

PUBLIC BOARD MEETING

Thursday 4 April 2024, 10am
Spencer House, Dewhurst Road, Birchwood, Warrington

AGENDA

Ref	Time	Item Title	BAF Ref	Action
15/24	10.00	(i) Apologies for Absence		Information
16/24	10.00	(i) Quoracy Statement (ii) Declarations of Interest in items on the agenda		Assurance
17/24 Page 4	10.00	Minutes of the last meeting: Board meeting held 8 February 2024	1	Assurance/ Approval
18/24 Page 19	10.05	Matters Arising from the Action Log	1	Assurance
19/24	10.15	Any urgent items to be taken at the discretion of the Chair		
20/24	10.15	Patient Story: Warrington 0-19 Service	2,3,7	Information
21/24 Page 24	10.40	Board Assurance Framework – presented by Executive Leads and Board Committee Chairs	ALL	Approval
22/24 Page 39	10.55	Key Corporate Messages – presented by the Chief Executive	1	Information
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				
23/24 (i) Page 48 (ii) Page 59 (iii) Page 69 (iv) Page 76	11.10	(i) IQPR – presented by Executive Leads (ii) Report from the Quality and Safety Committee held on 28 February 2024 – presented by the Committee Chair (iii) Learning from Deaths Report – presented by the Medical Director (iv) Clinical Leadership Strategy – presented by the Chief Nurse	1 2,3 2 2,3	Assurance Assurance Assurance Approval

(v) Page 98		(v) EPRR Update – presented by the Chief Operating Officer	2	Assurance
12.15 - 10 MINUTES BREAK				
RESOURCES: We will ensure that we use our resources in a sustainable and effective way				
24/24 (i) Page 105 (ii) Page 115	12.25	(i) Finance Report month 11 – presented by the Director of Finance (ii) Report from the Finance and Performance Committee held on 21 March 2024 – presented by the Committee Chair	5 5	Assurance Assurance
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				
25/24 (i) Page 123 (ii) Page 135	12.50	(i) Strategy in Action – presented by the Programme Director of Integration and Collaboration (ii) Health Equity Update – presented by the Medical Director	3,7	Assurance Approval
STAFF: We will ensure that the Trust is a great place to work by creating an environment for our staff to develop, grow and thrive				
26/24 (i) Page 160 (ii) Page 193 (iii) Page 255	1.10	(i) Report from the People Committee held on 13 March 2024 – presented by the Committee Chair (ii) Staff Survey Results and Action Plan – presented by the Director of People (iii) People Plan – presented by the Director of People	4,6 4 4	Assurance Assurance Assurance
OVERARCHING CORPORATE GOVERNANCE ITEMS				
27/24 (i) Page 246 (ii) Page 290 (iii) Page 294	2.00	(i) Annual Board Effectiveness Review – presented by the Trust Secretary (ii) Board Business Cycle Review – presented by the Trust Secretary (iii) Application of the Trust Seal – presented by the Trust Secretary	1 1 1	Assurance Approval Assurance
28/24	2.25	Review of meeting and Items to be added to the Board Assurance Framework	1	Information

29/24	2.30	Opportunity for questions to the Board from staff, media or members of the public at the discretion of the Chair	1	Information
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DATE & TIME OF NEXT MEETING

Thursday 6 June 2024, 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



Unapproved Minutes from a Public Board Meeting
Held on Thursday 8 February 2024, 10am

Ground Floor Meeting Room, Spencer House, Dewhurst Road, Birchwood, Warrington

Present

Karen Bliss, Trust Chair
Colin Scales, Chief Executive Officer
Dr Ted Adams, Medical Director
Gail Briers, Non-Executive Director
Sarah Brennan, Chief Operating Officer
Tina Wilkins, Non-Executive Director
Dame Elaine Inglesby, Non-Executive Director – *joined at 1 pm*
Nick Gallagher, Director of Finance
Abdul Siddique, Non-Executive Director
Martyn Taylor, Non-Executive Director
Bob Chadwick, Non-Executive Director
Paula Woods, Director of People and Organisational Development
Jeanette Hogan, Deputy Chief Nurse

In Attendance

Rob Foster, Programme Director of Integration and Collaboration
Amena Patel, Associate Non-Executive Director/NExT Director Scheme
Agnes Cunliffe, Project Support Officer – taking minutes

For Patient Story (item 06/23 only)

Michelle Martin, Operational Manager 0-19 Halton Team and Alison Langton, School Nurse

For Apprenticeship Week (item 12/24iii)

Sarah Power and Kathryn Sharkey, with apprentices, Siobhan Unsworth and Kate Newton

Observers/members of the Public

Rita Chapman, Governor
Andrew Mortimer, Governor
Peter Hollett, Governor – *partial attendance, left at 10.30 am*

01/24 (i) APOLOGIES FOR ABSENCE

Dame Elaine Inglesby, Non-Executive Director – apologies for up to 1 pm
Lynne Carter, Chief Nurse and Deputy Chief Executive
Linda Chivers, Non-Executive Director
Jan McCartney, Trust Secretary

02/24 (i) QUORACY STATEMENT

The Chair confirmed that the meeting was quorate.

(ii) DECLARATIONS OF INTEREST IN ITEMS ON THE AGENDA

No declarations of interest were made.

03/24 MINUTES OF THE LAST MEETING

BOARD MEETING HELD 7 DECEMBER 2023

One correction was agreed to be made to the last minutes:

Page 3 of the minutes: the Medical Director advised that the company ORCHA had already presented at the DIGIT meeting, instead of “ORCHA to present to a future DIGIT meeting”.

The remainder of the minutes were approved as an accurate record.

04/24 MATTERS ARISING FROM THE ACTION LOG

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

72/23i Finance Report - information still in development across both local places.

85/23i IQPR – item included on agenda

85/23iii EPRR – item included on agenda

86/23i Finance Report – month seven – planning guidance still not available. Advice to be provided regarding scheduling of a dedicated finance board seminar when information is available.

The Board agreed that the following blue rated items would be removed.

- 88/22ii Update on Provider Collaboratives
- 70/23 Key Corporate Messages
- 71/23iii EPRR Annual Report
- 83/23 Board Assurance Framework

05/24 ANY URGENT ITEMS TO BE TAKEN AT THE DISCRETION OF THE TRUST CHAIR

The Chair confirmed that there were no urgent items of business to be taken.

06/24 PATIENT STORY – HALTON 0-19 SERVICE - DRUGS & ALCOHOL

The Board received a presentation from Michelle Martin and Alison Langton on Halton 0-19 Service - Drugs & Alcohol. The patient story regarded a vulnerable young person and their journey to health, through connected services and pathways of the Family Hub. This young person accessed the service on their own, as their family did not want to be involved. They found the information about the service through the school nurses. Upon contact with the service, the young person disclosed more information about themselves, including information about self-harming and therefore, with their consent, further referral was made to other appropriate services within the Family Hub. At first, the young person was offered grounding techniques and strategies to empower themselves and a toolkit to help manage anxiety; they could choose what worked best for them from various solutions. Once the young person felt they had everything they needed, the open access was still available for them to come back any time. The school was very supportive throughout this journey and respectful of the confidential nature of the service. When the support workers later came into contact with that person, they were delighted that the young person appeared so much happier, enjoying their life and as if a weight had been lifted of that patient's shoulders. It was also a very good first contact with healthcare services that this young person accessed on their

own. They know they can always come back to a drop-in session, which is always there for young people the same day and time of the week.

Another key aspect was, how working as a Family Hub has improved the patient experience as the professionals working in the Family Hub know each other and can work together effectively to get the best results for the patients. All Halton residents have access to a course, for which the Trust holds license for three years. There is support for young people, parents and carers, also through digital applications.

The Chief Operating Officer reported that she had visited the Halton Family Hub and was really impressed with how well the practitioners work together and how connected it felt. This is a powerful service model, which brings benefits well beyond the statistics and adds so much community value. The Board noted that the benefits of such service need to be seen and recognised throughout the system as well.

Alison Langston further described the service plans to introduce a universal digital health advice offer to Halton residents. Having spoken to patients and their families, feedback was received that the most desirable form of engagement would be an app. This will be discussed at the upcoming Directorate Leadership Meeting with a company developing an app, which already has experience and affiliation with NHS. This universal app would provide health advice through “two click” process, including midwifery advice, infant feeding, flagging concerns and managing expectations regarding what happens at an appointment etc. so that people are empowered and don't feel alone. Local families were invited to a concept meeting and further feedback was gathered on what this app should look like, so the app will be co-produced with the end users.

Non-Executive Director, Gail Briers was pleased to see that the Family Hub services linked to trauma informed care, as it is important to catch these issues before it's too late for some people. Non-Executive Director, Abdul Siddique, who is also involved in support to young people in his work, praised the service for building positive relationships with young people, without judging them, which is what they need to build that trust.

The Chief Executive Officer was keen to understand whether there was a suitable connection back to school to share the learning from such cases.

Non-Executive Director Martyn Taylor queried whether this successful Halton Family Hub model would be mirrored in the Trust's Warrington Services.

The service officers assured the Board that the service works closely with the schools and holds regular sessions to discuss any emerging themes and learning from cases.

With regards to cooperation with Warrington, the service shares as much information as possible, whilst piloting this service model in Halton.

07/24 BOARD ASSURANCE FRAMEWORK

The Head of Corporate Governance presented the Board Assurance Framework and highlighted a number of changes recommended by Board Committees during the last cycle for the Board's approval.

Non-Executive Director, Martyn Taylor referred to BAF 7 (Partnerships) risk reduction from 12 to 9. He asked for assurance and context of this proposed change.

The Chief Executive Officer advised that the Executive Management Team had reviewed BAF 7 in-depth, adding a number of updates to the prevent controls and assurances, as well as addition of mitigating actions and arrived at the conclusion that it was appropriate that the risk rating was decreased. Non-Executive Director, Martyn Taylor was satisfied that the EMT considered the BAF in detail and could support this change.

The Board approved the changes to BAF, as proposed by the Committees of the Board and EMT.

08/24 KEY CORPORATE MESSAGES

The Chief Executive presented the report and highlighted the activity and engagement over the reporting period by the Executive and Non-Executive Directors. The report was taken as read and the Chief Executive Officer highlighted that there were multiple Time to Talk visits undertaken during this reporting period. The report included feedback collated from the visits, which was grouped as per People Promises.

As an example, it was great to hear that teams were aware of who the Freedom to Speak Up Guardian was and where they are located. The teams also referred to Leader in Me event held in December, which very well received. Whilst there was a lot of positive and encouraging feedback gathered from the visited teams, there were also some issues highlighted, which required further focused work.

In particular, The Bury Dental Team had fed back that, although they felt part of the Greater Manchester dental network, there was still work to do in terms of them feeling part of the overall Dental Network. The Chief Executive Officer reminded the Board that the Bury, Oldham and Rochdale dental services were absorbed by the Trust over three years ago and a lot of work had been done to make them feel a part of the organisation. . Whilst it could take a while to feel assimilated, it was disappointing to get this feedback.

The Chief Operating Officer noted that the new clinical leadership arrangements in Dental Services was already bringing benefits and would have a positive impact on consistency across the dental services and making staff feel a part of the network.

The Director of People and OD added that the HR & OD teams identify any hotspots for focused engagement, such as this, and the Time to Talk, alongside Pulse Surveys, provide a lot of tangible information to focus on. Work was ongoing behind the scenes to address any issues and EMT were updated regularly on those.

Non-Executive Director, Tina Wilkins highlighted that we need a focused effort for the dental team in Bury, to feel not only a part of the Dental Network, but also a part of the Trust as a whole. The feeling of disconnect may have a different meaning to different people and hence some more engagement will be needed to uncover any issues.

Non-Executive Director, Martyn Taylor advised that it was he and the Chief Nurse who visited the Bury Dental Service and confirmed the staff morale was low and they did not seem to feel very well connected with the Trust. They raised concerns regarding the pressure they felt due to waiting lists and number of referrals coming in. The Trust needs to take steps to do things differently to give the staff some respite. This will, however, require change in some of the clinical processes and procedures, which may be challenging for staff at first.

The Medical Director observed that there will be benefits from the new clinical leadership model, but also some pushback might be expected from clinicians as changes are introduced to balance the demand, as patients will need to be discharged, rather than kept on the books.

The Chief Operating Officer commented that we will need to continue to work as a system with General Dental Practitioners (GDPs) and specialist hospitals, so we can manage the care in most appropriate place for the patient.

Non-Executive Director, Gail Briers observed that as we make clinical pathway changes and ask clinicians to change their practice, we also need to keep in mind that they may be facing some pushback from the patients, who are used to certain support being given by the community dental teams.

The Trust Chair noted that the rich feedback from the services, which then informs the discussions at the Board, demonstrates the value of the Time to Talk sessions.

Non-Executive Director, Tina Wilkins suggested that a note is sent back to the visited service reporting back that their feedback was discussed at Board level as validation to staff who open up to talk about the issues. The Board welcomed this suggestion.

The CEO further advised that visits will also be scheduled to Rochdale and Oldham dental services to check how the staff in those services feel. He suggested that intense support should be offered to Bury Dental team and that a return visit should be scheduled in a few weeks' time. Non-Executive Director, Martyn Taylor offered to visit the Bury dental team for the return visit, to ensure consistency. The Director of People and OD advised that this would be built up into to Time to Talk process.

09/24 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

(i) IQPR (NEW STYLE REPORT)

The Board received an update on performance across operations, quality, finance and people indicators as at month 8 – December 2023. The Chief Operating Officer highlighted that there were several new indicators contained within the report, which were previously agreed via the relevant Committees and by Board, which provide additional information to the Board across each of the IQPR domains. The report included extensive narrative regarding pressure areas within Service Performance, Service Quality, People and Finance and actions being undertaken to address challenges.

A discussion took place concerning the report that was presented to the Board: Non-Executive Director, Gail Briers commented that the inclusion of narrative around the red indicators and actions being undertaken, was very useful. **She suggested that it would be beneficial to also be able to see narrative around anticipated trajectory for recovery. For Board assurance and awareness, any delegation of matters to any of the Committees, would need to be noted as well.**

Non-Executive Director, Gail Briers further referred to the challenges within Children's Directorate, which were also reflected in high rated risks in the BAF and asked for assurance on mitigating actions.

The Chief Operating Officer advised that there was a significant programme of work around children's services underway in the Trust and externally as well. There were several actions being taken in to review how the services are delivered internally and in conjunction with partners. Internally the services are reviewing the workforce to see where Community Paediatrician capacity can be released and how the service can be delivered by an alternative skill mix. A workshop was being planned for March with ICB Commissioners, which will have several place-based partners in attendance including education, social care and 0-19s. Actions around children's services had also been also taken to EMT. Support visits to services also take place, for example last week to Woodview Clinic. The Chief Executive Officer added that he and the Medical Director will be meeting the Community Paediatricians the following week to discuss reform of practice.

A discussion took place regarding high scored paediatric risks (15+) listed on BAF 2. The Chief Operating Officer reassured that these are a significant priority for the Trust and in our external work. She reflected however, that capacity and demand risks must be described in a smart manner. The Deputy Chief Nurse observed that there were several causative factors and the combined impact of these had resulted in the number of high-severity risks. These

risks, however, will need to be reviewed and potentially themed into fewer risks as there are various causative actions for them. These key discussions are held at the Risk Management Council, and we become more proficient in describing and defining the risks.

The Board received the report and requested the addition of narrative around anticipated trajectory for recovery in future reiterations of the IQPR, as well as a note of any delegation of matters to any of the Committees. Action – the COO

(ii) REPORT FROM THE QUALITY AND SAFETY COMMITTEE HELD ON 21 DECEMBER 2023

The Board received a report from the Quality and Safety Committee meeting held in December 2023 from Non-Executive Director and Committee Chair, Gail Briers for assurance.

(iii) EPRR UPDATE

The Board received an update report from the Chief Operating Officer on the Trust's compliance progress against the NHS Core Standards for EPRR. The Board received this feedback at the December 2023 Board and asked for assurance that there was a plan in place to support the journey towards compliance with the required standards.

This report provided an update to the Board on the actions that have been taken to date and any risks in relation to delivery of the required actions.

The Chief Operating Officer highlighted that the Trust EPRR group had been established, and held its first meeting in December 2023 and currently meets fortnightly to ensure there is sufficient oversight, direction, and accountability. All Directorate Leadership Teams (DLT's) are represented with additional support from IT and Corporate Governance. The RAG rated action plan was enclosed at Appendix 1.

Each of the 58 standards have been cohorted into primary domains and separate task and finish groups, focusing on the individual domains have been established to achieve compliance. The EPRR group will provide the oversight and assurance to EMT on a bi-monthly basis.

The Board accepted the content of the report as assurance that actions were being taken to address the deficiencies identified. **The Board would receive an update in April 2024 as this will be the mid-year review and will add a 6-monthly update to the business cycle in relation to EPRR moving forwards.**

(IV) DRAFT CLINICAL LEADERSHIP STRATEGY

The Board received the Draft Clinical Leadership Strategy from Jeanette Hogan, Deputy Chief Nurse. The paper, which was taken as read, provided a breath of detail to reflect on the work being done around the strategy and its components.

The Clinical Leadership framework consists of the following components:

- Workforce planning
- Career
- Capability
- Culture
- Preceptorship and peer support
- Talent management
- Leadership
- Organisational culture

The various workstreams around these components were detailed in the report. The Chief Deputy Nurse reflected that Covid 19 significantly changed the way that NHS services were run and during that time recruiting and retaining staff was at the forefront to ensure that we were able to manage the pandemic. We also have the impact of the pre-Covid internal change in structures and the post-pandemic changes to the NHS system.

The strategy will be fully co-produced with clinicians, with the benefits to them as well as the patients. Discussions are held with clinical staff groups and formal workforce planning was undertaken to specifically ensure right sizing our clinical workforce. These meetings enabled clinical staff to discuss and describe their views on the changing workforce and specifically on clinical challenges. Through the lens of patient safety and the increasing demand for clinical staff there was a need for a focus on clinical leadership. This will build on our strengths and make transparent the routes for clinicians to progress within the organisation and continue to deliver improvements in quality and safety for our patients.

In nursing and in the professions allied to medicine, a clinical leadership group is being set up under the leadership of the Chief Nurse which includes representatives of each clinical discipline outside medicine and dentistry together with human resources, education and transformation to manage the implementation of the framework. This group will also include doctors and dentists, particularly in exploring the need for clinical support to groups taking on para-medical and para-dental roles.

The clinical leadership structure in our medical services is currently stable with no recent changes. The dental clinical leadership structure was changed in 2023 following a review. Both medical and dental clinical leaders have recently been part nursing and of a Trust development day, with plans to pick up on the learning through the regular Medical and Dental Leadership Team meetings, which have occurred bi-monthly since January 2020.

Significant progress has been made to date to bring it all together. It was envisaged that the full framework including all the actions below would be launched in April 2024. Staff meetings have been commenced in January describing the proposals and gaining staff support, these will continue throughout quarter 4 to gain feedback and further ideas.

The Board was asked to note the clinical leadership development to date and to approve the continued roll out of this framework, the sessions that will take place to further co-produce the strategy prior to receiving the final strategy at the April Board meeting.

The Medical Director added that whilst the medical and dental clinical leadership was slightly different to the Allied Health Practitioners, there were some elements of the strategy which were common to the medical and dental structures as well. Based on the recent feedback from staff, he proposed to push the final launch of the strategy to the July board meeting, rather than April, to ensure enough time is allowed for engagement and feedback from the clinicians.

Non-Executive Director, Tina Wilkins observed that it was important that the medical and dental leads are engaged with the strategy to share their experience and learning from when they underwent the clinical leadership changes. The Medical Director reassured that these leads will join some of the sessions and will be linked to the work programme. It is also a part of the review to investigate how to medically support the nurses and AHPs in the advanced roles, which are close to medical roles.

The Non-Executive Directors further commented that the co-production of the strategy with staff was very welcome. It was important to develop our leaders and provide the safe space to talk to each other. The strategy, once fully developed, will be very useful for associate directors and other leaders to navigate the Trust systems.

The Director of People and OD added that all the leadership development programmes in the Trust are being collated into one document, which will be shared as a part of recruitment process. This document, when fully formatted, will be ready in about a month's time, but the draft could be shared in advance if required.

The Deputy Chief Nurse agreed that the final document has to be practical and meaningful, hence the clinical leadership, once defined, will overlay the operational structures so we can always track all decisions. The Chief Nurse, and the Deputy Chief Nurse worked closely together with the Chief Operating Officer and the Director of People and OD to bring all these elements together.

The Board noted the clinical leadership development to date and approved the continued roll out of this framework.

The Board were pleased to see that the document was developed in-depth via co-production with clinicians. This strategy will provide an assurance that decisions are clinically driven in the Trust and the Trust will continue to put the clinical leadership at the heart of what we do. The timing of the finalised strategy to be presented to the Board, will be arranged as appropriate.

(V) FREEDOM TO SPEAK UP

The Board received the Freedom to Speak Up report presented by Jeanette Hogan, Deputy Chief Nurse. The report provided an overview of the current Freedom to Speak Up (FTSU) provision and also included plans for a review of the Trust's Speaking Up processes as per the requirements of the National Guardian's Office.

The Deputy Chief Nurse highlighted that there were 8 Freedom to Speak Up (FTSU) concerns raised during the Quarter 3 reporting period.

Of the 8 cases 7 remain open and active due to the complexities and the Guardian is liaising with senior management and has been able to provide some feedback to the staff who raised the concerns. It was noted that the cases related to banding and procurement issues and were multi factorial in nature and did not present any significant concern.

Cases have increased during this reporting period, which was a positive reflection of increasing staff awareness of the reporting mechanisms available in the Trust.

The Trust remains committed to increase the number of FTSU Champions. The FTSU Guardian liaised with another Trust to learn how they successfully engaged a high number of Champions and similar efforts will be introduced in the Trust.

The Director of People and OD observed that the feedback from the services that was being received reflected the fact that the teams knew who the Trust FTSU Guardian was and what the reporting routes were. She also highlighted that the FTSU report as well as Employee Relations report are the standing items on the People Committee agenda, so the Committee is fully sighted on any arising trends and themes. It had to be noted, however, that current staff survey results state that 25% of the workforce do not feel confident that if they raised a clinical concern an action would be taken. It is not uncommon to other organisations but it is a big number and we must not lose sight of this and continue the work.

The Trust Chair highlighted the continuous commitment of the Board to keep the high profile of the FTSU process in the Trust. The Chief Executive Officer was pleased to see that work was ongoing to engage more FTSU Champions in the Trust. The Board would welcome an opportunity to receive a presentation of a FTSU case, however, it was recognised that it could be a challenge due to confidential nature of these reports.

The Board noted the report and were pleased that the visibility of the FTSU Champion and the FTSU mechanisms were being embedded across the Trust.

(VI) HALTON SEND REPORT

The Board received the report regarding Area Special Educational Needs / Disabilities (SEND) Inspection – Halton Local Area Partnership. The Chief Operating Officer (COO) noted that Halton Borough Council and NHS Cheshire and Merseyside Integrated Care Board (ICB) are jointly responsible for the planning and commissioning of services for children and young people with SEND in Halton. The Trust provides several services which support children with SEND in Halton. In November 2023, an Area SEND inspection of the Halton Local Area Partnership was undertaken jointly by Ofsted and the Care Quality Commission (CQC). The feedback was provided in the report.

The inspection outcomes stated that there were: *‘widespread and/or systemic failings leading to significant concerns about the experiences and outcomes of children and young people with special educational needs and/or disabilities (SEND), which the local area partnership must address urgently.’* A priority action plan must be prepared and submitted by the Partnership to Her Majesty’s Chief Inspector within 35 working days following the publication of the inspection report.

The COO assured that The Trust was working with Halton Borough Council and the Integrated Care Board (ICB) Team to develop the priority action plan as well as focusing on an internal action plan, which was in development, to address some of the concerns raised in relation to the services provided by the Trust. The Trust participates in the action planning and offers as much support as possible. A cultural shift will be needed to make a lasting difference.

The Trust Chair observed that it was a very sobering report and advised that the report was included on the public Board agenda to acknowledge the Trust’s contribution as we have a role to play in terms of service delivery. She queried whether there was enough capacity in the Trust to provide a significant contribution to the action plan.

The Chief Operating Officer advised that our engagement will be challenging in terms of capacity, but it links with our internal work and core business.

Non-Executive Director, Tina Wilkins enquired about the leadership of this multi-faceted programme in partnership with ICB and Local Authority, especially with a view that the focus is on commissioning. It was a pivotal time for children’s services in Halton and progress could lead to significant change.

The Chief Operating Officer stated that the Trust should hold the lead as the programme will significantly impact on our services and relates to our key area of focus on children’s services.

The Chief Executive Officer advised that Executive Directors will be engaged in this programme and the Trust needs to demonstrate leadership as a provider of the services.

It was also noted that according to procurement timescales, our Halton 0-19 service could go out to tender. The Trust will advocate with the Council for the services not to be re-tendered as this was not the right time as the service need stability.

The Board noted the contents of the Area SEND inspection of the Halton Local Area Partnership inspection and the significant contribution from the Trust to the joint action plan.

10/24 RESOURCES: We will ensure that we use our resources in a sustainable and effective way

(I) FINANCE REPORT – MONTH NINE

The Board received the report from the Director of Finance, setting out the month nine position: no change has been made to the overall breakeven planned position. The Trust was reporting a small surplus of £0.02m, which was slightly ahead of plan. The Trust had a savings requirement of £5.15m (5.2%) in line with ICB instruction. The Trust was reporting a year-to-date achievement of £3.86m against a plan of £3.86m. Income was £74.55m for the year-to-date against a plan of £73.60m and expenditure was £74.53m against a plan of £73.60m.

The key areas of pressure were around:

- increased spend on drugs, particularly biologics. Overspends are largely offset by income
- the cost of agency: during month nine, the Trust has incurred costs of £0.30m against the plan of £0.24m. However, the month-on-month expenditure has decreased by £0.10m. There are significant developments in the Trust in progress to reduce the agency use.
- the achievement of the Cost Improvement Plan (CIP) was a challenge to the Trust as it was across the NHS in other organisations. Cost savings requirements were identified in the planning guidance and were followed up with additional requirements identified by the ICS. The current forecast outturn is that the Trust will achieve the £5.1m total CIP plan, of which a minimum of £2.4m is expected to be recurrent. Robust discussions take place at the CIP Council regarding the CIP schemes and plans.

Forecast Outturn for 2023/24 was that the Trust was on track to achieve the planned breakeven position. Any additional service pressures were expected to be met within the current funding envelope. The Trust was anticipating to spend its capital allocation.

The Director of Finance further provided an update on the system financial position. As at month nine, the system forecast outturn was to achieve the rebased system plan of breakeven. Additional funding had been distributed and all organisations are expected to achieve their rebased plans. The Trust did not receive any additional funding and has not revised its forecast outturn planned position of breakeven. Despite the additional funding, several providers were still reporting year to date pressures placing risk on their achievement of their revised plans. The current expectation was that these pressures will be managed by the relevant provider organisations. Our Trust is a part of the Warrington Place, as Warrington is the Trust's largest Place commissioner. As at month nine, Warrington Place is showing a significant variance from plan, and discussions with the ICS are ongoing to achieve a breakeven outturn position. There are plans in place to minimise the risk to year end position. We need to support the partners in the system as well in this endeavour and shoulder the pressures, for example by helping out operationally.

A discussion took place regarding the quantification of the support that the Trust provides to the fellow organisation in Place. The Chief Executive Officer queried whether the support that the Trust provides to the Warrington & Halton Hospitals (WHH) could be quantified. The Director of Finance advised that such quantification could be attempted but it is not straightforward as we provide operational support, rather than financial. It may be possible to quantify the cost benefit of the support that we provide to facilitate hospital discharge, however, this would be reliant upon the hospital providing information as to the savings in bed days/decrease of length of stay etc.

Non-Executive Director, Martyn Taylor agreed that some form of quantification of the benefits of our work to the hospital would be welcome, even based and modelled on our assumptions, so as a Trust we could proactively provide this information to ICB.

The Finance Director suggested that rather than financial numbers, we could measure the impact in terms of patients' metrics.

Non-Executive Director, Tina Wilkins suggested a costing exercise on what the Trust spent on discharge support over the last two – three years, and the number of patients we looked after the discharge, which reduced the number of patients in the hospital and relieved the pressures. The cost of our services is cheaper than the cost of acute services.

The Chief Nurse added that another layer of complication to the quantification would be the rising demand, so as we put efforts into discharge, at the same time the hospital's admissions are rising anyway.

The Chief Operating Officer noted that there was no visibility on the Council spending, therefore the whole system impact couldn't be assessed. As a Place it would be helpful to have visibility of the spend of all partners involved in discharge support.

The Trust Chair agreed that the disclosures from all Place partners would be beneficial to understand the whole system cost and impact of admissions avoidance and help with discharge, it would also help us to quantify the additional investment need, to be able to create a suitable business case for it.

Non-Executive Director, Bob Chadwick observed that when it comes to funding for the next year, we need to be able to identify what we offered and contributed, to be comfortable to say this was our contribution whether valued in activity, or finance, or both.

The Chief Executive Officer envisaged that such will be the ask from the Place and the ICB in the future and we should prepare for this proactively already.

The Board acknowledged the complexity of the contribution quantification task, given the multifactorial nature of the support, as well as unavailability of the data from the WHH and lack of information on Council spend. The Board, however, agreed that such measuring exercise should be undertaken, based on our assumptions, to be able to identify our contribution as a blend of activity, finance, acuity, complexity and qualitative narrative. Action – Director of Finance.

The Finance Director continued to present the Finance Report month 9. He referred to the section on Planning for 24/25 and advised that in the absence of the final national guidance, which hadn't been published yet, and recognising the shortened period to produce plans and follow appropriate governance within organisations, the Trust was developing a draft plan based on outline assumptions referenced in draft planning documents, adjusted for any expected local variations. This should allow for a draft plan to be produced in mid-February that can be amended if required following the issue of final guidance. Cheshire and Merseyside ICS have issued some key planning guidelines for organisations to follow pending the receipt of the final National guidance. For the next year's CIP planning process, the assumption is that 5% CIP will be required and for the agency spend cap, the assumption was 3.2%. These were the significant challenges on the horizon for the next year, however, changes to the way our services are provided were being made with a view to achieve these targets.

The Director of Finance also noted that introduction of Place control totals was being considered by the Integrated Care System (ICS). The ICS was also considering realigning Place allocations to match the allocation methodology prior to the pandemic. Further details were expected in the coming weeks.

Non-Executive Director, Martyn Taylor enquired whether the dental budget was ring-fenced. The Director of Finance advised that the GDP element was ring-fenced and the contract was set, however, they may be opportunity to bid for some of additional funding.

The Trust Chair observed that the CIP at the level of 5% was very challenging and that robust Quality Impact Assessment (QIA) process needs to remain in place to protect the

patients. Non-Executive Director, Gail Briers assured that the QIA was a standing item on the Quality and Safety Committee and all CIP schemes were considered.

The Board noted the contents of the report and the financial position at month 9.

(II) REPORT FROM THE FINANCE AND PERFORMANCE COMMITTEE HELD 25 JANUARY 2024

The Board received a report from the Finance and Performance Committee meeting held in January 2024 from Non-Executive Director and Committee Chair, Tina Wilkins for assurance.

(III) REPORT FROM THE AUDIT COMMITTEE HELD ON 11 JANUARY 2024

The Board received a report from Non-Executive Director, Tina Wilkins following the meeting held on 11 January.

The Board noted the excellent results of the Committee Annual Effectiveness Review. One correction was noted to the report, as advised by the chief Operating Officer: the Chief Nurse reviewed the Corporate Risk Register and the Chief Nurse and the Chief Operating Officer attended the Risk Management Council.

11/24 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

STRATEGY IN ACTION

The Programme Director of Integration and Collaboration presented an update report to provide insight and oversight to the Board about the progress with integration and collaboration developments and progress with delivery of our Communities Matter strategy. The report included the population health dashboard presents key indicators for the Warrington and Halton Places. The indicators are benchmarked against national and North-West levels, and also show, where applicable, changes from the previous year. We will also develop and evolve this dashboard as place-based dashboards are developed and finalised to ensure alignment of key/critical metrics. As the data in the dashboard reflects, Warrington is ahead of Halton in the journey. The Trust was heavily involved in discussions with the local government and the Place-based partners as we continue addressing and developing new approaches to tackling health inequalities.

The Programme Director of Integration and Collaboration then referred to Strategic Objective Deliverables, which focuses on the progress against the 31 “We will...” statements that underpin and drive delivery of the Trust’s six strategic objectives. A RAG assessment was included against each, alongside a brief narrative to provide headline updates on progress. Progress was made across the board. Alignment to Delivery Plans and other trust-based activities was referenced in the update column to provide practical examples and evidence of progress.

The Programme Director further presented the Delivery Plan progress section, which provided a summary of current Delivery Plan projects. All plans follow the same governance process and format and are embedded into the existing organisations governance arrangements, reporting into Councils and/or Directorate Leadership Teams (DLTs), where monitoring and scrutiny takes place. Detailed delivery plans can be made available to Board members on request. Examples and Case Studies of Strategy into Action were also provided in the report as well as Place-based updates. There were plans under way to organise a

Board Seminar with invited guests from our Places to celebrate the successes and discuss plans forward for our communities.

Non-Executive Director, Tina Wilkins thanked for the comprehensive report and referred to the table 4.3 containing a summary of progress against the Delivery Plan schemes and projects. She suggested that more weighting could be added to the RAG rating. The Programme Director acknowledged the comment and would look to refine this.

The Director of Finance commented that the case studies included in the report were very beneficial to seeing the Strategy in action and in context. He suggested that talking about the Trust Strategy should be built into 1:1s with staff, to discuss how the staff contribute to the Trust strategy.

The Trust Chair welcomed the report and the level of detail assuring the Board how the Trust Strategy is being delivered and implemented. The cases studies do indeed bring it to life as well. She suggested that the next update should include a case study regarding Community Healthcare Workers, as they have a great impact on people we serve.

The Board noted the contents of the report.

12/24

STAFF: WE WILL ENSURE THAT THE TRUST IS A GREAT PLACE TO WORK BY CREATING AN ENVIRONMENT FOR OUR STAFF TO DEVELOP, GROW AND THRIVE

(I) REPORT FROM THE PEOPLE COMMITTEE HELD ON 17 JANUARY 2024

The Board received a report from the People Committee held on 17 January by Non-Executive Director and Committee Chair, Abdul Siddique.

In addition to the report, referring to the section on “Application of non-compliance principles for statutory and mandatory training”, the Non-Executive Director presented the most recent numbers indicating a positive downward trend, as fewer staff are non-compliant with the statutory and mandatory training.

The Trust Chair was pleased to see improved Mandatory Training compliance figures and noted that it was a difficult decision taken by the Board to remove staff from clinical practice when certain criteria were not met. She further referred to the Staff Vaccination numbers, which seemed low, and queried how the Trust compared with other peers. The Deputy Chief Nurse assured that despite the numbers, the Trust placed in top five in the region, as all organisations recorded lower vaccination uptake, due to so called “vaccination fatigue”. It was hoped that the recent campaigns around vaccination against measles, would bring the interest back.

(ii) EQUALITY DELIVERY SYSTEM PLAN, EDS ACTION PLAN AND PUBLIC SECTOR EQUALITY DUTY ANNUAL REPORT

The Board received a suite of documents, which were recommended by the People Committee for final approval by the Board: Equality Delivery System 2023 report, Action Plan and Public Sector Equality Duty Annual Report.

The Board approved the documents for onward submissions and publications.

(iii) APPRENTICESHIP WEEK

The Board received a presentation on Bridgewater Apprenticeships. Kathryn Sharkey, Head of Workforce and Sarah Power, Careers and Apprenticeship Lead, introduced the item and

took the Board through the latest developments. As the National Apprenticeship Week 2024 was underway, the team reported great successes for the Trust apprenticeships, which were attributed to the wealth of support this agenda receives from the Board, the Director of People and OD and Operational leads, which allows the team to keep high profile of the apprenticeships, act flexibly and be innovative in ways to attract new staff. The Apprenticeship Levy was currently well managed and utilised as 6.1% of our workforce were registered on an apprenticeship. The National Apprenticeship Week 2024 provided a great opportunity to both celebrate and to continue marketing at local events. The organisational benefits from apprenticeships were plenty and well-rehearsed, and included: workforce growth, development and representation as well as benefits for staff retention. Behind every apprenticeship, there were individual real-life stories of providing people with the opportunity and support to make their career aspirations achievable as well as social benefits of widening access to employment and social mobility.

The Board received two individual presentations from two Trust Apprentices: Trainee Nursing Associate Apprentice in Halton District Nursing (Siobhan) and Business Administration Apprentice in Patient Services Team (Kate).

Siobhan described her story on how she found the apprenticeship placement in her 30s. She had always been very caring through her life experiences, but she had no academic background. She didn't believe she could become a nurse, when she found the apprenticeship online, but her skills were recognised by the Trust Apprenticeship team and she received this incredible opportunity for an aspirational career. The colleagues she works with, make her feel valued and make her feel that she's a part of the team.

Kate presented her moving story. A mother of four children, trained as a nursery nurse many years ago. However, when her child became poorly and with her own health failing over time, she dedicated all her time to children and family. Through her own and children's health issues, she had a lot of contact with our services as a patient and carer. She did not believe that in her difficult situation, she could be given a chance for an apprenticeship, when she found the advertisement through Riverside College. However, the team found her a perfect placement in the PALs team, which, as she described, has given her life back. Her manager and colleagues are very considerate and make her feel a valued part of the team. She can work on a hybrid basis, allowing her to work from home when needed.

The Board warmly thanked the Apprentices for presenting their touching and empowering stories, which allow the Board to see how the apprenticeships can change lives as well as benefit the Trust.

OVERARCHING CORPORATE GOVERNANCE ITEMS

13/24 REVIEW OF MEETING AND ITEMS TO BE ADDED TO THE BOARD ASSURANCE FRAMEWORK

Risk Management Council to review the high scored paediatric risks listed on BAF 2.

14/24 OPPORTUNITY FOR QUESTIONS TO THE BOARD FROM STAFF, MEDIA OR MEMBERS OF THE PUBLIC AT THE DISCRETION OF THE TRUST CHAIR

No comments were raised.

DATE AND TIME OF NEXT MEETING

Thursday 4 April 2024, 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.

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
05.10.23	72/23i	Finance Report	The Director of Finance agreed to source information for Warrington and Halton Place, collate and share this with the Board to ensure that it was sighted on the position.	Nick Gallagher	GREEN	<p>December 2023: The Director of Finance confirmed that financial information for Place would be included within the finance report once it was available. It was agreed that this action would remain on the action log until this was provided.</p> <p>February 2024: Information still in development across both local places.</p>
07.12.23	85/23i	IQPR	It was agreed that a revised style of IQPR report would be provided going forwards, incorporating the comments/suggestions made by the Board, which would be in a report format opposed to a presentational style, with narrative included and demonstrating where information had been considered (such as within the Risk, Performance or Quality Councils). This would include the indicator diagrams and relevant information being appended.	Sarah Brennan	GREEN February 2024	<p>February 2024: Item included on the agenda</p>

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
07.12.23	85/23iii	EPRR	It was agreed that a report would be presented to the February Board to indicate progress with achieving compliance/how much more work was required and what resources may be needed.	Sarah Brennan	GREEN February 2024	February 2024: Item included on the agenda
07.12.23	86/23i	Finance Report – month seven	It was agreed that the Board would hold a seminar session to discuss CIP and plans during quarter four of the current financial year once the planning guidance was available.	Jan McCartney /Nick Gallagher	GREEN	February 2024: Planning guidance still not available. Advice to be provided regarding scheduling of a dedicated finance board seminar when information is available.
07.12.23	88/23iii	We each have a voice that counts	Consideration would need to be given to how information and assurance was reported into the Board.	Lynne Carter	BLUE	February 2024: FTSU report is included on the agenda. The January 2024 Board Time Out Session received a presentation from the Trust's Freedom to Speak Up Guardian. This informed the format of a twice-yearly report to Trust Board.

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
07.12.23	89/23	New Board Assurance Framework	The Board agreed that whilst BAF1 may reflect risks to the Trust's reputation, protection of the Trust's reputation was only inappropriate if this was put before necessary actions being taken (such as in the Letby case). BAF1 would be reflective of this position and the Audit Committee would receive a recommendation on this from the Executive Team.	Jan McCartney	BLUE	February 2024: Review by EMT and update incorporated in February BAF report.
08.02.24	08/24	Key Corporate Messages	Note to be provided to the visited services following time to talk sessions to confirm that their feedback was discussed at Board level as validation to staff who open up to talk about the issues. The Board welcomed this as a great suggestion.	Executive Directors	GREEN	March 2024: A feedback route has now been established by the Communications and Engagement Team. Service leads are emailed a thank you message if their session is personally raised at Board level within the Key Corporate Messages report. A copy of the report is also sent to the service lead.

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
08.02.24	09/24i	IQPR	Addition of narrative requested around anticipated trajectory for recovery in future reiterations of the IQPR, as well as a note of any delegation of matters to any of the Committees	Sarah Brennan	GREEN April 2024	April 2024: Information included within the report.
08.02.24	09/24iii	EPRR	The Board would receive an update in April 2024 as this will be the mid-year review and will add a 6-monthly update to the Board business cycle in relation to EPRR moving forwards.	Sarah Brennan/Jan McCartney	GREEN April 2024	April 2024: Item included on the agenda.
08.02.24	09/24iv	Draft Clinical Leadership Strategy	The timing of the finalised strategy to be presented to the Board, will be arranged as appropriate.	Lynne Carter	GREEN April 2024	April 2024 Strategy included on the agenda.

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
08.02.24	10/24i	Finance Report	The Board acknowledged the complexity of the contribution quantification task, given the multifactorial nature of the support, as well as unavailability of the data from the system partners. The Board, however, agreed that such measuring exercise should be undertaken, based on our assumptions, to be able to identify our contribution as a blend of activity, finance, acuity, complexity and qualitative narrative.	Nick Gallagher	GREEN	March 2024: Local Place leadership is looking to introduce a monthly financial report to include all system partners. This will be shared with the Board as soon as it is available. The Trust does not have access to the detailed financial positions of all Place partners to produce this system position.

BOARD OF DIRECTORS

Title of Meeting	BOARD OF DIRECTORS	Date	04 APRIL 2024
Agenda Item	21/24		
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	<input checked="" type="checkbox"/> To Approve	<input type="checkbox"/> To Assure	<input type="checkbox"/> To Note
Executive Summary			
<p>The purpose of the report is to present the recommended updates from the Committees of the Board to update the Board Assurance Framework.</p> <p>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.</p>			
Previously considered by:			
<input checked="" type="checkbox"/> Audit Committee		<input checked="" type="checkbox"/> Quality & Safety Committee	
<input checked="" type="checkbox"/> Finance & Performance Committee		<input type="checkbox"/> Remuneration & Nominations Committee	
<input checked="" type="checkbox"/> People Committee		<input checked="" type="checkbox"/> EMT	
Strategic Objectives			
<input checked="" type="checkbox"/> Equality, 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.			
<input checked="" type="checkbox"/> 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.			
<input checked="" type="checkbox"/> 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.			
<input checked="" type="checkbox"/> 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.			
<input checked="" type="checkbox"/> Resources - We will ensure that we use our resources in a sustainable and effective way.			
<input checked="" type="checkbox"/> Staff - We will ensure the Trust is a great place to work by creating an environment for our staff to develop, grow and thrive.			

How does the paper address the strategic risks identified in the BAF?						
<input checked="" type="checkbox"/> BAF 1	<input checked="" type="checkbox"/> BAF 2	<input checked="" type="checkbox"/> BAF 3	<input checked="" type="checkbox"/> BAF 4	<input checked="" type="checkbox"/> BAF 5	<input checked="" type="checkbox"/> BAF 6	<input checked="" type="checkbox"/> BAF 7
Governance Failure to implement and maintain sound systems of Corporate Governance and failure to deliver on the Trust's Strategy	Quality Failure to deliver quality services and continually improve	Health Equity Failure to collaborate with partners and communities to improve health equity and build a culture that champions ED&I for patients	Staff Failure to create an environment for staff to grow and thrive	Resources Failure to use our resources in a sustainable and effective way	Equality, Diversity & Inclusion Failure to build a culture that champions equality, diversity and inclusion for patients and staff	Partnerships Failure to work in close collaboration with partners and staff in place and across the system

CQC Domains:	<input checked="" type="checkbox"/> Caring	<input checked="" type="checkbox"/> Effective	<input checked="" type="checkbox"/> Responsive	<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Well Led
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BOARD OF DIRECTORS

Title of Meeting	BOARD OF DIRECTORS	Date	4 APRIL 2024
Agenda Item	21/24		
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 reflect the revised strategic objectives and tracks the progress of the BAF risks over the quarters of this and the previous year.

2. CHANGES TO THE BOARD ASSURANCE FRAMEWORK

2.1 BAF 1: Governance

The Audit Committee has not met since the last Board meeting, therefore there are no updates to report and the risk rating which remains medium at 8.

2.2 BAF 2: Quality

The Quality & Safety Committee met on 28 February 2024 and whilst there was a discussion on the risks listed, no changes were made to the document or the risk rating. The risk rating which remains significant at 15.

2.3 BAF 3: Health Equity

The Quality & Safety Committee met on the 28 February 2024. The Committee did not identify any changes to be made to BAF3 and there were no proposed changes to the scoring.

2.4 BAF 4: Staff

The People Committee met on 13 March 2024 where the following changes were made under the assurance section:

- Acknowledgement of the improved Staff Survey scores for 2024,
- Acknowledgement of the improvement in the KPI indicators.

Due to these changes the Committee agreed to recommend a reduction in likelihood on the risk score, which would bring the risk rating to 8 medium.

2.5 BAF 5: Resources

The Finance & Performance Committee met on 21 March 2024 where the following changes were made:

- Gaps in Controls, updated to reflect the lack of assurances received in relation to the 2024/24 boost efficiencies programme.
- Emerging risks, lack of planning guidance as currently the risks are unknown

The People Committee met on 21 March 2024 where no changes were made.

No change was recommended to the risk rating by either committee which remains medium at 8.

2.6 BAF 6: Equality, Diversity & Inclusion

The People Committee met on 21 March 2024 where no changes were made.

No change was recommended to the risk rating which remains high at 12.

2.7 BAF 7 – Partnerships

Executive Management Team met in 19 March 2024 where the following changes were made:

- Addition of Medical Director as SRO for Starting Well
- Equality Diversity & Inclusion strategy now in place
- Public & Community Engagement Group in place, terms of reference signed off.

It was recommended to the risk rating remains at 9, medium.

3. RECOMMENDATION

- 3.1 The Board is asked to approve the changes recommended by the Committees and the Executive Management Team.

Appendix 1: Board Assurance Framework



BRIDGEWATER COMMUNITY HEALTHCARE NHS FOUNDATION TRUST – BOARD ASSURANCE FRAMEWORK

LAST UPDATED 25 March 2024

STRATEGIC OBJECTIVES

- **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.
- **Equality, Diversity and Inclusion** – We will ensure that equality, 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.

BAF 1 Governance	BAF 2 Quality	BAF 3 Health Equity	BAF 4 Staff	BAF 5 Resources	BAF 6 Equality, Diversity & Inclusion	BAF 7 Partnerships
Failure to implement and maintain sound systems of Corporate Governance and failure to deliver on the Trust's Strategy	Failure to deliver quality services and continually improve	Failure to collaborate with partners and communities to improve health equity and build a culture that champions ED&I for patients	Failure to create an environment for staff to grow and thrive	Failure to use our resources in a sustainable and effective way	Failure to build a culture that champions equality, diversity and inclusion for patients and staff	Failure to work in close collaboration with partners and staff in place and across the system
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 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 Rating Inherent risk rating 2 (C) x 5 (L) = 10 high Current risk rating 2 (C) x 4 (L) = 8 medium Target risk rating 2 (C) x 2 (L) = 4 low	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 1 (L) = 4 low	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 Rating Inherent risk rating 4 (C) x 4 (L) = 16 significant Current risk rating 4 (C) x 3 (L) = 12 high Target risk rating 4 (C) x 1 (L) = 4 low	Risk Rating Inherent risk rating 3 (C) x 4 (L) = 12 high Current risk rating 3 (C) x 4 (L) = 9 medium Target risk rating 3 (C) x 2 (L) = 6 low
Risk Appetite: Cautious	Risk Appetite: Open	Risk Appetite: Open	Risk Appetite: Open & Seek	Risk Appetite: Open	Risk Appetite: Seek	Risk Appetite: Seek

Board Assurance Framework (BAF) April 2024 – Board V1.0

<p>BAF 1: Governance</p> <p>Failure to implement and maintain sound systems of Corporate Governance and failure to deliver on the Trust's Strategy</p>	<p>RELATED OBJECTIVES:</p> <ul style="list-style-type: none"> Quality Health Equity Staff Resources Equality, Diversity and Inclusion Partnership 	<p>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</p>	<p>RISK APPETITE:</p> <p>CAUTIOUS</p> <p>Preference for safe delivery options that have a low degree of residual risk and only a limited reward potential</p>	
<p>Lead Director/ Lead Committee</p>	<p>Principal risk</p>	<p>Prevent Controls & Assurances</p>		
<p>Chief Executive Officer last review: January 2024</p> <p>Audit Committee last review: January 2024</p> <p>Risk Ratings review: January 2024</p>	<p>If the Trust is unable to put in place and maintain effective corporate governance structures and implement and maintain sound systems of Corporate Governance, then there may be poor oversight of Board level risks and challenges, resulting in failure to deliver the strategy.</p> <p>If the Trust fails to deliver on its strategy or fails to make the expected contribution by not meeting the needs of partners, commissioners or the ICB, it could lose its identity as a key system contributor and place partner. This may reduce the Trust's 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.</p> <p>Risks on register 15 plus No risks at this level</p> <p>Rationale for current score</p> <ul style="list-style-type: none"> Governance structure approved by Board and audited by internal and external auditors. Substantial Assurance – Heads of Internal Audit opinion 2022/23 Triangulation with Risk Register, Incidents, items on Committee agendas. Trust involved in the continuing development of the Integrated Care Boards and Provider Collaborative. Increased assurance from system relationships and partnerships Trust Strategy 2023 'Communities Matters', now approved by Board with enabling strategies Trust System Oversight Framework (SOF) is segment 2 Well Led 2023 report and recommendations accepted and action plan being developed 	<p>Prevent Controls</p> <ul style="list-style-type: none"> Accountability Framework in place Board Assurance Framework & Risk Register Board development Standing Financial Instructions Scheme of Reservation and Delegation Operational management structure and policies and procedures are in place Trust Board scrutiny 	<p>Detect Controls</p> <ul style="list-style-type: none"> Board development Chair working within wider system Committees receive by exception reports from operations leads, these are reported to the Board Contributing to work across the system in relation to developing Children's Services Council structure, reporting to Committees Engagement internally / externally with partners Execs carrying out SRO roles within system, e.g. aging well, starting well, workforce and integrated community teams Exec involvement in ICS and Provider Collaborative development across the Cheshire & Mersey and GM footprint Implementing dental strategy with partners Joint working on a number of projects with commissioners and local authority Performance framework – enabling strategies - operation delivery plans Regular Exec meetings with commissioners and other key stakeholders Senior Leadership Team meeting monthly Senior staff involvement with borough based integrated care partnerships visions; 'Warrington Together' and 'One Halton' Staff engagement Targeted action planning on Staff Survey results Compliance with ICB requirements 	<p>Assurances</p> <ul style="list-style-type: none"> Annual Review of Effectiveness of Audit Committee Annual Review of Effectiveness of External Audit Service Annual Review of Effectiveness of Internal Audit & Anti-Fraud Annual Reports received from Committees of the Board Board, Committees (Audit, Quality & Safety, Finance & Performance, and People) Clean Unmodified Audit Opinion & clean VFM opinion 2022/23 Daily automated data reporting Declarations of Interests Register Emerging integrated governance structures with partners External independent Well Led review 2023 Internal Audit Plan agreed for 2023/24 Mental Health, Community and Learning Disability Provider Collaborative member – Trust is host, including employing staff – C&M Health and Care provider collaborate including employing and hosting staff MIAA governance checklists MOU in place where services are delivered in conjunction with other partners Programme Director – Collaboration and Integration Trust continuous improvement plan in place <p>Audits</p> <ul style="list-style-type: none"> Board Assurance Framework Review - (2022/23) Risk Management Core Controls – high assurance (2022/23) DSPT Audit – substantial assurance (2022/23) Conflicts of Interest – high assurance (2022/23) Stress Risk Assessment – limited assurance (2023/24) Dental Network – moderate assurance (2023/24) Consultant Job Planning – moderate assurance (2023/24)
<p>Gaps in controls and assurance:</p> <ul style="list-style-type: none"> 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. Implementation of revised system governance arrangements, to be finalised – ongoing maturity The immaturity of the work on measuring the delivery and impact of the Trust's strategy 	<p>Mitigating actions:</p> <ul style="list-style-type: none"> Board oversight 	<p>Emerging risks: Financial system risks impacting on the Trust. Operational Planning Guidance impact</p>		

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<p>BAF 2: Quality</p> <p>Failure to deliver quality services and continually improve.</p>	<p>RELATED OBJECTIVES:</p> <ul style="list-style-type: none"> • Health Equity • Resources • Staff 	<p>RISK RATING:</p> <p>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</p>	<p>RISK APPETITE:</p> <p>OPEN</p> <p>Willing to consider all potential delivery options and choice while also providing and acceptable level of reward.</p>	
<p>Lead Director/ Lead Committee</p>	<p>Principal risk</p>	<p>Prevent Controls & Assurances</p>		
<p>Deputy CEO / Chief Nurse last review: February 2024</p> <p>Q&S Committee last review: February 2024</p> <p>Risk Ratings review: February 2024</p> <p><i>In collaboration with People</i></p>	<p>If we fail to deliver quality services and continually improve, in a safe, inclusive environment then there may be potential harm to patients, an increase in complaints and claims and as a result, poor patient experience.</p> <p>Risks on register 15 plus</p> <p>3241 – Cumulative risk of Community Paediatrics across Warrington & Halton</p> <p>Rationale for current score</p> <ul style="list-style-type: none"> • Winter plan • Enabling strategies: <ul style="list-style-type: none"> • Medicines Management • Safeguarding • Engagement • Risk • People strategy • EDI strategy • Industrial action (BMA) • Number of quality risks • Quality & Safety governance structure in place. • Robust QIA process for service changes • Triangulation with Risk Register, Incidents, items on Committee agendas, Council Chair's Reports. • Waiting list pressures 	<p>Prevent Controls</p> <ul style="list-style-type: none"> • Clinical policies, procedures & pathways • Weekly Senior Safety Huddle • Directorate Team Meetings • Freedom to Speak Up Guardian in place • Quality Impact Assessment Process • Risk Management, Quality, Performance & Transformation Councils in place • Trust Strategy – Communities Matter • Winter Plan • Statutory & Mandatory Training 	<p>Detect Controls</p> <ul style="list-style-type: none"> • Clinical & Internal Audit Programme • Clinical Quality and Performance Groups (CQPGs) in place with all NHS commissioners. • E-roster monitoring • End of Life group • Equality Impact Assessments • Health and Safety group • Increased reporting of incidents, including medication incidents • IQPR & quality dashboards • Learning from Deaths report • Quality Council • Performance Council • Quality & Safety Committee bi-monthly meetings • Quality Impact Assessments • Quality Visits • Trust Transformation Programme (BOOST) • Patient experience scores • Listening to staff voices • Revalidation & registration 	<p>Assurances</p> <ul style="list-style-type: none"> • Regular engagement with CQC • External Well Led review • IQPR & quality dashboards • Consistency of reporting patient safety incidents (measured nationally) • Deep dives at Committee <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Audits</p> <ul style="list-style-type: none"> • Risk Management Core Controls- High assurance (2022/23) • Waiting List Management – substantial assurance (2022/23) • Safeguarding – substantial assurance (2022/23) • Quality Spot Check – significant assurance (2021/22) </div>
<p>Gaps in controls and assurance:</p> <ul style="list-style-type: none"> • Staff compliance with mandatory and service and role specific training • Paediatric Audiology • Clinical leadership strategy – in development • Recruitment & Retention • CIP 2023/24 	<p>Mitigating actions:</p>		<p>Emerging risks:</p> <p>Community Paediatrics –</p> <ol style="list-style-type: none"> 1. ADHD/ASD national medication shortage, and 2. ADHD increasing levels of demand 	

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<p>BAF 3: Health Equity</p> <p>Failure to collaborate with partners and communities to improve health equity and build a culture that champions ED&I for patients.</p>	<p>RELATED OBJECTIVES:</p> <ul style="list-style-type: none"> Equality, Diversity, and Inclusion Partnerships Quality 	<p>RISK RATING:</p> <p>Inherent risk rating: 3 (C) x 5 (L) = 15 significant Current risk rating: 3 (C) x 4 (L) = 12 high Target risk rating: 3 (C) x 2 (L) = 6 medium</p>	<p>RISK APPETITE:</p> <p>OPEN</p> <p>Willing to consider all potential delivery options and choice while also providing and acceptable level of reward.</p>	
<p>Lead Director/ Lead Committee</p>	<p>Principal risk</p>	<p>Prevent Controls & Assurances</p>		
<p>Medical Director last review: February 2024</p> <p>Q&S Committee last review: February 2024</p> <p>Risk Ratings review: December 2023</p> <p><i>In collaboration with F&P and People</i></p>	<p>If we fail to understand health inequity with our communities, we may fail to deliver services in an equitable way, which could contribute to health inequity and our patient's ability to improve their health.</p> <p>Risks on register 15 plus</p> <p>Rationale for current score</p> <ul style="list-style-type: none"> Enabling strategies: <ul style="list-style-type: none"> Prevention Pledge JSNA Triangulation with Risk Register, Incidents, items on Committee agendas, Council Chair's Reports. Trust involved in the continuing development of the Integrated Care Boards and Provider Collaborative. Increased assurance from system relationships and partnerships Trust Strategy 2023 'Communities Matter', now approved by Board with enabling strategies Trust System Oversight Framework (SOF) is segment 2 Health equity will be influenced by national, regional and local policies. The Trust will influence some elements of health equity but cannot be singularly responsible for improving health equity where we work. 	<p>Prevent Controls</p> <ul style="list-style-type: none"> Board development Chair working within wider system 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 Health Inequalities and Prevention Pledge Trust Board Oversight – engagement and delivery of Health & Care Act & strategic milestones Performance framework – enabling strategies - operation delivery plans Embedding an expectation of improving health equity in board, committees and Trust groups. 	<p>Detect Controls</p> <ul style="list-style-type: none"> Execs carrying out SRO roles within system, e.g. starting well, living well and aging well. Joint working on a number of projects with commissioners and local authority Patient Satisfaction Surveys Regular Exec meetings with commissioners and other key stakeholders Senior staff involvement with borough based integrated care partnerships visions including: 'Warrington Together', 'One Halton' and Dental Networks Understanding activity and referral data in relation to access to services Health & Wellbeing Boards CIPHA Childrens and Adults safeguarding Boards 	<p>Assurances</p> <ul style="list-style-type: none"> Emerging integrated governance structures with partners Engagement internally / externally Executive Directors hold regular meetings with all key partners and stakeholders Implementing Dental Strategy with partners Mental Health, Community and Learning Disability Provider Collaborative member – Trust is host, including employing staff – C&M Health and Care provider collaborate including employing and hosting staff MOU in place where services are delivered in conjunction with other partners Programme Director – Collaboration and Integration Achieving Anchor status Developing health equity indicators in IQPR <div data-bbox="2255 1365 2813 1608" style="border: 1px solid black; padding: 5px;"> <p>Audits</p> <ul style="list-style-type: none"> Waiting List Management – substantial assurance (2022/23) </div>
<p>Gaps in controls and assurance:</p> <ul style="list-style-type: none"> Implementation of revised system governance arrangements, to be finalised – ongoing maturity Health equity improvement is a system responsibility Mature health equity indicators Quality Impact Assessment Panels 		<p>Mitigating actions:</p>	<p>Emerging risks:</p>	

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<p>BAF 4: Staff</p> <p>Failure to sustain an environment for staff to develop, grow and thrive.</p>	<p>RELATED OBJECTIVES:</p> <ul style="list-style-type: none"> Equality, Diversity and Inclusion Health Equity Partnerships Resources Quality 	<p>RISK RATING:</p> <p>Inherent risk rating: 4 (C) x 4 (L) = 16 significant</p> <p>Current risk rating: 4 (C) x 2 (L) = 8 medium</p> <p>Target risk rating: 4 (C) x 1 (L) = 4 low</p>	<p>RISK APPETITE:</p> <p>OPEN - Willing to consider all potential delivery options and choice while also providing and acceptable level of reward.</p> <p>& SEEK - Eager to be innovative and to choose options offering higher business rewards (despite greater inherent risk)</p>	
<p>Lead Director/ Lead Committee</p>	<p>Principal risk</p>	<p>Prevent Controls & Assurances</p>		
<p>Director of People & OD last review: March 2024</p> <p>People Committee last review: March 2024</p> <p>Risk Ratings review: March 2024</p>	<p>If we fail to sustain an environment for staff to develop, grow and thrive, in a safe, inclusive environment then it may result in low staff morale, less effective teamwork, reduced compliance with policies and standards; high levels of staff absence; and high staff turnover rates.</p> <p>Risks on register 15 plus</p> <p>No risks at this level</p> <p>Rationale for current score</p> <ul style="list-style-type: none"> Enabling strategies: <ul style="list-style-type: none"> People Staff engagement framework EDI Strategy Triangulation with Risk Register, Incidents, items on Committee agendas, Council Chair's Reports. Vacancy management rates 	<p>Prevent Controls</p> <ul style="list-style-type: none"> Apprenticeship Programme Bi-monthly meetings with Staff Side Freedom to Speak Up In-house Resilience Training Programme Local Negotiating Committee, Joint Negotiation & Consultative Committee North West Person-Centred approach to absence management Occupational Health Service & Staff Health & Wellbeing Officer/Board Health & Wellbeing Guardian Onboarding surveys People Committee Organisational and local Staff engagement plan People Plan, Promises & NHS Long Term Workforce Plan POD Council <ul style="list-style-type: none"> Culture and Leadership Recruitment & Retention Health & Wellbeing programme Education & Professional development PPDR and Statutory & Mandatory Training compliance report Talent Management process and Succession Planning Tool (Scope For Growth) Reward package Vacancy Management (standing agenda item DLTs) Workforce planning and plans Staff governors 	<p>Detect Controls</p> <ul style="list-style-type: none"> Feedback from Quality and Safety Committee on workforce issues Safer staffing Monthly Time to Talk including CEO Q&A sessions National Staff Survey North West Person-Centred approach to absence management (early adopter Trust) Onboarding surveys People Indicators / KPIs POD Council (operational plans) <ul style="list-style-type: none"> Culture and Leadership Recruitment & Retention Health & Wellbeing programme Education & Professional development PPDR and Statutory & Mandatory Training compliance report Exit interview questionnaire Staff Friends and Family Test (SFFT) and Staff Engagement Surveys Staff Networks Staff Stress Audit Survey 	<p>Assurances</p> <ul style="list-style-type: none"> Employee Relations Activity Report Outcome of Staff Survey – sustained score for staff engagement Responsible Officer's Board report Staff Survey and 'temperature check' surveys Triangulation of People Indicators Improved staff survey scores (2024) Improved KPI indicators <div data-bbox="2258 1241 2807 1560" style="border: 1px solid black; padding: 5px;"> <p>Audits</p> <ul style="list-style-type: none"> Conflicts of Interest – high assurance (2022/23) Mandatory Training & Appraisals – moderate assurance (2022/23) Freedom to Speak Up substantial assurance (2020/21) Induction - substantial assurance (2020/21) Consultant Job Planning – moderate assurance (2023/24) Stress Risk Assessment – limited assurance (2023/24) </div>
<p>Gaps in controls and assurance:</p> <ul style="list-style-type: none"> Staff morale and resilience (inc. cost of living crisis) – ongoing monitoring, communication, engagement and health and wellbeing services and programmes Lack of national system for talent management – Trust has local processes in place 		<p>Mitigating actions:</p>		<p>Emerging risks:</p> <p>System wide commitment to level playing field on incentives</p> <p>National shortage of key staff groups</p>

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<p>BAF 5: Resources</p> <p>Failure to use our resources in a sustainable and effective way</p>	<p>RELATED OBJECTIVES:</p> <ul style="list-style-type: none"> Equality, Diversity and Inclusion Health Equity Quality Staff 	<p>RISK RATING:</p> <p>Inherent risk rating: 4 (C) x 4 (L) = 16 significant</p> <p>Current risk rating: 4 (C) x 2 (L) = 8 medium</p> <p>Target risk rating: 4 (C) x 2 (L) = 8 medium</p>	<p>RISK APPETITE:</p> <p>OPEN</p> <p>Willing to consider all potential delivery options and choice while also providing and acceptable level of reward.</p>	
<p>Lead Director/ Lead Committee</p>	<p>Principal risk</p>	<p>Prevent Controls & Assurances</p>		
<p>Director of Finance last review: March 2024</p> <p>F&P Committee last review: March 2024</p> <p>Risk Ratings review: March 2024</p> <p>In collaboration with People</p>	<p>Failure to utilise our resources in an efficient effective and sustainable way could impact on the quality and safety of services provided.</p> <p>(Resources include workforce, finance, estates and digital)</p> <p>Risks on register 15 plus</p> <p>3155: Failure to meet CIP target (Dental)</p> <p>Rationale for current score</p> <ul style="list-style-type: none"> Triangulation with the various areas of resource including; financial, physical, digital and staff. Triangulation with Risk Register, Incidents, items on Committee agendas, Council Chair's Reports. Governance arrangements in place Committees of the Board Break even budget 2022/23 achieved Enabling strategies: <ul style="list-style-type: none"> Digital Finance Estates & Development Green Plan People EDI 	<p>Prevent Controls</p> <p>Careful utilisation of our resources will enable us to invest and transform our services to ensure continued sustainability of the services we provide. This will be achieved through:</p> <p>Finance - National and regional financial planning and management arrangements, Trust Financial Plan and planning process, Accountability Framework and Standing Financial Instructions with limits approved by the Board, Agreed medical and nursing revalidation protocols, preparation and remedial processes.</p> <p>People - Agreed recruitment and selection policies and processes (safer recruitment / FPPT). Bi-monthly meetings with staff side between JNCC, HR Policies and working groups, People Strategy & NHS Long Term Workforce Plan, POD Council, DLT discussions including HR Business Partners, Business continuity plans in place, Robust temporary staffing expenditure control and monitoring – MIAA follow up in progress</p> <p>Digital - Trust Digital Strategy, project governance and assurance, DSP Toolkit, GDPR Cyber Security standards, Service Management standards (ITIL, ISO etc)</p> <p>Estates - Capital Plan, Estates Strategy Trust hybrid working Green Plan, Process around Capital and Revenue Business Cases</p> <p>Operations - Transformation Council etc</p>	<p>Detect Controls</p> <ul style="list-style-type: none"> Agency staff reporting / Staff sickness reporting Audit Committee receives reports from internal audit and external audit Capital Group monthly review CIP plus QIA process Exec team and Committees receive Audit Recommendations tracker F&P Committee review bi-monthly financial performance People Committee review KPIs ICB control and reporting (finance, workforce and activity) NHSE monthly returns Premium Pay and Spend reporting Scrutiny of Agency spend Staff survey / Pulse Survey results Turnover rate reporting 	<p>Assurances</p> <ul style="list-style-type: none"> Board review of internal audit plan Board review of external audit plan and annual accounts Escalation from Quality & Safety Committee Health Rostering / Safer Staffing Report Integrated Quality Performance Report includes workforce metrics including training levels and 'heat map' Monthly Finance Report including <ul style="list-style-type: none"> Financial position / Forecast Position Cash & Capital Working Capital CIP Performance report indicating number of lapsed registrations each month Review of Winter Plans Vacancy approval process reviews use of agency staff – regular review of staffing levels Workforce plans developed by service to support recruitment Apprenticeship Levy <p>Audits</p> <p>Internal audit</p> <ul style="list-style-type: none"> Payroll audit - substantial assurance (2022/23) Data Quality & Performance Targets - substantial assurance (2022/23) Waiting List Management - substantial assurance (2022/23) Induction audit - substantial assurance (2020/21) Key Financial Systems - high assurance (2020/21) and substantial assurance (2022/23) <p>External audit</p> <ul style="list-style-type: none"> Clean Unmodified Audit Opinion & clean VFM opinion 2022/23
<p>Gaps in controls and assurance:</p> <ul style="list-style-type: none"> The 2023/24 Trust plan reflects challenging CIP and non-recurrent issues 2024/25 BEC programme challenge Reduction in agency spend targets. The Trust is focussing on supporting all teams to deliver the planned savings and spend reductions and support and advice sessions will be included in the Senior Leadership Team meeting. Safe Staffing reporting EPRR current position – task and finish group meeting fortnightly to address gaps 		<p>Mitigating actions:</p> <ul style="list-style-type: none"> 2023-24 Trust CIP forecast will be achieved 	<p>Emerging risks:</p> <ul style="list-style-type: none"> ICB management of system deficit Review of Trust estate Financial Planning guidance not yet received. 	

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<p>BAF 6: Equality, Diversity & Inclusion</p> <p>Failure to build a culture that champions ED&I for staff</p>	<p>RELATED OBJECTIVES:</p> <ul style="list-style-type: none"> • Health Equity • Resources • Staff 	<p>RISK RATING: Inherent risk rating: 4(C) x 4 (L) = 16 significant Current risk rating: 4 (C) x 3 (L) = 12 high Target risk rating: 4 (C) x 1 (L) = 1 low</p>	<p>RISK APPETITE:</p> <p>SEEK</p> <p>Eager to be innovative and to choose options offering higher business rewards (despite greater inherent risk)</p>	
<p>Lead Director/ Lead Committee</p>	<p>Principal risk</p>	<p>Prevent Controls & Assurances</p>		
<p>Director of People & OD last review: March 2024</p> <p>People Committee last review: March 2024</p> <p>Risk Ratings review: March 2024</p> <p>In collaboration with F&P and Q&S</p>	<p>If we fail to continue to build a culture that champions EDI for staff, (the baseline) then:</p> <ul style="list-style-type: none"> - we will not meet the diverse needs of our workforce, adversely impacting on the provision of compassionate care to our diverse population, representative of the communities we serve. - staff with protected characteristics may have a poor experience <p>Risks on register 15 plus No risks at this level</p> <p>Rationale for current score</p> <ul style="list-style-type: none"> • Current risk rating reflects that the Board acknowledges that, despite the controls and assurances in place, this will be ongoing: <ul style="list-style-type: none"> • Organisational restructures, service redesigns and reorganisations • Patient experience may be adversely affected (links to Q&S Committee) • Restoration and recovery programmes / post covid effects • Recovery from Industrial Action • Uncertainty / Impact of national change programmes – Health & Care Act integration and collaboration • Enabling strategies: <ul style="list-style-type: none"> • Equality, Diversity & Inclusion • People Committee ensure governance and holds to account. • Triangulation with Risk Registers, incidents, employee relations activity, items on Committee agendas, Council Chair's Reports, IQPR People Indicators and KPIs 	<p>Prevent Controls</p> <ul style="list-style-type: none"> • Anti-Racist Framework • Bi-monthly meetings with Staff Side with regard to the NHS EDI Improvement Plan • EDS2 • Education & Professional development • Health & Wellbeing programme • Local Negotiating Committee and Joint Negotiation & Consultative Committee • North West Person-Centred approach to absence management (one of 4 Trusts piloting this) • People Committee • Organisational and local Staff engagement plan • POD Council • Public Sector Equality Duty • Recruitment & Retention processed (EDI focused) • Talent Management process and Succession Planning Tool (Scope For Growth) • Just Culture • WDES • WRES 	<p>Detect Controls</p> <ul style="list-style-type: none"> • Feedback from Quality and Safety Committee on workforce issues • Freedom to Speak Up process • Employee relations activity/case loads • Gender Pay Gap Report • HR Policies & Procedures • In-house Resilience Training Programme • Key Operational Delivery Controls • National Staff Survey • NW EDI Group • NW Assembly Support • POD Council • Revised exit interview questionnaire and processes • Staff Friends and Family Test (SFFT) and Staff Engagement Surveys • Staff Stress Audit Survey • Staff survey feedback 	<p>Assurances</p> <ul style="list-style-type: none"> • Outcome of Staff Survey – sustained score for staff engagement • People Operational Delivery Actions Plans • Public Sector Equality Duty • Staff Networks • Staff Survey and 'temperature check' surveys • People Indicators and KPIs <p>Audits Internal Audit</p> <ul style="list-style-type: none"> • Freedom to Speak Up – substantial assurance (2020/21) • Induction – substantial assurance (2020/21)
<p>Gaps in controls and assurance:</p> <ul style="list-style-type: none"> • Engagement with staff groups including BAME and LGBT+ staff (remain until all established Networks are considered to be embedded) 		<p>Mitigating actions:</p>		<p>Emerging risks:</p>

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<p>BAF 7: Partnerships</p> <p>Failure to work in close collaboration with partners and staff in place and across the system</p>	<p>RELATED OBJECTIVES:</p> <ul style="list-style-type: none"> • Quality • Health Equity • Staff • Resources • Equality, Diversity and Inclusion • Partnership 	<p>RISK RATING:</p> <p>Inherent risk rating: 3 (C) x 4 (L) = 12 high Current risk rating: 3 (C) x 3 (L) = 9 medium Target risk rating: 3 (C) x 2 (L) = 6 low</p>	<p>RISK APPETITE:</p> <p>SEEK</p> <p>Eager to be innovative and to choose options offering higher business rewards (despite greater inherent risk)</p>	
<p>Lead Director/ Lead Committee</p>	<p>Principal risk</p>	<p>Prevent Controls & Assurances</p>		
<p>Chief Executive last review: March 2024</p> <p>EMT last review: March 2024</p> <p>Risk Ratings review: March 2024</p>	<p>If we fail to 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, then:</p> <ul style="list-style-type: none"> - we will fail to work with partners to champion patient care, resulting in failure to optimise outcomes and failure to effectively use resources - we will fail to deliver on our Strategic Objectives and the Strategic Objectives of the Integrated Care Board <p>Risks on register 15 plus No risks at this level</p> <p>Rationale for current score</p> <ul style="list-style-type: none"> • Enabling strategies: <ul style="list-style-type: none"> ◦ Dental • Increased assurance from system relationships and partnerships • Triangulation with Risk Register, Staff Survey, reports from Partner organisation, items on all Committee agendas, Council Chair's Reports and EDI Improvement Plan. • Trust involved in the continuing development of the Integrated Care Boards and Provider Collaborative. • Current level of investment in Place-based set up • Contribution to Warrington based adaptive reserve fund 	<p>Prevent Controls</p> <ul style="list-style-type: none"> • 'Communities Matter' Trust Strategy • Contributing to work across the system in relation to developing services • Emerging integrated governance structures with partners • Exec involvement in ICS and Provider Collaborative development across the Cheshire & Mersey and GM footprint • Mental Health, Community and Learning Disability Provider Collaborative member – Trust is host, including employing staff – C&M Health and Care provider collaborate including employing and hosting staff • Programme Director – Collaboration and Integration • Health Education England, teach and develop students from partner learning organisations • Voluntary and Community Link Workers providing targeted support to contribute to the overall enhancement of well-being • SLA in place with GP Health Connect 	<p>Detect Controls</p> <ul style="list-style-type: none"> • Ongoing Board development • Chair has developed a strong network within wider system • Contributing to work across the system in relation to developing services • Execs carrying out SRO roles within system, e.g. aging well, starting well, workforce and integrated community teams • Exec involvement in ICS and Provider Collaborative development across the Cheshire & Mersey and GM footprint • Joint working on a number of projects with commissioners and local authorities • Performance framework – enabling strategies - operation delivery plans • Senior staff involvement with borough based integrated care partnerships visions; 'Warrington Together', 'One Halton' and dental managed clinical networks • Trust Board Oversight – engagement and delivery of Health & Care Act & strategic milestones • Cross organisational incident reporting and investigation • Intermediate Care Board engagement • Clinical engagement with Dental managed clinical networks • Place-based maturity assessments (Warrington Together and One Halton) • Joint commitment to strengthening our commitment to Warrington Council • Warrington Together Quality & Performance Group participation • One Halton Quality & Performance Group participation • CEO is SRO for C&M Virtual Wards Programme • CEO is chair of C&M People Board • Medical Director is SRO for Starting Well 	<p>Assurances</p> <ul style="list-style-type: none"> • Implementation of dental strategy with partners • SLAs and MOUs in place where services are delivered in conjunction with other partners • Programme activity of the Mental Health, Community and Learning Disability Provider Collaborative • Public and community engagement • Place-based leadership and influence • ICB Virtual Ward programme • PCN developments and relationships • Progress on Family Hubs with Halton Council and partners • Voluntary Sector partnership and investment • MOU with University of Central Lancashire • Research partnerships with NIHR ARC • Delivery of Newton Europe actions in partnership with Place • EDI Strategy in place • Public & Community Engagement Group – ToR signed off
<p>Gaps in controls and assurance:</p> <ul style="list-style-type: none"> • Maturity of place-based relationships • Impact of pressures (inc. finance) • Halton SEND inspection November 2023 		<p>Mitigating actions:</p> <ul style="list-style-type: none"> • Attendance at Warrington and One Halton workshops • Halton SEND: contributing to priority action plan and attending Improvement Board meetings to ensure action is taken to resolve areas of concern 		<p>Emerging risks:</p> <ul style="list-style-type: none"> • Enabling • Speech & Language Therapy - Halton • Warrington Place Review

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No.	Risk Title	Inherent Score			Target Score			Q3			Q4			Q1			Q2			Change	Impact on Objectives										
		Score			Score			Dec 23			Jan Mar			Apr Jun			Jul Sep				Quality	Health Equity	Staff	Resources	Equality, Diversity & Inclusion	Partnerships					
		C	L	S	C	L	S	C	L	S	C	L	S	C	L	S	C	L	S												
BAF 1	Governance Failure to implement and maintain sound systems of corporate governance	4	4	16	4	2	8	4	2	8	4	2	8													✓	✓	✓	✓	✓	✓
BAF 2	Quality Failure to deliver quality services and continually improve	5	5	25	5	2	10	5	3	15	5	3	15													✓	✓	✓	✓	✓	✓
BAF 3	Health Equity Failure to collaborate with partners and communities to improve health equity and build a culture that champions ED&I for patients	2	5	10	2	2	4	2	4	8	2	4	8													✓	✓	✓	✓	✓	✓
BAF 4	Staff Failure to create an environment for staff to grow and thrive	4	4	16	4	1	4	4	3	12	4	2	8													✓	✓	✓	✓	✓	✓
BAF 5	Resources Failure to use our resources in a sustainable and effective way	4	4	16	4	1	4	4	2	8	4	2	8													✓	✓	✓	✓	✓	✓
BAF 6	Equality, Diversity & Inclusion Failure to build a culture that champions equality, diversity and inclusion for patients and staff	4	4	16	4	1	4	4	3	12	4	3	12													✓	✓	✓	✓	✓	✓
BAF 7	Partnerships Failure to work in close collaboration with partners and staff in place and across the system	3	4	12	3	2	6	3	4	12	4	3	12													✓	✓	✓	✓	✓	✓

Board Assurance Framework (BAF) April 2024 – Board V1.0

Appendix 2: Risk grading criteria

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.

Consequence score & descriptor with examples					
Risk type	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 or 3 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

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							
Consequence	5	5	10	15	20	25	
	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		Directorate quarterly review		Board monthly review
Reporting	None			Relevant Board Committee	

BOARD OF DIRECTORS

Title of Meeting	BOARD OF DIRECTORS	Date	4 April 2024
Agenda Item	22/24		
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	<input type="checkbox"/> To Approve	<input type="checkbox"/> To Assure	<input checked="" type="checkbox"/> To Note
Executive Summary			
<ul style="list-style-type: none"> The Board is asked to note the report. 			
Previously considered by:			
<input type="checkbox"/> Audit Committee		<input type="checkbox"/> Quality & Safety Committee	
<input type="checkbox"/> Finance & Performance Committee		<input type="checkbox"/> Remuneration & Nominations Committee	
<input type="checkbox"/> People Committee		<input type="checkbox"/> EMT	
Strategic Objectives			
<input checked="" type="checkbox"/> 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.			
<input checked="" type="checkbox"/> 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.			
<input checked="" type="checkbox"/> 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.			
<input checked="" type="checkbox"/> 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.			
<input checked="" type="checkbox"/> Resources - We will ensure that we use our resources in a sustainable and effective way.			
<input checked="" type="checkbox"/> Staff - We will ensure the Trust is a great place to work by creating an environment for our staff to develop, grow and thrive.			



How does the paper address the strategic risks identified in the BAF?						
<input checked="" type="checkbox"/> BAF 1	<input type="checkbox"/> BAF 2	<input type="checkbox"/> BAF 3	<input type="checkbox"/> BAF 4	<input type="checkbox"/> BAF 5	<input type="checkbox"/> BAF 6	<input type="checkbox"/> BAF 7
Governance Failure to implement and maintain sound systems of Corporate Governance and failure to deliver on the Trust's Strategy	Quality Failure to deliver quality services and continually improve	Health Equity Failure to collaborate with partners and communities to improve health equity and build a culture that champions ED&I for patients	Staff Failure to create an environment for staff to grow and thrive	Resources Failure to use our resources in a sustainable and effective way	Equality, Diversity & Inclusion Failure to build a culture that champions equality, diversity and inclusion for patients and staff	Partnerships Failure to work in close collaboration with partners and staff in place and across the system

CQC Domains:	<input type="checkbox"/> Caring	<input type="checkbox"/> Effective	<input type="checkbox"/> Responsive	<input type="checkbox"/> Safe	<input checked="" type="checkbox"/> Well Led
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BOARD OF DIRECTORS

Title of Meeting	BOARD OF DIRECTORS	Date	4 April 2024
Agenda Item	22/24		
Report Title	KEY CORPORATE MESSAGES		
Report Author	Colin Scales, Chief Executive		
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 Chair has undertaken the following activity:
- 30 January – Attended national meeting for Chairs of Community Trusts (via Teams)
 - 31 January – Time to Talk with Halton and St Helen’s Wheelchair Service
 - 7 Feb – Quarterly review meeting with Senior Independent Director (SID), Martyn Taylor
 - 9 February – Meet the Apprentice Event at Spencer House
 - 28 February – ICB and Provider Trust Chairs Event in London, run by NHS England
 - 5 March – 1-1 with Chief Operating Officer, Sarah Brennan
 - 6 March – 1-1 with NeXT Director, Amena Patel
 - 7 March – Time to Talk with Warrington Orthopaedic Clinical Assessment and Treatment Service (OCATs) Team
 - 7 March – 1-1 with Director of People, Paula Woods
 - 11 March – 1-1 with Non-Executive Director, Bob Chadwick
 - 19 March – Attended the Race Inclusion Network
 - 21 March – Observed the March meeting of the Finance and Performance Committee
- 1.2 Non-Executive Director, Linda Chivers attended the regular monthly meetings with Mersey Internal Audit Agency (MIAA) in February and March 2024. Meetings have also taken place with Paula Woods as part of the buddying arrangement. Linda has also attended a meeting with Bob Chadwick, newly appointed Non-Executive Director and incoming Audit Chair. Linda chaired the February meeting of the Council of Governors on behalf of the Chair and attended the Rest of England Local Governors meeting during March. She attended a meeting with Kevin Goucher, Local Governor for Warrington and Governor observer on the Audit Committee and Linda also attended the Council of Governor Development Session in March 2024.
- 1.3 Non-Executive Director, Bob Chadwick, attended the Corporate Induction on 19 February and attended introduction induction meetings during March with the Chief Executive, Chair, Director of Finance and Director of People and Organisational Development. Bob has also attended the Living Well Hub Launch in Warrington on 1 March, and a course with NHS Providers: Effective Challenge.
- 1.4 Non-Executive Director, Tina Wilkins attended the Rest of England Local Governors meeting on 5 March 2024. She also attended the ‘Voice of the Child Forum’ on 19 February 2024, Time to Shine on 14 March 2024 and the Council of Governors Development Session on the 20 March 2024. Tina also attended the Time to Talk session with Warrington

Safeguarding Team on Wednesday 31 January 2024 and Ashton Dental Team on 22 February 2024, both with the Director of Finance, Nick Gallagher. Tina also attended the Cheshire and Merseyside Trust Chairs bi-monthly meeting on behalf of the Chair on 14 February 2024.

- 1.5 Non-Executive Director, Martyn Taylor, attended a Time to Shine meeting focussed on Digital on 19 February 2024 and a Time to Talk session with Enhanced Care Home Support team on 29 February 2024. Martyn attended the Safeguarding Trust Assurance Group meeting (STAG) meeting on the 4 March 2024, the Halton and Warrington Local Governors meeting on 5 March and Time to Shine meeting with Warrington Treatment Rooms Team on 14 March 2024.
- 1.6 Non-Executive Director, Gail Briers attended the Council of Governors meeting held on 21 February 2024 and a Time to Talk session with the Dental Team in St Helens on the 7 March. Gail also attended the STAG meeting on the 4 March 2024.
- 1.7 Non-Executive Director, Elaine Inglesby attending the opening of the Living Well Hub on 1 March along with Bob Chadwick, attended a buddying meeting with the Medical Director, Ted Adams, a meeting with the Chief Executive and attended a meeting of the Mental Health Learning Disability Community Services (MHLDC) Collaborative Board meeting.

2. EXECUTIVE UPDATES

- 2.1 The Bridgewater Research Festival took place on 1 February at Spencer House. Keynote Speaker, Professor Dame Caroline Watkins, Professor of Stroke and Older People's Care, Director of Research and Enterprise; Director of Lancashire Clinical Trials Unit and Director of Lancashire Research Institute for Global Health and Wellbeing (LIFE), Faculty of Health and Care, University of Central Lancashire, gave a presentation on 'Health and Care Resource: Everybody's Business'. Further presentations were provided in respect of Research from a Nursing and Allied Professional perspective, how to become research ready and what opportunities are available to the Trust.
- 2.2 The Reciprocal Mentoring for Inclusion Event took place on 29 February at Spencer House. This was facilitated by Liverpool John Moores University and participants were able to share their experiences and ideas of the programme over the last six months, which saw staff partnered with senior leaders.
- 2.3 On 29 February, the Executive Management Team attended the Children's Specialist Services Transformation Event at Kingsway Family Hub. The session provided an example of a patient's experience, and the meeting focused on encouraging innovation and creativity and identifying priorities.
- 2.4 The Chief Executive attended the launch of the Warrington Living Well Hub on 1 March. The aim of the facility is to ensure patients have access to the right help and support to resolve issues which could affect their physical, social and emotional wellbeing and is centred around seven key themes:
 - Mental health and emotional wellbeing
 - Living safe and well at home
 - Being active and mobile

- Connecting with friends, family and community
- Managing medications and health conditions
- Money advice, housing and life changes
- Healthy lifestyle choices (including eating and drinking)

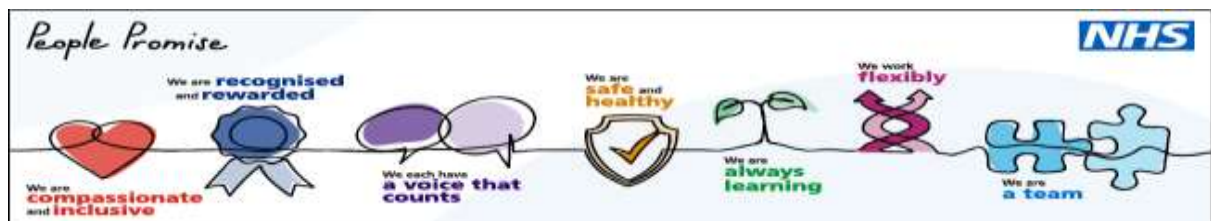
Clinicians and colleagues from the Trust will work alongside teams from Warrington Council, Warrington and Halton Hospitals NHS Foundation Trust, Mersey Care NHS Foundation Trust, and the Voluntary Sector to provide a wide range of health and social care services to families across the Borough.

2.5 On 12 March, an Executive Team to Executive Team meeting took place with the Integrated Care Board (ICB) for Warrington Place. The team discussed key topics relating to services and the Operational Planning Guidance for 2024/25.

2.6 On 20 March, the Chief Executive and the Chief Operating Officer met with members of the Neurodevelopment Pathway Team based at the Child Development Centre in Warrington.

2.7 Executive and Senior Team Engagement

The Trust's Time to Talk process now aligns to the NHS Our People Promises and its seven elements.



These are measured by the Staff Survey and Quarterly Pulse Survey which enables us to further internally assess how we are delivering on these Promises.

The sessions are 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:

2.7.1 On 31 January, the Chief Executive, along with the Chair, met with the Halton and St Helens Wheelchair Service based at the Independent Living Centre, Runcorn and on 7 March, a meeting took place with the Warrington Orthopaedic Clinical Assessment and Treatment Service (OCATs) Team.

2.7.2 The Director of Finance met with the Warrington Safeguarding Team on 31 January and on 22 February a meeting took place with the Ashton Dental Team. On 19 March the Director of Finance met with the Patient Experience Team for a Time to Talk session.

2.7.3 The Director of People and Organisational Development met with the St Helens Dental Team on 7 March.

2.7.4 The Chief Operating Officer met virtually with Halton Bladder and Bowel Team on 6 February and on 22 February held a face-to-face meeting with the Dental Team based at Stockport Kingsgate House.

2.7.5 The Trust Secretary, along with Non-Executive Director, Martyn Taylor, attended a Time to Talk session with Enhanced Care Home Support team on 29 February 2024.

2.10 Board Sessions/Events

2.10.1 A Board Seminar took place on 11 March. The focus of the session was Financial Planning for 2024-25. Phillip Leong from MIAA attended in the afternoon to present on Anti-Fraud.

2.10.2 **Our Communities Matter – Start of Year Event** took place on Tuesday 26 March 2024 at Haydock Racecourse. This was an opportunity for all team leaders, managers, and senior managers to come together to reflect on the challenges of the coming year and to plan on how delivery of the strategy is our priority.

3. DIRECTORS' FEEDBACK FROM TIME TO TALK SESSIONS

3.1 Between 22 January to the present time, seven Time to Talk sessions have taken place. Monthly feedback from the Executive Team is collated, examples of feedback from recent sessions include:

"It was a pleasure to visit the team, they made me feel very welcome and I commented that I would like to work there! They have a great team spirit and enjoy working together despite the waiting list pressures. They demonstrated compassion for the children and special care patients who used their service".

"It was evident that the team worked well together and that they engaged with each other regularly."

"Highly motivated and well-led team. Passionate about the contribution they make and very keen to celebrate their excellent work."

People Promises

We are compassionate and Inclusive

Colleagues within the Halton Bladder and Bowel service stated that there is a good work culture within Bridgewater and that they would recommend the trust as a place to work. However, the team feel under a lot of pressure due to increased demands and reduced staffing.

College Street Dental Services stated that they feel supportive and caring towards each other in their team, but they feel that there is a disconnect with the wider trust. A sense of belonging beyond their service/locality was considered to be lacking.

We are recognised and rewarded

Kingsgate Dental Services stated that they celebrate their work locally but do not think the trust offer reward and recognition. The team do think that the trust communicates and engages well when messages need to be shared.

College Street Dental Services felt that they provided an exceptional service. They were very proud of the service they deliver. The team felt that they could be recognised more for the great work they do. Being told they are doing a good job would make a difference. In terms of context, this was beyond their current Team Leader and Line Manager.

We each have a voice that counts

Teams were aware of who the Freedom to Speak Up Guardian (Helen Young) is. One team had a poster on their notice board of Helen detailing all relevant contact details.

Teams also confirmed that they know how to raise concerns.

We are safe and healthy

Teams were aware of the health and wellbeing support on offer by the trust and felt like the trust is taking positive action in relation to staff health and wellbeing. One team confirmed they are having regular one to one meetings and wellbeing conversations.

The Halton Bladder and Bowel service stated they are struggling to get appropriate breaks due to how busy the service is. Comments were made in relation to the team leader writing reports at 5:30am.

We are always learning

The Kingsgate dental service stated that they were up to date with their mandatory training and were aware of the importance of remaining up to date.

Some services were finding it difficult to fit in all statutory and mandatory training due to service pressures.

Multiple services confirmed that they have access to learning opportunities if they needed them.

College Street Dental Services stated that online training was really beneficial and was a positive outcome from changes that the pandemic brought. However, issues were raised around the geographical location of training and whether training could be delivered across a

We work flexibly

Services confirmed that they are aware of the trust's flexible working policy. One service raised issues around additional pressures impacting work life balance which has been escalated to the relevant Assistant Director.

Flexible working was seen to be 'brilliant' by one team. They reported that several staff retired and returned and confirmed lots of staff had taken this up. It was clear that flexible working was making a difference to the staff in the service, and they reported that it was helping them to balance their home and work lives and, in some instances, staff were

meeting caring responsibilities. In addition to flexible working, team members were supporting those staff who were balancing their home and work lives.

We are a team

The Kingsgate Dental Team described how they work together as a team. There was excellent evidence of the impact that this had on patient care, and they described examples of managing patients who needed to be prioritised for treatment due to pain or infection.

Services confirmed that they view the slides from Team Brief each month, but they are not always able to watch the brief live.

Confirmed actions stated on completed Time to Talk paperwork:

College Street Dental Services

The Team felt that they could promote their great work better: Dental Newsletter, good news stories and patient stories:

The Director of People has agreed to feedback to the Dental Senior Leadership Team. It was confirmed by the Director of People that good news stories should be submitted to the comms team for recognition.

The Team referred to the Trust's view on clinicians treating staff members – looking after our own and keeping them well and in work:

The Director of People has agreed to raise this with the Executive management Team.

Kingsgate Dental Service

The Chief Operating Officer stated that she would support the request for some urgent capital monies for the Kingsgate dental service to replace a piece of equipment which was essential for delivery of treatment by inhalation sedation to support the waiting list work.

Halton and St Helens Wheelchair Team

The Chief Executive had agreed to email a member of staff regarding contractual matters.

The Chief Executive would email a member of staff about how to get onto the trust's 'Time to Shine' agenda.

Halton Bladder and Bowel Service

The Chief Operating Officer agreed to email appropriate people regarding the health and wellbeing support that can be offered to the member of staff writing reports during the early hours of the morning.

OCATS Warrington Wolves

The Chief Executive Officer picked up a number of actions in relation to the estate at Warrington Wolves, including concerns around lack of suitable parking and the fabric of the building.

4. OTHER TRUST NEWS

- 4.1 Linda Chivers**, Audit Chair and Non-Executive Director, ends her tenure at the end of May 2024. This is the last public Board meeting Linda will attend. Linda has made a huge contribution to the Trust during her six years and will be greatly missed.
- 4.2 Board Development** – The Board has invited the Directors of Public Health from the Warrington and Halton local authorities to attend a Board Development session to build partnerships and enable collaborative working. The first session will be held in July.

5. EXTERNAL PUBLICATIONS AND REPORTS

- 5.1 Independent Review of Greater Manchester Mental Health NHS Foundation Trust** – review by Professor Oliver Shanley OBE following the BBC programme Panorama which showed the abuse and poor care of patients at the Edenfield Centre.
[NHS England Report Template 7 - no photo](#)
- 5.2 The Kings Fund. Making care closer to home a reality.**
This report is about a wholesale shift in the focus towards primary and community health and care across the domains of leadership, culture and implementation.
[Making Care Closer To Home A Reality | The King's Fund \(kingsfund.org.uk\)](#)
- 5.3 NHS Leadership Competency Framework for Board Members**
[NHS England » NHS leadership competency framework for board members](#)
This framework is for chairs, chief executives and all board members in NHS systems and providers, as well as serving as a guide for aspiring leaders of the future. It is designed to:
- support the appointment of diverse, skilled and proficient leaders
 - support the delivery of high-quality, equitable care and the best outcomes for patients, service users, communities and our workforce
 - help organisations to develop and appraise all board members
 - support individual board members to self-assess against the six competency domains and identify development needs.
- 5.4 Reducing Health Inequalities: A Guide from NHS Trust Board Members**
[Reducing health inequalities: A guide for NHS trust board members \(nhsproviders.org\)](#)
This practical guide has been drafted to support NHS trust board members to address health inequalities as part of their core business.

6. RECOMMENDATIONS

- 6.1 The Board is asked to note the report.

BOARD OF DIRECTORS

Title of Meeting	BOARD OF DIRECTORS	Date	4 April 2024
Agenda Item	23/24i		
Report Title	INTEGRATED QUALITY AND PERFORMANCE REPORT (IQPR) - MONTH 10 - JANUARY 2024		
Executive Lead	Executive Directors		
Report Author	Executive Directors		
Presented by	Executive Directors		
Action Required	<input type="checkbox"/> To Approve	<input checked="" type="checkbox"/> To Assure	<input type="checkbox"/> To Note
Executive Summary			
<p>The IQPR performance is in relation to Month 10 – January 2024.</p> <p>There continues to be several red indicators in relation to operational delivery with increasing pressures in the Children’s Services Directorate which impact both quality and finance. There are two red indicators in relation to the cancer performance but there is a clear rationale for the breaches which were largely unavoidable.</p> <p>From a quality perspective, there is a deterioration in risks managed in line with the policy and also in relation to the percentage of risks over 12. There is also an increase in the percentage of medication incidents causing harm. The people indicators are impacted by an increase in sickness due to seasonal variation with an increase in short term absence. From a finance perspective, tight controls are in place to attempt to reduce against costs and to manage spend on pay and non-pay.</p> <p>The Board are asked to note the contents of the report and be assured by the actions that are being taken to address the red indicators.</p>			
Previously considered by:			
<input type="checkbox"/> Audit Committee		<input type="checkbox"/> Quality & Safety Committee	
<input checked="" type="checkbox"/> Finance & Performance Committee		<input type="checkbox"/> Remuneration & Nominations Committee	
<input type="checkbox"/> People Committee		<input type="checkbox"/> EMT	
Strategic Objectives			
<input checked="" type="checkbox"/> 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.			
<input type="checkbox"/> 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.			
<input checked="" type="checkbox"/> Staff - We will ensure the Trust is a great place to work by creating an environment for our staff to develop, grow and thrive.			
<input checked="" type="checkbox"/> Resources - We will ensure that we use our resources in a sustainable and effective way.			
<input type="checkbox"/> Equality, Diversity, and Inclusion - We will ensure that equality, 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.

How does the paper address the strategic risks identified in the BAF?

<input checked="" type="checkbox"/> BAF 1	<input checked="" type="checkbox"/> BAF 2	<input type="checkbox"/> BAF 3	<input checked="" type="checkbox"/> BAF 4	<input checked="" type="checkbox"/> BAF 5	<input type="checkbox"/> BAF 6	<input type="checkbox"/> BAF 7
Governance Failure to implement and maintain sound systems of Corporate Governance and failure to deliver on the Trust's Strategy	Quality Failure to deliver quality services and continually improve	Health Equity Failure to collaborate with partners and communities to improve health equity and build a culture that champions ED&I for patients	Staff Failure to create an environment for staff to grow and thrive	Resources Failure to use our resources in a sustainable and effective way	Equality, Diversity & Inclusion Failure to build a culture that champions equality, diversity and inclusion for patients and staff	Partnerships Failure to work in close collaboration with partners and staff in place and across the system

CQC Domains:	<input checked="" type="checkbox"/> Caring	<input checked="" type="checkbox"/> Effective	<input checked="" type="checkbox"/> Responsive	<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Well Led
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BOARD OF DIRECTORS

Title of Meeting	BOARD OF DIRECTORS	Date	4 April 2024
Agenda Item	23/24i		
Report Title	INTEGRATED QUALITY AND PERFORMANCE REPORT – MONTH 10 – JANUARY 2024		
Report Author	Executive Directors		
Purpose	To describe the performance in relation to service performance, quality, people, and finance in Month 10 – January 2024.		

1. OVERVIEW

- 1.1 The IQPR relates to the performance across the Trust in Month 10 – January 2024.
- 1.2 The IQPR for Month 10 has been reviewed in its entirety by the Finance and Performance Committee in March 2024.
- 1.3 The Quality and Safety Committee reviewed the Month 9 Quality Indicators in February 2024.
- 1.4 The People Committee reviewed the People Indicators from Month 10 in March 2024.
- 1.5 The IQPR was not reviewed by the Performance Council due to the Directorate Quarterly Performance Reviews in February 2024. All areas were however discussed specific to the Directorate in each of the reviews.

2. SERVICE PERFORMANCE

CANCER PERFORMANCE

- 2.1 Three of the five cancer indicators (relating to dermatology) in month are reporting as green, the two indicators reporting as red. The two red indicators reporting as red are in relation to the:
 - 31 day wait from diagnosis to 1st treatment (1 patient)
 - patient who refused a surgery date and a feedback appointment
 - 62 day to 1st treatment (3 patients)
 - One was referred out to the Specialist Skin Care Multidisciplinary Team (SSMDT) for treatment
 - One was because only a punch biopsy was taken and required further treatment

- One was because a wider excision was required

Actions being taken

All of the cancer indicators are monitored closely internally and via the Cancer Alliance Network where the Trusts performance is considered good. A new process has been put in place for sign off of the weekly patient tracking list (PTL) which requires the Chief Operating Officer to sign off the weekly submission and have oversight of any breaches on a weekly basis. All breaches are reviewed to see if there is any learning in relation to understanding if the breach could have been avoided.

Target date for compliance

The service is focused on achieving the targets on a weekly and monthly basis; however, some elements are outside the control of the service i.e. due to patient choice or clinically indicated reasons.

Committee Oversight

The dermatology service and associated risks are monitored by the Quality and Safety Committee and a paper is due to be received in April 2024.

A&E PERFORMANCE

- 2.2 Three of the eight (National) A&E indicators relating to the performance of the Widnes Urgent Treatment Centre (UTC) continue to report as red. Two of these indicators relate to performance outside of the 4-hour total time in A&E target and one relates to the percentage of patients referred to A&E.
- 2.3 As previously noted, the acuity of the patients has been higher and hence there has been a corresponding increase in the waiting time position. Staff sickness and vacancies are being closely monitored to ensure that these do not adversely impact the performance of the service.
- 2.4 The service has been asked to achieve 100% compliance with the 4-hour total time in A&E target in by the Cheshire and Merseyside Integrated Care Board in March to support the system to achieve the 76% target nationally. Additional clinical space has been identified and staffing numbers have been increased to respond and support this ask.

Actions being taken

Careful management of the rosters is being undertaken to ensure that staffing levels do not impact service delivery. Sickness absence is being managed to ensure that staff are supported to be in work. The Associate Director for Halton Adults attends the daily system pressures calls and also the weekly Mersey and West Lancashire Teaching Hospitals trust calls.

Target date for compliance

The service has been tasked with achieving 100% compliance of the 4-hour total time in A&E in March 2024 and therefore compliance with the indicators.

DATA QUALITY

- 2.5 Both Data Quality indicators continue to report as red in month. The Data Quality Maturity Index score is made up of four datasets, these being the Emergency Care Data Set (ECDS), Community Services Data Set (CSDS), Mental Health Services Data Set (MHSDS) and Commissioning Data Set Outpatients (CDS). There are 73 indicators in total, with 31 from the ECDS, 14, from CSDS, 15 from MHSDS and 13 from CDS Outpatients.
- 2.6 Focus is required upon both the ECDS data and the CSDS data to push up the overall scoring within the Trust.

Actions being taken

The Data Quality Steering Group is working with the clinical teams to increase compliance across the required fields. Subsets of the Data quality steering group have been established and this work is ongoing.

Target date for compliance

Due to the work that is required in relation to this indicator it is likely to be into the new financial year before compliance with this indicator is achieved.

DID NOT ATTEND / WAS NOT BROUGHT

- 2.7 Percentage did not attend (DNA) / was not brought for Warrington Adult's and Children's services exceeded the required targets. Children's services showed a slight improvement in month from 5.7% to 5.27%.

Actions being taken

Services continue to focus on ensuring patients are supported to attend their appointments to maximise clinical time. Teams are monitoring DNAs and was not brought, and these are reported at monitored at Performance Council.

Target date for compliance

The children's services are further off target and so this will require longer to achieve compliance. It is anticipated that with focused actions that the Warrington Adults services can achieve compliance by April 2024.

AUDIOLOGY

- 2.8 The number of audiology breaches in month has reduced to 55 to 35. The service is working to clear all breaches by the end of March 2024.
- 2.9 The service was impacted by the Paediatric Audiology incident and the increased number of children being referred from the reception hearing screening.

Actions being taken

Interviews have taken place for the Band 7 Audiologist / Team Leader role and recruitment will now progress to backfill the Band 6 vacancy that has been created to ensure that the team is fully recruited to, and the activity required can be delivered within the available capacity.

Target date for compliance

The service is aiming to be compliant by April 2024.

Committee Oversight

The Quality and Safety Committee provided oversight following the paediatric audiology incident. There are no papers due to the committee, but an escalation will be received via the Quality Council should this be required.

LOCAL INTEGRATED CARE BOARD REFERRALS TO PLAN AND ACTIVITY TARGETS

- 2.10 Referrals to plan and activity targets are red across all the Directorates, this is because the referral and activity levels have not been refreshed since 2018-2019 and they do not reflect the impact of the pandemic or changes in referral patterns for children's services or the change in patient acuity in adult services.

Actions being taken

The targets are being refreshed in fortnightly meetings with the Integrated Care Board (ICB) Team and formally through the Finance and Activity Review Group so that these reflect the post COVID referral and activity levels. This will help decision to be made about what can be delivered within the existing service funding if there are no additional monies available to support the services who are significantly exceeding their referral and activity targets. This work continues and fortnightly meetings are in place.

Target date for compliance

The 13 services being reviewed will be expected to potentially be completed during Quarter 1 2024 and then there will be another cohort of services identified to be reviewed so it will take a number of months to reset the aggregated targets, but an improvement should be seen by the end of Quarter 1.

NATIONAL WAITING TIMES

- 2.11 The percentage of patients who are seen within the 18-week RTT has fallen to again to 57.28% following an increase in December to 60.14%. This is due to an increase in patients waiting over 18 weeks in dermatology and also in Halton Community Paediatrics.
- 2.12 Consultant led waiters over 52 weeks sit with the Halton Community Paediatric Service. All waiters over 52 weeks are subject to clinical harm reviews. There are currently only a small number of consultant led waiters over 52 weeks.
- 2.13 There is no consultant led waiters over 78 weeks and all services are focused on clearing the over 65-week waiters by 1st April which is the National Target.

2.14 There are a small number of services with waiters over 52 weeks, these are mainly with the Childrens Directorate due to increasing demand for services. These are:

- Halton Community Paediatrics
- Warrington Community Paediatrics
- Warrington Paediatric Speech and Language Therapy
- Halton Podiatry

This position has improved in month reducing to 0.83% from 1.06% due to an improvement in the Warrington Paediatric Speech and Language therapy waits reducing.

Actions being taken

Warrington and Halton Community Paediatrics

There is a considerable focus of attention on the Community Paediatrics services due to the current waiting list pressures. A business case was shared with the Halton ICB to request the additional nursing staffing capacity and the outcome is awaited as further information in relation to trajectories was requested. Consideration of extension of the current locums is being given as the service capacity is being impacted due to the additional prescribing activity which is required to support monthly prescribing of medication and to manage the increasing waiting list demands.

Warrington Paediatric Speech and Language Therapy

The speech and language therapy team have been able to reduce the volume of patients considerably over the last few months and the long waiters are now attributable to the neurodevelopment pathway and who need social and communication assessments. These have also reduced to the additional speech and language therapist recruitment to support the delivery of the community paediatrics service.

Halton Podiatry

The Halton Podiatry service has been working to reduce all of the long waiters, the majority of which are awaiting a biomechanics assessment. It is anticipated that the over 65 weeks waiters will have been seen by April 2024.

MANDATED HEALTH VISITOR CONTACTS

Only reported quarterly

Target date for compliance

- Over 65-week waiters to be cleared by April 2024 where possible – this may be a risk for Halton Community Paediatrics
- Over 52-week waits will be cleared in all services except for Warrington and Halton Community Paediatrics and Halton Podiatry by May 2024
- All service to focus on achieving the 18-week RTT with 2024-25

Committee Oversight

The risks in relation to Community Paediatrics are being monitored by the Quality and Safety Committee who are receiving regular bi-monthly reports.

DENTAL

- 2.15 The waiting list data has not been updated for Cheshire and Merseyside and Greater Manchester North and West due to the impact of the transfer of clinical system from SOEL to Dentally and the challenges in relation to accessing back-end reporting data. It is hoped that this will be resolved by Quarter 1.
- 2.16 The numbers of patients waiting to be seen in Oldham, Rochdale and Bury has shown a 9% decrease which is demonstrating the positive impact of the work of the task and finish groups.
- 2.17 There are a number of waiters currently over the 65-week target which are currently being reviewed by the Clinical Directors.
- 2.18 The most significant pressures are in paediatric general anaesthesia and inhalation sedation. Paediatric GA capacity has been impacted by the recent Junior Doctor strikes which has resulted in GA sessions being cancelled.

Actions being taken

Additional funding was rejected by Commissioners for the additional surgical capacity in Oldham and the additional posts to deliver the minor oral surgery contracts in Cheshire and Merseyside. These will be revisited with Commissioners into the new financial year. There are discussions progressing in Greater Manchester in relation to potential additional opportunities to seek funding.

The work of the task and finish groups is being implemented and there is a focus on accepting referrals which meet the clearly defined referral criteria and also in relation to maximising the available capacity available to deliver treatments by inhalation sedation.

Target date for compliance

- All over 65-week waiters to be cleared by April 2024
- Focus on clearing over 52-week waiters by October 2024

Committee Oversight

An update paper will be taken to the Quality and Safety Committee in April to review the current risks into long waits for children to be seen in the dental service.

3. SERVICE QUALITY

INCIDENTS

- 3.1 In month, there has been a 2.86% decrease in incidents causing harm (level of harm graded as 3-5).

Actions being taken

This Patient Safety Incident Response Framework (PSIRF) is now being embedded and the associated processes and reporting groups and the incidents that cause harm are being considered. This indicator will continue to be monitored over the next few months.

- 3.2 The percentage of incidents that are medicines incidents is green however the medication incidents which cause harm has increased 10% in month.

Actions being taken

The Medication Safety Officer is reviewing all medication incidents which cause harm and there will be a particular focus on this due to the increase in month.

RISKS

- 3.3 The percentage of risks above 12 has increased in month from 12.22% to 15.63%. Risks are increasing due to challenges in managing capacity and demand in Community Paediatrics.
- 3.4 The number of risks managed in line with the policy has fallen from 81.67% to 77.08% in January.

Actions being taken

Risks are recorded at service level and reviewed at the Directorate Level and risks of 12 and above are reviewed by the Risk Council and challenged to ensure that the risk is appropriately scored and that the mitigation in place gives confidence that the Trust is managing the risk and the actions required are being undertaken. Challenge has been posed in relation to the Community paediatric risk scoring and the number of risks. Any risks not being managed in line with the policy were highlighted by the Head of Corporate Governance.

POLICIES

- 3.5 The percentage of policies which are within their review date is red, with 85.33% of policies being up to date.

Actions being taken

Compliance with policies within the review date are being monitored by Quality Council and the Quality and Safety Committee and this has been discussed. Services are being supported to ensure that policies are up to date and to consider whether the policy is needed and a reference to clinical guidelines could be considered instead of a bespoke Trust policy. The Head of Medicines Management is providing support to the review of the policies in the absence of the Director of Quality Governance.

INFECTION, PREVENTION AND CONTROL

- 3.6 Compliance with the Infection, Prevention and Control audit has increased to 85.8% which is below the 90% target but an improvement on the December 2024 position.

Actions being taken

Services are being supported to ensure that this audit is completed and the target of 90% is achieved.

CQUIN

Not reported in month

4. PEOPLE

ACTUAL AND ROLLING SICKNESS

- 4.1 The rolling sickness rates is just above the Trust target of 5.5% and sits at 5.52% which is a deterioration on the December 2023 position which was 5.47%. The actual sickness absence rate has increased from 5.58% in December to 6.9% in January.
- 4.2 This change is not unexpected and is largely attributable to seasonal variation and this is reflected in the increase in short term absence from 2.26% to 3.5%.

Actions being taken

- Sickness data is sent to Directorate and Corporate leads on a monthly basis
- The HR Team are aligned to DLTs to provide advice and guidance in terms of absence management and wellbeing support
- The uptake of Stress Risk Assessments has been a key focus over recent months with a view to addressing our highest reason for absence.
- Health and Wellbeing offers are targeted at our highest reason for absence and the Health and Wellbeing Team are doing targeted work in services where sickness is particularly high.

SHORT TERM ABSENCE

- 4.3 Short-term absence levels have increased in month, but this is expected given the time of year. Short-term absence is impacted by the usual winter illnesses, which is not unusually high for this time of year.

Actions being taken

Communications have been cascaded in relation to good practice in relation to infection and prevention control. Absence hot spots have been identified and more targeted work has been undertaken by the IPC Team in those areas.

LONG TERM ABSENCE

- 4.4 Long term absence has increased in month from 3.25% to 3.4% in January 2024.

Actions being taken

HR Business partners support Team Leaders/Operational Managers and Heads of Service to ensure that there is a robust oversight and management of long-term absence, and actions are put in place to support staff to return to work.

5. FINANCE

- 5.1 There is increased expenditure in relation to pay, non-pay and agency costs.
- 5.2 The increased pay costs are due to the 2023-2024 pay award.
- 5.3 The increased non-pay costs are due to the subcontract which is in place with DMC to deliver activity in dermatology which is based on a discounted tariff price which is paid via non-pay.
- 5.4 Agency costs are above plan but there is a plan in place to reduce the use of agency across every service and there is no off-framework agency staff in use.
- 5.5 The cash balance has shown a reduction of £7.19 million.

Actions being taken

There is a considerable focus in services reviewing how day to day costs can be controlled and agency usage controlled as far as possible. Budget managers are exploring cost improvement schemes and opportunities which will contribute to the delivery of next year's Boosting Efficiency Programme.

6. SUMMARY

- 6.1 There are several service performance indicators reporting as red and particularly in relation to the community paediatrics services and it continues to be a challenge to manage within the service within the available budgets and conversations must continue with the ICB to ensure that there is support to address the identified pressures.
- 6.2 There is good oversight of the red indicators by the Committees of the board and discussions are taking place in relation to all of the red indicators and where required further assurance in relation to actions being taken are being requested.

7. RECOMMENDATION

- 7.1 The Board are asked to note the contents of the IQPR Month 10 report and to accept assurance that there are a significant number of actions being undertaken to address the areas where performance is red.

Committee Chair's Report

T Name of Committee/Group:	Quality and Safety Committee		Report to:	Board of Directors
Date of Meeting:	Wednesday 28 February 2024		Date of next meeting:	Thursday 18 April 2024
Chair:	Gail Briers, Non-Executive Director		Quorate (Yes/No):	Yes
Members present/attendees:	<p>Committee Members Present: Gail Briers, Non-Executive Director and Committee Chair Elaine Inglesby, Non-Executive Director Lynne Carter, Chief Nurse Sarah Brennan, Chief Operating Officer Ted Adams, Medical Director</p>	<p>In attendance: Susan Burton, Associate Chief Nurse Tania Strong, Interim Head of Human Resources Jimmy Cheung, Head of Medicines Management Jan McCartney, Trust Secretary</p> <p>Observers: Christine Stankus, Public Governor, Rest of England Claire Barton, Staff Governor</p>	Key Members not present:	<p>Apologies received from: Martyn Taylor, Non-Executive Director Abdul Siddique, Non-Executive Director Jeanette Hogan, Deputy Chief Nurse Mark Charman, Assistant Director of Transformation</p>

Key Agenda Items:	BAF	RAG	Key Points/Assurance Given:	Action/decision:
Dental Services Update (business cases)	2,3		<p>There had been two business cases submitted by the Trust to seek additional funding: one to Cheshire and Merseyside Commissioners for oral surgery and one to Greater Manchester Commissioners for the General Anaesthesia (GA) provision in Oldham. It was confirmed that unfortunately both business cases had been refused, with a lack of funding being cited as the reason behind this. Further work was being undertaken to consider further actions to support services. Whilst there had been additional resources placed into the oral surgery pathway to manage some of that demand, this was continuing to grow. Work would continue to consider the referral criteria/referrals into the service via a task and finish group, ensuring that the Trust was delivering the required activity.</p> <p>The Oldham GA pathway remained an unfunded pressure. Operational planning was being considered along with how the service would be managed moving forwards. It was highlighted that there would likely be</p>	<p>The Committee expressed its disappointment regarding the commissioning decisions to not provide the additional funding. The Committee would need to understand the impact of the refusal of the business cases, and impact on the delivery against the improvement plan from the recent quality summit.</p> <p>It was agreed that an update report would be scheduled for</p>

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Committee Chair's Report

			<p>areas of risk identified with no funding, and discussions would need to take place. This would include discussions with the Greater Manchester PCN to confirm if there may be any funding available.</p>	<p>April 2024 concerning the dental risks.</p> <p>A full review against the Dental Improvement plan would be scheduled for June 2024.</p>
Policies Update	1, 2, 3		<p>As at the 31 January 2024, there were 38 overdue documents from an overall 261 published on the Trust Hub. There were 26 of the 38 with exceptions in place. There had been a trend identified over the last 12 months where there had been up to 20% of documents becoming overdue. At the current point in the year, there was an 88% compliance rate with documents being in date. There were exception reports in place whereby authors were permitted an extension for an overdue document. Mitigations must be proposed around any extension and those must be authorised by the recommending group including a subject matter expert.</p> <p>There had been documents with an exception form in place but those had now expired. There had also been a risk placed on the risk register concerning overdue documents.</p>	<p>The Committee noted the update provided and the actions being taken to improve the timely management of policy documents. It was assured that the current position was being adequately managed and that there were no identified service specific risks which had been created by policies being overdue for review.</p>
Serious Incidents Compliance Report	2, 3		<p>The Committee received a report that provided an overview of incident reporting and management during December 2023 and January 2024. This described how all safety incidents, occurring after the implementation of PSIRF in November 2023, had been managed in line with the new approach. The new governance structure had been implemented, with weekly directorate incident reviews, learning groups and local priority groups. A learning panel was to be introduced during February 2024 to provide the oversight of the work of the groups and of patient safety incidents within the Trust.</p> <p>During the period no incidents had required a patient safety investigation as defined within the Trust's plan. However, there had been 14 action</p>	<p>The Committee agreed that the level of detail within the report was beneficial. It was agreed that significant increases in certain incidents would be highlighted within future reports when the rationale behind this was a drive to encourage reporting. The Committee noted the content of the report and was</p>

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Committee Chair's Report

			<p>reviews completed. The Committee noted that pressure ulcers accounted for the highest number of patient safety incidents within the time frame and there had been four incidents deemed to cause moderate harm. Two were in relation to patient falls within Padgate House; one was since amended to be a minor harm; one was in relation to an unstageable pressure ulcer. In addition, within the Warrington borough there was a medication incident within the Halton District Nursing Service. Whilst previously the majority of the reported falls were in relation to Padgate House, community falls were being reported across intermediate care services as staff were encouraged to report and this was noted as the reason for the increase. This was likely to increase further with further work with intermediate care and the urgent community response service.</p> <p>Within the period, there had been 100% compliance with duty of candour. Within the IQPR this was referred to as 50% compliance, but this was due to an incident being deemed to be in relation to duty of candour, which was later downgraded after the reporting period.</p> <p>The Committee also noted that the first meeting of the Patient Safety Incident Response Framework and Learning Panel (PSIRFaLPS) had taken place on 27 February and this reviewed its terms of reference, agenda and the work plan going forward.</p>	<p>assured that the Trust was progressing in its transition to PSIRF and Learning from Patient Safety Events Service (LFPSE)</p>
<p>Summary Report for Risks Relating to Quality and Safety</p>	<p>2, 3</p>		<p>The Committee received a report related to quality and safety risks on the Ulysses risk management system between 3 December 2023 and 3 January 2024. The risks had been subsequently discussed at the Risk Management Council. There had been nine risks regarding quality and safety in December with an increase to 13 risks in January 2024. There had been one new risk added in January 2024 which related to the inability to meet initial health assessments compliance within given time frames. There had been an increase in risk scores for three risks related</p>	<p>The Committee received the report and was assured that the risks scoring 12 plus in relation to quality safety were being identified and managed effectively.</p> <p>The Committee requested that the report should include detail</p>

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Committee Chair's Report

			<p>to capacity and demand. The report also referred to one risk beyond its review date in January, however this had since been updated. During January 2024 there had been one risk that had passed its target date. This was in relation to an Infection, Prevention and Control (IPC) risk at Warrington Wolves and this had since been reviewed and extended and may require some re-evaluation. There were two risks that did not have a target date identified in relation to estates and IT and both were now under review. It was agreed at the Risk Management Council that those areas were demonstrating moderate or significant levels of assurance. The Chief Nurse and Chief Operating Officer would be continuing to ensure a focus on the risk register. It was noted that there had been a number of risks on the register in relation to similar areas and those would be reviewed to ensure any cumulative risks were picked up and ensure that low level risks were either removed or managed differently.</p>	<p>around those risks without a target date or risks that had passed the target date going forwards for the Committee's assurance.</p>
IQPR	2, 3		<p>The Committee noted that there were seven red rated indicators during the reporting period. It also noted the earlier reference to the incident that had been downgraded from a duty of candour incident as this was found not to be a breach. There had been a slight reported increase in medicines incidents causing harm, but this was not significant, and was being monitored by Medicines Management colleagues. An increase in the number of risks was noted in relation to those scoring as high at 12 and above, due to the number of children's services risks. Policy compliance was also reporting as red, which the Committee had received an update on earlier in the meeting.</p>	<p>The Committee received the report, acknowledging that the IQPR report was aligning to the elements that the Committee was already discussing. It was agreed that this was positive from an assurance perspective that key issues were being reported on across the Committee's agenda and remit. and raised in general through the governance framework.</p>

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Committee Chair's Report

<p>Report from the Quality Council</p>	<p>2, 3</p>	<p>The Committee received a report from the January 2024 meeting of the Quality Council. The key considerations included:</p> <p>There had been a good news story following a Ministerial visit to the Family Hub in Halton. This provided a good opportunity for the 0-19 team, alongside partners, to showcase their work. This included an evidence-based programme on a series of brief interventions to support new parents.</p> <p>Within Warrington, outstanding action plans were highlighted, and the progress made which had been positive. Issues had also been raised concerning demand and capacity within Community Paediatrics, which was mirrored across Warrington and Halton. This was highlighted from a quality point of view and the impact upon service delivery and families.</p> <p>Within the Dental service there had been difficulties in securing face to face interpreters to support consent for sedation or general anaesthesia. The main challenges included access to specific language interpretation, and the cost of face-to-face consultations as interpreters often travelled a significant distance. The Head of Service for the dental network would lead discussions with the company providing interpreter services.</p> <p>CQUIN Report: The staff flu vaccination programme had achieved 54% compliance, with discussion taking place concerning non-compliance with CQUIN 14 in relation to the malnutrition screening in Padgate House. Whilst there had been 100% compliance against this CQUIN previously, but there had been a reduction in this during January 2024 to 46%. This had been attributed to the introduction of a template within the electronic patient record and the completion of this template. There had now been training arranged for staff in the service to support the increase of compliance in this area.</p> <p>Safeguarding Report: Some challenges were highlighted concerning additions to the quality schedule requirements. There had been 49 additional lines added to the schedule and the safeguarding team were</p>	<p>The Committee received the report for assurance and agreed that the report was comprehensive and the content was indicative that the governance and reporting processes in place were effective, with key elements from the Quality Council being reflected in the reports being brought into the Committee.</p>
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Committee Chair's Report

			<p>working closely with configuration and performance to ensure that information could be obtained to avoid having to report on this manually. An update was also provided by the team concerning the work they were undertaking around the benchmarking against the Royal College and Community Paediatric Standards for Child Protection Medicals. An action plan was developed based on that benchmarking and was being monitored through the Safeguarding Trust Assurance Group (STAG) meeting. This would be looked at further in Place and across the system with ICB support. The Safeguarding Team had also shared good news concerning a letter received from a Lead Nurse at an organisation in Cumbria, complimenting a Nurse's completion of a health assessment review; this had been very detailed, and patient focussed.</p> <p>Infection, Prevention and Control (IPC): There was an overall reduction in compliance reported against IPC assurances during quarter three, with a number of teams identified who had not completed their required assurance document. Work was continuing between the IPC team and operational managers to increase the reporting and with IPC advocates within each service to ensure that reporting was accurate.</p>	
<p>Community Paediatrics Risks Update Report and Update on Halton SEND</p>	<p>2, 3</p>		<p>There were currently 10 risks in relation to paediatrics. Two risks had been closed in relation to the Halton service: one risk in relation to blood sampling at Warrington and Halton Hospitals as the issue had now been resolved, and a risk in relation to NICE guidance that had been summarised into another existing risk. There were two risks that had increased: one risk concerning insufficient capacity for demand with an increase in the scoring from 10 to 15 and: a risk in relation to a lack of shared care in Warrington in Halton, which had increased from a risk score of six to 15. One risk score had decreased concerning the impact of the medication issues for children with ADHD, this had reduced from a score of 12 to nine. There had been some issues that had been difficult to progress and a focus upon managing some of the pressures within the service.</p>	<p>The Committee received the comprehensive report and acknowledged the challenges and pressures for the services. It noted the actions that were both taking place and that were planned to take place but acknowledged that the Trust could not fully influence the position due to external factors. It considered the</p>

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Committee Chair's Report

			<p>Issues had also been experienced for speech and language therapy (SLT) via the contract with the service provider, which had impacted upon delivery of the service and subsequently impacting upon the ability to deliver the neuro development pathway.</p>	<p>recommendation of the circulated report but agreed that the risks were being robustly controlled, rather than managed, due to the current circumstances.</p> <p>It was agreed that an update would be presented to the next meeting in April with consideration to be given to the detail then required going forwards for Committee oversight.</p>
Listening to Staff Voices	2, 3		<p>The Chief Nurse presented a verbal report concerning Listening to Staff Voices. Sessions had taken with groups of staff following the Lucy Letby case and prominence of Freedom to Speak Up issues. The purpose of the sessions had been to ensure that staff knew the routes to raise concerns, to provide information to staff and discuss any issues and areas of concern for them. A significant number of sessions had been undertaken and the Chief Nurse would provide a formal report to the April meeting of the Committee to provide further information.</p>	<p>The Committee noted the verbal update and would receive a full report from the Chief Nurse in April 2024.</p>
CQC Update Report	2, 3		<p>The Committee received a verbal report from the Chief Nurse. There had been no further meetings with the CQC team since the last Committee meeting in December. However, the Trust was continuing with CQC preparation work and looking at evidence that may be required across clinical services. There had also been a CQC preparation handbook developed which had been shared for comment which was being finalised. This would support focussed preparation with teams. It was</p>	<p>The Committee noted the current position and would be kept updated.</p>

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Committee Chair's Report

			confirmed that there had been no notification from the CQC of any inspection to date. The Trust would be meeting with Wirral Community Healthcare following their recent CQC visit to learn of their experiences and how they had found the process.	
QIA Report	2,3		<p>The Committee received the report which reflected activity undertaken during November and December 2023. There had been a total of four QIAs undertaken and presented at the panel which all related to Cost Improvement Plans (CIP). Two of the QIAs were able to be sufficiently mitigated and those would be returned to panel in three months' time for a further review and to consider how the mitigations were working in practice. One QIA was agreed and would continue to be monitored with the remaining QIA scheduled to return to panel with further information around workforce planning meetings due to go ahead within the service that brought the QIA to panel. There had been a reduction in the QIAs during this timeframe.</p> <p>Discussion took place concerning a QIA in relation to the Dermatology Service on which the Committee sought further detail. It was confirmed that this was in relation to specific reduction of Locum Consultant sessions, and that there was further work and a supporting plan in place for the service.</p>	<p>The Committee received the report and would receive an update concerning the Dermatology service in April. It was agreed that it would be important for the Committee to be sighted on the position where the Trust may be taking resources out of a challenged service to understand any impact and to be sighted on any decision concerning the level of risk tolerance by EMT.</p>

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Committee Chair's Report

Trust Improvement Plan Update	2, 3		<p>It was reported that there had been 10 plans within the programme over the period. Five of those had demonstrated progress in relation to Carers' Strategy, Community Nursing Halton and Warrington, Drive Ability Northwest, Dermatology Action Plan and Children's Services Boost Action Plan. One plan had been removed in relation to the Insulin Aggregated Review as this was now completed, one plan had demonstrated no overall progress in relation to the Community Equipment Service due to a lack of capacity within the service to deliver the plan. One new plan had been added in relation to Warrington Wolves and Infection Prevention and Control (IPC). There was one plan that was no longer viable in relation to the Dental Nurse triage and two plans in relation the neurodevelopment pathway in Warrington and Halton were now being written as transformation schemes opposed to overarching improvement plans in relation to the Children's service.</p>	<p>The Committee was assured that the Trust Improvement Plan was reviewed and reported on a two-monthly basis, progress with individual action plans were routinely monitored, and exceptions were reported to the Quality Council.</p>
Six monthly review of Committee business cycle	1		<p>The Committee reviewed its business cycle to ensure that all key business was included. It noted that the business cycle would likely require an update following the Committee's receipt of the report due in April 2024 concerning the strategies that were to be presented to the Committee.</p>	<p>The Committee approved the business cycle, acknowledging the above.</p>
Board Assurance Framework (BAF)	2, 3		<p>The Committee reviewed the BAF and agreed that there were no changes to be made at the present time to BAF 2 and 3 and no changes to the scoring.</p> <p>A discussion took place concerning risks that may have an impact on health equity. It was acknowledged that a lack of resources in certain aspects of delivery of services could be reflected as having an impact in terms of health equity.</p>	

	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

Assurance Reports Required	2, 3		No items were identified.	
Items to be shared with the Board or other Committees	1, 2 3		No items identified.	
Review of meeting	1		All participants and observers were invited to comment on the meeting.	
Risks Escalated: None				

	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	4 April 2024
Agenda Item	23/24iii		
Report Title	Learning from Deaths		
Executive Lead	Ted Adams Executive Medical Director		
Report Author	Andi Sizer Principal Lead for Public Health		
Presented by	Ted Adams Executive Medical Director		
Action Required	<input type="checkbox"/> To Approve	<input checked="" type="checkbox"/> To Assure	<input type="checkbox"/> To Note
Executive Summary			
<p>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.</p> <p>This report meets the requirements of the National Quality Board (NQB) guidance (2017) for NHS providers on how they should learn from the deaths of people in their care. The information and learning are, overseen by our Serious Incident Review panel (SIRP).</p> <p>Of the deaths reported to SIRP in quarter two 16 were reviewed and closed. None of the 16 deaths were related to a deficit in care provided by Bridgewater. There were no concerns raised from the deceased family/carers and no concerns raised by staff about the care that Bridgewater delivered to patients who died.</p> <p>Recommendation:</p> <p>The board is, asked to note the contents of the report and agree the level of assurance that can be taken from the detailed analysis of activity and learning in the report.</p>			
Previously considered by:			
<input type="checkbox"/> Audit Committee		<input checked="" type="checkbox"/> Quality & Safety Committee	
<input type="checkbox"/> Finance & Performance Committee		<input type="checkbox"/> Remuneration & Nominations Committee	
<input type="checkbox"/> People Committee		<input type="checkbox"/> EMT	
Strategic Objectives			
<input checked="" type="checkbox"/> 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.			

<input checked="" type="checkbox"/> 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.
<input type="checkbox"/> 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.
<input checked="" type="checkbox"/> 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.
<input type="checkbox"/> Resources - We will ensure that we use our resources in a sustainable and effective way.
<input type="checkbox"/> Staff - We will ensure the Trust is a great place to work by creating an environment for our staff to develop, grow and thrive.

How does the paper address the strategic risks identified in the BAF?

<input type="checkbox"/> BAF 1	<input checked="" type="checkbox"/> BAF 2	<input type="checkbox"/> BAF 3	<input type="checkbox"/> BAF 4	<input type="checkbox"/> BAF 5	<input type="checkbox"/> BAF 6	<input type="checkbox"/> BAF 7
Governance Failure to implement and maintain sound systems of Corporate Governance and failure to deliver on the Trust's Strategy	Quality Failure to deliver quality services and continually improve	Health Equity Failure to collaborate with partners and communities to improve health equity and build a culture that champions ED&I for patients	Staff Failure to create an environment for staff to grow and thrive	Resources Failure to use our resources in a sustainable and effective way	Equality, Diversity & Inclusion Failure to build a culture that champions equality, diversity and inclusion for patients and staff	Partnerships Failure to work in close collaboration with partners and staff in place and across the system

CQC Domains:	<input checked="" type="checkbox"/> Caring	<input checked="" type="checkbox"/> Effective	<input checked="" type="checkbox"/> Responsive	<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Well Led
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BOARD OF DIRECTORS

Title of Meeting	BOARD OF DIRECTORS	Date	4 April 2024
Agenda Item	23/24iii		
Report Title	Learning From Deaths		
Report Author	Andi Sizer Principal Lead for Public Health		
Purpose	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. INTRODUCTION

- 1.1** This 2023/24 quarter two report on Learning from Deaths across the Trust has been written in line with the Trust's Learning from Deaths Policy, which follows with the NHS National Quality Board guidance (2017). The SIRP meets weekly, and service leads provide individual reports on deaths that have occurred whilst patients are on the Bridgewater caseload or who die within 30 days of being seen by a Bridgewater member of staff. Each death prompts a learning from deaths report, the analysis of which contributes to this report. This process allows the Trust to be confident that it proactively seeks to improve care provided at the end of life and is learning from cases when things go wrong.
- 1.2** The Learning from deaths policy is currently being reviewed. Changes are being made in order that the Bridgewater Policy aligns with other Community Trusts and avoids duplicative work across places. The national Learning from Deaths policy is very acute hospital focussed and refining the messages and requirements within it to make it suitable for a Community Trust is an ongoing challenge.
- 1.3** To anchor the report to our community, changes have been made to the Learning from Deaths report template to capture greater demographical data. For example, veteran status, place of death, age ranges and whether the deceased was known to mental health services. As such this paper should be viewed as an indicator of current practice as not all the data sets have been captured in their entirety because of the timing of the most recent changes to the report template.
- 1.4** It is noted that once a Learning from Deaths report is signed off by SIRP the document is attached to the Ulysses incident report as a Word document. As this is not an electronic capture of the data each report is accessed manually, and the data recorded in a excel master template and as such it is open to transcription error.
- 1.5** The Board should note that this report is considered at Quality Council and is reported in the Quality Council Chair's report to Quality & Safety Committee. The Board is reminded of the national directive that Boards consider trusts' Learning from Deaths reports, thus the decision

to bring the report directly to Board. If actions are required, the Board may choose to delegate these to Quality and Safety or have those actions reported directly at Board.

2. INFORMATION

2.1 During quarter two **2023/24**, **569** deaths were reported on the ‘Qlik Sense’ dashboard as pertaining to Bridgewater patients who had an open record and/or a active referral at date of death in Halton and Warrington place. It is noted that at any one time our services reach half of the population of our places, and this is reflected in these numbers. They include deaths from any cause including COVID.

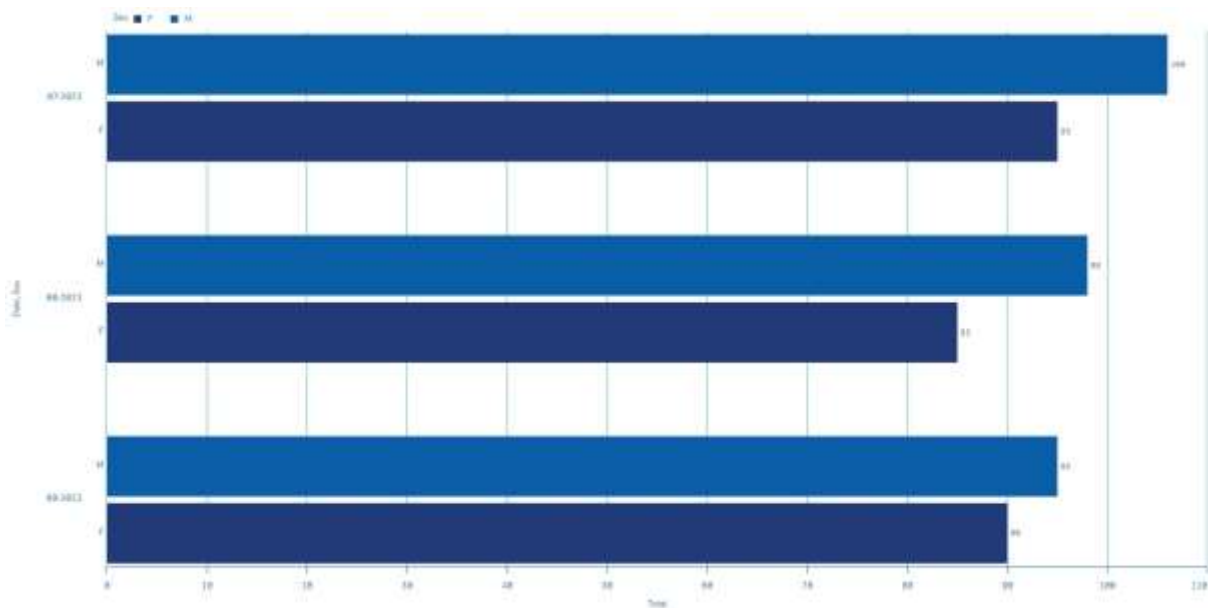


Figure 1. Number of deaths in quarter two by month and gender. (Extracted from ‘Qlik Sense’ 12:57 08/11/23)

2.2 Of the **569** deaths **16** were investigated and closed by the Trust SIRP. None of the 16 deaths were related to a deficit in care provided by Bridgewater. SIRP did feel that there was learning for the Trust after reviewing the 16 deaths. It is to be noted that this report covers those deaths investigated and closed at the time of writing and as such there will be an increase in closed deaths for this quarter and this will be reflected in the yearend report.

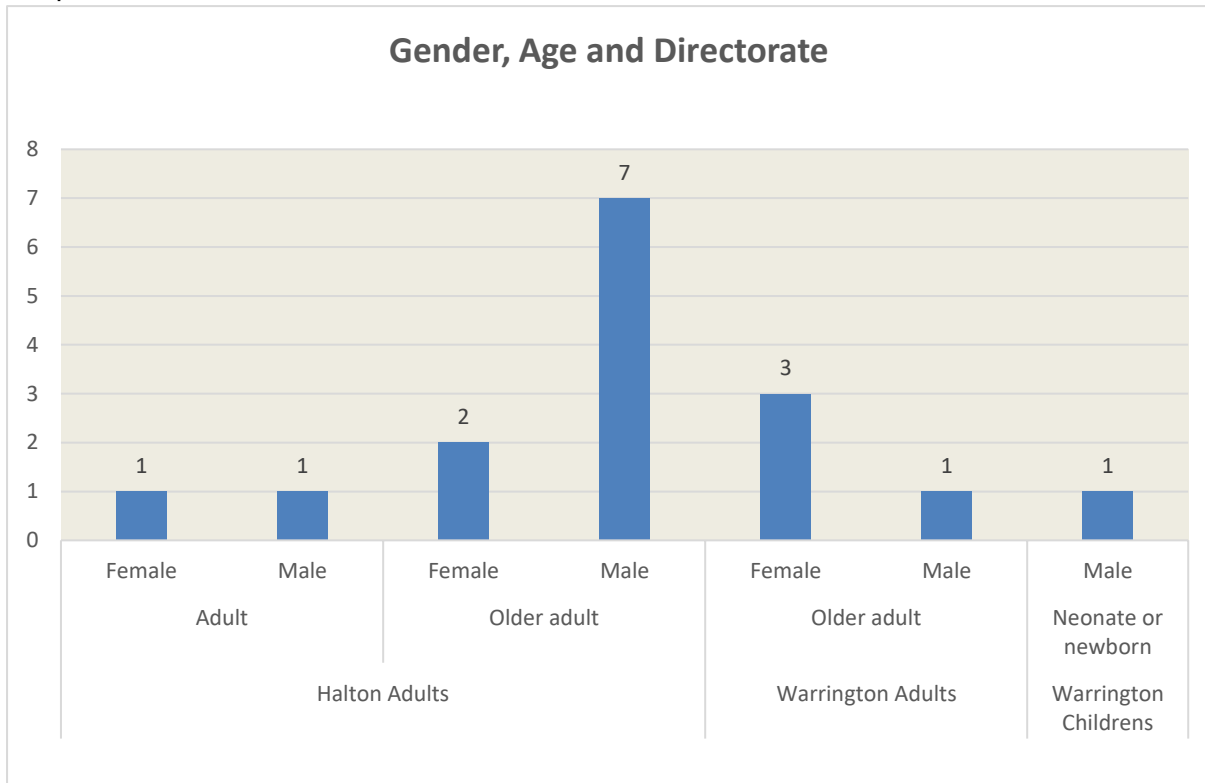
On review of the 16 cases, our recommended areas of focus for the Trust are:

- Following a Warrington Joint Agency Review (JAR) of a neonatal/newborn death a task and finish group has been set up to explore how agencies can share safe sleep messages with ‘both’ parents and carers. This is being supported by the Warrington children’s safeguarding Specialist Sudden and Unexpected Death in Childhood (SUDIC0) nurse and the Bridgewater Warrington 0-19 service. This paper recommends that this learning is shared across directorates.

- When a patient attending the Widnes UTC is advised to attend A&E how that patient intends to travel there must be ascertained and recorded in the electronic patient record.

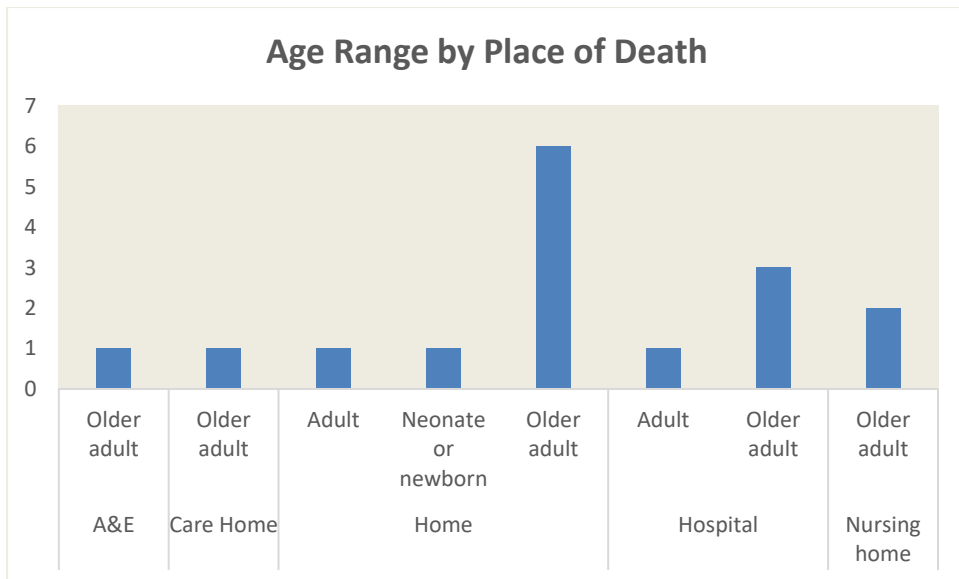
2.3 In quarter two there were no concerns raised from the deceased family/carers and no concerns raised by staff about the care that Bridgewater delivered to patients who died.

2.4 The chart below illustrates the number of deaths by age cluster. These clusters have been added to the data record as only the date of birth is recorded on the Learning from Death template.

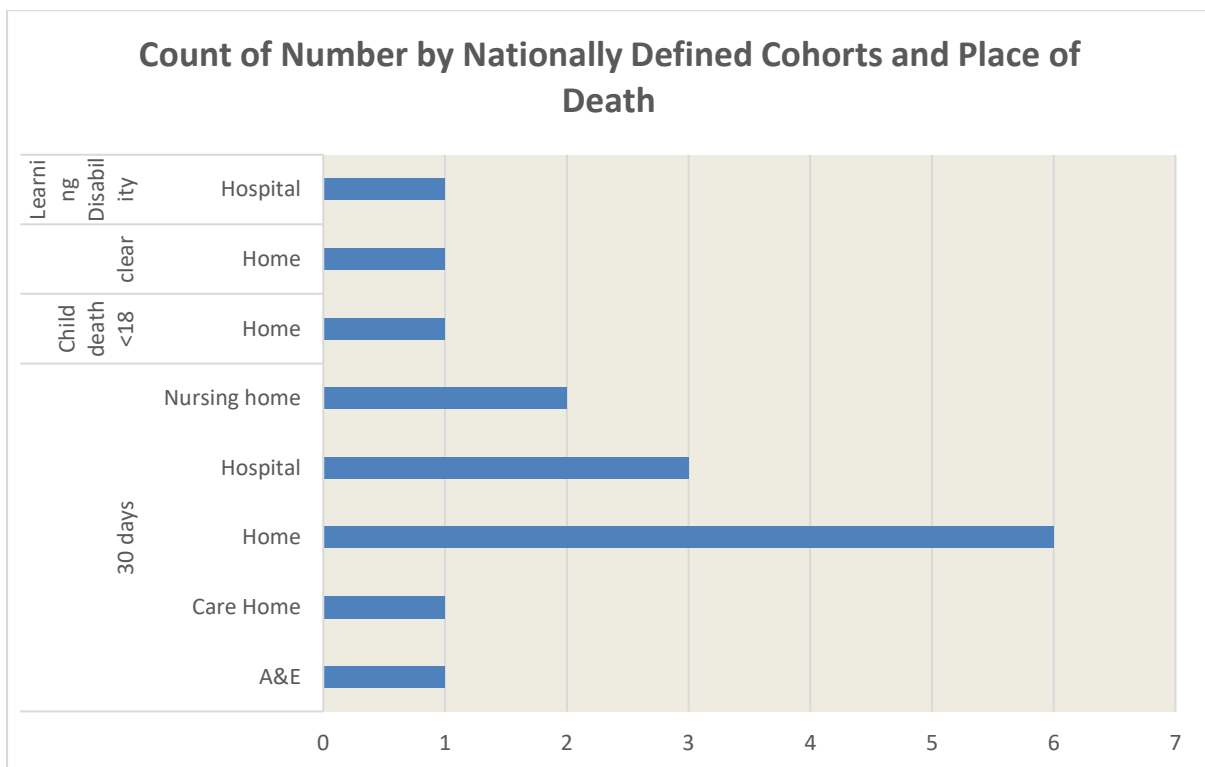


The age ranges applied are still birth, neonate, or newborn to one month, infant one month to one year, child one year to 12 years, adolescent 13 years to 17 years, adult 18 years or older and older adult 65 years or older.

2.5 The chart below shows the number of deaths recorded against place of death by age cohort. Highlighting that higher number of deaths in the deceased home within the older adult cohort.



2.6 The chart below shows the criteria for reporting the death against the Trust policy. It is noted that as a trust we are required to report/contribute on all child deaths and learning disability. In quarter two one death was reported to LeDeR.



Deaths that occurred in the home are the higher number of deaths reported by Bridgewater in quarter two.

3. INFORMATION

Summary of Thematic Learning

- 3.1** Each unexpected death reported during quarter two has been analysed and investigated appropriately, to identify if care provided by the Trust resulted in harm or contributed to the death, and if any relevant learning exists for the Trust and the wider health and social care system.
- 3.2** None of the deaths investigated under the Learning from Deaths policy were associated with any care delivery concern or harm caused by services provided by the Trust. Duty of Candour was not applicable in any of these cases. Themes have been identified as learning areas for the Trust – see 2.2.
- 3.3** Given that health disparities adversely affect groups of people who have systematically experienced greater obstacles to health such as health related behaviours it is important that as a Trust, we understand the needs of our communities.
- 3.4** We fully recognise that health related behaviours can result in some communities, groups or people living in certain areas continuing to spend more of their lives in poor health and dying sooner than others.
- 3.5** It is noted that there are still data omissions within the Learning from Deaths report template. Examples being gender, ethnicity, place of death along with omissions in content such as: cause of death and year of birth. The template now includes the health inequalities and demographic information that will support the Trust's understanding of the socioeconomic inequalities in mortality rates at Place and will allow for a more structured thematic analysis in future reports and reviews.
- 3.6** It is noted that all the 16 deaths were not all necessarily in scope with the Learning from Deaths Policy guidelines. Still birth and neonatal deaths are reported to the 0-19 services but not always known to the services as the service will never have met the child. Work to familiarise the services with the policy is ongoing.
- 3.7** The deaths being reported as a hospital death have been discussed with the Directors of Nursing and the Medical Director to agree who is the main provider and who should be leading the reviews. This is now being incorporated in the policy review and once approved the correct criteria will be communicated to services.

4. RECOMMENDATION

- 4.1** The Trust Board is asked to receive this paper for assurance of the processes undertaken at SIRP and subsequent learning for the trust.

BOARD OF DIRECTORS

Title of Meeting	BOARD OF DIRECTORS	Date	4 April 2024
Agenda Item	23/24iv		
Report Title	CLINICAL LEADERSHIP STRATEGY		
Executive Lead	Lynne Carter Chief Nurse,/ Deputy Chief Executive Ted Adams Executive Medical Director		
Report Author	Lynne Carter Chief Nurse,/ Deputy Chief Executive Ted Adams Executive Medical Director		
Presented by	Lynne Carter Chief Nurse,/ Deputy Chief Executive		
Action Required	<input checked="" type="checkbox"/> To Approve	<input type="checkbox"/> To Assure	<input type="checkbox"/> To Note

Executive Summary

The benefits of having an engaged, motivated and trained cohort of clinical leaders cannot be understated. It is clinical leaders, working in partnership with others and with people in local communities, who make improvements happen to improve population health, tackle unequal access to services, experience and outcomes, and enhance productivity, effectiveness and value for money.

Evidence suggests that effective clinical leaders in health services emphasise continually that safe, high quality, compassionate care is the top priority. They ensure that the voice of patients is consistently heard at every level; patient experience, concerns, needs and feedback (positive and negative) are consistently attended to.

Our clinicians are fundamental in delivering the Bridgewater mission to improve health, health equity, wellbeing and prosperity across local communities by providing person centred care in collaboration with our partners.

This clinical leadership strategy has been produced in conjunction with the Trusts' clinicians with the aim of:

- Providing a clear framework to inform and empower clinicians to further deliver on Bridgewater's mission and strategy.
- Highlight the benefits of clinical leadership integrated into decision-making at every level of the Trust creating an environment in which distributed leadership positively influences and thrives.
- Enable and assure the delivery of high quality safe and effective care for health, health equity, wellbeing and prosperity across our local communities.
- Optimise the potential of clinical leadership to enhance career development, recruitments and retention.

The implementation of the actions has already commenced in some areas and clear metrics will monitor progress. In addition there will be a review of the balance of clinical and operational leadership which will complete by the end of Quarter1. This will include looking at the new roles identified in our current workforce plans.



<input type="checkbox"/> Audit Committee	<input type="checkbox"/> Quality & Safety Committee
<input type="checkbox"/> Finance & Performance Committee	<input type="checkbox"/> Remuneration & Nominations Committee
<input type="checkbox"/> People Committee	<input checked="" type="checkbox"/> EMT
Strategic Objectives	
<input checked="" type="checkbox"/> 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.	
<input type="checkbox"/> 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.	
<input checked="" type="checkbox"/> Staff - We will ensure the Trust is a great place to work by creating an environment for our staff to develop, grow and thrive.	
<input checked="" type="checkbox"/> Resources - We will ensure that we use our resources in a sustainable and effective way.	
<input type="checkbox"/> Equality, Diversity and Inclusion - We will ensure that equality, diversity and inclusion are at the heart of what we do, and we will create compassionate and inclusive conditions for patients and staff.	
<input type="checkbox"/> 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.	

How does the paper address the strategic risks identified in the BAF?						
<input type="checkbox"/> BAF 1	<input checked="" type="checkbox"/> BAF 2	<input type="checkbox"/> BAF 3	<input checked="" type="checkbox"/> BAF 4	<input checked="" type="checkbox"/> BAF 5	<input type="checkbox"/> BAF 6	<input type="checkbox"/> BAF 7
Governance Failure to implement and maintain sound systems of Corporate Governance and failure to deliver on the Trust's Strategy	Quality Failure to deliver quality services and continually improve	Health Equity Failure to collaborate with partners and communities to improve health equity and build a culture that champions ED&I for patients	Staff Failure to create an environment for staff to grow and thrive	Resources Failure to use our resources in a sustainable and effective way	Equality, Diversity & Inclusion Failure to build a culture that champions equality, diversity and inclusion for patients and staff	Partnerships Failure to work in close collaboration with partners and staff in place and across the system

CQC Domains:	<input checked="" type="checkbox"/> Caring	<input checked="" type="checkbox"/> Effective	<input checked="" type="checkbox"/> Responsive	<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Well Led
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Clinical Leadership Strategy

2024 - 2029



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Foreword

As clinicians, we are in a truly privileged position to be able to offer support and care to patients and their families, often when they are at their most vulnerable and in greatest need. It is clinical leaders, working in partnership with others and with people in local communities, who make improvements happen. They deliver the Bridgewater mission to improve health, health equity, wellbeing and prosperity across local communities, by providing person-centred care in collaboration with our partners.

We are very proud to recognise and truly value the significant contribution you all make every day. This strategy builds on these strong foundations and commitments. It sets out our ambitions and goals to support continued growth, development, and innovation for excellent care, alongside what all our clinical staff can expect from us to ensure they are fully equipped to undertake their roles.

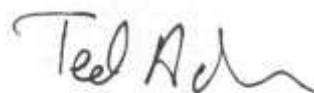
This strategy includes professional and career development, and the wellbeing and support that you have identified to build resilience, confidence, and commitment. It enables us to deliver the standards of care we aspire to provide to all our patients and families across all our care settings with compassion and kindness.

We will build year on year and amend our objectives and outputs as our clinical leaders develop our services.

This strategy and its objectives apply to all clinicians in the Trust whatever their professional discipline, although there will be some discipline specific actions where needed.



Lynne Carter
Chief Nurse /Deputy Chief Executive



Dr Ted Adams
Medical Director

Introduction

Bridgewater Community Healthcare NHS Foundation Trust's (hereafter referred to as Bridgewater) clinical teams consist of a diverse range of professional groups taken from Doctors, Dentists, Nurses, Pharmacists, Dental Nurses and Allied Health Professionals (AHPs).

Our clinicians are fundamental in delivering the Bridgewater mission to improve health, health equity, wellbeing and prosperity across local communities by providing person centred care in collaboration with our partners.

The following quote is taken from Professor Oliver Shanley's Independent review of Greater Manchester Mental Health NHS Foundation Trust (Jan 2024.) "*Clinical leadership in particular has had insufficient prominence in the Trust, and there is a widespread belief that the organisation has prioritised performance over a strong clinical voice.*" There were many issues at the Trust, however, not hearing the clinical voice at all levels of the organisation significantly contributed to the poor care delivered to patients at that Trust. Our strategy seeks to strengthen the clinical voice and to ensure that clinical leaders are encouraged, motivated and engaged with all parts of our Trust.

The aim of this strategy is to:

- Provide a clear framework to inform and empower clinicians to further deliver on Bridgewater's mission and strategy.
- Highlight the benefits of clinical leadership being integrated into decision-making at every level of the Trust, and with our partners, creating an environment in which distributed leadership positively influences and thrives.
- Enable and assure the delivery of high quality, safe and effective care for health, health equity, wellbeing and prosperity across our local communities.
- Optimise the potential of clinical leadership to enhance career development.

Bridgewater Strategy: Communities Matters

The Bridgewater Strategy: Communities Matter is underpinned by six strategic objectives (below). The strategy recognises the essential role of clinicians in delivery of the strategy with a firm commitment to developing staff culture and leadership. As set out in our People Strategy, Strategic Priority 4 sets out our pledge to staff in our approach to Culture and Leadership:

'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'.

Our Objectives



The benefits of having an engaged, motivated and trained cohort of clinical leaders cannot be understated. It is clinical leaders, working in partnership with others and with people in local communities, who make improvements happen to population health, tackle unequal access to services, experience and outcomes, and enhance productivity, effectiveness and value for money.

Evidence suggests that effective clinical leaders make safe, high quality, compassionate care their top priority. They ensure that the voice of patients is consistently heard at every level and that patient experience, concerns, needs and feedback (positive and negative) are consistently attended to.

Well motivated and developed staff improve recruitment and retention, setting the standards for our staff to deliver across all of our services. Staff see clinical leaders delivering high standards of care, understand that the Trust value clinical leaders, which in turn improves recruitment and retention across the clinical professions.

Consultation

This strategy has been produced in conjunction with Bridgewater's clinicians. Throughout 2023, meetings were held with clinical staff groups. Formal workforce planning was undertaken to specifically ensure right sizing of our clinical workforce. These meetings enabled clinical staff to discuss and describe their views on the changing NHS workforce and specifically on their clinical challenges. The overwhelming feedback from our staff related to clinical career progression and the desire to change practice utilising the skills and knowledge they possess. Our staff could easily describe changes which would benefit patients and how they could be implemented and were speaking from the day-to-day experience of delivering care. These grass roots ideas are the bedrock on which clinical leaders have the impact on delivering our objectives.

Together with implementation of the national patient safety strategy at the Trust and the increasing demand for clinical care from our population, we identified the need for a detailed clinical leadership review which began with our district nursing teams who felt their only route to leadership was via a management role. At the same time, we were progressing a devolved autonomy structure for our managers and the Trust leadership was encouraging those at team lead and clinical lead level to be more autonomous in decision making about their services. We also worked with the clinicians in our dental service to deliver a new dental leadership model that was supported by staff. Twice monthly medical and dental leadership forums take place at the Trust and in November 2023 a facilitated leadership development day for doctors and dentists took place.

Between January and March 2024 further clinical leadership forums have taken place. These sessions allowed us to engage with our clinical staff ensuring that the clinical leadership strategy is reflective of the voice of clinicians. Three online sessions were held at times convenient for clinicians along with a survey that was published in the Trust bulletin. The sessions and survey asked similar questions to give us some qualitative and quantitative data that has helped us develop this strategy. The Listening to Staff Voices sessions and specific clinical leadership sessions focused on what our staff wanted to see within the strategy. Attendees were from across the spectrum of our clinical professionals. Clinical staff commented on the benefits they could bring with more recognition of their clinical expertise and a clear route to progress without losing that clinical background.

Specific issues were raised about dental nurses career pathways and progression and the Trust appointed a Professional Lead for Dental Nurses and Therapists to further this work. This mirrors the support provided by the Professional Lead for AHPs.

Background

National Context

The Trust's approach to Leadership is underpinned by the NHS Long Term Plan, which highlighted the importance of visible senior clinical leadership in enabling and assuring the delivery of high quality care both within organisations and in the new system architecture.

Clinical leadership - a framework for action (NHSE 2019), was produced to support organisations to identify what clinical leaders need in order to best serve their patients. This includes:

- Effective team-based working within and across organisational boundaries.
- Innovation and experimentation to build new ways of delivering care.
- A collaborative and compassionate basis to enable staff to do their best work.

This strategy also reflects the Allied Health Professions Strategy for England: AHPs Deliver.

In 2020, the Faculty of Medical Leadership and Management published the 3rd edition of its standards for medical and dental professionals. The standards referenced the 7 principles of public life and set out skills and behaviours around self awareness, teamwork, organisational responsibility and system leadership. The Royal Pharmaceutical Society has also produced a framework based on the NHS Leadership Academy's leadership model.

The NHS Confederation in 2023 stated that "Clinical and care professional leadership describes the role that these professionals play in shaping health and care systems to ensure high-quality care for all. It highlights the importance of the clinical voice at all levels in decision making and the valuable contributions they make to improving our services."

The NHS People Plan, NHS People Promises propose measures to ensure clinicians at every level have career development pathways to develop the skills they need to deliver the required change. The supporting frameworks includes, but is not limited to, the NHSE Retention Framework, the Nursing and Midwifery Retention Toolkit which the Trust utilised for all staffing groups, not just those in Nursing and Midwifery roles and the 'Our Leadership Way' Framework which was co-created by the Leadership Academy with thousands of our NHS People.

Bridgewater's Clinical Leadership strategy builds on the commonality of the national strategies across our professional clinical workforce.



Regional Context

The Cheshire and Mersey Integrated Care System (ICS) Joint forward Plan (2023 - 28), recognises that we are dealing primarily with complexity. The plan asks us to examine how we can move from a traditional way of leading and instead to distribute leadership to the most appropriate point in the system, which in many cases is as local as possible. It is clinical leaders, working in partnership with others and with people in local communities, who make improvements happen. They will help realise the ICS mission to improve population health, tackle unequal access to services, experience and outcomes, and enhance productivity, effectiveness and value for money.

The plan outlines how clinical and care leaders across Cheshire and Merseyside are valued and will be involved in all aspects of ICS decision making supporting the objectives of the ICS. The vital role of clinical leaders is identified to directly influence decision making across all parts of the ICS, to create a culture of shared learning, collaboration and innovation, working alongside patients and local communities. Whilst there are complexities in the ICS's developing structures both regionally and in place, the importance of clinical leadership is apparent.

It is important that our clinicians make a significant contribution to working with partners to improve care across our communities. Our current clinical leads are directly influencing integrated care, virtual wards, enhanced care home support and are supporting work with the provider collaborative in our places.

Nationally, regionally and locally there is more emphasis on integration of teams and services across places and communities. It has become even more important that our clinicians are equipped with the leadership skills to add value by working with clinicians from other organisations to benefit the patients. The expertise of our clinicians in both community work and partnership working has already enabled us to be key members of intermediate care, virtual wards and urgent community response services.

Clinical leadership strategic priorities

The national and regional work framed the Trust's engagement sessions. The national reports talk to the value of clinical leadership and help us set standards for individuals. They exhort the Trust to ensure all groups of clinicians are included in clinical leadership strategies. The Trust endorses the national strategies and standards for clinical leaders but has to ensure that national and regional work is contextualised for the clinicians at the Trust.

Our mixed professional groups with a skew in services and numbers of staff towards nursing, means expectations of leadership development for different groups of professionals can be affected. The findings of the engagement sessions reflects these different expectation and has shown mixed responses across staff groups and where those staff work. This points to the need for consistency across the Trust. For example, to the question "Bridgewater creates the right culture to support clinical leadership" 44% agreed, 28% disagreed and 28% weren't sure with comments across the spectrum from "I feel supported by my manager to speak up and make suggestions" to "No help is provided if I am wanting to progress my career."

Happily, there is awareness of the Trust's current leadership offer: "*Bridgewater provides the First Line Manager's programme and the Mary Seacole programme, amongst others, which can help develop clinical leadership. These are advertised in the bulletin and accessible.*" But also evidence of the need to do more: "*Provide opportunity to shadow higher bands/different roles within the organisation.*"

The Clinical Leadership framework's areas of focus were:

- Workforce planning
- Career pathway
- Capability
- Culture
- Preceptorship and peer support
- Talent Management
- Leadership opportunities
- Organisational Culture

The findings of the most recent engagement sessions and the results of the survey have allowed us to further refine the framework into 4 areas of focus.

Capability, Culture	Maintain high professional standards, improving quality, reducing harm and improving care outcomes
Talent management, Leadership opportunities	Clinical career pathways, developing leadership capacity and capability
Career pathway	Use of technology to support our staff, increasing research opportunities and academic links

Organisational culture, workforce planning, preceptorship and peer support

Staff wellbeing and resilience

Each of these four areas has specific ambitions that align to the framework. A range of metrics will be used to ensure this strategy is delivered. Many of these metrics are already part of our processes, such as the staff survey and our people metrics, however there will be the introduction of more focused pulse checks that address clinical leadership to gain feedback from our staff at regular intervals on our progress.

Dental Clinical Leadership, an example of change at the Trust

Successful change strengthens the clinical voice

The newly created dental clinical leadership team consist of a clinical lead director, two sector clinical directors and three specialist clinical leads. At the recent dental clinical leadership development day, where the Trust brought all medical and dental leaders together, the dental clinical leadership team described their role as delivering “ *clear leadership to the clinical team, through engagement and improvement of staff to ensure consistency of approach and to address waiting list challenges in order to improve patient experience, staff morale and wellbeing; to share best practice; drive engagement and change; and to improve the quality of care.*”

Changes to the team structure were not without controversy and careful management and implementation from across operations, human resources, the medical team, unions and individuals has led to all parts of the Trust understanding the value of this significant change resulting in improved patient care at the Trust.

Listening to Staff voices sessions will continue at regular intervals as will the medical and dental leadership forum sessions. The bchft.mycontribution@nhs.net inbox will be another way to gain feedback about our progress with the strategy from our clinicians.

The surveys undertaken as part of the clinical leadership forums will be used as the base level from which we will be able to monitor our improvements. Staff gave great feedback with ideas for the future which we can implement as part of this strategy.

We are also considering a multi professional clinical leadership forum to continue both the development of the strategy and our services with appropriate leadership and engagement.



OUR EXPECTATIONS

The majority of these statements apply to all clinical staff. There are some statements that apply only to certain clinical staff groups by virtue of their specific needs, registration requirements and revalidation obligations.

Maintain high professional standards, improving quality, reducing harm and improving care outcomes.

To provide high quality patient care we will:

- Deliver the highest level of care to patients to maximise independence and give the best quality of life.
- Enhance our Just Culture model, continuing to enrich a culture of learning following incidents and patient feedback, while further developing our patient safety strategy
- Learn from positive and proactive interventions, focus on the good practice in additions to incidents.
- Follow a staffing and safe staffing model, incorporating new national safe staffing models and caseload management.
- Work co-productively with our stakeholders, patients and carers to inspire a shared purpose
- Support all our staff to use quality improvement methodology routinely in everyday practices to support improvement.
- Help our staff contribute to research, policy and guidance at both local and national level so they will feel empowered to lead, use, deliver and participate in research as part of their job.
- Work in and contribute to multi-disciplinary teams to achieve the best possible outcomes for all those who use and deliver services.
- Give our Professional Nurse Advocates protected time to undertake the role, promote it within our organisation and facilitate Restorative Supervision models within teams and with individuals.
- Support staff to engage with national forums and networking opportunities, including academic institutions and science networks, promoting wider learning from other organisations and promoting our work.
- Challenge practice that is not aligned with our values and behaviours.
- Encourage and share patient feedback.

How we will demonstrate achieving our ambition:

- All our staff will be able to respond positively when asked about receiving the respect they deserve from colleagues, being kind and understanding of each other.

- All our staff will have the opportunity to understand and be involved in quality improvement and feel empowered to make suggestions for improvement.
- Demonstrate safe staffing models in our services.
- We will see an increase in incidents reported.
- All our staff will work within the Patient Safety Incident Response Framework (PSIRF) and make changes to practices following learning from incidents.
- We will continue to improve how we hear the voice of the patient through increased collation of feedback and use this for improvement.
- We will see a reduction in the number of complaints relating to clinical care.
- We will see fewer staff going through formal HR processes and an increase in staff involved in error or near miss incidents feeling they have been treated fairly.
- We will see an increase in the number of staff involved in research.

Clinical career pathways, developing leadership capacity and capability.

To support our workforce planning, talent management and career pathways we will:

- Continue the work on our workforce initiatives around recruitment and retention to ensure positive workforce development.
- Develop our workforce with great leadership, induction and training opportunities, ensuring equality and diversity in recruitment and internal development opportunities.
- Proactively welcome new models of recruitment, including apprenticeships,
- Support our staff with their personal development, ensuring equal opportunities for all staff, including those with protected characteristics, ensuring senior roles are reflective of the wider workforce and local population.
- Ensure our staff have a clear pathway for development opportunities, both clinical and managerial
- Aim to be a centre of excellence for medical, dental, nursing and AHP education and offer the highest quality practice placements.
- Ensure all new nurses and AHPs have mentorship and preceptorship.
- Offer all our staff the training and development to competently deliver their role and progress.
- Develop the role of the nurse/therapy consultant and develop pathways from Advanced Nurse Practitioner/Advanced Clinical Practitioner to consultant
- Ensure all staff receive a high quality annual appraisal.

- Reflect the AHP Strategy for England in our workforce planning and develop the five areas of focus for our AHPs.

How we will demonstrate achieving our ambition:

- Improve retention in our nursing workforce and reduce turnover to below the Trusts turnover target.
- Demonstrate involvement in strong professional support networks
- Increase our number of nurses who complete the nurse apprenticeship and nurse associate training.
- Have a developmental career pathway in place for all nursing bands both clinical and managerial.
- Ensure student placements give community services exposure to all professional groups
- Have workforce plans which reflect AHP development.
- Demonstrate high quality annual appraisals which recognise professional development.
- Have increased roles for dental nurses to progress including helping those who may wish to train for therapy roles.
- All staff will feel that the organisation acts fairly in relation to career progression.

Staff wellbeing and resilience.

To support our staff wellbeing, we will:

- Have a culture of civility and kindness.
- Offer all staff high quality clinical, managerial and restorative supervision.
- Provide all our nursing staff with access to Professional Nurse Advocacy
- Make available wellbeing services for all, including wellbeing coaching and mental health support, support hubs for teams, onward referrals to services for financial support, staff support post incident.
- Ensure staff commit time to professional development to keep their skills and knowledge up to date.
- Offer flexible working opportunities to meet the needs of services while meeting a work life balance.
- Ensure a Just Culture approach, looking at the wider organisational issues, not just the individuals directly involved.
- Ensure staff have meaningful conversations around their development and revalidation.
- Promote the Freedom to Speak up Guardians, ensuring a confidence to speak up culture where all our staff feel heard and receive feedback on any actions.

How we will demonstrate achieving our ambition:

- Clinical leaders/managers will participate in leadership programmes that support our trust culture and values.
- Staff absence due to sickness will reduce to meet the Trusts target.
- We will develop a tool which captures clinical supervision, professional supervision, and managerial supervision by September 2024 for relevant staff groups.
- Monitor flexible working and encourage managers to recognise the value of supporting staff.
- Professional Nurse Advocacy will be available to 100% of our nurses in the form of restorative supervision,
- All staff will continue to be actively encouraged to speak up about anything that concerns them in the organisation, and we will continue to create the conditions whereby staff will feel confident that the organisation would address any concerns raised.

Use of technology to support our staff, increasing research opportunities and academic links.

To support our capability in using technology for maximum impact we will:

- Ensure that clinical staff are engaged in the trust development and implementation of technological solutions/digital transformation.
- Offer digitally enabled care to enhance communication.
- Use technology to support a clinician's role in joining up care,
- Reduce the need for duplication in our record keeping.
- Release time to offer compassionate care.
- Empower people to actively participate in and contribute to their care through technology.

How we will demonstrate achieving our ambition:

- All our staff will have time to regularly access electronic communications and updates.
- Where required to undertake their role, staff will have access to relevant electronic systems, including training and support.
- All clinical digital programmes will have clinical representation throughout the entire planning and delivery process of the programme.
- We will recruit to Digital Champion roles and provide access to relevant training for the staff in these new roles.

- There will be clinical representation on the Digit and other technology groups.

Maintain high professional standards, improving quality, reducing harm and improving patient outcomes

Action

All our staff will be able to respond positively about receiving the respect they deserve from colleagues, being kind and understanding to each other

All our staff have the opportunity to understand and be involved in quality improvement and feel empowered to make suggestions for improvement

Increase in incident reporting

All staff work within PSIRF and make changes to practice following learning from incidents

Continue to improve hearing the voice of the patient through increased collation of feedback and use this for improvement

We will see a reduction in the number of complaints related to clinical care

We will see fewer staff going through formal HR processes and an increase in staff feeling they have been treated fairly

We will see an increase in the number of staff involved in research

Demonstrate safe staffing models

Clinical career pathways, developing leadership capacity and capability

Action

Improve retention in our workforce and reduce turnover to below the Trust current target

Increase the number of staff who complete apprenticeships and nurse associate training

Have a clinical career pathway in place for all nursing bands clinical and managerial

Have workforce plans which reflect AHP development

Have increased roles for dental nurses to progress including those who may wish to train as therapists

All staff will feel the organisation acts fairly in relation to career progression

Staff wellbeing and resilience

Action

Clinical leaders will participate in programmes that support our just culture and values

Staff absence due to sickness will reduce to meet the trust target

We will develop a tool to capture clinical, professional and management supervision

Professional nurse advocacy or legacy mentors will be available for all nurses

All staff will be actively encouraged to speak up and be confident that the Trust will address concerns

All staff will have annual appraisals

Use of technology to support our staff, increasing research opportunities and academic links

Action

All staff will have time to regularly monitor electronic communications and updates

Staff have access to relevant systems including training and support

All clinical digital programmes will have clinical representation throughout planning and delivery

We will recruit digital champions and provide training for these roles
there will be clinical representation on Digit and other technology groups

mes.

Monitor

Pulse checks

Number of quality projects

Pulse checks

IQPR

Learning repository

Patient Experience reports

Complaints reports

HR reports

Pulse check

Research data

Staff metrics

When

Quarterly beginning end of April 2024

Quarterly via improvement plan Apr-24

Quarterly beginning end of April 2024

Monthly

Quarterly from end of April 2024

Quarterly

Quarterly

Monthly

Quarterly from end of April 2024

Quarterly

Monthly from September 2024

Monitor

HR reports

HR reports

Workforce plans

Workforce plans

Workforce plans

When

Monthly

Quarterly

Jun-24

Jun-24

Jun-24

Pulse checks

Quarterly from April 2024

Monitor

EPD reports

HR reports

HR reports

HR reports

FTSU reports

Staff Survey

Pulse checks

HR reports

When

Quarterly from April 2024

Monthly

Quarterly from October 2024

Sep-24

Monthly

Annually

Quarterly from April 2024

Monthly

Monitor

Pulse checks

Pulse checks

When

Quarterly from April 2024

Quarterly from April 2024

Digit records

Monthly

Digit records

Monthly

Digit records

Monthly

BOARD OF DIRECTORS

Team / Function	BOARD OF DIRECTORS		Date	4 April 2024		
Agenda item	23/24v					
Report Title	Emergency Preparedness, Resilience and Response (EPRR) Update					
Executive Lead	Sarah Brennan, Chief Operating Officer					
Report Author	John Morris, Deputy Director Estates / EPRR					
Executive Summary						
<p>The NHS Core Standards for Emergency Preparedness, Resilience and Response (EPRR) are the minimum standards which commissioners and providers of NHS funded services must meet.</p> <p>The Board received a paper in December 2023 reporting that, following NHSE review, the Trust along with all other ICB organisations including the ICB, had been considered overall non-compliant against the 58 standards contained with the EPRR framework.</p> <p>This report describes the actions that have been taken to support achievement of compliance against the standards and identifies any risks to achieving the standards when the assessment process is undertaken in September 2024.</p>						
Previously considered by:						
<input type="checkbox"/> Audit Committee <input type="checkbox"/> Quality & Safety Committee						
<input type="checkbox"/> Finance & Performance Committee <input type="checkbox"/> Remuneration & Nominations Committee						
<input type="checkbox"/> People Committee <input type="checkbox"/> EMT						
Strategic Objectives						
<input checked="" type="checkbox"/> Equality, 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.						
<input checked="" type="checkbox"/> 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.						
<input checked="" type="checkbox"/> 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.						
<input checked="" type="checkbox"/> 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.						
<input type="checkbox"/> Resources - We will ensure that we use our resources in a sustainable and effective way.						
<input checked="" type="checkbox"/> Staff - We will ensure the Trust is a great place to work by creating an environment for our staff to develop, grow and thrive.						
How does the paper address the strategic risks identified in the BAF?						
<input type="checkbox"/> BAF 1	<input checked="" type="checkbox"/> BAF 2	<input checked="" type="checkbox"/> BAF 3	<input checked="" type="checkbox"/> BAF 4	<input type="checkbox"/> BAF 5	<input checked="" type="checkbox"/> BAF 6	<input checked="" type="checkbox"/> BAF 7
Governance Failure to implement and maintain sound	Quality Failure to deliver quality services	Health Equity Failure to collaborate with partners and	Staff Failure to create an environment	Resources Failure to use our resources in a sustainable	Equality, Diversity & Inclusion	Partnerships Failure to work in close collaboration

systems of Corporate Governance and failure to deliver on the Trust's Strategy	and continually improve	communities to improve health equity and build a culture that champions ED&I for patients	for staff to grow and thrive	and effective way	Failure to build a culture that champions equality, diversity and inclusion for patients and staff	with partners and staff in place and across the system
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CQC Domains:	<input checked="" type="checkbox"/> Caring	<input checked="" type="checkbox"/> Effective	<input checked="" type="checkbox"/> Responsive	<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Well Led
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BOARD OF DIRECTORS

Title of Meeting	BOARD OF DIRECTORS	Date	4 April 2024
Agenda Item	23/24v		
Report Title	EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE (EPRR) UPDATE		
Report Author	John Morris, Deputy Director Estates / EPRR		
Purpose	To update the Board in respect of the 23/24 EPRR work programme and progress against the national compliance framework.		

1. SCOPE

- 1.1 The NHS Core Standards for Emergency Preparedness, Resilience and Response (EPRR) are the minimum standards which commissioners and providers of NHS funded services must meet.
- 1.2 The Board received a paper in December 2023 reporting that, following NHSE review, the Trust along with all other ICB organisations including the ICB, had been considered overall non-compliant against the 58 standards contained with the EPRR framework.

2. PURPOSE

- 2.1 The purpose of the paper is to update the Board as to the work undertaken since the February update and to report progress against the previously presented 23/24 EPRR work programme.

3. PROGRESSION TO DATE

- 3.1 The EPRR Group continues to meet fortnightly with representation from all directorates and corporate representatives. Agenda and associated papers are distributed for each meeting with standing items including ICB/PLACE/organisational updates and task and finish project updates.
- 3.2 Against the 58 standards the Trust has made significant progress against 30 of the 58 standards acknowledging that the ICB is co-ordinating work streams, to which the Trust is contributing, in respect of a further 20 standards associated with Hazmat plans, 24/7 communications, training competencies, countermeasures, and mass casualty. Work-streams, across the remaining 8 standards i.e., mutual aid arrangements, adverse weather plans, information sharing, staff awareness and stakeholder communication are earmarked for the next quarter. e.g. The UKHSA Adverse Weather and Health Plan 24/25 national launch is scheduled on the 09/05/24, a PLACE meeting re mutual aid arrangements/information sharing has been arranged in April and a new staff awareness page will be developed as part of a wider training and awareness offer to staff.

- 3.3 Progress against the previously presented action plan is referenced in Appendix 1. Workstream dates have been updated to take into account task and finish feedback and the actions being co-ordinated by the various ICB led forums. e.g. The ICB has contacted NWS to arrange training courses in respect of Hazmat awareness for which dates have yet to be confirmed.
- 3.4 Attendance has been maintained at ICB managed meetings i.e. LHRP Strategic, LHRP tactical, EPRR group, EPRR core standards task and finish group and EPRR Community and Mental Health group and papers are shared with the Trust's internal EPRR group.
- 3.5 The ICB EPRR lead, and deputy visited the Trust in early March to review EPRR matters and both parties engaged in a positive discussion about the wider EPRR agenda and future compliance assessment. The ICB acknowledged progress to date and referenced their own challenges across the wider piece, noting dialogue is continuing as to whether the 2024 compliance assessment would be NHSE led or delegated to the ICB. The Trust feedback included reference to our sector challenges in meeting the current standards in respect of CBRNe (the ICB agreed to contact, on behalf of all organisations, NWS, in order to facilitate training sessions) and training opportunities for on-call staff as per the national standards. The Trust acknowledged that the ICB were now circulating papers from associated forums i.e. Cheshire Local Resilience Forum, UKHSA Health Protection meeting, mortuary and death management capacity, NW Regional evacuation framework, NW Regional decontamination, and the NW Measles stakeholder meeting, which provided additional context and awareness to EPRR matters across the wider ICB. A further meeting has been arranged in May 2024.
- 3.6 At a Warrington Place level, a meeting with the EPRR leads at Warrington and Halton Hospitals and MerseyCare has been arranged in early April, as an intended forum to develop cross organisational plans, exercises etc together with a PLACE based memorandum of understanding.
- 3.7 The Trust's EPRR group has received further updates in respect of the following workstreams:
- A revised Business Continuity Management System and associated supporting Business Continuity Plans has been presented. This will be communicated within the Trust, following final sign off expected at the next meeting of the EPRR group.
 - An options paper reviewing on-call membership is on the next agenda for consideration.
 - A revised internal communications plan has been drafted, noting that the matter of a 24/7 communications rota has been, via the EPRR community and mental health group, escalated back to the ICB, with a proposal of a pan organisation solution.
 - A series of desktop exercises have been diarised to test Trust processes in the event of a building evacuation incident. Debriefing notes and any lessons learnt will be presented to the EPRR group.
 - Participation in Exercise Hermes, a ICB led out of hours communication cascade exercise.
 - Separate dialogue with Padgate and CHP in respect of lockdown and evacuation procedures. Discussion to be held with council colleagues to ascertain specific plans to deal with an evacuation including as to whether a separate exercise needs to take place.

- Separate policies and processes in respect of the measles preparedness work-stream have been submitted to CCPG. These will be incorporated into the planned update into the Trust's pandemic/outbreak planning arrangements
- A draft Major Incident Control Centre Preparedness SOP has been prepared and this will be tested, post the completion of the capital works at Europa, both in hours and out of hours.
- Additional awareness competency training has been identified i.e., Action against Counter Terrorism (ACT) and this will be circulated to on-call members, with a proposal to make it available to all staff in due course. (This may become mandated, subject to the legislation, in respect of Martyn's law).
- The ICB are hosting a cyber awareness event and I.T. colleagues are scheduled to attend.
- Improved on call escalation reporting processes have been implemented including weekly handover meetings.
- A core standard template, supporting evidence and checklist has been developed.

4. RISKS

- 4.1 Whilst additional resource has been allocated to support the EPRR group and associated task and finish groups, it is acknowledged that the lack of dedicated capacity to the overall EPRR function remains a risk to the organisation. Risk 3173 (12) is recorded on the risk register to reflect the current organisational non-compliance status and risk 3236 (12) reflects the identified potential capacity shortfall risk. Risk 3161 (12) reflects the risk in respect of the current training and competency deficit against the required training standards for all participating on-call staff.
- 4.2 Risks will continue to be reviewed against the overall action plan deliverables and reported via the regular updates into EMT and risk council.

5. NEXT STEPS

- 5.1 The Trust's EPRR Group will continue to meet on a fortnightly basis. Supporting task and finish groups continue to manage delivery of the work-programme.
- 5.2 Utilising the core standard template and outputs from the various task and finish groups, an internal data repository will be maintained.
- 5.3 The Trust will ensure attendance at Strategic and Tactical LHRP meetings, as well as attending the newly formed working groups, and will seek clarification of the ICB review action plan process.
- 5.4 The ICB strategic group have agreed to provide assistance across all organisations and example documents will be shared in respect of:

- New and emerging pandemics
- Countermeasures
- Self-awareness and training
- Incident Communications Plan
- Mutual aid arrangements
- Hazmat

6. RECOMMENDATION

6.1 The Board is asked to note the content of this report update.

EPRR : STRATEGIC AND OPERATIONAL 2023/24 WORKPLAN

Completed
In progress
Behind schedule
Not yet commenced

DOMAIN REFERENCE	STANDARD REFERENCE	STRATEGIC OBJECTIVE	SRO	OPERATIONAL WORK-STREAM	ACTION COMPLETE
ALL		ACTION PLAN/TASK LIST	55	DOCUMENT ACTION PLAN/TASKS WITHIN MICROSOFT PLANNER Assign tasks utilising Planner to leads, assign template to enable oversight reporting to EPRR group Work with Community EPRR group to standardise templates/best practice for organisational adoption. Work with local PLACE organisations to standardise templates/best practice for organisational adoption.	31/01/2024
					31/01/2024
					30/04/2024
					Revised date
GOVERNANCE	1	EPRR GROUP	JM	Establish meeting schedule and required attendees Agree TOR and governance arrangements (EMT) Agree standing agenda items Agree EPRR work programme Review Board business cycle for report inclusion Establish Task and Finish group to manage standard work programme	31/12/2023
					31/12/2023
					31/12/2023
					31/12/2023
					31/01/2024
					31/12/2023
GOVERNANCE	1-6	LEADERSHIP	SB	Amend job descriptions AEO/EPRR lead Review Strategic/Tactical job descriptions Cost Centre creation Review EPRR policy through CCPG Establish Task and Finish group to manage standard work programme	30/04/2024
					30/04/2024
					03/01/2024
					31/01/2024
					08/12/2023
					Revised date
					Revised date
DUTY TO ASSESS RISK	7-8	RISK MANAGEMENT	JM	Align Risk Council agenda to incorporate community and national risk registers Establish Task and Finish group to manage standard work programme	31/01/2024
					31/01/2024
DUTY TO MAINTAIN PLANS	9-19	PLANNING ARRANGEMENTS	JM	Review and update plans and arrangements as defined in the EPRR framework Review and update planning documentation in line with current guidance Prepare library of documents as per core standards 11-19 Establish Task and Finish group to manage standard work programme	30/06/2024
					30/06/2024
					31/06/2024
					31/01/2024
COMMAND AND CONTROL	20-21	COMMAND AND CONTROL	JM	Prepare individual training programme as per TNA analysis Update EPRR/oncall escalation processes Establish Task and Finish group to manage standard work programme	Continuous
					30/04/2024
					31/01/2024
					Revised date
TRAINING AND EXERCISING	22-25	TRAINING AND EXERCISING	JM	Develop Qlik/OLM process to hold education records as per TNA analysis Develop EPRR testing and exercising schedule for all on call members Establish Task and Finish group to manage standard work programme	30/04/2024
					Continuous
					31/01/2024
					Revised date
RESPONSE	26-30	RESPONSE	JM/SS	Review current ICC arrangements to align with current guidance Review decision logging process and situation reporting processes Update EPRR/oncall operational processes Establish Task and Finish group to manage standard work programme	30/04/2024
					31/01/2024
					31/01/2024
					31/01/2024
					Revised date
WARNING AND INFORMING	33-36	COMMUNICATIONS	JM/MB	Develop separate communications (EPRR) strategy Develop and align separate communication on call policy and process to support EPRR Align internal communications policy to PLACE/ICB partners Establish Task and Finish group to manage standard work programme	30/04/2024
					31/05/2024
					31/05/2024
					31/01/2024
					Revised date
					Revised date
					Revised date
COOPERATION	37-43	ENGAGEMENT	SB	Ensure attendance (AEO) and input into LHRP agenda and work programme Work with PLACE partners to agree information sharing arrangements Establish community organisation sub group Establish Task and Finish group to manage standard work programme	Continuous
					Continuous
					31/01/2024
					31/01/2024
BUSINESS CONTINUITY	44-53	POLICY	SB	Refresh BCP plan, aligned to ISO 22301 Establish scope and objectives to underpin Business Continuity Management System (BCMS) Establish BCMS continuous improvement cycle and relevant audit cycle Update and review all BCP's across operational and corporate departments Sit rep reporting inclusive of BCP position Establish process with procurement/departments to ensure 3rd party BCP Establish Task and Finish group to manage standard work programme	30/04/2024
					30/04/2024
					30/09/2024
					30/04/2024
					31/01/2024
					30/06/2024
					31/01/2024
					Revised date
					Revised date
HAZMAT/CBRN	55-66	ASSURANCE	JM/MM	Develop policy and operational processes in accordance with current guidance Develop building policy to support operational arrangements Work with PLACE partners to agree operational arrangements Develop Qlik/OLM process to hold education records as per TNA analysis Establish Task and Finish group to manage standard work programme	31/07/2024
					31/07/2024
					31/07/2024
					30/04/2024
					31/01/2024
					31/01/2024
					Revised date
					Revised date
					Revised date

BOARD OF DIRECTORS

Title of Meeting	BOARD OF DIRECTORS	Date	04 April 2024
Agenda Item	24/24(i)		
Report Title	FINANCE REPORT – MONTH ELEVEN (FEBRAURY 2024) including update on NATIONAL COST COLLECTION (NCC)		
Executive Lead	Nick Gallagher – Executive Director of Finance		
Report Author	Rachel Hurst – Deputy Director of Finance		
Presented by	Nick Gallagher – Executive Director of Finance		
Action Required	<input checked="" type="checkbox"/> To Approve	<input checked="" type="checkbox"/> To Assure	<input type="checkbox"/> To Note

Executive Summary

To brief the Board on financial performance for month eleven:

- The Trust is reporting a small surplus of £0.02m, slightly ahead of plan.
- The Trust has a savings requirement of £5.15m (5.2%) in line with ICB instruction.
- The Trust is reporting a year-to-date achievement of £4.82m against a plan of £4.72m.
- Income is £91.22m for the year-to-date against a plan of £89.84m.
- Expenditure is £91.19m against a plan of £89.83m.
- Pay is £59.22m against a plan of £58.68m.
- Agency spend is £4.62m against a plan of £3.99m.
- Non pay expenditure is £27.80m against a plan of £26.87m.
- Capital charges are £0.76m below plan.
- Capital expenditure is £0.96m at month eleven, planned spend is £2.38m.
- Cash is £19.00m

Approve the process described for the National Costing Collection providing assurance to the Board on the plan to complete the mandated costing submissions for 2022/23.

Previously considered by:

- | | |
|--|--|
| <input type="checkbox"/> Audit Committee | <input type="checkbox"/> Quality & Safety Committee |
| <input checked="" type="checkbox"/> Finance & Performance Committee | <input type="checkbox"/> Remuneration & Nominations Committee |
| <input type="checkbox"/> People Committee | <input type="checkbox"/> EMT |

Strategic Objectives

- 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.
- Equality, Diversity and Inclusion** - We will ensure that equality, 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.

How does the paper address the strategic risks identified in the BAF?

<input type="checkbox"/> BAF 1	<input type="checkbox"/> BAF 2	<input type="checkbox"/> BAF 3	<input type="checkbox"/> BAF 4	<input checked="" type="checkbox"/> BAF 5	<input type="checkbox"/> BAF 6	<input type="checkbox"/> BAF 7
Governance Failure to implement and maintain sound systems of Corporate Governance and failure to deliver on the Trust's Strategy	Quality Failure to deliver quality services and continually improve	Health Equity Failure to collaborate with partners and communities to improve health equity and build a culture that champions ED&I for patients	Staff Failure to create an environment for staff to grow and thrive	Resources Failure to use our resources in a sustainable and effective way	Equality, Diversity & Inclusion Failure to build a culture that champions equality, diversity and inclusion for patients and staff	Partnerships Failure to work in close collaboration with partners and staff in place and across the system

CQC Domains:	<input type="checkbox"/> Caring	<input checked="" type="checkbox"/> Effective	<input type="checkbox"/> Responsive	<input type="checkbox"/> Safe	<input type="checkbox"/> Well Led
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BOARD OF DIRECTORS

Title of Meeting	BOARD OF DIRECTORS	Date	04 April 2024
Agenda Item	24/24(i)		
Report Title	FINANCE REPORT MONTH ELEVEN (FEBRUARY 2024)		
Report Author	Rachel Hurst – Deputy Director of Finance		
Purpose	To brief the Board on the financial position as at Month Eleven Approve the process described for the National Costing Collection providing assurance to the Board on the plan to complete the mandated costing submissions for 2022/23.		

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

1.2 The Board is requested to approve the process in place as sufficient to provide assurance on the plan to complete the mandated costing submissions for 2022/23.

2. FINANCIAL POSITION AS AT MONTH ELEVEN

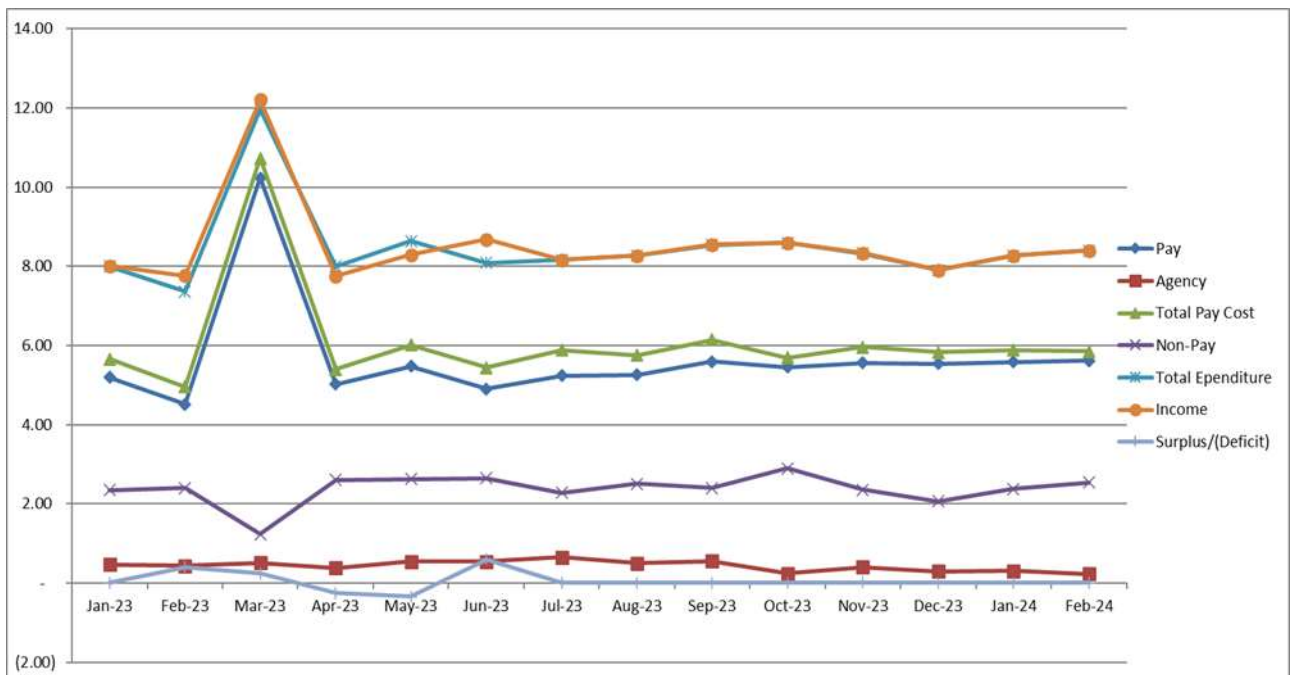
2.1 The key headlines for month Eleven are shown in the table below.

Table 1 – Summary of Financial Performance

Summary Performance Month 11 2023-24	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	(8.11)	(8.40)	0.29	(89.84)	(91.22)	1.38	(97.94)	(99.57)
Expenditure - Pay	5.46	5.62	(0.16)	58.68	59.22	(0.54)	64.15	64.45
Expenditure - Agency	0.24	0.22	0.01	3.99	4.62	(0.64)	4.22	4.80
Expenditure - Non Pay	2.39	2.58	(0.19)	26.87	27.80	(0.93)	29.26	30.29
EBITDA	(0.03)	0.03	(0.05)	(0.30)	0.43	(0.72)	(0.31)	(0.03)
Financing	0.03	(0.05)	0.07	0.29	(0.47)	0.76	0.31	(0.52)
Normalised (Surplus)/Deficit	0.00	(0.02)	0.02	(0.01)	(0.05)	0.03	0.00	(0.55)
Exceptional Costs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Net (Surplus)/Deficit after Exceptional Items	0.00	(0.02)	0.02	(0.01)	(0.05)	0.03	0.00	(0.55)
Other Adjustments	0.00	0.01	(0.01)	0.00	0.01	(0.01)	0.00	0.55
Adjusted Net (Surplus)/Deficit	0.00	(0.01)	0.01	(0.01)	(0.03)	0.02	0.00	(0.00)
CIP	0.43	0.53	0.10	4.72	4.82	0.10	5.15	5.45
Capital	0.34	0.04	0.30	2.38	0.96	1.43	2.38	2.38
Cash	24.50	19.00	(5.50)	24.50	19.00	(5.50)	24.66	17.92
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 2022/23 to 2023/24



2.2 The Trust remains on track to achieve the forecast breakeven position at year end.

2.3 The Trust is reporting a small surplus of £0.02m, slightly ahead of the plan of break even.

Income

- Income was above plan by £0.29m in month, primarily due to increased income from HEE relating to education and training and additional NHSE income relating to Scholl Aged Immunisations.

Pay

- Pay costs are above plan by £0.16m in month eleven due to the medical and dental pay award not reflected in the revised plan.

Agency

During month eleven, the Trust has incurred costs of £0.22m against the plan of £0.24m.

The month-on-month expenditure has decreased by £0.09m.

The full year plan remains at £4.22m, with a forecast outturn of £4.79m. Of this, £0.06m is being capitalised as part of the Dentally implementation thus reducing the forecast in the table below to £4.73m. All directorates will continue to focus on reducing agency spend in the final month.

The forecast has increased due to the delay in implementing the new outsourcing SLA for Dermatology and the continued requirement for locum Paediatricians.

The four services with the highest agency spend cumulatively are:

- Dermatology – locum consultants. This is activity driven and locum usage was front loaded to reduce waiters – the service now has no over 40 week waiters.
- Halton District Nursing – the Trust no longer approves high cost off framework agency use. In exceptional circumstances an Executive can approve one off usage.
- Warrington and Halton Community Paediatrics – locum consultants. This is activity driven to prevent waiting lists from increasing and is partially funded by the ICB as part of the Neuro Developmental pathway in Warrington. The Trust is in discussions with the ICB to secure additional funding for Halton.
- Intermediate Care Bed Based (Padgate House) – the Trust no longer approves high cost off framework agency use. In exceptional circumstances an Executive can approve one off usage.

Agency costs incurred in month eleven equated to 32.47 whole time equivalent staff.

The table below shows agency spend by Directorate/Borough on a YTD basis, forecast outturn and a revised forecast outturn based on the planned agency cap.

Area	Sum of YTD Actual £k	Sum of Forecast £k	Revised Agency Cap Forecast £k
Childrens	528.75	570.75	570.75
Corporate	215.72	226.72	226.72
Dental	101.66	101.66	101.66
Halton	1,108.63	1,152.73	1,152.73
Warrington	2,681.47	2,746.97	2,746.97
Grand Total	4,636.23	4,798.83	4,798.83

Non Pay

During month eleven the Trust has spent £2.58m on non pay, £0.19m below plan.

The underlying (adjusted for the cumulative reprofiling impact) overspend on non pay is consistent with previous months and largely due to:

- Increasing spend on drugs, particularly biologics.
- Continence products and equipment linked to increasing discharges.
- A rise in the acuity of those patients being discharged.

These overspends are largely offset by income.

Financing Costs

- Additional interest received and an improved statement of financial position have contributed to reduced financing costs and a £0.76m variance favourable to plan.

2.4 Adjusting for one off working capital adjustments and the pay award impact, all month eleven rates are consistent with expectations and previous year comparators (see table 2 above).

Forecast Out Turn 2023/24

2.5 The Trust is on track to achieve the planned break even position. Any additional service pressures are expected to be met within the current funding envelope.

2.6 The Trust is anticipating it will spend its capital allocation.

3. COST IMPROVEMENT PLAN (CIP)

3.1 The Trust plan to month eleven is £4.72m, against which achievement of £4.82m is reported.

3.2 The current forecast outturn is that the Trust will achieve the £5.45m total CIP plan, and following a critical review of all schemes identified, a minimum of £1.81m is currently identified as recurrent.

3.3 Further detail is provided in the table below:

Category	M9 £k	Recurrent £k	Non Recurrent £k
Income	1,654	833	821
Pay	2,651	485	2,166
Non Pay	515	415	100
Total	4,820	1,733	3,087

4. CAPITAL, CASH AND BETTER PAYMENT PRACTICE CODE (BPPC)

4.1 Total capital expenditure as at 29th February was £0.96m against a plan of £2.38m.

4.2 The capital programme includes a contingency of £0.20m which has now been allocated to new schemes, which have been identified as business critical during month ten and approved and included in the capital plan for 2023/24.

The prioritisation order for schemes is as follows:

- Schemes brought forward from 2022/23.
- Locally mandated schemes, i.e., those schemes which must be funded from capital.
- Business critical schemes, i.e., schemes which are critical to service delivery.
- Risk score order.

4.3 The Trust is anticipating it will spend its capital allocation.

4.4 In February 2024 there was a net cash inflow of £1.80m with a closing cash balance of £19.00m.

4.5 The cash inflow has arisen due to a reduction in debt outstanding in month (all other cash outflows, including payments to NHS suppliers and Payroll costs have remained reasonably consistent with the previous month). The increase in income received ties in with the reduction in total aged debt outlined in section 4.7 below.

4.6 Total debt as at 29th February is £9.02m after allowing for the bad debt provision, of which £4.67m relates to invoiced debt. Overall debt has decreased by £1.00m from January and this is largely due to the reduction in invoiced debt of £1.29m offset by an increase in accrued income.

4.7 Invoiced debt has decreased by £1.29m and of that, overdue debt has decreased by £0.58m as a result of payments received from Halton Borough Council.

4.8 Total trade and other payables as at 29th February are £9.56m, of which £4.83m relates to creditors.

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

Month	Target to be paid %	No of Invoices %	Value of Invoices %
Apr-23	95.0	99.7	99.9
May-23	95.0	99.3	99.4
Jun-23	95.0	98.9	99.8
Jul-23	95.0	97.7	93.7
Aug-23	95.0	92.9	94.8
Sep-23	95.0	95.9	97.5
Oct-23	95.0	96.6	95.8
Nov-23	95.0	91.1	92.8
Dec-23	95.0	97.5	96.7
Jan-24	95.0	93.5	98.2
Feb-24	95.0	94.1	95.9
Year to date performance	95.0	96.1	96.9

4.10 NHSE 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.

5. 2024-25 PLANNING

- 5.1 The Trust submitted its draft 2024-25 plan on 21ST March 2024. The plan submitted is a £2.5m deficit, as agreed by the Trust Board following discussions at the Board Seminar on 11th March.
- 5.2 The Cheshire and Merseyside ICS has submitted an overall system deficit plan, which will require significant improvement. All organisations have been asked to review their draft plans to contribute to this improvement.
- 5.3 As part of the proposed monitoring for 2024-25, the ICS is considering the introduction of organisational and Place control totals. The basis of these control totals is yet to be agreed and the ICS have indicated that a working group with provider membership will draw up proposals.
- 5.4 The Board will be kept updated on progress.

6. NATIONAL COST COLLECTION (NCC)

- 6.1 The Board is asked to retrospectively approve the costing submission in January 2024.
- 6.2 An initial report on the plan for this year's costing submission was approved in September 2024 by Finance and Performance Committee and subsequently by Board in October 2024. This section of the finance report updates the Board on key actions.

- 6.3 The Approved Costing Guidance published by NHS England requires an increased level of board assurance. The Guidance includes the costing principles, healthcare costing standards for England and a range of tools to support the costing process.
- 6.4 This is the second of two updates taken to Board on the process for producing the National Cost Collection (NCC) required under the NHS Provider Licence.
- 6.5 This updates the Board on the progress, issues which were addressed before the final submission and any areas where the Trust is still working to implement the costing standards required under patient level costing.
- 6.6 As a result of issues experienced nationally, there have been some delays to the National Cost Collection.
- 6.7 The collection window was extended until mid December and the Trust submitted its final files on the 11th and 12th December following a trial submission of data.
- 6.8 The Trust received notification that there had been processing issues with the files on 5th January 2024. Following this the Trust linked in with the National Costing team and resubmitted its data which subsequently passed validation checks on 9th January 2024.
- 6.9 The costing submission has been completed in line with the Approved Costing Guidance:
- i. All mandatory and significant non-mandatory validations have been reviewed and verified.
 - ii. The information included in the submission – both cost and activity – has been reviewed and verified with services.
 - iii. The quantum of costs has been reconciled to the audited accounts where required and other exclusions have been verified with NHS England and/or the relevant services at the Trust.
- 6.10 The Trust received an agreed exclusion for wheelchair services as a result of gaps in the activity data.
- 6.11 There will be a future update to both Finance and Performance committee and Board on progress against these requirements.

7. RECOMMENDATIONS

7.1 The Board is asked to:

- Note the contents of this report.
- Note the financial position.
- Note the previously approved draft financial plan submission for 2024/25.
- Approve the process described for the National Costing Collection providing assurance to the Board on the plan to complete the mandated costing submissions for 2022/23.

Committee Chair's Report

Name of Committee/Group:	Finance and Performance Committee		Report to:	Board of Directors
Date of Meeting:	21 March 2024		Date of next meeting:	Extra meeting: 24 April 2024 Full meeting: 23 May 2024
Chair:	Tina Wilkins		Quorate (Yes/No):	Yes
Members present/attendees:	Committee Members Present: Tina Wilkins, Non-Executive Director and Committee Chair Gail Briers, Non-Executive Director Bob Chadwick, Non-Executive Director Linda Chivers, Non-Executive Director Martyn Taylor, Non-Executive Director Nick Gallagher, Director of Finance Lynne Carter, Chief Nurse Sarah Brennan, Chief Operating Officer	In Attendance; Rachel Hurst, Deputy Director of Finance Gareth Pugh, Assistant Director of Finance Anita Buckley, Head of Information Dave Smith, Assistant Director of IT Eugene Lavan, Deputy Chief Operating Officer Mark Charman, Assistant Director of Transformation Sam Scholes, Head of Corporate Governance Observers: Karen Bliss, Trust Chair Rita Chapman, Public Governor, Rest of England	Key Members not present:	Apologies received from: Jan McCartney, Trust Secretary (Head of Corporate Governance, Sam Scholes attending on behalf the Trust Secretary) and John Morris, Deputy Director of Estates (Director of Finance would be presenting Estates related items).

Key Agenda Items:	BAF	RAG	Key Points/Assurance Given:	Action/decision:
CIP/Boosting Efficiencies Chair's Report	5		The Committee received the chair's report.	The Committee noted that taking both recurrent and non recurrent schemes into account the Trust will achieve its CIP requirement. However, there is a shortfall in recurrent schemes which potentially will be needed to be taken forward into 2024/25.

	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

				<p>The Committee also noted the rename to Boosting Efficiencies to reflect the transformational approach to the delivery of efficiencies from 2024/25 onwards which would be over a longer term approach.</p> <p>The Committee will review how this is reported in in the Terms of Reference.</p>
Finance Report	5		<p>Month 11 finance report received and provided assurance.</p> <p>The Committee noted that:</p> <ul style="list-style-type: none"> • Month 11 23/24 is slightly ahead of plan • CIP is slightly ahead of plan • BPPC has improved • Healthy cash position • Capital programme 	<p>The Committee noted the financial position is slightly ahead of plan.</p> <p>The Committee noted that CIP is slightly ahead of plan.</p> <p>The Committee noted agency spend and noted that agency usage including off framework was reducing. The Committee noted the shift from agency to bank to recruitment.</p> <p>The Committee noted the capital position and the assurance provided in terms of outstanding schemes.</p> <p>The Committee noted the update on statement of cash flow and will be picked up outwith of the Committee.</p> <p>The Committee recommended the financial report for approval to the Board.</p>
Financial Planning	5		<p>The Committee received a verbal update.</p>	<p>The Committee noted that planning guidance had not yet been issued however the Trust is not anticipating any significant changes.</p>

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Committee Chair's Report

				The presentation provided at the Board seminar would be distributed via e governance.
Accounting Policy and Procedures	5		The Committee received the report.	The Committee noted no material changes.
Changes to 2023/24 DHSC Group Accounting Manual and FT Arm	5		The Committee received the report.	The Committee noted no material changes.
Charitable Funds Report	5		The Committee received the report.	The Committee noted that options for provision of charitable funds were being considered.
National Cost Collection (reference costs)	5		The Committee received the report.	The Committee noted the report and the improvement plan in place to address any data gaps. The Committee recommended the report for approval to the Board.
Performance	5		Report from Quarterly Performance Reviews held in place of Performance Council was received.	The Committee received the report providing a comprehensive update on the Directorate Quarterly Performance Reviews. Dental <ul style="list-style-type: none"> • Pressures around unfunded general anaesthetic sessions in Oldham. • Increased levels of sickness requiring more focused approach in relation to return to work interviews • Slight decrease in total number of waiters • No quality issues raised. Children's

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Committee Chair's Report

				<ul style="list-style-type: none"> • High agency usage due to locums in community paediatrics • Additional funding sorted from ICB • Over 52-week waits have fallen and number of waiters for speech and language therapy decreased considerably • Challenges in relation to referral number in Community Paediatrics in Halton and Warrington • Some delays in quality audits <p>Warrington Adults</p> <ul style="list-style-type: none"> • Directorate overspend due to dermatology and Padgate House largely • Plans in place to reduce Padgate agency staffing, dermatology SLA now in place • Working hard to manage district nursing vacancies and turnover • Focus on completion of all dermatology action plans • over 52 week waits <p>Halton Adults</p> <ul style="list-style-type: none"> • Overspend due to agency overspend in district nursing • Higher sickness absence levels being monitored with HR Business Partner • Widnes Urgent Treatment Centre – 17.49% poor experience feedback • 72 over 52 week waits all in podiatry • Focus on reducing waiters to under 65 weeks and review of current specification
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Committee Chair's Report

Performance	5		IQPR for month 10 was received by the Committee.	<p>The Committee noted the report.</p> <p>Operations – 21 red indicators and 13 green</p> <p>Improvement in month in cancer targets - still 2 indicators which are red which relate to 4 breaches.</p> <p>A&E targets – 3 red indicators, 2 related to 4-hour treatment time indicators. Focused work being undertaken in March to support achievement of national 76% target and target for UTC is 100%.</p> <p>Referral to treatment – percentage within 18 weeks has decreased due to increased number of children waiting for community paediatrics.</p> <p>There is an improvement in relation to the number of breaches in audiology and team are working to clear breaches by the end of March.</p> <p>The RTT position has deteriorated due to increase in waiting times for both community paediatrics in Halton and dermatology.</p> <p>DNA/Was not brought are being monitored particularly in relation to children's services.</p> <p>Referrals to plan and activity targets are being refreshed with commissioners.</p> <p>From a dental perspective waiting list size in Oldham, Rochdale and Bury has decreased by 9%. Waiting list data has not been refreshed since December in Cheshire and Merseyside and Greater Manchester North and West.</p>
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Committee Chair's Report

				<p>From a quality perspective, incidents that cause harm have decreased in month.</p> <p>Medicines incidents which cause harm, management of risks in line with policy and risks above 12 all decreased in month. Percentage of policies in date and IPC Assurance Audit are reporting as red.</p> <p>From a people perspective, there are 4 red indicators all relating to sickness. Sickness absence rolling is slightly above target and actual sickness has increased more in month which is attributable to higher level of short term absence. Long term absence has also increased in month.</p> <p>From a finance perspective, pay, non pay and agency are all above plan. Agency costs are being tightly controlled.</p>
Digital	5		Chair's report from DIGIT	<p>The Committee received a comprehensive update from DIGIT and received assurance re a robust sign off process for cancer waits.</p> <p>The Committee noted that the formal process for the restructure of IT is underway.</p> <p>Cyber risk noted by the Committee was maintained at the same level.</p>
Digital	5		Digital strategy update (power point presentation)	<p>The Committee noted the progress made since the adoption of the Digital Strategy 18 months ago.</p> <p>Key highlights included</p>

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Committee Chair's Report

				<ul style="list-style-type: none"> • 100% Multi Factor Authentication (MFA) • Dentally implementation • RITA – Robot IT Assistant • Migration of all Halton Services from MMDA (Mid Mersey Digital Alliance) back to the Trust • Recruitment of CNIO (Chief Nursing Information Officer)
Estates	5		Estates and H&S Strategy Report	<p>The Committee noted the report.</p> <ul style="list-style-type: none"> • Altrincham Dental Hub – lease will be signed imminently • Drive ability NW – progress is being made on securing new premises. • Capital bids for 2024/25 have been prepared and submitted for consideration.
Estates	5		Estates strategy update (power point presentation)	The Committee noted the priorities highlighted in the report.
Estates	5		Green Plan Update	The Committee noted the priorities highlighted in the report and the achievements in respect of green plan especially with regard to a successful national bid for LED lighting at Wolves.
Audit	5		MIAA and KPMG Audit recommendations	The Committee noted the report.
Risks	5		Risk paper	The Committee noted the report.
BAF	5		BAF 5	The Committee reviewed BAF 5 – Resources and its score – this was maintained at current levels.

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Committee Chair's Report

				<p>The Committee proposed that gap in control re CIP be reviewed to reflect the split between recurrent and non recurrent delivery (35%/65%).</p> <p>The Committee also noted that the risk regarding Dental CIP needed to be updated to reflect the Trust position in total.</p>
Governance	5		<p>Business Cycle</p> <p>Finance and Performance Committee Annual Report</p> <p>Review of meeting</p>	<p>The Committee received the cycle and this would be updated to reflect the earlier submission date for the National Cost Collection.</p> <p>The Committee noted the annual report. Minor amendments were suggested - the report will be updated to take account of these and submitted to the Audit Committee.</p> <p>The Governor observer noted the quality of the papers and the discussions around them.</p> <p>It was suggested that the Digital Strategy update be presented at the Council of Governors.</p> <p>The Trust Chair also observed the meeting and commented on the balance of discussion between finance and performance.</p>
<p>Risks Escalated: None from the meeting</p> <p>Actions delegated/escalated to other Committees:</p> <p>Nothing delegated/escalated</p>				

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BOARD OF DIRECTORS

Title of Meeting	BOARD OF DIRECTORS		Date	4 April 2024		
Agenda Item	25/24i					
Report Title	STRATEGY INTO ACTION					
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	<input type="checkbox"/> To Approve	<input type="checkbox"/> To Assure	<input checked="" type="checkbox"/> 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 developments and progress with delivery of our Communities Matter strategy.						
Previously considered by:						
<input type="checkbox"/> Audit Committee		<input type="checkbox"/> Quality & Safety Committee				
<input type="checkbox"/> Finance & Performance Committee		<input type="checkbox"/> Remuneration & Nominations Committee				
<input type="checkbox"/> People Committee		<input type="checkbox"/> EMT				
Strategic Objectives						
<input checked="" type="checkbox"/> 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.						
<input checked="" type="checkbox"/> 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.						
<input checked="" type="checkbox"/> Staff - We will ensure the Trust is a great place to work by creating an environment for our staff to develop, grow and thrive.						
<input checked="" type="checkbox"/> Resources - We will ensure that we use our resources in a sustainable and effective way.						
<input checked="" type="checkbox"/> Equality, Diversity and Inclusion - We will ensure that equality, diversity and inclusion are at the heart of what we do, and we will create compassionate and inclusive conditions for patients and staff.						
<input checked="" type="checkbox"/> 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.						
How does the paper address the strategic risks identified in the BAF?						
<input type="checkbox"/> BAF 1	<input type="checkbox"/> BAF 2	<input type="checkbox"/> BAF 3	<input type="checkbox"/> BAF 4	<input type="checkbox"/> BAF 5	<input type="checkbox"/> BAF 6	<input type="checkbox"/> BAF 7
Governance Failure to implement and maintain sound systems of Corporate Governance and failure to deliver	Quality Failure to deliver quality services and continually improve	Health Equity Failure to collaborate with partners and communities to improve health equity and build a culture that	Staff Failure to create an environment for staff to grow and thrive	Resources Failure to use our resources in a sustainable and effective way	Equality, Diversity & Inclusion Failure to build a culture that champions equality, diversity and inclusion for	Partnerships Failure to work in close collaboration with partners and staff in place and

on the Trust's Strategy		champions ED&I for patients			patients and staff	across the system
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CQC Domains:	<input checked="" type="checkbox"/> Caring	<input checked="" type="checkbox"/> Effective	<input checked="" type="checkbox"/> Responsive	<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Well Led
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BOARD OF DIRECTORS

Title of Meeting	BOARD OF DIRECTORS	Date	4 April 2024
Agenda Item	25/24i		
Report Title	STRATEGY INTO ACTION		
Report Author	Rob Foster – Programme Director Collaboration and Integration		
Purpose	The purpose of this report is to present an update on progress with, and delivery of the Trust's Community Matters strategy.		

1. Introduction

- 1.1 The purpose of this report is to present an update on progress with, and delivery of the Trust's Community Matters strategy (2023-2026).
- 1.2 Recognising the importance of Board ownership and ensuring the Board is fully sighted on the delivery of all aspects of the Communities Matter strategy, the report provides updates on:
 - Population Health dashboard
 - Strategic objective deliverables
 - Delivery Plan progress
 - Strategy into action examples and case studies
 - Place-based updates

2. Population Health dashboard

- 2.1 The population health dashboard presents key indicators for the Warrington and Halton places. The indicators are benchmarked against national and North-West levels, and also show, where applicable, changes from the previous year.
- 2.2 This section has been updated to include population health metrics that align with our Health Inequalities and supporting Make Every Contact Count (MECC) approach within the organisation. This includes metrics on:
 - Alcohol
 - Smoking
 - Weight

Population health summary – place based focus

ID	Indicator	Age	Sex	Period	Warrington		Halton		Value (NW)	Value (England)	Unit
					Value	Change prev. yr	Value	Change prev. yr			
A01a	Healthy life expectancy at birth	All ages	Male	2018-20	64.6	No sig change	61.4	No sig change	61.5	63.1	Years
A01a	Healthy life expectancy at birth	All ages	Female	2018-20	64.8	No sig change	58.0	No sig change	62.5	63.9	Years
A01b	Life expectancy at birth	All ages	Male	2021	78.3	n/a	77.1	n/a	77.2	78.7	Years
A01b	Life expectancy at birth	All ages	Female	2021	82.5	n/a	80.5	n/a	81.3	82.8	Years
A02a	Inequalities in life expectancy at birth	All ages	Male	2018-20	10.3	No sig change	11.7	No sig change	11.6	9.7	Years
A02a	Inequalities in life expectancy at birth	All ages	Female	2018-20	8.2	No sig change	9.6	No sig change	10	7.9	Years
B01b	Children in absolute low income families (u16)	<16 yrs	Persons	2021/22	10.3	n/a	13.8	No sig change	16.6	15.3	%
B01b	Children in relative low income families (u16)	<16 yrs	Persons	2021/22	15.3	n/a	21.2	No sig change	23.7	19.9	%
B02a	School readiness: percentage of children achieving a good level of development at the end of Reception	5 yrs	Persons	2021/22	69.5	n/a	60.1	n/a	61.7	65.2	%
c08a	Child development: percentage of children achieving a good level of development at 2 to 2 and a half years	2-2.5 yrs	Persons	2022/23	74.7	Decrease	63.5	Decrease	79.3	79.3	%
E02	Percentage of 5 year olds with experience of visually obvious dental decay	5 yrs	Persons	2021/22	30.5	No sig change	33.9	No sig change	30.6	23.7	%

Alcohol

Admission episode for alcohol related cardiovascular disease	All ages	Persons	2021/22	746	n/a	914	n/a	806	759	Rate/100,000
Incidence rate of alcohol-related cancer	16yrs +	Persons	2017-19	39.52	n/a	43.06	n/a	41.32	38	Rate/100,000

Smoking

Smoking prevalence in adults - current smokers	18yrs +	Persons	2022	9.9	n/a	13.3	n/a	13.4	12.7	%
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Weight

Reception prevalence of overweight (including obesity)	4-5 yrs	Persons	2022/23	23.2	No sig change	25.8	No sig change	23.1	21.3	%
Year 6 prevalence of overweight (including obesity)	10-11 yrs	Persons	2022/23	35.5	No sig change	42.0	No sig change	38.3	36.6	%
Adults classified as overweight or obese	18yrs +	Persons	2021/22	70.6	n/a	71.2	n/a	66.7	63.8	%

Source: Office for Health Improvement and Disparity

Fingertips reports

3. Strategic objective deliverables

- 3.1 This section focuses on the progress against the 31 “We will...” statements that underpin and drive delivery of our six strategic objectives.
- 3.2 A RAG assessment is included against each, alongside a brief narrative to provide headline updates on progress:
- Blue - completed
 - Green – underway and on track
 - Amber – underway and behind schedule
 - Red – delayed commencement and/or significant delays to progress
 - Grey – not yet commenced (and not planned to commence)
- 3.3 As discussed and agreed at the Board meeting in February 24, given the Communities Matters strategy is a 3 year plan, this section will include bi-annual strategic milestones for the forthcoming year (2024/25). These strategic milestones are being set at September 24 and March 25 and are being finalised by EMT, and will be included in the June report.
- 3.4 Work is continuing to identify metrics where quantitative evidence, alongside a qualitative narrative, will demonstrate progress and provide further assurance to the Board on progress.
- 3.5 As the table demonstrates, work is progressing across all of the objective deliverables, with none yet completed.

Strategic Objective deliverables summary

	ID	Deliverable	February 24 update	April 24 update	Apr24 RAG
QUALITY	Q1	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.	<i>Re-introduced quality support visits, developing the metrics to evolve towards accreditation across all services.</i>	Quality Review visits have recommenced. Currently 16 have been completed across the 4 operational directorates. The outputs of the QRV will be used to develop the accreditation metrics	
	Q2	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.	<i>Evidenced through various Directorate Delivery Plans. Boost plans developed in Childrens, Dermatology, District Nursing</i>	Currently there are 10 programmes in process.	
	Q3	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.	<i>Establishing an approach to engage with patients and families to embed lived experience into our service developments and improvements, across Children's and relevant Dental services. We are in the process of recruiting to a Patient Partner role (voluntary role), who will provide independent insights into our trust processes.</i>	Patient partner has been appointed and in recruitment process	
	Q4	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.	<i>Clear focus on implementation, engagement and roll out of PSIRF across all the organisation</i>	The implementation of the PSIRF Infrastructure has been completed. Focus will now remain on training and embedding the culture of systems learning.	
	Q5	We will support staff and services to recover from the impact of the pandemic and ensure that patients receive care in a timely way.	<i>Supporting all clinical staff through embedding an enhanced preceptorship programme across the organisation, including legacy mentors and further roll out of the professional nurse advocates.</i>	Preceptorship -NHSE interim quality marker for nursing awarded multidisciplinary preceptorship policy in place. Gap analysis being undertaken against AHP preceptorship standards.	
HEALTH/EQUITY	HE1	We will implement the evidence-based, priority areas of focus from the NHS Prevention Pledge.	<i>Awarded Prevention Pledge in September 23. Internal focus on MECC elements - smoking cessation, alcohol, physical activity (supporting people to access services). Work also underway with BI team, focusing on completeness of patient records in capturing equality markers.</i>	Anchor institution intermediate award completed	
	HE2	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.	<i>Embedded into the respective place-based groups focusing on addressing inequalities. Working with Children's team, Halton Public Health, local GPs, WHH, housing, environmental colleagues to focus on damp and mould, with a view to supporting children and families with respiratory conditions</i>	Starting well in Halton has now started. Other "wells" supported by Bridgewater team	
	HE3	We will influence, shape and support the delivery of Health and Wellbeing strategies in the places that we work.	<i>We have engaged with places to support the development of H&WB strategies and we are working in collaboration with partners to translate strategies into priorities and actions through the existing governance arrangements.</i>	JSNA group in Warrington (with BW representation) have submitted their findings to H&WB	
	HE4	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.	<i>Projects are underway/commencing with partners to optimise Virtual Ward, UCR services (learning from Newton review), CORE2PLUS initiatives in both places and with primary care partners</i>	Working with information and EDI lead to simplify current data fields	
	HE5	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.	<i>We have invested in voluntary sector link workers and Patient Partners to create a closer partnership between our services and the diversity of voluntary sector organisations to provide support to our patients.</i>	Voluntary link workers are in place and supported. Volunteering policy in train through HR policy group	
STAFF	S1	We will maximise our workforce intelligence to fully understand our workforce profile to inform workforce planning utilising Population Centric Workforce Planning approaches.	<i>People operational delivery council established comprising membership from quality, nursing, operations, people, reporting into the People Committee. Workforce planning approach and timetable for the completion of plans in every services.</i>	Service Workforce Planning Sessions are ongoing comprising of membership from Quality, Operational and People teams. 24 Services have been completed with further sessions booked in April and May	
	S2	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.	<i>Careers and Apprenticeship Team actively engaged and promoting the opportunities of local employment with local education institutes and other local providers.</i>	Careers and Apprenticeship Team actively engaged in our local communities, promoting the Trust as a local employer of choice and sharing education, information, advice and guidance relating to NHS Careers. 33 such events have been attended in 2023/24 to date, with the support of Bridgewater NHS Career ambassadors, these include events at local high schools, colleges, job centres and community events. The established Careers Portal on the Trust public facing website undergoes regular updates and improvement work, providing one central point of information for those seeking to join our workforce. The portal promotes the Trust's work experience programme and shares up to date apprenticeship people stories to demonstrate the Trust's commitment to 'growing our own' workforce for the future. The Trust is currently working with four local T Level providers in Warrington and Halton, providing industry placements for students who will be a local talent pipeline for our vacancies, including apprenticeship opportunities. The Trust is represented at Employer Advisory Boards for the main FE colleges in Warrington and Halton providing opportunity for us to be consulted and engaged with in relation to relevant curriculum development and to guide the college with key skills requirements, to ensure local young people are where possible equipped with the knowledge and skills we require in our workforce.	
	S3	We will maximise utilisation of the apprenticeship levy to support the development of our workforce.	<i>106 apprentices already in post, fully utilising the apprenticeship levy. We are using the forthcoming National Apprenticeship Week to host a session on Friday 9th February for our governors, Board members, senior leaders and partners to meet our BW Apprentices.</i>	95 Apprentices on Programme at end of March 2024. Further 19 Planned Apprenticeship starts. Demonstrating good utilisation of the levy funds by the continued lack of expired funds. Last recorded fund expiration was Oct 2022. Apprenticeship numbers including planned activity provide assurance of continued utilisation of funds. The levy is being used to support workforce growth and widen access to employment locally and also supporting pre and post registration career pathways for existing staff. Additionally a small proportion of monthly levy funds continue to be transferred to St Rocco's Hospice in Warrington who are non-levy payers.	

	ID	Deliverable	February 24 update	April 24 update	Apr24 RAG
STAFF	S4	We will realise the added value to our workforce of our volunteers, third sector organisations and the armed forces.	<i>Innovative approaches to bring in volunteers (Patient Partners), our voluntary sector link workers (employed by local VCSE organisations in our places), and continued implementation of the Armed Forces covenant.</i>	To support Veteran recruitment and the support for the Armed Force Covenant, the Workforce Team have met with Career Transition Partnership (CTP) to link our Trust vacancies through their networks and communication systems.	
	S5	We will create opportunities for working together with our community and other health and social care providers.	<i>Leading the Warrington Together workforce group and will be actively involved in the One Halton equivalent, to develop place-based workforce plans. Further workforce at-scale opportunities being developed via the Provider Collaboratives and ICB HR Directors network. Work programmes are further supported by national workforce/people programmes.</i>	Leading the Warrington Together workforce group and will be actively involved in the One Halton equivalent, to develop place-based workforce plans. Further workforce at-scale opportunities being developed via the Provider Collaboratives and ICB HR Directors network. Work programmes are further supported by national workforce/people programmes. ICB scale work has commenced for some of the workstreams. Bridgewater are engaged in all programmes	
	S6	We will create a culture where we are supportive of innovative roles – new ideas and innovative ways of working, upskilling and transforming services.	<i>Examples of roles include apprenticeships, AHP rotational roles, Vol sector link workers. Community Health Workers. Advanced Clinical Practitioners strategy is emerging for Cheshire & Merseyside, which BW is involved in, and we have 15.8 WTE ACPs in BW (as at Nov 23).</i>	14 AHP and Nursing pre registration degree apprenticeship positions. Increase in Trainee Nursing Associate positions in adults and children's nursing teams - 17 in training. Vol sector link workers. 3 Community Health Workers. 18 Advanced Clinical Practitioners on programme. New Therapy Assistant Apprenticeships are providing a pipeline of talent for the AHP support workforce and supporting the establishment of a full AHP Career Pathway.	
RESOURCES	R1	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.	<i>Embedded and collaborating in place-based and dental infrastructure, as well as the Provider Collaborative, developing and delivering a range of projects to improve outcomes, equity and quality of care</i>	The Trust is working closely with partners to ensure effective utilisation of resources. An example is the development and delivery of solutions to realise the opportunities identified through the Newton review.	
	R2	We will enable excellent digital and data services to drive and deliver efficiency and optimisation.	<i>Through DIGIT, we are delivering a range of digital and data projects supporting services (eg Dentally EPR, development of service scorecards with our BI team)</i>	Continued monitoring of digital plans through DIGIT, reporting into F&P. Dentally is live and nearing the end of implementation phase. The digital team are embedded in the 24/25 BOOSTing efficiency programme to identify and realise digital efficiency opportunities.	
	R3	We will look to reduce carbon emissions and deliver the Trusts Green Plan.	<i>On-going focus and delivery of the Trust's Green Plan, including initiatives to install LED lighting across all freehold sites, and developing schemes looking at EV infrastructure aligned to NHS net zero travel and transport strategy and decarbonisation i.e. replacing gas boilers with electric, hot desk provision to support flexible working (reduced commuter mileage)</i>	Progress on the Green Plan reported through F&P. All capital schemes identified for 24/25 are assessed the green plan. LED lighting and EV charging installations due to be completed for Europa Point.	
	R4	We will embed Anchor principles and look to procure locally where we can.	<i>Through our procurement partner (WHH), all procurements consider social value and place-based investment</i>	We are working with our procurement partner to develop and enhance monitoring arrangements to enable us to identify further opportunities, and to optimise the social value impact, of all local contracts. An example of local procurement is the link workers, employed by the local voluntary sector, with committed resources to develop and sustain integrated pathways between community and voluntary sector services, as part of our approach to realising health equity.	
	R5	We will work with partners to maximise and right size our estates.	<i>Baseline mapping completed and feeding into Directorate/service plans and place-based discussions to consider options</i>	Warrington place-based estates review group now established. C&M estates group in early stages of development. The Trust is represented and contributes to both. The output from the estates mapping with the Directorates is feeding into the BOOSTing efficiency programme.	
	R6	We will work with partners to operate within our financial allocations and maintain financial balance.	<i>BW is meeting financial targets and forecasting financial balance at year end</i>	BW continues meet financial targets and is financial balance at year end. The Trust is finalising the 24/25 plan, working with partners in place and the ICS.	
EDI	EDI1	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.	<i>New equality working group established with NED input. Focus on various elements including Just Culture, Civility and respect, Expanding equality training offer, Anti racism framework etc</i>	New equality working group established with NED input. Focus on various elements including Just Culture, Civility and respect, expanding the equality training offer, Anti-racism Framework etc. EDI Group met to have a facilitated session from a member of the OD Team in February to scope out initial actions with a focus on lived experience and what good looks and feels like. The focus was on our objectives over and above the statutory and mandatory requirements. A follow up session is planned.	
	EDI2	We will be proactive in anticipating the diversity of our patient needs and will respond to them to ensure we achieve the best outcomes.	<i>Work underway with BI team, focusing on completeness of patient records in capturing equality markers. Work underway to develop interpreter services and support to services and families.</i>	Work is underway with the BI team, focusing on the completeness of patient records in capturing equality markers. Work is also underway to develop interpreter services and support to services and families.	
	EDI3	We will become an Anchor Institute in the community: We will take our social and environmental responsibility seriously, addressing the socioeconomic determinants of health.	<i>Continued implementation of our Green Plan. Continued focus on local recruitment and focus on apprenticeships. As an example, the CHW project recruited and trained local people.</i>	Continued implementation of our Green Plan. Continued focus on local recruitment and focus on apprenticeships. As an example, the CHW project recruited and trained local people. Also see Staff tab for further detail on local recruitment	
	EDI4	We will improve the reach of our organisation and grow our standing in the community through local partnerships	<i>Community engagement work underway via PACE, involving governors. Mapping underway to ensure representation of all voices.</i>	The PACE group has continued to develop its governance, continued engagement activities and commenced the work with Directorates to develop and embed the governance loop.	
PARTNERSHIPS	Ptnr1	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.	<i>Various schemes underway or at planning stage with Primary Care, involving Integrated Teams, Urgent Treatment Centres and LTC pathways. Work also underway with GPs in Warrington for mass adoption of Dermatology A&G service</i>	Good progress being made with PCNs. Examples included in April Board report. Continued engagement with all PCNs taking place to identify collaboration opportunities.	
	Ptnr2	We will work closely with all our partners to drive forward continuous quality improvements in the services we collectively provide.	<i>Embedded into place-based arrangements and Dental networks, developing and delivering work programmes to improve services/outcomes</i>	We are actively working as part of place-based arrangements to both progress initial workstreams, whilst in parallel finalising the overarching work programmes, priorities and identifying the key metrics to monitor progress and impact	
	Ptnr3	We will work across our organisational boundaries with partners in place as we create future integrated care and service models.	<i>Work underway with place-based partners to consider and explore closer partnership working arrangements and models</i>	As well as work with PCNs and the place-based teams, good progress is also being made with Warrington Borough Council, focusing on the benefits and opportunities of a more integrated approach to IMC services.	
	Ptnr4	We will work with partners to improve equity in health outcomes.	<i>Embedded into the respective place-based groups focusing on addressing inequalities</i>	Health inequalities are being considered and included as part of various place-based projects, including integrated teams, screening uptake and digital opportunities.	
	Ptnr5	We will work with our system partners to collaborate at scale to enable better care at place.	<i>Active involvement in the MHLDC Provider Collaborative at Board and project levels. Investment in the Collaborative PMO (hosted by BW) has brought focus and acceleration of project work.</i>	The Provider Collaborative continues to work with system partners (ICB, providers, PCNs, LAs, and CMAST) to develop, hone and prioritise its work programme for 24/25.	

4. Delivery Plan progress

- 4.1 The Delivery Plan progress section provides a summary of current Directorate Delivery Plan projects.
- 4.2 Based on feedback from the Board, the RAG methodology has been adjusted accordingly:
- Red – where 5% of tasks are Red
 - Amber – where 10% of tasks are Amber and/or Red
 - Green – where more than 90% of tasks are green
- 4.3 Identification of the governance group (council, DLT) who are monitoring and scrutinising the plans has also been added, with *Target project completion date* and a *Forecast RAG* to be added in the next report.
- 4.4 The table provides a summary of progress against the schemes and projects, showing an overall RAG, and then progress against milestones and key actions accordingly.

Childrens Directorate Action Plans	Oversight Group/Council	Complete	On Track	Minor Delay <2 Weeks	Major Delay >2 Weeks	Total	Overall Status
Childrens Boost Plan	Quality Council	26	13	3	3	45	Red
Halton ND Pathway & Community Paediatrics Plan	Quality Council	4	53	3	0	60	Green
Warrington ND Pathway & Community Paediatrics Plan	Quality Council	27	31	11	1	70	Amber
Health Visiting Action Plan	Transformation Group	1	17	0	0	18	Green
School Nursing	Transformation Group	0	3	0	0	3	Green
Warrington Audiology	Transformation Group	0	6	0	0	6	Green
Warrington 0-19	Children's DLT	35	32	4	0	71	Green
Warrington Physiotherapy	Children's DLT	21	4	0	0	25	Green
SEND	Children's DLT	11	1	0	0	12	Green
SEND Operational	Children's DLT	3	10	1	0	14	Green

Halton Adults Directorate Action Plans		Complete	On Track	Minor Delay <2 Weeks	Major Delay >2 Weeks	Total	Overall Status
Halton and Warrington Tissue Viability	Halton Adults DLT	6	5	0	0	11	Green
Halton Heart Failure Pathway Development	Transformation Group	11	9	0	0	20	Green
Halton Virtual Ward	Transformation Group	19	2	11	0	32	Amber
Service User Access to Widnes Urgent Treatment Centre	Transformation Group	10	3	0	0	13	Green
Community Nurses (Halton & Warrington)	Quality Council	40	7	4	0	51	Green
Drive Ability Northwest	Quality Council	19	0	0	2	21	Red

Warrington Adults Directorate Action Plans		Complete	On Track	Minor Delay <2 Weeks	Major Delay >2 Weeks	Total	Overall Status
Community Falls and Rehab	Warrington Adults DLT	6	7	0	0	13	Green
Dermatology	Quality Council	43	1	0	14	58	Red
Neuro-ABI Waiting List	Warrington Adults DLT	0	0	0	0	0	
Warrington Wolves Improvement Plan	Quality Council	13	9	4	0	26	Amber

Dental Directorate Action Plans		Complete	On Track	Minor Delay <2 Weeks	Major Delay >2 Weeks	Total	Overall Status
Dental Nurse Career Development	Transformation Group	19	2	11	0	32	Amber

- 4.5 Detailed delivery plans can be made available to Board members on request.

5. Strategy into action examples and case studies

Health Equity

An update on the Health Equity strategic objective is included as a separate paper to Board.

Collaborative working with Primary Care Networks (PCNs) in Halton

Summary

The collaboration between Bridgewater and local General Practice and the associated PCNs is fundamental to the delivery and achievement of our Communities Matter strategy. Over recent months, we have been engaging with local general practice, exploring where we believe we can maximise value and impact for citizens that could come from closer alignment.

Our focus has been on identifying areas and opportunities specific to each PCN, appreciating their development and areas of focus vary. However, the consistent theme has been on closer integration of our front-line services.

Expected benefits

- Improved coordination of care
- Faster, more seamless access to the right service(s), first time
- Improve health and outcomes of local people
- Collective tackling and address health inequalities across local neighbourhoods
- Improved experience for patients
- Improved experience for staff
- Reduced duplication
- Increased efficiency of our collective resources and assets
- Improved relationships

Progress to date and next steps

- **Runcorn PCN**
 - Working with the PCN and their clinical leads, we are identifying pathways and/or patient cohort(s) to target more integrated pathways and service delivery between general practice and community services, and transforming them together.
 - We are establishing a project group, supported by our Transformation Team, to develop plans and drive the project forward.
 - Before Covid, a similar piece of work commenced but was paused due to the pandemic. The teams collectively developed project specifications and scoping documents focused on co-location and effective communication, multidisciplinary working, care navigation, risk stratification and complex case management. The proposed approach is to use this existing material – which was co-produced and collectively acknowledged as making progress – as the starting point for the work.

- **Widnes PCN and Federation**
 - We are working with Widnes PCN and Federation to collaborate on service delivery in the Widnes Urgent Treatment Centre (UTC)
 - The initial phase will involve the provision of GPs into the UTC, and we then plan to explore and move towards a fully integrated primary and community UTC.
 - The aim of the work is to develop a UTC service that creates an interface between primary and secondary care that can support patients, ensuring we optimise the available assets and resources in the community. The opportunities to transform Same Day Access, and provide practical and sustained solutions to some of the wider system pressures and efficiencies are seen as a significant opportunity for this project.
 - We believe it is possible to develop a service model that can achieve this by integrating skills and workforce from primary and community care to widen the understanding of Urgent Treatment and increase the range of pathways that can be offered.
 - We have set a target date for the initial phase (GP provision) of June 24.
 - The appropriate governance arrangements are being implemented to drive this project forward.

- To support the projects, and ensuring we are data and intelligence led, a meeting with the Cheshire & Merseyside *Data into Action* team is organised for 28th March to identify what datasets and system intelligence is available both the plan and monitor the impact of our work. Partners have been invited to the session.

Europa Point clinical hub – Corporate Directorate

Summary

As part of the organisations wider Warrington estates rationalisation plan, approved by the Board c.18 months ago, progress is being made with the development of the Europa Point clinical hub.

The programme of work includes planned exits from estate in Guardian and Westbrook, with services being relocated into Europa Point.

In parallel, the opportunity has been taken to move teams into a better working environment including the Palliative Care service and Enhanced Care Home support team.

The final element of the plan includes:

- Re-configuration of the ground floor at Europa to build new clinical rooms and waiting area for use by Wheelchair services, OCAT's and a purpose-built paediatric audiology screening/testing room.
- Re-configuration of the first floor offices to accommodate the palliative care team, enhanced care home support team, Community Equipment Store administration and wheelchair services.
- Additional car parking to the rear, the development of a public pathway, bike shelter and EV chargers

Anticipated benefits

- Providing a better environment for patients and staff
- Increasing capacity and space for teams relocated to the clinical hub
- A reduced estates footprint, leading to a reduced carbon footprint, increased clinical capacity, and improved asset utilisation
- Financial efficiency, realised through rent efficiency

Progress to date and next steps

- The capital council have approved the required finances, with work commencing in early January 24, following a planning application process
- Works are due to be completed by the of March, which will be followed by a local fitout process, including IT, plinths and desks etc.
- Staff engagement and consultation has taken place where staff bases are changing.
- The first patients are forecast to use the new clinical hub from May 24.

6. RECOMMENDATIONS

6.1 The Board are asked to note the contents of the report.

BOARD OF DIRECTORS

Title of Meeting	BOARD OF DIRECTORS	Date	4 April 2024
Agenda Item	25/24ii		
Report Title	Health equity update		
Executive Lead	Ted Adams Medical Director		
Report Author	Andi Sizer Principal Lead for Public Health		
Presented by	Ted Adams Medical Director		
Action Required	<input checked="" type="checkbox"/> To Approve	<input type="checkbox"/> To Assure	<input type="checkbox"/> To Note
Executive Summary			
<p>As a Trust we have acknowledged that population health and health equity are key aspects of quality and patient care. We will only provide truly high-quality care if we reach everyone who needs us and ensure we deliver good outcomes across a wide range of interventions for all who make up our communities.</p> <p>This paper gives an update the Board of Directors on how we are improving health equity.</p> <p>This paper also asks that Board agrees to the Trust applying to become an anchor institution.</p>			
Previously considered by:			
<input type="checkbox"/> Audit Committee <input type="checkbox"/> Quality & Safety Committee			
<input type="checkbox"/> Finance & Performance Committee <input type="checkbox"/> Remuneration & Nominations Committee			
<input type="checkbox"/> People Committee <input type="checkbox"/> EMT			
Strategic Objectives			
<input checked="" type="checkbox"/> Equality, 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.			
<input checked="" type="checkbox"/> 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.			
<input checked="" type="checkbox"/> 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.			
<input checked="" type="checkbox"/> 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.			
<input type="checkbox"/> Resources - We will ensure that we use our resources in a sustainable and effective way.			
<input checked="" type="checkbox"/> Staff - We will ensure the Trust is a great place to work by creating an environment for our staff to develop, grow and thrive.			



How does the paper address the strategic risks identified in the BAF?

<input type="checkbox"/> BAF 1	<input type="checkbox"/> BAF 2	<input checked="" type="checkbox"/> BAF 3	<input checked="" type="checkbox"/> BAF 4	<input type="checkbox"/> BAF 5	<input checked="" type="checkbox"/> BAF 6	<input checked="" type="checkbox"/> BAF 7
Governance Failure to implement and maintain sound systems of Corporate Governance and failure to deliver on the Trust's Strategy	Quality Failure to deliver quality services and continually improve	Health Equity Failure to collaborate with partners and communities to improve health equity and build a culture that champions ED&I for patients	Staff Failure to create an environment for staff to grow and thrive	Resources Failure to use our resources in a sustainable and effective way	Equality, Diversity & Inclusion Failure to build a culture that champions equality, diversity and inclusion for patients and staff	Partnerships Failure to work in close collaboration with partners and staff in place and across the system

CQC Domains:	<input checked="" type="checkbox"/> Caring	<input checked="" type="checkbox"/> Effective	<input checked="" type="checkbox"/> Responsive	<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Well Led
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BOARD OF DIRECTORS

Title of Meeting	BOARD OF DIRECTORS	Date	4 April 2024
Agenda Item	25/24ii		
Report Title	Health Equity Update		
Report Author	Andi Sizer Principal Lead for Public Health		
Purpose	To update the Board of Directors on the Trust health equity progress and activity and to propose that the Trust applies to become an anchor institution.		

1. Introduction

- 1.1 There is an increasing awareness that Covid-19 had a greater impact on disadvantaged populations which in turn highlighted underlying disparities in health outcomes, especially between people from different ethnic and socioeconomic groups. The disproportionate impact of the virus has added to longstanding health inequalities. Health inequalities are described by The Kings' Fund as "avoidable, unfair and systematic differences in health between different groups of people."
- 1.2 Poor health and existing inequalities left parts of our communities more vulnerable to poor health.
- 1.3 Our first commitment to improving Health Equity was to include it as a strategic aim in the Trust's strategy: Communities Matter. The strategy prioritised our commitment to the people and communities we serve and our collaboration with local partners. We have committed to providing person centred care that improves health in its broader sense and reduces health inequalities.
- 1.4 Population health and health equity are key aspects of quality and as a Trust we take pride in our ability to innovate and to learn but we will only provide truly high-quality care if we reach everyone who needs us and ensure we deliver good outcomes for all who make up our communities.

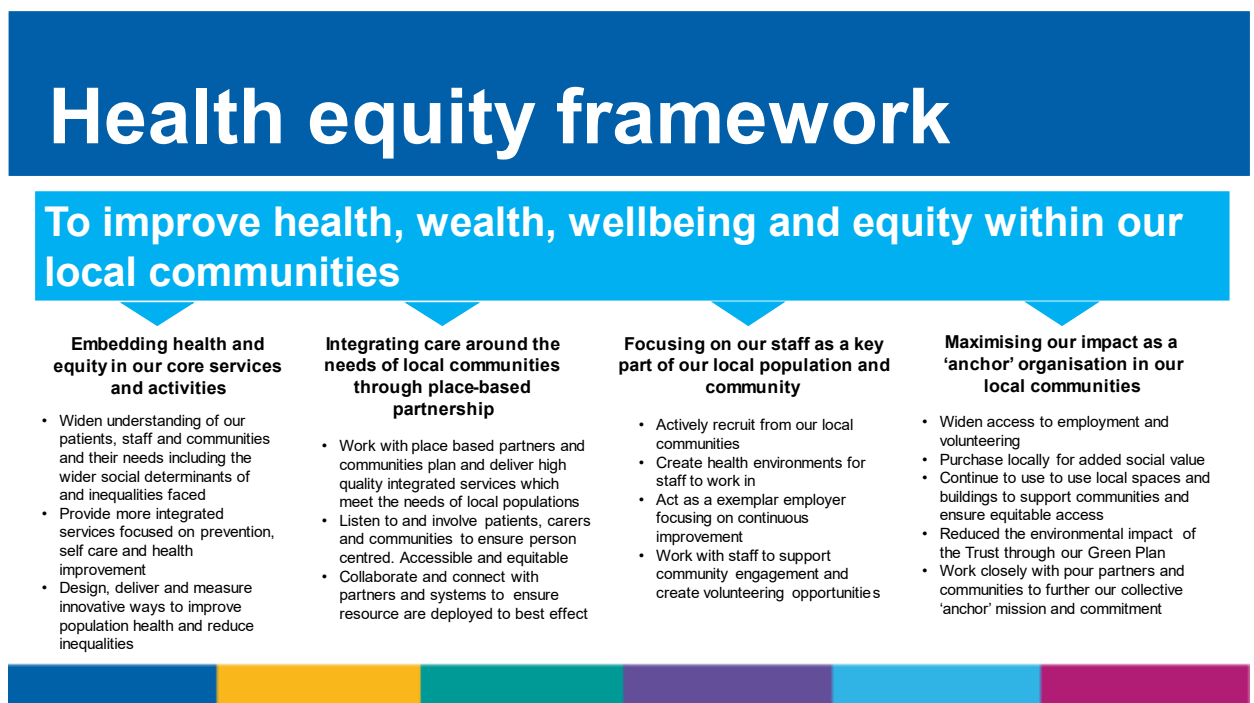
2. Initial actions

- 2.1 The Trust is committed to Cheshire and Merseyside ICS's Population Pledge Programme.
- 2.2 The Trust has formed a Health Equity Group, comprising of cross organisational representation.
- 2.3 To support our communities and place partners, three metrics have been included within the Trust's newly developed performance report. These are smoking (including vaping), physical activity and alcohol. A ten percent Trust compliance activity has been set and performance will be subject to review by the newly formed Health Equity Group and drilled down to individual services. The performance threshold will be considered annually, and a percentage

increase applied. Work has also started on how we can report on and support patients who live in damp housing.

2.4 The triumvirate of smoking, alcohol, and physical activity are what Guenther et al (2020) describe as the heterogeneity of risk preferences. People make behavioural decisions based on their perceptions of risk, their personal characteristics, and circumstances, and of the behaviours of those around them, family, friends, and communities. To understand our population and to design services, we need to record these risk factors within our EPR. These health parameters have been agreed with the Directors of Public Health in Warrington and Halton as relevant and with improvement, as suitably broad to effect a change in our patients' health.

2.5 To maximise our impact, the group will develop a Health Equity Framework to guide transformation, planning and delivery. The draft is shown below:



2.6 The Trust has committed to extending the Community Health Worker programme to end of September 2024 using vacancy monies. There is ongoing work with partners in Warrington and Halton to seek engagement with this or a similar model, although there is no clarity on whether these will be in place from September. At present, no funding for continuing the programme past September has been identified.

3. From Prevention Pledge to Anchor Institution

3.1 The NHS Prevention Pledge is underpinned by fourteen core commitments that sit within the seven themes as detailed below. In September 2023, the Trust met all these commitments and continues to build upon them. The seven themes are set out below. The tracker is set out at the end of this paper for the Board's information.

1. Promoting workforce development, quality improvement, workplace health & wellbeing
2. Embedding brief advice and making every contact count (MECC) across all services
3. Promoting healthier lifestyles for patients & visitors, including:
 - healthier catering
 - smoke-free environments.
 - active environments
4. Enhancing anchor institution practices, engaging with the anchor framework & sign up to the C&M Social Value Charter and the C&M Social Value Award
5. Using Marmot principles to address health inequalities
6. Signing up to the C&M Concordat for Better Mental Health
7. Embedding prevention within governance structures

3.2 In 2023 the Trust was awarded the Cheshire and Merseyside Prevention Pledge intermediate status and over the next 12 months we will aim to move to full accreditation. The Trust is a member of the third cohort of NHS Trust across Cheshire and Merseyside and presented an update in January 2024 and a further update will be given in April 2024.

3.3 During year one of the Prevention Pledge journey much was achieved for example MECC training was approved as role specific training and is due to go live in April 2024.

3.4 A Health Equity Assessment Tool (HEAT) is being adapted so that it can be incorporated into the Trust's QIA process. This is a baseline assessment tool for all quality improvement activities and a more detailed tool is available for large transformation or condition specific improvement activities.

3.5 The Prevention Pledge has given us a better understanding of the contribution we make and can make as an 'anchor' organisation in our community. We have explored how we maximise our impact on local health and wellbeing in how we deploy our significant assets and 'purchasing power', such as providing more employment opportunities for local people or buying from local suppliers. There are also synergies with the Trust's Green Plan.

3.6 The Prevention Pledge commitments are included at the end of the paper. They mapped against the Trust objectives and an example of these is the Smokefree Policy as detailed below.

- 3.7 The Smokefree policy was refreshed and now includes vaping. Within the policy a 15-metre perimeter has been included around Bridgewater’s buildings and carparks. This also applies to other buildings not owned or leased by the Trust to ensure that any staff member that chooses to smoke and vape does not do so in the vicinity of their place of work for example a children’s and young people’s setting, a practice or a patient’s home. The policy is now going through due process with the People team.
- 3.8 We have been invited to apply to become a Cheshire and Merseyside anchor institution following on from our work within the Prevention Pledge.
- 3.9 The five-anchor institution pillars are **1.** Purchasing locally and for local benefit, **2.** Using buildings and spaces to support communities, **3.** Widening access to quality work, **4.** Working more closely with local partners and **5.** Reducing environmental impact. All five pillars are threaded throughout our Community Matters strategy.

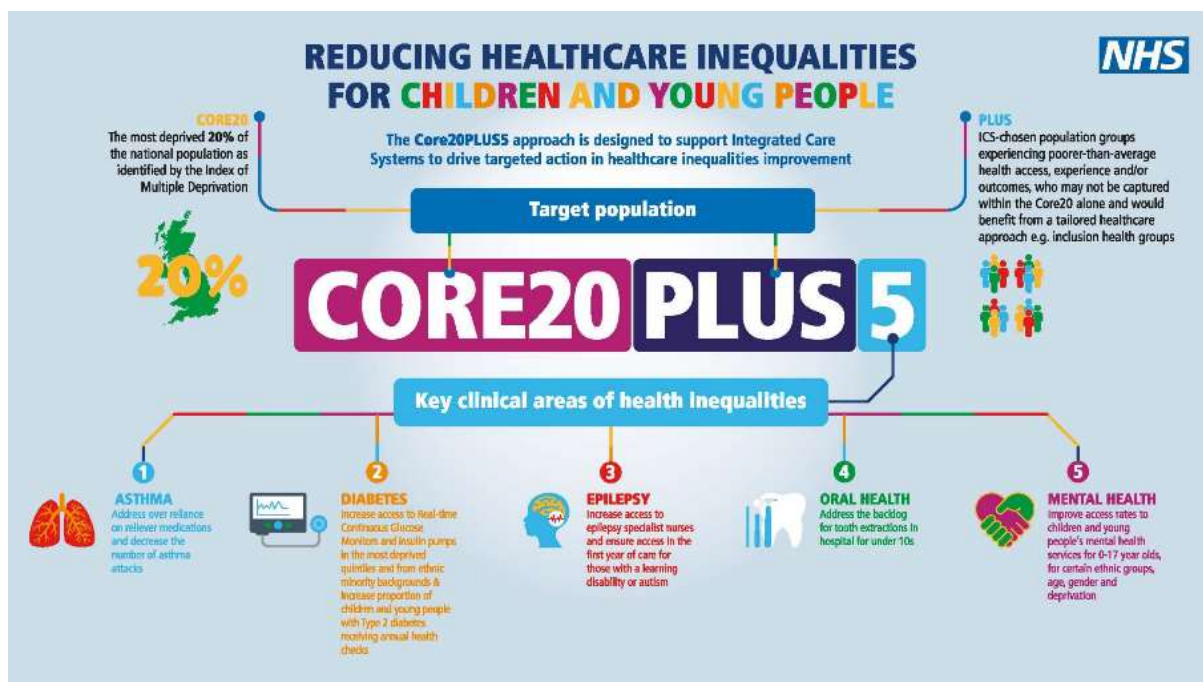
4. Core20PLUS5

- 4.1 The ICB and its partners are addressing the significant healthcare inequalities that exist in Cheshire and Merseyside and adopting approaches and priorities described within the NHS Core20PLUS5 frameworks for both children and adults.
- 4.2 Core20PLUS5 is a national NHS England approach to inform action to reduce healthcare inequalities at both national and system level. The approach defines a target population – the ‘Core20PLUS’ – and identifies ‘5’ focus clinical areas requiring accelerated improvement.
- 4.3 **Core20** – focuses on the 20% most deprived populations.
- 4.4 **PLUS** refers to populations at risk of experiencing healthcare inequalities and who may not show up in data. Those with protected characteristics, which are socially excluded, who typically experience multiple interacting risk factors such as stigma, discrimination, poverty, violence, and complex trauma. These include, ethnic communities, people with learning disabilities and autism, veterans, homeless, Gypsy, Roma and Travelling communities and those with long term conditions.
- 4.5 **5** refers to the five clinical areas of focus. For adults these are maternity, severe mental illness, chronic respiratory disease, early cancer diagnoses and Hypertension case-finding. Smoking cessation impacts on all the areas.



Infographic for adult CORE20PLUS5

- 4.6 For children and young people **PLUS** population groups include ethnic minority communities; inclusion health groups; people with a learning disability and autism; coastal communities notably with pockets of deprivation hidden amongst relative affluence; people with multi-morbidities; and protected characteristic groups; amongst others.
- 4.7 Specific consideration needs to be taken for the inclusion of young carers, looked after children/care leavers and those in contact with the justice system.
- 4.8 For children the **5** are: **Asthma** and the over reliance on reliever inhalers; **diabetes** and a commitment to increase access to real-time continuous glucose monitors and insulin pumps across the most deprived quintiles and from ethnic minority backgrounds; and increase the proportion of those with Type 2 diabetes receiving recommended NICE care processes; **epilepsy** with an increase access to epilepsy specialist nurses and ensure access in the first year of care for those with a learning disability or autism.; **oral health** a reduction in Tooth extractions due to decay for children under ten admitted as inpatients; **mental health** to improve access rates to children and young people’s mental health services for 0–17-year-olds, for certain ethnic groups, age, gender, and deprivation.



Infographic for child CORE20PLUS5

- 4.9 Within the Trust there are already developments that support Core20PLUS5.
- 4.10 An example being that the role out of MECC will give staff the skills and confidence to have lifestyle conversations with patients and support them to access local services such as smoking cessation.
- 4.11 The Directorates are keen to take MECC one step forward and equip staff with knowledge of smoking and vaping and for example within children's services the promotion of smokefree homes.
- 4.12 Accredited training for various elements of MECC is available via eLearning. Early discussions with services have indicated a desire to take a slightly different approach and use the videos within the training modules to deliver to staff in a group setting, generating conversations and specific service delivery plans. Staff will then be given an opportunity to develop their skills further by completing the National Centre for Smoking Cessation and Training (NCSCT) training and assessment module.
- 4.13 An offer for specific MECC training has also been received from Halton's Public Health team.
- 4.14 Within Halton we have embarked on a project around damp and mouldy homes and the impact on respiratory conditions in children. This is a collaboration between, Halton Public Health, Halton Environmental Health, Halton Housing, Bridgewater's 0-19 service, information governance and digital, along with F2 doctors from Warrington and Halton hospital who are on their three-month public health rotation.
- 4.15 A similar programme of work is about to start within Warrington. Both support the delivery of Wab's Law that was introduced via secondary legislation in February 2023.


- 4.16 We are engaged with several place-based collaboratives for the Core20PLUS5. These include the cancer and the cardio-vascular disease workstreams in Halton, a healthy weight strategy development in Warrington and our engagement across both boroughs with the Wellbeing workstreams.
- 4.17 In the Dental Directorate a review of the patients on our waiting lists and health inequalities has been procured. This health equity audit approach aims to generate robust population health data to examine the relationship between health determinants, access to health services and care outcomes across our dental population.
- 4.18 The ICB are proposing two Core20PLUS5 population health at scale programmes that would benefit from a collaborative approach for both adults and children.
- 4.19 The first is a dedicated **Smokefree Cheshire and Merseyside Plan** - Cheshire and Merseyside's collective ambition is to deliver a Smokefree 2030 and a tobacco free future for every child.
- 4.20 Secondly **A system wide response to healthy weight** - Working to provide a consistent pathway of support for residents across Cheshire and Merseyside, in accessing appropriate support and treatment. This is in response to Cheshire and Merseyside have above average rates of overweight and obesity in child and adult populations, and a higher than average of cancer prevalence and the relationships between deprivation, cancer, obesity, and social determinants of health.
- 4.21 Both these population health programmes are in line with the Trust's current plans.

5. RECOMMENDATION

- 5.1 The Board notes the areas of work set out in section 2 and agrees that they will form the main focal points for the Trust's work in improving population health.
- 5.2 That the Board agrees for the Trust to apply for anchor status [anchor-institute-charter-framework-v20-jan-24.pdf \(cheshireandmerseyside.nhs.uk\)](https://www.cheshireandmerseyside.nhs.uk/anchor-institute-charter-framework-v20-jan-24.pdf)


Appendix 2. Prevention Pledge Tracker

Prevention Pledge Tracker March 2004



Bridgewater Strategic Objectives 1-6	Pledge Core Commitment	Status	Progress	Next Steps	Metric/ evidence	Owner
1. Quality	1. Prioritise a long-term focus on well-being, prevention and early intervention ensuring health in all policies; embedding prevention within our governance structures, appointing an Executive Sponsor for prevention (including MECC), and making 'prevention everybody's business'.	Ongoing	Communities Matter 2023 – 2026 Strategic objectives IQPR Executive Health Inequalities Sponsor. Principle Lead for Public Health. Equality and Inclusion Manager. Executive LGBTQIA+ sponsor. Head of Research Health inequalities research studies. Health Equity Group formed. . Our Just Culture Training Programme (over 30 attendees and 2 Executive Sponsors) have been fully trained.	Sign the Anchor Institution Charter Principles  Anchor Institute Charter and Principles Service line health equity audit. Health Equity Framework development HEAT Core20PLUS5	IQPR Equality and inclusion report. Board Assurance Framework Community Matters NHS EDI Improvement Plan – Self Assessment Board EDI objectives. Individual objectives for Executive Directors.	Ted Adams Andi Sizer
1. Quality 2. Health Equity 3. Staff 4. Resources	2. Create the conditions to support service managers and staff teams to take a quality improvement approach to review and transform services to embed prevention.	Ongoing	Directorate Improvement plans Boost Changes to QIA template		Plans and outcomes. QIA	Trust wide

			<p>PEOPLE Values.</p> <p>Board Development Sessions (focused on EDI).</p> <p>Leader in Me events (focused on EDI).</p> <p>Staff Networks chaired and supported by Executive Directors.</p> <p>EDI Working Group</p> <p>Time to Shine</p>		<p>NHS EDI Improvement Plan – Self Assessment</p> <p>Meeting minutes</p> <p>Freedom to Speak Up Reports to the Trust’s People Committee, tabled bi-monthly.</p>	
<p>1. Quality 2. Health Equity 4. Resources 5. Equity, Diversity, and Inclusion 6. Partnerships</p>	<p>3. Guided by Marmot principles; develop approaches to prevention, collaborating with our partners ‘at place’, to address inequalities & deliver local priorities and prevention ambitions set out within the NHS Long Term Plan & in COVID recovery plans</p>	<p>Ongoing</p>	<p>Cheshire and Merseyside Collaborative</p> <p>Involvement in place-based strategies and interventions designed at reducing inequalities in line with NHS Long Term Plan / COVID recovery.</p> <p>Internal Digital Strategy</p> <p>Link Workers/Community Health and Wellbeing Worker updates.</p> <p>Communities Matter 2023 – 2026,</p> <p>Dental Strategy, Health, and wellbeing programme.</p> <p>Executive LGBTQIA+ sponsor.</p> <p>LGBTQIA+ staff network.</p> <p>Rugby League Cares.</p> <p>Head of Research.</p>	<p>Health Equity Framework</p>	<p>NHS EDI Improvement Plan – Self Assessment</p> <p>Yearly workforce report</p> <p>Board Assurance Framework</p> <p>Health Equity Group minutes and actions</p> <p>Northwest Anti-Racist Framework Action Plan, People Committee, and Board reports.</p>	<p>Ted Adams Andi Sizer Associate Directors</p> <p>Workforce and Operational Development</p> <p>Andi Sizer Ted Adams</p>


			<p>Health Inequalities research studies.</p> <p>Armed Forces Trust Accreditation.</p> <p>Careers fairs in place-based settings.</p> <p>Apprenticeship Programme. Equality Diversity and Inclusion Council.</p> <p>People Strategy</p> <p>Halton Family Hubs</p> <p>Carers Strategy</p> <p>Warrington and Halton Wellbeing Hubs</p> <p>EDI Working Group</p> <p>Public and Community Engagement Group</p> <p>Damp and Mould Homes project.</p> <p>Ulysses incident reporting system updated in 2022 to better facilitate capture and monitoring of incidents related to protected characteristics/discrimination/harassment from patients/family/public.</p>			
<p>1. Quality</p> <p>2. Health Equity</p> <p>4. Resources</p> <p>5. Equity, Diversity, and Inclusion</p> <p>6. Partnerships</p>	<p>4. Work in partnership in the utilisation of common prevention pathways across Trusts, supporting secondary and tertiary prevention that reduces the impact of established disease through lifestyle advice</p>	Ongoing	<p>CMAST - Acute Mental Health and Learning Disability Collaborative.</p> <p>Professional leaders' group in Borough</p> <p>Living Well Hubs</p>	<p>Roll out of level one smoking cessation training.</p> <p>Application of HEAT and Core20PLUS5 to service</p>	<p>NHS EDI Improvement Plan – Self Assessment</p> <p>IQPR</p> <p>Pathways</p>	<p>Ted Adams</p> <p>Directorates</p>

	and cardiac or stroke rehabilitation programmes.		<p>Cardiac and stroke rehab teams Virtual Wards</p> <p>Community Link Workers</p> <p>Halton CVD and cancer programme</p> <p>Smoking, alcohol and physical activity status in IPR</p>	<p>improvement and transformation plans</p> <p>Health Equity Audit</p> <p>Halton at place Core20PLUS5 health equity audits</p>	<p>Health equity board report</p> <p>Directorate reports</p>	
<p>1. Quality 2. Health Equity 4. Resources 5. Equity, Diversity, and Inclusion 6. Partnerships</p>	<p>5. Establish key anchor practices that contribute to a successful application for the Cheshire & Merseyside Social Value Award; to positively impact on the wider determinants of health & the climate 'health' emergency when making decisions on procurement, purchasing and through our organisation's corporate social responsibilities. Increase social value by establishing anchor practices, that positively impact on the wider determinants of health & the climate 'health' emergency, when making decisions on procurement, purchasing and through our organisation's corporate social responsibilities.</p>	Ongoing	<p>Green Action Plan focusing on sustainability, asset management and utilities.</p> <p>Green Space and Biodiversity</p> <p>Healthy and active work environment</p> <p>Sustainable use of resources</p> <p>Continue to monitor CO2 emissions.</p> <p>Sustainability category in Trust staff awards</p> <p>Bridgewater procurement is through WHHT.</p>	<p>Sign the Cheshire and Merseyside Social Value Charter</p>  <p>social-value-charter.pdf</p>	<p>Signed charter.</p> <p>Yearend procurement report</p> <p>Yearend Green Plan report</p>	Finance and estates
<p>1. Quality 2. Health Equity 3. Staff 4. Resources 5. Equity, Diversity, and Inclusion</p>	<p>6. Systematically adopting and embedding an MECC approach from commissioning contracts to service delivery, increasing the number of brief or very brief interventions with patients supporting them to eat well, be physically active, reduce harm</p>		<p>MECC approach adopted.</p> <p>NHS England e-learning MECC training sourced as service specific.</p> <p>Community Health and Wellbeing Workers Link Workers</p>	<p>Training ready to go live on ESR.</p> <p>Additional modules are available as is face to face placed</p>	<p>Number of staff completing training</p> <p>Number of services attending place-based training</p>	Workforce and Operational Development

	from alcohol and tobacco and promote mental well-being.	Ongoing		based MECC training. Level one smoking cessation training for front line staff	Service specific metrics to be decided. Case studies, service evaluation and outcomes paper	Project Lead
1. Quality 2. Health Equity 4. Resources 5. Equity, Diversity, and Inclusion 6. Partnerships	7. Work with primary care, local authorities and VCISO's to systematically refer to sources of non-clinical support through social prescribing, aligned with community capacity building and to reduce impact on GP consultation rates, A&E attendance, hospital stays & re-admission, medication use, and social care.	Ongoing	<p>Continued work across the system to reduce long stays where not clinically appropriate.</p> <p>Development of multi-agency programmes where applicable to reduce A&E attendance and re-admission rates through offering alternative provision.</p> <p>Examples being, Virtual Wards, Pathways in place with Hospital Trusts for cardiac and stroke, MECC, Health and Wellbeing Programme, Oral health offer in schools and care homes, Infection prevention service for care homes, Widnes Urgent Treatment Centre A & E Pathways, Community Health and Wellbeing pilot, Place based partnerships for referrals into lifestyle services.</p> <p>Link Workers</p> <p>Community Health and Wellbeing workers</p> <p>Living well hubs</p>	<p>Directorate score cards and dashboard in Development</p> <p>Widnes UTC patient flow and demographics being</p>	<p>Directorate metrics score card monthly report</p> <p>UTC daily report</p> <p>Directorate monthly reports</p> <p>Link worker report. Community Health and Wellbeing report</p> <p>Community Health and Wellbeing evaluation report Bridgewater, Calderdale and Westminster</p> <p>IQPR reports and actions.</p>	Trust wide

<p>1. Quality 2. Health Equity 3. Staff 4. Resources 5. Equity, Diversity, and Inclusion 6. Partnerships</p>	<p>8. Support workforce development, providing training and/or resources to frontline staff to offer brief advice and/or referral in supporting patients to eat well, be physically active, reduce harm from tobacco and alcohol and promote mental well-being.</p>	<p>Ongoing</p>	<p>MECC approach adopted. NHS England e-learning MECC training sourced as service specific. Core20plus5 NHS England Ambassador Health and Wellbeing events Partners at Place events</p>	<p>Training ready to go live on ESR. Additional modules are available as is face to face placed based MECC training.</p>	<p>Number of staff completing training Number of patient records with smoking status (including vapes), Physical activity and alcohol recorded. IQPR</p>	<p>Workforce and Operational development</p>
<p>1. Quality 2. Health Equity 3. Staff 4. Resources 5. Equity, Diversity, and Inclusion 6. Partnerships</p>	<p>9. Ensure a smoke-free environment, linked to support to stop smoking for patients and staff who need it.</p>	<p>Ongoing</p>	<p>Smokefree policy for staff and patients IQPR</p>	<p>New signage for freehold sites and specific leasehold sites  NHS-Smokefree-Pledge.pdf Policy refreshed and with HR for approval. Sign NHS Smokefree Pledge</p>	<p>All sites are smokefree.  Smoke Free Working and Smoke Free Envir</p>	<p>Estates Andi Sizer/ Tania Strong Board</p>
<p>1. Quality 2. Health Equity 3. Staff 4. Resources 5. Equity, Diversity, and Inclusion 6. Partnerships</p>	<p>10. Provide workplace health programmes for NHS staff and foster an organisational culture that promotes workplace resilience and creates opportunities for staff to eat well, be active, reduce harm from tobacco and alcohol and promote mental wellbeing.</p>		<p>Just Culture programme Workplace health programmes. Health Hub. Staff Health and Wellbeing Team. NHS Games. Weekly bulletin. Walk at Work/exercise at work,</p>	<p>Physical Activity Charter to be signed. A staff member within the health and wellbeing team is scheduled to do the RSPH physical activity training.</p>	<p>Number of events and champions Flu and covid vaccination report yearly. Freedom to Speak Up reports.</p>	<p>Workforce and Operational development</p>

		Ongoing	<p>Time to Shine.</p> <p>Staff recognition, staff career conversations and pastoral support,</p> <p>Health and Wellbeing Champions Staff groups for example menopause and carers groups,</p> <p>Rugby League Cares,</p> <p>Bridgewater Engagement group</p> <p>Cycle to work scheme, health and wellbeing webinars and financial wellbeing support.</p> <p>Holistic Health and Wellbeing Policy</p> <p>Workplace Charter – Gambling Harm</p> <p>CHAMPS Tackling Gambling Related Harm</p>		<p>Leader in Me events</p> <p>People Committee reports</p>	
<p>1. Quality</p> <p>3. Staff</p> <p>4. Resources</p> <p>5. Equity, Diversity, and Inclusion</p> <p>6. Partnerships</p>	<p>11a. Review food and drink provision across all our NHS buildings, facilities, and providers in line with Hospital Food Standards and the NHS Standard Contract, to make healthier foods and drinks more available (including vending and onsite catering), convenient and affordable and limit access to less healthy foods and drinks such as those high in fat, sugar and/or salt.</p>	Completed	<p>No on-site vending or catering in leasehold and freehold sites.</p> <p>Water coolers are in all settings. Health and wellbeing programme as above.</p>	Revisit as and when needed		Estates
<p>1. Quality</p> <p>3. Staff</p>	<p>11b. Increase public access to fresh drinking water on NHS sites (keeping single use plastics to a minimum) and encouraging re-useable bottle refills.</p>	Completed	<p>Green Action Plan.</p> <p>Water coolers are in all settings.</p> <p>Health and wellbeing programme as above.</p>	Revisit as and when needed		Estates

<p>1. Quality 3. Staff 4. Resources 5. Equity, Diversity, and Inclusion 6. Partnerships</p>	<p>12. Support the sub-regional physical activity strategy; to promote and create opportunities for staff, patients, and visitors to be physically active both on and off site and in line with active travel and sustainable management plans.</p>	<p>Ongoing</p>	<p>Meeting held with Active Cheshire. Active Cheshire have free training available for the Bridgewater Engagement Champions Warrington Health Weight Strategy Group</p>	<p>Sign declaration.  Example Physical Activity Statement (OC) Start the training offer. Identify walking routes. Bridgewater represented</p>	<p>Number of Champions trained. Number of walking routes promoted to staff. Staff Engagement Champion report</p>	<p>Workforce and Operational Development</p>
<p>1. Quality 3. Staff 4. Resources 5. Equity, Diversity, and Inclusion 6. Partnerships</p>	<p>13. Sign up to the 'Prevention Concordat for Better Mental Health for All' and to embed the Prevention Concordat across health and care policies and practices.</p>	<p>Completed</p>	<p>The Cheshire and Merseyside Collaborative application to the Prevention Concordat approved in February 2023</p>		<p>Bridgewater is a partner in the C&M Concordat</p>	
<p>1. Quality</p>	<p>14. Monitor the progress of the Pledge against all commitments and to publishing the results of our progress at regular intervals</p>	<p>Ongoing</p>	<p>Six monthly reports</p>	<p>Place based meeting to be scheduled April 2024</p>	<p>Prevention Pledge status awarded.</p>	<p>Ted Adams Andi Sizer</p>



Cheshire and Merseyside

Anchor Institution Charter & Principles

What is an anchor institution?

'Anchor institutions' are usually large public sector organisations rooted in and connected to their local communities. They can improve health through their influence on local social and economic conditions by adapting the way they employ people, purchase goods and services, use buildings and spaces, reduce environmental impact, and work in partnership.

An anchor institute is a place-based organisation invested in its local area. Examples include councils, universities, colleges, housing associations and emergency services.

By their very nature, these organisations also spend substantial amounts of money within the local area. While most of their employees are likely to live within the local area, and spend their wages there, they also have significant procurement and investment spend which can also be spent locally.

They have a collective interest in seeing their local area improve and are always looking for more opportunities to advance collaboration with them.



The place

Cheshire and Merseyside ICS: Local Authorities, NHS Cheshire and Merseyside, NHS Providers, Voluntary and Community Sector, Suppliers, Business, and Industry.



The Five Anchor Institution Pillars



Purchasing locally and for social benefit

Using buildings and spaces to support communities



Widening access to quality work

Working more closely with local partners



Reducing environmental impact



Our journey so far

Since November 2021 two virtual events have taken place to begin shaping our charter and considering the benefits associated with becoming an anchor institute. This includes including purchasing more locally and for social benefit; using buildings and spaces to support communities; working more closely with local partners; reducing the environmental impact; and widening access to good jobs.

We were able to learn from the positive work of other organisations, both within and outside of Cheshire & Merseyside, that are on an anchor journey. C&M is already home to anchor institutions and we envisage that our work will build on and complement this but by no means replace.

The webinars brought together cross sector partners including voluntary, charity, faith, public and business sectors to work with Cheshire and Merseyside Health and Care Partnership and shape our region's development as a better place to live and work.

The feedback gathered from these events enabled the development of the initial principles which will be shared with members of the local communities to ensure ownership, before being implemented as the Cheshire and Merseyside framework, helping to reduce health inequalities.



Principles and Priorities

Our Principles as an Anchor System:

- As an Anchor Institution we commit to the real living wage and creating equality within our local job sector.
- We pledge to employ and purchase, locally, in the first instance with an aim to support the wealth of local businesses within our geography.
- We pledge to work closely with partners and, where possible, ensure our buildings are viewed as local, community assets.
- We are committed to measuring and evidencing the progress made as a result of becoming an Anchor Institution.



Our Priorities as an Anchor System

- Develop and implement a Net Zero plan, setting out our journey towards zero carbon by 2040 or sooner.
- Our Anchor work is complemented by the Social Value Charter, to provide alignment organisations involved will have achieved, or be willing to achieve, the C&M Social Value Award within six months of signing.
- Anchor organisations will be involved in and sign up to the Cheshire and Merseyside Prevention pledge (currently applicable to Trusts only), driving a population approach to prevention and working alongside the national [Core20PLUS5](#) supporting the efforts to reduce health inequalities.
- Develop an Anchor Network Progression Framework to help organisations self-assess progress/ambitions as an anchor.



Shared themes from the webinars

The feedback collated from the Anchor Institution development webinars provided us with themes and foundations for continuing this work. We have used these suggestions to develop our pledges:

- We will provide education and raise awareness about Anchor Institutions and the benefits to encourage a population approach and give individuals the information and tools they need to engage in our work. We will build on the Anchor Institute events and turn the vision into reality by working as partners, forgetting organisational boundaries, and delivering together for the communities we serve.
- There is a wealth of assets and positive work taking place across Cheshire and Merseyside, we will work with our partners to tap into this to utilise what already exists locally.
- We are committed to working collectively towards a shared aim that all involved are invested in with shared ethics, responsibility, and purpose.
- To enable a new way of collaborative working we will need to consider processes to allow us to get there.

Marmot Priorities

Best Start Healthy Lifestyles Employment Healthy, Sustainable
Places and Communities Preventing Ill Health People Maximising
their Potential and Capabilities (strengths / assets)
Address racism Pursue environmental sustainability

The Public Services (Social Value) Act 2012)

Social Value Themes

Social - Economic - Environmental

Local
Sustainable
Community
Strategy
Outcomes

Local Social
Value Charter,
Framework,
Tools and
Templates

Local
Industrial
Strategy
Priorities

Social
Innovation
Incubator

Local
Enterprise
Partnership
Priorities

Local Suppliers, Business and Industry Corporate Social Responsibility

Anchor Organisations: NHS Cheshire and Merseyside ICB,
Local Authorities, NHS Providers, Voluntary and Community
Sector Organisations

Cheshire and Merseyside Health and Care Partnership, Voluntary Sector
Organisations

By signing this Charter, we are committed to its principles, and will align our processes to encompass them, where possible, when we design, shape, buy and deliver services.

Signed

Designation

Organisation



Committee Chair's Report

Name of Committee/Group:	People Committee	Report to:	Board of Directors
Date of Meeting:	13 March 2024	Date of next meeting:	08 May 2024
Chair:	Abdul Siddique, Non-Executive Director	Parent Committee:	Board of Directors
Members present/attendees:	<p><u>Members</u> Abdul Hafeez Siddique, Non-Executive Director (Committee Chair) Dame Elaine Inglesby, Non-Executive Director (Committee Vice-Chair) Paula Woods, Director of People & Organisational Development Tina Wilkins, Non-Executive Director Linda Chivers, Non-Executive Director Lynne Carter, Deputy Chief Executive and Chief Nurse Sarah Brennan, Chief Operating Officer, attending until 11 am Bob Chadwick, Non-Executive Director</p> <p><u>Attendees</u> Jo Waldron, Deputy Director of People and Organisational Development Mike Baker, Deputy Director of Communications and Engagement Tania Strong, Interim Head of Human Resources Kathryn Sharkey, Head of Workforce Adie Richards, Education and Professional Development Lead Carl Dixon, Head of Leadership and Organisational Development Ruth Besford, Equality and Inclusion Manager Helen Young, Freedom to Speak Up Guardian Katherine Summers, Infection Prevention and Control Lead Nurse Jan McCartney, Trust Secretary Eugene Lavan, Deputy COO, attending from 11 am, on behalf of Sarah Brennan</p> <p><u>Observers</u> Christine Stankus, Lead Governor, Observer Arshad Ashraf, Public Governor, Observer Sarah Power, Staff Governor, Observer</p>	Quorate (Yes/No):	Yes
		Key Members not present:	Dr Ted Adams, Medical Director Denise Bradley, Unison Bridgewater Branch Secretary and Staff Side Chair 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

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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
COMMITTEE BUSINESS CYCLE FOR 2024-25	BAF 4 and 6		<p>The Business Cycle was presented by Jan McCartney, Trust Secretary for approval purposes, as per the twice yearly cycle.</p> <p>The comments received in the annual effectiveness survey were noted by the Committee, specifically in relation to the length of the papers. It was agreed that a small task and finish group would be set up with Committee Chair, Vice Chair, Director of People and Trust Secretary to look to streamline and amalgamate some of the papers.</p>	Task and Finish group to be set up to review the business cycle with a view to streamlining the papers.
COMMITTEE ANNUAL ACTIVITY REPORT	BAF 4 and 6		<p>The Annual Activity Report was presented by Jan McCartney, Trust Secretary for approval. This report provides an overview of the activity of the Committee to enable Audit Committee to review and be assured that appropriate governance and process are in place for the Committee to satisfactorily discharge its role and responsibilities.</p>	The Committee noted the extensive activity and approved escalation to Audit Committee.
COMMITTEE EFFECTIVENESS SURVEY	BAF 4 and 6		<p>The Self-Assessment of the People Committee Effectiveness 2023/24 Report was presented by Jan McCartney, Trust Secretary for assurance purposes.</p> <p>The People Committee is required to provide assurance to the Board, on the effectiveness of the People Committee function and conduct by an annual review.</p> <p>This is achieved through the completion of an annual survey, the results of which were presented.</p> <p>Key points noted by the Committee from the survey:</p>	Task and Finish group to be set up to review the business cycle with a view to streamlining the papers.

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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
			<ul style="list-style-type: none"> - Overall an effective meeting - Very large agenda with a lot of papers to read and get through, with no break during the meeting - Group to look at the Business Cycle will help with the feedback from the survey in terms of the length of the papers - Support offered to some attendees who said they find the meeting challenging 	
EQUALITY, DIVERSITY AND INCLUSION STRATEGY - REFRESH	BAF 4 and 6		<p>The EDI Strategy was presented by Ruth Besford for approval purposes.</p> <p>The Equality, Diversity, and Inclusion Strategy is an enabling Strategy for the Communities Matter Strategy and the People Strategy.</p> <p>Discussion around how this all links into the Transformation work. Ruth linked into the Health Equity work, led by Ted Adams. Transformation Group will have EQIA running through it. EDI Working Group will look to ensure there is a golden thread between this work as per Communities Matter Equality Objective and the Health Equity Objective led by Ted Adams.</p> <p>Elaine Inglesby asked that we try to look to have additional measurements, over and above the Statutory and Mandatory requirements. Ruth and Tania updated that the EDI Group had an event at the end of Feb 24 which looked at what the outputs could be i.e what good looks and feels like from those with lived experience. Elaine is involved in that group and a follow up session is planned.</p>	Committee noted and approved escalation to Board for overall approval.

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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
RISK REPORT UPDATES <ul style="list-style-type: none"> • HR • OD/EPD COMMUNICATION	BAF 4 and 6		<p>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).</p> <p>HR Risk Report</p> <p>There are a total of 3 Risks on the HR Risk Register. Two were reported to Risk Council (as at 3rd February 2023) and one latterly added to the register (Risk ID</p> <p>The three risks are:</p> <ul style="list-style-type: none"> • Risk ID 3059 remains at a score of 6 – Junior Doctor strikes took place over the 24th – 29thFebruary. The Trust focus is on supporting the system as part of the wider Winter pressures response. • Risk ID 3191 has a score of 9 - This risk and plans for the Trusts new Wellbeing Policy in coming months will continue to be monitored in terms of impact. • Risk ID 3245 has a score of 12 – this was entered onto the register on the 16th February as a new risk – relates to the delay in provision of information available from PAM our Occupational Health provider relating to employee immunisation status for Measles (MMR Vaccination). This may also be an emerging risk in relation to the robustness of vaccination information held by PAM, subject to further scrutiny. <p>Educational and Professional Development (EPD) and Organisational Development (OD) Risk Report</p>	The Committee noted the content of the reports and were assured on the management of risks.

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			<p>During the reporting period there are a total of 2 Risks on the EPD and OD Risk Register in the reporting period, both scored below 12 as at 3rd of February 2024.</p> <p>Risk ID 3078: Mandatory Training - remains at a score of 9.</p> <p>Risk ID 3176: Oliver McGowan Training – Remains at a score of 6.</p> <p>Communications Risk Report</p> <p>There are no reported Communication risks.</p> <p>There were no emerging risks presented.</p>	
IQPR – PEOPLE INDICATORS	BAF 4 and 6 WLR 9 PP 1-7		<p>The seven IQPR people indicators were presented to the Committee for month 9 by Jo Waldron, Deputy Director of People and Organisational Development (OD). Six of the seven indicators were reporting green, which is the most positive position the indicators have been in for some considerable time. The only indicator in red at month 9 is actual absence at 5.58% which isn't unusual for this time of year.</p> <p>Detailed reports in relation to Sickness and Statutory and Mandatory Training and PPDR rates were presented later in the meeting as per the agenda. The report narrative focusses on the efforts across the Trust to improve our staff Retention rates.</p> <p>The Committee noted the extensive work and progress across the People indicators and suggested that there may be a</p>	<p>The Committee noted and were assured of the progress with the indicators.</p> <p>Report next time to look at alternative ways to present the data, which better presents the progress made across the indicators.</p>

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			better way of presenting the data to show the progress made, possibly utilising SPC Charts etc.	
DIRECTOR'S UPDATE REPORT	BAF 4 and 6 WLR as highlighted in the report PP as highlighted in the report		<p>The report was presented by Paula Woods, Director of People and OD, for information and assurance purposes. The report aims to update the Committee on the Regional, National and local level 'People' agendas. The report, included areas where there are challenges and potential risks in delivery.</p> <p>The Director's update report tabled the following:</p> <ul style="list-style-type: none"> • Industrial Action Update • Department of Health & Social Care – Call for evidence: Separate pay spine for Nurses • The NHS Leadership Competency Framework for Board Members (LCF) – Supporting new standards for Board Members • The Annual Staff Survey 2023 – Initial Result Tables shared with the Chair and Non-Executive Directors • NHS Executive Leaders Wellbeing Programme – Launch Event • North West Wellbeing Policy – Early Adopter Update • Scaling up People Services in Cheshire & Merseyside • Warrington Together Workforce & OD Enabling Group Update (WEG) and Delivery Oversight Committee Update (DOC) • Clinical Leadership Framework • Employee Wellbeing App as offered by our Occupational Health Provider, PAM Assist • REACT Mental Health Training for Staff 	The Committee noted the report and its comprehensive contents.

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			<ul style="list-style-type: none"> • Executive Team Development Programme Update • Rugby League Cares - ‘Self Care’ training for the Executive Team • Completion of our Reciprocal Mentoring for Inclusion Programme with Liverpool John Moores University • Tender for the Procurement of a Resuscitation Training Provision • Closing off of Well-led Action Plans / Recommendations 	
<p>POD CHAIR’S REPORT AND PEOPLE OPERATIONAL DELIVERY UPDATE</p>	<p>BAF 4 and 6</p>		<p>The POD Council Chair’s Report for the meeting which took place on 21st February 2024 was presented by Jo Waldron, Deputy Director of People and Organisational Development.</p> <p>The Deputy Director of People updated on the key items from the report, without duplicating updates from papers either earlier or later in the agenda including:</p> <ul style="list-style-type: none"> • People data set • TNA progress and plans • Senior Management Development Programme. • Relaunch of the First Line Managers and Ops Managers Programme. • Development of a Leadership and Management Prospectus and Passport • Flexible Working Campaign is due to launch in the coming weeks. • Civility and Respect Toolkit – Behavioural Framework as now been developed and is now being designed by our Comms Team in readiness for launch. This will support our Civility and Respect Toolkit and 	

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			programme of events such as Just and Learning Culture etc.	
NATIONAL STAFF OPINION SURVEY – RESULTS REPORT AND ACTION PLAN	BAF 4 and 6		<p>The report was presented by Mike Baker, Deputy Director of Communications and Engagement for assurance purposes.</p> <p>62% of Bridgewater staff completed the survey this year, making it the best response rate ever for the Trust.</p> <p>At a Trust-wide level, the 2023 NHS Staff Survey report showcases an improved staff survey for the organisation.</p> <p>The graphics and tables included in the report outlined in greater detail the breakdown of the key figures from the 2023 survey.</p> <p>In 2023, six of the nine elements / themes show a matched or increased value on the Community Trust average. Three elements now show a decrease. This is a contrast with 2022, where there were four. These three elements will be the areas that the Trust will work closely on as part of its organisation-wide action planning.</p> <p>The areas showing a decrease compared to the Community Trust average are as follows:</p> <ul style="list-style-type: none"> • We are recognised and rewarded (-0.1) • We are always learning (-0.1) • We work flexibly (-0.1) 	

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			<p>The directorate information contained greater breakdown of content and therefore a more complex picture.</p> <p>Staff Survey Action Plans will once again be created Trust-wide and at directorate level with the support of key personnel across the People Directorate.</p> <p>We will continue to feedback and communicate with our staff by way of our well-established, “You said... We did... We are doing” approach.</p> <p>Our Staff Engagement Framework for 2024/25 will include engagement activities that align to the feedback we have received to further support the fulfilment of the 7 elements of the NHS Our People Promise.</p>	
<p>REVIEW OF STAFF SICKNESS AGAINST TRUST TARGET OF 5.5%</p>	<p>BAF 4 and 6</p> <p>WLR 8</p> <p>PP 4</p>		<p>The report was presented by Kathyryn Sharkey, Head of Workforce for information and assurance purposes.</p> <p>Over the last 12-month period, rolling sickness absence rates overall has been in a downward trend with slight fluctuations in some months, however January 2024 has shown an increase from 5.47% in December 2023 to 5.52% which is slightly above the Trust target. Actual sickness absence % rate has fluctuated more frequently over the 12-month period. In January 2024 actual sickness increased from 5.58% in December to 6.90% which isn't uncommon for this time of year due to seasonal illnesses.</p>	<p>The Committee noted the content of the report and were assured that the appropriate scrutiny was being applied.</p>

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			<p>Support and programmes of work to support improvements were presented to the Committee.</p> <p>It was noted that MSK issues were the second highest reason for absence across a number of services and Tania Strong, Head of HR updated on the extensive offer from PAM assist in terms of MSK i.e self-referral and telephone advise etc which is well utilised across the Trust. Tania will work with the HR Managers to offer some targeted work in those areas where it's high.</p>	
EMPLOYEE RELATIONS REPORT	BAF 4 and 6 PP 3		<p>The report was presented by Tania Strong, Interim Head of HR for information and assurance on the management of employee relations cases.</p> <p>Over the rolling 12-month period there have been 29 employee relations cases opened, and at present there are 10 cases currently open – overall activity remains low but there is a continual focus on lessons learned and improvements that can be made.</p>	The report was noted by the Committee and were assured on the progress.
FREEDOM TO SPEAK UP REPORT	BAF 4 and 6		<p>The report was presented by Helen Young for information and assurance purposes.</p> <p>The report provided the following to the Committee:</p> <ul style="list-style-type: none"> • Details Freedom to Speak Up Activity. • An update re the FTSU self-assessment action plan. • Update from the National Guardians Office. • Recommendations and future developments. 	The Committee noted the reports and were assured on the progress and plans.

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			<ul style="list-style-type: none"> Seeks to provide assurance to the People Committee that these areas of work are being appropriately managed. 	
SYSTEM STAFFING IMPLEMENTATION UPDATE	BAF 4 and 6		The System Staffing Implementation Update report was presented by Lynne Carter, Chief Nurse/Deputy CEO for information and assurance purposes which outlined the implementation progress for both CNSST and the SNCT across the Trust.	<p>The Committee noted the reports and were assured on the progress and plans.</p> <p>It was agreed that the next report would focus on the forward plans in terms of Safer Staffing and Capacity and Demand data gathering, with a view to reducing the frequency of the report to the Committee in future.</p>
HR POLICIES AND PROCEDURES	BAF 4 and 6 PP 1-7		<p>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.</p> <p>The following policies were approved by JNCC during the reporting period:</p> <ul style="list-style-type: none"> - Death in Service Policy (Refresh) - Personal Relationships in Work Policy (Refresh) - Alcohol, Drugs and Gambling Addiction Policy (Refresh) - Performance & Personal Development Review (Refresh) - Career Break Policy (Refresh) 	The Committee noted the content of the report.

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			The paper also provided an update on policies currently progressing through the stages of the governance process or are pending consideration by HRPG in March and April.	
VACCINATION CAMPAIGN AND NUMBERS - STAFF	BAF 4 and 6		<p>The Report was presented by Kathryn Summers, Infection Prevention and Control (IPC) Nurse for information and assurance purposes.</p> <p>The CQUIN goal for 2023/24 is to achieve a flu vaccination uptake of 75% to 80% of frontline healthcare workers. This reporting period, 847 staff (56%) have received a flu vaccination. To compare, the end of the flu vaccination period for 2022/23, BCHFT achieved a total uptake of 62% for flu vaccination amongst staff.</p> <p>Even though flu vaccination amongst staff for this year has been low, at the time of this report, for flu vaccination, BCHFT are the second highest performing Trust for frontline healthcare workers in the Cheshire and Merseyside region.</p> <p>This campaign to date, 465 (31%) members of staff have received their Covid-19 AW 2023/24 booster vaccination.</p> <p>The Covid-19 AW 2023/24 booster vaccination campaign officially closed on 31st January 2024.</p> <p>The report provided details on how the IPC Team have encouraged uptake and made vaccinations available across the Trust, including doing some targeted work in teams with low uptake.</p>	The Committee noted the reports and were assured on the progress and plans.

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<p>CHAIR'S REPORT: MEDICAL & DENTAL PROFESSIONAL GOVERNANCE MEETING – INCLUDING UPDATES ON MEDICAL APPRAISAL AND REVALIDATION AND THERE RESPONSIBLE OFFICER (RO) ANNUAL REPORT</p>	<p>BAF 4 and 6</p>		<p>The report was presented by Paula Woods, Director of People and Organisational Development on behalf of Ted Adams, Medical Director.</p> <p>During the period 1st September 2023 to 29th February 2024, four formal meetings of the Medical & Dental Professional Governance group have taken place.</p> <p>At present there are five doctors or dentists who are employed substantively by Bridgewater where there are concerns about their performance. These are being managed in accordance with Trust policy. The Committee asked for further detail on this as the number of Doctors seems high given the small number of Doctors we employ.</p> <p>As of February 2024, there were 19 doctors aligned to Bridgewater for appraisal. 15 of these 19 doctors had had their 2023/24 appraisals by 29 February 2024, with three approved postponements.</p> <p>12 doctors have their appraisal between September and February. Seven positive revalidation recommendation was made during the period 1st September 2023 to 29th February 2024, with two deferrals.</p>	<p>The Committee noted the reports.</p> <p>The Committee asked for further detail in relation to the Doctors with whom we have cause for concern in relation to their performance.</p>
<p>ORGANISATIONAL DEVELOPMENT UPDATES:</p>	<p>BAF 4 and 6 PP 4 and 5</p>		<p>Three reports were presented for information and assurance purposes – PPDR & Mandatory and Statutory Training Compliance, Application of Non-Compliance Principles and Apprenticeships update.</p>	<p>PPDR, S&MT compliance is being actively monitored and staff will be asked to prioritise safeguarding training and maintain overall compliance.</p>

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Committee Chair's Report

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PDR AND STATUTORY & MANDATORY TRAINING COMPLIANCE	BAF 4 and 6 WLR7 and 8 PP 1, 4 and 5		<p>The report was presented by Adie Richards, Education and Professional Development Lead for information and assurance purposes.</p> <p>All mandatory training modules are above the Trust target, with the majority in excess of 95% compliance.</p> <p>That said, there are still staff who remain non-compliant with some key modules which pose an associated risk, particularly in clinical areas, namely, Safeguarding, Resuscitation and Moving and Handling.</p>	<p>The Committee noted the report.</p> <p>The Committee asked for details of the numbers of staff who are non-compliant</p>
TALENT MANAGEMENT AND SUCCESSION PLANNING	BAF 4 and 6		<p>The report was presented by Carl Dixon, Head of Leadership and Organisational Development for information and assurance purposes.</p> <p>The report outlined the activity in relation to Leadership and Organisational Development since the last report such as the development of a Senior Management Development Programme, an Associate Director Development Programme, relaunch of the First Line Managers and Operational Managers Programme, the Development of a Leadership and Management Prospectus and Passport, progress with the Scope for Growth Programme, Mary Seacole and a new coaching qualification which has recently been advertised.</p>	<p>The Committee noted the report.</p>
STAFF ENGAGEMENT AND RECOGNITION ANNUAL REPORT	BAF 4 and 6		<p>The report was presented by Mike Baker, Deputy Director of Communications and Engagement for information and assurance purposes.</p>	<p>The Committee noted the report.</p>

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			<p>The purpose of this report is to give the People Committee an update on staff engagement and staff recognition over the last twelve months which in summary covered the following.</p> <p>Staff Engagement:</p> <ul style="list-style-type: none"> - Reimaging the Communications and Engagement Team - The NHS People Promise – embedding and engraining into all communications - NHS Staff Survey and National Quarterly Pulse Survey - Staff Engagement Champions – rebrand to People Promise Champions - MyBridgewater Extranet - Time to Talk - Leader In Me events - Flexible Working campaign - Trust recruitment pack <p>Staff Recognition:</p> <ul style="list-style-type: none"> - #TeamBridgewater Thank You Awards - Central repository for Trust ‘good news’ stories - Plans to launch People Promise ‘Thank You’ cards - Team noticeboards - Feelgood Friday bulletin 	
<p>MIAA INTERNAL AUDIT UPDATE</p> <ul style="list-style-type: none"> - STRESS RISK ASSESSMENT REVIEW 	BAF 4 and 6		The Stress Risk Assessment Review 23/24 report and action plan was presented by Tania Strong, Head of HR for information and assurance.	The Committee noted the report and were assured on the progress.

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<p>23/24. FINAL REPORT AND ACTION PLAN</p> <p>- JOB PLANNING AUDIT AND ACTION PLAN</p>			<p>The overall a rating of ‘limited assurance’ was given and a total of 10 recommendations were made across three themes, including:</p> <ol style="list-style-type: none"> 1. Return to Work Interviews 2. Individual Stress Risk Assessments and 3. Team Stress Risk Assessments <p>An action plan has been developed to address these recommendations and has been presented to the POD Council in February 2024. The progress of the action plan will continue to be monitored via this route.</p> <p>The Job Planning Audit and Action Plan report was presented by Paula Woods, Director of People and OD on behalf of Ted Adams, Medical Director.</p> <p>The updated action plan is at appendix 1. All actions are on track. Since the last People Committee the main update is that the reconciliation exercise between job plans and what staff are being paid has been completed with no differences between what staff are expecting to be paid and what they are being paid. The next update to the action plan will come to the next People Committee.</p>	<p>In relation to the Stress Risk Assessment action plan, it was agreed that the RAG would be reviewed to accurately reflect the current progress, with a supporting key.</p>
<p>BOARD ASSURANCE FRAMEWORK & RISK REGISTER</p>	<p>BAF 4 and 6</p>		<p>As per the introduction of the new BAF, this Committee will oversee BAF 4 and 6.</p> <p>BAF 4</p> <ul style="list-style-type: none"> - To include some narrative around the ICB position on no growth in the Workforce 	<p>The Committee were assured on the progress and governance around the monitoring of the BAF.</p>

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Committee Chair's Report

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			<ul style="list-style-type: none"> - Staff Engagement score and KPI Improvements - Reduce risk from 3-2 based on the improvements across the indicators. <p>BAF 6 – No Changes, risk score remain the same</p>	
ANY ITEMS FOR ESCALATION TO BOARD OR SHARING WITH OTHER COMMITTEES	BAF 4 and 6		It was noted that the Annual Activity Report should progress to Audit Committee and the EDI Strategy should escalate to Board for overall approval.	
REVIEW OF MEETNG ANY ITEMS TO BE ADDED TO THE BOARD ASSURANCE FRAMEWORK			Christine Stankus, Lead Governor, Observer reviewed the meeting as informative and welcomed the open and supportive discussions that took place.	
Risks Escalated			None.	

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EQUALITY DIVERSITY & INCLUSION

Enabling Strategy

2024 - 2027



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INTRODUCTION

Welcome to our Equality, Diversity, and Inclusion Strategy.

Being person centred, and recognising, valuing, and meeting individual needs are central to Bridgewater’s mission and values. These commitments are embedded within the Trust’s Communities Matter Strategy and People Strategy, both published in 2023 and detailing the commitments and actions that the Trust will take for its patients, communities, and workforce.

The Trust first published an Equality, Diversity, and Inclusion Strategy in 2019. Since that time the NHS has experienced an increased focus on the importance of equality and inclusion, both for patients and communities, and for its workforce. Equality, diversity, and inclusion in 2024 takes its rightful place across the NHS as a golden strand throughout employment, service delivery, patient safety, digital enhancement, and environmental commitments.

In the last three years the NHS has published the NHS People Plan, Our NHS People Promise, the NHS Long Term Workforce Plan, the NHS Equality, Diversity, and Inclusion Improvement Plan, Patient Safety Incident Response Framework, the NHS Long Term Plan, and Core20Plus5, amongst others. Equality runs throughout each of these documents.

This Equality, Diversity, and Inclusion Strategy 2024 – 2027 provides a brief update on our progress over the last three years; gives a brief overview of the legal, contractual, and voluntary commitments in service delivery and employment; details the equality objective and commitments set out in our Communities Matter Strategy and People Strategy; and provides an overview of the Trust’s planned approach to deliver objective five as set out in Communities Matter Strategy and Priority three of the People Strategy.

From Colin Scales (Chief Executive Officer) and Paula Woods (Director of People & Organisational Development)



Colin Scales
Chief Executive



Paula Woods
Director of People &
Organisational Development

COMMUNITIES MATTER : OUR STRATEGY

Published in 2023 the Communities Matter Strategy is aligned with objectives and priorities identified at regional level by Cheshire and Merseyside, and Greater Manchester Integrated Care Systems.

The Strategy recognises that it matters where people live, as community relates to inequalities, and to strength and resilience.

Greater Manchester, and Cheshire and Merseyside are both Marmot regions, committed to partnership working across organisational boundaries to address the social determinants of health. [All Together Fairer](#) in Cheshire and Merseyside focuses on seven recommendations for health equity, including partnerships, community involvement, and strengthening leadership and workforce. In Greater Manchester's [Build Back Fairer](#) the six recommendations include actions on ill health prevention, improved employment opportunities, and universal access to services. As an NHS provider Trust in both these regions we are mindful of these commitments in every area of Trust business.

The Communities Matter Strategy is detailed on page 16. Six strategic objectives have been identified. Number five focuses specifically on equality, diversity, and inclusion.

PEOPLE STRATEGY

The People Strategy, also published in 2023, is an enabling strategy to support achievement of the aims and objectives of Communities Matter. In its development the People Strategy aligned to both the PEOPLE values of the Trust, and the national NHS Long Term Plan, NHS People Plan, and the NHS Our People Promise.

Priority three of the People Strategy focuses specifically on equality, diversity, and inclusion, with the following 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).



Why is equality, diversity & inclusion important?

Equality, or equity, is about fair treatment. As a Trust we believe that quality employment opportunities and health care services should be accessible for all, and that by recognising and meeting individual need we can create fairness of opportunity.

Diversity is about recognising, respecting, and valuing difference, whether that is background, experience, identity, or belief. It is also about recognising the value that diversity brings to teams in the delivery of excellent patient care.

Inclusion is about belonging; feeling valued, welcomed, supported, and enabled to be your true self as you reach for your personal goals.

Inequalities are the preventable, unfair, and unjust differences between individuals, communities, or populations whether in health, employment, housing, education, or economic stability.

Inequalities affect lives, they determine the risk of people getting ill, their ability to prevent sickness and proactively make healthy life choices, and their opportunities to take action and access treatment when ill health occurs.

Within the regions that the Trust serves there is a diverse population, and within this population there is no one contributing factor that leads to inequity in health. The [Marmot Social Determinates of Health](#) outline inequality throughout the life cycle from birth to death, with many factors being out of the direct control of the NHS. But it is well evidenced that having one or more protected characteristic can contribute to inequality in health; with barriers to access, experience of discrimination and harassment, and failings in providing support for individual need all impacting on the life expectancy and healthy life expectancy of some groups.

Employment is a determinate of health equity, with opportunities for quality, stable, and supportive employment impacting positively on health and wellbeing, and on the wider social determinates of health for whole families.

As an employer and provider of public health care services, the Trust believes that equality is central to all it does, and that all staff have a role to play in developing and embedding equality, inclusion, and a value of diversity across the organisation.

WHERE WE ARE

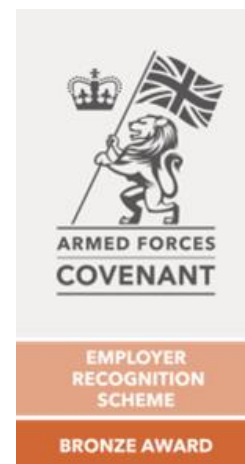
Since the publication of our last Strategy there has been positive progress in implementing and embedding programmes and practices that support equality.

These include:

- Board development and staff Leader in Me events in support of the Trust's commitment to the North West NHS Anti-Racist Framework.
- Delivery of equality training to operational managers, first line managers, and learners in practice.
- A reduction in formal disciplinarys following the Trust commitment to a Just and Learning Culture, which has included ambassador training, and updated induction, policies, processes, and communications.
- Development of the Civility and Respect Programme, aligned to equality, diversity and inclusion, and the Violence Prevention and Reduction Standard.
- Development of a Trust Behavioural Framework for all staff - the core behaviours expected of every member of staff, aligned to the Trust's PEOPLE Values.
- Early adoption of the new regional Wellbeing Policy, including support for disabilities, menopause, and carers.
- The establishment of executive sponsored Staff Support Networks for carers, menopause, race inclusion, disability, sexual orientation, and gender diversity.
- Development of gender diversity, carers, menopause, and armed forces policies and toolkits.
- Centralisation of a reasonable adjustments budget for disabled staff.
- Trust leadership of the national Stay or Go research - retention in the NHS post Covid 19 pandemic research.
- A guaranteed interview scheme for any applicant who meets the essential criteria for a role and indicates through NHS Jobs that they are disabled or an armed forces community member.
- A partnership delivery of a six-month pilot Reciprocal Mentoring for Inclusion Programme with Liverpool John Moores University.
- Successful apprenticeship recruitment programmes for 'growing our own workforce' from within our diverse communities. More than 150 staff have so far completed or are undertaking apprenticeships, supported by our commitment to

a substantive role on successful completion, along with salaries paid through the national Agenda for Change pay scheme.

- A campaign to encourage flexible working. There are options open to all staff and applicants.
- Embedding of equality impact assessments within the quality impact assessment decision making process for service changes.
- Community engagement with minoritised groups post pandemic, including care leavers, military veterans, Gypsy, Roma and Traveller community organisations, and disability groups.
- Embedding of the regional quality standard for language interpretation.
- Establishment of an Equality, Diversity, and Inclusion Working Group, and a Health Equity Group to support the delivery of evidence-based projects for staff and for patients/communities.
- Successful accreditation as:
 - Disability Confident Leaders
 - Veteran Aware
 - Navajo LGBT Charter Mark
 - Defence Employers Recognition Scheme bronze



Staff Networks

The Trust has active voluntary Staff Networks that support our diverse workforce, providing a safe space for staff to have real, honest conversations on work-life experience, highlighting both areas for improvement and areas of success. Staff Networks are essential for enhancing a culture of inclusivity, ensuring people feel able to bring their whole selves to work and contribute to improving life at work for under-represented groups and individuals.

Our current Networks, which are supported by the Trust and Executive Team, are the Carers Support Network, Enabled Network, LGBTQIA+ Staff Network (Lesbian, Gay, Bisexual, Transgender, and questioning, with the + recognising the wider diversity of identities), Menopause Support Network, and Race Inclusion Network.



LGBTQIA+ Network

For staff who identify with the diversity of gender and sexual identities.



ENABLED Network

For disabled staff, and those with neurodivergent diagnosis, long term conditions, or mental health challenges.



Carers Support Network

For staff who provide unpaid care for loved ones with additional needs.



Paths to Parenthood

A family friendly network for staff experiencing fertility challenges, baby loss, or other routes to parenthood.



Race Inclusion Network

For all staff who identify with Black, Asian, and white UK minority ethnicities.



Menopause Support Network

For staff experiencing the varying challenges of peri and post menopause.

Legal and contractual requirements

The Trust works within legal and contractual requirements that guide all equality work within the Trust. Due regard to these requirements underpins all design and delivery of the actions that support achievement of our equality objectives.

In brief these requirements are:

The Equality Act 2010 - Public Sector Equality Duty

- General Equality Duty: Due regard to three aims:
 - Elimination of discrimination, harassment, victimisation
 - Advancing equality of opportunity
 - Fostering good relations
- Specific Duties:
 - Annual Public Sector Equality Duty reporting
 - Equality objectives setting at least every four years.
 - Annual gender pay gap reporting.

The Human Rights Act 1998

The Health and Social Care Acts (2006, 2012, and 2022)

The Armed Forces Act 2022

The NHS Accessible Information Standard (DCB 1605)

The NHS People Plan

The NHS Our People Promise

The NHS Long Term Workforce Plan

The NHS Equality, Diversity, and Inclusion Improvement Plan

The NHS Long Term Plan, and Core20Plus5

The Equality Delivery System (EDS)

The Workforce Race Equality Standard (WRES). This also includes:

- The Medical Workforce Race Equality Standard (MWRES)
- The Bank Workforce Race Equality Standard (BWRES)

WRES: A Model Employer

The Workforce Disability Equality Standard (WDES)

The NHS Sexual Orientation Monitoring Information Standard (DCB 2094)

The NHS Standard Contract (Service Conditions Section 13 Equity of Access, Equality and Non-Discrimination)

Voluntary commitments

In addition to the legal and contractual obligations above, the Trust is also committed to the following voluntary accreditations. These externally assessed accreditations allow for a focused approach in relation to protected characteristic groups and the individual barriers, access needs, and inequalities that are generally associated with a protected characteristic group.

- The **NHS North West Anti-Racist Framework** is a key focus for the Trust. The Trust Board made a commitment to the original Framework in 2022 and reaffirmed this commitment to the refreshed Framework in 2023. The Framework has bronze to gold levels of attainment, with specific priorities and deliverables aligned to each level. Through active and ongoing engagement, and co-creation of actions, the Trust is committed to working alongside ethnically diverse and minoritised staff to deliver meaningful and relevant actions that support Trust progress in the Framework.
- **Disability Confident** is a national framework for equality of opportunity in employment for disabled people. The Trust has for several years been committed to Disability Confident and is working in co-design of action plans with disabled staff to be a Disability Confident Leader.
- The Trust was first awarded **Veteran Aware** accreditation in February 2023, and is committed to continuous improvement in engagement, service delivery, and high quality, responsive employment opportunities for members of the armed forces community. In addition, the Trust was awarded **Defence Employers Recognition Scheme Bronze** in 2022, and action plans align both accreditations to support improvement and progression in these schemes.
- The **Navajo LGBT+ Charter Mark** is a regional accreditation for equitable employment and service delivery for people who identify as lesbian, gay, bisexual, transgender, intersex, non-binary, and other identities for gender and sexual orientation. Following the first award in 2018 the Trust has been proud to continue to support these diverse communities and is committed to working in partnership to continue to improve over the coming years.
- The **NHS Sexual Safety in Healthcare Charter** was published in 2023. As a signatory the Trust is committed to a zero acceptance of unwanted, inappropriate, and/or harmful sexual behaviours in the workplace and to the implementation of ten core principles to support achievement of this aim.
- Also in 2023, the Trust signed the **Care Leavers Covenant**, a national programme that supports young people leaving care to live independently through five core areas that include health and wellbeing, and employment.

EQUALITY STRATEGY

The Trust's equality objective is to *'ensure that equality, diversity, and inclusion are at the heart of what we do, and we will create compassionate and inclusive conditions for staff and patients.'*

To achieve this objective there are four deliverables set out in the Communities Matter Strategy, and these are supported by 11 commitments within the People Strategy. These are mapped against the legal, contractual, and voluntary commitments below for information:

Communities Matter - Equality Objective	People Strategy – Equality Commitments	Mapping
<p>1 We will build a culture that champions equality, diversity, and inclusion, supporting and developing our people to provide compassionate and culturally competent care to our patients and each other.</p>	<ul style="list-style-type: none"> • 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 	<p>Equality Act 2010 - Public Sector Equality Duty. Human Rights Act 1998. The Armed Forces Act 2022. NHS Long Term Workforce Plan. NHS Equality, Diversity, and Inclusion Improvement Plan. Equality Delivery System Domain 2. Workforce Race Equality Standard. Including Medical and Bank Standards. WRES: A Model Employer. The Workforce Disability Equality Standard. The NHS Sexual Orientation Monitoring Information Standard (DCB 2094). Disability Confident. NHS North West Anti-Racist Framework.</p>

		<p>recruitment campaigns to address these.</p> <ul style="list-style-type: none"> • 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. • 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. • Embedding equality, inclusion and diversity as fundamental principles in all activities affecting current and future workforce. 	<p>Navajo LGBT+ Charter. Defence Employers Recognition Scheme. Veteran Aware. NHS Sexual Safety in Healthcare Charter. Care Leavers Charter.</p>
2	<p>We will be proactive in anticipating the diversity of our patient needs and will respond to them to ensure we achieve the best outcomes.</p>	<ul style="list-style-type: none"> • Complete Quality Impact Assessments (QIA) for any fundamental changes made to our workforce and service delivery, ensuring the quality of 	<p>Equality Act 2010 - Public Sector Equality Duty. Human Rights Act 1998. Armed Forces Act 2022. NHS Long Term Plan. Core20Plus5.</p>

		care we deliver is not adversely affected.	<p>Equality Delivery System Domain 1.</p> <p>NHS Accessible Information Standard.</p> <p>NHS Sexual Orientation Monitoring Standard.</p> <p>NHS North West Anti-Racist Framework.</p> <p>Navajo LGBT+ Charter.</p> <p>Veteran Aware.</p> <p>Care Leavers Charter.</p>
3	We will become an Anchor Institute in the community and will take our social and environmental responsibility seriously, addressing the socio-economic determinants of health.	<ul style="list-style-type: none"> Tackle health inequalities within our communities and strive to improve the quality of their lives and access to employment and services. 	<p>Equality Act 2010 – Public Sector Equality Duty.</p> <p>Armed Forces Act 2022.</p> <p>NHS Long Term Plan.</p> <p>Core20Plus5.</p> <p>NHS Long Term Workforce Plan.</p> <p>NHS Equality, Diversity, and Inclusion Improvement Plan.</p> <p>Equality Delivery System Domain 3.</p>
4	We will improve the reach of our organisation and grow our standing in the community through local partnerships.		<p>NHS Long Term Plan.</p> <p>Core20Plus5.</p> <p>Equality Delivery System.</p>

Delivering our equality objective – our equality strategy

Delivery of equality work in the Trust from 2024 will primarily be through the newly established Equality, Diversity, and Inclusion Working Group, a collective of staff from across the organisation with a passion and determination to embed effective and lasting equality actions that support the achievement of Trust objectives.

Governance and oversight is within the well-established structures in place, up to and including the Board.

Engagement in design and delivery of actions is fundamental to the Trust. The Trust's equality strategy is to ensure that in the design and delivery of every action there will be four stages:

- **Research** – developing a robust evidence base to better understand the bias, barriers, and also best practice that impact negatively or positively on equality and inclusion.
- **Collaboration and design** – increase the diversity of voices in planning to support the co-creation of impactful and transformative actions.
- **Implementation and monitoring** – develop ongoing peer review processes to support monitoring of progress and impact, and adjustment where necessary.
- **Evaluation and next steps** – review of final impact through data and engagement, and consideration of next steps, whether closure of an action, refresh of an action, or creation of a new action.

Measuring and evaluating progress

Collaboration is at the heart of our Equality Strategy, and measuring of progress and evaluation of impact are key to ensuring our actions deliver the intended real and lasting positive impacts on staff, patients, and communities.

The Trust has mandated equality reporting requirements that will support ongoing measurement of impact, and individual work programmes will have their own milestones and evaluation, but collectively the main tools that will be used include (but are not limited to):

- Information reported and monitored against our statutory/mandatory requirements, including Gender Pay Gap, Workforce Race and Disability Equality Standards, and the Equality Delivery System.
- External best practice accreditations - for example, the North West Anti-Racist Framework, Disability Confident, Navajo LGBT+ Charter Mark, and Veteran Aware.
- Staff survey responses (annual and quarterly pulse staff surveys).

- People Performance Indicators such as turnover, sickness absence rates, performance and appraisal rates, and training uptake.
- Patient feedback, including the complaints process.
- Feedback from Staff Networks, safe space discussions, and lunch and learn sessions.
- Feedback from other staff engagement activities, including Time to Talk executive sessions.
- Feedback from exit interviews.
- Monitoring of employee relations cases.
- Community engagement.

Each of these measurement tools and approaches should support monitoring and evaluation of progress, with successes evidenced within the legal and voluntary reporting frameworks detailed previously.

Contact details

Thank you for reading our Equality, Diversity, and Inclusion Strategy 2024 – 2027. If you have any questions or comments, or if you require this information in another format please contact:

Ruth Besford (Equality & Inclusion Manager)

ruth.besford@nhs.net

Communities Matter

Creating stronger, healthier, happier communities.

Our Mission

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

Our Values



Our Strategic Objectives

QUALITY

We will deliver high quality services in a safe, inclusive environment where our patients, 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.

EDI

We will ensure that equality, 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.

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BOARD OF DIRECTORS

Title of Meeting	BOARD OF DIRECTORS	Date	4 April 2024
Agenda Item	26/24 ii		
Report Title	STAFF SURVEY RESULTS AND ACTION PLAN		
Executive Lead	Paula Woods – Director of People and Organisational Development		
Report Author	Mike Baker – Deputy Director of Communications and Engagement Kate Oakes – Senior Communications and Engagement Manager		
Presented by	Paula Woods – Director of People and Organisational Development		
Action Required	<input type="checkbox"/> To Approve	<input checked="" type="checkbox"/> To Assure	<input type="checkbox"/> To Note

Executive Summary

The annual NHS Staff Survey is one of the largest employee surveys in the world. 62% of Bridgewater staff completed the survey this year, making it the best response rate ever for the Trust. This illustrates a positive trajectory for the organisation, given that Bridgewater also saw an improved response rate in 2022 (56% from 50% in 2021). The survey period was open between September and November 2023.

At a Trust-wide level, the 2023 NHS Staff Survey report showcases an improved staff survey for the organisation. The graphics and tables included in the report outline in greater detail the breakdown of the key figures from the 2023 survey.

In 2023, six of the nine elements / themes show a matched or increased value on the Community Trust average. Three elements now show a decrease. This is a contrast with 2022, where there were four. These three elements will be the areas that the Trust will work closely on as part of its organisation-wide action planning.

The areas showing a decrease compared to the Community Trust average are as follows:

- We are recognised and rewarded (-0.1)
- We are always learning (-0.1)
- We work flexibly (-0.1)

The directorate information contains greater breakdown of content and therefore a more complex picture. Any areas highlighted in red display where a directorate has scored lower than the Trust score 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. This report includes a fluid example of the Trust-wide / corporate Staff Survey Action Plan as it currently stands.

We will continue to feedback and communicate with our staff by way of our well-established, “You said... We did... We are doing” approach.

Our Staff Engagement Framework for 2024/25 will include engagement activities that align to the feedback we have received to further support the fulfilment of the 7 elements of the NHS Our People Promise.



The full and final survey reports have already been shared with the Trust Board, so are not included with this report.

Whilst a number of reports and data sets have been shared pre and post the final Survey results, we felt it was important for this report to reflect everything to date and as planned.

Previously considered by:

- | | |
|---|--|
| <input type="checkbox"/> Audit Committee | <input type="checkbox"/> Quality & Safety Committee |
| <input type="checkbox"/> Finance & Performance Committee | <input type="checkbox"/> Remuneration & Nominations Committee |
| <input checked="" type="checkbox"/> People Committee | <input type="checkbox"/> EMT |

Strategic Objectives

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.

Equality, Diversity and Inclusion - We will ensure that equality, 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.

How does the paper address the strategic risks identified in the BAF?

<input type="checkbox"/> BAF 1	<input type="checkbox"/> BAF 2	<input type="checkbox"/> BAF 3	<input checked="" type="checkbox"/> BAF 4	<input checked="" type="checkbox"/> BAF 5	<input checked="" type="checkbox"/> BAF 6	<input type="checkbox"/> BAF 7
Governance Failure to implement and maintain sound systems of Corporate Governance and failure to deliver on the Trust's Strategy	Quality Failure to deliver quality services and continually improve	Health Equity Failure to collaborate with partners and communities to improve health equity and build a culture that champions ED&I for patients	Staff Failure to create an environment for staff to grow and thrive	Resources Failure to use our resources in a sustainable and effective way	Equality, Diversity & Inclusion Failure to build a culture that champions equality, diversity and inclusion for patients and staff	Partnerships Failure to work in close collaboration with partners and staff in place and across the system

CQC Domains:	<input checked="" type="checkbox"/> Caring	<input checked="" type="checkbox"/> Effective	<input checked="" type="checkbox"/> Responsive	<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Well Led
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BOARD OF DIRECTORS

Title of Meeting	BOARD OF DIRECTORS	Date	4 April 2024
Agenda Item	26/24 ii		
Report Title	STAFF SURVEY RESULTS AND ACTION PLAN		
Report Author	Mike Baker – Deputy Director of Communications and Engagement Kate Oakes – Senior Communications and Engagement Manager		
Purpose	To provide the Board of Directors with an update on the 2023 NHS Staff Survey results and next steps.		

1. SCOPE AND INTRODUCTION

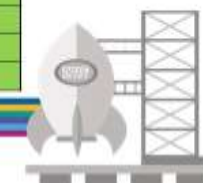
- 1.1 The NHS has a couple of key important listening channels to hear and respond to Employee Voice. These are:
 - a. The annual NHS Staff Survey
 - b. The National Quarterly Pulse Survey
- 1.2 These surveys give us a great opportunity to hear what matters to our NHS people and make positive steps to 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 to be.

- 1.5 The fieldwork for the 2023 NHS Staff Survey was carried out between September and November 2023.
- 1.6 The response rate for Bridgewater was 62% (964 respondents). This was the Trust's best ever return rate and a positive trajectory, given that Bridgewater also saw an improved response rate in 2022 (56% from 50% in 2021).
- 1.7 The chosen survey mode for Bridgewater was via an 'online' survey.

2. TRUST BREAKDOWN OF RESULTS

- 2.1 At a Trust-wide level, the 2023 NHS Staff Survey report showcases an improved staff survey for the organisation.
- 2.2 The directorate information contains greater breakdown content and therefore a more complex picture.
- 2.3 Starting with **Figure 1**, this displays how the Trust has scored for this survey period against other benchmarked Community Trusts.

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&MICS Average	Trust results v's CMICS Average
We are compassionate and inclusive	7.8	7.8	0.0	7.3	0.5	7.4	0.4
We are recognised and rewarded	6.4	6.5	-0.1	6.0	0.4	6.1	0.3
We each have a voice that counts	7.2	7.2	0.0	6.8	0.4	6.8	0.4
We are safe and healthy	6.5	6.4	0.1				
We are always learning	5.9	6.0	-0.1	5.6	0.3	5.6	0.3
We work flexibly	6.8	6.9	-0.1	6.3	0.5	6.2	0.6
We are a team	7.2	7.2	0.0	6.8	0.4	6.9	0.3
Staff engagement	7.3	7.3	0.0	6.9	0.4	7.0	0.3
Morale	6.3	6.2	0.1	6.0	0.3	6.0	0.3



- 2.4 When viewing **Figure 1**, two of the nine elements / themes show an increase on the Community Trust average. Four remain static when compared with the Community Trust average. Three 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.
- 2.5 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
- 2.6 **Figure 1** also shows the breakdown average when compared against the NHS North West average as well as the average when compared against the Cheshire and Merseyside Integrated Care System. It is pleasing to report that the Trust ranks green against these two average comparators.
- 2.7 **Figure 2** tables the nine themes/elements between Bridgewater’s 2022 results and the 2023 results. All elements show an increase on the 2022 score, with ‘We are always learning’ showing a significant increase of 0.6 (despite it still flagging red when compared with other Community Trusts). Whilst it is important not to be complacent, this is a positive trajectory.

2.8 **Figure 2**

People Promise Elements / Themes	2022 score	2023 score	Trust 2023 vs Trust 2022
We are compassionate and inclusive	7.7	7.8	0.1
We are recognised and rewarded	6.1	6.4	0.3
We each have a voice that counts	7.1	7.2	0.1
We are safe and healthy	6.3	6.5	0.2
We are always learning	5.3	5.9	0.6

People Promise Elements / Themes	2022 score	2023 score	Trust 2023 vs Trust 2022
We work flexibly	6.4	6.8	0.4
We are a team	7.0	7.2	0.2
Staff engagement	7.2	7.3	0.1
Morale	6.1	6.3	0.2

2.9 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, the majority of indicators show a strong green. Six red areas have been flagged, mainly focussing on discrimination, as well as personal development. These are outlined in **Figure 3**.

2.10 **Figure 3**

		THEME (based on People Promise)	2023 Results	Comparator	2023 vs the comparator/benchmark
YOUR JOB					
4a	The recognition I get for good work.	Promise 2: We are recognised and rewarded	58%	63%	-5%
YOUR TEAM					
7a	The team I work in has a set of shared objectives.	P7.1: Team working	82%	77%	5%

		THEME (based on People Promise)	2023 Results	Comparator	2023 vs the comparator/benchmark
7d	Team members understand each other's roles	P7.1: Team working	81%	75%	6%
7i	I feel a strong personal attachment to my team	P1.4: Inclusion	73%	68%	5%
PEOPLE IN YOUR ORGANISATION					
8a	Teams within this organisation work well together to achieve their objectives	P7.1: Team working	57%	62%	-5%
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? (0 hours)		80%	75%	5%
10c	On average, how many additional UNPAID hours do you work per week for this organisation, over and above your contracted hours? (0 hours)		45%	40%	5%
11b	In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities? (No)	P4:3 Negative experiences	78%	73%	5%
12a	How often, if at all, do you find your work emotionally exhausting (Never/Rarely).	P4:2 Burnout	27%	22%	5%

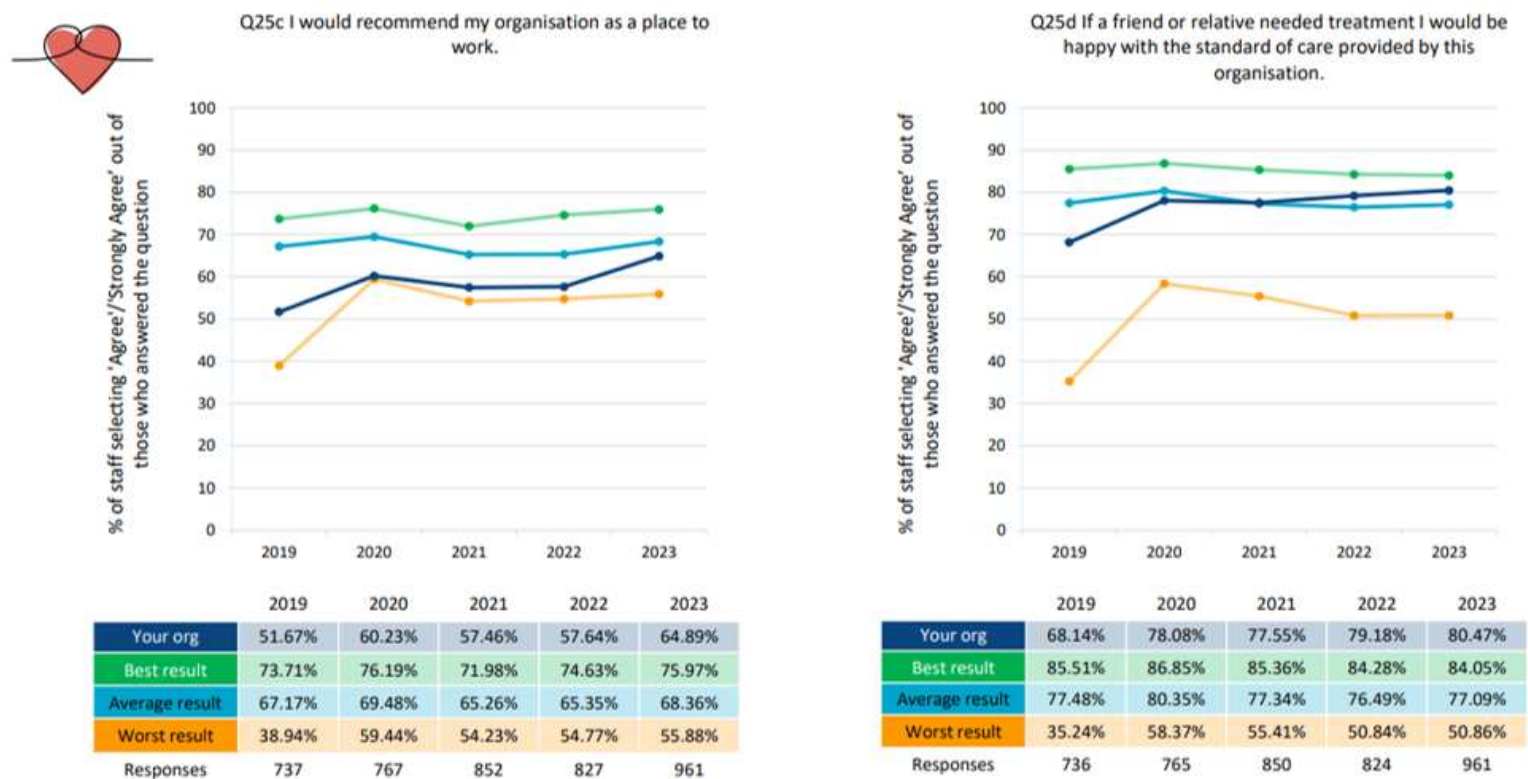
		THEME (based on People Promise)	2023 Results	Comparator	2023 vs the comparator/benchmark
12d	How often, if at all, are you exhausted at the thought of another day / shift at work (Never/Rarely).	P4:2 Burnout	47%	41%	6%
12e	How often, if at all, do you feel worn out at the end of the working day/shift (Never/Rarely).	P4:2 Burnout	27%	21%	6%
13d	The last time you experienced physical violence at work, did you or a colleague report it?	P4:1 Health and safety climate	71%	76%	-5%
14d	The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it? (Yes)	P4:1 Health and safety climate	53%	59%	-6%
16c01	On what grounds have you experienced discrimination? Ethnic background (No).		85%	57%	28%
16c02	On what grounds have you experienced discrimination? Gender (No).		89%	82%	7%
16c05	On what grounds have you experienced discrimination? Disability (No).		76%	86%	-10%
16c07	On what grounds have you experienced discrimination? (No).		58%	71%	-13%
22	I can eat nutritious and affordable food while I am working (Often/Always).		64%	59%	5%

2.11 The next figure, **Figure 4** outlines two key questions that are asked within the NHS Staff Survey. These questions are:

- a. Q25c: I would recommend my organisation as a place to work
- b. Q25d: If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation

2.12 From looking at **Figure 4**, the five-year trajectory has shown promising improvement in both questions. Q25c has seen a 13.2% increase since 2019 and a 7.25% increase since last year. Q25d has seen a 12.3% increase since 2019.

2.13 **Figure 4.**



Bridgewater Community Healthcare NHS Foundation Trust Benchmark report

- 2.14 A full breakdown of the NHS Staff Survey benchmark results can be found on the dedicated NHS Staff Survey website via www.nhsstaffsurveys.com. As highlighted earlier in the report, full and final survey reports have already been shared with the Trust Board.
- 2.15 The above Trust breakdown of data is a brief snapshot of the 2023 highlights and where the organisation has either improved (green), stayed static (green) or decreased (red). For a more in-depth view, **Appendix 1** showcases staff response to all questions asked within the NHS Staff Survey and includes year on year Trust results from 2019 – 2023, as well as 2023 data versus the comparator / benchmark.
- 2.16 Please note. At the time of writing this Board of Directors report, NHS England analysts picked up an anomaly to the national NHS Staff Survey results just prior to their release. Data relating to the ‘We are safe and healthy’ People Promise has been removed from the official NHS Staff Survey website until greater quality assurance can be given. Any ‘We are safe and healthy’ statistic could therefore be subject to change.

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. The Trust versus Directorate data can be found as **Figure 5**.

3.2 Figure 5

People Promise Element / Theme	Trust Score	Corporate Estates	Corp Ops	Corp Safeguarding	Dental Cheshire & Merseyside	Dental Greater Manchester NE	Dental Greater Manchester W&S	Halton Adults	Warrington Adults	Halton Children	Warrington Children
We are compassionate and inclusive	7.8	7.1	8.1	7.8	6.9	7.8	7.6	7.9	7.5	7.6	8.3
We are recognised and rewarded	6.3*	5.5	7.0	6.5	5.1	6.6	5.7	6.4	6.0	6.2	7.0

People Promise Element / Theme	Trust Score	Corporate Estates	Corp Ops	Corp Safeguarding	Dental Cheshire & Merseyside	Dental Greater Manchester NE	Dental Greater Manchester W&S	Halton Adults	Warrington Adults	Halton Children	Warrington Children
We each have a voice that counts	7.2	6.7	7.7	7.8	5.5	7.1	6.8	7.4	6.8	7.1	7.6
We are safe and healthy	6.5	6.5	7.1	7.0	6.2	7.1	6.5	6.3	6.2	6.2	6.8
We are always learning	5.9	4.6	6.2	6.0	4.2	6.1	5.3	6.3	6.1	5.3	6.5
We work flexibly	6.7*	5.8	8.2	6.6	4.7	6.7	5.6	6.4	6.6	5.9	7.4
We are a team	7.2	5.9	7.7	7.1	6.2	7.4	7.0	7.4	6.9	6.9	7.9
Staff engagement	7.3	6.8	7.7	7.7	5.9	7.3	6.9	7.4	7.1	7.0	7.7
Morale	6.3	6.1	6.7	6.7	5.5	6.7	6.2	6.3	5.9	5.8	6.7

Please note: There is a very slight difference in two People Promise themes (starred) between the ‘Trust’ score reported on this breakdown and those in the benchmark report. This is because the results in the benchmark report are weighted to allow for fair comparisons between organisations of a similar type. However, in this report comparisons are made within the organisation so the unweighted organisation result is a more appropriate point of comparison.

3.3 Although **Figure 5** shows a scattering of red when compared to the Trust average, the next figure, **Figure 6** shows how the directorates compared between 2022 and 2023. The dental directorate is not showing on this figure as 2023 saw the geography of dental change, therefore a comparison is unable to be made. Column one relates to 2022 data. Column two relates to 2023 data.

3.4 Figure 6

People Promise Element / Theme	Corporate Estates		Corp Ops		Corp Safeguarding		Halton Adults		Warrington Adults		Halton Children		Warrington Children	
We are compassionate and inclusive	7.4	7.1	8.1	8.1	8.2	7.8	8	7.9	7.3	7.5	7.4	7.6	7.9	8.3
We are recognised and rewarded	6	5.5	6.9	7.0	7.1	6.5	6.3	6.4	5.5	6.0	6.1	6.2	6.3	7.0
We each have a voice that counts	7.1	6.7	7.7	7.7	8.1	7.8	7.4	7.4	6.6	6.8	6.9	7.1	7.3	7.6
We are safe and healthy	6.8	6.5	6.9	7.1	6.9	7.0	6.2	6.3	5.8	6.2	6.2	6.2	6.3	6.8
We are always learning	4.6	4.6	5.8	6.2	6.1	6.0	5.9	6.3	5.1	6.1	5.3	5.3	5.5	6.5
We work flexibly	6.3	5.8	8.1	8.2	8	6.6	6	6.4	6.2	6.6	6.1	5.9	6.7	7.4
We are a team	6.4	5.9	7.7	7.7	8.2	7.1	7.4	7.4	6.5	6.9	6.9	6.9	7.3	7.9
Staff engagement	7.2	6.8	7.6	7.7	8	7.7	7.5	7.4	6.8	7.1	7.0	7.0	7.4	7.7
Morale	6.4	6.1	6.4	6.7	7.2	6.7	6.1	6.3	5.6	5.9	5.8	5.8	6.1	6.7

3.5 Now the national embargo has lifted, further analysis has taken place around the directorate data. In addition to Figures 5 and 6, the next couple of figures outline how the directorate has fared when compared to the Cheshire and Merseyside Integrated Care Board (ICB) average (the ICB that Bridgewater reports into) and the average taken from all trusts within the NHS North West region.

3.6 Figure 7

People Promise Element / Theme	C&M ICB Average	Corporate Estates	Corp Ops	Corp Safeguarding	Dental Cheshire & Merseyside	Dental Greater Manchester NE	Dental Greater Manchester W&S	Halton Adults	Warrington Adults	Halton Children	Warrington Children
We are compassionate and inclusive	7.4	7.1	8.1	7.8	6.9	7.8	7.6	7.9	7.5	7.6	8.3
We are recognised and rewarded	6.1	5.5	7.0	6.5	5.1	6.6	5.7	6.4	6.0	6.2	7.0
We each have a voice that counts	6.8	6.7	7.7	7.8	5.5	7.1	6.8	7.4	6.8	7.1	7.6
We are safe and healthy	Awaiting	6.5	7.1	7.0	6.2	7.1	6.5	6.3	6.2	6.2	6.8
We are always learning	5.6	4.6	6.2	6.0	4.2	6.1	5.3	6.3	6.1	5.3	6.5
We work flexibly	6.2	5.8	8.2	6.6	4.7	6.7	5.6	6.4	6.6	5.9	7.4
We are a team	6.9	5.9	7.7	7.1	6.2	7.4	7.0	7.4	6.9	6.9	7.9
Staff engagement	7.0	6.8	7.7	7.7	5.9	7.3	6.9	7.4	7.1	7.0	7.7
Morale	6.0	6.1	6.7	6.7	5.5	6.7	6.2	6.3	5.9	5.8	6.7

3.7 Figure 8

People Promise Element / Theme	North West Average	Corporate Estates	Corp Ops	Corp Safeguarding	Dental Cheshire & Merseyside	Dental Greater Manchester NE	Dental Greater Manchester W&S	Halton Adults	Warrington Adults	Halton Children	Warrington Children
We are compassionate and inclusive	7.3	7.1	8.1	7.8	6.9	7.8	7.6	7.9	7.5	7.6	8.3
We are recognised and rewarded	6.0	5.5	7.0	6.5	5.1	6.6	5.7	6.4	6.0	6.2	7.0
We each have a voice that counts	6.8	6.7	7.7	7.8	5.5	7.1	6.8	7.4	6.8	7.1	7.6
We are safe and healthy	Awaiting	6.5	7.1	7.0	6.2	7.1	6.5	6.3	6.2	6.2	6.8
We are always learning	5.6	4.6	6.2	6.0	4.2	6.1	5.3	6.3	6.1	5.3	6.5
We work flexibly	6.3	5.8	8.2	6.6	4.7	6.7	5.6	6.4	6.6	5.9	7.4
We are a team	6.8	5.9	7.7	7.1	6.2	7.4	7.0	7.4	6.9	6.9	7.9
Staff engagement	6.9	6.8	7.7	7.7	5.9	7.3	6.9	7.4	7.1	7.0	7.7
Morale	6.0	6.1	6.7	6.7	5.5	6.7	6.2	6.3	5.9	5.8	6.7

- 3.8 As was the case in 2021/22, each directorate - no matter how they fare in the 2023 survey results - will be required to produce a Staff Survey Action Plan (**see Appendix 2**) that will be used to monitor progress of actions to help address required improvements. The template has been adapted for the 2023 results in line with feedback from Associate Directors, to remove any duplication of actions and add focus.
- 3.9 Please note: Appendix 2 shows a fluid and emerging Staff Survey Action plan from a Trust-wide and corporate perspective. It is important to highlight that this action plan is only just being developed following the lifting of the embargo results. As greater Trust-wide meetings take place with key services and departments, this action plan will expand and develop as required. This is discussed in the next section.

4. ACTION PLAN AND NEXT STEPS

- 4.1 Now the national embargo has lifted, as with the Trust's 2022 data, greater analysis has and will continue to be undertaken.
- 4.2 When viewing Appendix 2 as a Staff Survey Action Plan example, there will be information that was inserted into the previous year's Staff Survey Action Plan, that can easily transfer into 2024/25 action plans. This tends to be more 'business as usual' or 'ongoing' and 'continuous' asks. This will make it an easier task for each directorate to complete their own action plan.
- 4.4 Monthly Staff Survey Action Plan meetings continue to take place between each directorate Associate Director, their HR Business Partners and the Staff Engagement team, with a focus on addressing the key areas flagging as red on the Staff Survey. That said, a focus on continuous improvement is not overlooked.
- 4.6 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.
- 4.7 Current assurance groups include the following:
- a. People Operational Delivery (POD) Council
 - b. Performance Council
 - c. Directorate Leadership Team (DLT)

5. RECOMMENDATION

- 5.1 The Board of Directors are asked to note the content of this report and receive assurance that Staff Survey Action Plans will now develop and grow from a:
 - a. Trust-wide and corporate perspective (as in the Appendix 2 example)
 - b. Directorate perspective
- 5.2 These action plans will be working documents with a greater focus on areas highlighted as red in sections two and three of this report.
- 5.3 Action plans will be further monitored via the assurance routes outlined in section 4.7.
- 5.4 A full and in-depth breakdown of the NHS Staff Survey benchmark and directorate reports, as shared already, can be found at <https://www.nhsstaffsurveys.com/>.

APPENDIX 1

Staff response to all questions asked within the NHS Staff Survey, including year on year Trust results from 2019 – 2023 and 2023 data versus the comparator / benchmark.

		THEME (based on People Promise)	2019 Results %	2020 Results	2021 Results	2022 Results	2023 Results	2023 v 2022 Results	Comparator	23 vs the comparator/ benchmark
YOUR JOB										
1	Do you have face-to-face contact with patients / service users as part of your job?									
2a	I look forward to going to work.	Staff Engagement	57%	61%	59%	61%	62%	1%	60%	2%
2b	I am enthusiastic about my job.	Staff Engagement	74%	75%	73%	74%	76%	2%	73%	3%
2c	Time passes quickly when I am working.	Staff Engagement	80%	81%	81%	80%	80%	0%	79%	1%
3a	I always know what my work responsibilities are.	Morale & P3.1: Autonomy and control	84%	82%	83%	85%	86%	1%	86%	0%
3b	I am trusted to do my job.	P3.1: Autonomy and control	92%	89%	91%	92%	90%	-2%	91%	-1%
3c	There are frequent opportunities for	Staff Engagement & P3.1:	72%	73%	74%	73%	75%	2%	76%	-1%

		THEME (based on People Promise)	2019 Results %	2020 Results	2021 Results	2022 Results	2023 Results	2023 v 2022 Results	Comparator	23 vs the comparator/ benchmark
	me to show initiative in my role.	Autonomy and control								
3d	I am able to make suggestions to improve the work of my team / department.	Staff Engagement & P3.1: Autonomy and control	79%	78%	75%	77%	77%	0%	77%	0%
3e	I am involved in deciding on changes introduced that affect my work area / team / department.	Morale & P3.1: Autonomy and control	58%	58%	54%	58%	58%	0%	56%	2%
3f	I am able to make improvements happen in my area of work.	Staff Engagement & P3.1: Autonomy and control	62%	62%	58%	60%	61%	1%	60%	1%
3g	I am able to meet all the conflicting demands on my time at work.	Morale & P4:1 Health and safety climate	40%	43%	44%	45%	47%	2%	46%	1%
3h	I have adequate materials, supplies and equipment to do my work.	Morale & P4:1 Health and safety climate	41%	59%	61%	66%	65%	-1%	67%	-2%
3i	There are enough staff at this organisation	Morale & P4:1 Health	28%	38%	30%	35%	36%	1%	35%	1%

		THEME (based on People Promise)	2019 Results %	2020 Results	2021 Results	2022 Results	2023 Results	2023 v 2022 Results	Comparator	23 vs the comparator/ benchmark
	for me to do my job properly.	and safety climate								
4a	The recognition I get for good work.	Promise 2: We are recognised and rewarded	60%	58%	57%	57%	58%	1%	63%	-5%
4b	The extent to which my organisation values my work.	Promise 2: We are recognised and rewarded	45%	47%	46%	47%	49%	2%	53%	-4%
4c	My level of pay.	Promise 2: We are recognised and rewarded	41%	41%	38%	29%	37%	8%	36%	1%
4d	The opportunities for flexible working patterns.	P6.2: Flexible working	59%	64%	59%	60%	66%	6%	68%	-2%
5a	I have unrealistic time pressures.	Morale & P4:1 Health and safety climate	24%	26%	28%	31%	30%	-1%	27%	3%
5b	I have a choice in deciding how to do my work.	Morale & P3.1: Autonomy and control	65%	66%	64%	62%	63%	1%	65%	-2%
5c	Relationships at work are strained.	Morale	51%	49%	49%	53%	55%	2%	56%	-1%

		THEME (based on People Promise)	2019 Results %	2020 Results	2021 Results	2022 Results	2023 Results	2023 v 2022 Results	Comparator	23 vs the comparator/ benchmark
6a	I feel that my role makes a difference to patients / service users.	P1.1: Compassionate culture	87%	90%	88%	88%	90%	2%	90%	0%
6b	My organisation is committed to helping me balance my work and home life	P6.1: Support for work-life balance	N/A	N/A	49%	55%	57%	2%	60%	-3%
6c	I achieve a good balance between my work life and my home life	P6.1: Support for work-life balance	N/A	N/A	58%	59%	64%	5%	63%	1%
6d	I can approach my immediate manager to talk openly about flexible working	P6.1: Support for work-life balance	N/A	N/A	74%	74%	77%	3%	79%	-2%
YOUR TEAM										
7a	The team I work in has a set of shared objectives.	P7.1: Team working	76%	74%	74%	77%	82%	5%	77%	5%
7b	The team I work in often meets to discuss the team's effectiveness.	P7.1: Team working	73%	65%	69%	72%	73%	1%	72%	1%

		THEME (based on People Promise)	2019 Results %	2020 Results	2021 Results	2022 Results	2023 Results	2023 v 2022 Results	Comparator	23 vs the comparator/ benchmark
7c	I receive the respect I deserve from my colleagues at work.	Morale & P7.1: Team working	82%	75%	78%	81%	81%	0%	78%	3%
7d	Team members understand each other's roles	P7.1: Team working	N/A	N/A	77%	80%	81%	1%	75%	6%
7e	I enjoy working with the colleagues in my team	P7.1: Team working	N/A	N/A	87%	87%	87%	0%	85%	2%
7f	My team has enough freedom in how to do its work	P7.1: Team working	N/A	N/A	61%	62%	65%	3%	65%	0%
7g	In my team disagreements are dealt with constructively	P7.1: Team working	N/A	N/A	63%	61%	64%	3%	63%	1%
7h	I feel valued by my team	P1.4: Inclusion	N/A	N/A	76%	75%	78%	3%	75%	3%
7i	I feel a strong personal attachment to my team	P1.4: Inclusion	N/A	N/A	71%	75%	73%	-2%	68%	5%
PEOPLE IN YOUR ORGANISATION										
8a	Teams within this organisation work well together to	P7.1: Team working	N/A	N/A	55%	56%	57%	1%	62%	-5%

		THEME (based on People Promise)	2019 Results %	2020 Results	2021 Results	2022 Results	2023 Results	2023 v 2022 Results	Comparator	23 vs the comparator/ benchmark
	achieve their objectives									
8b	The people I work with are understanding and kind to one another	P1.4: Inclusion	N/A	N/A	80%	81%	81%	0%	80%	1%
8c	The people I work with are polite and treat each other with respect	P1.4: Inclusion	N/A	N/A	81%	81%	80%	-1%	80%	0%
8d	The people I work with show appreciation to one another	Promise 2: We are recognised and rewarded	N/A	N/A	76%	76%	77%	1%	77%	0%
YOUR MANAGERS										
9a	My immediate manager encourages me at work.	Morale & P7.2: Line management	74%	70%	74%	74%	76%	2%	78%	-2%
9b	My immediate manager gives me clear feedback on my work.	P7.2: Line management	67%	59%	66%	63%	69%	6%	73%	-4%
9c	My immediate manager asks for my opinion before making	P7.2: Line management	61%	58%	62%	61%	64%	3%	67%	-3%

		THEME (based on People Promise)	2019 Results %	2020 Results	2021 Results	2022 Results	2023 Results	2023 v 2022 Results	Comparator	23 vs the comparator/ benchmark
	decisions that affect my work.									
9d	My immediate manager takes a positive interest in my health and well-being.	P7.2: Line management	75%	73%	73%	74%	78%	4%	78%	0%
9e	My immediate manager values my work.	Promise 2: We are recognised and rewarded	76%	73%	76%	75%	74%	-1%	78%	-4%
9f	My immediate manager works together with me to come to an understanding of problems (Agree/Strongly agree)	P1.2: Compassionate leadership	N/A	N/A	72%	70%	74%	4%	76%	-2%
9g	My immediate manager is interested in listening to me when I describe challenges I face	P1.2: Compassionate leadership	N/A	N/A	73%	73%	75%	2%	78%	-3%
9h	My immediate manager cares about my concerns	P1.2: Compassionate leadership	N/A	N/A	74%	73%	75%	2%	77%	-2%
9i	My immediate manager takes effective action	P1.2: Compassion	N/A	N/A	70%	69%	72%	3%	75%	-3%

		THEME (based on People Promise)	2019 Results %	2020 Results	2021 Results	2022 Results	2023 Results	2023 v 2022 Results	Comparator	23 vs the comparator/ benchmark
	to help me with any problems I face	ate leadership								
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK										
10a	How many hours a week are you contracted to work?									
10b	On average, how many additional PAID hours do you work per week for this organisation, over and above your contracted hours? (0 hours)		82%	84%	84%	82%	80%	-2%	75%	5%
10c	On average, how many additional UNPAID hours do you work per week for this organisation, over and above your contracted hours? (0 hours)		43%	42%	41%	45%	45%	0%	40%	5%
11a	My organisation takes positive action on health and wellbeing	P4:1 Health and safety climate	N/A	N/A	64%	65%	69%	4%	68%	1%

		THEME (based on People Promise)	2019 Results %	2020 Results	2021 Results	2022 Results	2023 Results	2023 v 2022 Results	Comparator	23 vs the comparator/ benchmark
11b	In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities? (No)	P4:3 Negative experiences	77%	71%	76%	78%	78%	0%	73%	5%
11c	During the last 12 months have you felt unwell as a result of work related stress?	P4:3 Negative experiences	60%	56%	55%	62%	64%	2%	60%	4%
11d	In the last three months have you ever come to work despite not feeling well enough to perform your duties?	P4:3 Negative experiences	53%	54%	47%	46%	48%	2%	46%	2%
11e	Have you felt pressure from your manager to come to work? (No)		N/A	80%	84%	83%	83%	0%	84%	-1%
12a	How often, if at all, do you find your work emotionally exhausting (Never/Rarely).	P4:2 Burnout	N/A	N/A	22%	26%	27%	1%	22%	5%

		THEME (based on People Promise)	2019 Results %	2020 Results	2021 Results	2022 Results	2023 Results	2023 v 2022 Results	Comparator	23 vs the comparator/ benchmark
12b	How often, if at all, do you feel burnt out because of your work (Never/Rarely).	P4:2 Burnout	N/A	N/A	31%	37%	38%	1%	34%	4%
12c	How often, if at all, does your work frustrate you (Never/Rarely).	P4:2 Burnout	N/A	N/A	24%	24%	25%	1%	23%	2%
12d	How often, if at all, are you exhausted at the thought of another day / shift at work (Never/Rarely).	P4:2 Burnout	N/A	N/A	43%	46%	47%	1%	41%	6%
12e	How often, if at all, do you feel worn out at the end of the working day/shift (Never/Rarely).	P4:2 Burnout	N/A	N/A	21%	22%	27%	5%	21%	6%
12f	How often, if at all, do you feel that every working hour is tiring for you (Never/Rarely).	P4:2 Burnout	N/A	N/A	57%	58%	59%	1%	57%	2%
12g	How often, if at all, do you not have enough energy for family	P4:2 Burnout	N/A	N/A	37%	39%	40%	1%	38%	2%

		THEME (based on People Promise)	2019 Results %	2020 Results	2021 Results	2022 Results	2023 Results	2023 v 2022 Results	Comparator	23 vs the comparator/ benchmark
	and friends during leisure time? (Never/Rarely).									
13a	In the last 12 months how many times have you personally experienced physical violence at work from Patients / service users, their relatives or other members of the public (Never).	P4:3 Negative experiences	94%	97%	95%	94%	94%	0%	94%	0%
13b	In the last 12 months how many times have you personally experienced physical violence at work from managers (Never).	P4:3 Negative experiences	100%	100%	100%	100%	100%	0%	100%	0%
13c	In the last 12 months how many times have you personally experienced physical	P4:3 Negative experiences	99%	100%	100%	100%	100%	0%	99%	1%

		THEME (based on People Promise)	2019 Results %	2020 Results	2021 Results	2022 Results	2023 Results	2023 v 2022 Results	Comparator	23 vs the comparator/ benchmark
	violence at work from other colleagues									
13d	The last time you experienced physical violence at work, did you or a colleague report it?	P4:1 Health and safety climate	69%	74%	61%	66%	71%	5%	76%	-5%
14a	In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from Patients / service users, their relatives or other members of the public (Never).	P4:3 Negative experiences	77%	81%	80%	78%	83%	5%	81%	2%
14b	In the last 12 months how many times have you personally experienced harassment, bullying or	P4:3 Negative experiences	89%	91%	93%	92%	93%	1%	93%	0%

		THEME (based on People Promise)	2019 Results %	2020 Results	2021 Results	2022 Results	2023 Results	2023 v 2022 Results	Comparator	23 vs the comparator/ benchmark
	abuse at work from managers (Never).									
14c	In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues (Never).	P4:3 Negative experiences	86%	87%	86%	86%	87%	1%	87%	0%
14d	The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?	P4:1 Health and safety climate	56%	52%	50%	51%	53%	2%	59%	-6%
15	Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion,	P1.3: Diversity and equality	58%	58%	58%	61%	61%	0%	64%	-3%

		THEME (based on People Promise)	2019 Results %	2020 Results	2021 Results	2022 Results	2023 Results	2023 v 2022 Results	Comparator	23 vs the comparator/ benchmark
	sexual orientation, disability or age?									
16a	In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public	P1.3: Diversity and equality	97%	98%	99%	98%	98%	0%	95%	3%
16b	In the last 12 months have you personally experienced discrimination at work from Manager / team leader or other colleagues	P1.3: Diversity and equality	94%	95%	96%	96%	97%	1%	94%	3%
16c0 1	On what grounds have you experienced discrimination? Ethnic background (No).				82%	80%	85%	5%	57%	28%

		THEME (based on People Promise)	2019 Results %	2020 Results	2021 Results	2022 Results	2023 Results	2023 v 2022 Results	Comparator	23 vs the comparator/ benchmark
16c0 2	On what grounds have you experienced discrimination? Gender (No).				82%	91%	89%	-2%	82%	7%
16c0 3	On what grounds have you experienced discrimination? Religion (No).				96%	93%	100%	7%	97%	3%
16c0 4	On what grounds have you experienced discrimination? Sexual orientation (No).				98%	98%	95%	-3%	95%	0%
16c0 5	On what grounds have you experienced discrimination? Disability (No).				91%	87%	76%	-9%	86%	-10%
16c0 6	On what grounds have you experienced discrimination? Age (No).				78%	87%	80%	-7%	82%	-2%
16c0 7	On what grounds have you experienced discrimination? Other (No).				58%	56%	58%	2%	71%	-13%

		THEME (based on People Promise)	2019 Results %	2020 Results	2021 Results	2022 Results	2023 Results	2023 v 2022 Results	Comparator	23 vs the comparator/ benchmark
17a	In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace from patients / service users, their relatives or other members of the public (Never).						96%	N/A	93%	3%
17b	In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace from staff / colleagues (Never).						99%	N/A	98%	1%
18	In the last month have you seen any errors, near misses, or incidents that could have hurt staff and/or					82%	76%	-6%	76%	0%

		THEME (based on People Promise)	2019 Results %	2020 Results	2021 Results	2022 Results	2023 Results	2023 v 2022 Results	Comparator	23 vs the comparator/ benchmark
	patients/service users (No).									
19a	My organisation treats staff who are involved in an error, near miss or incident fairly (Agree/Strongly agree).					64%	68%	4%	69%	-1%
19b	My organisation encourages us to report errors, near misses or incidents (Agree/Strongly agree).					92%	93%	1%	92%	1%
19c	When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again (Agree/Strongly agree).					74%	77%	3%	77%	0%
19d	We are given feedback about changes made in response to					66%	68%	2%	68%	0%

		THEME (based on People Promise)	2019 Results %	2020 Results	2021 Results	2022 Results	2023 Results	2023 v 2022 Results	Comparator	23 vs the comparator/ benchmark
	reported errors, near misses and incidents (Agree/Strongly agree).									
20a	I would feel secure raising concerns about unsafe clinical practice.	P3.2: Raising concerns	70%	75%	84%	80%	81%	1%	81%	0%
20b	I am confident that my organisation would address my concern.	P3.2: Raising concerns	58%	64%	72%	70%	71%	1%	70%	1%
21	I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas etc)	P1.3: Diversity and equality	N/A	N/A	72%	77%	77%	0%	78%	-1%
22	I can eat nutritious and affordable food while I am working (Often/Always).						64%	N/A	59%	5%
YOUR PERSONAL DEVELOPMENT										

		THEME (based on People Promise)	2019 Results %	2020 Results	2021 Results	2022 Results	2023 Results	2023 v 2022 Results	Comparator	23 vs the comparator/ benchmark
23a	In the last 12 months, have you had an appraisal, annual review, development review, or knowledge and skills framework (KSF) development review	P5.2: Appraisals	N/A	N/A	72%	79%	90%	11%	89%	1%
23b	It helped me to improve how I do my job	P5.2: Appraisals	N/A	N/A	19%	22%	25%	3%	25%	0%
23c	It helped me agree clear objectives for my work	P5.2: Appraisals	N/A	N/A	31%	32%	36%	4%	38%	-2%
23d	It left me feeling that my work is valued by my organisation	P5.2: Appraisals	N/A	N/A	31%	33%	37%	4%	37%	0%
24a	The organisation offers me challenging work	P5.1: Development	N/A	N/A	68%	71%	74%	3%	74%	0%
24b	There are opportunities for me to develop my career in this organisation	P5.1: Development	N/A	N/A	42%	45%	52%	7%	55%	-3%
24c	I have opportunities to improve my	P5.1: Development	N/A	N/A	65%	68%	71%	3%	75%	-4%

		THEME (based on People Promise)	2019 Results %	2020 Results	2021 Results	2022 Results	2023 Results	2023 v 2022 Results	Comparator	23 vs the comparator/ benchmark
	knowledge and skills									
24d	I feel supported to develop my potential	P5.1: Development	N/A	N/A	50%	52%	60%	8%	64%	-4%
24e	I am able to access the right learning and development opportunities when I need to	P5.1: Development	N/A	N/A	55%	61%	63%	2%	66%	-3%
YOUR ORGANISATION										
25a	Care of patients / service users is my organisation's top priority.	Staff Engagement & P1.1: Compassionate culture	72%	77%	79%	79%	81%	2%	82%	-1%
25b	My organisation acts on concerns raised by patients / service users.	Staff Engagement & P1.1: Compassionate culture	72%	77%	81%	79%	82%	3%	81%	1%
25c	I would recommend my organisation as a place to work.	Staff Engagement & P1.1: Compassionate culture	51%	59%	57%	57%	65%	8%	68%	-3%
25d	If a friend or relative needed treatment I would be happy	Staff Engagement & P1.1:	69%	79%	78%	80%	80%	0%	77%	3%

		THEME (based on People Promise)	2019 Results %	2020 Results	2021 Results	2022 Results	2023 Results	2023 v 2022 Results	Comparator	23 vs the comparator/ benchmark
	with the standard of care provided by this organisation.	Compassionate culture								
25e	I feel safe to speak up about anything that concerns me in this organisation	P3.2: Raising concerns	N/A	67%	70%	69%	72%	3%	73%	-1%
25f	If I spoke up about something that concerned me I am confident my organisation would address my concern	P3.2: Raising concerns	N/A	N/A	57%	58%	63%	5%	63%	0%
26a	I often think about leaving this organisation (strongly disagree/disagree).	Morale	41%	48%	45%	47%	48%	1%	49%	-1%
26b	I will probably look for a job at a new organisation in the next 12 months (Strongly disagree/Disagree).	Morale	46%	57%	52%	55%	55%	0%	54%	1%

		THEME (based on People Promise)	2019 Results %	2020 Results	2021 Results	2022 Results	2023 Results	2023 v 2022 Results	Comparator	23 vs the comparator/ benchmark
26c	As soon as I can find another job, I will leave this organisation (Strongly disagree/Disagree).	Morale	52%	63%	60%	62%	63%	1%	63%	0%
31b	Has your employer made reasonable adjustment(s) to enable you to carry out your work (Yes).						78%	N/A	79%	-1%

APPENDIX 2

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 are live documents 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 will continue to feedback and communicate with our staff by way of our well-established, “You said... We did... We are doing” approach.



2023 NHS Staff Survey Trust Data

The table below shows the 2023 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	2023 score	2023 Respondents	Community Trust Average	Trust results vs Community Trust Average
We are compassionate and inclusive	7.8	963	7.8	0.0
We are recognised and rewarded	6.4	963	6.5	-0.1
We each have a voice that counts	7.2	957	7.2	0.0
We are safe and healthy	6.5	961	6.4	0.1
We are always learning	5.9	921	6.0	-0.1
We work flexibly	6.8	959	6.9	-0.1
We are a team	7.2	961	7.2	0.0
Staff engagement	7.3	964	7.3	0.0
Morale	6.3	964	6.2	0.1

2024 Areas of Focus

Taking in to account the 2023 NHS Staff Survey Trust data, the Trust-wide areas of focus for 2024 are:

- **We are recognised and rewarded**
- **We are always learning**
- **We work flexibly**

2022 v 2023 Trust Data

The Trust has seen improvement across all the seven Staff Survey People Promise themes, please see table below. **Green** highlights 2023 trust score same or increase from 2022 Trust score:

People Promise Element / Theme	2022 score	2023 score	Trust 2023 vs Trust 2022
We are compassionate and inclusive	7.7	7.8	0.1
We are recognised and rewarded	6.1	6.4	0.3
We each have a voice that counts	7.1	7.2	0.1
We are safe and healthy	6.3	6.5	0.2
We are always learning	5.3	5.9	0.6
We work flexibly	6.4	6.8	0.4
We are a team	7.0	7.2	0.2
Staff engagement	7.2	7.3	0.1
Morale	6.1	6.3	0.2

2023 Trust v Directorate Data

Below displays Directorate Data. **Green** highlights where the 2023 Directorate score is the same or above the 2023 Trust score. **Red** highlights where the 2023 Directorate score is below the 2023 Trust score:

People Promise Element / Theme	Trust Score	Corp Estates	Corp Ops	Corp Safeguarding	Dental Cheshire & M/Side	Dental Greater Manchester NE	Dental Greater Manchester W&S	Halton Adults	Warrington Adults	Halton Children	Warrington Children
We are compassionate and inclusive	7.8	7.1	8.1	7.8	6.9	7.8	7.6	7.9	7.5	7.6	8.3
We are recognised and rewarded	6.3*	5.5	7.0	6.5	5.1	6.6	5.7	6.4	6.0	6.2	7.0
We each have a voice that counts	7.2	6.7	7.7	7.8	5.5	7.1	6.8	7.4	6.8	7.1	7.6
We are safe and healthy	6.5	6.5	7.1	7.0	6.2	7.1	6.5	6.3	6.2	6.2	6.8
We are always learning	5.9	4.6	6.2	6.0	4.2	6.1	5.3	6.3	6.1	5.3	6.5
We work flexibly	6.7*	5.8	8.2	6.6	4.7	6.7	5.6	6.4	6.6	5.9	7.4
We are a team	7.2	5.9	7.7	7.1	6.2	7.4	7.0	7.4	6.9	6.9	7.9
Staff engagement	7.3	6.8	7.7	7.7	5.9	7.3	6.9	7.4	7.1	7.0	7.7
Morale	6.3	6.1	6.7	6.7	5.5	6.7	6.2	6.3	5.9	5.8	6.7

(* = 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 –

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:


Core Actions (please detail those actions which are considered to be 'business as usual,' here)					
Core Action and Steps to Take	RAG	People Promise theme(s), Outcomes and Measures	Timescales	Lead(s)	Updates
Detail the action to be taken and steps required to deliver this.		Which People Promise theme (s) does this action relate to? What outcome is expected and how will it be measured? Make this Specific, Measurable, Achievable, Relevant and (in the column to the right*) Time-Bound.	*Estimated completion date. If 'ongoing,' include date action will be reviewed, where relevant.	Lead(s) taking this forward.	Provide update on steps taken, outcomes and measures achieved, with timescales.
Staff Survey Action Plan meetings. Identification and implementation of effective Staff Survey Action Plan actions. These must include / be informed by colleague voice.		Action encompasses all People Promise themes. Outcomes and measures: An increased colleague response to the NHS Staff Survey (2023 vs 2024 response). An increase in positive colleague responses to the NHS Staff Survey (2023 vs 2024 NHS Staff Survey data).	Ongoing, with monthly reviews.	Staff Engagement Team, Associate Directors, HR Business Partners	Staff Survey Action Plan template refined in line with feedback, December 2023. Staff Survey embargo lifted, and data released, March 2024. Staff Survey Action Plans beginning to be populated with actions to address data, March 2024.
Staff Engagement Team attendance at Extended DLT meetings.		Action encompasses all People Promise themes. Outcomes and measures: Staff contribution to Staff Survey Action Plans.	Ongoing, monthly.	Staff Engagement Team	Last updates and feedback given in February 2024. Next updates and feedback to be given in March 2024.


Core Actions (please detail those actions which are considered to be 'business as usual,' here)

Core Action and Steps to Take	RAG	People Promise theme(s), Outcomes and Measures	Timescales	Lead(s)	Updates
Detail the action to be taken and steps required to deliver this.		Which People Promise theme (s) does this action relate to? What outcome is expected and how will it be measured? Make this Specific, Measurable, Achievable, Relevant and (in the column to the right*) Time-Bound.	*Estimated completion date. If 'ongoing,' include date action will be reviewed, where relevant.	Lead(s) taking this forward.	Provide update on steps taken, outcomes and measures achieved, with timescales.
Providing updates, receiving feedback and increasing visibility of the team.		Improved cascading of Engagement activity and capturing of staff feedback to result in: An increase in colleague response to the NHS Staff Survey (2023 vs 2024 response). An increase in positive colleague responses to the NHS Staff Survey (2023 vs 2024 NHS Staff Survey data).			
Ensuring Statutory and Mandatory training compliance. Cascading of messaging through colleagues and, when relevant, Trust communications.		We are always learning. We are safe and healthy. Outcomes and measures: Staff will have the skills required to carry out their duties safely and to a high calibre. Improved patient care. Improved colleague response to the two themes above in the NHS Staff Survey 2024. Aim is for 100% training compliance on a monthly basis – data gained via Workforce.	Ongoing. Data reviewed on a monthly basis.	Associate Directors	Cascading of messaging through colleagues and, when relevant, Trust communications, continuing March 2024. Trust compliance rates, by Directorate, March 2024 TBC.
Vaccinations, including annual flu vaccinations and Covid -19 boosters to continue to be offered to		We are safe and healthy. Outcomes and measures: Instances of illness amongst staff, patients and families continues to be minimised.	Ongoing, data reviewed during and	Vaccination team.	Flu and Covid vaccine campaign delivered Autumn / Winter 2023. Number of Covid vaccines administered: 465 staff (31%)

Core Actions (please detail those actions which are considered to be 'business as usual,' here)					
Core Action and Steps to Take	RAG	People Promise theme(s), Outcomes and Measures	Timescales	Lead(s)	Updates
Detail the action to be taken and steps required to deliver this.		Which People Promise theme (s) does this action relate to? What outcome is expected and how will it be measured? Make this Specific, Measurable, Achievable, Relevant and (in the column to the right*) Time-Bound.	*Estimated completion date. If 'ongoing,' include date action will be reviewed, where relevant.	Lead(s) taking this forward.	Provide update on steps taken, outcomes and measures achieved, with timescales.
staff and administered on Trust premises.		Measurement will be number of staff vaccinated / compliant per campaign.	following each campaign.		Number of flu vaccines administered: 847 staff (56%) Measles campaign and delivery underway March 2024.


Promise / Element	2023 Scores	RAG	Action and Steps to Take	Outcomes & Measures	Timescales	Lead(s)	Updates
	BCHFT CT average		Detail the action to be taken and steps required to deliver this.	What outcome is expected and how will it be measured? Make this Specific, Measurable, Achievable, Relevant and (in the column to the right*) Time-Bound.	*Estimated completion date. If 'ongoing,' include date action will be reviewed, where relevant.	Lead(s) taking this forward.	Provide update on steps, outcomes and measures, with timescales.

Promise / Element	2023 Scores	RAG	Action and Steps to Take	Outcomes & Measures	Timescales	Lead(s)	Updates
	TS: 7.8 CT: 7.8		Creation, implementation and communication of Trust Behavioural Framework.	Behaviour change within the organisation and beyond - encouraging colleagues to behave in a positive manner, treating each other with kindness rather than emphasising 'bullying & harassment' messaging. Better patient care. Measurement will be gained through comparison of colleague response to questions relating to this People Promise theme in the NHS Staff Survey 2024 (and Quarterly Pulse Surveys leading up to this).	Ongoing, reviewed in line with Quarterly Pulse survey data and NHS Staff Survey Data (2023 vs 2024).	Human Resources, Communications and Engagement.	Behaviour framework created December 2023. Communication of Framework beginning March 2024, including inclusion in Trust Recruitment Pack.
Promise / Element	2023 Scores	RAG	Action and Steps to Take	Outcomes & Measures	Timescales	Lead(s)	Updates
	TS: 6.4 CT: 6.5		Implementation, communication and distribution of new Trust reward and recognition 'Thank You' cards. To include the NHS People Promise themes and QR Code enabling staff to communicate this good work to the Communications team for use in relevant communications.	Happier staff. Improved patient care. Measurement: Improved staff response to questions relating to the We are recognised and rewarded People Promise theme, Staff Engagement and Morale themes in the NHS Staff Survey 2024.	Content written, brief devised February 2024. Design March 2024. Print, distribution and implementation	Communications and Engagement team, Associate Directors, Managers.	Cards are currently in design phase, March 2024.


Promise / Element	2023 Scores	RAG	Action and Steps to Take	Outcomes & Measures	Timescales	Lead(s)	Updates
				Increased submissions of 'feelgood' stories to the Communications team (data to be captured by the team).	April / May 2024.		
			<p>New Trust-wide 'My Feelgood Friday' e-Bulletin to be sent out the last Friday of every month.</p> <p>Requests for 'feelgood' stories to be made to colleagues and following this, the creation and distribution of the bulletin.</p>	<p>Happier staff who feel rewarded and recognised for what they do and who they are.</p> <p>Measurements: Month on month comparison of Bulletin software analytics defining how many colleagues have read the article.</p> <p>Improved staff response to questions relating to the We are recognised and rewarded People Promise theme, Staff Engagement and Morale themes in the NHS Staff Survey 2024.</p>	First Feelgood Friday Bulletin to go out April 2024.	Communications and Engagement team.	<p>Bulletin framework defined February 2024.</p> <p>Design element underway March 2024.</p> <p>Requests for content made March 2024.</p>
			#TeamBridgewater Thank You Awards to take place September 2024.	<p>Staff feel part of a team, rewarded, recognised and proud of what they do.</p> <p>Measurements:</p> <p>Improved staff response to questions relating to the We are a Team, We are recognised and rewarded People Promise theme, Staff</p>	Awards to take place September 2024.	Communications and Engagement team.	Initial scoping to take place April 2024. This is to be informed by attendee feedback gained from the 2023 Awards survey.

Promise / Element	2023 Scores	RAG	Action and Steps to Take	Outcomes & Measures	Timescales	Lead(s)	Updates
				<p>Engagement and Morale themes in the NHS Staff Survey 2024.</p> <p>Attendee response to survey distributed following the Awards.</p>			
			<p>Promotion of Trust best practice and good news stories internally and externally.</p> <p>External: Press releases distributed to local media and partner organisations (including ICB, where relevant).</p> <p>Internal: Trust communication channels.</p>	<p>Raising the profile of the Trust, its Strategy and services, externally and internally.</p> <p>Measurements:</p> <p>Improved staff response to questions relating to the We are recognised and rewarded People Promise theme, Staff Engagement and Morale themes in the NHS Staff Survey 2024.</p> <p>Maintaining a high level of coverage via external and internal communication channels.</p>	Ongoing, reviewed monthly.	Communications and Engagement Team, Associate Directors, Service Leads.	<p>Requests for good news stories is ongoing via Trust Communications channels and internal meetings (DLT, Staff Survey Action Plan meetings etc).</p> <p>Service specific activity:</p> <p>Drive Ability North West, monthly meetings. Dental meeting taking place April 2024.</p> <p>Halton 0-19 service meeting took place March 2024.</p>
			Continued implementation of Time to Shine sessions.	Staff will feel proud and recognised for their achievements and in turn, colleagues will be inspired by	Ongoing, monthly.	Lynne Carter	Time to Shine sessions take place monthly.

Promise / Element	2023 Scores	RAG	Action and Steps to Take	Outcomes & Measures	Timescales	Lead(s)	Updates
			All presenters receive certificates of appreciation, recognising their time and contribution.	<p>the opportunity to learn from others' best practice.</p> <p>Measurement:</p> <p>Improved staff response to questions relating to the We are recognised and rewarded People Promise theme, Staff Engagement and Morale themes in the NHS Staff Survey 2024.</p>			
			Best practice – using team noticeboards for Reward and Recognition.	<p>Teams will be empowered to use their notice boards for more local reward and recognition, whilst ensuring IPC requirements are met.</p> <p>Measurements:</p> <p>Improved staff response to questions relating to the We are a Team, We are recognised and rewarded People Promise themes, Staff Engagement and Morale themes in the NHS Staff Survey 2024.</p>	TBC	Communications and Engagement team.	Initial audit of Trust noticeboards underway March 2024.
Promise / Element	2023 Scores	RAG	Action and Steps to Take	Outcomes & Measures	Timescales	Lead(s)	Updates


Promise / Element	2023 Scores	RAG	Action and Steps to Take	Outcomes & Measures	Timescales	Lead(s)	Updates
	<p>TS: 7.2</p> <p>CT: 7.2</p>		<p>Time to Talk sessions held across the organisation.</p>	<p>Staff will feel recognised and heard, as well as understanding the bigger picture within the organisation.</p> <p>Leaders will be able to address any concerns or positive elements and action response as necessary.</p> <p>Feedback can be captured and communicated via a 'You said, we did, we are doing' approach, underlining that staff voice is listened to.</p> <p>Measurements:</p> <p>Improved staff response to questions relating to the We each have a voice that counts, We are a Team, We are recognised and rewarded People Promise themes, Staff Engagement and Morale themes in the NHS Staff Survey 2024.</p> <p>Data captured via Exec feedback forms following sessions.</p>	<p>Ongoing monthly activity.</p>	<p>Communications and Engagement Team</p>	<p>Last Time to Talk invitations sent to teams March 2024.</p> <p>Currently awaiting Exec paperwork for use in Board report (March 2024).</p>

Promise / Element	2023 Scores	RAG	Action and Steps to Take	Outcomes & Measures	Timescales	Lead(s)	Updates
			<p>Deployment and communication of the NHS Staff Survey and Quarterly Pulse Survey, the survey results and Trust response to these.</p>	<p>An understanding of colleague voice leading to improvements at the Trust.</p> <p>Improved recruitment and retention.</p> <p>Improved colleague wellbeing and lower absence rates.</p> <p>Measurements:</p> <p>Analysis of Staff response to the Quarterly Pulse Surveys and NHS Staff Survey (how many complete these).</p> <p>Data gained from the NHS Staff Surveys 2023 and 2024.</p> <p>Data gained from each Quarterly Pulse Survey 2024.</p>	<p>Ongoing, monthly reviews.</p>	<p>Communications and Engagement team, Associate Directors, Managers.</p>	<p>Staff Survey embargo lifted, and data released, March 2024.</p> <p>Analysis and internal communication of results March 2024.</p> <p>For Staff Survey Action Plans see Core Actions table above.</p> <p>Next Quarterly Pulse Survey April 2024.</p>
			<p>Freedom to Speak Up to continue to be promoted across the Trust and 000 Speak Up - core training for all workers to be made mandatory for all colleagues.</p>	<p>Staff understand that they have a safe platform to share any concerns that they may have regarding their work and the workplace as a whole.</p> <p>Measurement:</p> <p>An improvement in colleague response to questions relating to Freedom to Speak Up in the NHS Staff Survey 2023.</p>	<p>Ongoing. Review date to be requested from the Lead Guardian.</p>	<p>Freedom to Speak Up Guardians.</p>	<p>A session on Freedom to Speak Up was given by the Lead Guardian at the Trust Leader in Me event in December 2023.</p> <p>The Chief Nurse spoke at the same event about 'Having a Voice that Counts.'</p>


Promise / Element	2023 Scores	RAG	Action and Steps to Take	Outcomes & Measures	Timescales	Lead(s)	Updates
							000 Speak Up - core training to be made mandatory for all colleagues – TBC.
Promise / Element	2023 Scores	RAG	Action and Steps to Take	Outcomes & Measures	Timescales	Lead(s)	Updates
	TS: 6.5 CT: 6.4		Health and wellbeing offerings and advice to staff to continue to be promoted via the MyBridgewater Bulletin and MyBridgewater Team Brief.	Reduced staff absence due to illness, happier, healthier staff and better patient care. Increased retention. Measurement: An improvement in colleague response to questions relating to the We are Safe and Healthy People Promise theme in the NHS Staff Survey. Workforce data relating to retention and staff absence due to sickness.	Ongoing.	Health and Wellbeing lead, Communications and Engagement.	Information is included in MyBridgewater Team Brief on a monthly basis and MyBridgewater Bulletin every week.
			The POD (People Operational Delivery Group) will continue to consider the NHSE/I Health & Wellbeing Framework.	Reduced staff absence due to illness, happier, healthier staff and better patient care. Increased retention. Measurements: An improvement in colleague response to questions relating	Ongoing, with review at POD Council.	Health and Wellbeing lead.	Review and update last give at POD Council 21 st February 2024.

Promise / Element	2023 Scores	RAG	Action and Steps to Take	Outcomes & Measures	Timescales	Lead(s)	Updates
				to the We are Safe and Healthy People Promise theme in the NHS Staff Survey. Workforce data relating to retention and staff absence due to sickness.			
			Continue partnerships with external Health and Wellbeing initiatives and groups such as Rugby League Cares.	Staff benefit from external expertise. Reduced staff absence due to illness, happier, healthier staff and better patient care. Increased retention. Measurement: An improvement in colleague response to questions relating to the We are Safe and Healthy People Promise theme in the NHS Staff Survey. Analysis of Survey Monkey questionnaire issued to attendees following sessions.	Ongoing. Review date to be requested from Health and Wellbeing Lead.	Health and Wellbeing Lead.	Update to be requested from Health and Wellbeing Lead.
			New and improved approach to supporting wellbeing and the management of attendance, including: Wellbeing at Work Action Plans. Individualised wellbeing support.	The creation of a Just Culture. Improved colleague wellbeing. Improved management of attendance.	Policy to launch in April 2024, ongoing.	Human Resources, Staff Side	March 2023 – Trust draft policy is being reviewed by our Employment Advisors to ensure the content is in line with current


Promise / Element	2023 Scores	RAG	Action and Steps to Take	Outcomes & Measures	Timescales	Lead(s)	Updates
			<p>Introduction of Disability Leave. Removal of standard absence 'triggers'.</p> <p>This is a significant culture change programme that takes a whole person centred and holistic approach to wellbeing.</p>	<p>Measurements:</p> <p>Improved staff response to questions relating to the We are Safe and Healthy and We are Compassionate and Inclusive People Promise themes in the NHS Staff Survey 2024.</p> <p>The policy implementation and impact will be monitored in conjunction with our key people indicators and feedback from staff.</p>			<p>employment legislation and best practice.</p> <p>Training dates for managers TBA.</p>
			<p>NHS Leaders' Wellbeing Local Programme.</p> <p>Supporting Leaders' wellbeing so they are better able to care for the teams they lead.</p>	<p>Leaders will develop and cascade healthy leadership behaviours across and between staff.</p> <p>Creation of a culture of staff wellbeing.</p> <p>Reduced staff absence due to illness, happier, healthier staff and better patient care.</p> <p>Increased retention.</p> <p>Measurements:</p> <p>Number of colleagues trained by in house trainers. Data gained from OD.</p>	<p>Throughout 2024. Reviewed quarterly.</p>	<p>Chief Operating Officer, Trust Secretary, Occupational Development.</p>	<p>Three members of the People Directorate have engaged in a train-the trainer programme to deliver this programme in house, October 2023.</p> <p>The programme will be launched 26th March at the Trust Communities Matter event.</p>


Promise / Element	2023 Scores	RAG	Action and Steps to Take	Outcomes & Measures	Timescales	Lead(s)	Updates
				<p>Improved staff response to questions relating to the We are Safe and Healthy People Promise theme in the NHS Staff Survey 2024.</p> <p>Improved retention rates. Data gained from Workforce.</p>			
Promise / Element	2023 Scores	RAG	Action and Steps to Take	Outcomes & Measures	Timescales	Lead(s)	Updates
	<p>TS: 5.9</p> <p>CT: 6.0</p>		<p>Continuation of Trust 'Leader in Me' events, a learning opportunity in which inspirational external speakers share their experience and best practice with staff.</p>	<p>Inspired and engaged staff who feel professionally and personally developed by the Trust.</p> <p>Increased retention.</p> <p>Improved colleague learning and experience, to expand their skillset and offer better patient care.</p> <p>Measurements:</p> <p>An improvement in colleague response to questions relating to the We are always learning People Promise theme in the NHS Staff Survey.</p>	<p>Events are held throughout the year.</p>	<p>Communications and Engagement team.</p>	<p>The last Leader in Me event took place in December 2023 at Haydock Park Racecourse, with Keynote speaker, Nazir Afzal OBE.</p>

Promise / Element	2023 Scores	RAG	Action and Steps to Take	Outcomes & Measures	Timescales	Lead(s)	Updates
				Analysis of Survey Monkey questionnaires issued to attendees following sessions.			
			<p>Training is made available to all staff and promoted through communications across the Trust regularly.</p> <p>Internal and external development pathway opportunities continue to be made available to staff i.e., apprenticeships and university/college courses / retaking GCSE exams</p>	<p>Staff know where to go for training and which opportunities are available to them.</p> <p>Highly skilled and well-developed colleagues, who feel supported by the Trust in their work.</p> <p>Increased retention.</p> <p>Better patient care.</p> <p>Measurements:</p> <p>An improvement in colleague response to questions relating to the We are always learning People Promise theme in the NHS Staff Survey.</p> <p>Analysis of Survey Monkey questionnaires issued to attendees following sessions.</p> <p>Good levels of uptake in training sessions and development opportunities.</p>	Ongoing, quarterly data review of colleague uptake of training courses.	EPD, Communications and Engagement team, Head of Workforce, careers and Apprenticeship Lead.	Training is promoted weekly in the MyBridgewater Bulletin.


Promise / Element	2023 Scores	RAG	Action and Steps to Take	Outcomes & Measures	Timescales	Lead(s)	Updates
				Statistics to be provided by EPD and Workforce.			
			Leadership and Management Development Programme and Prospectus	Increased awareness of offering	April 2024	OD	March 2024. Prospectus about to be designed.
Promise / Element	2023 Scores	RAG	Action and Steps to Take	Outcomes & Measures	Timescales	Lead(s)	Updates
	TS: 6.8 CT: 6.9		Trust – wide flexible working campaign.	<p>Increased staff awareness of flexible working options. A better understanding of what flexible working is and that every colleague has the right to request it, and this can now be done through ESR.</p> <p>Managers will better understand and embrace the benefits around flexible working. They will better consider it for their team members.</p> <p>Measurements:</p> <p>An increase in requests for flexible working.</p>	To launch March 2024	Senior Communications and Engagement Manager, HR Business Partner	<p>The campaign was teased in March's Team brief.</p> <p>Content has been written and the campaign is in the design phase, March 2024.</p>

Promise / Element	2023 Scores	RAG	Action and Steps to Take	Outcomes & Measures	Timescales	Lead(s)	Updates
				<p>Higher recruitment and retention levels.</p> <p>Data required from HR and Workforce for the above.</p> <p>An improvement in colleague response to questions relating to the We are always learning People Promise theme in the NHS Staff Survey.</p>			
			<p>Education and training are delivered with a flexible approach whenever possible (e.g. online, bespoke locally delivered sessions, flexible times re start and finish and length of sessions etc).</p>	<p>More staff will be able to access training courses and development opportunities.</p> <p>Measurement: A good level of colleague uptake in training opportunities and development opportunities.</p> <p>Analysis of Survey Monkey questionnaires issued to attendees following sessions.</p> <p>Statistics to be provided by EPD.</p>	<p>Ongoing, quarterly review of statistics.</p>	<p>EPD</p>	<p>Update required from EPD.</p>
			<p>Creation of a Recruitment Pack and accompanying 'How to Apply to Bridgewater' document, underlining the benefits of</p>	<p>The attraction of higher quality candidates for job roles and reduction in lower quality applications, through helpful application advice.</p>	<p>Recruitment pack will be ready April 2024.</p>	<p>Communications and Engagement Team, Head of Workforce.</p>	<p>The Recruitment Pack is nearing the end of the design phase (March 2024).</p>

Promise / Element	2023 Scores	RAG	Action and Steps to Take	Outcomes & Measures	Timescales	Lead(s)	Updates
			<p>working for the Trust, as they relate to the People Promises.</p> <p>We work flexibly is a key component of the Pack.</p> <p>Pack to be attached to Trust job adverts on NHS Jobs website and printed for promotional use at events including Careers Fairs.</p>	<p>Measurements:</p> <p>To be gained from Workforce data regarding number and quality of job applicants.</p>	<p>'How to Apply to Bridgewater' document completion TBC.</p>		<p>'How to Apply to Bridgewater' document content written, design phase TBC.</p>
Promise / Element	2023 Scores	RAG	Action and Steps to Take	Outcomes & Measures	Timescales	Lead(s)	Updates
	<p>TS: 7.2</p> <p>CT: 7.2</p>		<p>Managers to continue to be encouraged to attend Team Brief and to communicate this top line information to their teams.</p> <p>This must be implemented from a Communications and Operational perspective.</p>	<p>As a team, staff feel valued and included in information that is relevant to them and their work.</p> <p>Measurements:</p> <p>Analysis of how many managers attend Team Brief sessions.</p>	<p>Data to be reviewed monthly, following Team Brief.</p>	<p>Communications and Engagement Team, Associate Directors.</p>	<p>Number of staff attending Team Brief in March: 71.</p>

Promise / Element	2023 Scores	RAG	Action and Steps to Take	Outcomes & Measures	Timescales	Lead(s)	Updates
Promise / Element	2023 Scores	RAG	Action and Steps to Take	Outcomes & Measures	Timescales	Lead(s)	Updates
	<p>TS: 7.3 CT: 7.3</p>		<p>People Promise Champion review, reworking and implementation across the Trust.</p>	<p>Improved cascading of messaging across the Trust.</p> <p>Improved feedback from staff about their experience of working for Bridgewater.</p> <p>Better supported Champions, with tools, resources and manager agreements.</p> <p>Synergy with the NHS People Promise and the associated benefits this brings, such as the reinforcing of People Promise messaging across the Trust and recognition of NHS Staff Survey themes.</p> <p>Measurements:</p> <p>Feedback from People Promise Champions (including reasons for repledging or leaving role, undertaken every 12 months).</p> <p>Analysis of Champions' engagement in training, attendance at Champions Events, data analysis of</p>	<p>Project to be launched early in quarter one 2024.</p>	<p>Communications and Engagement team.</p>	<p>Review complete and agreement of plan December 2023.</p> <p>Implementation is currently underway, March 2024.</p> <p>Project will launch in quarter one.</p>

Promise / Element	2023 Scores	RAG	Action and Steps to Take	Outcomes & Measures	Timescales	Lead(s)	Updates
				engagement in Champions' Teams channel.			
			Introducing Screen Saver software to communicate important Trust messaging.	TBC	TBC	Communications and Engagement team, I.T.	Currently scoping, March 2024.
			Task and Finish Group to review the Corporate and Clinical Induction programmes and process.	Promotion of a positive, welcoming, and professional first impression of Bridgewater to new employees. Measurements: Analysis of Survey Monkey questionnaires issued to attendees following Induction sessions. Analysis of Workforce retention data: how soon after joining the Trust do colleagues leave – and why?	TBC	OD and Workforce supported by Communications and Engagement team.	TBC
			Development of a Staff Engagement Framework/Calendar	Greater interaction and engagement from staff.	TBC	Communications and Engagement Team, Health and Wellbeing Lead, OD	Currently scoping, March 2024

Promise / Element	2023 Scores	RAG	Action and Steps to Take	Outcomes & Measures	Timescales	Lead(s)	Updates
 <p>Morale</p>	<p>TS: 6.3 CT: 6.2</p>		<p>A focus on 'You said, we did, we are doing' as a Communications and Operational approach to feeding back actions completed following staff feedback.</p> <p>Exec team (through Time to Talk) Associate Directors and team managers to facilitate and manage any staff requests, using this approach.</p>	<p>An increase in staff morale due to increased visibility of Trust response to their concerns, ideas and requests.</p> <p>Measurement: Data gained from Time to Talk sessions. Colleagues mention actioned and unactioned requests in these and this is captured in paperwork.</p> <p>Qualitative data gained regarding staff feedback and the Trust response to this, gained through Staff Survey Action Plan meetings.</p>	<p>Ongoing, reviewed monthly.</p>	<p>Communications and Engagement team, Execs (via Time to Talk) Associate Directors and Managers via DLT and team meetings.</p>	<p>Time to Talk sessions ongoing.</p> <p>'You said, we did, we are doing' template to be distributed to Associate Directors, to be created by Communications team March / April 2024.</p>
			<p>Time to Talk feedback</p>	<p>Coverage of team visits in the monthly Trust Board CEO update. Regular messaging to visited services signposting the lead to the latest Board update.</p>	<p>Monthly</p>	<p>Communications and Engagement Team</p>	<p>January visits of Time to Talk now communicated to services.</p>

BOARD OF DIRECTORS

Title of Meeting	BOARD OF DIRECTORS	Date	04 April 2024
Agenda Item	26/24 (iii)		
Report Title	PEOPLE PLAN UPDATE		
Executive Lead	Paula Woods - Director of People and Organisational Development		
Report Author	Jo Waldron - Deputy Director of People and Organisational Development		
Presented by	Paula Woods - Director of People and Organisational Development		
Action Required	<input type="checkbox"/> To Approve	<input checked="" type="checkbox"/> To Assure	<input checked="" type="checkbox"/> To Note

Executive Summary

The Trust's People Strategy, PEOPLE values and Behaviours are underpinned by the NHSE People Plan and People Promise. There are seven elements to the People Promise. Everything we do reconciles back to these elements which are measured by the national annual staff survey and quarterly pulse surveys (NQPS).

The People agenda is operationalised via the Trust's People Operational Delivery Council (POD) and Education Governance Group, where we monitor our education and training offer in line with established budgets and to ensure fairness and equity in training provision, along with staff access to it.

During the course of 2023, four PODs (People Operational Delivery Groups) were established to support the delivery of the People agenda. These matured quickly and the Deputy Director of People, as Chair of the groups had noted the inherent links between the discussions taking place at the various POD meetings. As a result in August 2023, one overall POD Council was established and all members of the previous four PODs, along with the workstreams now come together in one place. The POD Council's work ties in with the Educational Governance Group and vice versa.

The POD Council is heavily focused on People data. We bring a comprehensive data set to the POD Council each time it meets, with a view to ensuring that the workstreams are aimed at improving what we may need to further develop and enhancing what we do well.

Section three of this report shows the improvements made across the People IQPR Indicators over this past year and the recent staff survey results, again showing an ongoing improved Trust position. There is a separate paper on the Trust Board agenda illustrating those results.

Section four of this report details the achievements and workstreams that have been driven via POD Council over recent years, which have been as a direct result of what our data is telling us.

Section five outlines our plans to continue to build on the Trust wide work of the POD Council by supporting Directorates to implement what has been and continues to be driven via the POD. This is in addition to having local plans to make improvements which should be developed with staff in services.



Previously considered by:	
<input type="checkbox"/> Audit Committee	<input type="checkbox"/> Quality & Safety Committee
<input type="checkbox"/> Finance & Performance Committee	<input type="checkbox"/> Remuneration & Nominations Committee
<input checked="" type="checkbox"/> People Committee	<input type="checkbox"/> EMT
Strategic Objectives	
<input checked="" type="checkbox"/> Equality, 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.	
<input type="checkbox"/> 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.	
<input type="checkbox"/> 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.	
<input type="checkbox"/> 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.	
<input checked="" type="checkbox"/> Resources - We will ensure that we use our resources in a sustainable and effective way.	
<input checked="" type="checkbox"/> Staff - We will ensure the Trust is a great place to work by creating an environment for our staff to develop, grow and thrive.	

How does the paper address the strategic risks identified in the BAF?						
<input type="checkbox"/> BAF 1	<input checked="" type="checkbox"/> BAF 2	<input type="checkbox"/> BAF 3	<input checked="" type="checkbox"/> BAF 4	<input checked="" type="checkbox"/> BAF 5	<input checked="" type="checkbox"/> BAF 6	<input type="checkbox"/> BAF 7
Governance Failure to implement and maintain sound systems of Corporate Governance and failure to deliver on the Trust's Strategy	Quality Failure to deliver quality services and continually improve	Health Equity Failure to collaborate with partners and communities to improve health equity and build a culture that champions ED&I for patients	Staff Failure to create an environment for staff to grow and thrive	Resources Failure to use our resources in a sustainable and effective way	Equality, Diversity & Inclusion Failure to build a culture that champions equality, diversity and inclusion for patients and staff	Partnerships Failure to work in close collaboration with partners and staff in place and across the system

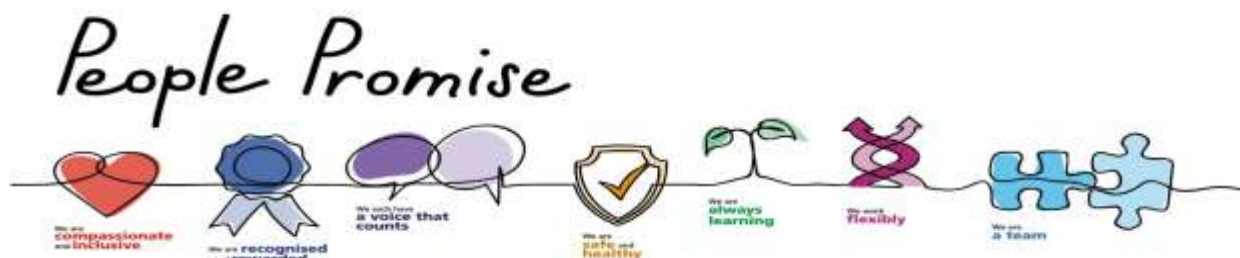
CQC Domains:	<input checked="" type="checkbox"/> Caring	<input checked="" type="checkbox"/> Effective	<input checked="" type="checkbox"/> Responsive	<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Well Led
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BOARD OF DIRECTORS

Title of Meeting	BOARD OF DIRECTORS	Date	04 April 2024
Agenda Item	26/24 (iii)		
Report Title	PEOPLE PLAN UPDATE		
Report Author	Jo Waldron - Deputy Director of People and Organisational Development		
Purpose	To provide the Board with a high-level summary on the Trust's progress in the delivery of the NHS People Plan, People Promise and the Trust's People Strategy.		

1. INTRODUCTION

- 1.1 The Trust's People Strategy, PEOPLE values and Behaviours are underpinned by the NHSE People Plan and People Promise. There are seven elements to the People Promise illustrated below. Everything we do reconciles back to these elements which are measured by the national annual staff survey and quarterly pulse surveys:



- 1.2 Over recent years, NHSE has released several toolkits to support Trusts in the implementation of the NHS People Plan and Promise such as civility and respect, retention and staff health and wellbeing. These are used to inform work programmes across the Trust's People Directorate, which is operationalised further via the Trust's POD Council and its Education Governance Group, where we monitor our education and training offer in line with budgets and to ensure fairness and equity in training provision, along with staff access to it.

- 1.3 The People Strategy has nine strategic aims which are reinforced by pledges to staff under the following domains:

1. Health and wellbeing
2. Flexible working
3. Equality and diversity
4. Culture and leadership (including the implementation of a "Just Culture")

5. New ways of delivering care
6. Growing the workforce
7. Recruitment
8. Retaining staff
9. Recruitment and deployment across systems

2. BACKGROUND

- 2.1 Shortly after the release of the NHS People Plan, four People Operational Delivery (POD) Groups were established to oversee the delivery of the People Plan, Promise and People Strategy:
 1. Health and Wellbeing
 2. Recruitment and Retention
 3. Education and Professional Development
 4. Culture and Leadership
- 2.2 The decision to approach it in this way was an informed one at the time and it was felt that it allowed the delivery, of what was a very ambitious plan with some considerable change needed, in a way that was manageable for all those involved.
- 2.3 Over time, work across the PODs progressed well and it allowed key personnel from across the Trust to come together as subject matter experts to inform how we approach the delivery of the plan in a way that supported the staff at Bridgewater.
- 2.4 During the course of 2023, the PODs matured quickly and the Deputy Director of People, as Chair of the groups had noted the inherent links between the discussions taking place at the various POD meetings.
- 2.5 Colleagues from across the People, Quality and Operational Teams had become much more collaborative in their approach and workstreams began to link inherently, with outcomes that could potentially impact on the work of other PODs. EDI, for example, was a golden thread.
- 2.6 We did not want there to be duplication of effort, but more importantly we wanted to recognise the collaborative approach that had grown over time and how we had seen the PODs mature as a result of this. There was also a recognition that everything we positively do in relation to people, leads to better recruitment and retention.
- 2.7 As a result in August 2023, one overall POD Council was established and all members of the previous four PODs, along with the workstreams now come together in one place. The POD Council's work ties in with the Educational Governance Group and vice versa.

3. INFORMATION

- 3.1 The POD Council is heavily focused on People data. We bring a comprehensive data set to the POD each time it meets, with a view to ensuring that the workstreams are aimed at improving what we may need to and enhancing what we do well.
- 3.2 Below is the dashboard from the People IQPR which shows that we currently have six of our seven People Indicators reporting green.
- 3.3 Many of the indicators have seen a steady improvement over previous months, one of which is turnover, which is a fundamental indicator in relation to how people feel about working at Bridgewater. In addition to staff retiring and returning, we have instances of staff leaving the Trust to work elsewhere and coming back at the earliest opportunity.
- 3.4 The People Committee receive detailed reports on the work being done that underpins these indicators. Our programmes of work fully consider what our people data is telling us.

People															
KPI Name	Target	Trend Line	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
% Headcount of new starters attending induction programme	95.00%		99.74% (▲)	99.6% (▼)	99.8% (▲)	99.61% (▼)	99.36% (▼)	99.29% (▼)	99.36% (▲)	98.94% (▼)	99.68% (▲)	99.29% (▼)	99.62% (▲)	99.31% (▼)	99.75% (▲)
Staff turnover (rolling)	12.00%		28.54% (▼)	27.91% (▲)	27.61% (▲)	13.25% (▲)	12.69% (▲)	14.69% (▼)	12.04% (▲)	12.22% (▼)	12.3% (▼)	12.04% (▲)	10.89% (▲)	11.04% (▼)	10.82% (▲)
% Overall Organisation Sickness rate (rolling)	5.50%		6.75% (▲)	6.52% (▲)	6.41% (▲)	6.3% (▲)	6.07% (▲)	5.9% (▲)	5.89% (▲)	5.65% (▲)	5.66% (▼)	5.56% (▲)	5.63% (▼)	5.59% (▲)	5.47% (▲)
Sickness absence rate (Actual)	5.50%		7.11% (▼)	6.19% (▲)	5.26% (▲)	5.5% (▼)	5.16% (▲)	5.06% (▲)	5.24% (▼)	5.38% (▼)	5.45% (▼)	5.57% (▼)	5.94% (▼)	5.78% (▲)	5.58% (▲)
% of staff with a current PDR	85.00%		66.09% (▼)	70.13% (▲)	72.57% (▲)	70.56% (▼)	71.62% (▲)	72.85% (▲)	77.23% (▲)	91% (▲)	89.99% (▼)	87.59% (▼)	83.43% (▼)	88.06% (▲)	86.04% (▼)
% Long Term Absence	Improvement in Month		4.39% (▼)	4.36% (▲)	3.98% (▲)	3.82% (▲)	3.72% (▲)	3.85% (▼)	3.74% (▲)	3.85% (▼)	3.86% (▼)	4.04% (▼)	4.11% (▼)	3.52% (▲)	3.25% (▲)
% Short Term Absence	Improvement in Month		2.63% (▼)	1.9% (▲)	1.39% (▲)	1.6% (▼)	1.47% (▲)	1.25% (▲)	1.36% (▼)	1.3% (▲)	1.38% (▼)	1.5% (▼)	1.76% (▼)	2.26% (▼)	2.26% (▲)

- 3.5 In addition to the above, our Staff Survey results have improved, which is illustrated below:

People Promise Element / Theme	2022 score	2023 score	Trust 2023 vs Trust 2022
We are compassionate and inclusive	7.7	7.8	0.1
We are recognised and rewarded	6.1	6.4	0.3
We each have a voice that counts	7.1	7.2	0.1
We are safe and healthy	6.3	6.5	0.2
We are always learning	5.3	5.9	0.6
We work flexibly	6.4	6.8	0.4

People Promise Element / Theme	2022 score	2023 score	Trust 2023 vs Trust 2022
We are a team	7.0	7.2	0.2
Staff engagement	7.2	7.3	0.1
Morale	6.1	6.3	0.2

3.6 Clearly, it is not only the work of POD Council that has supported the sustained improvement, it is contributed to by a whole Trust approach to Quality, Safety, Operations and other Corporate Services too. The results provide the POD Council with some reassurance that what we are doing is working well for staff on the ground. Our temperature checks are via the national quarterly pulse surveys and by way of the feedback we receive from other staff communication and engagement activities, such as Time to Talk.

4. ACHIEVEMENTS REPORTING TO THE POD COUNCIL SO FAR

4.1 Our data shows us that we were losing staff in the first two years of employment with us and that we needed to do more to support staff in their early employment and career, particularly Nursing and AHP colleagues. As a result, we took the following actions:

- A Multi-Professional Preceptorship Policy was developed by members of the Quality and Education Team, which was recently commended by NHSE. Having been through an assessment process which was overseen by the Quality Team, we have been awarded the Interim Quality Mark for our Preceptorship offer. This has been publicised on our website and there have been examples whereby Students have approached us about wanting to start their career at Bridgewater. Our Student satisfaction levels are high.
- We have introduced Legacy Mentors into our Warrington and Halton Boroughs. Legacy Mentors are experienced Nurses or other professional colleagues who are in their late career and who provide coaching, mentoring and pastoral support to newly qualified staff.

4.2 Our data showed us that we needed to do more to support career development and strong leadership and management. As a result:

- We have grown our Apprenticeship offer for current staff which enhances their study experience with the additional support an apprenticeship has to offer. Our Apprenticeship Levy has been fully utilised, with no expiry of funds for the last year.
- The Trust's approach to the recruitment of Apprentices has been recognised nationally, regionally and locally as follows:
 - Workforce Nursing Times Award - Best Recruitment Journey: Bridgewater's Healthcare Support Worker Programme (2021)

- Riverside College (Widnes & Runcorn): Large Apprenticeship Employer of the Year Award 2023
 - Riverside College (Widnes & Runcorn): Apprentice of the Year Award – Katie Adams 2022 and Beth Johnson 2023
 - Liverpool John Moores University: Apprenticeship Lead Award 2024 – Sarah Power
 - Vale Royal Warrington College: Apprentice of the Year 2024 – Emily Flannery
 - Manchester Metropolitan University’s new ‘Degree Apprenticeships: Force for Impact Report’ is intended to showcase the transformative impact degree apprenticeships have on the lives of apprentices and within the workplace. It will be published in the coming months with a formal launch event at the Houses of Parliament, expected in May. Given that regionally, MMU are the leading outstanding provider of apprenticeships, we are delighted to have been given the opportunity by them for Bridgewater to be the only featured NHS Trust in the report. Filming and photoshoots took place at the Trust’s Headquarters during March. We are delighted as a Trust to have our commitment to apprenticeships and career development celebrated in such a way.
- We have a Lead Clinician developing competencies and career pathways for Nursing occupations so that staff can see what a career looks like at Bridgewater.
 - We have supported the development of workforce plans across our services that aim to future proof our workforce through ‘grow your own’ models by way of Apprenticeships (new entrants to the Trust and current staff), enhancing our education offer to existing staff across the Trust and succession planning. These meetings have been attended by members across the People, Quality and Operational Teams.
 - Another employment pipeline is via our sign up to the Care Leavers Covenant which commits to providing care leavers with opportunities to enter the world of work, such as offering work experience placements, work shadowing placements, internships, traineeships and apprenticeships. We have offered employment via this commitment and currently are working with the Warrington Together Workforce & OD Enabling Group (WEG) to have a place-based approach to this. It is one of three agreed workforce workstreams and workshops have taken place this year to mobilise project plans accordingly.
 - Our Education Team have worked with services to support service level training needs assessments (TNAs) so that our education offer is targeted and informed by our staff.
 - We have introduced a First Line and Operational Managers Leadership and Management Programme.
 - We have developed a Leadership and Management Prospectus and Passport which has been aligned with the NHSE Framework for Line Managers which focusses heavily on the fundamental role that line managers play in staff satisfaction rates. The programme covers areas such as recruitment, EDI, workplace culture and staff development.
 - We have launched ‘Scope for Growth’ career conversations with a focus on development and succession planning. This has initially been piloted with our AHP colleagues with a view to reviewing and rolling the programme out across the Trust.
 - We are in the process of finalising a Senior Leaders Development Programme to support succession planning to Executive level. The programme tracks to Executive roles with Executive sponsorship and support being integral to it.

4.3 Our data showed us we needed to do more to support staff health and wellbeing, particularly those suffering with stress related absence. In that respect:

- We signed up to the Gambling Harm Workforce Charter in the Summer of 2023 and incorporated this into our Alcohol & Drugs at Work Policy. This offers support to staff in relation to the harm that Gambling can cause.
- Our Health and Wellbeing offer continues to grow with programmes running throughout the year in relation to 'looking after yourself and others' and 'Health and Wellbeing Conversations'. Our partnership working with Rugby League Cares is running for a second year, funded by the ICB. Paul Wood and Sam Laird have visited a wide range of services covering programmes such as mental resilience, sleep, diet and motivation to name a few. The Executive Team will receive their first 'self-care' session with Paul and Sam on the 2nd of April.
- We held a Health and Wellbeing Fortnight in October which involved two weeks of various sessions offered to staff in relation to mental and physical health including nutrition and tai chi sessions. The evaluation was reported to the People Committee.
- We are one of four Early Adopters of the Northwest Wellbeing Policy, the principles of which are a person-centred approach to wellbeing for all staff, not just those who are absent from work. There will be a move away from absence triggers, and this is therefore a significant culture change programme. Communication and training will commence in April.
- We have supported with the uptake of Stress Risk Assessments and are progressing some key actions which form part of the actions that have been brought about as a result of a recent MIAA Audit. The progress on this is reported to the People Committee with links to the Audit Committee.

4.4 Our data showed us that we needed to do more in relation to work-life balance. As a result:

- We are about to launch a flexible working campaign 'Making Flexible Work' which will focus on the Trust's commitment to flexible working and encouraging staff to come forward should they feel that such arrangements will help them. This is in addition to encouraging managers to be more open to considering requests to work flexibly.

4.5 There are national and local challenges with recruitment into qualified Nursing and AHP roles. In that respect:

- We have grown our Apprenticeship offer which is led by our Apprenticeship Team which has significantly increased our intake of candidates from within our local Communities who have no NHS work experience. Many of these have undertaken Clinical Apprenticeships, starting as Health Care Support Workers and some have progressed into higher level apprenticeships such as Nurse Degree Apprenticeships which supports our 'grow your own' model of Workforce Planning for the future.
- We are about to launch our new Recruitment Pack which enhances our attraction and branding for potential candidates.
- We have a Task and Finish Group reviewing and overhauling our Induction offer, with a strong focus on engagement and in candidates leaving their induction with a sense of belonging.

- Workforce planning sessions have opened up discussions with services and clinicians about how we can skill mix into new roles and new ways of delivering care to our patients.

4.6 Our staff survey results over recent years have helped us to identify where we need to focus our communication and most importantly our staff engagement efforts, as follows:

- We have developed a new approach to staff survey action plans, which are driven by direct feedback from staff on the ground and we are revamping the role of the Trust's Staff Engagement Champions. They are to be called People Promise Champions.
- We are in the process of reviewing and enhancing our reward and recognition offer.
- We continue to enhance our communication and engagement with staff using various forums such as Leader in Me, Staff Awards, Team Brief, a new Trust Extranet and Bridgewater Bulletin.

5. CONCLUSION

- 5.1 Despite the marked improvement across the People Indicators, there is still significant opportunity to build on this through supported local actions overseen by the DLTs.
- 5.2 There are some areas for concern when the data is broken down by Directorate.
- 5.3 Members of the People Team are in attendance at DLTs and information is presented at a Directorate level to support appropriate action planning via the staff survey action plans. As referred to earlier, a separate report tabled at Trust Board provides details of our approach to action planning.
- 5.4 In 24/25, there will be continued efforts and support for those areas where we know we need to do more and there will be a strong focus on the Staff Survey action plans being informed by the staff in those services.

6. RECOMMENDATIONS

- 6.1 The Board is asked:
- to note the significant work that has taken place across the People Directorate, with support from key personnel from across the Trust.
 - to note the progress being made with key People Indicators and the plans to continue to enhance the Trust's People agendas with a view to continued improvement in staff experience.

BOARD OF DIRECTORS

Title of Meeting	BOARD OF DIRECTORS		Date	4 April 2024		
Agenda Item	27/24i					
Report Title	SELF-ASSESSMENT OF BOARD EFFECTIVENESS 2023					
Executive Lead	Karen Bliss, Chair					
Report Author	Jan McCartney, Trust Secretary					
Presented by	Jan McCartney, Trust Secretary					
Action Required	<input type="checkbox"/> To Approve	<input checked="" type="checkbox"/> To Assure		<input type="checkbox"/> To Note		
Executive Summary						
In line with its Terms of Reference, the Board must be assured on the effectiveness of its functions and conduct via an annual review. This is achieved through the completion of an annual survey, the results of which are summarised within this report and attached in full at appendix one.						
Previously considered by:						
N/A						
Strategic Objectives						
<input type="checkbox"/> Equality, 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.						
<input type="checkbox"/> 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.						
<input type="checkbox"/> 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.						
<input type="checkbox"/> 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.						
<input type="checkbox"/> Resources - We will ensure that we use our resources in a sustainable and effective way.						
<input type="checkbox"/> Staff - We will ensure the Trust is a great place to work by creating an environment for our staff to develop, grow and thrive.						
How does the paper address the strategic risks identified in the BAF?						
<input checked="" type="checkbox"/> BAF 1	<input type="checkbox"/> BAF 2	<input type="checkbox"/> BAF 3	<input type="checkbox"/> BAF 4	<input type="checkbox"/> BAF 5	<input type="checkbox"/> BAF 6	<input type="checkbox"/> BAF 7
Governance Failure to implement and maintain sound systems of Corporate Governance and failure to deliver on the Trust's Strategy	Quality Failure to deliver quality services and continually improve	Health Equity Failure to collaborate with partners and communities to improve health equity and build a culture that champions ED&I for patients	Staff Failure to create an environment for staff to grow and thrive	Resources Failure to use our resources in a sustainable and effective way	Equality, Diversity & Inclusion Failure to build a culture that champions equality, diversity and inclusion for	Partnerships Failure to work in close collaboration with partners and staff in place and across the system

					patients and staff	
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CQC Domains:	<input type="checkbox"/> Caring	<input type="checkbox"/> Effective	<input type="checkbox"/> Responsive	<input type="checkbox"/> Safe	<input checked="" type="checkbox"/> Well Led
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BOARD OF DIRECTORS

Title of Meeting	BOARD OF DIRECTORS	Date	4 APRIL 2024
Agenda Item	27/24i		
Report Title	SELF-ASSESSMENT OF BOARD EFFECTIVENESS 2023		
Report Author	Jan McCartney, Trust Secretary		
Purpose	To provide a summary of the results of the recent Board Effectiveness Review		

SCOPE

- 1.1 As part of the annual review of the Board’s effectiveness, an online survey was distributed to members, attendees and observers who regularly attend for anonymous response in March 2024.
- 1.2 The purpose of this evaluation is to assess the effectiveness of the Committee’s function and support.
- 1.3 15 returns were received; 12 from Board members, three from Board attendees.
- 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 of its effectiveness.

1. INTRODUCTION

- 2.1 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.
- 2.2 The content of the survey was reviewed by the Audit Committee Chair and the Trust Secretary and as a result three new questions were added, which reflect on whether: the Board is sighted on the strategic and operational risks; agendas are being manageable in the allotted time and whether there is a robust approach to delivering and closing agreed actions. Some existing questions have also been slightly rephrased to improve clarity. The new survey template has been used for 2023 surveys of the Board and the Committees of the Board.

2. RESULTS

- 3.1 18 statements were scored from one (very low) to five (very high). Additionally, there was an opportunity for comments to each question.
- 3.2 The vast 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.
- 3.3 The overall satisfaction rate was 4.75 out of 5.

3. RECOMMENDATION

4.1 The Board is asked to receive the detailed results of the presentation attached to this report.

Appendix 1 – Results of the Board Effectiveness Review 2023



Communities Matter

Creating stronger, healthier, happier communities.



Bridgewater
Community Healthcare
NHS Foundation Trust

Annual Board Effectiveness Review 2023

Results of the Self-Assessment Survey



Introduction

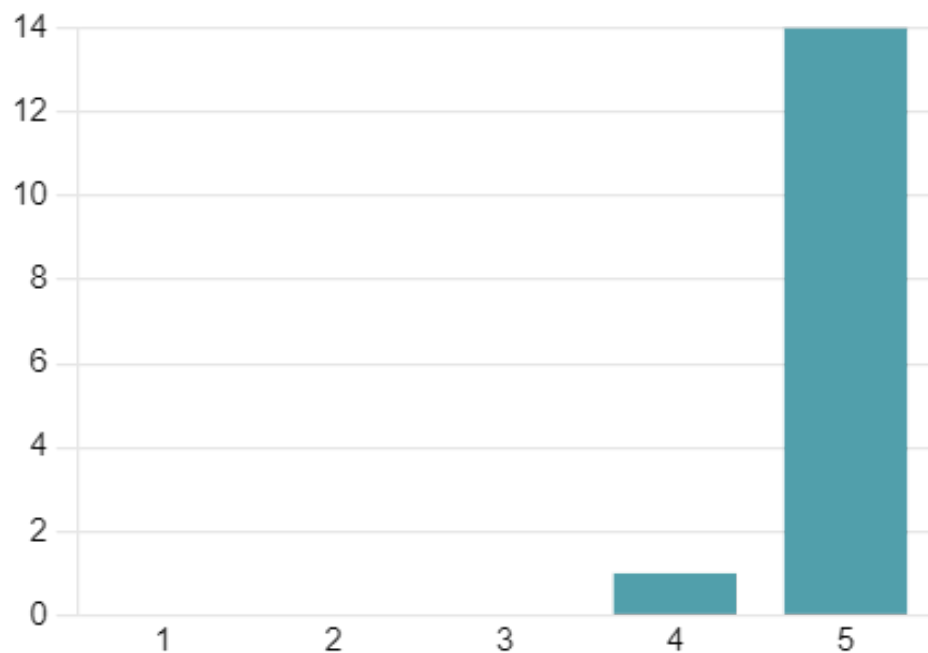
Purpose of the review and breakdown of responses

- 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 carried out for the Board and all the Committees of the Board.
- All those who regularly attend the Board, members or invited attendees, were asked to complete an anonymous effectiveness review using Microsoft Forms.
- 15 responses were received; 12 from Board members, three from Board attendees.
- 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

4.93 Average Rating

15 responses received



Comments

The ToR are clearly defined and reviewed annually

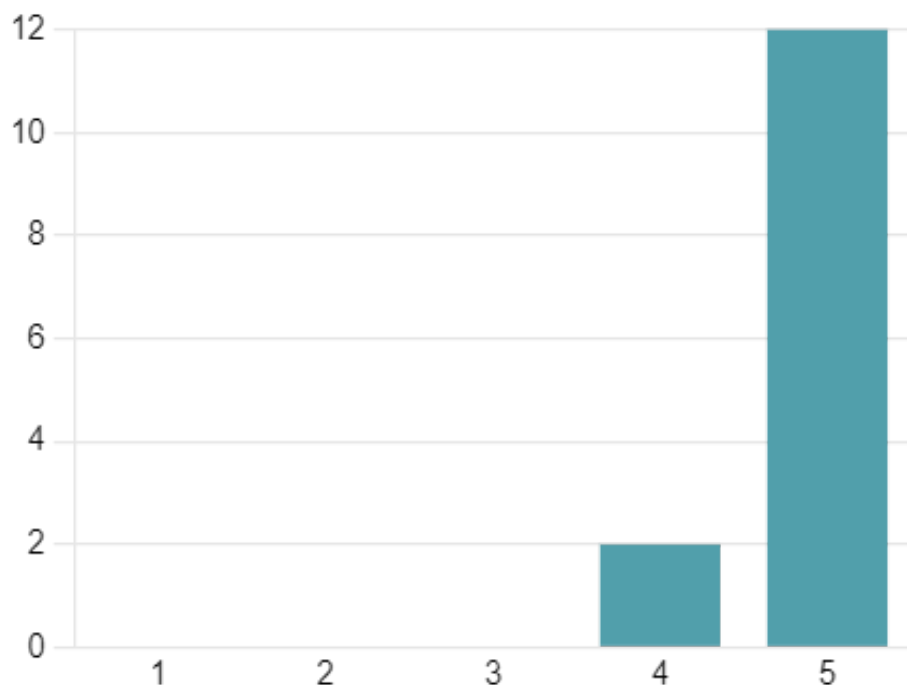
TOR regularly reviewed and updated

TOR are reviewed annually

2. The number and length of meetings is sufficient to allow the role to be discharged

4.86 Average Rating

15 responses



Comments

Seems to work fine with alternate monthly formal board meetings

Ample opportunities including closed Board and board seminar slots

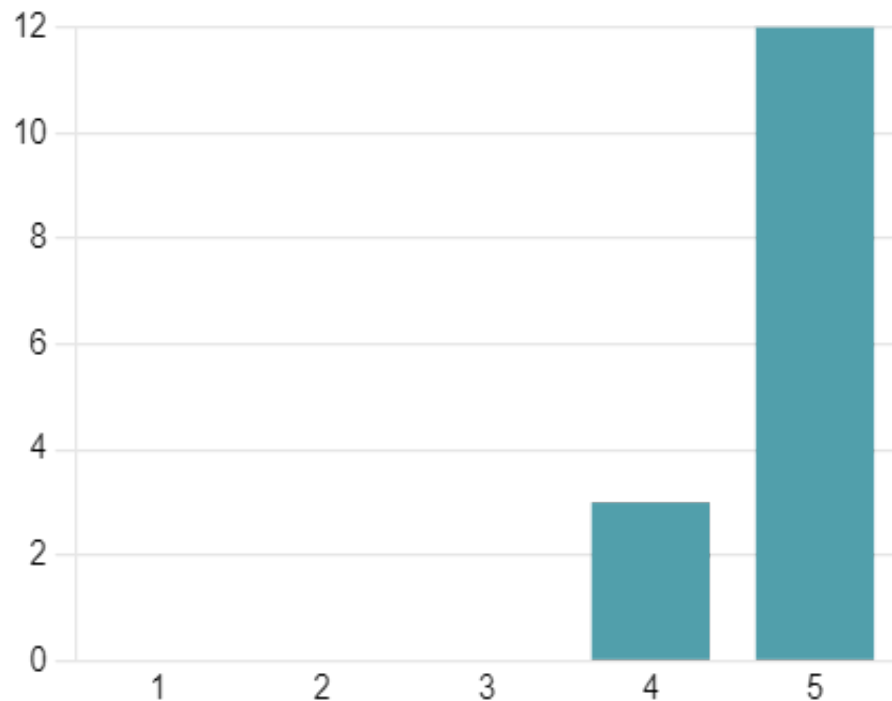
Board cycle ensures that all duties are appropriately discharged throughout the year in a timely fashion

The meeting rarely runs over significantly yet agenda items get the air time needed to make informed decisions

3. The forum comprises members with an appropriate mix of skills and experience

4.80 Average Rating

15 responses



Comments

Good mix of Board members, most who contribute to discussions

Experienced execs and NEDS

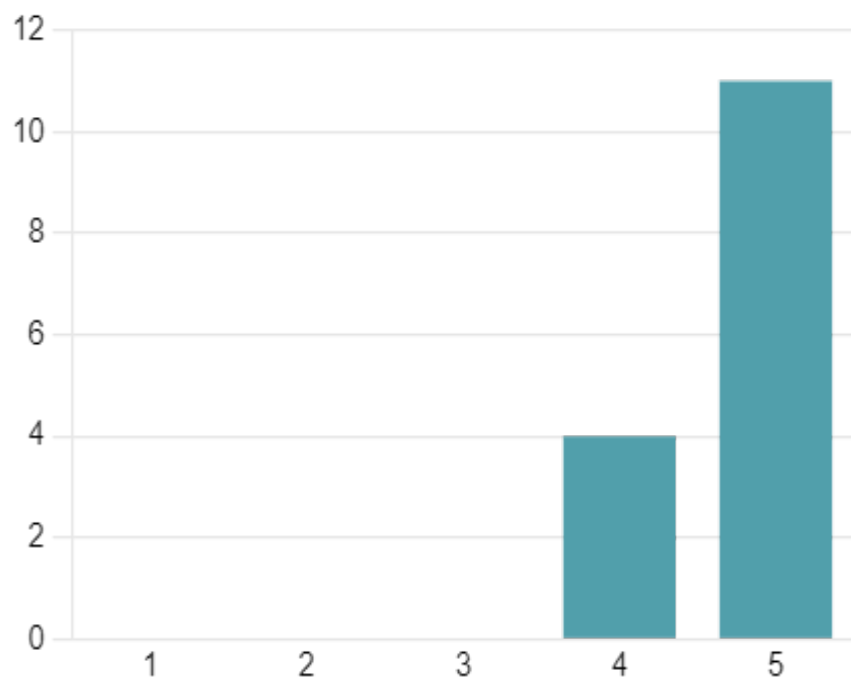
Members have a good balance of expertise

Annual appraisals and board development in place to ensure appropriate skills and experience of Board members

4. The Board is sighted on the strategic and operational risks relevant to its remit and purpose

4.73 Average Rating

15 responses



Comments

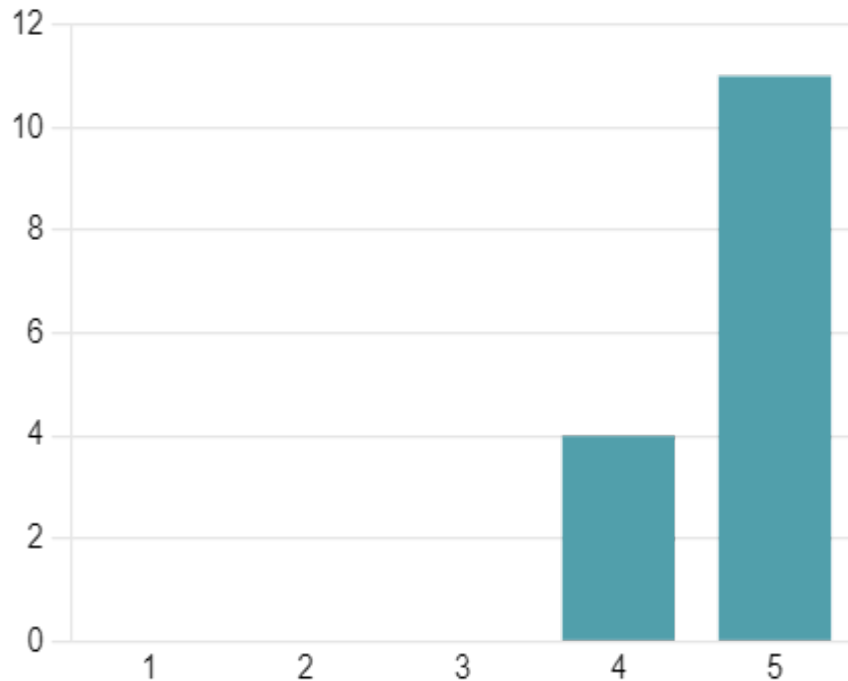
BAF is a very useful aid to capture strategy and risk

Consideration of the BAF at the start of every meeting ensures the Board is well sighted on risk in relation to the Trust's strategic objectives.

5. Members understand the key work streams and what needs to be escalated

4.73 Average Rating

15 responses



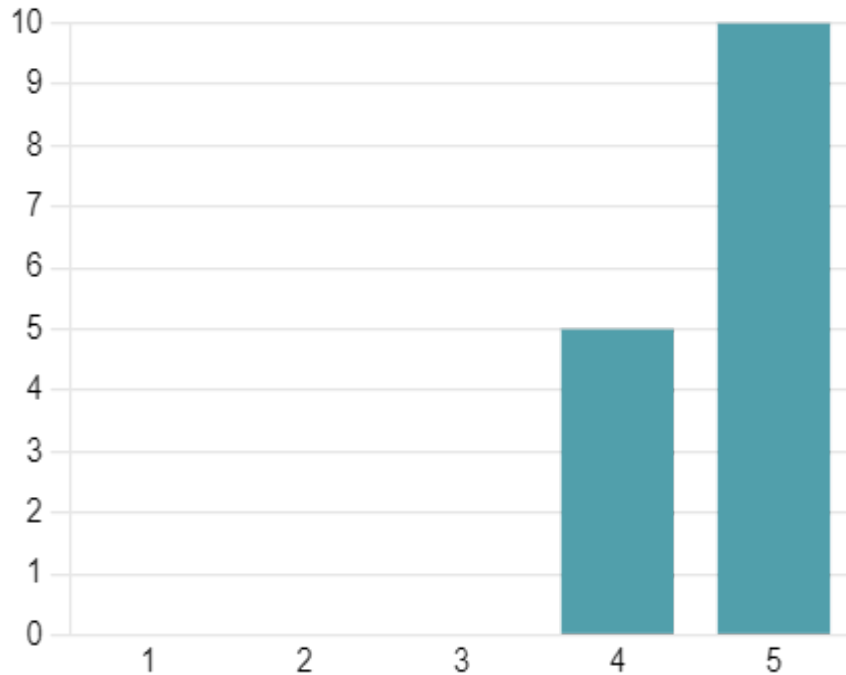
Comments

There are clear flows of information between councils, Committees and Board, with appropriate reporting and escalations

6. The agenda is clear, focuses on the right questions and avoids minutiae

4.67 Average Rating

15 responses



Comments

Much more is now discussed in the public section of the board which is positive

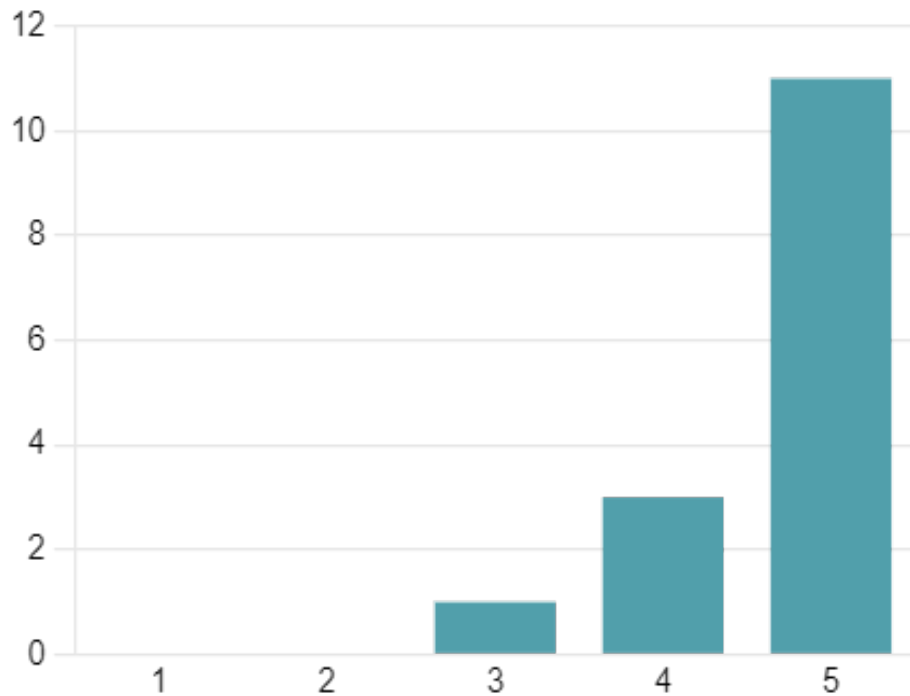
Agenda planning ahead of the meeting ensures that the meeting is focused on the right issues. There is a Board Cycle in place that ensures all relevant and necessary issues are covered

one persons minutiae is often a priority/concern for someone else....this is managed well

7. Meeting agendas are manageable in the allotted time

4.67 Average Rating

15 responses



Comments

Things mostly run to time and if not is for good reason

Agendas are occasionally lengthy to deal with the business of the Board

Meetings are more manageable now that breaks are included

Board meetings are well chaired with ample time for discussion etc.

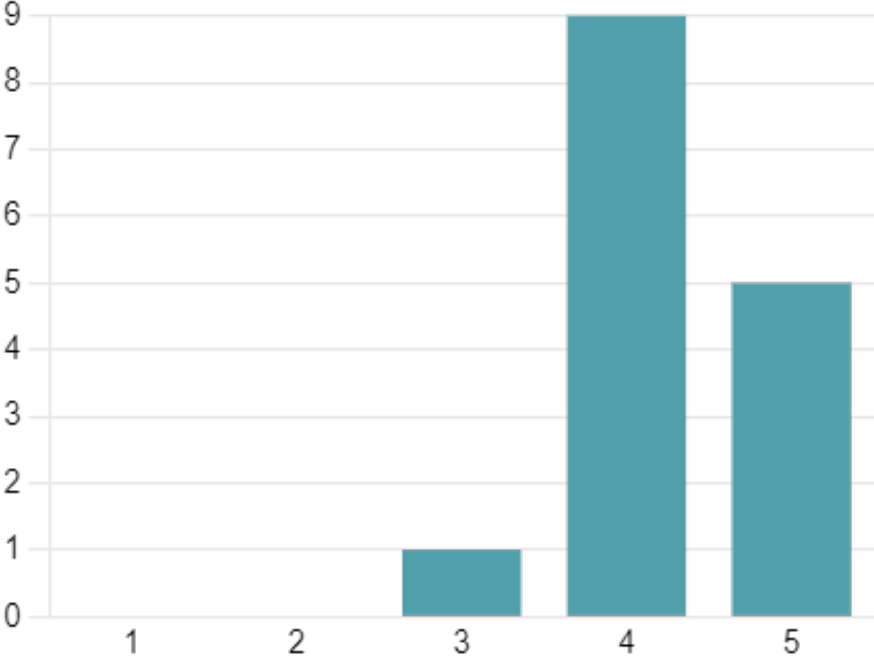
Generally the Board meetings run to time, with enough time allocated to agenda items to allow full and robust debate.

Meeting agendas are managed well.

8. Meeting papers are concise, relevant and received in a timely fashion

4.27 Average Rating

15 responses



Comments

Mostly

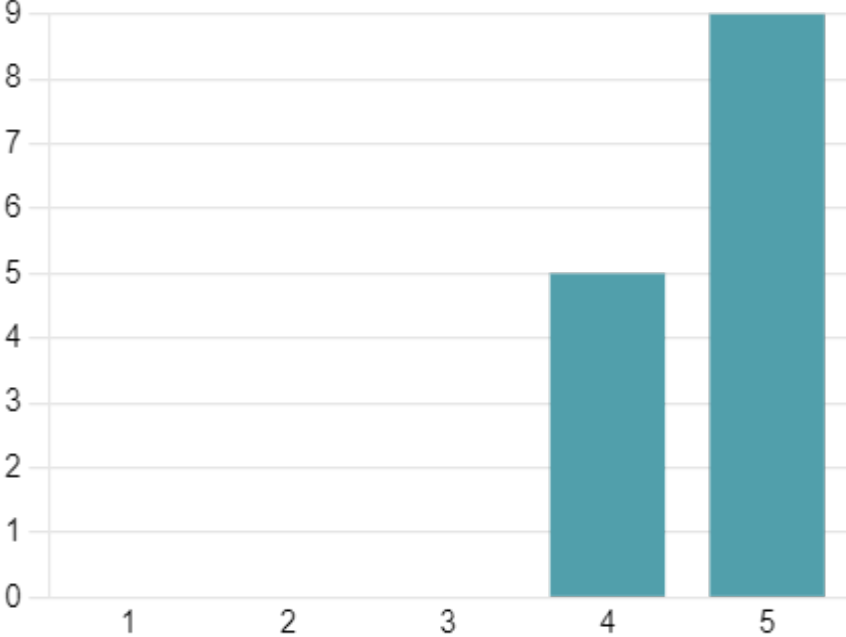
Quality of papers and reports continues to improve. Vast majority of papers issued in timely fashion. Late papers allowed in exceptional circumstances only

Meeting papers could be more concise and clear on the ask but that would be the case for most meetings and is often unavoidable for good governance things and are sometimes an unavoidable feature of good governance

9. The standard of delivery of reports is good with appropriate presenters

4.64 Average Rating

15 responses



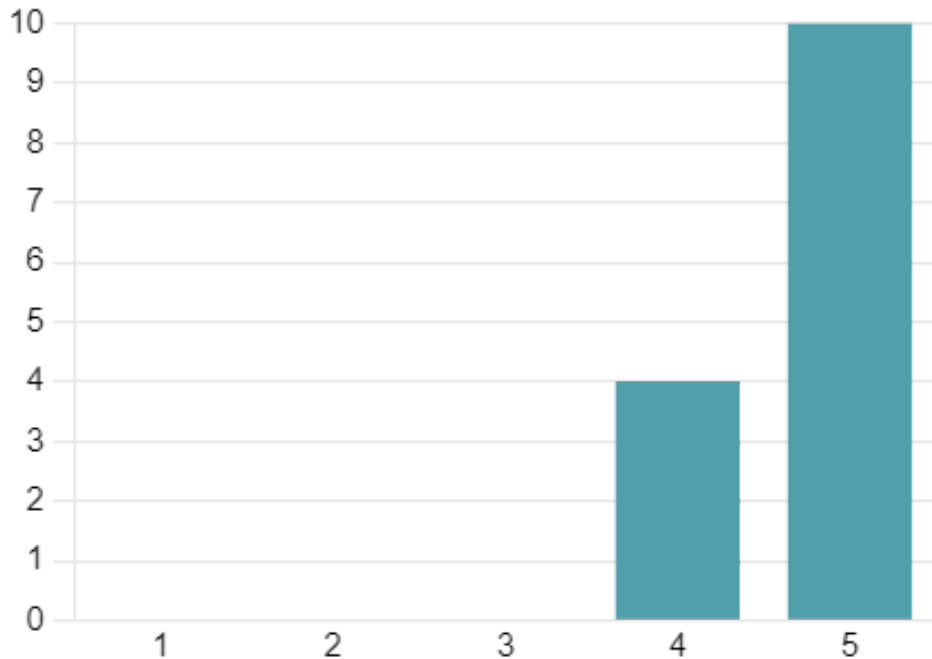
Comments

- Could still be more focus on issues and highlights and areas where the Board should concentrate
- This has improved, with presenters taking the papers as read and highlighting the key areas. This ensures that Board time is appropriately focused and allows time for questioning and debate

10. Adherence to agenda, topics and timeframes is good

4.71 Average Rating

15 responses



Comments

Do still overrun at times

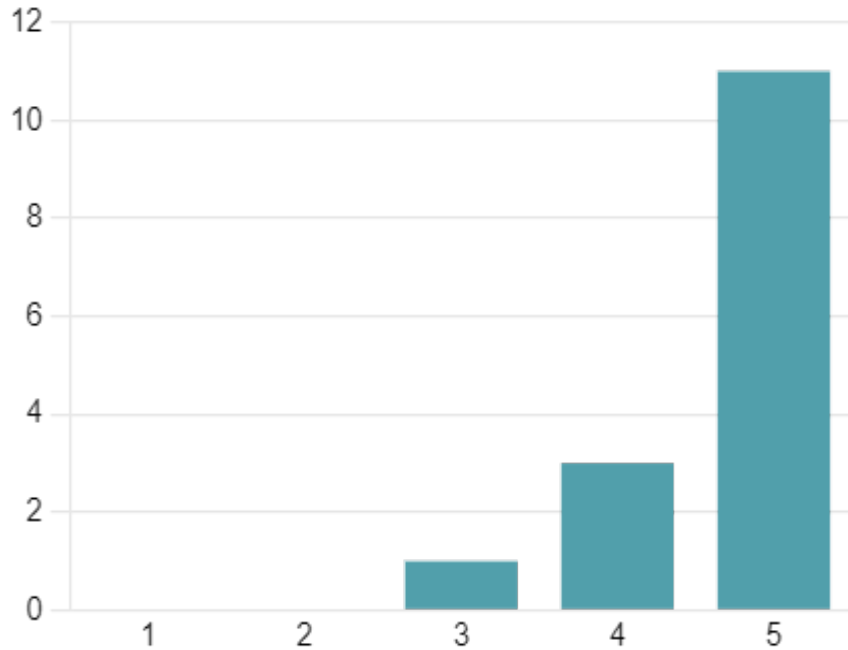
The meeting is well chaired and presenters are mindful of agenda timings as their time comes and adapt accordingly to keep the meeting on track as best possible.

Timekeeping generally good, ensuring that debates are not prolonged, but allowing enough room for discussion.

11. Actions are clear and there is a robust approach to delivering and closing agreed actions

4.67 Average Rating

15 responses



Comments

Action log is thorough

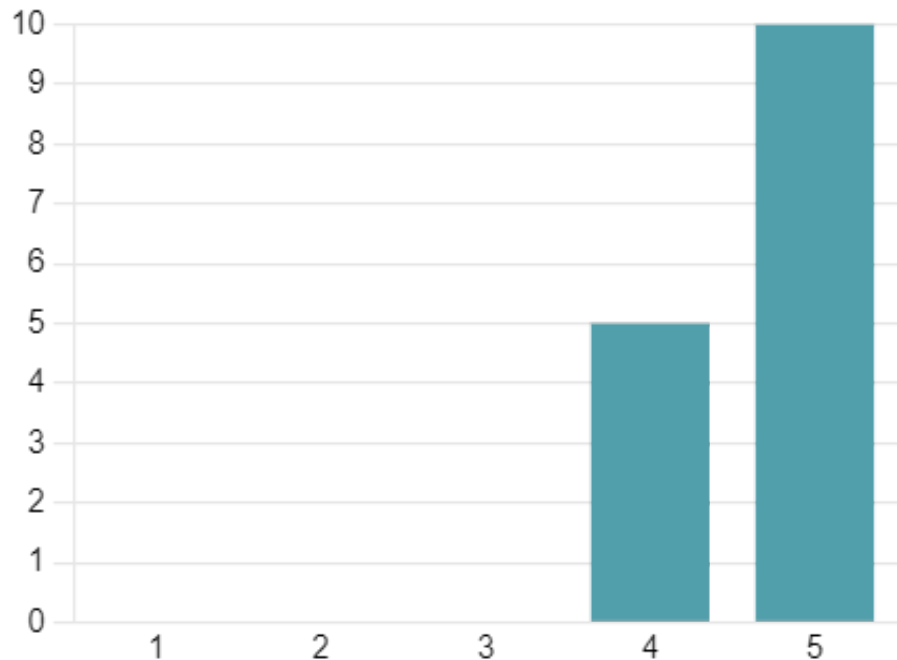
The action log is always reflective of the agreed actions.

Action logs are used to ensure that agreed actions are taken forward and delivered.

12. Members interact openly, honestly and respectfully and meeting participation is balanced

4.67 Average Rating

15 responses



Comments

NEDs contribute more to discussions than Execs, perhaps this is because the Execs have already discussed many items. Would be nice to hear their views also

Most of the time, there are occasions when there are differences of opinion, but this is natural and managed in a respectful way

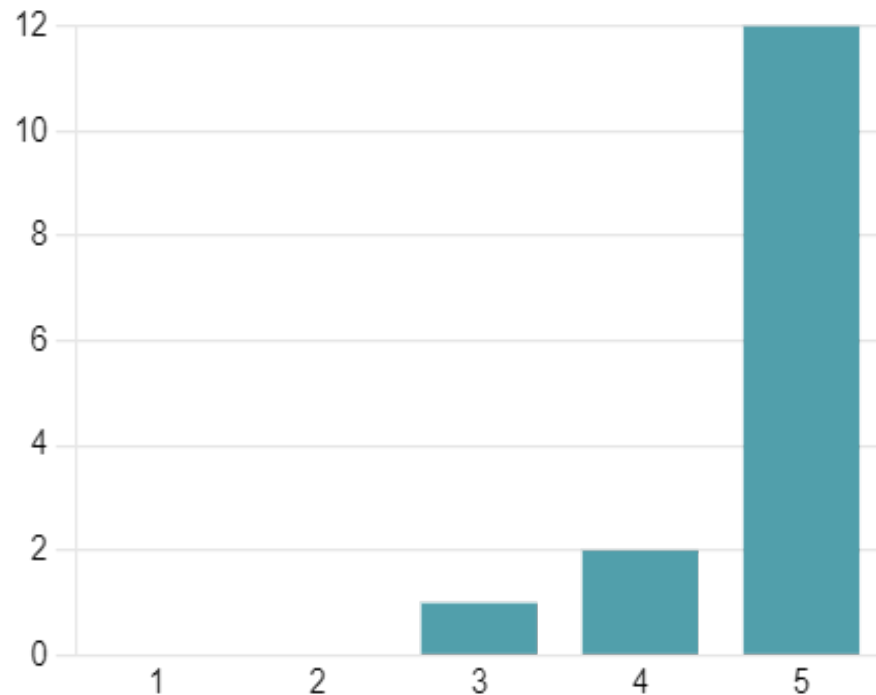
Challenge is constructive, as is feedback. There is always interaction with the Chair ensuring those with hands up get an opportunity to contribute.

All Board members participate in the meetings. Challenge is robust but respectful.

13. There is good rigour of debate with probing discussions and appropriate challenge

4.73 Average Rating

15 responses



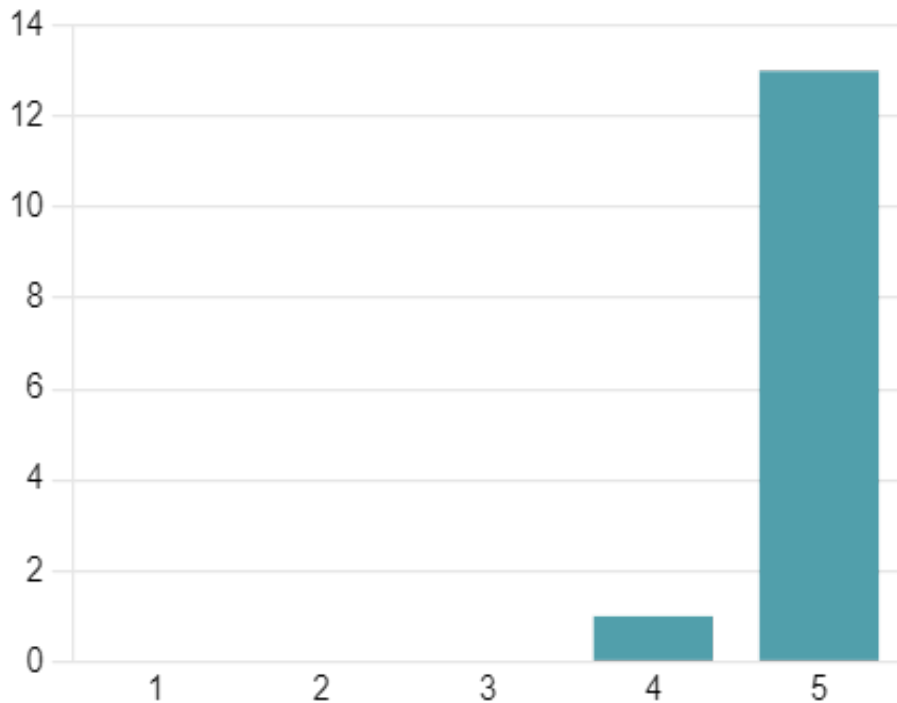
Comments

Challenge is constructive, as is feedback. There is always interaction with the Chair ensuring those with hands up get an opportunity to contribute

14. Chairing is effective in maintaining the focus on the meeting and allowing effective debate

4.93 Average Rating

15 responses



Comments

Challenge is constructive, as is feedback. There is always interaction with the Chair ensuring those with hands up get an opportunity to contribute.

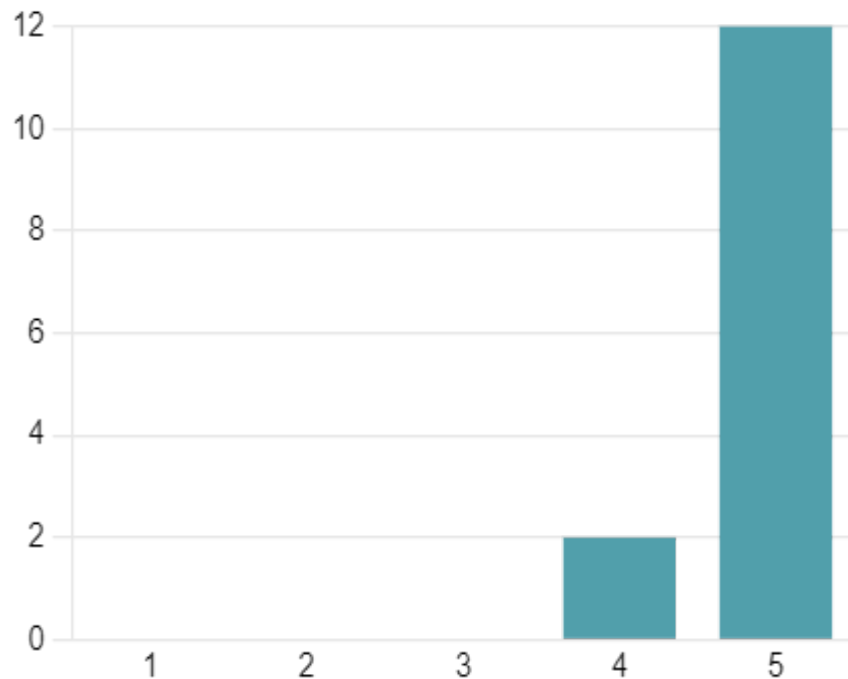
Good balance maintained between allowing enough challenge/debate, but ensuring the meeting remains on track.

Chairing is excellent

15. There is a good decision-making process and clarity of outcome of each issue discussed

4.86 Average Rating

15 responses



Comments

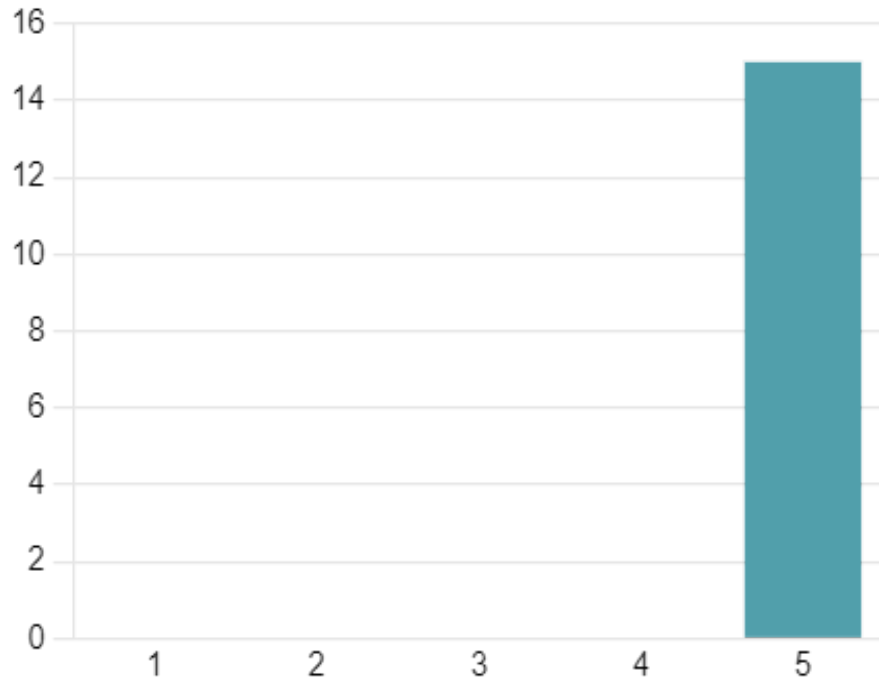
Decision making and actions are logged during the meeting and the Chair sums these up at the end, seeking confirmation from those present that she has accurately captured the decisions (and actions).

Decisions are summarised and actions added to the action log as required

16. The minutes of meetings accurately capture decisions taken and constructive challenge

5.00 Average Rating

15 responses



Comments

Excellent detailed minutes

Minutes are of a consistently high quality and reflect the understanding and Trust-wide knowledge of the minutes taker(s)

The minutes of the meeting are of a high standard.

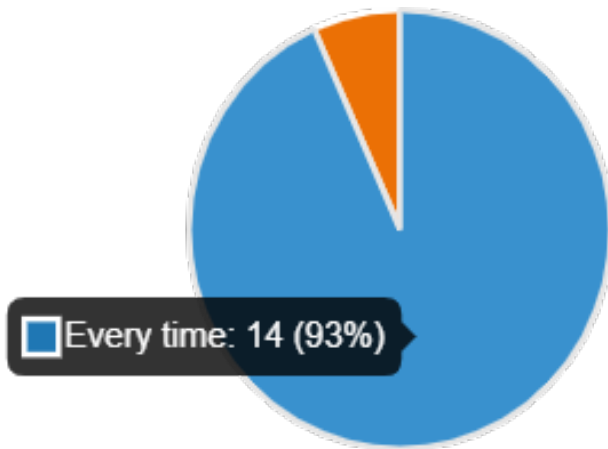
Quality and content of the minutes continues to be outstanding.

Minutes are comprehensive and an accurate reflection of the meeting

17. At the end, the meeting is briefly evaluated

Every time 93%
Sometimes 7%

(15 responses)



Comments

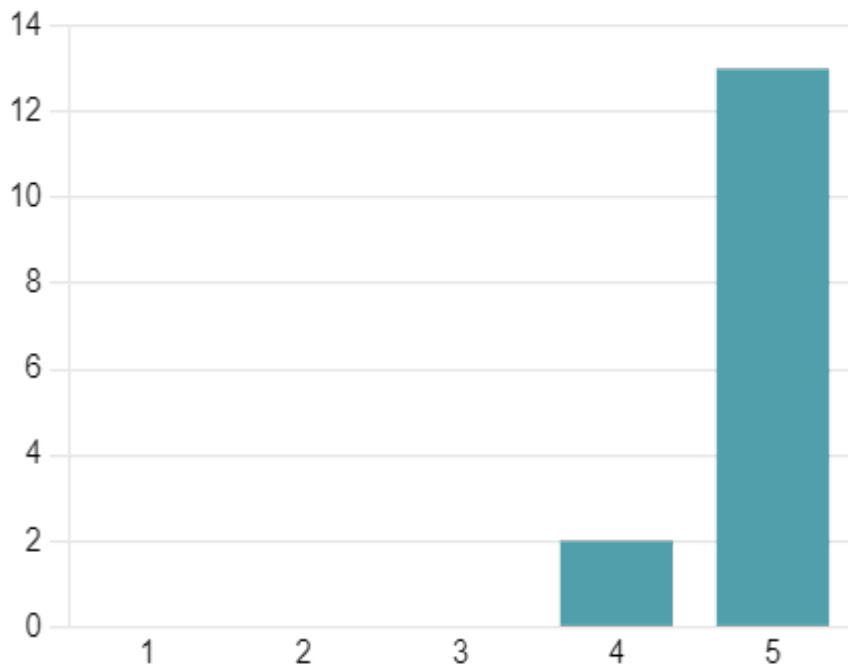
Any observers/governors are always invited to comment or ask any questions that they may have.

I think it is helpful that governors attend Board and are able to comment on effectiveness.

18. Overall the meeting is a success and is perceived to have positive impact

4.87 Average Rating

15 responses



Comments

I feel that the meetings are well chaired and are constructive, as is any challenge that may arise. Equally, there is a recognition of contribution, impact etc. I personally feel our Board meetings are constructive and positive, whilst having the right balance of challenge and the seeking of assurances/and or additional information.

Board meetings are generally positive - I always enjoy them!

19. Any further comments or observations

Comment

No further comments or observations were provided.



**Bridgewater
Community Healthcare**
NHS Foundation Trust

Thank You





BOARD OF DIRECTORS - PUBLIC MEETING, PART I, 2024-25 DRAFT	CONSIDERED BY	ToR Clause	Lead	Action	04 Apr 2024	06 Jun 2024	26 Jun 2024 <small>Extraordinary</small>	08 Aug 2024	03 Oct 2024	05 Dec 2024	06 Feb 2025
Welcome, Apologies and Previous Meetings											
Apologies	Board	Inputs	Chair	Information	✓	✓	✓	✓	✓	✓	✓
Declarations of Interest in agenda items	Board	Inputs	Chair	Assurance	✓	✓	✓	✓	✓	✓	✓
Minutes from the Previous Public Meeting	Board	Inputs	Chair	Assurance/Approval	✓	✓		✓	✓	✓	✓
Action Log	Board	Inputs	Chair	Assurance	✓	✓		✓	✓	✓	✓
Urgent Items with the Agreement of the Chair	Board	Inputs	Chair		✓	✓	✓	✓	✓	✓	✓
Patient Stories/Spotlight on Services	Board	D&R	CEx	Information	✓	✓		✓	✓	✓	✓
Key Corporate Messages	Board	D&R	CEx	Information	✓	✓		✓	✓	✓	✓
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.											
Chair's Report from Quality & Safety Committee	Q&S	Connectivity, D&R	Committee Chair	Assurance	✓	✓		✓	✓	✓	✓
CQC Report, Compliance and Action Plan (ad hoc)	Q&S	D&R	CN	Assurance	✓						
EPRR	Q&S	D&R	COO	Assurance	✓			✓			
Integrated Quality Performance Report	Q&S	D&R	COO	Assurance	✓	✓		✓	✓	✓	✓
Learning from Deaths - quarterly	Quality Council	D&R	MD	Approval		✓		✓		✓	✓
Learning from Deaths - annual report	Quality Council	D&R	MD	Approval		✓					
Winter Plans (Annual)	Q&S	D&R	COO	Approval / Assurance					✓		
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.											
Health Equity Update	Q&S	D&R	MD	Information	✓			✓		✓	
Staff											
We will ensure the Trust is a great place to work by creating an environment for our staff to develop, grow and thrive											
Chair's Report from People Committee	People	Connectivity, D&R	Committee Chair	Assurance	✓	✓		✓	✓	✓	✓
Freedom to Speak Up Update Report	People	D&R	CN	Assurance	✓	✓		✓	✓	✓	✓
Freedom to Speak Up Annual Report	People	D&R	CN	Approval		✓					
Medical Appraisal and Revalidation (annual)	People	D&R	MD	Approval	✓						
People Plan	People	D&R	DoP&OD	Approval	✓				✓		
Staff Survey Results and Action Plan	People	D&R	DoP&OD	Information / Approval	✓	✓					
Resources											
We will ensure that we use our resources in a sustainable and effective way.											
Annual Accounts	Audit	D&R	DoF	Approval			✓				
Annual Anti-Fraud/Bribery Report	Audit	D&R	DoF	Assurance		✓					
Annual Governance Statement	Audit	D&R	DoF	Approval			✓				
Annual Report	Audit	D&R	DoF	Approval			✓				
Chair's Report from Audit Committee	Audit	Connectivity, D&R	Committee Chair	Assurance	✓	✓		✓	✓	✓	✓
Chair's Report from Finance and Performance Committee	F&P	Connectivity, D&R	Committee Chair	Assurance	✓	✓		✓	✓	✓	✓
Finance Report	F&P	D&R	DoF	Assurance	✓	✓		✓	✓	✓	✓
Financial Plan	F&P	D&R	DoF	Approval	✓	✓		✓	✓	✓	✓
Operational Plan	F&P	D&R	DoF	Approval	✓	✓		✓	✓	✓	✓
Green Plan	F&P	D&R	DoF	Approval					✓		
Equality, Diversity and Inclusion											



BOARD OF DIRECTORS - PUBLIC MEETING, PART I, 2024-25 DRAFT	CONSIDERED BY	ToR Clause	Lead	Action	04 Apr 2024	06 Jun 2024	26 Jun 2024 <small>Extraordinary</small>	08 Aug 2024	03 Oct 2024	05 Dec 2024	06 Feb 2025
We will ensure that equality, diversity and inclusion are at the heart of what we do, and we will create compassionate and inclusive conditions for patients and staff.											
Equality, Diversity and Inclusion Annual Report	People	D&R	DoP&OD	Approval	✓						
Gender Pay Gap Annual Report	People	D&R	DoP&OD	Approval	✓						
WRES	People	D&R	DoP&OD	Approval				✓			
WDES	People	D&R	DoP&OD	Approval				✓			
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.											
Strategy In Action	Board	D&R	PD-C&I	Assurance	✓	✓		✓	✓	✓	✓

BOARD OF DIRECTORS - PUBLIC MEETING, PART I, 2024-25 DRAFT	CONSIDERED BY	ToR Clause	Lead	Action	04 Apr 2024	06 Jun 2024	26 Jun 2024 <small>Extraordinary</small>	08 Aug 2024	03 Oct 2024	05 Dec 2024	06 Feb 2025
Corporate Governance											
Annual Audit Committee Report and Annual Audit Letter for Information	Audit	D&R	Do/TS	Approval			✓				
Annual Report by the SIRO	F&P	D&R	DoF	Approval				✓			
BAF Review/ Risk Management Framework / Risk Appetite	Board	D&R	Chair	Approval						✓	
Board Assurance Framework (BAF) - each meeting	All Committees	D&R	Chair	Approval	✓	✓		✓	✓	✓	✓
Board Effectiveness Review - annual	Board	D&R	Chair	Approval / Assurance	✓						
Business Cycle - Board	Board	D&R	TS	Approval	✓						
Business Cycles - Committees of the Board	Board	D&R	TS	Approval				✓			
Elections to Council of Governors (may also be ad-hoc reports following any unexpected vacancies)	Board	D&R	Chair	Information							
Fit and Proper Annual Review	Board	D&R	Chair	Assurance		✓					
Items to be added to the BAF	All Committees	D&R	Chair	Assurance	✓	✓		✓	✓	✓	✓
Items to be delegated or shared with Board Committees	Board	D&R	Chair	Assurance	✓	✓	✓	✓	✓	✓	✓
Questions from Members of the Public	Board	D&R	Chair		✓	✓	✓	✓	✓	✓	✓
Resolution to confirm the affixing of the common seal according to the Register of Seals	Board	D&R	TS	Information	✓				✓		
Review of Meeting	Board	D&R	Chair		✓	✓	✓	✓	✓	✓	✓
Sign off Strategic Objectives/Board Assurance Framework, and later half year review of progress	Board	D&R	Chair	Approval		✓				✓	
Terms of Reference Review - Board	Board	D&R	TS	Approval					✓		
Terms of Reference Review - Committees of the Board	All Committees	D&R	TS	Approval				✓			



BOARD OF DIRECTORS CLOSED MEETING, PART II, 2024 25 DRAFT	CONSIDERED BY	ToR Clause	Lead	Action	06 Apr 2023	01 Jun 2023	28 Jun 2023 <small>Extraordinary</small>	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					✓	✓	✓	✓	✓	✓	✓
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.											
Financial Planning		F&P			✓						✓
Equality, Diversity and Inclusion											
We will ensure that equality, 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.											
Corporate Governance											
Board Development Programme			Trust Secretary	Information	✓	✓		✓	✓	✓	✓
Risk Register			Chief Nurse	Assurance	✓	✓		✓	✓	✓	✓
Items to be added to the BAF					✓	✓		✓	✓	✓	✓
Items to be delegated or shared with Board Committees					✓	✓		✓	✓	✓	✓

BOARD OF DIRECTORS

Title of Meeting	BOARD OF DIRECTORS	Date	4 April 2024
Agenda Item	27/24iii		
Report Title	APPLICATION OF THE TRUST SEAL		
Executive Lead	Colin Scales – Chief Executive		
Report Author	Jan McCartney – Trust Secretary		
Presented by	Jan McCartney – Trust Secretary		
Action Required	<input type="checkbox"/> To Approve	<input type="checkbox"/> To Assure	<input checked="" type="checkbox"/> To Note
Executive Summary			
In the period from 23 September 2023 to 20 March 2024 there have been seven applications of the Trust Seal. Detail of this is provided within the attached report for the Board's information.			
Previously considered by:			
<input type="checkbox"/> Audit Committee		<input type="checkbox"/> Quality & Safety Committee	
<input type="checkbox"/> Finance & Performance Committee		<input type="checkbox"/> Remuneration & Nominations Committee	
<input type="checkbox"/> People Committee		<input type="checkbox"/> EMT	
Strategic Objectives			
<input type="checkbox"/> 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.			
<input type="checkbox"/> 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.			
<input type="checkbox"/> Staff - We will ensure the Trust is a great place to work by creating an environment for our staff to develop, grow and thrive.			
<input checked="" type="checkbox"/> Resources - We will ensure that we use our resources in a sustainable and effective way.			
<input type="checkbox"/> Equality, Diversity and Inclusion - We will ensure that equality, diversity and inclusion are at the heart of what we do, and we will create compassionate and inclusive conditions for patients and staff.			
<input type="checkbox"/> 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.			



How does the paper address the strategic risks identified in the BAF?

<input checked="" type="checkbox"/> BAF 1	<input type="checkbox"/> BAF 2	<input type="checkbox"/> BAF 3	<input type="checkbox"/> BAF 4	<input type="checkbox"/> BAF 5	<input type="checkbox"/> BAF 6	<input type="checkbox"/> BAF 7
Governance Failure to implement and maintain sound systems of Corporate Governance and failure to deliver on the Trust's Strategy	Quality Failure to deliver quality services and continually improve	Health Equity Failure to collaborate with partners and communities to improve health equity and build a culture that champions ED&I for patients	Staff Failure to create an environment for staff to grow and thrive	Resources Failure to use our resources in a sustainable and effective way	Equality, Diversity & Inclusion Failure to build a culture that champions equality, diversity and inclusion for patients and staff	Partnerships Failure to work in close collaboration with partners and staff in place and across the system

CQC Domains:	<input type="checkbox"/> Caring	<input type="checkbox"/> Effective	<input type="checkbox"/> Responsive	<input type="checkbox"/> Safe	<input checked="" type="checkbox"/> Well Led
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BOARD OF DIRECTORS

Title of Meeting	BOARD OF DIRECTORS	Date	4 April 2024
Agenda Item	27/24iii		
Report Title	APPLICATION OF THE TRUST SEAL		
Report Author	Jan McCartney, Trust Secretary		
Purpose	To record the use of the Trust Seal from 23 September 2023 to 20 March 2024.		

1. INTRODUCTION

- 1.1 Documents signed on behalf of the Trust, which must be executed under deed, are sealed as set out within the Trust’s Standing Orders at Section 9, ‘Custody of the Seal and Sealing of Document’, and Section 10, ‘Signature of Documents’. This is normally confined to land deals, including purchases, transfers, tenancy agreements and acquisitions.

2. INFORMATION

- 1.1 In the period 23 September 2023 to 20 March 2024 there have been seven applications of the Trust Seal applied by the Head of Corporate Governance or the Board and Committee Administrator on behalf of the Trust Secretary.

Table 1. Application of the Trust Seal

Seal Number/ Reference	Application of the Trust Seal	Date	Signed (Authorised officers)
07/23	Extension to the Lease between Peter Barry Brown (Landlord) and Bridgewater Community Healthcare NHS Foundation Trust (Tenant) for premises known as Fleet House, Pye Close, Haydock, WA11 9SL. Extension for 12 months to 30 September 2024.	19 October 2023	Signed by Nick Gallagher, Director of Finance and Lynne Carter, Chief Nurse and Chief Nurse/Deputy Chief Executive. Sealed (not witnessed) by Lynda Richardson, Board and Committee Administrator
08/23	Additional space at ULPA at Leigh Health Centre: Deed of Covenant relating to Leigh Health Centre, Leigh, WN7 1HR between Wrightington, Wigan and Leigh Teaching Hospital	22 November 2023	Signed by Nick Gallagher, Director of Finance and Lynne Carter, Chief Nurse and Chief Nurse/Deputy Chief Executive. Sealed (not witnessed) by

	NHS Foundation Trust and Bridgewater Community Healthcare NHS Foundation Trust.		Lynda Richardson, Board and Committee Administrator
09/23	Lease of Premises at Leigh Health Centre, The Avenue, Leigh, WN7 1HR between Health Partnerships Limited and Bridgewater Community Healthcare NHS Foundation Trust.	22 November 2023	Signed by Nick Gallagher, Director of Finance and Lynne Carter, Chief Nurse and Chief Nurse/Deputy Chief Executive. Sealed (not witnessed) by Lynda Richardson, Board and Committee Administrator
10/23	Underlease for Part of Nye Bevan House, Maclure Road, Rochdale, Lancashire, OL11 1DN between Community Partnerships Ltd and Bridgewater Community Healthcare NHS Foundation Trust.	22 November 2023	Signed by Nick Gallagher, Director of Finance and Lynne Carter, Chief Nurse and Chief Nurse/Deputy Chief Executive. Sealed (not witnessed) by Lynda Richardson, Board and Committee Administrator
01/24	Licence for Alterations (Minor Works) relating to Europa Point, Europa Boulevard, Warrington, Cheshire, WA5 7TY. Greenstone Noble Propco 1 Ltd and Bridgewater Community Healthcare NHS Foundation Trust.	9 January 2024	Signed by Nick Gallagher, Director of Finance and Lynne Carter, Chief Nurse and Chief Nurse/Deputy Chief Executive. Sealed (not witnessed) by Lynda Richardson, Board and Committee Administrator
02/24	Collaboration agreement between Bridgewater Community Healthcare NHS Foundation Trust, MerseyCare NHS Foundation Trust, Warrington Borough Council, Warrington and Halton Teaching Hospitals NHS Foundation Trust related to Living Well Hub and Other Projects	9 January 2024	Signed by Lynne Carter, Chief Nurse and Chief Nurse/Deputy Chief Executive and Sarah Brennan, Chief Operating Officer. Sealed (not witnessed) by Lynda Richardson, Board and Committee Administrator
03/24	Licence for Alterations between Bridgewater Community Healthcare NHS Foundation Trust and Greenstone Noble Propco 1 Ltd.	30 January 2024	Signed by Nick Gallagher, Director of Finance and Paula Woods, Director of People and Organisational Development. Sealed (not witnessed) by

			Samantha Scholes, Head of Corporate Governance.
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3. CONCLUSION

3.1 The Board is asked to note the use of the Trust Seal as set out in Table 1 above.