Board of Directors

Monday 4 May 2020
9.30am – 1pm
Virtual – via Microsoft Teams
AGENDA

(v) = verbal; (d) = document; (p) = presentation

PRELIMINARY BUSINESS

1   **Welcome & Apologies**   **Chair (v)**
9:30

2   **Declarations of Interest**   **All (v)**
To receive declarations of interest in agenda items and / or any changes to the register of directors' declarations of interest pursuant to Section 8 of Standing Orders.

3   **Draft Minutes of the Last Meeting (6 April 2020)**   **Chair (d)**
To approve the draft minutes of the last meeting of the Board of Directors,
review the action log and discuss any matters arising

4   **Chair's Opening Remarks**   **Chair (v)**
Incorporating Governor's Items

5   **Chief Executive's Report**   **Chief Executive (d)**
- COVID-19 Update
- CQC Next Steps
To note

QUALITY - Patient Safety, Clinical Effectiveness & Patient Experience

6   **Quality Governance Committee (14 April 2020)**   **Committee Chair (d)**
Draft Minutes
To note

7   **Patient Quality Safety & Experience Report**   **Dir of Nursing & Quality/**
To note   **Medical Director (d)**

8   **Serious Untoward Incidents and RIDDOR Events**   **Medical Director (d)**
To note

9   **Guardian of Safe Working Hours Report**   **Medical Director (d)**
To note

PERFORMANCE

10   **Performance & Finance Committee (23 April 2020)**   **Committee Chair (d)**
Draft Minutes To note

| 11 | **Performance Report**
To note | **Deputy Chief Executive & Dir. of Finance/**
Chief Operating Officer (d) |

GOVERNANCE & WELL LED

12	**Transformation & People Committee (DATE)** **Draft Minutes**	**Committee Chair (d)**
13	**Workforce Report** To note	**Director of HR & OD (d)**
14	**Freedom to Speak Up Guardian** To note	**Director of Nursing & Quality (d)**
15	**NHSProvider Licence Annual Self Certification** • General Conditions 6 • Corporate Governance Statement To approve	**Company Secretary (d)**
16	**Board Committees' Terms of Reference** To approve	**Company Secretary (d)**

CONCLUDING BUSINESS

17	**Any Other Business** To consider any other matters of business	**Chair (v)**
18	**Items for the Risk Register/Changes to the Board Assurance** **Framework (BAF)** To identify any additional items for the Risk Register or changes to the BAF arising from discussions at this meeting	**Chair (v)**
19	**Key Messages from the Board** To agree	**Chair (v)**

Resolution

The Board is asked to resolve that in accordance with Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960, representatives of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudiced to the public interest

Time, Date and Place of Next Meeting

Monday 1 June 2020 at 9.30am via Microsoft Teams

Action Log – Public Board

Agenda item	Assigned to	Deadline	Status
Board of Directors 03/02/2020 10 Quality, Safety and Experience Report - for discussion			
45. QGC to review the patient experience section of the Board report.	🟡 Tunney, Julie	04/05/2020	🟨 Pending
Explanation action item To consider whether the information provided is providing the right level of assurance to the Board. Update 6 April 2020 - QGC have reviewed the new report and this should be available at the May Board of Directors meeting			
Board of Directors 06/04/2020 7 Chairman's Announcements - to note a verbal report			
101. Communication with Governors	🟡 Keating, Caroline	04/05/2020	🟨 Pending
Explanation action item Review of Governor communication with the Deputy Chair, Lead Governor, Company Secretary and Head of Corporate Governance.			
Explanation Keating, Caroline Governor communication reviewed by Corporate Governance and Deputy Chair and Lead Governor advised.			
Board of Directors 06/04/2020 23 Any Other Business			
102. Approval of Board Committee Terms of Reference	🟡 Keating, Caroline	04/05/2020	🟨 Pending
Explanation action item Review of how Audit Committee ToR will be reviewed during Covid-19 to ensure these are approved.			
Explanation Keating, Caroline Final ToR to be submitted to May Board for approval			

CEO Report – May 2020

1. Covid 19 response

The Trust's operational and strategic response to Covid 19 is functioning well. The twice weekly Gold meetings are focusing on the major decisions regarding significant change from usual practice or large allocation of resource and the Silver meeting is twice daily ensuring oversight and control of the organisations day to day response. To date the Trust has managed its key risks around supply of PPE, creation of significant additional critical care capacity and ensuring testing is available for patients and staff.

There have been some outstanding achievements by the workstreams, a few of the many are listed below:

- Estates – the provision of 128 additional high flow oxygen beds, negative pressure rooms in key areas and are currently ensuring the ward area within the Treatment Centre have the required oxygen supply should critical care expansion be required.
- Health & Wellbeing – onsite food markets for staff who were finding it difficult to shop around work duties, wellbeing rooms for staff to take breaks supported by donations from the public and businesses and in addition the teams are facilitated the onsite and remote support of counsellors for all staff groups.
- Critical care and emergency response – the creation of 13 additional critical care beds (phase one escalation) supported by a rota of clinicians from many different specialties playing their part. Phase two of critical care expansion hasn't been enacted yet, but could be mobilised if demand necessitated..
- Ward areas – a complete re-organisn of the wards to provide cohort space for covid patients and this week, a complete re-organisation of the hospital into Red, Amber and Green areas to ensure total separation of positive patients in readiness for demand for normal activity to increase
- IM&T – circa 350 more people working at home, 175 patients reviewed via videoconferencing which equated to 31 hours of video consultations for patients with clinicians in the first week of operating.
- Procurement & Supplies – this team have ensures that PPE and other key supplies have been available at all times, sourcing from national and local independent providers and well as other industries. At no point to date has the Trust run out of PPE equipment.

In addition to these Trust developments, we have also implemented a staff swabbing service for the Cheshire system, delivered by CCICP and located on the South Cheshire Private Hospital grounds. This has been functioning well and is providing capacity for public sector workers to be tested as and when necessary.

2. Financial planning

I am pleased to report that the Trust initially ended the year with a deficit of £2,317k against its control total of £2,334k, £17k under the control total set by NHSI. Since this position was reported nationally we have been notified that as we have achieved our control total we will receive a

deficit reduction incentive payment of £2,367k resulting in a bottom line surplus of £50k on normal activities, this is clearly good news.

The actual final reported position in our annual accounts will be a £407k surplus, this is due to other exceptional items of expenditure and income which are not included in our control total calculation, the main items being £362k bonus PSF payment for 2018/19 received in 2019/20 and impairment and depreciation on donated assets technical adjustments.

3. Chief Operating Officer appointment

Following an interview process on 22nd April 2020, the Trust has appointed a new Chief Operating Officer to take over from Chris Oliver, who leaves us at the end of June. Mr Oliver Bennett has been appointed and will begin in post on 20th July 2020. Oliver has a well-established career in operations working at Manchester FT, Salford Royal FT and more recently University Hospitals North Midlands amongst others.

4. CQC Action Plan

As the Board will be aware, the CQC report has been published and the Trust achieved an overall rating of 'GOOD' with a significantly improved rating in Community Services which has now moved to 'GOOD' across all domains. This is an excellent outcome given the pressures on the Trust over the last year.

The Executive Team are intending to instigate a CQC action plan for the 'Must Do' and 'Should Do' elements of the report to be delivered over the coming months during the coronavirus pandemic pressures which will be relatively light and focused purely on these issues. In tandem, a new approach to planning and performance against CQC domains is being developed for autumn time which will have a much broader focus on all domains across divisions.

A key action from the plan was the development of better communications and leadership across sites into Victoria Infirmary (VIN) and a lead site manager for VIN is being recruited to do this as well as support the CEO and DoF with plans to secure new premises in Northwich from which to deliver VINs services over the medium to long term.

J.Sumner
Chief Executive

We Care
Because
You Matter

Quality, Safety and Experience Report

May 2020

(March 2020 data)

Contents

Contents (continued):

Quality & Safety Section:

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

| Patient Safety Harm Incidents | For March 2020, there were a total of 175 patient safety harm incidents:
96.6% (169 incidents) have resulted in low harm
2.3% (4 incidents) have resulted in moderate harm
1.1% (2 incidents) has resulted in serious incidents

In March 2020, the gap between harm and all patient safety incidents was 376. This gap is smaller than the normal reporting pattern (see previous month's figures below) – data shows that during the pandemic response which commenced w/c16/03/20 incident reports have reduced by around 50%. The Quality Governance team responded to this expected change and have taken measures to support staff with reporting. Reductions to inpatient numbers and the demographic of this group will also impact on types and number of incidents occurring.

Previous 3 months: December 507, January 514, February 413 |

Patient Safety Incidents Resulting in Harm
April 2019 to March 2020

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Serious Incidents	5	1	1	1	1	3	1	1	4	3	1	2
Moderate Harm	6	9	1	10	9	7	7	1	5	8	8	4
Low Harm	176	214	197	196	181	180	193	211	212	232	195	169

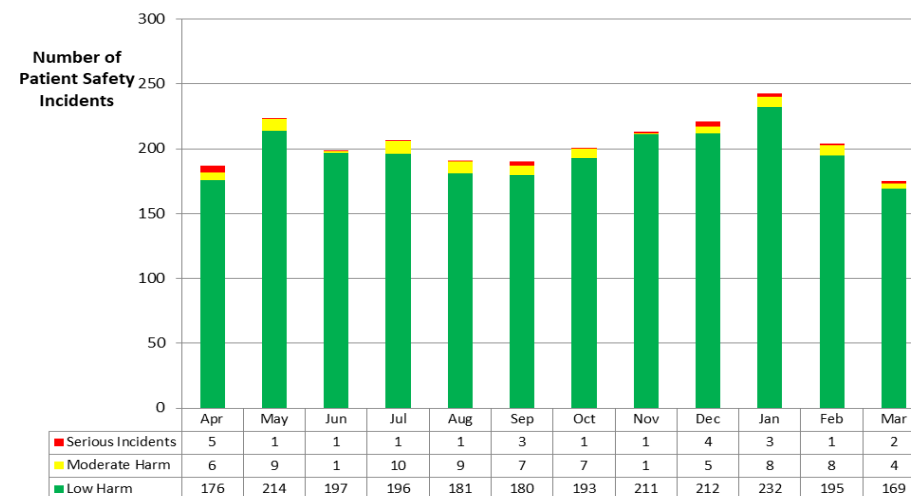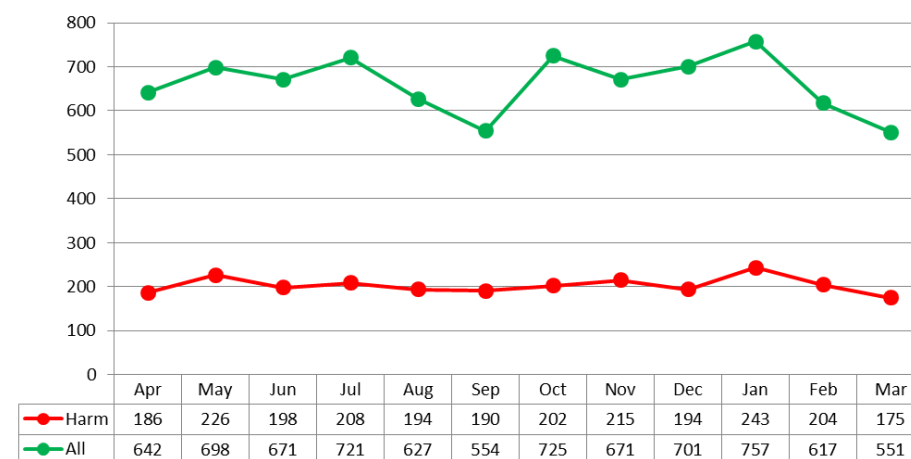| Harm vs All Patient Safety Incidents

The aim is to maintain / widen the gap between harm and all patient safety incidents reported | • Due to the current pandemic status all RCAs are completed outside of the panel process. The governance around Incidents is explained in the Covid-19 Pandemic Interim Governance paper.

Definitions:

• *Moderate Harm* – any incident that resulted in a moderate increase in treatment and which caused significant but not permanent harm to one or more persons as a direct result of the incident.
• *Major Harm* – any incident that has resulted in permanent harm as a direct result of the incident.
• *Catastrophic* – any incident that directly resulted in the death of one or more persons as a direct result of the incident. |

Harm vs All Patient Safety Incidents by Month
April 2019 to March 2020

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Harm	186	226	198	208	194	190	202	215	194	243	204	175
All	642	698	671	721	627	554	725	671	701	757	617	551

Description	Aggregate Position		Trend

CCICP Patient Safety Harm Incidents

For March 2020, there were a total of 112 patient safety harm incidents:

- 98.2% (110 incidents) have resulted in low harm
- 1.8% (2 incidents) have resulted in moderate harm
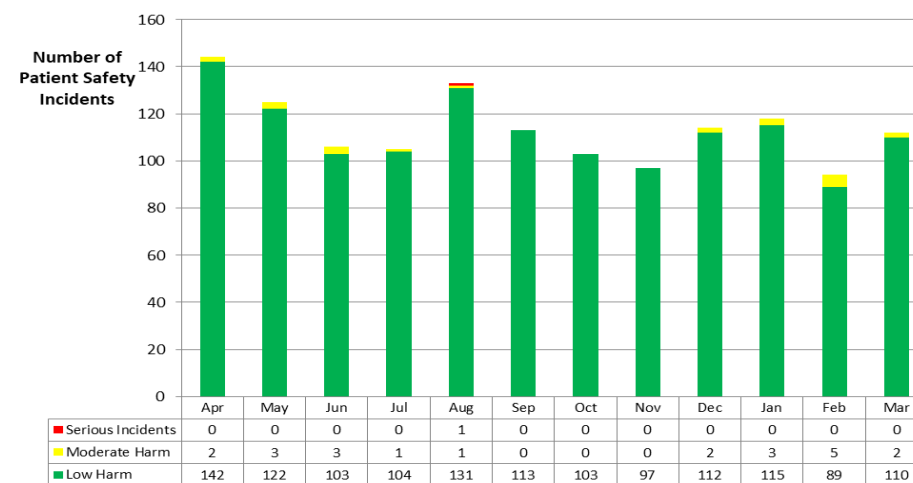- 0% (0 incidents) have resulted in serious harm

In March 2020, the gap between harm and all patient safety incidents was 10. For the previous 3 months, December saw a gap of 10, January a gap of 14 and February a gap of 25

To reduce the number of patient safety harm incidents, a number of initiatives are being undertaken, including a rolling programme of incident training 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. reported

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

Number of Patient Safety Incidents

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Serious Incidents	0	0	0	0	0	0	0	0	0	0	0	0
Moderate Harm	2	3	3	1	1	0	0	0	2	3	5	2
Low Harm	142	122	103	104	131	113	103	97	112	115	89	110

CCICP Harm vs All Patient Safety Incidents by Month
April 2019 to March 2020

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Harm	144	125	106	105	133	113	95	97	114	119	94	112
All	168	141	126	129	143	124	123	108	124	133	119	122
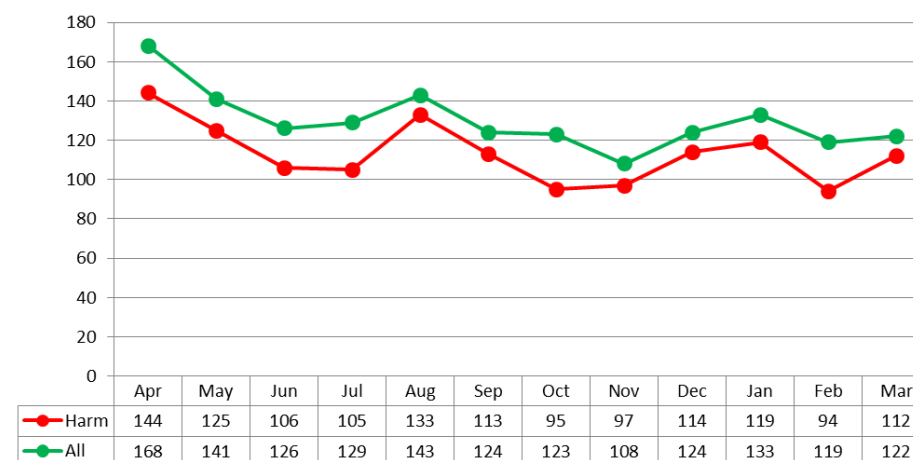
Board Papers – Quality, Safety & Experience Section: April 2020

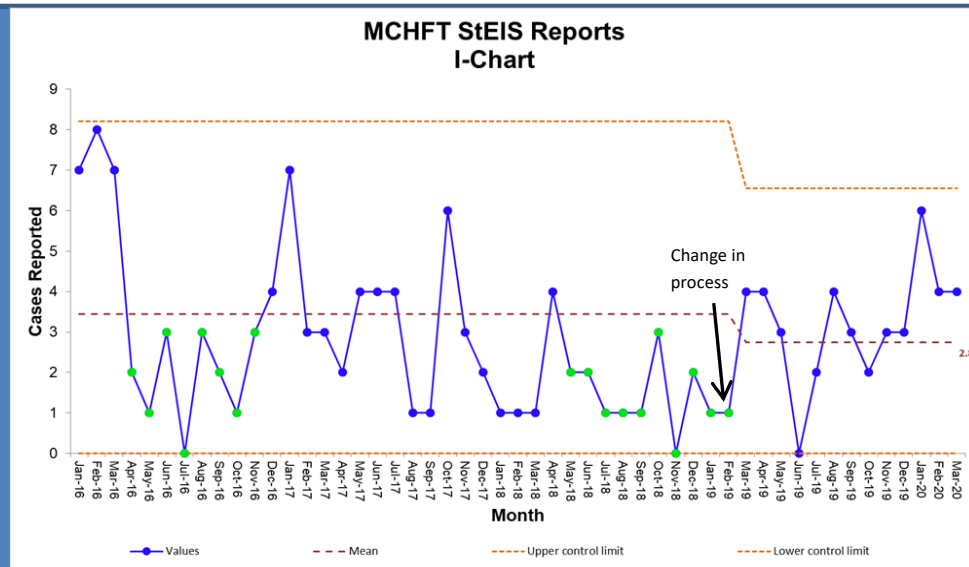| Description	Aggregate Position	Trend

Acute Trust StEIS Reported Incidents

This chart demonstrates the number of incidents that have been reported to StEIS in March 2020.

For March 2020, there were four StEIS reported incidents;

- Treatment delay resulting in neurological deficit due to stroke
- Category 4 pressure ulcer in community
- Treatment delay resulting in cardioembolic stroke
- Hydronephrosis treatment delay resulted in nephrectomy

MCHFT StEIS Reports
I-Chart

Never Events

The target is to have zero Never Events

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

The total for 2019/20 is two:

- Retained foreign object post-operation –August 2019
- Wrong site implant – November 2019

Never Events by Month
April 2019 to March 2020

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Cumulative Total	0	0	0	0	1	1	1	2	2	2	2	2
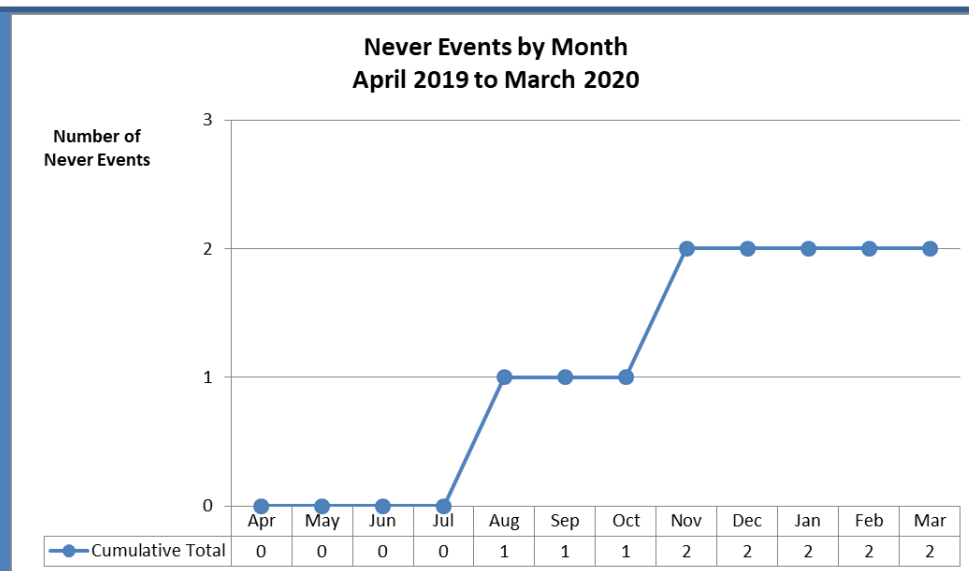
Description	Aggregate Position	Trend

Description: CCICP Serious Incidents

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

Aggregate Position: This chart demonstrates the number of incidents that have resulted in serious harm.
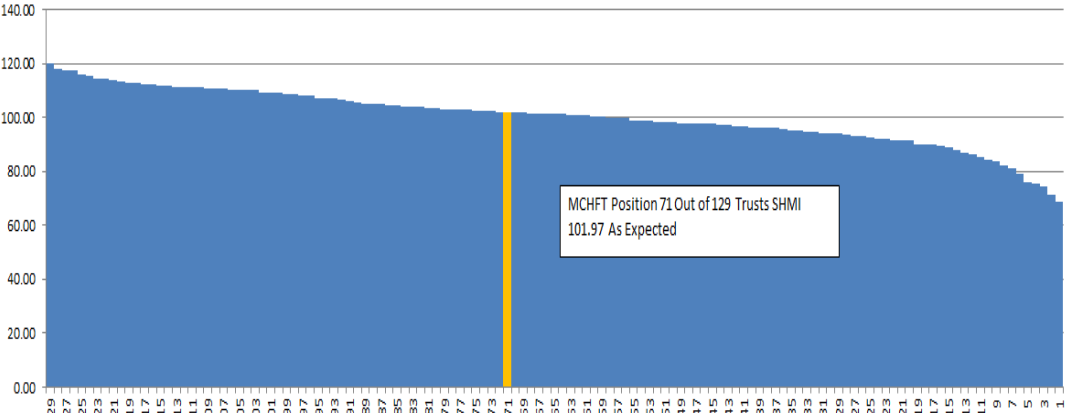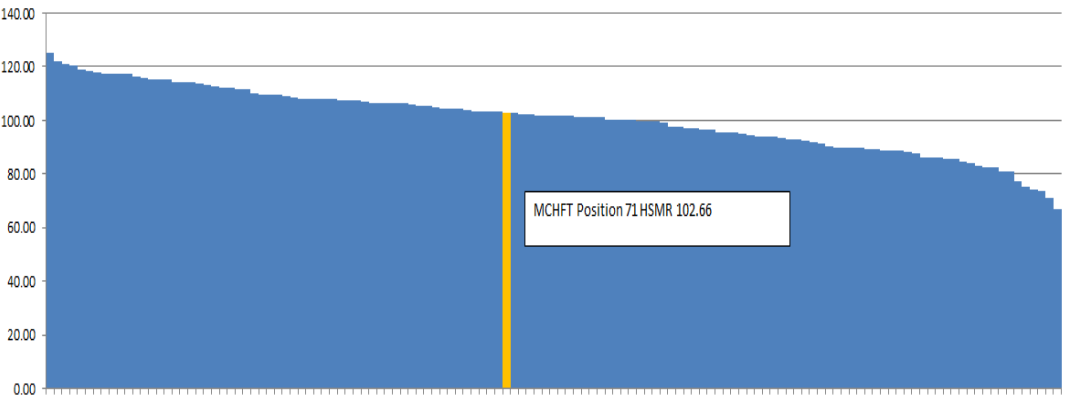
For March 2020, there were no serious incidents reported.

CCICP Serious Incidents by Month
April 2019 to March 2020

Number of Serious Incidents

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

Description	Aggregate Position	Trend
SHMI *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 November 2018 to October 2019 and is "as expected". The Trust's current position is 71 out of 129 Trusts with SHMI at 101.97.	
Hospital Standardised Mortality Rate (HSMR) by Trust. *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 November 2018 to October 2019 and is "as expected". The Trust's current position is 71 out of 129 Trusts with HSMR at 102.66	

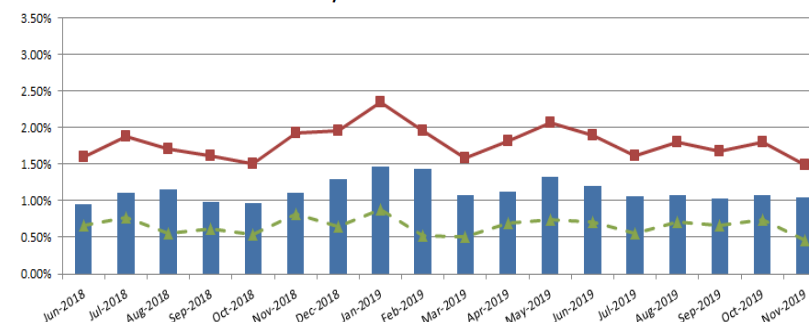| Description	Aggregate Position		Trend

Crude Death Rates

The chart shows the Trust's crude death rates.

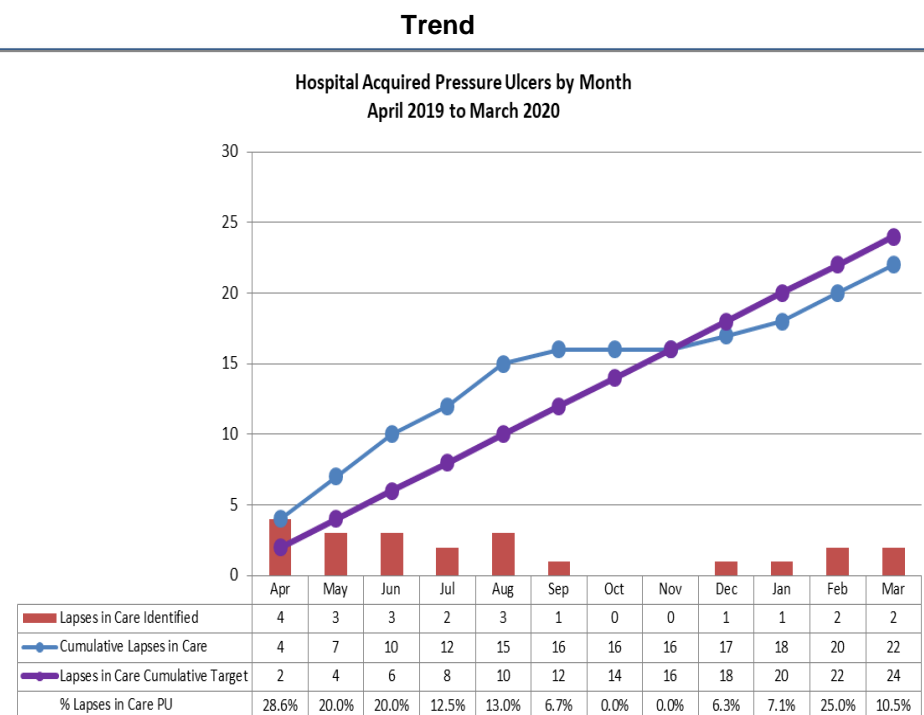In November 2019, the in-hospital crude death rate was 1.04%. This is a decrease from 1.07% in October 2019.

Monthly crude death rates

	Jun-2018	Jul-2018	Aug-2018	Sep-2018	Oct-2018	Nov-2018	Dec-2018	Jan-2019	Feb-2019	Mar-2019	Apr-2019	May-2019	Jun-2019	Jul-2019	Aug-2019	Sep-2019	Oct-2019	Nov-2019
In-hospital deaths crude rate	0.95%	1.11%	1.15%	0.99%	0.97%	1.11%	1.30%	1.47%	1.44%	1.08%	1.13%	1.32%	1.20%	1.06%	1.08%	1.03%	1.07%	1.04%
within 30 days discharge crude rate	0.66%	0.77%	0.55%	0.62%	0.54%	0.82%	0.65%	0.88%	0.52%	0.51%	0.69%	0.75%	0.70%	0.56%	0.72%	0.66%	0.74%	0.46%
in-hospital and within 30 days discharge crude rate	1.60%	1.88%	1.71%	1.61%	1.51%	1.93%	1.96%	2.35%	1.97%	1.58%	1.82%	2.07%	1.90%	1.62%	1.80%	1.68%	1.81%	1.50%
In-hospital deaths	62	77	77	64	70	77	82	103	94	76	74	92	80	78	74	70	81	72
Community deaths within 30 days discharge	43	53	37	40	39	57	41	62	34	36	45	52	47	41	49	45	56	32
Number of discharges	6,553	6,914	6,667	6,452	7,230	6,926	6,289	7,014	6,509	7,068	6,523	6,967	6,675	7,342	6,840	6,827	7,578	6,952

Board Papers – Quality, Safety & Experience Section: April 2020

Description	Aggregate Position	Trend

Acute Trust Pressure Ulcers (PU) – Hospital Acquired

For March 2020, there were a total of 20 hospital acquired pressure ulcer incidents:

- 55% (11 PUs) are currently awaiting confirmation from PUP as to whether lapses in care contributed to the pressure ulcer's development or are confirmed pressure ulcers awaiting tool. These are delayed due to the pandemic.
- 5% (1 PU) have been confirmed to have lapses in care that did contribute identified.
- 40% (8 PU) have been confirmed to have no lapses in care identified.

Improvement actions include;

- The pressure ulcer panel from April will be held virtually to review all pressure ulcers.
- Representatives from MCHFT and CCICP TVN teams have attended the Cheshire and Merseyside Pressure ulcer prevention steering group meetings held quarterly
- From this group there is a Northwest pressure ulcer policy which will be rolled out across MCHT and CCICP

Hospital Acquired Pressure Ulcers by Month April 2019 to March 2020

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Lapses in Care Identified	4	3	3	2	3	1	0	0	1	1	2	2
Cumulative Lapses in Care	4	7	10	12	15	16	16	16	17	18	20	22
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%	20.0%	12.5%	13.0%	6.7%	0.0%	0.0%	6.3%	7.1%	25.0%	10.5%

CCICP Pressure Ulcers – Community Acquired

For March 2020, there were a total of 79 community acquired pressure ulcer incidents:

- 6.3% (5 PU) occurred with lapses in care that did not contribute to the PU.
- 78.5% (62 PUs) occurred with no lapses in care identified.
- 15.2% (12 PUs) are awaiting confirmation from PUP.

Improvement actions include:

- The Tissue Viability Team continues to attend the North West Pressure Ulcer Steering Group meetings to discuss and learn from 'Best Practice'.
- The Division have detailed a 50% reduction in PU over the last 6 months.

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

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Lapses in Care Identified	1	0	1	0	0	0	0	0	1	1	0	0
Cumulative Total	1	1	2	2	2	2	2	2	4	4	4	4
Lapses in Care Cumulative Target	2	4	6	8	10	12	14	16	18	20	22	24
% Avoidable PU	1.2%	0.0%	1.6%	0.0%	0.0%	0.0%	0.0%	0.0%	1.3%	1.4%	0.0%	0.0%

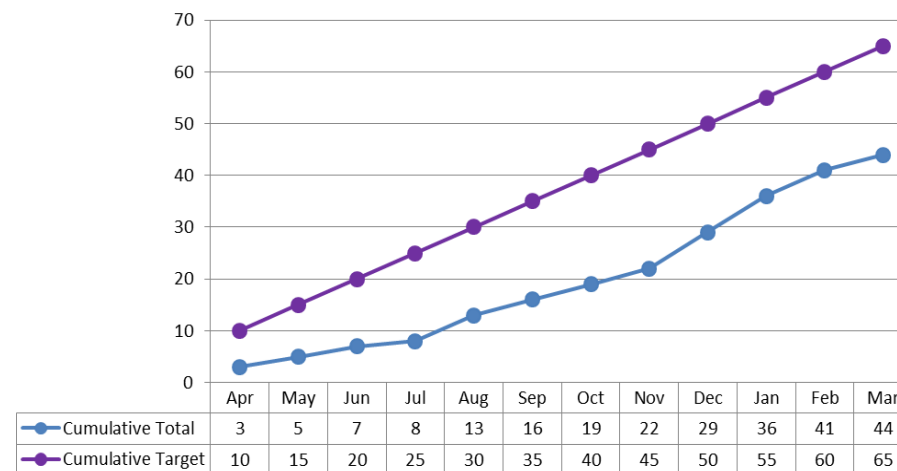| Description	Aggregate Position	Trend

Acute Trust Medication Harm Incidents

For March 2020, there were a total of 3 medication incidents resulting in harm reported:

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

Medication Harm Incidents by Month
April 2019 to March 2020

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Cumulative Total	3	5	7	8	13	16	19	22	29	36	41	44
Cumulative Target	10	15	20	25	30	35	40	45	50	55	60	65

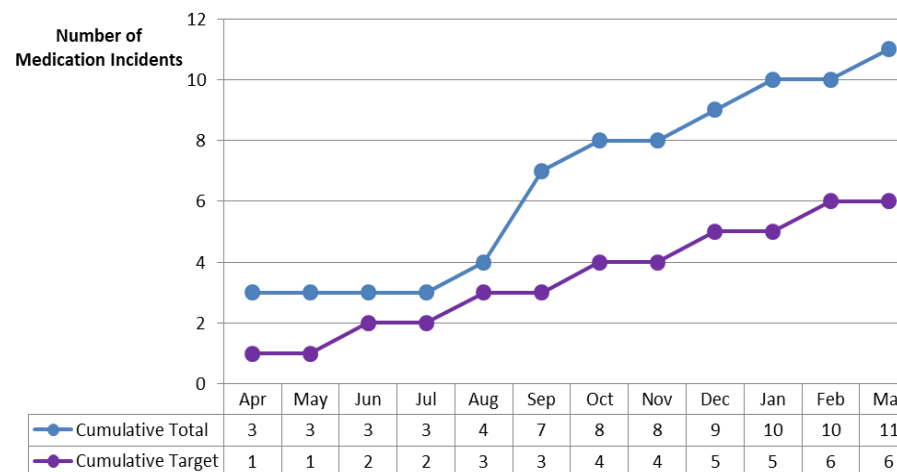### CCICP Medication Harm Incidents.

For March 2020, there was 1 medication incident reported resulting in harm:

- 100% (1 medication incident) 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:
- CCICP Medication Incident Report has been produced for review and discussion at IGG to identify themes and lessons learnt
- A review of insulin errors has found that 'human error' is a prominent factor.
- Daily handover in each team is now reviewing all insulin appointments and ensuring that the afternoon visits and the following days visits have been appropriately allocated to avoid the scheduling errors.
- Any staff members whom make an error/omission undertake face to face medication competency again and complete a reflection this has been successful in minimising re-occurrence of human error.

CCICP Medication Incidents by Month
April 2019 to March 2020

Number of Medication Incidents

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Cumulative Total	3	3	3	3	4	7	8	8	9	10	10	11
Cumulative Target	1	1	2	2	3	3	4	4	5	5	6	6

Board Papers – Quality, Safety & Experience Section: April 2020

Description	Aggregate Position	Trend

Inpatient Falls.

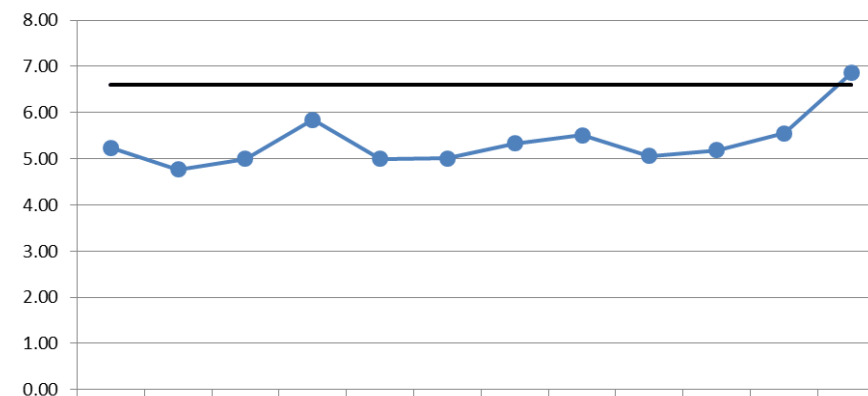In March 2020, there were a total of 25 falls with harm.

- 96% (24) resulting in low harm
- 4% (1) resulting in moderate harm
- 0% (0) resulting in major harm
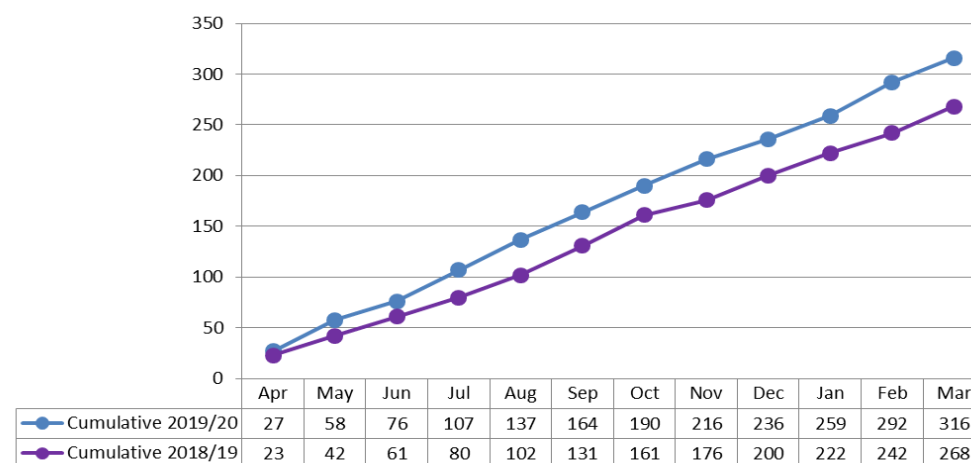- 0% (0) resulted in catastrophic harm

Improvement actions include:

- Draft Falls Policy update reviewed in line with national guidance. To be circulated to Falls Steering Group – this work may be delayed due to pandemic

- Daily Falls report has been designed and is circulated daily detailing recurrent fallers

- Harm Free care panel being scoped to include patient falls

- Review of Falls Risk Assessment tool based on feedback from clinicians and benchmarking of other Trust tools

- Bay tagging trial underway – led by Division of Medicine and Emergency Care

- A thematic analysis of low and no harms is being undertaken to strengthen the Trusts learning in preventing falls with harm.

The falls rate per 1,000 bed days was 6.86

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

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Target	6.60	6.60	6.60	6.60	6.60	6.60	6.60	6.60	6.60	6.60	6.60	6.60
Rate 2019/20	5.24	4.76	4.99	5.85	5.00	5.00	5.33	5.51	5.06	5.18	5.56	6.86

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

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Cumulative 2019/20	27	58	76	107	137	164	190	216	236	259	292	316
Cumulative 2018/19	23	42	61	80	102	131	161	176	200	222	242	268

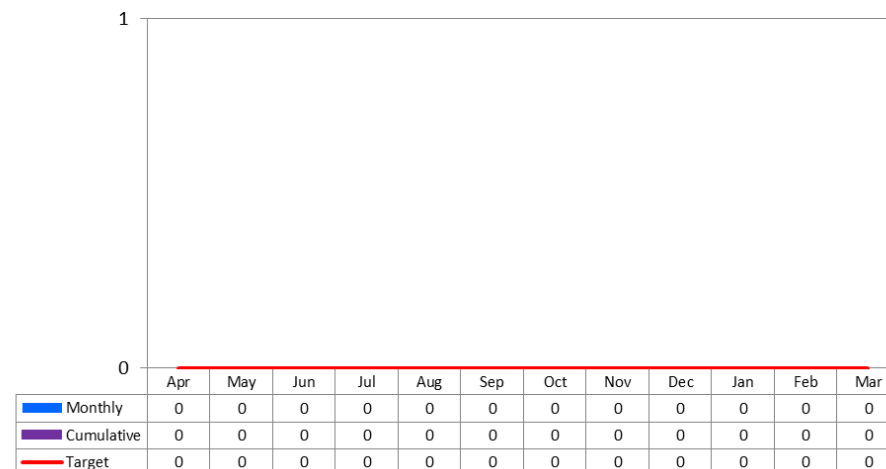| Description	Aggregate Position	Trend
MRSA Bacteraemia Cases. *Zero tolerance of MRSA cases.*	In March 2020 there were no MRSA bacteraemia cases reported in the Trust. In this financial year there have been no confirmed MRSA bacteraemia cases to date.	

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

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

Description	Aggregate Position		Trend

Clostridium Difficile toxin positive cases.

The target is to have 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.

In March 2020, there was 1 new case of C. Diff.

One Hospital Onset Hospital Acquired on Ward 4

No Community Onset Hospital acquired in March

To the end of March 2020 there have been 28 cases of which one is avoidable. This position is one case over the 27 trajectory for this year, however, we have seen a reduction in cases of Hospital Onset Hospital Acquired, with 16 this year, compared to 24 during 2018/19.
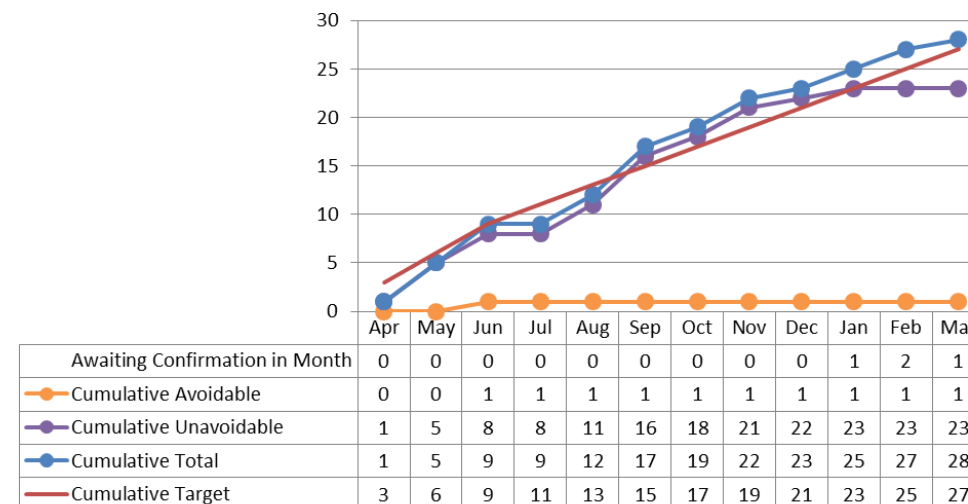
It is the added Community Onset Hospital Acquired that has put us over trajectory.
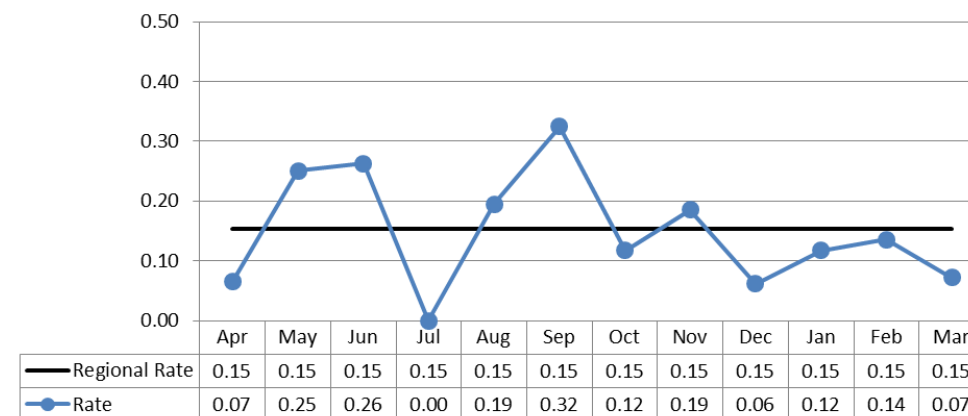
Improvement actions include:

- 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.

Trust rate is below the regional rate in March 2020 at 0.07

Clostridium Difficile Toxin Positive Cases Report Within the Trust April 2019 to March 2020

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Awaiting Confirmation in Month	0	0	0	0	0	0	0	0	0	1	2	1
Cumulative Avoidable	0	0	1	1	1	1	1	1	1	1	1	1
Cumulative Unavoidable	1	5	8	8	11	16	18	21	22	23	23	23
Cumulative Total	1	5	9	9	12	17	19	22	23	25	27	28
Cumulative Target	3	6	9	11	13	15	17	19	21	23	25	27

C. Diff Rate per 1,000 Occupied Bed Days Apr-19 - Mar-20

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Regional Rate	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15
Rate	0.07	0.25	0.26	0.00	0.19	0.32	0.12	0.19	0.06	0.12	0.14	0.07

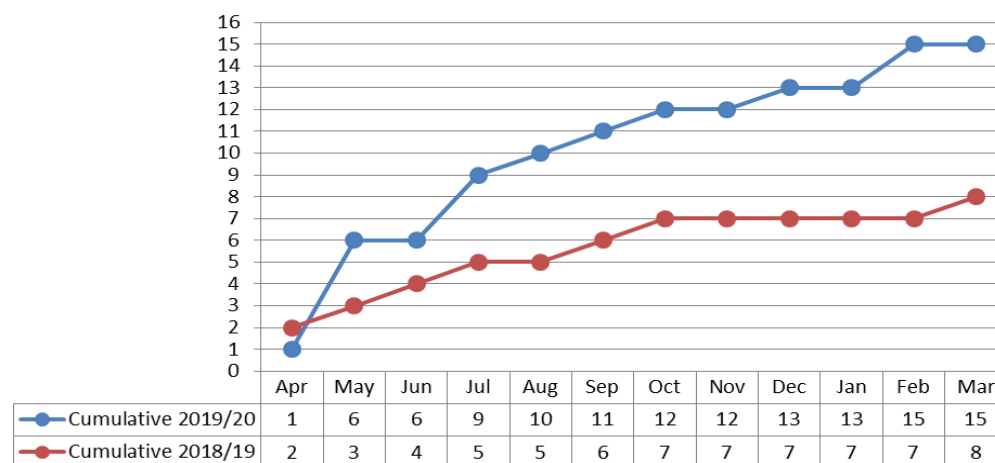| Description	Aggregate Position		Trend

MSSA Cases.

In this financial year there have been 15 confirmed MSSA cases reported, all are unavoidable.

In March 2020, the rate of MSSA was 0.00 per 1,000 occupied bed days as there were no cases reported
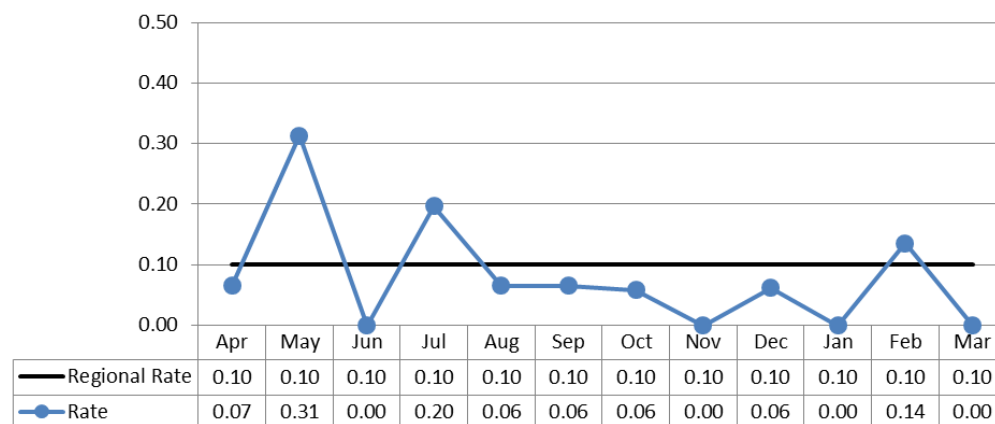
The regional rate is based at 0.10.

MSSA cases are reviewed by Consultant Microbiologist and a senior IPCP.

MSSA cases reported within the Trust April 2019 to March 2020

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Cumulative 2019/20	1	6	6	9	10	11	12	12	13	13	15	15
Cumulative 2018/19	2	3	4	5	5	6	7	7	7	7	7	8

MSSA Rate per 1,000 Occupied Bed Days Apr-19 - Mar-20

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Regional Rate	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10
Rate	0.07	0.31	0.00	0.20	0.06	0.06	0.06	0.00	0.06	0.00	0.14	0.00

Board Papers – Quality, Safety & Experience Section: April 2020

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

E-Coli Cases.

In this financial year there have been 28 confirmed E-Coli cases reported. Of these cases 20 have been male; the national picture in 2018 was that slightly more females were identified as E.Coli than males.
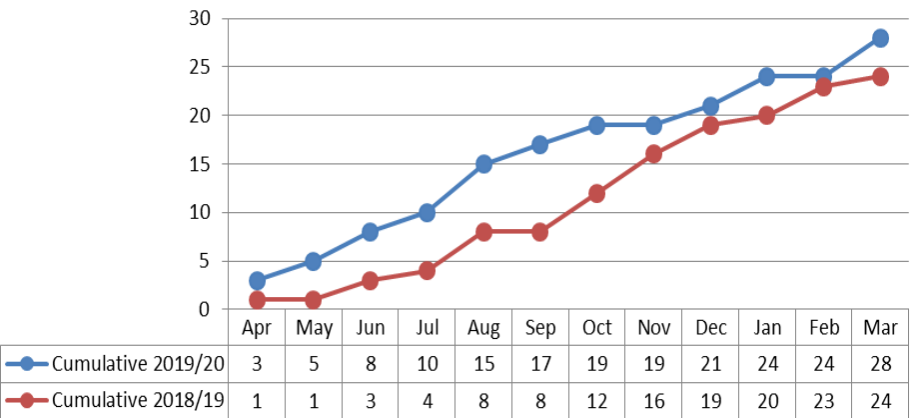
In March 2020, 4 E.Coli cases were reported

Actions to address E.Coli are;
- Post infection reviews and lessons learnt
- Introduction of a catheter passport across acute and community services.

In March, the rate of E.Coli was 0.29 per 1,000 occupied bed days.

The regional rate for E.Coli infections is 0.22.

E-Coli cases reported within the Trust April 2019 to March 2020

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Cumulative 2019/20	3	5	8	10	15	17	19	19	21	24	24	28
Cumulative 2018/19	1	1	3	4	8	8	12	16	19	20	23	24

E. Coli Rate per 1,000 Occupied Bed Days
Apr-19 - Mar-20

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Regional Rate	0.22	0.22	0.22	0.22	0.22	0.22	0.22	0.22	0.22	0.22	0.22	0.22
Rate	0.20	0.13	0.20	0.13	0.32	0.13	0.12	0.00	0.12	0.18	0.00	0.29
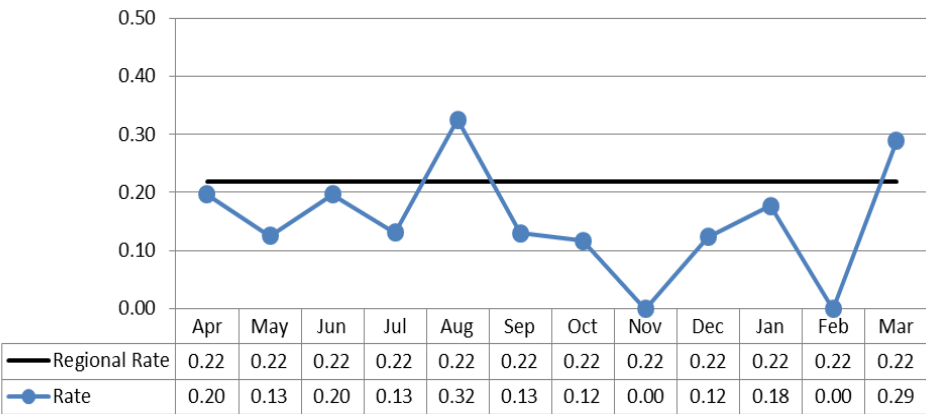
Board Papers – Quality, Safety & Experience Section: April 2020

CQUIN 2019-20 Performance

CQUIN & LEAD(S)	CQUIN Description	RAG Status Q1	RAG Status Q2	RAG Status Q3	RAG Status Q4	% of CQUIN	Financial Value
Prevention of Ill health							
Indicator 1a Antimicrobial Resistance – Lower Urinary Tract Infections in Older People **(Minimum 60% - Maximum 90%)**	Achieving 90% of antibiotic prescriptions for lower UTI in older people meeting NICE guidance for lower UTI (NG109) and PHE Diagnosis of UTI guidance in terms of diagnosis and treatment.	NOT REQUIRED	✖ £0	✖ £0		Q2 = 33% Q3 = 33% Q4 = 34%	£223,517 £74,506 £74,506 £74,506
Indicator 1b Antibiotic Prophylaxis in Colorectal Surgery **(Minimum 60% - Maximum 90%)**	Achieving 90% of antibiotic surgical prophylaxis prescriptions for elective colorectal surgery being a single dose and prescribed in accordance to local antibiotic guidelines.	✔ **Partially** £31,665	✔ **Partially** £40,978	✖ £0		Q1 = 25% Q2 = 25% Q3 = 25% Q4 = 25%	£223,517 £55,879 £55,879 £55,879 £55,879
Indicator 2 Improving the uptake of flu vaccinations for frontline clinical staff **(Minimum 60% - Maximum 80%)**	Achieving an 80% uptake of flu vaccinations by frontline clinical staff.	NOT REQUIRED	NOT REQUIRED	NOT REQUIRED		Q4 = 100% Q4 = 100%	MCHFT £447,030 CCICP £184,318
Indicator 3a Alcohol and Tobacco Screening **(Minimum 40% - Maximum 80%)**	Achieving 80% of inpatients admitted to an inpatient ward for at least one night who are screened for both smoking and alcohol use.	✔ £37,253	✔ £37,253	✔ £37,253		Q1 = 25% Q2 = 25% Q3 = 25% Q4 = 25%	£149,011 £37,253 £37,253 £37,253 £37,253

Indicator 3b Alcohol and Tobacco – Tobacco Brief Advice (Minimum 50% - Maximum 90%)	Achieving 90% of identified smokers given brief advice.	✓ **Partially** £6,054	✓ **Partially** £12,293	✗ £0		Q1 = 25% Q2 = 25% Q3 = 25% Q4 = 25%	£149,011 £37,253 £37,253 £37,253 £37,253
Indicator 3c Alcohol and Tobacco – Alcohol Brief Advice (Minimum 50% - Maximum 90%)	Achieving 90% of patients identified as drinking above low risk levels, given brief advice or offered a specialist referral.	✓ **Partially** £25,425	✓ **Partially** £13,970	✓ **Partially**		Q1 = 25% Q2 = 25% Q3 = 25% Q4 = 25%	£149,011 £37,253 £37,253 £37,253 £37,253
Patient Safety							
Indicator 7 **3 high impact actions to prevent hospital falls** (Minimum 25% - Maximum 80%)	Achieving 80% of older inpatients receiving key falls prevention actions are met and recorded: 1. Lying and standing blood pressure recorded at least once. 2. No hypnotics or antipsychotics or anxiolytics given during stay OR rationale for giving hypnotics or antipsychotics or anxiolytics documented (British National Formulary defined hypnotics and anxiolytics and antipsychotics). 3. Mobility assessment documented within 24 hours of admission to inpatient unit stating walking aid not required OR walking aid provided within 24 hours of admission to inpatient unit.	NOT REQUIRED	✓ **Partially** £38,472	✓ **Partially**		Q2 = 33% Q3 = 33% Q4 = 34%	£447,030 £149,010 £149,010 £149,010

Best Practice Pathways							
Indicator 9 **Six Month Reviews for Stroke Survivors** **(Minimum 35% - Maximum 55%)** **Community only**	Achieving 55% of eligible stroke survivors receiving a six month follow up within 4-8 months of their stroke.	✔ £46,079	✔ £46,079	✔ £46,079		Q1 = 25% Q2 = 25% Q3 = 25% Q4 = 25%	£184,318 £46,079 £46,079 £46,079 £46,079
Indicator 11a **Same Day Emergency Care – Pulmonary Embolus** **(Minimum 50% - Maximum 75%)**	Achieving 75% of patients with confirmed pulmonary embolus being managed in a same day setting where clinically appropriate.	✔ **Partially** £5,662	✖ £0	✔ **Partially**		Q1 = 25% Q2 = 25% Q3 = 25% Q4 = 25%	£149,011 £37,253 £37,253 £37,253 £37,253
Indicator 11b **Same Day Emergency Care – Tachycardia with Atrial Fibrillation** **(Minimum 50% - Maximum 75%)**	Achieving 75% of patients with confirmed atrial fibrillation being managed in a same day setting where clinically appropriate.	✔ **Partially** £14,156	✔ **Partially** £7,451	✔ **Partially**		Q1 = 25% Q2 = 25% Q3 = 25% Q4 = 25%	£149,011 £37,253 £37,253 £37,253 £37,253
Indicator 11 c **Same Day Emergency Care – Community Acquired Pneumonia** **(Minimum 50% - Maximum 75%)**	Achieving 75% of patients with or confirmed Community Acquired Pneumonia should be managed in a same day setting where clinically appropriate.	✖ £0	✖ £0	✖ £0		Q1 = 25% Q2 = 25% Q3 = 25% Q4 = 25%	£149,011 £37,253 £37,253 £37,253 £37,253
Specialist Commissioning - Hospital Pharmacy Transformation and Medicines Optimisation							
1. **Chemotherapy Waste** 2. **Best Value Medicine2**	Information below. Not required by NHSE until Sep 19	✔ ✔ £9,670	✔ ✔ £9,670	✔ ✔ £9,670		Q1 = 25% Q2 = 25% Q3 = 25% Q4 = 25%	£38,680 £9,670 £9,670 £9,670 £9,670

All Schemes	Achieved	Target	Variance
Q1	£175,965	£335,146	-£159,181
Q2	£206,166	£558,663	-£352,497
Q3			
Total to date	£382,131	£893,809	-£511,678

Status:

Achieved in Quarter

Failed in Quarter

Milestones not set for this quarter

Data not available yet

No payment available for this quarter

Partially achieved

On Track

Board Papers – Quality, Safety & Experience Section: April 2020

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

Safety Thermometer - Harm Free Care.

In March 2020, 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 has now been stood down.

Percentage of patients with Harm Free Care Safety Thermometer

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
MCHFT	98%	97%	98%	97%	98%	96%	97%	98%	97%	97%	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
Qualified and Unqualified Nursing Staff Rota Fill Rates (Safe Staffing)	From 1st April 2020, NHS England have suspended the national requirement to report monthly safe staffing figures. However, MCHFT have made a decision to report an overview of the percentage fill rate for both Registered Nurses and unregistered HCA's. The data in the table on page 23 looks different in March 2020 due to Covid 19 ward moves that have taken place. Staffing numbers have flexed in the Covid and surveillance areas to meet patient demand which has fluctuated. The reasons that the data looks different are recorded below: • AMU demand template increased at the beginning of the month for surveillance then returned to AMU and then closed • Critical care Pod 2 new large demand template a small % filled as this has flexed due to clinical requirements • Ward 10/ 9 merged but not reflected in the data • Ward 13/15 merged but not reflected in the data • Ward 12 SAU and SSW merged and moved to ward 18 • Ward 5 has moved to 18 then 7 then reopened on 5 as Covid this is not reflected in the data • Ward 19 closed and moved to South Cheshire not in the data • Ward 7 re opened as 3rd Covid ward mid-month • Ward 23 and 26 demand templates increased due to Maternity transfer from Macclesfield	

Board Papers – Quality, Safety & Experience Section: April 2020

Ward Name	Day Qualified Planned	Day Qualified Actual	Day Unqualified Planned	Day Unqualified Actual	Night Qualified Planned	Night Qualified Actual	Night Unqualified Planned	Night Unqualified Actual	Day Qualified Fill Rate	Day Unqualified Fill Rate	Night Qualified Fill Rate	Night Unqualified Fill Rate
MCHFT	44,692.82	36,795.92	35,833.42	28,599.85	31,561.12	25,890.58	22,740.23	18,789.08	**82.33%**	**79.81%**	**82.03%**	**82.62%**
Acute Medical Unit	2,028.75	1,774.75	2,410.75	2,146.00	1,824.00	1,659.50	1,559.00	1,416.00	87%	89%	91%	91%
Child & Adolescent Unit	3,370.75	2,548.75	1,381.50	1,238.25	1,960.33	1,812.08	517.50	467.33	76%	90%	92%	90%
Critical Care - Pod 1	4,183.25	3,713.25	675.50	447.50	3,800.50	3,214.50	0.00	0.00	89%	66%	85%	100%
Critical Care - Pod 2	1,188.00	120.00	1,296.00	24.00	1,188.25	72.25	1,308.00	48.00	10%	2%	6%	4%
Elmhurst	755.50	753.00	2,380.30	2,266.80	732.00	712.00	1,671.48	1,582.00	100%	95%	97%	95%
Midwifery Led Unit	749.50	724.33	0.00	0.00	744.20	723.42	0.00	0.00	97%	100%	97%	100%
NICU Ward 22	1,706.42	1,453.45	729.22	359.88	1,331.83	1,033.33	333.25	323.75	85%	49%	78%	97%
Ward 1 Coronary Care	2,195.50	2,153.50	1,466.00	1,078.25	1,536.00	1,440.50	767.50	756.50	98%	74%	94%	99%
Ward 10 Ortho Trauma	2,406.50	2,001.00	3,001.00	2,494.00	1,116.00	1,044.00	2,088.00	1,752.00	83%	83%	94%	84%
Ward 11 Surveillance	2,013.75	1,696.75	2,131.50	1,575.00	1,464.00	1,139.00	1,944.00	1,440.00	84%	74%	78%	74%
Ward 13 Vascular & Colorectal	2,370.50	2,073.25	1,734.00	1,464.00	1,140.00	1,090.75	1,236.00	1,024.00	87%	84%	96%	83%
Ward 14 Gastroenterology	1,669.50	1,361.00	1,830.00	1,918.50	1,188.00	1,043.50	1,416.00	1,332.00	82%	105%	88%	94%
Ward 15 Female Ward	2,090.75	1,953.00	1,671.00	1,366.58	1,260.00	1,235.50	1,116.00	1,038.00	93%	82%	98%	93%
Ward 18 SAU	1,454.50	1,364.50	1,150.50	894.00	876.00	720.00	768.00	661.00	94%	78%	82%	86%
Ward 18 Surgical Speciality	1,265.50	1,185.00	1,027.00	878.50	768.00	728.00	492.00	480.00	94%	86%	95%	98%
Ward 2 Covid	1,839.00	1,213.50	2,210.00	1,319.00	1,440.00	958.58	1,428.00	910.67	66%	60%	67%	64%
Ward 21b Rehabilitation	1,240.25	1,021.25	2,465.50	2,186.50	756.00	719.00	1,044.00	1,020.00	82%	89%	95%	98%
Ward 26 Labour	2,814.90	2,744.38	701.65	631.92	2,244.00	2,169.67	372.00	372.33	97%	90%	97%	100%
Ward 4 Elderly	1,819.00	1,503.33	2,136.00	1,884.50	780.00	671.00	1,559.50	1,430.00	83%	88%	86%	92%
Ward 5 Respiratory	2,219.50	713.00	0.00	18.00	1,500.00	480.00	0.00	12.00	32%	100%	32%	100%
Ward 6 Rehab	1,754.50	1,607.42	2,090.00	1,871.67	1,560.00	1,210.00	924.00	892.50	92%	90%	78%	97%
Ward 7 Covid	2,394.50	2,043.00	2,039.50	1,440.00	1,620.00	1,258.00	1,224.00	1,027.00	85%	71%	78%	84%
Ward 9 Ortho Elective	1,162.50	1,074.50	1,306.50	1,097.00	732.00	756.00	972.00	804.00	92%	84%	103%	83%

Experience Section:

Indicators	YTD 19/20	Dec-19	Jan-20	Feb-20	Mar-20
Complaints received by month	261	21	21	20	20
Complaints being reviewed by the Ombudsman	6	1	2	1	0
Closed complaints by month	265	23	30	29	20
Contacts raising informal concerns	992	57	99	81	87
Compliments received in month	5105	999	394	388	68
Number of new claims received in month	44	0	9	2	4
Number of claims closed	45	4	2	6	4
Number of inquests concluded	10	1	0	2	0
NHS Choices - Number of new postings	70	6	5	4	2
F&FT Response Rate ED, MIU, UCC and Assessment Areas*		15%	16%	15%	
Proportion of positive responses ED, MIU, UCC and Assessment Areas		86%	89%	91%	
F&FT Response Rate Inpatients and Daycases		33%	33%	32%	
Proportion of positive responses Inpatients and Daycases		94%	95%	95%	
F&FT Response Rate Outpatients		14%	23%	13%	
Proportion of positive responses Outpatients		93%	94%	95%	
F&FT Response Rate Maternity - Birth		22%	13%	24%	
Proportion of positive responses Maternity - Birth		100%	96%	98%	
F&FT Response Rate Community (CCICP)		7%	11%	7%	
Proportion of positive responses Community (CCICP)		93%	95%	95%	

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

Monthly formal complaints received by the Trust.

20 complaints were received in March 2020 which covered 76 concerns.
There were also 2 re-opened complaints.

The highest categories were:

- Communication with 23 concerns
- Medical with 18 concerns
- Nursing with 9 concerns

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

- Emergency Department – 4 complaints with 9 concerns
- General Surgery – 4 complaints with 8 concerns
- Ward 1 - 1 complaint with 6 concerns

Complaints received by month
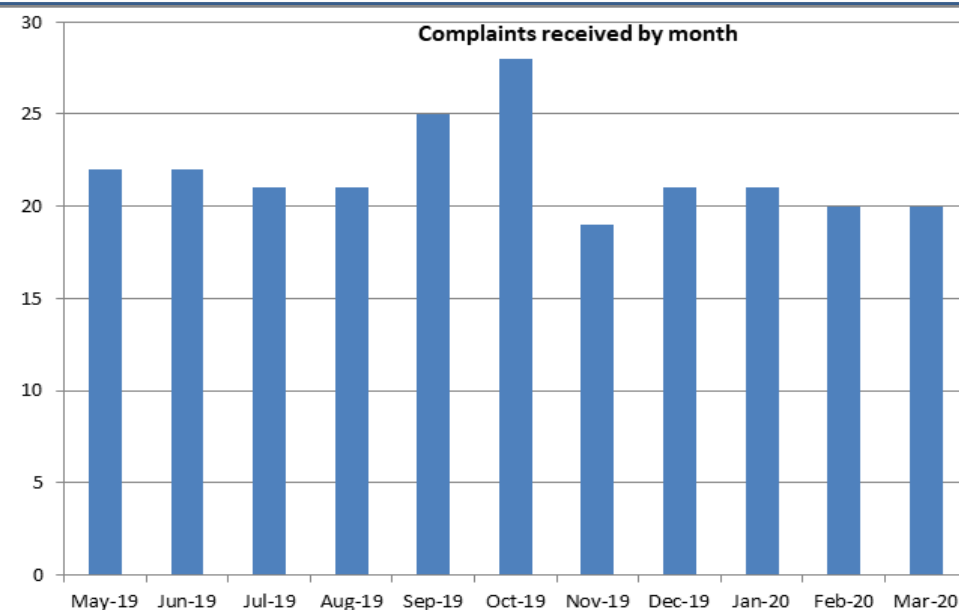
Number of formal complaint issues by division

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

CCICP:	6
CORP:	2
DMEC:	35
DCSS:	4
E&F:	2
S&C:	24
W&C:	3

Categories received by Division

Board Papers – Quality, Safety & Experience Section: April 2020

Description	Aggregate Position/Description	Trend

New complaints raised with the Public Health Service Ombudsman

In March 2020, there were no new complaints. There were 3 previous complaints which are at the assessment stage with the Parliamentary Health Service Ombudsman (PHSO) one for CCICP and DMEC and one for Corporate.

In the last rolling 12 months we have had 4 cases with the PHSO with 3 not upheld and one partially upheld. The PHSO has announced that due to the pressures relating to the COVID -19 pandemic the PHSO will not be accepting new health complaints or be progressing exisiting complaints when this requires contact with the health service or their clinical advisors. This will be kept under review.

New complaints raised with the Ombudsman

Complaint trends and number of issues.

The main trends in March 2020 were:-

Communication - 23 concerns raised over 12 complaints. 7 of these concerns were related to communication with patients face to face. 14 were related to the Division of Medicine and Emergency Care.

Medical Care - 18 concerns raised over 10 complaints. 5 of these concerns related to medical adverse outcome and diagnosis problems respectively. 10 belong to the Division of Medicine and Emergency Care.

Nursing Care - 9 concerns raised over 7 complaints. 4 of these concerns related to nursing other. 5 belong to the Division of Medicine and Emergency Care.

Complaint trends and number of issues

NHS
Mid Cheshire Hospitals
NHS Foundation Trust

Description	Aggregate Position/Description	Trend

Closed Complaints

In March 2020, 20 complaints were closed, 2 of which were re-opened complaints.

Closed complaints by month
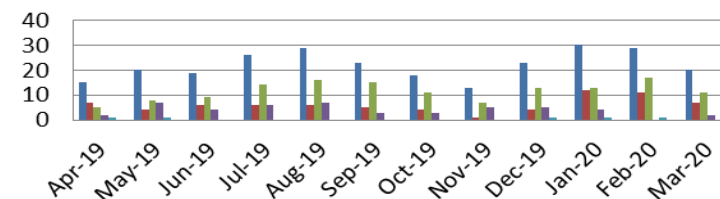
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Closed complaints by Month	15	20	19	26	29	23	18	13	23	30	29	20
Upheld	7	4	6	6	6	5	4	1	4	12	11	7
Partially Upheld	5	8	9	14	16	15	11	7	13	13	17	11
Not upheld	2	7	4	6	7	3	3	5	5	4	0	2
Withdrawn	1	1	0	0	0	0	0	0	1	1	1	0
Referred to HR	0	0	0	0	0	0	0	0	0	0	0	0

Closed complaints by Division

The table provides a breakdown of closed complaints for March 2020 by division.

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

Division	Upheld	Partially Upheld	Not Upheld	Withdrawn	Ref HR	Sub-Total
DMEC	5	5	0	0	0	10
Corporate	0	0	0	0	0	0
Surgery & Cancer	0	3	2	0	0	5
Women & Children's	0	1	0	0	0	1
DCSS	1	1	0	0	0	2
CCICP	0	1	0	0	0	1
Estates & Facilities	1	0	0	0	0	1
					Total Closed = 20	

Closed Complaints March 2020

Table removed under Section 40 of the Freedom of Information Act

Description	Aggregate Position/Description	Trend

Informal concerns numbers.

The number of contacts raising informal concerns was 87 raising 156 individual concerns.

The Division of Medicine and Emergency Care received the highest number of overall concerns at 52, with the Surgery and Cancer Division receiving 24.

The Emergency Department received the largest number of individual concerns with 16 raised from 8 contacts.

General Surgery received 9 concerns from 6 contacts.

Gastroenterology received 7 concerns from 5 contacts.

Contacts raising informal concerns
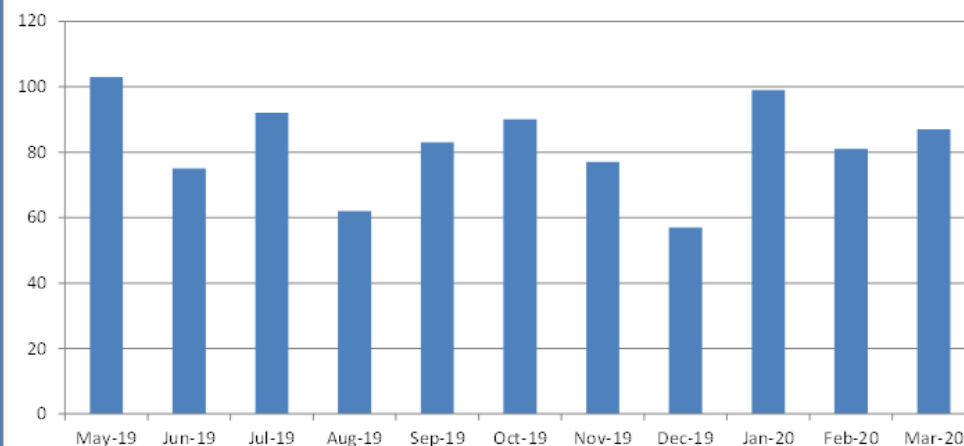
Informal concerns trends.

Communication and appointments were the highest trends for informal concerns in March 2020.

33 communication issues raised:

5 issues relate to General Surgery and Cardiology respectively and 3 issues to Gastroenterology and Ophthalmology respectively.

20 appointment issues raised:

5 issues related to Cardiology with 4 delayed appointments and 1 cancelled appointment. Overall, 12 issues related to a delay in appointments and 8 issues to cancelled appointments.

Trends of informal complaints
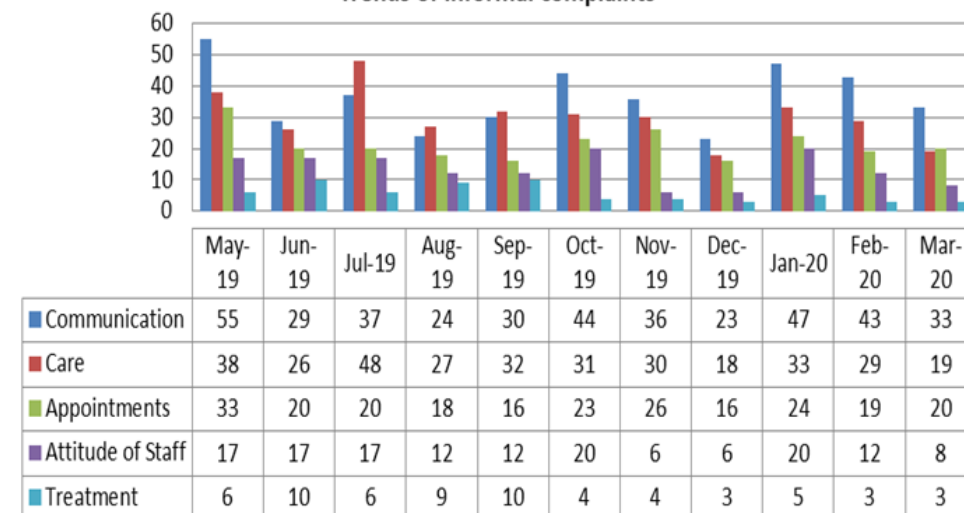
	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Communication	55	29	37	24	30	44	36	23	47	43	33
Care	38	26	48	27	32	31	30	18	33	29	19
Appointments	33	20	20	18	16	23	26	16	24	19	20
Attitude of Staff	17	17	17	12	12	20	6	6	20	12	8
Treatment	6	10	6	9	10	4	4	3	5	3	3

Board Papers – Quality, Safety & Experience Section: April 2020

Description	Aggregate Position/Description	Trend

New claims received.

In March 2020, 4 new clinical negligence claims were received.
These related to:

<u>Women and Children</u>
Obstetrics x 1
<u>Surgery and Cancer</u>
Urology x 1
<u>Medicine and Emergency Care</u>
General Medicine x 1
<u>CCICP</u>
Physiotherapy x 1

No new employer's liability or public liability claims were received.

New claims by month
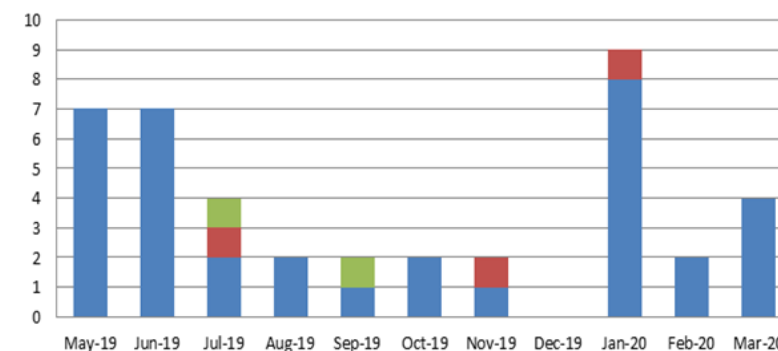
	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Public Liability	0	0	1	0	1	0	0	0	0	0	0
Employer's Liability	0	0	1	0	0	0	1	0	1	0	0
Clinical	7	7	2	2	1	2	1	0	8	2	4

Claims closed with/without damages.

In March 2020 the following claims 4 clinical negligence claims were closed, 3 of which were upheld.

Claims closed with/without damages by month
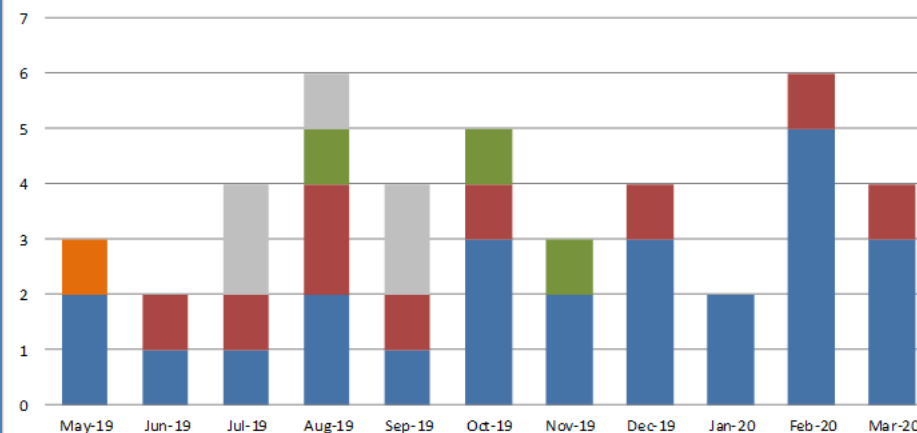
Legend: Clinical with damages · Clinical without damages · Employer's liability with damages · Public liability without damages · Employer's liability without damages

Description	Aggregate Position/Description	Trend

Value of claims closed by month

In March 2020 damages of £55,000 were paid out on 3 clinical negligence claims:

Narrative removed under Section 40 of the Freedom of Information act

Value of claims by month
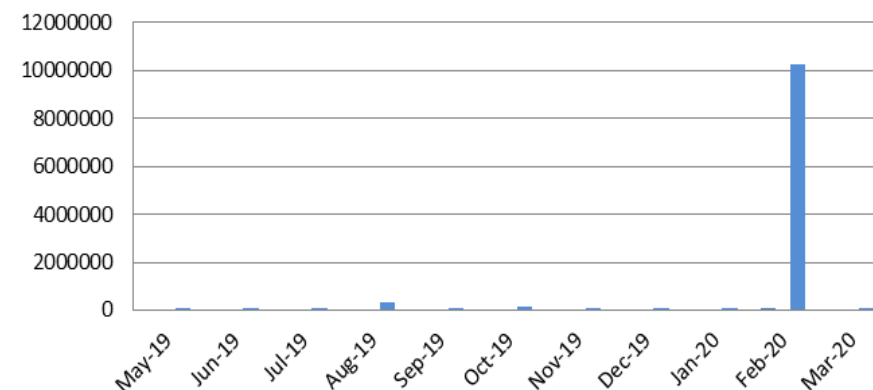
	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Clinical with damages	2	1	1	2	1	3	2	3	2	5	3
Clinical without damages	0	1	1	2	1	1	0	1	0	1	1
Clinical damages paid £	46,250	£16,288	50,000	315,153	50,000	137,500	13,750	56,500	£29,768	10,253,3	55,000

Top five claims by Specialty

In March 2020, 1 new claim was received which relates to the Trust's top five specialties for claims.

Narrative removed under Section 40 of the Freedom of Information Act

Top five claims by speciality
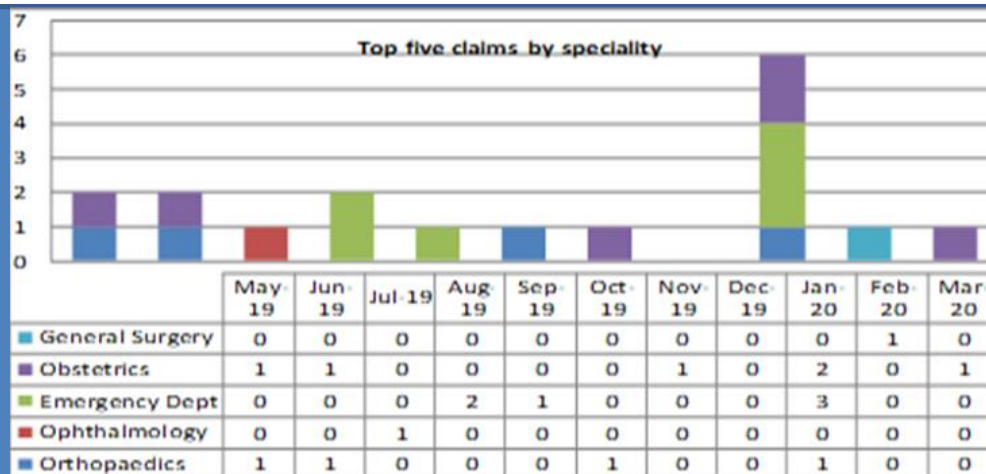
	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
General Surgery	0	0	0	0	0	0	0	0	0	1	0
Obstetrics	1	1	0	0	0	0	1	0	2	0	1
Emergency Dept	0	0	0	2	1	0	0	0	3	0	0
Ophthalmology	0	0	1	0	0	0	0	0	0	0	0
Orthopaedics	1	1	0	0	0	1	0	0	1	0	0

Description	Aggregate Position /Description	Trend

Number of Inquests concluded by month

No inquests were concluded in March 2020.

Inquests concluded by month
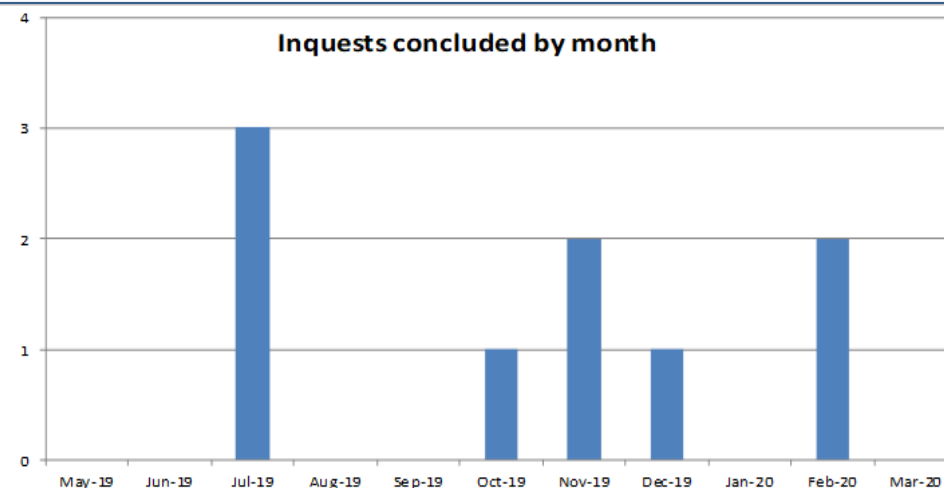
NHS Choices postings

There were 2 postings on NHS Choices in March 2020, both of which were positive with regards to the care received. There were no negative postings relating to the Trust.

"Treatment at the treatment centre was great, with caring, kind staff and nothing was too much trouble for them!! But the parking situation is just getting worse each time you visit the hospital!! Needs sorting fast!"

"I stayed on Ward 9 following a total knee replacement and from the treatment centre to the ward I cannot praise the staff enough for their excellent care and treatment. Nothing was too much trouble for anyone and despite being very busy nothing was too much trouble and everything was explained to us all. In the days of everyone complaining about our NHS I feel we should show some positive feedback. Many thanks to everyone."

NHS Choices - New postings

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Positive	3	1	7	9	6	7	2	11	6	5	4	2
Negative	1	0	0	3	2	1	0	0	0	0	0	0

Description	Aggregate Position /description	Trend
Compliments received	There were 68 compliments received in March 2020. 43 of these were logged by the Customer Care Team and 25 received across the Trust. "To the fantastic people at the SNAPS team. I want to say what a fabulous job they are doing for patients with stomas. Since they took over the issuing of prescriptions for our stoma supplies, life has been so much easier and less stressful than the days when we had to go to the GP. Thank you so much to the team for all they do for us." "I would like to say, with all that is going on with the virus, my young daughter had an appointment for a breast lump and you managed to get her in because of her history. I stayed in the car so as not to have another person in the hospital, so your lovely nurse walked her out to me which was lovely. All the team were kind and caring in this very difficult time."	**Total number of compliments received**

The Family and Friends Test.	In March 2020 the Trust received the following advice from NHS England regarding NHS Friends and Family Test during the COVID -19 pandemic:- • Community services: "Cease data submission and collection with immediate effect." • Primary care: "Practices will not be required to report to commissioners about FFT results." • Acute providers: "Stop reporting requirement to NHS England and NHS Improvement." The measures are intended to allow for staff resources to be diverted towards more immediate priorities during the COVID -19 pandemic. The Trust continues to share feedback received from the text messaging service locally with the areas involved

Title of Paper:	Guardian of Safe Working Hours Report (Q4)	
Author:	Derek Pegg, Guardian of Safe Working Hours	
Executive Lead:	Heather Barnett, Director of Workforce and OD	
Type of Report:	Concept Paper	
	Strategic Options Paper	
	Business Case	
	Information	✓
	Review/Benefits/Audit	

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

Link to Board Responsibility:	Performance	
	Accountability	✓
	Strategy	
	Implementation	

Action Required:	Decide	
	Approve	
	Note	✓
	Recommend	
	Delegate	

Positive Benefit:	Assurance that our Junior Doctors are working in accordance with the agreed Contract	
Risk:	Common themes associated with exception reports	
To be published on Trust Website –complete version		Yes
If no, to be published on Trust Website – redacted		n/a
If not to be published complete or redacted, please detail the reason why		n/a
Presented at Board Meeting of:		4 May 2020

Report from the

Guardian of Safe Working Hours

1ˢᵗ January 2020 – 31ˢᵗ March 2020

1. Introduction

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

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

2. Current Position

Since the new Junior Doctor's Contract went live in October 2016, the Trust has assimilated Doctors in Training on to the Contract in accordance with the schedules set out in the final contract agreement.

The trust currently has 165 'training grade' posts. All these posts are now on the 2016 TCS with the final transitions to the 2016 TCS taking effect from 5ᵗʰ February 2020.

As plans intensify across the health and social care system to respond to the increased demands caused by the COVID 19 pandemic there are challenges in having fully staffed rotas for Junior Doctors this puts added stress onto a system already struggling with a fluctuating and generally ever increasing demand. However, the gaps are currently either filled with locums from our internal or agency locums and trainees who have been brought back "in house" from GP practises or in some cases from OOP. This will minimise the risk to safety of the patients when provision of care is at full stretch.

NHS Employers and the BMA agreed a number of changes to the 2016 Terms and Conditions of Service for the junior doctors. In February 2020 phase 3 of the amendments were implemented. The Final phase in August 2020 will see further changes being required to some rotas in order to comply fully with the amendments made to the Terms and Conditions of Service.

3. Exception Reporting

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

During the period **1ˢᵗ January** to **31ˢᵗ March 2020** a total of **4** exception reports were received from **2** trainee doctors and the following table is a summary of those exceptions:

Reference	Summary of Exception	hours to be paid	Pay Cost (x1.5)	Fine Cost (x2.5)
76247	Late finish	2.0	39.80	n/a
75058	Late finish	1.5	29.86	n/a
75057	Late finish	2.0	39.80	n/a
75056	Late finish	NAR		
Total Cost to the Trust for the Reporting Period				**£69.67**

Of the **4** reported exceptions **1** was highlighted as an 'immediate safety concern'. All **4** were closed **1** with "no action required" and **3 with "payment" at plain time being granted due to the unprecedented situation with COVID 19 and the doctors not having the opportunity to take TOIL because of this.**

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

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

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

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

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

	Fine Costs
Running Total Fines to Date for Q1- Q4	£30.13

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

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

Monthly Exception Report Trends 2017-2019

4. Conclusion

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

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

The overall trend is currently a reduction in exception reporting. This is likely to be multifactorial. While there remains continued stress on the NHS as a whole, this picture could change with the current situation and COVID 19.

Derek Pegg
31.03.20

Board of Directors Performance Report

March 2020

"To Deliver Excellence in Healthcare through Innovation & Collaboration"

Introduction

Performance Report

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

The Monthly Performance Report will focus upon delivery of service improvements within 3 key domains:
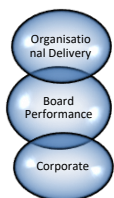
The delivery of the service improvements within the 3 key domains are also reflected in the Board Assurance Framework which identifies where the organisation has insufficient assurance in delivering the strategic objectives of the organisation.

Within this Performance Report the indicators within each domain are presented on a summary page with the current month and year to date performance given. All indicators are measured against a NHS Improvement, national, peer or locally agreed target. A further analysis of all measures within each domain is then provided with supporting trend information and narrative. Performance against each indicator is rated as either red/green against the year to date or single month/quarter target as appropriate. Supporting narrative is provided on an exception basis.

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

James Sumner
Chief Executive

Contents

Headline Measures

Organisational Delivery

Indicator	Standard	YTD	Mar-20	
Cancer				
Rapid Access Referrals (%) *(seen in 2 wks)*	93.00%	97.41%	98.15%	
Total Patients Seen		12,077	975	
Patients seen >14 days		313	18	
62 day GP Classic (%)	85.00%	86.22%	86.13%	*
Accountable Patients Treated		871	87	
No. of Breached Pathways (adjusted)		120	12	
62 day Screening (%)	90.00%	89.29%	92.59%	*
Accountable Patients Treated		154	14	
No. of Breached Pathways (adjusted)		17	1	

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

Unplanned Activity	Standard	YTD	Mar-20
4 Hour Access Standard (%)	95.00%	76.79%	86.03%
A&E Attendances (LH/MIU/UUC) (% to plan)		95.55%	71.42%
A&E Attendances LH & MIU (Vol)		96,813	6,373

Planned Activity	Standard	YTD	Mar-20
Incomp Pathways <18wk (%)	92.00%	91.36%	87.69%
>6wk Diagnostic Waits (%)	1.00%	3.16%	6.32%
Total Patients Waiting for a First Outpatient Appointment			9,801

Indicator	Standard	YTD
Workforce		
Sickness absence Rolling 12 Month		4.91%
Turnover Rolling 12 Month		9.00%

Corporate

Indicator	YTD Rating Plan	YTD Rating Actual	YE Rating Forecast	YE Metric Plan	YE Metric Forecast
Finance					
Use of Resource Rating	3	3	3		
Capital Service Capacity	4	3	3	0.61	1.69
Liquidity	3	4	4	-13	-14
I&E Margin	3	2	2	-0.70%	0.00%
Distance from Financial Plan	1	1	1	0.00%	0.70%
Agency Spend	1	3	3	-15.00%	-38.00%

	YTD Target	YTD Actual	YTD Variance	FY Target	FY Forecast	FY Variance
Financial Position (£000's)	-2,334	-2,317	17	-2,334	-2,317	17
Cost Improvement Schemes Total (£000's)	5,342	4,298	-1,044	5,342	4,298	-1,044
Commission Contact Income SC & VR (£000's)	200,986	202,378	1,393			
Contract Income (£'000)	239,959	251,039	11,080			
Pay to Budget (£000's)	-186,846	-195,882	-9,036			
Non Pay to Budget (£000's)	-72,815	-77,343	-4,528			
Agency Trajectory (£000's)	-5,668	-7,839	-2,171			

In March the key metrics delivered were:

1. 2WW Rapid Access Cancer at 98.15% against a target of 93%
2. 62 Day Classic Cancer at 86.13% against a target of 85%
3. 62 Day Screening Cancer at 92.59% against a target of 90%.

The key metrics not delivered were:

1. Six weeks diagnostic at 6.32% against a 1% threshold
2. 4hr Emergency Access at 86.03% against a target of 95%
3. RTT Open Pathways at 87.69% against a target of 92% (intermin position)

The final UoRR metric is 3, which is as expected.

The initial final reported position was cumulatively £17k better than the control total, which is an in month improvement of £64k. By meeting the control total, the Trust will receive the final quarter of the Provider Sustainability Fund (£1.5m) which is as forecast. However since the final position has been reported to PAF the Trust has been notified it will also receive £2.367m of additional deficit reduction financial recovery funding - which means that the Trust has made a full year surplus of £0.407m including exceptional items

The improvement is as expected within March, in spite of the considerable challenge that the coronavirus has presented to the trust – to date the Trust has spent £1.2m which has been funded by regulators, as part of the support to the NHS.

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

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.	
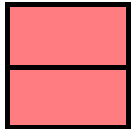
The Trust's operational trigger rating continues as RED as a result of failure of a primary target during the year (A&E 95% 4 hour Access Standard).

The Trust has achieved a Use of Resource rating of 3, which is as expected.

Operational Performance

	Current YTD		Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Monthly Trend
	Target	**Actual**														
Maximum 6 week wait for Diagnostic procedures	1%	3.16%	0.76%	0.64%	9.34%	7.76%	4.04%	3.05%	0.95%	0.84%	0.72%	1.79%	0.94%	1.05%	6.32%	
All Cancers: 62 day GP Classic (%) *	85%	86.22%	85.60%	86.62%	86.09%	86.18%	86.45%	86.72%	88.89%	86.67%	85.11%	86.17%	85.54%	83.82%	86.13%	
All Cancers: 62 day Screening (%) *	90%	89.29%	95.45%	90.00%	90.00%	61.11%	96.77%	90.48%	85.00%	79.41%	100.00%	100.00%	94.44%	86.11%	92.59%	
18 weeks from point of referral to treatment - patients on an incomplete pathway (%)	92%	91.36%	90.67%	91.05%	91.67%	92.07%	92.09%	92.00%	92.46%	92.08%	92.19%	91.29%	90.98%	90.68%	87.69%	
A&E - maximum waiting time of 4 hours from arrival to admission/transfer/discharge (%)	95%	76.79%	80.41%	79.90%	78.26%	80.60%	78.98%	78.02%	77.36%	75.50%	71.82%	68.01%	69.45%	79.17%	86.03%	
STF Trajectory			90.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%				
Provider Submitted Trajectory													83.60%	88.10%	95.00%	

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

Financial & Resource

		Unit	YE Plan	YE Forecast	YE Rating	YTD Rating
Financial Sustainability	Capital Service Capacity	0.0x	0.61	1.69	3	3
	Liquidity	days	-13	-14	4	4
Financial Efficiency	I&E Margin	%	-0.70%	0.00%	2	2
Financial Controls	Distance from Financial Plan	%	0.00%	0.70%	1	1
	Agency Spend	%	-15.00%	-38.00%	3	3
Overall UOR Rating					3	3

Operational Delivery: *Cancer Pathway*

Headline Measures

	Current YTD		Rolling 13 months													
	Target	**Actual**	**Mar 19**	**Apr 19**	**May 19**	**Jun 19**	**Jul 19**	**Aug 19**	**Sep 19**	**Oct 19**	**Nov 19**	**Dec 19**	**Jan 20**	**Feb 20**	**Mar 20**	**Monthly Trend**
Rapid Access Referrals (%) (seen in 2 wks)	93%	97.41%	97.69%	95.83%	97.65%	96.99%	96.60%	98.20%	97.39%	98.28%	97.76%	97.07%	97.84%	97.31%	98.15%	
Total Patients Seen		12077	996	1030	980	963	1207	1000	1036	1048	936	888	974	1040	975	
Patients seen >14 days		313	23	43	23	29	41	18	27	18	21	26	21	28	18	
% seen within 7 days		0.0%	30.5%	30.3%	39.4%	37.6%	38.2%	43.3%	54.7%	59.3%	46.3%	44.0%	56.5%	38.7%	36.2%	
62 day GP Classic (%) *	85%	86.22%	85.60%	86.62%	86.09%	86.18%	86.45%	86.72%	88.89%	86.67%	85.11%	86.17%	85.54%	83.82%	86.13%	

* Provisional figures subject to change depending

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

Commentary

The Trust has achieved all three headline cancer standards during the month of March 2020. The figures presented in this paper reflect the Trust's regulatory performance measures adjusted figures that take into account breach reallocation between providers.

The Trust has continued it's strong performance against the Rapid Access referrals standard, achieving 98.15% for March.
The 62 Day GP Classic standard has achieved the 86.13% in March.
The 62 day Screening standard has reached 92.59% performance in March.

Primary Measures

All Referrals with Breast Symptoms seen within 2 weeks

All Cancers: 31 day wait from diagnosis to first treatment

62 day Screening

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

Legend: Number Seen | % | Target

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

Legend: Number Seen | % | Target

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

Legend: Number Seen | % | Target

Operational Delivery: *Unplanned Activity - A&E*

Headline Measures

	Current YTD		Rolling 13 months													
	Target	Actual	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Monthly Trend
A&E - >4 hr wait time from arrival to admission/ transfer/ discharge (% to Target)	95%	76.79%	80.41%	79.90%	78.26%	80.60%	78.98%	78.02%	77.36%	75.50%	71.82%	68.01%	69.45%	79.17%	86.03%	
No. of 4hr breaches		22,473	1,574	1,642	1,822	1,559	1,879	1,892	1,913	1,991	2,288	2,586	2,443	1,568	890	

	Plan	Actual	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Monthly Trend
A&E Attendances (LH/MIU/UUC) (% to Plan)		95.55%	95.4%	100.4%	95.2%	96.3%	103.3%	105.6%	102.9%	95.2%	99.2%	90.9%	93.5%	94.9%	71.4%	
A&E Attendances (LH/MIU/UUC) (No.)	95,336	96,813	8,034	8,169	8,382	8,036	8,937	8,607	8,450	8,128	8,120	8,085	7,998	7,528	6,373	

			Actual	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Monthly Trend
A&E Attendance Case Mix *(based on acuity score)*	*Major*		26,342	2,341	2,351	2,540	2,235	2,407	2,263	2,347	2,155	2,082	2,040	2,066	2,131	1,725	
	Minor		35,888	2,855	3,166	3,040	3,045	3,559	3,593	3,212	2,852	2,823	2,852	2,940	2,669	2,137	
	Paediatrics		19,045	1,702	1,587	1,680	1,686	1,739	1,363	1,721	1,745	1,745	1,624	1,428	1,421	1,306	
	Resus		15,501	1,126	1,063	1,121	1,070	1,231	1,385	1,168	1,374	1,467	1,567	1,560	1,299	1,196	

			Actual	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Monthly Trend
A&E Attendance Location *(based on Discharge)*	*Major*		38,320	3,317	3,245	3,405	3,142	3,320	3,277	3,134	2,984	3,071	3,220	3,559	3,188	2,775	
	Minor		37,109	2,801	3,123	3,111	3,039	3,677	3,788	3,394	3,182	3,069	2,991	2,818	2,773	2,144	
	Paediatrics		19,045	1,702	1,587	1,680	1,686	1,739	1,363	1,721	1,745	1,745	1,624	1,428	1,421	1,306	
	Resus		2,302	204	212	185	169	200	176	199	215	232	248	189	138	139	

Commentary

The Trust has achieved 86.03% against the 4-hour access standard in March 2020, a significant increase in performance due to the reduction in patients attending A&E during March.

As a result of the Coronovirus pandemic, A&E attendances were the lowest in over two years. Patients waiting more than 4 hours to be seen is also significantly lower than previous months, at 890 for March.

The Non Elective admission rate has increased in March to 43.80%, the Non Elective spells are lower than plan at 90.16%.

Primary Drivers

Admissions - Non Elective Spells (exc Maternity)

Delayed Discharges
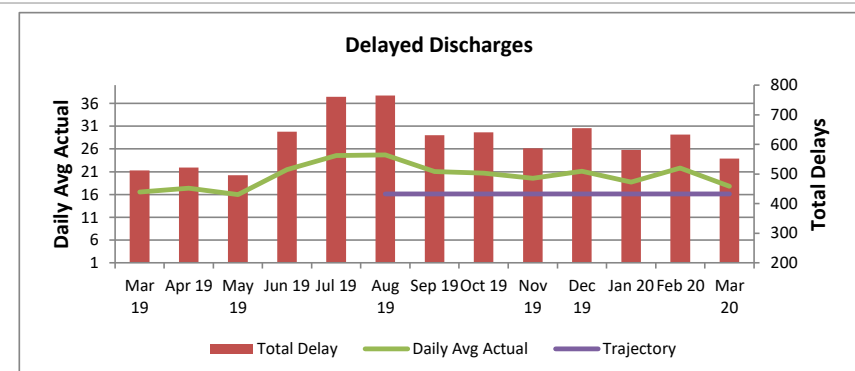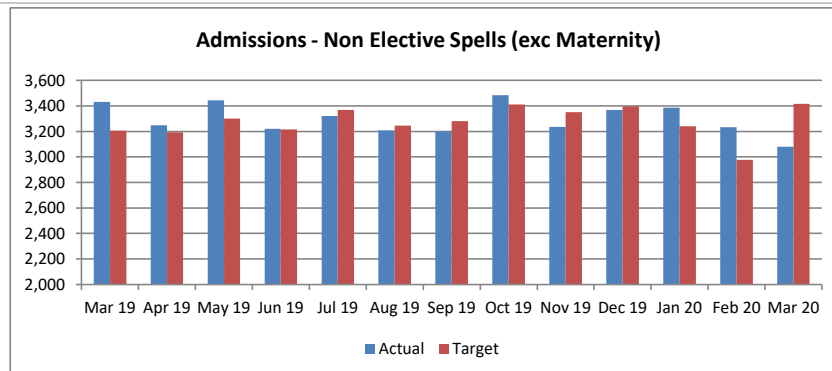
Operational Delivery: *Unplanned Activity A&E*

Secondary Drivers

Medical Outliers

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

Ambulance Arrivals at Leighton
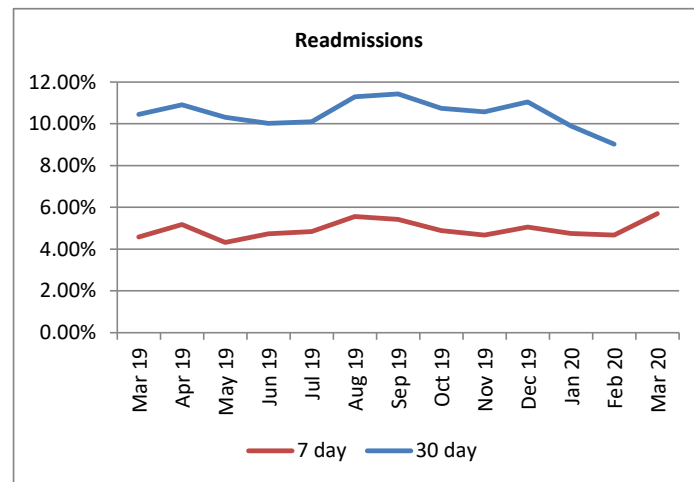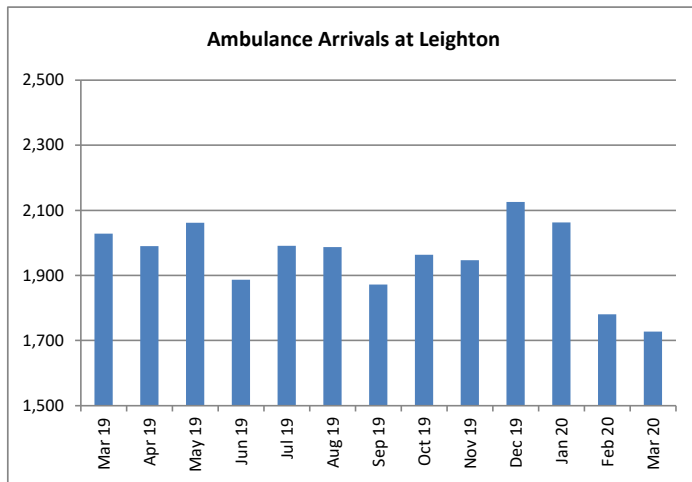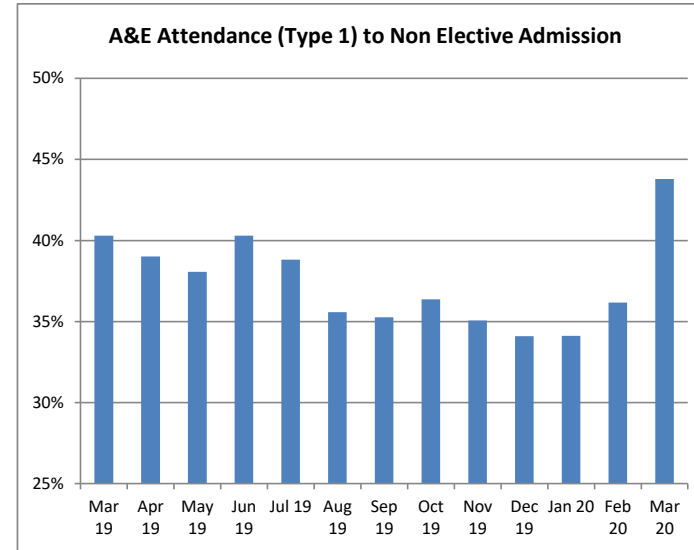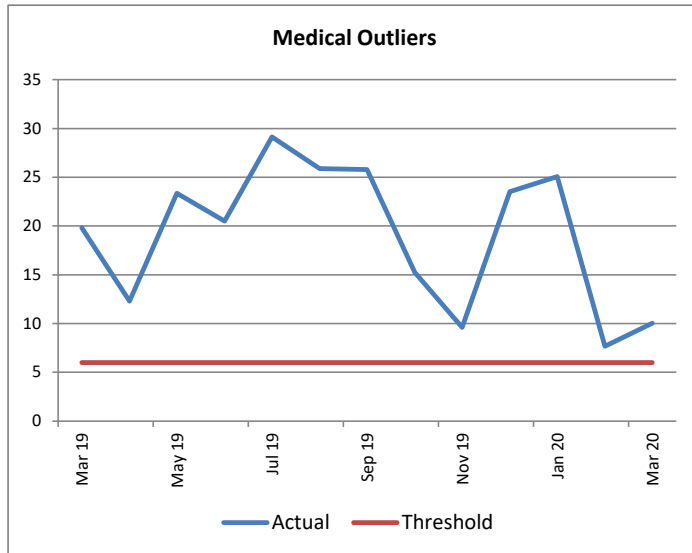
Readmissions

* Readmissions brought in line with national definition

Page 49 of 104

Inpatient Avg LOS (days)

Legend: Non Elective Actual, Elective Actual, Non Elective Threshold, Elective Threshold
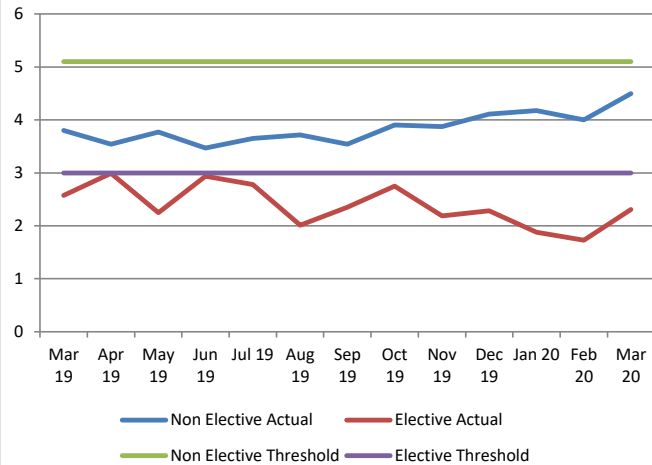
Number of occupied beds for all discharged patients in hospital for 7+ and 21+ days

Legend: 7+ Days, 21+ Days
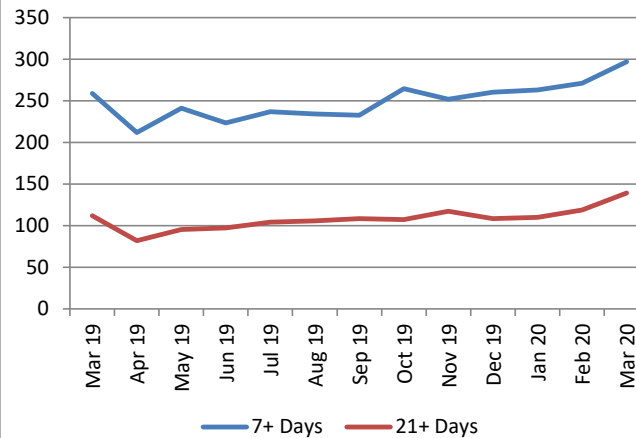
Rolling 3 month average of occupied beds for all discharged patients in hospital for 21+ days

Legend: 3 mth Avg Stranded Day, Baseline, Ambition

Bed Occupancy Rate

Legend: Medicine & Emergency Care, Surgery & Cancer
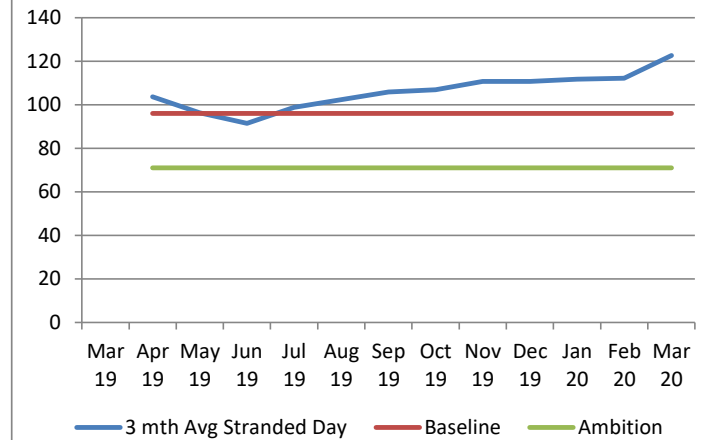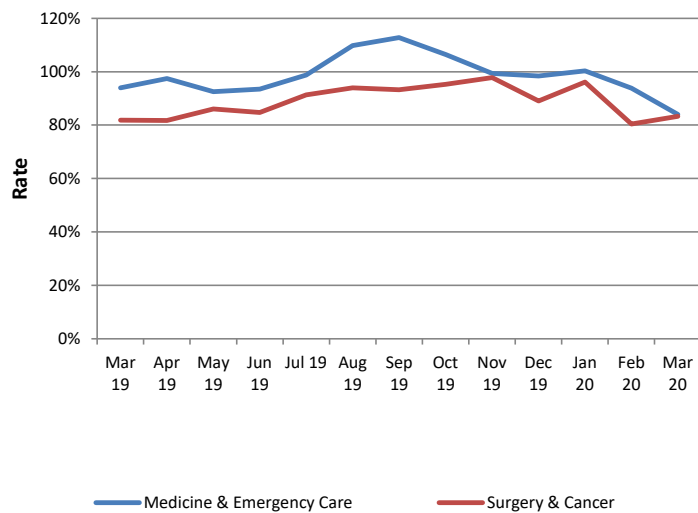
Acute Adult Bed Occupancy
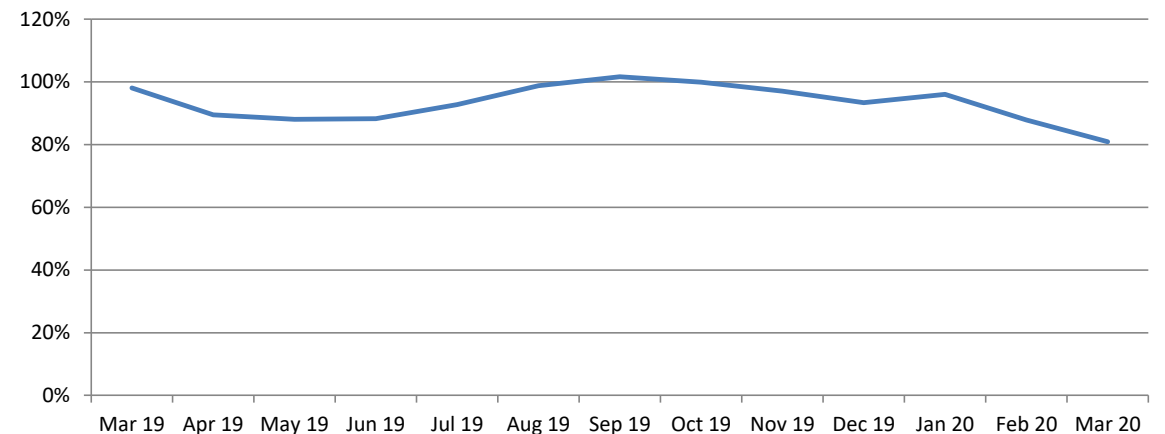
	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20
Trust Total	98.00%	89.49%	88.03%	88.28%	92.68%	98.80%	101.62%	99.92%	97.00%	93.30%	95.95%	87.79%	80.85%
Additional Beds	21.00	0.73	1.45	1.50	1.71	3.32	7.67	8.13	7.47	0.13	1.48	22.07	27.81

Legend: Trust Total

Operational Delivery: *Planned Activity*

Headline Measures

	Current YTD		Rolling 13 months													
	Target	Actual	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Monthly Trend
18 weeks from Referral to Treatment in Aggregate - Incomplete	92%	91.36%	90.67%	91.05%	91.67%	92.07%	92.09%	92.00%	92.46%	92.08%	92.19%	91.29%	90.98%	90.68%	87.69%	
Total 18 Weeks		182,050	14,197	14,944	15,219	15,560	15,426	15,432	15,190	14,668	14,707	14,899	15,535	15,488	14,982	
No. > 18 Weeks		15,731	1,324	1,338	1,267	1,234	1,216	1,234	1,146	1,161	1,149	1,297	1,401	1,443	1,845	
Open Pathways >39 Weeks Waiting											18	37	36	49	54	
Diagnostic Waiting Time	1%	3.16%	0.76%	0.64%	9.34%	7.76%	4.04%	3.05%	0.95%	0.84%	0.72%	1.79%	0.94%	1.05%	6.32%	
Total Number of Waiters		51,793	4,749	1,091	4,809	5,065	4,750	3,903	4,434	5,014	5,023	5,146	4,770	5,130	2,658	
Waiters of 6 Weeks +		1,639	36	7	449	393	192	119	42	42	36	92	45	54	168	
Total Patients Waiting for a First Outpatient Appointment			9,682	9,800	9,981	9,603	9,659	9,523	9,452	9,033	8,813	9,001	9,536	10,289	9,801	
Longest Wait Time (weeks)											47	49	48	51	55	

Commentary

The Trust's RTT Incomplete Pathway current position is 87.69% for March, pathways continue to be validated until submission deadline. Currently there are nine specialties that have failed to meet the 92% target, these are General Surgery, Urology, ENT, Gastroenterology, Cardiology, Thoracic Medicine, Gynaecology, Geriatric Medicine and Trauma and Orthopaedics. Detailed improvement plans and trajectories are in place and continue to be reviewed weekly by the Chief Operating Officer and Director of Operations.

In March there was one 52+ week breach in Orthopaedics. There are 54 patients waiting over 39 weeks, all long wait patients are monitored and reviewed weekly at director led performance meetings.

In March 2020, the current position for patients waiting over 6 weeks for their diagnostic test is 6.32% of total patients.

Primary Drivers

Total Number of Referrals
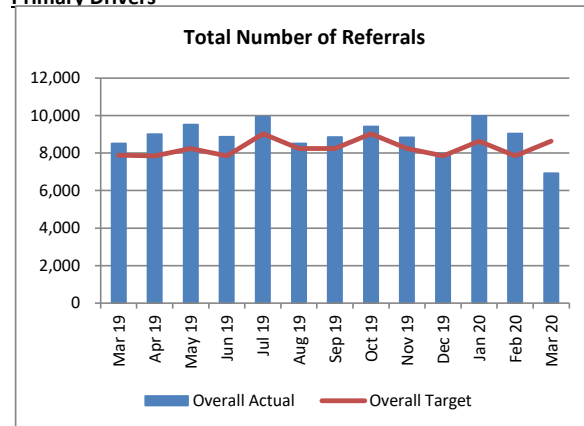
Referral Breakdown

	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Monthly Trend
GP Actual	5,270	5,212	5,552	5,134	5,354	4,659	4,977	5,285	5,028	4,355	5,568	5,090	3,729	
GP Target	4,920	4,374	4,593	4,374	5,030	4,593	4,593	5,030	4,593	4,374	4,811	4,374	4,811	
% to Target	107.1%	119.2%	120.9%	117.4%	106.4%	101.4%	108.4%	105.1%	109.5%	99.6%	115.7%	116.4%	77.5%	
Other Actual	3,250	3,806	3,971	3,752	4,578	3,868	3,887	4,148	3,818	3,627	4,419	3,956	3,194	
Other Target	2,976	3,483	3,657	3,483	4,006	3,657	3,657	4,006	3,657	3,483	3,832	3,483	3,832	
% to Target	109.2%	109.3%	108.6%	107.7%	114.3%	105.8%	106.3%	103.6%	104.4%	104.1%	115.3%	113.6%	83.4%	
Total Actual	8,520	9,018	9,523	8,886	9,932	8,527	8,864	9,433	8,846	7,982	9,987	9,046	6,923	
Total Target	7,896	7,857	8,250	7,857	9,036	8,250	8,250	9,036	8,250	7,857	8,643	7,857	8,643	
% to Target	107.9%	114.8%	115.4%	113.1%	109.9%	103.4%	107.4%	104.4%	107.2%	101.6%	115.6%	115.1%	80.1%	
GP % of Total	61.9%	57.8%	58.3%	57.8%	53.9%	54.6%	56.1%	56.0%	56.8%	54.6%	55.8%	56.3%	53.9%	

Operational Delivery: *Planned Activity*

Primary Drivers

Total OP Attendances

Total Elective Spells
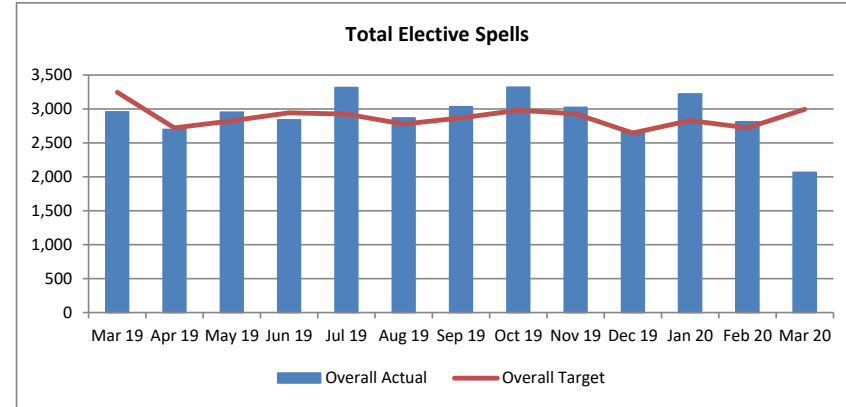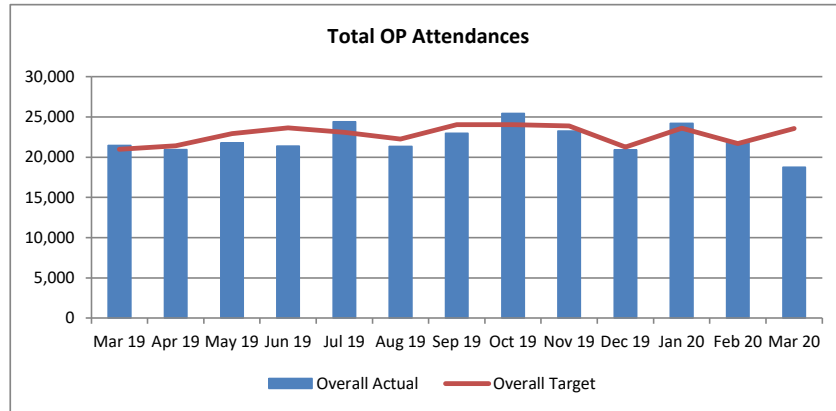
OP Attendance Breakdown

	YTD 18 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Monthly Trend
New Actual	81,335	6,877	6,584	6,956	6,725	7,866	6,712	7,284	7,833	6,976	6,316	7,406	6,676	5,943	
New Target	74,744	6,189	6,416	6,848	7,173	6,817	6,588	7,267	7,214	6,982	6,325	6,817	6,339	7,000	
% to Target	108.8%	111.1%	102.6%	101.6%	93.8%	115.4%	101.9%	100.2%	108.6%	99.9%	99.9%	108.6%	105.3%	84.9%	
F U Actual	182,101	14,583	14,343	14,830	14,642	16,519	14,633	15,681	17,592	16,264	14,591	16,814	15,134	12,811	
F U Target	181,624	14,803	14,988	16,096	16,491	16,286	15,659	16,779	16,823	16,886	14,918	16,777	15,340	16,569	
% to Target	100.3%	98.5%	95.7%	92.1%	88.8%	101.4%	93.4%	93.5%	104.6%	96.3%	97.8%	100.2%	98.7%	77.3%	
Total Actual	263,436	21,460	20,927	21,786	21,367	24,385	21,345	22,965	25,425	23,240	20,907	24,220	21,810	18,754	
Total Target	256,368	20,992	21,403	22,944	23,663	23,102	22,247	24,046	24,037	23,868	21,243	23,595	21,679	23,569	
% to Target	102.8%	102.2%	97.8%	95.0%	90.3%	105.6%	95.9%	95.5%	105.8%	97.4%	98.4%	102.6%	100.6%	79.6%	
New % of Total	30.9%	32.0%	31.5%	31.9%	31.5%	32.3%	31.4%	31.7%	30.8%	30.0%	30.2%	30.6%	30.6%	31.7%	

Elective Spells Breakdown

	YTD 18 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Monthly Trend
I P Actual	3,055	272	225	228	266	267	291	254	329	353	201	225	307	255	
I P Target	3,341	304	263	277	280	277	249	270	310	305	239	204	249	290	
% to Target	91.4%	89.4%	85.6%	82.3%	94.9%	96.4%	116.7%	94.1%	106.1%	115.8%	84.1%	110.3%	123.1%	88.1%	
Daycase Actual	31,155	2,685	2,475	2,727	2,575	3,050	2,576	2,778	2,995	2,670	2,472	2,999	2,507	1,810	
Daycase Target	32,775	2,942	2,462	2,548	2,666	2,650	2,530	2,601	2,672	2,626	2,409	2,626	2,474	2,706	
% to Target	95.1%	91.3%	100.5%	107.0%	96.6%	115.1%	101.8%	106.8%	112.1%	101.7%	102.6%	114.2%	101.3%	66.9%	
Total Actual	34,210	2,957	2,700	2,955	2,841	3,317	2,867	3,032	3,324	3,023	2,673	3,224	2,814	2,065	
Total Target	36,116	3,247	2,724	2,825	2,946	2,927	2,779	2,871	2,982	2,931	2,648	2,830	2,723	2,996	
% to Target	94.7%	91.1%	99.1%	104.6%	96.4%	113.3%	103.2%	105.6%	111.5%	103.2%	100.9%	113.9%	103.3%	68.9%	
I P % of Total	8.9%	9.2%	8.3%	7.7%	9.4%	8.0%	10.1%	8.4%	9.9%	11.7%	7.5%	7.0%	10.9%	12.3%	

Operational Delivery: *Planned Activity*

Primary Drivers

Maternity Bookings

Maternity Deliveries
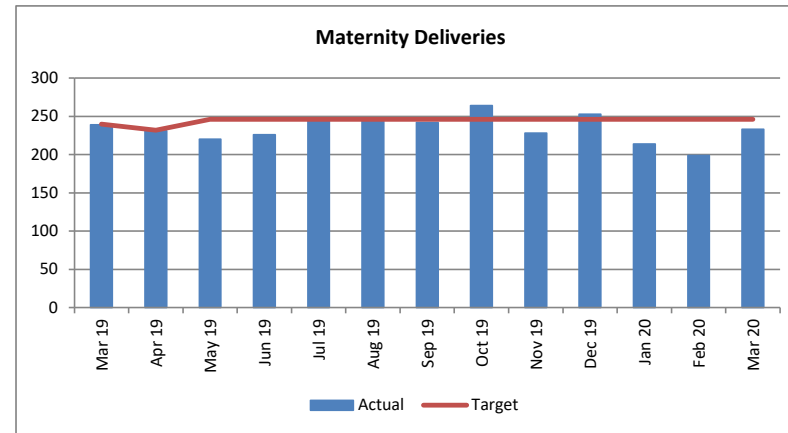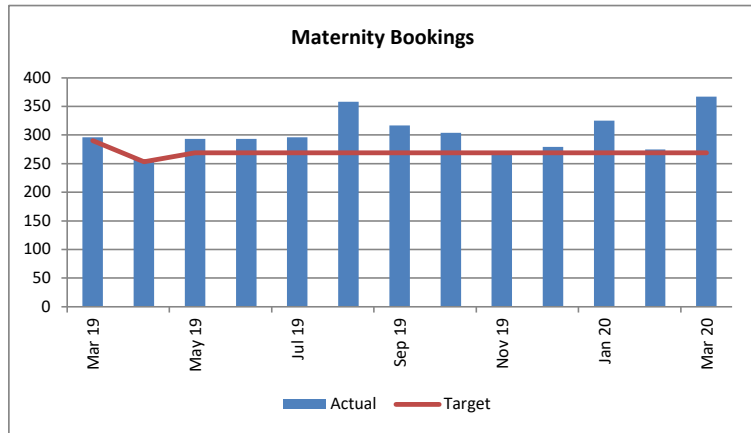
Operational Delivery: *Planned Activity*

Secondary Drivers

			Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Monthly Trend
Bed Occupancy Rate	Medicine & Emergency Care		94.0%	97.5%	92.6%	93.5%	98.7%	109.8%	112.8%	106.4%	99.3%	98.4%	100.3%	93.8%	84.0%	
	Surgery & Cancer		81.9%	81.8%	86.0%	84.8%	91.3%	93.9%	93.2%	95.3%	97.8%	89.0%	96.1%	80.4%	83.3%	
Elective Inpatient Avg LOS (Days)			2.6	3.0	2.2	2.9	2.8	2.0	2.3	2.7	2.2	2.3	1.9	1.7	2.3	
Delayed Transfers of Care (MFFD)		16.00	17	17	16	21	25	25	21	21	20	21	19	22	18	
Delayed Transfers of Care (% of Acute Beds)			3.3%	3.5%	3.2%	4.3%	5.2%	5.1%	4.4%	4.2%	3.8%	4.0%	3.5%	4.1%	3.4%	
Medical Outliers			20	12	23	21	29	26	26	15	10	24	25	8	10	
Readmission (Emergency Re-admissions after Planned Surgery)																
	30 Day Rate		3.29%	3.38%	3.38%	3.10%	2.83%	3.30%	4.32%	3.31%	3.54%	2.87%	2.80%	3.90%		
	7 Day Rate		1.05%	1.41%	1.37%	1.00%	1.07%	1.36%	1.68%	1.20%	1.17%	0.90%	1.01%	1.76%	1.29%	
Cancelled Operations - Non Clinical - Cancellation Rate			0.65%	0.67%	1.17%	0.85%	1.30%	1.29%	0.04%	0.00%	0.97%	1.61%	0.74%	0.85%	1.39%	
Theatre Efficiency																
	Main Theatres		78.5%	76.7%	75.0%	77.4%	78.7%	78.3%	76.7%	77.1%	77.9%	68.2%	73.4%	71.5%	73.3%	
	TC Theatres		73.5%	72.4%	68.2%	74.8%	70.7%	71.9%	72.4%	73.3%	71.3%	70.2%	71.5%	70.8%	68.1%	
DNA (OP Efficiency)			5.41%	6.00%	6.02%	6.57%	5.89%	5.61%	5.77%	5.70%	5.82%	6.12%	5.68%	4.92%	6.01%	
Hospital Cancellation Rate (OP Efficiency)			8.12%	7.90%	7.51%	7.36%	8.11%	7.70%	7.97%	7.69%	8.44%	7.93%	7.97%	8.36%	18.43%	

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

NHS
Mid Cheshire Hospitals
NHS Foundation Trust

Performance and Finance - Headlines March 2020

Current Position	Analysis	Forward View

Current Position

The normalised reported position is a cumulative £2.3m deficit, £17k better than the control total, which is an in month improvement of £64k. This position was reported to NHSI/E.

The Trust has since received financial recovery funding resulting in a final surplus for the year against control total of £50k

The Trust has spent, and receive funding of £1.2m for costs incurred in relation to the coronavirus pandemic, which have been incurred in supporting staffing, additional supplies and equipment needed by services.

The Trust has been in receipt of £7.9m of funding in relation to the increase in employers pension contributions, which has been offset within pay and is cost neutral to the Trust.

The overall use of resources rating for the Trust has ended the year as a 3, which is as expected.

Analysis

Financial Performance 2019/20

£'000s

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
In Month Plan	-1,294	34	-56	173	-259	196	666	47	-837	-819	-613	428
In Month Actual	-1,238	56	58	76	-446	292	235	37	-453	-884	-542	492
In Month Variance	56	22	114	-97	-187	96	-431	-10	384	-65	72	64
Cumulative Plan	-1,294	-1,260	-1,316	-1,143	-1,402	-1,206	-540	-493	-1,330	-2,149	-2,762	-2,334
Cumulative Actual	-1,238	-1,182	-1,124	-1,048	-1,494	-1,202	-967	-930	-1,383	-2,267	-2,809	-2,317
Cumulative Variance	56	78	192	95	-92	4	-427	-437	-53	-118	-46	17

£'000s	Actual	Variance to plan	Explanation
Month 12 Key data Submission	- 2,317	17	Better than control total
Financial Recovery Fund (FRF)	2,367	2,367	Additional to PSF/MRET in plan
Position including PSF/MRET/FRF	50	2,384	Performance against control total
Other accounting adjustments	357	357	Excluded from control total calculation
Interim Position	407	2,741	

	YTD Rating		YE Rating	
Indicator	Plan	Actual	Forecast	Status
Finance				
Use of Resource Rating	3	3	3	
Capital Service Capacity	4	3	3	This metric is better than the plan of 4 as a result of deferring the working capital loan repayment
Liquidity	3	4	4	The impact of deferring the working capital loan has been that the debts owed by the Trust are higher for less than 1 year
I&E Margin	3	2	2	The Trust is in a surplus position, but below the 1% required for a rating of 1
Distance from Financial Plan	1	1	1	The Trust has met it's control total
Agency Spend	1	3	3	The current level of spend on agency is greater than the cap.

Forward View

The Trust has met the control total for the year, and will receive the final PSF payment of £1.5m – which with the additional financial recovery funding of £2.4m and adjustments for exceptional items (mainly £0.36m 18/19 PSF funding received in 19/20) gives a year end surplus of £0.4m compared to the adjusted control total deficit of £2.4m.

There have been significant costs incurred in March in association with the covid-19 pandemic. For the first 4 months of 2020/21 it is expected that Trusts will be balanced on an I&E basis, based upon fixed income from commissioners – and a process for claiming any appropriate additional costs above this from the regulators. Further guidance is awaited in relation to the financial regime beyond July.

The Cheshire Health economy financial recovery plan to eliminate the deficit across the Cheshire footprint will be impacted by the pandemic, however the Trust is committed to the key work streams expected to deliver financial improvement in the future.

Performance and Finance - Contract Income March 2020

Current Position	Analysis	Forward View

Contract income is £11.08m above plan year to date, which includes £7.3m of funding in relation to the increased employers contributions – meaning the underlying variance against plan is £3.18m.

The key over performance against plan has been the additional NHSI income (£0.92m), CCG income (£3.2m) offset by associate underperformance, of which the full year impact was a reduction of £1.5m.

The over performance shown against the host contract relates to additional NHSI funding (share of the £0.92m) and £0.35m of escalation beds, which is outside the formal contract.

Within the 'other' column, the over-performance on high cost drugs within Specialised Commissioning (£1.22m) offsets against drugs spend within non-pay, and the other substantial value relates to the £7m income to support the pension contribution increases.

Contract Income Performance 2019/20 £'m

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Cumulative budget	19.3	39.0	59.1	79.3	98.9	119.2	140.0	160.2	179.6	199.3	218.5	240.0
Cumulative actual	18.9	39.0	59.0	79.3	98.9	119.5	140.6	161.7	181.7	202.2	222.3	251.0
In month budget	19.3	19.7	20.1	20.2	19.6	20.3	20.8	20.1	19.5	19.7	19.2	21.5
In month actual	18.9	20.1	19.9	20.3	19.6	20.5	21.1	21.1	20.0	20.4	20.1	28.7

Cumulative Variance to Contract Income plan £'000s
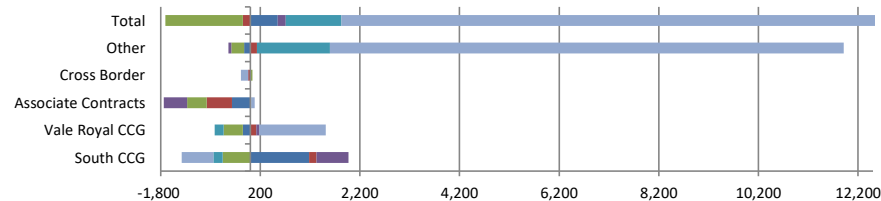
	South CCG	Vale Royal CCG	Associate Contracts	Cross Border	Other	Total
Unplanned Care	1,181	-147	-368	11	-127	551
Day case	150	119	-510	-39	130	-149
Elective	-554	-391	-390	34	-255	-1,556
Outpatients	639	57	-471	-7	-56	162
High cost drugs	-187	-179	14	-	1,465	1,114
Other	-633	1,337	76	-140	10,318	10,957
Total	596	797	-1,648	-140	11,475	11,080

For 2020/21 a block value arrangement is confirmed for the first 4 months and anticipated thereafter for the host contract to ensure a consistent cash flow and base for funding clinical services under the covid19 pandemic.

The Trust will be required to apply for funding above this to the regulators, who have stated that all Trusts will be balanced up to the end of July.

Whilst at present the guidance has not been issued beyond July 2020, it is anticipated that the financial regime will work differently to current set up, to support the NHS in getting the services back to a usual point.

NHS
Mid Cheshire Hospitals
NHS Foundation Trust

Performance and Finance - Pay Expenditure March 2020

Current Position	Analysis	Forward View

Current Position

Cumulatively Pay is worse than plan by £9m, however this does include an adjustment around pension contribution of £7m leaving a variance of £2m.

The additional funding for covid and Winter offset a proportion of this overspend.

As part of the support for the pandemic the nursing incentives introduced for Winter have been extended to cover the pandemic, and now also include HCAs, and other staffing groups.

There have also been a number of areas that increased rotas to support the acuity of patients coming in, and there have also been increase in bank & agency use as a result of supporting rotas and increasing acuity where required.

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

Forward View

There is expected to be a significant pressure on the nursing and medical staffing as a result of covid-19 outbreak, which is anticipated to impact for Q1 of 2020/21. The challenges that have been seen throughout the year in terms of reliance on premium costs is expected to continue for at least the duration of the pandemic.

The Trust has been formulating plans throughout the year and the 2020/21 operational plan contains key projects to increase the international nurse recruitment, and extend to other professions such as radiography, and increase the number of physician associates. These plans are set to continue, although they are likely to be affected by the current pandemic.

Pay Expenditure 2019/20 £'m

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Cumulative budget	15.8	31.1	46.4	61.6	76.7	91.9	107.3	122.6	138.0	154.1	170.0	186.8
Cumulative actual	15.7	30.9	46.1	61.5	76.7	92.1	107.5	123.3	139.3	155.4	171.6	195.9
In month budget	15.8	15.3	15.4	15.2	15.1	15.2	15.4	15.3	15.4	16.1	15.9	16.9
in month actual	15.7	15.1	15.3	15.3	15.2	15.4	15.4	15.8	16.0	16.1	16.2	24.3

Pay Variances by Staff Group and Division £'000s

	DMEC	S&C	W&C	CSSD	CCICP	Estates	Other	Total
Total	-2,240	-987	-465	486	869	195	-6,895	-9,036
Infrastructure Support Staff	-260	-137	50	-40	-668	195	-1,463	-2,324
Non Clinical Staff	-84	141	19	30	509	-	103	719
Medical Staff	-171	-295	-321	868	12	-	-161	-67
Nursing Staff	-1,725	-696	-213	-372	1,015	-	-5,373	-7,363

NHS
Mid Cheshire Hospitals
NHS Foundation Trust
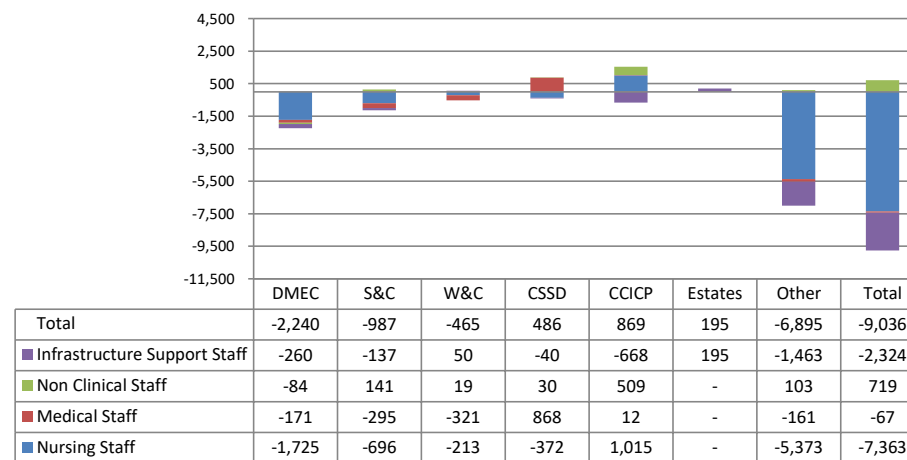
Performance and Finance - Non-Pay Expenditure March 2020

Current Position

Non Pay is above plan by £4.5m, which includes the release of provisions of £0.4m.

For CCICP the overspend is £0.6m, MCHFT is £4.6m – with pressures on non-pay relating to covid-19 expenditure, offset by the additional income received.

Where medical vacancies are procured as a service from external companies, they are included as other non-pay, and offset by medical pay underspends. This is a material pressure within CSSD, (full year it has been a £0.5m net pressure), but there is a smaller but growing pressure with DMEC due to outsourcing of services to meet core demand.

Whilst drugs are overspent, the most significant amount is within oncology drugs which are offset against additional contract income.

Analysis

Non Pay 2019/20 £'m

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Cumulative budget	6.1	12.1	18.0	24.3	30.4	36.7	42.8	48.8	55.0	61.2	66.8	72.8
Cumulative actual	5.8	12.3	18.3	24.8	31.2	37.6	44.5	51.1	57.2	64.2	70.4	77.3
In month budget	6.1	6.1	5.9	6.3	6.1	6.3	6.1	6.0	6.2	6.2	5.6	6.0
In month actual	5.8	6.5	6.0	6.4	6.4	6.5	6.8	6.7	6.1	7.0	6.1	7.0
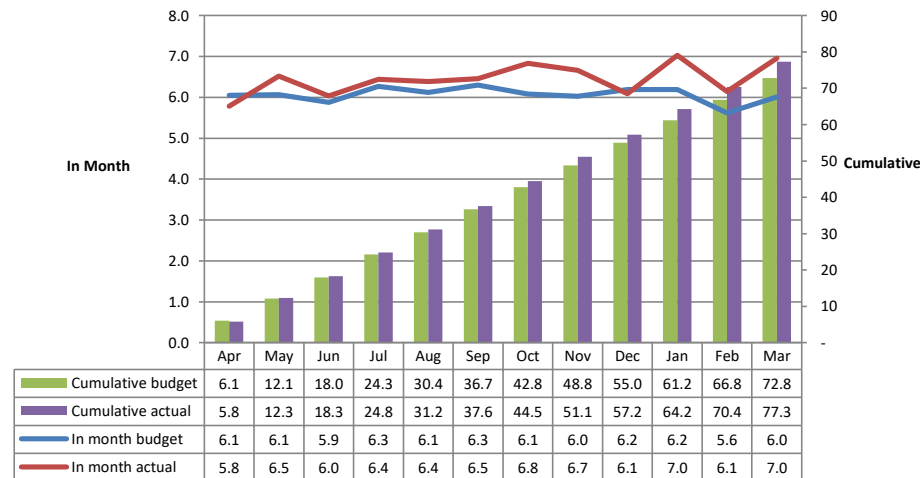
Non Pay Variance by Division

£'000s

	DMEC	S&C	W&C	CSSD	CCICP	Estates	Other	Total
Total	-1,021	-48	-2,586	-405	-564	-900	996	-4,528
Other Non Pay	-480	-74	-2,418	88	-450	-657	1,678	-2,313
Drugs	-318	-373	-164	-666	3	-0	-3	-1,521
Non Clinical Supplies	-96	-110	-21	-22	-122	-242	-16	-628
Clinical Supplies	-127	509	17	194	5	-1	-663	-65

Forward View
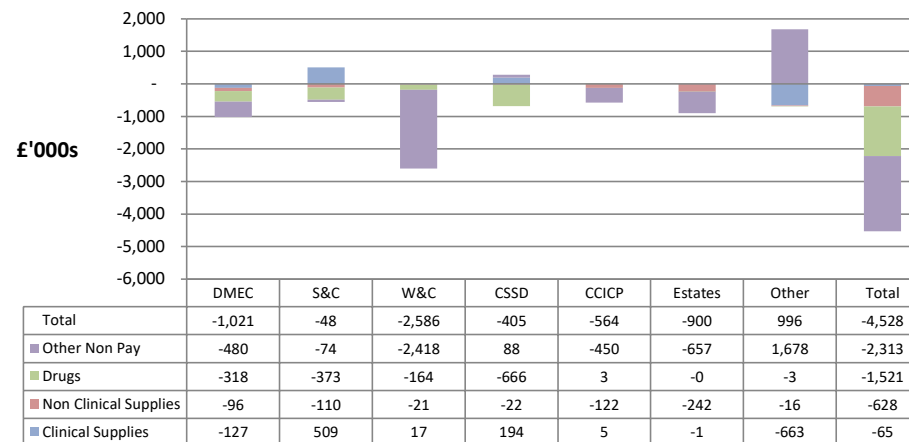
Whilst there are expected continuing pressures in relation to the covid-19 epidemic, there are some underlying issues which will need focus on for 2020/21.

It is expected that the ongoing challenges around the laundry will have a material impact in 2020/21, which could be as high as £1.5m.

The reliance on external companies to provide services to cover core activity is only likely to grow as a result of the current circumstances, as the Trust moves back to normal levels of activity.

There is active engagement with the N8 pathology collaborative with UHNM/ECT which should provide a long term clinical and financially sustainable service for pathology, although there will be delays in the commencement of plans.

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

NHS Mid Cheshire Hospitals NHS Foundation Trust

Performance and Finance - Cost Improvement Programme March 2020

Current Position

Analysis

Forward View

The CIP programme fell short of plans by £1m, although this is within the reported position.

This relates to the following schemes

- Nursing (£0.5m)
- Unallocated CIP Plans (£0.3m) in DMEC
- Out of Area Welsh activity (£0.25m)

The Division of Medicine and Emergency Care have had challenges all year with identifying and delivering their CIP schemes around drugs, nursing savings and the additional CIP allocated to all divisions. They failed to identify or delivered very little of their £0.7m CIP target (with exception of NHS supply chain savings).

CIP Performance - Monthly view

Legend: High Risk Plans ▬ Medium Risk Plans ▬ Low Risk Plans ▬ Actual - - -

CIP Performance Variance by Division

	CCICP	Corporate	CSSD	Estates	MEC	S&C	W&C	Not allocated	Grand Total
Grand Total	0	0	0	-4	-321	-280	-39	-400	-1044
■ Pay	0	0	0	-4	-321	0	-39	-400	-764
■ Non pay	0	0	0	0	0	-30	0	0	-30
■ Income	0	0	0	0	0	-250	0	0	-250

The CIP plans for 2020/21 will be on hold whilst the framework from July is under review. It is clear that there will need to be a move for schemes to transform services, given the likely scale of activity required to meet performance standards under the current ways of treating patients.

With this in mind the Trust has focussed part of the covid-19 response in supporting the extension of the virtual agenda for outpatients in terms of the interface with GPs and clinical staff to review more patients by phone.

Whilst there may be a challenge to full scale CIPs, the work with the Cheshire system in continuing in order to ensure that schemes are developing in readiness for the future months.

Performance and Finance - Agency Spend March 2020

Current Position

Analysis

Forward View

When the element of cost that is associated with non-pay is included, the Trust reliance on non-substantive arrangements comes to 16%, with DMEC 28% and CSSD 18%

Agency Spend - 13 Month Trend

Agency costs have increased within the month in response to covid-19, as additional staffing (nursing and medical) has been required to support the acuity on the wards and the Emergency Department. There has also been pressure created as a result of staff self-isolating which has required a higher use of agency.

Staffing costs by Substantive and Temporary

	DMEC	S&C	W&C	CSSD	CCICP	Estates	Other	Total
Total	46,184	39,854	19,078	33,022	23,427	10,291	23,305	195,161
Waiting List	495	664	5	339	-	-	0	1,504
Bank	3,185	1,557	803	1,154	472	1,027	501	8,698
Locum	1,093	489	6	370	256	-	86	2,300
Agency	4,279	1,403	353	776	777	2	248	7,839
Substantive	37,131	35,741	17,910	30,383	21,922	9,263	22,470	174,820

The agency cap has been exceeded for 2019/20, and it has resulted in the use of resources rating being a 3 for the year. It is expected that the agency and other temporary costs will remain high for Q1 of 2020/21 in support of the additional requirements to support the covid-19 response.

The International Nurse recruitment cohorts should start to make an impact on the core wards during 2020/21, however some specialist areas such as ED and CAU, may still have a challenge to remove agency reliance. This will have to continue to be monitored closely during 2020/21.

NHS
Mid Cheshire Hospitals
NHS Foundation Trust

Performance and Finance - Divisional Performance March 2020

| Current Position | Analysis | Forward View |

Current Position

The over-performance on contract income is offset within Other.

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

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

CCICP continues to be better than budget, although has some challenges around non pay.

Estates are worse than plan as a result of the outsourcing of laundry.

Cumulative Variance by category

	DMEC	S&C	W&C	CSSD	CCICP	Estates	Other	Total
Total	-1,304	-560	29	117	682	-529	1,582	17
Other Costs	910	-124	291	1,198	116	2	-834	1,560
Non Pay	-1,021	-48	-80	-2,912	-564	-900	996	-4,528
Pay	-2,240	-987	-555	576	869	195	-6,894	-9,036
Other Income	122	723	69	8	206	174	-361	941
Commissioning Income	924	-124	304	1,247	55	-	8,674	11,080
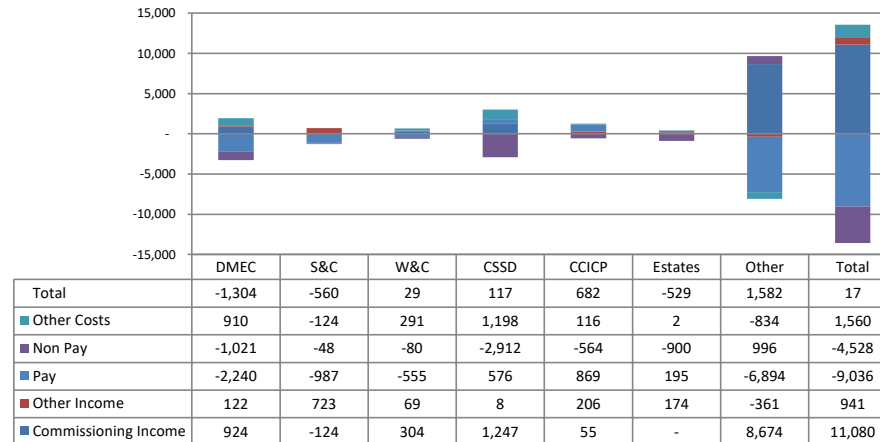
Divisional Performance 2019/20
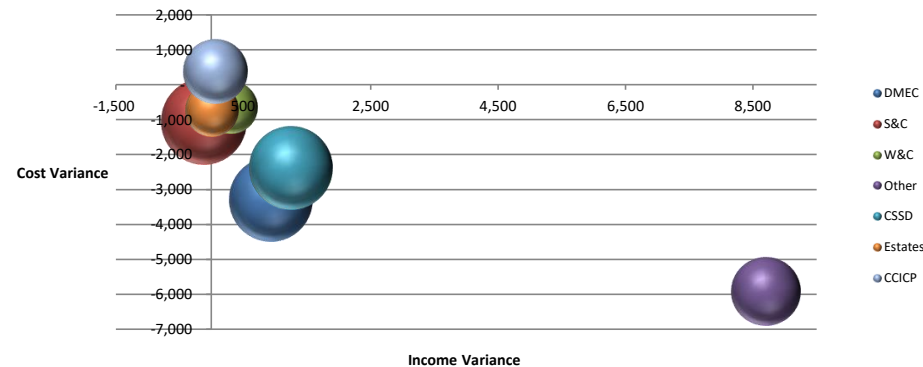
The bubble chart shows the financial performance of each division, in terms of income and cost variance – with the size of the bubble reflecting the overall budget
- Top right represents a positive performance that is better than plan for both costs and income
- The bottom left represents a performance that is worse than plan for both income and costs

Forward View

The Trust has met the control total for 2019/20 - however there are financial risks that will need to be managed moving into 2020/21.

- Additional bed escalation costs over and above the plan and agreed additional resources, and the associated agency costs of delivering that activity

- Challenges with significant breakdowns within the laundry department

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

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

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

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

NHS
Mid Cheshire Hospitals
NHS Foundation Trust

Performance and Finance - Cash March 2020

Current Position | Analysis | Forward View

Cash Position
Cash is better than plan by £11m.

This is due to additional resource received £5.5m, slippage on capital programme £2.2m, lower financial lease payments £1.2m and improvement to working Capital £0.9m.

We have received a total of £5.5m of PDC. £1.8m PDC as part of the ED Majors extension. £3.1m for the implementation a new EPR system, and £0.6m for Endoscopy, both of which have not been spent

Repayment of finance leases is £1.2m lower than anticipated due to a delay in some of the leases.

Working Capital has improved more than anticipated due to an increase in Deferred income by £0.9m. This relates to income received for expenditure due to be incurred in future years.

Cash Position

£'m

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Plan	9.64	10.49	9.50	8.72	10.21	10.55	13.81	12.73	11.75	9.05	8.22	4.76
Actual	7.68	10.54	9.58	15.72	12.58	10.27	12.10	14.99	14.50	14.57	11.45	14.02
Forecast	7.68	10.54	9.60	14.94	10.80	9.85	10.39	11.83	12.10	15.80	11.60	11.00

Cash Flow Movements

£'000s

	Operating Surplus / (Deficit)	Increase / (Decrease) in Working Capital	Net Cash Inflow / (Outflow) from Capital Expenditure	Net Cash Inflow / (Outflow) from Borrowings
Variance	618	-503	2,227	6,915

Due to the COVID-19 situation, the Trust is not anticipating any problems with cash due to contract payments being received in advance from commissioners, and any additional COVID-19 costs are being reimbursed.

NHS Mid Cheshire Hospitals NHS Foundation Trust

Performance and Finance - Capital Expenditure March 2020

Current Position | Analysis | Forward View

The capital programme (excluding leases) is £5.5m less than anticipated which is mainly due to:

(£2.4m) EPR & EPMA Project
(£0.8m) ICU Conversion
(£0.6m) Third CT Enabling
(£0.4m) Backlog Maintenance
(£0.4m) Community Services
(£0.4m) SCPH Refurbishment
(£0.3m) UPS replacement

Leases are £1.8m underspent, this is due to the CT Scanner & MRI Scanner being assumed to be a finance lease and has now been assessed as an operating lease.
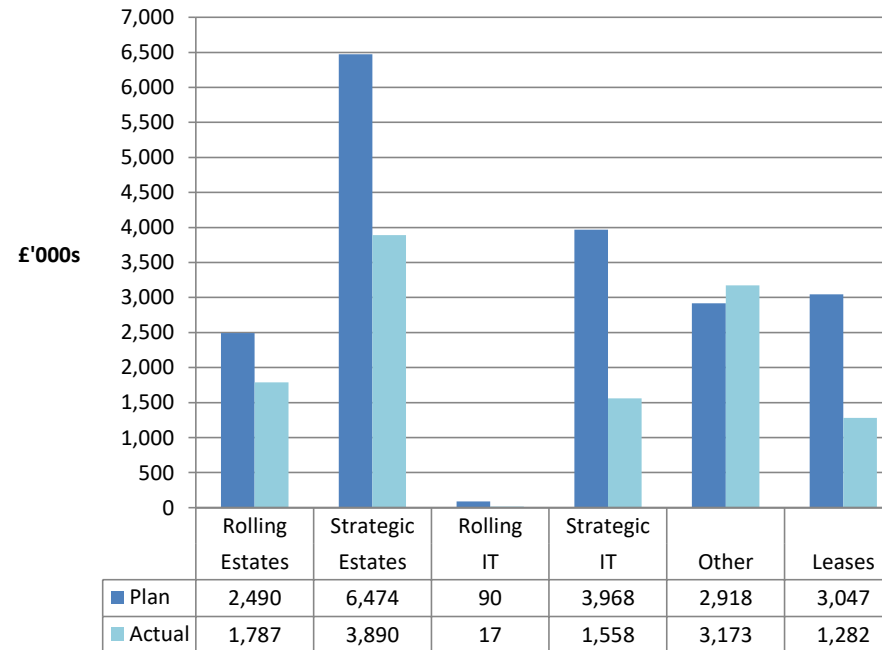
We are awaiting national guidance on the Capital regime for 2020/21, therefore only essential and priority works will be progressed until this is received.

Capital Expenditure

£'000s

	Rolling Estates	Strategic Estates	Rolling IT	Strategic IT	Other	Leases
Plan	2,490	6,474	90	3,968	2,918	3,047
Actual	1,787	3,890	17	1,558	3,173	1,282

		Year to Date £'000s			Year End £'000s		
		Plan	Actual	Variance	Plan	Forecast	Variance
Estates	Rolling	2,490	1,787	-703	2,490	1,787	-703
Estates	Strategic	6,474	3,890	-2,584	6,474	3,890	-2,584
IT	Rolling	90	17	-73	90	17	-73
IT	Strategic	3,968	1,558	-2,410	3,968	1,558	-2,410
Other		2,918	3,173	255	2,918	3,173	255
Leases		3,047	1,282	-1,765	3,047	1,282	-1,765
		18,987	**11,707**	**-7,280**	**18,987**	**11,707**	**-7,280**

Performance and Finance - Income & Expenditure March 2020

The Trust made a deficit of £2.317m ahead of adjustments/additional funding, which was better than the adjusted control set of £2.334m by £17k. The Trust has in addition received £2.367m of financial recovery funding (FRF), which takes the position from the deficit to a surplus of £50k.

After adjustments are made for donated asset funding and depreciation (net additional cost of £0.214m), and I&E impairments and prior year adjustments (net additional income of £0.571m) the final position for the Trust is a surplus of £0.407m.

		Month			Year to Date			Forecast
Budget 2019/20 £'000		Plan February (£'000)	Actual February (£'000)	Variance February (£'000)	Plan April to February (£'000)	Actual April to February (£'000)	April to February (£'000)	2019/20 (£'000)
	Operating							
	Operating Income							
11,526	Elective	1,039	745	-294	11,526	9,970	-1,556	9,970
68,652	Non-Elective	5,879	5,374	-505	68,652	69,124	472	69,124
13,433	Maternity	1,152	1,928	777	13,433	14,348	915	14,348
20,777	Day cases	1,816	1,141	-675	20,777	20,628	-149	20,628
30,590	Outpatients	2,647	2,141	-506	30,590	30,045	-545	30,045
12,195	A&E	1,063	832	-231	12,195	12,291	96	12,291
75,251	Other NHS	7,902	16,565	8,663	75,251	87,098	11,848	87,098
232,424	**Total NHS Clinical Revenue**	**21,496**	**28,726**	**7,230**	**232,424**	**243,504**	**11,080**	**243,504**
26,405	*Other Operating Income*	2,699	3,945	671	26,405	27,296	315	27,296
258,829	**TOTAL OPERATING INCOME**	**24,195**	**32,671**	**7,901**	**258,829**	**270,800**	**11,395**	**270,800**
	Operating Expenses							
-186,846	Employee Benefits Expenses (Pay)	-16,867	-24,273	-7,406	-186,846	-195,882	-9,036	-195,882
-17,394	Drugs	-1,451	-1,535	-84	-17,394	-18,916	-1,521	-18,916
-18,335	Clinical Supplies	-1,605	-1,645	-40	-18,335	-18,400	-65	-18,400
-3,640	Non Clinical Supplies	-388	-490	-102	-3,640	-4,269	-628	-4,269
-33,445	Other operating expenses	-2,569	-3,862	-718	-33,445	-36,333	-2,313	-36,333
-259,661	**TOTAL OPERATING EXPENSES**	**-22,880**	**-31,804**	**-8,349**	**-259,661**	**-273,800**	**-13,564**	**-273,800**
-832	**EBITDA**	**1,315**	**866**	**-449**	**-832**	**-3,000**	**-2,169**	**-3,000**
	Non Operating							
	Non Operating Income							
-541	Interest	-45	-24	21	-541	-240	301	-240
0	Asset disposal	0	0	0	0	0	0	0
	Non-Operating Expenses							
-5,907	Depreciation & Finance Leases	-476	-166	311	-5,907	-4,602	1,305	-4,602
-1,989	PDC Dividend Expense	-166	-186	-21	-1,989	-2,010	-21	-2,010
-9,269	**Adjusted Financial Performance surplus/(deficit)**	**628**	**491**	**-136**	**-9,269**	**-9,852**	**-583**	**-9,852**
0	Control Total Adjustment	-200	0	200	-600	0	600	0
4,320	Provider Sustainability Fund	504	504	0	4,320	4,320	0	4,320
3,215	Marginal Rate on Emergency Threshold	268	268	0	3,215	3,215	0	3,215
0	Financial Recovery Fund	0	2,367	2,367	0	2,367	2,367	2,367
-1,734	**Net Surplus/(deficit) before Exceptional Items**	**1,200**	**3,630**	**2,431**	**-2,334**	**50**	**2,384**	**50**
0	Donations for purchase of assets	0	0	0	0	26	26	26
0	Depreciation on Donated Assets	0	24	24	0	-240	-240	-240
	I&E Impairments	0	209	209	0	209	209	209
0	Prior Period Adjustments	0	0	0	0	362	362	362
-1,734	**Net Surplus/(Deficit) after Exceptional Items**	**1,200**	**3,863**	**2,664**	**-2,334**	**407**	**2,741**	**407**

NHS Mid Cheshire Hospitals
NHS Foundation Trust

Performance and Finance - Statement of Financial Position March 2020

Current Position | Analysis | Forward View

Assets Non-Current
The capital programme expenditure is £7.2m less than anticipated due to slippage in a number of schemes. However due to a revaluation of the estate this variance has been reduced by £4.1m. The remainder relates to the depreciation charge being less than anticipated.

Assets Current
Trade and Other Receivables is £3.4m higher than plan, this is mainly due to an accrual for PSF funding of £2.4m and a higher than anticipated prepayments due to Operating Leases £0.4m

Current Liabilities
Loans are higher than plan due to the repayment of the £5m working capital loan being deferred. In addition £8.2m interim capital loans are now payable in September 2020. However this will be supported by additional PDC.

Non-Current Liabilities
This is due to the CT Scanner & MRI Scanner in the plan was assumed to be a finance lease and has now been assessed as an operating lease.
The Committee should note both the Working Capital Loans and the Interim Capital Loans are now due in less than one year £13.2m.

Taxpayers Equity
PDC has been received of £5.5m additional PDC which was not expected £1.8m for the ED Expansion and the majority of the rest is relates to the implementation of a new EPR system . The variance on the revaluation reserve relates to the valuation of the estate.

	Plan Apr to March (£'000)	Actual Apr to March (£'000)	Variance (£'000)	Forecast 2019/20 (£'000)
Assets				
Assets, Non-Current	105,433	103,903	-1,530	99,558
Assets, Current				
Trade and other Receivables	9,255	12,678	3,423	10,055
Other Assets (including Inventories & Prepayments)	6,097	6,342	245	6,097
Cash and Cash Equivalents	4,760	14,016	9,256	11,040
Total Assets, Current	20,112	33,036	12,924	27,192
ASSETS, TOTAL	125,545	136,939	11,394	126,750
Liabilities				
Liabilities, Current				
Finance Lease, Current	-2,348	-1,547	802	-1,600
Loans Commercial Current	-475	-13,573	-13,098	-5,472
Trade and Other Payables, Current	-13,590	-15,376	-1,787	-10,790
Provisions, Current	-325	-283	42	-325
Other Financial Liabilities	-8,820	-8,589	231	-8,820
Total Liabilities, Current	-25,558	-39,368	-13,809	-27,007
Net Current Assets/(Liabilities)	-5,446	-6,332	-886	185
Liabilities, Non Current				
Finance Lease, Non Current	-4,705	-3,056	1,649	-4,332
Loans Commercial Non-Current	-16,641	-3,651	12,990	-11,150
Provisions, Non-Current	-1,246	-1,948	-702	-1,246
Trade and Other Payables, Non-Current	0	0	0	0
Total Liabilities Non-Current	-22,592	-8,655	13,937	-16,728
TOTAL ASSETS EMPLOYED	77,395	88,916	11,521	83,015
Taxpayers' and Others' Equity				
Taxpayers Equity				
Public dividend capital	77,668	83,149	5,481	79,308
Retained Earnings	-13,687	-11,518	2,169	-13,325
Donated asset reserve	0	0	0	0
Revaluation Reserve	13,414	17,285	3,871	13,414
TOTAL TAXPAYERS EQUITY	77,395	88,916	11,521	79,397
TOTAL FUNDS EMPLOYED	77,395	88,916	11,521	79,397

Over the coming months there are no significant changes anticipated to the Balance Sheet.

Cash flows are expected to remain consistent with regular cash coming in, and with regular payments being made to suppliers.
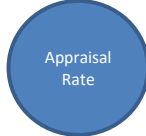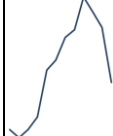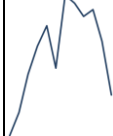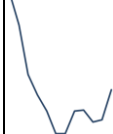
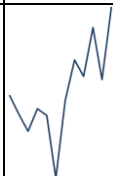# Board of Directors

Workforce Report

May 2020

(March 2020 data)

Performance Report — Workforce Chapter
Month: Mar-20

Measure	Target	Performance	Description	Narrative	Rolling Trend	Trend	C&W Average (February 2020)
In-Month Sickness Absence	N/A	5.56%	In-month 12m average Sickness Absence described as a Percentage	IM sickness has increased by 0.12% from the previous month. All divisions experienced incresed sickness with the exception of Corporate. MEC experienced the biggest increase (1.48%) followed by SC (1.43%).		↑	5.31%
Appraisal Rate	90.00%	85.64%	Percentage of Staff who have received an appraisal in the last 12 months. Excludes New Staff with less than 12m service and Bank Staff	Appraisal compliance reduced in month by 3.84% and all divisions experienced a reduction with the exception of WC. The biggest reduction was in EF (12.16%) followed by Corporate (7.01%).		↓	86.99%
Mandatory Training	90.00%	80.45%	Mandatory Training Monthly Rate Excludes Bank Staff, Staff on long term sick & mat. leave.	Training compliance reduced in month by 2.44% and all divisions experienced a reduction . The biggest reduction was in MEC (4.42%) followed by WC (3.05%).		↓	89.37%
Staff Turnover	10.00%	9.00%	Number of Leavers expressed as a percentage of the workforce over a 12m rolling period. Exclude Junior Doctors, Temporary and Fixed term.	Turnover increased in month by 0.28% and all divisions experienced a reduction except EF and WC. The biggest increase was in DCCS (1.21%).		↑	10.99%

Copy of Workforce Report March 20 data for May 20 meeting 2
22/04/2020   Page 67 of 104   2

Measure	Target	Performance	Description	Narrative	Rolling Trend		
Agency Spend	(404)	(955)	In month total spend for the Trust against plan	Agency spend was £260k more than in the previous month. Nursing and Midwifery spend increased by £157k and MEC spend reduced by £185k.		↑	N/A
NHSI Planned Agency	less than 100%	236.39%	In month Trust Agency Spend as a percentage of the Planned Agency Spend			↑	N/A

Key

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

Sickness % - In Month
April 17 - March 20
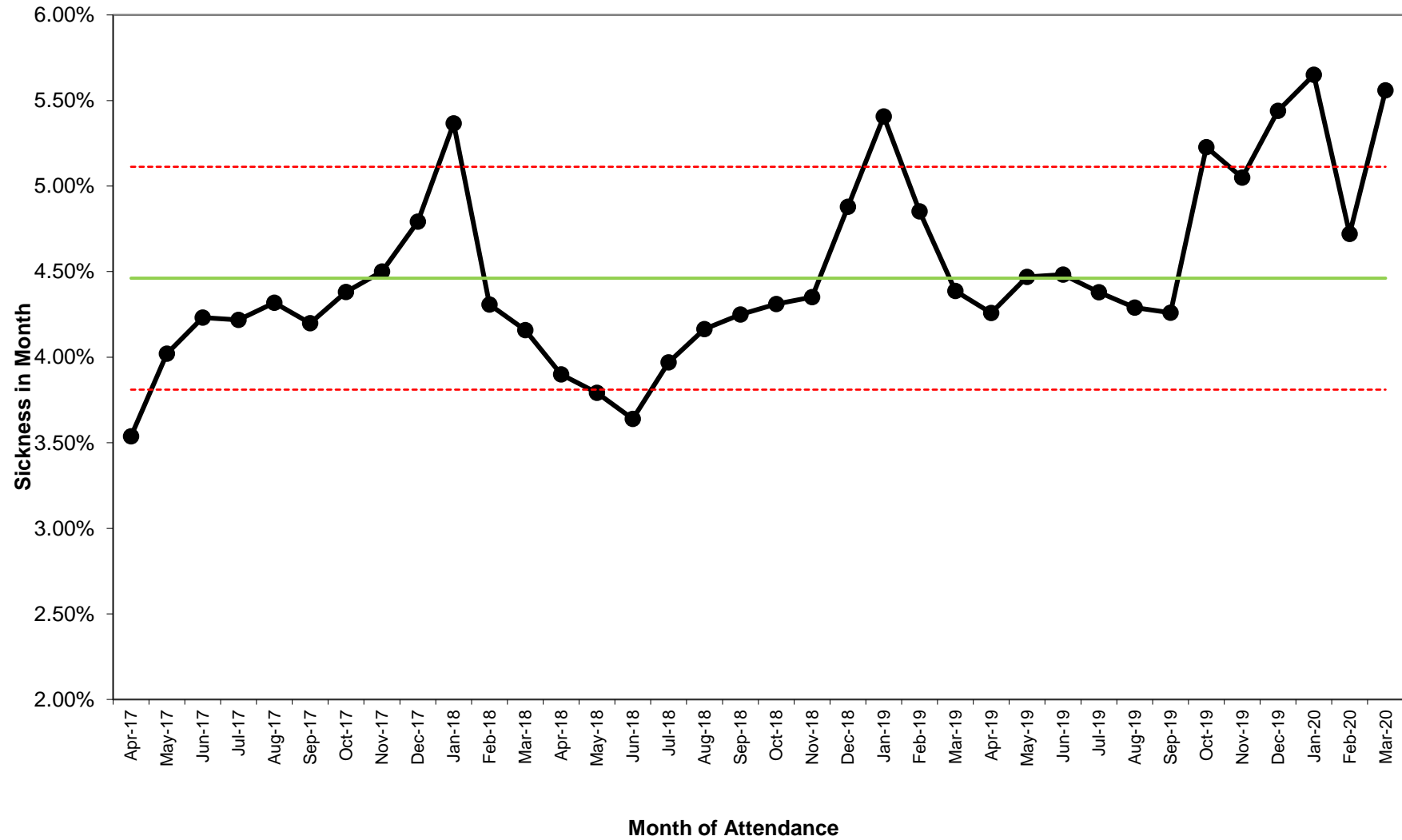
Title of Paper:	Freedom to Speak Up Report: Q4 2019/20	
Author:	Julie Tunney: Director of Nursing & Quality	
Executive Lead:	Julie Tunney, Director of Nursing & Quality and Freedom to Speak Up Guardian	
Type of Report:	Concept Paper	
	Strategic Options Paper	
	Business Case	
	Information	x
	Review/Benefits/Audit	

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

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

Action Required:	Decide	
	Approve	✓
	Note	✓
	Recommend	
	Delegate	

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

To be published on Trust Website –complete version		Y
If no, to be published on Trust Website – redacted		
If not to be published complete or redacted, please detail the reason why		
Presented at Board Meeting of:		4 May 2020

FREEDOM TO SPEAK UP GUARDIAN QUARTERLY REPORT
January – March 2020 (Quarter 4)

Introduction & Background

The 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.

Since the review, NHS trusts have appointed Freedom to Speak up Guardians. The Guardians role is to provide staff with someone to go to if they have a concern about a patient safety risk, a wrong-doing or malpractice. The role also includes a requirement 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 currently undertaken by the Director of Nursing and Quality.

This report provides an update about the current position during the quarter 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 4

➢ 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. Trust wide communications have been developed and issued to staff to act as a reminder that guidance and support, in addition to the usual reporting mechanisms, remain available to raise concerns during the COVID-19 pandemic.

➢ Floorwalkers were introduced at the end of March 2020. The Floorwalkers visit all areas each day between the hours of 2-5pm and carry out a number of tasks including handing out leaflets / flyers that contain a reminder about the Freedom to Speak Up Guardian role within the trust.

➢ Trust laptop and computer screensavers include a pop up reminder of the Freedom to Speak Up Guardian role and details on how staff can raise concerns.

➢ Freedom to speak up boxes remain in place at a number of locations across the Trust and in CCICP locations and promotion of this facility continues. The boxes are monitored regularly and it is encouraging to see that staff are continuing to utilise this provision as an option to raise concerns.

➢ Recruitment for the Freedom to Speak Up Guardian role is underway. A job and person specification has been drafted and approved via the appropriate channels. A prospective applicant questions and answers session hosted by the current FTSU Guardian and Chief Executive is taking place on 11th May 2020.

Quarterly Reporting Q4

During the period 1st January to 31st March 2020, 5 new concerns were raised via the Freedom to Speak Up reporting mechanisms. This compares to 8 concerns being raised during Quarter 3 (one of which was signposted to HR processes).

The concerns raised during the quarter are set out below:

Method of reporting	Anonymous	Reason for Contact	Investigation /fact find undertaken	Issue closed and feedback reported
Incident Report Form	No	Patient Safety	Observation of practice undertaken place with appropriate actions identified	Issue closed and feedback provided.
FTSU Box	Yes	Patient Safety	Yes and appropriate actions put into place	Issue closed.
FTSU Box	Yes	Elements of both patient and staff safety	Yes and new processes implemented as a result	Issued closed.
Exit Interview	No	Patient Safety	Ward observation taken place with appropriate actions identified	Issued closed. Staff member has left the Trust.
FTSU Guardian	No	Staff Safety	Actions implemented with relevant line manager	Issue closed and feedback provided

Conclusion

Quarter 4 has seen a slight decrease in the number of concerns raised during the quarter compared to the previous month. It is however encouraging to see that staff are empowered to raise concerns and are utilising the various methods available to them to do so. It is recognised that some of the reporting mechanisms are utilised less frequently than others, however it is crucial to ensure that the provision of these is maintained to enable staff a route to raise concerns in a way that best suits their needs.

It is important that the Freedom to Speak Up agenda continues, as it more important than ever to support staff during the COVID-19 pandemic to ensure that concerns are listened to and responded to. Communication and awareness raising briefings will continue over the coming months to ensure that staff are aware that the usual reporting channels remain operational.

National Guardian Office Reporting

The data included in this report will be shared with the National Guardians Office for the Quarter 4 returns to ensure compliance and national learning.

Title of Paper:	NHSI Self-Certification 2020	
Author:	Katharine Dowson, Head of Corporate Governance	
Executive Lead:	Caroline Keating, Company Secretary	
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		X	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	X
	Accountability	X
	Strategy	X
	Implementation	X

Action Required:	Decide	
	Approve	X
	Note	
	Recommend	
	Delegate	

Positive Benefit:	Positive Self-Certification
Risk:	Non-compliance with the requirement for self-certification from NHSI

To be published on Trust Website –complete version	Y
If no, to be published on Trust Website – redacted	N/A
If not to be published complete or redacted, please detail the reason why	N/A
Presented at Board Meeting of:	4 May 2020

Background:

Historically, NHS Foundation Trusts have been required to make the below declarations to NHSI on an annual basis based on a self-certification. Submissions are no longer required and instead NHSI will select a number of Trusts and audit their processes for making such declarations. On that basis, the process for enabling the Board to make such a declaration has remained the same as in previous years.

NHS providers need to self-certify the following conditions after the financial year end:

1. Condition G6(3): The provider has taken all precautions to comply with the licence, NHS acts and NHS Constitution. (Appendix 2)

2. Condition G6(4): Publication of the above G6(3) self-certification.

3. Condition FT4 (8): The provider has complied with required governance arrangements – Corporate Governance Statement (Appendix 3)

4. Condition CoS7 (3): The provider has a reasonable expectation that required resources will be available to deliver the designated services for the 12 months from the date of the statement. This only applies to foundation trusts that are providers of Commissioner Requested Services (CRS). (Appendix 2)
5. Training of Governors: The provider has reviewed whether their Governors have received enough training and guidance to carry out their roles. (Appendix 4)

Introduction:

The Board of Directors are asked to review the guidance pertaining to the above declarations and respond to the statements in the worksheets and evidence shown at appendix 2, 3 & 4 as 'Confirmed' or 'Not Confirmed'. Condition G6 and CoS7 are contained within the same declaration. In order to support the declaration being made further guidance to that given in the worksheets is provided at appendix 1.

In the event that the Board of Directors are unable to fully self-certify, it should NOT select 'Confirmed'. Under these circumstances a commentary explaining the reasons for the absence of a full self-certification and the action proposed to address the issues identified.

Recommendation:

The Chairman and Interim Chief Executive, on behalf of the Board of Directors, are recommended to sign the enclosed declarations as 'Confirmed'

Appendix 1: Further guidance for the declarations

Declarations on Condition G6 – Systems for compliance with licence conditions and related obligations

1. The Licensee shall take all reasonable precautions against the risk of failure to comply with:

(a) the Conditions of this Licence,
(b) any requirements imposed on it under the NHS Acts, and
(c) the requirement to have regard to the NHS Constitution in providing
   health care services for the purposes of the NHS.

2. Without prejudice to the generality of paragraph 1, the steps that the Licensee must take pursuant to that paragraph shall include:

(a) the establishment and implementation of processes and systems to identify risks and guard against their occurrence; and
(b) regular review of whether those processes and systems have been implemented and of their effectiveness.

3. Not later than two months from the end of each Financial Year, the Licensee shall prepare and submit to NHSI a certificate to the effect that, following a review for the purpose of paragraph 2(b) the Directors of the Licensee are or are not satisfied, as the case may be that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with this Condition.

4. The Licensee shall publish each certificate submitted for the purpose of this Condition within one month of its submission to NHSI in such manner as is likely to bring it to the attention of such persons who reasonably can be expected to have an interest in it.

Declarations on Condition FT4 (8), Corporate Governance

For declarations 1 - 6 the following guidance is taken from the NHS Provider Licence Conditions specific to Section 6 – Condition FT4 – NHS foundation trust governance arrangements:

1. This condition shall apply if the Licensee is an NHS foundation trust, without prejudice to the generality of the other conditions in this Licence.

2. The Licensee shall apply those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.

3. Without prejudice to the generality of paragraph 2 and to the generality of General Condition 5 (NHSI Guidance), the Licensee shall:

   (a) have regard to such guidance on good corporate governance as may be issued by NHSI from time to time; and
   (b) comply with the following paragraphs of this Condition.

4. The Licensee shall establish and implement:

   (a) effective board and committee structures;
   (b) clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and
   (c) clear reporting lines and accountabilities throughout its organisation.

5. The Licensee shall establish and effectively implement systems and/or processes:

   (a) to ensure compliance with the Licensee's duty to operate efficiently, economically and effectively;

(b) for timely and effective scrutiny and oversight by the Board
of the Licensee's operations;
(c) to ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions;
(d) for effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern);
(e) to obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making;
(f) to identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence;
(g) to generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and
(h) to ensure compliance with all applicable legal requirements.

6. The systems and/or processes referred to in paragraph 5 should include but not be restricted to systems and/or processes to ensure:

(a) that there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided;
(b) that the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations;
(c) the collection of accurate, comprehensive, timely and up to date information on quality of care;
(d) that the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care;
(e) that the Licensee including its Board actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and
(f) that there is clear accountability for quality of care throughout the Licensee's organisation including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.

7. The Licensee shall ensure the existence and effective operation of systems to ensure that it has in place personnel on the Board, reporting to the Board and
within the rest of the Licensee's organisation who are sufficient in number and appropriately qualified to ensure compliance with the Conditions of this Licence.

8. The Licensee shall submit to NHSI within three months of the end of each financial year:
(a) a corporate governance statement by and on behalf of its Board confirming compliance with this Condition as at the date of the statement and anticipated compliance with this Condition for the next financial year, specifying any risks to compliance with this Condition in the next financial year and any actions it proposes to take to manage such risks; and
(b) if required in writing by NHSI, a statement from its auditors either:
(i) confirming that, in their view, after making reasonable enquiries, the Licensee has taken all the actions set out in its corporate governance statement applicable to the past financial year, or
(ii) setting out the areas where, in their view, after making reasonable enquiries, the Licensee has failed to take the actions set out in its corporate governance statement applicable to the past financial year.

Katharine Dowson
Head of Corporate Governance
April 2020

Financial Year to which self-certification relates

2019/20

Declarations required by General condition 6 and Continuity of Service condition 7 of the NHS provider licence

The board are required to respond "Confirmed" or "Not confirmed" to the following statements (please select 'not confirmed' if confirming another option). Explanatory information should be provided where required.

1 & 2   General condition 6 - Systems for compliance with licence conditions (FTs and NHS trusts)

1   Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution.

Confirmed

OK

3   Continuity of services condition 7 - Availability of Resources (FTs designated CRS only)

EITHER:

3a   After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate.

Confirmed

OR

3b   After making enquiries the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required Resources available to it after taking into account in particular (but without limitation) any distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. However, they would like to draw attention to the following factors (as described in the text box below) which may cast doubt on the ability of the Licensee to provide Commissioner Requested Services.

OR

3c   In the opinion of the Directors of the Licensee, the Licensee will not have the Required Resources available to it for the period of 12 months referred to in this certificate.

Statement of main factors taken into account in making the above declaration
In making the above declaration, the main factors which have been taken into account by the Board of Directors are as follows:

Opinion of External Auditor
Use of Resources assessment by CQC
Financial management processes.

Signed on behalf of the board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Signature

Signature

Name | James Sumner

Name | Dennis Dunn

Capacity | Chief Executive

Capacity | Chairman

Date 04 May 2020

Date 04 May 2020

Further explanatory information should be provided below where the Board has been unable to confirm declarations under G6.

Not Applicable.

Appendix 3 Worksheet "FT4 declaration"

Corporate Governance Statement (FTs and NHS trusts)

The Board are required to respond "Confirmed" or "Not confirmed" to the following statements, setting out any risks and mitigating actions planned for each one

	Corporate Governance Statement	Response	Risks and Mitigating actions
1	The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.	Confirmed	Independent External and Internal Auditors appointed to ensure appropriate internal controls and reporting CQC inspection rated as Good in Well Led (April 2020) NHS Counter Fraud Inspection in 2018 (passed with no major areas of concern) Appointment of a Company Secretary at Executive level in 2020.
2	The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time	Confirmed	Ongoing programme of internal audit. Review of governance structures and information flow reported in 2020. Internal review against the revised Well Led Framework in 2018 with associated action plan Conducted an external well led review in 2017. NHS England Conflicts of Interest guidance (2018) implemented in full
3	The Board is satisfied that the Licensee has established and implements: (a) Effective board and committee structures; (b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and (c) Clear reporting lines and accountabilities throughout its organisation.	Confirmed	Corporate Governance Handbook outlines this process and is reviewed regularly.
4	The Board is satisfied that the Licensee has established and effectively implements systems and/or processes: (a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively; (b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations; (c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions; (d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern); (e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making; (f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence; (g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and (h) To ensure compliance with all applicable legal requirements.	Confirmed	Use of Resources (2019). CQC rated as Good (2020) External Audit opinion given annually Internal Audit programme and opinion annually Annual Report & Accounts issued annually detailing compliance incorporating the Annual Governance Statement on internal controls and the approach to risk.
5	The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure: (a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided; (b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations; (c) The collection of accurate, comprehensive, timely and up to date information on quality of care; (d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care; (e) That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and (f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.	Confirmed	Director of Nursing and Quality leads on Quality and reports monthly to Board, Board committee in place that focused on quality governance and patient safety Consultation completed on the Quality & Safety Improvement Plan in 2020. Ward accreditation programme launched in 2019. Monthly Quality summits held. Quality Improvement Faculty launched in 2019. Executive led quarterly quality assurance reviews.
6	The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.	Confirmed	Board recruitment and succession planning is the remit of the Remuneration and Appointments Committee (for Executives) and Nominations & Remuneration Committee (for the Chair and Non-Executive Directors. All Board members are subject to a rigorous recruitment process and complete a Fit and Proper Persons Declaration which is reviewed annually.

Signed on behalf of the Board of directors, and, in the case of Foundation Trusts, having regard to the views of the Governors

Signature   **Signature**

Name James Sumner   **Name** Dennis Dunn

Further explanatory information should be provided below where the Board has been unable to confirm declarations under FT4.

Not Applicable

Appendix 4 Worksheet for Governors Training

Governor Training 2019-20

All new Governors are asked to complete a training and development assessment as part of their induction which is reviewed by the Chairman. This helps to develop a training programme for Governors each year and identify any particular needs.

Governors are invited to engage with the North West Governors Forum and the NHS Providers Governwell programme and the following events were attended by individual Governors in 2019/20. Following attendance, the Governor shared their learning with fellow Governors at the next Council of Governors

- Effective Questioning and Challenge 25 June 2019 (2 attendees)
- Coreskills 16 May 2019 (2 Governors)

A number of further planned courses and the induction for new Governors was postponed due to the Covid-19 outbreak and will be rescheduled for later in 2020.

To engage with Members and the public, Governors must feel confident in their knowledge of the Trust and the local health economy. To support this there has been ongoing learning through:

- Presentations at Council meetings by Executive Directors and invited speakers, for example Transformation, Annual Report & Accounts and the national in-patient and staff surveys
- Being a Governor representative on some Trust Committees (Governors are invited to meet with the Chair of the Committee so they have a full understanding of the role of the Committee and their role and remit as part of the Committee membership)
- Monthly Ward/Department Walkrounds with members of the Board of Directors and Patient Safety Team
- Regular bi-monthly membership events on particular areas of the hospital which in 2019/20 included Ophthalmology, Partnership working and End of Life

There has also been shared learning through distribution of items such as the NHS Providers briefings on a range of topics and Governors were invited to join senior manager at the Clinical Strategy Day in October 2019.

Worksheet "Training of governors"

Financial Year to which self-certification relates   2019/20

Certification on training of governors (FTs only)

The Board are required to respond "Confirmed" or "Not confirmed" to the following statements. Explanatory information should be provided where required.

Training of Governors

1   The Board is satisfied that during the financial year most recently ended the Licensee has provided the necessary training to its Governors, as required in s151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role.

Confirmed	
	OK

Signed on behalf of the Board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Signature   **Signature**

Name	James Sumner		Name	Dennis Dunn
Capacity	Chief Executive		Capacity	Chairman
Date			Date	

Further explanatory information should be provided below where the Board has been unable to confirm declarations under s151(5) of the Health and Social Care

A

Title of Paper:		Terms of Reference for Board Committees	
Author:		Katharine Dowson, Head of Corporate Governance	
Executive Lead:		Caroline Keating, Company Secretary	
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	
Aspiring to Excellence in Practice Through Our Workforce	x		Responsive	
Creating a 21st Century Infrastructure for Transformative Health and Social Care			Well-Led	x

Link to Board Responsibility:	Performance	
	Accountability	x
	Strategy	
	Implementation	

Action Required:	Decide	
	Approve	x
	Note	
	Recommend	
	Delegate	

Positive Benefit:	To ensure the responsibilities delegated to the Board Committees are clearly defined and appropriate.
Risk:	
To be published on Trust Website –complete version	Y
If no, to be published on Trust Website – redacted	
If not to be published complete or redacted, please detail the reason why	
Presented at Board Meeting of:	**4 May 2020**

Terms of Reference for Board Committees

MCHFT Constitution Standing order 5.3 Delegation to Committees

"Subject to the powers that the Board retains for itself, the Board may determine from time to time to delegate certain of its responsibilities to be exercised by a committee, sub-group, or joint-committee, which it has formally constituted. The constitution and terms of reference of these committees, or sub-groups, or joint committees, and their specific powers (and, if necessary, those retained by the Board) shall be approved by the Board. These committees, sub-groups and joint committees must be formally constituted of Directors of the Board only."

This paper incorporates the terms of reference (ToR) following discussion at each committee and the annual review previously reported to the Board of Directors (2 March 2020). The following ToR are incorporated as appendices:

1. Audit Committee (AC)
2. Performance and Finance Committee (PAF)
3. Quality Governance Committee (QGC)
4. Remuneration Committee (RemCo)
5. Transformation and People (TAP)

The ToR for Trustees Sub Committee is not included as the March meeting where the review was due did not take place. It is intended that these ToR will be approved by the Board acting as Corporate Trustees at the next Corporate Trustee meeting.

Katharine Dowson
Head of Corporate Governance
April 2020

Appendix 1

Audit Committee
Terms of Reference

1.   Formation of this Committee

The Board hereby resolves, under Standing Order 3810, to establish a Committee of the Board to be known as the Audit Committee (The Committee). The Committee is a non-executive committee of the Board and has no executive powers, other than those specifically delegated in these Terms of Reference.

2.   Role

The Committee is responsible for providing assurances to the Board that the Trust is safely managing all issues of internal control including the review of the adequacy and effectiveness of Trust systems including primarily:

- Financial Management
- Internal and External Audit
- Corporate Governance
- Risk Management including the Corporate Risk Register and Board Assurance Framework
- Counter-Fraud, including Bribery and Conflicts of Interest

The Committee should consider key matters of its own initiative rather than relying solely on the work of the external auditor, It must satisfy itself that the sources of assurance and information it has used to carry out its roles to review, monitor and provide assurance or recommendations to the Board are sufficient and objective.

3.   Membership of the Committee

Three Non-Executive Directors, and Chairs of Board committees shall be the members of the Committee. This will not include the Trust Chairman. One of the Non-Executive Directors will be appointed as the Committee hair for a term of three years and another as the vice-chair, deputising in their absence for a term of one year. These appointments must both be ratified by the Board of Directors.

Committee members may not have a deputy at Committee meetings.

4.   Regular Attendees

- Deputy Chief Executive & Director of Finance
- Associate Director of Quality Governance
- Head of Corporate Governance
- Company Secretary
- Internal Auditor
- External Auditor
- Local Counter-Fraud Specialist

It is expected that members and regular attendees will attend at least 75% of the Committee's meetings in any financial year and the Chair of the Committee will discuss with the Chair of the Board any breach of this expectation.

At least once a year the Committee should meet privately with the External and Internal Auditors.

An annual attendance report will be submitted to the Committee for information and action as required and will be included within the Trust's Annual Report.

5. Chair of the Committee

The Chair and Vice-Chair of the Committee shall be appointed by the Board of Directors.

In the absence of the Committee Chair or Deputy Chair, the remaining members present will elect another member to Chair the meeting.

6. Secretary

The Company Secretary or their nominee shall act as the Secretary of the Committee.

7. Quorum

The quorum for meetings of the Committee shall be two members. A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Committee. At no time may a member vote by proxy when absent but with the agreement of the Chair a member may participate and vote via telephone or video conferencing.

8. Frequency of Meetings

Meetings shall generally be held as required (generally bi-monthly) and no less than four times. The Chair may at any time convene additional meetings of the Committee to consider business that requires urgent attention.

The Chief Executive and other executive directors may be invited to attend, particularly when the Committee is discussing significant areas of risk or operation that are the responsibility of that director.

9. Notice of Meetings

Meetings of the Committee shall be called at the request of the Chair. An agenda for each meeting, together with relevant papers, will be forwarded to Committee members to arrive at least five working days before the meeting.

10. Minutes

The Company Secretary, or nominated deputy, shall minute the proceedings of all meetings of the Committee, including recording the names of those present and in attendance.

Members and those present should state any conflicts of interest in relation to open agenda items to the Chair of the Committee prior to the meeting. Where there is a conflict of interest the Chair will notify the member whether they should withdraw from the meeting, the discussion and/or voting. The Secretary should minute any conflicts of interest accordingly.

Minutes of Committee meetings should be circulated to the Chair within five working days and promptly to all members of the Committee unless a conflict of interest exists. The Committee Chair will present the minutes (whether confirmed or unconfirmed) at the Trust Board meeting following the Committee meeting

11. Annual General Meeting

The Chair of the Committee will normally attend the Annual General Meeting prepared to respond to any questions on the Committee's activities.

12. Reporting Arrangements

The Committee will report to the Board who will approve its Terms of Reference and membership.

The Committee Chair shall report formally to the Board and, where appropriate, the Council of Governors on its proceedings after each meeting on all matters within its duties and responsibilities.

The Committee shall make whatever recommendations to the Board it deems appropriate on any area within its remit where action or improvement is needed.

13. Responsibilities of the Committee

The Committee is responsible for providing information and assurances to the Board that the Trust is safely managing all issues in relation to and risk management including financial elements where appropriate. In particular, the Committee's duties shall include:

13.1 Governance, Risk Management and Internal Control

The Committee shall review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives.

In particular, the Committee will review the adequacy of:
- all risk and control related disclosure statements (in particular the Annual Governance Statement and declarations of compliance with the CQC Domain Requirements), together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board
- the wording in the Annual Governance Statement and other disclosures relevant to the Terms of Reference of the Committee
- the underlying assurance processes that indicate the degree of the achievement of corporate objectives and the appropriateness of the above disclosure statements
- The risk management strategy and the process for the escalation and de-escalation of risks and the effectiveness of the Board Assurance Framework
- the policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements
- the policies and procedures for all work related to fraud and corruption as set out in Secretary of State Directions and as required by NHS Counter Fraud
- The adequacy of systems to secure value for money.

In carrying out this work the Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions, but will not be limited to these audit functions. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.

This will be evidenced through the Committee's use of an effective Assurance Framework to guide its work and that of the audit and assurance functions that report to it.

13.2 Internal Audit

The Committee shall ensure that there is an effective internal audit function established by management that meets mandatory NHS Internal Audit Standards

and provides appropriate independent assurance to the Audit Committee, Chief Executive and Board. This will be achieved by:

- consideration of the provision of the Internal Audit service, the cost of the audit and any questions of resignation and dismissal
- review and approval of the Internal Audit annual plan, strategy and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the Assurance Framework
- ensure the Internal Audit plan sufficiently includes the review of risk, compliance and finance systems
- consideration of the major findings of internal audit work (and management's response), and ensure co-ordination between the Internal and External Auditors to optimise audit resources
- ensuring that the Internal Audit function is adequately resourced and has appropriate standing within the organisation and has a reporting line that is sufficiently independent of the Executive
- annual review of the effectiveness of internal audit

13. 3 External Audit

The Committee shall review the work and findings of the External Auditor appointed by the Governors and consider the implications and management's responses to their work. This will be achieved by:

- consideration of the appointment and performance of the External Auditor, as far as the Trust's Constitution rules permits and to make a formal recommendation to the Council of Governors for the appointment ore removal of the External Auditors
- discussion and agreement with the External Auditor, before the audit commences, of the nature and scope of the audit as set out in the Annual Plan, and ensure coordination, as appropriate, with other External Auditors in the local health economy
- discussion with the External Auditors of their local evaluation of audit risks and assessment of the health economy/Trust/CCG and associated impact on the audit fee
- review all External Audit reports, including agreement of the annual audit letter before submission to the Board and any work carried outside the annual audit plan, together with the appropriateness of management responses

13.4 Financial Reporting

The Audit Committee shall review the Annual Report and Financial Statements before submission to the Board, focusing particularly on:

- changes in, and compliance with, accounting policies and practices
- unadjusted misstatements in the financial statements
- major judgmental areas
- significant adjustments resulting from the audit

The Committee should also ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Board.

13.5 Other Assurance Functions

The Audit Committee shall review the findings of other significant assurance functions, both internal and external to the organisation, and consider the implications to the governance of the organisation.

These will include, but will not be limited to, any reviews by Department of Health Arms Length Bodies or Regulators/Inspectors (e.g. Care Quality Commission,

NHS Litigation Authority, etc.), professional bodies with responsibility for the performance of staff or functions (e.g. Royal Colleges, accreditation bodies, etc.)

In addition, the Committee will review the work of other committees within the organisation, whose work can provide relevant assurance to the Audit Committee's own scope of work.

In reviewing the work of the Quality Governance Committee, and issues around clinical risk management, the Audit Committee will wish to satisfy themselves on the assurance that can be gained from the clinical audit function.

The Committee shall review the schedules of losses and compensation and make recommendations to the Board.

The Trust will undertake a review of the Corporate Governance Manual (comprising Standing Order, Standing Financial Instructions, Standing Instructions for Non-Financial Risk, Powers Reserved to the Board and Scheme of Delegation) at least every three years and the Committee will recommend changes for approval by the Board.

The Committee will review and recommend to the Board the adoption of any new or revised financial codes of procedures.

The Committee shall consider the circumstances when Standing Orders, Standing Financial Instructions or Standing Instructions for Non-Financial Risks have been waived, suspended or otherwise breached.

The Committee shall monitor the implementation of the Trust's policy on standards of business conduct for members of staff and will ensure that matters of propriety and regularity are referred to Internal or External Audit to investigate.

13.6 Management
The Committee shall request and review reports and positive assurances from directors and managers on the overall arrangements for governance, risk management and internal control.

They may also request specific reports from individual functions within the organisation (e.g. clinical audit) as they may be appropriate to the overall arrangements.

 The Chair shall draw to the attention of the Board any issues that require disclosure to the full Board, or require executive action to manage risks with a significant impact on the Trust. The Committee shall report to the Board annually on its work in support of the Annual Governance Statement, specifically commenting on the fitness for purpose of the risk assurance framework, the completeness and embeddedness of risk management in the organisation, the integration of governance arrangements and the appropriateness of the self-assessment against CQC Standards.

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

The Committee is authorised by the Board to obtain legal or independent professional advice and to secure the attendance of partners with relevant experience or expertise, if it considers this to be necessary.

The Committee may appoint sub-committees comprising Committee Members, officers and experts (both internal and external) to assist it in its work.

15.   Relationships with other Committees

The Committee may refer matters to other Committees either to raise concerns or request assistance in investigating.

The relationship with other Committees or Groups will be a standing agenda item on the agenda to ensure the Committee routinely receives as a minimum appropriate action points.

The Committee may receive escalated matters of concern from other Board Committees in relation to risk and assurance issues for further investigation and may, if necessary raise concerns or request further assistance in investigations from other Committees in order to meet its Terms of Reference.

16.   Other Matters

The Committee should:
- Be provided with appropriate and timely training, both in the form of an induction programme for new members and on an on-going basis for all members
- Give due consideration to laws and regulations
- Abide by the Trust's Constitution, its values, its Code of Conduct and Nolan Principles of Conduct Underpinning Public Life.

17.   Monitoring and Review

The Board will monitor the effectiveness of the Committee through receipt of the Committee's minutes and such written or verbal reports that the Chair of the Committee might provide.

At least once a year the Committee will review its own performance, constitution and Terms of Reference to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to the Board for approval.

The Secretary will monitor the frequency of the Committee meetings and the attendance records to ensure minimum attendance figures are complied with included within the Trust's Annual Report.

The Committee will prepare an Annual Report for the Board by the 31st May each year on the Committee's work in discharging its duties against its Terms of Reference which covers the previous financial reporting period;

Date revised: March 2020
Next review date: March 2021

**Performance and Finance Committee
Terms of Reference**

1. **Formation of the Committee**
   The Mid Cheshire Hospitals NHS Foundation Trust Board of Directors (the Board) has established a Committee of the Board, to be known as the Performance and Finance Committee (the Committee).

   The Committee shall have Terms of Reference and powers and will ensure that the Board is able to act in accordance with legislation, compliance or direction requirements and to be fully appraised on the impact of Performance and Finance on the delivery of the Trust's strategic objectives.

2. **Role**
   The Committee is responsible for providing information and assurances to the Board that it is managing all issues in relation to performance and finance including:

   - The establishment and maintenance of effective systems of performance and finance.

   The adequacy and effectiveness of:

   - Assurances in relation to compliance with national statutory standards, legislative and regulatory compliance requirements;

   - Assurances on the systems in place to monitor performance and finance including benchmarking schemes.

3. **Membership of the Committee**

   Members of the Committee will be Board Members and shall be appointed by the Board, at least two of whom shall be Non-Executive Directors. The members of the Committee shall be:

   - Two Non-Executive Directors (One designated Chair and one designated Deputy Chair)
   - Deputy Chief Executive & Director of Finance
   - Chief Operating Officer

4. **Regular Attendees:**
   - Head of Information & Performance
   - Deputy Director of Finance
   - Director of Operations
   - Company Secretary
   - Head of Corporate Governance

   It is expected that all members and regular attendees will attend at least 75% of meetings of the Committee.

   Members of committees who exceptionally cannot attend a meeting may, with the prior agreement of the Committee chairman, arrange for a deputy from the Board to attend in their absence. In the case of the Committee Chairman, the Board Chairman should agree the attendance of a deputy. This deputy shall have the same rights and authority in this meeting as the Member.

The Trust's Chairman shall not be a member of the Committee but is authorised to observe any meetings of the Committee.

The Committee may also require other senior officers of the Trust and other specialist advisors (internal or external) in addition to the regular attendees to present papers. Such attendees will hold no voting rights.

5. Chair of the Committee

The Board will assign a Non-Executive Chair and a Non-Executive Director Deputy Chair of the Committee.

In the absence of the Committee Chair or Deputy Chair, the remaining members present will elect another member to Chair the meeting.

6. Secretary

The Company Secretary or their nominee shall act as the secretary of the Committee.

7. Quorum

The quorum necessary for the transaction of business is three members (inclusive of one Non-Executive Director). A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Committee. At no time may a member vote by proxy when absent but with the agreement of the Chair a member may participate and vote via telephone or video conferencing.

8. Frequency of Meetings and Attendance Requirements

The Committee shall meet at least 11 times per annum. The Chair may at any time convene additional meetings of the Committee to consider business that requires urgent attention.

An annual attendance report will be submitted to the Committee for information and action as required and will be included within the Trust's Annual Report.

9. Notice of meetings

Meetings shall be called at the request of the Chair of the Committee.

Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed, shall be forwarded to each member of the Committee, any other person required to attend, no later than five working days before the date of the meeting.

10. Minutes

The Secretary or nominated deputy, shall minute the proceedings of all meetings of the Committee, including recording the names of those present and in attendance.

Members and those present should state any conflicts of interest in relation to open agenda items to the Chair of the Committee prior to the meeting. Where there is a conflict of interest the Chair will notify the member whether they should withdraw from the meeting, the discussion and/or voting. The Secretary should minute any conflicts of interest accordingly.

DRAFT Minutes of Committee meetings should be circulated promptly to all members of the Committee unless a conflict of interest exists and submitted IN DRAFT to the next public Board meeting for information and approval at the following Committee meeting.

11. Annual General Meeting

The Chair of the Committee will normally attend the Annual General Meeting prepared to respond to any questions on the Committee's activities.

12. Reporting Arrangements

The Committee Chair will report to the Board who will approve its Terms of Reference and membership.

The Committee Chair shall report formally to the Board and, where appropriate, the Council of Governors on its proceedings after each meeting on all matters within its duties and responsibilities.

The Committee shall make whatever recommendations to the Board it deems appropriate on any area within its remit where action or improvement is needed.

13. Responsibilities of the Committee

The Committee is responsible for providing information and assurances to the Board that it is managing all performance and finance issues effectively. In particular the Committee's duties shall include:

- Review the Trust's monthly contract income and activity performance, and alert the Board to issues of concern, real or potential
- Review the Trust's cost performance in conjunction with the Trust's activity levels, to assure that revenue and costs are consistent
- Review the national costing returns and internal service line reporting; monitor progress against improvements to costing information in line with the national costing transformation project
- Approve key financial performance ratios, including but not limited to the NHS Improvement Single Oversight Framework
- Monitor divisional performance against plan, and when appropriate monitor sub-divisional levels requesting corrective action if appropriate
- Consider any new financial initiatives/formation of companies to assist with the business development of the Trust and, where appropriate, make recommendations to the Board
- Review performance against the Trust's Investment Strategy
- Review the Trust's Profit and Cost Improvement activities
- Review quarterly the progress of business cases stage approvals against plans
- Review the performance and implementation against the Capital programme and Digital and Estates Strategies
- Review the Corporate Risk Register/Board Assurance Framework quarterly and ensure that delegated performance and finance mitigations are appropriately actioned
- Monitor the effective alignment of Trust activity against strategic priorities in order to maintain focus
- Monitor Divisional Boards' and CCICP's performance by reviewing the action notes and escalations from the Divisional Finance and Performance Group meetings and Divisional Board meetings;
- Review escalated issues from the Executive Infrastructure Development Group and ensure that actions are appropriately managed and delivered;
- Prepare an Annual Report for the Board 30 April each year on the Committee's work in discharging its duties against its Terms of Reference which covers the previous financial reporting period;
- Produce an Annual Work Plan by 1 March each year, for the subsequent year beginning 1 April;
- Identify any risks which may prevent the achievement of the Annual Work Plan and ensure that these are assessed, placed on the Trust's Risk Register and escalated as appropriate;

- Review and approve the Annual Report, Annual Work Plan and Terms of Reference of any Groups that have a direct report to the Committee.

14.   Authority

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

The Committee is authorised by the Board to obtain legal or independent professional advice and to secure the attendance of partners with relevant experience or expertise, if it considers this to be necessary.

15.   Relationships with other Committees/Groups

The Committee shall receive information and assurances from the:

- Executive Infrastructure Development Group
- BIU Project Board
- Divisional and CCICP Boards

The relationship with other Committees or Groups will be a standing agenda item on the agenda to ensure the Committee routinely receives as a minimum appropriate action points.

The Committee may receive escalated matters of concern from other Board Committees in relation to performance and finance issues for further investigation and may, if necessary, raise concerns or request further assistance in investigations from other Committees in order to meet its Terms of Reference.

16.   Other Matters

The Committee should:

- Be provided with appropriate and timely training, both in the form of an induction programme for new members and on an on-going basis for all members
- Give due consideration to laws and regulations
- Abide by the Trust's Constitution, its values, its Code of Conduct and Nolan Principles of Conduct Underpinning Public Life.

17.   Monitoring and Review

The Board will monitor the effectiveness of the Committee through receipt of the Committee's minutes and such written or verbal reports that the Chair of the Committee might provide.

At least once a year the Committee will review its own performance, constitution and Terms of Reference to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to the Board for approval.

The Secretary will monitor the frequency of the Committee meetings and the attendance records to ensure minimum attendance figures are complied with included within the Trust's Annual Report.

Terms of Reference approved by the Board:

Terms of Reference will be reviewed at least annually.
Date revised: April 2020
Next review date: April 2021

Quality Governance Committee
Terms of Reference

1.   **Formation of this Committee**
     The Mid Cheshire Hospitals NHS Foundation Trust Board of Directors (the Board) has established a Committee of the Board, known as the Quality Governance Committee (the Committee).

     The Committee shall have Terms of Reference and powers and will ensure that the Board is able to act in accordance with legislation, compliance or direction requirements and to be fully appraised of the impact of quality governance on the delivery of the Trust's strategic objectives.

2.   **Role**
     The Committee is responsible for providing assurances to the Board that the Trust is safely managing all issues relating to quality governance including:

     •   The establishment and maintenance of effective systems of quality governance patient safety clinical effectiveness, patient experience, and clinical & research governance.

   The adequacy and effectiveness of:

     •   Assurances in relation to compliance with national statutory standard, legislative and regulatory compliance requirements and accreditation standards
     •   Assurances on the systems of governance to monitor standards and outcomes of care, including benchmarking schemes

3.   **Membership of the Committee**
     Members of the Committee will be Board Members and shall be appointed by the Board of Directors, at least two of whom shall be Non-Executive Directors. The members of the Committee shall be:

     •   Two Non-Executive Directors (one designated Chair and one designated Deputy Chair)
     •   Medical Director
     •   Director of Nursing and Quality

4.   **Regular Attendees**
     •   Associate Director of Quality Governance
     •   Head of Corporate Governance

     It is expected that all members and regular attendees will attend at least 75% of meetings of the Committee. An annual attendance report will be submitted to the Committee for information and action as required and will be included within the Trust's Annual Report.

     Members of committees who exceptionally cannot attend a meeting may, with the prior agreement of the Committee chairman, arrange for a deputy from the Board of Directors to attend in their absence. In the case of the Committee Chairman the Board Chairman should agree the attendance of a deputy. This deputy shall have the same rights and authority in this meeting as the Member.
     The Board Chairman and the Chair of the Audit Committee shall not be a member of the Committee but are authorised to observe any meetings of the Committee if they so wish.

The Committee may also require other senior officers of the Trust and other specialist advisors (internal or external) in addition to the regular attendees to present papers. Such attendees will hold no voting rights.

5. **Chair of the Committee**

The Board will assign a Non-Executive Director as Chair and a Non-Executive Director as Deputy Chair of the Committee.

In the absence of the Committee Chair or Deputy Chair, the remaining members present will elect another member to Chair the meeting.

7. **Secretary**

The Company Secretary or their nominee shall act as the Secretary of the Committee.

7. **Quorum**

The quorum necessary for the transaction of business is three members (inclusive of one Non-executive Director). A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Committee. At no time may a member vote by proxy when absent but with the agreement of the Chair a member may participate and vote via telephone or video conferencing.

8. **Frequency of Meetings**

The Committee shall meet at least 11 times per annum (one per calendar month). The Chair may at any time convene additional meetings of the Committee to consider business that requires urgent attention.

9. **Notice of Meetings**

Meetings shall be called at the request of the Chair of the Committee.

Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed, shall be forwarded to each member of the Committee, any other person required to attend, no later than five working days before the date of the meeting.

10. **Minutes of the Committee**

The Secretary, or nominated deputy, shall minute the proceedings of all meetings of the Committee, including recording the names of those present and in attendance.

Members and those present should state any conflicts of interest in relation to open agenda items to the Chair of the Committee prior to the meeting. Where there is a conflict of interest the Chair will notify the member whether they should withdraw from the meeting, the discussion and/or voting. The Secretary should minute any conflicts of interest accordingly.

Minutes of Committee meetings should be circulated to the Chair within five working days and promptly to all members of the Committee unless a conflict of interest exists. The Committee Chair will present the minutes (whether confirmed or unconfirmed) at the Trust Board meeting following the Committee meeting.

11. **Reporting Arrangements**

The Committee will report to the Board who will approve its Terms of Reference and membership.

The Committee Chair shall report formally to the Board and, where appropriate, the Council of Governors on its proceedings after each meeting on all matters within its duties and responsibilities.

The Committee shall make whatever recommendations to the Board it deems appropriate on any area within its remit where action or improvement is needed.

12. **Responsibilities of the Committee**
The Committee is responsible for providing information and assurances to the Board that the Trust is safely managing all issues in relation to clinical governance and patient safety including the financial elements where appropriate. In particular, the Committee's duties shall include:

- Ensure compliance with the requirements of NHSI's Provider Licence in relation to quality governance or promptly identify any risks that may prevent this and ensure that mitigations are in place and delivered
- Ensure compliance with the Care Quality Commission's registration requirements or promptly identify any risks that may prevent this and ensure that mitigations are in place and delivered
- Review and ensure implementation of changes to achieve improvements as determined by the Getting it right first time (GIRFT) programme of work
- Review all learning from deaths and ensure that all actions arising are delivered
- Review the 7-day services assurance framework quarterly and ensure that mitigations are appropriately actioned
- Review the Corporate Risk Register/Board Assurance Framework quarterly and ensure that delegated quality governance mitigations are appropriately actioned Identify any risks which may prevent the achievement of the Annual Work Plan and ensure that these assessed, placed on the Trust's Risk Register and escalated as appropriate
- Review and ensure implementation of the Quality & Safety Improvement Strategy
- Review and recommend for approval the Trust's Annual Quality Account
- Review any relevant internal or external audits and ensure that all actions arising from such audits are delivered
- Prepare an Annual Report for the Board by 30th April each year on the committee's work in discharging its duties against its Terms of Reference which covers the previous financial reporting period
- Produce an Annual Work Plan by 1st March each year, for the subsequent year beginning 1st April
- Identify any risks which may prevent the achievement of the Annual Work Plan and ensure that these are assessed and placed on the Trust's Risk Register
- Review its Terms of Reference on at least an annual basis
- Review and approve the Annual Report, Annual Work Plan and Terms of Reference of any Groups that have a direct report to the Committee
- Address escalated issues and ensure that actions are appropriately reviewed and completed from the following Groups:

  o Executive Strategic Infection Control Group
  o Executive Quality Governance Group
  o Executive Patient Experience Group
  o Executive Safeguarding Group

13. **Authority**
The Committee is authorised by the Board to investigate any activity within its Terms of Reference. It is authorised to seek any information it requires from any

employee, and all employees are directed to co-operate with any request made by the Committee.

The Committee is authorised by the Board to obtain legal or independent professional advice and to secure the attendance of partners with relevant experience or expertise, if it considers this to be necessary.

14.   Relationships with other Committees
The Committee shall receive information and assurances from the:

- Executive Strategic Infection Control Group
- Executive Quality Governance Group
- Executive Patient Experience Group
- Executive Safeguarding Group

The relationship with other Committees or Groups will be a standing agenda item on the agenda to ensure the Committee routinely receives as a minimum appropriate action points.

The Committee may receive escalated matters of concern from other Board Committees in relation to quality governance for further investigation and may, if necessary, raise concerns or request further assistance in investigations from other Committees in order to meet its Terms of Reference.

15.   Other Matters
The Committee should:

- Be provided with appropriate and timely training, both in the form of an induction programme for new members and on an on-going basis for all members
- Give due consideration to laws and regulations
- Abide by the Trust's Constitution, its values, its Code of Conduct and Nolan Principles of Conduct Underpinning Public Life

16.   Monitoring and Review
The Board will monitor the effectiveness of the Committee through receipt of the Committee's minutes and such written or verbal reports that the Chair of the Committee might provide.

At least once a year the Committee will review its own performance, constitution and Terms of Reference to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to the Board for approval.

The Secretary will monitor the frequency of the Committee meetings and the attendance records to ensure minimum attendance figures are complied with included within the Trust's Annual Report.

Terms of Reference approved by the Board:
Terms of Reference will be reviewed at least annually.
Date revised: March 2020
Next review date: March 2021

Appendix 4

<div align="center">

Terms of Reference
Appointments and Remuneration Committee

</div>

Purpose

The Committee is established by statute to appoint Executive and Associate Directors and to advise the Board on their employment packages and performance.

Accountable to

The Board of Directors

Membership

The Committee will comprise the Chairman, the Non-Executive Directors and the Chief Executive. The Chief Executive shall not be present at any meeting of the Committee where the Chief Executive's appointment or remuneration (including benefits package) is under discussion.

Frequency of meetings

As required, and not less than once every twelve months.

Quorum

Meetings of the Committee may be held with the Chairman of the Board and at least two Non-Executive members in attendance. If the Chairman is not present there must be a minimum of three Non-Executive Directors present.

Deputising arrangements

In the absence of the Chairman the Deputy Chair shall Chair the Committee. If neither the Chairman nor the Deputy Chair is present then a Chair may be elected from the Non-Executive Director's present at the meeting.

Agenda and papers

An agenda for each meeting, together with relevant papers, will be forwarded to Committee members to arrive at least five working days before the meeting.

Minutes

The target for distribution of minutes will be ten working days following the meeting. Members of the Committee will confirm the minutes at their next meeting. The Committee chair will present the minutes (whether confirmed or unconfirmed) at the Trust Board meeting following the Committee meeting.

Terms of Reference
1.   The Committee is authorised:

1.1   to select and appoint the Executive Directors including the Chief Executive;

1.2   to advise the Board about appropriate remuneration and terms of service for the Chief Executive, other Executive Directors, and other senior employees including:
    1.2.1   all aspects of salary (including any performance-related elements/bonuses)
    1.2.2   provisions for other benefits, including pensions and cars
    1.2.3   arrangements for termination of employment and other contractual terms

1.3   monitor and evaluate the performance of Executive; and

1.4 advise on and oversee appropriate contractual arrangements for Executive Directors including the proper calculation and scrutiny of termination payments taking account of such national guidance as is appropriate.

In this context "remuneration" is deemed to include salary (including any performance related elements thereof) and other benefits such as pension and cars, and "terms of service" shall include provisions relating to the termination of employment.

2. In carrying out its work, the Committee shall have regard to the following principles:

2.1 remuneration packages must be such as to enable people of appropriately high ability to be recruited, retained and motivated but at levels which the Trust can afford

2.2 remuneration packages and terms of service must be publicly defensible

2.3 remuneration packages should be linked to a clear statement of the individual's responsibilities with rewards linked to their measurable discharge

2.4 remuneration packages and terms of service should take into account the state of the market for the kind of Executive Director or senior employee the Trust is seeking to recruit

2.5 Very Senior Manager (VSM) guidance on pay issued by NHS Improvement.

3 The Committee is authorised to seek independent advice on the state of the market and such other matters relating to its work as it may decide and to consult with other bodies within and outside the NHS on levels of remuneration and terms of service while bearing in mind the sensitivity of the subject matter.

4 The Committee shall establish appropriate contractual arrangements for the Chief Executive and the Executive Directors identified pursuant to paragraph 2 above including the proper calculation and scrutiny of any termination payments it is proposed should be made, taking into account such national guidance as is appropriate.

5 The Committee will meet at such times as it shall decide and will keep a written record of its proceedings. The Company Secretary or their nominee shall act as the Secretary of the Committee.

6 The Committee shall report in writing to the Board the basis for its recommendations. The Board shall use the report as the basis for their decisions but remain accountable for taking decisions on the remuneration and terms of service of Executive Directors. Minutes of the Board's meetings should record such decisions.

7 To refer issues of mutual or common interest to other Committees accountable to the Board and to consider the advice the Audit Committee of risks identified for, and reported on to, this Committee.

Date revised: March 2021
Next review: March 2021

Transformation and People Committee
Terms of Reference

1. Formation of this Committee

The Mid Cheshire Hospitals NHS Foundation Trust Board of Directors (the Board) has established a Committee of the Board, to be known as the Transformation & People Committee (the Committee).

The Committee shall have Terms of Reference and powers and will ensure that the Board is able to act in accordance with legislation, compliance or direction requirements inclusive of workforce legislation and to be fully appraised of the strategic impact of the Transformation Programmes and People and Organisational Development Strategy on the delivery of the Trust's strategic objectives.

2. Role

The Committee is responsible for providing assurance to the Board that the Trust is effectively leading, developing and delivering the Trust's People and Organisational Development Strategy and bringing together the key elements of workforce and transformation. The Committee should ensure the Trust's strategic approach to transformation and delivery of the major transformation programmes (internal and external).

3. Membership of the Committee

Members of the Committee will be Board Members and shall be appointed by the Board. At least two members shall be Non-Executive Directors. The members of the Committee shall be:
- Two Non-Executive Director (One designated Chair and one designated Deputy Chair)
- Director of Workforce and Organisational Development
- Chief Operating Officer
- Chief Information Officer

4. Attendance

a. Regular Attendees
- Head of Organisation Development
- Head of HR Management
- Director of Operations
- Head of Transformation
- Head of Corporate Governance
- Equality, Diversity and Inclusion Lead

It is expected that all members will attend at least 75% of meetings of the Committee.

Regular attenders are expected to maintain a good standard of attendance and should attend meetings at least once per quarter.

b. Attendance as Required
- Director of Nursing & Quality (or deputy)
- Director of Strategic Partnerships
- Director of Finance & Strategic Planning (or deputy)
- Deputy Medical Director (Clinical Lead for Transformation & Learning & Development)

- Guardian of Safe Working Hours

Members of committees who exceptionally cannot attend a meeting may, with the prior agreement of the Committee chairman, arrange for a deputy from the Board to attend in their absence. In the case of the Committee Chairman the Board Chairman should agree the attendance of a deputy. This deputy shall have the same rights and authority in this meeting as the Member.

Attendees who are deputising for members and/or regular attenders must be properly briefed by the person they are deputising for, on the content of the meeting and the item they are presenting.

The Trust's Chairman and the Trust's Chair of the Audit Committee shall not be a member of the Committee, but are authorised to observe any meetings of the Committee.

The Committee may also invite other senior officers of the Trust and other specialist advisors (internal or external) to present papers on an ad-hoc basis. Such attendees will hold no voting rights.

Governors may attend meetings of the Committee as an observer subject to approval by the Committee Chair. Any such requests should be made at least three days in advance of the meeting.

5. Chair of the Committee
The Board will assign a Non-Executive Chair and a Non-Executive Director Deputy Chair of the Committee.

In the absence of the Committee Chair or Deputy Chair, the remaining members present will elect another member to Chair the meeting.

6. Secretary
The Company Secretary or their nominee shall act as the Secretary of the Committee.

7. Quorum
The quorum necessary for the transaction of business is two members (inclusive of one Non-executive Director and one Executive Director) and representation from Workforce and Transformation. A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Committee. At no time may a member vote by proxy when absent but with the agreement of the Chairman a member may participate and vote via telephone or video conferencing.

8. Frequency of Meetings and Attendance Requirements
The Committee will meet at least 11 times per annum (once per calendar month). The Chair may at any time convene additional meetings of the Committee to consider business that requires urgent attention.

An annual attendance report will be submitted to the Committee for information and action as required and will be included within the Trust's Annual Report.

In addition to meetings of the Committee there may be development sessions and Task & Finish Groups arranged as necessary to support the effectiveness of the Committee. These may be supported by external stakeholders and patient representatives.

9. Notice of Meetings

Meetings shall be called at the request of the Chair of the Committee and the annual plan for meeting dates will be circulated to members in November in preparation for the following year.

Unless otherwise agreed, notice of each meeting confirming the venue, date and time together with an agenda of items to be discussed, shall be forwarded to each member of the Committee, any other person required to attend, no later than five working days before the date of the meeting.

10. Minutes

The Secretary, or nominated deputy, shall minute the proceedings of all meetings of the Committee, including recording the names of those present and in attendance.

Members and those present should state any conflicts of interest in relation to open agenda items to the Chair of the Committee prior to the meeting. Where there is a conflict of interest the Chair will notify the member whether they should withdraw from the meeting, the discussion and/or voting. The Secretary should minute any conflicts of interest accordingly.

Minutes of Committee meetings should be circulated promptly to all members of the Committee unless a conflict of interest exists and, once agreed, submitted to the public Board meeting for information.

11. Annual General Meeting

The Chair of the Committee will normally attend the Annual General Meeting prepared to respond to any questions on the Committee's activities.

12. Reporting Arrangements

The Committee will report to the Board who will approve its Terms of Reference and membership.

The Committee Chair shall report formally to the Board and, where appropriate, the Council of Governors on its proceedings after each meeting on all matters within its duties and responsibilities.

The Committee shall make whatever recommendations to the Board it deems appropriate on any area within its remit where action or improvement is needed.

13. Responsibilities of the Committee

The Committee is responsible for ensuring that strategic and digital transformation and people matters are considered and planned into Trust Strategy and service delivery and shall include the following duties:

Workforce and Organisational Development
- To ensure direction and priorities for the development of workforce strategies, including approval of the following strategies:
  - Trust People Matters
  - Trust Equality, Diversity and Inclusion
  - Trust Education
  - Volunteers
  - Trust Workforce plan
- To monitor the progress and effectiveness of workforce strategies against corporate strategy, organisational values and workforce experience

- To approve new Workforce / OD projects and practices, paying particular attention to the impact on patient experience, quality, efficiency, equality and diversity and workforce

- To receive assurance that workforce policies are regularly reviewed and updated as required and in line with current legislation

- To monitor progress associated with Workforce recommendations arising from audits and the audit committee

- To approve the development, implementation and evaluation of:

  - Leadership Development

  - Cross-Professional Leadership Development

  - Talent Management & Succession Planning

  - Management development across the Trust

  - Equality, diversity and inclusion

- To review and analyse the experiences of our staff and how we involve and engage with them to support successful and sustainable organisation and cultural change

- To receive and consider an annual report on the Guardian of Safe Working Hours process on behalf of the Board of Directors

- Through ensuring appropriate development and training, equip our staff and teams to deliver transformation as part of their service and as part of delivering corporate goals

- To review and monitor the integrated workforce opportunities across the mid-Cheshire, Cheshire & Wirral and Cheshire & Merseyside areas

- To review and approve mandated workforce reporting returns including Public Sector Equality Duties and the annual workforce plan returns

Transformation

- To ensure direction and priorities for internal and external transformation aligns to both the Trust's overall strategy and future development plans with the developing Cheshire East and Cheshire West Place Strategies

- To scrutinise strategic transformation performance indicators on behalf of the Board, reporting to the Board via the integrated performance report to highlight good practice and outline areas for improvement on an exception basis

- To ensure transformation interdependencies and risks are properly accounted for as part of the Trust's overall transformation programme of work (including Central Cheshire Integrated Care Partnership (CCICP)) and to remove obstacles to successful delivery

- To receive the minutes of CCICP Partnership Board

- To ensure key enablers are properly considered as part of the implementation of transformation programmes (e.g. Digital agenda and Organisational Development)

- To monitor progress associated with Transformation recommendations arising from audits and the audit committee

- To receive assurance delivery reports of transformation schemes (inclusive of progress and delivery)

- To scrutinise, challenge and develop workforce and transformation performance indicators on behalf of the Board, reporting to the Board via the integrated performance report as required.

- To review the Corporate Risk Register/Board Assurance Framework quarterly and ensure that delegated performance and finance mitigations are appropriately actioned

- To identify any risks which may prevent the achievement of the Annual Work Plan and ensure that these are assessed, escalated as appropriate and placed on the Trust's Risk Register

- To prepare an Annual Report for the Board by 30th April each year to review the Committee's work in discharging its duties against its Terms of Reference. The report will cover the previous financial reporting period

- To ensure that the work of the committee liaises and consults with the divisions of the Trust in achieving the objectives of the Annual Work Plan and/or Strategy

- To report any exceptions to the Annual Work Plan or Strategy to the Board

- Review and approve the Annual Report, Annual Work Plan and Terms of Reference of any Groups that have a direct report to the Committee.

The Committee shall also consider any projects or work that should be passed on to the communications team to promote or share more widely to celebrate success and promote good practice.

14. Authority

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

The Committee is authorised by the Board to obtain legal or independent professional advice and to secure the attendance of partners with relevant experience or expertise, if it considers this to be necessary.

15. Relationship with Other Committees/Groups

The Committee shall receive information and assurances from the:
- Executive Workforce Assurance Group

- Executive Transformation Steering Group

- Joint Consultation and Negotiating Committee (JCNC)

- CCICP Transformation Group

The relationship with other Committees or Groups will be a standing agenda item to ensure the Committee routinely receives as a minimum appropriate action point.

The Committee may receive escalated matters of concern from other Board Committees in relation to transformation and people issues for further investigation and may, if necessary, raise concerns or request further assistance in investigations from other Committees in order to meet its Terms of Reference.

16. Other Matters

The Committee should:
- Be provided with appropriate and timely training, both in the form of an induction for new members and on an on-going basis for all members;

- Give due consideration to laws and regulations;

- Abide by the Trust's Constitution, its values, its Code of Conduct and Nolan Principles of Conduct Underpinning Public Life.

17.   Annual Report

The committee will prepare an annual report at the end of each financial year, which will be reviewed and agreed at the April committee meeting and escalated by the Chair of the Committee as part of the annual committee review cycle.

18.   Monitoring and Review

The Board will monitor the effectiveness of the Committee through receipt of the Committee's minutes and such written or verbal reports that the Chair of the Committee might provide.

At least once a year the Committee will review:
- The committee's own performance
- The constitution of the committee
- Terms of Reference

This will ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to the Board for approval.

The Secretary will monitor the frequency of the Committee meetings and the attendance records to ensure minimum attendance figures are complied with included within the Trust's Annual Report.

Terms of Reference approved by the Board:

Revised – April 2020

Review date – March 2021