widely consulted**

and discussed with our trade union colleagues and senior operational managers. The toolkit framework will be applied to the review and development of all employee relations policies and underpinned by the ethos of our Just Culture. The toolkits will facilitate easier access for all colleagues who apply them and will be supported by a comprehensive training programme.

- The *training workstream* has developed a training module which is being delivered to the Operational Managers programme, the Learners' Forum and widely to individual teams with a view to becoming available on the Trust intranet. Just Culture continues to be a part of the Induction programme and there are plans to develop a unified session to incorporate 'Equality, Diversity and Inclusion' and 'Values and Behaviours'.
- The *communications workstream* has not been formally convened as it was considered appropriate to consult colleagues in relation to specific issues as required; this has proved to be a productive arrangement.

UPDATE: Staff Survey:

The NHS Staff Survey closed on Friday 26 November with the best response rate ever for the organisation.
We are in receipt of the benchmark and breakdown reports from the NHS Staff Survey Coordination Centre. At the time of writing this POD update, the results remain under strict public embargo until the release date of Thursday 9 March. As such only a top line review can be noted.
Despite it being a hugely challenging year for our Bridgewater teams, the survey results show quite a static 2022 survey when benchmarked against the 16 other community trusts across the country.
This is the second year that the report breaks down into the seven People Promise elements and two additional themes of Staff Engagement and Morale.
From a Trust perspective, three People Promise elements that we will focus on this year, post publication, will be:

- **We are always learning**
- **We are recognised and rewarded**
- **We work flexibly**

The results have been shared across key senior leaders within the Trust so early planning can get underway and Staff Survey Action Plans can begin to emerge.

New Ways of Delivering Care

- Health Prevention Training: The Principal Lead for Public Health presented a paper to the Education and Professional Development POD with a view to rolling out an E-Learning package for relevant staff on Making Every Contact Count. **UPDATE: This is being presented to EMT for a decision as to who would need to undertake the training, given the current pressures in services to complete the Mandatory Training.**

Growing the Workforce

- Trust Competency Framework: A group has been established to develop a consistent Trust wide competency framework. The aim is to support better career progression in staff understanding what the competency requirements are for each role in their team to support career pathways and performance.

- **Mary Seacole Leadership programme: Update: The North-West Leadership Academy Mary Seacole local Programme continues to be offered within Bridgewater as part of the Mersey and Cheshire Network. Working in partnership with The Walton Centre, the 22-23 Programme completed in February 2023. Participants are awaiting the results of their final assignment. Recruitment for a 23-24 cohort has commenced.**

- **UPDATE: Following the restructure of operational services, an Operational Managers development programme has been developed to support current and aspiring Operational Managers. Launched in September 2022, following delays due to operational pressures, The Programme has a cohort of 47 current and aspiring Operational Managers. The Leadership Development aspect of Operational Managers programme concluded in November 2022 and the Transactional aspects of the programme commenced in February 2023. and has 3 components:**

- **Update: A first line development programme has been developed for new and aspiring managers and will be offered as a rolling programme. The programme is now established with 40 participants signed up for this rolling programme. This is a positive uptake and will support the future development of managers across the Trust.**

- Scope for Growth is being rolled out across the NHS with the expectation that all NHS staff will have access to a career conversation by April 2024 and this will be embedded in organisations for an annual review. Bridgewater is an early adopter of this model. Following a pause in the national developments this has now been stepped up. As part of the pilot we will be working with the AHP lead to offer career conversations for AHP Assistants, these are due to commence in July. Following this aspect of the pilot we will be seeking feedback from participants to review the process and amend as required prior to a further roll out to a group of registered staff. **Update: Due to capacity constraints in the OD Team, there have been challenges in progressing this. There are plans as part of the review of the structure to ensure dedicated support to this agenda. Currently, the Team continue to promote the well-established PPDR process.**

- HEE CPD Expenditure Planning 2022-23 submission: The 2023-23 HEE CPD Investment and Assurance Plan is due for submission on 30th July 2022. A collaborative approach has been taken to engage Nursing and AHP leads alongside Workforce to ensure our submission supports current and future workforce development and training. **Update: Plans were submitted and accepted and monitoring will take place in the EPD POD.**

4.0   RECOMMENDATION

The Committee is asked to:

- Note the establishment of four PODs – People Operational Delivery Groups to deliver the NHS People Plan, Promises and other key people agendas
- Be assured on the programmes of work and progress to date and planned

BOARD OF DIRECTORS

Title of Meeting	**BOARD OF DIRECTORS**		**Date**	**06 April 2023**
Agenda Item	**27/23 (v)**			
Report Title	**Statutory and Mandatory Training and PPDR Action Plans**			
Executive Lead	Paula Woods – Director of People & Organisational Development			
Report Authors	Jo Waldron – Deputy Director of People & Organisational Development Tania Strong – Interim Head of HR Paula Woods – Director of People & Organisational Development			
Presented by	Paula Woods – Director of People & Organisational Development			
Action Required	☐ **To Approve**	☒ **To Assure**		☐ **To Note**

Executive Summary
Over the last twelve months, the Trust has been focused on ensuring the required compliance with Statutory and Mandatory Training and PPDRs. Section 4 of this report outlines the support and actions taken by the Trust to ensure compliance, including the regular monitoring, and reporting of the same. Despite the support that has been put in place, compliance levels remain below target in a few modules. Section 6 of this report outlines further plans to be agreed and communicated, to ensure the Trust meets its compliance targets for PPDRs, Statutory and Mandatory Training Compliance (S&MT). Under development are a set of proposed principles for the managing and handling of continued non-compliance. These will be shared and discussed with our Staff-side colleagues and arrangements are in place for a meeting to take place on the 13th of April 2023 to consider these possible options in more detail.

Previously considered by:	
☐ **Audit Committee**	☐ **Quality & Safety Committee**
☐ **Finance & Performance Committee**	☐ **Remuneration & Nominations Committee**
☒ **People Committee**	☐ **EMT**

Strategic Objectives
☒ **Equality, Diversity, and Inclusion** – to actively promote equality, diversity and inclusion by creating the conditions that enable compassion and inclusivity to thrive
☒ **Innovation and collaboration** – to deliver innovative and integrated care closer to home which supports and improves health, wellbeing and independent living
☒ **People** – to be a highly effective organisation with empowered, highly skilled and competent staff
☒ **Quality** – to deliver high quality, safe and effective care which meets both individual and community needs

☒ **Sustainability** – to deliver value for money, ensure that the Trust is financially sustainable and contributes to system sustainability

How does the paper address the strategic risks identified in the BAF?							
☐ **BAF 1**	☐ **BAF 2**	☒ **BAF 3**	☐ **BAF 4**	☒ **BAF 5**	☒ **BAF 6**	☐ **BAF 7**	☐ **BAF 8**
Failure to implement and maintain sound systems of corporate governance	Failure to deliver safe & effective patient care	Managing demand & capacity	Financial sustainability	Staff engagement and morale	Staffing levels	Strategy & organisational sustainability	Digital services

CQC Domains:	☒ **Caring**	☒ **Effective**	☒ **Responsive**	☒ **Safe**	☒ **Well Led**

BOARD OF DIRECTORS

Title of Meeting	BOARD OF DIRECTORS	Date	06 April 2023
Agenda Item	27/23iv		
Report Title	Statutory and Mandatory Training and PPDR Action Plans		
Report Authors	Jo Waldron – Deputy Director of People & Organisational Development Tania Strong – Interim Head of HR Paula Woods – Director of People & Organisational Development		
Purpose	To provide an update on compliance with Statutory and Mandatory Training and PPDRs within the Trust, along with details of the planned actions to address non-compliance.		

1. SCOPE

1.1 This paper provides an update on the compliance with Statutory and Mandatory Training and PPDR targets within the Trust. It also details the planned actions to consider the managing and handling of non-compliance.

2. INTRODUCTION

2.1 Over the last twelve months, the Trust has been focused on ensuring the appropriate compliance with Statutory and Mandatory Training and PPDR compliance.

2.2 Section 4 outlines the support and actions taken by the Trust to ensure compliance.

2.3 Despite the support put in place, compliance levels remain below the targets in a number of modules.

2.4 Section 6 outlines further plans to be agreed and communicated to ensure the Trust meets its requirements for Statutory and Mandatory Training and PPDR take up.

2.5 Under development are a set of proposed principles for the managing and handling of continued non-compliance. These will be shared and discussed with our Staff-side colleagues and arrangements are in place for a meeting to take place on the 13th of April 2023 to consider these possible options in more detail.

3. COMPLIANCE RATES AS AT MONTH 11 – FEBRUARY 2023

3.1 The below table provide a summary of the current position in relation to Trust wide Statutory and Mandatory Training and PPDR compliance rates.

3.2 The targets for Statutory and Mandatory Training compliance are 85% with the exception of Data Security Awareness and Corporate Induction which remain at 95%. The former is a nationally mandated target.

MT Subject	Compliance Target %	Oct 2022 %	Nov 2022 %	Dec 2022 %	Jan 2023 %	Feb 2023 %
PPDR *	85	63.71	67.44	66.09	70.13	72.57
Corporate Induction	95	99.47	99.34	99.74	99.60	99.80
Complaints Handling	85	87.39	87.16	86.72	88.5	89.76
Conflict Resolution*	85	93.33	92.32	92.53	93.13	93.90
Dementia awareness	85	94.33	94.31	94.25	94.91	94.88
Equality, Diversity & Human Rights	85	93.26	92.92	92.93	93.06	93.57
Fire Safety	85	92.13	91.46	90.81	91.21	91.73
Health Safety & Welfare	85	93.66	93.18	92.33	92.60	93.24
Infection Control level 1	85	94.37	93.60	92.72	91.56	92.67
Infection Control level 2	85	88.61	88.05	88.69	88.72	88.77
Data Security Awareness	95	92.37	91.21	91.47	90.79	88.59
Moving & Handling Level 1	85	92.06	91.99	91.61	92.20	93.04
Moving and Handling Level 2 (new addition)	85	66.90	75.57	77.80	78.25	79.87
Prevent: Basic Awareness	85	93.73	93.12	93.39	93.79	94.88
Prevent: WRAP 3	85	92.46	92.15	91.69	92.17	92.94
Safeguarding Children Level 1	85	92.04	92.55	92.32	92.68	93.76
Safeguarding Children Level 2	85	85.96	84.87	85.94	87.15	89.61

MT Subject	Compliance Target %	Oct 2022 %	Nov 2022 %	Dec 2022 %	Jan 2023 %	Feb 2023 %
Safeguarding Children Level 3	85	83.44	83.77	89.37	86.44	89.19
Safeguarding Adults Level 1	85	92.45	92.90	92.87	93.49	94.43
Safeguarding Adults Level 2	85	76.22	77.18	80.67	83.45	86.47
Safeguarding Adults Level 3	85	69.36	69.21	77.16	76.26	78.45
Resuscitation Level 1	85	75.52	78.10	79.59	80.99	82.93

3.3   Whilst compliance rates have continued to improve month on month, some modules are still adrift of the Trust targets.

4. SUPPORT, MONITORING AND COMMUNICATION

4.1   A Statutory and Mandatory Training and PPDR Compliance Delivery Plan was agreed by the Trust's Executive Management Team (EMT) and Senior Leadership Team (SLT) in July 2022, with a commitment to focus on a new set of specific trajectories on the completion of specific modules based on the associated risk of non-compliance.

4.2   The approach to achieving compliance was as follows:

- ✓ A focused two-week period to complete each module
- ✓ Advanced booking on face to face modules e.g. Safeguarding Adults Level 3
- ✓ Further planned availability of face-to-face modules
- ✓ Recognition that most of the modules had a 75% plus compliance rate already so the stretch targets were a further 10%
- ✓ Two weekly updates with staff names so compliance could be reviewed, and all staff contacted to remind them to undertake their training
- ✓ The Trust's Chief Operating Officer completed a blog on 'Reset and Recovery' which included the importance of completing Statutory and Mandatory Training and PPDRs

The compliance trajectories were set as priorities 1 to 7 as follows:

Priority 1 – Safeguarding Children Level 2. Compliance at 85% by 12th August

Priority 2 – Safeguarding Adults Level 2. Compliance at 85% by 26th August

Priority 3 – Safeguarding Children Level 3. Compliance at 85% by 9th September

Priority 4 – Safeguarding Adults Level 3. Compliance at 85% by 23rd September

Priority 5 – Resuscitation Level 2. Compliance at 85% by 7th October

Priority 6 – Resuscitation Level 3. Compliance at 85% by 21st October

Priority 7 – Infection Prevention and Control Level 2. Compliance at 85% by 4th November.

Safeguarding Training trajectories were further extended to 31st December 2022 and end of February 2023. This extension was supported with clear messages on compliance requirements and expectations. At the end of February compliance was still not achieved for Safeguarding Adults Level 3.

A separate trajectory for the increase in PPDR compliance was set as follows:

+ 10% by the end of August (increase compliance to 67%)

+ 10% by the end of September (increase compliance to 77%)

+ 10% by the end of October (increase compliance to 87%)

4.3 Progress was monitored on a two-weekly basis with interim reports provided by the Trust's Education & Professional Development Team for specific modules.

4.4 Overall compliance percentages increased with the additional focus and support provided during this period, however, compliance targets for Safeguarding Adults Levels 3, Resuscitation Level 1, Data Security Awareness, Moving and Handling Level 2 and PPDR compliance remained below the required targets.

4.5 Continued focus and additional support has been maintained following the identified end dates within the delivery plan and compliance has continued to increase, albeit slowly.

4.6 Managers were (and continue to be) requested to allocate time in the E-Roster system for the completion of training.

4.7 Communications have continued to be circulated via Team Brief and the Bulletin, highlighting the priority areas to focus on.

4.8 At the Trust's Risk Management Council (RMC) in February, it was recognised by the Council that areas of low compliance within individual services should be recognised and managed locally, and service specific risks should be raised and assessed to address these areas as required.

4.9 Statutory and Mandatory Training and PPDR compliance is monitored via DLTs, EMT, the Performance Council, People Committee and Trust Board.

5. GOVERNANCE

5.1 Monthly compliance and non-compliance reports are sent out to Managers which provides data at individual level within Service/Department areas.

5.2 Compliance rates are presented as a standard agenda item, to the People Committee. At the meeting held on the 15th of March 2023, there was a recognition by all Members that significant progress had been made over recent months, but we need to ensure that we continue to create the right conditions and environment for staff to complete their training and have meaningful PPDRs.

5.3 Our new Non-Executive Director, Dame Elaine Inglesby was impressed by the Mandatory Training and PPDR rates, recognising the challenges that all Trusts are facing currently.

5.4 The Chief Operating Officer highlighted a focus on Warrington Adults' compliance with Adults Safeguarding Training which she was overseeing.

5.5 The Trust's Director of People & Organisational Development informed the Committee of the plans for further discussions with Staff-side Chairs and their Deputies on the possible approaches to the managing and handling of non-compliance. Staff-side have a place on the Trust's People Committee.

6. ACTION PLANNING

6.1 It is essential over the coming months that we ensure full compliance with all Statutory and Mandatory Training modules and that staff have a meaningful PPDR.

6.2 On that basis, EMT have agreed that over the coming months, every effort will be made to ensure we create the right environment to ensure that compliance targets are met by the 31st of July 2023.

6.3 Given that we have made significant progress over previous months, full compliance by 31st July 2023 is a realistic and manageable target to set and one that will ensure that all staff have had the appropriate training to ensure that they can execute their role safely. This would be a full year since the first trajectories were set.

6.4 We will use our well-established communication channels and methods to ensure that all staff are aware of the above. In addition, messages will be clear from direct line Managers. Furthermore, they will ensure that staff are supported to undertake their training and have a meaningful PPDR.

6.5 Monitoring of compliance will be take place via DLTs, EMT, and the Performance Council. The usual reports will be provided to People Committee as a standing agenda item.

6.6 As referred to earlier, under development are a set of proposed principles for the managing and handling of continued non-compliance. These will be shared and discussed with our Staff-side colleagues and arrangements are in place for a meeting to take place on the 13th of April 2023 to consider these possible options in more detail. Our current policy and its provision will remain in place.

6.7 Also referred to earlier, is that we as a Trust are committed to providing the right environment and conditions for staff to complete their Statutory and Mandatory

Training and have a meaningful PPDR. The principles will be enacted, in partnership. This would be after all other avenues have been exhausted. That said, our policy and its provision would still be adhered to.

6.8   Staff have been asked to escalate any concerns they have in relation to the completion of their required training and the scheduling of their PPDRs. This includes incident reporting.

7. RECOMMENDATION

It is recommended that the Board:

- note the content of this report by way of assurance on the Trust's plans for ensuring compliance with Statutory and Mandatory Training and PPDR targets.
- note the full compliance requirements deadline of 31st July 2023.

BOARD OF DIRECTORS

Title of Meeting	**BOARD OF DIRECTORS**	**Date**	**6th APRIL 2023**
Agenda Item	**27/23 (vi)**		
Report Title	**UPDATE ON INDUSTRIAL ACTION**		
Executive Lead	**Paula Woods - Director of People and Organisational Development**		
Report Authors	Eugene Lavan – Deputy Chief Operating Officer Paula Woods - Director of People and Organisational Development		
Presented by	Paula Woods - Director of People and Organisational Development		
Action Required	☐ **To Approve**	☒ **To Assure**	☒ **To Note**
Executive Summary			

The Trust Board has been kept fully abreast of industrial action activities, including the progress with regards to three of the Trust's recognised Trade Unions votes to take lawful strike action – the RCN, UNISON and CSP.

Strike action by UNISON was due to take place on the 8th and 20th of March 2023. CSP strike action was scheduled for the 22nd of March.

As the Board are aware, AfC Trade Unions will now consult with their Members on a revised pay offer for 2022/23 and a proposal for a headline recurrent pay award uplift for 2023/24. It is anticipated this process will take approximately three to four weeks. During this period of consultation, and pending of any final decisions from their members, the AfC trade unions have agreed to pause all planned industrial action.

While pay and working conditions is a matter for the Government and the Trade Unions, we as a Board wholeheartedly value our staff here at Bridgewater. Our Staff have showed understanding and flexibility during this difficult period, and we know that voting for and taking industrial action has not been any easy decision for them to make and take.

We are continuing to maintain our proactive and positive partnership working arrangements with our Trade Unions and Staff-side colleagues. This effective partnership working at a local level, remains as strong as ever. Everyone is hoping to see a resolution to this dispute as soon as possible to ensure we can continue to focus on supporting our teams and services.

This paper describes the planning undertaken by the Trust to minimise the impact of industrial action whilst continuing to support our staff. It builds on the experience of the RCN strikes at Bridgewater, back in January, and identifies a set of best practice guidelines for use in potential future strikes.

This paper also includes details of the Government's proposed 'offer in principle' for the Agenda for Change workforce which includes pay and non-pay measures. These are currently subject to consultation with some Unions recommending the offer to their Members and others remaining neutral.

Previously considered by:	
☐ **Audit Committee**	☐ **Quality & Safety Committee**
☐ **Finance & Performance Committee**	☐ **Remuneration & Nominations Committee**
☒ **People Committee**	☒ **EMT**

Strategic Objectives
☐ **Equality, Diversity, and Inclusion** – to actively promote equality, diversity, and inclusion by creating the conditions that enable compassion and inclusivity to thrive
☐ **Innovation and collaboration** – to deliver innovative and integrated care closer to home which supports and improves health, wellbeing, and independent living
☒ **People** – to be a highly effective organisation with empowered, highly skilled and competent staff
☒ **Quality** – to deliver high quality, safe and effective care which meets both individual and community needs
☒ **Sustainability** – to deliver value for money, ensure that the Trust is financially sustainable and contributes to system sustainability

How does the paper address the strategic risks identified in the BAF?							
☐ **BAF 1**	☒ **BAF 2**	☒ **BAF 3**	☐ **BAF 4**	☒ **BAF 5**	☒ **BAF 6**	☒ **BAF 7**	☐ **BAF 8**
Failure to implement and maintain sound systems of corporate governance	Failure to deliver safe & effective patient care	Managing demand & capacity	Financial sustainability	Staff engagement and morale	Staffing levels	Strategy & organisational sustainability	Digital services

CQC Domains:	☒ **Caring**	☒ **Effective**	☒ **Responsive**	☒ **Safe**	☒ **Well Led**

BOARD OF DIRECTORS

Title of Meeting	**BOARD OF DIRECTORS**	**Date**	**6ᵗʰ APRIL 2023**
Agenda Item	**27/23 (v)**		
Report Title	**INDUSTRIAL ACTION UPDATE**		
Report Authors	Eugene Lavan - Deputy Chief Operating Officer Paula Woods – Director of People and Organisational Development		
Purpose	To update the Board on the Trust's preparation for the strike action that was planned for 8ᵗʰ, 20ᵗʰ and 22ⁿᵈ of March 2023		

1. OVERVIEW

1.1 On 22nd February 2023, the Trust was informed by UNISON that their members (our employees) were authorised to take discontinuous strike action. The date of industrial action was Wednesday 8th March 2023 between 7am until 11pm.

1.2 On 3ʳᵈ March the Trust received notification that the strike action was to be stood down, pending negotiations between UNISON and the Government. In the same notification we received notice that further industrial action was planned for Monday 20ᵗʰ March.

1.3 On 15ᵗʰ March, the Trust was advised by UNISON that the strike action planned for the 20ᵗʰ of March was also to be stood down.

1.4 Strike action planned for Members of the CSP on 22ⁿᵈ March was also to be stood down.

1.5 This paper outlines the planning the Trust undertook for the UNISON strike days.

1.6 Following negotiations, the Government has proposed an 'offer in principle' for the Agenda for Change workforce which includes pay and non-pay measures. These are being consulted on and are included with this report.

2. SERVICE AND WORKFORCE ASSESSMENT

2.1 We received a list of 421 UNISON members (by their staff base) who could participate in the lawful strike action. This is 23% more than the RCN. The CSP Membership was 44 staff.

2.2 We ascertained that the strike action would affect our Adult and Children's Services in Warrington and Halton and Dental Services across all three Networks. The range of staff in this industrial action was greater than in the RCN action as it affected clinical, administrative, and technical staff.

2.3 None of our previously derogated services were affected by this round of industrial action. Therefore, as all these services were planned to run normally, no requests for derogations were submitted.

2.4 Staff designated as technical e.g., warehouse operatives, drivers, dental technicians account for 53 of the total (13%) but are concentrated in a small number of services e.g. wheelchairs, CES, Dental.

2.5 Clinical staff account for over 60% of the total and were from a broad range of services. However, the impact on Dental Services was likely to be greatest as most Dental Nurses are members of UNISON and not the RCN.

2.6 Administrative staff account for 27% and include staff in clinical and corporate services. Within clinical services this includes clinic Receptionists and staff working in the UTC who are critical to daily operational delivery.

Table 1:

Summary	No.	%
Admin	112	27%
Clinical	256	61%
Technical	53	13%
Total	421	100%

3. GOVERNANCE

3.1 Following the first RCN strikes the Industrial Action Task & Finish Group continued to meet on a weekly basis. Given the short notice from UNISON for both strikes, the group met daily up to the day before the planned action on the 20th of March.

4. MITIGATION AND CAPABILITIES

4.1 The following table describes the potential impact on our services. The biggest impact was in Dental and Phlebotomy, which would have accounted for 80% of total patient cancellations. We would have been able to maintain all our previously derogated services during this industrial action. However, in the UTC in the run up to the strike, a risk emerged in relation to the potential absence of Reception staff, which if not mitigated could have resulted in a reduction in service. In the event, we were able to identify sufficient staff for the UTC. This does, however, underline the interdependency of all teams, administrative, technical and clinical, in the effective running of our services.

Table 2

Unison Industrial Action - Service Impact				
			Cancellations	
Borough	Service	Clinics - No.	Patients	Notes
Halton Adults	Bladder and Bowel	1	9	4 visits/5 telephone consultations (follow ups)
	Wheelchairs	0	3	3 follow ups
Halton Children	OT	2	8	All - am/pm clinics
Warrington Children	OT	2	8	2 clinics cancelled - home visits continuing
	Neuro Devt Nursing Team	1	6	
Warrington Adults	Wheelchairs	0	1	
	Phlebotomy	3	120	40 patients per clinic - whole serivce Bath St and OJ
	Dermatology	1	12	No HCA - BCH clinic (not DMC)
Dental	C&M Network	9	47	9 out of 13 clinics cancelled
	GM and BOR	2	11	2 out of 23 clinics cancelled
	Total	21	225	

4.2 Community Equipment Stores would have been impacted by the industrial action and this meant a reduced offer to a skeleton service on the day to manage any urgent requests and respond to patient enquiries, with support from agency staff.

4.3 All other services would be operating normally.

5. ESTATES ASSESSMENT

5.1 All our clinical and operational estate would have been operating normally on the strike day, in respect of opening and closing premises and cleaning. There was one risk identified in the staffing of the reception at Bath Street. A contingency plan was put into place, supported by a Business Continuity Action Card to ensure that all clinical services could run as normal.

6. COMMAND AND CONTROL

6.1 A Local Incident Team (LIT) was established comprising of the Trust's EPRR Lead, Associate Directors (Operations), Deputy Director of People & OD, Deputy COO and Deputy Chief Nurse. A control room (the Boardroom at Europa Point) was identified by the LIT. The LIT would also provide support to our staff on the picket line, which was important learning from the RCN industrial action.

6.2 Two SITREPs (situation reporting) required completion during the strike period and for seven days after the industrial action – Workforce and Activity (cancellations).

7. STAFF, PATIENT, AND PUBLIC COMMUNICATIONS

7.1 Staff have been kept regularly updated via the Bridgewater Bulletin and Team Brief on the preparations for industrial action. The Communications Team also prepared the use of social media channels to communicate with the public regarding services and their availability on strike days. The local health and care systems and ICB were also updated on a regular basis.

7.2 In keeping with our compassionate leadership principles, we ensured that staff were very clear that we understood that the dispute was with the Government and not with the Trust as such. Messages communicated to staff acknowledged and reinforced that we understood that their decision to strike had not been taken lightly, particularly as any action taken would be unpaid.

8. STAFF HEALTH AND WELLBEING

8.1 Health and Wellbeing support was planned to be made available before, during and after the strike. Managers were, and are supported to engage in open and supportive Health and Wellbeing conversations with their teams. Staff were

offered the opportunity to talk to an alternative Manager, or their HR representative if they felt they needed additional support. Information in relation to all our Health & Wellbeing offers is on the Health Hub pages of the Bridgewater HUB/Intranet. The People Directorate's Teams were also on hand to provide support and signpost staff wherever necessary. Staff would also be supported to work from alternative bases if they did not wish to cross the picket line to attend work.

9. LESSONS LEARNED FROM RCN STRIKE AND APPLICATION

9.1 Following the first RCN strike the Industrial Action Task & Finish Group developed a set of best practice actions, based on the lessons learned during the strike. These guidelines will be used in the planning for further industrial action and have already been shared with the ICB.

Table 3

Theme	Best Practice
Engagement with Trade Unions (TUs)	- Early and sustained engagement with TUs - Clear and regular communication between BCH and TU Strike Committees - Timely and regular updates between the BCH Strike Committee and the Industrial Action (IA) Task & Finish (T&F) Group
Planning	- Insight from operational teams on staff striking intentions "soft intelligence" along with clear messaging that we acknowledge their right to strike. The Trust should use this knowledge as the basis on which to plan different scenarios - Best, worse and likely scenarios should be modelled, and plans put in place for the worst case scenario
Command and Control	- At least weekly T&F meetings – maximum 1 hour. In person meetings where necessary - Increase frequency with targeted attendees pre-IA days - Timely completion of actions i.e. "week 1, task 1" approach - Wide engagement across the Trust - Regular updates to EMT - Development of Local Incident Team (LIT) and Clinical Support Hub - Control room at central point e.g. Europa - Check in to ICB Teams meetings as required - Dedicated Teams Channel for IA
Mitigations and capabilities	- Key mitigations: - Derogations – prepared in advance and submitted as soon as the Trust is advised of permitted derogated services. Strict adherence to TU guidance on staffing levels must be observed - Cancel all other planned appointments in non-derogated services – at least a week in advance - Reach out to partners for mutual aid - Engage with carers to administer treatments

Theme	Best Practice
	▪ Action cards for derogated services ▪ Flexible pay to enable staff to work and strike (agreed in advance with TUs) ▪ Where minimum "Xmas Day" staffing levels cannot be achieved, decision to close the service should be made at least three days prior to the strike
Data collection	▪ Timely completion of activity and workforce Sit Reps ▪ Live updates to LIT from information team ▪ Timely incident reporting during and post-strike, identify impact of IA on patient care ▪ Timely incident reporting of cancelled and rescheduled appointments due to IA
Staff, patient and partner communications	▪ Regular and timely updates to staff via the Bulletin and Team Brief ▪ Patient comms via social media ▪ Targeted comms to partners e.g. WHH, STHK, ICB, PCNs etc. ▪ Daily visits to picket line with hot drinks, reinforcing messaging.
Staff health and wellbeing	▪ Health and Wellbeing support for all staff to be made available before, during and after the strike.

10. GOVERNMENT OFFER IN PRINCIPLE FOR THE AGENDA FOR CHANGE WORKFORCE

10.1 The Secretary of State, Steve Barclay wrote to NHS Chief Executives to advise of the Government's offer. His letter is attached at appendix 1.

10.2 The Government's offer for the AfC workforce is attached at appendix 2. This has previously been circulated Board Members and is available on the NHS Employers website.

10.3 The RCN want to have a single pay spine for Nursing. This is separate to the offer as it currently stands, and one does not depend on the other. That said, there will need to be consideration of the design and implementation issues, including the scope and the legal aspects of having an exclusive pay spine.

10.3 Our staff have been communicated with in relation to the detail of the offer, in principle, and those who are Members of the respective Trade Unions are being consulted. Some Unions are recommending the offer whilst others are opting to remain neutral.

10.4 Following the period of consultation, which is envisaged to take 3 – 4 weeks, there will be a formal convening of the NHS Staff Council.

11. RECOMMENDATIONS

11.1   The Trust Board are asked to:

- Note the pausing of the planned industrial action by UNISON on 8th and 20th of March, along with the CSP on the 22nd of March
- Note the governance arrangements, established during the RCN's industrial action
- Note the number of expected patient cancellations due to strike action
- Note the lessons learned and development of best practice guidelines for potential future industrial action
- Note the period of consultation with regards to the acceptance (or not) of the strike pay principles

12. APPENDICES

Appendix 1   Letter to CEOs from Steve Barclay dated 17th March 2023

Appendix 2   Government offer in principle for the AfC workforce (subject to consultation)

From Rt Hon Steve Barclay MP
Secretary of State for Health and Social Care

39 Victoria Street
London
SW1H 0EU

020 7210 4850

To: NHS CEOs

17 March 2023

Dear Colleague,

I am pleased that after intensive talks, I have made an offer to unions representing staff on the Agenda for Change contract. Of those that are in dispute, the Royal College of Nursing, UNISON, GMB, the Chartered Society of Physiotherapy and the British Dietetic Association will recommend the offer to their members in consultations that will be held over the coming weeks. Strike action will continue to be paused while members are consulted.

The Minister of State, Will Quince, will be joining the existing call between NHS England and NHS CEOs today, but I wanted to set out for you today the headline elements of the offer.

Under the offer, over 1 million NHS staff on the Agenda for Change contract would receive two non-consolidated payments for 2022-23. This is on top of an at least £1400 consolidated pay award that they have already received, which was in line with the recommendations of the independent pay review body.

The first is an award worth 2% of an individuals' salary for 2022-23.

The second is a one-off bonus which recognises the sustained pressure facing the NHS following the COVID-19 pandemic and the extraordinary effort these members of staff have been making to support delivery of the backlog recovery targets and meet the Prime Minister's promise to cut waiting lists. This second "Backlog Bonus" is an investment worth an additional 4% of the Agenda for Change paybill and would mean staff would receive an additional payment between £1,250 and £1,600.

For 2023-24, the government has offered an 5% consolidated increase in pay. In addition, the lowest paid staff, such as porters and cleaners will see their pay matched to the top of band 2, resulting in a pay increase of 10.4%.

More details of the offer will be available on the NHS Employers website.

The government firmly believes this is a fair offer which rewards all Agenda for Change staff and commits to a substantial pay rise in 2023-24 at a time when people across the country are facing cost of living pressures and there are multiple demands on the public finances. Setting pay is an annual process and as is always the case, decisions

are considered in light of the fiscal and economic context and ensuring awards recognise the value of NHS staff whilst delivering value for the taxpayer. While it is right that we reward our hard-working NHS staff with a pay rise, this has always needed to be proportionate and balanced with the need to deliver NHS services and manage the country's long term economic health and public sector finances, along with inflationary pressures.

Importantly, on top of the pay elements of the package, the offer includes other significant measures including the development of a national, evidence-based policy framework which will build on existing safe staffing arrangements and amendments to terms and conditions to support existing NHS staff develop their careers through apprenticeships. This package, alongside the comprehensive NHS Long Term Workforce Plan NHS England will publish shortly, will help ensure the NHS can recruit and retain the staff it needs to meet the growing and changing health and wellbeing needs of patients.

The offer also includes a commitment to improving support for newly qualified healthcare registrants. It will commission a review into the support those transitioning from training into practice receive.

In addition, I have written to the Royal College of Nursing to outline that in undertaking work to address the specific challenges faced by nursing staff – in terms of recruitment, retention and professional development – this will involve how to take account of the changing responsibilities of nursing staff, and the design and implementation issues, including scope and legal aspects, of a separate pay spine for nursing staff exclusively.

The Government intends to complete this work such that resulting changes can be delivered within the 2024-25 pay year. In conducting it, the Government will also consider whether any separate measures may apply to other occupational groups, taking into account the views of NHS Employers and unions.

May I take this opportunity of thanking you and your teams for all your hard work - it is very much appreciated. I hope you will be able to join the call later today.

Yours sincerely,

RT HON STEVE BARCLAY MP

Government offer in principle for the NHS Agenda for Change workforce

NHS Employers

March 2023

Joint statement from the government and NHS Staff Council

"The government and the NHS Staff Council – which brings together NHS employers and unions representing the Agenda for Change workforce – have completed negotiations and reached a final offer. This includes additional pay for 2022/23 and a pay settlement for 2023/24. Both sides believe it represents a fair and reasonable settlement that acknowledges the dedication of NHS staff, while acknowledging the wider economic pressures currently facing the UK.

"Those unions with mandates for industrial action Royal College of Nursing (RCN), UNISON, GMB, Chartered Society of Physiotherapy (CSP), Unite and British Dental Association (BDA) will now consult their members in consultations that will be held over the coming weeks. Strike action will continue to be paused while these ballots are ongoing".

Key messages

The following 'offer in principle' was made on 16 March by the government to the trade unions representing staff on the NHS Agenda for Change set of terms and conditions.

The offer in principle is made up of the following parts:

- 2022/23: a non-consolidated payment, made up of two parts - a 2 per cent non-consolidated award for all staff plus an additional backlog bonus, equivalent to an extra 4 per cent of the AfC pay bill.

- 2023/24: a consolidated pay uplift, made up of a 5 per cent headline pay uplift, combined with the introduction of a band 2 spot salary – for staff entering NHS employment at this level - which is worth a further 0.2 per cent investment onto the AfC pay bill. This is a total investment of 5.2 per cent for consolidated pay changes in 2023/24.

- A series of non-pay measures to support the NHS workforce.

NHS TCS non-consolidated award 2022/23

There are two components to the non-consolidated award:

- 2 per cent non-consolidated payment to <u>all</u> staff.

- A tiered cash payment depending on which of 5 tiers staff are in (with an average value of 4 per cent).

- The percentage component and backlog bonus are added together to give the total non-consolidated payment received that links to 2022/23.

- As the award is non-consolidated, this means it is a one-off payment, which is non-pensionable and does not feed into the calculation for additional earnings.

Band	Step	Consolidated 22/23 Award (already Implemented) £	%	22/23 Non-consolidated payments 2% Uniform Payment £	Backlog Bonus (cash lump sum) differing by tier (worth an average £	%	Non-consolidated cumulative total £	%
1	Entry	£1,400	7.4%	£405		6.2%	£1,655	8.2%
2	Entry	£1,400	7.4%	£405	Band 1-4 cash lump sum of	6.2%	£1,655	8.2%
2	Top	£1,400	7.0%	£426		5.9%	£1,676	7.9%
3	Entry	£1,400	6.9%	£435		5.8%	£1,685	7.8%
3	Top	£1,400	6.4%	£464	£1,250	5.4%	£1,714	7.4%
4	Entry	£1,400	6.2%	£479		5.2%	£1,729	7.2%
4	Top	£1,400	5.6%	£526		4.8%	£1,776	6.8%
5	Entry	£1,400	5.5%	£541		5.0%	£1,891	7.0%
5	Intermediate	£1,400	5.0%	£584	Band 5-8a cash lump sum of	4.6%	£1,934	6.6%
5	Top	£1,400	4.4%	£659		4.1%	£2,009	6.1%
6	Entry	£1,400	4.3%	£674		4.0%	£2,024	6.0%
6	Intermediate	£1,400	4.1%	£711		3.8%	£2,061	5.8%
6	Top	£1,562	4.0%	£812	£1,350	3.3%	£2,162	5.3%
7	Entry	£1,603	4.0%	£833		3.2%	£2,183	5.2%
7	Intermediate	£1,685	4.0%	£876		3.1%	£2,226	5.1%
7	Top	£1,834	4.0%	£953		2.8%	£2,303	4.8%
8a	Entry	£1,400	3.0%	£971		2.8%	£2,321	4.8%
8a	Top	£1,400	2.6%	£1,092		2.5%	£2,442	4.5%
8b	Entry	£1,400	2.6%	£1,123	Band 8b-8c cash lump sum of	2.6%	£2,573	4.6%
8b	Top	£1,400	2.2%	£1,305		2.2%	£2,755	4.2%
8c	Entry	£1,400	2.1%	£1,341		2.2%	£2,791	4.2%
8c	Top	£1,400	1.8%	£1,545	£1,450	1.9%	£2,995	3.9%
8d	Entry	£1,400	1.8%	£1,592	Cash Lump sum	1.9%	£3,142	3.9%
8d	Top	£1,400	1.5%	£1,836	£1,550	1.7%	£3,386	3.7%
9	Entry	£1,400	1.5%	£1,903	Cash Lump sum	1.7%	£3,503	3.7%
9	Top	£1,400	1.3%	£2,189	£1,600	1.5%	£3,789	3.5%

2% Uniform Payment column note: 2% for all staff worth:

NHS TCS 2023/24 proposed consolidated pay award

Band	Position	22/23 Basic Pay	23/24 Consolidated payments		
			Pay Scale Uplift (£)	Pay Scale Uplift (%)	23-24 Pay Scale
1	Entry	£20,270	£2,113	10.4%	£22,383
2	Entry	£20,270	£2,113	10.4%	£22,383
	Top	£21,318	£1,065	5.0%	£22,383
3	Entry	£21,730	£1,086	5.0%	£22,816
	Top	£23,177	£1,159	5.0%	£24,336
4	Entry	£23,949	£1,198	5.0%	£25,147
	Top	£26,282	£1,314	5.0%	£27,596
5	Entry	£27,055	£1,352	5.0%	£28,407
	Intermediate	£29,180	£1,459	5.0%	£30,639
	Top	£32,934	£1,647	5.0%	£34,581
6	Entry	£33,706	£1,686	5.0%	£35,392
	Intermediate	£35,572	£1,778	5.0%	£37,350
	Top	£40,588	£2,030	5.0%	£42,618
7	Entry	£41,659	£2,083	5.0%	£43,742
	Intermediate	£43,806	£2,190	5.0%	£45,996
	Top	£47,672	£2,384	5.0%	£50,056
8a	Entry	£48,526	£2,426	5.0%	£50,952
	Top	£54,619	£2,730	5.0%	£57,349
8b	Entry	£56,164	£2,808	5.0%	£58,972
	Top	£65,262	£3,263	5.0%	£68,525
8c	Entry	£67,064	£3,353	5.0%	£70,417
	Top	£77,274	£3,864	5.0%	£81,138
8d	Entry	£79,592	£3,979	5.0%	£83,571
	Top	£91,787	£4,589	5.0%	£96,376
9	Entry	£95,135	£4,756	5.0%	£99,891
	Top	£109,475	£5,474	5.0%	£114,949

- A consolidated payment to all staff of 5 per cent.

- Further investment to create a new band 2 single pay point – by increasing the bottom of band 2 by 10.4 per cent. This will see entry-level pay in the NHS increase to £11.45 per hour.

- The 2023/24 pay award is consolidated, meaning that it is a pensionable payment, which feeds into the calculation for additional earnings.

- The proposed new 2023/24 entry level spot rate of pay in band 2 compares favourably with both the National Minimum Wage rate (set to change to £10.42 per hour from 1 April 2023) and the current real Living Wage rate of £10.90 per hour. It is also a significant uplift on the current 2022/23 entry level rate of pay (£10.37 as at March 2023) in band 2.

Non-pay measures to support the NHS workforce (1)

- **Support to nursing staff:** the government wants to address some specific challenges around recruitment, retention and career development and will work with employers and trade unions to improve opportunities for nursing career progression.

- **Building a workforce for the future:** to support the soon-to-be published comprehensive NHS workforce plan, the government will set out how this will be implemented, to ensure that the NHS can recruit and retain the staff it needs in the future to meet the growing and changing health and wellbeing needs of patients.

- **Career development and support**: the government has heard the concerns on career development and progression for NHS staff. The government wants to address these issues and will work with employers and unions to improve career development in three ways:

1. agree amendments to terms and conditions to ensure that existing NHS staff will not suffer a detriment to their basic pay when they undertake apprenticeships.

2. improving support for newly qualified healthcare registrants, commissioning NHS England to review the support those transitioning from training into practice receive.

3. the NHS Staff Council will consider how the work to maintain and update national job profiles undertaken by the Job Evaluation Group can be applied fairly and appropriately to aid career development.

Non-pay measures to support the NHS workforce (2)

- **Pay setting process:** the government is committed to ensuring that the pay setting process and the NHS Pay Review Body (NHSPRB) operates effectively. As part of this process, it will take the views of employers and trade unions into account and will:

  o review the timing and appointment process for the NHSPRB

  o look at ways for the NHS Staff Council to have greater input into NHSPRB

  o identify ways to reduce the duplication of data on the NHS workforce and labour market provided by parties to the NHSPRB.

- **Tackling violence and aggression:** the government will ask the existing groups established in the NHS Social Partnership Forum working on violence reduction to work with the health and wellbeing group of the NHS Staff Council to identify ways to tackle and reduce violence against NHS staff.

- **Pension abatement**: in October 2022, the government extended the suspension of NHS pension abatement rules for special class status members. This extension is currently planned to run until March 2025; to support retention measures, the government's intention is to make this easement permanent, and they will consult on this change shortly.

- **Cap for redundancy payments:** in its 2023/24 work programme, the NHS Staff Council will consider the application of a cap to redundancy payments of £100,000 and over.

Next steps

- **Trade union consultation process**: The AfC trade unions will now consult with their members. We anticipate that this consultative process will take approximately three to four weeks.

- **Industrial action**: during this consultation, and pending of any final decisions from their members, the AfC trade unions have agreed to continue with the suspension of all planned industrial action.

- **NHS Employers is:**

  o Working with the Department of Health and Social Care on FAQs for Agenda for Change staff.

  o Updating all supporting materials and information on the pay details in line with implementation plans and the timetable for all pay related changes to be made for both 2022/23 and 2023/24 years.

Separate offer to the RCN

Separate to the offer in principle agreed with trade unions, the government also wrote to the RCN **providing further detail in relation to the** work to support nursing career progression, namely:

o   how to take account of the changing responsibilities of nursing staff

o   and the design and implementation issues, including scope and legal aspects of a separate pay spine for nurses.

To progress this, the government, NHS Employers and all agenda for change unions will need to work together over the next year

• The government intends to complete this work such that resulting changes can be delivered within the 2024 to 2025 pay year.

Further information:

• Letter from the Health and Social Care Secretary to the General Secretary of the RCN.

• Read the RCN members website for further details.

BOARD OF DIRECTORS

Title of Meeting	**BOARD OF DIRECTORS**	**Date**	**6 April 2023**
Agenda Item	**28/23i**		
Report Title	**BOARD EFFECTIVENESS REVIEW 2022-23**		
Executive Lead	Colin Scales, Chief Executive		
Report Author	Jan McCartney, Trust Secretary		
Presented by	Jan McCartney, Trust Secretary		
Action Required	☐ **To Approve**	☒ **To Assure**	☒ **To Note**

Executive Summary

In line with its Terms of Reference, the Board is required to provide assurance on the effectiveness of its function and conduct by annual review.

This is achieved through the completion of an annual survey, the results of which are presented.

Previously considered by:

☐ **Audit Committee**	☐ **Quality & Safety Committee**
☐ **Finance & Performance Committee**	☐ **Remuneration & Nominations Committee**
☐ **People Committee**	☐ **EMT**

Strategic Objectives

☒ **Equality, Diversity and Inclusion** – to actively promote equality, diversity and inclusion by creating the conditions that enable compassion and inclusivity to thrive

☒ **Innovation and collaboration** – to deliver innovative and integrated care closer to home which supports and improves health, wellbeing and independent living

☒ **People** – to be a highly effective organisation with empowered, highly skilled and competent staff

☒ **Quality** – to deliver high quality, safe and effective care which meets both individual and community needs

☐ **Sustainability** – to deliver value for money, ensure that the Trust is financially sustainable and contributes to system sustainability

How does the paper address the strategic risks identified in the BAF?							
☒ **BAF 1**	☐ **BAF 2**	☐ **BAF 3**	☐ **BAF 4**	☐ **BAF 5**	☐ **BAF 6**	☐ **BAF 7**	☐ **BAF 8**
Failure to implement and maintain sound systems of corporate governance	Failure to deliver safe & effective patient care	Managing demand & capacity	Financial sustainability	Staff engagement and morale	Staffing levels	Strategy & organisational sustainability	Digital services

CQC Domains:	☐ **Caring**	☐ **Effective**	☐ **Responsive**	☐ **Safe**	☒ **Well Led**

BOARD OF DIRECTORS

Title of Meeting	**BOARD OF DIRECTORS**	**Date**	**6 April 2023**
Agenda Item	**28/23i**		
Report Title	**BOARD EFFECTIVENESS REVIEW 2022-23**		
Report Author	Jan McCartney, Trust Secretary		
Purpose	To provide a summary of the results of the recent Board Effectiveness Survey		

1. SCOPE

1.1 As part of the annual review of the Board's effectiveness, an online survey was distributed to 17 members, invited attendees and observers who regularly attend the Board, for anonymous response in March 2023.

1.2 The purpose of this evaluation is to assess the effectiveness of the Committee's function and support.

1.3 14 returns were received; 11 were members, 2 were attendees and 1 was an observer.

1.4 This information provides a point in time review of the function of the Board and can be used to inform the work plan and provide assurance to the Board of its effectiveness.

2. PROCESS AND OUTCOME

2.1 Each of the 15 statements had the response options of Strongly Agree, Agree, Disagree and Strongly Disagree. Responders also had opportunity to make comments or observations.

2.2 The majority of responders either agreed or strongly agreed to the statements, demonstrating a high level of satisfaction with the effectiveness of the Board's function.

2.3 Overall satisfaction was 4.5 out of 5.

3. RECOMMENDATION

3.1 The Board is asked to note the detailed results of the presentation attached to this report.

Annual Board Effectiveness Review 2022

Results of the Self-Assessment Survey

NHS
Bridgewater
**Community Healthcare**
NHS Foundation Trust

Introduction

Purpose of the review and breakdown of responses

- The purpose of the annual self-evaluation is to assess the effectiveness of the Board, the Chair and business cycle. This is an annual exercise.

- All those who regularly attend the Board, members or invited attendees, were asked to complete an anonymous effectiveness review using Microsoft Forms.

- 14 responses were received; 11 from Board members, two from Board attendees and one from an observer.

- Questions were scored from 1 (very low) to 5 (very high). Additionally, there was an opportunity for comments to each question.

- All responses are included in the following slides.

1. There are clear Terms of Reference and clarity in the role vis a vis the Trust as a whole

4.71 Average Rating
14 responses received
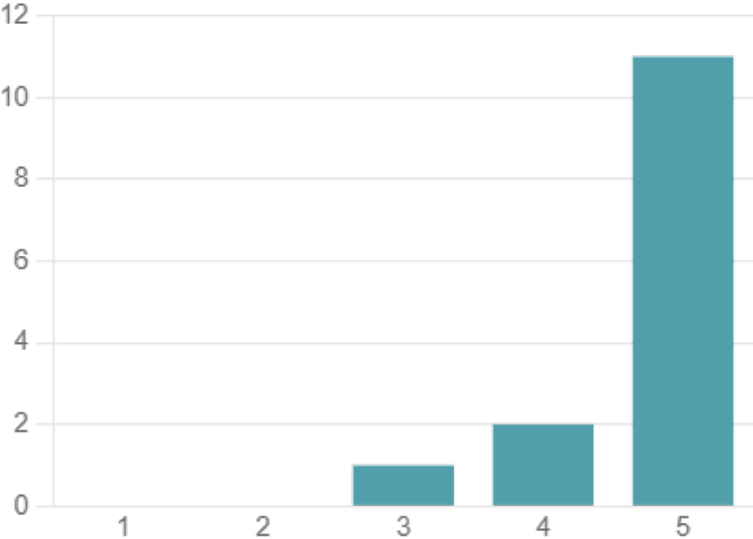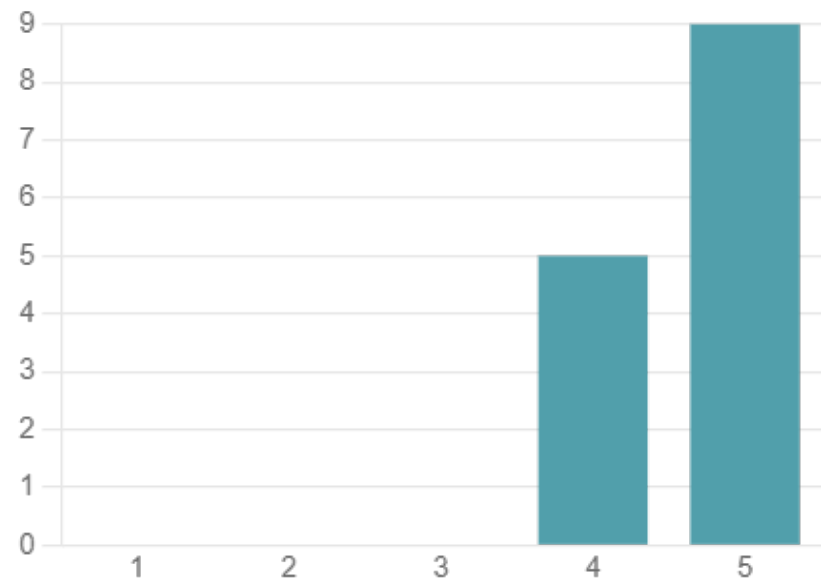

ID	Comments
1	TOR for all committees reviewed during the last 12 months.
2	All Terms of Reference have been reviewed in year and includes the linkages through each Board Committee to the Board
3	TOR reviewed annually
4	TOR regularly reviewed. There is clear & consistent reporting from committees to Board

2. The number and length of meetings is sufficient to allow the role to be discharged

4.64 Average Rating

14 responses

ID	Comments
1	At times the meetings can overrun to allow for open discussion. given the importance of agenda items this is understandable but it can make for a very long day which may reduce participants ability to fully concentrate and engage
2	I think the balance of meeting is just about right and it is good to have Board Development sessions every other month. Length of meeting are fine. Chair allows all points raised to be discussed sufficiently.
3	On the whole yes but just need to be mindful that we dont rely too much on e governance to approve items.
4	The Board meetings, whilst lengthy, have significant and important duties to cover. They are well planned and managed, with time always given to necessary discussion/challenge
5	Agenda management is generally good, with appropriate time given to allow full debate and scrutiny

3. The forum comprises members with an appropriate mix of skills and experience

4.54 Average Rating
14 responses
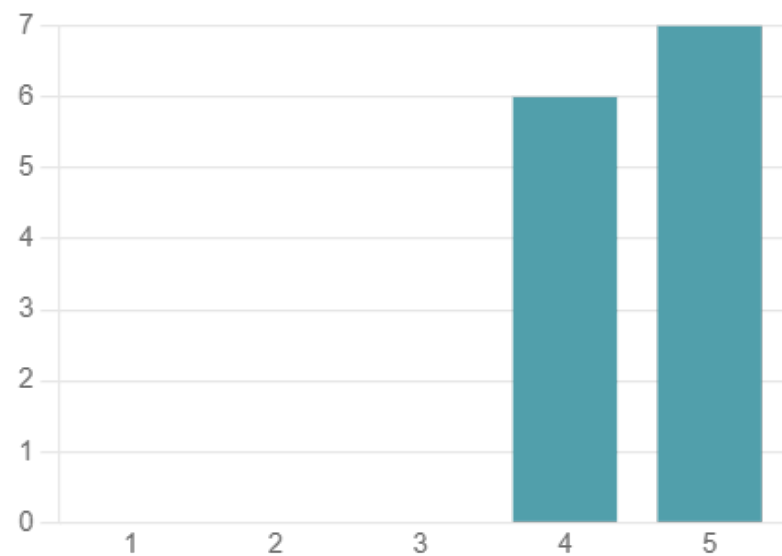
ID	Comments
1	The Board membership comprises a broad range of skills and experience.
2	Yes and overall good attendance
3	The past year has seen considerable development in newer members of the board.
4	The board is a little skewed towards nursing.
5	Very much so we have a good skill set around the table to ask the correct questions and evaluate answers with an objective lens
6	There is a good mix of skill and experience, with recent NED appointments further enhancing the skills and experience
7	Good mix of skills in the NED cohort. Execs have a range of experience.

4. Members understand the key work streams and what needs to be escalated
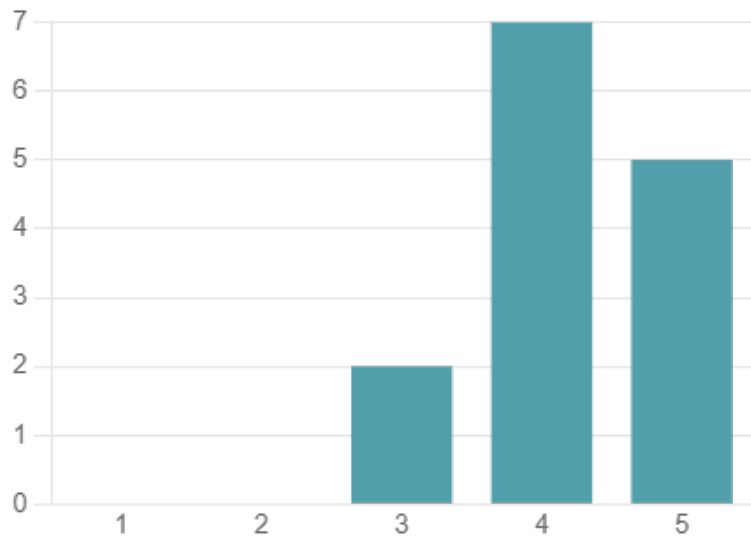
4.64 Average Rating
14 responses
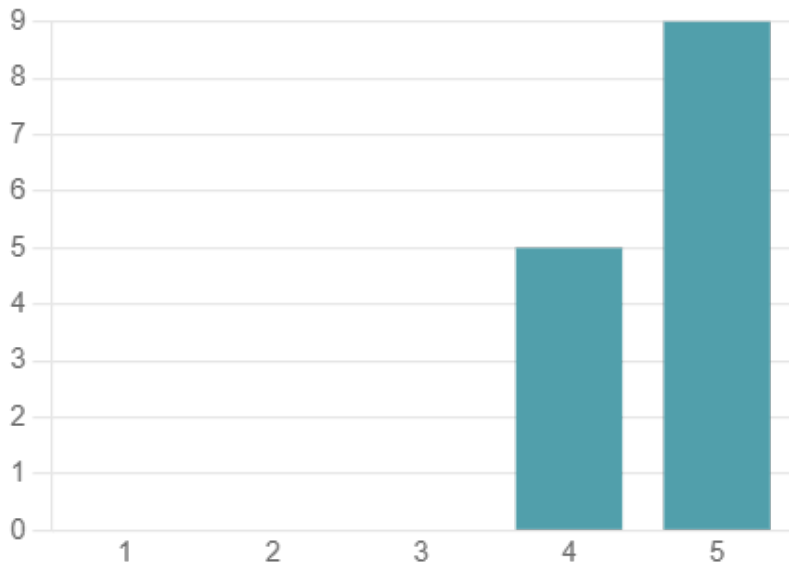
ID	Comments
1	There is evidence in year of key issues being escalated through Board Committees to the Board for discussion
2	I think that this has improved over the past year and there is more confidence to discuss challenging issues
3	The alignment between the objectives, BAF, agenda and papers is well defined
4	Clear reporting and escalation between Committees and Board (and between Committees where appropriate)

5. The agenda is clear, focuses on the right questions and avoids minutiae
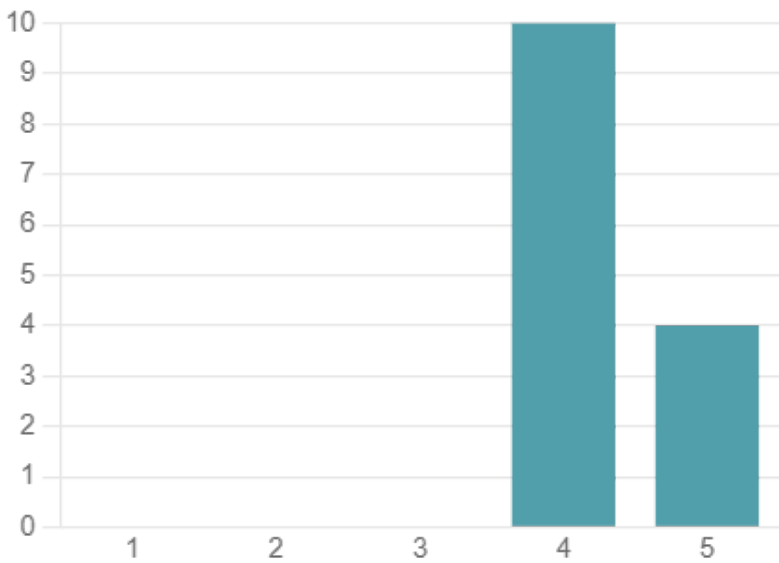
4.21 Average Rating
14 responses

ID	Comments
1	Occasionally the discussion goes into minutiae, but it's not that often
2	The agenda is clear, and whilst we avoid getting into minutiae, we've not fully avoided this yet but it is recognised when this happens. It is something we are all mindful of and more detail is taking place at Committees.
3	It would be worth considering the agenda and content following approval of the refreshed strategy.
4	Recent Board discussions have highlighted the opportunity to refocus the placement and discussion of the IQPR which should aid Board
5	Agenda is clear and focused and link into BAF and KLOE, as they should
6	On the whole yes but there is still the opportunity to develop strategic board discussions
7	Can sometimes go down rabbit holes rather than look for assurance.
8	Very clear agenda and agenda setting process. Can sometimes get into the minutiae on particular items but that always feels need/risk driven and therefore is appropriate
9	Consistent reporting from Committees ensures that the Board is sighted on major issues, without being bogged down in too much detail

6. Meeting papers are concise, relevant and received in a timely fashion

4.29 Average Rating
14 responses

ID	Comments
1	variable in length and quality
2	Papers are always on time.
3	Better use is now made of e-governance for appropriate items
4	Some papers are a little lengthy. Executive summary should cover key aspects and presenters then just need to raise highlights/lowlights. In fairness this has improved over the last 12 months
5	Mostly, development of the IQPR is ongoing and a recent board development session should help that even further
6	The number of papers often place time pressures on the authors.
7	Papers are collated and distributed in sufficient time for review before Board
8	Generally yes. There are some lengthy papers that the Board are required to approve - these are taken as read and the presenter will highlight the salient issues then take questions.

7. The standard of delivery of reports is good with appropriate presenters

## 4.36 Average Rating
14 responses
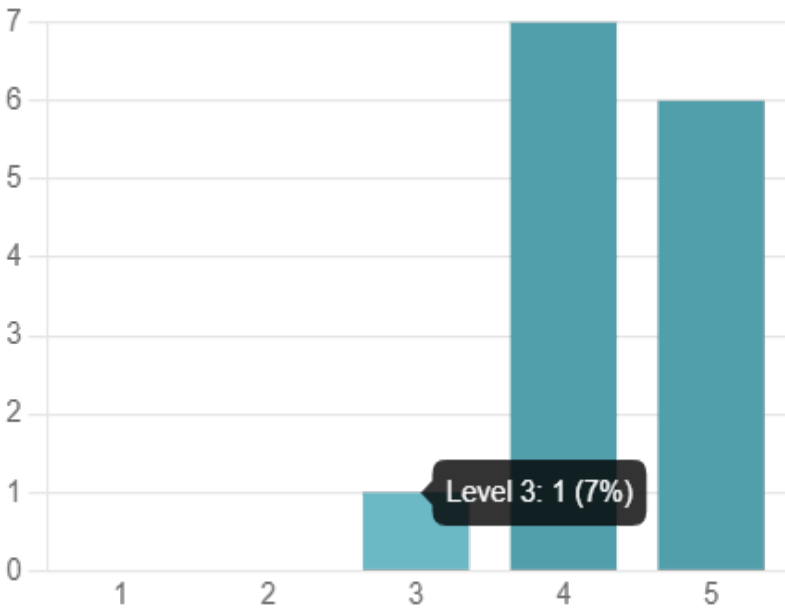
ID	Comments
1	At times certain presenters can spend to long introducing papers which could be taken as read and they could could focus more on highlighting issues for discussion or decision
2	Overall yes and has improved over the year. Execs or deputies present all papers, which I think is appropriate. Managers introduced as approp.
3	Over the year there have been a couple of reports that have fallen short of expectations but that has been taken on board
4	Yes - Items not just presented by execs. For example, we have had items presented by the safeguarding lead and Public Health lead - this provides a good opportunity to develop our next tier of senior management, and provides assurance to NED colleagues

# 8. Adherence to agenda, topics and timeframes is good

4.29 Average Rating
14 responses
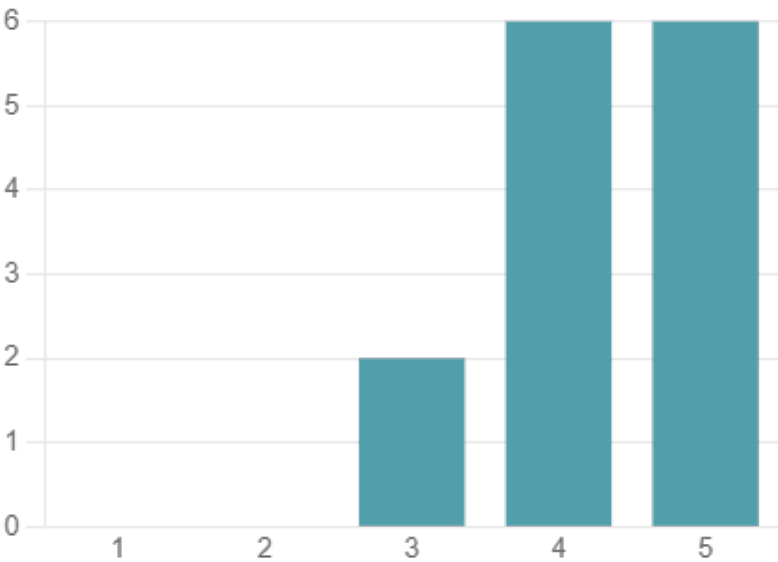
ID	Comments
1	Items on the agenda sometimes go beyond their allocated time slots, reducing time for other presenters
2	Meetings can overrun, particularly in the private board sessions
3	Yes and well chaired. Appropriate time is allowed to discuss and debate issues. Chair should not be overly concerned if we overrun timetable. If we do overrun it is for a genuine reason.
4	Mostly and if not rationale is discussed as to why some debates have taken longer.
5	Meetings always very well chaired/managed
6	Generally yes, although the patient story slot does tend to overrun. As Chair I will flex the suggested timings, particularly when there is important debate and challenge over specific agenda items.

9. Members interact well and meeting participation is balanced

4.57 Average Rating
14 responses
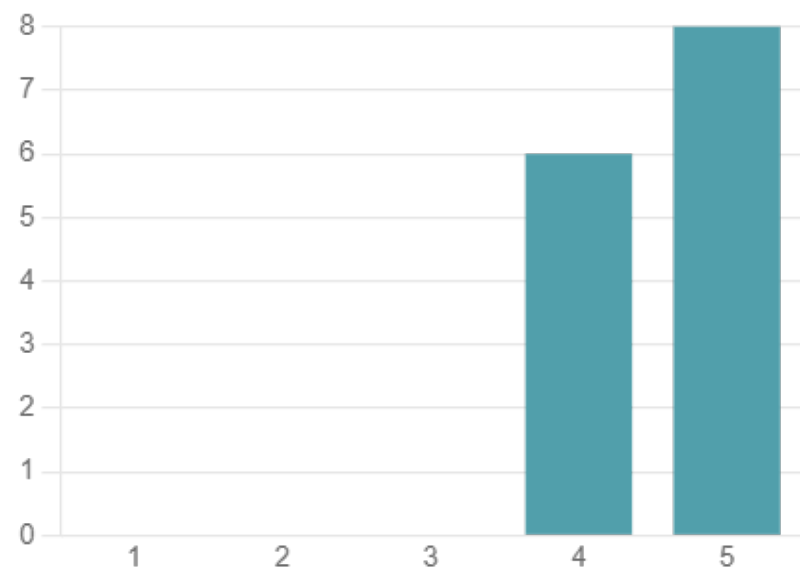
ID	Comments
1	Members always interact in a polite, balanced and respectful way and are well prepared for the meeting and contribute accordingly.
2	Yes and Chair engages with Execs and NEDs as appropriate
3	There are some "quieter" board members who could be encouraged to contribute more
4	There are odd occasions when discussions can become very operational, but this is often necessary to ensure the Board is fully sighted on issues.
5	Everyone has the time to put across points and it's chaired very well
6	Based on Board experiences elsewhere, there is good interactions and discussion on topics, where relevant
7	All members participate and the level of interaction is good. Challenge is robust, professional and respectful.

10. There is good rigour of debate with probing discussions and appropriate challenge

4.64 Average Rating
14 responses
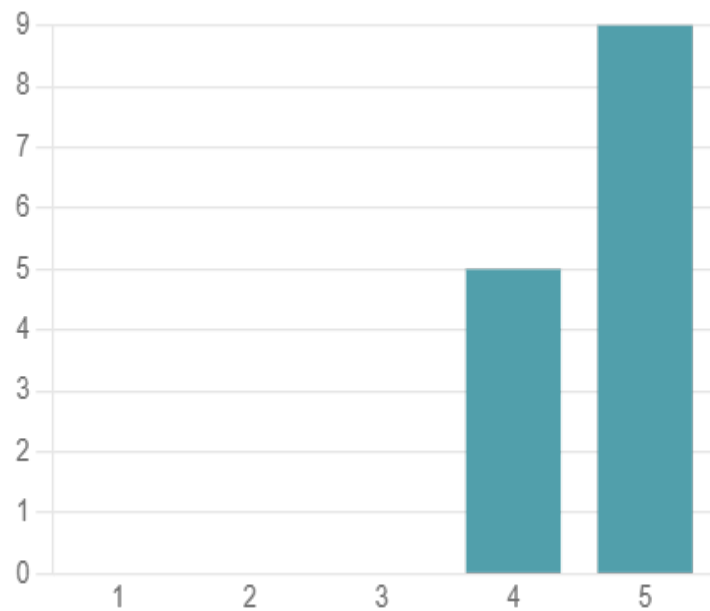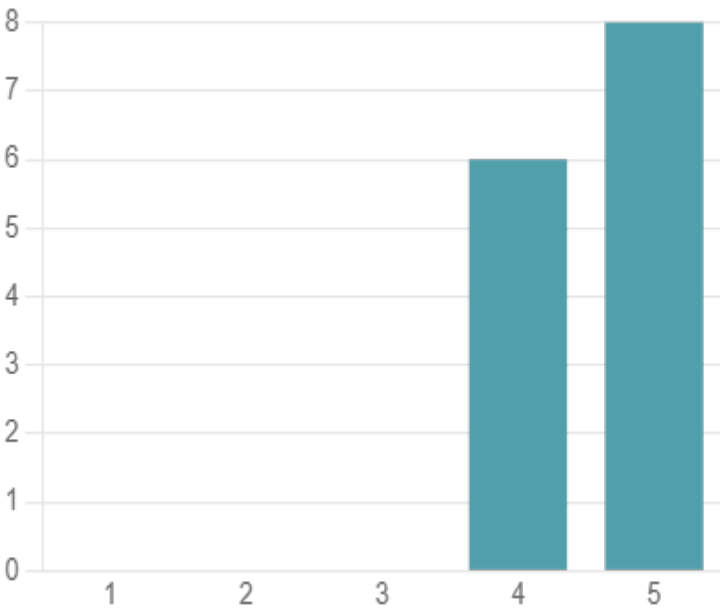

ID	Comments
1	Debate and discussion feature at all meetings.
2	Good constructive challenge and support from NEDs to Execs.
3	Great evidence of this via minutes
4	Based on Board experiences elsewhere, there is good interactions and discussion on topics, where relevant
5	Good level of scrutiny, challenge and debate from both NED and ED colleagues.

11. Meeting chairmanship is effective in controlling the meeting

4.57 Average Rating
14 responses

ID	Comments
1	The Chair is very effective and keeps the meeting progressing whilst allowing time for conversation and debate as necessary.
2	The Chair always ensures everyone has the opportunity to participate, at times to the detriment of the timing of the item
3	Absolutely!!!
4	Have been some overruns but rarely
5	Meetings always chaired very well.
6	Generally runs to time, although often the patient story slot runs over. As noted above, I will flex the suggested timings as appropriate to ensure agenda items are adequately discussed

12. There is a good decision-making process and clarity of outcome of each issue discussed

4.64 Average Rating
14 responses
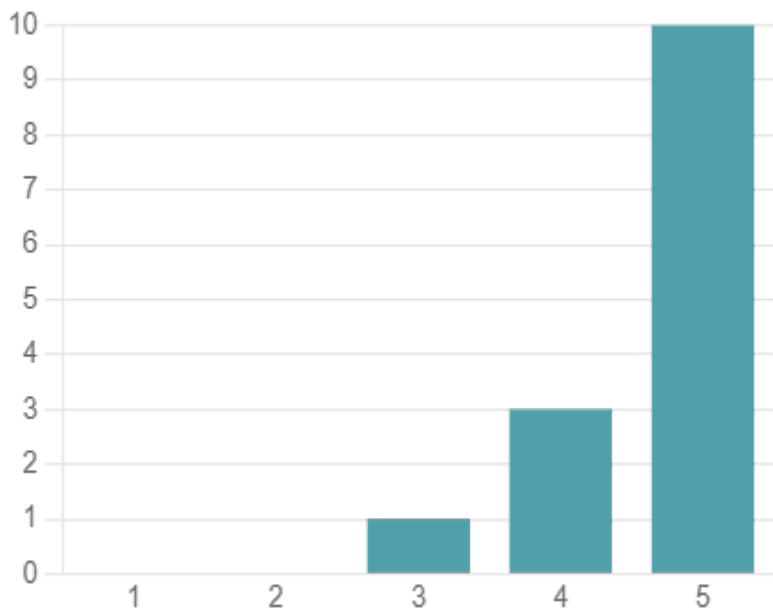
ID	Comments
1	Decisions are clearly noted and minuted
2	Yes outcomes always summarised, so no one leaves the room wondering what we agreed!
3	Chair summarises well
4	Action logs and other mechanisms ensure this everything is followed up
5	Issue/paper recommendations always summarised by chair at the conclusion of item, with clear actions agreed, and captured on action log.
6	For each agenda item the action required by the Board is noted in the paper and agreed.

13. The minutes of meetings accurately capture decisions taken and constructive challenge

4.79 Average Rating

14 responses
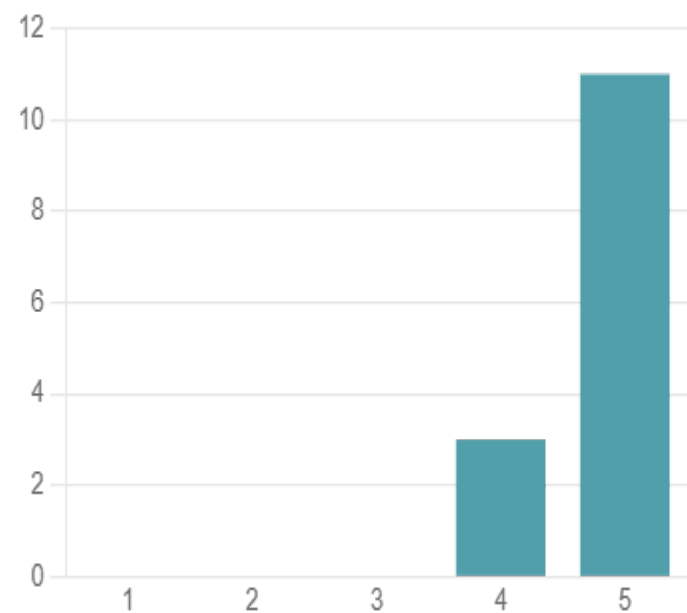
ID	Comments
1	Minutes are excellent.
2	The minutes are of a high standard.
3	Minutes are always very well taken and always very accurate.
4	Minutes provided are excellent
5	Minutes are very fulsome and evidence the debate and discussions, queries raised by NED's (named) and response from appropriate Exec (name). This also helps the governors to gain the assurance that the NEDs are doing there job.
6	Very extensive and detailed minutes captured
7	Quality of minutes is excellent

14. At the end, the meeting is briefly evaluated

Every time 100% (14 responses)

Sometimes (0 responses)

Rarely (0 responses)
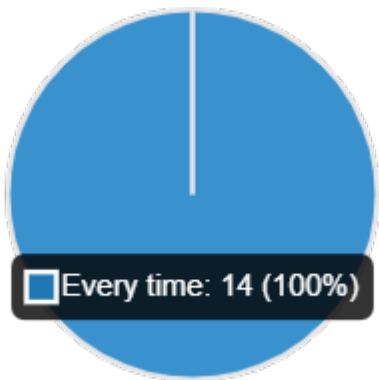
ID	Comments
1	Observers are invited to comment
2	At the end of each meeting, the Board will consider whether anything has arisen from the meeting that needs to be reflected in the BAF

Every time: 14 (100%)

15. Overall the meeting is a success and is perceived to have positive impact

4.57 Average Rating
14 responses
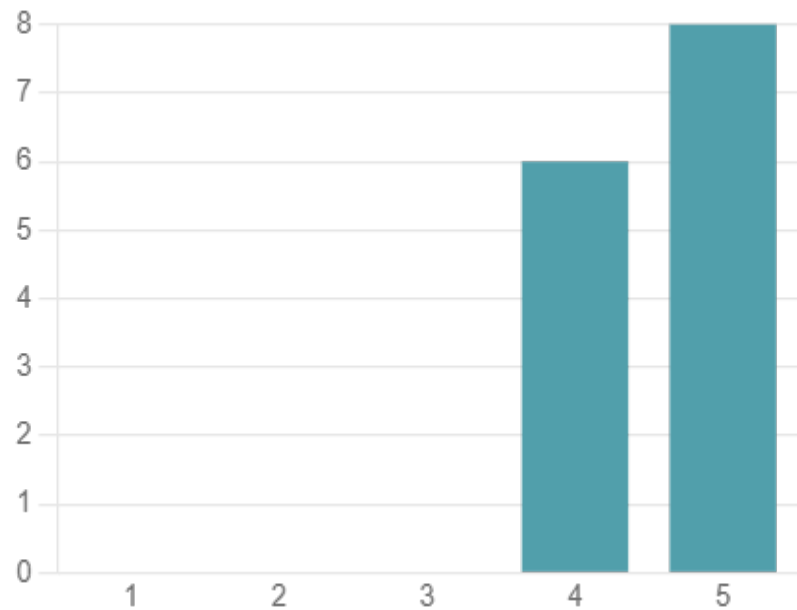
ID	Comments
1	Absolutely
2	Deals effectively with the business of the Trust. Not clear to me how the rest of the Trust perceives the board meeting
3	Agree. The Board operates effectively, covers critical business and helps drive the organisation forward.
4	Board meetings are well focused, allow time for robust debate and challenge, and all Board members contribute. I enjoy Board meetings! They are conducted in a respectful and professional manner with good humour and full participation.

16. Any further comments or observations

ID	Comment
1	Is there opportunity to hear more patient stories? They are always incredibly powerful and set a great tone for the rest of the meeting

NHS
Bridgewater
Community Healthcare
NHS Foundation Trust

Thank You

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BOARD OF DIRECTORS

Title of Meeting	**BOARD OF DIRECTORS**	**Date**	**06 April 2022**
Agenda Item	**28/23ii**		
Report Title	**CODE OF GOVERNANCE UPDATES**		
Executive Lead	Colin Scales, Chief Executive Officer		
Report Author	Jan McCartney, Trust Secretary		
Presented by	Jan McCartney, Trust Secretary		
Action Required	☐ **To Approve**	☐ **To Assure**	☒ **To Note**
Executive Summary			

NHS England published the following documents on 27 October 2022 with a view to them coming into effect from April 2023;

- Code of Governance for NHS Provider Trusts NHS England » Code of governance for NHS provider trusts

- Guidance on Good Governance and Collaboration NHS England » Guidance on good governance and collaboration, and

- System Working and Collaboration: Role of Foundation Trust Council of Governors NHS England » Addendum to your statutory duties – reference guide for NHS foundation trust governors

This paper asks the Board to note the guidance and the summary provided below. The full guidance documents are available via the links above.

Previously considered by:	
☐ **Audit Committee**	☐ **Quality & Safety Committee**
☐ **Finance & Performance Committee**	☐ **Remuneration & Nominations Committee**
☐ **People Committee**	☐ **EMT**

Strategic Objectives

☐ **Equality, Diversity and Inclusion** – to actively promote equality, diversity and inclusion by creating the conditions that enable compassion and inclusivity to thrive

☐ **Innovation and collaboration** – to deliver innovative and integrated care closer to home which supports and improves health, wellbeing and independent living

☐ **People** – to be a highly effective organisation with empowered, highly skilled and competent staff

☐ **Quality** – to deliver high quality, safe and effective care which meets both individual and community needs

☐ **Sustainability** – to deliver value for money, ensure that the Trust is financially sustainable and contributes to system sustainability

How does the paper address the strategic risks identified in the BAF?							
☒ BAF 1	☐ BAF 2	☐ BAF 3	☐ BAF 4	☐ BAF 5	☐ BAF 6	☐ BAF 7	☐ BAF 8
Failure to implement and maintain sound systems of corporate governance	Failure to deliver safe & effective patient care	Managing demand & capacity	Financial sustainability	Staff engagement and morale	Staffing levels	Strategy & organisational sustainability	Digital services

CQC Domains:	☐ Caring	☐ Effective	☐ Responsive	☐ Safe	☒ Well Led

BOARD OF DIRECTORS

Title of Meeting	BOARD OF DIRECTORS	Date	06 April 2022
Agenda Item	28/23ii		
Report Title	CODE OF GOVERNANCE UPDATES		
Report Author	Jan McCartney, Trust Secretary		
Purpose	The Board is asked to note the report describing the three guidance documents published by NHS England in October 2022.		

1. INTRODUCTION

1.1 In October 2022 NHS England published three documents with a view of these documents coming into effect from April 2023, they are;

    a. Code of Governance for NHS Provider Trusts NHS England » Code of governance for NHS provider trusts

    b. Guidance on Good Governance and Collaboration NHS England » Guidance on good governance and collaboration, and

    c. System Working and Collaboration: Role of Foundation Trust Council of Governors NHS England » Addendum to your statutory duties – reference guide for NHS foundation trust governors

1.2 These documents are the much-needed revision to the now out of date Code of Governance for FTs which was published in 2014.

2. CODE OF GOVERNANCE FOR NHS PROVIDER TRUSTS

2.1 This code which came into effect from 1 April 2023 replaces the current Code of Governance which was last updated in 2014. For the first time, the Code of Governance will apply to both NHS Foundation Trusts and NHS Trusts.

2.2 The Code has been updated to reflect that:

- Its application to NHS Trusts

- Changes to the UK Corporate Governance Code in 2018

- The legal establishment of Integrated Care Systems (ICSs) under the Health and Care Act 2022

- The evolving NHS System Oversight Framework, under which trusts will be treated similarly regardless of their constitution as a Trust or Foundation Trust.

2.3 In terms of amendments to the current Code, there are a number of themes underlying the key changes which are included in the Code for the first time. These themes are:

- Incorporation of the requirement for Boards of Directors to assess the Trust's "contribution to the objectives of the ICP and ICB and place-based partnerships". "System and place-based partners" are referenced as key stakeholders throughout the Code.

- The inclusion of the Board's role in assessing and monitoring the culture of the organisation and taking corrective action as required alongside investing in, rewarding and promoting the wellbeing of its workforce. The current Code only mentions wellbeing in the context of the organisation's finances.

- A focus on equality, diversity and inclusion (EDI) among Board members with training in EDI to be provided for individuals undertaking director-level recruitment. There should be a plan in place for the Board and senior management of the Trust to reflect the diversity of the local community or workforce, whichever is higher.

- For Foundation Trusts, greater involvement for NHSE in recruitment and appointment processes including use of NHSE's Non-Executive Talent and Appointments Team and having representation from NHSE, or the ICB, on recruitment panels.

2.4 Terminology has been updated throughout the document, to remove references to Monitor, for example, and an increased number of helpful links to other relevant frameworks, manuals and guidance have been included.

3. GUIDANCE ON GOOD GOVERNANCE AND COLLABORATION

3.1 The second document published on 27 October 2022 was Guidance on Good Governance and Collaboration. The guidance was issued under the NHS Provider Licence and sets clear expectations of collaboration by NHS Trusts and Foundation Trusts and the governance characteristics that Trusts must have in place to support this. The guidance sets expectations of providers in three key areas:

- Engaging consistently in shared planning and decision-making

- Consistently take collective responsibility with partners for delivery of high quality and sustainable services across various footprints including system and place

- Consistently taking responsibility for delivery of agreed system improvements and decisions

3.2 The guidance forms the basis of how NHS England will oversee providers' performance, with respect to collaboration and the governance needed to support it, under the NHS Oversight Framework. Oversight will be escalatory, with an expectation that system partners would seek to resolve concerns informally with the relevant provider in the first

instance. Ultimately, NHS England may intervene where a provider appears to be failing to collaborate in line with the guidance or its governance obligations in the NHS Provider Licence

4. SYSTEM WORKING AND COLLABORATION: ROLE OF FOUNDATION TRUST COUNCIL OF GOVERNORS

4.1 The third document published is titled System Working and Collaboration: Role of Foundation Trust Councils of Governors and is an addendum to a much earlier publication; Your Statutory Duties – Reference Guide for NHS Foundation Trust Governors. The addendum supplements existing guidance for Governors and explains how the legal duties of Councils of Governors support system working and collaboration. It should be noted that the addendum only applies to a Council of Governors' role within its own Foundation Trust governance. It does not relate to the governance of Integrated Care Boards (ICBs)

4.2 The addendum makes clear that, while the statutory duties of Councils of Governors have not changed, the NHS' move to system working will affect what Councils of Governors need to consider when performing their statutory duties. Section 2 of the addendum provides guidance on the three statutory duties that are most affected by the transition to system working. These are:

- Holding the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors.

- Representing the interests of the members of the NHS Foundation Trust and the public.

- Approving 'significant transactions', mergers, acquisitions, separations or dissolutions.

- The guidance includes considerations for Governors to discuss with their Trust's Board in each of these three areas together with a number of illustrative scenarios. Section 3 of the guidance is focused on 'Working with the Board' and includes suggested approaches to support better working between the Council of Governors and the Board

4.3 The Trust has shared this guidance and delivered a development session with the Council of Governors to ensure the governors are aware of and understand this addendum to the guidance.

5. RECOMMENDATION

5.1 The Board of Directors is asked to note the guidance documents published by NHS England and the key amendments outlined above.

BOARD OF DIRECTORS - PUBLIC MEETING, PART I, 2023-24	CONSIDERED BY	06 Apr 23	TBC May 2023 Extraordinary	01 Jun 23	TBC Jun 2023 Extraordinary	03 Aug 2023	05 Oct 2023	07 Dec 2023	08 Feb 2024
Welcome, Apologies and Previous Meetings									
Apologies		✔	✔	✔	✔	✔	✔	✔	✔
Declarations of Interest in agenda items		✔	✔	✔	✔	✔	✔	✔	✔
Minutes from the Previous Public Meeting		✔		✔		✔	✔	✔	✔
Action Log		✔		✔		✔	✔	✔	✔
Urgent Items with the Agreement of the Chair		✔	✔	✔	✔	✔	✔	✔	✔
Patient Stories/Spotlight on Services		✔		✔		✔	✔	✔	✔
Key corporate messages		✔		✔		✔	✔	✔	✔
Equality, Diversity and Inclusion									
To actively promote equality, diversity and inclusion by creating the conditions that enable compassion and inclusivity to thrive (BAF 5)									
Equality, Diversity and Inclusion Annual Report	People	✔							
Gender Pay Gap Annual Report	People	✔							✔
WRES	People					✔			
WDES	People					✔			
Innovation and Collaboration									
To deliver innovative and integrated care closer to home which supports and improves health, wellbeing and independent living (BAF 7)									
Organisational Strategy Review (Quality and Place)		✔		✔		✔	✔	✔	✔
Integration & Collaboration Report		✔		✔		✔	✔	✔	✔
Provider Collaborative		✔		✔		✔	✔	✔	✔
Provider Collaborative - Information and Update for Membership Trust Boards		✔		✔		✔	✔	✔	✔
People									
To be a highly effective organisation with empowered, highly skilled and competent staff (BAF 1,3,5,6, and 8)									
Chair's Assurance Report from People Committee	People	✔		✔		✔	✔	✔	✔
Escalated People Risks (ad hoc)	People								
Freedom to Speak Up Annual Report	People			✔					
Medical Appraisal and Revalidation (annual)	People	✔							
People Plan	People	✔					✔		
Staff Survey Results and Action Plan	People	✔		✔					

BOARD OF DIRECTORS - PUBLIC MEETING, PART I, 2023-24	CONSIDERED BY	06 Apr 23	TBC May 2023 Extraordinary	01 Jun 23	TBC Jun 2023 Extraordinary	03 Aug 2023	05 Oct 2023	07 Dec 2023	08 Feb 2024
Quality									
To deliver high quality, safe and effective care which meets both individual and community needs (BAF 2,3,5,6 and 8)									
Chair's Assurance Report from Quality & Safety Committee	Q&S	✔		✔		✔	✔	✔	✔
CQC Report, Compliance and Action Plan (ad hoc)	Q&S								
EPRR	Q&S						✔		
Escalated Quality & Safety Risks (ad hoc)	Q&S								
Integrated Quality Performance Report	Q&S	✔		✔		✔	✔	✔	✔
Learning from Deaths	Q&S	✔		✔		✔		✔	
Safeguarding Annual Report	Q&S						✔		
Winter Plans (Annual)	Q&S						✔		
Sustainability									
To deliver value for money, ensure that the Trust is financially sustainable and contributes to system sustainability (BAF 1,4 6,7 and 8)									
Adaptive Reserve	F&P			✔					
Annual Accounts	Audit		✔		✔				
Annual Anti-Fraud/Bribery Report	Audit			✔					
Annual Governance Statement	Audit		✔		✔				
Annual Report	Audit		✔		✔				
Chair's Assurance Report from Audit Committee	Audit	✔		✔		✔	✔	✔	✔
Chair's Assurance Report from Finance and Performance Committee	F&P	✔		✔		✔	✔	✔	✔
DIGITAL Strategy	F&P					✔			
Escalated Finance & Performance Risks (ad hoc)	F&P								
Escalated Audit Risks (ad hoc)	Audit								
Finance Report	F&P	✔		✔		✔	✔	✔	✔
Financial Plan	F&P	✔		✔		✔	✔	✔	✔
Integration and Collaboration Update	F&P	✔		✔		✔	✔	✔	✔
Operational Plan	F&P	✔		✔		✔	✔	✔	✔

BOARD OF DIRECTORS - PUBLIC MEETING, PART I, 2023-24

BOARD OF DIRECTORS - PUBLIC MEETING, PART I, 2023-24	CONSIDERED BY	06 Apr 23	TBC May 2023 Extraordinary	01 Jun 23	TBC Jun 2023 Extraordinary	03 Aug 2023	05 Oct 2023	07 Dec 2023	08 Feb 2024
Corporate Governance									
Annual Audit Committee Report and Annual Audit Letter for Information	Audit		✔		✔				
Annual Report by the SIRO	F&P					✔	✔		
Assessment of Board Meeting Effectiveness		✔		✔		✔	✔	✔	✔
BAF Review/ Risk Management Framework / Risk Appetite							✔		
Board Assurance Framework (BAF) - each meeting	All Committees	✔		✔	✔	✔	✔	✔	✔
Board Effectiveness Review - annual		✔							
Business Cycle - Board		✔				✔			
Business Cycles -Committees of the Board						✔			
Elections to Council of Governors (may also be ad-hoc reports following any unexpected vacancies)									
Fit and Proper Annual Review				✔					
Items to be added to the BAF		✔		✔		✔	✔	✔	✔
Items to be delegated or shared with Board Committees		✔		✔		✔	✔	✔	✔
Provider Licence Compliance				✔					
Questions from Members of the Public		✔		✔		✔	✔	✔	✔
Resolution to confirm the affixing of the common seal according to the Register of Seals						✔			✔
Review of Meeting		✔		✔		✔	✔	✔	✔
Sign off Corporate Objectives/Board Assurance Framework, and later half year review of progress		✔					✔		
Terms of Reference Review - Board					✔				
Terms of Reference Review - Committees of the Board	All Committees					✔			
Well Led Review	EMT/Audit			✔					

BOARD OF DIRECTORS - CLOSED MEETING, PART II, 2023-24

	CONSIDERED BY	06 Apr 23	TBC May 2023 Extraordinary	01 Jun 23	TBC Jun 2023 Extraordinary	03 Aug 2023	05 Oct 2023	07 Dec 2023	08 Feb 2024
Welcome, Apologies and Previous Meetings									
Apologies		✔	✔	✔	✔	✔	✔	✔	✔
Declarations of Interest in items on the agenda		✔	✔	✔	✔	✔	✔	✔	✔
Minutes from the previous public meeting		✔		✔		✔	✔	✔	✔
Action Log		✔		✔		✔	✔	✔	✔
Urgent Items with the Agreement of the Chair		✔	✔	✔	✔	✔	✔	✔	✔
Equality, Diversity and Inclusion									
To actively promote equality, diversity and inclusion by creating the conditions that enable compassion and inclusivity to thrive (BAF 5)									
Innovation and Collaboration									
To deliver innovative and integrated care closer to home which supports and improves health, wellbeing and independent living (BAF 7)									
People									
To be a highly effective organisation with empowered, highly skilled and competent staff (BAF 1,3,5,6, and 8)									
Quality									
To deliver high quality, safe and effective care which meets both individual and community needs (BAF 2,3,5,6 and 8)									
Sustainability									
To deliver value for money, ensure that the Trust is financially sustainable and contributes to system sustainability (BAF 1,4 6,7 and 8)									
Financial Planning	F&P								
Corporate Governance									
Board Development Programme		✔		✔		✔	✔	✔	✔
Items to be added to the BAF		✔		✔		✔	✔	✔	✔
Items to be delegated or shared with Board Committees		✔		✔		✔	✔	✔	✔
Strategy Updates		✔		✔		✔	✔	✔	✔