

Board of Directors Workplan

2016 /17

Item	Board of Director Meeting												Board Away Day				
	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March	Apr	June	Oct	Dec	Feb
Patient/Staff Story	X	X	X	X	X	X	X	X	X	X	X	X					
Chief Executive Report	X	X	X	X	X	X	X	X	X	X	X	X					
Chairman's Report	X	X	X	X	X	X	X	X	X	X	X	X					
Governor Report	X	X	X	X	X	X	X	X	X	X	X	X					
Caring																	
CQC Registration biannual Report				X						X							
Nursing and midwifery staffing comprehensive report								X									
Patient Survey Results (National)						X											
Patient Quality Safety and Experience Report	X	X	X	X	X	X	X	X	X	X	X	X					
Staff Survey												X					
CQC Comprehensive Inspection Action Plan				X							X						
Safe																	
Health & Safety Update to Board													X			✖	
SUI & RIDDOR	X	X	X	X	X	X	X	X	X	X	X	X					
Quality Governance Committee	X	X	X	X	X	X	X	X	X	X	X	X					
Effective																	
Consultant Appointments	X	X	X	X	X	X	X	X	X	X	X	X					
Medical Staffing Update (Part II)	X	X	X	X	X	X	X	X	X	X	X	X					
Responsive																	
Annual Budget/Planning/ Budget Pack	X											X					X
Quality Account	X																
Legal Advice	X	X	X	X	X	X	X	X	X	X	X	X					
Performance & Finance Committee	X	X	X	X	X	X	X	X	X	X	X	X					
Performance Report	X	X	X	X	X	X	X	X	X	X	X	X					
Report on Use of Trust Seal	X			X			X			X							
Corporate Trustee															X		X
	✖																
Well-Led																	
Annual Budget/Contract Discussions	X											X					
Annual Plan (Extraordinary BoD Meetings)	X	X										X					
Annual Report & Accounts		X	X														
Audit Committee		X	X			X		X		X		X					
Board Assurance Framework		X			X			X			X						
Top 5 Risks		X			X			X			X						
														✖		✖	
																X	
Trust Strategy	X																X
Trust Strategy Update	X			X			X			X							
Visits of Accreditation, Inspection or Investigation	X	X	X	X	X	X	X	X	X	X	X	X					
Well-Led Governance Framework Self Assessment													X				
Corporate Goverance Handbook		X															
Transformation and People Committee	X	X	X	X	X	X	X	X	X	X	X	X					
Board Sub-Committee Annual Review			X														
Board Actions	X	X	X	X	X	X	X	X	X	X	X	X					

Title of Paper :	Quality: Safety and Experience Report		
Author:	Alison Lynch, Director of Nursing and Quality		
Executive Lead:	Alison Lynch, Director of Nursing and Quality		
Type of Report:	Concept Paper		
	Strategic Options Paper		
	Business Case		
	Information		✓
	Review/Benefits/Audit		
Link to Strategic Objectives:		Link to Domain:	
Quality, Safety & Experience	✓	Safe	✓
Strong Progressive FT		Effective	
Organisational Delivery	✓	Caring	
Workforce Development & Effectiveness		Responsive	
Fit for Purpose Infrastructure		Well-Led	
Emergency Preparedness			
Link to Board Responsibility:	Performance		✓
	Accountability		
	Strategy		
	Implementation		
Action Required:	Decide		
	Approve		
	Note		✓
	Recommend		
	Delegate		
Positive Benefit:	To provide assurance to the Board relating to quality, patient safety and patient experience.		
Risk:	No newly emerging risk identified		
To be published on Trust Website –complete version			N
If no, to be published on Trust Website – redacted			Y
If not to be published complete or redacted, please detail the reason why			
Presented at Board Meeting of:	9 January 2017		

Board Report January 2017

Quality: Safety and Experience

(November 2016 data)

This report provides an overview of performance relating to safety and experience in November 2016.

Key messages for November are:

- There were four serious incidents reported in month
- The Trust's HSMR is 107.28 and places the Trust 102 out of 135 Trusts
- The Trust is achieving its aim to have a SHMI at or below 1.0 from April 2015
- No MRSA Bacteraemia cases have been reported in month
- One avoidable Clostridium Difficile case has been reported in month. The target continues to be achieved.
- 20 complaints were received, which is the same as the previous month
- The Trust's NHS Choices Star rating is currently 4.5 stars for Victoria Infirmary, and 4 stars for Leighton Hospital

Please note that the incident data for the CCICP has now been included in the report following the partnership commencing on the 1 October 2016.

Board Papers – Quality, Safety & Experience Section: January 2017

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Board Papers – Quality, Safety & Experience Section: January 2017

Quality & Safety Section:

Description

Aggregate Position

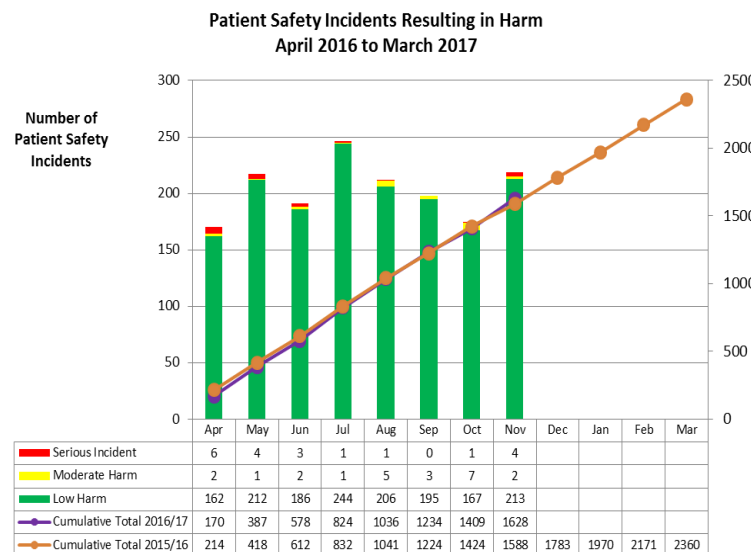
Trend

Variation

Patient Safety Incidents resulting in harm.

This chart demonstrates the total number of reported patient safety incidents which resulted in harm.

For this financial year to date:
97.4% (1585 incidents) have resulted in low harm
1.4% (23 incidents) have resulted in moderate harm
1.2% (20 incidents) have resulted in serious harm



The Trust's aim is to reduce the number of harm incidents by the end of January 2018 in comparison to the previous financial year.

The aim was not achieved in month.

Degrees of Harm

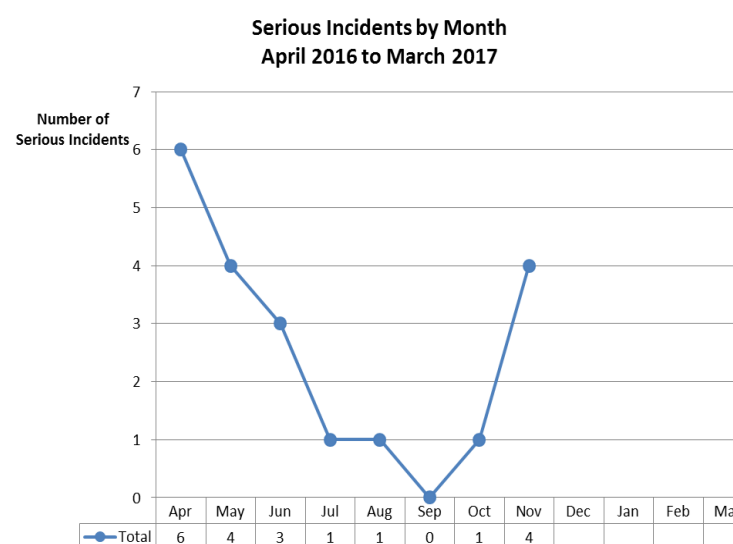
Serious Incidents.

This chart demonstrates the number of incidents that have resulted in serious harm.

Four serious harm incidents were reported in November 2016.

20 serious incidents have been reported for this financial year to date.

- 7 x Stage 3 pressure ulcers
- 4 x Patient falls resulting in fractured neck of femur
- 2 x Treatment regime
- 2 x Stage 4 pressure ulcer
- 1 x Delay in follow up appointment
- 1 x Medication Error
- 1 x Never Event wrong size implant inserted
- 1 x Never Event wrong site surgery
- 1 x Cardiac Arrest



The Trust's Sign Up To Safety aim is to have no serious incidents and a zero tolerance on Never Events by the end of January 2018.

The aim is not currently being achieved.

Serious Incidents

Board Papers – Quality, Safety & Experience Section: January 2017

Description

Aggregate Position

Trend

Variation

Pressure Ulcer (PU) Incidents including avoidable pressure ulcers.

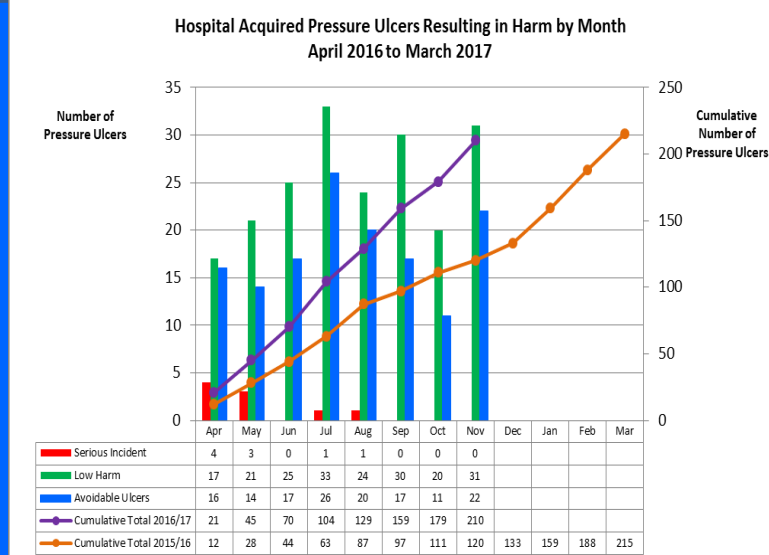
For this financial year to date:

- 95.7% (201 PU's) have resulted in low harm (defined as a patient that has developed a stage 2 or unstageable PU)
- 4.3% (9 PU's) have resulted in serious harm (defined as a patient that has developed a stage 3 or 4 PU)

In November 2016, 22 avoidable PU's were reported, as shown by the blue bar on the chart.

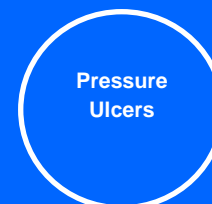
Improvement actions include:

- Launch of the 'React to Red' safety collaborative in May 2016. A number of projects are underway as part of the collaborative on a cohort of wards
- Secondment of a band 6 into the role of the Skin Care Nurse for a three month period.
- The role of the Skin Care Nurse will involve reviewing PUs and focussing on Wards / Departments who require intense educational support.
- They are rolling out the successful elements of the React to Red collaborative across the Trust; this includes, the Pressure Ulcer Cross, the Positional Boards outside the bays and the implementation of the Positional Charts at the end of every bed space.
- A full time substantive band 7 Tissue Viability Nurse has been funded and appointed.



The aim in the Trust's Quality & Safety Improvement Strategy and Sign Up To Safety Campaign is to have no avoidable hospital acquired PU's by the end of January 2018.

The aim has not been achieved.



Board Papers – Quality, Safety & Experience Section: January 2017

Description

Aggregate Position

Trend

Variation

Patient Falls Incidents.

For this financial year to date:

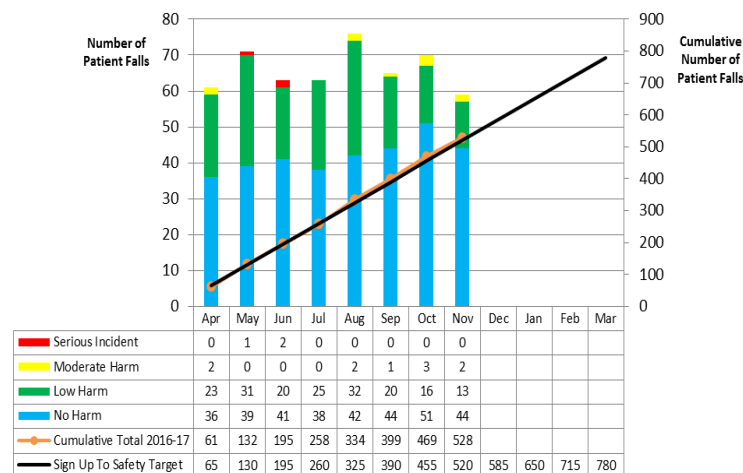
- 63.4% (335 falls) have resulted in no harm
- 34.1% (180 falls) have resulted in low harm
- 1.9% (10 falls) have resulted in moderate harm
- 0.6% (3 falls) have resulted in serious harm

All patient falls are reviewed by the Patient Falls Prevention Group on a monthly basis. Improvement actions include:

- The Falls Safety Collaborative was launched on 1st April 2016
- A number of projects are being trialled as part of the collaborative on a cohort of wards

Over the past 3 years we have reduced falls by 29.4%.

Patient Falls by Month
April 2016 to March 2017



The Trust's aim within the Sign Up To Safety Campaign is to reduce inpatient falls by 10% by January 2018.

The Sign up to Safety aim was not achieved in month.

Patient Falls

Medication Incidents.

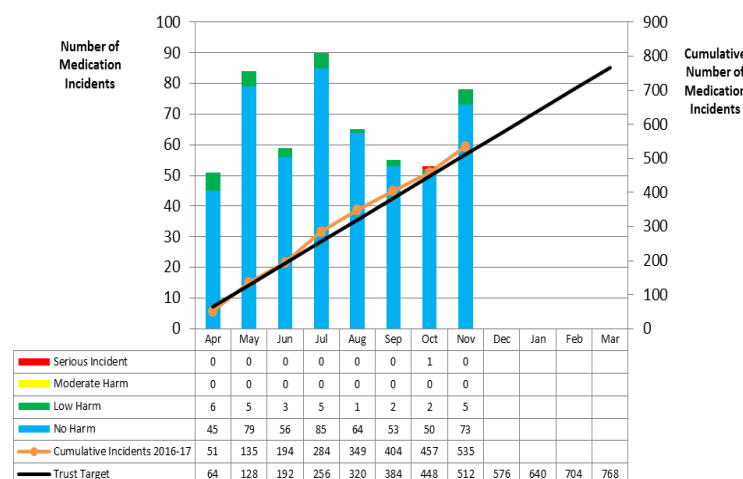
For this financial year to date:

- 94.4% (505 medication incidents) have resulted in no harm
- 5.4% (29 medication incidents) have resulted in low harm
- 0% (0 medication incidents) have resulted in moderate harm
- 0.2% (1 medication incidents) have resulted in serious harm

Improvement actions include:

- Introduction of ward based medicines safety audit monthly monitoring

Medication Incidents by Month
April 2016 to March 2017

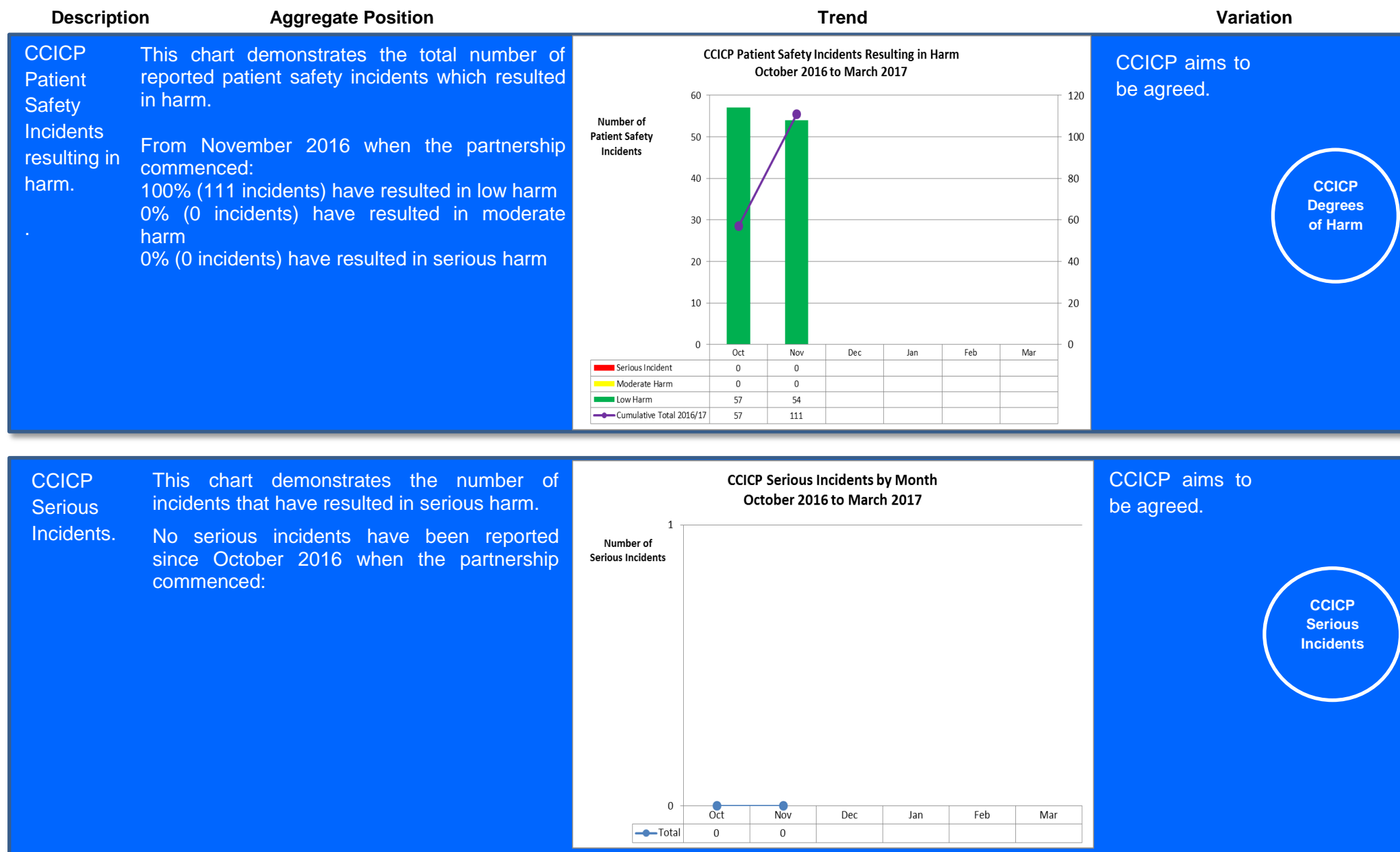


The Trust's aim is to reduce medication incidents by 5% by the end of January 2018 in comparison to the previous financial year.

The aim was not achieved in month.

Medication Incidents

Board Papers – Quality, Safety & Experience Section: January 2017



Board Papers – Quality, Safety & Experience Section: January 2017

Description

Aggregate Position

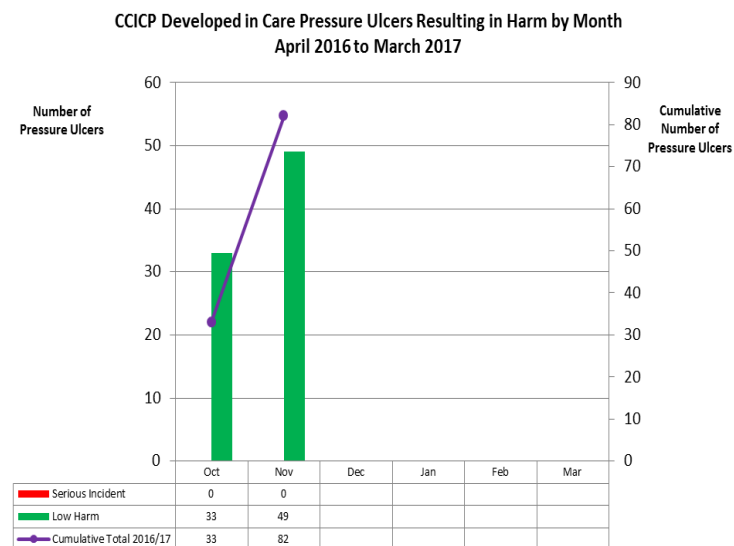
Trend

Variation

CCICP Pressure Ulcer (PU) Incidents including avoidable pressure ulcers.

From October 2016 when the partnership commenced:

- 100% (82 PU's) have resulted in low harm (defined as a patient that has developed a stage 2 or unstageable PU)
- No stage 3 or stage four PU's have been reported



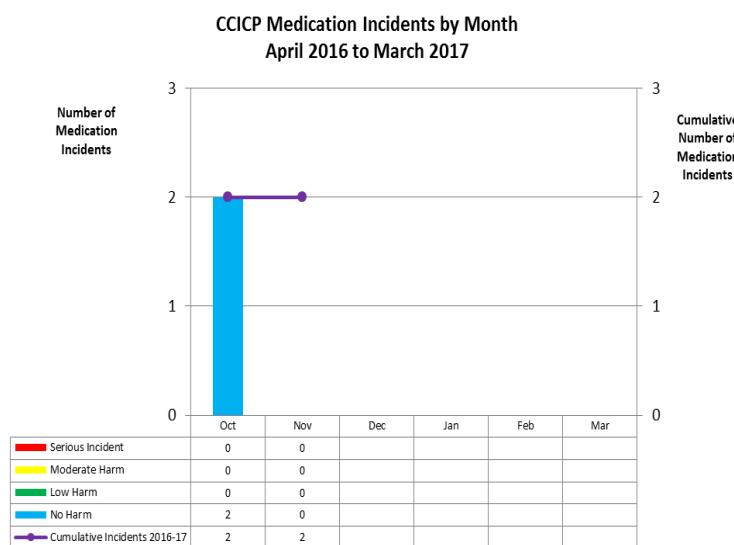
CCICP aims to be agreed.

CCICP Developed in Care Pressure

CCICP Medication Incidents.

From October 2016 when the partnership commenced:

- 100% (2 medication incidents) have resulted in no harm
- 0% (0 medication incidents) have resulted in low harm
- 0% (0 medication incidents) have resulted in moderate harm
- 0% (0 medication incidents) have resulted in serious harm



CCICP aims to be agreed.

CCICP Medication Incidents

Board Papers – Quality, Safety & Experience Section: January 2017

Description

Aggregate Position

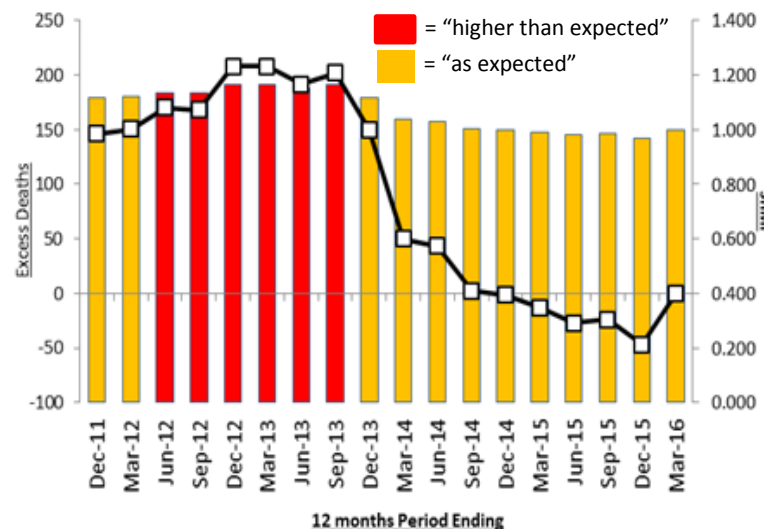
Trend

Variation

Summary Hospital-Level Mortality Indicator (SHMI).

The chart demonstrates the Trust's Summary Hospital-Level Mortality Indicator (SHMI) and calculated "excess deaths".

For the period April 2015 to March 2016, the Trust's SHMI is 1.0 and "as expected"



The Trust's aim within the Sign Up To Safety Campaign is to have a SHMI at or below 1.0 from April 2015.

The aim is currently being achieved.

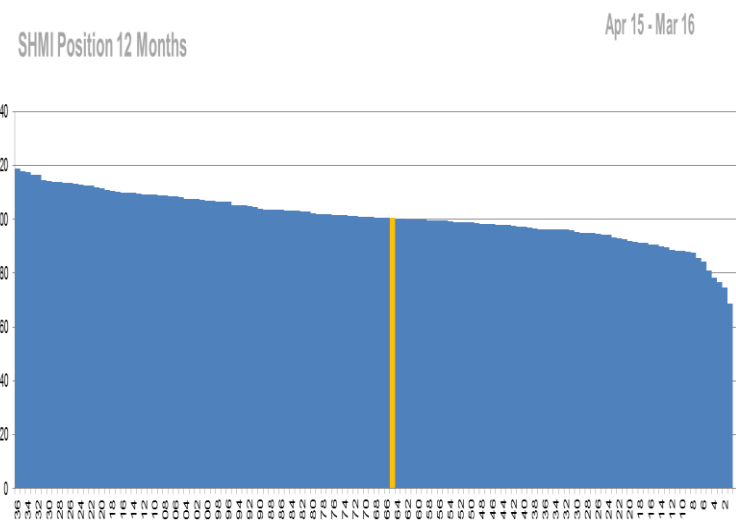
SHMI

Summary Hospital-Level Mortality Indicator (SHMI) by Trust.

The chart benchmarks the Trust's latest SHMI against all NHS Trusts.

MCHFT is shown as the yellow bar.

The Trust's SHMI is 1.0 for the time period April 2015 to March 2016 and places the Trust 68 out of 136 Trusts.

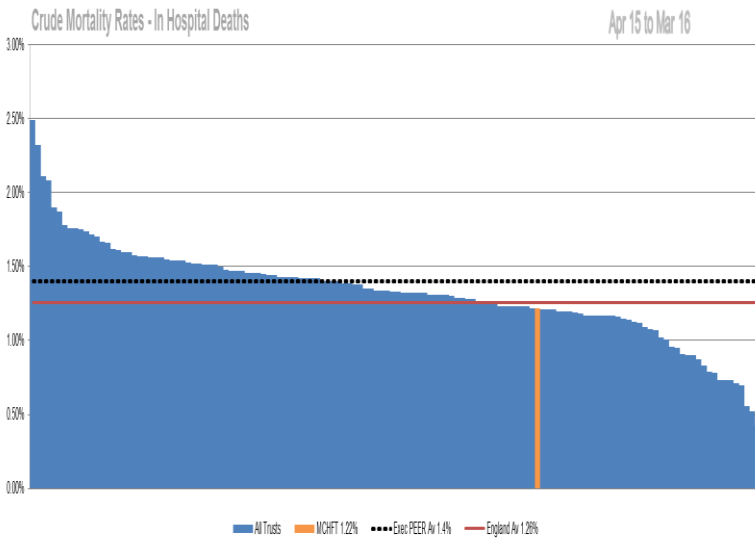
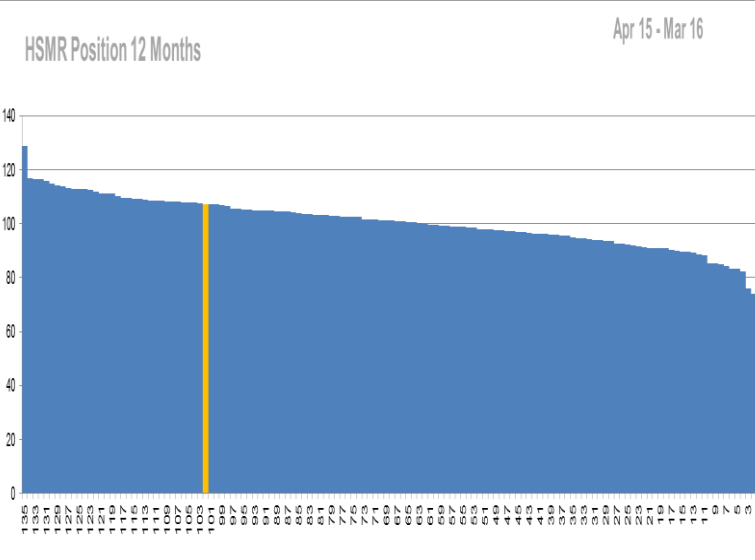


The Trust's aim within the Sign Up To Safety Campaign is to have a SHMI at or below 1.0 from April 2016.

The aim is currently being achieved.

SHMI by Trust

Board Papers – Quality, Safety & Experience Section: January 2017

Description	Aggregate Position	Trend	Variation
<p>Crude Mortality.</p>	<p>The chart benchmarks the Trust's crude mortality rate for the period April 2015 to March 2016 against an executive peer and England average.</p> <p>The Trust (1.22%) is currently below the executive peer average of 1.4% and the England average of 1.26% and places the Trust 42 out of 136 Trusts.</p>	<p>Crude Mortality Rates - In Hospital Deaths</p> <p>Apr 15 to Mar 16</p>  <p>Legend: All Trusts, MCHFT 1.22%, Exec-PEER Av 1.4%, England Av 1.26%</p>	<p>The Trust's aim is to continually reduce its crude mortality rate.</p> <p>Crude Mortality</p>
<p>HSMR by Trust.</p>	<p>The chart benchmarks the Trust's HSMR against all NHS Trusts.</p> <p>MCHFT is shown by the green bar.</p> <p>The Trust's HSMR is 107.28 (April 2015 to March 2016) and places the Trust 102 out of 135 Trusts.</p>	<p>HSMR Position 12 Months</p> <p>Apr 15 - Mar 16</p> 	<p>The Trust's aim is to have an HSMR <100.</p> <p>HSMR by Trust</p>

Board Papers – Quality, Safety & Experience Section: January 2017

Description	Aggregate Position	Trend	Variation																																																																	
<div>MRSA Bacteraemia Cases.</div>	<div>In this financial year there has been one confirmed MRSA bacteraemia case reported.</div> <div>This was a contaminant case and lapses in care have been addressed via the root cause analysis process.</div>	<div>MRSA Bacteraemia cases reported within the Trust April 2016 to March 2017</div> <table><tr><th></th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sep</th><th>Oct</th><th>Nov</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th></tr><tr><td>Monthly</td><td>0</td><td>1</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td></td><td></td><td></td><td></td></tr><tr><td>Cumulative</td><td>0</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td></td><td></td><td></td><td></td></tr><tr><td>Target</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr></table>		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Monthly	0	1	0	0	0	0	0	0					Cumulative	0	1	1	1	1	1	1	1					Target	0	0	0	0	0	0	0	0	0	0	0	0	<div>The target for MRSA Bacteraemia is zero in 2016/17.</div> <div>The target has not been achieved.</div> <div>MRSA</div>													
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar																																																								
Monthly	0	1	0	0	0	0	0	0																																																												
Cumulative	0	1	1	1	1	1	1	1																																																												
Target	0	0	0	0	0	0	0	0	0	0	0	0																																																								
<div>Clostridium Difficile toxin positive cases.</div>	<div>In November 2016, one avoidable case was reported.</div> <div>Actions arising from review of the Clostridium Difficile cases include:</div> <ul style="list-style-type: none">• Ward Managers to reinforce the importance of accurate stool chart documentation• Ward staff to attend the weekly Clostridium Difficile Infection meetings to support ownership at a ward level• Matrons to lead on formal RCA process for all avoidable and unavoidable cases of Clostridium Difficile	<div>Clostridium Difficile toxin positive cases reported within the Trust April 2016 to March 2017</div> <table><tr><th></th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sep</th><th>Oct</th><th>Nov</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th></tr><tr><td>Avoidable</td><td>0</td><td>0</td><td>1</td><td>2</td><td>0</td><td>1</td><td>0</td><td>1</td><td></td><td></td><td></td><td></td></tr><tr><td>Unavoidable</td><td>2</td><td>0</td><td>4</td><td>0</td><td>3</td><td>2</td><td>1</td><td>0</td><td></td><td></td><td></td><td></td></tr><tr><td>Avoidable Total</td><td>0</td><td>0</td><td>1</td><td>3</td><td>3</td><td>4</td><td>4</td><td>5</td><td></td><td></td><td></td><td></td></tr><tr><td>Avoidable Target</td><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td><td>12</td><td>14</td><td>16</td><td>18</td><td>20</td><td>22</td><td>24</td></tr></table>		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Avoidable	0	0	1	2	0	1	0	1					Unavoidable	2	0	4	0	3	2	1	0					Avoidable Total	0	0	1	3	3	4	4	5					Avoidable Target	2	4	6	8	10	12	14	16	18	20	22	24	<div>The target is less than 24 avoidable cases of Clostridium Difficile in 2016/17.</div> <div>The target has been achieved.</div> <div>Clostridium Difficile</div>
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar																																																								
Avoidable	0	0	1	2	0	1	0	1																																																												
Unavoidable	2	0	4	0	3	2	1	0																																																												
Avoidable Total	0	0	1	3	3	4	4	5																																																												
Avoidable Target	2	4	6	8	10	12	14	16	18	20	22	24																																																								

Board Papers – Quality, Safety & Experience Section: January 2017

Description

Aggregate Position

Trend

Variation

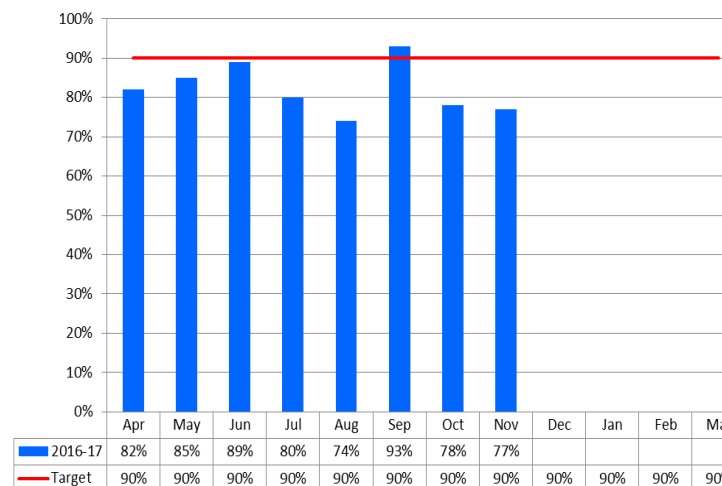
Patients with a suspected stroke admitted directly to a specialist acute stroke unit

In November 2016, 23 out of 30 patients (77%) were admitted directly to the stroke unit.

Improvements in practice aimed at delivering the target include:

- An agreed pathway with UHNM was implemented in July 2016
- Bi-weekly teleconferences are being held between UHNM and MCHFT to discuss operational and clinical issues
- Clinical Meeting to be held to discuss the new pathway and any actions and or amendments required
- An individual patient review is held for each patient where the pathway was not fully adhered

Patients with a suspected stroke are admitted directly to a specialist acute Stroke Unit
April 2016 to March 2017



As part of the Sentinel Stroke National Audit Plan (SSNAP) the Trust aim for 2016/2017 is 90% of suspected stroke patients to be admitted directly to the stroke unit.

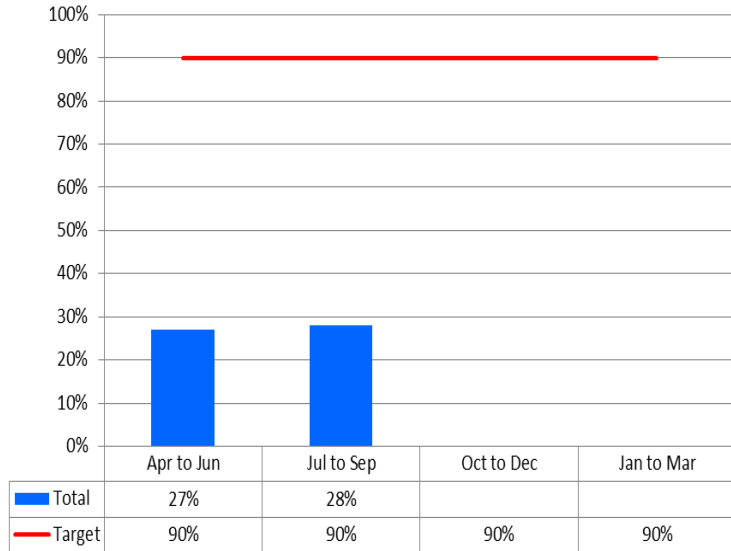
The target was not achieved in month.

Stroke

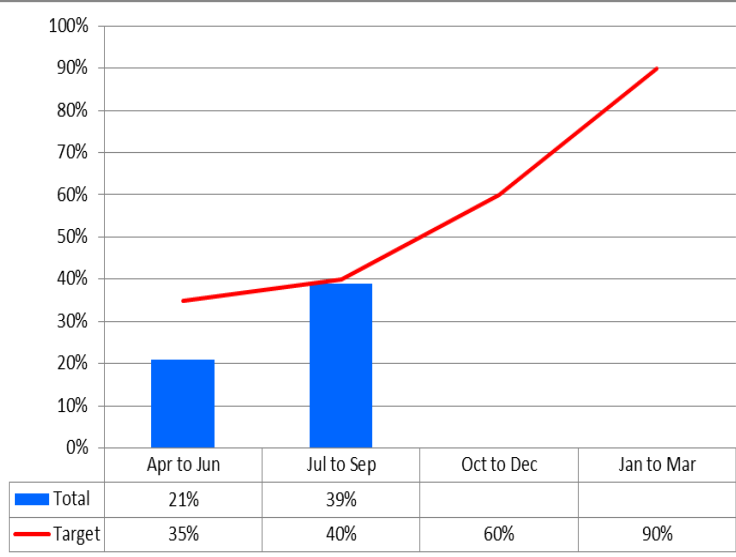
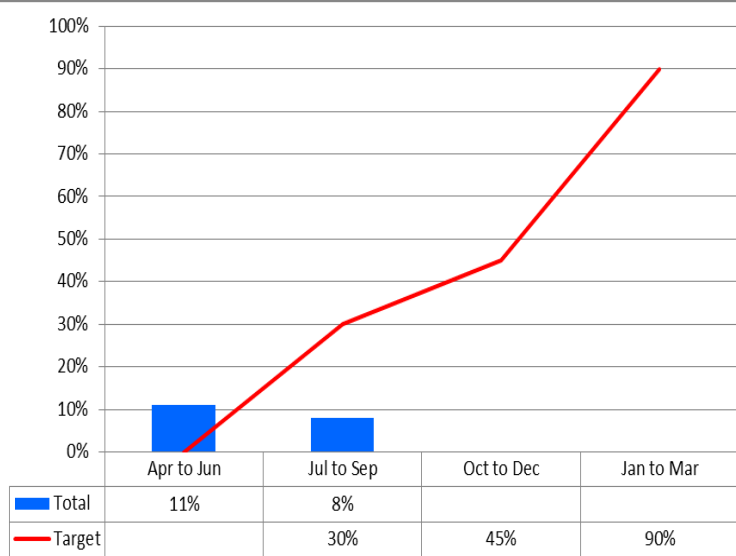
Board Papers – Quality, Safety & Experience Section: January 2017

Description	Aggregate Position	Trend	Variation
<p>National CQUIN – Health & Wellbeing Part 1a</p> <p>The financial value for this CQUIN is £396,107.</p>	<p>To achieve the CQUIN target for Health & Wellbeing Part 1a the Trust must introduce a Health & Wellbeing initiative from two options provided. The Trust has chosen option 2.</p> <ul style="list-style-type: none"> Introduce a range of physical activity schemes for staff. Include an emphasis on promoting active travel, building physical activity into working hours and reducing sedentary behaviour Improving access to physiotherapy services for staff. A fast track service for staff suffering from musculoskeletal issues to ensure staff are reviewed in a timely manner Introduce a range of mental health initiatives for staff. Offer support to staff such as stress management courses, line management training, mindfulness courses and counselling services 	<p>For quarter 2, progress against the action plan is required, although there is no funding allocated to quarter 2.</p> <p>The Health & Wellbeing steering group monitors progress against the action plan and the group agrees the frequency of meetings to monthly.</p> <p>Actions taken to date include:</p> <ul style="list-style-type: none"> Relaunch of the green walking route. Completion of the Race to Rio virtual walking challenge. Participation in the Cheshire & Warrington Team Games. 	<p>The CQUIN target for Health & Wellbeing Part 1a is to have implemented the initiatives as agreed in the plan and actively promoted these initiatives to staff.</p> <p>The target was achieved in month.</p> <p>National CQUIN – Health & Wellbeing Part 1a</p>
<p>National CQUIN – Health & Wellbeing Part 1b</p> <p>The financial value for this CQUIN is £396,107.</p>	<p>To achieve the CQUIN target for Health & Wellbeing Part 1b the Trust must provide healthy food for NHS staff, patients and visitors</p> <ul style="list-style-type: none"> Banning price promotions on sugary drinks and foods high in fat, sugar and salt (HFSS) Banning advertisement on NHS premises of sugary drinks and foods high in HFSS Banning sugary drinks and foods high in HFSS from checkouts Ensuring that healthy options are available at any point including those for staff working night shifts 	<p>For quarter 2, progress against the action plan is required, although there is no funding allocated to quarter 2.</p> <p>The Health & Wellbeing steering group monitors progress against the healthy eating plan.</p> <p>Actions taken to date include:</p> <ul style="list-style-type: none"> Agreement that no foods HFSF will be promoted within the Trust by in-house catering, the RVS or League of Friends. Only healthy options have been promoted since 1st June 2016. All confectionary has been moved away from till points. National data collection return was completed and returned within the required timescales. 	<p>The CQUIN target for Health & Wellbeing Part 1b is to have implemented all four outcomes as outlined in the CQUIN.</p> <p>The target was achieved in month.</p> <p>National CQUIN – Health & Wellbeing Part 1b</p>

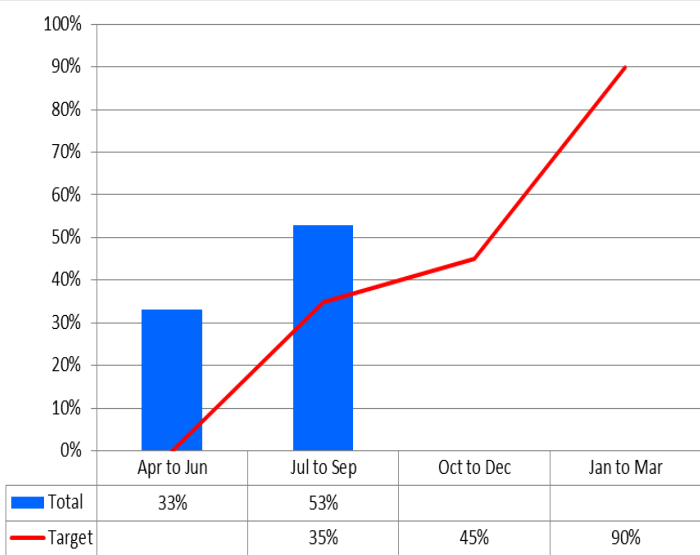
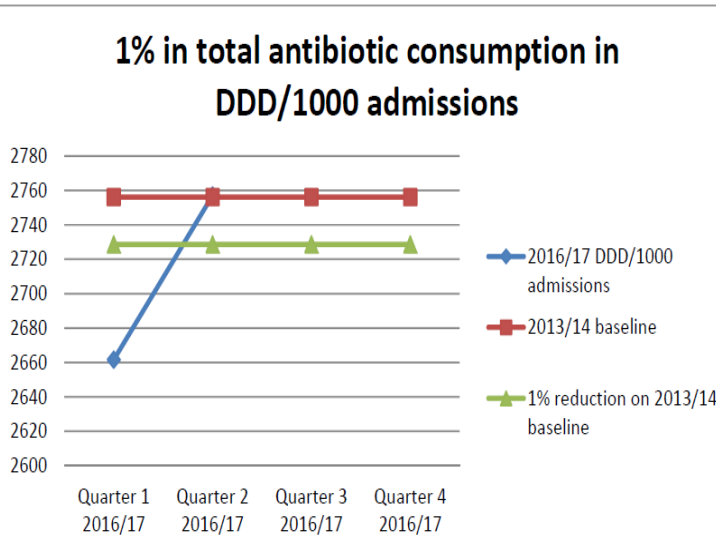
Board Papers – Quality, Safety & Experience Section: January 2017

Description	Aggregate Position	Trend	Variation															
<p>National CQUIN – Health & Wellbeing Part 1c</p> <p>The financial value for this CQUIN is £396,107.</p>	<p>To achieve the CQUIN target for Health & Wellbeing Part 1c the Trust must improve the uptake of flu vaccinations for front line clinical staff by December 2016.</p> <p>Providers will be expected to submit cumulative data monthly over four months on the ImmForm website.</p>	<p>The flu group meets monthly to plan delivery of the annual flu campaign. Led by the Deputy Director of Nursing & Quality, the group comprises of Matrons from across the Trust who act as flu leads for their respective areas.</p> <p>The Trust has organised 100 peer to peer vaccinators to help ensure MCHFT reaches the 75% uptake level by the 31st December 2016.</p> <p>The campaign commenced on Monday 3 October 2016.</p>	<p>The CQUIN target for Health & Wellbeing Part 1c is to achieve an uptake of flu vaccinations by front line clinical staff of 75% by 31st December 2016.</p> <p>The target was achieved in month.</p> <div><p>National CQUIN – Health & Wellbeing Part 1c</p></div>															
<p>National CQUIN – Sepsis Emergency Departments 2a Part 1: Screening</p> <p>The financial value for this CQUIN is £79,221.</p>	<p>To achieve the CQUIN target for Sepsis Screening 2a Part 1, a random sample of 50 sets of notes are reviewed each month to ensure all patients presenting in emergency departments are screened for sepsis as part of the admission process, where this is appropriate.</p> <p>Actions for improvement include:</p> <ul style="list-style-type: none">A full time permanent sepsis specialist nurse has been appointed to the TrustThe revised sepsis pathway in line with NICE guidance has now been launched across the Trust.Each area has nominated sepsis programme and a education programme has commenced	 <table><thead><tr><th></th><th>Apr to Jun</th><th>Jul to Sep</th><th>Oct to Dec</th><th>Jan to Mar</th></tr></thead><tbody><tr><td>Total</td><td>27%</td><td>28%</td><td>90%</td><td>90%</td></tr><tr><td>Target</td><td>90%</td><td>90%</td><td>90%</td><td>90%</td></tr></tbody></table>		Apr to Jun	Jul to Sep	Oct to Dec	Jan to Mar	Total	27%	28%	90%	90%	Target	90%	90%	90%	90%	<p>The CQUIN target for Sepsis Part 2a Part 1 is for >90% of eligible patients to be screened for sepsis by the end of quarter four of 2016/17.</p> <p>The target was not achieved in month.</p> <div><p>National CQUIN – Sepsis Emergency Departments 2a Part 1</p></div>
	Apr to Jun	Jul to Sep	Oct to Dec	Jan to Mar														
Total	27%	28%	90%	90%														
Target	90%	90%	90%	90%														

Board Papers – Quality, Safety & Experience Section: January 2017

Description	Aggregate Position	Trend	Variation															
<p>National CQUIN – Sepsis Emergency Departments 2a Part 2: Antibiotic Administration</p> <p>The financial value for this CQUIN is £118,832.</p>	<p>To achieve the CQUIN target for Sepsis Antibiotic Administration 2a Part 2, a random sample of 30 sets of notes, where clinical codes indicate sepsis, are reviewed each month to ensure patients receive antibiotics within 60 minutes of arrival at hospital and an empiric review within 3 days of the prescribing of antibiotics.</p> <p>Actions for improvement include:</p> <ul style="list-style-type: none">• A full time permanent sepsis specialist nurse has been appointed to the Trust• A sepsis trolley has been provided to the ED team to support timely administration of antibiotics	 <table><thead><tr><th></th><th>Apr to Jun</th><th>Jul to Sep</th><th>Oct to Dec</th><th>Jan to Mar</th></tr></thead><tbody><tr><td>Total</td><td>21%</td><td>39%</td><td></td><td></td></tr><tr><td>Target</td><td>35%</td><td>40%</td><td>60%</td><td>90%</td></tr></tbody></table>		Apr to Jun	Jul to Sep	Oct to Dec	Jan to Mar	Total	21%	39%			Target	35%	40%	60%	90%	<p>The CQUIN target for Sepsis 2a Part 2 is for 90% by the end of quarter 4.</p> <p>The target was not achieved in month.</p> <p>National CQUIN – Sepsis Emergency Departments 2a Part 2</p>
	Apr to Jun	Jul to Sep	Oct to Dec	Jan to Mar														
Total	21%	39%																
Target	35%	40%	60%	90%														
<p>National CQUIN – Sepsis Inpatients 2b Part 1: Screening</p> <p>The financial value for this CQUIN is £79,221.</p>	<p>To achieve the CQUIN target for Sepsis Screening 2b Part 1, a random sample of 50 sets of notes are reviewed each month to ensure all inpatients are screened for sepsis, where this is appropriate.</p> <p>Actions for improvement include:</p> <ul style="list-style-type: none">• A full time permanent sepsis specialist nurse has been appointed to the Trust• The revised sepsis pathway in line with NICE guidance has now been launched across the Trust.• Each area has nominated sepsis programme and a education programme has commenced	 <table><thead><tr><th></th><th>Apr to Jun</th><th>Jul to Sep</th><th>Oct to Dec</th><th>Jan to Mar</th></tr></thead><tbody><tr><td>Total</td><td>11%</td><td>8%</td><td></td><td></td></tr><tr><td>Target</td><td>30%</td><td>45%</td><td>45%</td><td>90%</td></tr></tbody></table>		Apr to Jun	Jul to Sep	Oct to Dec	Jan to Mar	Total	11%	8%			Target	30%	45%	45%	90%	<p>The CQUIN target for Sepsis Part 2b Part 1 is for >90% of eligible patients to be screened for sepsis by the end of quarter four of 2016/17.</p> <p>The target was not achieved in month.</p> <p>National CQUIN – Sepsis Inpatients 2b Part 1</p>
	Apr to Jun	Jul to Sep	Oct to Dec	Jan to Mar														
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Target	30%	45%	45%	90%														

Board Papers – Quality, Safety & Experience Section: January 2017

Description	Aggregate Position	Trend	Variation																				
<p>National CQUIN – Sepsis Inpatients 2b Part 2: Antibiotic Administration</p> <p>The financial value for this CQUIN is £118,832.</p>	<p>To achieve the CQUIN target for Sepsis Antibiotic Administration 2b Part 2, a random sample of 30 sets of notes, where clinical codes indicate sepsis, are reviewed each month to ensure patients receive antibiotics within 60 minutes of identification of sepsis and an empiric review within 3 days of the prescribing of antibiotics.</p> <p>Actions for improvement include:</p> <ul style="list-style-type: none">• The revised sepsis pathway in line with NICE guidance has now been launched across the Trust.• Each area has nominated sepsis programme and a education programme has commenced	 <table><thead><tr><th></th><th>Apr to Jun</th><th>Jul to Sep</th><th>Oct to Dec</th><th>Jan to Mar</th></tr></thead><tbody><tr><td>Total</td><td>33%</td><td>53%</td><td></td><td></td></tr><tr><td>Target</td><td></td><td>35%</td><td>45%</td><td>90%</td></tr></tbody></table>		Apr to Jun	Jul to Sep	Oct to Dec	Jan to Mar	Total	33%	53%			Target		35%	45%	90%	<p>The CQUIN target for Sepsis Inpatients 2b Part 2 is for >90% of eligible patients to receive antibiotics within 60 minutes of identification of sepsis and empiric review within 3 days by the end of quarter four of 2016/17.</p> <p>The target was achieved in month.</p> <p>National CQUIN – Sepsis Inpatient s 2b Part</p>					
	Apr to Jun	Jul to Sep	Oct to Dec	Jan to Mar																			
Total	33%	53%																					
Target		35%	45%	90%																			
<p>National CQUIN – Reduction in antibiotic consumption Part 3a1</p> <p>The financial value for this CQUIN is £79,221.</p>	<p>To achieve the CQUIN target for antibiotic consumption Part 3a1, the Trust must have a reduction of 1% or more of total antibiotic consumption per 1,000 admissions.</p> <p>Quarter 2 data suggests an increase in the total antibiotic consumption to a similar level to the baseline 2013/14 data. However quarter 1 and 2 demonstrate cumulatively a > than 1% reduction in total oral antibiotic consumption, in line with the CQUIN requirements. This picture is similar to that of other Trusts in the North West region.</p>	<p>1% in total antibiotic consumption in DDD/1000 admissions</p>  <table><thead><tr><th>Quarter</th><th>2016/17 DDD/1000 admissions</th><th>2013/14 baseline</th><th>1% reduction on 2013/14 baseline</th></tr></thead><tbody><tr><td>Quarter 1 2016/17</td><td>2660</td><td>2760</td><td>2722.8</td></tr><tr><td>Quarter 2 2016/17</td><td>2755</td><td>2760</td><td>2722.8</td></tr><tr><td>Quarter 3 2016/17</td><td>2755</td><td>2760</td><td>2722.8</td></tr><tr><td>Quarter 4 2016/17</td><td>2755</td><td>2760</td><td>2722.8</td></tr></tbody></table>	Quarter	2016/17 DDD/1000 admissions	2013/14 baseline	1% reduction on 2013/14 baseline	Quarter 1 2016/17	2660	2760	2722.8	Quarter 2 2016/17	2755	2760	2722.8	Quarter 3 2016/17	2755	2760	2722.8	Quarter 4 2016/17	2755	2760	2722.8	<p>The CQUIN target for antibiotic consumption Part 3a1 is for a reduction of 1% or more in total antibiotic consumption per 1,000 admissions.</p> <p>The target was achieved in month.</p> <p>National CQUIN – Antibiotic consumption Part 3a 1</p>
Quarter	2016/17 DDD/1000 admissions	2013/14 baseline	1% reduction on 2013/14 baseline																				
Quarter 1 2016/17	2660	2760	2722.8																				
Quarter 2 2016/17	2755	2760	2722.8																				
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Quarter 4 2016/17	2755	2760	2722.8																				

Board Papers – Quality, Safety & Experience Section: January 2017

Description	Aggregate Position	Trend	Variation																				
<p>National CQUIN – Reduction in carbapenem consumption Part 3a 2</p> <p>The financial value for this CQUIN is £79,221.</p>	<p>To achieve the CQUIN target for antibiotic consumption Part 3a 2, the Trust must have a reduction of 1% or more of carbapenem consumption per 1,000 admissions.</p> <p>Quarter 1 data has now been reported on the National database and mirrors the quarter 1 data provided in the previous reports which used local data.</p> <p>Using local data as a comparison for quarter 2 this is on target with 54.82 being the baseline and 39.23 being the DDD/1000 admissions for quarter 2 2016/17</p>	<p>1% reduction in DDD/1000 admissions for carbapenems</p> <table border="1"> <caption>1% reduction in DDD/1000 admissions for carbapenems</caption> <thead> <tr> <th>Quarter</th> <th>2016/17 DDD/1000 admissions</th> <th>2013/14 baseline</th> <th>1% reduction on 2013/14 baseline</th> </tr> </thead> <tbody> <tr> <td>Quarter 1 2016/17</td> <td>54.82</td> <td>55.00</td> <td>54.82</td> </tr> <tr> <td>Quarter 2 2016/17</td> <td>39.23</td> <td>55.00</td> <td>54.82</td> </tr> <tr> <td>Quarter 3 2016/17</td> <td>39.23</td> <td>55.00</td> <td>54.82</td> </tr> <tr> <td>Quarter 4 2016/17</td> <td>39.23</td> <td>55.00</td> <td>54.82</td> </tr> </tbody> </table>	Quarter	2016/17 DDD/1000 admissions	2013/14 baseline	1% reduction on 2013/14 baseline	Quarter 1 2016/17	54.82	55.00	54.82	Quarter 2 2016/17	39.23	55.00	54.82	Quarter 3 2016/17	39.23	55.00	54.82	Quarter 4 2016/17	39.23	55.00	54.82	<p>The CQUIN target for antibiotic consumption Part 3a 2 is for a reduction of 1% or more in carbapenem consumption per 1,000 admissions.</p> <p>The target was achieved in month.</p> <p>National CQUIN – carbapenem consumption Part 3a 2</p>
Quarter	2016/17 DDD/1000 admissions	2013/14 baseline	1% reduction on 2013/14 baseline																				
Quarter 1 2016/17	54.82	55.00	54.82																				
Quarter 2 2016/17	39.23	55.00	54.82																				
Quarter 3 2016/17	39.23	55.00	54.82																				
Quarter 4 2016/17	39.23	55.00	54.82																				
<p>National CQUIN – Reduction in piperacillin-tazabactam consumption Part 3a 3</p> <p>The financial value for this CQUIN is £79,221.</p>	<p>To achieve the CQUIN target for antibiotic consumption Part 3a 3, the Trust must have a reduction of 1% or more of piperacillin-tazabactam consumption per 1,000 admissions.</p> <p>Quarter 1 data has now been reported on the National database and mirrors the quarter 1 data provided in the previous reports which used local data.</p> <p>Although quarter 2 National data is not yet available, early indication suggests that the target is met.</p>	<p>1% reduction in DDD/1000 admissions for piperacillin/tazobactam</p> <table border="1"> <caption>1% reduction in DDD/1000 admissions for piperacillin/tazobactam</caption> <thead> <tr> <th>Quarter</th> <th>2016/17 DDD/1000 admissions</th> <th>2013/14 baseline</th> <th>1% reduction on 2013/14 baseline</th> </tr> </thead> <tbody> <tr> <td>Quarter 1 2016/17</td> <td>118.2</td> <td>121.2</td> <td>120.0</td> </tr> <tr> <td>Quarter 2 2016/17</td> <td>117.0</td> <td>121.2</td> <td>120.0</td> </tr> <tr> <td>Quarter 3 2016/17</td> <td>117.0</td> <td>121.2</td> <td>120.0</td> </tr> <tr> <td>Quarter 4 2016/17</td> <td>117.0</td> <td>121.2</td> <td>120.0</td> </tr> </tbody> </table>	Quarter	2016/17 DDD/1000 admissions	2013/14 baseline	1% reduction on 2013/14 baseline	Quarter 1 2016/17	118.2	121.2	120.0	Quarter 2 2016/17	117.0	121.2	120.0	Quarter 3 2016/17	117.0	121.2	120.0	Quarter 4 2016/17	117.0	121.2	120.0	<p>The CQUIN target for antibiotic consumption Part 3a 3 is for a reduction of 1% or more in piperacillin-tazabactam consumption per 1,000 admissions.</p> <p>The target was achieved in month.</p> <p>National CQUIN – piperacillin-tazabactam consumption Part 3a 3</p>
Quarter	2016/17 DDD/1000 admissions	2013/14 baseline	1% reduction on 2013/14 baseline																				
Quarter 1 2016/17	118.2	121.2	120.0																				
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Board Papers – Quality, Safety & Experience Section: January 2017

Description

National CQUIN – Empiric review of antibiotic prescriptions Part 3b

The financial value for this CQUIN is £79,221.

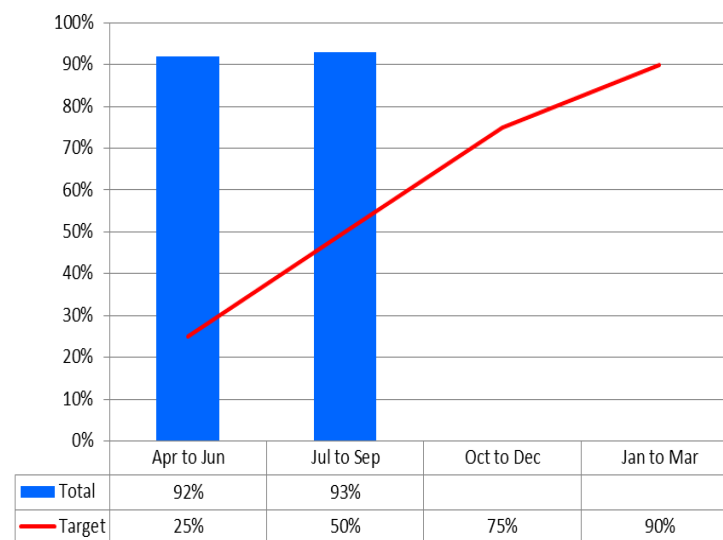
Aggregate Position

To achieve the CQUIN target for empiric review of antibiotic prescriptions Part 3b, a local audit of a minimum of 50 antibiotic prescriptions must be undertaken from a representative sample across all sites and wards.

150 prescriptions were audited across all wards at MCHFT in quarter 2.

An empiric review was documented in the medical notes within 72 hours of commencing treatment for 93% of audited prescriptions for antibiotics in quarter 2.

Trend



Variation

The CQUIN target for empiric review of antibiotic prescriptions Part 3b is for an empiric review to be performed for at least 90% of cases in the sample.

The target was achieved in month.

National CQUIN – Empiric review Part 3b

Board Papers – Quality, Safety & Experience Section: January 2017

Description

Aggregate Position

Trend

Variation

Safety
Thermometer
- Harm Free
Care.

In November 2016 97% of patients received harm free care as measured by the Safety Thermometer.

The Safety Thermometer data is collected during the morning of the first Wednesday of each month and is collected by the nursing staff on duty on the ward assisted by the Divisional Senior Nursing Teams.

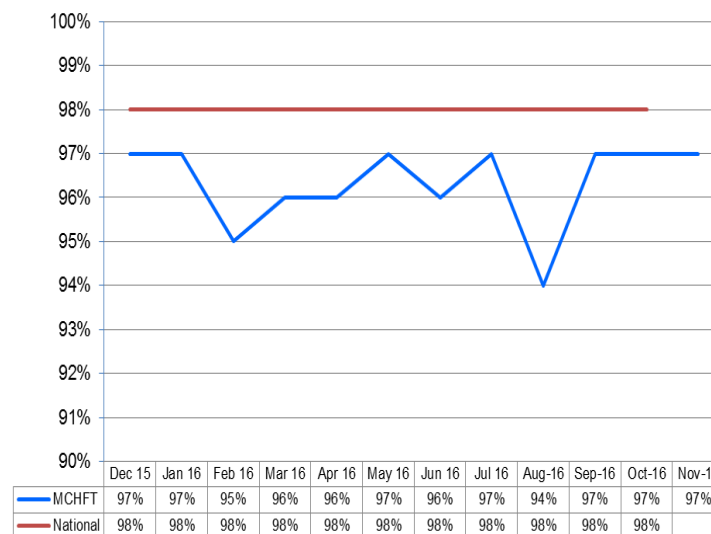
Data is collected on the following each month:

- Hospital Acquired Pressure Ulcers
- Community Acquired Pressure Ulcers
- Patient Falls (Including in and out of hospital falls)
- Urinary Tract Infections
- Catheters
- Venous Thromboembolism (VTE) Risk Assessment
- VTE Prophylaxis
- Hospital Acquired VTE
- Community Acquired VTE

Actions taken include:

- Review of data at appropriate Trust Groups
- Production of ward level Safety Thermometers to aid local improvements



Percentage of patients with Harm Free Care
Safety Thermometer





>95% of patients to receive harm free care as monitored by the Safety Thermometer.

Harm Free
Care

Board Papers – Quality, Safety & Experience Section: January 2017

Description	Aggregate Position	Trend	Variation
Registered Nurses monthly expected hours by shift versus actual monthly hours per shift. Day time shifts only	<p>94.8% of expected Registered Nurse hours were achieved for day shifts.</p> <p>Any registered nurse numbers that fall below 85% are required to have a divisional review and an update of actions provided to the Director of Nursing & Quality and the Deputy Director of Nursing & Quality.</p>	<p>Trend</p> <p>November 2016 94.8%</p> <p>October 2016 95.9%</p> <p>September 2016 95.3%</p>	<p>The lowest staffing levels during the day were on NICU at 82.6%.</p> 
Registered Nurses monthly expected hours by shift versus actual monthly hours per shift. Night time shifts only	<p>100% of expected Registered Nurse hours were achieved for night shifts.</p>	<p>Trend</p> <p>November 2016 100%</p> <p>October 2016 99.6%</p> <p>September 2016 98.4%</p>	<p>The lowest staffing levels during the night were on Ward 15 at 95.6%</p> 

Board Papers – Quality, Safety & Experience Section: January 2017

Description	Aggregate Position	Trend	Variation
Healthcare Assistant monthly expected hours by shift versus actual monthly hours per shift. Day time shifts only	<p>99.3% of expected HCA hours were achieved for day shifts.</p> <p>The NICU staffing is low for unqualified staff, particularly on the day shift.</p> <p>This is predominantly due to sickness.</p> <p>However, assurance can be provided that clinical care has not been compromised during November 2016.</p>	<p>Trend</p> <p>November 2016 99.3%</p> <p>October 2016 95.4%</p> <p>September 2016 100%</p>	<p>The lowest staffing levels during the day were on NICU at 45.4%</p> 
Healthcare Assistant monthly expected hours by shift versus actual monthly hours per shift. Night time shifts only	<p>107.2% of expected HCA hours were achieved for night shifts.</p> <p>For areas with over 100% staffing levels for HCA's this is reviewed and is predominately due to wards requiring 1 to 1 specials for patients following a risk assessment or to increase staffing numbers when there are registered nursing gaps that are not filled.</p>	<p>Trend</p> <p>November 2016 107.2%</p> <p>October 2016 103.8%</p> <p>September 2016 106.8%</p>	<p>The lowest staffing levels during the night were on NICU at 53.3%</p> 

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Ward Name	Main Specialties	Day				Night				Day		Night		Care Hours Per Patient Day			
		Qualified		Unqualified		Qualified		Unqualified		Qualified	Unqualified	Qualified	Unqualified	Cumulative count over month of pts at 23:59 each day	Qualified	Unqualified	Overall
		Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Fill Rate	Fill Rate	Fill Rate	Fill Rate				
MCHT		42498.7	40298.7	30345.5	30133.5	24416	24424.9	16248	17422.4	94.8%	99.3%	100.0%	107.2%	15145	4.3	3.1	7.4
AMU	Gen. Medicine	1950	1846.3	1470	1445.3	1837.5	1788.5	1470	1457.8	94.7%	98.3%	97.3%	99.2%	823	4.4	3.5	7.9
CAU	Paeds	2830.5	2830.5	994	994	1621.5	1621.5	322	322	100.0%	100.0%	100.0%	100.0%	597	7.5	2.2	9.7
Critical Care	Gen. Medicine	3773.5	3773.5	531.5	531.5	2403.5	2403.5	0	0	100.0%	100.0%	100.0%	-	191	32.3	2.8	35.1
Elmhurst	Rehab	847.5	847.5	2160	2148	750	750	1500	1500	100.0%	99.4%	100.0%	100.0%	880	1.8	4.1	6.0
Ward 1	Gen. Medicine	2125	1975	1125	1187.5	1470	1457.8	735	747.3	92.9%	105.6%	99.2%	101.7%	787	4.4	2.5	6.8
Ward 10 SAU	Gen. Surg	1455	1402.5	900	825	562	562	281	477.7	96.4%	91.7%	100.0%	170.0%	299	6.6	4.4	10.9
Ward 10 SSW	Gen. Surg & Urology	1661	1565	960	984	615	615	307.5	297.3	94.2%	102.5%	100.0%	96.7%	638	3.4	2.0	5.4
Ward 12	Gen. Surg & Gynae	2171	2051	1920	1832	922.5	912.3	615	615	94.5%	95.4%	98.9%	100.0%	892	3.3	2.7	6.1
Ward 13	Gen. Surg	2216	2040	1920	1928	922.5	922.5	615	615	92.1%	100.4%	100.0%	100.0%	919	3.2	2.8	6.0
Ward 14	Gen. Medicine	1662	1536	1440	1512	720	720	1080	1200	92.4%	105.0%	100.0%	111.1%	946	2.4	2.9	5.3
Ward 15	Trauma & Ortho	2178.5	1866.5	1920	2200	922.5	881.5	615	758.5	85.7%	114.6%	95.6%	123.3%	917	3.0	3.2	6.2
Ward 18	Gen. Medicine	1360	1328.8	1500	1793.8	735	735	735	1347.5	97.7%	119.6%	100.0%	183.3%	739	2.8	4.3	7.0
Ward 2	Gen. Medicine	1750	1712.5	1500	1450	735	906.5	1102.5	1102.5	97.9%	96.7%	123.3%	100.0%	943	2.8	2.7	5.5
Ward 21B	Rehab	1271.5	1206.5	1755	1683.5	750	750	750	775	94.9%	95.9%	100.0%	103.3%	711	2.8	3.5	6.2
Ward 23	Obstetrics	1200	1187.3	760	747.3	740	740	740	740	98.9%	98.3%	100.0%	100.0%	623	3.1	2.4	5.5
Ward 26	Obstetrics	3059	3059	582.7	582.7	2664	2664	370	370	100.0%	100.0%	100.0%	100.0%	153	37.4	6.2	43.6
Ward 4	Gen. Medicine	1662	1584	1800	1704	720	708	1440	1452	95.3%	94.7%	98.3%	100.8%	954	2.4	3.3	5.7
Ward 5	Gen. Medicine	2377.5	2215	1500	1568.8	1470	1457.8	735	735	93.2%	104.6%	99.2%	100.0%	896	4.1	2.6	6.7
Ward 6	Gen. Medicine	1980	1836.3	1875	1831.3	1470	1421	735	747.3	92.7%	97.7%	96.7%	101.7%	757	4.3	3.4	7.7
Ward 7	Gen. Medicine	1702.5	1658.8	1500	1481.3	735	735	1102.5	1323	97.4%	98.8%	100.0%	120.0%	942	2.5	3.0	5.5
Ward 9	Trauma & Ortho	1646	1438	1440	1344	615	615	307.5	471.5	87.4%	93.3%	100.0%	153.3%	521	3.9	3.5	7.4
NICU	Paeds	1620.2	1338.7	792.3	359.5	1035	1058	690	368	82.6%	45.4%	102.2%	53.3%	17	141.0	42.8	183.8

Board Papers – Quality, Safety & Experience Section: January 2017

Ward Name	Main Specialties	Safety Thermometer Results			
		Hospital Acquired Pressure Ulcers	Patient Falls resulting in harm	CAUTI	New VTE
MCHFT		1.72% (16)	1.07% (10)	0.32% (3)	0.64% (6)
AMU	Gen. Medicine	3.33% (1)	0% (0)	6.67% (2)	3.33% (0)
CAU	Paeds	0% (0)	0% (0)	0% (0)	0% (0)
Critical Care	Gen. Medicine	12.5% (1)	0% (0)	0% (0)	0% (0)
Elmhurst	Rehab	0% (0)	0% (0)	0% (0)	0% (0)
Ward 1	Gen. Medicine	0% (0)	3.33% (1)	0% (0)	3.33% (1)
Ward 10 SAU	Gen. Surg	0% (0)	0% (0)	0% (0)	0% (0)
Ward 10 SSW	Gen. Surg & Urology	0% (0)	4.35% (1)	0% (0)	0% (0)
Ward 12	Gen. Surg & Gynae	0% (0)	0% (0)	0% (0)	0% (0)
Ward 13	Gen. Surg	0% (0)	0% (0)	0% (0)	0% (0)
Ward 14	Gen. Medicine	9.38% (3)	0% (0)	0% (0)	3.12% (1)
Ward 15	Trauma & Ortho	3.45% (1)	0% (0)	0% (0)	0% (0)
Ward 18	Gen. Medicine	0% (0)	0% (0)	0% (0)	0% (0)
Ward 2	Gen. Medicine	6.25% (2)	0% (0)	0% (0)	0% (0)
Ward 21B	Rehab	0% (0)	25% (6)	4.17% (1)	0% (0)
Ward 23	Obstetrics	0% (0)	0% (0)	0% (0)	0% (0)
Ward 26	Obstetrics	0% (0)	0% (0)	0% (0)	0% (0)
Ward 4	Gen. Medicine	0% (0)	0% (0)	0% (0)	0% (0)
Ward 5	Gen. Medicine	0% (0)	0% (0)	0% (0)	0% (0)
Ward 6	Gen. Medicine	7.14% (2)	0% (0)	0% (0)	0% (0)
Ward 7	Gen. Medicine	0% (0)	0% (0)	0% (0)	0% (0)
Ward 9	Trauma & Ortho	0% (0)	4.35% (1)	0% (0)	0% (0)
NICU	Paeds	0% (0)	0% (0)	0% (0)	0% (0)
DN – Alsager	District Nursing	2.33% (1)	0% (0)	0% (0)	0% (0)
DN – Danebridge	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)
DN – Eaglebridge	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)
DN – Firdale	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)
DN – Grosvenor / Hungerford	District Nursing	5.45% (3)	1.82% (1)	0% (0)	1.82% (1)
DN – Middlewich	District Nursing	0% (0)	0% (0)	0% (0)	5.26% (1)
DN – Rope Green / Church View	District Nursing	3.64% (2)	0% (0)	0% (0)	0% (0)
DN – Winsford	District Nursing	0% (0)	0% (0)	0% (0)	4.17% (2)
Intermediate Care	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)

Board Papers – Quality, Safety & Experience Section: January 2017

Experience Section:

Indicators	YTD 16/17	Last four months			
		Aug-16	Sep-16	Oct-16	Nov-16
Complaints received by month	196	29	25	25	20
Complaints being reviewed by the Ombudsman		5	6	6	6
Closed complaints by month	222	15	29	24	35
Contacts raising informal concerns	600	68	72	76	64
Compliments received in month	885	110	106	171	100
Number of new claims received in month	28	0	3	3	3
Number of claims closed	19	4	1	1	1
Number of inquests concluded	7	0	1	1	1
NHS Choices - Star Ratings (Leighton)		4	4	4	4
NHS Choices - Star Ratings (VIN)		4.5	5	4.5	4.5
NHS Choices - Number of new postings	72	14	7	11	12
F&FT Response Rate ED, MIU, UCC and Assessment Areas*		8%	7%	4%	5%
Proportion of positive responses ED, MIU, UCC and Assessment Areas		95%	90%	95%	95%
F&FT Response Rate Inpatients and Daycases		20%	20%	20%	23%
Proportion of positive responses Inpatients and Daycases		98%	99%	98%	98%
F&FT Response Rate Outpatients		5%	4%	4%	8%
Proportion of positive responses Outpatients		94%	94%	96%	96%
F&FT Response Rate Maternity - Birth		22%	16%	16%	19%
Proportion of positive responses Maternity - Birth		98%	97%	100%	98%
F&FT Response Rate Community (CCICP)				10%	26%
Proportion of positive responses Community (CCICP)				96%	92%

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

Board Papers – Quality, Safety & Experience Section: January 2017

Description

Aggregate Position/Description

Trend

Monthly Trust complaints received by the Trust

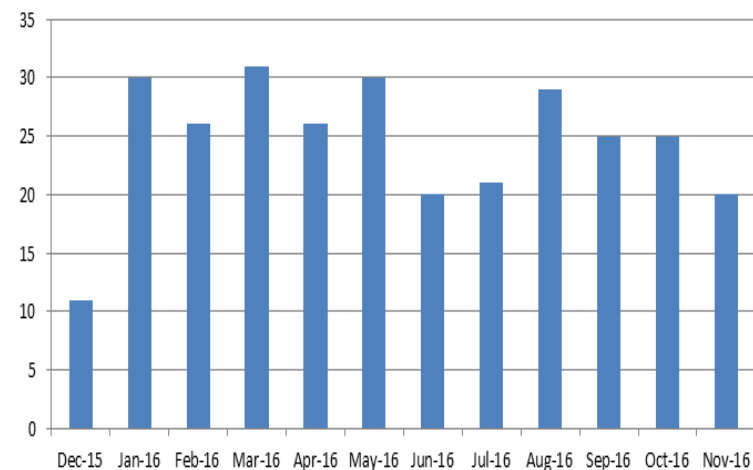
20 complaints were received in November 2016 which covered 48 categories. The highest categories were:

- Communication
- Medical – Diagnosis Problems
- Medical - Other

Highest 3 areas receiving complaints/issues were:

- Emergency Department 4 complaints / 9 issues
- Paediatric Medical 2 complaints / 6 issues
- Outpatients 1 complaints / 4 issues

Complaints received by month



Formal Complaints

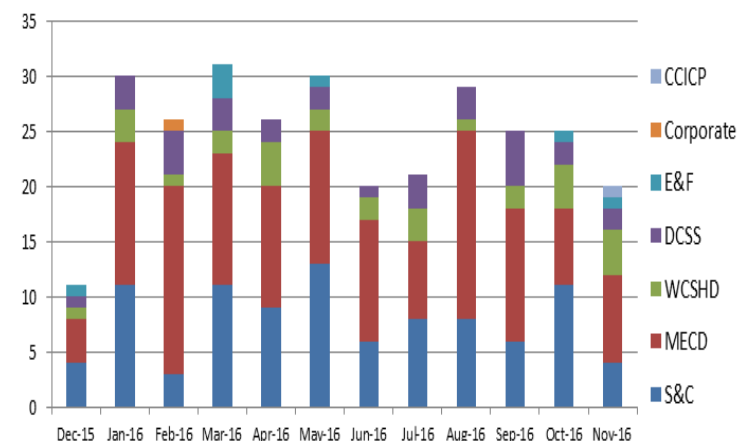
Number of formal complaints by Division

This graph shows the breakdown of complaints by month for each division.

S&C: 4
DCSS: 2
W&CD: 4
MECD: 8
CCICP: 1
E&F: 1

Examples of complaints for November 2016:
S&C – Poor communication regarding cataract surgery requirement
DCSS – Lack of diagnosis from surgical clinic
W&CD – Lack of privacy in clinical examination
MECD – Missed diagnosis in the ED
CCICP – Inappropriate wheelchair provision

Complaints received by Division



Formal Complaints by Division

Board Papers – Quality, Safety & Experience Section: January 2017

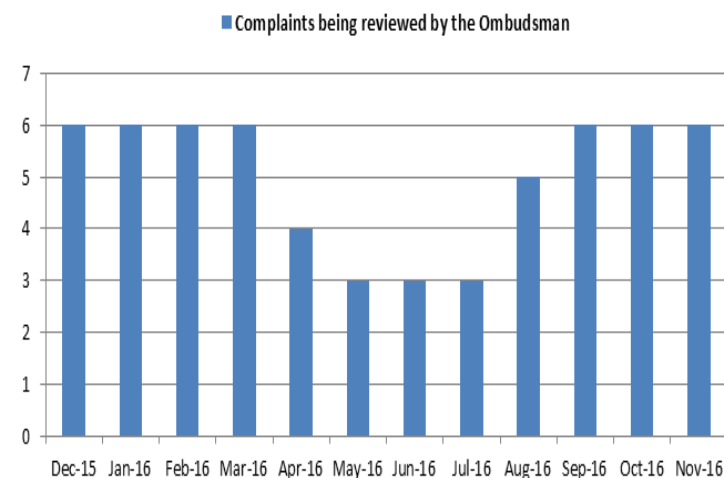
Description

Aggregate Position/Description

Trend

Complaints being reviewed by the Public Health Service Ombudsman

In November 2016 6 complaints were active with the Public Health Service Ombudsman

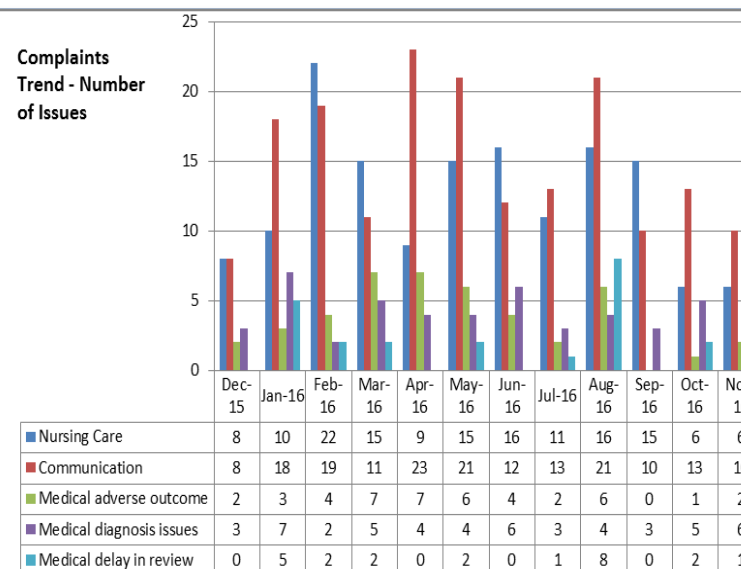


Ombudsman

Complaint Trends and number of issues

The main trends in November 2016 were:

- Communication
- Nursing care
- Medical diagnosis issues



Complaint Trends

Board Papers – Quality, Safety & Experience Section: January 2017

Description

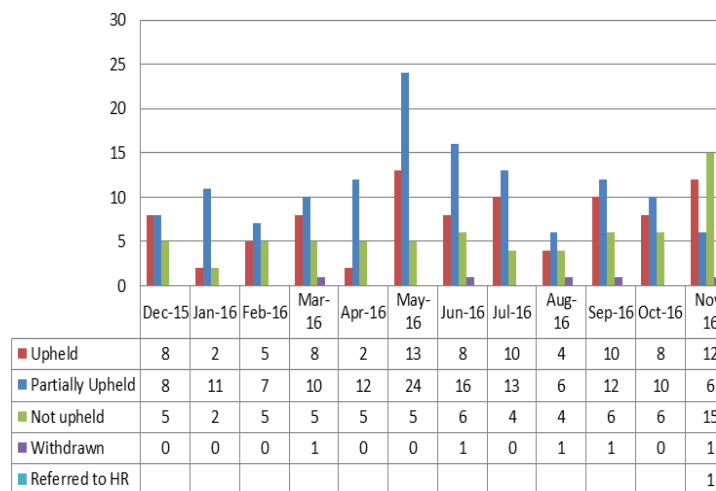
Aggregate Position/Description

Trend

Closed
Complaints

35 complaints were closed in November 2016

Closed Complaints By Month



Closed
Complaints

Closed
Complaints
by Division

The Table provides a breakdown of closed complaints by division, demonstrating those complaints which were upheld, not upheld or partially upheld.

Division	Upheld	Partially Upheld	Not Upheld	Withdrawn	Ref HR	Sub-Total
Medicine and Emergency Care	7	6	2	1	0	16
Surgery and Cancer	4	7	3	0	0	14
Diagnostics & Clinical Support Services	1	1	0	0	0	2
Women's and Children's	0	1	0	0	1	2
Estates & Facilities	0	0	0	0	0	0
CCICP	0	0	1	0	0	1
		Total closed				35

Board Papers – Quality, Safety & Experience Section: January 2017

Complaints closed by Division

Department Division	Specialty	Department	Details Of Complaint	Outcome Details	Lessons Learned	Incident Link ?
Division of Diagnostic and Clinical Support Services						
Division of Medicine and Emergency Care						
Surgery and Cancer Division						
Women's and Children's Division						
Estates & Facilities Division						
None in period						
CCICP						

Board Papers – Quality, Safety & Experience Section: January 2017

Description

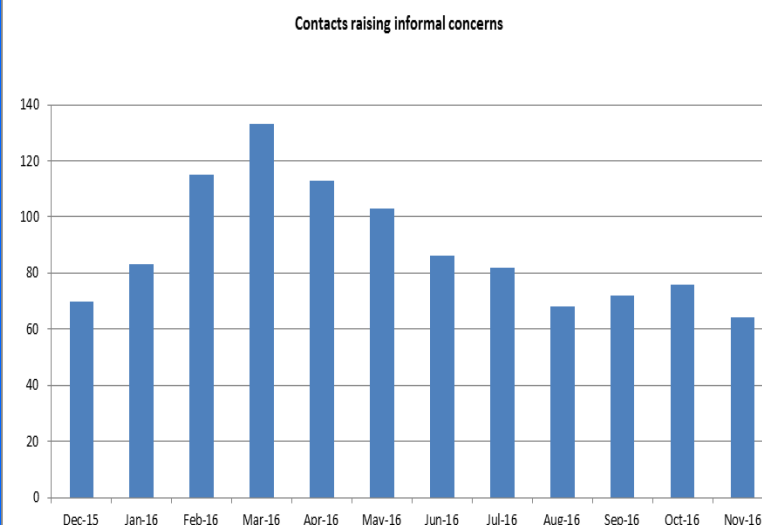
Aggregate Position/Description

Trend

Informal Concerns Numbers

The number of contacts raising informal concerns for November 2016 was 64, a decrease of 12 on the previous month.

The Surgery and Cancer Division has received the largest number of issues with 23 contacts raising concerns.



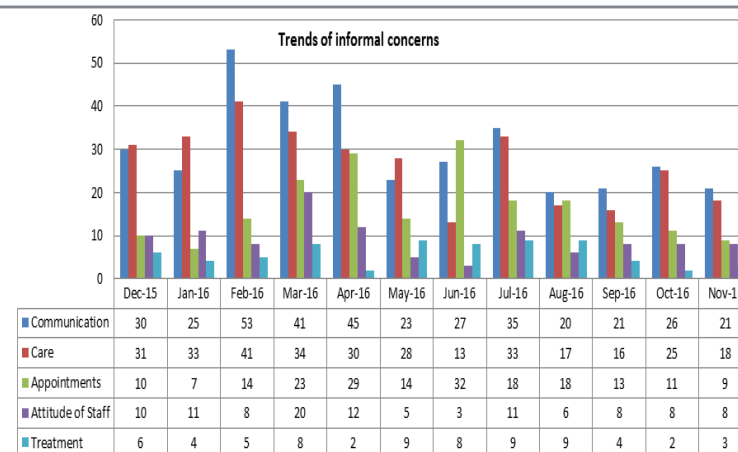
Informal
Concerns
Feedback

Informal Concerns Trends

Communication was the highest trend for informal concerns in November 2016, with 9 of the issues raised belonging to the Division of Medicine and Emergency Care, 3 being with the emergency department and respiratory respectively.

Of the 18 issues relating to care, 9 were for the Division of Medicine and Emergency Care, 5 of which relate to medical care in the emergency department.

Of the 9 issues relating to appointments, 7 belong to the Surgery and Cancer Division, 3 being cancellations within general surgery.



Informal
Concerns
Trends

Board Papers – Quality, Safety & Experience Section: January 2017

Description	Aggregate Position/Description	Trend
New claims received	Paragraph removed under Section 43 of the Freedom of Information Act	Chart removed under Section 43 of the Freedom of Information Act
		Claims
Claims closed with/without damages	1 clinical negligence claim was closed in November 2016 which was not upheld. No employer's or public liability claims were closed.	Chart removed under Section 43 of the Freedom of Information Act
		Closed Claims

Board Papers – Quality, Safety & Experience Section: January 2017

Description	Aggregate Position/Description	Trend
Value of claims closed by month	No damages were paid out on claims in November 2016.	Chart removed under Section 43 of the Freedom of Information Act
		Value of Claims
Top five claims by Specialty	2 claims were received which relate to the Trust's top five specialties for claims.	Chart removed under Section 43 of the Freedom of Information Act
		Top 5 Claims by Specialty

Board Papers – Quality, Safety & Experience Section: January 2017

Description	Aggregate Position /Description	Trend																										
Number of Inquests concluded by month	<p>1 inquest was concluded in November 2016 and the Coroner delivered a narrative conclusion.</p> <p>There were no identified lessons learned.</p>	<p>Inquests concluded by month</p> <table border="1"><thead><tr><th>Month</th><th>Inquests</th></tr></thead><tbody><tr><td>Dec-15</td><td>0</td></tr><tr><td>Jan-16</td><td>2</td></tr><tr><td>Feb-16</td><td>1</td></tr><tr><td>Mar-16</td><td>0</td></tr><tr><td>Apr-16</td><td>1</td></tr><tr><td>May-16</td><td>0</td></tr><tr><td>Jun-16</td><td>1</td></tr><tr><td>Jul-16</td><td>3</td></tr><tr><td>Aug-16</td><td>0</td></tr><tr><td>Sep-16</td><td>0</td></tr><tr><td>Oct-16</td><td>1</td></tr><tr><td>Nov-16</td><td>1</td></tr></tbody></table>	Month	Inquests	Dec-15	0	Jan-16	2	Feb-16	1	Mar-16	0	Apr-16	1	May-16	0	Jun-16	1	Jul-16	3	Aug-16	0	Sep-16	0	Oct-16	1	Nov-16	1
Month	Inquests																											
Dec-15	0																											
Jan-16	2																											
Feb-16	1																											
Mar-16	0																											
Apr-16	1																											
May-16	0																											
Jun-16	1																											
Jul-16	3																											
Aug-16	0																											
Sep-16	0																											
Oct-16	1																											
Nov-16	1																											
NHS Choices Star Ratings	<p>Leighton Hospital is rated at 4 stars.</p> <p>Victoria Infirmary, Northwich is rated at 4.5 stars.</p> <p>The above ratings are based on 181 postings received to date.</p> <p>All postings in October were for Leighton Hospital</p>	<p>Leighton Hospital</p> <p>4 Stars </p> <p>Victoria Infirmary</p> <p>4.5 Stars </p>																										

Board Papers – Quality, Safety & Experience Section: January 2017

Description	Aggregate Position /description	Trend																																																																														
NHS Choices postings	<p>There were 12 postings on NHS Choices in November</p> <p>Examples of feedback included:</p> <p>Critical Care “I have been blown away by the care and work ethic of all the nurses, doctors, consultants. “</p> <p>Maternity “The responsiveness of the maternity team was nothing short of outstanding with the emergency lever being pulled and 6 staff almost immediately appearing in the room, and the co-ordination of the team, with everyone knowing their exact role and working so well together leading to our baby being born quickly and healthily”</p> <p>A&E “Every time we asked how long the wait would be - we got a rude or arrogant reply as if we were such an inconvenience to the staff”</p>	<p>NHS Choices - Numbers of New Postings</p> <table><thead><tr><th></th><th>Nov-15</th><th>Dec-15</th><th>Jan-16</th><th>Feb-16</th><th>Mar-16</th><th>Apr-16</th><th>May-16</th><th>Jun-16</th><th>Jul-16</th><th>Aug-16</th><th>Sep-16</th><th>Oct-16</th></tr></thead><tbody><tr><td>Negative</td><td>1</td><td>0</td><td>3</td><td>3</td><td>2</td><td>2</td><td>0</td><td>2</td><td>2</td><td>7</td><td>1</td><td>7</td></tr><tr><td>Positive</td><td>7</td><td>10</td><td>6</td><td>2</td><td>6</td><td>1</td><td>4</td><td>9</td><td>8</td><td>7</td><td>6</td><td>4</td></tr></tbody></table>		Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Negative	1	0	3	3	2	2	0	2	2	7	1	7	Positive	7	10	6	2	6	1	4	9	8	7	6	4																																							
	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16																																																																				
Negative	1	0	3	3	2	2	0	2	2	7	1	7																																																																				
Positive	7	10	6	2	6	1	4	9	8	7	6	4																																																																				
The Family and Friends Test asks patients if this would recommend our hospital services to a friend or relative based on their treatment and experience	<p>In November 2016 the Trust has scored the following positive response scores :</p> <p>Inpatients and day cases - 98%</p> <p>Emergency care /Assessment areas - 95%</p> <p>Outpatients - 96%</p> <p>Maternity - 98%</p> <p>CCICP - 92%</p> <p>In total 3589 responses were received and 97% of patients would recommend our hospital services.</p>	<p>FFT Positive Response Score - December 2015 onwards</p> <table><thead><tr><th></th><th>Dec-15</th><th>Jan-16</th><th>Feb-16</th><th>Mar-16</th><th>Apr-16</th><th>May-16</th><th>Jun-16</th><th>Jul-16</th><th>Aug-16</th><th>Sep-16</th><th>Oct-16</th><th>Nov-16</th></tr></thead><tbody><tr><td>ED, MIU, UCC & Assessment</td><td>95%</td><td>96%</td><td>88%</td><td>96%</td><td>96%</td><td>93%</td><td>95%</td><td>93%</td><td>90%</td><td>95%</td><td>95%</td><td>95%</td></tr><tr><td>IP & Day Cases</td><td>97%</td><td>97%</td><td>97%</td><td>97%</td><td>98%</td><td>98%</td><td>98%</td><td>98%</td><td>98%</td><td>98%</td><td>98%</td><td>98%</td></tr><tr><td>Maternity</td><td>95%</td><td>100%</td><td>100%</td><td>98%</td><td>98%</td><td>98%</td><td>97%</td><td>100%</td><td>98%</td><td>97%</td><td>100%</td><td>98%</td></tr><tr><td>Outpatient</td><td>94%</td><td>94%</td><td>95%</td><td>93%</td><td>94%</td><td>94%</td><td>95%</td><td>93%</td><td>94%</td><td>94%</td><td>96%</td><td>96%</td></tr><tr><td>CCICP</td><td>94%</td><td>94%</td><td>94%</td><td>93%</td><td>93%</td><td>93%</td><td>93%</td><td>93%</td><td>93%</td><td>93%</td><td>93%</td><td>92%</td></tr></tbody></table>		Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	ED, MIU, UCC & Assessment	95%	96%	88%	96%	96%	93%	95%	93%	90%	95%	95%	95%	IP & Day Cases	97%	97%	97%	97%	98%	98%	98%	98%	98%	98%	98%	98%	Maternity	95%	100%	100%	98%	98%	98%	97%	100%	98%	97%	100%	98%	Outpatient	94%	94%	95%	93%	94%	94%	95%	93%	94%	94%	96%	96%	CCICP	94%	94%	94%	93%	93%	93%	93%	93%	93%	93%	93%	92%
	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16																																																																				
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CCICP	94%	94%	94%	93%	93%	93%	93%	93%	93%	93%	93%	92%																																																																				

NHS Choices - Postings

Family & Friends Test

Board Papers – Quality, Safety & Experience Section: January 2017

Description

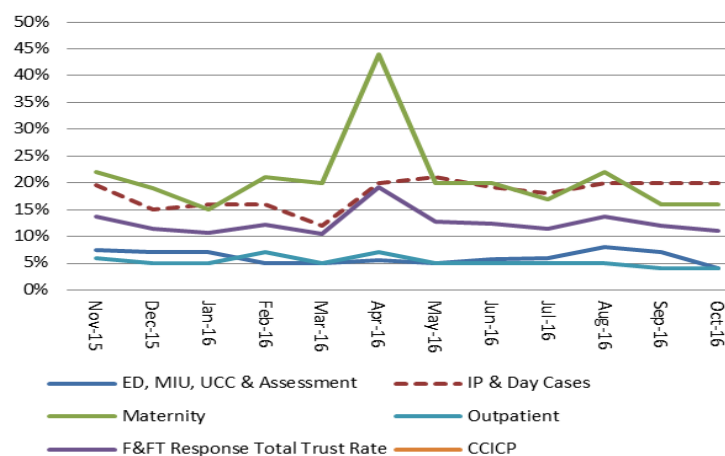
Aggregate Position

Trend

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

November-16	% Response	Total Responses received	How many would recommend
Ward/Dept			
A&E , UCC & MIU	5%	281	267
Inpatients & Daycases	23%	1049	1028
Maternity	19%	44	43
Outpatients	8%	1633	1574
CCICP	26%	450	415

FFT Response Rate - October 2015 onwards



Family & Friends Test

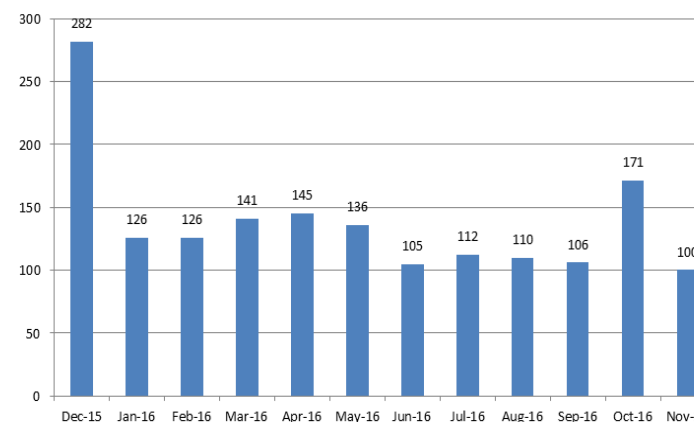
Compliments received

There were 100 compliments/thank-you's received for November 2016.

'I came in to have a gastroscopy at Leighton Hospital. I just wanted to thank all the staff that dealt with me that day, they all made me feel at ease especially the staff nurse who was very comforting when I was having the procedure.'

'I recently had a stay on wards 12 and 13 and would like to say that the nurses were all amazing. Nothing was too much trouble and I could not fault any of the care given. The cleaner also does a fantastic job, being very thorough. The wards were very clean.'

Compliments



Compliments

Title of Paper :	Health and Safety Policy		
Author:	Wendy Astle-Rowe		
Executive Lead:	Tracy Bullock		
Type of Report:	Concept Paper		
	Strategic Options Paper		
	Business Case		
	Information		
	Review/Benefits/Audit		✓
Link to Strategic Objectives:		Link to Domain:	
Quality, Safety & Experience	✓	Safe	✓
Strong Progressive FT		Effective	
Organisational Delivery	✓	Caring	
Workforce Development & Effectiveness		Responsive	
Fit for Purpose Infrastructure	✓	Well-Led	✓
Emergency Preparedness			
Link to Board Responsibility:	Performance		
	Accountability		✓
	Strategy		✓
	Implementation		
Action Required:	Decide		
	Approve		
	Note		✓
	Recommend		
	Delegate		
Positive Benefit:	Ongoing legal compliance and development of a positive culture for health and safety		
Risk:	Implementation The Trust has invested in 130 IOSH Managing Safely licences for managers, it is not mandatory and therefore there may be gaps in knowledge and understanding of individual responsibilities by some managers. There are approximately 35 licences still available for take-up (with no expiry date). There are approximately 210 managers and supervisors in the Trust.		
To be published on Trust Website –complete version		Y	
If no, to be published on Trust Website – redacted		N/A	
If not to be published complete or redacted, please detail the reason why			
Presented at Board Meeting of:	9 th January 2017		

Health and Safety Policy

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

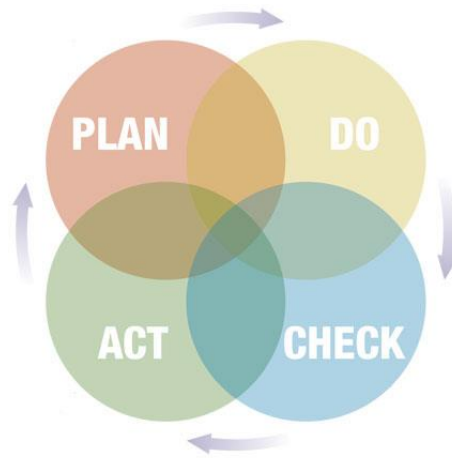
Document Type:	Policy – Non Clinical
Version:	13
Date of Issue:	November 2016
Renewal by:	November 2019
Lead Director:	Medical Director
Post Responsible for Update:	Health and Safety Lead
Approval Committee:	Health and Safety Group
Approved by them in the minutes of:	17th November 2016
Distribution to:	All Trust staff via the Trust Intranet

Contents:

Heading Number	Heading (Insert Title)	Page Number
	Contents / Risk rating	2
1	Introduction / Purpose	4
2	General Document (Insert title)	5
3	Definitions	9
4	Associated Documents	10
5	Duties	10
6	Consultation and Communication with Stakeholders	14
7	Implementation	14
8	Education and training	15
9	Monitoring and review	15
10	References / Bibliography	15
11	Appendices	15

Risk Rating			
Who will be affected by this procedure?	Trust Employees / Patients / Visitors / General Public / Contractors		
Is there an existing risk assessment related to this procedure?	No		
If No is one required?	No		
If Yes does it require updating?	N/A		
	A Consequence (1-5)	B Likelihood of Occurrence (1-5)	C Risk rating (A x B = C)
Raw Risk Rating (no control measures in place)	5	5	25
Final Risk Rating (control measures in place)	5	1	5
Name: Health and Safety Lead		Date:	17/10/2016

Policy Pathway



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

1 Introduction

1.1 Policy Statement

Mid-Cheshire Hospitals NHS Foundation Trust (the Trust) is totally committed to providing a work environment which supports the health, safety and well-being of staff, patients and visitors, and providing visible leadership in respect of this from the Executive Team to all levels of management and staff. The Trust will continually strive to:

- make on-going improvements to the working environment
- ensure that systems are in place to enable us to monitor, maintain and where required to improve our performance
- identify and manage health and safety risks in a proportionate manner relative to the significance of the risks and impact on the achievement of the Trust's Strategic Objectives
- reduce the number and seriousness of injuries and cases of ill-health reported each year by conducting pro-active inspections, audits and investigations of incidents to identify and adapt to any lessons learned
- involve all those in the workplace regarding how they can contribute to an improved health and safety performance
- encourage staff participation in decisions regarding the management of health and safety at corporate and local levels
- promote a positive culture of incident reporting
- promote commitment and recognition of what **real** health and safety is about through suitable training and information
- ensure that management systems are reviewed and updated to reflect legislative and national guidance and to encourage best practice
- ensure that adequate resources are made available for health and safety
- ensure co-operation with others who share the workplace and co-ordinate plans with them
- ensure that those who fail in their health and safety duties are held to account

Signed Chief Executive Officer (on behalf of the Board of Directors)

Tracy Bullock

Signed Medical Director

Dr Dodds

Signed Divisional General Manager

Division/Name _____/_____

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

2 General Document Principles

2.1 General Document Principles

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

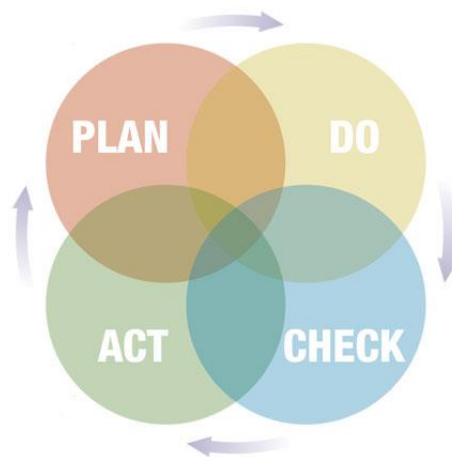


Figure 1 – HSG65 Model (HSE, 2013)

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

Plan

- determining Trust policy
- planning for implementation

Do

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

Check

- measuring Trust performance
- investigating accidents and incidents

Act

- reviewing Trust performance
- learning lessons

2.1.1 Plan

Policy

The Trusts overall commitment and targets to providing a positive Health and Safety culture are outlined in the Health and Safety Policy Statement section 1 of this document, page 4.

The Trust will ensure visible leadership in respect to the achievement of this. The Health and Safety Policy Statement is signed by the Chief Executive Officer on behalf of the Trust Board and the Divisional General Manager for each division (DGM) (this is the Divisional Director within the Estates and Facilities Division). The DGM is responsible for displaying this at a local level.

Trust organisational arrangements are outlined within this policy and within specific related Health and Safety procedures and guidelines which can be located on the Trust intranet site (please note that this is not exhaustive and is subject to change). They link and are integral to supporting the Trust objectives outlined in Trust's Corporate Strategy 2011-2020

- Risk Management Strategy (2014-2017)
- Risk Management Policy
- Risk Assessment Procedure
- Health and Safety Workplace Inspections Procedure
- Fire Safety Policy
- Fire Evacuation Procedure
- Moving and Handling Procedure
- Work Equipment Procedure
- Control of Substances Hazardous to Health Guideline
- Management of Asbestos Containing Materials Procedure
- Incident Reporting Procedure
- Incident Investigation, Learning and Improvement
- New and Expectant Mothers Procedure
- Managing the Risks Associated with Work Related Stress Procedure
- Noise at Work Procedure
- Management of Aggressive Behaviour Procedure
- Management of Contractors Procedure
- Management of Construction Projects Procedure
- Lone Working Procedure

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

Implementation

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

2.1.2 Do

Risk Profiling

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

By identifying and classifying risks, suitable control measures can be put into place to reduce unacceptable risks to an acceptable level. By identifying all risks, a proportionate and measured approach can be used to manage them effectively in line with the Trusts key organisational objectives as outlined in the Trust's Corporate Strategy 2011-2020

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

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

Organising

The roles and responsibilities of specified roles regarding health and safety are clearly outlined within this document and associated procedures including the:-

- Risk Management Strategy (2014-2017)
- Risk Assessment Procedure

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

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

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

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

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

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

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

Plan Implementation

An essential element of planning for Health and Safety improvement lies with risk assessment which includes identification of hazards, evaluation of risks and identification/implementation of suitable control measures which is outlined in the Trusts Risk Assessment Procedure. Identified risks should be managed via the Trusts Risk Management Policy in a manner proportionate to the risks.

2.1.3 Check

Measuring Performance

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

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

Investigating Accidents and Incidents

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

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

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

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

2.1.4 Act

Reviewing Trust Performance

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

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

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

Lessons Learned

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

Local action plans should include any outstanding actions identified via risk assessment, investigations, inspections or other workplace monitoring.

Applying the HSG65 model is a continuous process throughout the life of a business, it is well recognised as being an effective method of improving the overall Health and Safety culture of an organisation and makes good business sense as it is likely to reduce the number of incidents resulting in injury and ill-health thus improving the general functioning of the business.

3 Definitions

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

Policy

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

A policy is a "must do"; there should be no deviation from the actions as defined in the policy. Any deviation must be discussed and approved by the Strategic Integrated Governance Committee.

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

HSG 65 – HSE Model for Successful Health and Safety Management

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

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

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

‘HSE’ – Health and Safety Executive – enforcers of health and safety legislation

4 Associated Documents

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

- Risk Management Strategy (2014-2017)
- Risk Management Policy
- Risk Assessment Procedure
- Health and Safety Workplace Inspections Procedure
- Fire Safety Policy
- Fire Evacuation Procedure
- Moving and Handling Procedure
- Work Equipment Procedure
- Control of Substances Hazardous to Health Guideline
- Management of Asbestos Containing Materials Procedure
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- Incident Investigation, Learning and Improvement
- New and Expectant Mothers Procedure
- Managing the Risks Associated with Work Related Stress Procedure
- Noise at Work Procedure
- Management of Aggressive Behaviour Procedure
- Management of Contractors Procedure
- Management of Construction Projects Procedure
- Lone Working Procedure

5 Duties

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

5.1 Duties within the Organisation

5.1.1 Board of Directors

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

5.1.2 Chief Executive Officer (CEO)

The Chief Executive Officer has overall responsibility for ensuring that;

- appropriate Health and Safety Management Systems are in place
- Health and Safety risks are profiled and given due consideration alongside all other business risks
- adequate resources are available for the management of Health and Safety within the Trust.

- Health and Safety within the Trust is promoted for continuous development of a positive Health and Safety culture
- Adequate Health and Safety training and information is available to all staff

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

5.1.3 Medical Director

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

5.1.4 Head of Integrated Governance

The Head of Integrated Governance will;

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

5.1.5 Divisional Boards

Divisional Boards are responsible for the implementation of the Trust Health and Safety Policy. Health and Safety is to be a key objective within the Corporate and Divisional Assurance framework and will be monitored on at least a quarterly basis.

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

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

Each DGM is responsible for;

- committing to the Trust Health and Safety Policy, signing and displaying the Policy Statement locally
- ensuring the active management of Trust and Divisional policies and procedures to ensure the effective management of risk including Health and Safety within their respective areas.
- promoting a positive and supportive Health and Safety culture throughout the Trust
- encouraging the reporting of Health and Safety incidents and any hazards presenting a risk to the health, safety and well-being of individuals
- ensuring staff are adequately trained to carry out their Health and Safety duties

5.1.7 Risk and Governance Managers

Risk and Governance Managers are responsible for;

- attending Divisional Board sub committees meetings with delegated responsibility for advising on Health and Safety issues and reporting on local risks
- supporting the implementation of Health and Safety policies and procedures locally

- ensuring that systems are in place within their Division for the identification, assessment and control of risks to include monitoring and audit
- attending the Health and Safety Committee and reporting on any identified significant risks and those which may affect other areas of the Trust

5.1.8 Health and Safety Group (HSG)

The Health and Safety Group is responsible for;

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

5.1.9 The Executive Infrastructure Development Group (EIDG) is responsible for reviewing issues which have been escalated by the HSG

5.1.10 Risk and Governance Group

The Risk and Governance Group is responsible for providing information and assurances to the board of directors that the Trust is safely managing all issues relating to divisional risk and governance issues including Health and Safety risks. It's role is to;

- support Divisional Risk and Governance Managers in the management of local and corporate risks.
- monitor local and corporate risks rated 15 and above.
- monitor progress of any outstanding accident investigations
- receiving and discussing exception reports from the Divisional Risk & Governance Managers in the agreed Trust format
- reviewing and aggregating incidents, complaints & claims data to identify trends, formulate action plans as required and promote organisational learning
- providing examples of divisional changes in practice and safety and quality improvement through the risk and governance processes
- reviewing and sharing adherence to national policy/guidance including Health & Safety Executive documents
- reviewing the divisional requirements in relation to visits of accreditation, inspection or investigation
- highlighting issues to be escalated in line with the Integrated Governance Structure via the Operational Safety and Effectiveness Group

5.1.11 Health and Safety Lead and Team

The Health and Safety Lead and Team are responsible for;

- developing the Corporate Health and Safety Policy and Procedures
- developing a Corporate Health and Safety Management System and disseminating this to Divisions
- auditing and reviewing standards laid down in specific Health and Safety procedures

- reporting all RIDDOR reportable incidents and assisting managers in investigating reportable incidents and injuries
- analysing incident data to identify any developing trends
- producing an annual Health and Safety report
- proactively supporting and advising on the development of a positive Health and Safety culture within resources
- advising on all matters relating to health and safety
- liaising with the HSE and other relevant bodies to maintain good relationships and correspond effectively on Health and Safety matters

5.1.12 Occupational Health Manager

The Occupational Health Manager is responsible for;

- ensuring that a suitable and sufficient health surveillance programme is in place to for staff exposed to known health hazards.
- provide departments and the Health and Safety Group with general findings of health surveillance which is relevant to the ongoing safety and health of individuals in the workplace.
- ensure the attendance of an Occupational Health representative at the Health and Safety Group to advise on relevant matters under discussion

5.1.13 Departmental/Ward Managers

Managers are responsible for;

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

5.1.14 Key Workers/Risk Assessors/COSHH Assessors

Key workers are trained in specific areas of Health and Safety e.g. manual handling, risk assessment and COSHH. They act as a resource to local departments to assist and

support in areas where they have received specific training. They are responsible for completing specific assessments relative to their training and their area of work as required by local management.

5.1.15 Staff Representatives

The role of Nominated Staff Representatives does not carry specific duties but they have rights and functions to;

- investigate potential hazards and dangerous occurrences in the workplace
- to examine the causes of accidents at the workplace
- investigate complaints by any employee he represents relating to that employee's health, safety or welfare at work and make representations
- to make representations on general matters affecting the health safety or welfare at work of the employees
- to carry out inspections in relation to Health and Safety
- to represent the employees he was appointed to represent in consultations at the Health and Safety Executive
- to receive information from HSE inspectors
- to attend meetings of safety committees(in work time) in his capacity as a safety representative in connection with any of the above functions

5.1.16 All Staff

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

All staff have responsibility;

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

6 Consultation and Communication with Stakeholders

- Chief Executive Officer
- Medical Director
- Health and Safety Committee
- Heads of Service
- Divisional General Managers
- Divisional Heads of Nursing
- Risk & Governance Managers
- Head of Integrated Governance
- Patient Safety Lead
- Patient Safety Manager
- Governance Lead
- Joint Consultation and Negotiation Committee Staff Side Secretary

- Occupational Health Department
- Human Resources
- Senior Managers
- Ward & Department Managers

Governance.policies@mcht.nhs.uk

7 Implementation

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

8 Education and Training

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

9 Monitoring and Review

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

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

10 References / Bibliography

- Parliament. (1974), *The Health and Safety at Work etc. Act 1974(HSWA)*. Statutory Instrument Her Majesty's Stationary Office(HMSO): London
- Parliament. (2002), *The Management of Health and Safety at Work Regulations 1992 as amended 2002*. Statutory Instrument. Her Majesty's Stationary Office(HMSO): London
- Health and Safety Executive(HSE) (2013), *Managing for Health and Safety – web based edition of 23rd Edition 1997* [online] Available from: <http://www.hse.gov.uk/pubns/priced/hsg65.pdf> [Accessed 17th October 2016]

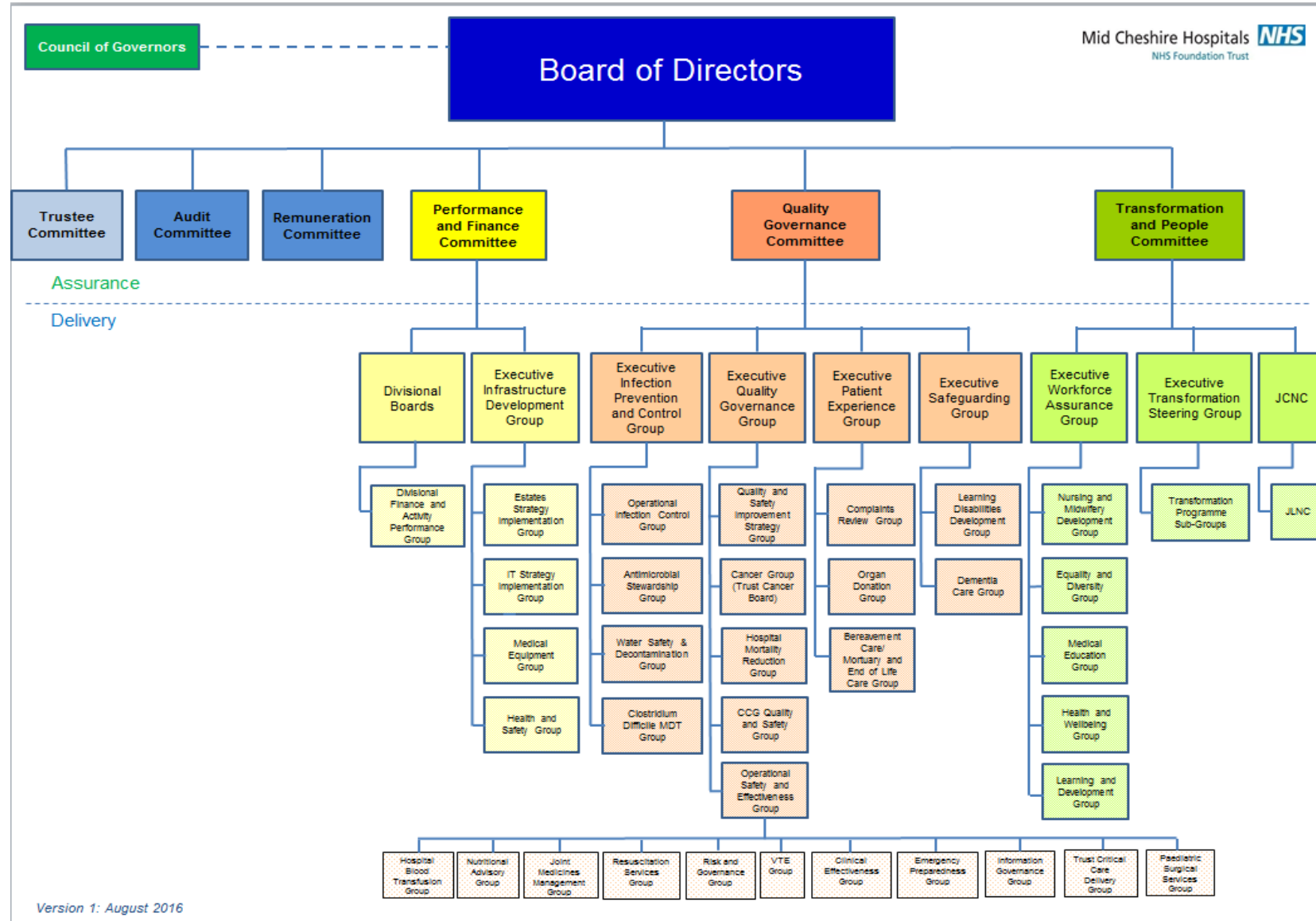
11 Appendices

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

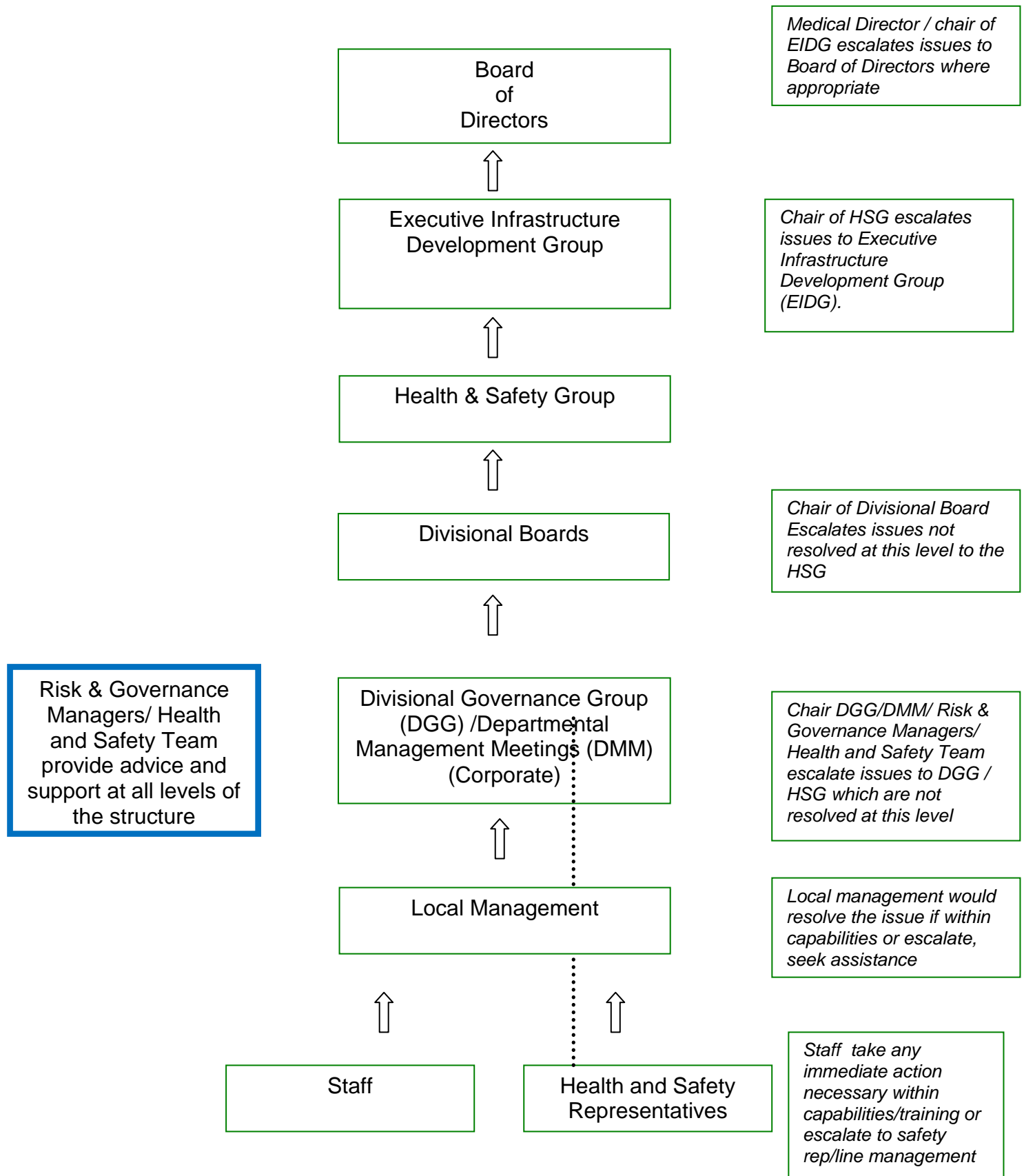
1. Integrated Governance Structure

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

Appendix 1



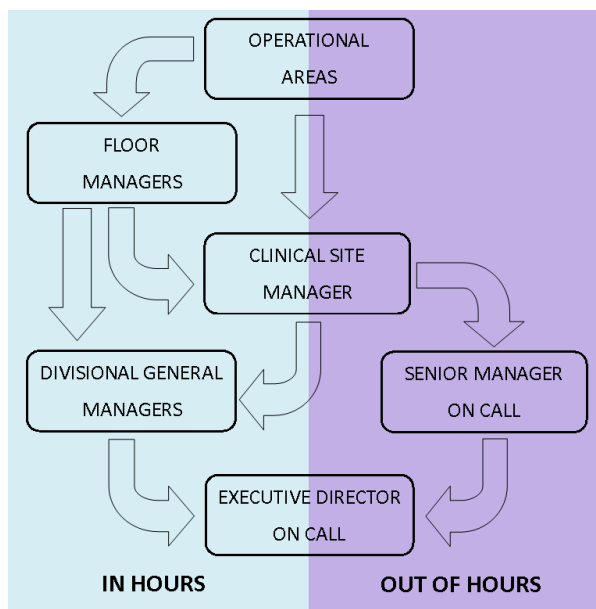
Appendix 2a-Escalation Chart for Health & Safety Issues



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

Appendix 2b

Escalation of issues or incidents with the potential to cause imminent harm should be escalated via the Trust Escalation procedure. The communication structure within escalation situations will vary between in and out of hours. The diagram below illustrates this variance and the Trust staff to which issues will be escalated.



Operational Contact Details

Mon-Fri 0900hrs – 1700hrs

- ☐ Clinical Site Manager: Bleep 7000
- ☐ The Floor Manager for Division of Medicine and Emergency Care: Bleep 3120
- ☐ The Floor Manager for Surgery and Cancer Division: Bleep 2299
- ☐ The Floor Manager for the Women, Children's Division: Bleep 3971
- ☐ The Floor Manager for Diagnostics & Clinical Services: Bleep 3201
- ☐ Estates & Facilities Helpdesk: Ext 2601
- ☐ Health and Safety Team are available to advise and support Ext 3413, 2304

Outside normal working hours:

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

APPENDIX A - Control Sheet

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

VERSION CONTROL SHEET			
Date dd/mm/yy	Version	Author	Reason for changes
30/10/10	11	Wendy Astle-Rowe	Due for review
25/10/13	12	Wendy Astle-Rowe	Due for review
18/11/2016	13	Wendy Astle-Rowe	Due for review

APPENDIX B - Training needs analysis

Communication/Training Plan (for all new / reviewed documents)	
Goal/purpose of the communication/training plan	To update all staff on the revised Trust Health and Safety Policy
Target groups for the communication/training plan	All staff
Target numbers	4300
Methodology – how will the communication or training be carried out?	Uploaded on the Trust intranet site
Communication/training delivery	Disseminated by the Trusts Health & Safety Group via the monthly reports and on the Trust Intranet
Funding	None
Measurement of success. Learning outcomes and/or objectives	Reduction in number of Health and Safety incidents resulting in harm. Completion of workplace health and safety inspections and risk assessments. Monitoring of progression of actions identified to remedy gaps identified via the above.
Review effectiveness – learning outputs	As above.
Issue date of Document	November 2016
Start and completion date of communication/training plan	November 2016
Support from Learning & Development Services	None

Appendix C

Equality Impact Assessment

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

Health and Safety Policy

SECTION A

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

4	Other Human Rights (see guidance note)	N	
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Date: 18/11/16
Signature:
Date: /16
Signature:

Name: Wendy Astle-Rowe
Job Title: H&S Lead
Name:
Job Title: Head of Integrated Governance

SECTION B

Please expand tables below as necessary

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

Board of Directors Performance Report

November 2016

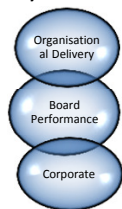
**"To Deliver Excellence in Healthcare through Innovation &
Collaboration"**

Introduction

Performance Report

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

The Monthly Performance Report will focus upon delivery of service improvements within 3 key domains:



The delivery of the service improvements within the 3 key domains are also reflected in the Board Assurance Framework which identifies where the organisation has insufficient assurance in delivering the strategic objectives of the organisation.

Within this Performance Report the indicators within each domain are presented on a summary page with the current month and year to date performance given. All indicators are measured against a NHS Improvement, national, peer or locally agreed target. A further analysis of all measures within each domain is then provided with supporting trend information and narrative. Performance against each indicator is rated as either red/green against the year to date or single month/quarter target as appropriate. Supporting narrative is provided on an exception basis.

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

Tracy Bullock
Chief Executive

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Headline Measures

Organisational Delivery			
Indicator	Standard	YTD	Nov-16
Cancer			
Urgent referrals seen in 2 wks (%)	93.00%	98.03%	98.80%
No of Patients Seen		6,031	747
No of Breaches		119	9
62 day from urgent GP (%)	85.00%	92.97%	93.88%
No of Patients Seen		470	49
No of Breaches		33	3
62-day wait for first treatment from NHS Cancer Screening Service referra	90.00%	94.84%	100.00%
No of Patients Seen		78	12
No of Breaches		4	0

Unplanned Activity			
A&E <4hrs Standard (%)	95.00%	89.85%	93.33%
A&E Attendances LH & MIU (% to plan)		101.69%	97.98%
A&E Attendances LH & MIU (Vol)		55,074	6,220

Planned Activity			
Incomp Pathways <18wk (%)	92.00%	94.05%	94.47%
>6wk Diagnostic Waits (%)	1.00%	0.43%	0.13%
Total Patients Waiting for a First Outpatient Appointment			5,639

Indicator	Standard	YTD
Workforce		
Sickness absence Rolling 12 Month		3.79%
Turnover Rolling 12 Month		10.50%

Corporate					
Indicator	YTD Rating		YE Rating	YE Metric	
	Plan	Actual	Forecast	Plan	Forecast
Finance					
Use of Resource Rating		3	3		
Capital Service Capacity	4	2	4	0.80	0.91
Liquidity	4	4	4	-23	-27
I&E Margin	3	2	3	-0.32%	-0.32%
Distance from Financial Plan	0	1	2	0.00%	0.00%
Agency Spend	1	2	1	0.00%	-0.47%

	YTD Target	YTD Actual	YTD Variance	FY Target	FY Forecast	FY Variance
Cost Improvement Scheme Total (£000's)	2,210	2,240	30	3,315	3,345	30
Revenue Generation Scheme total (£000's)	2,243	1,630	-613	3,689	2,385	-1,304
Commission Contact Income SC & VR (£000's)	101,580	105,052	3,472			
Contract Income (£'000) Net of Drugs	125,718	124,200	-1,519			
Pay to Budget (£000's)	-99,594	-97,983	1,611			
Non Pay to Budget (£000's) Net of Drugs	-36,695	-38,447	-1,752			
Agency Trajectory (£000's)	-4,247	-4,763	-516			

Exec Summary

In November, the Trust delivered 4 of the 5 NHS Improvement performance indicators (as revised in the Single Oversight Framework); the compliance indicator not met was the A&E 4-hour waiting time target. A&E performance was however the highest of the year to date at 93.33%, and above the Trust's STF trajectory target of 92%. This was helped by attendance levels in A&E being below plan in month with 6,220 attendances - 800 fewer than the Trust saw in October.

The Trust achieved the RTT 18 week referral target for incomplete pathways, with performance at 94.47% being the strongest since May. The trust did however miss the 90% target for admitted patients, with performance at 89.02%, and the RTT target for non-admitted patients, delivering 90.62% against the 95% target.

In Diagnostics, just 0.13% of patients waited longer than 6 weeks in the November reporting period.

Cancer services continue to perform strongly across all key performance indicators, with all services performing consistently above target.

Outpatient DNA rates for November were at 6.15% and OP attendances were at over 24,500 in month (the highest level in over a year), resulting in the OP waiting list further reducing to just over 5,600.

In Inpatient care, elective LoS returned to 2.3 days, the lowest level since May. However high rates of delayed discharges continue to see pressure on medical beds, with the number of medical outliers at 7 for the month.

The UoRR metric is 3, primarily a result of the override resulting from the Liquidity rating of 4. The liquidity rating is a result of working capital equivalent to -18 days of operating expenditure, prior to the support of the working capital facility provided by NHSI.

The Trust's normalised I&E position is a surplus of £210k against a planned deficit of £241k. The main areas resulting in this better than planned position, excluding drugs offsets are Other Income £0.4M, Pay £1.6M, Non-Pay (£1.8M) and Depreciation £0.3M.

The variance on South Cheshire & Vale Royal contract is a result of significantly different planning assumptions relating to growth.

The position assumes receipt of the STF monies, equating to £4.1M year to date, there are risks associated with achieving criteria for the remainder of the year, particularly around the contract dispute.

The Trust is meeting its CIP target but will not deliver the Revenue Generation due to gaps in the clinical workforce.

The Trust is currently £516k behind its Agency spend trajectory which for the full year is £6.2M being £3.5M less than 2015/16.

NHS Improvement Framework

Triggers

Operational	For providers with Sustainability and Transformation Fund (STF) trajectories in any metric: failure to met the trajectory for this metric for at least two consecutive months (quarterly for quarterly metrics), except where the provider is meeting the NHS Constitution standard.
Finance & Resource	Poor levels of overall financial performance (avg score of 3 or 4). Very poor performance (score of 4) in any individual metric. Potential value for money concerns.



The Trust Operational trigger rating continues as RED as a result of the 3 quarters failure of a primary target. The A&E target has been failed in the previous two quarters as well as October and November 2016.

The Trust has a Use of Resource rating of 3 cumulative and is forecasting a rating of 3 for the full year. This results in a 'trigger' on the Finance & Resource theme. This is primarily driven by the liquidity rating as a result of our underlying low cash balance for which the Trust is receiving targeted support in the form of a working capital facility. The Trust is better than plan for its I&E margin ytd but is expected to meet its control total plan by year end. The Agency trajectory target is currently not being met with a worsening position in October. and November

Operational Performance	Current YTD		Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Monthly Trend
	Target	Actual													
Maximum 6 week wait for Diagnostic procedures	1%	0.43%	1.22%	0.49%	0.18%	0.16%	0.21%	0.11%	0.63%	0.13%					
All Cancers: 62-day wait for first treatment from urgent GP referral (%)	85%	92.97%	91.49%	96.55%	89.47%	92.81%	89.76%	95.24%	95.37%	93.88%					
All Cancers: 62-day wait for first treatment from NHS Cancer Screening Service referral (%)	90%	94.84%	94.74%	77.78%	100.00%	92.31%	90.00%	100.00%	100.00%	100.00%					
18 weeks from point of referral to treatment - patients on an incomplete pathway (%)	92%	94.05%	94.65%	94.80%	93.95%	93.99%	93.52%	93.50%	93.49%	94.47%					
A&E - maximum waiting time of 4 hours from arrival to admission/transfer/discharge (%)	95%	89.85%	89.78%	85.57%	87.46%	88.86%	93.12%	92.18%	89.21%	93.33%					
A&E STF Trajectory			88.0%	89.0%	92.0%	95.0%	95.0%	95.0%	92.0%	92.0%	92.0%	93.5%	92.0%	92.8%	

Financial & Resource		Unit	YE Plan	YE Forecast	YE Rating	YTD Plan	YTD Actual	YTD Rating
Financial Sustainability	Capital Service Capacity	0.0x	0.80	0.91	4	0.94	1.93	2
	Liquidity	days	-23	-27	4	-19	-18	4
Financial Efficiency	I&E Margin	%	-0.32%	-0.32%	3	-0.67%	0.04%	2
Financial Controls	Distance from Financial Plan	%	0.00%	0.00%	2	0.00%	0.71%	1
	Agency Spend	%	0.00%	-0.47%	1	0.00%	14.72%	2
Overall UOR Rating					3			3

Operational Delivery: *Cancer Pathway*

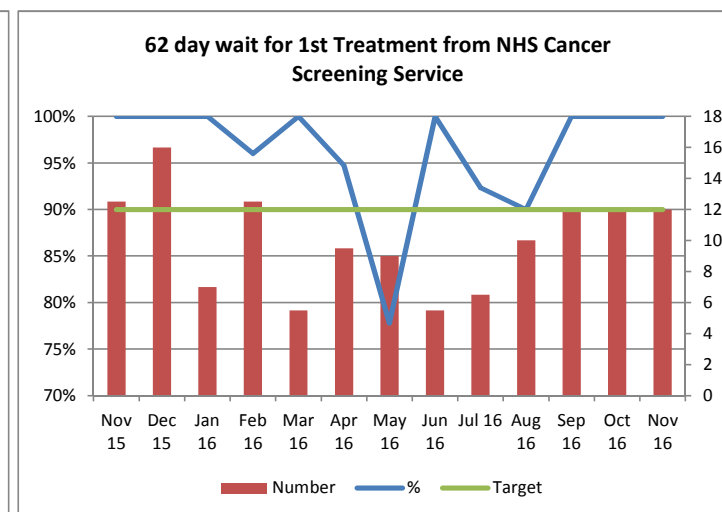
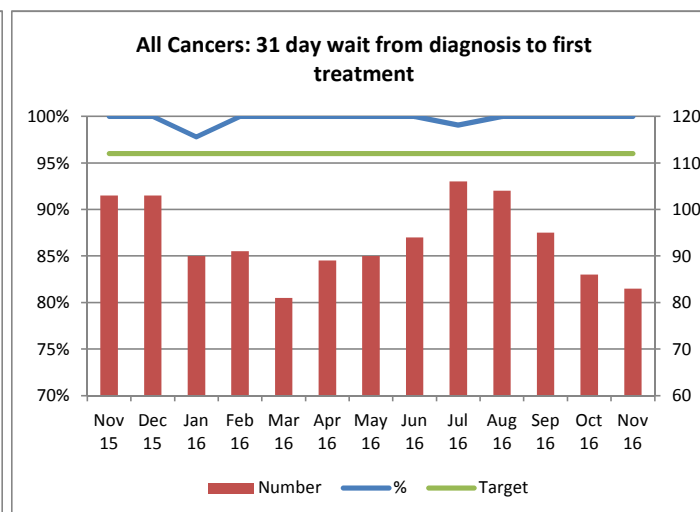
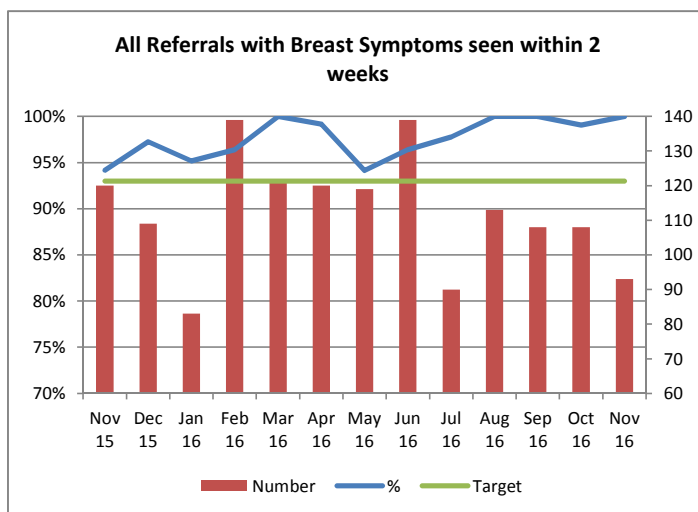
Headline Measures

	Current YTD		Rolling 13 months													
	Target	Actual	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Monthly Trend
Urgent GP referrals seen within 2 weeks (% to Target)	93%	98.03%	97.31%	96.68%	96.01%	98.15%	96.61%	97.09%	97.55%	96.86%	98.20%	98.55%	98.25%	98.60%	98.80%	
Number of Referrals		6031	633	663	576	702	708	755	774	795	666	685	687	713	747	
Number of Breaches		119	17	22	23	13	24	22	19	25	12	10	12	10	9	
% seen within 7 days		52.8%							37.2%	48.6%	65.6%	63.8%	58.7%	64.5%	61.7%	
62 day wait for 1st treatment from urgent GP referral for suspected cancer (% to Target)	85%	92.97%	96.00%	93.08%	90.83%	96.15%	93.41%	91.49%	96.55%	89.47%	92.81%	89.76%	95.24%	95.37%	93.88%	

Commentary

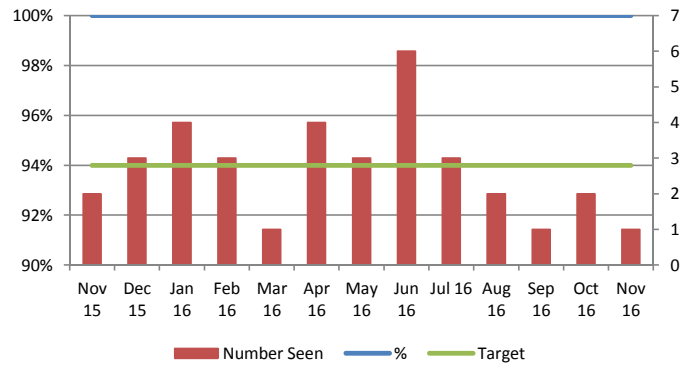
The Trust continues to perform strongly against the national cancer targets, with all performance targets being met consistently.

Primary Measures

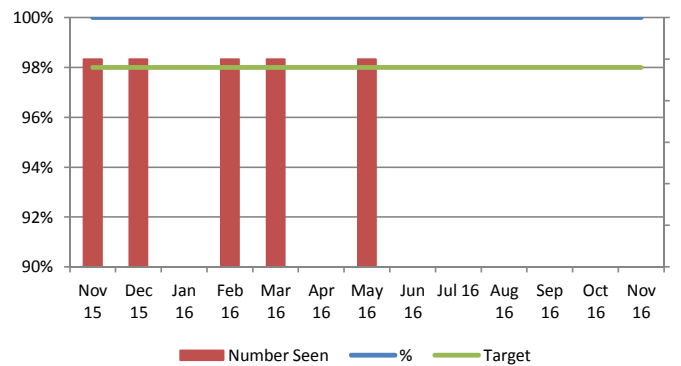


Operational Delivery: *Cancer Pathway*

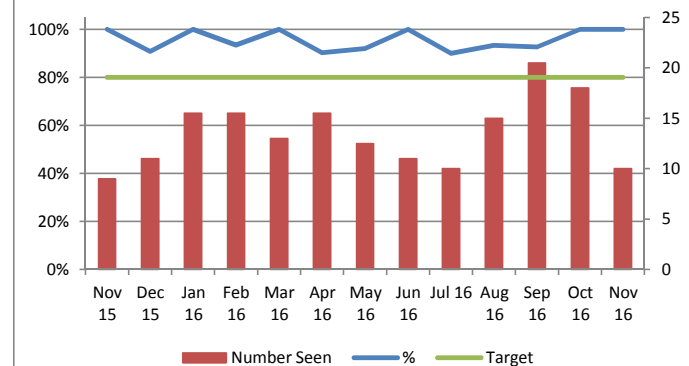
Subsequent Cancer Treatments started within 31 days of decision to treat - Surgery



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



Cancer Treatments started within 62 days of urgent referral - consultant upgrades



Operational Delivery: *Unplanned Activity - A&E*

Headline Measures

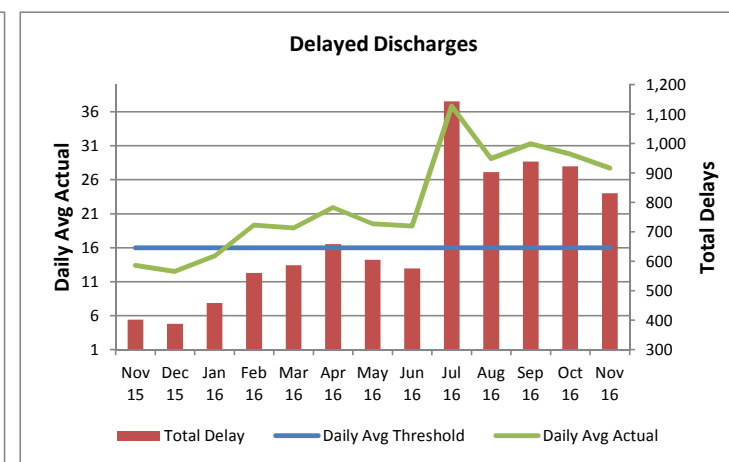
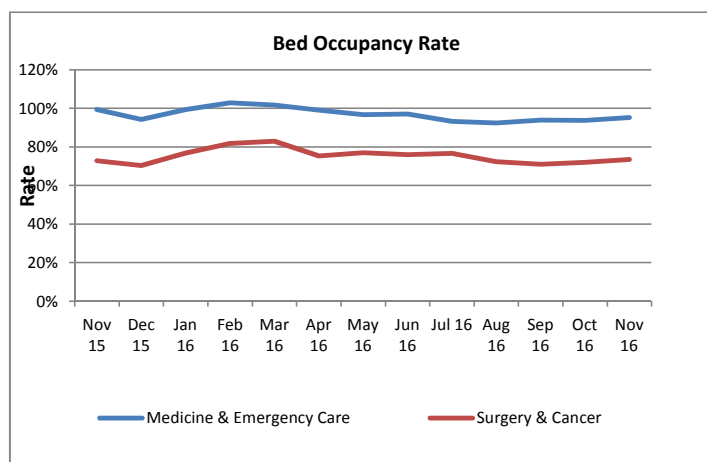
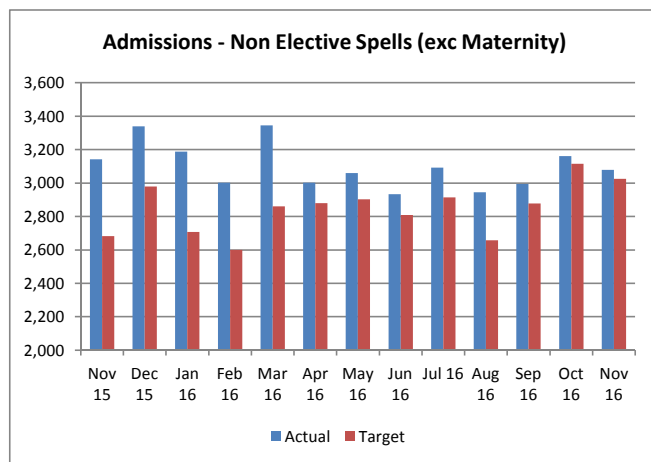
				Current YTD		Rolling 13 months													
				Target	Actual	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Monthly Trend
A&E - >4 hr wait time from arrival to admission/ transfer/ discharge (% to Target)				95%	89.85%	95.72%	96.43%	93.46%	90.10%	84.52%	89.78%	85.57%	87.46%	88.86%	93.12%	92.18%	89.21%	93.33%	
No. of 4hr breaches					5,954	305	245	463	696	1,215	709	1,128	934	854	503	570	813	443	
				Plan	Actual	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Monthly Trend
A&E Attendances Leighton & MIU (% to Plan)					101.69%	97.6%	86.1%	98.3%	101.7%	102.2%	99.2%	106.3%	101.7%	99.7%	100.2%	104.1%	104.1%	98.0%	
A&E Attendances Leighton & MIU (No.)				54,160	55,074	6,495	6,366	6,565	6,522	7,215	6,533	7,454	6,995	7,207	6,826	6,815	7,024	6,220	
A&E Attendance Case Mix (Leighton)	Major		58.12%	61.8%	64.7%	62.6%	61.8%	58.3%	59.6%	54.8%	56.6%	58.0%	59.6%	57.6%	59.0%	60.4%			
	Minor		36.26%	32.7%	30.0%	32.1%	31.8%	34.3%	34.9%	38.1%	37.9%	36.6%	35.6%	37.7%	35.0%	33.8%			
	Resus		3.23%	3.6%	3.0%	3.8%	4.2%	4.8%	3.5%	4.6%	3.5%	3.4%	2.5%	2.3%	3.1%	2.8%			
	Unknown		2.39%	1.8%	2.2%	1.5%	2.2%	2.7%	2.0%	2.5%	2.0%	2.0%	2.3%	2.3%	2.9%	3.1%			

Commentary

November saw activity in the A&E department fall to a level 2% below plan for the first time since December 2015, with a consequent improvement in performance at 93.33% for the month, and above the Trust's STF trajectory target for November of 92%.

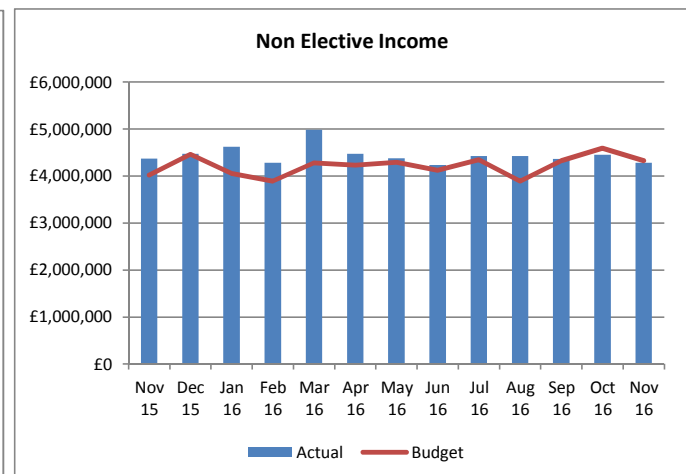
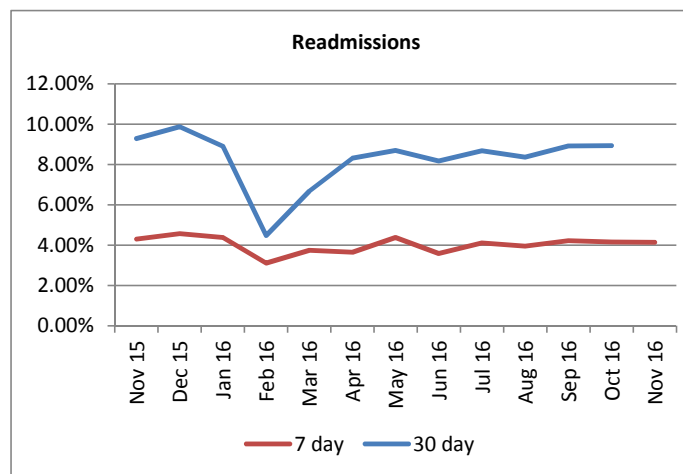
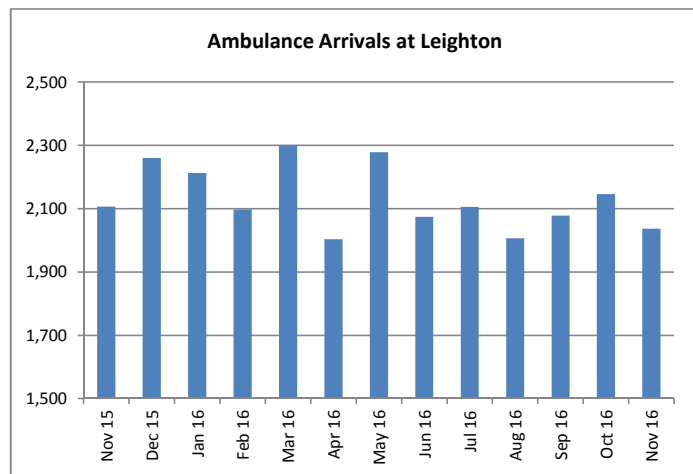
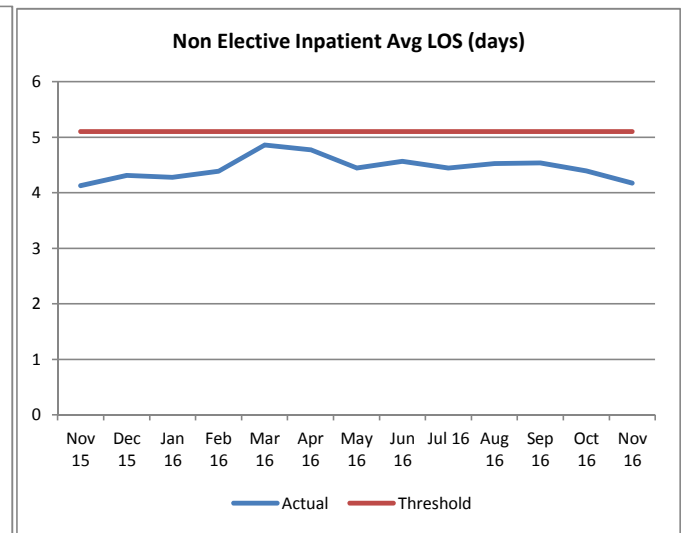
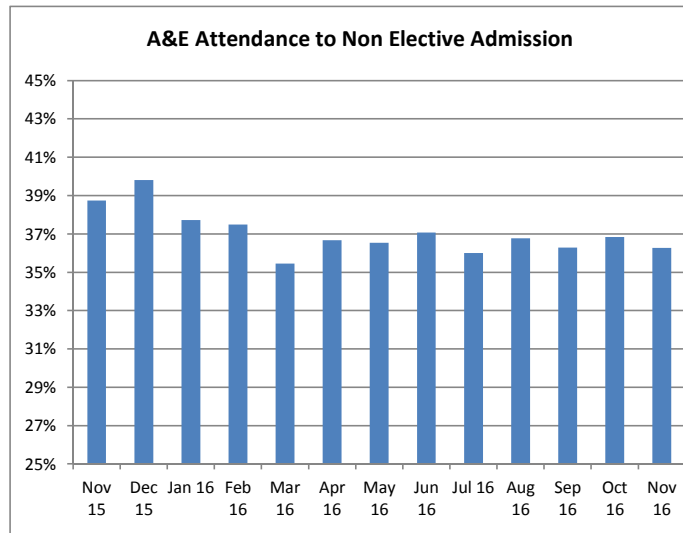
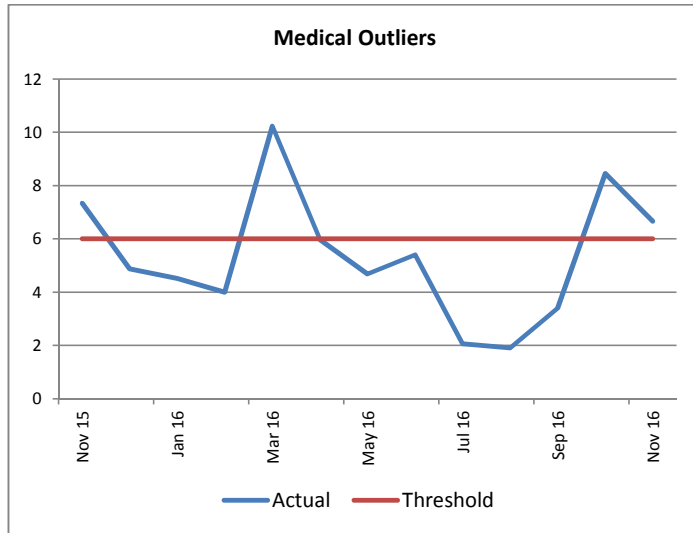
Non-elective admissions remain above planned levels, although as highlighted last month there are indications that levels are beginning to normalise. Flow through the hospital continues to be compromised by high levels of delayed discharges, with daily average levels consistently above 25. The main challenge here for delayed transfers of care (DTOC) is availability of social care beds.

Primary Drivers



Operational Delivery: *Unplanned Activity A&E*

Secondary Drivers



Operational Delivery: *Planned Activity*

Headline Measures

	Current YTD		Rolling 13 months													
	Target	Actual	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Monthly Trend
18 weeks from Referral to Treatment in Aggregate - Incomplete	92%	94.05%	94.61%	94.79%	94.67%	95.16%	94.56%	94.65%	94.80%	93.95%	93.99%	93.52%	93.50%	93.49%	94.47%	
Total 18 Weeks		130,175	14,483	14,346	14,365	15,096	15,435	17,025	16,956	17,358	17,158	16,688	15,923	14,876	14,191	
No. > 18 Weeks		7,744	780	747	766	730	839	910	882	1,050	1,032	1,081	1,035	969	785	
Diagnostic Waiting Time	1%	0.43%	0.38%	0.44%	0.65%	0.33%	0.98%	1.22%	0.49%	0.18%	0.16%	0.21%	0.11%	0.63%	0.13%	
Total Number of Waiters		37,568	4,708	4,289	3,846	4,588	3,678	5,588	7,121	6,149	4,358	3,806	3,767	3,630	3,149	
Waiters of 6 Weeks +		160	18	19	25	15	36	68	35	11	7	8	4	23	4	
Total Patients Waiting for a First Outpatient Appointment			7,162	7,248	7,150	7,790	8,302	8,774	8,892	8,918	8,853	8,327	7,669	6,842	5,639	
Longest Wait Time (weeks) - under development																

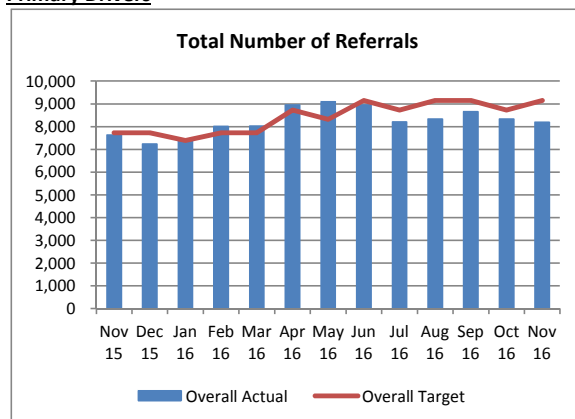
Commentary

The Trust continues to face significant challenges in maintaining performance against its 18 week referral to treatment pathways. The Incomplete pathways target continues to be met, with the position for November at 94.47%, the highest performance since May. However in month the Trust did not achieve the target for Non-Admitted or Admitted pathways, with performance at 90.6% (T: 95%) and 89.0% (T: 90%) respectively.

Referrals remain below plan, and with strong sustained levels of outpatient activity the OP waiting list continues to reduce, with the total number of patients awaiting a first OP appointment now at just over 5,600. Whilst the Trust has delivered the diagnostic wait time in the majority of prior months, it is noted demand for MRI, CT and Ultrasound is increasing and there is a constraint with providing the clinical resources required to meet demand. In November, just 4 patients (0.13%) waited longer than 6 weeks for their diagnostic tests.

The Trust is delivering its planned levels of elective activity despite continued pressures from unplanned activity resulting in cancelled operations and less than planned levels of theatre efficiency, as well as significant challenges resulting from extended patient discharge times.

Primary Drivers

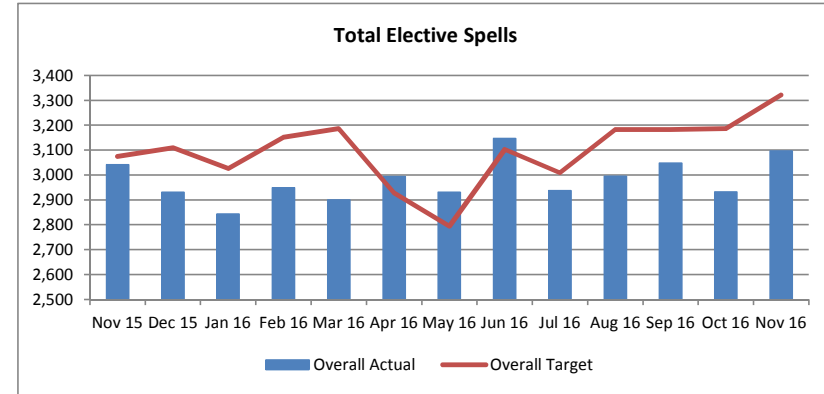
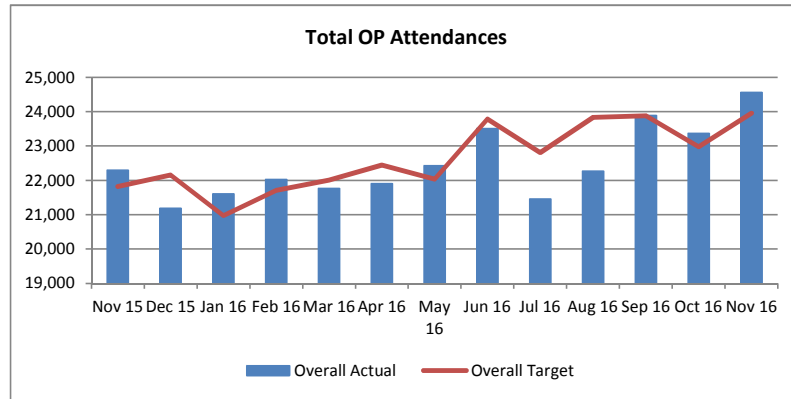


Referral Breakdown

	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Monthly Trend
GP Actual	4,837	4,453	4,793	5,136	5,048	5,762	5,622	5,586	5,055	5,035	5,383	5,063	5,061	
GP Target	5,072	5,072	4,849	5,072	5,072	5,505	5,243	5,767	5,505	5,767	5,767	5,505	5,767	
% to Target	95.4%	87.8%	98.9%	101.3%	99.5%	104.7%	107.2%	96.9%	91.8%	87.3%	93.3%	92.0%	87.8%	
Other Actual	2,789	2,788	2,643	2,872	2,980	3,196	3,465	3,370	3,151	3,298	3,277	3,263	3,135	
Other Target	2,656	2,656	2,535	2,656	2,656	3,222	3,069	3,376	3,222	3,376	3,376	3,222	3,376	
% to Target	105.0%	105.0%	104.3%	108.1%	112.2%	99.2%	112.9%	99.8%	97.8%	97.7%	97.1%	101.3%	92.9%	
Total Actual	7,626	7,241	7,436	8,008	8,028	8,958	9,087	8,956	8,206	8,333	8,660	8,326	8,196	
Total Target	7,728	7,728	7,383	7,728	7,728	8,728	8,312	9,143	8,728	9,143	9,143	8,728	9,143	
% to Target	98.7%	93.7%	100.7%	103.6%	103.9%	102.6%	109.3%	98.0%	94.0%	91.1%	94.7%	95.4%	89.6%	
GP % of Total	63.4%	61.5%	64.5%	64.1%	62.9%	64.3%	61.9%	62.4%	61.6%	60.4%	62.2%	60.8%	61.7%	

Operational Delivery: *Planned Activity*

Primary Drivers

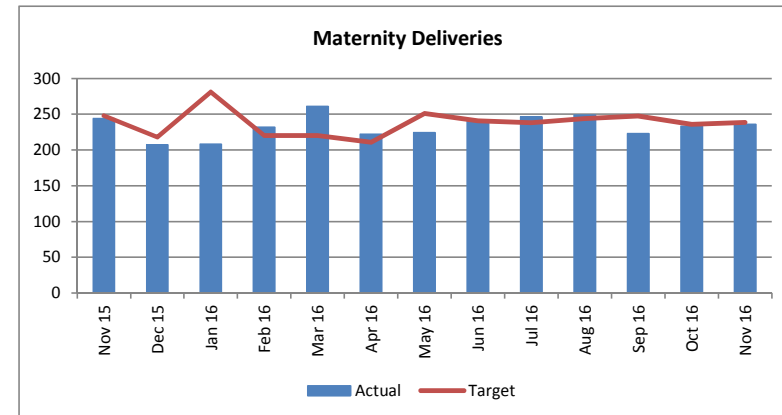
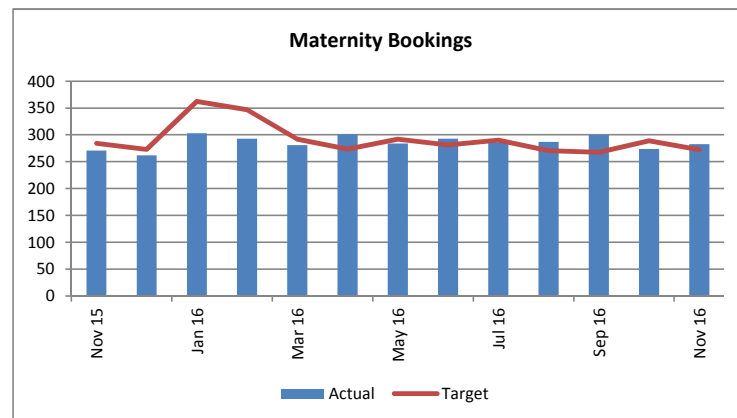
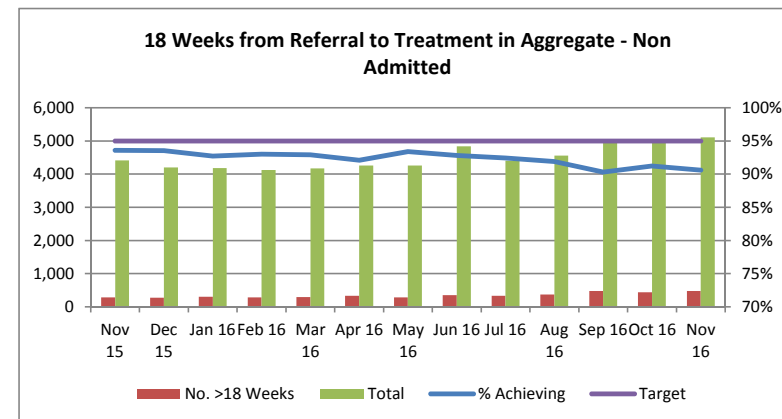
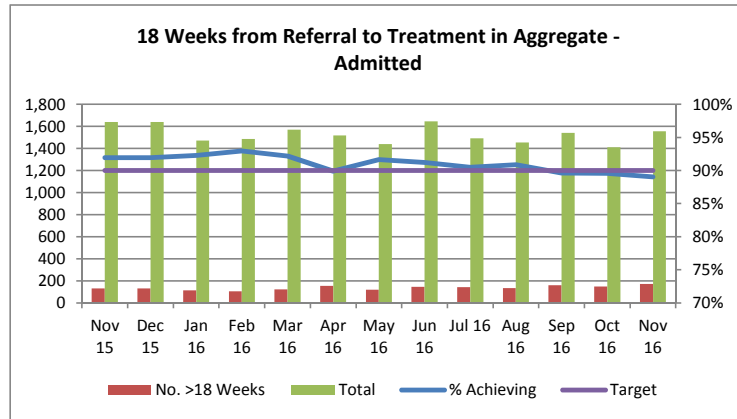


OP Attendance Breakdown		YTD	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Monthly Trend
New Actual		29,306	6,906	6,506	6,651	6,767	6,890	7,253	7,240	7,556	6,576	6,880	7,598	7,443	7,385	
New Target		29,158	6,693	6,724	6,405	6,683	6,710	6,970	6,693	7,329	7,002	7,333	7,337	7,081	7,408	
% to Target		100.5%	103.2%	96.8%	103.8%	101.3%	102.7%	104.1%	108.2%	103.1%	93.9%	93.8%	103.6%	105.1%	99.7%	
F U Actual		64,788	15,391	14,680	14,951	15,255	14,877	14,652	15,190	15,952	14,882	15,392	16,295	15,926	17,175	
F U Target		65,481	15,128	15,430	14,567	15,028	15,293	15,478	15,342	16,457	15,807	16,498	16,540	15,894	16,549	
% to Target		98.9%	101.7%	95.1%	102.6%	101.5%	97.3%	94.7%	99.0%	96.9%	94.1%	93.3%	98.5%	100.2%	103.8%	
Total Actual		94,094	22,297	21,186	21,602	22,022	21,767	21,905	22,430	23,508	21,458	22,272	23,893	23,369	24,560	
Total Target		94,639	21,821	22,154	20,972	21,711	22,002	22,447	22,035	23,786	22,809	23,831	23,876	22,975	23,957	
% to Target		99.4%	102.2%	95.6%	103.0%	101.4%	98.9%	97.6%	101.8%	98.8%	94.1%	93.5%	100.1%	101.7%	102.5%	
New % of Total		31.1%	31.0%	30.7%	30.8%	30.7%	31.7%	33.1%	32.3%	32.1%	30.6%	30.9%	31.8%	31.8%	30.1%	

Elective Spells Breakdown		YTD	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Monthly Trend
I P Actual		1,256	340	278	288	289	274	356	313	313	294	298	302	332	324	
I P Target		1,451	392	392	377	394	394	348	332	365	348	365	365	352	369	
% to Target		86.6%	86.8%	70.9%	76.4%	73.4%	69.6%	102.2%	94.4%	85.7%	84.4%	81.6%	82.7%	94.4%	87.9%	
Daycase Actual		10,814	2,701	2,652	2,555	2,659	2,625	2,638	2,617	2,834	2,643	2,697	2,745	2,600	2,772	
Daycase Target		11,422	2,682	2,717	2,649	2,758	2,793	2,580	2,462	2,738	2,660	2,818	2,818	2,834	2,952	
% to Target		94.7%	100.7%	97.6%	96.5%	96.4%	94.0%	102.2%	106.3%	103.5%	99.4%	95.7%	97.4%	91.7%	93.9%	
Total Actual		12,070	3,041	2,930	2,843	2,948	2,899	2,994	2,930	3,147	2,937	2,995	3,047	2,932	3,096	
Total Target		12,873	3,074	3,109	3,026	3,152	3,187	2,928	2,794	3,103	3,008	3,183	3,183	3,186	3,321	
% to Target		93.8%	98.9%	94.2%	94.0%	93.5%	91.0%	102.2%	104.9%	101.4%	97.6%	94.1%	95.7%	92.0%	93.2%	
I P % of Total		10.4%	11.2%	9.5%	10.1%	9.8%	9.5%	11.9%	10.7%	9.9%	10.0%	9.9%	9.9%	11.3%	10.5%	

Operational Delivery: *Planned Activity*

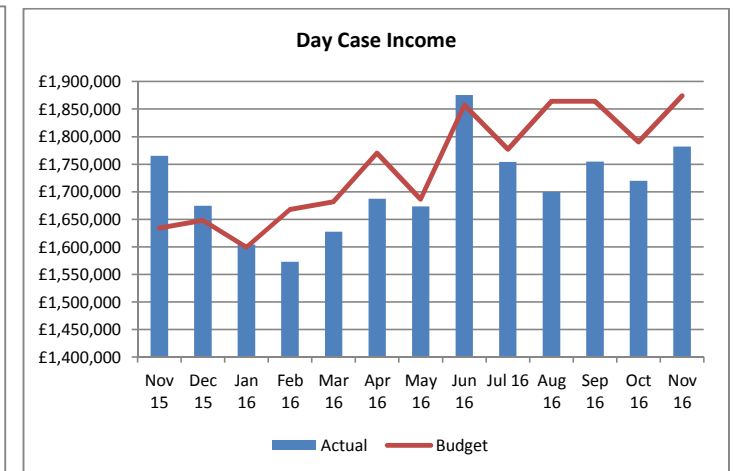
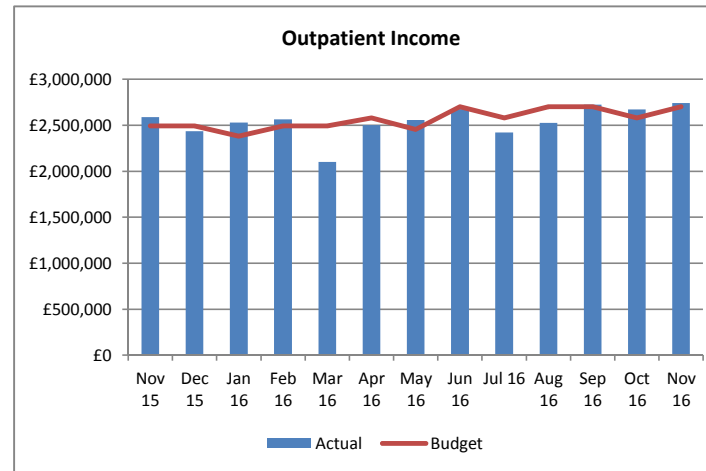
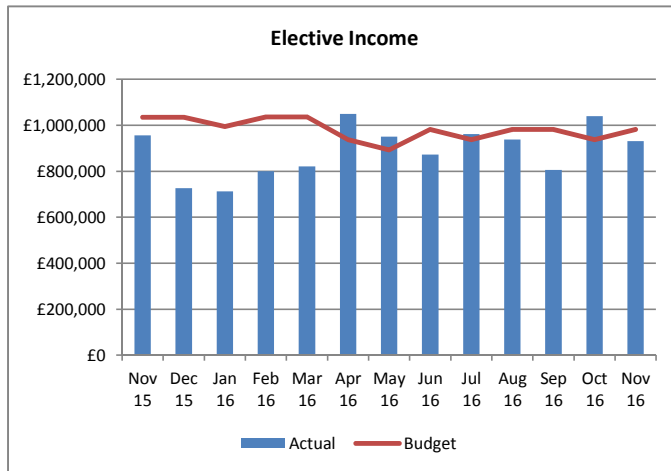
Primary Drivers



Operational Delivery: *Planned Activity*

Secondary Drivers

		Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Monthly Trend	
Bed Occupancy Rate	Medicine & Emergency Care	99.4%	94.2%	99.3%	102.8%	101.7%	99.0%	96.6%	97.0%	93.2%	92.5%	94.0%	93.7%	95.2%		
	Surgery & Cancer	72.8%	70.3%	76.7%	81.7%	82.8%	75.2%	76.9%	76.0%	76.7%	72.4%	71.0%	72.0%	73.4%		
Elective Inpatient Avg LOS (Days)		2.5	2.3	2.5	3.0	3.7	2.5	3.1	2.6	3.2	3.2	2.7	3.3	2.3		
Delayed Transfers of Care (MFFD)		16.00	13	13	15	19	19	22	20	19	37	29	31	30	28	
Medical Outliers		7	5	5	4	10	6	5	5	2	2	3	8	7		
Readmission (Emergency Re-admissions after Planned Surgery)																
* reported from 16/17. One month delay	30 Day Rate	0.00%	0.00%	0.00%	0.00%	0.00%	2.94%	2.97%	3.24%	2.77%	2.91%	3.15%	3.29%	0.00%		
	7 Day Rate	0.00%	0.00%	0.00%	0.00%	0.00%	1.15%	1.21%	1.33%	1.65%	1.01%	1.16%	1.29%	1.38%		
Cancelled Operations - Non Clinical - Cancellation Rate		1.50%	0.69%	1.72%	1.56%	2.07%	0.84%	1.57%	1.09%	1.40%	0.98%	1.48%	1.17%	0.62%		
Theatre Efficiency																
	Main Theatres	74.0%	74.6%	71.6%	68.6%	72.2%	74.0%	71.7%	77.3%	74.9%	79.6%	76.6%	77.6%	75.7%		
	TC Theatres	70.8%	70.6%	70.3%	69.8%	71.7%	70.0%	73.0%	71.7%	72.3%	74.4%	74.6%	77.2%	73.9%		
DNA (OP Efficiency)		7.97%	9.02%	8.57%	6.92%	6.16%	6.24%	6.11%	6.39%	6.34%	6.47%	6.72%	5.92%	6.15%		
Hospital Cancellation Rate (OP Efficiency)		5.19%	4.80%	4.12%	4.60%	5.48%	5.93%	4.75%	4.87%	5.19%	5.99%	5.01%	5.36%	5.34%		



Financial Performance: Income & Expenditure Position

	Month			Year to Date			Forecast	Base Budget 2016/17 £'000
	Plan Nov (£'000)	Actual Nov (£'000)	Variance Nov (£'000)	Plan April to Nov (£'000)	Actual April to Nov (£'000)	Variance April to Nov (£'000)	2016/17 (£'000)	
Operating								
Operating Income								
<i>NHS Acute Activity Income</i>								
Elective	984	936	-48	7,621	7,548	-73	10,757	11,460
Non-Elective	4,329	4,333	4	34,137	35,045	908	50,570	53,215
Maternity	1,030	937	-93	8,230	8,082	-148	11,294	12,138
Day cases	1,901	1,777	-123	14,297	13,946	-351	19,457	21,748
Outpatients	2,711	2,747	36	20,956	20,820	-136	29,161	31,340
A&E	627	637	9	5,350	5,497	147	7,642	7,887
Other NHS	9,460	7,129	-2,331	44,030	41,278	-2,752	53,493	58,989
Total NHS Clinical Revenue	21,041	18,496	-2,545	134,623	132,216	-2,407	182,374	196,777
<i>Other Operating Income</i>	2,207	1,983	-224	15,171	15,609	438	22,093	22,302
TOTAL OPERATING INCOME	23,248	20,479	-2,769	149,794	147,825	-1,969	204,467	219,079
Operating Expenses								
Employee Benefits Expenses (Pay)	-15,651	-13,794	1,857	-99,594	-97,983	1,611	-136,210	-146,239
Drugs	-1,591	-1,429	162	-12,381	-10,703	1,678	-15,249	-18,709
Clinical Supplies	-1,777	-2,329	-552	-12,443	-12,549	-106	-16,862	-18,415
Non Clinical Supplies	-414	-362	52	-1,933	-1,977	-44	-2,536	-2,610
Other operating expenses	-3,349	-2,380	969	-18,843	-19,835	-992	-26,818	-26,422
TOTAL OPERATING EXPENSES	-22,782	-20,294	2,488	-145,194	-143,047	2,147	-197,675	-212,395
EBITDA	466	185	-281	4,600	4,778	178	6,792	6,684
Non Operating								
Non Operating Income								
Interest & Asset disposal	0	2	2	28	20	-8	37	47
Non-Operating Expenses								
Depreciation & Finance Leases	-445	-386	59	-3,648	-3,317	331	-4,936	-5,651
PDC Dividend Expense	-158	-158	0	-1,264	-1,264	0	-1,787	-1,900
Net Surplus/(deficit) before Exceptional Items	-137	-357	-220	-284	217	501	106	-820
Provision against Contract dispute	0	-184	-184	0	-1,400	-1,400	-2,184	0
Reversal of 15/16 unused bad debt prov	0	0	0	0	1,050	1,050	1,050	0
Charitable Income	0	0	0	43	343	300	343	0
Net Surplus/(deficit) after Exceptional Items	-137	-541	-404	-241	210	451	-685	-820

The Trust delivered a £0.2M surplus position against a planned deficit of £0.2M.

The transfer of Community Services (CS) on the 1st October is consolidated into the actual position from last month and will impact on individual variances in month as the budget has been allocated in November. The impact of community services is assumed to be cost neutral overall.

Contract income £2.4M worse than plan cumulative. Key variances include Non-elective income and drugs.

Other is £0.4M better than plan cumulative as a result of training and nhs recharge variances.

Pay is £1.6M better than plan cumulative as a result of underspends in medical pay from unfilled vacancies.

Non-Pay is £0.5M better than plan cumulative as a result of high cost drugs (income offset), clinical supplies and Other (outsourcing).

The forecast position remains to achieve plan, however risks remain in respect of achievement of CQUIN, the impact of winter pressures and the contract dispute.

Financial Performance: Income & Expenditure Position

		Income			Expenditure				NET TOTAL	
		Contract	Variable	Better/ (Worse) than Budget	Pay	Better/ (Worse) than Budget	Non-Pay	Better/ (Worse) than Budget	Total	Better/ (Worse) than Budget
Surgical & Cancer Div Mgt	Divisional Management S&C	0	0	(81)	(528)	(258)	(38)	(18)	(566)	(357)
Endoscopy	Endoscopy	4,153	0	(110)	(1,892)	(176)	(874)	207	1,388	(80)
General Surgery Directorate	General Surgery	11,177	76	(773)	(5,326)	374	(1,144)	125	4,783	(274)
Head & Neck Directorate	Head & Neck	3,572	284	(41)	(1,559)	234	(538)	(14)	1,758	179
Macmillan Cancer Centre	Macmillan Cancer Centre	400	1,060	141	(530)	6	(865)	(134)	65	13
Ophthalmology	Ophthalmology	8,613	43	87	(2,620)	221	(2,611)	(139)	3,425	169
Orthopaedic Directorate	Orthopaedics	13,708	185	(415)	(4,025)	120	(2,585)	(270)	7,283	(564)
Theatres & TC	Theatres & TC	0	241	11	(4,864)	(134)	(1,963)	(233)	(6,586)	(356)
Urology Directorate	Urology	4,163	71	461	(1,798)	41	(229)	16	2,208	519
Surgical and Cancer Division	Surgery & Cancer	45,787	1,961	(721)	(23,142)	428	(10,848)	(460)	13,757	(752)

The Surgical Division is £752k worse than budget as at Month 8. The key variances are General Surgery and Orthopaedic income worse than plan as a result of consultant vacancies in General Surgery and lower elective activity in Orthopaedics. Pay is better than plan as a result of medical vacancies and non-pay is worse than plan as a result of drugs costs in MacMillan, which is offset by income and surgical supplies costs in Orthopaedics and Theatres.

		Income			Expenditure				NET TOTAL	
		Contract	Variable	Better/ (Worse) than Budget	Pay	Better/ (Worse) than Budget	Non-Pay	Better/ (Worse) than Budget	Total	Better/ (Worse) than Budget
Emergency Care Divisional Mgmt	Divisional Management M&EC	0	20	20	(1,377)	131	(76)	(42)	(1,433)	109
Accident & Emergency Dir	Emergency Department	8,581	483	463	(3,875)	199	(787)	(70)	4,403	592
Anaesthetics & Critical Care	Anaesthetics & Critical Care	4,293	40	112	(5,202)	(19)	(861)	(220)	(1,730)	(127)
Medical Directorate	General Medicine	26,496	159	31	(15,155)	30	(3,097)	160	8,402	221
Urgent Care Centre	Urgent Care Centre	692	0	(0)	(233)	65	0	(6)	459	59
Emergency Services Division	Medicine & Emergency Care	40,063	702	625	(25,842)	406	(4,821)	(177)	10,101	854

The Medicine & Emergency Care Division is £854k better than budget as at Month 8. The main variances are better than plan on income in A&E and the Medical specialties as a result of higher non-elective admissions than plan. Pay is better than plan as a result of medical vacancies and non-pay is worse than budget as a result of drug costs which are part offset by income.

		Income			Expenditure				NET TOTAL	
		Contract	Variable	Better/ (Worse) than Budget	Pay	Better/ (Worse) than Budget	Non-Pay	Better/ (Worse) than Budget	Total	Better/ (Worse) than Budget
Wom Chil & sexl hlth Div Mgmt	Divisional Management W&C	0	30	30	(880)	(2)	(26)	101	(876)	129
Gum clinic	GUM clinic	0	0	(4)	0	0	(37)	(37)	(37)	(41)
Obstetric & Gynaecology Dir	Obstetrics & Gynaecology	11,249	59	(496)	(5,730)	(10)	(992)	148	4,585	(359)
Paediatric Directorate	Paediatrics	7,783	76	625	(4,868)	131	(766)	(107)	2,225	648
Women and Childrens Division	Women and Children	19,032	164	154	(11,478)	118	(1,820)	105	5,897	377

The Womens and Childrens Division is £377k better than budget as at Month 8. The key variances are better than plan on income as a result of non-elective admissions in Paediatrics being higher than expected, offset by IVF income in Gynaecology being worse than plan. There are no significant variances on the Pay and Non-pay lines.

Financial Performance: Income & Expenditure Position

		Income			Expenditure				NET TOTAL	
		Contract	Variable	Better/ (Worse) than Budget	Pay	Better/ (Worse) than Budget	Non-Pay	Better/ (Worse) than Budget	Total	Better/ (Worse) than Budget
Diag & Clinc Spt Sv Div Mgmt	Divisional Management D&S	0	0	0	(207)	2	(10)	10	(218)	12
Dermatology	Dermatology	1,397	16	(31)	(840)	61	(226)	(3)	347	26
ECG department	ECG	274	45	16	(657)	63	(55)	(3)	(393)	76
Elmhurst	Elmhurst	1,329	86	(30)	(1,018)	(42)	(284)	76	112	4
Integrated Discharge	Integrated Discharge	0	1	1	(278)	(5)	(1)	2	(277)	(1)
Medical Records Department	Medical Records Department	0	0	0	(1,095)	(65)	(153)	(34)	(1,248)	(99)
Outpatients	Outpatients	0	143	31	(346)	7	(50)	(13)	(252)	25
Pathology Directorate	Pathology	8,017	2,624	(374)	(6,416)	228	(5,991)	421	(1,767)	275
Pharmacy Departments	Pharmacy	1,799	162	(659)	(2,000)	55	(1,901)	568	(1,940)	(37)
Radiology Directorate	Radiology	2,528	500	217	(3,934)	(136)	(1,725)	146	(2,632)	227
Therapeutic Departments	Therapies	0	174	(49)	(1,257)	16	(435)	50	(1,519)	18
Victoria Infirmary Northwich	Victoria Infirmary Northwich	1,398	38	(32)	(1,139)	(53)	(193)	8	104	(78)
Diagnostics and Support Divisi	Diagnostics and Support	16,742	3,789	(909)	(19,188)	130	(11,025)	1,228	(9,683)	448

The Diagnostics Division is £448k better than plan as at Month 8. The key variances include worse than plan on income as a result of Pharmacy drugs pass through costs lower than expected (offsetting cost underspend). Pay is worse than plan in Radiology as a result of locum costs for consultant vacancies and agency costs for radiographer vacancies being offset by underspends in Pathology and Pharmacy from vacancies. Non-Pay is better than plan as a result of drugs costs being lower than anticipated in Pharmacy and Pathology.

		Income			Expenditure				NET TOTAL	
		Contract	Variable	Better/ (Worse) than Budget	Pay	Better/ (Worse) than Budget	Non-Pay	Better/ (Worse) than Budget	Total	Better/ (Worse) than Budget
Estates & Facilities Div Mgmt	Divisional Management E&F	0	0	0	(317)	3	(118)	(12)	(436)	(8)
Catering Directorate	Catering	0	920	62	(979)	(89)	(868)	(4)	(926)	(31)
Estates Departments	Estates Departments	0	310	(32)	(1,061)	(56)	(4,200)	13	(4,951)	(76)
Hotel Services	Domestics	0	2	(1)	(916)	(46)	(11)	(7)	(924)	(53)
Laundry Services Departments	Laundry	0	832	22	(744)	(73)	(489)	20	(401)	(31)
Security	Security	0	1,123	48	(469)	29	(351)	(39)	302	38
Site Services	Porters	0	5	(2)	(1,801)	44	(55)	(3)	(1,851)	39
Estates & Facilities Division	Estates & Facilities Division	0	3,191	97	(6,287)	(188)	(6,091)	(32)	(9,187)	(123)

The Estates and Facilities Division is £123k worse than plan as at Month 8. The main variances include worse than plan on pay as a result of agency costs in Laundry, Estates and Catering.

		Income			Expenditure				NET TOTAL	
		Contract	Variable	Better/ (Worse) than Budget	Pay	Better/ (Worse) than Budget	Non-Pay	Better/ (Worse) than Budget	Total	Better/ (Worse) than Budget
Executive Management	Executive Management	0	0	0	(886)	23	(131)	14	(1,018)	37
Computer Services	Computer Services	0	316	23	(852)	41	(1,181)	(136)	(1,717)	(73)
Finance & Information	Finance & Information	0	37	17	(1,865)	(4)	(409)	22	(2,237)	35
Human Resources	Human Resources	0	378	59	(1,420)	10	(268)	144	(1,310)	213
Risk Management & R&D	Risk Management & R&D	0	331	(29)	(997)	35	(33)	30	(698)	36
Quality Assurance Departments	Nurse Management	0	323	281	(1,856)	(232)	(5,639)	(16)	(7,171)	33
Trust Central Expenditure	Trust Central Expenditure	4,615	4,219	(2,919)	(950)	258	482	1,524	8,365	(1,134)
Other Departments	Other Departments	84	199	249	(251)	69	(360)	(141)	(328)	178
Corporate	Corporate	4,699	5,804	(2,319)	(9,076)	201	(7,539)	1,441	(6,114)	(675)

The Corporate Division is £675k worse than plan as at Month 7. The key variances are income on Trust Central as a result of the STF and CQUIN schemes non-achievement against plan and the provision against the contract dispute. Pay and Non-Pay are better than plan as a result of vacancies and investment slippage.

EBITDA	130,817	15,951	(3,073)	(97,984)	1,095	(44,010)	2,104	4,772	130
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Financial Performance: Commissioner Income Analysis

Commissioner	FY Target (£'000)	YTD Target (£'000)	Final Actual (£'000)	Final Variance (£'000)
NHS South Cheshire CCG	99,749	66,504	68,100	1,596
NHS Vale Royal CCG	52,588	35,076	36,952	1,875
NHS Eastern Cheshire CCG	7,439	4,969	5,225	256
NHS West Cheshire CCG	2,872	1,920	2,054	134
NHS North Staffordshire CCG	2,037	1,362	1,276	-86
Specialist Commissioning Group	7,344	4,916	5,502	586
NHS Commissioning Board	1,510	1,007	1,017	10
OTHER CCGs	2,236	1,494	1,527	33
Overseas Visitors Chargeable	0	0	0	0
NON-CONTRACT ACTIVITY	1,916	1,281	1,286	5
NON CCG SPECIFIC TARGETS	31,369	16,093	7,877	-8,216
TOTAL	209,061	134,623	130,816	-3,807

The South Cheshire and Vale Royal contracts are significantly over-performing their contract values. This is the result of a material difference in the predictions of growth adopted by the Trust and the CCGs. This difference is reflected in the Non-CCG Specific target line.

Other commissioners are not showing any significant variances as this point.

In addition, a provision has been made against the commissioner contract dispute showing in the Non CCG specific Actual.

Other Contract Income	FY Target (£'000)	YTD Target (£'000)	YTD Actual (£'000)	Final Variance (£'000)
Bed Based Services	5,967	3,978	3,960	-17
Adult & Neonatal Critical Care	8,042	5,389	5,394	4
Urgent Care Centre	1,007	672	672	0
Community Paediatrics	1,298	866	866	0
Direct Access Services	9,418	6,315	6,632	316
Unbundled Radiology	3,982	2,655	2,638	-17
High Cost Drugs	13,357	8,905	6,617	-2,288
Screening Programmes	1,473	982	982	0
Audiology	909	606	741	135
IVF	945	630	206	-425
CQUIN	3,914	2,610	1,948	-661
STF	6,500	4,333	4,062	-271
Community Services	13,484	4,495	4,495	0
Other	2,392	1,595	666	-929
TOTAL	72,689	44,030	39,878	-4,152

Other contract income is showing £4.2M worse than plan.

An analysis of the key service lines identifies that this is primarily the result of High Cost Drugs where expenditure (and therefore recovery) predictions have not yet been seen related to new drugs and changes in use. In addition, the provision against the contract dispute is recognised in other and is £1.4M.

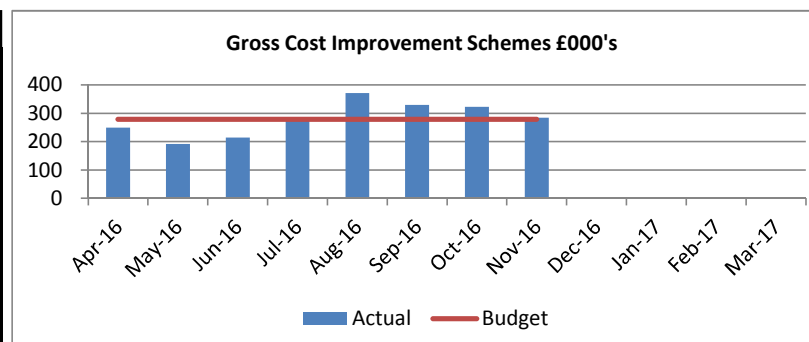
Direct Access is better than plan whilst IVF is worse than plan. CQUIN is worse than plan due to the contract agreement and the failure of the Sepsis CQUIN.

STF is less than plan due to the failure of the A&E improvement trajectory.

Other includes the contract dispute provision and variations in year.

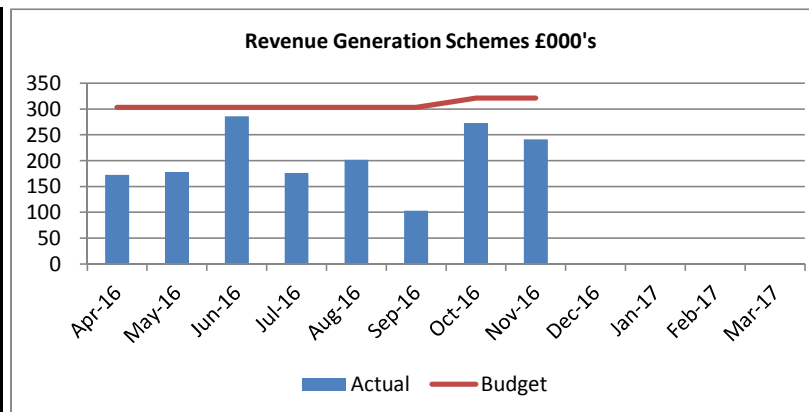
Financial Performance: Cost Improvement Programme

Cost Improvement Schemes						
Scheme Category	YTD Target	YTD Actual	YTD	FY Target	FY Forecast	FY Variance
Access & Flow	733	733	0	1,100	1,100	0
Drugs	200	200	0	300	275	-25
Non-Pay Efficiency	156	189	34	234	293	60
Nursing Agency	698	699	1	1,047	1,047	0
Pathology Efficiency	188	188	0	282	282	0
Pay Savings	15	15	0	23	23	0
Procurement	220	215	-5	330	325	-5
TOTAL (£'000)	2,210	2,240	30	3,315	3,345	30



The Cost Improvement Programme is achieving plan ytd and is forecast to achieve the full year target.

Revenue Generation Schemes						
Scheme Category	YTD Target	YTD Actual	YTD	FY Target	FY Forecast	FY Variance
Best Practice Tariff	280	173	-107	420	260	-161
Bowelscope QIPP	385	180	-205	856	281	-575
ENT QIPP	35	0	-35	106	0	-106
General Surgery QIPP	82	40	-42	123	78	-45
Income Generation	323	481	158	484	681	197
Ophthalmology QIPP	39	30	-10	59	49	-10
Orthopaedics QIPP	451	319	-132	676	390	-286
Other Income	147	73	-74	221	141	-80
Other QIPP	101	44	-57	144	57	-87
Outpatients QIPP	200	108	-92	300	165	-135
Theatres QIPP	200	183	-17	300	283	-17
TOTAL (£'000)	2,243	1,630	-613	3,689	2,385	-1,304



Revenue Generation schemes are £0.6M worse than plan cumulative as a result of not achieving the expected level of Best Practice Tariff improvement, this is related to a vacancy in the medical team who would be responsible for medical review of Fractured Neck of Femur patients. In addition, delays in accreditation are affecting the role out of Bowelscope at partner sites.

Financial Performance: Capital Report

WHOLE PROJECT PROPOSED PLAN	APPROVED	SCHEME	BROUGHT FORWARD	2016/17				2017/18	2018 +	TOTAL FORECAST
				MONITOR ANNUAL PLAN	CUMULATIVE ACTUAL	BETTER/WORSE THAN BUDGET	FORECAST	FORECAST	FORECAST	
ROLLOVER SCHEMES FROM 15/16 CAPITAL PROGRAMME										
60	60	CAR PARK BARRIERS	0	60	0	60	60			60
2404	2404	MRI SCANNER	1836	126	122	4	126			1962
310	310	OPHTHALMOLOGY OUTPATIENTS	24	286	286	0	286			310
		OTHER ROLLOVERS 15/16		0	-35	35	-35			-35
NEW WORKS										
50	50	BISTRO & 2 OFFICES		50	0	50	50			50
35	25	BLOCK ME CONVERT TO OFFICES		35	50	-15	60			60
25	35	BLOCK MF CONVERT TO OFFICES		25	0	25	0			0
		DR'S MESS INTO RMO'S		42	0	42	42			42
11		MATERNITY		11	0	11	0			0
COMPLIANCE ISSUES										
6673	6673	ASBESTOS REMOVAL	5397	72	27	45	122	100	300	5919
7500	2544	WARD REFURBISHMENTS & FIRE COMPARTMENTATION	0	2350	1594	756	2544	2849	8952	14345
CLINICAL DEVELOPMENT										
850		3RD CT ENABLING		750	0	750	0	850		850
70		CENTRALISED POAC		70	0	70	121			121
50		ED RAPID ACCESS BAYS		50	48	2	61			61
1500	1500	MRI SCANNER 3RD BUILD		1150	0	1150	0	1500		1500
335	335	OPHTHALMOLOGY OUTPATIENTS - PHASE 2		150	30	120	201	134		335
98	98	SEXUAL HEALTH CLINIC		98	98	0	98			98
ENABLING										
1500	250	DESIGN TEAM & PAINTERS	833	167	223	-56	283	250	750	2116
IM&T ROLLOVER SCHEMES FROM 15/16 CAPITAL PROGRAMME										
26		ASCRIBE HANDOVER	10	13	0	13	13			23
42	42	DAWN	27	15	0	15	6			33
1223	693	INFRASTRUCTURE	605	22	-1	23	22			627
31	31	INTERSITE CONNECTIVITY	6	25	19	6	25			31
458	329	RADIOLOGY INFORMATION SYSTEM	230	186	36	150	228			458
72	72	STORAGE DATA ARCHIVING	21	51	8	43	51		300	372
1170	420	VOICE OVER IP	42	170	0	170	466	77		585
336	336	OTHER ROLLOVER IT SCHEMES 15/16	312	0	3	-3	3			315
IM&T NEW SCHEMES										
600		CLINICAL PORTAL		100	0	100	0	1200		1200
1000		EDMS		0	0	0	0	1956		1956
244		E-HANDOVER		0	0	0	0	256		256
65		INTERFACING		25	11	14	65	40	80	185
75		IT APPLICATIONS		57	0	57	75	75	150	300
25		NET CALL / CALL CENTRE		25	0	25	25			25
30		PCTI / DOCMAN		30	0	30	24			24
350		ROSTERING SYSTEM		0	0	0	0			0
150		UPS		150	0	150	0	150		150
30		WIRELESS UPGRADE		0	0	0	30			30
ADDITIONAL										
80	80	DISHWASHER		80	45	35	80			80
7	7	ECG SLEEP SYSTEM		7	7	0	7			7
		MEC SOFTWARE FOR CARDIAC MONITORS			16	-16	16			16
LEASING ARRANGEMENTS										
3000	500	MEC EQUIPMENT		0	0	0	500			500
		3RD CT SCANNER		0	0	0	600			600
		3RD MRI SCANNER		0	0	0	800			800
		ACCESS CONTROL		0	0	0	100			100
		LAUNDRY FINISHING	70	0	0	0	70			140
		OPHTHALMOLOGY EQUIPMENT	150	0	0	0	150			300
		REPLACEMENT CT SCANNERS		0	0	0	600			600
DONATED										
		BUILDINGS								0
		EQUIPMENT		0	28	0				0
BACKLOG MAINTENANCE										
1075	422	MAINTENANCE	334	310	250	60	396	175	525	1430
6833	1054	GENERAL PROVISION	1711	754	284	470	1054	2250	4500	9515
38393	18270	TOTAL PROGRAMME	11608	7512	3149	4390	9425	11862	15557	48452

The capital programme is less than anticipated by £4,390K which is mainly due to the following General Provision £532K, Ward Refurbishment £766K, Third CT Scanner enabling £750K, Third MRI Scanner £1150K, Voice Over IP £170K, Voice Over IP £170K, Clinical Portal £100K, a number of IT Schemes £362K with a remainder being smaller Estates Schemes. .

Accruals have been made for Theatres £90K, Ward 11 refurbishment £325K , Rapid Access Bay 31K, Roofing and Windows £62K, ME & MF Alterations £50K and Ophthalmology Outpatients £5K

Financial Performance: Statement of Financial Position

	Plan Apr to Nov (£'000)	Actual Apr to Nov (£'000)	Variance (£'000)	Forecast 2016/17 (£'000)
Assets				
Assets, Non-Current	86,524	77,759	-8,765	80,878
Assets, Current				
Trade and other Receivables	8,959	10,731	1,772	6,001
Other Assets (including Inventories & Prepayments)	5,466	4,354	-1,112	4,933
Cash and Cash Equivalents	3,402	2,990	-412	2,868
Total Assets, Current	17,827	18,075	248	13,802
ASSETS, TOTAL	104,351	95,834	-8,517	94,680
Liabilities				
Liabilities, Current				
Finance Lease, Current	-563	-425	138	-885
Loans Commercial Current	-2,633	-5,110	-2,477	-2,895
Trade and Other Payables, Current	-15,661	-11,752	3,909	-13,951
Provisions, Current	-146	-111	35	-231
Other Financial Liabilities	-7,087	-8,487	-1,400	-7,573
Total Liabilities, Current	-26,090	-25,884	206	-25,535
Net Current Assets/(Liabilities)	-8,263	-7,809	454	-11,733
Liabilities, Non Current				
Finance Lease, Non Current	-6,277	-3,356	2,921	-3,038
Loans Commercial Non-Current	-8,560	-5,200	3,360	-5,623
Provisions, Non-Current	-1,755	-1,645	110	-1,575
Trade and Other Payables, Non-Current	0	0	0	0
Total Liabilities Non-Current	-16,592	-10,201	6,391	-10,236
TOTAL ASSETS EMPLOYED	61,669	59,749	-1,920	58,909
Taxpayers' and Others' Equity				
Taxpayers Equity				
Public dividend capital	75,157	75,157	0	75,157
Retained Earnings	-23,201	-25,628	-2,427	-26,469
Donated asset reserve	0	0	0	0
Revaluation Reserve	9,709	10,220	511	10,221
TOTAL TAXPAYERS EQUITY	61,665	59,749	-1,916	58,909
TOTAL FUNDS EMPLOYED	61,665	59,749	-1,916	58,909

This mainly due to the capital programme being less than anticipated by £4,390K which is mainly due to the following General Provision £532K, Ward Refurbishment £766K, Third CT Scanner enabling £750K, Third MRI Scanner £1150K, Voice Over IP £170K, Voice Over IP £170K, Clinical Portal £100K, a number of IT Schemes £362K with a remainder being smaller Estates Schemes. In addition the plan was produced before the final position for 2015/16 was established which meant the opening balance was £1,614K in the plan more than the actual position which is mainly due to the revaluation completed at the end of 2015/16. The remainder relates to Finance leases of circa £2800K where the lease has now been assessed as an operating lease and not a finance lease or they have not started yet.

Trade Receivables mainly relates to the plan for Trade Receivables being produced before the final position for 2015/16 was established which has meant that the opening balance was £1,354K in the plan being more than the actual position in 2015/16. This was due to an adjustment for a bad debt of £1,450K at the year end. The main outstanding debts are mainly the over performance for South Cheshire CCG £1,625K, Vale Royal CCG £1089K, NHS England £390K, East Cheshire NHS Trust £483K and Public Health £233K which is offset by a £1.0M provision against the outstanding contract dispute.

Other Assets is less mainly due to delays in new operating leases £192K or delays in the receipt of invoices for rates £81K, IT Maintenance and Radiology Maintenance and EBME Maintenance contracts £266K. In addition the plan was based on last year's prepayment figures. In 2015/16 the prepayment figure included prepayment of £180K for a Therapies charge which is not included in 2016/17. The remainder is an assumption that maintenance contracts would increase due to the 3rd MRI Scanner and other pieces of equipment.

Trade and Other Payables - Trade Creditors are less than anticipated due the Trusts Working Capital Facility being higher than anticipated allowing an increase in the number of creditors being paid..

Accruals are higher due to an accrual for the new Community Services contract of £930K anticipated costs.

Loans are higher than anticipated due to the Trust receiving a higher than anticipated Working Capital Facility and drawing down £997K more than anticipated in the plan and in the plan it was assumed that £1,500K was paid back. This has not happened due to the delay in the payment in the over performance invoices.

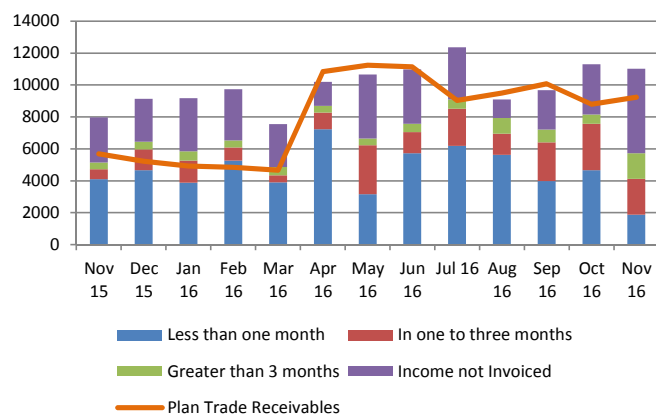
Finance Lease are due to the leases being classified as operating leases, Loans are due to loans for the second ward, CT enabling, Clinical Portal and the Third MRI scanner not drawn down. The provisions are lower due to no inflationary increase in the Pension provision.

Financial Performance: Cash Position and Working Capital

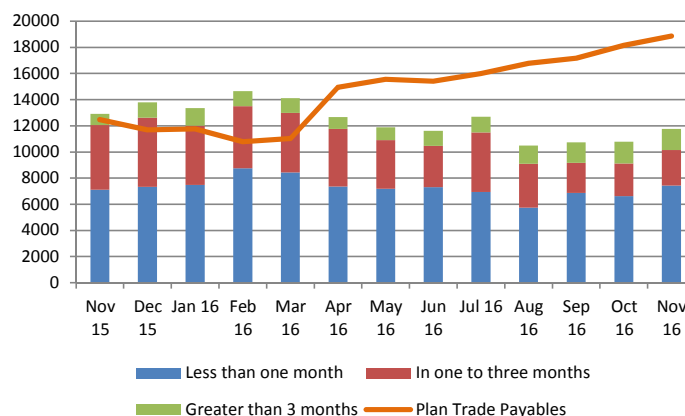
	Plan Apr to Nov (£'000)	Actual Apr to Nov (£'000)	Variance
Surplus/(deficit) after tax	-1,054	210	1,264
Non-cash flows in operating Surplus/(deficit) total	3,730	3,295	-435
Operating cash flows before movements in working capital	2,676	3,505	829
Increase/(Decrease) in working capital Total	1,037	-2,604	-3,641
Net cash inflow/(outflow) from operating activities	3,713	901	-2,812
Net cash inflow/(outflow) from investing activities total	-6,372	-3,349	3,023
Net Cash inflow/(outflow) before financing	-2,659	-2,448	211
Net cash inflow/(outflow) from financing activities Total	5,296	4,674	-622
Net increase/(decrease) in cash and cash equivalents	2,637	2,226	-411
Opening cash balance	764	764	0
Closing cash balance	3,401	2,990	-411

Cash is £412K worse than anticipated. This is due to the better than anticipated financial position offset by a lower than anticipated depreciation £0.8M. However the cash position has reduced due to the decrease in the working capital by around (£3.8M) but again this is offset by the delay in the capital programme by £3.0M. However some of these schemes were funded by capital loans (£3.4M) which have not been drawn down. The Trust has received £1.0M more than anticipated of a working capital facility and in addition it was assumed £1.5M would have been paid back which has improved the cash position.

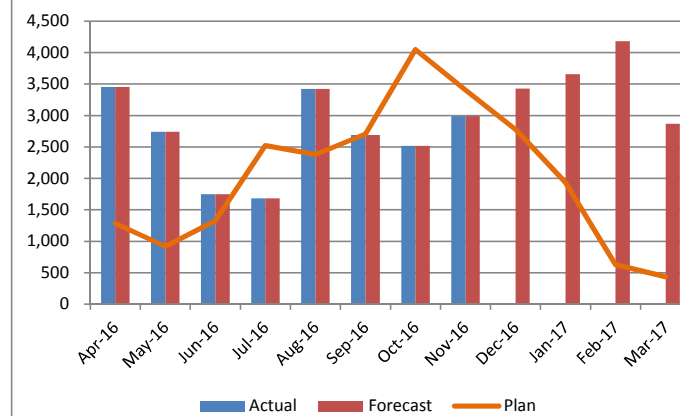
Trade Debtor Profile £000's



Trade Creditor Profile £000's










Cash Forecast £000's



Finance: Staff Costs

Headline Measures

	YTD £000's	Rolling 13 months £000's													
		Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Monthly Trend
Pay Budget	96,113	11,360	11,157	11,637	11,443	11,980	11,964	11,866	12,055	11,964	12,056	12,024	12,019	12,166	
Pay Actual	95,013	11,477	11,492	11,568	11,655	12,214	11,755	11,794	11,934	11,783	11,689	11,925	11,892	12,241	
Variance	1,100	-117	-336	69	-212	-235	208	72	121	181	367	99	127	-75	
% to Budget	98.9%	101.0%	103.0%	99.4%	101.9%	102.0%	98.3%	99.4%	99.0%	98.5%	97.0%	99.2%	98.9%	100.6%	
Nursing Staff % to Budget	100.1%	101.0%	105.3%	99.4%	103.5%	107.1%	99.9%	104.9%	99.6%	99.2%	98.1%	98.9%	98.6%	101.6%	
Medical Staff % to Budget	94.1%	98.9%	99.1%	96.8%	97.4%	100.8%	92.4%	87.6%	94.4%	94.3%	90.1%	98.4%	100.6%	94.9%	
Other Staff % to Budget	101.8%	103.9%	104.8%	102.5%	105.4%	98.2%	105.0%	102.8%	102.0%	101.1%	101.2%	100.2%	98.0%	104.2%	

Commentary

figures exclude Community Services until a budget has been derived

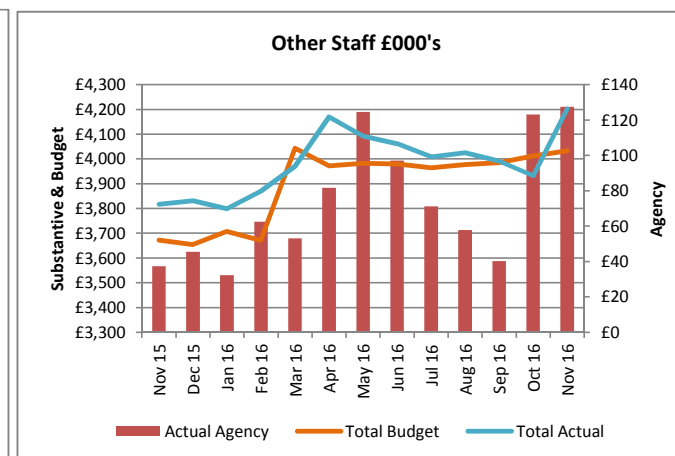
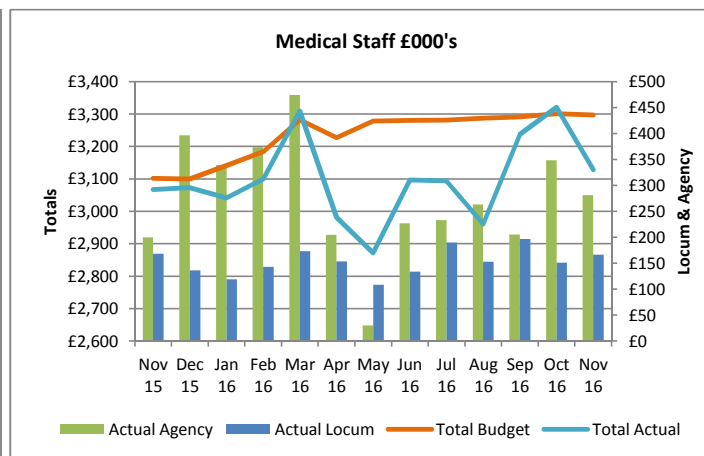
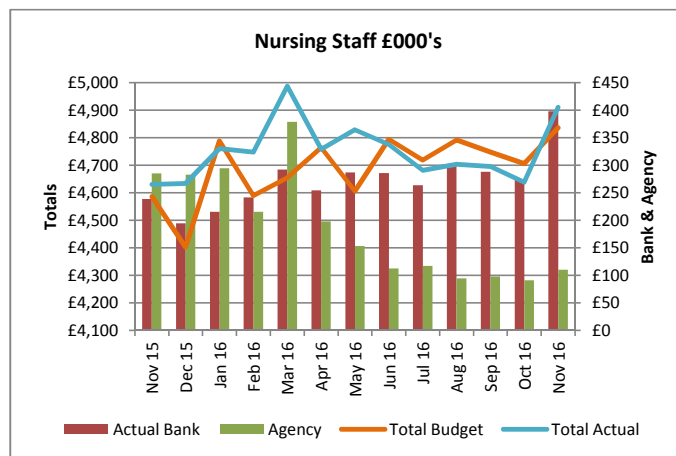
Pay is better than budget by £1.1M as at Mth 8. There are significant underspends on medical pay but this lessened in recent months, Nursing pay is on plan and other pay is over by £0.6M due to the vacancy target not being allocated to individual staff groups.

Nursing vacancies have continued to be high since January with the closure of the winter capacity coinciding with the start of the new financial year where additional investments have been approved. Nursing Agency spend has had a sustained reduction since April, however, bank use over establishment for HCAs continues to support one to one patient supervision.

Medical pay is underspent against budget (£1.6M) as a result of consultant and junior doctor vacancies being unable to be filled with substantive or acceptable locum arrangements.

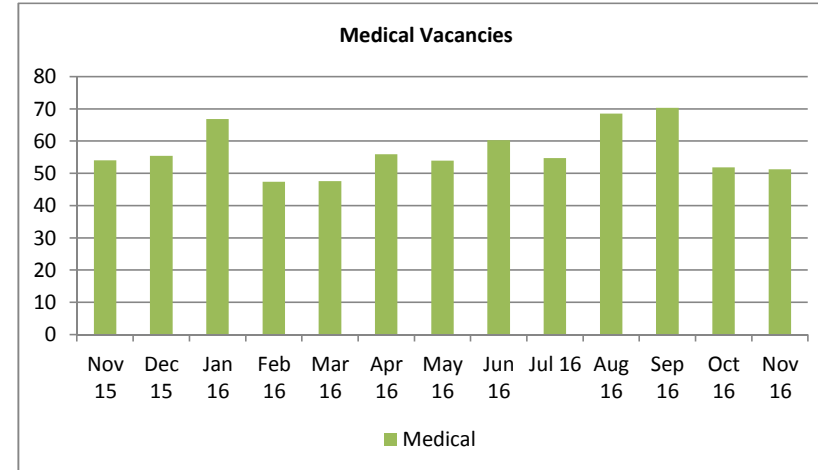
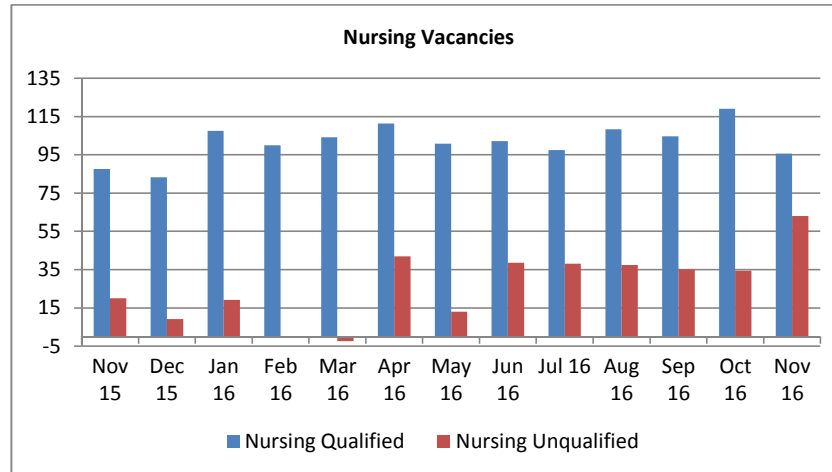
The Agency trajectory is failing in month by £0.2M and cumulatively by £0.5M. Earlier lower medical agency costs are offset by increased spend in Gastroenterology and Endoscopy and new pressures Radiography and Therapy Services.

Primary Drivers






Finance: Staff Costs

Secondary Drivers



Agency Trajectory

	YTD	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Monthly Trend
Plan	-4,247	-556	-557	-595	-595	-593	-539	-572	-561	-515	-563	-525	-495	-477	
Actual	-4,763	-691	-861	-784	-795	-1,079	-638	-416	-570	-611	-568	-540	-699	-721	
Variance	-516	-135	-304	-189	-200	-486	-99	156	-9	-96	-5	-15	-204	-244	

	Rolling 13 Months													
	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Monthly Trend
Sickness Rate (Rolling 12 mths)	4.25%	4.13%	3.97%	3.88%	3.88%	3.89%	3.84%	3.82%	3.80%	3.76%	3.72%	3.77%	3.79%	
Total Leavers	30	28	41	30	29	28	24	41	36	31	39	34	38	
Turnover (Rolling 12 mths)	11.94%	11.78%	11.71%	11.74%	11.72%	11.65%	11.30%	11.42%	11.38%	10.98%	10.54%	10.32%	10.50%	

Title of Paper :	Care Quality Commission (CQC) Bi Annual Update		
Author:	Elizabeth Davies, Governance Lead		
Executive Lead:	Alison Lynch, Director of Nursing and Quality		
Type of Report:	Concept Paper		
	Strategic Options Paper		
	Business Case		
	Information	x	
	Review/Benefits/Audit		
Link to Strategic Objectives:		Link to Domain:	
Quality, Safety & Experience	x	Safe	x
Strong Progressive FT		Effective	
Organisational Delivery	x	Caring	
Workforce Development & Effectiveness		Responsive	
Fit for Purpose Infrastructure		Well-Led	
Emergency Preparedness			
Link to Board Responsibility:	Performance		
	Accountability	x	
	Strategy		
	Implementation		
Action Required:	Decide		
	Approve		
	Note	x	
	Recommend		
	Delegate		
Positive Benefit:	Maintain unconditional registration with CQC Supports high standards of care		
Risk:	Enforcement action or loss of registration Reputational impact		
To be published on Trust Website –complete version		Y	
If no, to be published on Trust Website – redacted		Y/N (delete as appropriate)	
If not to be published complete or redacted, please detail the reason why			
Presented at Board Meeting of:	January 2017		

Mid Cheshire Hospitals NHS
Foundation Trust

Care Quality Commission
Bi - Annual Update

October 2016

1. Introduction

The Care Quality Commission (CQC) is the independent regulator of health and adult social care services in England. All providers of health and social care are required to be registered with the CQC and must have a nominated lead responsible for the registration; for Mid Cheshire Hospitals NHS Foundation Trust (MCHFT, or the Trust) this is the Director of Nursing and Quality. The current registration status for MCHFT is unconditional, which means there are no conditions on the registration.

The CQC has not taken enforcement action against the Trust during the period June 2016 to October 2016.

2. CQC Registration

2.1 Changes to Registration

On the 28th April 2016 the CQC Registration Officer conducted a Registration Visit at Victoria Infirmary at Northwich (VIN) and Elmhurst Intermediate Care Centre at Winsford to ensure that we are registered for the appropriate regulatory activities and that the locations providing the care were suitable for those purposes. We are currently awaiting confirmation of the registration.

3. CQC Strategy

The CQC has launched its Strategy 2016 – 2021. As part of this strategy they have introduced new models of care with a central focus of integrating services to improve how people experience care. This is to be achieved by making sure services are more joined-up and person-centered – for example, by encouraging better working between hospitals and care homes, or bringing together GPs and community-based services into a single organisation.

The CQC have developed a more flexible approach to registration and aims to move its processes online to create a digital register. It is aimed to be appropriate for how providers structure themselves now, as well as for future changes in ways of working and innovation in models of care. A flexible approach means that they will focus resources where risk is the greatest. By 2020, all new registrations will be risk-assessed against set criteria. This will determine the process for the registration – for example whether the CQC need to carry out an interview or a site visit. These criteria might include the nature of people using the service, the provider's track record on quality and whether individuals are professionally registered or subject to scrutiny by other bodies. The aim is to strengthen the link between registration and inspection by coordinating work between teams and sharing information more effectively.

3.1 Impact on MCHFT

The CQC will:

- Focus inspections on core services (for example critical care, surgery), particularly those that require improvement or are inadequate, and extend the intervals between inspections for those that are good or outstanding.
- Update core service ratings on the basis of smaller, focused inspections and make more use of unannounced inspections.
- Hold an annual review of the Trust to determine where to focus their inspection activity for the year ahead.
- Expect the Trust to describe our own quality against our five key questions, and feed this information into the annual review.
- Produce shorter reports, more quickly, that make clear how we have come to our decisions.
- With NHS Improvement, give a new rating of how efficiently and effectively NHS trusts and foundation trusts use their resources.
- Develop approaches to inspect services that cross our current core service boundaries, like cancer and mental health services within an acute hospital.

The new model of care approach indicates that there will be a greater use of information from a wide variety of sources. Hence it will be important to ensure that there is appropriate scrutiny and validation of data prior to its submission to external agencies.

4. Monitoring Compliance

4.1 CQC Comprehensive Inspections

The CQC conducted a Comprehensive Inspection of the Trust in October 2014 and published its report in January 2015 in which the Trust was given an overall rating of “Good”. The inspectors identified that improvements were required to ensure that services were responsive to people’s needs but noted some areas of outstanding practice and innovation.

Following the comprehensive inspection an action plan was developed around their key findings and has been submitted to the CQC. The action plan is being monitored monthly through the Executive Quality Governance Group and is progressing within the allocated timescales and is due for completion by the end of April 2017.

4.2 CQC Preparation

The Trust is expecting to receive a Site visit inspection from the CQC, in line with their inspection programme. This inspection is to assess the effectiveness of the implementation of the recommendations made in the report following the Comprehensive Inspection in 2014. In expectation of this visit a CQC Action Group has been established to coordinate the Trusts preparations. There is a programme of Mock Inspections currently underway in which every clinical and diagnostic area will be inspected by a select team. Reports are generated from these inspections and fed back to the Divisional Lead Nurses and the Action Group where any identified themes or trends are discussed and addressed.

Each division has nominated Quality Champions to help facilitate with the implementation and embedding of the Quality Strategy. In line with this the Quality Boards containing relevant information are now in all areas.

The Chief Executive continues her Engagement Sessions to update the staff with recent developments regarding the Trusts development and future.

The CQC Action Group has the responsibility for ensuring that the Trust has identified key issues relating to inspections, both previous and future and this group should review the strategy in detail to ensure that the Trust can ensure it has defined quality as requested by the CQC as well as preparing and overseeing the consultation from the CQC on release and reshaping, if necessary internal definitions of quality.

5. Reviews by the CQC

5.1 Ongoing Monitoring

The Trust holds quarterly meetings with our CQC Compliance Officer. The membership of the meetings comprises of the CQC Compliance Officer, CQC Hospitals Inspection Manager, MCHFT Chief Executive Officer, Director of Nursing and Quality, Head of Integrated Governance and the Governance Lead. At these meetings progress with the CQC Action plan is monitored and any operational issues of concern are discussed.

6. Recommendation

The Board of Directors is requested to **note** the report.

Summary Paper on contract extension for Internal Auditor.

Background

The current Internal Audit provider (KPMG) was appointed on a 3 year plus an option to extend for a further 2 years. The Initial 3 year contract concludes on the 31st March 2017 and this paper provides a recommendation on the way forward.

The Options

The Trust can either:

1. Give KPMG notice that the contract will be subject to competition and begin a procurement process to appoint internal auditors or;
2. Extend the existing contract for a further 2 years.

Evaluation

The performance of the internal auditors has been discussed with both Executive Directors and Non-Executive Directors. The discussions focused on:

1. Expertise
2. Timeliness
3. Relationships
4. Approach to Audits
5. Standard of reports
6. Value added beyond the audit criteria

The feedback from both has been positive highlighting:

- A satisfaction with the quality and detail within the reports
- Excellent access to a wider range of subject experts than previously experienced with the last provider
- Statistical sampling and analysis approach which helps focus on the key issues
- A good working relationship whilst maintaining an appropriate level of challenge and professionalism
- A good update to the audit committee of the wider factors impacting on the sector and assurance required.
- Members welcomed the inclusive approach to developing the plan.

Recommendation

Given the performance to date and the need for continuity during turbulent times for the health economy and the environment we work in it is recommended that the existing contract is extended for a further two years