Mid Cheshire Hospitals NHS Foundation Trust

Agenda Board of Directors

3 August 2020
9:30am
Virtual - via Microsoft Teams

PRELIMINARY BUSINESS

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

2 9:32 **Declarations of Interest (v)**
Acting Chair
To receive declarations of interest in agenda items and / or any changes to the register of directors' declarations of interest pursuant to Section 8 of Standing Orders

3 9:35 **Patient Story (p)**
Acting Chair
To note

4 9:45 **Draft Minutes of the Last Meeting - 6 July 2020 (d)**
Acting Chair
To approve the draft minutes of the last meeting of the Board of Directors, discuss any matters arising and review the action log

5 9:50 **Board Workplan 2020/21 (d)**
Acting Chair
To approve

6 9:55 **Chair's Opening Remarks (v)**
Incorporating Governor's items

7 10:05 **Chief Executive's Report (d)**
To note

- Covid-19 Update
- CQC Infection Prevention and Control Assessment Engagement Call

QUALITY - Patient Safety, Clinical Effectiveness & Patient Experience

8 10:10 **Quality Governance Committee (QGC) - 13 July 2020 Chair's Report (d)**
Committee Chair
To note

9 10:15 **National Inpatient Survey 2019 Results (p)**
Director of Nursing & Quality / Associate Director of Quality Governance
To note

10 **Quality, Safety and Patient Experience Report - June 2020 (d)**
10:30 Medical Director / Director of Nursing & Quality
To note

11 **Serious Untoward Incidents and RIDDOR Events (v)**
10:45 Medical Director
To note

12 **Freedom to Speak up Guardian Q1 2020/21 (d)**
10:50 Director of Nursing & Quality
To note

PERFORMANCE

13 **Performance and Finance Committee (PAF) - 23 July 2020**
11:00 **Chair's Report (d)**
Committee Chair
To note

- **Performance Report June 2020 (d)**
  Director of Operations / Deputy Chief Executive & Director of Finance

WELL LED

14 **Transformation and People (TAP) Committee - 9 July 2020**
11:15 **Chair's Report (d)**
Committee Chair
To note

- **Workforce Report June 2020 (d)**
  Director of Workforce and OD

15 **Guardian of Safe Working Hours Report Q1 2020/21 (d)**
11:20 Director of Workforce and OD
To note

GOVERNANCE

16 **Audit Committee - 13 July 2020**
11:25 **Chair's Report (d)**
Committee Chair
To note

17 **Risk Management & Assurance Framework Review (d)**
11:35 Company Secretary
To approve

- Risk Management Assurance Framework (d)
- Risk Management Strategy (d)

CONCLUDING BUSINESS

18 **Any Other Business**
11:45 Acting Chair
To consider any other matters of business

19 **Items for the Risk Register/Changes to the Board Assurance Framework (BAF) (v)**
11:50 Acting Chair
To identify any additional items for the Risk Register or changes to the BAF arising from discussions at this meeting

20 **Key Messages from the Board (v)**
11:55 Acting Chair
To agree

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

Board of Directors Meeting in Private

PRELIMINARY BUSINESS

1 **Welcome & Apologies (v)**
12.05 Acting Chair

2 **Declarations of Interest (v)**
12:07 Acting Chair
To receive declarations of interest in agenda items and / or any changes to the register of directors' declarations of interest pursuant to Section 8 of Standing Orders

3 **Draft Minutes of the Last Meeting - 6 July 2020 (d)**
12:10 Acting Chair
To approve the draft minutes of the last meeting of the Board of Directors, discuss any matters arising and review the action log

ITEMS FOR DISCUSSION

4 **Chief Executive's Report (d)**
12:15 To note

5 **Board Assurance Framework 2020/21 (d)**
12:30 Company Secretary
To approve

CONCLUDING BUSINESS

6 **Any Other Business**

12:40 Acting Chair

To consider any other matters of business

6 **Items for the Risk Register/Changes to the Board Assurance Framework (v)**

12:45 Acting Chair

To identify any additional items for the Risk Register or changes to the BAF arising from discussions at this meeting.

7 **Key Messages from the Board and Meeting Review (v)**

12:50 Andy Vernon, Non-Executive Director

To note

Time, Date and Place of Next Meeting

Monday, 7 September 2020, 9.30am via Microsoft Teams

Mid Cheshire Hospitals
NHS Foundation Trust

List of Action Items

Agenda item		Assigned to	Deadline	Status
Board of Directors 06/07/2020 11.2 Performance Report - May 2020 (d)				
156.	Circulate paper on the role of Boards during crisis	Sumner, James	03/08/2020	Pending Circulated 17 July 2020
	Explanation action item Circulate to the Board the paper sent out recently to all NHS Chairs and CEOs about the role of the Board when a command and control structure is in place.			

Board Workplan 2020/21

Meeting Date	Part I/II	Suspended (COVID)	Lead Dir	Frequency	Board Away Day 06-Apr	20-Apr	04-May	01-Jun	Board Away Day 22-Jun	06-Jul	03-Aug	07-Sep	Board Away Day 28-Sep	05-Oct	02-Nov	07-Dec	Board Away Day 14-Dec	04-Jan	01-Feb	Board Away Day 22-Feb	01-Mar
					2020													2021			
Patient Story		~~S~~	JT	M	S		S	S		✓	✓	✓		✓	✓	✓		✓	✓		✓
Preliminary Business																					
Board Action Log			CK	M	✓		✓	✓		✓	✓	✓		✓	✓	✓		✓	✓		✓
Board Workplan 2020/21			CK	Q	✓						✓										
Chair's Report			DD	M	✓		✓	✓		✓	✓	✓		✓	✓	✓		✓	✓		✓
* Council of Governors Key Issues Report				Q																	
CEO Report	I & II		JS	M	✓		✓	✓		✓	✓	✓		✓	✓	✓		✓	✓		✓
* Covid-19 Update					✓		✓	✓		✓	✓										
* Strategic Objectives & BAF Risks			CK					✓													
* Consultant appointments			ML	ad hoc							✓										
CQC Report			JS		✓																
STRATEGY																					
Trust Strategy			JS	A	✓								✓		✓					✓	
Quality & Safety Improvement Strategy			JT																		
Risk Management Strategy			JS/CK								✓										
Workforce Matters Strategy			HB																		
Comms & Engagement Strategy			HB																		
Estates Strategy			RF																		
QUALITY																					
Q&S Chair's Assurance Report			LM	M	notes		✓	✓		✓	✓	✓		✓	✓	✓		✓	✓		✓
Quality Safety and Patient Experience Report			ML/JT	M	✓		✓	✓		✓	✓			✓	✓	✓		✓	✓		✓
Safeguarding Adults & Children Annual Report			JT	A																	
Quality & Safety Improvement Strategy - Implementation Plan			JT	Q																	
Health & Safety Report *(tbc)*			RF	A								✓	✓								
Nursing & Midwifery Staffing Report			JT	A										✓							
SI/RIDDOR			ML	M	✓		✓	✓		✓	✓	✓		✓	✓	✓		✓	✓		✓
Medical Revalidation Annual Report		S	ML	A								✓									
Organ & Tissue Donation Annual Report/Plan			ML	A																	
Performance Concerns (Doctors)			ML	A																	
Guardian of Safe Working Hours			HB	Q			✓				✓				✓				✓		
Learning from Deaths		S	ML	Q						Q4		✓				✓					✓
Quality Account		S	JT													✓					
National Patient Survey Results			JT	A						✓											
PERFORMANCE & FINANCE																					
PAF Chair's Assurance Report			TB	M	notes		✓	✓		✓	✓	✓		✓	✓	✓		✓	✓		✓
Corporate Trustees Assurance Report			RF/JC	Q								✓									
(Integrated) Performance Report			OB/RF	M	✓		✓	✓		✓	✓	✓		✓	✓	✓		✓	✓		✓
Financial Plan			RF	A	✓																✓
Electronic Patient Record	Part II		AF																		
Annual Reference Costs			RF	A																	
Capital Programme *(tbc)*	Part II		RF																		

Meeting Date	Part I/II	Suspended (COVID)	Lead Dir	Frequency	Board Away Day 06-Apr	20-Apr	04-May	01-Jun	22-Jun	06-Jul	03-Aug	07-Sep	Board Away Day 28-Sep	05-Oct	02-Nov	07-Dec	Board Away Day 14-Dec	04-Jan	01-Feb	Board Away Day 22-Feb	01-Mar
Winter Plan			OB	A																	
Draft Accounts			RF	A																	
Emergency Planning			OB											✓							
* Annual Report				A										✓							
* EPRR Assurances				A										✓							
PEOPLE																					
WDT (TAP) Committee Assurance Report			LB	M	notes		✓	✓		✓	✓	✓		✓	✓	✓		✓	✓		✓
Workforce Plan			HB	A																	
Workforce Report			HB	M	✓																
WRES Data		~~S~~	HB	A	✓		✓	✓		✓	✓	✓		✓	✓	✓		✓	✓		✓
National Staff Survey			HB	A																	✓
Clinical Excellence Awards			ML	A														✓			
Medical Staffing Update	Part II		ML	ad hoc																	
GOVERNANCE/WELL-LED																					
Board Assurance Framework			JS/CK	Q				Q4				✓				✓					✓
CQC Report			JT	*tbc*																	
Operational Risk Register			ML					✓				✓				✓					✓
Annual Report & Accounts			RF/CK	A								✓				✓					✓
Operational Plan (*tbc*)			RF	A																	
Directors & Officers Liability Insurance Declaration			RF	A																	
Charitable Trustees Assurance Report			JC	Q								✓									
Corporate Governance																					
Audit Committee Assurance Report			LP	Q	notes						✓			✓				✓			
NHS Provider Licence - Annual Self-Certification:			CK	A			✓														
* General Condition 6/ Continuity of Services Condition 7							✓														
* Corporate Governance Statement							✓														
CQC:																					
* Registration Compliance *(tbc)*			JT	A																	
Board Self-Certification			RF/CK	A			✓														
Risk Appetite (Board Development)			JS/CK?	A									✓								
Corporate Governance Handbook (SOs, SFIs, SoD)			CK/RF	A						✓											
Assurance & Escalation Framework			CK	A																	
Use of Trust Seal			CK	Q				✓				✓				✓					✓
Remuneration Committee Assurance Report			DD	Ad hoc	✓																
Board Away Day Notes	Part II		CK		✓						✓				✓			✓			
Well-Led																					
National Staff Survey (Results & Improvement Plan)			HB	A						✓											
Equality, Diversity & Inclusivity Annual Report (EDS)			HB	A							✓										
Board of Directors' Self-Assessment/Evaluation			DD/CK	A																✓	
Evaluation of Board Committees Effectiveness/ToR			CK/NED Chairs	A			✓														✓
Accountability and Authority Framework *(tbc)*			*tbc*																		
Fit & Proper Person's Review			CK	A											✓						

Meeting Date	Part I/II	Suspended (COVID)	Lead Dir	Frequency	Board Away Day 06-Apr	20-Apr	04-May	01-Jun	Board Away Day 22-Jun	06-Jul	03-Aug	07-Sep	Board Away Day 28-Sep	05-Oct	02-Nov	07-Dec	Board Away Day 14-Dec	04-Jan	01-Feb	Board Away Day 22-Feb	01-Mar
Modern Slavery Strategy Statement			CK	A																	
Freedom to Speak Up Guardian			JS	6 Mthly			✓														
Gender Pay Gap			HB	A															✓		
ITEMS IDENTIFIED IN YEAR																					
Social Care Session	Part II		CK/JS									✓	✓								
Cheshire Imaging LLP	Part II		CO									✓									
Transformation Strategy *(tbc)*			OB?	S																	
Variations to SOs/SFIs			CK							✓											
Governance Structure			CK							✓											
Trust Constitution			CK							✓											
Temporary Suspension of Governor & Membership Activity			KD		✓																
Governor Election Results & Induction			KD		✓																
Changes to NHS Finance Regime to support response to Covid-19			RF		✓																
E-rostering business case			JT		✓																
E-expenses business case			AF		✓																
CEO Update - NHSC&M restart inc model	Part II		JS							✓											
ECICP MOU			JS					✓													
HEE Self Assessment Report			HB									✓									
Pathology (LIMS)	Part II		DF									✓									
Other Items (Ad Hoc in Year)																					
EVENTS / OTHER MEETINGS																					
Annual General Meeting																					
Board to Boards																					
Board Development																					
* Quality Improvement			CHammell										✓								
* ED&I (Enact)			HB										✓								
* Risk Appetite			CK										✓								

Mid Cheshire Hospitals NHS Foundation Trust

BOARD OF DIRECTORS

Agenda Item	**6**	Date of Meeting: 03/08/2020
Report Title	**Chief Executive's Report August 2020**	
Executive Lead	James Sumner, Chief Executive	
Lead Officer	Caroline Keating, Company Secretary	
Action Required	To note	

☐	**Acceptable assurance** General confidence in delivery of existing mechanisms / objectives	☐	**Partial assurance** Some confidence in delivery of existing mechanisms / objectives	☐	**No assurance** No confidence in delivery

Key Messages of this Report *(2/3 headlines only)*

- Update on key issues such as Covid-19, quality, workforce, finance and performance
- East Cheshire ICP Board Chair's Assurance Report is included
- Positive feedback from the CQC Emergency Support Framework Interview

Impact *(is there an impact arising from the report on the following?)*

• Quality	✓	• Risk	☐
• Finance	✓	• Compliance	✓
• Workforce	✓	• Legal	☐
• Equality	☐		

Equality Impact Assessment (*must accompany the following submissions)*

- Strategy ☐ Policy ☐ Service Change ☐

Strategic Objective(s) *(indication of which objective/s the report aligns to)*

• Manage the impact of covid and ensure safe recovery	☐	• Provide safe and sustainable healthcare through our estate, infrastructure and planning	☐
• Deliver outstanding care and patient experience Deliver the most effective care to achieve best possible outcomes	☐	• Provide strong system leadership by working together	☐
• Ensure MCHFT is the best place to work	☐	• Be well governed and clinically led	✓

Governance *(is the report a…?)*

• Statutory requirement	☐	• Other	✓
• Annual Business Plan Priority	☐	*rationale for Board submission required:*	
• Strategic/BAF Risk	☐		
• Service Change	☐		

Next Steps (*actions following agreement by Board/Committee of recommendation/s)*

N/A

REPORT DEVELOPMENT

Committee/ Group Name	Date	Report Title	Lead	Brief summary of key issues raised and actions agreed
N/A				

NHS
Mid Cheshire Hospitals
NHS Foundation Trust

Chief Executive's Report
Board Meeting – 3 August 2020
July 2020

National/Regional update

1. The Deputy CEO represented MCHFT at the NW Regional Roadshow, hosted by the Chief Executive of NHS England, Simon Stevens (SS), and the NHSE/I Top Team. SS focused on the need to learn the lessons from Covid-19 and apply those to winter planning, including increasing flu vaccines and maintain staff testing levels. Health inequalities was highlighted as an issue during Covid-19 and will be at the heart of the restoration approach. It was considered that the next three months provided a window of opportunity to reduce the backlog before winter sets in. Further national planning guidance is expected imminently and a verbal update will be provided at the Board meeting.

2. Cheshire East Integrated Care Board: the Chair's assurance report from the last Board meeting is attached at Appendix I - the governance structure has now been agreed by all partner organisations. Key items for escalation were:

   - Risk of post COVID pressures vs delivery of transformation plan and implementing new models of care
   - Balance of time and engagement vs pace of implementation
   - Absolute determination of ICP to identify and support those of our population of greatest need and to address inequality recognising worsening situation from impact of COVID on poorest families

3. The Trust has submitted a number of Capital bids at the request of the Centre around restoration of planned care, rehabilitation capacity, infection control measures, A&E and critical infrastructure. Feedback on all these bids is still awaited and a verbal update will be given at the meeting.

Covid-19

Performance

4. The number of positive COVID patients in the Trust continues to fall in line with national trends. As a result of falling numbers, in August there will be a step-up in the resumption of the elective care programme and more and more patients will receive their operations during the proceeding months. Patients waiting for cancer surgery or other urgent treatment will be prioritised. The requirement to comply with social distancing and infection prevention and control procedures continues to hinder how much elective activity can be resumed. A key challenge remains the resumption of the Trust's Endoscopy programme, which is a significant problem across the country and the Trust is seeking to secure capacity from the Independent Sector. A&E attendances continue to rise and are near pre-Covid levels. This will continue to stretch the emergency care workforce and steps are being taken to ensure the Trust is

adequately prepared. It remains a priority for the organisation to continue to plan for any possible future spike in Covid-19 cases.

Revised Governance Structure re Silver and Reset/Recovery

5. The Trust has amended its current Covid-19 Silver governance structure to reflect a changing and greater shift toward the planning and resumption of the elective programme. There is now be a weekly silver tactical group focusing on the ongoing management of Covid-19 and a separate silver tactical group focused on the restoration of the Trust's clinical services, including the elective programme.

Infection Control

6. Mandatory reporting of CV 19 cases: the first two weeks of June 2020 combined probable and definite hospital-acquired cases of nosocomial infections was a total of 25 (13 definite and 12 probable).

7. An After Action review took place mid-June to review all clinical processes and practice with revised actions then implemented that focused on continuing to reduce the transmission of hospital-acquired nosocomial infections. The details can be viewed in the Quality, Safety and Patient Experience report (*Item x on the Board Agenda*) but for the second two weeks in June and to date (28 July), the total for both combined cases was nil.

Finance – Month 3 2020/21

8. The Trust achieved a break-even position for June, after applying for £1.3m reimbursement. Cumulatively, we have applied for £3.8m additional funding from NHSI for April – June although none has yet been received (in-line with all other NHS organisations) as the Centre is validating all national claims. The Trust has incurred £5.1m of directly identifiable costs in relation to the Covid-19 outbreak although, following an internal audit, a further £0.9m has been identified which was charged directly to Divisions, with a further £1m loss of income through reduced footfall and non-contracted activity. However, these costs have been partly offset by significant savings on non-pay and drugs through the virtual ceasing of the elective programme during this period, resulting in the net £3.8m position. As the restoration programme is implemented, these offsetting savings will reduce.

9. The current financial guidance ends at the end July and new guidance is awaited; however, informally we have been told the current reimbursement system will continue for August and highly likely for September.

Workforce

10. Staff returning from shielding: the government is now advising that shielding will be paused and that those previously shielding, adopt strict social distancing rather than full shielding measures. Strict social distancing means that individuals may now leave their homes, visit more places and see more people but they should take particular care to minimise contact with others outside of their household or support bubble. From a work perspective, this means that, from 1 August 2020, previously shielding individuals can return to work if they cannot work from home, as long as the organisation is deemed to be COVID-safe or COVID-secure.

11. Risk assessments have previously been completed for all staff who are shielding and any underlying medical conditions requiring the person to shield will be known to the line manager and/or Occupational Health. Shielding staff are currently working at home in their own role, in a different one, may have been unable to work from home due to technology issues, lack of transferable skills, or an alternative role not being available. As the shielding restrictions have now relaxed, line managers, supported by HR, will be contacting all shielding staff to understand how they can be supported to return to work (where they are not able to effectively work from home) and what adjustments are needed to enable this.

Quarantine Rules

12. The Government initially announced on 22 May 2020 how the UK's 14-day travel quarantine would operate. The Government then issued a list of countries for which people in England do not need to quarantine on return to the UK, effective from 10 July. However, this list may change at any time as has recently been the case for those travelling to the UK from Spain.

13. Staff who are now required to quarantine for a period of 14 days on their return to the UK should plan this with their line manager if the quarantine requirement is known at the time of travel. This is to ensure that the service can accommodate the additional period of absence or adjustment to duties as necessary. Where staff are unable to work from home, or alternative flexible working options are not possible, they will be required to take either unpaid leave or annual leave/time owing to cover their absence. We have recognised that there will continue to be a level of uncertainty in relation to whether or not quarantine requirements will change during the period of the holiday. If this happens, the aforementioned arrangements would still apply.

14. Staff are being strongly advised to take account of Foreign Office advice when considering travel abroad and, where the advice not to travel to certain countries unless essential remains in place, to adhere to that.

BAME Staff Network

15. Following our recent virtual staff forum sessions, we have launched our Black, Asian and Minority Ethnic (BAME) Staff Network. Staff networks bring together people who identify with a minority group and/or have an interest in matters relating to the diversity strands i.e. gender, sexual orientation, race, religion, age and disability. The first BAME Staff Network meeting took place on 22 July and is open to all MCHFT and CCICP BAME staff, in addition to any Trust staff who are committed to supporting the Trust's race equality agenda.

Trust 'Business as Usual'

Workforce

NHS People Pulse survey launch

16. Listening and responding to staff is as important as ever and staff health and wellbeing remains a top priority for the Trust. As we enter the next phase of our response to coronavirus and bringing NHS services back safely, we want to continue to provide the support our staff deserve and need. That is why, in partnership with NHS England and Improvement, we are piloting a new staff 'pulse check' – NHS People Pulse.

17. NHS People Pulse will give us another way to listen to staff views and help us build on and improve the support we have provided during the COVID-19 response and restoration. Staff feedback will also inform local and national changes that improve the experiences of our workforce and patients. The survey will take place every two weeks and will launch on July 29 2020. It will be entirely anonymous and voluntary.

Consultant Appointments

- Amy Buckley, Consultant Obstetrics & Gynaecology – appointed July 2020

Key Issues – Regulation and Guidance

18. **Care Quality Commission (CQC):** last month I reported the introduction of CQC's emergency support framework (ESF) which is designed to enable the CQC to offer support and be able to check that services are coping during the pandemic.

    The ESF interview took place on 22 July led by the Director of Nursing and Quality. Assurance was provided against the 10 elements of the NHSE/I Infection Control Board Assurance Framework. There were no immediate concerns highlighted and positive feedback was received for the Trust-wide innovation related to patient and staff safety. A report is due to be received w/c 27 July 2020

Author: James Sumner, Chief Executive
Date: August 2020

APPENDIX I

Cheshire East Integrated Care Partnership

STANDARDISED CHAIR'S REPORT

CHAIR'S REPORT DETAILS	
Name of meeting:	Cheshire East Integrated Care Partnership Board
Chair of meeting:	Sheena Cumiskey
Executive Director	Denise Frodsham
Date of meeting:	09/07/2020

(ESCALATION)

Quality, clinical, care, other risks identified that require escalation:

None for escalation

Areas of risk discussed by ICP Board;

- Risk of post COVID pressures vs delivery of transformation plan and implementing new models of care
- Balance of time and engagement vs pace of implementation
- Absolute determination of ICP to identify and support those of our population of greatest need and to address inequality recognising worsening situation from impact of COVID on poorest families

(ASSURANCE)

Matters discussed:

- Transformation Plan – presented outline road map for years 1 – 3 including discussion on key themes of enabling, governance and care programmes. Approved in principal subject to full paper in August meeting

- Stakeholder engagement – in month engagement with LMC, CCG and GP membership Group. All supportive and positive with specific feedback and recommendations taken on board to improve message and maintain engagement

- Governance requirements are progressing and evolving with tangible outputs – Integration agreement, clinical leadership and terms of reference.

(IMPROVEMENT)	Achievements:
	• ICP transformation funding agreed with CCG and news very positively received • ICP Chair and Director now in post • Formal governance structure agreed • CVS Lead approved to be included in ICP Board and Transformation Board • Transformation Plan approved in principle with detailed paper to follow • Full membership in place for Children's services programme across all providers • Programme charters for Respiratory, Cardiovascular and Mental Health and Wellbeing drafted and under review • Identify good practice to implement across Cheshire e.g. Stoma, IV at home and housebound anticoagulation services. • Progress regarding community services teams working to develop single operating model aligned to commissioning intentions and development of IT business case was noted

Infection Prevention and Control Assessment

Engagement call

Summary Record

Mid Cheshire Hospitals NHS Foundation Trust

Provider address	Date
Leighton Hospital Middlewich Road Crewe CW1 4QJ	28/07/2020

Dear Mid Cheshire Hospitals NHS Foundation Trust

The Care Quality Commission is not routinely inspecting services during the pandemic period and recovery phase, although we will be carrying out some focused inspections. We are maintaining contact with providers through our usual engagement calls and by monitoring arrangements such as those for infection prevention and control.

This Summary Record outlines what we found during an engagement call to discuss infection prevention and control arrangements, using standard sentences and explanatory paragraphs.

We have found that the board is assured that the trust has effective infection prevention and control measures in place. The overall summary outlines key findings from our assessment, including any innovative practice or areas for improvement.

This assessment and other monitoring activity are not inspections. Summary Records are not inspection reports. Summary Records are not published on our website.

Infection Prevention and Control – Assessment areas

1. *Has the trust board received / undertaken an assessment of infection prevention and control procedures and measures in place across all services since the pandemic of COVID 19 was declared. Does this include an assessment of the estate / isolation facilities?*	
Yes	The Board had received/undertaken a clear and comprehensive assessment of Infection Prevention and Control across all services including an assessment of the estate and isolation facilities.

2. *Are there systems in place to manage and monitor the prevention and control of infection? Do these systems use risk assessments and consider the susceptibility of service users, and any risks that their environment and other users may pose to them?*	
Yes	There are systems in place in manage and monitor the prevention and control of infection.

3. *Are there systems in place to provide and maintain a clean and appropriate environment in managed premises, facilitating the prevention and control of infections?*	
Yes	There are systems in place to provide and maintain a clean and appropriate environment in managed premises, facilitating the prevention and control of infections.

4. *Is there appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance?*	
Yes	There is appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance.

5. *Does the trust provide suitable accurate information on infections, in a timely fashion, to service users, their visitors and any person concerned with providing further support or nursing/ medical care?*	
Yes	The trust provides suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion.

6. *Is there a system in place that ensures prompt identification of people who have or are at risk of developing an infection, so that they receive timely and appropriate treatment, to reduce the risk of transmitting infection to other people?*	
Yes	The trust has systems to identify promptly people who have an infection, or who are at risk of developing an infection so that they receive timely and appropriate treatment.

7. *Are there systems in place to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection?*	
Yes	There are systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process or preventing and controlling infection.

8. *Are there secure or adequate isolation facilities?*	
Yes	The trust has effective process in place to manage the isolation of patients appropriately.

9. Is there adequate access to laboratory support?	
Yes	There is adequate and responsive access to laboratory support.

10. *Is there evidence that the trust has policies designed for the individual's care which will help prevent and control infections?*	
Yes	The trust has effective policies designed for the individual's care which will help prevent and control infections.

11. ***Does the trust have a system to manage the occupational health needs of staff, regarding infection?***	
Yes	The trust has a system to manage the occupational health needs of staff regarding infection.

Overall summary record

We had a meeting on 22/07/2020 attended by two CQC inspectors and representatives of the trust. During the meeting, we discussed different aspects of the board assurance framework in relation to infection prevention and control. The board assurance framework was ratified by the quality committee on 07/07/2020, following presentation to the trust board who were assured by the framework. The trust has undertaken a thorough assessment of infection prevention and control, across all services and sites, since the pandemic of Covid 19 was declared. Appropriate isolation facilities and cohorting areas have been established for patients across the trust. Appropriate systems are in place, including prompt identification of people within the organisation who have, or are at risk of developing an infection. Staff have received the necessary training in infection prevention and control and the infection prevention and control team ensure ongoing education and support. The trust has established a buddy system and floor walkers system to ensure all staff adhere to infection control measures and have reassurance and advice at hand. The trust continues to provide information for carers and the wider public through their website and social media, coordinated by the communications team. The trust continues to ensure the health needs of staff are met. This is a supportive holistic approach which considers both the physical and psychological needs of staff. All care workers are given sufficient information to ensure they are aware of, and discharge their responsibilities in preventing and controlling infection. The trust has sufficient supplies of personal protective equipment and has a system of escalation in relation to it, should difficulties arise.

Mid Cheshire Hospitals NHS Foundation Trust

QGC Committee
Chair's Assurance Report
July 2020

Report to	Board of Directors
Date	13 July 2020
Report from	Lesley Massey, NED Chair
Report prepared by	Katharine Dowson, Head of Corporate Governance
Executive Lead/s	Julie Tunney, Director of Nursing & Quality Murray Luckas, Medical Director
Committee meeting quoracy	Yes ☒ No ☐

KEY AREAS OF ASSURANCE

- Patient Safety Investigations: organisational learning noted.
- **Infection Prevention and Control Board Assurance Framework - partial assurance:** received with additional work taking place to address the areas of partial assurance
- **Quality and Safety Improvement Strategy 2020/21:** as a result of Covid, there was a lower level of consultation with patients and stakeholder groups and a focus on a smaller number of priorities - deterioration and sepsis, medicine safety, Maternity and Neonates and End of Life care
- **Maternity Clinical Negligence Scheme for Trusts – partial assurance**: verbal update received on progress towards achieving the 10 standards. Deadlines for submission to NHS Resolution delayed due to Covid.
- **Cheshire Learning Disability Mortality Review - acceptable assurance**: with recommendations being reviewed by the Trust
- **Executive Patient Safeguarding Group Annual Report 2019/20 - acceptable assurance**: of the work of the group in 2019/20. Verbal update on the work being done by safeguarding leads on the impact of Covid-19 on vulnerable people

KEY CONCERNS/RISKS

None identified.

Priority Areas: DECISIONS MADE

None.

RECOMMENDATION

To note

Mid Cheshire Hospitals NHS Foundation Trust

National Inpatient Survey 2019

Overview of Results and Actions

Presented by :

Sheila Kasaven, Associate Director of Quality Governance

CareQuality Commission

1

Mid Cheshire Hospitals NHS Foundation Trust

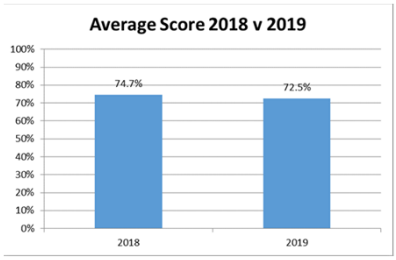
Adult Inpatient Survey 2019

Sample: Adult inpatients discharged in July 2018

Returned responses: 570

Response rate: 48.1%

The Trust scored an average score of 72.5% which is slightly lower than in 2018



2

Benchmark report from the CQC 2019

The Trust has scored About The Same as other trusts in all sections

Question sections	Lowest trust score in England	MCHFT Score 2018	MCHFT Score 2019	Highest trust score in England
Emergency Department	7.5	8.4	8.2	9.0
Waiting List	7.4	8.6	8.4	9.6
Waiting to get a bed	5.7	7.0	6.5	9.2
The hospital and ward	7.2	8.0	7.7	8.9
Doctors	8.1	8.9	8.6	9.5
Nurses	7.2	7.9	7.7	9.0
Care and treatment	7.3	8.1	7.8	9.0
Operations and procedures	7.6	8.3	8.3	9.2
Leaving hospital	6.2	6.9	6.7	8.4
Respect and Dignity	8.3	9.0	8.8	9.7
Overall Experience	7.4	8.2	8.0	9.2

A score of 10 represents the best possible response. The higher the score for each question, the better the trust is performing

3

Better than other expected

Better than expected on 1 question

Question	Lowest Threshold	2018	2018	Highest Threshold
While in hospital, did you ever share a sleeping area, for example a room or a bay with patients of the opposite sex?	4.6	8.1	9.5	8.8

As expected

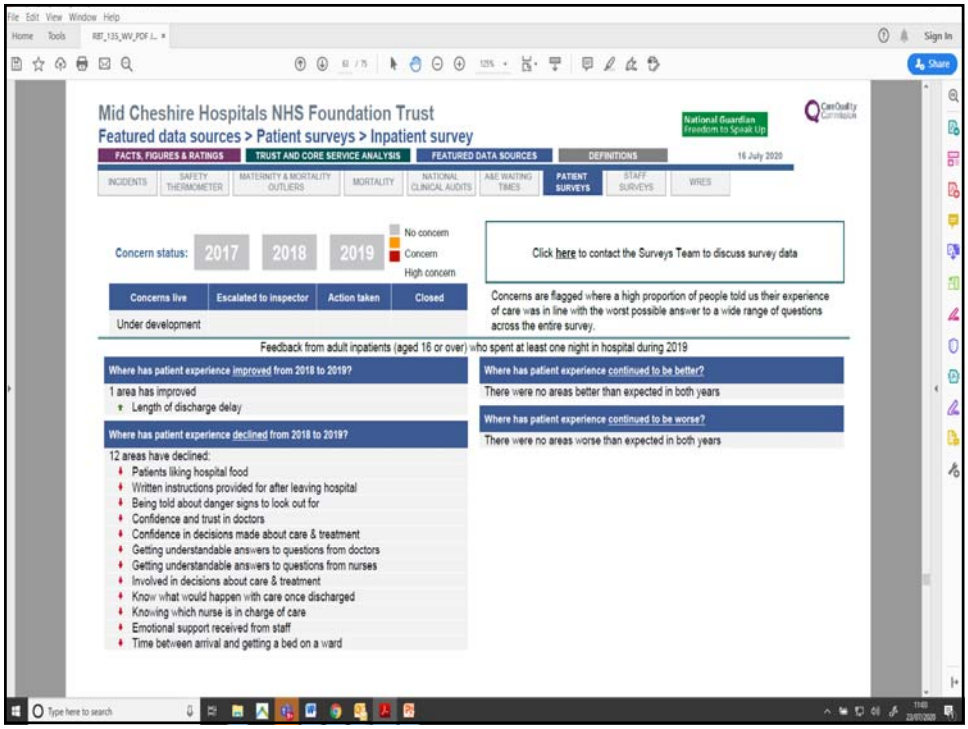
As expected for 61 questions

Worse than expected

Worse than other expected on 1 question

Question	Lowest Threshold	2017	2018	Highest Threshold
Able to take own medication when needed	5.8	6.7	6.3	8.6

4



Mid Cheshire Hospitals NHS Foundation Trust

Featured data sources > Patient surveys > Inpatient survey

National Guardian Freedom to Speak Up

FACTS, FIGURES & RATINGS | TRUST AND CORE SERVICE ANALYSIS | FEATURED DATA SOURCES | DEFINITIONS

16 July 2020

INCIDENTS | SAFETY THERMOMETER | MATERNITY & MORTALITY OUTLIERS | MORTALITY | NATIONAL CLINICAL AUDITS | A&E WAITING TIMES | PATIENT SURVEYS | STAFF SURVEYS | WRES

Concern status: 2017 | 2018 | 2019

No concern
Concern
High concern

Click here to contact the Surveys Team to discuss survey data

Concerns live	Escalated to inspector	Action taken	Closed
Under development			

Concerns are flagged where a high proportion of people told us their experience of care was in line with the worst possible answer to a wide range of questions across the entire survey.

Feedback from adult inpatients (aged 16 or over) who spent at least one night in hospital during 2019

Where has patient experience improved from 2018 to 2019?

1 area has improved
- Length of discharge delay

Where has patient experience declined from 2018 to 2019?

12 areas have declined:
- Patients liking hospital food
- Written instructions provided for after leaving hospital
- Being told about danger signs to look out for
- Confidence and trust in doctors
- Confidence in decisions made about care & treatment
- Getting understandable answers to questions from doctors
- Getting understandable answers to questions from nurses
- Involved in decisions about care & treatment
- Know what would happen with care once discharged
- Knowing which nurse is in charge of care
- Emotional support received from staff
- Time between arrival and getting a bed on a ward

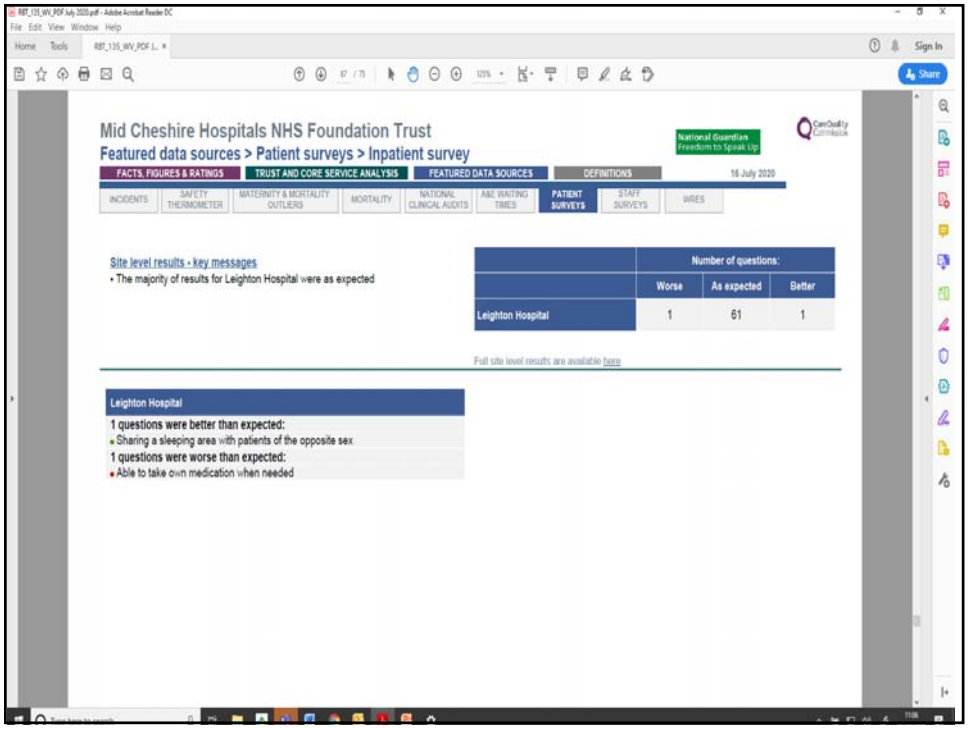
Where has patient experience continued to be better?

There were no areas better than expected in both years

Where has patient experience continued to be worse?

There were no areas worse than expected in both years

5



Mid Cheshire Hospitals NHS Foundation Trust

Featured data sources > Patient surveys > Inpatient survey

National Guardian Freedom to Speak Up

FACTS, FIGURES & RATINGS | TRUST AND CORE SERVICE ANALYSIS | FEATURED DATA SOURCES | DEFINITIONS

16 July 2020

INCIDENTS | SAFETY THERMOMETER | MATERNITY & MORTALITY OUTLIERS | MORTALITY | NATIONAL CLINICAL AUDITS | A&E WAITING TIMES | PATIENT SURVEYS | STAFF SURVEYS | WRES

Site level results - key messages

- The majority of results for Leighton Hospital were as expected

	Number of questions:		
	Worse	As expected	Better
Leighton Hospital	1	61	1

Full site level results are available here

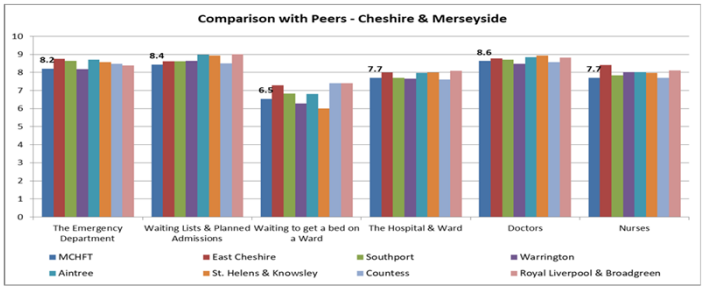
Leighton Hospital

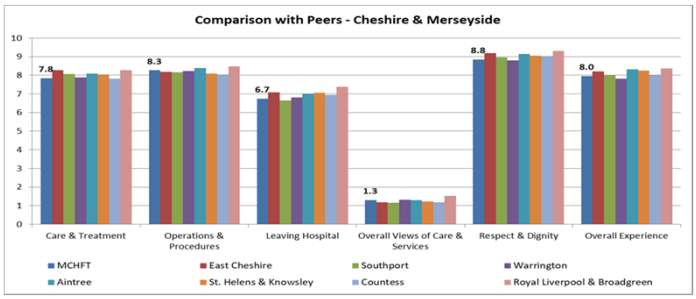
1 questions were better than expected:
- Sharing a sleeping area with patients of the opposite sex

1 questions were worse than expected:
- Able to take own medication when needed

6

NHS
Mid Cheshire Hospitals
NHS Foundation Trust





7

Themes from 840 comments received

NHS
Mid Cheshire Hospitals
NHS Foundation Trust

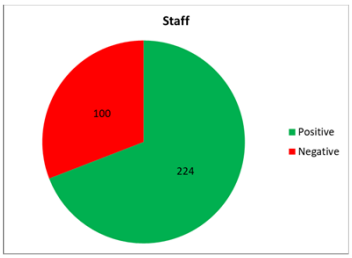
Staff – 324 comments

Pathway of care – 153 comments

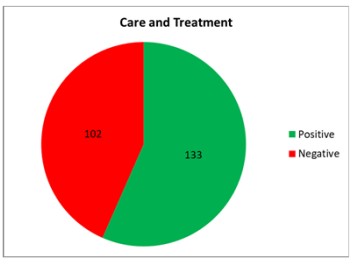
Care and Treatment- 235 comments

Hospital environment – 128 comments

Overall 51% of comments were positive



69% of comments re Staff were positive



56% of comments re care and treatment were positive

8

Analysis

Positives

- 95% of patients felt that their specialist gave them all the necessary information about their condition/illness
- 97% of patients felt the hospital was clean
- 95% of patients felt that they were offered a choice of food
- 92% of patients felt they had enough to drink
- 94% of patients felt they were given enough privacy when examined

Improvements

- Waiting times for a bed
- Communication to patients in a manner they can understand from doctors and nurses
- Noise at night from other patients
- Choice and standard of food
- Knowing the named nurse
- Discharge advice

Summary

- There are no areas of concern from a regulator perspective.
- The Trust would like to aim to achieve a higher % in the better than expected rating.
- Whilst the scores are quite high in all areas and in line with other Trusts, there are areas identified where improvements are required and will be part of the action plan.

Improving patient care

NHS
Mid Cheshire Hospitals
NHS Foundation Trust

To support our inpatients to maintain contact with family and friends during restricted visiting we introduced:

- 22 devices to support video calls
- Knitted Hearts
- Family Liaison service
- eCards and Letters of Love sent to patients on the wards by family and friends

We have maintained essential clinical support for patients with over 2,111 video consultations completed

11

Improving Patient Care

NHS
Mid Cheshire Hospitals
NHS Foundation Trust

Be Safe, Be EquiPPEd campaign aimed to make our workplace as safe as possible for staff and patients during pandemic through appropriate and correct use of PPE

New entertainment system introduced to allow patients to access TV and Radio for free on their own devices; enhancing their inpatient experience

12

Aims going into 2020/2021

Mid Cheshire Hospitals NHS Foundation Trust

Workshop led by the Patient Experience manager with the ward managers, matrons and a medical representative to review the results.

Review the benchmark data and choose exemplar hospitals to visit and bring back learning to the organisation.

Review Covid-19 pandemic learning regarding improving communication.

BOARD OF DIRECTORS

Agenda Item	**10**	Date of Meeting: 03/08/2020
Report Title	Quality, Safety and Patient Experience Report - June 2020	
Executive Lead	Murray Luckas, Medical Director and Julie Tunney, Director of Nursing and Quality	
Lead Officer	Sheila Kasaven, Associate Director of Quality Governance	
Action Required	To Approve	

X	**Acceptable assurance** General confidence in delivery of existing mechanisms / objectives	☐	**Partial assurance** Some confidence in delivery of existing mechanisms / objectives	☐	**No assurance** No confidence in delivery

Key Messages of this Report

- Incident reporting has reverted to pre covid numbers with no significant variance in the harm ratio.
- There has been one avoidable E-Coli case reported.
- Complaint response times have improved in June 2020 following changes to processes and leadership.

Impact

• Quality	✓	• Risk	✓
• Finance	☐	• Compliance	☐
• Workforce	☐	• Legal	✓
• Equality	☐		

Equality Impact Assessment

• Strategy ☐ Policy ☐ Service Change ☐

Strategic Objective(s)

• Delivering outstanding clinical quality, safety & experience	✓	• Aspiring to excellence in practice through our workforce	☐
• Being a leading partner in a progressive health economy	☐	• Creating a 21st century infrastructure for transformative health and social care	☐
• Striving for outstanding organisational effectiveness	✓		

Governance

• Statutory requirement	✓	• Other	☐
• Annual Business Plan Priority	☐	*rationale for Board submission required:*	
• Strategic/BAF Risk	✓		
• Service Change	☐		

Next Steps (*actions following agreement by Board/Committee of recommendation/s)*

N/A

REPORT DEVELOPMENT

Committee / Group Name	Date	Report Title	Lead	Brief summary of key issues raised and actions
N/A				

Introduction

1. The purpose of this paper is to provide assurance to the Board of Directors on the quality, safety and patient experience outcomes for the organisation. This paper provides the reported data for incidents, serious incidents, mortality, harm metrics, and patient experience data for June 2020. Where there is variation against benchmarking rates with the data presented, recovery actions are noted.

Background and Analysis

2. Within its strategic objectives, Mid Cheshire Hospitals Trust (MCHT) makes it clear that it is committed to 'Delivering outstanding clinical quality, safety & experience'. An important part of delivering this is by both ensuring that patient safety is a priority and that the Trust is doing its reasonable best to prevent injury, ill-health and harm to patients.

3. This paper is designed to provide assurance to the Board of Directors that patient safety incidents and patient experience metrics are reviewed, managed appropriately and contextualized within the Trust.

4. Appendix 1 provides the June 2020 Trust wide dashboard containing:

- Patient safety incidents – There has been a significant increase in incident reporting in June 2020. Incident reporting is now reflective of pre COVID-19 times and there is no variance in the harm ratio.
- There were 3 StEIS reportable incidents in June 2020
    - Corporate: There was an information governance breach that has been reported to the ICO.
    - Surgery and Cancer: A patient fell on the ward and sustained a fractured neck of femur.
    - Diagnostics and Clinical Support Services: A Magseed was inserted into the wrong lump.
- There was 1 never event in June 2020.
- The Trust remains consistently above the VTE target rate of 95%.
- For mortality rates the Trust remains within the 'as expected' range. Within crude mortality rates there is a seasonal spike in December 2019.
- There have been no MRSA cases reported for over 12 months.
- There was 0 cases of hospital acquired Clostridium Difficile reported, there was one case of community acquired Clostridium Difficile which is being investigated. The Trust remains under the regional rate.
- There was 1 case of E-Coli reported, which has been reviewed and reported as avoidable in June 2020.
- There were no cases of MSSA.
- Inpatient pressure ulcers continue to show no significant variation and are within control limits.
- Due to the change in the acuity of patients with long term conditions coupled with lifestyle choices (patients wanting to be cared for in their

own homes), there is an increase in the prevalence of patients with a deterioration of skin care.
In response to this a cluster RCA investigation is underway to identify any themes, and CCICP have introduced a weekly safety huddle where they review every patient.

- The Trust falls rate is now in line with the national target rate following the peak of COVID-19 pandemic which showed the Trust breach the target between March – May 2020.
- Due to several reconfigurations of wards the staffing fill rate numbers are not reflective of the original ward establishments, and staffing requirements have been flexed to meet the needs of new wards during COVID-19 pandemic.
- All complaints responses have now resumed following the suspension period during COVID-19, and following changes within the customer care team resources and processes, the 40 day response time standard has increased to 63%.

Conclusions

5. The quality, safety and patient experience dashboard demonstrates the Trust is monitoring and reviewing patient outcomes, and striving to understand where any variations are to improve patient care and service delivery. The recent data from March through to May 2020 needs to be read with caution in light of the COVID-19 pandemic and the significant changes the hospital and community have had to put in place to enable an emergency response to the national crisis to ensure that the safety for staff, patients and visitors remained paramount. The metrics in June 2020 are starting to recover and reflect reporting numbers from pre COVID-19 pandemic.

Recommendations

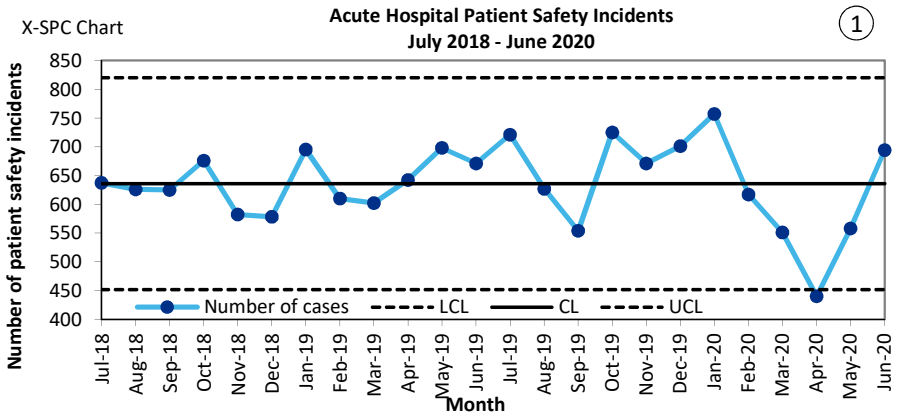
6. To agree that the actions set against any variations in totality, provide assurance that actual and latent risks related to patient safety and risks have been appropriately identified and mitigated.

Author: Associate Director of Quality Governance
Date: 21/07/2020

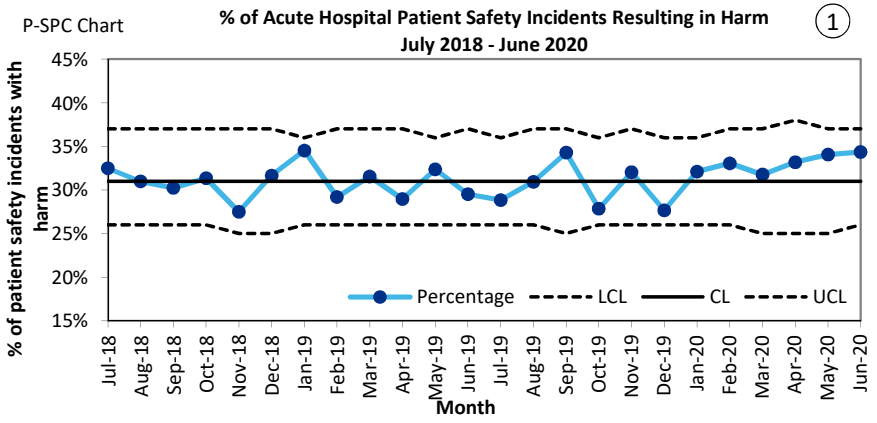
Board Papers - Quality, Safety & Experience

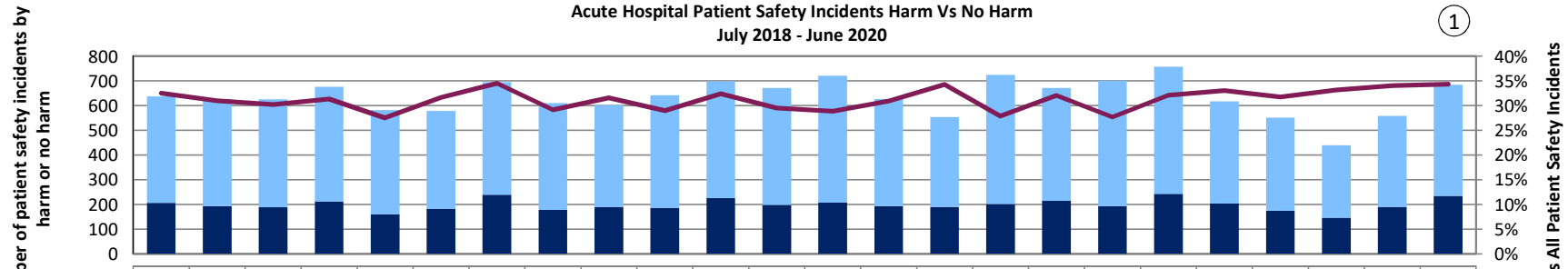
Acute Hospital Patient Safety Incidents

X-SPC Chart



P-SPC Chart





	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
No Harm	430	432	436	464	422	395	455	432	412	456	472	473	513	433	364	523	456	507	514	413	376	294	368	449
Harm	207	194	189	212	160	183	240	178	190	186	226	198	208	194	190	202	215	194	243	204	175	146	190	235
% Harm	32%	31%	30%	31%	27%	32%	35%	29%	32%	29%	32%	30%	29%	31%	34%	28%	32%	28%	32%	33%	32%	33%	34%	34%

Accountable: Medical Director
Data Owner: Quality Governance
To note: P-SPC charts adjust the control limits to take into account each month's denominator.

Key Narrative: During June 2020 there were 684 patient safety incidents, of these 235 resulted in harm accounting for 34% of the total incidents which remains within control limits. Following a decline in incident reporting during the height of COVID-19 incident reporting has returned to pre covid rates.

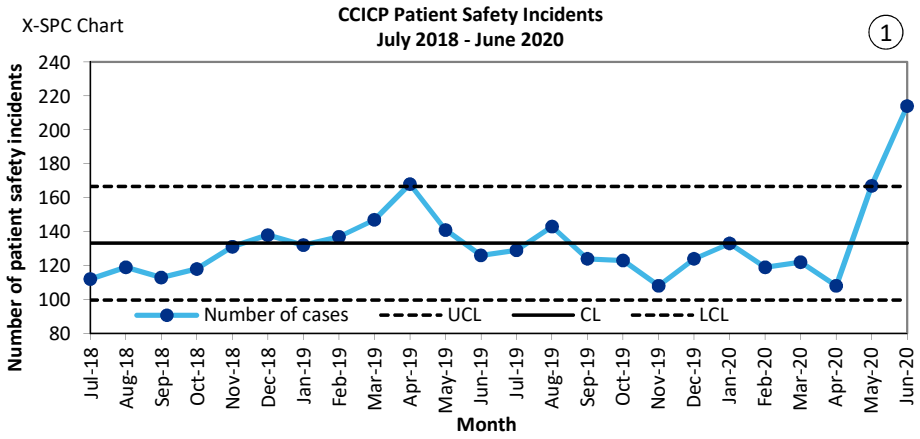
Low Harm 209, Moderate Harm 24, Serious Incident 2

Data Rating: ①captured locally, ②system captured, ③published/benchmarked

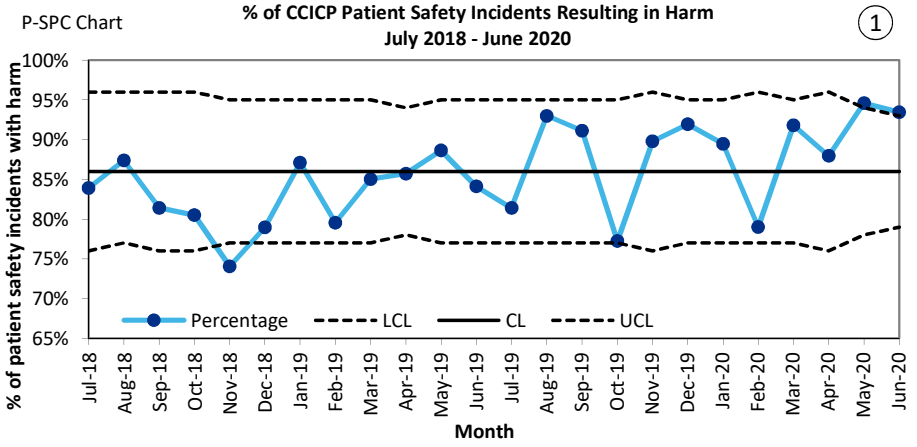
Board Papers - Quality, Safety & Experience

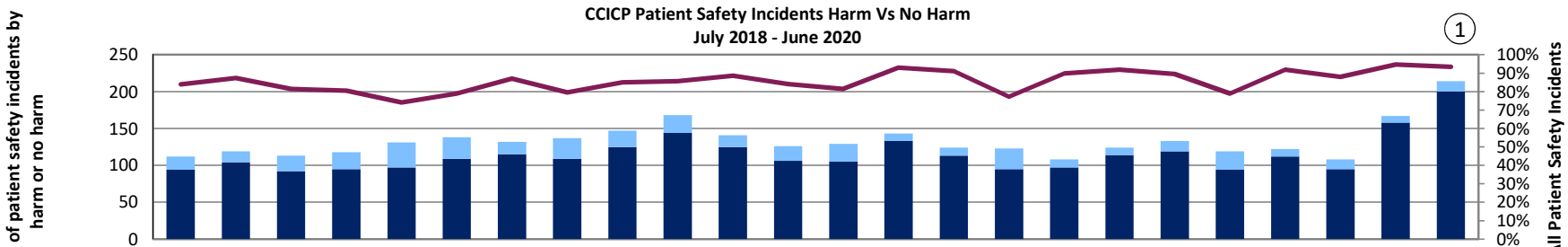
Central Cheshire Integrated Care Partnership (CCICP) Patient Safety Incidents

X-SPC Chart



P-SPC Chart





	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
No Harm	18	15	21	23	34	29	17	28	22	24	16	20	24	10	11	28	11	10	14	25	10	13	9	14
Harm	94	104	92	95	97	109	115	109	125	144	125	106	105	133	113	95	97	114	119	94	112	95	158	200
% Harm	84%	87%	81%	81%	74%	79%	87%	80%	85%	86%	89%	84%	81%	93%	91%	77%	90%	92%	89%	79%	92%	88%	95%	93%

Accountable: Medical Director
Data Owner: Quality Governance
To note: P-SPC charts adjust the control limits to take into account each month's denominator.

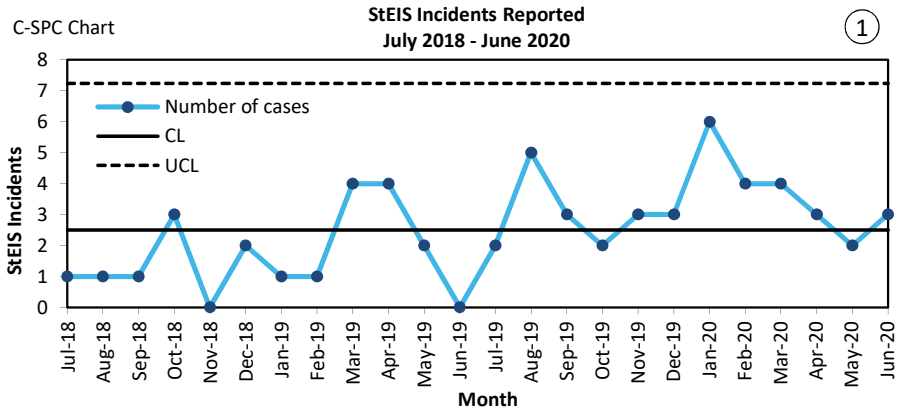
Key Narrative: : During June 2020 there were 214 patient safety incidents reported, 200 resulted in harm accounting for 93% of incidents. The harm incidents are predominantly low harm skin damage that require reporting. Incident reporting has increased following the introduction of training that CCICP Quality Governance Managers have put in place across teams.

Low Harm 197, Moderate Harm 3, Serious Incident 0

Data Rating: ①captured locally, ②system captured, ③published/benchmarked

Board Papers - Quality, Safety & Experience

StEIS Incidents - Trust Total



Accountable: Medical Director **Data Owner:** Quality Governance

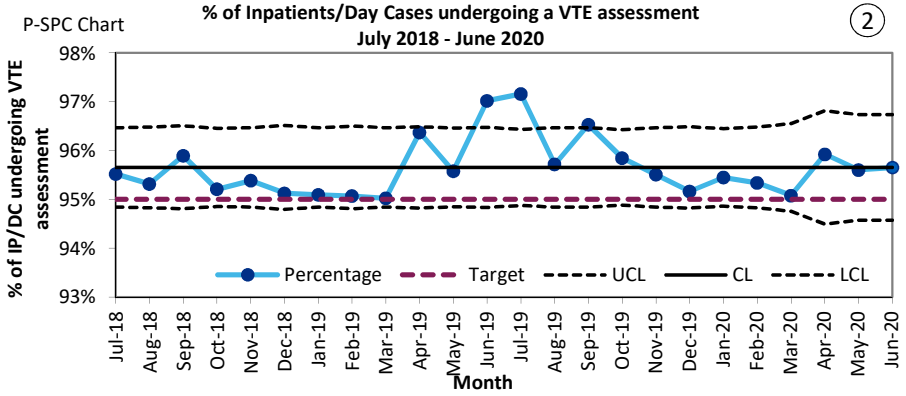
Key Narrative: In June 2020 there were 3 serious incidents delared to StEIS:

Corporate: There was an information governance breach that has been reported to the ICO.

Surgery and Cancer: A patient fell on the ward and sustained a fractured neck of femur.

Diagnostics and Clinical Support Services: A Magseed was inserted into the wrong lump - reported as a never event.

VTE

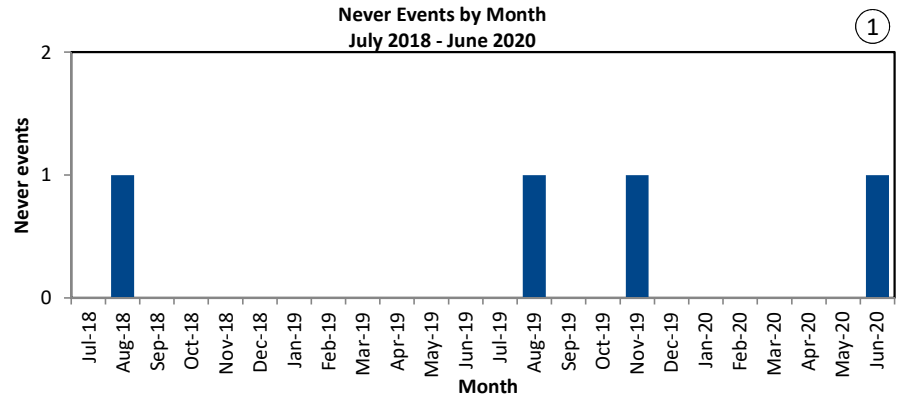


Accountable: Medical Director **Data Owner:** Information Services

Key Narrative: Compliance remains within target.

To note: P-SPC charts adjust the control limits to take into account each month's denominator.

Never Events - Trust Total



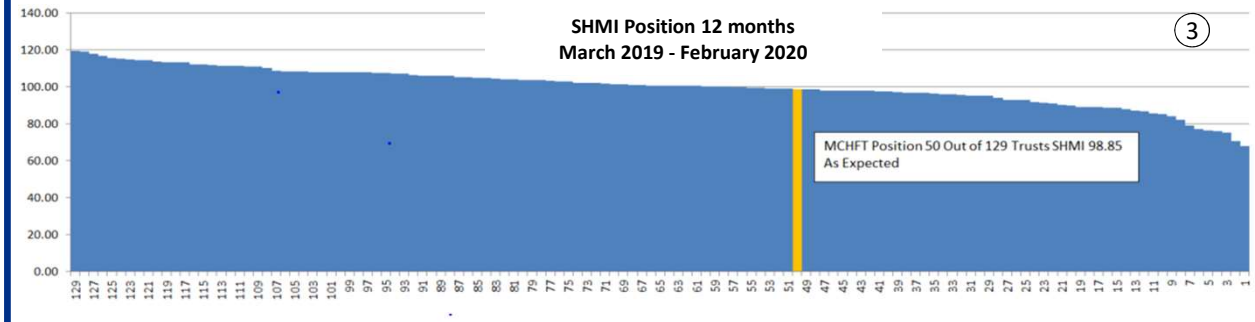
Accountable: Medical Director **Data Owner:** Quality Governance

Key Narrative: There has been 1 never event in June 2020.

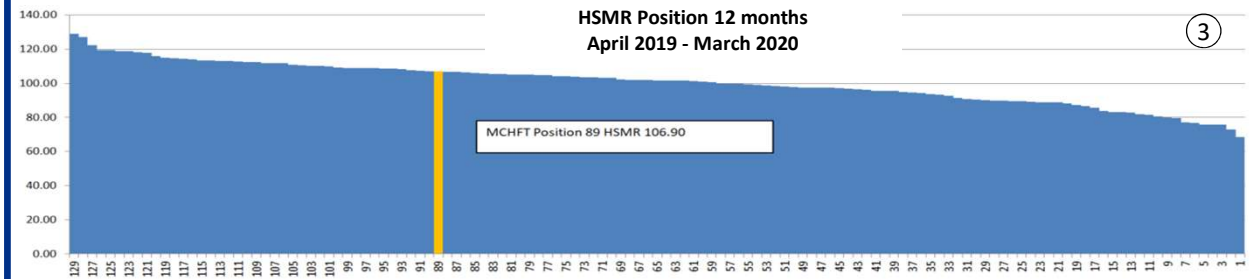
Data Rating: ①captured locally, ②system captured, ③published/benchmarked

Board Papers - Quality, Safety & Experience

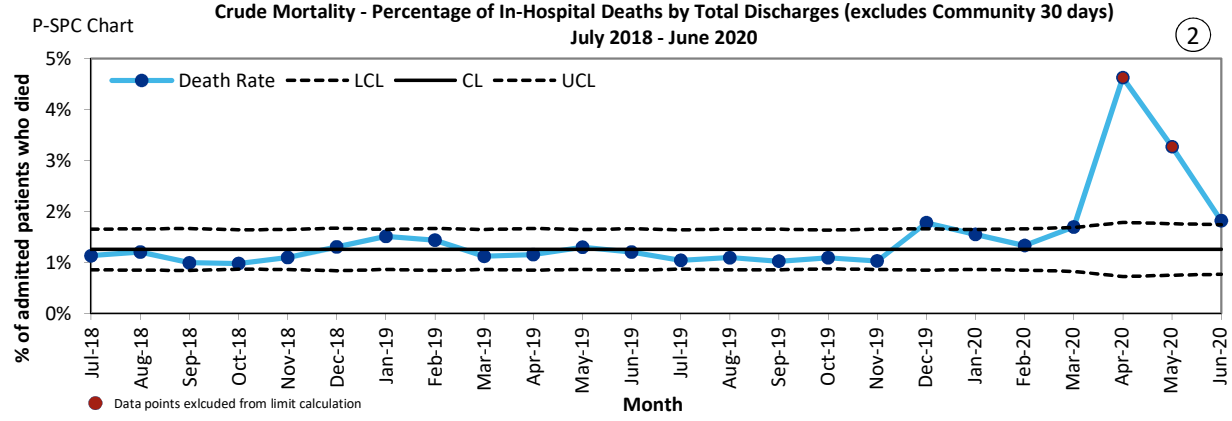
Mortality



Key Narrative: MCHFT SHMI has shown a slight improvement from the February 2019 - January 2020 position, moving from 99.54 to 98.85 and rank 56 to 50 out of 129 submitting Trusts (although is still in the 'as expected' range). Please note that the number of submitting Trusts has dropped from 134 to 129 due to Trust mergers that is now reflected in the data.



Key Narrative: March 2019 to February 2020 represents a deterioration in the base HSMR for the Trust from the February 2019 to January 2020 position. The latest data from HED (rebased to March 2020) suggests a continuation in this deteriorating HSMR and ranking.



Key Narrative: Crude mortality has remained largely consistent over the time period with the exception of Dec 2019 & March-June 2020 where it has increased and shows special cause variation on the chart. The latter period represents the beginning of the Coronavirus pandemic, resulting in a reduced number of inpatients within the Trust overall but an increase in the severity of illness and resultant mortality amongst the inpatient cohort.

Accountable: Medical Director
Data Owner: Quality Governance
To note: P-SPC charts adjust the control limits to take into account each month's denominator.

Data Rating: ①captured locally, ②system captured, ③published/benchmarked

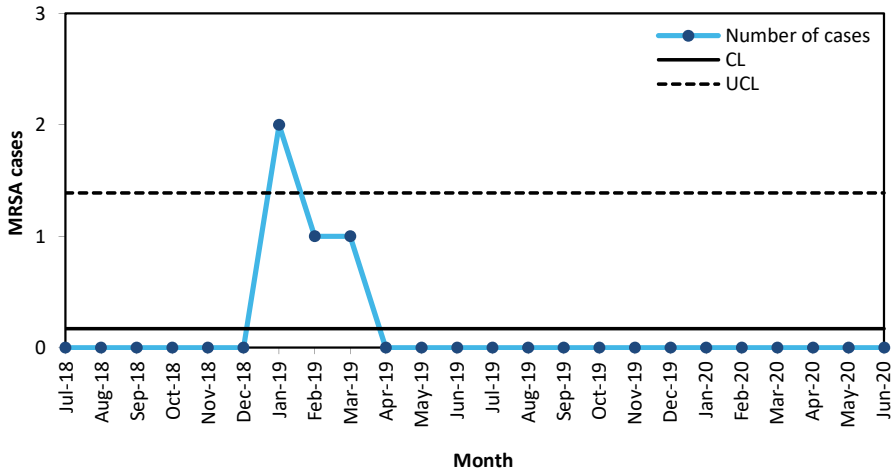
Board Papers - Quality, Safety & Experience - Infection Control

MRSA

C-SPC Chart

MRSA Bacteraemia Cases Reported Within the Trust
July 2018 - June 2020

②



Accountable: Director of Nursing and Quality
Data Owner: Infection Prevention Control Team

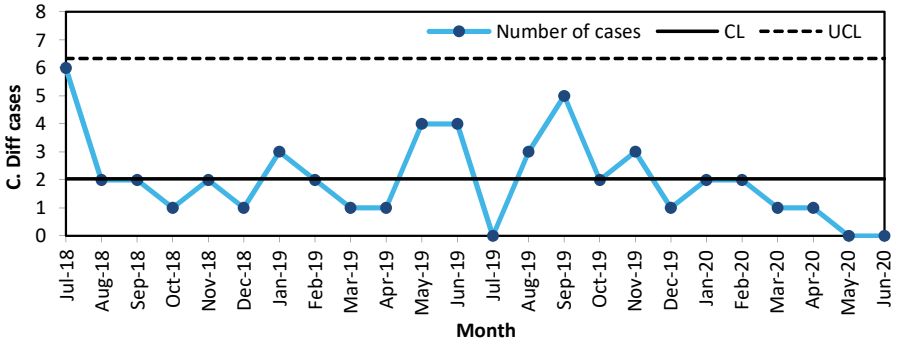
Key Narrative: There have been no cases of MRSA since March 2019.

C. Diff Positive Cases

C-SPC Chart

Hospital Acquired C. Diff Cases Reported Within the Trust
July 2018 - June 2020

②

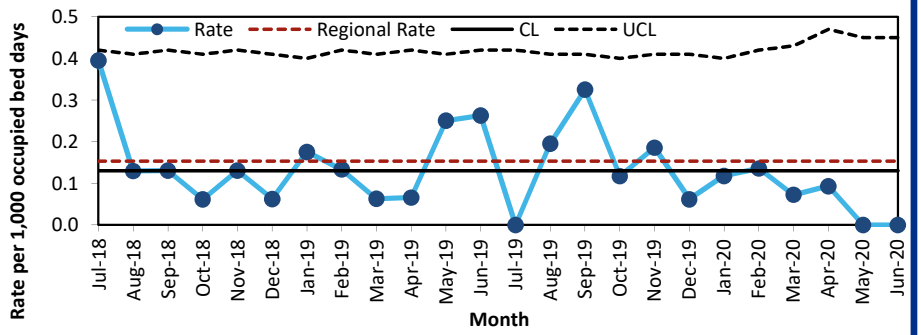


	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
Avoidable	0	0	0	0	0	0	0	0	0	0	0	0
Unavoidable	0	3	5	2	3	1	1	0	0	0	0	0
Awaiting Confirmation	0	0	0	0	0	0	1	2	1	1	0	0

U-SPC Chart

Hospital Acquired C.Diff Rate per 1,000 Occupied Bed Days
July 2018 - June 2020

②



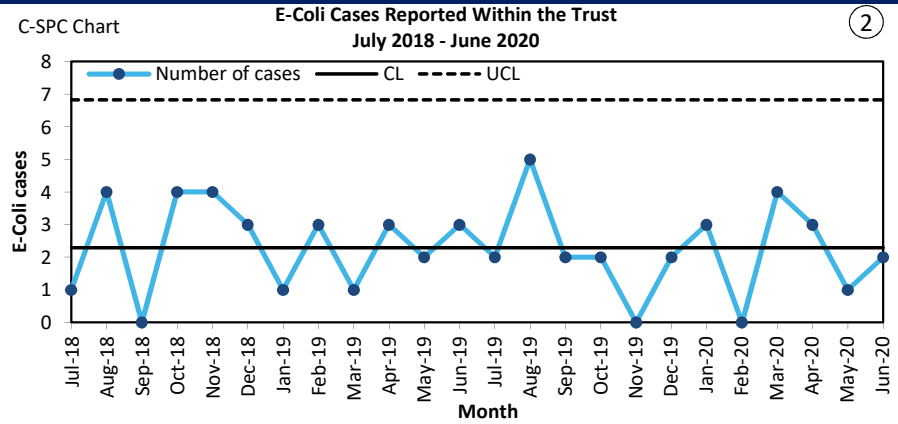
Accountable: Director of Nursing and Quality
Data Owner: Infection Prevention Control Team
Key Narrative: There have been 0 hospital acquired cases and 1 community acquired which is under investigation
P-SPC charts adjust the control limits to take into account each month's denominator.

Data Rating: ①captured locally, ②system captured, ③published/benchmarked

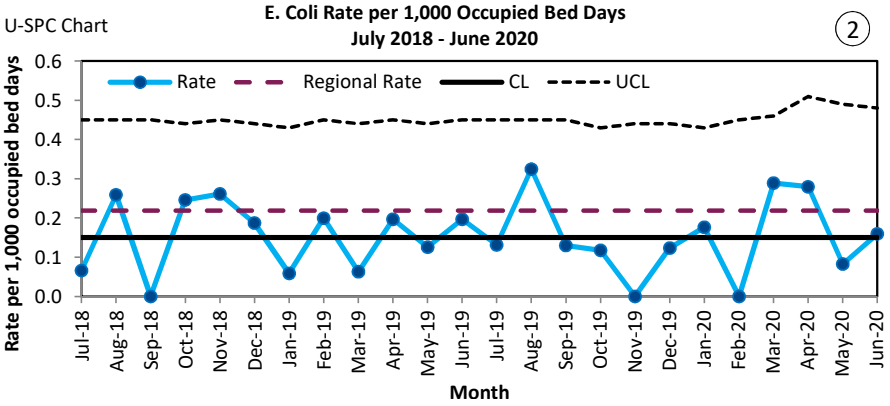
Board Papers - Quality, Safety & Experience - Infection Control

E-Coli Cases

C-SPC Chart



U-SPC Chart

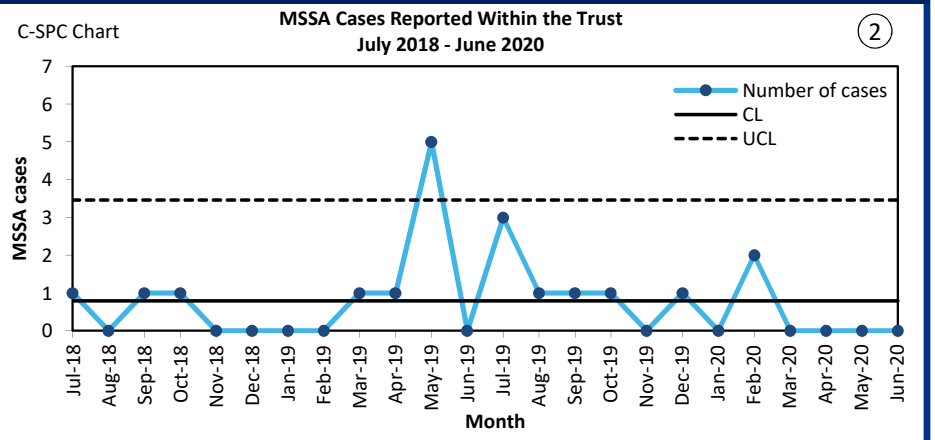


Accountable: Director of Nursing and Quality
Data Owner: Infection Prevention Control Team
Key Narrative: There were 2 cases of E. Coli bacteraemia in June 2020, following investigation one was unavoidable and one was avoidable. The avoidable case was found on ward 3 in a catheter sample of urine and central line ports.

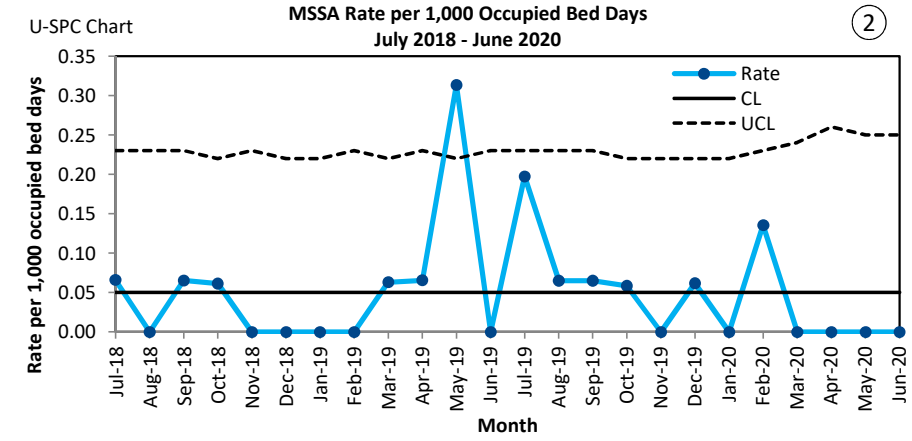
To note: U-SPC charts adjust the control limits to take into account each month's denominator.

MSSA

C-SPC Chart



U-SPC Chart

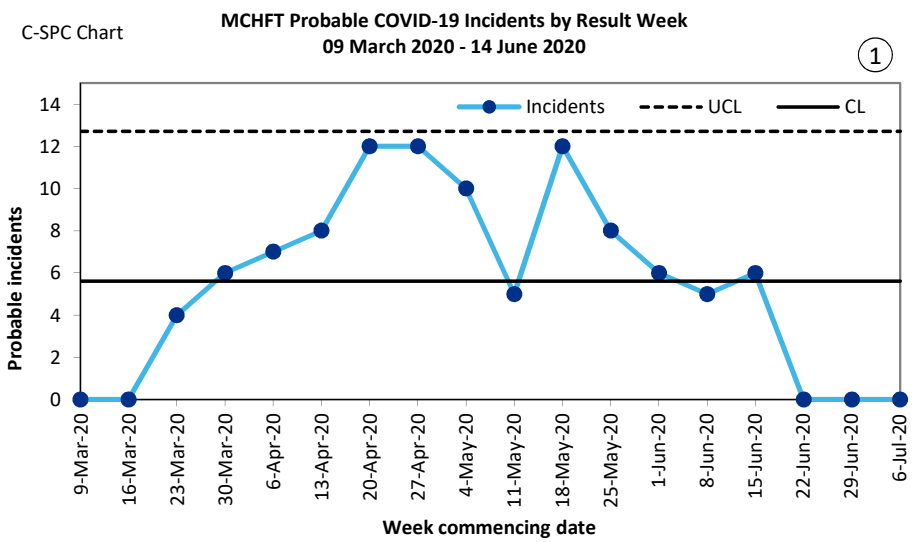


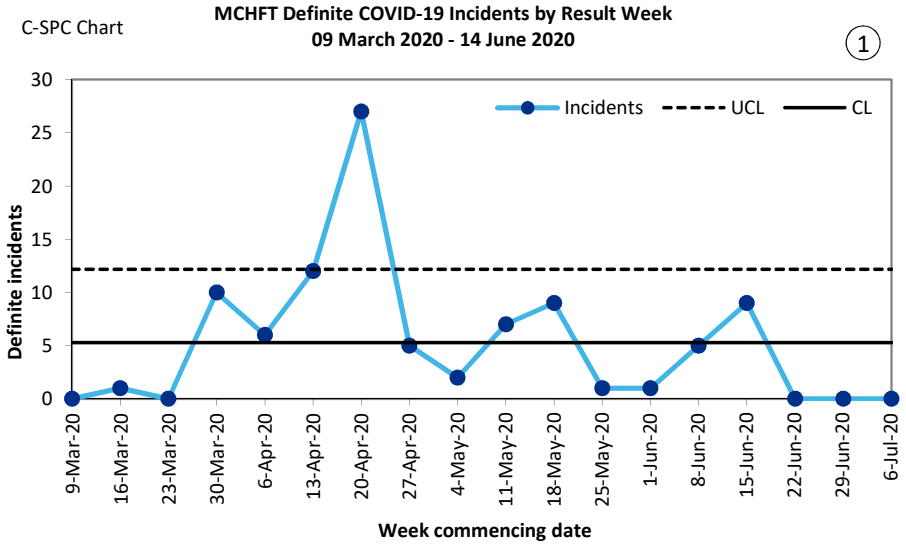
Accountable: Director of Nursing and Quality
Data Owner: Infection Prevention Control Team
Key Narrative: There have been no cases of MSSA in June 2020.
To note: U-SPC charts adjust the control limits to take into account each month's denominator.

Data Rating: ①captured locally, ②system captured, ③published/benchmarked

Board Papers - Performance

COVID-19 Healthcare Acquired Infections





Key Narrative: An After Action Review (AAR) took place on 25 June 2020 to reveiw all clinical care processes, practice and actions were put in place with a focus on continuing to reduce the transmission of hospital acquire nosocomial infections.
Four workstreams were identified as a result of the AAR.

-Reducing patient moves and socially distanced beds
-Swab testing within national guidance
-implementation of touch point cleaning
- PPE use of inpatient face masks

The four workstreams report into Silver command and then up to Gold command weekly. The numbers of hospital acquired infections have reduced in June 2020.

Accountable: Director of Nursing and Quality
Data Owner: Information Services

Data Rating: ①captured locally, ②system captured, ③published/benchmarked

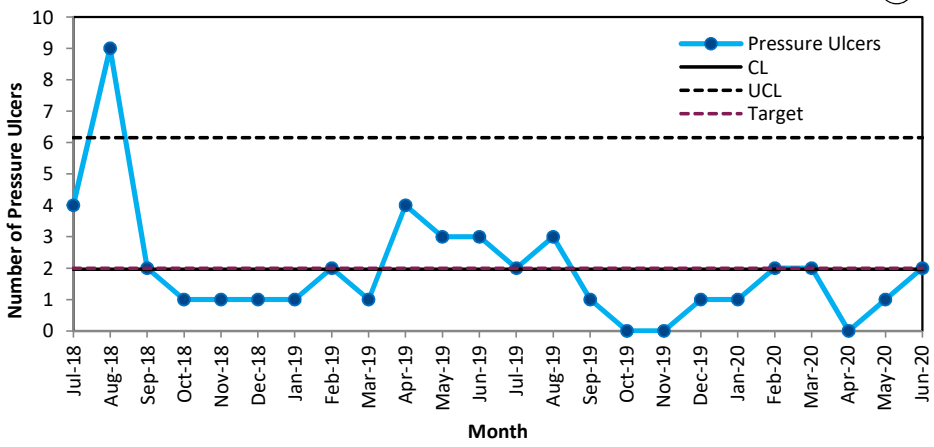
Board Papers - Quality, Safety & Experience

Acute Hospital Pressure Ulcers

C-SPC Chart

Acute Hospital Pressure Ulcers - Lapses in Care Identified
July 2018 - June 2020

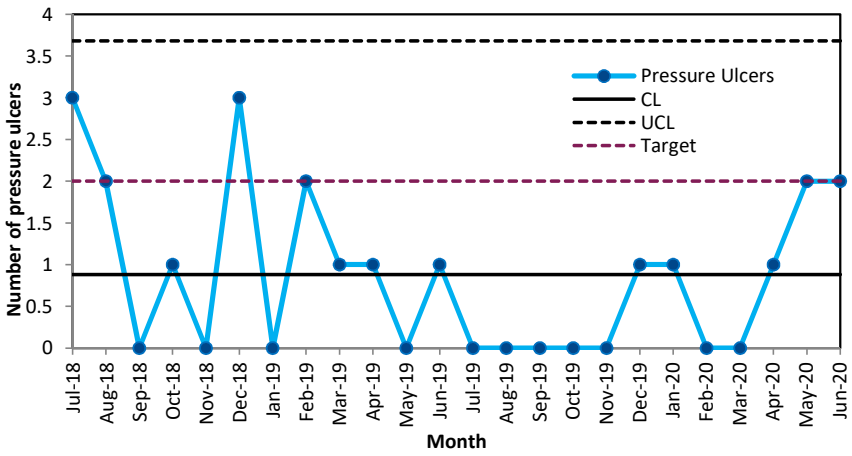
②



C-SPC Chart

Community Pressure Ulcers - Lapses in Care Identified
July 2018 - June 2020

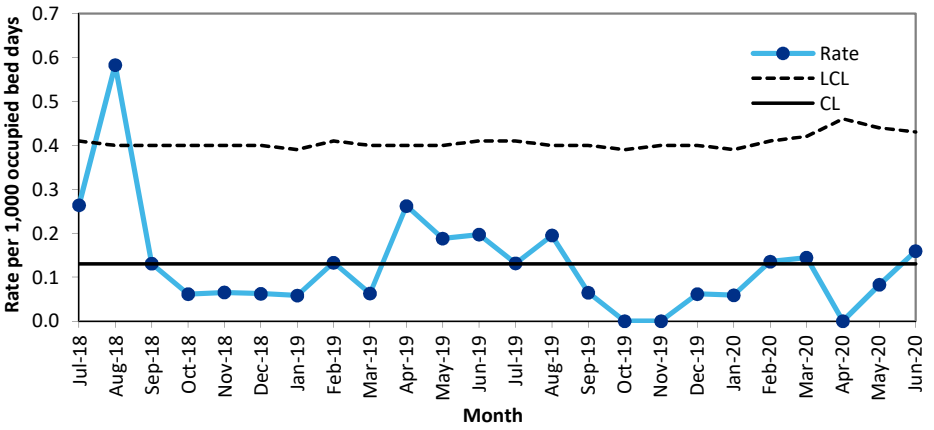
②



U-SPC Chart

Acute Hospital Pressure Ulcers - Lapses in Care Rate per 1,000 Occupied Bed Days
July 2018 - June 2020

②



To note: U-SPC charts adjust the control limits to take into account each month's denominator.

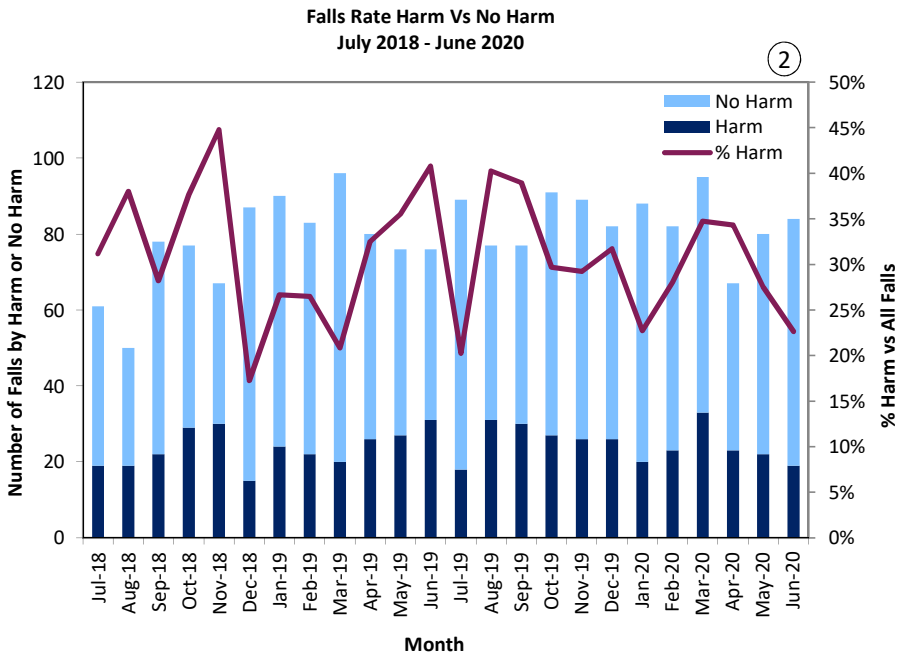
Accountable: Director of Nursing and Quality
Data Owner: Nursing Quality Team

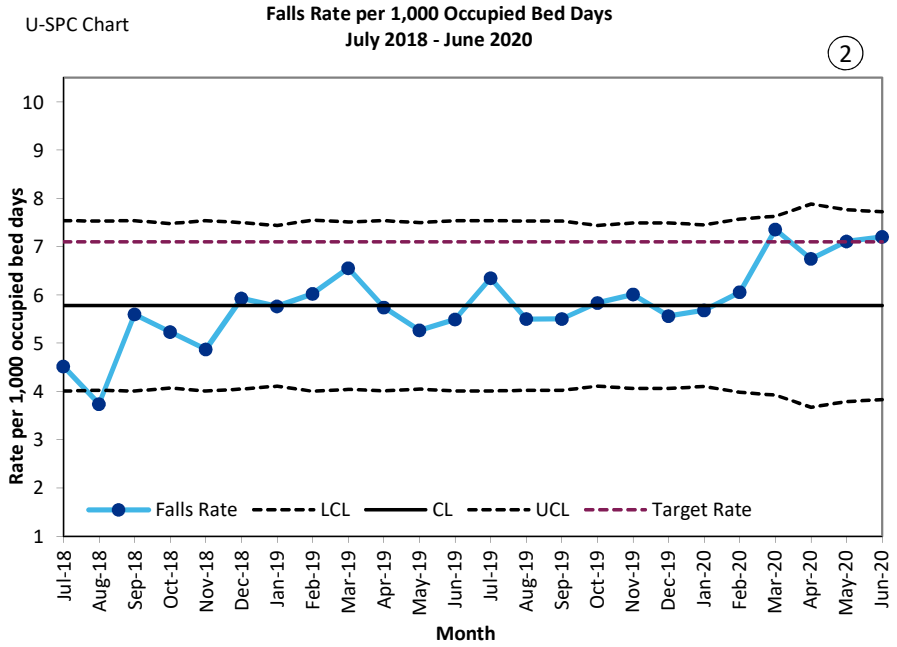
Key Narrative: CCICP-Due to the change in the acuity of patients with long term conditions coupled with lifestyle choices (patients wanting to be cared for in their own homes), there is an increase in the prevalence of patients experiencing a deterioration of skin care.
In response a cluster RCA investigation is underway to identify any themes, and CCICP have introduced a weekly safety huddle where every patient is reviewed.

Data Rating: ①captured locally, ②system captured, ③published/benchmarked

Board Papers - Quality, Safety & Experience

Falls





Key Narrative: The Trust falls rate has exceeded the target between March - May 2020, this is due to a reduction of occupied bed days by a third and an increase in patients either admitted with COVID- 19 or patients with complex medical conditions . In June 2020 the rate is now improving and meeting the target. It is expected that as the Trust recovers from the COVID-19 period that the rate will continue to move in line with the national rate.
It is important to note that there is a reduction in harm as shown in the graph above. All falls are scrutinised at the falls panel and the falls policy with an enhanced falls risk assessment has been updated and relaunched.

To note: U-SPC charts adjust the control limits to take into account each month's denominator.

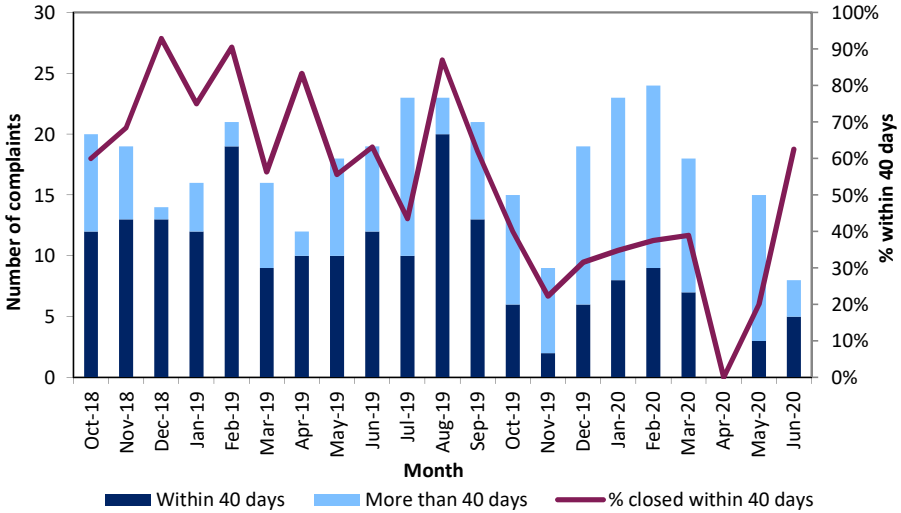
Accountable: Director of Nursing and Quality
Data Owner: Nursing Quality Team

Data Rating: ①captured locally, ②system captured, ③published/benchmarked

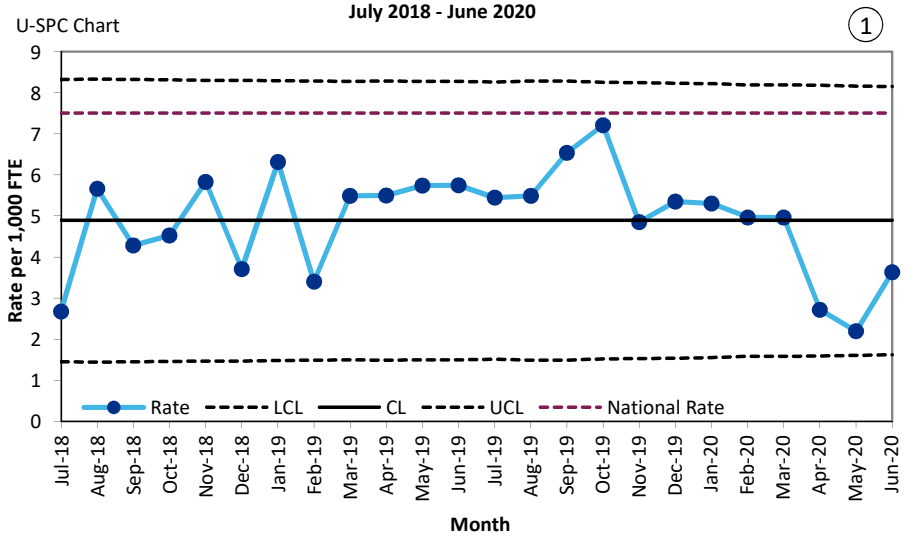
Board Papers - Quality, Safety & Experience

Written Complaints

Number of Complaints Included Within Criteria* Closed Within 40 Days
October 2018 - May 2020



Number of Written Complaints Received in Month per 1,000 FTE Staff
July 2018 - June 2020



Key Narrative: One of the national key performance indicators for managing complaints is to have a response completed and closed within 40 days. The Trust position had been improving up to August 2019, however this was not sustained with changes in the team and delays in the process. An improvement plan has been put in place to ensure complainants receive a quality comprehensive response in agreed timeframes. The Trust has now recommenced all complaint responses, and the compliance against the KPIs has started to improve following the introduction of new processes and leadership.

Model Hospital benchmark acute hospitals on complaints against a rate of per 1,000 WTE staff. Model Hospital data published in December 2019 (most recent data on the site) reported the Trust in the top quartile which gives some assurance that there is not a concern about quality of care. In April 2020 and May 2020 there was an expected reduction in complaints during the COVID-19 pandemic and an expected increase has been seen in June 2020.

Accountable: Director of Nursing and Quality
Data Owner: Customer Care Team

**exclusion criteria includes, for example: complaints linked to an investigation, multi-agency and cross-divisional and complaints, withdrawn complaints, complaints put on hold during the COVID-19 period.*

Data Rating: ①captured locally, ②system captured, ③published/benchmarked

Board Papers - Quality, Safety & Experience

Safer Staffing Divisional Analysis

①

Ward Name	Day				Night				Day		Night	
	Qualified		Unqualified		Qualified		Unqualified		Qualified	Unqualified	Qualified	Unqualified
	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Fill Rate	Fill Rate	Fill Rate	Fill Rate
MCHFT	**47,471.0**	**38,740.6**	**43,201.6**	**31,782.9**	**35,454.3**	**28,916.7**	**32,464.0**	**24,537.3**	**82.6%**	**76.4%**	**85.2%**	**82.1%**
Acute Medical Unit	1,590.0	1,530.5	2,200.0	2,023.5	1,032.5	979.0	1,596.0	1,464.0	96.3%	92.0%	94.8%	91.7%
Child & Adolescent Unit	3,139.6	2,292.0	1,424.3	1,325.5	2,047.0	1,988.4	701.5	666.8	73.0%	93.1%	97.1%	95.0%
Critical Care - Pod 1	3,625.0	3,178.5	570.0	486.0	3,648.0	3,162.0	-	-	87.7%	85.3%	86.7%	-
Critical Care - Pod 2	3,952.0	1,219.0	4,298.0	188.5	3,960.0	700.5	4,320.0	420.0	30.8%	4.4%	17.7%	9.7%
Elmhurst	942.0	774.0	2,852.8	2,255.3	731.3	719.8	2,196.0	1,740.0	82.2%	79.1%	98.4%	79.2%
Maternity Unit (Ward 23)	1,212.0	1,173.0	1,072.5	972.2	720.0	713.7	720.0	718.7	96.8%	90.6%	99.1%	99.8%
Midwifery Led Unit	711.2	640.8	-	-	720.0	698.3	-	-	90.1%	-	97.0%	-
NICU Ward 22	1,602.8	1,418.6	652.0	413.8	1,290.0	1,130.8	322.5	290.3	88.5%	63.5%	87.7%	90.0%
South Cheshire Surveillance	2,108.0	2,007.5	2,922.3	2,376.3	1,524.0	1,488.0	2,412.0	2,124.0	95.2%	81.3%	97.6%	88.1%
Ward 1 Coronary Care	2,000.5	1,569.5	1,158.0	984.0	1,500.0	1,211.5	768.0	552.0	78.5%	85.0%	80.8%	71.9%
Ward 10 Ortho Trauma	2,226.0	1,919.5	2,933.8	2,506.8	1,092.0	1,044.0	1,932.0	1,668.0	86.2%	85.4%	95.6%	86.3%
Ward 11 Surveillance	1,932.0	1,920.5	2,433.0	1,862.0	1,079.5	1,091.0	1,956.0	1,704.0	99.4%	76.5%	101.1%	87.1%
Ward 12 Medical	1,904.8	1,781.3	2,119.5	1,875.0	1,128.0	1,235.5	1,776.0	1,704.0	93.5%	88.5%	109.5%	95.9%
Ward 13 Elective	588.0	264.0	578.0	249.5	384.0	216.0	384.0	204.0	44.9%	43.2%	56.3%	53.1%
Ward 14 Gastroenterology	1,370.0	1,181.0	1,550.0	1,084.0	1,116.0	839.0	1,200.0	1,056.0	86.2%	69.9%	75.2%	88.0%
Ward 15 Surgical/Gynae	1,798.5	1,643.0	1,482.0	1,319.5	1,236.0	1,019.5	1,308.0	1,176.0	91.4%	89.0%	82.5%	89.9%
Ward 18 SAU	1,250.0	942.5	903.0	577.0	756.0	551.5	720.0	576.0	75.4%	63.9%	72.9%	80.0%
Ward 18 Surgical Speciality	1,079.0	798.0	911.5	765.5	720.0	552.0	420.0	384.0	74.0%	84.0%	76.7%	91.4%
Ward 21b Rehabilitation	1,110.0	1,093.0	2,201.0	2,078.5	744.0	754.5	1,230.0	1,152.0	98.5%	94.4%	101.4%	93.7%
Ward 26 Labour	2,944.0	2,819.6	635.7	629.3	2,514.0	2,452.8	354.0	415.8	95.8%	99.0%	97.6%	117.5%
Ward 3 Covid	1,756.5	1,648.8	1,923.5	1,686.0	1,092.0	1,079.0	1,704.0	1,524.0	93.9%	87.7%	98.8%	89.4%
Ward 4 Elderly	1,885.7	1,737.6	1,994.8	1,837.3	1,344.0	1,197.5	1,896.0	1,848.0	92.1%	92.1%	89.1%	97.5%
Ward 5 Covid	2,284.5	2,003.0	1,940.5	1,653.0	1,884.0	1,775.0	1,476.0	1,349.8	87.7%	85.2%	94.2%	91.5%
Ward 6 Rehab	1,897.5	1,743.5	1,898.0	1,554.5	1,524.0	1,369.5	1,224.0	1,020.0	91.9%	81.9%	89.9%	83.3%
Ward 7 Covid	1,451.5	533.0	1,528.0	370.5	876.0	288.0	1,176.0	264.0	36.7%	24.2%	32.9%	22.4%
Ward 9 Medical	1,110.0	909.0	1,019.5	709.5	792.0	660.0	672.0	516.0	81.9%	69.6%	83.3%	76.8%

Accountable: Director of Nursing and Quality
Data Owner: Information Services

Data Rating: ①captured locally, ②system captured, ③published/benchmarked

Board Papers - Quality, Safety & Experience

Safer Staffing Divisional Analysis

Safe Staffing June 2020 Data

The Trust continued to response to Covid-19 during June. Wards have reconfigured in response to the need for capacity; manage patient flow and nosocomial infection. Due to the fluctuating number of patients, acuity continues to change. Wards have moved but there has been a stabilisation of the ward model, which is reflected in higher fill rates. The demand for critical care beds has reduced with the gradual reduction in beds and staffing requirement.

During May the Director and Deputy of Nursing and Quality along with Heads of Nursing implemented 6 weekly acuity reviews based on the respiratory ward establishment model and professional judgement to ensure safe staffing throughout the Covid-19 period. Staffing numbers have continued to flex in the Covid positive and surveillance areas to meet patient demand which has fluctuated both in terms of acuity and occupancy. Not all shifts have been required which is reflected in a lower fill rate in some wards. The most recent acuity reviews have established that a reduction in staffing was possible on Covid and surveillance wards with additional staff resource being added to rehabilitation wards were acuity had increased. Some green wards (non covid) have experienced an increase in nosocomial infection where patients have then been moved to amber wards (covid) leading to reduced occupancy which enabled a reduction in staffing requirements in month.

Accountable: Director of Nursing and Quality **Data Owner:** Information Services

Data Rating: ①captured locally, ②system captured, ③published/benchmarked

NHS
Mid Cheshire Hospitals
NHS Foundation Trust

BOARD OF DIRECTORS

Agenda Item	12	Date of Meeting: 06/07/2020
Report Title	Freedom to Speak Up Quarter One Report	
Executive Lead	Julie Tunney, Director of Nursing and Quality	
Lead Officer	Natalie Wallace, Workforce Business Partner	
Action Required	To note	

X	**Acceptable assurance** General confidence in delivery of existing mechanisms / objectives	☐	**Partial assurance** Some confidence in delivery of existing mechanisms / objectives	☐	**No assurance** No confidence in delivery

Key Messages of this Report *(2/3 headlines only)*

- Quarter one has seen a slight increase in speaking up concerns raised compared to the previous quarter. The numbers of concerns raised have remained fairly static over the previous 12-18 months.
- Historically concerns have been raised primarily by the Nursing and Midwifery staff groups however quarter one has seen an increase in concerns originating from other staff groups.

Impact *(is there an impact arising from the report on the following?)*

• Quality	✓	• Risk	☐
• Finance	☐	• Compliance	✓
• Workforce	✓	• Legal	☐
• Equality	☐		

Equality Impact Assessment (*must accompany the following submissions)*

- Strategy ☐ Policy ☐ Service Change ☐

Strategic Objective(s) *(indication of which objective/s the report aligns to)*

• Manage the impact of covid and ensure safe recovery	☐	• Provide safe and sustainable healthcare through our estate, infrastructure and planning	☐
• Deliver outstanding care and patient experience Deliver the most effective care to achieve best possible outcomes	✓	• Provide strong system leadership by working together	✓
• Ensure MCHFT is the best place to work	✓	• Be well governed and clinically led	✓

Governance *(is the report a…?)*

• Statutory requirement	✓	• Other	☐
• Annual Business Plan Priority	☐	*rationale for Board submission required:*	
• Strategic/BAF Risk	☐		
• Service Change	☐		

Next Steps (*actions following agreement by Board/Committee of recommendation/s)*

Significant staff engagement and communication is required to introduce and raise awareness of the incoming Guardian and the speaking up agenda.

REPORT DEVELOPMENT

Committee/ Group Name	Date	Report Title	Lead	Brief summary of key issues raised and actions agreed
Trust Board	23.07.20	Freedom to Speak Up Quarter One report	Natalie Wallace	Speak up concerns remain static compared to previous reporting periods. Significant staff engagement and communication required over coming months to introduce the incoming Guardian.

Mid Cheshire Hospitals
NHS Foundation Trust

FREEDOM TO SPEAK UP GUARDIAN QUARTERLY REPORT
April – June 2020 (Quarter One)

Introduction & Background

Speaking up at the earliest opportunity can protect patients, improve the experience of the NHS workforce and help the Trust embed a culture of continuous learning and improvement.

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

This report provides an update on the current position during quarter one in relation to speaking up and raising concerns.

Analysis of Quarter 1

During the period 1st April – 30th June 2020, 8 new concerns were raised using the various Freedom to Speak Up reporting mechanisms. 6 of these concerns met the Freedom to Speak Up criteria and therefore will be reported to the National Guardians Office as required. This compares to 5 concerns being raised during the previous quarter and 5 concerns highlighted during quarter one in 2019-2020.

One matter raised via a Freedom to Speak up box related to positive feedback on how the Trust has supported staff during the Covid-19 pandemic. One matter raised directly with the Guardian was not a Freedom to Speak up concern and was therefore signposted to be dealt with under the appropriate channels.

The concerns raised during Quarter 1 are set out below:

Staff Group	Method of reporting	Patient Safety issue	Actions taken	Issue closed and feedback reported
Allied Health Professionals	Guardian email	Yes	Dealt with by the division	Issue closed and feedback given
Healthcare Support	Guardian email	Yes	Dealt with by the division	Issue closed and feedback given
Estates and Ancillary	FTSU Box	Yes	Dealt with by the division	Awaiting response from staff member
Nursing & Midwifery	FTSU Box	Yes	Dealt with by the division	Issue closed and feedback given

Scientific Healthcare	FTSU Email Account	Yes	Dealt with by Director of Nursing & Quality	Issue closed and feedback given
Nursing & Midwifery	Guardian email	Yes	Dealt with by the division	Feedback given and actions remain on-going

Division	Number of concerns raised Q1
Surgery and Cancer	2
Medicine and Emergency Care	1
CCICP	1
Corporate	2

No particular themes were identified in relation to the divisions or staff groups where concerns were raised, however half of the concerns raised related to Covid-19. An increase has been seen in the number of concerns raised directly with the Guardian in comparison to previous reporting periods.

Promotion of the importance of speaking up has continued during the quarter with regular reminders issued in Trust communications.

Recruitment for the Freedom to Speak Up Guardian role has taken place and a new Guardian has been appointed. They will commence in post with effect from 1st September 2020 following a period of training delivered by the National Guardians Office. Communications are currently being drafted to inform staff of the change in Guardian and engagement/update sessions are being arranged with the Employee Support Advisors (ESA's)/Freedom to Speak Up Champions.

Conclusion

Quarter one has seen a slight increase in the number of concerns raised compared to the previous reporting period. It is recognised that quarterly returns have remained fairly static over the previous year and additional work is required to further encourage staff to speak up. Where concerns are identified, staff are actively utilising the wide variety of reporting mechanisms available to them.

In addition, historically the majority of concerns raised originated from Nursing and Midwifery staff and it is therefore encouraging to note that other staff groups are becoming increasingly confident to raise concerns where identified.

Recommendations

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

Robust communication and engagement is required over the coming months to ensure staff are aware of the change in Guardian. An exercise is currently underway to develop a strategy to support the delivery of the Freedom to Speak Up agenda.

Performance and Finance Committee
Chair's Assurance Report
July 2020

Report to	Board of Directors
Date	23 July 2020
Report from	Trevor Brocklebank, Non-Executive Director
Report prepared by	Katharine Dowson, Head of Corporate Governance
Executive Lead/s (Name & Title)	Russell Favager, Deputy Chief Executive and Director of Finance Oliver Bennett, Chief Operating Officer
Committee meeting quoracy	Yes ☒ No ☐

KEY AREAS OF ASSURANCE

Performance:

- **Waiting Lists –** resumption of the elective programme remains a key operational challenge. However, plans are in place to resume more of the elective programme at the beginning of August, alongside the introduction of different ways of working to maximise efficiency in line with IPC requirements. Furthermore, working with other NHS partners and the Independent Sector (ISP) on a system-wide approach will be an important part of the Restoration programme.
- **Gold/Silver/Bronze Command & Control Structure -** The current Covid-19 Command and Control structure has been amended to include the Restoration programme to ensure that there is a robust and structured approach to the resumption of clinical services in addition to preparing for any possible future spike in Covid-19 cases.
- **Outpatients -** Significant progress was demonstrated against the outpatient transformation programme with the implementation of non-patients facing consultations via a virtual platform. Circa 45 per cent of patients are now being seen through this platform.
- **Key Targets -** Assurance around the delivery of A&E 4-hour access standard and the 2-week rapid referral for cancer standard in June was provided. However, the 62-day cancer, the diagnostic and the RTT standards were not achieved. Plans are in place to improve performance against these standards with a specific focus on patients waiting more than 62 days on a cancer pathway.
- **Women & Children's Division -** A report on the Division Board's long-term actions provided assurance that outstanding actions were controlled.

Finance:

- **Financial regime -** The current regime is likely to continue until the end of September and guidance for the next phase has not yet been released. Covid expenditure is being recorded separately to ensure financial scrutiny of budgets can take place.
- **Pay Costs -** the Trust is actively working through ways to reduce premium agency costs with some success

- **Cost Improvement Programmes (CIP) -** CIPs that can be progressed are being actively committed to (mainly collaboration at scale schemes) and a process is in place for identifying risks to non-delivery of CIP and responding to new schemes
- **Covid-19 expenditure -** The governance supporting this expenditure is robust. The current financial position for the Trust is less than the extra costs of Covid-19 because there is significant underspend on drugs and non-Covid equipment, although this will increase with the restart of the elective programme. Further funding has been identified within divisions that is Covid related, although the net Trust position has been claimed for.

KEY CONCERNS/RISKS

- **Restoration Programme –** having sufficient operational capacity to manage waiting list backlogs and future demand is now the highest rated BAF risk. The resumption of the elective programme is underway, however, internal capacity will, for some time, be restricted because of the need to comply with social distancing and infection prevention and control procedures. All non-executive directors to be advised.

- **Finance –** reimbursement for Covid expenditure has not yet been received by any Trust, however this is line with the position of other NHS organisations.

DECISIONS MADE

N/A

RECOMMENDATION TO BOARD

To note

NHS
Mid Cheshire Hospitals
NHS Foundation Trust

Board of Directors

Agenda Item	**13.1**	Date of Meeting: 03/08/2020
Report Title	Board of Directors Performance & Finance Report – June 2020	
Executive Lead	Russ Favager, Deputy CEO/Director of Finance & Oliver Bennett, Chief Operating Officer	
Lead Officer	Emma McGuigan, Director of Operations & Ros Davies, Deputy Director of Finance	
Action Required	To note	

X	**Acceptable assurance** General confidence in delivery of existing mechanisms / objectives	☐	**Partial assurance** Some confidence in delivery of existing mechanisms / objectives	☐	**No assurance** No confidence in delivery

Key Messages of this Report
• The Trust continues to deliver the A&E standard for June 2020 • The impact of the coronavirus pandemic is noted significantly in the impact of the planned care metrics and the waiting lists due to the reduction of activity, which is reflected in the financial performance – that continues to balance to a break even position. • The virtual and telephone outpatient appointments has significantly increased

Impact			
• Quality	✓	• Risk	✓
• Finance	✓	• Compliance	☐
• Workforce	☐	• Legal	☐
• Equality	☐		

Equality Impact Assessment					
• Strategy	☐	Policy	☐	Service Change	☐

Strategic Objective(s)			
• Manage the impact of covid and ensure safe recovery	✓	• Provide safe and sustainable healthcare through our estate, infrastructure and planning	✓
• Deliver outstanding care and patient experience Deliver the most effective care to achieve best possible outcomes	✓	• Provide strong system leadership by working together	☐
• Ensure MCHFT is the best place to work	☐	• Be well governed and clinically led	☐

Governance			
• Statutory requirement	☐	• Other	☐
• Annual Business Plan Priority	☐	*rationale for Board submission required:*	
• Strategic/BAF Risk	✓		
• Service Change	☐		

Next Steps
No further steps.

REPORT DEVELOPMENT

Committee/ Group Name	Date	Report Title	Lead	Brief summary of key issues raised and actions agreed
Performance and Finance Committee	23 July 2020	Board Performance Report	As per this paper	Reviewed and forwarded to Board of Directors.

NHS
Mid Cheshire Hospitals
NHS Foundation Trust

Board of Directors Performance and Finance Report

June 2020

"To Deliver Excellence in Healthcare through Innovation & Collaboration"

"Delivering Excellence in Healthcare through Innovation and Collaboration"

Mid Cheshire Hospitals NHS Foundation Trust

Board Papers - Performance

Headline Measures

Organisational Delivery				
Indicator	**Standard**	**YTD**	**Jun-20**	
Cancer				
Rapid Access Referrals (%) (seen in 2 weeks)	93.00%	95.40%	96.80%	
Total Patients Seen		*1,891*	*812*	
Patients seen >14 days		*87*	*26*	
62 day GP Classic (%)	85.00%	72.44%	66.98%	*
Accountable Patients Treated		*142*	*53*	
No. of Breached Pathways (adjusted)		*39*	*18*	
62 day Screening (%)	90.00%	84.09%	0.00%	*
Accountable Patients Treated		*22*	*2*	
No. of Breached Pathways (adjusted)		*4*	*2*	

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

Unplanned Activity			
4 Hour Access Standard (%)	95.00%	96.50%	95.82%
A&E Attendances (LH/MIU/UUC) (% to plan)		56.48%	61.56%
A&E Attendances LH & MIU (Vol)		*16,548*	*6,241*

Planned Activity			
Incomplete Pathways <18wk (%)	92.00%	68.47%	57.95%
>6wk Diagnostic Waits (%)	1.00%	55.19%	39.26%
Total Patients Waiting for a First Outpatient Appointment			9,847

	YTD Target	YTD Actual	YTD Variance	FY Target	FY Forecast	FY Variance
Financial Position (£000's)	0	0	0	0	0	0

Exec Summary

Performance across all measures is significantly different to recent months due to the Coronavirus pandemic. Where performance has previously been strong it has significantly reduced, albeit in line with national trend. As services recommence the overall capacity has reduced due to the new infection control measures required.

Where MCHFT has previously underperformed against the 4 hour Access Standard, we are now seeing full compliance and whilst the national trend is improving not all Trusts are delivering compliance against this standard.

In June the key metrics delivered were:

1. 2WW Rapid Access Cancer at 98.80% against a target of 93%
2. 4hr Emergency Access at 95.82% against a target of 95%

The key metrics not delivered were:

1. 62 Day Classic Cancer at 66.98% against a target of 85%
2. 62 Day Screening Cancer at 0% against a target of 90%
3. Six weeks diagnostic at 39.26% against a 1% threshold
4. RTT Open Pathways at 57.95% against a target of 92%

The reported position is break even, with the Trust expecting to receive £3.84m in additional Top Up funding from regulators. The expectation is that the Trust will meet a break even position will continue at least until the end of July.

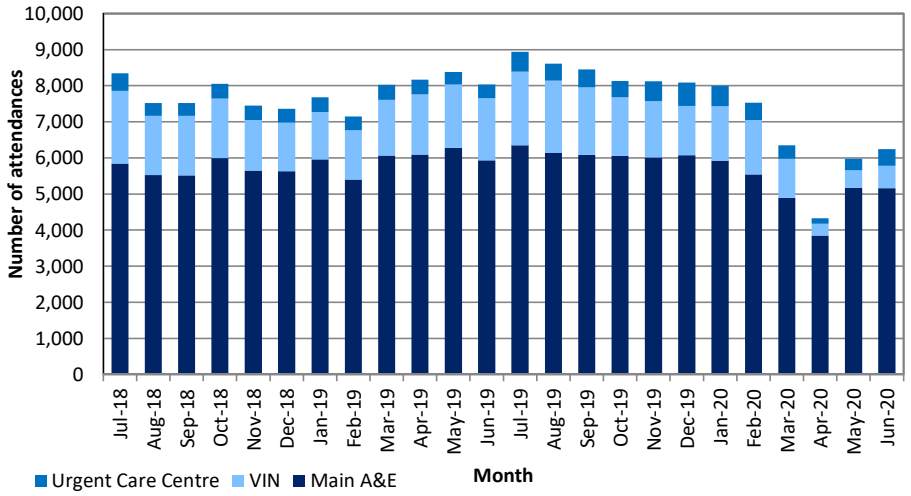
At month 3 the Trust was £3.842m (£1.245m April, £1.405m May and £1.292m for June, excluding annual leave adjustments) over the nationally calculate block contract amount and has therefore applied for a 'top up' payment from NHSI/E in order to produce a breakeven position. The £3.842m reflects additional costs association with Covid-19, which are pre-dominantly within pay (additional non pay costs being offset by reduced planned care expenditure) but also lower income than would normally be expected (from a combination of the national calculation and reduced footfall to the Trust).

As a result of the Covid-19 pandemic, Cost Improvement Schemes and Use of Resources are not reported as Trusts do not have agreed plans and CIPs have been suspended as part of the support measures to Trusts for months 1-4.

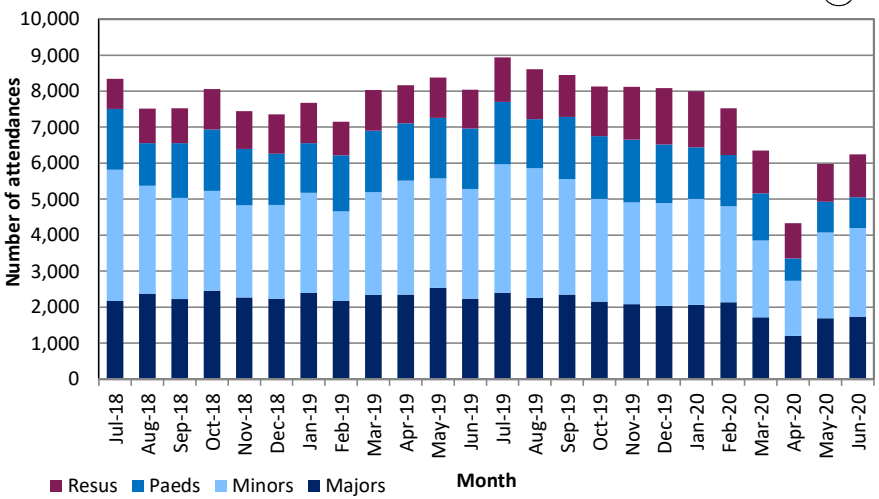
Board Papers - Performance

A&E Activity

A&E Attendances by Location
July 2018 - June 2020



A&E Attendances by Acuity
July 2018 - June 2020

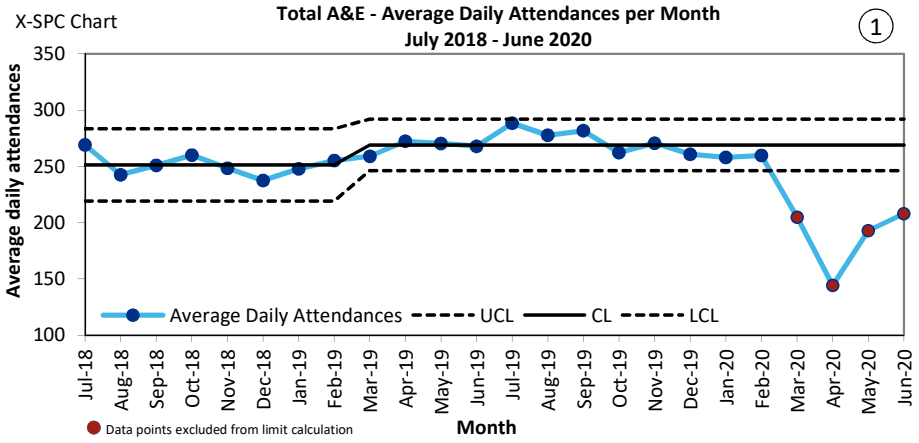


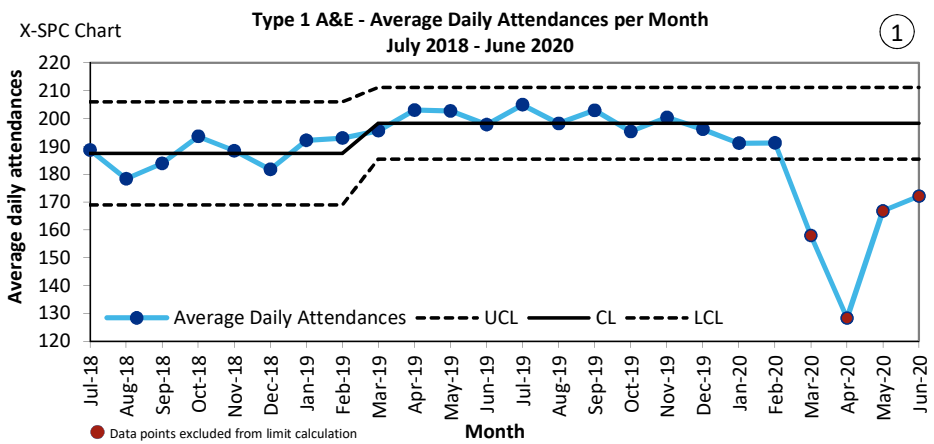
Accountable: Chief Operating Officer
Data Owner: Information Services

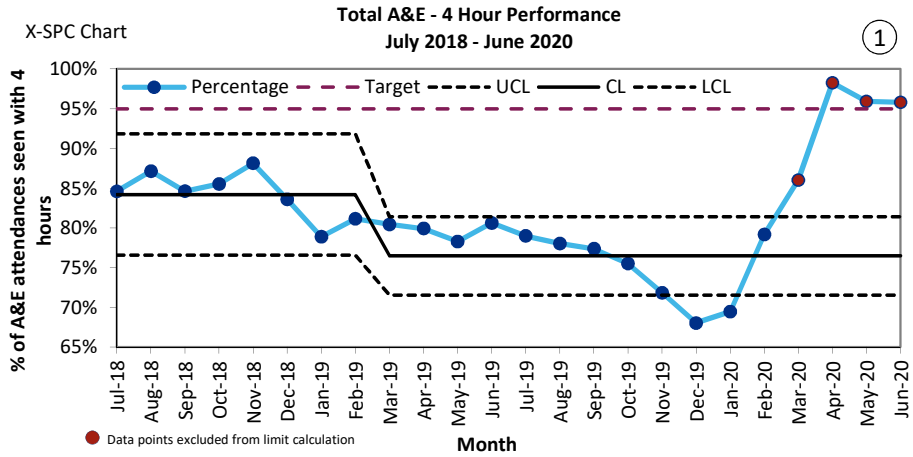
Key Narrative: The charts show the reduction in A&E attendances in April 2020 due to the impact of the coronavirus pandemic. Activity in May and June 2020 was still below the average monthly rate but increasing back towards normal rates. Attendance rates at the Leighton emergency department are rising to pre-covid levels, with reduced attendance levels remaining at Victoria Infirmary Northwich (VIN). The emergency department has an expanded footprint to include the new Respiratory Assessment Unit (RAU) for patients presenting with covid-like symptoms and has continued with increased out of hours workforce throughout May and June.

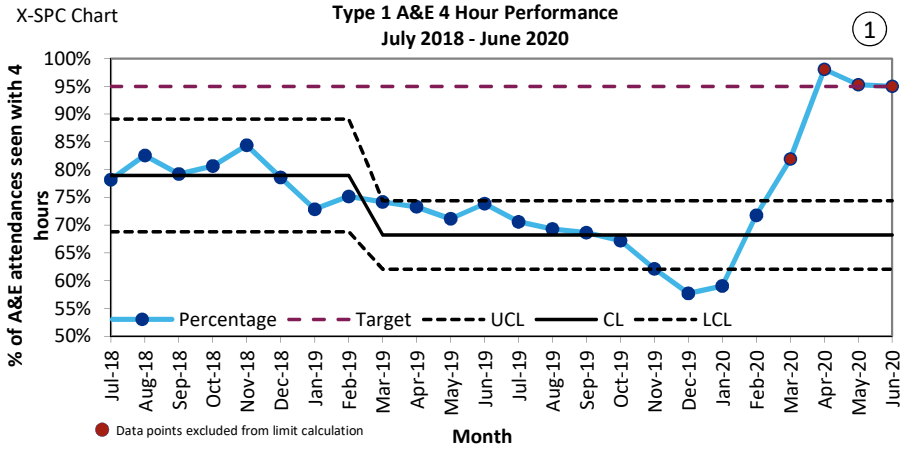
Board Papers - Performance

A&E Performance









Accountable: Chief Operating Officer
Data Owner: Information Services

Key Narrative: The Trust has achieved the 4-hour access standard in June 2020, at 95.8%.
SPC limits on the 4 charts have been recalculated from March 2019 due to a stepped increase in demand. The last 4 data points have been excluded from the limit calculations in all 4 charts due to the changes in demand and service provision related to the current coronavirus pandemic, until enough data points are available to establish the new trend.

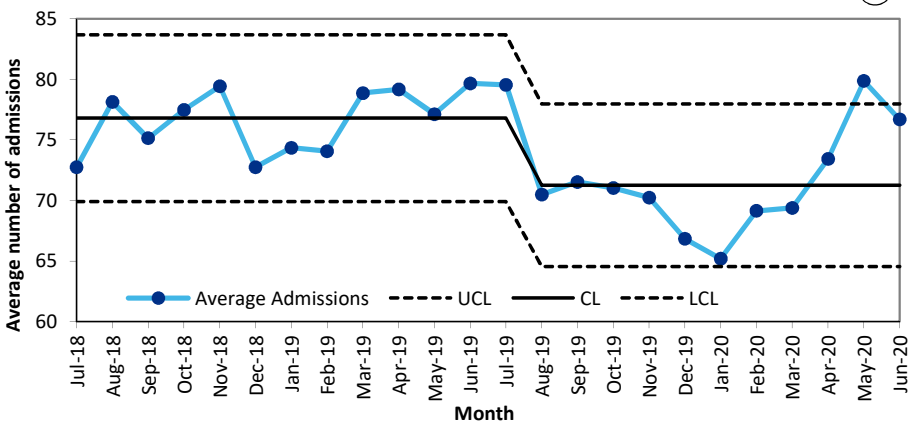
Data Rating: ①captured locally, ②system captured, ③published/benchmarked

Board Papers - Performance

Unplanned Admissions

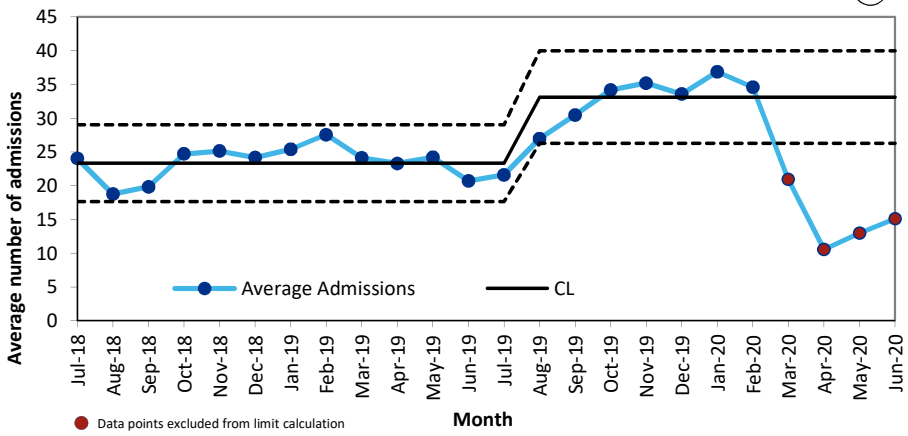
X-SPC Chart

Average Daily Admissions from A&E
July 2018 - June 2020



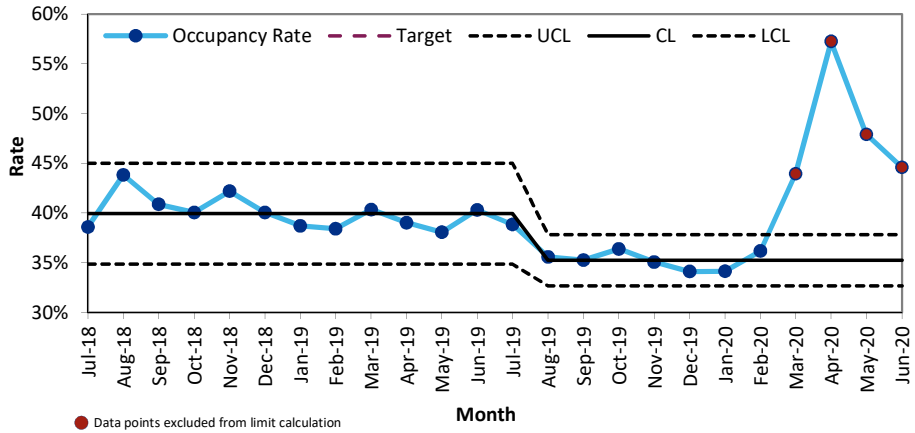
X-SPC Chart

Average Daily Admissions per Month - GP Referred
July 2018 - June 2020



X-SPC Chart

Type 1 Attendance to Admissions Conversion Rate - Overall
July 2018 - June 2020



Accountable: Chief Operating Officer **Data Owner:** Information Services

Key Narrative: The activity over the last 4 months during the coronavirus pandemic shows:

- the number of admissions from GP decreased
- the conversion rate from A&E to admission increased, partly due to the lower number of A&E attendances.
- GP direct admissions are beginning to increase in June 2020, as primary care increases in activity this is expected to also increase. The Ambulatory Care Unit (ACU) was reopened in June 2020 and has been relocated to a larger footprint to allow for social distancing measures. The surgical ambulatory care unit has been relocated to the South Cheshire facility for increased physical footprint. The restarting of these ambulatory pathways will support increasing admissions

SPC charts have been recalculated from August 2019 to reflect a change in recording of activity from Admission Method 21: Admission from A&E, to Admission Method 22: Admission from GP. The highlighted data points have been excluded from the limit calculations due to the changes in demand and service provision related to COVID-19.

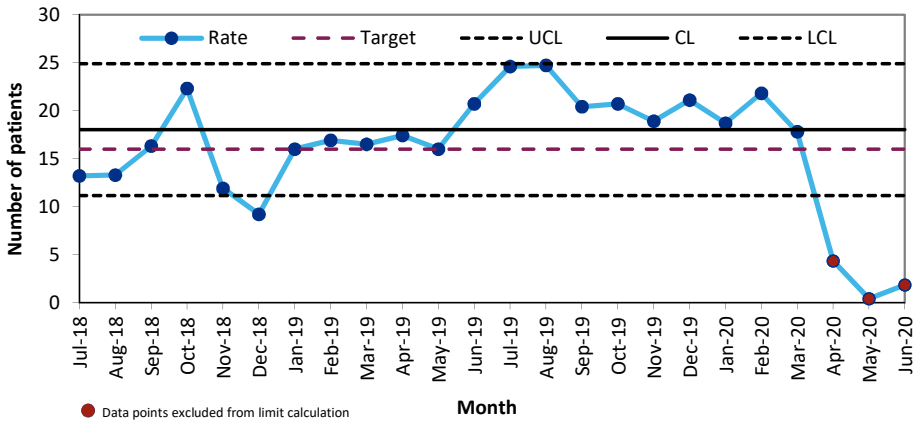
Board Papers - Performance

Inpatient Metrics

X-SPC Chart

Average Number of People Delayed per Day
July 2018 - June 2020

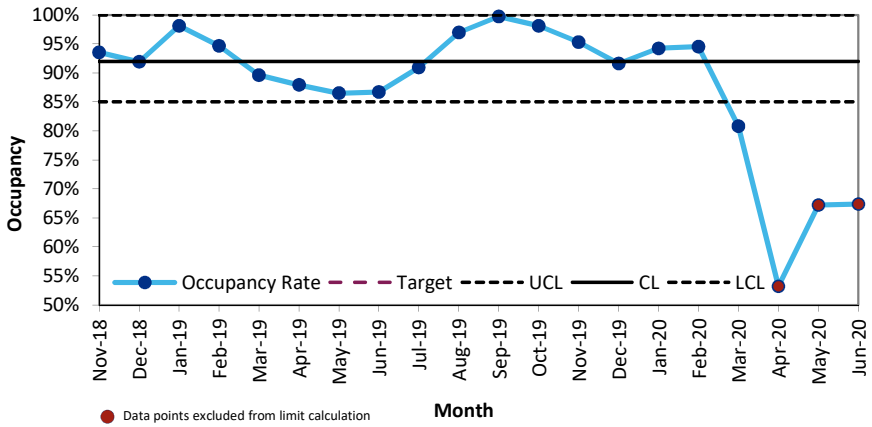
①



X-SPC Chart

Bed Occupancy
December 2018 - June 2020

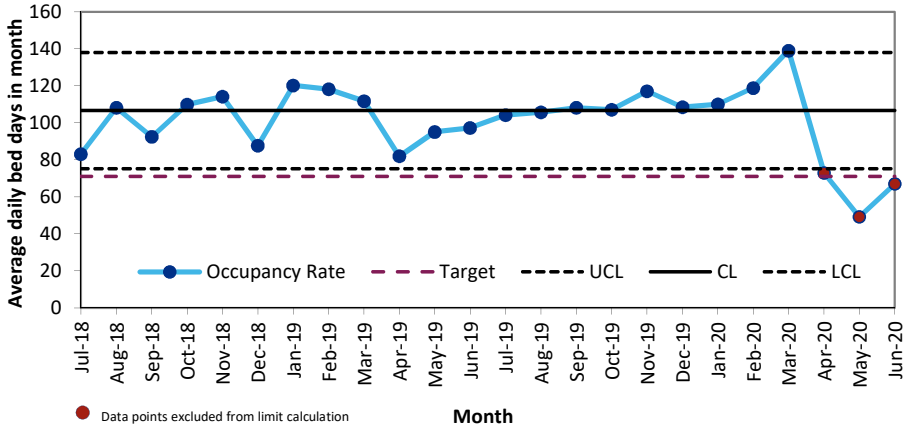
①



X-SPC Chart

Super Stranded Patients
July 2018 - June 2020

①



Accountable: Chief Operating Officer **Data Owner:** Information Services

Key Narrative: The number of delayed transfers of care showing a run of 10 points above the mean from May 2019 to March 2020. The number of days lost to patients in hospital for 21 days or more showed an increasing trend from April 2019 to March 2020. The decrease seen in both charts in the last 3 months related to changes in demand and service provision due to coronavirus pandemic.

The delayed transfers of care do not include the patients who are waiting for test results or cannot be discharged due to infection control reasons. All patients that are discharged to nursing homes/ care homes or with a community provision are tested for covid-19 before discharge.

Data Rating: ①captured locally, ②system captured, ③ published/benchmarked

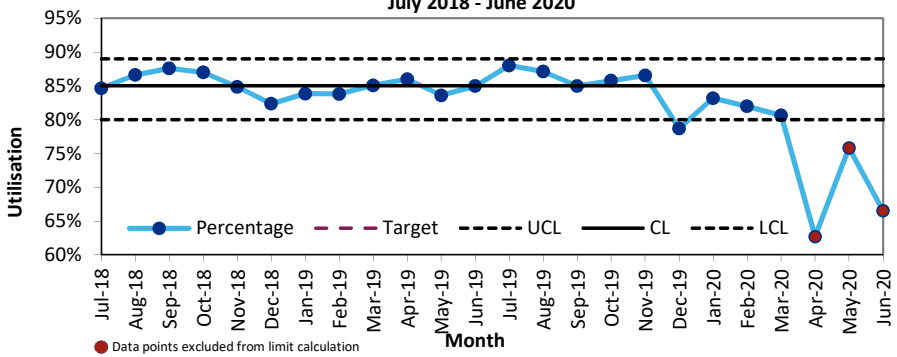
Board Papers - Performance

Theatre Utilisation

X-SPC Chart

Theatre Utilisation - Main Theatres
July 2018 - June 2020

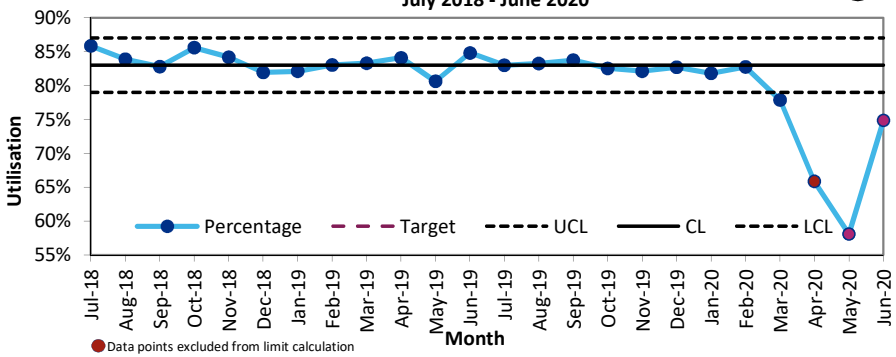
②



X-SPC Chart

Theatre Utilisation - Treatment Centre
July 2018 - June 2020

②



Accountable: Chief Operating Officer **Data Owner:** Information Services

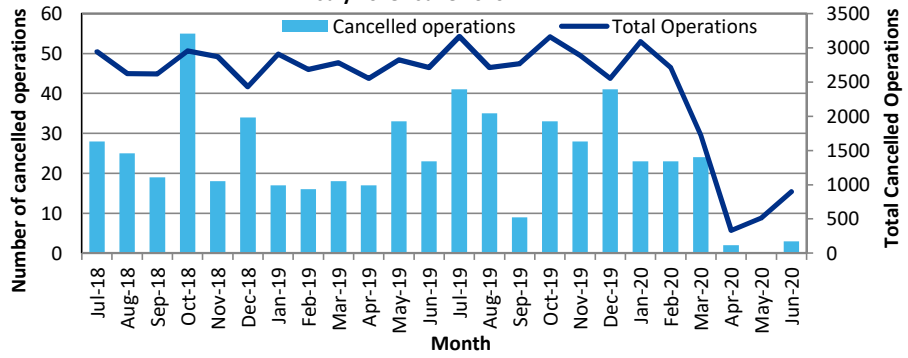
Key Narrative: The number of theatre sessions planned in June 2020 has increase from May 2020 but still lower than the pre-coronavirus 6-month average: 21% Main Theatres, 35% Treatment Centre. Additional theatres are planned to reopen on 3rd August, at this point the elective programme will increase and the orthopaedic elective programme will resume.

Highlighted data points have been excluded from the limit calculations due to the changes in demand and service provision related to COVID-19.

Cancelled Operations

Number of Cancelled Operations (Model Hospital Definition)
July 2018 - June 2020

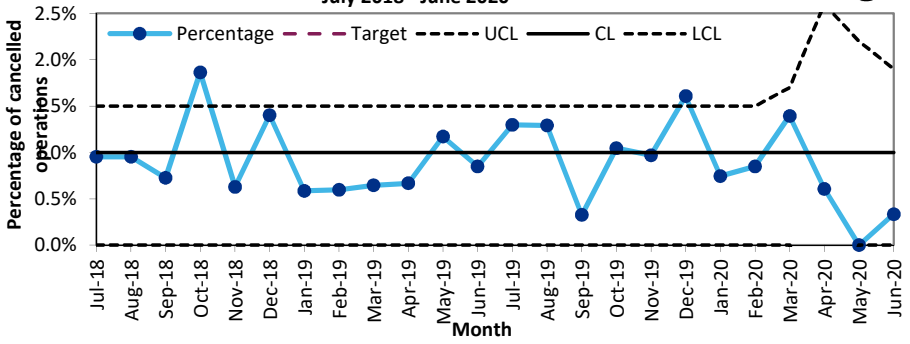
①



P-SPC Chart

Cancelled Operations as a Percentage of Total
July 2018 - June 2020

①



Accountable: Chief Operating Officer **Data Owner:** Information Services

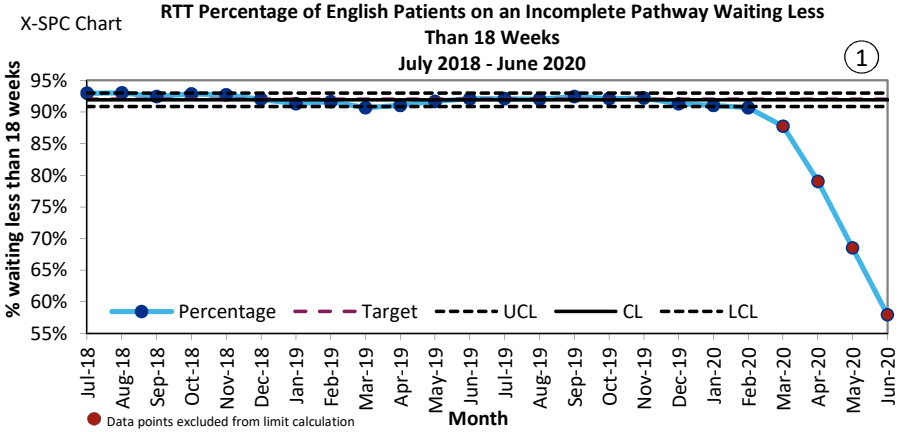
Key Narrative: The drop in cancelled operations from April 2020 reflects the reduced number of planned.

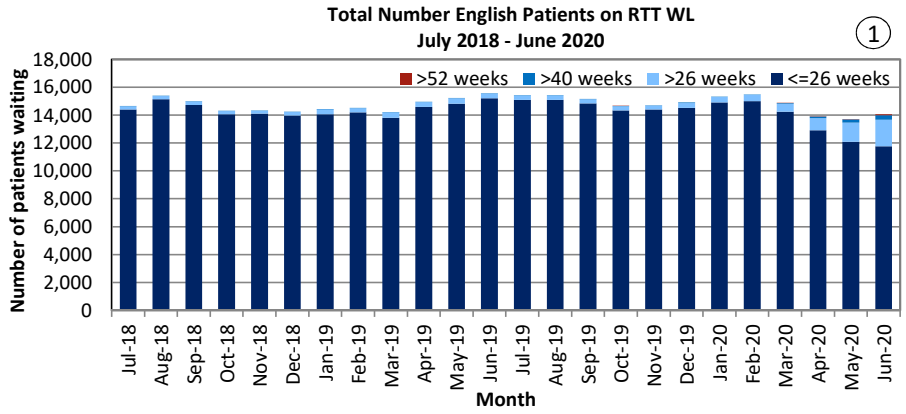
The P-SPC chart adjusts the control limits to take into account the denominator with the expected range increasing over the last few months due to the small number of planned operations.

Data Rating: ①captured locally, ②system captured, ③ published/benchmarked

Board Papers - Performance

Referral to Treatment Waiting Times (RTT)

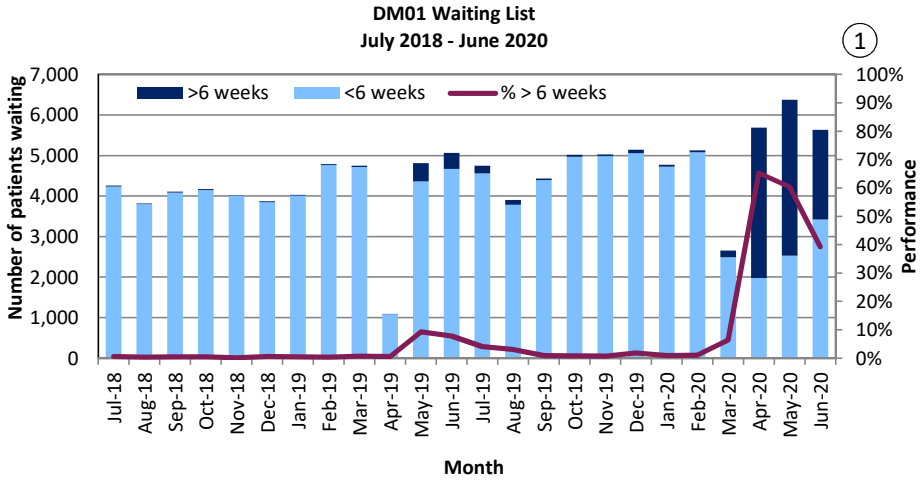




Accountable: Chief Operating Officer **Data Owner:** Information Services

Key Narrative: The Trust's RTT Incomplete Pathway position for June 2020 is 58.0% with 55 52-week breaches, 340 patients waiting between 40 and 52 weeks. The patients over 52 weeks will continue to rise as the backlog of patients are treated and the referrals increase. The majority of the patients over 52 weeks are within the surgical specialities and waiting for routine operations.

Diagnostic Waiting Times



Accountable: Chief Operating Officer **Data Owner:** Information Services

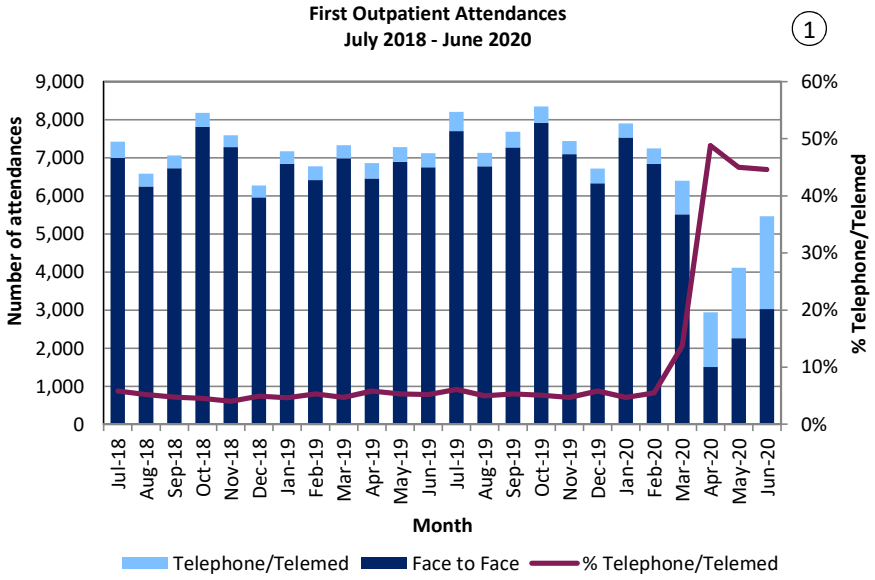
Key Narrative: In June 2020, 2211 (39.2%) of patients waited longer than 6 weeks for their diagnostic tests. This is a improving position and additional sessions are in place to support this. The Trust has secured an additional scanner from September 2020 which will support with the diagnostic waiting times within the imaging department. The Trust has also increase our accessibility to independent sectors scans which will support this position.

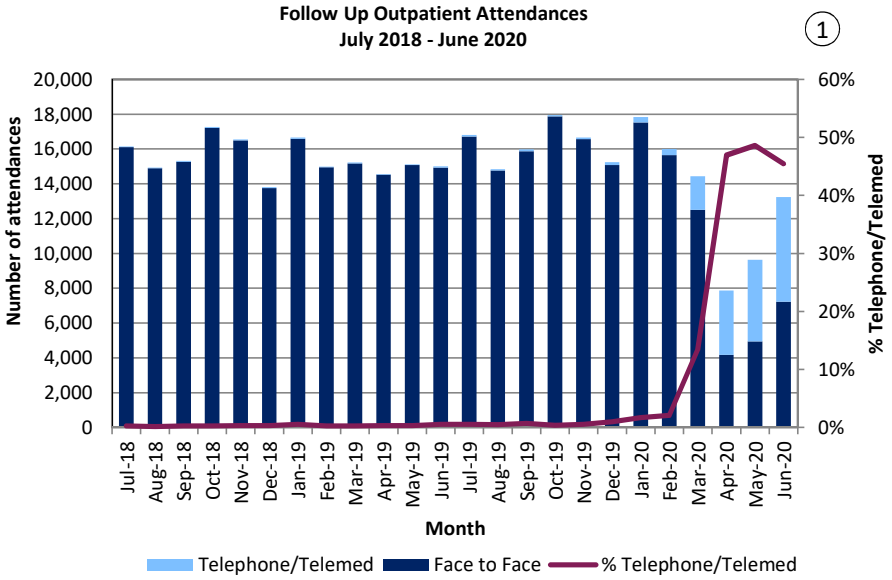
Within the diagnostic performance, there are delays with the endoscopy pathway, due to IPC measures capacity both locally and nationally has significantly reduced. In order to address this the Trust is working with commissioning colleagues to manage routine demand and gain access to independent sector capacity. Additional endoscopy capacity will become available in August 2020 as workforce levels increase.

Data Rating: ①captured locally, ②system captured, ③ published/benchmarked

Board Papers - Performance

Outpatient Activity





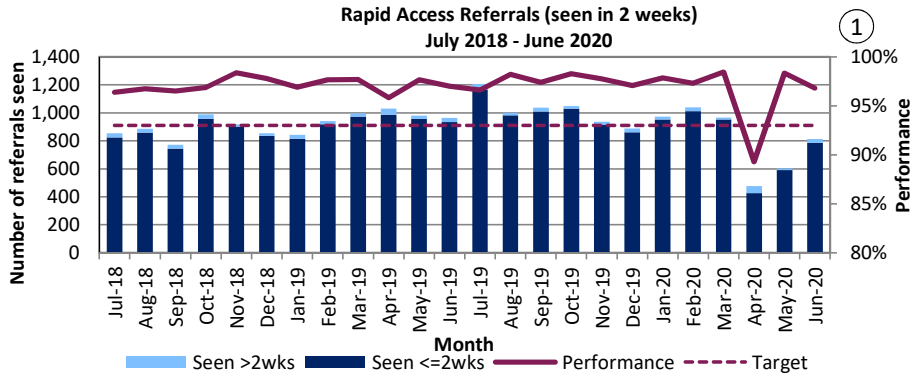
Accountable: Chief Operating Officer **Data Owner:** Information Services

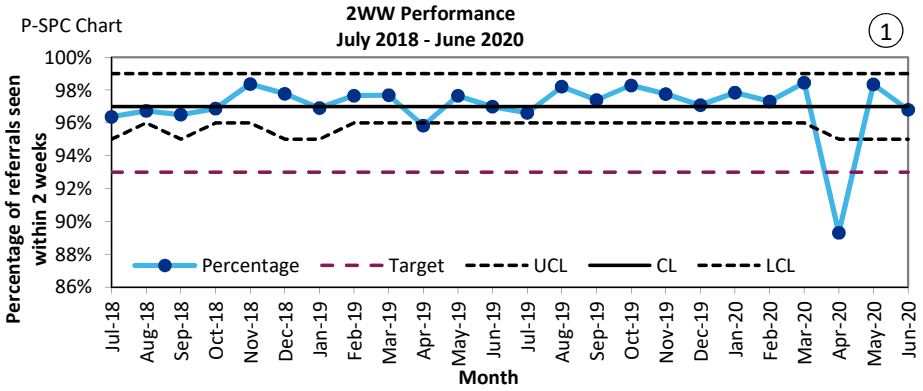
Key Narrative: The charts show the reduction in OP attendances in from April 2020 due to the impact of the coronavirus pandemic. Both the total number and proportion of activity seen via telephone or telemedicine clinics has increased over the last 3 months with 44.6% of first outpatient attendances and 45.5% of follow up outpatient attendances seen remotely. There is a significant increase in outpatient activity in June, this is due to the outpatient transformation workstream, the focus has been on supporting the introduction of routine and urgent appointments both virtually and face to face. The non face to face outpatient activity continues to increase through the adoption of Attend Anywhere and changes in clinical practice to support more virtual / telephone appointments. This is assisting with the increased in activity and allowing for a reduced footfall in the outpatient departments.

Data includes contracted specialties

Board Papers - Performance

Rapid Access Referrals





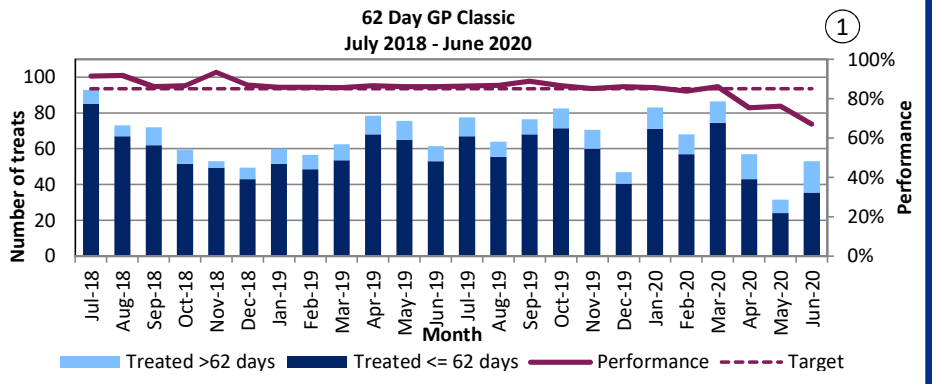
Accountable: Chief Operating Officer **Data Owner:** Cancer Performance

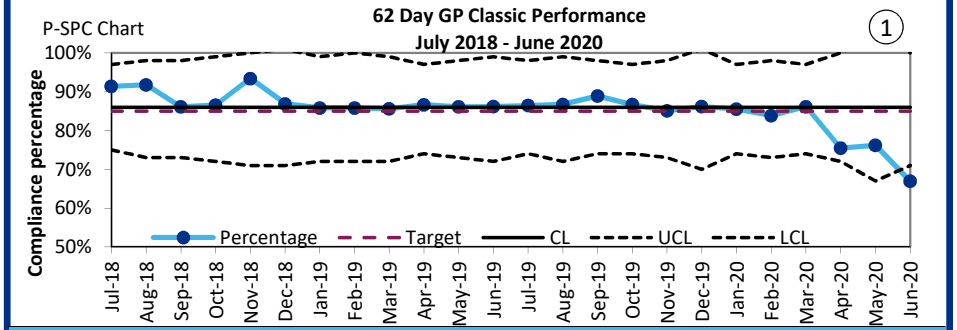
Key Narrative: Reduction in performance related directly to diagnostic capacity, patient deferrals and surgical prioritisation during COVID-19 where patients with a high COVID-19 vulnerability score were appropriately deferred.

The Trust continues to work with the independent sector and the Cancer Alliance to maximise capacity. Elective ward opened on the 23rd June 2020. Increasing diagnostic capacity planned throughout July and August 2020.

The P-SPC chart adjusts the control limits to take into account the denominator.

62 Day





	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
104+day Confirmed Cancer	4	4	2	2	2	3	3	0	3	2	2	8

Accountable: Chief Operating Officer **Data Owner:** Cancer Performance

Key Narrative: Reduction in performance related directly to diagnostic capacity, patient deferrals and surgical prioritisation during COVID-19 where patients with a high COVID-19 vulnerability score were appropriately deferred.

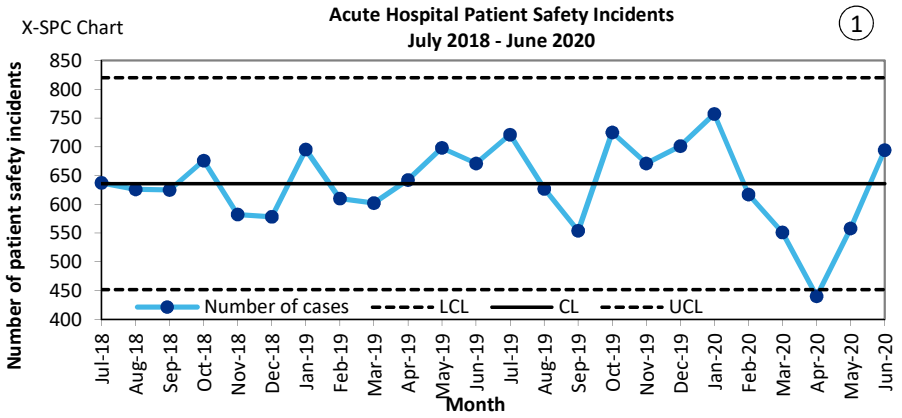
The Trust continues to work with the independent sector and the Cancer Alliance to maximise capacity. Elective ward opened on the 23rd June 2020. Increasing diagnostic capacity planned throughout July and August 2020.

The P-SPC chart adjusts the control limits to take into account the denominator. Latest month's data provisional.

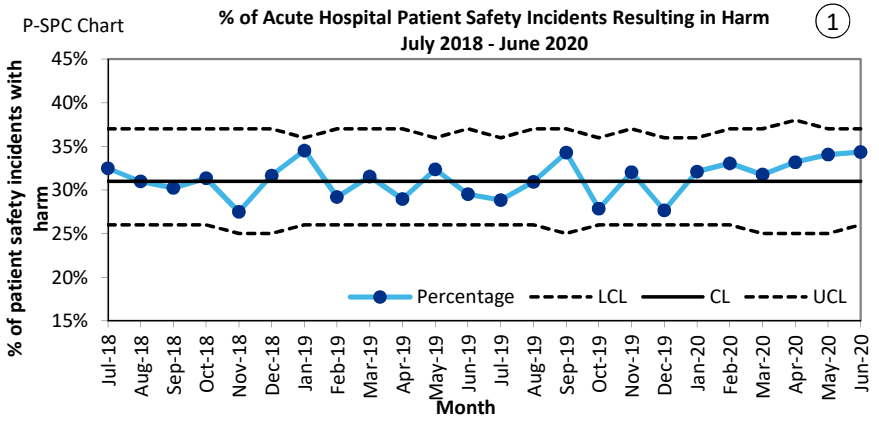
Board Papers - Quality, Safety & Experience

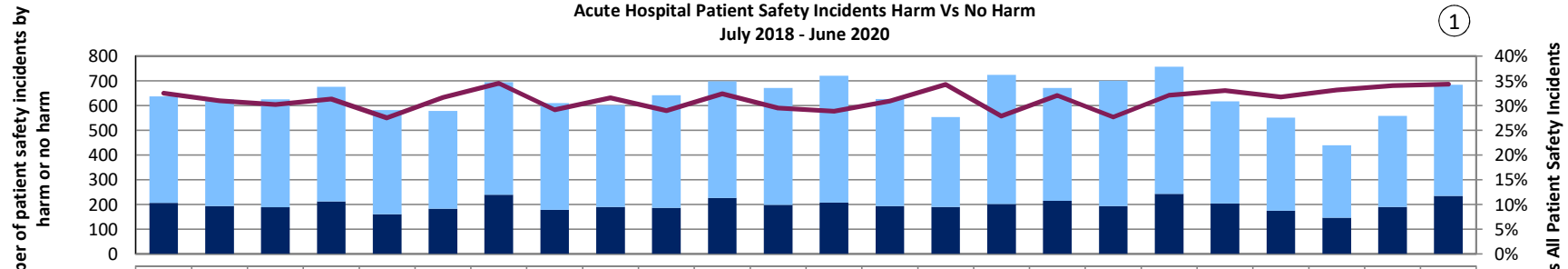
Acute Hospital Patient Safety Incidents

X-SPC Chart



P-SPC Chart





	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
No Harm	430	432	436	464	422	395	455	432	412	456	472	473	513	433	364	523	456	507	514	413	376	294	368	449
Harm	207	194	189	212	160	183	240	178	190	186	226	198	208	194	190	202	215	194	243	204	175	146	190	235
% Harm	32%	31%	30%	31%	27%	32%	35%	29%	32%	29%	32%	30%	29%	31%	34%	28%	32%	28%	32%	33%	32%	33%	34%	34%

Accountable: Medical Director
Data Owner: Quality Governance
To note: P-SPC charts adjust the control limits to take into account each month's denominator.

Key Narrative: During June 2020 there were 684 patient safety incidents, of these 235 resulted in harm accounting for 34% of the total incidents which remains within control limits. Following a decline in incident reporting during the height of COVID-19 incident reporting has returned to pre covid rates.

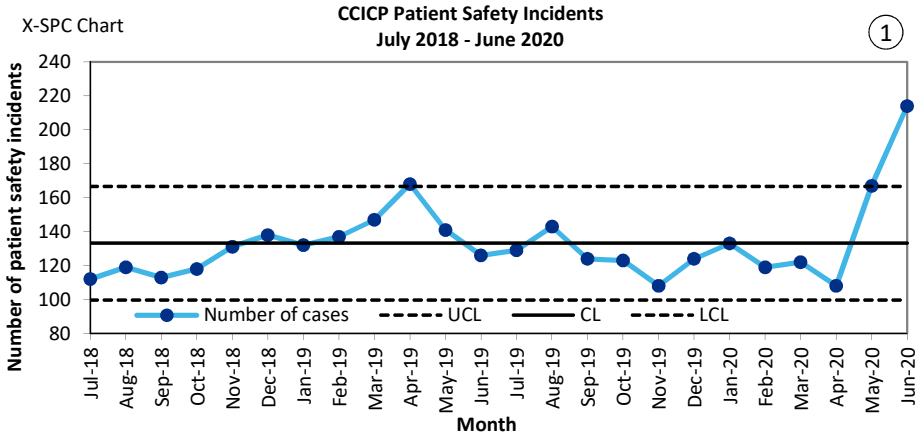
Low Harm 209, Moderate Harm 24, Serious Incident 2

Data Rating: ①captured locally, ②system captured, ③published/benchmarked

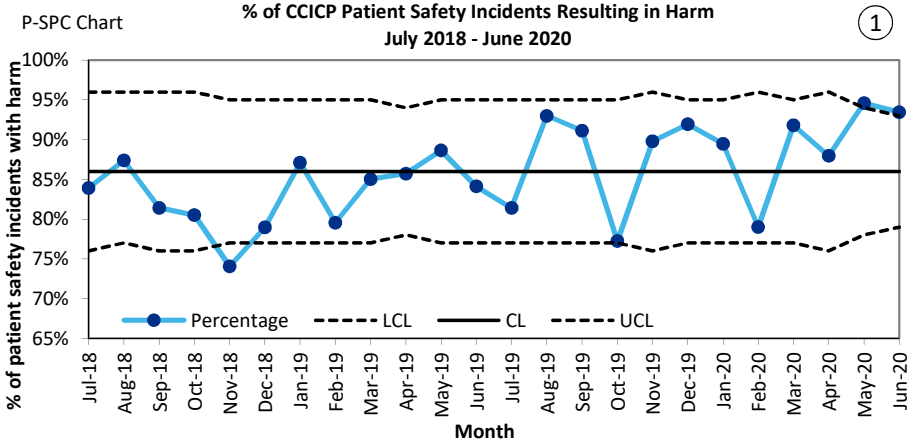
Board Papers - Quality, Safety & Experience

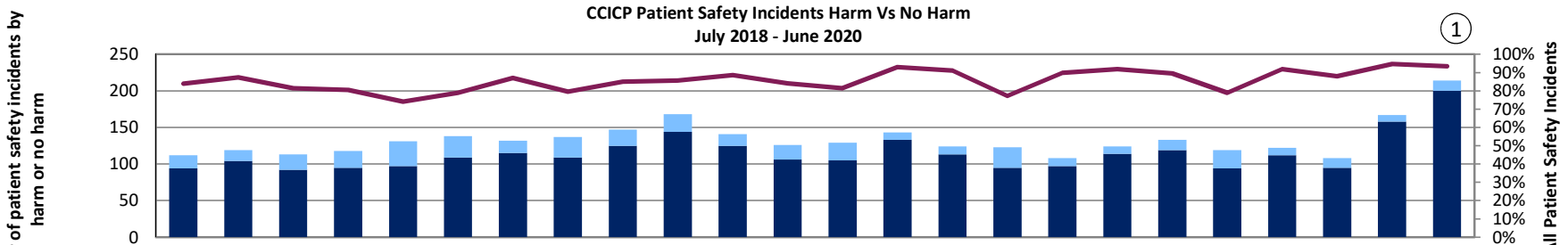
Central Cheshire Integrated Care Partnership (CCICP) Patient Safety Incidents

X-SPC Chart



P-SPC Chart





	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
No Harm	18	15	21	23	34	29	17	28	22	24	16	20	24	10	11	28	11	10	14	25	10	13	9	14
Harm	94	104	92	95	97	109	115	109	125	144	125	106	105	133	113	95	97	114	119	94	112	95	158	200
% Harm	84%	87%	81%	81%	74%	79%	87%	80%	85%	86%	89%	84%	81%	93%	91%	77%	90%	92%	89%	79%	92%	88%	95%	93%

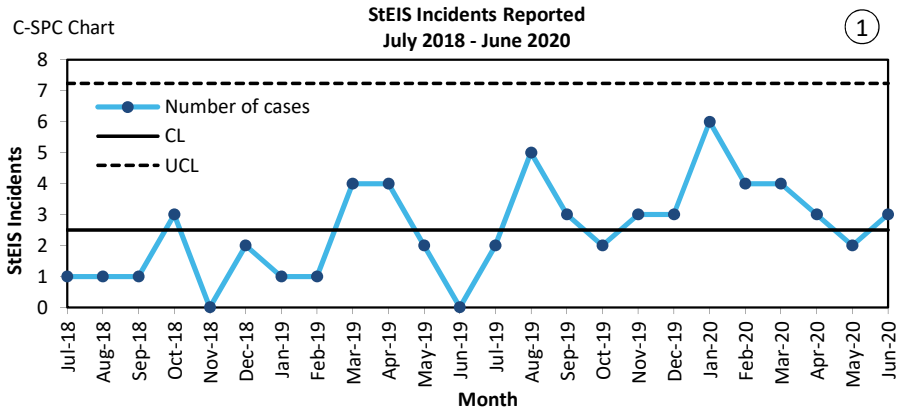
Accountable: Medical Director
Data Owner: Quality Governance
To note: P-SPC charts adjust the control limits to take into account each month's denominator.

Key Narrative: : During June 2020 there were 214 patient safety incidents reported, 200 resulted in harm accounting for 93% of incidents. The harm incidents are predominantly low harm skin damage that require reporting. Incident reporting has increased following the introduction of training that CCICP Quality Governance Managers have put in place across teams.

Low Harm 197, Moderate Harm 3, Serious Incident 0

Board Papers - Quality, Safety & Experience

StEIS Incidents - Trust Total



Accountable: Medical Director **Data Owner:** Quality Governance

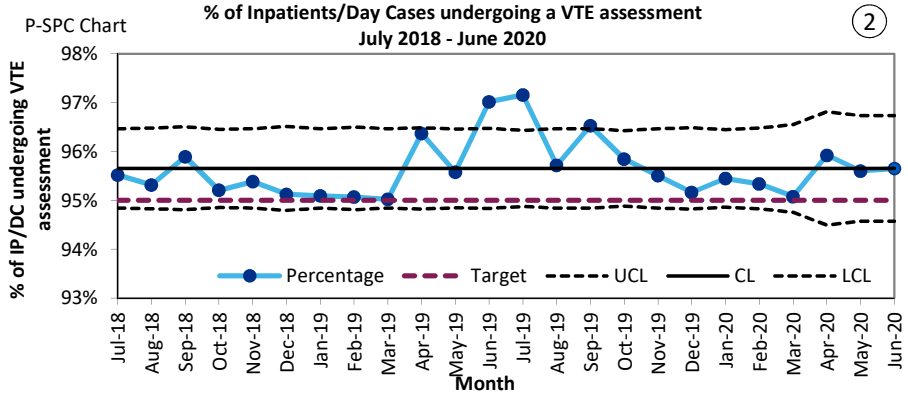
Key Narrative: In June 2020 there were 3 serious incidents declared to StEIS:

Corporate: There was an information governance breach that has been reported to the ICO.

Surgery and Cancer: A patient fell on the ward and sustained a fractured neck of femur.

Diagnostics and Clinical Support Services: A Magseed was inserted into the wrong lump - reported as a never event.

VTE

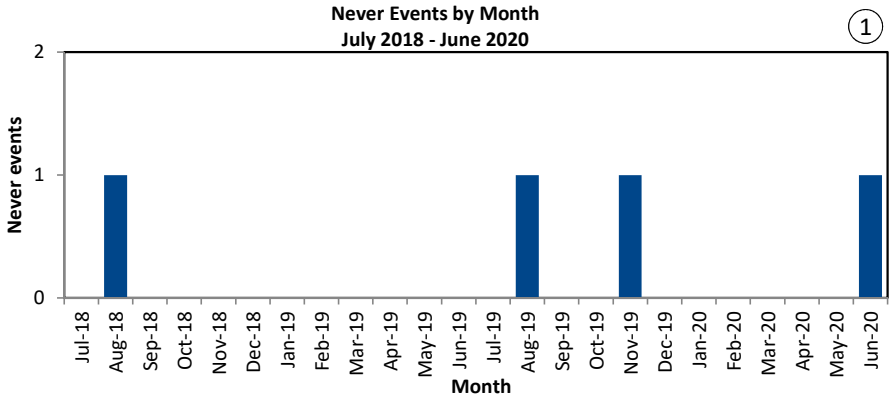


Accountable: Medical Director **Data Owner:** Information Services

Key Narrative: Compliance remains within target.

To note: P-SPC charts adjust the control limits to take into account each month's denominator.

Never Events - Trust Total

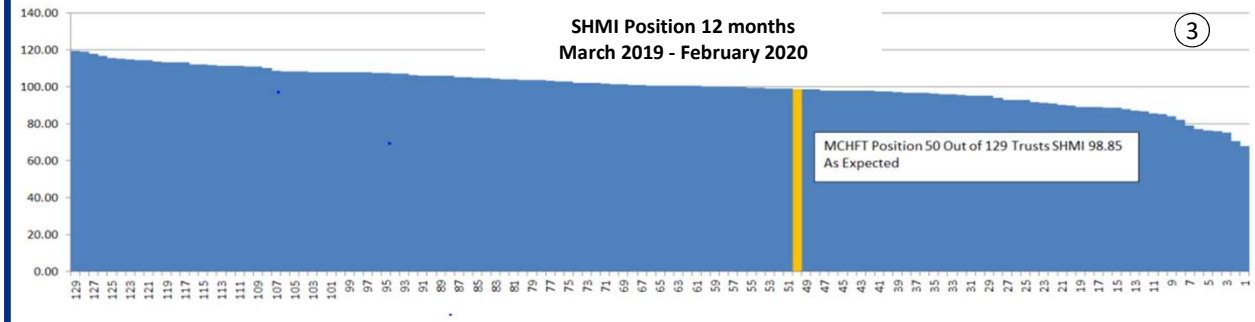


Accountable: Medical Director **Data Owner:** Quality Governance

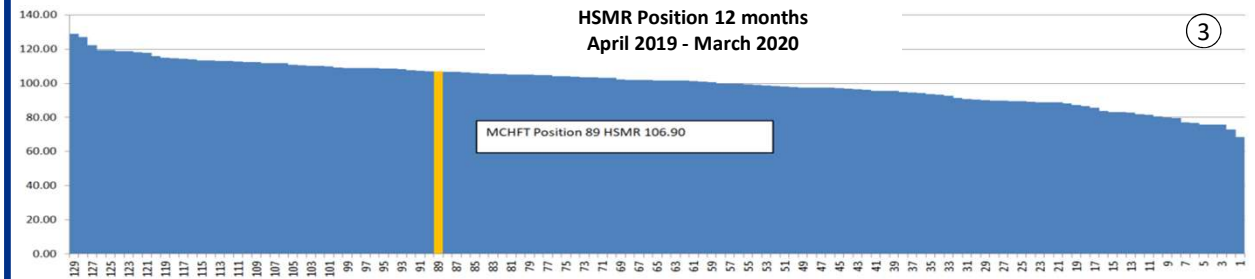
Key Narrative: There has been 1 never event in June 2020.

Board Papers - Quality, Safety & Experience

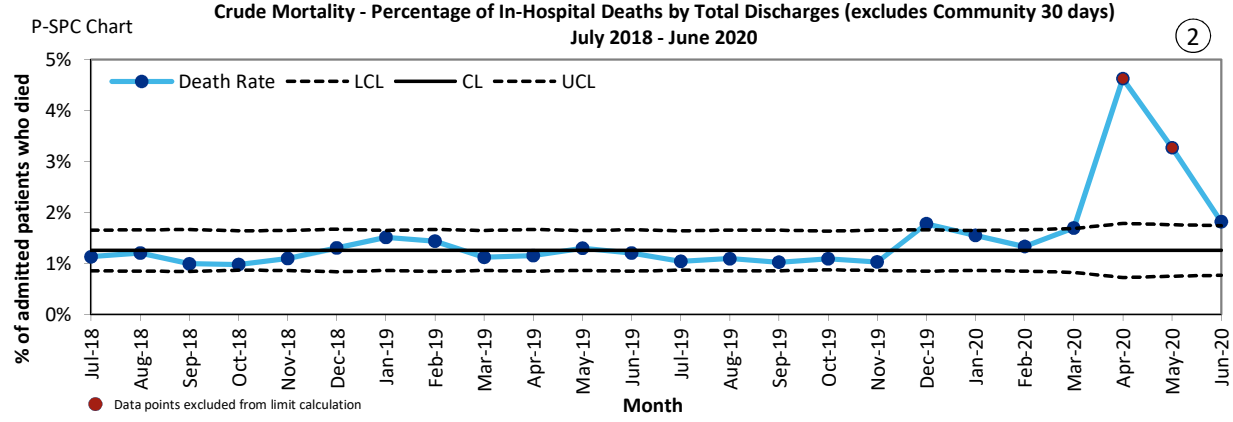
Mortality



Key Narrative: MCHFT SHMI has shown a slight improvement from the February 2019 - January 2020 position, moving from 99.54 to 98.85 and rank 56 to 50 out of 129 submitting Trusts (although is still in the 'as expected' range). Please note that the number of submitting Trusts has dropped from 134 to 129 due to Trust mergers that is now reflected in the data.



Key Narrative: March 2019 to February 2020 represents a deterioration in the base HSMR for the Trust from the February 2019 to January 2020 position. The latest data from HED (rebased to March 2020) suggests a continuation in this deteriorating HSMR and ranking.



Key Narrative: Crude mortality has remained largely consistent over the time period with the exception of Dec 2019 & March-June 2020 where it has increased and shows special cause variation on the chart. The latter period represents the beginning of the Coronavirus pandemic, resulting in a reduced number of inpatients within the Trust overall but an increase in the severity of illness and resultant mortality amongst the inpatient cohort.

Accountable: Medical Director
Data Owner: Quality Governance
To note: P-SPC charts adjust the control limits to take into account each month's denominator.

Data Rating: ①captured locally, ②system captured, ③published/benchmarked

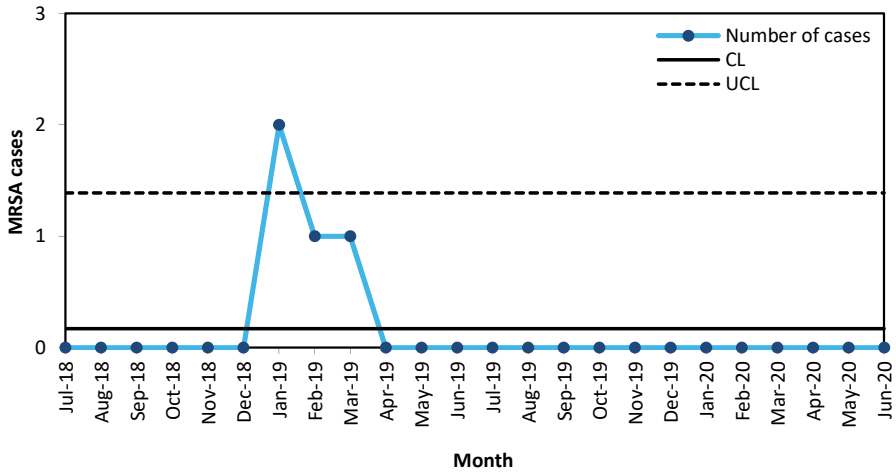
Board Papers - Quality, Safety & Experience - Infection Control

MRSA

C-SPC Chart

MRSA Bacteraemia Cases Reported Within the Trust
July 2018 - June 2020

②



Accountable: Director of Nursing and Quality
Data Owner: Infection Prevention Control Team

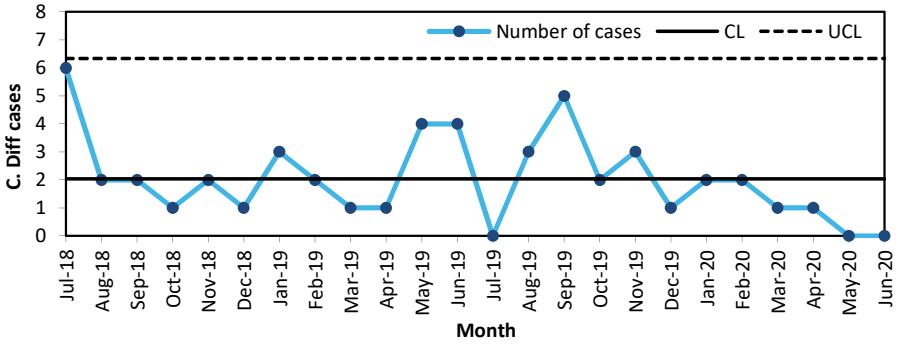
Key Narrative: There have been no cases of MRSA since March 2019.

C. Diff Positive Cases

C-SPC Chart

Hospital Acquired C. Diff Cases Reported Within the Trust
July 2018 - June 2020

②

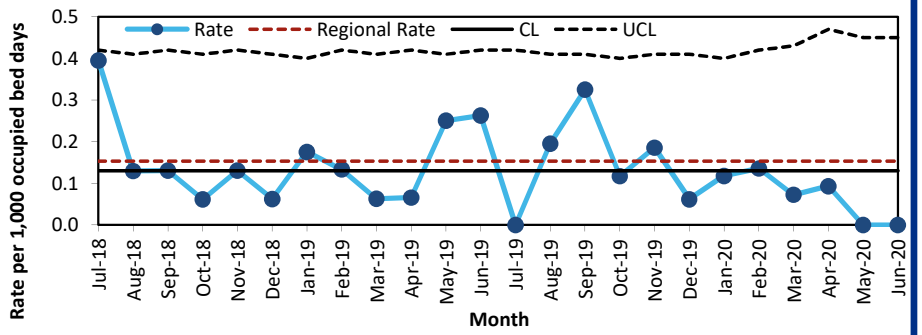


	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
Avoidable	0	0	0	0	0	0	0	0	0	0	0	0
Unavoidable	0	3	5	2	3	1	1	0	0	0	0	0
Awaiting Confirmation	0	0	0	0	0	0	1	2	1	1	0	0

U-SPC Chart

Hospital Acquired C.Diff Rate per 1,000 Occupied Bed Days
July 2018 - June 2020

②



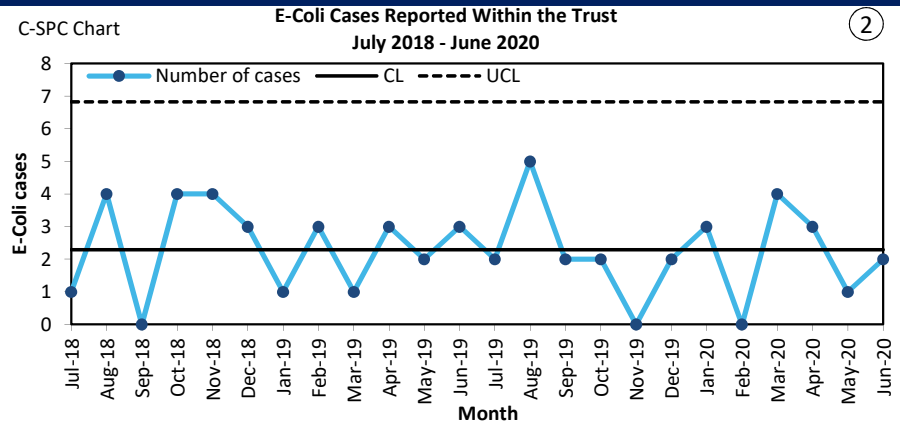
Accountable: Director of Nursing and Quality
Data Owner: Infection Prevention Control Team
Key Narrative: There have been 0 hospital acquired cases and 1 community acquired which is under investigation
P-SPC charts adjust the control limits to take into account each month's denominator.

Data Rating: ①captured locally, ②system captured, ③published/benchmarked

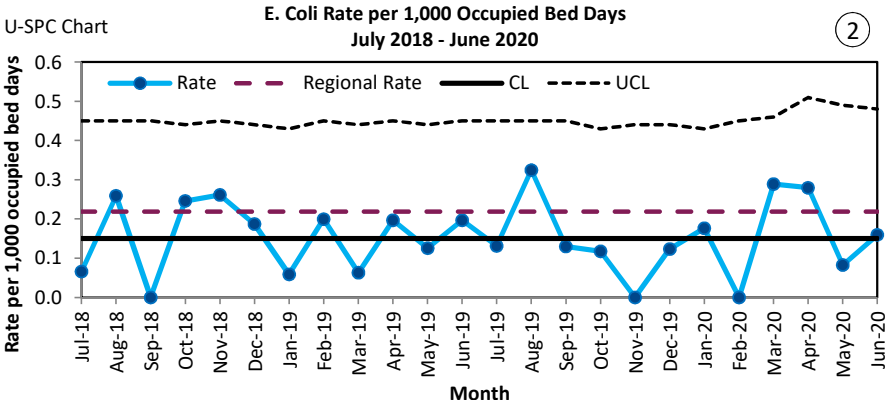
Board Papers - Quality, Safety & Experience - Infection Control

E-Coli Cases

C-SPC Chart



U-SPC Chart

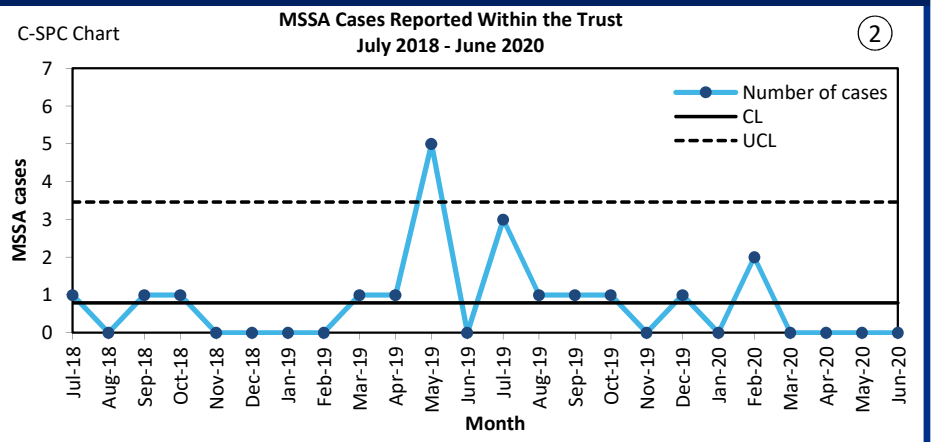


Accountable: Director of Nursing and Quality
Data Owner: Infection Prevention Control Team
Key Narrative: There were 2 cases of E. Coli bacteraemia in June 2020, following investigation one was unavoidable and one was avoidable. The avoidable case was found on ward 3 in a catheter sample of urine and central line ports.

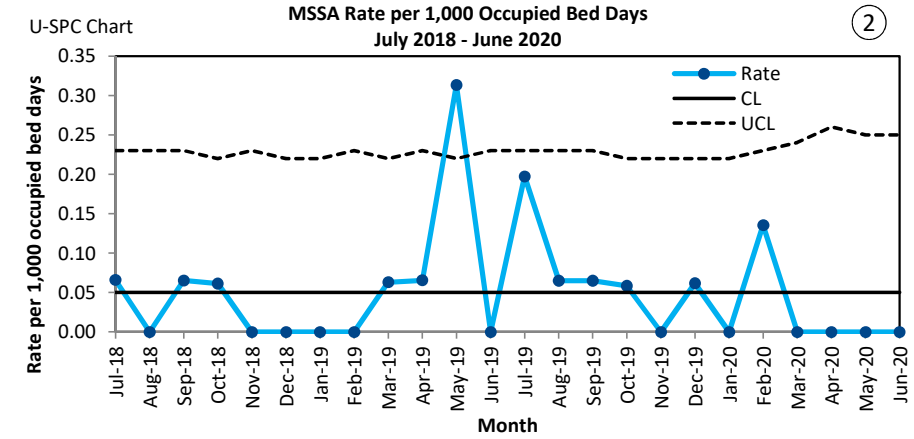
To note: U-SPC charts adjust the control limits to take into account each month's denominator.

MSSA

C-SPC Chart



U-SPC Chart

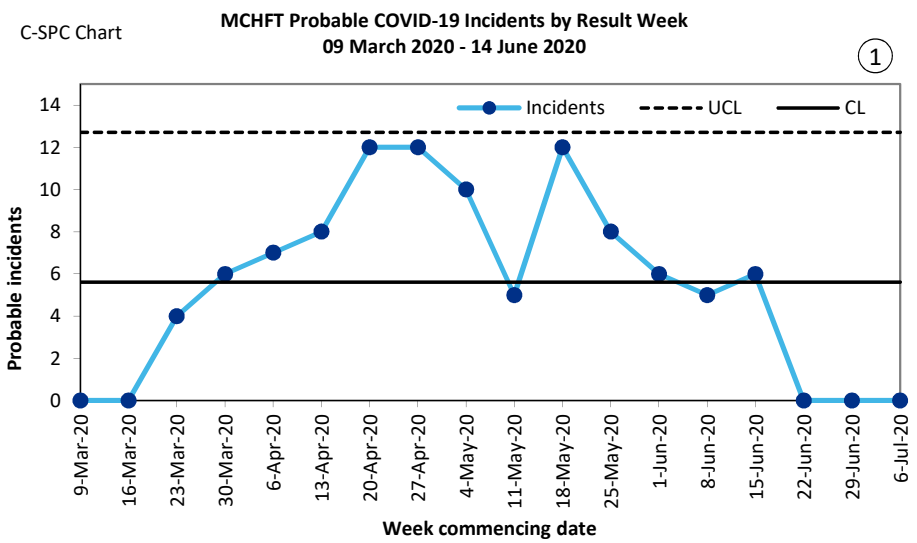


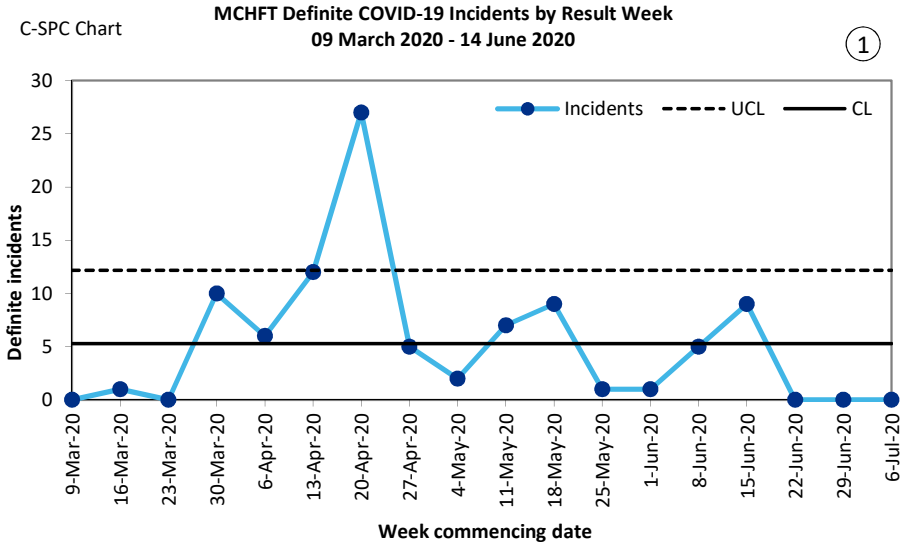
Accountable: Director of Nursing and Quality
Data Owner: Infection Prevention Control Team
Key Narrative: There have been no cases of MSSA in June 2020.
To note: U-SPC charts adjust the control limits to take into account each month's denominator.

Data Rating: ①captured locally, ②system captured, ③published/benchmarked

Board Papers - Performance

COVID-19 Healthcare Acquired Infections





Key Narrative: An After Action Review (AAR) took place on 25 June 2020 to review all clinical care processes, practice and actions were put in place with a focus on continuing to reduce the transmission of hospital acquire nosocomial infections.
Four workstreams were identified as a result of the AAR.

-Reducing patient moves and socially distanced beds
-Swab testing within national guidance
-implementation of touch point cleaning
- PPE use of inpatient face masks

The four workstreams report into Silver command and then up to Gold command weekly. The numbers of hospital acquired infections have reduced in June 2020.

Accountable: Director of Nursing and Quality
Data Owner: Information Services

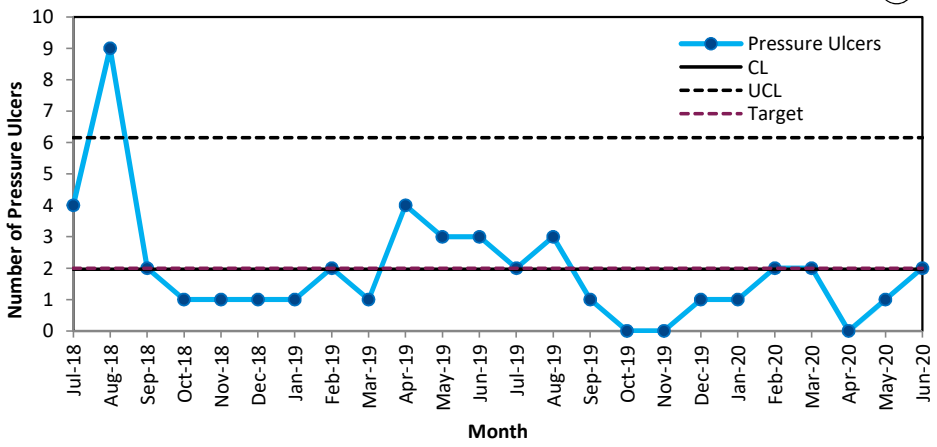
Board Papers - Quality, Safety & Experience

Acute Hospital Pressure Ulcers

C-SPC Chart

Acute Hospital Pressure Ulcers - Lapses in Care Identified
July 2018 - June 2020

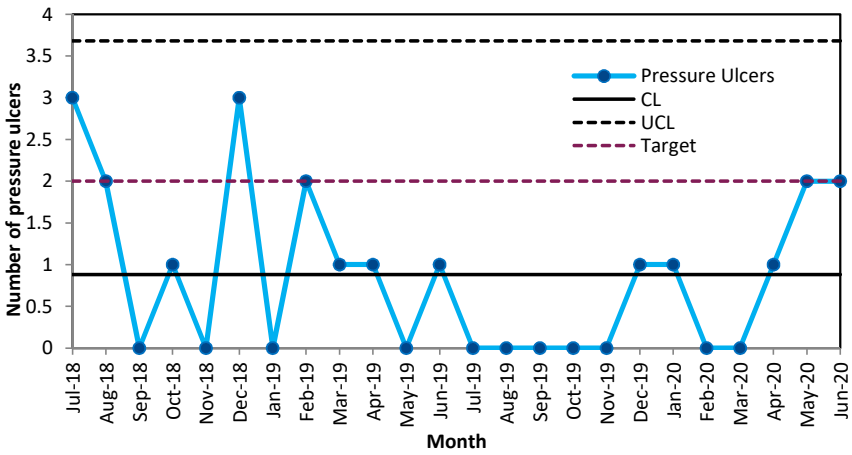
②



C-SPC Chart

Community Pressure Ulcers - Lapses in Care Identified
July 2018 - June 2020

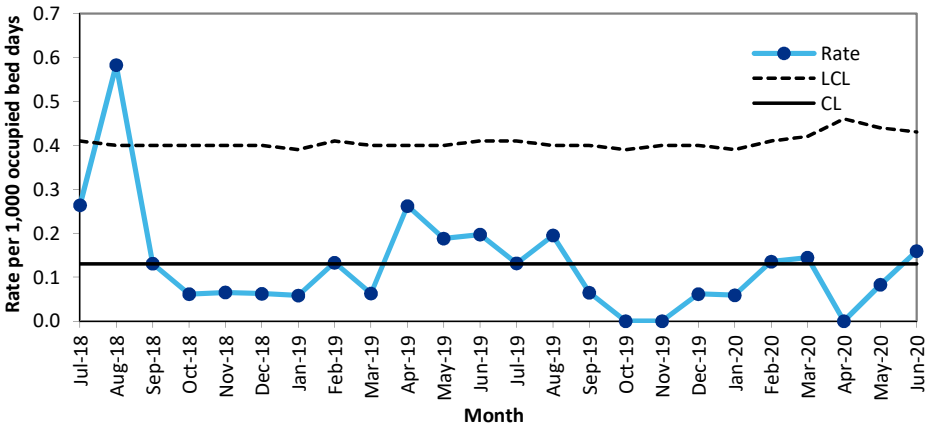
②



U-SPC Chart

Acute Hospital Pressure Ulcers - Lapses in Care Rate per 1,000 Occupied Bed Days
July 2018 - June 2020

②



To note: U-SPC charts adjust the control limits to take into account each month's denominator.

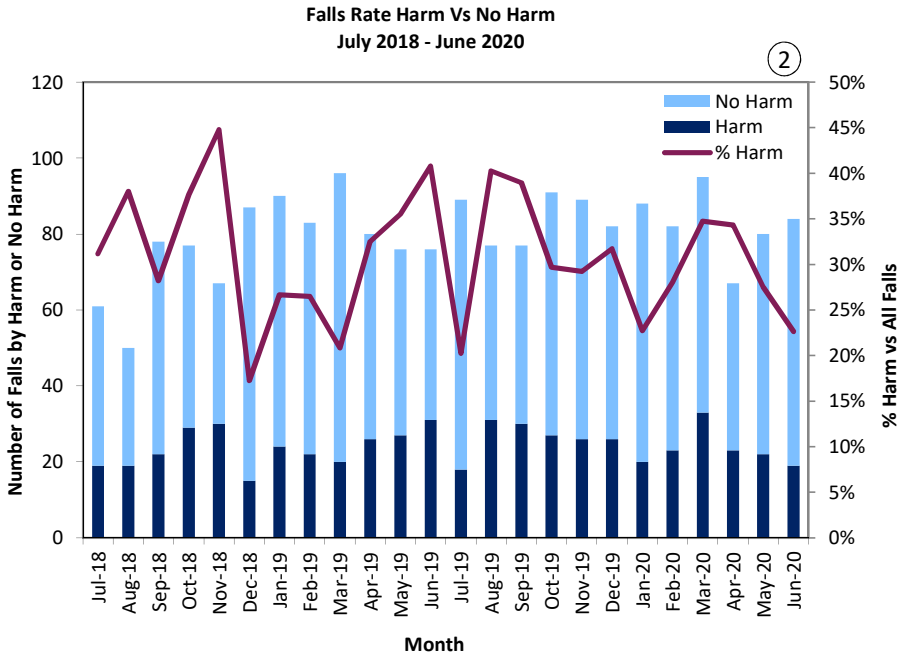
Accountable: Director of Nursing and Quality
Data Owner: Nursing Quality Team

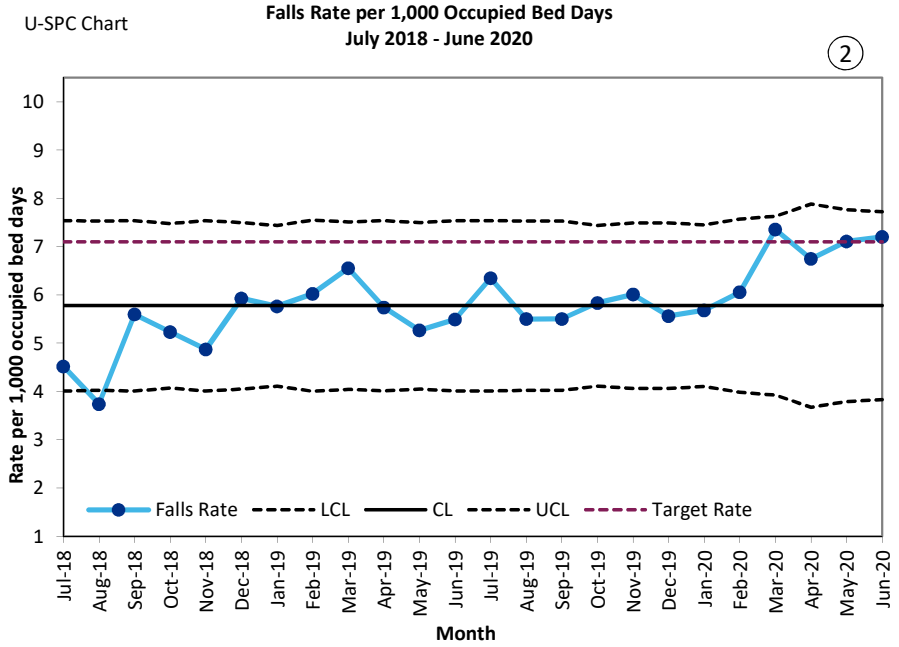
Key Narrative: CCICP-Due to the change in the acuity of patients with long term conditions coupled with lifestyle choices (patients wanting to be cared for in their own homes), there is an increase in the prevalence of patients experiencing a deterioration of skin care.
In response a cluster RCA investigation is underway to identify any themes, and CCICP have introduced a weekly safety huddle where every patient is reviewed.

Data Rating: ①captured locally, ②system captured, ③published/benchmarked

Board Papers - Quality, Safety & Experience

Falls





Key Narrative: The Trust falls rate has exceeded the target between March - May 2020, this is due to a reduction of occupied bed days by a third and an increase in patients either admitted with COVID- 19 or patients with complex medical conditions . In June 2020 the rate is now improving and meeting the target. It is expected that as the Trust recovers from the COVID-19 period that the rate will continue to move in line with the national rate.
It is important to note that there is a reduction in harm as shown in the graph above. All falls are scrutinised at the falls panel and the falls policy with an enhanced falls risk assessment has been updated and relaunched.

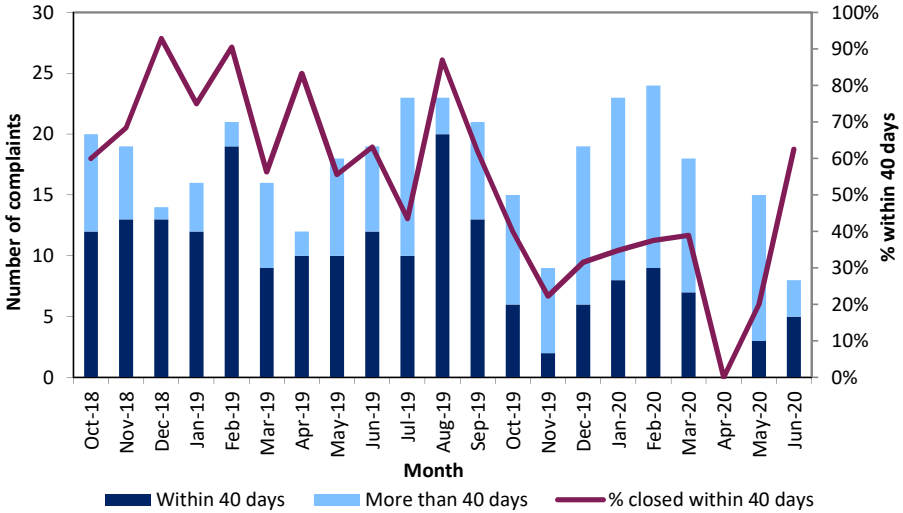
To note: U-SPC charts adjust the control limits to take into account each month's denominator.

Accountable: Director of Nursing and Quality
Data Owner: Nursing Quality Team

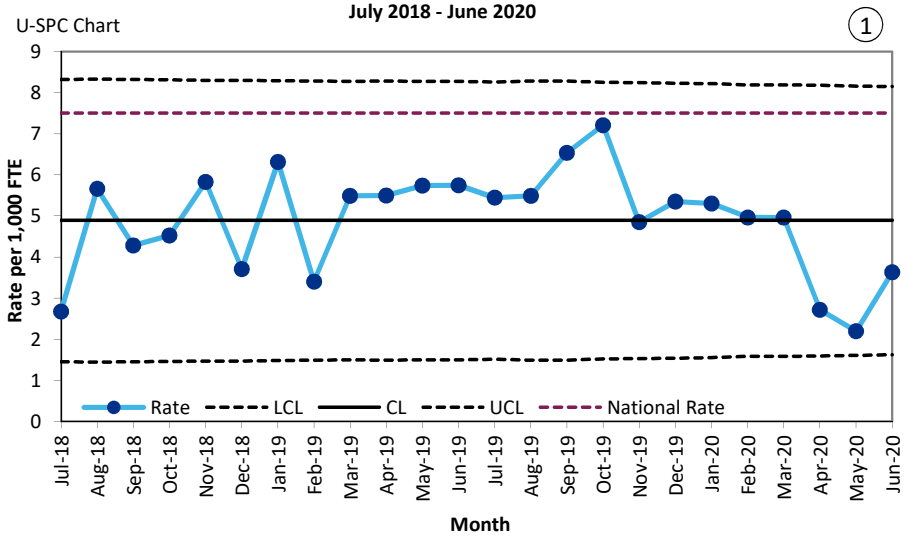
Board Papers - Quality, Safety & Experience

Written Complaints

Number of Complaints Included Within Criteria* Closed Within 40 Days
October 2018 - May 2020



Number of Written Complaints Received in Month per 1,000 FTE Staff
July 2018 - June 2020



Key Narrative: One of the national key performance indicators for managing complaints is to have a response completed and closed within 40 days. The Trust position had been improving up to August 2019, however this was not sustained with changes in the team and delays in the process. An improvement plan has been put in place to ensure complainants receive a quality comprehensive response in agreed timeframes. The Trust has now recommenced all complaint responses, and the compliance against the KPIs has started to improve following the introduction of new processes and leadership.

Model Hospital benchmark acute hospitals on complaints against a rate of per 1,000 WTE staff. Model Hospital data published in December 2019 (most recent data on the site) reported the Trust in the top quartile which gives some assurance that there is not a concern about quality of care. In April 2020 and May 2020 there was an expected reduction in complaints during the COVID-19 pandemic and an expected increase has been seen in June 2020.

Accountable: Director of Nursing and Quality
Data Owner: Customer Care Team

**exclusion criteria includes, for example: complaints linked to an investigation, multi-agency and cross-divisional and complaints, withdrawn complaints, complaints put on hold during the COVID-19 period.*

Data Rating: ①captured locally, ②system captured, ③published/benchmarked

Board Papers - Quality, Safety & Experience

Safer Staffing Divisional Analysis

①

Ward Name	Day				Night				Day		Night	
	Qualified		Unqualified		Qualified		Unqualified		Qualified	Unqualified	Qualified	Unqualified
	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Fill Rate	Fill Rate	Fill Rate	Fill Rate
MCHFT	**47,471.0**	**38,740.6**	**43,201.6**	**31,782.9**	**35,454.3**	**28,916.7**	**32,464.0**	**24,537.3**	**82.6%**	**76.4%**	**85.2%**	**82.1%**
Acute Medical Unit	1,590.0	1,530.5	2,200.0	2,023.5	1,032.5	979.0	1,596.0	1,464.0	96.3%	92.0%	94.8%	91.7%
Child & Adolescent Unit	3,139.6	2,292.0	1,424.3	1,325.5	2,047.0	1,988.4	701.5	666.8	73.0%	93.1%	97.1%	95.0%
Critical Care - Pod 1	3,625.0	3,178.5	570.0	486.0	3,648.0	3,162.0	-	-	87.7%	85.3%	86.7%	-
Critical Care - Pod 2	3,952.0	1,219.0	4,298.0	188.5	3,960.0	700.5	4,320.0	420.0	30.8%	4.4%	17.7%	9.7%
Elmhurst	942.0	774.0	2,852.8	2,255.3	731.3	719.8	2,196.0	1,740.0	82.2%	79.1%	98.4%	79.2%
Maternity Unit (Ward 23)	1,212.0	1,173.0	1,072.5	972.2	720.0	713.7	720.0	718.7	96.8%	90.6%	99.1%	99.8%
Midwifery Led Unit	711.2	640.8	-	-	720.0	698.3	-	-	90.1%	-	97.0%	-
NICU Ward 22	1,602.8	1,418.6	652.0	413.8	1,290.0	1,130.8	322.5	290.3	88.5%	63.5%	87.7%	90.0%
South Cheshire Surveillance	2,108.0	2,007.5	2,922.3	2,376.3	1,524.0	1,488.0	2,412.0	2,124.0	95.2%	81.3%	97.6%	88.1%
Ward 1 Coronary Care	2,000.5	1,569.5	1,158.0	984.0	1,500.0	1,211.5	768.0	552.0	78.5%	85.0%	80.8%	71.9%
Ward 10 Ortho Trauma	2,226.0	1,919.5	2,933.8	2,506.8	1,092.0	1,044.0	1,932.0	1,668.0	86.2%	85.4%	95.6%	86.3%
Ward 11 Surveillance	1,932.0	1,920.5	2,433.0	1,862.0	1,079.5	1,091.0	1,956.0	1,704.0	99.4%	76.5%	101.1%	87.1%
Ward 12 Medical	1,904.8	1,781.3	2,119.5	1,875.0	1,128.0	1,235.5	1,776.0	1,704.0	93.5%	88.5%	109.5%	95.9%
Ward 13 Elective	588.0	264.0	578.0	249.5	384.0	216.0	384.0	204.0	44.9%	43.2%	56.3%	53.1%
Ward 14 Gastroenterology	1,370.0	1,181.0	1,550.0	1,084.0	1,116.0	839.0	1,200.0	1,056.0	86.2%	69.9%	75.2%	88.0%
Ward 15 Surgical/Gynae	1,798.5	1,643.0	1,482.0	1,319.5	1,236.0	1,019.5	1,308.0	1,176.0	91.4%	89.0%	82.5%	89.9%
Ward 18 SAU	1,250.0	942.5	903.0	577.0	756.0	551.5	720.0	576.0	75.4%	63.9%	72.9%	80.0%
Ward 18 Surgical Speciality	1,079.0	798.0	911.5	765.5	720.0	552.0	420.0	384.0	74.0%	84.0%	76.7%	91.4%
Ward 21b Rehabilitation	1,110.0	1,093.0	2,201.0	2,078.5	744.0	754.5	1,230.0	1,152.0	98.5%	94.4%	101.4%	93.7%
Ward 26 Labour	2,944.0	2,819.6	635.7	629.3	2,514.0	2,452.8	354.0	415.8	95.8%	99.0%	97.6%	117.5%
Ward 3 Covid	1,756.5	1,648.8	1,923.5	1,686.0	1,092.0	1,079.0	1,704.0	1,524.0	93.9%	87.7%	98.8%	89.4%
Ward 4 Elderly	1,885.7	1,737.6	1,994.8	1,837.3	1,344.0	1,197.5	1,896.0	1,848.0	92.1%	92.1%	89.1%	97.5%
Ward 5 Covid	2,284.5	2,003.0	1,940.5	1,653.0	1,884.0	1,775.0	1,476.0	1,349.8	87.7%	85.2%	94.2%	91.5%
Ward 6 Rehab	1,897.5	1,743.5	1,898.0	1,554.5	1,524.0	1,369.5	1,224.0	1,020.0	91.9%	81.9%	89.9%	83.3%
Ward 7 Covid	1,451.5	533.0	1,528.0	370.5	876.0	288.0	1,176.0	264.0	36.7%	24.2%	32.9%	22.4%
Ward 9 Medical	1,110.0	909.0	1,019.5	709.5	792.0	660.0	672.0	516.0	81.9%	69.6%	83.3%	76.8%

Accountable: Director of Nursing and Quality
Data Owner: Information Services

Board Papers - Quality, Safety & Experience

Safer Staffing Divisional Analysis

Safe Staffing June 2020 Data

The Trust continued to response to Covid-19 during June. Wards have reconfigured in response to the need for capacity; manage patient flow and nosocomial infection. Due to the fluctuating number of patients, acuity continues to change. Wards have moved but there has been a stabilisation of the ward model, which is reflected in higher fill rates. The demand for critical care beds has reduced with the gradual reduction in beds and staffing requirement.

During May the Director and Deputy of Nursing and Quality along with Heads of Nursing implemented 6 weekly acuity reviews based on the respiratory ward establishment model and professional judgement to ensure safe staffing throughout the Covid-19 period. Staffing numbers have continued to flex in the Covid positive and surveillance areas to meet patient demand which has fluctuated both in terms of acuity and occupancy. Not all shifts have been required which is reflected in a lower fill rate in some wards. The most recent acuity reviews have established that a reduction in staffing was possible on Covid and surveillance wards with additional staff resource being added to rehabilitation wards were acuity had increased. Some green wards (non covid) have experienced an increase in nosocomial infection where patients have then been moved to amber wards (covid) leading to reduced occupancy which enabled a reduction in staffing requirements in month.

Accountable: Director of Nursing and Quality **Data Owner:** Information Services

"Delivering Excellence in Healthcare through Innovation and Collaboration"

NHS
Mid Cheshire Hospitals
NHS Foundation Trust

Performance and Finance - Headlines June 2020

Current Position | Analysis | Forward View

The reported position is break even, with the Trust receiving £3.84m in additional Top up funding from regulators. The expectation that Trust will meet a break even position will continue at least until the end of July.

Whilst the Trust has incurred significant costs in relation to the covid-19 outbreak, particularly with increased pay costs, and reduced income from footfall to the Trust – there have been a number of offsets associated with reduced planned care.

The Use of Resources Ratings are suspended under the current financial regime.

Financial Performance 2020/21

	Apr	May	Jun	Jul
In Month Plan	0	-0	0	-0
In Month Actual	-0	0	0	-
In Month Variance	-1	0	0	0
Cumulative Plan	0	-0	-0	-0
Cumulative Actual	-0	-0	0	0
Cumulative Variance	-1	-0	0	0

	YTD Rating		YE Rating	
Indicator	**Plan**	**Actual**	**Forecast**	**Status**
Finance				
Use of Resource Rating				
Capital Service Capacity				
Liquidity				
I&E Margin				
Distance from Financial Plan				
Agency Spend				

The Top Up funding is based on costs over and above a baseline calculation that NHSI have made using a reference period of months 8-10 from the 2019/20 accounts. The fact that there were some key transactions that took place after this period is the main reason as to why the Trust requires the additional funding, and equates to £1m a month.

It is anticipated that without any review of the current funding allocation – the Trust will require an additional £1.4m each month, up to the end of July – which is where the current financial framework is agreed to.

The expectations beyond July are expected imminently, at which point the temporary measures adopted within the Trust will be reviewed and extended where necessary – in order to prepare for the challenges moving towards the Winter planning.

"Delivering Excellence in Healthcare through Innovation and Collaboration"

NHS Mid Cheshire Hospitals NHS Foundation Trust

Performance and Finance - Income From Patient Care June 2020

Current Position

Income from Patient Care activity covers both contract income, Private Patient funding and Injury cost Recovery Scheme income. This income is £722k below plan.

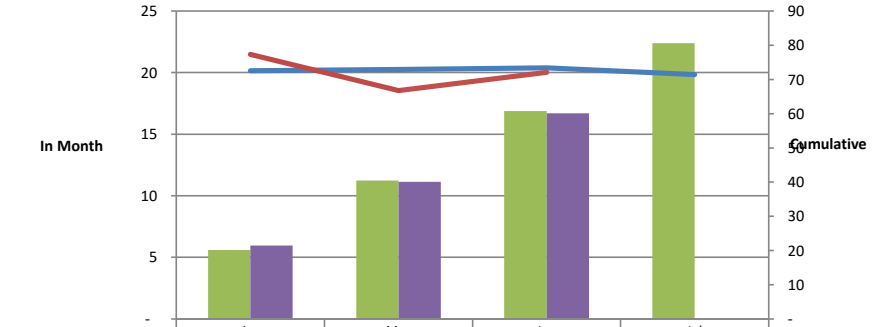
Contract income is £233k below plan which relates to non-contract/cross border flow activity as it is not currently being billed as part of the covid-19 guidelines.

The underlying PbR contract income position for activity seen in Q1 is less than received in the calculated block payments.

Private patient and the Injury cost recovery scheme income is under plan by £489k year to date, as a result of the reduced activity within the hospital and social distancing measures in place.

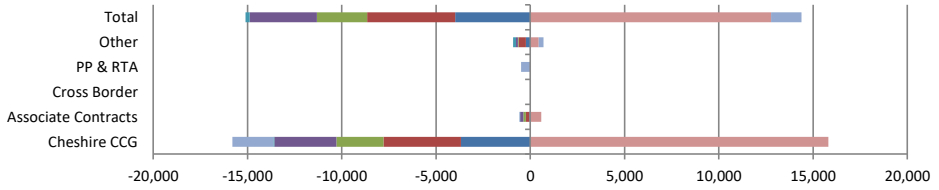
Analysis

Income From Patient Care Performance 2020/21 £'m



	Apr	May	Jun	Jul
Cumulative budget	20	40	61	81
Cumulative actual	21	40	60	-
In month budget	20	20	20	20
In month actual	21	19	20	-

Cumulative Variance Income from Patient Care £'000s



	Cheshire CCG	Associate Contracts	Cross Border	PP & RTA	Other	Total
Unplanned Care	-3,686	-54	-4	-	-242	-3,987
Day case	-4,102	-189	-1	-	-382	-4,675
Elective	-2,498	-129	-0	-	-31	-2,659
Outpatients	-3,300	-164	-1	-	-103	-3,568
High cost drugs	-52	-6	2	-	-164	-220
COVID	15,809	581	-	-	439	12,774
Other Contracts	-2,171	-38	2	-489	253	1,612
Total	-0	-0	-3	-489	-230	-722

Forward View

The Trust has an agreement for a block value with all commissioners for April-July 2020/21, with additional 'top up' payments in place to support Trusts where costs exceed the regulator expectations.

It has now been confirmed that Trusts will continue with mandated block contract income for the remainder of the financial year. There will be no requirement to negoiate written contracts and CQUIN will be suspended for 2020/21.

"Delivering Excellence in Healthcare through Innovation and Collaboration"

Mid Cheshire Hospitals NHS Foundation Trust

Performance and Finance - Pay Expenditure June 2020

Current Position

Cumulatively Pay is worse than the NHSI expectation by £3.2m, of which the majority is associated with direct covid-19 costs (£2.4m).

The balance relates to some challenges over the reference period taken by NHSI to calculate the pay budget, non-delivery of CIP, provisions for consultant pay award and an accrual for funding junior doctor's annual leave prior to the August rotations.

The direct costs associated with covid-19 are broken down into the following areas:

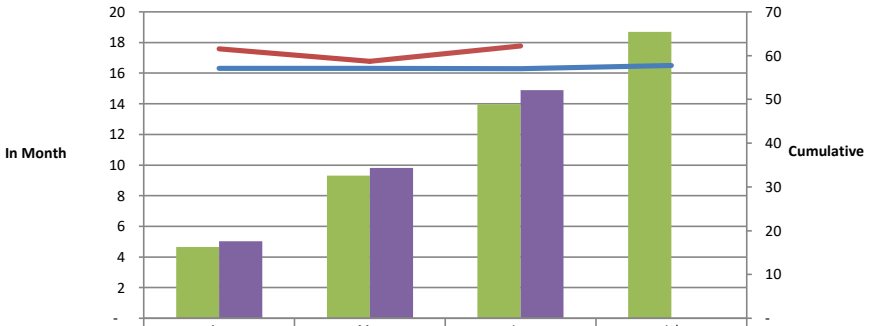
- Bank incentive (£0.7m)

- Additional Medical costs including paid student placements (£0.8m)

- Increase in acuity pre-dominantly impacting nursing, and further paid student placements (£0.8m)

Analysis

Pay Expenditure 2020/21 £'m



	Apr	May	Jun	Jul
Cumulative budget	16	33	49	65
Cumulative actual	18	34	52	-
In month budget	16	16	16	16
in month actual	18	17	18	-

Pay Variances by Staff Group and Division £'000s

	DMEC	S&C	W&C	CSSD	CCICP	Estates	COVID	Other	Total
Total	-129	86	80	372	-85	40	-2,376	-1,203	-3,216
Infrastructure Support Staff	-37	121	-9	35	-206	40	-160	-969	-1,186
Non Clinical Staff	-6	69	-3	229	169	-	-97	-5	357
Medical Staff	95	-105	71	212	-9	-	-682	-122	-539
Nursing Staff	-181	1	21	-105	-39	-	-1,437	-107	-1,848

Forward View

There is significant pressure of the pay budgets as a result of measures put in place to support the Trust with the pandemic, which will impact the second quarter of the year. These measures, such as increased support in the Emergency Department are being subjected to regular scrutiny and review with the executive team.

The Trust remains focussed on key workforce projects to increase the international nurse recruitment, radiography recruitment and development of the role of associate physicians within the Trust.

However, some of these projects are subject to delays as a result of Covid-19 – and therefore new and alternative schemes are being developed.

"Delivering Excellence in Healthcare through Innovation and Collaboration"

Mid Cheshire Hospitals NHS Foundation Trust

Performance and Finance - Non-Pay Expenditure June 2020

Current Position

Non Pay is £0.769m better than the expectations set out by NHSI regulators, and an improvement of £0.677m in month.

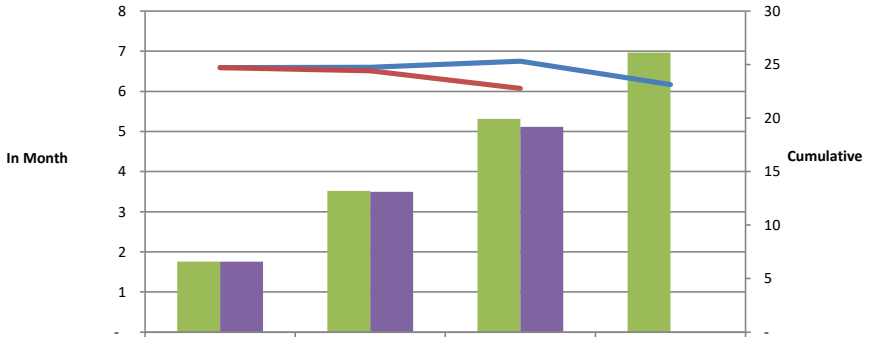
Whilst the costs associated with Covid-19 have been separately identified as being £2.778m there are a number of offsets associated with planned care which is significantly reduced at present.

The key expenditure within non pay for Covid-19, relates to PPE and increase consumables (£1.96m), temporary fixtures and enablement (£0.4m) and IT costs (£0.46m).

There are significantly reduced costs within the areas of drugs (particularly around chemotherapy, and chronic conditions), high cost prosthetics/other surgical supplies and reduced diagnostics.

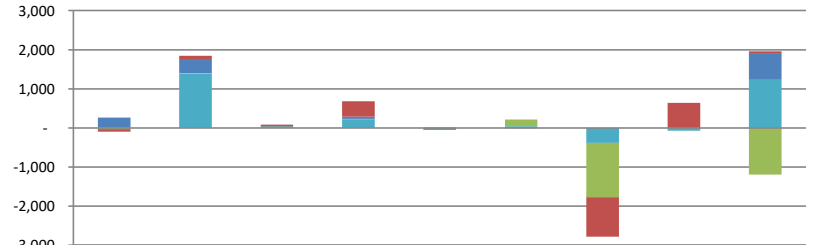
Analysis

Non Pay 2020/21 £'m



	Apr	May	Jun	Jul
Cumulative budget	7	13	20	26
Cumulative actual	7	13	19	-
In month budget	7	7	7	6
In month actual	7	7	6	-

Non Pay Variances by Type and Division £'000s



	DMEC	S&C	W&C	CSSD	CCICP	Estates	COVID	Other	Total
Total	172	1,846	89	680	-24	210	-2,778	574	769
Other Non Pay	-63	81	45	391	-25	-9	-1,002	643	61
Drugs	248	364	0	55	-0	-0	-0	2	668
Non Clinical Supplies	-30	19	0	12	22	178	-1,392	1	-1,190
Clinical Supplies	16	1,383	43	222	-22	41	-384	-71	1,229

Forward View

There are considerable challenges associated with securing the supply of PPE, which presents a challenging part of looking to forecast the future – particularly as the Trust looks beyond July and restoring planned care.

It is expected that in the coming months that the Trust will also have challenges, that will have cost implications around sourcing additional diagnostic capacity in order to support the increase of patients to the hospital and steps towards recovery.

Forecasting beyond July, the trust is expecting to look to restart the elective programme and therefore the current underspends that are being observed will decrease.

"Delivering Excellence in Healthcare through Innovation and Collaboration"

Mid Cheshire Hospitals NHS Foundation Trust

Performance and Finance - Cost Improvement Programme June 2020

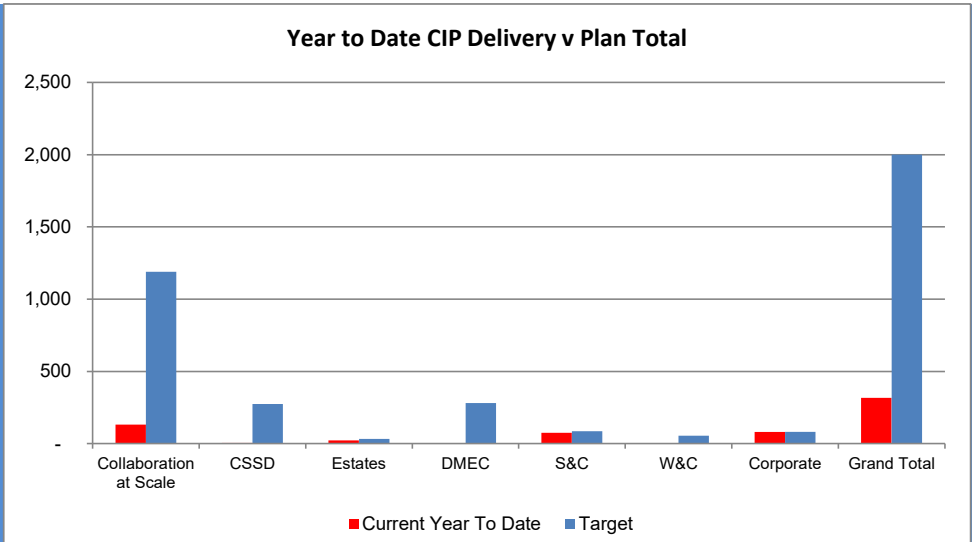
Current Position

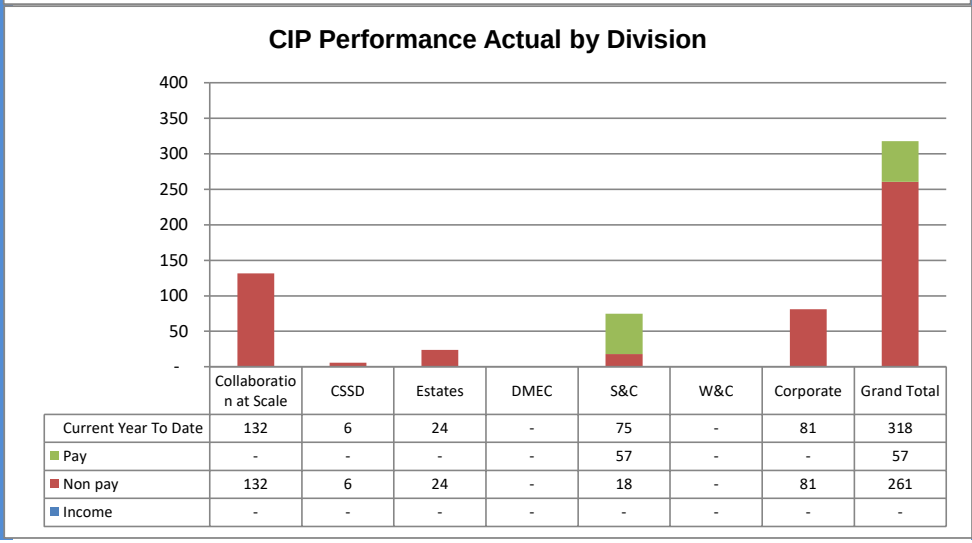
The Trust is not currently being managed by regulators in terms of a cost improvement programme. the targets shown within the graph opposite illustrate the indicative cost savings expected in accordance with the draft plan.

However, the Trust is continuing to look to support either existing schemes or new schemes that can progress in areas of the hospital that have capacity to support focus around this, which is being managed via the monthly finance meetings.

These schemes are particularly focussed on areas which do not have an impact on patient care.

Analysis





	Collaboration at Scale	CSSD	Estates	DMEC	S&C	W&C	Corporate	Grand Total
Current Year To Date	132	6	24	-	75	-	81	318
Pay	-	-	-	-	57	-	-	57
Non pay	132	6	24	-	18	-	81	261
Income	-	-	-	-	-	-	-	-

Forward View

The original draft CIP plans which equated to £8m were split into the following themes

- Grip and control (£2.67m)
- Collaboration @ Scale (£4m)
- Transformation (£1.33m)

The Trust as part of the NHSI recalculation has currently given 1.1% of CIP for months 1-4, which equates to £1m, and the Transformational workstream has been suspended under covid-19 and is not expected to deliver the £1.33m. Both of these have reduced the potential of the original schemes to £5.67m.

Of the remaining schemes, which fall under Grip and Control and Collaboration at Scale – the projects that are being progressed are non-patient facing in nature, given the challenging circumstances that Covid-19 has – which will have the impact of a significantly reduced CIP forecast for the year.

"Delivering Excellence in Healthcare through Innovation and Collaboration"

Mid Cheshire Hospitals NHS Foundation Trust

Performance and Finance - Agency Spend June 2020

Current Position

Agency expenditure is at the lowest level since Sept 2019, and this is for a number of reasons.
- There has been a reduction in shifts required as a result of the changing capacity requirements,

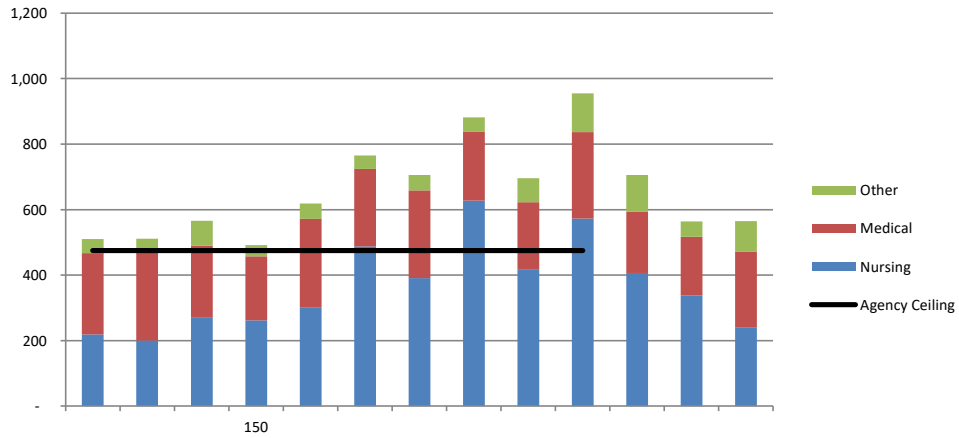
- The bank incentive is leading to a higher fill rate, reducing the requirement for agency

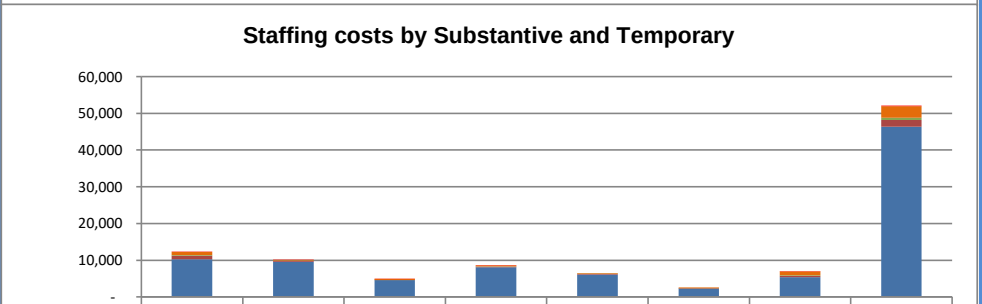
- An increase in substantive staff employed by the Trust, which occurred in the final quarter of 2019/20.

This is reflected in a reduction of both Thornbury and Pulse nursing agencies, which are the most expensive options for Registered nurse shift cover.

It is now within the specialist areas of nursing where these agencies are used, in particular ED. It is this that will eliminate the most expensive agency use.

Analysis





	DMEC	S&C	W&C	CSSD	CCICP	Estates	Other	Total
Total	12,370	10,161	4,916	8,671	6,512	2,556	6,941	52,127
Waiting List	80	31	6	33	-	-	4	155
Bank	916	230	310	329	185	193	1,043	3,205
Locum	167	114	9	86	81	-	141	597
Agency	922	219	18	173	147	0	356	1,835
Substantive	10,285	9,568	4,573	8,051	6,098	2,363	5,397	46,335

Forward View

Registered nurse vacancies are reducing, and there are a number of schemes that will strengthen the nursing establishment over the coming months:

- International nurse recruitment
  - There are prospective nurses due to sit their OSCEs in October
  - Recruitment for future cohorts has re-commenced

- Trainee nurses, on paid placement at the Trust will hopefully convert to newly qualified employees

- There are 11 nurse trainees who are expected to complete their UK adaptation in Q4 of 2020/21

Whilst this does represent a positive outlook, there is a need for caution as the demand for more nurses to support rotas for acuity for covid-19 patients and the requirement to staff a Winter ward, will put significant pressure on the temporary costs.

The execs have recently reviewed the bank incentive, and plan for key changes will be articulated in the coming days.

"Delivering Excellence in Healthcare through Innovation and Collaboration"

Mid Cheshire Hospitals NHS Foundation Trust

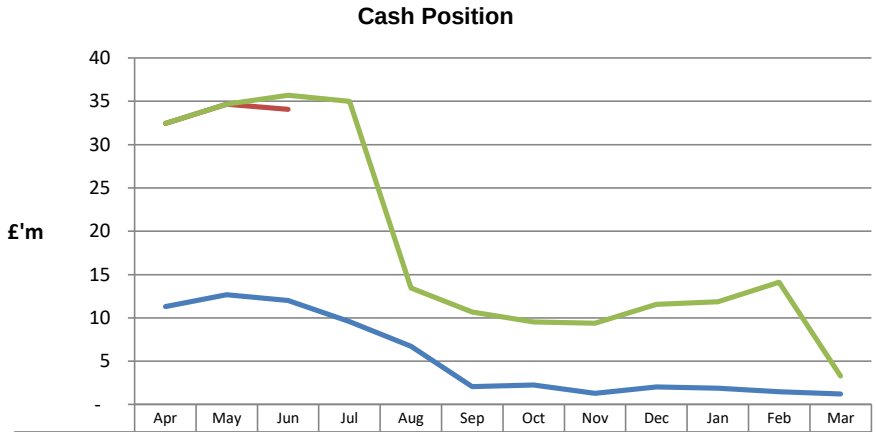
Performance and Finance - Cash June 2020

Current Position

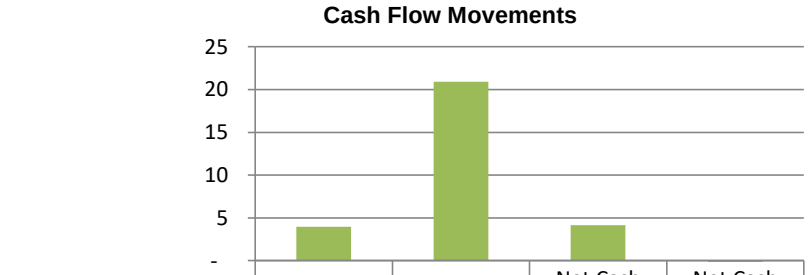
Cash Position
Cash is better than originally anticipated by £22m.

This is due to £20m of contract income being paid in advance to support cash flow during the COVID-19 pandemic. In addition, capital expenditure is behind plan.

Analysis



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Plan	11	13	12	10	7	2	2	1	2	2	1	1
Actual	32	35	34									
Forecast	32	35	36	35	13	11	10	9	12	12	14	3



	Operating Surplus / (Deficit)	Increase / (Decrease) in Working Capital	Net Cash Inflow / (Outflow) from Capital Expenditure	Net Cash Inflow / (Outflow) from Borrowings
Variance to Opening Balance	4	21	4	-0

Forward View

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

The forecast is based on the Going Concern exercise for the 2019/20 audit, which has been adjusted for actuals to May 2020.

"Delivering Excellence in Healthcare through Innovation and Collaboration"

Mid Cheshire Hospitals NHS Foundation Trust

Performance and Finance - Capital Expenditure June 2020

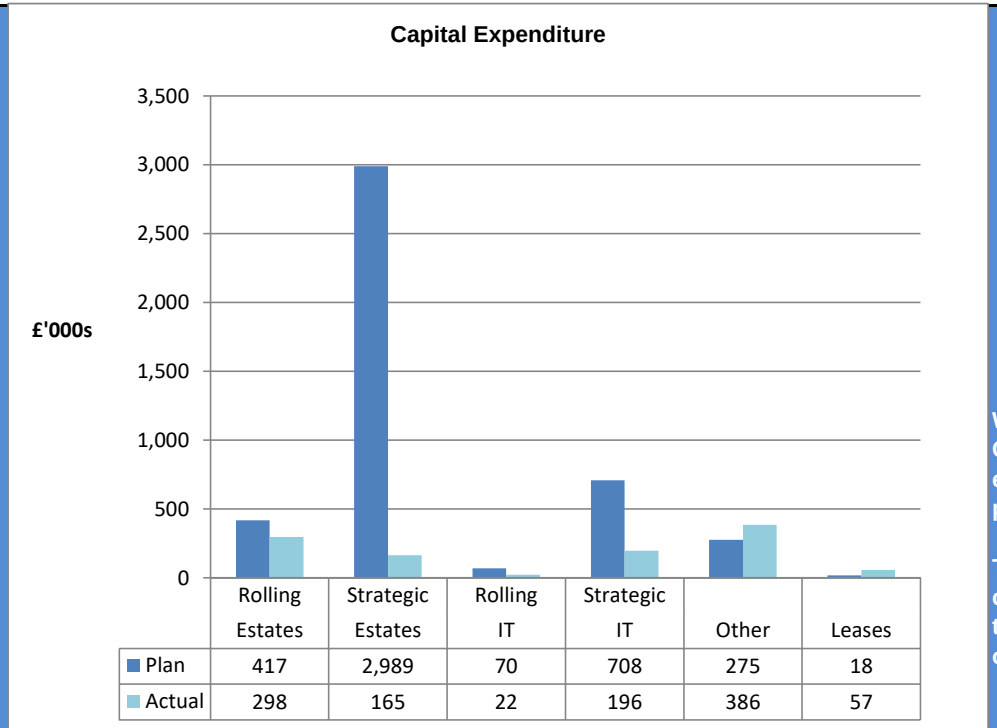
Current Position

The capital programme (excluding leases) is £3.4m less than anticipated which is mainly due to:

(£0.8m) Car Park Expansion
(£0.7m) Third CT Enabling
(£0.6m) ICU Conversion
(£0.5m) Endoscopy Works
(£0.3m) Labcentre Upgrade

Lease expenditure is broadly inline with plan.

Analysis



		Year to Date £'000s			Year End £'000s		
		Plan	Actual	Variance	Plan	Forecast	Variance
Estates	Rolling	417	298	-119	2,762	2,762	0
Estates	Strategic	2,989	165	-2,824	8,463	7,463	-1,000
IT	Rolling	70	22	-48	353	353	0
IT	Strategic	708	196	-512	5,655	5,655	0
Other		275	386	111	445	445	0
Leases		18	57	39	3,679	3,679	0
		4,477	**1,123**	**-3,354**	**21,357**	**20,357**	**-1,000**

Forward View

We are awaiting national guidance on the Capital regime for 2020/21, therefore only essential and priority works will be progressed until this is received.

The forecast is based on information currently available, it is anticipated that there will be slippage on the refurbishment of South Cheshire Private Hospital.

"Delivering Excellence in Healthcare through Innovation and Collaboration"

NHS
Mid Cheshire Hospitals
NHS Foundation Trust

Performance and Finance - Statement of Financial Position June 2020

Current Position | Analysis | Forward View

Assets Non-Current
The capital programme expenditure is £3.4m less than the anticipated plan, mainly due to slippage on the Car Park Expansion of £0.8m and Third CT Enabling £0.7m.

Assets Current
Trade receivables have reduced by £5m compared to March 2020, mainly due to receiving payments for 19/20 PSF. Cash is better than expected due to £20m of contract income being paid in advance to support cash flow during the COVID-19 pandemic.

Current Liabilities
Trade Payables has reduced by £6.5m compared to March 2020, due to the increased frequency of payment runs. Deferred Income is £22m higher due to the additional contract payments to support COVID-19 cash flows.

Taxpayers Equity
Working Capital Loans and the Interim Capital Loans to the value of £13.2m are due to be converted to PDC in September.

	Position as at March 20 (£'000)	Actual Apr to June (£'000)	Variance (£'000)
Assets			
Assets, Non-Current	104,476	104,072	-404
Assets, Current	32,811	48,574	15,763
ASSETS, TOTAL	**137,287**	**152,646**	**15,359**
Liabilities			
Liabilities, Current	-39,717	-55,127	-15,410
Liabilities, Non Current	-8,655	-8,677	-22
TOTAL ASSETS EMPLOYED	**88,915**	**88,842**	**-73**
Taxpayers' and Others' Equity			
Taxpayers Equity	88,915	88,842	-73
TOTAL FUNDS EMPLOYED	**88,915**	**88,842**	**-73**

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

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

Performance and Finance - COVID Capital Schemes June 2020

Bid Month	Scheme Description	Scheme Rationale	Scheme Type	Bid Value	Year to Date £'000s			Year End £'000s		
				£'000s	Plan	Actual	Variance	Plan	Forecast	Variance
Apr-19	Voice over IP	Enables Switchboard virtual operator	IT	91	91	91	0	91	91	0
May-19	Upgrade of Oxygen Supply	To enable the use of CPAP and Ventilators	Infrastructure	56	56	56	0	56	56	0
May-19	Blood Gas GEM 5000	Additional required	Clinical Equipment	39	39	34	-5	39	39	0
May-19	IMPRIVATA: ONESIGN SINGLE	Single Sign on enablement	IT	109	109	109	0	109	109	0
May-19	Armstrong FD140 Vents	For CPAP	Clinical Equipment	90	45	45	0	90	90	0
May-19	Trilogy Ventilator	For CPAP	Clinical Equipment	31	31	31	0	31	31	0
May-19	Benevision N17 touch Elan	Patient Monitoring	Clinical Equipment	73	0	0	0	73	73	0
				489	**371**	**366**	**-5**	**489**	**489**	**0**

Mid Cheshire Hospitals NHS Foundation Trust

TAP Committee
Chair's Assurance Report
July 2020

Report to	Board of Directors
Date	9 July 2020
Report from	Lorraine Butcher, Non-Executive Director
Report prepared by	Katharine Dowson, Head of Corporate Governance
Executive Lead/s	Heather Barnett, Director of Workforce and OD (represented by Melissa Oldham, Head of HR) Amy Freeman, Chief Information Officer Emma McGuigan, Director of Operations (deputising for Chief Operating Officer)
Committee meeting quoracy	Yes ☒ No ☐

KEY AREAS OF ASSURANCE

Impact of Covid-19 on Transformation & Workforce

- Reprioritisation of Digital priorities in light of Covid - acceptable assurance: scoring process to ensure the programme supports organisational reset
- MIAA governance checklist – partial assurance: HR/OD to provide detail on some areas including medical workforce and clarify the narrative on key learning, successes, changes in practice and gaps. Revised paper to be submitted in August to evidence acceptable assurance
- Transformation end of Phase 1 report - acceptable assurance: programme continuing with its central role as an enabler across the Trust. TAP advised of the specific implications for workforce and digital transformation.

Workforce

- Revised workforce report: new metrics included those for Covid testing (i.e. Track and Trace as requested by PAF). The latter showed lower levels of staff impact than initially anticipated. Further work required to refine quality and source of testing data with support of BIU. This would enable the Divisions to work with robust information and assurance to be provided to the Board
- BAME - partial assurance: although risk assessments had been undertaken, further assurance sought on outcome and impact and work being done proactively to mitigate risk. Workforce Race Equality System submission was in progress with an extensive action plan being developed
- Freedom to Speak up Guardian (FTSUG) Annual Report - partial assurance: although the process and breadth of work of the FTSUG was identified, there was insufficient evidence of the impact on Trust processes, including patient safety, and on the workforce from issues raised. Link between the role of the FTSUG, its objectives and its impact to be reviewed.

KEY CONCERNS/RISKS

- Digital Clinical System (EPR) – risk heightened due to regulator requirement for further review of the outline business case. Next steps and a number of options to be discussed at a strategy

meeting in July. Risks identified in the paper (written before the decision) had now been superseded and were now issues to be addressed as such.

Priority Areas: DECISIONS MADE

- Approved recommendation of the Digital Technology and Information Services Executive Group not to undertake work to improve the HIMSS Electronic Medical Record Adoption Maturity score if it did not align to agreed digital priorities

RECOMMENDATION

To note

We Care Because You Matter

NHS
Mid Cheshire Hospitals
NHS Foundation Trust

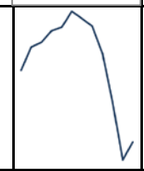
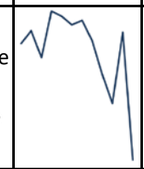
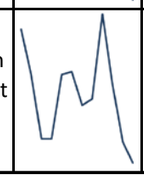
Board of Directors

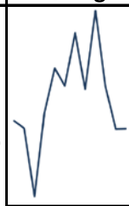
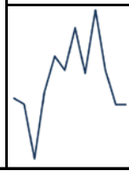
Workforce Report

August 2020

(June 2020 data)

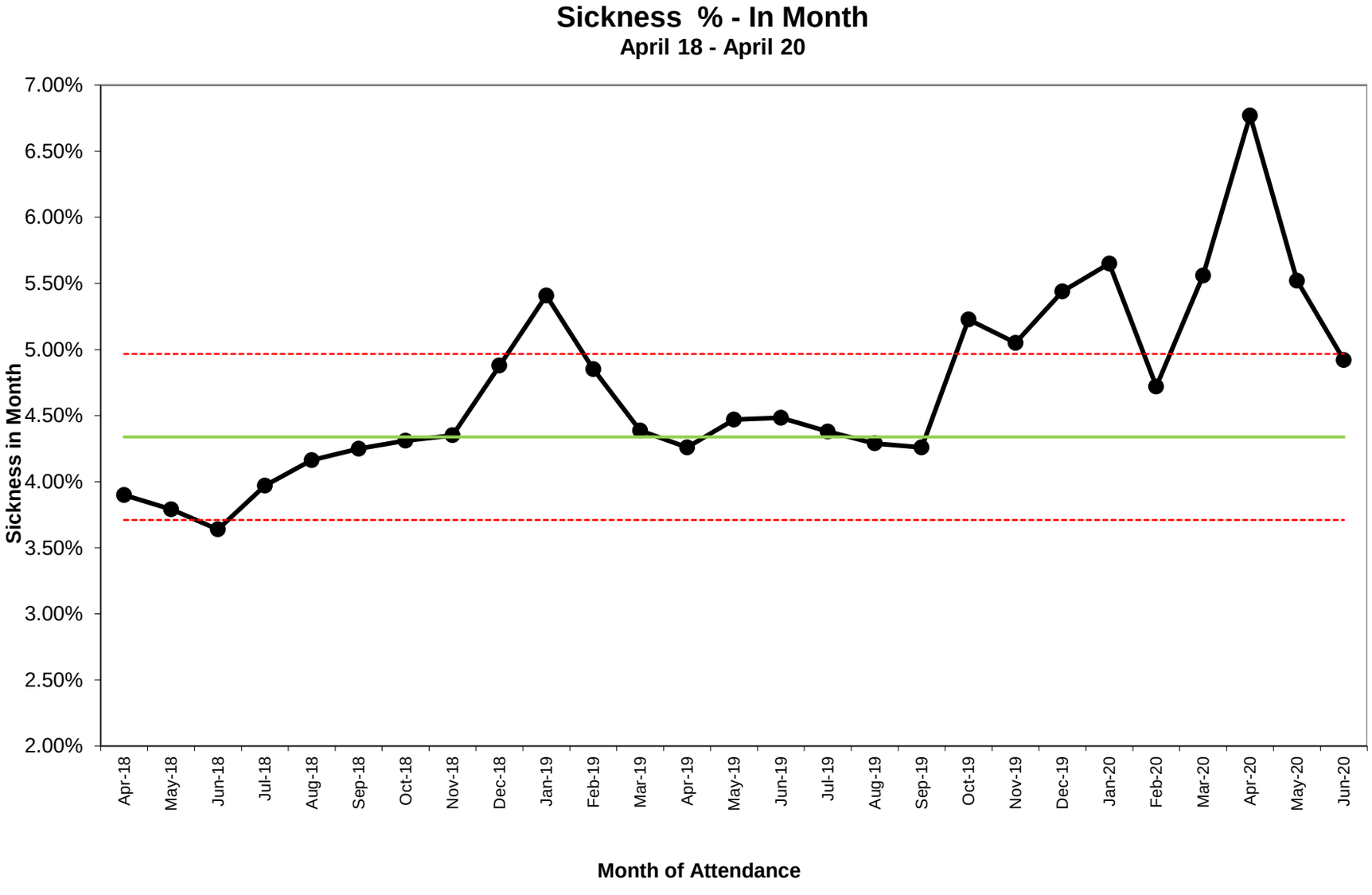
Performance Report Month: Workforce Chapter
Jun-20

Measure	Target	Performance	Description	Narrative	Rolling Trend	Trend	C&W Average (May 2020)
In- Month Sickness Absence	N/A	4.92%	In-month 12m average Sickness Absence described as a Percentage	Sickness absence reduced in month (-0.60%). DCSS, SC and WC all experienced over 1% reduction. The increases in other divisions were all less than 1%		↓	5.89%
Appraisal Rate	90.00%	73.10%	Percentage of Staff who have received an appraisal in the last 12 months. Excludes New Staff with less than 12m service and Bank Staff	Appraisal compliance increased by 2.60% in month. EF whilst still Red delivered an 8% improvement. MEC was the only division to see a reduction in compliance (-0.89%).		↑	84.84%
Mandatory Training	90.00%	74.40%	Mandatory Training Monthly Rate Excludes Bank Staff, Staff on long term sick & mat. leave.	Training reduced in month (-74.40%) an all divisions experienced a reduction in compliance rates. Changes to the Safeguarding training requirements have impacted on this and performance will improve as the new requirements are complied with		↓	87.93%
Turnover	10.00%	8.51%	Number of Leavers expressed as a percentage of the workforce over a 12m rolling period. Exclude Junior Doctors, Temporary and Fixed term.	Turnover reduced by -0.07% in month and all divisions (with the exceptions of Corporate and DCSS) was an improvement in turnover levels.		↓	10.95%

Measure	Target	Performance	Description	Narrative	Rolling		
Agency Spend	(404)	(565)	In month total spend for the Trust against plan	Agency spend remained static in month (£565k compared to £564 the previous month). Medical and dental agency spend increased by £54k in month and nursing reduced by £100k		↑	N/A
NHSI Planned Agency	less than 100%	139.85%	In month Trust Agency Spend as a percentage of the Planned Agency Spend			↓	N/A

Key

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


Sickness % - In Month
April 18 - April 20
Sickness in Month
7.00%
6.50%
6.00%
5.50%
5.00%
4.50%
4.00%
3.50%
3.00%
2.50%
2.00%
Apr-18
May-18
Jun-18
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
Jan-19
Feb-19
Mar-19
Apr-19
May-19
Jun-19
Jul-19
Aug-19
Sep-19
Oct-19
Nov-19
Dec-19
Jan-20
Feb-20
Mar-20
Apr-20
May-20
Jun-20
Month of Attendance

Mid Cheshire Hospitals NHS Foundation Trust

BOARD OF DIRECTORS

Agenda Item	**16**	Date of Meeting: 03/08/2020
Report Title	Guardian of Safe Working Hours Report (Q1)	
Executive Lead	Heather Barnett, Director of Workforce and OD	
Lead Officer	Douglas Robertson, Guardian of Safe Working Hours	
Action Required	To note	

X	**Acceptable assurance** General confidence in delivery of existing mechanisms / objectives	☐	**Partial assurance** Some confidence in delivery of existing mechanisms / objectives	☐	**No assurance** No confidence in delivery

Key Messages of this Report

- The Trust continues to implement the 2016 national contract for doctors in training
- Actions to ensure that systematic under-reporting does not occur have been put in place

Impact

• Quality	☐	• Risk	☐
• Finance	☐	• Compliance	✓
• Workforce	✓	• Legal	☐
• Equality	☐		

Equality Impact Assessment

- Strategy ☐ Policy ☐ Service Change ☐

Strategic Objective(s)

• Manage the impact of Covid19 and ensure safe recovery	☐	• Provide safe and sustainable healthcare through our estate, infrastructure and planning	☐
• Deliver outstanding care and patient experience Deliver the most effective care to achieve best possible outcomes	☐	• Provide strong system leadership by working together	☐
• Ensure MCHFT is the best place to work	✓	• Be well governed and clinically led	☐

Governance *(is the report a…?)*

• Statutory requirement	✓	• Other	☐
• Annual Business Plan Priority	☐	*rationale for Board submission required:*	
• Strategic/BAF Risk	☐		
• Service Change	☐		

Next Steps (*actions following agreement by Board/Committee of recommendation/s)*

NHS
Mid Cheshire Hospitals
NHS Foundation Trust

Report from the

Guardian of Safe Working Hours

1st April 2020 – 30th June 2020

1. Introduction

This is a report to the Board on progress with the 2016 junior doctors contract and the work of the Guardian of Safe Working Hours (GoSWH), who is required to provide it on a quarterly basis summarising exception reports made, fines levied, and ensuring that the Trust take appropriate action to address any issues identified.

2. Current Position

Since the new Junior Doctor's Contract commenced in October 2016, the Trust has assimilated Doctors in Training onto the contract in accordance with the schedules set out in the final agreement. There are165 'training grade' posts, all are now on 2016 Terms and Conditions of Service (TCS).

NHS Employers and the BMA have subsequently agreed a number of changes to the TCS for the junior doctors. In February 2020 phase 3 of the amendments were implemented. The final phase in August 2020 will see further changes being required to some rotas in order to comply fully with the amendments.

During the initial response to the increased demands caused by the Covid19 pandemic there were challenges to fully staff rotas for Junior Doctors. However, the gaps were filled with locums and trainees who were redeployed from elective specialties or brought back "in house" from GP practices. This minimised the risk to safety of the patients when provision of care was under most pressure. There were also some temporary changes during this period to the 2016 contract, which have now been reversed.

3. Exception Reporting

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.

During the period **1st January** to **30th June 2020** there were **0** exception reports received. There has been no exception report received from any trainee since January 2020.

A trainee's 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.

The GoSWH has the authority to action any exceptions reports that have not been responded to and ensure that Junior Doctors receive appropriate feedback and support following submission of an exception report. The Guardian also supervises fines against the Trust.

Fines are levied under the 2016 TCS on breach of one or more of the following provisions:

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

Under the amendments to the 2016 TCS the Guardian fine is now based on the higher 2019 NHSI locum rates rather than the standard hourly rate of the doctor.

These fines are held by the GoSWH to improve the working lives of Doctors in Training. The Trust is not permitted to access the fines for any other reason. The running total of fines to date for the Trust during the 2020/21 financial year is set out below.

	Fine Costs
Running Total Fines to Date for Q1- Q2	£0.00

4. Additional Actions

The role of GoSWH was taken up by Dr Douglas Robertson on 1st June 2020. He attended the regional meeting of Guardians in the Northwest on 9th June and noted that the local picture of low exception reporting was unusual. To assure the Board that there is not a culture of systematic under-reporting and to be aware of potential areas of concern the following actions have been taken:

1. Individual emails were sent to each trainee to thank them for their hard work in the Covid-19 outbreak and ask for informal feedback of any concerns and encouragement given to generate exception reports as appropriate. A small number of responses were received with informal identification of areas to watch, but no exception reports have been received.

2. The Guardian responded to trainee and DMEC concerns about resumption of contract terms including annual leave requirements in late June 2020. Contact was made for clarification with our BMA industrial relations officer and to the regional lead GoSWH who reported the national view. These responses were fed back to trainees and DMEC management, to allow cover for leave to be put in place without exception reports being generated.

3. A meeting has been held with the current and incoming Joint Local Negotiating Committee trainee representative, Mess President and Postgraduate Manager to agree regular meetings, including GoSWH attendance at Mess meetings for informal feedback when they resume, and the relaunch of the Junior Doctor Forum with formal Terms of Reference.

4. Using a template Junior Doctor Forum constitution obtained from the BMA, a draft TOR has been developed. This is under discussion and will be brought to JLNC for approval. It is proposed that the Forums will be at two-monthly intervals, using virtual meeting technology, and linked to Postgraduate meetings to improve access for trainee representatives and ensure educational aspects of the 2016 TCS are covered.

5. An interim Junior Doctor Forum meeting for current trainees will occur on 29th July jointly with the Director of Medical Education & Postgraduate Centre staff prior to the August rotation date to gain further feedback. Formal meetings will take place from September.

6. The GoSWH is scheduled to attend Induction in August to promote exception reporting to the new trainees and seek several specific Forum representatives as suggested in the BMA draft constitution. At the same time Educational Supervisors will be reminded of the process and timelines of exception reporting.

5. Conclusion

This is the fourteenth report on the 2016 contract by the Guardian of Safe Working Hours.The overall trend since 2016 has been a reduction in reporting, not adversely affected by Covid19. There has been a marked reduction in the amount of exception reports submitted compared to the same period last year. This is likely to be multifactorial, demonstrating both trainee flexibility and responsive adaptation by the Trust to Covid19.

It is concluded that the Trust continues to take appropriate steps to implement the 2016 national contract and its amendments for the junior doctors in training.

However, there remains continued stress on the NHS as a whole; this picture could change with the resumption of elective activity and the possibility of a ‘second wave’ of Covid19.

Additional actions have been put in place to assure the Board that there is not significant or systematic under-reporting of contractual breaches.

Douglas Robertson

Guardian of Safe Working Hours

25.07.20

Audit Committee
Chair's Assurance Report
July 2020

Report to	Board of Directors
Date	13 July 2020
Report from	Les Philpott, Non-Executive Director
Report prepared by	Katharine Dowson, Head of Corporate Governance
Executive Lead/s	Russell Favager, Deputy Chief Executive and Director of Finance
Committee meeting quoracy	Yes ☒ No ☐

KEY AREAS OF ASSURANCE

- **Risk Management & Assurance Framework incorporating the Risk Management Strategy (RMS) and Assurance & Escalation Framework (AEF) - acceptable assurance**: this was a comprehensive start to introducing a new risk management approach with the RMS to be escalated to Board for approval in August. The AEF set out the mechanisms in place for risk escalation etc with further detail required to document fully MCHT's arrangements. The final version will be submitted to Audit and Board for approval in September/October. An Audit Committee T&F Group would be set up in July to provide support and input to the new approach to risk.
- **Clinical Audit & Effectiveness Annual Review 2019-21 - acceptable assurance:** the volume of work being undertaken was welcomed. The Medical Director advised that the Clinical Audit Strategy was being reviewed in response to CQC comments and the Clinical Audit Policy was currently being reviewed and will link with the CQC action plan.
- **Cyber Security - partial assurance:** although the governance supporting cyber security had received substantial assurance from internal auditors, there was some concern about the arrangements that would be impacted by the delay to implementing a new EPR system. The Committee was not fully assured on cyber risk but recognised there was a plan in place and the Committee would continue to monitor the position. An update was expected before January 2021.
- **Conflicts of Interest Annual Report - acceptable assurance**
- **Internal Audit - acceptable assurance:** Internal Audit Plan rephased with work starting in priority areas. MIAA requested to link the plan to the BAF risks.
- **Anti-fraud activity - acceptable assurance**: a review of fraud risk had been undertaken in response to the increased fraud attempts nationally arising from Covid.
- **External Auditors:** consultation underway relating to proposed changes to 2020/21 Going Concern and Value for Money audit assessments and a more detailed approach to risk assessment.

KEY CONCERNS/RISKS

Cyber Security risks identified are system issues with limited management actions available until EPR is implemented. The EPR risk has been identified as a strategic risk in 2020/21 and monitored via the Board Assurance Framework.

Priority Areas: DECISIONS MADE

- Gifts, Donations and Hospitality Policy approved (revised version to reflect Covid-19 donations)

- Clinical Audit:
  - report to be submitted to QGC for scrutiny (date to be determined) on audit outputs and clinical learning
  - Clinical Audit Policy to be submitted to Audit Committee (date to be determined)

- Risk Management Strategy to be submitted to Board of Directors for approval

RECOMMENDATION

To note

BOARD OF DIRECTORS

Agenda Item	**17**	Date of Meeting: 03/07/2020
Report Title	Risk Management & Assurance Framework Review	
Executive Lead	Caroline Keating, Company Secretary	
Lead Officer	Gilly Conway, Risk & Assurance Consultant	
Action Required	To approve	

☐	**Acceptable assurance** General confidence in delivery of existing mechanisms / objectives	☐	**Partial assurance** Some confidence in delivery of existing mechanisms / objectives	☐	**No assurance** No confidence in delivery

Key Messages of this Report *(2/3 headlines only)*

- The first phase of the review of the Trust's Risk Management & Assurance Framework has commenced.
- The Risk Management Strategy is presented for approval.

Impact *(is there an impact arising from the report on the following?)*

• Quality	☐	• Risk	✓
• Finance	☐	• Compliance	☐
• Workforce	☐	• Legal	☐
• Equality	☐		

Equality Impact Assessment (*must accompany the following submissions)*

• Strategy ☒ Policy ☐ Service Change ☐

Strategic Objective(s) *(indication of which objective/s the report aligns to)*

• Manage the impact of covid and ensure safe recovery	☐	• Provide safe and sustainable healthcare through our estate, infrastructure and planning	☐
• Deliver outstanding care and patient experience Deliver the most effective care to achieve best possible outcomes	☐	• Provide strong system leadership by working together	☐
• Ensure MCHFT is the best place to work	☐	• Be well governed and clinically led	✓

Governance *(is the report a…?)*

• Statutory requirement	☐	• Other	☐
• Annual Business Plan Priority	☐	*rationale for Board submission required:*	
• Strategic/BAF Risk	☐		
• Service Change	☐		

Next Steps (*actions following agreement by Board/Committee of recommendation/s)*

Mapping of the controls and assurances for the Trust's new principal risks will continue in consultation with the Executive Risk Leads. A new approach to risk and assurance reporting will be introduced and piloted during August and September.

REPORT DEVELOPMENT

Committee/ Group Name	Date	Report Title	Lead	Brief summary of key issues raised and actions agreed
Audit Committee	13 July	Risk & Assurance Framework	Caroline Keating	Risk Management Strategy agreed. First iteration of Assurance & Escalation Framework agreed. Task & Finish Group established.
Audit Committee Task & Finish Group	27 July	Risk & Assurance Framework review	Caroline Keating	Draft Board report discussed and proposed approach supported.

Risk Management & Assurance Framework

Introduction

1. The Risk Management & Assurance Framework is the collective term used to refer to the components of the Trust's risk management arrangements. It includes the set of documents and tools available for risk practitioners, management and the Board to understand and carry out their responsibilities and follow the agreed processes and procedures.

2. The Trust's Risk Management & Assurance Framework is being reviewed during 2020-21 to ensure it supports the integration of risk and assurance into all aspects of its governance arrangements and facilitates risk being an important driver in business planning and decision making as well as in operational delivery. The first phase of this review until the end of October 2020 comprises seven key workstreams:

    i. Risk Management & Assurance Framework key documents
    ii. Board Assurance Framework (BAF) development
    iii. BAF/risk reporting processes for the Board and Committees
    iv. Launch of the Executive Risk & Assurance Group and supporting Risk Advisory Group
    v. 4Risk implementation for the BAF
    vi. First tranche of risk management training
    vii. Commission baseline risk maturity assessment

3. The review will be conducted with expert consultancy support and will take account of relevant guidance published in response to pandemic considerations. This will include briefings issued by the Trust's internal audit firm, MIAA.

4. The main focus of this report is the first three workstreams listed above and an early version of this report was reviewed by the Audit Committee 13 July 2020. The Audit Committee agreed to establish a dedicated Task & Finish Group (TFG) to review proposals relating to those areas of work. The first meeting of the TFG was 27 July 2020 where the development of the BAF and BAF reporting formats were discussed. The content of this report was supported at that meeting and specific points raised by the TFG are included in paragraphs 21-22.

i. Risk Management & Assurance Framework documents

5. The key documents that describe the Trust's approach to risk management, related assurance processes and provide detailed guidance for practitioners are:
    - the Risk Management Strategy
    - the Assurance & Escalation Framework
    - the Risk Appetite Framework
    - Risk Assessment and Risk Management Procedures

6. The Risk Management Strategy was reviewed and agreed by the Audit Committee 13 July and is presented to the Board for approval (Annex A). It broadly sets the scene for risk management at the Trust and describes at a high level the key principles, responsibilities and overarching approach that the Board intends to implement. The Strategy will be delivered initially through the Phase 1 workstreams outlined in the introduction to this report.

7. A first version of the Assurance & Escalation Framework was also presented to the Audit Committee 13 July 2020. It sets out the mechanisms in place for the escalation of risks, issues and concerns and demonstrates how risk information and assurance processes are integrated into governance practices throughout the Trust. It is recognised that further detail is required to document fully the arrangements at MCHT and that this detail will be developed further during the review of the Risk Management & Assurance Framework over the coming months. Therefore, it is proposed that any resulting changes or addenda to the Assurance & Escalation Framework be presented back to the Audit Committee prior to approval by the Board.

8. The Risk Appetite Framework will be discussed by the Board as soon as practicably possible. In developing the approach, the Company Secretary will consult with members of the Audit Committee through the TFG.

9. The Risk Management procedural documents will be updated after a consultation with key groups to understand how the existing methodology and guidance could be improved. This will include consideration of different options for risk scoring and ensuring that the risk assessment methodology takes account of the range of risk-based processes across the Trust. The TFG will be included in the consultation process. The final set of procedures will be presented to the Audit Committee in November for approval.

ii. BAF development

10. The Board has agreed a new set principal risks and the next stages of BAF development focus on mapping the controls and assurances aligned with those risks, identifying gaps and actions, and applying assurance ratings. This will be an iterative process over a number of weeks and the TFG will review the approach and progress made in July and August prior to BAF reports being provided to the Board at its meetings in August and September.

11. In mapping the detail of the BAF, the following key principles are applied to ensure consistency and accuracy:
    - there should be clear alignment between strategic objectives (SOs), principal risks, controls and assurances,
    - causation factors and main areas of impact are identified for each risk,
    - controls should be accurately described and specific to the risk articulated,
    - assurances should be evidence based, ensuring the BAF focuses on assurance rather than reassurance,
    - it should be clear where and when each assurance item is reviewed,
    - assurances will be categorised as being generated from first, second or third lines of assurance, which indicates the degree of independence of each source,
    - each assurance item should provide a level of assurance about the effectiveness of controls, categorised as either acceptable, partial or none,

- an overall assurance level will be applied for each control taking into account the first, second and third lines where applicable.

12. The Trust's previous BAF has been reviewed to ensure that any relevant controls and assurances are incorporated. The Company Secretary is leading on mapping controls and assurances in close consultation with individual Executive Risk Leads. To demonstrate the approach outlined above and pilot the new 4Risk database, the project team has focused initially on mapping the available information about controls and assurances relating to SO2 (Deliver outstanding care and patient experience) which has four principal risks aligned to it. The results of this work have been included in a separate report for the Board which demonstrates the format of future Board reports of the BAF.

13. The controls and assurances relating to all the other BAF risks will be mapped during August and reported to the Board at its meeting on 7 September 2020.

iii. Board and Committees risk reporting processes

14. One of the objectives of the Risk Management & Assurance Framework project is to strengthen the visibility of risk information through the Trust's governance structure. A key principle underpinning the approach proposed by the project team is that key risks relating to the specific responsibilities of a Group or Committee should be reported through that forum and be integrated in its agenda and forward work plan. For this reason, the principal risks included in the BAF are allocated to relevant Committees for oversight as agreed by the Board at its meeting on 1 June (final version included as Appendix 1).

15. This approach will be replicated at the operational management level with Executive Groups taking the lead for oversight and scrutiny of the management of risks relating to their remit. Executive Group Chairs will provide a summary report for the Committee to which they are aligned to highlight key risk matters that have been discussed during the course of their meetings. A new monthly Executive Risk & Assurance Group (ERAG) is to be launched in September and will be chaired by the Chief Executive, taking an overarching view of delivery of the Trust's SOs and overseeing the management of risks to that delivery. The ERAG will agree the key messages to be brought to the Board's attention in relation to the status of principal risks and associated operational risks. The Trust's governance structure is included for reference as Appendix 2.

16. As reported to the Board on 1 June 2020, a new BAF reporting format is proposed for the Board consisting of:
    - a covering report incorporating key messages from the ERAG,
    - a one page 'heatmap' showing the current risk scores for the Trust's principal risks,
    - a suite of integrated risk dashboards that presents a summary view for each SO of the latest status of principal risks alongside the high scoring operational risks,
    - a more detailed report from 4Risk that provides the latest assurance information for the key controls identified in the BAF.

    The first such Board report has been prepared for this meeting as a separate paper. Each Committee will receive a quarterly report about the sections of the BAF assigned to them and the associated operational risks scoring 15+.

17. The proposed BAF reporting schedule for the Board and its Committees and an overview of the content of reports are included in Appendix 3.

18. The agenda templates for the Board and Committee meetings have been revised to reflect the strengthened focus on risk and to facilitate cross-reference to the BAF. These are included in Appendix 4.

19. In order to derive a comprehensive and robust understanding of how the business of the Board and its Committees reflects the risk priorities identified through the BAF, the Company Secretary will be carrying out a cross-check between the forward work plans and the BAF as the detail is mapped over the next few weeks. This will help identify where there are gaps in terms of assurance reporting.

20. During consultation with internal stakeholders (and subsequent to the TFG meeting of 27 July), the project team has been made aware that the definitions used to explain the strength of assurance ratings currently in use (Acceptable/Partial/No assurance) require improvement to provide clearer guidance. It is proposed that the following definitions be adopted.

☐	**Acceptable assurance** Controls are suitably designed, with evidence of them being consistently applied and effective in practice	☐	**Partial assurance** Controls are still maturing – evidence shows that further action is required to improve their effectiveness	☐	**Low assurance** Evidence indicates poor effectiveness of controls

Task & Finish Group meeting 27 July 2020

21. The content of this report was discussed during a video meeting and members of the TFG raised questions to understand more about the proposals summarised. During the course of the meeting a number of areas for further enquiry and development were raised which will be considered in more detail by the project team:
    - ensure that Committees receive guidance about their assurance role with reference to specific definitions, principles, processes and duties,
    - guidance for Committees to include areas of linkage, for example where a principal risk is assigned to one Committee but oversight of the controls is within the remit of others,
    - how the identification of emerging risks is formalised through horizon scanning processes,
    - how the Audit Committee can incorporate risk 'deep dives' into its work plan (an initial deep dive topic was identified during the meeting),
    - the annual Internal Audit plan should be cross-referenced with the BAF,
    - how the scoring of risks is guided and calibrated to ensure consistency (to be included in the review of the risk management procedural guidance),
    - ensuring longstanding operational risks are properly understood with clarity about future risk treatment actions.

22. An overarching point made by the TFG is that the success of this project is dependent on effecting culture change throughout the Trust's hierarchy to ensure that risk and assurance are integrated in all aspects of business. The first phase of the project focuses predominantly

on the top tiers of leadership and management which must act as the champions of change to embed improvements for the longer term.

Conclusions

23. There are a number of interdependent workstreams that will run concurrently to carry out the initial review of the Trust's Risk Management & Assurance Framework. As this is a key component of the Trust's system of internal control, the Audit Committee established a dedicated TFG to review aspects of the work so that the Committee may provide oversight and recommend the resulting proposals to the Board. The content of this report was discussed with the TFG on 27 July and the recommendation is to proceed with the proposed approach.

Recommendations

24. To note the overall approach to the review of the Trust's Risk Management & Assurance Framework and progress to date.

25. To approve the Risk Management Strategy (Annex A)

Author: Gilly Conway, Risk and Governance Consultant
Date: 27 July 2020

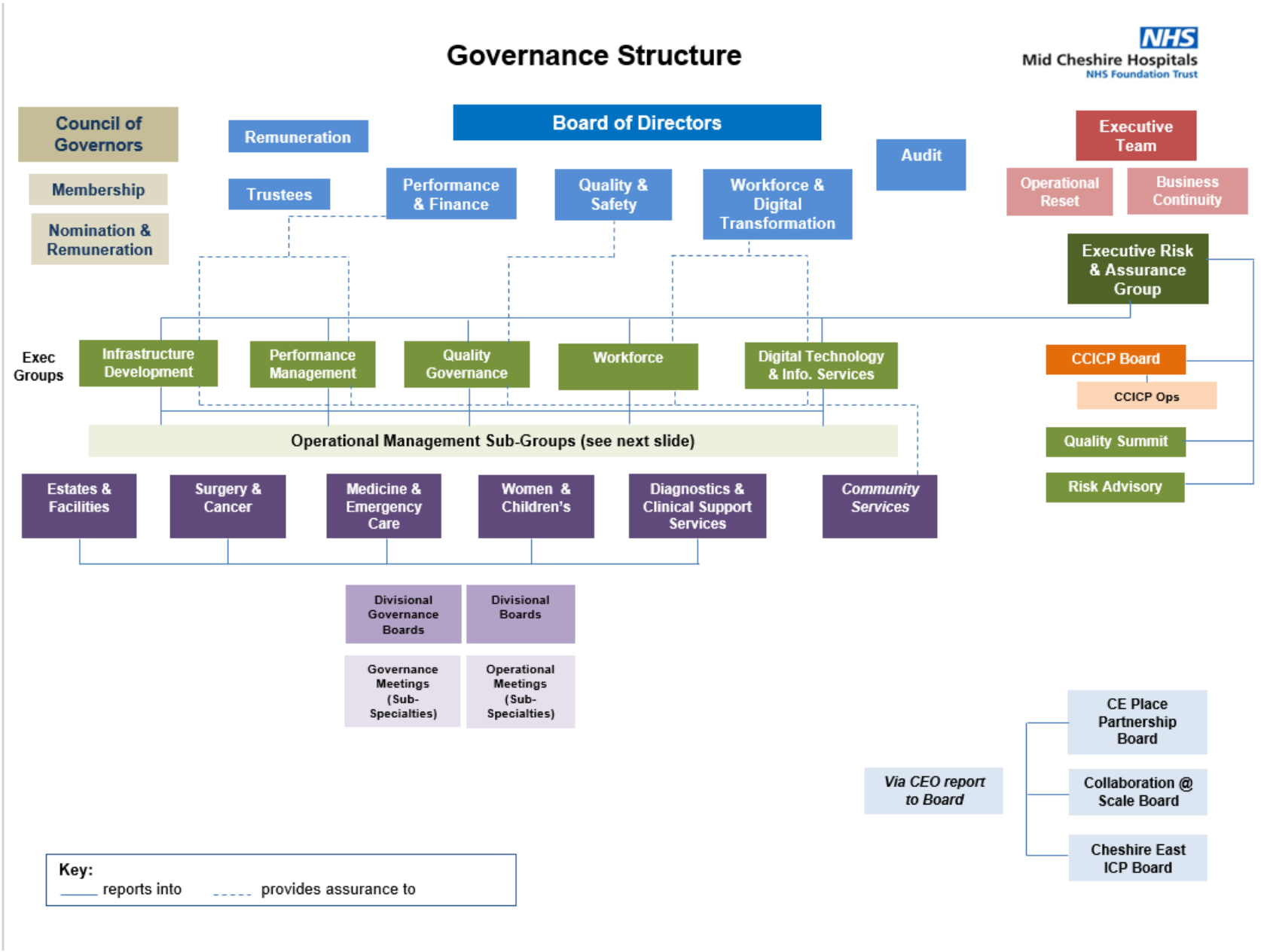
Appendix 1: Principal risks by Committee

SO1 Manage the impact of the Covid-19 pandemic and ensure safe recovery of the organisation post pandemic by using the established control structure	**SO2 Deliver outstanding care and patient experience** focusing on staffing, standardisation and digitalisation	**SO3 Deliver the most effective care to achieve best possible outcomes** with the right capacity, latest learning and data driving decision making	**SO4 Ensure MCHFT is the best place to work** by meeting the needs of our staff better than anywhere else	**SO5 Provide safe and sustainable services** by ensuring our estate, infrastructure and planning focuses on the long term	**SO6 Provide strong system leadership by working together** in our place, our system and ICS	**SO7 Be well governed and clinically led** guided by expertise and capable leaders with clear processes and practices
BAF1 – IF arrangements in place to ensure safe management of pandemic against national guidance are inadequate **THEN** patients and staff could be harmed **Chief Operating Officer**	**BAF3 – IF** the widening nurse staffing vacancy gap is not closed **THEN** patient care could be detrimentally impacted **Dir of Nursing & Quality**	**BAF7 – IF** the Trust does not provide sufficient capacity to meet demand and achieve operational standards **THEN** it may cause harm to its patients and be unable to meet its regulatory requirements **Chief Operating Officer**	**BAF10 – IF** the Trust cannot attract, retain and support a high performing workforce **THEN** quality of care is likely to deteriorate **Dir of Workforce & OD**	**BAF13 – IF** the Trust fails to provide modern, efficient, sustainable estate, infrastructure and equipment **THEN** this could lead to high cost business continuity issues in future **Dep CEO/Dir of Finance**	**BAF16** – **IF** the Trust does not focus on enabling a successful Integrated Care Partnership and carry out its hosting responsibility **THEN** this could lead to substandard out of hospital care **Dir Strategic Partnerships**	**BAF19 – IF** the Trust does not have effective governance systems and processes in place to move to a risk assurance culture **THEN** it is less likely to manage its key risks, resulting in quality and financial challenges **Chief Executive Officer**
BAF2 – IF the risks identified during covid 19 are not managed effectively **THEN** business continuity could be affected leading to loss of services **Dep CEO/Dir of Finance**	**BAF4 – IF** the Trust does not ensure safe and secure environments for staff, patients and visitors **THEN** avoidable harm could occur **Dep CEO/Dir of Finance**	**BAF8 – IF** the Trust does not have robust processes for clinical audit, learning & implementation of new practice **THEN** it may hinder quality improvement and could be unable to meet regulatory requirements **Medical Director**	**BAF11 – IF** the Trust fails to harness the benefits of technology to integrate, streamline and improve systems of working **THEN** this could lead to reduced productivity and safety **Chief Information Officer**	**BAF14** – **IF** the Trust does not plan its workforce requirement for the future **THEN** it is likely to create high cost expenditure and lead to workforce gaps which could impact standards of care **Dir of Workforce & OD**	**BAF17 – IF** there continues to be Ineffective capacity and demand management across the Health and Social Care system **THEN** the risk to patients of being hospitalised unnecessarily will continue to increase **Chief Operating Officer**	**BAF20 – IF** the Trust fails to establish appropriate governance and risk mitigation around new collaborative, system wide models of working **THEN** it may expose itself to risk of which it is unaware **Chief Executive Officer**
	BAF5 – IF the Trust does not introduce a Quality Improvement approach to its highest risk clinical challenges **THEN** it is less likely to resolve them **Dir of Nursing & Quality**	**BAF9 – IF** the Trust does not use high quality activity and patient outcome data to assess the quality of its care **THEN** it may miss trends and signals and encounter less positive patient outcomes **Medical Director**	**BAF12 – IF** the Trust does not create the conditions for an effective organisational culture **THEN** this could affect quality, efficiency and workforce standards **Chief Executive Officer**	**BAF15 – IF** financial management, budgetary controls and efficiency planning are not robust **THEN** the Trust may not deliver its financial targets **Dep CEO/Dir of Finance**	**BAF18 – IF** the Trust fails to play its part in a successful Cheshire System **THEN** it is unlikely to enable the required reduction in the running costs of the Health System **Chief Executive Officer**	**BAF 21 – IF** the development of leadership capacity and capability throughout the organisation is not a priority **THEN** the Trust's ambitions are unlikely to be met **Dir of Workforce & OD**
	BAF6 – IF the Trust is unable to proceed with EPR development and implementation **THEN** it will be unable to improve safety to its desired standard **Chief Information Officer**					

COMMITTEE KEY:

BOARD, **WORKFORCE & DIGITAL TRANSFORMATION**, **PERFORMANCE & FINANCE**, **QUALITY & SAFETY**, **AUDIT**

Appendix 2: Governance structure



Appendix 3: Board and Committees risk reporting cycle and focus of reports

Table 1: Risk reporting timetable – Boards and Committees

	EARG	Board	PAF	Q&S	WDT	Audit
April	✓	✓	✓	✓	✓	✓
May	✓					
June	✓					
July	✓	✓	✓	✓	✓	✓
Aug	✓					
Sept	✓	✓				✓
Oct	✓	✓	✓	✓	✓	
Nov	✓					✓
Dec	✓					
Jan	✓	✓	✓	✓	✓	✓
Feb	✓					
March	✓					

NB

- Board committees will scrutinise their risks on the BAF prior to Board discussion on the full BAF
- Audit Committee will also receive an annual evaluation report in January to review progress in implementing the RM Strategy and incorporating summary results of biennial risk maturity assessment.

Table 2: overview of content of BAF/risk reports

Audience	Focus	Cover report	Risk dashboards	Appendices
Board	Oversight of the Trust's key risks in relation to SOs.	• Key messages raised by ERAG. • Summary of notable changes to principal risks and high priority operational risks. • Exception reporting: negative assurances, control/assurance gaps.	• 'BAF on a page' heatmap. • All SOs covering full set of principal risks and associated high scoring operational risks.	BAF controls and overall assurance levels report from 4Risk.
Committees	Scrutiny of key risks pertaining to area of responsibility and monitoring of assurances about the effectiveness of controls.	• Changes to principal risks and high priority operational risks. • Changes in assurance ratings, updates on actions to address control/assurance gaps.	Principal risks assigned to individual Committee and associated high scoring operational risks.	• BAF controls and assurances report from 4Risk. • Summary table of relevant high priority operational risks.

Appendix 4: Committee agendas (DRAFT)

Board of Directors

DATE 2020

TIME

Virtual - via Microsoft Teams

AGENDA

PRELIMINARY BUSINESS

	BAF Risk	
1 9:30		**Welcome & Apologies (v)** Chair
2 9:32		**Declarations of Interest (v)** Chair To receive declarations of interest in agenda items and / or any changes to the register of directors' declarations of interest pursuant to Section 8 of Standing Orders
3 9:35		**Draft Minutes of the Last Meeting - 4 May 2020 (d)** Chair To approve the draft minutes of the last meeting of the Board of Directors, review the action log and discuss any matters arising: •
4 9:40		**Chair's Opening Remarks (v)** Incorporating Governor's items

CONTEXT / OVERVIEW

5 9:50		**Chief Executive's Report - (d)** • Covid-19 Update To note
6 9:50	ALL	**Board Assurance Framework Q1 2020/21** Company Secretary To note
7 9:50		**Operational Risk Register Q1 2020/21** Medical Director To note

QUALITY - Patient Safety, Clinical Effectiveness & Patient Experience

8 10:05 **Quality Governance Committee (DATE) Chair's Assurance Report (d)**
Committee Chair
To note

- **Quality, Safety and Patient Experience Report (DATE) (d)**
  Director of Nursing & Quality / Medical Director
  To note

9 BAF8 10:30 **Serious Untoward Incidents and RIDDOR Events (v)**
Medical Director
To note

10 BAF21 10:50 **Medical Revalidation Annual Report**
Medical Director
To approve

11 11:00 **Learning from Deaths**
Medical Director
To note

PERFORMANCE

12 11:10 **Performance and Finance Committee (DATE) Chair's Assurance Report (d)**
Committee Chair
To note

- **Performance Report - April 2020 (d)**
  Chief Operating Officer/Deputy CEO & Director of Finance
  To note

WELL LED

13 11:40 **Transformation and People Committee (DATE) Chair's Assurance Report (d)**
Committee Chair
To note

- **Workforce Report DATE 2020 (d)**
  Director of Workforce and OD
  To note

GOVERNANCE

14 11:55 **Audit Committee (DATE) Chair's Assurance Report (d)**
Committee Chair
To note

15 11:15 **Trustees Committee (DATE) Chair's Assurance Report (d)**
Committee Chair
To note

16 **Use of Trust Seal**

11:20 Company Secretary
To note

CONCLUDING BUSINESS

17 **Any Other Business (v)**
11:25 Chair
To consider any other matters of business.

18 **Items for the Risk Register/Changes to the Board Assurance Framework (BAF) (v)**
11:35 Chair
To identify any additional items for the Risk Register or changes to the BAF arising from discussions at this meeting

19 **Key Messages from the Board (v)**
11:40 Chair
To agree

Resolution

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

Performance & Finance (PAF) Committee

Date (day/month/year)

Time

Venue or Virtual - via Microsoft Teams

v = verbal d = document p = presentation

PRELIMINARY BUSINESS

BAF
Risk

1 **Welcome & Apologies (v)**
Time
Chair

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

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

CONTEXT / OVERVIEW

4 ALL **PAF Committee/Board Assurance Framework Q1 2021/21 (d)**
Time
Company Secretary
To note

5 **Covid-19:**
Time
- **Finance (v)**
  Deputy CEO/Director of Finance
- **Expenditure Review (d)**
  Deputy Director of Finance
  To note

6 **Integrated Performance Report (MONTH/YEAR) (d)**
Time

BAF7
- **Performance**
  Chief Operating Officer

BAF15
- **Finance**
  Deputy CEO/Director of Finance
  To note

PERFORMANCE

7 BAF7 **Executive Performance Management Group (DATE) – Chair's Report (d)**
Time
Chief Operating Officer/Director of Finance
To note

- **Reset Recovery Update (d)**

Chief Operating Officer

FINANCE

8 BAF15 **Financial Position (Month 3 -+ ACTUAL MONTH) (d)**
Time
Deputy CEO/Director of Finance
To note

9 BAF15 **Benchmarking Data Review**
Time
Deputy CEO/Director of Finance
To note

INFRASTRUCTURE

10 **Executive Infrastructure Development Group (DATE) – Chair's Report (d)**
Time
Deputy CEO/Director of Finance
To note

CONCLUDING BUSINESS

11 **Any Other Business (v)**
Time
Chair
To consider any other matters of business.

12 **Items for the Risk Register/Changes to the Board Assurance Framework (BAF) (v)**
Time
Chair
To identify any additional items for the Risk Register or changes to the BAF arising from discussions at this meeting

13 **Key Messages from the Committee/Group - to agree (v)**
Time
Chair
To agree

14 **Date and Time of Next Meeting**
Time
Chair

Deadline for submission of papers:

Quality & Safety Committee

Date (day/month/year)

Time

Venue or Virtual - via Microsoft Teams

v = verbal d = document p = presentation

PRELIMINARY BUSINESS

	BAF Risk	
1 Time		**Welcome & Apologies (v)** Chair
2 Time		**Declarations of Interest (v)** Chair To receive declarations of interest in agenda items and / or any changes to the register of directors' declarations of interest pursuant to Section 8 of Standing Orders
3 Time		**Draft Minutes of the Last Meeting - *Date* (d)** Chair To approve the draft minutes of the last meeting of the Board of Directors, review the action log and discuss any matters arising

CONTEXT / OVERVIEW

4 Time	ALL	**Q&S Committee/Board Assurance Framework Q1 2020/21 (d)** Company Secretary To note
5 Time		**Quality, Safety & Patient Experience Report (d)** Medical Director/Director of Nursing & Quality To note
6 Time		**Executive Quality Governance Group (15 July 2020) - Chair's Report (d)** Medical Director/Director of Nursing & Quality To note
7	BAF5	~~**QI Faculty Update Q1 2020/21**~~ ~~Deputy Medical Director~~ ~~To note~~
8		**CQC Improvement Plan (d)** Deputy Director of Nursing & Quality To note

SAFE

7 BAF? **Quality Governance Oversight Report** *(rename to patient safety?)* **(d)**
Time
Medical Director/Associate Director of Quality Governance
To note

8 BAF5 **Infection Prevention & Control (IPC) Annual Report 2019/20 (d)**
Time
Director of Nursing & Quality
To note

9 **Executive IPC Group (DATE) – Draft Notes (d)**
Director of Nursing & Quality
To note

EFFECTIVE

10 BAF8 **Clinical Audit Annual Report (d)**
Medical Director
To note

PATIENT EXPERIENCE

11 ~~**National Inpatient Survey**~~
~~Director of Nursing & Quality/Associate Director Quality Governance~~
~~To note~~

12 **Executive Patient Experience Group (16 July 2020) – Draft Notes (d)**
Director of Nursing & Quality
To note

CONCLUDING BUSINESS

13 **Any Other Business (v)**
Time
Chair
To consider any other matters of business.

14 **Items for the Risk Register/Changes to the Board Assurance Framework (BAF) (v)**
Time
Chair
To identify any additional items for the Risk Register or changes to the BAF arising from discussions at this meeting

15 **Key Messages from the Committee/Group - to agree (v)**
Time
Chair
To agree

16 **Date and Time of Next Meeting**
Time
Chair
Deadline for submission of papers:

Workforce & Digital Transformation (WDT) Committee

Date (day/month/year)

Time

Venue or Virtual - via Microsoft Teams

v = verbal d = document p = presentation

PRELIMINARY BUSINESS

	BAF Risk	
1 Time		**Welcome & Apologies (v)** Chair
2 Time		**Declarations of Interest (v)** Chair To receive declarations of interest in agenda items and / or any changes to the register of directors' declarations of interest pursuant to Section 8 of Standing Orders
3 Time		**Draft Minutes of the Last Meeting - *Date* (d)** Chair To approve the draft minutes of the last meeting of the Board of Directors, review the action log and discuss any matters arising: •

CONTEXT / OVERVIEW

4 Time	ALL	**WDT Committee/Board Assurance Framework Q1 2020/21 (d)** Company Secretary To note
5 Time		**Executive Workforce Assurance Group (DATE) – Chair's Report (d)** Director of Workforce & OD To note
6 Time		**Executive Digital & Information Services Group (DATE) – Chair's Report (d)** Chief Information Officer To note

ITEMS FOR DISCUSSION

7 Time	BAF10 BAF14 BAF21	**Integrated Workforce Assurance Report (MONTH/YEAR) (d)** Director of Workforce & OD To note
8 Time	BAF6	**DIGIT@LL Strategy** Chief Information Officer To decide

CONCLUDING BUSINESS

9 Time

Any Other Business (v)

Chair

To consider any other matters of business.

10 Time

Items for the Risk Register/Changes to the Board Assurance Framework (BAF) (v)

Chair

To identify any additional items for the Risk Register or changes to the BAF arising from discussions at this meeting

11 Time

Key Messages from the Committee/Group - to agree (v)

Chair

To agree

12 Time

Date and Time of Next Meeting

Chair

Deadline for submission of papers:

Mid Cheshire Hospitals NHS Foundation Trust

ANNEX A

Risk Management Strategy

Author	Company Secretary		
Approval	Board of Directors	**Approval Date**	
Publication date	July 2020	**Review**	Annual
Related documents:	• Trust Strategy • Risk Management Implementation Plan • Risk Management Procedure • Health & Safety Policy • Assurance & Escalation Framework		
Equality, Diversity & Inclusivity	An Equality Impact Assessment has been carried out: no impact has been identified on any Equality Target Group.		
Accessibility	This document can be made available in a range of alternative formats on request e.g. large print, Braille etc.		

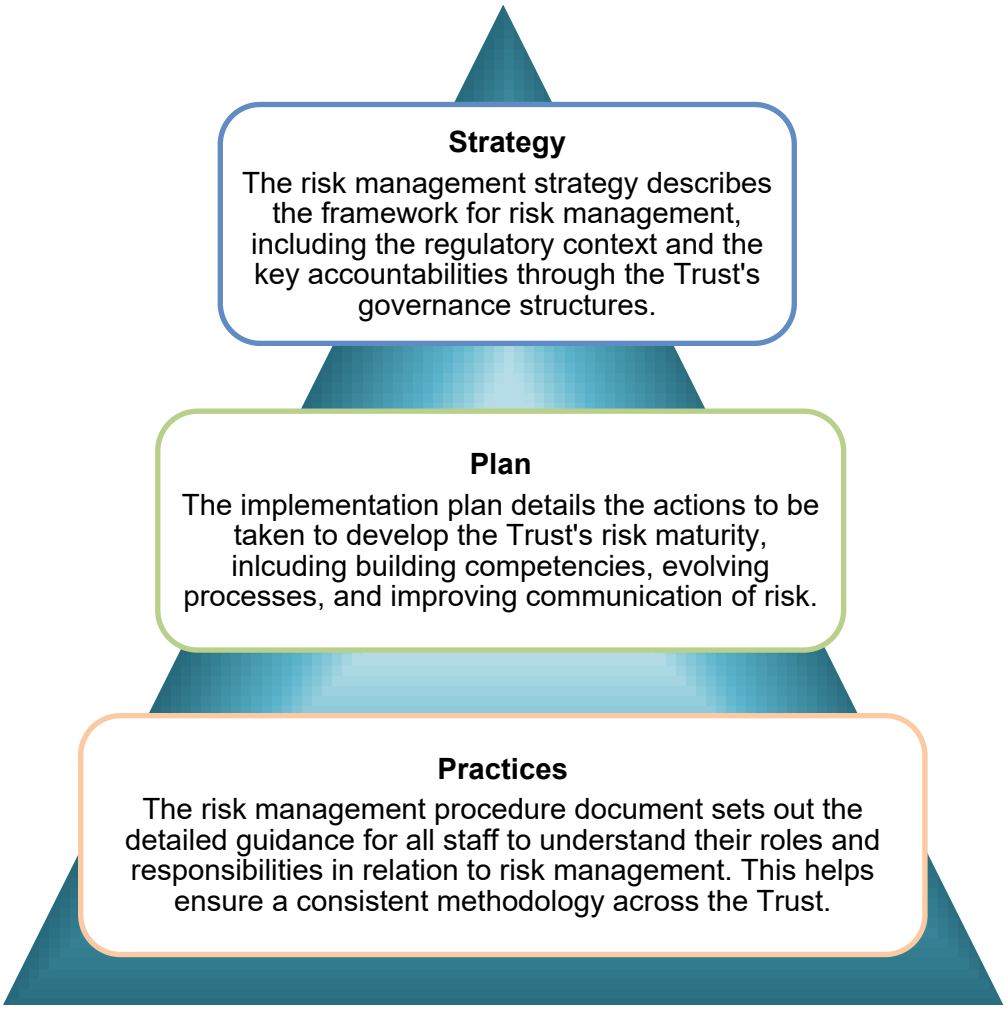
Document Change History: changes from previous issues of document (if appropriate)

Version number	Page	Changes made with rationale and impact on practice	Date
1		New strategy	07/07/20

Contents

1. Executive Summary

Mid Cheshire Hospitals NHS Foundation Trust's ('MCHFT' or 'the Trust') Risk Management Strategy sets out the corporate framework and processes required for successful delivery of the Trust Board's Risk Management Statement. This Strategy is underpinned by a Risk Management Implementation Plan, which sets out the specific activities required to implement the Strategy and continue to evolve the Trust's risk management systems, processes, culture and competencies. The Procedure document provides the detailed guidance for all staff to understand their responsibilities and the specific methodology that should be followed to ensure a consistent approach to risk management across all areas of the Trust.



MCHFT's Risk Management Statement explains why it is important for us to manage our risks and the benefits of doing this. The statement is set by the Board of Directors and, to demonstrate our commitment, it has been signed by both the Chief Executive (on behalf of the Executive), and the Chairman (on behalf of the Board).

The Trust believes that effective risk management is imperative not only to provide a safe environment and high quality of care for service users and staff, it is also critical in the business planning process where a more competitive edge and greater public accountability in delivering healthcare services is required. The Trust is committed to working in partnership with staff to make risk management a core organisational process and to ensure that it becomes an integral part of Trust philosophy and activities. The Risk Management Strategy encourages appropriate risk taking, effective performance management and accountability for organisational learning in order to deliver continuous improvement in the quality of

services. To do this, the Trust undertakes to ensure that appropriate resources, including finances, people, training and information technology is made available, as far as is reasonably practicable.

As part of the Annual Governance Statement, the Trust will make a public declaration of compliance against meeting risk management standards. This Strategy is subject to annual review and approval by the Board of Directors.

2. Risk Management Statement

Mid Cheshire Hospitals NHS Foundation Trust is committed to delivering outstanding care and patient experience. Our long-term strategies aim to ensure sustainable healthcare for our local population and our operations are focused towards achieving the best possible outcomes safely and effectively. The Trust recognises that effective risk management helps keep our patients, visitors and staff safe, protects the Trust's assets and resources, improves organisational performance, and enhances its reputation.

Managing risk is a key organisational responsibility and an integral part of the Trust's governance arrangements. The Trust is committed to implementing the principles of good governance, defined as:

> *The system by which the organisation is directed and controlled to achieve its objectives and meet the necessary standards of accountability, probity and openness.*

The Trust will ensure that the principles of governance are supported by consistent risk management systems and processes that aid the achievement of its strategic objectives. To this end, the consideration of risk information should be an important driver in decision-making at all levels.

The Trust recognises that the provision of healthcare and the activities associated with the treatment and care of patients, employment of staff, maintenance of premises and managing finances by their nature incur risks. It is not appropriate nor practical to avoid or eradicate all risks and, where relevant, greater exposure to risk will be explored and accepted by the Trust in order to achieve certain objectives or outcomes. Considered risk taking is encouraged, together with experimentation and innovation within authorised limits. The Board provides clarity about the level of risk it is willing to take by defining and reviewing regularly its risk appetite in relation to key risk themes and the Trust's strategic objectives.

The Trust is committed to developing its risk maturity and creating the necessary conditions for fostering a confident and proactive risk management culture at all levels that underpins and supports the business of the Trust. The aim is for risks to be identified, evaluated, acted upon and monitored in such a way as to provide appropriate assurance to regulators, stakeholders and the public that the Board has a comprehensive view of the Trust's risk profile, and that informed decisions are taken about the prioritisation of resources for the treatment of risk.

Chairman …….. Chief Executive ……

July 2020

3. Introduction

This Risk Management Strategy for MCHFT takes into account the strategic context of the organisation. The Trust's strategic direction is driven by a need to transform healthcare provision locally and nationally to provide high quality, sustainable, patient-focused services underpinned by seamless care pathways across the health economy. Embracing innovation and collaboration is critical to improving delivery and sustainability for the long term, working with strategic partners across Cheshire and beyond to meet the changing needs of the communities we serve. The Trust accepts that transformational change through innovation and inter-organisational collaboration carries greater short-term risks than incremental change, however, the benefits in securing the long-term sustainability of services and improved patient experience are clear. The new backdrop to this context is the COVID-19 pandemic, which has rapidly altered key aspects of our lives and has required monumental adaptation and resilience in the healthcare sector.

Given the nature and range of services provided by the Trust, it has a complex risk environment. It is therefore essential that the Trust has in place dynamic and consistent risk management systems and practices across the Trust, aiming to promote a balanced view of risk. This means using resources appropriately and proportionately to manage uncertainty to an acceptable level, mitigate threats and minimise compliance risks, while ensuring there is adequate scope for risk-taking in the pursuit of opportunities aligned to defined objectives. In this way, risk management supports the improvement of quality, safety and effectiveness of our services. The Trust sets out its stance on acceptable levels of risk through its risk appetite statement (see section 5).

In recognition of the Trust's strategic ambitions and the challenges and heightened uncertainty inherent in the current operating environment, the MCHFT Board is committed to improving the Trust's risk maturity. This requires continuous evolution of the Trust's Risk Management Framework to ensure that it is underpinned by sound principles, that there is improved visibility of and communication about risk, a positive learning environment and a risk aware culture, and good discipline applied to the risk management process. The aim of this is to create the conditions for risk to drive agendas and inform decision-making, and for appropriate risk treatment plans to be developed and implemented in a timely manner and monitored for effectiveness. The outcome should be to minimise the potential for harm to patients, staff and visitors, loss of assets and damage to reputation, while ensuring that the benefits of experimentation, collaboration and innovation may be harnessed.

MCHFT takes an integrated approach to risk management across the organisation which takes account of all types of risk. The Trust is committed to understanding all risks that may impact the achievement of its objectives, applying a proactive risk-based approach to all aspects of its undertakings, its activities and condition of its estate. This will be achieved using defined methodologies and processes through all levels of operations to identify, evaluate and respond to risk. The Board of Directors determines the strategic governance arrangements for the Trust, creates an environment and structure for risk management to operate effectively, and addresses issues in compliance with the agreed risk management methodology.

4. Key Principles

4.1 Purpose of the Risk Management Strategy

The purpose of this Strategy is to describe and set the direction for the key components of the Risk Management Framework that support and sustain risk management throughout the organisation, i.e. the way the Trust evaluates, controls and monitors the risks to its key functions in carrying out its strategic plans and operations. The Strategy underpins the Trust's reputation and performance and is fully endorsed by the Board of Directors.

4.2 Scope

The Trust recognises that risk management must be applied in the context of strategy, tactics, operations, and compliance. The considerations and the types of risk differ between these aspects of the Trust's business and this differentiation will be reflected in how the principles or risk management are communicated to staff operating at different levels.

All members of staff are responsible for making sure that risks associated with the activities and assets they are responsible for, are identified, assessed and managed, in accordance with the Trust's risk management system and processes. The Risk Management Strategy applies to the management of all risks associated with the Trust's business. This includes change and innovation initiatives conducted though projects and programmes and extends to collaborative working with external parties.

The Trust's risk management arrangements must comply with relevant legislation, and the terms of its Provider Licence and CQC registration. The legislative and regulatory context provides an overarching framework that directs the Trust's risk management responsibilities and informs the design of the Trust's internal control environment. This includes topics such as health & safety, employment, data protection, equalities, etc.

4.3 Good Governance

Corporate governance is the system by which an organisation is directed and controlled at its most senior level to achieve the Trust's objectives and meet the standards of accountability and probity.

Risk management is a component of good governance and the Trust has adopted an integrated governance approach, which ensures that the Board and its Committees have appropriate visibility of all aspects of governance e.g. information, financial, clinical etc. Integrated governance is defined as:

> "*the systems, processes and behaviours by which we lead, direct and control our functions in order to achieve our organisational objectives and the safety, quality and value for money of services as they relate to patients and carers, the wider community and partner organisations".*[1]

The Trust is required to demonstrate that it is doing '*its reasonable best to manage risk'.* In practice, this means having systems and processes in place to identify, assess, evaluate and assign responsibilities to manage risks within the Trust. Oversight of risk is incorporated into the Trust's assurance and escalation processes and structures – Appendix 1 sets out the Trust's governance structure and Appendix 2 summarises the risk reporting approach through the governance hierarchy. In addition, the Trust

[1] Department of Health (2006) *Integrated Governance, A handbook for executives and non-executives in healthcare organisations*

promotes a consistent approach to the investigation of, and learning from, risks and incidents. Consideration of risk should be incorporated into all decision making.

4.4 Trust Objectives

The Board recognises that the implementation of an effective risk strategy and risk management process, underpinned by a positive learning environment and a risk aware culture, is key to the delivery of the Trust's objectives. The Board uses a Board Assurance Framework (BAF) as one of the main tools to facilitate the evaluation and monitoring of the principal risks that would hinder achievement of the strategic objectives (see section 6.2.1). In addition, risks identified in the operational risk register are aligned to strategic objectives so that the Board may understand where lie the greatest challenges to achievement of corporate strategy. In this way, the Board considers a top down and bottom up view of the Trust's risk profiles.

5. Risk Appetite

The Trust recognises that it is impossible and not always appropriate to eliminate all risks. Systems of control must be balanced in order that innovation and the use of limited resources are supported when applied to healthcare. Additionally, the Trust may be willing to accept a certain level of risk when the cost of treating the risk is disproportionately high in comparison to the potential impact and the likelihood of it occurring.

The Trust's risk appetite is set by the Board and has the following levels of application:

- strategic driver at Board level
- operational constraint at management level
- behaviour regulator at individual level.

The Board will define the risk appetite annually in the context of the Trust's strategic objectives, resources and current risk exposure. The following statement sets out, in broad terms, the Board's longer-term risk attitude.

The Board recognises that the Trust's long-term sustainability depends upon the delivery of its strategic objectives and its relationships with its patients, staff, local community and strategic partners.

Taking account of this context, the Board aims to mitigate risks that impact on quality of care i.e. to be safe, effective and providing a positive patient experience. Related to this, the Trust must minimise risks relating to regulatory non-compliance.

The Board may take considered risks in certain circumstances that would impact on short-term financial stability, and in redesigning working practices in pursuance of its commitment to clinical excellence, providing that patient safety and experience are not adversely affected. Similarly, the Board may accept moderate levels of risk associated with the development of its people and demonstrating effective leadership, recognising that both of these elements are key to ensuring quality service and care to patients and achieving the Trust's objectives.

The Board is willing to take risks associated with strategic transformation of healthcare across Cheshire for the benefit of the local population and improving quality of life. This includes promoting innovation and developing wider effective partnerships and alliances where positive gains can be anticipated, providing they are done so within the regulatory environment.

6. Risk Management Process

The Trust's risk management process is embedded at all levels as an integral part of MCHFT's Risk Management Strategy and will be supported by a robust training programme.

Throughout the Trust's hierarchy, there are systems in place to identify, assess and prioritise risks, and develop plans to manage and control them. Risks to which the Trust may be exposed are managed and controlled at an appropriate level within the organisation with scrutiny and oversight provided through the Trust's governance structure (Appendix 1). Decisions relating to the treatment of risks may be escalated through the governance structure in accordance with the Assurance and Escalation Framework.

The methodology for identifying, assessing, recording and treating risks is defined in the Trust's Risk Management Procedure document. The Trust's agreed methodology is used proactively and consistently to:

- identify foreseeable risks,
- ensure they are evaluated and prioritised, taking account of existing control measures,
- identify further action to be taken to manage risks to an acceptable level, and
- review the effectiveness of controls implemented.

Communication and consultation are important at all stages of the risk management process to ensure that the right people are involved at key stages, including identification, assessment, planning and decision-making. The Trust's risk registers consist of detailed risk records which are maintained to facilitate the tracking, monitoring and reporting of risks, and are useful sources of assurance about the effectiveness of the Trust's risk management arrangements.

6.1 Risk identification

Risks may be identified on a day to day basis by any member of staff, service users, visitors, suppliers, partner organisations, etc. The Trust implements engagement and feedback mechanisms to encourage open communication and to promote a culture of learning. Risks may be identified from a range of different information sources and indicators, and the Trust puts in place systems to aid the early identification and ongoing monitoring of risk. The following are examples of sources of information about operational risk:

- Incident and near miss reporting
- Incident investigations
- Claims, complaints and concerns
- Consultation with service users and staff
- Patient feedback
- Inspection reports
- Benchmarking
- Peer reviews
- Safety alerts
- Compliance with regulatory targets
- NICE guidelines
- Routine risk assessments
- Performance reporting

Horizon scanning is a method employed to identify, evaluate and adapt to changes in the external risk landscape; it is a proactive means of alerting the organisation to emerging risks. As well as identifying potential threats, horizon scanning can identify positive areas for the Trust to develop its business and services, taking opportunities where these arise. The Trust will work collaboratively with partner organisations and statutory bodies to horizon scan and be attentive and responsive to the changing environment.

The Trust will adopt formal mechanisms for horizon scanning as part of its annual business planning process and to inform the development of corporate strategy. Relevant matters will be reviewed in the context of the BAF and may be considered for inclusion in the Trust's strategic risk register. The approach also considers ongoing risks to services. This means that the Trust will be better placed to respond to changes and uncertainties in a structured and coordinated way. The figure below illustrates a model for scanning the risk landscape using a thematic approach to structure the analysis of relevant information:

The scope of horizon scanning covers, but is not limited to:

- Legislation and regulatory environment
- Government white papers
- Government consultations
- Socio-economic trends
- Trends in public attitude towards health
- International developments
- NHS Improvement/England publications
- Local health economy strategies
- Local demographics
- Stakeholder views
- Innovations in Healthcare

6.2 Trust risk register

The Trust has segmented its risk register into two levels: Board Assurance Framework (BAF), and operational. This enables the Board to take a holistic view of the Trust's risk profile through assessment of risk across the Trust as well as taking a 'bottom-up' perspective from local operational areas. Through the scoring methodology set out in the Risk Management Procedure, the Board is able to prioritise its attention on those risks that have the greatest potential to impact the Trust's strategic direction.

6.2.1 Board Assurance Framework

The BAF is an important component of the Trust's corporate governance and risk management framework. It is a monitoring tool used by the Board to assess the organisation's capacity to achieve its strategic objectives, and to ensure it has appropriate oversight of the Trust's risk profile and key controls. It aids transparency and is used to inform the Annual Governance Statement as a means of monitoring the robustness of the systems of internal control. A properly used BAF will also drive the forward work plan and agendas for the Board and its Committees.

The structure of the BAF has been developed based on the following key steps that reflect the original Board Assurance guidance from the Department of Health[2]:

- identify a set of high level risks aligned to the strategic objectives,
- list the mechanisms in place that control each of the risks, and
- identify the sources of evidence that can demonstrate how effectively the risks are being controlled (assurance).

The diagram below shows the alignment between strategic objectives, principal risks, key controls and assurance information.

The principal risks are those that are deemed to have a Trust-wide impact with potential to affect one or more strategic objectives. They are agreed annually by the Board and kept under regular review. The information mapped through the BAF allows the Board to question the evidence about the effectiveness of the Trust's key controls.

The Audit Committee, which has responsibility for ensuring that the Trust's risk management framework remains effective, will undertake a review of the BAF process at least annually. The BAF directly underpins the Annual Governance Statement (AGS) and is the subject of annual enquiry by Internal and External Audit.

---

[2] Department of Health (2003) *Building the Assurance Framework: A Practical Guide for NHS Boards*

6.2.2 Operational risks

Operational risks are those that are specific to individual areas of the Trust carrying out the day to day activities relating to service delivery. This includes quality and clinical risks as well as those relating to financial management, workforce, estates, etc. Risks to operational objectives are recorded in the operational risk register. Risk assessments are documented in the Trust's operational risk database and are subject to an approval process to ensure that there is appropriate managerial oversight and monitoring through the organisation's governance structure. Operational risks are assigned to a risk lead and generally managed at a local level with detailed oversight through assurance groups and Executive Groups (EGs). The Executive Risk and Assurance Group has a responsibility for considering the potential impact of operational risk on the Trust's strategic objectives; significant operational risks (those scored as 15 or more) are monitored monthly at meetings of the Risk and Assurance Group prior to review by individual Committees and the Board.

7. Responsibilities

7.1 Board and Committees

The Board of Directors is ultimately accountable for ensuring that the Trust is complying with the terms of its Provider Licence, which includes its arrangements for integrated governance and effective risk management. The Chairman and Non-Executive Directors exercise a key role for the promotion of risk management through participation in the Trust Board and its Committees. They are responsible for scrutinising systems of governance and for ensuring that the Chief Executive and Executive Directors are held to account for their risk management responsibilities.

The Trust operates a risk monitoring and reporting system to ensure that there is clear ownership of risk at the appropriate hierarchical levels and robust scrutiny and oversight of how risks are managed (see Appendices). The responsibilities in relation to the oversight of risk management for the respective Board Committees are outlined in the table below:

Title	Responsibilities
Audit Committee	The primary function of the Audit Committee is to assess the adequacy and effectiveness of the Trust's systems of integrated governance, the internal control environment and risk management across the whole of the Trust's activities (clinical and non-clinical) both generally and in support of the annual governance statement.
Quality & Safety Committee	The Quality & Safety Committee is responsible for providing the Trust Board with assurance on the standards of quality and safety for clinical care and effectiveness and patient experience, and the implementation of the Trust's risk management strategy in relation to those areas. The Committee oversees and monitors the Trust's compliance with all legal, regulatory and other obligations such as the Trust's compliance with CQC Essential Standards of Quality and Safety.

Title	Responsibilities
Remuneration & Nominations	The Remuneration & Nominations Committee is responsible for a range of duties relating to Board appointments, remuneration, appraisal and succession planning. The Committee appraises the Board of any risks relating to the recruitment and employment of senior staff, as well as the structure, size and composition of the Board.
Performance & Finance	The Performance & Finance Committee is responsible for the oversight of financial and operational performance and delivery against planned budgets. The Committee ensures all risks related to finance and performance are properly scrutinised and to give oversight to the development of appropriate financial strategy.
Workforce & Digital Transformation Committee	Responsible for providing assurance to the Board in relation to the delivery of the Trust's Workforce Strategy and Plan, ensuring delivery of statutory objectives and compliance with legislation. The Committee provides scrutiny of risks relating to the Trust's workforce risks and its capacity and capability to deliver the Trust's objectives. In addition, this Committee has oversight of the Trust's Digital Transformation initiatives and monitors assurances that relevant risks are managed effectively.
Charitable Trustees	Delegated authority from the Board of Directors to oversee that the Charity is administered effectively and its spending is in accordance with the objectives set by the Board/Corporate Trustees.

7.2 Executive Leadership

The Chief Executive has overall responsibility for risk management and for ensuring that the Board is appraised of the most significant risks relating to the Trust's operations and strategic objectives. The Chief Executive delegates to Executive Risk Leads responsibility for managing risk pertaining to their individual portfolios. This involves working with specialist corporate functions as appropriate to ensure that all types of risk identified within their portfolios are properly assessed and managed, for example quality, clinical, workforce, budgetary, maintenance, safety, etc.

The following Executive Groups are responsible for providing oversight and scrutiny of risk within their span of control and providing advice and assurance to Board Committees and the Executive Risk and Assurance Group as summarised in the reporting diagram in Appendix 2:

- Infrastructure Development
- Performance Management
- Quality Governance
- Workforce
- Digital, Technology & Information Services

At the operational level, each Division and corporate function should have in place a reporting structure responsible for overseeing the management of risks identified within their specialist areas. Significant risks (scoring 15+), and those scored below 15 that have a wider impact on the Trust or cannot be controlled at the operational level, are escalated to the relevant EG for review and decisions about appropriate risk treatment. The terms of reference for the Executive Risk and Assurance Group outline

its responsibility for considering the potential impact of operational risk on the Trust's strategic objectives. To facilitate the discharge of this duty, it receives reports on a monthly basis, which summarise key matters relating to significant operational risk alongside the BAF risks for each strategic objective.

The following table outlines specific risk management roles assigned to individual executives:

Title	Responsibilities
Chief Executive	Overall responsibility for risk management. This includes: • ensuring that employees and the public are properly protected against exposure to risks arising out of or as a result of the Trust's activities, and • ensuring that the appropriate arrangements are in place to manage risks within the organisation. As Accounting Officer[3], the Chief Executive has responsibility for maintaining a sound system of internal control that supports the achievement of the Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets. The Chief Executive is also responsible for ensuring that the Trust is administered prudently and economically and that resources are applied efficiently and effectively. The Chief Executive signs the Annual Governance Statement in the Annual Report and Accounts on behalf of the Board.
Medical Director	Nominated by the Chief Executive as the Executive Director responsible for the management of risk relating to clinical effectiveness, clinical governance, patient safety research & development and professional responsibility for medical practice within the Trust. The Medical Director is also responsible for developing and implementing the operational systems and processes for risk management – this includes the Trust's Risk Management Policy and Procedure. The Medical Director is nominated Caldicott Guardian with responsibility for the safety of patient data.
Director of Nursing & Quality	Nominated by the Chief Executive as the Executive Director responsible for the management of risk relating to quality improvement, patient experience, safeguarding vulnerable adults & children as well as professional responsibility for nursing and allied health professionals.
Deputy CEO/Director of Finance	Nominated by the Chief Executive as the Executive Director responsible for the management of risk relating to systems of financial control, standards of business conduct and counter fraud, financial governance and associated risks. The Director of Finance is also the lead Director responsible for the management of risk relating to health & safety as well as the hospital's physical environment. The Director of Finance is nominated Senior Risk Information Officer (SIRO) with responsibility for ensuring that information risk is managed appropriately and effectively across the organisation and for any services contracted for by the organisation.

[3] NHS Foundation Trust Accounting Officer Memorandum

Title	Responsibilities
Chief Operating Officer	Nominated by the Chief Executive as the Executive Director responsible for the management of risk relating organisational operational issues, lead for service improvement and transformation across the Clinical Divisions as well as emergency preparedness, resilience and response.
Director of Workforce & OD	Nominated by the Chief Executive as the Executive Director responsible for the management of risk relating to the Trust's workforce, employer responsibilities and associated policies.
Chief Information Officer	Nominated by the Chief Executive as the lead Director responsible for the management of risk relating to information technology, information governance risk assessment and management processes.
Director of Strategic Partnerships	Nominated by the Chief Executive as the lead Director responsible for the management of risk relating to operational issues, service improvement and transformation across community and Integrated Care Partnership hosted services.
Company Secretary	Responsibility for all corporate governance arrangements that might affect the Trust to ensure that the Board is fully briefed on these matters and has regard to them when taking decisions. Lead officer for the Risk Management Framework with responsibility for developing the Trust's Risk Management Strategy and Board risk and assurance reporting processes e.g. the BAF.

7.3 Third Party Organisations

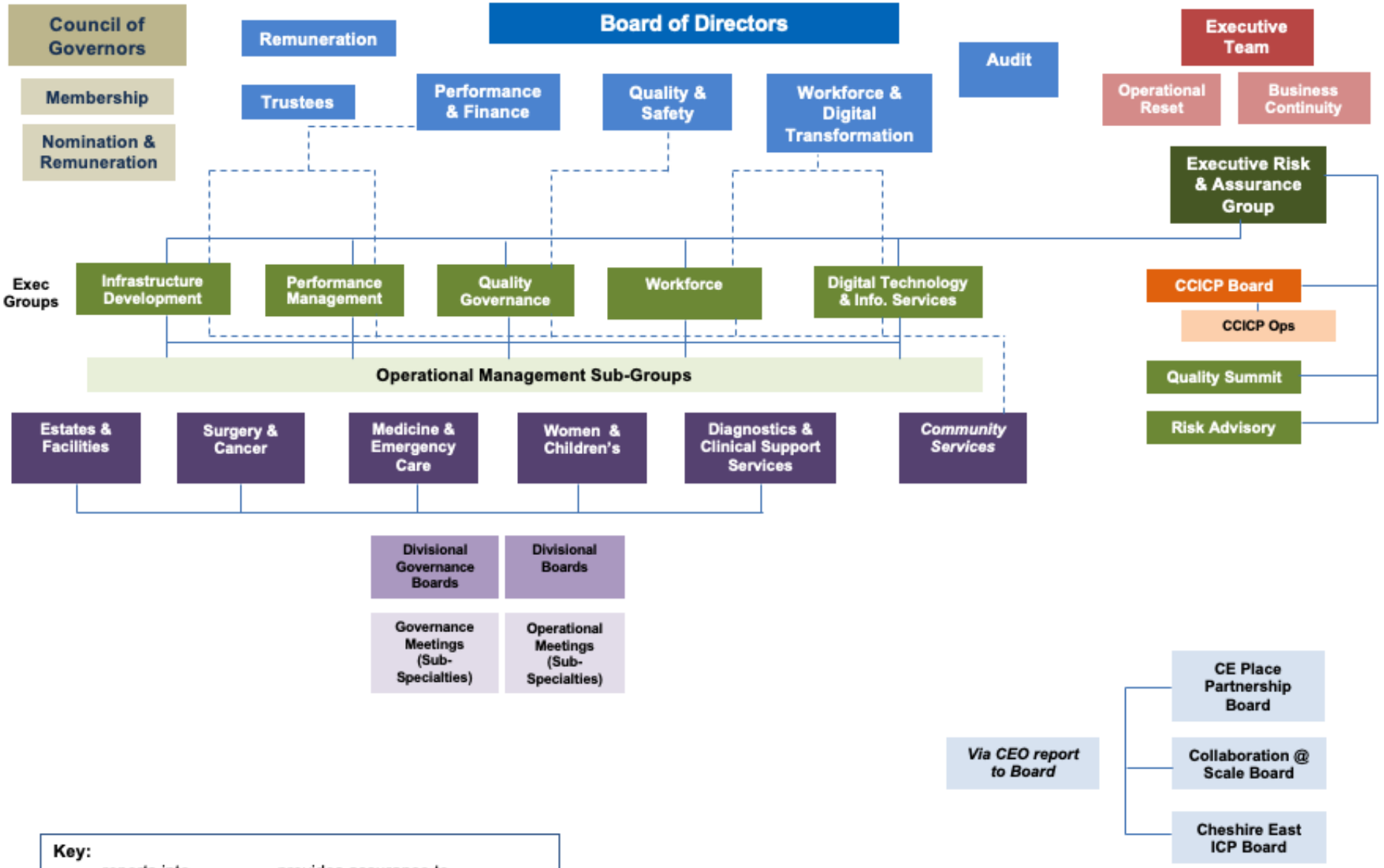
Risk management will be integral in governance arrangements set in place for all partnerships with other organisations. Relevant risks identified by the Trust will be documented and shared with partner organisations. Likewise, the Trust expects that any relevant risks identified by partners will be shared with the Trust. The Central Cheshire Integrated Care Partnership is hosted by MCHFT and is represented in the Trust's governance arrangements at an operational level and at the Executive management level so that risks associated with provision of collaborative community services may be monitored, managed and escalated in accordance with the Trust's risk management framework.

8. Evaluation and Review

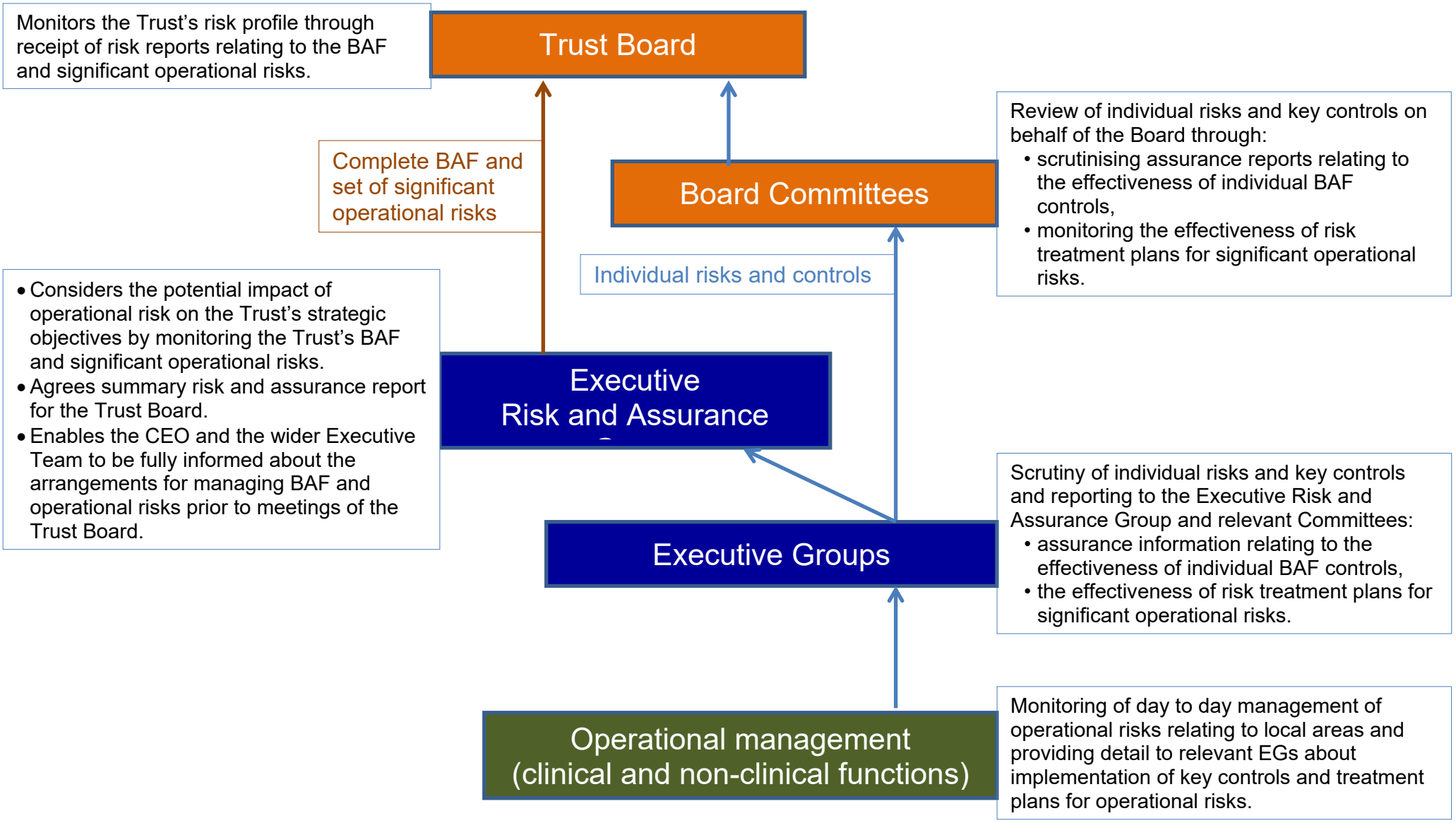
This Strategy will be reviewed and updated annually, taking into account progress in implementing the Strategy through monitoring the actions identified in the Implementation Plan and through assessing evidence of compliance with the Trust's Risk Management Procedure. In addition, analysis of the Trust's risk registers will be used to evaluate how risks have been managed across the Trust and understand how effectively current risk management arrangements have been implemented. Feedback from risk practitioners will be sought to update guidance for staff and to inform future training plans.

The Trust will undertake a regular risk maturity assessment to obtain a structured view of the adequacy of the components of its Risk Management Framework. This will inform the setting of future goals for evolving the Trust's risk management arrangements and improving consistency of practice across all areas.

Appendix 1: Governance Structure



Appendix 2: Risk monitoring and reporting



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.

POLICY/DOCUMENT/SERVICE…Risk Management Strategy…….

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	No	
2	Sex	No	
3	Transgender	No	
4	Pregnancy or maternity	No	
5	Marriage or civil partnership	No	
6	Sexual orientation including lesbian, gay and bisexual people	No	
7	Religion or belief	No	
8	Age	No	
9	Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
10	Economic/social background	No	
B	**Human Rights – are there any issues which may affect human rights**		
1	Right to Life	No	
2	Freedom from Degrading Treatment	No	
3	Right to Privacy or Family Life	No	
4	Other Human Rights (see guidance note)	No	

Date…07/07/20 …….. **Name…Caroline Keating**

Signature…… **Job Title…..Company Secretary**