Mid Cheshire Hospitals NHS
NHS Foundation Trust

A G E N D A

Board of Directors
A meeting will be held in Public at
9.30am on Monday, 6 February 2017
In the Board Room, Leighton Hospital

Action Key	
A	Approval
I	Information
D	Discussion

Item No	Title of Item	Action	Led by	Page No
1.	**Welcome and Apologies** To welcome members of the public and attendees and to receive apologies for absence from Board Members. *(to note)*	I	Chairman 09.30	-
2.	**Patient or Staff Story** *(to note)*	I	Director of Nursing & Quality 09.32	-
3.	**Board Members' Interests** *(to note)* To **consider** any • Changes to Directors' interests since the last meeting • Conflicts of interest deriving from this agenda	I	Chairman 09.40	-
4.	**Minutes of the Last Meeting** To **approve** the minutes of the Board of Directors meeting held in Public on Monday, 9 January 2017 *(attached) (to approve)*	A	Chairman 09.42	-
5.	**Matters Arising and Action Log** *(attached) (to approve)*	A	Chairman 09.45	-
6.	**Annual Work Programme** **2016/17 Work Programme** *(attached) (to approve)*	I/A	Chairman 09.47	-
7.	**Chairman's Announcements** (*to note a verbal report*) **7.1 Chairman's Actions** **7.2 Meetings with MPs** **7.3 Board Committee Reviews** • **Performance and Finance** **7.4 MMU University Partnership**	I	Chairman 09.50	-
8.	**Governors' Items** (*to note a verbal report*) **8.1 Council of Governors held on 19 January 2017** **8.2 Governor Elections 2017**	I	Chairman 10.00	-

Item No	Title of Item	Action	Led by	Page No
9.	**Chief Executive's Report** (*to note a verbal report*)	I	Chief Executive 10.10	-
	9.1 Contract Update			
	9.2 Cheshire & Merseyside 5 Year Forward Plan			
	9.3 Meeting with NHSI / E Chief Executives			
	9.4 System Wide Meeting			
	9.5 Executive Director Away Day			
	9.6 Cheshire & Mersey Provider CEO Meeting			
10.	**CARING**			
	10.1 Quality, Safety & Experience Report *(attached)* (*to note)*	I/D	Director of Nursing & Quality 10.30	-
11.	**SAFE**			
	11.1 Draft Quality Governance Committee notes from the meeting held on 9 January 2017 *(attached)* (*to note*)	I	Committee Chair 10.40	-
	11.2 Serious Untoward Incidents and RIDDOR Events *(verbal)* (*to note/discussion*)	I/D	Deputy Chief Executive/ Medical Director 10.45	-
12.	**RESPONSIVE**			
	12.1 Performance Report *(to follow)* (*to note*)	I/D	Director of Finance 10.55	-
	12.2 Draft Performance & Finance Committee notes from the meeting held on 26 January 2017 *(to follow)* (*to note*)	I	Committee Chair 11.05	-
	12.3 Legal Advice *(verbal)* (*to note*) • Procurement Tender • Contract	I	Chief Executive 11:10	-
	12.3 Board Assurance Framework Quarter 3 2016/17 *(attached)* (*to note*)	I/D	Deputy Chief Executive/ Medical Director 11:15	-
	12.4 Top Five Strategic Risks – Quarter 2 *(attached)* (*to note*)	I/D	Deputy Chief Executive/ Medical Director 11.20	-

Item No	Title of Item	Action	Led by	Page No
13.	**WELL-LED**			
	13.1 **CCICP Governance Paper** *(attached) (for discussion)*	D/I	Director of Finance **11.35**	-
	13.2 **Draft Transformation and People Committee notes from the meeting held on 5 January 2017** *(attached) (to note)*	I	Committee Chair **11.45**	-
	13.3 **Draft Audit Committee notes from the meeting held on 12 December 2016** *(attached) (to note)*	I	Committee Chair **11.50**	-
	13.4 **Business Case for Medical Records Workforce** *(attached) (to approve)*	A/D	Chief Operating Officer **11.55**	-
	13.5 **Visits of Accreditation, Inspection or Investigation** (*verbal)* (*to note*) • **JAG Accreditation** • **UKASS Histopathology**		Chief Executive **12.05**	-
14.	**EFFECTIVE**			
	14.1 **Consultant Appointments** *(verbal)* (*to note*)	I	Deputy Chief Executive/ Medical Director **12.10**	-
15.	**Any Other Business (verbal)**	I/A/D	Chairman	-
16.	**Time, Date and Place of Next Meeting**			
	To confirm that the next meeting of the Board of Directors will take place in public, in the Board Room at Leighton Hospital, at 9.30am on Monday, 6 March 2017	I	Chairman	

Resolution: To exclude the press and public from the meeting at this point on the grounds that publicity of the matters being reviewed would be prejudicial to public interest, by reason of the confidential nature of business. The press and public are requested to leave at this point.

Board of Director Meeting held in Public (Action Log)

Action No	Date of Meeting	Action	Lead	Deadline Date	Comments	Date of Board meeting to be reviewed	Status
17/01/10/1.3	09/01/2017	Quality and Performance Report revision to be reviewed at a Board Away Day	A Lynch			March	Open
17/01/11.3.1	09/01/2017	Comments on the governance route for Health and Safety escalations to be reported to the Health and Safety Lead for inclusion and update to the policy.	T Bullock	31/01/2017		February	Open
17/01/12.1.6	09/01/2017	Review of the acquisition of CCICP and any remaining risks.	D Frodsham			May	Open

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						
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														
Workforce Race Equality Scheme							x										
Board Actions	x	x	x	x	x	x	x	x	x	x	x	x					

Mid Cheshire Hospitals NHS
NHS Foundation Trust

Board Report February 2017

Quality: Safety and Experience

(December 2016 data)

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

Key messages for December are:

- There were four serious incidents reported in month.
- The Trust's HSMR is 110.59 and places the Trust 119 out of 136 Trusts.
- The Trust SHMI is currently 1.01 for the period July 2015 – June 2016.
- One MRSA Bacteraemia case has been reported in month.
- No avoidable Clostridium Difficile cases have been reported in month.
- 13 complaints were received, which is a reduction from the previous month.
- The Trust's NHS Choices Star rating is currently 4.5 stars for Victoria Infirmary, and 4 stars for Leighton Hospital.

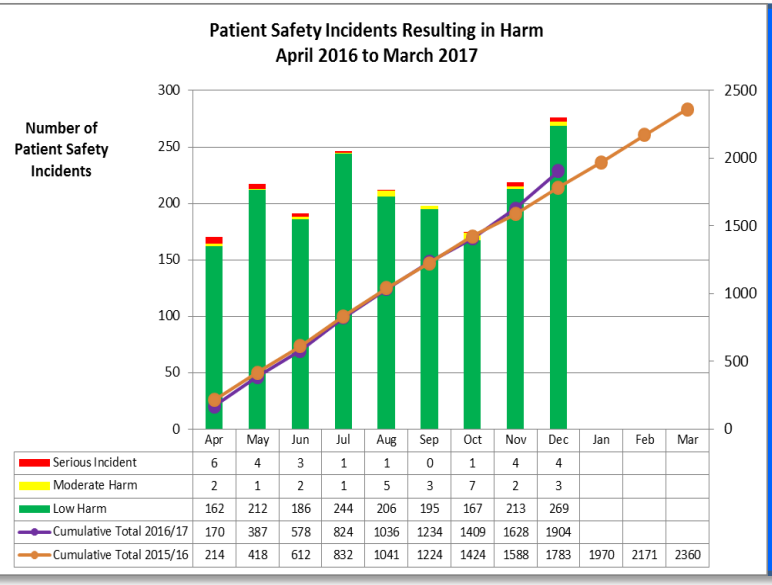
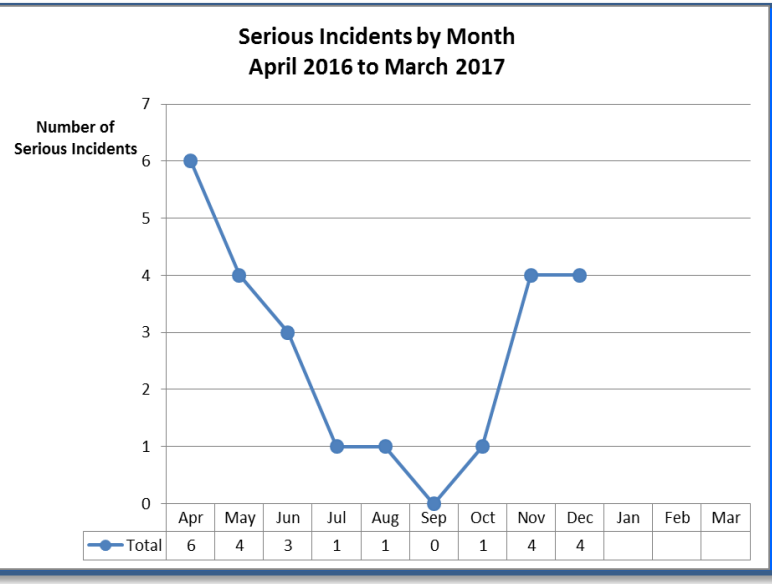
Board Papers – Quality, Safety & Experience Section: February 2017

Contents

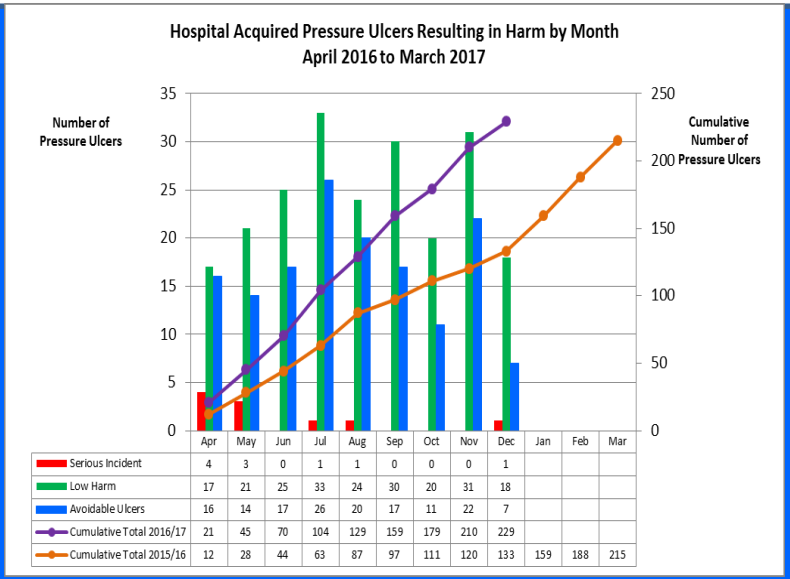
Contents (continued):

Board Papers – Quality, Safety & Experience Section: February 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% (1854 incidents) have resulted in low harm 1.4% (26 incidents) have resulted in moderate harm 1.2% (24 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 December 2016. 24 serious incidents have been reported for this financial year to date. • 8 x Stage 3 pressure ulcers • 5 x Patient falls resulting in fractured NOF • 3 x Stage 4 pressure ulcer • 2 x Treatment regime • 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 • 1 x Delay in diagnosis		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: February 2017

Description	Aggregate Position	Trend	Variation
Pressure Ulcer (PU) Incidents including avoidable pressure ulcers.	For this financial year to date: • 95.6% (219 PU's) have resulted in low harm (defined as a patient that has developed a stage 2 or unstageable PU) • 4.4% (10 PU's) have resulted in serious harm (defined as a patient that has developed a stage 3 or 4 PU) In December 2016, 7 avoidable PU's were reported, as shown by the blue bar on the chart. Improvement actions include: • React to Red was launched in the Trust in May 2016. • Employment of a full time substantive band 7 Tissue Viability Specialist Nurse who commenced in post in January 2017. • Secondment of a band 6 into the role of the Skin Care Nurse for a three month period. • The role of the Tissue Viability Specialist Nurse and Skin Care Nurse involves 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.	 Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Serious Incident 4 3 0 1 1 0 0 0 1 Low Harm 17 21 25 33 24 30 20 31 18 Avoidable Ulcers 16 14 17 26 20 17 11 22 7 Cumulative Total 2016/17 21 45 70 104 129 159 179 210 229 Cumulative Total 2015/16 12 28 44 63 87 97 111 120 133 159 188 215	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.

Pressure Ulcers

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

Description	Aggregate Position	Trend	Variation

Patient Falls Incidents.

For this financial year to date:

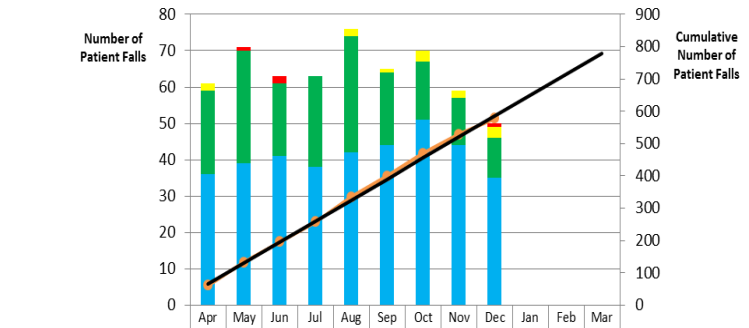
- 64% (370 falls) have resulted in no harm
- 33% (191 falls) have resulted in low harm
- 2.2% (13 falls) have resulted in moderate harm
- 0.8% (4 falls) have resulted in serious harm

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%.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Serious Incident	0	1	2	0	0	0	0	0	1			
Moderate Harm	2	0	0	0	2	1	3	2	3			
Low Harm	23	31	20	25	32	20	16	13	11			
No Harm	36	39	41	38	42	44	51	44	35			
Cumulative Total 2016-17	61	132	195	258	334	399	469	528	578			
Sign Up To Safety Target	65	130	195	260	325	390	455	520	585	650	715	780

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 achieved in month.

Patient Falls

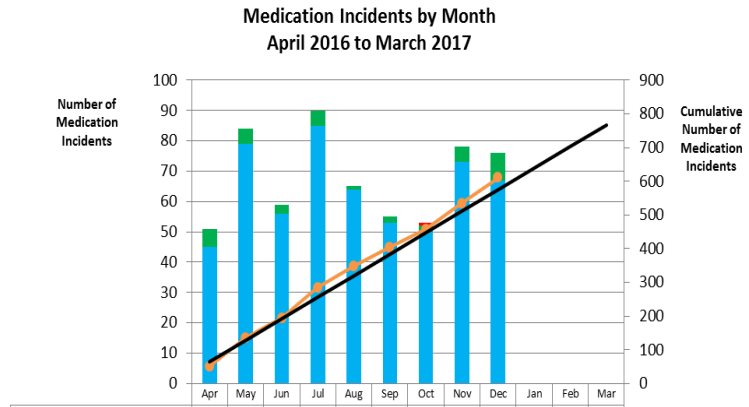
Medication Incidents.

For this financial year to date:

- 93.6% (572 medication incidents) have resulted in no harm
- 6.2% (38 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



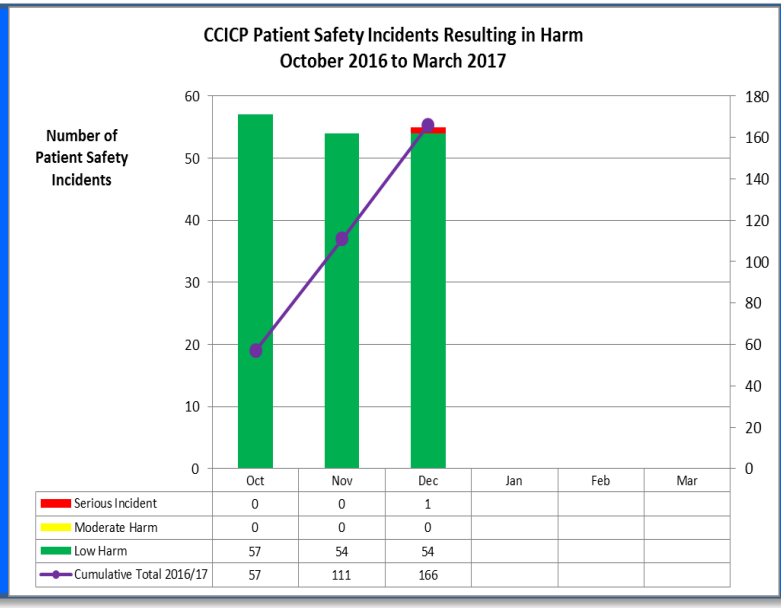
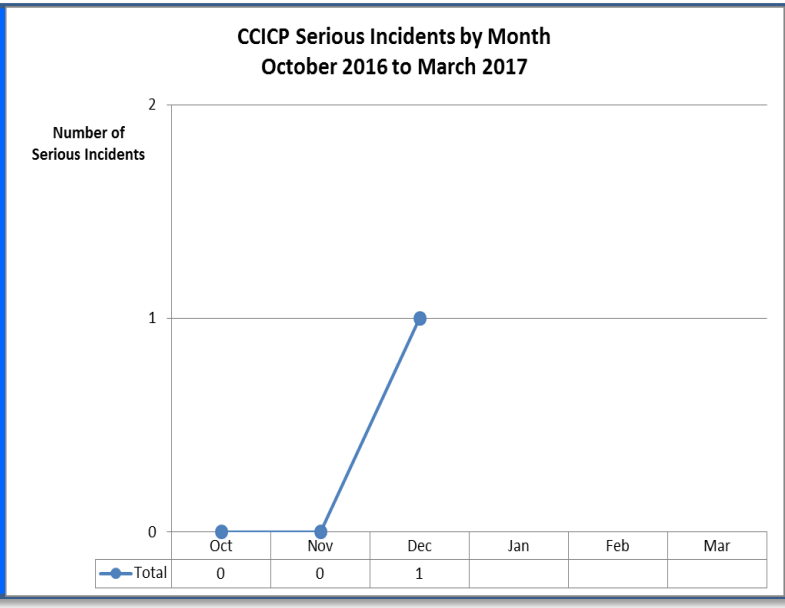
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Serious Incident	0	0	0	0	0	0	1	0	0			
Moderate Harm	0	0	0	0	0	0	0	0	0			
Low Harm	6	5	3	5	1	2	2	5	9			
No Harm	45	79	56	85	64	53	50	73	67			
Cumulative Incidents 2016-17	51	135	194	284	349	404	457	535	611			
Trust Target	64	128	192	256	320	384	448	512	576	640	704	768

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

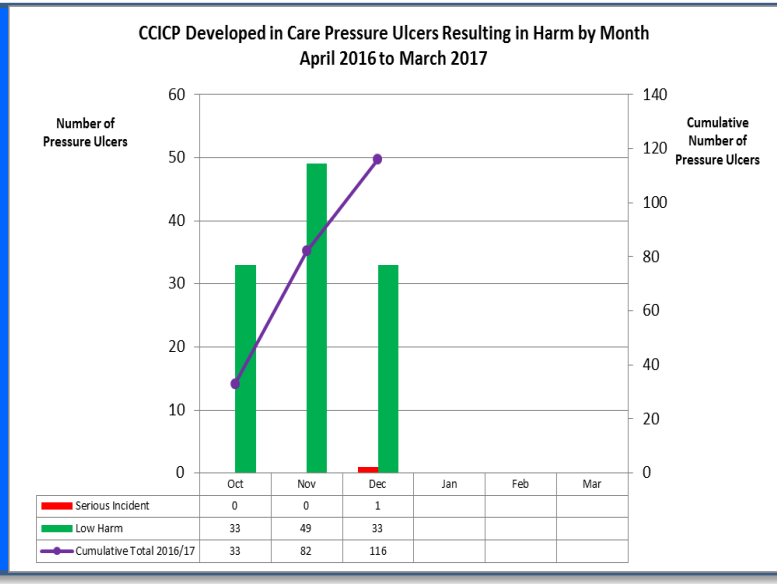
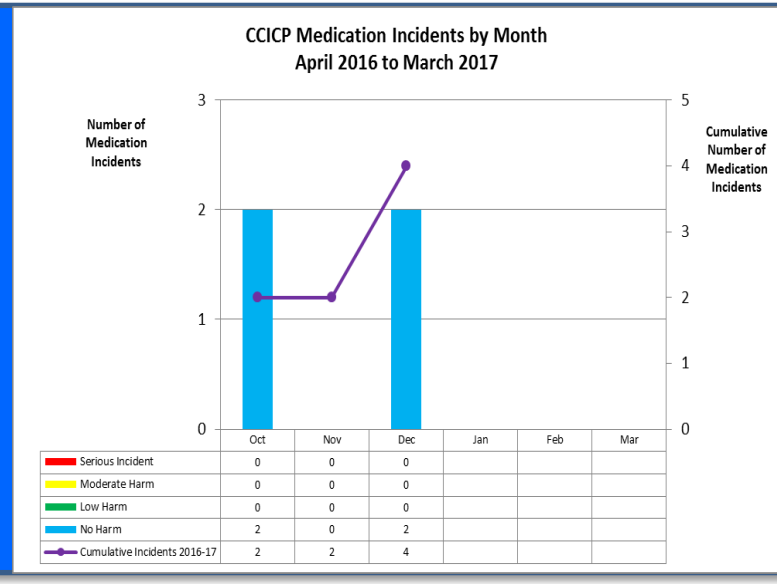
The aim was not achieved in month.

Medication Incidents

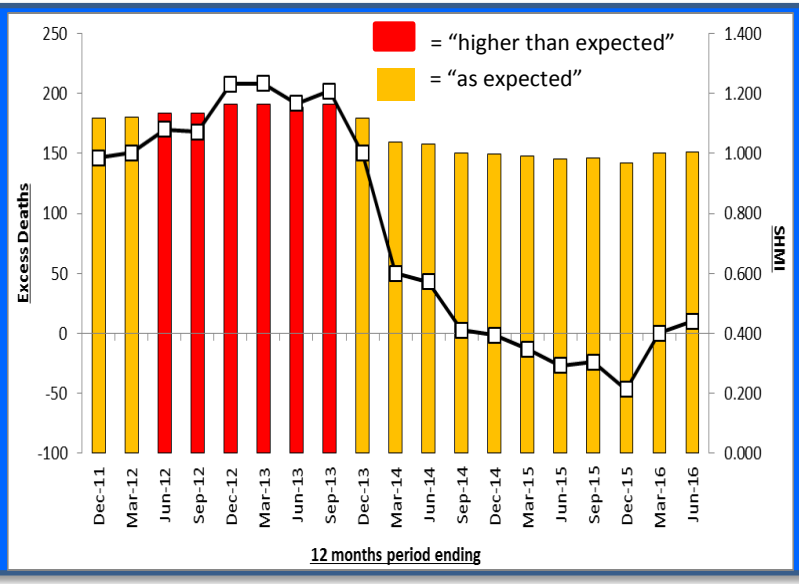
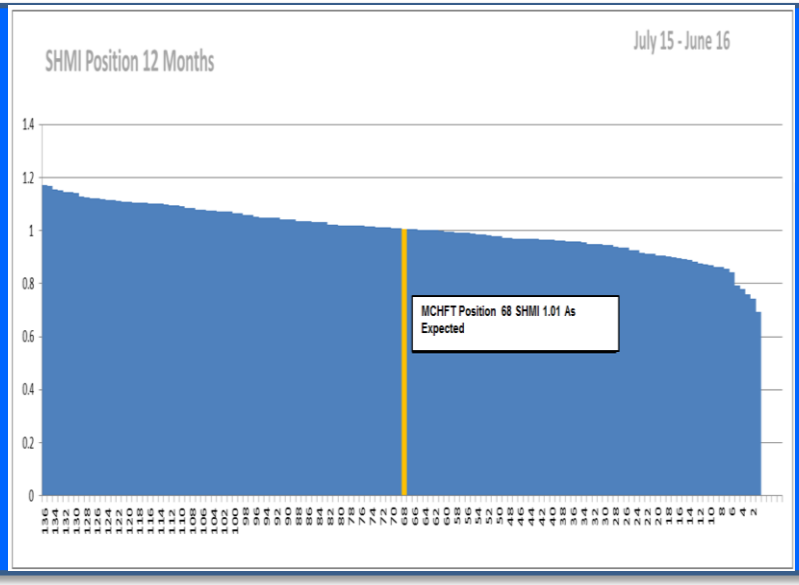
Board Papers – Quality, Safety & Experience Section: February 2017

Description	Aggregate Position	Trend	Variation
CCICP Patient Safety Incidents resulting in harm. .	This chart demonstrates the total number of reported patient safety incidents which resulted in harm. From October 2016 when the partnership commenced: • 99.4% (165 incidents) have resulted in low harm • 0% (0 incidents) have resulted in moderate harm • 0.6% (1 incident) have resulted in serious harm		CCICP aims to be agreed. CCICP Degrees of Harm
CCICP Serious Incidents.	This chart demonstrates the number of incidents that have resulted in serious harm. One serious incident has been reported since October 2016 when the partnership commenced: 1 x Pressure Ulcer Developed in Care		CCICP aims to be agreed. CCICP Serious Incidents

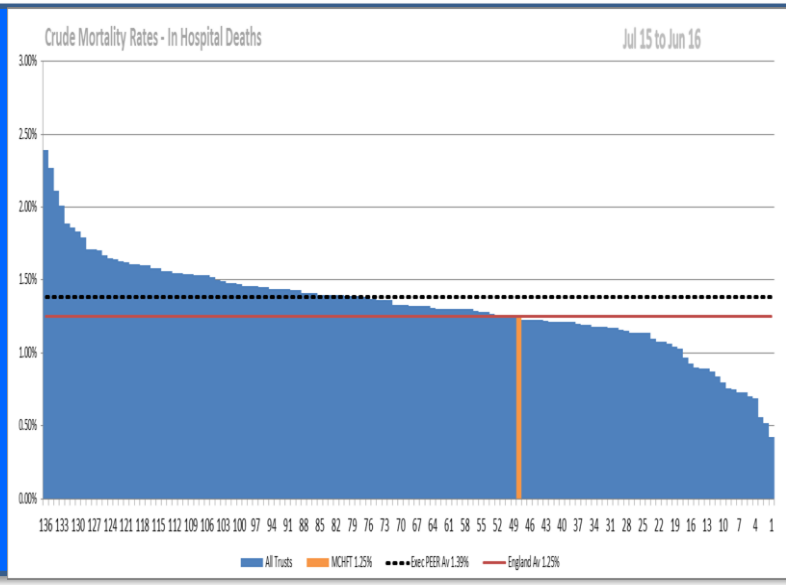
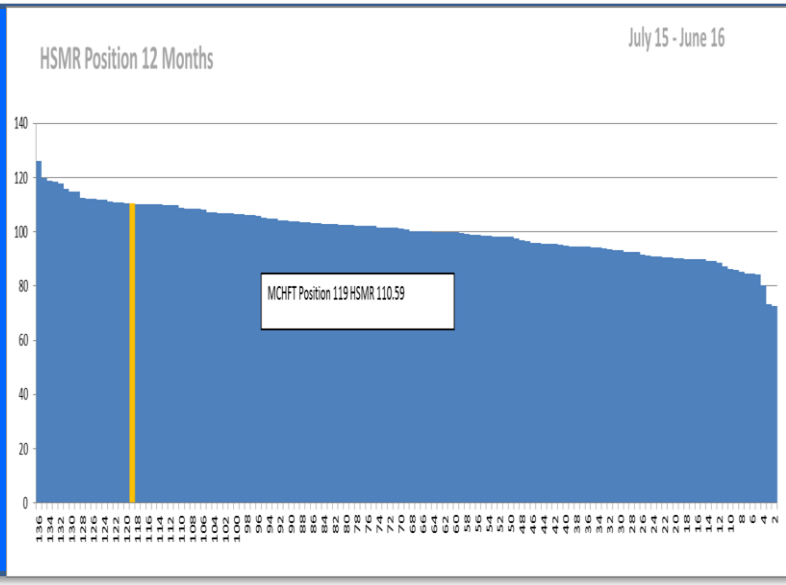
Board Papers – Quality, Safety & Experience Section: February 2017

Description	Aggregate Position	Trend	Variation
CCICP Pressure Ulcer (PU) Incidents including avoidable pressure ulcers.	Since October 2016 when the partnership commenced: • 99.1% (115 PU's) have resulted in low harm (defined as a patient that has developed a stage 2 or unstageable PU) • 0.9% (1 PU) 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% (4 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

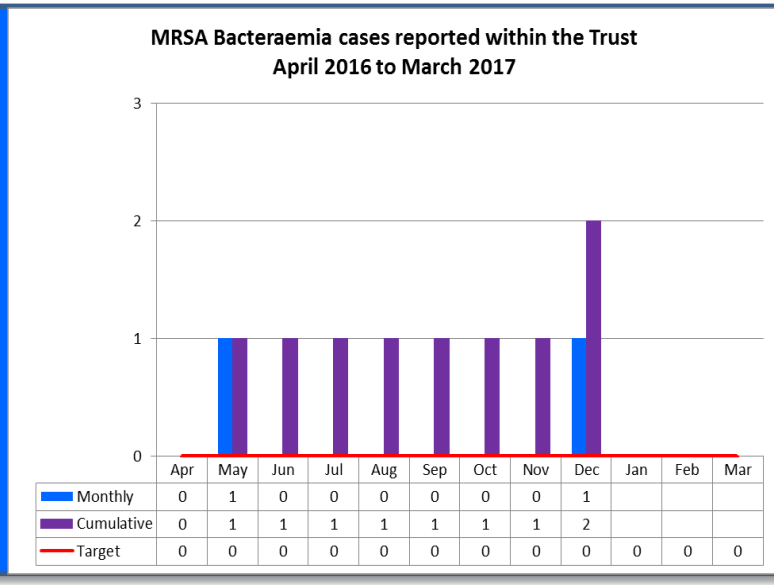
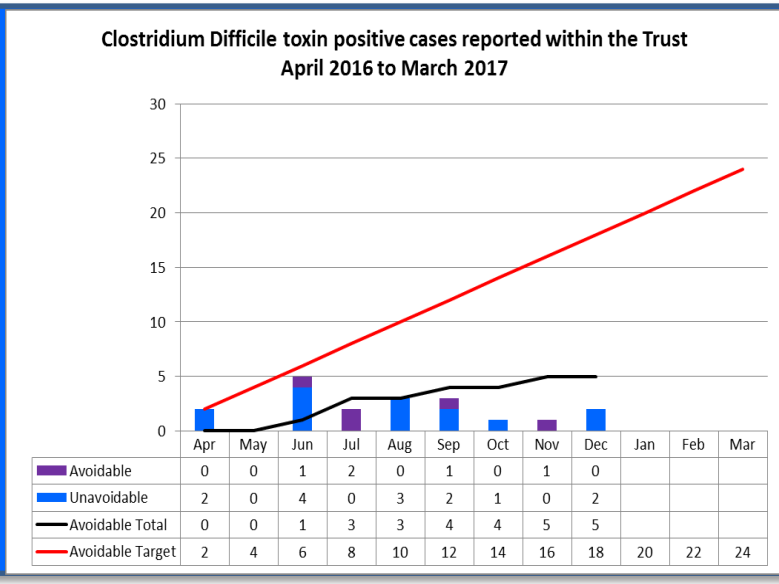
Board Papers – Quality, Safety & Experience Section: February 2017

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 July 2015 to June 2016, the Trust's SHMI is 1.01 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 not 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 1.01 for the time period July 2015 to June 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 not being achieved SHMI by Trust

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

Description	Aggregate Position	Trend	Variation
Crude Mortality.	The chart benchmarks the Trust's crude mortality rate for the period July 2015 to June 2016 against an executive peer and England average. The Trust (1.25%) is currently below the executive peer average of 1.39% and the England average of 1.25% and places the Trust 48 out of 136 Trusts.		The Trust's aim is to continually reduce its crude mortality rate. **Crude Mortality**
HSMR by Trust.	The chart benchmarks the Trust's HSMR against all NHS Trusts. MCHFT is shown by the amber bar. The Trust's HSMR is 110.59 (July 2015 to June 2016) and places the Trust 119 out of 136 Trusts.		The Trust's aim is to have an HSMR <100. **HSMR by Trust**

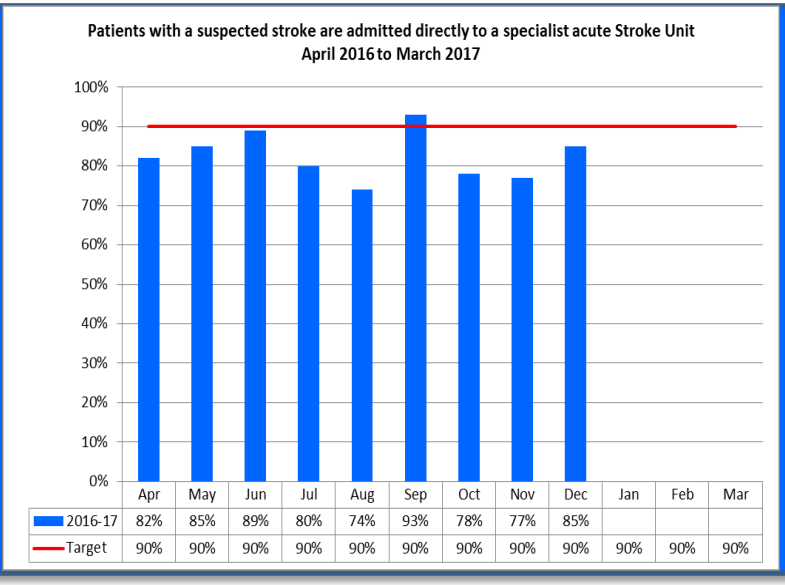
Board Papers – Quality, Safety & Experience Section: February 2017

Description	Aggregate Position	Trend	Variation
MRSA Bacteraemia Cases.	In this financial year there have been two confirmed MRSA bacteraemia cases reported. One was a contaminant case and lapses in care have been addressed via the root cause analysis process. The other is currently going through the root cause analysis process to determine the cause.		The target for MRSA Bacteraemia is zero in 2016/17. The target has not been achieved. MRSA
Clostridium Difficile toxin positive cases.	In December 2016, no avoidable case was reported. Actions arising from review of the Clostridium Difficile cases include: • 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		The target is less than 24 avoidable cases of Clostridium Difficile in 2016/17. The target has been achieved. Clostridium Difficile

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly	0	1	0	0	0	0	0	0	1			
Cumulative	0	1	1	1	1	1	1	1	2			
Target	0	0	0	0	0	0	0	0	0	0	0	0

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Avoidable	0	0	1	2	0	1	0	1	0			
Unavoidable	2	0	4	0	3	2	1	0	2			
Avoidable Total	0	0	1	3	3	4	4	5	5			
Avoidable Target	2	4	6	8	10	12	14	16	18	20	22	24

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

Description	Aggregate Position	Trend	Variation
Patients with a suspected stroke admitted directly to a specialist acute stroke unit	In December 2016, 23 out of 27 patients (85%) 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	 Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar 2016-17 82% 85% 89% 80% 74% 93% 78% 77% 85% Target 90% 90% 90% 90% 90% 90% 90% 90% 90% 90% 90% 90%	As part of the Sentinal 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.

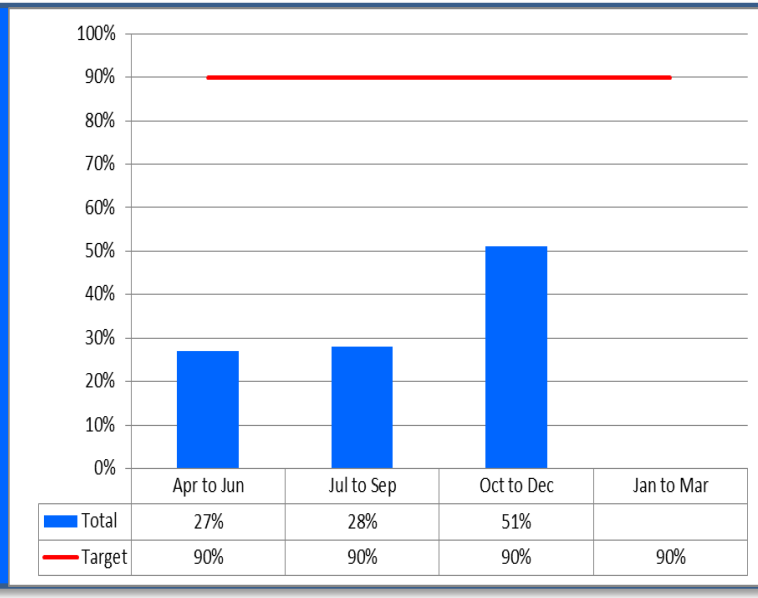
Stroke

Description	Aggregate Position	Trend	Variation
National CQUIN – Health & Wellbeing Part 1a The financial value for this CQUIN is £396,107.	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. • 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	For quarter 3, the specific actions on the plan were delivered and RAG rated green. The Health & Wellbeing steering group monitors progress against the action plan and the group agrees the frequency of meetings to monthly. Actions taken to date include: • Launch of creative screen saver messages to support the themes of 'time to move' and 'think before you e-mail'. • Relaunch of the green walking route. • Promotion of the Cardinus stress risk assessment tool.	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. The target was achieved in month.	National CQUIN – Health & Wellbeing Part 1a
National CQUIN – Health & Wellbeing Part 1b The financial value for this CQUIN is £396,107.	To achieve the CQUIN target for Health & Wellbeing Part 1b the Trust must provide healthy food for NHS staff, patients and visitors • 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	For quarter 3, progress against the action plan is required, although there is no funding allocated to quarter 3. The Health & Wellbeing steering group monitors progress against the healthy eating plan. Actions taken to date include: • 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.	The CQUIN target for Health & Wellbeing Part 1b is to have implemented all four outcomes as outlined in the CQUIN. The target was achieved in month.	National CQUIN – Health & Wellbeing Part 1b

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

Description	Aggregate Position	Trend	Variation
National CQUIN – Health & Wellbeing Part 1c The financial value for this CQUIN is £396,107.	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. Providers will be expected to submit cumulative data monthly over four months on the ImmForm website.	MCHFT achieved 75.6% uptake amongst front line healthcare workers by 31st December 2016 and therefore met the CQUIN target.	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. The target was achieved.

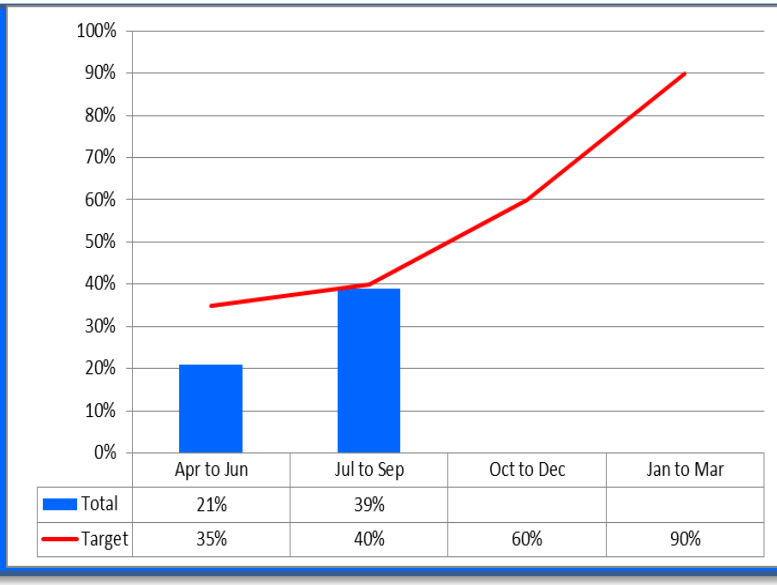
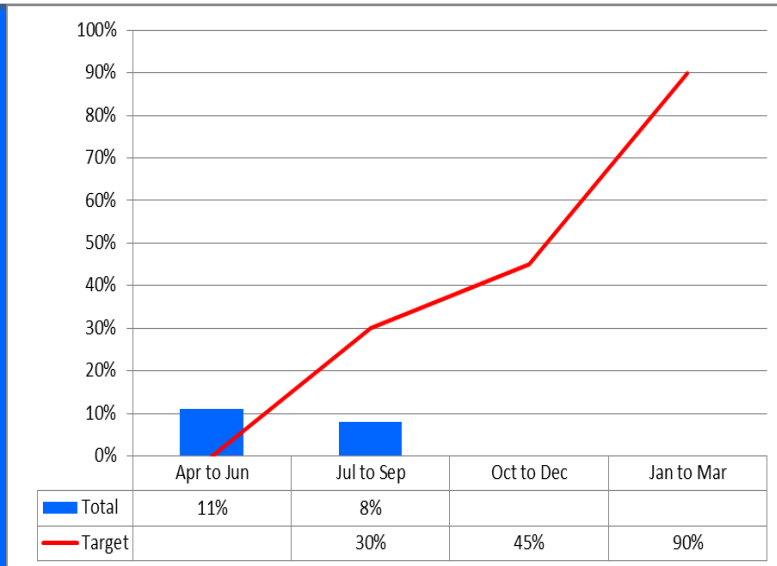
National CQUIN – Health & Wellbeing Part 1c

Description	Aggregate Position	Trend	Variation
National CQUIN – Sepsis Emergency Departments 2a Part 1: Screening The financial value for this CQUIN is £79,221.	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. Actions for improvement include: • 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		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. The target was not achieved in quarter.

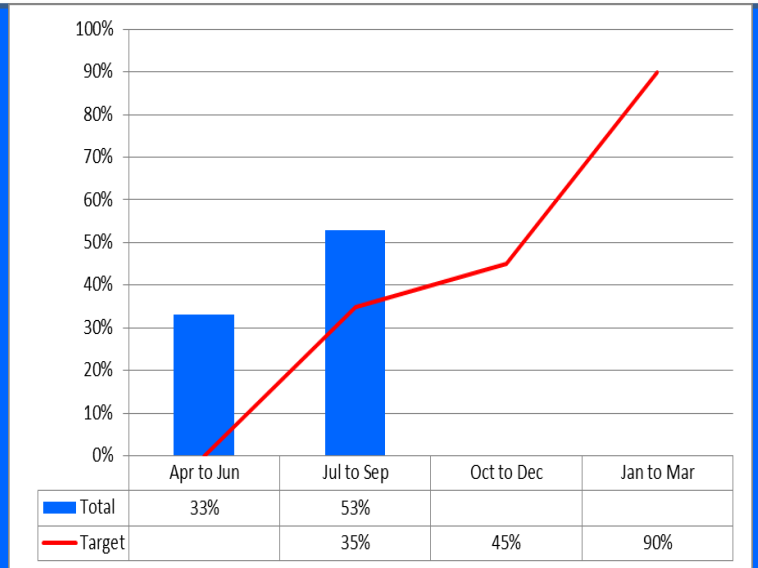
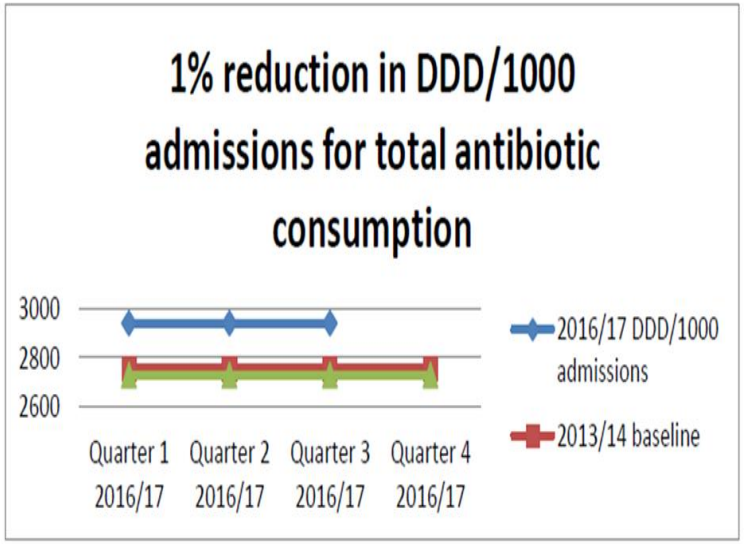
	Apr to Jun	Jul to Sep	Oct to Dec	Jan to Mar
Total	27%	28%	51%	
Target	90%	90%	90%	90%

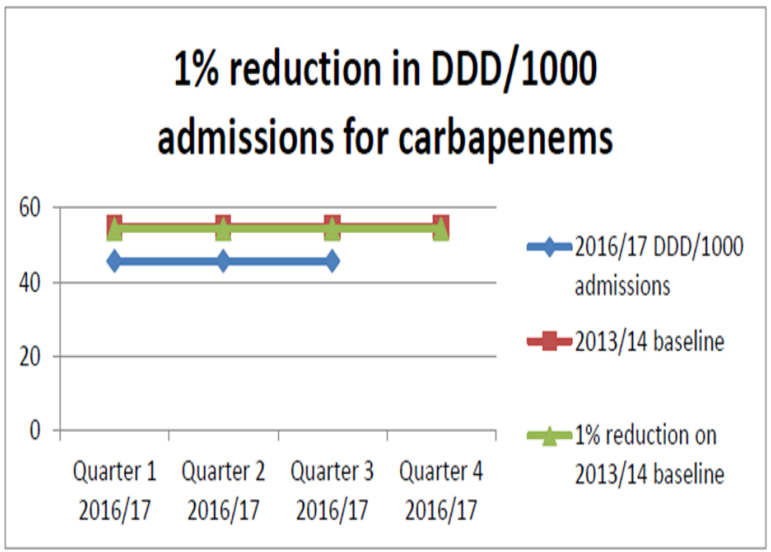
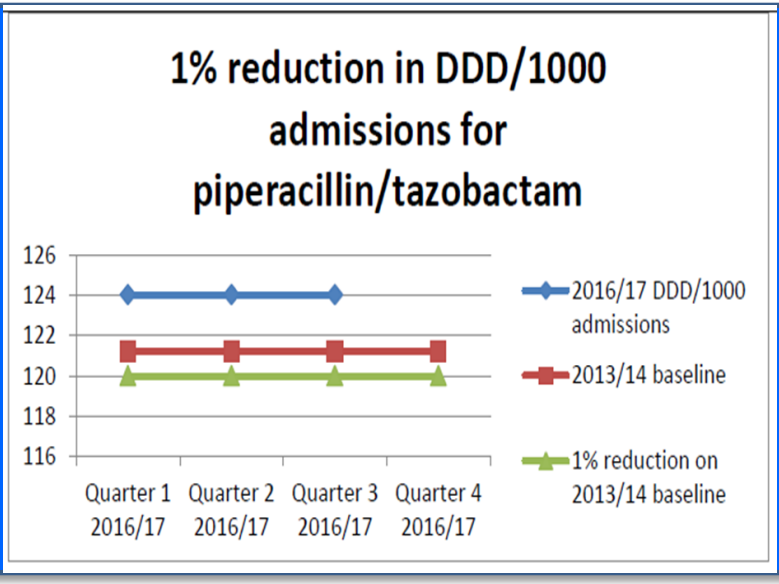
National CQUIN – Sepsis Emergency Departments 2a Part 1

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

Description	Aggregate Position	Trend	Variation
National CQUIN – Sepsis Emergency Departments 2a Part 2: Antibiotic Administration The financial value for this CQUIN is £118,832.	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. Actions for improvement include: • 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	 Apr to Jun / Jul to Sep / Oct to Dec / Jan to Mar Total: 21% / 39% / / Target: 35% / 40% / 60% / 90%	The CQUIN target for Sepsis 2a Part 2 is for 90% by the end of quarter 4. Please note Q3 data was not available at the time of producing the report. **National CQUIN – Sepsis Emergency Departments 2a Part 2**
National CQUIN – Sepsis Inpatients 2b Part 1: Screening The financial value for this CQUIN is £79,221.	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. Actions for improvement include: • 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	 Apr to Jun / Jul to Sep / Oct to Dec / Jan to Mar Total: 11% / 8% / / Target: / 30% / 45% / 90%	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. Please note Q3 data was not available at the time of producing the report. **National CQUIN – Sepsis Inpatients 2b Part 1**

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

Description	Aggregate Position	Trend	Variation
National CQUIN – Sepsis Inpatients 2b Part 2: Antibiotic Administration The financial value for this CQUIN is £118,832.	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. Actions for improvement include: • The revised sepsis pathway in line with NICE guidance has now been launched across the Trust. • Each area has nominated sepsis programme and an education programme has commenced		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. Please note Q3 data was not available at the time of producing the report. National CQUIN – Sepsis Inpatients 2b Part
National CQUIN – Reduction in antibiotic consumption Part 3a1 The financial value for this CQUIN is £79,221.	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. Quarter 3 data suggests a further increase in the total antibiotic consumption to above the baseline of 2013/14 data. The figure of 2937.75 DDD/1000 admissions still keeps the Trust below the national average of 4402.3. Following the move of Community Services to MCHFT, an increase in antibiotics used without an associated admission has been seen.		The CQUIN target for antibiotic consumption Part 3a1 is for a reduction of 1% or more in total antibiotic consumption per 1,000 admissions. The target was not achieved in month. National CQUIN – Antibiotic consumption Part 3a 1

Description	Aggregate Position	Trend	Variation
National CQUIN – Reduction in carbapenem consumption Part 3a 2 The financial value for this CQUIN is £79,221.	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. Quarter 2 data has now been reported on the National database and mirrors the quarter 2 data provided in the previous reports which used local data. Using local data as a comparison for quarter 3 this in on target with 55.97 being the baseline and 45.68 being the DDD/1000 admissions for quarter 3 2016/17.		The CQUIN target for antibiotic consumption Part 3a 2 is for a reduction of 1% or more in carbapenem consumption per 1,000 admissions. The target was achieved in month. **National CQUIN – carbapenem consumption Part 3a 2**
National CQUIN – Reduction in piperacillin-tazabactam consumption Part 3a 3 The financial value for this CQUIN is £79,221.	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. Quarter 2 data has now been reported on the National database and mirrors the quarter 2 data provided in the previous reports which used local data. Although quarter 3 National data is not yet available, this is no longer on target with 121.22 being the baseline and 124.04 being the average DDD/1000 admissions for the first three quarters of 2016/17.		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. The target was not achieved in month. **National CQUIN – piperacillin-tazabactam consumption Part 3a 3**

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

Description	Aggregate Position	Trend	Variation

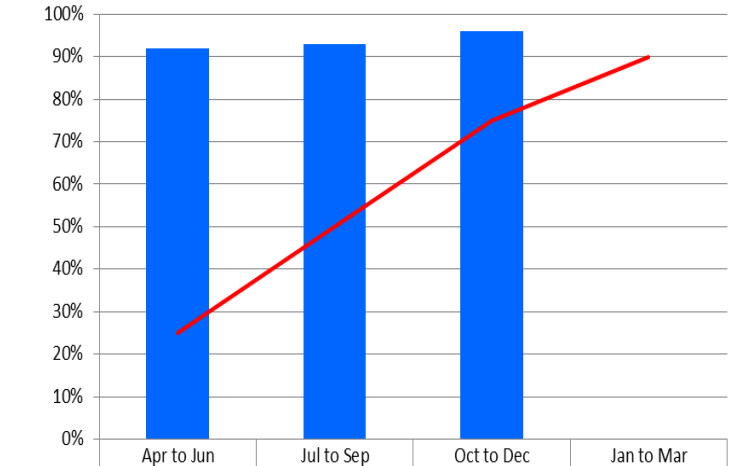
National CQUIN – Empiric review of antibiotic prescriptions Part 3b

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

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 3.

An empiric review was documented in the medical notes within 72 hours of commencing treatment for 96% of audited prescriptions for antibiotics in quarter 3.



	Apr to Jun	Jul to Sep	Oct to Dec	Jan to Mar
Total	92%	93%	96%	
Target	25%	50%	75%	90%

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: February 2017

Description	Aggregate Position	Trend	Variation

Safety Thermometer - Harm Free Care.

In December 2016, 96% of patients received harm free care as measured by the Safety Thermometer.

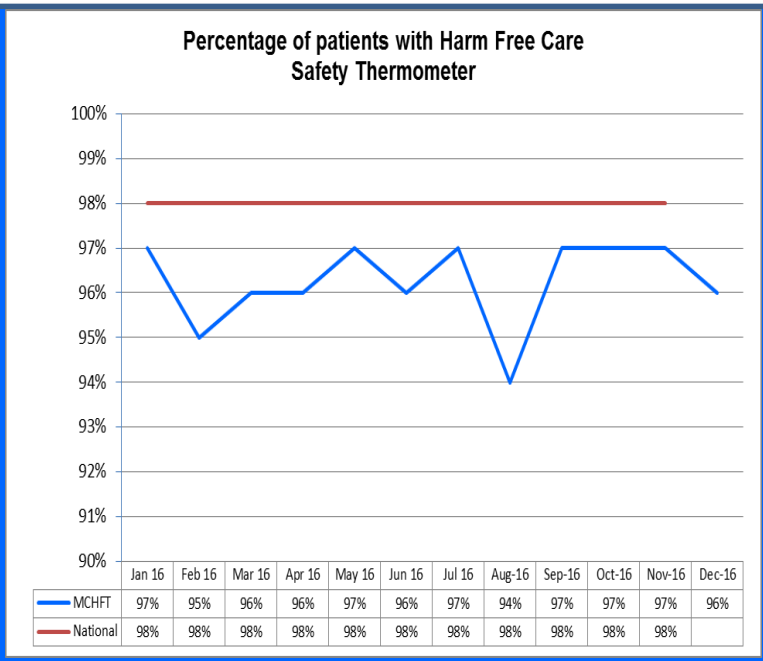
The Safety Thermometer data is collected during the morning of the first Wednesday of each month and is collected by the nursing staff on duty on the ward assisted by the Divisional Senior Nursing Teams.

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



	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
MCHFT	97%	95%	96%	96%	97%	96%	97%	94%	97%	97%	97%	96%
National	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	

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

Harm Free Care

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

Description	Aggregate Position	Trend	Variation
Registered Nurses monthly expected hours by shift versus actual monthly hours per shift. Day time shifts only	93.9% of expected Registered Nurse hours were achieved for day shifts. 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.	Trend **December 2016 93.9%** November 2016 94.8% October 2016 95.9%	The lowest staffing levels during the day were on Ward 9 at 81.1%. **Registered Staff Day Time**
Registered Nurses monthly expected hours by shift versus actual monthly hours per shift. Night time shifts only	99% of expected Registered Nurse hours were achieved for night shifts.	Trend **December 2016 99%** November 2016 100% October 2016 99.6%	The lowest staffing levels during the night were on Ward 12 at 89.2% **Registered Staff Night Time**

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

Description	Aggregate Position	Trend	Variation
Healthcare Assistant monthly expected hours by shift versus actual monthly hours per shift. Day time shifts only	97.8% of expected HCA hours were achieved for day shifts. The NICU staffing is low for unqualified staff, particularly on the day shift. This is predominantly due to sickness. However, assurance can be provided that clinical care has not been compromised during December 2016.	Trend **December 2016 97.8%** November 2016 99.3% October 2016 95.4%	The lowest staffing levels during the day were on NICU at 36.4% **Support Worker Day Time**
Healthcare Assistant monthly expected hours by shift versus actual monthly hours per shift. Night time shifts only	102.4% of expected HCA hours were achieved for night shifts. 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.	Trend **December 2016 102.4%** November 2016 107.2% October 2016 103.8%	The lowest staffing levels during the night were on NICU at 56.5% **Support Worker Night Time**

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

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		43624.3	40953.2	32191.4	31482.3	25169.4	24918.1	17143.8	17551.2	93.9%	97.8%	99.0%	102.4%	15324	4.3	3.2	7.5
AMU	Gen. Medicine	2011.3	1846	1519	1451.8	1898.8	1825.3	1519	1506.8	91.8%	95.6%	96.1%	99.2%	873	4.2	3.4	7.6
CAU	Paeds	2736	2736	976.5	976.5	1725	1725	356.5	356.5	100.0%	100.0%	100.0%	100.0%	506	8.8	2.6	11.5
Critical Care	Gen. Medicine	3907.5	3907.5	623	623	2413	2413	0	0	100.0%	100.0%	100.0%	-	241	26.2	2.6	28.8
Elmhurst	Rehab	871.5	871.5	2232	2244	775	775	1550	1537.5	100.0%	100.5%	100.0%	99.2%	879	1.9	4.3	6.2
Ward 1	Gen. Medicine	2187.5	2043.8	1162.5	1381.3	1519	1482.3	759.5	747.3	93.4%	118.8%	97.6%	98.4%	834	4.2	2.6	6.8
Ward 10 SAU	Gen. Surg	1500	1620	930	1102.5	580.7	646.3	290.4	487.1	108.0%	118.5%	111.3%	167.7%	384	5.9	4.1	10.0
Ward 10 SSW	Gen. Surg & Urology	1709	1717	992	1048	635.5	656	317.8	317.8	100.5%	105.6%	103.2%	100.0%	626	3.8	2.2	6.0
Ward 12	Gen. Surg & Gynae	2235	2035	1984	1888	953.3	850.8	635.5	584.3	91.1%	95.2%	89.2%	91.9%	914	3.2	2.7	5.9
Ward 13	Gen. Surg	2280	1936	1984	2032	953.3	861	635.5	686.8	84.9%	102.4%	90.3%	108.1%	918	3.0	3.0	6.0
Ward 14	Gen. Medicine	1710	1410	1488	1452	744	720	1116	1092	82.5%	97.6%	96.8%	97.8%	912	2.3	2.8	5.1
Ward 15	Trauma & Ortho	2242.5	2042.5	2728	2424	953.3	861	953.3	850.8	91.1%	88.9%	90.3%	89.2%	966	3.0	3.4	6.4
Ward 18	Gen. Medicine	1397.5	1303.8	1550	1812.5	759.5	735	759.5	1298.5	93.3%	116.9%	96.8%	171.0%	744	2.7	4.2	6.9
Ward 2	Gen. Medicine	1800	1637.5	1550	1462.5	759.5	1016.8	1139.3	1065.8	91.0%	94.4%	133.9%	93.5%	938	2.8	2.7	5.5
Ward 21B	Rehab	1310.5	1219.5	1813.5	1709.5	775	775	775	675	93.1%	94.3%	100.0%	87.1%	714	2.8	3.3	6.1
Ward 23	Obstetrics	1238	1225.3	785.3	785.3	764.7	764.7	764.7	764.7	99.0%	100.0%	100.0%	100.0%	528	3.8	2.9	6.7
Ward 26	Obstetrics	3166.7	3166.7	665	665	2713.3	2713.3	394.7	394.7	100.0%	100.0%	100.0%	100.0%	141	41.7	7.5	49.2
Ward 4	Gen. Medicine	1710	1482	1860	1734	744	732	1488	1476	86.7%	93.2%	98.4%	99.2%	986	2.2	3.3	5.5
Ward 5	Gen. Medicine	2452.5	2365	1550	1718.8	1519	1506.8	759.5	759.5	96.4%	110.9%	99.2%	100.0%	932	4.2	2.7	6.8
Ward 6	Gen. Medicine	2042.5	1961.3	1937.5	1787.5	1519	1384.3	759.5	784	96.0%	92.3%	91.1%	103.2%	815	4.1	3.2	7.3
Ward 7	Gen. Medicine	1752.5	1621.3	1550	1568.8	759.5	735	1139.3	1384.3	92.5%	101.2%	96.8%	121.5%	966	2.4	3.1	5.5
Ward 9	Trauma & Ortho	1694	1374	1488	1312	635.5	635.5	317.8	379.3	81.1%	88.2%	100.0%	119.4%	480	4.2	3.5	7.7
NICU	Paeds	1669.8	1431.5	823.1	303.3	1069.5	1104	713	402.5	85.7%	36.8%	103.2%	56.5%	27	93.9	26.1	120.0

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

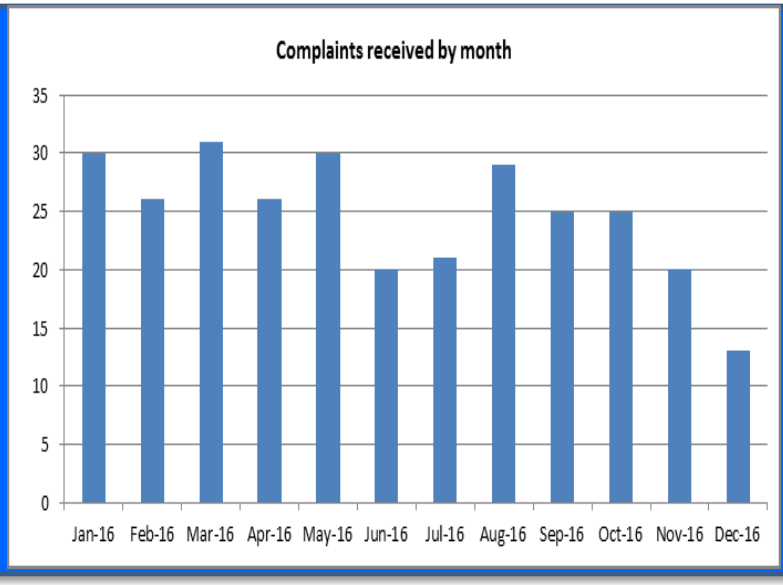
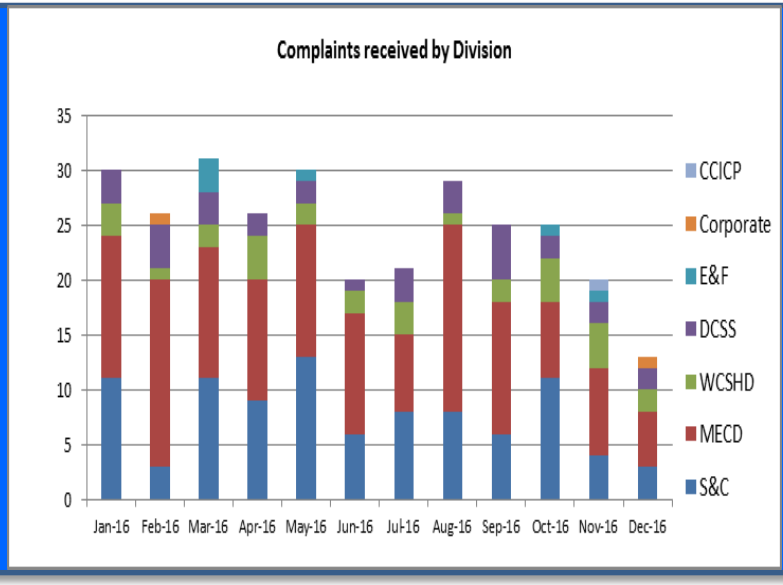
Ward Name	Main Specialties	Safety Thermometer Results			
		Hospital Acquired Pressure Ulcers	Patient Falls resulting in harm	CAUTI	New VTE
MCHFT		2% (17)	1.41% (12)	0.12% (1)	0.47% (4)
AMU	Gen. Medicine	0% (0)	20.69% (6)	0% (0)	0% (0)
CAU	Paeds	0% (0)	0% (0)	0% (0)	0% (0)
Critical Care	Gen. Medicine	0% (0)	11.11% (1)	0% (0)	0% (0)
Elmhurst	Rehab	0% (0)	0% (0)	0% (0)	0% (0)
Ward 1	Gen. Medicine	3.57% (1)	0% (0)	0% (0)	0% (0)
Ward 10 SAU	Gen. Surg	0% (0)	0% (0)	0% (0)	0% (0)
Ward 10 SSW	Gen. Surg & Urology	4.35% (1)	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	3.12% (1)	0% (0)	0% (0)	0% (0)
Ward 15	Trauma & Ortho	15.62% (5)	0% (0)	0% (0)	0% (0)
Ward 18	Gen. Medicine	0% (0)	0% (0)	0% (0)	8.33% (2)
Ward 2	Gen. Medicine	3.12% (1)	3.12% (1)	0% (0)	0% (0)
Ward 21B	Rehab	4.55% (1)	0% (0)	0% (0)	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	3.12% (1)	3.12% (1)	3.12% (1)	0% (0)
Ward 5	Gen. Medicine	6.45% (2)	0% (0)	0% (0)	0% (0)
Ward 6	Gen. Medicine	0% (0)	0% (0)	0% (0)	0% (0)
Ward 7	Gen. Medicine	0% (0)	0% (0)	0% (0)	0% (0)
Ward 9	Trauma & Ortho	0% (0)	0% (0)	0% (0)	0% (0)
NICU	Paeds	0% (0)	0% (0)	0% (0)	0% (0)
DN – Alsager	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)
DN – Danebridge	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)
DN – Eaglebridge	District Nursing	4.44% (2)	0% (0)	0% (0)	2.22% (1)
DN – Firdale	District Nursing	0% (0)	0% (0)	0% (0)	2.22% (1)
DN – Grosvenor / Hungerford	District Nursing	3.77% (2)	0% (0)	0% (0)	0% (0)
DN – Middlewich	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)
DN – Rope Green / Church View	District Nursing	0% (0)	7.14% (1)	0% (0)	0% (0)
DN – Winsford	District Nursing	0% (0)	2.22% (1)	0% (0)	0% (0)
Intermediate Care	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)

Experience Section:

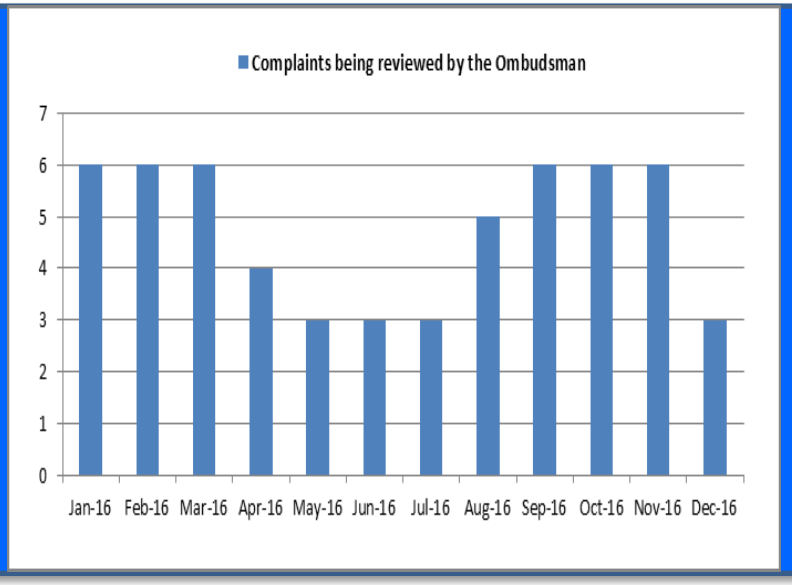
Indicators	YTD 16/17	Last four months			
		Sep-16	Oct-16	Nov-16	Dec-16
Complaints received by month	209	25	25	20	13
Complaints being reviewed by the Ombudsman		6	6	6	3
Closed complaints by month	245	29	24	35	23
Contacts raising informal concerns	732	72	76	64	68
Compliments received in month	1359	106	171	100	374
Number of new claims received in month	34	1	3	3	6
Number of claims closed	19	1	1	1	0
Number of inquests concluded	9	0	1	1	2
NHS Choices - Star Ratings (Leighton)		4	4	4	4
NHS Choices - Star Ratings (VIN)		5	4.5	4.5	4.5
NHS Choices - Number of new postings	81	7	11	12	9
F&FT Response Rate ED, MIU, UCC and Assessment Areas*		7%	4%	5%	4%
Proportion of positive responses ED, MIU, UCC and Assessment Areas		90%	95%	95%	96%
F&FT Response Rate Inpatients and Daycases		20%	20%	23%	29%
Proportion of positive responses Inpatients and Daycases		99%	98%	98%	98%
F&FT Response Rate Outpatients		4%	4%	8%	5%
Proportion of positive responses Outpatients		94%	96%	96%	95%
F&FT Response Rate Maternity - Birth		16%	16%	19%	15%
Proportion of positive responses Maternity - Birth		97%	100%	98%	97%
F&FT Response Rate Community (CCICP)			10%	25%	18%
Proportion of positive responses Community (CCICP)			96%	92%	88%

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

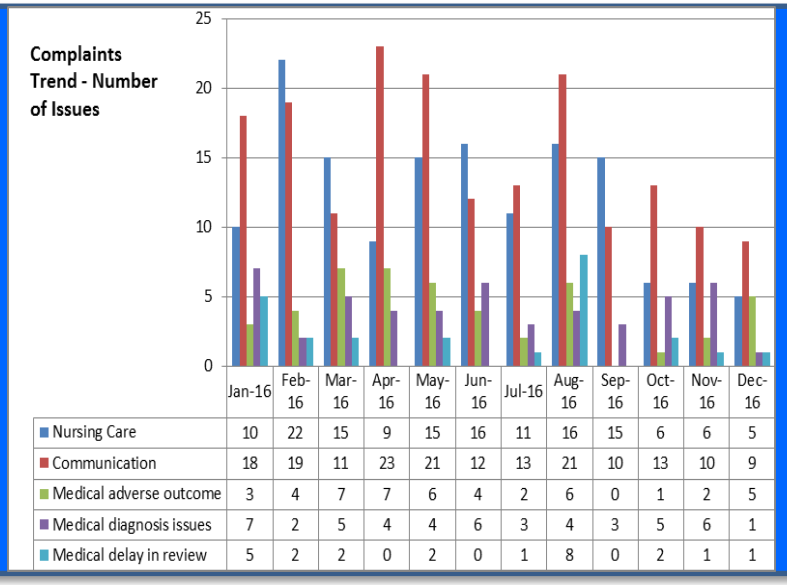
Board Papers – Quality, Safety & Experience Section: February 2017

Description	Aggregate Position/Description	Trend	
Monthly Trust complaints received by the Trust	13 complaints were received in December 2016 which covered 33 categories. The highest categories were: • Communication • Medical – Adverse outcome • Nursing Highest 3 areas receiving complaints/issues were: • Emergency Department - 2 complaints / 5 issues • Urology Medical Staff - 2 complaints / 4 issues • Ward 2 - 1 complaint / 4 issues		Formal Complaints
Number of formal complaints by Division	This graph shows the breakdown of complaints by month for each division. S&C: 3 DCSS: 2 W&CD: 2 MECD:5 CCICP: 0 E&F: 0 Corporate Services: 1 Examples of complaints for December 2016: S&C – Cancer misdiagnosis DCSS – Missing smear test sample W&CD – Delay in ASD pathway MECD – Poor care resulting in extended LOS Corporate: Human resources		Formal Complaints by Division

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

Description	Aggregate Position/Description	Trend
Complaints being reviewed by the Public Health Service Ombudsman	In December 2016, 3 complaints were active with the PHSO	

Ombudsman

Description	Aggregate Position/Description	Trend
Complaint Trends and number of issues	The main trends in December 2016 were: • Communication: 5 complaints/ 9 issues • Nursing Care: 4 complaints/ 5 issues • Medical Adverse Outcome: 4 complaints/ 5 issues	

	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
Nursing Care	10	22	15	9	15	16	11	16	15	6	6	5
Communication	18	19	11	23	21	12	13	21	10	13	10	9
Medical adverse outcome	3	4	7	7	6	4	2	6	0	1	2	5
Medical diagnosis issues	7	2	5	4	4	6	3	4	3	5	6	1
Medical delay in review	5	2	2	0	2	0	1	8	0	2	1	1

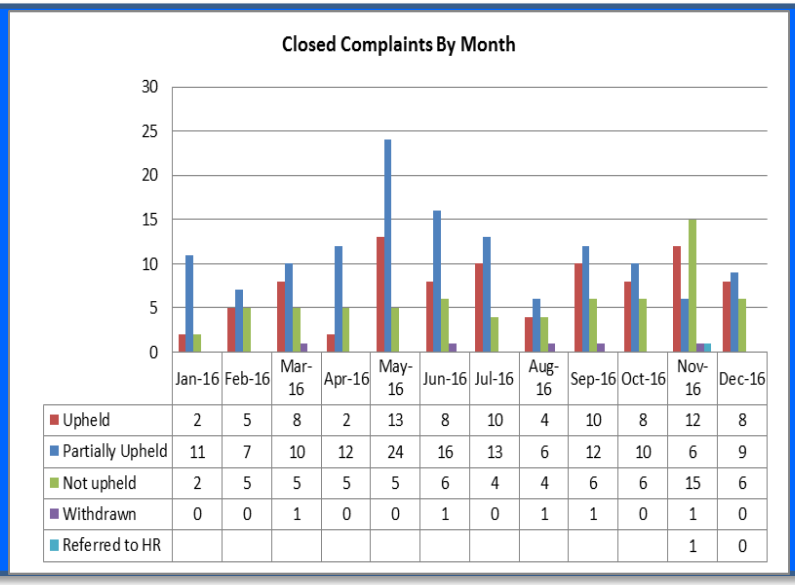
Complaint Trends

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

Description	Aggregate Position/Description	Trend

Closed Complaints

23 complaints were closed in December 2016



	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
Upheld	2	5	8	2	13	8	10	4	10	8	12	8
Partially Upheld	11	7	10	12	24	16	13	6	12	10	6	9
Not upheld	2	5	5	5	5	6	4	4	6	6	15	6
Withdrawn	0	0	1	0	0	1	0	1	1	0	1	0
Referred to HR											1	0

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.

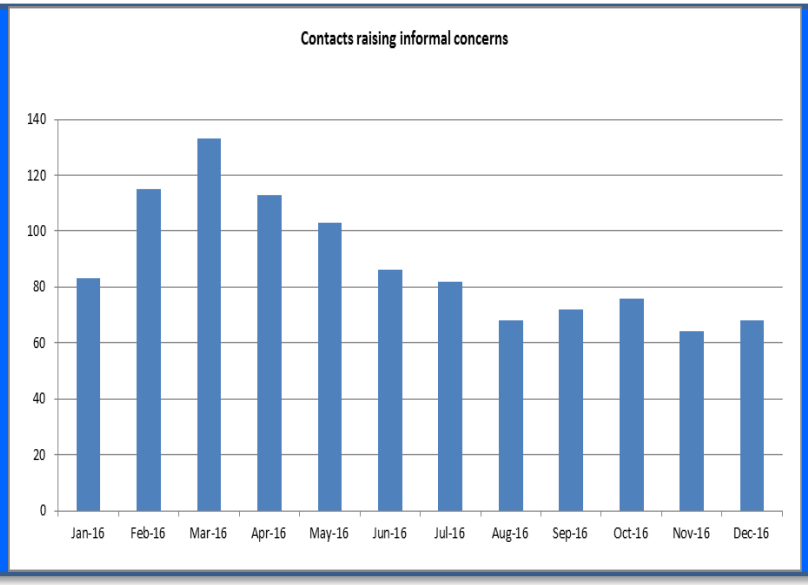
Division	Upheld	Partially Upheld	Not Upheld	Withdrawn	Ref HR	Sub-Total
Medicine and Emergency Care	3	5	1	0	0	9
Surgery and Cancer	3	1	1	0	0	5
Diagnostics & Clinical Support Services	0	2	2	0	0	4
Women's and Children's	2	1	2	0	0	5
Estates & Facilities	0	0	0	0	0	0
CCICP	0	0	0	0	0	0
		Total closed				**23**

Complaints closed by Division

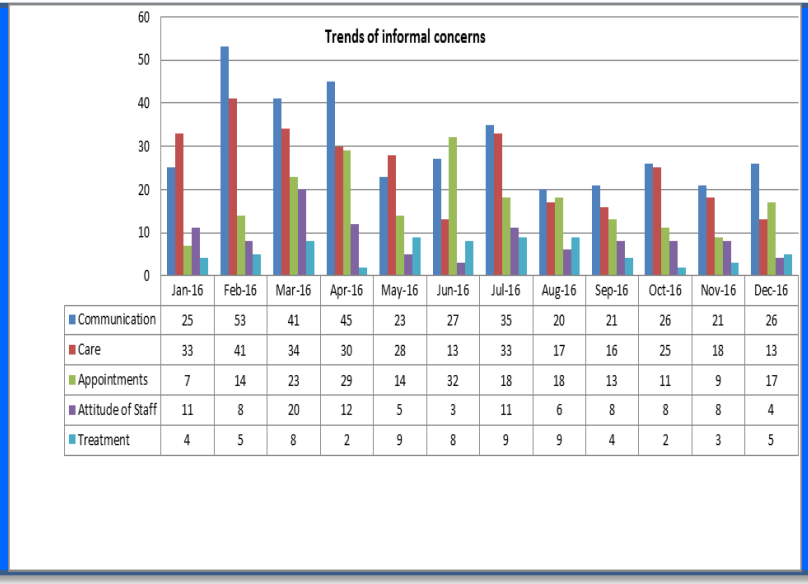
Department Division	Specialty	Department	Details Of Complaint	Outcome Details	Lessons Learned	Incident Link ?
Surgery and Cancer Division						
Estates and Facilities Division						
None						
CCICP						
None						

Details of Complaints removed under Section 40 of the Freedom of Information Act

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

Description	Aggregate Position/Description	Trend
Informal Concerns Numbers	The number of contacts raising informal concerns for December 2016, was 68, an increase of 4 on the previous month. The Division of Medicine and Emergency Care has received the largest number of issues with 22 contacts raising concerns.	

Informal Concerns Feedback

Description	Aggregate Position/Description	Trend
Informal Concerns Trends	Communication was the highest trend for informal concerns in December 2016, with 9 of the issues raised belonging to the Surgery and Cancer Division, 5 being with general surgery. Of the 13 issues relating to care, 5 were for the Division of Medicine and Emergency Care, 3 of which belong to cardiology, 2 being nursing care. Of the 17 issues relating to appointments, 8 were for the Division of Medicine and Emergency Care, 2 of which relate to respiratory and endocrinology respectively.	

	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
Communication	25	53	41	45	23	27	35	20	21	26	21	26
Care	33	41	34	30	28	13	33	17	16	25	18	13
Appointments	7	14	23	29	14	32	18	18	13	11	9	17
Attitude of Staff	11	8	20	12	5	3	11	6	8	8	8	4
Treatment	4	5	8	2	9	8	9	9	4	2	3	5

Informal Concerns Trends

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 closed with/without damages	3 clinical negligence claims were closed in December 2016, none of which were upheld. No employer's or public liability claims were closed.	Chart removed under Section 43 of the Freedom of Information Act. 

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

Description	Aggregate Position/Description	Trend
Value of claims closed by month	No damages were paid out on claims in December 2016.	Chart removed under Section 43 of the Freedom of Information Act.
Top five claims by Specialty	Paragraph removed under Section 43 of the Freedom of Information Act.	Chart removed under Section 43 of the Freedom of Information Act.

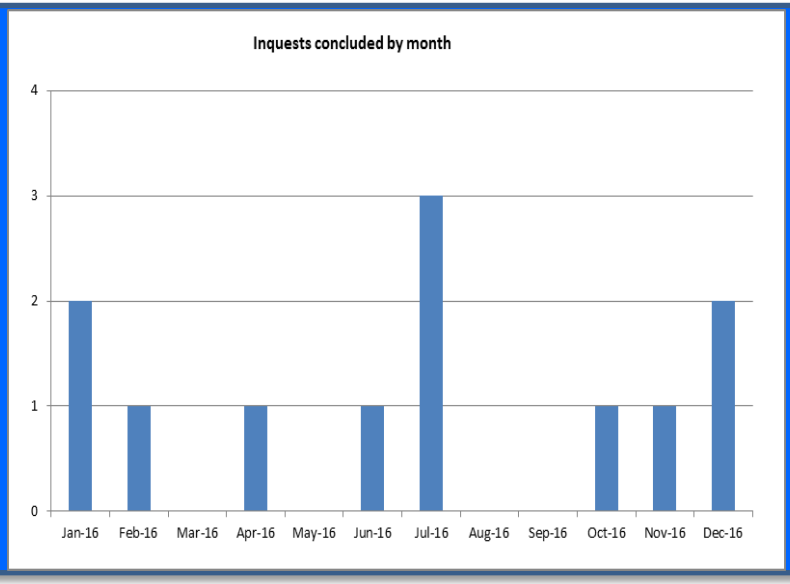
Board Papers – Quality, Safety & Experience Section: February 2017

Description	Aggregate Position /Description	Trend

Number of Inquests concluded by month

2 inquests were concluded in December 2016 and the Coroner delivered "Misadventure" conclusions for both, i.e. death arising from necessary surgery which had an unintended outcome, i.e. post-operative complications.

The Coroner issued a Regulation 28 Report, also known as a Proforma to Prevent Future Deaths, following one of the inquests. This related to concerns about communication and co-ordination of care in the community for patients who are on an enhanced recovery pathway and are therefore discharged early from hospital. The Trust must respond to this within 56 days of the date of the report.



Inquests

NHS Choices Star Ratings

Leighton Hospital is rated at 4 stars.

Victoria Infirmary, Northwich is rated at 4.5 stars.

The above ratings are based on 256 postings received to date.

NHS Choices – Star Ratings

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

Description	Aggregate Position /description	Trend

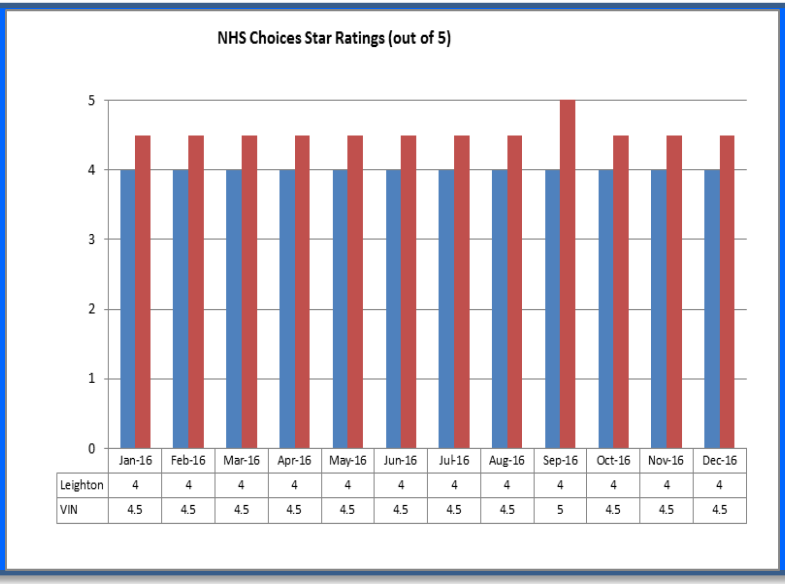
NHS Choices postings

There were 9 postings on NHS Choices in December Examples of feedback included:

Every member of the team we have ever come into contact with has been unfailing courteous, genuinely interested in my daughter and her thoughts and feelings, plus been willing to explain as many details as I wanted to know (children's audiology)

I speak as a health professional myself and consider our experience to be personal, of a high standard and garnished with appropriate banter to keep morale high. (A&E)

The staff are wonderful but the staffing levels are woeful. (Maternity)



	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
Leighton	4	4	4	4	4	4	4	4	4	4	4	4
VIN	4.5	4.5	4.5	4.5	4.5	4.5	4.5	4.5	5	4.5	4.5	4.5

NHS Choices - Postings

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

In December 2016 the Trust has scored the following positive response scores :

Inpatients and day cases - 98%

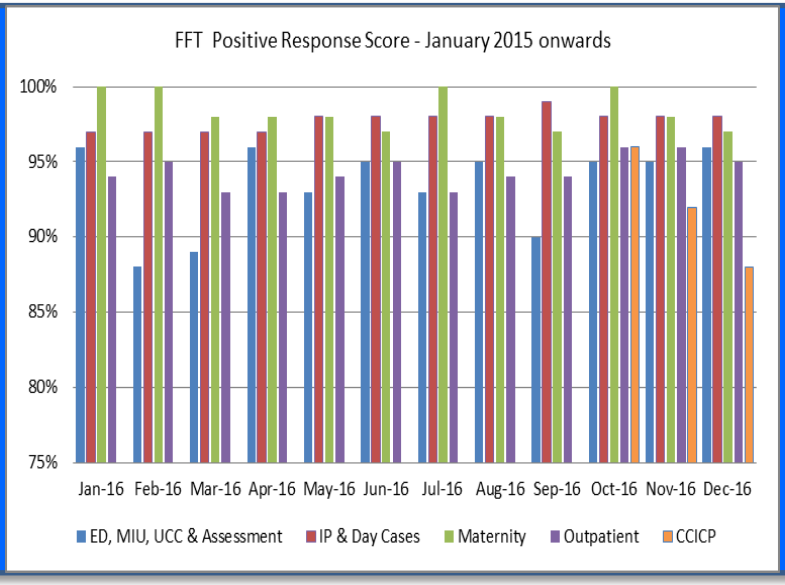
Emergency care /Assessment areas - 96%

Outpatients - 95%

Maternity - 97%

CCICP - 88%

In total 2432 responses were received and 96% of patients would recommend our hospital services.



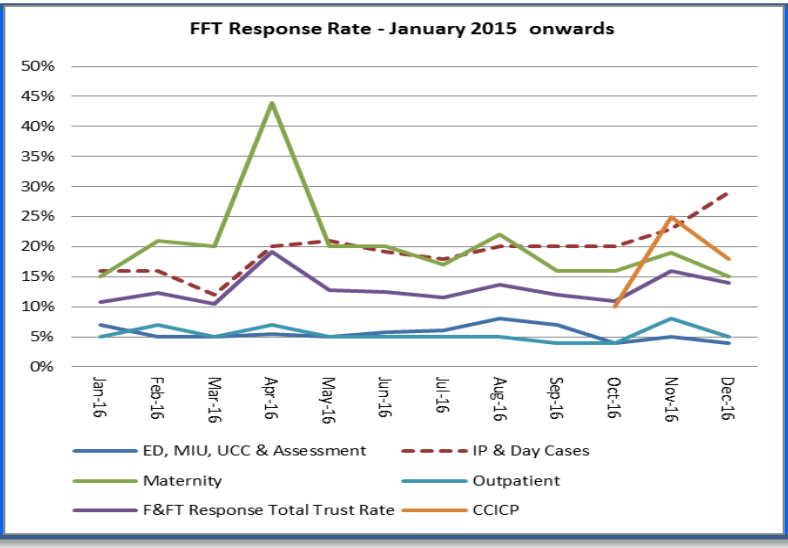
Family & Friends Test

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

Description | **Aggregate Position** | **Trend**

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

November-16 Ward/Dept	% Response	Total Responses received	How many would recommend
A&E , UCC & MIU	4%	218	210
Inpatients & Daycases	29%	1084	1061
Maternity	15%	112	111
Outpatients	5%	1018	963
CCICP	18%	386	340



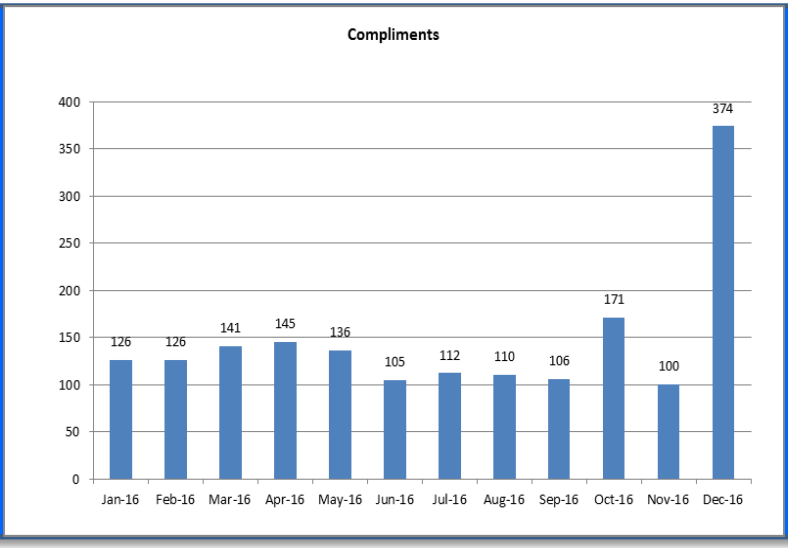
Family & Friends Test

Compliments received

There were 374 compliments/thank-you's received for December 2016 with an increase in thank you cards received by wards.

'Our son has been visiting the orthoptist at both Leighton Hospital and VIN and has recently been discharged. I just wanted to say how kind and patient all the staff have been with him over the last 5 years. We never had any problems. Thank you to all.'

'I would like to thank all the staff at A&E for the treatment and care I received. The porters and nurses were very professional and friendly. A cardiologist came to see me and explained everything. I do not think I could have been looked after better. A big thank you to everybody.'



Compliments

Mid Cheshire Hospitals NHS
NHS Foundation Trust

Board of Directors Performance Report

December 2016

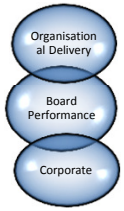
"To Deliver Excellence in Healthcare through Innovation & Collaboration"

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

Contents

Headline Measures

Organisational Delivery			
Indicator	**Standard**	**YTD**	**Dec-16**
Cancer			
Urgent referrals seen in 2 wks (%)	93.00%	97.93%	98.77%
No of Patients Seen		*6,678*	*652*
No of Breaches		*138*	*8*
62 day from urgent GP (%)	85.00%	92.97%	93.51%
No of Patients Seen		*527*	*39*
No of Breaches		*37*	*3*
62-day wait for first treatment from NHS Cancer Screening Service referra	90.00%	95.38%	100.00%
No of Patients Seen		*87*	*7*
No of Breaches		*4*	*0*
Unplanned Activity			
A&E <4hrs Standard (%)	95.00%	89.78%	89.25%
A&E Attendances LH & MIU (% to plan)		101.70%	101.82%
A&E Attendances LH & MIU (Vol)		*61,668*	*6,596*
Planned Activity			
Incomp Pathways <18wk (%)	92.00%	94.07%	94.26%
>6wk Diagnostic Waits (%)	1.00%	0.41%	0.24%
Total Patients Waiting for a First Outpatient Appointment			4,735

Indicator	**Standard**	**YTD**
Workforce		
Sickness absence Rolling 12 Month		3.85%
Turnover Rolling 12 Month		10.82%

Corporate					
	YTD Rating		**YE Rating**	**YE Metric**	
Indicator	**Plan**	**Actual**	**Forecast**	**Plan**	**Forecast**
Finance					
Use of Resource Rating		3	3		
Capital Service Capacity	4	2	3	0.80	1.58
Liquidity	4	4	4	-23	-23
I&E Margin	3	3	1	-0.32%	2.58%
Distance from Financial Plan	0	1	1	0.00%	2.89%
Agency Spend	1	2	1	0.00%	0.00%

	YTD Target	**YTD Actual**	**YTD Variance**	**FY Target**	**FY Forecast**	**FY Variance**
Cost Improvement Scheme Total (£000's)	2,486	2,493	7	3,315	3,341	26
Revenue Generation Scheme total (£000's)	2,585	1,768	-817	3,689	2,329	-1,359
Commission Contact Income SC & VR (£000's)	114,290	117,580	3,290			
Contract Income (£'000) Net of Drugs	143,089	141,276	-1,813			
Pay to Budget (£000's)	-113,531	-111,454	2,077			
Non Pay to Budget (£000's) Net of Drugs	-41,743	-43,868	-2,125			
Agency Trajectory (£000's)	-4,754	-5,335	-582			

Exec Summary

In December, 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, with performance at 89.25%. This was against a backdrop of a very challenging month for the ED department with record levels of attendances over the holiday period. Despite this, the Trust achieved a reduction in NEL admissions.

The Trust achieved the RTT 18 week referral target for incomplete pathways, with performance at 94.26%, and achieved the target for admitted patients at 90.87%. The Trust did however miss the 95% target for non-admitted patients, delivering 93.35% although this is an improving position.

In Diagnostics, 0.24% of patients waited longer than 6 weeks in the December reporting period.

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

Volumes for both Referrals and OP Attendances reduced in December compared to recent months. GP Referrals saw the main reduction with 7,013 received and the OP waiting list is now at 4,700 patients waiting a 1st appointment.

Elective activity was considerably below plan in December for both Inpatient and Daycase activity, with total spells at the lowest level in a year, however the Trust has been challenged with a number of unplanned ward closures for infection control, putting pressure on our bed base and seeing a continued high rate of medical outliers.

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 deficit of £779k against a planned deficit of £526k The main areas resulting in this better than planned position, excluding drugs offsets are Contract Income (£0.9M), Other Income £0.3M, Pay £2.1M, Non-Pay (£2.1M) 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 £4.5M 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 £582k 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 successive quarters failure of a primary target (A&E 4-hour waiting time).

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 worse 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 since October.

Operational Performance

	Current YTD													Monthly Trend
	Target	Actual	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	
Maximum 6 week wait for Diagnostic procedures	1%	0.41%	1.22%	0.49%	0.18%	0.16%	0.21%	0.11%	0.63%	0.13%	0.24%				
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%	92.74%	93.51%				
All Cancers: 62-day wait for first treatment from NHS Cancer Screening Service referral (%)	90%	95.38%	94.74%	77.78%	100.00%	92.31%	90.00%	100.00%	100.00%	100.00%	100.00%				
18 weeks from point of referral to treatment - patients on an incomplete pathway (%)	92%	94.07%	94.65%	94.80%	93.95%	93.99%	93.52%	93.50%	93.49%	94.47%	94.26%				
A&E - maximum waiting time of 4 hours from arrival to admission/transfer/discharge (%)	95%	89.78%	89.78%	85.57%	87.46%	88.86%	93.12%	92.18%	89.21%	93.33%	89.25%				
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	1.58	3	1.09	1.79	2
	Liquidity	days	-23	-23	4	-19	-20	4
Financial Efficiency	I&E Margin	%	-0.32%	2.58%	1	-0.28%	-0.28%	3
Financial Controls	Distance from Financial Plan	%	0.00%	2.89%	1	0.00%	0.00%	1
	Agency Spend	%	0.00%	0.00%	1	0.00%	17.74%	2
Overall UOR Rating					3			3

Operational Delivery: *Cancer Pathway*

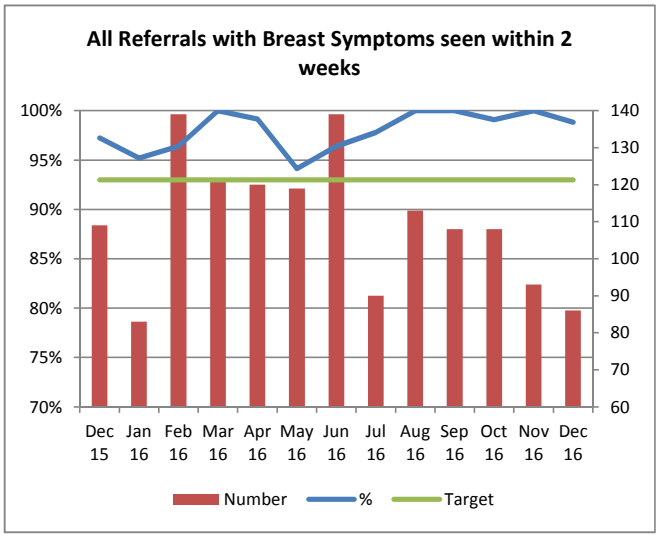
Headline Measures

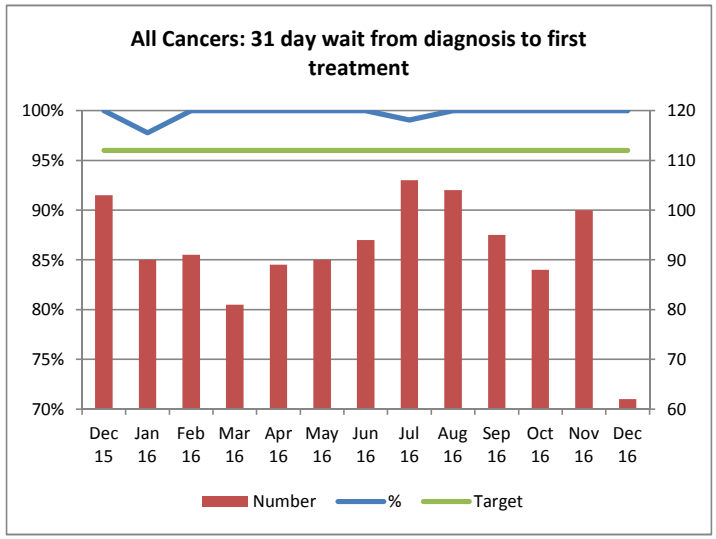
	Current YTD		Rolling 13 months											
	Target	Actual	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Monthly Trend
Urgent GP referrals seen within 2 weeks (% to Target)	93%	97.93%	96.68%	96.01%	98.15%	96.61%	97.09%	97.55%	96.86%	98.20%	98.55%	98.25%	98.60%	98.79%	98.77%	
Number of Referrals		*6678*	*663*	*576*	*702*	*708*	*755*	*774*	*795*	*666*	*685*	*687*	*713*	*743*	*652*	
Number of Breaches		*138*	*22*	*23*	*13*	*24*	*22*	*19*	*25*	*12*	*10*	*12*	*10*	*9*	*8*	
% seen within 7 days		*52.7%*							*48.6%*	*65.6%*	*63.8%*	*58.7%*	*64.5%*	*62.0%*	*51.1%*	
62 day wait for 1st treatment from urgent GP referral for suspected cancer (% to Target)	85%	92.97%	93.08%	90.83%	96.15%	93.41%	91.49%	96.55%	89.47%	92.81%	89.76%	95.24%	95.37%	92.74%	93.51%	

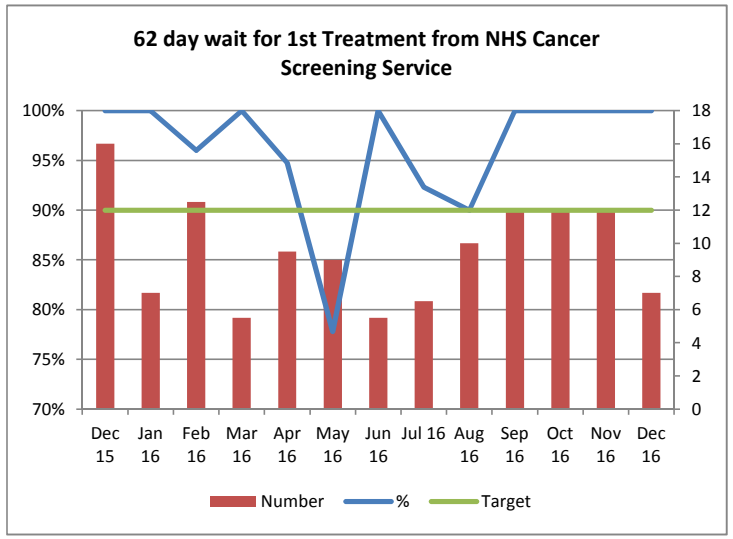
Commentary

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

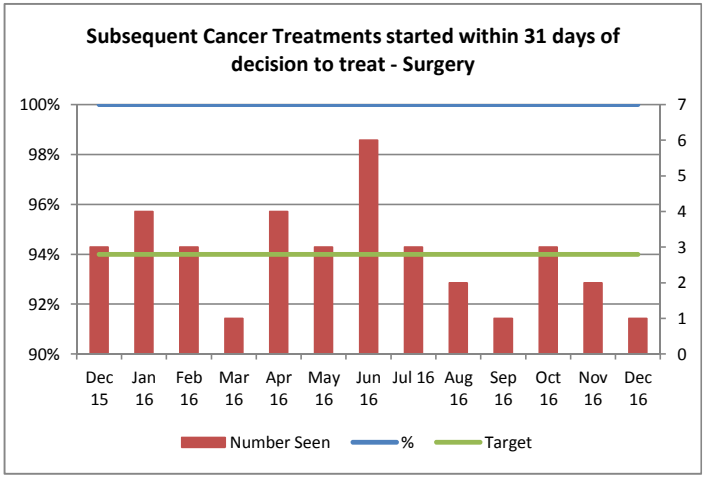
Primary Measures

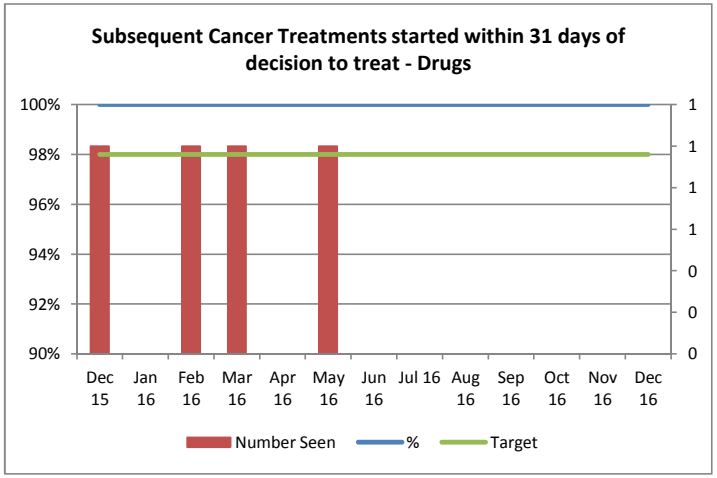


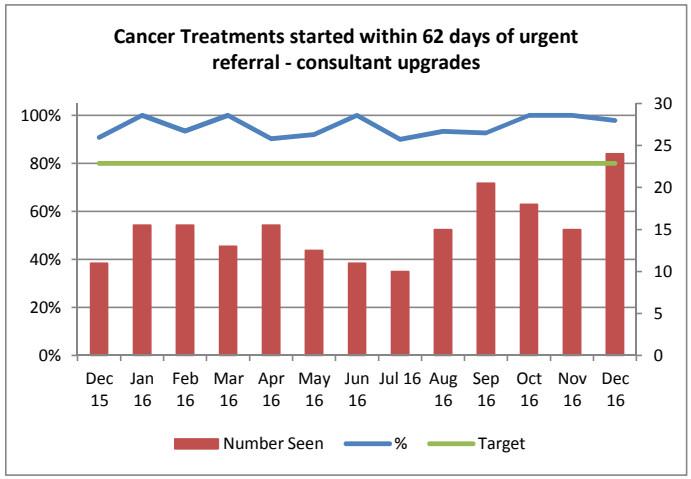




Operational Delivery: *Cancer Pathway*







Operational Delivery: *Unplanned Activity - A&E*

Headline Measures

	Current YTD		Rolling 13 months												
	Target	Actual	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Monthly Trend
A&E - >4 hr wait time from arrival to admission/ transfer/ discharge (% to Target)	95%	89.78%	96.43%	93.46%	90.10%	84.52%	89.78%	85.57%	87.46%	88.86%	93.12%	92.18%	89.21%	93.33%	89.25%	
No. of 4hr breaches		*6,707*	*245*	*463*	*696*	*1,215*	*709*	*1,128*	*934*	*854*	*503*	*570*	*813*	*443*	*753*	

	Plan	Actual	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Monthly Trend
A&E Attendances Leighton & MIU (% to Plan)		*101.70%*	*86.1%*	*98.3%*	*101.7%*	*102.2%*	*99.2%*	*106.3%*	*101.7%*	*99.7%*	*100.2%*	*104.1%*	*104.1%*	*97.9%*	*101.8%*	
A&E Attendances Leighton & MIU (No.)	*60,638*	*61,668*	*6,366*	*6,565*	*6,522*	*7,215*	*6,533*	*7,454*	*6,995*	*7,207*	*6,826*	*6,815*	*7,024*	*6,218*	*6,596*	

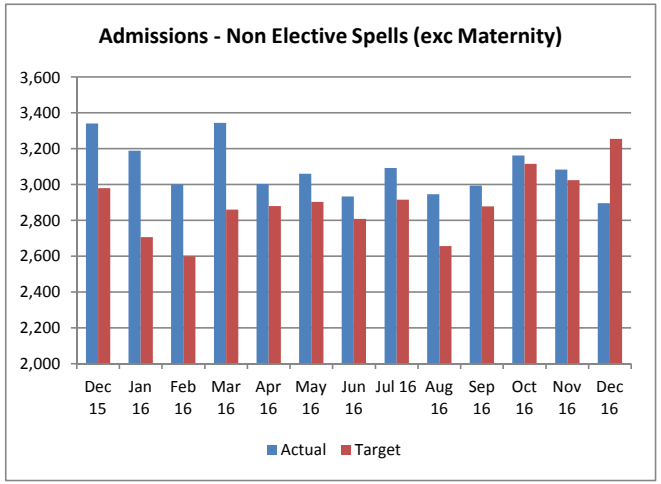
A&E Attendance Case Mix (Leighton)	*Major*		*58.25%*	*64.7%*	*62.6%*	*61.8%*	*58.3%*	*59.6%*	*54.8%*	*56.6%*	*58.0%*	*59.6%*	*57.6%*	*59.0%*	*60.4%*	*59.3%*	
	Minor		*35.87%*	*30.0%*	*32.1%*	*31.8%*	*34.3%*	*34.9%*	*38.1%*	*37.9%*	*36.6%*	*35.6%*	*37.7%*	*35.0%*	*33.8%*	*32.7%*	
	Resus		*3.34%*	*3.0%*	*3.8%*	*4.2%*	*4.8%*	*3.5%*	*4.6%*	*3.5%*	*3.4%*	*2.5%*	*2.3%*	*3.1%*	*2.8%*	*4.2%*	
	Unknown		*2.54%*	*2.2%*	*1.5%*	*2.2%*	*2.7%*	*2.0%*	*2.5%*	*2.0%*	*2.0%*	*2.3%*	*2.3%*	*2.9%*	*3.1%*	*3.8%*	

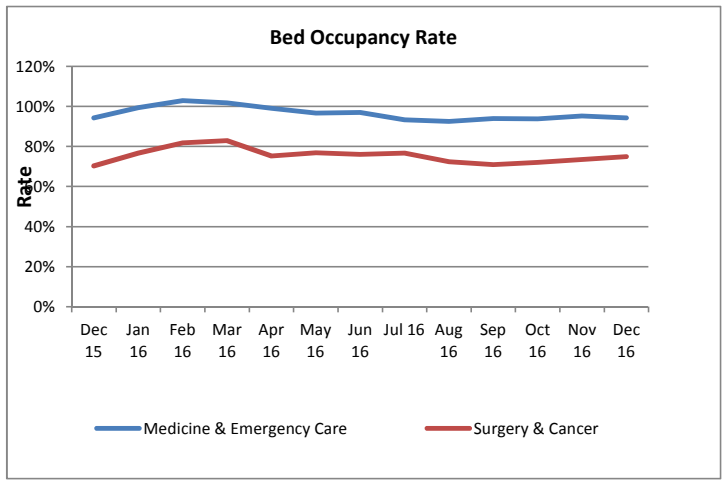
Commentary

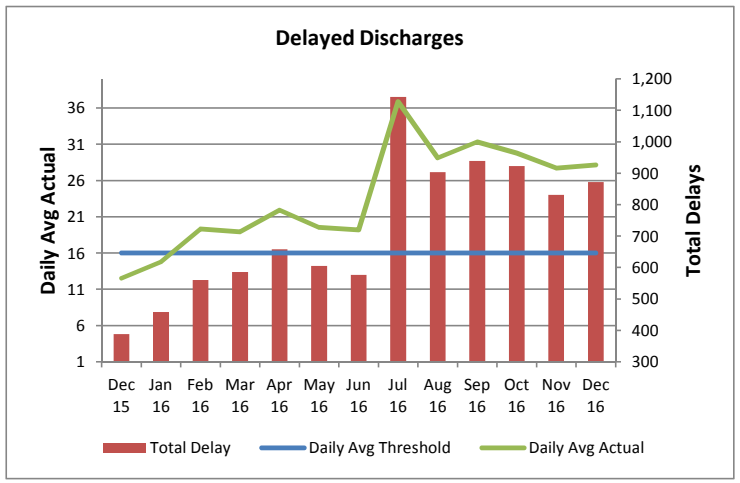
December was a challenging month for Accident and Emergency, with the Christmas weekend in particular seeing very high levels of arrivals in ED both by public attendance and ambulance arrival. Boxing Day saw 219 attendances in A&E, against a daily average of 168.

Flow through the hospital continues to be compromised by high levels of delayed discharges, with daily average levels consistently above 25.
December saw the level of medical outliers remain elevated due in large part to several unplanned ward closures in response to infection control measures, and the continued challenges around delayed discharge of patients.

Primary Drivers

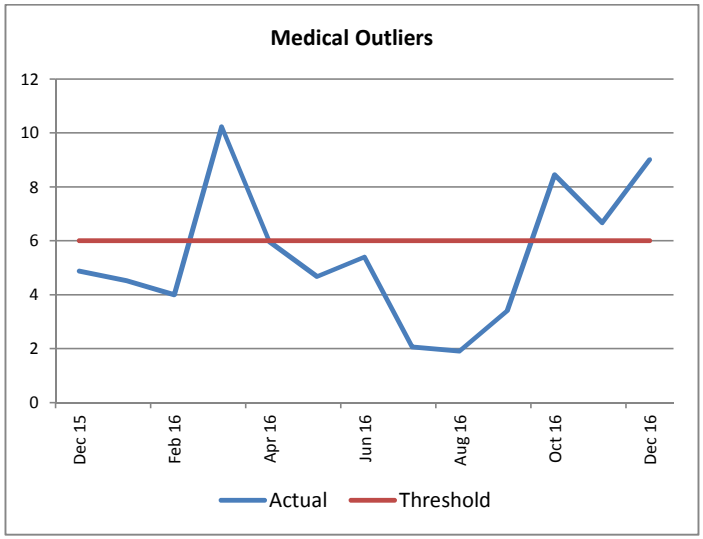


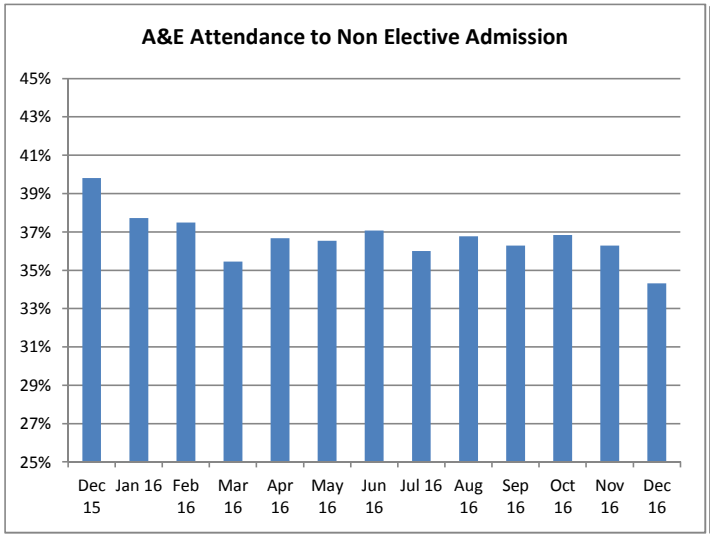


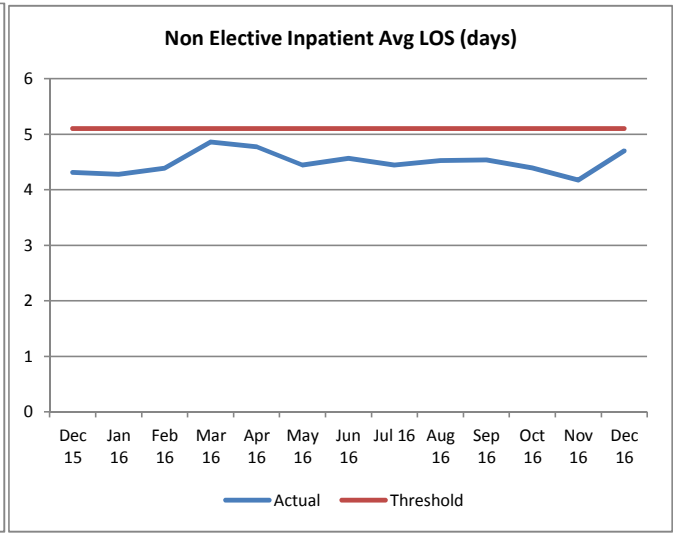


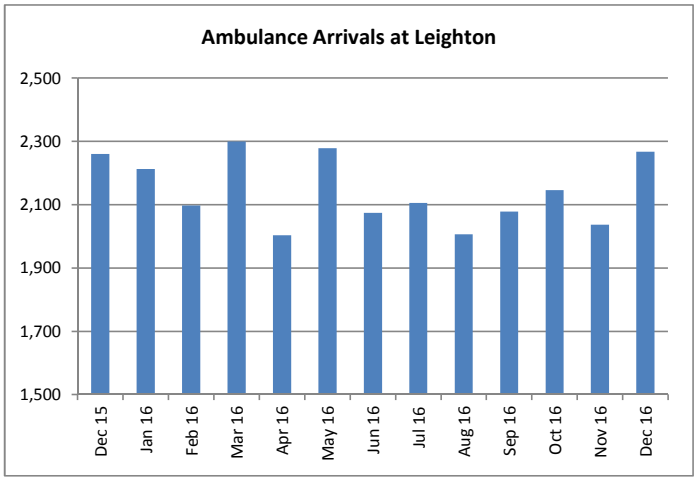
Operational Delivery: *Unplanned Activity A&E*

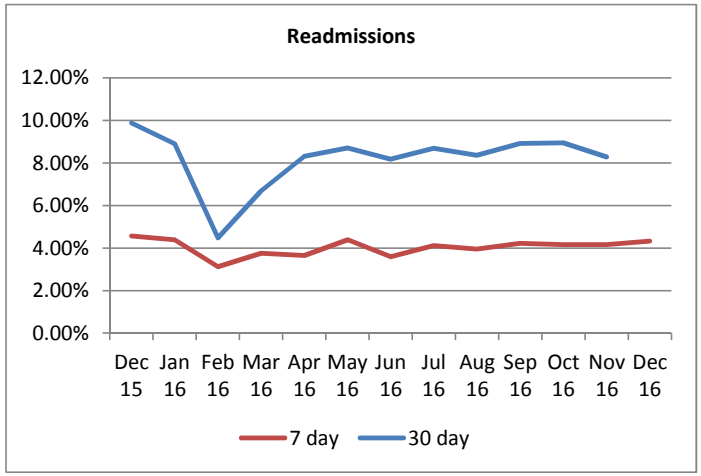
Secondary Drivers

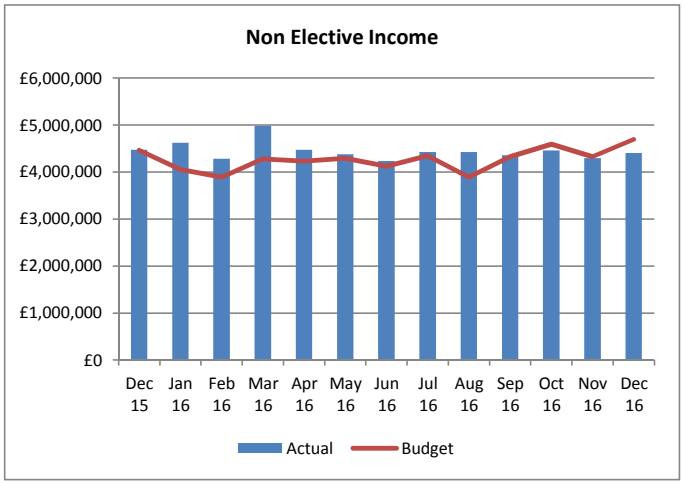












Operational Delivery: *Planned Activity*

Headline Measures

	Current YTD		Rolling 13 months											
	Target	Actual	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Monthly Trend
18 weeks from Referral to Treatment in Aggregate - Incomplete	92%	94.07%	94.79%	94.67%	95.16%	94.56%	94.65%	94.80%	93.95%	93.99%	93.52%	93.50%	93.49%	94.47%	94.26%	
Total 18 Weeks		*143,955*	*14,346*	*14,365*	*15,096*	*15,435*	*17,025*	*16,956*	*17,358*	*17,158*	*16,688*	*15,923*	*14,876*	*14,191*	*13,780*	
No. > 18 Weeks		*8,535*	*747*	*766*	*730*	*839*	*910*	*882*	*1,050*	*1,032*	*1,081*	*1,035*	*969*	*785*	*791*	
Diagnostic Waiting Time	1%	0.41%	0.44%	0.65%	0.33%	0.98%	1.22%	0.49%	0.18%	0.16%	0.21%	0.11%	0.63%	0.13%	0.24%	
Total Number of Waiters		*41,394*	*4,289*	*3,846*	*4,588*	*3,678*	*5,588*	*7,121*	*6,149*	*4,358*	*3,806*	*3,767*	*3,630*	*3,149*	*3,826*	
Waiters of 6 Weeks +		*169*	*19*	*25*	*15*	*36*	*68*	*35*	*11*	*7*	*8*	*4*	*23*	*4*	*9*	
Total Patients Waiting for a First Outpatient Appointment			7,248	7,150	7,790	8,302	8,774	8,892	8,918	8,853	8,327	7,669	6,842	5,639	4,735	
Longest Wait Time (weeks) - under development																

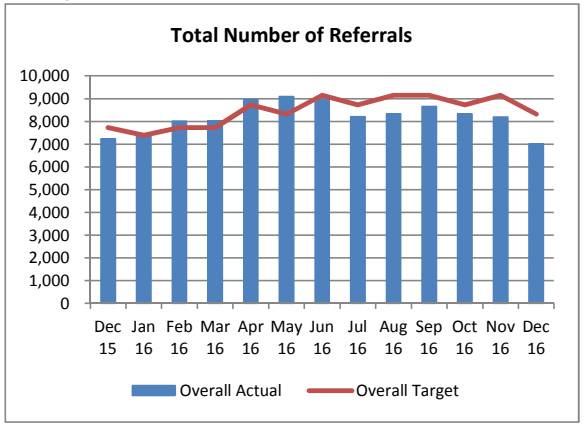
Commentary

The Trust has made continued improvement in RTT performance over recent months, with the Incomplete pathways position for December passing target at 94.26%. The month also saw the Trust achieve the Admitted target with performance of 90.87%, as well as an improved position on Non-Admitted at 93.35%, although this remains below the 95% target.

Despite a fall in OP attendances in month, the Trust's OP waiting list continues to reduce sharply, with 4,700 patients awaiting a 1st OP appointment at the end of December. Referrals were significantly below plan in December, with GP referrals at 80% of plan and C2C/Other referrals at 92%. Elective activity was down considerably in month for both Inpatient and Daycases, with total Elective spells at their lowest level in a year.

Whilst the Trust has delivered the diagnostic wait time consistently since May, 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 December, 0.24% of patients waited longer than 6 weeks for their diagnostic tests.

Primary Drivers

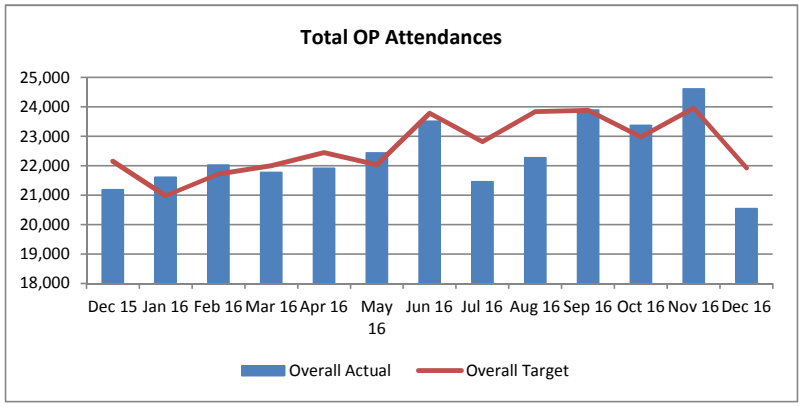


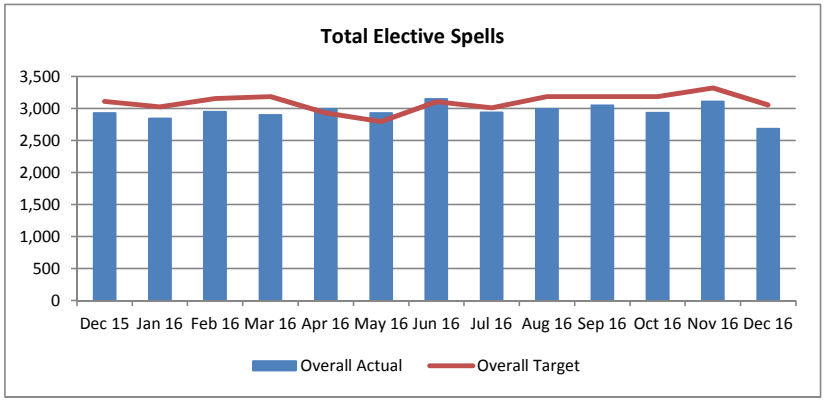
Referral Breakdown

	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Monthly Trend
GP Actual	4,453	4,793	5,136	5,048	5,762	5,622	5,586	5,055	5,035	5,383	5,063	5,061	4,192	
GP Target	5,072	4,849	5,072	5,072	5,505	5,243	5,767	5,505	5,767	5,767	5,505	5,767	5,243	
% to Target	87.8%	98.9%	101.3%	99.5%	104.7%	107.2%	96.9%	91.8%	87.3%	93.3%	92.0%	87.8%	80.0%	
Other Actual	2,788	2,643	2,872	2,980	3,196	3,465	3,370	3,151	3,298	3,277	3,263	3,135	2,821	
Other Target	2,656	2,535	2,656	2,656	3,222	3,069	3,376	3,222	3,376	3,376	3,222	3,376	3,069	
% to Target	105.0%	104.3%	108.1%	112.2%	99.2%	112.9%	99.8%	97.8%	97.7%	97.1%	101.3%	92.9%	91.9%	
Total Actual	7,241	7,436	8,008	8,028	8,958	9,087	8,956	8,206	8,333	8,660	8,326	8,196	7,013	
Total Target	7,728	7,383	7,728	7,728	8,728	8,312	9,143	8,728	9,143	9,143	8,728	9,143	8,312	
% to Target	93.7%	100.7%	103.6%	103.9%	102.6%	109.3%	98.0%	94.0%	91.1%	94.7%	95.4%	89.6%	84.4%	
GP % of Total	61.5%	64.5%	64.1%	62.9%	64.3%	61.9%	62.4%	61.6%	60.4%	62.2%	60.8%	61.7%	59.8%	

Operational Delivery: *Planned Activity*

Primary Drivers



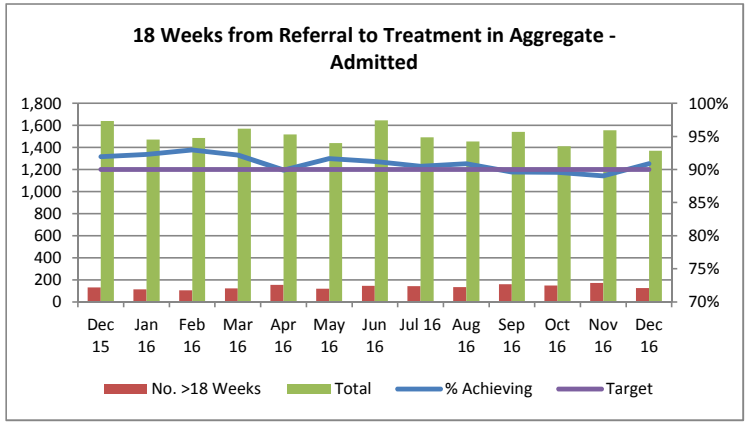


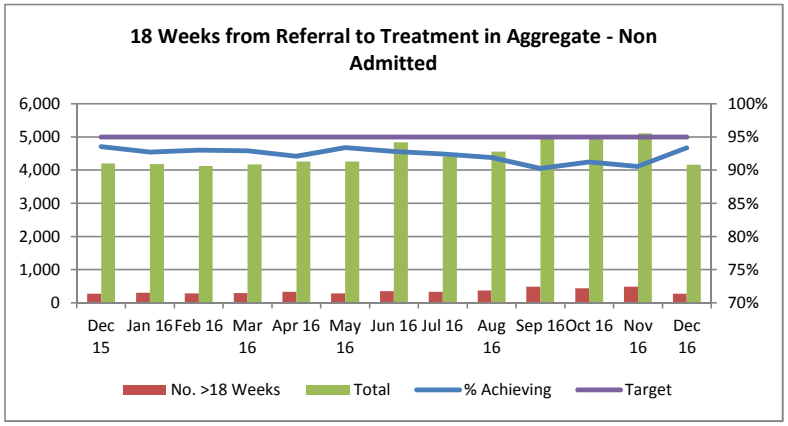
OP Attendance Breakdown	YTD	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Monthly Trend
New Actual	28,694	6,506	6,651	6,767	6,890	7,253	7,240	7,556	6,576	6,880	7,598	7,443	7,399	6,254	
New Target	28,573	6,724	6,405	6,683	6,710	6,970	6,693	7,329	7,002	7,333	7,337	7,081	7,408	6,747	
% to Target	100.4%	96.8%	103.8%	101.3%	102.7%	104.1%	108.2%	103.1%	93.9%	93.8%	103.6%	105.1%	99.9%	92.7%	
F U Actual	63,720	14,680	14,951	15,255	14,877	14,652	15,190	15,952	14,882	15,392	16,295	15,926	17,211	14,288	
F U Target	64,153	15,430	14,567	15,028	15,293	15,478	15,342	16,457	15,807	16,498	16,540	15,894	16,549	15,170	
% to Target	99.3%	95.1%	102.6%	101.5%	97.3%	94.7%	99.0%	96.9%	94.1%	93.3%	98.5%	100.2%	104.0%	94.2%	
Total Actual	92,414	21,186	21,602	22,022	21,767	21,905	22,430	23,508	21,458	22,272	23,893	23,369	24,610	20,542	
Total Target	92,725	22,154	20,972	21,711	22,002	22,447	22,035	23,786	22,809	23,831	23,876	22,975	23,957	21,917	
% to Target	99.7%	95.6%	103.0%	101.4%	98.9%	97.6%	101.8%	98.8%	94.1%	93.5%	100.1%	101.7%	102.7%	93.7%	
New % of Total	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%	30.4%	

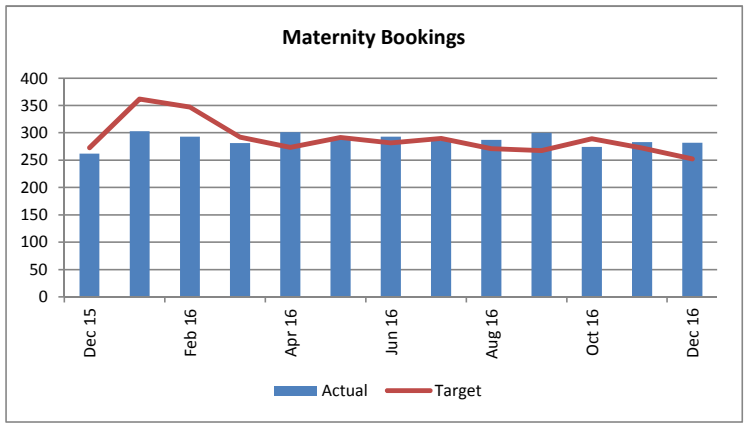
Elective Spells Breakdown	YTD	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Monthly Trend
I P Actual	1,216	278	288	289	274	356	313	313	294	298	302	332	324	258	
I P Target	1,421	392	377	394	394	348	332	365	348	365	365	352	369	335	
% to Target	85.6%	70.9%	76.4%	73.4%	69.6%	102.2%	94.4%	85.7%	84.4%	81.6%	82.7%	94.4%	87.9%	77.0%	
Daycase Actual	10,563	2,652	2,555	2,659	2,625	2,638	2,617	2,834	2,643	2,697	2,745	2,604	2,786	2,428	
Daycase Target	11,321	2,717	2,649	2,758	2,793	2,580	2,462	2,738	2,660	2,818	2,818	2,834	2,952	2,717	
% to Target	93.3%	97.6%	96.5%	96.4%	94.0%	102.2%	106.3%	103.5%	99.4%	95.7%	97.4%	91.9%	94.4%	89.4%	
Total Actual	11,779	2,930	2,843	2,948	2,899	2,994	2,930	3,147	2,937	2,995	3,047	2,936	3,110	2,686	
Total Target	12,742	3,109	3,026	3,152	3,187	2,928	2,794	3,103	3,008	3,183	3,183	3,186	3,321	3,052	
% to Target	92.4%	94.2%	94.0%	93.5%	91.0%	102.2%	104.9%	101.4%	97.6%	94.1%	95.7%	92.1%	93.6%	88.0%	
I P % of Total	10.3%	9.5%	10.1%	9.8%	9.5%	11.9%	10.7%	9.9%	10.0%	9.9%	9.9%	11.3%	10.4%	9.6%	

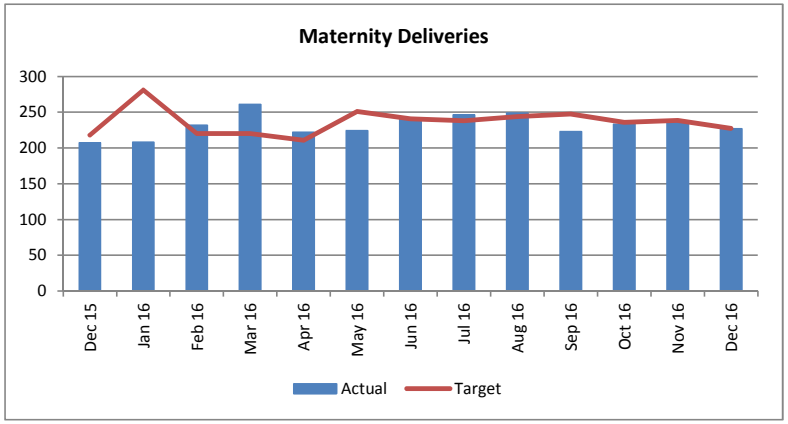
Operational Delivery: *Planned Activity*

Primary Drivers





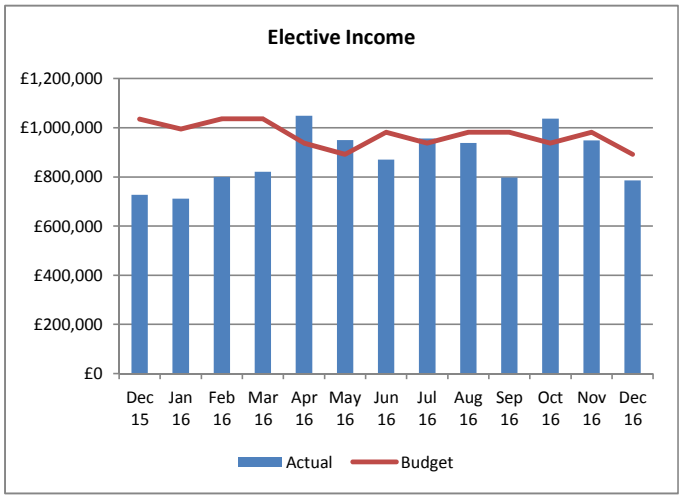


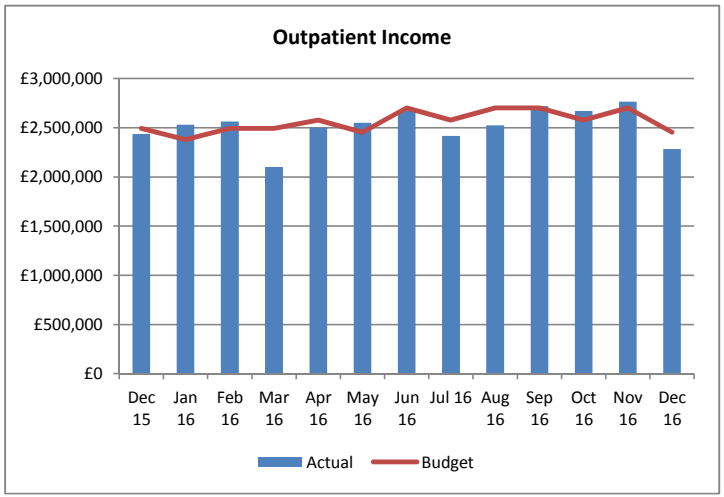


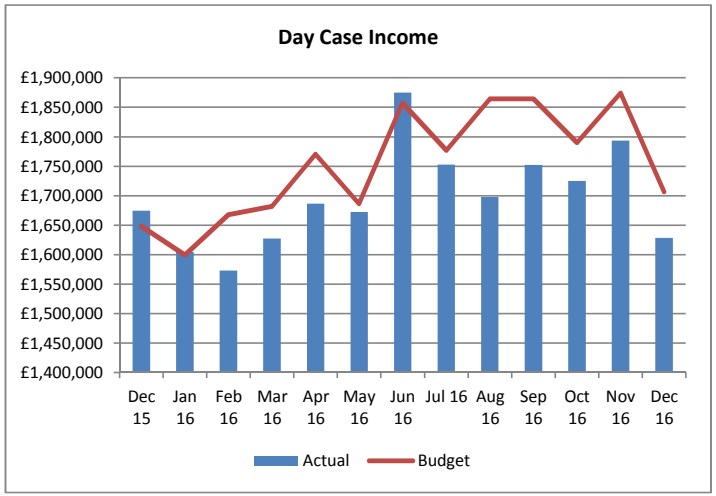
Operational Delivery: *Planned Activity*

Secondary Drivers

			Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Monthly Trend
Bed Occupancy Rate	Medicine & Emergency Care		94.2%	99.3%	102.8%	101.7%	99.0%	96.6%	97.0%	93.2%	92.5%	94.0%	93.7%	95.2%	94.2%	
	Surgery & Cancer		70.3%	76.7%	81.7%	82.8%	75.2%	76.9%	76.0%	76.7%	72.4%	71.0%	72.0%	73.4%	74.9%	
Elective Inpatient Avg LOS (Days)			2.3	2.5	3.0	3.7	2.5	3.1	2.6	3.2	3.2	2.7	3.3	2.3	3.3	
Delayed Transfers of Care (MFFD)		16.00	13	15	19	19	22	20	19	37	29	31	30	28	28	
Medical Outliers			5	5	4	10	6	5	5	2	2	3	8	7	9	
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%	2.94%	2.97%	3.24%	2.77%	2.91%	3.15%	3.29%	3.14%	0.00%	
	7 Day Rate		0.00%	0.00%	0.00%	0.00%	1.15%	1.21%	1.33%	1.65%	1.01%	1.16%	1.29%	1.37%	1.24%	
Cancelled Operations - Non Clinical - Cancellation Rate			0.69%	1.72%	1.56%	2.07%	0.84%	1.57%	1.09%	1.40%	0.98%	1.48%	1.16%	0.65%	2.12%	
Theatre Efficiency																
	Main Theatres		74.6%	71.6%	68.6%	72.2%	74.0%	71.7%	77.3%	74.9%	79.6%	76.6%	77.6%	75.7%	75.5%	
	TC Theatres		70.6%	70.3%	69.8%	71.7%	70.0%	73.0%	71.7%	72.3%	74.4%	74.6%	77.2%	73.9%	72.6%	
DNA (OP Efficiency)			9.02%	8.57%	6.92%	6.16%	6.24%	6.11%	6.39%	6.34%	6.47%	6.72%	5.92%	6.15%	6.28%	
Hospital Cancellation Rate (OP Efficiency)			4.80%	4.12%	4.60%	5.48%	5.93%	4.75%	4.87%	5.19%	5.99%	5.01%	5.36%	5.34%	5.56%	







Financial Performance: Income & Expenditure Position - Aggregated

	Month			Year to Date			Forecast	Base Budget 2016/17 £'000
	Plan Dec (£'000)	Actual Dec (£'000)	Variance dec (£'000)	Plan April to Dec (£'000)	Actual April to dec (£'000)	Variance April to Dec (£'000)	2016/17 (£'000)	
Operating								
Operating Income								
NHS Acute Activity Income								
Elective	895	785	-110	8,516	8,332	-184	10,757	11,460
Non-Elective	4,696	4,418	-278	38,834	39,463	629	50,570	53,215
Maternity	981	1,073	92	9,211	9,154	-57	11,294	12,138
Day cases	1,741	1,638	-103	16,038	15,584	-454	19,457	21,748
Outpatients	2,465	2,284	-181	23,421	23,104	-317	29,161	31,340
A&E	640	687	47	5,990	6,184	194	7,642	7,887
Other NHS	7,066	6,509	-557	51,096	47,787	-3,310	53,493	58,989
Total NHS Clinical Revenue	**18,484**	**17,392**	**-1,092**	**153,107**	**149,609**	**-3,498**	**182,374**	**196,777**
Other Operating Income	1,967	1,875	-92	17,138	17,484	346	22,093	22,302
TOTAL OPERATING INCOME	**20,451**	**19,267**	**-1,184**	**170,245**	**167,093**	**-3,152**	**204,467**	**219,079**
Operating Expenses								
Employee Benefits Expenses (Pay)	-13,937	-13,471	466	-113,531	-111,454	2,077	-136,210	-146,239
Drugs	-1,589	-1,264	325	-13,970	-11,967	2,003	-15,249	-18,709
Clinical Supplies	-1,490	-1,671	-181	-13,933	-14,220	-287	-16,862	-18,415
Non Clinical Supplies	-315	-329	-14	-2,248	-2,306	-58	-2,536	-2,610
Other operating expenses	-2,767	-2,942	-175	-21,610	-22,777	-1,167	-26,818	-26,422
TOTAL OPERATING EXPENSES	**-20,098**	**-19,677**	**421**	**-165,292**	**-162,724**	**2,568**	**-197,675**	**-212,395**
EBITDA	**353**	**-410**	**-763**	**4,953**	**4,369**	**-584**	**6,792**	**6,684**
Non Operating								
Non Operating Income								
Interest & Asset disposal	4	1	-3	36	21	-15	37	47
Non-Operating Expenses								
Depreciation & Finance Leases	-445	-430	15	-4,093	-3,747	346	-4,936	-5,651
PDC Dividend Expense	-158	-158	0	-1,422	-1,422	0	-1,787	-1,900
Net Surplus/(deficit) before Exceptional Items	**-246**	**-997**	**-751**	**-526**	**-779**	**-253**	**106**	**-820**
Provision against Contract dispute	0	469	469	0	-931	-931	-2,184	0
Reversal of 15/16 unused bad debt prov	0	0	0	0	1,050	1,050	1,050	
Charitable Income	0	0	0	43	343	300	343	0
Net Surplus/(deficit) after Exceptional Items	**-246**	**-528**	**-282**	**-483**	**-317**	**166**	**-685**	**-820**

The Trust delivered a £0.3M deficit cumulative against a planned deficit of £0.5M.

The transfer of Community Services (CS) on the 1st October is consolidated into the reported position . 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 £0.3M better than plan cumulative as a result of training and nhs recharge variances.

Pay is £2.1M better than plan cumulative as a result of underspends in medical pay from unfilled vacancies. and community services.

Non-Pay is £0.5M better than plan cumulative as a result of high cost drugs (income offset) 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 - MCHFT

	Month			Year to Date			Base Budget 2016/17 £'000
	Plan Dec (£'000)	Actual Dec (£'000)	Variance dec (£'000)	Plan April to Dec (£'000)	Actual April to dec (£'000)	Variance April to Dec (£'000)	
Operating							
Operating Income							
NHS Acute Activity Income							
Elective	895	785	-110	8,516	8,332	-184	11,460
Non-Elective	4,696	4,418	-278	38,834	39,463	629	53,215
Maternity	981	1,073	92	9,211	9,154	-57	12,138
Day cases	1,741	1,638	-103	16,038	15,584	-454	21,748
Outpatients	2,465	2,284	-181	23,421	23,104	-317	31,340
A&E	640	687	47	5,990	6,184	194	7,887
Other NHS	4,819	4,262	-557	44,354	41,045	-3,310	58,989
Total NHS Clinical Revenue	**16,237**	**15,145**	**-1,092**	**146,365**	**142,867**	**-3,498**	**196,777**
Other Operating Income	1,797	1,705	-92	16,627	16,973	346	22,302
Inter-Trust Income	48	48	0	143	143	0	
TOTAL OPERATING INCOME	**18,082**	**16,898**	**-1,184**	**163,135**	**159,983**	**-3,152**	**219,079**
Operating Expenses							
Employee Benefits Expenses (Pay)	-12,131	-11,826	305	-108,091	-106,838	1,253	-146,239
Drugs	-1,587	-1,265	322	-13,964	-11,964	2,000	-18,709
Clinical Supplies	-1,445	-1,513	-68	-13,799	-13,458	341	-18,415
Non Clinical Supplies	-217	-278	-61	-1,954	-2,059	-105	-2,610
Other operating expenses	-2,271	-2,271	0	-20,122	-21,045	-923	-26,422
Inter-Trust Charges	-82	-82	0	-245	-245	0	
TOTAL OPERATING EXPENSES	**-17,733**	**-17,235**	**498**	**-158,175**	**-155,609**	**2,566**	**-212,395**
EBITDA	**349**	**-337**	**-686**	**4,960**	**4,374**	**-586**	**6,684**
Non Operating							
Non Operating Income							
Interest & Asset disposal	4	1	-3	36	21	-15	47
Non-Operating Expenses							
Depreciation & Finance Leases	-445	-430	15	-4,093	-3,747	346	-5,651
PDC Dividend Expense	-158	-158	0	-1,422	-1,422	0	-1,900
Net Surplus/(deficit) before Exceptional Items	**-250**	**-924**	**-674**	**-519**	**-774**	**-255**	**-820**

Financial Performance: Income & Expenditure Position - CCCICP

	Month			Year to Date			Base Budget 2016/17 £'000
	Plan Dec (£'000)	Actual Dec (£'000)	Variance dec (£'000)	Plan April to Dec (£'000)	Actual April to dec (£'000)	Variance April to Dec (£'000)	
Operating							
Operating Income							
NHS Acute Activity Income							
Elective	0	0	0	0	0	0	
Non-Elective	0	0	0	0	0	0	
Maternity	0	0	0	0	0	0	
Day cases	0	0	0	0	0	0	
Outpatients	0	0	0	0	0	0	
A&E	0	0	0	0	0	0	
Other NHS	2,247	2,247	0	6,742	6,742	0	26,968
Total NHS Clinical Revenue	**2,247**	**2,247**	**0**	**6,742**	**6,742**	**0**	**26,968**
Other Operating Income	170	170	0	511	511	0	2,043
Inter-Trust Income	82	82	0	245	245	0	979
TOTAL OPERATING INCOME	**2,499**	**2,499**	**0**	**7,498**	**7,498**	**0**	**29,990**
Operating Expenses							
Employee Benefits Expenses (Pay)	-1,806	-1,645	161	-5,440	-4,616	824	-21,731
Drugs	-2	1	3	-6	-3	3	
Clinical Supplies	-45	-158	-113	-134	-762	-628	
Non Clinical Supplies	-98	-51	47	-294	-247	47	
Other operating expenses	-496	-671	-175	-1,488	-1,732	-244	-7,687
Inter-Trust Charges	-48	-48	0	-143	-143	0	-571
TOTAL OPERATING EXPENSES	**-2,495**	**-2,572**	**-77**	**-7,505**	**-7,503**	**2**	**-29,989**
EBITDA	**4**	**-73**	**-77**	**-7**	**-5**	**2**	**0**
Non Operating							
Non Operating Income							
Interest & Asset disposal	0	0	0	0	0	0	
Non-Operating Expenses							
Depreciation & Finance Leases	0	0	0	0	0	0	
PDC Dividend Expense	0	0	0	0	0	0	
Net Surplus/(deficit) before Exceptional Items	**4**	**-73**	**-77**	**-7**	**-5**	**2**	**0**

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	(93)	(596)	(291)	(43)	(21)	(639)	(405)
Endoscopy	Endoscopy	4,656	0	(172)	(2,148)	(217)	(921)	290	1,587	(99)
General Surgery Directorate	General Surgery	12,380	87	(1,069)	(5,972)	438	(1,340)	82	5,155	(549)
Head & Neck Directorate	Head & Neck	3,993	312	(91)	(1,775)	242	(598)	(8)	1,932	143
Macmillan Cancer Centre	Macmillan Cancer Centre	447	1,182	146	(600)	3	(988)	(161)	40	(12)
Ophthalmology	Ophthalmology	9,524	53	(15)	(2,954)	247	(2,884)	(102)	3,740	131
Orthopaedic Directorate	Orthopaedics	15,294	227	(450)	(4,528)	132	(2,862)	(272)	8,131	(591)
Theatres & TC	Theatres & TC	0	271	12	(5,474)	(154)	(2,230)	(292)	(7,434)	(434)
Urology Directorate	Urology	4,636	80	475	(2,026)	42	(266)	10	2,424	527
Surgical and Cancer Division	**Surgery & Cancer**	**50,929**	**2,212**	**(1,257)**	**(26,073)**	**441**	**(12,132)**	**(473)**	**14,936**	**(1,289)**

The Surgical Division is £1,289k worse than budget as at Month 9. 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 Mgmn	Divisional Mangement M&EC	0	23	23	(1,547)	149	(86)	(48)	(1,611)	124
Accident & Emergency Dir	Emergency Department	9,591	579	490	(4,370)	208	(894)	(74)	4,905	624
Anaesthetics & Critical Care	Anaesthetics & Critical Care	4,830	41	125	(5,819)	8	(974)	(251)	(1,922)	(118)
Medical Directorate	General Medicine	29,782	173	(217)	(16,980)	125	(3,471)	192	9,504	100
Urgent Care Centre	Urgent Care Centre	779	0	(0)	(264)	72	0	(21)	515	51
Emergency Services Division	**Medicine & Emergency Care**	**44,983**	**815**	**420**	**(28,980)**	**563**	**(5,426)**	**(203)**	**11,392**	**780**

The Medicine & Emergency Care Division is £780k better than budget as at Month 9. The main variances are better than plan on income in A&E 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 Magmn	Divisional Mangement W&C	0	2	2	(988)	(0)	(30)	112	(1,015)	115
Gum clinic	GUM clinic	0	0	(4)	0	0	(37)	(37)	(37)	(41)
Obstetric & Gynaecology Dir	Obstetrics & Gynaecology	12,605	64	(549)	(6,429)	9	(1,079)	203	5,161	(336)
Paediatric Directorate	Paediatrics	8,756	89	632	(5,483)	143	(853)	(112)	2,508	663
Women and Childrens Division	**Women and Children**	**21,361**	**155**	**81**	**(12,900)**	**152**	**(1,999)**	**167**	**6,617**	**400**

The Womens and Childrens Division is £400k better than budget as at Month 9. 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 Mgmnt	Divisional Management D&S	0	0	0	(232)	4	(12)	11	(244)	15
Dermatology	Dermatology	1,565	18	(31)	(929)	85	(261)	(9)	393	44
ECG department	ECG	300	50	11	(741)	69	(58)	(0)	(450)	80
Elmhurst	Elmhurst	1,495	113	(18)	(1,144)	(48)	(298)	20	166	(47)
Integrated Discharge	Integrated Discharge	0	3	3	(308)	(1)	(1)	2	(306)	3
Medical Records Department	Medical Records Department	0	0	0	(1,230)	(71)	(171)	(36)	(1,400)	(107)
Outpatients	Outpatients	0	158	32	(391)	6	(55)	(14)	(289)	24
Pathology Directorate	Pathology	8,949	2,947	(449)	(7,205)	274	(6,809)	404	(2,118)	228
Pharmacy Departments	Pharmacy	2,013	180	(751)	(2,256)	67	(2,118)	659	(2,181)	(25)
Radiology Directorate	Radiology	2,807	569	258	(4,417)	(108)	(1,941)	199	(2,981)	349
Therapeutic Departments	Therapies	0	175	8	(1,436)	10	(443)	(54)	(1,704)	(36)
Victoria Infirmary Northwich	Victoria Infirmary Northwich	1,573	40	(38)	(1,276)	(57)	(214)	12	123	(84)
Diagnostics and Support Divisi	**Diagnostics and Support**	**18,703**	**4,253**	**(976)**	**(21,563)**	**228**	**(12,382)**	**1,192**	**(10,990)**	**444**

The Diagnostics Division is £444k better than plan as at Month 9. 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, Dermatology 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 Mgnt	Divisional Management E&F	0	0	0	(357)	4	(130)	(10)	(487)	(7)
Catering Directorate	Catering	0	1,037	72	(1,094)	(95)	(990)	(19)	(1,048)	(43)
Estates Departments	Estates Departments	0	345	(30)	(1,195)	(64)	(4,720)	49	(5,570)	(45)
Hotel Services	Domestics	0	2	(1)	(1,029)	(50)	(12)	(8)	(1,039)	(58)
Laundry Services Departments	Laundry	0	927	20	(835)	(81)	(589)	(16)	(497)	(77)
Security	Security	0	1,257	57	(528)	32	(385)	(17)	343	72
Site Services	Porters	0	4	(2)	(2,020)	55	(74)	(16)	(2,091)	37
Estates & Facilities Division	**Estates & Facilities Division**	**0**	**3,571**	**115**	**(7,058)**	**(200)**	**(6,901)**	**(36)**	**(10,388)**	**(121)**

The Estates and Facilities Division is £121k worse than plan as at Month 9. 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	(997)	26	(150)	13	(1,146)	40
Computer Services	Computer Services	0	316	26	(963)	41	(1,323)	(147)	(1,969)	(81)
Finance & Information	Finance & Information	0	40	16	(2,112)	(18)	(481)	5	(2,553)	3
Human Resources	Human Resources	0	401	42	(1,594)	16	(308)	155	(1,501)	213
Risk Manangement & R&D	Risk Management & R&D	0	381	(24)	(1,135)	26	(33)	37	(786)	40
Quality Assurance Departments	Nurse Management	0	357	310	(2,099)	(273)	(6,321)	4	(8,063)	41
Trust Central Expenditure	Trust Central Expenditure	5,866	4,587	(2,708)	(1,090)	313	361	1,552	9,722	(843)
Other Departments	Other Departments	95	227	256	(275)	85	(378)	(131)	(331)	210
	Corporate	**5,960**	**6,310**	**(2,082)**	**(10,264)**	**217**	**(8,632)**	**1,489**	**(6,628)**	**(376)**

The Corporate Division is £376k worse than plan as at Month 9. 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.

	Community	**6,741**	**511**	**(0)**	**(4,616)**	**825**	**(2,744)**	**(822)**	**(108)**	**2**
	EBITDA	**148,677**	**17,826**	**(3,698)**	**(111,454)**	**2,226**	**(50,216)**	**1,313**	**4,831**	**(160)**

Financial Performance: Commissioner Income Analysis

Commissioner	FY Target (£'000)	YTD Target (£'000)	Final Actual (£'000)	Final Variance (£'000)
NHS South Cheshire CCG	99,749	74,833	76,346	1,513
NHS Vale Royal CCG	52,588	39,457	41,234	1,777
NHS Eastern Cheshire CCG	7,439	5,576	5,829	253
NHS West Cheshire CCG	2,872	2,159	2,273	114
NHS North Staffordshire CCG	2,037	1,528	1,440	-87
Specialist Commissioning Group	7,344	5,526	6,145	619
NHS Commissioning Board	1,510	1,133	1,143	10
OTHER CCGs	2,236	1,677	1,752	75
Overseas Visitors Chargeable	0	0	0	0
NON-CONTRACT ACTIVITY	1,916	1,444	1,414	-30
NON CCG SPECIFIC TARGETS	31,244	19,774	11,101	-8,672
TOTAL	**208,936**	**153,107**	**148,678**	**-4,429**

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	4,475	4,450	-25
Adult & Neonatal Critical Care	8,042	6,053	6,055	2
Urgent Care Centre	1,007	756	756	0
Community Paediatrics	1,298	974	974	0
Direct Access Services	9,418	7,054	7,355	301
Unbundled Radiology	3,982	2,986	2,938	-49
High Cost Drugs	13,357	10,018	7,402	-2,616
Screening Programmes	1,473	1,105	1,105	0
Audiology	909	682	840	158
IVF	945	709	222	-487
CQUIN	3,914	2,936	2,238	-698
STF	6,500	4,875	4,536	-339
Community Services	13,359	6,679	6,679	0
Other	2,392	1,794	1,306	-488
TOTAL	**72,564**	**51,096**	**46,856**	**-4,241**

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 agains the contract dispute is recognised in other and is £0.9M.

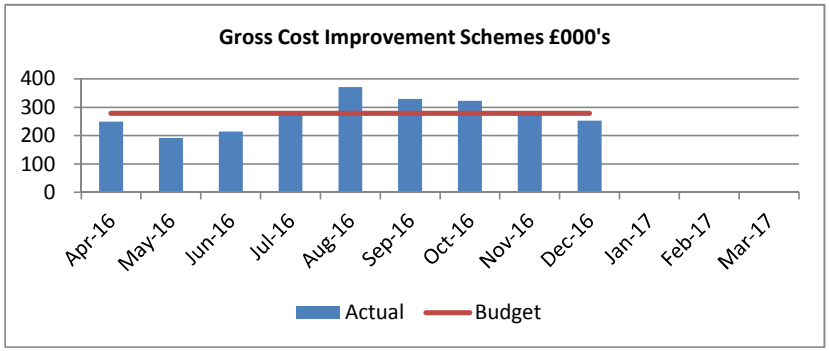
Direct Access is better than plan whilst IVF is worse than plan. CQUIN is worse than plan due to the contract agreement and the failure of the Sepsis CQUIN.

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.

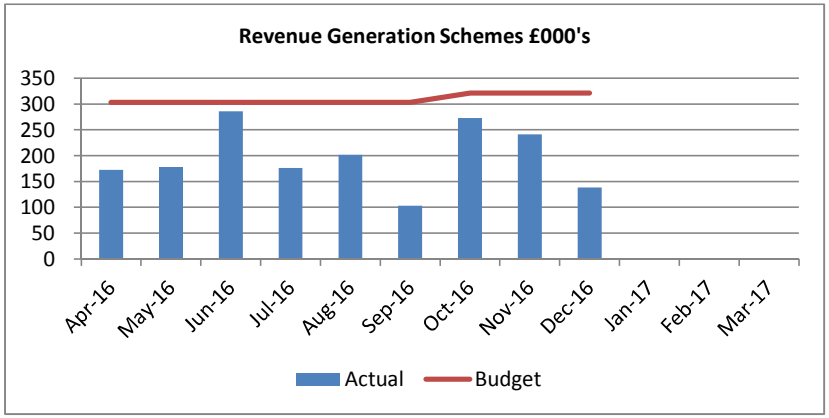
Financial Performance: Cost Improvement Programme

Cost Improvement Schemes						
Scheme Category	**YTD Target**	**YTD Actual**	**YTD**	**FY Target**	**FY Forecast**	**FY Variance**
Access & Flow	825	825	0	1,100	1,100	0
Drugs	225	209	-16	300	284	-16
Non-Pay Efficiency	175	215	40	234	293	60
Nursing Agency	785	773	-12	1,047	1,034	-13
Pathology Efficiency	212	212	0	282	282	0
Pay Savings	17	17	0	23	23	0
Procurement	248	243	-5	330	325	-5
TOTAL (£'000)	**2,486**	**2,493**	**7**	**3,315**	**3,341**	**26**



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

Revenue Generation Schemes						
Scheme Category	**YTD Target**	**YTD Actual**	**YTD**	**FY Target**	**FY Forecast**	**FY Variance**
Best Practice Tariff	315	195	-120	420	260	-160
Bowelscope QIPP	482	194	-289	856	281	-575
ENT QIPP	53	0	-53	106	0	-106
General Surgery QIPP	92	40	-52	123	69	-54
Income Generation	363	543	180	484	693	209
Ophthalmology QIPP	44	28	-17	59	42	-17
Orthopaedics QIPP	507	319	-189	676	354	-322
Other Income	166	85	-80	221	141	-80
Other QIPP	112	48	-64	144	58	-86
Outpatients QIPP	225	121	-104	300	160	-139
Theatres QIPP	225	196	-29	300	271	-29
TOTAL (£'000)	**2,585**	**1,768**	**-817**	**3,689**	**2,329**	**-1,359**



Revenue Generation schemes are £0.8M worse than plan cumulative as a result of not achieving the Orhtopaedic QIPP and 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 MONITOR ANNUAL PLAN	2016/17 CUMULATIVE ACTUAL	2016/17 BETTER/WORSE THAN BUDGET	2016/17 FORECAST	2017/18 FORECAST	2018 + FORECAST	TOTAL FORECAST
ROLLOVER SCHEMES FROM 15/16 CAPITAL PROGRAMME										
60	60	CAR PARK BARRIERS	0	286	286	0	286			286
2404	2404	MRI SCANNER	1836	60	0	60	30			1866
310	310	OPHTHALMOLOGY OUTPATIENTS	24	0	-29	29	-35			-11
		OTHER ROLLOVERS 15/16		0	0	0	-35			-35
NEW WORKS										
50	50	BISTRO & 2 OFFICES		98	98	0	98			98
35	25	BLOCK ME CONVERT TO OFFICES		25	0	25	0			0
25	35	BLOCK MF CONVERT TO OFFICES		250	30	220	150			150
		DR'S MESS INTO RMO'S		35	50	-15	60			60
11		MATERNITY		188	236	-49	300			300
COMPLIANCE ISSUES										
6673	6673	ASBESTOS REMOVAL	5397	1500	0	1500	0	100	300	5797
7500	2544	WARD REFURBISHMENTS & FIRE COMPARTMENTATION	0	84	27	57	122	2849	8952	11923
CLINICAL DEVELOPMENT										
850		3RD CT ENABLING		50	0	50	25	850		875
70		CENTRALISED POAC		50	54	-4	61			61
50		ED RAPID ACCESS BAYS		850	0	850	0			0
1500	1500	MRI SCANNER 3RD BUILD		70	0	70	41	1500		1541
335	335	OPHTHALMOLOGY OUTPATIENTS - PHASE 2		11	0	11	0	134		134
98	98	SEXUAL HEALTH CLINIC		42	0	42	42			42
ENABLING										
1500	250	DESIGN TEAM & PAINTERS	833	0	0	0	0	250	750	1833
IM&T ROLLOVER SCHEMES FROM 15/16 CAPITAL PROGRAMME										
26		ASCRIBE HANDOVER	10	0	0	0	0			10
42	42	DAWN	27	35	11	24	65			92
1223	693	INFRASTRUCTURE	605	220	43	177	466			1071
31	31	INTERSITE CONNECTIVITY	6	0	0	0	0			6
458	329	RADIOLOGY INFORMATION SYSTEM	230	13	0	13	13			243
72	72	STORAGE DATA ARCHIVING	21	25	19	6	25		300	346
1170	420	VOICE OVER IP	42	51	9	42	51	77		170
336	336	OTHER ROLLOVER IT SCHEMES 15/16	312	0	0	0	3			315
IM&T NEW SCHEMES										
600		CLINICAL PORTAL		15	0	15	6	1200		1206
1000		EDMS		0	0	0	0	1956		1956
244		E-HANDOVER		200	0	200	0	256		256
65		INTERFACING		75	0	75	75	40	80	195
75		IT APPLICATIONS		25	0	25	25	75	150	250
25		NET CALL / CALL CENTRE		30	0	30	24			24
30		PCTI / DOCMAN		150	0	150	0			0
350		ROSTERING SYSTEM		0	3	-3	3			3
150		UPS		0	0	0	30	150		180
30		WIRELESS UPGRADE		0	0	0	0			0
ADDITIONAL										
80	80	DISHWASHER		7	7	0	7			7
7	7	ECG SLEEP SYSTEM		0	0	0	0			0
		MEC SOFTWARE FOR CARDIAC MONITORS			0	0	0			0
LEASING ARRANGEMENTS										
3000	500	MEC EQUIPMENT		0	0	0	600			600
		3RD CT SCANNER		0	0	0	800			800
		3RD MRI SCANNER		0	0	0	100			100
		ACCESS CONTROL		0	0	0	70			70
		LAUNDRY FINISHING	70	0	0	0	150			220
		OPHTHALMOLOGY EQUIPMENT	150	0	0	0	600			750
		REPLACEMENT CT SCANNERS		8604	3434	5170	9027			9027
DONATED										
		BUILDIINGS								0
		EQUIPMENT		0	28	0				0
BACKLOG MAINTENANCE										
1075	422	MAINTENANCE	334	829	381	448	1054	175	525	2088
6833	1054	GENERAL PROVISION	1711	0	0	0	0	2250	4500	8461
38393	**18270**	**TOTAL PROGRAMME**	**11608**	**13877**	**4688**	**9217**	**14339**	**11862**	**15557**	**53366**

The capital programme is less than anticipated by £5,131K which is mainly due to the following : General Provision £524K, Ward Refurbishment £758K, Third CT Scanner enabling £850K, Third MRI Scanner £1500K, Ophthalmology Outpatients phase 2 £220K, Voice Over IP £177K, Clinical Portal £200K, a number of IT Schemes £596K with a remainder being smaller Estates Schemes .

Accruals have been made for Theatres £72K, Ward 11 refurbishment £330K , ME & MF Alterations £50K and Ward 16 £173K.

Financial Performance: Statement of Financial Position

	Plan Apr to Dec (£'000)	Actual Apr to Dec (£'000)	Variance (£'000)	Forecast 2016/17 (£'000)
Assets				
Assets, Non-Current	**88,448**	**77,890**	**-10,558**	**80,878**
Assets, Current				
Trade and other Receivables	9,709	13,841	4,132	6,001
Other Assets (including Inventories & Prepayments)	5,512	5,005	-507	4,933
Cash and Cash Equivalents	2,774	1,266	-1,508	2,868
Total Assets, Current	**17,995**	**20,111**	**2,116**	**13,802**
ASSETS, TOTAL	**106,443**	**98,001**	**-8,442**	**94,680**
Liabilities				
Liabilities, Current				
Finance Lease, Current	-474	-424	50	-885
Loans Commercial Current	-2,633	-5,123	-2,490	-2,895
Trade and Other Payables, Current	-15,387	-14,931	456	-13,951
Provisions, Current	-121	-105	16	-231
Other Financial Liabilities	-7,445	-8,777	-1,332	-7,573
Total Liabilities, Current	**-26,060**	**-29,359**	**-3,299**	**-25,535**
Net Current Assets/(Liabilities)	**-8,065**	**-9,247**	**-1,182**	**-11,733**
Liabilities, Non Current				
Finance Lease, Non Current	-7,406	-3,357	4,049	-3,038
Loans Commercial Non-Current	-9,060	-5,200	3,860	-5,623
Provisions, Non-Current	-1,755	-1,651	104	-1,575
Trade and Other Payables, Non-Current	0	0	0	**0**
Total Liabilities Non-Current	**-18,221**	**-10,208**	**8,013**	**-10,236**
TOTAL ASSETS EMPLOYED	**62,162**	**58,435**	**-3,727**	**58,909**
Taxpayers' and Others' Equity				
Taxpayers Equity				
Public dividend capital	75,157	75,157	0	75,157
Retained Earnings	-22,708	-26,943	-4,235	-26,469
Donated asset reserve	0	0	0	0
Revaluation Reserve	9,709	10,220	511	10,221
TOTAL TAXPAYERS EQUITY	**62,158**	**58,434**	**-3,724**	**58,909**
TOTAL FUNDS EMPLOYED	**62,158**	**58,434**	**-3,724**	**58,909**

Assets Non-Current is mainly due to the capital programme being less than anticipated by £5,131K which is mainly due to the following General Provision £524K, Ward Refurbishment £758K, Third CT Scanner enabling £850K, Third MRI Scanner £1500K, Ophthalmology Outpatients phase 2 £220K, Voice Over IP £177K, Clinical Portal £200K, a number of IT Schemes £596K 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 £3,774K where the lease has now been assesed 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 £1,470K (£250K paid in January), Vale Royal CCG £1,438K (£125K paid in January), NHS England £398K, East Cheshire NHS Trust £1,200K £384K paid in January, East Cheshire CCG £1,850K (all paid in January 2017). However in the plan this is offset by an anticipated delay in payment of £2,500K for Vale Royal and South Cheshire CCG.

Other Assets is less mainly due to delays in new operating leases £192K or delays in the receipt of invoices for rates ,IT Maintenance and Radiology Maintenance and EBME Maintenance contracts, an assumption that maintenance contracts would increase due to the 3rd MRI Scanner and other pieces of equipment. 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.

Trade and Other Payables - Trade Creditors are less than anticipated due the increase in the number of creditors being paid.

Other Financial Liabilities are higher due to increase accruals for community services, deffered income £550K for Januarys Health Education invoice which has been raised and Tax payables being higher than plan due to community services .

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.

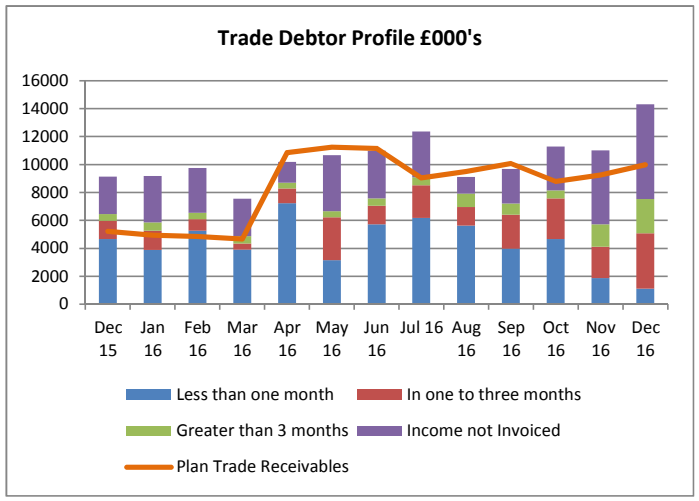
Finance Lease are due to the leases being classified as operating leases, Loans are due to loans for the second ward, CT enabling, Clinical Portal and the Third MRI scanner not drawn down. The provisions are lower due to no inflationary increase in the Pension provision.

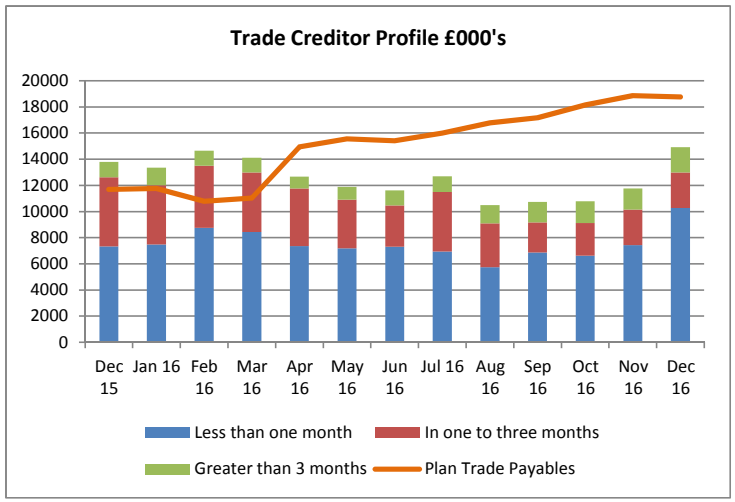
Financial Performance: Cash Position and Working Capital

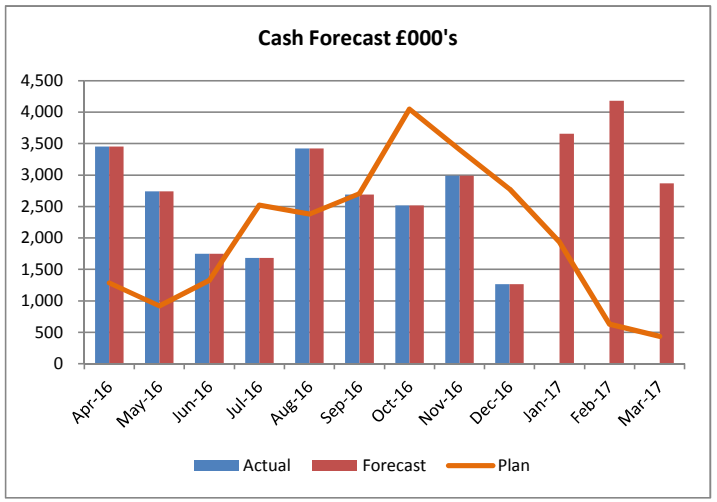
	Plan Apr to Dec (£'000)	Actual Apr to Dec (£'000)	Variance
Surplus/(deficit) after tax	**-562**	**-322**	**240**
Non-cash flows in operating Surplus/(deficit) total	4,205	3,722	-483
Operating cash flows before movements in working capital	**3,643**	**3,400**	**-243**
Increase/(Decrease) in working capital Total	850	-3,133	-3,983
Net cash inflow/(outflow) from operating activities	**4,493**	**267**	**-4,226**
Net cash inflow/(outflow) from investing activities total	-7,975	-3,615	4,360
Net Cash inflow/(outflow) before financing	**-3,482**	**-3,348**	**134**
Net cash inflow/(outflow) from financing activities Total	5,492	4,632	-860
Net increase/(decrease) in cash and cash equivalents	**2,010**	**1,284**	**-726**
Opening cash balance	**764**	**764**	**0**
Closing cash balance	**2,774**	**2,048**	**-726**

Cash is £1,508K worse than anticipated. This is due to the better than anticipated financial position offset by a lower than anticipated depreciation £559K. In addition the cash position has reduced due to the decrease in the working capital by around £4,800K, mainly due to the increase in debtors. This includes the over performance for South Cheshire CCG £1,470K (£250K paid in January),Vale Royal CCG £1,438K (£125K paid in January), Eastern Cheshire CCG £1,850K (all paid in January 2017)and NHS England £398K. However in the plan this is offset by an anticipated delay in payment of £2,500K for Vale Royal and South Cheshire CCG. Also East Cheshire NHS Trust has an outstanding debt of £1,200K of which £384K paid in January.

The delay in the capital programme improves the cash position by £4,350K. However some of these schemes were to be funded via loans which as yet have not been approved which reduces the improvment by £3,894K. The plan did anticipate that the working capital loan balance to be £2,500K at the end of December but this currently stands at £4,997K so improving the cash postion by £2,497K.







Finance: *Staff Costs*

Headline Measures

	YTD £000's	Rolling 13 months £000's												
		Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Monthly Trend
Pay Budget	108,244	11,157	11,637	11,443	11,980	11,964	11,866	12,055	11,964	12,056	12,024	12,019	12,166	12,131	
Pay Actual	106,838	11,492	11,568	11,655	12,214	11,755	11,794	11,934	11,783	11,689	11,925	11,892	12,241	11,825	
Variance	1,406	-336	69	-212	-235	208	72	121	181	367	99	127	-75	306	
% to Budget	*98.7%*	*103.0%*	*99.4%*	*101.9%*	*102.0%*	*98.3%*	*99.4%*	*99.0%*	*98.5%*	*97.0%*	*99.2%*	*98.9%*	*100.6%*	*97.5%*	
Nursing Staff % to Budget	99.9%	105.3%	99.4%	103.5%	107.1%	99.9%	104.9%	99.6%	99.2%	98.1%	98.9%	98.6%	101.6%	98.4%	
Medical Staff % to Budget	93.7%	99.1%	96.8%	97.4%	100.8%	92.4%	87.6%	94.4%	94.3%	90.1%	98.4%	100.6%	94.9%	90.7%	
Other Staff % to Budget	101.8%	104.8%	102.5%	105.4%	98.2%	105.0%	102.8%	102.0%	101.1%	101.2%	100.2%	98.0%	104.2%	101.9%	

Commentary

figures exclude Community Services until a budget has been derived

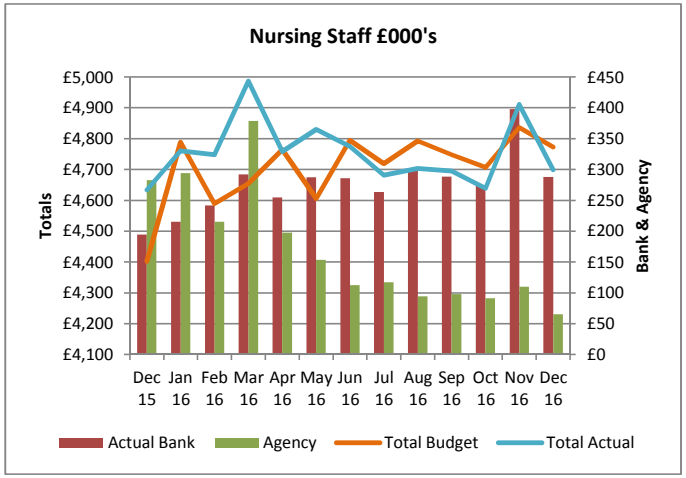
Pay is better than budget by £1.4M as at Mth 9. There are significant underspends on medical pay, Nursing pay is on plan and other pay is over by £0.7M due to the vacancy target not being allocated to individual staff groups.

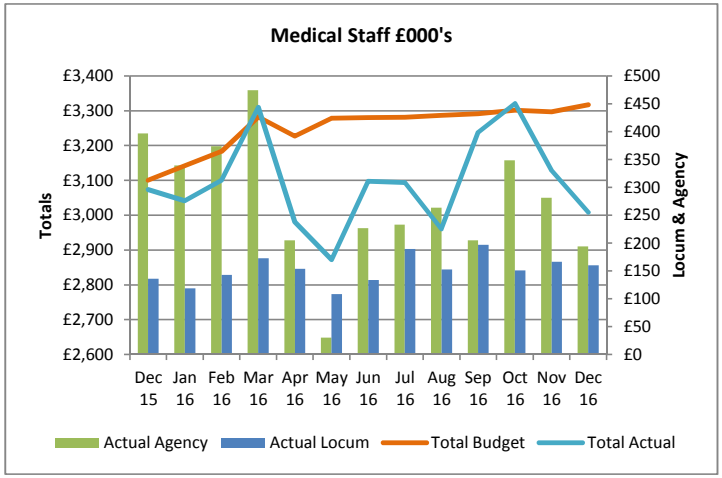
Nursing vacancies have continued to be high since January with the closure of the winter capacity coinciding with the start of the new financial year where additional investments have been approved. Nursing Agency spend has had a sustained reduction since April, however, bank use over establishment for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

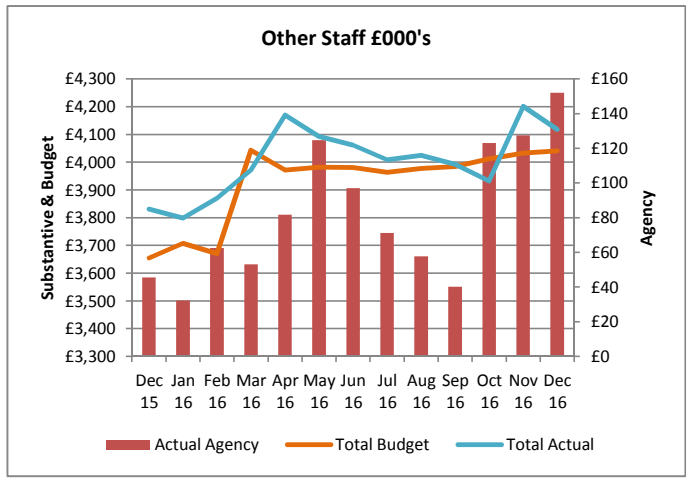
Medical pay is underspent against budget (£1.9M) as a result of consultant and junior doctor vacancies being unable to be filled with substantive or acceptable locum arrangements .

The Agency trajectory is failing in month by £0.2Mand cumulatively by £0.6M. Earlier lower medical agency costs are offset by increased spend in Gastroenterology and Endoscopy and new pressures Radiography and Therapy Services.

Primary Drivers

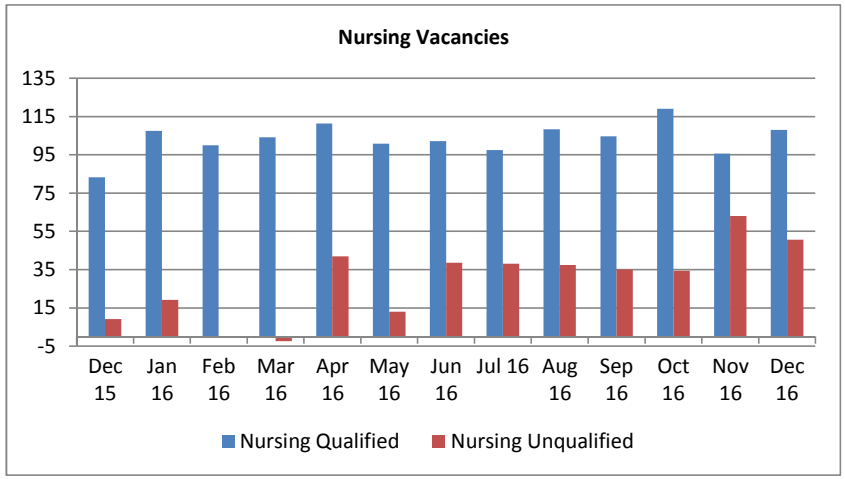


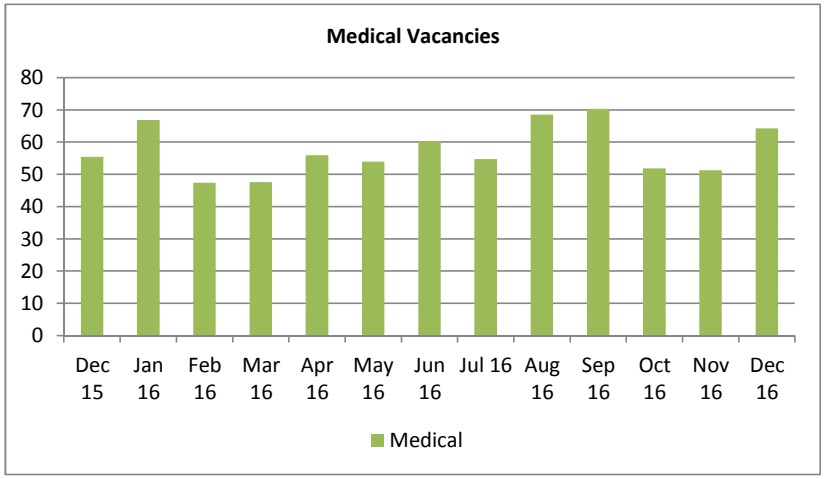




Finance: *Staff Costs*

Secondary Drivers





Agency Trajectory

	YTD	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Monthly Trend
Plan	-4,754	-557	-595	-595	-593	-539	-572	-561	-515	-563	-525	-495	-477	-506	
Actual	-5,335	-861	-784	-795	-1,079	-638	-416	-570	-611	-568	-540	-699	-721	-572	
Variance	-582	-304	-189	-200	-486	-99	156	-9	-96	-5	-15	-204	-244	-66	

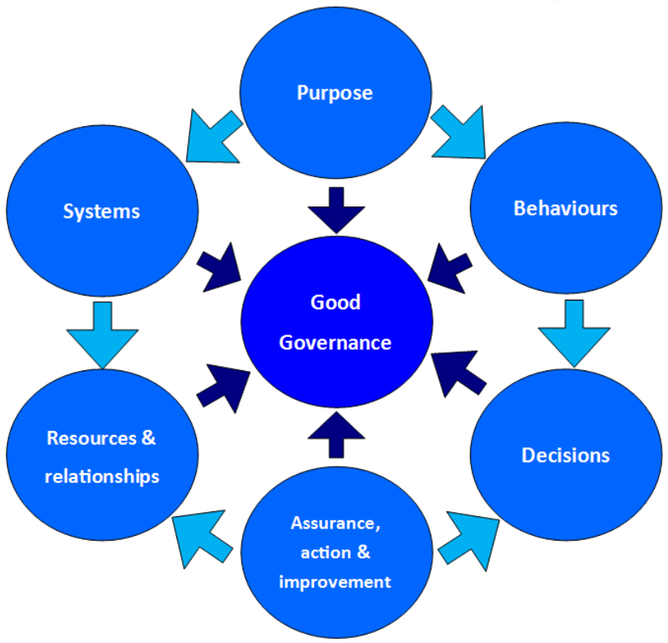
	Rolling 13 Months													
	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Monthly Trend
Sickness Rate (Rolling 12 mths)	4.11%	4.03%	3.99%	3.99%	3.99%	3.97%	3.95%	3.92%	3.85%	3.78%	3.79%	3.80%	3.85%	
Total Leavers	29	41	30	29	28	24	41	36	31	40	35	37	40	
Turnover (Rolling 12 mths)	11.80%	11.74%	11.77%	11.74%	11.68%	11.33%	11.45%	11.41%	11.00%	10.60%	10.40%	10.56%	10.82%	

Mid Cheshire Hospitals NHS
NHS Foundation Trust

Board Assurance Framework

Quarter 3 Report

2016/2017



Strategic Domain: Quality, Safety & Experience

Q1: Deliver the central requirements of quality; Patient Experience, Clinical Effectiveness and Patient Safety through the Quality and Safety Improvement Strategy.

Principal Risk

1. There is a risk that patients will suffer harm, have a poor experience and poor outcomes due to:
   - poor professional practice
   - inappropriate behaviours
   - poor systems or processes
   - failure to learn from mistakes
   - lack of clear requirements/standards

resulting in compromised quality of care, poor patient experience, regulatory intervention and reputational damage

Initial Rating			Current Rating			Target Rating		
Consequence	Likelihood	Risk Rating	Consequence	Likelihood	Risk Rating	Consequence	Likelihood	Risk Rating
5	4	20	5	2	10	5	1	5

Initial Date	Date of Update	Target Date / Review Date	Link To CQC Outcomes	Accountable Executive	Responsible Manager	Board Committee	Delegated Committee
01/07/2010	06/12/2016	Review Date: March 2017	CQC – 1, 4, 10, 11, 12, 13, 14	Director of Nursing & Quality	Quality & Clinical Outcomes Matron and Patient Safety Lead	Quality Governance Committee	Quality and Safety, Improvement Strategy Group

Key Controls / Assurances Established	Gaps In Controls	Potential Assurances On Controls (I) = Internal (E) = External & Include Due Date	Positive Assurances On Controls (I) = Internal (E) = External & Include Due Date	Gaps In Assurances On Controls	Risk Appetite (Treat Or Accept) & Action Plan (If Required)
1. Divisional Board Meetings 2. Quality & Clinical Outcomes Matron and Patient Safety Team 3. Quality & Safety Improvement Strategy 4. Advancing Quality (AQ) clinical pathways 5. National, regional and local clinical audits 6. CQC inspection process 7. DPR process 8. Leadership programmes 9. Nursing revalidation & appraisal linked to values and behaviours 10. Medical Appraisal 11. Royal Marsden Manual available as well as policies and procedures 12. Central Alerts System 13. NICE Guidance and Quality Standards process 14. Incident reporting & investigation procedure 15. Gap analysis of national guidelines and high level enquiries to enable learning locally 16. Executive Quality Governance Group 17. Horizon scanning, agility and ability to respond 18. Annual Quality Report 19. Quality and Safety Improvement Strategy Group 20. Hospital Mortality Reduction Group 21. Executive Patient Experience Group 22. Sign up to Safety Implementation Plan 23. Executive Safeguarding Group 24. Executive Infection Prevention and Control Group 25. Risk Management Strategy and Policy & Risk Assessment procedures	None.	1. Quality and Safety Improvement Strategy Group action points & reports bi-monthly(I) 2. Integrated Governance monthly reports(I) 3. Executive Quality Governance Group action points & reports monthly (I) 4. Internal clinical audit programme linked to RCAs, incident trends & national guidance (I) 5. Quality and Safety Improvement Strategy 2016-2018 approved April 2016 (I). 6. Quality Improvement Training for 30 frontline staff provided by AQuA 2015 - 16 (I/E) 7. Strategy progress report - twice yearly to Executive Quality Governance Group (I) 8. Quality Improvement Training for multidisciplinary group of local healthcare professionals provided by AQuA Q1 2016 - 17 (I/E) 9. Revised TOR for Quality and Safety Improvement Strategy Group to include senior divisional representation – September 2015 (I) 10. AQuA Improvement Practitioner Training (Level 2) for 6 candidates July 2016 (I/E)	1. Feedback from AQUA (E) - 2. Quality Account 2015/16 (E) 3. Positive external agency feedback on Quality Accounts 2014/15 (E) 4. CQC unconditional registration (E) - Apr 2015 5. Internal audit programme (E) – 2015/2016 6. National Clinical Audit Programme (E) 7. CQC Comprehensive Inspection - Good Rating October 2014 (E) 8. Quality Improvement Training for 60 members of frontline staff 2014 – 2015, provided by AQuA. (I/E) 9. Integrated Governance Monthly & Quarterly reports 10. Annual Governance Statement Data quality assurance through scrutiny at Quality Governance Committee 11. Internal Audit reports provide assurance in relation to staffing management 12. Launch of 4 priority clinical care pathways	Risks identified to patient safety & experience agenda being addressed within Divisions	

Risk Register Links (all listed below)		
Link to Significant Risks	Link to Corporate Risks	Link to other BAF Objectives
• CS0275 • CS0311		• Q2 • W1

Q2: Maintain unconditional registration with the Care Quality Commission.

Principal Risk
1. There is a risk that we fail to comply with the requirements of regulators due to: • ineffective governance systems and processes • ineffective performance management • insufficient resources • inadequate pathways (capacity and effectiveness) in the local health economy • inappropriate internal models of care resulting in poor patient experience, poor quality of care, regulatory intervention and loss of income

Initial Rating			Current Rating			Target Rating		
Consequence	Likelihood	Risk Rating	Consequence	Likelihood	Risk Rating	Consequence	Likelihood	Risk Rating
5	5	25	5	2	10	5	2	10

Initial Date	Date of Update	Target Date / Review Date	Link To CQC Outcomes	Accountable Executive	Responsible Manager	Board Committee	Delegated Committee
01/04/2013	06/12/2016	Review Date: March 2017	CQC – All	Director of Nursing & Quality	Governance Lead	Board of Directors	Executive Quality Governance Group (EQGG)

Key Controls / Assurances Established	Gaps In Controls	Potential Assurances On Controls (I) = Internal (E) = External & Include Due Date	Positive Assurances On Controls (I) = Internal (E) = External & Include Due Date	Gaps In Assurances On Controls	Risk Appetite (Treat Or Accept) & Action Plan (If Required)
1. Good Rating and Inspection Report published January 2015 2. Action plan developed and monitored bi-annually at Board of Directors meeting 3. Horizon scanning, agility and ability to respond 4. CQC re-inspection action plan 5. CQC action group 6. Quarterly meeting with CQC Inspection Manager 7. Reapplication for CQC Regulated activity for Assessment or treatment of patients detained under the Mental Health Act 1983 8. Applied for registration of Community services via statement of purpose	None.	1. Minutes from Board of Directors following bi-annual CQC report (I) 2. CQC Inspections (E) 3. Application to the CQC for the registration of Community services submitted on 16/12/16 – Statement of Purpose updated (E) 4. Application to the CQC for the registration of the regulated activity for Assessment or treatment of patients detained under the Mental Health Act 1983 submitted on 1st December 2016 – Statement of Purpose updated (E)	1. Monthly CQC Action Group and Executive Quality Governance Group action points & reports (I) 2. Registration status with CQC (E) 3. Bi-Annual CQC Reports to Board of Directors (I) 4. Programme of Quality & Safety Visits within wards identifying any areas for improvement prior to formal inspections (I) 5. Formalising existing arrangements with CWP to provide evidence of compliance with MHA 1983 (E)	None	Treat 1. Review preparation for re-inspection

Risk Register Links (all listed below)		
Link to Significant Risks	Link to Corporate Risks	Link to other BAF Objectives
• CS0275 • CS0311 • CS0328 • DC0887 • DC0923 • EC0265 • EC0287 • EC0346 • CS0325 • CS0326 • CS0347 • EC0331 • CS0327	CS0348	• All

Strategic Domain: Strong Progressive FT

F1:	Continue to ensure there is strong transparent engagement with all our stakeholders by assuming that the Trust's 2020 vision is understood and the underpinning strategy is delivered throughout the organisation to all staff, governors, members and volunteers.

Principal Risk

1. There is a risk that we fail to embed a culture of excellence due to:
   - low levels of staff satisfaction and staff engagement in Trust priorities
   - low morale
   - non-compliance with systems and processes
   - in effective training and development

resulting in lack of engaged staff, demotivated staff, inability to deliver safe services

Initial Rating			Current Rating			Target Rating		
Consequence	Likelihood	Risk Rating	Consequence	Likelihood	Risk Rating	Consequence	Likelihood	Risk Rating
5	4	**20**	5	2	**10**	5	2	**10**

Initial Date	Date of Update	Target Date / Review Date	Link To CQC Outcomes	Accountable Executive	Responsible Manager	Board Committee	Delegated Committee
01/04/2013	06/12/2016	Review Date March 2017	CQC – 1, 12, 13, 14	Chief Executive Officer	Divisional General Managers and Divisional Director of Estates & Facilities	Board of Directors	Executive Management Board

Key Controls / Assurances Established	Gaps In Controls	Potential Assurances On Controls (I) = Internal (E) = External & Include Due Date	Positive Assurances On Controls (I) = Internal (E) = External & Include Due Date	Gaps In Assurances On Controls	Risk Appetite (Treat Or Accept) & Action Plan (If Required)
1. Annual Governor planning event 2. Divisional Performance Reviews (DPR) 3. Development and Delivery of Trust and Clinical Service Strategies 4. Integrated Governance structure 5. KSF and appraisal processes 6. Public Board of Directors meeting (monthly) 7. Forward Thinking Event (annually) 8. Staff Focus Groups 9. Bespoke and regular CEO engagement sessions to reinforce vision 10. Feedback from Staff Survey (annually) 11. Annual Public Meeting 12. Connecting Care Board 13. Lead Governor attends Board of Directors meetings 14. Board Effectiveness Survey 15. Governor Handbook and Governor Induction Programme 16. Horizon scanning, agility and ability to respond 17. The Trust contributes to the Local delivery plans and the Sustainability & Transformation Plan (STP) 18. Health & Wellbeing strategy agenda 19. Stress Management surveys 20. Safety Culture surveys 21. CEO currently a member of the STP leadership group to ensure contribution and participation in the development	STP not currently developed to ensure alignment of Trust Strategy	1. DPR action points (I) 2. Internal audit programme (E) 3. Clinical Services Strategy updates 6 monthly and quarterly to Board of Directors (I) 4. BAF and Board of Directors agenda alignment (I) 5. Medical & Nursing Revalidation (I) 6. Recruitment process for Governors (I) 7. Communication plan agreed and in place (I) 8. Governor involvement in planning and approval of plans (I) 9. Internal Leadership programmes (I) 10. Regular NED/Governor informal meetings (I) 11. Council of Governors Papers (I) 12. Updates to CCG Governing Body on Trust Strategies (I/E)	1. National Staff Survey (E) 2. NHS Improvement's assessment of Annual Plan (E) 3. Exit Interviews (I) 4. MCHFT strapline "We Care Because You Matter" launched in September 2014 5. Joint session to CCG Boards by CEO on Strategy – July 2015 (E) 6. IIP reaccreditation achieved– July 2015 (E) 7. Annual Members meeting October 2015 (E) 8. CCG and Governors Clinical Services Strategy development day – November 2015 (E) 9. CEO Formal member of Cheshire East Health and Well Being Board (HWBB) and Cheshire West and Chester HWBB (E) 10. Joint Board to Board meetings with CCG and UHNM	1. Assurance required regarding the effectiveness of Divisional Boards to communicate the vision 2. Regional STP not yet published	Treat 1. Continue supporting Divisions in aligning to the vision and strategy 2. Plan in place to deliver briefings to frontline staff 3. Bespoke engagement sessions to frontline staff at ward/departments by CEO 4. Continue monitoring of membership database to maintain minimum membership levels as required

Risk Register Links (all listed below)		
Link to Significant Risks	Link to Corporate Risks	Link to other BAF Objectives
• CS0275		• Q1 • Q2 • W1

F2:	1. Ensure full compliance with NHS Improvement's Provider Licence. 2. Maintain compliance with Risk Assessment Framework, Continuity of Services. 3. Deliver the Commissioner Contractual requirements.

Principal Risk
1. NHS Improvement will intervene due to a failure to maintain financial stability as a result of not delivering the required surplus which may impact on the Trust's license

Initial Rating			Current Rating			Target Rating		
Consequence	Likelihood	Risk Rating	Consequence	Likelihood	Risk Rating	Consequence	Likelihood	Risk Rating
4	5	20	4	3	12	4	2	8

Initial Date	Date of Update	Target Date / Review Date	Link To CQC Outcomes	Accountable Executive	Responsible Manager	Board Committee	Delegated Committee
01/04/2013	07/12/2016	Review Date March 2017	CQC – All	Director of Finance and Planning	Deputy Director of Finance & Head of Business Intelligence	Board of Directors	Performance & Finance Committee

Key Controls / Assurances Established	Gaps In Controls	Potential Assurances On Controls (I) = Internal € = External & Include Due Date	Positive Assurances On Controls (I) = Internal € = External & Include Due Date	Gaps In Assurances On Controls	Risk Appetite (Treat Or Accept) & Action Plan (If Required)
1. Annual plan and budget delegated to Divisions 2. Identified CIP schemes 3. Monthly meetings with Divisional accountants 4. Monthly finance and activity review meetings 5. Performance reporting system 6. DPR process 7. Job descriptions contain financial responsibilities 8. Training for budget managers 9. Monthly financial reports 10. Contracted Divisional targets monitored monthly 11. Weekly performance meetings 12. CCG Contract 13. CQuINS/Quality Schedule 14. Non-essential spend directive issued across Trust 15. Contract in place with Commissioners 16. Monthly Performance Report	1. High levels of medically fit for discharge affecting patient flow in the Emergency Department 2. Slippage on recruitment to deliver schemes (e.g. anaesthetics, general surgery, orthopaedics, bowel screening) 3. Failure to deliver efficiencies in theatres 4. Increased agency spend – medical and nursing 5. Sustainable ED performance solution 6. Loss of elective surgery activity due to emergency admissions and resulting medical outliers 7. Continued outsourcing of MR, CT and Gastroenterology activity 8. No winter resilience funding identified 9. Long term health economy plan 10. Lack of appropriate information to undergo due diligence in relation to the acquisition of Community Services in East Cheshire	1. Monthly Performance Reports (I) 2. Internal audit programme (E) 3. Annual plan (I) 4. Performance & Finance Committee action points and papers (monthly) 5. NHS Improvement approval of Community Services in East Cheshire acquisition	1. NHS Improvement - quarterly reports (E) 2. External audit of accounts (E) 3. Forward plan submitted to NHS Improvement (E) 4. Feedback from NHS Improvement investigation into Trust financial position (E) 5. Trust notified of efficiency requirement for 2016/17 being less than expected as a result of comprehensive spending review (I/E) 6. NHS Improvement will support working capital facility to support cash flow 6. Trust accepted financial controls in agreed plan 7. CQUIN Schemes agreed and in place 8. STF funding via annual plan agreed by NHS Improvement 9. RTT currently on track	1. Month 8 RTT and 4 hourly performance behind trajectory 2. In dispute with Commissioners over value of contract	Treat 1. Three major transformational projects: a. Access and Flow b. Surgical Transformation c. OPD utilisation remains ongoing. 2. Continued awareness of changing national priorities 3. Connecting care board to develop integrated community teams – October 2015. 4. Pilot with NHS Improvement to understand all agency spend – commenced September 2015 and ongoing 5. Continue to work towards the STP

Risk Register Links (all listed below)		
Link to Significant Risks	Link to Corporate Risks	Link to other BAF Objectives
• CS0311 • CS0236 • CS0327 • EC0265 • EC0346		• Q1 • Q2 • F3

F3:	Ensure that the leadership, management and governance of the Trust, assures delivery of high quality care, supports learning and innovation and promotes an open and fair culture in line with the Trusts vision and values.

Principal Risk

1. There is a risk that we do not provide effective leadership at every level due to:
   - lack of capacity
   - lack of capability
   - failure to recruit
   - lack of talent management and succession planning
   - inappropriate leadership style
   - lack of clarity over chain of responsibility and accountability regarding leadership expectations
   - competing priorities
   - inappropriate culture

resulting in inability to deliver strategic objectives, lack of credibility with staff, stakeholders and regulators, poor team working

3.

Initial Rating			Current Rating			Target Rating		
Consequence	Likelihood	Risk Rating	Consequence	Likelihood	Risk Rating	Consequence	Likelihood	Risk Rating
4	4	16	4	2	8	4	1	4

Initial Date	Date of Update	Target Date / Review Date	Link To CQC Outcomes	Accountable Executive	Responsible Manager	Board Committee	Delegated Committee
01/07/2010	15/12/2016	Review Date March 2017	CQC – 3, 15	Director of Workforce and OD	Head of Organisational Development	Transformation and People Committee	Executive Workforce Assurance Group

Key Controls / Assurances Established	Gaps In Controls	Potential Assurances On Controls (I) = Internal (E) = External & Include Due Date	Positive Assurances On Controls (I) = Internal (E) = External & Include Due Date	Gaps In Assurances On Controls	Risk Appetite (Treat Or Accept) & Action Plan (If Required)
1. Coaching framework in place 2. Clinical Leaders Development Programme 3. Consultant Foundation Programme 4. Other levels of management programmes in place 5. KSF /appraisal system established and reviewed 6. Supervision and CPD framework is included as part of the coaching framework 7. Board development programme in place 8. Talent Management Strategy 9. Horizon scanning, agility and ability to respond 10. People and Organisational Development Strategy 2016-2018 11. Employment policies and procedures re leadership and capability 12. 3 yearly cycle of Disclosure & Barring Service checks being piloted	None	1. Quarterly Executive Workforce Assurance Group action points & papers (I) 2. Team coaching implemented (I) 3. Quality Improvement Training for 60 members of frontline staff 2014/2015 - provided by AQuA. (I/E) 4. EDS reviews completed October 2014(I) 5. Regional Streamlining project commenced across the North West	1. National Staff Survey 2015/2016 demonstrated improvements (E) 2. Staff accepted onto national leadership programmes (E) 3. CQC Comprehensive Inspection - Good Rating October 2014 (E) 4. IIP reaccreditation achieved – July 2015 5. Transformation & People Committee established in November 2015 6. 2nd Cohort of MCHFT coaches completed Foundation Certificate – October 2015 7. Development of People and OD Strategy approved by Board of Directors 8. MCHFT is part of a regional pilot (E) 9. Lead Partner on successful bid for Talent Management Funding for Cheshire and Wirral	None.	Treat 1. Supporting Divisions with service changes through OD, Coaching and Programme Management arrangements 2. Executive Workforce Assurance Group to support the key ambitions in line with the People and OD Strategy

Risk Register Links (all listed below)		
Link to Significant Risks	Link to Corporate Risks	Link to other BAF Objectives
		• Q1 • Q2 • F1 • F2 • W1

F4:	**Maximise the opportunities and advantages associated with horizontal integration, acknowledging and responding to:** • **National and regional agenda's** • **Favourable economies of scale** • **Increased market share** • **Reduction in costs** • **Sustainable clinical services** • **Align strategy to commissioner requirements**

Principal Risk

1. There is a risk that we do not develop effective external partnerships and alliances due to:
   - failure to engage effectively with potential partners
   - failure to influence and lead the development of the local health economy
   - inadequate pace and scale of change
   - insufficient capacity and capability

resulting in loss of market share, loss of staff, failure to improve the health of the local population and reduce the gap in health inequalities, failure to develop new care pathways, failure to achieve long term clinical and financial sustainability and viability

Initial Rating			Current Rating			Target Rating		
Consequence	Likelihood	Risk Rating	Consequence	Likelihood	Risk Rating	Consequence	Likelihood	Risk Rating
5	5	**25**	2	5	**10**	2	5	**10**

Initial Date	Date of Update	Target Date / Review Date	Link To CQC Outcomes	Accountable Executive	Responsible Manager	Board Committee	Delegated Committee
01/05/2011	06/12/2016	Review Date March 2017	CQC - all	Chief Executive Officer	Chief Operating Officer	Board of Directors	MCHFT/UHNM Programme Management Board

Key Controls / Assurances Established	Gaps In Controls	Potential Assurances On Controls (I) = Internal (E) = External & Include Due Date	Positive Assurances On Controls (I) = Internal (E) = External & Include Due Date	Gaps In Assurances On Controls	Risk Appetite (Treat Or Accept) & Action Plan (If Required)
1. Delivery of transformational and change agendas 2. Trust and Clinical Services Strategies 3. Joint Virtual Programme Management Office 4. Successful partnerships/collaborations 5. MCHFT/UHNM Programme Management Board 6. MCHFT/UHNM Board to Board – 6 monthly 7. Shared elective work with UHNM 8. Stroke Pathway approved and implementation planned for 4th July 2016 9. Work ongoing with 4 District General Hospitals to review back and middle office support functions.	1. Time and resources to deliver 2. Pace – Commissioner and network engagement 3. Challenge from other provider organisations 4. Engagement with Overview and Scrutiny Committee 5. Local delivery plans and Sustainability & Transformation Plan (STP) not currently finalised	1. BIU to support delivery (I) 2. Dedicated senior management support in place (with backfill) (I) 3. Programme Management Board action points and papers (I) 4. MCHFT/UHNM Board to Board minutes and papers (I/E)	1 Ongoing rolling programme of Service Line Reviews (I) 2. Current operational and financial delivery (I) 3. Internal/external audit opinion (I/E) 4. Revised Programme Governance arrangements in place 2.3.15 (I/E) 5. 5 year plan approved by Board of Directors 2.3.15 (I/E) 5. Tender successfully approved for the Gynaecology Oncology Pathway to be moved to UHNM (I/E) 6. CEO Formal member of Cheshire East Health and Well Being Board (HWBB) and Cheshire West and Chester HWBB (E) 7. Increased focus on awareness training on Stronger Together programme e.g. CCG governing bodies (HWBB) (I/E) 8. Cheshire & Wirral Chief Executives weekly meeting	1. Tender successfully approved for the Gynaecology Oncology Pathway to be moved to UHNM (I/E). However due to lack of Oncologists this did not progress. 2. Work steam around Cancer Services is therefore at risk, although discussions continue around Breast Screening and Symptomatic breast.	Treat 1. UHNM work programme – monitoring delivery 2. Continued awareness of changing national priorities

Risk Register Links (all listed below)

Link to Significant Risks	Link to Corporate Risks	Link to other BAF Objectives
• CS0328 • CS0347		• Q1 • Q2 • F2 • F3 • W1

F5:	**Maximise opportunities to integrate services to provide optimised quality care in the most appropriate setting according to patient need taking into account:** • **National agenda's e.g. 5 Year Forward View and The Dalton Review** • **Changes to the political landscape** • **Explore new models of care**

Principal Risk

1. There is a risk that we do not develop effective external partnerships and alliances due to:
   - failure to engage effectively with potential partners
   - failure to influence the development of the local health economy
   - inadequate pace and scale of change
   - insufficient capacity and capability

resulting in loss of market share, loss of staff, failure to improve the health of the local population and reduce the gap in health inequalities, failure to develop new care pathways, failure to achieve long term stability and viability

Initial Rating			Current Rating			Target Rating		
Consequence	Likelihood	Risk Rating	Consequence	Likelihood	Risk Rating	Consequence	Likelihood	Risk Rating
5	5	25	5	3	15	5	2	10

Initial Date	Date of Update	Target Date / Review Date	Link To CQC Outcomes	Accountable Executive	Responsible Manager	Board Committee	Delegated Committee
01/04/2015	06/12/2016	Review Date March 2017	CQC - 6	Chief Operating Officer	Chief Operating Officer	Board of Directors	Transformation and People Committee

Key Controls / Assurances Established	Gaps In Controls	Potential Assurances On Controls (I) = Internal (E) = External & Include Due Date	Positive Assurances On Controls (I) = Internal (E) = External & Include Due Date	Gaps In Assurances On Controls	Risk Appetite (Treat Or Accept) & Action Plan (If Required)
1. Regular formal meetings with partners (e.g. CCG Transformation & Priority Projects team) 2. Executives are closely aligned to the work of Connecting Care Board 3. Clinical Services Strategy 4. CEO has regular meetings with MPs and local Councillors 5. CEO attends Cavendish Group 6. GP engagement 7. Attendance by invite to local Healthwatch/OSC 8. Horizon scanning, agility and ability to respond 9. Understand and respond to the opportunities that may arise from the Five Year Forward View 2014. 10. Awarded in partnership with CWP & GP Alliance full contact for community services for South Cheshire & Vale Royal	1. A local health economy strategy needs to be developed with all partners	1. Fortnightly Executive Management Board (I) 2. Quarterly Clinical Services Strategy updates presented to the Board of Directors (I)	1. Connecting Care Steering Board (E) 2. NHS Improvement Risk Assessment Framework (E) 3. CCICP Task and Finish Groups(I) 4. Transformation and People Committee established - November 2015 with workplans reviewing controls and assurances(I)	1. Full cost benefit analysis of each of the potential partnerships 2. Clear business cases / risk assessments on services 3. Contract disputes with Commissioners impacting on uncertainty of service continuity	Treat Internal: 1. Programme Management transformation agenda 2. Social Services undertaking a local health economy community bed model review

Risk Register Links (all listed below)		
Link to Significant Risks	**Link to Corporate Risks**	**Link to other BAF Objectives**
		• Q1 • Q2 • F1 • F3 • W1

Strategic Domain: Organisational Delivery

D1: Maintain compliance with NHS Improvement's Risk Assessment Framework in the delivery of national targets and standards

Principal Risk

1. NHS Improvement will intervene due to a red governance as a result of a failure to deliver national targets and standards which may impact on the Trust's license

Initial Rating			Current Rating			Target Rating		
Consequence	Likelihood	Risk Rating	Consequence	Likelihood	Risk Rating	Consequence	Likelihood	Risk Rating
4	5	20	4	4	16	4	2	8

Initial Date	Date of Update	Target Date / Review Date	Link To CQC Outcomes	Accountable Executive	Responsible Manager	Board Committee	Delegated Committee
01/07/2010	06/12/2016	Review Date March 2017	CQC - All	Chief Operating Officer	Deputy Chief Operating Officer	Board of Directors	Performance and Finance Committee

Key Controls / Assurances Established	Gaps In Controls	Potential Assurances On Controls (I) = Internal (E) = External & Include Due Date	Positive Assurances On Controls (I) = Internal (E) = External & Include Due Date	Gaps In Assurances On Controls	Risk Appetite (Treat Or Accept) & Action Plan (If Required)
1. Monthly monitoring though PAF committee, CCGs Contract meeting and Board Performance Report 2. DPR process 3. Monthly meeting with DGMs 4. Monthly finance and activity review meetings 5. Quarterly submissions to NHS Improvement 6. Daily monitoring and 3 x daily bed management meetings 7. Escalation Policy 8. Weekly performance review meeting 9. Breach analysis weekly 10. Access and Flow Transformation Programme 11. Review of all performance targets and standards. 12. Regular dialogue with NHS Improvement and the CCGs 13. Horizon scanning, agility and ability to respond 14. 18/52 Task and Finish group and action plan 15. Quarterly elective capacity and demand internal meetings	1. External influences on medically fit for discharge patients 2. Insufficient community capacity 3. Failure to deliver sustainable GP Out of Hours Service 4. Increased referrals (C 7%) above plan at end of Month	1. DPR process action points (I) 2. Monthly Performance & Finance Committee action points and reports (I) 3. Internal audit programme around data quality (E) 4. Issues escalated at CCGs Contract meeting (I) 5. Timely dashboard information (I) 6. Theatre KPI's agreed and action plan in place (I) 7. Access and Flow transformation Board KPI`s agreed (I)	1. Monthly Regional Cancer Board (E) 2. Annual CQC Registration (E) 3. Hospital pressure reports from NWAS (E) 4. Agreed Reallocation Policy across the Cancer Network (E) 5. Weekly Emergency Department national benchmarking (E)	1. ED action plan delivery unassured 2. Workforce gaps impact on opening winter beds 3. Additional activity over and above non elective and Emergency Department plan	Treat 1. Regular monitoring of information and plans at Divisional level - ongoing 2. Partnership working - communication and agreeing action plans to support compliance - ongoing 3. Implementation of Escalation Plan at times of high NEL activity 4. Use of external providers, locums and waiting list initiatives as required

Risk Register Links (all listed below)

Link to Significant Risks	Link to Corporate Risks	Link to other BAF Objectives
• CS0275 • DC0923 • EC0287 • EC0331 • CS0325		• Q1 • Q2 • F2 • W1

D2:	**Maximise operational delivery of all services and ensure the delivery of optimum efficiency and productivity from the transformation projects:** **a) Access and flow** **b) Surgical transformation** **c) OPD utilisation**

Principal Risk
1. There is a risk that we fail to respond to the challenges posed by the current and prospective environment within which we work due to: • lack of clear sense of strategic direction • inadequate pace and scale of change • insufficient capability and capacity resulting in failure to redesign services to meet service needs, failure to utilise resources effectively and reduce costs, failure to develop new care pathways, failure to achieve long term stability and viability

Initial Rating			Current Rating			Target Rating		
Consequence	**Likelihood**	**Risk Rating**	**Consequence**	**Likelihood**	**Risk Rating**	**Consequence**	**Likelihood**	**Risk Rating**
4	5	**20**	4	3	**12**	4	2	**8**

Initial Date	Date of Update	Target Date / Review Date	Link To CQC Outcomes	Accountable Executive	Responsible Manager	Board Committee	Delegated Committee
01/12/2010	06/12/2016	Review Date March 2017	CQC – All	Chief Operating Officer	Project Leads	Transformation and People Committee	Executive Transformation Steering Group

Key Controls / Assurances Established	Gaps In Controls	Potential Assurances On Controls (I) = Internal € = External & Include Due Date	Positive Assurances On Controls (I) = Internal € = External & Include Due Date	Gaps In Assurances On Controls	Risk Appetite (Treat Or Accept) & Action Plan (If Required)
1. Project Board 2. Transformation and People Committee oversight of transformation programme 3. Horizon scanning, agility and ability to respond 4. Project managers in post 5. Capital programme for Theatres and SAL complete	1. Workforce gaps in key specialities 2. Understanding demographics for future non elective and elective demand 3. Limited capacity to flex sufficiently to respond in a timely manner 4. Robust workforce plan and recruitment strategy 5. Effective Primary Care demand management	1. Transformation & Performance Committee action points & papers (I) 2. Performance weekly meetings (I) 3. Project Board action points and papers (I)	1. Year 2 target achieved in OPD utilisation 2015/2016 (I) 2. Improvement trajectory agreed in theatre productivity (I) 3. Access and flow have performed well in terms of medical outliers and no opening of escalation beds 4. Monitoring of the overall impact of transformation projects (I) 5. Interdependences and risks for the programmes are understood at a strategic level (I) 6. Transformation and People Committee (TAP) with workplans reviewing controls and assurances(I) 7. Executive Transformation Steering Group reports to TAP	1. Additional activity over and above non elective and Emergency Department plan 2. Risk of Junior doctors strike on elective admissions	Treat 1. Ongoing service transformation projects a. Access and Flow b. Surgical transformation c. OPD Utilisation .

Risk Register Links (all listed below)		
Link to Significant Risks	**Link to Corporate Risks**	**Link to other BAF Objectives**
		• Q1 • Q2 • F1 • F3 • W1

Strategic Domain: Workforce Development & Effectiveness

W1:	Ensure that the Trust has a fit for purpose workforce which is a) Appropriately qualified and trained through supported continuous professional development b) Through the correct skill mix and staffing levels c) Developed for the future through workforce remodelling

Principal Risk

1. There is a risk that we will fail to embed a culture of excellence due to:
   - difficulty in recruiting high quality staff in some areas
   - difficulty in retaining high quality staff in some areas
   - low levels of staff satisfaction and engagement in Trust priorities
   - inappropriate behaviours
   - non-compliance with systems and processes
   - ineffective training and development

resulting in inadequate staffing levels, lack of engaged staff, high agency and locum costs, demotivated staff and an inability to deliver safe services

Initial Rating			Current Rating			Target Rating		
Consequence	Likelihood	Risk Rating	Consequence	Likelihood	Risk Rating	Consequence	Likelihood	Risk Rating
5	5	25	5	4	20	5	2	10

Initial Date	Date of Update	Target Date / Review Date	Link To CQC Outcomes	Accountable Executive	Responsible Manager	Board Committee	Delegated Committee
01/07/2010	15/12/2016	Review Date March 2017	CQC – 12, 13, 14	Director of Workforce & OD	Head of Human Resources	Transformation and People Committee	Executive Workforce Assurance Group

Key Controls / Assurances Established	Gaps In Controls	Potential Assurances On Controls (I) = Internal (E) = External & Include Due Date	Positive Assurances On Controls (I) = Internal (E) = External & Include Due Date	Gaps In Assurances On Controls	Risk Appetite (Treat Or Accept) & Action Plan (If Required)
1. Annual Workforce planning process and Clinical Services Strategy 2. Executive Workforce Assurance Group 3. Divisional Workforce Groups 4. Sub regional workforce planning and development network 5. Training needs analysis in place 6. Education Governance Framework 7. Transformation and People Committee 8. Divisional Objectives 9. Staff Survey results and action planning 10. Horizon scanning, agility and ability to respond 11. Recruitment Policies 12. Statutory / mandatory training monitoring 13. DPR process 14. Professional registration checking and monitoring 15. 3 yearly cycle of Disclosure & Barring Service checks being piloted	1. Financial constraints 2. Health Education England (NW) allocation of junior medical staff resulting in gaps in rotas	1. DPR process action points (I) 2. Quarterly Executive Workforce Assurance Group action points and reports (I) 3. Feedback from networks (E) 4. Quarterly Learning and Development Forum action points and reports (I) 5. Education Governance Framework (I) 6. Quarterly Clinical Services Strategy feedback (I) 7. Nursing & Midwifery Workforce Development Group (I) 8. Nursing / patient acuity model (I) 9. Monthly corporate workforce performance group action points and papers (I) 10. Risk assessment developed related to potential changes to Foundation Doctor allocation September 2015 (I) 11. Annual workforce plan submitted to HEE – July 2015 (E) 12. HR Business Partner model embedded – September 2015 (I) 13. First Care Pilot 14. Regional Streamlining project commenced across the North West	1. Borders Agency visits (E) 2. Health Education England (NW) visits (E) 3. Chester College visits (E) 4. EWIN (AQUA) (E) 5. Internal audit mandatory report (I) 6. Completion of Annual Organisational Audit around revalidation (E) 7. National Staff Survey (E) 8. International recruitment events (I) 9. Transformation & People Committee with workplans reviewing controls and assurances (I) 10. Workplace planning undertaken and agreed as part of the People and OD Strategy and monitored by Executive Workforce Assurance Group (I) 11. People and OD Strategy (I) 12. Expansion of Bank and weekly pay (I) 13. MCHFT is part of a regional pilot (E) 14. Developing Apprenticeship working (I) 15. Successful Return to Nursing programme - to include two more programmes in 2017/2018 (I)	None	Treat 1. Due to the significant numbers of staff in the age profiles 40-50 years and 50-60 years, work has commenced to review the strategies for succession planning 2. Developing alternative roles i.e. Physicians Associates and Advanced Practitioners in conjunction with HEEN 3. Development of MCHFT People and OD Strategy 4. Temporary staffing project underway to reduce reliance on agency spending 5. Consideration of Internal Leadership Development e.g. Secondment

Risk Register Links (all listed below)

Link to Significant Risks		Link to Corporate Risks	Link to other BAF Objectives	
• CS0275 • CS0311 • DC0887 • EC0287	• EC0331 • EC0265 • EC0346		• Q1 • Q2 • F3 • F4	• F5 • D1 • I2

Strategic Domain: Fit for Purpose Infrastructure

I1: Deliver the clinically prioritised Estate Strategy which is aligned to the Clinical Services Strategy.

Principal Risk

1. There is a risk that our physical infrastructure is not of sufficient standard due to:
   - difficulty in delivering backlog and capital programmes as identified on the estates action plan / risk assessments due to current financial circumstances

resulting in aged and deteriorating physical assets, poor patient experience, assets not being used effectively, high levels of hospital acquired infection, poor staff morale, sub-standard patient care and an inability to transform and modernise services

Initial Rating			Current Rating			Target Rating		
Consequence	Likelihood	Risk Rating	Consequence	Likelihood	Risk Rating	Consequence	Likelihood	Risk Rating
5	5	25	5	4	20	5	2	10

Initial Date	Date of Update	Target Date / Review Date	Link To CQC Outcomes	Accountable Executive	Responsible Manager	Board Committee	Delegated Committee
01/07/2010	06/12/2016	Review Date March 2017	CQC – 10, 11	Chief Executive Officer	Divisional Director of Estates & Facilities	Performance & Finance Committee	Executive Infrastructure Development Group

Key Controls / Assurances Established	Gaps In Controls	Potential Assurances On Controls (I) = Internal (E) = External & Include Due Date	Positive Assurances On Controls (I) = Internal (E) = External & Include Due Date	Gaps In Assurances On Controls	Risk Appetite (Treat Or Accept) & Action Plan (If Required)
1. Performance & Finance Committee & Executive Infrastructure Development Group reviewing infrastructure 2. Estates Strategy reviewed by Estates Strategy Implementation Group 3. Ward refurbishment programme 4. Capital programme expenditure agreed annually 5. Backlog maintenance plans 6. Fire action plan developed and being managed following Cheshire Fire and Rescue Service enforcement notices 7. Monthly fire meetings 8. Timescales on fire action plans agreed 9. Investment priorities formulised 10. Horizon scanning, agility and ability to respond	1. Financial affordability (current annual programme funded) 2. National constraints on capital 3. Backlog maintenance programme 4. Asbestos management	1. Bi-monthly IDC action points and reports (I) 2. Estates Strategy Implementation Group action notes and reports (I) 3. Capital spend agreed by Board of Directors and monitored through the IDC (I) 4. Development Control Plan in place and refreshed as necessary (I) 5. Trust undertaking process of procurement for asbestos consultants (I)	1. New build certification (E) 2. Feedback from Cheshire Fire & Rescue Service (E) 3. Cheshire Fire and Rescue - Enforcement notice 740 closed December 2014 4. CF&R agreement to defer ward refurbishment for 2015/16 due to operational delivery risks 5. Work undertaken on the estate to date has significantly reduced the risk register in relation to fire (I/E)	1. Asbestos management programme 2. Capital approvals to access loans is not yet secured	Treat 1. Reprioritised 5 year Capital Programme 2. Annual review as financial position changes 3. Asbestos management group managing issues relating to asbestos and creation of comprehensive register 4. Continuous monitoring of refurbishment programme

Risk Register Links (all listed below)		
Link to Significant Risks	Link to Corporate Risks	Link to other BAF Objectives
		• Q1 • Q2 • F4 • F5 • I2

I2: Deliver the clinically prioritised Information Technology (IT) Strategy

Principal Risk
1. The risk is the lack of capital funds to implement the Information Management and Technology Strategy will result in: • failure to improve the quality of care and patient safety • poor patient experience • inability to transform and modernise services • delays in completing horizontal and vertical integration • reputational risk

Initial Rating			Current Rating			Target Rating		
Consequence	Likelihood	Risk Rating	Consequence	Likelihood	Risk Rating	Consequence	Likelihood	Risk Rating
4	5	20	4	5	20	4	2	8

Initial Date	Date of Update	Target Date / Review Date	Link To CQC Outcomes	Accountable Executive	Responsible Manager	Board Committee	Delegated Committee
01/07/2010	19/12/2016	Review Date March 2017	CQC – 6, 11	Medical Director	Head of ICT	Performance & Finance Committee	IT Strategy Group

Key Controls / Assurances Established	Gaps In Controls	Potential Assurances On Controls (I) = Internal € = External & Include Due Date	Positive Assurances On Controls (I) = Internal € = External & Include Due Date	Gaps In Assurances On Controls	Risk Appetite (Treat Or Accept) & Action Plan (If Required)
1. IT Strategy Group (ITSG) 2. Protection for main systems and edge equipment 3. Reports generated from managed security devices 4. Revenue and capital costs stringently monitored 5. Contracts with service providers 6. Information Governance Group oversees data security 7. IT roadmap to develop infrastructure in place 8. Information Governance Toolkit 9. Implementation of resilience back up servers (IT continuity) 10. NIMM (Network Infrastructure Maturity Model) 11. Regular milestones incorporated into the IT Strategy 12. SLAs in place with all Divisions	1. Financial affordability 2. The organisational culture to implement and embed the IT Strategy Trust wide and organisational capability to deliver and embed the EPR Solution 3. Capacity within IT Department to deliver the Strategy 4. Lack of local health and social care economy overarching strategy	1. Performance & Finance Committee action notes and reports (I) 2. IT Strategy Group action notes and reports (I) 3. MCHFT part of Cheshire Digital Care Record project (E) 4. MCHFT part of Graphnet Care Centric Clinical Access project with UHNM (E) 5. Refreshed clinical IT strategy approved by Board of Directors in Feb 2016 6. Cheshire and Mersey IT STP Group 7. Local Delivery Systems Group 8. Cheshire Digital Design Authority Group 9. Potential Fast Follower funding	1. IG Toolkit (E) 2. National Infrastructure Maturity Model Level 3 (E) 3. EMIS (E) 4. Engagement with CCGs in developing local health economy digital roadmap by end of June 2016 5. Refreshed IT Strategy approved by Board of Directors Feb 2016 (I) 6. Desktop exercise conducted with PAA Consulting who confirmed IT infrastructure can support electronic patient record (EPR) 7. Cerner trip to USA confirmed that Cerner Millennium would be a good clinical system choice should it be affordable. The solution may be made affordable if the Trust is accepted on to the GDE Fast Follower Programme and maximises on collaboration and opts for a shared solution. 8. Strong relationship with MCHFT IT Lead and CCG IT Lead	1. Independent review of the capability of the Trust's IT infrastructure to support a EPR	Treat 1. Voice over IP business case approved by Board of Directors with solution to be implemented by April 2017 2. Options paper around EDMS / Clinical Portal was presented to the ITSG in Oct 2016. Business case to ITSG in February 2017 3. E Rostering business case approved by ITSG and PAF in December 2016. To be presented at BOD in January 2017 4. Email business case approved by ITSG and PAF in December 2016. To be presented at BOD in January 2017 5. 5 high impact standalone IT solutions prioritised by Divisions / ITSG

Risk Register Links (all listed below)		
Link to Significant Risks	Link to Corporate Risks	Link to other BAF Objectives
• CS0326		• Q1 • Q2 • F4 • F5 • D2 • E1

Strategic Domain: Emergency Preparedness

E1: Ensure that the Trust has robust Emergency Preparedness and Business Continuity Management Plans in place across all Divisions and services in line with NHS England EPRR requirements

Principal Risk

1. There is a risk that the Trust is not adequately prepared for a major incident / Business Continuity incident due to:
   - Lack of robust Corporate and Divisional Business Continuity Plans for identified critical services
   - Gaps in staff training
   - Non-compliance with local and national requirements

resulting in service disruption, poor patient experience and patient safety, loss of income, reputational impact and regulatory intervention

Initial Rating			Current Rating			Target Rating		
Consequence	Likelihood	Risk Rating	Consequence	Likelihood	Risk Rating	Consequence	Likelihood	Risk Rating
5	5	25	5	3	15	5	2	10

Initial Date	Date of Update	Target Date / Review Date	Link To CQC Outcomes	Accountable Executive	Responsible Manager	Board Committee	Delegated Committee
01/07/2010	16/12/2016	Review Date March 2017	CQC - 6	Medical Director	Governance Lead	Executive Quality Governance Group	Operational Safety and Effectiveness Group

Key Controls / Assurances Established	Gaps In Controls	Potential Assurances On Controls (I) = Internal (E) = External & Include Due Date	Positive Assurances On Controls (I) = Internal (E) = External & Include Due Date	Gaps In Assurances On Controls	Risk Appetite (Treat Or Accept) & Action Plan (If Required)
1. Business Continuity Plan & Major Incident Plan approved March 2016 2. Validation of Major Incident Plan through exercises 3. Additional corporate staff trained in emergency planning 4. Emergency Preparedness Group 5. Local Health Resilience Partnership (LHRP) representation at Executive and Practitioner level 6. Standard BCP template compliant with international standards 22301	None	1. Bi-monthly Emergency Preparedness Group action points and reports (I) 2. Quarterly LHRP action points and reports (E) 3. Feedback from validation exercises (I) 4. CBRN emergency response plan approved May 2016 (I)	1. NHS England EPRR Core Standards. Submitted fully compliant September 2016 (I) 2. Trust Evacuation Plan approved May 2015 (I/E) 3. Major Incident Live Exercise – multi agency feedback very positive (E) July 2015 4. Departmental/Service BCP's now in place (I) 5. Strategic Business Continuity Plan developed and in place (I) 6. External NWAS Decontamination training for ED staff completed. In house trainers will continue to train staff (I/E) 7. Mandated Pandemic Flu desktop exercise in March 2016 (I) 8. Review of EPRR processes to give assurance to NHS England following Paris attacks – March 2016	1. Lack of robust Emergency Preparedness and Business Continuity plans for Community Services 2. Lack of Emergency Preparedness training for Community Services staff	Treat 1. Major Incident training – rolling programme 2. Business Continuity desktop exercises to be conducted through the year 3. Continue to roll out loggist training for major emergency process

Risk Register Links (all listed below)		
Link to Significant Risks	Link to Corporate Risks	Link to other BAF Objectives
		• Q2 • F1

Mid Cheshire Hospitals NHS
NHS Foundation Trust

Title of Paper :	Top Five Organisational Risks	
Author:	Head of Integrated Governance	
Executive Lead:	Medical Director / Deputy Chief Executive	
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:	Outlines the top 5 organisational risks, their risk rating, link to the Board Assurance Framework and other risks on the Trust Corporate Risk Register
Risk:	Adequate monitoring of controls and mitigation risks

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	**N/A**
Presented at Board Meeting of:	6 February 2017

Top Five Organisational Risks

Mid Cheshire Hospitals NHS Foundation Trust's Annual Governance Statement 2016/2017 outlined the major risks to the organisation. The table below outlines the top five organisational risks, risk rating and their link to the Board Assurance Framework.

Table 1

The risk is:	Risk Rating	Link to Board Assurance Framework
The financial sustainability of MCHFT	25	• F2 • Q2
Not delivering high quality clinical care 7 days per week	20	• W1 • Q1 • Q2 • F1 • D1
The operational sustainability of MCHFT	20	• Q2 • D1
Non-delivery of the IT Strategy	20	• Q2 • I2
Acquisition of East Cheshire Community Services	20	• Q1 • Q2 • F1 • W1 • D1

Each risk assessment details the following:

- Controls in place to mitigate the risk
- Action plan to address the gaps in control with a target date for completion
- Where applicable links to other risks on the risk register

Division	Number	Title	Links on the Risk Register	Risk Rating	Current Score	Target Score	Next Review Date	Owner
Corporate Services	CS0327	Financial Sustainability of Mid Cheshire Hospitals NHS Foundation Trust	CS0275 – Not delivering high quality clinical care 7 days per week	Extreme Risk	25	15	22/12/2016	Director of Finance
Corporate Services	CS0275	Not delivering high quality clinical care 7 days per week	CS0311 – Loss of Foundation Doctor Posts to Mid Cheshire Hospitals NHS Foundation Trust CS0325 – Operational Sustainability of Mid Cheshire Hospitals NHS Foundation Trust CS0326 – Risk to the Trust of not delivering the IT Strategy CS0328 – Sustainability of vulnerable clinical services EC0329 – Delivery of the 4 hour standard EC0287 – Risks associated with insufficient numbers of junior doctors across the ECD Division EC0331 – Vacancies in a number of difficult to recruit Consultant posts within the Division EC0346 – Gastroenterology Service Provision at MCHFT	Extreme Risk	20	5	09/01/2017	Medical Director
Corporate Services	CS0325	Operational Sustainability of Mid Cheshire Hospitals NHS Foundation Trust	CS0275 – Not delivering high quality clinical care 7 days per week CS0327 – Financial Sustainability of Mid Cheshire Hospitals NHS Foundation Trust CS0328 – Sustainability of vulnerable clinical services DC0887 – Consultant Histopathologist Capacity DC0923 - Dermatology Service Provision EC0329 – Delivery of the 4 hour standard EC0346 – Gastroenterology Service Provision at MCHFT SC0569 – Insufficient staffing within Inpatient locations CS0284 - Recruitment to the number of Nursing Vacancies across MCHFT	Extreme Risk	20	15	28/03/2017	Chief Operating Officer
Corporate Services	CS0326	Risk to the Trust of not delivering the IT Strategy	CS0275 – Not delivering high quality clinical care 7 days per week CS0297 - Risks to the Continuity of MCHFT Critical Functions identified by the ICT Department	Extreme Risk	20	8	02/01/2017	Head of ICT
Corporate Services	CS0347	Acquisition of East Cheshire Community Services	CS0327 – Financial Sustainability of Mid Cheshire Hospitals NHS Foundation Trust CS0275 – Not delivering high quality clinical care 7 days per week CS0325 – Operational Sustainability of Mid Cheshire Hospitals NHS Foundation Trust	Extreme Risk	20	15	28/01/2017	Chief Operating Officer