Mid Cheshire Hospitals NHS Foundation Trust

Board of Directors

Thursday 25 November 2021, 9.30am
Virtual (Teams) Meeting

AGENDA

No	BAF Risk	Item
PRELIMINARY BUSINESS		
1 9:30		**Apologies (v)** Chair
2		**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		**Patient Story (v)** Executive Director To note
4		**Draft Minutes of the Last Meeting – 28 October 2021 (d)** Chair 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		
5 09.45		**Chair's Report (v)** • Chat with the Chairman – 09 November 2021 (v) • Board Workplan 2021/22 (d) Chair To note
6 09:50		**Chief Executive's Report (d)** • Hospital Redevelopment Programme Board – 08 November 2021 (d) • Digital Clinical Systems (DCS) Programme Board – 08 November 2021 (d) • Quality Improvement (QI) Progress Report Q2 2021/22 (d) Chief Executive To note
7 10.10		**Integrated Performance Report Month 7 – (October 2021) (d)** Chief Executive To note

No	BAF Risk	Item
STRATEGY		
8 10.15	**BAF2,9 14**	**Workforce Strategic Plan (d)** Director of Workforce & OD To approve
9 10:30	**BAF11**	**Environmental and Social Responsibility Plan (d)** Director of Workforce & OD To approve
QUALITY - Patient Safety, Clinical Effectiveness & Patient Experience		
10 10:45	**BAF3**	**Quality & Safety Committee Chair's Assurance Report - 17 November 2021 (d)** Medical Director To note
		• **Serious Incidents Report (d)** Medical Director To note • **National Adult Inpatient Survey 2020 (d)** Director of Nursing & Quality To note
11 11:05		**Care Quality Commission (CQC) Registration Compliance (d)** Chief Executive To note
PERFORMANCE & FINANCE		
12 11:10	**BAF7,11, 12**	**Performance & Finance Committee Chair's Assurance Report – 18 November 2021 (d)** Committee Chair To note
WELL LED		
13 11:20	**BAF2, 10, 13, 14**	**Workforce & Digital Transformation Committee Chair's Assurance Report – 22 November 2021 (d)** Committee Chair To note

No	BAF Risk	Item

CONSENT AGENDA

These items have been read by Board members and the minutes will reflect recommendations, unless an item has been requested to come off the consent agenda for debate; in this instance, these items will be identified at the start of the meeting

- **Health and Safety Annual Report 2020/21 (d)**
  To note
- **Request to Use the Trust Seal (d)**
  To approve

CONCLUDING BUSINESS

14 11:30 **Any Other Business (v)**
Chair
To consider any other matters of business

15 **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

16 **Key Messages from the Board (v)**
Chair
To agree

Date, Time and Venue of Next Meeting

- Thursday 27 January 2022 @ 09.30am via MS Teams

Resolution

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

Board Workplan 2021/22

				2021														2022	
				Board Dev. Day			Board Strategic Session / Formal hybrid	Board Dev. Day		Board Strategic Session		Board Dev. Day			Board Strategic Session	Board Dev. Day		Board Strategic Session	
Meeting Date	**Part I/II**	**Lead Dir**	**Frequency**	01-Apr	29-Apr	27-May	24-Jun	09-Jul	29-Jul	26-Aug	30-Sep	08-Oct	28-Oct	25-Nov	17-Dec	07-Jan	27-Jan	24-Feb	31-Mar
Patient Story	I	JT	M		✓	✓			✓		✓		✓	✓			✓		✓
Preliminary Business																			
Board Action Log	I	CK	M		✓	✓			✓		✓		✓	✓			✓		✓
Board Workplan 2020/21	I	CK	Q		✓				✓				✓	✓			✓		
Chair's Report	I	DD	M		✓	✓			✓		✓		✓	✓			✓		✓
* Council of Governors Key Issues Report			Q																
Context																			
BAF Report	I	JS	Q		✓				✓				✓				✓		
BAF Heat Map (when BAF report not submitted)	I	JS				✓					✓			✓					✓
Integrated Performance Report	I	JS	M		✓	✓			✓		✓		✓	✓			✓		✓
CEO Report	I & II	JS	M		✓	✓			✓		✓		✓	✓			✓		✓
* Hospital Redevelopment Programme Board			M		✓	✓			✓				✓				✓		
* Digital Clinical System Programme Board			M			✓			✓		✓			✓			✓		✓
* Exec QI Strategy Group			Q											✓			✓		
STRATEGY																			
Trust Strategy	I/II	JS	A		✓	✓			✓		✓		✓						✓
Risk Management Framework Plan	I	JS/CK	A						✓										
* Risk Appetite Statement	I	CK	A			✓													
Workforce Strategic Plan	I	HB	A											✓					
Estates Strategic Plan	I	RF	A			✓			✓		✓								
Digital Strategic Plan	I	AF	A							✓	✓		✓						
Environmental and Social Responsibility (Green) Plan	I	HB	A										✓	✓					
QUALITY																			
Q&S Chair's Assurance Report	I	LM	M		✓	✓			✓		✓		✓	✓			✓		✓
Safeguarding Adults & Children Annual Report	I	JT	A						✓		✓								
Nursing & Midwifery Staffing Report	I	JT	A										✓						
Serious Incidents	I	ML	M		✓	✓			✓		✓		✓	✓			✓		✓
Medical Revalidation Annual Report	I	ML	A								✓								
Clinical Negligence Scheme for Trusts	I	JT	A			✓													
Guardian of Safe Working Hours	I	HB	Q		✓				✓				✓				✓		
Learning from Deaths	I	ML	Q			✓			✓				✓				✓		
Quality Account	I	JT	A			✓	✓												
National Inpatient Survey Results	I	JT	A								✓			✓					
PERFORMANCE & FINANCE																			
PAF Chair's Assurance Report	I	TB	M		✓	✓			✓		✓		✓	✓			✓		✓
Financial Plan	I	RF	A			✓													
Capital Programme	I	RF	A			✓													
Emergency Planning																			
* Annual Report	I	OB	A										✓	✓					
* EPRR Assurances	I	OB	A										✓	✓					
Health & Safety Annual Report	I	RF	A								✓		✓	✓					
PEOPLE																			
WDT Committee Assurance Report	I	LB	M		✓	✓			✓		✓		✓	✓			✓		✓
WRES Data	I	HB	A								✓			✓					
WDES Report	I	HB	A								✓			✓					
Equality Delivery System	I	HB	A																✓
Equality, Diversity and Inclusion Annual Report	I	HB	A			✓													
Clinical Excellence Awards	I	ML	A																✓
People Recovery Plan	I	HB	A			✓													
Medical Staffing Update	Part II	ML	ad hoc																
GOVERNANCE/WELL-LED																			
Audit Committee Assurance Report	I	LP	Q		✓	✓			✓		✓		✓	✓			✓		✓
CQC Registration Compliance Report	I	JT	6M						✓								✓		
Annual Report & Accounts	I	RF/CK	A			✓													
Remuneration Committee Assurance Report	I	DD	Ad hoc		✓														
Corporate Governance																			
NHS Provider Licence - Annual Self-Certification:	I	JS	A																
* General Condition 6/ Continuity of Services Condition 7						✓													
* Corporate Governance Statement						✓													
Board Self-Certification	I	RF/CK	A			✓													
Corporate Governance Framework Manual (SOs, SFIs, SoD)	I	CK/RF	A		✓														✓
Trust Responsilble Persons	I	CK	A			✓													
Use of Trust Seal Annual Report	I	CK	A		✓														
Well-Led																			
National Staff Survey (Results & Improvement Plan)	I	HB	A																✓
Board of Directors' Self-Assessment/Evaluation	I	DD/CK	A	✓															
Evaluation of Board Committees Effectiveness/ ToR	I	CK/NED Chairs	A		✓														
Board Development Plan	I	CK/HB	A			✓													
Modern Slavery Statement	I	CK	A			✓			✓										
Freedom to Speak Up Guardian	I	JS	Q		✓				✓				✓				✓		
Gender Pay Gap	I	HB	A														✓		
ITEMS IDENTIFIED IN YEAR																			
Heallth and Wellbeing Assessment	I	HB	A		✓														
Restoration Plan	I	OB	A		✓	✓													
Urgent and Emergency Care Improvement Plan	I	OB	A			✓													
Delegated Budgets	II	RF	A			✓													
Other Items (Ad Hoc in Year)																			
Well Led Development Review	I	CK	A								✓		✓	✓			✓		
Digital Clinical System Full Business Case	I	AF	tbc			✓			✓				✓						
Request to Use the Trust Seal	I	JS	ad-hoc			✓			✓										
Use of South Cheshire Hospital	II	RF	ad-hoc						✓								✓		
EVENTS / OTHER MEETINGS																			
Annual Members' Meeting (revised date 4 Nov)													✓						
Board to Boards																			
Board Development																			
Principal Risks				✓															
Risk Appetite Statement				✓															
Board Effectiveness Survey Results				✓															
Board Dynamics								✓											
Health and Safety Legal Briefing								✓											
Well Led Development Review												✓							
Quality Improvement															✓				

Mid Cheshire Hospitals NHS Foundation Trust

BOARD OF DIRECTORS

Agenda Item	**6**	Date of Meeting: 25/11/2021
Report Title	**Chief Executive's Report November 2021**	
Executive Lead	James Sumner, Chief Executive	
Lead Officer	Caroline Keating, Company Secretary	
Action Required	To note	

☐ **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

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

- Latest national/regional updates on the Integrated Care System
- Key challenges in Trust financial and operational performance
- Positive progress in improvements to 'business as usual' e.g. ward accreditation; talent management; website redesign

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)*

• Provide safest and best care ☐	• Be the best place to work ☐
• Become a leading and sustainable health care system ☐	• Push boundaries in clinical, technology and digital innovation ☐

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

• Quality ☐	• Compliance ☐
• Finance ☐	• Legal ☐
• Workforce ☐	• Risk/BAF Click here to select relevant risk
• Equality ☐	

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

Strategy ☐ Policy ☐ Service Change ☐

REPORT DEVELOPMENT

Committee/ Group Name	Date	Report Title	Lead	Brief summary of key issues raised and actions agreed
Board of Directors	Monthly	CEO Report	Chief Executive	Noted

Chief Executive's Report
Board Meeting – 25 November 2021

Key Highlights

National / Regional Update

Cheshire & Merseyside (C&M) Integrated Care System (ICS)

1. The appointment of Graham Urwin as Designate Chief Executive of the Integrated Care Board was announced on 11 November. Graham is currently the Director of Performance and Improvement at NHS England North West, a role with responsibility for system leadership and oversight of NHS Commissioners and Providers in the North West region. Recruitment of Non-Executive Members and Executive Directors to the ICB will take place over the coming weeks and the Board will be kept informed on progress.

Progress on PLACE Plans

2. Progress on developing proposed governance models for the East and West PLACE partnerships continues with both partnerships working through the various options for discussion with statutory Boards/Governing Bodies as soon as practicable. The timeframe for resolution remains April 22 and work remains on track to achieve this at present.

Provider Collaborative Update

3. The Cheshire & Merseyside Acute and Specialist Hospital (CMASH) Provider Collaborative held its second facilitated workshop on 18th November with CEOs and Chairs looking at key priorities for future working. This will be brought together in a third workshop in due course.

Trust Update

Mortuary review

4. In October, NHS England and NHS Improvement (NHSEI) asked each Trust to review compliance against existing guidance for mortuary and/or body stores, as well as taking additional steps to improve mortuary security and staff monitoring. In response, a full audit of mortuary facilities at Leighton Hospital was undertaken to cover the four elements identified by NHSIE, namely:

- Access points being controlled by swipe cards instead of key code locks
- Effective CCTV in all areas with regular audit of footage
- Risk assessment of facilities with regard to operations, security and construction of the mortuary
- Levels of DBS checks for all staff.

5. A small number of improvement actions were identified and these are in the process of being implemented. This will be managed through the Executive Infrastructure Group and overseen

by the Quality & Safety Committee as a proxy for Board assurance. The Trust confirmed its position with NHSEI on 16 November 2021.

Comms & Engagement

Trust Strategy

6. The interactive booklet for the Trust Strategy, approved by the Board last month, has been widely promoted through Team Talk, CEO briefing and other internal team meetings, as well as being shared with our external partners. It continues to receive positive feedback and a short video posted on the Trust's YouTube channel has been viewed more than 300 times.

Corporate Branding

7. To complement the launch of the Strategy, the Trust's new branding, visual identify and 'Because You Matter' strapline has been unveiled and materials are available for staff on the Trust intranet. We have also commissioned Frank Design to deliver a new Trust website. This work is expected to be completed by Spring 2022 and there will be a range of opportunities for engagement over the coming months.

Consultant appointments

8. Dr Rachel Lambie, Community Paediatrics Consultant (took up post on 2 November 2021)

COVID-19

Infection Rate

9. Local infection rates across our communities continue to fall which is resulting in fewer hospitalisations. The number of COVID positive patients in the hospital, as at 17 November, is 31 compared to 47 identified in my report last month.

Vaccination Programme

10. The Government announced last week that vaccination against Covid-19 will be made compulsory for health and care staff in England who are deployed to deliver CQC regulated activities. This will include roles which require face-to-face contact with patients or service users. It is expected that the new regulations will come into force on 1 April 2022.

11. The Trust is currently reviewing the national guidance and has undertaken to update staff as soon as possible.

Trust 'Business as Usual'

Urgent and Emergency Care

12. The system remains under significant pressure with demand remaining static above pre-pandemic levels. Despite the pressures, performance improved in October compared to the previous month. A key focus nationally is on patients waiting a total time in excess of 12 hours in Emergency Departments (ED). In October 2021 in C&M, 10.9% of patients who attended

ED spent more than 12 hours in the department; at Mid Cheshire, this figure was 6.2%, one of the lowest in the system.

12. Another key focus nationally is ambulance handover delays with NHSEI requesting (26 October 2021) that all ICS Leads and provider Trusts take immediate action to address them. Whilst Mid Cheshire has one of the better handover performances in C&M, we are maintaining focus through our urgent and emergency care improvement work and are working closely with system partners, including the NW Ambulance Service, to achieve this. The Chief Operating Officer will provide further detail in his report later.

13. On 2 November, a Cheshire-wide meeting took place with the accountable officers from each organisation, including local authorities, provider Trusts and Cheshire CCG, to discuss the growing concerns and challenges that are likely impacting on patient care and the delivery of safe services.

Delay to A&E build

14. For several reasons, including ongoing supply chain issues, the completion of the new ED has been delayed further and will not open as planned on 8 December. The contractors (MTX) have confirmed that they will now fully complete and hand over the new building on 17 December and a new opening date of 19 January 2022 has been proposed but is yet to be confirmed.

Service Restoration

15. Significant focus remains on the restoration of elective work and reduction of backlogs. Despite the hard work across all services, the Trust continues to face many significant challenges in the restoring of pre-pandemic activity levels which is increasing backlogs and resulting in patients continuing to wait longer for treatment. Daycase activity remains the main challenge, delivering 70% of baseline in the 4 weeks up to 14 November, compared to 81% across C&M. For inpatient work, the Trust is delivering above the C&M average (95% compared to 94%); however, for outpatient activity, delivery is below the C&M average. Despite the challenges in recovering daycase work, which the Chief Operating Officer will update on during the meeting, Mid Cheshire still has one of the lowest 52 and 104 week wait backlogs in C&M.

Infection Prevention and Control (IPC)

16. There has been an increase in the number of patients with Clostridium Difficile infection compared to the same time last year, with the current position at 21 cases. There are a variety of possible reasons for this, including the unintended consequences of COVID-19 and the likely change in healthcare delivery and patient presentation. An in-depth review has been completed for each case to ascertain the avoidability and the lessons learnt across the Trust. There are several improvements in place, monitored through the Trust's IPC Group with ongoing scrutiny and oversight at the Quality and Safety Committee.

Ward Accreditation

17. Due to the impact of Covid-19, Ward accreditation visits were suspended but the process was then re-launched in July 2021. The ward accreditation programme now has a new focus, with

an identified team undertaking each accreditation. The use of this team has ensured a consistent and fair approach to the audit process, with outcomes being verified at an Executive-led verification panel. To date, 4 wards have been accredited with a further 22 scheduled between October 2021 - April 2022.

Finance

Current position

18. The position at the end of month 7 (October) of the financial year is a deficit of £1.9m, all occurring in October and is as expected for the end of October, based upon the current forecast to 31 March 2021. The position includes pay costs of £133k relating to a Tier 4 CAMHS patient in W&C; discussions are being held with commissioners on funding and appropriate placement.

Forecast for H2 (October - March)

19. The current forecast deficit for the Trust stands at £9.4m, contributing to a C&M deficit of £83.7m at the time of writing. Further system monies are expected but the totality of these for distribution is in the region of £25m and, therefore, will not deliver the Trust a breakeven plan. The financial planning principles signed up by all organisations in C&M is that "every organisation must be supported to ensure breakeven on 31 March 2022". Discussions are ongoing within the Healthcare Partnership system, with the final Finance Plan submission due on 18 November. Further information on the latest position will be provided at the Board Meeting.

Workforce/Talent Management

20. At the last Executive Away Day, the Executive team spent time understanding how we are identifying and managing talent and creating visibility of future talent and succession planning across the Trust. Our current talent management processes are maturing, with Divisional talent boards held in August/September this year. The aim of the talent boards is to drive retention and engagement of our workforce, mitigate risks/gaps within our senior leadership and to support everyone to meet their full potential. The Executive Team will be holding an Executive Talent Board in December to review talent pipelines at Deputy Director/ Senior leadership level. The outcome of this will inform our future Shadow Board cohorts, identify development opportunities and inform our workforce plans.

Appendices:

I Hospital Redevelopment Programme Board (HRPB) 8 November 2021
II Digital Clinical System (DCS) Chair's Assurance Report 8 November 2021
III Quality Improvement Progress Report November 2021

James Sumner, Chief Executive
November 2021

Leighton Hospital Redevelopment Programme Board (HRPB)
Chair's Assurance Report
November 2021

Report to	Board of Directors
Date	8 November 2021
Report from	James Sumner, Chief Executive
Report prepared by	Caroline Keating, Company Secretary
Executive Director	Russell Favager, Deputy Chief Executive
Meeting quoracy	Yes ☒ No ☐

KEY AREAS OF ASSURANCE

Trust Visit 5 November, Julian Kelly, Chief Financial Officer, NHSEI – positive feedback on Trust plans including RAAC plank position and 4 ward block. NHSEI meeting 8 November to review 3-5 year capital plan. JK complimentary about Infinity House, its facilities and the training space.

4 Ward Block – clinical engagement re-energised through surgical pathways workshops (November/December) in line with current design programme. Replicable ward block design considered key in informing national funding discussions.

Outcome of procurement process for Four Ward Block contractor discussed and preferred supplier agreed.

RAAC capital spend - Cashflow spend profile in place for remainder of the financial year to ensure £22m spend achieved. Risk reduction matrix now included. Safe system of residences' demolition agreed with structural engineers; work to be fully complete by Christmas.

RAAC enabling works (link corridor and lift block) – design now to be included within 4Ward block contract. Abortive £40k costs incurred to date but concepts to be transferred to minimise loss. Clinical engagement taking place to ensure optimal integrated design (end March).

New ED Build – completion date delayed from 8 December following reviews of the close out, testing and commissioning programmes; Mobilisation plan to be revised with occupation now expected early/mid-January.

Victoria Infirmary Northwich – paper commissioned to draft master plan for VIN site. Phased approach with potential options required, enabling site to be operational throughout to minimise disruption. Series of surveys to be undertaken to assess option viability. Hospital Redevelopment Steering Group to take forward and update HRPB in due course on potential issues (e.g. Heritage factors) and sensitivities.

KEY CONCERNS/RISKS

- ED completion date slippage

Priority Areas: DECISIONS MADE

Recommendation to Board (Part II) for approval of preferred contractor for Four Ward Block

Transfer of link corridor and lift block design to be included within 4WB design (£40k abortive costs)

RECOMMENDATION

To note

Digital Clinical System
DCS Transformation Board Assurance Report
November 2021

Report to	Board of Directors
Date	8 November 2021
Report from	James Sumner, DCS Programme SRO
Report prepared by	Phill James – DCS Programme Director
Executive Lead/s	Dylan Williams – Chief Information Officer
Committee meeting quoracy	Yes ☒ No ☐

KEY AREAS OF ASSURANCE

The meeting approved the Digital Maternity Record as an unexercised priced option within the Business Case. Maternity Services will still benefit from DCS PAS, Order-Comms and Electronic Prescribing. The meeting received an overview of the Digital Maternity landscape and supported the commissioning of a review of Digital Maternity options. A proposal to submit Unified Technology Funding bids for tactical enhancements to existing digital solutions was supported.

The Transformation Board was informed of activities to develop an affordable Full Business Case and discussed the following areas of interest, noting the Unified Technology Fund bids for funding and the impact upon Trust baselines, i.e. supplier scope without detriment to benefits, costs associated with Hosting, Digital Dictation and Medical Devices, VAT advice and trust resources.

The revised plan was discussed with signature moving to May 2022 due to business case and contract activities, internal and external governance. Risks associated with funding support and preferred supplier implementation dates were explored.

KEY CONCERNS / RISKS

- A funded Business Case that Trusts Boards can approve with confidence in a timely manner.
- External approvals to allow booking DCS into the preferred supplier's deployment schedules.

DECISIONS MADE

- Senior leadership agreed to support conversations with the ICS and NHSEI to seek timely funding assurances in support unhindered Full Business Case approval and contract signature.
- Programme Management Office to agree dates for socialising the Full Business Case in pursuit of timely Board of Director approvals.

RECOMMENDATION

- To note

Mid Cheshire Hospitals NHS Foundation Trust

BOARD OF DIRECTORS

Agenda Item	**6.3**	Date of Meeting: 25/11/2021
Report Title	**Quality Improvement Progress Report Q2 2021/22**	
Executive Lead	James Sumner, Chief Executive	
Lead Officer	Dr Clare Hammell, Deputy Medical Director	
Action Required	To note	

X **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

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

- Good progress has been made with the identified actions in Q2 to support delivery of the Quality Improvement aspects of the Trust Strategy.
- Q3 and Q4 actions have been developed and are in progress with the expectation of being on track for completion.

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)*

• Provide safest and best care ✓	• Be the best place to work ✓
• Become a leading and sustainable health care system ✓	• Push boundaries in clinical, technology and digital innovation ✓

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

• Quality ☐	• Compliance ☐
• Finance ☐	• Legal ☐
• Workforce ☐	• Risk/BAF Click here to select relevant risk
• Equality ☐	

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

Strategy ☐ Policy ☐ Service Change ☐

Mid Cheshire Hospitals NHS FT

REPORT DEVELOPMENT

Committee/ Group Name	Date	Report Title	Lead	Brief summary of key issues raised and actions agreed
Board of Directors	Nov 2021	Quality Improvement Progress report	CEO	
Board of Directors	July 2021	Trust Strategy	CEO	Approved

Quality Improvement Progress Report Q2 2021/22
(July to September 2021)

Introduction

1. The development of Quality Improvement at MCHFT is a key objective in the new trust strategy, approved by the Board in July 2021. A full Leadership, Culture and Improvement strategic plan is currently in development.

2. To facilitate the development of Quality Improvement at MCHFT, a QI Faculty continues to meet on a monthly basis. A new Executive Quality Improvement Strategic Group has been formed to which the QI Faculty reports to. Work in the QI Faculty is based around three key domains of building a system for improvement:

    - Building improvement capability
    - Leadership and Culture
    - Development of a supporting infrastructure

Background and Analysis

Building improvement capability

3. A robust 3- year plan for building of improvement capability across all levels and areas of the trust has been developed in conjunction with the strategic partner, The Advancing Quality Alliance (AQuA). This is based on internationally recognised 'dosing models' for the building of improvement capability.

4. The first 'Improvement Practitioner' (level 2) training cohort has begun in October and will run until January 2022. Twenty-five staff members from all divisions are taking part in the training, working on a live project utilising improvement methodology.

5. Projects selected for the Improvement Practitioner training cohort were assessed against key criteria, including having a strong linkage to achievement of key objectives within the new trust strategy. The five main projects for the first cohort and their linkages to the new strategy (shown in brackets) are:

    - Improving same day ambulatory care for urology patients (Backlog & Restoration)
    - Improving organisational learning from complaints and compliments (Patient access, flow & equality)
    - Improving the safety of blood transfusion at MCHFT (Patient safety)
    - Introducing telehealth clinics within CCICP (Backlog & restoration, digital health)
    - Streamlining of financial and workforce recruitment processes (Enabled delivery units)

In addition to these projects, there are additional smaller projects, supporting key divisional and departmental objectives.

Leadership and Culture

6. Training in leadership for improvement is now embedded into all of the trust leadership development programmes which is inclusive of band 2-band 8 staff working across all disciplines within the trust.

7. Strengthening board and senior leader capabilities in leading for improvement is a key area of focus in the first year of the building capability plan. A Board development programme is in development with AQuA which proposes to explore the following key areas of leadership for improvement with the Trust Board:

    - Setting the context and the role of the Board in Quality Improvement.
    - How the Board can utilise data to measure and drive performance and improvement.
    - The role of the Board in driving high reliability for safety through quality improvement
    - To identify how the Board can build a learning culture that is supportive of improvement and innovation.

    The first of the Board development sessions will be held in December 2021

8. Psychological safety and civility have been identified as the key cultural components to develop within the trust in support of QI. An improvement plan with targeted interventions in these areas is in development.

Development of a supporting infrastructure

System to collate QI resources and knowledge

9. Work has begun to scope out the possibilities for a digital repository to collate QI resources and to share related learning. There are good links locally to national work which is ongoing within this area.

Associate Director of Quality Improvement

10. An appointment has been made to this post with a start date of January 2022.

Quarters 3 & 4

11. Plans for Q3 and Q4 have been identified and work is underway to deliver these. These actions are monitored by way of the Executive Quality Improvement Strategic Group which provides a forum for escalation of any key issues so that these can be addressed appropriately.

Conclusion

12. Progress on delivery of the QI related aspects of the Trust Strategy is moving forward, despite the current operational pressures. Risks to the delivery of these aspects of the Trust Strategy

will be monitored through the Board Assurance Framework (BAF 8), enabling Board to receive assurances where appropriate.

Recommendation

13. The Board is asked to note the progress report.

Author: Dr Clare Hammell, Deputy Medical Director
Date: 10 November 2021

Mid Cheshire Hospitals
NHS Foundation Trust

Board of Directors
Integrated Performance Report

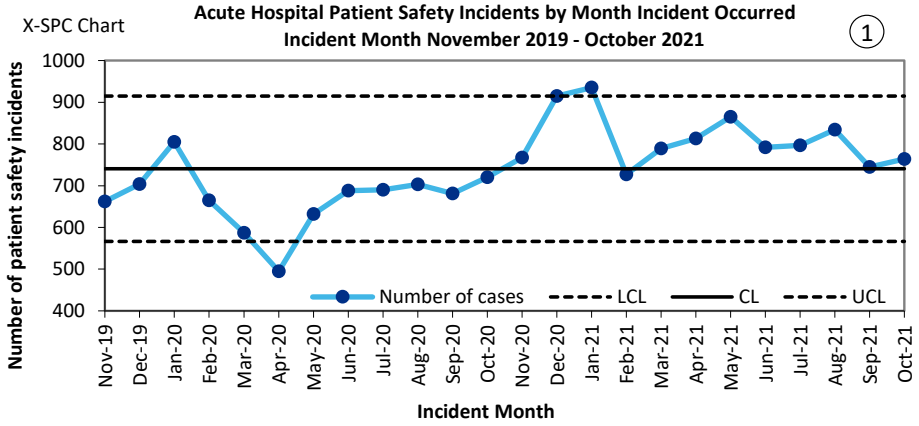
October 2021

"To Deliver Excellence in Healthcare through Innovation & Collaboration"

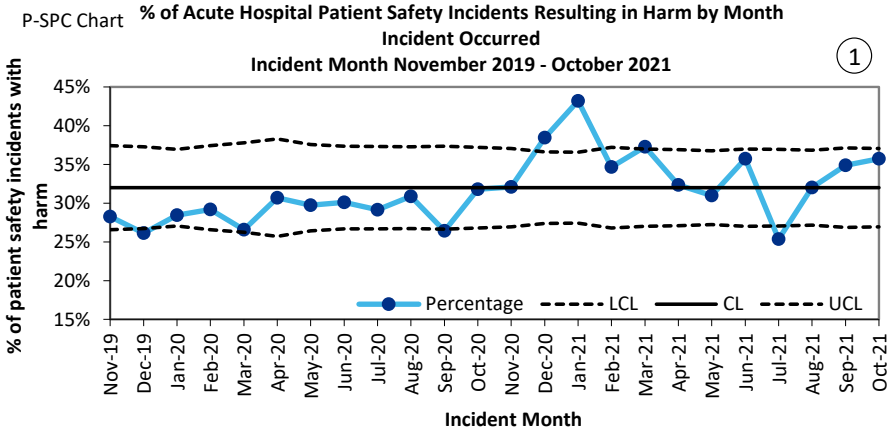
Quality, Safety & Patient Experience

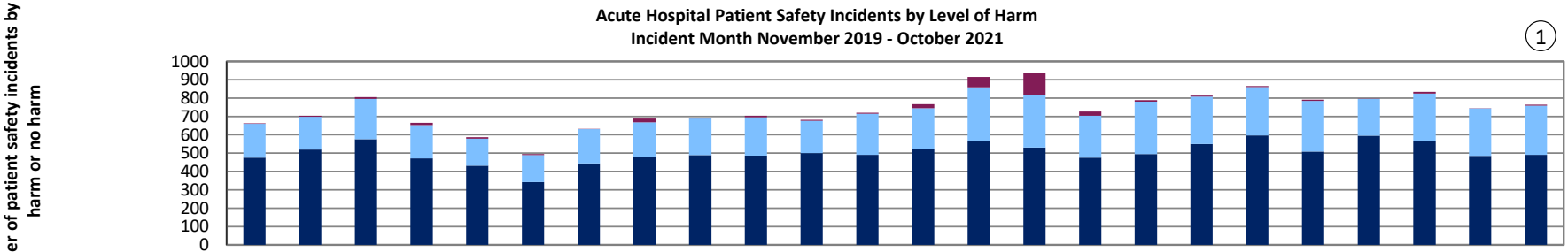
Acute Hospital Patient Safety Incidents (Excludes CCICP)

X-SPC Chart



P-SPC Chart





	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
Moderate and Above	2	6	9	12	8	5	1	20	2	8	5	5	22	56	118	23	8	5	5	8	2	9	1	6
Low Harm	185	178	220	182	148	147	187	187	199	209	175	224	224	296	286	229	286	258	263	275	200	258	259	267
No Harm	475	520	576	471	431	343	444	481	489	486	501	491	521	563	531	475	495	550	597	509	595	567	485	491

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: 764 incidents are currently shown for October 2021 of which 35.7% resulted in harm.

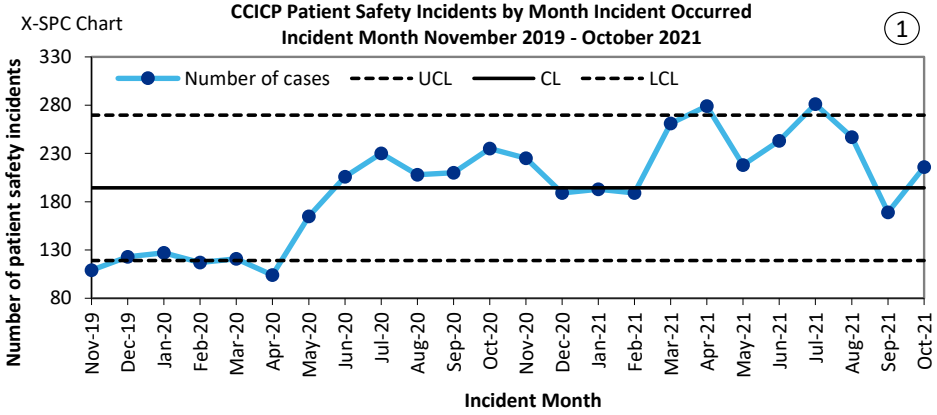
Low Harm 267, Moderate Harm 6, Serious Incident 0

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

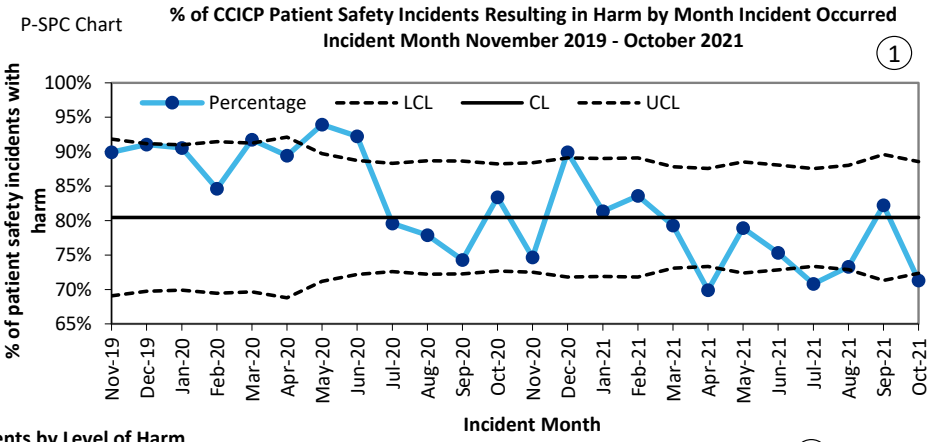
Quality, Safety & Patient Experience

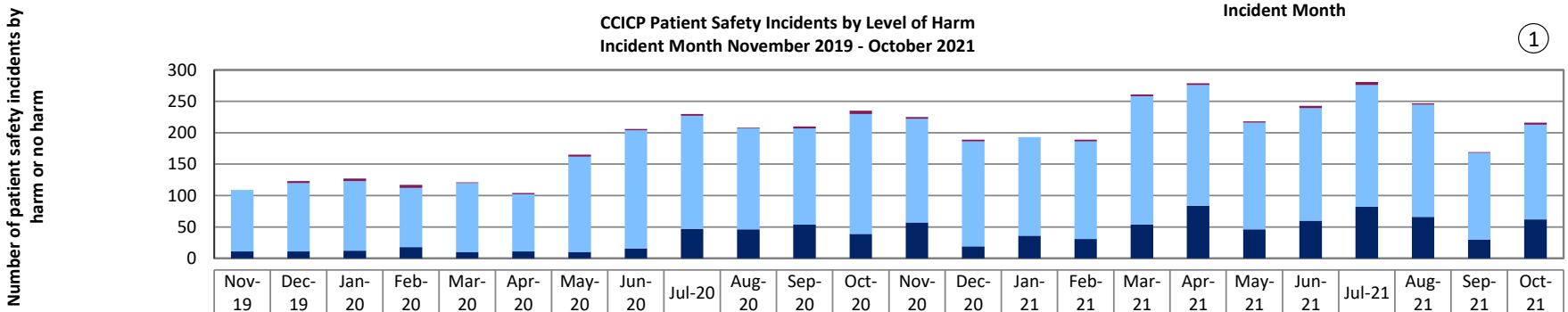
Central Cheshire Integrated Care Partnership (CCICP) Patient Safety Incidents

X-SPC Chart



P-SPC Chart





	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
Moderate and Above	-	3	4	5	1	2	3	2	3	1	3	5	3	3	-	3	3	3	2	4	5	2	1	3
Low Harm	98	109	111	94	110	91	152	188	180	161	153	191	165	167	157	155	204	192	170	179	194	179	138	151
No Harm	11	11	12	18	10	11	10	16	47	46	54	39	57	19	36	31	54	84	46	60	82	66	30	62

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

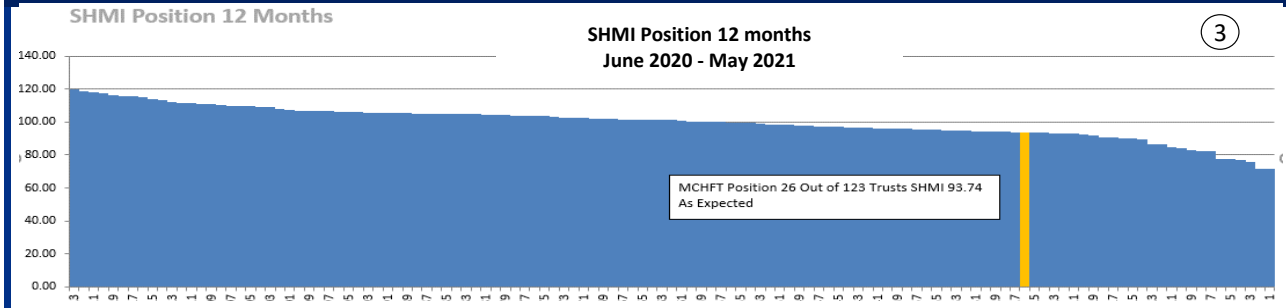
Key Narrative: 216 CCICP patient safety incidents are currently shown for October 2021 of which 71.3% resulted in harm. There was a step change in March 2020 where CCICP introduced incident reporting awareness sessions and this increased incident reporting from May 2020.

Low Harm 151, Moderate Harm 3, Serious Incident 0

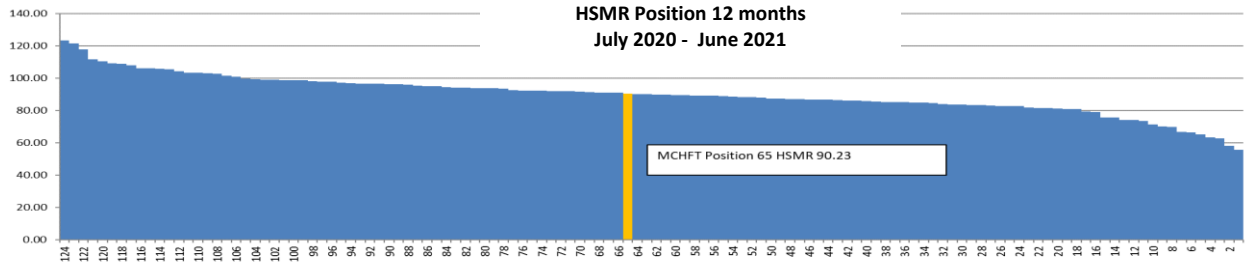
Data Rating: ①captured locally, ②system captured, ③published/benchmarked

Quality, Safety & Patient Experience

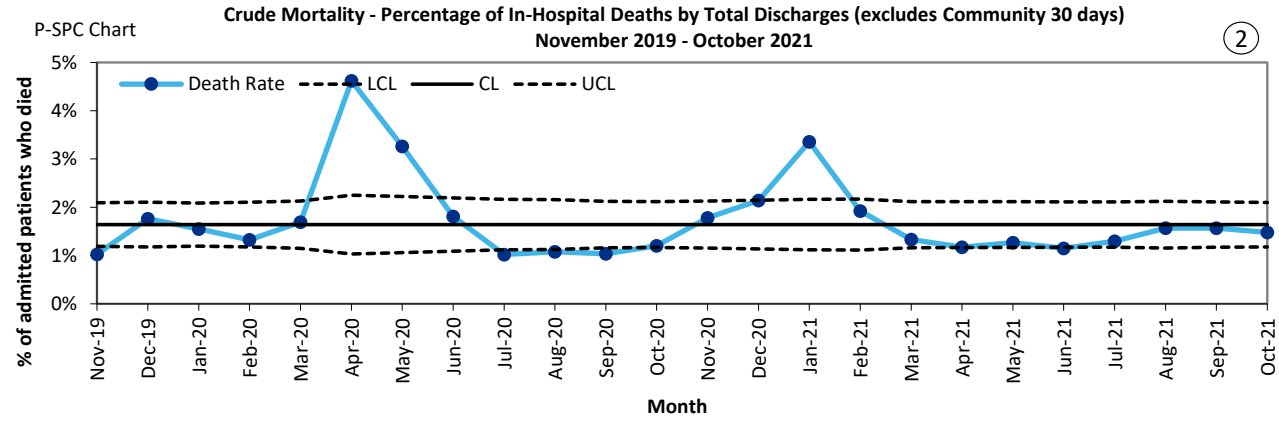
Mortality



Key Narrative: The latest release of SHMI is 93.74 (rank 26) against the previous value of 93.96 (rank 29). This is still in the 'as expected' range. Please note that the number of submitting Trusts has dropped from 129 to 123 due to Trust mergers that is now reflected in the data.



Key Narrative: The latest HSMR release is 90.23. Recent releases had shown an improvement in HSMR which is likely to be the result of improving rates of palliative coding (still low compared to other Trusts). This release shows another slight improvement. Please note that the Trust mergers in SHMI are reflected in this data.



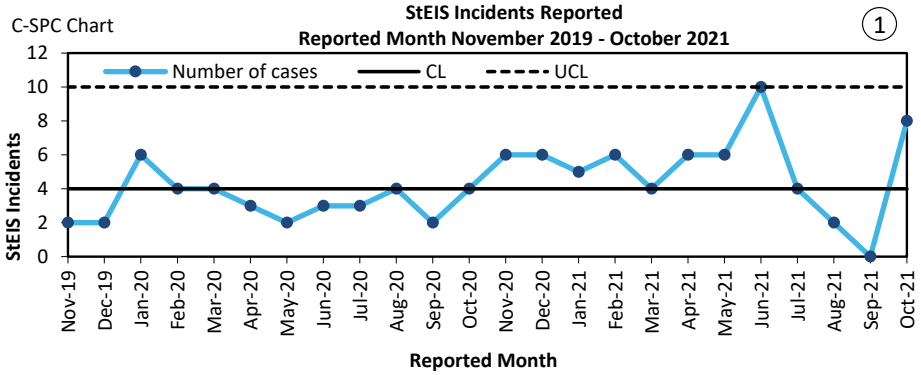
Key Narrative: Crude mortality has remained largely consistent over the time period except for peaks seen in April 2020, May 2020 and January 2021 related to an increase in COVID-19 patients within the Trust. October 2021 continues to show a return to pre-covid levels but is higher than October 2020, with more deaths but fewer discharges recorded than in September 2020. October 2021 crude mortality is slightly lower than that in September 2021.

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

Quality, Safety & Patient Experience

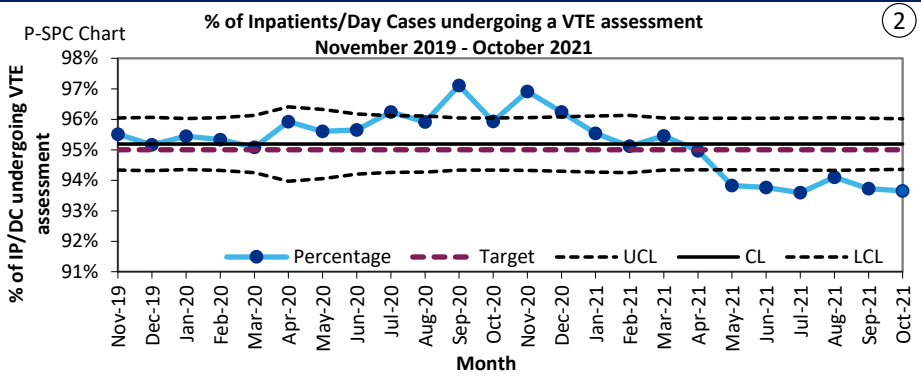
StEIS Incidents - Trust Total



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

Key Narrative: There were eight serious incidents reported to StEIS in October 2021.

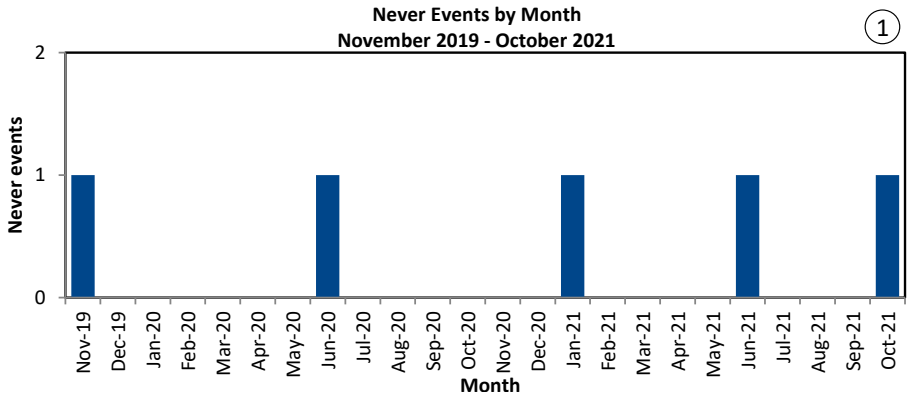
VTE



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

Key Narrative: The percentage of VTE assessments remains below target in October 2021 achieving 93.6%. The P-SPC charts adjust the control limits to take into account each month's denominator.

Never Events - Trust Total



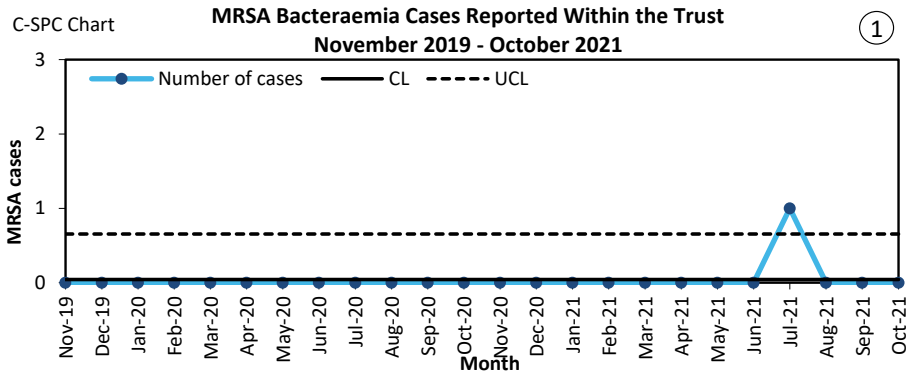
Accountable: Medical Director **Data Owner:** Information Services

Key Narrative: There was one never events reported in October 2021.

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

Quality, Safety & Patient Experience

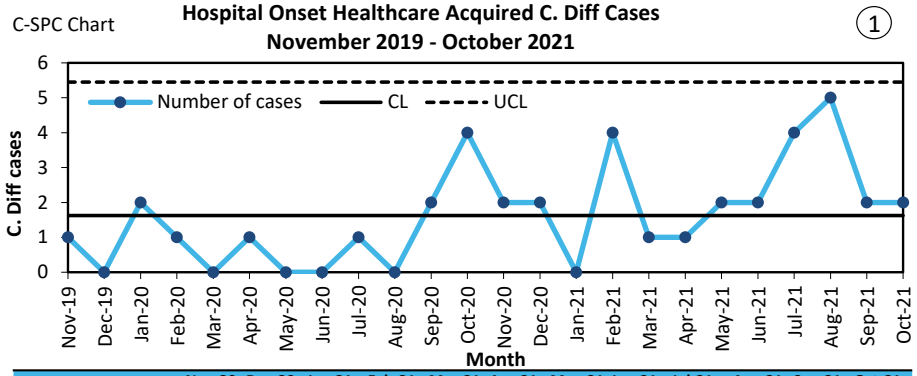
MRSA



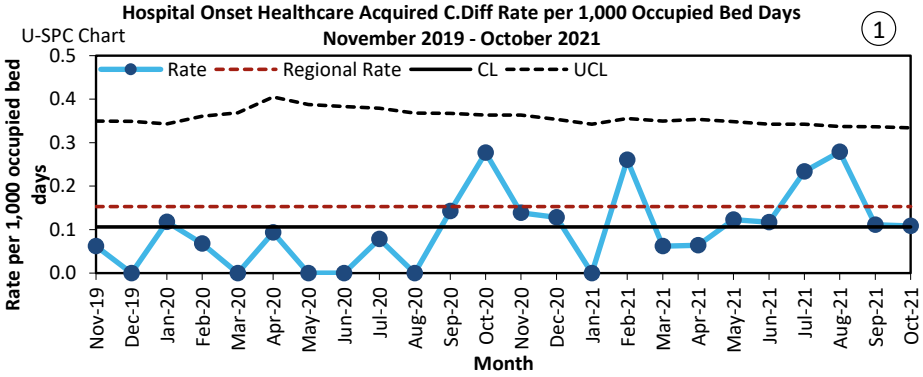
Accountable: Director of Nursing and Quality
Data Owner: Infection Prevention Control Team

Key Narrative: There were no MRSA bacteraemia cases reported in October 2021.

C. Diff Positive Cases



	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
Avoidable	0	0	0	0	0	0	1	1	2	0	1	0
Unavoidable	1	0	0	1	1	1	1	1	2	3	0	0
Awaiting Confirmation	1	2	0	3	0	0	0	0	0	2	1	2



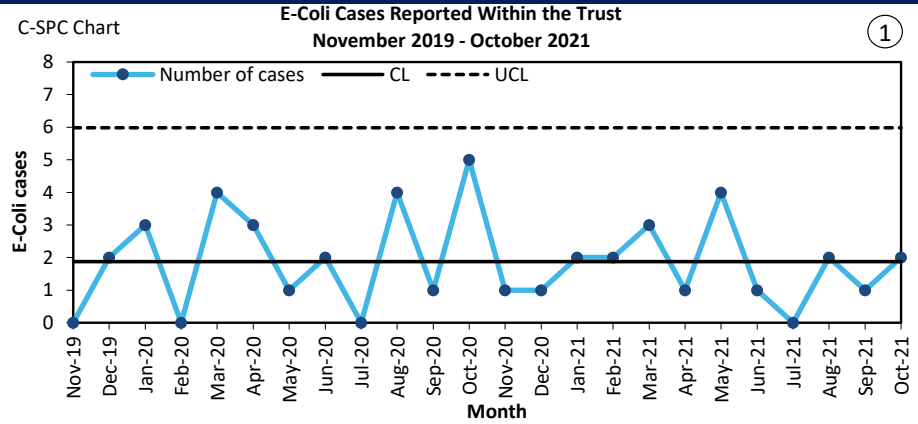
Accountable: Director of Nursing and Quality
Data Owner: Infection Prevention Control Team
Key Narrative: Two hospital onset healthcare acquired C.Diff cases were recorded in October 2021 with a rate of 0.11 per 1,000 occupied bed days, better than the regional rate for the month. The P-SPC charts adjust the control limits to take into account each month's denominator.

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

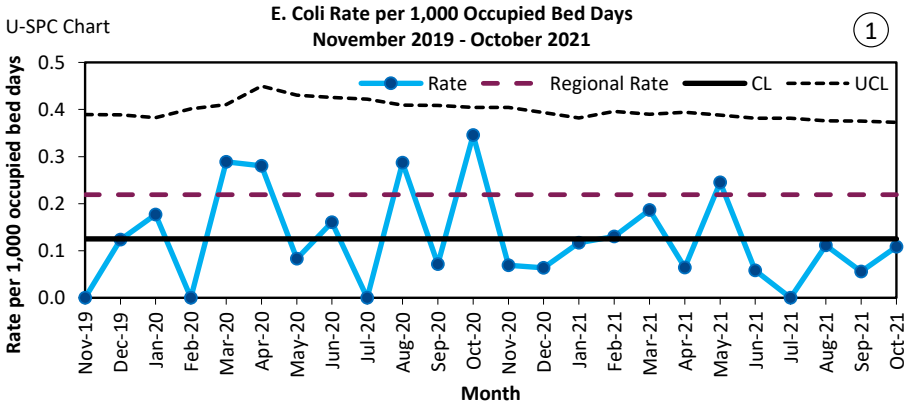
Quality, Safety & Patient Experience

E-Coli Cases

C-SPC Chart



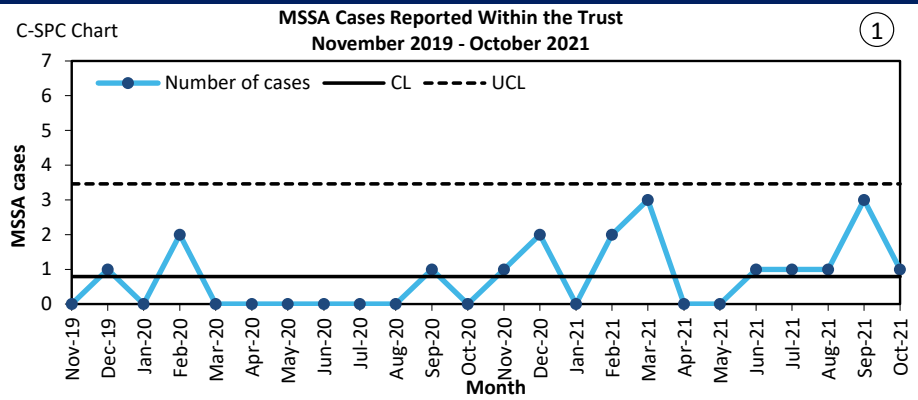
U-SPC Chart



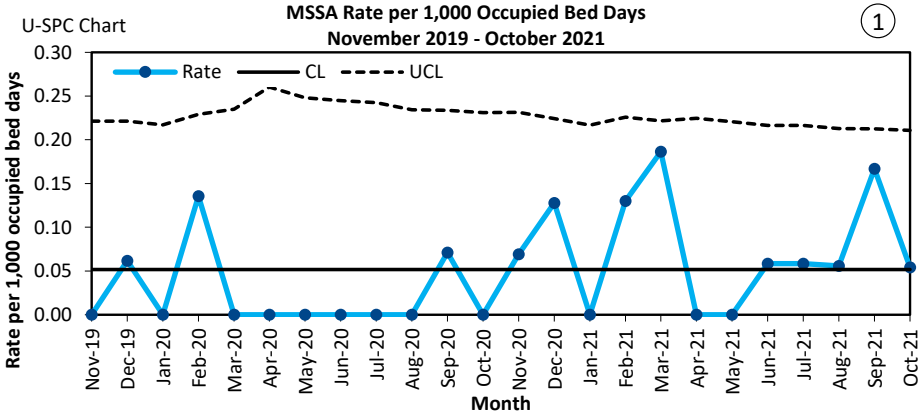
Accountable: Director of Nursing and Quality
Data Owner: Infection Prevention Control Team
Key Narrative: Two E-Coli case were recorded in October 2021 with a rate of 0.11 cases per 1,000 occupied bed days, below the current regional rate. The U-SPC chart adjusts the control limits to take into account each month's denominator.

MSSA

C-SPC Chart



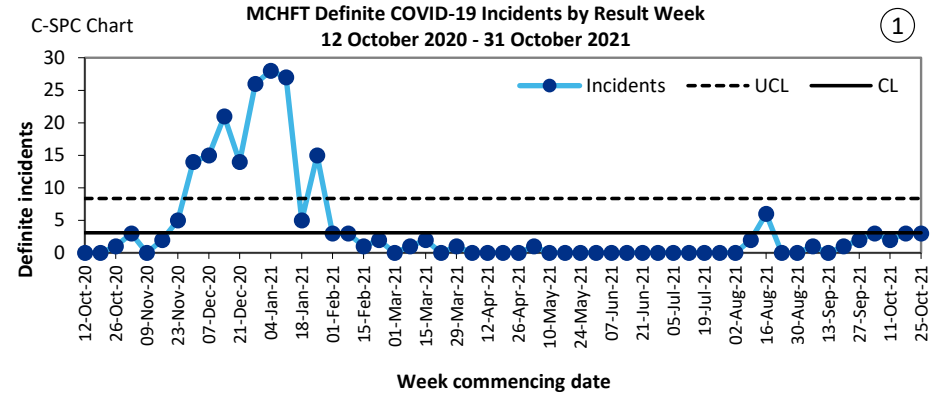
U-SPC Chart

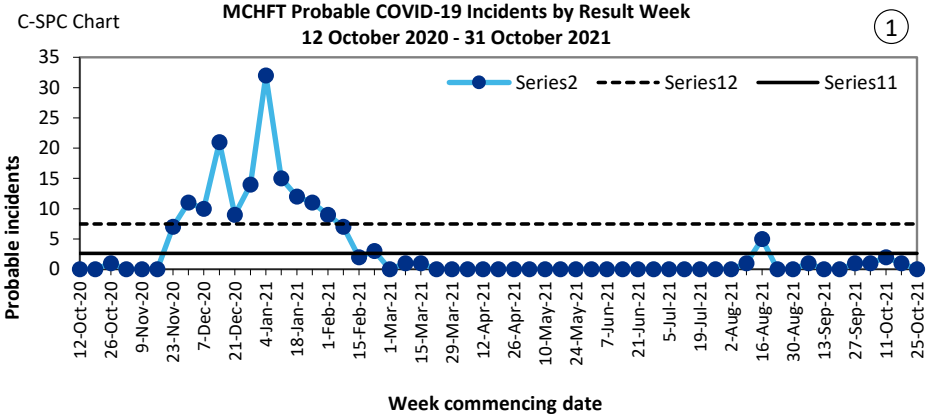


Accountable: Director of Nursing and Quality
Data Owner: Infection Prevention Control Team
Key Narrative: One MSSA case was reported in October 2021 with a rate of 0.05 per 1,000 occupied bed days. The U-SPC chart adjusts the control limits to take into account each month's denominator.

Quality, Safety & Patient Experience

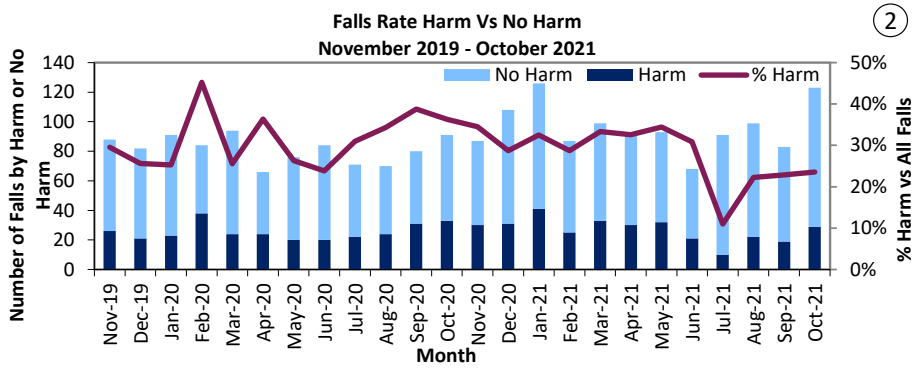
COVID-19 Healthcare Acquired Infections

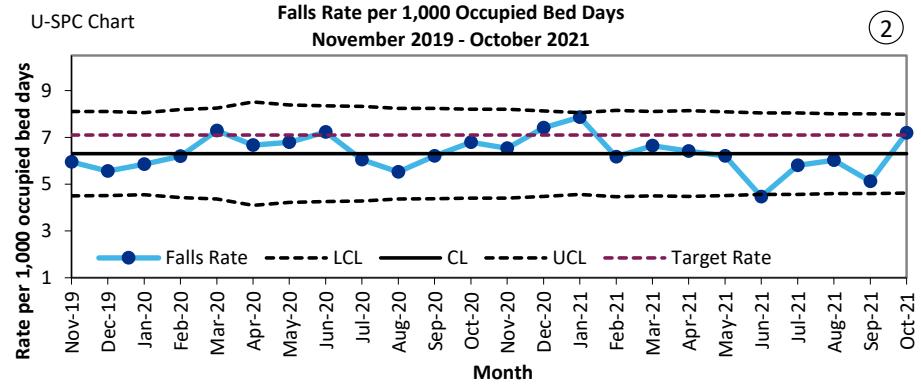




Accountable: Director of Nursing and Quality **Data Owner:** Information Services
Key Narrative: The latest week reported, week commencing 25th October 2021, shows 3 definite incidents and 0 probable incidents.

Falls



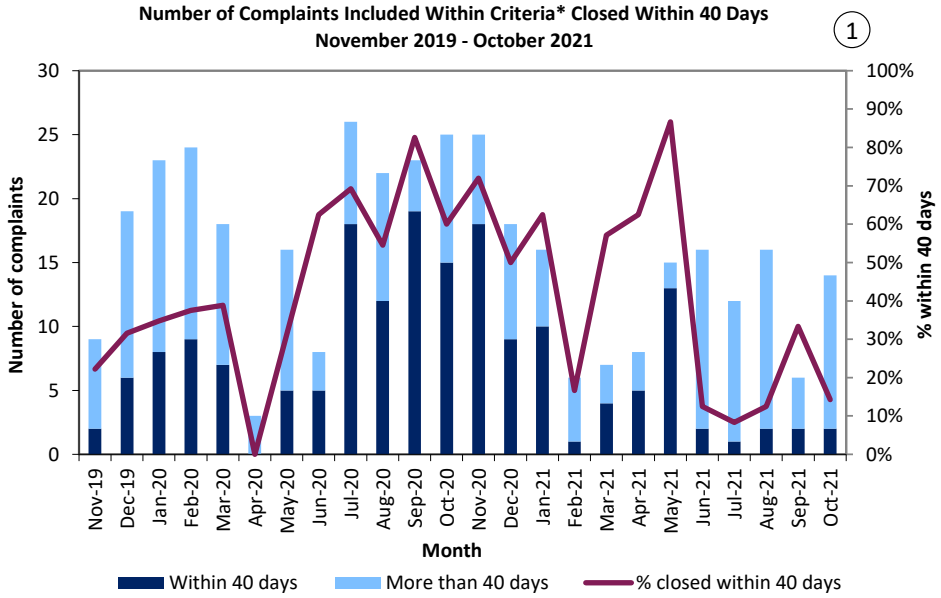


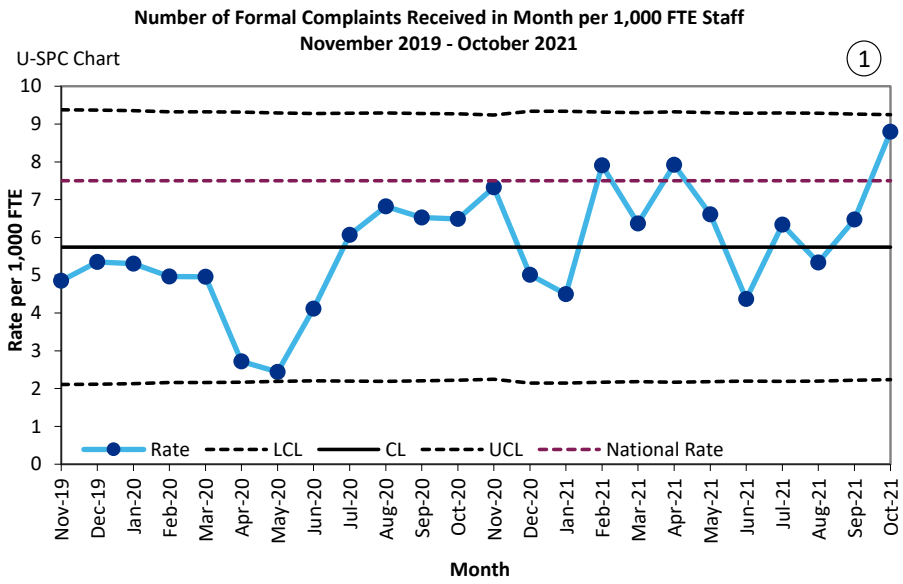
Accountable: Director of Nursing and Quality **Data Owner:** Nursing Quality Team
Key Narrative: 123 falls were reported in October 2021 with a rate of 6.7 per 1,000 occupied bed days, which is above the target rate of 6.6. 29 falls resulted in harm (24%). The U-SPC chart adjusts the control limits to take into account each month's denominator.

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

Quality, Safety & Patient Experience

Formal Complaints





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

Key Narrative: 14 complaints were closed in October 2021, of which 2 were closed within 40 days (14.3%). The rate of formal complaints received in October 2021 was 8.8 per 1,000 FTE staff, above the national rate. The recovery of the 40 day response times remains a challenge with the impact of the backlog during the pandemic and a 22% increase in new complaints and a 30% increase in concerns within the complaints.

Due to the second wave of the covid pandemic, complaint responses were stood down from November 2020 and recommenced in March 2021.

**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.*

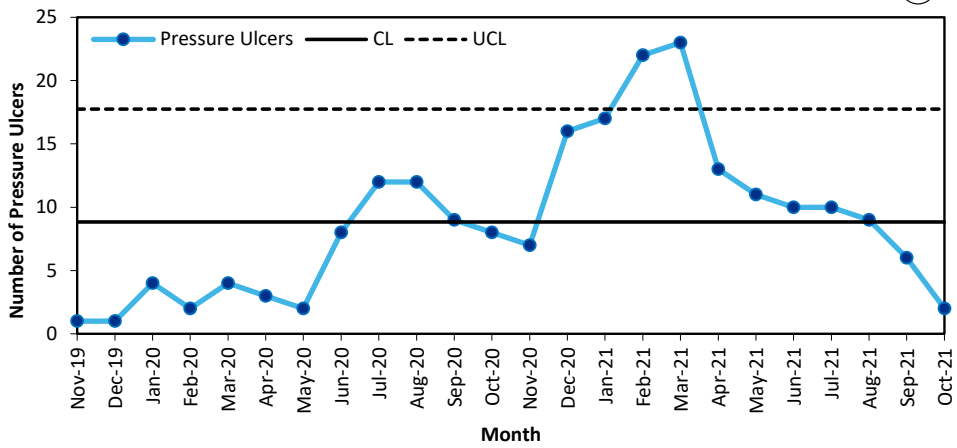
Data Rating: ①captured locally, ②system captured, ③published/benchmarked

Quality, Safety & Patient Experience

Acute Hospital Pressure Ulcers

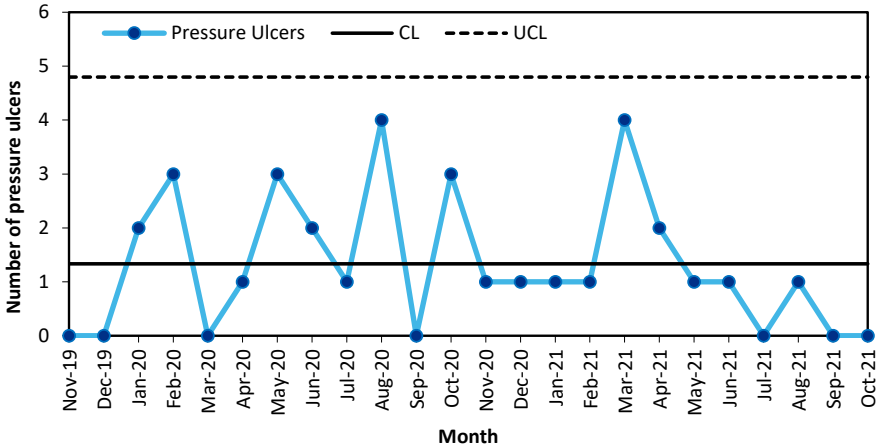
C-SPC Chart

Acute Hospital Pressure Ulcers - Lapses in Care Identified
November 2019 - October 2021



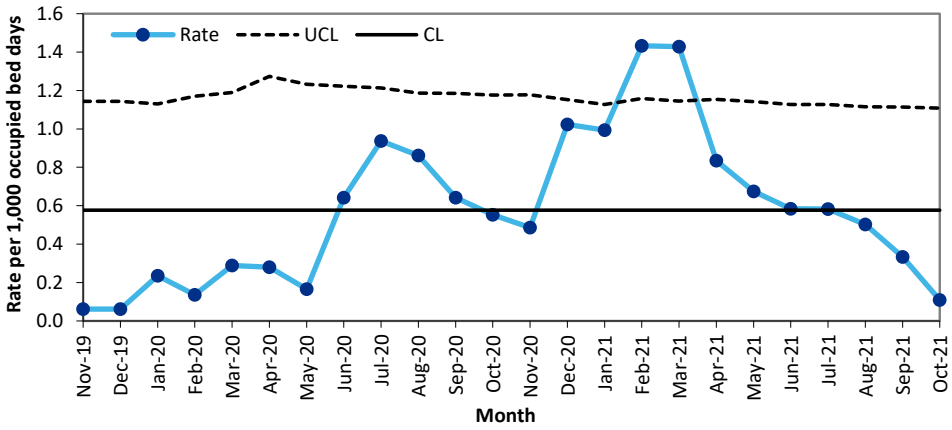
C-SPC Chart

Community Pressure Ulcers - Lapses in Care Identified
November 2019 - October 2021



U-SPC Chart

Acute Hospital Pressure Ulcers - Lapses in Care Rate per 1,000 Occupied Bed Days
November 2019 - October 2021



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: Two acute hospital lapses in care have currently been identified in October 2021 with a rate of cases per 1,000 occupied bed days of 0.11. Latest months data correct at time of reporting, however it will increase as the validation process for October 2021 data continues.

Community: Currently no community lapses of care have been identified in October 2021. There have been 5 community lapses of care reported in the current financial year.

Current financial year reported cases subject to validation.

Quality, Safety & Patient Experience

Safer Staffing Divisional Analysis

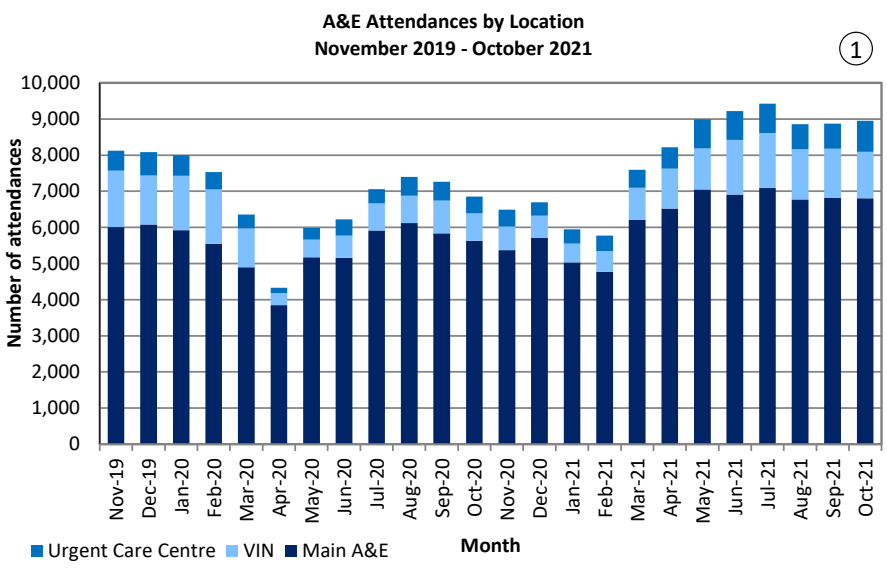
①

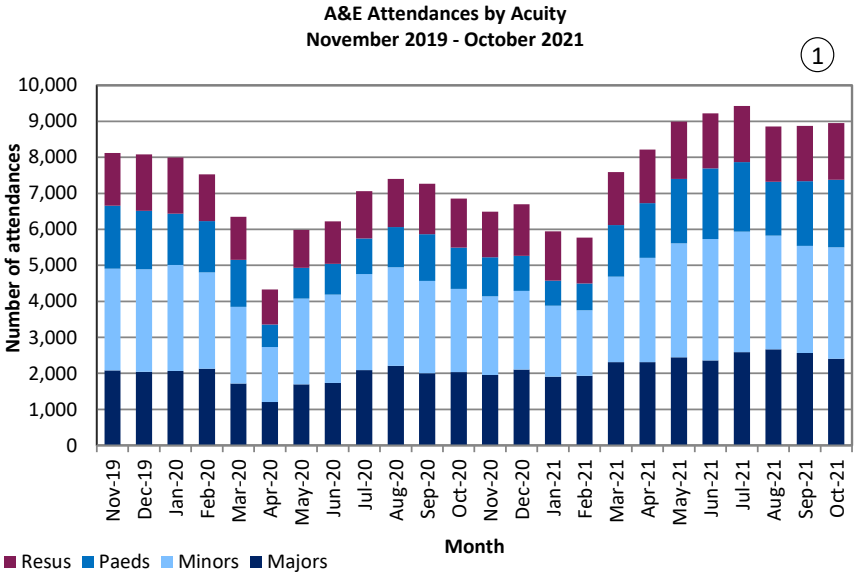
Ward Name	Day				Night				Day		Night	
	Qualified		Unqualified		Qualified		Unqualified		Qualified	Unqualified	Qualified	Unqualified
	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Fill Rate	Fill Rate	Fill Rate	Fill Rate
MCHFT	50255.8	43701.2	44563.3	35103.6	37307.8	33479.7	32465.0	28025.3	87%	102%	90%	97%
Acute Medical Unit	2121.5	2118.3	1840.8	1642.3	1980.0	1898.0	1523.3	1426.3	99.8%	89.2%	95.9%	93.6%
Child & Adolescent Unit	3268.6	2953.9	1283.5	1015.8	2040.0	1879.4	444.0	383.3	90.4%	79.1%	92.1%	86.3%
Critical Care Unit (HIGH)	3715.3	3112.0	660.0	492.0	3828.0	3145.3	372.0	161.0	83.8%	74.5%	82.2%	43.3%
Elmhurst	757.0	747.0	2480.0	2267.0	768.0	744.0	1570.0	1547.0	98.7%	91.4%	96.9%	98.5%
South Cheshire Surveillance (HIGH)	2319.0	1772.3	2935.5	2287.3	2232.0	1720.4	2474.0	1938.5	76.4%	77.9%	77.1%	78.4%
Ward 1 Cardiology Coronary Care	2027.5	1993.5	1195.5	1066.3	1500.0	1468.0	810.5	762.3	98.3%	89.2%	97.9%	94.0%
Ward 10 Orthopaedic Trauma	2529.5	1928.5	4022.0	2980.0	1548.0	1363.5	3144.0	2772.0	76.2%	74.1%	88.1%	88.2%
Ward 11 Surgical/Gynae	2008.8	1835.8	1859.5	1573.7	1260.0	1128.0	1452.0	1344.0	91.4%	84.6%	89.5%	92.6%
Ward 12 SAU	1162.3	1043.3	881.5	827.5	852.0	711.5	768.0	732.0	89.8%	93.9%	83.5%	95.3%
Ward 12 Surgical Specialties	1140.3	1011.3	1028.0	767.0	840.0	759.3	1020.0	862.8	88.7%	74.6%	90.4%	84.6%
Ward 13 Medical Escalation	2299.8	1950.8	2101.3	1588.3	1236.0	1104.0	2028.0	1643.5	84.8%	75.6%	89.3%	81.0%
Ward 14 Gastroenterology	2005.8	1633.9	1636.8	1641.6	1524.0	1428.0	1281.0	1173.0	81.5%	100.3%	93.7%	91.6%
Ward 15 Medical	2242.0	2152.5	1891.5	1464.8	1176.0	1128.0	1620.0	1440.0	96.0%	77.4%	95.9%	88.9%
Ward 18 Elective	1563.3	1212.3	1249.0	937.5	780.0	780.0	828.0	684.0	77.5%	75.1%	100.0%	82.6%
Ward 19 GP Led Stepdown	1505.0	1333.0	2113.5	1679.0	1176.0	1128.0	1500.0	1404.0	88.6%	79.4%	95.9%	93.6%
Ward 21b Rehabilitation	1272.5	1125.6	3117.0	2363.4	1188.0	1092.0	1878.0	1626.0	88.5%	75.8%	91.9%	86.6%
Ward 22 NICU	1752.4	1609.4	1263.8	555.2	1343.8	1276.5	666.5	259.5	91.8%	43.9%	95.0%	38.9%
Ward 23 Maternity	1347.2	1252.5	746.0	694.6	804.0	812.6	750.0	714.0	93.0%	93.1%	101.1%	95.2%
Ward 26 Labour	3084.6	2661.8	737.0	702.7	2316.0	2176.9	372.0	373.0	86.3%	95.3%	94.0%	100.3%
Ward 3 Respiratory	2415.5	2198.5	1837.5	1283.5	1740.0	1475.5	888.0	804.0	91.0%	69.9%	84.8%	90.5%
Ward 4 Care of the Elderly	1561.0	1412.5	2217.0	1757.8	1212.0	1044.0	1848.0	1715.8	90.5%	79.3%	86.1%	92.8%
Ward 5 Covid (HIGH)	2971.8	2237.3	1606.0	979.3	2304.0	1856.8	1676.5	1358.3	75.3%	61.0%	80.6%	81.0%
Ward 6 Stroke / Rehab	1993.5	1742.5	2370.5	1884.5	1512.0	1320.0	1224.0	1104.0	87.4%	79.5%	87.3%	90.2%
Ward 7 Diabetes / General Medicine	1890.0	1717.4	2421.8	1965.8	1200.0	1152.0	1355.3	1257.3	90.9%	81.2%	96.0%	92.8%
Ward 9 Orthopaedic Elective	1302.0	945.5	1068.5	687.3	948.0	888.0	972.0	540.0	72.6%	64.3%	93.7%	55.6%

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.

Performance

A&E Activity





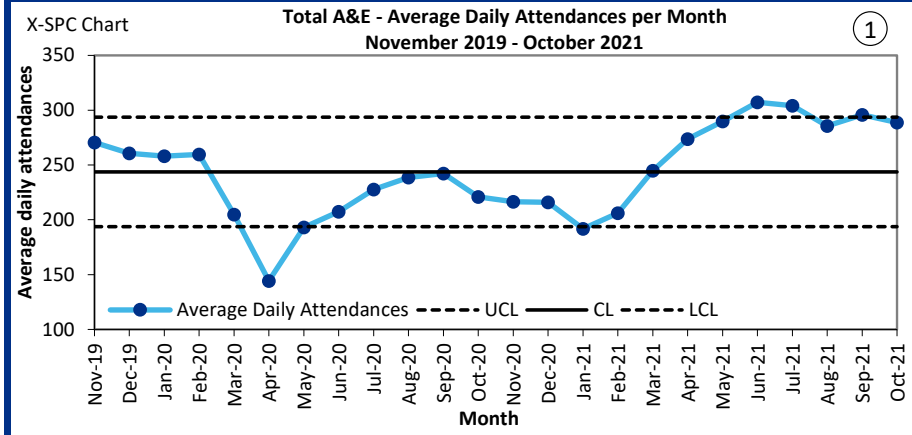
Accountable: Chief Operating Officer
Data Owner: Information Services

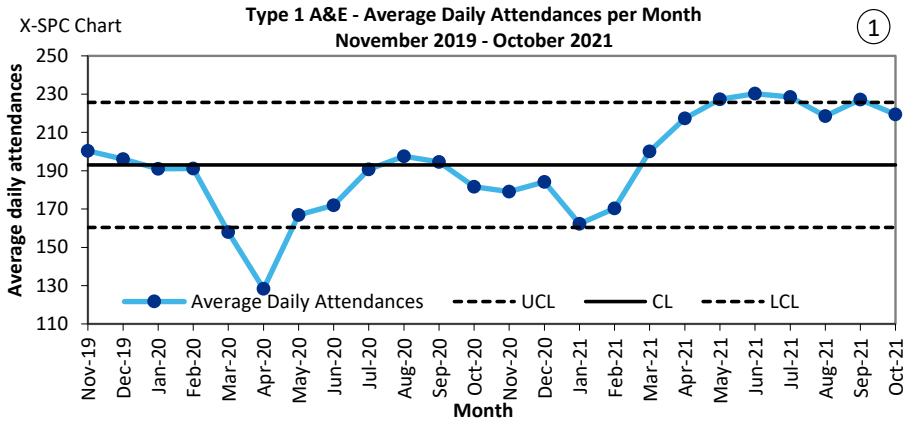
Key Narrative: There were a total of 8,948 A&E attendances across all locations in October 2021, a 0.8% increase on the previous month. There were 6,802 attendances reported in October 2021 for the main A&E department at Leighton Hospital (type 1), higher than pre-pandemic levels and in line with 6,815 attendances in September 2021. October 2021 activity variance compared to previous month by acuity: Majors -160, Minors 118, Paeds 78, Resus 39.

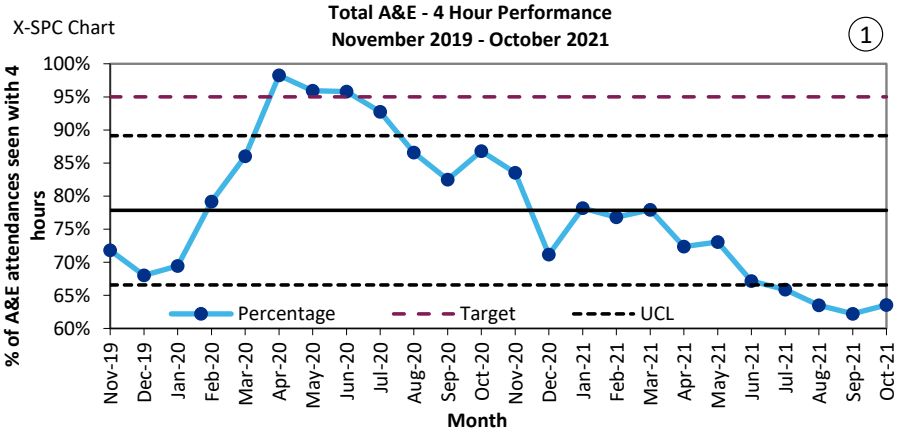
,

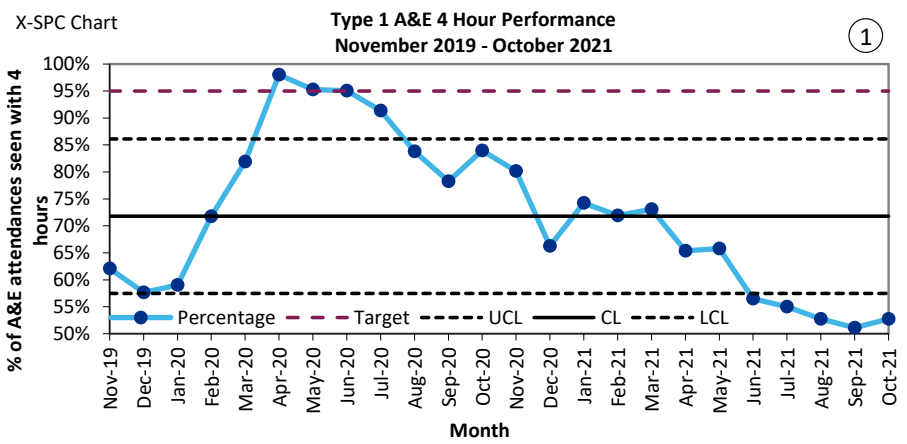
Performance

A&E Performance









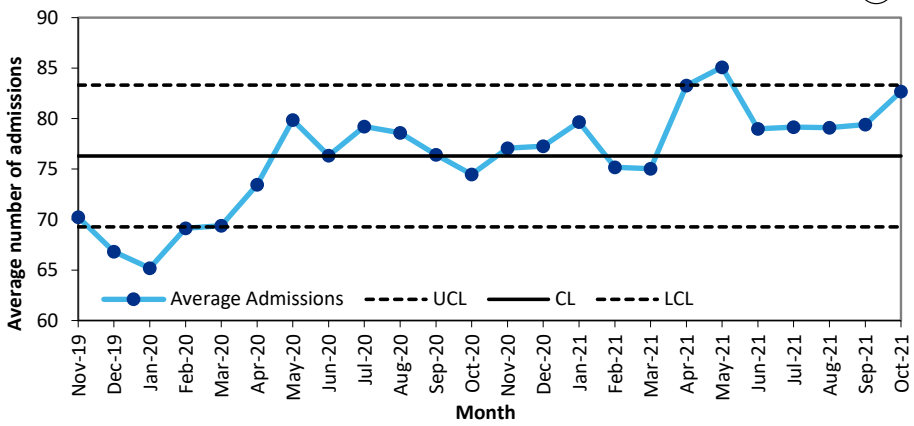
Accountable: Chief Operating Officer
Data Owner: Information Services

Key Narrative: The average total daily A&E attendances for October 2021 was 288.6 and below the September 2021 rate of 295.8, but remaining above pre-pandemic attendance rates. The average daily attendances for Type 1 follows a similar pattern with the October 2021 rate of 219.4 below the September 2021 rate of 227.2. As activity rates have remained high there is a corresponding reduction in performance, with Total A&E Attendances achieving 63.5% and Type 1 achieving 52.7% in October 2021, which is a slight improvement on the previous month.

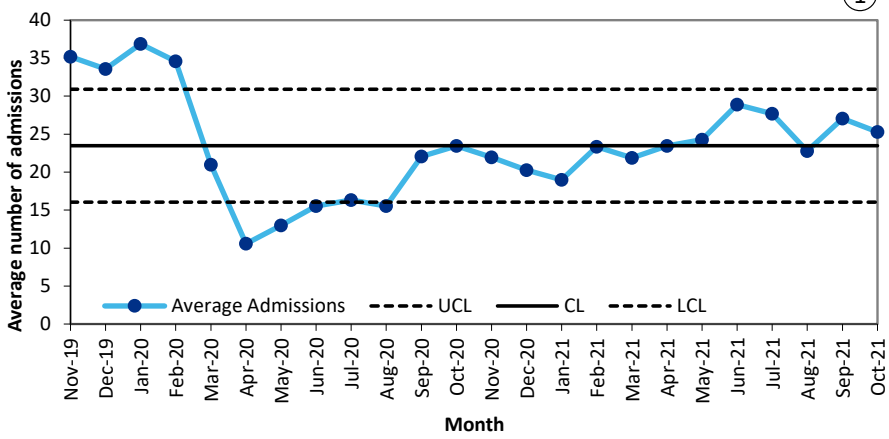
Performance

Unplanned Admissions

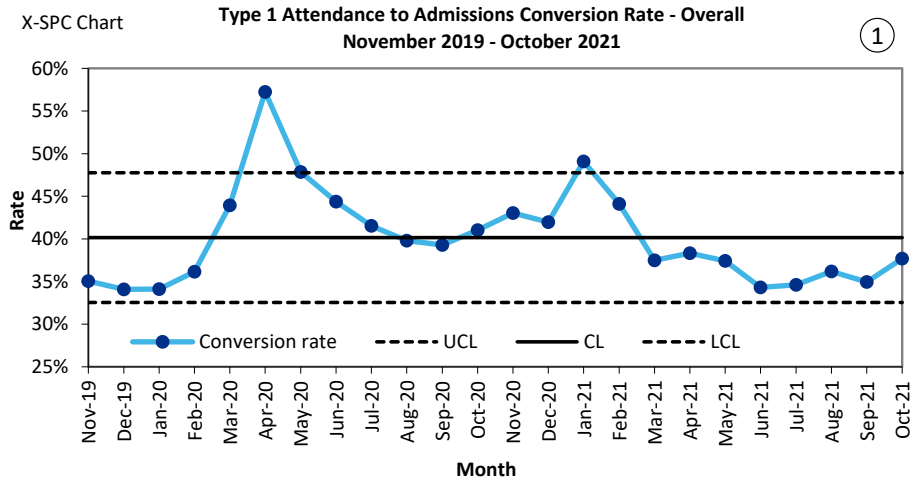
X-SPC Chart



X-SPC Chart



X-SPC Chart



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

Key Narrative: Activity between March 2020 and March 2021 included admissions to RAU reflecting a pathway designed to support the covid pandemic which has now closed and averaged 214 admissions per month during the period.

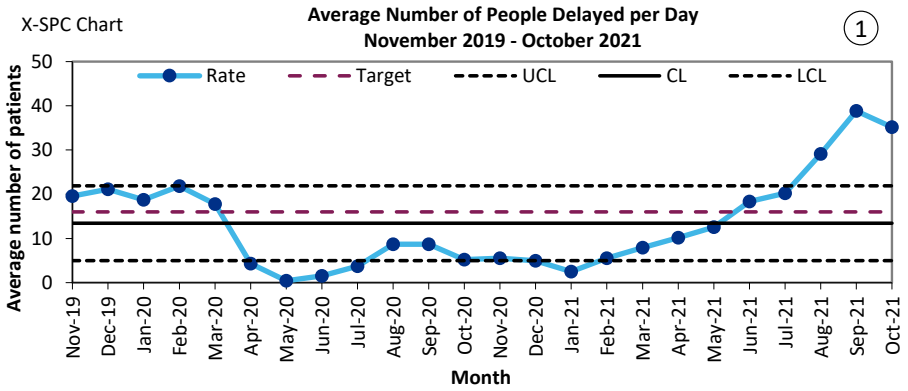
The average daily admissions from A&E for October 2021 was 83, above the rate shown for September 2021 (79) and above pre-pandemic levels.

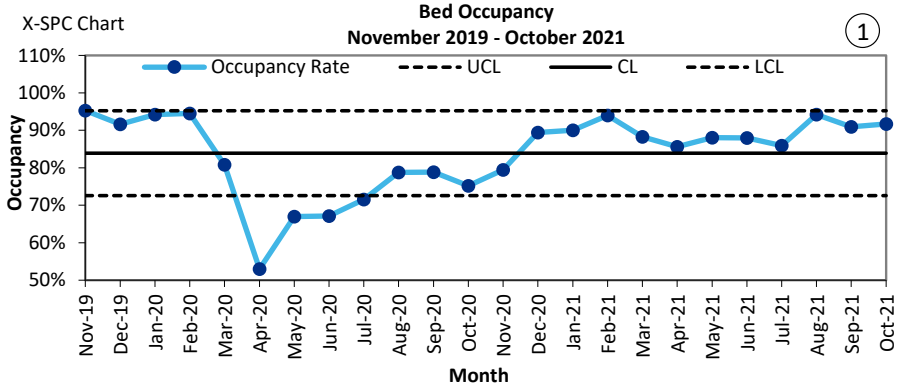
The average daily admissions for GP-referred patients in October 2021 was 25, a decrease against the average admission rate for September 2021 (27). The reduction in GP referred admissions (compared to pre pandemic) is due to stricter admission criteria, based on Covid pathways, directing more patients to ED/RAU and a change in how patients present to ED following virtual GP appointments.

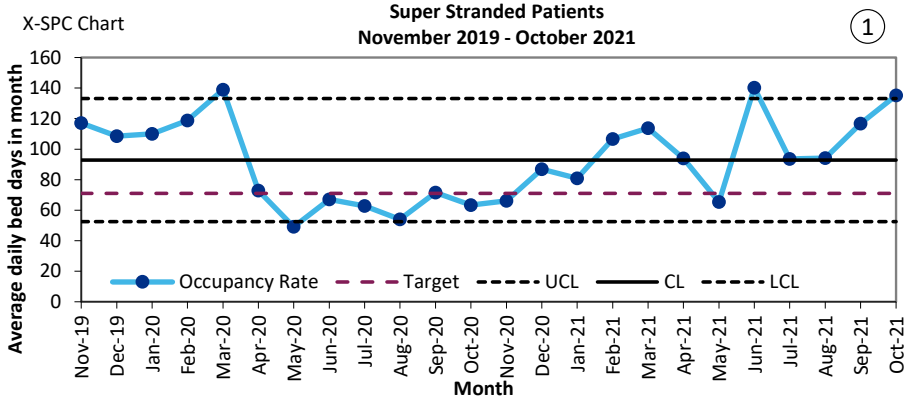
The type 1 admission conversion rate for October 2021 was 37.7%.

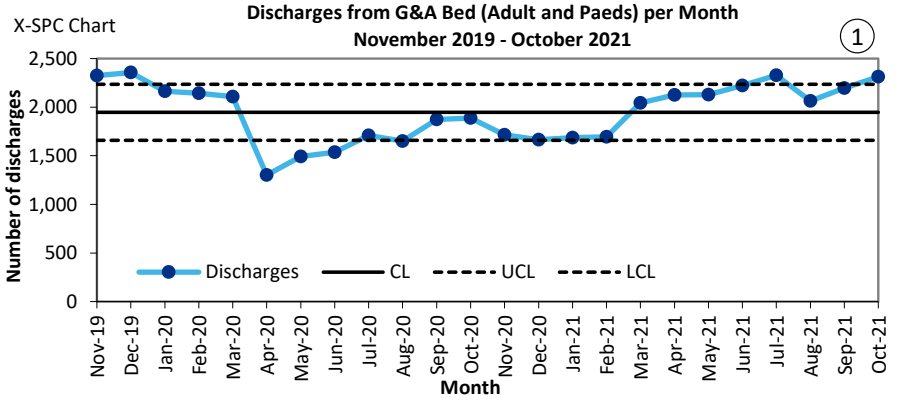
Performance

Inpatient Metrics









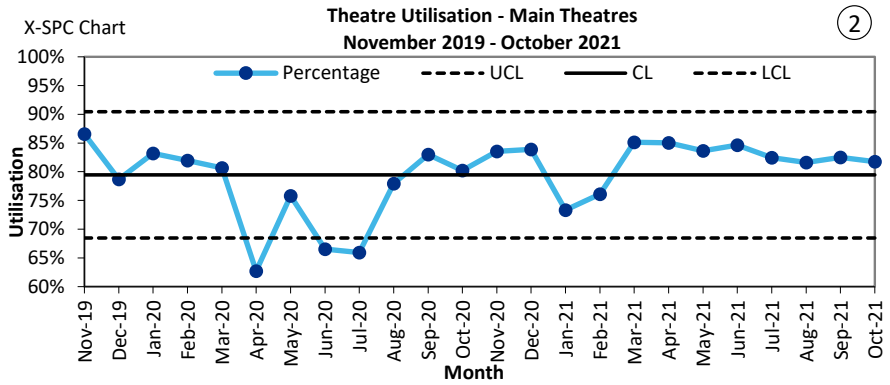
Accountable: Chief Operating Officer **Data Owner:** Information Services

Key Narrative: The average number of people delayed per day during October 2021 was 35, an decrease on September 2021 (39). The average number of super stranded patients delayed per day in the hospital increased from 117 in September 2021 to 135 in October 2021. The percentage bed occupancy rate for October 2021 was 91.7%, an increase on the September 2021 occupancy rate of 91.0%. The bed occupancy figure reported does not exclude lost beds that are not suitable for patient admissions for infection prevention an control (IPC) reasons. There were 2,314 discharges from G&A beds in October 2021, which is an increase against September 2021 (2197).

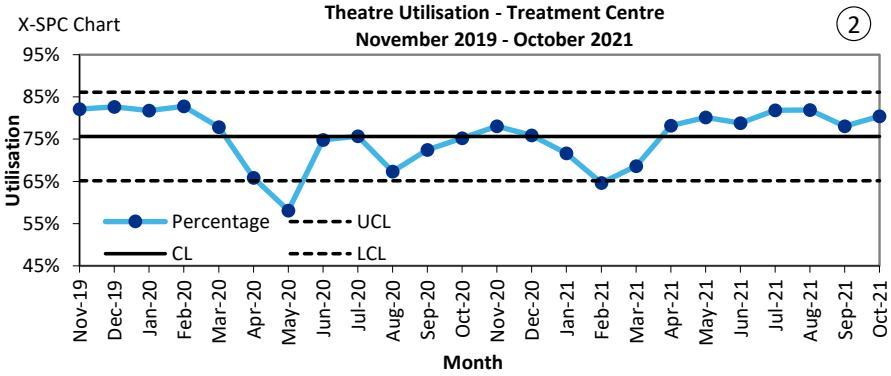
Performance

Theatre Utilisation

X-SPC Chart



X-SPC Chart

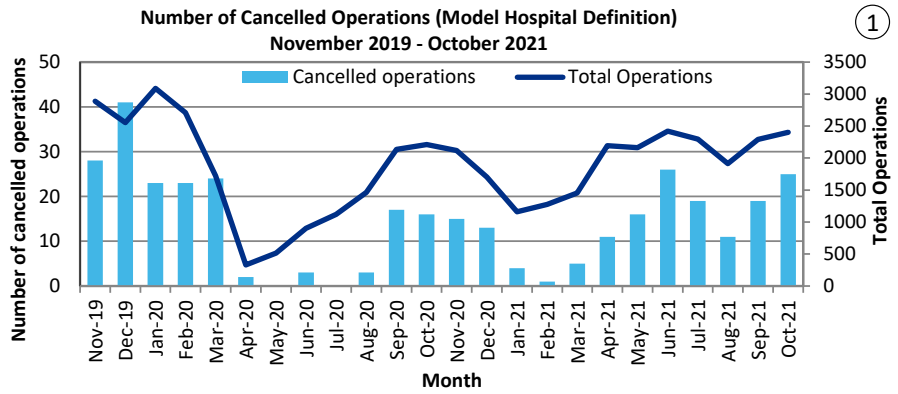


Accountable: Chief Operating Officer **Data Owner:** Information Services

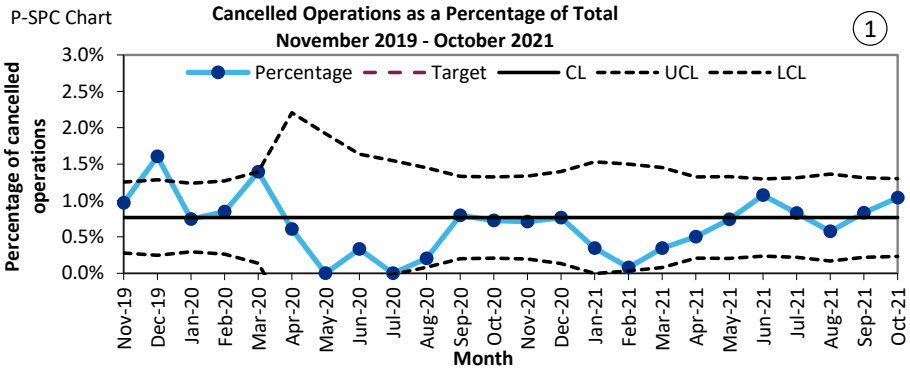
Key Narrative: Theatre utilisation rate for October 2021 was 81.7% in Main Theatres, a decrease on the September 2021 position of 82.5%.

Theatre utilisation rate for the Treatment Centre in October 2021 was 80.4%, above the September 2021 position of 78.1%.

Cancelled Operations



P-SPC Chart



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

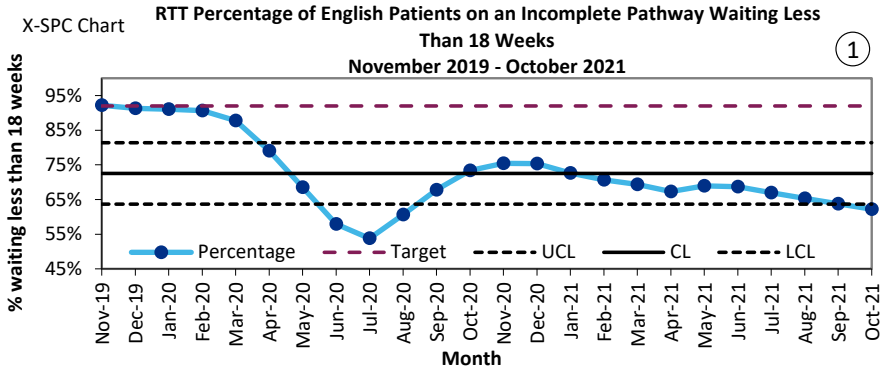
Key Narrative: 25 operations were cancelled on the day of admission by the hospital for non-clinical reasons in October 2021 (1.0%), an increase on the percentage of cancellations in September 2021 (0.8%).

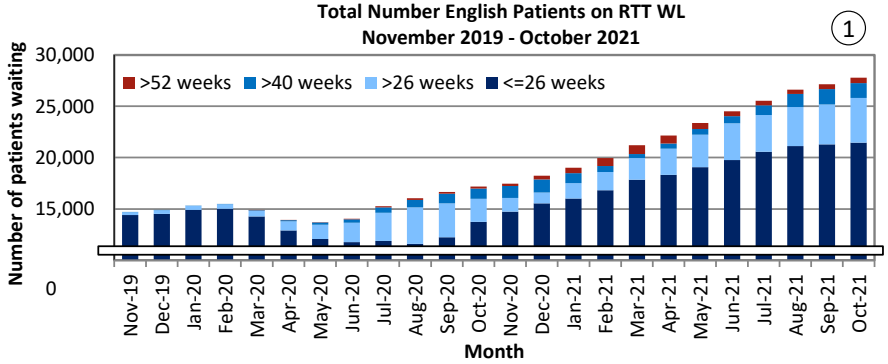
The P-SPC chart adjusts the control limits to take into account each month's denominator.

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

Performance

Referral to Treatment Waiting Times (RTT)





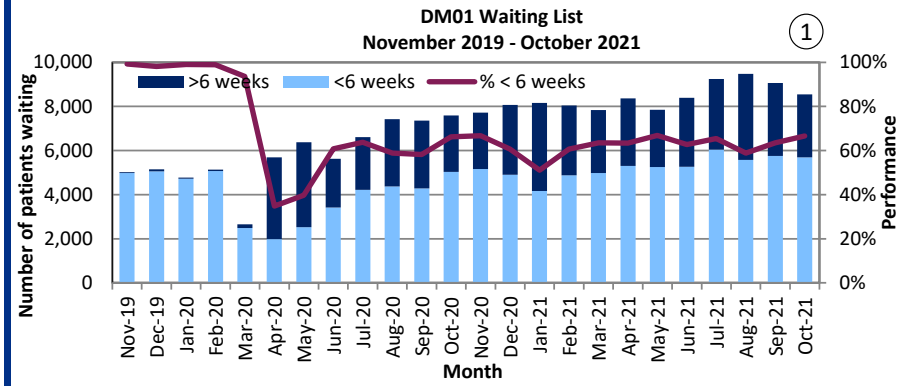
Accountable: Chief Operating Officer **Data Owner:** Information Services

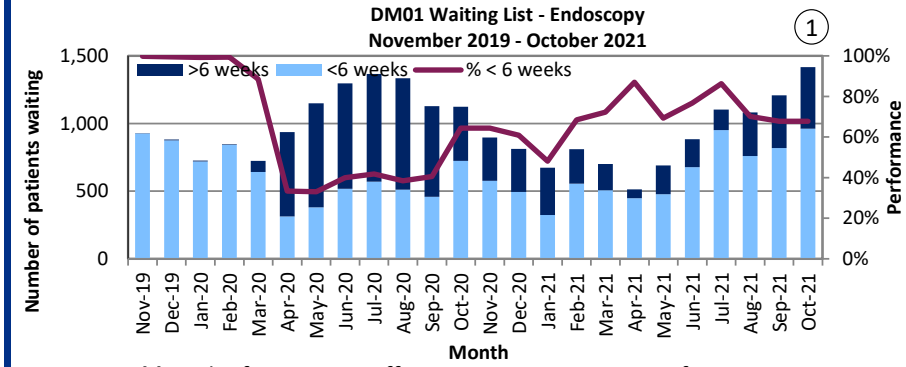
Key Narrative: The total number of patients on the RTT WL continues to grow with 27,798 patients waiting at the end of October 2021, of which 546 patients were waiting for more than 52 weeks, 56 more than reported in September 2021.

October 2021 RTT performance shows 62.2% of patients waiting less than 18 weeks, a decrease to the performance in September 2021 (63.7%).

Latest month's data provisional

Diagnostic Waiting Times





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

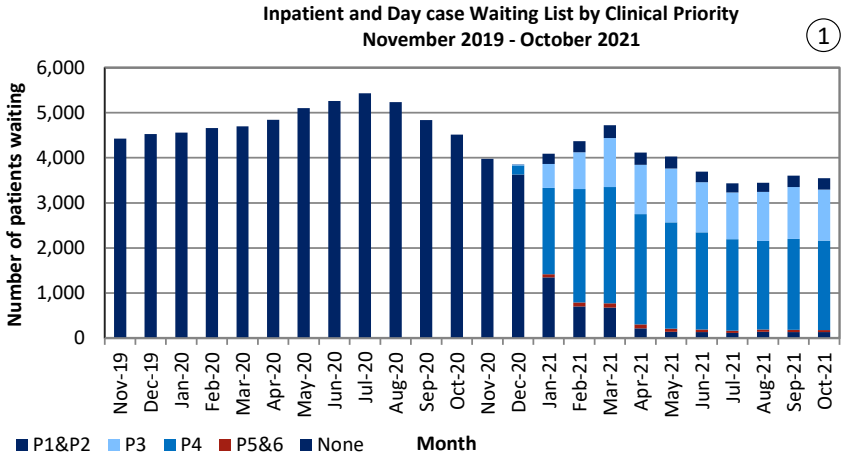
Key Narrative: Following a review of the DM01 guidance, there have been changes to the reporting logic from June 2021, contributing towards waiting list growth. Check cystoscopies have also been included from October 2021.

The total number of patients on the DM01 diagnostic waiting list for October 2021 was 8,544 and performance against the 6 week diagnostic standard in October 2021 was 66.6%. Performance for the Endoscopy DM01 modalities.

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

Performance

Inpatient and Day Case Clinical Prioritisation

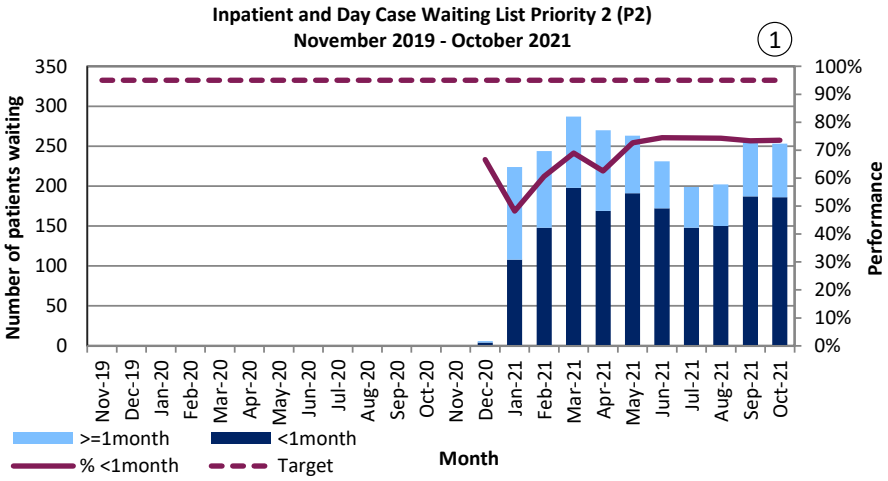


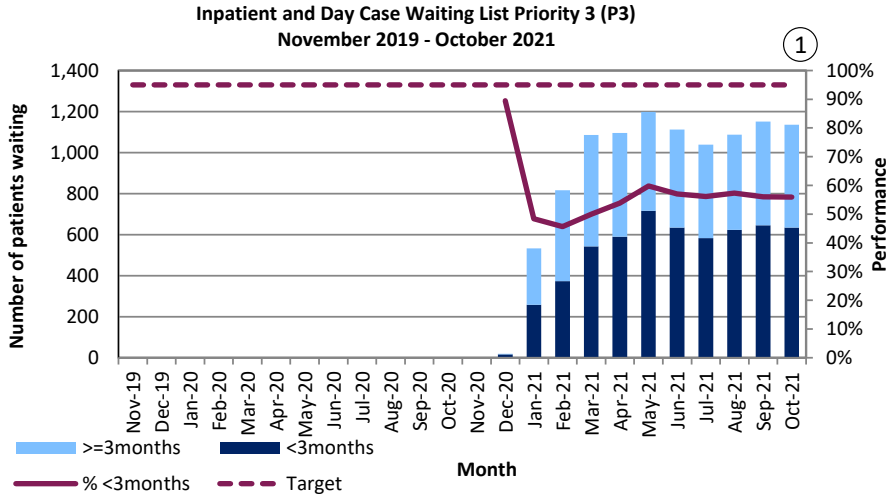
Accountable: Chief Operating Officer **Data Owner:** Information Services

Key Narrative: From December 2020, all patients on the inpatient waiting list are assigned a clinical priority code defining when they should undergo their operation. P1: 1-3 days, P2: <1 month, P3: <3 months. P5 and P6 relate to patients choosing to delay treatment for covid and non-covid reasons.

The waiting list at the end of October 2021 showed 253 patients had been categorised as P1 and P2; 1,136 as P3; 1980 as P4.

In October 2021 the percentage of patients classified as P2 and currently waiting less than 4 weeks for treatment was 73.5%. The patients classified as P3 and waiting less than 3 months at the end of October 2021 was 55.9%.

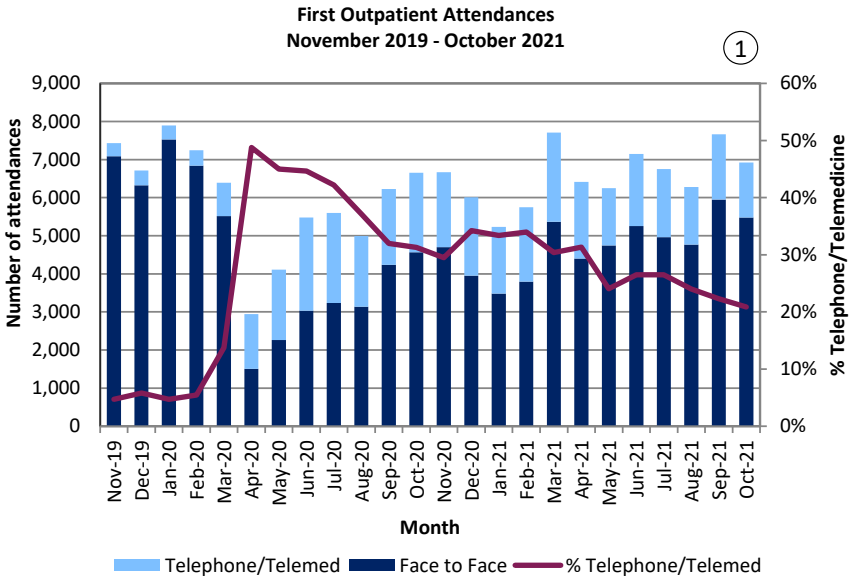


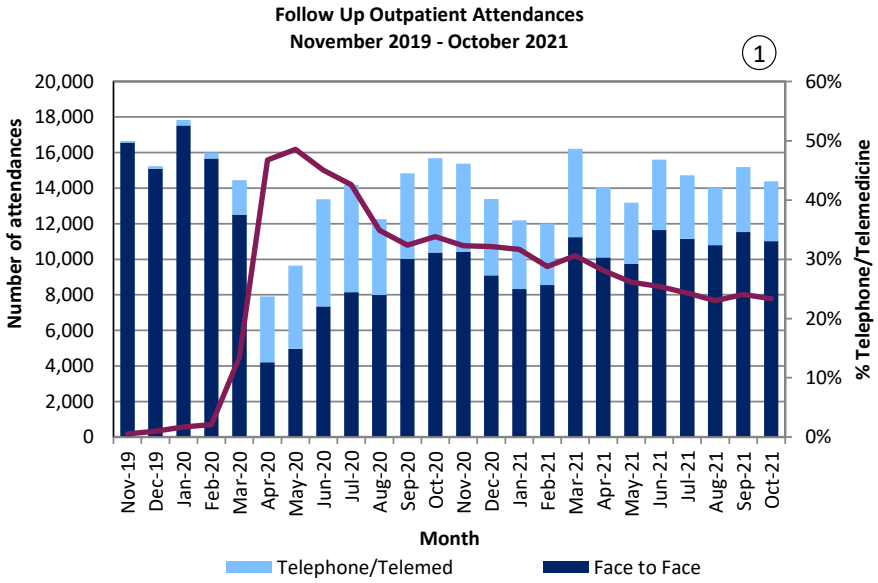


Data Rating: ①captured locally, ②system captured, ③published/benchmarked

Performance

Outpatient Activity





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

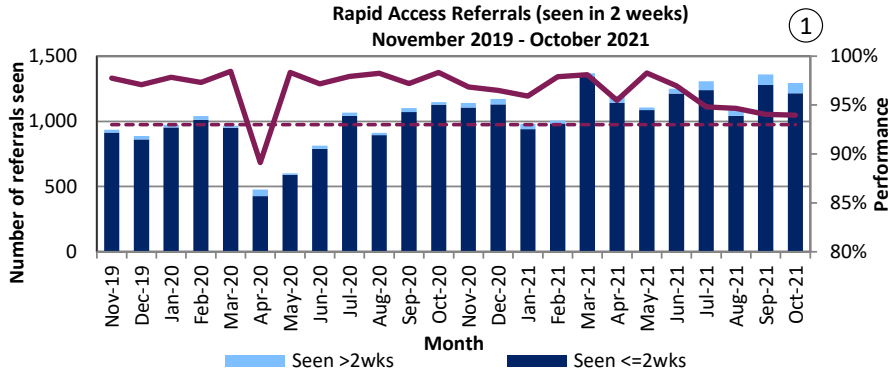
Key Narrative: 6,923 total first outpatient appointments were attended in October 2021, a decrease of 9.6% of activity compared to September 2021. The proportion of non face to face appointments for October 2021 was 20.9%, below the rate seen in September 2021 (20.9%).

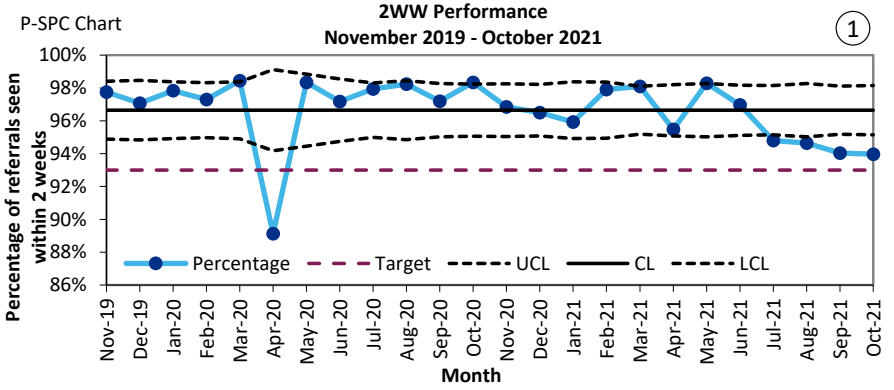
There were 14,378 total follow up outpatient appointments attended in October 2021, a decrease of 5.3% of the activity compared to September 2021. The proportion of non face to face appointments for October 2021 was 23.3%, below the rate seen in September 2021 (24.1%).

Data includes contracted specialties.

Performance

Rapid Access Referrals





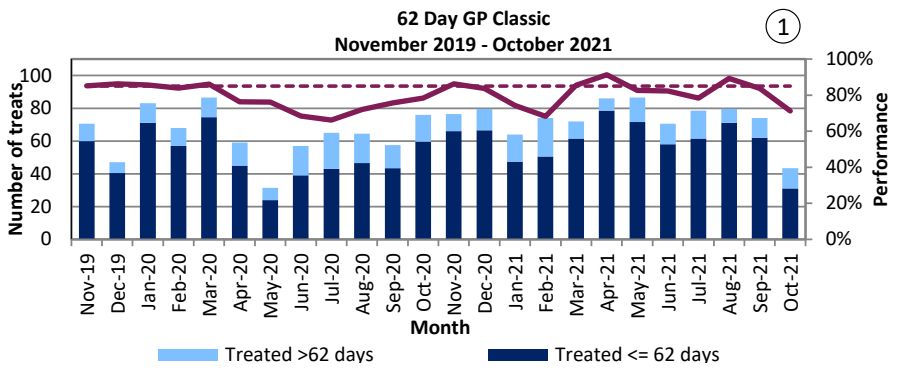
Accountable: Chief Operating Officer **Data Owner:** Cancer Performance

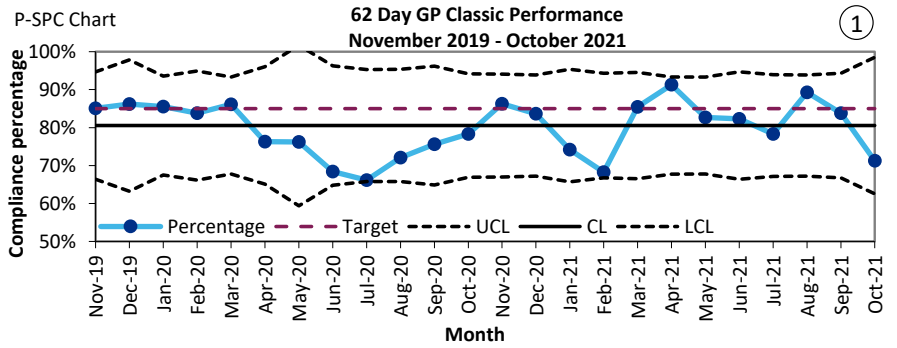
Key Narrative: 1,294 rapid access referrals were seen in October 2021, a decrease of 4.8% from the previous month and above the 24-month average.

The 2 week wait performance has consistently delivered above the 93% standard. October 2021 performance was 94.0%. The P-SPC chart adjusts the control limits to take into account the denominator.

Latest month's data provisional.

62 Day





	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
104+day Confirmed Cancer	3	5	4	2	1	0	2	1	2	0	2	1

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

Key Narrative: Provisional performance against the 62-day standard for October 2021 currently reported at 71.2%. This is subject to validation of tertiary referrals and transfer dates, this is likely to improve.

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

Latest month's data provisional.

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

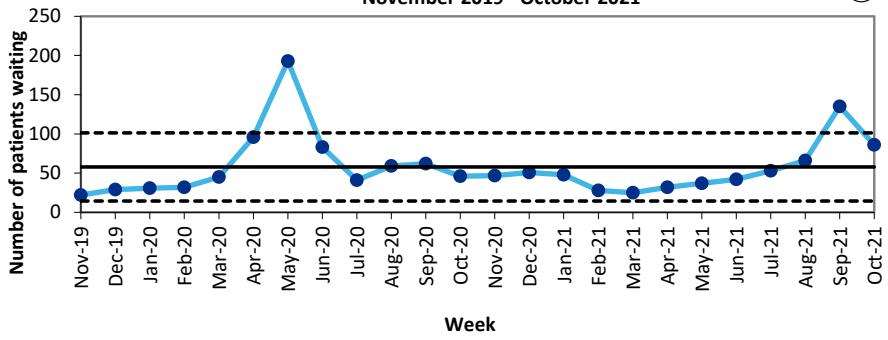
Performance

Cancer Waits Without DTT

X-SPC Chart

Rapid Access GP Referrals waiting 63-104 days without a decision to treat
November 2019 - October 2021

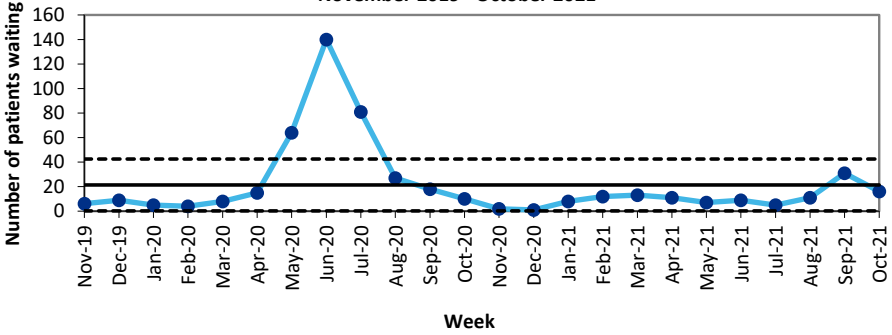
①



X-SPC Chart

Rapid Access GP Referrals waiting more than 104 days without a decision to treat
November 2019 - October 2021

①



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

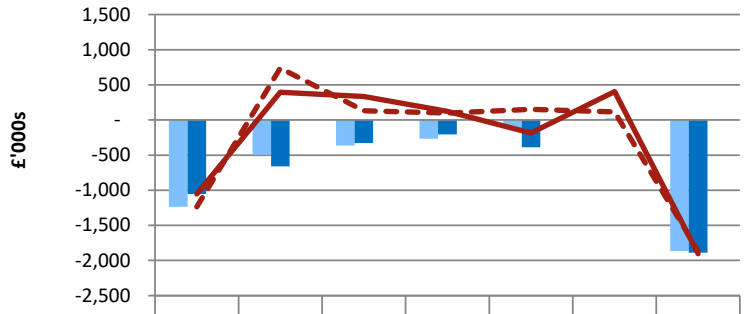
Key Narrative: There were 86 patients waiting between 63 and 104 days without a decision to treat (DTT) at the end of October 2021, and 16 patients waiting more than 104 days.

Data based on the last Monday of the month

Finance

Financial Performance

Financial Performance 2021/22



	Apr	May	Jun	Jul	Aug	Sep	Oct
Cumulative Plan	-1,235	-497	-366	-266	-116	-2	-1,866
Cumulative Actual	-1,054	-660	-328	-204	-388	16	-1,890
Cumulative Variance	181	-163	38	62	-272	17	-24
In Month Plan	-1,235	737	132	100	149	115	-1,864
In Month Actual	-1,054	393	333	124	-184	404	-1,903
In Month Variance	181	-344	201	24	-334	289	-39

Month

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

Current view

The cumulative actual position at the end of October was on target against the plan submitted to the Healthcare partnership (HCP), which presents a deficit of £9.4m for the Trust for the second half of the financial year (H2).

The reduction in income in terms of system top up, and loss of Elective recovery fund (ERF) money are the main drivers for this deficit. In addition the increased spend in H2 relating to the additional ward opened in August, which is expected to remain open for H2, and the preparation for Winter.

Forward view

The planning for Winter/surge capacity indicates that there may be further pressures to come to support key areas such as paediatrics, and additional non elective flow.

It is expected to be be a challenging second half of the year, with an increased efficency expectation offset continued unplanned care pressures. H1 and H2 will be treated as a single financial period with organisations expected to achieve financial balance for the whole year.

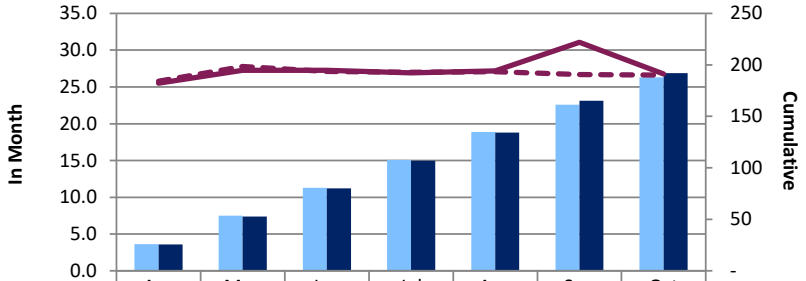
	YTD Rating		YE Rating	
Indicator	**Plan**	**Actual**	**Forecast**	**Status**
Finance				
Use of Resource Rating				
Capital Service Capacity				
Liquidity				
I&E Margin				
Distance from Financial Plan				
Agency Spend				

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

Finance

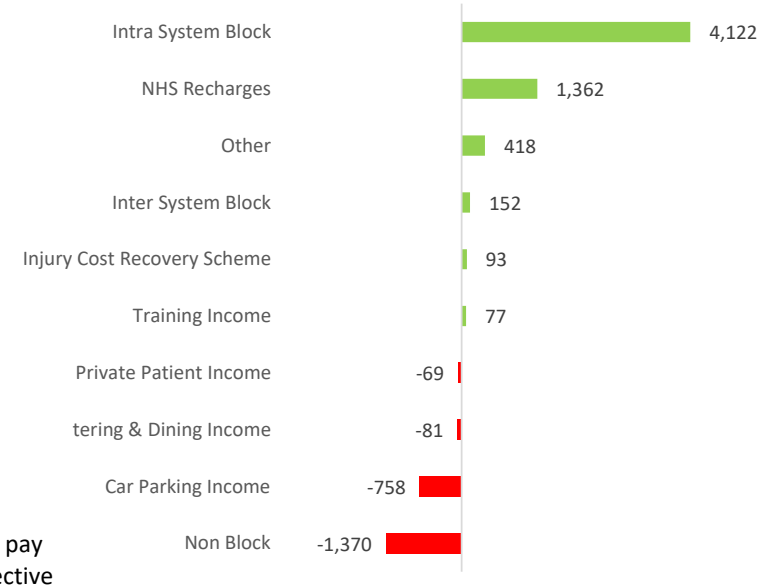
Income

Contract Income Performance 2021/22 £'m ②



	Apr	May	Jun	Jul	Aug	Sep	Oct
Cumulative budget	26	54	81	108	135	161	188
Cumulative actual	26	53	80	107	134	165	192
In month budget	26	28	27	27	27	27	27
In month actual	26	27	27	27	27	31	27

Variance £'000s ②



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

Current View:

Overall income is above plan by £3.9m. The main drivers for this are additional income of £2.6m for the pay award backpay and £0.9m income from the system to support the Trusts position to breakeven. The Elective Recovery Fund income for H1 underperformed by £0.3m due to the threshold increase in Q2. Contract income for H2 has been uplifted by 1.16% which covers the pay award and an additional national efficiency requirement. The contract income plan for H2 is currently in draft form.

There is also an under performance due to delays to services change eg East Cheshire Dermatology – which are offset by recharges above the plan associated with the vaccination, testing and final year student nurse placement funding.

Forward View:

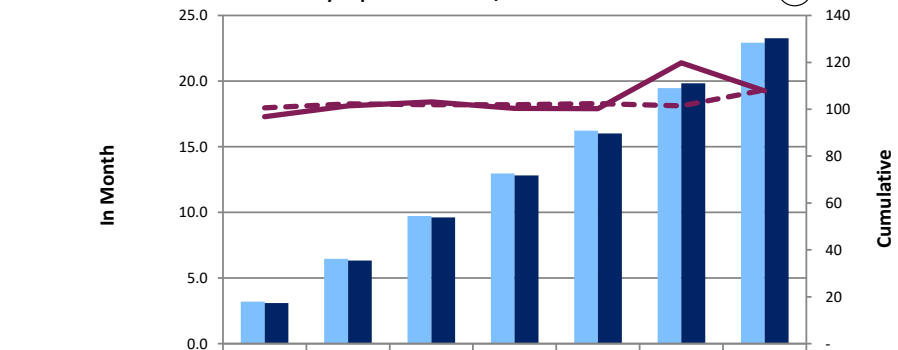
The Trust is not forecasting to recieve any significant ERF funding for H2, with the threshold being set at 89% - and the move away from activity to pathway closures.

Finance

Pay

Pay Expenditure 2021/22 £'m

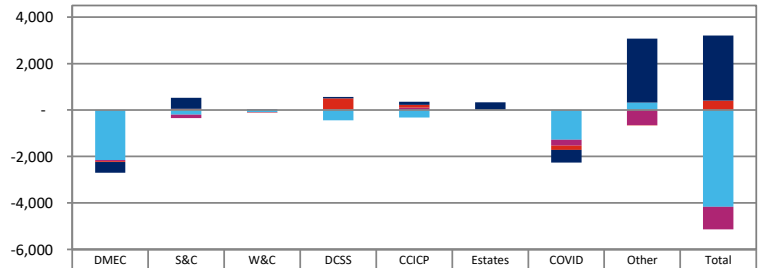
②



	Apr	May	Jun	Jul	Aug	Sep	Oct
Cumulative budget	18	36	54	73	91	109	128
Cumulative actual	17	35	54	72	90	111	130
In month budget	18	18	18	18	18	18	19
in month actual	17	18	18	18	18	21	19

Pay Variances by Staff Group and Division £'000s

②



	DMEC	S&C	W&C	DCSS	CCICP	Estates	COVID	Other	Total
Total	-2,695	179	-68	115	42	336	-2,259	2,425	-1,927
Infrastructure Support Staff	-455	481	35	59	140	334	-545	2,754	2,803
Non Clinical Staff	-44	50	-5	464	118	1	-177	-3	405
Medical Staff	-45	-153	-3	35	103	-	-260	-649	-971
Nursing Staff	-2,151	-199	-95	-443	-319	-	-1,278	323	-4,162

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

Current View:
Pay is over budget YTD by £1.9m. There is a £0.3m pressure relating to the H1 shortfall in funding for the national Pay award was paid to staff in Setember backdated to April 2021.

Costs continue to be high in month reflecting the continuation of the existing escalation wards, and esclation beds on key wards. This has in turn led to the continuation of a high level of nurse/HCA temporary shifts.

Bedwatch security costs have reduced in month, but continue to be over budget in month.

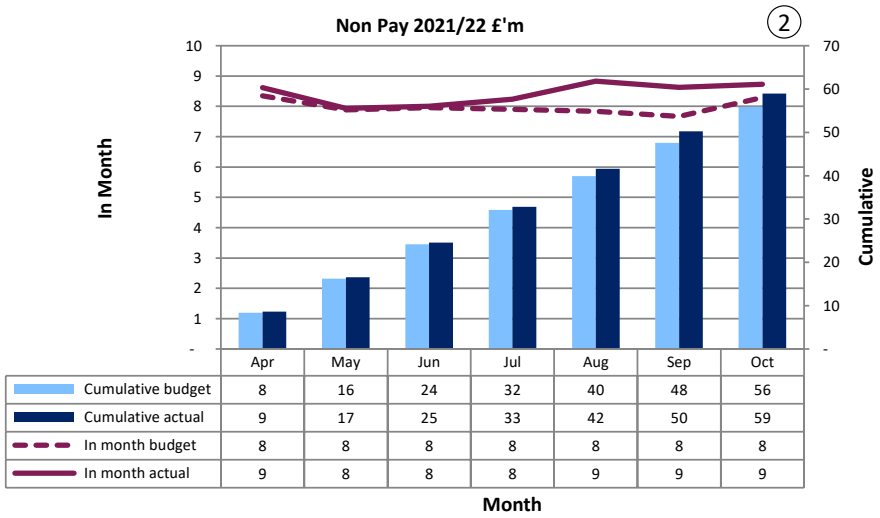
Forward View:
The pay bill will come under significant pressure in H2 if the current levels of bed occupancy continue, whilst the Trust has forward planned with the international nurse recruits - the level of demand caused by further opening of a ward is such, that there will remain a high dependency on agency to staff wards within the hospital this Winter.

In additional there are emerging pressures being identified as part of the Winter/surge planning which may also see a furhter step increase in cost.

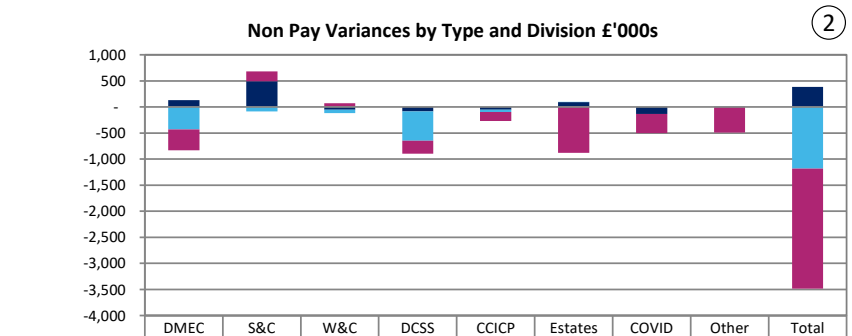
In response to this the Trust is supporting several strategies aimed at improving the urgent care flow – which has been at a high for a number of months.

Finance

Non-Pay



	Apr	May	Jun	Jul	Aug	Sep	Oct
Cumulative budget	8	16	24	32	40	48	56
Cumulative actual	9	17	25	33	42	50	59
In month budget	8	8	8	8	8	8	8
In month actual	9	8	8	8	9	9	9



	DMEC	S&C	W&C	DCSS	CCICP	Estates	COVID	Other	Total
Total	-703	593	-47	-898	-270	-786	-502	-485	-3,098
Other Non Pay	-400	189	69	-248	-172	-878	-369	-491	-2,300
Drugs	-433	-87	-60	-563	-45	0	-	4	-1,185
Clinical Supplies	131	491	-56	-86	-54	92	-133	2	387

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

Current View:

Non-Pay is over budget YTD by £3.0m with the largest area of overspend is within the area of high cost drugs £1.2m, which is linked to an increase in activity – where those drugs are commissioned by NHSE, the Trust has seen a corresponding increase in income.

Other areas of increase relate to the use of outsourcing/insourcing of activity which is offset by pay vacancies.

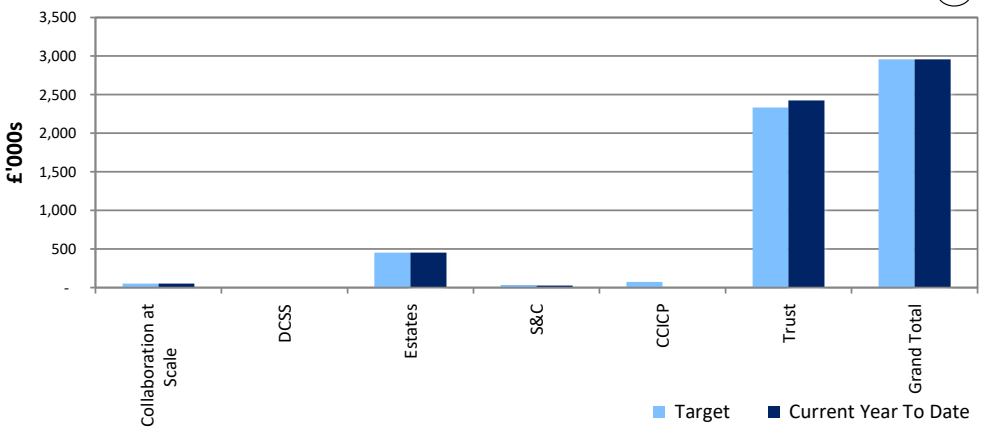
Forward View:

The trust has a growing reliance on outsource and insource companies to support the restoration of services, and also existing gaps - particularly with the medical workforce. Work is required to develop quality workforce plans that look to reduce this reliance in future and provide better stability for services, and look to reduce this dependency in the future.

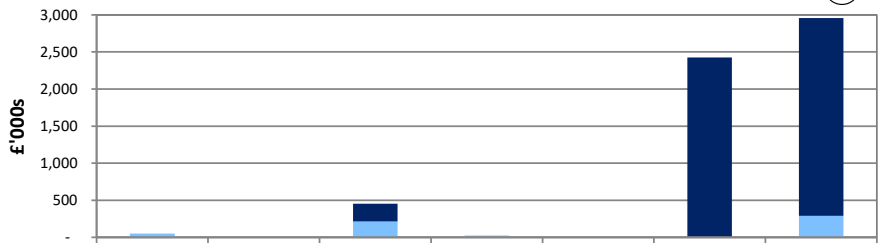
Finance

Cost Improvement Programmes (CIP)

Year to Date CIP Delivery v Plan Total ①



CIP Performance Actual by Division ②



	Collaboration at Scale	DCSS	Estates	S&C	CCICP	Trust	Grand Total
Current Year To Date	52		455	25		2,425	2,957
Pay			242			2,425	2,667
Non pay	52		213	25			291

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

Current View:

The total efficiency target for H1 was £2.3m. This target was met, with the largest savings relating to the procurement of laundry services, with additional non recurrent savings on recruitment delays and phasing difference in expected cost pressures. The draft H2 efficiency target is an additional £4.0m which is being met year to date.

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

Forward View:

The HCP is yet to finalise the H2 financial plans, as the draft plans present a deficit for both the HCP and Trust there is a chance that an additional efficiency target may be given for H2.

The Trust is beginning to focus on drawing up efficiencies plans for 2022/23 as it is anticipated the requirement for efficiencies will be greater next year.

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

Finance

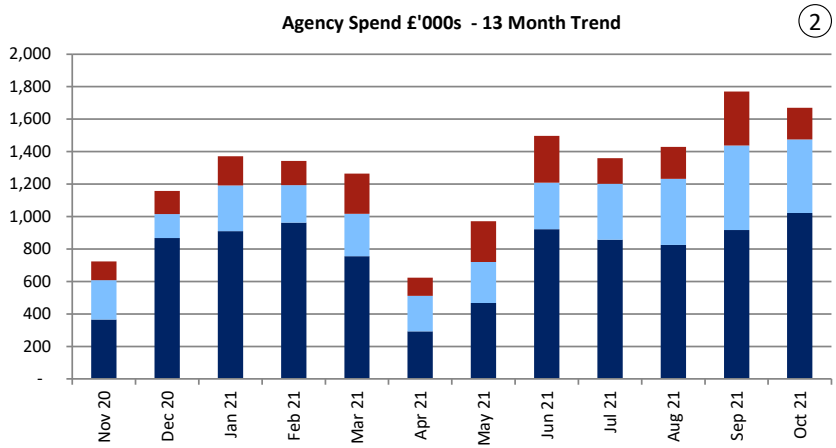
Income and Expenditure

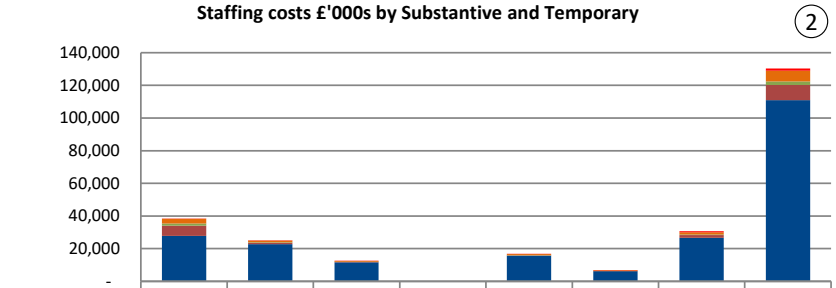
(2)

Budget FY		Month			Year to Date			Forecast FY
2021/22 (£'000)		Plan Oct (£'000)	Actual Oct (£'000)	Variance Oct (£'000)	Plan April to Oct (£'000)	Actual April to Oct (£'000)	Variance April to Oct (£'000)	2021/22 (£'000)
	Operating							
	Operating Income							
	Commissioning Income							
298,708	Inter System Block	1,450	1,447	(3)	10,152	10,304	152	299,608
0	Intra System Block	19,072	22,152	3,080	133,215	137,337	4,122	0
0	Non Block	3,875	872	(3,003)	31,951	30,581	(1,370)	0
407	RTA and Private Patient	68	55	(13)	475	499	24	407
	Other Operating Income							
0	Charitable Capital Income	0	0	0	0	0	0	0
22,967	Other Operating Income	2,135	2,222	87	12,211	13,229	1,018	22,967
322,082	**TOTAL OPERATING INCOME**	**26,600**	**26,749**	**149**	**188,004**	**191,950**	**3,946**	**322,982**
	Operating Expenses							
(226,332)	Employee Benefits Expenses (Pay)	(19,326)	(19,262)	64	(128,357)	(130,284)	(1,927)	(227,394)
(8,912)	Drugs	(1,654)	(1,619)	35	(10,566)	(11,751)	(1,185)	(8,912)
(8,311)	Clinical Supplies	(1,305)	(1,235)	70	(9,133)	(8,746)	387	(8,311)
(82,940)	Other operating expenses	(5,333)	(5,878)	(545)	(36,184)	(38,484)	(2,300)	(82,940)
(326,495)	**TOTAL OPERATING EXPENSES**	**(27,618)**	**(27,993)**	**(376)**	**(184,240)**	**(189,265)**	**(5,025)**	**(327,557)**
(4,413)	**EBITDA**	**(1,018)**	**(1,245)**	**(227)**	**3,764**	**2,685**	**(1,079)**	**(4,575)**
	Non Operating							
	Non Operating Income							
(190)	Interest	(32)	(15)	17	(221)	(84)	137	(190)
0	Asset disposal	0	0	0	0	0	0	0
	Non-Operating Expenses							
(3,522)	Depreciation & Finance Leases	(457)	(434)	22	(3,796)	(3,026)	770	(3,522)
0	Depreciation on Donated Assets	(0)	(63)	(63)	0	(225)	(225)	0
(1,256)	PDC Dividend Expense	(357)	(209)	148	(1,613)	(1,465)	148	(1,256)
(9,381)	**Net Surplus/(deficit) before Exceptional Items**	**(1,864)**	**(1,966)**	**(102)**	**(1,866)**	**(2,114)**	**(249)**	**(9,543)**
0	Remove capital donations/grants I&E impact	0	63	63	(0)	225	225	162
(9,381)	**Net Surplus/(Deficit) after Exceptional Items**	**(1,864)**	**(1,903)**	**(39)**	**(1,866)**	**(1,890)**	**(24)**	**(9,381)**

Finance

Bank and Agency





	DMEC	S&C	W&C	CSSD	CCICP	Estates	Other	Total
Total	38,473	25,188	12,590	-	16,644	6,727	30,662	130,284
Waiting List	262	302	61	-	0	1	653	1,279
Bank	2,843	900	463	-	539	458	1,363	6,566
Locum	1,277	288	67	-	183	-	333	2,147
Agency	6,209	916	280	-	284	25	1,604	9,318
Substantive	27,882	22,782	11,718	-	15,639	6,244	26,710	110,974

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

Current View:

Agency expenditure was £1.63m in the month of October, which is a small reduction on September.

The continued high levels of spend relate to the escalation beds remaining open, and also support for the restoration programme. The Trust is looking to mitigate this by supporting a level of substantive recruitment in relation to this.

Forward View:

It is expected that there will be increased pressure on agency expenditure as a result of the pressures that are being experienced with unplanned care.

The Trust continues to work collaboratively across Cheshire to increase the International nurse recruitment in order to meet the key objective of minimal nurse vacancies. There is work ongoing to develop the workforce plan for 22/23, of which the predicted requirement for further international nurse recruitment will be a key element.

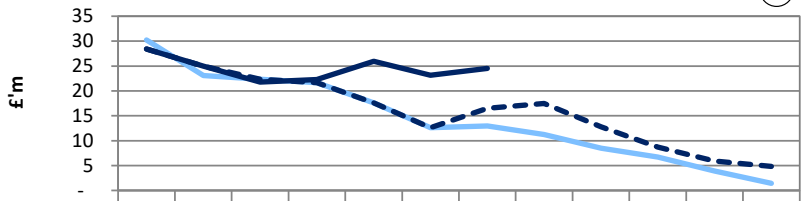
As the restoration plans progress there will be an increase in premium costs (agency/WLIs) for the medical workforce in order to support this return of planned care services.

Finance

Cash

Cash Position

②



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Plan	30	23	22	22	18	13	13	11	9	7	4	1
Actual	28	25	22	22	26	23	24					
Forecast	28	25	22	22	18	13	17	18	13	9	6	5

Cash Flow Movements

②

	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	-1	11	5	-4

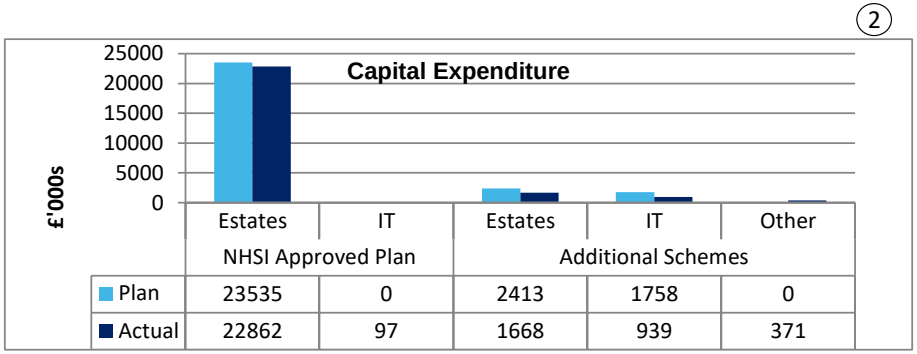
Accountable: Director of Finance **Data Owner:** Financial Services

Current View: Cash is higher than plan by £11.6m due to improvements in working capital linked to higher accruals and payables, and slippage in capital projects.

Forward View: The cash position has improved due to slippage on the EPR project, however uncertainty remains around the income levels for H2.

Capital

②



	Estates	IT	Estates	IT	Other
	NHSI Approved Plan		Additional Schemes		
Plan	23535	0	2413	1758	0
Actual	22862	97	1668	939	371

~~2~~

	Year to Date £'000s			Year End £'000s		
	Plan	Actual	Variance	Plan	Forecast	Variance
NHSI Approved Plan						
Estates	23,535	22,862	-673	37,909	38,852	943
IT	0	97	97	3,600	0	-3,600
NHSI Approved Total	**23,535**	**22,959**	**-576**	**41,509**	**38,852**	**-2,657**
Additional Schemes						
Estates	2,413	1,668	-745	3,627	4,789	1,162
IT	1,758	939	-819	2,600	2,396	-204
Other	0	176	176	0	202	202
Leases	0	371	371	0	371	371
Total Capital Schemes	**27,706**	**26,113**	**-1,593**	**47,736**	**46,610**	**-1,126**

Accountable: Director of Finance **Data Owner:** Financial Services

Current View: Capital is behind plan by £1.6m, due to the A&E expansion by £1.6m.

Forward View: The Trust is currently forecasting a £2.7m underspend against the NHSI Submitted Plan, due to the EPR project. The Trust is awaiting formal recognition from the HCP for the additional capital schemes.

Finance

Statement of Financial Position October 2021

(2)

		Plan Apr to October (£'000)	Actual Apr to October (£'000)	Variance (£'000)
Assets	Assets, Non-Current	129,121	126,255	-2,866
	Assets, Current	28,168	40,120	11,952
ASSETS, TOTAL		**157,289**	**166,375**	**9,085**
Liabilities	Liabilities, Current	-31,969	-45,434	-13,465
	Liabilities, Non Current	-6,911	-7,252	-341
TOTAL ASSETS EMPLOYED		**118,409**	**113,689**	**-4,720**
Taxpayers' and Others' Equity				
	Taxpayers Equity	118,409	113,689	-4,720
TOTAL FUNDS EMPLOYED		**118,409**	**113,689**	**-4,720**

Accountable: Director of Finance **Data Owner:** Financial Services

Current View:

Cash is higher than plan by £11.6m, mainly due to higher payables, Education income received in advance and slippage on the capital programme.

Trade Payables are £7.8m above plan, mainly due to a combination of high value capital invoices and £2.9m of UHNM Pathology invoices awaiting payment. Capital Creditors are above plan by £2.2m. Accruals are £3.6m higher than plan due to an increase in agency and drugs costs.

Deferred Income is above plan by £2.5m due to Education income received in advance.

Public Dividend Capital is behind plan by £4m due to capital scheme slippage.

Forward View:

The Trust is due to receive PDC funding in relation to RACC Planks of £22m, and ED build £6m.

Finance

Balance Sheet

Current View:

Assets Non-Current
The capital programme is behind plan by £1.6m, mainly due to the A&E expansion of £1.6m.

Assets Current
Cash is higher than plan by £11.6m due to increases in payables, accruals and education income received in advance.

Current Liabilities
Trade Payables are £7.8m above plan, mainly due to a combination of high value capital invoices and £2.9m of UHNM Pathology invoices awaiting payment. Capital Creditors are above plan by £2.2m. Accruals are £3.6m higher than plan due to an increase in agency and drugs costs. Deferred Income is above plan by £2.5m due to education income received in advance.

Taxpayers Equity
Public Dividend Capital is behind plan, due to slippage in capital projects.

	Plan Apr to October (£'000)	Actual Apr to October (£'000)	Variance (£'000)	Forecast 2021/22 (£'000)
Assets				
Assets, Non-Current	**129,121**	**126,255**	**-2,866**	**144,036**
Assets, Current				
Trade and other Receivables	7,099	7,218	119	7,062
Other Assets (including Inventories & Prepayments)	8,144	8,402	258	6,662
Cash and Cash Equivalents	12,925	24,500	11,574	4,826
Total Assets, Current	**28,168**	**40,120**	**11,952**	**18,551**
ASSETS, TOTAL	**157,289**	**166,375**	**9,085**	**162,586**
Liabilities				
Liabilities, Current				
Finance Lease, Current	-776	-626	150	-1,010
Loans Commercial Current	-191	-190	1	-357
Trade and Other Payables, Current	-17,761	-25,526	-7,765	-18,713
Provisions, Current	-479	-672	-194	-226
Other Financial Liabilities	-12,763	-18,421	-5,658	-13,475
Total Liabilities, Current	**-31,969**	**-45,434**	**-13,465**	**-33,780**
Net Current Assets/(Liabilities)	**-3,801**	**-5,314**	**-1,513**	**-15,230**
Liabilities, Non Current				
Finance Lease, Non Current	-2,115	-2,477	-362	-1,065
Loans Commercial Non-Current	-3,306	-3,306	0	-2,962
Provisions, Non-Current	-1,490	-1,469	21	-1,370
Trade and Other Payables, Non-Current	0	0	0	0
Total Liabilities Non-Current	**-6,911**	**-7,252**	**-341**	**-5,397**
TOTAL ASSETS EMPLOYED	**118,409**	**113,689**	**-4,720**	**123,409**
Taxpayers' and Others' Equity				
Taxpayers Equity				
Public dividend capital	131,332	127,332	-4,000	143,832
Retained Earnings	-25,013	-25,761	-749	-32,513
Donated asset reserve	0	0	0	0
Revaluation Reserve	12,090	12,119	28	12,090
TOTAL TAXPAYERS EQUITY	**118,409**	**113,689**	**-4,720**	**123,409**
TOTAL FUNDS EMPLOYED	**118,409**	**113,689**	**-4,720**	**123,409**

(2)

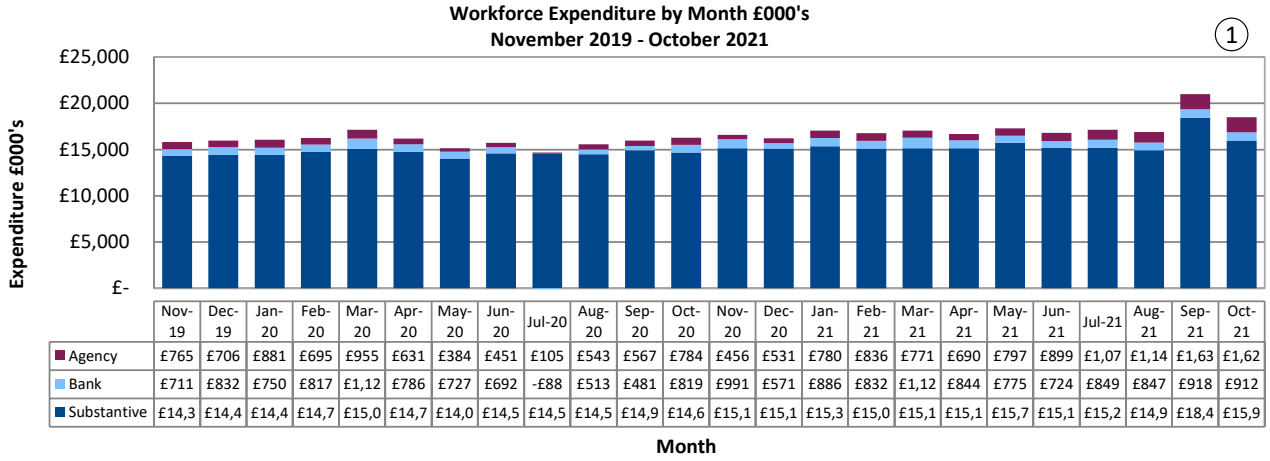
Forward View:

The forecast includes PDC funding and capital spend in relation to RACC Planks of £22m, and ED build £6m.

Cash balances are expected to reduce due to capital spends and a forecast deficit. At present, there are no plans to request cash support during the financial year.

Workforce

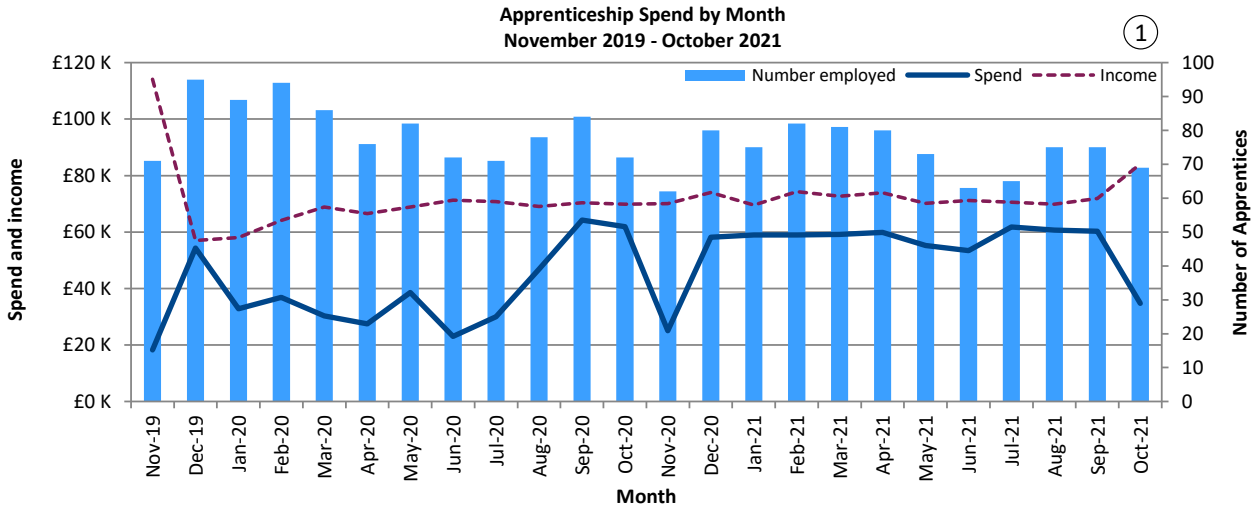
Finance and Costings



	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
Agency	£765	£706	£881	£695	£955	£631	£384	£451	£105	£543	£567	£784	£456	£531	£780	£836	£771	£690	£797	£899	£1,07	£1,14	£1,63	£1,62
Bank	£711	£832	£750	£817	£1,12	£786	£727	£692	-£88	£513	£481	£819	£991	£571	£886	£832	£1,12	£844	£775	£724	£849	£847	£918	£912
Substantive	£14,3	£14,4	£14,4	£14,7	£15,0	£14,7	£14,0	£14,5	£14,5	£14,5	£14,9	£14,6	£15,1	£15,1	£15,3	£15,0	£15,1	£15,1	£15,7	£15,1	£15,2	£14,9	£18,4	£15,9

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

Key Narrative: Total workforce expenditure for October 2021 is £18,498k, which is 13.6% higher than October 2020. There has been a decrease of £2,486k (11.8%) from the previous month which was impacted by the pay award (£2.8m) and Flowers back pay (£0.2m). Expenditure for October 2021 is £613k below budget (3.3%) and £851k above budget (0.7%) YTD.



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

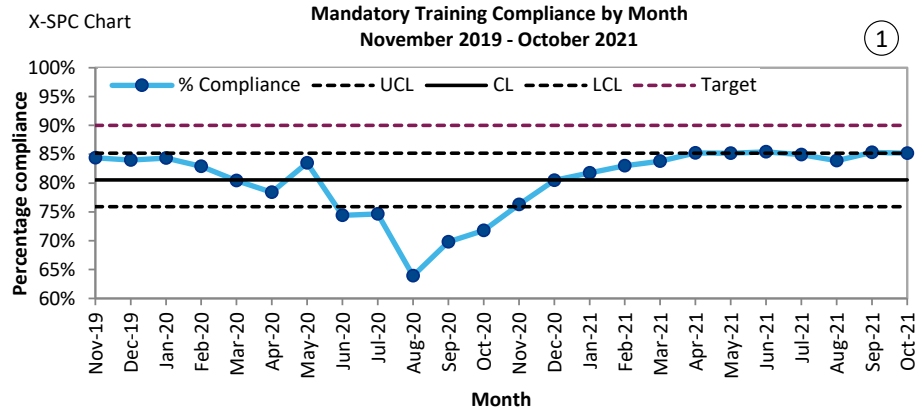
Key Narrative: The number of Apprentices employed in October 2021 was 69, 4.2% lower than the number employed in October 2020 (72).

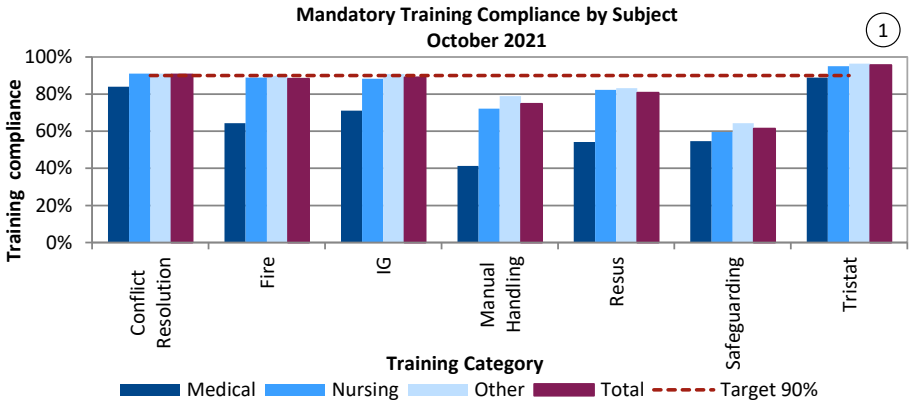
Apprenticeship spend remains below income.

Workforce

Training

X-SPC Chart

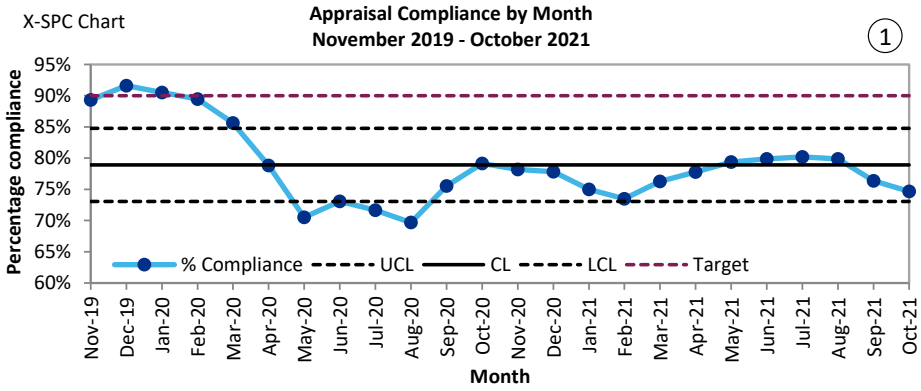


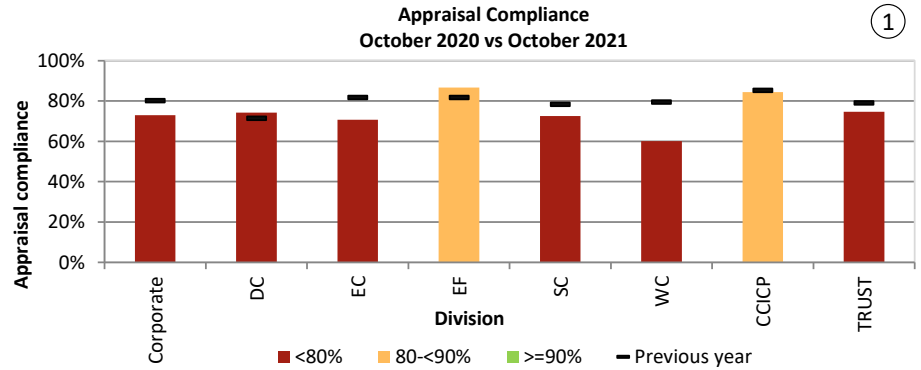


Accountable: Director of Workforce & Organisational Development
Data Owner: Workforce Directorate
Key Narrative:
Mandatory training compliance has stabilised achieving at 85.2% in October 2021 and is in line with compliance reported in September 2021 at 85.39%. Training compliance remains below the 90% target.

Appraisals

X-SPC Chart

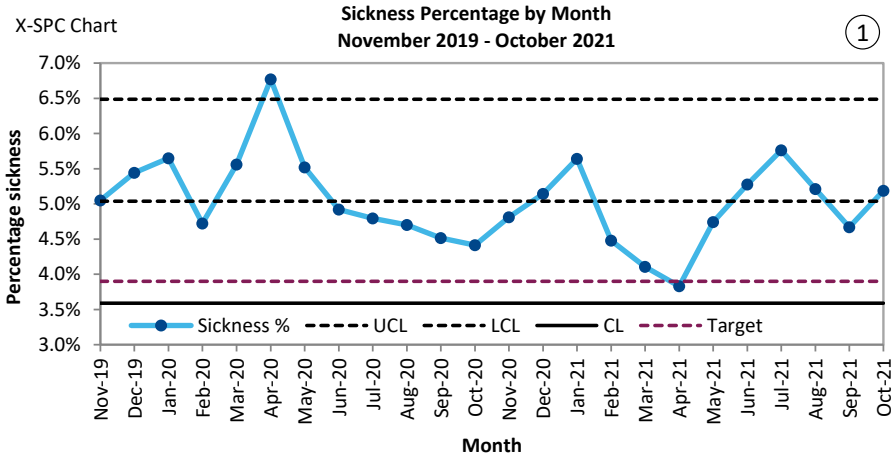




Accountable: Director of Workforce & Organisational Development
Data Owner: Workforce Directorate
Key Narrative: The reported appraisal compliance for October 2021 is 74.7%, which is below the 76.4% compliance reported in September 2021. Appraisal compliance remains below the target rate of 90% which was only achieved in December 2019 and January 2020 over the 24-month period shown.

Workforce

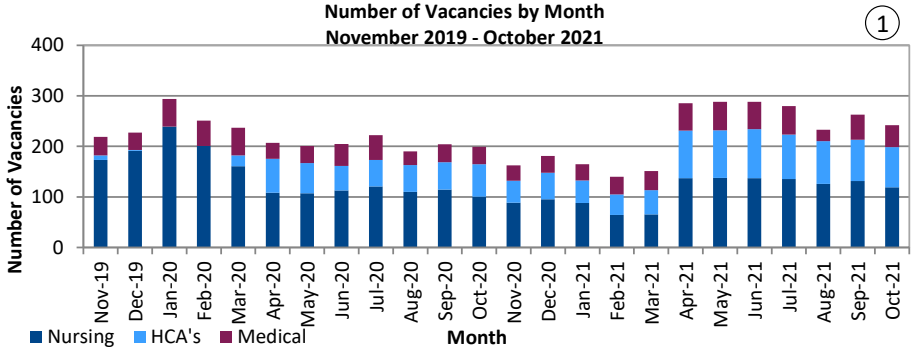
Sickness

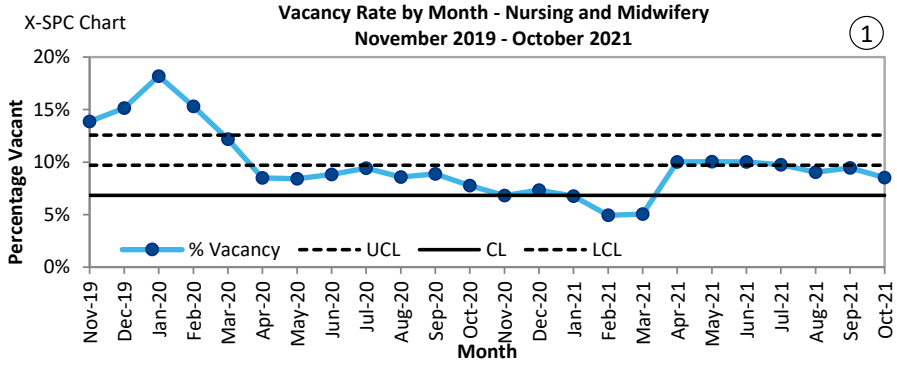


Accountable: Director of Workforce & Organisational Development
Data Owner: Workforce Directorate

Key Narrative: The sickness rate for October 2021 was 5.2%. This is an increase compared to the sickness rate reported for September 2021 (4.7%). The sickness rate is above that reported the previous year for October 2020 which was at 4.4%.

Vacancies



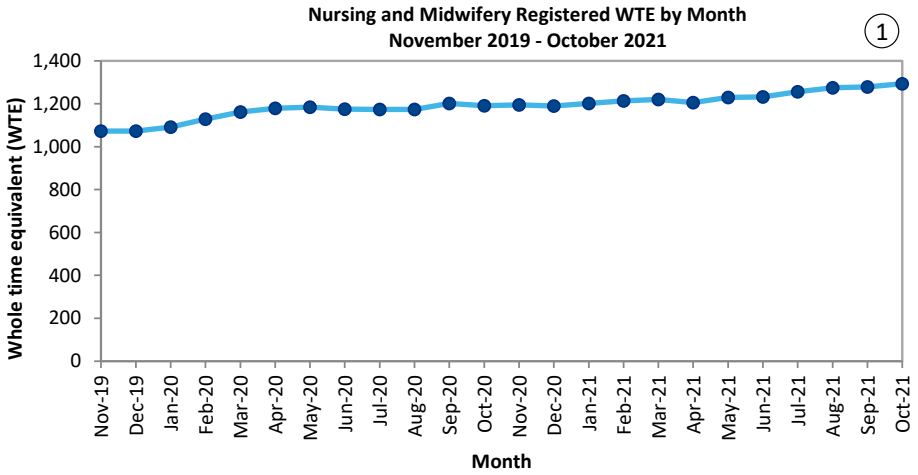


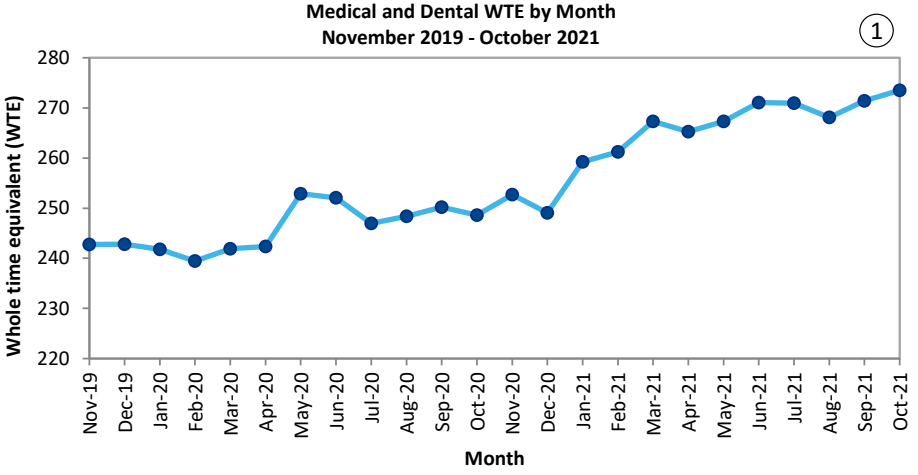
Accountable: Director of Workforce & Organisational Development
Data Owner: Workforce Directorate
Key Narrative: The vacancy figures from April 2020 were restated to exclude International Recruitment, Nurse Apprentices and COVID.

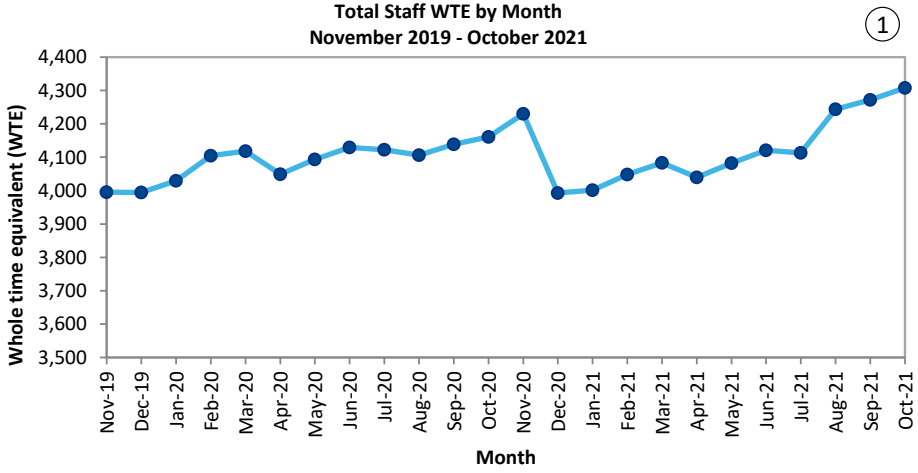
The vacancy rate for October 2021 has decreased to 8.5% compared to previous month. The vacancy rate since the beginning of the financial year has increased, mainly as a result of investments which have been added to the Establishment at the beginning of the 2021-22.

Workforce

Total Staff Whole Time Equivalent (WTE)







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

Key Narrative: Nursing and Midwifery staff have increased by 220.8 WTE (20.6%) over the 24-month period and Medical and Dental staff by 30.7 (12.7%).

The Pathology Services (~278 staff, 243.8 WTE) transferred across to UHNM on the 1st December 2020 via a TUPE process, accounting for a drop in WTE of total staff from December 2020.

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

Mid Cheshire Hospitals NHS Foundation Trust

BOARD OF DIRECTORS

Agenda Item	**8**	Date of Meeting: 25/11/2021
Report Title	**Workforce Strategic Plan 2021/22**	
Executive Lead	Heather Barnett, Director of Workforce and OD	
Lead Officer	Heather Barnett, Director of Workforce and OD	
Action Required	To approve	

☐ **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

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

- The Workforce Strategic Plan is a 5-year plan to support the delivery of the Trust's new 5-year Strategy. It describes the capabilities that will be required to deliver the new ways of working within the Trust's new Business model and will be reviewed annually.
- The Plan provides a robust, sustainable framework to ensure patients are cared for by a skilled and safe workforce who are led by leaders with the capability and confidence to deliver the change required.
- The plan places the health and wellbeing of our people at the forefront of our decision making.
- The Plan aligns to the National People Plan priorities

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

- Submit the Workforce Strategic Plan and associated Plan on a Page to the Workforce & Digital Transformation Committee in November
- Submit the Workforce Strategic Plan and associated Plan on a Page to the Trust Board in November.
- Communicate the plan to key stakeholders
- Ensure workplans reflect the revised workforce strategic priorities.

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

• Provide safest and best care	✓	• Be the best place to work	✓
• Become a leading and sustainable health care system	✓	• Push boundaries in clinical, technology and digital innovation	✓

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

• Quality	✓	• Compliance	☐
• Finance	✓	• Legal	☐
• Workforce	✓	• Risk/BAF2, BAF9/ **BAF14 Future workforce planning**	
• Equality	✓		

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

Strategy	☒	Policy	☐	Service Change	☐

REPORT DEVELOPMENT

Committee/ Group Name	Date	Report Title	Lead	Brief summary of key issues raised and actions agreed
EWAG	04.08.21	Draft Strategic Workforce Plan V2	Heather Barnett	Further refinement required and standard template used
EWAG	03.11.21	Workforce Strategic Plan 2021/22	Heather Barnett	

NHS
Mid Cheshire Hospitals
NHS Foundation Trust

Workforce Strategic Plan

2021-22

Because you Matter

Foreword

The Workforce Strategic Plan provides a robust, sustainable framework to ensure patients are cared for by a skilled and safe workforce who are led by leaders with the capability and confidence to deliver the change required. Central to this strategic plan is our ability to maintain a culture which helps grow and develop leaders across the organisation, enabling the Trust to attract, retain and nurture a talented and engaged workforce that is passionate about providing excellent care for patients.

To enable us to do this, we are creating an inspiring workplace, in which we will build the capability of our existing workforce and further attract and retain the best people to come and work with us. We will do this by creating a workplace in which people feel empowered to make decisions, giving people clear frameworks within which to operate and intelligent data, which support informed decisions.

As part of the design of our future model of collaborative working and the development of independent business units, we will need to remodel and reshape the design and structure of our future workforce to ensure that we have the right people, with the right skills, in the right place at the right time to deliver the appropriate care and treatment for our patients. We will also ensure that our workforce is able to respond to the current and immediate demands of the restoration and backlog challenge, supporting both their physical and mental health and wellbeing for them to work and perform at their best.

We will give people the tools to innovate and encourage the sharing of learning to continually improve and develop as an organisation. We will also create mechanisms to ensure that talent is recognised and nurtured, linking our talent pathways to the future skills and capabilities that we require to drive our strategy forward.

As one of the biggest employers in central Cheshire, we remain committed to ensuring that equality, diversity and human rights are embedded throughout the organisation and that our values and behaviours shape the delivery of our strategic plan:

We put you first

involving you in decisions which affect you and making time to learn from what you tell us to get it right for patients and staff every time

We strive for more

setting ourselves high standards, encouraging innovation and sharing best practice to be the best we can be and deliver great quality, safe care

We respect you

embracing diversity and treating everyone with understanding, dignity and compassion to support and care for the people we work with and for

We work together

with colleagues and partners to go beyond traditional boundaries and deliver care which truly benefits our patients and meets their individual needs and wants

…Because you Matter

Our plan for 2021-2022

The Workforce Strategic Plan for Mid Cheshire Hospitals Foundation Trust (MCHT) must continue to support the national priorities of the NHS People Plan, as outlined in Appendix 1. However, it must also align itself to ensure that it serves as an enabler to delivering the Trust's five-year strategy.

This requires further prioritisation of projects, tasks, and workloads to ensure the Workforce Directorate is structured appropriately, and the workforce teams have the capacity and capability to deliver the key priorities over the next five years.

These priorities will help us to create an inspiring workplace, where we will foster an environment in which people feel empowered to make decisions, guided by information which supports our drive for continuous quality improvement.

We want to continue to attract and retain the best and most diverse talent – people with ideas and ambition who will enable the organisation to develop its future skills and capabilities. We will create a workplace where staff are healthy, happy and productive, and where the safety and quality of patient care benefits from the positive wellbeing of our staff.

In conjunction with our network of partners, we will review the design and structure of our future workforce, so we have the right people with the right skills in the right place to deliver the appropriate care and treatment for our patients. Together, we will be agile, responsive and supportive in the face of challenges to come.

We will also need to play our part in developing the Trust as a community anchor, by connecting people, organisations, educators, volunteers and communities to improve the health and wellbeing of our population and doing 'good' to support the sustainable environment agenda.

In delivering our strategic plan, we will continue to ensure we meet our statutory and regulatory obligations, including our commitment to improving the diversity of our workforce and ensuring that everyone feels listened to, valued and respected at all times.

Key priorities

We will:

- Attract and retain the best and most diverse talent
- Maximise our workforce supply routes to reduce our vacancy gaps
- Create an inclusive workplace where staff are healthy, happy and productive
- Design a future workforce which is agile and responsive to the changing population health needs.
- Build the capability of our leaders to enable them to feel empowered and to make decisions.
- Work with our local partners to improve the opportunities and health and wellbeing of our population, as part of the sustainable environment agenda

How we will deliver

Attract and retain the best and most diverse talent

We will implement flexible methods and processes to attract talent from a variety of pipelines, reaching out to our local communities to offer career pathways. We are introducing talent systems to support the management of talent at every level within the organisation.

The work we need to do is not just about the systems and processes required to manage talent, it is about creating a cultural shift in how we proactively attract, recognise, manage and nurture talent across the organisation.

Our retention work will remain central to our strategic plan as we move towards a new way of working, creating greater flexibility within patterns of work and embracing agile ways of working through enhanced digital technology.

To ensure the sustainability of workforce numbers and to minimise the impact of turnover, we will continue to build on initiatives which are aimed at encouraging staff to continue working for the Trust. These initiatives include the development of a People Recovery Plan to ensure staff feel supported and remain well, and the introduction of pastoral roles, whose role is to support the welfare needs of our staff.

Ongoing investment in the health and wellbeing of staff is integral to our recruitment and retention plans which will serve to promote the Trust as an employer of choice. To further embed the principle of healthy living, we will continue to actively encourage staff to improve and maintain their own health and wellbeing, ensuring that the Trust sets an example.

Maximise our workforce supply routes to reduce our vacancy gaps

In the short term, we continue to fill our registered nursing vacancies with the support of our international recruitment programme. Every year, we will forecast the appropriate number of international nurses we need to ensure that we are able to maintain safe staffing levels across our wards and departments. We submit these numbers as part of our annual business planning and provide vacancy rates to enable decisions about future recruitment planning.

We will continue to work with partners across Cheshire and Merseyside to ensure that we achieve best value and continue to provide a quality experience for our international recruits.

Looking at the medium to longer term plan, in 2023 we will benefit from our internal development programme for registered nurses, funded from the apprenticeship levy as part of a ‘grow our own’ workforce initiative. We will need to ensure that we continue to focus our efforts on locally grown / recruited nurses to enable us to maintain our registered nurse staffing levels and to maximise use of the apprenticeship levy.

In addition to our registered nursing workforce, we must ensure that we are able to fill our Health Care Assistant (HCA) vacancies and more importantly, retain those that we recruit. We will offer pastoral support to our HCA workforce to help them feel valued and cared for, offering them further opportunities to grow and develop through achieving their care certificate.

We pay specific attention to our medical workforce vacancies by continuing to model and predict the vacancy gaps within our most difficult to recruit medical specialties, including Acute Medicine, Respiratory Medicine, Emergency Medicine, Critical Care and Anaesthetics. We will provide data to help plan how we fill current and future gaps and create ideas and solutions to support our medical colleagues.

We must also focus on the recruitment challenges within the wider scientific and Allied Health Professional (AHP) workforce. We will support the development of an AHP workforce plan, working with the clinical lead for AHPs to design and deliver innovative and accessible workforce supply routes.

Create a workplace where staff are healthy, happy and productive

To ensure that our workforce is able to respond to the current and immediate demands of the restoration and backlog challenge, we will need to support both their physical and mental health and wellbeing in order for them to work and perform at their best.

We will need to embed a strong supportive and compassionate leadership culture, where staff health and wellbeing is at the forefront of people's thinking, and where people's health needs are considered in all our business decision making.

We will create flexible working patterns which allow staff to balance the demands of both work and life, creating agile and responsive teams to respond to the current work pressures. We will create a culture where everyone is supported to grow and flourish and where coming to work gives people a sense of purpose, belonging, safety and security. In doing so, we will create a workplace where staff are healthy, happy and productive, and where the safety and quality of patient care benefits through the positive wellbeing of our staff.

Design a future workforce which is agile and responsive to the changing population health needs

As part of the design of our future model of collaborative working and the development of independent business units, we will need to remodel and reshape the design and structure of our future workforce to ensure that we have the right people, with the right skills, in the right place at the right time to deliver the appropriate care and treatment for our patients. We will need to map our existing workforce against the new business models to assess the extent of change required to move to the new ways of working.

We will need to support the Divisions in the review of existing roles and the development of new and alternative roles, maximising the contribution of our volunteer workforce where appropriate to do so.

It will involve widening our workforce model to include community partners, working across healthcare, primary care and social care boundaries to determine the best workforce model for our patients. We will need to think differently about our temporary workforce, offering innovative ways of working to maximise the availability across all our workforce.

We will need to create a workforce whose capability is based on the needs of the patient, the needs of our population's health and support the reduction of health inequalities through effective and creative workforce planning.

We have successfully developed new models of working, such as the introduction of the Physician Associate and Advanced Clinical Practitioner. We now need to ensure that this new workforce has access to attractive career pathways, which will allow further development and growth. We also need to map how this workforce can support the Trust's new business model, and continue the development of our Apprenticeship Strategy, which will introduce new routes in to work and enable better career progression.

Build the capability of our leaders to enable them to feel empowered and make decisions

We will develop our capability and knowledge of data science and analytics in order that our Business Units can use data in an intelligent way to inform their decision making. This will require more than data management skills; it will require a new capability. We will start with accessing the capability of the teams and individuals we have, building on their capability and knowledge, but with the understanding and appreciation that we need to build on this further.

We will need to work with our partners within Public Health, Integrated Care Partnership teams and Councils to bring together our data. Ultimately, we should all be able to access and know how to use data in an intelligent way, having data at our fingertips, but also knowing how to access data and what to look for and then understand what it is telling us.

We will also build our capability around Quality Improvement (QI) and equip our workforce with the tools and confidence to innovate. We will work with our partner, the Advancing Quality Alliance (AqUA) to achieve this, while continuing to support innovation that already exists within the Trust. We also need to build our capability of transformation at scale and routinely share our learning and outcomes, as part of the continual improvement process.

Ultimately, we will build the capability of our senior leadership team, giving them the frameworks, data and governance structures to enable them to make informed decisions, based on intelligent data. We will enable them to work autonomously but also in collaboration with each other and wider system partners.

We will set out the competencies required of our senior leaders and provide the necessary development opportunities to enable them to succeed. We will ensure that our leadership programmes continue to reflect the development needs of our workforce and provide the learning and support that will embed QI as our way of doing things.

Finally, we will equip our corporate teams to support the new ways of working, ensuring that the Business Units have the necessary HR/ Finance / IT / Information support they require. We will standardise our approach where needed and allow greater freedom to act to enable innovation and development.

Work with our local partners to improve the health and wellbeing of our population as part of the sustainable environment agenda

To support the Trust's ambition to become a community anchor, we will work with our local partners to develop a place-based Environmental and Social Responsibility Strategic Plan and identify joint priorities to support the wellbeing of our local population.

We will apply for the Cheshire and Merseyside Social Value Award, which for us means improving the economic and environmental benefits for the people who connect with our services. It means tackling poverty and inequality. It means improving the health and wellbeing of the population. It means making the very best use of every pound we spend to ensure the long-term financial stability of the organisation so we can provide the best possible standard of healthcare to our patients.

Within the Workforce Strategic Plan, our focus will be to improve the health and wellbeing of our workforce, who are also members of our local population. We will look to expand our reach to underrepresented groups, including expanding support and opportunities for younger people wishing to work for the NHS. We will also expand the development opportunities for our Black, Asian, Minority Ethnic (BAME) colleagues, with the aim of increasing the breadth and depth of diversity within our workforce.

We will work with disability groups and those who are carers to better understand the challenges faced through coming to work. We will continue to support our BAME staff network and will learn from this to establish further staff networks to support our LQBTQ+ colleagues, also creating a Disability and Carers' network.

We will continue to nurture a culture of civility, safety and belonging, where people feel comfortable to speak out when needed, where bullying is not tolerated, building on the work that has been done already by our Freedom to Speak Up Guardian.

Key enablers

Key enablers for delivering the Workforce Strategic Plan will be the Trust's digital and estate infrastructure plans. The impact of these plans will include changes to our working environment, requiring us to operate differently to deliver treatment. We also want staff to be digitally enabled, working with the latest equipment and technology to carry out their roles. This will help the Trust attract and retain the best people, alongside creating a culture whereby digital solutions are considered first, where appropriate.

Our commitment to compassionate and inclusive leadership will enable us to adopt a different way of working firmly rooted in our values and behaviours. By adopting the competencies set out within our leadership commitments, we will ensure the highest quality and most effective patient services.

The Environmental and Social Responsibility Strategic Plan will support us in expanding our ambition to reach under-represented groups within our communities, providing us with a system wide perspective on improving population health and addressing health inequalities.

We will maintain an efficient and responsive service to maintain our business-as-usual duties. This work will serve to keep the Trust, staff and patients safe through ensuring that our people management practices are robust, safe and reliable. We will ensure that our processes, policies, and procedures are up to date and reflect the very best practice. We will meet our statutory duties by complying will all relevant employment legislation and work in partnership with our Trade Union colleagues to minimise recourse to formal action.

This Workforce Strategic Plan, alongside our business-as-usual work and enabling strategic delivery plans will enable us to transition to the new model of working and help us to focus our efforts on those things that will best enable us to deliver the Trust Strategy. This Workforce Strategic plan will position our people as central to creating a system focus model of health and social care delivery, putting our patients and staff at the forefront of all that we do.

Measuring our performance

We will measure our performance using metrics that will evidence progress against both the National NHS People Plan priorities and our own Workforce Strategic Plan priorities. The Strategic Plan and priorities will be reviewed annually and link with the annual planning cycle.

The Executive Workforce Assurance Group (EWAG) will monitor operational delivery of the Workforce Strategic Plan. Assurance against the strategy and risks to delivery will be reported to the Workforce & Digital Transformation Committee and up to the Board as appropriate. The metrics that we will measure ourselves against are detailed in Appendix 2.

Resourcing our plan

To deliver this ambitious five-year strategic plan, a capacity and capability exercise will be completed within each of the Workforce functions and reviewed annually. Where necessary, resources will be redirected within teams to priority areas and to focus on the key deliverables of the Trust's strategy.

Where additional resources are required, we will develop business cases to support our plans. Where different capabilities are required, we will develop our existing team and recruit new talent where necessary. We will continually evaluate our ability to deliver the Workforce Strategic Plan, bringing in external support should we need bespoke expertise.

We will also support the development of the wider workforce in delivering this strategic plan. It will be important to upskill and support line managers to enable them to be the best people managers and to be equipped to transition to the new ways of working.

Appendix 1

National NHS People Plan Priorities

The delivery of our Workforce Strategic Plan must be set within the context of delivering the priorities and outcomes detailed within the National NHS People plan as follows:

- **Looking after our People**: particularly the actions we must all take to keep our people safe, healthy, and well – both physically and psychologically.
- **Belonging in the NHS**: highlighting the support and action needed to create an organisational culture where everyone feels they belong.
- **Growing for the Future:** particularly by building on the renewed interest in NHS careers to expand and develop our workforce, as well as retaining colleagues for longer.
- **New Ways of Working and Delivering Care**: emphasising that we need to make effective use of the full range of our people's skills and experience to deliver the best possible patient care.

These priorities are supported by 'Our People Promise', which is a promise we must all make to each other, to work together to improve the experience of working in the NHS for everyone.

Appendix 2

People Plan	MCHT Strategic Workforce Plan		Metrics	Frequency	Data Source
Looking after our people	Workforce welfare	1	Proportion of staff who say they have personally experienced harassment, bullying or abuse at work from a) manager, b) other colleagues, c) patients / service users, their relatives or other members or the public in the last 12 months	Annual	NHS Staff Survey
		2	Proportion of working days lost to sickness absence	Quarterly	ESR
		3	Number of staff who have had a flu vaccination and number of staff who have had a Covid vaccination	Annual	Occupational Health
		4	Proportion of staff with a completed risk assessment	Quarterly	ESR
		5	Safe Environment Culture score	Annual	NHS Staff Survey
		6	Reason for absence being work-related stress / anxiety	Quarterly	ESR
	Work-life balance and agile working	7	Percentage of staff who say they are satisfied or very satisfied with the opportunities for flexible working patterns	Annual	NHS Staff Survey
		8	Percentage of colleagues who feel a) informed, b) supported, c) able to have a work-life balance and d) confident in local leaders	Quarterly	NHS Staff Pulse Survey
		9	Reason for leaving – work-life balance	Annual	ESR
		10	Number of posts advertised as suitable for flexible working	Quarterly	TRAC
		11	Progress on achieving one of the e- rostering and e-job planning levels of attainment	Annual	NHSEI
	Retention	12	Proportion of staff leaving the Trust each year	Annual	ESR
		13	Number of RN and HCA vacancies	Quarterly	ESR / Finance Ledger

		14	Number of medical vacancies (key specialties)	Quarterly	ESR / Finance Ledger
		15	Number of AHP vacancies	Quarterly	ESR / Finance Ledger
We all belong in the NHS	Equality, Diversity and Inclusion	16	Proportion of staff in senior leadership roles who (a) are from a BME background (b) women	Annual	WRES programme
		17	Proportion of staff who say they have personally experienced discrimination at work from a) patients / services users, their relatives or other members of the public, b) manager / team leader or c) other colleagues in the last 12 months	Annual	NHS Staff Survey
		18	Proportion of staff who agree that their organisation acts fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age	Annual	NHS Staff Survey
	Staff Engagement	19	NHS Staff Survey engagement Score	Annual	NHS Staff Survey
		20	NHS Staff Survey response rate	Annual	NHS Staff Survey
		21	Number of F2SU concerns raised	Quarterly	F2SU Guardian data base
	Culture and Freedom to Speak Up	22	'Our Leadership Way' baseline assessment	Annual	Various sources
		23	Number of advanced clinical practitioners in the workforce	Quarterly	ESR
New Ways of Working and Delivering Care	New ways of working	24	Increased clinical placement capacity	Annual	HEE
		25	Number of QI trained staff	Annual	ESR
		26	Apprenticeship Levy Spend	Quarterly	
		27	Number of people beginning apprenticeships each year	Annual	
		28	Number of registered nurses and HCAs employed by the Trust	Quarterly	ESR
		29	Number of international recruits against planned trajectory	Quarterly	ESR

Growing for the future	Increasing number of clinical staff	30	Number of medical staff employed by the Trust	Quarterly	ESR
		31	Number of AHPs employed by the Trust	Quarterly	ESR
		32	Number of volunteers within the Trust	Annual	
		33	Annual expenditure on agency / locum staff as a proportion of total staff expenditure	Quarterly	Finance Ledger
	Talent Management	34	Percentage of appraisal compliance	Quarterly	ESR
		35	Number of delegates on internal leadership programmes	Annual	ESR
		36	Number of internal promotions	Annual	ESR

Workforce Plan

Delivering the Trust Strategy

What are the key objectives and priorities?

- Attract and retain the best and most diverse talent
- Maximise our workforce supply routes to reduce vacancy gaps
- Create an inclusive workplace where people are healthy, happy and productive
- Design a future workforce which is agile and responsive to the changing population health needs.
- Build the capacity and capability of our leaders to enable them to feel empowered and to make decisions.
- Work with our local partners to improve the health and wellbeing of our population as part of the sustainable environment agenda

What are the key objectives and priorities?

- It creates a workforce with the right skills in the right place at the right time.
- By building a resilient workforce, we can meet the challenge of restoration and recovery of services
- Creating an agile, healthy and responsive workforce will enable us to deliver high quality patient care
- Using intelligent data we can make informed decisions at a system level
- Equipping our workforce with the digital skills they need will enable us to respond to the growth in digital solutions
- We will be able to transform services through consistently applied Quality Improvement methodologies

Why does this matter to us?

- People with ideas and ambition will enable the organisation to develop its future skills and capabilities and broaden the depth of our thinking.
- Closing our vacancy gap will reduce the pressures on our workforce, enabling them to do their jobs well and take pride in their work.
- A healthy, happy and productive workforce results in better quality and safety of patient care and creates positive engagement
- Developing and manging effective services with the best outcomes and experience for patients requires effective leaders.
- We recognise our social responsibility to ensure that we are doing our best to improve the opportunities and health and wellbeing of our local population.

Where are we now?

- We have significant workforce gaps in our hardest to fill vacancies across our clinical workforce
- We have growing rates of stress, anxiety and depression and a need to focus attention on mental health and wellbeing to avoid burn out
- We have too much temporary nursing workforce movement and high bank and agency usage to support additional escalation beds.
- We have inconsistency in our workforce data and data systems are not aligned.
- We have good systems and processes in place for international recruitment
- We have talent management processes in place which can be build upon.
- We have developed system relationships to support the Environmental and Social responsibility agenda

How will we get there?

Year 1	Year 2	Year 3	Year 4	Year 5
• Close the nursing vacancy gap through IR and maintain retention rates • Reduce the medical workforce gaps with medium to long term solutions (CESR route) • Develop an AHP workforce plan • Implement the People Recovery Plan stage 2 • Embed Talent Boards and mobilise succession plans • Establish Divisional Governance structures • Introduce QI • Create Digital dashboards using intelligent data sources • Introduce BAME leadership programme	• Fully embed a Flexible Working culture • Implement e-roster for medical workforce • Transition teams in to the new business models • Create talent boards at a Place based level • Create opportunities for secondments and shared posts across the system • Deliver the People Recovery plan phase 3 • Deliver joint social responsibility priorities • Ensure improved use of the apprenticeship levy spend • Widen the International recruitment programme to other people groups • Develop a Cheshire integrated workforce plan for health	• Implement new ways of working / new roles across health and social care to support new patient pathways • Eradicate high cost agency spend • Adopt innovative ways to encourage retire and returners • Expand OD programme to support high level of change • Develop talent and succession planning to incorporate requirement of QI knowledge • Work with the DCS programme leads to ensure all people are fully digitally enabled with the skills and equipment to do their roles in a digital world • Expand diverse and inclusive leadership programmes	• Develop a fully integrated workforce plan across health and social care • Ensure effective job plans are in place across all specialities and aligned to new Business units • Robust talent pipeline in place with key individuals 'ready now' to move in to key roles • Shared data and analytics across health and social care for Cheshire East Place • Positive social responsibility plans in place and outcomes being evidenced in diversity metrics • Develop integrated terms and conditions of service across specific health and social care teams.	• Integrate health and social care teams working together across 4 new Business Unts • Develop collaborate ways of working for corporate teams working across health and social care e.g Recruitment / OD • Integrate business intelligence systems to provide robust workforce data • Pool senior leadership expertise and workforce budgets • Fully agile workforce across health and social care – one workforce.

What does success look like?

1-3 Years	3-5 Years
• Sustained low level of vacancies • Established and consistent pipeline of new recruits • Robust talent management / succession plans in place • Positive career pathways and internal promotion • Manageable sickness levels • New roles identified and in place • High quality reliable data sources used for workforce planning • Posts and people aligned to the new Business units	• High digital capability across the workforce • Job flexibility and fully agile workforce • Shared roles across system partners • Greater breadth and depth of diversity • Improved ratio of permanent to temporary people • QI fully adopted

How are we going to measure success?

Funded establishment fill rate	Levels of Anxiety Stress & Depression	Promotion and Retention rates
people Survey engagement score	Agency / Locum spend	Reason for leaving

What are the key dependencies and risk?

Key interdependencies:

- Funding for international recruitment remains available
- Ability to release people for training and development
- Buy in from system partners for the new ways of working
- Rebuild and regeneration of the Leighton and VIN sites
- Implementation of the Digital Clinical System
- Successful implementation of QI methodology
- Business intelligence Unit capacity and capability

Key risks:

- Escalation beds remain open outside of winter planning
- Burn out of the workforce and loss of key individuals
- Capacity of current workforce to deliver the changes required
- Lack of skilled talent across the system and failure to attract
- National shortage of key roles (e.g. acute physicians)
- Cost improvement plans reduce ability to invest in new workforce

Because you Matter

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.

DOCUMENT : Workforce Strategic Plan

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	Y	Positive impact through expanding development opportunities for BAME colleagues. Continued support for our BAME staff network
2	Sex	Y	Positive impact through inclusive attraction and recruitment plans
3	Transgender	N	
4	Pregnancy or maternity	N	
5	Marriage or civil partnership	N	
6	Sexual orientation including lesbian, gay and bisexual people	Y	Positive impact through the establishment of a LQBTQ+ staff network
7	Religion or belief	Y	Risk Workforce strategic plan linked heavily to EDI strategic plan may leave colleagues who identify with one or more protected characteristic but specifically Religion or belief feeling they are being overlooked in terms of proactive interventions by comparison to other underrepresented groups.
8	Age	Y	Positive impact through expanding recruitment reach to younger people
9	Disability - learning disabilities, physical disability, sensory impairment and mental health problems	Y	Positive impact through the establishment of a Disability and Carer's staff network
10	Economic/social background	Y	Positive impact through deliver of the Environmental and Social Responsibility Plan
B	**Human Rights – are there any issues which may affect human rights**		
1	Right to Life	N	
2	Freedom from Degrading Treatment	N	

3	Right to Privacy or Family Life	N	
4	Other Human Rights (see guidance note)	N	

Date : 17/11/2021 **Name : Heather Barnett**

Signature: HBarnett **Job Title : Director of Workforce & OD**

SECTION B

Please expand tables below as necessary

SECTION B NUMBER A1-10, B1-4	NATURE OF IMPACT	EVIDENCE	STAKEHOLDER INVOLVEMENT	ACTION	COST	LEAD(s)	TIMESCALE	RISK SCORE
A1	BAME leadership programme offered to BAME colleagues	Underrepresentation of BAME colleagues above band 5 and within senior management positions	BAME staff network	Implement BAME leadership programme in conjunction with Countess of Chester Hospital to maximise participation		Head of ED&I	January 2022	
A2	Greater gender balance within lower and upper level roles	Gender Pay Gap report		Implement the actions arising from the Gender Pay Gap report findings		Head of EDI	Ongoing	
A6	Underrepresented voice from LQBTQ+ colleagues as part of decision making and workforce planning	Staff survey engagement scores	LQBTQ+ staff network	Establish and embed LGBTQ+ staff network		Head of EDI	January 2022	
A7	Workforce strategic plan on account of its intrinsic link to the EDI strategic plan could result in colleagues of one or more protected characteristic but in particular religion or belief feeling marginalised or 'lost' on account of the trusts commitment to deliver on behalf of much needed heightened representation and support for BAME, LGBT+, Disabled community.	No religion or belief staff network Support for religious festivals is typically restricted to	EDI Lead EDI Steering Gp	Monitor and respond constructively with an evidence based position on why spotlight is needed in respect of LGBT+ & BAME & Disabled colleagues right now.	N/A	Head of EDI	June 2022	4 (2 x 2) Probability = Unlikely (2) and Impact is low (2)

SECTION B NUMBER A1-10, B1-4	NATURE OF IMPACT	EVIDENCE	STAKEHOLDER INVOLVEMENT	ACTION	COST	LEAD(s)	TIMESCALE	RISK SCORE
A8	Apprenticeship programmes directed at younger people Princes Trust partnership to reach young people from underrepresented groups Reaching out to local schools and colleges as part of attraction and careers plan	Less than 5% of current workforce is below the age of 25	Princes Trust Local Schools and Colleges	Workforce Supply Sub group to focus on youth employment through attraction and recruitment plans.		Head of Resourcing Inspiring Futures lead Head of Workforce Transformation Volunteer Manager	Ongoing	
A9	Underrepresented voice from Disabled colleagues and carers as part of decision making and workforce planning	Staff survey engagement scores	Disability and Carers' staff network	Establish and embed Disability and Carers' staff network		Head of EDI	January 2022	
A10	Increased health and wellbeing of people within our communities through the expansion of job opportunities	Public Health England data on employment within challenged social and economic areas	C&M Environment and Social Responsibility Forum	Implement the social value actions within the Environmental and Social Responsibility Plan		Sustainability and Green Travel Manager	January 2023	

BOARD OF DIRECTORS

Agenda Item	**9**	Date of Meeting: 25/11/2021
Report Title	**Environmental and Social Responsibility Plan 2021-2026**	
Executive Lead	Heather Barnett – Director of Workforce and OD	
Lead Officer	James Whittall – Sustainability and Green Travel Manager	
Action Required	To approve	

X **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

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

- This document maps out the Trusts commitments in the areas of environmental and social responsibility with an action plan from 2021 to 2026
- This document also presents the Trusts Green Plan, due for ICS submission by the 14th January 2022

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

- The plan will be sent to EWAG, PAF (consultation) and WDT (approval) and then to Trust Board
- The document will be condensed to reflect the new Trust strategic plan format, which will include a 'plan on a page'

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

• Provide safest and best care	☐	• Be the best place to work	✓
• Become a leading and sustainable health care system	✓	• Push boundaries in clinical, technology and digital innovation	✓

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

• Quality	☐	• Compliance	☐
• Finance	✓	• Legal	☐
• Workforce	☐	• Risk/BAF Click here to select relevant risk	
• Equality	☐		

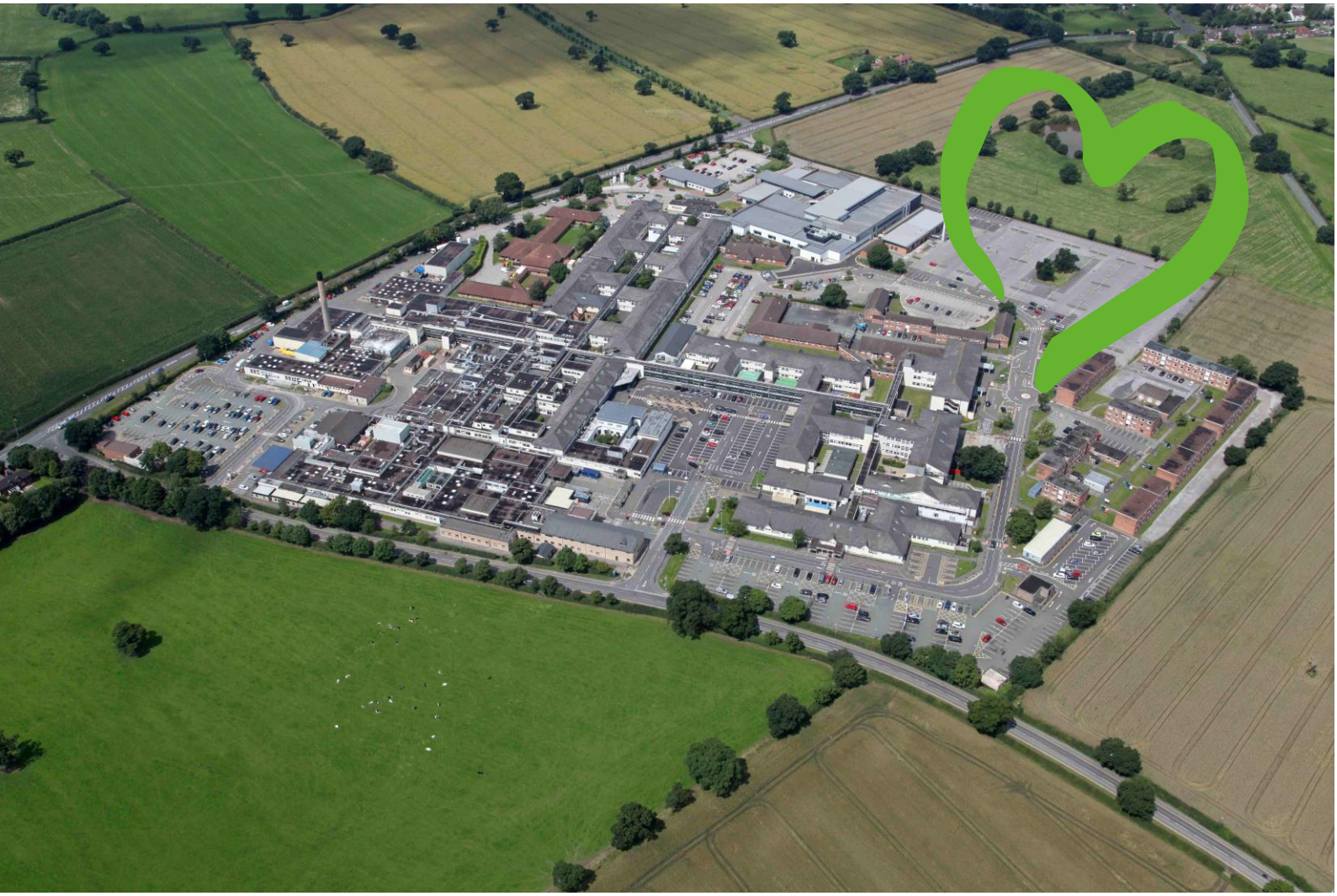
Equality Impact Assessment (*must accompany the following submissions)*

Strategy ☒ Policy ☐ Service Change ☐

REPORT DEVELOPMENT

Committee/ Group Name	Date	Report Title	Lead	Brief summary of key issues raised and actions agreed
Board of Directors	25/11/2021	**Environmental and Social Responsibility Plan**	James Whittall Sustainability and Green Travel Manager	1St Report

NHS
Mid Cheshire Hospitals
NHS Foundation Trust



Environmental and Social Responsibility Plan

Executive Summary

2021-26

Because you matter

Foreword

This Environmental and Social Responsibility Plan represents our Trust Green Plan. It incorporates and reflects the requirements of the *How to produce a Green Plan: A three-year strategy towards net zero guidance* from the Greener NHS National Programme. As set out within the guidance, we have included additional chapters that reflect our commitments to improve the environmental and social responsibility of the Trust and maximise our position as a community anchor in our local community.

It is the Trust's mission to provide unparalleled care for our local population and placing sustainability at the heart of our healthcare services is crucial to successful delivery. We are taking a unique approach to sustainable healthcare; combining net zero carbon ambitions with broader social priorities to reduce health inequalities, enhance wellbeing and provide support across our community.

The last year has been significant for Mid Cheshire Hospitals NHS Foundation Trust as we continue to pursue improvements in the social and environmental benefits we provide for our people and local communities.

We recognise our responsibility to be an accountable organisation by giving to society and having a positive impact on the lives of our staff, patients and community, as well as the natural environment. Our social and environmental responsibility commitments are included within this plan and we have developed an action plan as part of our ongoing response to the Greener NHS programme, the UK climate emergency and feedback from our staff and wider stakeholders.

Over the last year, we have further invested in our people and carbon reduction efforts. Key highlights include our support groups, for example mental health first aiders, job opportunities for young people through the Inspiring Futures team, equality and diversity initiatives, establishing a sustainability programme and governance; and digital and agile working. We are committed to supporting the quality of life of our workforce, patients and the wider society via our five key themes: social, jobs, growth, environment and innovation.

Introduction

This plan sets out the Trust's commitments to delivering environmental and social improvements to the communities we serve across Cheshire and beyond.

Social value is the long-term, sustainable improvement for society that can be gained by promoting positive social, economic and environmental impact. The NHS was established on the principles of social justice and equity, but as we have seen during the pandemic, health inequalities in our most diverse communities are wider than ever. This plan outlines our approach to tackling these inequalities, utilising the principles of sustainability to enhance opportunities for our staff and the local community.

Environmental and social responsibility can be described as the 'broader value' that is created for society by considering a wide range of impacts that our decisions can influence, not just the financial implications.

By considering social value in the decisions we take, including the way we operate, employ people, engage with communities and procure products and services, we can cultivate a more sustainable, resilient and inclusive society.

Trust activities touch lives and change futures. That's true for our patients and their relatives and for our workforce. We also affect our partner organisations and our suppliers. The influence of the Trust is felt across our community. Every day, the Trust aims to provide excellent services for the community and to be an inspiring employer.

This plan is an enabler for the Trust Strategy and aligns and supports associated commitments and plans – the key documents have been highlighted below:

Vision, aims and strategic themes

The Trust's aim is to ensure this plan maximises our position as a community anchor organisation in the local community and economy. This plan and accompanying action plan sets out our approach and contribution to environmental and social value.

The Trust has significant influence over the local community and economy through procurement, employment, operations and activities and consequently improving the sustainability performance of our services can in turn reduce the health implications of climate change on local populations and reduce the future demand pressures on the health sector. There are numerous relevant legislation, policies and standards that are driving and supporting the delivery of environmental and social value – these have been outlined below:

- The Equality Act 2010
- Human Rights Act 1998
- Health and Social Care Act 2012
- The Public Services (Social Value) Act 2012
- Equality Delivery System (EDS) for the NHS
- NHS Workforce Race Equality Standard (WRES)
- NHS Workforce Disability Equality Standard (WDES)

Our Trust vision for delivering environmental and social values is *to lead the way in providing inclusive, accessible and lasting support to our people, the environment and the local community we serve.*

To support our ambitions and deliver our vision, we have set the following aims:

- Reduce inequalities and improving the quality of life for our local community
- Improve the physical environment
- Improve long term financial sustainability
- Make the best use of the public money

The themes of this plan and accompanying actions align with the Sustainable Development Unit Social Value Calculator, which aligns with the overarching strategic themes that the NHS is looking to pursue.

Through a combination of staff consultation, an environmental and social responsibility baselining activity, and national guidance, we have shaped actions and priorities under the key themes.

Priorities and key targets

There are numerous environmental and social value priorities and targets within healthcare policy documents including the NHS Long Term Plan and the Delivering Net Zero National Health Service Report. Key considerations are highlighted across the page and our action plan will set us on a journey to achieve these priorities and targets.

NHS Long Term Plan

The NHS Long Term Plan, published in early 2019, sets out the priorities for healthcare over the next 10 years to ensure that it is a service fit for the future. This includes tackling issues related to funding, staffing, increasing inequalities and pressures from a growing and ageing population. The plan is complemented by additional strategies, for example the *NHS People Plan*[11] that sets a vision for how people working in the NHS will be supported to deliver care and identifies the actions we will take to help them. The NHS Long Term Plan and its accompanying *Implementation Framework* also clearly sets out how it will support wider social goals across the following focus areas:

- Health and employment
- Health and the justice system
- Veterans and the Armed Forces
- Care leavers
- Health and the environment
- Anchor institutions

NHS organisations will continue to be supported through the publication and initiation of new guidance and programmes and the Trust will continue to meet the asks and standards set out.

Greener NHS Programme

The Greener NHS Programme was launched in January 2020 to tackle the climate 'health emergency' and in October 2020, the NHS committed to more ambitious net zero carbon targets than the Climate Change Act[13] targets including:

- for the emissions we control directly (the NHS Carbon Footprint), net zero by 2040, with an ambition to reach an 80% reduction by 2028 to 2032
- for the emissions we can influence (our NHS Carbon Footprint Plus), net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039.

There will be continued support and guidance for NHS organisations to deliver against the commitments, but the following key targets have been highlighted for the incoming year.

Key targets for 2021 / 2022

- Zero waste to landfill
- Social value weighted at 10% in tenders
- Purchase 100% renewable electricity tariff by April 2022
- All fleet vehicles purchased or leased by the organisation support the transition to low and ultra-low emission (ULEV)
- Switch to 100% recycled content paper for all office-based functions
- To ensure that the Trust is working towards delivering a net zero standard and BREEAM 'excellent' rating for all new builds and refurbishments

Current position

Social value baseline

The Trust has utilised the social value calculator provided by the Greener NHS (formerly Sustainable Development Unit) and developed a bespoke social value score matrix to quantify a social value baseline for 2019/20. The tools unpick the following themes taken from the National Framework, to capture and quantify some of the environmental and socio-economic benefits associated with our activities:

- **Social** – creating healthier, more sustainable and more resilient places and communities
- **Jobs** – creating fair employment and good work for all
- **Growth** – supporting inclusive, diverse and responsible business
- **Environment** – protecting and improving our environment
- **Innovation** – promoting social innovation

Our social value scoring matrix measures progress against the above core themes. We have allocated the following scores to each measure set out within the TOMs Framework:

- 0 – no clear initiatives in place
- 1 – some initiatives in place but more could be done
- 2 – some initiatives in place and further efforts planned within the next year
- 3 – significant progress has been made

Our progress scores from 2019/20 totalled 49%, a further breakdown per key theme is outlined in Figure 1. Significant progress has been made within the jobs theme by creating opportunities for local community, particularly among the younger population.

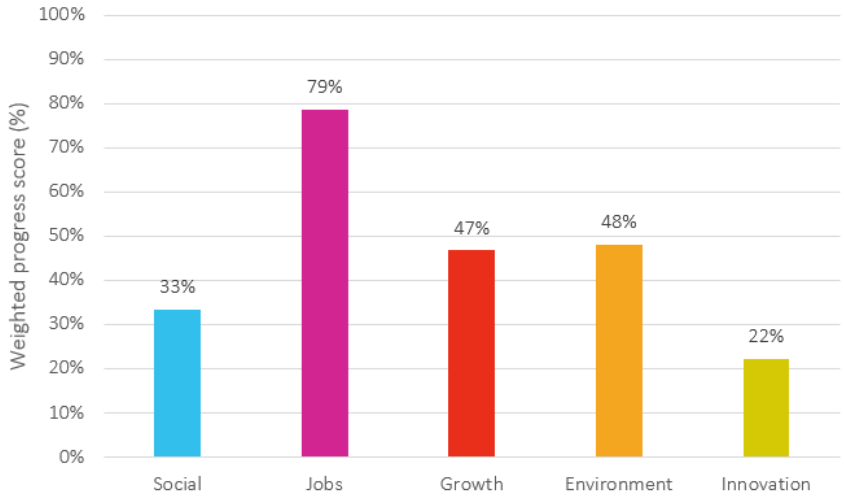


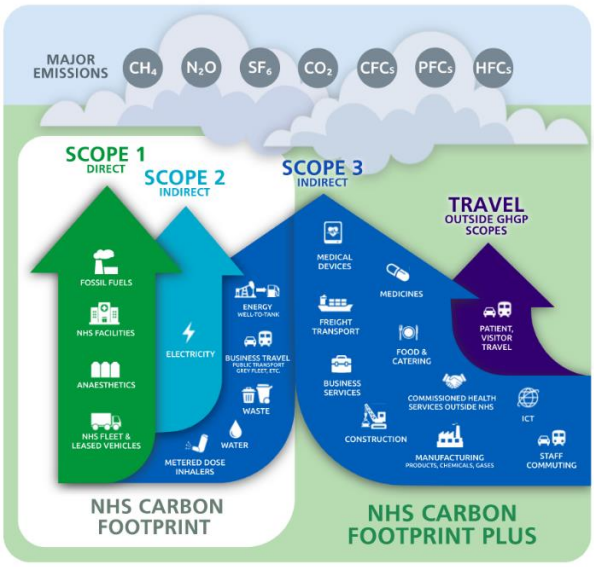
Figure 1: Progress score (%) of social value measures within each key theme.

Despite data limitations, the Trust has calculated an equivalent social value total of £1,114,112 delivered in 2019/20 from a total recorded investment of £395,864. We will continue to improve data collection year on year using the key performance indicators (KPIs) set out within our action plans. This will enable us to identify areas of improvement and enhance the initiatives we already have in place.

Scope 1, 2 and 3 emissions

We have calculated our carbon footprint using the Greenhouse Gas Protocol (GHGP)[16] scopes which cover a wide range of emissions and support international comparison and transparency. All our activities have a carbon footprint, which is categorised into three Scopes.

Scope 1 covers direct emissions from owned or directly controlled sources and Scope 2 and 3 cover all indirect emissions in our upstream and downstream activities. Scope 2 includes indirect emissions from the generation of purchased energy, mostly electricity, while scope 3 defines all other indirect emissions that occur in producing and transporting goods and services, including the full supply chain.



The NHS uses the GHGP scopes to define its own breakdown, known as NHS Carbon Footprint and NHS Carbon Footprint Plus which are defined below and within Figure 2.

- **NHS Carbon Footprint**: the emissions we directly control
- **NHS Carbon Footprint Plus**: the emissions we influence, includes all three of the scopes defined within the GHGP, as well as the emissions from patient and visitor travel to and from NHS services and medicines used within the home.

Scope 1 and 2 emissions account for 12% and Scope 3 emissions account for 88% of our total carbon footprint. Our carbon footprint from scope 1 has increased by 5% since 2018/2019 whilst scope 2 emissions have fallen by 17%. A further breakdown is shown in Figure 3 and further actioned within our upcoming Green Plan.

Trust carbon footprint

Since 2008/09, significant carbon reduction progress has been made across our activities. Our emissions from electricity have reduced by 49%, gas by 18%, water by 16%, and anaesthetic gases by 32%. Some of our emissions have remained relatively consistent over the years, including waste. However, more can be done to eliminate our contributions to harmful greenhouse gases.

Total carbon emissions from NHS Carbon Footprint have reduced by 20% since 2012/13. We have selected a baseline year of 2019/20. Because of the impact of COVID-19, 2019/20 provides more complete, reliable, representative data and consistency with our social value baseline.

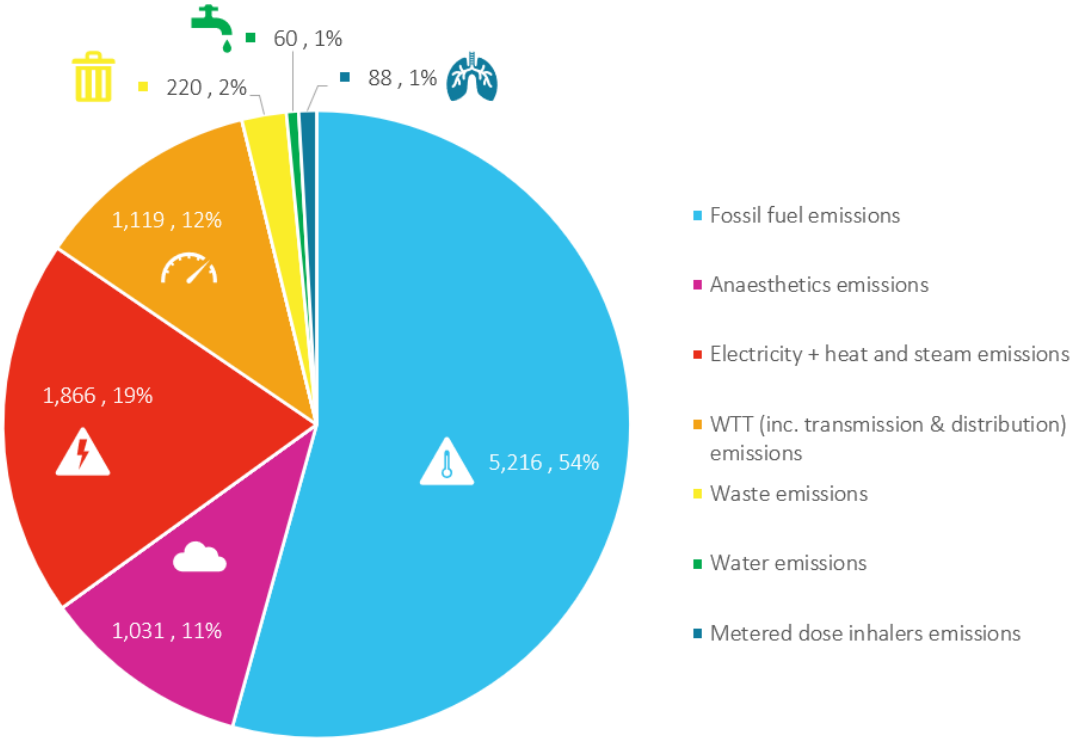


Figure 4: Carbon emissions breakdown for 2019/20.

Carbon Footprint Plus

The Greener NHS Procuring for Carbon Reduction (P4CR) tool has been adopted to estimate the Trust's supply chain contribution to our NHS Carbon Footprint Plus. This tool utilises procurement spend data from 2018/19, 2019/20 and 2020/21 to calculate an estimated carbon footprint against the categories listed below.

As shown in Figure 5 and 6, the Trust's Carbon Footprint Plus is estimated to have increased over time. This may not be a true representation of our supply chain emissions due to the limitations of our methodology. However, the analysis provides a clear overview of high-emitting sectors; including but not limited to business services, medical instruments and pharmaceuticals.

For future calculations, NHSEI will release a centralised dataset of carbon emissions for each NHS Trust. Our action plan sets out our approach to minimise carbon emissions from the goods and services we purchase, for example through our procurement processes and supplier expectations.

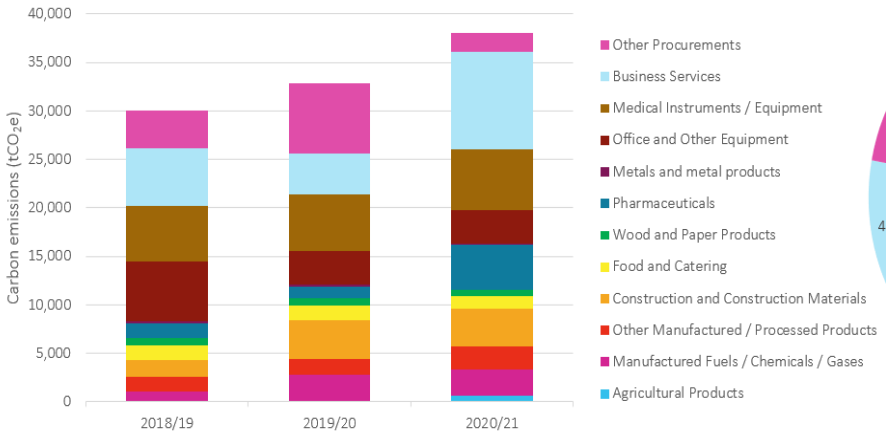


Figure 5: Carbon footprint plus breakdown by emissions source since 2018/19 (tCO_2e).

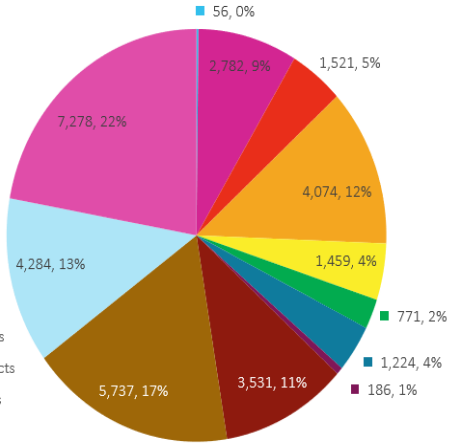


Figure 6: Carbon emissions breakdown from procurement (carbon footprint plus) in 2019/20 (tCO_2e).

Cheshire and Merseyside Health and Care Partnership

Established in 2016, the Cheshire and Merseyside Health and Care Partnership addresses local challenges around population health, quality of care and the increasing financial pressures on these services. Our universal goal is to improve health and wellbeing and reduce health inequalities across Cheshire and Merseyside.

It is our collective aim for everyone in Cheshire and Merseyside to have a great start in life and to help people live longer, healthier, happier lives. We will achieve this by working together, as a system that transforms health and care and by putting people at the heart of everything we do.

We have a responsibility to improve the health and wellbeing of our population. We do this by:

- Coordinating plans to make sure our services continue to meet everyone's needs
- Joining up services to provide better care, closer to home

- Ensuring all our partners across Cheshire and Merseyside focus on addressing the causes of poor health, as well as improving diagnosis and treatment.

Monitoring and reporting

- **Greener NHS Data Collection**
  The Greener NHS team will continue to launch new data collections, assessments and tools that the Trust will use and report into to quantify progress and benefits of initiatives.

- **Carbon Reporting**
  Annual assessment of carbon footprint (scope 1, 2 and 3) against the emissions baseline. The Trust recognises this is likely to come centrally from NHSEI, but we will continue to monitor reported emissions and adjust actions plans according to progress made.

- **Sustainability Annual Report**
  Trust annual account for the management of sustainability

- **Estates Return Information Collection (ERIC) and Premises Assurance Model (PAM)**
  A mandatory data collection for all NHS Trusts required by the Department of Health.

Governance

Clear leadership is critical to deliver social and environmental objectives set out in this plan. MCHFT has established a robust governance structure to allocate responsibility and drive the successful delivery of our action plan.

Action plan

Social

Action	Owner	Timeframe	KPI
Develop initiatives to promote independent living, particularly for people with long-term conditions i.e. money advice, befriending schemes, practical healthy lifestyles advice, digital inclusion support	Community Engagement	2023	£ invested, including staff time (valued at £18.01 or £14.43)
Provide talks in school or the community on substance misuse, healthy eating, sexual health and physical wellbeing (or support existing campaigns such as Change4life, Start4life, RiseAbove and Frank)	Community Engagement	2024	No. hours volunteered

Jobs

Action	Owner	Timeframe	KPI
Provide job opportunities for local people	HR	Ongoing	No. or % of local people (FTE) employed on contract
Provide opportunities for disadvantaged people, such as long term unemployed or rehabilitating young offenders	HR / Inspiring Futures	2022	No. of employees (FTE) taken on who are long term unemployed (unemployed for a year or longer) No. of employees (FTE) taken on who are rehabilitating young offenders (18-24 y.o.)
Provide youth ages 16 and older with mentors to assist them in their careers	HR	2023	No. of hours volunteered or number of mentors
Ensure employees across our supply chain are paid at least the real Living Wage	Procurement	2023	% of suppliers paying at least the real Living Wage

Growth

Action	Owner	Timeframe	KPI
Support local suppliers	Procurement	Ongoing	Number of and spend (£) with local suppliers
Continue to create dementia-friendly environments	Capital, Estates and Facilities (CEF)	Ongoing	£ invested including staff time (valued at £18.01 or £14.43)
Expand the number of mental health first aiders across the Trust	HR	Ongoing	Number and % of staff mental health first aiders
Engage service users in the design and development of services	CEF/ Communications	2021	Number of service users engaged per project
All procurements to include a 10% weighting on social value	Procurement	April 2022	Number and % of tenders with social value
Develop/improve partnerships with VCSEs	Procurement	2022	Total amount (£) spent with VCSEs within your supply chain

Environment – Leighton Hospital Estate

Action	Owner	Timeframe	KPI
Support staff, patients and visitors to take more sustainable modes of travel through a Travel Plan.	Sustainability Lead	Ongoing	Number and % of staff travelling by active or public transport
Include air quality commitments within transport contracts	Sustainability Lead/ Procurement	2022	Savings in CO2/NOx/ PM2.5 emissions
Achieve biodiversity net gain on all capital projects	CEF	2022	% increase in biodiversity
Establish dedicated voluntary time to the creation or management of green infrastructure	Sustainability Lead/ CEF	2023	No. staff volunteering hours, biodiversity net gain
50% of vehicles in contracts are ultra-low emission vehicles (ULEV) or zero emission vehicles (ZEV)	Sustainability Lead/ Procurement	2023	No. and % of vehicles ULEV or ZEV
Provide advice to local residents to reduce energy consumption; targeting fuel poverty groups	Sustainability Lead/ Communications	2024	£ invested including staff time (valued at £18.01 or £14.43)
Donate medical devices or pharmaceuticals no longer needed to charities, non-profit organisations	Pharmacy / Waste / Procurement	2026	Tonnes donated
Review primary and secondary data for procurement process and transport. Reduce the use of single use clinical items and investigate the possibility of integrating re-processed equipment i.e. walking aids	Sustainability Lead and Procurement Lead	2024	Reduction in scope 3 procurement emissions
Increase the amount of food waste being recycled through the offsite digester	Sustainability Lead and Catering Lead	2023	Increase's to the tonnage of food being reported year on year.
Review the Trust menu's to assess the possibility of integrating seasonal menu's inline with health and wellbeing guidance	Sustainability Lead and Catering Lead	2023	Number of seasonal menu's introduced
Review Trust adaptation plans to assess the mitigation of risk for flood and heatwave events. This includes the appropriate reporting mechanism of such events	Sustainability Lead and EPRR Lead	2024	Auditing of reported data and new policy
Further investigate the implementation of the Ecostruxure building advisor system	Sustainability Lead/ Estates Operations Manager	January 2022	Reduction in maintenance response and CO2 reduction
Consider converting all lighting to LED	Sustainability Lead / Estates Operations Manager	January 2022	Reduction in energy cost and saving
Review CHP operating parameters	Estates Operations Manager	March 2022	Annual cost saving and CO2 reduction
Undertake BMS Review to confirm control parameters remain optimal	Estates Operations Manager	March 2022	Optimised efficiency of connecting plant
Energy and carbon awareness promotion	Sustainability Lead	March 2022	Co2 reduction
Consider investing in an aM+T system	Sustainability Lead / Estates Operations Manager	March 2022	Data from sub metering system and reporting

Innovation

Action	Owner	Timeframe	KPI
Promote non-clinical treatment and reduce face to face Outpatient activity	Clinical lead	Ongoing	£ invested including staff time (valued at £18.01 or £14.43)
Audit the use of anaesthetic gases within the Trust and reduce the use of desflurane to less than 10% of its total volatile anaesthetic gas use by volume.	SDG / Pharmacy Director	2022	Audit figures illustrating reduction below 10%
Invest in social prescribing schemes as a treatment	Pharmacy	2021	£ invested including staff time (valued at £18.01 or £14.43)
Tap into innovation funding such as the Small Business Research Initiative for Healthcare (SBRI) to finance innovation projects	SDG / Quality Improvement (QI)	2021	No. of projects and £ financed through funding schemes
Encourage engagement in test beds or pilots	QI	2022	Total no. of innovative approaches participating in
Establish a Sustainability Quality Improvement Programme to roll out within selected care models	QI	2022	Emissions/waste reduction of model against previous year (%)
Gather views of staff and other stakeholders from across the organisation via an innovation hub or survey	SDG / Communications	2023	No. of participants / responses

Environmental and Social Responsibility Plan

Delivering the Trust Strategy

What are the key objectives and priorities?

- Creating healthier, more sustainable and more resilience places and communities
- Creating fair employment and good work for all
- Supporting inclusive, diverse and responsible business
- Protecting and improving our environment
- Promoting social and environmental innovation
- Ensure flexibility in the service delivery
- Delivering on all aspects of the national net zero agenda

Why does this matter to us?

- Placing sustainability and social value at the heart of what we do will support the delivery of the Trust strategy.
- We recognise our social responsibility to ensure that we are doing our best to improve the opportunities and health and wellbeing of our local population.
- Managing and reducing our carbon emissions will help towards climate change and reduce global warming.
- Delivering the strategic plan will help to ensure that we are achieving the pillars of sustainability (economic, environmental and social)
- Embedding social value within MCHFT will help to ensure the organisation becomes a community anchor and support the delivery of effective services.

How does this support the delivery of the Trust strategy?

- This plan helps to deliver a net zero carbon leighton hospital
- Our ambitious plans for sustainable innovation will support a digitally enabled organisation and ensure services remain accessible
- Working closely with valued partners will help to progress key areas of action across the integrated care system
- Improving our social value schemes will help to inspire the workplace and ensure staff are healthy, happy and productive
- A sustainable organisation will help to deliver the 4 care models.

Where are we now?

- Education and focus on sustainability and social value needs to improve, the perception needs to change from a nice to have to a must have
- Although networks exist to support social value, an increase in cross partnership working needs to be the route forward to support improvements to training and job opportunities
- The Estate energy management and heat sources need to move towards environmentally friendly and renewable solutions. The Trust currently has 54% of emissions from fossil fuels
- With an 88% account of scope 3 emissions (carbon foot print plus) for the Trust entire output, reductions need to be made within this footprint
- The Trust is at the start of a journey is respect of sustainability and social value but has ambitious plans to be a leader and community anchor

What does success look like?

1-3 Years	3-5 Years
• Development and introduction of a green travel plan • MCHFT to use all energy from renewable sources only • Modal shift to purely ultra low and zero emission vehicles operated by the Trust • Working towards a net zero standard and BREEAM excellence in all new builds • Achieve 0% Trust waste to landfill • Procurement process to incorporate social value • Progress to achieving social value award and social value mark • Improve job opportunities for local, disadvantaged or long term unemployed people • Support health and wellbeing initiatives within the Trust and local communities	• Introduction of Estate de-carbonisation plan to support a net zero carbon Trust • Review of Trust procurement processes to reduce carbon emissions in line with national targets • Development and introduction of technologies to improve remote treatment provision • Introduce key objectives to reduce carbon emissions associated with medicine prescribing • Integration of sustainable objectives within adaptation planning • Significant reduction in food waste and healthier, locally sourced meal provisions • MCHFT is a leading community anchor organisation.

How are we going to measure success?

Annual carbon monitoring report	Quarterly Greener NHS Data Collection	Sustainability Annual Report
Estates Return Information Collection (ERIC)	Premises Assurance Model Framework (PAM)	Quarterly Review at Cheshire and Merseyside Sustainability Group

How will we get there?

Short Term		Medium Term		Long Term	
• Engage service users in the design and development of services • Ensure all procurements include a 10% social value weighting • Develop and improve partnerships with VSCE's • Consider converting all lighting to LED • Investigate the implementation of a building advisor system • Introduce scheme of energy and carbon awareness promotion • Improve job opportunities for local people • Support all site users with converting to sustainable travel	• Review central heating plant operating perimeters • Undertake building management system review • Include air quality commitments within transport contracts • Achieve biodiversity net gain on capital projects • Review primary and secondary data for procurement processes with transport – reduce single use items • Review the use of inhalers and anaesthetic gases • Provide job and training opportunities for disadvantaged people • Ensure the Trust provides solely ULEV's and ZEV's	• Invest in social prescribing schemes as a treatment • Tap into innovation funding to finance innovation projects • Establish a sustainability quality improvement programme to roll out within selected care models • Establish dedicated voluntary time to the creation or management of green infrastructure • Promote non- clinical treatment and reduce face to face outpatient activity • Implement new Trust Travel Plan • Increase the provision of onsite EV charging points • Ensure local suppliers are supported and promoted within the organisation • Ensure Trust developments working towards BREEAM excellence and net zero standard.	• Provide youth ages 16 and older with mentors to assist them in their careers. • Ensure employees across the supply chain are paid at least the real living wage • Develop initiatives to promote independent living for people with long term conditions • Develop new initiatives to reduce waste • Review the Trusts adaptation plans to assess the mitigation of risk of flood and heatwave events • Survey the views of patients, workforce and partners on the development and delivery of the strategic plan	• Review site wide estate development programme to imbed sustainability objectives • Further imbed community programmes in schools for example, to support work on substance misuse, physical wellbeing and healthy eating • Introduce programme of donating medical devices or pharmaceuticals no longer needed to charities • Deliver a net zero transport fleet • Review procurement sustainability agendas • Audit Trust carbon footprint • Review the success of the strategic plan at both a local and strategical level, ensuring a flexible approach and agree a plan for the future.

What are the key dependencies and risk?

Key interdependencies:

- Funding for sustainability and social value schemes
- Ability to obtain buy in from internal and external stakeholders
- Rebuild and regeneration of sustainable Leighton and VIN sites
- Implementation of the culture shift to embed sustainability and social value within the Trust
- Capacity and capabilities of process and workforce to embrace research and innovation

Key risks:

- Financing sustainability and social value schemes
- Failure to deliver the NET zero national agenda and targets
- External factors impacting on the delivery of sustainability and social value schemes

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.

DOCUMENT : Environmental and Social Responsibility Plan

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	N	
2	Sex	N	
3	Transgender	N	
4	Pregnancy or maternity	N	
5	Marriage or civil partnership	N	
6	Sexual orientation including lesbian, gay and bisexual people	N	
7	Religion or belief	N	
8	Age	N	
9	Disability - learning disabilities, physical disability, sensory impairment and mental health problems	Y	Environment action plan – consider switching all lighting to LED Encourage sustainable travel and commuting
10	Economic/social background	N	
B	**Human Rights – are there any issues which may affect human rights**		
1	Right to Life	N	
2	Freedom from Degrading Treatment	N	
3	Right to Privacy or Family Life	N	
4	Other Human Rights (see guidance note)	N	

Date : 17/11/2021 **Name : James Whittall**

Signature :  **Job Title : Sustainability and Green Travel Manager**

SECTION B

Please expand tables below as necessary

SECTION B NUMBER A1-10, B1-4	NATURE OF IMPACT	EVIDENCE	STAKEHOLDER INVOLVEMENT	ACTION	COST	LEAD(s)	TIMESCALE	RISK SCORE
A9	LED lighting can be extremely bright as well as efficient – this may have a negative impact on individuals with neurodiverse conditions, epilepsy amongst others	To be researched more thoroughly	Disabled & Carers staff network & community groups	Undergo thorough research, engage views of neuro diverse colleagues & patients – explore alternatives on an individual case by case basis, particularly in terms of reasonable adjustments for staff working under LED lighting at the same spot every day (i.e., their desk)	TBC	Sustainability and Green Travel Manager Health and Safety Lead Estates Manager	January 2023	3x4 = 12 High Risk
A9	Encourage staff to more sustainable travel	Electric charging points for cars – but how many of these are we planning to make accessible EV charging points much like we make wider accessible parking bays available?	Disabled & Carers staff network & community groups	Capital programme reviewed with Estates development team. Current development programme includes 16% of EV bays as accessible, monitor moving forward.	No additional cost outside of capital development programme	Sustainability and Green Travel Manager Senior Capital Development Officer	Ongoing	3x3 = 9 Moderate Risk

Quality & Safety Committee (QSC)
Chair's Assurance Report
November 2021

Report to	Board of Directors
Date	25 November 2021
Report from	Manoj Agarwal, Non-Executive Director Chair
Report prepared by	Caroline Keating, Company Secretary
Executive Lead/s	Murray Luckas, Medical Director Julie Tunney, Director of Nursing & Quality
Committee meeting quoracy	Yes ☒ No ☐

KEY AREAS OF ASSURANCE

Covid:

- **Review of 2nd wave (October 2020 – March/April 2021) Covid deaths-** post infection reviews completed on 92% of 91 patients who died within 28 days of probable nosocomial infection; 48% of these have undergone Structural Judgement Review. Small number considered to have had sub-optimal care but not the cause of death. Final report to be submitted in the New Year.
- **IPC:** national guidance for winter expected shortly. Regional good practice guide will impact respiratory pathway; local plan being developed in response.
- **Escalation beds**: 100 remain open with high use of agency staff; monitored under Urgent & Emergency Care Improvement Plan. Staff being supported with good access to wellbeing initiatives.

BAF/High Scoring Operational Risks: changes to risks identified and future focus on controls and assurance noted.

Integrated Performance Report (IPR) Month 6:

- **VTE** – marginally below 95% target at 93% but, following audit, considered acceptable. Capacity issue with administrative upload identified as the reason but EQGG confident this would not translate into patient harm. Position continues to be monitored
- **Increase in C.Difficile** (20 cases) - deep dive identified six cases as avoidable, mainly due to antimicrobial prescribing; support being provided to relevant parties to improve prescribing focus. Plan in place to reduce rates with report to be submitted to Health Protection Board
- **Complaints -** low closure figures due to capacity issues although improvement seen in November**.**
- **Nurse Staffing -** below 85% registered nurse compliance rate, largely due to escalation beds remaining open. Situation being actively managed to maintain patient safety/quality of care.

Executive Quality Governance Group (EQCG) Chair's Report

- **Quality Governance Team -** capacity risk identified; under discussion.
- **Gastroenterology** – start date for on-call rota possibly delayed due to agenda for change issues with support staff

Serious Incidents Report - Acceptable Assurance:

- Increase in StEIS reportable incidents but within control limits

- Three baby cooling cases but correct processes applied. Lessons learned implemented immediately; referred to HSIB for full root cause analysis. Benchmarking indicates that Trust not an outlier with referrals and outcomes.
- Two nosocomial outbreaks reported in line with national recommendations.
- Medical imaging miss – an historical incident and processes had already been changed to avoid repeat occurrence.
- Never Event – wrong side infiltration identified during operation. Checklist not considered fit for purpose for this type of operation; AMD for Patient Safety taking this forward.
- Delay in follow-up (Cardiology) – process changed to avoid repeat occurrence

National Audit Inpatient Survey – Acceptable Assurance: Trust response within expected range with some areas of improvement for patient experience identified; to be taken forward by the Patient Experience Group, reporting into EQGG. No trend data due to questions changing as a result of Covid.

KEY CONCERNS/RISKS

- IPC/CDifficile

Priority Areas: DECISIONS MADE

N/A

RECOMMENDATION

To note.

Mid Cheshire Hospitals NHS Foundation Trust

BOARD OF DIRECTORS

Agenda Item	**10.1**	Date of Meeting: 25/11/2021
Report Title	**Serious Incidents Report October 2021**	
Executive Lead	Murray Luckas, Medical Director	
Lead Officer	Sheila Kasaven, Associate Director of Quality Governance	
Action Required	To note	

X **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

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

In October there were eight StEIS (Strategic Executive Information System) reportable incidents declared.

- Three incidents where babies required transfer to a tertiary centre for active cooling.
- Two serious incidents reported in relation to Covid-19 outbreaks on Wards 6 and 10.
- There has been a delay in a Cardiology follow up appointment resulting in the patient developing heart failure.
- There has been a Never Event declared where a patient undergoing an operation received local anaesthetic and some dissection on the wrong side.
- There has been a serious incident regarding a medical imaging miss on a chest X-ray.

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

For information at EQGG, Report to be tabled at QSC and BoD

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

• Provide safest and best care	✓	• Be the best place to work	☐
• Become a leading and sustainable health care system	☐	• Push boundaries in clinical, technology and digital innovation	☐

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

• Quality	✓	• Compliance	✓
• Finance	☐	• Legal	☐
• Workforce	☐	• Risk/BAF **BAF3 Quality of care**	
• Equality	☐		

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

Strategy ☐ Policy ☐ Service Change ☐

REPORT DEVELOPMENT

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

Serious Incidents Report October 2021

Introduction

1. This report provides the Board with details of serious incidents declared and closed during October 2021, and an oversight of learning gained through the patient safety summit discussions.
The report reflects a key control for the strategic objectives to deliver outstanding care and patient experience and deliver the most effective care to achieve best possible outcomes.

Background and Analysis

2. Serious Incidents in health care are adverse events, where the consequences to patients, families and carers, staff or organisations are so significant or the potential for learning is so great, that a heightened level of response is justified. The national Serious Incident Framework (NHS England, 2015) describes the circumstances in which such a response may be required and the process and procedures for achieving it, to ensure that Serious Incidents are identified correctly, investigated thoroughly and, most importantly, learned from to prevent the likelihood of similar incidents happening again.

3. Serious Incidents include acts or omissions in care that result in; unexpected or avoidable death, unexpected or avoidable injury resulting in serious harm - including those where the injury required treatment to prevent death or serious harm, abuse, Never Events, incidents that prevent (or threaten to prevent) an organisation's ability to continue to deliver an acceptable quality of healthcare services and incidents that cause widespread public concern resulting in a loss of confidence in healthcare services

4. See attached Appendix 1 for the Serious Incident Report slides

4.1 There have been eight serious incidents declared in October 2021

SI 2021/20630 (145036), SI 2021/20632 (145424) and SI 2021/22016 (146362) Babies transferred externally for therapeutic cooling

In three separate incidents, babies were born in unexpectedly poor condition requiring transfer to a tertiary unit for therapeutic head cooling. All three incidents have undergone preliminary investigations and for the first case, no lapses in care have been identified. Learning has been identified in the other two cases including fetal monitoring issues, teamwork and communication.

In line with National Guidance, all three have been referred for investigation by HSIB. In addition, a deep dive into maternity incidents, including babies referred for cooling, in the last three years has been undertaken, including comparator data with Maternity Units in the Region. The Trust is not an outlier for the number of babies referred for cooling and has very low levels for babies who subsequently develop brain injuries.

SI 2021/20680 (145369) and 2021/21815 (146444) Nosocomial Outbreaks

There has been an outbreak of Covid on Ward 6 and Ward 10 which have occurred in the organisation. In line with recent National recommendations, the Trust has reported these as serious incidents. As a result of continued learning, the Trust has implemented a number of campaigns to reduce the risk of transmission of infection including the BeEquiPPEd and Stop the Spread campaigns.

SI 2021/21050 (143530) Delay in Diagnosis

An abnormality on a Chest X-ray performed in 2018 was not followed up correctly and sadly the patient has now developed lung cancer. Initial investigation has found that referral pathways have subsequently changed such that the patient would now have automatically been referred for further follow up.

SI 2021/21061 (145625) Never Event

A patient undergoing a hernia repair had initial dissection and infiltration of local anesthetic on the incorrect side. This was identified during the operation and the correct procedure was undertaken resulting in a low level of patient harm. Despite this, the incident does reach the threshold Initial investigation has demonstrated some individual learning for the surgeon involved.

2021/22009 (146113) – Delay in a cardiology follow up appointment

A patient with heart valve abnormality was lost to follow up in 2018. He has now presented with a significant deterioration in his condition which may mean that surgical repair is no longer an option. Initial investigation has demonstrated a failure in safety netting in the specialty.

Conclusions

5. The Trust has declared eight serious incidents.
6. The Trust continues to demonstrate ongoing learning from incidents and ensures these are disseminated widely within the organisation.

Recommendations

7. The Board is asked to decide whether it is sufficiently assured that the Trust has processes in place to identify, investigate and learn from serious incidents.

Author: Sheila Kasaven, Associate Director of Quality Governance
Date: 02/11/2021

Mid Cheshire Hospitals NHS Foundation Trust

BOARD OF DIRECTORS

Agenda Item	**10.2**	Date of Meeting: 25/11/2021
Report Title	**National Adult Inpatient Survey 2020**	
Executive Lead	Julie Tunney, Executive Director of Nursing and Quality	
Lead Officer	Hilary Moulton, Patient Experience Manager	
Action Required	To note	

X **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

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

- The survey results have not highlighted any areas of concern from a regulator perspective with no results in the 'worse than expected' categories
- Patients being asked for feedback on quality of care is a new question and scores minimally for all Trusts with MCHFT 'as expected'
- Information around the discharge process remains in the areas where patient experience could be improved, there are actions in place across the organization around discharge and flow including the criteria led discharge project and the Seven Days No Delays Initiatiave.

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

- To monitor progress through the Trust Patient Experience Group

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

• Provide safest and best care	✓	• Be the best place to work	☐
• Become a leading and sustainable health care system	☐	• Push boundaries in clinical, technology and digital innovation	☐

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

• Quality	✓	• Compliance	✓
• Finance	☐	• Legal	☐
• Workforce	☐	• Risk/BAF **BAF3 Quality of care**	
• Equality	☐		

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

Strategy ☐ Policy ☐ Service Change ☐

REPORT DEVELOPMENT

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

Mid Cheshire Hospitals
NHS Foundation Trust

National Inpatient Survey 2020

Julie Tunney
November 2021

Because you Matter

Introduction

NHS
Mid Cheshire Hospitals
NHS Foundation Trust

- The 2020 National Adult Inpatient Survey used significantly different methodology, sampling month and questionnaire
- 2020 results not comparable with previous years' data and trend data is not available
- 137 NHS Acute Trusts in England, 73,015 patients, 45.9% response rate
- Standardised data – weighted individual responses to account for different demographic profiles

Who Took Part in the Survey?

Mid Cheshire Hospitals NHS Foundation Trust

1,250 invited to take part

597 completed

79% urgent/emergency admission

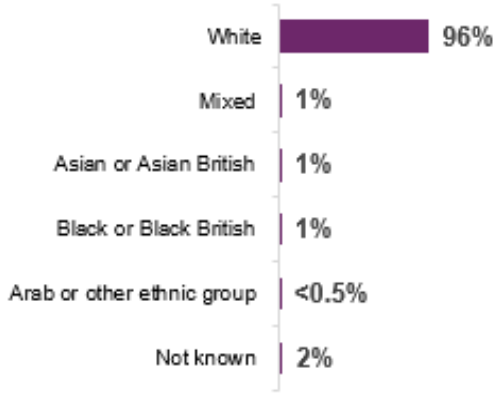
21% planned admission

50% response rate

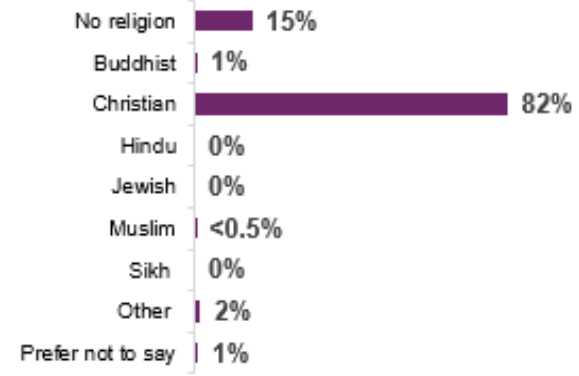
46% average response rate for all trusts

48% response rate for your trust last year

Ethnicity



Religion

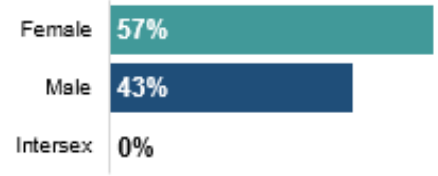


Long-term conditions

of participants said they have **physical or mental health conditions, disabilities or illnesses** that have lasted or are expected to last 12 months or more (excluding those who selected "I would prefer not to say").

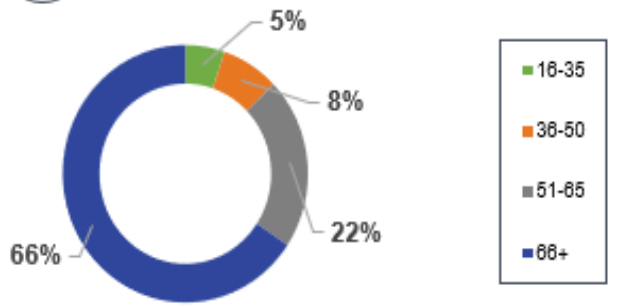
Sex

At birth were you registered as...



<0.5% of participants said their gender is different from the sex they were registered with at birth.

Age



Because you Matter

MCHFT Summary of Findings

Mid Cheshire Hospitals NHS Foundation Trust

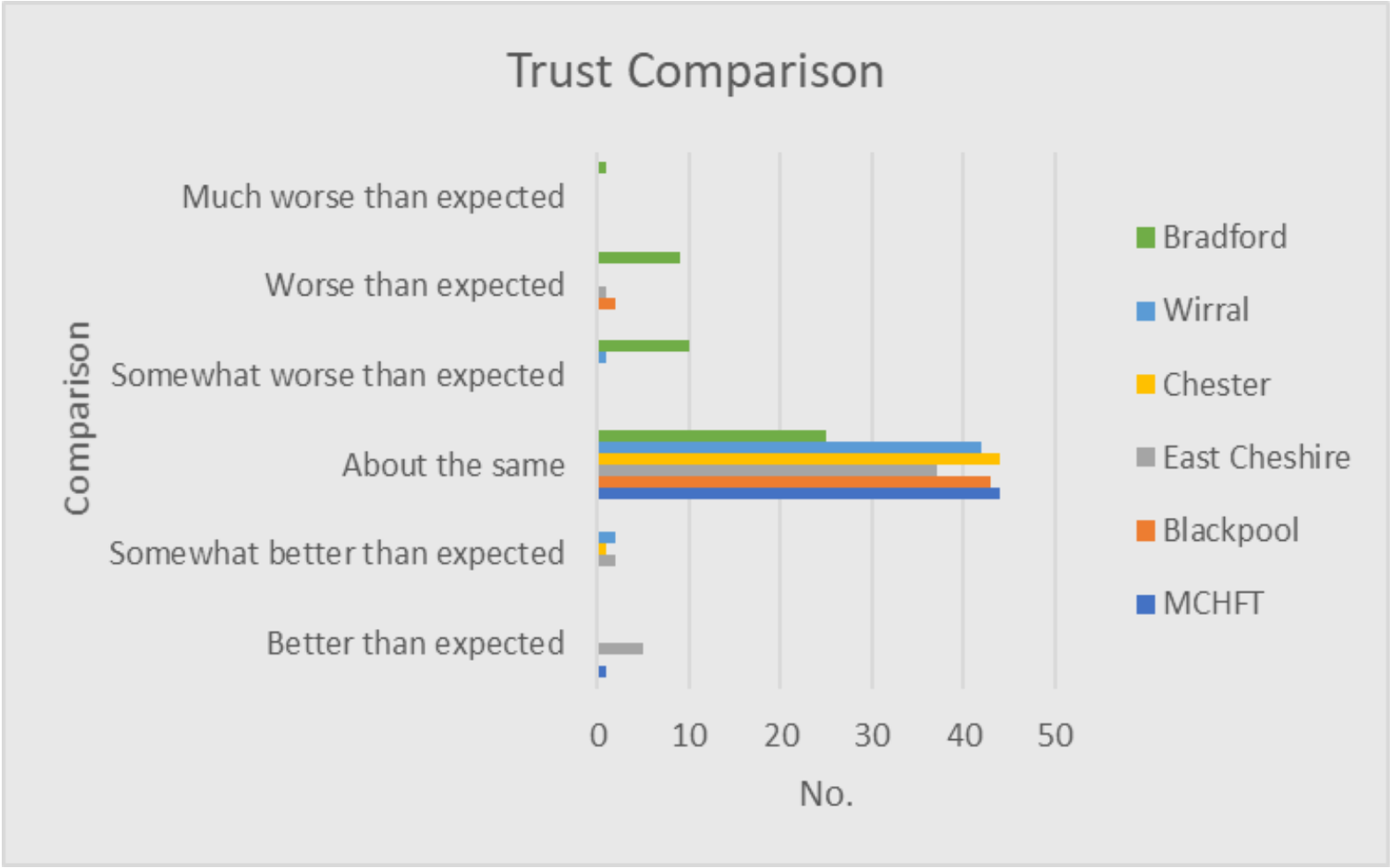
Comparison with other Trusts:

- No areas of concern from a regulator perspective

Because you Matter

Benchmarking

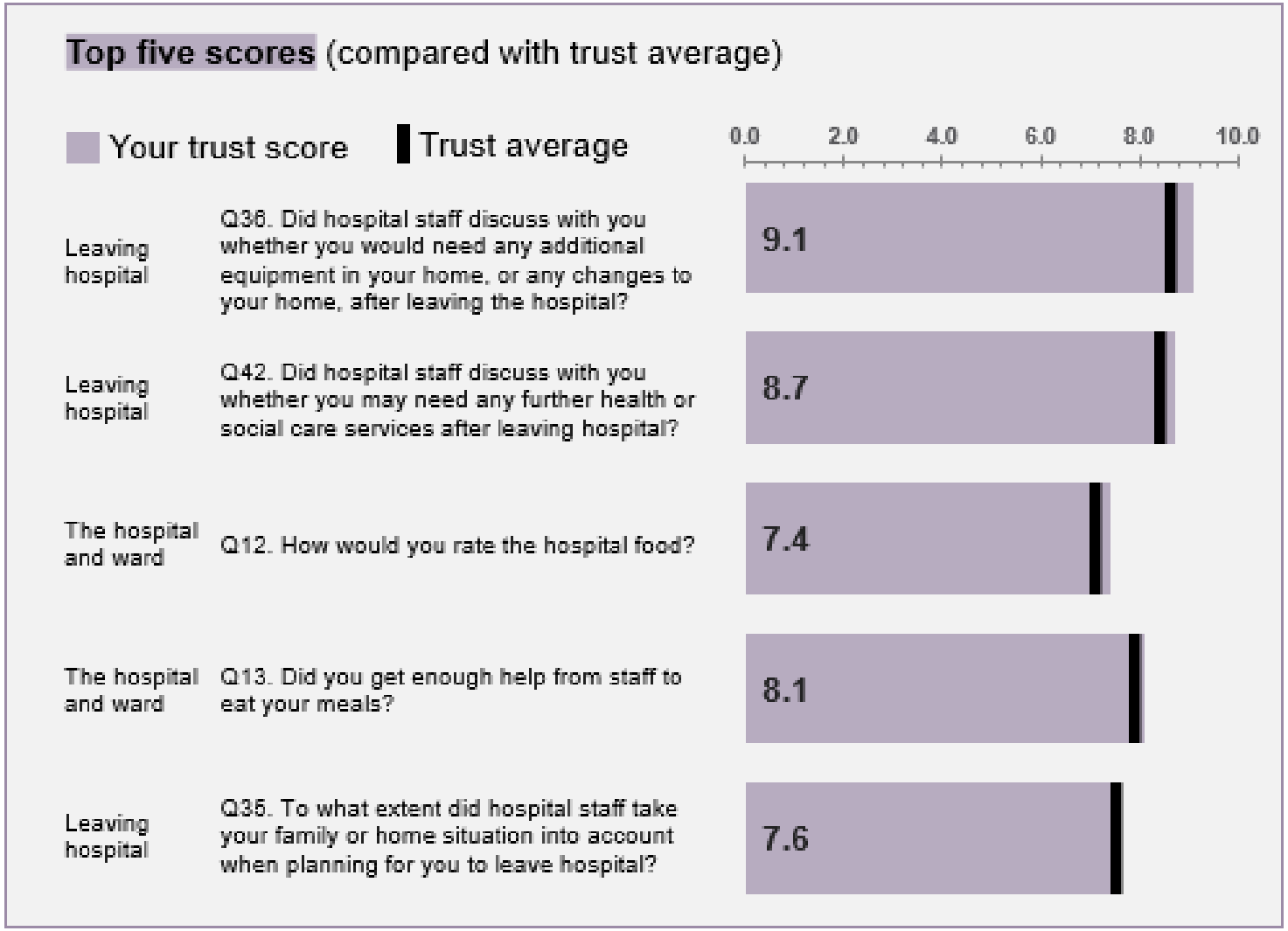
Mid Cheshire Hospitals
NHS Foundation Trust



Because you Matter

MCHFT Results

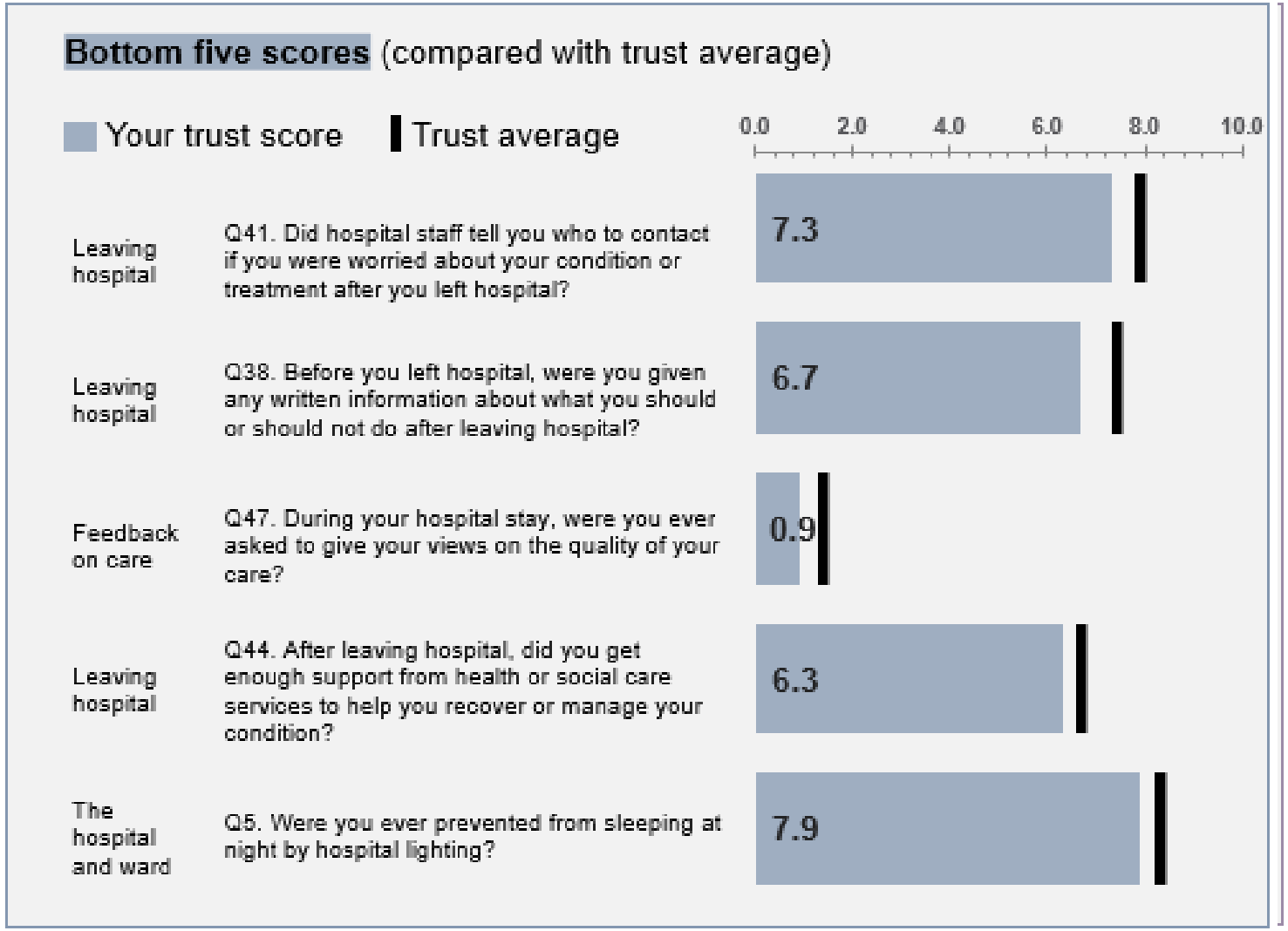
Mid Cheshire Hospitals
NHS Foundation Trust



Because you Matter

MCHFT Results

Mid Cheshire Hospitals
NHS Foundation Trust



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MCHFT Results

Mid Cheshire Hospitals NHS Foundation Trust

Section		MCHFT 2020	NHS Trust 'expected range'	
1	Admission to Hospital	7.3	6.5	8.9
2	The hospital and ward	7.9	7.3	8.7
3	Doctors	8.8	8.3	9.6
4	Nurses	8.6	7.9	9.5
5	Care and treatment	8.2	7.5	9.1
6	Operations and procedures	8.3	7.7	9.0
7	Leaving hospital	7.2	6.4	8.5
8	Feedback on the quality of your care	0.9	0.4	2.8
9	Respect and dignity	9.3	8.6	9.8
10	Overall experience	8.4	7.5	9.4

Much worse	Worse	Somewhat worse	About the same	Somewhat better	Better	Much better	……than expected

Because you Matter

MCHFT Results

NHS
Mid Cheshire Hospitals
NHS Foundation Trust

Where patient experience is best:

- ✓ Equipment and adaptations in the home: hospital staff discussing if any equipment or home adaptations were needed when leaving hospital
- ✓ Further health or social care services: patients being given information about further health or social care services they may need after leaving hospital
- ✓ Quality of food: patients describing the hospital food as good
- ✓ Help with eating: patients being given enough help from staff to eat meals, if needed
- ✓ Home and family situation: staff considering the patients home and family situation when planning for them to leave hospital, if needed

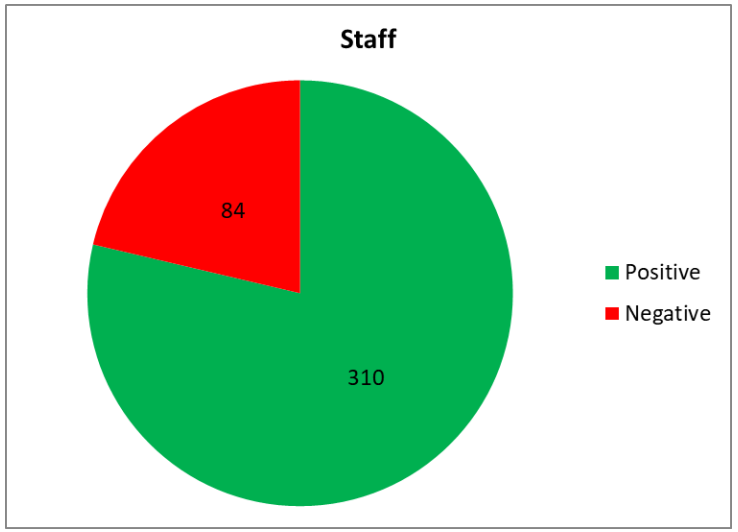
Where patient experience could improve:

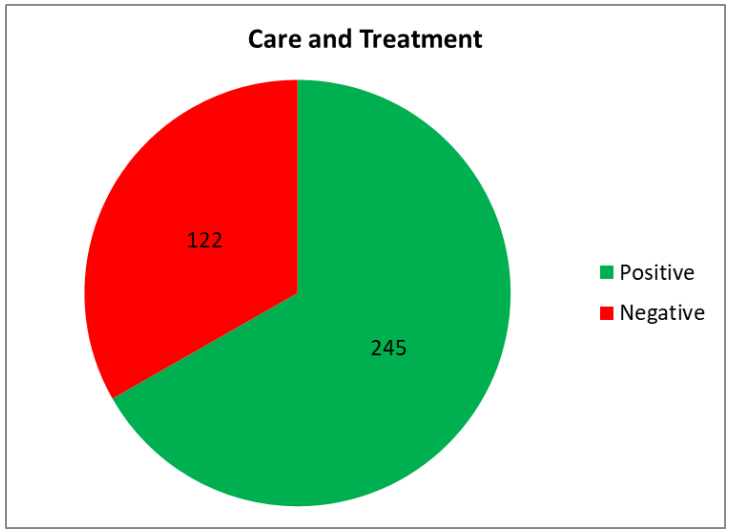
- Contact: patients being given information about who to contact if they were worried about their condition or treatment after leaving hospital
- Written information on discharge: patients being given written information about what they should or should not do after leaving hospital
- Feedback on care: patients being asked to give their views on the quality of their care
- Support from health or social care services: patients being given enough support from health or social care services to help them recover or manage their condition after leaving hospital
- Disturbance from hospital lighting: patients not being bothered at night from hospital lighting

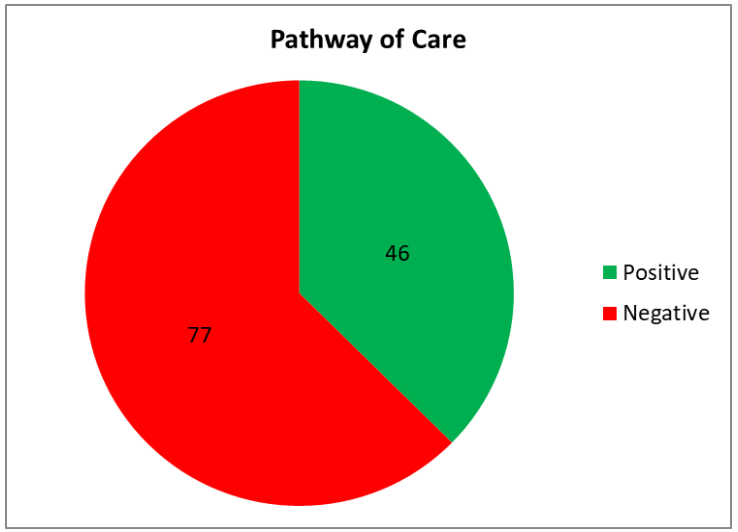
Because you Matter

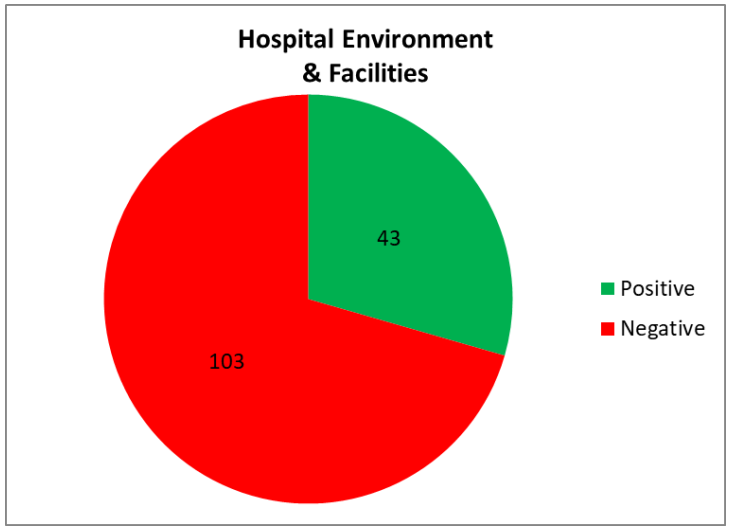
MCHFT Comments

Mid Cheshire Hospitals NHS Foundation Trust









Total Comments:

n=1030

Positive Comments:

n=644 (63%)

Negative Comments:

N=386 (37%)

Because you Matter

MCHFT Results

Mid Cheshire Hospitals NHS Foundation Trust

Example Positive Comments

- ✓ Medical care amazing despite the pandemic
- ✓ Continued to have telephone home checks from nursing staff after discharge
- ✓ Everything was so well organised with my operation to my treatment and the kindness and care
- ✓ The consultant and his whole team were superb. Incredibly caring and considerate. Happy to spend time to discuss and review
- ✓ Care was outstanding and could not fault anything. Everything was explained and care was second-to-none regarding my fears etc
- ✓ The meals provided suited my vegetarian diet and were varied and very enjoyable. I tried things I had never eaten before, and have added some to my diet.

Example Negative Comments

- A quick follow-up call a few days after the operation upon return home would have been helpful and useful.
- Not moving me from ward to ward. I moved 3 times.
- Communication with patients and family members. Both myself and wife in hospital with COVID and sepsis and information was not always correct or forthcoming.
- I saw several Doctors and it was sometimes difficult to understand what was said, especially as I have hearing problems and masks and accents muffle sounds
- More nurses needed. The nurses were run ragged.
- At night the noise from a new patient being admitted and answering admittance questions could be done in side room.

Because you Matter

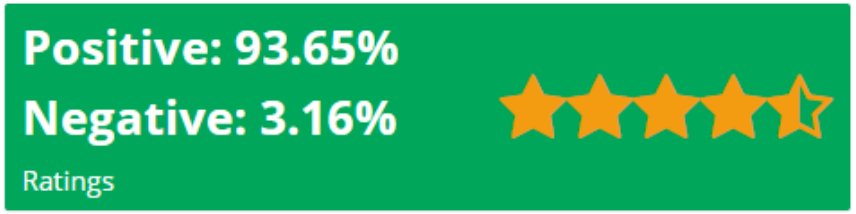
MCHFT Results

Mid Cheshire Hospitals NHS Foundation Trust

Where patient experience could improve:

- FFT QR codes and digital platform
- AQuA QI Cohort Project – learning from positive feedback
- Patient Safety Partners

Friends and Family Test Feedback
November 2020



Because you Matter

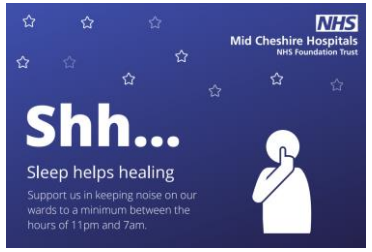
MCHFT Results

NHS
Mid Cheshire Hospitals
NHS Foundation Trust

Where patient experience could improve:

- Ongoing Shhhh campaign
- Ward lighting
- Consideration in new premises/builds

10th June 2021



Local Inpatient survey
Q4 2020-21 / Q1 2021-22

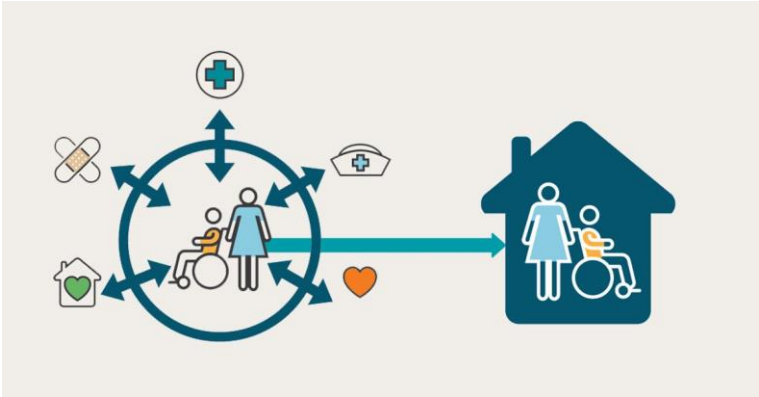
	Q4 2020-21	Q1 2021-22	Status
Bothered by noise at night by patients	45%	32%	↑
Bothered by noise at night by staff	30%	16%	↑

Because you Matter

MCHFT Results

Mid Cheshire Hospitals NHS Foundation Trust

Where patient experience could improve:



- 7 Days No Delays – capacity and flow
- Alliance 16 Criteria Led Discharge project - AMU
- Discharge Team survey
- Discharge information review

Mid Cheshire Hospitals NHS Foundation Trust

BOARD OF DIRECTORS

Agenda Item	**11**	Date of Meeting: 25/11/2021
Report Title	**Care Quality Commission – Compliance Report**	
Executive Lead	James Sumner, Chief Executive	
Lead Officer	Julie Tunney, Director of Nursing & Quality	
Action Required	To note	

X **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

Key Messages of this Report

- The Trust has good assurance to evidence meeting the CQC fundamental standards
- The Trust has engaged in a number of CQC activities in the last 6 months that lend further assurance to meeting CQC compliance and to describe the journey from Good to Outstanding.

Next Steps*)*

- To review 6 monthly

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

• Provide safest and best care	✓	• Be the best place to work	☐
• Become a leading and sustainable health care system	☐	• Push boundaries in clinical, technology and digital innovation	☐

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

• Quality	✓	• Compliance	✓
• Finance	☐	• Legal	✓
• Workforce	✓	• Risk/BAF **BAF3 Quality of care**	
• Equality	☐		

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

Strategy ☐ Policy ☐ Service Change ☐

REPORT DEVELOPMENT

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

Care Quality Commission
Compliance Report

Introduction

1. The purpose of this paper is to advise the Board of Directors of CQC-related activity in 2021/22 – the routine activity through this period; the update on the latest position on the actions arising from the CQC inspection in November 2019 and the governance arrangements in place to monitor compliance.

2. The Trust is compliant with all CQC registration regulations (2009) and this is referenced in the Annual Governance Statement, within the Trust's Annual Report & Accounts, and the Quality Account.

Background / Context

3. Any person (individual, partnership or organisation) who provides regulated activity in England must be registered with the Care Quality Commission. There are 14 regulated activities – as a provider of the following services:

- Adult Care: In Patient and Out Patient Care
- Paediatric: In Patient and Out Patient Care
- Elective Care: Day Case & In Patient
- Non Elective
- Cancer Treatments
- Rehabilitation and Intermediate Care
- Intensive Care
- Diagnostics

4. All locations from which regulated activities are provided or managed must be registered with the CQC. These are:

- Leighton Hospital
- Victoria Infirmary Northwich (VIN)
- Elmhurst Intermediate Care Centre
- Eagle Bridge

5. The Trust has to make a declaration about the Trust's compliance with the fundamental standards for each regulated activity at each location. CQC monitors that compliance through inspections, monthly engagement meetings between the regulators and senior members of the Trust, and a formal quarterly review of Key Lines of Enquiry (KLOE).

6. The Trust has a statement of purpose which is reviewed annually, through the newly formed CQC Expert Group. It includes the Trust's aims and objectives; the services we provide; the different needs of people who use our services; contact details; our legal entity and the places where services are provided.

7. The fundamental standards are the standards below which the care we provide must never fail. Everybody has the right to expect these standards.

Trust position

Routine CQC Activity

8. There are a number of CQC related activities undertaken throughout the year. These are detailed below:

- **CQC Insight Reports**
  The report for Mid Cheshire contains information known to the Trust, sourced from national agencies and programmes such as NRLS(National Reporting and Learning System), HES (Hospital Episode statistics), Single Oversight Framework, HQIP (Healthcare Quality Improvement Partnership), inpatient survey and the annual staff survey. These reports are disseminated to Divisions and heads of departments following publication. A review and analysis of any outlying performance is led by the Quality Governance Team who provide a summary and analysis report to the Executive Groups who by exception report to ERAG (Executive Risk Assurance Group).

- **Quarterly Engagement Meeting**
  Each quarter, the Trust submits information to the CQC relating specific Key Lines of Enquiry. This contains routine reports (e.g.), as well as latest achievements. The Trust then meets with the CQC to review the content of the submission and to discuss any other topic of mutual interest. These meetings are attended by the Chief Executive, Director of Nursing & Quality, Medical Director, and the Associate Director of Quality Governance. To date one of these meetings has taken place and generated no actions for the Trust, the outcome was recorded at the Quality Summit, going forward they will presented to the CQC Expert Group. There have been no further meetings, a new Senior Engagement Officer has taken up post and these will now be diarised for the rest of the financial year.

- **CQC Mock inspections**
  The Trust is committed to a self-assessment process to 'test' that improvements have been sustained by previous formal inspections. Two Mock inspections have taken place in 2021-22, one in the Emergency Department (ED) and one on Ward 13 each department have received feedback on the day. ED have progressed their improvement plan, Ward 13 have received their formal report and are finalising their improvement plan.

- **CQC Enquiries**
  During the past 12 months there have been 18 concerns raised through the CQC Enquiries route. All have been responded to within timeframe and relate to a mixture of issues including skin care, discharge, staff and complaint responses. Themes raised include a number of concerns raised by care homes who are under safeguarding scrutiny.

Actions arising from CQC Inspection November 2019 – Governance Arrangements

9. The CQC inspected the Trust during November 2019 and the final report was published on April 2020.The CQC inspection report highlighted 13 'must do's' and 23 'should do' recommendations.
   Divisions, Corporate and Executive teams reviewed the CQC findings and developed action plans to address each must and should do as part of the Quality Summit group workplan. The quality improvement action plan (for Must do's) had 33 specific actions/work-plans for implementation by September 2020.
   The quality improvement action plan (for Should do's) has 48 specific actions/work-plans for implementation on or before March 2021.
   The CQC Action Plan provides the means of improving control over the risks highlighted following

the CQC inspection and, reduces the risk that;

a. Service users are exposed to unacceptable levels of harm arising from inadequate compliance with CQC fundamental standards of care.

b. The Trust fails to comply with CQC Registration Regulations and has its certification of registration revoked.

The Trust has made significant progress in both the response to the requirements and recommendations made whilst continuing to respond to the Covid-19 pandemic. Improvement plans were developed to address the 13 ‘must dos’ and 23 ‘should dos’ which have been completed. Scrutiny of the actions and evidence submitted for assurance was provided through the Quality Summit and confirmation from Divisions that all actions were completed, and evidence was provided.

The Trust is committed to a journey from Good to Outstanding and has undertaken a piece of work, scrutinizing the evidence packs from the last 2 CQC inspections. The issues highlighted in the evidence packs have been put into a spreadsheet and allocated an Executive Group to report on actions and assurance of sustained improvement. The Compliance and Regulation Manager holds the master spreadsheet for all the issues reported through the Executive Groups and Trust Quality Group which ensures sight of all actions taken place to ensure sustained improvement following the last two inspections.

Through the newly formed CQC Expert Group Divisions are learning to use the new Direct Monitoring Approach the CQC will be using to inspect in the future. These include new KLOEs and encourage a narrative discussion.

CQC 5 year strategy

10. In January 2021 the CQC published a formal consultation on their new strategy which the Trust did get to participate via a stakeholder group, the consultation closed in March 2021.

The CQC will achieve 12 outcomes by delivering their strategy:

People and communities outcomes

- Our activity is driven by people's experiences of care.
- We clearly define quality and safety in line with people’s changing needs and expectations. This definition is used consistently by all people, and at all levels of the health and social care system.
- Our ways of working meet people’s needs because they are developed in partnership with them.

Smarter regulation outcomes

- We are an effective, proportionate, targeted, and dynamic regulator.
- We provide an up-to-date and accurate picture of quality.
- It is easy for health and care services, the people who use them and stakeholders to exchange relevant information with us, and the information we provide is accessible, relevant, and useful.

Safety through learning outcomes

- There is improvement in safety cultures across health and care services and local systems that benefit people because of our contribution.
- People receive safer care when using and moving between health and social care services because of our contribution.

Accelerating improvement outcomes

- We have accelerated improvements in the quality of care.
- We have encouraged and enabled safe innovation that benefits people or results in more effective and efficient services.

Core ambitions: Assessing health and social care systems, and tackling inequalities in health and social care

- We have contributed to an improvement in people receiving joined-up care.
- We have influenced others to reduce inequalities in people's access, experiences and outcomes when using health and social care services.

Compliance with CQC Registration

11. The fundamental standards are listed in Appendix 1, together with a summary which evidences Trust compliance with these standards.

Recommendations

12. To note Trust compliance with CQC registration.

Author: Sheila Kasaven, Associate Director of Quality Governance
Date: 09/11/2021

Appendix 1

CQC Fundamental Standards

Standard	Explanation	Trust response/evidence
Person-centred care	You must have care or treatment that is tailored to you and meets your needs and preferences.	Individualised care is formulated from the admission proforma. Falls and pressure area assessments on admission are tailored to individual patient need and reviewed regularly. In the latest Learning Disability Improvement Standards report the Trust scored as follows: • Individualised care plans in place for complex, at-risk patients. • Did staff explain things to you in a way you could understand? 92.3% • Did you feel like staff listened to you? 92.3% • Did you feel like staff cared about you? 100% • Collaborative working with Special Needs Schools to review their immunisations programmes. • Participation in the LD Health sub-group. • Did staff talk to you about the care you needed? 91.7% • Did staff tell you about your appointments and meetings in a way you could understand? 83.3% • Supporting LD transition process. • Were your appointments and meetings arranged to suit you? 100% MCHT is a key member of The Strategic Collaborative for Palliative End of Life Care which supports personalized palliative care. • Registered for Round 4 of LD improvement Standards October 2021 The Trust scored well in the most recent National Audit at the End of Life which covers individualized care.
Dignity & Respect	You must be treated with dignity and respect at all times while you're receiving care and treatment. This includes making sure: You have privacy when you need and want it.	Privacy and Dignity Policy in place. Dignity Matron in post. ED&I strategy reviewed recently.

Standard	Explanation	Trust response/evidence
	Everybody is treated as equals. You're given any support you need to help you remain independent and involved in your local community.	Chief Operating Officer is the Health Inequalities Lead – key focus is mitigating the impact of societal health inequalities in the provision of and access to healthcare services. The Trust came out as expected in the 2020 National inpatient survey results. The Community Paediatric service completed a Quality Improvement project for chaperones in community paediatric clinics. The results demonstrated that of the examinations looked at, no children had an intimate examination without a chaperone present. In the latest Learning Disability Improvement Standards report the Trust scored as follows: • When you received care from the NHS did staff treat you with respect? 92.3% • When you received care did you feel safe? 90.9% • If you stayed in hospital, was it easy for your family to visit you? 90.9% There is a questionnaire sent to patients on privacy and dignity. All wards have access to private rooms to discuss sensitive issues. Evidence of ensuring all patients have access to investigations no matter how challenging ie • GA at home to enable an adult with Learning Disability (LD) to have a CT Scan • LD Phlebotomy clinic / home visits Easy read information available for procedures Prompt referrals for advocacy Application of the Mental Capacity Act to ensure best interest principles are applied Robust Deprivation of Liberty processes in the Trust. To help you remain independent and involved in your local community: • Multi-agency collaborative working with primary and social care plus the third sector • Close working relationships with CWP (Chehire and Wirral Partnership) Mental Health Trust including community LD teams • Prompt referrals to therapy services to maintain independence • Rehabilitation goal setting initiated where needed

Standard	Explanation	Trust response/evidence
		• Involvement of families and carers to support patients • Discharge planning from admission • Signposting to relevant support services • Easy read information to maximise independence.
Consent	You (or anybody legally acting on your behalf) must give your consent before any care or treatment is given to you.	Consent to Examination, Treatment and Postmortem Policy in place. Consent to Examination and Treatment for Children and Young People. From the last consent audit that was completed, the Trust scored 100% for documentation of the procedure, benefits and risks.
Safety	You must not be given unsafe care or treatment or be put at risk of harm that could be avoided. Providers must assess the risks to your health and safety during any care or treatment and make sure their staff have the qualifications, competence, skills and experience to keep you safe.	Training and competency records held at corporate and local level. Mandatory training metrics reported in the Integrated Performance Report (IPR) and improvement tracked through the Workforce and Digital transformation Committee (WDT). From the CQC action plan on Must Dos there was evidence of sustained improvement for Divisions on mandatory training. The High Priority Audit Programme reports on patient outcomes and this is reported through the Trust improvement Programme. Audit action plans to address gaps are reported through the Trust Improvement Group. All new procedures are presented to the Executive Quality Governance Group (EQGG) for approval. Harmfree care panels are in place to review all falls and pressure ulcers. Falls, nutrition, pressure ulcer tools are completed to assess individual risks. Quality Improvement projects are in progress on Wards 13, 15 and 19 for falls and on Wards 5, 7, 14 and 18 for pressure ulcers. Fluid balance and pain assessment audits are taking place on Wards 9, 10, 11, 12 and 13.
Safeguarding from abuse	You must not suffer any form of abuse or improper treatment while receiving care. This includes: Neglect Degrading treatment Unnecessary or disproportionate restraint Inappropriate limits on your freedom.	Safeguarding Vulnerable Adults Policy. Safeguarding Children and Unborns Safeguarding Practice Policy Trust leads for Safeguarding in place. There is a Trust Safeguarding Group that reports up to EQGG any risks and monitors the target for training. A training matrix for all levels of safeguarding training has been approved. Top ten tips cribsheet for safeguarding children approved and disseminated. MCA / DoLS Policy

Standard	Explanation	Trust response/evidence
		Guidelines for Risk Assessing Suicidal Adults and / or young People in the Ward Environment Children / Adult Safeguarding Dashboards and Quarterly reports
Safeguarding from abuse	You must not suffer any form of abuse or improper treatment while receiving care. This includes: • Neglect • Degrading treatment • Unnecessary or disproportionate restraint • Inappropriate limits on your freedom.	Safeguarding Vulnerable Adults Policy. Safeguarding Children and Unborns Safeguarding Practice Policy Trust leads for Safeguarding in place. There is a Trust Safeguarding Group that reports up to EQGG any risks and monitors the target for training. A training matrix for all levels of safeguarding training has been approved. Top ten tips crib sheet for safeguarding children approved and disseminated.
Food and drink	You must have enough to eat and drink to keep you in good health while you receive care and treatment.	Food Nutrition and Hydration Policy. Fluid Balance Audits in place. There are regular reviews of the menu by Catering. Intentional care rounds in place to ensure patients have all their needs met. Food charts are commenced for those patients at high risk of malnutrition. If assessed as at risk of malnutrition during admission – patients are referred to a dietitian. Nutritional Assurance Group in place to review all nutrition incidents, risks are reported up to The Trust Quality Group.
Premises and equipment	The places where you receive care and treatment and the equipment used in it must be clean, suitable and looked after properly. The equipment used in your care and treatment must also be secure and used properly.	Estates and Facilities (E&F) report estates and facilities metrics though to the Executive Safe and Sustainable Environment Group (ESSEG) and any risks are highlighted and further reported through to the Executive Risk Assurance Group (ERAG). The PLACE assessments were put on hold during Covid-19 pandemic and remain on hold this year, however PLACE Lite assessments continue and are reported through The Trust Patient Experience Group (TPEG). Environment inspections were undertaken during the pandemic with increased cleaning hours and resources made available. Audits have been

Standard	Explanation	Trust response/evidence
		continued to evidence good standards, these have been reported through to Board via the IPCBAF. Emergency Support Framework assessment gave good assurance on IPC standards during the Covid-19 pandemic. There are Planned Preventive Maintenance (PPM) programmes in place for equipment, and these are monitored via the Estates and Facilities Divisional Board. The Medical Equipment Group monitors incidents and training for medical devices, they also gain assurance on any alerts.
Complaints	You must be able to complain about your care and treatment. The provider of your care must have a system in place so they can handle and respond to your complaint. They must investigate it thoroughly and take action if problems are identified.	Complaints and Concerns Handling policy. Investment has been made into the current Patient Experience Team (PET) to support a recovery plan and ensure Key Performance Indicators (KPI) are met. A weekly meeting with the PET and the Division ensures that the senior leaders have sight of complaints and support timely responses. A weekly triangulation meeting reviews all new complaints, incidents, claims, inquests and escalates as appropriate if immediate action need to take place. The Trust Patient Experience Group (TPEG) monitors the KPIs and reports any risks through to EQGG. The new national complaints framework will progress investigation training for complaint responses. The Complaints and Review Group has recruited 2 members of Healthwatch to ensure external review input of completed complaints.
Good governance	The provider of your care must have plans that ensure they can meet these standards. They must have effective governance and systems to check on the quality and safety of care. These must help the service improve and reduce any risks to your health, safety and welfare.	Incident reporting, Learning and Improvement Policy. Risk Management Strategy. Health and Safety Policy. Clinical Audit Policy. Daily Patient Safety Huddles review all moderate and above incidents to ensure immediate action is taken on all incidents reported. The Patient Safety Summit reviews incidents and considers which to be serious incidents that require further investigation and external reporting. There is a fortnightly CCG meeting where all serious incidents and Trust risks are discussed with immediate actions taken to maintain safety of patients,

Standard	Explanation	Trust response/evidence
		visitors and staff. EQGG receives reports on patient safety risks and escalate these through to Quality and Safety Committee (QSC), ERAG and on to Board. Incident and patient safety data is presented in the metrics of the IPR presented to QSC and Board. An Annual learning report from a triangulation of data from incidents, complaints, claims and inquests is presented to QSC which includes deep dives into themes as they arise ensuring actions are taken to promote learning. The Trust committee structure and BAF gives assurance on proving good governance, openness and transparency on the quality and safety of care within the organization.
Staffing	The provider of your care must have enough suitably qualified, competent and experienced staff to make sure they can meet these standards. Their staff must be given the support, training and supervision they need to help them do their job.	***Staffing fill rates are a metric on the IPR and reported through QSG and Board monthly*** The unify fill rate data is provided monthly, I analyse this data and write a narrative This data is sent to NHSEI as a SitRep monthly . It also forms part of the DONs quality IPR which is presented at QSC and Trust Board. It is also presented at the Safe Staffing Group which feeds into TQG and QSG. It is circulated to the HONs directly. ***There is a clear escalation policy for ensuring safe staffing levels*** We are in the process of moving to an acuity/ risk-based approach to staffing in adult inpatient wards and have commenced the implementation of SafeCare Live software to support live staffing. A new SOP which includes Safe Staffing Escalation was approved at TQG in July and is about to be published on the intranet. Maternity has a separate escalation policy: *Maternity Escalation and Divert Policy 2020 for review 2023*
Fit and proper staff	The provider of your care must only employ people who can provide care and treatment	Recruitment and Selection Policy. Disclosure and Barring Policy.

Standard	Explanation	Trust response/evidence
	appropriate to their role. They must have strong recruitment procedures in place and carry out relevant checks such as on applicants' criminal records and work history.	
Duty of Candour	The provider of your care must be open and transparent with you about your care and treatment. Should something go wrong, they must tell you what has happened, provide support and apologise.	Being Open and Duty of Candour Policy. Daily patient safety huddle is undertaken to review all moderate incidents and above and ensure the timely start of any rapid reviews and that Duty of Candour (DOC) is undertaken. A weekly report highlights to QGMs any gaps that require follow up. DOC compliance against Regulation 20 is reported quarterly though the Trust Patient Safety Group (TPSG), any exceptions are reported on the patient huddle board, documented within Ulysses and reported at TPSG – current compliance 100%. Hill Dickinson (Trust Solicitors) have presented training on DOC in July 2021.
Display of ratings	The provider of your care must display their CQC rating in a place where you can see it. They must also include this information on their website and make our latest report on their service available to you.	The CQC rating is displayed at entrances and on the MCHFT website. The latest report is also available on the MCHFT website.

PAF Committee
Chair's Assurance Report
November 2021

Report to	Board of Directors
Date	25 November 2021
Report from	Trevor Brocklebank, Non-Executive Director
Report prepared by	Caroline Keating, Company Secretary
Executive Lead/s	Russell Favager, Deputy Chief Executive and Director of Finance Oliver Bennett, Chief Operating Officer
Committee meeting quoracy	Yes ☒ No ☐

KEY AREAS OF ASSURANCE

Urgent and Emergency Care (UEC) Improvement Plan
Significant ongoing challenges on the UEC pathway with above pre-pandemic levels of activity, c.100 escalation beds remaining open and hospital discharge. Covid cases, however, reducing as infection rates fall. Despite the pressures, Emergency Department (ED) performance against 4-hour standard improved slightly in October although still one of the most challenged in C&M. Number of patients waiting >12 hours in the ED amongst the best in the NW and ambulance handover delays amongst the best in C&M.

Executive Delivery and Performance Executive Group (EDPG) Chair's Assurance Report

- Despite significant increase in cancer backlog last month, reassurance provided that this was being swiftly recovered.
- Continuing increase in RTT waiting list and number of >52-week waiters increasing despite several months of significant improvement. Number of >104-week waiters (top priority nationally) remained one of the lowest in C&M.
- Number of patients waiting over one year for a new outpatient appointment following GP referral noted; reassurance given that appropriate action was being taken.

Restoration Plan Update:

- Continued challenges with delivering pre-pandemic daycase activity, driven by a number of factors
- H2 (October 2021 to March 2022) Activity and Performance Plan - Trust unable to sustain RTT waiting list at current level but plans to reduce number of 12 hour waits in ED and prevent any >104 week waits. Focusing on cancer, other clinically urgent patients and longest waiters continues to be the priorities.

Winter Plan

- Winter Plan noted including required investment to ensure sufficient capacity and capability over the coming months, factored in the H2 financial plan.

Executive Safety and Sustainable Environment Group (ESSEG) Chair's Assurance Report
Key messages highlighted:

- Due to a number of complex challenges, including ongoing supply chain issues, new ED opening delayed further. Handover by contractor now confirmed as 17 December with the opening pushed back to 19 January 2022.
- Clinical waste risk collection issue now resolved.

Health and Safety Report

- Recommend to Board to approve.

Finance:

- £1.9m deficit at month seven, all in month deficit and in line with H2 (Oct-Mar) forecast deficit.
- Final H2 financial position yet to be confirmed; however, previous submission of the plan forecasted a year-end deficit of £9.6m. With redistribution of system-wide funding, likely that this deficit will improve to a £7.9m deficit. Overall, C&M likely to submit a year-end balanced financial position, despite significant challenges and risks within the underlying position, all organisations asked to submit balanced positions with further redistribution of resources to be agreed over the next six months. Mid Cheshire is an outlier when comparing the forecast deficit to others, mainly driven by no forecast elective income and an increase in costs around urgent care.
- £3m bid submitted to develop a minor operations/endoscopy increasing elective capacity at VIN.

KEY CONCERNS/RISKS

- Forecast year-end financial position of the organisation which is an outlier in C&M, mainly driven by no Elective Recovery Income (ERF) and winter pressures.
- Ongoing and sustained pressure on urgent and emergency care services
- Continued growing elective backlogs

Priority Areas: DECISIONS MADE

None

RECOMMENDATION

To note

Workforce and Digital Transformation (WDT) Committee
Chair's Assurance Report
November 2021

Report to	Board of Directors
Date	22 November 2021
Report from	Lorraine Butcher, Non-Executive Director
Report prepared by	Caroline Keating, Company Secretary
Executive Lead/s	Oliver Bennett, Chief Operating Officer Dylan Williams, Chief Information Officer (CIO) Heather Barnett, Director of Workforce and OD
Committee meeting quoracy	Yes ☒ No ☐

KEY AREAS OF ASSURANCE

Presenteeism vs absenteeism (*TBrocklebank (TB) attended as H&WB Guardian*): aim to take a more holistic, person-centred, individual and flexible approach through shifting focus to support all staff i.e. beyond focus on 5% absenteeism. Next steps include development of NW policy and leadership development programme to support managers to support their staff; review of Health & Wellbeing (H&WB) offer to focus on small number of key areas only. Video/Staff Story to be considered for Board. Presentation to Council of Governors January 2022.

Digital & Workforce Planning: key milestones identified, including diagnostic of baseline competencies to identify the gap, also key roles, responsibilities, capacity and capability; creating capacity to facilitate clinical engagement (critical to success of local and regional projects); alignment with QI leadership values and Workforce Strategic Plan to shift culture over next five years; digital maturity assessment through relevant frameworks with transition to digital maturity clearly mapped out.

Regional Digital Programme Update: assurance provided on MCHT's role in development of emerging regional integration agenda. Risk identified of potential disconnect with projects, resulting in missed opportunities.

Workforce Strategic Plan: first of standardised design approach to strategic plans i.e. high level overview, accompanied by plan on a page and Equality Impact Assessment (EIA). Collectively, strategic plans present overall delivery of Trust Strategy, with timelines linked to relevant Board Committee workplans.

Environmental & Social Responsibility Plan (inc EIA) – Acceptable Assurance: developed in partnership with Cheshire East Council and other organisations, linking into other sectors. Plan includes Trust's Green Plan (submission to Integrated Care System Jan 2022); also submitted to PAF.

Digital Technology & Information Services Group (DTIS) Chair's Report – November 2021: phishing exercise evidenced improvements in organisational awareness.

Executive Workforce Assurance Group Chair's Report - November 2021: areas triangulated with the Integrated Performance Report include sickness absence (1% increase); appraisals (deep dive to EWAG December); mandatory training (EWAG putting bespoke actions in place to address areas of low compliance). Monthly deep dives at EWAG in place including workforce performance metrics (showing gradual decline with stress, anxiety and depression cited as main reason for absence).

Shadow Board (SB) – **Acceptable Assurance** (*TB attended as SB Chair (phase 1)*)**:** review identified positive indicators across all four quadrants (i.e. programme reactions and engagement; knowledge and skills transfer; applied behaviours; impact). Learning points used to enhance next phase (2022), including SB as a programme of continuous professional development for people, not aspirant directors.

Equality Diversity & Inclusion (ED&I) - Acceptable Assurance: staff networks (LGBT+ & Disabled Carers) in place but higher membership levels required to ensure more effective interaction throughout the Trust. Programme on track to publish all EDI reports in line with national timeframes and Public Sector Equality Duty requirements.

EDS2 - Acceptable Assurance: EDS2 submission on track with report to be submitted to WDT in February and to Board in March 2022 for final approval.

KEY CONCERNS/RISKS

- N/A

Priority Areas: DECISIONS MADE

- Recommendation approval of Workforce Strategic Plan to Board
- Medical Workforce Deep Dive and Sickness Absence report deferred to December for more in-depth discussion

RECOMMENDATION

To note

BOARD OF DIRECTORS

Agenda Item	**CONSENT 1**	Date of Meeting: 25/11/2021
Report Title	**Health and Safety Annual Report 2020-21**	
Executive Lead	Russ Favager Director of Finance/ Deputy CEO	
Lead Officer	Wendy Astle-Rowe Head of Health and Safety	
Action Required	To note	

X **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

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

- 2020-21 was a challenging year for the Trust where the demands were significantly increased due to the Covid-19 pandemic. The priority on Well-being was increased and will continue into 2021-2022.
- The Trust achieved compliance against the annual objectives set with the exception of the 100% target of completion local Fire Safety Management Assessments where 88.6% updates was achieved.
- Many changes were made regarding governance of Health and Safety in 2020-21 and continue into 2021-22 to improve engagement, compliance and performance.

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

- Implementation of agreed objectives for 2021-22 outlined in Section 14 of this report (Conclusion).

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

• Provide safest and best care	✓	• Be the best place to work	✓
• Become a leading and sustainable health care system	✓	• Push boundaries in clinical, technology and digital innovation	☐

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

• Quality	✓	• Compliance	✓
• Finance	✓	• Legal	☐
• Workforce	✓	• Risk/BAF **BAF4 H&S incident**	
• Equality	☐		

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

Strategy ☐ Policy ☐ Service Change ☐

REPORT DEVELOPMENT

Committee/ Group Name	Date	Report Title	Lead	Brief summary of key issues raised and actions agreed
PAF	18/11/2021	Health and Safety Annual Report 2020-21	Head of Health and Safety	

Annual Report – Health and Safety Performance 2020-21

Introduction

1. This purpose of this paper is to provide the Board of Directors of Mid-Cheshire Hospitals NHS Foundation Trust with the Health and Safety arrangements and performance for the period 1st April 2020- 31st March 2021. The report outlines the significant achievements made during the year and challenges presented including those resulting from the Covid-19 Pandemic which brought a change of focus and required increased flexibility and responsiveness by everyone within the Trust. Increased priority on Well-being was evident throughout 2020-21 and continues into be a key priority into 2021-22.

Executive Summary

2. Management for Health and Safety within Mid Cheshire Hospitals NHS Foundation Trust (the Trust) follow's the HSE's model HSG65 'Managing for Health and Safety' which incorporates 'Plan, Do, Check, Act' methodology.

   The report focuses on the agreed objectives for the effective management of health and safety within the Trust for 2020-21 and the key deliverables as outlined in the Trust's Health and Safety Local Delivery Plan 2018-21 for the year 2020-21 of which the performance is summarised below and detailed in the body of the report. A Local Delivery Plan has been developed for 2021-2024. The objectives for 2021-2022 are shown in section 14 of this report and link to the Local Delivery Plan – Health and Safety.

   Health and Safety Governance was reviewed including management and reporting structures, escalations, revised Terms of Reference for the Health and Safety Group (HSG) and engagement with clinical divisions. Escalations from HSG now feed up to the Executive Safe and Sustainable Environment Group (ESSEG) and the Head of Health and Safety now attends this group.

   The Health and Safety Group met on four occasions and achieved the responsibilities outlined in the annual workplan. Attendance was impacted by the Covid-19 pandemic particularly for the clinical divisions, 64% of members achieved the 75% attendance target.

   The specific subject matter groups which feed into the HSG to provide assurances and issues for escalation include the Fire Safety Management Group and the Violence and Aggression Forum. The groups provided regular updates to HSG and Annual Reports on the performance of the group in 2020-21. The plan for 2021-22 is that there will be more of these specific sub-groups feeding into HSG.

   Extensive support to the organisation was provided by the Health and Safety Team to minimise risks from the Covid-19 pandemic and support organisational resilience. This included a review of Trust wide Workplace Inspection Risk Assessment template and incorporating the requirement for Covid-Safe environments in line with national guidelines into existing processes and feeding this into Silver Command.

Ongoing monitoring of completed Workplace Inspection Risk Assessments (WIRA's) showed **97%** compliance which included the new section on Covid-19 compliance for offices and communal areas. Ongoing monitoring the annual updates of Fire Safety Management Assessments (FSMA's) showed **88.6%** compliance Trust wide, all areas had an assessment but 11.4% had not updated within year. Desk top drills for sleeping risk locations had **100%** compliance. An audit of COSHH Assessments in August 2020 showed **98%** of substances had been assessed and **94%** of assessments had been updated within the year.

The Trust Health and Safety Policy was reviewed, updated and approved by the Board of Directors. The associated nine procedures due for review in 2020-21 were updated fully consulted and approved by the HSG and all remain fit for purpose. All procedures are reviewed on a 3 year rolling programme which remained on track.

Incidents trends were monitored quarterly and annually. There was a 2.3% reduction in the number of 'Harm' incidents reported in 2020-21 compared to the previous year. There was an upward trend evident for violence and aggression incidents reported in year and in non-patient falls, with a downward trend evident in moving and handling and contaminated sharps incidents reported.

All incidents were investigated and considered for Root Cause Analysis (RCA's). Those requiring reporting under the Reporting of Injuries Diseases and Dangerous Occurrences Regulations (RIDDOR) were reported to the HSE. Actions to reduce the likelihood of recurrence were documented and monitored until complete.

SBAR's were completed and presented to ESSEG in 2020-21 for the following issues identified for attention and improvement:-

- Resource for delivery of Manual Handling training insufficient to meet Trust Demands, a 12 month temporary post was approved to be reviewed within the period.

- Inadequate staff rest facilities in Victoria Infirmary exacerbated by requirement for Social Distancing approval and funding was agreed to refurbish the 'old kitchen'.

- Inefficiencies in processes to undertake and update COSHH Assessments, Eco-Online COSHH Management system was approved.

- Additional resources were requested to support the need to improve compliance with Display Screen Equipment Regulations 1992 as amended 2002. Advice was provided at ESSEG and an improvement plan developed monitored by HSG.

Background and Analysis

Health and Safety Governance

3. All organisation's have a duty under the Health and Safety at Work etc. Act 1974 and associated regulations to ensure that they have suitable arrangements in place for the effective management of Health and Safety in compliance with regulatory requirements. Mid Cheshire Hospitals NHS Foundation Trust (the Trust) has appointed a Chartered Member of the Institute of Occupational Safety and Health (IOSH) as their 'Competent Person' for health and safety. Trust Board are committed to the ongoing development of a positive health and safety culture for staff patients and visitors which is outlined Trust's Health and Safety Policy which was updated and approved in February 2021. This document aligns to the Health and Safety Executive (HSE) guide HSG65 'Managing for Health and Safety' which enables an integrated approach of developing health and safety into general good management and achieving a balance between systems and behavioural approaches.

   The Trust's Health and Safety Policy is an overarching document underpinned by a full range of health and safety procedures which are reviewed and updated on a rolling three yearly cycle and monitored by the Trust's Health and Safety Group to ensure that they remain fit for purpose. Documents updated in 2020-2021 and approved by the Trust Health and Safety Group.

Trust Health and Safety Team Revised Membership, Reporting and Escalation Structure

The reporting structure for the Health and Safety Team and Group from 1st September 2020 moved to the Estates and Facilities Divisional Board having previously reported to the Quality Governance Team, Corporate Division. The Compliance Manager, Estates and Facilities was transferred to the Health and Safety Team at the same time.

The reporting structure of the Health and Safety Team and Group to the executives from 1st September 2020 moved to Estates and Facilities Divisional Board and the Health and Safety Group with escalations to the Executive Safety and Sustainable Environment Group (ESSEG) having previously been via escalations to Executive Quality Governance Group (EQGG). The Head of Health and Safety attends ESSEG which has improved engagement of health and safety at executive level and decisions to be made for the ongoing development of a responsive health and safety culture particularly effective during the pandemic to support requirements as they arose including social distancing, fire safety and workstation changes.

The Terms of Reference of the Health and Safety Group were reviewed a number of times during 2020-21 due to the changing roles of key members during various stages of the Covid-19 pandemic. Moving into 2021-2022 the Quality Governance Managers for the clinical divisions (with the exception of CCICP) are no longer going to be the key link between the Health and Safety Group and the clinical divisions. Work is ongoing between the clinical Divisional General Managers, the Divisional Director of Estates and Facilities and the Head of Health and Safety to enhance engagement and strengthen links for the effective management of Health and Safety within the clinical divisions during this transitional period.

The Fire Safety Management Group and Violence and Aggression Forum are subject specific groups who provide related assurances via the Health and Safety Group and any items for escalation. Further subject specific groups will become a feature for 2021-22 feeding into Health and Safety Group including a Stress Management Steering Group and a Moving and

Handling/Patient Handling Steering Group. Annual reports outlining performance against annual objectives for 2020-21 were provided for the Health and Safety Group, The Fire Safety Management Group and the Violence and Aggression Forum.

Health and Safety Group (HSG)

4. The Health and Safety provides assurances to the executive group (EQGG/ESSEG) concerning the performance of the group against the annual workplan to provide assurances compliant with current legislation and to facilitate the attainment of a safe environment for staff, patients, visitors and all others affected by the activities of the Trust. The groups annual work plan was monitored on a quarterly basis with any exceptions being reported to the executive groups as detailed above with the group's annual report being reported to HSG in May 2021 outlining how the group achieved its terms of reference. The group met on four occasions in 2020-21, 23/04/2020, 23/07/2020, 29/10/2020 and 25/02/2021 via Microsoft Teams.

Reports monitored by the group included:-

a) Health and Safety Assurance Framework – six monthly update on key issues and compliance
b) Health and Safety Risk Register
c) Premises Assurance Model summary
d) Policies and Procedures
e) RIDDOR incidents reported and Root Cause Analysis investigations
f) Workstation Safety Plus Report which outlines DSE compliance
g) Quarterly Report and Incident Trends

- Fire Safety Management Group Action Points summary and escalations
- Violence and Aggression Forum Action Points summary and escalations

a) <u>Health and Safety Assurance Framework</u>

Provides up to date assurance on key risks as listed below and is reviewed six-monthly at the Health and Safety Group.

- Trust wide Fire Risk Assessments
- Unwanted Fire Signals
- Fire Enforcement Notice
- COSHH
- Stress
- DSE
- Harm Incidents
- Non-patient slips, trips, falls
- Violence Reduction
- Moving and Handling
- Sharps incidents
- Health and Safety Training

b) <u>Health and Safety Risk Register</u>

Health and Safety risks on the Trust's risk system are a standing item at the Health and Safety Group agenda for each meeting. In 2020 the risks were transferred from the Ulysses Safeguard system and are now monitored via 4Risk.

The Risk Register monitored at HSG provides assurances linked to the Board Assurance Framework (BAF) risks BAF4, BAF11 and BAF12 relating to:-

- HS1 – Display Screen Equipment
- HS2 – Control of Substances Hazardous to Health
- HS3 – Moving and Handling
- HS4 – Fire Safety
- HS6 – Ligature Points
- HS7 – RAAC planks
- HS9 – Water Safety – Pseudomonas
- HS10 – Violence and Aggression
- HS11 – Access to Cleaning Materials

Workplace Inspection Risk Assessments (WIRA's) are also required by all wards and departments on at least an annual basis. These document any general health and safety hazards and any actions required by local management to ameliorate any issues found relating to workplace compliance. These assessments are recorded and monitored on the Ulysses Safeguard system and local managers are responsible for ensuring that any actions are monitored locally until complete.

c) Premises Assurance Model (PAM)

The Premises Assurance Model (PAM) became mandatory from 2021. This tool enables the NHS Trusts to better understand the efficiency, effectiveness and level of safety with which their Estate is managed and how this links to patient experience using an evidence based self-assessment. It covers a full range of hard and soft facilities management functions to enable assessment under safety, patient experience, efficiency, effectiveness and governance domains. A comprehensive review was undertaken for the submission assessing against 285 elements of which 7 were rated Outstanding, 261 were rated as Good, 7 required Moderate improvement and 10 required minimal improvement. Areas for improvement were captured on an improvement plan to be monitored by Estates and Facilities Divisional Board.

d) Policies and Procedures

The following policies and procedures were updated and approved by the HSG:-

- Managing the Risks Associated with Work Related Stress
- Transferring a Patient who has come to rest on the floor
- Management of Plus Size People <127kg or 20 stone
- Detained Persons
- Bomb Threat
- Infant/Young Person Abduction
- RIDDOR Reporting Covid-19

- Health and Safety Policy
- Fire Safety Policy and Strategy
- Safe Use of Ligature Cutter SOP

e) RIDDOR Incidents Reported

There were 17 staff incidents reported to the Health and Safety Executive (HSE) as required by the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR) in 2020-21 and 3 patient incidents, this compares to 19 staff RIDDOR incidents reported in 2019-20 and one related to a patient. Table 1 shows a comparison of the RIDDOR incidents reported to previous years.

Table 1 - RIDDOR Incidents Reported

RIDDOR Type	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021
Staff	34	22	22	14	19	12	12	7	12	19	17 ↓
Patient	0	1	0	1	0	0	0	1	0	1	3 ↑

RIDDOR Incidents for 2020-21

Staff
Non-Patient Falls – 8
Contact with Something - 5
Moving and Handling – 4

Patients
Falls - 3

All RIDDOR incidents were investigated in 2020-21, 14 underwent a Root Cause Analysis (RCA) investigation undertaken and had a final review meeting to identify lessons learned and any actions required to reduce the likelihood of recurrence. Actions were monitored by the HSG until completion.

f) Workstation Safety Plus – Display Screen Equipment (DSE)

The Trust uses Cardinus Workstation Safety Plus System to provide staff training relating to DSE and individual assessments of their workstation set up. The system generates user action reports for the individual staff member to complete or escalate to support improvement of the workstation set-up based on the user's responses to the assessment undertaken. In 2020-21 compliance plateaued at 55% for e-learning and 53% for individual assessments, an SBAR was developed in February 2021 and presented to ESSEG. This resulted in an Improvement Plan being developed with key actions to move this forward in 2021-22. This included 'cleansing' the systems, providing further follow-up assessors courses and sharing the status of staff with Divisional General Managers. This work continues into 2021-22.

g) Quarterly Report – Incident Trends

Incidents are monitored by HSG on a quarterly basis to identify any trends to enable actions to be identified and implemented to reduce the likelihood of recurrence. The number of 'harm' incidents reported decreased by 2.3% (down from 342 to 334) for the Trust in 2020-21 compared to the previous year, incidents reported for CCICP increased 77.8% (up from 27 to 48). The Trust's reporting culture is considered to be good (based on previous research into similar sized Trusts and data obtained via Freedom of Information Requests), CCICP's reporting culture is developing. The number of 'no harm' incidents reported in 2020-21 decreased for the Trust 12.6% (down from 1266 to 1107) and 25% for CCICP (down from 32 to 24). Covid-19 impacted on the number and type of incidents reported, for example in the first quarter there was an approximate 30% reduction on the number of 'harm' incidents reported and 38% reduction in 'no harm' incident reporting. Table 2 outlines the main incident trends in year.

Table 2 – Incident Trends – 2020-21 and 2019-20

Incident Type	Harm Incidents Reported 2019-20	Harm Incidents Reported 2020-21	No. of Moderate incidents 2020-21 (2019-20)
Violence and Aggression	141	159 ↑	0(6) ↓
Non-Patient Falls	41	45 ↑	11(6) ↑
Moving and Handling	48	42 ↓	4(2) ↑
Contact with Contaminated Sharps	38	32 ↓	0(0) ↓

Fire Safety Management Group

5. The Group is responsible for providing information and assurances to the Health and Safety Group concerning fire safety performance in order to comply with current legislation and improvement notice 741 issued by the Cheshire Fire Authority (CFA) in 2009. Main activities in year were:

- Commissioning an annual audit by an external Authorising Engineer (Fire).
- Agreeing an annual 10.5 day contract to an external Authorising Engineer (Fire) to provide ongoing advice and annual audits.
- Ensuring ongoing management of the outstanding fire enforcement notice 741 (2009), co-ordinating discussions between the Trust and Cheshire Fire Authority (CFA) on the impact of Covid-19 on the refurbishment programme. The Old Critical Care building enabling works was extended to March 2021 and no ward refurbishment was completed during the period.
- Facilitating and supporting desktop fire drills within the wards sleeping risk locations - 100% compliance was achieved.

- A ‘deep dive’ of the Trust’s overarching Fire Risk Assessment was undertaken and presented to the Risk Management sub-group for further scrutiny and amendment.
- Further local assessments were undertaken to consider the risks associated with increased O2 use for the treatment of Covid-19 patients and the actions required to ameliorate the associate risks which included improved ventilation and fitting of ‘Firesafe’ nozzles to piped O2 systems.
- A Cause and Effect Testing Annual programme was developed.
- A Plan for Fire/Smoke Damper testing was agreed.
- In total there are 103 locations requiring a infrastructure fire risk assessment and these are undertaken on a risk-based approach over a three year programme for sleeping risk locations and a five year programme for non-sleeping risk locations in line with the Cheshire Fire Authority Audits. The compliance rate for 2020-21 for sleeping risk locations was 100% (32 locations) and 83.1% for non-sleeping risk locations (59/71 locations) giving a total compliance of 88.3%. The first 5 year cycle is due to complete by March 2022 and is on target.
- In addition to the local infrastructure risks assessments separate local Fire Safety Management Assessments are completed by managers at least annually assessing the local fire safety management arrangements in place which includes number of fire wardens, monthly checks, drills, inductions, condition of fire doors and local management of the ward or department from a fire safety perspective.
- Cheshire Fire Authority (CFA) conducted their annual audit of the Leighton site and no recommendations were given.
- There was an increase in the number Unwanted Fire Signals (false alarms) of 10% (up from 34 in the previous year to 38).
- There was one small fire caused by a patient setting a light paper on a chair which was immediately extinguished by ward staff compared to 3 small fires in the previous year.
- 7 Fire Warden Courses were undertaken (adapted for COVID-19 safety)
- The Annual Fire Report was developed for presentation to HSG.

Violence and Aggression Forum

6. The purpose of the Forum is to provide updates to the Health & Safety Group (HSG) concerning the systems in place for the effective management of issues which can result in violence and aggression in the workplace. Main achievements in year were: -

- Development of a Trust Violence Reduction Strategy and Policy in line with new requirements of the NHS Contract with NHSEI
- Development of Ulysses reporting of Violent and Aggression incidents to capture any specialist characteristics data for compliance with the national strategy
- Further develop the violence and aggression incidents reporting to enable improved analysis by the Forum

Working Safely during COVID-19 in Offices and Communal Areas

7. In line with the government guidelines for working safely during Covid-19 in offices, laboratories etc. the Trust Workplace Inspection Risk Assessment (WIRA) document was revised and updated in May 2020 to include a Covid-19 section to enable compliance against the guidelines

and was signed off at Silver Command. This was an existing system that managers were familiar with and was supported by the Trust Health and Safety Team and Divisional Governance Managers supporting their respective divisions in the implementation and the Covid-19 requirements were added to it. Spot checks were also carried out in a number of locations across all divisions.

Social Distancing – COVID-19

8. The Divisional Director for Estates and Facilities and the Head of Health and Safety led the Social Distancing workstream trust wide and worked in liaison with clinicians, comms and estates maintenance to agree and implement the Trust strategy for signage and separation. This included development of principles for the 'model ward' for signage, maximum room occupancy in staff communal areas and screens for the nursing stations for use across other wards, the introduction of one-way systems in the catering outlets and other communal areas and keep left on the hospital streets.

Staff Well-Being Support – Covid-19

9. During 2020/21 the Health and Safety Team's focus, particularly in the first two waves of the pandemic became very focused on supporting staff well-being. This included setting up a sub-group of the Well-being Board to support and enable:-

- Distribution of donations Trust wide
- Hot and cold food for staff/ water and hydration stations
- Enhancing 19 staff rooms with improved furniture and white goods
- Developing 9 well-being rooms across the Trust
- Extending the provision of outside furniture
- Access to outside spaces/ courtyards for staff use
- Creating a fit for purpose rest and refreshment facility in Victoria Infirmary for staff (the need was evidenced in an SBAR which was presented to ESSEG and supported)
- Improving DSE provisions for 200+ staff by improving workstations which enabled better postural support

The Trust provided a 'home working' package available developed by Cardinus (the Trusts system provider for workstation (DSE) assessments) for staff required to work from home due to the Covid-19 pandemic restrictions

A new guidance document was developed within the Trust for identifying and reporting Covid-19 RIDDOR incidents in line with HSE guidelines.

The HSE produced a Covid-19 Inspection/Audit Report following visits to 17 Acute NHS Trusts in December 2020 and January 2021 which highlighted their findings including recommendations and areas of good practice. A gap analysis was developed to identify any learning from MCHFT and areas for improvement. This was presented to Silver Command and is monitored by the Health and Safety Group.

Control of Substances Hazardous to Health

10. Following an internal review of COSHH assessment management within the Trust plus reviews of available commercial systems (over several year's) the Trust supported an SBAR paper presented to ESSEG for the provision of Eco-online COSHH Management system. The system was purchased and a project plan was developed for the implementation of this system by March 2022.

Patient Handling Training

11. The need for **Patient Handling** training in 2020-21 increased significantly up to 230% for Dec 2020 – March 2021. Additional resources were sourced to ensure the delivery of sessions for the increased demands. Initially this required the support of an external training provider which proved very costly (approximately £4,700 / week) and an SBAR was developed and presented to ESSEG. This was supported and gained approval for a temporary twelve-month fixed contract for an additional trainer/adviser to be reviewed within the 12 month period.

The capacity for training groups reduced to six per session due to Covid-19 compliance. The team redesigned the training programme by developing video's for demonstration purposes and purchasing manikins to reduce physical contact in the 'Covid Safe' training environment.

Trust Bariatric equipment due for replacement was identified and an agreement to bring this equipment under the Estates Team for future management of all replacement requirements improving the efficiency for the Trust and removing the need for clinical divisions to raise any related requisitions

Other Training

12. The following training continued throughout 2020-21 with face to face sessions adapted for safety during the Covid-19 pandemic

- IOSH Directing Safely
- IOSH Managing Safely
- Patient Handling
- Moving and Handling
- DSE follow up course
- Stress Management
- Resilience
- Fire Warden Training

Audits

13. A Fire Safety Audit was undertaken by an external Authorised Engineer. Five recommendations were made and four were complied with. The one outstanding action was to increase the resources for the management of fire safety centrally.

Audits were carried out across the Trust for Covid-safe compliance in offices and communal areas.

In place of the annual audits for the completion of Fire Safety Management Assessments FSMA's) and Workplace Inspection Risk Assessments (WIRA's) (including Covid-19 compliance) ongoing monitoring was undertaken as compliance had dipped at the end of 2019-20. At the end of March 2021 the FSMA's showed 88.6% (140/158) compliance, the WIRA's were at 97% compliance (173/178).

An audit of the completion of COSHH assessments as required by the Control of Substances Hazardous to Health Regulations 2002 was carried out and showed 98% compliance with assessments in place and 94 compliance with assessments being updated within required timescales.

Conclusions

14. 2020-21 was a challenging year for the Trust due to Covid-19 and there was a balance between compliance and supporting basic needs for staff working on the frontline where back office functions pulled together to provide the much needed support and adapting to the changing requirements throughout the various stages. Additional legislative requirements brought additional challenges which were broadly met.

The Trust achieved compliance with the agreed objectives for the effective management of health and safety with the exception of the 100% target for local Fire Safety Management Assessments to be updated annually which achieved 100% in place, 88.6% updated. These assessments are reviewed annually on a rolling basis and assess management controls in place in wards and dept's. They form part of the overall Trust Fire Safety Strategy which also includes detailed infrastructure fire risk assessments, training, desktop drills and monthly fire warden checks.

Key Objectives for 2021-22 include:

- Review the Terms of Reference for Health and Safety Group to reflect changes in membership from the clinical divisions.
- Review resources for Health and Safety to ensure that provision can meet Trust requirements particularly with regards to support for the clinical divisions, ongoing Moving and Handling and Fire Safety compliance.
- Fully implementation of the Eco-online COSHH safety management system.
- Ensure that all actions relating to the Violence Reduction Strategy are completed.
- Implement the new Cardinus ' Healthy Working' system.
- Support the development and implementation of the Trust Agile Working Policy.
- Continue to support the Trust in relation to Covid-19 safe workplaces.
- Ensure the annual Premises Assurance Model submission is completed.
- Continue to adhere to national guidelines for Covid-19 safe workplaces.
- Develop a plan to review Trust compliance against the NHS Health and Safety Workplace Standards (NHS Staff Council, 2013) which includes Asbestos Management, Water Safety (Legionella) and Management of Contractors.

- Maintain systems and processes in place for general Health and Safety compliance.
- Continue to support the Trust's Well-being Board agenda.

Recommendations

15. This report is submitted to the Board of Directors for noting.

Mid Cheshire Hospitals NHS Foundation Trust

BOARD OF DIRECTORS

Agenda Item	**CONSENT 2**	Date of Meeting: 25/11/2021
Report Title	**Use of the Trust Seal**	
Executive Lead	Russ Favager, Deputy CEO and Director of Finance	
Lead Officer	Andrew Deakin, Head of Capital Development	
Action Required	To note	

☐ **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

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

- Request to use the Trust Seal for two contracts -
- Licence to occupy treatment rooms at Handforth Health Centre by the East Cheshire Dermatology Service
- Licence to occupy treatment rooms at Waters Green Medical Centre by the East Cheshire Dermatology Service

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

- To affix the seal to the contracts prior to signing.

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

• Provide safest and best care ☐ • Become a leading and sustainable health care system ☐	• Be the best place to work ☐ • Push boundaries in clinical, technology and digital innovation ☐

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

• Quality ☐ • Finance ☐ • Workforce ☐ • Equality ☐	• Compliance ☐ • Legal ☐ • Risk/BAF Click here to select relevant risk

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

Strategy ☐ Policy ☐ Service Change ☐

REPORT DEVELOPMENT

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

Estates & Facilities Division

Capital Procedures

Form CF13 – Request to affix Trust Seal
(Version 1.0 – February 2013)

In line with the provisions Trust Standing Order Section 17 (Sealing of Documents), we request approval to affix the Trust Seal to the following document –

Type of Document – Licence to Occupy

Title of Document – Licence to Occupy rooms at Handforth Health Centre.

Reason for Trust Seal – Engrossment of a Licence to Occupy detailing the use of treatment rooms at Handforth Health Centre by the East Cheshire Dermatology Service.

Number of copies to be sealed – One copy of the Licence to Occupy.

The seal is to be applied to – Page 15

Parties to Agreement - The parties are Mid Cheshire Hospitals NHS Foundation Trust and Vernova Healthcare Community Interest Company.

Value – £14,560 per annum.

Andrew Deakin
Head of Capital Development

Date: 02nd November 2021

To be completed by Trust Secretary

Approval minuted at Board meeting of *(date)*_____

Seal Applied *(date)*_____

Seal Number _____

Estates & Facilities Division

Capital Procedures

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Reason for Trust Seal – Engrossment of a Licence to Occupy detailing the use of treatment rooms at Waters Green Medical Centre by the East Cheshire Dermatology Service.

Number of copies to be sealed – One copy of the Licence to Occupy.

The seal is to be applied to – Page 14

Parties to Agreement - The parties are Mid Cheshire Hospitals NHS Foundation Trust and David Robert Morris, Matthew Durow, Joseph David Banns & Mark Andrew Lamb.

Value – £31,354.27 per annum.

Andrew Deakin
Head of Capital Development

Date: 02nd November 2021

To be completed by Trust Secretary

Approval minuted at Board meeting of *(date)*_____

Seal Applied *(date)*_____

Seal Number _____