Mid Cheshire Hospitals NHS Foundation Trust

AGENDA

Board of Directors
A meeting will be held in Public at
09.30am on Monday, 5 August 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 1 July *(attached) (for approval)*	A	Chairman **09.52**	**4**
5.	**Matters Arising and Action Log** *(attached) (to approve)*	I/A	Chairman **09.55**	**18**
6.	**Annual Work Programme 2019/20** *(attached) (to note)*	I	Chairman **09.57**	**19**
7.	**Chairman's Announcements** (*to note a verbal report*)	I	Chairman **10.00**	-
	7.1 NHS Big Tea Party			
	7.2 Board to Board with the CCG			
	7.3 Electronic Patient Record (EPR)			
	7.4 Board to Board with East Cheshire Hospitals NHS Trust			
	7.5 Maternity Entrance			
	7.6 British Red Cross Visit			
8.	**Governor's Items** (*to note a verbal report*)	I	Chairman **10.15**	-
	8.1 Council of Governors – 25 July 2019			

Item No		Title of Item	Action	Led By	Page No.
	8.2	**New Governors**			
9.		**Chief Executive's Report** *(to note a verbal report)*			
	9.1	**System Update**	I	Chief Executive 10.20	-
	9.2	**Executive Away Day – 30 July 2019**			
10.		**CARING**			
	10.1	**Quality, Safety & Experience Report** *(attached) (for discussion)*	I/D	Director of Nursing & Quality 10.30	20
11.		**SAFE**			
	11.1	**Draft Quality Governance Committee notes from the meeting held on 8 July 2019** *(attached) (to note)*	I	Committee Chair 10.40	67
	11.2	**Serious Untoward Incidents and RIDDOR Events** *(verbal)* (*to note*)	I/D	Interim Medical Director 10.45	-
	11.3	**Guardian of Safe Working Hours Report** *(attached) (to note)*	I/D	Director of Workforce and OD 10.50	84
12.		**RESPONSIVE**			
	12.1	**Performance Report** *(attached) (to note)*	I/D	Director of Operations /Deputy Director of Finance 10.55	87
	12.2	**Draft Performance & Finance Committee notes from the meeting held on 25 July 2019** *(attached) (to note)*	I	Committee Chair 11.05	110
	12.3	**Legal Advice** *(verbal)* (*to note*)	I	Chief Executive 11.10	-
	12.4	**Report on the Use of the Trust Seal** *(attached) (to note)*	I/D	Chief Executive 11.15	131
	12.5	**Freedom to Speak up Guardian Q1 2019-20** *(attached) (to note)*	I/D	Director of Nursing & Quality 11.20	133
13.		**WELL-LED**			
	13.1	**Visits of Accreditation, Inspection or Investigation** *(verbal)* (*to note*)	I	Chief Executive 11.25	-
	13.2		A/D		137

Item No	Title of Item	Action	Led By	Page No.
	Workforce, Diversity, Equality Standard *(attached) (to approve)*		Director of Workforce and OD	
13.3		A/D	**11.30**	**152**
	Equality Delivery System *(attached) (to approve)*		Director of Workforce and OD **11.35**	
14.	**EFFECTIVE**			
14.1	**Workforce Report** *(attached) (to note)*	I/D	Director of Workforce and OD **11.40**	**168**
14.2	**Transformation and People Committee notes from the meeting held on 4 July 2019** *(attached) (to note)*	I	Committee Chair **11.50**	**171**
14.3	**Consultant Appointments** *(verbal) (to note)*	I	Interim Medical Director **11.55**	**-**
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 September 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
19/07/10.1.5	01/07/2019	Impact of nursing home staff attending PU Panel meetings to be reported.	J Tunney	05/08/2019		05/08/2019	

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					

NHS
Mid Cheshire Hospitals
NHS Foundation Trust

We Care Because You Matter

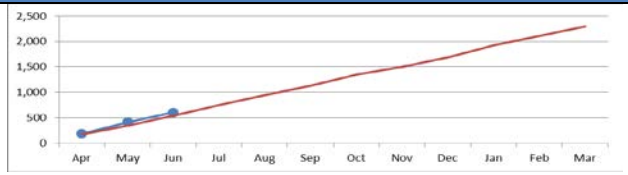
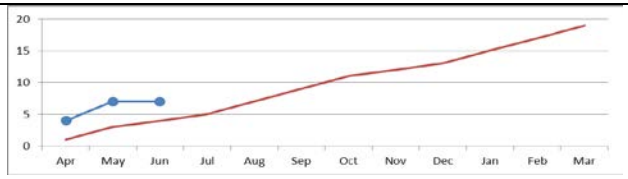
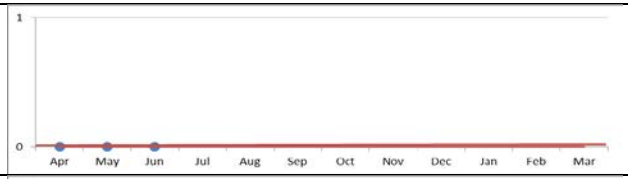
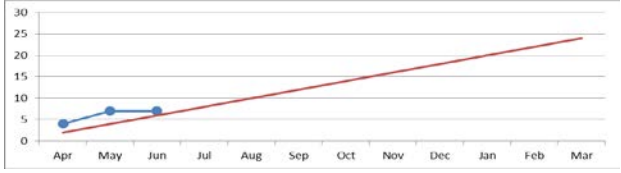
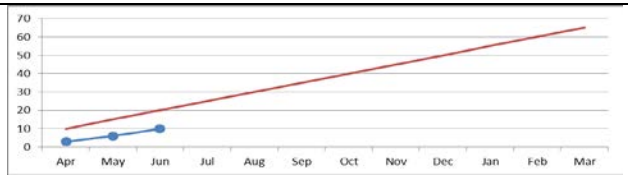
Quality, Safety and Experience Report

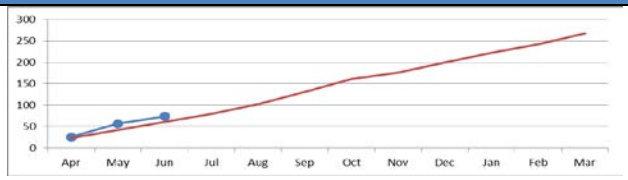
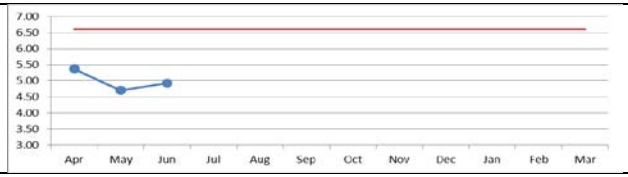
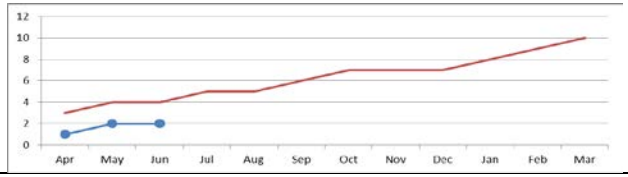
August 2019

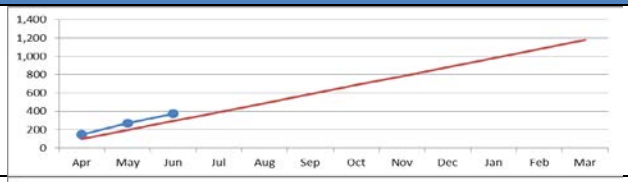
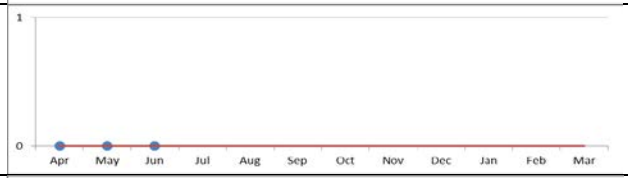
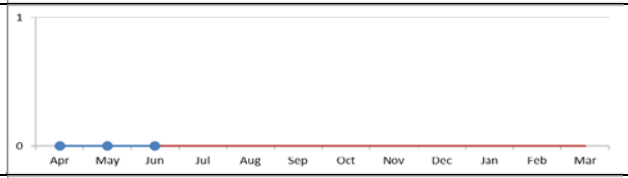
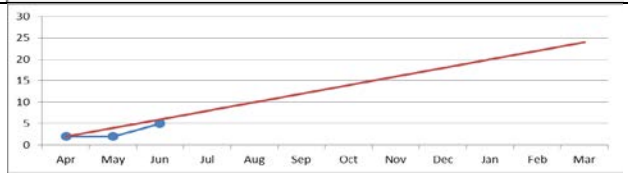
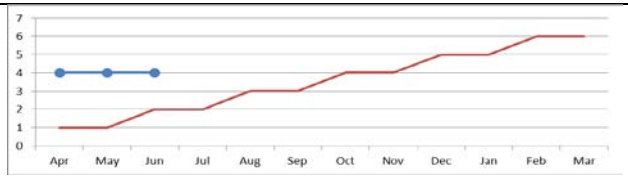
(June 2019 data)

Contents

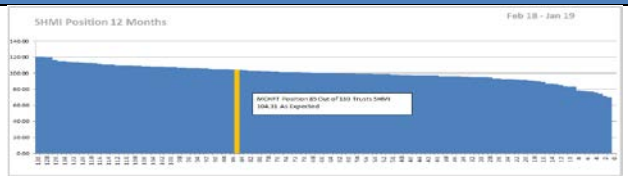
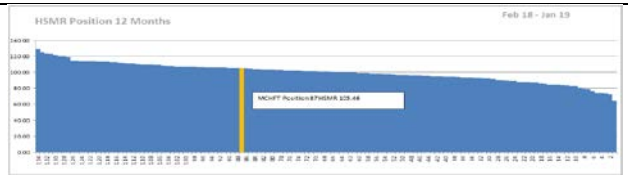
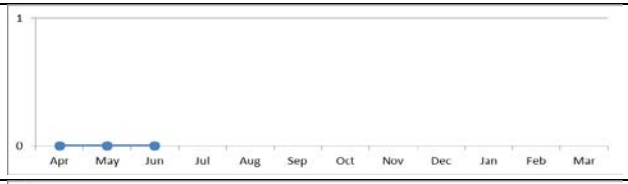
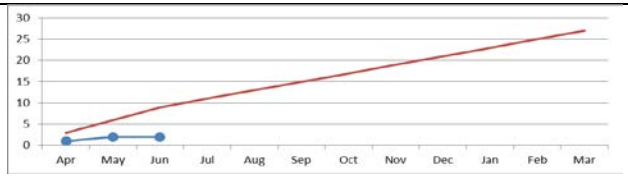
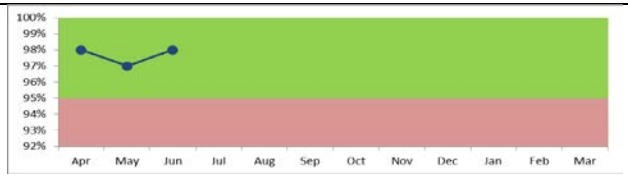
Contents (continued):

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**	

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

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**	
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**	
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 June 2019, there were a total of 192 patient safety harm incidents:

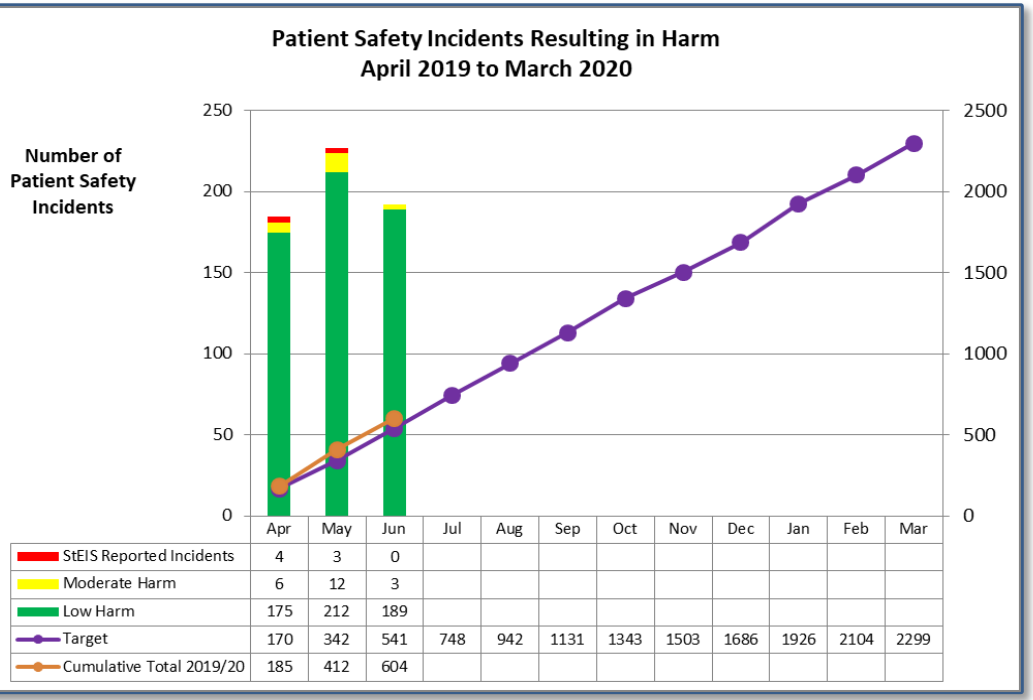
98.4% (189 incidents) have resulted in low harm

1.6% (3 incidents) have resulted in moderate harm

0% (0 incidents) have been reported to StEIS

Improvement actions include;

- The Trust continues with twice monthly Patient Safety Summit meetings. Following each Patient Safety Summit a 'Safety Matters' newsletter is developed and distributed across the organisation. The newsletter contains learning from incidents, mortality case note reviews, local or national updates and Summit messages of the week.
- A review of the 48 hour rapid response process has taken place to ensure immediate learning takes place following the reporting of a suspected serious incident.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
StEIS Reported Incidents	4	3	0									
Moderate Harm	6	12	3									
Low Harm	175	212	189									
Target	170	342	541	748	942	1131	1343	1503	1686	1926	2104	2299
Cumulative Total 2019/20	185	412	604									

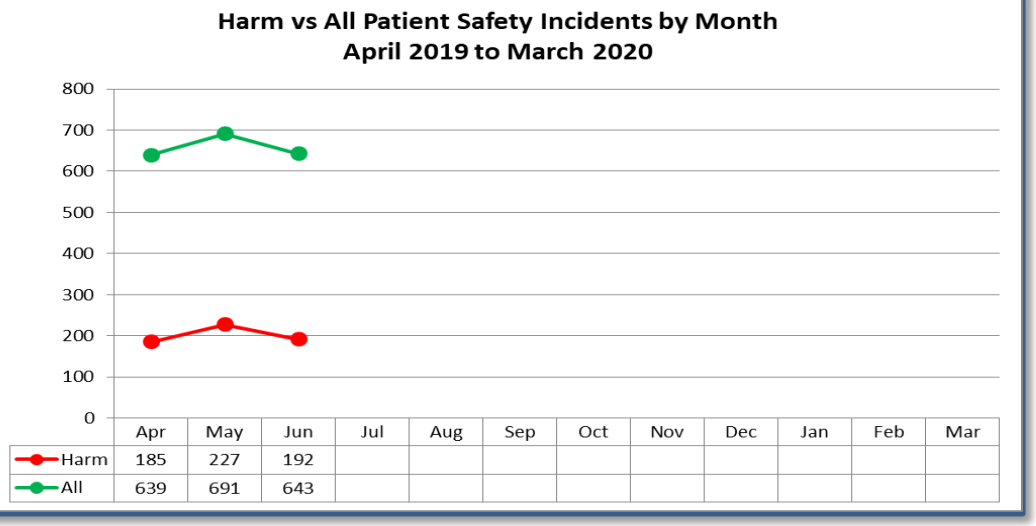
Harm vs All Patient Safety Incidents

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

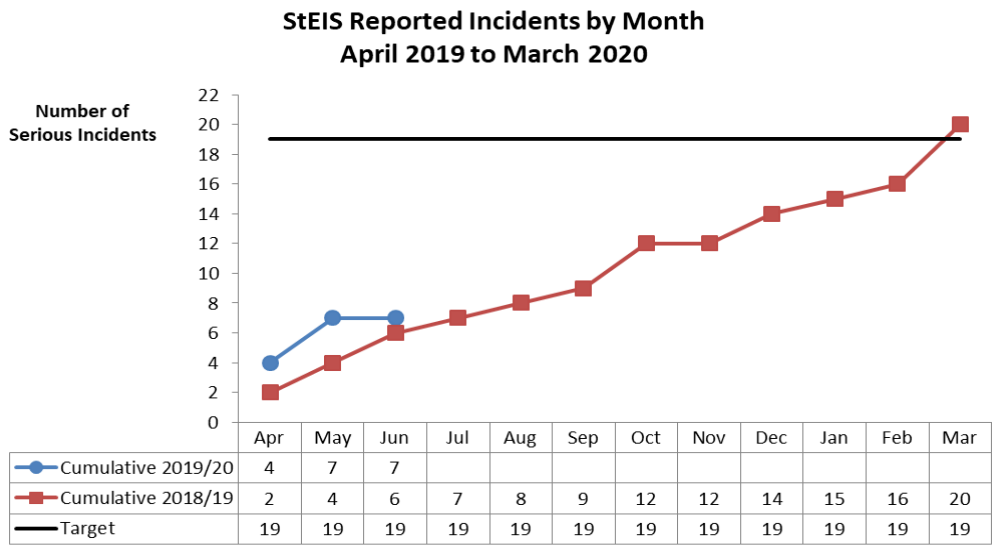
This chart demonstrates the number of incidents that have resulted in harm vs all patient safety incidents.

In June 2019, the gap between harm and all patient safety incidents was 451. The aim over the twelve month period is to see this gap widening.

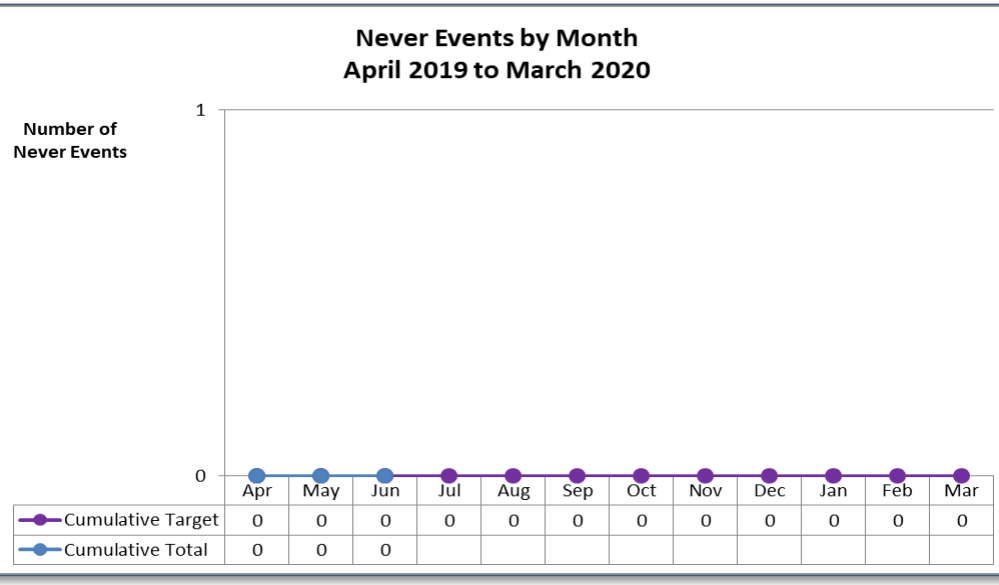
A safety culture survey was undertaken in the Trust in December 2018 to January 2019. The results were shared at the EQGG in April 2019 and divisional improvement plans developed to take into account the feedback received during the survey.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Harm	185	227	192									
All	639	691	643									

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 June 2019, there were no StEIS reported incidents.	

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Cumulative 2019/20	4	7	7									
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 June 2019 no Never Events were reported.	

	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									

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.

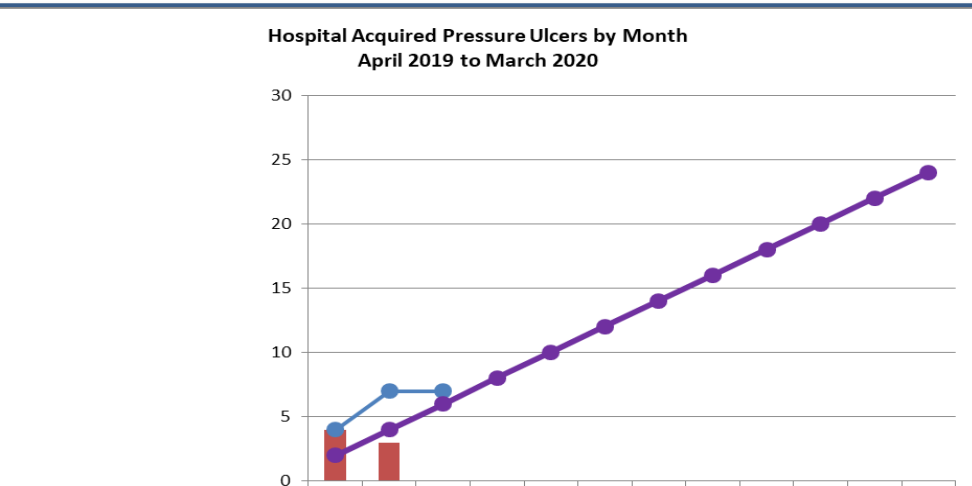
For June 2019, there were a total of 18 hospital acquired pressure ulcer incidents:

- 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.
- 22.2% (4 PUs) occurred with no lapses in care identified.
- 16.7% (3 PUs) confirmed but awaiting tool.
- 33.3% (6 PUs) are awaiting confirmation from PUP.
- 27.8% (5 PUs) are awaiting verification.

Improvement actions include;

The following guides have been ratified and shared with staff to support pressure ulcer prevention:

- Divisional panel meetings embedded in Surgery & Cancer & DMEC. Learning is shared at the Skin Care Committee
- Links to Wounds UK study day and CPD modules which include verification training has been shared with the Divisions.
- React to Red Posters and aSKKINg bundle has been shared Trust wide and is available on frequently used forms.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Lapses in Care Identified	4	3	0									
Cumulative Lapses in Care	4	7	7									
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%	0.0%									

Medication Harm Incidents

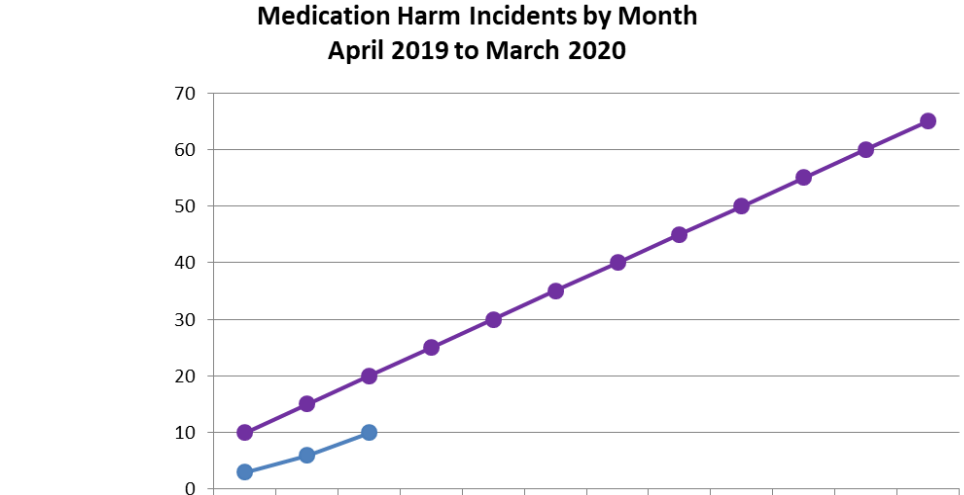
The target is to reduce the total number of medication incidents resulting in harm when compared to the previous financial year by the end of March 2020.

For June 2019, there were a total of 4 medication incidents resulting in harm reported:

- 100% (4 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:

- Junior medical staff training and E-learning package is in place
- Medicines management training for nurses has been updated
- Monthly lessons learned shared from the Safe Medicines Practice Group
- Pharmacy enablement policy approved which enables pharmacists to amend prescriptions which are unsafe or unclear.

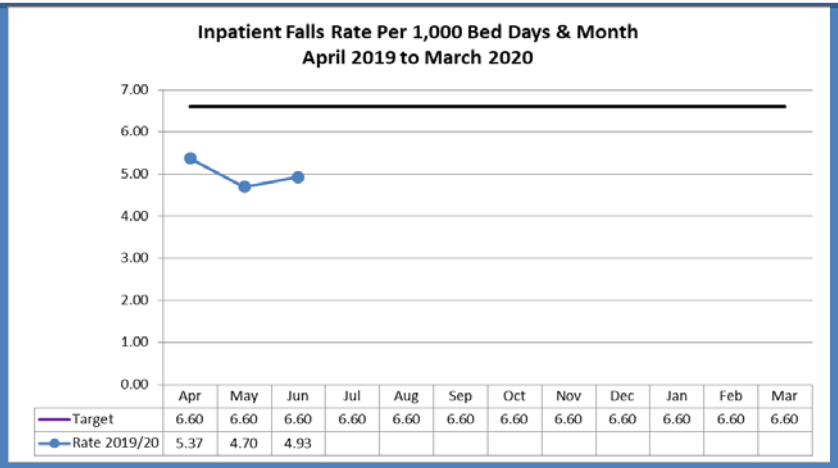


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Cumulative Total	3	6	10									
Cumulative Target	10	15	20	25	30	35	40	45	50	55	60	65

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

Inpatient Falls.

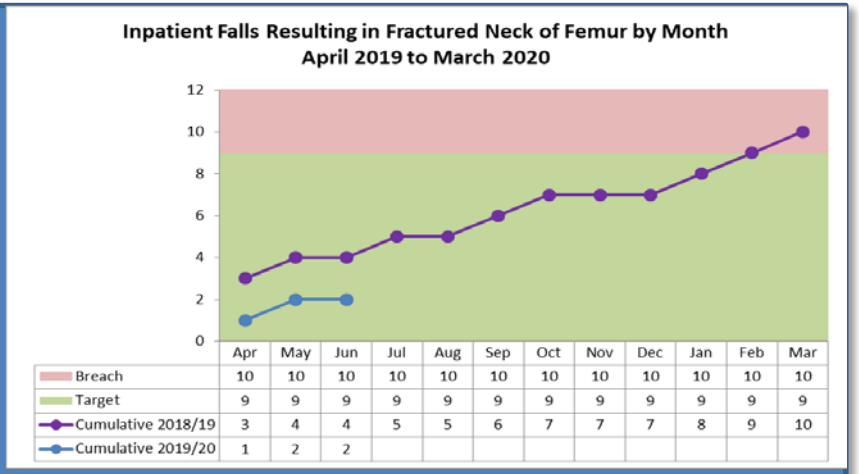
A reduction in the number of falls per 1,000 bed days when compared to the previous financial year (less than 6.6)



	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	5.37	4.70	4.93									

For June 2019, the falls rate per 1,000 bed days was 4.93.

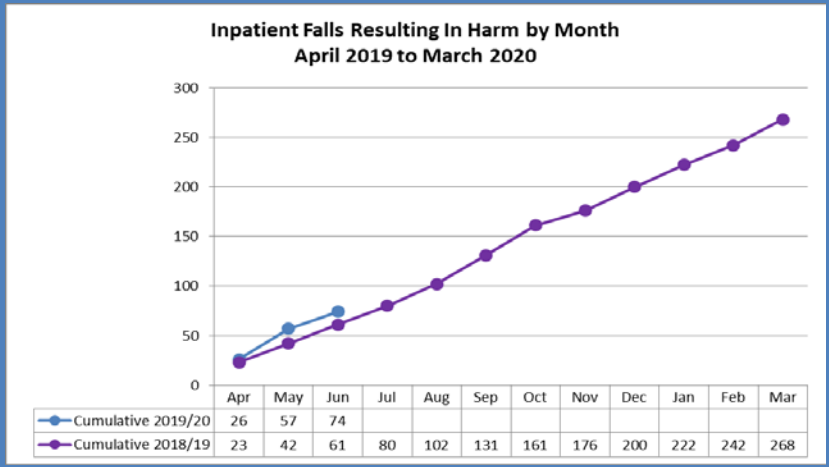
A reduction in the total number of fractured neck of femurs as a result of a fall (less than 10)



	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									

In June 2019, there were no fractured neck of femurs reported.

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



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Cumulative 2019/20	26	57	74									
Cumulative 2018/19	23	42	61	80	102	131	161	176	200	222	242	268

In June 2019, there were a total of 17 falls with harm.

- 100% (17) resulting in low harm
- 0% (0) resulting in moderate harm
- 0% (0) resulting in major harm

Improvement actions include:

- A deep dive has commenced into clinical areas with the highest reported number of Falls to inform improvement plans based on trends and themes
- Engagement sessions planned with ward managers to look at improvement opportunities
- An evaluations of the Footsteps trial on Ward 7 & 21b has commenced.

Central Cheshire Integrated Care Partnership (CCICP)

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

CCICP Patient Safety Harm Incidents

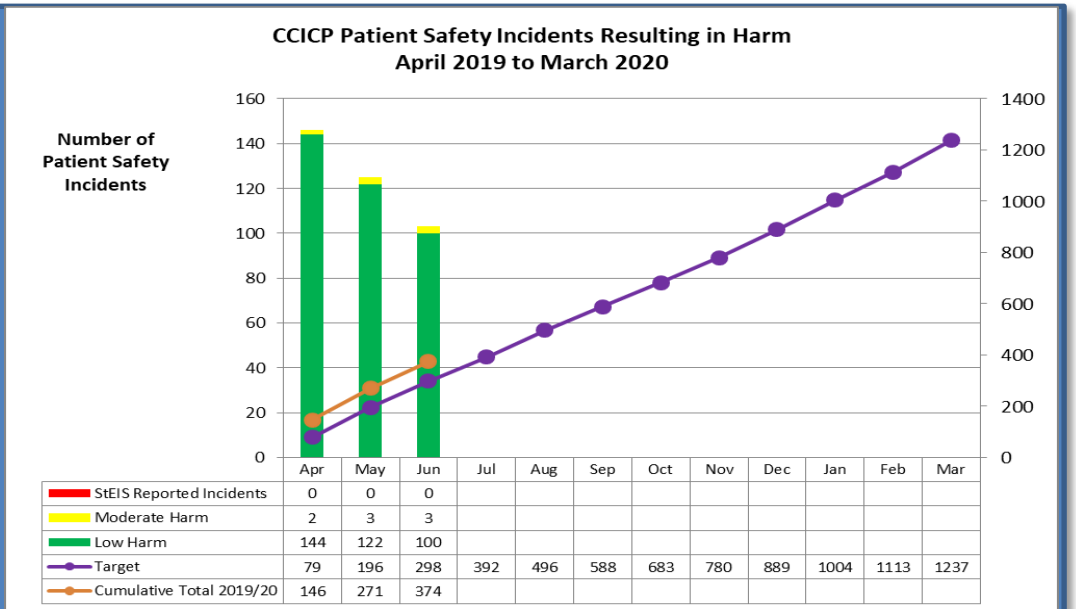
The target is to reduce the total number of CCICP patient safety harm incidents when compared to the previous financial year by the end of March 2020.

For June 2019, there were a total of 103 patient safety harm incidents:

- 97.1% (100 incidents) have resulted in low harm
- 2.9% (3 incidents) have resulted in moderate harm
- 0% (0 incidents) have resulted in serious harm

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

- A rolling programme of incident training continues throughout the division and an incident reporting presentation has been developed to ensure that consistent information is cascaded across all staff groups within CCICP. The presentation includes examples of incidents and grading of harm, how to complete an incident form, levels of investigation and duty of candour



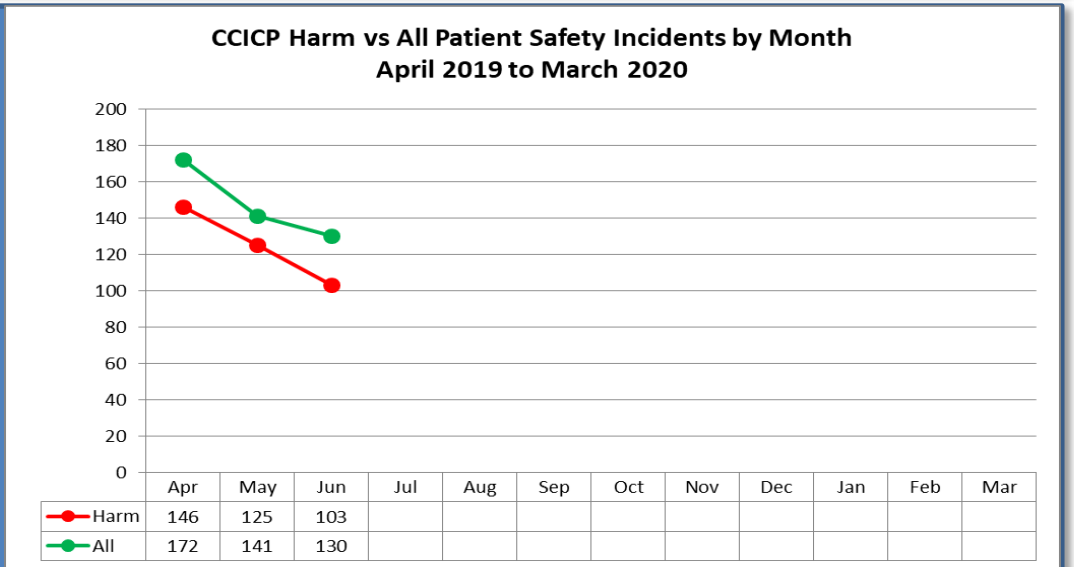
CCICP Harm vs All Patient Safety Incidents

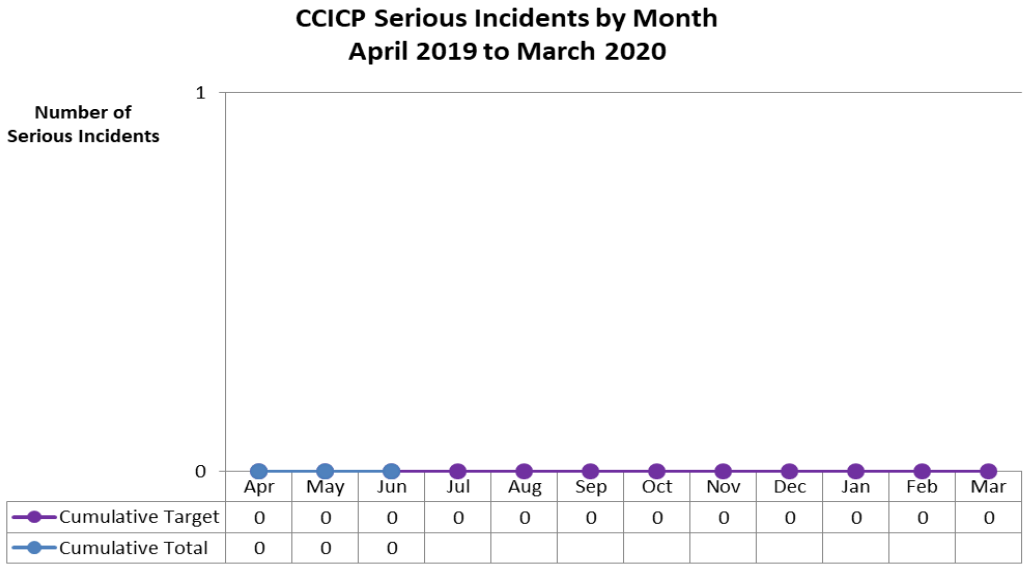
The aim is to increase no harm reporting and eventually widen the gap between harm and all incidents.

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

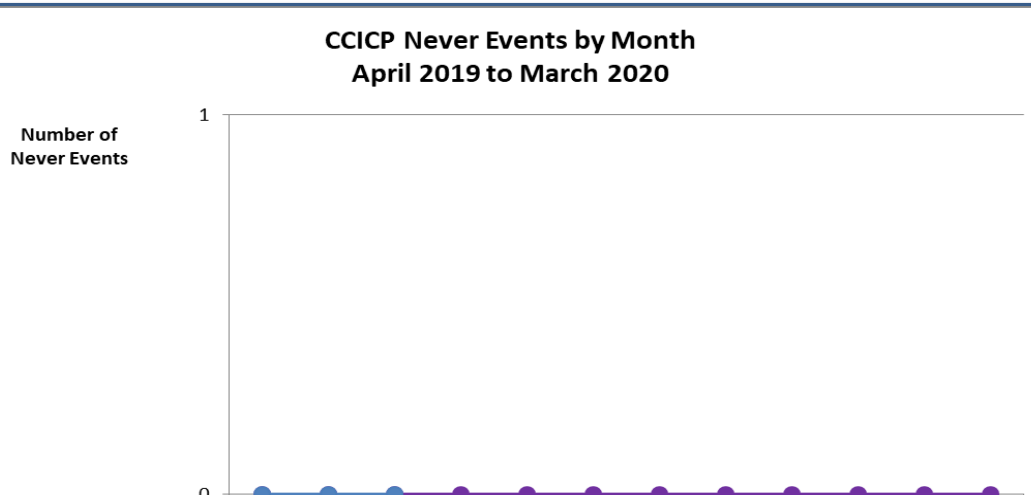
In June 2019, the gap between harm and all patient safety incidents was 27.

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



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 June 2019, there were no serious incidents reported.	

	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									

Description	Aggregate Position	Trend
CCICP Never Events *The target is to have zero Never Events*	This chart demonstrates the number of Never Events that have been reported. For June 2019 no Never Events were reported. No Never Events have been reported for CCICP since the merger of the Trust in October 2016.	

	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									

Description	Aggregate Position	Trend

Pressure Ulcers – Community Acquired

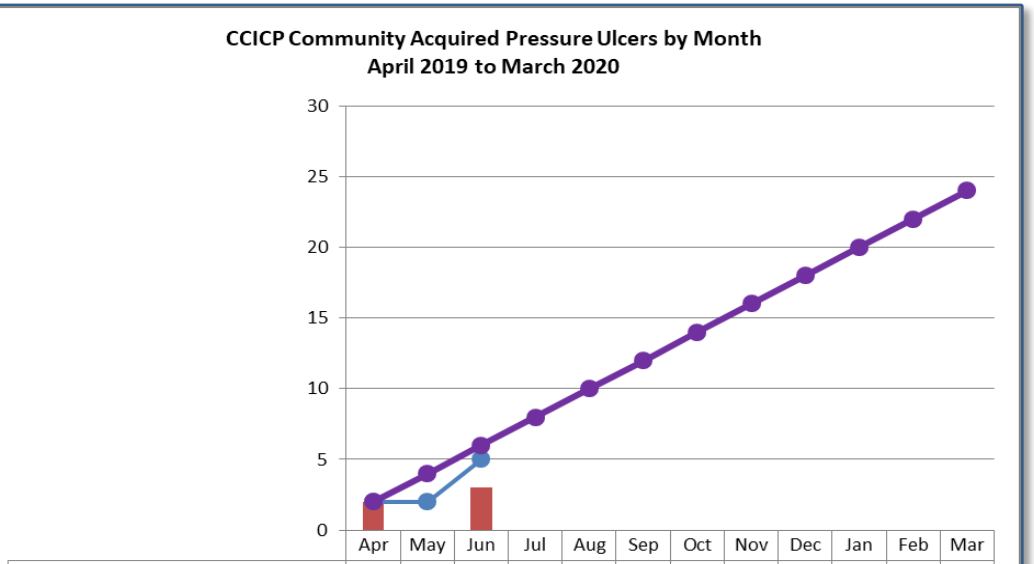
The target is to have no more than 24 pressure ulcers resulting from lapses in care by the end of March 2020.

For June 2019, there were a total of 63 community acquired pressure ulcer incidents:

- 4.8% (3 PUs) occurred with lapses in care that did contribute to the PU.
- 6.3% (4 PUs) occurred with lapses in care that did not contribute to the PU.
- 61.9% (39 PUs) occurred with no lapses in care identified.
- 0% (0 PUs) confirmed but awaiting tool.
- 17.5% (11 PUs) are awaiting confirmation from PUP.
  9.5% (6 PUs) are awaiting verification.

Improvement actions include:

- Tissue Viability have worked closely with the District Nurse base to improve the documentation on first assessment providing members of staff with a guidance tool to include aSSKINg five step approach to preventing and treating pressure ulcers
- Revised a new RCA tool to meet community requirements for category 3 and 4 pressure ulcers. This is used at RCA panel meetings and lessons learnt are shared to prevent future reoccurrence.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Lapses in Care Identified	2	0	3									
Cumulative Total	2	2	5									
Lapses in Care Cumulative Target	2	4	6	8	10	12	14	16	18	20	22	24
% Avoidable PU	2.5%	0.0%	4.8%									

CCICP Medication Harm Incidents.

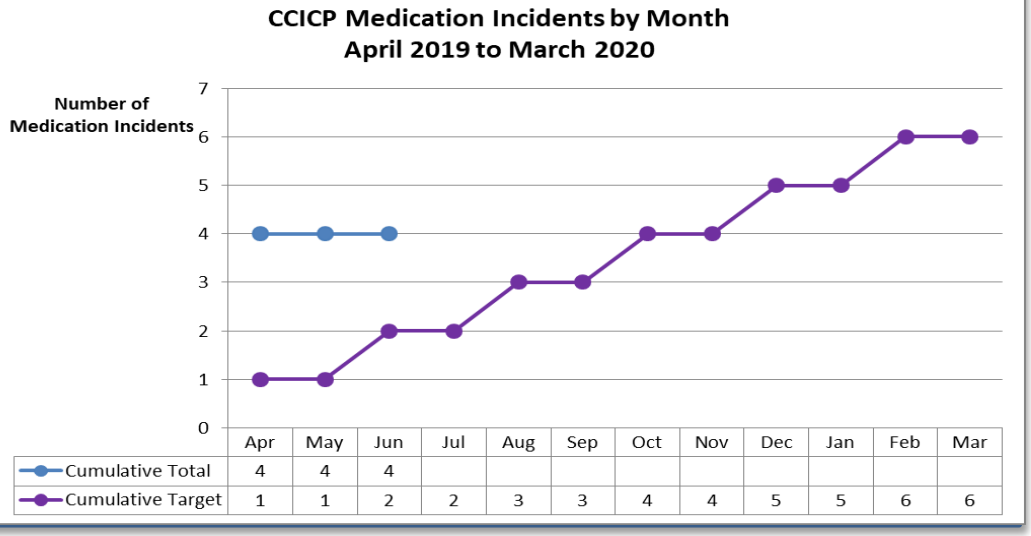
The target is to reduce the total number of medication incidents resulting in harm when compared to the previous financial year by the end of March 2020.

For June 2019, there were no medication incidents reported resulting in harm:

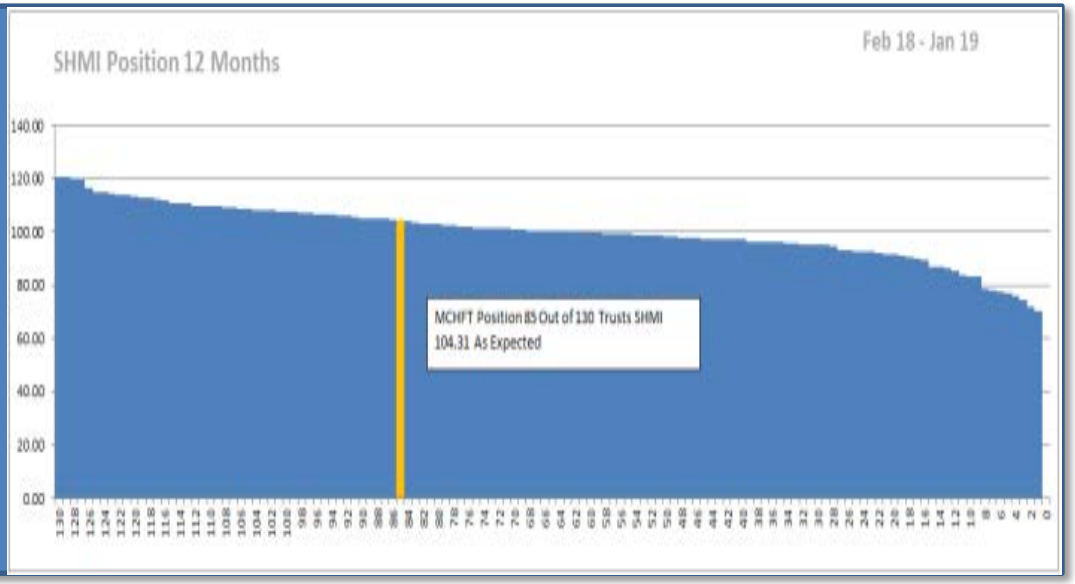
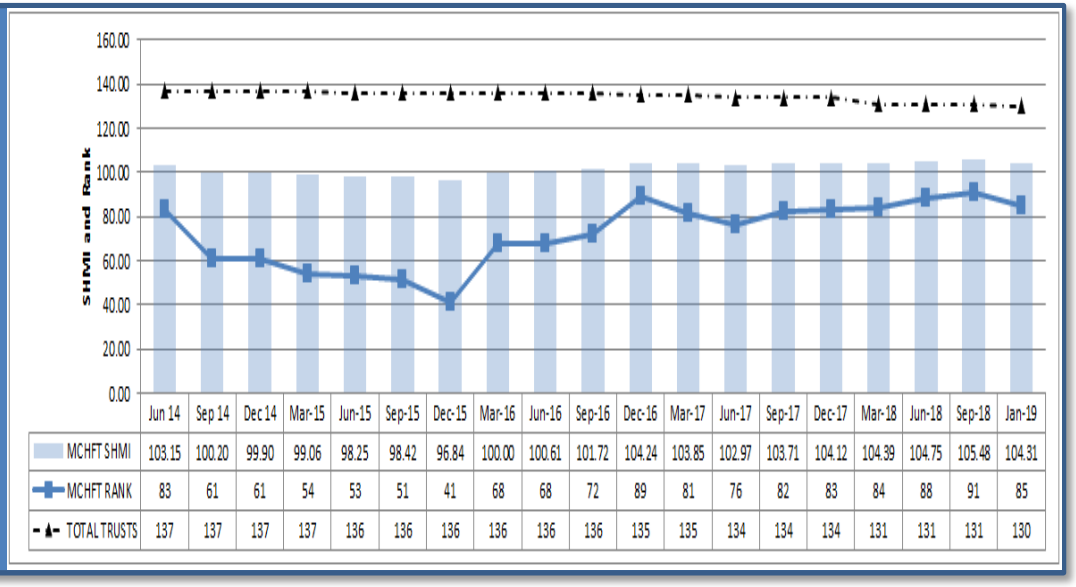
- 0% (0 medication incidents) resulted in low harm
- 0% (0 medication incidents) have resulted in moderate harm
- 0% (0 medication incidents) have resulted in serious harm

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.



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

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 104.31 for the time period February 2018 to January 2019 and places the Trust 85 out of 130 Trusts and is "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 February 2018 to January 2019 and is "as expected".	

	Jun 14	Sep 14	Dec 14	Mar-15	Jun-15	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	Jan-19
MCHFT SHMI	103.15	100.20	99.90	99.06	98.25	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	104.31
MCHFT RANK	83	61	61	54	53	51	41	68	68	72	89	81	76	82	83	84	88	91	85
TOTAL TRUSTS	137	137	137	137	136	136	136	136	136	136	135	135	134	134	134	131	131	131	130

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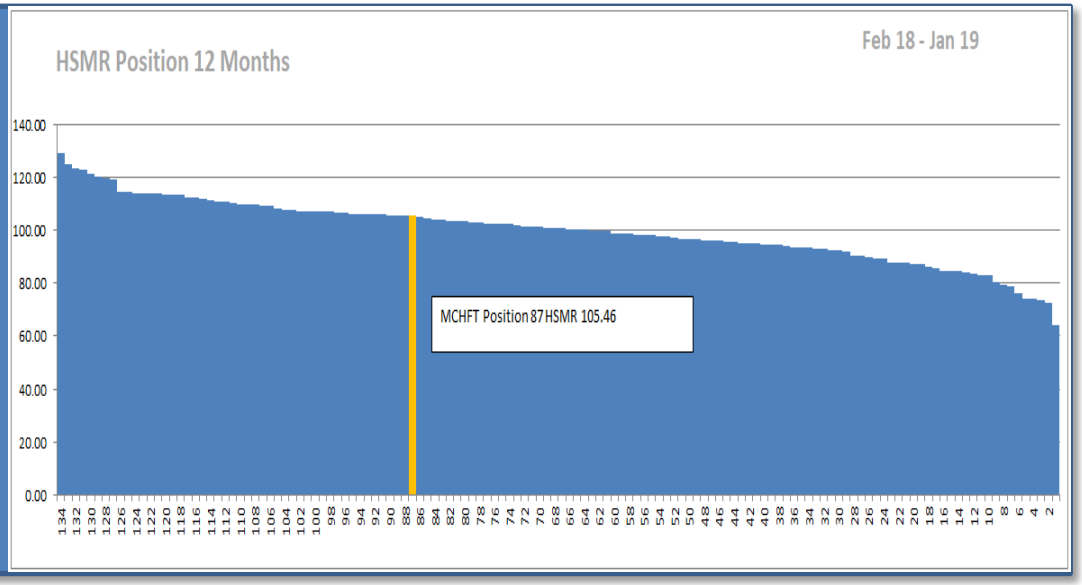
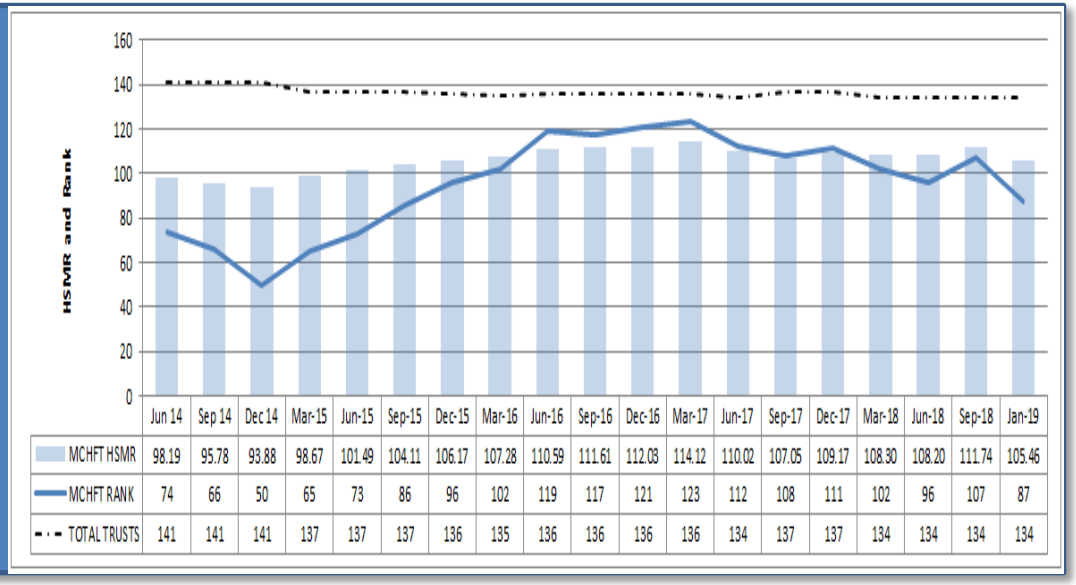
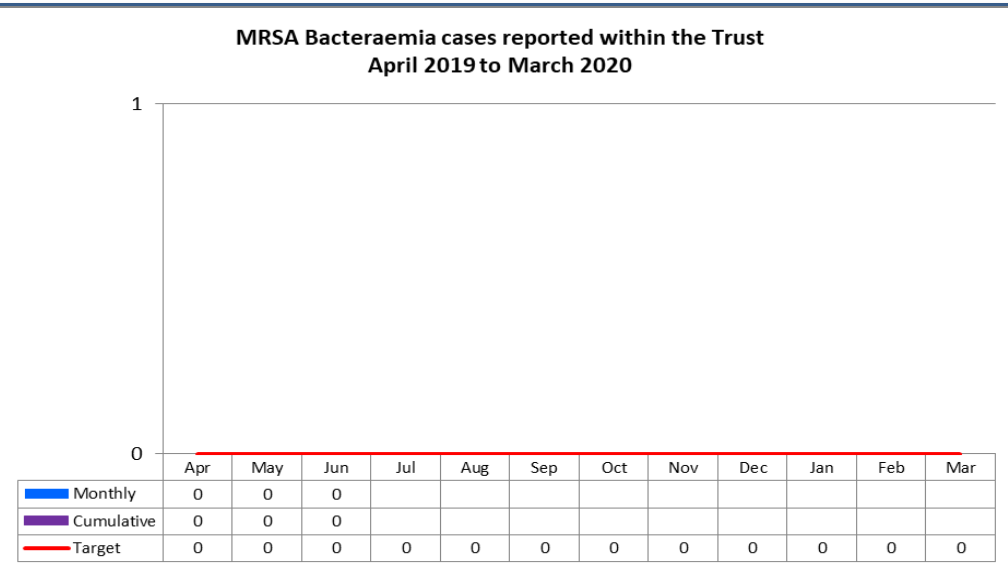
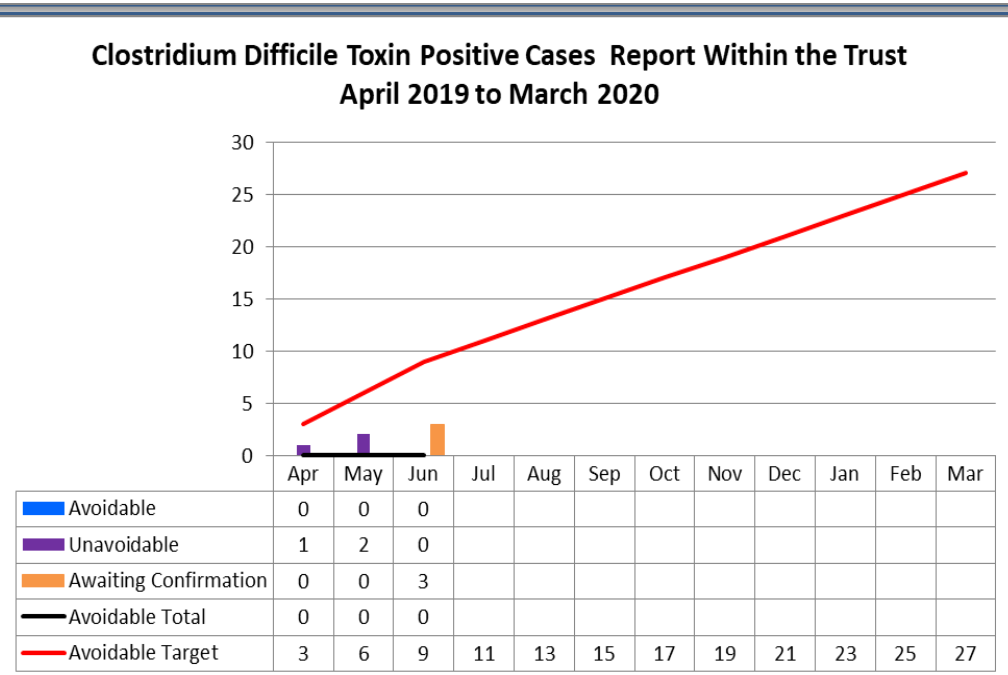
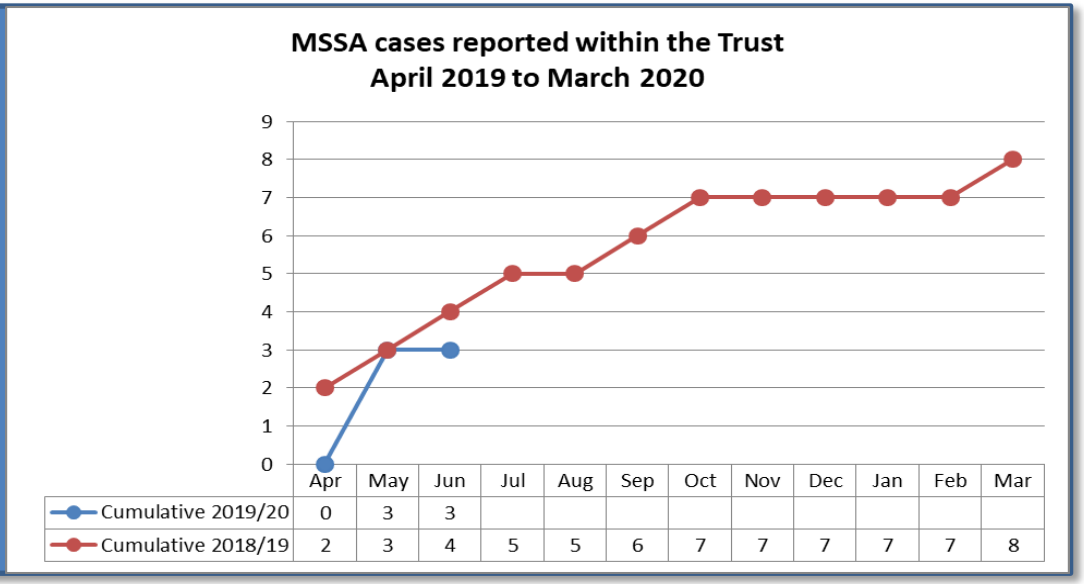
Description	Aggregate Position	Trend
Hospital Standardised Mortality Rate (HSMR) by Trust. *The Trust's target is to be at least within the "as expected" bracket.*	The chart benchmarks the Trust's HSMR against all NHS Trusts. MCHFT is shown by the amber bar. The Trust's HSMR is 105.46 (February 2018 to January 2019) and places the Trust 87 out of 134 Trusts and is "as expected".	
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 February 2018 to January 2019 and is "as expected".	

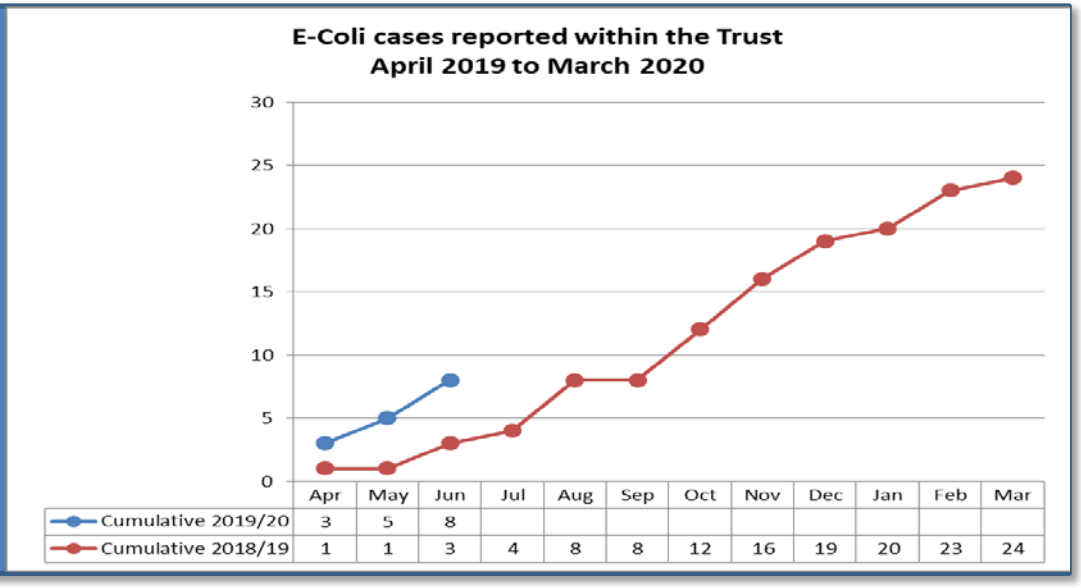
	Jun 14	Sep 14	Dec 14	Mar-15	Jun-15	Sep-15	Dec-15	Mar-16	Jun-16	Sep-16	Dec-16	Mar-17	Jun-17	Sep-17	Dec-17	Mar-18	Jun-18	Sep-18	Jan-19
MCHFT HSMR	98.19	95.78	93.88	98.67	101.49	104.11	106.17	107.28	110.59	111.61	112.03	114.12	110.02	107.05	109.17	108.30	108.20	111.74	105.46
MCHFT RANK	74	66	50	65	73	86	96	102	119	117	121	123	112	108	111	102	96	107	87
TOTAL TRUSTS	141	141	141	137	137	137	136	135	136	136	136	136	134	137	137	134	134	134	134

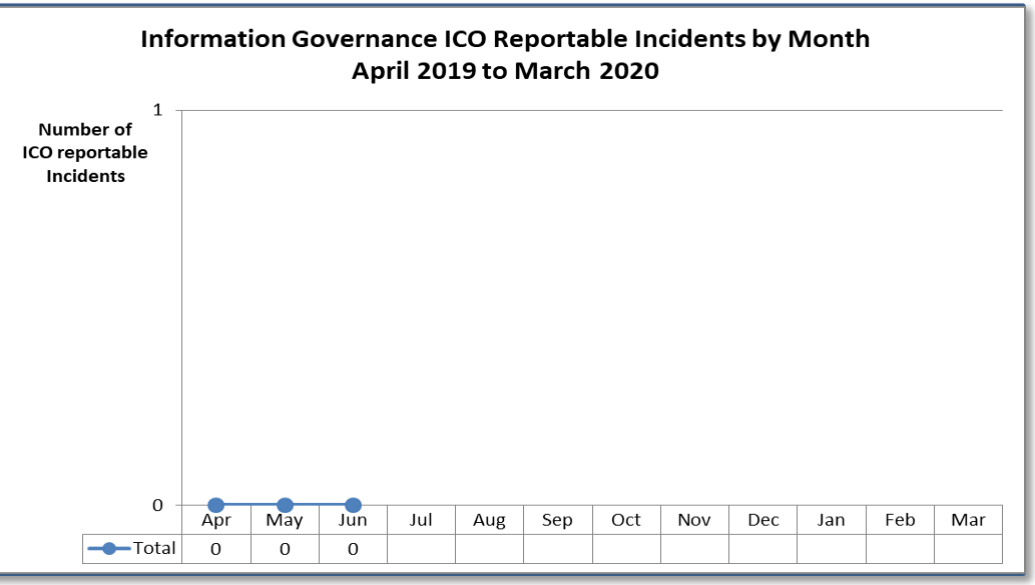
Description	Aggregate Position	Trend
MRSA Bacteraemia Cases. *Zero tolerance of MRSA cases.*	In June 2019, no MRSA bacteraemia cases were reported in the Trust. In this financial year there have been no confirmed MRSA bacteraemia cases to date.	
Clostridium Difficile toxin positive cases. *The target is less than 27 cases of Clostridium Difficile in 2019/20*	In June 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. For June there are 3 cases waiting confirmation from the PIR, of these 3 are Hospital Onset Healthcare Associated Clostridium Difficile and none are Community Onset Healthcare Associated Clostridium Difficile. Improvement actions include: • Continuing focus on inappropriate anti-microbial prescribing • All cases are subject to post infection reviews in accordance with NHS England requirements. Any lapses in care are addressed through this process • Share lapses in care with individual clinicians involved in patient pathway to ensure lessons learnt.	

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

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Avoidable	0	0	0									
Unavoidable	1	2	0									
Awaiting Confirmation	0	0	3									
Avoidable Total	0	0	0									
Avoidable Target	3	6	9	11	13	15	17	19	21	23	25	27

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 June 2019, no MSSA cases were reported in the Trust. In this financial year there has been 3 confirmed MSSA cases reported.	

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 June 2019, three E-Coli cases were reported. These occurred on Ward 4, Ward 15 and Ward 21B. In this financial year there have been eight confirmed E-Coli cases reported.	

Description	Aggregate Position	Trend
Information Governance Information Commissioners Office (ICO) reportable incidents.	In June 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.	

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

CQUIN 2018-19 Performance

CQUIN Indicator	Indicator Name	Milestone Achieved									
		Q1	Financial Incentive Achieved	Q2	Financial Incentive Achieved	Q3	Financial Incentive Achieved	Q4	Financial Incentive Achieved	Maximum Value	Comments
1a	**Health & Wellbeing** 5% point improvement in two of the three questions on H&W, MSK & Stress	NO PAYMENTS	No payment	ON TRACK	No payment	ON TRACK	No payment	✓	£137,574	**£137,574**	
1b	**Health & Wellbeing** Maintain the four changes for improving healthy food for NHS staff, visitors and patients. Introduce three new changes to food and drink provision.	NO PAYMENTS	No payment	ON TRACK	No payment	ON TRACK	No payment	✓	£137,574	**£137,574**	
1c	**Health & Wellbeing** Achieve an uptake of flu vaccinations of front line clinical staff of 75% by end of February 2019.	NO PAYMENTS	No payment	ON TRACK	No payment	ON TRACK	No payment	✓	£137,574 £137,180	**£137,574** **CCICP £137,180**	
2a	**Sepsis: Identification** The percentage of patients who met the criteria for sepsis screening and were screened for sepsis.	✓ **Partially**	£25,795 (£10,318 partial payment)	✓ **Partially**	£25,795 (£10,318 partial payment)	✓ **Partially**	£25,795 (£10,318 partial payment)	✓ **Partially**	£25,795 (£10,318 partial payment)	**£103,181**	
2b	**Sepsis: Treatment** The percentage of patients who were found to have sepsis and received IV antibiotics within1 hour.	✓ **Partially**	£25,795 (£10,318 partial payment)	✓ **Partially**	£25,795 (£10,318 partial payment)	✓ **Partially**	£25,795 (£10,318 partial payment)	✓ **Partially**	£25,795 (£10,318 partial payment)	**£103,181**	
2c	**Sepsis: Antibiotic Review** Percentage of antibiotic prescriptions documented and reviewed by a competent clinician within 72 hours	✓	£25,795	✓	£25,795	✗	£25,795	✗	£25,795	**£103,181**	**Continuation of antimicrobial stewardship and promotion of IV switch to oral**
2d Part 1	**Reduction in antibiotic consumption** Achieve a reduction of x% or more in total antibiotic consumption per 1,000 admissions.	✓	No payment	NO PAYMENTS	No payment	NO PAYMENTS	No payment	NOT YET AVAILABLE	£34,393	**£34,393**	

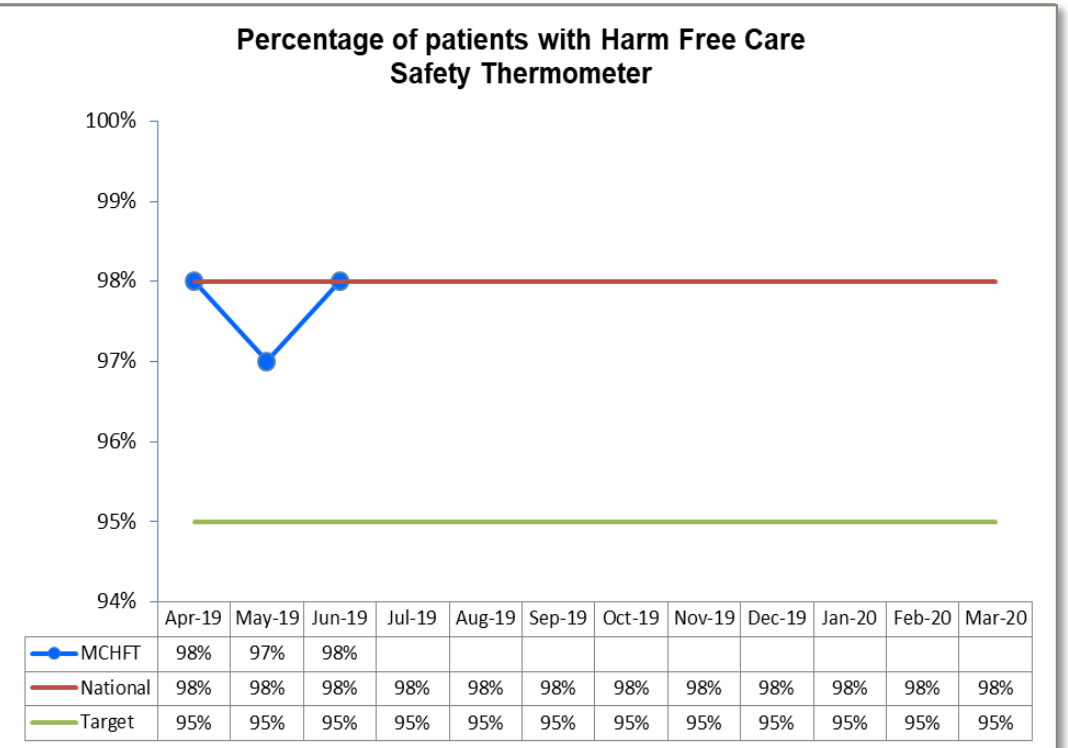
CQUIN Indicator	Indicator Name	Milestone Achieved									
		Q1	Financial Incentive Achieved	Q2	Financial Incentive Achieved	Q3	Financial Incentive Achieved	Q4	Financial Incentive Achieved	Maximum Value	Comments
2d Part 2	**Reduction in carbapenem consumption** Achieve a reduction of x% or more in total carbapenem consumption per 1,000 admissions.	✓	No payment	NO PAYMENTS	No payment	NO PAYMENTS	No payment	NOT YET AVAILABLE	£34,393	**£34,393**	
2d Part 3	**Reduction in piperacillin tazabactam consumption** Achieve a reduction of x% or more in total piperacillin tazabactam consumption per 1,000 admissions.	✓	No payment	NO PAYMENTS	No payment	NO PAYMENTS	No payment	NOT YET AVAILABLE	£34,393	**£34,393**	
4	**Mental Health in Emergency Department** Maintain 20% reduction in attendances to the Emergency Department for people with Mental Health needs.	✓	No Payment	✗	£82,545	NO PAYMENTS	No payment	✓	£330,178	**£412,723**	
6	**Offering advice and guidance** Providers to set up and operate advice and guidance services for non-urgent GP referrals, allowing GPs to access consultant advice prior to referring patients into secondary care.	✓	£65,908	✓	£65,908	✓	£65,908	✓	£226,998	**£412,723**	
9a	**Tobacco screening** Percentage of unique adult patients who are screened for smoking status AND whose results are recorded..	✓	£5,159	✓	£5,159	✗	£5,159	✗	£5,159	**£20,636**	**A continued CQUIN in 19/20 with revised milestones. Meetings with divisional reps and leads relaunched to ensure focus. Audit C tool updated and relaunched as part of "love your liver week". Training sessions being delivered in Assessment areas**
9b	**Tobacco brief advice** Percentage of unique patients who smoke AND are given very brief advice	✓	£20,636	✓	£20,636	✗	£20,636	✗	£20,636	**£82,545**	
9c	**Tobacco referral and medication offer** Percentage of unique patients who are smokers AND are offered referral to stop smoking services AND offered stop smoking medication.	✓	£25,795	✓	£25,795	✗	£25,795	✗	£25,795	**£103,181**	

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

CQUIN Indicator	Indicator Name	Milestone Achieved									
		Q1	Financial Incentive Achieved	Q2	Financial Incentive Achieved	Q3	Financial Incentive Achieved	Q4	Financial Incentive Achieved	Maximum Value	Comments
9d	**Alcohol screening** Percentage of unique adult patients who are screened for drinking risk levels AND whose results are recorded in local data systems	✓	£25,795	✓	£25,795	✓	£25,795	✓	£25,795	**£103,181**	
9e	**Alcohol brief advice or referral** Percentage of unique patients who drink alcohol above lower-risk levels AND are given brief advice OR offered a specialist referral if the patient is potentially alcohol dependent	✓	£25,795	✓	£25,795	✗	£25,795	✗	£25,795	**£103,181**	
10	**Improving the assessment of wounds** **(Community Only)** The indicator aims to increase the number of wounds which have failed to heal after 4 weeks that receive a full wound assessment.	✓	No payment	✓	£68,590	NOT REQUIRED	No payment	✓	£68,590	**£137,180**	
11	**Personalised Care and Support Planning** **(Community Only)** This CQUIN is to be delivered over two years with an aim of embedding personalised care and support planning for people with long-term conditions	✓	No payment	✓	No payment	NOT REQUIRED	No payment	✓	£137,180	**£137,180**	
PHE1	**Breast Screening Programme Clerical Staff Development (Health Promotion role)** Update and improve the clerical teams knowledge of health promotion to support clients who access The Breast Screening Unit and key partners involved in the Breast Screening Programme	✓	£3,742.50	✓	£3,742.50	✓	£3,742.50	✓	£3,742.50	**£14,969**	

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

CQUIN Indicator	Indicator Name	Milestone Achieved									
		Q1	Financial Incentive Achieved	Q2	Financial Incentive Achieved	Q3	Financial Incentive Achieved	Q4	Financial Incentive Achieved	Maximum Value	Comments
PHE2	**Cancer Screening Programme – reducing professional stress and building resilience** Holistic mapping review of health & wellbeing services and support available to staff within the bowel and breast screening programmes for the management of professional stress and building resilience	✓	£5,822	✓	£5,822	✓	£5,822	✓	£5,822	**£23,288**	
SP 1	**Nationally Standardised Dose Banding for Adult Intravenous Systemic Anticancer Therapy (SACT) 38** A tool kit has been developed to support CQUIN. Targets will be set for each of the SACT drugs.	✓	£10,292	✓	£10,292	✓	£10,292	✓	£10,292	**£41,167**	
SP 2	**Hospital Pharmacy Transformation and Medicines Optimisation**	✓	£15,437	✓	£15,437	✓	£15,437	✓	£15,437	**£61,749**	

Description	Aggregate Position	Trend
Safety Thermometer - Harm Free Care.	In June 2019, 98% 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.	

	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%									
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	88.6% of expected Registered Nurse hours were achieved for day shifts. Any registered nurse numbers that fall below 85% 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 **June 2019 88.6%** May 2019 90.6% April 2019 90.5%	The lowest staffing levels during the day were on Ward 9 at 72.9%
Registered Nurses monthly expected hours by shift versus actual monthly hours per shift. Night time shifts only	95% of expected Registered Nurse hours were achieved for night shifts.	Trend **June 2019 95%** May 2019 95% April 2019 92.9%	The lowest staffing levels during the night were on Ward 5 at 70%
Healthcare Assistant monthly expected hours by shift versus actual monthly hours per shift. Day time shifts only	99.6% of expected HCA hours were achieved for day shifts.	Trend **June 2019 99.6%** May 2019 99.4% April 2019 99.6%	The lowest staffing levels during the day were on Ward 9 at 85.8%
Healthcare Assistant monthly expected hours by shift versus actual monthly hours per shift. Night time shifts only	109.9% 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 **June 2019 109.9%** May 2019 109% April 2019 108.2%	The lowest staffing levels during the night were on Ward 9 at 54.4%
Total number of wards that are lower than 85% RN fill days and nights is 9.	Ward 3 (AMU) (day) 84.7%, CAU (day) 79.2%, NICU (day) 84.7%, Ward 13 (day) 83.7%, Ward 19 (day) 83.8%, Ward 5 (day) 80.3% and (night) 70%, Ward 6 (night) 70.8%, Ward 7 (day) 84.1% and Ward 9 (day) 72.9%.	• 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: August 2019

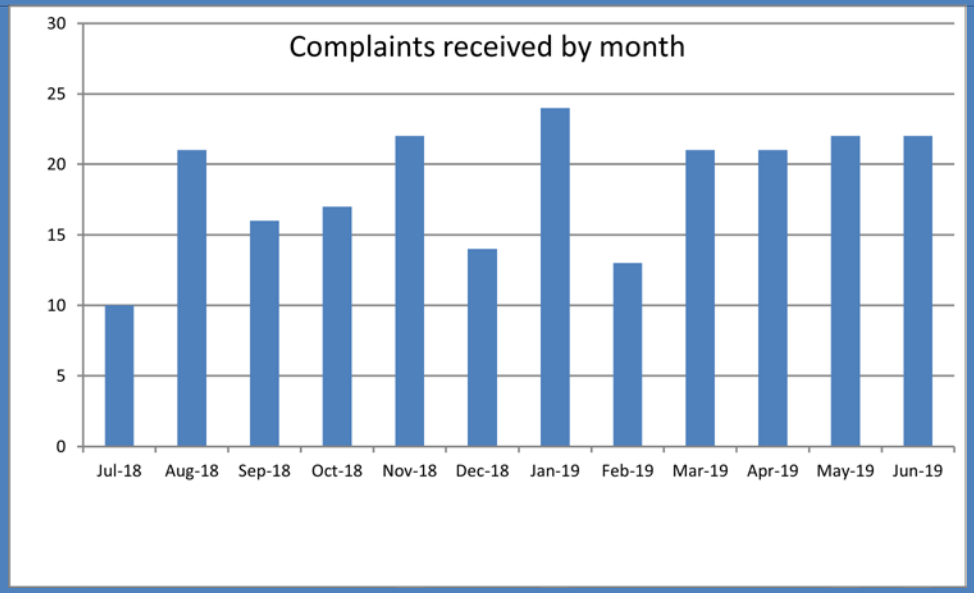
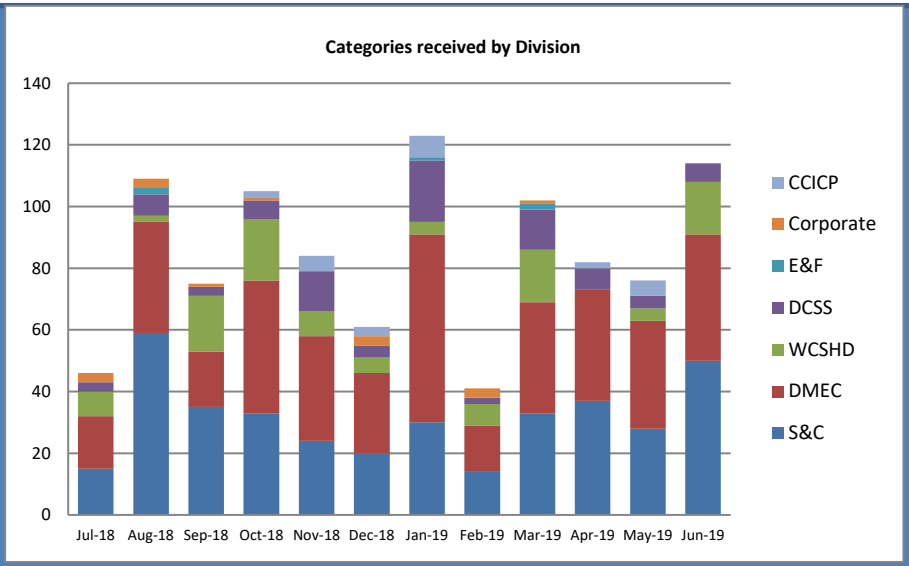
Ward Name	Day				Night				Day		Night		Care Hours Per Patient Day			
	Qualified		Unqualified		Qualified		Unqualified		Qualified	Unqualified	Qualified	Unqualified	Cumulative count over month of pts at 23:59 each day	Qualified	Unqualified	Overall
	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Fill Rate	Fill Rate	Fill Rate	Fill Rate				
MCHFT	41714.8	36857.7	31180.2	31481.2	26239.0	24563.2	18051.0	19844.2	88.6%	99.6%	95%	109.9%	14667	173.2	79.8	253.1
AMU	1950	1651	1470	1647.3	1837.5	1739.5	1470	1433.3	84.7%	112.1%	94.7%	97.5%	790	4.3	3.9	8.2
CAU (Winter)	2250	1782.5	750	706.5	1725	1644.5	345	402.5	79.2%	94.2%	95.3%	116.7%	502	6.8	2.2	9.0
Critical Care	3766.5	3766.5	616	616	2289.5	2289.5	0	0	100.0%	100.0%	100.0%	-	222	27.3	2.8	30.1
Elmhurst	847.5	847.5	2160	2190	750	750	1500	1662.5	100.0%	101.4%	100.0%	110.8%	852	1.9	4.5	6.4
Ward 1	2112.5	1831.3	1125	1106.3	1470	1372	735	747.3	86.7%	98.3%	93.3%	101.7%	882	3.6	2.1	5.7
Ward 13	2360	1976	1920	1880	922.5	902	922.5	932.8	83.7%	97.9%	97.8%	101.1%	891	3.2	3.2	6.4
Ward 14	1290	1260	1440	1530	1080	948	1080	1236	97.7%	106.3%	87.8%	114.4%	913	2.4	3.0	5.4
Ward 15	2240	1992	1920	1936	922.5	820	922.5	953.3	88.9%	100.8%	88.9%	103.3%	856	3.3	3.4	6.7
Ward 19	1312.5	1100	1500	1431.3	735	735	1102.5	1298.5	83.8%	95.4%	100.0%	117.8%	747	2.5	3.7	6.1
Ward 2	1737.5	1568.8	1500	1462.5	1102.5	1065.8	1102.5	1078	90.3%	97.5%	96.7%	97.8%	914	2.9	2.8	5.7
Ward 21b	1167.5	1024.5	1885	2054	750	750	750	1112.5	87.8%	109.0%	100.0%	148.3%	718	2.5	4.4	6.9
Ward 23	1200	1143	760	747.3	740	740	740	740	95.3%	98.3%	100.0%	100.0%	572	3.3	2.6	5.9
Ward 4	1650	1446	1800	1752	720	816	1440	1440	87.6%	97.3%	113.3%	100.0%	446	5.1	7.2	12.2
Ward 5	2250	1806.3	1500	1568.8	1470	1029	735	1200.5	80.3%	104.6%	70.0%	163.3%	875	3.2	3.2	6.4
Ward 6	1750	1512.5	1875	1787.5	1470	1041.3	735	1065.8	86.4%	95.3%	70.8%	145.0%	825	3.1	3.5	6.6
Ward 7	1690	1421.3	1500	1818.8	735	735	1102.5	1286.3	84.1%	121.3%	100.0%	116.7%	951	2.3	3.3	5.5
Ward 9	1390	1014	960	824	615	604.8	471.5	256.3	72.9%	85.8%	98.3%	54.4%	254	6.4	4.3	10.6
NICU	1862.5	1577.5	177.5	160.3	1725	1506.5	0	0	84.7%	90.3%	87.3%	-	207	14.9	0.8	15.7
Ward 11 SAU	1455	1447.5	900	885	562	562	562	524.5	99.5%	98.3%	100.0%	93.3%	336	6.0	4.2	10.2
Ward 18 SSW	1420	1257.5	1125	1100	735	735	735	820.8	88.6%	97.8%	100.0%	111.7%	615	3.2	3.1	6.4
Ward 10 Ortho	2720	2392	3600	3600	922.5	891.8	1230	1271	87.9%	100.0%	96.7%	103.3%	1081	3.0	4.5	7.5
Ward 26 MLU	760	741	0	63.3	740	703	0	12.3	97.5%	-	95.0%	-	39	37.0	1.9	39.0

Experience Section:

Indicators	Last four months			
	Mar-19	Apr-19	May-19	Jun-19
Complaints received by month	21	21	22	22
Complaints being reviewed by the Ombudsman	0	0	0	1
Closed complaints by month	18	15	20	19
Contacts raising informal concerns	97	86	103	75
Compliments received in month	406	290	269	453
Number of new claims received in month	6	3	7	7
Number of claims closed	1	2	3	2
Number of inquests concluded	0	1	0	0
NHS Choices - Star Ratings (Leighton)	4.5	4.5	4.5	4.5
NHS Choices - Star Ratings (VIN)	5	5	5	5
NHS Choices - Number of new postings	4	4	1	7
F&FT Response Rate ED, MIU, UCC and Assessment Areas*	18%	17%	16%	17%
Proportion of positive responses ED, MIU, UCC and Assessment Areas	87%	84%	85%	85%
F&FT Response Rate Inpatients and Daycases	36%	36%	38%	39%
Proportion of positive responses Inpatients and Daycases	95%	94%	94%	93%
F&FT Response Rate Outpatients	3%	3%	2%	2%
Proportion of positive responses Outpatients	94%	96%	97%	96%
F&FT Response Rate Maternity - Birth	10%	14%	18%	12%
Proportion of positive responses Maternity - Birth	100%	100%	97%	96%
F&FT Response Rate Community (CCICP)	10%	10%	7%	11%
Proportion of positive responses Community (CCICP)	94%	91%	89%	89%

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

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

Description	Aggregate Position/Description	Trend
Monthly formal complaints received by the Trust.	22 complaints were received in June 2019 which covered 114 concerns. There was also one re-opened complaint. The highest categories were: • Communication with 31 concerns • Medical with 28 concerns – 7 listed as delay in treatment • Nursing with 19 concerns - 7 listed as 'Other' • Attitude of Staff with 8 concerns Highest 3 areas receiving complaints/issues were: • Emergency Department - 6 complaints with 20 issues • Orthopaedics - 3 complaints with 11 issues • Ophthalmology - 4 complaints with 12 issues	
Number of formal complaint issues by division.	This graph shows the breakdown of issues by month for each division. S&C: 50 DCSS: 6 W&CD: 17 DMEC: 41 CCICP: 0 E&F: 0 Corporate Services: 0	

Formal Complaints

Formal Complaint issues by division

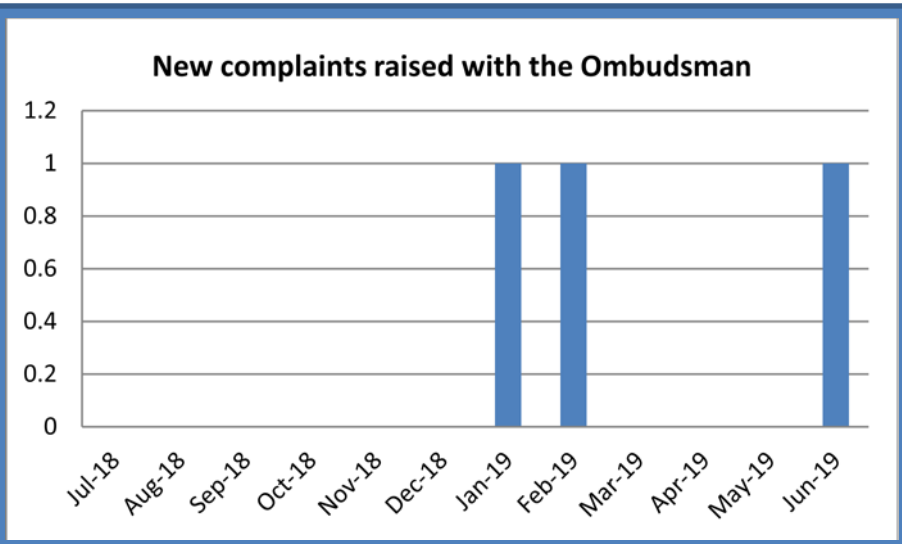
Description	Aggregate Position/Description	Trend

New complaints raised with the Public Health Service Ombudsman

In June 2019, there was one new complaint opened with the PHSO which is at the assessment stage.

There was also one case which was raised in February 2019 which is 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.



Ombudsman

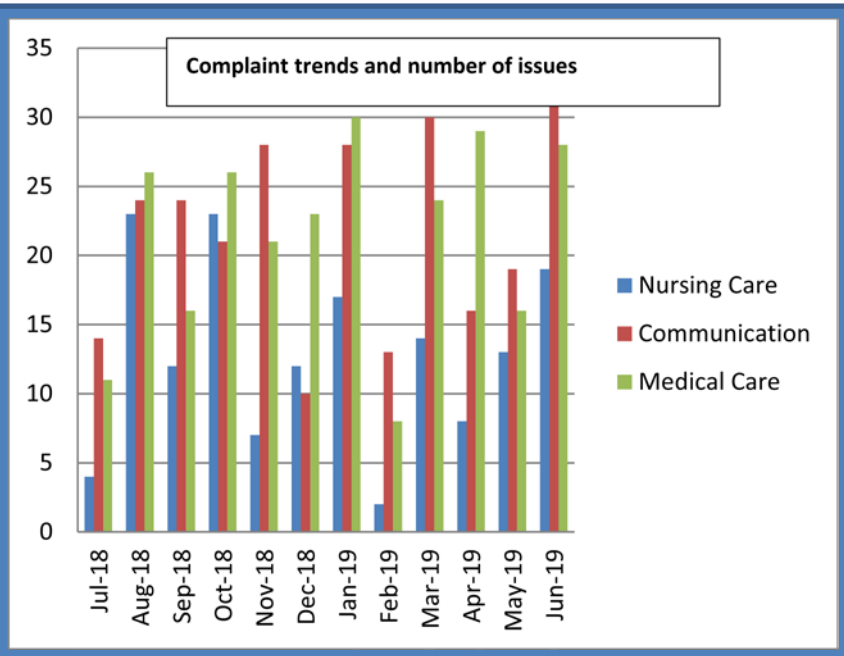
Complaint trends and number of issues.

The main trends in June 2019 were:-

Nursing - 19 issues over 11 complaints. 7 of these were listed as nursing 'other.'

Communication - 31 issues over 16 complaints. 16 of these issues related to communication with patients.

Medical care - 28 issues over 15 complaints. 7 of these concerns related to medical delay in treatment.

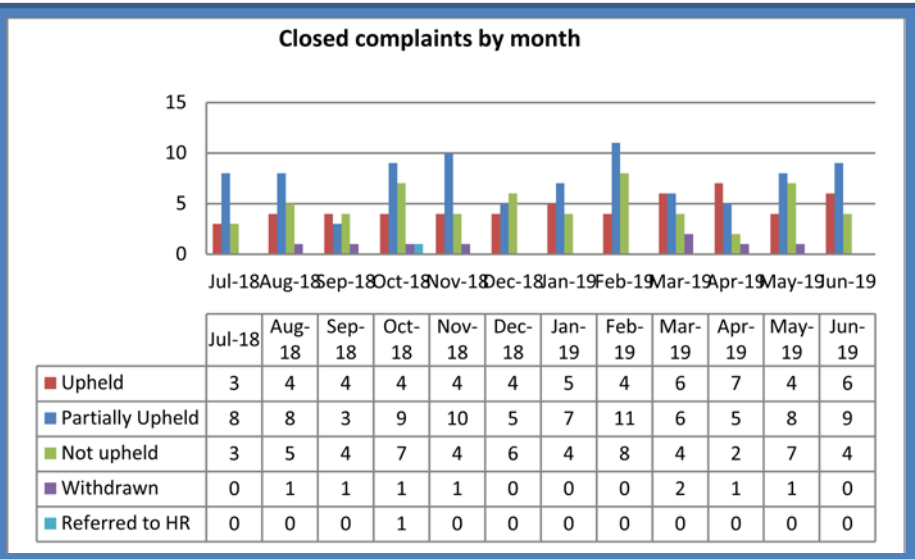


Complaint Trends

Description	Aggregate Position/Description	Trend

Closed Complaints

In June 2019 19 complaints were closed



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

Closed Complaints

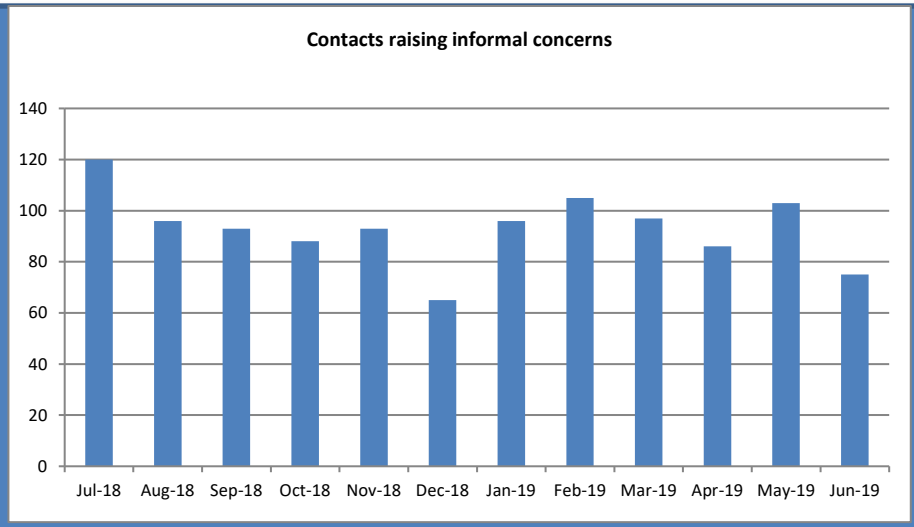
Closed complaints by Division

The table provides a breakdown of closed complaints for June 2019 by division, demonstrating those complaints which were upheld, not upheld, partially upheld or referred to Human Resources (HR)Timb

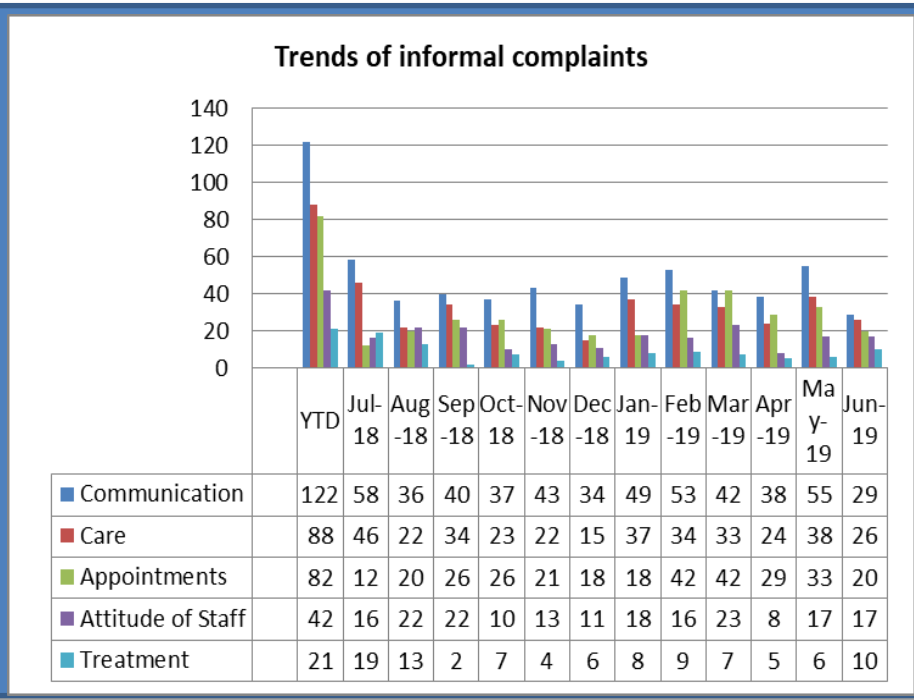
Division	Upheld	Partially Upheld	Not Upheld	Withdrawn	Ref HR	Sub-Total
DMEC	3	5	2	0	0	10
Corporate	0	0	0	0	0	0
Surgery & Cancer	2	2	2	0	0	6
Women & Children's	1	0	0	0	0	1
DCSS	0	1	0	0	0	1
CCICP	0	1	0	0	0	1
					Total closed =	**19**

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

Closed Complaints June 2019
Tables 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 June 2019 was 75 raising 145 individual concerns. The Division of Medicine and Emergency Care received the highest number of overall concerns at 57 with the Surgery and Cancer Division receiving 38. The Emergency Department received the largest number of individual concerns at 19 which were raised via 6 contacts. Orthopaedics received 13 concerns via 8 contacts and General Medicine received 13 concerns via 6 contacts. Medical Imaging received 12 concerns via 8 contacts.	

Informal concerns numbers

Description	Aggregate Position/Description	Trend
Informal concerns trends.	Communication and care were the highest trends for informal concerns in June 2019. <u>29 communication issues raised:</u> 13 related to communication with patients face to face and 9 to communication on the telephone. 10 relate to the Division of Medicine and Emergency Care and 9 to Surgery and Cancer Division <u>26 care issues raised:</u> 14 related to medical care, of which 4 relate to the Emergency Department and 3 to Orthopaedics 10 relate to nursing care, 9 of which relate to the division of Medicine and Emergency 4 of which were the Emergency Department	

	YTD	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Communication	122	58	36	40	37	43	34	49	53	42	38	55	29
Care	88	46	22	34	23	22	15	37	34	33	24	38	26
Appointments	82	12	20	26	26	21	18	18	42	42	29	33	20
Attitude of Staff	42	16	22	22	10	13	11	18	16	23	8	17	17
Treatment	21	19	13	2	7	4	6	8	9	7	5	6	10

Informal concerns trends

Description	Aggregate Position/Description	Trend

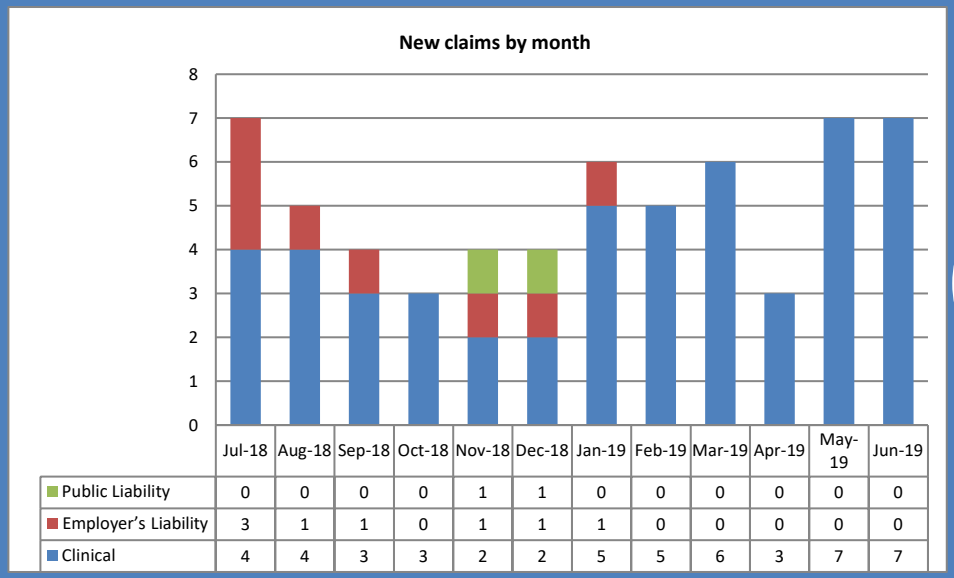
New claims received.

In June 2019, 7 new clinical negligence claims were received. These related to:

Emergency Care - General Medicine (1)
Surgery and Cancer - Urology (1)
Surgery and Cancer – ENT (1)
Surgery and Cancer - Orthopaedics (1)
Diagnostics and Clinical Support – Elmhurst (1)
Women and Children - Gynaecology (1)
Women and Children – Obstetrics (1)

No new employer's liability claims were received.

No new public liability claims were received.



	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Public Liability	0	0	0	0	1	1	0	0	0	0	0	0
Employer's Liability	3	1	1	0	1	1	1	0	0	0	0	0
Clinical	4	4	3	3	2	2	5	5	6	3	7	7

Claims

Claims closed with/without damages.

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

2 clinical negligence claims were closed:

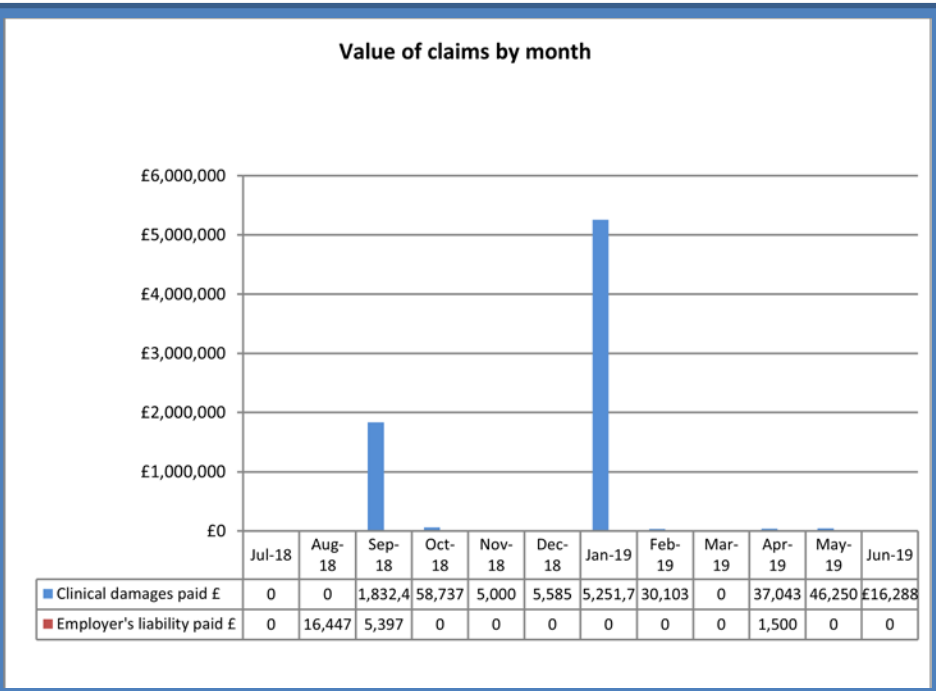
Narrative and graph removed under Section 40 of the Freedom of Information Act.

Closed Claims

Description	Aggregate Position/Description	Trend

Value of claims closed by month

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



	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Clinical damages paid £	0	0	1,832,4	58,737	5,000	5,585	5,251,7	30,103	0	37,043	46,250	£16,288
Employer's liability paid £	0	16,447	5,397	0	0	0	0	0	0	1,500	0	0

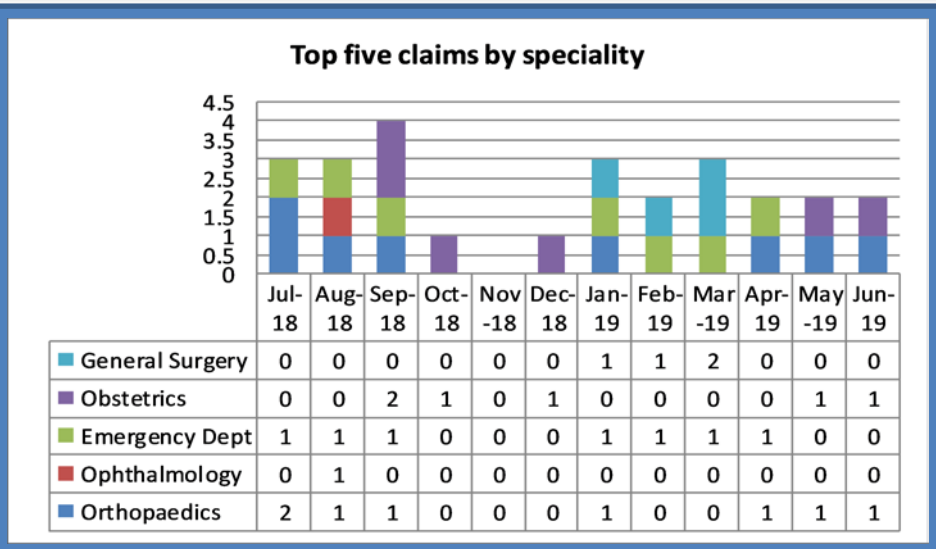
Value of claims

Top five claims by Specialty

In June 2019, 2 new claims were received which relate to the Trust's top five specialties for claims:

Orthopaedics
Alleged negligent management of left ankle lateral malleolar fracture resulting in non-union and the need for further surgery.

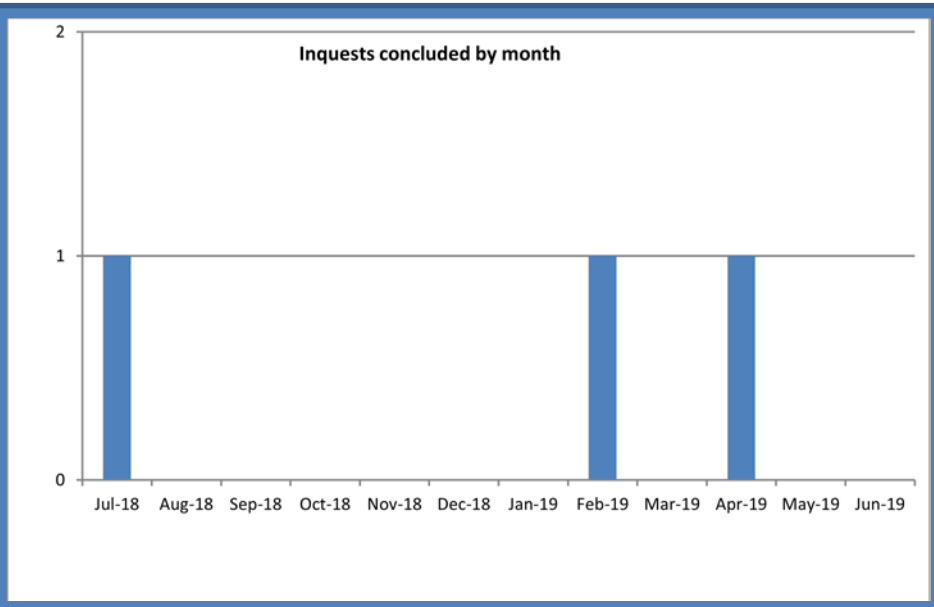
Obstetrics
Alleged failure of obstetrician to deliver placenta resulting in significant blood loss and prolonged recovery.



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

Top 5 claims by specialty

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

Description	Aggregate Position /Description	Trend
Number of Inquests concluded by month	No inquests were concluded in June 2019.	

Inquests

NHS Choices Star Ratings	In June 2019 Leighton Hospital is rated at 4.5 stars. Victoria Infirmary, Northwich is rated at 5 stars. The above ratings are based on 177 postings	

NHS Choices – Star Ratings

Description	Aggregate Position /description	Trend

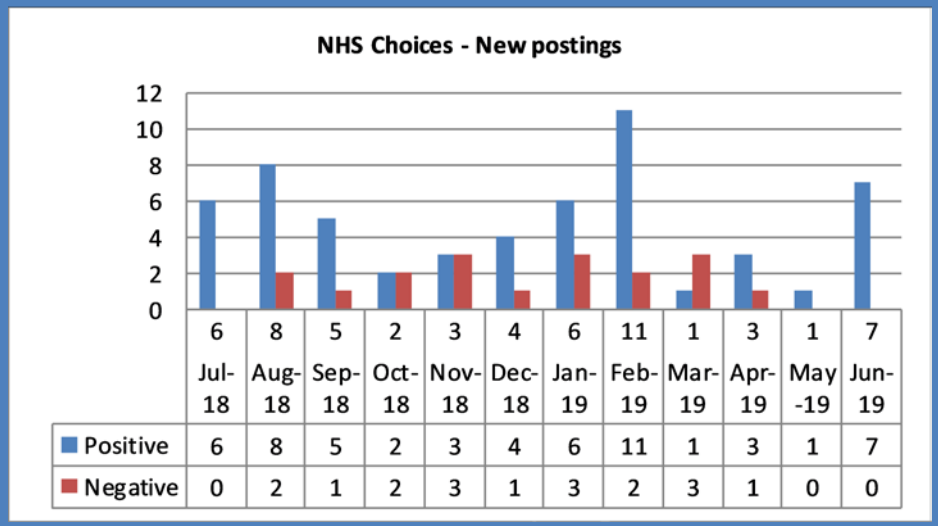
NHS Choices postings

There were 7 postings on NHS Choices in June 2019 all of which were positive. Examples of comments detailed below:

I was seen swiftly and although my condition was serious everyone stayed calm (keeping me calm) and were very clear about what was happening and why. I felt listened to at every stage. (Emergency Department)

I was seen promptly and the admissions staff were very friendly and professional. I was then taken to theatre where the atmosphere was relaxed, which really helped me. The consultant had a lovely bedside manner and clearly explained everything to me. I can not fault the experience. Thank you (Breast Surgery)

I cannot thank everyone enough and Maxillofacial have explained everything fully every step of the way and are always so pleasant. They really do make you feel they want to help improve your health in the best way they can. (Maxillofacial)



NHS Choices – Postings

The Family and Friends Test.

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

Emergency care /assessment areas 85%;

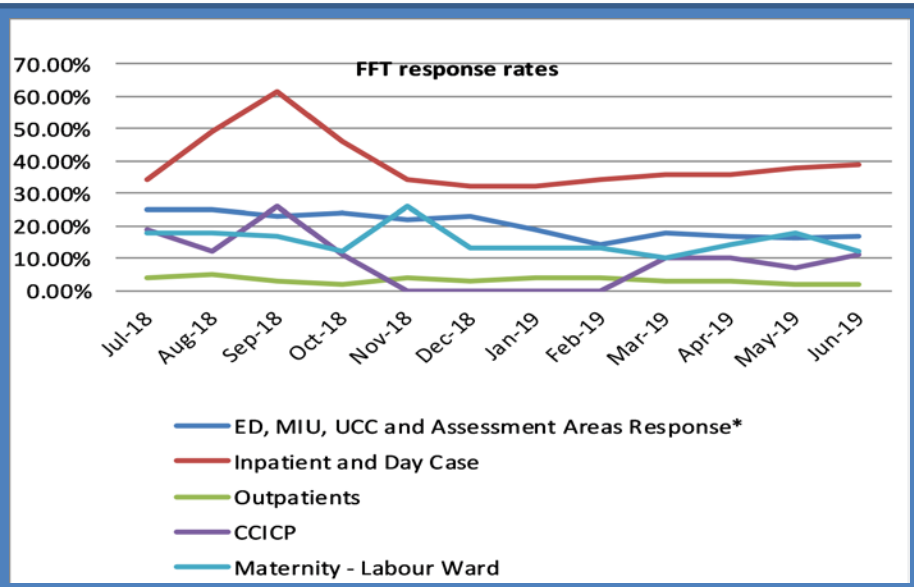
Inpatients and day cases 93%;

Outpatients 96%;

Maternity (Labour ward) 96%;

CCICP 89%.

Text messaging will be in place in all areas by July 2019.

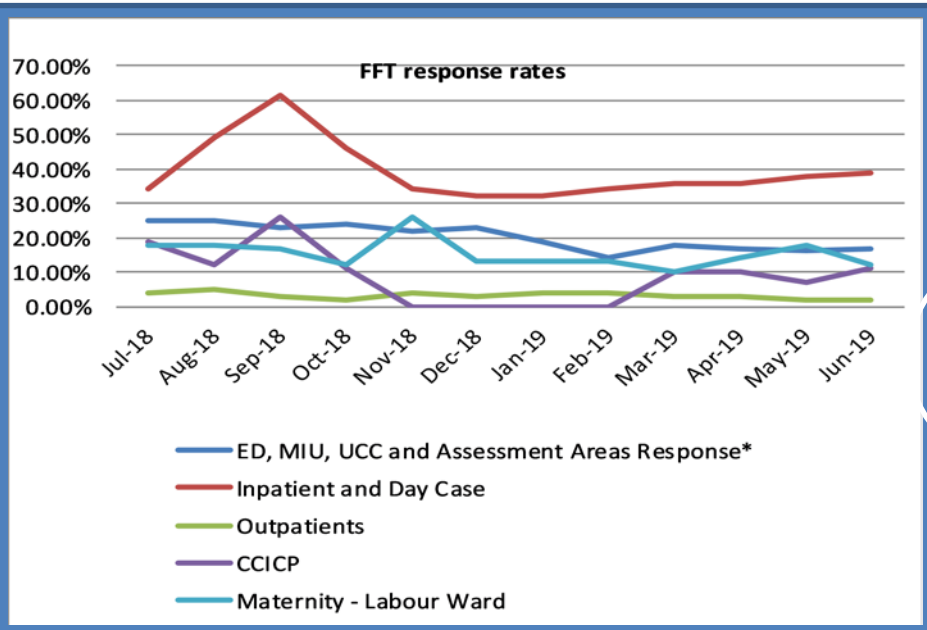


Family & Friends Test

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

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

June 2019 Ward/Dept.	% Response	Total responses received	How many would recommend
A&E , UCC & MIU	17%	1108	85%
CCICP	11%	85	89%
Inpatients & Day cases	39%	1800	93%
Maternity	12%	26	96%
Outpatients	2%	426	96%



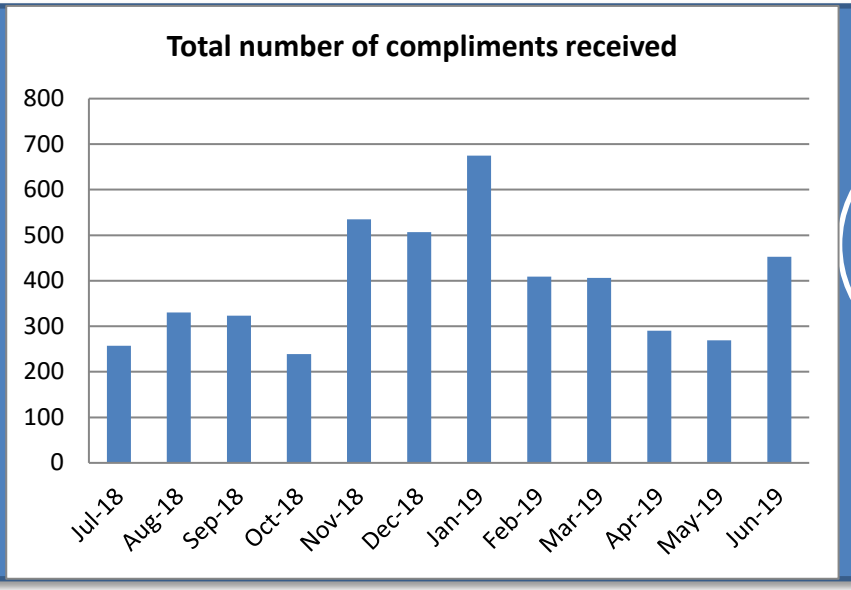
Family & Friends Test

Compliments received

There were 453 compliments received in June 2019.
96 of these were logged by the Customer Care Team and 357 received across the Trust.

'I was admitted to Leighton Hospital where my broken ankle was operated on. A few days later I was admitted to Elmhurst Care facility in Winsford. I just want to say throughout I received outstanding care. All staff I encountered in both facilities were totally professional and caring. I received the best care possible and I would like to thank all of you for the provision of such excellent service.'

'Sincere thanks to all staff in the Treatment Centre. To the nurse and her team in the prep ward and particular thanks to the Endoscopist and her team. Their care and professionalism was excellent and above reproach.'



Compliments

Mid Cheshire Hospitals NHS Foundation Trust

Title of Paper :	Guardian of Safe Working Hours Report (Q1)	
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:	**5th August 2019**

Report from the

Guardian of Safe Working Hours

1st April 2019 – 30th June 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, fines and rota gaps.

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.

During the April rotation, the most significant changes were in terms of the number of doctors in training rotating to different specialties within the trust.

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.

Exception reporting is the method for junior doctors to report any unsafe working practices. This mechanism also enables junior doctors to report whether they have been able to take appropriate breaks and that they are able to start and finish on time.

During the period 1st April 2019 to 30th June 2019 a total of 1 exception report was received from 1 trainee doctor 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)
59606	Late Finish	0.50	11.30	18.83
Total Cost to the Trust for the Reporting Period				**£30.13**

This report was highlighted as an 'immediate safety concern', however, on review it was not an 'immediate saferty concern' and was dealt with by the doctors Educational Supervisor

The GoSWH is responsible for ensuring that these reports are responded to and that Junior Doctors receive appropriate feedback and support following submission of an exception report.

The Trust fines itself for certain exception reports (i.e. if we did not respond in time or if there was no alternative action available to the Junior Doctor). 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	£30.13

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 tenth report by the GoSWH and it is concluded that the Trust continues to take appropriate steps to implement the new national contract for the relevant junior doctors.

This period has seen a fall in the number of exception reports submitted compared to previous reports. The issue has been managed by the division and overseen by the Educational Supervisor of the trainee and the GoSWH.

On behalf of Derek Pegg
26.07.2019

Mid Cheshire Hospital
NHS Foundation Tru

Board of Directors Performance Report

June 2019

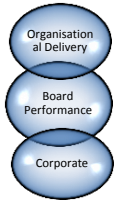
"To Deliver Excellence in Healthcare through Innovation & Collaboration"

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.

Dr Paul Dodds
Interim Chief Executive

Contents

Headline Measures

Organisational Delivery				
Indicator	**Standard**	**YTD**	**Jun-19**	
Cancer				
Rapid Access Referrals (%) *(seen in 2 wks)*	93.00%	96.78%	96.89%	
Total Patients Seen		*2,978*	*965*	
Patients seen >14 days		*96*	*30*	
62 day GP Classic (%)	85.00%	85.52%	85.95%	*
Accountable Patients Treated		*211*	*61*	
No. of Breached Pathways (adjusted)		*30*	*9*	
62 day Screening (%)	90.00%	93.33%	61.11%	*
Accountable Patients Treated		*29*	*9*	
No. of Breached Pathways (adjusted)		*6*	*3.5*	
Unplanned Activity				
4 Hour Access Standard (%)	95.00%	79.58%	80.63%	
A&E Attendances (LH/MIU/UUC) (% to plan)		97.26%	96.48%	
A&E Attendances LH & MIU (Vol)		*24,604*	*8,053*	
Planned Activity				
Incomp Pathways <18wk (%)	92.00%	91.60%	92.07%	
>6wk Diagnostic Waits (%)	1.00%	7.74%	7.76%	
Total Patients Waiting for a First Outpatient Appointment			9,603	

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

	Standard	YTD
Workforce		
Sickness absence Rolling 12 Month		4.42%
Turnover Rolling 12 Month		9.60%

Corporate					
	YTD Rating		YE Rating	YE Metric	
Indicator	**Plan**	**Actual**	**Forecast**	**Plan**	**Forecast**
Finance					
Use of Resource Rating	3	3	3		
Capital Service Capacity	4	4	4	0.61	0.64
Liquidity	3	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	1	-15.00%	-15.00%

	YTD Target	YTD Actual	YTD Variance	FY Target	FY Forecast	FY Variance
Cost Improvement Schemes Total (£000's)	1,177	714	-463	5,342	5,342	0
Commission Contact Income SC & VR (£000's)	41,934	41,934	0			
Contract Income (£'000)	59,077	58,958	-119			
Pay to Budget (£000's)	-46,428	-46,124	304			
Non Pay to Budget (£000's)	-17,998	-18,339	-341			
Agency Trajectory (£000's)	-1,209	-1,853	-644			

Exec Summary

In June 2019, the Trust delivered three of the five NHS Improvement Single Oversight Framework performance indicators (Rapid Access Referral, Cancer 62 day, RTT). The indicators not achieved were the 4 hour Access standard, 62 Day Screening.

The RTT Incomplete Pathway standard in June achieved 92.07% against the 92% performance standard. The RTT recovery plans have delivered a month on month improvement over the last quarter with the recovery trajectory being met this month.

The 4 hour Access Standard in June achieved 80.63% against the 95% performance standard. This performance is a slight deterioration on the same period last year, however there has been a 7% increase in the higher acuity patients in June 2019.

The Trust has achieved two out of the three headline cancer access standards for June, with Rapid Access Referral target achieving 96.89% against a 93% target. The cancer screening standard has had four patients receive treatment after day 62, this was a combination of registration issues and endoscopy capacity.

Diagnostics waiting times for June is 7.76% against a 1.00% threshold. This is an improvement on the previous month following the issues surrounding the Imaging server upgrade.

The UoRR metric is 3. If any of the UoRR metrics are 4, then the maximum rating that the trust can achieve is a 3.

The Trusts' I&E performance against the control total is £192k better than the plan.

This position includes the Provider Sustainability Fund (PSF) earned to date, which is depended 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 NHS SUpply Chain savings, 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

Triggers

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													Monthly Trend
	Target	Actual	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	
Maximum 6 week wait for Diagnostic procedures	1%	7.74%	0.32%	0.56%	0.31%	0.44%	0.48%	0.17%	0.54%	0.47%	0.42%	0.76%	0.64%	9.34%	7.76%	
All Cancers: 62 day GP Classic (%) *	85%	85.52%	92.00%	91.40%	91.78%	86.11%	86.50%	93.40%	86.90%	85.83%	85.84%	85.60%	86.62%	86.09%	85.95%	
All Cancers: 62 day Screening (%) *	90%	93.33%	91.67%	100.00%	91.84%	100.00%	100.00%	100.00%	81.80%	87.50%	100.00%	95.45%	90.00%	90.00%	61.11%	
18 weeks from point of referral to treatment - patients on an incomplete pathway (%)	92%	91.60%	93.14%	92.97%	93.05%	92.43%	92.82%	92.28%	92.01%	91.30%	91.63%	90.67%	91.05%	91.67%	92.07%	
A&E - maximum waiting time of 4 hours from arrival to admission/transfer/discharge (%)	95%	79.58%	81.78%	84.59%	87.14%	84.61%	85.51%	88.13%	83.57%	78.89%	81.12%	80.41%	79.90%	78.27%	80.63%	
STF Trajectory			92.72%	93.92%	93.92%	93.92%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%				
Provider Submitted Trajectory													83.60%	86.10%	86.10%	

** 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	0.55	1.16	4
	Liquidity	days	-13	-13	3	-10	-10	3
Financial Efficiency	I&E Margin	%	-0.70%	-0.70%	3	-2.00%	-1.70%	4
Financial Controls	Distance from Financial Plan	%	0.00%	0.00%	1	0.00%	0.30%	1
	Agency Spend	%	-15.00%	-15.00%	1	21.00%	35.00%	2
Overall UOR Rating					3			3

Operational Delivery: *Cancer Pathway*

Headline Measures

	Current YTD		Rolling 13 months											
	Target	Actual	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Monthly Trend
Rapid Access Referrals (%) (seen in 2 wks)	93%	96.78%	97.54%	96.37%	96.73%	96.50%	96.87%	98.36%	97.78%	96.91%	97.66%	97.69%	95.83%	97.66%	96.89%	
Total Patients Seen		*2978*	*855*	*855*	*887*	*771*	*989*	*917*	*855*	*842*	*940*	*996*	*1031*	*982*	*965*	
Patients seen >14 days		*96*	*21*	*31*	*29*	*27*	*31*	*15*	*19*	*26*	*22*	*23*	*43*	*23*	*30*	
% seen within 7 days		*30.3%*	*43.7%*	*44.4%*	*35.2%*	*51.4%*	*41.5%*	*34.0%*	*35.4%*	*38.6%*	*38.1%*	*30.5%*	*30.3%*	*39.3%*	*37.5%*	
62 day GP Classic (%) *	85%	85.52%	92.00%	91.40%	91.78%	86.11%	86.50%	93.40%	86.90%	85.83%	85.84%	85.60%	86.62%	86.09%	85.95%	

** Provisional figures subject to change depending*

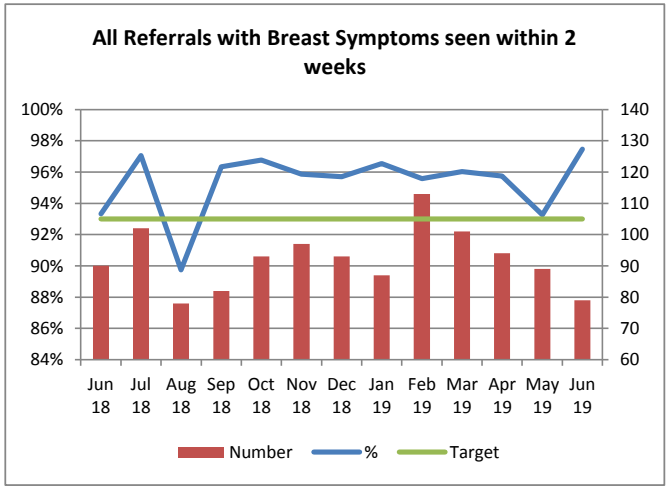
104+ day waits - (Cancer patients treated)	0	1	0	4	0	0	3	0	1	3	3	5	4

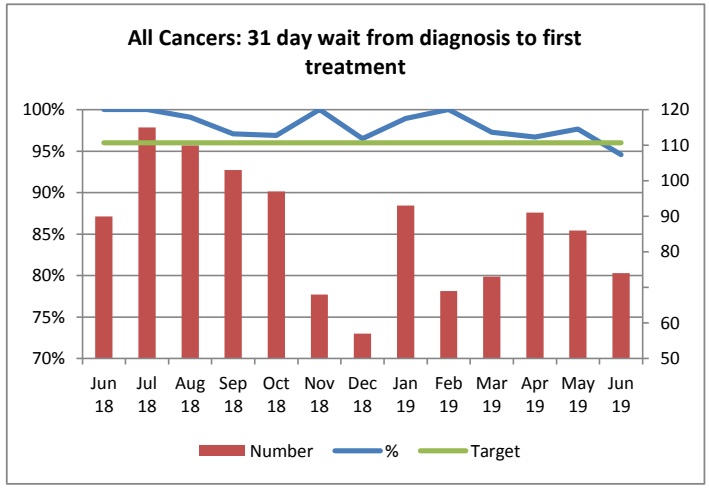
Commentary

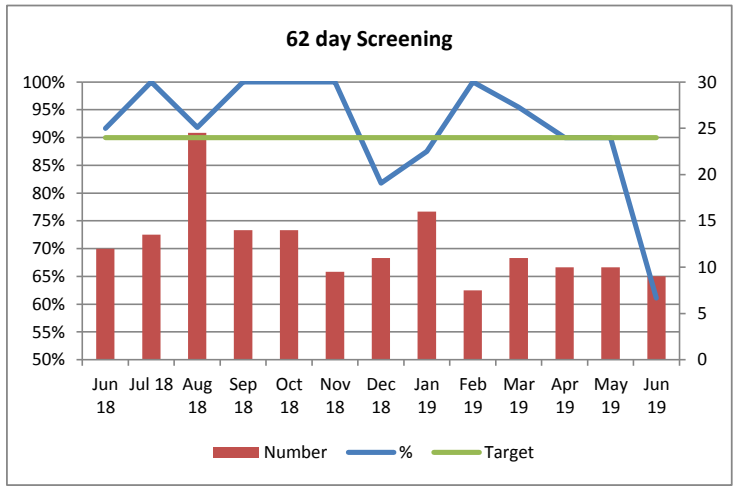
The Trust has achieved two of the three headline cancer standards during the month of June 2019. The figures presented in this paper reflect the Trust's regulatory performance measures adjusted figures that take into account breach reallocation between providers. From October 2018 the new cancer repatriation policy is in use.
The Trust has continued it's strong performance against the Rapid Access referrals standard, achieving 96.89% for June. This is inspite of a growth in demand culminating in over 100 more patients seen in June compared to 2018.
The 62 Day GP Classic standard has achieved 85.95% against an 85% target.

The 62 day screening standard has failed the 90% standard in June. The poor performance is due to a mix of complex pathways involving 3-Trusts, patient choice and colonoscopy capacity x4. Due to the small number of treats the metric can only manage one breach before falling below the 90% threshold.

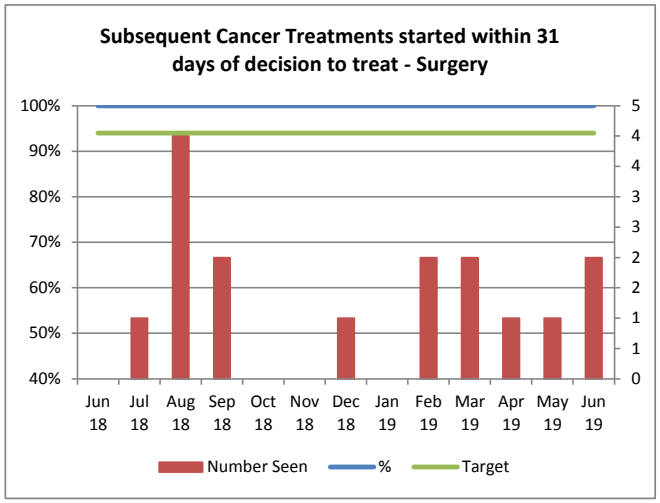
Primary Measures

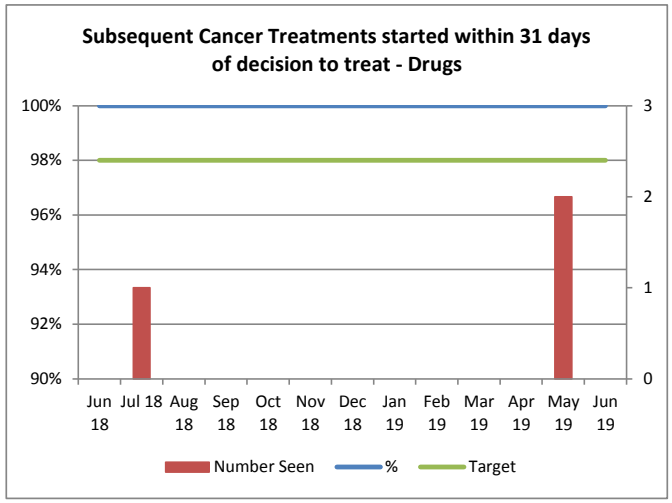


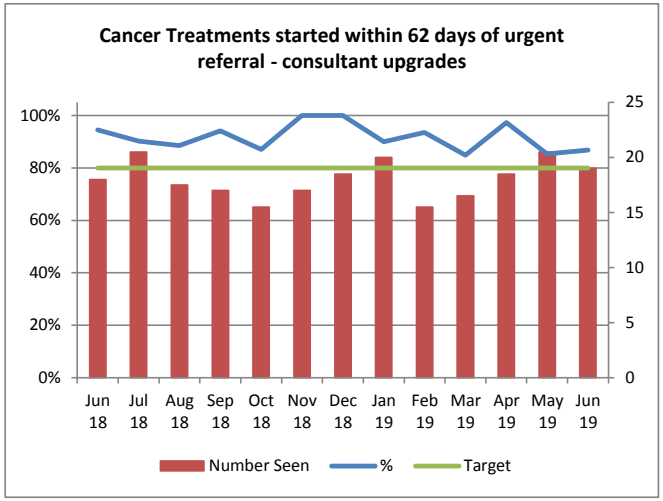




Operational Delivery: *Cancer Pathway*







Operational Delivery: *Unplanned Activity - A&E*

Headline Measures

	Current YTD		Rolling 13 months											
	Target	Actual	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Monthly Trend
A&E - >4 hr wait time from arrival to admission/ transfer/ discharge (% to Target)	95%	79.58%	81.78%	84.59%	87.14%	84.61%	85.51%	88.13%	83.57%	78.89%	81.12%	80.41%	79.90%	78.27%	80.63%	
No. of 4hr breaches		*5,023*	*1,472*	*1,286*	*967*	*1,158*	*1,167*	*884*	*1,209*	*1,621*	*1,349*	*1,574*	*1,642*	*1,821*	*1,560*	

	Plan	Actual	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Monthly Trend
A&E Attendances (LH/MIU/UUC) (% to Plan)		*97.26%*	98.9%	99.6%	97.7%	94.9%	100.0%	98.4%	95.8%	99.3%	97.0%	95.4%	100.4%	95.2%	96.5%	
A&E Attendances (LH/MIU/UUC) (No.)	*24,127*	*24,604*	8,081	8,344	7,517	7,524	8,056	7,445	7,358	7,679	7,147	8,034	8,169	8,382	8,053	

A&E Attendance Case Mix (based on acuity score)	*Major*		*7,132*	*2,386*	*2,168*	*2,380*	*2,228*	*2,455*	*2,269*	*2,235*	*2,392*	*2,170*	*2,341*	*2,351*	2,540	2,241	
	Minor		*9,259*	*3,325*	*3,643*	*2,990*	*2,810*	*2,768*	*2,560*	*2,605*	*2,782*	*2,489*	*2,855*	*3,166*	3,040	3,053	
	Paediatrics		*4,954*	*1,648*	*1,691*	*1,181*	*1,516*	*1,709*	*1,562*	*1,422*	*1,372*	*1,556*	*1,702*	*1,587*	1,680	1,687	
	Resus		*3,256*	*722*	*835*	*966*	*969*	*1,120*	*1,048*	*1,095*	*1,128*	*928*	*1,126*	*1,063*	1,121	1,072	
A&E Attendance Location (based on Discharge)	*Major*		*9,798*	*3,136*	*3,121*	*3,225*	*3,090*	*3,413*	*3,187*	*3,176*	*3,354*	*2,983*	*3,317*	*3,245*	*3,405*	*3,148*	
	Minor		*9,282*	*3,157*	*3,364*	*2,977*	*2,775*	*2,791*	*2,560*	*2,573*	*2,738*	*2,454*	*2,801*	*3,123*	*3,111*	*3,048*	
	Paediatrics		*4,954*	*1,648*	*1,691*	*1,181*	*1,516*		*1,562*	*1,422*	*1,372*	*1,556*	*1,702*	*1,587*	*1,680*	*1,687*	
	Resus		*567*	*140*	*161*	*134*	*142*	*139*	*130*	*186*	*210*	*150*	*204*	*212*	*185*	*170*	

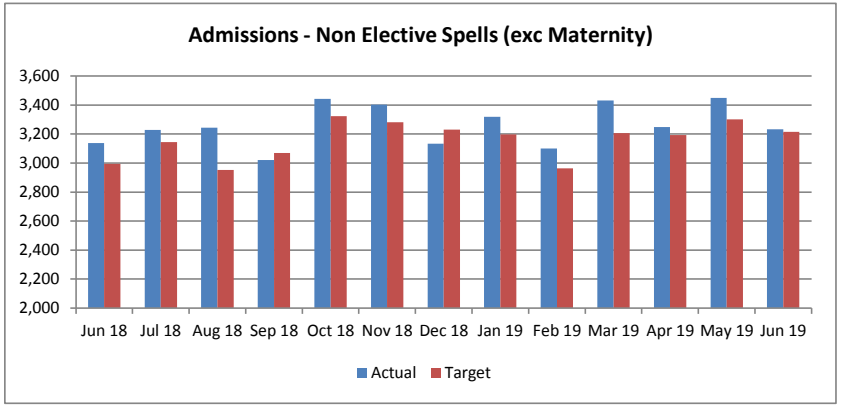
Commentary

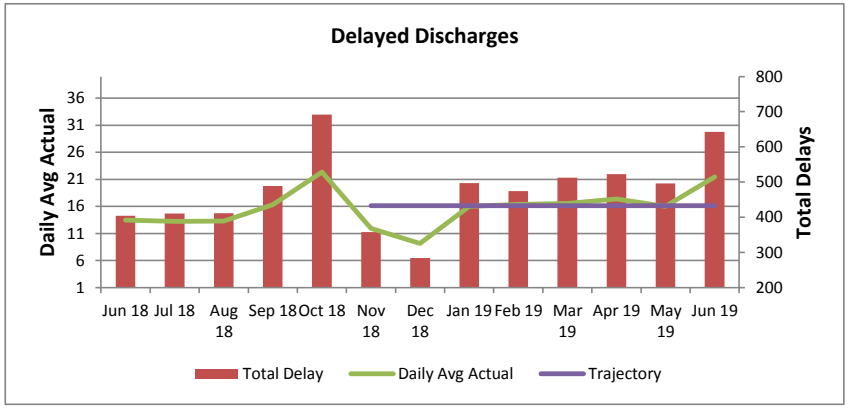
The Trust has achieved 80.63% against the 4-hour access standard in June 2019, despite seeing a similar number of attendances as the same period last year, there has been a 7% increase in the higher acuity patients coming into A&E in June 19, this is also reflected in the conversion rate to admission, rising to 40.3% compared to 37.9% last year.

Medical outliers remains above the set threshold but below the level seen in May.

Patients medically optimised for discharge in June has increased to 21 against a threshold of 16 the highest seen since October 2018.

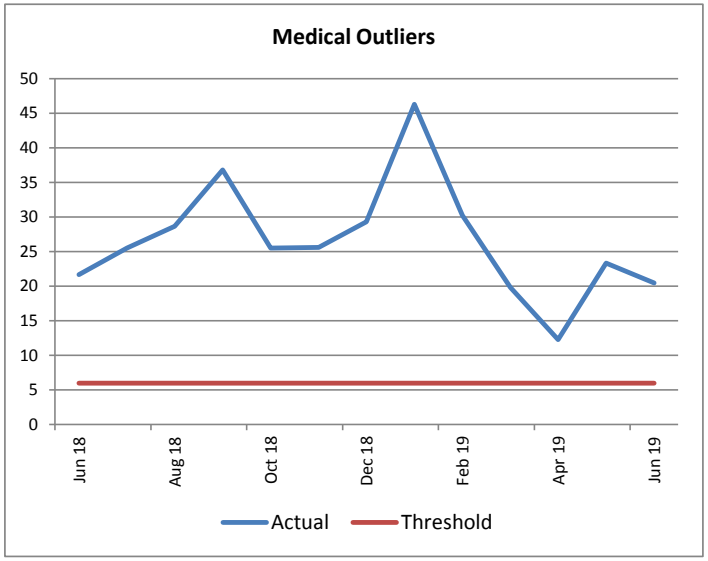
Primary Drivers

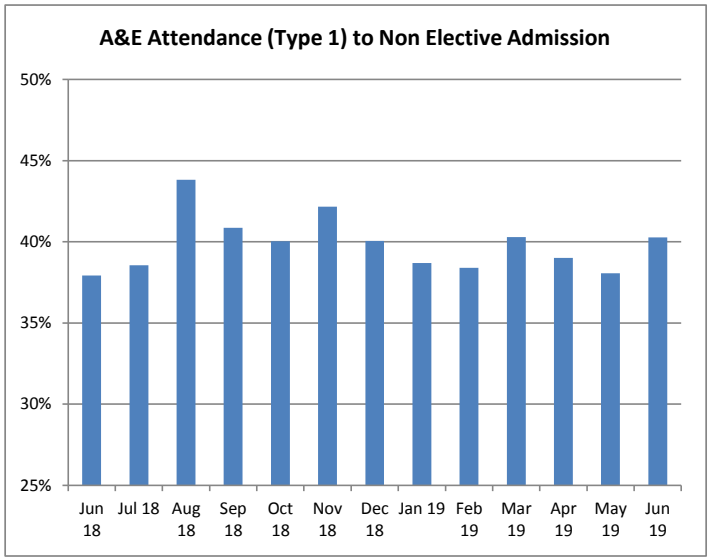


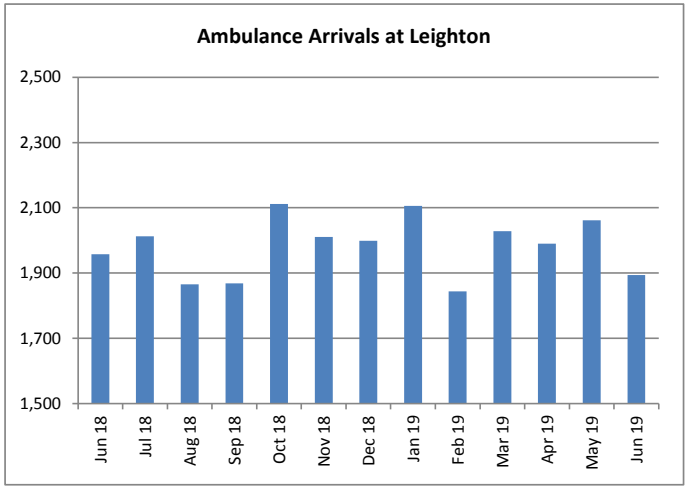


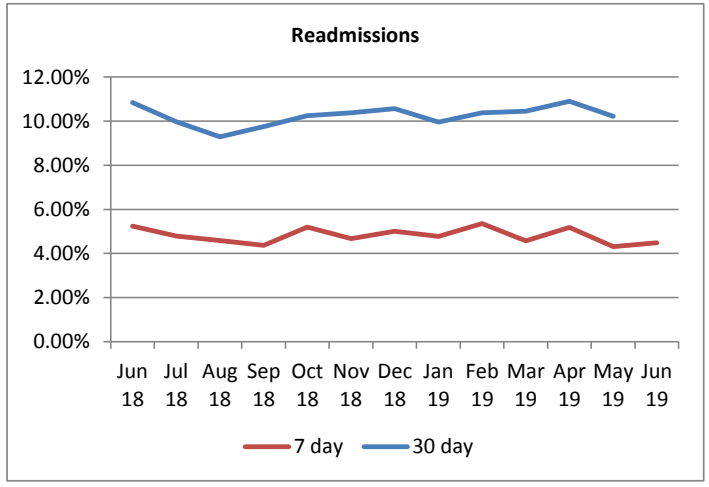
Operational Delivery: *Unplanned Activity A&E*

Secondary Drivers



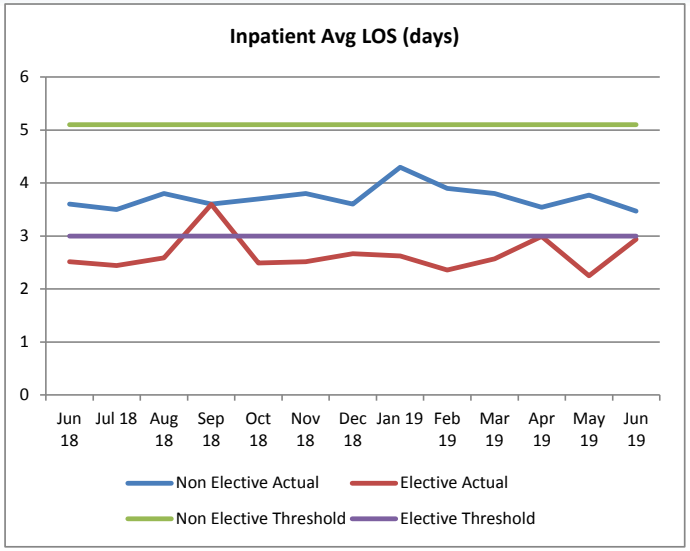


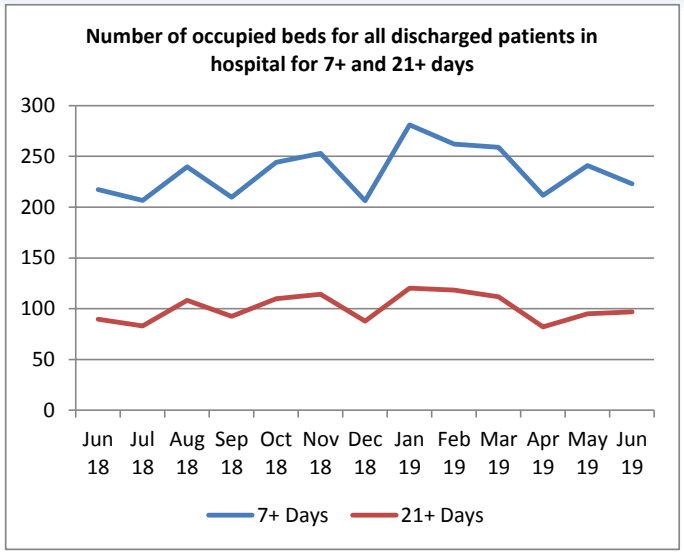


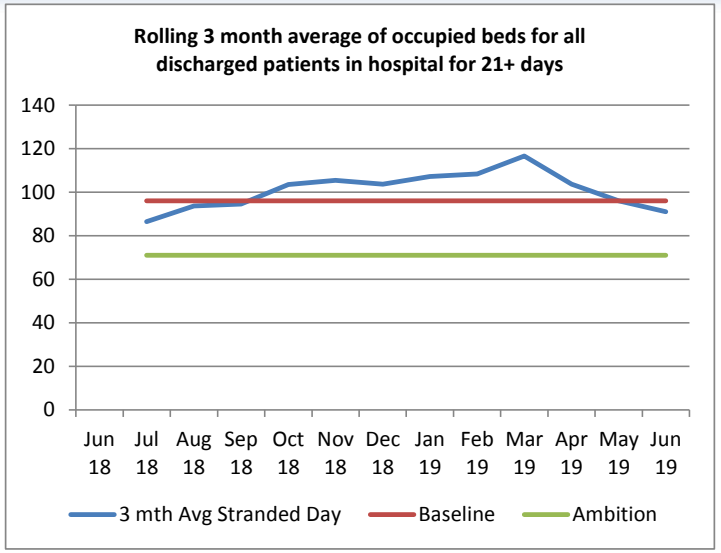


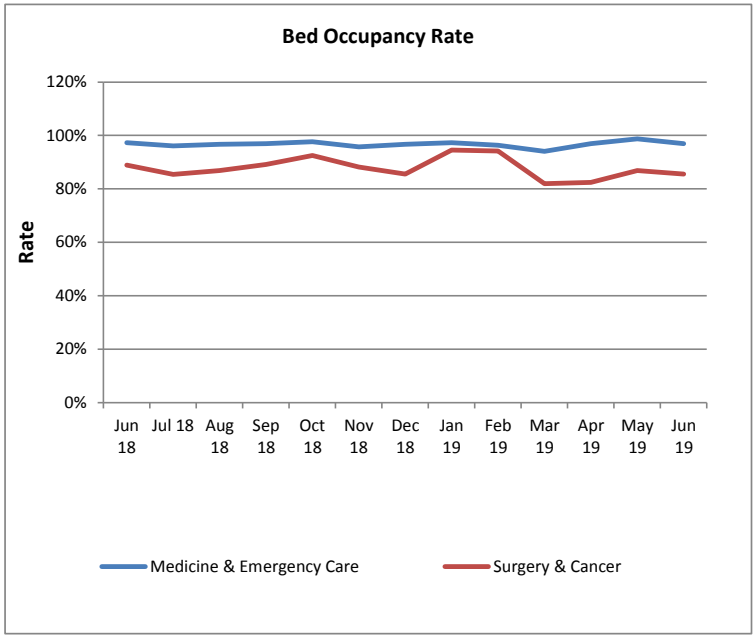
** Readmissions brought in line with national definition*

Operational Delivery: *Length of Stay*

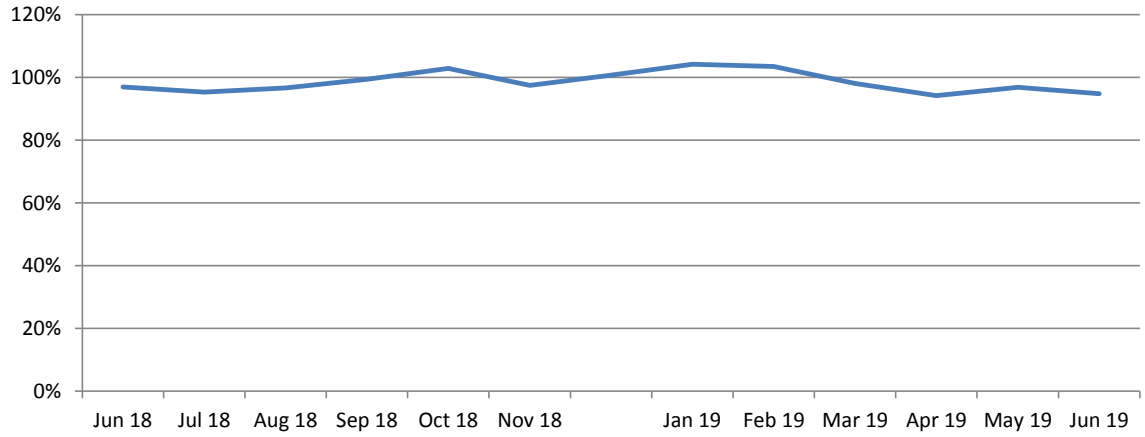








Acute Adult Bed Occupancy



	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19
Trust Total	96.87%	95.25%	96.58%	99.33%	102.78%	97.40%	100.73%	104.12%	103.44%	98.00%	94.14%	96.77%	94.75%
Additional Beds	2.73	7.45	8.65	14.47	21.94	23.57	20.98	37.55	23.36	21.00	0.00	0.00	0.00

Operational Delivery: *Planned Activity*

Headline Measures

	Current YTD		Rolling 13 months											
	Target	Actual	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Monthly Trend
18 weeks from Referral to Treatment in Aggregate - Incomplete	92%	91.60%	93.14%	92.97%	93.05%	92.43%	92.82%	92.28%	92.01%	91.30%	91.63%	90.67%	91.05%	91.67%	92.07%	
Total 18 Weeks		*45,723*	*14,713*	*14,630*	*15,373*	*14,988*	*14,284*	*14,331*	*14,232*	*14,427*	*14,505*	*14,197*	*14,944*	*15,219*	*15,560*	
No. > 18 Weeks		*3,839*	*1,010*	*1,029*	*1,069*	*1,135*	*1,025*	*1,106*	*1,137*	*1,255*	*1,214*	*1,324*	*1,338*	*1,267*	*1,234*	
Open Pathways >39 Weeks Waiting											*5*	*10*	*10*	*15*	*15*	
Diagnostic Waiting Time	1%	7.74%	0.32%	0.56%	0.31%	0.44%	0.48%	0.17%	0.54%	0.47%	0.42%	0.76%	0.64%	9.34%	7.76%	
Total Number of Waiters		*10,965*	*4,619*	*4,257*	*3,814*	*4,105*	*4,168*	*4,017*	*3,870*	*4,029*	*4,785*	*4,749*	*1,091*	*4,809*	*5,065*	
Waiters of 6 Weeks +		*849*	*15*	*24*	*12*	*18*	*20*	*7*	*21*	*19*	*20*	*36*	*7*	*449*	*393*	
Total Patients Waiting for a First Outpatient Appointment			9,354	9,496	9,851	9,654	9,496	9,430	8,948	9,428	9,823	9,682	9,800	9,981	9,603	
Longest Wait Time (weeks)											*47*	*46*	*48*	*44*	*46*	

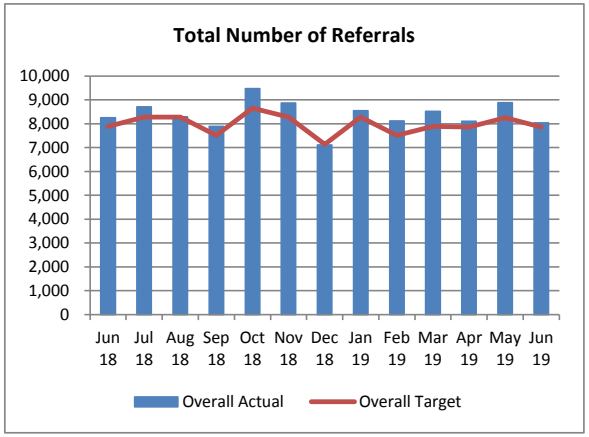
Commentary

The Trust's RTT Incomplete Pathway position is 92.07% for June. Eight specialties have failed to meet the 92% target, these are General Surgery, Urology, Gastroenterology, Cardiology, Thoracic Medicine, Gynaecology and Trauma and Orthopaedics. Detailed improvement plans and trajectories are in place and reviewed weekly by the Chief Operating Officer and Director of Operations. The Trust performance of 92.07% is in line with the planned tajectory. Recovery of the standard has been achieved.

Mid Cheshire do not currently have any 52 week breaches for June, there are 15 patients waiting over 39 weeks; (5 in General Surgery, 2 in Gastro, 2 in Cardiology, 3 in Urology, 1 in Ophthalmology, 2 in Dermatology). All long wait patients are monitored and reviewed weekly at director led performance meetings.

In June 2019, 7.76% of patients waited longer than 6 weeks for their diagnostic tests. The failure of the Diagnositc six week standard is expected as a result of the failed server upgarde and the impact on the soliton system. Improvement from previous month has been seen with full compliance against this standard expected in August 2019.

Primary Drivers

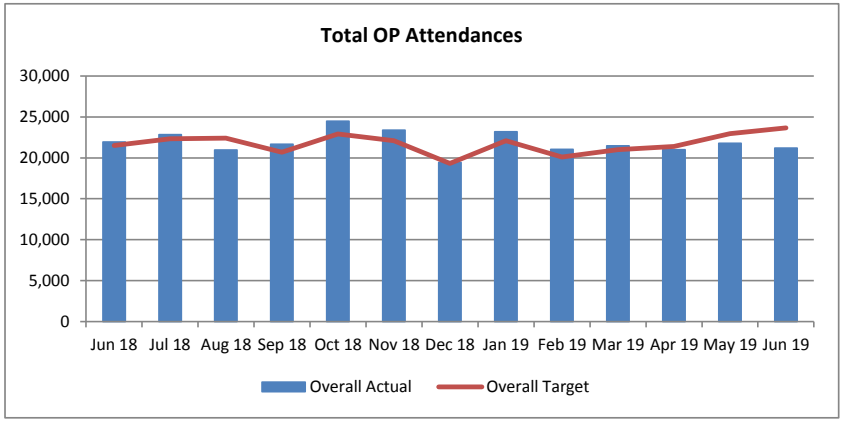


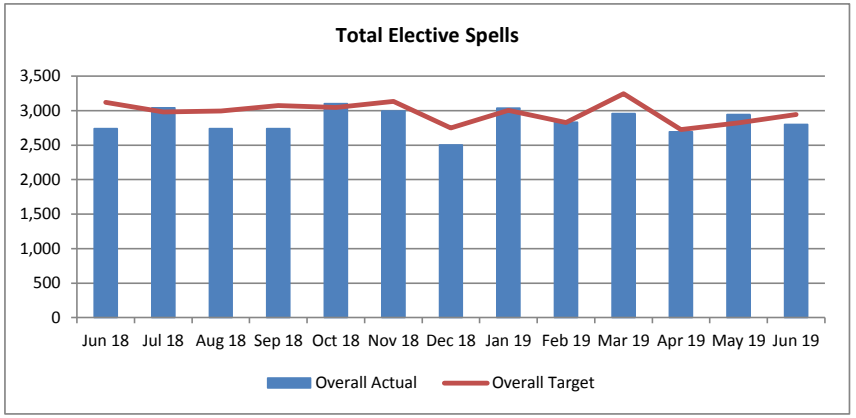
Referral Breakdown

	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Monthly Trend
GP Actual	5,065	5,355	5,184	4,925	5,755	5,684	4,412	5,424	4,915	5,270		5,231	4,583	
GP Target	4,920	5,157	5,157	4,683	5,394	5,157	4,446	5,157	4,683	4,920	4,374	4,593	4,374	
% to Target	103.0%	103.8%	100.5%	105.2%	106.7%	110.2%	99.2%	105.2%	105.0%	107.1%	104.9%	113.9%	104.8%	
Other Actual	3,186	3,352	3,107	2,968	3,714	3,189	2,696	3,118	3,204	3,250	3,524	3,655	3,453	
Other Target	2,976	3,120	3,120	2,833	3,263	3,120	2,689	3,120	2,833	2,976	3,483	3,657	3,483	
% to Target	107.1%	107.5%	99.6%	104.8%	113.8%	102.2%	100.3%	100.0%	113.1%	109.2%	101.2%	99.9%	99.1%	
Total Actual	8,251	8,707	8,291	7,893	9,469	8,873	7,108	8,542	8,119	8,520	8,111	8,886	8,036	
Total Target	7,896	8,276	8,276	7,515	8,657	8,276	7,135	8,276	7,515	7,896	7,857	8,250	7,857	
% to Target	104.5%	105.2%	100.2%	105.0%	109.4%	107.2%	99.6%	103.2%	108.0%	107.9%	103.2%	107.7%	102.3%	
GP % of Total	61.4%	61.5%	62.5%	62.4%	60.8%	64.1%	62.1%	63.5%	60.5%	61.9%	56.6%	58.9%	57.0%	

Operational Delivery: *Planned Activity*

Primary Drivers



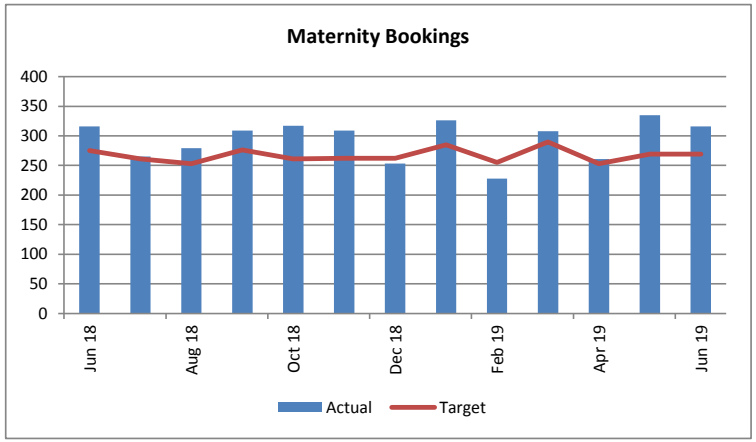


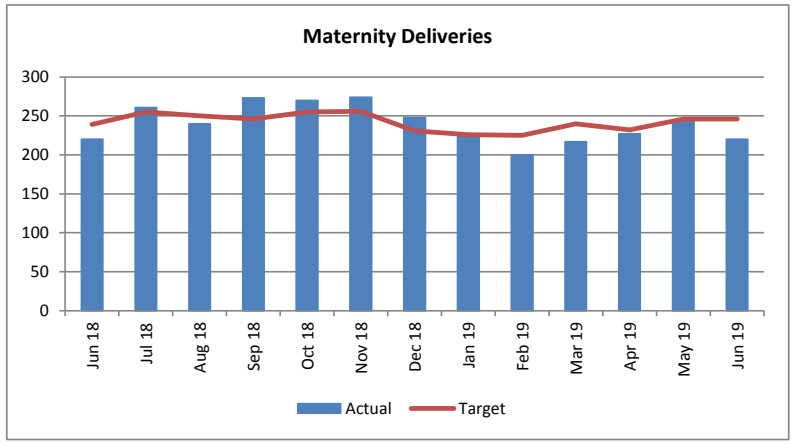
OP Attendance Breakdown	YTD 18 19	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Monthly Trend
New Actual	81,335	6,868	7,001	6,211	6,648	7,713	7,203	5,946	6,861	6,397	6,877	6,584	6,954	6,662	
New Target	74,744	6,212	6,495	6,502	5,934	6,778	6,496	5,625	6,496	5,901	6,189	6,416	6,848	7,173	
% to Target	108.8%	110.6%	107.8%	95.5%	112.0%	113.8%	110.9%	105.7%	105.6%	108.4%	111.1%	102.6%	101.6%	92.9%	
F U Actual	182,101	15,089	15,835	14,737	15,014	16,778	16,207	13,493	16,352	14,629	14,583	14,426	14,827	14,543	
F U Target	181,624	15,283	15,844	15,912	14,774	16,157	15,600	13,701	15,604	14,194	14,803	14,988	16,096	16,491	
% to Target	100.3%	98.7%	99.9%	92.6%	101.6%	103.8%	103.9%	98.5%	104.8%	103.1%	98.5%	96.3%	92.1%	88.2%	
Total Actual	263,436	21,957	22,836	20,948	21,662	24,491	23,410	19,439	23,213	21,026	21,460	21,010	21,781	21,205	
Total Target	256,368	21,495	22,339	22,414	20,708	22,935	22,095	19,326	22,100	20,095	20,992	21,403	22,944	23,663	
% to Target	102.8%	102.1%	102.2%	93.5%	104.6%	106.8%	105.9%	100.6%	105.0%	104.6%	102.2%	98.2%	94.9%	89.6%	
New % of Total	30.9%	31.3%	30.7%	29.6%	30.7%	31.5%	30.8%	30.6%	29.6%	30.4%	32.0%	31.3%	31.9%	31.4%	

Elective Spells Breakdown	YTD 18 19	Jun 18	Jul 18		Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Monthly Trend
I P Actual	3,055	263	276	226	259	284	280	241	157	288	272	225	228	266	
I P Target	3,341	294	271	288	281	308	308	241	181	264	304	263	277	280	
% to Target	91.4%	89.4%	101.9%	78.6%	92.2%	92.3%	91.0%	100.1%	86.9%	109.0%	89.4%	85.6%	82.3%	94.9%	
Daycase Actual	31,155	2,476	2,766	2,513	2,479	2,817	2,717	2,262	2,882	2,543	2,685	2,467	2,714	2,536	
Daycase Target	32,775	2,825	2,709	2,709	2,795	2,740	2,827	2,507	2,826	2,565	2,942	2,462	2,548	2,666	
% to Target	95.1%	87.7%	102.1%	92.8%	88.7%	102.8%	96.1%	90.2%	102.0%	99.1%	91.3%	100.2%	106.5%	95.1%	
Total Actual	34,210	2,739	3,042	2,739	2,738	3,101	2,997	2,503	3,039	2,831	2,957	2,692	2,942	2,802	
Total Target	36,116	3,119	2,980	2,996	3,076	3,048	3,135	2,748	3,007	2,829	3,247	2,724	2,825	2,946	
% to Target	94.7%	87.8%	102.1%	91.4%	89.0%	101.8%	95.6%	91.1%	101.1%	100.1%	91.1%	98.8%	104.1%	95.1%	
I P % of Total	8.9%	9.6%	9.1%	8.3%	9.5%	9.2%	9.3%	9.6%	5.2%	10.2%	9.2%	8.4%	7.7%	9.5%	

Operational Delivery: *Planned Activity*

Primary Drivers





Operational Delivery: *Planned Activity*

Secondary Drivers

			Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Monthly Trend
Bed Occupancy Rate	Medicine & Emergency Care		97.3%	96.1%	96.7%	96.9%	97.7%	95.8%	96.7%	97.3%	96.3%	94.0%	97.0%	98.7%	96.9%	
	Surgery & Cancer		88.9%	85.4%	86.9%	89.2%	92.5%	88.1%	85.5%	94.5%	94.2%	81.9%	82.5%	86.9%	85.6%	
Elective Inpatient Avg LOS (Days)			2.5	2.4	2.6	3.6	2.5	2.5	2.7	2.6	2.4	2.6	3.0	2.2	2.9	
Delayed Transfers of Care (MFFD)		16.00	13	13	13	16	22	12	9	16	17	17	17	16	21	
Delayed Transfers of Care (% of Acute Beds)			2.9%	2.8%	2.8%	3.3%	4.5%	2.4%	1.8%	3.1%	3.3%	3.3%	3.5%	3.2%	4.2%	
Medical Outliers			22	26	29	37	26	26	29	46	31	20	12	23	20	
Readmission (Emergency Re-admissions after Planned Surgery)																
	30 Day Rate			3.12%	2.73%	3.01%	3.28%	2.96%	2.87%	2.66%	3.86%	3.29%	3.38%	3.39%		
	7 Day Rate		1.03%	1.42%	1.27%	1.28%	1.16%	1.15%	1.09%	1.06%	1.45%	1.05%	1.41%	1.45%	0.99%	
Cancelled Operations - Non Clinical - Cancellation Rate			0.95%	0.95%	0.95%	0.73%	1.86%	0.63%	1.40%	0.58%	0.60%	0.65%	0.67%	1.17%	0.85%	
Theatre Efficiency																
	Main Theatres		78.9%	76.7%	78.4%	78.4%	77.9%	77.2%	73.9%	74.5%	76.2%	78.5%	76.7%	75.0%	77.4%	
	TC Theatres		72.6%	75.6%	73.2%	73.4%	76.6%	73.5%	72.0%	69.4%	73.0%	73.5%	72.4%	68.2%	74.8%	
DNA (OP Efficiency)			5.83%	6.09%	5.74%	5.55%	5.72%	5.62%	5.95%	5.75%	5.42%	5.41%	5.93%	5.99%	6.02%	
Hospital Cancellation Rate (OP Efficiency)			6.80%	7.03%	7.27%	7.57%	7.65%	7.63%	8.27%	7.65%	7.83%	8.12%	7.91%	7.49%	7.39%	

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

Performance and Finance - Headlines June 2019

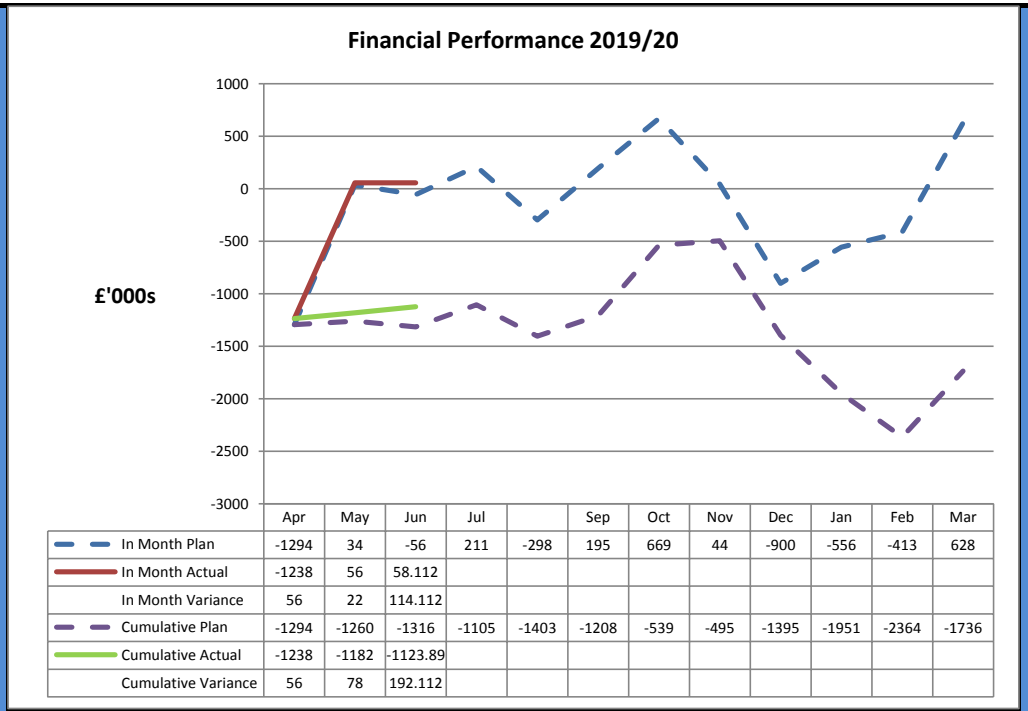
Current Position	Analysis	Forward View

The reported position is £0.19m better than the control total. Within the month the trust has received £0.362m of additional PSF in relation to 1819 – which supports the Trust with the cash position, but it does not count towards this years control total.

The Trust has met the financial control target for the first quarter, and therefore the PSF of £0.648m will be received.

CCICP is underspent by £207k, which means that there is a small deficit in MCHFT of £15k.

The overall use of resources rating for the Trust is currently 3 in line with expectations.



	Apr	May	Jun	Jul		Sep	Oct	Nov	Dec	Jan	Feb	Mar
In Month Plan	-1294	34	-56	211	-298	195	669	44	-900	-556	-413	628
In Month Actual	-1238	56	58.112									
In Month Variance	56	22	114.112									
Cumulative Plan	-1294	-1260	-1316	-1105	-1403	-1208	-539	-495	-1395	-1951	-2364	-1736
Cumulative Actual	-1238	-1182	-1123.89									
Cumulative Variance	56	78	192.112									

	YTD Rating		YE Rating	
Indicator	**Plan**	**Actual**	**Forecast**	**Status**
Finance				
Use of Resource Rating	3	3	3	
Capital Service Capacity	4	4	4	The planned deficit does not meet the financial commitments
Liquidity	3	3	3	The Trust has enough cash to meet it's obligations
I&E Margin	4	4	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	3	3	The current leve 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 Trust is expected to maintain the use of resources rating at a 3.

Performance and Finance - Contract Income June 2019

Current Position

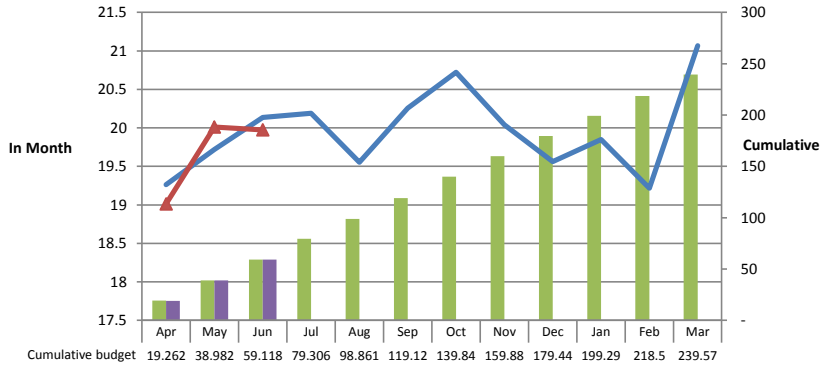
Contract income is below the plan by £119k, when the additional PSF funding of £360k is excluded. Associate contracts continue to be worse than plan pre-dominantly with Stoke/North Staffs and West Cheshire CCGs (£0.6m).

South and Vale Royal contracts are currently underperforming, however due to the block arrangement no variance is shown – with the underperformance on planned activity offset by an adjustment within other of £0.5m.

Within the other column, there is the share of additional contract income yet to be allocated for South/Vale Royal (£0.125m), an over-performance on non- contract activity (£0.1m), and an over-performance on high cost drugs within Specialised Commissioning (£0.3m) – offsetting against drugs within non-pay.

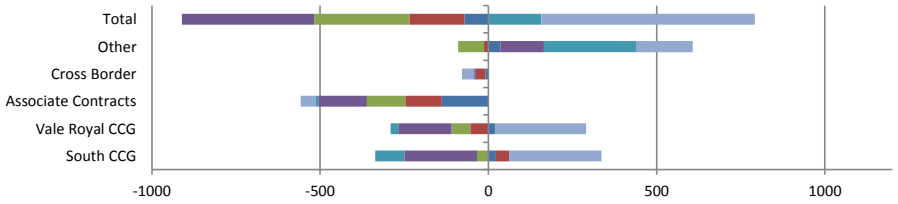
Analysis

Contract Income Performance 2019/20 £'m



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Cumulative budget	19.262	38.982	59.118	79.306	98.861	119.12	139.84	159.88	179.44	199.29	218.5	239.57
Cumulative actual	19.014	39.026	58.999									
In month budget	19.262	19.72	20.136	20.189	19.554	20.257	20.72	20.039	19.563	19.847	19.217	21.068
In month actual	19.014	20.012	19.973									

Cumulative Variance to Contract Income plan £'000s



	South CCG	Vale Royal CCG	Associate Contracts	Cross Border	Other	Total
Unplanned Care	22.20472479	19.17672851	-138.4329942	-9.478355294	35.601466	-70.92843019
Day case	38.71217999	-53.40294278	-108.3333661	-27.79083682	-12.77297516	-163.5879409
Elective	-33.79886194	-56.91861281	-113.8964936	-0.724791985	-76.778564	-282.1173243
Outpatients	-216.2323664	-157.6170531	-144.5290497	-4.605709864	128.9892272	-393.9949519
High cost drugs	-86.58510538	-22.41599011	-9.489380233	-0.02022525	275.8440573	157.3333563
Other	275.6994959	271.1775696	-43.17546973	-35.72837128	166.5672069	634.5404313
Total	6.68974E-05	-0.000300761	-557.8567535	-78.34829049	517.4504182	-118.7548596

Forward View

Contract income is over performing on unplanned activity and underperforming on planned which is expected to improve over the next 2 months.

There is a risk that if the underperformance on the associate contracts continues, then this could impact the Trust by between £1.8-£2m.

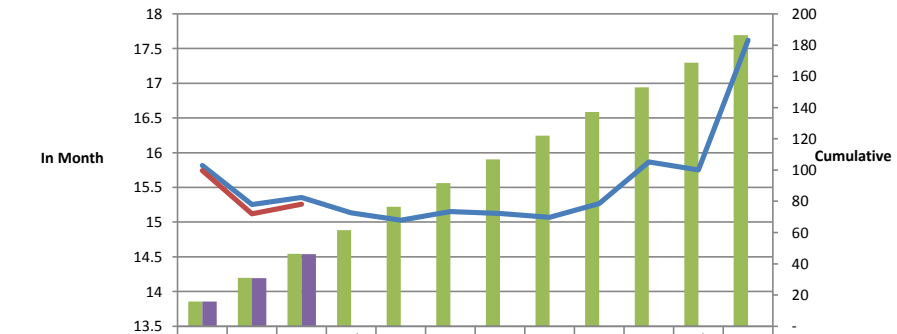
The Trust has now agreed with the CCGs to block the contract for 1920, which includes an increase to the contract value of £0.5m.

The Trust has seen an increase in referrals for the first quarter which the Trust is discussing with the CCG.

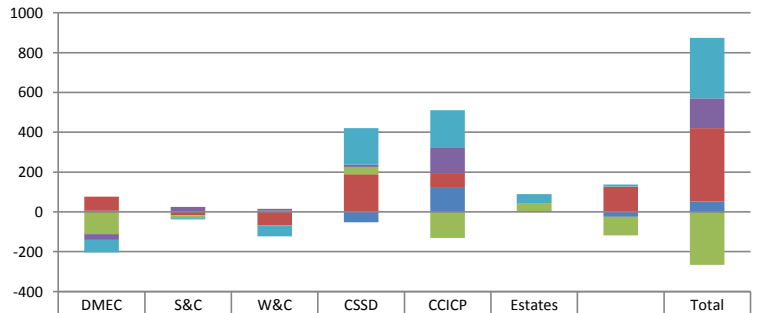
The over performance on high cost drugs will remain at the current levels until the aseptic unit is re-opened.

Performance and Finance - Pay Expenditure June 2019

Current Position	Analysis	Forward View
Pay is better than plan by £304k, with CCICP being £190k better and MCHFT £114k.	**Pay Expenditure 2019/20 £'m**	**CCICP plan to make investments into the service, which is likely to mean that the current level of underspend is not likely to continue within coming months.**
Pay is above budget in Medicine and Emergency Care by £63k and Women and Children's £54k. There is an offset by an underspend within Clinical Support Services and Diagnostics of £143k - which offset part of the non-pay overspend within the division.	**Pay Variances by Staff Group and Division £'000s**	**There are expected to be some pay pressures in the coming months in relation to the following areas:-**
The Women and Children's division currently has a high cost agency doctor in post within Paediatrics and has also had an element of back pay within the month (£25k).		**The additional ward not remaining closed (£0.5m)** **Unbudgeted additional costs associated with the ward 4 refurbishment** **Potential unbudgeted pressures associated with breakdowns with the laundry service** **Opening of unfunded escalation areas.**



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Cumulative budget	15.818	31.073	46.428	61.561	76.589	91.739	106.86	121.93	137.2	153.07	168.82	186.44
Cumulative actual	15.745	30.866	46.124									
In month budget	15.818	15.254	15.355	15.132	15.028	15.15	15.123	15.07	15.265	15.869	15.752	17.622
in month actual	15.745	15.121	15.259									



	DMEC	S&C	W&C	CSSD	CCICP	Estates		Total
Total	-63.41759	-6.73449	-53.74242	183.80228	189.50907	44.54081	9.9935	303.95116
Infrastructure Support Staff	-28.50975	24.63604	9.8188	11.68491	130.04402	0	1.88308	149.5571
Non Clinical Staff	-112.0394	-13.74697	3.19517	36.82746	-131.13149	44.54081	-93.13267	-265.48709
Medical Staff	72.03845	-16.20718	-69.01893	188.37863	65.90725	0	126.173	367.27122
Nursing Staff	5.09311	-1.41638	2.26254	-53.08872	124.68929	0	-24.92991	52.60993

Performance and Finance - Non-Pay Expenditure June 2019

Current Position

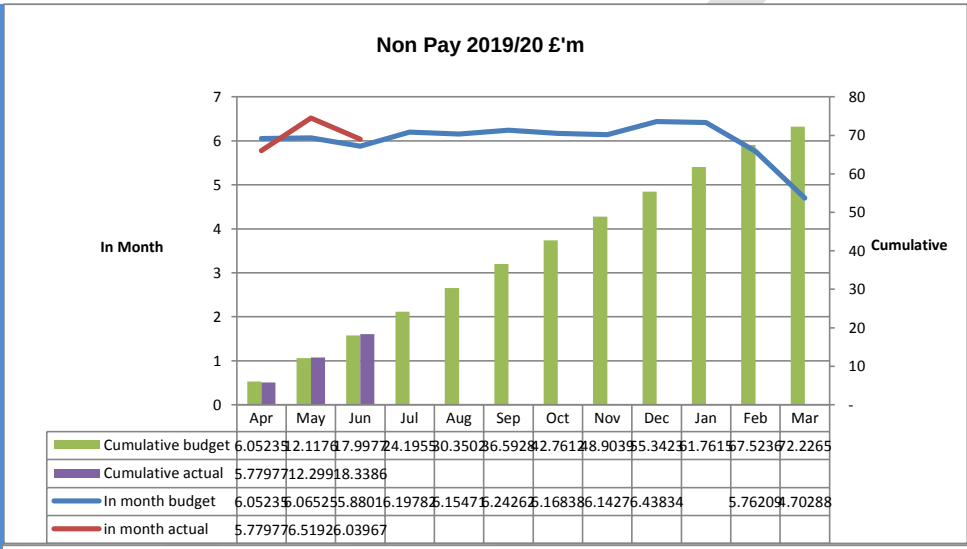
Non Pay is above plan by £340k, however in month 1 there was a one off benefit of £140k which related to 1819 costs, which means that the underlying position is actually £480k above plan.

The under performance within other is as a result of the CIP underperformance in relation to the NHS Supply Chain.

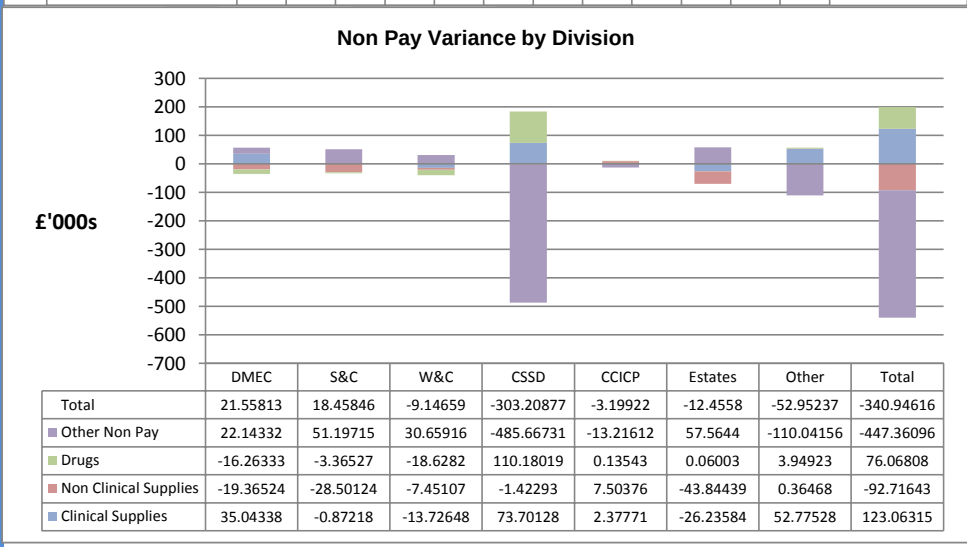
Clinical Support Services and Diagnostics are overspent in other nonpay by £0.486m.

Within Diagnostics the division have challenges associated with delays to the 3rd MRI/CT scanners (£118k) and the Solitan server upgrade (£132k). Histopathology cost overspends are offset by medical

Analysis



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Cumulative budget	6.05235	12.1176	17.9977	24.1955	30.3502	36.5928	42.7612	48.9039	55.3425	61.7615	67.5236	72.2265
Cumulative actual	5.77977	12.2991	18.3386									
In month budget	6.05235	6.06525	5.88016	6.19782	6.15471	6.24262	6.16838	6.14276	6.43834		5.76209	4.70288
in month actual	5.77977	6.5192	6.03967									



	DMEC	S&C	W&C	CSSD	CCICP	Estates	Other	Total
Total	21.55813	18.45846	-9.14659	-303.20877	-3.19922	-12.4558	-52.95237	-340.94616
Other Non Pay	22.14332	51.19715	30.65916	-485.66731	-13.21612	57.5644	-110.04156	-447.36096
Drugs	-16.26333	-3.36527	-18.6282	110.18019	0.13543	0.06003	3.94923	76.06808
Non Clinical Supplies	-19.36524	-28.50124	-7.45107	-1.42293	7.50376	-43.84439	0.36468	-92.71643
Clinical Supplies	35.04338	-0.87218	-13.72648	73.70128	2.37771	-26.23584	52.77528	123.06315

Forward View

The challenges around recovering the diagnostics targets as a result of the Solitan server upgrade are likely to materialise in July with additional reporting, with a likely final cost of £170k (£132k year to date).

Performance and Finance - Cost Improvement Programme June 2019

Current Position

The CIP programme is behind plan by £0.46m, although this is within the reported surplus.
This relates to the following schemes:-

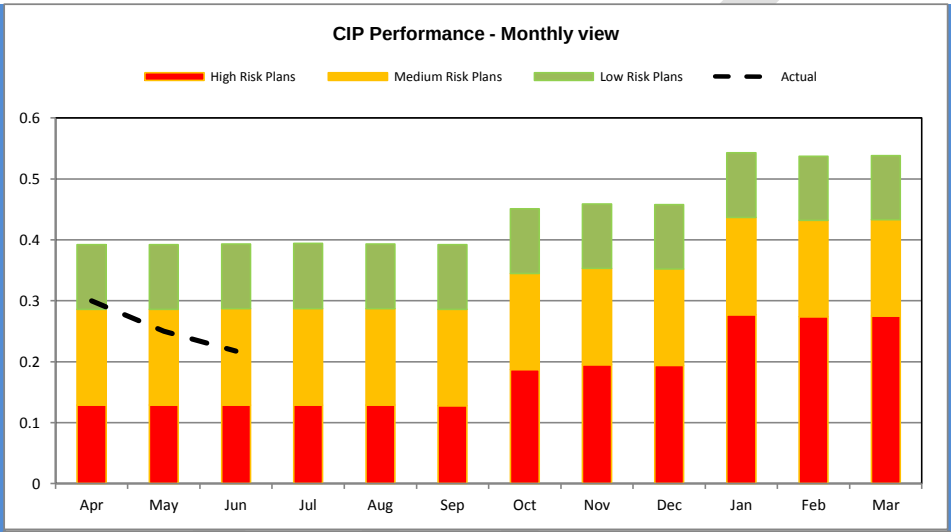
- Nurse savings on sickness/turnover (£68k)
- NHS Supply Chain (196k)
- Capital to Revenue scheme (£75k)

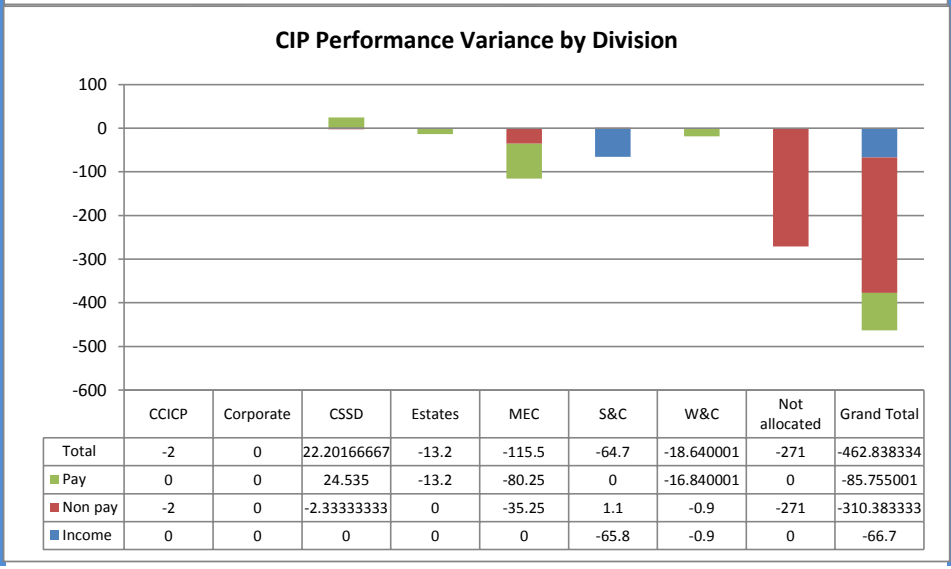
The NHS Supply Chain and Capital to Revenue schemes have not been allocated to Divisions.

Whilst Surgery and Cancer are currently behind, their 2 key schemes have had delayed - which are expected to catch up in September/October.

The Division of Medicine and Emergency Care have challenges with the share of drugs CIP, nursing savings and also identifying schemes for the unallocated CIP.

Analysis





	CCICP	Corporate	CSSD	Estates	MEC	S&C	W&C	Not allocated	Grand Total
Total	-2	0	22.20166667	-13.2	-115.5	-64.7	-18.640001	-271	-462.838334
Pay	0	0	24.535	-13.2	-80.25	0	-16.840001	0	-85.755001
Non pay	-2	0	-2.33333333	0	-35.25	1.1	-0.9	-271	-310.383333
Income	0	0	0	0	0	-65.8	-0.9	0	-66.7

Forward View

There is a risk profile to the CIP plan which increases in Q3 (Nursing paid breaks £0.4m) and out of area maternity income (Q4 £0.25m).

There is a £0.3m risk associated with the capital to revenue transfer scheme.

Performance and Finance - Agency Spend June 2019

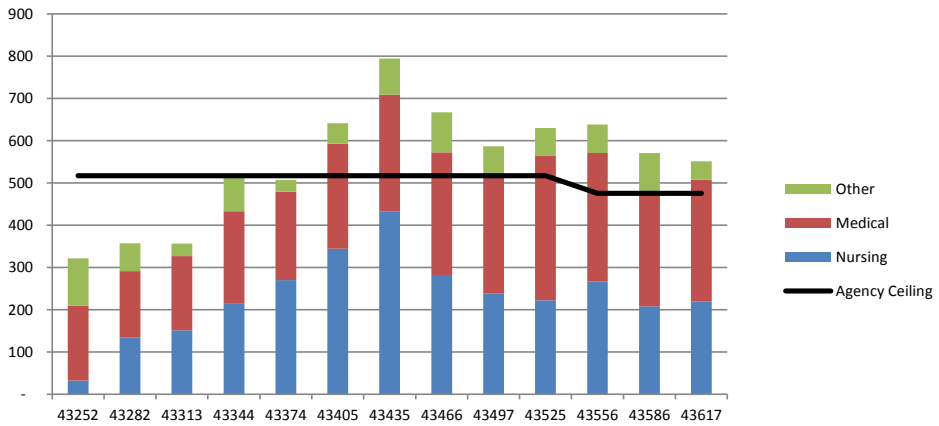
Current Position

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

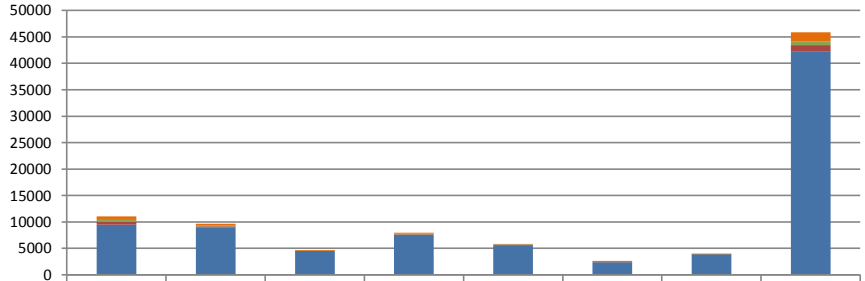
The overall percentage of temporary staff (bank/agency) is 9% of the pay bill.

The Division of Medicine and Emergency Care has the highest percentage of temporary staff costs at 17%.

Analysis



Staffing costs by Substantive and Temporary



	DMEC	S&C	W&C	CSSD	CCICP	Estates	Other	Total
Total	11190.47959	9749.69568	4707.81942	8035.25572	5868.70893	2610.68553	3961.4405	46124.08537
Waiting Lists	107.58996	61.0392	0	93.27703		0	0	261.90619
Bank	673.18278	380.78541	139.668	156.39838	97.22633	204.88149	51.32261	1703.465
Locum	376.37634	134.26318	26.96845	137.17618	50.71699	0	7.41263	732.91377
Agency	526.71339	193.03064	40.83529	105.38453	247.43577	0	6.28595	1119.68557
Substantive	9506.61712	8980.57725	4500.34768	7543.0196	5473.32984	2405.80404	3896.41931	42306.11484

Forward View

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.

PAF

Performance and Finance - Divisional Performance June 2019

Current Position

DMEC is the most challenged division being £0.2m worse than plan cumulative, with challenges in relation to achieving the activity targets set within the plan and pay pressures as result of their share of unallocated CIP.

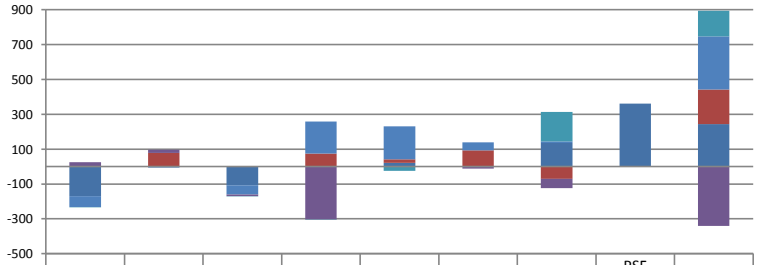
Women's and Children's has seen a reduction in income associated with an underperformance on Gynae activity (£30k), and ante-natal bookings (£69k). IVF income is also below target (£28k) as a result of transferring the activity to the Hewitt centre.

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

CCICP continues currently to be better than budget, principally around pay.

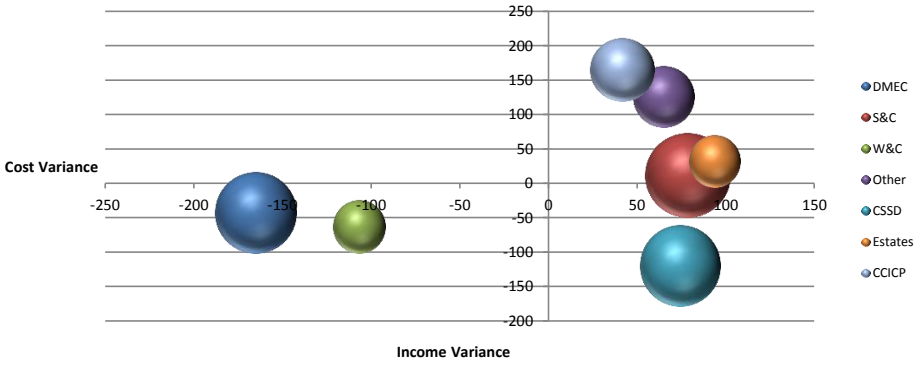
Analysis

Cumulative Variance by category



	DMEC	S&C	W&C	CSSD	CCICP	Estates	Other	PSF 1819	Total
Total	-206.8847	90.17212	-169.8107	-45.12157	207.01325	125.89006	190.81714	362	554.07565
Other Costs	-0.00679	-0.00021	-0.00466	-0.0031	-20.85983	-0.00016	168.98173	0	148.10698
	21.55813	18.45846	-9.14659	-303.2088	-3.19922	-12.4558	-52.95237	0	-340.9462
Pay	-63.41759	-6.83049	-53.74242	183.80228	189.50907	44.54081	9.9935	0	303.85516
Other Income	3.74652	77.94001	0.72112	73.44814	20.33217	93.80521	-70.15866	0	199.83451
Commissioning Income	-168.7649	0.6043503	-107.6381	0.839878	21.231061	0	134.95294	362	243.22516

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

Forward View

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

- Escalation costs

- Premium costs being required to deliver services

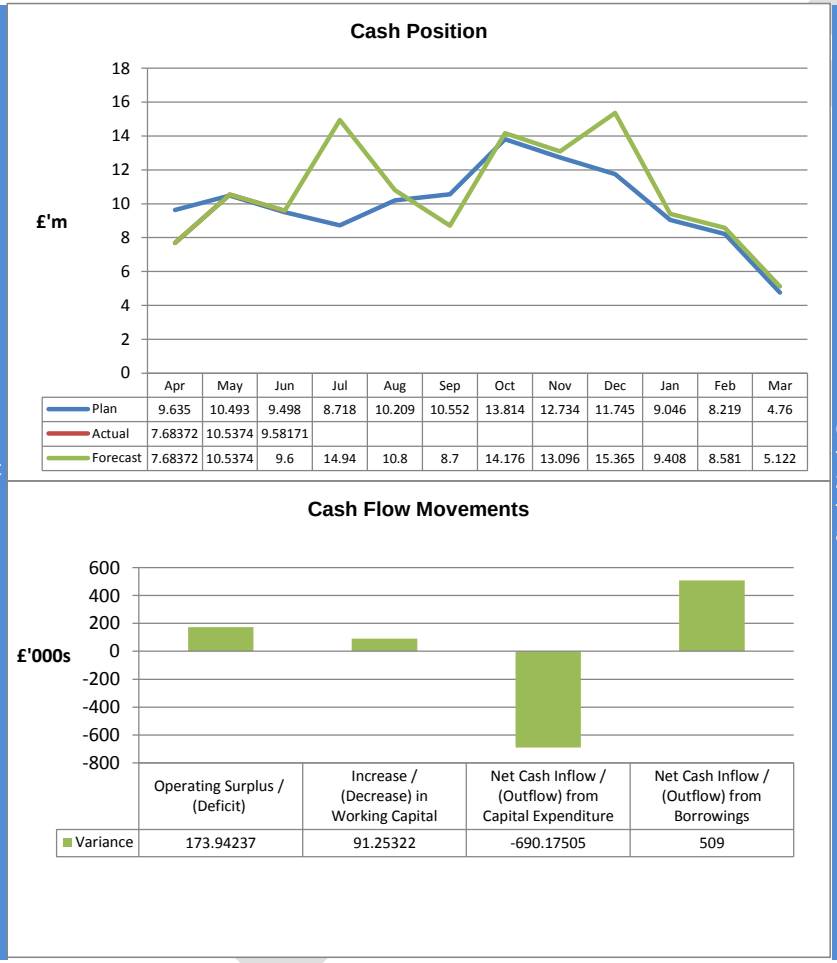
- The prospect of a potentially challenging Winter, arising from greater demand than the system planned for

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

Performance and Finance - Cash June 2019

Current Position | Analysis | Forward View

Cash Position
Cash is better than plan by £84k. This is mainly due to the movement in working capital being more favourable than anticipated. The main reasons are the CCG contract prepayment which is offset by a worse than anticipated movement in Trade creditors. In addition the Trust has seen lower finance lease payments due to delays in the CT Scanner. However this is offset by the overspend on the capital programme



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Plan	9.635	10.493	9.498	8.718	10.209	10.552	13.814	12.734	11.745	9.046	8.219	4.76
Actual	7.68372	10.5374	9.58171									
Forecast	7.68372	10.5374	9.6	14.94	10.8	8.7	14.176	13.096	15.365	9.408	8.581	5.122

	Operating Surplus / (Deficit)	Increase / (Decrease) in Working Capital	Net Cash Inflow / (Outflow) from Capital Expenditure	Net Cash Inflow / (Outflow) from Borrowings
Variance	173.94237	91.25322	-690.17505	509

Cash is forecasted to be above target at the year end due to the £0.4m extra 2018/19 PSF. However there is a risk due to the capital loan of £4.2m still to be approved by DOH

Performance and Finance - Capital Expenditure June 2019

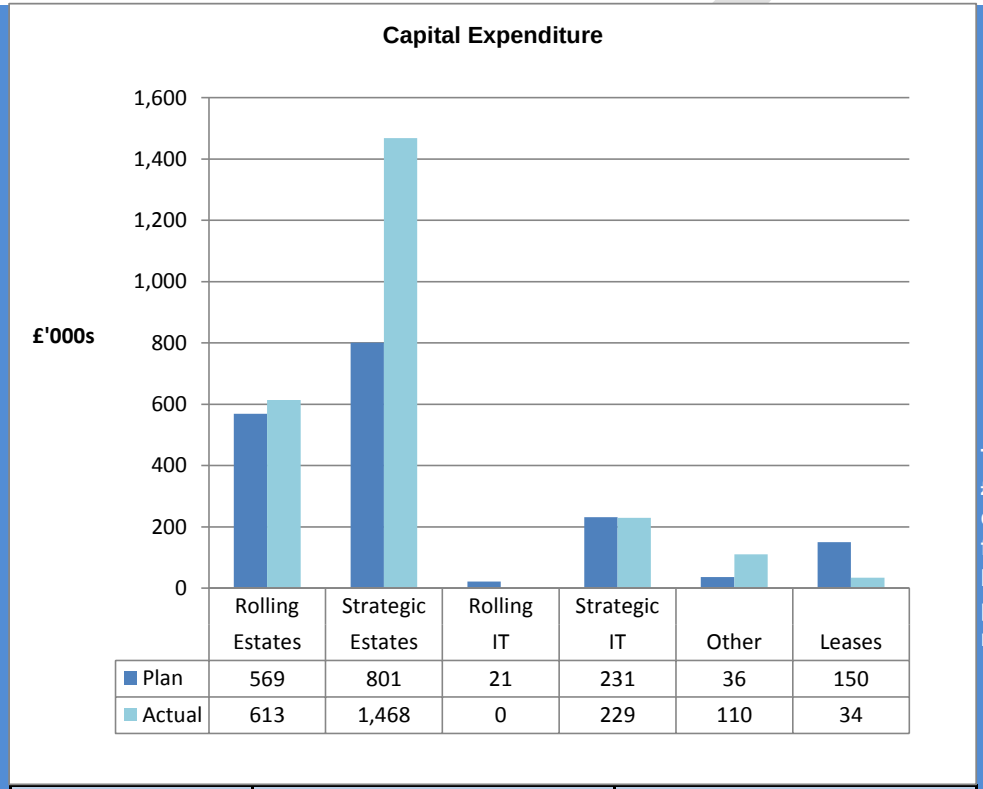
Current Position

The capital programme is £0.6m more than anticipated which is mainly due to:

£0.5m Third MRI Scanner build
£0.1m Ward Refurbishment
£0.1m Core Infrastructure
£0.1m CT Enabling

These overspends are mainly due to schemes being ahead of programme. In particular the Third MRI Scanner spend profile in the NHSI return has the scheme completing in December 2019. Whereas the Third MRI Scanner will be completed in July 2019. However the CT scanner is over budget, Estates are looking into the reasons why. This is offset by a delay in Finance leases.

Analysis



		Year to Date £'000s			Year End £'000s		
		Plan	Actual	Variance	Plan	Forecast	Variance
Estates	Rolling	569	613	44	2,490	2,490	0
Estates	Strategic	801	1,468	667	6,551	6,551	0
IT	Rolling	21	0	-21	90	90	0
IT	Strategic	231	229	-2	3,968	3,968	0
Other		36	110	74	1,742	1,836	94
Leases		150	34	-116	347	347	0
		1,808	**2,455**	**647**	**15,188**	**15,282**	**94**

Forward View

The Trust is forecasting an additional £0.1m to plan due to some additional equipment not in the capital programme funded via external money. The Trust has been asked by DOH to reduce it's capital programme by £3.0m, which has been reflected in the forecast.

Performance and Finance - Statement of Financial Position June 2019

Current Position | Analysis | Forward View

Assets Non-Current
The capital programme expenditure is £0.6m more than anticipated offset by a delay in finance leases.

Assets Current
This mainly relates to outstanding debts with Christies £0.7m, £0.4m from East Cheshire Council and Chester and West Cheshire Council. The Trust is also expecting the quarter one MRET payment of £0.8m and additional quarter 4 PSF £0.4m, which will be paid in July.

Current Liabilities
These are higher than anticipated as the two main CCG's contract payments are £4.5m more than the plan. This is offset by Trade Creditors less than anticipated.

Non-Current Liabilities
This is due to the delay in the replacement of finance leases in particular the Third CT Scanner.

	Plan Apr to June (£'000)	Actual Apr to June (£'000)	Variance (£'000)	Forecast 2019/20 (£'000)
Assets				
Assets, Non-Current	95,048	94,205	-844	101,849
Assets, Current	25,905	29,366	3,461	20,112
ASSETS, TOTAL	**120,953**	**123,572**	**2,618**	**121,961**
Liabilities				
Liabilities, Current	-28,871	-32,578	-3,707	-24,508
Liabilities, Non Current	-14,432	-12,853	1,579	-20,058
TOTAL ASSETS EMPLOYED	**77,650**	**78,140**	**490**	**77,395**
Taxpayers' and Others' Equity				
Taxpayers Equity	77,650	78,140	490	77,395
TOTAL FUNDS EMPLOYED	**77,650**	**78,140**	**490**	**77,395**

The Statement of Financial position is forecast mainly on plan. However the Trust has been asked by DOH to reduce it's capital programme by £3.0m. This has reduced the value of the Asset, Non-Current forecast. In addition Asset, current has improve by £0.4m due to the extra 2018/19 PSF. However there is a risk on the current assets due to the capital loan of £4.2m still to be approved by DOH.

Title of Paper:	Report of Use of the Trust Seal	
Author:	Katharine Dowson	
Executive Lead:	Dr Paul Dodds	
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	X	Caring	
Aspiring to Excellence in Practice Through Our Workforce		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:	Board oversight of the use of the Trust Seal
Risk:	Non-compliance with Trust Constitution

To be published on Trust Website –complete version	***Y*** *(delete as appropriate)*
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:	5 August 2019

Recommendation

The Board of Directors are asked to note the sealings that have taken place since the last Board report in May 2019. This report notes subsequent sealings to 31 July 2019 as required by the Trust Constitution.

Quarterly Report of Sealings for the period 1 May 2019 to 31 July 2019

Seal Number	***Description***	***Date of Board Approval***	***Date of Sealing***
101	Renewal of lease with the Stroke Association (approved under Chairman's Action)	7 May 2019	02 May 2019

Title of Paper:	Freedom to Speak Up Report: Q1 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:	5 August 2019

FREEDOM TO SPEAK UP GUARDIAN QUARTERLY REPORT
April – June 2019 (Quarter 1)

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 1

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.

Regular walkarounds have been scheduled to take place over the coming months at various locations across the Trust which will be undertaken by the Freedom to Speak Up Guardian, Deputy Guardian and Freedom to Speak Up Champion. These walkarounds will observe practice but also raise awareness of the Freedom to Speak Up campaign.

The Whistleblowing (Raising Concerns) Trust policy has recently been updated and approved to incorporate Freedom to Speak Up and will be available on the Trust intranet with effect from 1st August 2019.

Freedom to Speak Up boxes have launched and placed in the Emergency Department and in Maternity Services. The uptake of these will be reviewed before potentially being expanded to cover other areas. This 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.

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

The development of a newsletter is being explored to enable some level of feedback to be given to staff where concerns are raised anonymously. Whilst the newsletter would

not be able to provide exact detail, an overview of themes and general actions would be given to provide assurance to staff that concerns raised are dealt with effectively.

Quarterly Reporting Q1

During the period 1st April to 30th June 2019 a total of 5 Freedom to Speak Up concerns were raised. This compares to no concerns being raised during Quarter 4 of 2018/19.

Whilst the majority of concerns raised related to patient safety issues, the divisions where these concerns were being raised varied although the common theme is that concerns are raised in ward based areas. This significantly differs from previous reporting periods (Q3 of 2018/19) whereby it was identified that all patient related concerns generated from the same division.

Method of reporting	Reason for Contact	Investigation /fact find undertaken	Issue closed and feedback reported
Via Senior Manager	Reporting potential Patient safety Concerns and governance	Yes	Yes
Via exit interview		Yes	Yes
Via Manager	Reporting potential Patient safety concerns	Yes	Feedback from fact find fed back to senior manager. Further meeting with staff member who raised concern to take place
Via Manager	Reporting potential Patient safety concerns	Yes	Yes
CQC – already aware of issues via another route and were reported under Q3 of previous year.	Reporting potential Patient safety concerns	Yes – work had already taken place to address the issues.	Yes – Feedback also issued to CQC.

Actions that have come out of the concerns raised during Quarter 1 include call bell audits being undertaken and observations of practice in ward based areas. In addition, ward accreditation processes are taking place to assess ward performance with some positive results from these being seen.

Conclusion

It is positive to see that there has been an increase in reporting in Quarter 1 as this evidences that staff understand the role of the Freedom to Speak up Guardian and work will continue to further promote this role. We are saddened that staff felt the need on one occasion to escalate their concerns to the CQC however recognise that staff are entitled to do this where they feel appropriate. The Trust have provided a response to the CQC which it is hoped provided assurance that the allegations raised have been taken very seriously and appropriately managed.

National Guardian Reporting

The data included in this report will be shared with the National Guardians Office for the Quarter 1 returns to ensure compliance and national learning.

Title of Paper:	Workforce Disability Equality Standard (WDES)	
Author:	Natalie Wallace, HR Manager	
Executive Lead:	Heather Barnett, Director of Workforce and OD	
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	x	Safe	
Being a Leading partner in a Progressive Health Economy		Effective	
Striving for Outstanding Organisational Effectiveness	x	Caring	x
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	x
	Accountability	x
	Strategy	x
	Implementation	
Action Required:	Decide	
	Approve	x
	Note	
	Recommend	
	Delegate	

Positive Benefit:	The report allows us to compare the experiences of Disabled and non-disabled staff and enables us to develop local action plans and demonstrate progress against the indicators of disability equality.
Risk:	Disabled staff have poorer experiences in a number of areas when attending work compared to non-disabled staff.

To be published on Trust Website –complete version	**Yes**
If no, to be published on Trust Website – redacted	
If not to be published complete or redacted, please detail the reason why	**Personal information**
Presented at Board Meeting of:	**5 August 2019**

Mid Cheshire Hospitals
NHS Foundation Trust

Mid Cheshire Hospitals
NHS Foundation Trust

Workforce Disability Equality Standard (WDES) 2019

Summary:

The Workforce Disability Equality Standard (WDES) is a set of ten specific measures (metrics) that enable NHS organisations to compare the experiences of Disabled and non-disabled staff. This information will then be used to develop local action plans, and enable the Trust to demonstrate progress against the indicators of disability equality.

The WDES which came into force on 1st April 2019 is mandated through the NHS Standard Contract. This report outlines the findings for the Trusts first WDES submission.

Introduction

The Workforce Disability Equality Standard (WDES, pronounced "Wer-dez') is a set of 10 metrics which are measured using a using a combination of data from ESR and other HR databases including responses from the national NHS Staff Survey.

The Metrics are based on the findings of two pieces of research conducted in 2015, by Disability Rights and NHS Employers '*Different Voices, Different Choices*' [1] and by Middlesex University, NHS England and University of Bedfordshire 'Research on the experience of staff with disabilities within the NHS Workforce'. The Metrics have been developed to capture information relating to the experience of Disabled staff in the NHS. Research has shown that Disabled staff have poorer experiences in areas such as bullying and harassment and attending work when feeling ill, when compared to non-disabled staff.

Data quality

All of the data required for WDES reporting is already collected through ESR, the NHS National Staff Survey, NHS Jobs or via the HR Employee Relations databases. The disclosure of disability on ESR is low, much lower than the percentage declaring a disability through the anonymous staff survey and this is the case across the NHS nationally.

MCHFT staff	**ESR March 2019**	**2018 Staff survey**
	2.6%	20%
Disabled - No	79.7%	80%
Not declared/prefer not to answer/unspecified	17.7%	0%

Reasons for this may include:

- New starters not feeling confident to disclose following recruitment
- ESR not being updated when staff becoming disabled in service.
- Staff fear of disability disclosure affecting their work /career
- Staff not understanding the legal definition of disability & what it includes, which may

cause many hidden disabilities and mental health issues to be unreported.

Communications have been issued across the Trust during the period November 2018 to March 2019 to encourage staff to self-report disabilities.

The WDES Metrics

The 10 Metrics are confirmed as follows:

Metric Number	Data source	Metrics
1	ESR data	Percentage of staff in AfC paybands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce. This calculation should be undertaken separately for non-clinical and for clinical staff. Cluster 1: AfC Band 1, 2, 3 and 4 Cluster 2: AfC Band 5, 6 and 7 Cluster 3: AfC Band 8a and 8b Cluster 4: AfC Band 8c, 8d, 9 and VSM (including Executive Board members) Cluster 5: Medical and Dental staff, Consultants Cluster 6: Medical and Dental staff, Non-consultant career grade Cluster 7: Medical and Dental staff, Medical and dental trainee grades
2	NHS Jobs data	Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts.
3	HR database	Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.
4	Staff survey	Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from: i. Patients/service users, their relatives or other members of the public ii. Managers iii. Other colleagues b) Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.
5	Staff survey	Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.
6	Staff survey	Percentage of Disabled staff compared to non-disabled staff saying

		that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.
7	Staff survey	Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.
8	Staff survey	Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.
9	Staff survey Local information	a) The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation. b) Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (Yes) or (No)
10	ESR	Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated: • By voting membership of the Board. • By Executive membership of the Board

WDES Findings against the metrics

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

Metric 2 - Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts.

The findings show that ***non-disabled staff are 1.26 times more likely*** to be appointed from shortlisting than disabled staff. 171 of shortlisted candidates who applied for positions within the Trust during 2018/19 identified that they had a disability and of these 36 were appointed into post. This was from a total number of 435 applications from disabled candidates during the period.

The Trust offer the guaranteed interview scheme for staff who self-report that they are disabled. In addition, the Trust are also recognised as being a 'Disability Confident' employer.

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

This metric is voluntary in the first year of WDES completion. This metric is based on a 2 year rolling average for the period 1st April 2017 to 31st March 2019 and uses the performance management procedure to constitute capability procedures rather than ill health capability.

Findings are therefore calculated as such.

The findings show that ***disabled staff are no more likely*** to be subjected to formal capability procedures that non-disabled staff. It is noted that a low number of capability procedures are undertaken across the Trust in comparison to other types of employment relations casework. In addition, more than half of staff who were subjected to capability procedures do not have a disability recorded on ESR and instead opt to not declare to clarify whether or not they have a disability.

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

From patients /public – disabled staff reported a higher percentage of harassment bullying and abuse from patients, service users or the public at 34% compared to 23% of non-disabled staff.

From their manager – the margin narrowed for this category although there is a slight difference reported between disabled staff (10%) and non-disabled staff (8%).

From colleagues – A higher proportion of disabled staff reported experiencing harassment, bullying or abuse from a colleague (26%) compared to their non-disabled counterparts (15%).

Reporting – A higher proportion of disabled staff (55%) reported harassment, bullying and abuse when it occurred when compared to non-disabled staff (51%).

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

The staff survey results showed that 85.1% of disabled staff felt the Trust provides equal opportunities for career progression or promotion compared to 92% of non-disabled staff, showing a poorer outcome for disabled staff.

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

29.7% of disabled staff felt under pressure from their managers to attend work when they were not well enough to perform their duties. This significantly reduced by 9% for non-disabled staff, down to 20.7%.

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

This metric showed a difference of 7% in the experiences of disabled and non-disabled staff with 43% of disabled staff reporting that they were satisfied with the extent to which they felt valued in comparison to 50% of non-disabled staff.

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

Of all disabled staff who responded to this question in the staff survey, 40% of staff confirmed that no adjustments were required. From those remaining, 70% of disabled staff felt that

adequate adjustments had been made in comparison to 30% who did not.

The Trust are currently in the process of arranging focus groups to further explore the staff survey results in relation to this question.

Metric 9 - a) The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation.

Non-disabled staff report higher levels of engagement (7.3) than disabled staff (6.9).

b) Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard?

The Trust have not undertaken any specific actions to address the voices of disabled staff as mechanisms available are open to all. Following the results of the 2017 Staff Survey, a focus group was scheduled to further explore the differences between the staff recorded on ESR as self-reporting disabilities, compared to the numbers who report a disability in the Staff Survey. In addition the focus group had planned to explore the question around adequate adjustments being made as some survey respondents expressed dissatisfaction in this being done. Unfortunately no staff attended the focus group.

We are currently exploring setting up staff networks and hope that over the next 12 months a network will be in place. In addition we will be setting up a focus group over the coming month to address disability matters however consideration will be given as to how this is marketed to ensure staff attendance.

Metric 10 - Percentage difference between the organisation's Board voting membership and its organisation's overall workforce

Around 2.6% of the total workforce report that they have a disability. When reviewing Board members no disabilities are reported. 57% of Board members do not have a disability and 43% have not declared or prefer not answer.

Conclusion

It can be seen that disabled staff experience a poorer experience at work in some areas than non-disabled staff. An action plan has been drafted to address the concerns identified which will be regularly monitored and reviewed by the Equality, Diversity and Inclusion Group.

Natalie Wallace
HR Manager
June 2019

Workforce Disability Equality Standard (WDES) Online Reporting Form List of questions

This document sets out the information that is to be uploaded onto the WDES online reporting portal by 1st August 2019.

Trust information

Name of organisation - Mid Cheshire Hospitals NHS Foundation Trust

Date of report - June 2019

Name and title of the Board lead for the Workforce Disability Equality Standard – Heather Barnett, Director of Workforce and OD

Name and contact details of the lead compiling this report – Natalie Wallace, HR Manager

Does your organisation participate in any programmes or initiatives that are focused on disability equality and inclusion? The Trust are a Disability Confident Employer and in addition offer the Guaranteed Interview Scheme.

Name and contact details of the commissioner(s) this report will be sent to – TBC

Date of Board meeting at which organisation's WDES Metrics data and action plan were, or will be, ratified – August 2019

Total number of staff employed within the organisation on 31 March 2019 with overall percentage of staff in the following groups:

2.6% Disabled staff

79.7% Non-disabled staff

8.0% Unknown/Null

9.6% Other

0.1% Prefer not to say

Data quality

Did your organisation undertake the NHS Staff Survey in the past year? Yes, a sample survey.

The survey was issued to a total of 1250 staff with 657 responses received giving a response rate of 53%. 131 staff who completed the survey cited that they had a disability which equates to 19.9%.

Do your staff have access to the ESR self-service portal? – Yes

Metric 1 - Workforce representation

Please describe any challenges that your organisation has experienced in reporting data for this Metric – None

Have any steps been taken in the last 12 months within your organisation to improve the declaration rate for disability status on ESR?

Yes, all staff communications have been issued across the Trust earlier this year (via the Trust intranet, E&D newsletter) advising staff why we need the data and how they can ensure that their records are up to date.

Metric 2 – Shortlisting

Please describe any challenges that your organisation has experienced in reporting data for this Metric - None

Has your organisation signed up to the Disability Confident Scheme?

Yes, Disability Confident Employer Level 2.

Does your organisation use a Guaranteed Interview Scheme? – Yes

Metric 3 – Capability

Did your organisation submit data for Metric 3 this year? Yes, no challenges experienced in collating performance capability data.

Is capability on the grounds of ill health and capability on the grounds of performance managed by different policies in your organisation?

Yes. Ill health capability is supported and managed via the absence management policy rather than the capability policy and procedure.

What are your views about including capability on the grounds of ill health and performance as two parts of a future Metric?

Ill Health data in relate to formal stages is not captured on ESR. HR do not routinely support all cases of ill health absence as entry to the first formal stages of the process are primarily dealt with at a local level with data not being captured centrally.

Metric 4 - Harassment, bullying and abuse

Are there any issues with the data for this Metric? No

Has your organisation compared Staff Survey results against other datasets that may be held, e.g. bullying and harassment advisers, Freedom to Speak Up guardians, grievances, etc.? Work has recently commenced to explore this further.

Please summarise any actions taken to reduce harassment, bullying and abuse in relation to Disabled staff.

The Trust bullying and harassment policy has been re-drafted as a standalone policy (rather than being incorporated into the Grievance policy). Once in place this will be promoted across the Trust alongside the Trust values and behaviours with training/briefing awareness sessions taking place to remind staff of expected behaviours whilst at work. There has also been a refreshed targeted zero tolerance campaign launched across the Trust recently in patient areas in a number of hotspot areas such as A&E.

Metric 5 - Career promotion and progression

Are there any issues with the data for this Metric? No

Does your organisation provide any targeted career development opportunities for Disabled staff? No

Metric 6 - Presenteeism

Are there any issues with the data for this Metric? No

Does your organisation provide any targeted actions to reduce presenteeism i.e. feeling pressured to come to work when not feeling well?

Stress risk assessments are completed for staff where identified this would be beneficial.

Metric 7 - Staff satisfaction

Are there any issues with the data for this Metric? No

Does your organisation provide any targeted actions to increase the workplace satisfaction of Disabled staff? No

Metric 8 - Reasonable adjustments

Are there any issues with the data for this Metric? No

Does your organisation have a reasonable adjustments policy?

No specific policy however this is included in the Absence Management Policy and Procedure.

Are costs for reasonable adjustments met through centralised or local budgets? Local budgets.

Has your organisation taken action to improve the reasonable adjustments process?

Focus groups are currently being arranged to explore the staff survey responses where staff dissatisfaction has been expressed with reasonable adjustments and differences between staff who self-report a disability via the staff survey compared to ESR. In addition the Trust offer fast track referrals to physiotherapy and the absence training for managers explores making reasonable adjustments.

Metric 9 - Disabled staff engagement

Are there any issues with the data (9a) or evidence (9b) for this Metric? No

Does your organisation have a Disabled Staff Network (or similar)?

The Trust does not currently have a disabled staff network however a short survey was issued to staff late 2018 to explore thoughts on setting up staff networks. Focus groups have been taking place March – June 2019 to give all staff the opportunity to input into the design of staff networks and to further explore the responses of the survey. Staff feedback is that they would prefer one network therefore work is underway to look at setting up a staff network late 2019.

Metric 10 - Board representation

Please describe any challenges that your organisation has experienced in collecting and reporting data for this Metric – None

Does your Board have a champion for Disability Equality? The Director of Workforce and OD is currently in the process of assigning Executives as champions across all characteristics.

Equality, Diversity & Inclusion
Workforce Disability Equality Standard (WDES)
Action Plan 2019/20

The Trust is committed to:

- Creating an environment in which people can feel valued; treating people fairly and with dignity and respect
- Embedding Trust values and behaviours that highlight treating others as we would wish to be treated ourselves

The Trust aims to ensure that principles of equality, diversity and inclusion are embedded throughout every part of the organisation and improve its status as an organisation that leads the promotion of equality, diversity and inclusion, challenges discrimination wherever it happens, and promotes equality in service delivery and employment.

To achieve our aims the Trust is committed to:

- Promoting equality of opportunity for all
- Promoting an inclusive environment in which all persons are treated with respect
- Fulfilling all of our legal obligations under the equality legislation
- Regarding all breaches of equal opportunities as misconduct which could lead to disciplinary proceedings

This document outlines the actions required as a result of the Trusts first Workforce Disability Equality Standard (WDES) report in June 2019. The action plan will be monitored by the Equality, Diversity and Inclusion Group which meets on a quarterly basis.

WDES action plan

Item	Evidence	Action(s)	Lead responsibility	Timescale for delivery	Updates/Progress
Promotion of the Trust Disability Confident status	WDES ESR	Raise awareness of the 'Disability Confident' status to improve employee morale and commitment by demonstrating that all employees are treated fairly	HR Manager Recruitment Manager	March 2020	Work on-going in relation to promoting the 'Disability Confident' status on the Trusts formal social media channels.
Low self-reporting of staff with a disability	WDES Staff Survey	Explore why staff don't feel confident in self-reporting disabilities. Promotion of Trust as a 'Disability Confident' employer both internally and via the recruitment social media website to encourage self-reporting rates. 'What's it got to do with you campaign' How to guides for updating information on ESR ESS	HR Manager Recruitment Manager Organisational Development Manager	March 2020	Staff focus groups to be set up in Autumn 2019 to gain view, feedback and experiences. Work on-going in relation to promoting the 'Disability Confident' status on the Trusts formal social media channels. On-going promotion of the 'What's it got to do with you campaign' via Trust comms to be issued alongside the user guide for updating personal information.

Create a staff network to support staff with disabilities	No Trust staff networks in place	Create Staff Networks to support staff with protected characteristics and to help with advancing and promoting the ED&I agenda across the Trust	HR Manager	March 2020	Survey issued to staff in November 2018 for views. Focus group sessions held throughout March – June 2019. Information from focus groups to be analysed for next steps.
Further explore concerns raised relating to adequate adjustments not being made	WDES/Staff Survey	Explore in detail why staff don't feel confident in self-reporting disabilities and what barriers they have faced in relation to adjustments being made to the workplace. Look into the culture amongst managers in relation to making adjustments in the workplace.	HR Manager Organisational Development Manager	March 2020	Staff focus groups to be set up in Autumn 2019 to gain view, feedback and experiences. Introduction of managers briefing/support sessions on supporting disabilities and making adjustments – session currently being drafted.
Explore initiatives to tackle harassment, bullying and abuse in the	WDES Staff Survey	Reduce the number of harassment, bullying and abuse incidents by clearly outlining expectations of behaviours of all Trust staff	HR Managers	March 2020	

workplace					Awareness events e.g. crossroads will take place to promote policy with ESA support.

Title of Paper:	Equality Delivery Standard (EDS)			
Author:	Natalie Wallace, HR Manager			
Executive Lead:	Heather Barnett, Director of Workforce and OD			
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	x		Safe	
			Effective	
Striving for Outstanding Organisational Effectiveness	x		Caring	x
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			x
	Accountability			x
	Strategy			x
	Implementation			
Action Required:	Decide			
	Approve			
	Note			x
	Recommend			
	Delegate			
Positive Benefit:	The toolkit allows the Trust to assess and grade its equality performance.			
Risk:	N/A			
To be published on Trust Website –complete version			**Yes**	
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:	**5 August 2019**			

Mid Cheshire Hospitals
NHS Foundation Trust

EQUALITY DELIVERY SYSTEM

(EDS2) 2018/19

Background

The Equality Delivery System (EDS2) is a toolkit which has been designed to help NHS Organisations in assessing and grading their equality performance each year. The EDS2 toolkit is structured around 4 Goals:

Goal 1 Better health outcomes for all

Goal 2 Improved patient access and experience

Goal 3 Empowered engaged and included staff.

Goal 4 Inclusive leadership at all levels.

There are a set of 18 outcomes against these four goals. These range from service quality to how staff are managed in the Trust.

Mid Cheshire Hospitals NHS Foundation Trust services are committed to ensuring that everyone has an equal chance to live a long and healthy life, regardless of age, disability, gender identity, marital / civil partnership status, pregnancy / maternity, race, religion or belief, sex, or sexual orientation.

The Trust uses the Equality Delivery System as an opportunity to look at how well we are doing to eliminate discrimination and make plans to improve equality in Mid Cheshire. The use of EDS2 and the use of evidence and insight to assess and grade our equality performance helps us to respond to the specific duties of the Public Sector Equality Duty.

Grades

Performance is analysed and graded against the 18 outcomes, the results of which are fed into action plans. Patients and communities have an important role to play in grading performance against those outcomes. For each outcome, there are four grades:-

EDS2 GRADING OF OUTCOMES	Undeveloped	staff members or people from all protected groups fare poorly compared staff members or people overall
	Developing	staff members or people from only some protected groups fare as well as staff members or people overall
	Achieving	
	Excelling	staff members or people from all protected groups fare as well as staff members or people overall

The decision was made by the Equality, Diversity and Inclusion Group to review the outcomes of 2 goals, one patient focused and one staff focused, rather than to complete a full review of all 4 goals. This decision was made to allow concentration on specific areas to identify any improvements made.

In order to assess performance against the indicators, information has been gathered from patient surveys, patient stories, feedback from NHS Choices, NHS National Staff Survey and outcomes from equality schemes, e.g. Workforce Race Equality Standard (WRES).

Grading for each of the goals was undertaken at an EDS2 Stakeholder Grading workshop held on 1st April 2019. The event was attended by representatives from:

- Body Positive
- Deafness Support Network
- Unison

The following sections show how we believe we have performed against each of the outcomes and as ratified by the stakeholder group.

MID CHESHIRE HOSPITALS NHS FOUNDATION TRUST SUBMISSION 2018/19

The goals and outcomes of EDS2				
Goal	No	Description of Outcome	2017/18 Level	2018/19 Level
Improved patient access and experience	2.1	People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	Achieving	Achieving
	2.2	People are informed and supported to be as involved as they wish to be in decisions about their care	Achieving	Achieving
	2.3	People report positive experiences of the NHS	Achieving	Achieving
	2.4	People's complaints about services are handed respectfully and efficiently	Achieving	Achieving
A representative and supported workforce	3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	Achieving	Achieving
	3.2	The NHS is committed to equal value and expects employers to use equal pay audits to fulfil their legal obligations	Achieving	Achieving
	3.3	Training and development opportunities are taken up and positively evaluated by all staff	Achieving	Achieving
	3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source	Achieving	Achieving
	3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	Achieving	Achieving
	3.6	Staff report positive experiences of their membership of the workforce	Achieving	Achieving

Reference No.	2.1 – Improved Patient Access and Experience
Outcome	People, carers and communities can readily access hospital services and should not be denied access on unreasonable grounds.

Evidence drawn upon for the grading

- Access Management policy
- Interpreting and translation policy
- Patient placement policy
- Eliminating mixed sex accommodation policy
- Easy read version of the quality account
- Patient Passports
- Easy read patient information leaflets
- Map of accessible car parking spaces
- Easy read quality account
- Training plan for dementia
- Changing places facility
- Standard Operating Procedure and Flow Chart for the Accessible Information Standard
- Producing and Providing Patient Information policy

All policies have equality impact assessments undertaken prior to approval which consider all protected characteristics. All services, business cases and tender specifications are also subject to equality impact assessments. The Trust undertakes disability access audit of all its sites. Disability access risks have been added to other estate related risks so that all risk may be managed in a comprehensive way.

The Trust has interpreting and translation services provided by the Big Word and the Deafness Support Network.

The Trust has patient passports (Information about ME to Help YOU), and easy read patient information leaflets to help improve patients' experiences.

The Trust will reimburse car parking fees for those on defined benefits. A map of accessible car parking spaces is available.

The Trust has a changing places facility which is ideally located to allow access to patients who require such a facility. This is located near the outpatients department and the hospital's main entrance.

The Trust provides appropriate food choices, support and religious facilities such as the chapel and the mosque.

To ensure all patients are aware of Trust's quality priorities and achievements, an easy read quality account is available. This can be used to help patients and carers decide that they want to be treated at Mid Cheshire Hospitals NHS Foundation Trust.

A mandatory training plan is in place to ensure staff are able to care appropriately for patients with dementia and their carers.

The Dignity Matron supports patients with learning disabilities and making reasonable adjustments. The Dignity Matron is supported by the learning disability team from Cheshire and Wirral Partnership NHS Foundation Trust.

Grading	Achieving

Reference No.	2.2 - Improved Patient Access and Experience
Outcome	People are informed and supported to be as involved as they wish to be in decisions about their care.

Evidence drawn upon for the grading

- Bedside Folders
- Privacy & Dignity Policy
- Translation Service Policy
- Adult Safeguarding Policy
- Dementia Care Bundle
- Dementia Strategy
- Patient Passports
- Quality Account (Easy Read)
- Changing Places
- Easy Read Patient Information
- Easy Read appointment letters, e.g. Breast Screening Services
- Internet Site – Patient Information
- Reasonable Adjustment Care Plan
- Patient Stories
- Independent Domestic Violence Advocate Posters
- Minutes from Patient Information Group
- National Inpatient Survey Results and action plans
- Carers Survey (Dementia)
- Best Interests Meeting Pro forma
- Minutes from the learning disability group
- Minutes from the dementia group
- Standard Operating Procedure and Flow Chart for the Accessible Information Standard

The Trust has a range of patient information literature which is available on the intranet and internet. All information is approved by the Patient Information Group and there is also a reader's panel with patient representative who approve all patient information before it is printed. Easy read patient information leaflets have also been developed.

Patient passports are used to help staff to get to know patients, their carers and are helpful in communicating with patients and ensuring they are treated as individuals. More detailed care plans for individual patients are also in use across the organisation. Patients with these care plans in place are identified electronically on admission to the Trust. Staff will then implement the care plans and help to promote seamless transition between wards and departments and services.

Trust staff receive training on induction and mandatory training about safeguarding; the Mental Capacity Act, and Deprivation of Liberty. E-learning programmes in relation to the Mental Capacity Act, Deprivation of Liberty Safeguards, Adult Safeguarding and Dementia have all been implemented.

The Trust holds best interest meetings for patients who lack capacity and involves carers. These can take place at a patient's home, although they mostly take place on the ward where the patient is an inpatient.

The translation / interpreter service is well utilised to ensure staff can communicate effectively with patients and their carers. The same principle applies to use of the deafness support network.

A carer's survey is undertaken each month with carers of patients with dementia to ensure they are involved as much as they wish with the care of the patient.

Grading	**Achieving**

Reference No.	2.3 - Improved Patient Access and Experience
Outcome	People report positive experiences of the NHS.

Evidence drawn upon for the grading

- National inpatient survey
- Annual complaints, comments, compliments report
- Quality Account
- Agenda and minutes from executive patient experience group
- Agenda and minutes from complaints review group
- Agenda and minutes from the patient experience action group
- Agenda for patient register group
- Board quality and patient experience report
- Feedback from NHS Choices
- Friends and Family Test results
- Local patient survey programme
- Divisional patient and public involvement programme
- Open and honest care reports and local inpatient surveys
- Ward Quality Boards
- Posters developed to promote examples of 'You Said, We Did' actions
- Patient Stories

The Trust is currently achieving a 5 out of five star rating on NHS Choices for Northwich Victoria Infirmary and a 4.5 out of five star rating for Leighton Hospital. Some of the comments received in the previous 12 months include:

"We recently were cared for by an amazing team of people when our 10 year old daughter was admitted via ambulance to A&E and then transferred to Ward 17 for 4 days. It is thanks to the hard-working team of professionals that she is still with us and that we all had the support we needed to learn how to cope out of hospital. All your staff were so kind, calm and reassuring, it made us all feel that we were in safe hands and that we had the help to carry on. Thank you all so much for all you've done for our family, we are forever grateful."

"I was so impressed with my recent visit to the Minor Injuries clinic following a fall. Each member of staff I spoke with were very pleasant, informative & professional. I was seen initially within 5 minutes of waiting & was then referred for an x-ray which they were able to carry out within the same building. "

"Excellent service polite and helpful staff seen quickly and reviewed quickly after X-rays. very satisfied with my treatment as I had never been here before."

“Seen within 5 minutes, great service - everyone very friendly and seemed genuinely concerned/caring.”

As a Trust we welcome feedback from a range of sources and use it to identify those areas where we are performing positively, as well as those where improvements may be made.
On average we receive around 18 complaints a month. Each one is taken seriously and thoroughly reviewed so that we can establish any changes that need to be made. We receive around 200 compliments a month and this does not include feedback such as reviews or posts on our social media pages.

The Board of Directors receives a patient story and the quality and patient experience report at each Board meeting, which are all public meetings.

Each division develops a patient and public involvement programme each year which is monitored at the patient experience action group.

Examples of actions taken as a result of feedback are shared with staff and the public. This is also made available on the Trust’s website.

The Complaints Review Group is chaired by the Director of Nursing and Quality and has medical, patient and governor representation.

The Executive Patient Experience Group is chaired by the Director of Nursing and Quality and has representation from HealthWatch. The executive patient experience group oversees public and patient feedback.

The Executive Patient Experience group receives reports from a range of sub-committees including the learning disability development group; patient information forum; complaints review group, bereavement and end of life group and patient experience action group.

Hospital passports for patients are now established.

Both a mosque and chapel are available on site. Chaplaincy team are based at the trust which includes volunteer chaplaincy visitors. A spiritual strategy has been developed.

The Trust has patient representation on divisional boards, the organ donation group; complaints review group, patient information group and the dementia operational group.

Following the national inpatient survey results, all wards have continued to promote the reduction of unnecessary noise at night so facilitate sleep for patients. A ‘Night time is quiet time’ initiative is being launched following on from the previous work around the quiet protocol. . The wards are improving information sharing with patients in preparation for their discharge. We have seen improvement in the length of time patients have waited for discharge medications at the point of discharge between 2017 and 2018 and pharmacy printers have been installed on numerous wards across the trust to enable some prescriptions to be issued on the ward (this has been shown to reduce waiting times associated with waiting for medication). Additionally a team of volunteer dining companions have been recruited to help feed patients in high priority areas.

Pets as therapy have become regular visitors to the Trust. Visits are made to a wide variety of wards.

NICU and Ward 21b offer a hand therapy service. This involves a trained volunteer offering hand massages to patients on ward 21b and the families on the Neonatal ward.

Consultations are held with patients and visitors , members of the public, staff on the trust quality and safety improvement strategy.

Grading	**Achieving**

Reference No.	2.4 - Improved Patient Access and Experience
Outcome	People's complaints about services are handled respectfully and efficiently.

Evidence drawn upon for the grading

- Complaints policy
- Complaint survey pro forma
- Board patient experience report
- Quality Account
- Annual complaints, comments, compliments report
- Complaints review group agenda and minutes
- Customer care and complaints training
- Tell us what you think poster
- Customer care team leaflet
- Complaint response checklist
- Bereavement service

All complaints are acknowledged by a phone call wherever possible, or alternatively via email or in writing and complainants are encouraged to meet to discuss their concerns; however written reports are produced were complainants do not want a meeting. A written acknowledgement is then sent with a response deadline, a customer care leaflet and a HealthWatch leaflet.

The customer care leaflets are available in other languages, easy read and large print. The leaflet advises that nobody will be treated any differently as a result of a complaint. It also contains a sample letter to help people frame their complaint. The leaflets are held on all wards and departments. All complaint responses are quality checked prior to sending out to ensure all issues are addressed.

Complaints are then managed within the divisions and responses generated by clinicians/nurses/senior managers. All complaint meetings are recorded and a copy of the recording is given to the complainant. All complainants are offered the support of an advocate.

The Trust allows for a continual process for feedback with questionnaires sent to complainants following closure of their case. The questionnaire seeks information regarding the handling of the complaint and the complaint process rather than the outcome of the complaint, and enables the team to initiate changes sooner than using an annual survey.

The complaints review group undertakes a detailed review of complaints at each meeting using the complaint response checklist, where the aim is to review a complaint that has been upheld, one that has not been upheld and a case that has been reopened at the request of the complainant.

Where cases have been reopened and the complainant feels their concerns remain unaddressed, information is provided regarding escalation to the Parliamentary Health Service Ombudsman for independent review.

Complainants are always offered the opportunity to re-raise on-going concerns with the Trust and some complainants have been involved with on-going Trust activities.

Training on how to manage complaints is delivered to staff.

The Trust is committed to developing learning from complaints. Lessons learned are shared on a monthly basis via “You said we did” posters which are displayed in all ward and outpatient areas and shared a staff team meetings, one to one direct feedback meetings and patient stories at Trust Board meetings.

Action plans are developed following a complaint and feedback received from complaint investigations is shared with relevant staff to ensure lessons are leant from the incident and actions are taken to improve care.

Communication workshops are held on a regular basis for all grades of staff to remind them of the importance of good communication with patients and families and progress against this improvement is monitored by means of divisional communication surveys and complaint analysis.

Grading	**Achieving**

Reference No.	3.1 – A Representative and Supported Workforce
Outcome	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels.

Policies and guidance are available for all aspects of the recruitment and selection process providing comprehensive information and guidance for those undertaking recruitment and selection at the Trust.

A comprehensive programme to develop and execute values based recruitment has now been implemented which will help reduce unconscious bias in our selection processes. This programme encompasses staff at both professional and non-professional levels as well as those working both clinically and in corporate environments. The next stage of development of this work is aimed at senior managers and this is due to start in June 2019.

The Trust continues to develop alternative routes into employment, expanding its Apprenticeship workforce year on year, helping to introduce more young people to NHS careers, as well as making the Trust more representative of the local population.

The Trust continues to offer work placement schemes and pre-employment support via the inspiring futures team and part of this work focuses specifically on protected characteristics, learning disabilities and those with additional needs.

The Trust continues to use a multi-media approach to the advertising of vacancies assisting with accessibility. The Trust continues to attend local jobs and careers fairs on a regular basis, again promoting vacancies to a diverse range of our local population including school children, older people, people with disabilities and those who may have been out of the workforce for a significant period of time.
Grading **Achieving**

Reference No.	3.2 – A Representative and Supported Workforce
Outcome	The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations

Evidence drawn upon for the grading

- Agenda for Change job matching policy
- Staff survey results
- Gender pay gap report
- Minutes of meetings with E & D group
- Trust policies

All new posts and post updates are subjected to job evaluation panels by trained panellists. Panels consist of appropriately trained members including staff side representatives and undergo a consistency checking process.

Only board directors are not on national pay scales. Executive pay arrangements are discussed and agreed at remuneration committee. The Trust uses national terms and conditions of employment for medical and non-medical. For non-medical staff, these have been subject to review by the NHS Staff Council's Equality Group.

The Trust's first Gender Pay Gap report was completed in March 2018 and repeated in March 2019 and both are available on the Trust website and on a government website. The report showed a gender pay gap and further analysis will be undertaken to explore the detail and action plans will be devised to address the gap.

The terms of reference for the clinical excellence awards panel calls for representation from the patients' forum, and a gender and ethnicity mix in consultant representation.

There have been no successful or settled equal pay or discrimination claims against the Trust from employees or former employees in the last 10 years.

Grading	**Achieving**

Reference No.	3.3 – A Representative and Supported Workforce
Outcome	Training and Development opportunities are taken up and positively evaluated by all staff

Evidence drawn upon for the grading

• Staff Survey results
• Statutory and Mandatory Training Policy
• Vocational Training and Apprenticeships Policy
• Appraisal Policy and Documentation
• Guidance Document for Managers to Approve Study Leave
• On boarding training on Equality, Diversity and Human Rights
• Bespoke training and coaching in support of staff members and volunteers
• Good practice training on Management Development Programme
• Level 1 Course Evaluation, level 2 follow up with participants and line managers to assess training impact, and level 3 assessment of behavioural change related to training participation
• International Induction – Language, culture and lifestyle training, and mentor support
• Learning and Development Training Bulletin
• Participation and evaluation data
• Local induction pack
• On-line learning packages, on boarding and induction materials

All staff complete equality and diversity training as part of their on boarding programme, they then participate in a face to face induction programme and complete place-based local induction with their manager, which creates an additional opportunity to identify and discuss training needs on commencement in post. This dialogue continues at milestone meeting throughout the new hire probation period.

All staff participate in an annual appraisal process consisting of regular 1 to 1 meetings throughout the year. Emerging development requirements are identified and discussed in a timely fashion and a range of professional development options and support can be accessed throughout the year. A formal annual appraisal meeting takes place once a year, and a personal development plan is one of the key outcomes. Compliance with this element of the appraisal process is tracked and monitored at Board level.

The outputs of appraisal conversations, team meetings and departmental planning activities (such as workforce planning) combine to inform the divisional training needs analysis. The Education department supports and advises throughout the training needs analysis process to ensure that a wide range of options are considered and return on investment is measured.

1 to1 consultations with learning and development specialists are available to every staff member who wishes to explore ways to develop skills or increase proactivity and awareness. Career coaching is available and documentation and research resources are available through the JET Library.

An in depth survey has been undertaken this year to gain insight into staff experiences of education and training provided at the Trust. Staff reported that they believe training is essential or important to their professional role and that the training provided is effective, helps them improve the way they work and that the trainers are knowledgeable.

We have a range of training rooms and facilities in the Trust. All are located on the ground floor and have easy access. Staff can also access e-learning programmes and support materials by using PCs situated in learning and development, computer services and the JET Library. Staff can also access the Massive Open Online Course (MOOC). These are open learning training programmes that are developed mainly by higher education institutes and are open and free to anyone. See Future Learn for further

information https://www.futurelearn.com. Facilitated support sessions for e-learning users are also available bi-monthly.

The Trust has named Dyslexia champions, who are able to signpost support for staff members. Access-to-Work applications are encouraged as a mechanism to provide specialist support and advice and to recommend solutions that will better support staff members with disabilities.

Grading	Achieving

Reference No.	3.4 – A Representative and Supported Workforce
Outcome	When at work, staff are free from abuse, harassment, bullying and violence from any source

Evidence drawn upon for the grading

- Mediation Leaflets
- Staff survey results
- Exit interview survey responses
- Mediation report
- ESA poster
- Staff Voicemail poster
- Minutes from the Violence and Aggression Group

The NHS staff survey is undertaken on an annual basis. The staff survey results for 2018 reported that the Trust were slightly better than an average position for staff under the themes safe environment relating to bullying and harassment, safe environment relating to violence and safety culture. Focus groups take place following the results of the staff survey to further explore the findings and develop action plans.

The Trust acknowledges that front-line staff are at increased risk of abuse, harassment, bullying and violence from patients and relatives compared to back office colleagues. The Trust has a policy for the management of aggressive behaviour. Conflict management training is provided and mandatory for specific front line staff groups.
The Trust has a Violence and Aggression Forum which met on a quarterly basis.

Any complaints of harassment, bullying or general bad behaviour from others are addressed through the Trust's HR procedures. Staff are able to raise concerns via the incident reporting system. The emphasis is placed upon resolving the problem and mediation is used to resolve conflict wherever possible. The Trust has a team of trained mediators.

The Employee Support Adviser (ESA) Service is available to all members of staff wanting to have initial discussions relating to dignity at work issues. ESA's are volunteer staff who have received training to undertake this role. The role was reviewed in early 2019 and regular networking sessions take place for the advisers to share learning.

A Staff Voicemail Service is available whereby staff can leave a message raising their concerns confidentially to the Human Resources Department.

The Freedom to Speak Up campaign was re-launched early 2018 following the appointment of a new Freedom to Speak Up guardian and promotion of this continues. This allows staff to raise whistleblowing concerns in a confidential and secure manner. A dedicated email address has been set up to receive concerns and staff are able to access other routes to raise concerns, such as via the Employee Support Advisors and the staff voicemail.

The progress of the employee support adviser and mediation services is monitored and reviewed by the Workforce Assurance Group.

Occupational Health services and the Employee Assistance Programme (via Health Assured) are available for all staff to access.

Grading	**Achieving**

Reference No.	3.5 – A Representative and Supported Workforce
Outcome	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives

Evidence drawn upon for the grading

- Mutually Agreed Flexibility Scheme
- Flexible Working Policy
- Career Break and Secondment policy
- Supporting Working Parents Policy
- Special Leave Policy
- Retirement and Long Service Guidelines
- Staff Survey
- Employment Relations Casework Reviews

The staff survey explores whether staff are satisfied with the opportunities for flexible working patterns. In 2018, nearly 53% of staff were satisfied or very satisfied with the opportunities for flexible working, an increase from 2% the previous year.

Flexible working arrangements are available to all staff and in addition are also considered for staff returning to work after long term absence. The mutually agreed flexibility scheme applies to all staff. Where agreed, this allows staff to purchase additional annual leave whilst spreading the cost over the year.

The Trust employs staff across all working ages. The retirement and long service guidelines detail the various ways in which individuals can opt for retirement and return to work if this is desired.

The career break policy allows individuals to take time out of the workplace to carry out caring duties whilst preserving employment. The supporting working parents' policy, the special leave policy and the flexible working policy all allow for individuals to plan their working lives around their home lives as much as possible.

Grading	**Achieving**

Reference No.	3.6 – A Representative and Supported Workforce
Outcome	Staff report positive experiences of their membership of the workforce

Evidence drawn upon for the grading

- Staff Survey
- Staff friends and family test
- Vocational Training (including Apprenticeships) Policy and Procedure
- Focus groups
- CEO drop-in schedule
- Leadership development programme schedule
- Workforce Race Equality Standard (WRES)

The Trust collects and considers the perspectives and opinions of all members of its workforce using a range of methods to ensure an accurate picture is gathered.

Every year, the national staff survey data is shared across all divisions of the organisation with supporting analysis including breakdowns of results and key themes. The Trust then develops an action plan to address areas for further development or where there are concerns.

In the 2018 staff survey the results for Mid Cheshire Hospital Trust showed a high level of engagement of staff. The score for 2018 was 7.2 (out of 10) which is above (better than) average when compared with the national averages.

Some other examples of staff reporting positive experiences of their membership of the workforce through the national staff survey include:

• 90.5% of staff feel that the Trust acts fairly with regards to career progression/promotion.
• 91% of staff feel that their role makes a difference to patients.
• 78% of staff are enthusiastic about their job
• 71% of staff would recommend the Trust as a place to work

The staff friends and family test is undertaken each year whereby all staff have the opportunity to feedback their views on their organisation. This ensures staff have further opportunity and confidence to speak up, and the views of staff are increasingly heard and are acted upon.

Staff focus groups take place regularly throughout the year, and the CEO invites all staff to speak with her directly through her CEO briefing sessions which are held on a regular basis throughout the year.

Staff on internally and externally facilitated leadership programmes review and discuss staff survey and focus group data.

Grading	**Achieving**

We Care Because You Matter

Mid Cheshire Hospitals NHS Foundation Trust

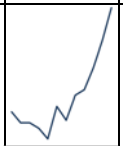
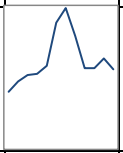
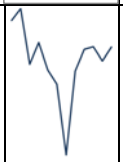
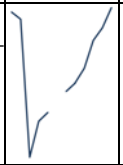
Board of Directors

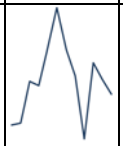
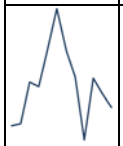
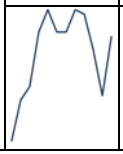
Workforce Report

August 2019

(June 2019 data)

Performance Report Workforce Chapter
Month: Jun-19

Measure	Target	Performance	Description	Narrative	Rolling Trend	Trend	C&W Average (May 2019)
Sickness Absence	3.90%	4.48%	Rolling 12m average Sickness Absence described as a Percentage	Rolling sickness absence increased slightly in month (+0.06%) from the previous month and is in an Amber position. S&C and EF improved their rolling position. All divisions remained very similar to the previous month (within 0.25%)		↑	4.98%
In-Month Sickness Absence	N/A	4.39%	In-month 12m average Sickness Absence described as a Percentage	In-month sickness absence decreased from the previous month (+0.19%). Three divisions experienced reduced sickness absence levels: MEC; EF, and SC		↓	4.69%
Appraisal Rate	90.00%	82.34%	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 0.56% improvement in the appraisal rates across the Trust. Three divisions experienced an improvement in compliance, the most significant being MEC (5.46%). Corporate and EF are Green and the remaining divisions are Amber with the exception of MEC and WC who are Red (66.29% and 78.01%)		↑	71.48%
Mandatory Training	90.00%	81.39%	Mandatory Training Monthly Rate Excludes Bank Staff, Staff on long term sick & mat. leave.	Training compliance increased by 1.73% in month and all divisions secured an improvement with the exception of WC (-0.96%). DCSS, SC and WC, and CCICP are Amber. Other divisions remain Red. MEC are the most challenged by this target (73.49%) but improved their position again this month (+2.11%).		↑	89.61%
Staff Turnover	10.00%	9.14%	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 (-0.46%). Turnover reduced in all divisions. All divisions are Green against target with the exception of MEC and CCICP (11.78% and 11.49%)		↓	10.41%

Measure	Target	Performance	Description	Narrative	Rolling Trend		
	(404)	(510)	In month and cumulative total spend for the Trust.	Agency spend reduced in month (£60k less than the previous month) and the agency spend target was met. Nursing and Midwifery increased on the previous month slightly (£11k). Medical and Dental agency spend reduced (£14k). All divisions saw reduced agency spend with the exceptions of MEC and WC.		↓	N/A
NHSI Ceiling	less than 100%	126.24%	Trust Agency Spend as a percentage of the Ceiling Set by NHS Improvement			↓	N/A
Over Cap Rates	N/A	61%	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	↑↓=