AGENDA

Board of Directors
A meeting will be held in Public at
09.30am on Monday, 3 February 2020
in the Boardroom, Leighton Hospital, Crewe

Action Key	
A	Approval
I	Information
D	Discussion

Item No	Title of Item	Action	Led By	Page No.
1.	**Welcome and Apologies** To welcome members of the public and attendees and to receive apologies for absence from Board Members. *(to note)*	I	Chairman **09.30**	-
2.	**Patient or Staff Story** *(verbal)*	I/D	Director of Nursing **09.32**	-
3.	**Board Member's Interests** *(to note)* To **consider** any • Changes to Directors' interests since the last meeting • Conflicts of interest deriving from this agenda	I	Chairman **09.50**	-
4.	**Minutes of the Last Meeting** To **approve** the minutes of the Board of Directors meetings held in Public on Monday 6 January 2020 *(attached)* *(for approval)*	A	Chairman **09.52**	4
5.	**Matters Arising and Action Log** *(verbal) (to approve)*	A	Chairman **09.55**	16
6.	**Annual Work Programme 2019/20** *(attached)* *(to approve)*	I/A	Chairman **09.57**	17
7.	**Chairman's Announcements** (*to note a verbal report*) **7.1 Board Away Day** **7.2 Board Committee Reviews** **7.3 Company Secretary Appointment**	I	Chairman **10.00**	-
8.	**Governor's Items** (*to note a verbal report*) **8.1 Council of Governors – 23 January 2020** **8.2 Governor Elections**	I	Chairman **10.10**	-
9.	**Chief Executive's Report** *(to follow) (to note)*	I/D	Chief Executive **10.15**	-

Item No	Title of Item	Action	Led By	Page No.
10.	**CARING**			
10.1	**Quality, Safety & Experience Report** *(attached) (for discussion)*	I/D	Director of Nursing & Quality **10.30**	**18**
11.	**SAFE**			
11.1	**Draft Quality Governance Committee notes from the meeting held on 13 January 2020** *(attached) (to note)*	I/D	Committee Chair **10.50**	**67**
11.2	**Serious Untoward Incidents and RIDDOR Events** *(verbal)* (*to note*)	I/D	Medical Director **10.55**	**-**
11.3	**Guardian of Safe Working Hours Q3 2019/20** *(attached)* (*to note*)	I/D	Director of Workforce and OD **11.00**	**75**
12.	**RESPONSIVE**			
12.1	**Performance Report** *(attached) (to note)*	I/D	Chief Operating Officer & Director of Finance **11.05**	**81**
12.2	**Draft Performance & Finance Committee notes from the meeting held on 23 January 2020** *(to follow) (to note)*	I/D	Committee Chair **11.20**	**-**
12.3	**Draft Audit Committee notes from the meeting held on 13 January 2020** *(attached) (to note)*	A/D	Director of Finance **11.25**	**105**
12.4	**Freedom to Speak up Guardian Q3 Report 2019/20** *(attached) (to note)*	A/D	Director of Nursing & Quality **11.30**	**128**
13.	**WELL-LED**			
13.1	**Visits of Accreditation, Inspection or Investigation** *(verbal)* (*to note*)	I	Chief Executive **11.40**	**-**
13.2	**Health and Safety Policy** *(attached) (to note)*	A/D	Director of Finance **11.45**	**131**
13.3	**Gender Pay Gap Report** *(attached) (to note)*		Director of Workforce and OD **11.50**	**155**

Item No	Title of Item	Action	Led By	Page No.
14.	**EFFECTIVE**			
14.1	**Workforce Report** *(attached) (to note)*	I/D	Director of Workforce and OD **12.00**	**162**
14.2	**Transformation and People Committee notes from the meeting held on 9 January 2020** *(attached) (to note)*	I/D	Committee Chair **12.05**	**168**
14.3	**Consultant Appointments** *(verbal) (to note)*	I	Medical Director **12.10**	**-**
15.	**Any Other Business** *(verbal)*	A/I/D	Chairman	**-**
16.	**Time, Date and Place of Next Meeting** To confirm that the next meeting of the Board of Directors will take place in public, in the Boardroom, Leighton Hospital at 9.30am on **Monday, 4 March 2020**	I	Chairman	**-**

Board of Director Meeting held in Public (Action Log)

Action No	Date of Meeting	Action	Lead	Deadline Date	Comments	Date of Board meeting to be reviewed	Status
19/01/14.2.1	06/01/2020	Benefits realisation report on the 90 day POAC project to be ciruclated to the Board.	H Barnett	15/01/2020	Completed	03-Feb-20	

Board of Directors Workplan   2019/20   Version: 4

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

CEO Report – January 2020

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

1.0 Key operational issues

1.1 A&E Wait times & Winter plan

Performance against the four hour target has continued to be a challenge during January with additional beds in place over and above the original winter plan. As planned the Trust ran the Perfect Week model w/c 6th January which saw an increase in discharges earlier in the day from the hospital. However, performance against the 4 hour standard was still challenged due to wait to be seen time in ED.

The Trust has undergone two external assessments which took place across 28th and 29th January. One was a full clinically led process review of the Emergency Department, Urgent Treatment centre and Assessment Units commissioned by the Trust. The other was a detailed patient survey which was carried out my MORI which will hopefully give the Trust a better understanding the reasons behind the increase in attendances which are much more significant than the national average. The MORI conducted survey has been arranged by NHSE/I. The results of both areas of work will be shared with the Board next month.

1.2 Financial position – Month 9

The Trust position at month 9 is 10k better than control total, however, the concerns around MCHT pay position continue which is 1.3m over plan year to date. This is largely due to the increase in unscheduled care pressures which continue to require additional beds open above planned levels and increasing agency and bank costs. The Trust has introduced bank incentive schemes to mitigate some of the agency costs and these are being reviewed by the Executive Team on a weekly basis.

1.3 Flu Campaign

Ensuring staff are vaccinated remains a top priority for the Trust. There has been improvement in that the vaccination rate has now improved from being 10% behind last year at the start of the campaign (due to a later start with vaccine supply) to now being slightly ahead of last year. The Trust currently has 75% of healthcare workers immunised as at 24th January.

1.4 Appraisals

It should be noted that there has been a significant improvement in Trust appraisal rate which has exceeded the 90% rolling target for the first time during the last 12 months (91.61%). The year opened at 77.9% and so a significant improvement has been delivered by all divisions. It is important that this performance is maintained to build on the achievement to date.

2.0 Strategic issues

2.1 South Cheshire Private Hospital

Trust wide communications have now confirmed that following the purchase and subsequent essential refurbishment of the previous South Cheshire Private Hospital, the building will reopen as part of Leighton Hospital as a dedicated NHS orthopaedic elective centre.

The current BMI Healthcare staff transferring to Mid Cheshire Hospitals, have all been allocated new roles within the Trust and 1:1 meetings have taken place between them and their new line managers to welcome them to their new teams. A full induction programme for the previous BMI Healthcare staff is planned to take place on 14th February.

The finalisation of the operational model is in the latter stages with capacity, demand and financial evaluations expected to be confirmed by mid-February

2.2 Associate Director of Communications & Engagement

Ms. Alexa Traynor will be seconded to the Trust for a period of 6 months from 1st February 2020 as Associate Director of Communications & Engagement. Alexa has been the Associate Director of Strategic Communications and Marketing at The Clatterbridge Cancer Centre since 2014 and we are pleased to welcome Alexa to the Trust. This key additional resource will support the development of the new Trust Strategy and the launch of the wellbeing programme amongst other key strategic communications issues.

3.0 Inspections and Accreditations

3.1 MHRA

In January the Trust underwent its MHRA (Medicines and Healthcare Product Regulatory Agency) inspection. The findings of the inspection will now be managed via the Executive Quality and Safety Group

3.2 JAG

The Trust also submitted its self-assessment against the national JAG (Joint Advisory Group on Gastrointestinal Endoscopy) standards. The self-assessment submitted indicated that the Trust should be compliant against the standards to be inspected.

J. Sumner
Chief Executive Officer
26.01.20

NHS
Mid Cheshire Hospitals
NHS Foundation Trust

We Care
Because
You Matter

Quality, Safety and Experience Report

February 2020

(December 2019 data)

Contents

Contents (continued):

Mid Cheshire Hospitals
NHS Foundation Trust

Quality & Safety Section:

Description	Aggregate Position	Trend

Patient Safety Harm Incidents

For December 2019, there were a total of 199 patient safety harm incidents:
96.5% (192 incidents) have resulted in low harm
1.5% (3 incidents) resulted in moderate harm
2% (4 incidents) resulted in serious incidents

In December 2019, the gap between harm and all patient safety incidents was 503, this is showing a positive shift with an increase in no harm reporting. The aim over the twelve month period is to see this gap widening.

Improvement actions include;
- Comprehensive investigations are undertaken for all incidents in line with the Trust Incident Reporting, Investigation, Learning and Improvement Policy and National guidance.
- Executive Led review meetings will take place for the StEIS reported incidents and improvement plans will be developed and implemented.

Harm vs All Patient Safety Incidents

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

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.

Patient Safety Incidents Resulting in Harm April 2019 to March 2020

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Catastrophic	1	0	0	0	0	0	0	1	3			
Major Harm	4	1	1	1	1	2	1	0	1			
Moderate Harm	4	0	2	5	10	2	10	1	3			
Low Harm	181	222	199	242	214	206	200	204	192			

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	190	223	202	248	225	210	211	206	199			
All	647	696	672	753	660	632	734	684	702			
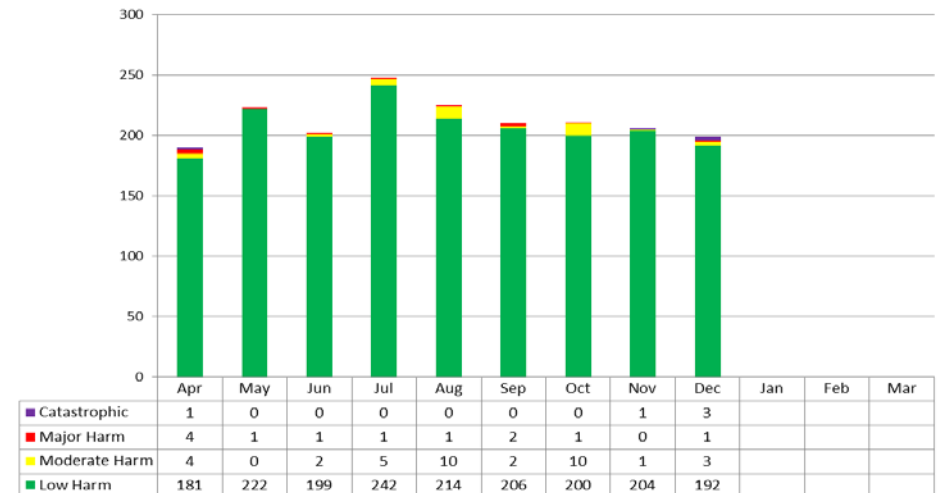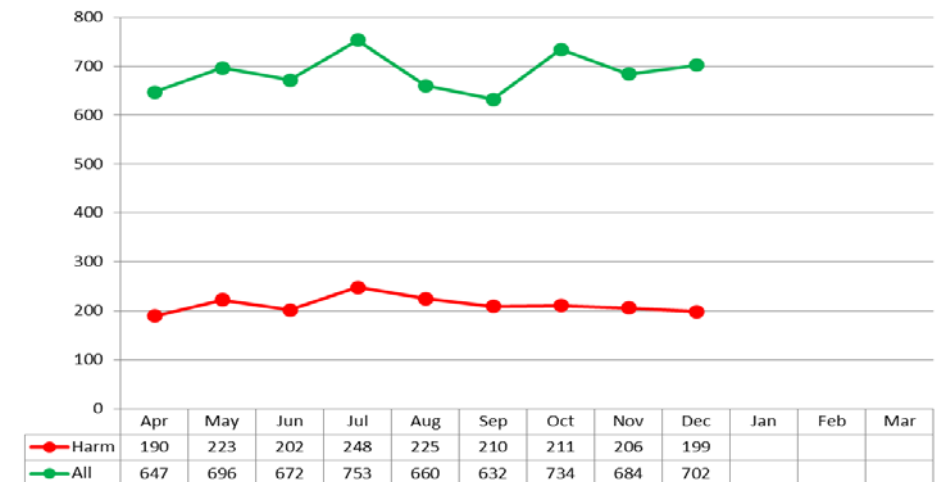
Description	Aggregate Position	Trend

CCICP Patient Safety Harm Incidents

For December 2019, there were a total of 114 patient safety harm incidents:
98.2% (112 incidents) have resulted in low harm
1.8% (2 incidents) resulted in moderate harm
0% (0 incidents) resulted in serious incidents

In December 2019, the gap between harm and all patient safety incidents was 10. The aim over the twelve month period is to see this gap widening.

To reduce the number of patient safety harm incidents, a number of initiatives are being undertaken.
These include:
- A rolling programme of incident training continues throughout the Division and an incident reporting presentation has been developed to ensure that consistent information is cascaded across all staff groups within CCICP. The presentation includes examples of incidents and grading of harm, how to complete an incident form, levels of investigation and duty of candour.

CCICP Harm vs All Patient Safety Incidents

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

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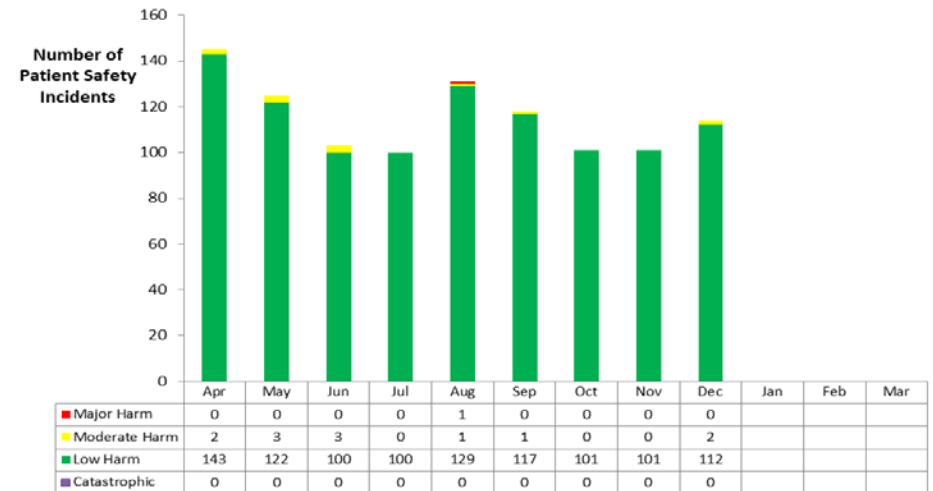
Number of Patient Safety Incidents

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Major Harm	0	0	0	0	1	0	0	0	0			
Moderate Harm	2	3	3	0	1	1	0	0	2			
Low Harm	143	122	100	100	129	117	101	101	112			
Catastrophic	0	0	0	0	0	0	0	0	0			

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	145	125	103	100	131	118	101	101	114			
All	168	140	125	125	142	132	123	112	124			
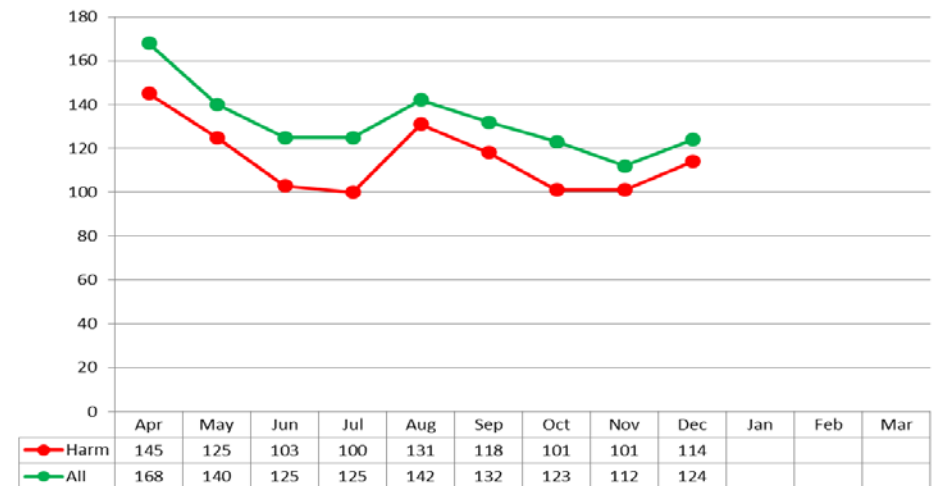
Description	Aggregate Position	Trend

Acute Trust StEIS Reported Incidents

For December 2019, there were three StEIS reported incidents;

- A patient fall resulting in a fractured neck of femur

- Unexpected death

- A Never Event which occurred in November was declared to the CCG in December

MCHFT StEIS reports I-Chart

Never Events
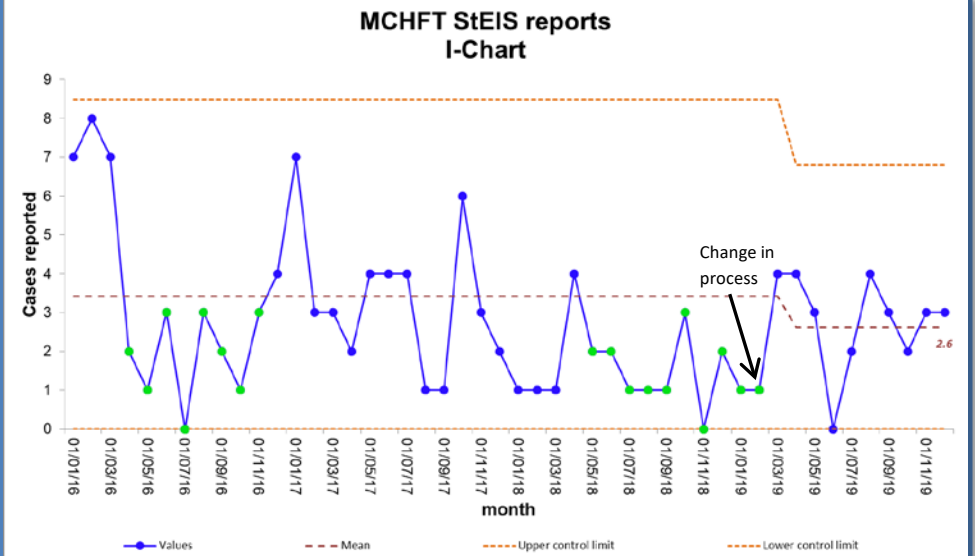
The target is to have zero Never Events

There were no Never Events reported in December 2019.

Never Events by Month April 2019 to March 2020
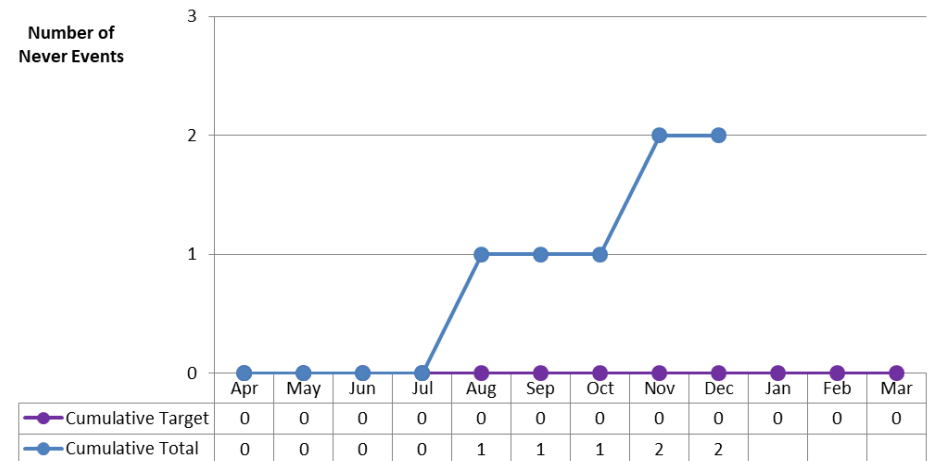
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Cumulative Target	0	0	0	0	0	0	0	0	0	0	0	0
Cumulative Total	0	0	0	0	1	1	1	2	2			

Description

Aggregate Position

Trend

CCICP Serious Incidents

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

This chart demonstrates the number of incidents that have resulted in serious harm.
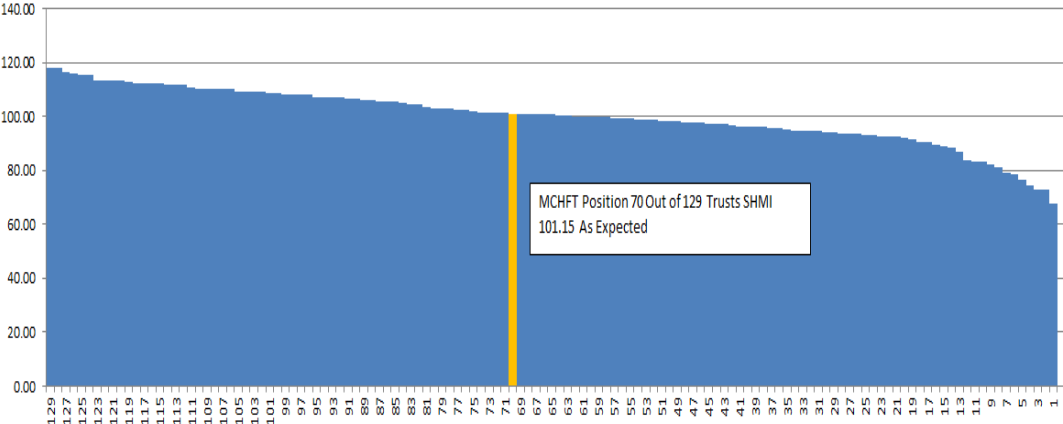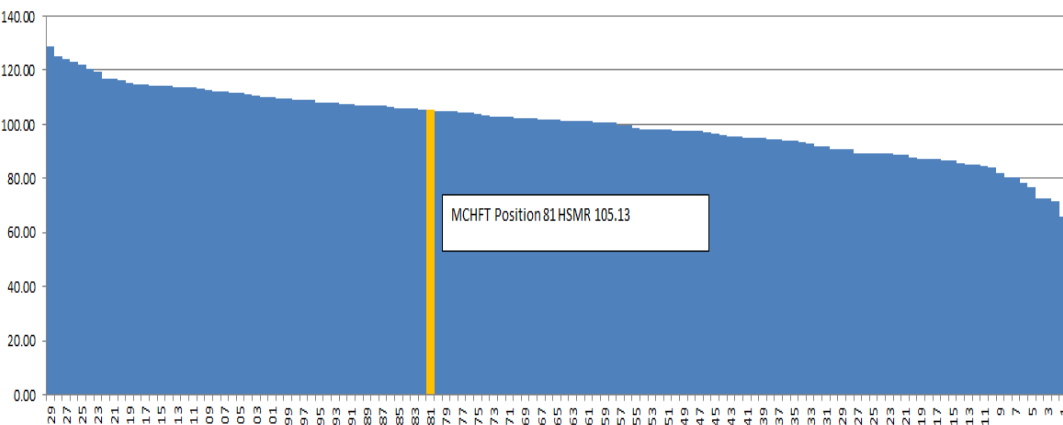
For December 2019, there were no serious incidents reported.

CCICP Serious Incidents by Month
April 2019 to March 2020

Number of Serious Incidents

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Cumulative Target	0	0	0	0	0	0	0	0	0	0	0	0
Cumulative Total	0	0	0	0	1	1	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 August 2018 to July 2019 and is "as expected".

The Trust's current position is 70 out of 129 Trusts with SHMI as 101.15.

SHMI Position 12 Months — Aug 18 - Jul 19

MCHFT Position 70 Out of 129 Trusts SHMI 101.15 As Expected

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 August 2018 to July 2019 and is "as expected".

The Trust's current position is 81 out of 129 Trusts with HSMR as 105.13.

HSMR Position 12 Months — Aug 18 - Jul 19

MCHFT Position 81 HSMR 105.13

NHS
Mid Cheshire Hospitals
NHS Foundation Trust

| Description | Aggregate Position | Trend |

Crude Death Rates

The chart shows the Trust's crude death rates.

In August 2019, the in-hospital crude death rate was 1.08%. This is a slight increase from 1.06% in July 2019.

Monthly crude death rates
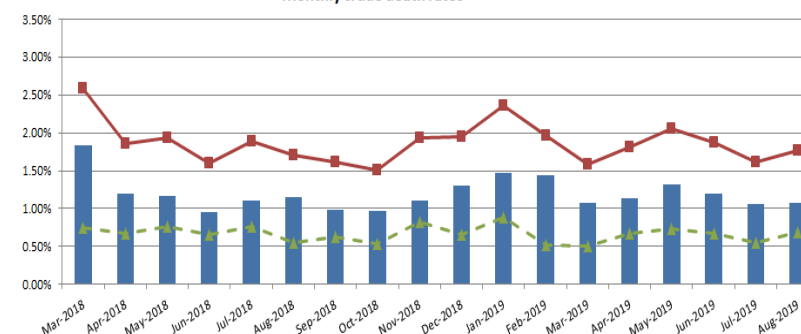
	Mar-2018	Apr-2018	May-2018	Jun-2018	Jul-2018	Aug-2018	Sep-2018	Oct-2018	Nov-2018	Dec-2018	Jan-2019	Feb-2019	Mar-2019	Apr-2019	May-2019	Jun-2019	Jul-2019	Aug-2019
In-hospital deaths crude rate	1.83%	1.20%	1.17%	0.95%	1.11%	1.15%	0.99%	0.97%	1.11%	1.30%	1.47%	1.44%	1.08%	1.13%	1.32%	1.20%	1.06%	1.08%
within 30 days discharge crude rate	0.75%	0.67%	0.77%	0.66%	0.77%	0.55%	0.62%	0.54%	0.82%	0.65%	0.88%	0.52%	0.51%	0.67%	0.73%	0.67%	0.54%	0.69%
in-hospital and within 30 days discharge crude rate	2.58%	1.86%	1.93%	1.60%	1.88%	1.71%	1.61%	1.51%	1.93%	1.96%	2.35%	1.97%	1.58%	1.81%	2.05%	1.87%	1.61%	1.77%
In-hospital deaths	123	75	79	62	77	77	64	70	77	82	103	94	76	74	92	80	78	74
Community deaths within 30 days discharge	50	42	52	43	53	37	40	39	57	41	62	34	36	44	51	45	40	47
Number of discharges	6,704	6,276	6,781	6,553	6,914	6,667	6,452	7,230	6,926	6,289	7,014	6,509	7,068	6,523	6,967	6,677	7,342	6,840

Description	Aggregate Position	Trend

Acute Trust Pressure Ulcers (PU) – Hospital Acquired

For December 2019, there was a total of 13 hospital acquired pressure ulcers reported.

Of the 13 reported, only one pressure ulcer was as a result of lapses in care.

Improvement actions include;

- The Pressure Ulcer Panel continues to meet monthly chaired by the Deputy Director of Nursing. All developed in care skin damage is reviewed including no lapses in care to identify themes, trends and lessons learned.
- Production and circulation of an aid memoir to support staff to prevent Moisture Associated skin damage.
- Links to React to Red eLearning module have been shared across the organisation.

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			
Cumulative Lapses in Care	4	7	10	12	15	16	16	16	17			
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%			
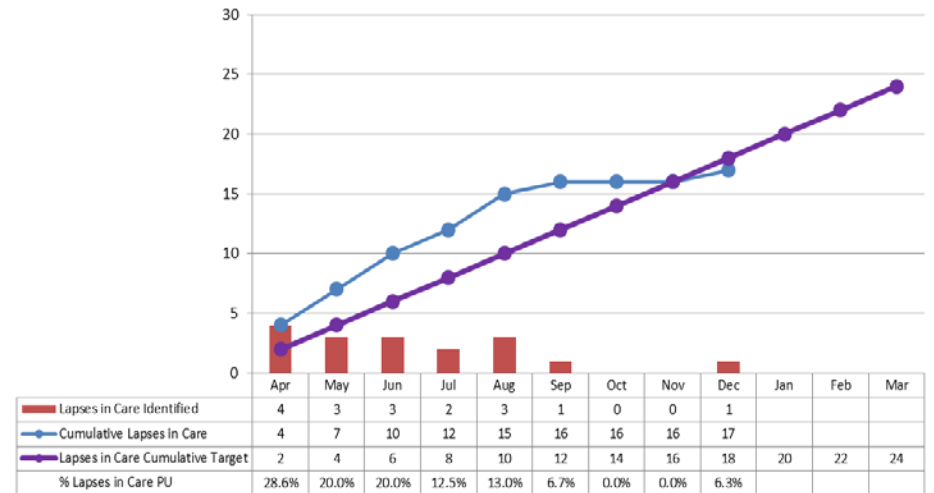
CCICP Pressure Ulcers – Community Acquired

For December 2019, there was a total of 76 community acquired pressure ulcers reported.

Of the 76 reported, two pressure ulcers were a result of lapses in care.

Improvement actions include:

- The Tissue Viability Team continues to attend the North West Pressure Ulcer Steering Group meetings to discuss 'Best Practice' and implement new policies and guidelines and information on pressure ulcer prevention to minimise variation in care practice.
- The Tissue Viability Team attended the Road show at Richmond Village raising awareness of pressure injury and prevention across the organisation.

CCICP Community Acquired Pressure Ulcers by Month April 2019 to March 2020
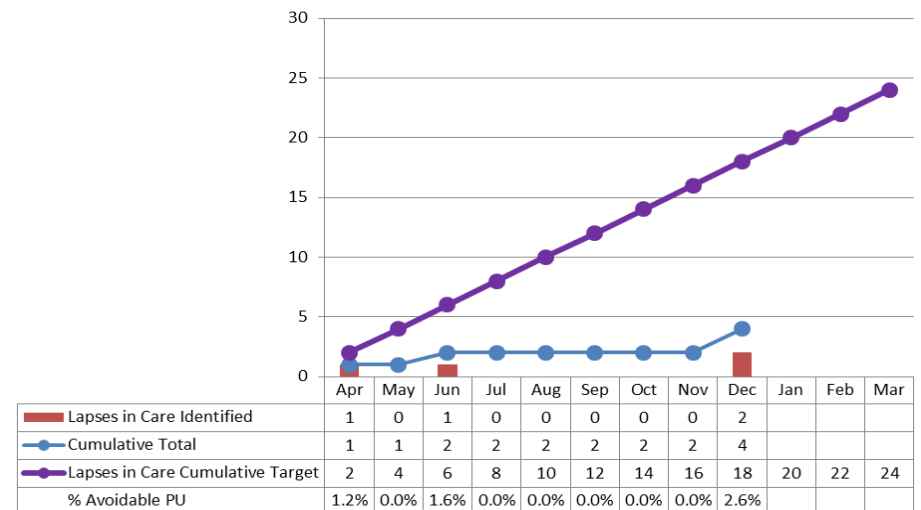
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Lapses in Care Identified	1	0	1	0	0	0	0	0	2			
Cumulative Total	1	1	2	2	2	2	2	2	4			
Lapses in Care Cumulative Target	2	4	6	8	10	12	14	16	18	20	22	24
% Avoidable PU	1.2%	0.0%	1.6%	0.0%	0.0%	0.0%	0.0%	0.0%	2.6%			

Description	Aggregate Position	Trend

Acute Trust Medication Harm Incidents

For December 2019, there were a total of 5 medication incidents resulting in harm reported:
- 100% (5 medication incidents) have resulted in low harm
- 0% (0 medication incidents) have resulted in moderate harm
- 0% (0 medication incidents) have resulted in serious harm

Improvement actions include:
- Continuation with medicines management training, with additional training sessions for the new cohorts of Registered Nurses
- Review all medication related incidents at Safe Medicines Practice Committee and distribute lessons learnt Trust wide.

Medication Harm Incidents by Month
April 2019 to March 2020

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Cumulative Total	3	5	7	9	15	24	26	28	33			
Cumulative Target	10	15	20	25	30	35	40	45	50	55	60	65
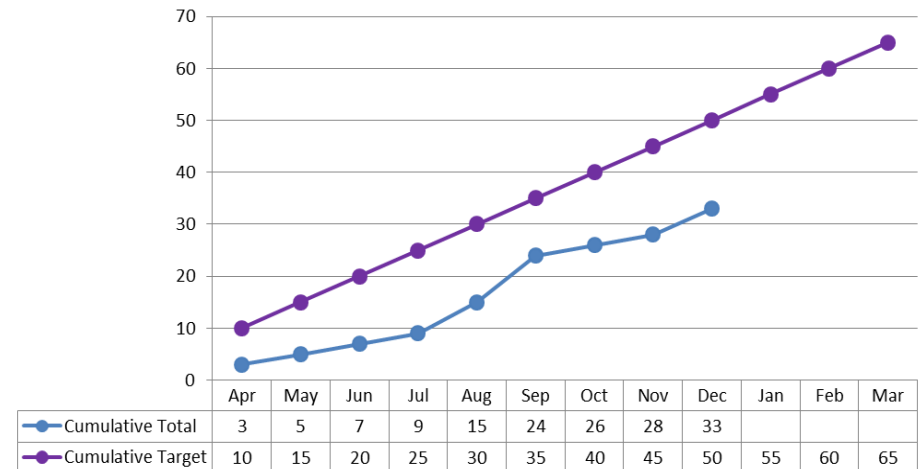
CCICP Medication Harm Incidents.

For December 2019, there was one medication incident reported resulting in harm:
- 100% (1 medication incidents) resulted in low harm
- 0% (0 medication incidents) have resulted in moderate harm
- 0% (0 medication incidents) have resulted in serious harm

Improvement actions include;
- The Safer Medicines Practice Group has approved the Administration of Insulin policy which supports the administration of insulin in the community.
- A dedicated Pharmacy Technician has been introduced in to Hebden Green School.
- A medication competency booklet has been launched

CCICP Medication Incidents by Month
April 2019 to March 2020
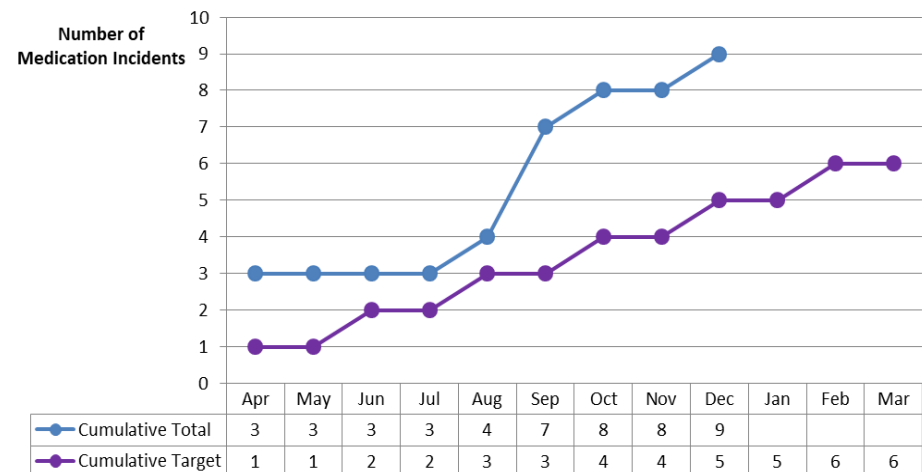
Number of Medication Incidents

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

Description	Aggregate Position	Trend

Inpatient Falls.

In December 2019, there were a total of 21 falls with harm.
- 95.2% (20) resulting in low harm
- 0% (0) resulting in moderate harm
- 4.8% (1) resulting in major harm
- 0% (0) resulted in catastrophic harm

There has been a positive increase in no harm incidents

Improvement actions include:
- An additional working group has been established to support attainment of the Falls CQUIN 19/20 – Three high impact actions to prevent Hospital Falls. The group has multidisciplinary and cross divisional representation inclusive of representation from the Quality Improvement Team and provides updates to the falls group.

The falls rate per 1,000 bed days was 5.06
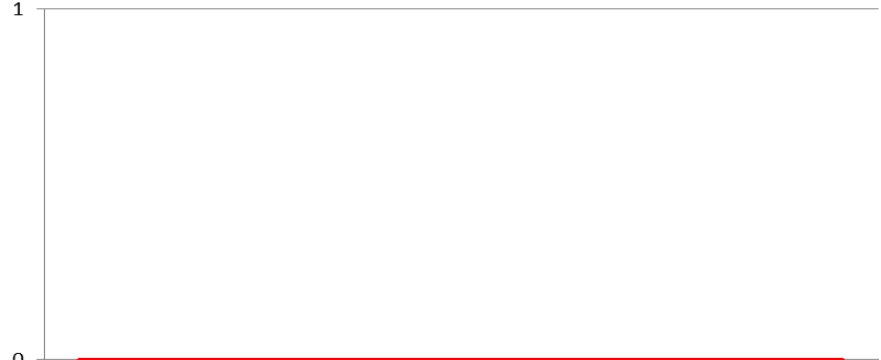
Inpatient Falls Rate Per 1,000 Bed Days & Month
April 2019 to March 2020

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Target	6.60	6.60	6.60	6.60	6.60	6.60	6.60	6.60	6.60	6.60	6.60	6.60
Rate 2019/20	5.31	4.76	4.99	5.85	5.00	5.00	5.33	5.51	5.06			
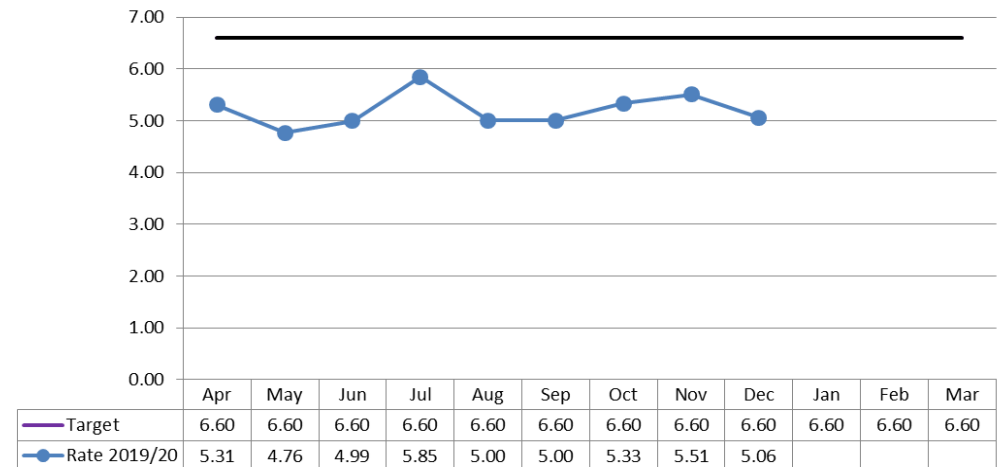
Inpatient Falls Resulting In Harm by Month
April 2019 to March 2020

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Cumulative 2019/20	27	59	78	106	138	166	189	213	234			
Cumulative 2018/19	23	42	61	80	102	131	161	176	200	222	242	268

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

Description	Aggregate Position	Trend

MRSA Bacteraemia Cases.

Zero tolerance of MRSA cases.

In December 2019 there were no MRSA bacteraemia cases were reported in the Trust.

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

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

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly	0	0	0	0	0	0	0	0	0			
Cumulative	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 December 2019, there were no new HOHA cases of C. Diff. There was one COHA case identified on the 23rd December 2019; the initial information gathering from the GP practice is underway by the PH community ICN, a formal meeting with the Community ICN and the CCG will be undertaken. Therefore until confirmed, this will not appear on the charts.

To date there have been a total of 21 c diff with only one avoidable case

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.

Clostridium Difficile Toxin Positive Cases Report Within the Trust April 2019 to March 2020
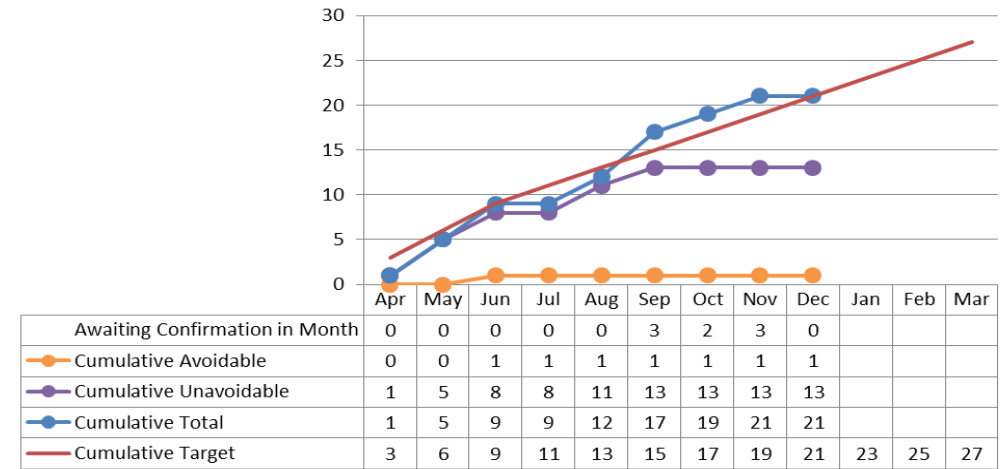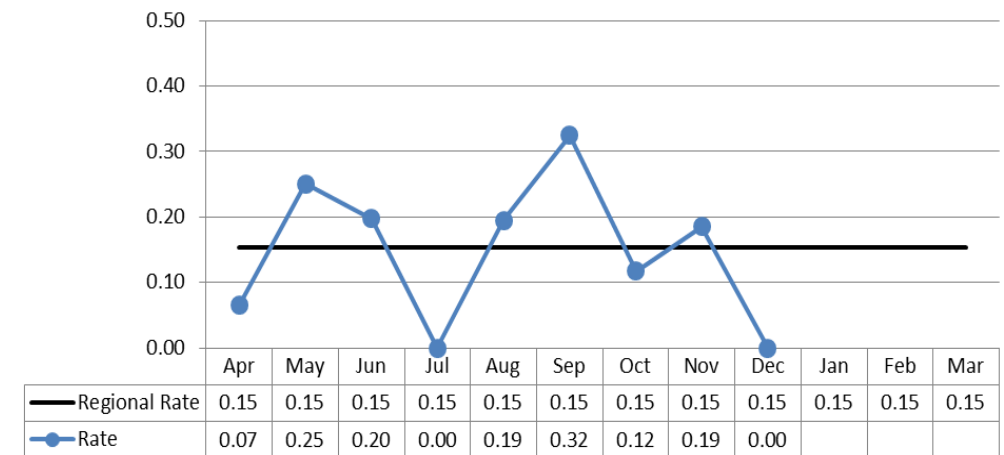
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Awaiting Confirmation in Month	0	0	0	0	0	3	2	3	0			
Cumulative Avoidable	0	0	1	1	1	1	1	1	1			
Cumulative Unavoidable	1	5	8	8	11	13	13	13	13			
Cumulative Total	1	5	9	9	12	17	19	21	21			
Cumulative Target	3	6	9	11	13	15	17	19	21	23	25	27

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	0.20	0.00	0.19	0.32	0.12	0.19	0.00			

NHS
Mid Cheshire Hospitals
NHS Foundation Trust

Description	Aggregate Position		Trend

MSSA Cases.

To date in the financial year there have been 13 confirmed MSSA cases reported.

The regional rate is based at 0.10.

In December, the rate of MSSA was 0.061 per 1,000 occupied bed days.

In December 2019, one MSSA cases was reported in the Trust.

MSSA cases are reviewed by Consultant Microbiologist and a senior IPCP. A full PIR is required as this case is linked to a peripheral cannula, this will be led by the Consultant Microbiologist and clinical teams.

MSSA cases reported within the Trust April 2019 to March 2020
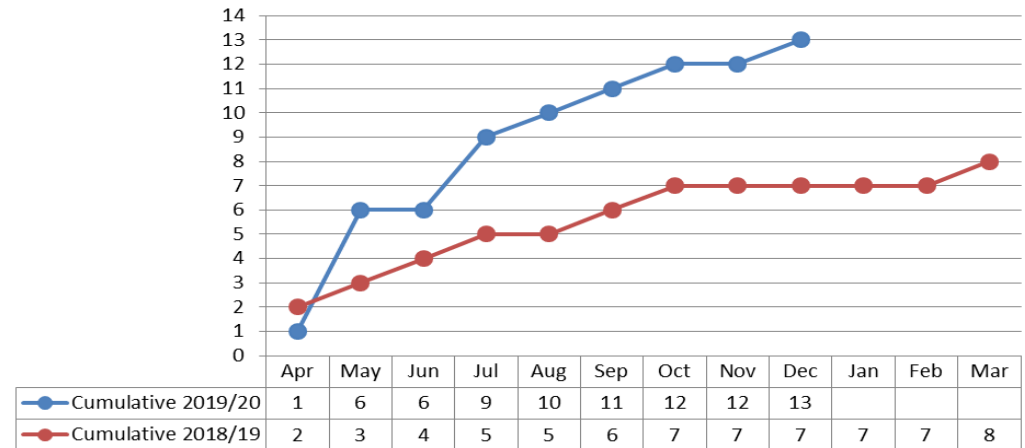
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Cumulative 2019/20	1	6	6	9	10	11	12	12	13			
Cumulative 2018/19	2	3	4	5	5	6	7	7	7	7	7	8

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			
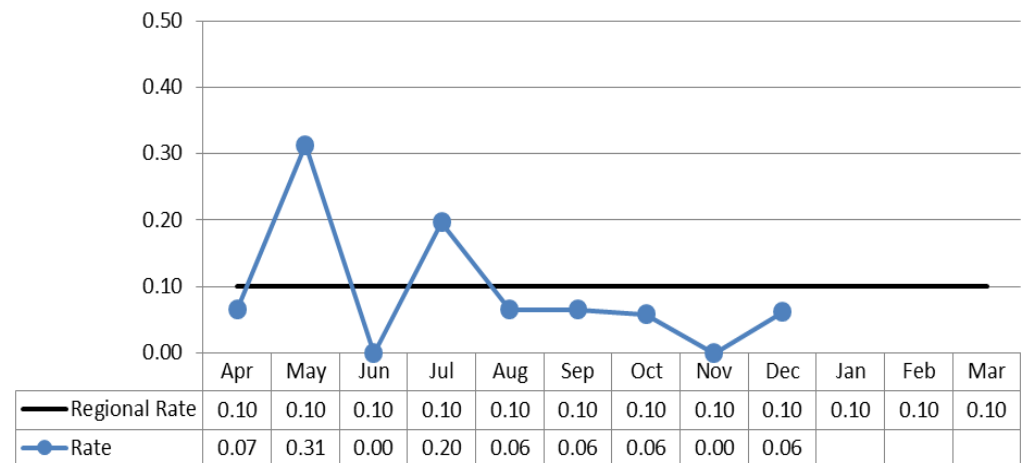
Description	Aggregate Position	Trend

E-Coli Cases.

In this financial year there have been 21 confirmed E-Coli cases reported. Of these cases 18 have been male, the national picture in 2018 was that slightly more females were identified as E.Coli than males.

In December 2019, two E.Coli cases were reported. Both of these have been classed as unavoidable.

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

The regional rate for E.Coli infections is 0.22.

In December, the rate of E. Coli was 0.12 per 1,000 occupied bed days.

E-Coli cases reported within the Trust April 2019 to March 2020
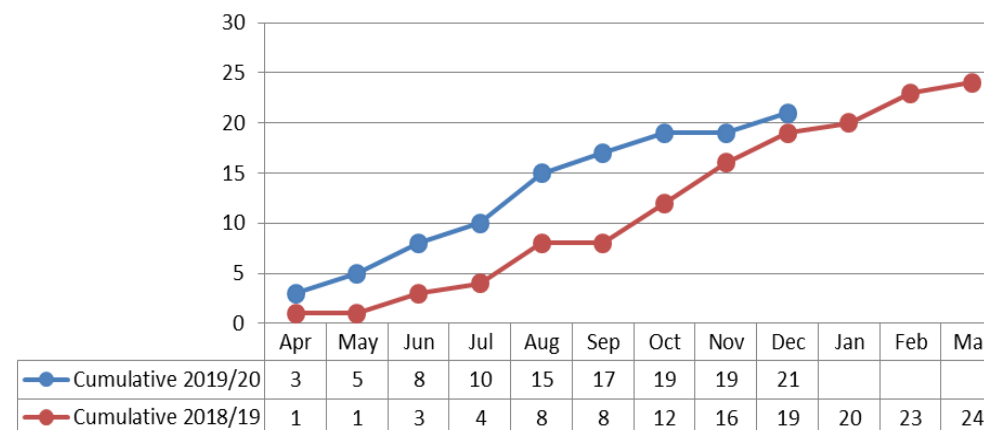
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Cumulative 2019/20	3	5	8	10	15	17	19	19	21			
Cumulative 2018/19	1	1	3	4	8	8	12	16	19	20	23	24

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			
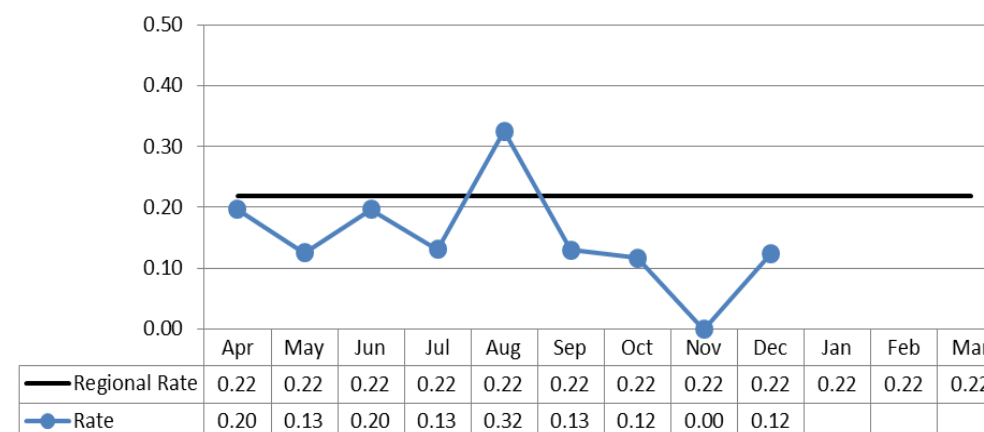
CQUIN 2019-20 Performance

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			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			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			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			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			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			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			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			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			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			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			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			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
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: February 2020

Description	Aggregate Position		Trend

Safety Thermometer - Harm Free Care.

In December 2019, 97% of patients received harm free care as measured by the point prevalence Safety Thermometer.

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

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

Percentage of patients with Harm Free Care Safety Thermometer

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

Description	Aggregate Position		Trend	
Registered Nurses monthly expected hours by shift versus actual monthly hours per shift. Day time shifts only	86.97% of expected Registered Nurse hours were achieved for day shifts. Any registered nurse numbers that fall below 85% are required to have a divisional review and an update of actions provided to the Director of Nursing & Quality and the Deputy Director of Nursing & Quality.	Trend **December 2019: 86.97%** November 2019: 87.9% October 2019: 86.8%		The lowest staffing levels during the day were on Ward 10 (Ortho Trauma) at 75.9%
Registered Nurses monthly expected hours by shift versus actual monthly hours per shift. Night time shifts only	89.53% of expected Registered Nurse hours were achieved for night shifts.	Trend **December 2019: 89.53%** November 2019: 93.9% October 2019: 92.8%		The lowest staffing levels during the night were on Ward 6 at 76.6%
Healthcare Assistant monthly expected hours by shift versus actual monthly hours per shift. Day time shifts only	88.04% of expected HCA hours were achieved for day shifts.	Trend **December 2019: 88.04%** November 2019: 89.7% October 2019: 90.7%		The lowest staffing levels during the day were on NICU at 65%
Healthcare Assistant monthly expected hours by shift versus actual monthly hours per shift. Night time shifts only	95.36% of expected HCA hours were achieved for night shifts. For areas with over 100% staffing levels for HCA's this is reviewed and is predominately due to wards requiring 1 to 1 specials for patients following a risk assessment or to increase staffing numbers when there are registered nursing gaps that are not filled.	Trend **December 2019: 95.36%** November 2019: 94.7% October 2019: 96.3%		The lowest staffing levels during the night were on Critical Care at 80.4%
Total number of wards that are lower than 85% RN fill days and nights is 8.	CAU 76.1% (day), NICU 81.2% (day) and 79.5% (night), Ward 2 78.2% (day), Ward 4 80.9% (day), Ward 5 82.6% (day) and 79.6% (night), Ward 6 78.9% (day) and 76.6% (night), Ward 10 (Ortho Trauma) 75.9% (day) and Ward 19 84.9% (day).		• Actions taken: Staffing reviewed on daily basis by Matrons/HoN following Escalation process • Risk assessments taken place to review bed occupancy and patient acuity before transferring staff	

Ward Name	Day				Night				Day		Night		Care Hours Per Patient Day			
	Qualified		Unqualified		Qualified		Unqualified		Qualified	Unqualified	Qualified	Unqualified	Cumulative count over month of pts at 23:59 each day	Qualified	Unqualified	Overall
	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Fill Rate	Fill Rate	Fill Rate	Fill Rate				
MCHFT	38,519.44	33,121.25	35,942.84	32,090.75	27,808.00	24,710.25	21,560.00	20,394.83	86.97%	88.04%	89.53%	95.36%	14843	261.4	106.5	367.9
Acute Medical Unit	1,669.25	1,508.00	2,444.00	2,322.50	1,917.00	1,639.00	1,548.00	1,476.00	90.3%	95.0%	85.5%	95.3%	769	4.1	4.9	9.0
Child & Adolescent Unit	3,362.50	2,559.50	1,364.42	1,138.67	2,089.00	1,845.08	460	414	76.1%	83.5%	88.3%	90.0%	600	7.3	2.6	9.9
Critical Care	3,869.25	3,459.33	648	486	3,720.00	3,335.25	0	0	89.4%	75.0%	89.7%	-	291	23.3	1.7	25.0
Elmhurst	750	747.5	2,352.00	2,224.50	756	741.5	1,680.00	1,656.00	99.7%	94.6%	98.1%	98.6%	898	1.7	4.3	6.0
Ward 1 Coronary Care	2,333.50	2,103.00	1,368.00	1,259.50	1,536.00	1,433.00	1,121.50	1,055.00	90.1%	92.1%	93.3%	94.1%	830	4.3	2.8	7.1
Ward 10 Ortho Trauma	2,438.50	1,852.00	3,256.25	2,954.75	1,164.00	1,079.25	1,860.00	1,651.75	75.9%	90.7%	92.7%	88.8%	1058	2.8	4.4	7.2
Ward 15 Female Ward	1,789.92	1,571.92	1,783.25	1,679.50	1,116.00	981	1,164.00	1,068.00	87.8%	94.2%	87.9%	91.8%	940	2.7	2.9	5.6
Ward 13 Vascular & Colorectal	1,883.00	1,609.75	2,214.00	2,184.50	1,116.00	1,000.00	1,128.00	1,089.00	85.5%	98.7%	89.6%	96.5%	844	3.1	3.9	7.0
Ward 14 Gastroenterology	1,367.00	1,291.50	1,777.00	1,598.50	1,188.00	1,030.50	1,308.00	1,218.00	94.5%	90.0%	86.7%	93.1%	948	2.4	3.0	5.4
Ward 19	1,430.50	1,214.58	2,262.80	2,049.30	1,116.00	1,027.00	1,704.00	1,595.50	84.9%	90.6%	92.0%	93.6%	929	2.4	3.9	6.3
Ward 2 Short Stay	2,208.00	1,726.50	2,030.50	1,898.67	1,200.00	1,067.00	1,464.00	1,320.00	78.2%	93.5%	88.9%	90.2%	947	2.9	3.4	6.3
Ward 21b Rehabilitation	1,105.50	953.5	2,157.50	2,018.00	744	733	864	912	86.3%	93.5%	98.5%	105.6%	743	2.3	3.9	6.2
Ward 4 Elderly	1,713.75	1,386.00	2,069.50	1,796.50	780	669.25	1,488.00	1,451.33	80.9%	86.8%	85.8%	97.5%	975	2.1	3.3	5.4
Ward 5 Respiratory	2,269.67	1,873.67	2,017.50	1,721.00	1,656.00	1,318.00	984	1,104.00	82.6%	85.3%	79.6%	112.2%	971	3.3	2.9	6.2
Ward 6 Rehab	1,731.23	1,366.50	2,329.00	2,008.23	1,524.00	1,167.50	1,008.00	912	78.9%	86.2%	76.6%	90.5%	835	3.0	3.5	6.5
Ward 7 Gastroenterology	1,352.00	1,280.50	2,634.00	2,039.00	792	687.5	1,704.00	1,539.00	94.7%	77.4%	86.8%	90.3%	950	2.1	3.8	5.9
Ward 9 Ortho Elective	1,083.50	976.5	1,082.50	908.5	792	708	672	540	90.1%	83.9%	89.4%	80.4%	384	4.4	3.8	8.2
NICU	1,715.35	1,393.33	668.1	434.1	1,290.00	1,025.42	322.5	349.58	81.2%	65.0%	79.5%	108.4%	20	120.9	39.2	160.1
Ward 23	1,102.00	1,016.25	713.67	705.83	720	696.67	720	684	92.2%	98.8%	96.8%	95.0%	713	2.4	1.9	4.3
Midwifery Led Unit	749.67	660	0	0	720	696	0	0	88.0%	-	96.7%	-	37	36.6	0.0	36.6
Ward 26 Labour	2,595.35	2,571.42	770.85	663.2	1,872.00	1,830.33	360	359.67	99.1%	86.0%	97.8%	99.9%	161	27.3	6.4	33.7

Experience Section:

Indicators	YTD 19/20	Sep-19	Oct-19	Nov-19	Dec-19
Complaints received by month	225	25	28	19	21
Complaints being reviewed by the Ombudsman	3	0	0	1	1
Closed complaints by month	209	23	18	13	23
Contacts raising informal concerns	808	83	90	77	57
Compliments received in month	3787	432	449	486	999
Number of new claims received in month	31	2	2	0	0
Number of claims closed	43	4	5	3	4
Number of inquests concluded	9	0	1	2	1
NHS Choices - Number of new postings	67	8	2	11	6
F&FT Response Rate ED, MIU, UCC and Assessment Areas*		17%	15%	15%	15%
Proportion of positive responses ED, MIU, UCC and Assessment Areas		87%	87%	87%	86%
F&FT Response Rate Inpatients and Daycases		39%	34%	43%	33%
Proportion of positive responses Inpatients and Daycases		93%	94%	92%	94%
F&FT Response Rate Outpatients		2%	1%	24%	14%
Proportion of positive responses Outpatients		96%	94%	94%	93%
F&FT Response Rate Maternity - Birth		20%	9%	19%	22%
Proportion of positive responses Maternity - Birth		100%	100%	100%	100%
F&FT Response Rate Community (CCICP)		12%	0%	6%	7%
Proportion of positive responses Community (CCICP)		88%	0%	93%	93%

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

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

Description	Aggregate Position/Description	Trend

Monthly formal complaints received by the Trust.

21 complaints were received in December 2019 which covered 129 concerns. There were also 2 re-opened complaints.

The highest categories were:
- Communication with 26 concerns
- Medical with 27 concerns
- Nursing with 26 concerns

Three areas receiving the highest numbers of complaints/issues were:
- Emergency Department - 8 complaints with 26 concerns
- Ward 19 - two complaints with 12 concerns
- Acute Medical Staff and Respiratory Medical staff each have - two complaints with five 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: 1

CORP: 1

DMEC: 68

DCSS: 15

E&F: 0

S&C: 23

W&C: 21

Categories received by Division

Description	Aggregate Position/Description	Trend

New complaints raised with the Public Health Service Ombudsman

In December 2019, there was one new complaint at the assessment stage with the Parliamentary Health Service Ombudsman (PHSO) for CCICP and DMEC.

In the last rolling 12 months there have had four cases with the PHSO with three not upheld and one partially upheld.

New complaints raised with the Ombudsman
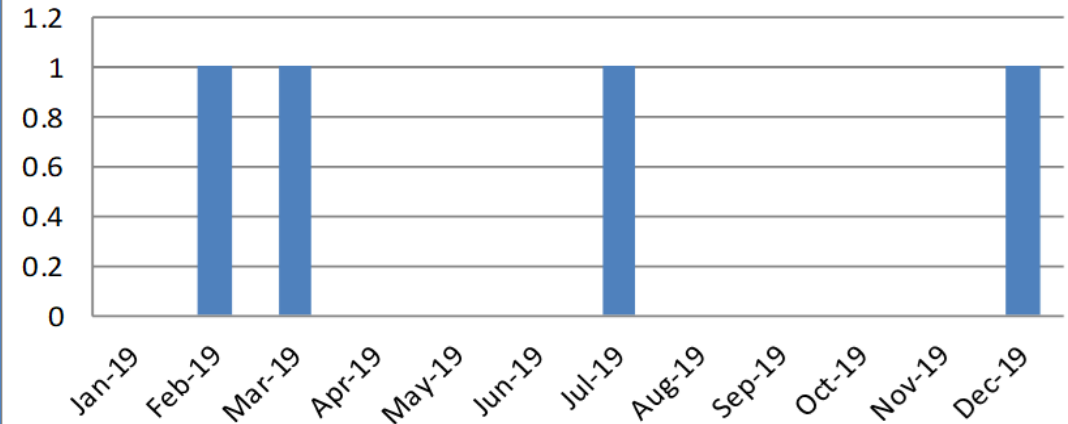
Complaint trends and number of issues.

The main trends in December 2019 were:-

Communication - 26 concerns raised over 14 complaints. 10 of these concerns were related to communication with patients face to face.

Medical Care - 27 concerns raised over 15 complaints. eight of these concerns related to medical diagnosis problems.

Nursing Care - 26 concerns raised over 13 complaints. Six of these concerns related to nutrition.

Complaint trends and number of issues

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

| Description | Aggregate Position/Description | Trend |

Closed Complaints

In December 2019, 23 complaints were closed, four of which were re-opened complaints.

Closed complaints by month

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Upheld	5	4	6	7	4	6	6	6	5	4	1	4
Partially Upheld	7	11	6	5	8	9	14	16	15	11	7	13
Not upheld	4	8	4	2	7	4	6	7	3	3	5	5
Withdrawn	0	0	2	1	1	0	0	0	0	0	0	1
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 December 2019 by Division.

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

Division	Upheld	Partially Upheld	Not Upheld	Withdrawn	Ref HR	Sub-Total
DMEC	3	4	2	0	0	9
Corporate	0	0	0	0	0	0
Surgery & Cancer	1	6	2	0	0	9
Women & Children's	0	0	0	0	0	0
DCSS	0	2	1	1	0	4
CCICP	0	0	0	0	0	0
Estates & Facilities	0	1	0	0	0	1
					Total closed =	**23**

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

Closed Complaints December 2019 - **Table Deleted under Section 40 of the Freedom of Information Act.**

Description	Aggregate Position/Description	Trend

Informal concerns numbers.

The number of contacts raising informal concerns for December 2019 was 57 raising 98 individual concerns.

The Division of Medicine and Emergency Care received the highest number of overall concerns at 43, with the Surgery and Cancer Division receiving 27.

Gastroenterology received the largest number of individual concerns at nine which were raised from five contacts.

Cardiology received eight concerns from four contacts.

Ophthalmology received seven concerns from five contacts.

Contacts raising informal concerns

Month	Value
Jan-19	96
Feb-19	105
Mar-19	97
Apr-19	86
May-19	103
Jun-19	75
Jul-19	92
Aug-19	62
Sep-19	83
Oct-19	90
Nov-19	77
Dec-19	57
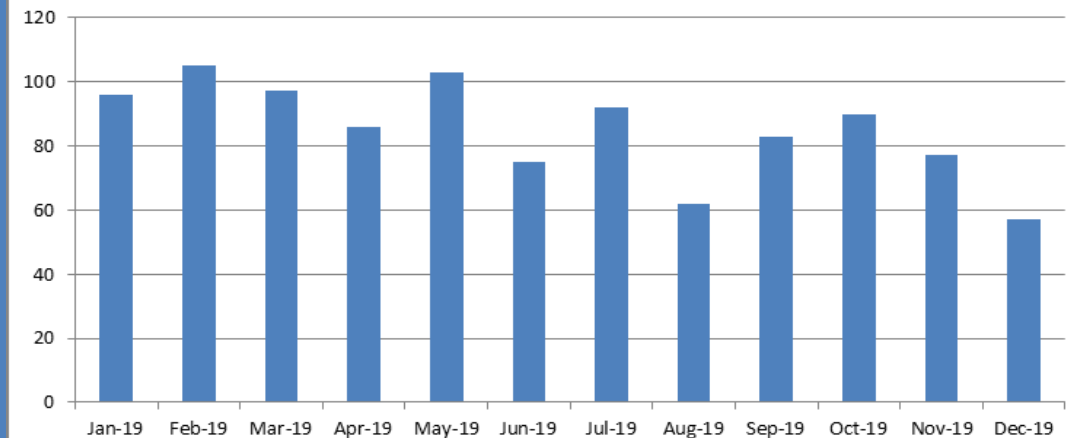
Informal concerns trends.

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

18 care issues raised:
13 related to medical care, of which six relate to the Division of Surgery and Cancer.

Four relate to nursing care, Ward 7, Ward 2 and Ward 10.

23 communication issues raised:
Eight related to communication with patients face to face, five to communication with patients telephone.

11 issues relate to the Division of Medicine and Emergency Care and Seven to Surgery and Cancer Division, Ophthalmology, Gastroenterology and

Trends of informal complaints
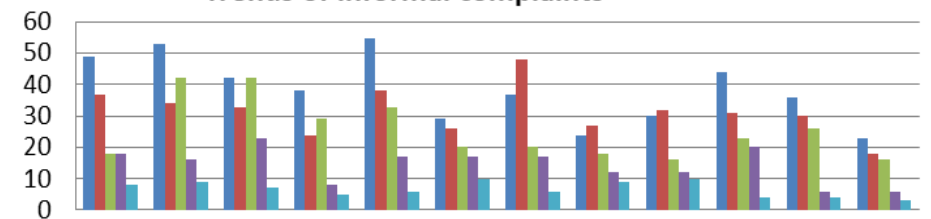
	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Communication	49	53	42	38	55	29	37	24	30	44	36	23
Care	37	34	33	24	38	26	48	27	32	31	30	18
Appointments	18	42	42	29	33	20	20	18	16	23	26	16
Attitude of Staff	18	16	23	8	17	17	17	12	12	20	6	6
Treatment	8	9	7	5	6	10	6	9	10	4	4	3

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

Description	Aggregate Position/Description	Trend

New claims received.

In December 2019, no new clinical negligence, employer's liability or public liability claims were received.

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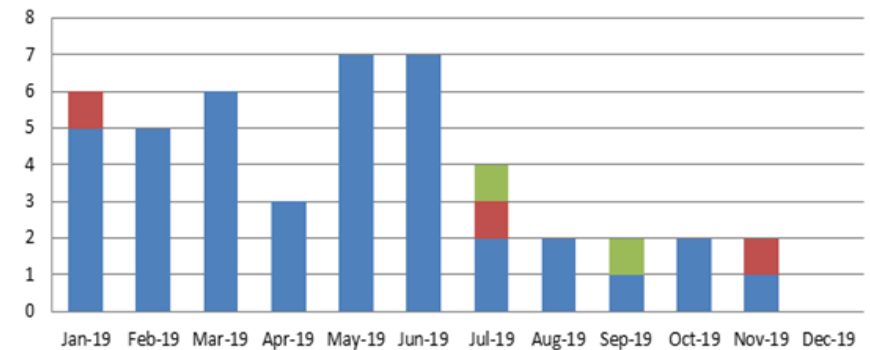
	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Public Liability	0	0	0	0	0	0	1	0	1	0	0	0
Employer's Liability	1	0	0	0	0	0	1	0	0	0	1	0
Clinical	5	5	6	3	7	7	2	2	1	2	1	0

Claims closed with/without damages.

In December 2019 the following claims four clinical negligence claims were closed, three of which were upheld.

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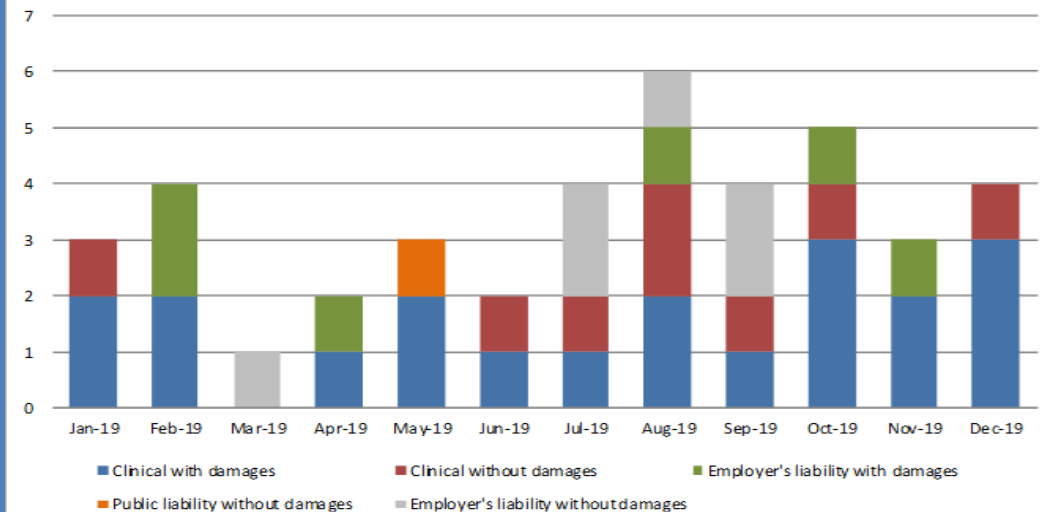
- Clinical with damages
- Clinical without damages
- Employer's liability with damages
- Public liability without damages
- Employer's liability without damages

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

Description	Aggregate Position/Description	Trend

Value of claims closed by month

In December 2019 damages of £56,500 were paid out on three clinical negligence claims.

<u>Obstetrics</u>
<u>Orthopaedics</u>
<u>Gastroenterology</u>

Narrative deleted under Section 40 of the Freedom of Information Act.
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Value of claims by month
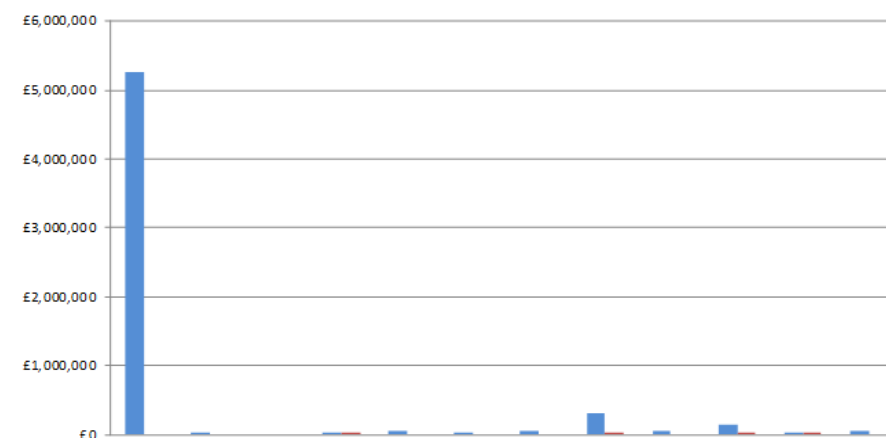
	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Clinical damages paid £	5,251,78	30,103	0	37,043	46,250	£16,288	50,000	315,153	50,000	137,500	13,750	56,500
Employer's liability paid £	0	0	0	1,500	0	0	0	2,000	0	6,000	2,656	0

Top five claims by Specialty
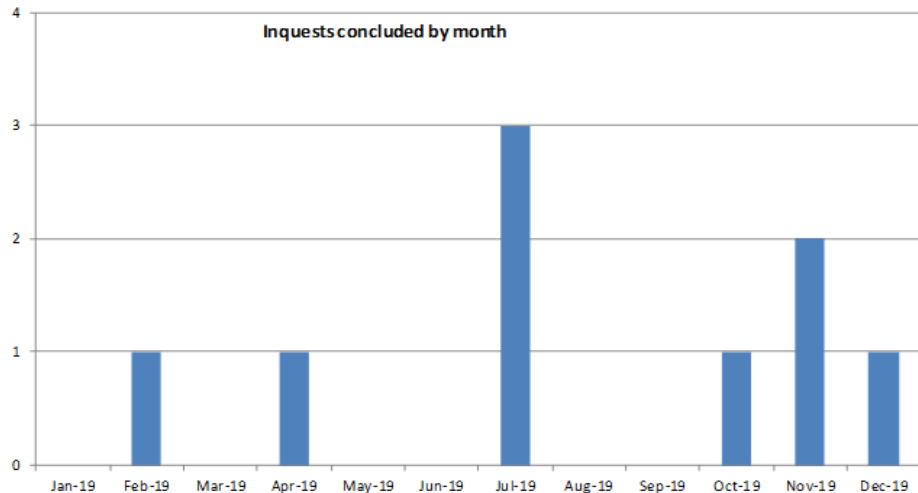
In December 2019 there were no new claims received which relate to the Trust's top five specialties for claims.

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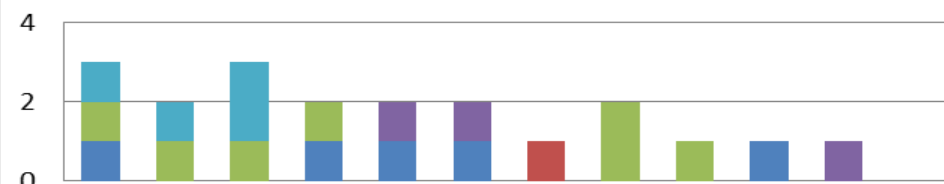
	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
General Surgery	1	1	2	0	0	0	0	0	0	0	0	0
Obstetrics	0	0	0	0	1	1	0	0	0	0	1	0
Emergency Dept	1	1	1	1	0	0	0	2	1	0	0	0
Ophthalmology	0	0	0	0	0	0	1	0	0	0	0	0
Orthopaedics	1	0	0	1	1	1	0	0	0	1	0	0

Description	Aggregate Position /Description	Trend

Number of Inquests concluded by month

One inquest was concluded in December 2019 which related to the death of a three year old in the Emergency Department. The Coroner returned a Narrative Conclusion.

<u>Lessons Learnt</u>

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

An overarching action plan has been fully completed including an SOP for the management of paediatric patients in the Emergency Department and a new paediatric casualty card.

Inquests concluded by month

Description	Aggregate Position /description	Trend

NHS Choices postings

There were six postings on NHS Choices in December 2019, all of which were positive:

Dermatology : Fantastic clinic. Felt comfortable and at ease from first appointment, warm friendly and cosy, all staff I engaged with made me feel good.

Urgent Care : Superb staff. I was seen straight away in the urgent Care Centre with no waiting. The process was very efficient and all the staff I came into contact with were very skilled, professional & friendly. I can't praise them enough. Many thanks.

Gynaecology : Extremely caring staff. The staff went above and beyond to help me and comfort me when I needed it most. I was overwhelmed by the kindness and understanding of nurses and doctors. Absolutely amazing service.

Examples of comments received from patient feedback are being shared on social media and Twitter #FeedbackFriday

NHS Choices - New postings

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Positive	6	11	1	3	1	7	9	6	7	2	11	6
Negative	3	2	3	1	0	0	3	2	1	0	0	0
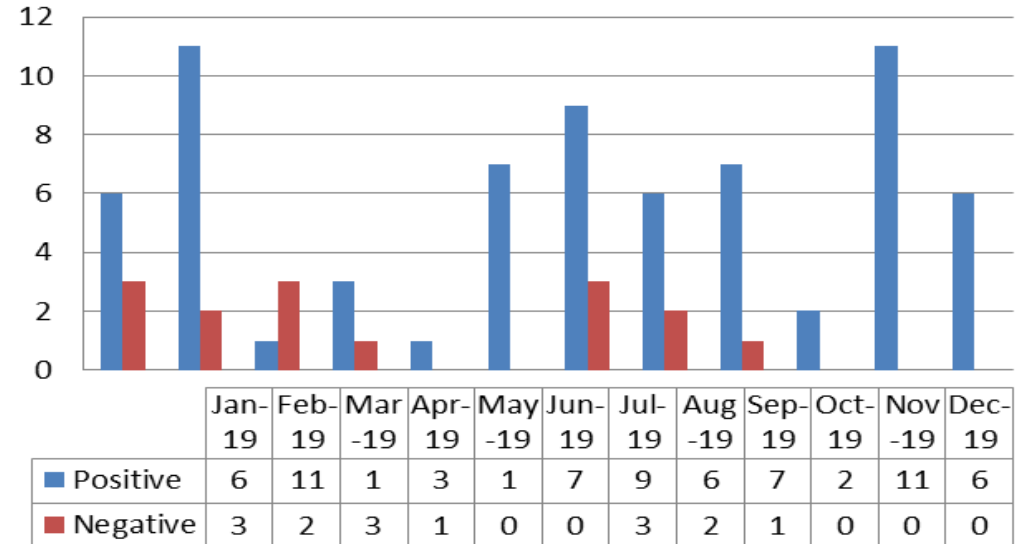
The Family and Friends Test.

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

Emergency care /assessment areas 86%;

Inpatients and day cases 94%;

Outpatients 93%;

Maternity (Labour ward) 100%;

CCICP 93%

Friends and Family Positive Scores
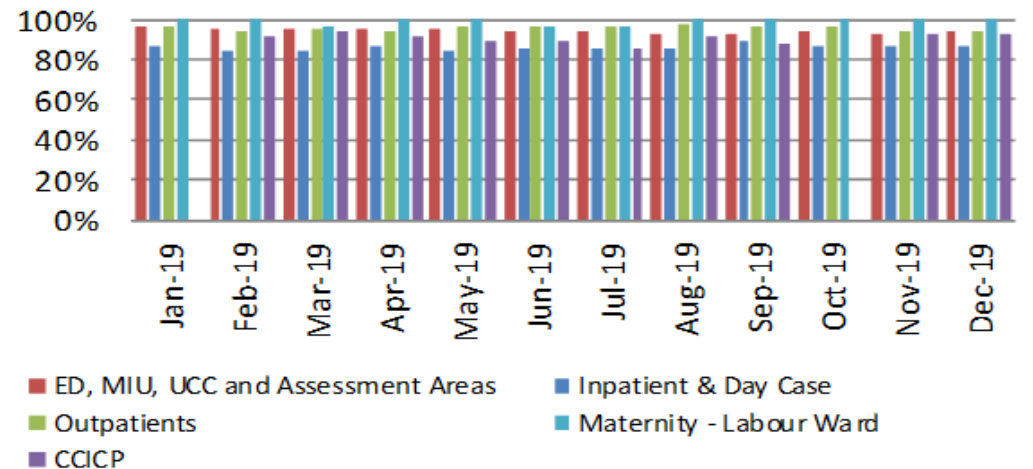
Legend:
- ED, MIU, UCC and Assessment Areas
- Inpatient & Day Case
- Outpatients
- Maternity - Labour Ward
- CCICP

Description

Aggregate Position /description

Trend

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

Dec-19 Ward/Dept.	% Response	Total responses received	How many would recommend
A&E , UCC & MIU	15%	973	86%
CCICP	7%	535	93%
Inpatients & Day cases	33%	1403	94%
Maternity	22%	53	100%
Outpatients	14%	2718	93%

FFT response rates

- Inpatient and Day Case Response
- Outpatients Response
- CCICP Response
- Maternity - Labour Ward
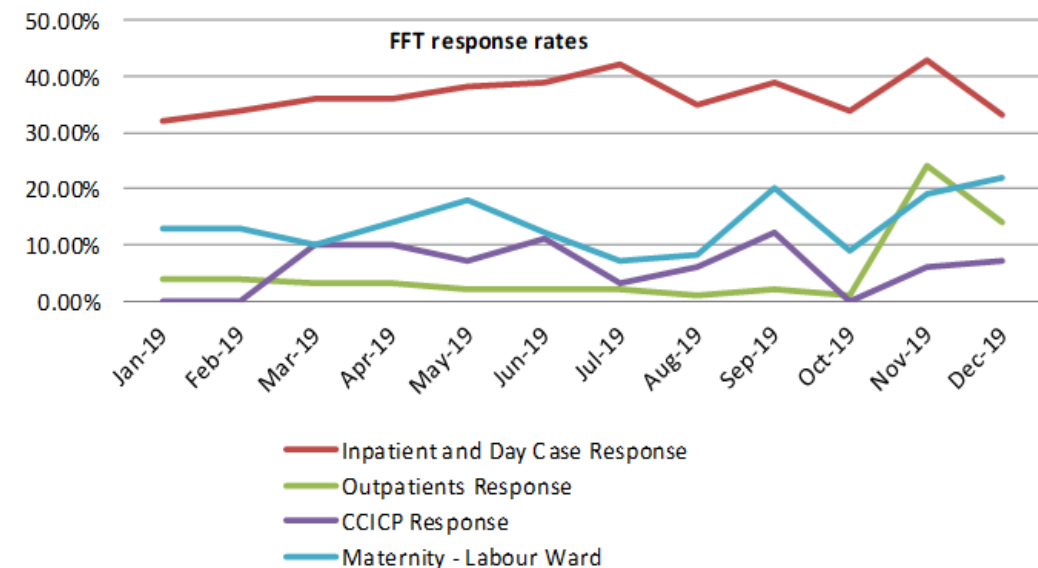
Compliments received

There were 999 compliments received in December 2019. 45 of these were logged by the Customer Care Team and 954 received across the Trust.

"I am now writing to compliment again the Ophthalmology Department regarding my appointment in December. I arrived in good time for my appointment and whilst booking in was informed that there had been an emergency earlier that afternoon and that that they were running late. Despite this emergency the process of providing an eye test, putting drops in my eyes to dilate the pupils, photographing my eyes and Consultant discussion were all concluded in less than 90 minutes after my arrival. All the staff with whom I had contact, from receptionist through nurses, doctors and consultants, were friendly, efficient, caring and informative"

Total number of compliments received
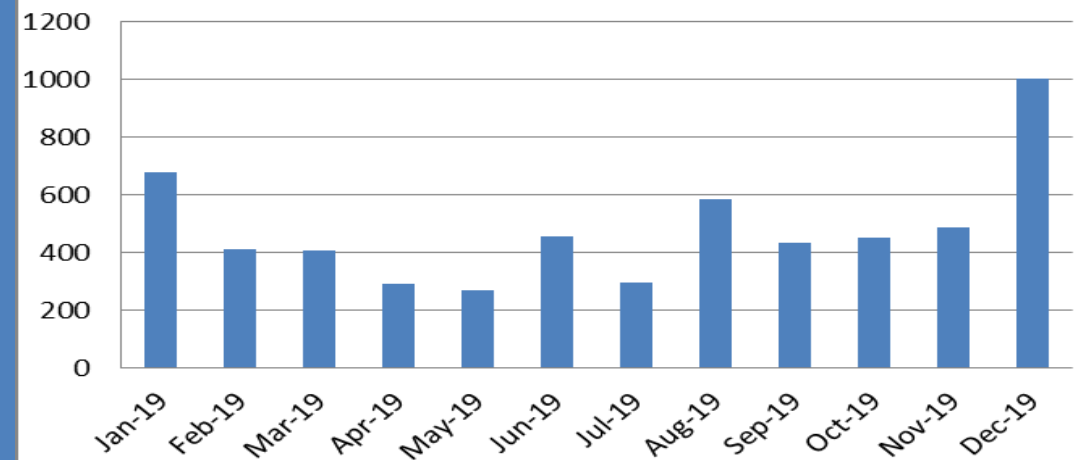
Title of Paper :	Guardian of Safe Working Hours Report (Q3)	
Author:	Derek Pegg, Guardian of Safe Working Hours	
Executive Lead:	Heather Barnett, Director of Workforce and OD	
Type of Report:	Concept Paper	
	Strategic Options Paper	
	Business Case	
	Information	✓
	Review/Benefits/Audit	

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:	January 2020

Report from the

Guardian of Safe Working Hours

1st October 2019 – 31st December 2019

1. Introduction

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

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

2. Current Position

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

The trust currently has 165 'training grade' posts. The majority of these posts are already on the 2016 TCS. The remaining posts currently on the 2002 TCS will transition to the 2016 TCS with effect from 5th February 2020.

There are often challenges in having fully staffed rotas for Junior Doctors. This is often a very fluid picture but can occasionally put added stress onto a system already struggling with a fluctuating and generally ever increasing demand. However the gaps are either filled with locums from our internal or agency locums to minimise risk to safety of the patients when provision of care is at full stretch.

From February, A&E will have four out of six ST3-8 working 'less than full time' (LTFT). This equates to the loss of a 1.1 WTE on the rota

Anaesthetics have had a gap of one Specialist Trainee, Lower (formally known as SHO) since August 2019.

NHS Employers and the BMA agreed a number of changes to the 2016 Terms and Conditions of Service for the junior doctors. In December 2019 phase 2 of the amendments were implemented. This has resulted in 24 of training grade rotas being reviewed to ensure compliance. Further changes were required in order to comply with the February 2020 implementation deadline.

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 October 2019** to **31st December 2019** a total of **4** exception reports were received from **4** trainee doctors and the following table is a summary of those exceptions:

Reference	Summary of Exception	hours to be paid	Pay Cost (x1.5)	Fine Cost (x2.5)
70193	Late finish	TOIL (3 hrs)		
67390	Late finish	TOIL (1 hr)		
68001	Late finish	TOIL (1hr)		
68007	Late finish	TOIL (1 hr)		
Total Cost to the Trust for the Reporting Period				**£0.00**

Of the **4** reported exceptions **1** was highlighted as an 'immediate safety concern'. All **4** were closed with "time off in lieu" being granted.

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

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

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

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

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

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

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

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

Monthly Exception Report Trends 2017-2019
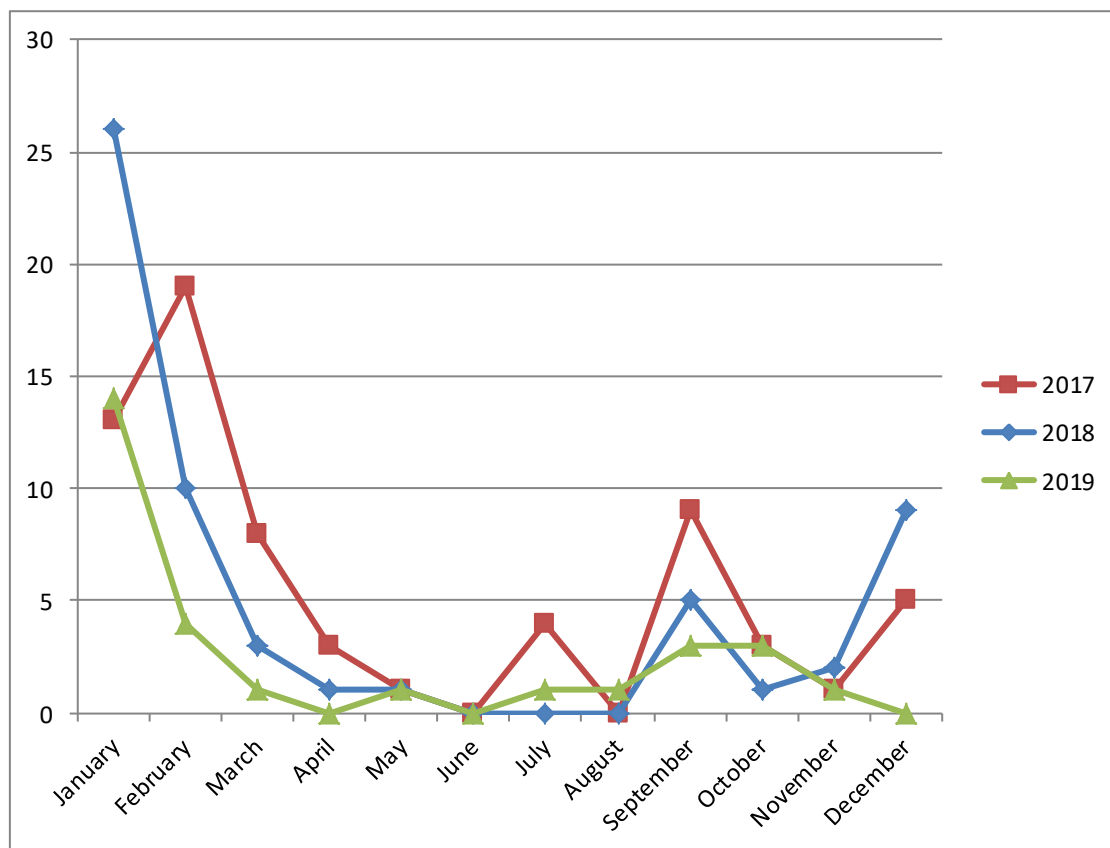
4. Conclusion

This is now the twelfth 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 reduction in 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 at any time.

Derek Pegg
31.12.2019

NHS
Mid Cheshire Hospital
NHS Foundation Tru

Board of Directors Performance Report

December 2019

"To Deliver Excellence in Healthcare through Innovation & Collaboration"

Introduction

Performance Report

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

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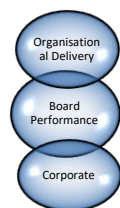
The delivery of the service improvements within the 3 key domains are also reflected in the Board Assurance Framework which identifies where the organisation has insufficient assurance in delivering the strategic objectives of the organisation.
Within this Performance Report the indicators within each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

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

James Sumner
Chief Executive

Contents

Headline Measures

Organisational Delivery

Indicator	Standard	YTD	Dec-19	
Cancer				
Rapid Access Referrals (%) *(seen in 2 wks)*	93.00%	97.29%	97.07%	
Total Patients Seen		9,088	888	
Patients seen >14 days		246	26	
62 day GP Classic (%)	85.00%	86.58%	86.17%	*
Accountable Patients Treated		634	47	
No. of Breached Pathways (adjusted)		85	7	
62 day Screening (%)	90.00%	88.52%	100.00%	*
Accountable Patients Treated		105	12	
No. of Breached Pathways (adjusted)		12	0	
* Provisional figures subject to change depending on further validation or treatment outcome				
Unplanned Activity				
4 Hour Access Standard (%)	95.00%	76.54%	68.00%	
A&E Attendances (LH/MIU/UUC) (% to plan)		98.70%	91.11%	
A&E Attendances LH & MIU (Vol)		74,930	8,101	
Planned Activity				
Incomp Pathways <18wk (%)	92.00%	91.86%	91.13%	
>6wk Diagnostic Waits (%)	1.00%	3.50%	1.79%	
Total Patients Waiting for a First Outpatient Appointment			9,001	

Indicator	Standard	YTD
Workforce		
Sickness absence Rolling 12 Month		4.78%
Turnover Rolling 12 Month		8.81%

Corporate

Indicator	YTD Rating Plan	YTD Rating Actual	YE Rating Forecast	YE Metric Plan	YE Metric Forecast
Finance					
Use of Resource Rating	3	2	3		
Capital Service Capacity	3	3	3	0.61	1.50
Liquidity	3	3	4	-13	-16
I&E Margin	3	3	3	-0.70%	-0.70%
Distance from Financial Plan	1	1	1	0.00%	0.00%
Agency Spend	1	2	3	-15.00%	13.00%

	YTD Target	YTD Actual	YTD Variance	FY Target	FY Forecast	FY Variance
Cost Improvement Schemes Total (£000's)	3,724	3,085	-639	5,342	4,623	-719
Commission Contact Income SC & VR (£000's)	148,592	148,587	-5			
Contract Income (£'000)	179,582	181,730	2,148			
Pay to Budget (£000's)	138,016	139,294	-1,278			
Non Pay to Budget (£000's)	55,000	57,220	-2,220			
Agency Trajectory (£000's)	4,275	5,307	-1,032			

Exec Summary

In December the key metrics delivered were:

1. 2. 62 Day Screening Cancer at 100% against a target of 90%.
2. 2WW Rapid Access Cancer at 97.07% against a target of 93%
3. 5. 62 Day Classic Cancer at 86.17% against a target of 85%

The key metric not delivered was:

1. 4hr Emergency Access at 68.00% against a target of 95%
2. Six weeks diagnostic at 1.79% against a 1% threshold.
3. RTT Open Pathways at 91.13% against a target of 92%

The UoRR metric is 2. If any of the UoRR metrics are 4, then the maximum rating that the trust can achieve is a 3.

The Trusts' I&E performance against the control total is £10k better than the control total, which means that the control total has been met for the 3rd quarter.

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

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

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

Single Oversight Framework

Triggers

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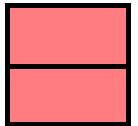
The Trust's operational trigger rating continues as RED as a result of failure of a primary target during the year (A&E 95% 4 hour Access Standard).

The Trust has achieved a Use of Resource rating of 2, which is better than expected year to date - with the Trust anticipating a forecast UoRR of 3.

Operational Performance

	Current YTD		Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Monthly Trend
	Target	Actual														
Maximum 6 week wait for Diagnostic procedures	1%	3.50%	0.54%	0.47%	0.42%	0.76%	0.64%	9.34%	7.76%	4.04%	3.05%	0.95%	0.84%	0.72%	1.79%	
All Cancers: 62 day GP Classic (%) *	85%	86.58%	86.90%	85.83%	85.84%	85.60%	86.62%	86.09%	86.18%	86.45%	86.72%	88.89%	86.67%	85.11%	86.17%	
All Cancers: 62 day Screening (%) *	90%	88.52%	81.80%	87.50%	100.00%	95.45%	90.00%	90.00%	61.11%	96.77%	90.48%	85.00%	79.41%	100.00%	100.00%	
18 weeks from point of referral to treatment - patients on an incomplete pathway (%)	92%	91.86%	92.01%	91.30%	91.63%	90.67%	91.05%	91.67%	92.07%	92.09%	92.00%	92.46%	92.08%	92.19%	91.13%	
A&E - maximum waiting time of 4 hours from arrival to admission/transfer/discharge (%)	95%	76.54%	83.57%	78.89%	81.12%	80.41%	79.90%	78.26%	80.60%	78.98%	78.02%	77.36%	75.50%	71.82%	68.00%	
STF Trajectory			90.00%	90.00%	90.00%	90.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%				
Provider Submitted Trajectory													86.50%	88.50%	84.60%	

* 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	1.50	3	3
	Liquidity	days	-13	-16	4	3
Financial Efficiency	I&E Margin	%	-0.70%	-0.70%	3	3
Financial Controls	Distance from Financial Plan	%	0.00%	0.00%	1	1
	Agency Spend	%	-15.00%	13.00%	3	2
Overall UOR Rating					3	2

Operational Delivery: *Cancer Pathway*

Headline Measures

	Current YTD		Rolling 13 months													
	Target	**Actual**	**Dec 18**	**Jan 19**	**Feb 19**	**Mar 19**	**Apr 19**	**May 19**	**Jun 19**	**Jul 19**	**Aug 19**	**Sep 19**	**Oct 19**	**Nov 19**	**Dec 19**	**Monthly Trend**
Rapid Access Referrals (%) (seen in 2 wks)	93%	97.29%	97.78%	96.91%	97.66%	97.69%	95.83%	97.65%	96.99%	96.60%	98.20%	97.39%	98.28%	97.76%	97.07%	
Total Patients Seen		9088	855	842	940	996	1030	980	963	1207	1000	1036	1048	936	888	
Patients seen >14 days		246	19	26	22	23	43	23	29	41	18	27	18	21	26	
% seen within 7 days		0.0%	35.4%	38.6%	38.1%	30.5%	30.3%	39.4%	37.6%	38.2%	43.3%	54.7%	59.3%	46.3%	44.0%	
62 day GP Classic (%) *	85%	86.58%	86.90%	85.83%	85.84%	85.60%	86.62%	86.09%	86.18%	86.45%	86.72%	88.89%	86.67%	85.11%	86.17%	

* Provisional figures subject to change depending

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

Commentary

The Trust has achieved all three headline cancer standards during the month of December 2019. 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 97.07% for December.
The 62 Day GP Classic standard has achieved the 85% standard in December, at 86.17%.
The 62 day Screening standard has reached 100% performance in December.

Primary Measures

All Referrals with Breast Symptoms seen within 2 weeks

All Cancers: 31 day wait from diagnosis to first treatment

62 day Screening

Operational Delivery: *Cancer Pathway*

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

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

Cancer Treatments started within 62 days of urgent referral - consultant upgrades
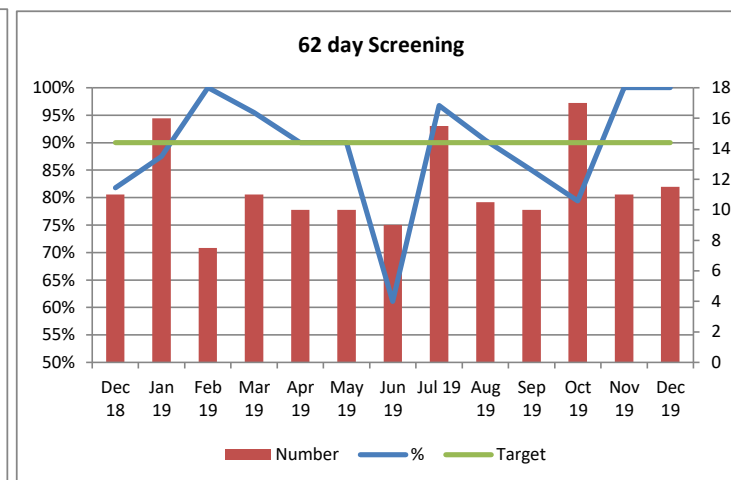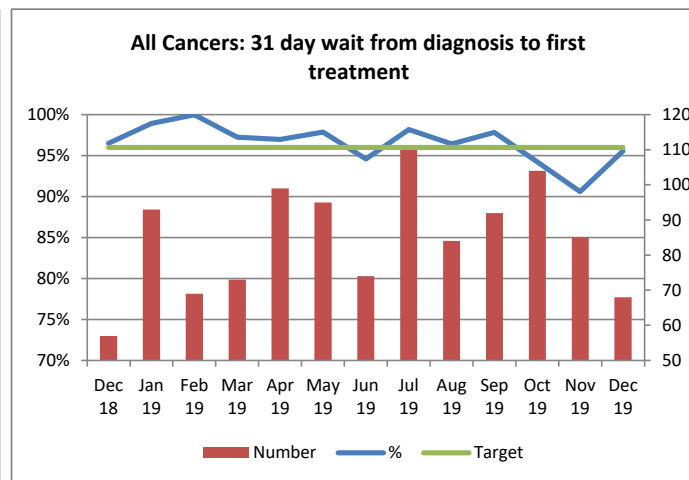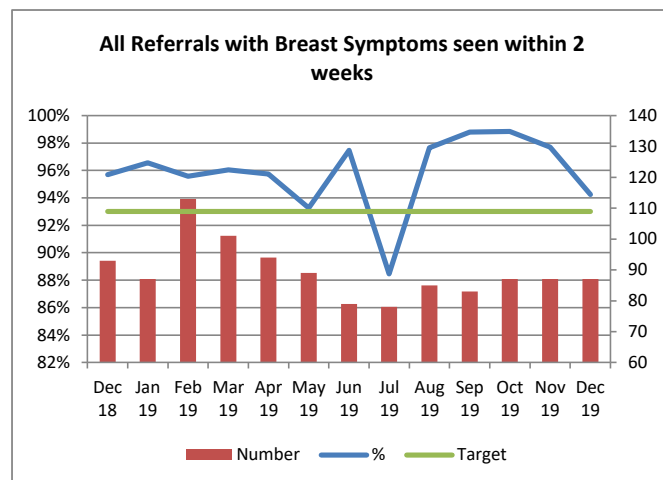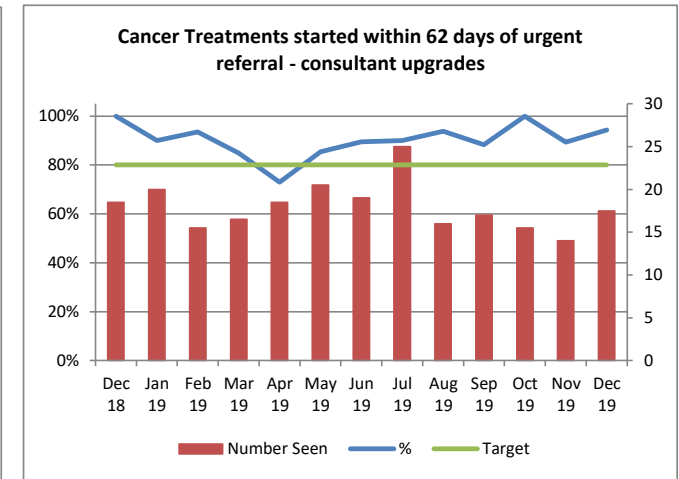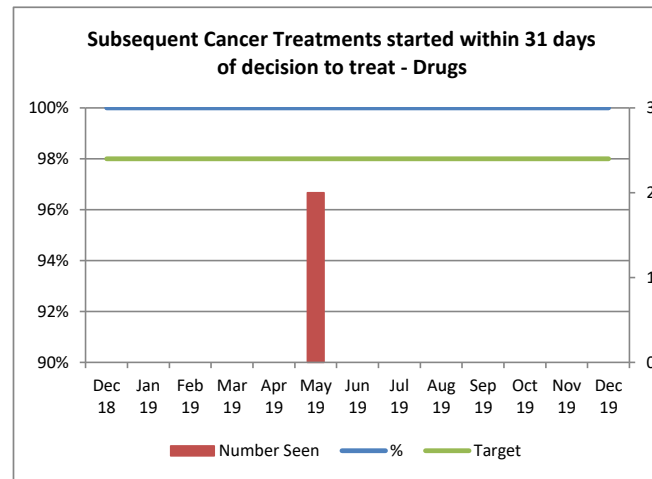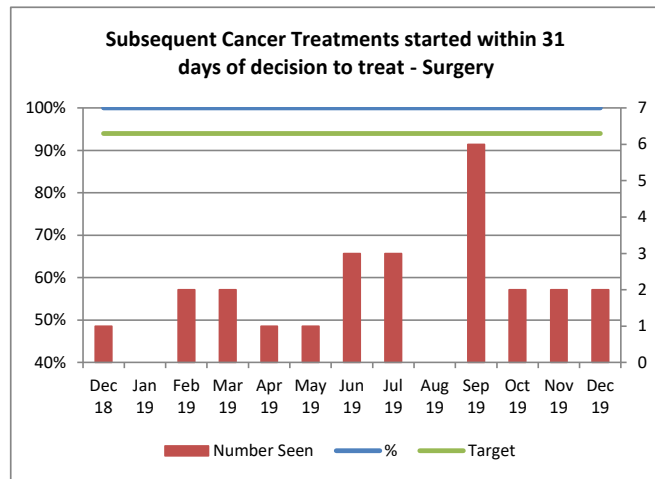
Operational Delivery: *Unplanned Activity - A&E*

Headline Measures

	Current YTD		Rolling 13 months													
	Target	Actual	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Monthly Trend
A&E - >4 hr wait time from arrival to admission/ transfer/ discharge (% to Target)	95%	76.54%	83.57%	78.89%	81.12%	80.41%	79.90%	78.26%	80.60%	78.98%	78.02%	77.36%	75.50%	71.82%	68.00%	
No. of 4hr breaches		*17,578*	*1,209*	*1,621*	*1,349*	*1,574*	*1,642*	*1,822*	*1,559*	*1,879*	*1,892*	*1,913*	*1,991*	*2,288*	*2,592*	

	Plan	Actual	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Monthly Trend
A&E Attendances (LH/MIU/UUC) (% to Plan)		*98.70%*	95.8%	99.3%	97.0%	95.4%	100.4%	95.2%	96.3%	103.3%	105.6%	102.9%	95.2%	99.2%	91.1%	
A&E Attendances (LH/MIU/UUC) (No.)	71,571	74,930	7,358	7,679	7,147	8,034	8,169	8,382	8,036	8,937	8,607	8,450	8,128	8,120	8,101	

		Actual	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Monthly Trend
A&E Attendance Case Mix (based on acuity score)	Major	20,426	2,235	2,392	2,170	2,341	2,351	2,540	2,235	2,407	2,263	2,347	2,155	2,082	2,046	
	Minor	28,145	2,605	2,782	2,489	2,855	3,166	3,040	3,045	3,559	3,593	3,212	2,852	2,823	2,855	
	Paediatrics	14,891	1,422	1,372	1,556	1,702	1,587	1,680	1,686	1,739	1,363	1,721	1,745	1,745	1,625	
	Resus	11,452	1,095	1,128	928	1,126	1,063	1,121	1,070	1,231	1,385	1,168	1,374	1,467	1,573	

		Actual	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Monthly Trend
A&E Attendance Location (based on Discharge)	Major	28,808	3,176	3,354	2,983	3,317	3,245	3,405	3,142	3,320	3,277	3,134	2,984	3,071	3,230	
	Minor	29,379	2,573	2,738	2,454	2,801	3,123	3,111	3,039	3,677	3,788	3,394	3,182	3,069	2,996	
	Paediatrics	14,891	1,422	1,372	1,556	1,702	1,587	1,680	1,686	1,739	1,363	1,721	1,745	1,745	1,625	
	Resus	1,836	186	210	150	204	212	185	169	200	176	199	215	232	248	

Commentary

The Trust has achieved 68% against the 4-hour access standard in December 2019.

High Acuity attendances continue to remain high with an increase in Resus patients in December compared to November.

The number of patients arriving by ambulance has also seen the highest in over two years, at 2130 in December.

Despite the high volume of A&E attendances, the percentage of patients who have been admitted has been on a downward trend, with December seeing the lowest for more than 12 months at 34%.

Medical outliers have increased to 24 against a threshold of 6 for December 2019, this was expected with the conversion of the Orthopaedic elective ward to non elective patients.

Patients medically optimised for discharge continues to remain challenging with an increase in December to 21 against a threshold of 16.

The Trust has two newly commissioned programmes of work taking place:

1) The Greater Manchester Utilisation team are undertaking a clinical review of ED, UTC, Assessment units, to commence w/c 27th January.

2) NHSE have supported the Trust in the market research company MORI undertaking a review of why patients are presenting to Leightons ED, to commence w/c 20th January.

Primary Drivers

Admissions - Non Elective Spells (exc Maternity)

Delayed Discharges

Secondary Drivers

Medical Outliers

Legend: Actual — Threshold

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

Ambulance Arrivals at Leighton

Readmissions

Legend: 7 day — 30 day
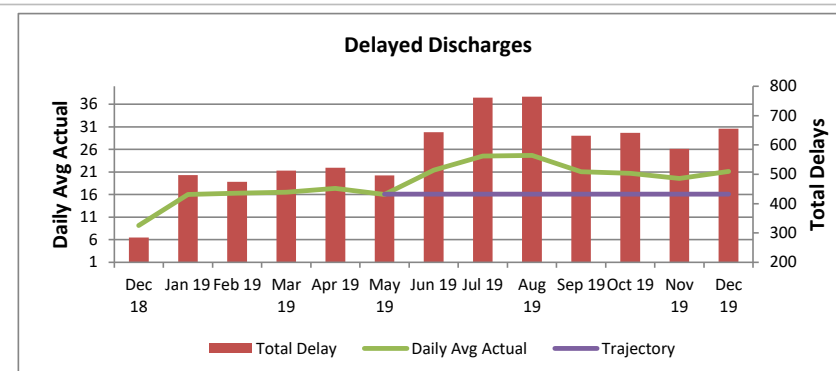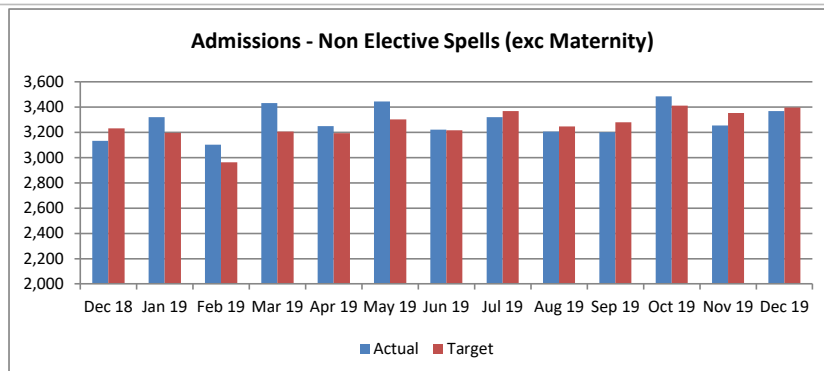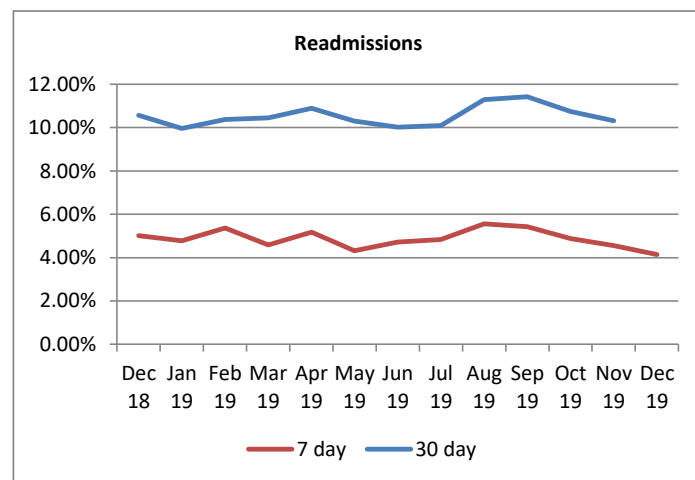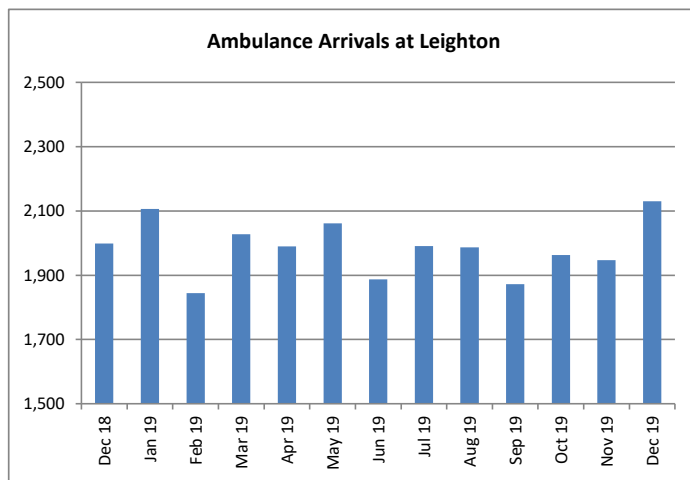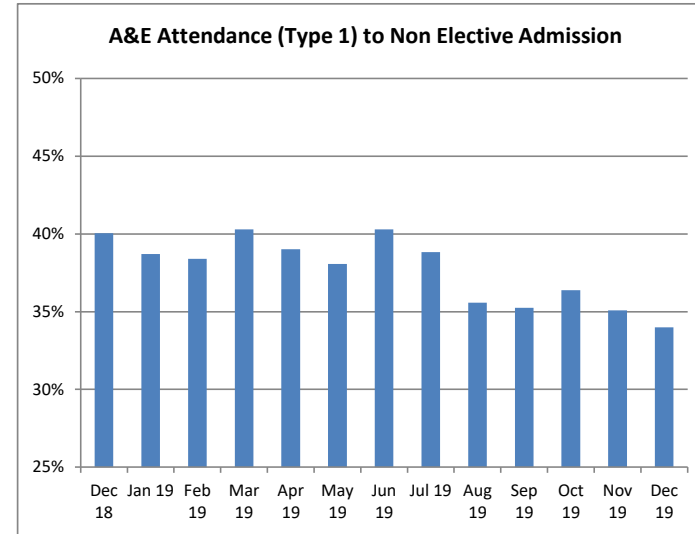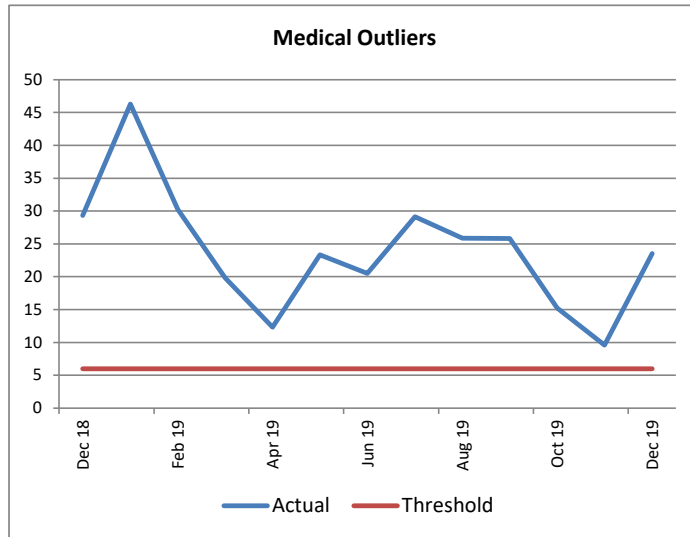
* Readmissions brought in line with national definition

Operational Delivery: *Length of Stay*

Inpatient Avg LOS (days)

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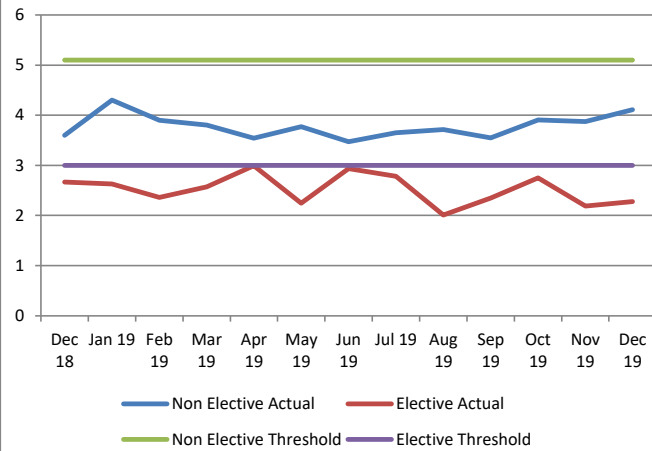
Number of occupied beds for all discharged patients in hospital for 7+ and 21+ days

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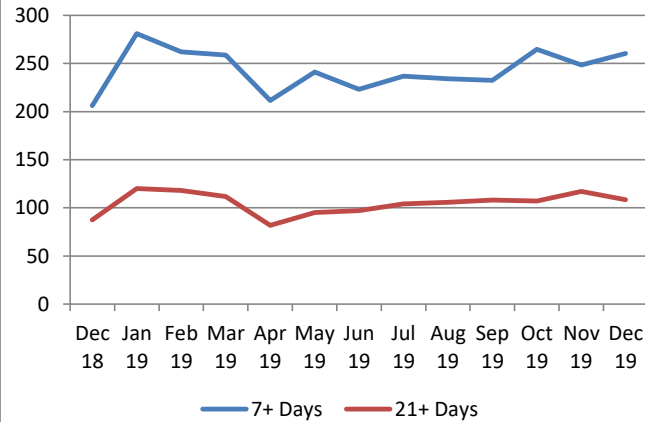
Rolling 3 month average of occupied beds for all discharged patients in hospital for 21+ days

Legend: 3 mth Avg Stranded Day, Baseline, Ambition

Bed Occupancy Rate

Legend: Medicine & Emergency Care, Surgery & Cancer
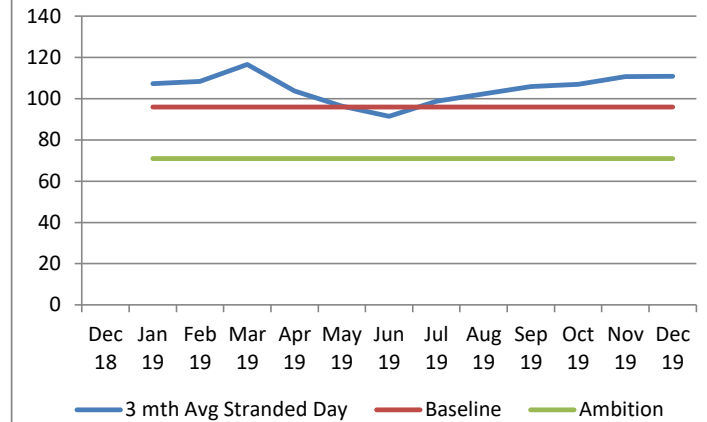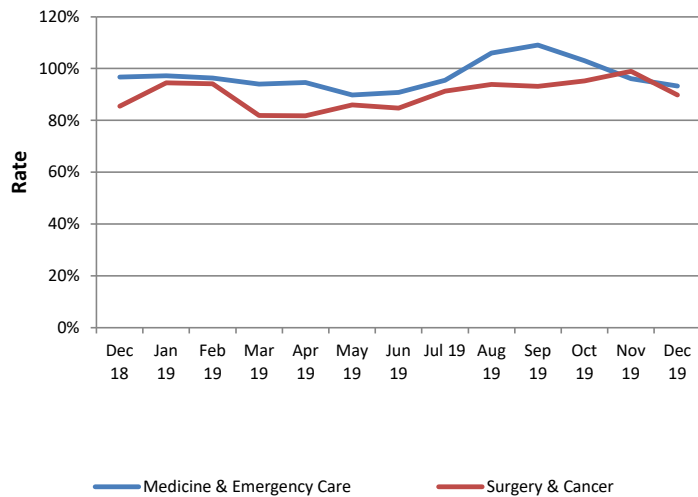
Acute Adult Bed Occupancy
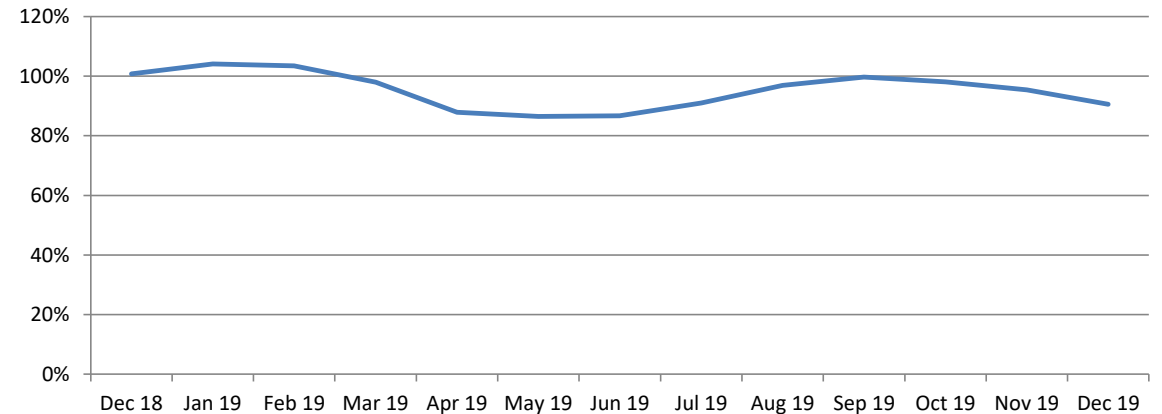
	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19
Trust Total	100.73%	104.12%	103.44%	98.00%	87.94%	86.50%	86.73%	90.96%	96.88%	99.73%	98.12%	95.44%	90.55%
Additional Beds	20.98	37.55	23.36	21.00	1.13	2.32	1.50	2.52	6.71	10.40	11.61	19.73	23.42

Operational Delivery: *Planned Activity*

Headline Measures

	Current YTD		Rolling 13 months													
	Target	Actual	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Monthly Trend
18 weeks from Referral to Treatment in Aggregate - Incomplete	92%	91.86%	92.01%	91.30%	91.63%	90.67%	91.05%	91.67%	92.07%	92.09%	92.00%	92.46%	92.08%	92.19%	91.13%	
Total 18 Weeks		136,263	14,232	14,427	14,505	14,197	14,944	15,219	15,560	15,426	15,432	15,190	14,668	14,707	15,117	
No. > 18 Weeks		11,086	1,137	1,255	1,214	1,324	1,338	1,267	1,234	1,216	1,234	1,146	1,161	1,149	1,341	
Open Pathways >39 Weeks Waiting											12	18	21	18	37	
Diagnostic Waiting Time	1%	3.50%	0.54%	0.47%	0.42%	0.76%	0.64%	9.34%	7.76%	4.04%	3.05%	0.95%	0.84%	0.72%	1.79%	
Total Number of Waiters		39,235	3,870	4,029	4,785	4,749	1,091	4,809	5,065	4,750	3,903	4,434	5,014	5,023	5,146	
Waiters of 6 Weeks +		1,372	21	19	20	36	7	449	393	192	119	42	42	36	92	
Total Patients Waiting for a First Outpatient Appointment			8,948	9,428	9,823	9,682	9,800	9,981	9,603	9,659	9,523	9,452	9,033	8,813	9,001	
Longest Wait Time (weeks)											46	49	55	47	49	

Commentary

The Trust's RTT Incomplete Pathway position is 91.13% for December. There were seven specialties that have failed to meet the 92% target, these are General Surgery, Urology, ENT, Gastroenterology, Cardiology, Gynaecology and Trauma and Orthopaedics.   Detailed improvement plans and trajectories are in place and continue to be reviewed weekly by the Chief Operating Officer and Director of Operations.
The failure of this standard was due to needing to bring forward the suspension on elective Orthopaedics from 6th December, fifteen days earlier due to non elective pressures.

In December there were no 52+ week breaches. There are 37 patients waiting over 39 weeks; (9 in General Surgery, 13 in Urology, 2 in T&O, 5 in ENT, 1 in Ophthalmology, 1 in Gastroenterology, 2 in Cardiology, 1 in Dermatology and 3 in Gynaecology). All long wait patients are monitored and reviewed weekly at director led performance meetings.

In December 2019, 1.79% of patients waited longer than 6 weeks for their diagnostic tests. The failure was due to three main reason; 1) Reduction in oustourced capacity over Christmas; 2)Internal CT server failure; 3) Increase in CT cardiac scans. Performance is expected to deliver compliance in January.

The number of patients waiting for their first outpatient appointment has increased slightly since November to 9000 in December.

Primary Drivers

Total Number of Referrals
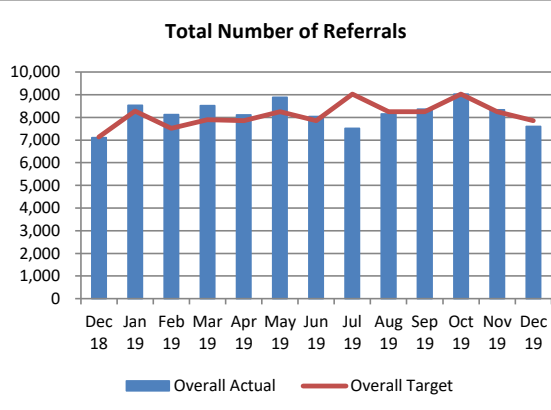
Referral Breakdown

	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Monthly Trend
GP Actual	4,412	5,424	4,915	5,270	4,587	5,231	4,583	4,103	4,497	4,800	5,141	4,838	4,245	
GP Target	4,446	5,157	4,683	4,920	4,374	4,593	4,374	5,030	4,593	4,593	5,030	4,593	4,374	
% to Target	99.2%	105.2%	105.0%	107.1%	104.9%	113.9%	104.8%	81.6%	97.9%	104.5%	102.2%	105.3%	97.1%	
Other Actual	2,696	3,118	3,204	3,250	3,524	3,655	3,453	3,410	3,654	3,561	3,882	3,494	3,358	
Other Target	2,689	3,120	2,833	2,976	3,483	3,657	3,483	4,006	3,657	3,657	4,006	3,657	3,483	
% to Target	100.3%	100.0%	113.1%	109.2%	101.2%	99.9%	99.1%	85.1%	99.9%	97.4%	96.9%	95.5%	96.4%	
Total Actual	7,108	8,542	8,119	8,520	8,111	8,886	8,036	7,513	8,151	8,361	9,023	8,332	7,603	
Total Target	7,135	8,276	7,515	7,896	7,857	8,250	7,857	9,036	8,250	8,250	9,036	8,250	7,857	
% to Target	99.6%	103.2%	108.0%	107.9%	103.2%	107.7%	102.3%	83.1%	98.8%	101.3%	99.9%	101.0%	96.8%	
GP % of Total	62.1%	63.5%	60.5%	61.9%	56.6%	58.9%	57.0%	54.6%	55.2%	57.4%	57.0%	58.1%	55.8%	

Operational Delivery: *Planned Activity*

Primary Drivers
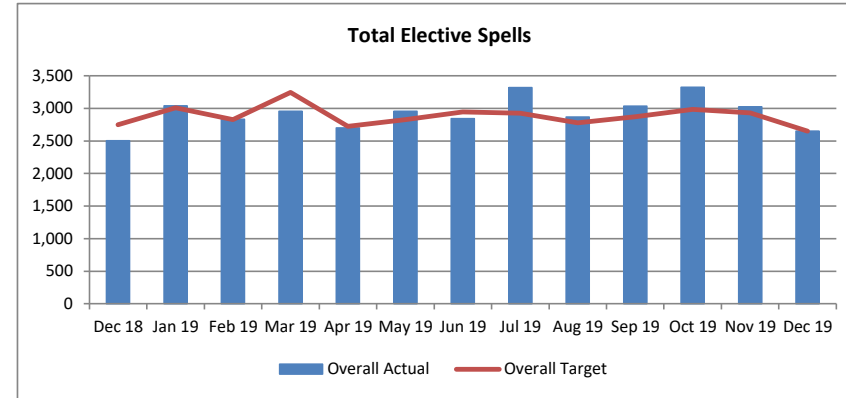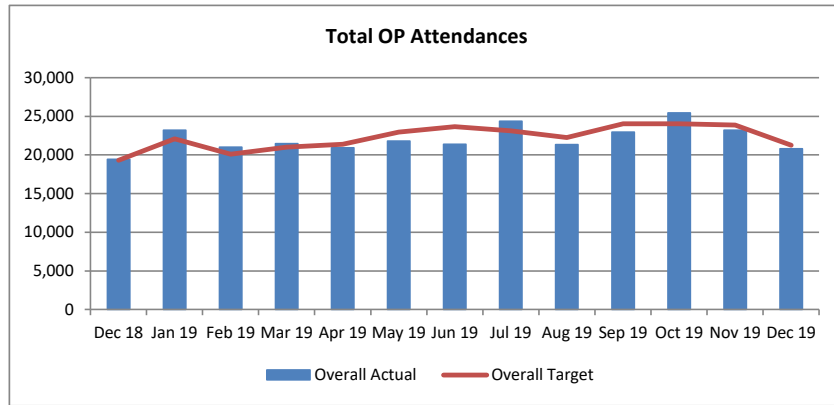
OP Attendance Breakdown	YTD 18 19	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Monthly Trend
New Actual	81,335	5,946	6,861	6,397	6,877	6,584	6,956	6,725	7,866	6,712	7,284	7,833	6,949	6,250	
New Target	74,744	5,625	6,496	5,901	6,189	6,416	6,848	7,173	6,817	6,588	7,267	7,214	6,982	6,325	
% to Target	108.8%	105.7%	105.6%	108.4%	111.1%	102.6%	101.6%	93.8%	115.4%	101.9%	100.2%	108.6%	99.5%	98.8%	
F U Actual	182,101	13,493	16,352	14,629	14,583	14,343	14,830	14,642	16,519	14,633	15,681	17,592	16,237	14,535	
F U Target	181,624	13,701	15,604	14,194	14,803	14,988	16,096	16,491	16,286	15,659	16,779	16,823	16,886	14,918	
% to Target	100.3%	98.5%	104.8%	103.1%	98.5%	95.7%	92.1%	88.8%	101.4%	93.4%	93.5%	104.6%	96.2%	97.4%	
Total Actual	263,436	19,439	23,213	21,026	21,460	20,927	21,786	21,367	24,385	21,345	22,965	25,425	23,186	20,785	
Total Target	256,368	19,326	22,100	20,095	20,992	21,403	22,944	23,663	23,102	22,247	24,046	24,037	23,868	21,243	
% to Target	102.8%	100.6%	105.0%	104.6%	102.2%	97.8%	95.0%	90.3%	105.6%	95.9%	95.5%	105.8%	97.1%	97.8%	
New % of Total	30.9%	30.6%	29.6%	30.4%	32.0%	31.5%	31.9%	31.5%	32.3%	31.4%	31.7%	30.8%	30.0%	30.1%	

Elective Spells Breakdown	YTD 18 19	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Monthly Trend
I P Actual	3,055	241	157	288	272	225	228	266	267	291	254	329	354	200	
I P Target	3,341	241	181	264	304	263	277	280	277	249	270	310	305	239	
% to Target	91.4%	100.1%	86.9%	109.0%	89.4%	85.6%	82.3%	94.9%	96.4%	116.7%	94.1%	106.1%	116.1%	83.7%	
Daycase Actual	31,155	2,262	2,882	2,543	2,685	2,475	2,727	2,575	3,050	2,576	2,778	2,995	2,672	2,448	
Daycase Target	32,775	2,507	2,826	2,565	2,942	2,462	2,548	2,666	2,650	2,530	2,601	2,672	2,626	2,409	
% to Target	95.1%	90.2%	102.0%	99.1%	91.3%	100.5%	107.0%	96.6%	115.1%	101.8%	106.8%	112.1%	101.8%	101.6%	
Total Actual	34,210	2,503	3,039	2,831	2,957	2,700	2,955	2,841	3,317	2,867	3,032	3,324	3,026	2,648	
Total Target	36,116	2,748	3,007	2,829	3,247	2,724	2,825	2,946	2,927	2,779	2,871	2,982	2,931	2,648	
% to Target	94.7%	91.1%	101.1%	100.1%	91.1%	99.1%	104.6%	96.4%	113.3%	103.2%	105.6%	111.5%	103.3%	100.0%	
I P % of Total	8.9%	9.6%	5.2%	10.2%	9.2%	8.3%	7.7%	9.4%	8.0%	10.1%	8.4%	9.9%	11.7%	7.6%	

Operational Delivery: *Planned Activity*

Primary Drivers

Maternity Bookings

Legend: Actual (blue bars), Target (red line)
X-axis: Dec 18, Feb 19, Apr 19, Jun 19, Aug 19, Oct 19, Dec 19
Y-axis: 0 to 400

Maternity Deliveries

Legend: Actual (blue bars), Target (red line)
X-axis: Dec 18, Jan 19, Feb 19, Mar 19, Apr 19, May 19, Jun 19, Jul 19, Aug 19, Sep 19, Oct 19, Nov 19, Dec 19
Y-axis: 0 to 300
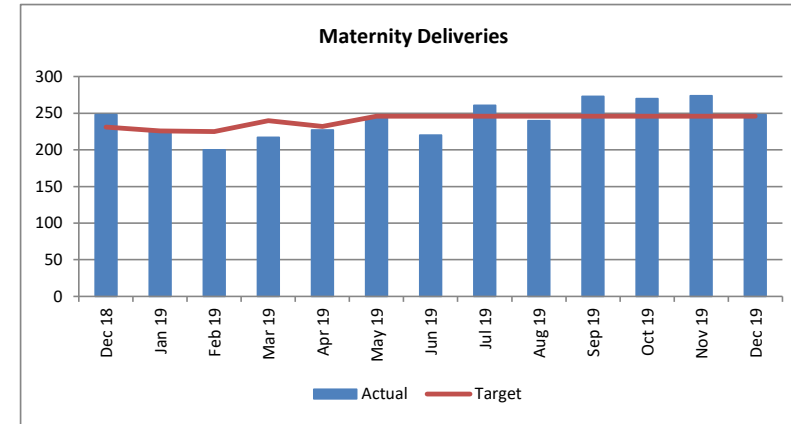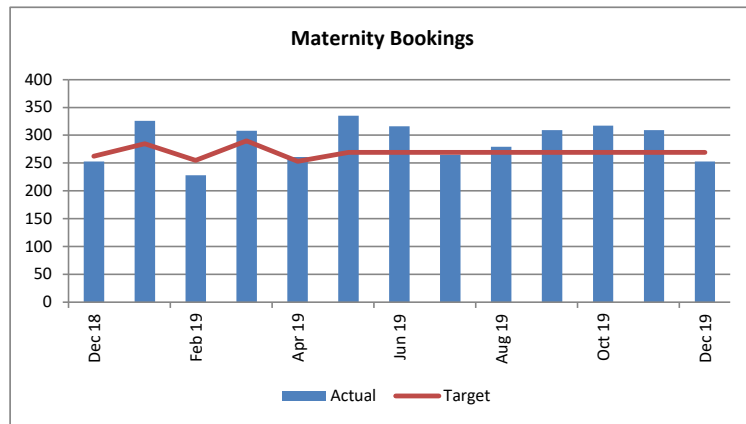
Operational Delivery: *Planned Activity*

Secondary Drivers

		Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Monthly Trend
Bed Occupancy Rate	Medicine & Emergency Care	96.7%	97.3%	96.3%	94.0%	94.6%	89.8%	90.7%	95.5%	106.0%	109.0%	103.1%	96.1%	93.2%	
	Surgery & Cancer	85.5%	94.5%	94.2%	81.9%	81.8%	86.0%	84.8%	91.3%	93.9%	93.2%	95.3%	98.9%	89.9%	
Elective Inpatient Avg LOS (Days)		2.7	2.6	2.4	2.6	3.0	2.2	2.9	2.8	2.0	2.3	2.7	2.2	2.3	
Delayed Transfers of Care (MFFD)	16.00	9	16	17	17	17	16	21	25	25	20	21	19	21	
Delayed Transfers of Care (% of Acute Beds)		1.8%	3.1%	3.3%	3.3%	3.5%	3.2%	4.3%	5.2%	5.1%	4.4%	4.2%	3.8%	4.0%	
Medical Outliers		29	46	31	20	12	23	20	29	26	25	15	9	24	
Readmission (Emergency Re-admissions after Planned Surgery)															
	30 Day Rate	2.87%	2.66%	3.86%	3.29%	3.38%	3.38%	3.10%	2.83%	3.30%	4.32%	3.35%	3.28%		
	7 Day Rate	1.09%	1.06%	1.45%	1.05%	1.41%	1.37%	1.00%	1.07%	1.36%	1.68%	1.21%	1.04%	0.85%	
Cancelled Operations - Non Clinical - Cancellation Rate		1.40%	0.58%	0.60%	0.65%	0.67%	1.17%	0.85%	1.30%	1.29%	0.33%	1.01%	0.97%	1.62%	
Theatre Efficiency															
	Main Theatres	73.9%	74.5%	76.2%	78.5%	76.7%	75.0%	77.4%	78.7%	78.3%	76.7%	77.1%	77.9%	68.2%	
	TC Theatres	72.0%	69.4%	73.0%	73.5%	72.4%	68.2%	74.8%	70.7%	71.9%	72.4%	73.3%	71.3%	70.2%	
DNA (OP Efficiency)		5.95%	5.75%	5.42%	5.41%	6.00%	6.02%	6.57%	5.89%	5.60%	5.76%	5.67%	5.79%	6.05%	
Hospital Cancellation Rate (OP Efficiency)		8.27%	7.65%	7.83%	8.12%	7.90%	7.51%	7.35%	8.10%	7.70%	7.97%	7.64%	8.41%	7.86%	

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

Performance and Finance - Headlines December 2019

Current Position	Analysis	Forward View

Current Position

The reported position is cumulatively £10k better than the control total, which is an in month improvement, largely relating to a one off adjustment of £0.4m.

CCICP is underspent by £0.5m, and MCHFT overspent by £0.5m cumulatively to date.

In month (December) there has been a continuation of the previous months financial challenges, particulalry around unscheduled care, which have been offset by increases to contract income as a result of additional funding from NHSI and local commissioners, in relation to supporting the Trust opening additional escalation beds due to above planned activity.

The financial risk around the laundry has previously been highlighted but there has been a stepped increase in the month.

The overall use of resources rating for the Trust is currently 2 which is better than plan.

Analysis

Financial Performance 2019/20

£'000s
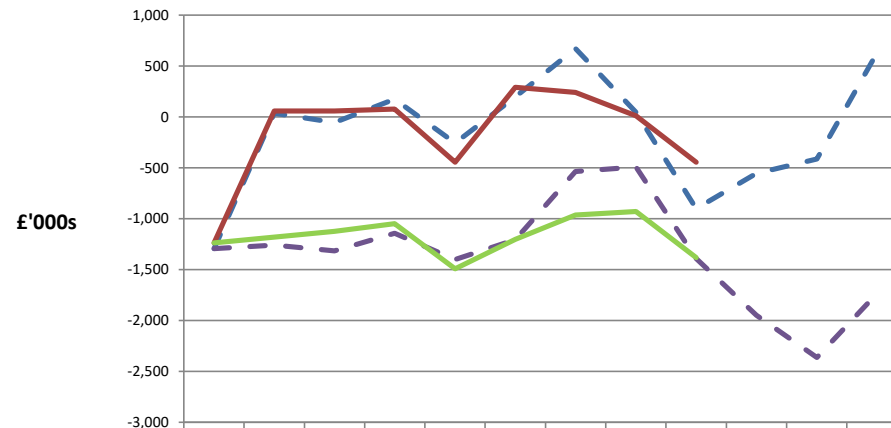
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
In Month Plan	-1,294	34	-56	173	-258	195	669	44	-900	-556	-413	628
In Month Actual	-1,238	56	58	76	-445	291	238	10	-447			
In Month Variance	56	22	114	-97	-187	96	-431	-34	453			
Cumulative Plan	-1,294	-1,260	-1,316	-1,143	-1,401	-1,206	-537	-493	-1,393	-1,949	-2,362	-1,734
Cumulative Actual	-1,238	-1,182	-1,124	-1,048	-1,493	-1,202	-964	-930	-1,383			
Cumulative Variance	56	78	192	95	-92	4	-427	-437	10			

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

Forward View

Any negative variation against the control total at the end of a qtr will put at risk the £1.5m PSF support for Q4, with the first 3 quarters secured. The MRET funding of £3.215m by contrast is guaranteed to the Trust.

The most significant risk to delivering the control total is managing the above plan unscheduled care pressures, in part as a result of limitations of services outside of hospital resulting in the need being met by the Trust through additional escalation beds.

Operational issues within the Laundry service are starting to have a material impact on the organisations financial position, solutions over the final quarter need to be urgently found as unchecked the current run rate is a serious cause for concern and risk to achieving the control total

Increasing dependency on premium costs to deliver core activity in some specialties is both a financial challenge now but also looking forward to next year.

The Cheshire Health economy financial recovery plan to elminate the deficit across the Cheshire footprint will have implications for MCHFT either directly or indirectly through commissioner actions.

The Trust is expecting to have a year end use of resources rating of 3.

Performance and Finance - Contract Income December 2019

Current Position

Analysis

Forward View

Contract income is £2.1m above plan year to date with an improvement of £0.6m in month.

The improvement within month is attributable to £0.133m (proportion of the £0.8m) additional income from NHSI, for additional bed capacity and also £0.3m (proportion of the £1.5m) agreed with local Commissioners – leaving the balance as an improvement on plan (largely within drugs).

Associate contracts continue to underperform against plan predominantly with Stoke/North Staffs and West Cheshire CCGs (£1.2m to date), with a slowing of the previous months declining trends, mostly within the Cheshire contracts not on block.

South Cheshire CCG is over-performing on contract compared to the contract value by £1.4m, and Vale Royal CCG balanced, however a variance of £-2.5k each is shown due to the 52 week breach penalties .

Within the 'other' column over-performance on high cost drugs within Specialised Commissioning (£0.9m) offsets against drugs spend within non-pay.

The Trust has been successful with an NHSI bid for additional Winter funding (£0.8m bed capacity and £0.13m for ACU development), and have agreed with the local CCG around an additional £1.5m to support Winter pressures within the hospital over and above the existing plans.

The Trust has seen an increase in referrals for the first nine months of the year particularly around the surgical specialties. This has been offset by an under performance within the associate contracts, which is expected to have an impact of £1.8m this year.

Whilst the block contract arrangement is currently over-performing the current assessment around CQUIN would somewhat negate this position by between £1m-£1.4m. Increase in the growth around diagnostics and cost of delivering the activity needs to be carefully managed.

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

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	218.6	239.5
Cumulative actual	19.0	39.0	59.0	79.3	98.9	119.5	140.6	161.7	181.7			
In month budget	19.3	19.7	20.1	20.2	19.6	20.3	20.8	20.1	19.4	19.7	19.2	20.9
In month actual	19.0	20.0	20.0	20.3	19.6	20.5	21.1	21.1	20.0			
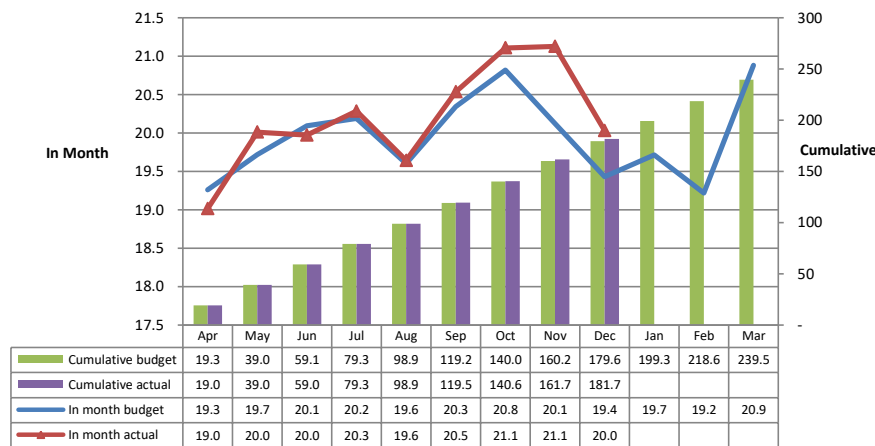
Cumulative Variance to Contract Income plan £'000s
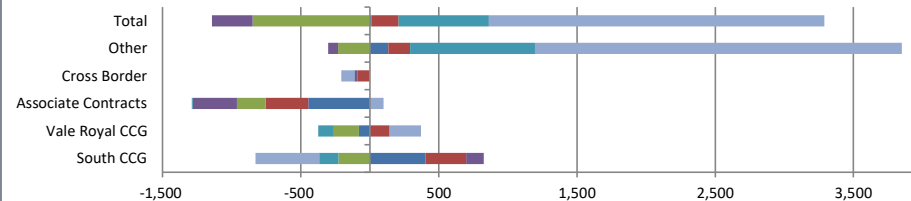
	South CCG	Vale Royal CCG	Associate Contracts	Cross Border	Other	Total
Unplanned Care	402	-78	-446	-4	135	10
Day case	295	143	-308	-87	156	199
Elective	-228	-185	-207	0	-229	-849
Outpatients	126	-5	-321	-20	-73	-293
High cost drugs	-138	-105	-7	-0	904	654
Other	-460	227	99	-96	2,656	2,427
Total	-2.5	-2.5	-1,190	-207	3,549	2,148

Performance and Finance - Pay Expenditure December 2019

| Current Position | Analysis | Forward View |

Cumulatively Pay is worse than plan by £1.3m, with CCICP being £0.4m better and MCHFT £1.7m, with a deterioration in month of £0.5m within MCHFT. The additional winter pressure monies received offset a proportion of this overspend

Nursing pay continues to be under pressure, as a result of the additional ward being opened at the beginning of November, and other temporary escalation areas. The costs however are only marginally above the November levels and it is not anticipated that there will be a further increase in nursing pay.

Whilst not as material, there have been increases in both medical pay and infrastructure pay as a result of opening the additional ward.

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

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	153.8	169.7	186.5
Cumulative actual	15.7	30.9	46.1	61.5	76.7	92.1	107.5	123.3	139.3			
In month budget	15.8	15.3	15.4	15.2	15.1	15.2	15.4	15.3	15.4	16.0	15.9	16.8
in month actual	15.7	15.1	15.3	15.3	15.2	15.4	15.4	15.8	16.0			

Pay Variances by Staff Group and Division £'000s

	DMEC	S&C	W&C	CSSD	CCICP	Estates	Other	Total
Total	-1,074	-628	-332	552	433	105	-336	-1,280
Infrastructure Support Staff	-155	-59	9	69	-465	105	-258	-754
Non Clinical Staff	-48	94	22	33	329	-	4	434
Medical Staff	-84	-237	-295	617	33	-	280	314
Nursing Staff	-787	-426	-68	-167	536	-	-362	-1,274

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

a) Escalation areas – In order to meet the current demands within unplanned care, in November the Trust opened an additional ward

b) Continued dependency on premium costs to deliver core activity. Diagnostics is a particular concern with service reviews, including demand and capacity analysis will be undertaken

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

Premium costs will be challenging to manage within nursing until substantive appointments to vacancies are made, various incentive schemes are currently being introduced.

Looking to next year the nurses that were successfully appointed to as part of the International Recruitment have been deployed on the wards as supernummery but from Q1 of 2020/21 will be part of the establishment.

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Performance and Finance - Non-Pay Expenditure December 2019

| Current Position | Analysis | Forward View |

Non Pay is above plan by £2.2m, which includes the release of provisions of £0.4m, consequently the underlying overspend is £2.6m.

For CCICP the overspend is £0.3m, MCHFT is £2.3m (when the provision is discounted). The in-month variation within MCHFT is £0.35m, which is an improvement on previous months – in part as a temporary pause in outsourced costs .

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, (at mth 9 is a £0.3m pressure), but there is a smaller but growing pressure with DMEC due to outsourcing of services to meet core demand.

Due to mechanical breakdowns within the laundry service linen is being both purchased and outsourced to be cleaned, whilst in month the financial impact has been managed it is a growing concern.

Whilst drugs are overspent, the most significant amount is within oncology drugs which are offset against additional contract incomes.
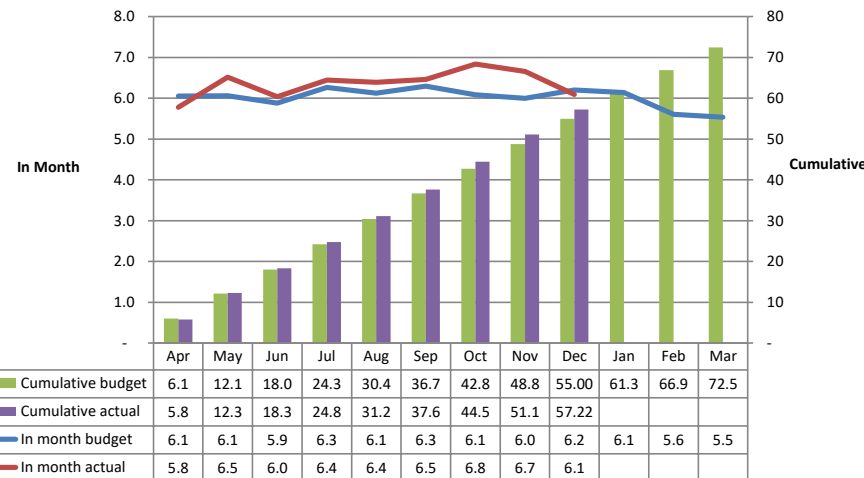
During the first week in January, there was a stepped change in the significant operational challenges within the Trusts laundry service, which whilst under reivew is likely to have a material impact on the final quarter.

The growing reliance on external companies to provide services to cover activity at the Trust comes at a premium rate, which year to date the Trust has spent £1.3m more than in 18/19.

The Diagnostics division has outsourced circa £3m of work year to-date which has incurred a premium cost of circa £0.35m.

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.

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.

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	55.00	61.3	66.9	72.5
Cumulative actual	5.8	12.3	18.3	24.8	31.2	37.6	44.5	51.1	57.22			
In month budget	6.1	6.1	5.9	6.3	6.1	6.3	6.1	6.0	6.2	6.1	5.6	5.5
In month actual	5.8	6.5	6.0	6.4	6.4	6.5	6.8	6.7	6.1			

Non Pay Variance by Division

£'000s

	DMEC	S&C	W&C	CSSD	CCICP	Estates	Other	Total
Total	-624	-25	183	-2,129	-385	-217	969	-2,228
Other Non Pay	-289	49	298	-1,795	-259	-139	1,407	-728
Drugs	-245	-250	-105	-394	3	-	12	-979
Non Clinical Supplies	-53	-74	-16	-15	-109	-95	-	-362
Clinical Supplies	-37	250	6	75	-20	17	-450	-159

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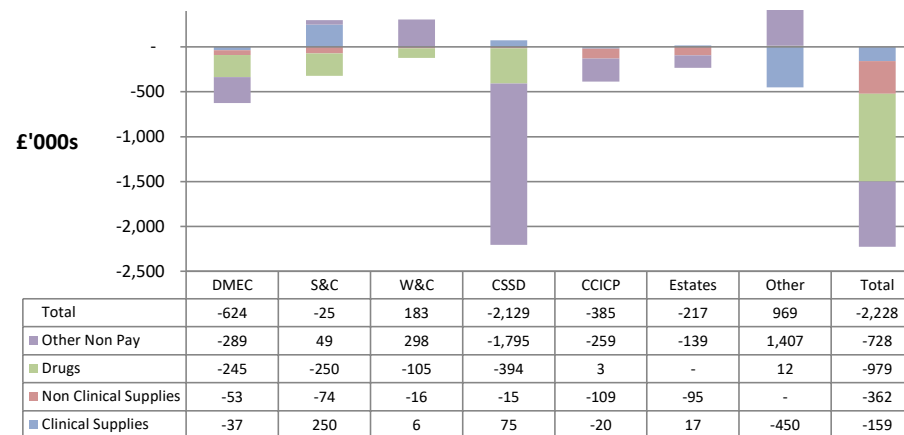
Performance and Finance - Cost Improvement Programme December 2019

Current Position	Analysis	Forward View

The CIP programme is behind plan by £0.6m, although this is within the reported postiion to-date.

This relates to the following schemes

- Nursing (£0.3m)
- Unallocated CIP Plans (£0.3m) in DMEC

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. This is causing them a pressure in overspend to-date and they have identified 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
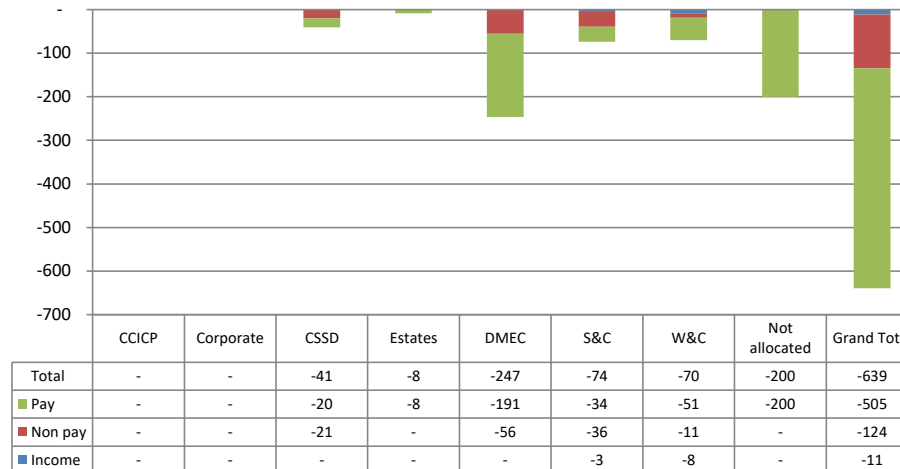
	CCICP	Corporate	CSSD	Estates	DMEC	S&C	W&C	Not allocated	Grand Total
Total	-	-	-41	-8	-247	-74	-70	-200	-639
Pay	-	-	-20	-8	-191	-34	-51	-200	-505
Non pay	-	-	-21	-	-56	-36	-11	-	-124
Income	-	-	-	-	-	-3	-8	-	-11

Consideration on the deliverability of some CIP plans needs to be tested before being included in next years financial plans.

Future years CIP plans need to be more focused on cost reduction than income generation given the financial deficit within the cheshire system

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Performance and Finance - Agency Spend December 2019

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 12%, with DMEC 25% and CSSD 18%

Agency Spend - 13 Month Trend

Legend: Other, Medical, Nursing, Agency Ceiling

Agency costs for nursing decreased in the month, and is less than at the same point last year – with the number of shifts booked with the highest cost agencies showing a decrease on December 2018.

Staffing costs by Substantive and Temporary

	DMEC	S&C	W&C	CSSD	CCICP	Estates	Other	Total
Total	33,645	29,756	14,235	24,522	17,371	7,756	12,004	139,289
Waiting Lists	371	497	1	278	-	-	-	1,148
Bank	2,156	1,176	525	790	332	776	245	6,000
Locum	916	431	14	370	183	-	30	1,944
Agency	2,834	1,034	266	537	620	2	14	5,307
Substantive	27,368	26,618	13,429	22,547	16,236	6,978	11,715	124,890

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

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

As a result of the increase in shifts booked with high cost agencies, the Trust has review the incentives for staff in order to encourage uptake on the hospital bank and commenced 2 keys schemes in December which are aimed at reducing agency and improving shift cover.

Agency spend is currently forecast to be £6.9m, if it exceeds £7.1m then this will be a rating of 3, and £8.5m will lead to a UoRR of 4

Performance and Finance - Divisional Performance December 2019

Current Position	Analysis	Forward View

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

Cumulative Variance by category

	DMEC	S&C	W&C	CSSD	CCICP	Estates	Other	PSF 1819	Total
Total	-501	615	552	-634	538	108	-668	362	372
Other Costs	-	-	-	-	-20	-	751	-	731
Non Pay	-625	-25	183	-2,128	-385	-217	970	-	-2,227
Pay	-1,074	-628	-331	551	434	105	-336	-	-1,279
Other Income	64	467	37	91	142	220	-383	-	638
Commissioning Income	1,134	801	663	852	367	-	-1,670	362	2,509
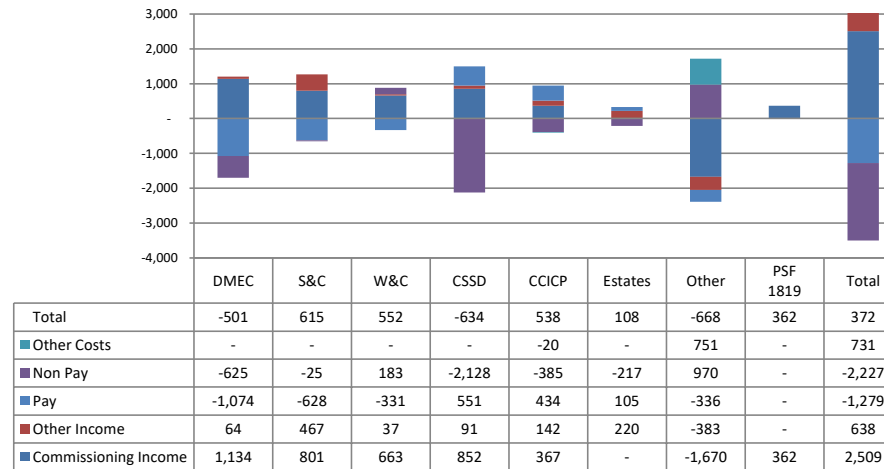
Divisional Performance 2019/20
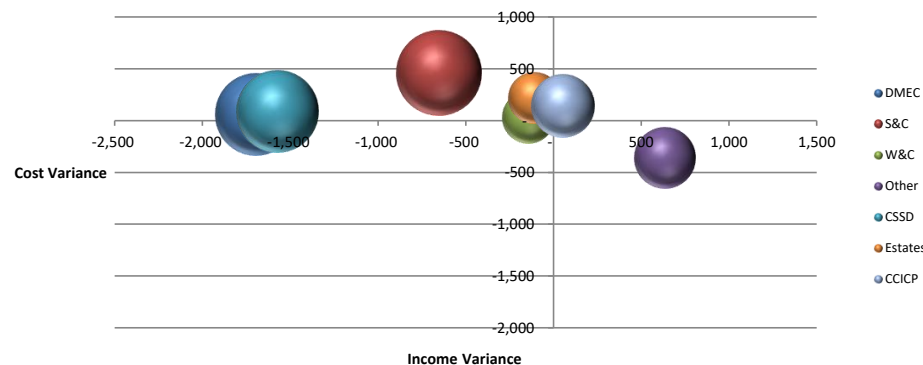
The bubble chart shows the financial performance of each division, in terms of income and cost variance – with the size of the bubble reflecting the overall budget
- Top right represents a positive performance that is better than plan for both costs and income
- The bottom left represents a performance that is worse than plan for both income and costs

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

- Additional bed escalation costs over and above the plan and agreed additional resources.

- 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.

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Performance and Finance - Cash December 2019

Current Position | Analysis | Forward View

Cash Position

Cash Position
Cash is better than plan by £2.8m.

The main movement to plan is due slippage in the capital programme.

The trust has drawn down £3.4m of the £4.2m capital loan, with the remainder to be drawn down in line with spend.

Additionally £1.8m of PDC has been received as part of the ED Majors extension.

Cash is forecasted to be above target at the year end mainly due to the delay in the capital programme and additional PDC of £3.2m for EPR/EPMA projects which will not be spent in this financial year.
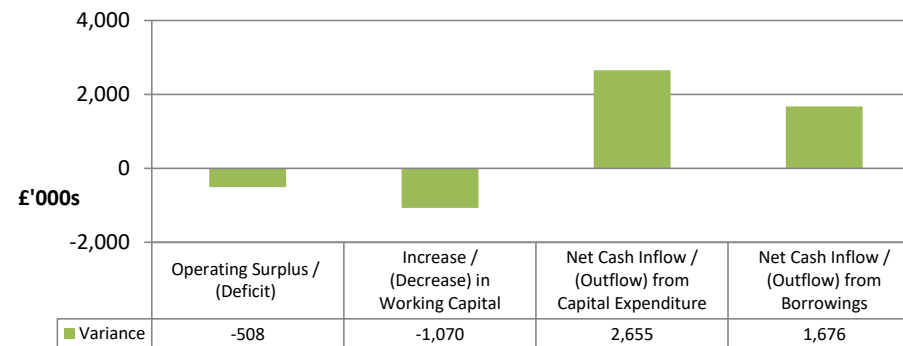
Cash Position (£'m)

	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			
Forecast	7.68	10.54	9.60	14.94	10.80	9.85	10.39	11.83	12.10	15.80	11.70	10.00

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	-508	-1,070	2,655	1,676

Performance and Finance - Capital Expenditure December 2019

| Current Position | Analysis | Forward View |

The capital programme (excluding leases) is £5.0m less than anticipated which is mainly due to:

(£1.2m) Purchase and updating of South Cheshire Private Hospital
(£0.9m) EPR & EPMA Project
(£0.8m) ICU Conversion
(£0.7m) Third CT Enabling
(£0.5m) Backlog Maintenance
(£0.4m) SSD Enabling
(£0.3m) UPS upgrade

The underspend is due to a number of delayed capital schemes, in particular the purchase of South Cheshire Private Hospital, which is now due to complete in February 2020.

Leases are £0.8m 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.

Capital Expenditure

£'000s

	Rolling Estates	Strategic Estates	Rolling IT	Strategic IT	Other	Leases
Plan	1,918	5,537	64	1,584	2,749	1,734
Actual	1,134	3,263	17	382	2,044	967

		Year to Date £'000s			Year End £'000s		
		Plan	Actual	Variance	Plan	Forecast	Variance
Estates	Rolling	1,918	1,134	-784	2,490	2,340	-150
Estates	Strategic	5,537	3,263	-2,274	6,551	4,861	-1,690
IT	Rolling	64	17	-47	90	90	0
IT	Strategic	1,584	382	-1,202	3,968	2,566	-1,402
Other		2,749	2,044	-705	1,848	3,588	1,740
Leases		1,734	967	-767	3,047	1,200	-1,847
		13,586	**7,808**	**-5,778**	**17,994**	**14,645**	**-3,349**

The Trust is forecasting an underspend of £1.5m on the capital programme (excluding leases) due to slippage in the scheme for EPMA £1.5m.

The ED Majors extension of £1.8m which is included within the spend forecast and is funded by PDC.

Leases are forecast to be underspent due to the CT Scanner & MRI Scanner being assumed to be a finance lease and has now been assessed as an operating lease.

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Performance and Finance - Statement of Financial Position December 2019

Current Position | Analysis | Forward View

Assets Non-Current
The capital programme expenditure is £5.8m less than anticipated due to slippage in a number of schemes. In addition to this, there fewer Finance Lease purchases than anticipated.

Assets Current
Trade and Other Receivables is £2.5m higher than plan, mainly due to additional accrued income of £2.2m from host CCG's. In addition, prepayments for operating leases are higher than anticipated due to a switch from finance lease to operating leases. There is negligible financial impact on the Trusts financial position.

Current Liabilities
Deferred Income is higher than anticipated as the two main CCG's contract payments are £2.8m ahead of plan.

Non-Current Liabilities
This is due to the CT Scanner & MRI Scanner in the plan was assumed to be a finance lease and has now been assessed as an operating lease.
Also a proportion of the £4.2m capital loan will now be drawn down in line with expenditure.

Taxpayers Equity
PDC has been received of £1.8m for the ED expansion.

	Plan Apr to December (£'000)	Actual Apr to December (£'000)	Variance (£'000)	Forecast 2019/20 (£'000)
Assets				
Assets, Non-Current	102,376	96,681	-5,695	104,387
Assets, Current	25,404	31,024	5,620	21,964
ASSETS, TOTAL	**127,780**	**127,705**	**-75**	**126,351**
Liabilities				
Liabilities, Current	-30,208	-31,250	-1,042	-29,607
Liabilities, Non Current	-20,003	-16,897	3,106	-17,347
TOTAL ASSETS EMPLOYED	**77,569**	**79,558**	**1,989**	**79,397**
Taxpayers' and Others' Equity				
Taxpayers Equity	77,569	79,558	1,989	79,397
TOTAL FUNDS EMPLOYED	**77,569**	**79,558**	**1,989**	**79,397**

The Statement of Financial position is forecast mainly on plan.

The Asset, Non-Current forecast has been adjusted for the anticipated delay in some of the capital schemes and the ED expansion. In addition the value of the Finance leases are lower than planned.

Cash is forecasted to be above target at the year end mainly due to the delay in the capital programme and additional PDC of £3.2m for EPR/EPMA projects which will not be spent in this financial year.

The Public Dividend Capital forecast has increased by £1.8m due to the ED Expansion.

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Performance and Finance - Statement of Financial Position December 2019

Current Position | Analysis | Forward View

		Plan Apr to December (£'000)	Actual Apr to December (£'000)	Variance (£'000)	Forecast 2019/20 (£'000)
Assets Non-Current The capital programme expenditure is £5.8m less than anticipated due to slippage in a number of schemes. In addition to this, there fewer Finance Lease purchases than anticipated.	**Assets**				
	Assets, Non-Current	**102,376**	**96,681**	**-5,695**	**104,387**
	Assets, Current				
Assets Current Trade and Other Receivables is £2.5m higher than plan, mainly due to additional accrued income of £2.2m from host CCG's. In addition, prepayments for operating leases are higher than anticipated due to a switch from finance lease to operating leases. There is negligible financial impact on the Trusts financial position.	Trade and other Receivables	7,802	10,276	2,474	9,255
	Other Assets (including Inventories & Prepayments)	5,857	6,250	393	6,097
	Cash and Cash Equivalents	11,745	14,499	2,754	6,612
	Total Assets, Current	**25,404**	**31,024**	**5,620**	**21,964**
	ASSETS, TOTAL	**127,780**	**127,705**	**-75**	**126,351**
	Liabilities				
	Liabilities, Current				
Current Liabilities Deferred Income is higher than anticipated as the two main CCG's contract payments are £2.8m ahead of plan.	Finance Lease, Current	-719	-732	-13	-1,700
	Loans Commercial Current	-5,239	-5,289	-50	-5,472
	Trade and Other Payables, Current	-15,183	-13,717	1,467	-13,290
	Provisions, Current	-213	-244	-31	-325
	Other Financial Liabilities	-8,854	-11,268	-2,414	-8,820
	Total Liabilities, Current	**-30,208**	**-31,250**	**-1,042**	**-29,607**
	Net Current Assets/(Liabilities)	**-4,804**	**-226**	**4,578**	**-7,643**
Non-Current Liabilities This is due to the CT Scanner & MRI Scanner in the plan was assumed to be a finance lease and has now been assessed as an operating lease. Also a proportion of the £4.2m capital loan will now be drawn down in line with expenditure.	**Liabilities, Non Current**				
	Finance Lease, Non Current	-6,345	-4,025	2,320	-4,332
	Loans Commercial Non-Current	-12,217	-11,449	768	-11,769
	Provisions, Non-Current	-1,441	-1,423	18	-1,246
	Trade and Other Payables, Non-Current	0	0	0	0
	Total Liabilities Non-Current	**-20,003**	**-16,897**	**3,106**	**-17,347**
	TOTAL ASSETS EMPLOYED	**77,569**	**79,558**	**1,989**	**79,397**
Taxpayers Equity PDC has been received of £1.8m for the ED expansion.	**Taxpayers' and Others' Equity**				
	Taxpayers Equity				
	Public dividend capital	77,508	79,308	1,800	79,308
	Retained Earnings	-13,353	-13,115	238	-13,325
	Donated asset reserve	0	0	0	0
	Revaluation Reserve	13,414	13,366	-48	13,414
	TOTAL TAXPAYERS EQUITY	**77,569**	**79,558**	**1,989**	**79,397**
	TOTAL FUNDS EMPLOYED	**77,569**	**79,558**	**1,989**	**79,397**

Forward View:

The Statement of Financial position is forecast mainly on plan.

The Asset, Non-Current forecast has been adjusted for the anticipated delay in some of the capital schemes and the ED expansion. In addition the value of the Finance leases are lower than planned.

Cash is forecasted to be above target at the year end mainly due to the delay in the capital programme and additional PDC of £3.2m for EPR/EPMA projects which will not be spent in this financial year.

The Public Dividend Capital forecast has increased by £1.8m due to the ED Expansion .

Title of Paper:	Freedom to Speak Up Report: Q3 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:		3 February 2020

NHS
Mid Cheshire Hospitals
NHS Foundation Trust

FREEDOM TO SPEAK UP GUARDIAN QUARTERLY REPORT
October – December 2019 (Quarter 3)

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.

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

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

Freedom to Speak Up Activity during Quarter 3

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

➢ The ESA's hosted a crossroad event at Leighton Hospital in October 2019 as part of 'Speak Up' month to promote the revised Trust Whistleblowing policy which has been re-launched the as Freedom to Speak Up/Raising Concerns (Whistleblowing) policy. In addition, a coffee and cake morning was held in December 2019 to promote the ESA service. The event encouraged staff to attend to meet the ESA's and discuss any concerns that they had or to learn more about the freedom to speak up agenda.

➢ Freedom to Speak Up is discussed at every Patient Safety Summit meeting with the aim to encourage the sharing of best practice and encourage staff to speak up.

➢ Freedom to speak up boxes remain in place at a number of locations across the Trust and in CCICP locations and promotion continues. The boxes are monitored regularly and feedback is provided at the Patient Safety Summit on a fortnightly basis. The boxes allow staff to raise concerns anonymously should they so wish to do and is in addition to the other established mechanisms in place across the Trust. Efforts still continue to encourage and empower staff to raise concerns using other mechanisms with further promotion of these mechanisms planned throughout the coming months.

Quarterly Reporting Q3

During the period 1st October 2019 to 31st December 2019, 8 new concerns were raised via the Freedom to Speak Up reporting mechanisms. Upon review, one of these matters solely related to a personal grievance and therefore this matter was signposted to the relevant HR process, leaving a total of 7 speak up concerns being raised. This compares to 2 concerns being raised during Quarter 2.

Method of reporting	Anonymous	Reason for Contact	Investigation /fact find undertaken	Issue closed and feedback reported
FTSU Guardian	No	Patient safety and individual matters	Yes in relation to patient safety matter	Yes in relation to patient safety matter
FTSU box	Yes	Patient safety	Yes	Feedback given to area concerned
FTSU Guardian	No	Patient safety	Yes	Yes
FTSU box	Yes	Staff safety	Yes	Via department manager
FTSU box	Yes	Staff safety	Yes	Via department manager
Incident reporting system	Yes	Patient safety	Underway	On-going
FTSU box	Yes	Patient safety	Underway	On-going

Conclusion

Quarter 3 has seen an increase in concerns raised (7 in total during the period) compared to the previous month. It is encouraging to see that staff are empowered to raise concerns and are aware of the various reporting mechanisms available to them. Despite the FTSU boxes only being in place for a short period of time, feedback from staff has been positive and the results from the quarter evidence that staff have embraced this method of reporting concerns.

Further education is required to ensure that staff are aware of the issues that are managed under the Freedom to Speak Up route and are fully aware of alternative routes to report personal grievances. The Human Resources Department will continue to undertake work to promote the suite of policies and procedures available to staff.

National Guardian Reporting

The data included in this report will be shared with the National Guardians Office for the Quarter 3 returns to ensure compliance and national learning.

Title of Paper:	Health and Safety Policy	
Author:	Wendy Astle-Rowe	
Executive Lead:	Medical Director	
Type of Report:	Concept Paper	
	Strategic Options Paper	
	Business Case	
	Information	X
	Review/Benefits/Audit	

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

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

Action Required:	Decide	
	Approve	
	Note	X
	Recommend	
	Delegate	

Positive Benefit:	Supporting a positive culture/ promoting legal compliance	
Risk:	Legislative requirement	
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:	3 February 2020	

Health and Safety Policy

'Delivering Excellence in Healthcare through Innovation and Collaboration'

Please be advised that the Trust discourages the retention of hard copies of policies and procedures and can only guarantee that the policy on the Trust Intranet is the most up to date version

Document Type:	**Policy – Non Clinical**
Version:	**14**
Date of Issue:	**November 2019**
Renewal by:	**November 2022**
Lead Director:	**Medical Director**
Post Responsible for Update:	**Head of Health and Safety**
Approval Committee:	**Health and Safety Group**
Approved by them in the minutes of:	**24th October 2019**
Distribution to:	**All Trust staff via the Trust Intranet**

Contents:

HSG 65 Model for Managing Health and Safety (HSE, 2013)

1   Introduction - Policy Statement of Intent

Mid-Cheshire Hospitals NHS Foundation Trust (the Trust) is totally committed to providing a work environment which supports the health, safety and well-being of staff, patients and visitors, and providing visible leadership in respect of this from the Executive Team to all levels of management and staff. Cheshire Central Integrated Care Partnership (CCICP) are treated as a Trust division for the purpose of this policy and other health and safety procedures. The Trust will continually strive to:
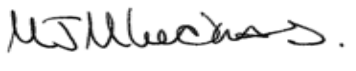
- make on-going improvements to the working environment
- ensure that systems are in place to enable us to monitor, maintain and where required to improve our performance
- identify and manage health and safety risks in a proportionate manner relative to the significance of the risks and impact on the achievement of the Trust's Strategic Objectives
- reduce the number and seriousness of injuries and cases of ill-health reported each year by conducting pro-active inspections, audits and investigations of incidents to identify and adapt to any lessons learned
- involve all those in the workplace regarding how they can contribute to an improved health and safety performance
- encourage staff participation in decisions regarding the management of health and safety at corporate and local levels
- promote a positive culture of incident reporting
- promote commitment and recognition of what *real* health and safety is about through suitable training and information
- ensure that management systems are reviewed and updated to reflect legislative and national guidance and to encourage best practice
- ensure that adequate resources are made available for health and safety
- ensure co-operation with others who share the workplace and co-ordinate plans with them
- ensure that those who fail in their health and safety duties are held to account

It is the policy of the Trust that no one will be discriminated against on grounds of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation. The Trust will provide interpretation services or documentation in other mediums as requested and necessary to ensure natural justice and equality of access.

Signed: Chief Executive Officer (on behalf of the Board of Directors)
        Mr James Sumner

Signed: Medical Director
        Mr M Luckas

Signed Divisional General Manager/ Director

Division/Name   _____/_____

2   General Document Principles

2.1   General Document Principles - PDCA

The principles of this document follow the Plan, Do, Check, Act Model and the principles of the Business Management Model for Managing Health and Safety, HSG 65 (HSE, 2013) as demonstrated in Figure 1 below:-
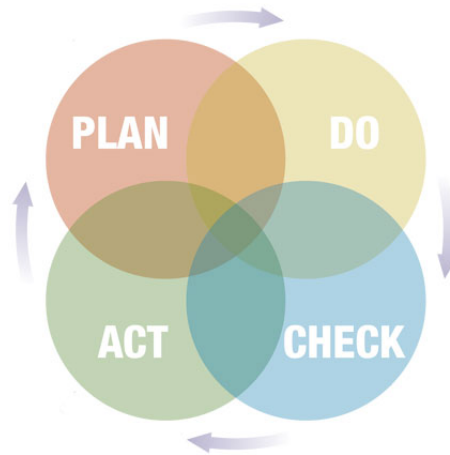
Figure 1 – HSG65 Model (HSE, 2013)

The PDSA model is broken down further as outlined below:-

Plan
- determining Trust policy
- planning for implementation

Do
- profiling Trust health and safety risks
- organising for health and safety
- implementing the Trust plan

Check
- measuring Trust performance
- investigating accidents and incidents

Act
- reviewing Trust performance
- learning lessons

2.1.1 Plan

Policy
The Trusts overall commitment and targets to providing a positive Health and Safety culture are outlined in the Health and Safety Policy Statement section 1 of this document, page 4. The Trust will ensure visible leadership in respect to the achievement of this. The Health and Safety Policy Statement is signed by the Chief Executive Officer on behalf of the Trust Board and the Divisional General Manager for each division (DGM) (this is the Divisional Director within the Estates and Facilities Division). The DGM is responsible for displaying this at a local level. Divisional plans should be developed to ensure that all aspects of health and safety are managed at a local level in line with the policy and procedures.

Trust organisational arrangements are outlined within this policy and within specific related Health and Safety procedures and guidelines which can be located on the Trust intranet site (please note that this is not exhaustive and is subject to change). They link and are integral to supporting the Trust objectives outlined in Trust's Strategy with Horizon Scanning.

- Risk Management Strategy & Assurance Framework
- Risk Management Policy
- Risk Assessment Procedure
- Health and Safety Workplace Inspections Procedure
- Fire Safety Policy
- Fire Evacuation Procedure
- Moving and Handling Procedure
- Work Equipment Procedure
- Control of Substances Hazardous to Health Guideline
- Management of Asbestos Containing Materials Procedure
- Incident Reporting Procedure
- Incident Investigation, Learning and Improvement
- New and Expectant Mothers Procedure
- Managing the Risks Associated with Work Related Stress Procedure
- Noise at Work Procedure
- Management of Aggressive Behaviour Procedure
- Management of Contractors Procedure
- Management of Construction Projects Procedure
- Lone Working Procedure

All Health and Safety Policies and Procedures are consulted through the Health and Safety Group, Heads of Department and those listed in section 6 of this document. The Trust is committed to workforce involvement in the on-going development of Health and Safety. The Trust Health and Safety Group encourage staff representation. The Chair of the Health and Safety Group is the Associate Director of Quality Governance.

Implementation
This policy, associated procedures and guidelines are available on the Trust intranet for access by all staff and updates are communicated the quality governance structure and monthly updates.

2.1.2 Do

Risk Profiling
All Health and Safety Risks should be profiled and managed in line with the Trusts Risk Management Strategy & Assurance Framework and Risk Assessment Procedure which provide an effective management system for the management of health and safety risks in a proportionate manner using the same process as for all other organisational/business risks.

By identifying and classifying risks, suitable control measures can be put into place to reduce unacceptable risks to an acceptable level. By identifying all risks, a proportionate and measured approach can be used to manage them effectively in line with the Trusts key organisational objectives as outlined in the Trust's Strategy with Horizon Scanning.

All risks, with the exception of individualised risk assessment are required to be documented and monitored via the Trusts Risk Register which is utilised to manage both local divisional risks and corporate risks in a proportionate manner based on the nature of the risks and implications for the Trust in line with the Trusts Risk Management Strategy and Risk Assessment Procedure. Individualised risk assessments which include those for pregnancy,

stress, young workers or where reasonable adjustments are required are stored within personal files.

All changes to organisational practices, environmental changes, movement of services within the Trust should be considered in terms of their Health and Safety risks and the risk management processes followed.

Organising
The roles and responsibilities of specified roles regarding health and safety are clearly outlined within this document and associated procedures including the:-
- Risk Management Strategy & Assurance Framework
- Risk Assessment Procedure

Additionally individual roles and responsibilities will link to individual performance standards outlined in their job descriptions. All managers and supervisors should ensure that their staff have the relevant knowledge, skills, experience and training to competently carry out their duties. All departments should ensure that sufficient resources are made available for the effective management of Health and Safety.

The Quality Governance Structure (appendix 1) enables issues raised at the Health and Safety Group to be escalated to various levels up to the Chief Executive where deemed appropriate.

Local issues relating to Health and Safety are escalated to Divisional Board. The Quality Governance Managers are the links between the Divisions and the Health and Safety Group. Appendix 2a and 2b identifies the escalation route of Health and Safety issues throughout the organisation.

The Trust is committed to involving the workforce in decisions on Health and Safety matters. Staff should be involved in the identification of risks and the development of risk control measures. Consultation and communications of Health and Safety matters are made through a number of media. The Health and Safety Group meetings, Division Board meetings, direct contact with local Divisional Quality Governance/ Safety/ Compliance Managers or the Health and Safety Team in Quality Governance.

Minutes of the Trust Health and Safety Group meetings are made available on the Trust's shared drive. The intranet, e-mail, team brief, local meetings, 1-1's and specific training sessions are all methods used for communicating health and safety information within the Trust. Divisions and Departments should ensure that Health and Safety information is effectively communicated at a local level.

Relevant risk assessments and information relating to the Health and Safety of non-employees should be made available e.g. in relation to contractors and tenants. Equally any activity by such persons on Trust premises will need to have been risk assessed and they have a duty to share information with the Trust information regarding any identified risks and relevant controls measures they have put in place to effectively manage the risks to any persons on site.

Any person involved in engaging contractors on site must do so in accordance with the Trusts Management of Contractors Policy which includes ensuring that relevant risk assessments are provided and staff consulted.

Plan Implementation
An essential element of planning for Health and Safety improvement lies with risk assessment which includes identification of hazards, evaluation of risks and identification/implementation of suitable control measures which is outlined in the Trusts

Risk Assessment Procedure. Identified risks should be managed via the Trusts Risk Management Strategy and Assurance Framework in a manner proportionate to the risks.

2.1.3 Check

Measuring Performance
Both Active and Re-Active monitoring provides information regarding how the Trust is performing in relation to Health and Safety and both methods assist in identifying actions which need to be taken for continual improvements in performance to be achieved.

Active monitoring occurs prior to an incident taking place. It includes management regularly touring their workplace to ensure any developing issues are identified and managed, regular inspections are planned, pre-planned maintenance is in place and monitored to keep work equipment in good working order and any health surveillance needs are identified to assess against specific workplace risks such as noise or as required due to contact with harmful substances. It also includes setting local targets for achieving objectives, including ensuring that risk assessments, workplace inspections, audits, monitoring of action plans for improved Health and Safety performance are in place. The Workplace Health and Safety Inspection Procedure outlines the requirements for workplace inspections.

Investigating Accidents and Incidents
Reviewing incident data is a re-active monitoring tool and often occurs as a result of someone sustaining an injury. It can provide valuable learning to modify work practices or bring improvements to the work environment. All incidents reported within the Trust are reviewed by management to identify whether there is any learning which can be acted upon to prevent a recurrence and reduce the risks of someone being harmed in a similar incident in the future.

The purpose of conducting an incident investigation for a Health and Safety incident is to identify whether any actions or interventions can be put into place to reduce the likelihood of a recurrence. This should include consideration into whether changes need to be made to policies, procedures, local processes, risk assessments, inspection regimes, equipment, training or awareness raising regarding any lessons learned.

Near Miss data (incidents where there was a potential for harm but none occurred) is extremely valuable as it can result in injury prevention by identifying potential causes of injury incidents before they happen allowing for action to be taken to remove or reduce the risks.

All incidents will need to be reported and investigated to some degree. The degree to which they are investigated will depend on the seriousness of the incident either due to the level of injury, the potential outcome or the fact that there have been a number of similar incidents. Root Cause Analysis (RCA) investigations may be required. The Incident Reporting Procedure, and the Incident Investigation, Learning and Improvement Procedures outline the requirements and processes for reporting incidents and undertaking RCA's.

2.1.4 Act

Reviewing Trust Performance

Reviewing performance is a continual process to assess where we are against where we want to be in terms of achieving Trust objectives. Reviewing Health and Safety performance should occur both at local and corporate level. Elements to be reviewed will include progress against set objectives and action plans, evaluation of risk assessments in achieving desired outcomes, incident rate performance and actions against sub-standard performance identified by active/re-active monitoring and results of audits. Reviews will vary in timescales, as a minimum reviews will be annual or more frequently as outlined in specific

procedures e.g. relating to fire inspections, fire audits, workplace inspections, risk assessments etc.

Incident data and action plans should be standing items on the central Health and Safety Group agenda, at Divisional Governance meetings and at Divisional Board to enable regular reviews of progress and identification of any further actions needed.

The Health and Safety Policy is reviewed on a three yearly basis as a minimum to ensure that the systems in place remain effective or where there is an identified need for an earlier review due to organisational knowledge, changes is legislation or national guidance.

Lessons Learned

It is important that management carry out regular risk based audits of systems and processes to ensure that they are effective in achieving local and Trust objectives in line with HSG 65. The Health and Safety team will carry out frequent audits of the Trust's Health and Safety Management Systems on a tri-annual basis.

Local action plans should include any outstanding actions identified via risk assessment, investigations, inspections or other workplace monitoring.
Applying the HSG65 model is a continuous process throughout the life of a business, it is well recognised as being an effective method of improving the overall Health and Safety culture of an organisation and makes good business sense as it is likely to reduce the number of incidents resulting in injury and ill-health thus improving the general functioning of the business.

3   Definitions
List and describe the meaning of the terms used in the context of the document.

Policy
'A policy is a statement of Trust intent for a given issue and gives a clear position statement for the Trust's customers and employees on its values and beliefs' (Parsley & Corrigan 1999).

A policy is a "must do"; there should be no deviation from the actions as defined in the policy.

The Health and Safety at Work Etc. Act 1974 (the Act) – Principal legislation for health and safety in the UK

HSG 65 – HSE Model for Successful Health and Safety Management

'Hazard' – Something with the potential to cause harm.

'Risk' – the likelihood that a hazard will result in a level of harm being realised.

'Assessment' – a written assessment of the risks to health and evaluation of the control measures required

'HSE' – Health and Safety Executive – enforcers of health and safety legislation

4   Associated Documents

Associated health and safety procedures include the following and can be found on the Trust intranet site:- (please note that this list is not exhaustive and is subject to change)

- Risk Management Strategy & Assurance Framework (2017-2020)
- Risk Management Policy
- Risk Assessment Procedure
- Health and Safety Workplace Inspections Procedure
- Fire Safety Policy
- Fire Evacuation Procedure
- Moving and Handling Procedure
- Work Equipment Procedure
- Control of Substances Hazardous to Health Guideline
- Management of Asbestos Containing Materials Procedure
- Incident Reporting Procedure
- Incident Investigation, Learning and Improvement
- New and Expectant Mothers Procedure
- Managing the Risks Associated with Work Related Stress Procedure
- Noise at Work Procedure
- Management of Aggressive Behaviour Procedure
- Management of Contractors Procedure
- Management of Construction Projects Procedure
- Lone Working Procedure

5   Duties

All employees have a duty to contribute to the on-going development of a positive health and safety culture within the Trust.   Specific duties are also attributed proportionately to levels of responsibility for specific roles.

5.1   Duties within the Organisation

5.1.1 Board of Directors

The Board of Directors is responsible for the operational and financial management of the Trust and for the delivery of services. It is therefore responsible for ensuring that the Health and Safety management within the integrated management systems and assurance systems operate effectively in respect of Health and Safety.

5.1.2 Chief Executive Officer (CEO)

The Chief Executive Officer has overall responsibility for ensuring that;

- appropriate Health and Safety Management Systems are in place
- Health and Safety risks are profiled and given due consideration alongside all other business risks
- adequate resources are available for the management of Health and Safety within the Trust.
- Health and Safety within the Trust is promoted for continuous development of a positive Health and Safety culture
- Adequate Health and Safety training and information is available to all staff

The Chief Executive Officer has delegated the operational responsibility for this to the Medical Director.

5.1.3 Medical Director

The Medical Director has delegated responsibility for ensuring that appropriate Health and Safety Management Systems are in place and to provide assurances to the CEO and the Board of Directors in respect of this and all CEO Health and Safety responsibilities outlined.

5.1.4 Associate Director of Quality Governance

The Associate Director of Quality Governance will;

- ensure that there is an integrated approach to the management of risks including effective management of Health and Safety risks
- ensure that Health and Safety is considered with equal importance as other business risks
- advise the Head of Health and Safety on clinical and other business risks which impact on Health and Safety within the Trust
- where appropriate report significant incidents to the relevant external bodies

5.1.5 Divisional Boards

Divisional Boards are responsible for the implementation of the Trust Health and Safety Policy, development and monitoring of local health and safety plans to ensure compliance with Trust Policy and procedures. Health and Safety is to be a key objective within the Corporate and Divisional Assurance framework and will be monitored on at least a quarterly basis.

5.1.6 Divisional General Managers/Divisional Director of Estates and Facilities (DGM) / CCICP Leads

Divisional General Managers, the Divisional Director of Estates and Facilities and CCICP Leads are responsible for the effective management of identified risks within their area of responsibility. The management of risks must be regularly reviewed at least quarterly at Divisional Board level in order to provide assurance to the Trust Board of Directors that risks are being effectively managed.

Each DGM is responsible for;

- committing to the Trust Health and Safety Policy, signing and displaying the Policy Statement locally
- ensuring the active management of Trust and Divisional policies and procedures to ensure the effective management of risk including Health and Safety within their respective areas
- ensuring that divisional health and safety plans are developed and monitored. These will include dates for planned workplace inspections, fire safety management assessments, Control of Substances Hazardous to Health (COSHH) reviews, equipment inspections, manual handling reviews, training needs and any other outstanding health and safety needs, risk assessment reviews.
- promoting a positive and supportive Health and Safety culture throughout the Trust
- encouraging the reporting of Health and Safety incidents and any hazards presenting a risk to the health, safety and well-being of individuals
- ensuring staff are adequately trained to carry out their Health and Safety duties

5.1.7 Heads of Nursing

Quality Governance /Safety/Compliance Managers are responsible for;

- attending Divisional Board sub committees meetings as required with delegated responsibility for reporting on local risks including Health and Safety issues
- ensuring the development of systems within their designated Division for the identification, assessment and control of risks to include monitoring and audit

5.1.8 Quality Governance/Safety/Compliance Managers
Quality Governance /Safety/Compliance Managers are responsible for;

- supporting the division and Head's of Nursing to enable them to fulfil their duties in line with this policy
- supporting the implementation of Health and Safety policies and procedures locally
- support the development of systems within their designated Division for the identification, assessment and control of risks to include monitoring and audit
- attending the Health and Safety Group and reporting on any identified significant risks and those which may affect other areas of the Trust

5.1.9 Health and Safety Group (HSG)
The Health and Safety Group is responsible for;

- development, ratification and implementation of a Health and Safety Policy, Action Plan and Management System which comply with current Health and Safety legislation. Ensuring Health and Safety Strategy is encompassed within the Risk Management Strategy & Assurance Framework
- agreeing an annual Health and Safety work plan which addresses the most significant risks for that period
- considering any reports and issues presented by Health and Safety representatives or external agencies e.g. Health and Safety Executive(HSE)
- monitoring the effectiveness of communication of Health and Safety within the Trust
- reviewing incident data to identify lessons learned from RIDDOR reportable incidents and identify any incident trends
- escalating issues to the Executive Quality Governance Group (EQGG) which cannot be addressed by the HSG

5.1.10 The Executive Quality Governance Group (EQGG) is responsible for reviewing issues which have been escalated by the HSG

5.1.11 The Head of Health and Safety and the Health and Safety Team
The Head of Health and Safety and the Health and Safety Team are responsible for;

- developing the Corporate Health and Safety Policy and Procedures
- developing a Corporate Health and Safety Management System and disseminating this to Divisions
- auditing and reviewing standards laid down in specific Health and Safety procedures
- reporting all RIDDOR reportable incidents and assisting managers in investigating reportable incidents and injuries
- analysing incident data to identify any developing trends
- producing an annual Health and Safety report
- proactively supporting and advising on the development of a positive Health and Safety culture within resources
- advising on all matters relating to health and safety
- liaising with the HSE and other relevant bodies to maintain good relationships and correspond effectively on Health and Safety matters

5.1.12 Occupational Health Manager
The Occupational Health Manager is responsible for;

- ensuring that a suitable and sufficient health surveillance programme is in place to for staff exposed to known health hazards.
- provide departments and the Health and Safety Group with general findings of health surveillance which is relevant to the ongoing safety and health of individuals in the workplace.

- ensure the attendance of an Occupational Health representative at the Health and Safety Group to advise on relevant matters under discussion

5.1.13 Departmental/Ward Managers

Managers are responsible for;

- support the on-going development of a positive Health and Safety culture within their areas of responsibility and throughout the Trust by leading by example
- ensuring their staff have receive adequate Health and Safety training and information relevant to their roles
- the effective management or risks within their area of responsibility
- ensure that any changes in work practice or use of facilities is adequately risk assessed, including any proposed change of use of environment
- ensuring that local Health and Safety inspections and Fire Warden inspections are undertaken for their area
- ensuring that all risk assessments are updated in line with Trust requirements, including general work assessments, fire, Moving & Handling & COSHH assessments and reviews
- implementation and monitoring of effective control measures so far as reasonably practicable within their area of responsibility.
- escalating risks in line with the Trusts Strategy and Policy
- ensuring that others likely to be affected by local risks such as temporary staff, bank, locums, contractors and visitors are informed of the existence and control measures in place to manage those risks
- ensuring that action plans are developed, progressed and monitored to manage risks identified through local inspections, assessments and audits
- ensure that adequate time and resources are given locally to effectively manage Health and Safety duties
- ensure staff requiring health surveillance as identified by Risk Assessment for specific risk such as noise or contact with hazardous substances are referred to Occupational Health

5.1.14 Key Workers/Risk Assessors/COSHH Assessors

Key workers are trained in specific areas of Health and Safety e.g. manual handling, risk assessment and COSHH. They act as a resource to local departments to assist and support in areas where they have received specific training. They are responsible for completing specific assessments relative to their training and their area of work as required by local management.

5.1.15 Staff Representatives

The role of nominated and accredited staff representatives have rights to be consulted on health and safety issues, their functions include the right to;

- investigate potential hazards and dangerous occurrences in the workplace
- to examine the causes of accidents at the workplace
- investigate complaints by any employee he represents relating to that employee's health, safety or welfare at work and make representations
- to make representations on general matters affecting the health safety or welfare at work of the employees
- to carry out inspections in relation to Health and Safety
- to represent the employees they were appointed to represent in consultations at the Health and Safety Executive
- to receive information from HSE inspectors

- to attend health and safety meetings(in work time) in their capacity as a safety representative in connection with any of the above functions

5.1.16 All Staff

All staff will attend health and safety training upon induction and on-going as outlined in their Knowledge and Skills Framework appraisal .

All staff have responsibility;

- to contribute to the on-going development of a positive Health and Safety culture within the Trust
- to take care of themselves with respect to their own Health and Safety and anyone who may be affected by the work they carry out including their acts and omissions.
- to act in accordance with Trust Policies, Procedures, training and guidance
- to report any hazards which pose a risk to the health and/or safety of themselves or others
- report any near miss or injury incidents using the Trusts Incident Reporting system Ulysses Safeguard
- attend training as outlined in their Knowledge and Skills Framework
- use the escalation process for raising Health and Safety issues in line with the flow chart – appendix 2.

6   Consultation and Communication with Stakeholders
- Chief Executive Officer
- Medical Director
- Health and Safety Group
- Heads of Service
- Divisional General Managers
- Divisional Heads of Nursing
- Quality Governance/Safety/Compliance Managers
- Associate Director for Quality Governance
- Patient Safety Lead
- Head of Patient Safety and Quality Improvement
- Joint Consultation and Negotiation Committee Staff Side Secretary
- Occupational Health Department
- Human Resources
- Senior Managers
- Ward & Department Managers

   Governance.policies@mcht.nhs.uk

7   Implementation
   This Procedure will be disseminated to staff via the Trusts Governance Structure, via monthly policy updates document and will be made available on the Trust Intranet.

8   Education and Training
   No specific training requirements have been identified by the review of this Policy. However it is the responsibility of each manager to ensure that both they and their staff are aware of the revision of this policy and understand their roles and responsibilities outlined within it.

9   Monitoring and Review

The table below must be completed in the document to demonstrate effective monitoring of all documents.

Standard/process/issue required to be monitored	Monitoring and Audit			
	Process for monitoring e.g. audit	Responsible individual /group	Frequency of monitoring	Responsible committee
Duties	Review Policy	Head of Health and Safety	Three Yearly	Health and Safety Group (HSG)
Management Systems	Audit	Health and Safety Team	Tri-annual	Health and Safety Group (HSG)
Effectiveness	Incidents review/ Workplace Risk Assessment / Workplace Inspections review	Divisional Quality Governance/ Safety/ Compliance Managers	In line with related SOP's & guidelines	Health and Safety Group (HSG)

10 References / Bibliography

- Parliament. (1974), *The Health and Safety at Work etc. Act 1974(HSWA).* Statutory Instrument Her Majesty's Stationary Office(HMSO): London

- Parliament. (2002), *The Management of Health and Safety at Work Regulations 1992 as amended 2002*. Statutory Instrument. Her Majesty's Stationary Office(HMSO): London

- Health and Safety Executive(HSE) (2013), *Managing for Health and Safety – web based edition of 23rd Edition 1997* [online] Available from: **http://www.hse.gov.uk/pubns/priced/hsg65.pdf** [Accessed 17th October 2016]

11 Appendices

All Appendices must be in numerical order 1, 2, 3 etc and positioned before the mandatory appendices below.

1. **Integrated Governance Structure**

    A   Version Control Document
    B   Communication / Training plan
    C   Equality Impact and Assessment Tool

Appendix 1

Mid Cheshire Hospitals NHS Foundation Trust

Assurance

- Council of Governors
- Board of Directors
  - Trustee Committee
  - Performance and Finance Committee
  - Audit Committee
  - Quality Governance Committee
  - Remuneration Committee
  - Transformation and People Committee

Delivery

Under Performance and Finance Committee:
- BIU Strategy Group
- IT Strategy Group
- CCICP Board
- Divisional Boards
  - Divisional Finance and Activity Performance Group
- Executive Infrastructure Development Group
  - Estates Strategy Implementation Group
  - Medical Equipment Group
  - Emergency Preparedness Group (Reporting line to be reviewed)
  - Clinical Commodities Group

Under Quality Governance Committee:
- Executive Infection Prevention and Control Group
  - Operational Infection Control Group
  - Antimicrobial Stewardship Group
  - Water Safety & Decontamination Group
  - Clostridium Difficile MDT Group
- Executive Quality Governance Group
  - Quality and Safety Improvement Strategy Group
  - Hospital Mortality Reduction Group
  - Deteriorating Patient Steering Group
  - CCG Quality and Safety Group
  - Executive Information Governance Group
  - Information Governance Working Group
  - Resuscitation Services Group
  - Joint Medicines Management Group
  - Health & Safety Group
  - Hospital Blood Transfusion Group
  - Trust Cancer Board
  - Nutritional Advisory Group
- Executive Patient Experience Group
  - Complaints Review Group
  - Organ Donation Group
  - Bereavement Care/ Mortuary and End of Life Care Group
- Executive Safeguarding Group
  - Learning Disabilities Development Group
  - Dementia Care Group

Under Transformation and People Committee:
- Executive Workforce Assurance Group
  - Professional & Workforce Advisory Group
  - Equality and Diversity Group
  - Medical Education Group
  - Health and Wellbeing Group
  - Learning and Development Group
- Executive Transformation Steering Group
  - Transformation Programme Sub-Groups
- JCNC
  - JLNC

Version 7: March 2019

Appendix 2a-Escalation Chart for Health & Safety Issues

```
                    ┌─────────────────────┐
                    │      Board          │
                    │       of            │
                    │    Directors        │
                    └─────────────────────┘
                             ⇑                    ┌──────────────────────────┐
                    ┌─────────────────────┐       │ Chair of the Performance │
                    │ Performance and     │       │ and Finance Committee    │
                    │ Finance Committee   │       │ escalates issues to the  │
                    │                     │       │ Board of Directors where │
                    └─────────────────────┘       │ appropriate              │
                             ⇑                    └──────────────────────────┘
                    ┌─────────────────────┐       ┌──────────────────────────┐
                    │ Executive Quality   │       │ Medical Director / chair │
                    │ Governance Group    │       │ of EQGG escalates issues │
                    │ (EQGG)              │       │ to Performance and       │
                    │                     │       │ Finance Committee where  │
                    └─────────────────────┘       │ appropriate              │
                             ⇑                    └──────────────────────────┘
                    ┌─────────────────────┐       ┌──────────────────────────┐
                    │ Health & Safety     │       │ Chair of HSG escalates   │
                    │ Group               │       │ issues to Executive      │
                    │                     │       │ Quality Governance Group │
                    └─────────────────────┘       │ (EQGG).                  │
                             ⇑                    └──────────────────────────┘
```

Quality Governance / Safety / Compliance Managers/ Health and Safety Team provide advice and support at all levels of the structure

```
                    ┌─────────────────────┐       ┌──────────────────────────┐
                    │ Divisional Boards   │       │ Chair of Divisional      │
                    │                     │       │ Board Escalates issues   │
                    └─────────────────────┘       │ not resolved at this     │
                             ⇑                    │ level to the HSG         │
                    ┌─────────────────────┐       └──────────────────────────┘
                    │ Divisional          │       ┌──────────────────────────┐
                    │ Governance Group    │       │ Chair DGG/DMM/           │
                    │ (DGG) /Departmental │       │ Quality/Safety/Compliance│
                    │ Management Meetings │       │ Governance Managers/     │
                    │ (DMM) (Corporate)   │       │ Health and Safety Team   │
                    └─────────────────────┘       │ escalate issues to DGG / │
                             ⇑                    │ HSG which are not        │
                                                   │ resolved at this level   │
                                                   └──────────────────────────┘
                    ┌─────────────────────┐       ┌──────────────────────────┐
                    │ Local Management    │       │ Local management would   │
                    │                     │       │ resolve the issue if     │
                    └─────────────────────┘       │ within capabilities or   │
                       ⇑           ⇑              │ escalate, seek assistance│
                                                   └──────────────────────────┘
              ┌──────────┐   ┌──────────────┐     ┌──────────────────────────┐
              │  Staff   │   │ Health and   │     │ Staff take any           │
              │          │   │ Safety       │     │ immediate action         │
              │          │   │Representatives│    │ necessary within         │
              └──────────┘   └──────────────┘     │ capabilities/training or │
                                                   │ escalate to safety       │
                                                   │ rep/line management      │
                                                   └──────────────────────────┘
```

NB : Rapid escalation of issues would be via the Trust Escaltion Process, see Appendix 2b

Appendix 2b

Escalation of issues or incidents with the potential to cause imminent harm should be escalated via the Trust Escalation procedure. The communication structure within escalation situations will vary between in and out of hours. The diagram below illustrates this variance and the Trust staff to which issues will be escalated.
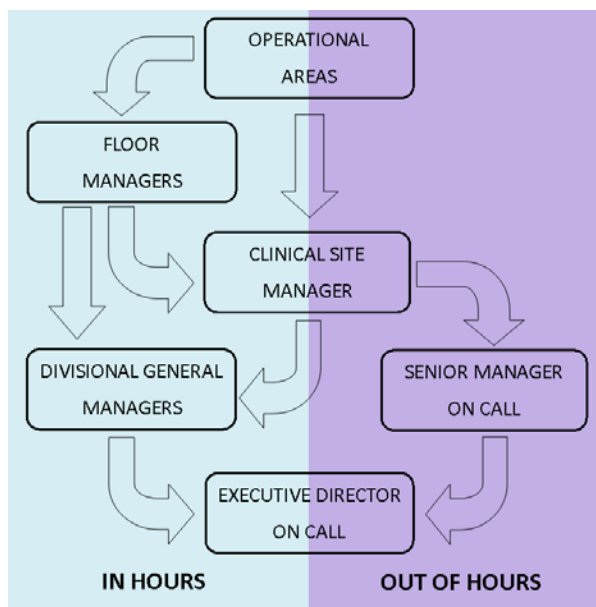
Operational Contact Details
Mon-Fri 0900hrs – 1700hrs
☐ Clinical Site Manager: Bleep 7000
☐ The Floor Manager for Division of Medicine and Emergency Care: Bleep 3120
☐ The Floor Manager for Surgery and Cancer Division: Bleep 2299
☐ The Floor Manager for the Women, Children's Division: Bleep 3971
☐ The Floor Manager for Diagnostics & Clinical Services: Bleep 3201
☐ Estates & Facilities Helpdesk: Ext 2601
☐ Health and Safety Team are available to advise and support Ext 3413, 2304

Outside normal working hours:
☐ Clinical Site Manager: Bleep 7000
☐ 21:00-07:00 Night Nurse Practitioners: Bleep 2520
☐ 4.30pm – 8:30am Estates & Facilities: Ext 2601 or Bleep 2510

APPENDIX A – Control Sheet

This must be completed and form part of the document appendices each time the document is updated and approved.

VERSION CONTROL SHEET			
Date dd/mm/yy	**Version**	**Author**	**Reason for changes**
30/10/10	11	Wendy Astle-Rowe	Due for review
25/10/13	12	Wendy Astle-Rowe	Due for review
18/11/2016	13	Wendy Astle-Rowe	Due for review
09/01/2018	13.1	Wendy Astle-Rowe	Minor amendment to align with management systems audit
09/01/2019	13.2	Wendy Astle-Rowe	Minor amendments following discussions with staff side
14/10/2019	14	Wendy Astle-Rowe	Due for review

APPENDIX B - Training needs analysis

<table>
<tr><td colspan="2">Communication/Training Plan (for all new / reviewed documents)</td></tr>
<tr><td>Goal/purpose of the communication/training plan</td><td>To update all staff on the revised Trust Health and Safety Policy</td></tr>
<tr><td>Target groups for the communication/training plan</td><td>All staff</td></tr>
<tr><td>Target numbers</td><td>4500</td></tr>
<tr><td>Methodology – how will the communication or training be carried out?</td><td>Uploaded on the Trust intranet site</td></tr>
<tr><td>Communication/training delivery</td><td>Disseminated by the Trusts Health & Safety Group via the monthly reports and on the Trust Intranet</td></tr>
<tr><td>Funding</td><td>None</td></tr>
<tr><td>Measurement of success. Learning outcomes and/or objectives</td><td>Reduction in number of Health and Safety incidents resulting in harm. Completion of workplace health and safety inspections and risk assessments. Monitoring of progression of actions identified to remedy gaps identified via the above.</td></tr>
<tr><td>Review effectiveness – learning outputs</td><td>As above.</td></tr>
<tr><td>Issue date of Document</td><td>November 2019-January 2020</td></tr>
<tr><td>Start and completion date of communication/training plan</td><td>November 2019-January 2020</td></tr>
<tr><td>Support from Learning & Development Services</td><td>None</td></tr>
</table>

Appendix C

Equality Impact Assessment

Please read the Guide to Equality Impact Assessment before completing this form.
The completed assessment is to form part of the policy/proposal/business case appendices when submitted to **governance-policies@mcht.nhs.uk** for consideration and approval.

Health and Safety Policy

SECTION A

A	Does the document, proposal or service affect one group less or more favourably than another on the basis of:	Yes/ No	Justification & data sources. Include nature of impact. Also record provisions already in place to mitigate impact.
1	Race, ethnic origins (including gypsies and travellers) or nationality	Yes	Language could be a barrier for individuals to whom English is a second language. Provisions should be made to ensure translation or interpretation is available where required.
2	Sex	N	No issues identified.
3	Transgender	N	No issues identified.
4	Pregnancy or maternity	N	No issues identified.
5	Marriage or civil partnership	N	No issues identified.
6	Sexual orientation including lesbian, gay and bisexual people	N	No issues identified.
7	Religion or belief	N	No issues identified.
8	Age	N	No issues identified.
9	Disability - learning disabilities, physical disability, sensory impairment and mental health problems	N	Health and Safety policies and procedures support individuals with disabilities and individual risk assessments would be required. This is advantageous to ensuring the health, safety and well-being of disabled individuals likely to be affected by encouraging management to make reasonable adjustments as appropriate.
10	Economic/social background	N	No issues identified.
B	**Human Rights – are there any issues which may affect human rights**		
1	Right to Life	N	
2	Freedom from Degrading Treatment	N	
3	Right to Privacy or Family Life	N	

4	Other Human Rights (see guidance note)	N	

Date: **20/11/2019**   **Name:**   **Wendy Astle-Rowe**

Signature: *WDAstle-Rowe*   **Job Title:** **Head of Health and Safety**

Date: **21/11/2019**   **Name:**   **Hayley Cavanagh**

Signature: **Job Title:** **Associate Director of Quality Governance**

SECTION B

Please expand tables below as necessary

SECTION B NUMBER A1-10, B1-4	NATURE OF IMPACT	EVIDENCE	STAKEHOLDER INVOLVEMENT	ACTION	COST	LEAD	TIMESCALE	RISK SCORE
A1	Inability to comply due to lack of understanding leading to health and safety risk	Increased numbers of staff working for the Trust from other countries where English is not their first language	Policy consulted to main stakeholders	Ward/Departmental managers to identify staff who require translation support for compliance with this document	Not known	Ward / Dept. managers	Upon staff induction	4(C) x 3 (L) = 12

Title of Paper:	Gender Pay Gap Report	
Author:	HR Manager – Equality and Diversity	
Executive Lead:	Director of Workforce and Organisational Development	
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:	The report provides assurance that the statutory requirement in respect of gender pay gap reporting has been undertaken.	
Risk:	Should the report not be completed, the Trust would not its statutory requirements.	
To be published on Trust Website –complete version		**Yes**
If no, to be published on Trust Website – redacted		
If not to be published complete or redacted, please detail the reason why		
Presented at Board Meeting of:		**3 February 2020**

Gender Pay Gap Report 2019

Introduction

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

It is essential, therefore, that we take steps to ensure that we are a good employer which values and welcomes different ideas and skills of our staff. Our goal is to recruit, engage, develop and retain outstanding people who reflect the communities we serve and who work together to deliver our common aims and objectives.

Gender pay gap legislation was first introduced in April 2017 which required all organisations with 250 or more employees to publish their gender pay gap annually as of 31 March 2017. The information must be published on the organisations website in addition to a government website.

The gender pay gap shows the average difference in the average pay between men and women. Gender pay gap reporting is a valuable tool for assessing levels of equality in the workplace, female and male participation, and how effectively talent is being maximised.

This differs from equal pay which looks at the pay differences between men and women who carry out the same jobs, similar jobs or work of equal value.

This is the Trust's third gender pay gap report.

Job Evaluation

The Trust's pay and grading system and policies are in line with the NHS Agenda for Change (AFC) terms and conditions. Agenda for Change is underpinned by a tailored job evaluation scheme which is a pay and grading system for all NHS staff with the exception of doctors, dentists and some very senior managers.

The job evaluation scheme was specifically developed for the NHS across the UK and it determines the basic pay of all staff covered by the Agenda for Change terms and conditions. This is done by evaluating each job across a range of factors and allocating relevant levels to each factor according to the job role being considered. Each of these levels has an allocated points score; the points total for a job determines the appropriate pay band for that job. This allows jobs in different professions but with overall equal value to be appropriately measured. All new job roles are evaluated under the job evaluation scheme to ensure that they are graded fairly and objectively without gender bias or any other form of discrimination. All evaluated jobs are then placed onto a pay band.

Material Factors Influencing Pay Levels

A number of factors can influence pay levels, which occur within the scope of an organisation's pay policies, these are known as material factors and can be used to objectively justify pay and pay variations. Material factors include:

• Length of service;

- Starting pay, pay protection and progression;

Overall, pay variances between males and females within an organisation can also be influenced by the proportion of males and females within each pay band, i.e. a higher number of females in the lower pay bands would result in a larger overall pay gap between overall total average pay for male staff and female staff within an organisation. The gender gap remains at a national level due to different ways man and women participate in the labour market. This may be due to choice of occupations and caring responsibilities

Pay and benefits based on length of service are covered specifically by the Equality Act 2010. It permits benefits to be awarded on length of service up to and including five years.

80.40%   19.60%
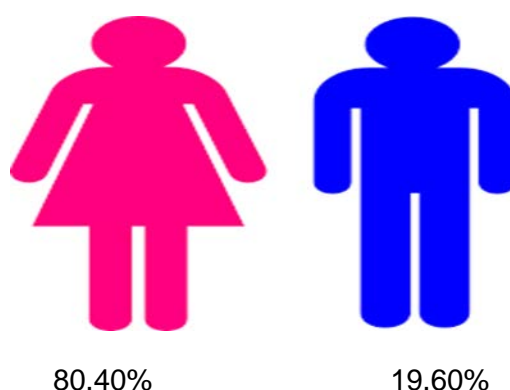
As at 31st March 2019 the gender make up of Mid Cheshire Hospitals NHS Foundation Trust consisted of 80% female and 20% male, the same as seen in previous reporting periods.
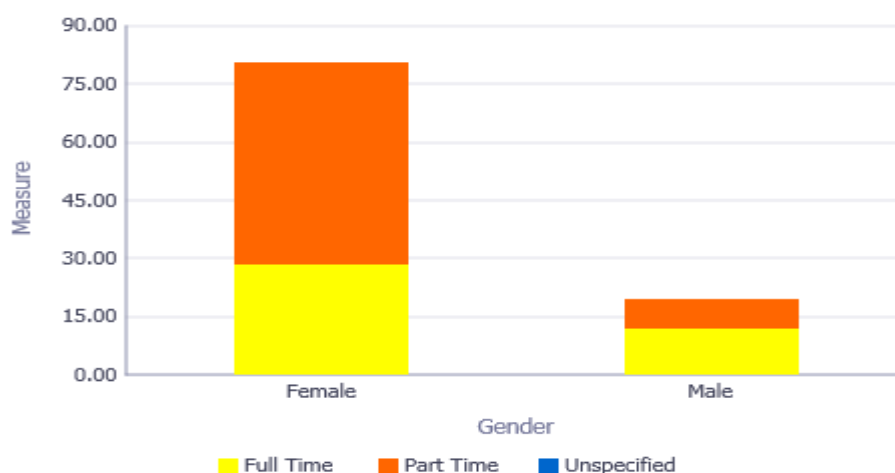
The above graph shows the gender split between full time and part time working. Just under 60% of the workforce work part time hours, a slight increase compared to the previous year (58%). This is made up of 51.88% of females and 7.75% of males.

For full time working the rates are 28.56% and 11.79% respectively (with 0.02% unspecified).

Rates of Pay

The average rate of pay is calculated from a specific pay period; in this case a snap shot date of March 2019 has been used. The data includes both staff on Agenda for Change and staff on non-Agenda for Change terms and conditions. The hourly rate is calculated for each employee based on 'ordinary pay' which includes basic pay, allowances and shift premium pay. The hourly rate for staff has been calculated using the total monthly hours worked. Any overtime payments have been excluded. The median rate is calculated by selecting the average hourly rate at the mid-point for each gender group.

Gender	Average Hourly Rate	Median Hourly Rate
Male	19.0413	14.3784
Female	14.9976	12.9018
Difference	4.0437	1.4767
Pay Gap %	21.2366	10.2699

Avg Hourly Rate

	Male	Female
	£19.04	£15.00

Avg Median Rate

	Male	Female
	£14.38	£12.90
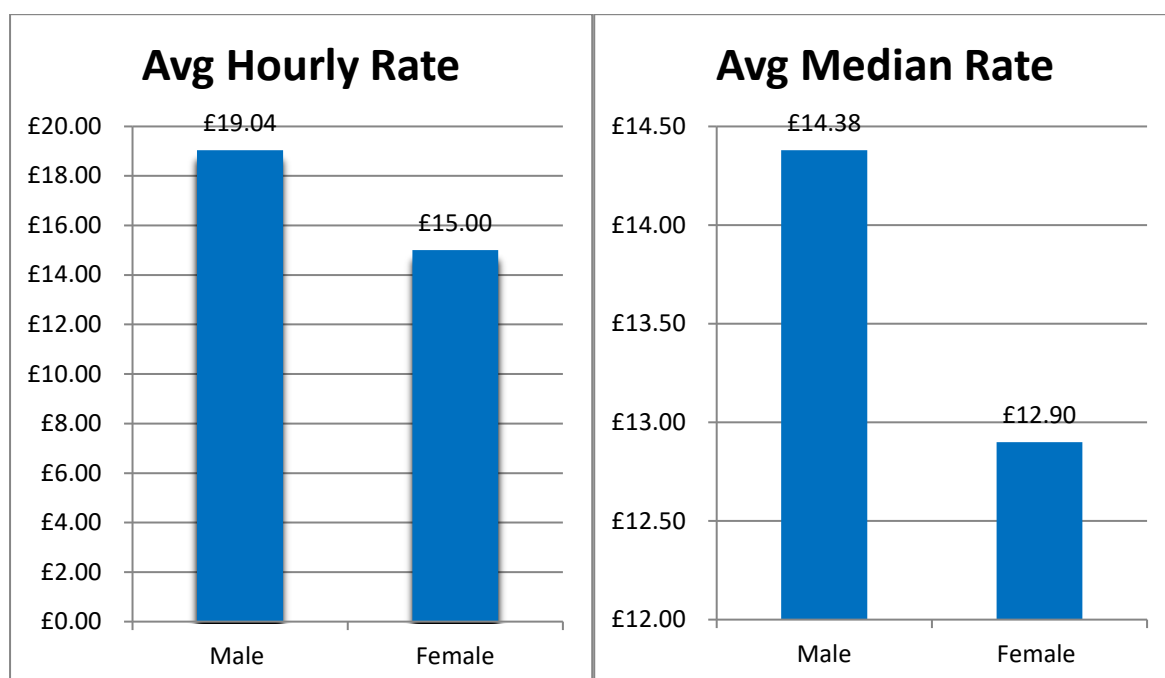
The above shows that the current gap between male and female average hourly pay rates is £4.04 less for females, a difference of just over 21%. When comparing the median hourly rate the gap decreases with a difference of 10% (lower for females) or £1.48.

Quartile	Female	Male	Female %	Male %
1	943.00	213.00	81.57	18.43
2	994.00	168.00	85.54	14.46
3	974.00	184.00	84.11	15.89
4	882.00	280.00	75.90	24.10

In order to create the quartile information all staff are sorted by their hourly rate of pay. This list is then split into 4 equal parts.

The information shows that whilst males make up 20% of the Trust population, the largest proportion of male staff are paid in the higher quartile (24% male compared to nearly 76% female in this quartile). 33% of all male employees at the Trust are in the higher quartile indicating a greater distribution of male employees employed at the Trust in higher paid roles.

Bonus Pay Gap

As an NHS organisation the only pay elements that fall under the bonus criteria are Clinical Excellence Awards (CEA's) and Discretionary Points which are only applicable to certain groups of medical staff.

The Clinical Excellence Awards (CEA) scheme is intended to recognise and reward those consultants who contribute most towards the delivery of safe and high quality care to patients and to the continuous improvement of NHS services. In particular, awards are made to consultants who demonstrate sustained commitment to patient care and wellbeing, sustain high standards of both technical and clinical aspects of service while providing patient-focused care and those through active participation in clinical governance contribute to continuous improvement in service organisation and delivery.

The pay elements that are used in this calculation are awarded as a result of recognition of excellent practice over and above contractual requirements and have no gender bias.

Gender	Average Pay	Median Pay
Male	£12,078.47	£6,786.02
Female	£11,695.39	£6,032.04
Difference	£383.08	£753.98
Pay Gap %	3.17	11.11

Gender	Employees Paid Bonus	Total Relevant Employees	%
Female	9.00	4216.00	0.21
Male	42.00	1026.00	4.09

The information shows that there is a 3.17% bonus gap for average pay bonus payments between males and females. Considering that around only a fifth of the Trust workforce are male, a higher proportion of the male workforce receive bonus payments in comparison to their female counterparts (4.09% of males compared to 0.21% of females). There is a

greater distribution of male employees on the Medical and Dental contract than females. This is not unusual as this depicts a trend that is usually reflected across the NHS nationally.

Conclusion

Whilst a gender pay gap has been identified, when comparing the figures to our previous reporting periods we can see that the gap has closed year on year from 25.9% in 2017, 23.66% in 2018 down to 21.24% in 2019. This represents a 4.66% improvement over a 2 year period from March 2017 to March 2019.

The data illustrates that, whilst the equal pay audit has revealed some variation in the pay received between men and woman, initial analysis of available information does not find it as attributable to any form of discriminatory pay practice.

The gender pay gap will continue to be monitored via the Equality, Diversity and Inclusion Group and further detailed analysis exploring the results and a corresponding action plan will be developed over the coming months.

The Trust will continue to publish gender pay gap reports on an annual basis.

Statement

I confirm that Mid Cheshire Hospitals NHS Foundation Trust is committed to the principle of gender pay equality and has prepared its 2019 gender pay gap results in line with mandatory requirements.

Heather Barnett
Director of Workforce and Organisational Development
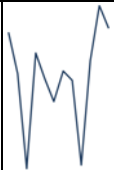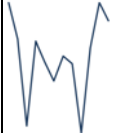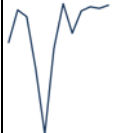
Board of Directors

Workforce Report

February 2020

(December2019 data)

Performance Report   Workforce Chapter
Month: Dec-19

| Measure	Target	Performance	Description	Narrative	Rolling Trend	Trend	C&W Average (Nov 19)
In-Month Sickness Absence	N/A	5.44%	In-month 12m average Sickness Absence described as a Percentage	Overall, sickness was 0.30% higher in month. 2 divisions experienced an improvement in compliance (EF and Corp). The most significant improvement was in Wc and CCCIP (both 1.05%).		↑	5.54%
Appraisal Rate	90.00%	91.61%	Percentage of Staff who have received an appraisal in the last 12 months. Excludes New Staff with less than 12m service and Bank Staff	Overall, there was a 2.29% improvement in the appraisal rates across the Trust. All divisions experienced an improvement in compliance (except WC). The most significant improvement was in SC (5.33%). All divisions achieved Green with the exception of WC who are Amber.		↑	85.69%
Mandatory Training	90.00%	84.01%	Mandatory Training Monthly Rate Excludes Bank Staff, Staff on long term sick & mat. leave.	Overall mandatory training compliance declined in month (-0.61%) and 3 divisions experienced an improvement (Corp, WC and EF). All divisions are Amber with the exception of EF who are Green and MEC who are Red.		↓	90.58%
Staff Turnover	10.00%	8.81%	Number of Leavers expressed as a percentage of the workforce over a 12m rolling period. Exclude Junior Doctors, Temporary and Fixed term.	The rolling position for turnover slightly increased in month (-0.01%). Turnover improved in 4 divisions (Corp, EF, SC and CCICP) All divisions are now Green against target with the exception of EF who are Amber (10.28%) and CCICP who are Red (11.69%)		↑	10.60%

Measure	Target	Performance	Description	Narrative	Rolling		
Agency Spend	(404)	(706)	In month total spend for the Trust against plan	Agency spend decreased in month (£59k less than the previous month). The agency spend target was not met. Agency spend increased ain medical & dental and admin & clerical. Three divisions had a higher spend than in the previous month (CCICP, Corp and WC). CCICP saw the biggest increase (£20k more than previous month).		↓	N/A
NHSI Planned Agency	less than 100%	174.75%	In month Trust Agency Spend as a percentage of the Planned Agency Spend			↓	N/A
Over Cap Rates	N/A	68%	Number of Agency shifts filled by agency staff that are over the nationally determined capped rates			↑	N/A

Key

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

Sickness % - In Month
April 17 - Nov 19

Y-axis: Sickness in Month (2.00% – 6.00%)

X-axis: Month of Attendance (Apr-17 – Dec-19)
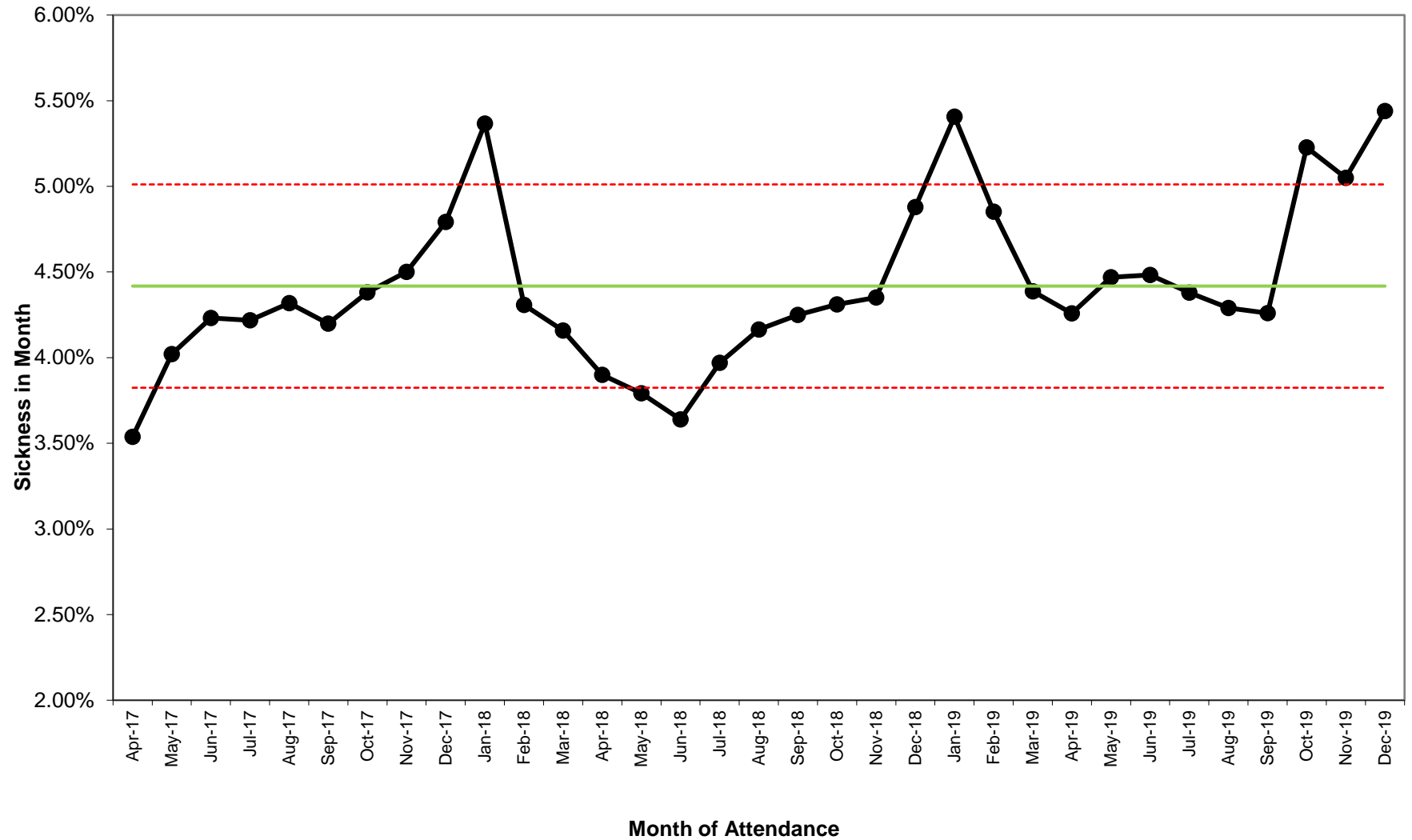
Trust Name	Mid Cheshire	10.01.20

412 Corporate	Staffing Group Headcount	Total	% of Staff Group
DOCTORS	6	5	83.33%
NURSES	76	66	86.84%
PROFESSIONALS	0	0	
SUPPORT TO CLINICAL STAFF (HCAs/Admin/Ancillary/WorksEtc)	12	11	91.67%
NHS INFRASTRUCTURE SUPPORT (not reported to ImmForm)	328	218	66.46%
TOTAL (Front Line Healthcare Workers only)	94	82	87.23%
TOTAL (All Employees)	422	300	71.09%

412 Diagnostics and SupportDivisi	Staffing Group Headcount	Total	% of Staff Group
DOCTORS	25	13	52.00%
NURSES	56	27	48.21%
PROFESSIONALS	287	170	59.23%
SUPPORT TO CLINICAL STAFF (HCAs/Admin/Ancillary/WorksEtc)	362	216	59.67%
NHS INFRASTRUCTURE SUPPORT (not reported to ImmForm)	198	110	55.56%
TOTAL (Front Line Healthcare Workers only)	730	426	58.36%
TOTAL (All Employees)	928	536	57.76%

412 Medicine & Emergency Care Division	Staffing Group Headcount	Total	% of Staff Group
DOCTORS	152	127	83.55%
NURSES	368	229	62.23%
PROFESSIONALS	4	4	100.00%
SUPPORT TO CLINICAL STAFF (HCAs/Admin/Ancillary/WorksEtc)	261	155	59.39%
NHS INFRASTRUCTURE SUPPORT (not reported to ImmForm)	116	58	50.00%
TOTAL (Front Line Healthcare Workers only)	785	515	65.61%
TOTAL (All Employees)	901	573	63.60%

412 Estates & FacilitiesDivision	Staffing Group Headcount	Total	% of Staff Group
DOCTORS	0	0	
NURSES	0	0	
PROFESSIONALS	0	0	
SUPPORT TO CLINICAL STAFF (HCAs/Admin/Ancillary/WorksEtc)	64	33	51.56%
NHS INFRASTRUCTURE SUPPORT (not reported to ImmForm)	339	167	49.26%
TOTAL (Front Line Healthcare Workers only)	64	33	51.56%
TOTAL (All Employees)	403	200	49.63%

412 Surgical and CancerDivision	Staffing Group Headcount	Total	% of Staff Group
DOCTORS	84	56	66.67%
NURSES	282	207	73.40%

PROFESSIONALS	145	99	68.28%
SUPPORT TO CLINICAL STAFF (HCAs/Admin/Ancillary/WorksEtc)	290	203	70.00%
NHS INFRASTRUCTURE SUPPORT (not reported to ImmForm)	192	131	68.23%
TOTAL (Front Line Healthcare Workers only)	801	565	70.54%
TOTAL (All Employees)	993	696	70.09%

412 Women and ChildrensDivision	Staffing Group Headcount	Total	% of Staff Group
DOCTORS	39	30	76.92%
NURSES	222	147	66.22%
PROFESSIONALS	6	6	100.00%
SUPPORT TO CLINICAL STAFF (HCAs/Admin/Ancillary/WorksEtc)	69	41	59.42%
NHS INFRASTRUCTURE SUPPORT (not reported to ImmForm)	76	44	57.89%
TOTAL (Front Line Healthcare Workers only)	336	224	66.67%
TOTAL (All Employees)	412	268	65.05%

412 CCICP	Staffing Group Headcount	Total	% of Staff Group
DOCTORS	15	12	80.00%
NURSES	201	146	72.64%
PROFESSIONALS	8	7	87.50%
SUPPORT TO CLINICAL STAFF (HCAs/Admin/Ancillary/WorksEtc)	316	223	70.57%
NHS INFRASTRUCTURE SUPPORT (not reported to ImmForm)	114	74	64.91%
TOTAL (Front Line Healthcare Workers only)	540	388	71.85%
TOTAL (All Employees)	654	462	70.64%

Grand Total (Inc Substantive, Community, Bank and Additional)	Staffing Group Headcount	Total	% of Staff Group
DOCTORS	379	301	79.42%
NURSES	1293	910	70.38%
PROFESSIONALS	465	301	64.73%
SUPPORT TO CLINICAL STAFF (HCAs/Admin/Ancillary/WorksEtc)	1530	1038	67.84%
NHS INFRASTRUCTURE SUPPORT (not reported to ImmForm)	1420	859	60.49%
TOTAL (Front Line Healthcare Workers only)	3667	2550	69.54%
TOTAL (All Employees)	5087	3409	67.01%

Trust Position last year at 11.01.19

Grand Total (Inc Substantive, Community, Bank and Additional)	Staffing Group Headcount	Total	% of Staff Group
DOCTORS	369	295	79.95%
NURSES	1271	905	71.20%
PROFESSIONALS	431	298	69.14%
SUPPORT TO CLINICAL STAFF (HCAs/Admin/Ancillary/WorksEtc)	1386	987	71.21%
NHS INFRASTRUCTURE SUPPORT (not reported to ImmForm)	1538	1045	67.95%
TOTAL (Front Line Healthcare Workers only)	3457	2485	71.88%
TOTAL (All Employees)	4995	3530	70.67%