NHS
Countess of Chester Hospital
NHS Foundation Trust

Meeting	**9th March 2021**		**Board of Directors**					
Report	**Agenda item 10**		**Integrated Performance Report – January 2021**					
Purpose of the Report	Decision		Ratification		Assurance	**x**	Information	
Accountable Executive	David Coyle				Chief Operating Officer			
Author(s)	Denise Wood				Head of Information and Performance			
Board Assurance Framework	E4 Q1 Q3 Q4 P1	Access, Waiting Times, Care Pathways and Constitutional Standards Quality & Safety Safety - Infection Prevention & Control Safety - Nursing & Midwifery Workforce Retention						
Strategic Aims								
CQC Domains	Safe/Effective/Caring/Responsive & Well Led							
Previous Considerations	-							
Summary	The purpose of this report is to: • Summarise the key performance Indicators. • Assure the Board of the monthly oversight of trust priorities against agreed targets. • Highlight areas of high or low performance for operational, quality, safety, workforce or financial metrics.							
Highlights	The key themes from this month's report continue to be: • Covid related activity and the impact on safe staffing levels, constitutional targets and patient safety. Addition metrics relating to quality and safety have been identified for inclusion in the February 2021 report and further appendices will be included to provide assurance on improvement initiative being progressed.							
Recommendation(s)	The Board is asked to consider and note the contents of the Integrated Performance Report.							
Corporate Impact Assessment								
Statutory Requirements	Meets the Trust compliance with Foundation Trust Status							
Quality & Safety	Monitors patient safety issues							
NHS Constitution	Monitors performance against key targets							
Patient Involvement	-							
Risk	Risk to achievement of targets included on strategic risk register							

Financial impact	-
Equality & Diversity	-
Communication	-

COUNTESS OF CHESTER

Performance Report Jan-21

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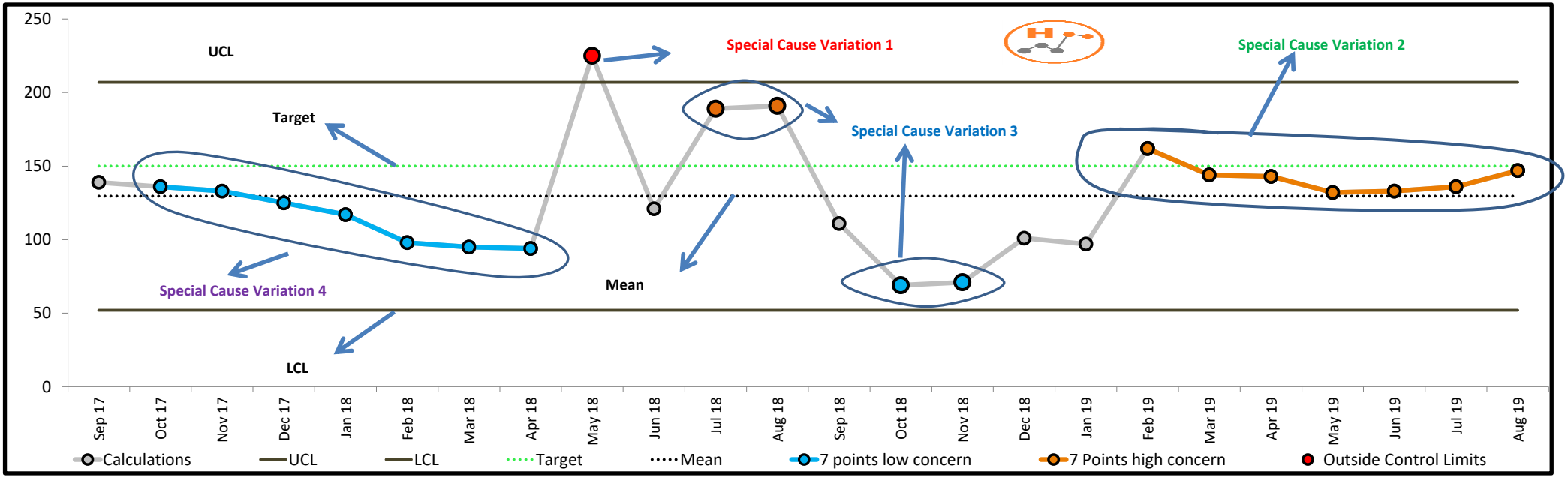
The integrated performance report has been reviewed and the use of Statistical process control (SPC) charts has been introduced. This method plots data over time to show how much the data varies naturally and guides us to take the most appropriate action based on alerts where a situation may be deteriorating, or if a situation is improving. SPC also shows how capable a system is of delivering a standard or target. This method of reporting is actively encouraged by NHSI for Board reporting to improve decision making.



A SPC chart is a time series graph which is used in order to monitor the performance of metrics over time. We aim to use a rolling 24 months worth of data from which the mean and moving averages are calculated. Then - from these - we can create our Upper Control Limit (UCL) and Lower Control Limit (LCL). Various tests are then performed on this data to see whether the process is in statistical control, if a process is 'Out of Control' it means it has broken one of the SPC rules below.

Special Cause Variation Criteria:

Special Cause Variation 1 - If one or more of the data points are above or below the control limits.

Special Cause Variation 2 - If a sequence of seven or more of the data points are above or below the mean.

Special Cause Variation 3 - When 2 out of 3 data points in a row are close to hitting the control limits, the point will become larger.

Special Cause Variation 4 - If a sequence of 7 or more points are all showing either a positive or negative trend.

The graphs are then summarised using the summary icons to the right, one for Variation - which demonstrates whether a metric is improving or failing - and one for Assurance, which states whether or not we are on target. The variation icon only considers the last 6 months of data.

Variation			Assurance		
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently hitting passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

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SAFE

Indicator	This Month	Target	Trend	Assurance	20/21 YTD	20/21 Target	20/21 Assurance
Hospital Standard Mortality Rate (HSMR)	120.7	To be within expected range	H	Outside Expected Range	117.5	To be within expected range	Outside Expected Range
CHPPD Compliance	7.9	8.2	L	F	7.9	8.2	F
Serious Incidents Level 1	3	To be within expected range		Within Expected Range	42	To be within expected range	Within Expected Range
Serious Incidents Level 2	0	To be within expected range	L	Within Expected Range	2	To be within expected range	Within Expected Range
Incident Reporting: No Harm	293	To be within expected range		Within Expected Range	3794	To be within expected range	Within Expected Range
Incident Reporting: Low Harm	73	To be within expected range		Within Expected Range	727	To be within expected range	Within Expected Range
Incident Reporting: Moderate Harm	37	To be within expected range	H	Within Expected Range	525	To be within expected range	Within Expected Range
Incident Reporting: Severe Harm	1	To be within expected range		Within Expected Range	36	To be within expected range	Within Expected Range
Incident Reporting: Death	30	To be within expected range	H	Outside Expected Range	77	To be within expected range	Outside Expected Range
Serious Incidents Never Events	0	To be within expected range	H	Within Expected Range	2	To be within expected range	Within Expected Range
All Falls Rate	8.7	7.0	H	P	7.7	7.0	P
Falls With Harm Rate	0.2	0.3		P	0.3	0.3	P
Hospital Acquired Pressure Ulcers	3.1	To be within expected range		Within Expected Range	2.3	To be within expected range	Within Expected Range
Pressure Ulcers On admission	4.1	To be within expected range	H	Within Expected Range	4.5	To be within expected range	Within Expected Range

SAFE

Indicator	This Month	Target	Trend	Assurance	20/21 YTD	20/21 Target	20/21 Assurance
Midwife Continuity of Care	0.0%	35%	L	F	31%	35%	F
Reducing Term Admissions to NNU	2.1%	5.0%		P	4%	5.0%	P
Nurse Retention Rates	93.7%	90%	H	P	92%	90%	P
Infection Control -C-Difficile	6	TBA		F	34	TBA	P
Infection Control -MRSA	0	0		P	0	0	P
Hospital Onset Covid	41	0	H	F	208	0	F

EFFECTIVE

Indicator	This Month	Target	Trend	Assurance	20/21 YTD	20/21 Target	20/21 Assurance
SEPSIS-Screening	100%	75%	H	P	99.2%	75%	P
SEPSIS-Treatment	71%	75%	H	P	72.0%	75%	F
Emergency Response Calls	20	To be within expected range	L	Within Expected Range	143	To be within expected range	Within Expected Range
Bed Moves	96.1%	95%	L	P	98.1%	95%	P

Variation			Assurance		
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently hitting passing and failing short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

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RESPONSIVE

Indicator	This Month	Target	Trend	Assurance	20/21 YTD	20/21 Target	20/21 Assurance
ED 4 Hour Wait Standard %	78.5%	95%		F	88.2%	95%	F
RTT Incomplete Pathways %	49.1%	92%	L	F	48.7%	92%	F
RTT Total Incomplete Pathways	26763	Covid Related Delay	H	To be agreed	26763	Covid Related Delay	To be agreed
RTT Incomplete Pathways 0 - 18 Weeks	13135	Covid Related Delay	L	To be agreed	13135	Covid Related Delay	To be agreed
RTT Incomplete Pathways 18+ Weeks	13628	Covid Related Delay	H	To be agreed	13628	Covid Related Delay	To be agreed
RTT Incomplete Pathways 40+ Weeks	7401	Covid Related Delay	H	To be agreed	7401	Covid Related Delay	To be agreed
Diagnostic 6 wks Standard %	26.6%	1%	H	F	40.5%	1%	F
Cancer Treatment - 62 Day Standard %	80.4%	85%	L	F	66.6%	85%	F
Cancer Treatment -31 Day Standard %	94%	96%	L	F	83.1%	96%	F
Cancer Treatment - 14 Day Standard %	80.9%	93%	L	F	83.2%	93%	F

WELL LED

Indicator	This Month	Target	Trend	Assurance	20/21 YTD	20/21 Target	20/21 Assurance
Sickness Absence	4.6%	3.65%	L	F	4.0%	3.65%	P
Mandatory Training	79.5%	95%	L	F	83%	95%	F
Annual Appraisal	62.1%	95%	L	F	73%	95%	F
Staff Turnover %	8.4%	10%	L	P	9.3%	10%	P
M&D Over Cap Rates	113	Reduction	L	No Target	1724	Reduction	No Target
N&M Over Cap Rates	693	Reduction	H	No Target	3473	Reduction	No Target
Other Over Cap Rates	336	Reduction	H	No Target	637	Reduction	No Target
Medical Agency £	111000	Reduction		No Target	1445k	Reduction	No Target
Nursing Agency £	454000	Reduction	H	No Target	1539k	Reduction	No Target
Total within Budget	123001	Meet Plan		P	1202k	Meet Plan	P

Variation			Assurance		
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently hitting passing and failing short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

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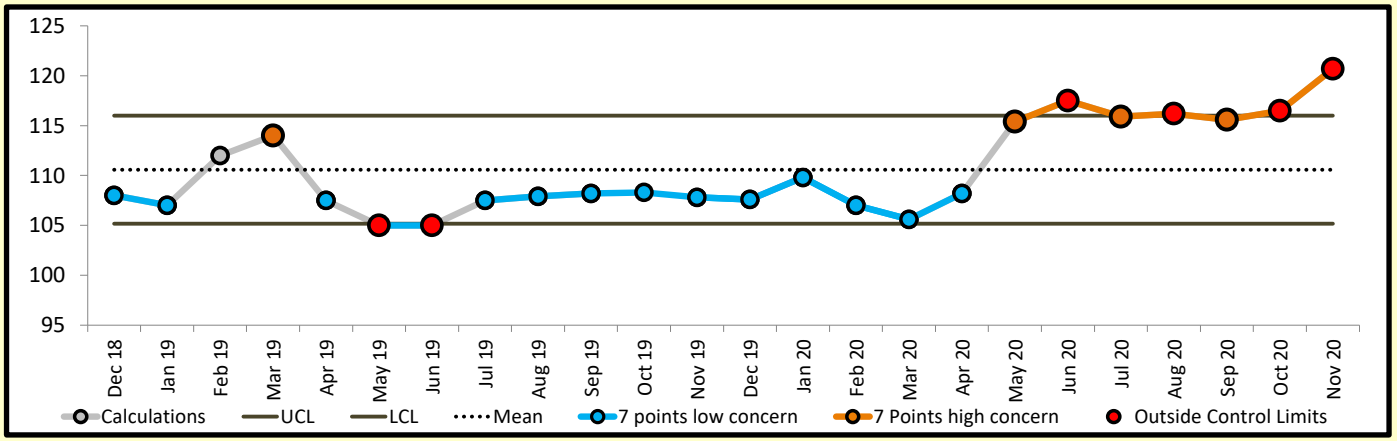
Hospital Standard Mortality Rate (HSMR)



The HSMR measures the rate of observed deaths divided by predicted deaths (based on the diagnoses which most commonly result in death)

Target: Measure to be within expected range

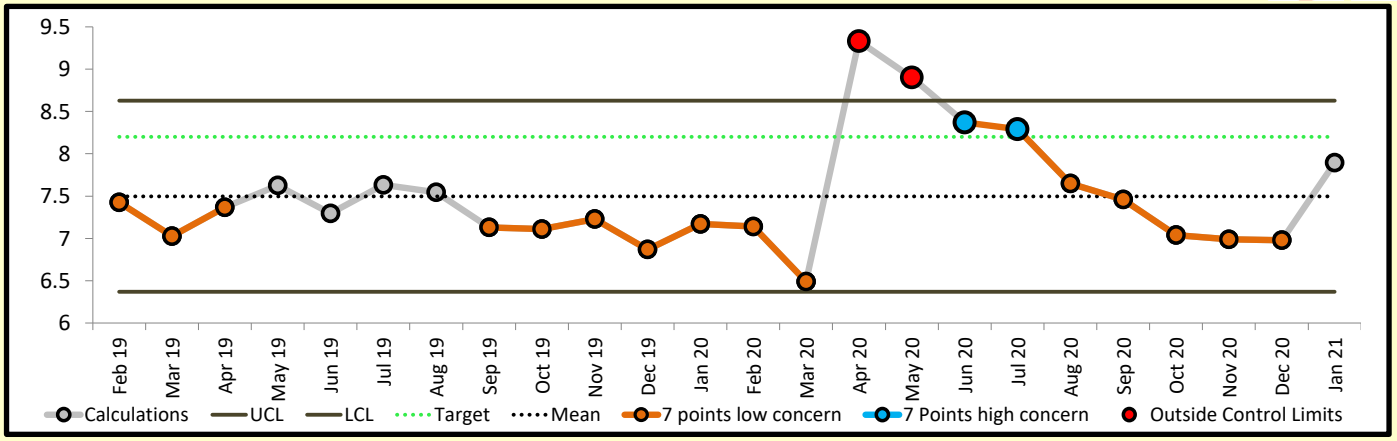
Mean: 110.6

This Month's Figure: 120.7

Executive Comments:

The metric reflects challenges to HSMR previously highlighted to Board in line with Wave 1 COVID. A detailed action and mitigation plan sits behind this metric.

Care Hours Per Patient per Day (CHPPD) Compliance



(Hours of registered clinical ward-based staff + Hours of non-registered clinical ward based staff) / Total number of inpatients at midnight

Target: 8.2

Mean: 7.50

This Month's Figure: 7.90

Executive Comments:

Care Hours per Patient per Day (CHPPD) are within the expected range but remain below the national comparator. An exception report is provided.

Exception Report Jan-21

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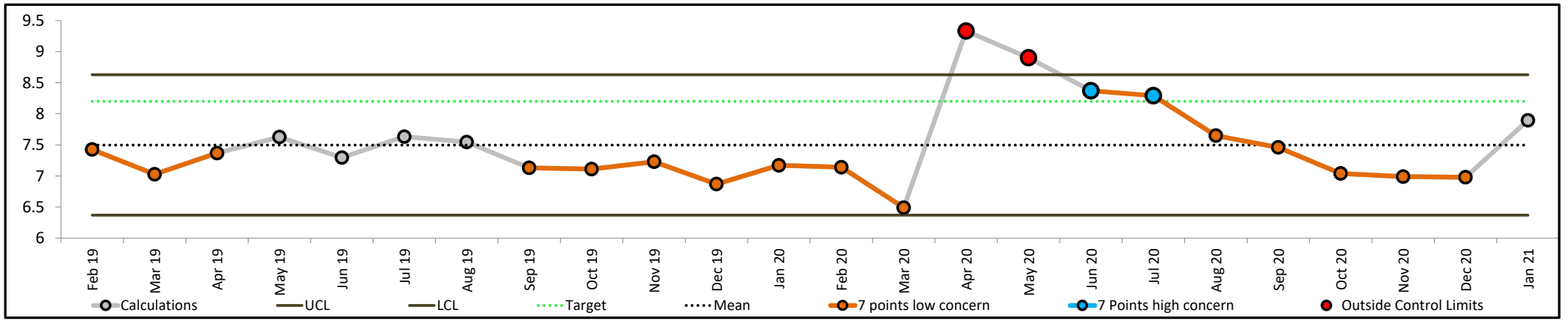
Care Hours Per Patient per Day (CHPPD) Compliance



What does the chart tell us?

Following a run of 7 points below the mean from Sep-19 to Mar-20. Performance improved significantly during the initial lockdown months. We then witnessed another run of 9 points from Apr-20 to Dec-20, although this time it was 9 consecutive decreasing points.

Ownership:

Lead: Melanie Kynaston, Deputy Director of Nursing
Primary Lead: Alison Kelly, Director of Nursing and Quality
Improvement Objective: Meet Target
Improvement Timescale: To be agreed

Planned Remedial Actions:

There has been a slight improvement to the CHPPD performance, but we still remain below the target (national comparator). The improvement seen correlates with the reduction in escalation capacity open and as we continue to recover from this Covid19 wave, performance is expected to improve further. However, it is important to note that to maintain these care hours in the short term the redeployed staff (from the reduction in elective activity) need to continue to support the high risk areas (intensive care and respiratory unit). This will remain under review and at the earliest opportunity staff will be released back to their usual areas (in a phased way) to build up the elective programme.

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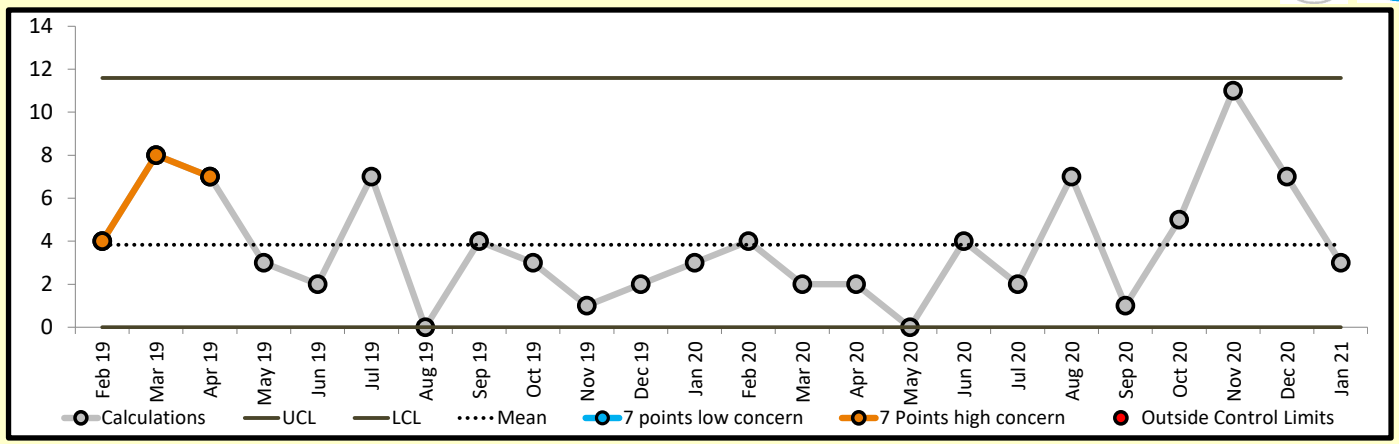
Serious Incidents - Level 1



The number of Serious Incidents reported at Level 1

Target: Measure to be within expected range

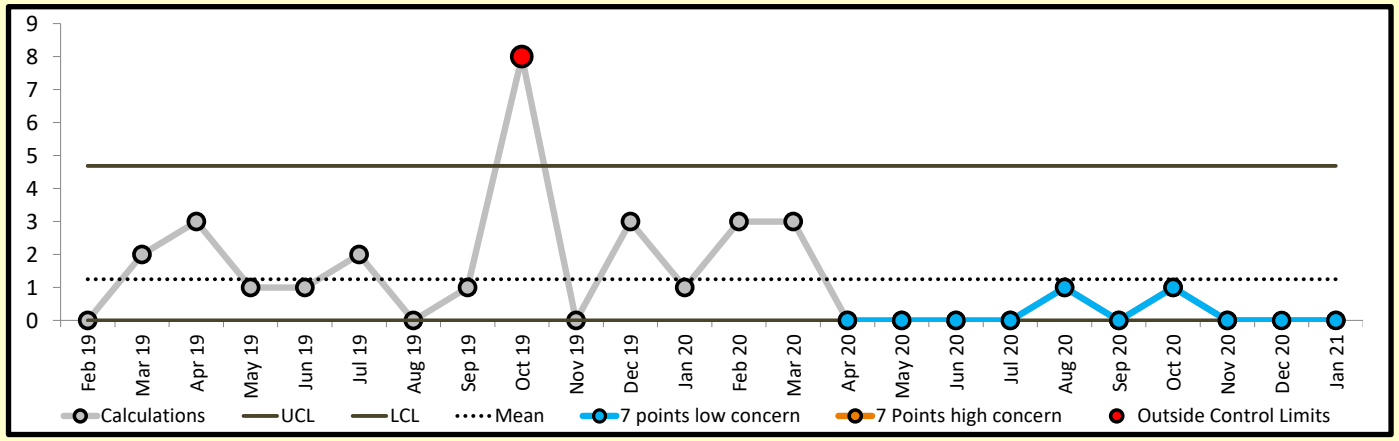
Mean: 3.83

This Month's Figure: 3

Executive Comments:

There has been three Level One investigations commissioned in December to establish whether harm has been caused. Two of the incidents are COVID related and are to be investigated; following this some may be reported externally. The remaining incident is currently being reviewed by an external Lead Investigation Officer.

Serious Incidents - Level 2



The Number of Serious Incidents reported at Level 2

Target: Measure to be within expected range

Mean: 1.25

This Month's Figure: 0

Executive Comments:

There were no Level 2 Serious Incident Investigations commissioned by the Serious Incident Panel during January. We remain within the trust target to be within the boundaries of the control limit.

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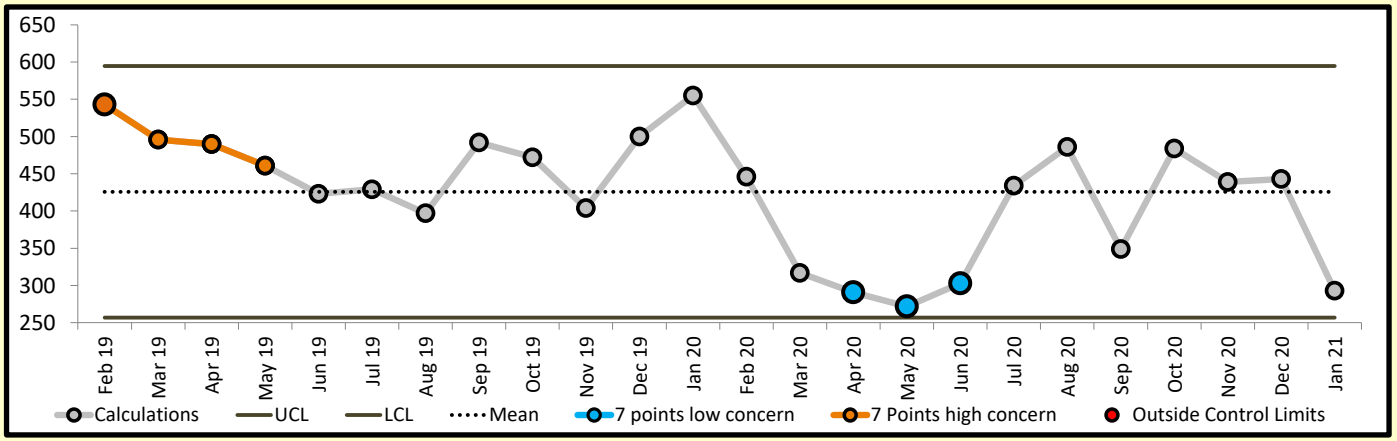
Incident Reporting: No Harm



The number of incidents where no harm was caused

Target: Measure to be within expected range

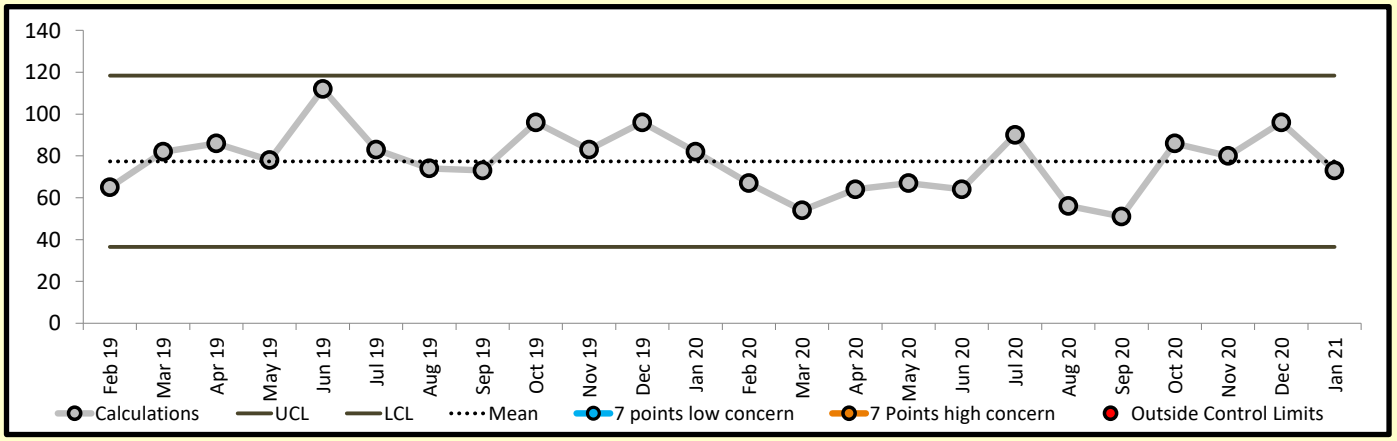
Mean: 425.79

This Month's Figure: 293

Executive Comments:

The number reported remains within the expected range, however the number has declined and can be correlated to higher occupancy, an increased number of covid patients and the use of redeployed and temporary staff.

Incident Reporting: Low Harm



The number of incidents where low harm was caused

Target: Measure to be within expected range

Mean: 77.42

This Month's Figure: 73

Executive Comments:

The numbers reported remain within the excepted range, themes for January include falls, skin integrity and medications. Targeted reports are provided to the divisional teams to assist in identifying any themes or trends in issues, where proactive action can be taken to prevent a significant event.

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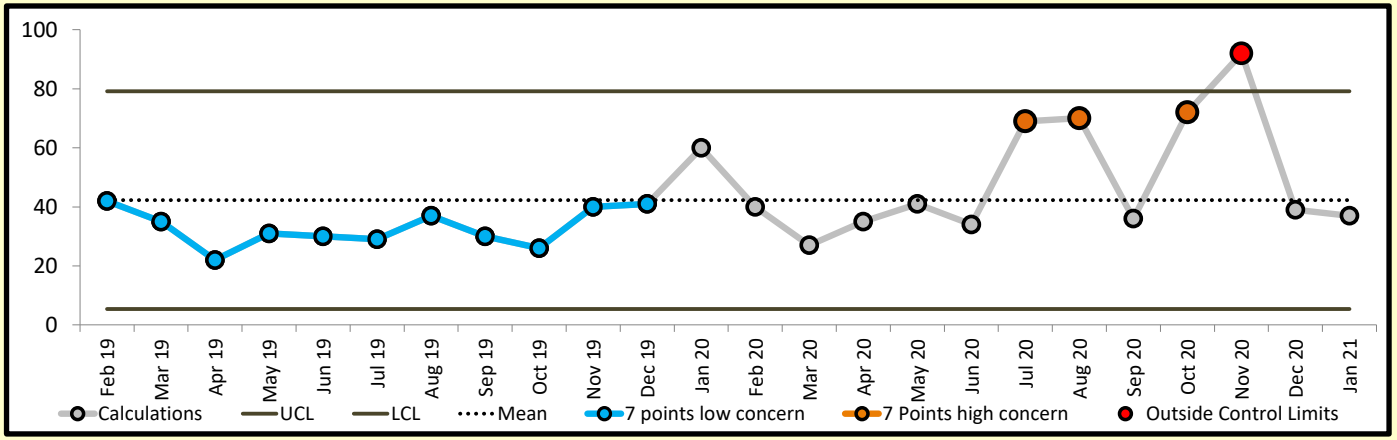
Incident Reporting: Moderate Harm



The number of incidents where moderate harm was caused

Target: Measure to be Measure to be within

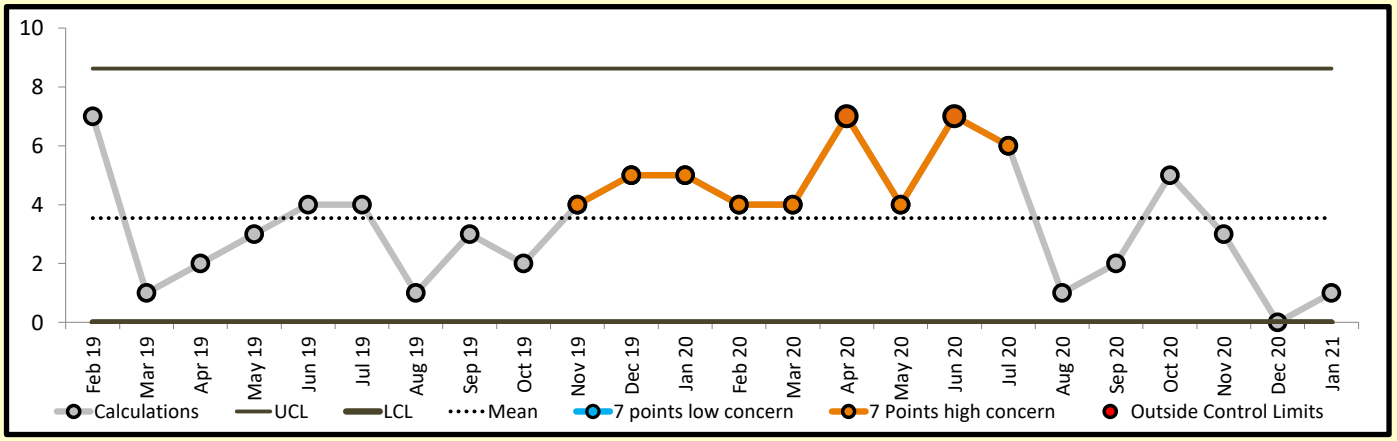
Mean: 42.29

This Month's Figure: 37

Executive Comments:

This remains within expected range. Themes for January include falls, skin integrity and medications. Reviews are conducted for all moderate harm incidents to ensure there are no Patient Safety issues and to extract learning.

Incident Reporting: Severe Harm



The number of incidents where severe harm was caused

Target: Measure to be within expected range

Mean: 3.54

This Month's Figure: 1

Executive Comments:

There has been one severe harm incident reported in January. This incident is related to a patient who was admitted from the community with multiple pressure ulcers. The safeguarding aspect has been fully investigated for this incident.

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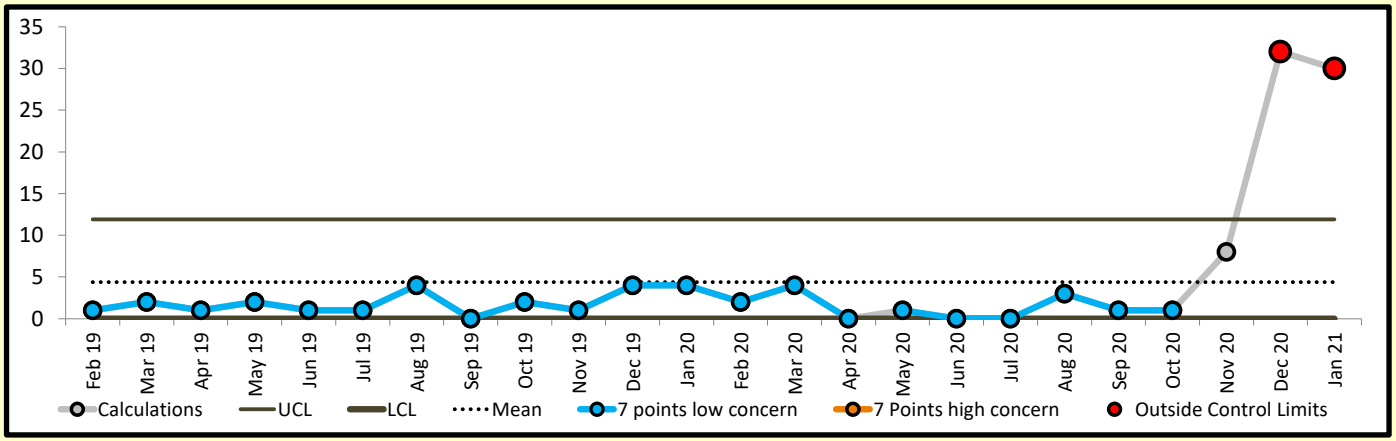
Incident Reporting: Death



The number of incidents where death was caused

Target: Measure to be within expected range

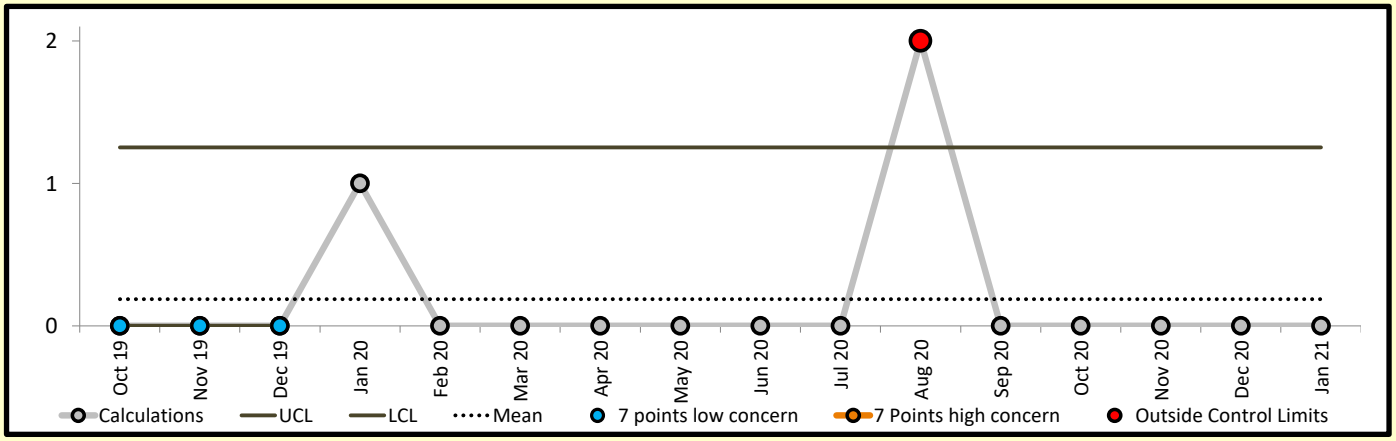
Mean: 4.38

This Month's Figure: 30

Executive Comments:

This metric is now outside the Control Limits, an exception report is provided.

Serious Incidents - Never Events



Number of reported Never Events

Target: Measure to be within expected range

Mean: 0.19

This Month's Figure: 0

Executive Comments:

There have been no Never Events in January

Exception Report Jan-21 - Incidents

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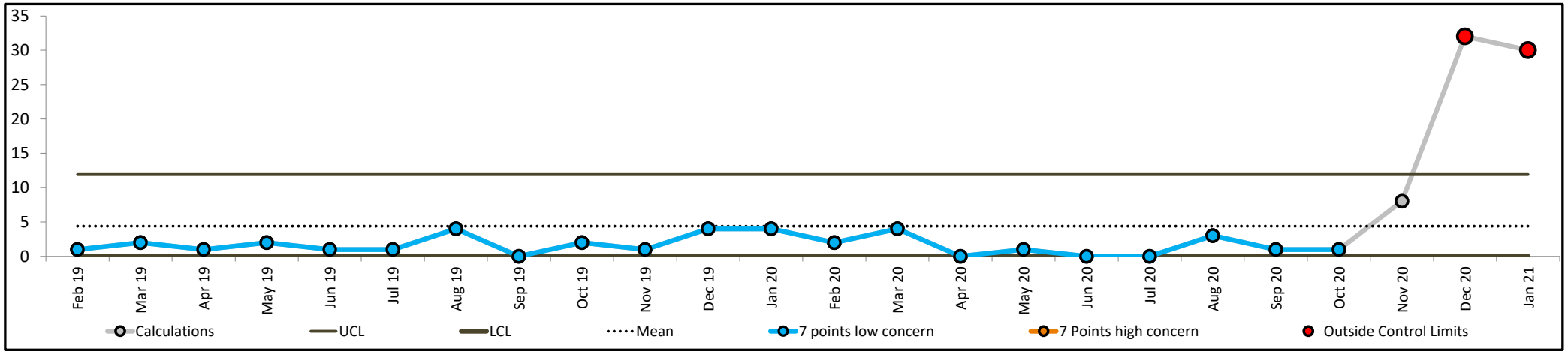

What do the charts tell us?

The latest 2 points on the chart are outside of the Upper Control Limit, these are due to the changes in reporting highlighted below. Due to the variance we have seen, 21 of the other 22 points are shown as below the mean.

Planned Actions:

Death related incidents remain outside of the control limits. A change in the formal reporting to the Nationals Reporting and Learning System (NRLS) in relation to COVID has generated this increase as demonstrated in the chart.

Ownership:

Lead: Hayley McCaffrey, Associate Director of Quality Governance
Primary Lead: Alison Kelly, Director of Nursing and Quality
Improvement Objective: Within Control Limits on all Incident Charts
Improvement Timescale: To be agreed

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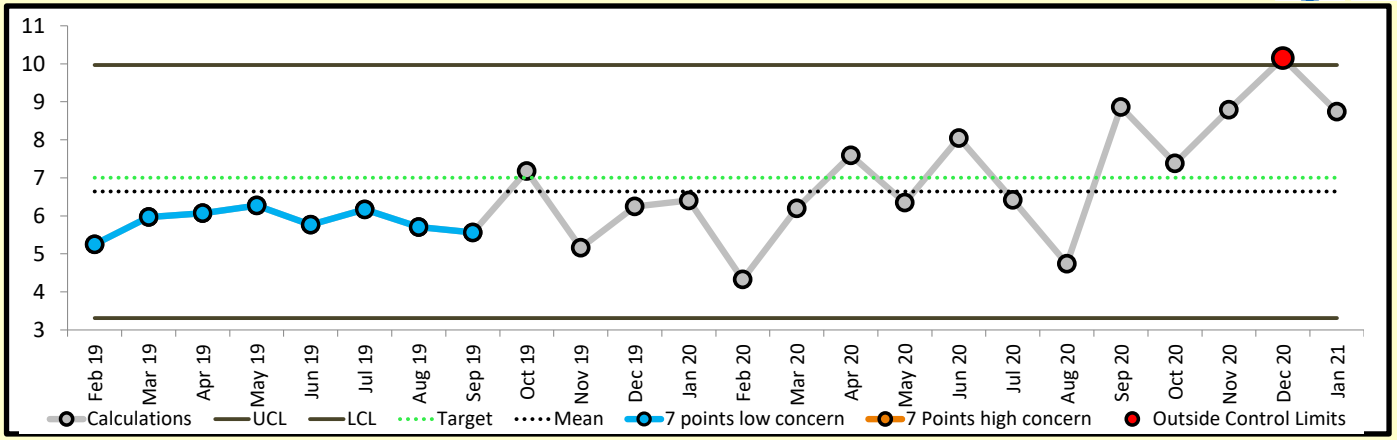
Falls



Rate of all falls per 1000 bed days

Target: 7

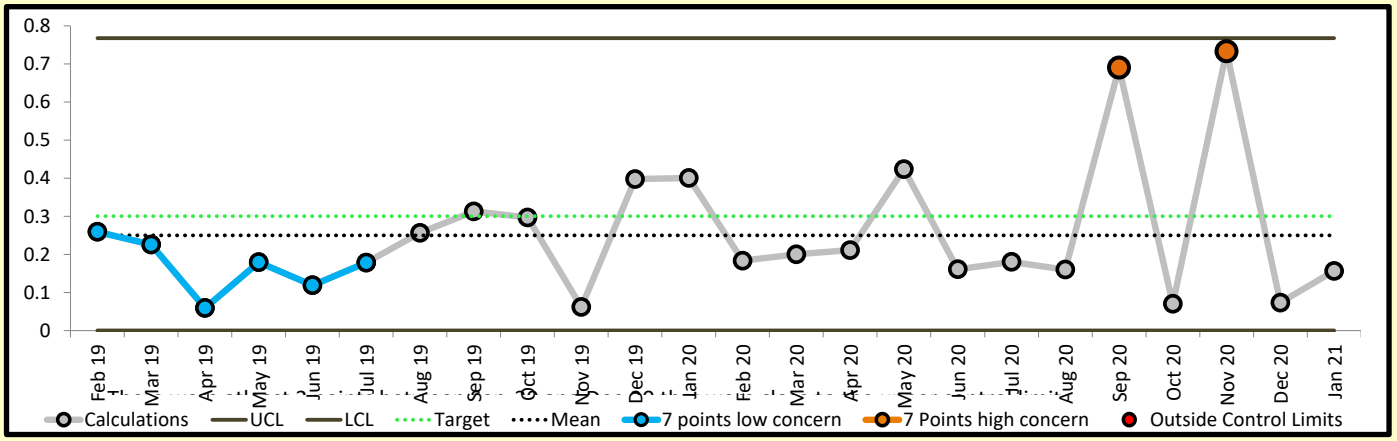
Mean: 6.64

This Month's Figure: 8.74

Executive Comments:

The number of reported falls for January has returned to within expected range. It remains the second highest reported category in the clinical reporting system. This needs to be monitored closely and correlated to falls resulting in harm.

Falls with harm rate



Rate of falls with harm per 1000 bed days

Target: 0.30

Mean: 0.25

This Month's Figure: 0.16

Executive Comments:

The number of falls with harm remain within the expected range and under the target set.

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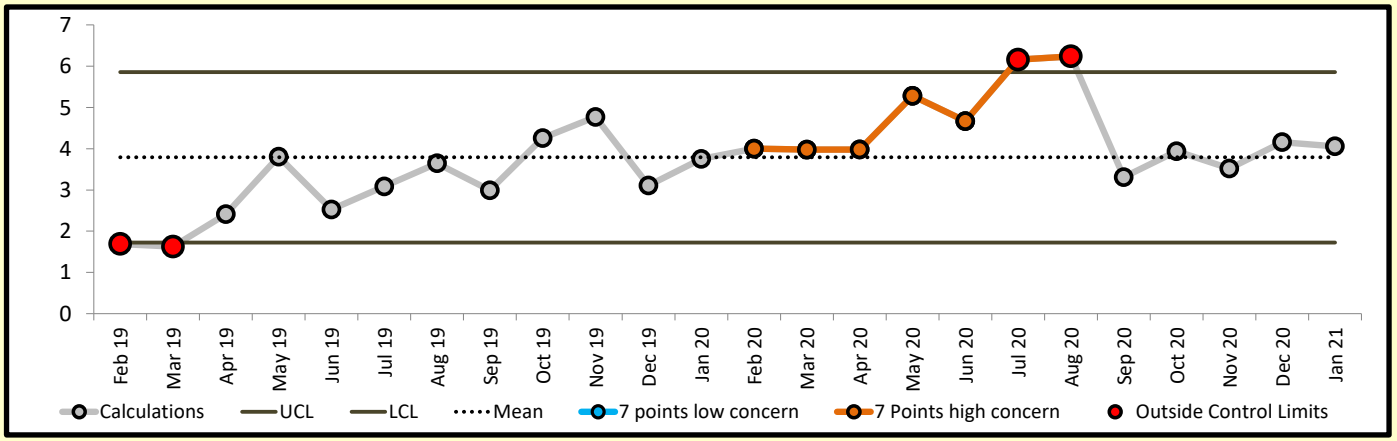
Present on Admission Pressure Ulcers



Rate of all present on admission Pressure Ulcers per 1000 bed days

Target: Measure to be within expected range

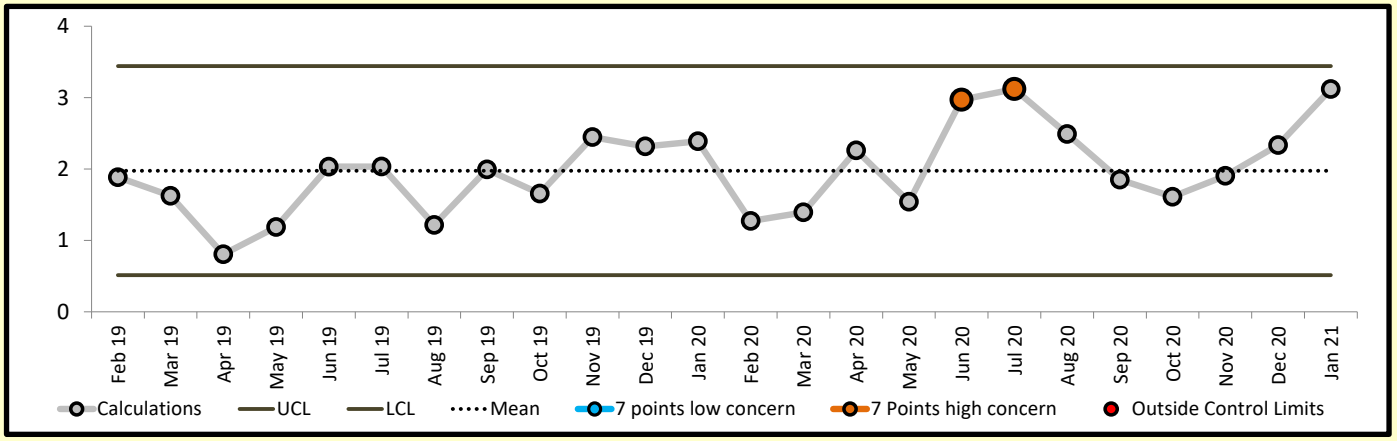
Mean: 3.79

This Month's Figure: 4.1

Executive Comments:

This remains within the statistical control limits throughout the recent reporting period. Key contacts have now been established within the CCG to allow for sharing of residential status of patients arriving at hospital with pressure ulcers.

Hospital Acquired Pressure Ulcers



Rate of all hospital acquired Pressure Ulcers per 1000 bed days

Target: Measure to be within expected range

Mean: 1.98

This Month's Figure: 3.1

Executive Comments:

The number of Hospital Acquired Pressure Ulcers has remained with the statistical control limits in January, but detailed analysis continues to on this metric

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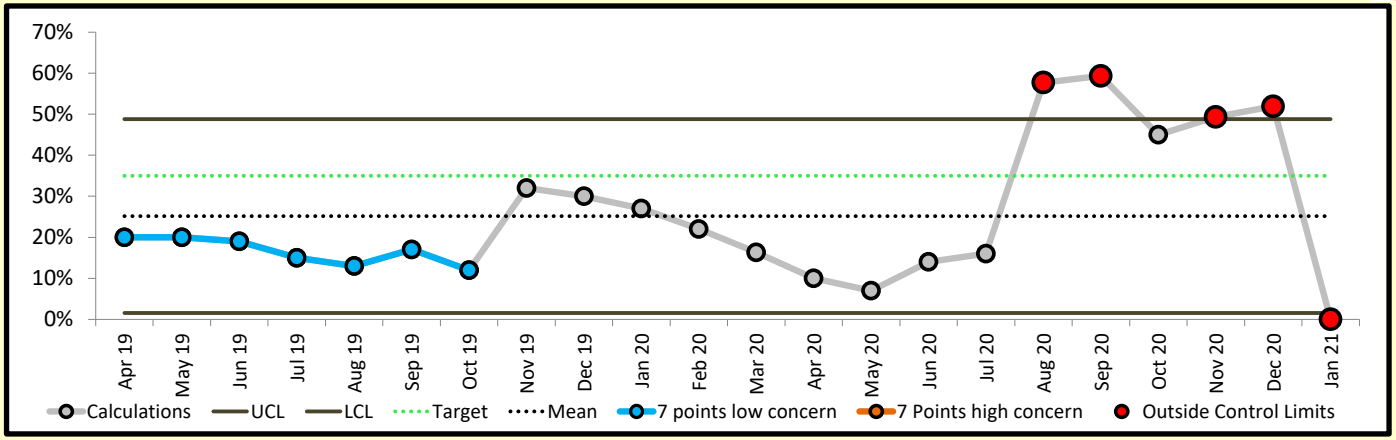
Women and Children's Continuity Of Care



The percentage of pregnancies where the patient had a consistent midwife/midwife team throughout their pregnancy

Target: 35%

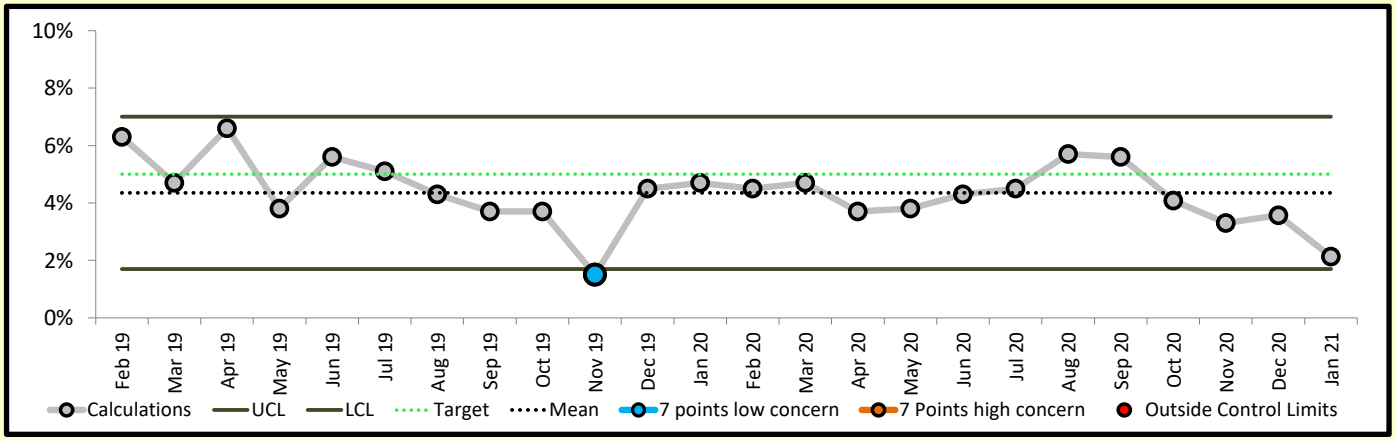
Mean: 25.2%

This Month's Figure: 0.0%

Executive Comments:

0% at present whilst we go through a change.
Although this is disappointing we have evaluated the Covid recovery plan and need to look at a model which is sustainable, and increases women in receipt of continuity for labour and birth, this will influence the outcomes as stated in Better Births.
Plans Commenced January 2021
Staff engagement sessions, working with the Chester MVP, staff survey, involving PMA & RCM
Mixed risk postcode teams

Women and Children's - Reducing NNU Term Admissions



The percentage of term admissions to the Neonatal Unit (NNU)

Target: 5%

Mean: 4.3%

This Month's Figure: 2.1%

Executive Comments:

This metric continues to show a positive trend and remains well within the national target of 5% or less, which demonstrates the on-going commitment of clinical staff to reduce the separation of mothers and babies. Weekly multi-disciplinary meetings are held to identify areas to continue improvement.

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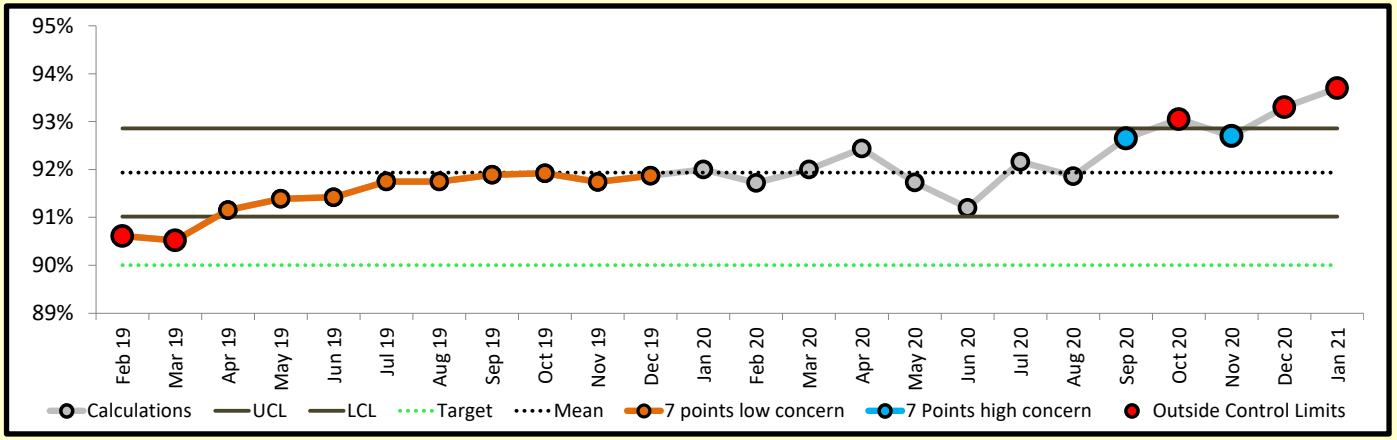
Nurse Retention Rates



The % of nurses being retained

Target: 90%

Mean: 91.9%

This Month's Figure: 93.7%

Executive Comments:

The trust continues to show a sustained improvement against this standard.

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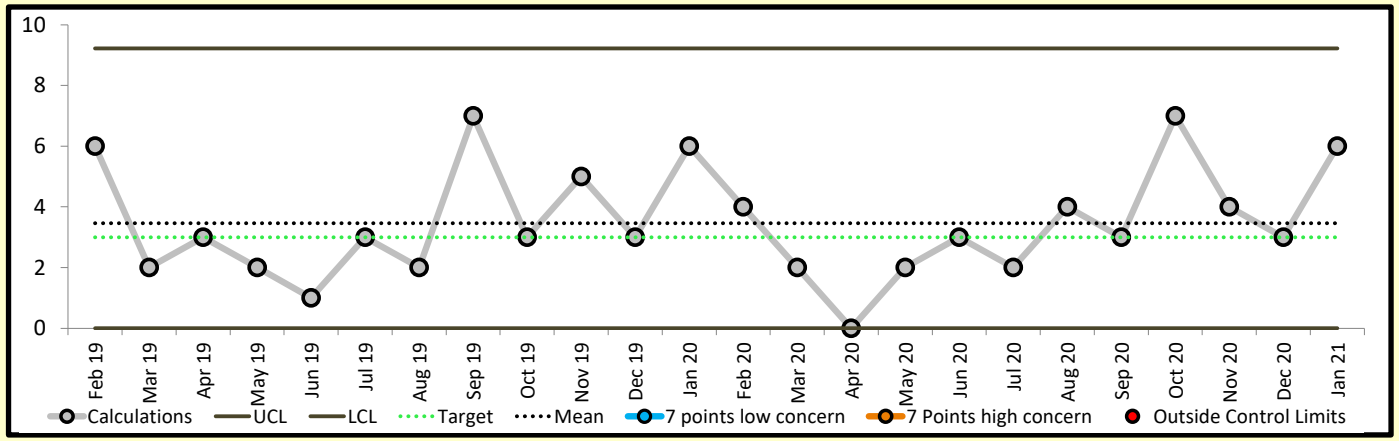
Infection Control - Rate of C.Difficile



Cases of hospital acquired C. Difficile bacteraemia

Target: 3

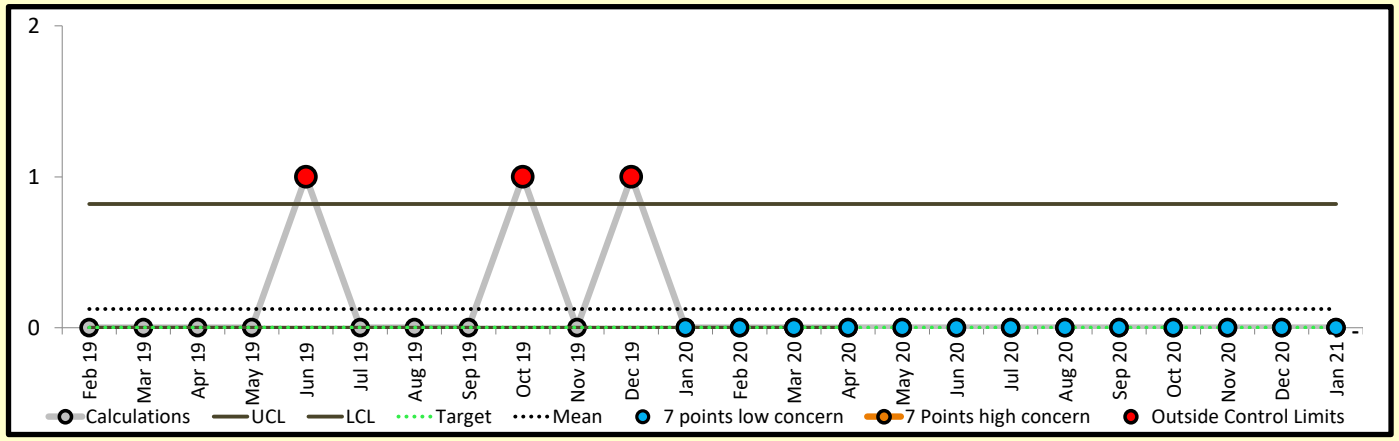
Mean: 3.46

This Month's Figure: 6

Executive Comments:

There was an increase in the number of positive C.difficile cases reported in January 2021 (6 cases) compared with the 3 cases reported in December 2020. There were no direct links between any of the cases reported in January 2021; 2 of the cases were identified on re-admission so classed as Trust assigned (as are all cases identified as having been discharged within the previous 28 days). Root cause analysis investigations of these cases are pending, but initial learning has identified the patients were at increased risk of developing C.difficile infection due to receiving multiple courses of antibiotics.

MRSA



Cases of hospital acquired MRSA(Methicillin-resistant Staphylococcus aureus) bacteraemia

Target: 0

Mean: 0.13

This Month's Figure: 0

Executive Comments:

The Trust continues to report zero cases of MRSA bacteraemia, with the last case of this infection reported in December 2019.

Performance Report Jan-21

Countess of Chester Hospital NHS Foundation Trust

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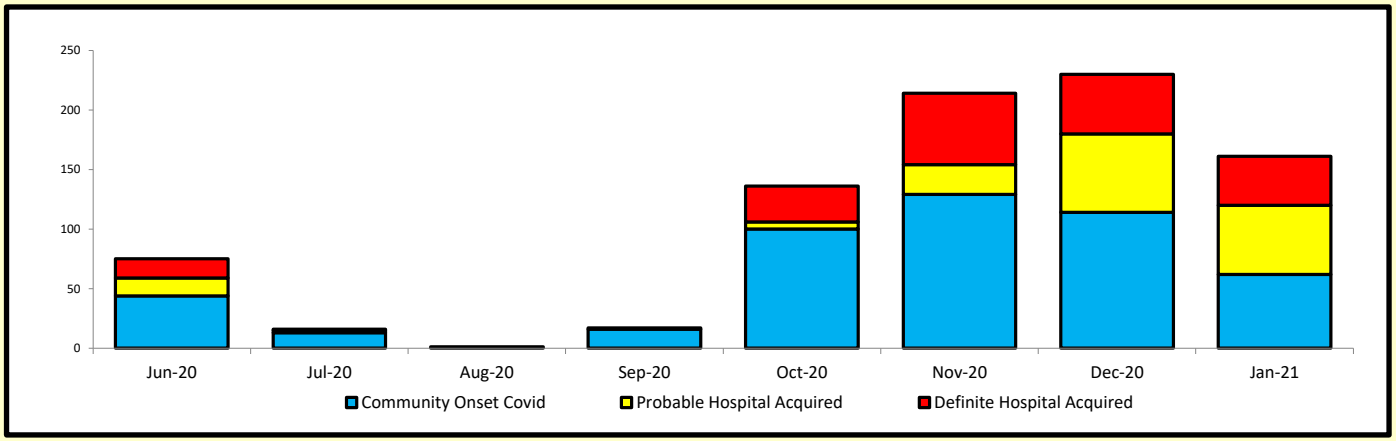
Hospital Onset Covid



Patients who have had a positive covid swab collection and their Onset category, 15 + days post admission is definite hospita l acquired and 8 + days is probable

Target: To Be Agreed

Definite Hospital Onset Total: 167
Probable Hospital Onset Total: 115

Executive Comments:

With the significant increase in the prevalence of COVID-19 within the community during January 2021 the Trust experienced a surge in positive COVID-19 cases presenting to the Trust. Despite this there was a reduction in the number of hospital onset cases of COVID-19 infection (HOCI) (positive 15+ days post admission) reported in January 2021.

The Trust continued to manage several outbreaks of COVID-19 during the month, declaring x1 further outbreak but closing down x5 active outbreaks. 36 of the 41 hospital onset cases were related to outbreak areas. The process for investigation of all HOCI cases is progressing with any learning/themes to be disseminated.

Exception Report Jan-21

Planned Actions:

As community COVID-19 prevalence has significantly increased we have experienced more patients presenting to the Emergency Department and being admitted to the hospital with COVID-19 related disease. These numbers surged during the first 2 weeks of January 2021 - at the peak up to 30 patients a day (identified as COVID-19 positive) required admission to the Trust.

Due to the higher than expected occupancy (number of beds open) it has been a challenge to prevent the onward transmission of the virus. Patients have continued to be placed in line with the Public Health England standards and a range of risk reduction measures are consistently in place at ward and department level to reduce the risk of transmission further. However, there has been a number of patients who have gone on to develop COVID – 19 whilst an inpatient in our care. The majority of these fall into the 'indeterminate ' category (days 3-7 following admission), with some patients attributed to the 'probable' or 'definitive' hospital onset category. All of the 'probable' or 'definite' cases are subject to a root cause analysis to determine if any further actions could have been taken to avoid the spread to each person affected.

Performance Report Jan-21

Countess of Chester Hospital NHS
NHS Foundation Trust

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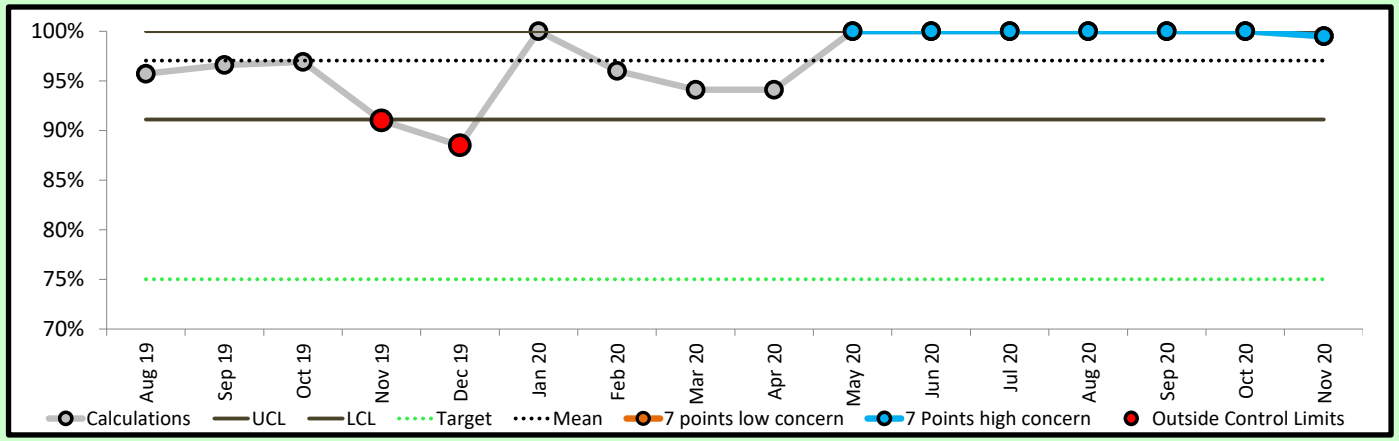
Sepsis Screening



Advancing Quality NEWS2 (National Early Warning Score) recorded within 1 hour of hospital arrival

Target: 75%

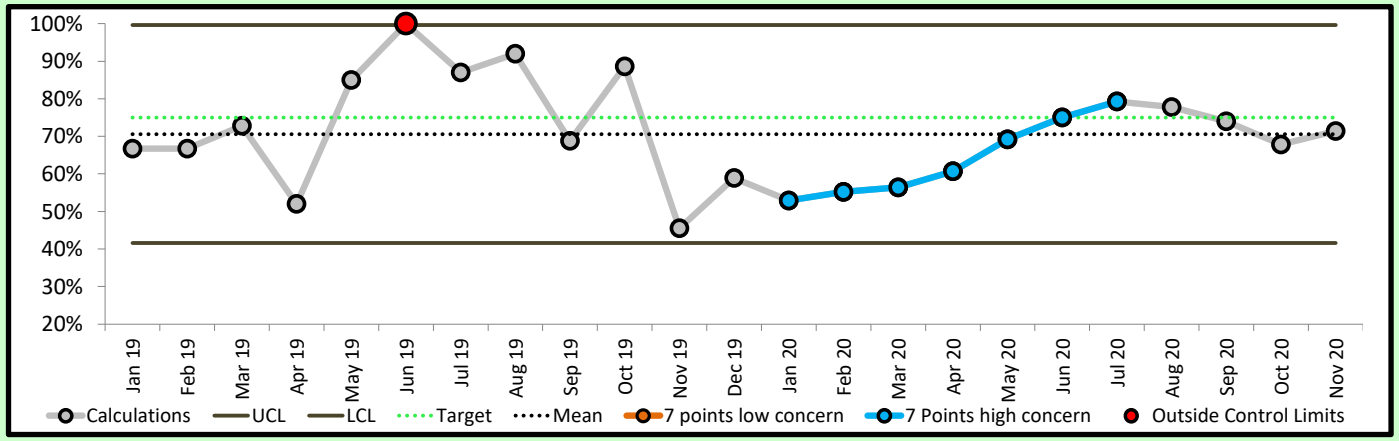
Mean: 97.03%

This Month's Figure: 100%

Executive Comments:

This measure remains above the expected target set by the Advancing Quality Programme. This result is reported 2 months in error due to the population identification use of Secondary Uses Service (SUS) data.

SEPSIS Treatment



Advancing Quality IV - Antibiotics administered within 1 hour of sepsis diagnosis

Target: 75%

Mean: 70.60%

This Month's Figure: 71%

Executive Comments:

This measure remains above the expected target set by the Advancing Quality Programme.

Sepsis Supplementary Information

Countess of Chester Hospital NHS
NHS Foundation Trust

AQ - SEPSIS NEWS Performance

What do the charts tell us?

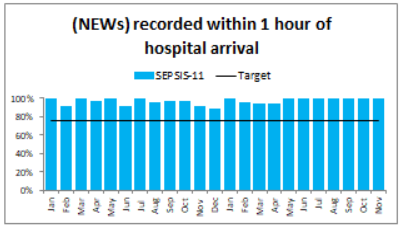
The SPC Sepsis charts report on both sepsis screening and antibiotic administration as part of the Advancing Quality bundle. The Trust continues to meet the Composite Process Score Target of 75% , currently achieving 85.4%. In terms of Appropriate care Score the trust us delivering 'perfect care' to over 72% of patients.

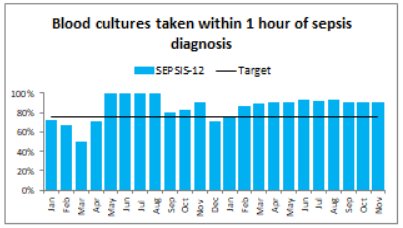
Planned Actions:

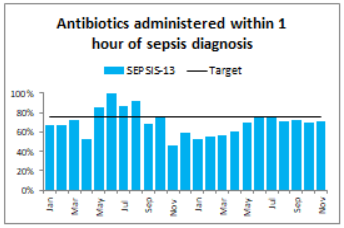
Data: The trust continues to see a small decline in the number of patients receiving antibiotics within 1 hour, administration of IV fluids and having a Senior review within 2 hours of sepsis diagnosis, but is still exceeding the overall target set.

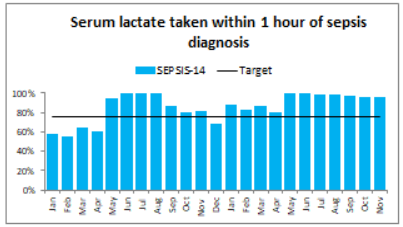
Education: Health Education England e-learning , Recognising Deterioration Programme is currently being reviewed with the scope for roll out across the organisation.

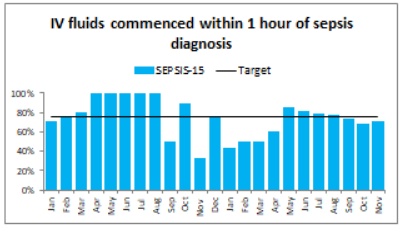
Documentation: The trust continues to monitor the care delivery and management of patients who develop sepsis as inpatients

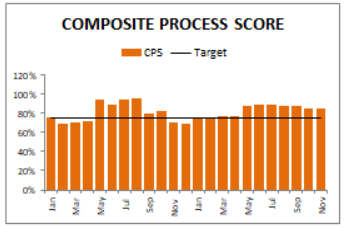


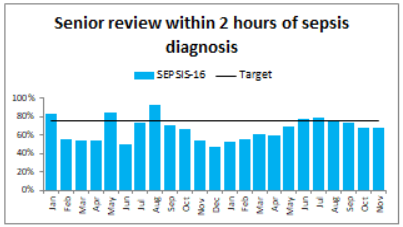


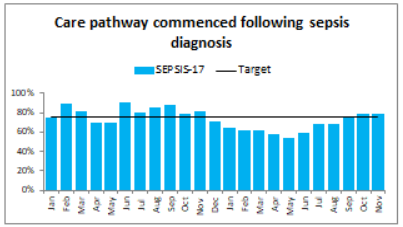


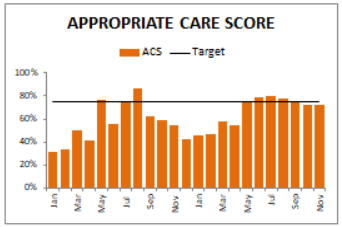












SepsisNEWS			SEPSIS-11	SEPSIS-12	SEPSIS-13	SEPSIS-14	SEPSIS-15	SEPSIS-16	SEPSIS-17	CPS	ACS	of measures passing out of 6 (excl. data collection
Code Provider		Target	National early warning score (NEWS2) recorded within 1 hour of	Blood cultures taken within 1 hour of sepsis diagnosis	Antibiotics administered within 1 hour of sepsis diagnosis	Serum lactate taken within 1 hour of sepsis diagnosis	IV fluids commenced within 1 hour of sepsis diagnosis	Senior review within 2 hours of sepsis diagnosis	Care pathway commenced following sepsis diagnosis	COMPOSITE PROCESS SCORE	APPROPRIATE CARE SCORE	
RW6	Pennine Acute	78.3%	94.8%	79.2%	88.8%	92.2%	86.0%	82.0%	59.7%	88.5%	72.9%	6
REM	Liverpool Uni Hospital	80.8%	97.5%	81.2%	73.4%	82.5%	91.3%	87.1%	40.6%	85.1%	55.3%	5
REN	Clatterbridge	75.0%	100.0%	74.7%	89.0%	80.2%	81.6%	52.7%	69.2%	79.8%	29.2%	4
RBT	Mid Cheshire	67.1%	93.8%	65.4%	71.4%	72.6%	72.9%	29.0%	33.6%	69.2%	41.5%	4
RRF	WWL	69.0%	100.0%	43.5%	87.0%	58.0%	84.8%	71.0%	88.2%	76.0%	56.0%	4
RJR	Countess of Chester	75.0%	99.5%	90.2%	71.0%	95.8%	71.4%	68.0%	79.2%	85.4%	72.5%	3
RXN	Lancashire Teaching	67.4%	95.2%	48.8%	60.0%	84.1%	87.0%	43.0%	11.6%	69.9%	37.1%	3
RBL	Wirral	83.6%	97.2%	81.4%	84.7%	89.6%	81.5%	75.7%	43.3%	86.5%	64.3%	3
RVY	Southport and Ormskirk	78.1%	100.0%	54.9%	78.6%	62.5%	74.0%	49.3%	46.9%	70.7%	33.5%	2
RBN	St Helens & Knowsley Trust	75.0%	68.1%	61.2%	87.1%	66.2%	88.9%	69.1%	44.5%	72.1%	28.5%	2
RWW	Warrington and Halton	75.0%	94.4%	45.0%	56.9%	59.2%	79.6%	55.8%	26.9%	64.3%	15.7%	2
RJN	East Cheshire	77.7%	92.9%	64.3%	54.5%	56.8%	72.4%	56.8%	40.9%	67.2%	37.5%	1
All North West			94.9%	68.9%	77.7%	78.0%	81.8%	65.0%	48.8%	78.7%	52.4%	

Ownership:

Lead: Michelle Tinker
Executive Lead: Darren Kilroy, Medical Director
mprovement Objective: Achieve targets in all Sepsis graphs
Improvement Timescale: To be agreed

Performance Report Jan-21

Countess of Chester Hospital NHS
NHS Foundation Trust

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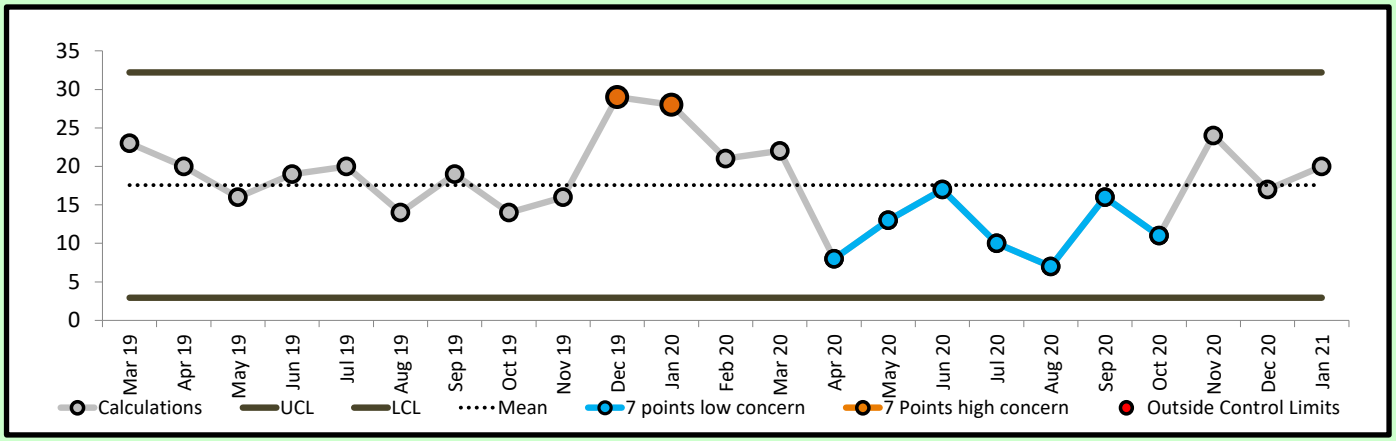
Emergency Response Calls - 2222



Calls received from emergency 2222 number from hospital areas

Target: Measure to be within expected range

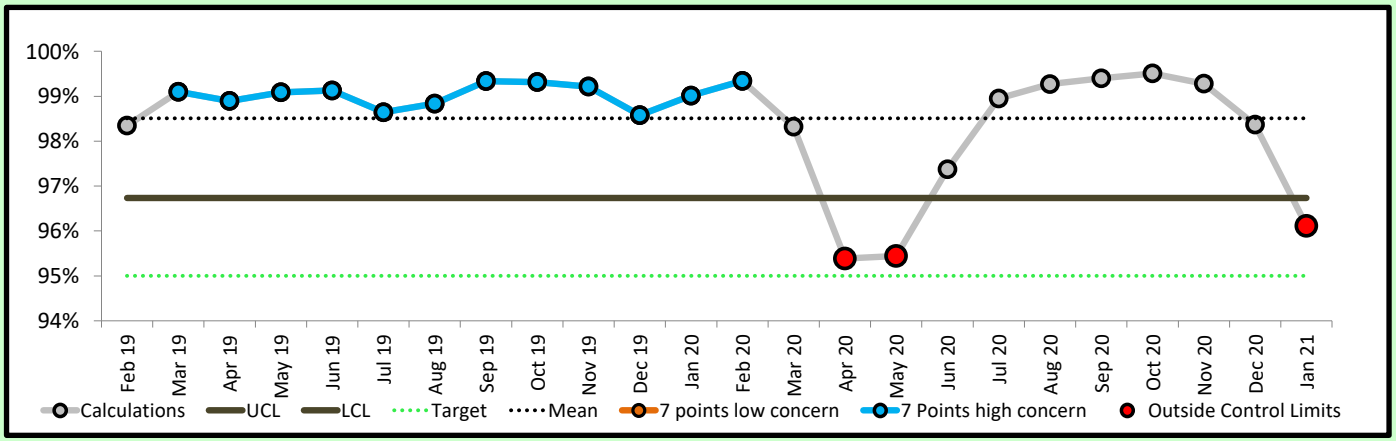
Mean: 17.57

This Month's Figure: 20

Executive Comments:

This metric remains within the control limits. The process for analysing the individual patient data has been changed from December to follow the NECPOD recommendation that all cardiac arrests have a record on the Trust datix system. Using this data we will be able to analyse care, understand deterioration and determine whether the call could have been prevented.

Inpatient Ward Moves



The % of patients having fewer than or equal to 3 Ward moves during their Inpatient spell

Target: 95%

Mean: 98.51%

This Month's Figure: 96.11%

Executive Comments:

An exception report has not been provided as this metric remains above the 95% target. Compliance has fallen this month due to high occupancy and covid-19 pathways.

Performance Report Jan-21

Countess of Chester Hospital NHS
NHS Foundation Trust

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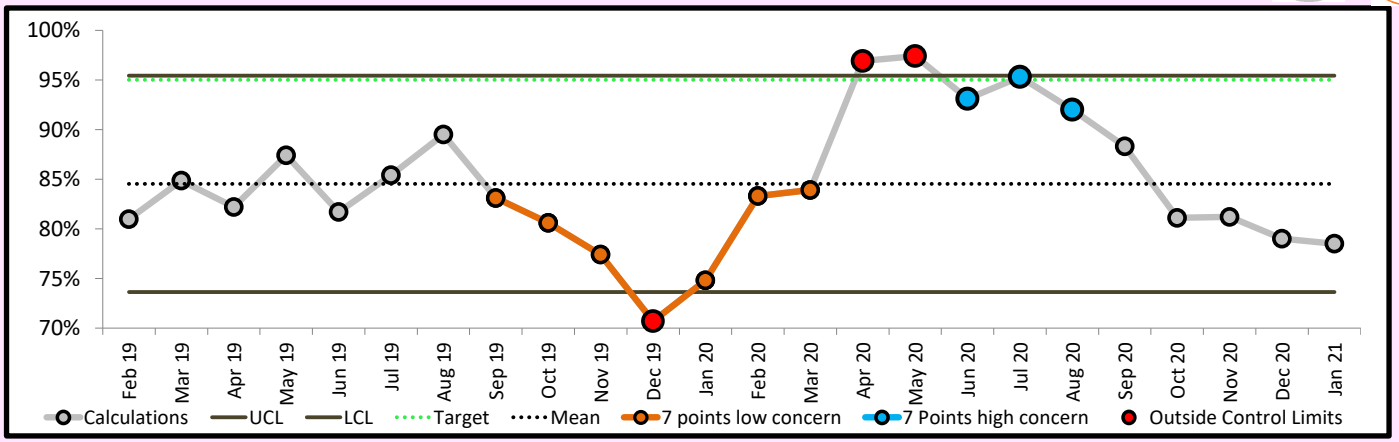
ED 4 Hour Wait Standard



% of A&E attendances that were seen within 4 hours of arrival

Target: 95%

Mean: 84.53%

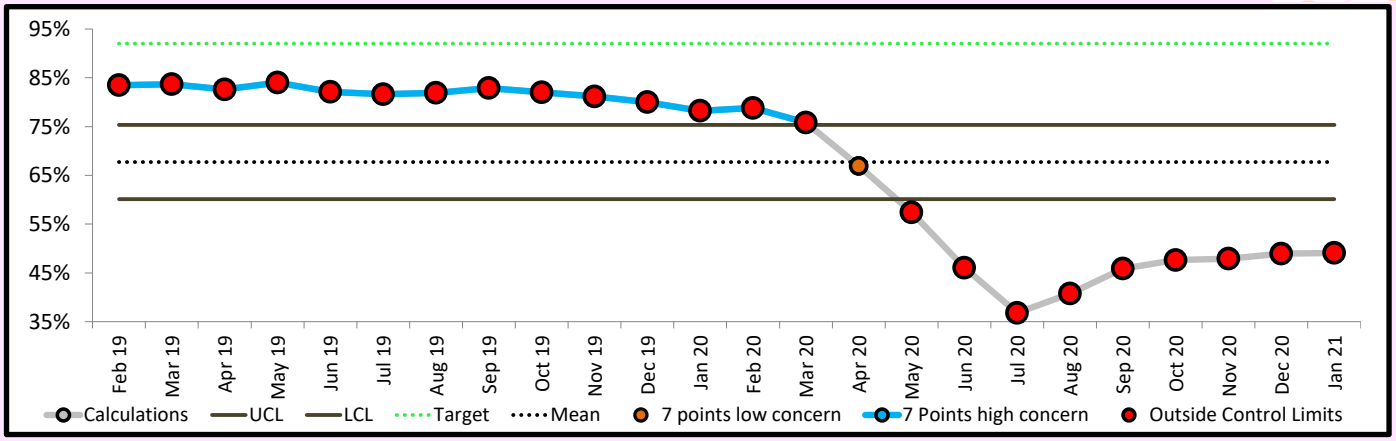
This Month's Figure: 78.50%

Executive Comments:

Nationally, 78.5% of the total attendances were seen within 4 hours. National type 1 performance was 70.1%, CoCH was 76.6%, whilst National Type 3 performance was 99.3% compared to the trusts score of 99.3%

An exception report is provided.

18 Weeks Referral To Treatment (RTT) Incomplete Pathways



The % of incomplete pathways for English patients within 18 weeks

Target: 92%

Mean: 67.73%

This Month's Figure: 49.08%

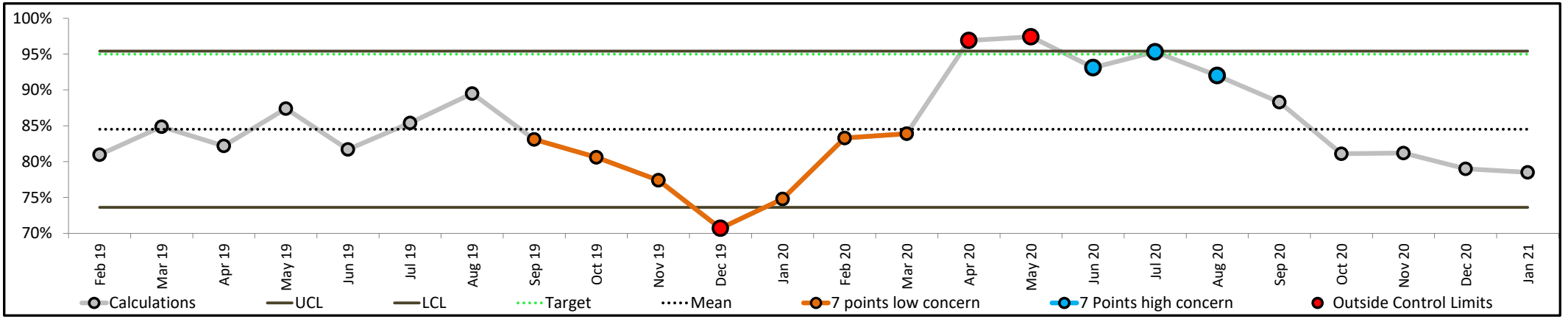
Executive Comments:

This metric identifies the percentage of patients who are still on an 18 week pathway, for example the figure for December shows that 48.93% of patients are currently waiting under 18 weeks at month end. The latest national figure for this indicator is 67.8% (December 2020). An exception report is provided.

Supplementary ED Information

Countess of Chester Hospital NHS
NHS Foundation Trust

ED 4 Hour Wait Standard



What does the chart tell us?

In recent months, the 4 hour wait standard has returned to pre-covid levels . Persistent higher compliance from April-20 to August-20 led to a run of 7 points below the mean from September 2019 to March 2020 and a compliance above the Upper Control Limit during the first full months of lockdown.

Ownership:

Primary Lead: David Coyle, Chief Operating Officer
Improvement Objective: Remain above national standard
Improvement Timescale: Ongoing

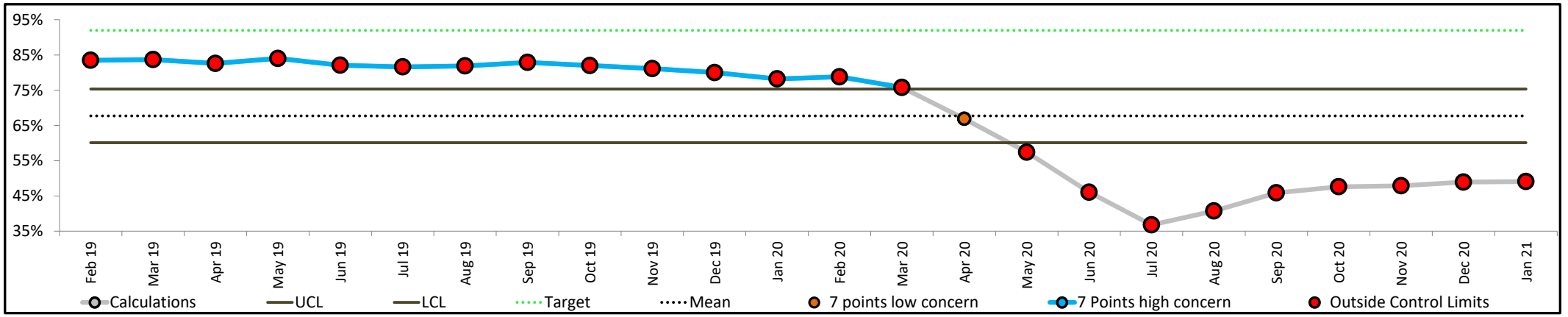
Updates:

Attendances this month were slightly increased with performance down on the previous month. Attendances have seen an increase in high acuity patients , while there has been no decrease in the patient type presenting pre-COVID. Department performance remains stable with the trust performing well both regionally and nationally. Bed occupancy remains high with continued use of escalation beds. The situation is complicated for the requirement of positive , contact and negative beds. The clinical team continuing to support escalation and outliers ensuring flow continues. An Isolation area in AMAC has opened and is providing a positive area for GP referred medical patients. Further isolation cubicles in ED have been created to support the current issues. Discharge lounge has negative, positive and contact areas again supporting flow.

Exception Report Jan-21

Countess of Chester Hospital NHS
NHS Foundation Trust

18 Weeks Referral To Treatment (RTT) Incomplete Pathways



What does the chart tell us?

The RTT figure remains out of the expected range and we have been outside of the Control Limits since May. If performance increases next month, we will see a run of 7 improving months.

Ownership:

Lead: Divisional Directors
Primary Lead: David Coyle, Chief Operating Officer
Improvement Objective: Once Covid restoration is in place, progress will be agreed
Improvement Timescale: To be agreed

Planned Remedial Actions:

The focus continues to be on cancer and urgent work. All new referrals continue to be clinically triaged. Patients continue to exercise their personal choice to delay appointments and treatments - as such - patient choice as a reason for delaying treatment has increased and this is increasing on a monthly basis.

The Trust continues to conduct the Clinical Validation exercise where extended clinic consultation has been required on all urgent, fast-track and over 30 week waiting patients on RTT pathways.

Following a conversation with NHSI regarding the challenges we are facing in terms of estates, workforce, IPC guidance and behaviours, we have requested support from ECIST in order to gain support and insight on how we can increase our productivity.

Due to the prolonged Covid surge (up to 66% of bed base in January) a large proportion of elective activity required suspension to release space and workforce for Covid management. This has set back our recovery programme which will be reinstated to maximum potential as soon as Critical Care numbers subside to a level where increased space and workforce provision is required.

We have also requested earliest possible consideration of Mutual aid from the Region as it has been regionally recognised that the Countess has been one of the 3 hospitals who have been hit 'hardest and longest' by the pandemic.

Performance Report Jan-21

Countess of Chester Hospital NHS
NHS Foundation Trust

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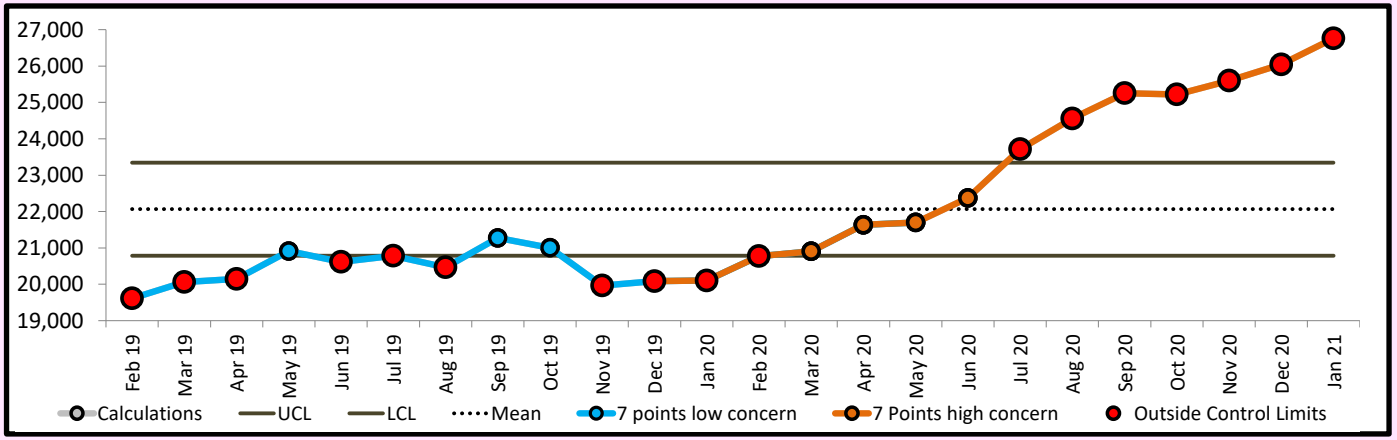
Total number of 18 Weeks Referral To Treatment (RTT) Incomplete Pathways



The total number of incomplete pathways for English patients

Target: To be agreed

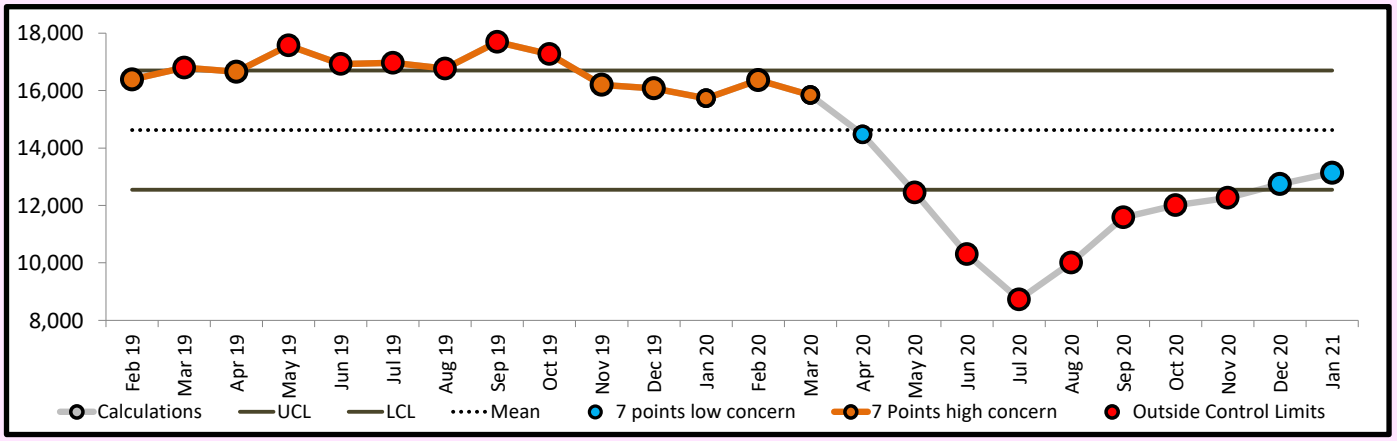
Mean: 22065

This Month's Figure: 26763

Executive Comments:

This metric has been added to give additional clarity to our Referral To Treatment metric.

Referral To Treatment (RTT) Incomplete Pathways of patients waiting between 0 - 18 weeks



The total number of incomplete pathways for English patients between 0 - 18 weeks

Target: To be agreed

Mean: 14621

This Month's Figure: 13135

Executive Comments:

This metric has been added to give additional clarity to our Referral To Treatment metric.

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Countess of Chester Hospital NHS
NHS Foundation Trust

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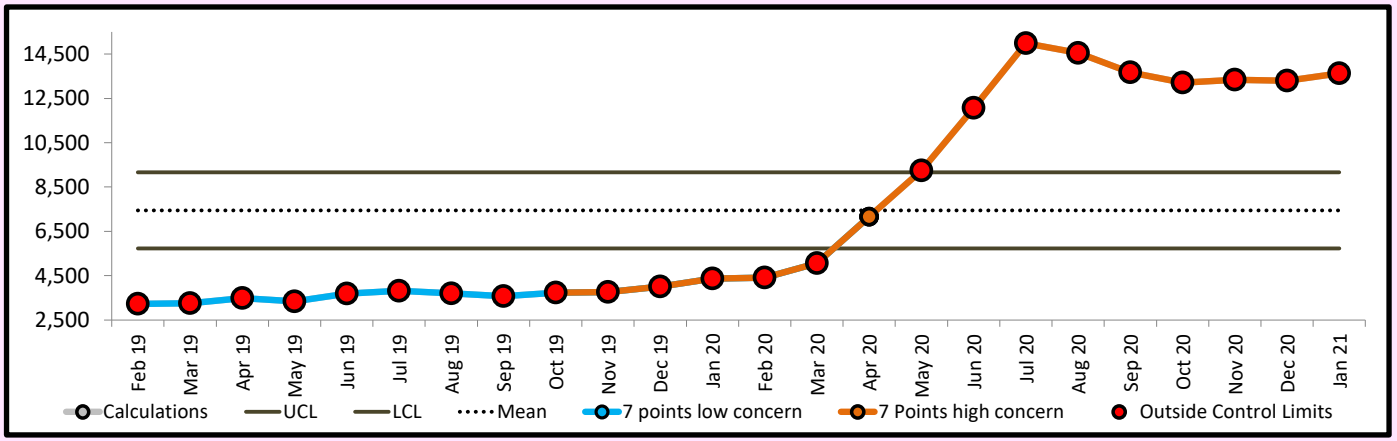
Referral To Treatment (RTT) Incomplete Pathways of patients waiting over 18 weeks



The total number of pathways for English patients exceeding the 18 week RTT target

Target: To be agreed

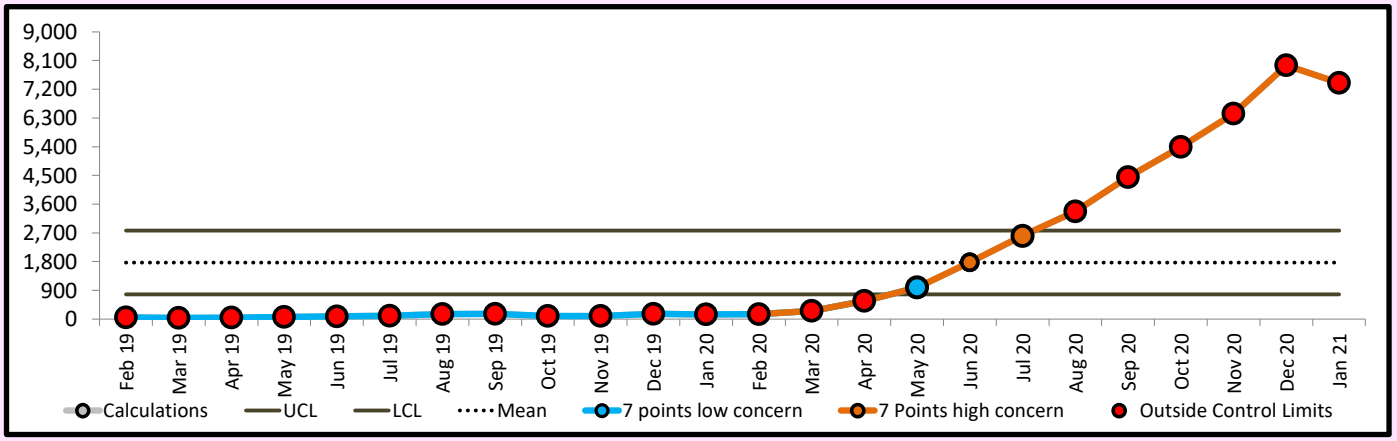
Mean: 7444

This Month's Figure: 13628

Executive Comments:

This metric has been added to give additional clarity to our Referral To Treatment metric.

Referral To Treatment (RTT) Incomplete Pathways of patients waiting over 40 weeks



The total number of pathways for English patients exceeding 40 weeks from Referral To Treatment (RTT)

Target: To be agreed

Mean: 1773

This Month's Figure: 7401

Executive Comments:

This metric has been added to give additional clarity to our Referral To Treatment metric.

Performance Report Jan-21

Countess of Chester Hospital NHS
NHS Foundation Trust

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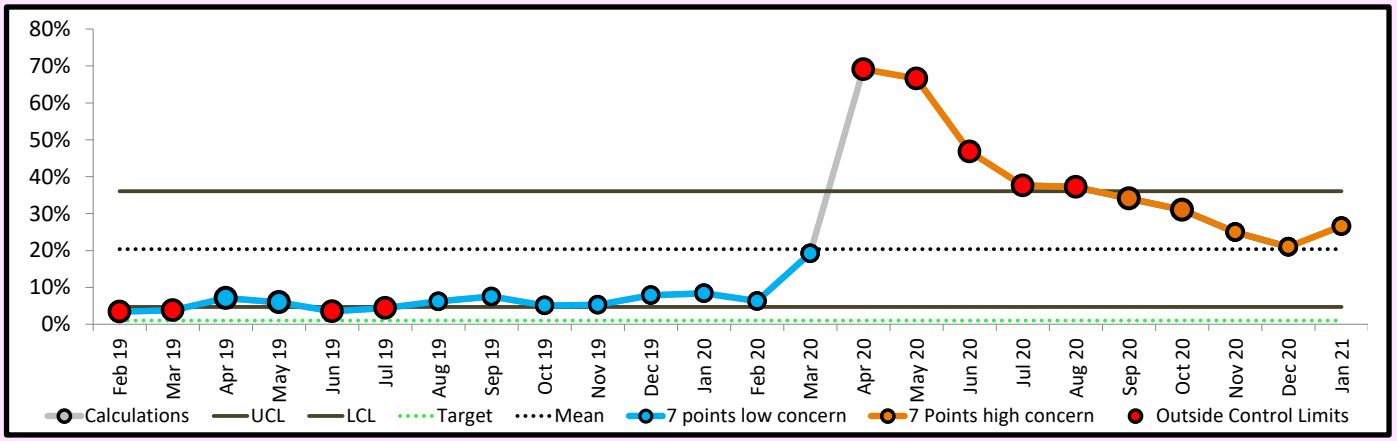
Diagnostic Tests Exceeding 6 Weeks Waiting Time(DM01)



The % of Diagnostic tests that have currently not been carried out within 6 weeks of the request being received

Target: 1%

Mean: 20.38%

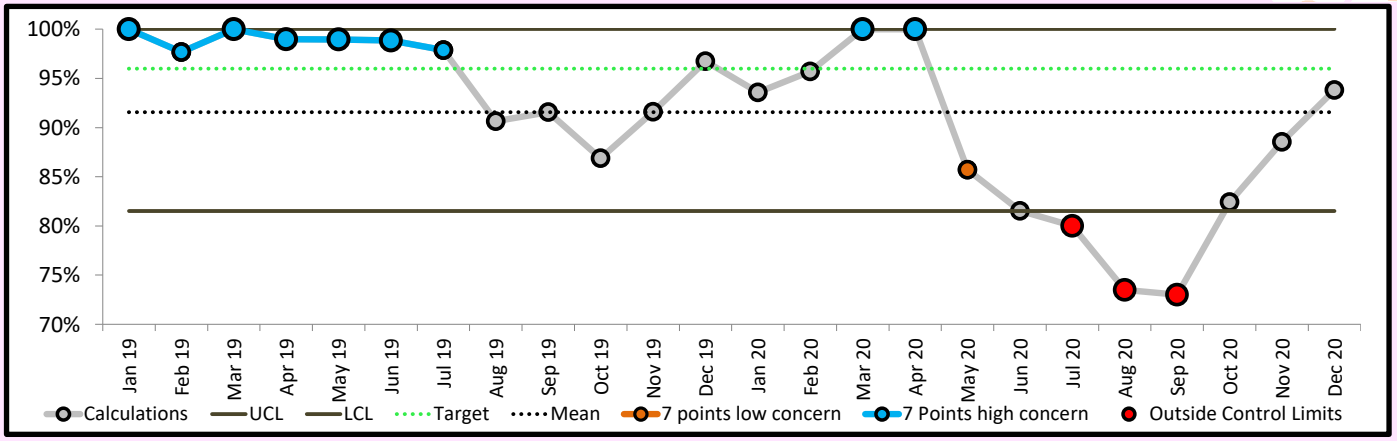
This Month's Figure: 26.60%

Executive Comments:

This metric remains within the Control Limit but is still higher than the 1% target. The latest national figure for this indicator is 29.2% (December 2020).

An exception report is provided.

Cancer Treatments: 31 Day Standard



The number of patients who received their first definitive cancer treatment within 1 month of being diagnosed

Target: 96%

Mean: 91.57%

This Month's Figure: 93.81%

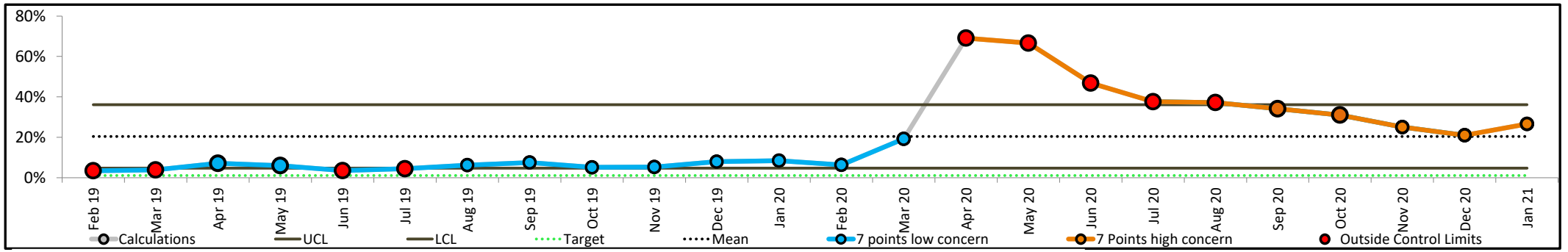
Executive Comments:

Performance has improved but remains below the target at 93%. The latest national provisional figure for this metric is 96.0% (December 2020). This indicator is reported one month in arrears.

Exception Report Jan-21

Countess of Chester Hospital NHS
NHS Foundation Trust

Diagnostic Tests Exceeding 6 Weeks Waiting Time(DM01)



English - Number of exams >6 weeks

Month End Snapshot	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
Magnetic Resonance Imaging	20	19	117	527	476	239	98	32	7	2	9	7	
Computed Tomography	52	29	20	213	212	110	69	88	76	68	60	104	186
Non-obstetric ultrasound			380	1524	1099	482	218	68				5	
CRV - Vascular			15	111	151	165	149	54					
Barium Enema			2	9	14	2							
Audiology - Audiology Assessments	45	30	91	239	286	286	265	289	307	253	103	83	108
Cardiology - echocardiography	4		44	237	220	156	89	99	7	5	8	3	2
Respiratory physiology - sleep studies			3	17	38	25	19	19	12	12	9		23
Colonoscopy	40	20	21	179	216	223	145	254	231	168	126	116	201
Flexi sigmoidoscopy	12	9	35	93	106	117	132	144	127	98	112	123	166
Cystoscopy	125	140	171	309	348	429	469	469	454	341	279	188	196
Gastroscopy	152	119	125	414	456	487	517	574	606	547	401	320	370
Total patients waiting	5330	5797	5326	5601	5437	5812	5764	5617	5362	4867	4426	4510	4704
Total breaches	450	366	1024	3872	3622	2721	2170	2090	1827	1494	1107	949	1252
% > Threshold	8.4%	6.3%	19.2%	69.1%	66.6%	46.8%	37.6%	37.2%	34.1%	30.7%	25.0%	21.0%	26.6%

Ownership:

Primary Lead: David Coyle, Chief Operating Officer
Lead: Divisional Directors
Improvement Objective: Achieve Target
Improvement Timescale: Once Covid restoration is in place, progress will be agreed

The chart is showing conflicting special causes, due to the impact of covid our pre-covid levels are showing as statistically significant. From April onwards, all these points are above the mean, but from april to december every point was improving.

Planned Remedial Actions:

Endoscopy:
In January just 434 patients were treated in Endoscopy resulting in an increase of the waiting list. This is due to the loss of the Endoscopy unit due to ITU surge. All insourcing ceased and we continue to operate out of 2 main theatres in the meantime which is a drastically reduced amount of capacity for core elective endoscopy. Whilst Endoscopy has since moved back (Feb 2021), we remain with just two theatres in operation and so February is not likely to see an improvement in performance.

Radiology :
Performance was maintained at 100% for both MRI and Ultrasound.
CT performance fell to 77% due to the high demand of urgent and emergency work during the second wave of the Covid19 pandemic. Staffing remains an issue and will affect the recovery for some weeks to come. Additional capacity is being utilised from neighbouring Trusts and the independent sector.

Performance Report Jan-21

Countess of Chester Hospital NHS
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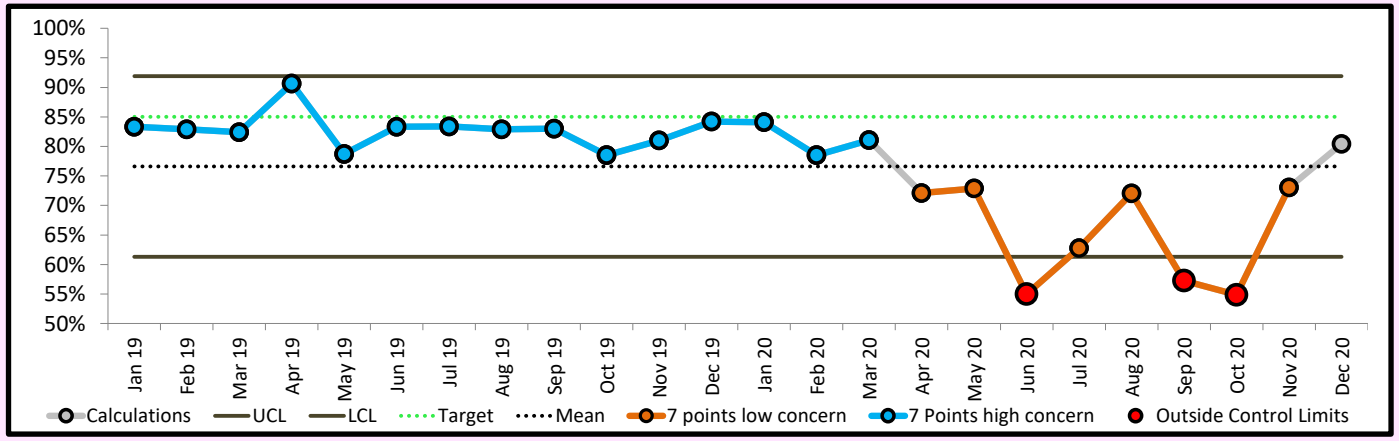
Cancer Treatments: 62 Day Standard



The percentage of patients having their first treatment for cancer within 62 days of an urgent referral through the GP 2 week referral route

Target: 85%

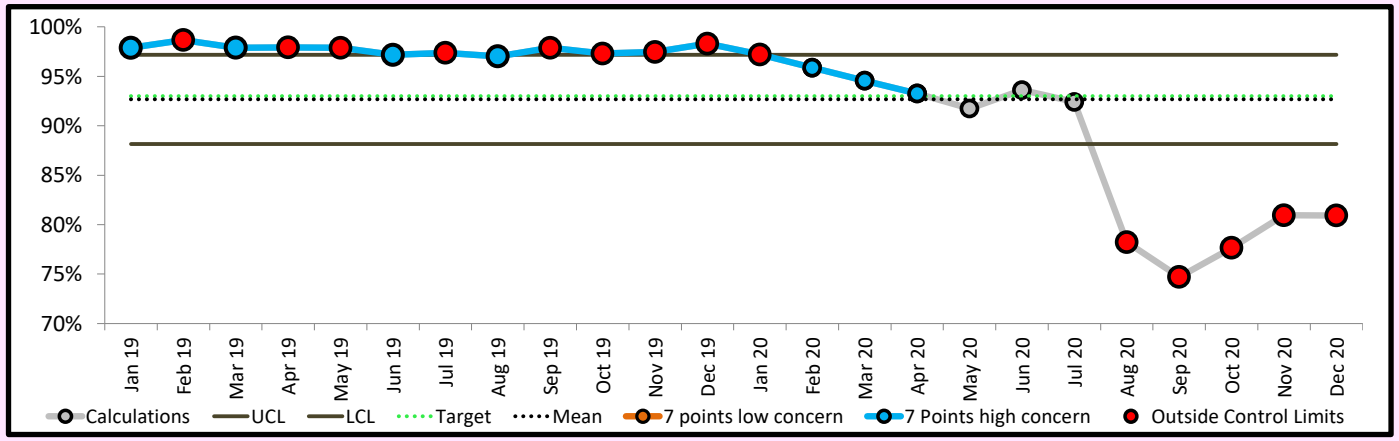
Mean: 76.60%

This Month's Figure: 80.42%

Executive Comments:

Performance has remained above the Lower Control Limit but remains below the target. This indicator is reported one month in arrears.
The latest national provisional figure for this indicator is 75.2% (December 2020).

Cancer Treatments: 14 Day Standard



The number of patients referred from their GP with suspected cancer should have their first appointment within 14 days

Target: 93%

Mean: 92.67%

This Month's Figure: 80.93%

Executive Comments:

Performance remains below the Lower Control Limit. The latest national provisional figure for this indicator is 87.6% (December 2020). This indicator is reported one month in arrears.

Exception Report Jan-21

Countess of Chester Hospital NHS
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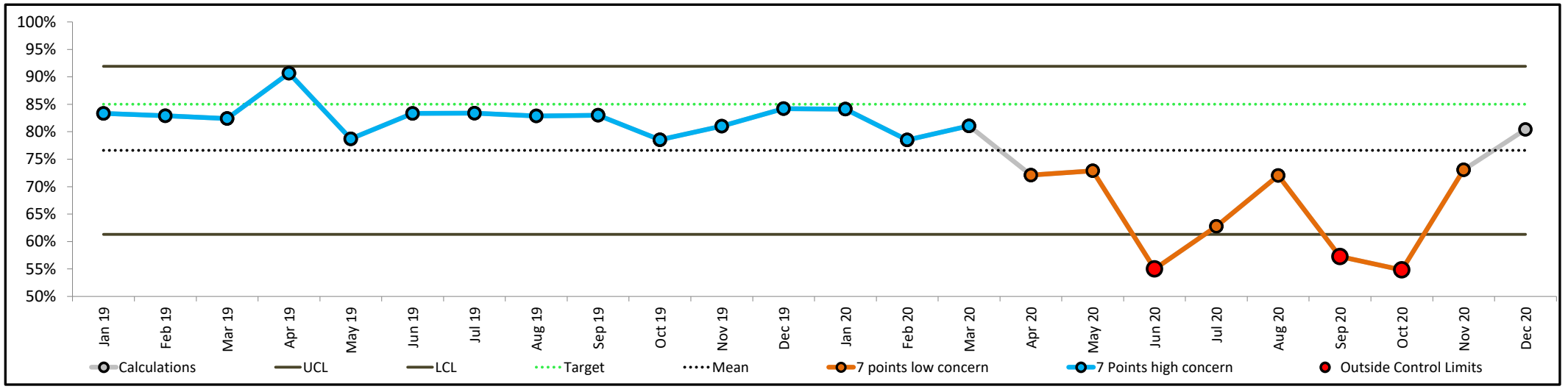
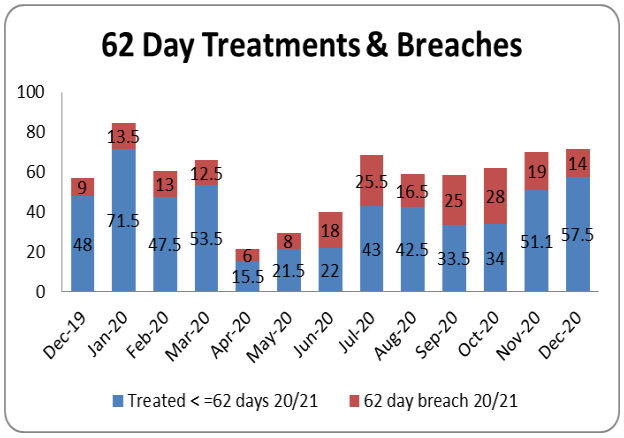
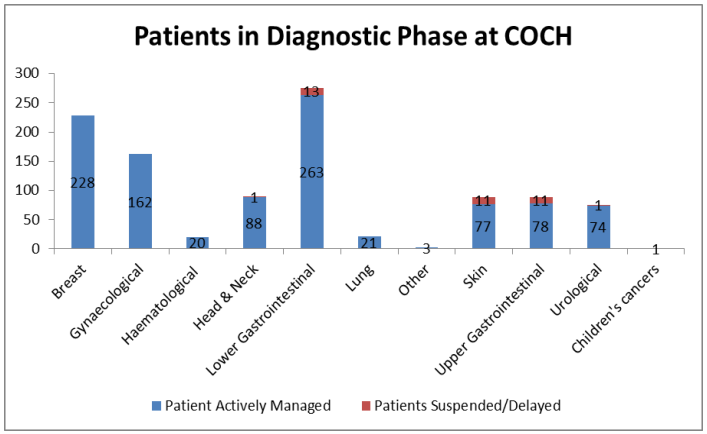
Cancer Performance - Chart Refers To 62 Day Performance



What does the chart tell us?

This month's Cancer Performance - 62 Days score has returned above the mean for the first time post covid, thus ending the run of 8 successive points below the mean. The remainder of this exception report relates to all the Cancer metrics that are reported on.





Breakdown of CoCH Patients on the PTL for over 100 days

	Awaiting Date	Dated
Endoscopy	10	2
Diagnostics	3	2
OPA	5	6
Radiology	2	1
TCI	5	3
Patient Delay due to COVID	5	

	Other Updates
Awaiting Clinical Decision	3
Awaiting Histology (Treatment)	1

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Planned Remedial Actions:

Endoscopy

The Endoscopy Unit has been utilised for ITU Surge area during January, with some activity being re-provided in Main Inpatient Theatres. There are plans to recommence work in the Endoscopy Unit mid-February; however this is dependent on the number of ITU patients remaining.
Due to the COVID surge no Insourcing work recommenced in January due to no Endoscopy Unit resource and redeployed staffing. The plans to outsource to the Grosvenor Nuffield Hospital (GNH) also did not commence during January due to the COVID surge.

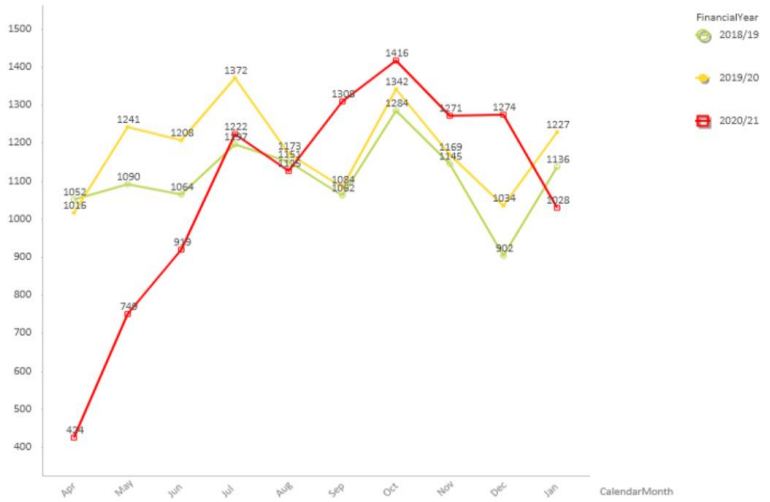
Theatres

Theatre activity continued at Grosvenor Nuffield Hospital during January for Plastic Surgery. Activity continued in Jubilee for Cancer/urgent work during January, with only emergency work continuing in Main Inpatient Theatres. With the repurposing of the Endoscopy unit, two theatres were utilised to provide a reduced Endoscopy service.

Referrals/First Outpatients

There continues to be pressures in facilitating Ops for a number of tumour sites resulting in an underachievement of the two-week target for December. The Trust has seen a decrease in referrals during December compared to the same period as last year, although the diagnostic elements of the pathway are still under pressure due to reduced capacity, therefore having an impact on the overall pathway and PTL numbers.

Cancer Referrals per month from April 2016



Ownership:

Primary Lead: David Coyle, Director of Clinical Operations
Improvement Objective: Achieve Target
Improvement Timescale: Currently under review

Patients waiting over 100 days by location

	APH	CCC	COCH	LWH	RLUH	UHA	WHIS	Total
Breast		2	4					6
Colorectal			14		1			15
Gynaecology			4	2				6
Haematology		1						1
Head and Neck						1		1
Skin			12				2	14
Upper GI			3		2	2		7
Urology	6	3	11					20
Grand Total	**6**	**6**	**48**	**2**	**3**	**3**	**2**	**70**

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NHS Foundation Trust

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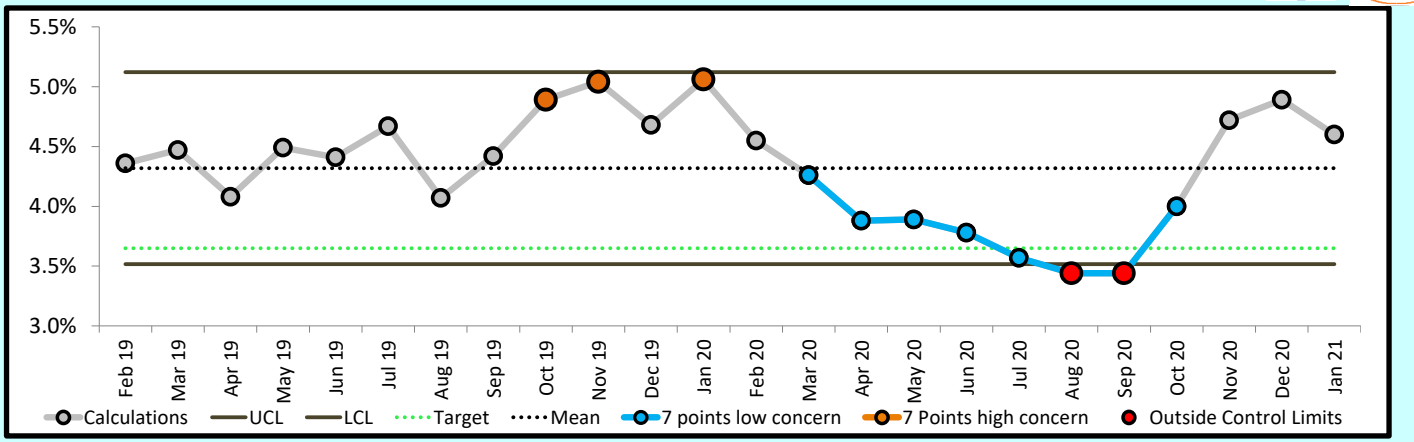
Sickness Absence



The % of monthly sickness absence, excluding comfort zone (café) and bank staff

Target: 3.65%

Mean: 4.32%

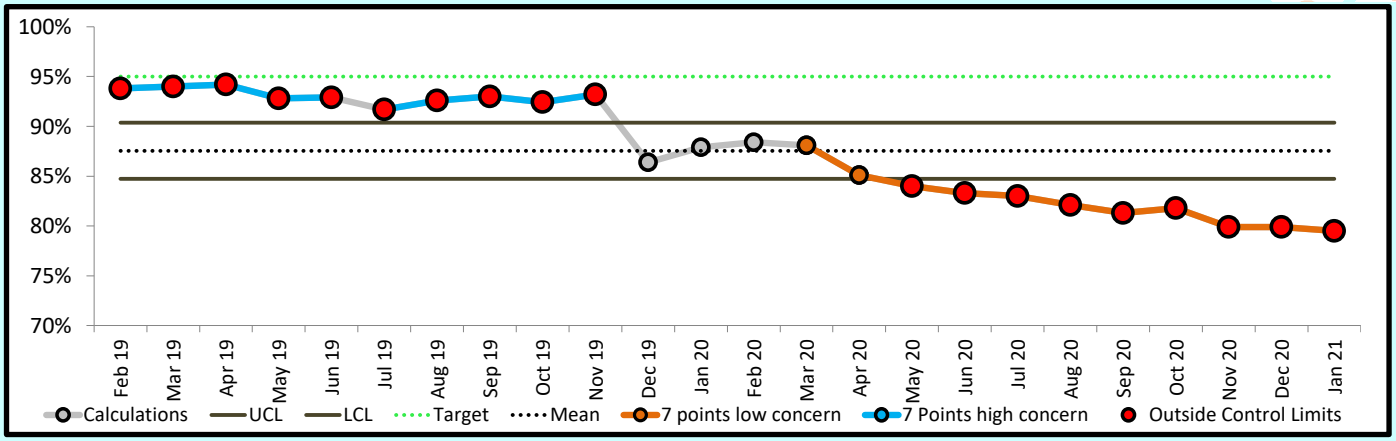
This Month's Figure: 4.60%

Executive Comments:

The January Sickness absence rate is 4.60%. Exception report provided. Performance is below target.

COVID ABSENCE – 5.81%

Mandatory Training Compliance



The % of Mandatory Training Compliance, excluding Comfort Zone (Café) and bank staff, as well as staff on Maternity leave/lon g term sickness

Target: 95%

Mean: 87.56%

This Month's Figure: 79.50%

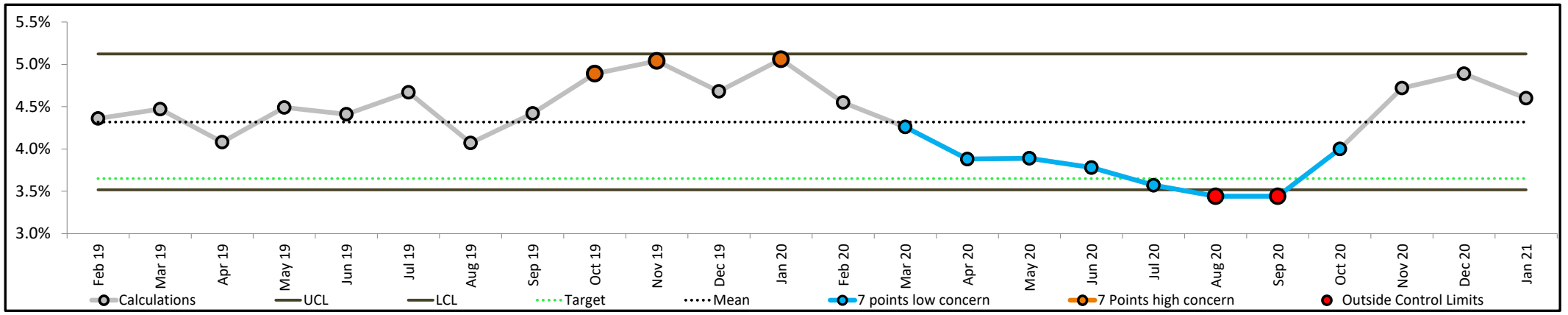
Executive Comments:

Mandatory Training compliance fell slightly again in January.
Exception report provided.

Exception Report Jan-21

Countess of Chester Hospital NHS Foundation Trust

Sickness Absence



What does the chart tell us?

At 4.60% for January sickness absence rate returned above target although slightly decreasing compared to December, last January it stood at 5.03%; however this does not account for COVID related absence, which rose in January to 5.81%.
2.77 % of absence January is attributed to Long Term sickness absence (+28 days) which shows a decrease in January with STA rising at 1.83%.

Ownership:

Lead: Dee Appleton-Cairns, Deputy Director of People and OD
Executive Lead: Alyson Hall
Improvement Objective: Achieve Target
Improvement Timescale: To be agreed

Proposed Actions:

Within the current pandemic all other sickness absence will be monitored and managed appropriately and accordingly in line with the escalation of the Pandemic Flu policy, where stages can take place they will using a range of options including virtual meetings.
With additional absence through COVID coupled with changing working patterns the Non-Covid sickness absence should have reduced but this does not seem to be the case, LTA will be addressed on a case by case basis.
COVID sickness or related Isolation is recorded in ESR, reported daily to NHSi and the Exec Board.

Exception Report Jan-21

Countess of Chester Hospital NHS
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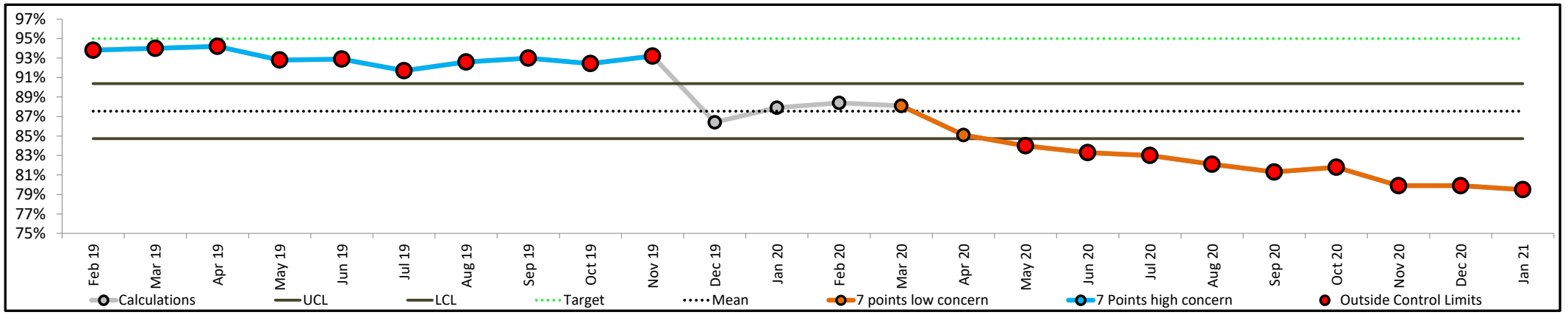
Mandatory Training Compliance



Changes to this metric:

Trust compliance remains below target at 79.5%.
Compliance for Mandatory training in January remains significantly below target, due in part to increased pressures and availability of training since the start of the COVID 19 pandemic. All non-essential training was stood down for March, April & May to focus of critical training and Mask Fit Testing.
As of June 2020 face to face training was restarted with reduced course capacity in line with social distancing protocols. Clinical and Medical Mandatory Training have now been combined and reduced to the practical sessions of Resus, Manual Handling, Fire Evacuation and End of Life Care.
All other elements of Statutory and Mandatory Training will now be completed solely by e-learning – all non-clinical will be completed by e-learning.

Ownership:

Lead: Dee Appleton-Cairns, Deputy Director of People and OD
Executive Lead: Alyson Hall
Improvement Objective: Achieve Target
Improvement Timescale: To be agreed

Proposed Actions:

A trajectory will be put together to understand the amount of training sessions that will be required to clear the backlog and improve compliance figures. Potential changes in Covid regulations and social distancing will assist in allowing for more capacity. Increasing the offering of training via E-Learning will support this improvement.

Mandatory Training Table January 2021

Position	Division	Compliance
1	Finance & Performance	89.5%
2	Diagnostics and Pharmacy	85.8%
3	Human Resources	85.0%
4	HRWBS	84.4%
5	Estates & Facilities	83.2%
6	Corporate Non - Clinical	79.4%
7	Planned Care	79.1%
8	Integrated Care Partnership	79.0%
9	Urgent Care	75.9%
10	Nurse Management	68.6%
	Total	79.5%

Local Induction Table January 2021

Position	Division	Compliance
1	Estates & Facilities	100.0%
2	Planned Care	66.9%
3	Diagnostics and Pharmacy	65.1%
4	Corporate Non - Clinical	63.6%
5	Finance & Performance	60.0%
6	Integrated Care Partnership	56.3%
7	Urgent Care	48.4%
8	Human Resources	16.7%
9	Nurse Management	12.8%
10	HRWBS	0.0%
	Total	54.2%

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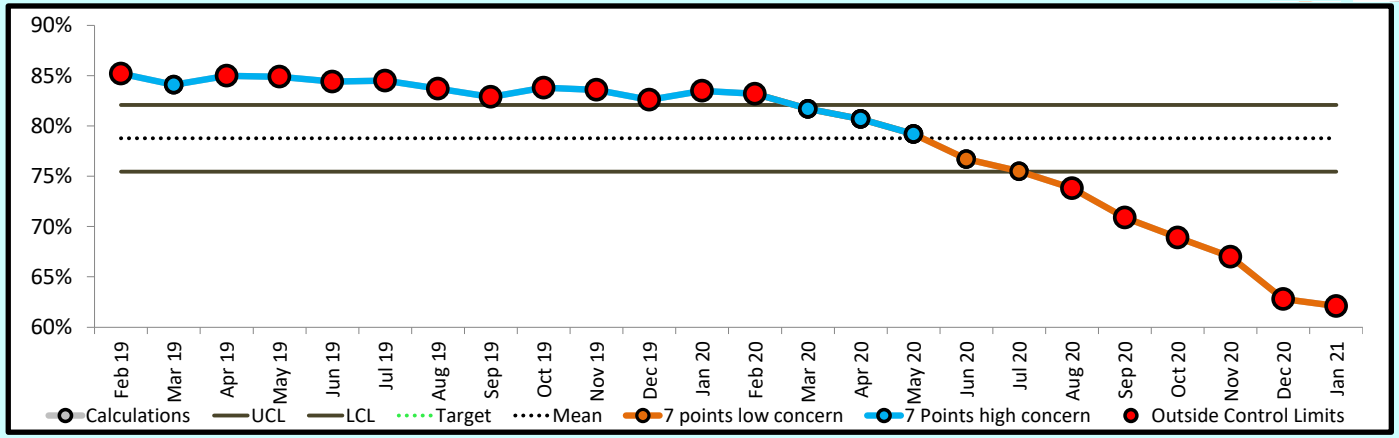
Annual Appraisal Compliance



Annual Appraisal Rate, again excluding Bank staff and long term absentees, staff with < 1 years service also excluded

Target: 95%

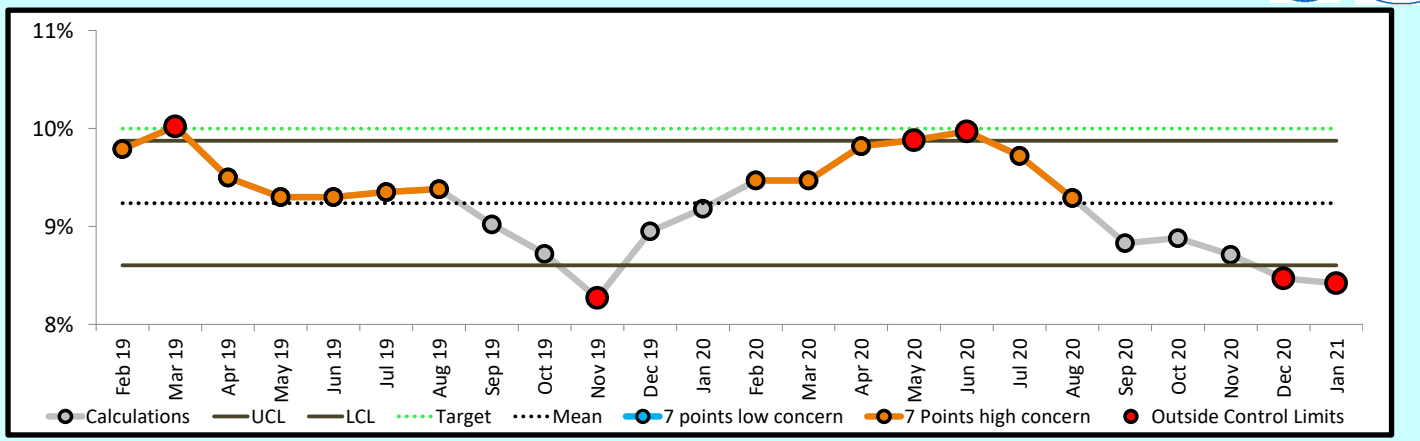
Mean: 78.78%

This Month's Figure: 62.10%

Executive Comments:

Appraisal compliance fell slightly in January. Exception report provided.

Staff Turnover



The staff turnover rate is based on headcount in the previous 12 months and is comprised of only permanent staff

Target: 10%

Mean: 9.24%

This Month's Figure: 8.42%

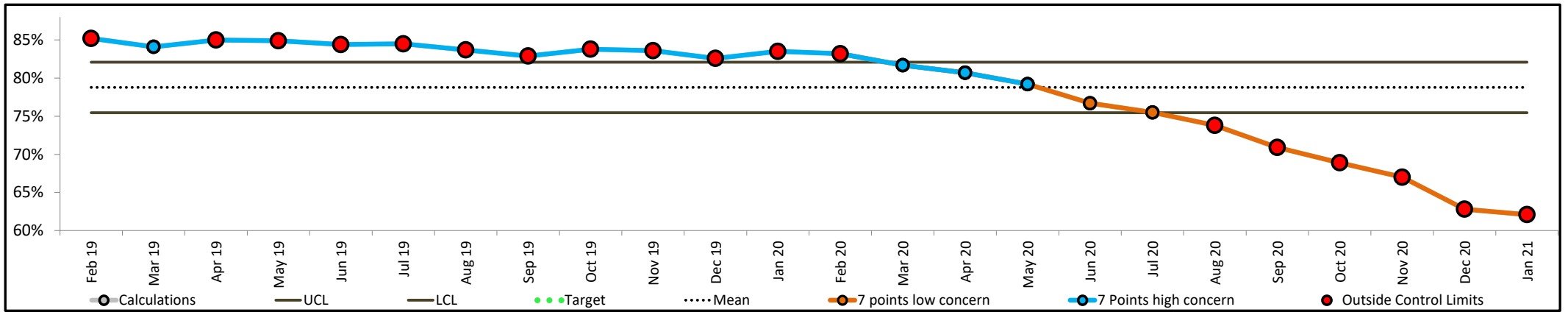
Executive Comments:

Performance is inside target at 8.42%.

Exception Report Jan-21

Countess of Chester Hospital NHS
NHS Foundation Trust

Annual Appraisal Compliance



What does the chart tell us?

Appraisal compliance has decreased in January to 62.1%, this remains below our corporate target of 95%. Much of the decrease can be attributed the increase pressures during the winter period and then futher impacted duing the COVID pandemic.

Proposed Actions:

HR Business Partners continue to escalate the compliance rate in the monthly divisional reports & at governance boards, stressing the importance of completing appraisals on a timely basis. Guides to inputting appraisals via ESR have also been sent out monthly to ensure the input is accurate and timely. Development of the new electronic PDR system is continuing with further discussions taking place to support the system to be ready later in the year. From this month we will be analysing appraisals overdue after 14 months to ensure that we are not over reporting but, this has seen no statistically significant change. Following feedback from the Staff Survey and CQC, we will also be reviewing the perceived value and quality of appraisals to support staff to undertake their roles.

Ownership:

Lead: Dee Appleton-Cairns, Deputy Director of People and OD
Executive Lead: Alyson Hall
Improvement Objective: Achieve Target
Improvement Timescale: By March 2021

Appraisal Table January 2021

Position	Division	Compliance
1	Estates & Facilities	57.8%
2	Planned Care	68.7%
3	Finance & Performance	68.2%
4	Diagnostics and Pharmacy	66.8%
5	Integrated Care Partnership	49.5%
6	Corporate Non - Clinical	51.5%
7	Urgent Care	62.8%
8	Nurse Management	35.8%
9	Human Resources	40.6%
10	HRWBS	3.8%
	Total	62.1%

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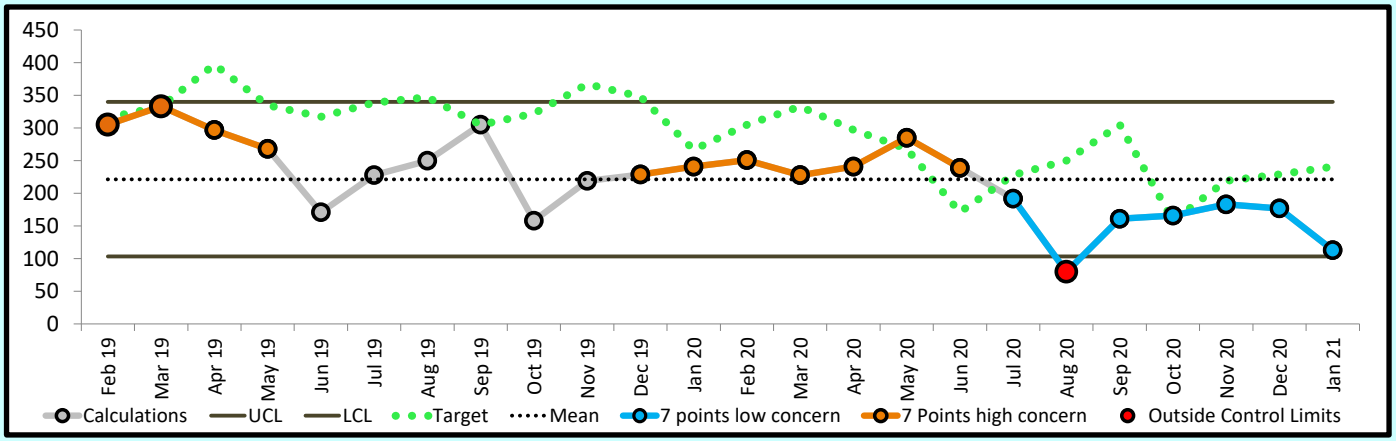
Medical & Dental Reduction in Agency Shifts over Cap Rates



Reducing agency shifts over the cap rates

Target: Green Line

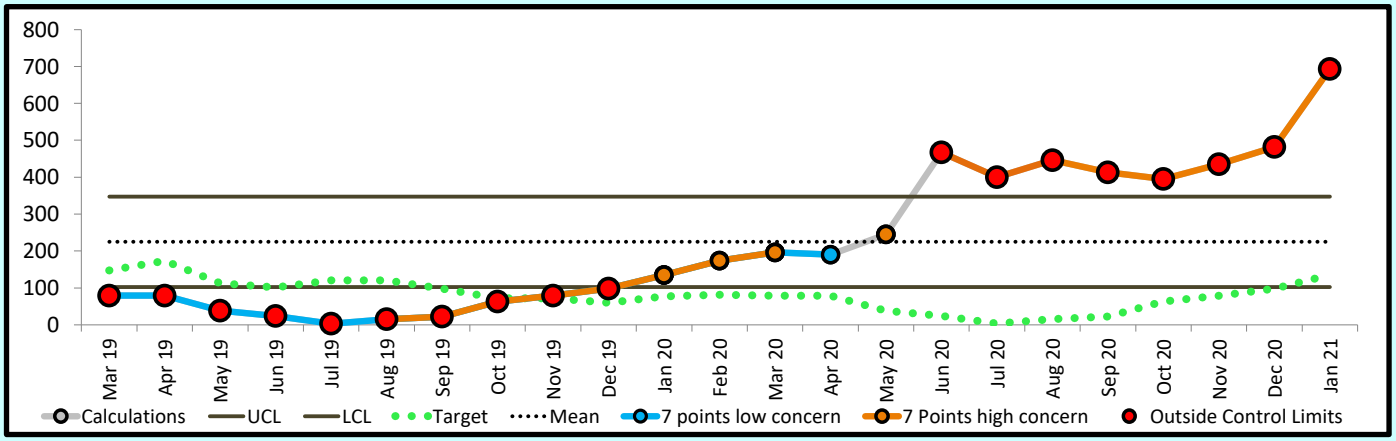
Mean: 221.67

This Month's Difference: 128

Executive Comments:

Month 10 shows a decrease in shifts above the cap, with 113 Medical shifts above cap rates. A difference of -128 from the previous year.

Nursing & Midwifery Reduction in Agency Shifts over Cap Rates



Reducing agency shifts over cap rates

Target: Green Line

Mean: 224.83

This Month's Difference: 558

Executive Comments:

In relation to Nursing shifts, 693 shifts were approved above cap rates in Month 10.
A difference of +558 from the previous year.

Performance Report Jan-21

Countess of Chester Hospital NHS
NHS Foundation Trust

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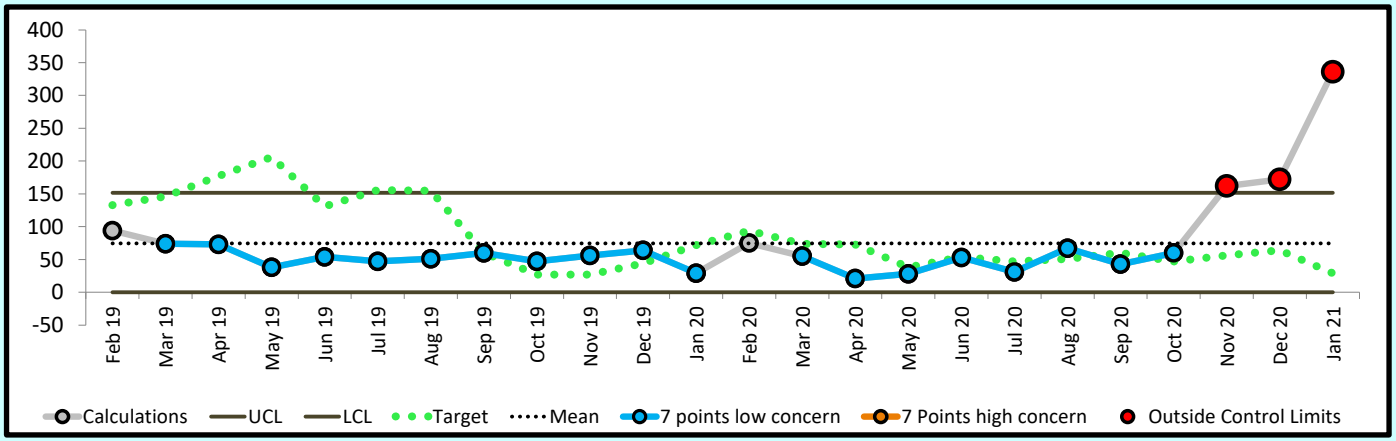
Other Reduction in Agency Shifts over Cap Rates



Other reductions are comprised of Care Packages, Sonographers, Theatres and the CRV Dept

Target: Green Line

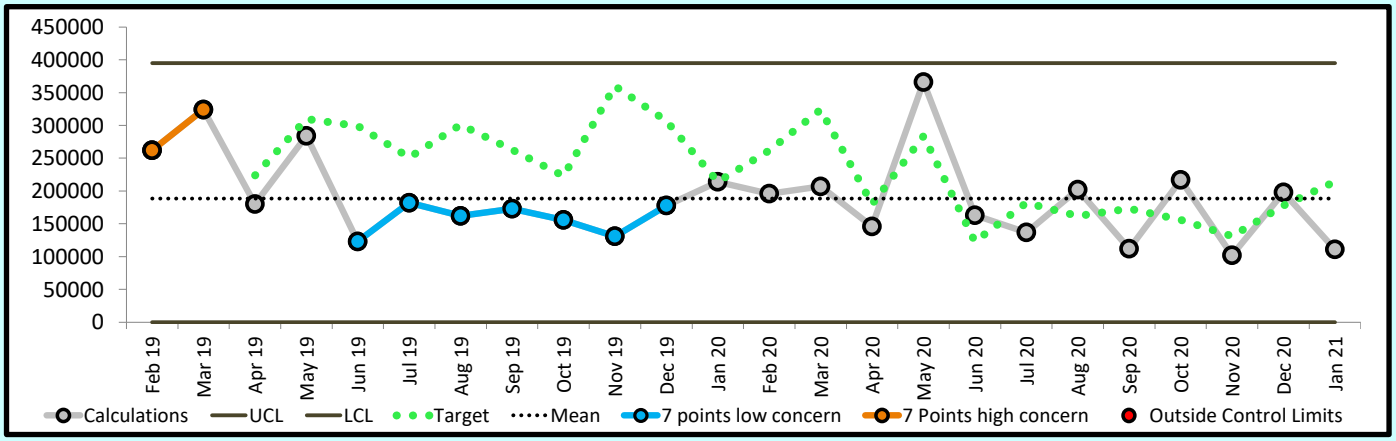
Mean: 74.58

This Month's Difference: 307

Executive Comments:

In relation to Other shifts 336 were approved over the cap. A difference of +307 from the previous year.

Medical Agency Spend



Planning improvements in productivity and efficiency

Target: Green Line

Mean: £188583

This Month's Difference: 103000

Executive Comments:

Agency medical expenditure is £1,608k (3% of the total medical spend).

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Countess of Chester Hospital NHS
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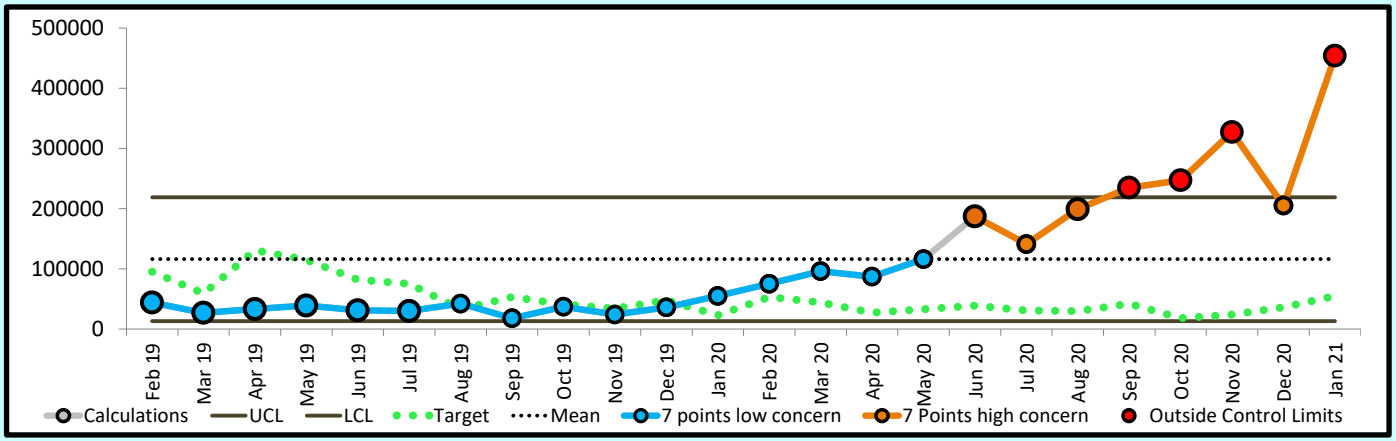
Nursing Agency Spend



Planning improvements in productivity and efficiency

Target: Green Line

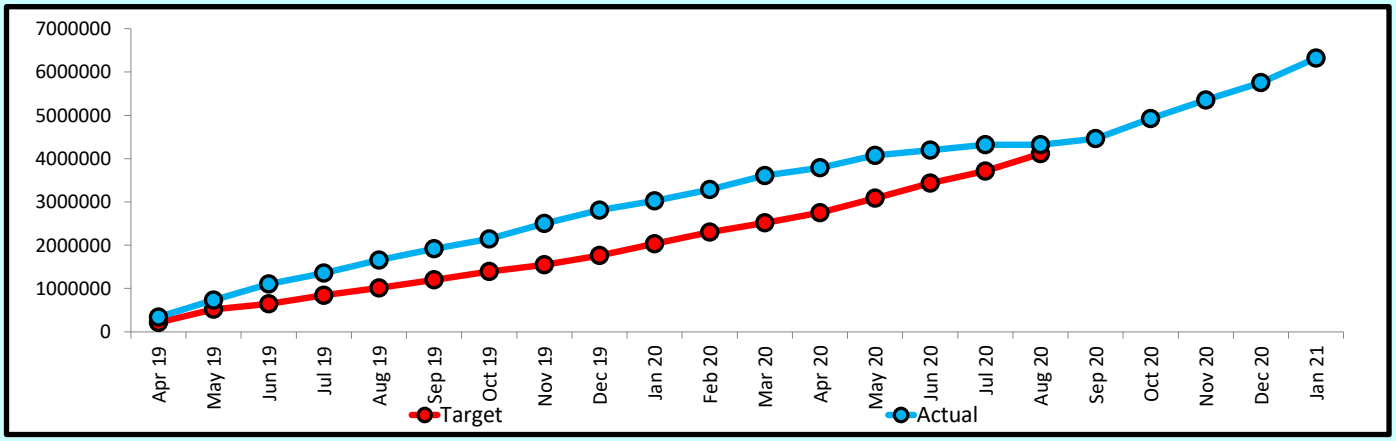
Mean: £116042

This Month's Difference: 399000

Executive Comments:

Agency nursing expenditure is £2,198k which is 5% of total trained nursing spend.

Total Agency Spend within Budget



Total Agency Spend within Budget

Target: Plan

This Month's Difference:

Executive Comments:

Total Agency spend for M1-10 is £4,010k. (£2,336k was spent during the same period last year).

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Countess of Chester Hospital NHS
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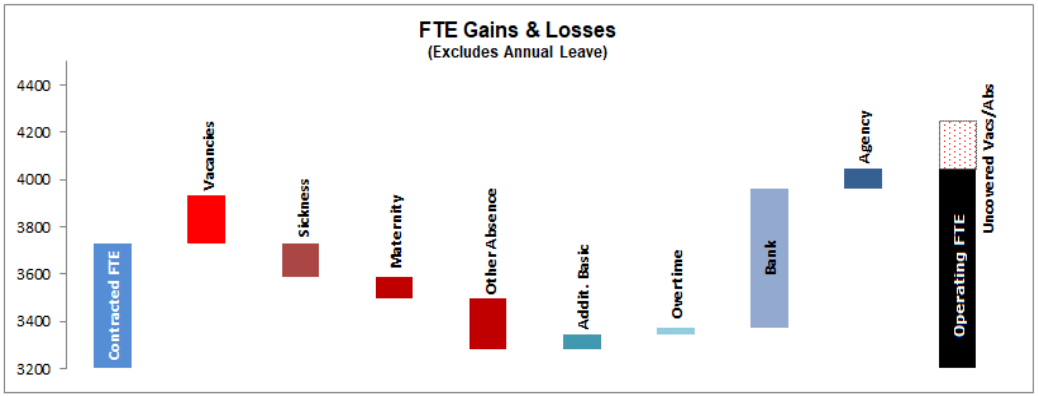
Agency Spend



Agency Spend by Staff Group	14/15	15/16	16/17	17/18	18/19	19/20	20/21	20/21 Annual Straight Line Projection
Admin & Clerical	£ 119,858	£ 163,219	-£ 180	£ 85,760	£ 88,172	£ 58,632	£ 79,962	£ 95,954
Medical	£ 2,531,112	£ 3,911,032	£ 2,743,172	£ 3,268,433	£ 3,339,110	£ 2,186,354	£ 1,608,361	£ 1,930,033
Nursing	£ 830,776	£ 642,734	£ 380,679	£ 747,847	£ 662,413	£ 420,670	£ 2,199,282	£ 2,639,138
Allied Health Professional	£ 177,384	£ 218,871	£ 75,470	£ 171,820	£ 222,289	£ 175,607	£ 61,822	£ 74,186
Health Care Scientists	£ 115,743	£ 161,736	£ 252,863	£ 99,009	£ 110,124	£ 133,831	£ 60,820	£ 72,983
Total	**£ 3,774,873**	**£ 5,097,592**	**£ 3,452,004**	**£ 4,372,869**	**£ 4,422,108**	**£ 2,975,094**	**£ 4,010,246**	**£ 4,812,295**

Performance Issue

To not exceed £4.576m agency expenditure ceiling.
Agency medical expenditure is £1,608k (3% of the total medical spend).
Agency nursing expenditure is £2,198k which is 5% of total trained nursing spend.
Total Agency spend for M1-10 is £4,010k. (£2,336k was spent during the same period last year).

Proposed Actions:

The above is being reviewed in terms of presentation in conjunction with the variable Pay group to focus on key metrics to ensure comparison across other organisations. For further actions see actions proposed under Variable Pay.

Ownership:

Lead: Steve Bridge, Planning & Partnerships
Executive Lead: Alyson Hall
Improvement Objective: Achieve Plan
Improvement Timescale: By March 2021

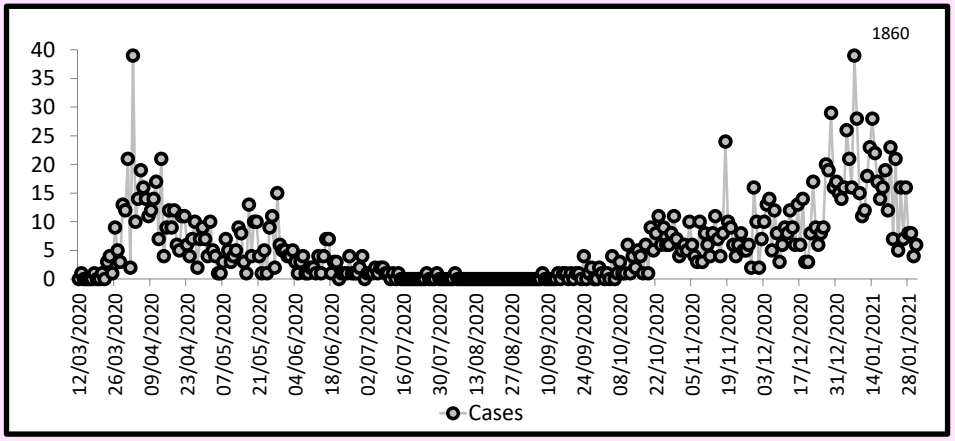
Total Registered Nursing, Midwifery and Health Visiting Staff Vacancy WTE	**30.97**
Of which Registered Midwife Vacancy WTE	0.00
Of whichRegistered Health Visitor Vacancy WTE	0.00
Of which Advanced Care Practitioner Vacancy WTE	0.00
Total Qualified AHP Vacancy WTE	**12.39**
Of which Qualified Physiotherapist Vacancy WTE	0.00
Of which Qualified Occupational Therapist Vacancy WTE	2.33
Qualified Art / Music/ Drama Therapy Vacancy WTE	0.00
Qualified Chiropody/Podiatry Vacancy WTE	0.00
Qualified Dietetics Vacancy WTE	0.88
Qualified Operational Department Practitioners Vacancy WTE	2.36
Qualified Orthoptics/Optics Vacancy WTE	0.18
Qualified Prosthetics and Orthotics Vacancy WTE	0.00
Qualified Radiography (Diagnostic) Vacancy WTE	5.05
Qualified Radiography (Therapeutic) Vacancy WTE	0.00
Qualified Speech & Language Therapy Vacancy WTE	1.40
Of which Qualified Paramedic Vacancy WTE	0.20
Total Medical/Dental Vacancy WTE	**27.40**
Of which Medical/Dental Consultant Vacancy WTE	9.00
Support to Clinical Staff Vacancy WTE	**51.18**
Of which Support to Nursing Vacancy WTE	42.43
NHS Infrastructure Vacancy WTE	**80.56**
Total Vacancies	**202.51**
Budgeted FTE Total	3978.16
Trust Vacancy Rate	**5.09%**

Support to Nursing Vacancy WTE (HCA/HCSW Only)	42.43

Covid 19 Appendix

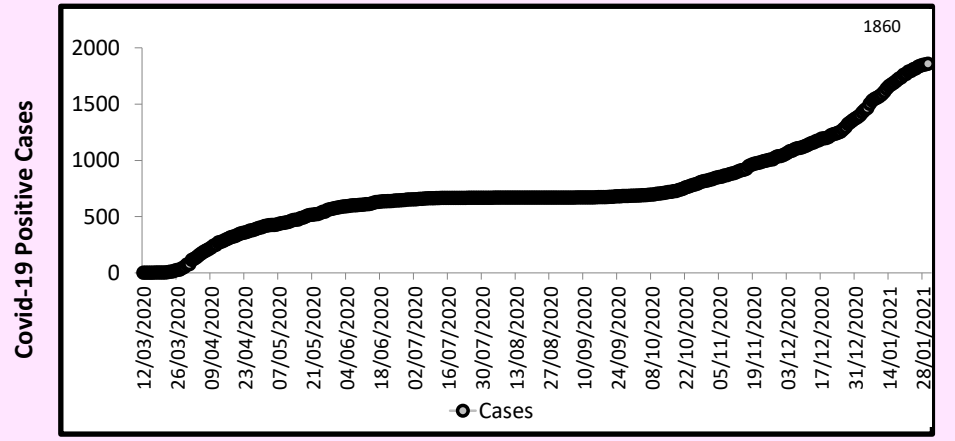
Countess of Chester Hospital NHS
NHS Foundation Trust

Covid-19 Confirmed Cases



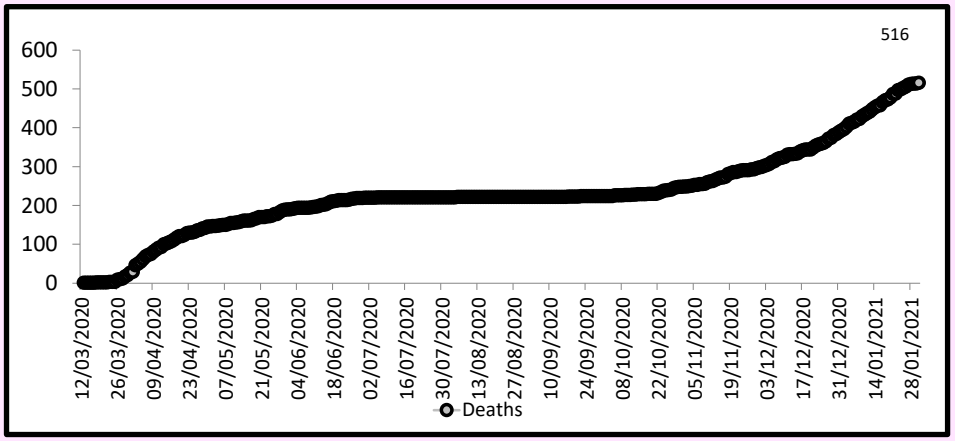
The number of patients who had their first Covid-19 confirmed result on that day

Covid-19 Confirmed Cases



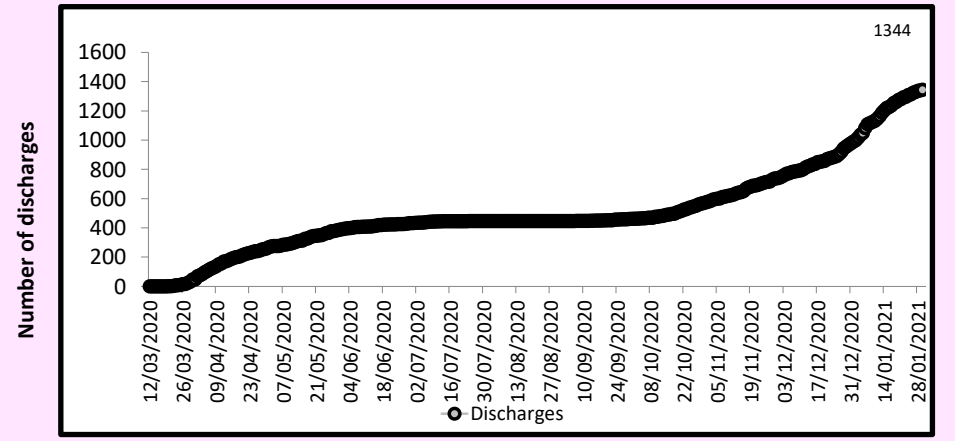
The number of patients who were Covid-19 confirmed cumulative from April

Covid-19 positive - patient deaths



Of those who tested positive for Covid-19, this graph shows cumulatively how many were deceased

Covid-19 positive - discharges

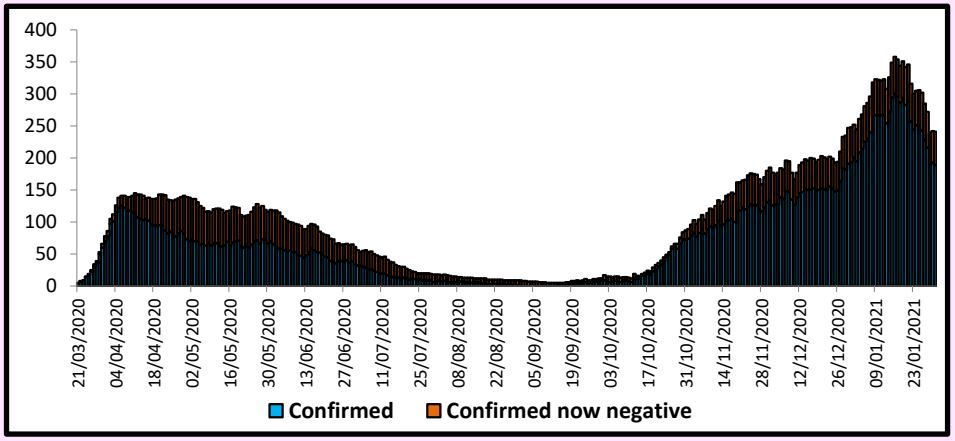


Of those who tested positive for Covid-19, this graph shows how many were discharged

Covid 19 Appendix

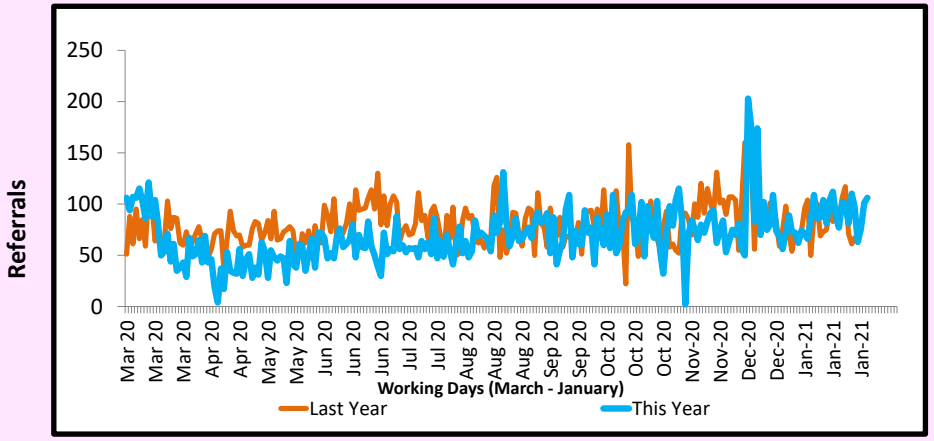
Countess of Chester Hospital NHS
NHS Foundation Trust

Covid-19 cases in a bed that day



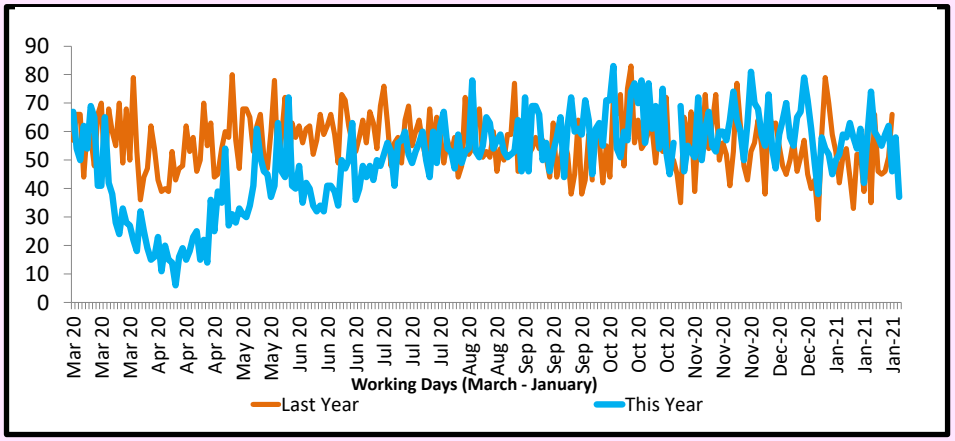
Patients in a bed who were Covid-19 confirmed or were confirmed but now negative

GP Referrals



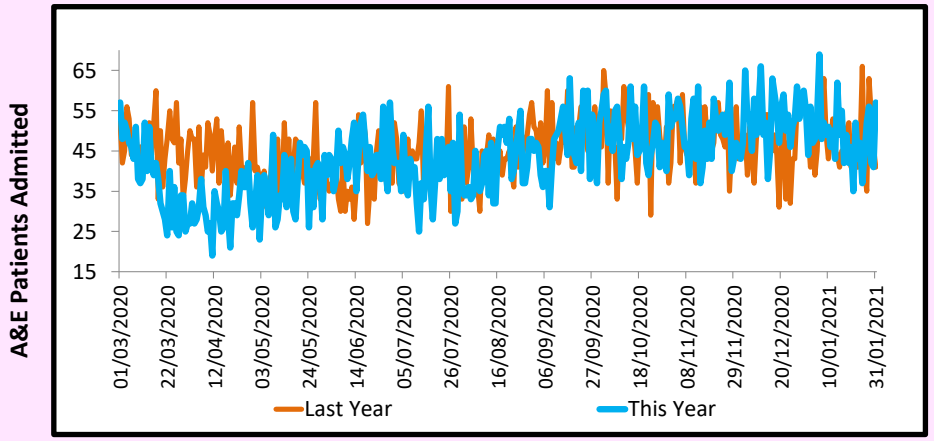
The number of referrals per working day where the referral source is from a GP

Cancer Referrals Per Day



The number of referrals that day where the referral indicates that Cancer is suspected

A&E Conversion to Inpatient Numbers

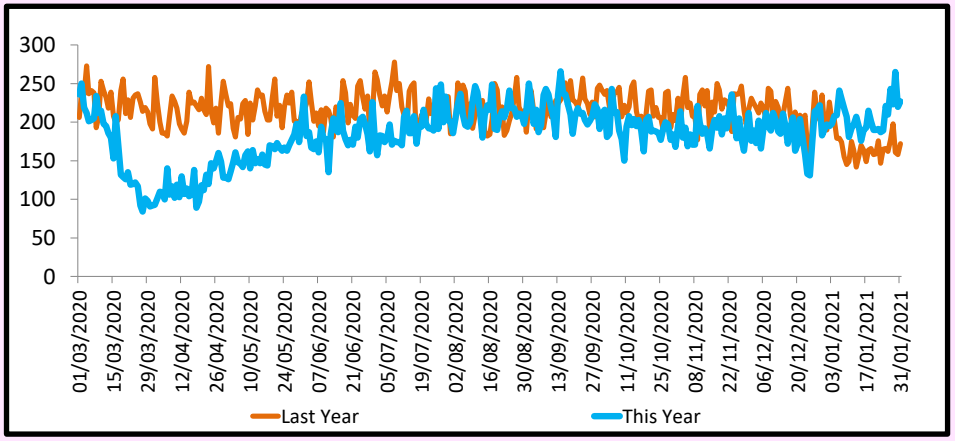


The number of patients who were admitted after being seen in A&E

Covid 19 Appendix

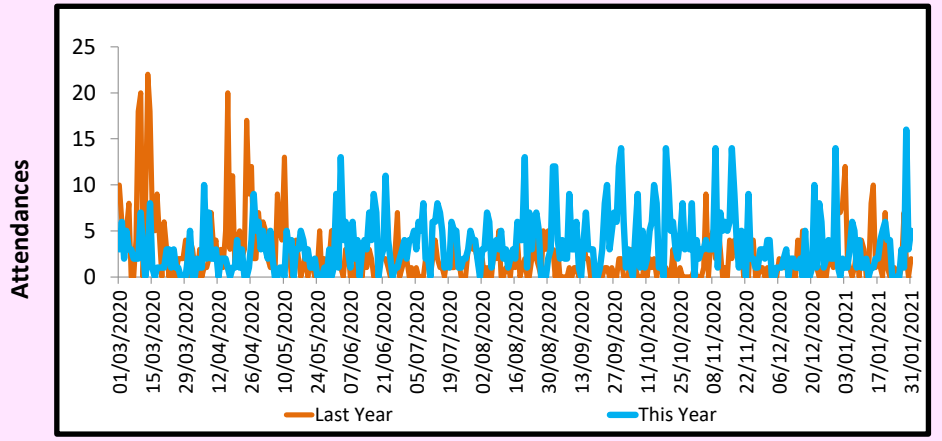
Countess of Chester Hospital NHS
NHS Foundation Trust

A&E Attendances



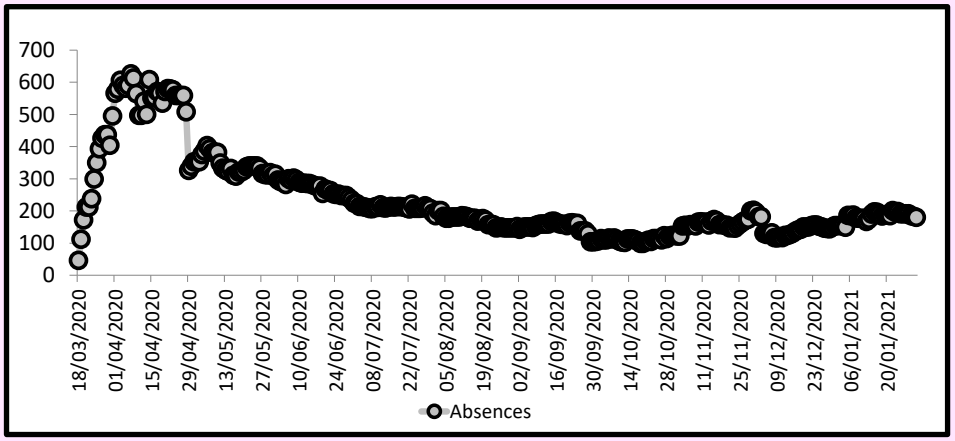
The number of patients who were seen in A&E on that specific day

A&E Attendances from GP



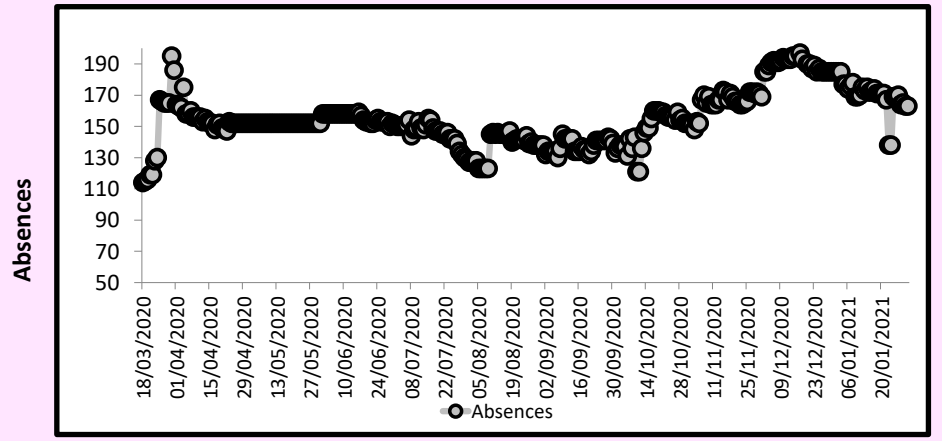
The number of patients attending A&E with a referral source of GP

Covid-19 Related Absences



The number of staff who were absent due to Covid-19 related issues

Other Absences



The number of staff who were absent due to non Covid-19 related issues

Maternity Appendix

Countess of Chester Hospital NHS
NHS Foundation Trust

Maternity Safety Support Programme	Yes	Known within the Trust as the Trust Safety Champions -these are the Director of Nursing & Quality, Clinical lead Consultant Obsetrician & Gynaecologist, Head of Midwifery & Associate Director of Paediatrics

	2020	
	Dec	**Comments**
Findings of review of all perinatal deaths using the real time data monitoring tool	Yes	Perinatal Mortality Review Tool (PMRT) is used for deaths which meet the criteria, and external scrutiny is used to draft a report with actions using the grading system of the PMRT. There is an action to ensure that the perinatal deaths are noted
Findings of review all cases eligible for referral to HSIB (Healthcare Safety Investigation Branch).	Yes	All relevant cases are referred to HSIB for review in accordance with their reporting criteria.
Report on: •The number of incidents logged graded as moderate or above and what actions are being taken •Training compliance for all staff groups in maternity related to the core competency framework and wider job essential training •Minimum safe staffing in maternity services to include Obstetric cover on the delivery suite , gaps in rotas and midwife minimum safe staffing planned cover versus actual prospectively.	Yes	A gap has been identified for strengthening the governance structure within Womens & Childrens in order to provide ongoing assurance to the Trust Board. A business case is currently under development. This will ensure that the internal and external scrutiny is led by a integrated governance struture for Womens & Childrens.
Service User Voice feedback	Yes	Maternity Voices chair person who liaises with Head of Midwifery and provides service user feedback via minutes and meetir
Staff feedback from frontline champions and walk-	Yes	Safety huddles take place everyday for staff and the Division are also developing the role of the Professional Materinty Advo
HSIB/NHSR/CQC or other organisation with a concern or request for action made directly with Trust	Yes	External organisations routinely make contact with the Trust Governance and Head of Midwifery for requests which require actions. These are disseminated by Quality Governance team and the service reviews the request and provides the relevant assurance and action plans where applicable.
Coroner Reg 28 made directly to Trust	No	There is a process in place to identify these which is overseen by the Legal Services Department. Coroners activity has decreased due to the pandemic.
Progress in achievement of CNST 10	N/A	This is currently suspended until March 2021 as reporting is now through HSIB

Proportion of midwives responding with 'Agree or Strongly Agree' on whether they would recommend their trust as a place to work or receive treatment (Reported annually)		
Proportion of specialty trainees in Obstetrics & Gynaecology responding with 'excellent or good' on how would they would rate the quality of clinical supervision out of hours (Reported annually)	100%	**Based on 2019 survey**

COUNTESS OF CHESTER

Glossary of terms

Countess of Chester Hospital NHS
NHS Foundation Trust

Metric Explanation

Hospital Standard Mortality Rate (HSMR)	The Hospital Standard Mortality Rate plays a role in learning about and improving the quality of patient care. The HSMR measures the rate of observed deaths divided by predicted deaths (based on the diagnoses which most commonly result in death) to give a measure of mortality rates and to aid in the reduction of this rate
CHPPD Compliance	Care hours per patient per day has become the principle measure of nursing within the NHS and is a measure of workforce deployment that can be used at ward level, service level and can also be aggregated to trust level
Serious Incidents: Level 1, Level 2 and Never Events	An Incident is classified as Serious when there are major consequences to patients, families, carers or staff. Serious incidents are split into Level 1, Level 2 and Never Events dependent on the severity of the incident
Incident Reporting	As a trust, we report all incidents to the National Reporting and Learning System (NRLS), again these incidents are classified differently depending on the severity of the incident. The different levels of harm we report on are: No Harm, Low Harm, Moderate Harm, Severe Harm and Death
All Falls Rate	Every month, the total number of patient falls recorded from our systems are aggregated against the number of bed days during the month.
Falls With Harm Rate	This metric is similar to the 'All Falls Rate', every fall is categorised differently (no harm, low harm, moderate harm and severe harm). This metric focuses solely on those categorised as moderate harm or above
Pressure Ulcers	Similar to 'All Falls Rate', we measure the number of reported Pressure Ulcers against the total number of bed days. Pressure ulcers are categorised into those 'Present on Admission(PoA)' and 'Hospital Acquired'
Infection Control -C-Difficile (cumulative)	The number of patients presenting with Clostridium difficile - an easily transferred infection commonly affecting the bowels - per month
Infection Control -MRSA	Methicillin-resistant Staphylococcus aureus (MRSA) is a bacterium that causes infections in different parts of the body. It is difficult to treat due to the bacterium being resistant to the commonly used antibiotics
Hospital Acquired Covid	Patients entering the hospital are now tested on admission as well as throughout their stay. As a trust, we have been identified as an outlier for 'Hospital Acquired' Covid, meaning people are catching Covid while in the hospital. We have provided a new metric detailing how many of these patients we have compared to those classified as 'Community Onset'
Emergency Calls - 2222	The number of emergency 2222 phonecalls from hospital areas
SEPSIS-Screening	One of the Sepsis assessments we undertake is recording the number of patients who have their National Early Warning Score (NEWS2) recorded within 1 hour of arriving at the hospital
SEPSIS-Treatment	One of the Sepsis assessments we undertake is recording the number of patients who antibiotics administered within 1 hour of being diagnosed with Sepsis
Bed Moves	During Covid when rates of infection have been high, there has been pressure to reduce transmission whenever possible. One area we have looked into is the number of times a patients moves beds during their spell. If a patients moves frequently and has the virus, it means there is a higher chance of it spreading round the hospital.
ED 4 Hour Wait Standard %	A patient is considered a breach if they are waiting in A&E for over 4 hours without being seen, the operational standard is that at least 95% of patients attending A&E should be admitted, transferred or discharged within four hours.
RTT Incomplete Pathways %	Every event recorded on the patients letter from their referral to their treatment is considered their pathway, this metric reports on what % of these pathways are considered to be complete after 18 weeks has passed since their referral
Diagnostic 6 weeks Standard %	A Patients waiting time for various diagnostic tests are recorded, our aim is to provide all patients with their required test within 6 weeks, this metric details the % of tests which are not completed in this time frame
Cancer Treatment - 62 Day Standard %	The 62 day Cancer target measures the % of patients who began their first definitive Cancer treatment within 62 days of having an urgent GP referral
Cancer Treatment -31 Day Standard %	The 31 day Cancer target measures the % of patients who began their first definitive Cancer treatment within 31 days of receiving their associated diagnosis
Cancer Treatment - 14 Day Standard %	The 14 day Cancer target measures the % of patients who were seen by a specialist within 2 weeks of their urgent suspected Cancer referral
RTT Total Incomplete Pathways	Our main Referral to Treatment metric details the % of completed pathways, the completion of all these pathways are commonly categorised into those completed between 0 and 18 weeks, over 18 weeks, over 40 weeks and occasionally over 52 weeks. All these metrics were created to provide more clarity for the main Referral to treatment metric

Acronym Explanation

Bed Days	Bed days are days during which a person is confined to a hospital bed and the patient stays overnight.
CHPPD	Care Hours Per Patient per Day
C-Diff	Clostridium difficile
ED/A&E	Emergency Department / Accident & Emergency
MRSA	Methicillin-resistant Staphylococcus aureus (MRSA) is a bacterium that causes infections in different parts of the body.
NEWS	National Early Warning Score
RTT	Referral to Treatment
YTD	Year to date, a measure of performance from the start of the financial year to the latest reporting month
StEIS	Strategic Executive Information System

NHS
Countess of Chester Hospital
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Meeting	**9th March 2021**		**Board of Directors**					
Report	**Agenda item 11**		**Audit Committee Chair's Report, 16th February 2021**					
Purpose of the Report	Decision		Ratification		Assurance	**x**	Information	
Author(s)	Andrew Higgins		Non-Executive Director					
Board Assurance Framework	E1 E4 E7		Underlying Long Term Trust Financial Sustainability; Access, Waiting Times, Care Pathways and Constitutional Standards; Cyber security (Digital Strategy)					
Strategic Aims	Interim strategic objective: Our leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture							
CQC Domains	Well Led							
Previous Considerations	Audit Committee meeting – 16th February 2021							
Summary	The purpose of this report is to inform board members of matters discussed and approved by the Audit Committee and to provide assurance on these matters.							
Recommendation(s)	The Board is asked to note the contents of this report and specifically: • Discussions on the BAF and those risks and actions identified as particular areas of focus; • Progress on the 2021/22 Internal Audit Plan; • Key matters highlighted within the External Audit Plan; and • The Committee's approval of the policies on the engagement of external auditors for non-audit work and on conflicts of interest.							
Corporate Impact Assessment								
Statutory requirements	The Audit Committee is a statutory committee of the Board of Directors							
Quality & Safety	-							
NHS Constitution	-							
Patient Involvement	-							
Risk	The Audit plan for 20/21 is risk-based							
Financial impact	-							
Equality & Diversity	-							
Communication	-							

Countess of Chester Hospital NHS Foundation Trust

1.0 Key items of business discussed

The Audit Committee met on 16th February, 2021 and the following agenda items were covered:

- *Standing Item*: Approve the minutes of the previous meeting (18th November)
- *Standing Item*: Review matters arising and the action log
- *Annual Item:* Review of the Board Assurance Framework, including an update from the Chair of the Quality & Safety Committee (Q&S)
- *Standing Item*: Review of Internal Audit (IA) documents, including Progress Report, Assurance Framework Review, IA Follow-up Report and Internal Audit Plan 2021/22
- *Standing Item*: Review of Audit Tracker, including a Cyber Security actions update from the Chief Digital Information Officer
- *Standing Item*: Review of the Anti-Fraud Progress Report and the Indicative Anti-Fraud Plan for 2021/22
- *Annual item*: Review of external Audit Plan for the year ending 31st March 2021
- *Annual item*: Approval of the Policy for engagement of external auditors for non-audit work
- *Standing Item:* Review of external auditor's technical update
- *Special Item*: Approval of the updated Conflicts of Interest Policy
- *Annual item*: Noting of the Summary of Losses and Special Payments
- *Standing Item*: Noting of Audit Committee's business cycle

2.0 Major matters arising, key agreements or decisions made

- The Committee agreed the principal objective of the Board Assurance Framework (BAF) review was to consider comments on the top risks set out therein; to highlight any significant gaps in assurance over these risks; and to identify critical improvement actions in such cases. It was further agreed that the review of the BAF should be taken as one agenda item with the update from the Chair of Q&S, as the principal focus of the update was the major Q&S risks and their mitigation.
- In a wide ranging discussion, the Chair of Q&S identified that the significant risks within the remit of the Committee were in relation to nursing and midwifery workforce and infection prevention and control (IPC). It was noted that mitigating actions are in place in relation to workforce and, following a supportive peer review site visit by NHS England/Improvement (NHSE/I), a number of improvement actions have been undertaken on IPC. Committee members also acknowledged the significant risks related to the well-being and retention of the workforce and noted the agreement and subsequent monitoring of the Trust's People Strategy as a key source of assurance for the next year and beyond. It was also noted that in a previous meeting, it had been reported that bottom-up risk management processes and governance were subject to review. This had not yet been concluded due to the impact of the pandemic. **The Committee noted the improvements made in the year on the relevance, rigour and arrangements surrounding the Assurance Framework and acknowledged:**

- **the need for continuing development of the BAF;**
- **the potential to improve assurance mapping;**
- **the intention for the BAF to be reviewed at each meeting of the Q&S and Finance & Performance Committees; and**
- **the potential to improve assurance on bottom-up risk management processes and governance.**

- The IA Progress report dealt with the annual audit of Key Financial Controls that received a Substantial Assurance rating, and with a report on the Review of Project Governance over the Cerner Implementation. The conclusion on the latter was that "overall a robust governance structure for the EPR Programme delivery had been developed...". Committee members asked the internal audit team to follow up on certain aspects of their work that will be reported to the next meeting. Members also received Internal Audit's Assurance Framework (AF) Review – Stage 3. The conclusions from the review were that:
  - The Organisation's AF is structured to meet NHS requirements;
  - While the Board has been engaged on the use of the AF, there could have been greater visibility of its use in 2020/21; and
  - The AF clearly reflects the risks discussed by the Board.

  The Committee noted both reports.
- Members reviewed the Internal Audit Plan for 2021/22. The Plan had been discussed with the Executive Team and is risk-based, aligned to the BAF and has the potential flexibility to include further areas in the event of need. In discussion, the Committee highlighted the areas of Emergency Planning and IT Disaster Recovery for further consideration. It was also requested that the three rolling cycle that showed mandated and cyclical audits be presented with the finalised plan. The Committee reviewed the internal audit plan 2021/22 and **noted that it will be further considered and presented at the April meeting, for approval.**
- The external auditors, KPMG, presented their External Audit Plan for the year ending 31st March 2021. Their assessment of risks in relation to the financial statements remains consistent with prior years, concentrating on:
  - Valuation of land and buildings;
  - The potential for fraudulent expenditure and revenue recognition*; and
  - Management override of controls

  (* common to all NHS Trust audits).
  The principal change in audit scope relates to the requirement for the auditors to provide a published commentary (on the Trust's website) on arrangements to ensure value for money is achieved at the Trust. The audit team is conducting an enhanced risk assessment on this area and is also awaiting the conclusion of central discussions with the National Audit Office on the form and content of the commentary. Recognising the potential sensitivity of this area, the Audit Director agreed that the final risk assessment will be shared with the Director of Finance to allow escalation, if appropriate, and noted there are currently no specific areas of concern to be raised. **The Committee noted the contents of the External Audit Plan.**

- The Director of Finance presented the Policy for engagement of external auditors for non-audit work emphasising its consistency with prior years, with refinements to a number of definitions. After a brief discussion, **the Committee approved the Policy.**
- Due to time constraints, Committee members agreed to defer consideration of the Committee's effectiveness self-assessment. In conjunction with MIAA and also covering assurance mapping and the link to recent Board development sessions, **members agreed to arrange a dedicated session to consider the Effectiveness Self-Assessment.**
- The Lead for Governance Improvement took members through the main changes in the Conflicts of Interest Policy. The main changes were the alignment of the definition of 'decision makers' to the NHSE model policy and the intention to include declarations within the self-serve module of ESR. **The Committee approved the updated Conflicts of Interest Policy.**

3.0 Items for escalation to Board

The Board is asked to note the contents of this report and specifically:

- The discussions on the BAF and those risks and actions identified as particular areas of focus by the Committee;
- Progress on the 2021/22 Internal Audit Plan;
- Key matters highlighted within the External Audit Plan for the current financial year; and
- The Committee's approval of the policies on the engagement of external auditors for non-audit work and on conflicts of interest.

NHS
Countess of Chester Hospital
NHS Foundation Trust

Meeting	**9th March 2021**		**Board of Directors**					
Report	**Agenda item 12(a)**		**Workforce Equality Analysis Report (WEAR)**					
Purpose of the Report	Decision		Ratification	x	Assurance	x	Information	x
Accountable Executive	Alyson Hall				Director of HR and OD			
Author(s)	Sophie Hunter				Equality and Diversity Manager			
Board Assurance Framework	P1- P3	Recruitment,, Retention, Staff Engagement						
Strategic Aims	The Trust submits its annual WEAR report to Board and publishes this on its website each year in line with its Public Sector Equality Duty. The Trust continues to undertake a range of initiatives related to increasing its workforce diversity through Staff Survey action plans, Workforce Race Equality Standards (WRES) Action Plan, Workforce Disability Equality Standard (WDES), flexible working initiatives, Carers Strategy, work experience programs and widening participation initiatives.							
CQC Domains	Well Led, Safe, Caring, Responsive, Effective							
Previous Considerations	-							
Summary	The purpose of this document is: This annual Workforce Equality Analysis Report has been produced to provide a detailed analysis of our workforce by protected characteristics. It shows how representative our workforce is of the local population, i.e. our service users and the wider community. It also contains an in-depth look at a wide range of workforce metrics by protected characteristic, such as service area, salary band, staff group, applicants for jobs, disciplinary, performance management, grievances, bullying cases, leavers and staff development (training).							
Recommendation(s)	The Board is asked to**:-** • Note the content of the report. • Approve the content for Publication on the Trust Website as required by Public Sector Equality Duty and Standard Contract obligations 2020/21. • Note the deadline for publication on the Trust's website is no later than 31st March 2021.							

Corporate Impact Assessment	
Statutory Requirements	Meets the Trust compliance with Equality Act 2010 and Public Sector Equality Duty
Quality & Safety	Helps ensure a representative workforce
NHS Constitution	Staff are valued and supported, responsible to the communities it serves, fair treatment, a worthwhile job with chances to develop
Patient Involvement	No consultation is expected on this document.
Risk	
Financial impact	Reduce legal and financial risk.
Equality & Diversity	Meets Equality Act 2010 duties & PSED 2 obligations. This document highlights areas and good practice and areas of concern regarding equality and diversity.
Communication	Publication on the Trust Website no later than 31st March 2021.

Countess of Chester Hospital NHS
NHS Foundation Trust

NHS Employers
DIVERSITY AND INCLUSION PARTNERS ALUMNI

Safe | Kind | Effective

Countess of Chester Hospital NHS Foundation Trust Annual Workforce Equality Analysis (2020)

navajo
Merseyside & Cheshire
LGBTI Chartermark Holders

Personal
Fair
Diverse
CHAMPION

disability confident
EMPLOYER

Contents

This report is available in alternative formats upon request, such as large print, electronically or community languages. Please contact the Equality & Diversity Manager on 01244 363005.

1. Introduction

1.1 About this report

Fundamental values of dignity and respect underpin the Countess of Chester Hospital NHS Foundation Trust (CoCH). If these are to be achieved, our employees must have equal freedoms to flourish and achieve. The workplace is an important place to start; our employees are our greatest asset. Within numerous offices, wards and workplaces across West Cheshire and Chester, people with different characteristics are brought together. Delivering high-quality services with professionalism helps to fight stereotypes, reduce prejudice and change attitudes within wider society.

An inclusive workplace is an important tool to begin to address wider social fragmentation and community cohesion. This can be achieved by addressing employment related inequalities across the Equality Act 2010 defined protected characteristics – age, disability, sex(gender), race, religion or belief, pregnancy and marriage, sexual orientation, gender reassignment and civil partnership and marriage.

Employment and workforce opportunities are varied and numerous. They include opportunities for caring, leisure and respite, fair work conditions (including health and safety) and freedom to unionise or join professional bodies.

This report looks at the profiles of people accessing workforce and employment related opportunities at CoCH, based on requirements defined within the new single equality duty and related elements within other equality and employment legislation. It accompanies the Equality Diversity and Human Rights Assurance report (2021).

Recommendations from this report will help inform the inaugural equality strategy, as directed by the requirements of the new public sector single equality duty, which came into effect from 5th of April 2011, as the second tranche of legislation emanating from the equality Act 2010. This report refers to the period 1st January 2020 to 30th December 2020 (unless otherwise indicated).

1.2 About the organisation

The Countess of Chester Hospital NHS Foundation Trust consists of a 600 bedded large district General Hospital, which provides its services on the Countess of Chester Health Park, and a 64 bedded Intermediate Care Service at Ellesmere Port Hospital. The Trust has over 5,000 staff and provides a range of medical services to more than 445,000 patients per year from areas covering Western Cheshire, Ellesmere Port, Neston and North Wales.

The Countess of Chester Hospital has an excellent reputation for delivering high quality patient care and is nationally accredited at the highest levels in many areas, in particular those relating to clinical outcomes and patient safety.

Our aim is to be the preferred hospital of choice for our traditional community, and a preferred hospital of choice for patients from a wider area, and to continue to provide a comprehensive, high quality, and accessible range of emergency and elective services to all our patients. We want our patients to be assured that they will receive their care as rapidly as possible in a first-class environment, be treated with courtesy and dignity, and be confident that the outcome of their clinical care will be of the highest standards and safety.

1.3 Single Equality Duty

The Trust meets its statutory obligations and has published an Equality Duty Assurance Report (EDAR) for 2021, outlining how it will sustain this. In January 2021, the Workforce Equality Analysis Report (WEAR) for 2020 is published. The Trust has published its equality objectives within an Equality Strategy for 2017 to 2021. The Trust has embedded equality analysis into the review and development of policies, functions, services and planning. The Trust has built up an inclusive engagement framework with stakeholders from across the protected characteristics.

1.4 Workforce Race Equality Standard, Workforce Disability Equality Standards and other monitoring drivers

The key drivers behind monitoring workforce related opportunities are:

- Reducing Inequalities, within national, regional and local policy;
- Statutory, meeting the legal requirements governing public bodies;
- Meeting the Care Quality Commission outcomes for quality and safety;
- NHS Workforce Race Equality Standard (WRES) launched in July 2015;
- NHS Workforce Disability Equality Standard (WDES) launched in July 2019
- Equality and Human Rights Commission (EHRC) codes of practice;
- Guidelines and directives from the Government Equalities Office (GEO)

1.5 Key Principles

The diversity of our workforce enriches everyone and allows the Trust to deliver high quality services. There are three overall key principles when considering and delivering employment related opportunities:

1. Our employees have diverse needs shaped through circumstance and resource (e.g. a low-income carer may require more flexible working);

2. Our role as an employer gives us powers to tackle wider accumulation of disadvantage through targeted interventions (‘positive action’), E.g. mentoring programmes for under-represented groups; and

3. Our employees should not experience unlawful disadvantage because of their age, disability status, sex, race, religion or belief, gender identity, civil, sexual orientation or pregnancy and maternity status.

2. Data and Reporting Principles

2.1 Measurement and Indicators

This report sets out the measurements from various indicators based on requirements of the equality Act 2010, which replaced the previous duties for race, disability and gender, when the new single equality duty came into effect from 5th of April 2011. The indicators used are presented below. The headings in bold indicate the legal requirements and the sub-headings indicate how we present the information:

- **Numbers of staff in post;**
  - By salary pay band

- **Applicants for employment, and promotion;**
  - Applications and Shortlisting
  - Promotions

- **Staff who benefit or suffer detriment as a result of performance assessment procedures**;
  - Managing poor performance policy usage

- **Staff who are involved in grievance procedures;**
  - Grievance policy usage
  - Bullying and Harassment policy usage

- **Staff who are the subject of disciplinary procedures;**
  - Disciplinary policy usage

- **staff who commence and cease employment;**
  - Starters and Leavers equality monitoring

- **Staff in Training;**
  - Ethnicity analysis

2.2 General Reporting Principles

In December 2012, the Cheshire online demographics portal Data Observatory Research and Intelligence Collaborative (DORIC) disaggregated data from the national ONS 2011 census in Cheshire sectors, for Local Authority domains. The ONS sourced report records the Cheshire West and Chester population to be 329,708 (1). There is a projected increase of 8% by 2029 (2).

The presentation of data within this report uses the ONS census 2011. In rare instances, calculations for proportions where the required detailed information a protected groups is not available, alternative research may be cited.

(1) ONS National Census 2011; Source - DORIC Local Authority interim overview profiles DORIC Online (Dec. 2012)
(2) Cheshire West and Chester Council 2011 – *Population forecasts report* ; Jan 2011, (p2)

2.3 Overall staffing levels

The overall staff headcount for the reporting is **5560**.

These numbers include all those on Permanent and Fixed Term contracts and those employed jointly with other organisations.

2.4 Data Sources

The data used in this report is sourced from:

- Electronic Staff Record (ESR),
- NHS Jobs records
- OLM (Oracle Learning Management)
- NHS Staff Survey

Within ESR certain protected characteristics may have data quality gaps, where staff have been given the option not to disclose. This is a common dynamic across most NHS organisations. With regard to formal procedures, in particular where the total number will be low, it may be imprudent to assess these as being statistically significant or a viable source for comparative analysis.

2.5 Data Presentation

Data presentation generally includes a comparison with baseline information.

- Baselines for staff categories (whether pay band, job-type etc.) is usually against the overall Trust staff profiles.
- The baseline for overall Trust profile is the West Cheshire and Chester population at large.
- In certain cases, national data sets or estimations based on commissioned research into protected characteristics may be utilised.

3. Workforce

3.1 Workforce profile

Black and Minority Ethnic (BAME)

The term black and minority ethnic (BAME) is used in this report to refer to people from the following ethnic groups:

- **Asian or Asian British:**
  (Indian, Pakistani, Bangladeshi, and any other Asian Background);
- **Black or Black British:**
  (Caribbean, African, and any other Black Background);
- **Chinese or any other ethnic group**;
- **Mixed:**
  (White and Black Caribbean, White and Black African, White and Asian, Any other Mixed background).
- **White Irish, White European, Other White background**

White British

As per '16+1' census ethnicity classification, the term 'White' used in this report refers to 'White British'. Although other ethnic groups such as 'White Irish' or 'White European' are referenced as 'White', these ethnic groupings are classified as Black and Minority Ethnic (BAME) groupings, under the definitions of the Race Relations (Amendment) Act (2000).

3.2 Headcount - Please note

Any Headcounts of 5 or less is shaded, with the number deleted, to avoid individuals being identified. In most cases in this report, percentages will be presented to further promote staff confidentiality and sound information governance standards.

4.0 Equality demographics

4.1 Numbers of Staff in Post

Headcount is recorded as at the end of December 2020. This figure relates to all primary assignments i.e. all staff in employment across all medical and non-medical staff groupings and staff employed in training.

Pay Band/Grade	Headcount	Headcount%
Associate Specialist	1	0.02%
Band 1	119	2.14%
Band 2	1976	35.54%
Band 3	525	9.44%
Band 4	299	5.38%
Band 5	932	16.76%
Band 6	631	11.35%
Band 7	335	6.03%
Band 8a	134	2.41%
Band 8b	25	0.45%
Band 8c	15	0.27%
Band 8d	7	0.13%
Band 9	4	0.07%
Clinical Assistant	7	0.13%
Consultant	226	4.06%
Junior Doctors	229	4.12%
Local Non-AfC	23	0.41%
Medical Ad-Hoc	11	0.20%
Modern Apprentice	14	0.25%
Trust Grade Medic	47	0.85%
Grand Total	**5560**	**100.00%**

4.2 Ethnicity

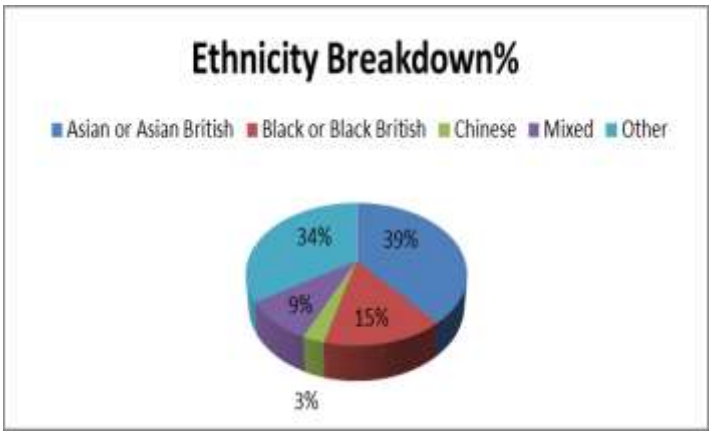
BAME	Headcount%
BAME	8.13%
White	89.30%
Not Recorded	0.61%
Not Stated	1.96%
Grand Total	**100.00%**

The ***known*** ethnicity profile of the Countess of Chester Hospital NHS Foundation Trust has remained at just under 98% in 2020. This record thereby provides increased assurance of accuracy throughout the workforce analysis. Gaps in the *known* status in any of the protected characteristics can hinder statistical analysis and data presentation.

The highest ethnicity is '*White British*' at just over 89%. This is a small decrease as the overall % of BAME staff has risen slightly from 7% in 2019 to just over 8% in 2020.

The BAME population in West Cheshire and Chester according to the Office for National Statistics (ONS) 2011 Census amounts to 5.3% of the total population (1). The BAME staff population when compared to the total workforce figures at CoCH, is higher than the BAME West Cheshire and Chester wider community. This demonstrates for yet another year, that there is a staff corpus at CoCH which is more ethnically diverse than the local population.

BAME Groupings - Ethnicity status break down



White 'Other European' including Irish has risen from 33% to 34%The South *Asian* BAME grouping (Indian, Pakistani, and Bangladeshi) remains the largest within the Black and Minority Ethnic profile, accounting for 39% of all BAME staff groups the same as the year before. This ethnicity status has been the highest within the BAME groupings for the past seven years.

Mixed race ethnicity status has increased slightly to 9%. Defined visible BAME staff groups under Workforce Race Equality Standard (WRES) amount to approximately 66% of the total number of staff identifying as BAME, which is similar to the records in 2018 and 2019.

There are significantly higher percentages of BAME staff in medical positions. At Consultant level*, they represent 48%, with *Not recorded* status at 1.77%. In Junior Doctor posts BAME employees represent 41.92% in 2020 with *Not recorded* at 4.3% A comparison matrix between Consultant and Junior Doctors is shown overleaf.

In non-medical staff categories, on average BAME employees hold 6% of bands 5-6 and 6% of bands 1-4 posts. They hold 3% of bands 7-8a roles.

With regard to BAME representation of staff in leadership roles in CoCH, Medical positions remain the strongest example at over 40% in medical leadership roles.

Medical Staffing Analysis: Junior Doctors and Consultants by Ethnicity:

Payband	Asian	Black	Chinesee	Mixed	Other	White (incl other white background)	Not Stated	Not Recorded
Consultant	27.43%	2.21%	1.33%	1.77%	6.19%	58.85%	1.77%	0.44%
Junior Doctors	19.65%	2.18%	1.31%	3.49%	4.80%	63.76%	4.80%	0.00%

The Trust decided to compare the career progression of its medical employee profile in terms of ethnicity for 2020.

We can see the highest and lowest medical staffing band groups – *Consultants* and *Junior Doctors*. The number of Consultants who identify as BAME has increased to 48% in 2020 from 41% in 2019. The number of Junior Doctors who identify as BAME has increased from 33% in 2019 to 49% in 2020.

South Asian employees remain the highest ethnic groupings outside of *White British* in both medical groups.

4.3 Gender

Payband	Female	Male
Associate Specialist	0.00%	0.02%
Band 1	1.62%	0.52%
Band 2	30.05%	5.49%
Band 3	7.57%	1.87%
Band 4	4.51%	0.86%
Band 5	14.57%	2.19%
Band 6	9.95%	1.40%
Band 7	4.93%	1.10%
Band 8a	1.80%	0.61%
Band 8b	0.32%	0.13%
Band 8c	0.23%	0.04%
Band 8d	0.07%	0.05%
Band 9	0.04%	0.04%
Clinical Assistant	0.11%	0.02%
Consultant	1.33%	2.73%
Junior Doctors	2.00%	2.12%
Local Non-AfC	0.27%	0.14%
Medical Ad-Hoc	0.11%	0.09%
Modern Apprentice	0.20%	0.05%
Trust Grade Medic	0.40%	0.45%
Grand Total	**80.07%**	**19.93%**

80% of the workforce is female in 2020, which is almost the same figure as in 2016, 2017, 2018 and 2019. This percentage of women in post compared to men is much higher in AFC pay bands with significant % differences between men and women to reflect the 80/20 ration. However this difference in % begins to decline significantly 7 onwards compared to lower bands. There is a higher male representation in bands 8a to 9, although the number of posts is much fewer. Overall with regard to non-medical leadership positions, women in the CoCH workforce still represent more than the local female population for Cheshire West and Chester, which is recorded at 51.3% (1).

In medical staffing, men account for approximately 67% of all Consultant positions – with the percentage of women in these posts accounting for 33%. Female Junior Doctors account for around 49%. Around 49% of the Speciality Doctor posts/Associate Specialist posts (Trust grade and add hoc) and 85% of Clinical Assistant posts are held by women.

4.4 Disability

Disability	% Headcount
No	82.59%
Yes	2.79%
Not Declared	14.68%
Grand Total	**100.00%**

The percentage of staff who indicate they are disabled in 2020 is approximately 3%. The number of staff who indicated they do not have a disability remained at almost 83%, the same as 2019.

Disability status '*not declared'* remained at close to 14% in 2020. The overall *known status* of staff remains at 86%, same as 2019. The estimated percentage of disabled people living in West Cheshire and Chester is 14% (3), although the percentage of people living in West Cheshire and Chester claiming disability living allowance is assessed as 5.5% of the total population (1).

The record reflects the NHS profile that there is still an under declaration of employees indicating they are disabled. Studies commissioned by the Equality & Human Rights Commission, NHS England and Disability organisations show that disabled people are more likely to face discrimination in society, so this may be a contributing factor.

CoCH has an inclusive disability equality group, with representatives from many local external disability organisations within its cohort and a robust disability equality policy, with extensive guidance on making reasonable adjustments for disabled employees. As a member of the NHS Employers Diversity and Inclusion Partners Alumni, in preparation for the 2018 NHS Workforce Disability Equality Standard (WDES), the Trust became a Pilot Site for WDES metrics. Throughout 2020, it has been working with DIAL House West (Chester), Occupational Health and Wellbeing, disabled employees and the Trade Unions on engaging with staff who have a long term condition or disability through interactive forums, on their experiences of working within the Trust.

The data presented above demonstrates stable and continued improvements over the past eight years, in encouraging staff to declare their disability status. In 2011, only 18.5% of the workforce's disability status was declared. This is now set at a creditable 86%, which given the NHS trend, is a positive result of dedicated staff engagement and training. Only 0.5 % of staff declared they had a disability in 2011 and in 2020 this is 3%. Staff who inform that they are not disabled have risen from just 18% in 2011 up to 83% of the total workforce in 2020.

In 2020, the Trust has set up a staff network for staff with disabilities, and also a staff network for staff who are carers.

Despite covid restriction, training sessions have continued to have been run for managers on how to provide effective reasonable adjustments for staff by providing these online. Sessions on supporting neurodiversity in staff, especially those with dyslexia and dyspraxia are planned for 2021.

CoCH has attained the new *Disability Confident Employer* accreditation. The Disability Confident framework has replaced the previous '*Two Ticks': Positive about Disabled People* charter mark, which assesses an organisation for its commitments to disabled people.

In December 2020, the staff survey was also amended to included questions regarding working from home and support during the pandemic for staff who are shielding.

(3)West Cheshire & Chester disability profile; Neighbourhood statistics.gov.uk (August 2010)

4.5 Age

Age band by %

Age Band	% Headcount
<=20 Years	2.21%
21-30	22.93%
31-40	24.69%
41-50	20.43%
51-60	21.69%
61-70	7.19%
>=71 Years	0.76%
Not recorded	0.09%
Grand Total	**100.00%**

Overall there a few statistically significant changes in 2020 compared to previous years. Representing the highest percentage of the workforce is age band 31-40, though there is little difference between the age groups 21-60. The age band 71 years plus is the lowest at 0.76%. Age group 16 to 20 recorded at 2.21%, a slight rise from 2.04% in 2019.

Employees aged 60 years and over account for 8% of the total workforce in 2020. The repeal of default retirement age of 65 in the public sector (2011) (4) indicates that workforce analysts should bear this in mind. Given the accepted link between age and acquired disability, the Trust will be guided by its disability equality policy in assessing reasonable adjustments for disabled employees.

(4) Employment Equality (Repeal of Retirement Age Provisions) Regulations (2011)

4.6 Religion or Belief

Religious Belief	% Headcount
Atheism	14.26%
Buddhism	0.31%
Christianity	50.95%
Hinduism	1.04%
Islam	1.47%
Judaism	0.04%
Other	7.41%
Sikhism	0.02%
I do not wish to disclose my religion/belief	24.50%
Grand Total	**100.00%**

'*Christianity*' remains the predominant religion or belief at 50.95%. '*Atheism*' has increased up to 14.26% in 2020 from 13.01%, in 2019. The figure for Cheshire West and Chester is '*Christianity*' at 70%, with '*No religion'* at 22% and '*not stated'* 6.5%. (1) *Did not wish to disclose* has increased to 24.50% from 23.50%.

Known status in 2011 was only 26.88% but in 2020 it has moved on significantly to 75.50%. The efforts to encourage self-disclosure across all the protected characteristics where there are gaps in data will continue at CoCH.

4.7 Sexual Orientation

Sexual Orientation	% Headcount
Bisexual	0.45%
Gay or Lesbian	1.38%
Heterosexual or Straight	81.26%
Did not wish to disclose	16.77%
Other sexual orientation not listed	0.04%
Undecided	0.11%
Grand Total	**100.00%**

Data for 2020 takes into account 2 new options. These are 'Other sexual orientation not listed' and 'Undecided'.

The highest sexual orientation '*Heterosexual*' accounts for 81.26%, up slightly from 80.65% in 2019. Combined percentages for staff identifying as '*Lesbian', 'Gay'* and *'Bisexual'* (LGB) have increased from 1% in 2019 to 1.83% in 2020. The national estimation for people identifying as LGB is between 5-7% (5). There are no population census records for the Local Authority domain and the national 2011 ONS census did not ask for sexual orientation status. There was a no difference in the percentage of staff who *did not wish to disclose, in 2020 compared to* 2019.

CoCH is obtaining a more accurate data capture regarding staff sexual orientation status. CoCH in 2019 can show it knows 84% of its employees' sexual orientation status, compared with only 32% in 2011. As a consequence of its equality and human rights achievements, in May 2017 the Trust retained the Navajo LGBTI Charter Mark (2017-2019) for its policies, services and commitments to people who identify as Lesbian, Gay, Bisexual Trans* and Intersex. Whilst reaccreditation has been postponed in 2020 due to

covid restrictions, the Trust remains in contact with Navajo and with the Trusts Gender and Sexuality Group, who consist of a range of both staff and stakeholders from the local community.

In February 2020, the Trust joined the NHS Rainbow Badge scheme, set up its LGBT+ Staff Network, and increased its LGBT+ representatives to cover Ellesmere Port Hospital, Emergency Department, and Children's Unit.

(4) Government LGB population estimates; Stonewall.org.uk (2011)

5. Workforce dynamics

NOTE: The time period indicated is for 2020. Unlike other data sets outlined in this equality analysis, figures for 'Starters' and 'Leavers' may not match up, due to varied factors and workforce dynamics

5.1 New starter's profile

Ethnicity

BAME	Headcount%
BAME	12.02%
White	80.43%
Not Recorded	7.55%
Grand Total	**100.00%**

In 2020 the percentage of new BAME starters has increased to just over 12% from 8% in 2019. The number of BAME starters is higher than the figure of 8% in the established BAME workforce. The largest BAME ethnic group were *South Asian,* at 5.08% of the total starters.

Age

Age Band	Headcount%
<=20 Years	7.55%
21-30	44.53%
31-40	22.65%
41-50	12.33%
51-60	9.40%
61-70	3.54%
Grand Total	**100.00%**

44.53% of new starters in 2020 were in age bands 21 to 30 years, an increase of over 4% since 2019. Starters aged 61 years and over increased in 2020 to 3.54% from 2.69% of the total new starters in 2019.

Disability

Disability	%
No	71.34%
Yes	3.85%
Not Declared	24.81%
Grand Total	**100.00%**

The *known* disability status for new starters has decreased further in 2020, with '*not declared'* increasing from 16% to over 24%. The number of new starters declaring that they have a disability increased however from 3.41% in 2019 to 3.85% in 2020. This is slightly more than the current amount of staff declaring that they have a disability status within the total workforce profile which is 2.79%. The percentage of starters who stated they do not have a disability or long term condition decreased to just over 71%.

Sexual Orientation

Sexual Orientation	Headcount%
Bisexual	1.39%
Gay or Lesbian	2.00%
Heterosexual or Straight	82.28%
Not stated (person asked but declined to provide a response)	13.87%
Other sexual orientation not listed	0.15%
Undecided	0.31%
Grand Total	**100.00%**

Data for 2020 takes into account 2 new options. These are 'Other sexual orientation not listed' and 'Undecided'.

The *Known* sexuality status is recorded at 86.13%, a 2% increase from 84% in 2019. Almost 14% of new starters opted not to disclose their sexual orientation in 2020. The combined number for starters who identify as *Lesbian Gay* or *Bisexual* (LGB) has remained around 3%, though in addition some applicants have opted for 'undecided' or 'not listed' which raises the LGBT+ figure for staff at COCH to 3.85% in total. This is a figure significantly higher than that which is found in the established workforce of 1.98%. *Heterosexual* starters amounted to 82.28, a 2.17% increase from 2019.

Gender

Pay Band/Grade	Female	Male
Grand Total	**79.35%**	**20.65%**

The percentage of Male starters has decreased in 2020 to 20.65% from 24% in 2019 which is in line with the figure for men in the established workforce profile. Women accounted for 79.35% of all starters in 2020, again in line with the established workforce profile.

Pay Bands

Pay Band/Grade	Headcount	Headcount %
Associate Specialist	2	0.31%
Band 2	190	29.28%
Band 3	121	18.64%
Band 4	46	7.09%
Band 5	89	13.71%
Band 6	42	6.47%
Band 7	17	2.62%
Band 8a	12	1.85%
Band 8b	6	0.92%
Band 8c	3	0.46%
Band 9	1	0.15%
Consultant	16	2.47%
Junior Doctors	32	4.93%
Local Non-AfC	4	0.62%
Medical Student	24	3.70%
Modern Apprentice	18	2.77%
Trust Grade Medic	26	4.01%
Grand Total	**649**	**100.00%**

The number of new starters at band 2 remained the highest in 2020 at 29.28, compared with just over 24% in 2019. The next highest percentage for starters was band 3 at 18.64% an increase of 10% compared to 2019 and over took the place of band 5 as second highest percentage recruited role.

Band 5, the third highest percentage recruited, accounted for 13.71% of new recruits in 2020 compared to 20.79% in 2019. There were decreases in the number of doctors recruited in 2020, especially Consultants who accounted for 5.91% of all starters in 2019, and 2.47% of new starters in 2020. The overall drop in doctor recruitment was however, minimal.

Religion

Religious Belief	Headcount%
Atheism	21.88%
Buddhism	0.62%
Christianity	41.29%
Hinduism	1.69%
I do not wish to disclose my religion/belief	22.65%
Islam	3.85%

Other	8.01%
Grand Total	**100.00%**

Overall there are slight statistical variations in this year's *religion or belief* status of Starters profile. The *known* status of religion or belief in 2020 has increased from 74.63% in 2019 to 77.35% in 2020.

The '*Christianity*' group remains the highest religion or belief at 41.29%, and has slightly decreased from 46.59% in 2019. There was a significant increase in belief grouping *Atheists* from 16.49% in 2019 to 21.88% in 2020, there was minimal % change in remaining religious groups.

5.2 Staff leaver's profile

Ethnicity

Ethnic Origin	Headcount%
Asian	4.34%
Black	0.90%
Chinese	0.36%
Mixed	0.90%
Not Stated/Not Recorded	2.89%
Other Specified	6.69%
White	83.92%
Grand Total	**100.00%**

In 2020, there was a decrease in the ethnicity group *White British* who were leavers, moving from 90% in 2019 to 83.92% in 2020. The number of leavers from Black and Minority Ethnic groups (*BAME*) increased from 7% in 2019 to 13.19% in 2020.The number of Staff who left the Trust who had not declared their ethnic status was remained similar to 2019 at 2.89%.

Age

Age Band	Headcount%
<=20 Years	5.42%
21-30	33.09%
31-40	14.83%
41-50	12.84%
51-60	21.52%
61-70	11.93%
>=71 Years	0.36%
Grand Total	**100.00%**

The highest age group leavers were the 21-30 years age bands, which is the similar to previous years. They accounted for 33.09% of the leavers. In light of the amendments in the Employment Equality (Repeal of Retirement Age Provisions) Regulations (2011), leavers from the age bands 60 years and over are analysed annually. In 2011, the number of leavers for the combined age bands 61-65, 66-70 and 70 years and above amounted to 12.69%. Similar to previous years (12.5% in 2019 and 11.94% in 2018). Over the past nine years, there has been an overall reduction in leavers in this combined age range. The Trust can thereby demonstrate that it is adhering to age equality legislation.

Disability

Disability	%
No	83.33%
Yes	3.99%
Not Declared	12.68%
Grand Total	**100.00%**

The number of leavers who did not declare their disability status has decreased slightly by 1% to 12.68%, this year. Disabled leavers amounted to 3.99% of leavers, an increase of

0.99%. Staff leavers who stated that they do not have a disability decreased minimally by less than 1%.

Sexual Orientation

Sexual Orientation	Headcount%
Bisexual	1.45%
Gay or Lesbian	0.90%
Heterosexual or Straight	79.39%
Not stated (person asked but declined to provide a response)	17.36%
Undecided	0.18%
Unspecified	0.72%
Grand Total	**100.00%**

Data for 2020 takes into account 2 new options. These are 'Other sexual orientation not listed' and 'Undecided'.

In 2020 Lesbian Gay Bisexual and other combined grouping accounted for 2.35% of leavers, a slight decrease form 3% of the total leavers in 2019. Heterosexuals represent 79.39% of all leavers. 17.36% of leavers stated that they did not want to disclose their sexual orientation, a decrease from 19% in 2019. The known sexual orientation status of leavers now accounts for 82.64%, compared to the 2011 record, when only 30% of leavers had a Known sexuality status.

Gender

Female	Male
78.48%	21.52%

Male leavers accounted for 21.52% of leavers and women 78.48%. This is in line with the overall workforce.

Religion and Belief

Religious Belief	Headcount%
Atheism	16.27%
Buddhism	0.54%
Christianity	44.67%
Hinduism	0.72%
I do not wish to disclose my religion/belief	26.58%
Islam	3.80%
Other	7.41%
Grand Total	**100.00%**

There were small changes in the leavers who had given their religion or belief status in the 2019. Christianity remained the highest declared belief system at 44.67%, similar to 44.78% in 2019. The percentage of staff declaring Atheist status decreased from 18.91% to 16.27% this year. Other religion remained similar at 7.41% compared to 7.47% in 2019. Muslim (Islam) leavers increased from 2.49% to 3.80%.

Pay Band

Pay Band/Grade	Headcount	Headcount %
Associate Specilaist	2	0.36%
Band 1	7	1.27%
Band 2	149	26.94%
Band 3	82	14.83%
Band 4	35	6.33%
Band 5	65	11.75%
Band 6	48	8.68%
Band 7	29	5.24%
Band 8a	14	2.53%
Band 8b	4	0.72%
Band 8c	2	0.36%
Band 9	1	0.18%
Clinical Assistant	3	0.54%
Consultant	17	3.07%
Junior Doctors	31	5.61%
Local Non-AfC	6	1.08%
Medical Student	24	4.34%
Modern Apprentice	5	0.90%
Trust Grade Medic	29	5.24%
Grand Total	**553**	**100.00%**

Band 2 accounted for the majority of all leavers at 26.94% in 2020, an increase from 21.14% in 2019. The percentage of Band 5 leavers decreased to significantly to 11.75% in 2020 compared to 18.66% in 2019. Band 6 and 7 leavers in 2020 accounted for 13.92% of all leavers compared to 20.19% in 2019. Consultants accounted for 3.03% of leavers compared to 3.73 % of leavers in 2019.

There was an increase in the number of staff who left the Trust in 2020 moving from 402 to 553, however, this is comparative to 649 new starters.

5.3 Recruitment profile

Ethnicity

Ethnic Group	Applications %	Shortlisted %
White	58.90	67.33
Asian	16.97	15.25
Black	12.94	7.62
Mixed	3.54	3.41
Other	4.88	4.52
I do not wish to disclose my ethnic origin	1.55	1.86

'*BAME',* applicants were slightly less likely to be shortlisted than most other ethnic groups.

It is relevant that from trac, a high volume of BAME applicants are received for doctor posts from overseas, that may not be eligible for shortlisting due to immigration restrictions.

Age

Age Band	Applications %	Shortlisted %
Under 20	3.06	4.21
20 - 24	13.49	13.96
25 - 29	27.41	22.83
30 - 34	19.76	17.29
35 - 39	11.59	11.97
40 - 44	7.06	7.98
45 - 49	6.46	8.11
50 - 54	5.37	6.96
55 - 59	3.60	4.08
60 - 64	1.79	2.44
65+	0.36	0.18
Not stated	0.06	0.00

Most age bands were shortlisted in proportion to applications, with age bands 25-34 + being slightly less likely to be shortlisted than other age bands.
Age band 25-29 still had the highest numbers shortlisted for the forth year running at 22.83% of all shortlisted age bands.

Disability

Disability Status	Applications %	Shortlisted %
No	94.20	93.97
Yes	3.30	4.34
I do not wish to disclose whether or not I have a disability	2.40	1.68

3.30% of shortlisted applicants declared a disability, and whose with a disability were slightly more likelty to be shortlisted.

The Trust maintained Disability Confident Employer status in 2020 and therefore with these figures can demonstrate that it is meeting disability equality obligations, especially with regard to a guarantee that disabled applicants who meet the minimum criteria will be shortlisted.

Disabled applicants are identified where *reasonable adjustments* for interviews are required, although disabled applicants need not disclose a disability before an offer of employment

Religion

Religion	Applications %	Shortlisted %
Atheism	12.80	13.39
Buddhism	1.10	0.53
Christianity	47.90	47.52
Hinduism	4.40	4.08
Islam	15.20	14.41
Jainism	0.10	0.04
Judaism	0.10	0.18
Sikhism	0.30	0.27
Other	8.80	9.75
I do not wish to disclose my religion/belief	9.30	9.84

With regard to *religion or belief*, those identifying as *Christian* and *Atheist* were the largest number to be shortlisted in 2020. Applications to Shortlisting ratio appear aligned.

Sexual Orientation

Sexual Orientation	Applications %	Shortlisted %
Heterosexual or Straight	92.80	92.95
Gay or Lesbian	1.60	1.99
Bisexual	1.50	1.64
Other sexual orientation not listed	0.20	0.31
Undecided	0.20	0.09
I do not wish to disclose my sexual orientation	3.80	3.01

The percentage of applicants from across the sexual orientation categories, were shortlisted in proportion.

Gender

Gender	Applications %	Shortlisted %
Male	35.70	31.60
Female	64.00	67.95
I do not wish to disclose	0.30	0.44

The percentage of applicants from across the gender categories, were shortlisted in proportion.

There is no evidence of any form of discriminatory conduct with regard to recruitment in any of the protected groups.

5.4 Promotion profile

Payband

To Pay Band/Grade	Headcount	Headcount%
Band 2	9	3.91%
Band 3	40	17.39%
Band 4	15	6.52%
Band 5	23	10.00%
Band 6	79	34.35%
Band 7	33	14.35%
Band 8a	15	6.52%
Band 8b	1	0.43%
Band 8c	2	0.87%
Band 8d	3	1.30%
Band 9	1	0.43%
Consultant	2	0.87%
Junior Doctors	1	0.43%
Local Non-AfC	1	0.43%
Trust Grade Medic	5	2.17%
Grand Total	**230**	**100.00%**

Overall, people working in pay bands 3,and 6 were more likely to be promoted than any other band.

Gender

Pay Band/Grade	Female%	Male%
Band 2	77.78%	22.22%
Band 3	75.00%	25.00%
Band 4	93.33%	6.67%
Band 5	78.26%	21.74%
Band 6	89.87%	10.13%
Band 7	75.76%	24.24%
Band 8a	66.67%	33.33%
Band 8b	100.00%	0.00%
Band 8c	100.00%	0.00%
Band 8d	100.00%	0.00%
Band 9	100.00%	0.00%
Consultant	50.00%	50.00%
Junior Doctors	0.00%	100.00%
Local Non-AfC	100.00%	0.00%
Trust Grade	60.00%	40.00%

Medic		
Grand Total	**81.30%**	**18.70%**

Women working in pay bands 4, 6 and 8a – 9 were more likely to be promoted than men in that band.

Men in all other pay bands were more likely to be promoted.

Please note payband promotions 8a-9 are very small numbers (under 5)

Age

Age Band	% Headcount
<=20 Years	3.48%
21-25	13.48%
26-30	19.13%
31-35	16.96%
36-40	12.61%
41-45	14.35%
46-50	10.00%
51-55	4.78%
56-60	3.48%
61-65	0.87%
66-70	0.87%
Grand Total	**100.00%**

Ages 26-35 were the most likely to be promoted.

Sexual Orientation

Sexual Orientation	%
Gay or Lesbian	2.17%
Heterosexual or Straight	86.52%
Not stated (person asked but declined to provide a response)	11.30%
Grand Total	**100.00%**

Promotions for Sexual Orientation were aligned to overall staff % for each group.

Disability

Disability Status	% Headcount
No	88.26%
Yes	2.61%
Not Declared	9.13%
Grand Total	**100.00%**

The % of disabled staff promoted was in line than the representative staff group of nearly 3%

Ethnicity

BAME	% Headcount
BAME	5.65%
White	92.61%
Not Stated	1.74%
Grand Total	**100.00%**

The % of BAME staff promoted was less than the representative staff group of 8.13%

Religion and Belief

Religious Belief	% Headcount
Atheism	19.57%
Buddhism	0.43%
Christianity	52.17%
Islam	1.74%
Other	10.87%
I do not wish to disclose my religion/belief	15.22%
Grand Total	**100.00%**

The % of staff from different religions being promoted was representative of those staff groups.

In conclusion, BAME staff who were promoted in 2020 accounted for 5.65% of promotions which is slightly less than the percentage of BAME staff in the established workforce (8.13%).The age bands *26-35* accounted for a significant amount of all promotions. Gender analysis shows that *women* are slightly more likely to secure promotion at bands 3,6 to 8A-9 than *men.* The percentage of *disabled staff* who secured promotions was in line with the declared rate of disabled staff. Promotion of staff identifying as *LGB* is in alignment with the % of existing staff in this group. *Religious beliefs for promotion tend to be in line with the staff data.*

5.5 WRES and WDES training profile

In the previous WEAR publications since 2015, the Trust introduced a training profile that was specifically focused on access to training and personal development programmes by ethnicity status. This was introduced in order to provide assurance that CoCH is working to the NHS Workforce Race Equality Standard (WRES), launched in 2015.

In 2019, the Trust introduced a training profile that was specifically focused on access to training and personal development programmes by disability status. This was introduced in order to provide assurance that CoCH is working to the NHS Workforce Disability Equality Standard (WDES).

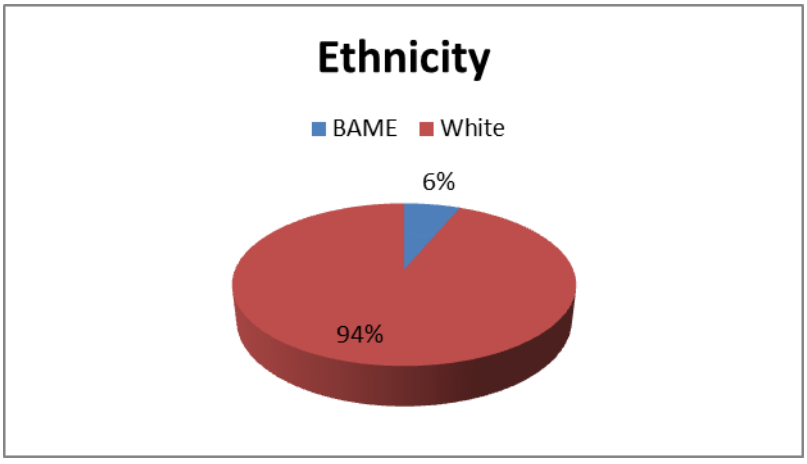
The WEAR 2020 provides a basis to compare access to non-mandatory training by ethnicity and disability, in what is year five of the NHS England WRES and year two for WDES. For the purpose of this Report and Training analysis is meeting with the guidelines outlined by the NHS England WRES and WDES implementation team. There are no inclusion of any records of non-mandatory training whether CPD or leadership for any Medical Staff.

Due to covid in 2020, the majority on non-mandatory training was moved online.

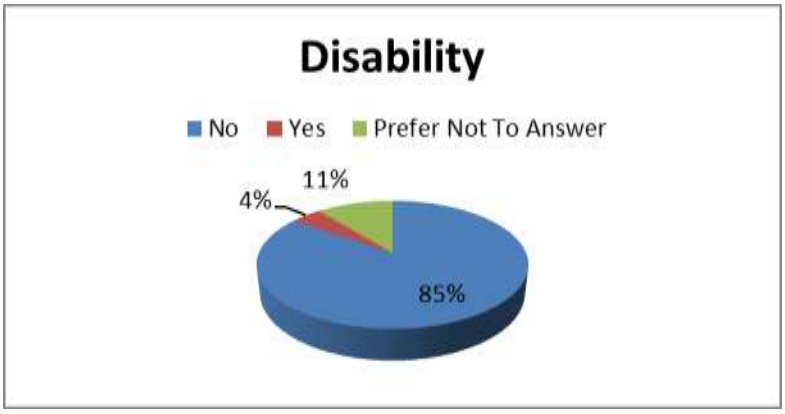
Ethnicity and WRES

In certain ethnicity disaggregation studies and under the guidelines for recording BAME identified by the NHS Workforce Race Equality Standard (WRES) implementation team for the annual WRES report, Minority Ethnic groups who are not *Mixed race, Black, Asian* or *Chinese* are discounted from the BAME statistics for the purpose of varied study and analysis. These disaggregated ethnic groupings are referred to as *Visible BAME* groups. However, this is not the case under Equality Act (2010) and therefore legally directed definition of *Black and Minority Ethnic* (BAME), which is outlined comprehensively on page 7 of this report, still applies to all other sections except the WRES.

With regard to accessing non-mandatory training, BAME staff representation overall in years 2016 - 2019 is less than would be anticipated. There is a 2% increase in BAME staff access to non-mandatory training in 2020, from 4% to 6% of all participants which is significant. This is lower than the established workforce total of 8%, although the training data above does not include data relating to Medical staff, where the proportion of BAME employees is much higher than the overall BAME workforce establishment.



Disability and WDES



With regard to accessing non-mandatory training, disabled staff representation overall in 2020 is in line with what would be anticipated, with uptake at 4%, this is the same as the established workforce and has increased from 2% in 2019.

5.6 NHS Staff Survey and WRES/WDES Profile

Certain questions and answers from the NHS Staff Survey can provide a degree of insight into how protected groups perceive the organisation that they work for and may also demonstrate criteria with regard to how far equality and human rights are included and integrated within any given NHS organisation. In an expansion on survey analysis prior to 2015, this WEAR compares the results of White British Staff and Black and Minority Ethnic Staff (BAME), to meet the **Workforce Race Equality Standard** (WRES) and the **Workforce Disability Equality Standard** (WDES). The following questions and answers are presented to help illustrate a picture of equality related indicators within the survey.

Due to differences in timescales in releasing data, the survey below refers to results from 2020 staff survey results released January - March 2021. The next results are released in 2022.

Discrimination

14. Does your organisation act fairly with regard to career progression/promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?	2019		2020		Comparator	
	n	%	n	%	n	%
* Yes	618	84%	868	82%	92,731	83%
* No	118	16%	192	18%	19,201	17%
Don't know	396	35%	652	38%	55,535	33%
Missing	23		4		1,069	
Positive Score	84%		82%		83%	
Negative Score	16%		18%		17%	
Base	736		1,060		111,932	

In the last 12 months have you personally experienced discrimination at work from any of the following?						
15a. Patients/service users, their relatives or other members of the public.	2019		2020		Comparator	
	n	%	n	%	n	%
Yes	49	4%	88	5%	12,220	7%
No	1,081	96%	1,614	95%	154,423	93%
Missing	25		14		1,893	
Positive Score	96%		95%		93%	
Negative Score	4%		5%		7%	
Base	1,130		1,702		166,643	

15b. Manager/team leader or other colleagues.	2019		2020		Comparator	
	n	%	n	%	n	%
Yes	65	6%	106	6%	14,442	9%
No	1,049	94%	1,590	94%	151,295	91%
Missing	41		20		2,799	
Positive Score	94%		94%		91%	
Negative Score	6%		6%		9%	
Base	1,114		1,696		165,737	

The figures above show that survey respondents report fair practice and experience low levels of discrimination in the workplace. CoCH scored above average on Q15a, and Q15b compared to other trusts and was slightly worse than average in Q14 by 1%. This gives an overall picture compared to other trusts and captures staff perception of CoCH as a fair and competitive employer.

Reasons for Discrimination

The percentage rating for allegations of discrimination based on ethnic backgrounds received from respondents was 27%, which is much less the National NHS Acute Trust average of 50%. Gender however also received the same score of 27%, compared with a national average of 19%. The most common occurrences of discrimination are reported here as having been ‘other reasons’ at 29%. Age followed gender, ethnicity and ‘other’ at 22%. There is no data to determine ‘other reasons’ for discrimination, however these may include areas such as being carers, social background, having/not having children, or criminal convictions.

15c. On what grounds have you experienced discrimination?	2019		2020		Comparator	
	n	%	n	%	n	%
Ethnic background	24	24%	47	27%	11,099	50%
Missing	77		127		11,262	
Gender	20	20%	47	27%	4,324	19%
Missing	81		127		18,037	
Religion	1	1%	3	2%	990	4%
Missing	100		171		21,371	
Sexual orientation	5	5%	4	2%	788	4%
Missing	96		170		21,573	
Disability	8	8%	16	9%	1,616	7%
Missing	93		158		20,745	
Age	18	18%	39	22%	4,039	18%
Missing	83		135		18,322	
Other	38	38%	51	29%	5,336	24%
Missing	63		123		17,025	

Bullying and Harassment

In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...?						
13a. Patients/service users, their relatives or other members of the public.	2019		2020		Comparator	
	n	%	n	%	n	%
Never	841	74%	1,248	73%	122,338	73%
1-2	170	15%	262	15%	27,910	17%
3-5	58	5%	99	6%	9,479	6%
6-10	15	1%	35	2%	2,924	2%
More than 10	48	4%	58	3%	4,071	2%
Missing	23		14		1,814	
Positive Score	74%		73%		73%	
Negative Score	26%		27%		27%	
Base	1,132		1,702		166,722	

13b. Managers.	2019		2020		Comparator	
	n	%	n	%	n	%
Never	978	88%	1,489	88%	144,501	87%
1-2	81	7%	124	7%	14,090	8%
3-5	36	3%	44	3%	4,282	3%
6-10	13	1%	21	1%	1,295	1%
More than 10	8	1%	13	1%	1,676	1%
Missing	39		25		2,692	
Positive Score	88%		88%		87%	
Negative Score	12%		12%		13%	
Base	1,116		1,691		165,844	

13c. Other colleagues.	2019		2020		Comparator	
	n	%	n	%	n	%
Never	897	81%	1,393	83%	132,119	80%
1-2	142	13%	195	12%	22,895	14%
3-5	45	4%	56	3%	6,093	4%
6-10	12	1%	17	1%	1,757	1%
More than 10	16	1%	18	1%	2,037	1%
Missing	43		37		3,635	
Positive Score	81%		83%		80%	
Negative Score	19%		17%		20%	
Base	1,112		1,670		164,901	

13d. The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?	2019		2020		Comparator	
	n	%	n	%	n	%
* *Yes, I reported it*	*175*	*39%*	*250*	*38%*	*25,853*	*39%*
* *Yes, a colleague reported it*	*25*	*6%*	*38*	*6%*	*3,567*	*5%*
* *Yes, both myself and a colleague reported it*	*3*	*1%*	*7*	*1%*	*914*	*1%*
* *No*	*247*	*55%*	*364*	*55%*	*35,126*	*54%*
Don't know	20	2%	36	2%	3,749	2%
Not applicable	616	57%	940	57%	91,832	57%
Missing	69		81		7,495	
Positive Score	45%		45%		46%	
Negative Score	55%		55%		54%	
Base	450		659		65,860	

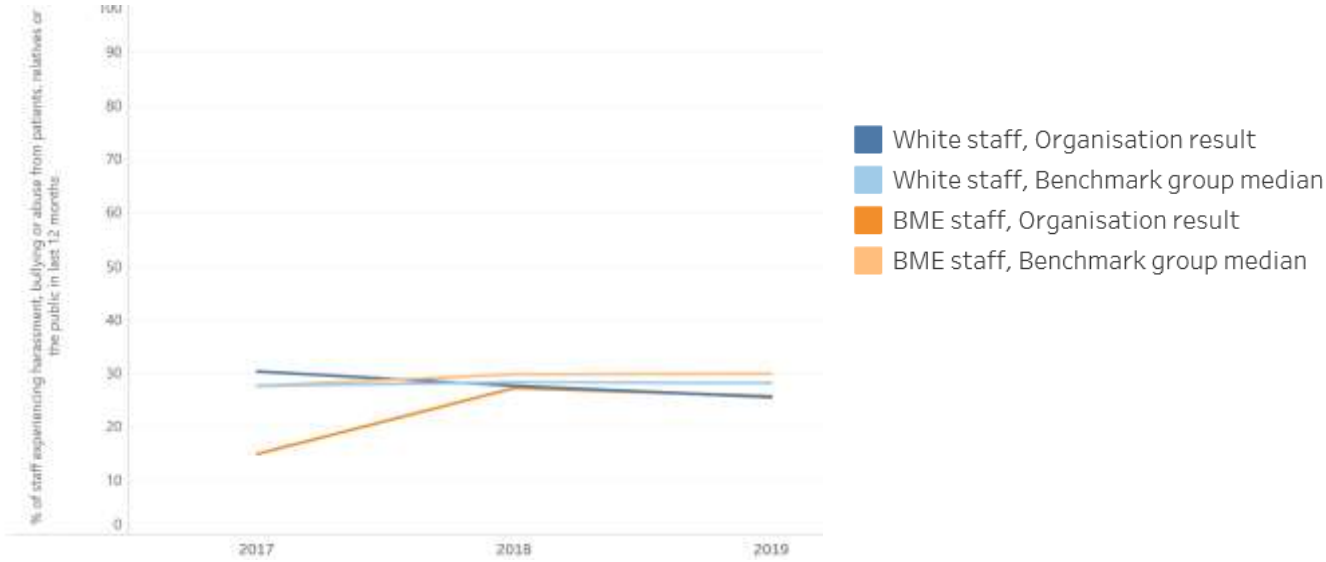
CoCH considered staff responses to bullying and harassment as an overall indicator of staff behaviours and attitudes. Whilst it is not known if bullying reported by respondents had a discriminative nature, the trust scored slightly above average in most areas regarding bullying and harassment, with a -1% difference in reporting incidences.

WRES Key Findings summary

The survey results below prove deeper insight for analysis in the difference between the staff experience of white and BAME staff.

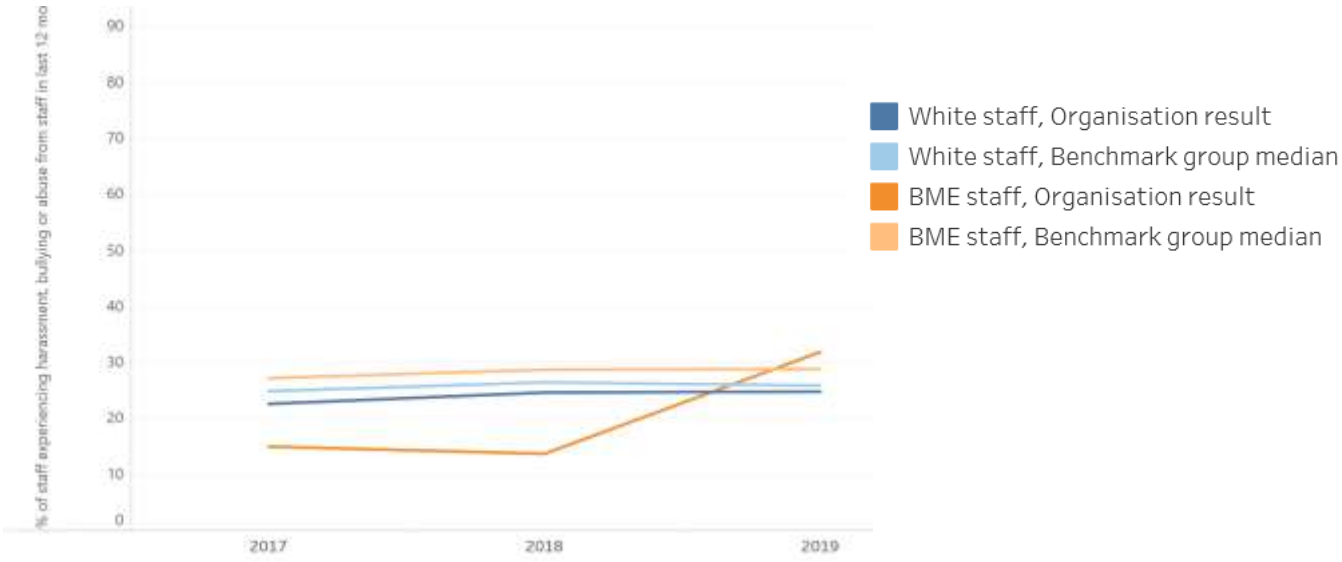
Please note, that these statistics emerge from WRES 2020, and are therefore different and separate data time periods to the statistical analysis in the survey above. This data is undertaken from 2019 staff survey and subject to data cleanse from the WRES standard explained below.

Indicator 5 - % of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.



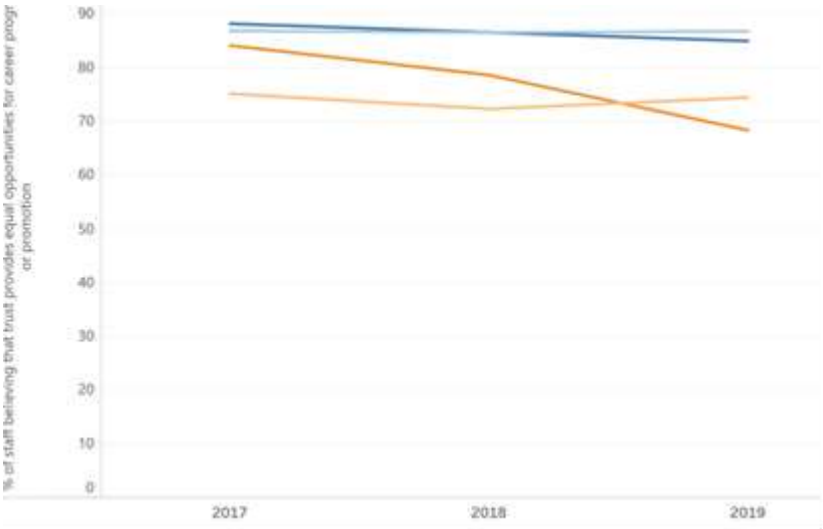
25.8% of BAME respondants experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months, down 1.5% from the previous year. The figure had also decreased for White respondents from 27.7% to 25.6%; putting the comparison for BAME in line with White respondents response, which therefore does not indicate any that BAME staff are any more likely to be subject to bullying and abuse from patients than their white colleagues. In both groups, the trust scored lower than the national average that was 29.9% for BAME respondents and 28.2% for white.

Indictaor 6 - % of staff experiencing harrassment, bullying or abuse from staff in the last 12 months



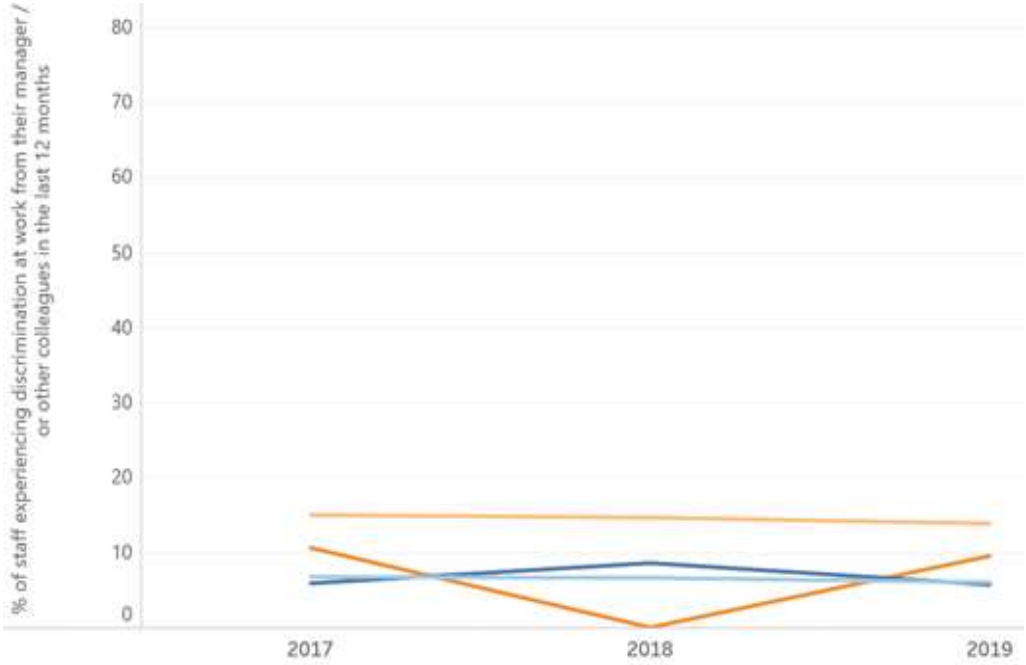
31.8% of BAME respondents experienced harrassment, bullying or abuse from staff in the last 12 months (a rise of from 13.65 of 18.2%) staff compared to 24.7% of white collegues indicating that BAME staff are more likely to experience abuse form collegues.

Indicator 7 - % of staff believing that trust provided equal opportunities for career progression and promotion



68.3% of BAME respondents believe that the trust provides equal opportunities for career progression and promotion compared to 84.9% of White colleagues, indicating that BAME staff are more likely to feel that there is not equal opportunity for promotion.

Indicator 8 -% of staff experiencing discrimination at work from Manager/Team



9.5 % of BAME respondents reported experiencing discrimination at work from Manager/Team Leader/Other colleagues compared to 5.7% of white colleges, indicating increased likelihood of discrimination due to ethnicity from direct managers among respondents.

WDES Key Findings summary

The survey results below prove deeper insight for analysis in the difference between the staff experience of disabled and non-disabled staff.

Please note, WRES, WDES data is cleansed to show an analysys of the survey questions and returned at a later date. For this reason, the data refers to different and separate data time periods to the statistical analysis in the survey above. This data is undertaken from 2019 staff survey.

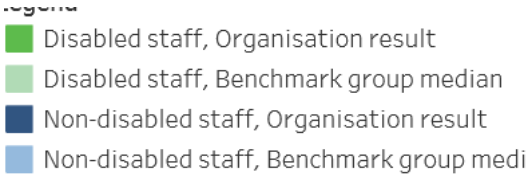
Indicator 4a – Bullying, harassment and abuse

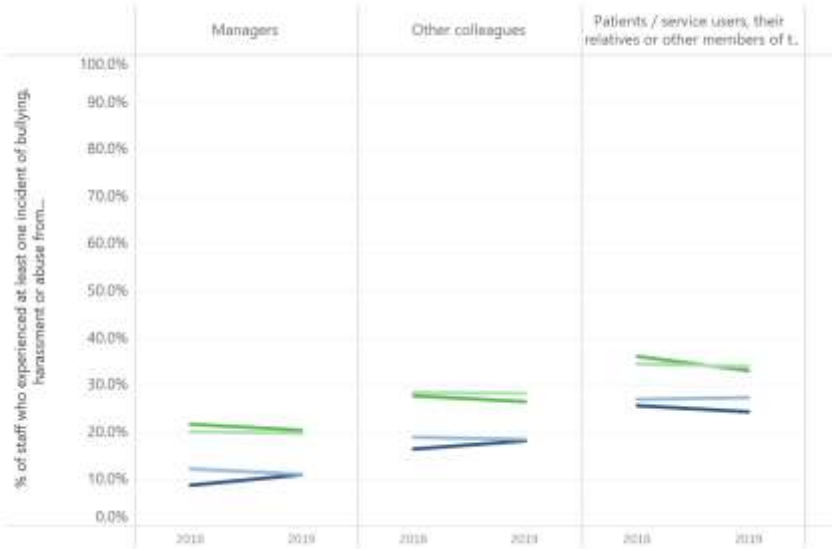
% Disabled staff experienced abuse from:

- Patients = 33%
- Managers = 20.3%
- Other colleagues = 26.4%

% Non - Disabled staff experienced abuse from:

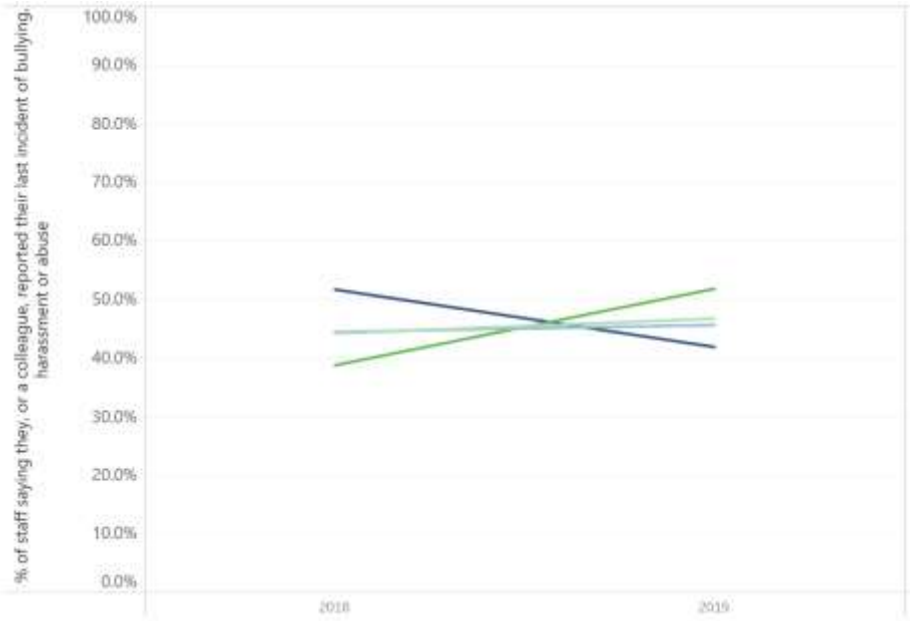
- Patients = 27.3%
- Managers = 10%
- Other colleagues = 18.1%





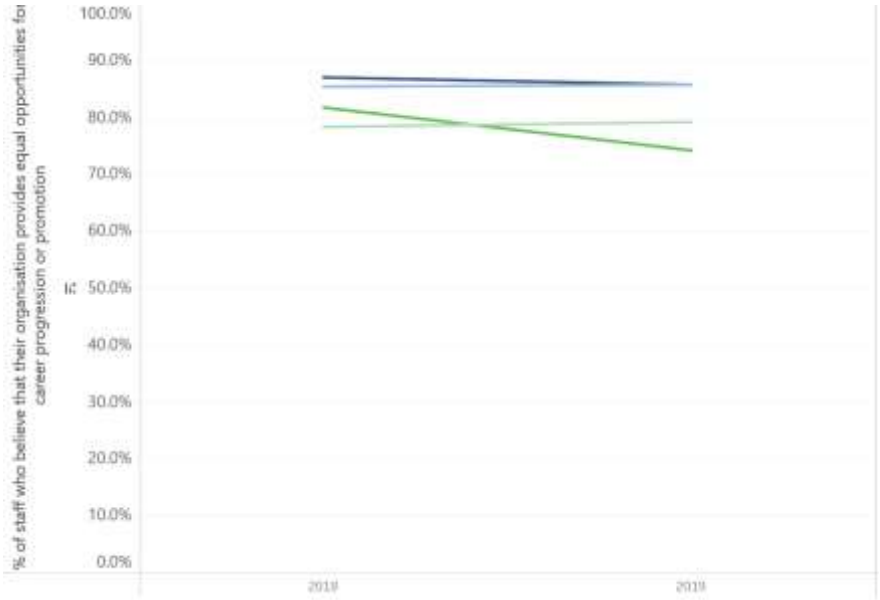
In all catorgies more disabled staff had experienced bullying, harrassment and abuse compared with their non-disabled collegues.

Indicator 4b - Reporting of bullying, harrassment or abuse



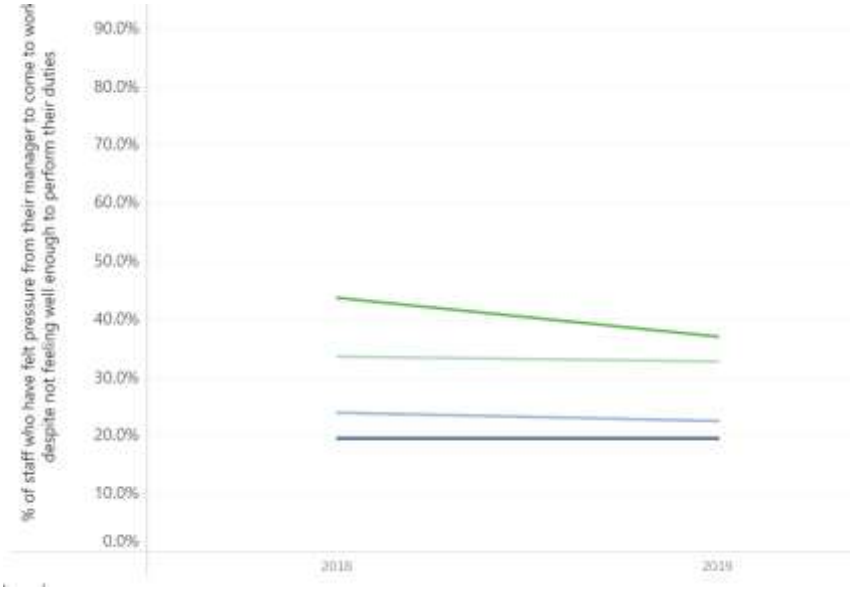
51.8% of disabled respondants said they had reported this abuse (a rise from 38.7% the previous year) and significantly more than their non-disabled collegues at 41.8%, indicating that disabled people are more willing to report abuse.

Indicator 5 - Equal Opportunities for Career Progression and promotion



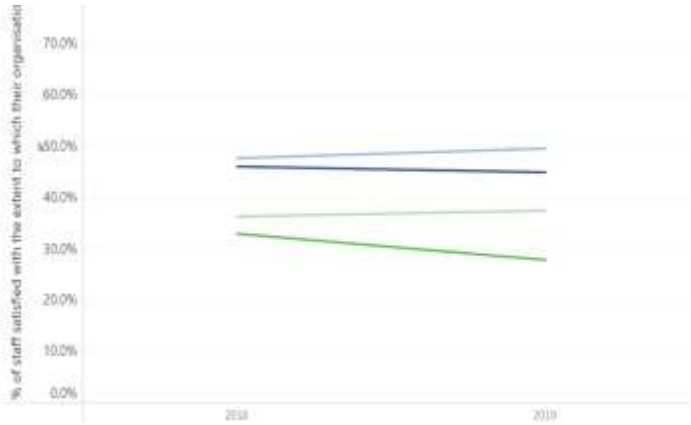
74.1% of disabled staff believes that there are equal opportunities for progression compared with 86.5% of non-disabled colleagues. This difference indicates that disabled staff perceive a need to be given more opportunity to progress and develop within the organisation.

Indictor 6 – Experiencing pressure from your manager to attend Work when unwell



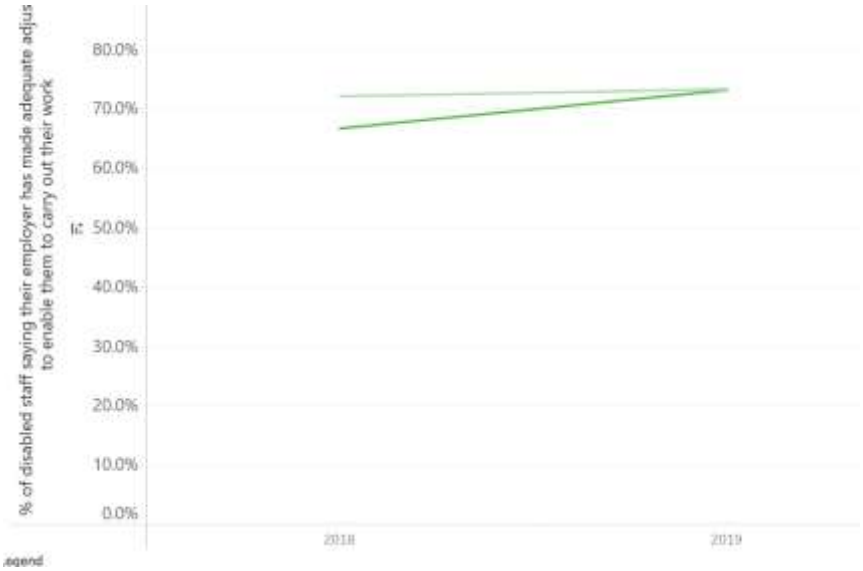
37.0% of disabled people have felt under pressure from their manager to attend work when unwell compared with 19.5% of non-disabled colleagues.

Indicator 7 - Staff Satisfaction with the extent that the organisation values their work.



27.8% of disabled staff were satisfied with the extent that the organisation values their work compared to 45.5% of non-disabled staff indicating that disabled staff feel less valued by the organisation.

Indicator 8 - Reasonable adjustments made to enable people with disabilities to carry out their work.



73.3 % of disabled people reported that adequate adjustments had been made to enable them to carry out their work. This figure takes only into account the adjustments made. It is not known from this data if/how many of the respondents had declared themselves disabled or requested adjustments in the workplace.

Indicator 9 - Staff Engagement Score

Disabled staff = 6.4
Non-disabled staff = 7.0

The scores above indicate that staff with disabilities feel less engaged than staff without.

5.6 Formal procedures profile

Grievances

Gender	%
Female	71%
Male	29%
Grand Total	100%

Religious Belief	%
Atheism	5%
Christianity	33%
Hinduism	5%
I do not wish to disclose my religion/belief	43%
Islam	5%
Other	10%
Grand Total	100%

Sexual Orientation	%
Heterosexual or Straight	71%
Not stated (person asked but declined to provide a response)	29%
Grand Total	100%

Disability	%
No	67%
Not Declared	33%
Grand Total	100%

Ethnic Origin	%
A White - British	71%
CA White English	10%
CY White Other European	5%
H Asian or Asian British - Indian	5%
L Asian or Asian British - Any other Asian background	5%
S Any Other Ethnic Group	5%
Grand Total	100%

Age Band	%
<=20 Years	5%
26-30	5%
31-35	5%
41-45	19%
46-50	29%
51-55	10%
56-60	24%
61-65	5%
Grand Total	100%

The protected characteristic of any person who brings forward a grievance does not indicates that the reason for raising a grievance is based upon a transgression towards their protected group status e.g. disability or ethnicity.

Men represented 29% of grievances, higher than anticipated given the overall male workforce of 20%.

Number of staff with a disability who raised a grievance was 0% which is less than the overall workforce 4%.

The highest age band was 51-60 was 34% which is higher than the overall age % for the workforce.

With regard to ethnicity, *White British and White English amounted to 81%.*

The BAME grievances of just under 20% are higher than the established BAME workforce population of 8%.

It is important to note the overall low numbers of grievances at 21 therefore any minimal change can have a significant effect on the overall percentage %.

Bullying & Harassment

The protected characteristic break down in this area is statistically insignificant, given the relatively few instances of performance management in the year 2020.

Cases brought forward under *grievances* or allegations of *bullying and harassment* are based purely on the number that are raised under the relevant policies and therefore do not take into account outcomes as to whether these are upheld, withdrawn or found to have no case to answer.

Disciplinary

Gender	%
Female	66%
Male	34%
Grand Total	100%

Reglious Belief	%
Atheism	11%
Christianity	51%
Hinduism	2%
I do not wish to disclose my religion/belief	19%
Islam	2%
Other	15%
Grand Total	100%

Sexual Orientation	%
Heterosexual or Straight	85%
Not stated (person asked but declined to provide a response)	15%
Grand Total	100%

Disability	%
No	87%
Not Declared	9%
Yes	4%
Grand Total	100%

Ethnic Origin	%
A White - British	87%
C White - Any other White background	2%
CA White English	2%
J Asian or Asian British - Pakistani	2%
L Asian or Asian British - Any other Asian background	2%
M Black or Black British - Caribbean	4%
Grand Total	100%

Age Band	%
21-25	6%
26-30	11%
31-35	23%
36-40	11%
41-45	13%
46-50	15%
51-55	9%
56-60	11%
61-65	2%
Grand Total	100%

Disciplinary – 47 disciplinary cases were invoked in 2020 and were investigated.
In all instances, staff counselling was offered.

85% of cases came against *heterosexual* staff, with no staff identifying as *LGB*.

With regard to religion or belief, the percentages are mostly similar to those found in the workforce profile.

Age groups 26-30 were the highest percentages in disciplinary cases.

The percentage of disabled employees was in line with the workforce population at 4%.

White British employees accounted for 89% of disciplinary procedures, with *BAME* staff accounting for 11% - slightly above the total BAME percentage in the established workforce total.

No findings indicate overtly disproportionate representation of staff from protected groups coming under formal disciplinary proceedings.

Performance Management

The protected characteristic break down in this area is statistically insignificant, given the relatively few instances of performance management in the year 2020.

6. Recommendations

1. Ensure key findings of the Workforce Equality Analysis Report 2020 are referenced within the relevant sections of the evidence being provided for NHS Equality Delivery System 2 grading by stakeholders.

2. Ensure that there is staff representation from across the range of protected characteristics in the NHS Equality Delivery System 2 (EDS2) grading phase and in the annual review of the Equality Strategy and any new strategy in 2021

3. Promote the new Carers Strategy to help identify whether Staff who are Carers within the workforce are able to access measures to support work and caring responsibilities.

4. Continue to support and increase engagement with staff through staff networks created and expended during 2021.

5. Continue to grow and expand initiatives undertaken in 2020 to develop BAME, Carer and Disability Staff forum options, in particular regarding the WRES, WDES and GPG in order to engage with diverse employees and ascertain their perspectives on policies, support, professional development and career prospects within the Trust.

6. Ensure any scheduled ESR personal details updates sent to staff include a rationale on the benefits and detriments of equality data capture.

7. Further promote the benefits of Equality Monitoring

8. Continue to ensure all ***reasonable adjustments*** required by disabled staff fall in line with the Equality Act 2010 directives.

9. Ensure that all staff and managers have access on how to support staff with reasonable adjustments via training and online resources.

10. Continue to recruit and train staff Equality and Diversity Champions, Staff Network Leads, LGBT+ Staff links and Rainbow Badge Wearers and facilitate active involvement within the equality governance framework.

11. Continue with measures employed to involve staff from across protected characteristics in Staff Survey questionnaires, the EDS2 and research, in order to work towards greater inclusivity and engagement.

11. Facilitate events such as IDAHO, Pride, International Day for Disabled People, LGBT month, Black History month, Gypsy and ROMA month, International Women's Day, World Religions Day, Men's Health and national Carers week, in order to raise awareness and promote positive relations for people who share a protected characteristic and those who do not.

12. Continue to facilitate engagement between BAME staff Network Lead and the Executive Team

Meeting	**9th March 2021**		**Board of Directors**					
Report	**Agenda item 12 (b)**		**Equality Delivery System 2 (EDS2) 2021**					
Purpose of the Report	Decision	x	Ratification		Assurance	x	Information	x
Accountable Executive	Alyson Hall				Director of Human Resources & Organisation Development			
Author(s)	Sophie Hunter				Equality and Diversity Manager			
Board Assurance Framework	P3	Staff Engagement						
Strategic Aims	This report is intended to provide the results of the March 2021 EDS2 assessments. The document seeks to inform and provide insight of matters raised during the assessment that are to be addressed during the course of 2021/22.							
CQC Domains	Well Led, Safe, Caring, Responsive, Effective							
Previous Considerations	-							
Summary	EDS2 is a system that helps NHS organisations improve the services they provide for their local communities and provide better working environments, free of discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act 2010. This is done via stakeholder assessment against set statements resulting in holistic discussion and evaluation. The main purpose of the EDS2 was, and remains, to help local NHS organisations, in discussion with local partners including local populations, review and improve their performance for people with characteristics protected by the Equality Act 2010.							
Recommendation(s)	The Board is asked to**:-** • Note the contents of the report. • Approve the content for Publication on the Trust's Website as required by Public Sector Equality Duty and Standard Contract obligations 2020/21. • Note the deadline for publication on the Trust website is no later than 31st March 2021.							

Corporate Impact Assessment	
Statutory Requirements	Meets the Trust compliance with Equality Act 2010 and Public Sector Equality Duty
Quality & Safety	By using the EDS2, NHS organisations can also be helped to deliver on the Public Sector Equality Duty, Care Act 2014, EA 2010, Health and Social Care Act 2012, Mental Capacity 2005 and ensure a positive patient experience for people from all 9 protected characteristics
NHS Constitution	The NHS belongs to us all
Patient Involvement	Patient representatives formed part of the assessment panels.
Risk	
Financial impact	Reduce legal and financial risk.
Equality & Diversity	Meets Equality Act 2010 duties & PSED 2 obligations. This document highlights areas and good practice and areas of concern regarding equality and diversity.
Communication	Publication on the Trust Website no later than 31st March 2021.

1. Introduction

The purpose of this paper is to provide documentation of the EDS2 results required by the Trusts PSED for publication by 31st March 2021. This document demonstrates the Trust's adherence to the requirements of the Equality Act 2010 and NHS England standards.

The Trust has maintained a high standard in its eighth annual equality performance under the NHS Equality Delivery System 2. Its commitment to engagement and inclusion activities with its diverse communities and workforce, has contributed significantly to high ratings being attained from the EDS2 assessors who come from the full range of the protected characteristics and in being awarded Disability Confident level Two status, number 20 in Top50 most Inclusive Employers in 2019 and attaining the Accessible Information Standard for Health and Social Care in 2016.

2. Background

The Equality Delivery System (EDS) was commissioned by the national Equality and Diversity Council in 2010 and launched in July 2011. It is a system that helps NHS organisations improve the services they provide for their local communities and provide better working environments, free of discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act 2010. The EDS was developed by the NHS, for the NHS, taking inspiration from existing work and good practice.

The main purpose of the EDS2 was, and remains, to help local NHS organisations, in discussion with local partners including local populations, review and improve their performance for people with characteristics protected by the Equality Act 2010. By using the EDS2, NHS organisations can also be helped to deliver on the Public Sector Equality Duty.

3. Content

This document consists of results of its annual equality EDS2 performance assessment (Appendix 1), listed feedback recommendations (Appendix 2) action plan (Appendix 3).

4. Recommendation

The Board is asked to**:-**

- Note the contents of the report.
- Approve the content for Publication on the Trust's Website as required by Public Sector Equality Duty and Standard Contract obligations 2020/21.
- Note the deadline for publication on the Trust website is no later than 31st March 2021.

Appendix 1

Equality Delivery System 2 assessment 2020-2021

Summary:

In many of the 18 EDS2 individual outcomes, stakeholder assessors have noted improvements and a solid commitment to work in collaboration with 3rd sector agencies. Inclusion and engagement activity in contributing to their assessment has been acknowledged. Achieving status across three EDS2 domains has been retained for a ninth successive year.

The Trust has chosen 4 of its areas for assessment in 2021.

The following areas were assessed:

1.4 2.2 3.5 4.2 (See the table below)

All scores have been retained from 2020.

The EDS2 grading will be submitted to Health Watch Cheshire on 31st March 2021.

Assessment Process:

The following stakeholders representing the full corpus of the nine protected characteristics have undertaken the role of EDS2 assessors for 2020-2021 on the following dates:

EDS2 phase:	Assessors:	
21/01/2021	Equality and Diversity Champion Staff Governors/Governors and Volunteers	3.5, 4.2
27/01/2021	Irish Community Care	1.4
03/03/2021	Equality Disability Age Safeguarding (EDAS) Group with participation including Deafness Support Network, RNIB,	2.2
05/03/2021	Gender and Sexuality (G&S) Group TransForum, Unique TG, Encompass LGBT.	2.2

Grades submission date to Health Watch – 31st March 2021

Equality Delivery System 2 Goal	Final goal grade:	Submitted:
1. - 'Better health outcomes for all'	**Achieving**	27/01/2021
Individual Outcome grades for Goal 1:		Grade
EDS2 Outcome 1.1 "Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities"		**Achieving**
EDS2 Outcome 1.2 "Individual patients" health needs are assessed, and resulting services provided, in appropriate and effective ways"		**Achieving**

EDS2 Outcome 1.3 "Changes across services for individual patients are discussed with them, and transitions are made smoothly"	**Achieving**
EDS2 Outcome 1.4 "The safety of patients is prioritised and assured. In particular, patients are free from abuse, harassment, bullying, violence from other patients and staff, with redress being open and fair to all"	**Achieving**
EDS2 Outcome 1.5 "Public health, vaccination and screening programmes reach and benefit all local communities and groups"	**Achieving**

Equality Delivery System 2 Goal	Final goal grade:	Submitted:
2. 'Improved patient access and experience'	**Achieving**	05/03/2021
Individual Outcome grades for Goal 2:		Grade
EDS2 Outcome 2.1 "Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds"		**Achieving**
EDS2 Outcome 2.2 "Patients are informed and supported to be as involved as they wish to be in their diagnosis and decisions about their care, and to exercise choice about treatments and places of treatment"		**Achieving**
EDS2 Outcome 2.3 "Patients and carers report positive experiences of their treatment and care outcomes and of being listened to and respected and of how their privacy and dignity is prioritised"		**Achieving**
EDS2 Outcome 2.4 "Patients" and carers" complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently"		**Achieving**

Equality Delivery System 2 Goal	Final goal grade:	Submitted:
3. 'Empowered, engaged and well-supported staff'	**Achieving**	21/01/2021

Individual Outcome grades for Goal 3:	Grade
EDS2 Outcome 3.1 "Recruitment and selection processes are fair, inclusive and transparent so that the workforce becomes as diverse as it can be within all occupations and grades"	**Achieving**
EDS2 Outcome 3.2 "Levels of pay and related terms and conditions are fairly determined for all posts, with staff doing equal work and work rated as of equal value being entitled to equal pay"	**Achieving**
EDS2 Outcome 3.3 "Through support, training, personal development and performance appraisal, staff are confident and competent to do their work, so that services are commissioned or provided appropriately"	**Achieving**
EDS2 Outcome 3.4 "Staff are free from abuse, harassment, bullying, violence from both patients and their relatives and colleagues, with redress being open and fair to all"	**Achieving**
EDS2 Outcome 3.5 "Flexible working options are made available to all staff, consistent with the needs of the service, and the way people lead their lives"	**Achieving**
EDS2 Outcome 3.6 "Staff report positive experiences of their membership of the workforce"	**Achieving**

Equality Delivery System 2 Goal	Final goal grade:	Submitted:
4.'Inclusive leadership at all levels'	**Excelling**	21/01/2021
Individual Outcome grades for Goal 4:		Grade
EDS2 Outcome 4.1 "Boards and senior leaders conduct and plan their business so that equality is advanced, and good relations fostered, within their organisations and beyond"		**Excelling**
EDS2 Outcome 4.2 "Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed		**Excelling**
EDS2 Outcome 4.3 "Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination"		**Excelling**

Appendix 2

Feedback and recommendations from:

1.4

"The safety of patients is prioritised and assured. In particular, patients are free from abuse, harassment, bullying, violence from other patients and staff, with redress being open and fair to all"

Score: Achieving.

The Group scored this area a high achieving. The assessors advised that this high score was due to the range of safeguarding checks and mechanisms, and the extent of engagement of safeguarding with different equality groups and stakeholders.

Assessors also advised that new structures of Safeguarding teams, and revamp of polices were robust and reassuring and that good partnership working existed between the Trust and Stakeholder groups.

However, there was some feedback regarding staff attitude to Gypsies and Travellers, where members from that community had felt that staff had been less helpful than with other groups.

Assessors also fed back that although the changes made as a result of mystery shops relating to disability were positive and helpful, that there was scope to introduce cultural mystery shops with groups including Refugees or Irish Travellers.

The following recommendations were made:

- Introduce a 'Cultural mystery shop'
- Include and promote the experience of gypsies as part of Holocaust Memorial Day
- Raise the profile or Irish people using the following mechanisms:
    - St Patricks Day
    - Gypsy and Roma History Month

2.2

"Patients are informed and supported to be as involved as they wish to be in their diagnosis and decisions about their care and to exercise choice about treatments and places of treatment"

Score: Achieving.

The EDAS Group scored this area as achieving. The assessors agreed that there were suitable mechanisms in place to support patients to be decision makers and to be able to make autonomous choices.

Assessors did not mark this as excelling, as they advised that there were many instances where the processes weren't followed by staff, particular with regards to patients accessing interpreters, or information being sent to people with sensory needs with regards to the Accessible Information Standard (AIS). The group also pointed out that this in main was down to staff lack of knowledge regarding the policies.

It was also raised that communication and policy regarding autism links autism either to a learning disability, or does not make it clear that this as a separate condition and that many autistic people are learning able.

They recommended the following:

- All new starters to complete e-learning on the following as part of their mandatory training:
  - Disability Awareness
  - Deaf/Blind Awareness
  - Transgender Awareness

- For all complaints send to PALS regarding disability elements or AIS, to be anonymised and sent to EDAS as part of the response process
- Profile needs to be raised of autism and its difference from a learning disability

The Gender and Sexuality Group scored this area as high achieving. The assessors agreed that there were suitable mechanisms in place to support patients to be decision makers and to be able to make autonomous choices.

However, the group highlighted that many LGB people often have fears and concerns regarding their next of kin being recognised and included in decision making. They advise that many LGB people were concerned that NHS staff might side-line their partner in same sex relationships and give more focus and attention to the demands of other family members, particularly at end of life care. The group stressed that this was a fear rather than a definite reality for many people, however initiatives could be undertaken to reassure LGB patients and their partners that their choice of next of kin will be respected. The group also highlighted the need to ensure that documents regarding next of kin and end of life care were inclusive and representative in languages and imagery.

They recommended the following:

- Visual promotion that provided a Trust wide commitment to LGB patients and visitors regarding recognition of partners in same sex relationships.
- This promotion to be included on the NHS Countess internet, along with rainbow badge promotion
- The undertaking of a LGB mystery shop.

3.5

"Flexible working options are made available to all staff, consistent with the needs of the service, and the way people lead their lives"

Score: Achieving

The Group scored this area a high achieving. The assessors agreed that there were robust mechanisms in place to support all flexible working applications, and that that the Trust had made strong efforts to engage with groups from all protected 9 characteristics who might be more likely to need access to flexible working , such as via the Carers Toolkit, staff networks, staff equality workshops and occupational health.

However, assessors were reluctant to mark this as excelling, as they advised that the covid pandemic had meant that whilst staff were supported to shield or people were supported whilst sick, that those at home long term could not access the internet unless they were set up to work from home. This meant that those who could not work from home but were on sickness leave, shielding, or on maternity leave could not access staff HR policies relating to their situation, information from the Occupational Health and Wellbeing pages, nor see promotions offered to employees. It was also highlighted that this also prevented them from viewing and booking the covid vaccine, and that they were therefore reliant on their managers for this.

They therefore recommended the following:

- For the Trust to look at ways for staff shielding, or otherwise away from work to be able to access the staff intranet

4.2

"Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed.

Score: Excelling

Assessors were pleased with the extent and level of reporting that went to Board and other senior groups. They are confident in the governance in place.

Countess of Chester Hospital NHS Foundation Trust

Appendix 3

EDS2 Action plan 2021

	Action, expected outcomes and progress	Timescale	Status
1.4	**Aim: To improve 1.4** "The safety of patients is prioritised and assured. In particular, patients are free from abuse, harassment, bullying, violence from other patients and staff, with redress being open and fair to all"		
	Action: • Introduce a 'Cultural mystery shop' • Include and promote the experience of gypsies as part of Holocaust Memorial Day • Raise the profile or Irish people using the following mechanisms: o St Patricks Day o Gypsy and Roma History Month		
	Progress:		
2.2	**Aim: To improve 2.2** **"Patients are informed and supported to be as involved as they wish to be in their diagnosis and decisions about their care, and to exercise choice about treatments and places of treatment"**		
	Action: • **All new starters to complete e-learning on the following as part of their mandatory training:** **o Disability Awareness** **o Deaf/Blind Awareness** **o Transgender Awareness** • **For all complaints sent to PALS regarding disability elements or AIS, to be anonymised and sent to EDAS as part of the response process** • **Profile needs to be raised of autism and its difference from a learning disability** • **Visual promotion that provided a Trust wide commitment to LGB patients and visitors regarding recognition of partners in same sex relationships and this promotion to be included on the NHS Countess internet, along with rainbow badge promotion** • **The undertaking of a LGB mystery shop.**		

	Progress: **Email sent to business services to enquire what related ESR packages are available** **Meeting to take place with EDTC** **Meeting to take place with PALS re disability related patient and carer complaints** **Document in creation to advise staff how to support staff and other patients with autism**		
3.5	**Aim: To improve 3.5** **"Flexible working options are made available to all staff, consistent with the needs of the service, and the way people lead their lives"**		
	Action: • **For the Trust to look at ways for staff shielding, or otherwise away from work to be able to access the staff intranet.**		
	Progress: **Contact to be made with Comms and IT to explore this.**		

NHS
Countess of Chester Hospital
NHS Foundation Trust

Meeting	**9th March 2021**		**Board of Directors**					
Report	**Agenda item 12(c)**		**Gender Pay Gap 2020/2021 – Follow up workshop Feedback and resulting action plan**					
Purpose of the Report	Decision	x	Ratification		Assurance	x	Information	x
Accountable Executive	Alyson Hall				Director of Human Resources and Organisation Development			
Author(s)	Sophie Hunter				Equality and Diversity Manager			
Board Assurance Framework	P1-P3	Recruitment, Retention, Staff Engagement						
Strategic Aims								
CQC Domains	Well Led, Effective							
Previous Considerations	The Gender Pay Gap data report was submitted to Finance & Performance on 17th November 2021. This report contains its resulting action plan.							
Summary	The purpose of this report is to provide the Gender Pay Gap 2021 action plan for publication in compliance with the Trust Public Sector Equality Duty (PSED) under Equality Act 2010, Equality Act 2010 (Gender Pay Gap Information) Regulations 2017, and NHS Quality Contract obligations. The purpose of this report is to demonstrate how the Trust is actively working to reduce workplace gender inequalities by promoting equality and working to eliminate discrimination. The Trust is required to submit the statistical data of Gender Pay Gap (GPG) within the report to the Department of Work and Pensions no later than 30th March 2021. The Trust must publish this information on its website no later than 31st March 2021, along with its consequential action plan.							
Recommendation(s)	The Board is asked to**:-** • Approve the content of the action plan. • Approve the content for Publication on the Trust's website.							
Corporate Impact Assessment								
Statutory Requirements	Meets Trusts' obligations under Public Sector Equality Duty and Equality Act 2010							
Quality & Safety	Forms part of quality contract							
NHS Constitution	The NHS provides a comprehensive service, available to all The NHS aspires to the highest standards of excellence and professionalism							

Patient Involvement	N/A
Risk	N/A
Financial impact	Reduces risk of cases involving discrimination
Equality & Diversity	Meets GPGR Obligations
Communication	Document to be published on website and intranet

Gender Pay Gap 2020/2021 – Follow up workshop Feedback and resulting action plan

1. Introduction

The purpose of this paper is to provide an action plan following the statistical report submitted to the Finance & Performance Committee held on 17th November 2020 on Gender Pay Gap (GPG) Report (GPGR).

2. Background

The regulations requiring big employers to publish data on their gender pay gaps came into effect on 6th April 2017, with the first reports being due in April 2018. The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017 apply to public, private and voluntary-sector organisations with 250 or more employees.

Its statistical report and data have been previously circulated to Finance & Performance Committee.

A resulting action plan is included in the NHS standard contract for 2021 and is part of the organisation's Public Sector Equality Duty.

3. Update on progress and actions undertaken to date

Following the submission of GPGR data, engagement was done within the Trust to help determine the content of the Trust action plan.

Historically, action plans have been devised at the Trusts' Equality and Human Rights Steering Group (no longer in existence), and supported by the Gender and Sexuality Group.

However, in light on the heightened interest and expansion of the Staff Networks, engagement and challenges brought about to working practices by as a result of Covid-19 in 2020, it was decided to invite all staff to give their thoughts on the results and to contribute to the resulting action plan. Sessions were devised online via Teams, telephone and face to face where necessary.

Staff were invited in the following ways:

- Via an email to all Equality Champions and staff networks
- Emails invite to staff groups such as all ward managers
- Via Friday Feedback
- Staff who could not attend on the day were offered an alternative day and 121 call or meeting

4. Content

This report contains feedback from the GPG Workshops and 1 to1 meetings. (***Appendix A***)
This report contains GPG Action plan for submission (***Appendix B***)

5. Conclusion

The Board is asked to receive and note this report. Further updates will be provided to the Trust's relevant Equality Diversity Groups, as required.

6. Recommendation

To note this report and approve the next steps listed below.

- The action plan is published prior to 31st March 2021 in line with GPG Obligations
- The final action plan is shared with GPG Workshop attendees, relevant staff networks and network leads, Equality Champions, Gender and Sexuality Group, and Staff Side Partnership.
- GPG action plan is monitored by the Trusts' Gender and Sexuality group and proposed women's network

Countess of Chester Hospital NHS Foundation Trust

Appendix A

GPGR Workshop feedback 2020

GPGR workshops took place both via Microsoft teams and face to face w/c 26th October to 5th November 2020. These were run by the trusts Equality and Diversity Manager and participants included a range of roles including nursing, medical, therapies and admin.

The session lasted 1 hour. The session commenced with a presentation and summary of GPGR data 2020.

Gender Equality in the NHS – Workshop

The key points raised from the GPGR 2020 workshop and staff engagement are as follows:

- Examples of how nurse career structure contributes to the GPG
- Home, flexi, part time and job share working is essential for many women to be able to progress into leadership roles
- Work is needed to overcome negative stereotypes and to debunk myths around home, flexi, part time and job share working within the trust.
- Home, flexi, part time and job share working introduced during Covid-19 described as a 'game charger' for helping women stay employed
- Barriers to CPD and skill development still widely exist for a variety of complex reasons, which in turn hinder career development for women

Feedback from the workshops and 1 to1 meeting was gathered and summarised as follows:

- Staff felt that the data reflected the reality of working at COCH
- Most staff were aware of the GPG due to national media
- Concern as to why the GPG can be so high in the NHS given the standardisation of A4C, flexible working, recruitment and promotion policies and processes
- Responsibility for caring role both for children and elderly parents etc. still falls predominantly to women , impacting their career options
- Staff raised that a large part of the workforce was nurses, who predominantly remain on a band 5 unless a few move up to ward manager
- Nowhere to go for promotion or development apart from ward manager route
- Lots of competition for ward manager roles
- Waiting for promotion on a ward is like waiting for 'dead men's shoes'
- If male nurses want higher roles they tend to get them in situations where they are interviewed against female candidates
- Men are seen as natural leaders whereas women need to work much harder to promote themselves
- More attention is given to the career development of male nurses from the point of qualifying to entering management
- More coaching, mentoring and general support is given from higher up the hierarchy to the promotion of male nurses – cultural perception that you move up faster 'because you're male'

- More senior roles where women are better represented tent to still be bias ‘female’ roles e.g. such as paediatrics compared to surgical
- Not much promotion of existing trust senior leaders who are female
- Trust can still feel like an ‘all boys network’ in certain areas
- Belief that women considered ‘too emotional’ for some areas – this stops development of skills and knowledge
- Caring responsibilities hinder attempts at full time work where higher roles exist
- Lack of flexibility in working hours for some roles prevent women applying
- Negative staff attitudes towards people working from home, flexi working or part time – staff receive comments that indicate that people working in this way do less and are less production – the opposite however, is often true
- Some part time workers (predominantly female) regularly feel guilty for leaving on time and are subject to negative comments such as ‘afternoon off?’ or ‘early dart’? etc.
- Negative staff attitudes and perceptions of people who work from home, flexibly or part time hinders them being taken seriously for promotion
- Encouragement from Susan Gilby in Friday Feedback regarding home working and working flexibly at home in a way that suits the employee and their family was well received and appreciated, staff felt supported in this at CEO level, however this was often not echoed by senior managers who were less encouraging and put barriers forward
- Negativity from managers regarding the potential for job shares in order to give better career opportunities to part time staff
- Need to see more senior management’s transparent support for home working and flexi/part time working, not just from CEO
- More promotion of the concept of ‘job share’ needed
- Full time workers seen as working harder
- Staff report feeling more productive being able to work from home
- Work needs to be done to get some higher management to understand the benefits of home working
- Need to better promote opportunities and encouragement to all women working at all levels through promotion of conferences, leadership courses and staff stories
- Creation of a Women’s Network would be helpful in achieving these things.

Countess of Chester Hospital
NHS Foundation Trust

Appendix B

Gender Pay Gap Report (GPGR)
Action plan 2021

Countess of Chester Hospital

This document should be read in conjunction with the GPGR return which can be accessed via the Countess of Chester NHS website https://www.coch.nhs.uk/corporate-information/equality,-diversity-and-human-rights.aspx

Countess of Chester Hospital NHS Foundation Trust

Introduction

The Countess of Chester Hospital NHS Foundation Trust (CoCH) is committed to embedding equality and human rights across the whole organisation and to reducing inequality between any of the protected characteristics in the workplace. Under the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017, CoCH is required to report annually on its gender pay gap, utilising a reporting framework set out by the Government Equalities Office (GEO) and to register with the GEO and submit its annual Gender Pay Gap Report (GPGR).

Following submission of this data, this document demonstrates the Countess of Chester Hospital NHS Foundation Trust's GPGR action plan 2021.

	Action, expected outcomes and progress	**Timescale**	**Status**
1.	**Aim:** To improve opportunities for career progression in the nursing structure		
	Action: Creation of a standardised Trust interview feedback form for internal candidates Promotion of Nurse Leadership Courses		
	Progress: Introduction of HCA to Nurse degree programme Leadership courses to be promoted ad hoc as available A meeting to be arranged between HR, E&D and recruitment regarding *standardised Trust interview feedback as part* of new recruitment strategy	March 2021	Ongoing Not started Not started

2.	**Aim:** **Presentation of the outcomes of the GPGR and the draft Action Plan to Board. Return to be published on CoCH website with accompanying information.**		
	Action: GPGR and Action Plan considered by the Board and published within timescale to demonstrate the Trust's commitment to openness and transparency for employees and members of the public.		
	Progress: Workshops held and draft Action Plan produced and submitted to Board for discussion and approval. GPGR Action Plan considered by Board GPGR Report ad Action Plan published on CoCH website.	March 2021	Partially Complete

3.	**Aim:** Adoption of the GPGR action plan. CoCH to monitor actions, compliance and update on progress.		
	Action: Progress against the actions required to bring about improvement is monitored and periodically reported for governance and assurance purposes.		
	Progress: • Intermediate Action Plan submitted for progress to Finance and Performance Committee meeting as part of the Business Cycle. • Progress updates provided to Women's Network. • 6 month interim update to Board on action plan progress	September 2021	

4.	**Aim:** **Key Findings from NHS Staff Survey to be reviewed in relation to the GPGR indicators and Action Plan updated accordingly**		
	Action: • To encourage staff with especially women working at lower bands to complete the Staff Survey to ensure their voice is heard within the Trust. • To consider the findings of the Staff Survey to ensure Trust is broadly in line with other comparator organisations across the Country, or to highlight where additional action needs to be taken as a result. • To review new staff survey questions regarding flexible working and home working in relation to their impact on career progression barriers		
	Progress: Full staff survey review on the areas above and findings shared with Women's Network and Staff Side Partnership Changes to action plan if appropriate following staff survey feedback in order to include and incorporate staff voice via the survey into the GPG actions	May 2021	Not started

5.	**Aim:** Creating an organisation that is culturally aware and inclusive		
	Action: • Promotion of Inspirational Female Leaders • Utilisation of awareness days • Staff stories of Women Leaders at all levels and staff groups • More promotion of the contribution of part time workers and people working from home • Focus on removing the stigma of flexible working • Creation of a Women's Staff Network		
	Progress: • Creation of a Women's Network • Further promotion of Women's Network following its launch in March 2021 to coincide with International Women's Day • Promotion of awareness days to include a) International Women's Day – online event advertised for 8th March b) World Menopause Month c) International Day of Women and Girls in Science • Meeting with Women's Network and comms to identify inspirational leaders both inside and outside the trust and how to promote them	5thMarch 2021 8th March 2021 March 2021 and 2022 October 2021 February 2022 April 2021	Advertised – ongoing Advertised – ongoing Complete Not started Not started Not started

6.	**Aim:** Improve the recruitment and retention of women into senior roles	
	Action: • Increase opportunities for staff being mentored and coached by senior staff members • Enhanced understanding of people's experience of the Trust recruitment process (in a way that shares feedback from different protected groups and between external and internal applicants) • Positive action used for roles that are under-represented • Better promotion of flexible working opportunities from the point of advertisement and recruitment • Transparent consideration of job shares	

	Progress: E&D Manager to meet with L&D to discuss the promotion of coaching and mentoring Head of recruitment to establish how to obtain feedback from recruits regarding their experience of the recruitment process, promoting flexi working and promoting positive action in partnership with the E&D Manager as part of the recruitment process For the consideration of vacancies to be a potential job share to be addressed prior to a vacancy going to job panel (in the same way that vacancies are considered as potential apprenticeships) – to be discussed with Recruitment, and Transformation and Resources Panel. Explore potential for 'job share' to be added as an option on changes forms.	April 2021 June 2021 July 2021	

Countess of Chester Hospital NHS Foundation Trust

Meeting	**9 March 2021**		**Board of Directors**					
Report	**Agenda item 13.**		**Board Business Cycle 2021/22**					
Purpose of the Report	Decision	x	Ratification		Assurance		Information	
Accountable Lead	Keith Haynes		Interim Governance Consultant					
Author(s)	Debbie Bryce		Lead for Governance Improvement					
Board Assurance Framework	G1	Governance Improvement						
Strategic Aims	To develop and improve corporate governance							
CQC Domains	Well Led							
Previous Considerations	-							
Summary/ Highlights	This report provides the proposed cycle of business of the Board of Directors for the forthcoming 2021-22 financial year (1st April 2021 to 31st March 2022), along with the scheduled items for March 2021. The previous business cycle has been refreshed and amended to reflect the expected business for 2021-22. Amendments since the 2020-21 business cycle are included within the notes section and mainly reflect the intention for some items to be included within committee chair's reports to Board in future. An additional extra-ordinary meeting of the Board has been added to the business cycle for 8th June 2021, to receive and approve the annual report and annual accounts, due to changes again in 2021 to the associated national reporting deadlines, due to COVID-19. The 8th June was a scheduled Board development day, and the intention is to hold a short extra-ordinary at 9:30am on 8th June, prior to the board development session.							
Recommendation(s)	• The Board is asked to approve the proposed business cycle for the 2021-22 year. • The Board is asked to agree to the scheduling of an extra-ordinary meeting on the morning of 8th June 2021, to receive and approve the annual report, annual accounts and associated year-end documents.							
Corporate Impact Assessment								
Statutory Requirements	-							
Quality & Safety								

NHS Constitution	
Patient Involvement	
Risk	
Financial impact	
Equality & Diversity	
Communication	

Countess of Chester Hospital NHS Foundation Trust - Board Business Cycle (Version 1, 2021-22 year)

2021-22

Item	Frequency	Lead	09/03/21	20/05/21	08/06/21 Extra-ordinary meeting	13/07/21	14/09/21	09/11/21	Jan-22	Mar-22
GENERAL BUSINESS										
Welcome and apologies for absence	Monthly	N/A	x	x		x	x	x	x	x
Declarations of Interest	Monthly	N/A	x	x		x	x	x	x	x
Minutes of last meeting	Monthly	N/A	x	x		x	x	x	x	x
Action tracker and Matters Arising	Monthly	N/A	x	x		x	x	x	x	x
CEO report	Monthly	Chief Executive Officer	x	x		x	x	x	x	x
Infection Control Board Assurance Framework (BAF)	Each meeting	Dir of Nursing & Quality	x	x		x	x	x	x	x
BAF & Strategic Risk Register	Quarterly	Head of Corporate Affairs	x			x	x		x	
QUALITY OF CARE										
Patient (or staff) Story	Monthly	Dir of Nursing & Quality	x	x		x	x	x	x	x
GMC National Trainee Survey Results	Annual	Exec Medical Director		x						
Quality & Safety Committee Chair Update	Monthly	Non-Exec Director	x	x		x	x	x	x	x
Safeguarding Annual Report	Annual	Dir of Nursing & Quality				x				
Quality Impact Assessment Report	Annual	Dir of Nursing & Quality and Exec Medical Director								x
Quality Accounts (*subject to national submission confirmation during pandemic*)	Annual	Dir of Nursing & Quality			x					
Patient Experience Annual Report	Annual	Dir of Nursing & Quality				x				
Guardian for Safer Working Report	Annual	Exec Medical Director					x			
Freedom to Speak Up Guardian Report	6 monthly	Chief Executive Officer / FTSU Guardian				x			x	
Mortality Indicators/ Learning From Deaths Report	Quarterly	Exec Medical Director	x	x		x		x		x
CQC Inspection Report	Adhoc	Dir of Nursing & Quality	Adhoc						Adhoc	
Healthcare Acquired Infections Annual Report	Annual	Dir of Nursing & Quality					x			
Director of Nursing Bi-annual Nurse Staffing Report	6 Monthly	Dir of Nursing & Quality		x				x		
Maternity Incentive Standards Submission*	Annual	Dir of Nursing & Quality				x				
Updates on Clinical Services Strategy	Bi-annually	Exec Medical Director					x			x
PLACE Report (*subject to issue date*)	Annual	Dir of Nursing & Quality		x						
OPERATIONAL PERFORMANCE										
Integrated Performance Report	Monthly	Executives	x	x		x	x	x	x	x
Winter Planning	Annual	Chief Operating Officer					x			
FINANCE, USE OF RESOURCE & PERFORMANCE										
Finance Report (inc UoR Indicators)	Monthly	Director of Finance	x	x		x	x	x	x	x

Item	Frequency	Lead	09/03/21	20/05/21	08/06/21	13/07/21	14/09/21	09/11/21	Jan-22	Mar-22
Consultant and Honorary Consultant Appointments	Adhoc	Dir of HR & OD and Exec Medical Director								
National Cost Collection Pre-Submission Report	Annual	Director of Finance	x							
Update on Capital Budget	As required	Director of Finance	x	x		x	x	x	x	x
Finance & Performance Committee Chair Report	Monthly	Non-Exec Director		x		x	x	x	x	x
Finance & Performance Committee Annual Report	Annual	Director of Finance and Chief Operating Officer		x						
Audit Committee Chair Report	Monthly	Non-Exec Director	x	x			x	x	x	x
Charitable Funds Committee Chair Report (via *Corporate Trustee*)	Quarterly	Non-Exec Director		x		x		x	x	
Procurement & Commercial Report	Annual	Director of Finance					x			
Remuneration Committee Annual Report	Annual	Head of Corporate Affairs/ Dir of HR & OD and Chair								x
Accounts and Annual Report	Annual	Director of Finance and Head of Corporate Affairs			x					
Estates & Facilities Report	Annual	Chief Operating Officer				x				
STRATEGIC CHANGE										
Revenue Budget	Annual	Director of Finance	x							x
Capital Programme	Annual	Director of Finance	x							x
Trust Board Oversight Report - Radiology Services	Annual	Chief Operating Officer		x						
Emergency Planning & Resilience	Annual	Chief Operating Officer						x		
EU Transition Impact Assessment	As required	Chief Operating Officer								
Health & Safety Annual Report	Annual	Chief Operating Officer					x			
Inclusion [Strategy or Report]	Annual	Director of HR & OD		x						
Well-led Framework Review (3 yearly external review linked to CQC Key Lines of Enquiry) and Action Plan	Annual	Head of Corporate Affairs								x
Information Governance Annual Report	Annual	Head of Corporate Affairs				x				
Operating Plan	Annual	Chief Operating Officer and Director of Finance	x							x
Strategic Objectives / Corporate Strategy	Adhoc	Chief Executive Officer		x						
Annual Plan (update against strategic objectives)	Quarterly	Chief Executive Officer						x		x
Digital & Data Strategy and annual update on progress with strategy	Annual	Chief Digital Information Officer							x	
Update on cyber security progress	Bi-annual	Chief Digital Information Officer	x				x			
Estates Strategy and annual update on progress with strategy	Annual	Chief Operating Officer		x						

Item	Frequency	Lead	09/03/21	20/05/21	08/06/21	13/07/21	14/09/21	09/11/21	Jan-22	Mar-22
Communications & Engagement Strategy and annual update on progress with strategy	Annual	Head of Corporate Affairs						x		
People & OD Strategy and annual update on progress with strategy	Annual	Dir of HR & OD		x						
Electronic Patient Record update report	bi-monthly	Chief Digital Information Officer		x		x	x	x	x	x
Integrated Care Partnership Board Reports (within CEO report)	Six times per year	Chief Executive Officer		x		x	x	x	x	x
LEADERSHIP & IMPROVEMENT CAPABILITY										
Staff related CQUINs	As required	Director of HR & OD								
Annual Review of Rules of Procedure/SFI's	Annual	Director of Finance & Head of Corporate Affairs		x						
Annual Organisational Audit for Revalidation	Annual	Exec Medical Director					x			
Senior Independent Director Annual Report (private)	Annual	Non-Exec Director/SID		x						
Gender Pay Gap	Annual	Director of HR & OD	x						x	
Council of Governors Report/Update	Four times per year	Head of Corporate Affairs		x		x		x	x	
Annual Provider License Self Certification	Annual	Head of Corporate Affairs			x					
Annual Staff Survey	Annual	Director of HR & OD		x						
Fit and Proper Person Report	Annual	Dir of HR & OD & Head of Corporate Affairs					x			
Public Sector Equality Duty and Equality Delivery System (Workforce Equality Analysis Report - WEAR, WRES and WDES)	Annual	Director of HR & OD	x (ED)				x (WRES & WDES)			
OTHER ITEMS										
Minutes from Quality & Safety Committee	Monthly	N/A	x	x		x	x	x	x	x
Minutes from Finance & Performance Committee	Monthly	N/A	x	x		x	x	x	x	x
Minutes from Audit Committee	Monthly	N/A	x	x		x	x	x	x	x
Any Other Business	Monthly	N/A	x	x		x	x	x	x	x
Questions from the Public	Monthly	N/A		x		x	x	x	x	x
Review of the Meeting	Monthly	N/A	x	x	x	x	x	x	x	x

Note:

Updates since previous version shown in blue text.

→ indicates original position of item on business cycle and intention to move forward and reschedule or pick up at an original date scheduled

Some items within the business cycle may be covered within Committee Chair's Reports

*Maternity Incentive Standards will be based on Regional/National requirements. Visibility of Maternity issues will be enhanced at the Board e.g. Ockenden report.

Updates since 2020-21 business cycle:-

Clinical Presentation (Clinical Service Deep Dive) and Continuous Improvement Strategy update removed - to be covered within Q&S Committee Chair's report

Education & Development Annual Report removed as separate item - to be covered within F&P Chair's report

Learning Disability Mortality Report removed as separate item - covered within Think Family Safeguarding report

Learning from Incidents Qtr Report removed as separate item - covered within Q&S Committee Chair's report

Transformation and Quality Improvement Report removed as sepate item - covered within F&P Chair's report

Charitable Funds (CF) Chair's report and CF Accounts - intention to include within separate *Corporate Trustee* meeting

Extra-ordinary meeting in June 2021 added to reflect change to national reporting deadlines for annual report and accounts