

**Board of Directors**  
 Monday 2 November 2020  
 9.30am  
 Virtual – via Microsoft Teams  
**AGENDA**

No	BAF Risk	Item
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**PRELIMINARY BUSINESS**

- |                  |  |  |
|------------------|--|--|
| <b>1</b><br>9:30 |  | <b>Welcome and Apologies (v)</b><br>Chair  |
| <b>2</b><br>9:32 |  | <b>Declarations of Interest (v)</b><br>Chair<br>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 |
| <b>3</b><br>9:33 |  | <b>Draft Minutes of the Last Meeting - 5 October 2020 (d)</b><br>Chair<br>To approve the draft minutes of the last meeting of the Board of Directors, discuss any matters arising and review the action log              |

**CONTEXT / OVERVIEW / RISK**

- |                  |             |  |
|------------------|-------------|--|
| <b>4</b><br>9.35 |             | <b>Chair's Opening Remarks (v)</b><br>To note  |
| <b>5</b><br>9.40 |             | <b>Chief Executive's Report (d)</b><br>To note   |
| <b>6</b><br>9.45 | <b>BAF9</b> | <b>Integrated Performance Report (September - Month 6) (d)</b><br>Chief Executive<br>To note |

**QUALITY - Patient Safety, Clinical Effectiveness & Patient Experience**

- |                  |  |  |
|------------------|--|--|
| <b>7</b><br>9.47 |  | <b>Quality &amp; Safety Committee (QSC) (21 October 2020) - Chair's Report (d)</b><br>Committee Chair<br>To note |
|------------------|--|--|

No	BAF Risk	Item
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## PERFORMANCE

- |                  |   |   |
|------------------|---|---|
| <b>8</b><br>9.55 | <b>Performance and Finance Committee (PAF) (21 October 2020)</b><br><b>Chair's Report (d)</b><br>Committee Chair<br>To note                                   | <ul style="list-style-type: none"> <li>• <b>Phase 3 Restoration Update (v)</b><br/>Chief Operating Officer<br/>To note</li> </ul> |
| <b>BAF1</b>      | <ul style="list-style-type: none"> <li>• <b>Emergency Preparedness, Resilience and Response (EPPR) (d)</b><br/>Chief Operating Officer<br/>To note</li> </ul> |   |

## WELL LED

- |                   |  |
|-------------------|--|
| <b>9</b><br>10.10 | <b>Workforce &amp; Digital Transformation (WDT) Committee (19 October 2020)</b><br><b>Chair's Report (d)</b><br>Committee Chair<br>To note |
|-------------------|--|

## CONCLUDING BUSINESS

- |                    |   |
|--------------------|---|
| <b>10</b><br>10:15 | <b>Any Other Business (v)</b><br>Chair<br>To consider any other matters of business   |
| <b>11</b><br>10:18 | <b>Items for the Risk Register/Changes to the Board Assurance Framework (BAF) (v)</b><br>Chair<br>To identify any additional items for the Risk Register or changes to the BAF arising from discussions at this meeting |
| <b>12</b><br>10:19 | <b>Key Messages from the Board (v)</b><br>Chair<br>To agree   |

### Time, Date and Place of Next Meeting (v)

Monday, 7 December 2020, 9.30am via Microsoft Teams

# Board of Directors Action Log

Agenda item		Assigned to	Deadline	Status
Board of Directors 05/10/2020 5 Chair's Opening Remarks (v)				
227.	Governor Engagement Paper to be provided to next CoG Meeting	● Keating, Caroline	29/10/2020	■ Pending
	<i>Explanation action item</i> A summary of Governor engagement to be tabled at the next CoG meeting to provide an overview of the methods by which the Trust engage with Governors.			
	<i>Explanation Dowson, Katharine</i> Completed. Presented to CoG 29 October.			
Board of Directors 05/10/2020 13.1 Performance and Finance Committee (PAF) - 24 September 2020 (d)				
208.	Provide Endoscopy figures to John Church	● Bennett, Oliver	23/10/2020	■ Pending
	<i>Explanation action item</i> To supply John Church with the number of patients currently awaiting an Endoscopy.			
	<i>Explanation Bennett, Oliver</i> Completed 23 October			

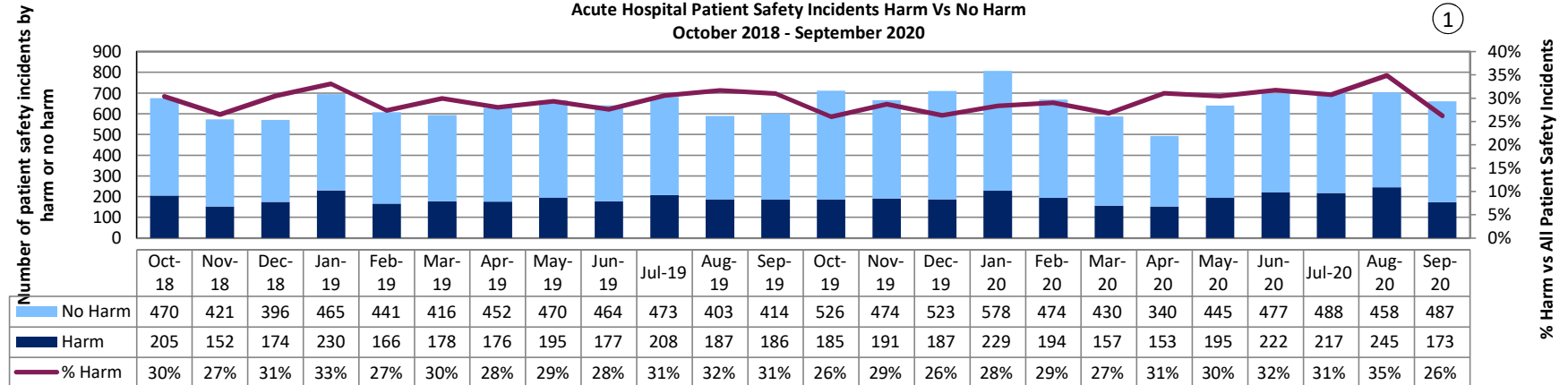
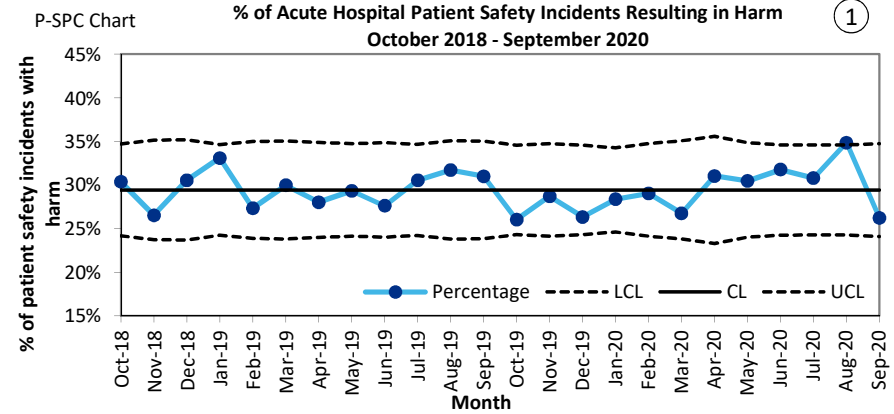
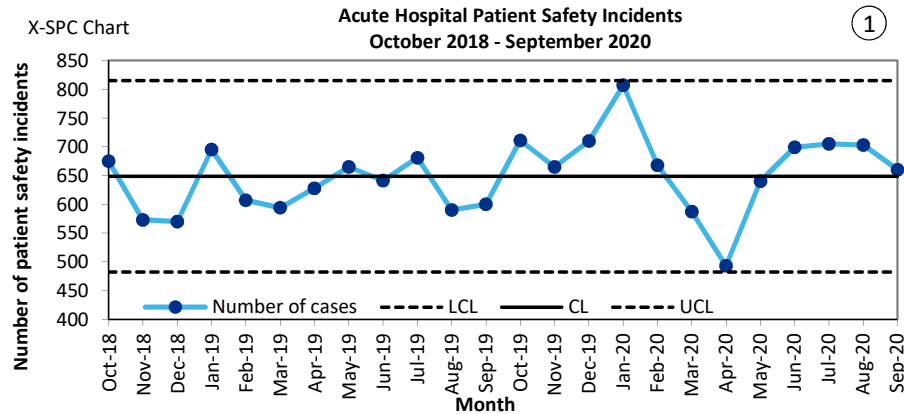
# **Board of Directors Integrated Performance Report**

**September 2020**

**"To Deliver Excellence in Healthcare through Innovation &  
Collaboration"**

## Board Papers - Quality, Safety & Experience

### Acute Hospital Patient Safety Incidents (Excludes CCICP)



**Accountable:** Medical Director

**Data Owner:** Quality Governance

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

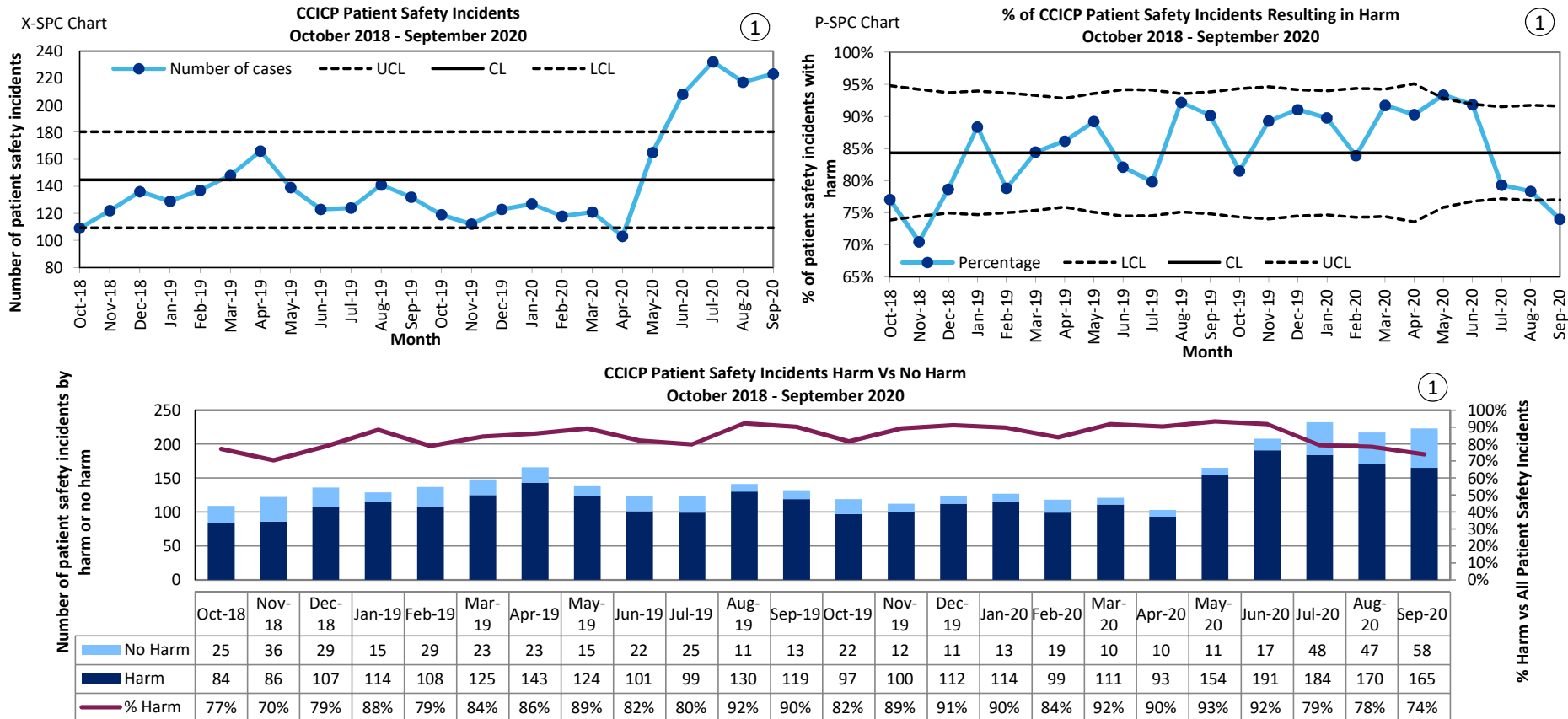
**Key Narrative:** The total number of acute hospital patient safety incidents remains within normal variation. The percentage of acute patient safety incidents resulting in harm shows special cause variation in August 2020 with the measure falling outside of the upper control limit.

Low Harm 172, Moderate Harm 2, Serious Incident 1

Historic incident data refreshed.

## Board Papers - Quality, Safety & Experience

### Central Cheshire Integrated Care Partnership (CCICP) Patient Safety Incidents



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

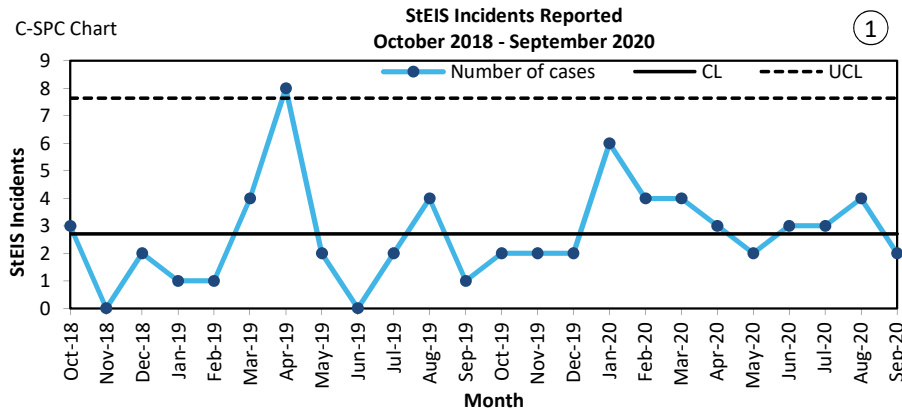
**Key Narrative:** The total number of CCICP safety incidents shows special cause variation with 6 points outside of the control limits across the 24 month period including a marked increase in incidents reported in the last 4 months. The first chart also shows a run of 12 data points below the centre line May 2019 - April 2020. The percentage of incidents resulting in harm breached the control limits in November 2018, May 2020 and September 2020.

Low Harm 161, Moderate Harm 3, Serious Incident 0

Historic incident data refreshed.

## Board Papers - Quality, Safety & Experience

### StEIS Incidents - Trust Total



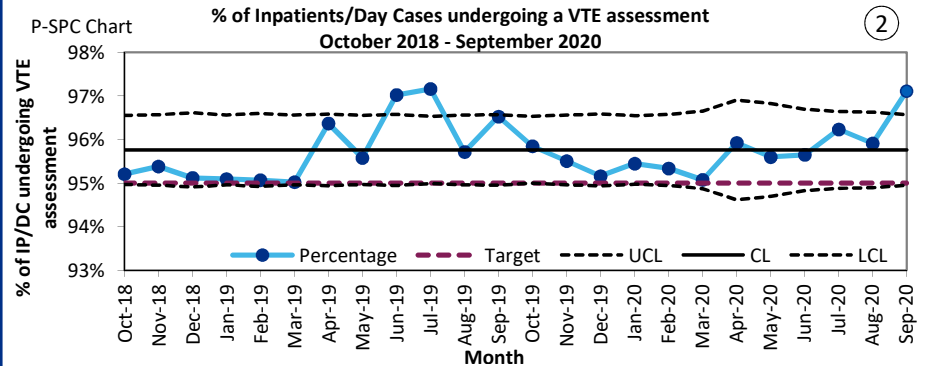
**Accountable:** Medical Director

**Data Owner:** Quality Governance

**Key Narrative:** There were 2 serious incidents reported to StEIS in September 2020. The SPC chart shows April 2019 breaching the upper control limit with the remaining data points falling within the expected range.

*Historic StEIS incident data refreshed.*

### VTE

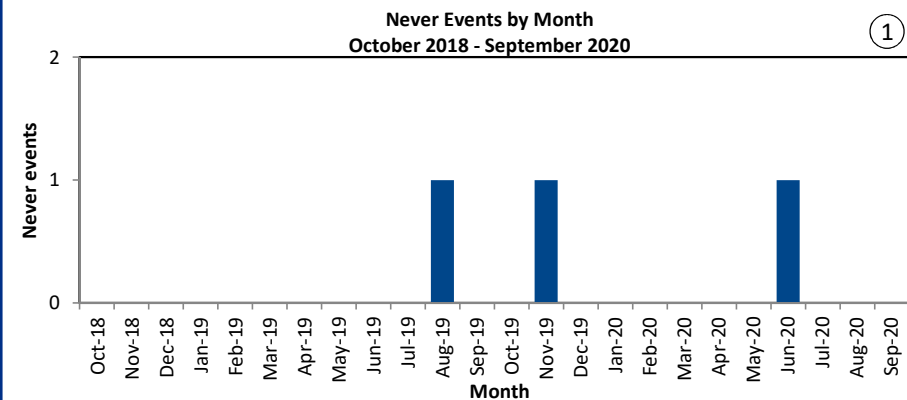


**Accountable:** Medical Director

**Data Owner:** Information Services

**Key Narrative:** This measure remains above target with June 2019, July 2019 and September 2020 measures falling above the upper control limit. P-SPC charts adjust the control limits to take into account each month's denominator.

### Never Events - Trust Total



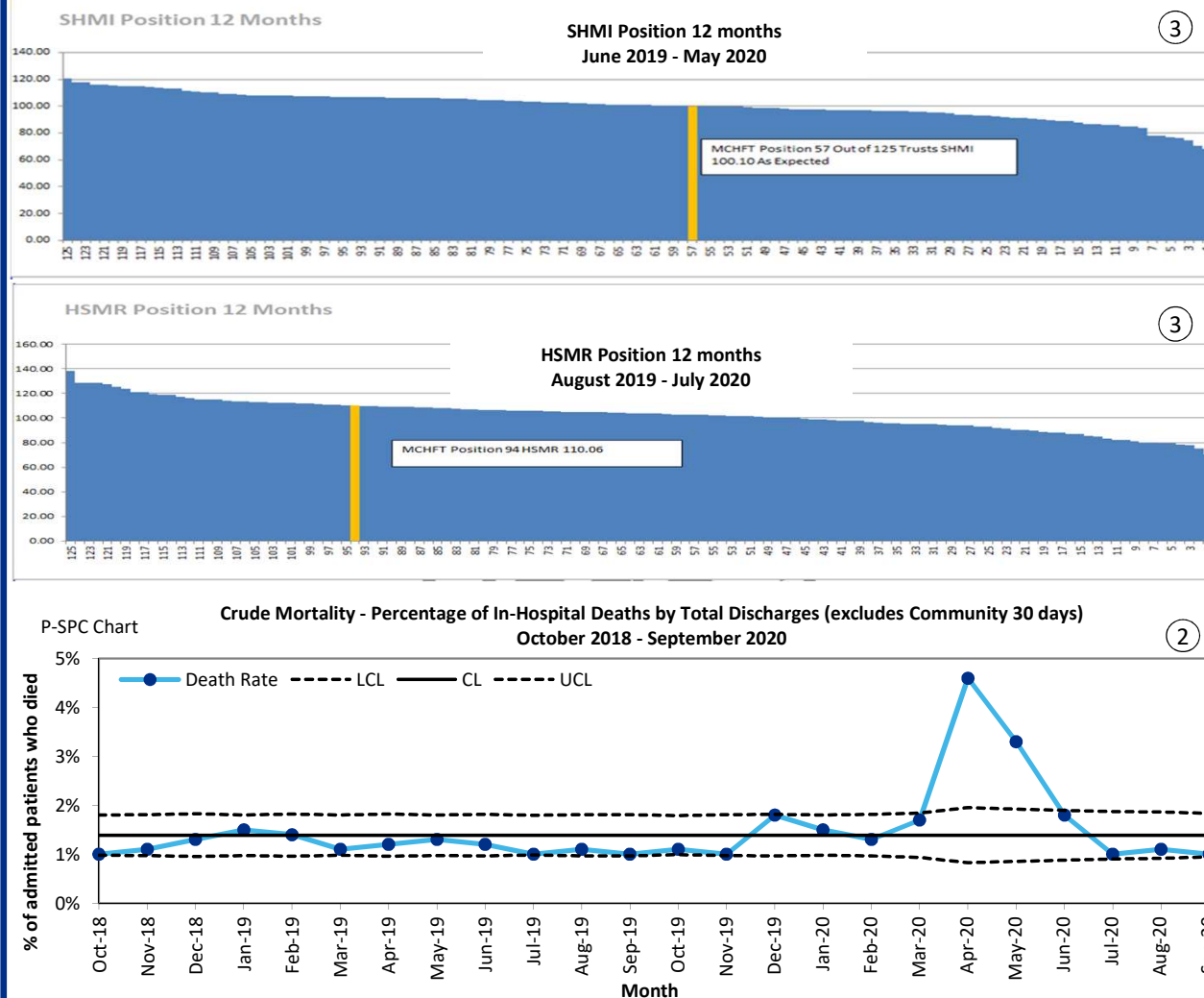
**Accountable:** Medical Director

**Data Owner:** Quality Governance

**Key Narrative:** There were no never events reported in September 2020.

## Board Papers - Quality, Safety & Experience

### Mortality



**Key Narrative:** The latest release of SHMI is 100.10 (rank 57) against the previous value of 100.60 (rank 58). This is still in the 'as expected' range. Please note that the number of submitting Trusts has dropped from 129 to 125 due to Trust mergers that is now reflected in the data.

**Key Narrative:** The latest HSMR release is 110.06. Recent releases had shown a deterioration in HSMR which is likely to be the result of low rates of palliative coding compared to other Trusts. This release shows a slight improvement. Please note that the Trust mergers in SHMI are reflected in this data.

**Key Narrative:** Crude mortality has remained largely consistent over the time period; exceptions are December 2019 & March-June 2020 where the rate 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. The most recent rate for September 2020 shows a return to a level slightly lower than September 2019.

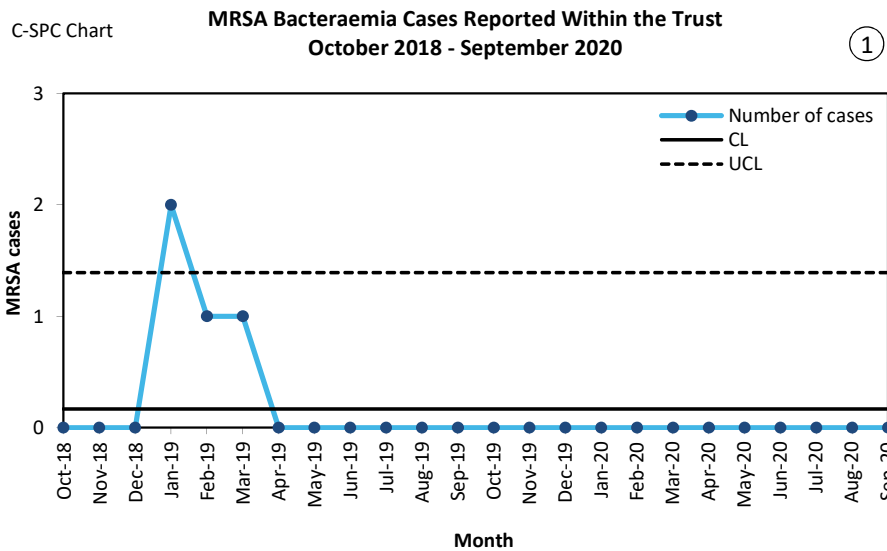
**Accountable:** Medical Director

**Data Owner:** Quality Governance

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

## Board Papers - Quality, Safety & Experience - Infection Control

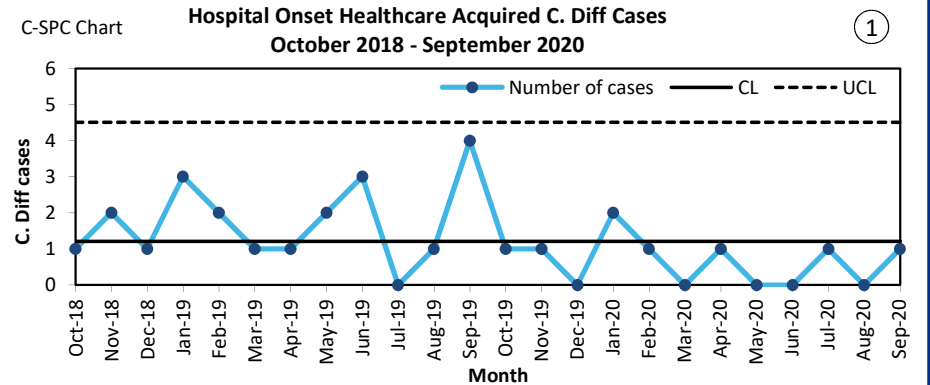
### MRSA



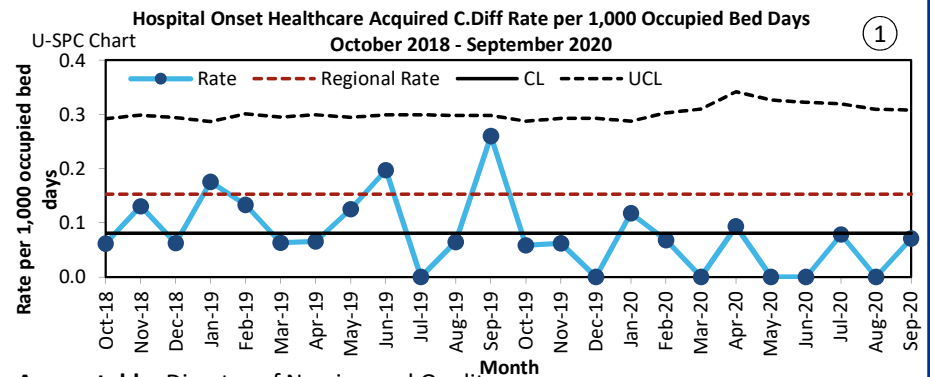
**Accountable:** Director of Nursing and Quality  
**Data Owner:** Infection Prevention Control Team

**Key Narrative:** There have been no MRSA bacteraemia cases reported since March 2019.

### C. Diff Positive Cases



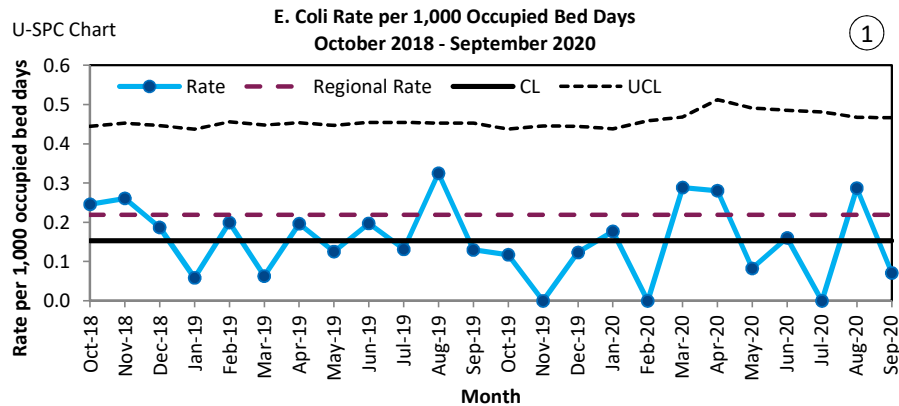
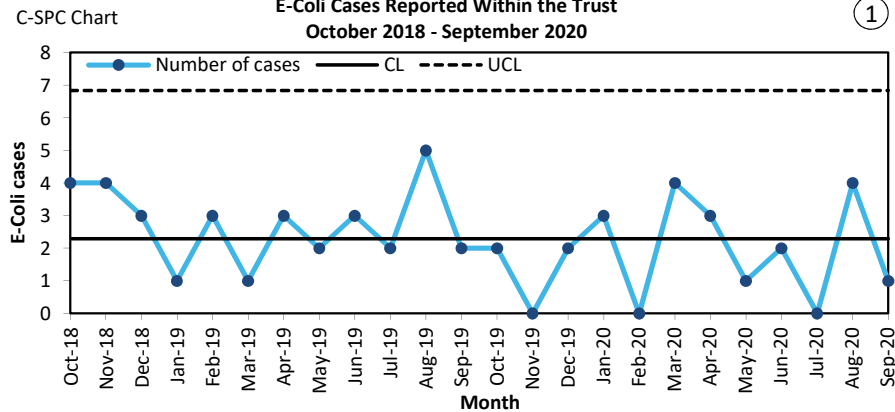
	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
Avoidable	0	0	0	0	0	0	0	0	0	1	0	0
Unavoidable	1	1	0	2	1	0	1	0	0	0	0	0
Awaiting Confirmation	0	0	0	0	0	0	0	0	0	0	0	1



**Accountable:** Director of Nursing and Quality  
**Data Owner:** Infection Prevention Control Team  
**Key Narrative:** Hospital acquired C. Diff remains within expected range with the number of infections recorded in the last 8-months lower than the 24 month average. The P-SPC charts adjust the control limits to take into account each month's denominator.

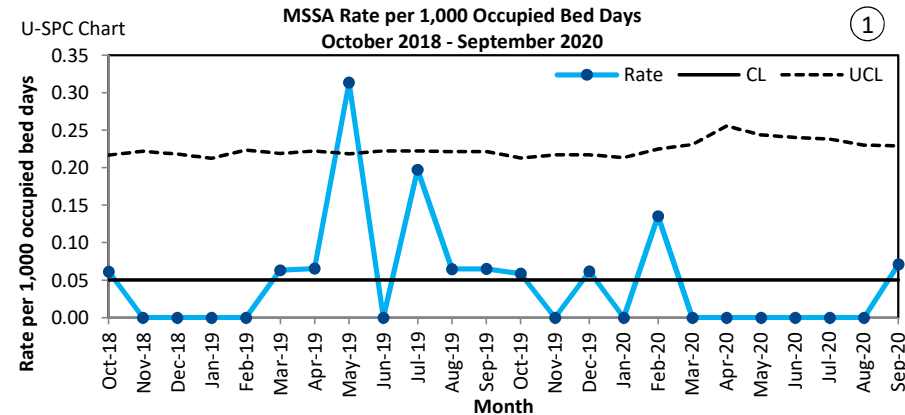
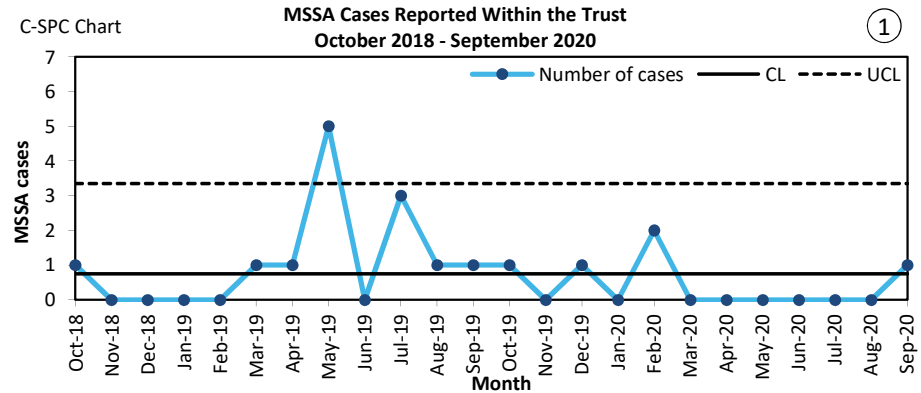
## Board Papers - Quality, Safety & Experience - Infection Control

### E-Coli Cases



**Accountable:** Director of Nursing and Quality  
**Data Owner:** Infection Prevention Control Team  
**Key Narrative:** E-coli cases remain within expected variation with 1 e-coli case reported in September 2020. The U-SPC chart adjusts the control limits to take into account each month's denominator.

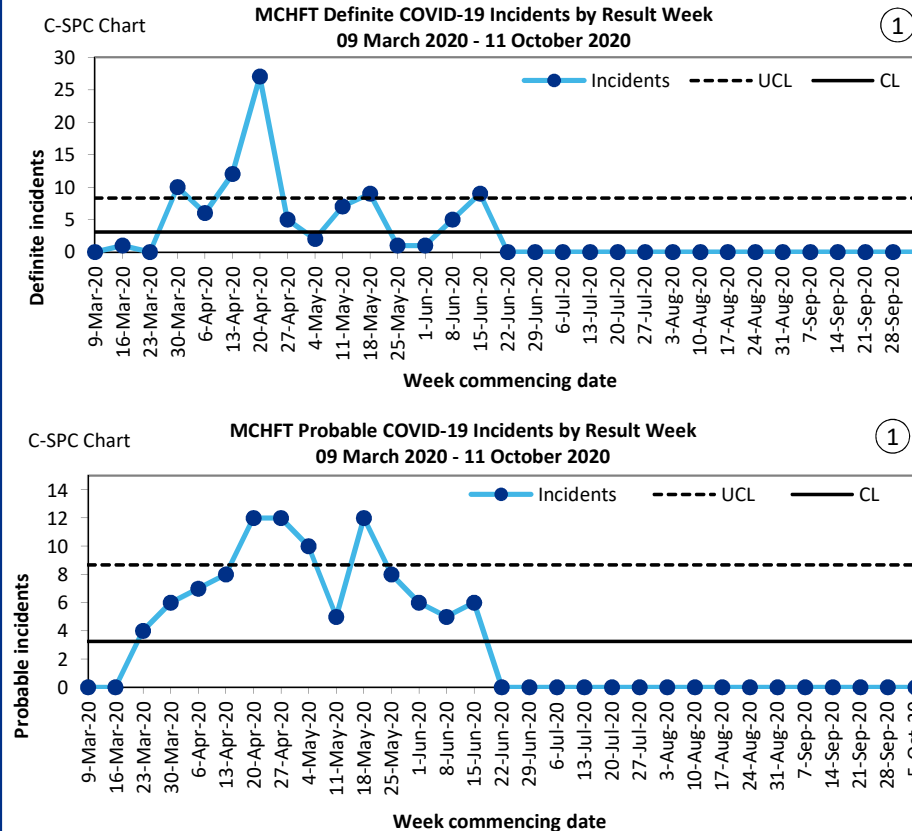
### MSSA



**Accountable:** Director of Nursing and Quality  
**Data Owner:** Infection Prevention Control Team  
**Key Narrative:** MSSA cases remain within expected variation with the exception of May 2019 which breached the upper control limit. There was 1 MSSA case reported in September 2020. The U-SPC chart adjusts the control limits to take into account each month's denominator.

## Board Papers - Quality, Safety & Experience

### COVID-19 Healthcare Acquired Infections

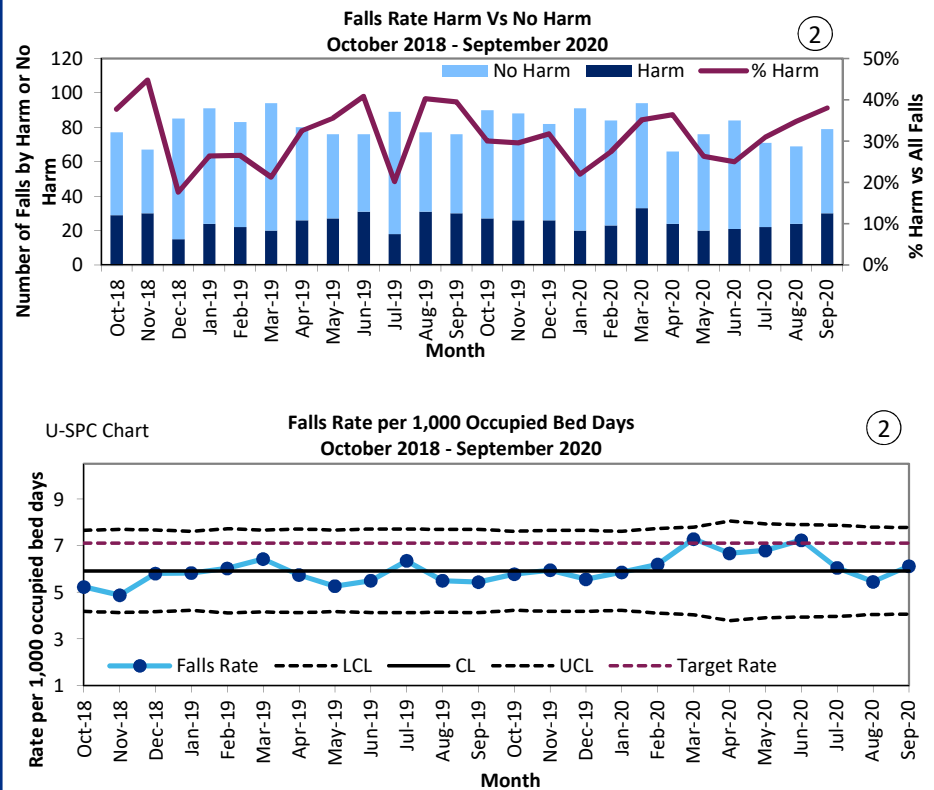


**Accountable:** Director of Nursing and Quality

**Data Owner:** Information Services

**Key Narrative:** The SPC charts show no hospital acquired incidents reported since 22nd June 2020.

### Falls



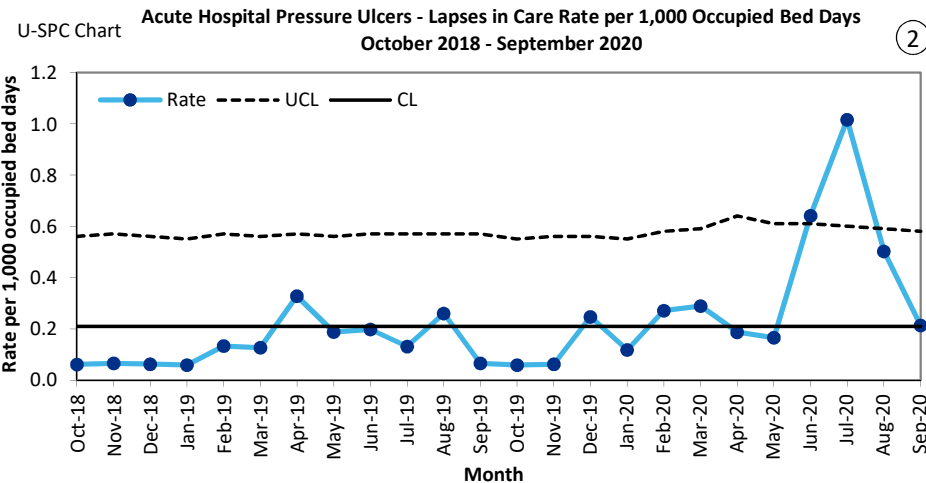
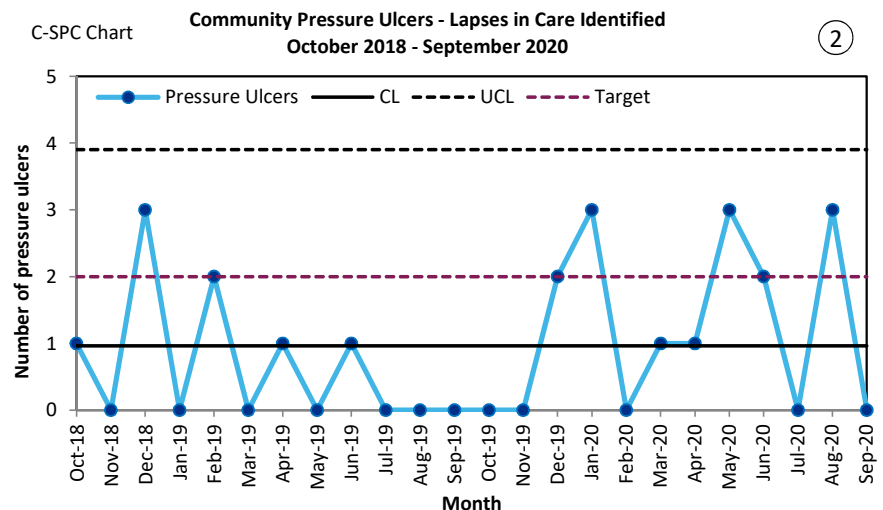
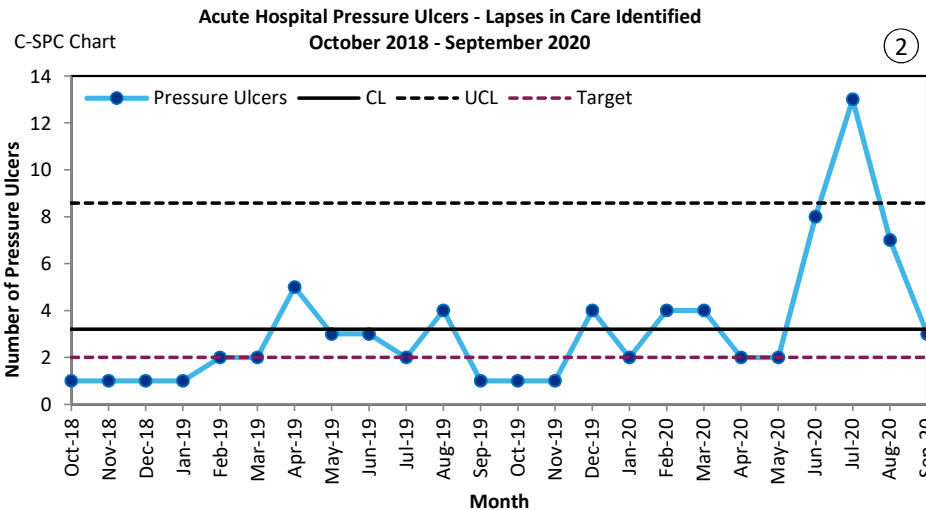
**Accountable:** Director of Nursing and Quality

**Data Owner:** Nursing Quality Team

**Key Narrative:** Falls cases per 1,000 occupied bed days remains within expected variation with March 2020 and June 2020 exceeding the target rate. The U-SPC chart adjusts the control limits to take into account each month's denominator.

## Board Papers - Quality, Safety & Experience

### Acute Hospital Pressure Ulcers



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:

**Acute:** There were 3 acute hospital lapses in care recorded in September 2020 with special cause variation shown with June, July and August 2020 either close to, or falling outside of the upper limits. There have been 35 acute lapses of care reported in the current financial year against a target of 12.

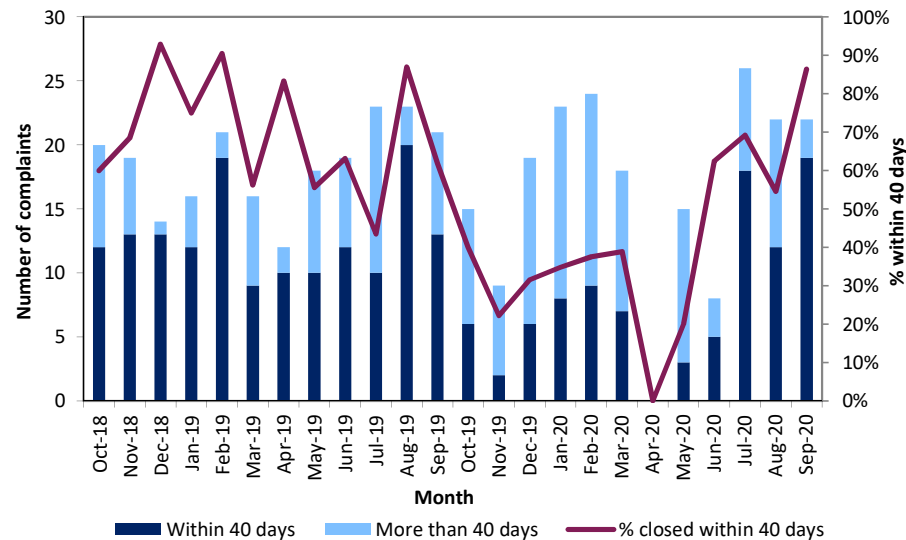
**Community:** There were no lapses of care identified in the community in September 2020 with 9 re-reported in the current financial year against a target of 12.

Historical data refreshed.

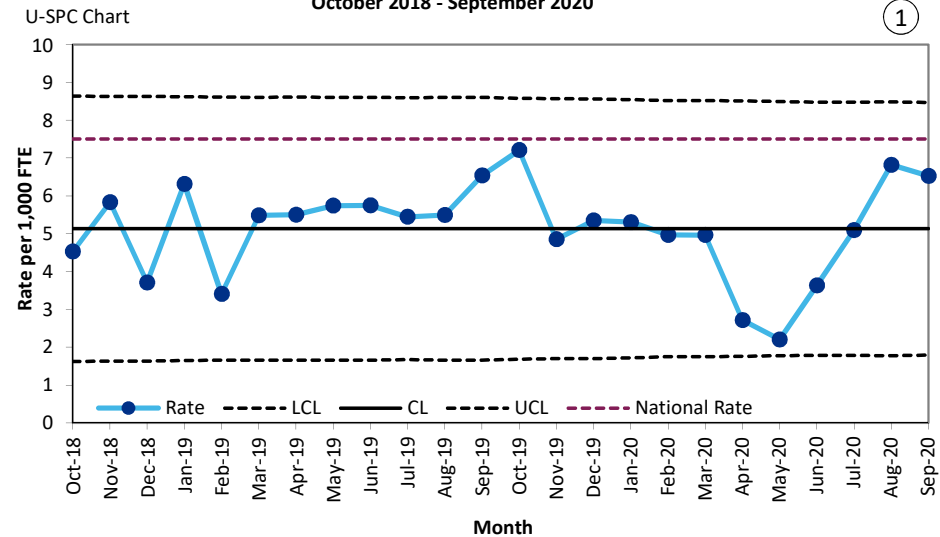
## Board Papers - Quality, Safety & Experience

### Formal Complaints

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



Number of Formal Complaints Received in Month per 1,000 FTE Staff  
October 2018 - September 2020



**Accountable:** Director of Nursing and Quality

**Data Owner:** Customer Care Team

**Key Narrative:** 22 written complaints were received in September 2020. The number of written complaints received remains within the expected range and below the national rate. April and May 2020 show 2 consecutive data points close to the lower control limit.

*\*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.*

## 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	40,879.6	37,127.4	35,232.2	30,668.8	31,137.4	28,864.8	23,648.2	21,619.7	90.8%	87.0%	92.7%	91.4%
Acute Medical Unit	1,710.0	1,662.8	2,065.5	2,012.0	1,812.0	1,695.0	1,452.0	1,464.0	97.2%	97.4%	93.5%	100.8%
Child & Adolescent Unit	3,400.5	2,524.8	1,546.5	1,126.1	2,144.5	1,991.5	700.0	643.8	74.2%	72.8%	92.9%	92.0%
Critical Care Unit (RED)	3,993.5	3,510.6	540.0	402.0	3,708.0	3,316.3	-	-	87.9%	74.4%	89.4%	-
Elmhurst	726.0	719.5	2,304.2	2,309.2	720.0	720.5	1,536.0	1,536.0	99.1%	100.2%	100.1%	100.0%
Maternity Unit (Ward 23)	1,397.3	1,286.6	1,124.0	917.9	732.0	724.8	792.0	736.0	92.1%	81.7%	99.0%	92.9%
Midwifery Led Unit	846.3	823.3	-	-	744.0	718.3	-	-	97.3%	-	96.5%	-
NICU Ward 22	1,626.3	1,419.6	703.9	343.1	1,290.0	1,043.0	322.5	268.8	87.3%	48.7%	80.9%	83.3%
South Cheshire Surveillance (AMBER)	1,872.5	1,752.3	2,521.0	2,167.0	1,488.0	1,415.0	2,232.0	1,812.0	93.6%	86.0%	95.1%	81.2%
Ward 1 Coronary Care	2,080.0	2,047.0	1,170.5	1,134.5	1,488.0	1,464.0	960.0	915.5	98.4%	96.9%	98.4%	95.4%
Ward 10 Ortho Trauma	2,394.0	2,124.0	3,018.5	2,637.0	1,282.0	1,273.0	2,105.5	1,853.5	88.7%	87.4%	99.3%	88.0%
Ward 11 Surgical/Gynae	1,971.8	1,889.8	1,927.5	1,617.2	1,224.0	1,164.0	1,525.0	1,394.0	95.8%	83.9%	95.1%	91.4%
Ward 12 SAU	1,321.8	1,179.8	1,015.5	1,022.5	804.0	756.0	804.0	696.0	89.3%	100.7%	94.0%	86.6%
Ward 12 Surgical Speciality	1,158.5	1,135.3	876.0	852.0	744.0	684.0	492.0	444.0	98.0%	97.3%	91.9%	90.2%
Ward 13 Elective	1,156.4	1,048.9	1,128.0	704.0	732.0	720.0	720.0	396.5	90.7%	62.4%	98.4%	55.1%
Ward 14 Gastroenterology	1,349.3	1,326.6	1,607.0	1,529.0	1,200.0	1,104.0	1,308.0	1,284.0	98.3%	95.1%	92.0%	98.2%
Ward 21b Rehabilitation	1,202.0	1,106.5	2,308.5	2,214.5	744.0	708.0	1,176.0	1,140.0	92.1%	95.9%	95.2%	96.9%
Ward 26 Labour	3,002.9	2,777.2	534.0	528.0	2,516.9	2,430.8	359.7	353.7	92.5%	98.9%	96.6%	98.3%
Ward 3 Short Stay Medical	1,859.3	1,642.3	2,092.0	1,625.5	1,476.0	1,296.0	1,692.0	1,522.0	88.3%	77.7%	87.8%	90.0%
Ward 4 Elderly	1,491.3	1,480.0	2,076.0	1,878.5	1,284.0	1,079.7	1,800.0	1,716.0	99.2%	90.5%	84.1%	95.3%
Ward 5 Covid (RED)	2,258.5	1,835.5	1,768.8	1,485.5	1,584.0	1,428.0	851.5	912.0	81.3%	84.0%	90.2%	107.1%
Ward 6 Rehab	1,810.5	1,712.5	2,006.8	1,744.3	1,524.0	1,381.0	1,152.0	1,068.0	94.6%	86.9%	90.6%	92.7%
Ward 7 Surveillance (AMBER)	1,435.0	1,324.8	2,130.0	1,758.0	1,176.0	1,032.0	1,308.0	1,176.0	92.3%	82.5%	87.8%	89.9%
Ward 9 Orthopaedic Elective	816.0	798.0	768.0	661.0	720.0	720.0	360.0	288.0	97.8%	86.1%	100.0%	80.0%

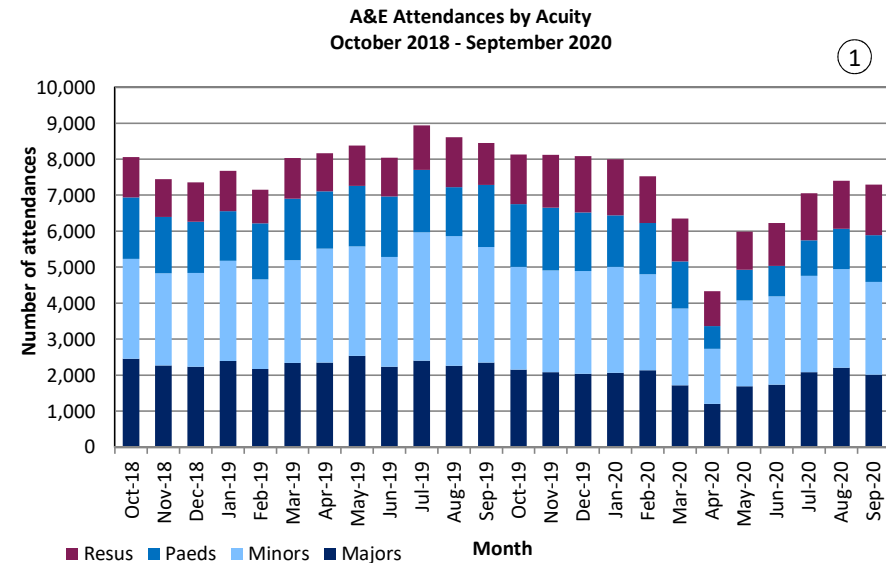
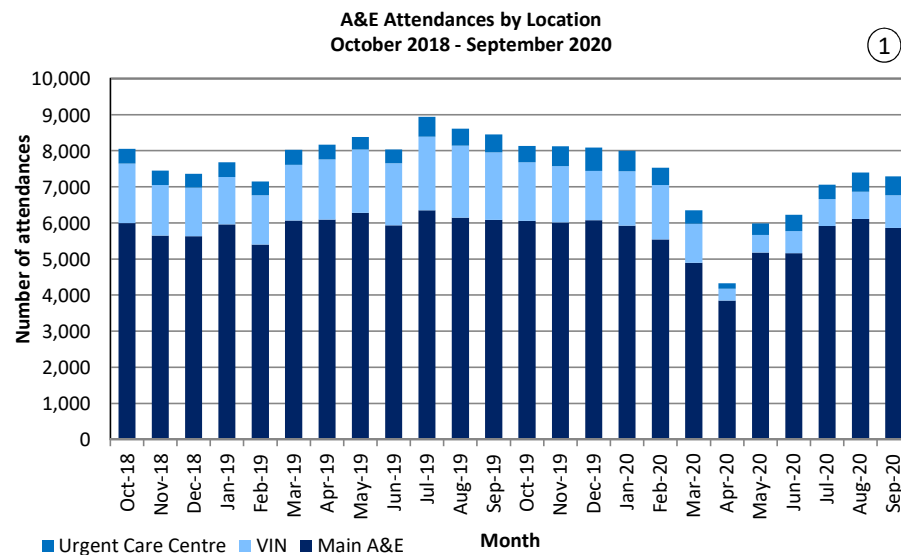
**Accountable:** Director of Nursing and Quality

**Data Owner:** Information Services

**Key Narrative:** The highlighted cells reflect wards where the qualified staffing rate is below 85% of planned levels.

## Board Papers - Performance

### A&E Activity



**Accountable:** Chief Operating Officer

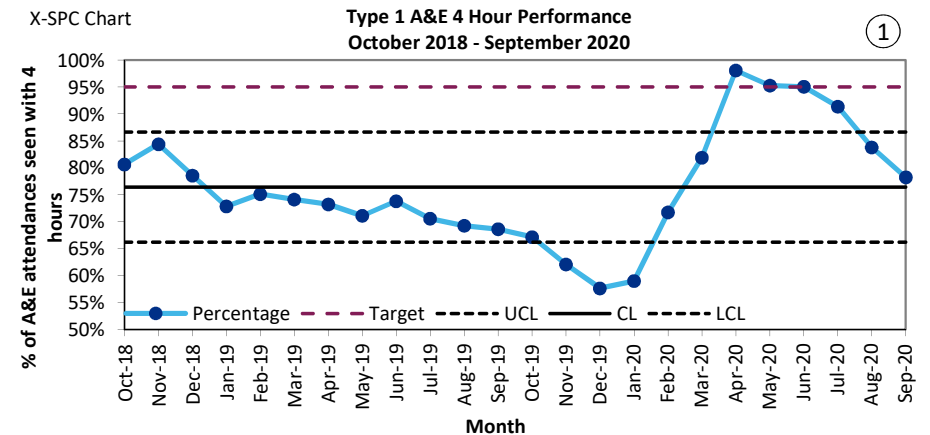
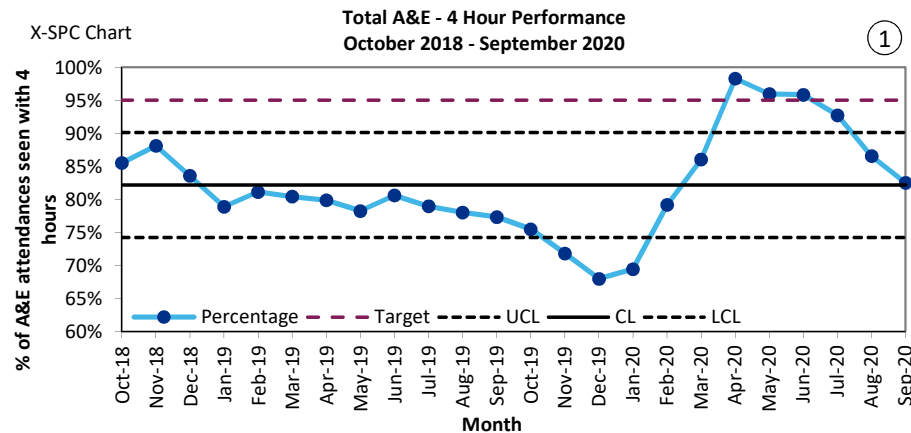
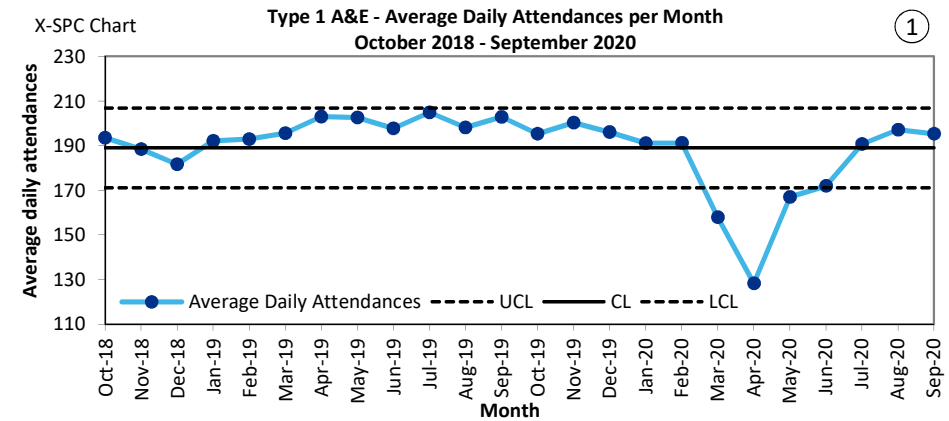
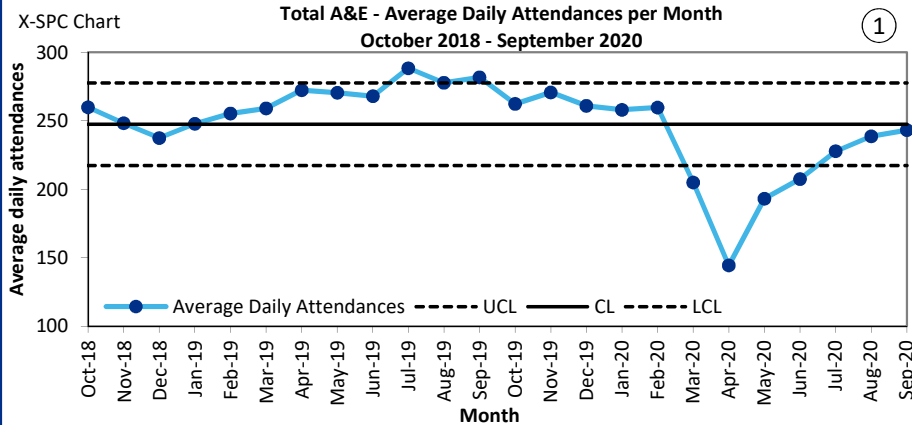
**Data Owner:** Information Services

**Key Narrative:** The charts show activity returning towards pre-covid levels with September 2020 reaching 90% of the 6-month average pre-covid based on September 2019 to February 2020 activity. Activity in the main A&E (type 1) at Leighton Hospital is back to pre-covid level if you compared September 2020 to the same month in the previous year (96%).

Attendances in Majors did not continue the increasing trend observed since April 2020 and are below the level of September 2019 (85%). Minor and Paediatric attendances are at also lower compared to Sept 2019 (80% and 76% respectively). In contrast, Resus attendances in September 2020 are 20% higher compared to September 2019.

## Board Papers - Performance

### A&E Performance



**Accountable:** Chief Operating Officer

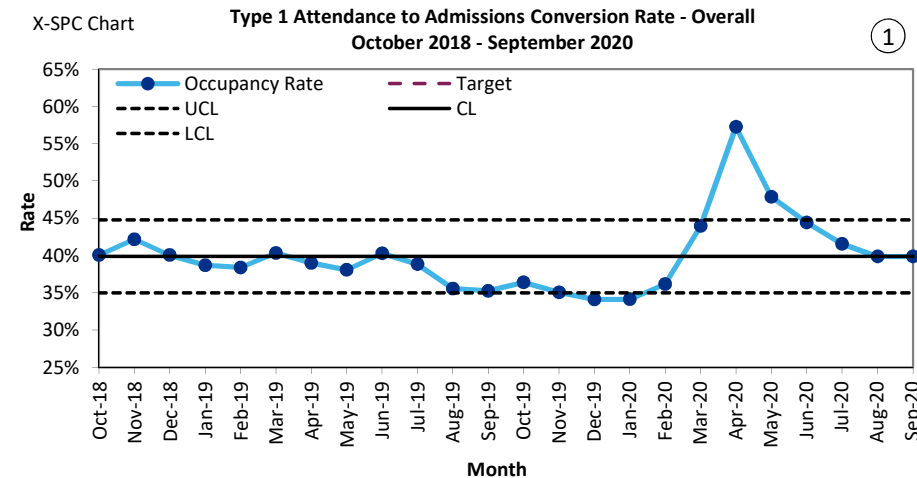
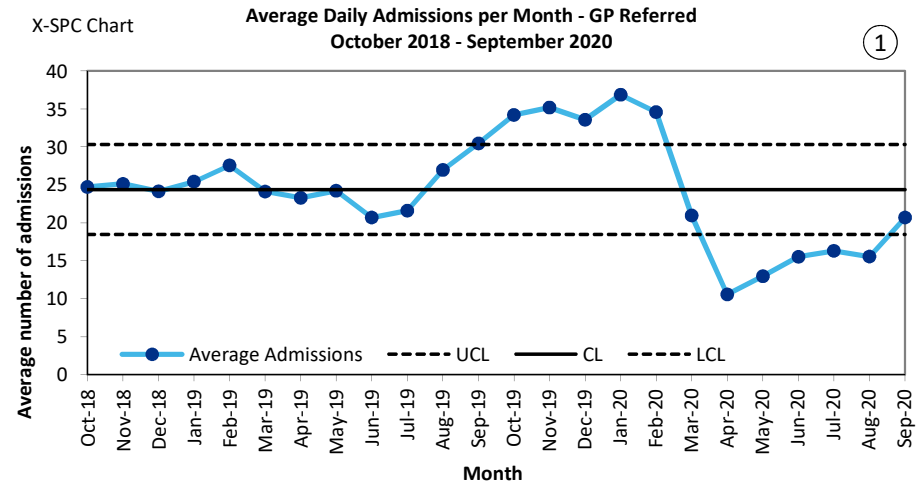
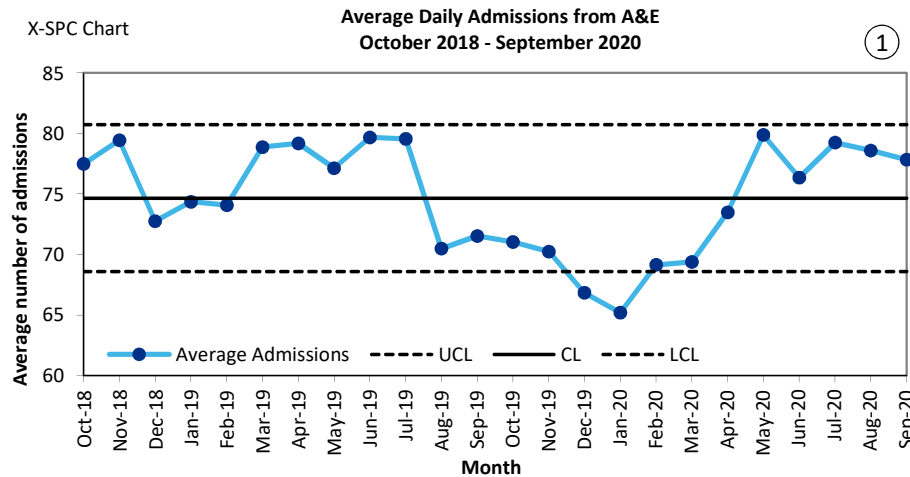
**Data Owner:** Information Services

**Key Narrative:** The charts show decreasing performance trend during the winter months November 2019 through to January 2020, the impact of covid from March 2020 with activity now returning to pre-covid levels. A corresponding decrease in performance is seen as demand increases.

Over the 24-month period shown, the 4-hour target has only been met in April, May and June 2020.

## Board Papers - Performance

### Unplanned Admissions



**Accountable:** Chief Operating Officer

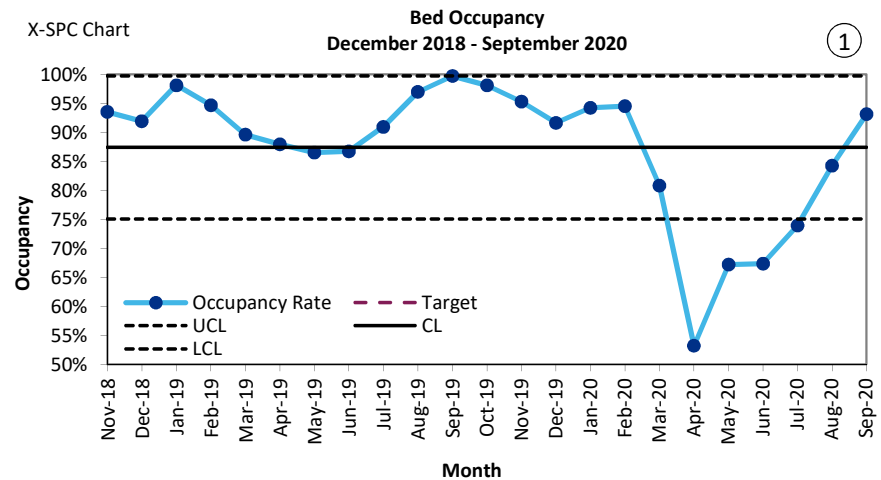
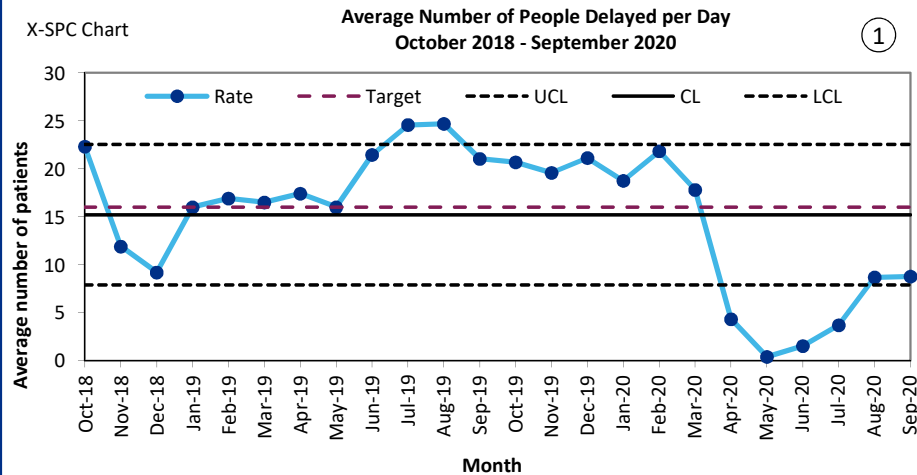
**Data Owner:** Information Services

**Key Narrative:** There was a change in recording of activity between admissions from A&E and via GP from August 2019 driving some of the variation seen in the average daily admission SPC charts from August 2019 until the onset of the covid pandemic. Average daily admissions via A&E have increased since March 2020 with the last 5 months activity running above the 24-month average. Average daily admissions via GP have continued to increase over the last 6 months since the lowest rate in March 2020, the rate remains below the pre-covid levels with September 2020 reaching 61% of the 6-month pre-covid average.

Type 1 attendance to admission conversion ratio shown for the last 2 months equals the 24-month average.

## Board Papers - Performance

### Inpatient Metrics



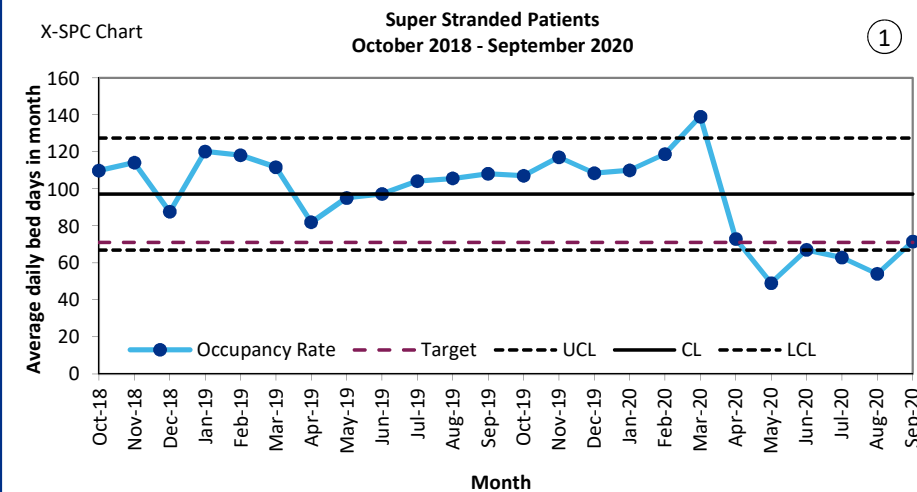
**Accountable:** Chief Operating Officer

**Data Owner:** Information Services

**Key Narrative:** The average number of people delayed per day during September 2020 is similar to the previous months activity and has remained below target since the onset of the covid pandemic.

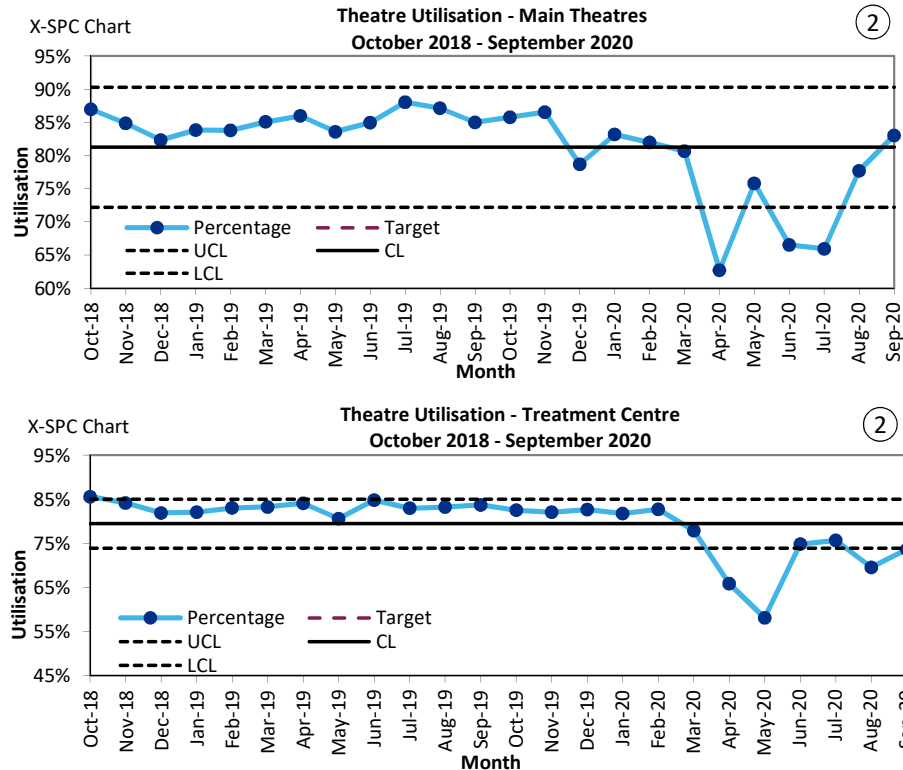
The number of super-stranded patients shows an increasing trend from April 2019 until the onset of the covid pandemic and remains below average.

The percentage bed occupancy shows an increasing trend since the lowest occupancy rate recorded in April 2020 and the rate reported for September 2020 is above the 24-month average.



## Board Papers - Performance

### Theatre Utilisation



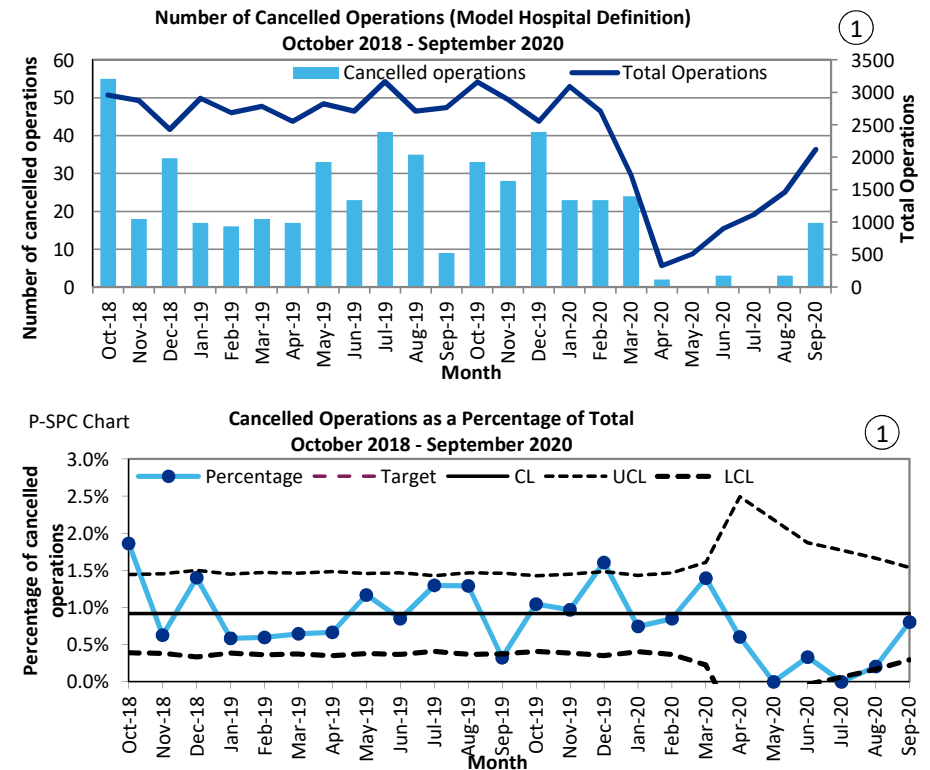
**Accountable:** Chief Operating Officer

**Data Owner:** Information Services

**Key Narrative:** The charts show reduced performance since the onset of the covid pandemic. Theatre utilisation for main theatres in September 2020 is higher than recent months and above the 24-month average.

Theatre utilisation in the treatment centre remains below pre-covid levels in both performance and total scheduled time.

### Cancelled Operations



**Accountable:** Chief Operating Officer

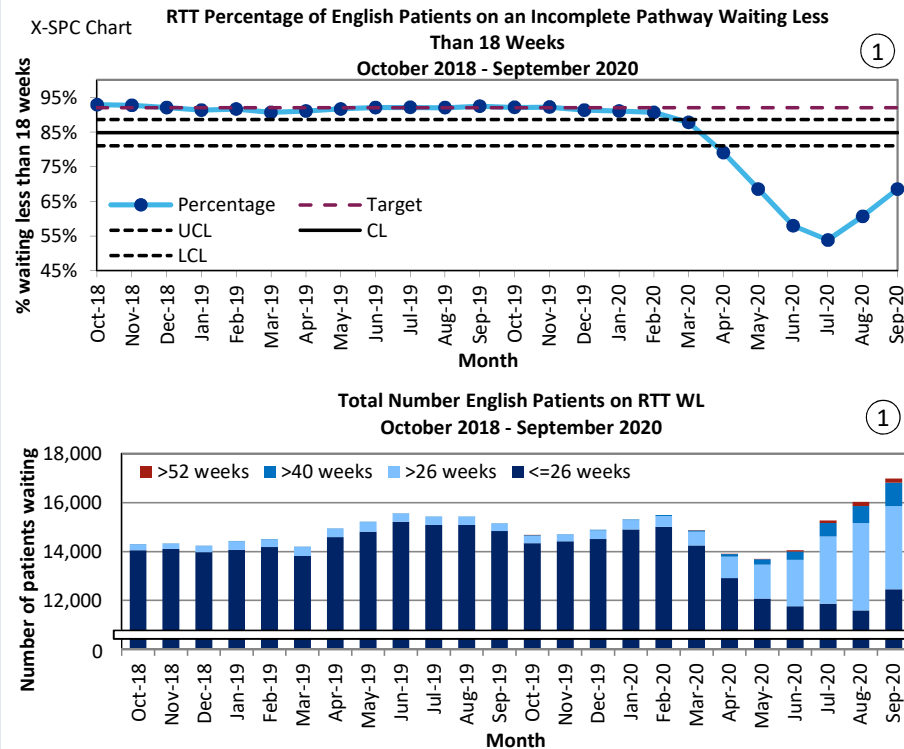
**Data Owner:** Information Services

**Key Narrative:** The total number of operations in September 2020 has increased to 74% of the pre-covid 6-month average with a slower increase in the total number of operations cancelled (65%).

The P-SPC chart adjusts the control limits to take into account each month's denominator and shows the percentage of cancelled operations below the mean from April 2020. 4 data points have fallen outside of the control limits over the 24-month period.

## Board Papers - Performance

### Referral to Treatment Waiting Times (RTT)



**Accountable:** Chief Operating Officer

**Data Owner:** Information Services

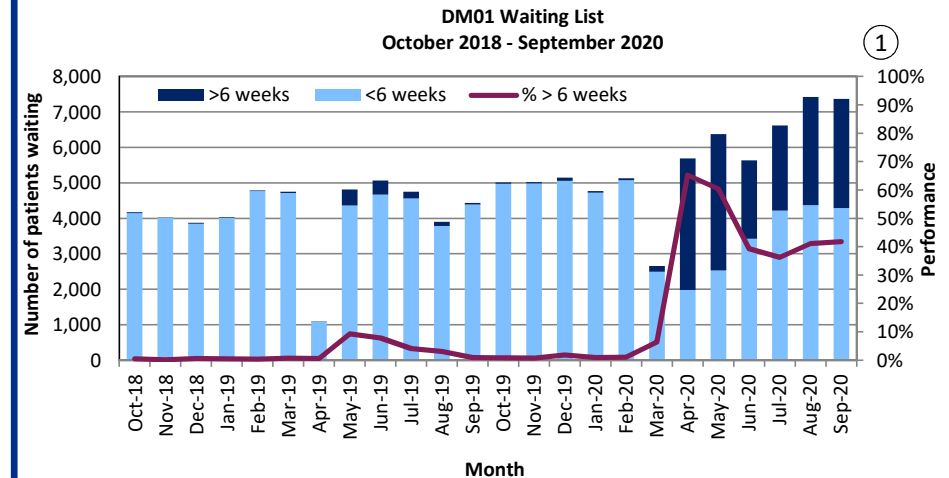
**Key Narrative:** The total number of patients on the RTT WL continues to grow with 16,983 patients waiting at the end of September 2020, of which 164 patients were waiting for more than 52 weeks, 1 less than reported in August 2020.

The SPC chart shows performance has started to improve in the last 2 months but still below previous rates and below the national standard.

The waiting list 92% national target was last met in November 2019.

*Latest month's data provisional.*

### Diagnostic Waiting Times



**Accountable:** Chief Operating Officer

**Data Owner:** Information Services

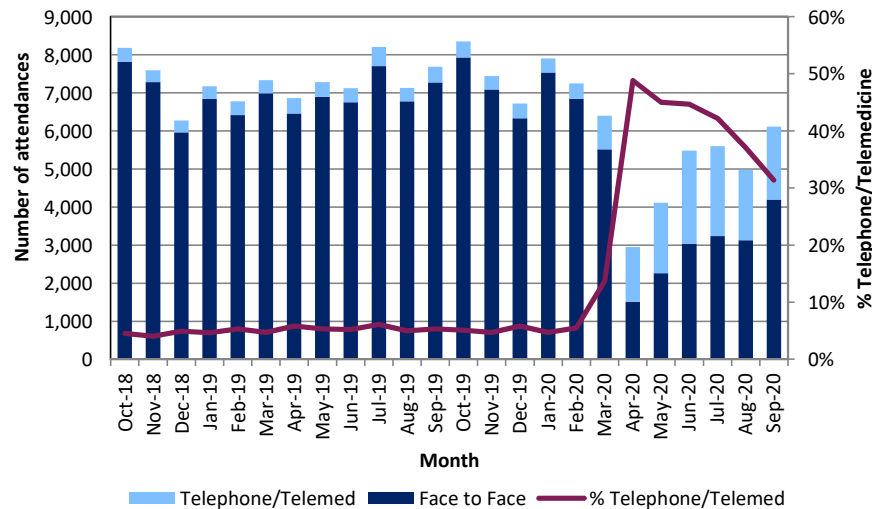
**Key Narrative:** The chart shows the total number of patients, and the proportion of patients waiting more than 6 weeks for a diagnostic has increased compared to pre-covid levels, with a slight decrease in the total number of patients waiting in September 2020 compared to the previous month.

## Board Papers - Performance

### Outpatient Activity

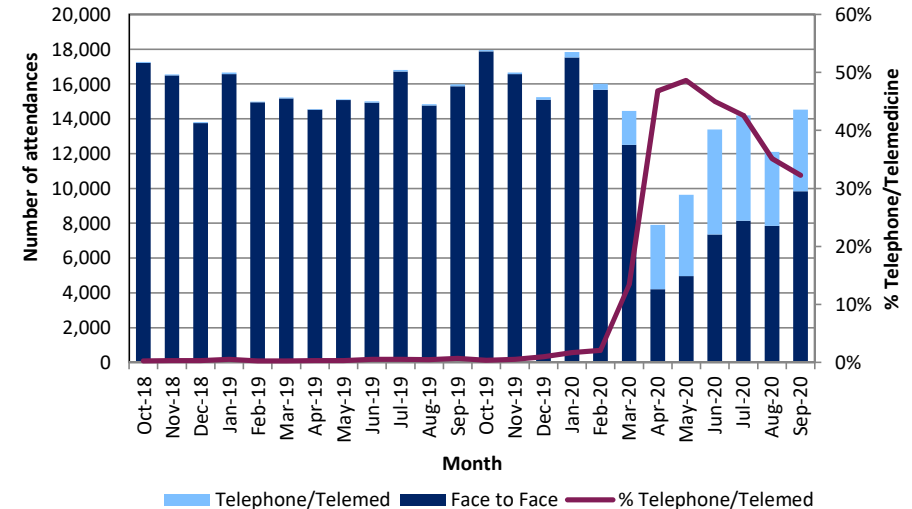
**First Outpatient Attendances**  
October 2018 - September 2020

①



**Follow Up Outpatient Attendances**  
October 2018 - September 2020

①



**Accountable:** Chief Operating Officer

**Data Owner:** Information Services

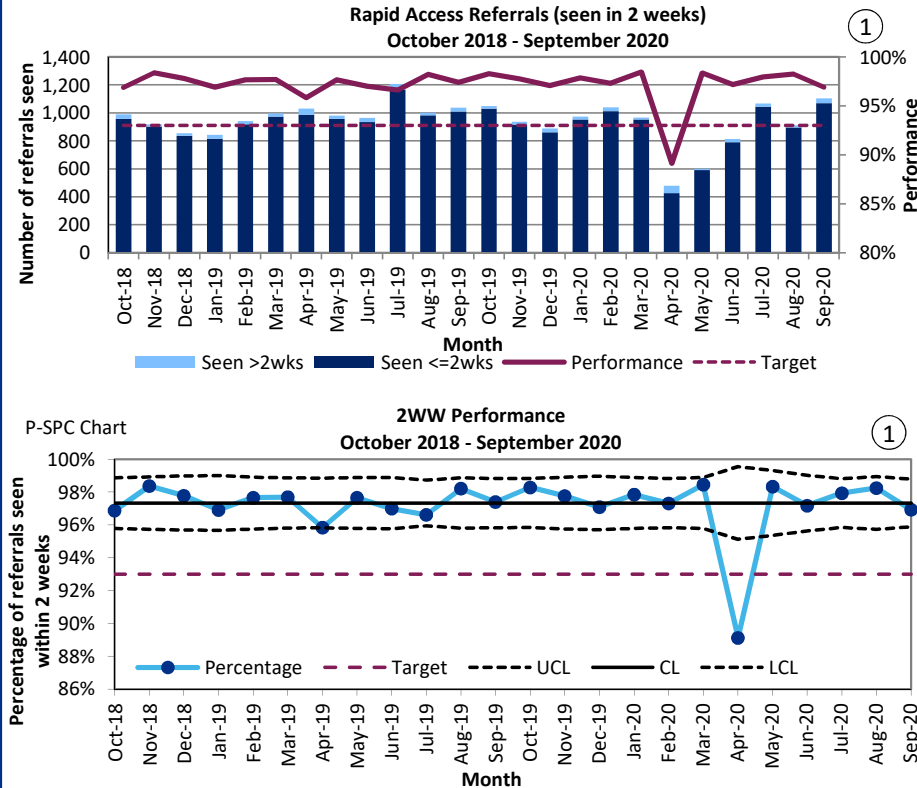
#### Key Narrative:

The charts show lower activity levels following the start of the covid pandemic with an increased proportion of activity delivered via telephone and telemedicine appointments from April 2020. September 2020 activity shows the highest reported activity since the onset of the covid pandemic with first outpatient attendances reaching 81% and follow up outpatient attendances reaching 87% of the 6-month pre-covid average.

*Data includes contracted specialties.*

## Board Papers - Performance

### Rapid Access Referrals



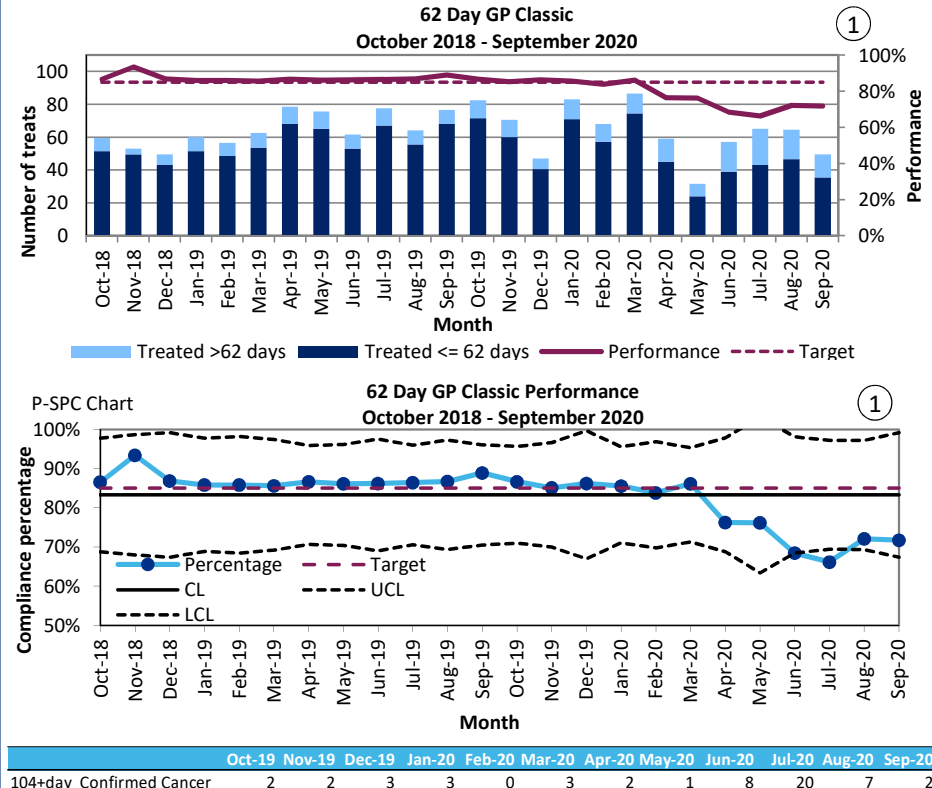
**Accountable:** Chief Operating Officer

**Data Owner:** Cancer Performance

**Key Narrative:** The charts show activity has returned to pre-covid levels. 2WW performance remains within the expected range over the 24 month period and consistently delivering above the standard with the exception of April 2020, the only period falling below the lower control limit and not delivering the standard. The P-SPC chart adjusts the control limits to take into account the denominator.

*Latest month's data provisional.*

### 62 Day



**Accountable:** Chief Operating Officer

**Data Owner:** Cancer Performance

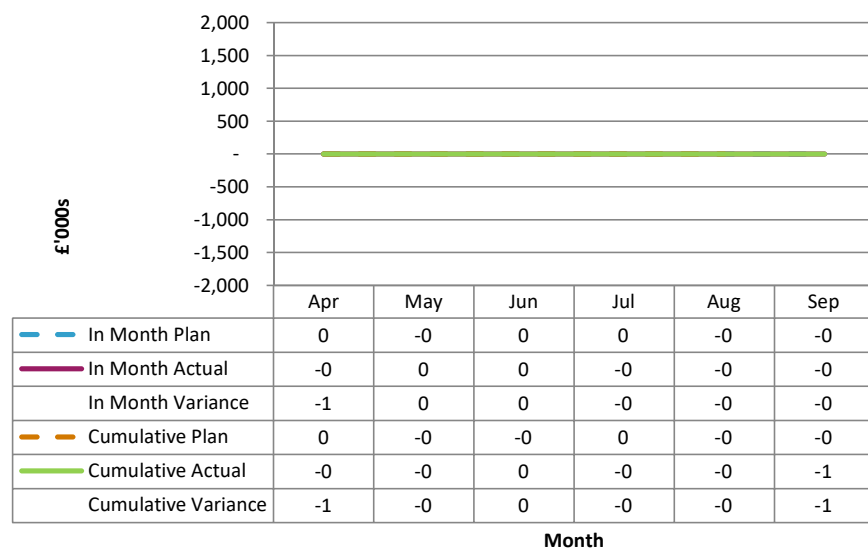
**Key Narrative:** Delivery against the 62-day standard continues to remain a challenge, performing below the standard for the last 6 months with June and July 2020 performance falling outside the lower control limit. The P-SPC chart adjusts the control limits to take into account the denominator.

*Latest month's data provisional.*

## Board Papers - Finance

### Financial Performance

**Financial Performance 2020/21**



	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				

**Accountable:** Director of Finance

**Data Owner:** Finance Department

#### Current view

The reported position is break even, with the Trust requiring £9.8m in additional Top up funding from regulators. This top up of £2.4m is an increase on August's top of £1.7m. The expectation is that the Trust will meet a break even position until the end of September.

The Trust has had months 1-4 Top up funding paid, with months 5 and 6 currently being validated by regulators.

There has been an increase in run rate expenditure from August of £0.7m, which relates in part to the back-pay associated with the consultant pay award, but also an increase in non-pay expenditure as the Trust has increased planned care activity within the month.

#### Forward view

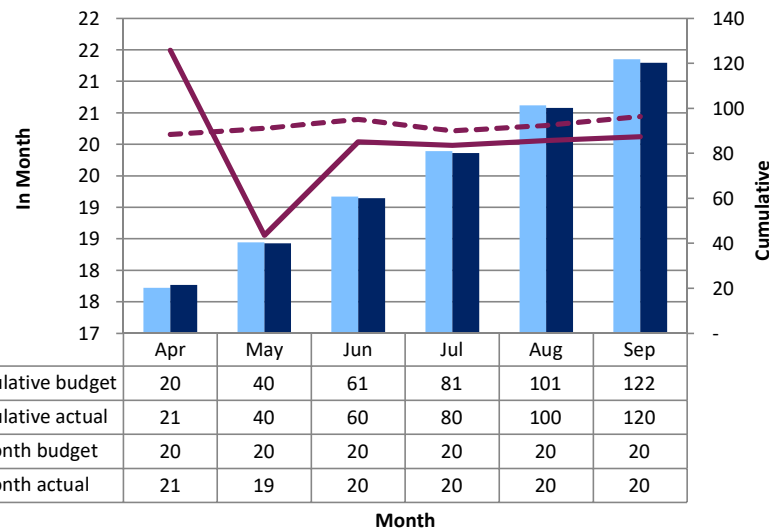
The current financial regime ends at the end of September and the Trust will be expected to manage within a financial allocation calculated by NHSI for months 7-12.

The year end forecast which takes into account further covid-19 costs, Winter planning, and phase 3 restoration is currently expected to be worse than the financial allocation (prior to non-recurrent support) by £28.6m. The Trust is expecting to receive ca. £18m of non-recurrent support from C&M HCP to offset this position, which leaves an estimated gap of £10m.

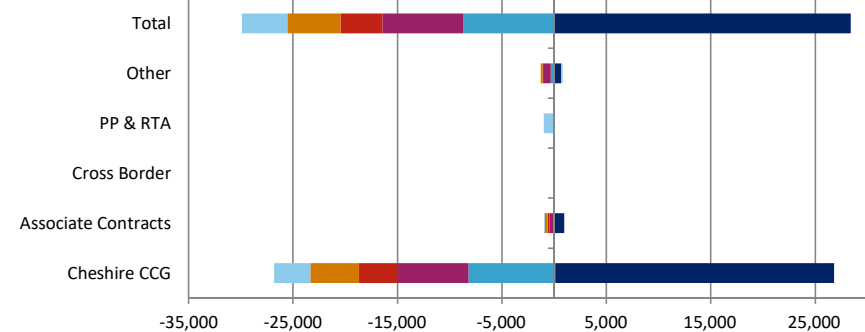
## Board Papers - Finance

### Income

**Contract Income Performance 2020/21 £'m** ②



**Cumulative Variance to Patient Care Income Plan £'000s** ②



	Cheshire CCG	Associate Contracts	Cross Border	PP & RTA	Other	Total
Unplanned Care	-8,202	-122	-19	-	-337	-8,680
Day case	-6,730	-308	-3	-	-736	-7,776
Elective	-3,749	-194	-1	-	-47	-3,991
Outpatients	-4,662	-291	-2	-	-144	-5,099
High cost drugs	110	8	2	-	-36	83
COVID	26,706	957	-1	-	645	28,307
Other Contracts	-3,473	-50	3	-1,005	175	-4,350
Total	-0	-0	-20	-1,005	-480	-1,505

**Accountable:** Director of Finance

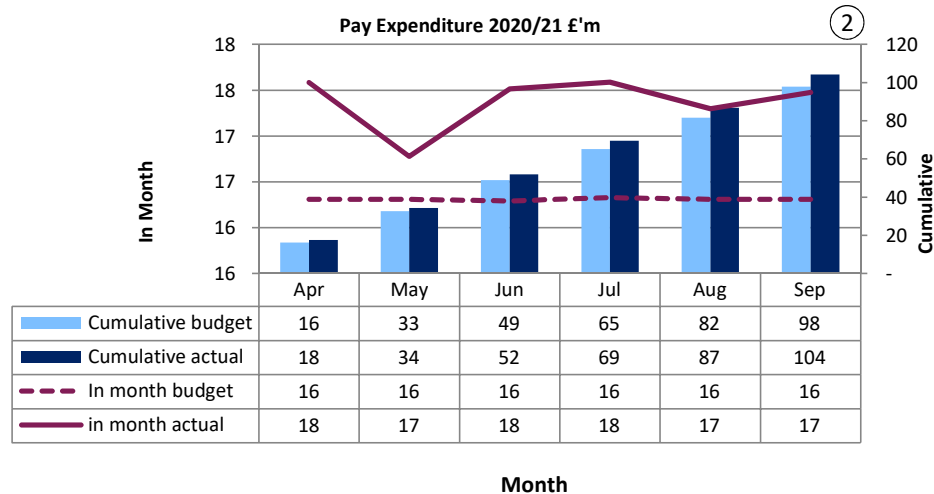
**Data Owner:** Finance department

**Current View:** Income from Patient Care activity covers both contract income, Private Patient funding and Injury Cost Recovery Scheme income. This income is £1.5m below plan. Contract income is £0.5m 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. Private patient and the injury cost recovery scheme income is under plan by £1m year to date, as a result of the reduced activity within the hospital and social distancing measures in place.

**Forward View:** From October onwards contract income values will be revised, there will be an expectation to work to manage to a system total for October to March. Financial penalties have been set out if systems do not meet the activity restoration requirements set out for Phase 3. Where activity is below the expected value, 25% (for elective and outpatient procedure activity) and 20% (for outpatients) of the shortfall will be deducted from contract income. Based on the Trust forecast activity this will result in a reduction in income of £615k. From October high cost drugs will not be on a block contract and will be charged to commissioners at cost.

## Board Papers - Finance

### Pay



**Accountable:** Director of Finance **Data Owner:** Finance Department

#### Current View:

Cumulatively Pay is worse than the NHSI expectation by £6.4m, of which the response to Covid-19 has been the largest contributor of overspend, due to increases in rotas, increased support for infection control and supporting staff on quarantine.

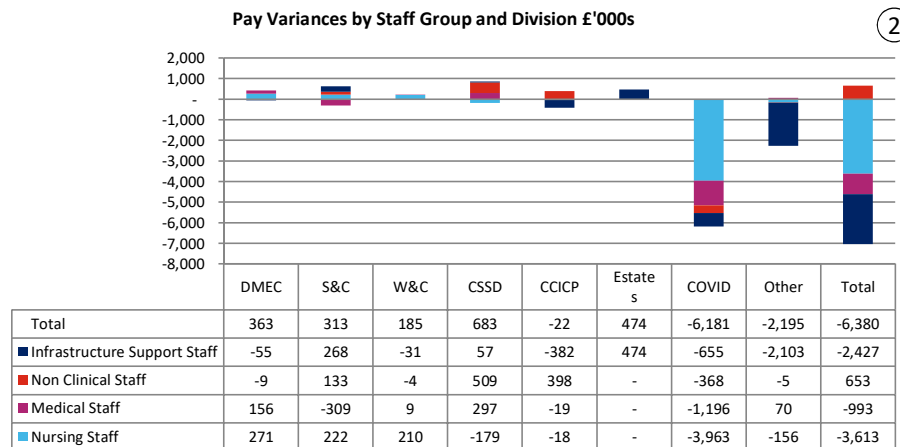
The direct costs associated with covid-19 are £6.2m and are broken down into areas such as the bank incentive (£1.3m), additional medical costs (£1.3m), increase acuity for rotas and infection control measures (£1.8m) and the impact of increase sickness & quarantine for staff (£1.9m).

#### Forward View:

There is significant pressure on the pay budgets as a result of measures put in place to support the Trust with the pandemic, which will continue into Q3 of 2020/21.

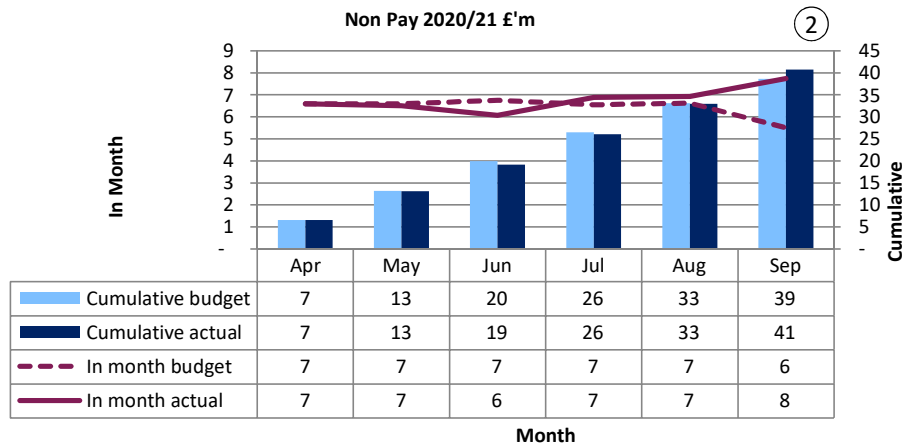
The forecast has also taken into account the additional pressure expected over the winter period, which will increase the pay expenditure.

Within the forecast for the second half of the year, there has been a level of premium cost built in to support an increase in outsourcing and others ways of increasing capacity to achieve the phase 3 restoration of services, however as all Trusts are pressured with delivering an increase in performance – this will be dependent on availability of workforce.



## Board Papers - Finance

### Non-Pay



**Accountable:** Director of Finance

**Data Owner:** Finance Department

#### Current View:

Non Pay is £2m worse than the expectations set out by NHSI regulators, with a significant deterioration in month associated with increased planned care costs.

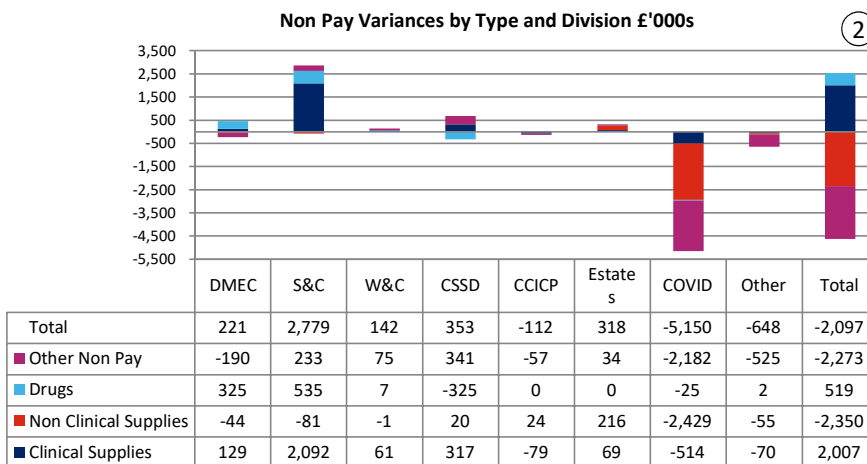
Covid-19 have been separately identified as being £5.15m there are a number of offsets associated with planned in the early months of the year which have offset this cost. The key expenditure within non pay for Covid-19, relates to PPE and increased consumables (£2.6m), temporary fixtures and enablement (£0.9m), decontamination (£0.7m), IT costs (£0.8m) and testing (£0.1m).

Whilst there has been a real reduction within planned care in areas such as drugs, and prosthetics costs in the early part of the financial year, the second quarter has seen an increase in activity (particularly within chemotherapy, surgical services and diagnostics) and the associated costs have increased.

#### Forward View:

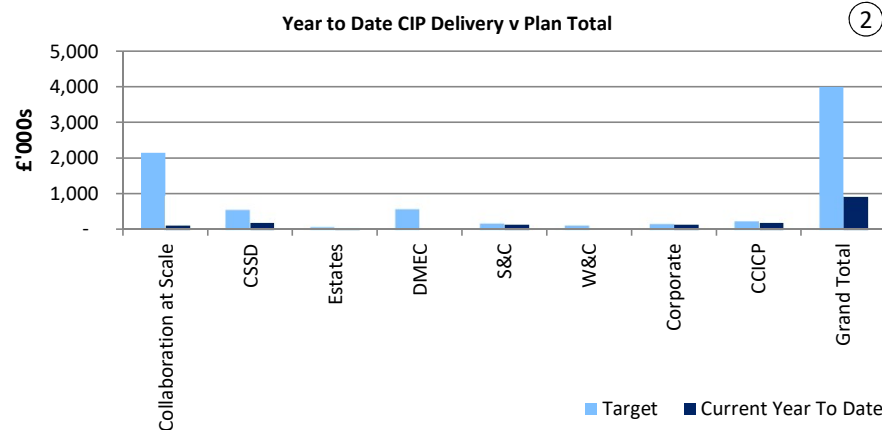
There are considerable challenges associated with securing the supply of PPE, which presents a challenge when looking to forecast for the remainder of the year – particularly as the Trust looks to support the restoration of services.

At the end of the first quarter the Trust was underspending in key planned care areas by £1m a month. This has decreased in the second quarter, and it is forecast that non pay will increase by circa £5m in the second half of the year in order to support restoration of services.



## Board Papers - Finance

### Cost Improvement Programmes (CIP)



**Accountable:** Director of Finance

**Data Owner:** Finance Department

#### Current View:

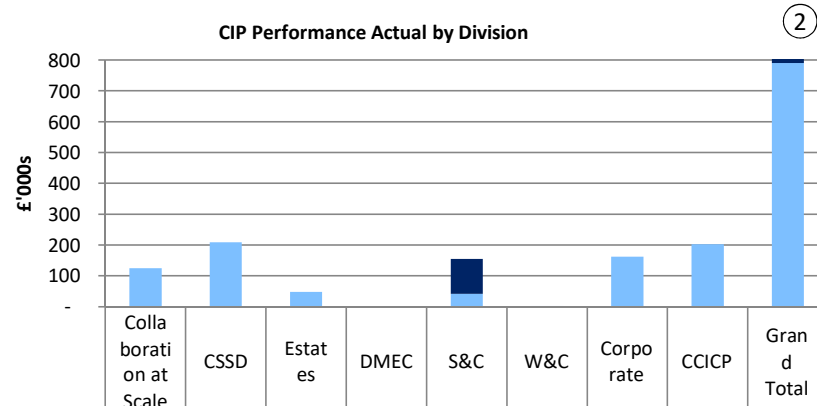
The Trust is not currently being managed by regulators in terms of a cost improvement programme. The targets shown within the graph opposite illustrate the indicative cost savings expected in accordance with the draft plan.

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, with a particular focus on collaboration at scale schemes that can be progressed.

Saving schemes that will be progress this year, at present are focussed on having no or low patient impact.

#### Forward View:

Work that the collaboration at scale work stream has previously put forward for system wide opportunities will be reviewed both in terms of time frames in light of the impact of Covid-19 - but also their direct impact on the Trust.



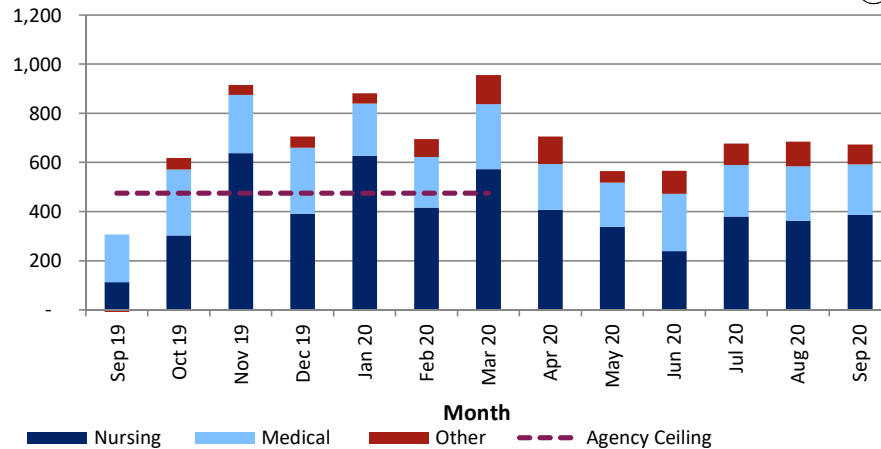
Current Year To Date	125	209	48	-	155	2	162	203	904
Pay	-	-	-	-	114	-	-	-	114
Non pay	125	209	48	-	41	2	162	203	790
Income	-	-	-	-	-	-	-	-	-

## Board Papers - Finance

### Bank and Agency

Agency Spend £'000s - 13 Month Trend

②



**Accountable:** Director of Finance

**Data Owner:** Finance Department

#### Current View:

Agency expenditure has sustained at a similar level for Q2 of 2020/21.

There are some key areas within the Trust such as the Emergency Department (ED) which remain heavily reliant on the use of agency to support the additional measures for covid-19 that the Trust has had to make for registered nurses. This is reflected in the use of the high cost agencies of Thornbury and Pulse, which is pre-dominantly within ED.

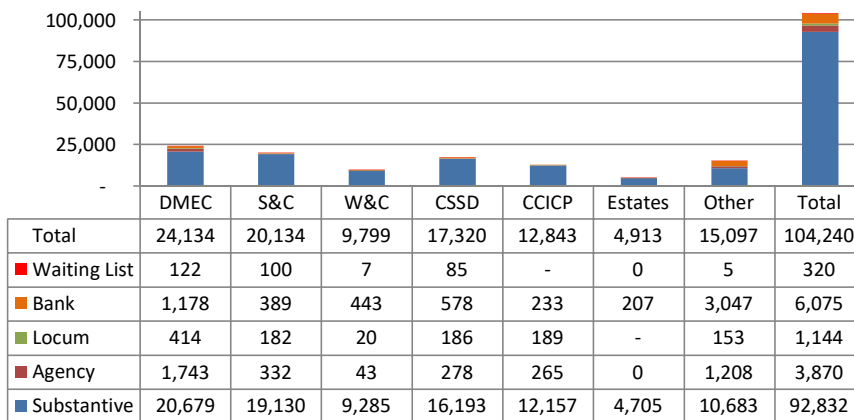
#### Forward View:

Cohort 4 of the international nurse recruitment scheme are with the Trust, and are undergoing an intensive programme aimed to try and shorten the period they require to registered nurses within the UK. The Trust has also been proactive in offering nurses who undertook final year paid placements contracts in advance anticipating a required increase ahead of Winter. This is positive for the Trust, in supporting the plan to close the nurse vacancy gaps, however it cannot be underestimated the level of challenge that the coming Winter is expected to bring.

There are challenges within the specialist areas within nursing, which is now where some of the focus needs to be with workforce planning, particularly within the Emergency Department, along with the other specialisms such as medical workforce that will need to be reviewed.

Staffing costs £'000s by Substantive and Temporary

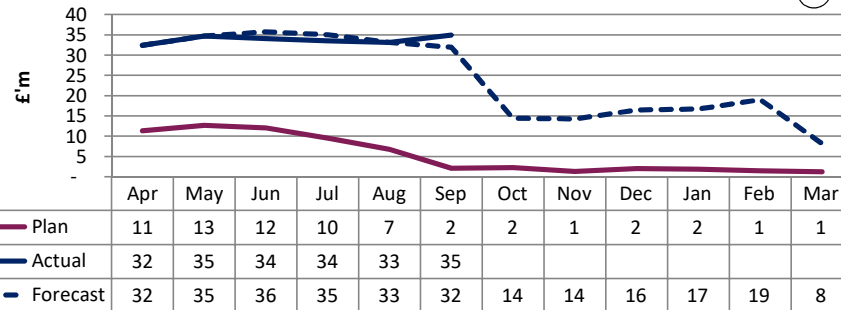
②



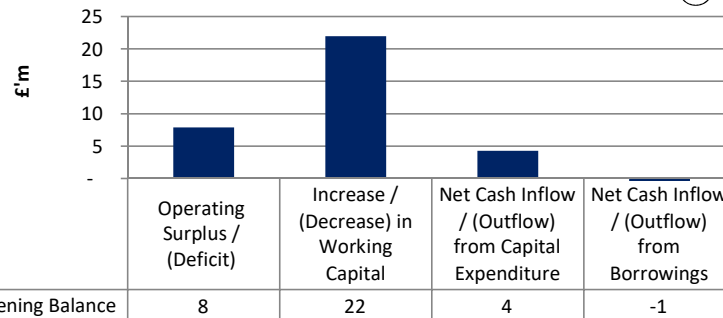
## Board Papers - Finance

### Cash

Cash Position



Cash Flow Movements



**Accountable:** Director of Finance

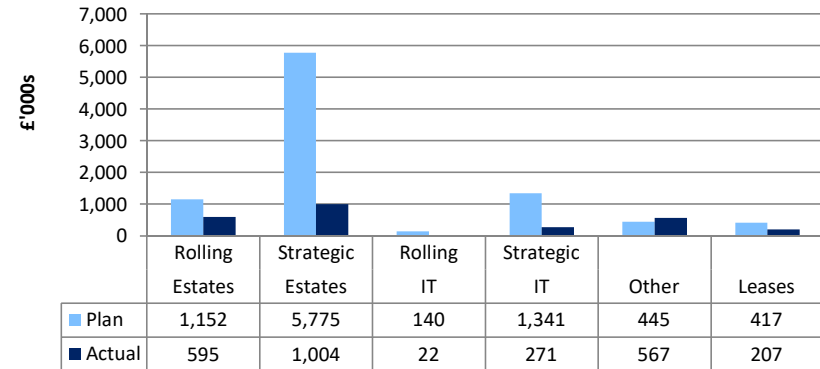
**Data Owner:** Financial Services

**Current View:** Cash is better than originally anticipated by £33m, mainly due to £20m of contract income being paid in advance and capital expenditure is behind plan by £6.6m. The remaining additional cash is due to the Trusts break even position.

**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.

### Capital

Capital Expenditure



		Year to Date £'000s			Year End £'000s		
		Plan	Actual	Variance	Plan	Forecast	Variance
Estates	Rolling	1,152	595	-557	4,292	4,879	587
Estates	Strategic	5,775	1,004	-4,771	8,223	7,033	-1,190
IT	Rolling	140	22	-118	353	305	-48
IT	Strategic	1,341	271	-1,070	5,655	1,569	-4,086
Other		445	567	122	445	602	157
Leases		417	207	-210	3,679	3,679	0
		9,270	2,666	-6,604	22,647	18,067	-4,580

**Accountable:** Director of Finance

**Data Owner:** Financial Services

**Current View:** The underspends on capital schemes are due to slippage on six major schemes, notably Car Park Expansion of £1.6m and Third CT Enabling of £1m.

**Forward View:** The EPR and EPMA schemes are expected to slip into 21/22 to the value of £3m.

## Board Papers - Finance

### Performance and Finance - Statement of Financial Position September 2020

	Position as at March 20 (£'000)	Actual Apr to Sept (£'000)	Variance (£'000)
<b>Assets</b>			
Assets, Non-Current	104,476	104,074	-402
Assets, Current	32,811	51,805	18,994
<b>ASSETS, TOTAL</b>	<b>137,287</b>	<b>155,879</b>	<b>18,592</b>
<b>Liabilities</b>			
Liabilities, Current	-39,717	-45,141	-5,424
Liabilities, Non Current	-8,655	-8,783	-128
<b>TOTAL ASSETS EMPLOYED</b>	<b>88,915</b>	<b>101,955</b>	<b>13,040</b>
<b>Taxpayers' and Others' Equity</b>			
Taxpayers Equity	88,915	101,955	13,040
<b>TOTAL FUNDS EMPLOYED</b>	<b>88,915</b>	<b>101,955</b>	<b>13,040</b>

**Accountable:** Director of Finance

**Data Owner:** Financial Services

**Current View:** Cash is better than expected due to £20m of contract income being paid in advance to support cash flow during the COVID-19 pandemic.

Deferred Income is £21m higher due to the additional contract payments to support COVID-19 cash flows. Loans of £13.2m converted to PDC.

Working Capital Loans and the Interim Capital Loans to the value of £13.2m have been converted to PDC in September.

**Forward View:** Over the coming months the only significant changes anticipated to the Balance Sheet is the receipt of funding for the new ED build, and additional funding Endoscopy.

### Performance and Finance - COVID Capital Schemes Sept 2020

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

**Accountable:** Director of Finance

**Data Owner:** Financial Services

**Current View:** These capital schemes are now all spent, however to date the agreed funding has not yet been received.

**Forward View:** Funding to be followed up with NHSI.

## Board Papers - Finance

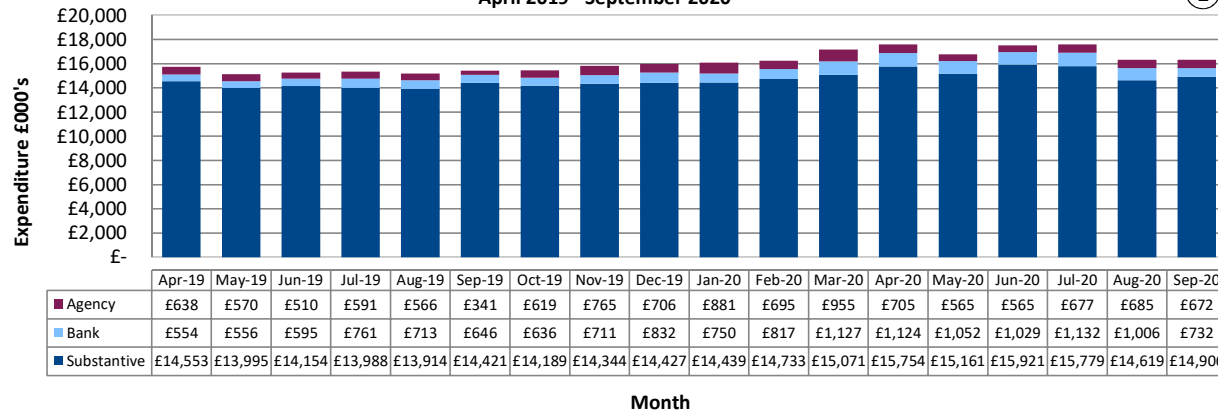
### Performance and Finance - Statement of Financial Position September 2020

Current Position:		Position as at	Actual Apr to	Variance	Forward View:
		March 20 (£'000)	Sept (£'000)	(£'000)	
<b>Assets Non-Current</b> The capital programme expenditure is £6.6m less than the anticipated plan, mainly due to slippage on the Car Park Expansion of £1.6m and 3rd CT Enabling £1m.	<b>Assets</b>				<b>2</b> Over the coming months the only significant changes anticipated to the Balance Sheet is the receipt of funding for the new ED build, and additional funding Endoscopy.
	<b>Assets, Non-Current</b>	104,476	104,074	-402	
	<b>Assets, Current</b>				Cash flows are expected to remain consistent with regular cash coming in, and with regular payments being made to suppliers.
	Trade and other Receivables	12,452	10,224	-2,228	
	Other Assets (including Inventories & Prepayments)	6,343	6,639	296	
	Cash and Cash Equivalents	14,016	34,942	20,926	
	<b>Total Assets, Current</b>	<b>32,811</b>	<b>51,805</b>	<b>18,994</b>	
	<b>ASSETS, TOTAL</b>	<b>137,287</b>	<b>155,879</b>	<b>18,592</b>	
	<b>Liabilities</b>				
	<b>Liabilities, Current</b>				
	Finance Lease, Current	-1,548	-654	894	
	Loans Commercial Current	-13,572	-186	13,386	
	Trade and Other Payables, Current	-15,506	-12,312	3,194	
	Provisions, Current	-283	-277	6	
	Other Financial Liabilities	-8,808	-31,713	-22,905	
	<b>Total Liabilities, Current</b>	<b>-39,717</b>	<b>-45,141</b>	<b>-5,424</b>	
	<b>Net Current Assets/(Liabilities)</b>	<b>-6,906</b>	<b>6,664</b>	<b>13,570</b>	
	<b>Liabilities, Non Current</b>				
	Finance Lease, Non Current	-3,056	-3,184	-128	
	Loans Commercial Non-Current	-3,651	-3,651	0	
	Provisions, Non-Current	-1,948	-1,948	0	
	Trade and Other Payables, Non-Current	0	0	0	
	<b>Total Liabilities Non-Current</b>	<b>-8,655</b>	<b>-8,783</b>	<b>-128</b>	
	<b>TOTAL ASSETS EMPLOYED</b>	<b>88,915</b>	<b>101,955</b>	<b>13,040</b>	
	<b>Taxpayers' and Others' Equity</b>				
	<b>Taxpayers Equity</b>				
	Public dividend capital	83,149	96,336	13,187	
	Retained Earnings	-11,519	-11,666	-147	
	Donated asset reserve	0	0	0	
	Revaluation Reserve	17,285	17,285	0	
	<b>TOTAL TAXPAYERS EQUITY</b>	<b>88,915</b>	<b>101,955</b>	<b>13,040</b>	
	<b>TOTAL FUNDS EMPLOYED</b>	<b>88,915</b>	<b>101,955</b>	<b>13,040</b>	

## Board Papers - Workforce

### Finance and Costings

**Workforce Expenditure by Month £000's**  
April 2019 - September 2020

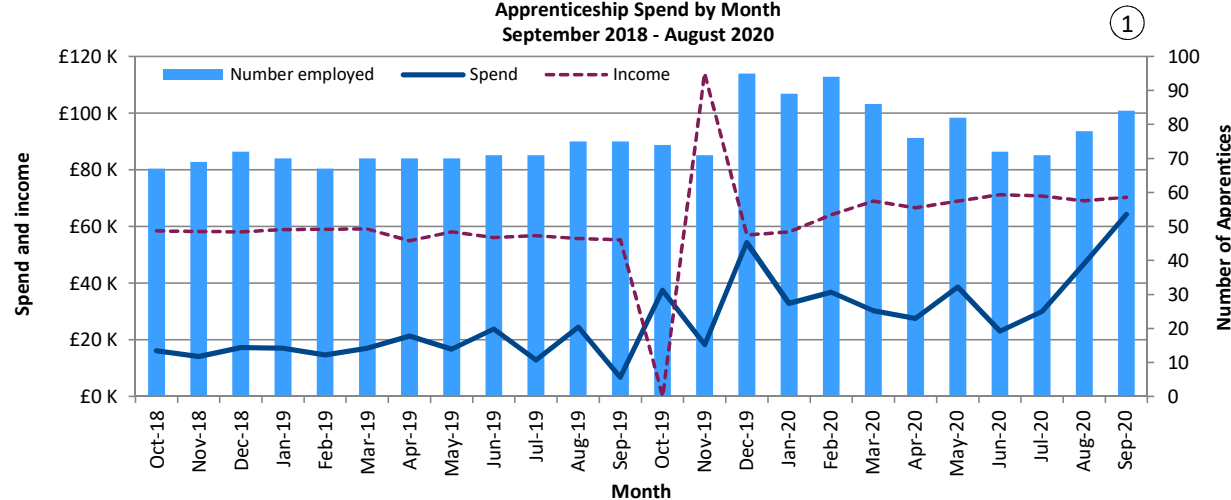


**Accountable:** Director of Workforce & Organisational Development

**Data Owner:** Workforce Directorate

**Key Narrative:** Total workforce expenditure for September 2020 in-line with previous month and 7.1% higher than September 2019.

**Apprenticeship Spend by Month**  
September 2018 - August 2020



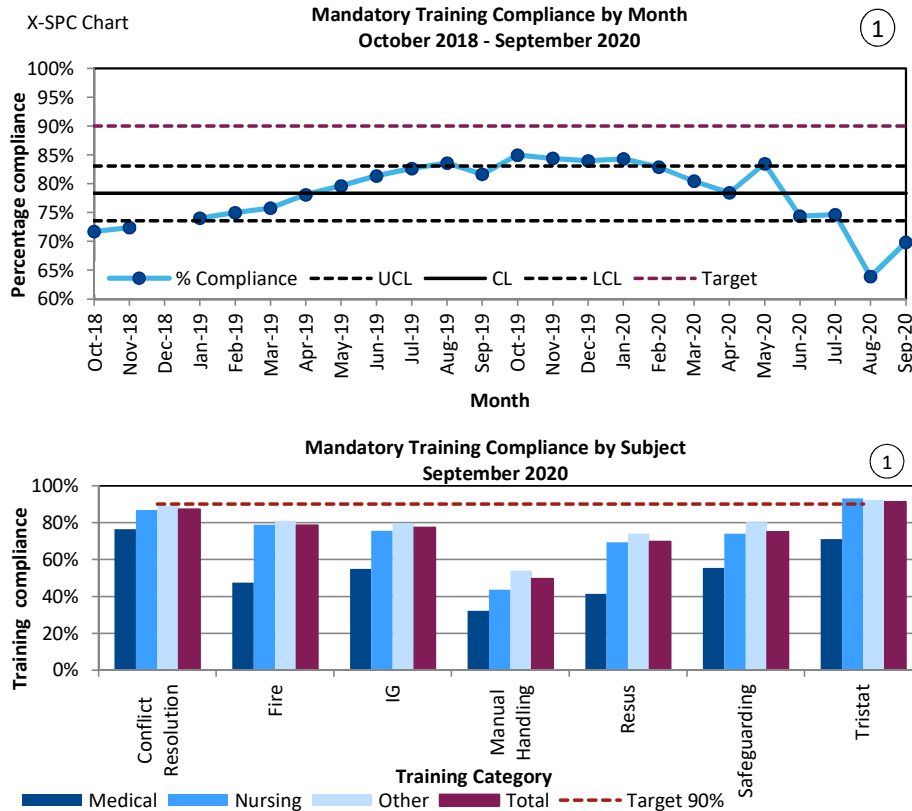
**Accountable:** Director of Workforce & Organisational Development

**Data Owner:** Workforce Directorate

**Key Narrative:** The chart shows the number of Apprentices employed in September 2020 has reached 107, the highest month over the 24-month period. Apprenticeship spent has increased in the last few months and close to Income for the latest month.

## Board Papers - Workforce

### Training

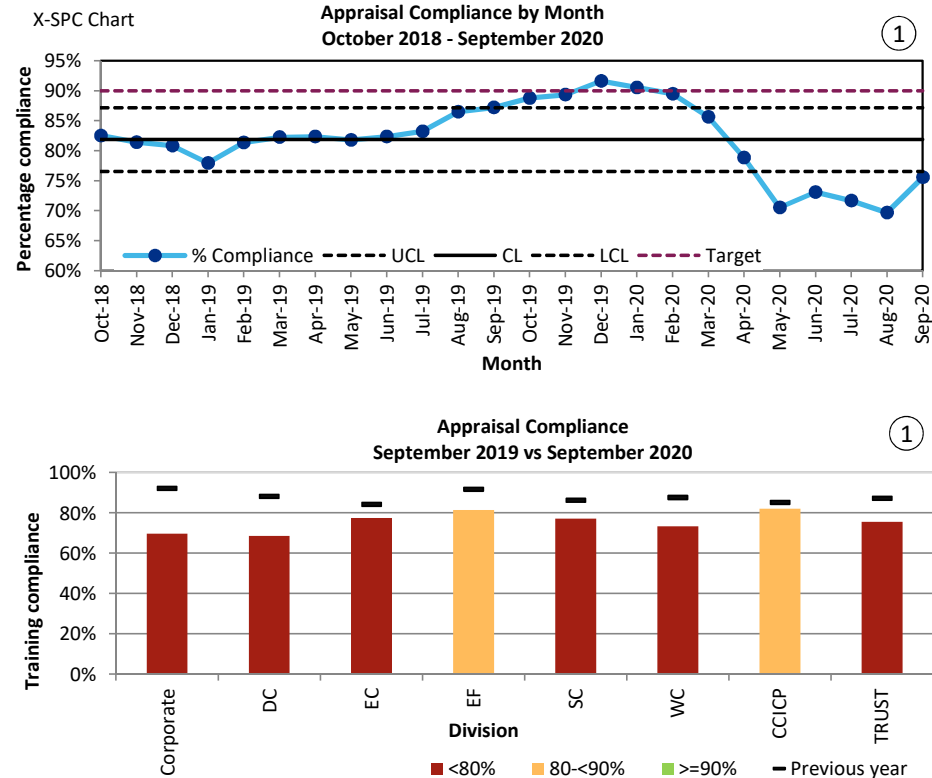


**Accountable:** Director of Workforce & Organisational Development

**Data Owner:** Workforce Directorate

**Key Narrative:** The SPC chart shows an increasing trend from October 2018 to August 2019 but remaining below the 90% target. There has been a decline in compliance in recent months with August 2020 having the lowest compliance.  
*September 2020 compliance does not include recent ESR changes.*

### Appraisals



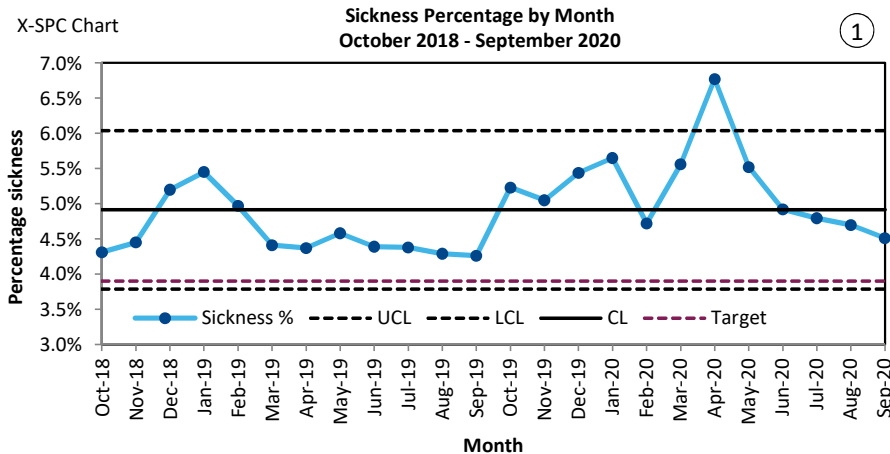
**Accountable:** Director of Workforce & Organisational Development

**Data Owner:** Workforce Directorate

**Key Narrative:** The SPC chart shows an increasing trend of compliance from June 2019 which peaked in December 2019, 1 of only 2 months to meet the 90% target over the 24 month period. Compliance has fallen below the lower control limit for the last 5 reported months.

## Board Papers - Workforce

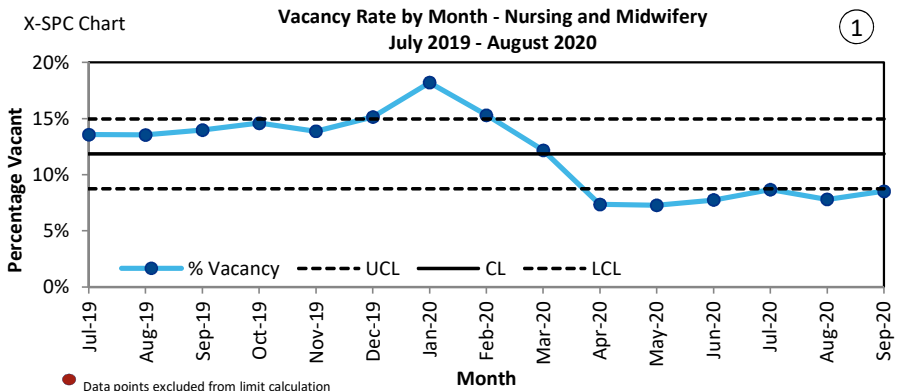
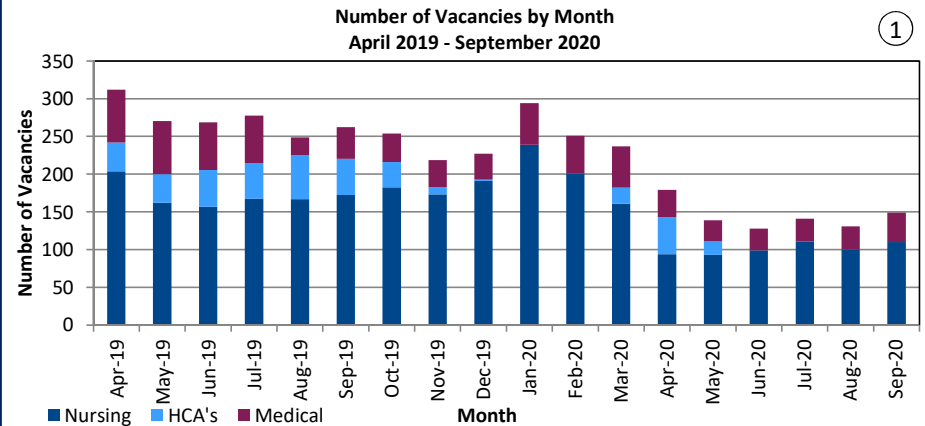
### Sickness



**Accountable:** Director of Workforce & Organisational Development  
**Data Owner:** Workforce Directorate

**Key Narrative:** Over the 24-month period, sickness rates remain within expected range with the exception of April 2020 which exceeded the upper control limit. The target has not been met over the 24-month period reported.

### Vacancies



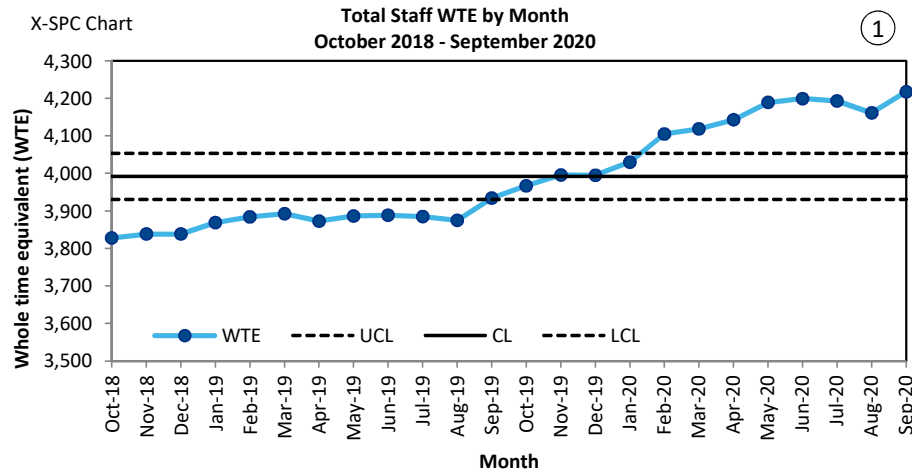
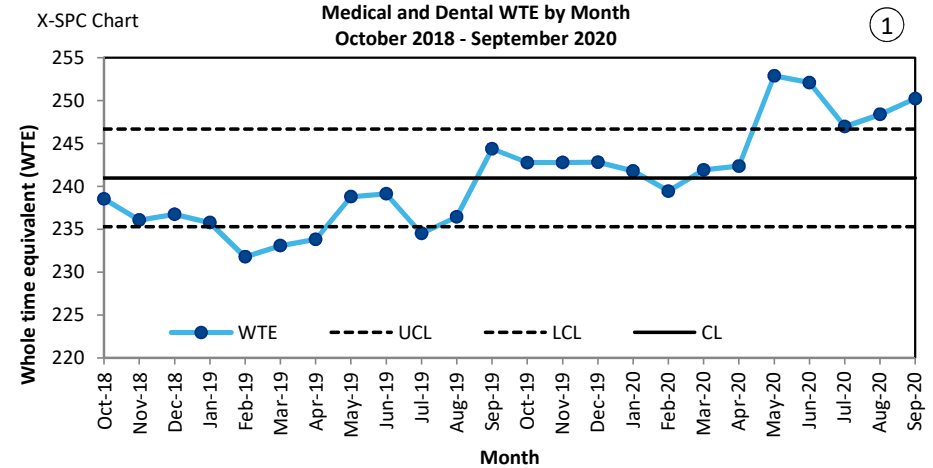
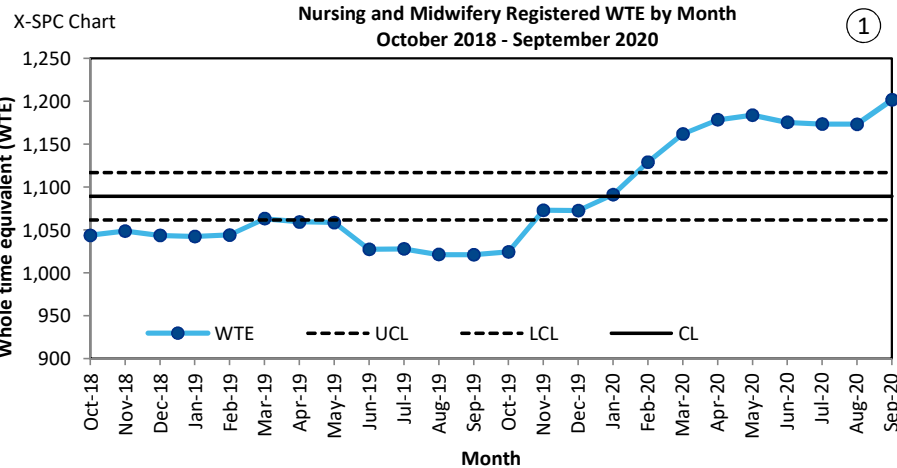
**Accountable:** Director of Workforce & Organisational Development

**Data Owner:** Workforce Directorate

**Key Narrative:** There was a marked improvement in the number and percentage of vacancies from April 2020. There were 110 nursing and midwifery vacancies reported at the end of September 2020, 10 more than previous month and 17 more than May 2020, the lowest reported month.

## Board Papers - Workforce

### Total Staff Whole Time Equivalent (WTE)



**Accountable:** Director of Workforce & Organisational Development  
**Data Owner:** Workforce Directorate

**Key Narrative:** The chart shows an increasing trend of total staff WTE over the 24 month period increasing by nearly 400 between October 2018 and September 2020.

*Data from ESR report: Monthly staff in post (WTE)*

## Quality & Safety (Q&S) Committee Chair's Assurance Report October 2020

<b>Report to</b>	Board of Directors
<b>Date</b>	21 October 2020
<b>Report from</b>	Lesley Massey, NED Chair
<b>Report prepared by</b>	Katharine Dowson, Head of Corporate Governance
<b>Executive Lead/s</b>	Julie Tunney, Director of Nursing & Quality (apologies Sally Mann, Deputy Director of Nursing deputising) Murray Luckas, Medical Director
<b>Committee meeting quoracy</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

### KEY AREAS OF ASSURANCE

#### Covid-19:

- Meeting following audit of Covid deaths from first wave completed, no significant concerns raised. Lead clinician to attend November QSC to provide line of sight into learning from deaths
- Positive feedback received from Ruth May, Chief Nurse for NHS England about nosocomial processes and Trust management following recent visit.

#### Board Assurance Framework (BAF) Report Q2 2019/20 – Committee Delegated Risks:

emerging report format to facilitate future Committee scrutiny prior to Board; Executive Quality Governance Group (EQGG) Chair's Report now included following review at Executive Risk and Assurance Group Q3 report (January 2021) to include integrated risk dashboards on delegated risks).

**Integrated Performance Report** – revised sequencing of meetings enabled QSC to review this report before Board

- Patient Safety Incidents resulting in harm (Acute setting) - showed significant drop in September back under control limits. Sustained increase in CCICP reporting and sustained reduction in incidents resulting in harm
- Hospital-level Mortality Ratio (HSMR) - deep dive into gaps in palliative care coding and impact on HSMR completed by task and finish group; confident this is the reason for the deterioration in the HSMR; view supported by case note review which did not reflect a reduction in palliative care for patients. Quarterly benchmark report from AQUA indicated other Trusts were experiencing similar issues
- Pressure Ulcers – steep peak in July now returned to average levels. Review identified issues with incidents in Ulysses being reported prior to Pressure Ulcer Panel review. New post to quality review all incidents. Noted not all incidents were data issues, lapses in care still took place, new Tissue Viability Nurse role now in place to support patient care)
- Complaints – 95% target of complaints to be responded to in 40 days on track for meeting deadline (December 2020). Additional, more detailed report Additional, more detailed report

requested for a future meeting to enable Non-Executive Directors to provide assurance to Governors

### **Executive Quality Governance Group Chair's Report**

Risks reviewed at EQGG - access to Endoscopy (risk score 16) and Nosocomial transmission of Covid in Critical Care (risk score 10). Committee noted actions in place to mitigate these risks

**Quality Governance Oversight Report - acceptable assurance:** review requested of all incidents relating to drug prescribing errors involving anti-coagulation drugs from last 12 months. Noted that most medication errors result in low or no harm.

### **Internal Audit – Incident Management and Reporting Review – acceptable assurance**

Progress underway against (3) recommendations:

- Oversight group for patient safety reporting into EQGG (by December 2020)
- Best practice review on reporting serious incidents (SI) to Board (by April 2021)
- SI tracker with key performance indicators established (by December 2020)

Update on implementation of recommendations to be reviewed by QSC in December.

### **Nursing Vacancy Analysis - acceptable assurance**

Key points – turnaround on nursing recruitment since 2018 and forecast closure of vacancy gap by December 2020; next focus on speciality recruitment and pastoral/educational support; positive staff linked to improved patient care.

#### **KEY CONCERNS/RISKS**

None.

#### **Priority Areas: DECISIONS MADE**

None.

#### **RECOMMENDATION**

To note.

## PAF Committee Chair's Assurance Report October 2020

<b>Report to</b>	Board of Directors
<b>Date</b>	22 October 2020
<b>Report from</b>	Trevor Brocklebank, Non-Executive Director
<b>Report prepared by</b>	Katharine Dowson, Head of Corporate Governance
<b>Executive Lead/s</b>	Oliver Bennett, Chief Operating Officer Russell Favager, Deputy Chief Executive/Director of Finance
<b>Committee meeting quoracy</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

### KEY AREAS OF ASSURANCE

**Covid 19** – increasing infection rate in Cheshire East and Cheshire West resulted in a rise in hospital admissions; the number of Covid-19 positive patients in hospital remains relatively low. To safely manage rising admissions additional capacity has been re-designated to manage Covid19.

**Reinforced Autoclaved Aerated Concrete (RAAC) Roof Planks** – survey continuing (21% of areas inspected) - forecast completion date of April 2021. Workshops took place w/c 19 October to reach consensus on access to all areas over winter and on failsafe solutions for planks. Executive leading comprehensive approach to understand risks and develop controls and planned responses to failure. Trust to be clear with regulators of financial impact on backlog maintenance.

**BAF Framework** – evolving report format to enable Committee scrutiny prior to Board in future, to be combined with Executive Group reports and integrated risk dashboard from Q3 (January 2021). Work underway to embed new approach with risk owners and senior managers through outsourced training by December 2020.

### Chief Operating Officer Report (in place of Executive Delivery and Performance Group Report)

- Medical workforce international recruitment progressing; arrival in post impacted by Covid travel restrictions. From August 2021, six additional trainees in medicine agreed with Deanery
- Concerns remain about sufficient staff to deliver the winter plan, managing demand and lack of a system-wide plan for Paediatrics. Work underway to mitigate these risks.

**EU Exit:** expected to start shortly to engage in the national planning process for the end of the transition period in relation to EU exit. Oversight of this process to transfer from Workforce and Digital Transformation to PAF and the Chief Operating Officer is the new Senior Responsible Officer.

### Integrated Performance Report - Performance

- **Emergency Department (ED)** - Attendances at Leighton Hospital are at near pre-Covid levels (96%), rising admissions resulting in more patients waiting more than four hours in ED.

- **Cancer** – Continues to be good progress with the reduction of patients waiting over 63 days for diagnosis/treatment. 10 patients waiting over 104 days down from 140 at the peak.

#### **Integrated Performance Report - Finance**

- Break even position for first six months of year, due to recharge financial approach. April – July (£5.7m) top up monies received, £2.4m reimbursement applied for September
- Challenge meeting with system regulators (19 Oct) on £18.9m deficit financial gap. Committee welcomed realism of plans
- Cheshire & Merseyside allocation of £8.7m funding agreed, based on Covid expenditure costs, leaving forecast deficit of £10.2m; Elements of deficit driven by national directives e.g. car parking, annual leave provision leaving circa £5m - £6m deficit

**Cost Improvement Programmes (CIP) - acceptable assurance:** work focused on Collaboration at Scale programme across system, not on frontline services; pressure on Estates noted within these schemes being addressed.

**National Cost Collection - acceptable assurance:** external rating of moderate assurance received on 2018/19 report; actions in place to address highlighted areas within the audit. 2019/20 collection submitted, noting higher than average costs across inpatient costs and lower than average spending for emergency attendances. Focus to move to forward planning on costs, with clinical engagement to link patient-focused outcomes.

#### **Executive Safety and Sustainable Environment Group (ESSEG) Chair's Assurance Report**

- Action plan re Medical Devices to be reviewed by Audit Committee in November
- Waste Compound Works - work directed by insurers, postponement necessitated to Summer 2021 due to ED new build

#### **Phase 3 Restoration Update**

- Acceptable assurance provided on delivery of the key milestones for September set out in the phase 3 restoration of non-Covid services plan.

#### **Emergency Preparedness, Resilience and Response (EPRR) annual assurance process for 2019/20 and 2020/21**

- 2019/20 submission received an external opinion of substantial compliance  
2020/21 standards stepped down due to Covid. Cheshire Clinical Commissioning Group (CCG) defined a small number of standards, response to these submitted.

#### **KEY CONCERNS/RISKS**

RAAC roof planks remain a significant risk with recognised severe potential consequence.

Management of ED attendances and waiting times while maintaining social distancing.

#### **Priority Areas: DECISIONS MADE**

Board to be asked to ratify EPRR report

<b>RECOMMENDATION</b>
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To note.

## BOARD OF DIRECTORS

<b>Agenda Item</b>	<b>8.2</b>	Date of Meeting: 02/11/2020
<b>Report Title</b>	<b>Phase 3 Restoration of Non-Covid Services</b>	
<b>Executive Lead</b>	Oliver Bennett, Chief Operating Officer	
<b>Lead Officer</b>	Emma McGuigan, Director of Operations	
<b>Action Required</b>	To note	

<input checked="" type="checkbox"/> <b>Acceptable assurance</b> Controls are suitably designed, with evidence of them being consistently applied and effective in practice	<input type="checkbox"/> <b>Partial assurance</b> Controls are still maturing – evidence shows that further action is required to improve their effectiveness	<input type="checkbox"/> <b>Low assurance</b> Evidence indicates poor effectiveness of controls
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### Key Messages of this Report (2/3 headlines only)

- Outlines the key headlines from the report presented to the Performance and Finance (PAF) Committee in October 2020 in relation to the delivery of the milestones set out in the phase 3 restoration of non-covid services plan.
- Acceptable assurance was provided to PAF Committee and good progress continues to be made in the restoration of clinical services.

### Next Steps (actions to be taken following agreement of recommendation/s by Board/Committee)

- 

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

<ul style="list-style-type: none"> <li>• Manage Covid response and recovery <input checked="" type="checkbox"/></li> <li>• Provide outstanding care/patient experience <input type="checkbox"/></li> <li>• Deliver most effective care to achieve best possible outcomes <input type="checkbox"/></li> <li>• Be the best place to work <input type="checkbox"/></li> </ul>	<ul style="list-style-type: none"> <li>• Provide safe and sustainable services <input type="checkbox"/></li> <li>• Provide strong system leadership by working together <input type="checkbox"/></li> <li>• Be well governed and clinically led <input type="checkbox"/></li> </ul>
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### Impact (is there an impact arising from the report on the following?)

<ul style="list-style-type: none"> <li>• Quality <input type="checkbox"/></li> <li>• Finance <input type="checkbox"/></li> <li>• Workforce <input type="checkbox"/></li> <li>• Equality <input type="checkbox"/></li> </ul>	<ul style="list-style-type: none"> <li>• Compliance <input type="checkbox"/></li> <li>• Legal <input type="checkbox"/></li> <li>• Risk/BAF BAF7 Operational capacity to meet demand <input type="checkbox"/></li> </ul>
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### Equality Impact Assessment (must accompany the following submissions)

Strategy <input type="checkbox"/>	Policy <input type="checkbox"/>	Service Change <input type="checkbox"/>
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## REPORT DEVELOPMENT

Committee/ Group Name	Date	Report Title	Lead	Brief summary of key issues raised and actions agreed
Performance & Finance Committee	22 <sup>nd</sup> October 2020	Phase 3 Restoration of Non-Covid Services	Oliver Bennett  Chief Operating Officer	Report noted

## Phase 3 Restoration of Non-Covid Services

### Introduction

1. The purpose of this paper is to provide an update and assurance to the Board on delivery of the phase 3 restoration of non-Covid services plan.

### Delivery of the Plan

2. The phase 3 plan was submitted to NHS England/ NHS Improvement (NHSE/I) as part of a Cheshire and Mersey system-wide response in September 2020 and agreed by the Trust Board in October.
3. A detailed report has been provided to the Performance and Finance (PAF) Committee on 22 October 2020, which provided a detailed overview of the progress made against the September milestones. The report focused on the elective care components of the plan as the non-elective/urgent care components are addressed in the Integrated Performance Report (IPR).
4. PAF concluded that acceptable assurance was received.
5. The key headlines from the report are:
  - Referrals are broadly where they were expected to be (82% of previous year).
  - Outpatient activity is back to 92% of previous year activity which is better than where we planned to be.
  - The elective activity was 76% of last year. Within this, ordinary elective activity was 16% better than plan but daycase activity was 4% below plan.
  - The Trust delivered or exceeded its restoration of diagnostics for CT (6% up), Gastroscopies (22% up) and Colonoscopies (8% up). However, the Trust could not meet the plan for MRI (11% under), Ultrasound (0.5% under), and Flexi-sigmoidoscopy (13% under).
  - Significant progress has been made on Cancer waits. At the peak, 140 patients waited longer than 104 days for treatment; this was down to 10 in September. There was a similar improvement against patients waiting more than 62 days for treatment, from 260 waiting at the peak now down to 60.
  - The RTT waiting list has grown by 7% more than expected, which is equivalent to around 1200 more patients on the RTT waiting list. More patients are waiting longer than 52 weeks for treatment but is better than planned.
6. Both the Breast and Colorectal screening programmes were halted throughout the Covid-19 response and have restarted at the end of Q2.

### Conclusions

7. This paper has provided a high-level summary of delivery against the key milestones for September set out in the phase 3 restoration of non-Covid services plan.

8. Acceptable assurance has been provided to PAF in October and the Trust continues to progress the delivery of its comprehensive restoration programme to ensure as many patients are treated and waiting list backlogs are reduced.

## Recommendations

To note

**Oliver Bennett**  
**Chief Operating Officer**  
**October 2020**

## Board of Directors

<b>Agenda Item</b>	<b>6</b>	Date of Meeting: 29/10/2020
<b>Report Title</b>	<b>Emergency Preparedness, Resilience and Response (EPRR) annual assurance process for 2019/20 and 2020/21</b>	
<b>Executive Lead</b>	Oliver Bennett, Chief Operating Officer	
<b>Lead Officer</b>	Emma McGuigan, Director of Operations	
<b>Action Required</b>	To note	

X	<b>Acceptable assurance</b> General confidence in delivery of existing mechanisms / objectives	<input type="checkbox"/>	<b>Partial assurance</b> Some confidence in delivery of existing mechanisms / objectives	<input type="checkbox"/>	<b>No assurance</b> No confidence in delivery
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### Key Messages of this Report (2/3 headlines only)

- The Trust continues to comply with EPPR guidance
- The Trust has conducted a mid-term debrief into the impacts of covid-19 and ensured that lessons learnt are updated into the relevant policies and procedures
- The Trust's Winter planning, in conjunction with our partner agencies, takes covid-19 lessons into account

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

• Quality	✓	• Risk	✓
• Finance	<input type="checkbox"/>	• Compliance	✓
• Workforce	<input type="checkbox"/>	• Legal	✓
• Equality	<input type="checkbox"/>		

### 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	<input type="checkbox"/>
• 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	<input type="checkbox"/>	• Be well governed and clinically led	<input type="checkbox"/>

### Governance (is the report a...?)

• Statutory requirement	<input type="checkbox"/>	• Other	<input type="checkbox"/>
• Annual Business Plan Priority	<input type="checkbox"/>	rationale for Board submission required:	
• Strategic/BAF Risk	✓		
• Service Change	<input type="checkbox"/>		

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

To ratify 2020/21 submission to the Cheshire Clinical Commissioning Group

## REPORT DEVELOPMENT

Committee/ Group Name	Date	Report Title	Lead	Brief summary of key issues raised and actions agreed
Performance and Finance Committee	22 October 2020	As above	Emma McGuigan	Full submission reviewed and agreed.

## **Mid Cheshire Hospitals NHS Foundation Trust's Emergency Preparedness, Resilience & Response (EPRR) Core Standards review (2019 -20 and 2020-21)**

### **Introduction**

1. This paper sets out Mid Cheshire Hospitals NHS Foundation Trust (MCHFT) aspects of the planning, co-ordination in response to the annual request from NHS England & Improvement (NHS E&I) to undertake an assessment of our Emergency Preparedness, Resilience and Response (EPRR) programme against a national set of core emergency planning standards.
2. The assurance process is self-assessment and is reviewed at the Trust's Emergency Preparedness Group and signed off by the trust's emergency accountable officer (Chief Operating Officer) before presenting to the Board.

### **Background**

3. MCHFT has a duty to protect the health of our community. This duty is particularly important in the event of an emergency situation. As a Category 1 responder MCHFT has a duty, under the Civil Contingencies Act 2004, to be prepared to respond to and recover from any major incident.
4. Maintaining a culture of emergency preparedness within the Trust and to ensure that there are robust emergency response capabilities for dealing with a range of scenarios, whilst maintaining our normal services is essential. Mid Cheshire NHS Foundation Trust has implemented wide-ranging arrangements across the trust in order to plan, mitigate and respond to all incidents and are currently running extensive command and control arrangements in response to the on-going covid-19 incident.

### **Process**

5. NHS E & I contacted organisations in July 2019 with details of the core standard requirements for the 2019/20 period including that the findings should be presented to Board by October 2019. There were 64 questions with an additional "deep dive" section around planning for severe weather and our adaptation planning.
6. Trusts are asked to rate themselves across a number of areas including business continuity planning, duty to risk assess, command and control, training and exercising and warning and informing and score themselves either:
  - Full compliance: Arrangements are in place and the organisation is fully compliant with all core standards.
  - Substantial compliance: Arrangements are in place however the organisation is not fully compliant with one to five of the core standards.
  - Partial compliance: Arrangements are in place however the organisation is not fully compliant with six to ten of the core standards.
  - Non-compliant: Arrangements are in place do not appropriately address 11 or more core standards.

## Findings

7. The Trust submitted a response with a level of substantial with 60 green, 4 ambers and no reds. The ambers were in relation to our decontamination planning and updating our pandemic plan.
8. The Site Ops & Emergency Preparedness Group Manager has worked with ED to ensure that all the decontamination actions raised were reviewed and a dedicated work plan was implemented including newly trained members of staff and updated training records. Additionally, findings from the severe weather “Deep Dive” are monitored and reviewed by the Trusts’ Sustainability Group.
9. The core standards submission was due by 1<sup>st</sup> October 2019 and was forwarded by the trust on 30<sup>th</sup> September 2019 with agreement that Trust’s could retrospectively present to their Board. The Trust Board accepted the report on 7<sup>th</sup> October 2019.
10. Confirmation of NHS E&I’s agreement of the trust’s statement of compliance level being substantial was received on 13<sup>th</sup> August 2020.

## Update on this year’s plan

12. In September 2020 Cheshire Clinical Commissioning Group (CCG), on behalf of NHS England and NHS Improvement, requested that MCHFT submit a summary of actions undertaken regarding (1) progress made 2020 on partially compliant areas identified last year, (2) . Details of our Mid Term covid review (3) our process for embedding the learning from the review include changes to procedures and communications and (4) areas from our review that have influenced Winter planning. The summary of actions was sent to Cheshire CCG on 1<sup>st</sup> October 2020. Indications from the CCG are that they are fully satisfied with the trust’s submission and a formal response on our submission is expected by early November.

## Emergency Preparedness Group

13. As part the trust’s management of emergency preparedness arrangements the Emergency Preparedness Group (EPG) convenes quarterly to oversee all aspects of planning, command and control, testing and exercising and post incident reviews.
14. Additionally, the findings from the review form the basis for the annual EPPR work programme as agreed at the EPG.

## Conclusion

15. The annual core standards provides an opportunity to benchmark the trust’s EPPR programme against best practice and to ensure resources and priorities are focus on key areas of development. The trust’s substantial level of compliance demonstrates a good level of emergency response across

the organisation. This level of compliance is in-line with the majority of trusts across Cheshire and Merseyside.

### **Recommendation**

16. Trust Board are asked to note the contents of the paper and the substantial assurance provided regarding the EPRR standards
17. Trust Board are asked to ratify the submission to Cheshire CCG for the 20/21 submission.

Authors: Emma McGuigan, Director of Operations  
Neil Furness, Site Ops & Emergency Preparedness Manager  
Date: 22 October 2020

Letter from NHS England and Improvements

OFFICIAL NHS England and NHS Improvement

NHS England & NHS Improvement  
Cheshire & Merseyside  
Regatta Place  
Brunswick Business Park  
Summers Road  
Liverpool  
L3 4BL

13 August 2020

Emma McGuigan  
Accountable Officer for EPRR  
Mid Cheshire Hospital NHS Foundation Trust  
Middlewich Road  
Crewe  
CW1 4QJ

Dear Emma

RE: **Emergency Preparedness, Resilience and Response (EPRR)**  
**Core Standards Assurance 2019/20**

Thank you for submitting your organisation's EPRR Core Standards template, your statement of compliance level was submitted as **SUBSTANTIAL** compliance.

This letter confirms that your trust met the expected timescale and all documentation submitted was signed off at Board level. Any gaps identified were noted by NHS England and NHS Improvement and have a clear action plan.

We have not received information as yet in relation to the full process/requirements for this year but will be in touch as soon as we have it.

Many Thanks for your continued support.

Yours sincerely

Andrew Crawshaw  
Director of Performance  
NHS England and NHS Improvement – North West Region.

cc: EPRR Lead

## 2020 EPRR Core Standards submission to Cheshire CCG

<p><b>Compliance 2019</b></p> <p>1. Progress made 2020 on partially compliant areas identified last year. (Return N/A if fully compliant)</p>	<p>There were four Amber rated EPRR Core Standards submitted via the MCHFT Emergency Planning Group and the Trust Board in October 2019.</p> <p>Three of these were in relation to Chemical, Biological, Radiological and Nuclear (CBRN) preparedness (EPRR refs 59, 66 and 67) and one in relation to Duty to maintain Plans: Pandemic Influenza (EPRR ref 15).</p> <p><u>CBRN</u></p> <p>59 – Decontamination Capability available 24/7</p> <p>A review of the decontamination facility and it's positioning due to changes in the trust's layout has been undertaken and the re-positioned site is still fit for purpose. Note: ED is to undergo a significant investment in early 2021 and this is seen as an opportunity to assess best practice for decontamination facilities. A task and Finish group with our CBRN ED Consultant supported by NHS E&amp;I is scheduled to be completed by December 2020.</p> <p>66 – Training Programme</p> <p>A detailed training programme has now been introduced. It should be noted that due to covid-19 pressures this programme was put on hold but has recommenced since August 2020 including incorporating infection control / training guidance issued via NWAS.</p> <p>Note additional out of hours support and training is now provided by Estates and is also to include Security team staff.</p> <p>67 – Trained trainers</p> <p>MCHFT now have trained trainers as per attending the NWAS official training programme and have delivered training sessions as per the programme mentioned above. Additionally, NHS E &amp; I regional team has provided additional support in this area.</p> <p><u>Pandemic planning</u></p> <p>The Trust Pandemic plan was last reviewed in 2017 and was scheduled for review in December 2019. However, due to the covid-19 incident and the trust's response a full review if the plan has not yet been completed. A review of the plan based upon the findings and lessons learnt from the review of the trust's response to covid-19 will ensure that a revised plan will be completed by December 2020.</p>
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<p><b>2. Mid Term Covid Review</b> Date of debrief / Review Key Lessons</p>	<p>A review of the trust's command and control policies and procedures instigated during covid-19 was undertaken in May 2020 and a report submitted to the Emergency Planning group in June 2020 and the Performance and Finance Group in May 2020.</p> <p>A mid-term review of the actions taken across the trust as a whole was undertaken in August 2020 with a report submitted to these same groups in September and at the October meeting respectively.</p> <p>A piece of work was undertaken to review MCHFT staff experiences during COVID in order to identify the key cultural shifts which took place and to identify the factors which enabled change to take place at pace. This included a trust wide survey, 27 semi-structured interviews and 7 focus groups trust wide, centred around the logic CRISIS model.</p> <p>The results were analysed for key themes and enablers of change. 6 core packages of work were identified to be further developed across the trust. The subsequent work packages have been shared with relevant associated stakeholders and existing groups to take the work forwards. At a local level managers and teams were also encouraged to utilise the logic model to identify clear plans to end, amplify, let go and restart key activities in their specific areas to maximise outputs from the learning.</p> <p>An additional review was also undertaken by the Transformation team to capture learning, successes and innovation so far in the Trust response to the covid-19 pandemic in June 2020 and this was presented to Transformation and People Committee.</p>
<p><b>3. Process for embedding the learning from the review</b> Include changes to procedures and communications</p>	<p>The responsibility for embedding these learnings is via the Accountable Emergency Officer delegated to the Director of Ops and the Site Ops &amp; Emergency Preparedness manager. The trust has maintained Command and Control arrangements through-out the incident with Tactical (Silver) meetings being held. Learnings and procedures are discussed and recorded via this group as well as regular meetings of a Strategic (Gold) command group.</p> <p>Additional resource has also been appointed during the incident with a post of Head of Nursing Emergency Preparedness in place to support the response and working alongside the Site Ops &amp; Emergency Preparedness manager.</p> <p>An extensive review programme has taken place of all our relevant policies and procedures across the organisation. These have included a new Covid-19 specific escalation policy, revised ED plans, HR and workforce plans and guidance as well as revised elective programme plans.</p> <p>The Trust has also commissioned an external consultancy to support identifying key learning from the pandemic response and ensure this is embedded.</p>

	<p>A detailed communications plan is in force with regular dedicated covid-19 updates to all staff as well as monthly team talks chaired by the Chief Executive.</p>
<p><b>4. Winter Plans</b> Areas from review that have influenced Winter planning</p>	<p>A Winter plan has been completed in partnership with Cheshire East and Cheshire West and Chester councils.</p> <p>This work is undertaken annually but has specific reference to covid-19 including the management of Covid-19 and that it will further compound the challenges likely to be faced this coming winter. This winter plan has reflected on learning from the pandemic up until now and includes additional measures that will be taken to both manage winter alongside any changes in the prevalence of coronavirus.</p> <p>The Cheshire and Merseyside Health Care Partnership has commissioned PA Consulting to undertake number of scenario-based analysis in order to try and determine the likely impact on services because of Covid-19 over the coming months and in to winter. This is intended to aid system-wide planning for any changes to the prevalence and profile of Covid-19. The Trust has identified some key schemes for winter planning 20/21 which include an additional winter ward, extension of ambulatory care and investment in therapy and support services to maintain flow. Crucial to this year's winter plan is investment in the flu campaign, which has been incorporated into this year's plan.</p>

## Workforce and Digital Transformation Committee

### Chair's Assurance Report

### October 2020

<b>Report to</b>	Board of Directors
<b>Date</b>	19 October 2020
<b>Report from</b>	Lorraine Butcher, Non-Executive Director
<b>Report prepared by</b>	Katharine Dowson, Head of Corporate Governance
<b>Executive Lead/s</b>	Heather Barnett, Director of Workforce and OD Amy Freeman, Chief Information Officer Oliver Bennett, Chief Operating Officer (apologies given - Director of Operations in attendance)
<b>Committee meeting quoracy</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

#### KEY AREAS OF ASSURANCE

##### Covid-19

- Workforce resilience is a key concern; a mobilisation plan which maximises workforce resource being prepared as well as health and wellbeing interventions
- Level of regulator information requests, some at short notice, is challenging the information team; this is being discussed with the Executive team

##### EU Exit

Meetings restarted, medicine and supplies recognised as potential risks in no deal situation. Chief Operating Officer is now the Trust Senior Responsible Officer (SRO) for EU Exit and updates will move to Performance and Finance Committee (PAF). No identified issues with workforce.

**Board Assurance Framework (BAF) Report Q2 2019/20:** **partial assurance** - Committee sighted on reporting structure for BAF delegated risks; noted in Q3 that WDT will review this report prior to Board to scrutinise these risks, together with delegated operational risks. Inclusion of Executive Group Chair's Assurance reports facilitated risk-led discussions.

##### **Executive Workforce Assurance Group Chair's Report (EWAG):** **partial assurance**

- EWAG objectives now aligned to Trust strategic objectives and BAF principal risks. Next step to actively manage the relevant operational risks that sit under the BAF
- **International Nurse Recruitment** – operational risk added due to impact of Covid on travel for new recruits

##### **Integrated Performance Report**

- Maintaining a good position on sickness and vacancies
- Significant improvement in spending against Apprenticeship Levy due to second cohort of nursing apprentices starting

- Agency and bank spending only slightly down despite reduction in vacancies - due to need for specialist staffing, further work underway
- Mandatory training increased compliance in month, due in part to extensive work on improving data migration between systems, no clear picture of actual levels of training completed in place, but work underway to address this
- Appraisal improvement expected by December, following roll out of Motiv8 system

### Executive Workforce Assurance Group (EWAG) Key Messages

- **Flu Plan: acceptable assurance** – robust plan in place to deliver high vaccination rates. Additional resource allocated to support this. Staggered roll out over the next months due to supply of vaccine; front line staff are prioritised. Currently Trust vaccination rate is higher compared to last year.

### Executive Digital Transformation and Information Services Group (DTIS) Key Messages

- DTIS governance structure in place and all sub-groups have met
- New operational risks identified linked to live update of PCS (patient bed moves) and Clinical Coding non-compliance (missing patient documentation). Work underway to address the root cause of these issues
- **EPR** – development of the full business case is underway and programme infrastructure including OD to aid transformation, is being developed; recruitment has begun

### QI Faculty

Update on progress received, appropriate early focus on culture change with initial wave of staff practitioner training and development of training and information resources.

**Equality, Diversity & Inclusion (ED&I) Feedback from Board Away Day acceptable assurance** - summary of proposed actions and recommendations noted. Renewal of ED&I strategy underway, revised strategy to be approved at Board and monitored by WDT. Action plans monitored at EWAG with progress report to WDT quarterly from December 2020.

### Workplan

Role of transformation as an enabler and the responsibilities of the committee discussed, to be taken further following discussions on the Trust strategy.

#### KEY CONCERNS/RISKS

- Resilience of the workforce to continue restoration of planned care if Covid increases at pace
- Scale of digital programme of change and capacity to deliver this
- Ability to update patient bed moves in real time through PCS, heightened during Covid.

#### Priority Areas: DECISIONS MADE

NHS England and NHS Improvement self-assessment of the flu plan - approved on behalf of the Board of Directors

#### RECOMMENDATION

