AGENDA

Board of Directors
A meeting will be held in Public at
09.30am on Monday, 4 November 2019
in the Boardroom, Leighton Hospital, Crewe

Action Key	
A	Approval
I	Information
D	Discussion

Item No	Title of Item	Action	Led By	Page No.
1.	**Welcome and Apologies** To welcome members of the public and attendees and to receive apologies for absence from Board Members. *(to note)*	I	Chairman **09.30**	-
2.	**Patient or Staff Story** *(verbal)*	I/D	Director of Nursing & Quality **09.32**	-
3.	**Board Member's Interests** *(to note)* To **consider** any • Changes to Directors' interests since the last meeting • Conflicts of interest deriving from this agenda	I	Chairman **09.50**	-
4.	**Minutes of the Last Meeting** To **approve** the minutes of the Board of Directors meetings held in Public on Monday 7 October *(attached) (for approval)*	A	Chairman **09.52**	4
5.	**Matters Arising and Action Log** *(attached) (to approve)*	A	Chairman **09.55**	21
6.	**Annual Work Programme 2019/20** *(verbal)* *(to approve)*	I/A	Chairman **09.57**	22
7.	**Chairman's Announcements** (*to note a verbal report*) **7.1 NHS Providers Conference** **7.2 Medical Director Recruitment** **7.3 Remuneration Committee (RemCo)**	I	Chairman **10.00**	-
8.	**Governor's Items** (*to note a verbal report*) **8.1 Council of Governors – 24 October 2019**	I	Chairman **10.10**	-
9.	**Chief Executive's Report** *(attached) (to note)*	I	Chief Executive **10.15**	23
10.	**CARING**			
	10.1 Quality, Safety & Experience Report *(attached) (for discussion)*	I/D	Director of Nursing & Quality **10.30**	27

Item No	Title of Item	Action	Led By	Page No.
10.2	**Nursing and Midwifery Staffing Comprehensive Report** *(attached) (for discussion)*	I/D	Director of Nursing & Quality **10.45**	**72**
11.	**SAFE**			
11.1	**Draft Quality Governance Committee notes from the meeting held on 14 October 2019** *(attached) (to note)*	I	Committee Chair **10.55**	**91**
11.2	**Serious Untoward Incidents and RIDDOR Events** *(verbal)* (*to note*)	I/D	Medical Director **11.00**	**-**
11.3	**Guardian of Safe Working Hours Report Q2 2019/20** *(attached) (to note)*	I/D	Director of Workforce and OD **11.05**	**101**
11.4	**Flu Campaign** *(attached) (to note)*	I/D	Director of Workforce and OD **11.10**	**106**
12.	**RESPONSIVE**			
12.1	**Performance Report** *(attached) (to note)*	I/D	Chief Operating Officer/ Director of Finance **11.15**	**117**
12.2	**Draft Performance & Finance Committee notes from the meeting held on 24 October 2019** *(to follow) (to note)*	I	Committee Chair **11.30**	**-**
12.3	**Legal Advice** *(verbal)* (*to note*)	I	Chief Executive **11.35**	**-**
12.4	**Freedom to Speak up Guardian Q2 2019/20** *(attached) (to note)*	A/D	Director of Nursing & Quality **11.40**	**140**
13.	**WELL-LED**			
13.1	**Visits of Accreditation, Inspection or Investigation** *(verbal)* (*to note*)	I	Chief Executive **11.45**	**-**
13.2	**Trust Strategy** *(verbal) (to note)*	I/D	Chief Operating Officer **11.50**	**-**
13.3	**Annual Fit and Proper Persons Review** *(attached) (to note)*	I/D	Chief Executive **12.00**	**144**

Item No	Title of Item	Action	Led By	Page No.
14.	**EFFECTIVE**			
14.1	**Workforce Report** *(attached) (to note)*	I/D	Director of Workforce and OD **12.05**	**148**
14.2	**Transformation and People Committee notes from the meeting held on 3 October 2019** *(attached) (to note)*	I	Committee Chair **12.15**	**151**
14.3	**Consultant Appointments** *(verbal) (to note)*	I	Medical Director **12.20**	**-**
15.	**Any Other Business** *(verbal)*	A/I/D	Chairman	**-**
16.	**Time, Date and Place of Next Meeting** To confirm that the next meeting of the Board of Directors will take place in public, in the Boardroom, Leighton Hospital at 9.30am on **Monday, 2 December 2019**	I	Chairman	

Board of Director Meeting held in Public (Action Log)

Action No	Date of Meeting	Action	Lead	Deadline Date	Comments	Date of Board meeting to be reviewed	Status
19/10/10.2.1	07/09/2019	Nursing & Midwifery Staffing Comprehensive Report to be added to the next agenda.	K Dowson	04/11/2019	Completed	04/11/2019	
19/10/10.1.4	07/09/2019	Clarification on the C-Difficile target to be given to Mr Brocklebank.	J Tunney	04/11/2019		04/11/2019	

Board of Directors Workplan 2019/20 Version: 3

Item	Board of Directors Meeting												Board Away Day				
	April	*May*	*June*	*July*	*August*	*Sept*	*Oct*	*Nov*	*Dec*	*Jan*	*Feb*	*March*	*Apr*	*Jun*	*Oct*	*Dec*	*Feb*
Patient/Staff Story	x	x	x	x	x	x	x	x	x	x	x	x					
Minutes of the Last Meeting	x	x	x	x	x	x	x	x	x	x	x	x					
Board Actions	x	x	x	x	x	x	x	x	x	x	x	x					
Annual Work Programme	x	x	x	x	x	x	x	x	x	x	x	x					
Chairman's Report	x	x	x	x	x	x	x	x	x	x	x	x					
Governor Items	x	x	x	x	x	x	x	x	x	x	x	x					
Chief Executive's Report	x	x	x	x	x	x	x	x	x	x	x	x					
Caring																	
Nursing and midwifery staffing comprehensive report							x										
Patient Survey Results (National)			x														
Patient Quality Safety and Experience Report	x	x	x	x	x		x	x	x	x	x	x					
Staff Survey		x															
Safe																	
Health & Safety Update to Board														x			
SUI & RIDDOR	x	x	x	x	x	x	x	x	x	x	x	x					
Quality Governance Committee	x	x	x	x	x	x	x	x	x	x	x	x					
Guardian of Safe Working Hours Report			x		x			x			x						
Responsive																	
Annual Budget/Planning/ Budget Pack	x										x						x
Quality Account		x															
Legal Advice	x	x	x	x	x	x	x	x	x	x	x	x					
Performance & Finance Committee	x	x	x	x	x	x	x	x	x	x	x	x					
Performance Report	x	x	x	x	x	x	x	x	x	x	x	x					
Report on Use of Trust Seal		x			x			x			x						
Corporate Trustee													x	x			
Freedom to Speak up Guardian		x			x			x			x						
Well-Led																	
Annual Budget/Contract Discussions	x											x					
Annual Plan	x	x										x					
Annual Report & Accounts (Extra Ordinary Board)		x															
Audit Committee		x	x				x		x		x						
Board Assurance Framework	x		x		x				x			x					
Quarterly Organisational Risk Register	x		x				x			x							
Learning from Deaths Quarterly Report			x		x				x			x					
Trust Strategy				x				x							x		x
Visits of Accreditation, Inspection or Investigation	x	x	x	x	x	x	x	x	x	x	x	x					
Well-Led Governance Framework Self Assessment																	x
Corporate Goverance Handbook										x							
Board Sub-Committee Annual Review												x					
Emergency Preparedness, Resilience& Response (EPPR)							x										
Doctors Revalidation Report							x										
Effective																	
Workforce Report	x	x	x	x	x	x	x	x	x	x	x	x					
Equality Delivery System					x												
Workforce Race Equality Scheme						x											
Gender Pay Gap Report																	
Transformation and People Committee	x	x	x	x	x	x	x	x	x	x	x	x					
Consultant Appointments	x	x	x	x	x	x	x	x	x	x	x	x					
Medical Staffing Update (Part II)	x	x	x	x	x	x	x	x	x	x	x	x					

Title of Paper:		CEO Report	
Author:		James Sumner	
Executive Lead:		James Sumner, Chief Executive	
Type of Report:		Concept Paper	
		Strategic Options Paper	
		Business Case	
		Information	X
		Review/Benefits/Audit	
Link to Strategic Domains:		Link to Domain:	
Delivering Outstanding Clinical Quality, Safety & Experience	X	Safe	X
Being a Leading partner in a Progressive Health Economy	X	Effective	X
Striving for Outstanding Organisational Effectiveness	X	Caring	X
Aspiring to Excellence in Practice Through Our Workforce	X	Responsive	X
Creating a 21st Century Infrastructure for Transformative Health and Social Care	X	Well-Led	X
Link to Board Responsibility:	Performance		
	Accountability		X
	Strategy		
	Implementation		
Action Required:	Decide		
	Approve		
	Note		X
	Recommend		
	Delegate		
Positive Benefit:	Assurance on ongoing operational and strategic issues.		
Risk:	N/A		
To be published on Trust Website –complete version		y	
If no, to be published on Trust Website – redacted			
If not to be published complete or redacted, please detail the reason why			
Presented at Board Meeting of:		4 November 2019	

CEO Report

This report outlines the key operational and strategic issues during the reporting period.

1.0 Key operational issues

1.1 Accident & Emergency Department build and wait times

Having taken the decision to put in place an extension to the existing A&E department, the Board should be aware that the modular build is now in position on site and works are continuing on the connections to the main building and interior fit out. This is still on target to be operational by December 16th 2019.

Wait times for patients are still the primary concern and the significant increase in attendance shows no signs of reducing. The CEO, Medical Director and Director of Nursing held a meeting with all clinical leads, senior nurses and management involved with patient flow to outline the key concerns and ask all areas of the organisation to support earlier transfer of patients and minimise the risks associated with overcrowding. This was very well attended and positively received with ideas captured being followed up by senior leaders.

1.2 Winter plan

The Trust has a well constructed winter plan with £1.3m of additional resources in place for the winter period including additional bed spaces and resources to facilitate increased discharges into community settings. This has been submitted to NHSI/E regional teams. The CEO also had a teleconference with the National Director for Emergency Care to test the scope of plans during October.

1.3 Financial position – Month 6

At month 6 the Trust is £4k ahead of plan and is still achieving a score of 2 in terms of its use of resources. The key challenges for the 6 months remaining will be to manage the unscheduled care pressures ahead during winter, reducing our waiting list within the agreed financial envelope and the increasing reliance on premium cost workforce to deliver current levels of activity. Focus must be maintained on delivering the Cost Improvement Programme and reducing expenditure into next year.

1.4 Meeting with Union representatives

The CEO, Director of HR and Director of Nursing met with Union representatives to discuss the previous break framework proposals and the ambition for the Trust to pause this and move forward with a broader range of benefits to promote staff health and wellbeing. The Trust is working on a plan to share with Union colleagues at a future meeting.

1.5 Quality and safety metrics

The Infection control measures in the Trust Performance report show that the Trust is above its trajectories for MSSA and EColi. The Director of Nursing is working on benchmarking our rate and actions to reduce incidence and will expand on this during the Board meeting.

As reported at the September Board meeting, formal complaints are showing a statistical increase (7 concurrent points above the average) and work is ongoing on establishing the causation. The Director of Nursing will update the Board during the Quality and Safety report at the Board on progress with this.

1

There are changes to the way NHS Choices will measure and publish ratings which will require an update to the Board when available. The key message being that this will now be monthly ratings for a range of topics rather than an average score over a 12 month period. Further details will be available to discuss with the Board soon.

1.6 Workforce metrics

The Trust has been analysing the statistical change in the last year regarding absence. This has been worked through to a departmental level and there are focus group sessions being held with Theatres and Ward 18 during November to try and understand the changes in these areas.

Appraisal compliance continues to improve, almost reaching the Trust's 90% target which is a positive movement over the last 6 months. However, Mandatory training remains a challenge particularly in clinical areas where release is difficult and access to PCs is limited. This will be a further challenge over the winter months.

1.7 Use of Resources Assessment

The Trust was required to submit its evidence in early October for the upcoming Use of Resources review which will be held on 14th November. This forms part of the overall CQC rating that will be combined with the Well Led review and unannounced service inspections taking place within the next 6 months.

1.8 Flu Campaign

This year's Flu campaign has commenced with an ambition to improve on last year's staff vaccination rate of 76.3% compared to the national rate of 70.3% for the same period. To date 31% of frontline healthcare workers have been vaccinated, this is circa 10 percentage points lower than the same time year, however, this year the vaccinations have been allocated in three batches leading to a slower start. The second batch of vaccinations have now arrived and events are taking place weekly across the Trust to encourage vaccination.

1.9 International Nurse Recruitment

On October 23rd the first cohort of 18 overseas nurses arrived. Their first two weeks in post will be a trust induction and they will start on the wards w/c November 11th. During their time on the wards they will work with the Practice Education Facilitators to complete their OSCE training which is required to obtain full registration with the Nursing and Midwifery Council and become qualified nurses within our ward teams. Cohort 2 of a further 19 nurses are due to arrive in the trust on November 21st.

All groups are residing at the Buckingham Campus Crewe where they are enjoying good accommodation, facilities, transport to the hospital and most importantly pastoral support.

2.0 Strategic issues

2.1 Planning event with NHSI/E

The CEO attended an Operational Planning event with the NHSI/E national and regional teams on 18th October which gave an opportunity to discuss with the newly appointed national Chief Operating Officer and Director of Finance the challenges of the planning round for 2020/21. This was a useful dialogue and

2

has given some clarity on the national expectations for next year which the Trust will now work on as part of its strategy and planning developments.

2.2 Cheshire system FRP

CEOs and Leaders from Health and Social Care across Cheshire met during September to establish where closer working between organisations could reduce the cost of delivery in order to address the significant financial challenges the system has as a whole. A Financial Recovery Plan first draft was submitted to NHSI/E detailing the initial work and future plans. This has been positively received in terms of the system collaboration; however there is significant work to do still to close the system financial gap.

2.3 Trust Strategy day

The Trust held its annual Strategy Day for the Directors and Divisions/CCICP to share successes and plans for the future on 21st October. This included Governors, Non-Executive Directors and partners from other organisations. There were a number of outcomes from the day which will now result in revised plans being developed by the Divisions and CCICP and shared across the organisation.

2.4 South Cheshire Private Hospital

The Trust has now completed its due diligence on the proposed acquisition and a business case will be received in the private Board session due to the commercial nature of the discussion. The Trust hopes to conclude this matter as quickly as possible to provide certainty to the staff and organisations involved.

2.5 Pathology Network

The Trust is continuing its work on a shared Pathology service, outlining the benefits of scale and digital solutions. The Business Case will be presented in the Private Board session due to the commercial nature of the discussion.

J. Sumner
Chief Executive Officer
25.10.19

3

Quality, Safety and Experience Report

November 2019

(September 2019 data)

Contents

Contents (continued):

Board Papers – Quality, Safety & Experience Section: November 2019

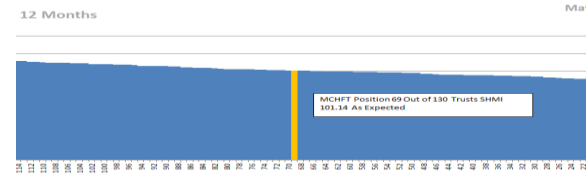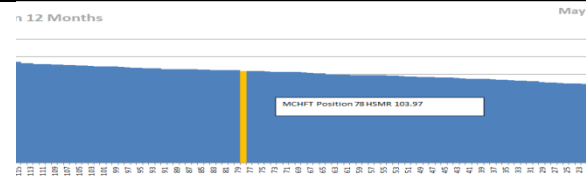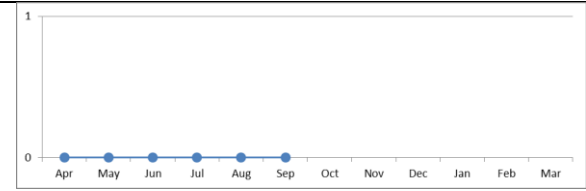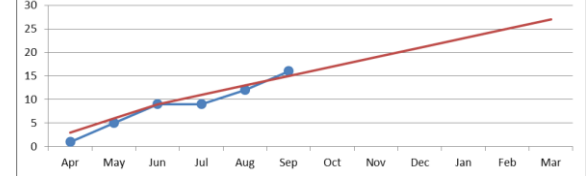| Indicators	Target	Trajectory 2019/20
Acute Trust		
Patient Safety Harm Incidents The target is to reduce the total number of patient safety harm incidents when compared to the previous financial year by the end of March 2020.	**Less than 2300 at end of March 2020**	
StEIS Reported Incidents The target is to reduce StEIS reported incidents when compared to the previous financial year by the end of March 2020.	**Less than 19 at end of March 2020**	
Never Events Zero tolerance of Never Events.	**Zero**	
Pressure Ulcers – Hospital Acquired The target is to have no more than two lapses in care (avoidable) pressure ulcers per month.	**Less than 24 lapses in care at end of March 2020**	
Medication Harm Incidents The target is to reduce the total number of medication incidents resulting in harm when compared to the previous financial year by the end of March 2020.	**Less than 66 at end of March 2020**	

Indicators	Target	Trajectory 2019/20
Acute Trust		
Inpatient Falls - Harm The target is to have a reduction in harm from patient falls when compared to the previous financial year.	**Less than 268 at end of March 2020**	
Inpatient Falls – Rate Per 1,000 Bed Days A reduction in the number of falls per 1,000 bed days when compared to the RCP National Audit 2015 (average number of patient falls per 1,000 bed days).	**Ratio less than 6.6**	
Inpatient Falls – Fractured NOF A reduction in the number of fractured NOF resulting from patient falls when compared to the previous financial year.	**Less than 10 at end of March 2020**	

Indicators	Target	Trajectory 2018/19
CCICP		
CCICP Patient Safety Harm Incidents The target is to reduce the total number of CCICP patient safety harm incidents when compared to the previous financial year by the end of March 2020.	**Less than 1238 at end of March 2020**	
CCICP Serious Incidents The target is to continue the trend of having zero CCICP patient safety serious incidents by the end of March 2020.	**Zero**	
CCICP Never Events Zero tolerance of CCICP Never Events.	**Zero**	
CCICP Pressure Ulcers – Community Acquired The target is to have no more than two lapses in care (avoidable) pressure ulcers per month.	**Less than 24 lapses in care at end of March 2020**	
CCICP Medication Harm Incidents The target is to reduce the total number of medication incidents resulting in harm when compared to the previous financial year by the end of March 2020.	**Less than 7 at end of March 2020**	

Indicators	Target	Trajectory 2018/19
SHMI The Trust's target is to be at least within the "as expected" bracket. This has been achieved for the latest reporting period.	**As expected**	12 Months · MCHFT Position 69 Out of 130 Trusts SHMI 101.14 As Expected
HSMR The Trust's target is to be at least within the "as expected" bracket. This has been achieved for the latest reporting period.	**As expected**	12 Months · MCHFT Position 78 HSMR 103.97
MRSA Zero tolerance of MRSA cases.	**Zero**	
C-Diff The target is less than 27 cases of Clostridium Difficile in 2019/20. The target includes cases who have been identified in the community but had a hospital admission in the previous 28 days.	**Less than 27 at end of March 2020**	
Safety Thermometer The Trust target is that >95% of patients receive harm free care as monitored by the Safety Thermometer.	**>95%**	

Quality & Safety Section:

Description	Aggregate Position	Trend

Patient Safety Harm Incidents

The target is to reduce the total number of patient safety harm incidents when compared to the previous financial year by the end of March 2020.

This chart demonstrates the total number of reported patient safety harm incidents.

For September 2019, there were a total of 190 patient safety harm incidents:

94.7% (180 incidents) have resulted in low harm

3.7% (7 incidents) have resulted in moderate harm

1.6% (3 incidents) have been reported to StEIS

Improvement actions include;

- Production of the serious incident look back report that demonstrated the aggregation of serious incidents in 2018/19
- Development of a quarterly Learning from Deaths Newsletter
- Introduction of 6 monthly Structured Judgement Review meetings to share learning
- Reviewing new ways of sharing organisational learning from the Patient Safety Summit.

Patient Safety Incidents Resulting in Harm April 2019 to March 2020

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
StEIS Reported Incidents	4	3	0	2	4	3						
Moderate Harm	6	9	1	10	9	7						
Low Harm	176	214	197	196	181	180						
Target	170	342	541	748	942	1131	1343	1503	1686	1926	2104	2299
Cumulative Total 2019/20	186	412	610	818	1012	1202						
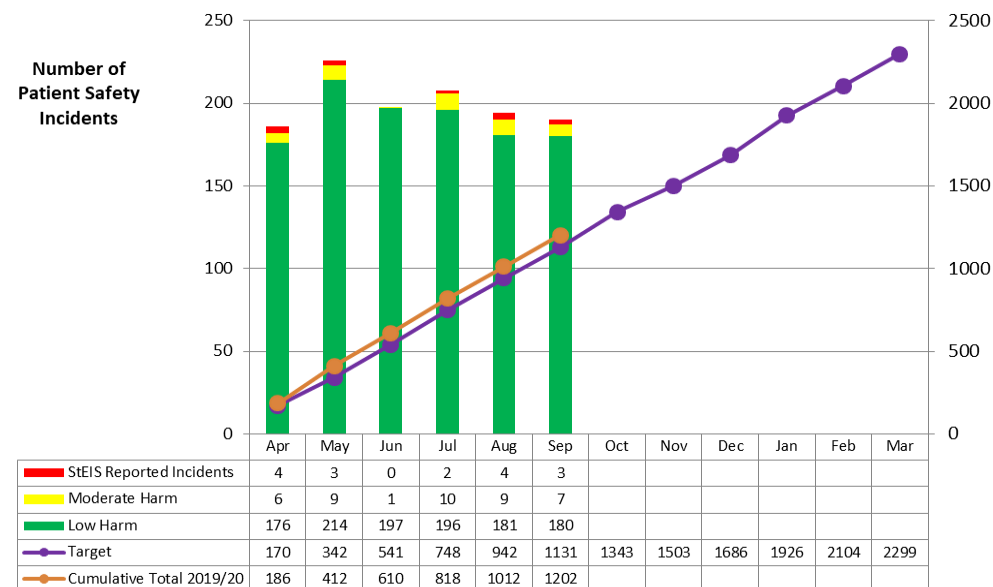
Harm vs All Patient Safety Incidents

The aim is to maintain / widen the gap between harm and all patient safety incidents reported

This chart demonstrates the number of incidents that have resulted in harm vs all patient safety incidents.

In September 2019, the gap between harm and all patient safety incidents was 364. The aim over the twelve month period is to see this gap widening.

A safety culture survey was undertaken in the Trust in December 2018 to January 2019. The results were shared at the EQGG in April 2019 and divisional improvement plans developed to take into account the feedback received during the survey.

Harm vs All Patient Safety Incidents by Month April 2019 to March 2020
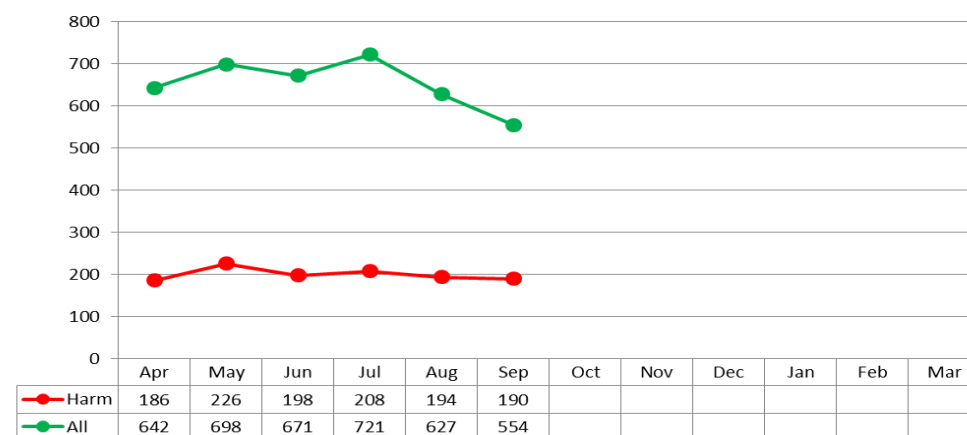
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Harm	186	226	198	208	194	190						
All	642	698	671	721	627	554						

Description	Aggregate Position	Trend

StEIS Reported Incidents

The target is to reduce the number of StEIS reported incidents when compared to the previous financial year by the end of March 2020.

This chart demonstrates the number of incidents that have resulted been StEIS reported.

For September 2019, there were 3 StEIS reported incidents;
- A patient fall resulting in a fractured neck of femur
- Potential diagnosis delay
- Potential treatment delay

StEIS Reported Incidents by Month April 2019 to March 2020
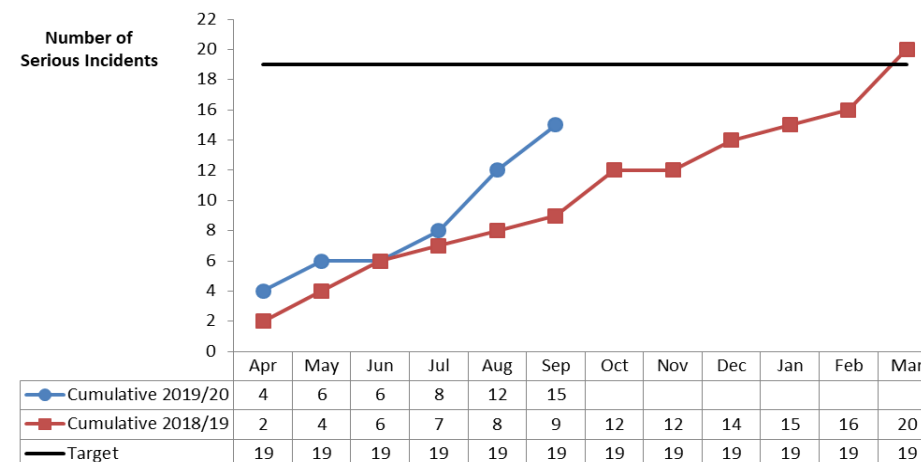
Number of Serious Incidents

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Cumulative 2019/20	4	6	6	8	12	15						
Cumulative 2018/19	2	4	6	7	8	9	12	12	14	15	16	20
Target	19	19	19	19	19	19	19	19	19	19	19	19

Never Events

The target is to have zero Never Events

This chart demonstrates the number of Never Events that have been reported.

For September 2019 there were no Never Events reported.

Never Events by Month April 2019 to March 2020

Number of Never Events

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Cumulative Target	0	0	0	0	0	0	0	0	0	0	0	0
Cumulative Total	0	0	0	0	1	1						

Board Papers – Quality, Safety & Experience Section: November 2019

Description	**Aggregate Position**	**Trend**

Pressure Ulcers (PU) – Hospital Acquired

The target is to have no more than 24 pressure ulcers resulting from lapses in care by the end of March 2020.

For September 2019, there were a total of 17 hospital acquired pressure ulcer incidents:
- 0% (0 PUs) occurred with lapses in care that did contribute to the PU.
- 0% (0 PUs) occurred with lapses in care that did not contribute to the PU.
- 0% (0 PUs) occurred with no lapses in care identified.
- 17.6% (3 PUs) confirmed but awaiting tool.
- 0% (0 PUs) are awaiting confirmation from PUP.
- 82.4% (14 PUs) are awaiting verification.

Improvement actions include;

- A Pressure Ulcer Summit is planned for October 2019. The summit will include sharing of patient stories and lessons learnt from the investigations
- A review of incidents relating to mechanical devices / casts. Work is planned to evaluate current practice, address educational needs and review documentation associated with medical devices.
- Collaboration with the Cheshire and Merseyside Pressure Ulcer Prevention Steering Group.

Hospital Acquired Pressure Ulcers by Month April 2019 to March 2020

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Lapses in Care Identified	4	3	2	2	3	0						
Cumulative Lapses in Care	4	7	9	11	14	14						
Lapses in Care Cumulative Target	2	4	6	8	10	12	14	16	18	20	22	24
% Lapses in Care PU	28.6%	20.0%	13.3%	11.1%	13.0%	0.0%	0.0%					

Medication Harm Incidents

The target is to reduce the total number of medication incidents resulting in harm when compared to the previous financial year by the end of March 2020.

For September 2019, there were a total of 9 medication incidents resulting in harm reported:
- 100% (9 medication incidents) have resulted in low harm
- 0% (0 medication incidents) have resulted in moderate harm
- 0% (0 medication incidents) have resulted in serious harm

Improvement actions include:

- Medication incidents being monitored and learning shared from Safe Medicines Practice Group
- Inpatient prescription charts have been updated to include diabetes sections for safe prescribing
- Pharmaceutical Care Standards – Pharmacy department document about standards of support given to clinical areas has been updated
- Regional learning from high risk medication incidents is now included in Safe Medicines Practice Group to ensure similar incidents can be considered / avoided.

Medication Harm Incidents by Month April 2019 to March 2020

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Cumulative Total	3	5	7	9	15	24						
Cumulative Target	10	15	20	25	30	35	40	45	50	55	60	65

Board Papers – Quality, Safety & Experience Section: November 2019

| Description | Aggregate Position | | Trend |

Inpatient Falls.

A reduction in the number of falls per 1,000 bed days when compared to the previous financial year (less than 6.6)

Inpatient Falls Rate Per 1,000 Bed Days & Month
April 2019 to March 2020

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Target	6.60	6.60	6.60	6.60	6.60	6.60	6.60	6.60	6.60	6.60	6.60	6.60
Rate 2019/20	5.31	4.76	4.99	5.85	5.00	5.00						
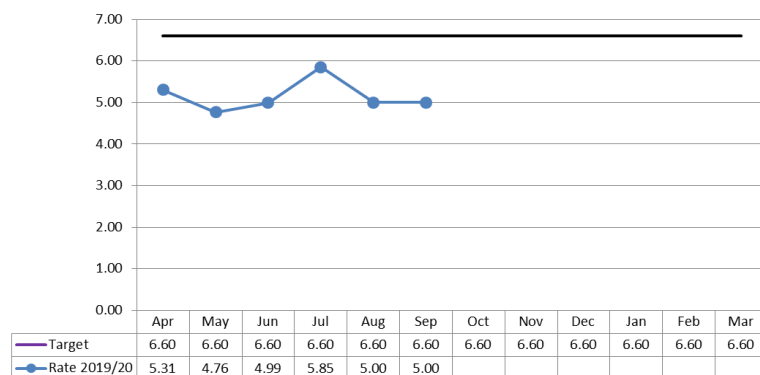
For September 2019, the falls rate per 1,000 bed days was 5.00.

A reduction in the total number of fractured neck of femurs as a result of a fall (less than 10)

Inpatient Falls Resulting in Fractured Neck of Femur by Month
April 2019 to March 2020

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Breach	10	10	10	10	10	10	10	10	10	10	10	10
Target	9	9	9	9	9	9	9	9	9	9	9	9
Cumulative 2018/19	3	4	4	5	5	6	7	7	7	8	9	10
Cumulative 2019/20	1	2	2	3	4	5						
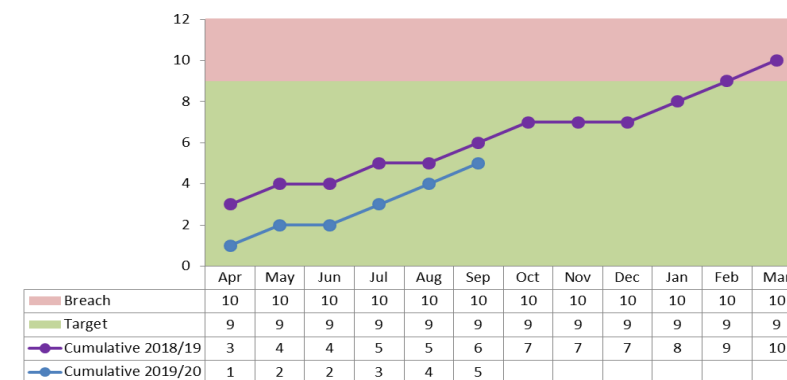
In September 2019, there was one fractured neck of femur reported.

A reduction in the total number of falls with harm compared to previous year (less than 268)

Inpatient Falls Resulting In Harm by Month
April 2019 to March 2020

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Cumulative 2019/20	27	59	78	106	138	166						
Cumulative 2018/19	23	42	61	80	102	131	161	176	200	222	242	268

In September 2019, there were a total of 28 falls with harm.
- 96.4% (27) resulting in low harm
- 0% (0) resulting in moderate harm
- 3.6% (1) resulting in major harm

Improvement actions include:
- A Quality Improvement bay tagging project has been registered and is in development for implementation on Ward 1
- Evaluation of the footsteps trial on Ward 7 and 21b
- Staff education – The Trust took part in the National Falls Awareness Campaign with daily engagement sessions at the crossroads
- A review and redesign of the falls risk assessment tool in being undertaken.

Central Cheshire Integrated Care Partnership (CCICP)

Description　　　　　**Aggregate Position**　　　　　　　　　　　　　　　　　**Trend**

CCICP Patient Safety Harm Incidents

For September 2019, there were a total of 113 patient safety harm incidents:

- 100% (113 incidents) have resulted in low harm
- 0% (0 incidents) have resulted in moderate harm
- 0% (0 incidents) have resulted in serious harm

The target is to reduce the total number of CCICP patient safety harm incidents when compared to the previous financial year by the end of March 2020.

To reduce the number of patient safety harm incidents, a number of initiatives are being undertaken.
These include:

- Introduction of a 100, 365, and 600 day challenge for the non-development of category 3 and 4 pressure ulcers whilst on caseload
- An educational event on pressure ulcers was held at Richmond Village to educate external care staff
- Trialling a daily Safety Huddle within the District Nursing team in Crewe

CCICP Patient Safety Incidents Resulting in Harm April 2019 to March 2020

Number of Patient Safety Incidents

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
StEIS Reported Incidents	0	0	0	0	1	0						
Moderate Harm	2	3	3	1	1	0						
Low Harm	142	122	103	104	131	113						
Target	79	196	298	392	496	588	683	780	889	1004	1113	1237
Cumulative Total 2019/20	144	269	375	480	613	726						

CCICP Harm vs All Patient Safety Incidents

This chart demonstrates the number of incidents that have resulted in harm vs all patient safety incidents.

In September 2019, the gap between harm and all patient safety incidents was 11.
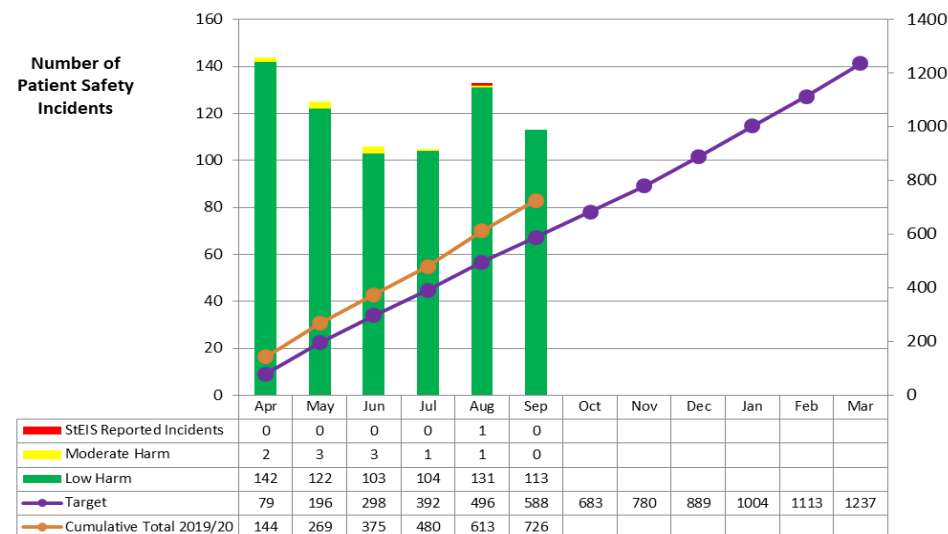
The aim is to increase no harm reporting and eventually widen the gap between harm and all incidents.

A safety culture survey was undertaken in the Trust in December 2018 to January 2019. The results were shared at the EQGG in April 2019 and divisional improvement plans developed to take into account the feedback received during the survey

CCICP Harm vs All Patient Safety Incidents by Month April 2019 to March 2020
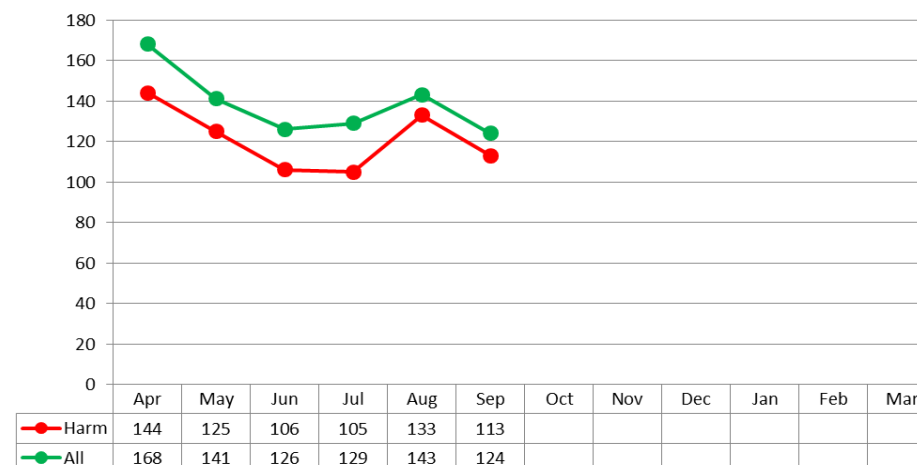
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Harm	144	125	106	105	133	113						
All	168	141	126	129	143	124						

Board Papers – Quality, Safety & Experience Section: November 2019

Description	Aggregate Position	Trend

CCICP Serious Incidents

The target is to continue the trend of having zero CCICP patient safety serious by the end of March 2020.

This chart demonstrates the number of incidents that have resulted in serious harm.

For September 2019, there were no serious incidents reported.

CCICP Serious Incidents by Month April 2019 to March 2020

Number of Serious Incidents

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Cumulative Target	0	0	0	0	0	0	0	0	0	0	0	0
Cumulative Total	0	0	0	0	1	1						
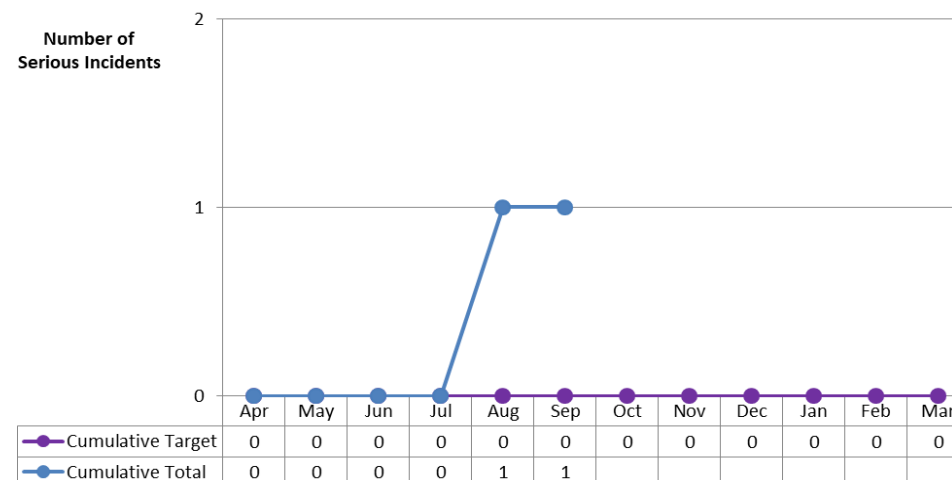
CCICP Never Events

The target is to have zero Never Events

This chart demonstrates the number of Never Events that have been reported.

For September 2019 no Never Events were reported.

No Never Events have been reported for CCICP since the merger of the Trust in October 2016.

CCICP Never Events by Month April 2019 to March 2020

Number of Never Events

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Cumulative Target	0	0	0	0	0	0	0	0	0	0	0	0
Cumulative Total	0	0	0	0	0	0						

Description	Aggregate Position	Trend

Pressure Ulcers – Community Acquired

The target is to have no more than 24 pressure ulcers resulting from lapses in care by the end of March 2020.

For September 2019, there were a total of 74 community acquired pressure ulcer incidents:

- 1.35% (1 PUs) occurred with lapses in care that did contribute to the PU.
- 1.35% (1 PUs) occurred with lapses in care that did not contribute to the PU.
- 73% (54 PUs) occurred with no lapses in care identified.
- 0% (0 PUs) confirmed but awaiting tool.
- 21.6% (16 PUs) are awaiting confirmation from PUP.
- 2.7% (2 PUs) are awaiting verification.

Improvement actions include:

- Raising awareness of pressure ulcer prevention on 'Stop the Pressure Day' on the 21st November 2019
- Implementation of a SSKIN bundle on EMIS
- Development of a guidance tool for 'First Assessment'
- Presentation of a patient's story and lessons learnt at the Pressure Ulcer Summit in October 2019.

CCICP Community Acquired Pressure Ulcers by Month April 2019 to March 2020

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Lapses in Care Identified	1	0	1	0	0	1						
Cumulative Total	1	1	2	2	2	3						
Lapses in Care Cumulative Target	2	4	6	8	10	12	14	16	18	20	22	24
% Avoidable PU	1.2%	0.0%	1.6%	0.0%	0.0%	1.3%						

CCICP Medication Harm Incidents.

The target is to reduce the total number of medication incidents resulting in harm when compared to the previous financial year by the end of March 2020.

For September 2019, there were 3 medication incidents reported resulting in harm:

- 100% (3 medication incidents) resulted in low harm
- 0% (0 medication incidents) have resulted in moderate harm
- 0% (0 medication incidents) have resulted in serious harm

Improvement actions include;

- A CCICP Medication Incident Report has been produced for review and discussion at IGG to identify themes and lessons learnt
- A review of practice in GPOOH has been undertaken with positive results around reconciliation of medicines.

CCICP Medication Incidents by Month April 2019 to March 2020

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Cumulative Total	3	3	3	3	4	7						
Cumulative Target	1	1	2	2	3	3	4	4	5	5	6	6

Board Papers – Quality, Safety & Experience Section: November 2019

Description	Aggregate Position	Trend

SHMI

The Trust's target is to be at least within the "as expected" bracket.

The chart benchmarks the Trust's latest SHMI against all NHS Trusts.

MCHFT is shown as the yellow bar.

The Trust's SHMI is 101.14 for the time period May 2018 to April 2019 and places the Trust 69 out of 130 Trusts and is "as expected".

SHMI Position 12 Months

May 18 - Apr 19

MCHFT Position 69 Out of 130 Trusts SHMI 101.14 As Expected
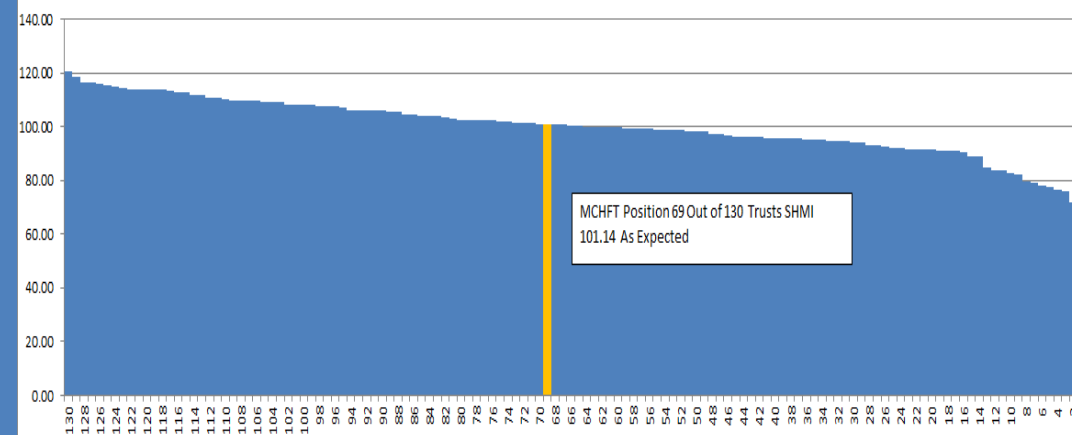
MCHFT

12 month rolling position Summary Hospital-Level Mortality Indicator (SHMI) by Trust.

The chart shows the SHMI and rank of MCHFT for each of the 12 month rolling position submissions for the period May 2018 to April 2019 and is "as expected".
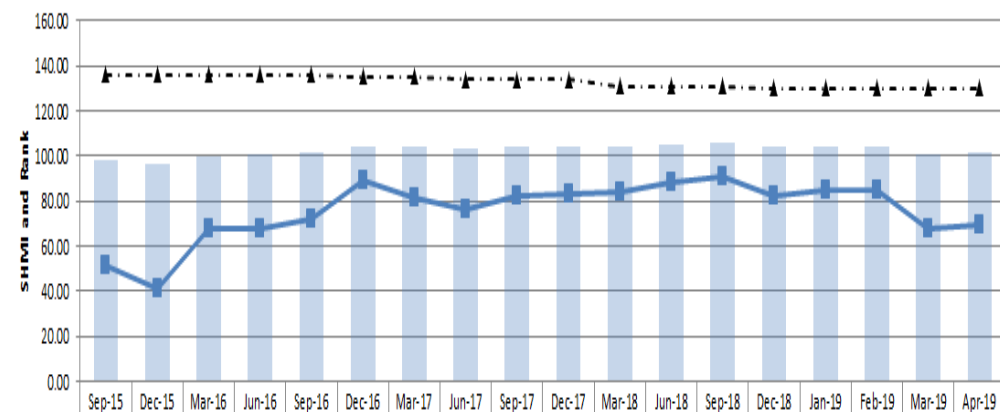
	Sep-15	Dec-15	Mar-16	Jun-16	Sep-16	Dec-16	Mar-17	Jun-17	Sep-17	Dec-17	Mar-18	Jun-18	Sep-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
MCHFT SHMI	98.42	96.84	100.00	100.61	101.72	104.24	103.85	102.97	103.71	104.12	104.39	104.75	105.48	104.06	104.31	104.28	100.95	101.14
MCHFT RANK	51	41	68	68	72	89	81	76	82	83	84	88	91	82	85	85	68	69
TOTAL TRUSTS	136	136	136	136	136	135	135	134	134	134	131	131	131	130	130	130	130	130

Board Papers – Quality, Safety & Experience Section: November 2019

Description	Aggregate Position	Trend

Hospital Standardised Mortality Rate (HSMR) by Trust.

The Trust's target is to be at least within the "as expected" bracket.

The chart benchmarks the Trust's HSMR against all NHS Trusts.

MCHFT is shown by the amber bar.

The Trust's HSMR is 103.97 (May 2018 to April 2019) and places the Trust 78 out of 131 Trusts and is "as expected".

HSMR Position 12 Months

May 18 - Apr 19

MCHFT Position 78 HSMR 103.97

MCHFT

12 month rolling position for HSMR

The data in the chart shows the HSMR and rank of MCHFT for each of the 12 month rolling position submissions for the period May 2018 to April 2019 and is "as expected".

HSMR and Rank

	Sep-15	Dec-15	Mar-16	Jun-16	Sep-16	Dec-16	Mar-17	Jun-17	Sep-17	Dec-17	Mar-18	Jun-18	Sep-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
MCHFT HSMR	104.11	106.17	107.28	110.59	111.61	112.03	114.12	110.02	107.05	109.17	108.3	108.2	111.74	107.25	105.46	107.87	103.49	103.97
MCHFT RANK	86	96	102	119	117	121	123	112	108	111	102	96	107	90	87	95	75	78
TOTAL TRUSTS	137	136	135	136	136	136	136	134	137	137	134	134	134	134	134	134	131	131

Description	Aggregate Position	Trend

MRSA Bacteraemia Cases.

Zero tolerance of MRSA cases.

In September 2019, no MRSA bacteraemia cases were reported in the Trust.

In this financial year there have been no confirmed MRSA bacteraemia cases to date.

MRSA Bacteraemia cases reported within the Trust April 2019 to March 2020

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly	0	0	0	0	0	0						
Cumulative	0	0	0	0	0	0						
Target	0	0	0	0	0	0	0	0	0	0	0	0

Clostridium Difficile toxin positive cases.

The target is less than 27 cases of Clostridium Difficile in 2019/20

In September 2019, no avoidable cases were reported. The target is less than 27 cases of Clostridium Difficile in 2019/20. The target includes cases that have been identified in the community but had a hospital admission in the previous 28 days.

All reported cases are subject to a multidisciplinary post infection review to establish if the cases were avoidable or unavoidable.

There have been no specific themes from the post infection reviews which require addition input into clinical areas however, a review of the trusts cleaning process in clinical areas is planned for November- December 2019 to establish if the current process is reflective of service needs.

Clostridium Difficile Toxin Positive Cases April 2019 to March 2020

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Avoidable	0	0	1	0	0	0						
Unavoidable	1	4	3	0	3	5						
PHE Trajectory	3	6	9	11	13	15	17	19	21	23	25	27
Cumulative Total	1	5	9	9	12	17						

Description　　　　**Aggregate Position**　　　　　　　　　　　　　**Trend**

MSSA Cases.

The aim is to have a reduction in MSSA cases when compared to the previous financial year, to demonstrate an incremental improvement

In September 2019, 1 MSSA case was reported in the Trust. This occurred on Ward 7

In this financial year there has been 10 confirmed MSSA cases reported.
Improvement actions include:
- Undertaking mandatory PIR for Public Health England.
- Part of the health economy working group focusing on Health Care associated Infections.
- Undertaking additional reviews to highlight cases that are line related – these have a formal PIR led by the Consultant Microbiologist.

**MSSA cases reported within the Trust
April 2019 to March 2020**

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Cumulative 2019/20	0	5	5	8	9	10						
Cumulative 2018/19	2	3	4	5	5	6	7	7	7	7	7	8

E-Coli Cases.

The aim is to have a reduction in E-Coli cases when compared to the previous financial year, to demonstrate an incremental improvement
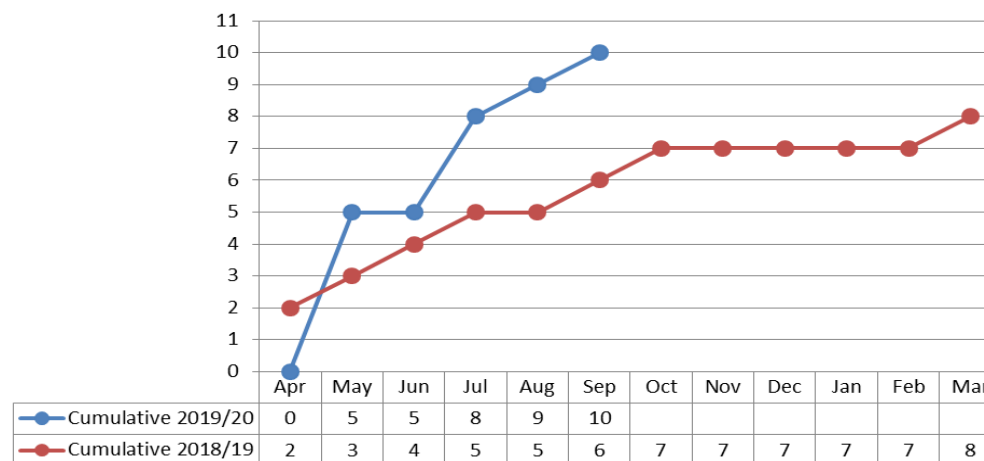
In September 2019, 1 E-Coli case was reported.

This occurred on Ward 13.

In this financial year there have been 16 confirmed E-Coli cases reported.
Improvement actions include:
- Part of the health economy working group focusing on Health Care associated Infections.

**E-Coli cases reported within the Trust
April 2019 to March 2020**
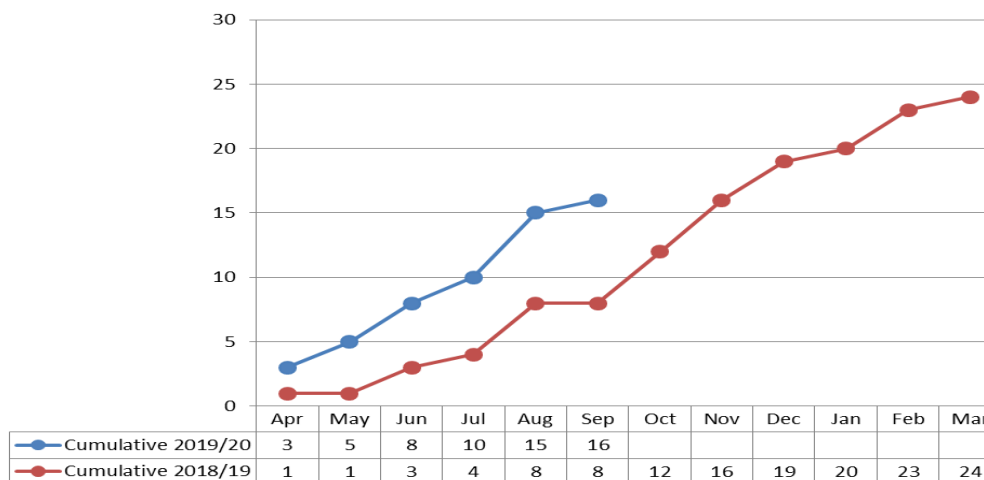
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Cumulative 2019/20	3	5	8	10	15	16						
Cumulative 2018/19	1	1	3	4	8	8	12	16	19	20	23	24

Board Papers – Quality, Safety & Experience Section: November 2019

Description	Aggregate Position	Trend

Information Governance Information Commissioners Office (ICO) reportable incidents.

In September 2019, no information governance ICO reportable incidents were reported in the Trust.

The Trust has detailed plans in place to address the requirements of the General Data Protection Regulations (GDPR) which is overseen by the Information Governance Group.

Information Governance ICO Reportable Incidents by Month April 2019 to March 2020

Number of ICO reportable Incidents

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Total	2	0	1	0	1	0						
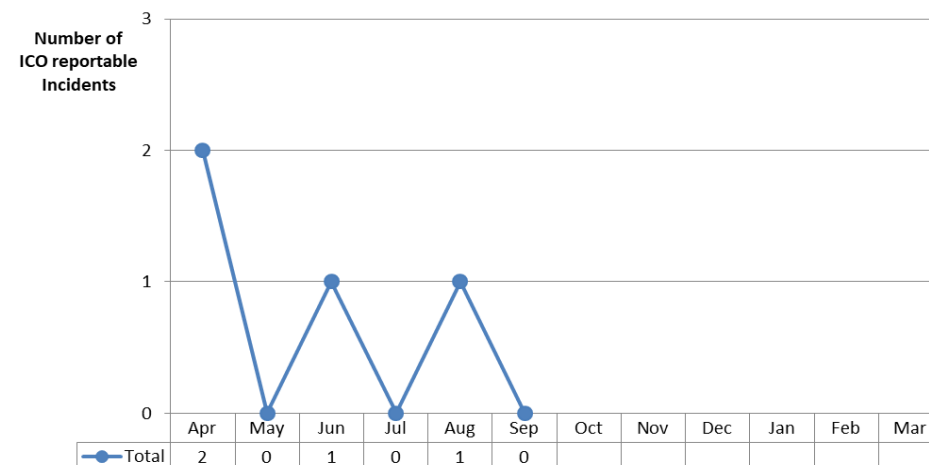
CQUIN 2019-20 Performance

CQUIN Indicator	Indicator Name	Milestone Achieved								Financial Incentive Achieved	Maximum Value
		Q1	Financial Incentive Achieved	Q2	Financial Incentive Achieved	Q3	Financial Incentive Achieved	Q4		Financial Incentive Achieved	Maximum Value
1a	**Prevention of Ill health** Achieving 90% of antibiotic prescriptions for lower UTI in older people meeting NICE guidance for lower UTI (NG109) and PHE Diagnosis of UTI guidance in terms of diagnosis and treatment.	❌	£55,879 (£NIL)		£55,879		£55,879			£55,879	**£223,517**
1b	**Prevention of Ill health** Achieving 90% of antibiotic surgical prophylaxis prescriptions for elective colorectal surgery being a single dose and prescribed in accordance to local antibiotic guidelines.	✔ Partially	£55,879 (£31,665)		£55,879		£55,879			£55,879	**£223,517**
2	**Prevention of Ill health** Achieving an 80% uptake of flu vaccinations by frontline clinical staff.	NOT REQUIRED	No Payment		No Payment		No Payment			MCHFT £447,030 CCICP £184,318	MCHFT £447,030 CCICP £184,318
3a	**Prevention of Ill health** Achieving 80% of inpatients admitted to an inpatient ward for at least one night who are screened for both smoking and alcohol use	✔	£37,253		£37,253		£37,253			£37,253	**£149,011**
3b	**Prevention of Ill health** Achieving 90% of identified smokers given brief advice.	✔ Partially	£37,253 (£6,054)		£37,253		£37,253			£37,253	**£149,011**
3c	**Prevention of Ill health** Achieving 90% of patients identified as drinking above low risk levels, given brief advice or offered a specialist referral.	✔ Partially	£37,253 (£25,425)		£37,253		£37,253			£37,253	**£149,011**

CQUIN Indicator	Indicator Name	Milestone Achieved								
		Q1	Financial Incentive Achieved	Q2	Financial Incentive Achieved	Q3	Financial Incentive Achieved	Q4	Financial Incentive Achieved	Maximum Value
7	**Patient Safety** Achieving 80% of older inpatients receiving key falls prevention actions are met and recorded	✔ **Partially**	£111,757 **(£19,101)**		£111,757		£111,757		£111,757	£447,030
9	**Best Practice Pathways** Achieving 55% of eligible stroke survivors receiving a six month follow up within 4-8 months of their stroke	✔	£46,079		£46,079		£46,079		£46,079	**£184,318**
11a	**Best Practice Pathways** Achieving 75% of patients with confirmed pulmonary embolus being managed in a same day setting where clinically appropriate.	✔ **Partially**	£37,253 **(£5,662)**		£37,253		£37,253		£37,253	**£149,011**
11b	**Best Practice Pathways** Achieving 75% of patients with confirmed atrial fibrillation being managed in a same day setting where clinically appropriate.	✔ **Partially**	£37,253 **(£14,156)**		£37,253		£37,253		£37,253	**£149,011**
11c	**Best Practice Pathways** Patients with or confirmed Community Acquired Pneumonia should be managed in a same day setting where clinically appropriate.	✘	£37,253 **(£NIL)**		£37,253		£37,253		£37,253	**£149,011**
SP1	**Hospital Pharmacy Transformation and Medicines Optimisation**	✔	**£9,670**		**£9,670**		**£9,670**		**£9,670**	**£38,680**

Description	Aggregate Position	Trend

Safety Thermometer - Harm Free Care.

In September 2019, 96% of patients received harm free care as measured by the point prevalence Safety Thermometer.

The Safety Thermometer data is collected during the morning of the first Wednesday of each month and is collected by the nursing staff on duty on the ward/DN caseload assisted by the Senior Nursing Teams. This is applicable to inpatient areas and district nursing caseloads only.

The target is for >95% of patients to receive harm free care as monitored by the Safety Thermometer. The Patient Safety Thermometer process is currently under review nationally.

Percentage of patients with Harm Free Care Safety Thermometer

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
MCHFT	98%	97%	98%	97%	98%	96%						
National	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Description	Aggregate Position	Trend	
Registered Nurses monthly expected hours by shift versus actual monthly hours per shift. Day time shifts only	88.5% of expected Registered Nurse hours were achieved for day shifts. Any registered nurse numbers that fall below 85% within the current ward establishment are required to have a divisional review and an update of actions provided to the Director of Nursing & Quality and the Deputy Director of Nursing & Quality.	Trend **September 2019 88.5%** August 2019 89.8% July 2019 88.5%	The lowest staffing levels during the day were on Ward 4 at 72.9%
Registered Nurses monthly expected hours by shift versus actual monthly hours per shift. Night time shifts only	92.2% of expected Registered Nurse hours were achieved for night shifts.	Trend **September 2019 92.2%** August 2019 92.5% July 2019 94.1%	The lowest staffing levels during the night were on Ward 5 at 75%
Healthcare Assistant monthly expected hours by shift versus actual monthly hours per shift. Day time shifts only	90.1% of expected HCA hours were achieved for day shifts.	Trend **September 2019 90.1%** August 2019 92.9% July 2019 93.8%	The lowest staffing levels during the day were on NICU at 68.2%
Healthcare Assistant monthly expected hours by shift versus actual monthly hours per shift. Night time shifts only	99% of expected HCA hours were achieved for night shifts. For areas with over 100% staffing levels for HCA's this is reviewed and is predominately due to wards requiring 1 to 1 specials for patients following a risk assessment or to increase staffing numbers when there are registered nursing gaps that are not filled.	Trend **September 2019 99%** August 2019 97.5% July 2019 100.7%	The lowest staffing levels during the night were on Ward 2 at 86.8%
Total number of wards that are lower than 85% RN fill days and nights is 8.	Day – Ward 10 (81.6%), Ward 4 (72.9%), Ward 5 (82.4%), Ward 6 (82.4%), CAU (78.9%), NICU (81.4%). Night – Critical Care (83.8%), Ward 14 (77.7%), Ward 5 (75%), Ward 6 (76.8%), NICU (82.1%).	• Actions taken: Staffing reviewed on daily basis by Matrons/HoN following Escalation process • Risk assessments taken place to review bed occupancy and patient acuity before transferring staff	

Board Papers – Quality, Safety & Experience Section: November 2019

Ward Name	Day				Night				Day		Night		Care Hours Per Patient Day			
	Qualified		Unqualified		Qualified		Unqualified		Qualified	Unqualified	Qualified	Unqualified	Cumulative count over month of pts at 23:59 each day	Qualified	Unqualified	Overall
	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Fill Rate	Fill Rate	Fill Rate	Fill Rate				
MCHFT	36,992	32,393	34,151	31,039	27,948	25,424	21,254	20,642	88.5%	90.1%	92.2%	99%	14956	165.3	72.5	237.7
AMU	1,550	1,439	2,384	2,155	1,824	1,706	1,548	1,500	92.8%	90.4%	93.5%	96.9%	801	3.9	4.6	8.5
Critical Care	3,940	3,416	518	431	3,600	3,018	0	0	86.7%	83.2%	83.8%	-	223	28.8	1.9	30.8
Elmhurst	721	712	2,214	2,160	720	720	1,488	1,476	98.8%	97.6%	100.0%	99.2%	893	1.6	4.1	5.7
Ward 1	2,000	1,840	1,318	1,229	1,452	1,429	768	744	92.0%	93.2%	98.4%	96.9%	897	3.6	2.2	5.8
Ward 10	2,090	1,705	3,522	3,258	1,092	1,080	1,860	1,704	81.6%	92.5%	98.9%	91.6%	1102	2.5	4.5	7.0
Ward 11 SAU	1,812	1,565	1,692	1,417	1,260	1,164	1,308	1,188	86.4%	83.8%	92.4%	90.8%	632	4.3	4.1	8.4
Ward 13	1,696	1,520	1,703	1,583	1,092	1,051	1,116	1,068	89.6%	93.0%	96.2%	95.7%	929	2.8	2.9	5.6
Ward 14	1,280	1,277	1,621	1,490	1,128	876	1,236	1,176	99.8%	91.9%	77.7%	95.1%	920	2.3	2.9	5.2
Ward 15	1,703	1,516	1,494	1,432	1,092	1,005	1,092	1,020	89.0%	95.8%	92.0%	93.4%	914	2.8	2.7	5.4
Ward 18	1,325	1,167	1,114	1,032	720	672	840	816	88.1%	92.6%	93.3%	97.1%	652	2.8	2.8	5.7
Ward 2	1,799	1,559	2,315	1,967	1,092	1,068	1,680	1,458	86.7%	85.0%	97.8%	86.8%	921	2.9	3.7	6.6
Ward 21b	961	872	2,367	2,198	732	684	1,452	1,416	90.7%	92.9%	93.4%	97.5%	716	2.2	5.0	7.2
Ward 4 Elderly	1,633	1,191	2,169	2,016	730	704	1,716	1,606	72.9%	92.9%	96.4%	93.6%	956	2.0	3.8	5.8
Ward 5	2,165	1,785	1,824	1,616	1,428	1,071	900	1,212	82.4%	88.6%	75.0%	134.7%	920	3.1	3.1	6.2
Ward 6 Rehab	1,703	1,403	2,306	2,026	1,500	1,153	1,032	1,056	82.4%	87.9%	76.8%	102.3%	825	3.1	3.7	6.8
Ward 7	1,290	1,253	2,365	1,953	732	720	1,392	1,332	97.1%	82.6%	98.4%	95.7%	952	2.1	3.5	5.5
Ward 9	834	728	857	755	719	623	372	348	87.3%	88.0%	86.6%	93.4%	236	5.7	4.7	10.4
CAU	2,250	1,776	750	807	1,725	1,737	345	414	78.9%	107.5%	100.7%	120.0%	463	7.6	2.6	10.2
Ward 23	1,200	1,156	760	747	740	740	740	740	96.3%	98.3%	100.0%	100.0%	579	3.3	2.6	5.8
NICU	1,738	1,415	166	113	1,610	1,323	0	0	81.4%	68.2%	82.1%	-	198	13.8	0.6	14.4
Ward 26 MLU	760	690	0	51	740	715	0	0	90.8%	-	96.7%	-	35	40.2	1.4	41.6
Ward 26 Labour	2,546	2,413	697	608	2,220	2,171	370	370	94.8%	87.3%	97.8%	100.0%	192	23.9	5.1	29.0

Experience Section:

Indicators	YTD 19/20	Jun-19	Jul-19	Aug-19	Sep-19
Complaints received by month	132	22	21	21	25
Complaints being reviewed by the Ombudsman	1	1	0	0	0
Closed complaints by month	132	19	26	29	23
Contacts raising informal concerns	501	75	92	62	83
Compliments received in month	2321	453	293	584	432
Number of new claims received in month	25	7	4	2	2
Number of claims closed	21	2	4	6	4
Number of inquests concluded	4	0	3	0	0
NHS Choices - Star Ratings (Leighton)		4.5	4	4	4
NHS Choices - Star Ratings (VIN)		5	5	5	4
NHS Choices - Number of new postings	40	7	12	8	8
F&FT Response Rate ED, MIU, UCC and Assessment Areas*		17%	16%	17%	17%
Proportion of positive responses ED, MIU, UCC and Assessment Areas		85%	85%	89%	87%
F&FT Response Rate Inpatients and Daycases		39%	42%	35%	39%
Proportion of positive responses Inpatients and Daycases		93%	93%	94%	93%
F&FT Response Rate Outpatients		2%	2%	1%	2%
Proportion of positive responses Outpatients		96%	98%	97%	96%
F&FT Response Rate Maternity - Birth		12%	7%	8%	20%
Proportion of positive responses Maternity - Birth		96%	100%	100%	100%
F&FT Response Rate Community (CCICP)		11%	3%	6%	12%
Proportion of positive responses Community (CCICP)		89%	86%	91%	88%

*ED = Emergency Department; MIU = Minor Injuries Unit; UCC = Urgent Care Centre

Board Papers – Quality, Safety & Experience Section: November 2019

Description	Aggregate Position/Description	Trend

Monthly formal complaints received by the Trust.

25 complaints were received in September 2019 which covered 135 concerns. There were also five re-opened complaints.

The highest categories were:

- Communication with 38 concerns
- Medical with 30 concerns
- Nursing with 19 concerns

3 areas receiving the highest numbers of complaints/issues were:

- Emergency Department - 7 complaints with 21 concerns
- Urology – 5 complaints with 24 concerns
- General Surgery – 4 Complaints with 14 concerns

Complaints received by month

(Bar chart: Oct-18 through Sep-19)
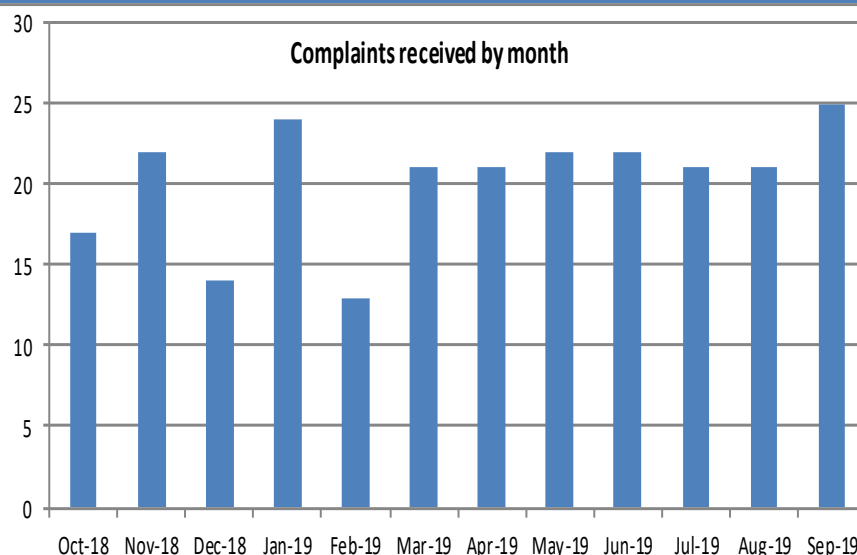
Formal Complaints

Number of formal complaint issues by division.

This graph shows the breakdown of concerns by month for each division.

S&C: 74

DCSS: 6

W&CD: 0

DMEC: 53

CCICP: 0

Categories received by Division
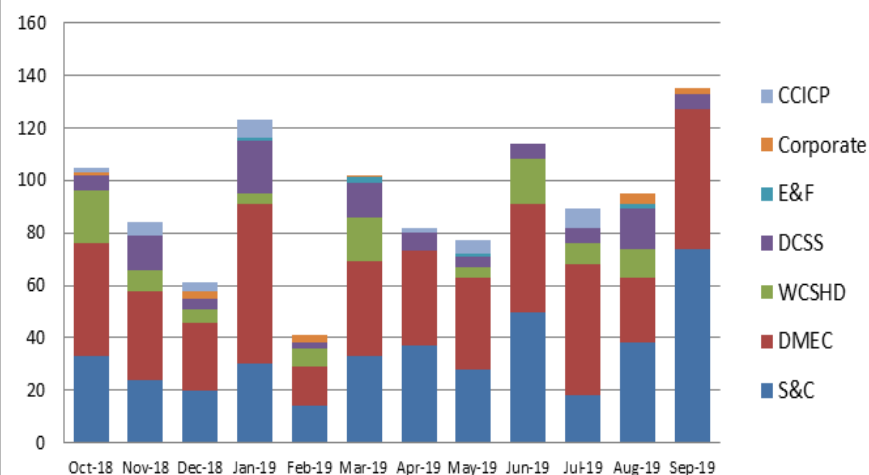
(Stacked bar chart: Oct-18 through Sep-19; legend: CCICP, Corporate, E&F, DCSS, WCSHD, DMEC, S&C)

Formal Complaint issues by division

Description	Aggregate Position/Description	Trend

New complaints raised with the Public Health Service Ombudsman

In September 2019, there were no new complaints opened with the Parliamentary Health Service Ombudsman (PHSO).

There are 2 cases which are at the investigation stage.

In the last rolling 12 months we have had 3 cases with the PHSO of which none to date have been upheld.

New complaints raised with the Ombudsman
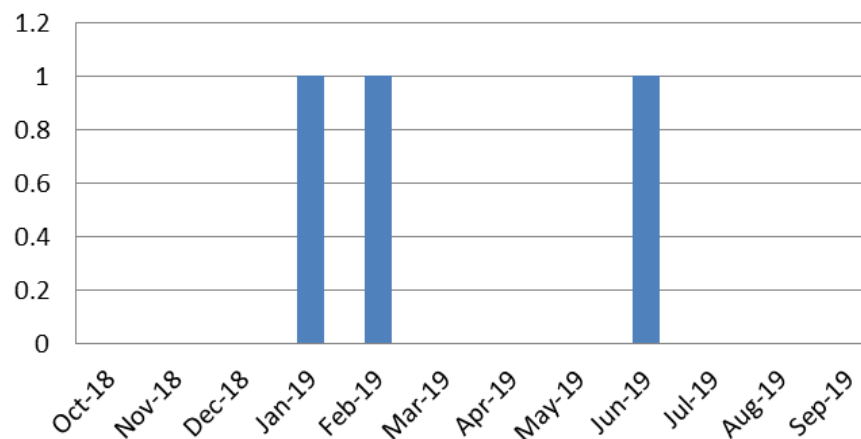
Ombudsman

Complaint trends and number of issues.

The main trends in September 2019 were:-

Communication - 38 concerns raised over 14 complaints. 12 of these concerns were related communication with patients face to face.

Medical Care - 30 concerns over 17 complaints. 10 of these concerns related to medical care adverse outcome.

Nursing Care - 19 concerns over 6 complaints. 6 of these concerns related to nursing care other and 5 to nursing care nutrition.

Complaint trends and number of issues
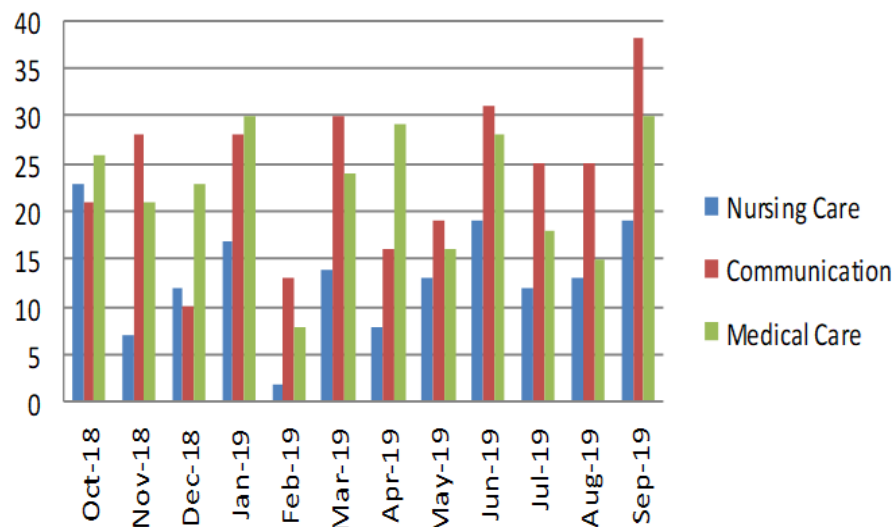
- Nursing Care
- Communication
- Medical Care

Complaint Trends

Description	Aggregate Position/Description	Trend

Closed Complaints

In September 2019, 23 complaints were closed, 1 of which was a re-opened complaint.

Closed complaints by month

	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Upheld	4	4	4	5	4	6	7	4	6	6	6	5
Partially Upheld	9	10	5	7	11	6	5	8	9	14	16	15
Not upheld	7	4	6	4	8	4	2	7	4	6	7	3
Withdrawn	1	1	0	0	0	2	1	1	0	0	0	0
Referred to HR	1	0	0	0	0	0	0	0	0	0	0	0
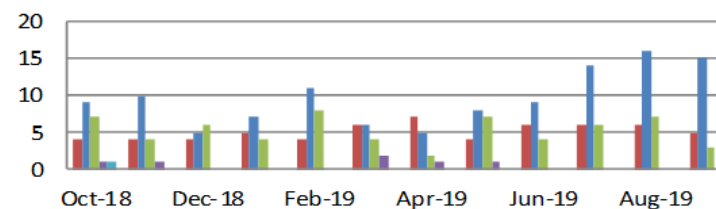
Closed Complaints

Closed complaints by Division

The table provides a breakdown of closed complaints for September 2019 by division.

The table also identifies the outcome of the complaint in terms of which complaints were upheld, not upheld, partially upheld or referred to Human Resources (HR)

Division	Upheld	Partially Upheld	Not Upheld	Withdrawn	Ref HR	Sub-Total
DMEC	3	4	2	0	0	9
Corporate	0	1	0	0	0	1
Surgery & Cancer	1	4	0	0	0	5
Women & Children's	1	3	1	0	0	5
DCSS	0	1	0	0	0	1
CCICP	0	2	0	0	0	2
					Total closed = 23	

Board Papers – Quality, Safety & Experience Section: November 2019

Closed Complaints September 2019 - Table removed under Section 40 of the Freedom of Information Act

Description	Aggregate Position/Description	Trend

Informal concerns numbers.

The number of contacts raising informal concerns for September 2019 was 83 raising 143 individual concerns.

The Division of Medicine and Emergency Care received the highest number of overall concerns at 65, with the Surgery and Cancer Division receiving 35.

The Emergency Department received the largest number of individual concerns at 28 which were raised from 13 contacts.

Gastroenterology received 12 concerns from 5 contacts.

Ophthalmology received 8 concerns from 5 contacts..

Contacts raising informal concerns
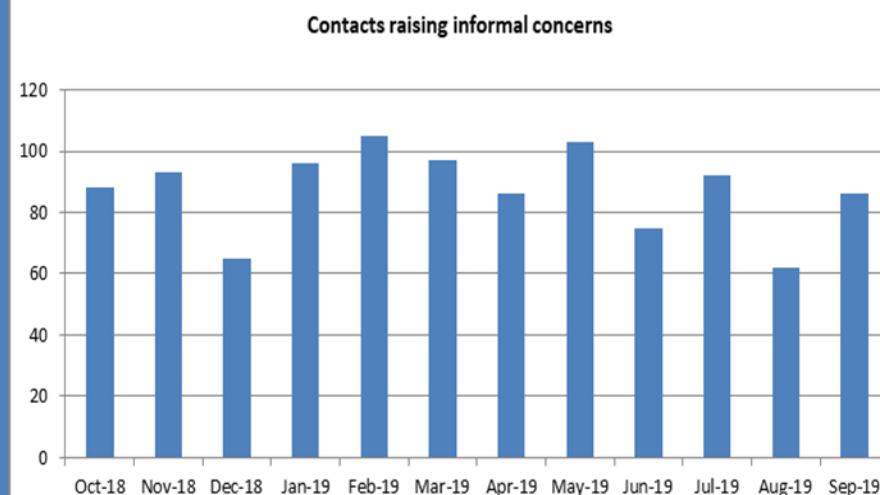
Informal concerns numbers

Informal concerns trends.

Care and communication were the highest trends for informal concerns in September 2019.

32 care issues raised:
20 related to medical care, of which 6 relate to the Emergency Department.

12 relate to nursing care, 5 of which relate to the Emergency Department and 2 to Ward 10 and Ward 23.

30 communication issues raised:
12 related to communication with patients face to face, 8 to communication with patients telephone and 4 to relatives written.12 relate to the Division of Medicine and Emergency Care and 9 to Surgery and Cancer Division.

Trends of informal complaints
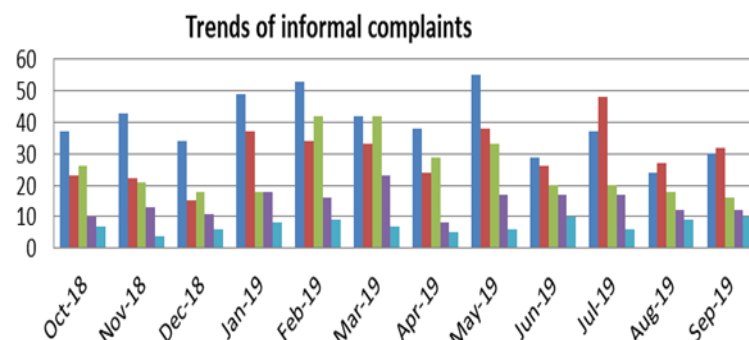
Informal concerns trends

	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Communication	37	43	34	49	53	42	38	55	29	37	24	30
Care	23	22	15	37	34	33	24	38	26	48	27	32
Appointments	26	21	18	18	42	42	29	33	20	20	18	16
Attitude of Staff	10	13	11	18	16	23	8	17	17	17	12	12
Treatment	7	4	6	8	9	7	5	6	10	6	9	10

Board Papers – Quality, Safety & Experience Section: November 2019

Description	Aggregate Position/Description	Trend

New claims received.

In September 2019, 1 new clinical negligence claim was received. This related to:

- Medicine and Emergency Care – Emergency Department

No new employer's liability claims were received.

1 new public liability claim was received. This related to:

- Estates and Facilities

New claims by month
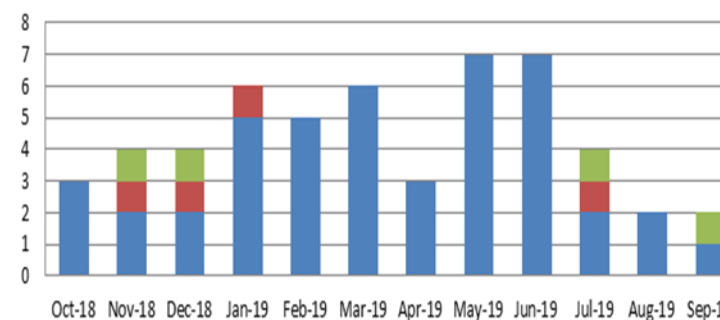
	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Public Liability	0	1	1	0	0	0	0	0	0	1	0	1
Employer's Liability	0	1	1	1	0	0	0	0	0	1	0	0
Clinical	3	2	2	5	5	6	3	7	7	2	2	1

Claims

Claims closed with/without damages.

In September 2019 the following claims were closed with/without damages:-

2 clinical negligence claims were closed, 1 of which was upheld.

2 employer's liability claims were closed, both of which were successfully defended.

No public liability claims were closed.

Claims closed with/without damages by month
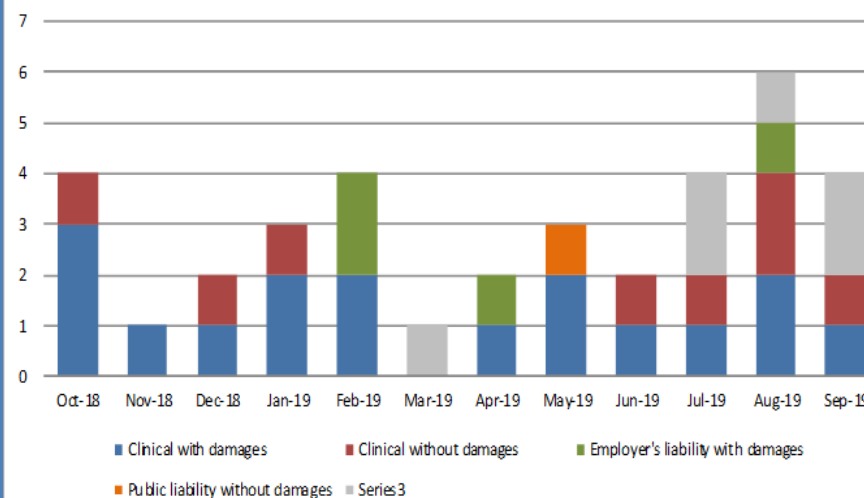
Clinical with damages   Clinical without damages   Employer's liability with damages
Public liability without damages   Series 3

Closed Claims

NHS
Mid Cheshire Hospitals
NHS Foundation Trust

Description | **Aggregate Position/Description** | **Trend**

Value of claims closed by month

In September 2019 damages of £50,000 were paid out on1 clinical negligence claim.

Narrative removed under Section 40 of the Freedom of Information Act.

Value of claims by month

	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Clinical damages paid £	58,737	5,000	5,585	5,251,78	30,103	0	37,043	46,250	£16,288	50,000	315,153	50,000
Employer's liability paid £	0	0	0	0	0	0	1,500	0	0	0	2,000	0
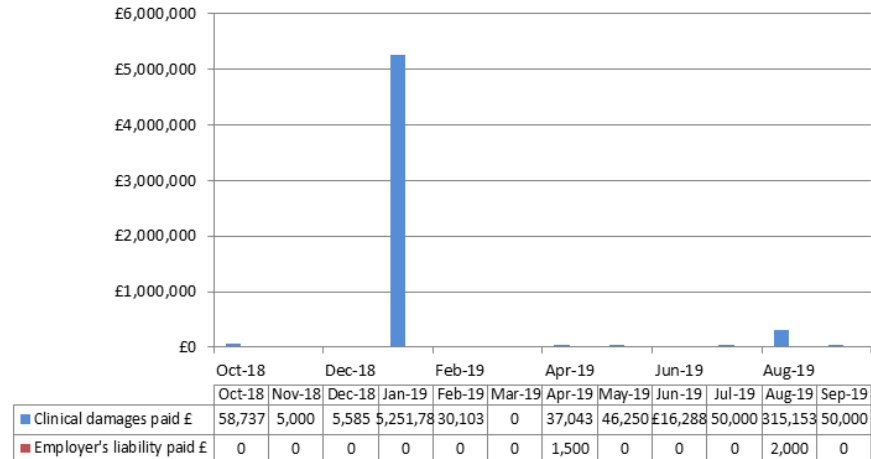
Value of claims

Top five claims by Specialty

In September 2019, 1 new claim was received which relates to the Trust's top five specialties for claims:

Narrative removed under Section 40 of the Freedom of Information Act.

Top five claims by speciality

	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
General Surgery	0	0	0	1	1	2	0	0	0	0	0	0
Obstetrics	1	0	1	0	0	0	0	1	1	0	0	0
Emergency Dept	0	0	0	1	1	1	1	0	0	0	2	1
Ophthalmology	0	0	0	0	0	0	0	0	0	1	0	0
Orthopaedics	0	0	0	1	0	0	1	1	1	0	0	0

Top 5 claims by specialty

Description	Aggregate Position /Description	Trend

Number of Inquests concluded by month

No inquests were concluded in September 2019.

Inquests concluded by month

Inquests

NHS Choices Star Ratings

NHS choices have decided to remove the average star ratings from the NHS website. Patients can still give star ratings for their individual experience in the same manner, but the overall star rating has been removed for the interim period.

NHS choices will be completing further research to identify what users think is the appropriate solution that gives a better indication of the service.

NHS Choices – Star Ratings

Board Papers – Quality, Safety & Experience Section: November 2019

Description	Aggregate Position /description	Trend

NHS Choices postings

There were 8 postings on NHS Choices in September 2019 of which 7 were positive, and 1 negative. Examples of comments:-

*****

"Cannot find the right words to express how grateful I am for the care, and kindness shown to me during my stay. From the lady who cleaned under my bed almost every day, to the ladies who served me my meals three times a day (which I might add contrary to what you hear and read about) were varied and well presented" (General Surgery)

*****

"The day of my surgery I was absolutely petrified. Each member of the team working with and including my gynaecology consultant was marvellous and explained everything that I was about to undergo. I was made to feel safe, secure and confident putting me at my ease. Thank you to all staff at Leighton for your care" (Gynaecology Surgery)

*****

"I would like to congratulate the hospital and staff regarding my experience. I was shown to the clinic by one of the volunteers and within a few minutes was shown into an examination room to be seen very promptly by the consultant. She was very approachable, thorough and sensitive to my presenting problems" (colorectal outpatient clinic)

NHS Choices - New postings

	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Positive	2	3	4	6	11	1	3	1	7	9	6	7
Negative	2	3	1	3	2	3	1	0	0	3	2	1
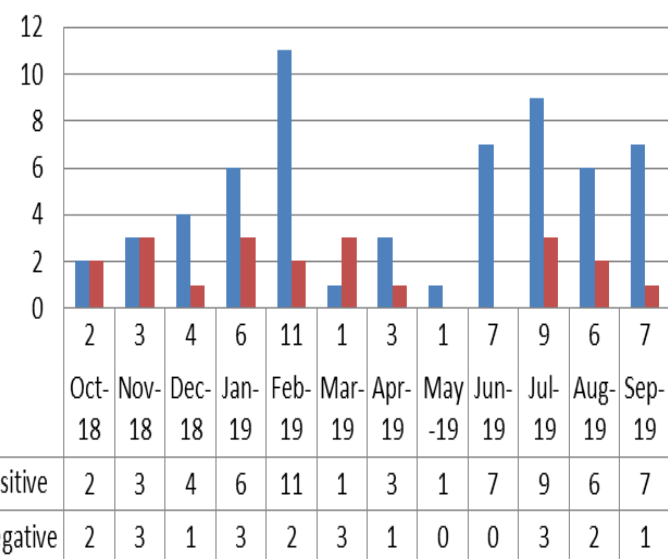
NHS Choices – Postings

The Family and Friends Test.

In September 2019 the Trust has scored the following positive response scores:

Emergency care /assessment areas 87%;

Inpatients and day cases 93%;

Outpatients 96%;

Maternity (Labour ward) 100%;

CCICP 88%.

Outpatients 96%. Due to complex technical difficulties SMS text messaging has been delayed until October/November. Final testing of the extract is now taking place.

Friends and Family Positive Scores

Legend: ED, MIU, UCC and Assessment Areas; Inpatient & Day Case; Outpatients; Positive Response Score - Labour Ward; CCICP
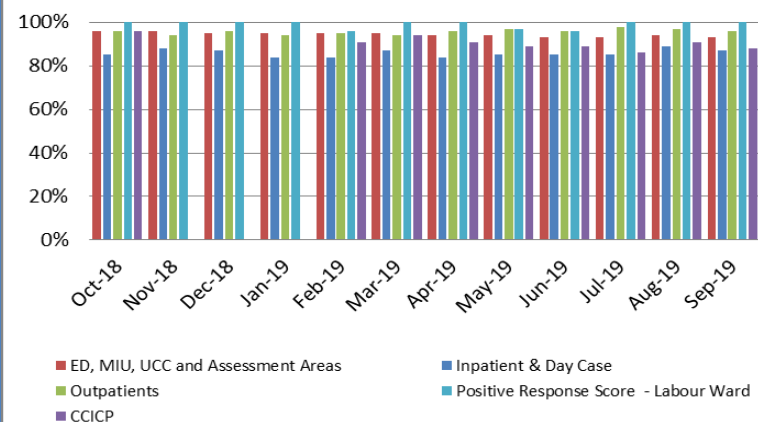
Family & Friends Test

Board Papers – Quality, Safety & Experience Section: November 2019

| Description | Aggregate Position /description | Trend |

Number of responses received for IP, Day Case, ED, maternity, outpatient compared to eligible patients.

August 2019 Ward/Dept.	% Response	Total responses received	How many would recommend
A&E , UCC & MIU	17%	1043	1195
CCICP	12%	760	666
Inpatients & Day cases	39%	1644	1536
Maternity	20%	49	49
Outpatients	2%	359	344

FFT response rates

- ED, MIU, UCC and Assessment Areas Response*
- Inpatient and Day Case
- Outpatients
- CCICP
- Maternity - Labour Ward

Family & Friends Test

Compliments received

There were 432 compliments received in September 2019. 32 of these were logged by the Customer Care Team and 400 received across the Trust.

'I would just like to take this opportunity to praise and thank the nurse/doctor who looked after my wife at Victoria Infirmary Northwich. We were walk-ins and she was very kind, gentle and not patronising at all. She is a testament to your team who made us feel very comfortable.'

'My friend was recently taken by ambulance to the ACU unit. From the moment he arrived on the unit, his treatment was FIRST CLASS and the team should be commended.
They treated him with both dignity and respect and despite being so busy with other patients, the consultant made him feel a priority in resolving his issues.'

Total number of compliments received

Compliments

Title of Paper:	Nursing and Midwifery Comprehensive Staffing Report	
Author:	Julie Tunney – Director of Nursing & Quality	
Executive Lead:	Julie Tunney - Director of Nursing & Quality	
Type of Report:	Concept Paper	
	Strategic Options Paper	
	Business Case	
	Information	✓
	Review/Benefits/Audit	✓

Link to Strategic Domains:			Link to Domain:	
Delivering Outstanding Clinical Quality, Safety & Experience	✓		Safe	✓
Being a Leading partner in a Progressive Health Economy			Effective	✓
Striving for Outstanding Organisational Effectiveness	✓		Caring	✓
Aspiring to Excellence in Practice Through Our Workforce	✓		Responsive	✓
Creating a 21st Century Infrastructure for Transformative Health and Social Care			Well-Led	✓

Link to Board Responsibility:	Performance	✓
	Accountability	✓
	Strategy	
	Implementation	

Action Required:	Decide	
	Approve	✓
	Note	✓
	Recommend	
	Delegate	

Positive Benefit:	Assurance of safe staffing levels across Nursing and Midwifery
Risk:	-

To be published on Trust Website –complete version	Y
If no, to be published on Trust Website – redacted	n/a
If not to be published complete or redacted, please detail the reason why	
Presented at Board Meeting of:	4 November 2019

1. Introduction

This paper provides the required assurance that Mid Cheshire Hospitals NHS Foundation Trust (MCHFT) plans safe nursing, midwifery and care staffing levels across all in-patient ward areas and that there are appropriate systems in place to manage the demand for nursing, midwifery and care staffing.

In order to provide transparency, the paper provides detail of the strategic staffing reviews undertaken in line with the National Quality Boards (NQB) requirements (2013 & 2016) to review nursing and midwifery staffing as a quality and performance measure and details the bi-annual patient acuity data from both January and June 2019.

The NQB expectations set out in their guide to nursing, midwifery and care staffing capacity and capability (2016) that boards take full responsibility for the quality and care provided to patients and as a key determinant of quality take full and collective responsibility for nursing, midwifery and care staffing capability and capacity. As part of the Trust's standard requirements of the NHS contract, workforce reviews must be undertaken bi-annually and the results and recommendations taken through the public Trust Board.

In addition to this, MCHFT Trust Board reviews safe staffing levels every month via the Patient Quality, Safety and Experience Report, which includes monthly fill rates for registered and unregistered staff, Care Hours per Patient Day (CHPPD) triangulated to patient harms and actions taken to address shortfalls.

2. Background

In 2013 the NQB set safe staffing guidance, in which there is a framework of ten expectations that organisations and staff should use to make decisions about staffing that puts patients first. Expectation seven relates to monthly staffing data checks, bi-annual reviews and annual reporting.

In 2016 the NQB built on this guidance and provided an updated safe staffing resource that is underpinned by three principles -
- Right care
- Minimising avoidable harm
- Maximising the value of available resource

This revised resource explains that the key to high quality care for all is held within the ability to deliver services that are well led and sustainable. It describes as set out in the Five Year Forward View (2014) that it is vital that we have a single shared goal to maintain and improve quality to improve health outcome and to do this within the financial resources entrusted to MCHFT.

In October 2018 NHS Improvement (NHSI) produced further guidance within the Developing Workforce Safeguards document. This guidance reinforces that providers must formally ensure NQB's 2016 guidance is embedded, safe staffing processes are in place and ensure that the annual governance statement in relation to governance processes being safe and sustainable is confirmed. It also states that there should be a locally agreed quality dashboard that cross-checks of comparative data on staffing and skill mix with other efficiency and quality metrics.

In addition to this the NHS Long Term Plan (2019) outlines a number of specific workforce actions developed by NHS Improvement that could have a positive impact, two relevant actions are:

- Ensure that you have enough people with the right skills and experience, so that staff have the time they need to care for patients well.
- Ensure that people have rewarding jobs, work in a positive culture, with an opportunity to develop their skills and use state of the art equipment and have the support to manage complex and often stressful nature of delivering healthcare.

In this context, MCHFT completed staffing reviews that took into account the detailed requirements of the NQB guidance and NHSI Developing Workforce Safeguards document and were performed between February and July 2019 led by the Director of Nursing and Quality, Deputy Director of Nursing and Quality, Divisional Head of Nursing and Matrons.

In addition to this work the Emergency Department (ED) have completed its first acuity review in January 2019 using the Baseline Emergency Staffing Tool (BEST) (RCN 2013). This audit allows ED's to define the disparity between staffing numbers and patient acuity/workload.

For CCICP a review has taken place covering the 5 care communities with a focus on acuity within the district nurse services. This is the first acuity review for CCICP.

In line with the NQB (2016) recommendations, the template used took account of the following factors for the period of assessment and triangulated this information against the harm free care data:

- *Bed occupancy rates*
- *Total budgeted establishment*
- *WTE based on January and June 2018 acuity and dependency*
- *Ward based Registered Nurses*
- *Ward based Health Care Assistants*
- *Skill mix*
- *WTE per bed*
- *Registered Nurse ratio per bed Mon-Fri*
- *Registered Nurse ratio per bed Sat/Sun*
- *Registered Nurse ratio per bed nights*
- *Allied Health Professionals*
- *Pressure ulcers*
- *Falls*
- *Medication incidents*
- *Complaints*
- *Friends and Family scores*
- *Ward attenders*
- *Sickness & Absence rates*
- *Vacancy rates*

3. Methodology

In 2001 the Audit Commission recommended that establishment setting, regardless of the method, must be simple, transparent, integrated, benchmarked and linked to ward outcomes.

NICE Guidance in July 2014 (NICE Guidance: Safe Staffing for nurses in adult in-patient wards SG1) described that there is no single nursing staff-to-patient ratio that can be applied across the whole range of wards to safely meet patients' nursing needs. Each ward has to determine its nursing staff requirements to ensure safe patient care.

The guideline made recommendations about the factors that should be systematically assessed at ward level to determine the nursing staff establishment. It recommends on-the-day assessments of nursing staff requirements to ensure that the nursing needs of individual patients are met throughout a 24-hour period.

Further guidance published by the Shelford Group of Hospitals the Safer Nursing Care Tool (SNCT) (2015) described an evidence based tool that enables nurses to assess patient acuity and dependency, incorporating a staffing multiplier to ensure that nursing establishments reflect patient needs in acuity/dependency terms. At MCHFT we have utilised this model since 2007 when it was then named the Association of UK University Hospitals (AUKUH) Tool. The tool measures patient dependency and is then supported by the professional judgement of the ward leader. The Trust was an early adopter of this tool and our preference for using this tool was and remains in recognition of its sensitivity and ability to provide information based on actual patient needs as opposed to averages and bed ratios and that this information could be aligned to Patient Safety and Experience data.

In addition, each ward establishment meets the need to have built within it uplifts that enable the compliment of staff to absorb annual leave, short term sickness and study leave without the need to use temporary staff. The Trust's ward budgets are uplifted by 21%- 25% to support training, annual leave and sickness. However it has been identified that there are some variances with this uplift across some areas which will be explored during 2020/21 budget setting to understand if this variance is justified.

The SNCT was used for adult areas, whereas other tools were used for paediatrics and maternity. The tools used are described in the sections below;

3.1 Adults

The results of the acuity data undertaken in January and June 2019 have been examined and triangulated as previously described using the SNCT. The SNCT is an evidenced based tool that enables nurse to assess acuity and dependency incorporating a staffing multiplier to ensure that nursing establishments reflect patients' needs in acuity/dependency terms; it also covers two seasons of the year. The tool is used in conjunction with nurse sensitive indicators such as patient falls and pressure ulcers as indicated in section 2. In addition to this the tool can also be used to benchmark across other trusts.

Within the SNCT the level of care is then equated to the required number (WTE, whole time equivalent) of staff at the time. This can then be calculated to provide a final staffing requirement for each ward as follows:

Level of care	WTE
0	0.99
1a	1.39
1b	1.72
2	1.97

3.2 Paediatrics

3.2.1 Children's in patient ward -The System to Escalate and Monitor (STEAM) is a paediatric approved tool designed to measure the clinical intensity of patients on a paediatric ward. The tool is completed electronically every four hours. Once the tool is completed it provides the following staffing assessments;

- Positive staffing: where there was a higher staff to patient ratio based on the acuity of the patient
- Negative staffing: where there was lower staff to patient ratio based on the acuity of the patient

3.2.2 Neonatal Intensive Care Unit (NICU) - Acuity on the NICU is measured using the BAPM (British Association of Perinatal Medicine) tool and recorded on the Badgernet system. This tool shows the neonatal nursing numbers against actual cot occupancy figures and the level of dependency of the neonate. The data is inputted twice daily highlighting both day and night staffing numbers.

3.3 Maternity

The Birthrate Plus (BR+) intrapartum acuity tool has been used at MCHFT for several years. It is based on an understanding of the total midwifery time required to care for women based on a minimum standard of providing one-to-one midwifery care throughout established labour.

The principles underpinning the BR+ methodology are consistent with the recommendations in the NICE safe staffing guideline for midwives in maternity settings, and have been endorsed by the Royal College of Midwives (RCM) and the Royal College of Obstetricians and Gynaecologists (RCOG).

BR+ acuity tool measures the workload for midwives arising from the needs of women, from admission to the labour ward in real time.

In 2019 an external BR+ assessment was commissioned which will review the midwifery staffing, taking into account case mix and acuity levels.

4. Acuity results by division

4.1 Medicine and Emergency Care Division

Table 1 shows the funded establishment, staffing needs and the Registered Nurse ratio for the wards in the Division of Medicine and Emergency Care between January 2019 and June 2019.

Table 1 Medicine & Emergency Care Division Acuity Data

	Funded Establishment (WTE staff providing clinical care)	Safer Nursing Care Tool (WTE) Acuity assessment	Difference Acuity / Funded Establishment staff providing clinical care	Registered nurse ratio day (night)
June 2019	341.23	346.13	-4.90	1:6-1:10 (1:10-1:16)
January 2019	342.01	356.01	-14.00	1:6-1:10 (1:10-1:16)
June 2018	339.92	347.73	-7.81	1:6-1:8
January 2018	339.92	355.55	-15.63	1:6-1:8

The results of the reviews highlighted that there was a total of 4 wards identified as having an increase in acuity and dependency with a similar variance to the reviews undertaken in 2018. However it is important to consider that each review is completed within different seasons of the year which can have an impact on acuity/dependency. Following the review it is clear that ward 7 have a deficit relating to the third Registered Nurse on nights, leaving a 1:16 ratio.

The figures above do not include the Emergency Department or Critical Care. However, these areas have undergone a full Strategic Staffing Review and following last year's annual planning investment rounds both received investments to provide a supernumerary Registered Nurse Shift Coordinator as recommended by the Care Quality Commission (CQC) and Cheshire & Merseyside Critical Care Network and Royal College of Nursing Standards (2003).

Actions to be progressed within the division are included within section five of this report.

4.1.1 Emergency Department

Table 1.1 shows the funded establishment, staffing needs and the Registered Nurse ratio for the ED and the results from a BEST Tool Audit which were completed between September and November 2018. The BEST Tool allows Emergency Departments to define the disparity between staffing numbers and patient acuity/workload at that time.

Table 1.1 Emergency Department

	Funded Establishment (WTE staff providing clinical care)	BEST Tool (WTE) Acuity assessment September 2018	BEST Tool (WTE) Acuity assessment November 2018	Difference Acuity / Funded Establishment staff providing clinical care
Senior Emergency/Emergency Charge Nurses (Band 7)	4	9.5	8.84	- 4.84
Emergency Nurses (Band 6)	8.26	29.26	26.53	-18.27
Foundation Staff Nurse (Band 5)	31.91	39.01	35.37	- 3.46
Clinical support workers (Band 2)	14.52 (Band 2)	19.51	17.69	- 3.17

The results of the review highlight that there is a deficit within each banding of care staff. During the review there are also a number of other factors that have been taken into account including activity levels within the Emergency Department. For this reason the investments already agreed by the Trust Board in 2018 (year 1) were 2.7 band 7, 10.79 band 5 and 17.48 band 2 staff.

4.2. Surgery & Cancer Division

Table 2 shows the funded establishment, staffing needs and the Registered Nurse ratio for the wards in the Division of Surgery and Cancer between January 2019 and June 2019.

Table 2 – Surgery & Cancer Division Acuity Data

	Funded Establishment (WTE staff providing clinical care)	Safer Nursing Care Tool assessment (WTE) Acuity	Difference Acuity / Funded Establishment staff providing clinical care	Registered nurse ratio day (night)
June 2019	220.57	220.11	0.46 (no escalation beds open)	1:8 Mon – Fri 1:9 -1:13 Sat & Sun (1:10-1:13)
January 2019	223.45	262.09	-38.64 (12 escalation beds on SAU)	1:8 Mon – Fri 1:9 -1:13 Sat & Sun (1:10-1:13)
June 2018	215.75	226.25	- 10.5	1:8 Mon – Fri 1:9 -1:10 Sat & Sun
January 2018	213.57	256.29	- 42.72 (12 escalation beds)	1:8 Mon – Fri 1:9 -1:10 Sat & Sun

The acuity data collected in January 2019 to June 2019 shows a deficit in staffing relating to acuity and dependency overall and in particular for 4 ward areas. It is important to note that from January 2019 and onwards there have been up to an additional twelve beds open on the Surgical Ambulatory Care Unit (SACU) and there have been between 15 and 27 medical outliers in surgical beds. However at the time of completing the June acuity review there were no escalation beds open, medical outliers were minimal and the orthopaedic elective ward had capacity. Following the acuity review it was clear that ward 13 continues to have a deficit relating to weekend cover on day shifts for Registered Nurses (1:10.7 ratio) and ward 10 a deficit relating to the total number of Healthcare Assistants on Night duty (1:9.75 ratio).

Actions to be progressed within the division are included within section five of this report.

4.3 Diagnostic and Clinical Support Services Division

Table 3 shows the funded establishment, staffing needs and the Registered Nurse ratio for the wards in the Division of Diagnostic and Clinical Support Services in January 2019 and June 2019.

Table 3 – Diagnostic and Clinical Support Services Division Acuity Data

	Funded Establishment (WTE staff providing clinical care)	Safer Nursing Care Tool assessment (WTE) Acuity	Difference Acuity / Funded Establishment staff providing clinical care	Registered nurse ratio (day)
June 2019	71.61	70.2	+1.41	1:8
January 2019	71.49	70.99	+0.5	1:8
June 2018	80.61	81.52	-0.91	1:8
January 2018	78.96	81.52	-2.56	1:8

Both ward 21b and Elmhurst Intermediate Care Centre have been included in this review for the second year running. In 2018 the results were benchmarked against the full establishments and in 2019 against staff providing clinical care only in line with other divisions. This is the reason for the difference in establishment figures in years.

The results of the review highlighted that ward 21b was identified as having no increase in acuity and dependency, when compared to 2018. This gap has closed due to the development of the Pharmacy Technician role and the investment in Health Care Assistants. The ward is, however, seeing a changing cohort of patients with an increase in length of stay whilst patient wait for packages of care. Whilst such patients have low acuity in terms of medical needs there are often significant care needs to ensure that patient safety is maintained.

Actions to be progressed within the division are included within section five of this report.

4.4 Women & Children's Division

4.4.1 Paediatric Acuity

Table 4 shows the funded establishment, percentage of shifts filled and the Registered Nurse ratio for the Children's in patient area in the Division of Women's and Children's Services in January 2019 and June 2019.

Table 4 – Paediatric Acuity Data

	Funded Establishment (WTE staff providing clinical care)	% of shifts filled described as negative or positive by STEAM tool	Registered nurse ratio (day and night)
June 2019	45.26	52% of shifts positively staffed 48% of shifts negatively staffed	1:3 for under 2 years of age 1:4 for 2 years of age and over
January 2019	46.37	32% of shifts positively staffed 68% of shifts negatively staffed	1:3 for under 2 years of age 1:4 for 2 years of age and over
June 2018	45.93	75% of shifts positively staffed 25% of shifts negatively staffed	1:3 for under 2 years of age 1:4 for 2 years of age and over
January 2018	42.66	43 % of shifts negatively staffed 57% of shifts positively staffed	1:3 for under 2 years of age 1:4 for 2 years of age and over

The acuity and dependency on the Children's inpatient area varies significantly throughout the year and there is no pattern to assist with prediction of acuity, as outlined above in the 2019 reviews. The division reviews this data every 4 hours and alters the staffing requirements accordingly. They also present a quarterly staffing report to its Divisional Board and Paediatric Governance Group. The paediatric inpatient ward although not positively staffed on all occasions was deemed to be safe using the skill mix of staff available at the time. The division are also currently reviewing the impact of establishing a four bedded High Dependency Unit and what the potential staffing implications are for this unit in the future.

The division plan to triangulate the data from STEAM with the RCN defining staffing levels for Children and Young People's services (2013).

4.4.2 Maternity

The Birth Rate Plus (BR+) Intrapartum Acuity Tool provides an objective assessment of the complexity and risk of women during intrapartum care, in order to calculate the number of midwives required to achieve the agreed staffing standard of one midwife to one woman during labour and delivery.

Labour Ward calculate the acuity for the High Risk (HR Acuity) area alone and for the Labour Ward Suite (Escalation Acuity) every 2 hrs, using the escalation guideline to manage risk in realtime.

High Risk Acuity (Includes High risk labour rooms, theatre, Induction of Labour suite and Triage)
Escalation Acuity - Includes all above and Midwifery Led Unit

The aim is to pro-actively manage the workload and staffing to achieve a positive acuity, which equals a safe standard of care.

Table 5 – Midwifery Acuity Data

Date	Acuity Results
June 2019	Midwifery staffing less than acuity 13% Midwifery staffing meets acuity 87%
January 2019	Staffing less than acuity 11% Staffing meets acuity 89%
June 2018	Staffing less than acuity 5% Staffing meets acuity 95%
January 2018	Staffing less than acuity 4% Staffing meets acuity 96%

By proactively managing the workload these figures show that adequate measures were put in place to maintain safe staffing on the labour ward areas for both low and high risk women.

The current BR+ external review is in its preliminary stages with a final report being available end of October 2019. The divisional team have also been asked to factor in the acquisition of up to 350 women which have been transferred over to our service following the closure of 1 to 1 Midwifery Services. This will potentially impact the current workload and acuity score in the future.

4.4.3 Neonatal Intensive Care Unit (NICU)

Table 6 shows the funded establishment, percentage of shifts filled and the Registered Nurse ratio for NICU in the Division of Women's and Children's services in January 2019 and June 2019.

Table 6 – NICU Acuity Data

	Funded Establishment (WTE staff providing clinical care)	% of shifts filled described as negative, adequate or positive by BAPM tool
June 2019	28.95	• 38.3% of shifts adequately staffed • 16.7% of shifts negatively staffed • 45% of shifts positively staffed
January 2019	27.93	• 8% of shifts adequately staffed • 3% of shifts negatively staffed • 89% of shifts positively staffed
June 2018	27.64	• 30% of shifts adequately staffed • 55% of shifts positively staffed • 15% of shifts negatively staffed
January 2018	25.78	• 16% of shifts adequately staffed • 7% of shifts positively staffed • 77% of shifts negatively staffed

The acuity and dependency on NICU varies significantly throughout the year and there is no real pattern to assist with prediction of acuity, as outlined above in 2019. The division reviews this data every 12 hours and alters the staffing requirements accordingly. They also present a quarterly staffing report to its Divisional Board and Paediatric Governance Group. Although NICU was not positively staffed on all occasions it was deemed to be safe using the skill mix of staff available at the time.

4.4.4 Central Cheshire Integrated Care Partnership (CCICP)

Table 7 shows the establishment and acuity for each Care Community from March 2019 and July 2019. The below caseload figures have been obtained manually by team leaders and should be taken as a guide only, the implementation of Malinko (electronic case load tool) will enable CCICP to have an accurate reflection of caseload requirements in the future.

Table 7- CCICP data

	Northwich		Crewe		Nantwich		SMASH		Winsford	
Population	72.382		87.005		33.435		67.206		35.448	
Registered Budgeted Staffing WTE March 2019 Band 5, 6 and 7	23.13		26.18		12.95		22.14		11.00	
Registered Budgeted Staffing WTE July 2019 Band 5, 6 and 7	24.03		27.18		13.95		22.94		12.50	
Non-Registered Budgeted Staffing WTE March 2019	2.88		4.34		1.60		2.84		1.8	
Non-Registered Budget WTE July 2019	2.88		4.34		1.60		2.84		1.8	
Staffing in accordance with 1000 population March 2019	0.32		0.3		0.39		0.33		0.31	
Staffing in accordance with 1000 population July 2019	0.33		0.31		0.42		0.34		0.35	
Number on Caseload	633		938		531		457		294	
Caseload per 1000 population	8.75		10.78		15.88		6.8		8.29	
Caseload aligned to band 6 caseload manger	No		No		No		No		Yes	
Aligned Residential Beds	413		174		270		214		185	
Capacity and Demand	March 2019	July 2019	March 2019	July 2019	March 2019	July 2019	March 2019	July 2019	March 2019	July 2019
Rag Rating Red %	15%	5%	0%	0%	0%	0%	0.61%	0%	0%	0%
Rag Rating Amber %	69%	75%	50%	80%	10%	16%	34.4%	37%	44%	25%
Rag Rating Green %	30%	20%	50%	20%	90%	84%	64.9%	63%	56%	75%

The Rag Rating score in table 7 is based on assessment criteria to identify patients that sit in specific categories of priority/need. Priority 1 patients are identified as high-risk patients that cannot have visits deferred; Priority 2 patients are patients that would be impacted through deferring visits, but no harm would be caused; and Priority 3 patients are patients that can safely have their visits deferred to another day.

The rag rating scores are as follows:-

Green – There is capacity within the service to meet workload without deferring any visits.
Amber – The team can meet daily workload but will need to defer low priority visits
Red – Unable to meet daily workload even when low priority visits are deferred.

The acuity review has highlighted that only Winsford Care Community aligns its caseload management to band 6 managers. It is worth noting that Northwich has considerably more care home beds aligned to them. In relation to the capacity and demand tool both Northwich and Crewe Care Communities defer visits on a regular basis, however this is based on professional judgement and is open to interpretation, the introduction of the malinko system which will support work allocation and scheduling.

5. Strategic Staffing Reviews – agreed actions

The divisional nursing actions and recommended investments following the strategic staffing and establishment reviews undertaken in January 2019 to June 2019 are as follows:

5.1 Medicine and Emergency Care Division

Investments recommended:

- Ward 7 - To fund the third Registered Nurse on Night duty, seven days a week

Divisional actions agreed:

- Review supernumerary co-ordinator role across all ward areas
- ED continue with BEST acuity tool on a bi-annual basis
- Add sickness/vacancy to acuity template for future reviews
- Continue with rotation post between Critical Care and Ward 5 (respiratory)
- Consider funding security staff for ward 14 to reduce the use of outsourced security agency
- To continue to actively recruit into all vacancies
- Review the Pharmacy Technician role across the divisions

5.2 Surgery and Cancer Division

Investments recommended:

- Increase to 5 Registered Nurses on weekend shifts for ward 13 in line with all other ward areas and increase to 5 HCA on night duty on ward 10.

Divisional actions agreed:

- Continue to actively recruit to all Registered Nurse/Healthcare Assistant vacancies namely on wards 10, 12 & 13
- Engage in discussions with regards to unfunded ward attender clinics, namely on wards 9, 12, 13 & 18
- Review impact on high levels of medically boarded patients and potential bed modelling review.

5.3 Diagnostics and Support Services Division

Investments recommended:

- Nil.

Divisional actions agreed:

- Potential for an additional Healthcare Assistant on night duty to reduce 1:1 special requirements
- Deep dive into medication errors on 21b in relation to bank and agency staff
- Deep dive into falls at Elmhurst
- Scope out options for a rehabilitation acuity tool to identify requirements at Elmhurst
- Add Allied Health Professional column to acuity tool to support acuity reviews in the future

5.4 Women & Children's Division

Investment recommended:

- Awaiting outcome of BR+ external review

Divisional actions agreed:

- Review of Paediatric High Dependency Unit model and potential staffing options

Page **15** of **19**

5.5 Central Cheshire Integrated Care Partnership (CCICP)

Investments recommended:

- Await implementation of Malinko system to identify future establishment requirements.

Divisional actions agreed:

- Implement band 6 caseload management
- Review of ambulatory wound care provision
- Review Tissue Viability Service
- Review catheter care across all care communities
- Review of insulin administration across all care communities

6. Workforce Plans

It is acknowledged that there is a national shortage of Registered Nurses and that the majority of Care Provider organisations are facing the same challenges in filling registered nursing vacancies.

To actively address this, and to provide assurance to the Trust Board of Directors, the Trust has a number of short, medium and long term actions in place. Table 8 outlines these actions in years of achievement and future plans.

Table 8

2019/20 Achievements	2020/21 Future Plans
Funding agreed for International Recruitment, 43 post offered. Introduction of a UK adaptation programme- 11 candidates recruited	Further International recruitment given the potential success of first cohort.
Return to practice programme with experienced nurses in post and in dedicated wards where they intend to practice on re-qualification – 11 candidates recruited.	Embed the Registered Nurse Apprenticeship degree programme.
Commencement of Registered Nurse Apprenticeship training – September 2019 – cohort of 20.	Continued recruitment of trainee Nursing Associates.
Implementation of non-traditional roles to provide support to wards, such as physiotherapists, pharmacy technicians and therapy assistance.	Further recruitment of alternative roles to complement the multi disciplinary team.
Implementation of full induction programme for newly appointed Registered Nurses.	Roll out of 'Reaching Your Potential' and Succession Planning across all disciplines.
Looking after staff - Health and Wellbeing strategy, self-roster & ESR self service. Building on our reputation - employer of choice, social media & staff survey feedback.	Continue roll out of the e-Roster system including benefits realisation and compliance with Attain (NHSI 2019).
Responding to generational choices - career development & talent management.	Development of new Workforce models at scale - Advanced Practice.
The implementation of an e-Rostering - Electronic Health Roster/Safe care. Flexible working arrangements where possible	Review of the current Retire & Return Policy.
Trust attendance at job fairs and school career fairs	Retention projects to focus on Staff Health and Wellbeing.

:

7. E-Rostering position

The e-Rostering project was launched in the Trust in November 2018 with scope to implement across the Nursing and Midwifery workforce. The project plan was an initial roll out across 5 inpatient wards, with a full roll out to 20 wards to date with a total of 825 staff rostered as of September 2019.

To date the project has seen the following benefits:-

- Improved rostering practices with rosters 6 weeks in advance that improved opportunity to securing bank and agency workers to fill gaps.
- Standardisation of shift times.
- Compliance with WTD as substantive and bank hours now combined.
- Pro-active management of annual leave to ensure that every shift has an experienced, substantive staff member who could take charge of the ward.
- Increased use of substantive staff contracted hours leading to better productivity.
- Increased visibility of staffing issues and redeployment across wards to fill gaps.
- e-Rostering system is linked to the bank system so bank shifts match the demand template to prevent overbooking.
- Roster managers trained to use the auto-roster option in the software to reduce administration time and release time to care.
- Through education, roster managers have improved knowledge and understanding of headroom, demand and CHPPD and KPIs.
- Simplified electronic payroll processes and improved payroll accuracy.
- Review of demand templates with divisional finance teams to align budgets.

Safe Care Live - The e-Rostering team have taken a bespoke approach by implementing the attendance element as part of e-Rostering roll out. This facilitates the move towards a 'Live Daily Staffing Status' across the organisation. In order to achieve the full operational benefits the second phase 'Acuity Driven Staffing', which calculates required staffing numbers from patient acuity 3 times a day.

8. Finance

The financial impact can be seen in the table below:-

| | | £000's | |
Investment Request	Equivalent WTE	19/20 Dec - Mar	20/21 Full Year
Ward 13 - Increase to 5 Registered Nurses on weekend.	0.81	13	40
Ward 10 - Increase to 5 HCA's on night duty	2.8	32	95
Ward 7 - Additional RN on nights	2.8	43	130
Total Investment	**6.41**	**88**	**265**

The impact for 2019/20 is £88k, this pressure will be managed in year as part of the overall financial position, and for 2020/21, with the recurring funding incorporated into the assessment of the total nursing budget requirements as part of 2020/21 financial plan.

The costings are at mid-point and include associated enhancements, cover for annual leave, sickness bank holidays and training.

9. Conclusion

The Trust has seen a growth in patient acuity and dependency year on year across a number of adult wards with a number of areas having agreed investment in 2019.

In addition to this, there are 3 ward areas that are not at the nationally recommended care staff ratios, as outlined within the 2019 acuity reviews. The 3 areas have been reviewed against their current budgetary spend and mitigations in place. In terms of patient safety, the executive team have acknowledged the areas not at the recommended levels and have no risk appetite to wait 6 months for the 2020-21 budget to resolve. The establishment staffing ratios in the 3 areas will be increased with immediate effect and managed within the overall financial position for 2019/20, with the recurring funding incorporated into the assessment of the total nursing budget requirements as part of 2020/21 financial plan.

To continue our ambition for consistency across all wards, the assessment of acuity and dependency will continue to be the driver to ensure safe and sustained staffing levels. The inclusion of the acuity reviews in both the Emergency Department and Community District Nursing services has given invaluable information into the requirements of both services and the potential drivers for improvement. The results of the BR+ report will be reviewed in Quarter 3 (2019).

The priority area of focus remains the recruitment and retention of Registered Nurses, Midwives, and care staff. Having such staff in post to the agreed funded ward establishments is the key to having the greatest impact on our ability to provide safe, high quality, cost effective care. Over the previous eighteen months there has been a focused investment in new and innovative approaches to recruitment and retention as described. This focus will continue to be a high priority within the Trust.

Recommendations

The Board of Directors is asked to:-

- Note the work undertaken in relation to assurance of safe staffing across the wards as identified in the bi-annual reviews and the strategic staffing review.
- Note and support the required investments on wards 7, 10 and 13 prior to the annual plan 2020-2021 following the bi-annual Staffing Reviews in January and June 2019.
- Note and support the divisional actions being undertaken following the bi-annual Staffing Reviews in 2019.
- Support the recommendations that registered and unregistered nurse staffing levels need to be a continued area of incremental investment in line with evidenced based Reviews.
- Note that the report now includes a review of staffing across the Emergency Department and the District Nurse Community Services as agreed in 2018.

Page **19** of **19**

Title of Paper :	Guardian of Safe Working Hours Report (Q2)	
Author:	Derek Pegg, Guardian of Safe Working Hours	
Executive Lead:	Heather Barnett, Director of Workforce and OD	
Type of Report:	Concept Paper	
	Strategic Options Paper	
	Business Case	
	Information	✓
	Review/Benefits/Audit	

Link to Strategic Domains:		Link to Domain:	
Delivering Outstanding Clinical Quality, Safety & Experience		Safe	✓
Being a Leading partner in a Progressive Health Economy		Effective	
Striving for Outstanding Organisational Effectiveness		Caring	
Aspiring to Excellence in Practice Through Our Workforce	✓	Responsive	
Creating a 21st Century Infrastructure for Transformative Health and Social Care		Well-Led	✓

Link to Board Responsibility:	Performance	
	Accountability	✓
	Strategy	
	Implementation	

Action Required:	Decide	
	Approve	
	Note	✓
	Recommend	
	Delegate	

Positive Benefit:	Assurance that our Junior Doctors are working in accordance with the agreed Contract	
Risk:	Common themes associated with exception reports	
To be published on Trust Website –complete version	Yes	
If no, to be published on Trust Website – redacted	n/a	
If not to be published complete or redacted, please detail the reason why	n/a	
Presented at Board Meeting of:	4 November 2019	

Report from the

Guardian of Safe Working Hours

1st July 2019 – 30th September 2019

1. Introduction

To report progress with the 2016 junior doctors contract and the work of the Guardian of Safe Working Hours (GoSWH) to the Board.

The GoSWH is required to provide to the Board, a quarterly report which will include details of the including exceptions and fines.

2. Current Position

Since the new Junior Doctor's Contract went live in October 2016, the Trust has assimilated Doctors in Training on to the Contract in accordance with the schedules set out in the final contract agreement. This means that we currently employ doctors in training on both the old and the new contract.

NHS Employers and the BMA agreed a number of changes to the 2016 Terms and Conditions of Service for the junior doctors. On the 24th July 2019 the launch of the phased implementation timeline for the amendments was implemented. This has resulted in all 26 training grade rotas being reviewed to ensure compliance. 10 have been adjusted to comply with the December 2019 timeline. One further change will be required in February 2020 to ensure the trust is fully compliant.

3. Exception Reporting

The GoSWH is required to provide a Board report on a quarterly basis summarising exception reports being completed and ensuring that the Trust take appropriate action to address any significant issues identified in these report. The Board has been presented with previous GoSWH reports.

During the period **1st July 2019** to **30th September 2019** a total of **5** exception reports were received from **4** trainee doctors and the following table is a summary of those exceptions:

Reference	Summary of Exception	hours to be paid	Pay Cost (x1.5)	Fine Cost (x2.5)
62596	Hours & Rest	TOIL (1.0 hr)		
64371	Hours & Rest	TOIL (1.0 hr)		
65696	Hours, Rest & Education	TOIL (2.0 hr)		
65698	Hours, Rest & Education	TOIL (1.0 hr)		
65804	Hours & Rest	TOIL (2.5 hr)		
Total Cost to the Trust for the Reporting Period				**£0.00**

Of the **5** reported exceptions none were highlighted as an 'immediate safety concern'. **5** were closed with "time off in lieu" being granted.

Exception reporting is a contractual mechanism for junior doctors in training to report any unsafe working practices. This mechanism enables junior doctors to report patient safety, rostering and training concerns which should be dealt with in the required timescales.

The Educational Supervisor must respond to exception reports within 7 days of a report being submitted, in order to review and discuss the reasons with the trainee. This deadline on occasion is not being met.

The GoSWH is responsible and has the authority to action any exceptions reports that have not been responded to and that Junior Doctors receive appropriate feedback and support following submission of an exception report.

The GoSWH fines are levied on one or more of the following provisions:
   a) The 48 hour average weekly working limit
   b) Contractual limit on maximum of 72 hours worked within a 7 day consecutive period.
   c) Minimum 11 hours rest between shifts
   d) Where meal breaks are missed on more than 25% of occasions.

The running total of fines to date for the Trust during the 2019/20 financial year is set out in the below table.

	Fine Costs
Running Total Fines to Date for Q1 & Q2	£30.13

Under the amendments to the 2016 TCS the total rate of the guardian fine will now be based on the 2019 NHSi locum rates rather than the standard hourly rate of the doctor. This will see an increase in fines.

These fines are held by the GoSWH and will be used to improve the working lives of Doctors in Training. The Trust is not permitted to access the fines for any other reason.

4.   Conclusion

This is now the eleventh report by the GoSWH and it is concluded that the Trust continues to take appropriate steps to implement the new national contract and its' amendments for the junior doctors in training.

This period has seen a similar amount of exception reports submitted compared to the same period last year.

On behalf of Derek Pegg
30.09.2019

Title of Paper:		Preparations for Flu		
Author:				
Executive Lead:		Heather Barnett, Director of Workforce and OD		
Type of Report:		Concept Paper		
		Strategic Options Paper		
		Business Case		
		Information		x
		Review/Benefits/Audit		

Link to Strategic Domains:			Link to Domain:	
Delivering Outstanding Clinical Quality, Safety & Experience	x	Safe		x
Being a Leading partner in a Progressive Health Economy		Effective		
Striving for Outstanding Organisational Effectiveness		Caring		x
Aspiring to Excellence in Practice Through Our Workforce		Responsive		x
Creating a 21st Century Infrastructure for Transformative Health and Social Care		Well-Led		x

Link to Board Responsibility:	Performance	
	Accountability	x
	Strategy	
	Implementation	x

Action Required:	Decide	
	Approve	
	Note	x
	Recommend	
	Delegate	

Positive Benefit:	Comprehensive approach to flu vaccination
Risk:	Risk of staff and patients catching or transmitting flu

To be published on Trust Website –complete version	Y
If no, to be published on Trust Website – redacted	
If not to be published complete or redacted, please detail the reason why	
Presented at Board Meeting of:	4 November 2019

MCHFT Healthcare worker flu vaccination plan 2019

Response to NHS England and NHS Improvement

1. Introduction

- This document details the planned activity in place to support the 2019/20 flu vaccination campaign at Mid Cheshire Hospitals NHS Foundation Trust
- It serves to assure NHS England and NHS Improvement that all staff are offered the flu vaccine and how organisationally we will achieve the highest possible level of vaccine coverage this winter
- It is also to be used to appraise our Trust on the self-assessment of the best practice management checklist for public assurance in relation to flu vaccination uptake
- The Trust has been instructed by NHS England and NHS Improvement in a letter dated 17th September 2019 to publish a self-assessment for the Board that details our performance against the recommended practice checklist

2. Background

- In 2018/19, Mid Cheshire Hospitals NHS Foundation Trust achieved 76.3% uptake amongst frontline healthcare workers
- The Trust used a multicomponent approach to successfully deliver the campaign and to meet the CQUIN target
- This year, the CQUIN target has been increased to 80% of frontline healthcare workers and is to be achieved by 28th February 2020
- In addition, NHS England and NHS Improvement have set an ambition of 100% uptake

3. Key Considerations

Points to take into consideration in attempting to attain 100% uptake

- MCHFT has consistently achieved the CQUIN target with good levels of uptake across all frontline healthcare staff groups. There is the potential for a 100% target to be seen as a coercive approach
- Peer vaccinators can be subjected to some resentful even rude responses if staff are being revisited on a number of occasions
- Some staff have a genuine adverse reaction to the vaccine or a fear/phobia of needles whilst others may have concerns over the safety of the vaccine that can be difficult to overcome

- Unseasonably milder winters can affect or slow down rates of uptake
- Some staff perceive that the evidence does not prove the efficacy of the flu vaccine
- Commonly held misconceptions or myths can perpetuate amongst teams (e.g. " I had it last year and it gave me the flu" or " I'm generally fit and healthy so I won't catch flu")
- Peer support and key 'influencers' can encourage uptake
- Focusing on a message of 'protecting family and patients' rather than targets
- Free gifts as a small token of appreciation can help encourage uptake
- Success will also require committed leadership at all levels of the organisation
- Offering convenience such as a wide choice of times and locations for staff to access vaccination assists with encouraging uptake
- Effective communication with all staff

4. Objectives
- To vaccinate as many staff as possible during this years' campaign so that they in turn can contribute to the protection of patients, relatives and colleagues
- To minimise flu-related sickness absence and the associated impact this has on colleagues and patient care
- To meet the CQUIN target set for this year of achieving an 80% uptake amongst frontline healthcare workers by 28th February 2020

5. Target Audience

Key audiences include:

- All staff employed by MCHFT and CCICP staff
- Frontline healthcare workers (as defined by The Public Health Agency)

6. Timing
- The Flu campaign will run from Tuesday 1st October 2019 to Friday 28th February 2020

7. Strategic Approach

Below is a list of the strategic approach accompanied by details of how this will be achieved

- **To ensure staff are aware of the flu campaign and the importance of being vaccinated**
    - By having a robust communication plan in place developed in collaboration with the Communications Team
    - By utilising the national promotional material made available through PHE
    - By promoting myth busting facts
    - By making using of all communication channels including social media to target all staff

- **To use a multicomponent approach in delivering the campaign**
    - By using a cohort of trained peer vaccinators representing each division of the Trust (equating to over 100 peer vaccinators
    - By employing a whole time equivalent Flu Nurse on a fixed term contract that will be used across both MCHFT & ECT to help offer flexibility and convenience across all areas of the Trust
    - By offering to visit departments or areas where ten or more staff are wanting to be vaccinated
    - By having drop in sessions in Occupational Health
    - By having a fixed, central location with regular sessions for staff to attend – 'Jab at the Hut'
    - By having Flu Leads representing each division of the Trust
    - By offering convenient access to out of hours/shift workers
    - By capturing staff vaccinated 'off-site'
    - By having monthly 'task and finish' Flu Group meetings with Flu Leads and representatives from all divisions (these started in August 2019)

- **To incentivise staff to have the flu vaccination**
    - By using myth busting communication and peer persuasion / education
    - By offering incentives – stickers, lollies, free drinks voucher, re-usable water bottle

- **To report progress against the campaign objectives**
    - By recording uptake, Occupational Health will be responsible for updates on progress to be provided weekly to the Trust or more frequently if required
    - By capturing refusals or declines wherever possible

- Updates will also be reported externally via ImmForm in line with The Health Protection Agency
- Performance will be closely monitored in the monthly Flu Group Meetings
- Monthly updates will be reported to Executive Workforce Assurance Group
- Underperforming areas can be targeted for focussed activity whilst ensuring individual confidentiality is maintained

Best Practice Management Checklist

- Please see attached

A	Committed leadership	Evidence	Trust self-assessment
A1	Board record commitment to achieving the ambition of 100% of front line healthcare workers being vaccinated, and for any healthcare worker who decides on the balance of evidence and personal circumstance against getting the vaccine should anonymously mark their reason for doing so.	Board support at commencement of campaign. Plan presented at Executive Workforce Assurance Group Sept 19. Staff declining offer of vaccine asked to complete anonymised proforma to capture reasons for refusal	
A2	Trust has ordered and provided the quadrivalent (QIV) flu vaccine for healthcare workers	QIV ordered for HCW's up to age of 64 and a limited number of TIV ordered for HCW's over the age of 65	
A3	Board receive an evaluation of the flu programme from 2018-19, including data, successes, challenges and lessons learnt	Performance reported to Executive Workforce Assurance Group	
A4	Agree on a board champion for flu campaign	Director of Nursing Performance & Quality identified as board champion	
A5	All board members receive flu vaccination and publicise this	Will be delivered in 2 phases commencing Oct 19 (Chief Exec and Chairman) and then board including NED's photographs taken (with consent) and promoted	
A6	Flu team formed with representatives from all directorates, staff groups and trade union representatives	Representatives from each Division, including Union staff form part of the flu team and meet monthly to monitor progress. Peer vaccinators trained Aug & Sept 19 and fixed term Flu Nurse recruited Sept 19.	
A7	Flu team to meet regularly from Sept 2019	Monthly review by Flu task and finish group to review progress against planned activity – commenced Aug 2019	
B	Communications plan		
B1	Rationale for the flu vaccination programme and facts to be published – sponsored by senior clinical leaders and trade unions	Delivered in collaboration with Communications Team and supported by trade unions	
B2	Drop in clinics and mobile vaccination schedule to be published electronically, on social media and on paper	Accessibility across a 24/7 programme with open access to all employees to be promoted using all available communication channels	
B3	Board and senior managers having their vaccinations to be publicised	Photographs captured and promotion through Trust media	

B4	Flu vaccination programme and access to vaccination on induction programmes	Dates of induction sessions have been planned into the rota for peer vaccinators and Flu Nurse. Plus, can be delivered through the mobile Flu Nurses where staff are able to book the flu team to deliver in location vaccination sessions	
B5	Programme to be publicised on screensavers, posters and social media	Established comms plan detailing delivery of messages across all available means	
B6	Weekly feedback on percentage uptake for directorates, teams and professional groups	Weekly figures will be submitted to the key stakeholders and headline figures promoted widely	
C	Flexible accessibility		
C1	Peer vaccinators, ideally at least one in each clinical area to be identified, trained, released to vaccinate and empowered	Support from senior leadership for identified peer vaccinators. Support received from Divisional Flu Leads in relation to peer vaccinators from various work areas where there is clinical capacity to support	
C2	Schedule for easy access drop in clinics agreed	All clinics offer 'no appointment needed' drop in format	
C3	Schedule for 24 hour mobile vaccinations to be agreed	Effective utilisation of Peer support flu nurses to cover 24 hour 7 day operation including early mornings, nights and weekends	
D	Incentives		
D1	Board to agree on incentives and how to publicise this	Incentives agreed at Flu Group meeting and publicised widely	
D2	Success to be celebrated weekly	Feature in Trust communications	

Mr James Sumner

Chief Executive,
Mid Cheshire Hospitals NHS Foundation Trust

CC: Mr Dennis Dunn

Chair,
Mid Cheshire Hospitals NHS Foundation Trust

NHS England and NHS Improvement

Pauline.Philip@nhs.net

17 September 2019

Dear James,

Healthcare worker flu vaccination

The vaccination of healthcare workers against seasonal flu is a key action to help protect patients, staff and their families. Provider flu plans for 2018/19 saw a national uptake rate amongst front line staff of 70.3%, with some organisations vaccinating over 90% of staff. Our ambition is to improve on this through the actions outlined in this letter.

In March 2019, the Department of Health and Social Care (DHSC), NHS England and Improvement and Public Health England (PHE) wrote to all trusts setting out the appropriate vaccines for adults up to 64, the egg and cell-base Quadrivalent influenza vaccines (QIVe and QIVc) and for over 65s, the adjuvanted trivalent influence vaccine (aTIV) as well as QIVc.

Today, we are writing to ask you to tell us how you plan to ensure that all of your frontline staff are offered the vaccine and how your organisation will achieve the highest possible level of vaccine coverage this winter.

Background

Healthcare workers with direct patient contact need to be vaccinated because:

   a)   Flu contributes to unnecessary morbidity and mortality in vulnerable patients

   b)   Up to 50% of confirmed influenza infections are subclinical (i.e. asymptomatic). Unvaccinated, asymptomatic (but nevertheless infected) staff may pass on the virus to vulnerable patients and colleagues

   c)   Flu-related staff sickness affects service delivery, impacting on patients and on other staff – recently published evidence suggests a 10% increase in vaccination may be associated with as much as a 10% fall in sickness absence

NHS England and NHS Improvement

d)   Patients feel safer and are more likely to get vaccinated when they know NHS staff are vaccinated

Whilst overall uptake levels have increased every year since 2015/16, there is significant variation in the uptake rates achieved as some trusts have developed excellent flu programmes that deliver very high level of vaccination coverage, however others have not made the same progress.

An evaluation of last year's flu season showed that trusts that have developed a multicomponent approach have achieved higher uptake levels. Innovative methods to reach staff, going ward-to-ward, holding static and remote drop-in clinics and encouraging staff to contact vaccinators directly have been established. Trusts also used incentives to encourage staff, and even small incentives, such as badge stickers, worked to reinforce positive messages. Above all, board and ward leadership are critically important to promote vaccination to staff, providing visibility and transparency.

In order to ensure your organisation is doing everything possible as an employer to protect staff and patients from flu, we would strongly recommend working with your recognised professional organisations and trade unions to maximise uptake of the vaccine within your workforce. You can also access resources including National Institute for Health and Care Excellence (NICE) guidelines: https://www.nice.org.uk/guidance/ng103 and Public Health England's Campaign Resource Centre: https://campaignresources.phe.gov.uk/resources/campaigns/92-healthcare-workers-flu-immunisation-

We are now asking that you complete the best practice management checklist for healthcare worker vaccination [appendix 1] and publish a self-assessment against these measures in your trust board papers before the end of December 2019. Your regional lead will also work with you to share best practice approaches to help support an improvement in your uptake rates.

It is important that we can track trusts' overall progress towards the 100% ambition and all trusts will be expected to report uptake monthly during the vaccination season via 'ImmForm'.

As discussed, there is variation of uptake rates between trusts. Many trusts have made successful progress and have achieved near full participation, whilst other trusts are not increasing uptake rates quickly enough to protect staff and patients. It is important that improvements are made in those trusts. To support this, the healthcare worker flu vaccination CQUIN is in place again this year. New thresholds for payment have been set at 60% (minimum) and 80% (maximum).

We are also increasing requirements for trusts who have had low uptake rates. Each trust that was in the bottom quartile for vaccination uptake (at 61.7% or below) in the published data (Immform in 2018/19) will be required to buddy with a higher uptake trust. Working with them will provide an opportunity to learn how to prepare, implement and deliver a successful vaccination programme.

For trusts in this quartile progress will be reviewed weekly during the flu season by regional teams in addition to the monthly reporting that is provided to PHE via Immform.

In 2018/19, your trust achieved a frontline healthcare worker flu vaccination uptake rate of 76.3%. This does not put your trust in the lower quartile of trusts.

Organisations should use the [Written Instruction for the administration of seasonal 'flu vaccination](#) developed by The Specialist Pharmacy Service. NHS trusts vaccinating their own staff may consider that a PGD is more appropriate if it offers a benefit to service delivery e.g. provision by healthcare practitioners other than nurses, who may legally operate under a PGD. Health and social care workers should be offered either the egg or cell-based quadrivalent influenza vaccine. For the small number of healthcare workers aged 65 and over, if you are unable to offer the cell-based flu vaccine, these staff should ask their GP or pharmacy for an adjuvanted trivalent influenza vaccine (aTIV) which is preferable to the non-adjuvanted egg-based flu vaccine particularly if they are in an at risk group.

Finally, we are pleased to confirm that NHS England and Improvement this year is offering the vaccine to social care and hospice workers free of charge this year. Independent providers such as GPs, dental and optometry practices, and community pharmacists, should also offer vaccination to staff. There are two parallel letters to primary care and social care outlining these proposals in more detail.

Yours sincerely,

Pauline Philip
National Director of Emergency and Elective Care
NHS England and NHS Improvement

Ruth May
Chief Nursing Officer
NHS England and NHS Improvement

Professor Stephen Powis
National Medical Director
NHS England and NHS Improvement

Appendix 1 – Healthcare worker flu vaccination best practice management checklist – for public assurance via trust boards by December 2019

A	Committed leadership (number in brackets relates to references listed below the table)	Trust self-assessment
A1	Board record commitment to achieving the ambition of 100% of front line healthcare workers being vaccinated, and for any healthcare worker who decides on the balance of evidence and personal circumstance against getting the vaccine should anonymously mark their reason for doing so.	
A2	Trust has ordered and provided the quadrivalent (QIV) flu vaccine for healthcare workers	
A3	Board receive an evaluation of the flu programme 2018/19, including data, successes, challenges and lessons learnt	
A4	Agree on a board champion for flu campaign	
A5	All board members receive flu vaccination and publicise this	
A6	Flu team formed with representatives from all directorates, staff groups and trade union representatives	
A7	Flu team to meet regularly from September 2019	
B	**Communications plan**	
B1	Rationale for the flu vaccination programme and facts to be published – sponsored by senior clinical leaders and trades unions	
B2	Drop in clinics and mobile vaccination schedule to be published electronically, on social media and on paper	
B3	Board and senior managers having their vaccinations to be publicised	
B4	Flu vaccination programme and access to vaccination on induction programmes	
B5	Programme to be publicised on screensavers, posters and social media	
B6	Weekly feedback on percentage uptake for directorates, teams and professional groups	
C	**Flexible accessibility**	
C1	Peer vaccinators, ideally at least one in each clinical area to be identified, trained, released to vaccinate and empowered	
C2	Schedule for easy access drop in clinics agreed	
C3	Schedule for 24 hour mobile vaccinations to be agreed	
D	**Incentives**	
D1	Board to agree on incentives and how to publicise this	
D2	Success to be celebrated weekly	

Board of Directors Performance Report

September 2019

"To Deliver Excellence in Healthcare through Innovation & Collaboration"

Introduction

Performance Report

The MCHT Monthly Performance Report has been developed to integrate key domains of Quality and Safety, Performance and Corporate into one consistently presented report. It has been developed to provide an over arching view of performance against Trust priorities as set out in the NHS Improvement Compliance Framework, NHS Operating Framework, CCG CQuIN and Annual Plan.

The Monthly Performance Report will focus upon delivery of service improvements within 3 key domains:
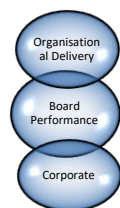
The delivery of the service improvements within the 3 key domains are also reflected in the Board Assurance Framework which identifies where the organisation has insufficient assurance in delivering the strategic objectives of the organisation.
Within this Performance Report the indicators within each domain are presented on a summary page with the current month and year to date performance given. All indicators are measured against a NHS Improvement, national, peer or locally agreed target. A further analysis of all measures within each domain is then provided with supporting trend information and narrative. Performance against each indicator is rated as either red/green against the year to date or single month/quarter target as appropriate. Supporting narrative is provided on an exception basis.

This report is an evolving summary of overall Trust Performance, therefore measures, targets and reporting periods will be refined over time. A supporting and more detailed quality and safety report will be presented separately. This is also under further review.

James Sumner
Chief Executive

Contents

Headline Measures

Organisational Delivery

Indicator	Standard	YTD	Sep-19
Cancer			
Rapid Access Referrals (%) *(seen in 2 wks)*	93.00%	97.06%	97.30%
Total Patients Seen		6,221	1,036
Patients seen >14 days		183	28
62 day GP Classic (%)	85.00%	87.28%	89.66% *
Accountable Patients Treated		425	73
No. of Breached Pathways (adjusted)		54	8
62 day Screening (%)	90.00%	85.04%	81.25% *
Accountable Patients Treated		64	8
No. of Breached Pathways (adjusted)		10	1.5

* Provisional figures subject to change depending on further validation or treatment outcome

Unplanned Activity			
4 Hour Access Standard (%)	95.00%	78.83%	77.36%
A&E Attendances (LH/MIU/UUC) (% to plan)		100.57%	103.23%
A&E Attendances LH & MIU (Vol)		50,606	8,475

Planned Activity			
Incomp Pathways <18wk (%)	92.00%	91.90%	92.50%
>6wk Diagnostic Waits (%)	1.00%	5.00%	0.95%
Total Patients Waiting for a First Outpatient Appointment			9,452

Indicator	Standard	YTD
Workforce		
Sickness absence Rolling 12 Month		4.56%
Turnover Rolling 12 Month		8.59%

Corporate

Indicator	YTD Rating Plan	YTD Rating Actual	YE Rating Forecast	YE Metric Plan	YE Metric Forecast
Finance					
Use of Resource Rating	3	2	3		
Capital Service Capacity	4	3	4	0.61	0.64
Liquidity	4	3	3	-13	-13
I&E Margin	3	3	3	-0.70%	-0.70%
Distance from Financial Plan	1	1	1	0.00%	0.00%
Agency Spend	1	2	3	-15.00%	-15.00%

	YTD Target	YTD Actual	YTD Variance	FY Target	FY Forecast	FY Variance
Cost Improvement Schemes Total (£000's)	2,298	1,883	-415	5,342	5,342	0
Commission Contact Income SC & VR (£000's)	84,776	84,776	0			
Contract Income (£'000)	119,207	119,465	258			
Pay to Budget (£000's)	-91,913	-92,066	-153			
Non Pay to Budget (£000's)	-36,690	-37,629	-939			
Agency Trajectory (£000's)	-2,422	-3,217	-795			

Exec Summary

In September the key metrics delivered were:

1. Six weeks diagnostic at 0.95% against a 1% threshold.
2. 62 Day Classic Cancer at 89.66% against a target of 85%.
3. 2WW Rapid Access Cancer at 97.30% against a target of 93%
4. RTT position has achieved at 92.5%

The two key metrics not delivered were:

1. 62 Day Screening Cancer at 81.25% against a target of 90%
2. 4hr Emergency Access at 77.36% against a target a target of 95%

The UoRR metric is 2.

The Trusts' I&E performance against the control total is £4k better than the plan. The UoRR for I&E margin has improved to a 3 in month 6, to reflect the improved in month performance against the control total.

This position includes the Provider Sustainability Fund (PSF) earned to date, which is dependent on meeting the financial control total and also the Marginal Rate Emergency Threshold (MRET).

There is a variation in the CIP scheme, with challenges around delivering Out of Area work, improvements to sickness rates within nursing and delays to other programmes of work.

The rate of agency use remains above the ceiling rate set by NHS, which increases the likelihood of this Use of Resource Rating deteriorating.

Single Oversight Framework

Operational	For providers with Sustainability and Transformation Fund (STF) trajectories in any metric: failure to meet the trajectory for this metric for at least two consecutive months (quarterly for quarterly metrics), except where the provider is meeting the NHS Constitution standard.	
Finance & Resource	Poor levels of overall financial performance (avg score of 3 or 4). Very poor performance (score of 4) in any individual metric. Potential value for money concerns.	
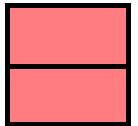
The Trust's operational trigger rating continues as RED as a result of failure of a primary target during the year (A&E 95% 4 hour Access Standard).

The Trust has achieved a Use of Resource rating of 3, which is expected to maintain at this level throughout 2019/20.

Operational Performance

	Current YTD Target	Current YTD Actual	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Monthly Trend
Maximum 6 week wait for Diagnostic procedures	1%	5.00%	0.44%	0.48%	0.17%	0.54%	0.47%	0.42%	0.76%	0.64%	9.34%	7.76%	4.04%	3.05%	0.95%	
All Cancers: 62 day GP Classic (%) *	85%	87.28%	86.11%	86.50%	93.40%	86.90%	85.83%	85.84%	85.60%	86.62%	86.09%	85.95%	87.25%	88.10%	89.66%	
All Cancers: 62 day Screening (%) *	90%	85.04%	100.00%	100.00%	100.00%	81.80%	87.50%	100.00%	95.45%	90.00%	90.00%	61.11%	90.63%	90.48%	81.25%	
18 weeks from point of referral to treatment - patients on an incomplete pathway (%)	92%	91.90%	92.43%	92.82%	92.28%	92.01%	91.30%	91.63%	90.67%	91.05%	91.67%	92.07%	92.09%	92.00%	92.50%	
A&E - maximum waiting time of 4 hours from arrival to admission/transfer/discharge (%)	95%	78.83%	84.61%	85.51%	88.13%	83.57%	78.89%	81.12%	80.41%	79.90%	78.26%	80.60%	78.98%	78.02%	77.36%	
STF Trajectory			93.92%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	0.00%	0.00%	0.00%				
Provider Submitted Trajectory													86.10%	88.10%	88.10%	

Provisional figures subject to change depending on further validation or treatment outcome

Financial & Resource

		Unit	YE Plan	YE Forecast	YE Rating	YTD Plan	YTD Actual	YTD Rating
Financial Sustainability	Capital Service Capacity	0.0x	0.61	0.64	4	1.15	1.38	3
	Liquidity	days	-13	-13	3	-14	-10	3
Financial Efficiency	I&E Margin	%	-0.70%	-0.70%	3	-0.90%	-0.90%	3
Financial Controls	Distance from Financial Plan	%	0.00%	0.00%	1	0.00%	0.00%	1
	Agency Spend	%	-15.00%	-15.00%	3	-14.00%	14.00%	2
Overall UOR Rating					3			2

Operational Delivery: *Cancer Pathway*

Headline Measures

	Current YTD		Rolling 13 months												
	Target	Actual	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Monthly Trend
Rapid Access Referrals (%) (seen in 2 wks)	93%	97.06%	96.50%	96.87%	98.36%	97.78%	96.91%	97.66%	97.69%	95.83%	97.66%	96.89%	96.60%	98.20%	97.30%	
Total Patients Seen		6221	771	989	917	855	842	940	996	1031	982	965	1207	1000	1036	
Patients seen >14 days		183	27	31	15	19	26	22	23	43	23	30	41	18	28	
% seen within 7 days		0.0%	51.4%	41.5%	34.0%	35.4%	38.6%	38.1%	30.5%	30.3%	39.3%	37.5%	38.2%	43.3%	54.6%	
62 day GP Classic (%) *	85%	87.28%	86.11%	86.50%	93.40%	86.90%	85.83%	85.84%	85.60%	86.62%	86.09%	85.95%	87.25%	88.10%	89.66%	

* Provisional figures subject to change depending

104+ day waits - (Cancer patients treated)			4	0	0	3	0	1	3	3	5	4	4	4	2	

Commentary

The Trust has achieved two of the three headline cancer standards during the month of September 2019. The figures presented in this paper reflect the Trust's regulatory performance measures adjusted figures that take into account breach reallocation between providers. From October 2018 the new cancer repatriation policy is in use.

The Trust has continued it's strong performance against the Rapid Access referrals standard, achieving 97.30% for September. This is inspite of a growth in demand of 34% more patients being seen compared to September 2018.

The 62 Day GP Classic standard has achieved 89.66% against an 85% target.

The 62 day screening standard has failed the 90% standard in September, at 81.25%. Due to the small number of treats the metric can only manage one breach before failing below the 90% threshold. This failure was expected and a root cause analysis was presented to PAF in September. Although the September position has failed, the overall Quarter 2 position is a pass at 91.67%.

Primary Measures

All Referrals with Breast Symptoms seen within 2 weeks

All Cancers: 31 day wait from diagnosis to first treatment

62 day Screening

Operational Delivery: *Cancer Pathway*

Subsequent Cancer Treatments started within 31 days of decision to treat - Surgery

Number Seen — % — Target

Subsequent Cancer Treatments started within 31 days of decision to treat - Drugs

Number Seen — % — Target

Cancer Treatments started within 62 days of urgent referral - consultant upgrades

Number Seen — % — Target

Operational Delivery: *Unplanned Activity - A&E*

Headline Measures

	Current YTD		Rolling 13 months													
	Target	Actual	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Monthly Trend
A&E - >4 hr wait time from arrival to admission/ transfer/ discharge (% to Target)	95%	78.83%	84.61%	85.51%	88.13%	83.57%	78.89%	81.12%	80.41%	79.90%	78.26%	80.60%	78.98%	78.02%	77.36%	
No. of 4hr breaches		*10,713*	*1,158*	*1,167*	*884*	*1,209*	*1,621*	*1,349*	*1,574*	*1,642*	*1,822*	*1,559*	*1,879*	*1,892*	*1,919*	

	Plan	Actual	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Monthly Trend
A&E Attendances (LH/MIU/UUC) (% to Plan)		*100.57%*	94.9%	100.0%	98.4%	95.8%	99.3%	97.0%	95.4%	100.4%	95.2%	96.3%	103.3%	105.6%	103.2%	
A&E Attendances (LH/MIU/UUC) (No.)	47,692	50,606	7,524	8,056	7,445	7,358	7,679	7,147	8,034	8,169	8,382	8,036	8,937	8,607	8,475	

			Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Monthly Trend
A&E Attendance Case Mix (based on acuity score)	Major	14,142	2,228	2,455	2,269	2,235	2,392	2,170	2,341	2,351	2,540	2,235	2,407	2,262	2,347	
	Minor	19,614	2,810	2,768	2,560	2,605	2,782	2,489	2,855	3,166	3,040	3,045	3,559	3,592	3,212	
	Paediatrics	9,776	1,516	1,709	1,562	1,422	1,372	1,556	1,702	1,587	1,680	1,686	1,739	1,363	1,721	
	Resus	7,040	969	1,120	1,048	1,095	1,128	928	1,126	1,063	1,121	1,070	1,231	1,387	1,168	

			Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Monthly Trend
A&E Attendance Location (based on Discharge)	Major	19,523	3,090	3,413	3,187	3,176	3,354	2,983	3,317	3,245	3,405	3,142	3,320	3,277	3,134	
	Minor	20,132	2,775	2,791	2,560	2,573	2,738	2,454	2,801	3,123	3,111	3,039	3,677	3,788	3,394	
	Paediatrics	9,776	1,516	1,709	1,562	1,422	1,372	1,556	1,702	1,587	1,680	1,686	1,739	1,363	1,721	
	Resus	1,141	142	139	130	186	210	150	204	212	185	169	200	176	199	

Commentary

The Trust has achieved 77.36% against the 4-hour access standard in September 2019, with 13% more patients attending A&E compared the same period last year. In addition September 2019 has seen a 10% increase in the higher acuity patients coming into A&E compared to September 2018.

Medical outliers remain above the set threshold at 26.

Patients medically optimised for discharge in September has reduced slightly to 21 against a threshold of 16.
.
Despite an increase in A&E Attendances YTD compared to the same period last year, the Non Elective Admission conversion is the lowest over the last 12 month period, at 35.45% in September.

Primary Drivers

Admissions - Non Elective Spells (exc Maternity)

Delayed Discharges

Secondary Drivers

Medical Outliers

A&E Attendance (Type 1) to Non Elective Admission

Ambulance Arrivals at Leighton
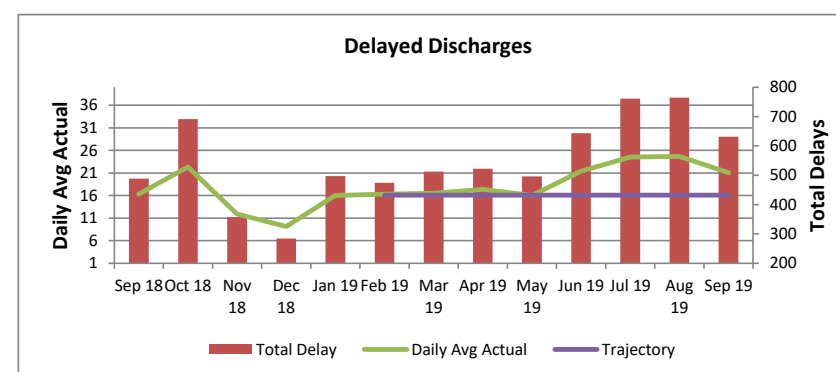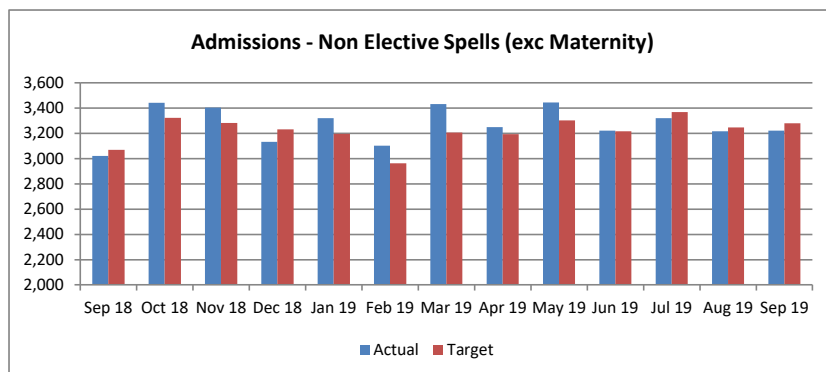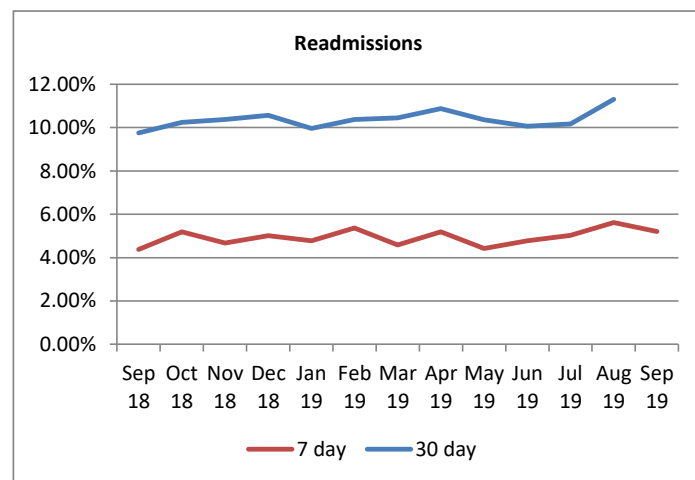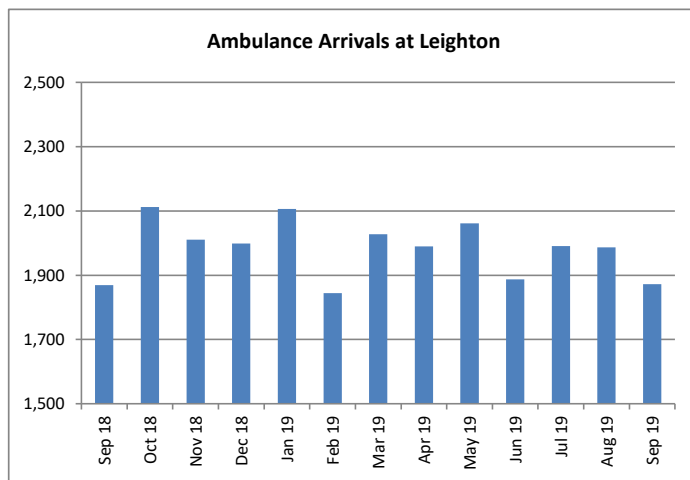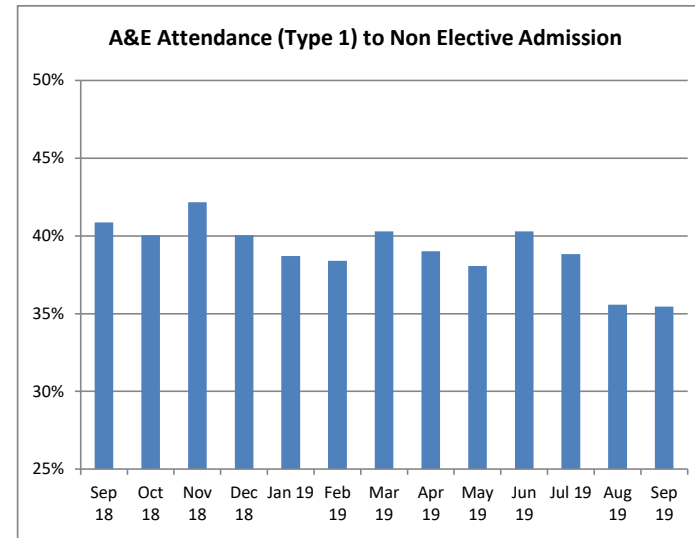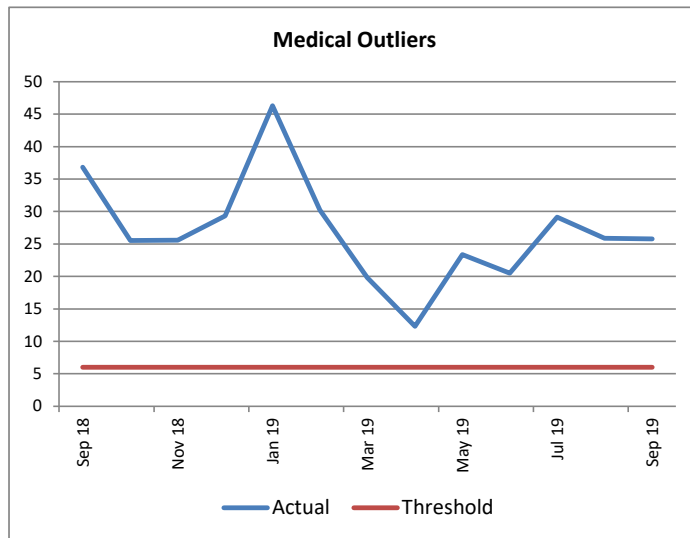
Readmissions

* Readmissions brought in line with national definition

Operational Delivery: *Length of Stay*

Inpatient Avg LOS (days)
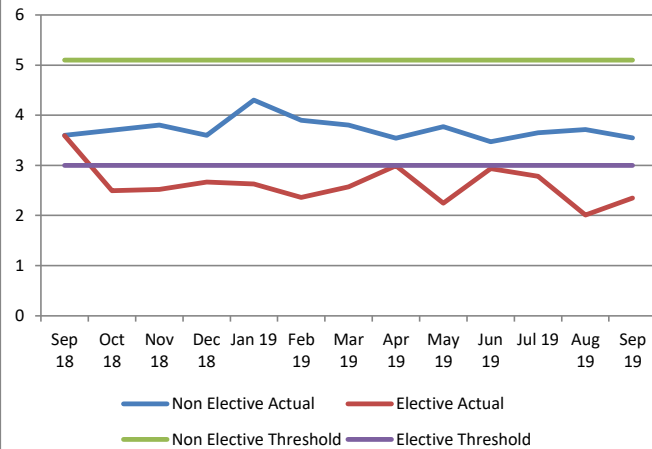
Number of occupied beds for all discharged patients in hospital for 7+ and 21+ days
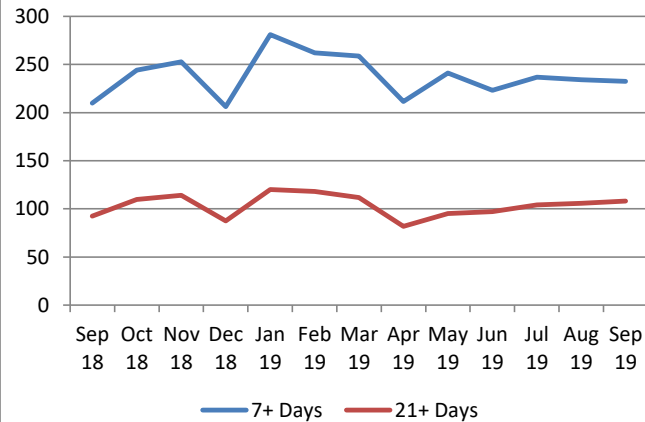
Rolling 3 month average of occupied beds for all discharged patients in hospital for 21+ days
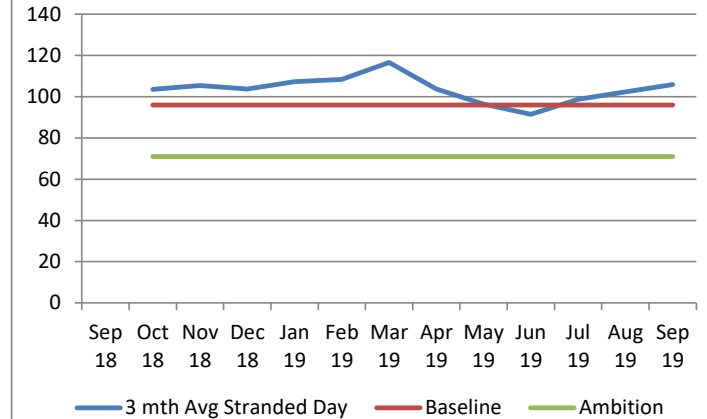
Bed Occupancy Rate
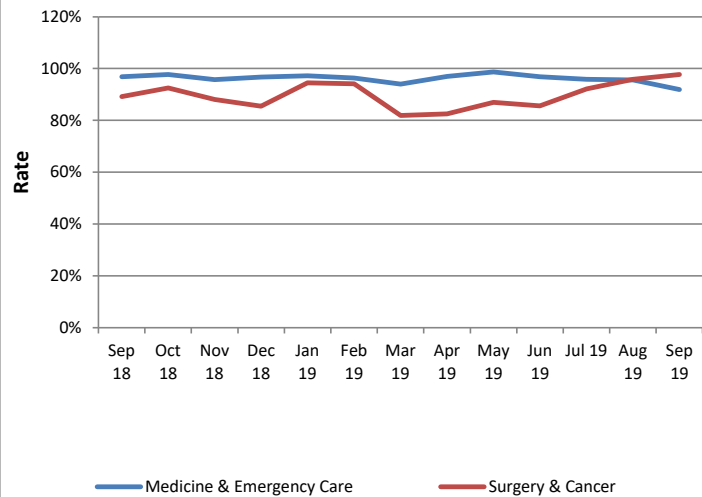
Acute Adult Bed Occupancy
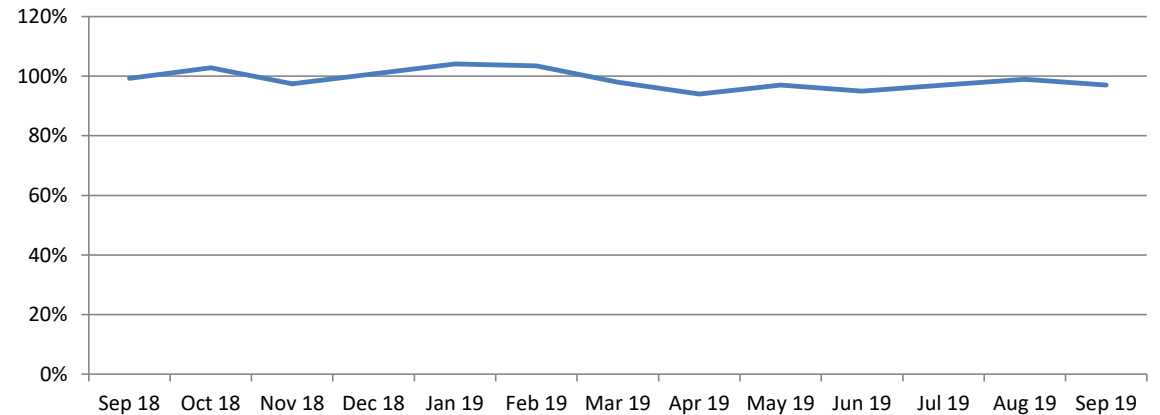
	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19
Trust Total	99.33%	102.78%	97.40%	100.73%	104.12%	103.44%	98.00%	94.00%	97.00%	95.00%	97.00%	99.00%	97.00%
Additional Beds	14.47	21.94	23.57	20.98	37.55	23.36	21.00	1.13	2.32	2.17	2.52	6.97	11.83

Operational Delivery: *Planned Activity*

Headline Measures

	Current YTD		Rolling 13 months													
	Target	**Actual**	**Sep 18**	**Oct 18**	**Nov 18**	**Dec 18**	**Jan 19**	**Feb 19**	**Mar 19**	**Apr 19**	**May 19**	**Jun 19**	**Jul 19**	**Aug 19**	**Sep 19**	**Monthly Trend**
18 weeks from Referral to Treatment in Aggregate - Incomplete	92%	91.90%	92.43%	92.82%	92.28%	92.01%	91.30%	91.63%	90.67%	91.05%	91.67%	92.07%	92.09%	92.00%	92.50%	
Total 18 Weeks		91,868	14,988	14,284	14,331	14,232	14,427	14,505	14,197	14,944	15,219	15,560	15,426	15,432	15,287	
No. > 18 Weeks		7,435	1,135	1,025	1,106	1,137	1,255	1,214	1,324	1,338	1,267	1,234	1,216	1,234	1,146	
Open Pathways >39 Weeks Waiting											15	15	14	12	17	
Diagnostic Waiting Time	1%	5.00%	0.44%	0.48%	0.17%	0.54%	0.47%	0.42%	0.76%	0.64%	9.34%	7.76%	4.04%	3.05%	0.95%	
Total Number of Waiters		24,052	4,105	4,168	4,017	3,870	4,029	4,785	4,749	1,091	4,809	5,065	4,750	3,903	4,434	
Waiters of 6 Weeks +		1,202	18	20	7	21	19	20	36	7	449	393	192	119	42	
Total Patients Waiting for a First Outpatient Appointment			9,654	9,496	9,430	8,948	9,428	9,823	9,682	9,800	9,981	9,603	9,659	9,523	9,452	
Longest Wait Time (weeks)											44	46	48	46	49	

Commentary

The Trust's RTT Incomplete Pathway position is 92.50% for September. Six specialties have failed to meet the 92% target, these are General Surgery, Urology, Gastroenterology, Cardiology, Gynaecology and Trauma and Orthopaedics.   Detailed improvement plans and trajectories are in place and continue to be reviewed weekly by the Chief Operating Officer and Director of Operations.

Mid Cheshire do not currently have any 52 week breaches for September, there are 17 patients waiting over 39 weeks; (3 in General Surgery, 1 in Ophthalmology, 3 in Cardiology, 5 in Urology, 3 in Gynae, 2 in Dermatology). All long wait patients are monitored and reviewed weekly at director led performance meetings.

In September 2019, 0.95% of patients waited longer than 6 weeks for their diagnostic tests. Following the failed server upgrade and the impact on the soliton system, performance in this standard is now set to continue within the 1% standard.

GP Referral volumes have increased for the second consecutive month. A full indepth review is underway to be presented to the Trust/CCG contracting meeting in November.

Primary Drivers

Total Number of Referrals
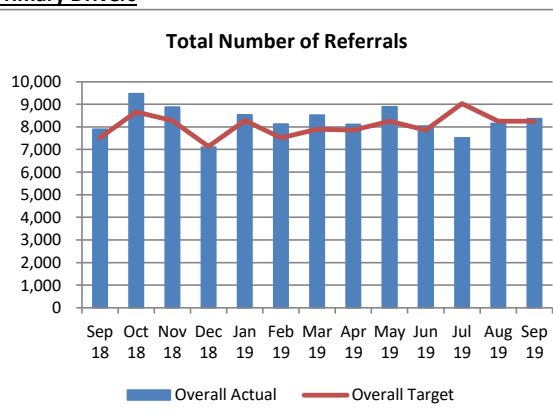
Referral Breakdown

	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Monthly Trend
GP Actual	4,925	5,755	5,684	4,412	5,424	4,915	5,270	4,587	5,231	4,583	4,103	4,497	4,800	
GP Target	4,683	5,394	5,157	4,446	5,157	4,683	4,920	4,374	4,593	4,374	5,030	4,593	4,593	
% to Target	105.2%	106.7%	110.2%	99.2%	105.2%	105.0%	107.1%	104.9%	113.9%	104.8%	81.6%	97.9%	104.5%	
Other Actual	2,968	3,714	3,189	2,696	3,118	3,204	3,250	3,524	3,655	3,453	3,411	3,654	3,562	
Other Target	2,833	3,263	3,120	2,689	3,120	2,833	2,976	3,483	3,657	3,483	4,006	3,657	3,657	
% to Target	104.8%	113.8%	102.2%	100.3%	100.0%	113.1%	109.2%	101.2%	99.9%	99.1%	85.2%	99.9%	97.4%	
Total Actual	7,893	9,469	8,873	7,108	8,542	8,119	8,520	8,111	8,886	8,036	7,514	8,151	8,362	
Total Target	7,515	8,657	8,276	7,135	8,276	7,515	7,896	7,857	8,250	7,857	9,036	8,250	8,250	
% to Target	105.0%	109.4%	107.2%	99.6%	103.2%	108.0%	107.9%	103.2%	107.7%	102.3%	83.2%	98.8%	101.4%	
GP % of Total	62.4%	60.8%	64.1%	62.1%	63.5%	60.5%	61.9%	56.6%	58.9%	57.0%	54.6%	55.2%	57.4%	

Operational Delivery: *Planned Activity*

Primary Drivers

Total OP Attendances

Overall Actual — Overall Target

Total Elective Spells

Overall Actual — Overall Target
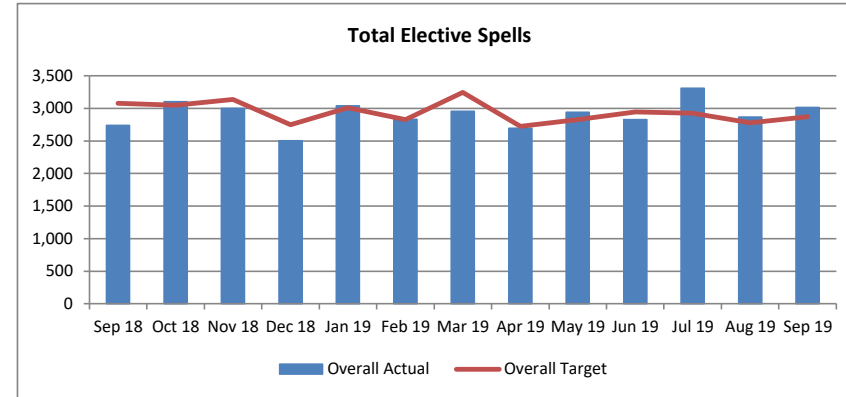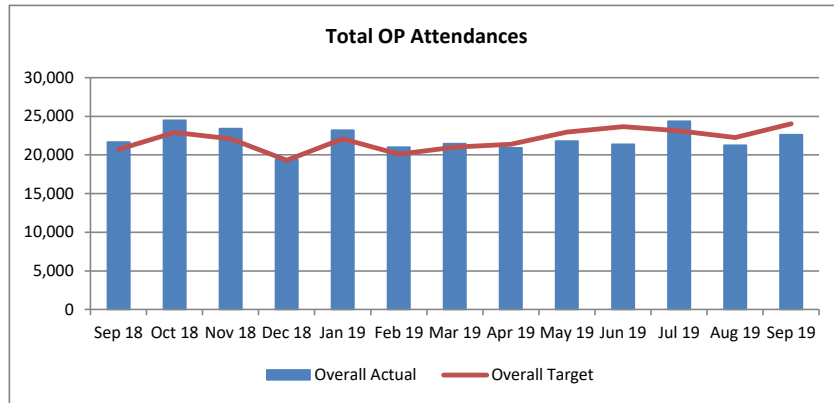
OP Attendance Breakdown	YTD 18 19	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Monthly Trend
New Actual	81,335	6,648	7,713	7,203	5,946	6,861	6,397	6,877	6,584	6,956	6,725	7,866	6,708	7,235	
New Target	74,744	5,934	6,778	6,496	5,625	6,496	5,901	6,189	6,416	6,848	7,173	6,817	6,588	7,267	
% to Target	108.8%	112.0%	113.8%	110.9%	105.7%	105.6%	108.4%	111.1%	102.6%	101.6%	93.8%	115.4%	101.8%	99.6%	
F U Actual	182,101	15,014	16,778	16,207	13,493	16,352	14,629	14,583	14,343	14,830	14,642	16,519	14,567	15,380	
F U Target	181,624	14,774	16,157	15,600	13,701	15,604	14,194	14,803	14,988	16,096	16,491	16,286	15,659	16,779	
% to Target	100.3%	101.6%	103.8%	103.9%	98.5%	104.8%	103.1%	98.5%	95.7%	92.1%	88.8%	101.4%	93.0%	91.7%	
Total Actual	263,436	21,662	24,491	23,410	19,439	23,213	21,026	21,460	20,927	21,786	21,367	24,385	21,275	22,615	
Total Target	256,368	20,708	22,935	22,095	19,326	22,100	20,095	20,992	21,403	22,944	23,663	23,102	22,247	24,046	
% to Target	102.8%	104.6%	106.8%	105.9%	100.6%	105.0%	104.6%	102.2%	97.8%	95.0%	90.3%	105.6%	95.6%	94.0%	
New % of Total	30.9%	30.7%	31.5%	30.8%	30.6%	29.6%	30.4%	32.0%	31.5%	31.9%	31.5%	32.3%	31.5%	32.0%	

Elective Spells Breakdown	YTD 18 19	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Monthly Trend
I P Actual	3,055	259	284	280	241	157	288	272	225	228	266	267	291	259	
I P Target	3,341	281	308	308	241	181	264	304	263	277	280	277	249	270	
% to Target	91.4%	92.2%	92.3%	91.0%	100.1%	86.9%	109.0%	89.4%	85.6%	82.3%	94.9%	96.4%	116.7%	96.0%	
Daycase Actual	31,155	2,479	2,817	2,717	2,262	2,882	2,543	2,685	2,467	2,714	2,560	3,041	2,574	2,753	
Daycase Target	32,775	2,795	2,740	2,827	2,507	2,826	2,565	2,942	2,462	2,548	2,666	2,650	2,530	2,601	
% to Target	95.1%	88.7%	102.8%	96.1%	90.2%	102.0%	99.1%	91.3%	100.2%	106.5%	96.0%	114.7%	101.8%	105.8%	
Total Actual	34,210	2,738	3,101	2,997	2,503	3,039	2,831	2,957	2,692	2,942	2,826	3,308	2,865	3,012	
Total Target	36,116	3,076	3,048	3,135	2,748	3,007	2,829	3,247	2,724	2,825	2,946	2,927	2,779	2,871	
% to Target	94.7%	89.0%	101.8%	95.6%	91.1%	101.1%	100.1%	91.1%	98.8%	104.1%	95.9%	113.0%	103.1%	104.9%	
I P % of Total		8.9%	9.5%	9.2%	9.3%	9.6%	5.2%	10.2%	9.2%	8.4%	7.7%	9.4%	8.1%	10.2%	8.6%	

Operational Delivery: *Planned Activity*

Primary Drivers

Maternity Bookings

Maternity Deliveries
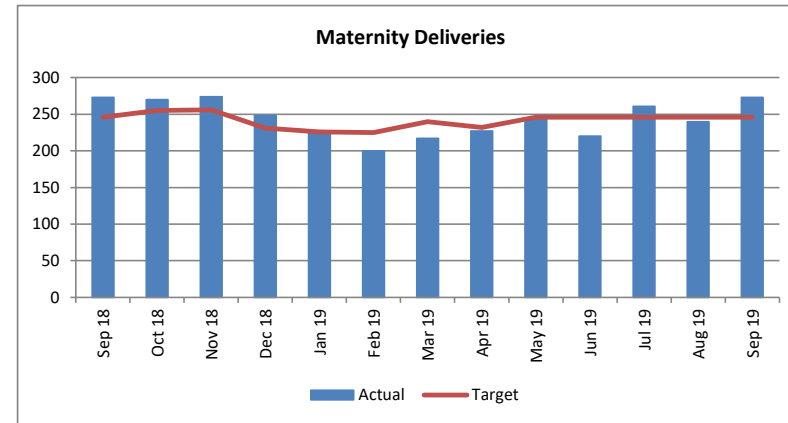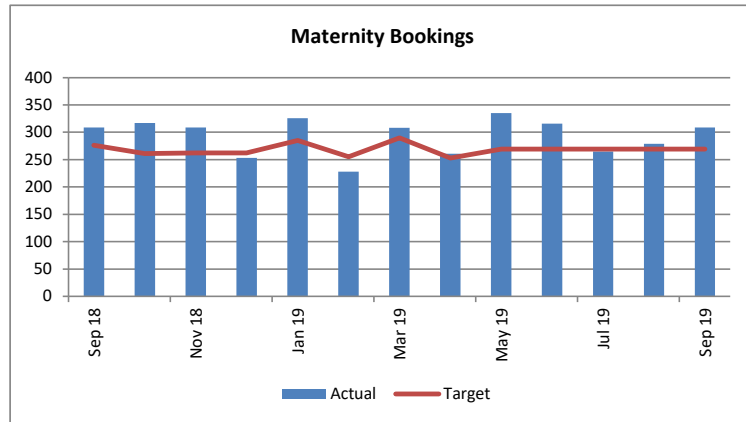
Operational Delivery: *Planned Activity*

Secondary Drivers

		Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Monthly Trend
Bed Occupancy Rate	Medicine & Emergency Care	96.9%	97.7%	95.8%	96.7%	97.3%	96.3%	94.0%	97.0%	98.7%	96.9%	95.9%	95.6%	91.9%	
	Surgery & Cancer	89.2%	92.5%	88.1%	85.5%	94.5%	94.2%	81.9%	82.5%	86.9%	85.6%	92.2%	95.9%	97.7%	
Elective Inpatient Avg LOS (Days)		3.6	2.5	2.5	2.7	2.6	2.4	2.6	3.0	2.2	2.9	2.8	2.0	2.3	
Delayed Transfers of Care (MFFD)	16.00	16	22	12	9	16	17	17	17	16	21	25	25	20	
Delayed Transfers of Care (% of Acute Beds)		3.3%	4.5%	2.4%	1.8%	3.1%	3.3%	3.3%	3.5%	3.2%	4.3%	5.2%	5.1%	4.4%	
Medical Outliers		37	26	26	29	46	31	20	12	23	20	29	26	25	
Readmission (Emergency Re-admissions after Planned Surgery)															
	30 Day Rate	3.01%	3.28%	2.96%	2.87%	2.66%	3.86%	3.29%	3.38%	3.38%	3.10%	2.83%	3.30%		
	7 Day Rate	1.28%	1.16%	1.15%	1.09%	1.06%	1.45%	1.05%	1.41%	1.37%	1.00%	1.07%	1.36%	1.76%	
Cancelled Operations - Non Clinical - Cancellation Rate		0.73%	1.86%	0.63%	1.40%	0.58%	0.60%	0.65%	0.67%	1.17%	0.85%	1.30%	1.29%	0.33%	
Theatre Efficiency															
	Main Theatres	78.4%	77.9%	77.2%	73.9%	74.5%	76.2%	78.5%	76.7%	75.0%	77.4%	78.7%	78.3%	76.7%	
	TC Theatres	73.4%	76.6%	73.5%	72.0%	69.4%	73.0%	73.5%	72.4%	68.2%	74.8%	70.7%	71.9%	72.4%	
DNA (OP Efficiency)		5.55%	5.72%	5.62%	5.95%	5.75%	5.42%	5.41%	6.00%	6.02%	6.56%	5.88%	5.60%	5.72%	
Hospital Cancellation Rate (OP Efficiency)		7.57%	7.65%	7.63%	8.27%	7.65%	7.83%	8.12%	7.90%	7.51%	7.36%	8.10%	7.70%	7.90%	

* Readmissions, DNA Rate and LOS metrics brought in line with national definitions

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Performance and Finance - Headlines September 2019

Current Position	Analysis	Forward View

The reported position is cumulatively £4k better than the control total.

By meeting the control total, the trust will receive the Q2 PSF funding (£0.86m), to add to the Q1 (£0.64m) giving a total ytd of £1.5m.

CCICP is underspent by £180k, and MCHFT overspent by £176k cumulatively to date.

In month 6 (September) there is an improvement of £96k with MCHFT being £57k favourable and CCICP £39k favourable

The overall use of resources rating for the Trust is currently 2, which is slightly better than plan. This is due to the in month underspend improving the Capital Service Capacity and I&E Margin indicators.

Financial Performance 2019/20

£'000s
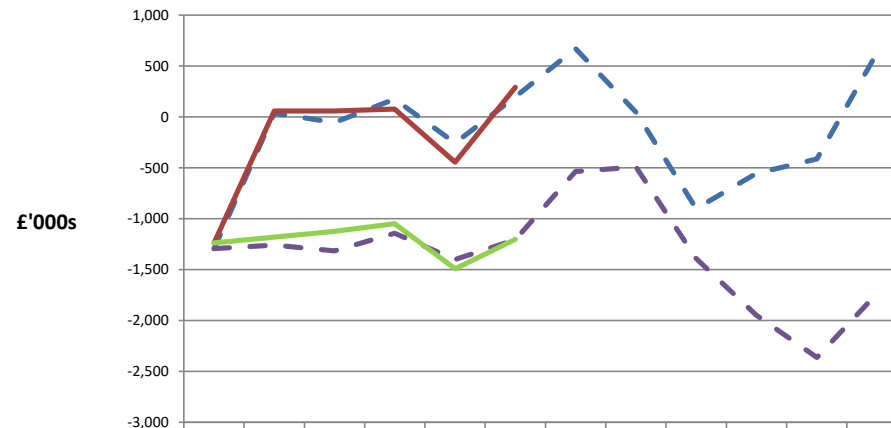
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
In Month Plan	-1,294	34	-56	173	-258	195	669	44	-900	-556	-413	628
In Month Actual	-1,238	56	58	76	-445	291						
In Month Variance	56	22	114	-97	-187	96						
Cumulative Plan	-1,294	-1,260	-1,316	-1,143	-1,401	-1,206	-537	-493	-1,393	-1,949	-2,362	-1,734
Cumulative Actual	-1,238	-1,182	-1,124	-1,048	-1,493	-1,202						
Cumulative Variance	56	78	192	95	-92	4						

Indicator	YTD Rating Plan	YTD Rating Actual	YE Rating Forecast	Status
Finance				
Use of Resource Rating	3	2	3	
Capital Service Capacity	4	3	4	The planned deficit does not meet the financial commitments
Liquidity	4	3	3	The Trust has enough cash to meet it's obligations
I&E Margin	3	3	3	The current deficit as a percentage of turnover is greater than -2%
Distance from Financial Plan	1	1	1	The Trust is currently on plan
Agency Spend	1	2	1	The current level of spend on agency is greater than the cap.

The expectation is that the Trust will meet the annual plan, and receive both the PSF (£4.216m) and MRET (£3.215m).

The MRET is guaranteed to Trusts, however the PSF is dependent on meeting the control total for each quarter and is weighted towards the latter quarters.

Main risks around delivering the control total relate to delivering the CIP targets, delivering the associate contracted activity and managing unscheduled care pressures within the approved budgets and business cases.

Emerging concerns around increasing dependency on premium costs to deliver core activity

The Cheshire Health economy is currently developing a financial recovery plan to mitigate the risks in the systems. This may have implications for MCHFT either directly or indirectly through commissioner actions.

The Trust use of resources rating is forecast to come in at 3.

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Performance and Finance - Contract Income September 2019

Current Position	Analysis	Forward View

Current Position

Contract income is £258k above plan year to date with an improvement of £230k in month.

Associate contracts continue to underperform against plan predominantly with Stoke/North Staffs and West Cheshire CCGs (£987k to date).

South Cheshire CCG is overperforming on contract compared to the contract value by £780k, and Vale Royal CCG is under performing by £82k, however no total variance is shown due to the block arrangements.

Within the host contract contracts, unplanned care is £477k above plan, with additional midwifery activity being £167k within South CCG.

Within the 'other' column overperformance on Specialised Commissioning (£1m), including high cost drugs (£0.8m) offsets against drugs spend within non-pay. There is also an element of anticipated income for Winter and additional costs for midwifery from the CCG.

Analysis

Contract Income Performance 2019/20 £'m

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Cumulative budget	19.3	39.0	59.1	79.3	98.9	119.2	139.9	160.0	179.5	199.2	218.5	239.5
Cumulative actual	19.0	39.0	59.0	79.3	98.9	119.5						
In month budget	19.3	19.7	20.1	20.2	19.6	20.3	20.7	20.0	19.6	19.7	19.2	21.1
In month actual	19.0	20.0	20.0	20.3	19.6	20.5						
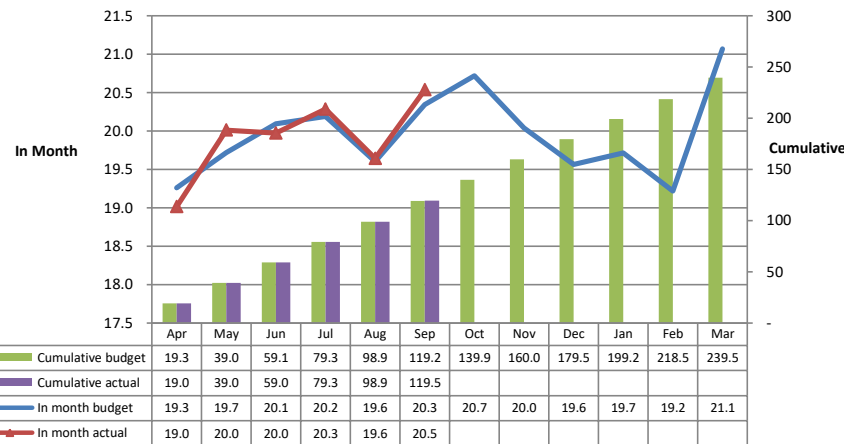
Cumulative Variance to Contract Income plan £'000s
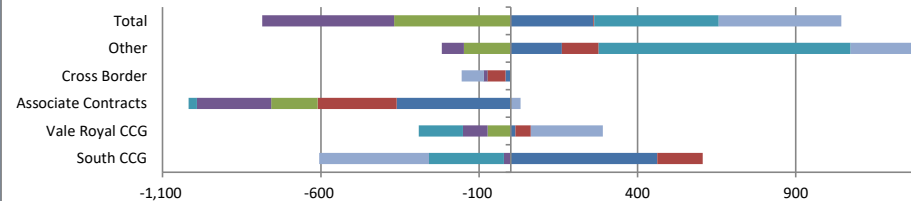
	South CCG	Vale Royal CCG	Associate Contracts	Cross Border	Other	Total
Unplanned Care	463	14	-361	-17	161	260
Day case	143	49	-249	-56	116	3
Elective	-0	-73	-147	-0	-148	-369
Outpatients	-22	-77	-235	-12	-70	-416
High cost drugs	-236	-140	-26	-0	795	394
Other	-348	228	30	-69	546	387
Total	-0	0	-987	-155	1,401	258

Forward View

There is a risk that if the current level of underperformance on associate contracts continues, then this could impact the Trust by between £2m-2.5m.

The Trust has seen an increase in referrals for the first half of the year of around 2%, particularly around the surgical specialties, which the Trust is discussing with the CCG.

Whilst the block contract arrangement is currently overperforming the current assessment around CQUIN would negate this position.

Increase in the growth around diagnostics and cost of delivering this activity needs to be carefully managed.

The over performance on high cost drugs will remain at the current levels until the aseptic unit is re-opened, this is however funded by Specialised commissioners.

The additional activity and costs associated with the independent provider ceasing trading has now been agreed with the CCG, and is awaiting variation into the contract.

Performance and Finance - Pay Expenditure September 2019

Current Position	Analysis	Forward View

Cumulatively Pay is adverse to plan by £153k, with CCICP being £43k favourable in month (£319k ytd), and MCHFT £223k adverse in month (£471k ytd).

In month the 19/20 Medical Pay deal came into effect, which has resulted in £250k of back pay and additional in month increase of £70k. This has been offset by the receipt of income from NHSI.

Nursing pay continues to be under pressure with the reliance on agency to support rotas.

The cost of opening unfunded escalation beds in month is DMEC (£32k in month, £58k ytd) and S&C (£57k in month, £132k ytd).

There is also an underlying underperformance on pay CIPs, and the CCICP vacancy factor is reflected on the infrastucture support line.

Pay Expenditure 2019/20 £'m

In Month / **Cumulative**

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Cumulative budget	15.8	31.1	46.4	61.6	76.7	91.9	107.1	122.2	137.3	153.2	169.0	186.7
Cumulative actual	15.7	30.9	46.1	61.5	76.7	92.1						
In month budget	15.8	15.3	15.4	15.2	15.1	15.2	15.2	15.1	15.2	15.9	15.8	17.6
in month actual	15.7	15.1	15.3	15.3	15.2	15.4						

Pay Variances by Staff Group and Division £'000s

	DMEC	S&C	W&C	CSSD	CCICP	Estates	Other	Total
Total	-227	-309	-189	304	319	67	-118	-153
Infrastructure Support Staff	-117	-44	-5	52	-308	67	-173	-529
Non Clinical Staff	-23	56	20	-61	262	-	1	254
Medical Staff	169	-133	-183	389	36	-	142	420
Nursing Staff	-255	-188	-22	-76	330	-	-87	-298

CCICP plan to make investments into the service, which is likely to result in the current level of underspend not continuing in future months.

There are expected to be some pay pressures in the coming months in relation to the following areas:-

a) Continued dependency on premium costs to deliver core activity. Further analysis at a detailed level is being undertaken to fully understand the premium costs associated with delivering core activity, and whether there are alternative options available, which also support the sustainability of the services.

b) Continued premium costs associated with intensive/specialist support for patients.

Premium costs will be challenging to manage within nursing until substantive appointments to vacancies are made, however the nurses that were successfully appointed to as part of the International Recruitment have been deployed on the wards – though will be supernummery until Q4 of this financial year.

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Performance and Finance - Non-Pay Expenditure September 2019

Current Position	Analysis	Forward View

Non Pay is adverse to plan by £939k. For CCICP the overspend of £292k, MCHFT is £647k.

Where medical vacancies are procured as a service from external companies, they are included as other non-pay, and offset by medical pay underspends. This affects CSSD the most (£151k in month, £704k ytd) but also DMEC covering medical vacancies.

In addition to outsourcing costs relating to vacancies, there have been additional outsourcing costs incurred by the Trust in relation to the soliton service upgrade, and delays in the commencement of the new CT/MRI scanners (£272k ytd).

Whilst drugs are overspent, this is within oncology drugs which are offset by charge to other organisations. The in tariff drugs and home care are both below budget - giving the net over performance of £187k cumulatively.

Non Pay 2019/20 £'m

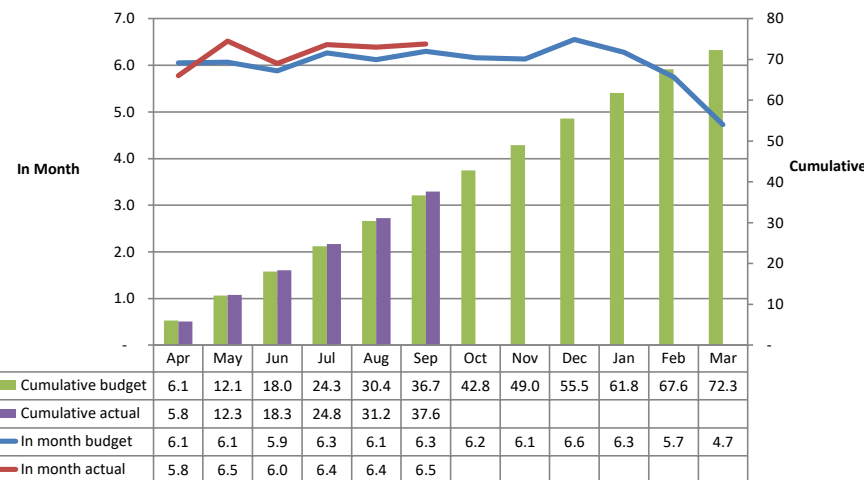|	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Cumulative budget	6.1	12.1	18.0	24.3	30.4	36.7	42.8	49.0	55.5	61.8	67.6	72.3
Cumulative actual	5.8	12.3	18.3	24.8	31.2	37.6						
In month budget	6.1	6.1	5.9	6.3	6.1	6.3	6.2	6.1	6.6	6.3	5.7	4.7
In month actual	5.8	6.5	6.0	6.4	6.4	6.5						

Non Pay Variance by Division

£'000s

	DMEC	S&C	W&C	CSSD	CCICP	Estates	Other	Total
Total	-254	36	-34	-1,102	-292	-24	732	-939
Other Non Pay	-176	106	15	-1,159	-174	-8	1,022	-374
Drugs	-68	-153	-39	-52	4	0	10	-297
Non Clinical Supplies	-30	-34	-10	-8	-96	-24	1	-201
Clinical Supplies	19	117	-1	117	-27	8	-300	-67

The growing reliance on external companies to provide services to cover activity at the Trust comes at a premium rate, which year to date the orgnaisation has spent £0.4m more than in 18/19.

The Diagnostics division has outsourced circa £2.4m of work year to-date which has incurred a premium cost of circa £0.3m.

There is active engagement with the N8 pathology collaborative with UHNM/ECT which should provide a long term clinical and financially sustainable service for pathology.

Radiology has become increasing reliant on external companies with an increase of £0.7m on the first half of 18/19. The Divisions are reviewing the short, medium and long term plans as part of the annual plan process.

Within the medical specialties, the net impact of increasing medical vacancies being offset by external companies is not going to be financially sustainable going forward and other clinical options need to be considered.

Performance and Finance - Cost Improvement Programme September 2019

Current Position	Analysis	Forward View

Current Position

The CIP programme is behind plan by £0.4m, although this is within the reported postiion to-date.

This relates to the following schemes

- Nurse savings on sickness/turnover (£131k)
- Unallocated Capital to Revenue scheme (£50k)
- Unallocated CIP Plans (£92k) in DMEC

The Capital to Revenue scheme has not been allocated to Divisions.

Whilst Surgery and Cancer are currently behind, their 2 key schemes have had delays - which are expected to catch up in the third quarter, with contracts commencing in December.

The Division of Medicine and Emergency Care have challenges with identifying and delivering their CIP schemes around drugs, nursing savings and the additional CIP allocated to all divisions. This is causing them a pressure in overspend to-date and they have identified or delivered little of their £663k CIP target (with exception of NHS supply chain savings) which are mainly delivered outside of the division.

Analysis

CIP Performance - Monthly view

Legend: High Risk Plans, Medium Risk Plans, Low Risk Plans, Actual

(Chart: monthly stacked bar chart from Apr to Mar with values ranging roughly 0.39 to 0.55; Actual dashed line around 0.30-0.36)

CIP Performance Variance by Division
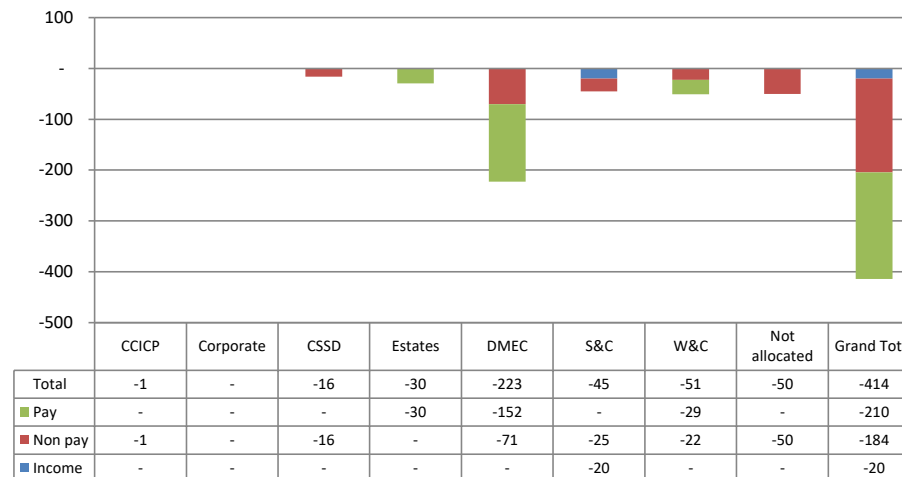
	CCICP	Corporate	CSSD	Estates	DMEC	S&C	W&C	Not allocated	Grand Total
Total	-1	-	-16	-30	-223	-45	-51	-50	-414
Pay	-	-	-	-30	-152	-	-29	-	-210
Non pay	-1	-	-16	-	-71	-25	-22	-50	-184
Income	-	-	-	-	-	-20	-	-	-20

Forward View

There is a risk profile to the CIP plan which increases in Q3 (Pay schemes £0.4m).

NHS
Mid Cheshire Hospitals
NHS Foundation Trust

Performance and Finance - Agency Spend September 2019

Current Position	Analysis	Forward View

Current Position

When the element of cost that is associated with non pay is included, the Trust reliance on non-substantive arrangements comes to 10%, with DMEC 22% and CSSD 18%

In Month, excluding the nurse agency accrual adjustment spend on nurse agency was £212k which is a £60k reduction compared to August.

Medical agency costs in month continued to reduce to £195k which are the lowest this financial year and Other agency costs for September were £34k in month.

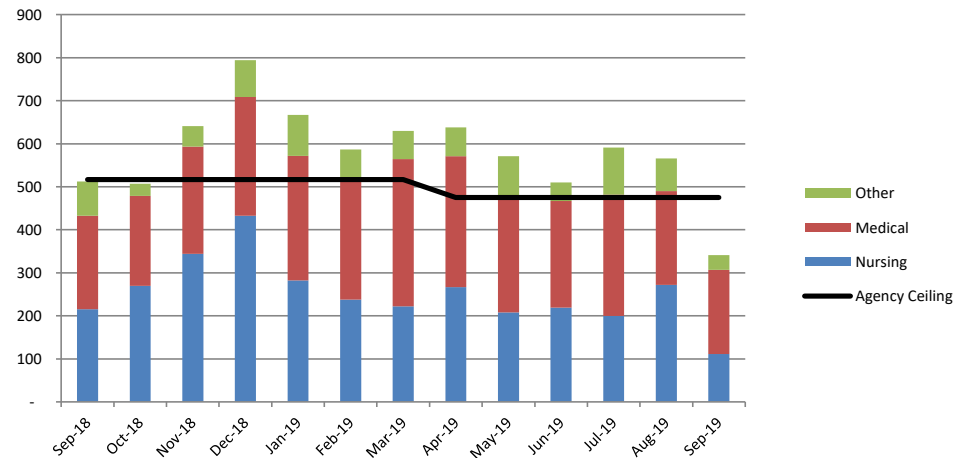**Analysis**

Agency Spend - 13 Month Trend

Legend: Other, Medical, Nursing, Agency Ceiling

Staffing costs by Substantive and Temporary

	DMEC	S&C	W&C	CSSD	CCICP	Estates	Other	Total
Total	21,770	19,764	9,472	16,324	11,620	5,185	7,936	92,072
Waiting Lists	223	256	1	167	-	-	-	647
Bank	1,372	812	329	487	221	469	133	3,823
Locum	657	333	3	259	104	-	18	1,373
Agency	1,576	623	202	359	448	-	9	3,217
Substantive	17,944	17,741	8,937	15,051	10,847	4,716	7,775	83,011

Forward View

Agency Spend as a run rate is projected to exceed the contract ceiling of £5.7m, which is a lower level than the £6.2m 2018/19 level.

The Trust has developed some metrics to examine spend against budget in relation to registered and unregistered nursing, incorporating sickness/turnover and bank/agency shift data by reason code which are being used by the COO/DoN and DoF with the divisions.

Medical staff above cap and use of Thornbury agency use are reviewed by execs weekly.

In January it is expected that the Trust will start to see the benefit of the International nurses that have been recurited to as they will commence on rotas.

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Performance and Finance - Divisional Performance September 2019

Current Position

Analysis

Forward View

The over-performance on block contract income is offset within Other, which will an increasing performance against commissioning income is why some of the divisions have improved within the month.

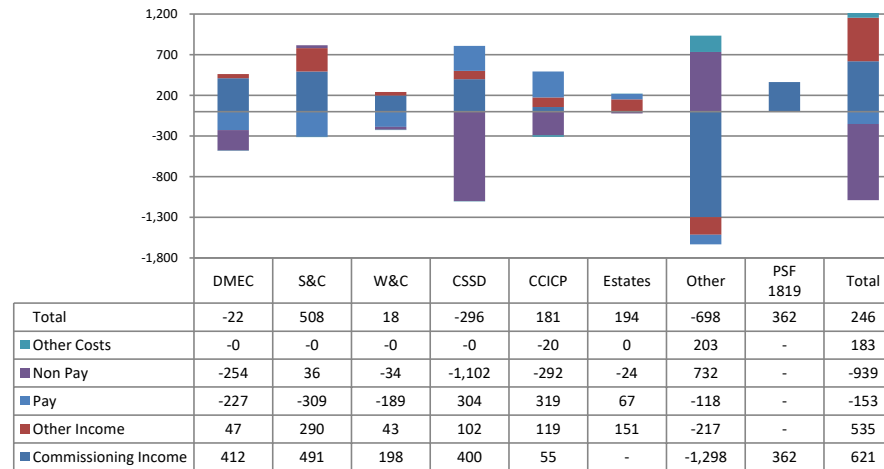DMEC, S&C and W&C are pre-dominantly challenged within pay pressures as a result of escalation beds and reliance on premium costs particularly within nursing pay.

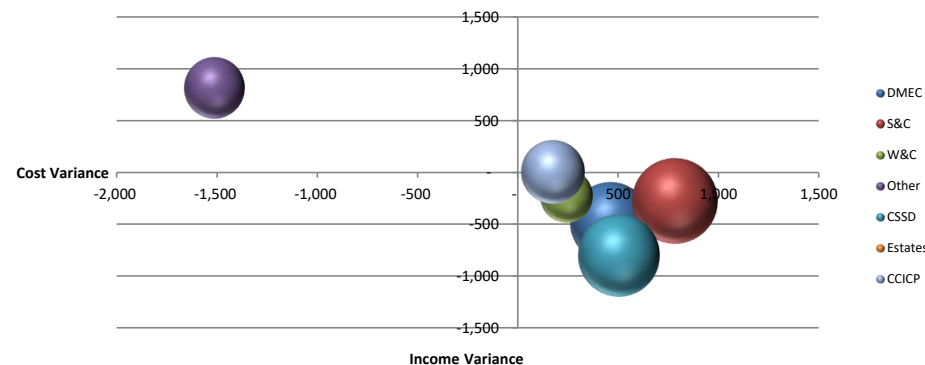In contrast CSSD has pressure from premium costs materialising within non-pay.

CCICP continues to be favourable against budget, although has some challenges around non pay.

Estates are better than plan as a result of an increase in income received from car parking income and catering.

Cumulative Variance by category

	DMEC	S&C	W&C	CSSD	CCICP	Estates	Other	PSF 1819	Total
Total	-22	508	18	-296	181	194	-698	362	246
Other Costs	-0	-0	-0	-0	-20	0	203	-	183
Non Pay	-254	36	-34	-1,102	-292	-24	732	-	-939
Pay	-227	-309	-189	304	319	67	-118	-	-153
Other Income	47	290	43	102	119	151	-217	-	535
Commissioning Income	412	491	198	400	55	-	-1,298	362	621

Divisional Performance 2019/20

The bubble chart shows the financial performance of each division, in terms of income and cost variance – with the size of the bubble reflecting the overall budget
- Top right represents a positive performance that is better than plan for both costs and income
- The bottom left represents a performance that is worse than plan for both income and costs

The Trust is currently expecting to meet the financial plan, however there are some emerging financial risks that are not within the plan:-

 - Additional Escalation costs over and above the plans.

 - Premium costs being required to deliver core services, materialising in non pay.

- Challenges for some Trust wide and individual Divisions CIP programmes, specifically around pay and supplies.

 - Greater unscheduled care demand being experienced in the system than was originally planned for when setting the financial plan.

 - Increasing GP referrals from host contracts (block contract), contrasting with a reduction from associate contracts (PbR contract).

- Financial risk within the wider Cheshire system which requires a Cheshire system financial recovery plan involving all NHS organisations.

NHS
Mid Cheshire Hospitals
NHS Foundation Trust

Performance and Finance - Cash September 2019

Current Position | Analysis | Forward View

Cash Position

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Plan	9.64	10.49	9.50	8.72	10.21	10.55	13.81	12.73	11.75	9.05	8.22	4.76
Actual	7.68	10.54	9.58	15.72	12.58	10.27						
Forecast	7.68	10.54	9.60	14.94	10.80	9.85	10.39	12.90	10.60	9.41	8.58	5.37

Cash Flow Movements

|	Operating Surplus / (Deficit)	Increase / (Decrease) in Working Capital	Net Cash Inflow / (Outflow) from Capital Expenditure	Net Cash Inflow / (Outflow) from Borrowings
Variance	-258	-1,553	999	533

Cash Position

Cash is worse than plan by £0.3m.
The main movements to plan are surplus cash due to lower finance lease payments due to delays in the CT Scanner, and a delay in the purchase of South Cheshire Private Hospital. This is offset by higher Trade Receivables due to higher than anticipated debts with Christies and Local Authorities.
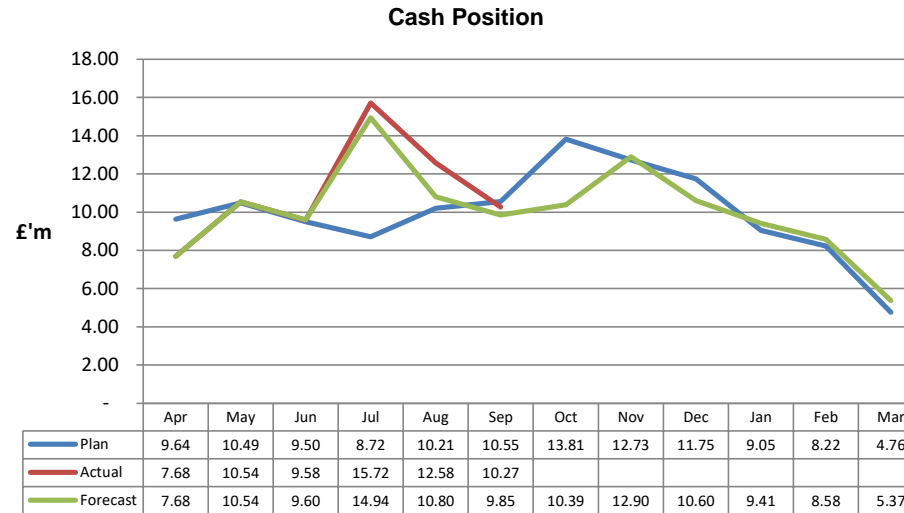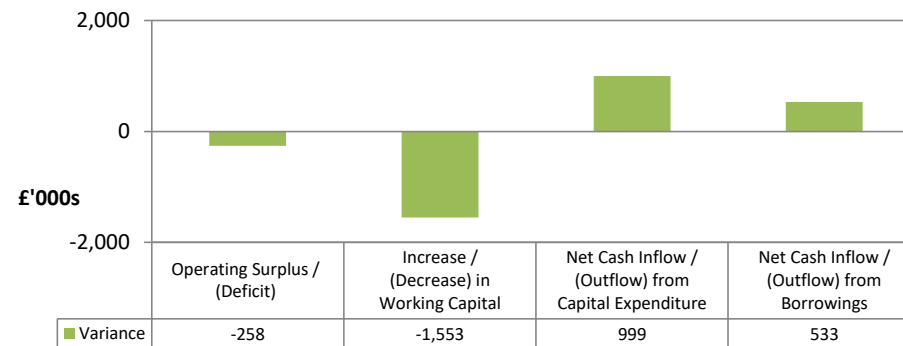
Cash is forecasted to be above target at the year end due to the £0.6m extra 2018/19 PSF.

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Performance and Finance - Capital Expenditure September 2019
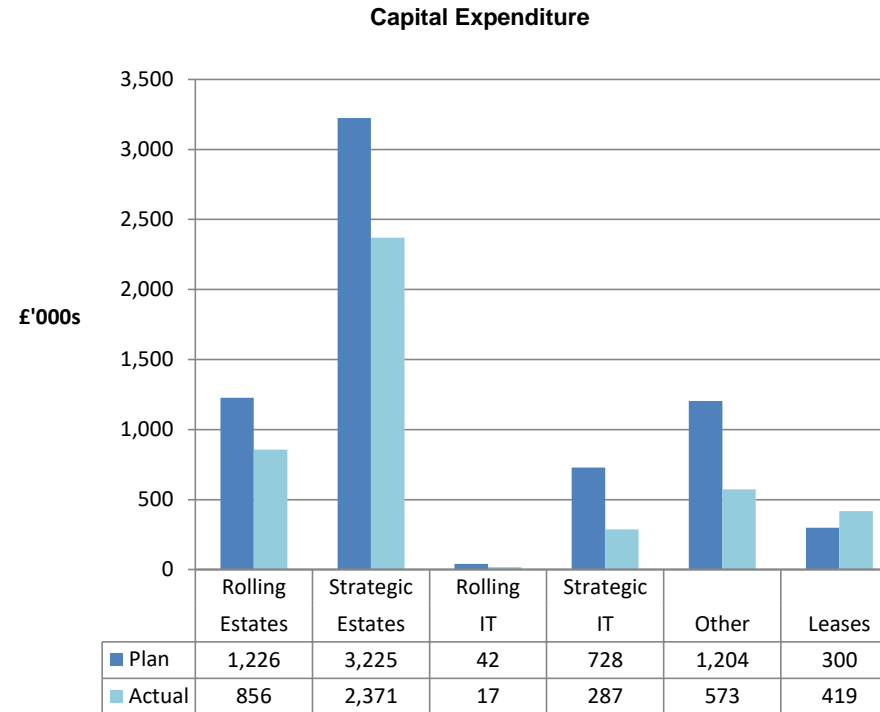
Current Position	Analysis	Forward View

The capital programme is £2.2m less than anticipated which is mainly due to:

(£1.1m) Purchase and updating of South Cheshire Private Hospital
(£0.5m) Third CT Enabling
(£0.2m) Backlog Maintenance
(£0.3m) UPS upgrade
(£0.4m) EPR Project
(£0.1m) Equipment Leases
£0.4m Third MRI Scanner build

The underspend is mainly due to a delay in the purchase of South Cheshire Private Hospital, which was originally expected to complete in July 2019. The main overspend is the Third MRI Scanner where the spend profile in the NHSI return has the scheme completing in December 2019. Whereas the Third MRI Scanner has completed in July 2019 and was delivered within budget.

Capital Expenditure

£'000s

	Rolling Estates	Strategic Estates	Rolling IT	Strategic IT	Other	Leases
■ Plan	1,226	3,225	42	728	1,204	300
■ Actual	856	2,371	17	287	573	419

		Year to Date £'000s			Year End £'000s		
		Plan	Actual	Variance	Plan	Forecast	Variance
Estates	Rolling	1,226	856	-370	2,490	2,340	-150
Estates	Strategic	3,225	2,371	-854	6,551	5,910	-641
IT	Rolling	42	17	-25	90	90	0
IT	Strategic	728	287	-441	3,968	3,902	-66
Other		1,204	573	-631	1,742	3,844	2,102
Leases		300	419	119	347	600	253
		6,725	**4,523**	**-2,202**	**15,188**	**16,686**	**1,498**

The Trust is forecasting an underspend of £0.6m to plan due to slippage in the schemes for EPR Project Accomodation of £0.3m and ICU Conversion of £0.2m.

The Trust had been asked by DOH to reduce it's capital programme by £3.0m. Although this request has now been retracted by the DOH, the forecast has still been reduced by £3m in anticipation of an underspend against capital.

ED Majors extension £1.8m is included within the spend forecast resulting in an overspend against the plan. This is funded by PDC.

Performance and Finance - Statement of Financial Position September 2019

Current Position   Analysis   Forward View

Assets Non-Current
The capital programme expenditure is £2.2m less than anticipated mainly due to a delay in the purchase of South Cheshire Private Hospital. In addition to this, there has been a delay in Finance Lease purchases.

Assets Current
Trade and Other Receivables is £2.5m higher than plan, mainly due to outstanding debts with Christies £1.6m (£1.3m agreed to be paid), £0.5m from East Cheshire Council and Chester and West Cheshire Council (£250k paid in October). In addition, prepayments for operating leases are higher than anticipated due to a switch from finance lease to operating leases.

Current Liabilities
Deferred Income is higher than anticipated as the two main CCG's contract payments are £1.8m ahead of plan. In addition, accruals are £0.5m higher than plan. This is offset by Trade Creditors being £2.5m lower than plan, mainly due to the lower/delayed capital creditors of £1.3m.

Non-Current Liabilities
This is due to the CT Scanner & MRI Scanner in the plan was assumed to be a finance lease and has now been assessed as an operating lease. Also there are some delays in finance leases.

	Plan Apr to Sept (£'000)	Actual Apr to Sept (£'000)	Variance (£'000)	Forecast 2019/20 (£'000)
Assets				
Assets, Non-Current	99,127	94,740	-4,387	104,231
Assets, Current	23,730	26,254	2,524	20,729
ASSETS, TOTAL	**122,857**	**120,994**	**-1,863**	**124,960**
Liabilities				
Liabilities, Current	-29,889	-29,949	-60	-24,208
Liabilities, Non Current	-15,210	-13,035	2,175	-21,195
TOTAL ASSETS EMPLOYED	**77,758**	**78,009**	**251**	**79,557**
Taxpayers' and Others' Equity				
Taxpayers Equity	77,758	78,009	251	79,557
TOTAL FUNDS EMPLOYED	**77,758**	**78,009**	**251**	**79,557**

The Statement of Financial position is forecast mainly on plan.

The Trust had been asked by DOH to reduce it's capital programme by £3.0m. Although this request has now been retracted by the DOH, the forecast has still been reduced by £3m in anticipation of an underspend against capital. This has reduced the value of the Asset, Non-Current forecast.

In addition Asset, Current has improved by £0.4m due to the extra 2018/19 PSF.

The capital loan of £4.2m still to be approved by DOH, however paperwork has been received and the loan should be finalised in the near future.

Title of Paper:	Freedom to Speak Up Report: Q2 2019/20		
Author:	Julie Tunney: Director of Nursing & Quality		
Executive Lead:	Julie Tunney, Director of Nursing & Quality and Freedom to Speak Up Guardian		
Type of Report:	Concept Paper		
	Strategic Options Paper		
	Business Case		
	Information		x
	Review/Benefits/Audit		

Link to Strategic Domains:		**Link to Domain:**	
Delivering Outstanding Clinical Quality, Safety & Experience	✓	Safe	✓
Being a Leading partner in a Progressive Health Economy		Effective	✓
Striving for Outstanding Organisational Effectiveness		Caring	✓
Aspiring to Excellence in Practice Through our Workforce	✓	Responsive	✓
Creating a 21st Century Infrastructure for Transformative Health and Social Care	✓	Well-Led	✓

Link to Board Responsibility:	Performance	
	Accountability	✓
	Strategy	✓
	Implementation	✓

Action Required:	Decide	
	Approve	✓
	Note	✓
	Recommend	
	Delegate	

Positive Benefit:	A workforce that feels safe to report concerns is essential to the continuing improvement and development of the patient and staff experience.
Risk:	Concerns go unreported and this leads to failure to provide good quality and safe individual care for our patients

To be published on Trust Website –complete version	Y
If no, to be published on Trust Website – redacted	
If not to be published complete or redacted, please detail the reason why	
Presented at Board Meeting of:	4 November 2019

FREEDOM TO SPEAK UP GUARDIAN QUARTERLY REPORT
July - September (Quarter 2)

Introduction & Background

The Mid Staffordshire inquiry and subsequent Freedom to Speak Up (FTSU) review by Sir Robert Francis highlighted serious concerns about the way NHS organisations deal with concerns raised by staff and the treatment of those who have spoken up and were victimised for doing so.

All NHS trusts are required to appoint Freedom to Speak up Guardians. The Guardians provide staff with someone to go to if they have a concern about a patient safety risk, a wrong-doing or malpractice. They are also required to report to the Board on all speaking up matters (including whistleblowing) and support the organisation in developing an open and transparent culture. The Guardian role at the Trust is undertaken by the Director of Nursing and Quality.

This report provides an update about the current position in relation to speaking up and raising concerns and sets out the additional activities to further embed these important roles and activities further.

Freedom to Speak Up Activity during Quarter 2

➢ The Freedom to Speak up Guardian continues, with the support of the Employee Support Advisers (ESA), to remind staff of the importance of raising concerns within the Trust. The ESA's meet on a quarterly basis to update on the Freedom to Speak Up agenda, generate ideas and share best practice.

➢ Staff suggestions were captured from the trusts Patient Safety Summit and there was a request to increase the number of Speak Up Boxes. In line with this request and National Speak up Month during October an additional 6 boxes have been located across the trust as follows-

- Emergency Department corridor

- Cross Roads - Top & bottom

- Doors by maternity exit to the staff car park/residence

- Doors to the car park next to Ward 1

- Ward 7 corridor

Freedom to Speak Up boxes will also be placed at Victoria Infirmary Northwich and Elmhurst over the coming months. These will allow staff to raise concerns anonymously should they so wish to do and is in addition to the other established mechanisms in place across the Trust. The boxes will be monitored regularly and feedback will be provided at the trust Patient Safety Summit on a fortnightly basis.

Efforts still continue to encourage and empower staff to raise concerns using other mechanisms with further promotion of these mechanisms planned throughout the year.

Quarterly Reporting Q2

During the period 1st July 2019 to 30th September 2019, 2 Freedom to Speak Up concerns were raised by three individuals. This compares to 5 concerns being raised during Quarter 1.

One case which related to potential fraud concerns was reported by two different individuals and therefore has been recorded as one concern during the quarter.

A further concern was reported directly to the Freedom to Speak Up Guardian however the issues raised related to a personal grievance which is being managed under the normal HR policies and procedures and is therefore not included in the reporting figures.

Method of reporting	Reason for Contact	Investigation /fact find undertaken	Issue closed and feedback reported
Via Whistleblowing – FTSU Guardian- 2 people raised	Report of potential fraud	Yes – on-going	No
Via FTSU Guardian- raised by 1 person	A patient safety Concern	Yes – on-going	No

Conclusion

Quarter 2 has seen a decrease in concerns raised compared to the previous month, however it is positive to see that concerns are being raised and staff are aware that different concerns can be raised via the Guardian, not just where there are patient safety concerns. We are also encouraged that the same concern was reported by more than one staff member which evidences that staff recognise where they are potential issues and are empowered to speak up.

The information reported during quarter 2 has identified that continued education is required to ensure that staff are aware of the issues that are managed under the Freedom to Speak Up route and are fully aware of alternative routes to report personal grievances. The Human Resources Department will undertake work to promote the suite of policies and procedures available to staff.

National Guardian Reporting

The data included in this report will be shared with the National Guardians Office for the Quarter 2 returns to ensure compliance and national learning.

Freedom to Speak Up Q2

Title of Paper:	Fit and Proper Persons Annual Review	
Author:	Katharine Dowson	
Executive Lead:	James Sumner	
Type of Report:	Concept Paper	
	Strategic Options Paper	
	Business Case	
	Information	
	Review/Benefits/Audit	x

Link to Strategic Domains:			Link to Domain:	
Delivering Outstanding Clinical Quality, Safety & Experience			Safe	x
Being a Leading partner in a Progressive Health Economy			Effective	
Striving for Outstanding Organisational Effectiveness		x	Caring	
Aspiring to Excellence in Practice Through Our Workforce		x	Responsive	
Creating a 21st Century Infrastructure for Transformative Health and Social Care			Well-Led	x

Link to Board Responsibility:	Performance	
	Accountability	x
	Strategy	
	Implementation	

Action Required:	Decide	
	Approve	x
	Note	
	Recommend	
	Delegate	

Positive Benefit:	Confirmation that directors remain fit and proper persons.
Risk:	Non Compliance with Fit and Proper Persons Regulations

To be published on Trust Website –complete version		Y
If no, to be published on Trust Website – redacted		-
If not to be published complete or redacted, please detail the reason why		-
Presented at Board Meeting of:		**4 November 2019**

Fit and Proper Persons Regulations (FPPR)

Background

Regulatory standards for the Fit and Proper Persons standards for directors came into force for all NHS provider organisations from 27 November 2014. This was a direct response to the Francis Inquiry into Mid-Staffordshire NHS Foundation Trust and reflected growing requirements, both within the NHS and the corporate sector about the standards of conduct required for Board Directors.

A process of review takes place annually and self-assessment checks have been completed for 2019 with no compliance concerns raised. A check of the national insolvency, bankruptcy and disqualified director's registers has also been undertaken with no findings made.

CCICP

Following the Kirkup report, which focused on the failings in leadership at Liverpool Community Health NHS Trust in 2018 the Trust reviewed its processes and found them compliant, however it was identified that the same levels of scrutiny should apply to all Trust directors including the CCICP Partnership Board. This was initially completed in January 2019 and has recently been repeated in order to provide assurance to the Board ahead of the next CQC inspection that all checks have been completed.

As a Foundation Trust, Cheshire and Wirral Partnership NHS Foundation Trust are subject to FPPR and have therefore provided the Trust with a statement of assurance that all those directors on the CCICP Partnership Board have completed checks.

Kark Review

In response to the Kirkup review the Government set up the Kark review which reported in February 2019 and made a number of recommendations on the effectiveness and application of the current FPPR. These recommendations have not yet been accepted and therefore no changes to the current guidance have been made although it is likely that changes will be made in the future. The recommendations are listed below in Appendix 2.

Recommendation: To note that the Board of Directors and CCICP Partnership Board remain compliant with the FPPR and have completed the annual checks.

Katharine Dowson
Trust Board Secretary
November 2019

Appendix 1

FPPR Requirements

The requirements are defined in Schedule 4 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014

A Trust must not appoint a person to a Director level post unless:

- they are of good character;

- they have the necessary qualifications, competence, skills and experience;

- they are able by reason of their health, after reasonable adjustments are made, properly to perform their work;

- they have not been responsible for, been privy to, contributed to or facilitated any serious misconduct or mismanagement in the course of carrying on a regulated activity; and

- none of the grounds of unfitness specified in Part 1 of Schedule 4 of the 2014 Regulations apply to them.

In assessing good character, consideration must be given to:

- Whether the person has been convicted in the United Kingdom of any offence or been convicted elsewhere of any offence which, if committed in any part of the United Kingdom, would constitute an offence, and

- Whether the person has been erased, removed or struck off a register of professionals maintained by a regulator of health care or social work professionals.

The grounds of unfitness specified in Part 1 of Schedule 4 of the 2014 Regulations are:

- The person is an undischarged bankrupt or a person whose estate has had a sequestration awarded in respect of it and who has not been discharged;

- The person is the subject of a bankruptcy restrictions order or an interim bankruptcy restrictions order or an order to like effect made in Scotland or Northern Ireland;

- The person is a person to whom a moratorium period under a debt relief order applies under Part VIIA (debt relief orders) of the Insolvency Act 1986;

- The person has made a composition or arrangement with, or granted a trust deed for, creditors and not been discharged in respect of it;

- The person is included in the children's barred list or the adults' barred list maintained under section 2 of the Safeguarding Vulnerable Groups Act 2006,

  or in any corresponding list maintained under an equivalent enactment in force in Scotland or Northern Ireland;

- The person is prohibited from holding the relevant office or position, or in the case of an individual from carrying on the regulated activity, by or under any enactment.

Appendix 2

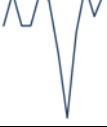**Recommendations of the Kark Review 2018**

None of the recommendations made below should remove from the Trust Board the overarching responsibility for good corporate governance and the overall responsibility of the Boards of Trusts to protect those working in the hospitals and to protect their patients.

1. All directors (executive, non-executive and interim) should meet specified standards of competence to sit on the board of any health providing organisation. Where necessary, training should be available.
2. That a central database of directors should be created holding relevant information about qualifications and history
3. The creation of a mandatory reference requirement for each Director
4. The FPPT should be extended to all Commissioners and other appropriate Arms-Length Bodies (including NHSI and NHSE)
5. The power to disbar directors for serious misconduct (through a new regulatory organisation, potentially hosted by NHSI)
6. We recommend that, in relation to Regulation 5 (3) (d) of the Regulations, the words "been privy to" are removed.

Board of Directors

Workforce Report

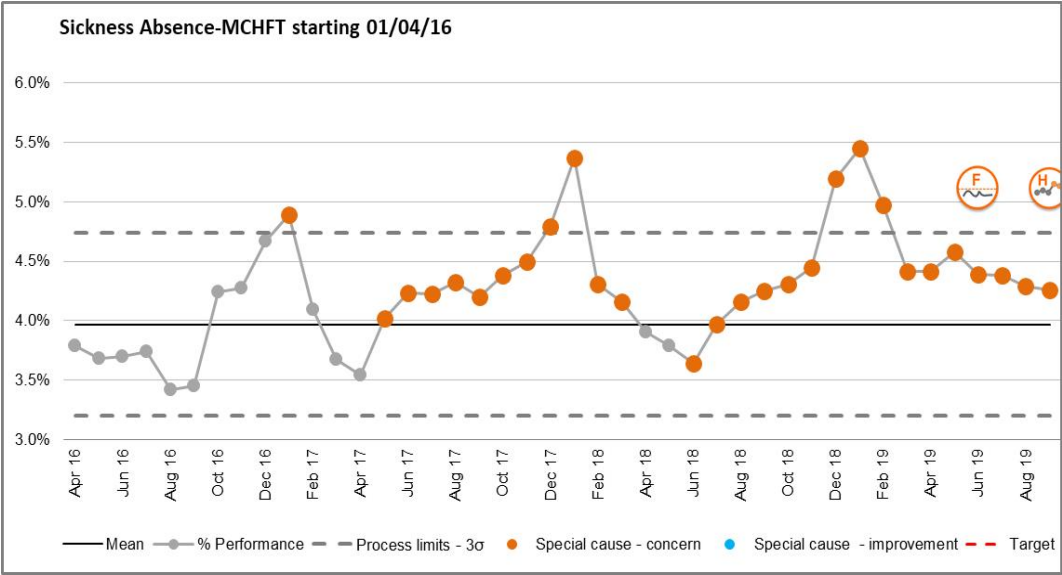# November 2019

(September 2019 data)

Measure	Target	Performance	Description	Narrative	Rolling Trend	Trend	C&W Average
IN MONTH SICKNESS ABSENCE	N/A	4.26%	In-month 12m average Sickness Absence described as a Percentage	In-month sickness absence slightly decreased from the previous month (0.03%). 3 of the 7 divisions experienced reduced sickness absence levels: EF, MEC and CCICP. Other divisions had increased sickness absence but no more than 0.36% above previous months position.		↓	5.11%
APPRAISAL RATES	90.00%	87.20%	Percentage of Staff who have received an appraisal in the last 12 months. Excludes New Staff with less than 12m service and Bank Staff	Overall, there was a 0.69% improvement in the appraisal rates across the Trust. 4 divisions experienced an improvement in compliance (Corp, MEC, WC and CCICP). The most significant improvement was in WC (8.10%). Corporate and EF are Green and the remaining divisions are Amber.		↑	85.80%
MANDATORY TRAINING	90.00%	81.67%	Mandatory Training Monthly Rate Excludes Bank Staff, Staff on long term sick & mat. leave.	Overall mandatory training compliance dropped slightly in month (1.92%) and EF was the only division to see an improvement (3.74%). WC saw the biggest decline (8.53%). 4 divisions are Amber (DCSS, EF, SC and CCICP) and 3 divisions are Red (Corp, MEC, WC)		↓	90.01%
STAFF TURNOVER	10.00%	8.59%	Number of Leavers expressed as a percentage of the workforce over a 12m rolling period. Exclude Junior Doctors, Temporary and Fixed term.	The rolling position for turnover improved slightly in month (0.21%). Turnover reduced in 3 divisions (DCSS, MEC and SC. All divisions are Green against target with the exceptions of EF who are Amber (10.20%) and CCICP (11.78%).		↓	10.69%
AGENCY SPEND	(404)	(341)	In month total spend for the Trust against plan	Agency spend decreased in month (£225k less than the previous month) and the agency spend target was met. Agency spend reduced across all staff groups, most significantly in N&M which was £160k less than the previous month. All divisions had a lower spend than in the previous month with the exception of CCICP. MEC saw the biggest reduction (£123k less than previous month). There was less spend in month circa £60k but there was also a £100k rate adjustment (monthly accrual reduced). Without the rate adjustment the agency spend and NHSI ceiling metrics would have been Red.		↓	N/A
NHSI PLANNED AGENCY	Less than 100% of spend	84.41%	In month Trust Agency Spend as a percentage of the Agency Spend			↓	N/A
OVER CAP RATES	N/A	67%	Number of Agency shifts filled by agency staff that are over the nationally determined capped rates			↑	N/A

Key

Adverse Increase	↑
Positive Increase	↑
Adverse Reduction	↓
Positive Reduction	↓
Neutral Change/ No Change	↑↓=

Sickness Absence

Sickness Absence-MCHFT starting 01/04/16

Legend: Mean — % Performance — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target

The Trust has recently moved to an SPC methodology for considering sickness absence. Surgery and Cancer have been identified as a specific area of focus and two deep dives have been arranged to work with the clinical teams in Theatres and Ward 18 to establish key drivers and develop an appropriate action plan to support process performance improvement.