

A G E N D A
Board of Directors
A meeting will be held in Public at
9.30am on Monday, 3 April 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. <i>(to note)</i>	I	Deputy Chair 09.30	-
2.	Patient or Staff Story <i>(to note)</i>	I	Director of Nursing & Quality 09.32	-
3.	Board Members' Interests <i>(to note)</i> To consider any <ul style="list-style-type: none"> Changes to Directors' interests since the last meeting Conflicts of interest deriving from this agenda 	I	Deputy Chair 09.40	-
4.	Minutes of the Last Meeting To approve the minutes of the Board of Directors meeting held in Public on Monday, 6 March 2017 <i>(attached) (to approve)</i>	A	Deputy Chair 09.42	-
5.	Matters Arising and Action Log <i>(attached) (to approve)</i>	A	Deputy Chair 09.45	-
6.	Annual Work Programme 2017/18 Work Programme <i>(attached) (to approve)</i>	I/A	Deputy Chair 09.47	-
7.	Chairman's Announcements <i>(to note a verbal report)</i> <p>7.1 Chairman's Action: 7.1.1 Working Capital Facility 7.1.2 Email Provision Business Case</p> <p>7.2 Board Committee Reviews 7.3 NED Appraisals 7.4 CCICP Board to Board</p>	I	Deputy Chair 09.50	-
8.	Governors' Items <i>(to note a verbal report)</i> <p>8.1 Governor Election results <i>(attached) (to note)</i> 8.2 Lead Governor</p>	I	Deputy Chair 10.00	-
9.	Chief Executive's Report <i>(to note a verbal report)</i> <p>9.1 Expert Determination 9.2 System-wide Support 9.3 Spring Budget 9.4 Cheshire & Merseyside 5 Year Forward Plan</p>	I	Chief Executive 10.10	-
10.	CARING 10.1 Quality, Safety & Experience Report <i>(attached) (to note)</i>	I/D	Director of Nursing & Quality 10.30	-

Item No	Title of Item	Action	Led by	Page No
11.	SAFE			
11.1	Draft Quality Governance Committee notes from the meeting held on 13 March 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	-
11.3	Endoscopy Business Case (attached) (to approve)	D/A	Chief Operating Officer 10.55	-
12.	RESPONSIVE			
12.1	Performance Report (to follow) (to note)	I/D	Director of Finance 11.05	-
12.2	Draft Performance & Finance Committee notes from the meeting held on 24 March 2017 (to follow) (to note)	I	Committee Chair 11.15	-
12.3	Legal Advice (verbal) (to note)	I	Chief Executive 11.20	-
13.	WELL-LED			
13.1	External Well Led Framework Review (verbal)	I/D	Chief Executive 11.25	-
13.2	Audit Committee notes from the meeting held on 13 March 2017 (attached) (to approve)	D/A	Deputy Chief Executive/ Medical Director 11.30	-
13.3	Transformation and People Committee update (verbal) (to note)	I	Committee Chair 11.35	-
13.4	Visits of Accreditation, Inspection or Investigation (verbal) (to note)	I	Chief Executive 11.37	-
13.5	Annual Review of Board Committees (to follow) (to note)	I	Chief Executive 11.37	-
14.	EFFECTIVE			
14.1	Consultant Appointments (verbal) (to note)	I	Deputy Chief Executive/ Medical Director 11.40	-
15.	Any Other Business (verbal)	I/A/D	Deputy Chair	
16.	Time, Date and Place of Next Meeting			
	The next meeting of the Board of Directors will take place in public, in the Board Room at Leighton Hospital, 9.30am on Tuesday, 2 May 2017.	I	Deputy Chair	

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
17/01/12.1.6	09/01/2017	Review of the acquisition of CCICP and any remaining risks.	D Frodsham		Following end of year	May	Open
	06/02/2017		M Oldham	06/03/2016	Mr Oldham has checked the changes, Chairman to approve through Chairman's actions	March	Open
17/02/15.1		Email Provision business case to be reviewed by Mr Davis and then approved by the Chairman under Chairman's Actions					
17/03/7.3.2	06/03/2017	Board Development Proposal to be circulated to the Board	T Bullock	10/03/2017		April	Open
17/03/13.2.1	06/03/2017	Simulation training session to be arranged for NEDs and Governors to observe	K Dowson	03/04/2017		April	Open

Board of Directors Workplan

2017 /18

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					

Title of Paper :	Governor Election Results		
Author:	Katharine Dowson		
Executive Lead:	Tracy Bullock		
Type of Report:	Concept Paper		
	Strategic Options Paper		
	Business Case		
	Information	X	
	Review/Benefits/Audit		
Link to Strategic Objectives:		Link to Domain:	
Quality, Safety & Experience		Safe	
Strong Progressive FT		X	Effective
Organisational Delivery			Caring
Workforce Development & Effectiveness			Responsive
Fit for Purpose Infrastructure		Well-Led	X
Emergency Preparedness			
Link to Board Responsibility:			
Performance			
Accountability			X
Strategy			
Implementation			
Action Required:			
Decide			
Approve			
Note			X
Recommend			
Delegate			
Positive Benefit:	Full complement of Council of Governors in place ensures compliance with the Trust constitution and governance		
Risk:			
To be published on Trust Website –complete version		Y (delete as appropriate)	
If no, to be published on Trust Website – redacted		Y/N (delete as appropriate)	
If not to be published complete or redacted, please detail the reason why			
Presented at Board Meeting of:	3 April 2017		

Governor Elections 2017

There were 12 vacancies to be elected to on the Council of Governors in 2017 due to the retirement of current Governors, some of whom had served the maximum three terms of office.

In three constituencies only one nomination was received and therefore these candidates were confirmed in place without election:

Congleton: Mrs Janet Ollier (elected for a second term)

Clinical Support Staff: Mr John Osuagwu

CCICP (temporary post to September 2018): Mr Richard Sutton

As no nominations were received in the category of Other Professionally Qualified Staff, Mr Richard Sutton who is an Occupational Therapist has agreed to represent this constituency in addition to CCICP.

The following constituencies were subject to election:

Crewe and Nantwich - all Governor posts (4 vacancies)

Mrs Barbara Beadle (elected for a third term)

Mrs Janet Roach (elected for a second term)

Mrs Glynda Alasadi

Mr Adrian Lindop

Vale Royal - 2 vacancies of four posts

Mr Mark Parry

Mr Tim Ashcroft

Patient & Carers - 3 vacancies of six posts

Mr Bill Cowan

Mr Dennis Fricker

Mrs Maureen Leverington

Staff – Registered Volunteers – 1 vacancy

Mrs Helen Piddock-Jones

Staff – Medical and Dental Practitioners - 1 vacancy

No nominations were received by the deadline however interest was subsequently received from four doctors and two proceeded to election. This is taking place now, with results expected on April 19 2017.

Once the last election is concluded all Governor places will be filled with the exception of the Partnership Governor of Manchester Metropolitan University where the nominated candidate is waiting to be formally confirmed.

Board Report April 2017

Quality: Safety and Experience

(February 2017 data)

This report provides an overview of performance relating to safety and experience in February 2017.

Key messages for February are:

- There were two serious incidents reported in month.
- The Trust's HSMR is 110.59.
- The Trust SHMI is currently 1.01 for the period July 2015 – June 2016.
- No MRSA Bacteraemia cases have been reported in month.
- No avoidable Clostridium Difficile cases have been reported in month.
- 10 complaints were received in month.
- The Trust's NHS Choices Star rating is currently 5 stars for Victoria Infirmary, and 4.5 stars for Leighton Hospital.

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

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

Quality & Safety Section:

Description

Aggregate Position

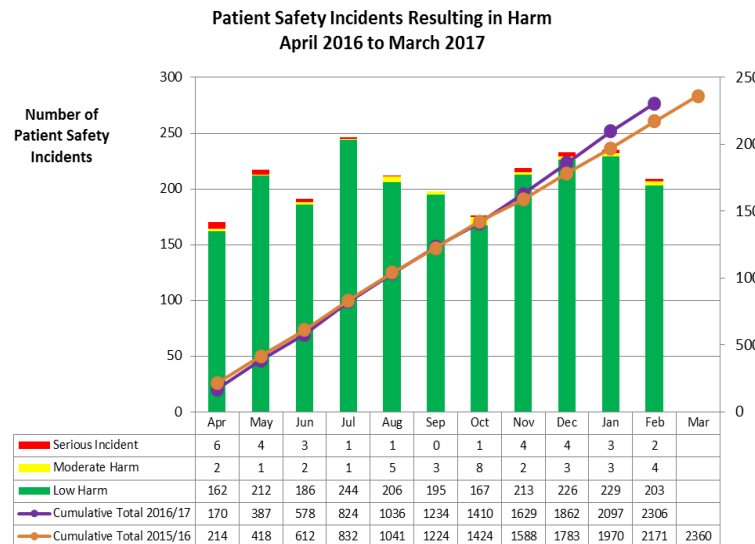
Trend

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:
97.3% (2243 incidents) have resulted in low harm
1.5% (34 incidents) have resulted in moderate harm
1.3% (29 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.

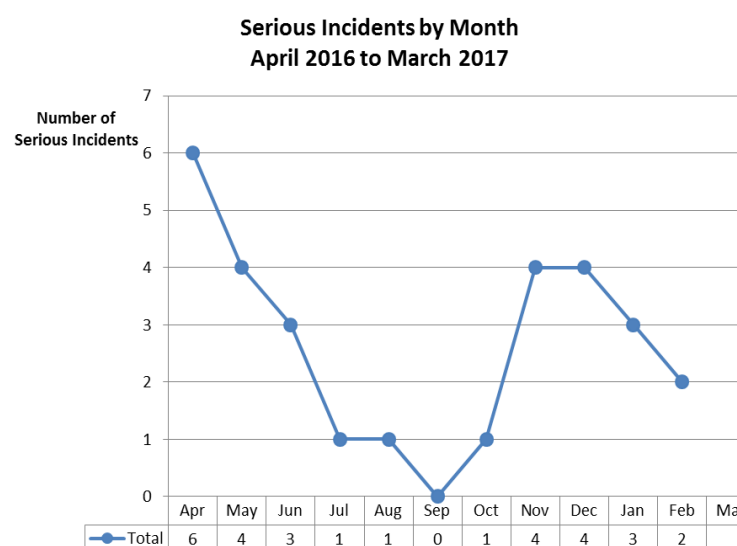
The aim was not achieved in month.

Degrees of Harm

Serious Incidents.

This chart demonstrates the number of incidents that have resulted in serious harm. Two serious harm incidents were reported in February 2017. 29 serious incidents have been reported for this financial year to date.

- 9 x Stage 3 pressure ulcers
- 7 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
- 1 x Suicide
- 1 x Failure to review patient



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: April 2017

Description

Pressure Ulcer (PU) Incidents including avoidable pressure ulcers.

For this financial year to date:

- 95.7% (244 PU's) have resulted in low harm (defined as a patient that has developed a stage 2 or unstageable PU)
- 4.3% (11 PU's) have resulted in serious harm (defined as a patient that has developed a stage 3 or 4 PU)

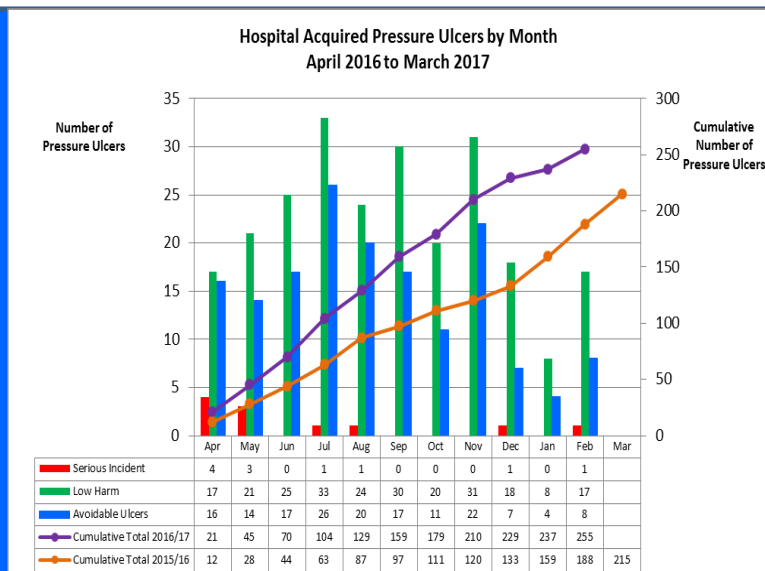
In February 2017, 8 avoidable PU's were reported, as shown by the blue bar on the chart.

Improvement actions include:

- Successful elements of the React to Red Collaborative have been rolled out across the Trust. This has included:
 - Implementation of the pressure ulcer safety cross
 - Implementation of positional charts in bays and bed spaces

Aggregate Position

Trend



Variation

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: April 2017

Description

Aggregate Position

Trend

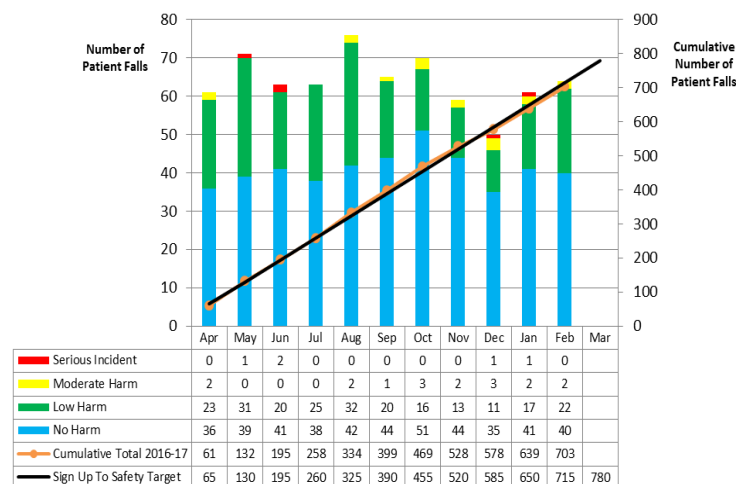
Variation

Patient Falls Incidents.

For this financial year to date:

- 64.2% (451 falls) have resulted in no harm
 - 32.7% (230 falls) have resulted in low harm
 - 2.4% (17 falls) have resulted in moderate harm
 - 0.7% (5 falls) have resulted in serious harm
- All patient falls are reviewed by the Patient Falls Prevention Group on a monthly basis.
- Successful initiatives from the One Step Ahead collaborative commenced roll out across the organisation in October 2016 including:
 - Toilet/commode tagging
 - Cohort of higher risk patients to increase supervision
 - Staff placement in bays to increase supervision
 - Safety crosses in all ward areas

Patient Falls by Month
April 2016 to March 2017



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

The Sign up to Safety aim was achieved in month.

Patient Falls

Medication Incidents.

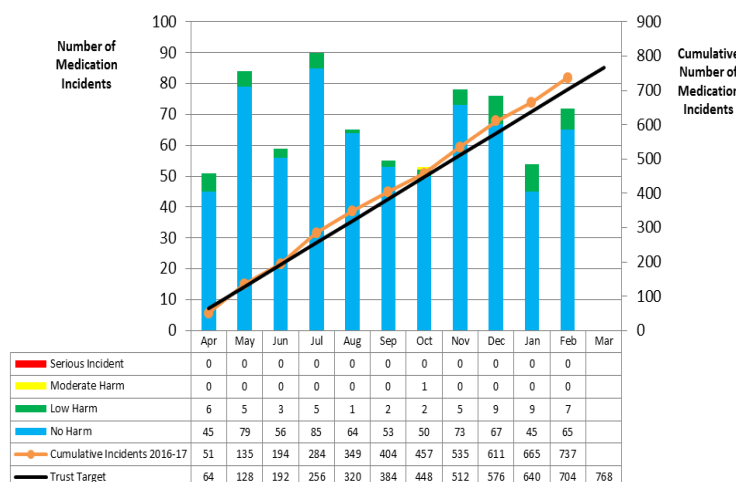
For this financial year to date:

- 92.5% (682 medication incidents) have resulted in no harm
- 7.3% (54 medication incidents) have resulted in low harm
- 0.1% (1 medication incidents) have resulted in moderate harm
- 0% (0 medication incidents) have resulted in serious harm

Improvement actions include:

- Development of an action plan to improve prescribing errors across the Organisation. This will be monitored by the Safety Medicines Practice Group and Executive Quality Governance Group.

Medication Incidents by Month
April 2016 to March 2017

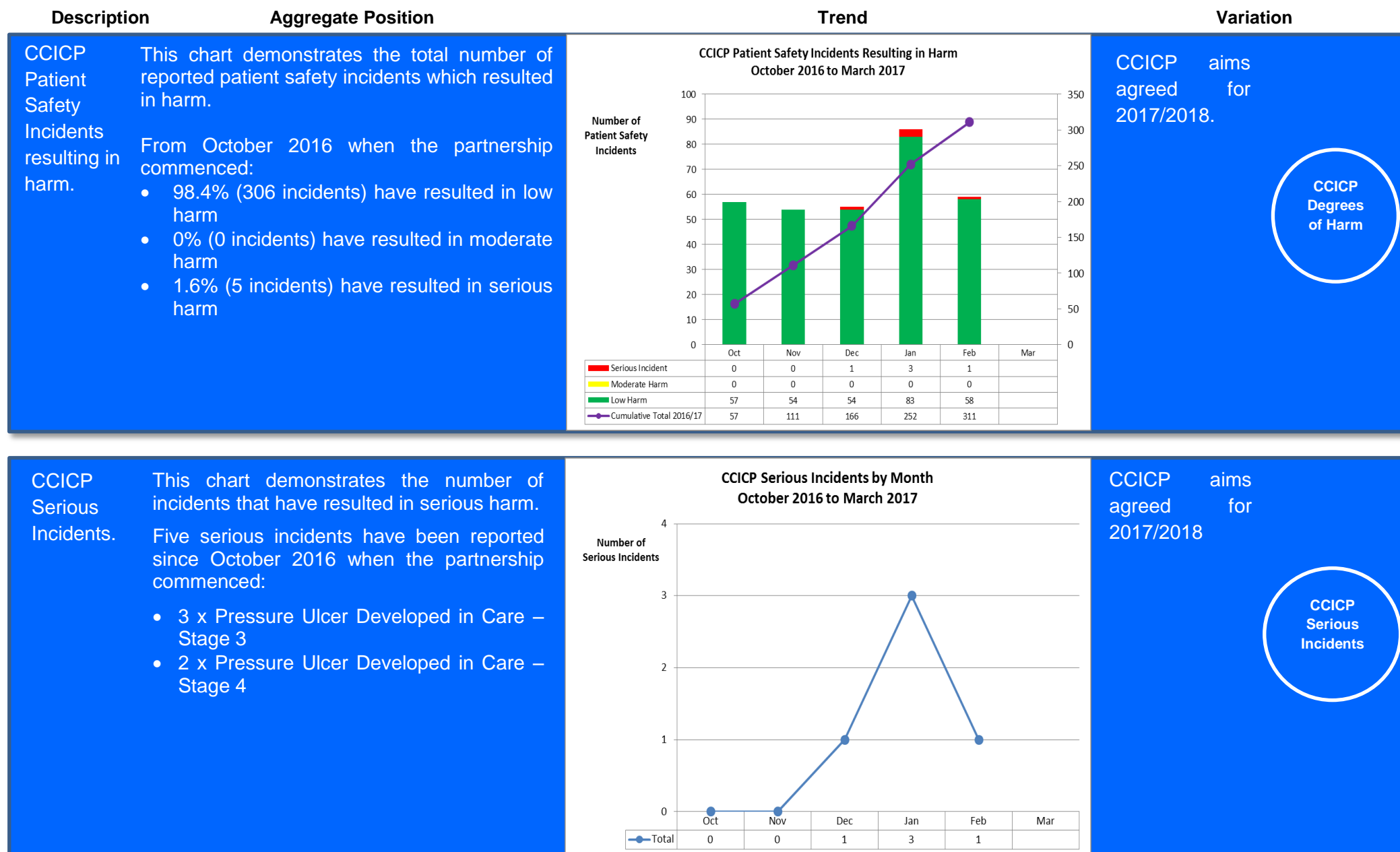


The Trust's aim is to reduce medication incidents by 5% by the end of January 2018 in comparison to the previous financial year.

The aim was not achieved in month.

Medication Incidents

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



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

Description

Aggregate Position

Trend

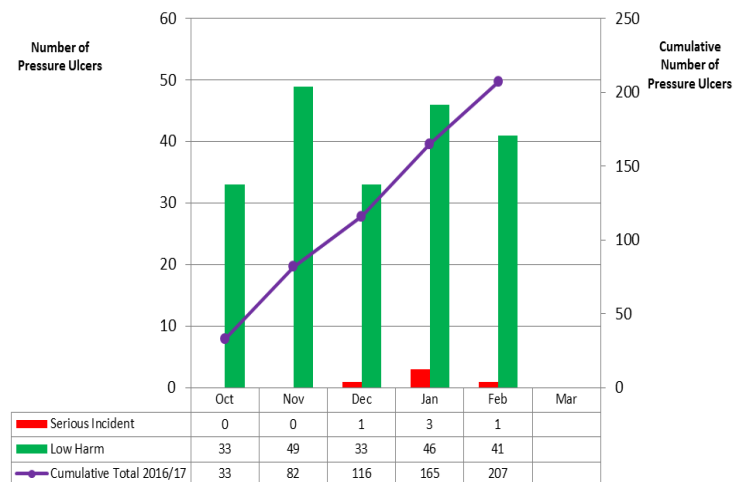
Variation

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

Since October 2016 when the partnership commenced:

- 97.6% (202 PU's) have resulted in low harm (defined as a patient that has developed a stage 2 or unstageable PU)
- 2.4% (5 PU's) stage three or stage four PU's have been reported

CCICP Developed in Care Pressure Ulcers Resulting in Harm by Month
April 2016 to March 2017



CCICP aims agreed for 2017/2018.

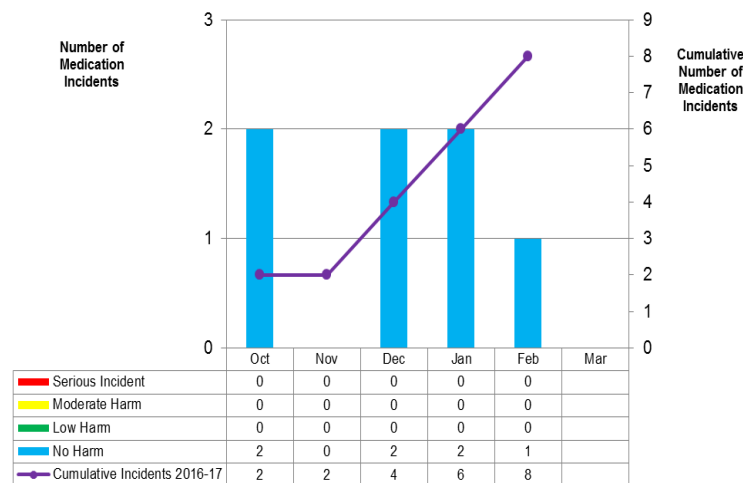
CCICP Developed in Care Pressure

CCICP Medication Incidents.

From October 2016 when the partnership commenced:

- 87.5% (7 medication incidents) have resulted in no harm
- 0% (0 medication incidents) have resulted in low harm
- 12.5% (1 medication incidents) have resulted in moderate harm
- 0% (0 medication incidents) have resulted in serious harm

CCICP Medication Incidents by Month
April 2016 to March 2017



CCICP aims agreed for 2017/2018.

CCICP Medication Incidents

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

Description

Aggregate Position

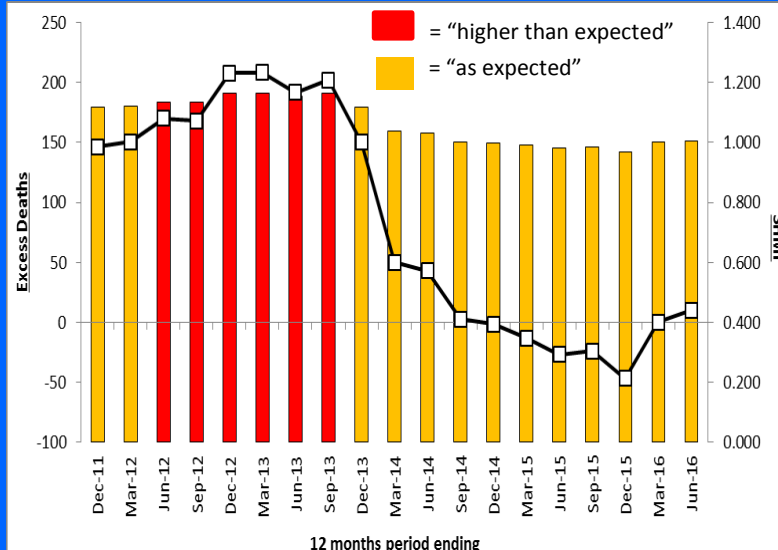
Trend

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.

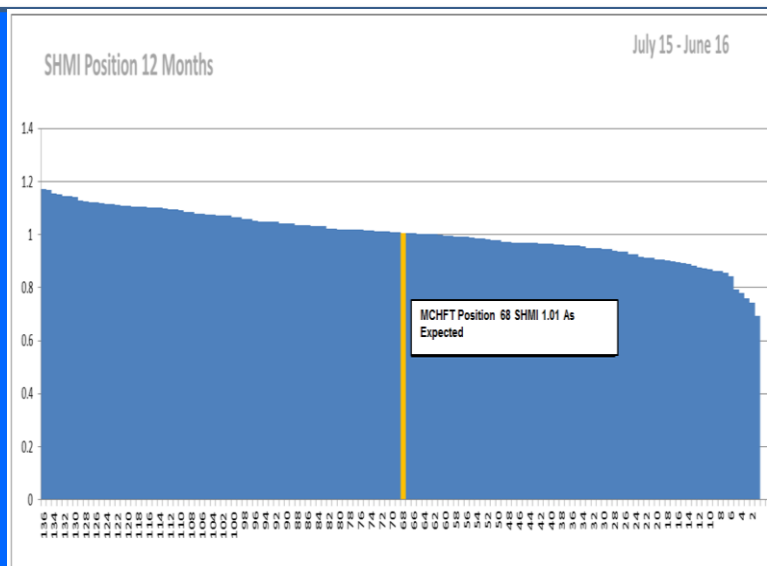
SHMI

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: April 2017

Description

Aggregate Position

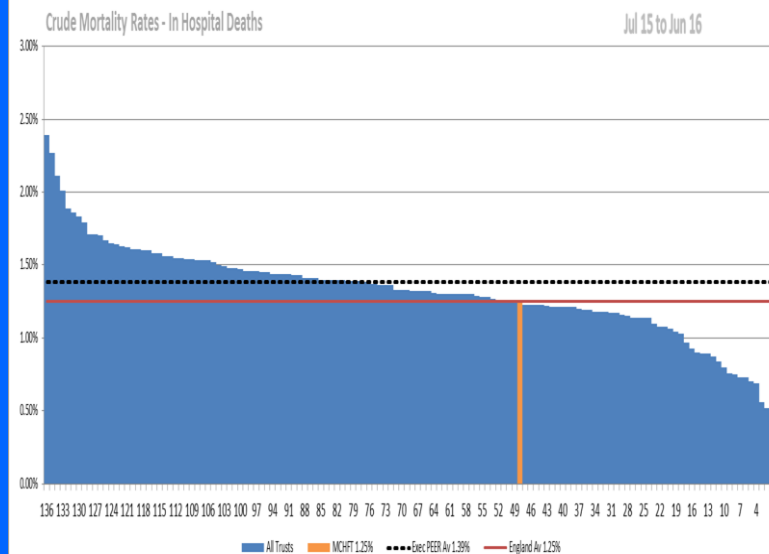
Trend

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.

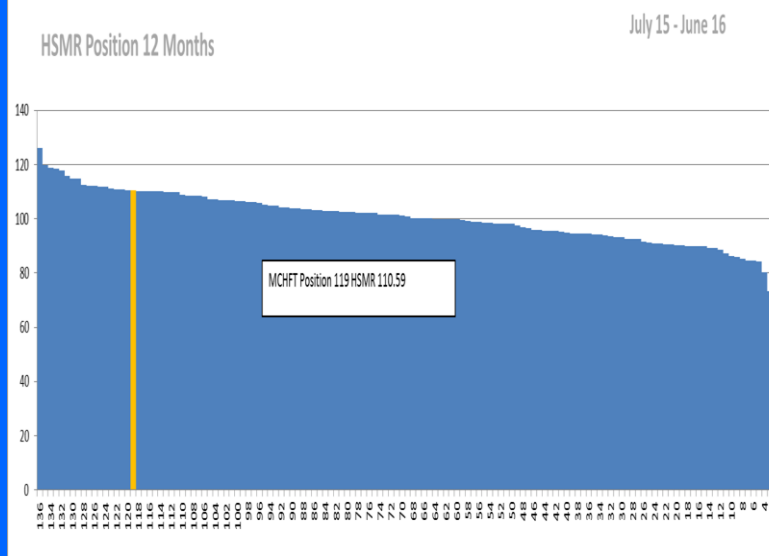
Crude Mortality

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: April 2017

Description	Aggregate Position	Trend	Variation																																																				
<div>MRSA Bacteraemia Cases.</div>	<div>In this financial year there have been two confirmed MRSA bacteraemia cases reported.</div> <div>A root cause analysis has been undertaken for all confirmed MRSA bacteraemia cases and lapses in care have been addressed.</div>	<div>MRSA Bacteraemia cases reported within the Trust</div> <div>April 2016 to March 2017</div> <div><table><tr><td>Monthly</td><td>0</td><td>1</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>1</td><td>0</td><td>0</td></tr><tr><td>Cumulative</td><td>0</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>2</td><td>2</td><td>2</td></tr><tr><td>Target</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr></table></div>	Monthly	0	1	0	0	0	0	0	0	0	1	0	0	Cumulative	0	1	1	1	1	1	1	1	1	2	2	2	Target	0	0	0	0	0	0	0	0	0	0	0	0	<div>The target for MRSA Bacteraemia is zero in 2016/17.</div> <div>The target has not been achieved.</div> <div>MRSA</div>													
Monthly	0	1	0	0	0	0	0	0	0	1	0	0																																											
Cumulative	0	1	1	1	1	1	1	1	1	2	2	2																																											
Target	0	0	0	0	0	0	0	0	0	0	0	0																																											
<div>Clostridium Difficile toxin positive cases.</div>	<div>In February 2017, no avoidable case were reported.</div> <div>Actions arising from review of the Clostridium Difficile cases include:</div> <div><ul style="list-style-type: none">Ward Managers to reinforce the importance of accurate stool chart documentationImplementation of immediate bed-side reviewsBi-weekly harm free care meetings with clinical teams and Director of Infection Prevention and Control (Director of Nursing)</div>	<div>Clostridium Difficile toxin positive cases reported within the Trust</div> <div>April 2016 to March 2017</div> <div><table><tr><td>Avoidable</td><td>0</td><td>0</td><td>1</td><td>2</td><td>0</td><td>1</td><td>0</td><td>1</td><td>0</td><td>0</td><td>0</td><td></td></tr><tr><td>Unavoidable</td><td>2</td><td>0</td><td>4</td><td>0</td><td>3</td><td>2</td><td>1</td><td>0</td><td>2</td><td>3</td><td>0</td><td></td></tr><tr><td>Avoidable Total</td><td>0</td><td>0</td><td>1</td><td>3</td><td>3</td><td>4</td><td>4</td><td>5</td><td>5</td><td>5</td><td>5</td><td></td></tr><tr><td>Avoidable Target</td><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td><td>12</td><td>14</td><td>16</td><td>18</td><td>20</td><td>22</td><td>24</td></tr></table></div>	Avoidable	0	0	1	2	0	1	0	1	0	0	0		Unavoidable	2	0	4	0	3	2	1	0	2	3	0		Avoidable Total	0	0	1	3	3	4	4	5	5	5	5		Avoidable Target	2	4	6	8	10	12	14	16	18	20	22	24	<div>The target is less than 24 avoidable cases of Clostridium Difficile in 2016/17.</div> <div>The target has been achieved.</div> <div>Clostridium Difficile</div>
Avoidable	0	0	1	2	0	1	0	1	0	0	0																																												
Unavoidable	2	0	4	0	3	2	1	0	2	3	0																																												
Avoidable Total	0	0	1	3	3	4	4	5	5	5	5																																												
Avoidable Target	2	4	6	8	10	12	14	16	18	20	22	24																																											

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

Description

Aggregate Position

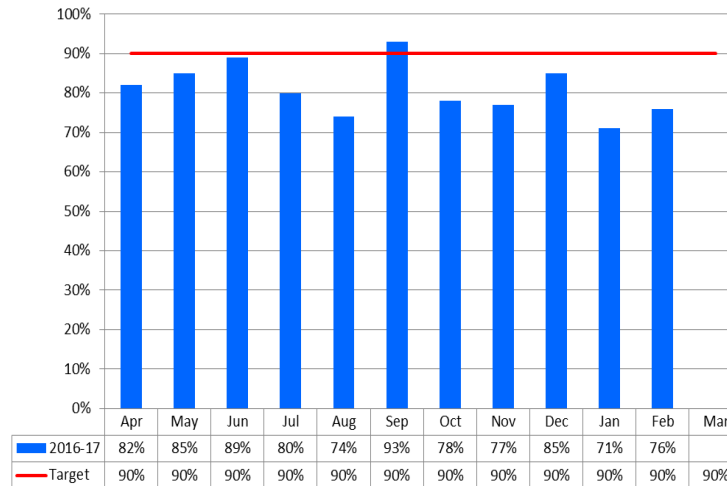
Trend

Variation

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

In February 2017, 19 out of 25 patients (76%) were admitted directly to the stroke unit.

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

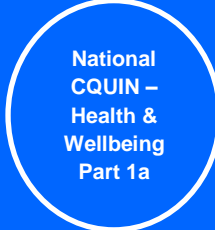
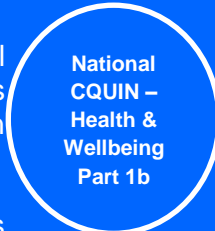


As part of the Sentinel Stroke National Audit Plan (SSNAP) the Trust aim for 2016/2017 is 90% of suspected stroke patients to be admitted directly to the stroke unit.

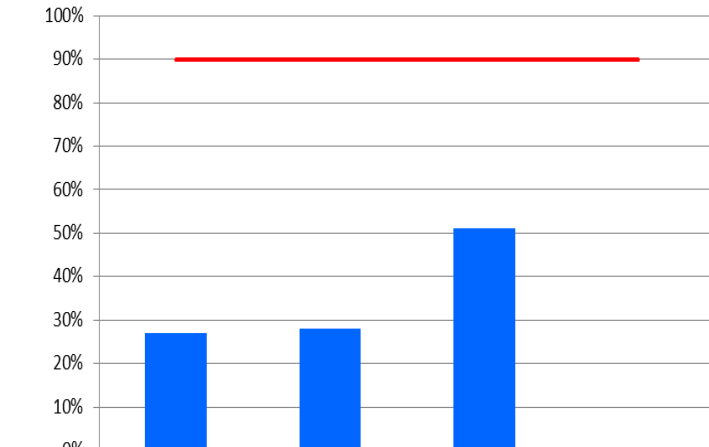
The target was not achieved in month.

Stroke

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

Description	Aggregate Position	Trend	Variation
<p>National CQUIN – Health & Wellbeing Part 1a</p> <p>The financial value for this CQUIN is £396,107.</p>	<p>To achieve the CQUIN target for Health & Wellbeing Part 1a the Trust must introduce a Health & Wellbeing initiative from two options provided.</p>	<p>For quarter 3, the specific actions on the plan were delivered and RAG rated green.</p> <p>The Health & Wellbeing steering group monitors progress against the action plan and the group agrees the frequency of meetings to monthly.</p> <p>Actions taken to date include:</p> <ul style="list-style-type: none"> • 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. 	<p>The CQUIN target for Health & Wellbeing Part 1a is to have implemented the initiatives as agreed in the plan and actively promoted these initiatives to staff.</p> <p>The target was achieved in month.</p> 
<p>National CQUIN – Health & Wellbeing Part 1b</p> <p>The financial value for this CQUIN is £396,107.</p>	<p>To achieve the CQUIN target for Health & Wellbeing Part 1b the Trust must provide healthy food for NHS staff, patients and visitors</p>	<p>For quarter 3, progress against the action plan is required, although there is no funding allocated to quarter 3.</p> <p>The Health & Wellbeing steering group monitors progress against the healthy eating plan.</p> <p>Actions taken to date include:</p> <ul style="list-style-type: none"> • Agreement that no foods HFSF will be promoted within the Trust by in-house catering, the RVS or League of Friends. • Only healthy options have been promoted since 1st June 2016. • All confectionary has been moved away from till points. • National data collection return was completed and returned within the required timescales. 	<p>The CQUIN target for Health & Wellbeing Part 1b is to have implemented all four outcomes as outlined in the CQUIN.</p> <p>The target was achieved in month.</p> 

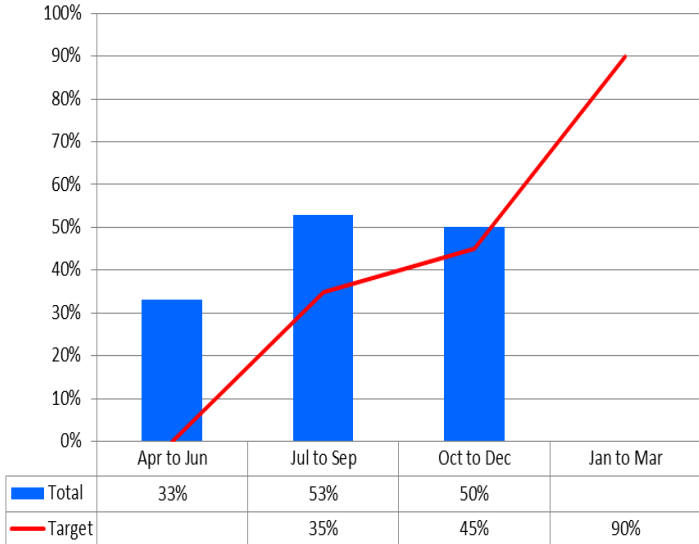
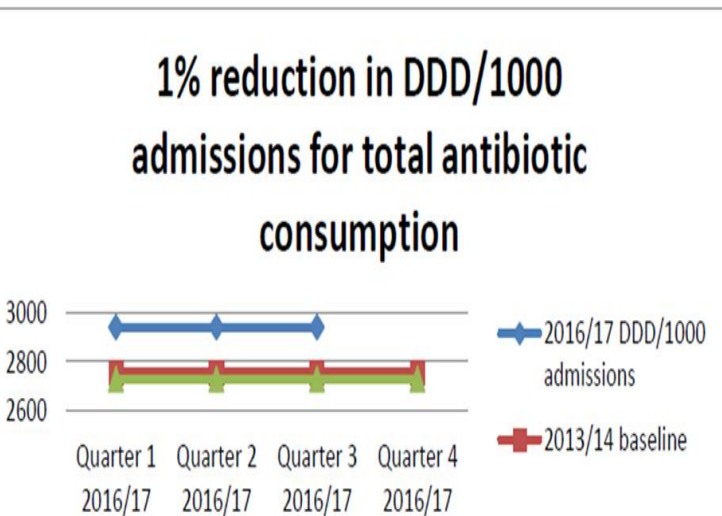
Board Papers – Quality, Safety & Experience Section: April 2017

Description	Aggregate Position	Trend	Variation															
<p>National CQUIN – Health & Wellbeing Part 1c</p> <p>The financial value for this CQUIN is £396,107.</p>	<p>To achieve the CQUIN target for Health & Wellbeing Part 1c the Trust must improve the uptake of flu vaccinations for front line clinical staff by December 2016.</p>	<p>MCHFT achieved 75.6% uptake amongst front line healthcare workers by 31st December 2016 and therefore met the CQUIN target.</p>	<p>The CQUIN target for Health & Wellbeing Part 1c is to achieve an uptake of flu vaccinations by front line clinical staff of 75% by 31st December 2016.</p> <p>The target was achieved.</p> <div><p>National CQUIN – Health & Wellbeing Part 1c</p></div>															
<p>National CQUIN – Sepsis Emergency Departments 2a Part 1: Screening</p> <p>The financial value for this CQUIN is £79,221.</p>	<p>To achieve the CQUIN target for Sepsis Screening 2a Part 1, a random sample of 50 sets of notes are reviewed each month to ensure all patients presenting in emergency departments are screened for sepsis as part of the admission process, where this is appropriate.</p>	 <table><tr><th></th><th>Apr to Jun</th><th>Jul to Sep</th><th>Oct to Dec</th><th>Jan to Mar</th></tr><tr><td>Total</td><td>27%</td><td>28%</td><td>51%</td><td></td></tr><tr><td>Target</td><td>90%</td><td>90%</td><td>90%</td><td>90%</td></tr></table>		Apr to Jun	Jul to Sep	Oct to Dec	Jan to Mar	Total	27%	28%	51%		Target	90%	90%	90%	90%	<p>The CQUIN target for Sepsis Part 2a Part 1 is for >90% of eligible patients to be screened for sepsis by the end of quarter four of 2016/17.</p> <p>The target was not achieved in quarter.</p> <div><p>National CQUIN – Sepsis Emergency Departments 2a Part 1</p></div>
	Apr to Jun	Jul to Sep	Oct to Dec	Jan to Mar														
Total	27%	28%	51%															
Target	90%	90%	90%	90%														

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

Description	Aggregate Position	Trend	Variation										
<p>National CQUIN – Sepsis Emergency Departments 2a Part 2: Antibiotic Administration</p> <p>The financial value for this CQUIN is £118,832.</p>	<p>To achieve the CQUIN target for Sepsis Antibiotic Administration 2a Part 2, a random sample of 30 sets of notes, where clinical codes indicate sepsis, are reviewed each month to ensure patients receive antibiotics within 60 minutes of arrival at hospital and an empiric review within 3 days of the prescribing of antibiotics.</p>	<table><tr><td>Total</td><td>21%</td><td>39%</td><td>50%</td><td></td></tr><tr><td>Target</td><td>35%</td><td>40%</td><td>60%</td><td>90%</td></tr></table>	Total	21%	39%	50%		Target	35%	40%	60%	90%	<p>The CQUIN target for Sepsis 2a Part 2 is for 90% by the end of quarter 4.</p> <p>The target was not achieved in quarter.</p> <p>National CQUIN – Sepsis Emergency Departments 2a Part 2</p>
Total	21%	39%	50%										
Target	35%	40%	60%	90%									
<p>National CQUIN – Sepsis Inpatients 2b Part 1: Screening</p> <p>The financial value for this CQUIN is £79,221.</p>	<p>To achieve the CQUIN target for Sepsis Screening 2b Part 1, a random sample of 50 sets of notes are reviewed each month to ensure all inpatients are screened for sepsis, where this is appropriate.</p>	<table><tr><td>Total</td><td>11%</td><td>8%</td><td>19%</td><td></td></tr><tr><td>Target</td><td></td><td>30%</td><td>45%</td><td>90%</td></tr></table>	Total	11%	8%	19%		Target		30%	45%	90%	<p>The CQUIN target for Sepsis Part 2b Part 1 is for >90% of eligible patients to be screened for sepsis by the end of quarter four of 2016/17.</p> <p>The target was not achieved in quarter.</p> <p>National CQUIN – Sepsis Inpatients 2b Part 1</p>
Total	11%	8%	19%										
Target		30%	45%	90%									

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

Description	Aggregate Position	Trend	Variation															
<p>National CQUIN – Sepsis Inpatients 2b Part 2: Antibiotic Administration</p> <p>The financial value for this CQUIN is £118,832.</p>	<p>To achieve the CQUIN target for Sepsis Antibiotic Administration 2b Part 2, a random sample of 30 sets of notes, where clinical codes indicate sepsis, are reviewed each month to ensure patients receive antibiotics within 60 minutes of identification of sepsis and an empiric review within 3 days of the prescribing of antibiotics.</p>	 <table><tr><th></th><th>Apr to Jun</th><th>Jul to Sep</th><th>Oct to Dec</th><th>Jan to Mar</th></tr><tr><td>Total</td><td>33%</td><td>53%</td><td>50%</td><td>90%</td></tr><tr><td>Target</td><td></td><td>35%</td><td>45%</td><td>90%</td></tr></table>		Apr to Jun	Jul to Sep	Oct to Dec	Jan to Mar	Total	33%	53%	50%	90%	Target		35%	45%	90%	<p>The CQUIN target for Sepsis Inpatients 2b Part 2 is for >90% of eligible patients to receive antibiotics within 60 minutes of identification of sepsis and empiric review within 3 days by the end of quarter four of 2016/17.</p> <p>The target was achieved in quarter.</p> <p>National CQUIN – Sepsis Inpatient s 2b Part</p>
	Apr to Jun	Jul to Sep	Oct to Dec	Jan to Mar														
Total	33%	53%	50%	90%														
Target		35%	45%	90%														
<p>National CQUIN – Reduction in antibiotic consumption Part 3a1</p> <p>The financial value for this CQUIN is £79,221.</p>	<p>To achieve the CQUIN target for antibiotic consumption Part 3a1, the Trust must have a reduction of 1% or more of total antibiotic consumption per 1,000 admissions.</p>	<p>1% reduction in DDD/1000 admissions for total antibiotic consumption</p>  <table><tr><th>Quarter</th><th>2016/17 DDD/1000 admissions</th><th>2013/14 baseline</th></tr><tr><td>Quarter 1 2016/17</td><td>~2900</td><td>~2750</td></tr><tr><td>Quarter 2 2016/17</td><td>~2900</td><td>~2750</td></tr><tr><td>Quarter 3 2016/17</td><td>~2900</td><td>~2750</td></tr><tr><td>Quarter 4 2016/17</td><td>~2900</td><td>~2750</td></tr></table>	Quarter	2016/17 DDD/1000 admissions	2013/14 baseline	Quarter 1 2016/17	~2900	~2750	Quarter 2 2016/17	~2900	~2750	Quarter 3 2016/17	~2900	~2750	Quarter 4 2016/17	~2900	~2750	<p>The CQUIN target for antibiotic consumption Part 3a1 is for a reduction of 1% or more in total antibiotic consumption per 1,000 admissions.</p> <p>The target was not achieved in month.</p> <p>National CQUIN – Antibiotic consumption Part 3a 1</p>
Quarter	2016/17 DDD/1000 admissions	2013/14 baseline																
Quarter 1 2016/17	~2900	~2750																
Quarter 2 2016/17	~2900	~2750																
Quarter 3 2016/17	~2900	~2750																
Quarter 4 2016/17	~2900	~2750																

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

Description	Aggregate Position	Trend	Variation																				
<p>National CQUIN – Reduction in carbapenem consumption Part 3a 2</p> <p>The financial value for this CQUIN is £79,221.</p>	<p>To achieve the CQUIN target for antibiotic consumption Part 3a 2, the Trust must have a reduction of 1% or more of carbapenem consumption per 1,000 admissions.</p>	<p>1% reduction in DDD/1000 admissions for carbapenems</p> <table border="1"> <caption>2016/17 DDD/1000 admissions for carbapenems</caption> <thead> <tr> <th>Quarter</th> <th>2016/17 DDD/1000 admissions</th> <th>2013/14 baseline</th> <th>1% reduction on 2013/14 baseline</th> </tr> </thead> <tbody> <tr> <td>Quarter 1 2016/17</td> <td>45</td> <td>55</td> <td>54.5</td> </tr> <tr> <td>Quarter 2 2016/17</td> <td>45</td> <td>55</td> <td>54.5</td> </tr> <tr> <td>Quarter 3 2016/17</td> <td>45</td> <td>55</td> <td>54.5</td> </tr> <tr> <td>Quarter 4 2016/17</td> <td>45</td> <td>55</td> <td>54.5</td> </tr> </tbody> </table>	Quarter	2016/17 DDD/1000 admissions	2013/14 baseline	1% reduction on 2013/14 baseline	Quarter 1 2016/17	45	55	54.5	Quarter 2 2016/17	45	55	54.5	Quarter 3 2016/17	45	55	54.5	Quarter 4 2016/17	45	55	54.5	<p>The CQUIN target for antibiotic consumption Part 3a 2 is for a reduction of 1% or more in carbapenem consumption per 1,000 admissions.</p> <p>The target was achieved in month.</p> <p>National CQUIN – carbapenem consumption Part 3a 2</p>
Quarter	2016/17 DDD/1000 admissions	2013/14 baseline	1% reduction on 2013/14 baseline																				
Quarter 1 2016/17	45	55	54.5																				
Quarter 2 2016/17	45	55	54.5																				
Quarter 3 2016/17	45	55	54.5																				
Quarter 4 2016/17	45	55	54.5																				
<p>National CQUIN – Reduction in piperacillin-tazabactam consumption Part 3a 3</p> <p>The financial value for this CQUIN is £79,221.</p>	<p>To achieve the CQUIN target for antibiotic consumption Part 3a 3, the Trust must have a reduction of 1% or more of piperacillin-tazabactam consumption per 1,000 admissions.</p>	<p>1% reduction in DDD/1000 admissions for piperacillin/tazobactam</p> <table border="1"> <caption>2016/17 DDD/1000 admissions for piperacillin/tazobactam</caption> <thead> <tr> <th>Quarter</th> <th>2016/17 DDD/1000 admissions</th> <th>2013/14 baseline</th> <th>1% reduction on 2013/14 baseline</th> </tr> </thead> <tbody> <tr> <td>Quarter 1 2016/17</td> <td>124</td> <td>121.5</td> <td>120.5</td> </tr> <tr> <td>Quarter 2 2016/17</td> <td>124</td> <td>121.5</td> <td>120.5</td> </tr> <tr> <td>Quarter 3 2016/17</td> <td>124</td> <td>121.5</td> <td>120.5</td> </tr> <tr> <td>Quarter 4 2016/17</td> <td>124</td> <td>121.5</td> <td>120.5</td> </tr> </tbody> </table>	Quarter	2016/17 DDD/1000 admissions	2013/14 baseline	1% reduction on 2013/14 baseline	Quarter 1 2016/17	124	121.5	120.5	Quarter 2 2016/17	124	121.5	120.5	Quarter 3 2016/17	124	121.5	120.5	Quarter 4 2016/17	124	121.5	120.5	<p>The CQUIN target for antibiotic consumption Part 3a 3 is for a reduction of 1% or more in piperacillin-tazabactam consumption per 1,000 admissions.</p> <p>The target was not achieved in month.</p> <p>National CQUIN – piperacillin-tazabactam consumption Part 3a 3</p>
Quarter	2016/17 DDD/1000 admissions	2013/14 baseline	1% reduction on 2013/14 baseline																				
Quarter 1 2016/17	124	121.5	120.5																				
Quarter 2 2016/17	124	121.5	120.5																				
Quarter 3 2016/17	124	121.5	120.5																				
Quarter 4 2016/17	124	121.5	120.5																				

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

Description

National CQUIN –
Empiric review of antibiotic prescriptions Part 3b

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

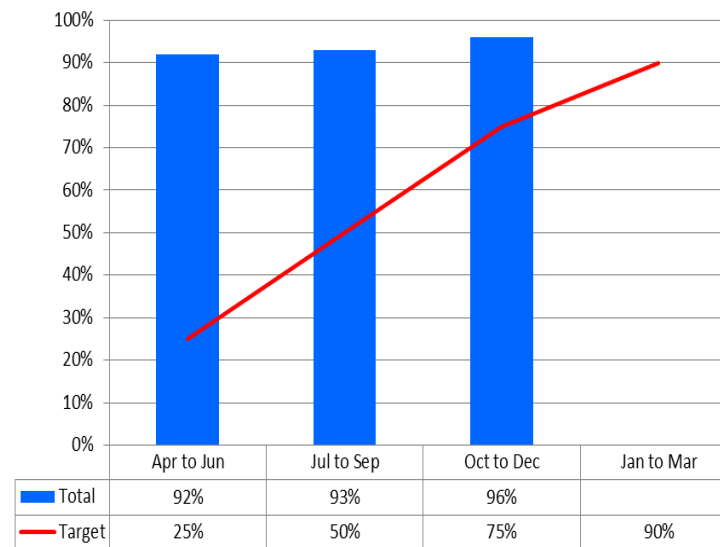
Aggregate Position

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

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

Trend



Variation

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

The target was achieved in month.

National CQUIN –
Empiric review Part 3b

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

Description

Safety
Thermometer
- Harm Free
Care.

Aggregate Position

In February 2017, 98% 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.

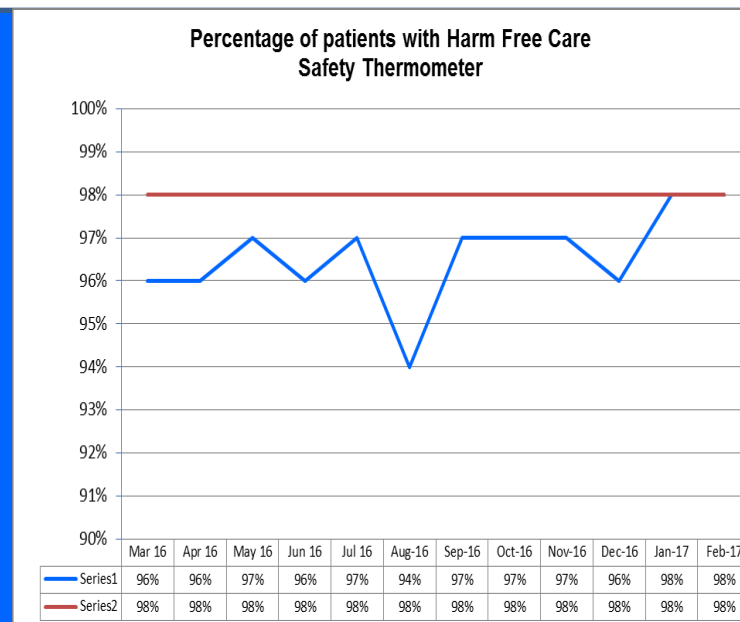
Data is collected on the following each month:

- 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

Trend





Variation



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

Harm Free
Care

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

Description	Aggregate Position	Trend	Variation
Registered Nurses monthly expected hours by shift versus actual monthly hours per shift. Day time shifts only	<p>94% of expected Registered Nurse hours were achieved for day shifts.</p> <p>Any registered nurse numbers that fall below 85% are required to have a divisional review and an update of actions provided to the Director of Nursing & Quality and the Deputy Director of Nursing & Quality.</p>	<p>Trend</p> <p>February 2017 94%</p> <p>January 2017 92.8%</p> <p>December 2016 93.9%</p>	<p>The lowest staffing levels during the day were on Ward 14 at 84.6%.</p> 
Registered Nurses monthly expected hours by shift versus actual monthly hours per shift. Night time shifts only	<p>99.8% of expected Registered Nurse hours were achieved for night shifts.</p>	<p>Trend</p> <p>February 2017 99.8%</p> <p>January 2017 97.7%</p> <p>December 2016 99%</p>	<p>The lowest staffing levels during the night were on Ward 12 at 83.3%</p> 

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

Description	Aggregate Position	Trend	Variation
Healthcare Assistant monthly expected hours by shift versus actual monthly hours per shift. Day time shifts only	<p>100.2% of expected HCA hours were achieved for day shifts.</p> <p>The NICU staffing is low for unqualified staff, particularly on the day shift.</p>	<p>Trend</p> <p>February 2017 100.2%</p> <p>January 2017 99.5%</p> <p>December 2016 97.8%</p>	<p>The lowest staffing levels during the day were on NICU at 34.4%</p> 
Healthcare Assistant monthly expected hours by shift versus actual monthly hours per shift. Night time shifts only	<p>107.7% of expected HCA hours were achieved for night shifts.</p> <p>For areas with over 100% staffing levels for HCA's this is reviewed and is predominately due to wards requiring 1 to 1 specials for patients following a risk assessment or to increase staffing numbers when there are registered nursing gaps that are not filled.</p>	<p>Trend</p> <p>February 2017 107.7%</p> <p>January 2017 106.8%</p> <p>December 2016 102.4%</p>	<p>The lowest staffing levels during the night were on NICU at 73.2%</p> 

Board Papers – Quality, Safety & Experience Section: April 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		39899.3	37521.1	28925.5	28984.3	22840.9	22791	15473.3	16662.4	94.0%	100.2%	99.8%	107.7%	14237	4.2	3.2	7.4
AMU	Gen. Medicine	1827.5	1693	1372	1360	1715	1653.8	1372	1347.5	92.6%	99.1%	96.4%	98.2%	749	4.5	3.6	8.1
CAU	Paeds	2528.5	2528.5	881.5	881.5	1575.5	1575.5	322	322	100.0%	100.0%	100.0%	100.0%	398	10.3	3.0	13.3
Critical Care	Gen. Medicine	3763.5	3763.5	444	444	2327.5	2327.5	0	0	100.0%	100.0%	100.0%	-	221	27.6	2.0	29.6
Elmhurst	Rehab	799.5	799.5	2016	1998	700	700	1400	1450	100.0%	99.1%	100.0%	103.6%	807	1.9	4.3	6.1
Ward 1	Gen. Medicine	1987.5	1943.8	1050	1193.8	1372	1372	686	747.3	97.8%	113.7%	100.0%	108.9%	740	4.5	2.6	7.1
Ward 10 SAU	Gen. Surg	1365	1477.5	840	1200	524.5	730.6	262.3	477.7	108.2%	142.9%	139.3%	182.1%	428	5.2	3.9	9.1
Ward 10 SSW	Gen. Surg & Urology	1549	1469	896	816	574	584.3	287	297.3	94.8%	91.1%	101.8%	103.6%	611	3.4	1.8	5.2
Ward 12	Gen. Surg & Gynae	2027	1811	1792	1752	861	717.5	574	625.3	89.3%	97.8%	83.3%	108.9%	832	3.0	2.9	5.9
Ward 13	Gen. Surg	2072	1784	1792	1712	861	738	574	594.5	86.1%	95.5%	85.7%	103.6%	860	2.9	2.7	5.6
Ward 14	Gen. Medicine	1554	1314	1344	1428	672	648	1008	1080	84.6%	106.3%	96.4%	107.1%	871	2.3	2.9	5.1
Ward 15	Trauma & Ortho	2034.5	1738.5	2464	2352	861	779	861	840.5	85.5%	95.5%	90.5%	97.6%	838	3.0	3.8	6.8
Ward 18	Gen. Medicine	1272.5	1191.3	1400	1687.5	686	686	686	955.5	93.6%	120.5%	100.0%	139.3%	676	2.8	3.9	6.7
Ward 2	Gen. Medicine	1637.5	1487.5	1400	1362.5	686	1016.8	1029	1029	90.8%	97.3%	148.2%	100.0%	857	2.9	2.8	5.7
Ward 21B	Rehab	1193.5	1135	1638	1683.5	700	700	700	775	95.1%	102.8%	100.0%	110.7%	662	2.8	3.7	6.5
Ward 23	Obstetrics	1124	1098.7	709.3	684	690.7	690.7	690.7	690.7	97.7%	96.4%	100.0%	100.0%	629	2.8	2.2	5.0
Ward 26	Obstetrics	2894.3	2894.3	570	570	2392.7	2392.7	345.3	345.3	100.0%	100.0%	100.0%	100.0%	170	31.1	5.4	36.5
Ward 4	Gen. Medicine	1554	1434	1680	1566	672	696	1344	1308	92.3%	93.2%	103.6%	97.3%	882	2.4	3.3	5.7
Ward 5	Gen. Medicine	2227.5	2033.8	1400	1381.3	1372	1261.8	686	686	91.3%	98.7%	92.0%	100.0%	839	3.9	2.5	6.4
Ward 6	Gen. Medicine	1855	1780	1750	1743.8	1372	1237.3	686	808.5	96.0%	99.6%	90.2%	117.9%	758	4.0	3.4	7.3
Ward 7	Gen. Medicine	1590	1465	1400	1625	686	686	1029	1359.8	92.1%	116.1%	100.0%	132.1%	841	2.6	3.5	6.1
Ward 9	Trauma & Ortho	1534	1334	1344	1288	574	574	287	451	87.0%	95.8%	100.0%	157.1%	546	3.5	3.2	6.7
NICU	Paeds	1509	1345.2	742.7	255.4	966	1023.5	644	471.5	89.1%	34.4%	106.0%	73.2%	22	107.7	33.0	140.7

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

Ward Name	Main Specialties	Safety Thermometer Results			
		Hospital Acquired Pressure Ulcers	Patient Falls resulting in harm	CAUTI	New VTE
MCHFT		0.57% (5)	0.57% (5)	0.45% (4)	0.68% (6)
AMU	Gen. Medicine	0% (0)	0% (0)	0% (0)	0% (0)
CAU	Paeds	0% (0)	0% (0)	0% (0)	0% (0)
Critical Care	Gen. Medicine	0% (0)	0% (0)	0% (0)	0% (0)
Elmhurst	Rehab	0% (0)	0% (0)	0% (0)	0% (0)
Ward 1	Gen. Medicine	0% (0)	9.68% (3)	0% (0)	0% (0)
Ward 10 SAU	Gen. Surg	0% (0)	0% (0)	9.52% (2)	0% (0)
Ward 10 SSW	Gen. Surg & Urology	4.35% (1)	0% (0)	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	0% (0)	0% (0)	0% (0)	0% (0)
Ward 15	Trauma & Ortho	0% (0)	0% (0)	3.12% (1)	0% (0)
Ward 18	Gen. Medicine	0% (0)	0% (0)	0% (0)	0% (0)
Ward 2	Gen. Medicine	0% (0)	0% (0)	0% (0)	0% (0)
Ward 21B	Rehab	4.35% (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	0% (0)	0% (0)	0% (0)	0% (0)
Ward 5	Gen. Medicine	0% (0)	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)	3.23% (1)	0% (0)
Ward 9	Trauma & Ortho	4.17% (1)	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 – Church View	District Nursing	0% (0)	6.67% (2)	0% (0)	0% (0)
DN – Danebridge	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)
DN – Dene Drive	District Nursing	1.92% (1)	0% (0)	0% (0)	0% (0)
DN – Eaglebridge	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)
DN – Firdale	District Nursing	1.72% (1)	0% (0)	0% (0)	0% (0)
DN – Grosvenor / Hungerford	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)
DN – Middlewich	District Nursing	0% (0)	0% (0)	0% (0)	23.08% (6)
DN – Rope Green	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)

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

Experience Section:

Indicators	YTD 16/17	Last four months			
		Nov-16	Dec-16	Jan-17	Feb-17
Complaints received by month	238	20	13	19	10
Complaints being reviewed by the Ombudsman		6	3	3	3
Closed complaints by month	269	35	23	11	13
Contacts raising informal concerns	928	64	68	102	94
Compliments received in month	1682	100	374	172	151
Number of new claims received in month	40	3	6	3	3
Number of claims closed	29	1	0	4	4
Number of inquests concluded	14	1	2	5	0
NHS Choices - Star Ratings (Leighton)		4	4	4.5	4.5
NHS Choices - Star Ratings (VIN)		4.5	4.5	5	5
NHS Choices - Number of new postings	102	12	9	9	12
F&FT Response Rate ED, MIU, UCC and Assessment Areas*		5%	4%	4%	4%
Proportion of positive responses ED, MIU, UCC and Assessment Areas		95%	96%	96%	97%
F&FT Response Rate Inpatients and Daycases		23%	29%	22%	28%
Proportion of positive responses Inpatients and Daycases		98%	98%	98%	99%
F&FT Response Rate Outpatients		8%	5%	5%	5%
Proportion of positive responses Outpatients		96%	95%	97%	96%
F&FT Response Rate Maternity - Birth		19%	15%	14%	16%
Proportion of positive responses Maternity - Birth		98%	97%	100%	92%
F&FT Response Rate Community (CCICP)		25%	18%	21%	20%
Proportion of positive responses Community (CCICP)		92%	88%	90%	88%

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

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

Description

Aggregate Position/Description

Trend

Monthly Trust complaints received by the Trust

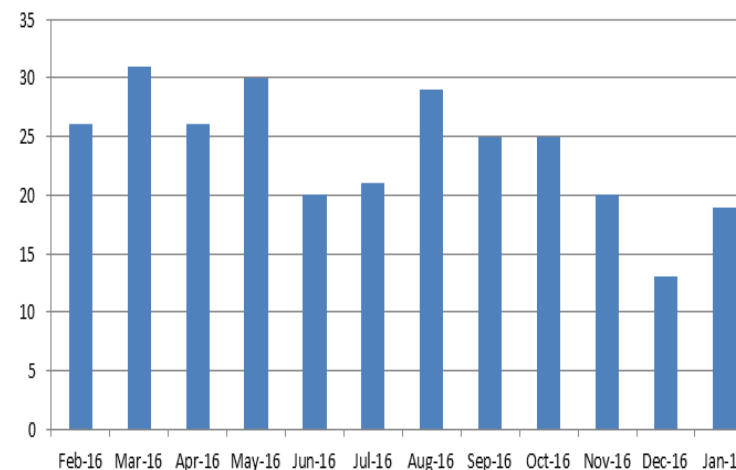
10 complaints were received in February 2017 which covered 38 categories. The highest categories were:

- Communication
- Medical delay in treatment
- Infection Control

Highest 3 areas receiving complaints/issues were:

- Emergency Department: 2 complaints/ 5 issues
- Ward 13 :1 complaint/ 5 issues
- Ward 12 :1 complaint/ 4 issues

Complaints received by month



Formal Complaints

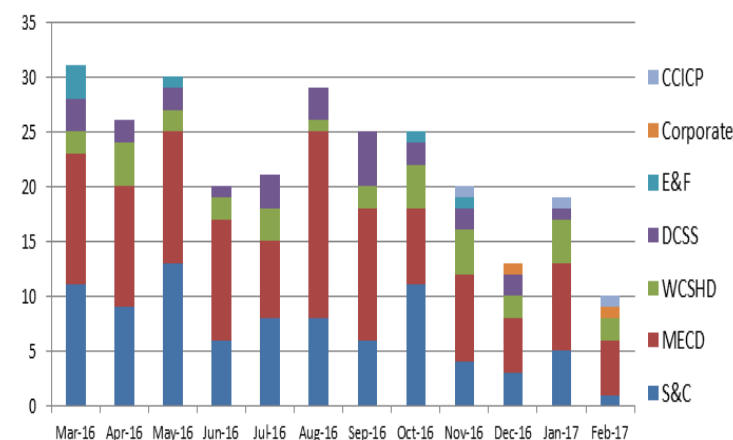
Number of formal complaints by Division

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

S&C: 1
DCSS: 0
W&CD: 2
MECD: 5
CCICP: 1
E&F: 0
Corporate Services: 1

Examples of complaints for February 2017
S&C – Delay between tests and diagnosis of cancer
W&CD – poor and incorrect antenatal care at 12 week scan
MECD – lack of communication since referral for

Complaints received by Division



Formal Complaints by Division

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

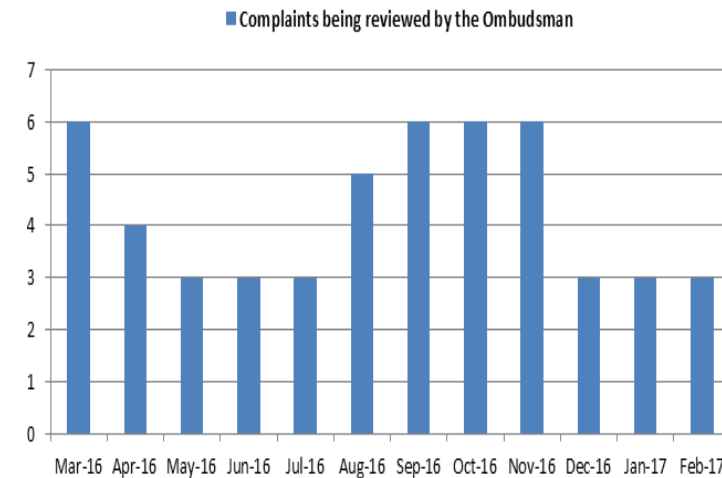
Description

Aggregate Position/Description

Trend

Complaints being reviewed by the Public Health Service Ombudsman (PHSO)

In February 2017 3 complaints were active with the PHSO

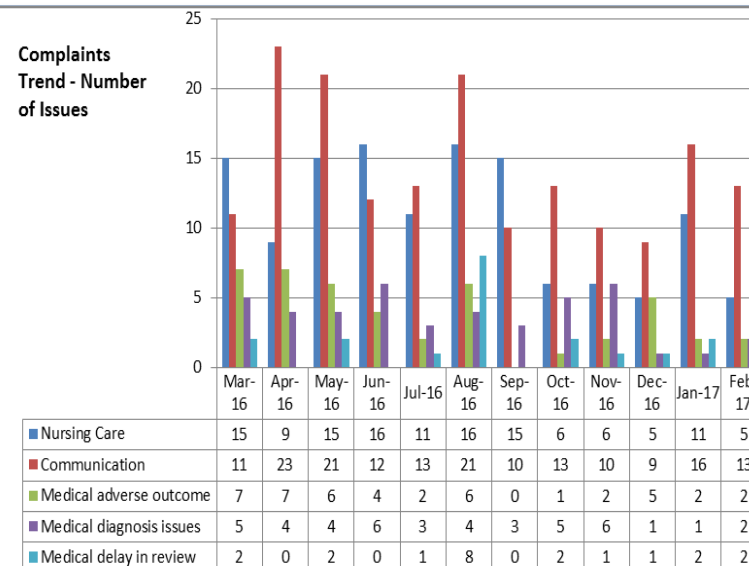


Ombudsman

Complaint Trends and number of issues

The main trends in February 2017 were:

- Communication: 6 complaints/ 13 issues
- Medical delay in treatment: 3 complaints/ 3 issues
- Infection Control: 1 complaint/ 3 issues



Complaint Trends

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

Description

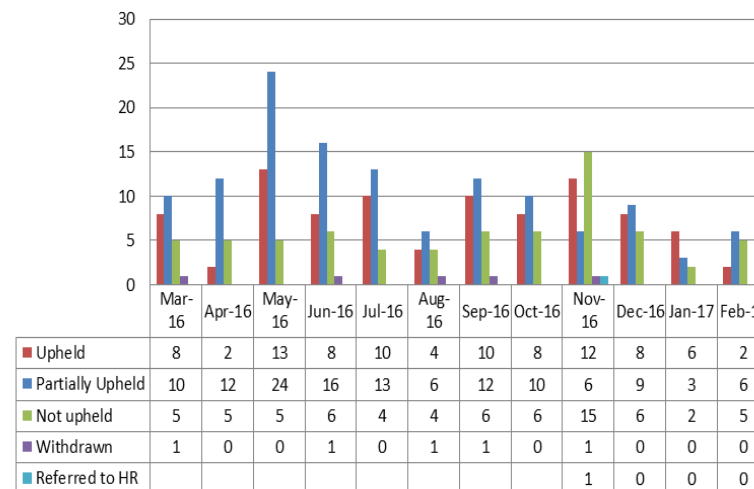
Aggregate Position/Description

Trend

Closed
Complaints

13 complaints were closed in February 2017.

Closed Complaints By Month



Closed
Complaints

Closed
Complaints
by Division

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

Division	Upheld	Partially Upheld	Not Upheld	Withdrawn	Ref HR	Sub-Total
Medicine and Emergency Care	1	3	1	0	0	5
Surgery and Cancer	1	3	2	0	0	6
Diagnostics & Clinical Support Services	0	0	1	0	0	1
Women's and Children's	0	0	1	0	0	1
Estates & Facilities	0	0	0	0	0	0
CCICP	0	0	0	0	0	0
		Total closed				13

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

Complaints closed by Division

Table Removed Under Section 40 of the Freedom of Information Act

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

Description

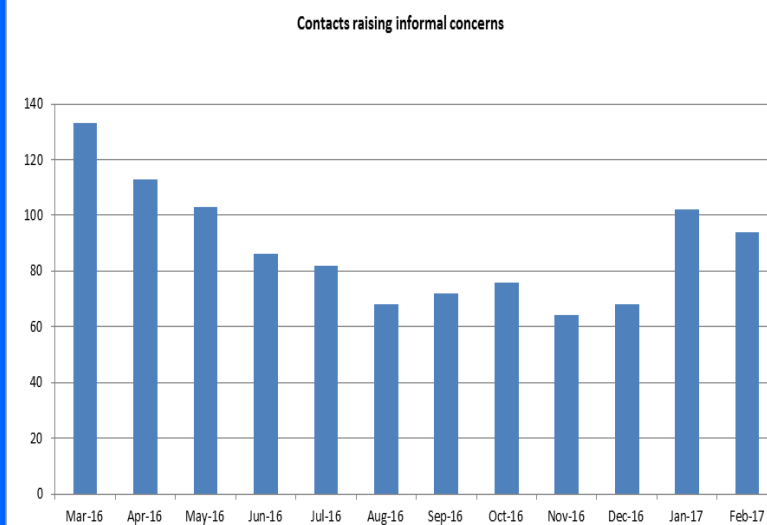
Aggregate Position/Description

Trend

Informal Concerns Numbers

The number of contacts raising informal concerns for February 2017 was 94, a decrease of 6 on the previous month.

The Division of Medicine and Emergency Care has received the largest number of contacts with 39 people raising 62 individual concerns.



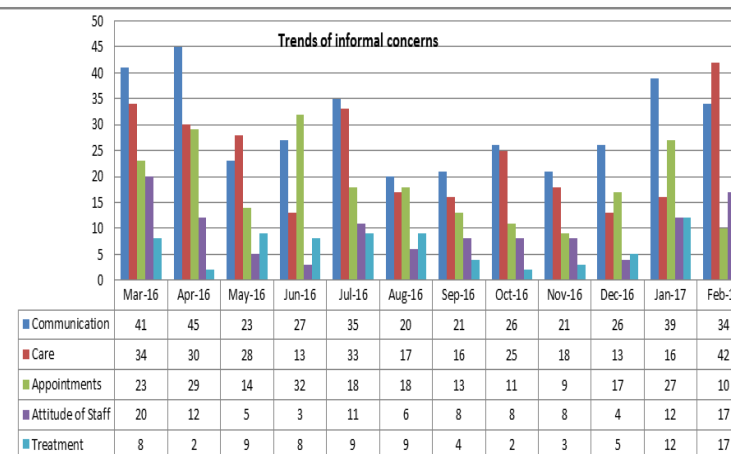
Informal Concerns
Feedback

Informal Concerns Trends

Care was the highest trend for informal concerns in February 2017, with 21 of the 42 issues raised belonging to the Surgery and Cancer Division. Seven of these 21 issues belong to orthopaedics.

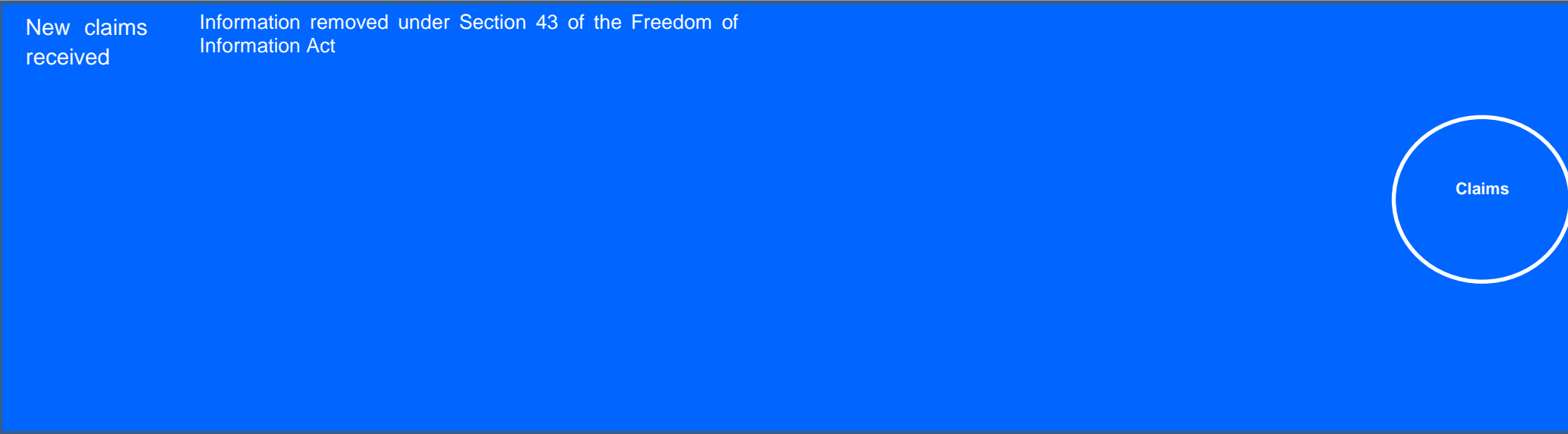
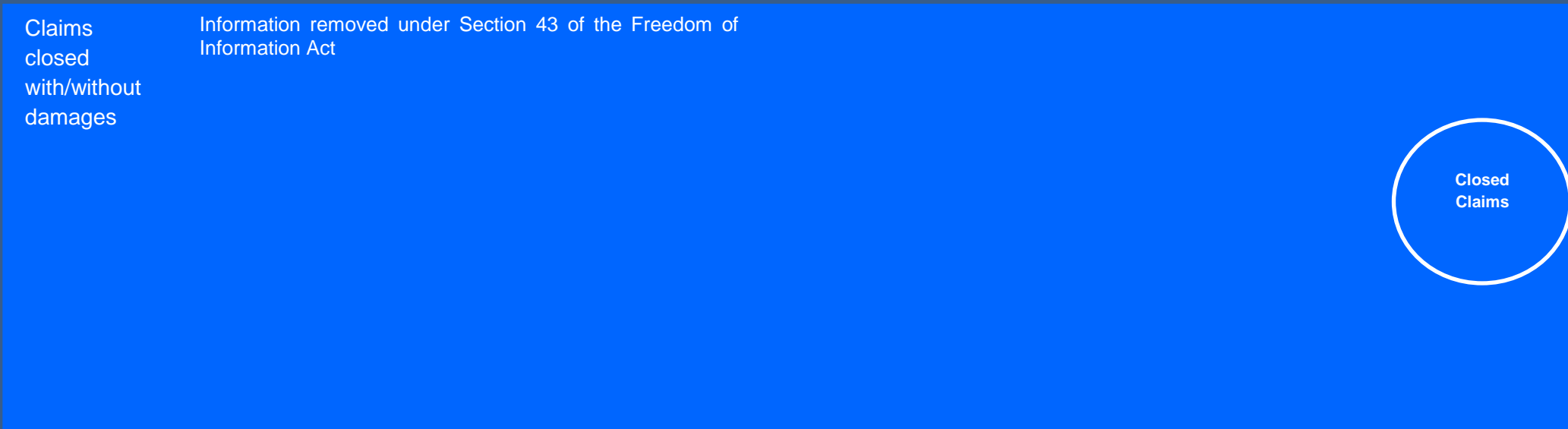
Of the 34 issues relating to communication, 14 belong to the Surgery and Cancer Division, with 5 issues relating to urology.

Of the 17 issues relating to attitude of staff, 6 belong to the Division of Medicine and Emergency Care. Four of the 6 issues belong to the emergency department with 3 of the 4 pertaining to nurses.





Informal Concerns
Trends

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

Description	Aggregate Position/Description	Trend
New claims received	Information removed under Section 43 of the Freedom of Information Act	
Claims closed with/without damages	Information removed under Section 43 of the Freedom of Information Act	

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

Description	Aggregate Position/Description	Trend
Value of claims closed by month	Information removed under Section 43 of the Freedom of Information Act	 <p>Value of Claims</p>
Top five claims by Specialty	Information removed under Section 43 of the Freedom of Information Act	 <p>Top 5 Claims by Specialty</p>

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

Description	Aggregate Position /Description	Trend																											
Number of Inquests concluded by month	No inquests were concluded in February 2017.	<div><p>Inquests concluded by month</p><table><thead><tr><th>Month</th><th>Inquests</th></tr></thead><tbody><tr><td>Mar-16</td><td>0</td></tr><tr><td>Apr-16</td><td>1</td></tr><tr><td>May-16</td><td>0</td></tr><tr><td>Jun-16</td><td>1</td></tr><tr><td>Jul-16</td><td>3</td></tr><tr><td>Aug-16</td><td>0</td></tr><tr><td>Sep-16</td><td>0</td></tr><tr><td>Oct-16</td><td>1</td></tr><tr><td>Nov-16</td><td>1</td></tr><tr><td>Dec-16</td><td>2</td></tr><tr><td>Jan-17</td><td>5</td></tr><tr><td>Feb-17</td><td>0</td></tr></tbody></table></div>	Month	Inquests	Mar-16	0	Apr-16	1	May-16	0	Jun-16	1	Jul-16	3	Aug-16	0	Sep-16	0	Oct-16	1	Nov-16	1	Dec-16	2	Jan-17	5	Feb-17	0	Inquests
Month	Inquests																												
Mar-16	0																												
Apr-16	1																												
May-16	0																												
Jun-16	1																												
Jul-16	3																												
Aug-16	0																												
Sep-16	0																												
Oct-16	1																												
Nov-16	1																												
Dec-16	2																												
Jan-17	5																												
Feb-17	0																												
NHS Choices Star Ratings	Leighton Hospital is rated at 4.5 stars. Victoria Infirmary, Northwich is rated at 5 stars. The ratings are based on 252 postings received to date.	<div><div><p>Leighton Hospital</p><div><p>4.5 Stars</p></div></div><div><p>Victoria Infirmary</p><div><p>5 Stars</p></div></div></div>	NHS Choices – Star Ratings																										

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

Description

Aggregate Position /description

Trend

NHS Choices postings

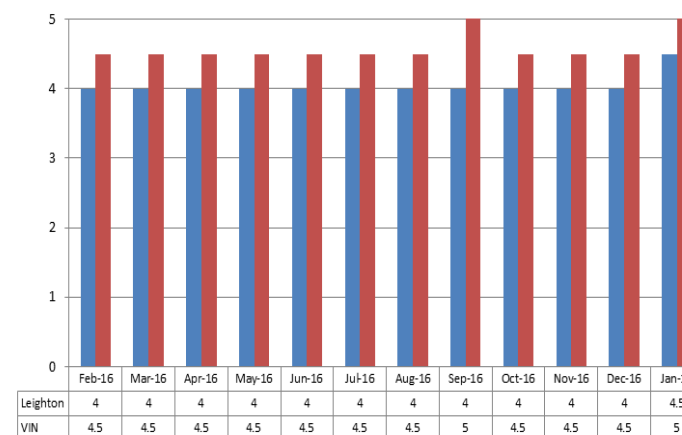
There were 12 postings on NHS Choices in February 2017.

Examples of feedback included:

“From the ambulance staff at my home, through my admittance to A&E, and then to ward 6, I had the best of attention from everyone - doctors, nursing staff, therapists and ancillaries” (Stroke Services)

“Leighton Hospital must be commended for providing the very best of care to their community. All staff without exception were professional and diligent in the care of their patients” (Ward 1)

NHS Choices Star Ratings (out of 5)



NHS Choices - Postings

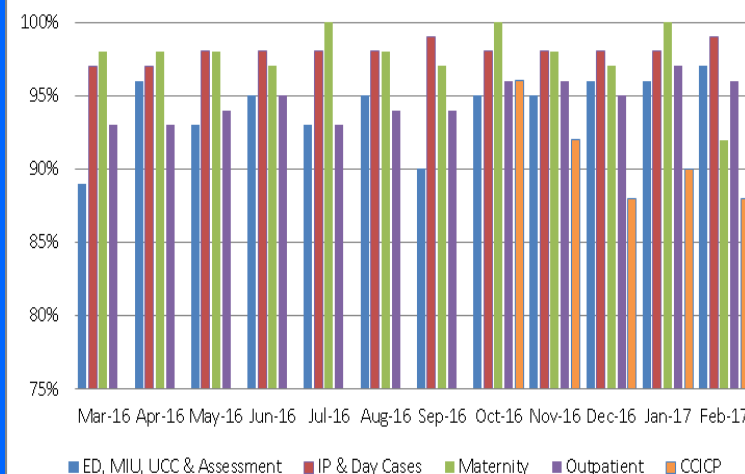
The Family and Friends Test asks patients if this would recommend our hospital services to a friend or relative based on their treatment and experience

In February 2017 the Trust has scored the following positive response scores :

Inpatients and day cases	99%
Emergency care /Assessment areas	97%
Outpatients	96%
Maternity	92%
CCICP	88%

2384 responses were received and 97% of those patients would recommend our hospital services.

FFT Positive Response Score - February 2016 onwards



Family & Friends Test

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

Description

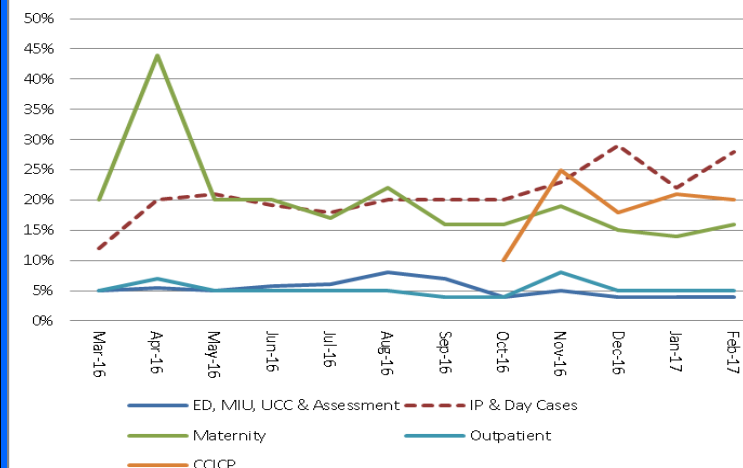
Aggregate Position

Trend

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

February 2017	% Response	Total Responses received	How many would recommend
Ward/Dept			
A&E , UCC & MIU	4%	219	212
Inpatients & Daycases	28%	1103	1089
Maternity	16%	36	33
Outpatients	5%	928	894
CCICP	20%	411	363

FFT Response Rate - February 2016 onwards



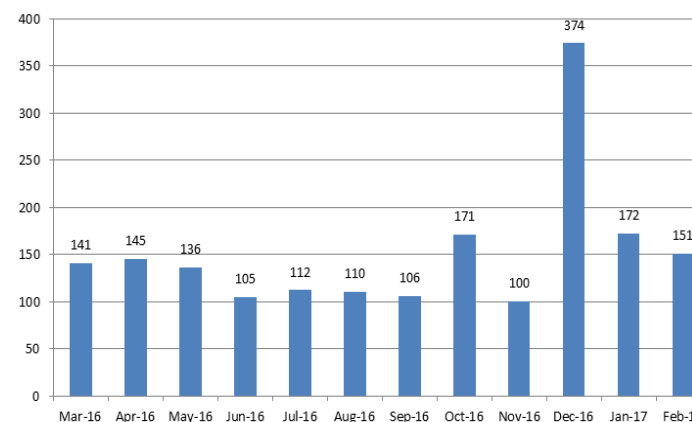
Family & Friends Test

Compliments received

There were 151 compliments/thank-you's received for February 2017.

'I would just like to thank the staff on ward 12 for accommodating me and my daughter whilst I was in hospital for 2 weeks. The staff do not get enough credit for the hard work they do and I just want to say a massive thank you for everything they did from getting my mum a bed to looking after my daughter, to sterilising bottles for us, to responding so promptly to me. Amazing ladies, every single one of them.'

Compliments



Compliments

Board of Directors Performance Report

February 2017

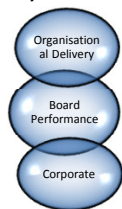
**"To Deliver Excellence in Healthcare through Innovation &
Collaboration"**

Introduction

Performance Report

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

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



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

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

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

Tracy Bullock
Chief Executive

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Planned Activity	7
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Capital Summary	18
State of Financial Position	19
Cash position and Working Capital	20
Staff Costs	21

Headline Measures

Organisational Delivery			
Indicator	Standard	YTD	Feb-17
Cancer			
Urgent referrals seen in 2 wks (%)	93.00%	98.16%	99.15%
No of Patients Seen		8,035	706
No of Breaches		148	6
62 day from urgent GP (%)	85.00%	92.66%	89.36%
No of Patients Seen		620	47
No of Breaches		46	5
62-day wait for first treatment from NHS Cancer Screening Service referra	90.00%	95.45%	100.00%
No of Patients Seen		99	6
No of Breaches		5	0

Unplanned Activity			
A&E <4hrs Standard (%)	95.00%	89.59%	93.33%
A&E Attendances LH & MIU (% to plan)		100.99%	95.07%
A&E Attendances LH & MIU (Vol)		74,575	6,165

Planned Activity			
Incomp Pathways <18wk (%)	92.00%	94.27%	95.49%
>6wk Diagnostic Waits (%)	1.00%	0.36%	0.07%
Total Patients Waiting for a First Outpatient Appointment			7,812

Indicator	Standard	YTD
Workforce		
Sickness absence Rolling 12 Month		3.96%
Turnover Rolling 12 Month		10.56%

Corporate					
Indicator	YTD Rating		YE Rating	YE Metric	
	Plan	Actual	Forecast	Plan	Forecast
Finance					
Use of Resource Rating		3	3		
Capital Service Capacity	4	2	3	0.80	1.49
Liquidity	4	4	4	-23	-20
I&E Margin	4	2	3	-0.32%	-0.49%
Distance from Financial Plan	0	1	2	0.00%	-0.17%
Agency Spend	1	2	3	0.00%	30.30%

	YTD Target	YTD Actual	YTD Variance	FY Target	FY Forecast	FY Variance
Cost Improvement Scheme Total (£000's)	3,039	3,046	7	3,315	3,329	14
Revenue Generation Scheme total (£000's)	3,304	2,094	-1,209	3,694	2,283	-1,411
Commission Contact Income SC & VR (£000's)	139,327	143,624	4,297			
Contract Income (£'000) Net of Drugs	177,336	175,359	-1,977			
Pay to Budget (£000's)	-141,785	-138,917	2,868			
Non Pay to Budget (£000's) Net of Drugs	-51,052	-51,563	-511			
Agency Trajectory (£000's)	-5,719	-6,621	-902			

Exec Summary

In February, 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 93.3%. It should be noted however that along with November this is the highest performance of 2016/17, and means that the Trust remains in the top quartile nationally.

The Trust continues to consistently achieve the RTT 18 week referral target for incomplete pathways, with February performance at 95.49%. February also saw the Trust achieve the Non-Admitted RTT element for the first time this FY, but did not achieve the target for Admitted patients.

In Diagnostics, just 0.07% of patients waited longer than 6 weeks in the January reporting period, which is also the Trust's best position in over a year.

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

The volume of GP referrals continues to be below target. Elective activity also remains below plan, with February seeing both Inpatient and Daycase numbers down.

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

The Trust's normalised I&E position is a surplus of £592k against a planned deficit of £1,041k. The main areas resulting in this worse than planned position, excluding drugs offsets are Contract Income (£2.0M), Other Income £0.4M, Pay £2.9M, Non-Pay (£0.5M) and Depreciation £0.5M. The movement in month is related to Community Services costs being confirmed where before they had been reported as in line with budget.

The forecast position includes the recently agreed settlement on the contract with South Cheshire & Vale Royal of £154.0M which is £3.0M less than the forecast value - this being without prejudice to the ongoing dispute with regard to Zero day admissions.

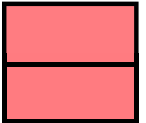
The Trust is meeting its CIP target but will not deliver the Revenue Generation due to gaps in the clinical workforce.

The Trust is currently £902k behind its Agency spend trajectory which for the full year is £6.2M being £3.5M less than 2015/16.

Single Oversight 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 ongoing 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		Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Monthly Trend
	Target	Actual													
Maximum 6 week wait for Diagnostic procedures	1%	0.36%	1.22%	0.49%	0.18%	0.16%	0.21%	0.11%	0.63%	0.13%	0.24%	0.18%	0.07%		
All Cancers: 62-day wait for first treatment from urgent GP referral (%)	85%	92.66%	91.49%	96.55%	89.47%	92.81%	89.76%	95.24%	95.37%	92.74%	93.67%	91.40%	89.36%		
All Cancers: 62-day wait for first treatment from NHS Cancer Screening Service referral (%)	90%	95.45%	94.74%	77.78%	100.00%	92.31%	90.00%	100.00%	100.00%	100.00%	100.00%	94.12%	100.00%		
18 weeks from point of referral to treatment - patients on an incomplete pathway (%)	92%	94.27%	94.65%	94.80%	93.95%	93.99%	93.52%	93.50%	93.49%	94.47%	94.26%	95.32%	95.49%		
A&E - maximum waiting time of 4 hours from arrival to admission/transfer/discharge (%)	95%	89.59%	89.78%	85.57%	87.46%	88.86%	93.12%	92.18%	89.21%	93.33%	89.25%	84.47%	93.33%		
A&E STF Trajectory			88.0%	89.0%	92.0%	95.0%	95.0%	95.0%	92.0%	92.0%	92.0%	93.5%	92.0%	92.8%	

Financial & Resource		Unit	YE Plan	YE Forecast	YE Rating	YTD Plan	YTD Actual	YTD Rating
Financial Sustainability	Capital Service Capacity	0.0x	0.80	1.49	3	0.60	1.91	2
	Liquidity	days	-23	-20	4	-23	-18	4
Financial Efficiency	I&E Margin	%	-0.32%	-0.49%	3	-1.43%	0.24%	2
Financial Controls	Distance from Financial Plan	%	0.00%	-0.17%	2	0.00%	1.67%	1
	Agency Spend	%	0.00%	30.30%	3	0.00%	23.96%	2
Overall UOR Rating					3			3

Operational Delivery: Cancer Pathway

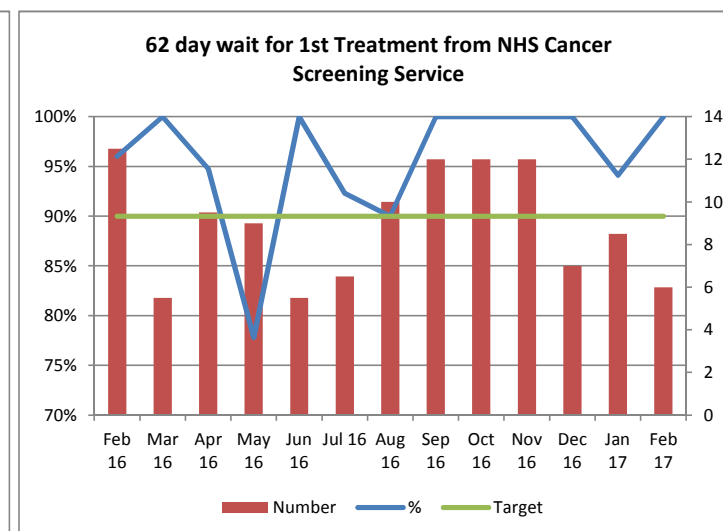
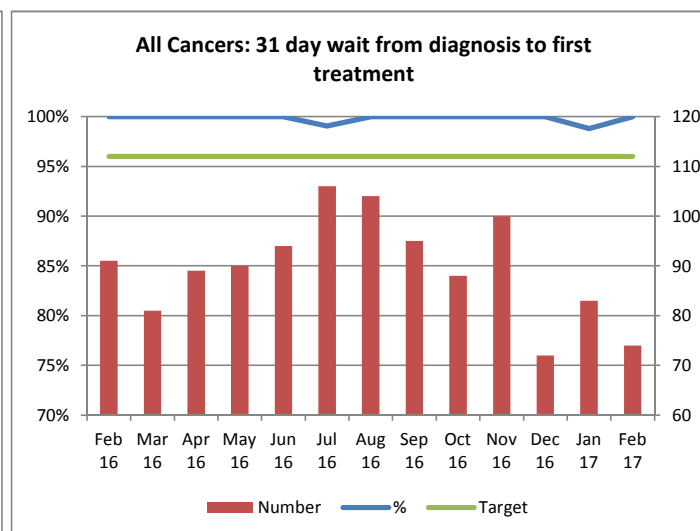
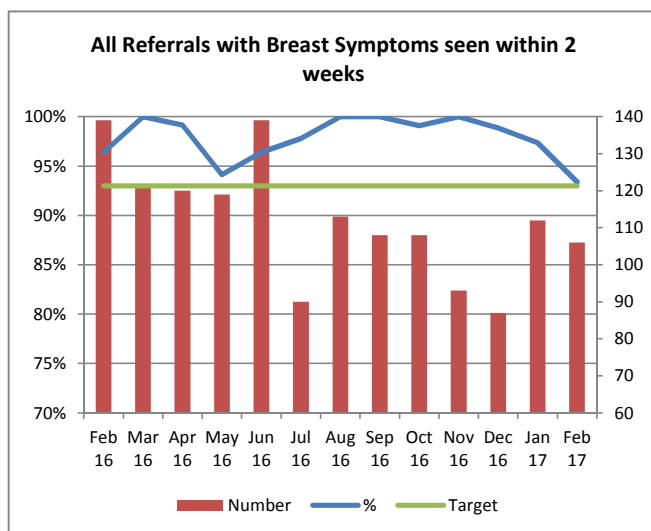
Headline Measures

	Current YTD		Rolling 13 months													Monthly Trend
	Target	Actual	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	
Urgent GP referrals seen within 2 weeks (% to Target)	93%	98.16%	98.15%	96.61%	97.09%	97.55%	96.86%	98.20%	98.55%	98.25%	98.60%	98.79%	98.93%	97.66%	99.15%	
Number of Referrals		8035	702	708	755	774	795	666	685	687	713	743	652	641	706	
Number of Breaches		148	13	24	22	19	25	12	10	12	10	9	7	15	6	
% seen within 7 days		54.7%							63.8%	58.7%	64.5%	62.0%	51.1%	69.1%	54.3%	
62 day wait for 1st treatment from urgent GP referral for suspected cancer (% to Target)	85%	92.66%	96.15%	93.41%	91.49%	96.55%	89.47%	92.81%	89.76%	95.24%	95.37%	92.74%	93.67%	91.40%	89.36%	

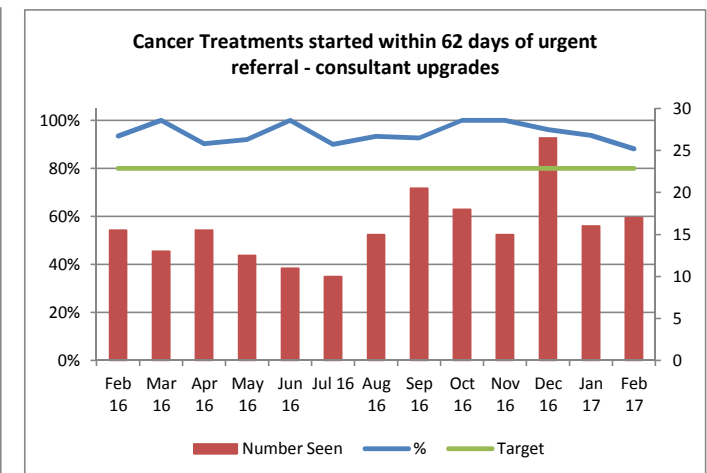
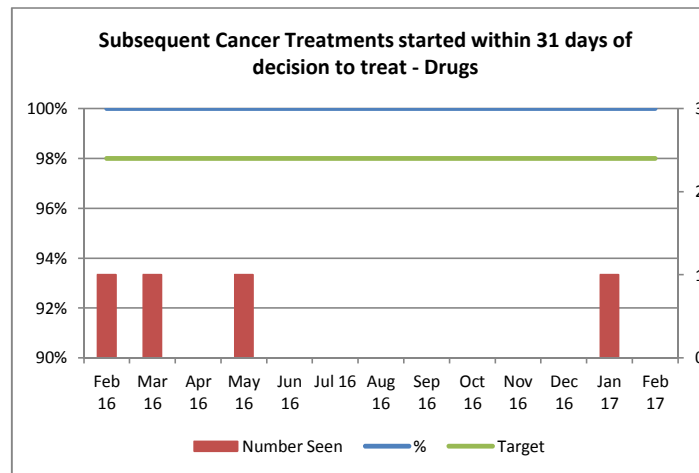
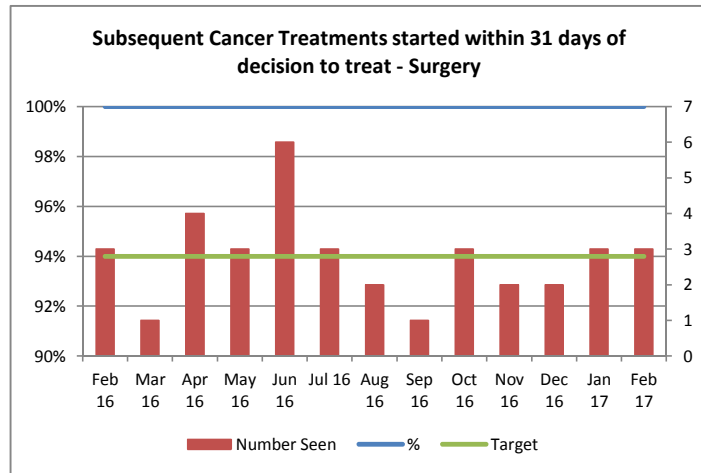
Commentary

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

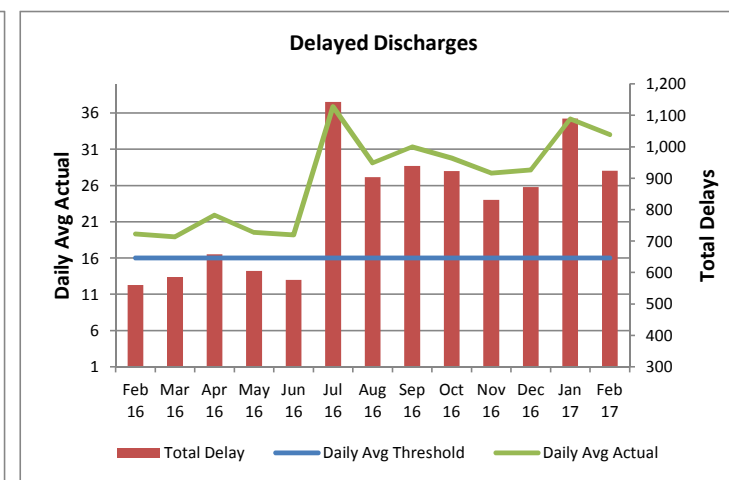
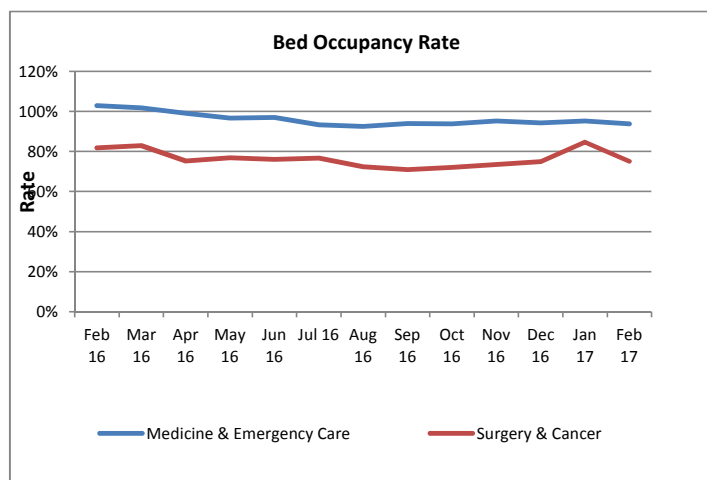
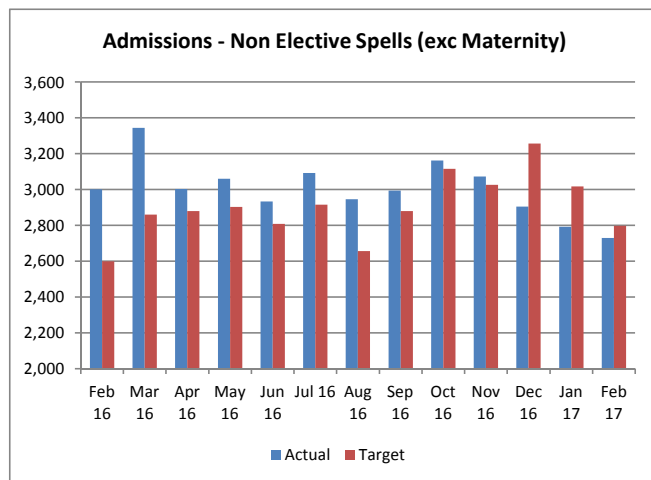
		Current YTD		Rolling 13 months													
		Target	Actual	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Monthly Trend
A&E - >4 hr wait time from arrival to admission/ transfer/ discharge (% to Target)		95%	89.59%	90.10%	84.52%	89.78%	85.57%	87.46%	88.86%	93.12%	92.18%	89.21%	93.33%	89.25%	84.47%	93.33%	
No. of 4hr breaches			8,200	696	1,215	709	1,128	934	854	503	570	813	443	753	1,082	411	
		Plan	Actual	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Monthly Trend
A&E Attendances Leighton & MIU (% to Plan)			100.99%	101.7%	102.2%	99.2%	106.3%	101.7%	99.7%	100.2%	104.1%	104.1%	97.9%	101.8%	100.3%	95.1%	
A&E Attendances Leighton & MIU (No.)		72,864	74,575	6,522	7,215	6,533	7,454	6,995	7,207	6,826	6,815	7,024	6,218	6,596	6,742	6,165	
A&E Attendance Case Mix (Leighton)	Major		57.88%	61.8%	58.3%	59.6%	54.8%	56.6%	58.0%	59.6%	57.6%	59.0%	60.4%	59.3%	56.2%	56.1%	
	Minor		35.22%	31.8%	34.3%	34.9%	38.1%	37.9%	36.6%	35.6%	37.7%	35.0%	33.8%	32.7%	32.1%	32.4%	
	Resus		3.37%	4.2%	4.8%	3.5%	4.6%	3.5%	3.4%	2.5%	2.3%	3.1%	2.8%	4.2%	4.1%	2.9%	
	Unknown/UCC		3.52%	2.2%	2.7%	2.0%	2.5%	2.0%	2.0%	2.3%	2.3%	2.9%	3.1%	3.8%	7.6%	8.6%	

Commentary

Attendance numbers in A&E were lower in February. The Trust achieved its strongest performance of the last 12 months at 93.33% with just over 400 breaches for the month.

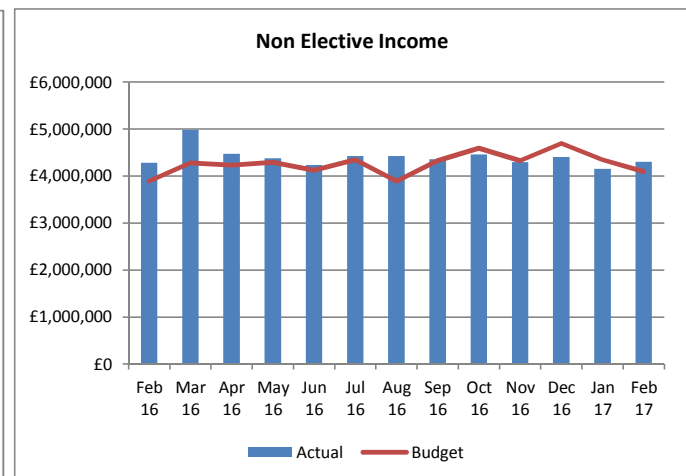
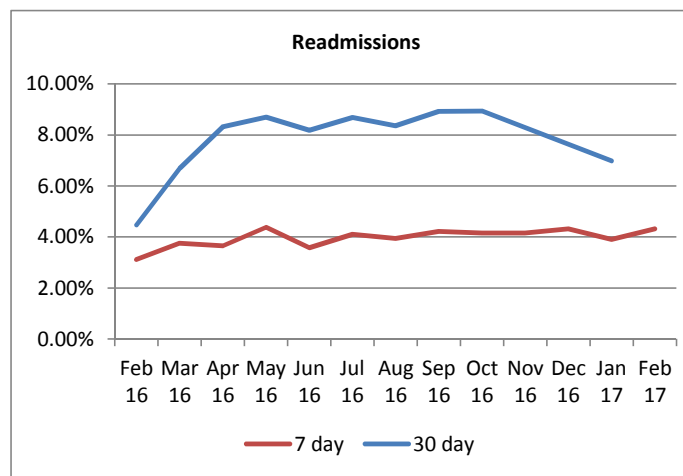
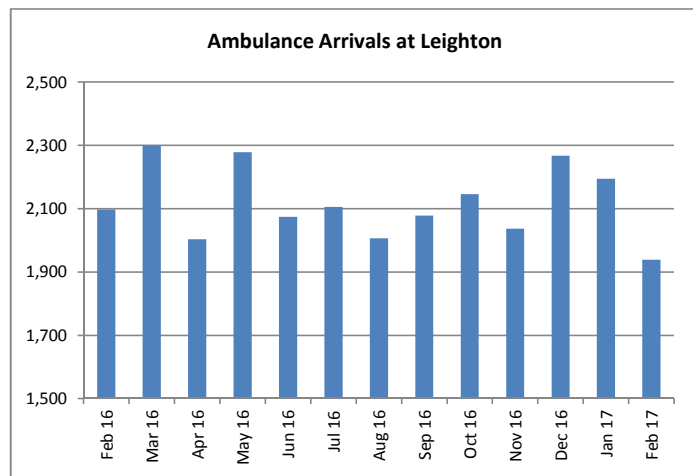
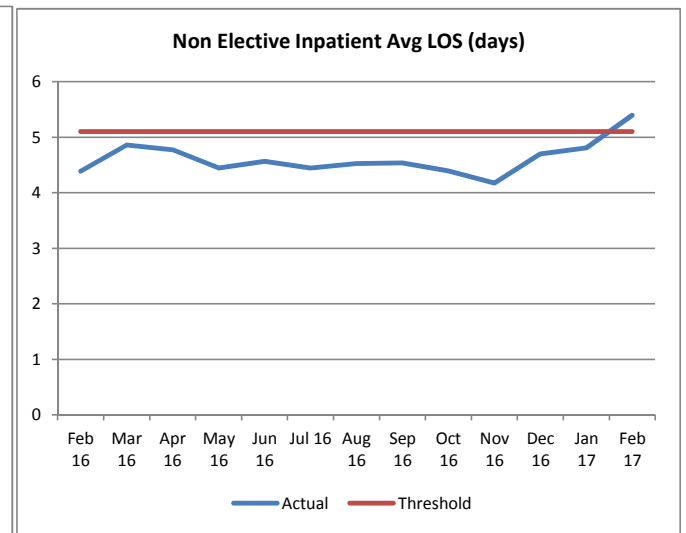
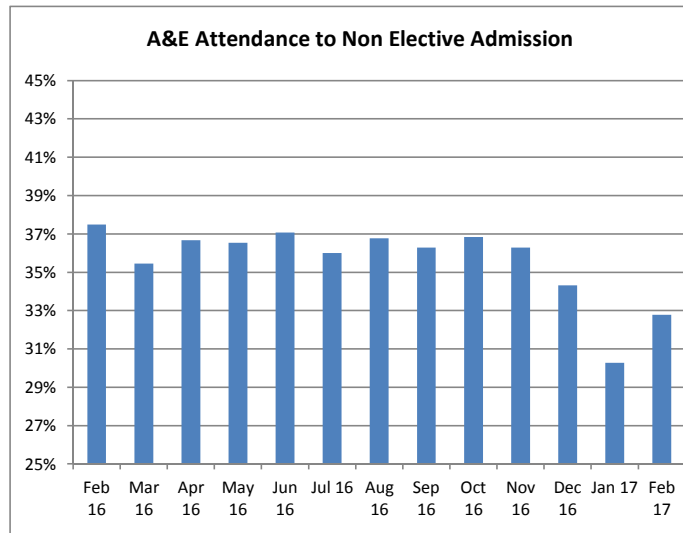
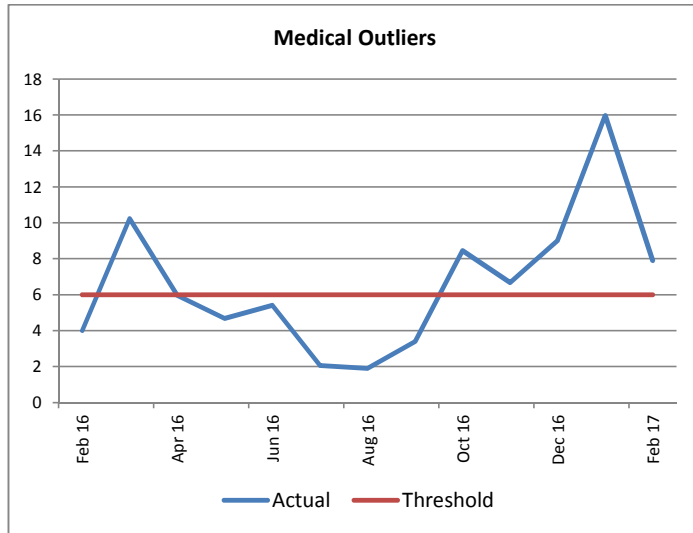
The Trust continues to see non-elective admissions reducing, and February saw numbers below plan for the third consecutive month. Delayed discharges do however remain a concern within the hospital, with total delays sustained at over 800 bed days per month for the last 8 months. The number of medical patients on non-medical wards fell from the January high, following a number of unplanned ward closures last month.

Primary Drivers










Operational Delivery: *Unplanned Activity A&E*

Secondary Drivers



Operational Delivery: *Planned Activity*

Headline Measures

	Current YTD		Rolling 13 months													
	Target	Actual	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Monthly Trend
18 weeks from Referral to Treatment in Aggregate - Incomplete	92%	94.27%	95.16%	94.56%	94.65%	94.80%	93.95%	93.99%	93.52%	93.50%	93.49%	94.47%	94.26%	95.32%	95.49%	
Total 18 Weeks		169,221	15,096	15,435	17,025	16,956	17,358	17,158	16,688	15,923	14,876	14,191	13,780	12,696	12,570	
No. > 18 Weeks		9,696	730	839	910	882	1,050	1,032	1,081	1,035	969	785	791	594	567	
Diagnostic Waiting Time	1%	0.36%	0.33%	0.98%	1.22%	0.49%	0.18%	0.16%	0.21%	0.11%	0.63%	0.13%	0.24%	0.18%	0.07%	
Total Number of Waiters		49,485	4,588	3,678	5,588	7,121	6,149	4,358	3,806	3,767	3,630	3,149	3,826	3,786	4,305	
Waiters of 6 Weeks +		179	15	36	68	35	11	7	8	4	23	4	9	7	3	
Total Patients Waiting for a First Outpatient Appointment			9,557	9,905	10,673	10,720	10,937	10,967	10,746	10,155	9,544	8,359	7,842	7,205	7,812	
Longest Wait Time (weeks) - under development																

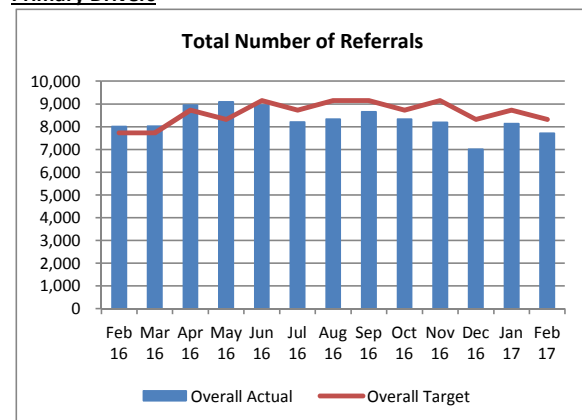
Commentary

The Trust has made continued improvement in RTT performance over recent months, with the Incomplete pathways position for February passing target at 95.49%, the Trust's strongest performance in over a year. The improvement in performance has largely been driven by the reduction in long waiters in the specialty of Gastroenterology, where the number of patients waiting for more than 18 weeks has been reduced by 75% in four months and in February saw Gastro achieve over 92% against the RTT incomplete pathway.

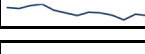



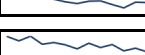



GP referrals continue to be significantly below plan, constituting less than 60% of total referrals for the second time in three months.

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 February, 0.07% of patients waited longer than 6 weeks for their diagnostic tests.

Primary Drivers

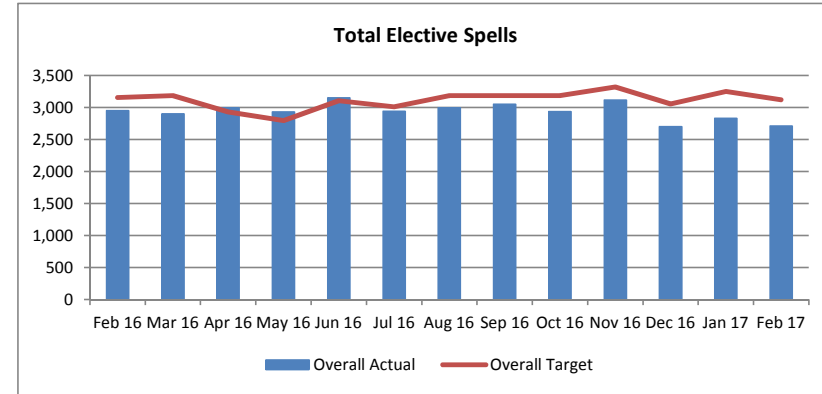
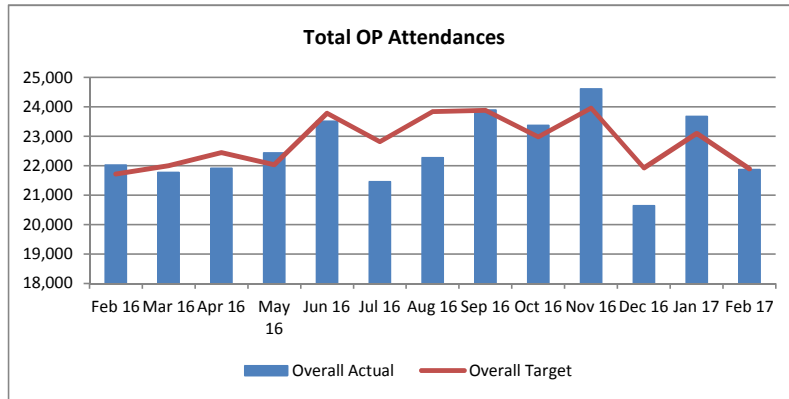


Referral Breakdown

	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Monthly Trend
GP Actual	5,136	5,048	5,762	5,622	5,586	5,055	5,035	5,383	5,063	5,061	4,192	4,929	4,592	
GP Target	5,072	5,072	5,505	5,243	5,767	5,505	5,767	5,767	5,505	5,767	5,243	5,505	5,243	
% to Target	101.3%	99.5%	104.7%	107.2%	96.9%	91.8%	87.3%	93.3%	92.0%	87.8%	80.0%	89.5%	87.6%	
Other Actual	2,872	2,980	3,196	3,465	3,370	3,151	3,298	3,277	3,263	3,135	2,821	3,200	3,126	
Other Target	2,656	2,656	3,222	3,069	3,376	3,222	3,376	3,376	3,222	3,376	3,069	3,222	3,069	
% to Target	108.1%	112.2%	99.2%	112.9%	99.8%	97.8%	97.7%	97.1%	101.3%	92.9%	91.9%	99.3%	101.9%	
Total Actual	8,008	8,028	8,958	9,087	8,956	8,206	8,333	8,660	8,326	8,196	7,013	8,129	7,718	
Total Target	7,728	7,728	8,728	8,312	9,143	8,728	9,143	9,143	8,728	9,143	8,312	8,728	8,312	
% to Target	103.6%	103.9%	102.6%	109.3%	98.0%	94.0%	91.1%	94.7%	95.4%	89.6%	84.4%	93.1%	92.9%	
GP % of Total	64.1%	62.9%	64.3%	61.9%	62.4%	61.6%	60.4%	62.2%	60.8%	61.7%	59.8%	60.6%	59.5%	

Operational Delivery: *Planned Activity*

Primary Drivers

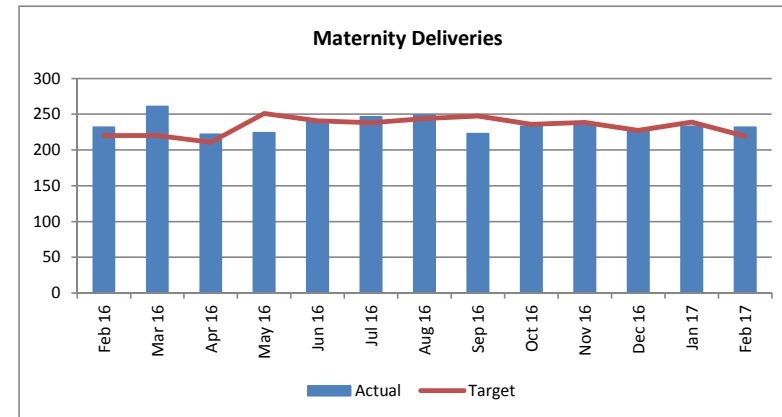
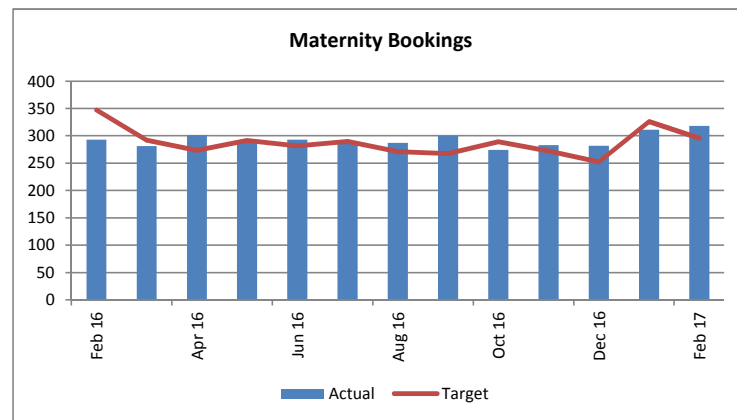
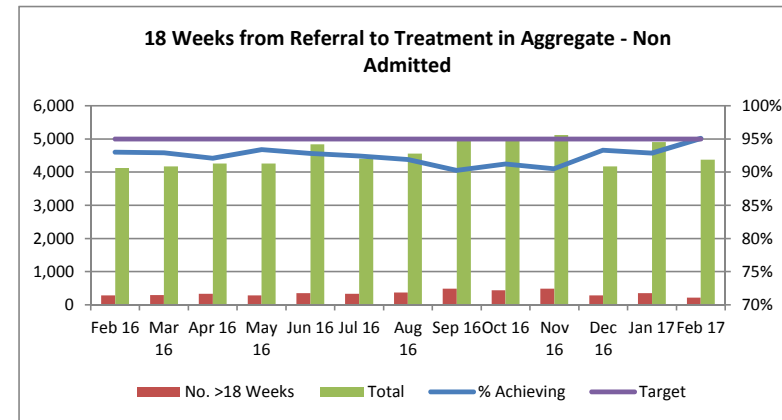
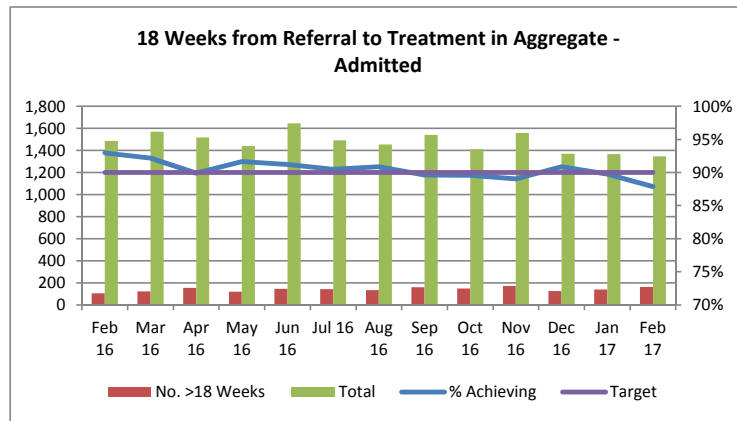


OP Attendance Breakdown		YTD	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Monthly Trend
New Actual		26,800	6,767	6,890	7,253	7,240	7,556	6,576	6,880	7,598	7,443	7,343	6,225	6,895	6,337	
New Target		28,084	6,683	6,710	6,970	6,693	7,329	7,002	7,333	7,337	7,081	7,408	6,747	7,138	6,791	
% to Target		95.4%	101.3%	102.7%	104.1%	108.2%	103.1%	93.9%	93.8%	103.6%	105.1%	99.1%	92.3%	96.6%	93.3%	
F U Actual		63,977	15,255	14,877	14,652	15,190	15,952	14,882	15,392	16,295	15,926	17,262	14,408	16,779	15,528	
F U Target		62,775	15,028	15,293	15,478	15,342	16,457	15,807	16,498	16,540	15,894	16,549	15,170	15,958	15,098	
% to Target		101.9%	101.5%	97.3%	94.7%	99.0%	96.9%	94.1%	93.3%	98.5%	100.2%	104.3%	95.0%	105.1%	102.8%	
Total Actual		90,777	22,022	21,767	21,905	22,430	23,508	21,458	22,272	23,893	23,369	24,605	20,633	23,674	21,865	
Total Target		90,858	21,711	22,002	22,447	22,035	23,786	22,809	23,831	23,876	22,975	23,957	21,917	23,096	21,889	
% to Target		99.9%	101.4%	98.9%	97.6%	101.8%	98.8%	94.1%	93.5%	100.1%	101.7%	102.7%	94.1%	102.5%	99.9%	
New % of Total		29.5%	30.7%	31.7%	33.1%	32.3%	32.1%	30.6%	30.9%	31.8%	31.8%	29.8%	30.2%	29.1%	29.0%	

Elective Spells Breakdown		YTD	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Monthly Trend
I P Actual		1,096	289	274	356	313	313	294	298	302	332	324	258	210	304	
I P Target		1,405	394	394	348	332	365	348	365	365	352	369	335	359	342	
% to Target		78.0%	73.4%	69.6%	102.2%	94.4%	85.7%	84.4%	81.6%	82.7%	94.4%	87.9%	77.0%	58.5%	88.8%	
Daycase Actual		10,255	2,659	2,625	2,638	2,617	2,834	2,643	2,697	2,745	2,604	2,788	2,442	2,620	2,405	
Daycase Target		11,336	2,758	2,793	2,580	2,462	2,738	2,660	2,818	2,818	2,834	2,952	2,717	2,892	2,775	
% to Target		90.5%	96.4%	94.0%	102.2%	106.3%	103.5%	99.4%	95.7%	97.4%	91.9%	94.4%	89.9%	90.6%	86.7%	
Total Actual		11,351	2,948	2,899	2,994	2,930	3,147	2,937	2,995	3,047	2,936	3,112	2,700	2,830	2,709	
Total Target		12,741	3,152	3,187	2,928	2,794	3,103	3,008	3,183	3,183	3,186	3,321	3,052	3,252	3,117	
% to Target		89.1%	93.5%	91.0%	102.2%	104.9%	101.4%	97.6%	94.1%	95.7%	92.1%	93.7%	88.5%	87.0%	86.9%	
I P % of Total		9.7%	9.8%	9.5%	11.9%	10.7%	9.9%	10.0%	9.9%	9.9%	11.3%	10.4%	9.6%	7.4%	11.2%	

Operational Delivery: *Planned Activity*

Primary Drivers

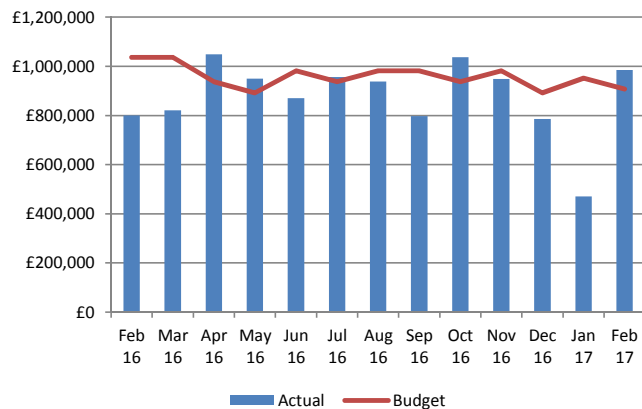


Operational Delivery: *Planned Activity*

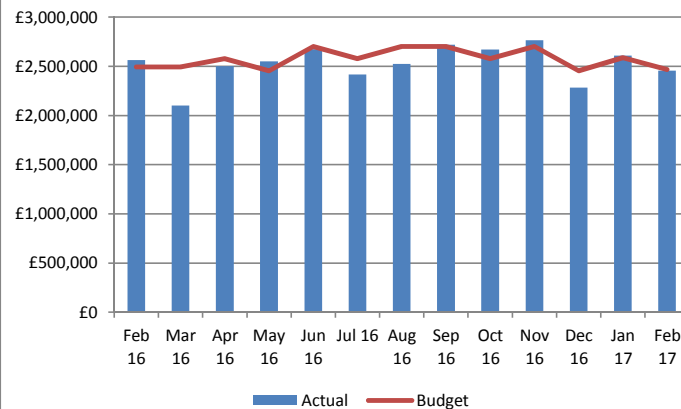
Secondary Drivers

		Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Monthly Trend	
Bed Occupancy Rate	Medicine & Emergency Care	102.8%	101.7%	99.0%	96.6%	97.0%	93.2%	92.5%	94.0%	93.7%	95.2%	94.2%	95.2%	93.8%		
	Surgery & Cancer	81.7%	82.8%	75.2%	76.9%	76.0%	76.7%	72.4%	71.0%	72.0%	73.4%	74.9%	84.6%	75.1%		
Elective Inpatient Avg LOS (Days)		3.0	3.7	2.5	3.1	2.6	3.2	3.2	2.7	3.3	2.3	3.3	2.1	2.8		
Delayed Transfers of Care (MFFD)		16.00	19	19	22	20	19	37	29	31	30	28	28	35	33	
Medical Outliers		4	10	6	5	5	2	2	3	8	7	9	16	8		
Readmission (Emergency Re-admissions after Planned Surgery)																
* reported from 16/17. One month delay	30 Day Rate	0.00%	0.00%	2.94%	2.97%	3.24%	2.77%	2.91%	3.15%	3.29%	3.14%	3.46%	3.27%	0.00%		
	7 Day Rate	0.00%	0.00%	1.15%	1.21%	1.33%	1.65%	1.01%	1.16%	1.29%	1.37%	1.24%	1.75%	1.67%		
Cancelled Operations - Non Clinical - Cancellation Rate		1.56%	2.07%	0.84%	1.57%	1.09%	1.40%	0.98%	1.48%	1.16%	0.61%	2.12%	0.85%	1.25%		
Theatre Efficiency																
	Main Theatres	68.6%	72.2%	74.0%	71.7%	77.3%	74.9%	79.6%	76.6%	77.6%	75.7%	75.5%	71.4%	76.3%		
	TC Theatres	69.8%	71.7%	70.0%	73.0%	71.7%	72.3%	74.4%	74.6%	77.2%	73.9%	72.6%	72.1%	76.0%		
DNA (OP Efficiency)		6.92%	6.16%	6.24%	6.11%	6.39%	6.34%	6.47%	6.72%	5.92%	6.15%	6.28%	6.13%	5.44%		
Hospital Cancellation Rate (OP Efficiency)		4.60%	5.48%	5.93%	4.75%	4.87%	5.19%	5.99%	5.01%	5.36%	5.34%	5.56%	5.40%	5.73%		

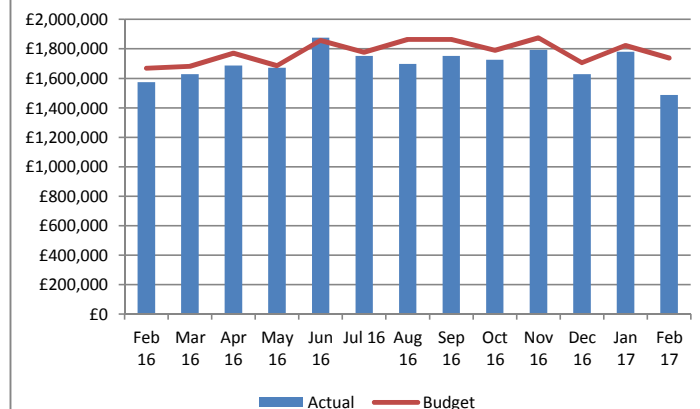
Elective Income



Outpatient Income



Day Case Income



Financial Performance: Income & Expenditure Position - Aggregated

	Month			Year to Date			Forecast	Base Budget 2016/17 £'000
	Plan Feb (£'000)	Actual Feb (£'000)	Variance Feb (£'000)	Plan April to Feb (£'000)	Actual April to Feb (£'000)	Variance April to Feb (£'000)	2016/17 (£'000)	
Operating								
Operating Income								
<i>NHS Acute Activity Income</i>								
Elective	915	994	79	10,379	9,804	-576	10,619	11,460
Non-Elective	4,102	4,410	308	47,284	48,124	839	52,844	53,215
Maternity	949	1,081	132	11,188	11,246	58	11,944	12,138
Day cases	1,801	1,487	-314	19,690	18,849	-842	20,904	21,748
Outpatients	2,475	2,475	-1	28,495	28,193	-303	30,991	31,340
A&E	592	641	49	7,198	7,519	321	8,341	7,887
Other NHS	7,100	6,558	-542	65,345	61,518	-3,827	64,096	58,989
Total NHS Clinical Revenue	17,934	17,645	-289	189,580	185,251	-4,329	199,739	196,777
<i>Other Operating Income</i>	1,977	2,308	331	21,092	21,541	449	23,599	22,302
TOTAL OPERATING INCOME	19,911	19,953	42	210,672	206,792	-3,880	223,338	219,079
Operating Expenses								
Employee Benefits Expenses (Pay)	-14,138	-13,626	512	-141,785	-138,917	2,868	-152,800	-146,239
Drugs	-1,589	-1,171	418	-17,148	-14,532	2,616	-15,942	-18,709
Clinical Supplies	-1,550	-720	830	-16,925	-16,259	666	-17,921	-18,415
Non Clinical Supplies	-315	-339	-24	-2,878	-2,896	-18	-3,202	-2,610
Other operating expenses	-2,008	-1,947	61	-26,345	-27,887	-1,542	-29,262	-26,422
TOTAL OPERATING EXPENSES	-19,600	-17,803	1,797	-205,081	-200,491	4,590	-219,127	-212,395
EBITDA	311	2,150	1,839	5,591	6,301	710	4,211	6,684
Non Operating								
Non Operating Income								
Interest & Asset disposal	4	1	-3	44	23	-21	24	47
Non-Operating Expenses								
Depreciation & Finance Leases	-443	-395	48	-4,981	-4,456	525	-4,840	-5,651
PDC Dividend Expense	-158	-158	0	-1,738	-1,738	0	-1,787	-1,900
Net Surplus/(deficit) before Exceptional Items	-286	1,598	1,884	-1,084	130	1,214	-2,392	-820
Provision against Contract dispute	0	0	0	0	-931	-931	0	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	-286	1,598	1,884	-1,041	592	1,633	-999	-820

The Trust delivered a £0.6M surplus cumulative against a planned deficit of £1.0M.

The transfer of Community Services (CS) on the 1st October is consolidated into the reported position. The impact of community services is improving the position by £1.0M

Contract income is £4.8M worse than plan cumulative. Key variances include planned income and drugs.

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

Pay is £2.9M better than plan cumulative as a result of underspends in medical pay from unfilled vacancies and community services.

Non-Pay is £1.7 better than plan cumulative as a result of high cost drugs (income offset) and Other (outsourcing).

The forecast position is a deficit of £1.5M as a result of the recent agreement with South Cheshire & Vale Royal CCGs in respect of the contract settlement for 1617. This is without prejudice to the current contract dispute in respect of zero day admissions.

Financial Performance: Income & Expenditure Position - MCHFT

	Month			Year to Date			Base Budget 2016/17 £'000
	Plan Feb (£'000)	Actual Feb (£'000)	Variance Feb (£'000)	Plan April to Feb (£'000)	Actual April to Feb (£'000)	Variance April to Feb (£'000)	
Operating							
Operating Income							
<i>NHS Acute Activity Income</i>							
Elective	915	994	79	10,379	9,804	-576	11,460
Non-Elective	4,102	4,410	308	47,284	48,124	839	53,215
Maternity	949	1,081	132	11,188	11,246	58	12,138
Day cases	1,801	1,487	-314	19,690	18,849	-842	21,748
Outpatients	2,475	2,475	-1	28,495	28,193	-303	31,340
A&E	592	641	49	7,198	7,519	321	7,887
Other NHS	4,873	4,331	-542	54,212	50,385	-3,827	58,989
Total NHS Clinical Revenue	15,707	15,418	-289	178,448	174,118	-4,330	196,777
<i>Other Operating Income</i>	1,807	2,087	280	20,241	20,636	395	22,302
<i>Inter-Trust Income</i>	48	48	0	191	191	0	
TOTAL OPERATING INCOME	17,562	17,553	-9	198,880	194,945	-3,935	219,079
Operating Expenses							
Employee Benefits Expenses (Pay)	-12,345	-11,997	348	-132,821	-130,936	1,885	-146,239
Drugs	-1,587	-1,171	416	-17,138	-14,529	2,609	-18,709
Clinical Supplies	-1,464	-1,320	144	-16,660	-16,049	611	-18,415
Non Clinical Supplies	-217	-205	12	-2,388	-2,484	-96	-2,610
Other operating expenses	-1,555	-1,645	-90	-23,913	-25,295	-1,382	-26,422
Inter-Trust Charges	-82	-82	0	-327	-327	0	
TOTAL OPERATING EXPENSES	-17,250	-16,420	830	-193,247	-189,620	3,627	-212,395
EBITDA	312	1,133	821	5,633	5,325	-308	6,684
Non Operating							
Non Operating Income							
Interest & Asset disposal	4	1	-3	44	23	-21	47
Non-Operating Expenses							
Depreciation & Finance Leases	-443	-395	48	-4,981	-4,456	525	-5,651
PDC Dividend Expense	-158	-158	0	-1,738	-1,738	0	-1,900
Net Surplus/(deficit) before Exceptional Items	-285	581	866	-1,042	-846	196	-820

Financial Performance: Income & Expenditure Position - CCICP

	Month			Year to Date			Base Budget 2016/17 £'000
	Plan Feb (£'000)	Actual Feb (£'000)	Variance Feb (£'000)	Plan April to Feb (£'000)	Actual April to Feb (£'000)	Variance April to Feb (£'000)	
Operating							
Operating Income							
<i>NHS Acute Activity Income</i>							
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	2,227	2,227	0	11,133	11,133	0	26,968
Total NHS Clinical Revenue	2,227	2,227	0	11,133	11,133	0	26,968
<i>Other Operating Income</i>	170	221	51	851	905	54	2,043
<i>Inter-Trust Income</i>	82	82	0	327	327	0	979
TOTAL OPERATING INCOME	2,479	2,530	51	12,311	12,365	54	29,990
Operating Expenses							
Employee Benefits Expenses (Pay)	-1,793	-1,629	164	-8,964	-7,981	983	-21,731
Drugs	-2	0	2	-10	-3	7	
Clinical Supplies	-86	600	686	-265	-210	55	
Non Clinical Supplies	-98	-134	-36	-490	-412	78	
Other operating expenses	-453	-302	151	-2,432	-2,592	-160	-7,687
Inter-Trust Charges	-48	-48	0	-191	-191	0	-571
TOTAL OPERATING EXPENSES	-2,480	-1,513	967	-12,352	-11,389	963	-29,989
EBITDA	-1	1,017	1,018	-41	976	1,017	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	-1	1,017	1,018	-41	976	1,017	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	(115)	(734)	(361)	(52)	(26)	(787)	(502)
Endoscopy	Endoscopy	5,711	0	(295)	(2,532)	(172)	(1,086)	377	2,092	(91)
General Surgery Directorate	General Surgery	15,128	106	(1,287)	(7,362)	557	(1,601)	118	6,271	(612)
Head & Neck Directorate	Head & Neck	4,893	378	(146)	(2,200)	266	(727)	(8)	2,345	112
Macmillan Cancer Centre	Macmillan Cancer Centre	477	1,427	93	(738)	(0)	(1,174)	(153)	(8)	(60)
Ophthalmology	Ophthalmology	11,488	64	(116)	(3,626)	297	(3,419)	(24)	4,507	158
Orthopaedic Directorate	Orthopaedics	18,271	271	(666)	(5,577)	129	(3,377)	(270)	9,588	(808)
Theatres & TC	Theatres & TC	0	333	16	(6,683)	(171)	(2,593)	(259)	(8,943)	(414)
Urology Directorate	Urology	5,643	107	603	(2,476)	55	(358)	(24)	2,916	634
Surgical and Cancer Division	Surgery & Cancer	61,612	2,687	(1,913)	(31,928)	600	(14,388)	(270)	17,982	(1,583)

The Surgical Division is £1,583k worse than budget as at Month 11. 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 as a result of winter pressures. Pay is better than plan as a result of medical vacancies and non-pay is worse than plan as a result of drugs costs in MacMillan, which is offset by income and surgical supplies costs in Orthopaedics and Theatres.

		Income			Expenditure				NET TOTAL	
		Contract	Variable	Better/ (Worse) than Budget	Pay	Better/ (Worse) than Budget	Non-Pay	Better/ (Worse) than Budget	Total	Better/ (Worse) than Budget
Emergency Care Divisional Mgmt	Divisional Management M&EC	0	23	23	(1,892)	182	(92)	(45)	(1,961)	159
Accident & Emergency Dir	Emergency Department	11,599	710	603	(5,334)	273	(1,082)	(106)	5,893	770
Anaesthetics & Critical Care	Anaesthetics & Critical Care	5,884	54	142	(7,096)	36	(1,173)	(289)	(2,331)	(112)
Medical Directorate	General Medicine	36,408	254	(318)	(20,817)	366	(4,319)	160	11,526	208
Urgent Care Centre	Urgent Care Centre	823	0	(129)	(358)	54	0	(5)	466	(81)
Emergency Services Division	Medicine & Emergency Care	54,714	1,040	321	(35,497)	909	(6,665)	(286)	13,592	944

The Medicine & Emergency Care Division is £944k better than budget as at Month 11. The main variances are better than plan on income in A&E as a result of higher non-elective admissions than plan. Lower non-elective admissions are being seen in recent months in General Medicine. Pay is better than plan as a result of medical vacancies and non-pay is worse than budget as a result of MASE and drug costs which are part offset by income.

		Income			Expenditure				NET TOTAL	
		Contract	Variable	Better/ (Worse) than Budget	Pay	Better/ (Worse) than Budget	Non-Pay	Better/ (Worse) than Budget	Total	Better/ (Worse) than Budget
Wom Chil & sexl hlth Div Mgmt	Divisional Management W&C	0	(6)	(6)	(1,206)	3	(62)	111	(1,274)	108
Gum clinic	GUM clinic	0	0	(5)	0	0	(37)	(37)	(37)	(42)
Obstetric & Gynaecology Dir	Obstetrics & Gynaecology	15,439	79	(542)	(7,867)	11	(1,299)	263	6,351	(269)
Paediatric Directorate	Paediatrics	10,629	104	736	(6,775)	108	(1,044)	(142)	2,915	701
Women and Childrens Division	Women and Children	26,068	178	182	(15,848)	121	(2,442)	196	7,956	499

The Womens and Childrens Division is £499k better than budget as at Month 11. 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	(281)	7	(18)	11	(299)	18
Dermatology	Dermatology	1,943	22	3	(1,195)	45	(332)	(21)	439	27
ECG department	ECG	366	45	(1)	(903)	88	(72)	(1)	(564)	86
Elmhurst	Elmhurst	1,827	141	(18)	(1,391)	(45)	(323)	25	254	(38)
Integrated Discharge	Integrated Discharge	0	9	9	(364)	(8)	(2)	2	(358)	2
Medical Records Department	Medical Records Department	0	0	0	(1,496)	(77)	(197)	(32)	(1,692)	(109)
Outpatients	Outpatients	0	183	29	(482)	4	(54)	(4)	(352)	29
Pathology Directorate	Pathology	10,871	3,905	(265)	(8,822)	325	(8,291)	521	(2,337)	580
Pharmacy Departments	Pharmacy	2,461	214	(922)	(2,775)	85	(2,630)	765	(2,730)	(72)
Radiology Directorate	Radiology	3,388	686	292	(5,416)	(76)	(2,356)	317	(3,698)	534
Therapeutic Departments	Therapies	0	175	8	(1,839)	(48)	(454)	(50)	(2,118)	(90)
Victoria Infirmary Northwich	Victoria Infirmary Northwich	1,925	36	(52)	(1,542)	(45)	(266)	9	154	(88)
Diagnostics and Support Divisi	Diagnostics and Support	22,782	5,416	(917)	(26,505)	255	(14,994)	1,541	(13,301)	879

The Diagnostics Division is £879k better than plan as at Month 11. 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 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 Mgmt	Divisional Management E&F	0	0	0	(437)	4	(182)	(36)	(619)	(32)
Catering Directorate	Catering	0	1,267	87	(1,326)	(101)	(1,224)	(37)	(1,283)	(51)
Estates Departments	Estates Departments	0	427	(28)	(1,460)	(78)	(5,751)	116	(6,784)	10
Hotel Services	Domestics	0	2	(1)	(1,256)	(60)	(13)	(8)	(1,268)	(69)
Laundry Services Departments	Laundry	0	1,123	22	(1,016)	(93)	(701)	(1)	(594)	(72)
Security	Security	0	1,524	62	(652)	34	(568)	(86)	305	9
Site Services	Porters	0	4	(3)	(2,475)	62	(85)	(14)	(2,556)	45
Estates & Facilities Division	Estates & Facilities Division	0	4,346	138	(8,620)	(232)	(8,525)	(66)	(12,799)	(160)

The Estates and Facilities Division is £160k worse than plan as at Month 11. 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	(1,222)	28	(171)	29	(1,393)	57
Computer Services	Computer Services	0	69	28	(1,191)	37	(1,583)	(146)	(2,705)	(82)
Finance & Information	Finance & Information	0	49	20	(2,547)	11	(606)	(13)	(3,105)	19
Human Resources	Human Resources	0	485	46	(1,906)	87	(385)	181	(1,806)	314
Risk Manangement & R&D	Risk Management & R&D	0	445	(50)	(1,387)	33	(9)	77	(950)	60
Quality Assurance Departments	Nurse Management	0	433	375	(2,613)	(381)	(7,088)	(23)	(9,269)	(29)
Trust Central Expenditure	Trust Central Expenditure	8,011	5,566	(2,700)	(1,354)	444	191	1,672	12,414	(584)
Other Departments	Other Departments	0	270	(7)	(320)	121	(645)	(343)	(694)	(229)
Corporate	Corporate	8,011	7,316	(2,288)	(12,539)	379	(10,297)	1,434	(7,509)	(474)

The Corporate Division is £474k worse than plan as at Month 11. 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	11,132	901	50	(7,980)	984	(3,218)	(15)	834	1,019
EBITDA	184,319	21,883	(4,426)	(138,918)	3,017	(60,529)	2,534	6,755	1,125

Financial Performance: Commissioner Income Analysis

Commissioner	FY Target (£'000)	YTD Target (£'000)	Final Actual (£'000)	Final Variance (£'000)
NHS South Cheshire CCG	99,862	91,171	93,263	2,092
NHS Vale Royal CCG	52,734	48,156	50,361	2,204
NHS Eastern Cheshire CCG	7,439	6,780	7,023	243
NHS West Cheshire CCG	2,872	2,622	2,752	130
NHS North Staffordshire CCG	2,037	1,857	1,774	-83
Specialist Commissioning Group	7,578	6,948	7,412	463
NHS Commissioning Board	1,510	1,384	1,398	13
OTHER CCGs	2,236	2,039	2,142	102
Overseas Visitors Chargeable	0	0	0	0
NON-CONTRACT ACTIVITY	1,916	1,750	1,693	-57
NON CCG SPECIFIC TARGETS	30,750	26,872	16,503	-10,369
TOTAL	208,936	189,580	184,320	-5,260

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	5,960	5,464	5,439	-25
Adult & Neonatal Critical Care	8,040	7,382	7,371	-11
Urgent Care Centre	1,007	924	794	-129
Community Paediatrics	1,298	1,190	1,192	2
Direct Access Services	9,418	8,568	8,938	369
Unbundled Radiology	3,982	3,650	3,492	-158
High Cost Drugs	13,357	12,244	8,961	-3,283
Screening Programmes	1,473	1,351	1,351	0
Audiology	909	833	1,024	191
IVF	945	867	263	-603
CQUIN	3,914	3,588	2,666	-922
STF	6,500	5,958	5,552	-406
Community Services	13,359	11,132	11,132	0
Other	2,392	2,193	2,410	218
TOTAL	72,556	65,344	60,587	-4,757

Other contract income is showing £4.8M worse than plan.

An analysis of the key service lines identifies that this is primarily the result of High Cost Drugs where expenditure (and therefore recovery) predictions have not yet been seen related to new drugs and changes in use. In addition, the provision against the contract dispute is recognised in other and is £0.9M.

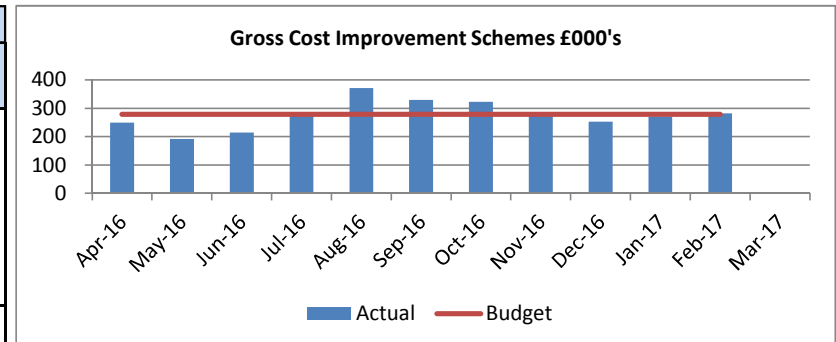
Direct Access is better than plan whilst IVF is worse than plan. CQUIN is worse than plan due to the contract agreement and the failure of the Sepsis CQUIN.

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, including Q1/Q2 on Integrated Teams (£0.5M).

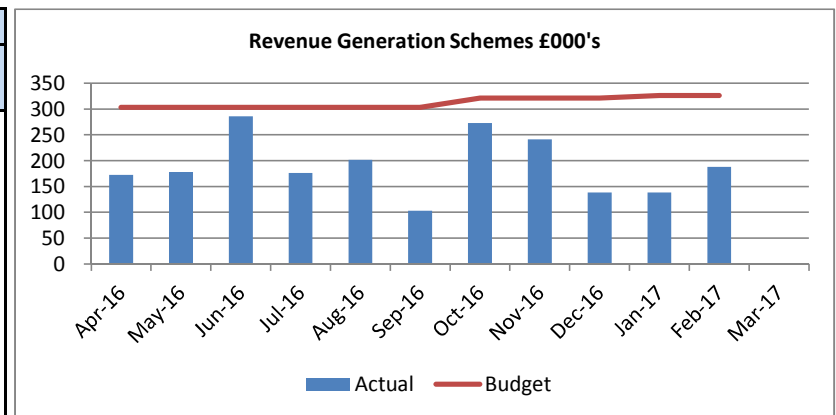
Financial Performance: Cost Improvement Programme

Cost Improvement Schemes						
Scheme Category	YTD Target	YTD Actual	YTD	FY Target	FY Forecast	FY Variance
Access & Flow	1,008	1,008	0	1,100	1,100	0
Drugs	275	234	-41	300	259	-41
Non-Pay Efficiency	214	267	53	234	293	60
Nursing Agency	960	960	0	1,047	1,047	0
Pathology Efficiency	259	259	0	282	282	0
Pay Savings	21	21	0	23	23	0
Procurement	303	298	-5	330	325	-5
TOTAL (£'000)	3,039	3,046	7	3,315	3,329	14



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

Revenue Generation Schemes						
Scheme Category	YTD Target	YTD Actual	YTD	FY Target	FY Forecast	FY Variance
Best Practice Tariff	385	219	-166	420	239	-181
Bowelscope QIPP	710	226	-484	856	251	-605
ENT QIPP	88	0	-88	106	0	-106
General Surgery QIPP	113	49	-64	123	59	-64
Income Generation	444	682	238	484	732	248
Ophthalmology QIPP	54	37	-17	59	42	-17
Orthopaedics QIPP	620	334	-286	676	351	-325
Other Income	203	119	-84	221	138	-83
Other QIPP	138	56	-82	149	59	-90
Outpatients QIPP	275	146	-128	300	161	-139
Theatres QIPP	275	226	-49	300	251	-49
TOTAL (£'000)	3,304	2,094	-1,209	3,694	2,283	-1,411



Revenue Generation schemes are £1.2M worse than plan cumulative as a result of not achieving the Orthopaedic 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				2017/18	2018 +	TOTAL FORECAST
				MONITOR ANNUAL PLAN	CUMULATIVE ACTUAL	BETTER/WORSE THAN BUDGET	FORECAST	FORECAST	FORECAST	
ROLLOVER SCHEMES FROM 15/16 CAPITAL PROGRAMME										
60	60	CAR PARK BARRIERS	0	60	0	60	0	60		60
2404	2404	MRI SCANNER	1836	126	84	42	126			1962
310	310	OPHTHALMOLOGY OUTPATIENTS	24	286	285	1	286			310
		OTHER ROLLOVERS 15/16		0	-37	37	-35			-35
NEW WORKS										
50	50	BISTRO & 2 OFFICES		50	0	50	0	50		50
35	25	BLOCK ME CONVERT TO OFFICES		35	64	-29	60			60
25	35	BLOCK MF CONVERT TO OFFICES		25	0	25	0			0
		DR'S MESS INTO RMO'S		42	0	42	0	42		42
11		MATERNITY		11	11	0	11			11
COMPLIANCE ISSUES										
6673	6673	ASBESTOS REMOVAL	5397	109	49	60	122	100	300	5919
7500	2544	WARD REFURBISHMENTS & FIRE COMPARTMENTATION	0	2544	2102	442	2350	3043	8952	14345
CLINICAL DEVELOPMENT										
850		3RD CT ENABLING		850	0	850	0	850		850
70		CENTRALISED POAC		70	0	70	0	70		70
50	50	ED RAPID ACCESS BAYS		50	57	-7	60			60
1500	1500	MRI SCANNER 3RD BUILD		1500	46	1454	0	1500		1500
335	335	OPHTHALMOLOGY OUTPATIENTS - PHASE 2		335	32	303	32	303		335
98	98	SEXUAL HEALTH CLINIC		98	89	9	89			89
ENABLING										
1500	250	DESIGN TEAM & PAINTERS	833	229	291	-61	318	250	750	2151
IM&T ROLLOVER SCHEMES FROM 15/16 CAPITAL PROGRAMME										
26		ASCRIBE HANDOVER	10	13	0	13	13			23
42	42	DAWN	27	15	0	15	6			33
1223	693	INFRASTRUCTURE	605	22	21	1	22			627
31	31	INTERSITE CONNECTIVITY	6	25	19	6	25			31
458	329	RADIOLOGY INFORMATION SYSTEM	230	228	55	173	228			458
72	72	STORAGE DATA ARCHIVING	21	51	9	42	51	300		372
1170	420	VOICE OVER IP	42	345	135	210	466	77		585
336	336	OTHER ROLLOVER IT SCHEMES 15/16	312	0	3	-3	3			315
IM&T NEW SCHEMES										
600		CLINICAL PORTAL		600	0	600	0	1200		1200
1000		EDMS		600	0	600	0	1956		1956
244		E-HANDOVER		100	0	100	0	256		256
65		INTERFACING		55	20	35	65	40	80	185
75		IT APPLICATIONS		75	0	75	75	75	150	300
25		NET CALL / CALL CENTRE		25	12	13	25			25
30		PCTI / DOCMAN		30	0	30	24			24
350		ROSTERING SYSTEM		350	0	350	0			0
150		UPS		150	0	150	0	150		150
30		WIRELESS UPGRADE		30	0	30	30			30
ADDITIONAL										
80	80	DISHWASHER		80	45	35	80			80
7	7	ECG SLEEP SYSTEM		7	7	0	7			7
		MEC SOFTWARE FOR CARDIAC MONITORS			16	-16	16			16
LEASING ARRANGEMENTS										
3000	500	MEC EQUIPMENT		0	0	0	350	150		500
		3RD CT SCANNER		0	0	0	0	600		600
		3RD MRI SCANNER		0	0	0	0	800		800
		ACCESS CONTROL		0	0	0	0	100		100
		LAUNDRY FINISHING	70	0	0	0	0	70		140
		OPHTHALMOLOGY EQUIPMENT	150	0	0	0	0			150
		REPLACEMENT CT SCANNERS		0	0	0	0	600		600
DONATED										
		BUILDINGS								0
		EQUIPMENT		0	18	0				0
BACKLOG MAINTENANCE										
1075	422	MAINTENANCE	334	370	262	108	396	175	525	1430
6833	1054	GENERAL PROVISION	1711	979	494	485	948	2250	4500	9409
38393	18320	TOTAL PROGRAMME	11608	10570	4189	6399	6249	14767	15557	48181

The capital programme is less than anticipated by £6,256K compared to plan. The following schemes are underspent; General Provision £514K, Ward Refurbishment £288K, Third CT Scanner enabling £850K, Third MRI Scanner £1500K, Ophthalmology Outpatients phase 2 £303K, Voice Over IP £233K, Clinical Portal £600K, Rostering System £350K, EDMS £600K, other IT and Estates Schemes £979K.

Accruals have been made for Theatres £72K, Ward 11 refurbishment £165K , ME & MF Alterations £116K and Ward 16 £304K, other minor schemes £40K.

Financial Performance: Statement of Financial Position

	Plan Apr to February (£'000)	Actual Apr to February (£'000)	Variance (£'000)	Forecast 2016/17 (£'000)
Assets				
Assets, Non-Current	90,411	78,786	-11,625	79,960
Assets, Current				
Trade and other Receivables	9,201	13,926	4,725	10,149
Other Assets (including Inventories & Prepayments)	5,374	4,807	-567	4,933
Cash and Cash Equivalents	630	933	303	2,000
Total Assets, Current	15,205	19,666	4,461	17,082
ASSETS, TOTAL	105,616	98,452	-7,164	97,042
Liabilities				
Liabilities, Current				
Finance Lease, Current	-303	-154	149	-885
Loans Commercial Current	-1,532	-4,997	-3,465	-4,997
Trade and Other Payables, Current	-15,467	-14,831	636	-12,951
Provisions, Current	-121	-77	44	-231
Other Financial Liabilities	-8,088	-7,486	602	-7,343
Total Liabilities, Current	-25,511	-27,545	-2,034	-26,407
Net Current Assets/(Liabilities)	-10,306	-7,879	2,427	-9,325
Liabilities, Non Current				
Finance Lease, Non Current	-8,174	-3,931	4,243	-3,038
Loans Commercial Non-Current	-10,410	-5,200	5,210	-8,301
Provisions, Non-Current	-1,755	-1,651	104	-1,675
Trade and Other Payables, Non-Current	0	0	0	0
Total Liabilities Non-Current	-20,339	-10,782	9,557	-13,014
TOTAL ASSETS EMPLOYED	59,766	60,125	359	57,621
Taxpayers' and Others' Equity				
Taxpayers Equity				
Public dividend capital	75,157	75,157	0	75,157
Retained Earnings	-25,103	-25,253	-150	-27,756
Donated asset reserve	0	0	0	0
Revaluation Reserve	9,709	10,220	511	10,220
TOTAL TAXPAYERS EQUITY	59,763	60,124	361	57,621
TOTAL FUNDS EMPLOYED	59,763	60,124	361	57,621

This mainly due to the capital programme being less than anticipated by £6,256K compared to plan. The following schemes are underspent; General Provision £514K, Ward Refurbishment £288K, Third CT Scanner enabling £850K, Third MRI Scanner £1500K, Ophthalmology Outpatients phase 2 £303K, Voice Over IP £233K, Clinical Portal £600K, Rostering System £350K, EDMS £600K, other IT and Estates Schemes £979K.

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 £3,600K where the lease has now been assed as an operating lease and not a finance lease or they have not started yet. This includes the replacement MRI Scanner £650K, Video Endoscopy £1,190K, 3rd MRI Scanner £650K, Medical imaging equipment £652K, Volumetric Pumps £282K, Ophthalmology Equipment £120K, Washer disinfectors £186K.

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 £2,350K, Vale Royal CCG £2,014K. However the plan assumed an outstanding debt for these two CCG's of £2,500K. In addition there are outstanding debts for East Cheshire NHS Trust £880K, East Cheshire CCG £802K, Q3 STF £1,625K.

Other Assets is less mainly due to delays in new operating leases £192K, 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.

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

Other Financial Liabilities is mainly due to the impact of the income tax and National Insurance for the new community staff not included in the plan. In addition accruals are lower due to reduced accruals compared to the previous year in particular Bank Accrual, Agency accrual and WLI Accrual.

Current 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 £2,000K was paid back. This has not happened due to the delay in the payment in the over performance invoices.

Non Current Liabilities are due to Finance being classified as operating leases or delay in expected Finance leases as per above, 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.

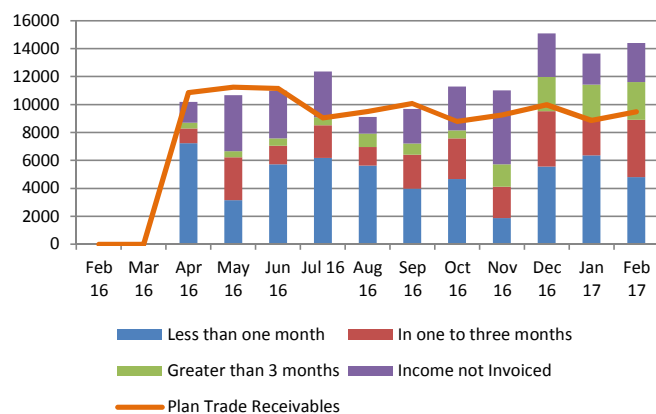
Financial Performance: Cash Position and Working Capital

	Plan Apr to Feb (£'000)	Actual Apr to Feb (£'000)	Variance
Surplus/(deficit) after tax	-2,957	592	3,549
Non-cash flows in operating Surplus/(deficit) total	5,168	4,417	-751
Operating cash flows before movements in working capital	2,211	5,009	2,798
Increase/(Decrease) in working capital Total	2,373	-4,431	-6,804
Net cash inflow/(outflow) from operating activities	4,584	578	-4,006
Net cash inflow/(outflow) from investing activities total	-10,091	-4,496	5,595
Net Cash inflow/(outflow) before financing	-5,507	-3,918	1,589
Net cash inflow/(outflow) from financing activities Total	5,373	4,087	-1,286
Net increase/(decrease) in cash and cash equivalents	-134	169	303
Opening cash balance	764	764	0
Closing cash balance	630	933	303

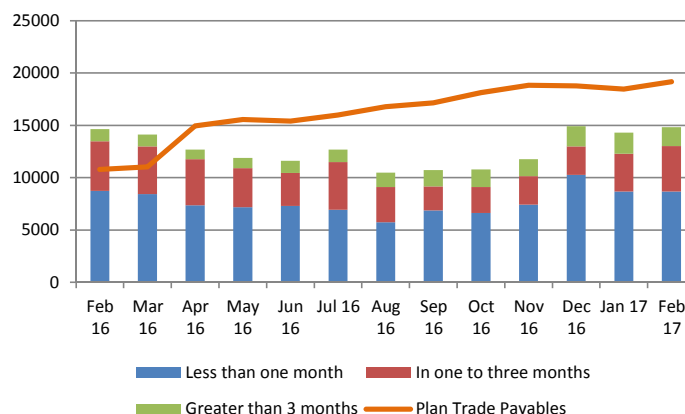
Cash is £303K better than anticipated. This is due to the better than anticipated financial position offset by a lower than anticipated depreciation. In addition the cash position has reduced due to the decrease in the working capital by around £6,804K, mainly due to the increase in debtors. This includes over performance for South Cheshire CCG £2,350K, Vale Royal CCG £2,014K. However the plan assumed an outstanding debt for these two CCG's of £2,500K. In addition there are outstanding debts for East Cheshire NHS Trust £880K, Eastern Cheshire CCG £802K, Q3 STF £1,625K.

The delay in the capital programme improves the cash position by £5,597K. However some of these schemes were to be funded via loans which have not been approved which reduce the improvement by £5,244K. The plan did anticipate that the working capital loan balance to be £1,500K at the end of January but this currently stands at £4,997K so improving the cash position by £3,497K.

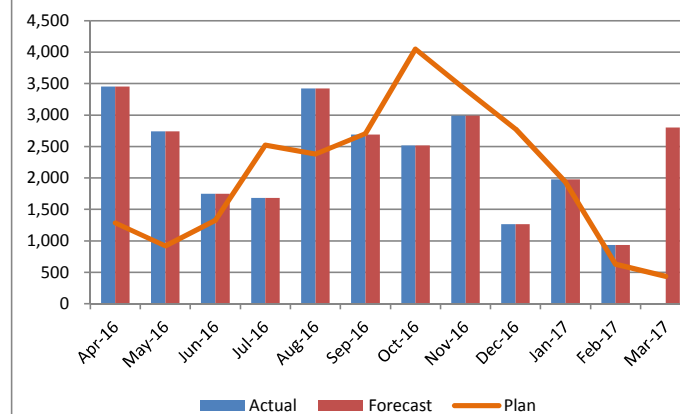
Trade Debtor Profile £000's



Trade Creditor Profile £000's










Cash Forecast £000's



Finance: Staff Costs

Headline Measures

	YTD £000's	Rolling 13 months £000's													
		Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Monthly Trend
Pay Budget	132,974	11,443	11,980	11,964	11,866	12,055	11,964	12,056	12,024	12,019	12,166	12,131	12,385	12,345	
Pay Actual	130,937	11,655	12,214	11,755	11,794	11,934	11,783	11,689	11,925	11,892	12,241	11,825	12,102	11,997	
Variance	2,037	-212	-235	208	72	121	181	367	99	127	-75	306	283	348	
% to Budget	98.5%	101.9%	102.0%	98.3%	99.4%	99.0%	98.5%	97.0%	99.2%	98.9%	100.6%	97.5%	97.7%	97.2%	
Nursing Staff % to Budget	99.7%	103.5%	107.1%	99.9%	104.9%	99.6%	99.2%	98.1%	98.9%	98.6%	101.6%	98.4%	97.0%	100.5%	
Medical Staff % to Budget	93.5%	97.4%	100.8%	92.4%	87.6%	94.4%	94.3%	90.1%	98.4%	100.6%	94.9%	90.7%	94.4%	90.4%	
Other Staff % to Budget	101.5%	105.4%	98.2%	105.0%	102.8%	102.0%	101.1%	101.2%	100.2%	98.0%	104.2%	101.9%	101.2%	98.7%	

Commentary

figures exclude Community Services

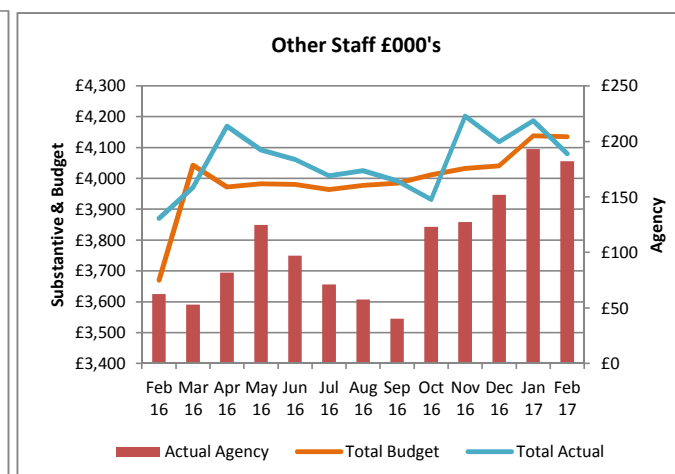
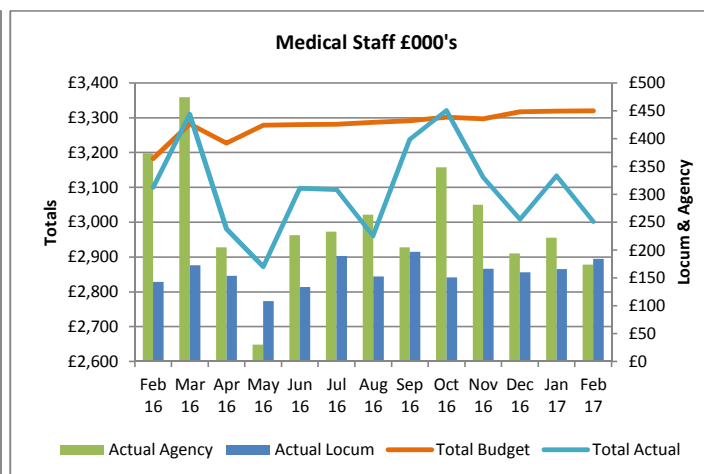
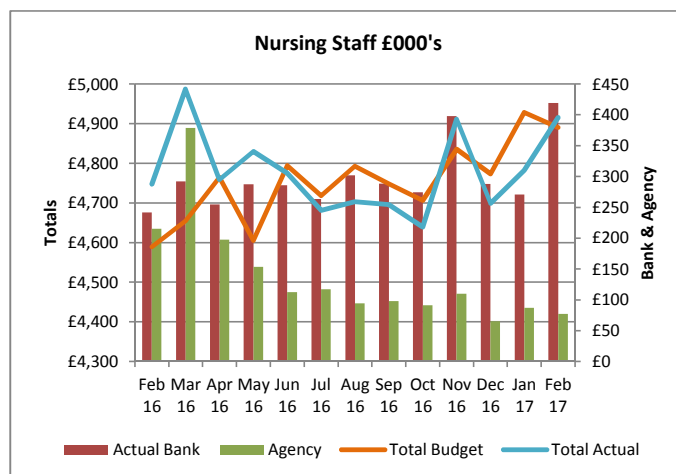
Pay is better than budget by £1.9M as at Mth 11. There are significant underspends on Medical pay, Nursing pay is £0.2M better than plan due to slippage on winter plans and other pay is over by £0.6M due to the vacancy target not being allocated to individual staff groups and pressures in agency for AHPs.

Nursing vacancies have continued to be high all year. 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 (£2.0M) as a result of consultant and junior doctor vacancies being unable to be filled with substantive or acceptable locum arrangements.

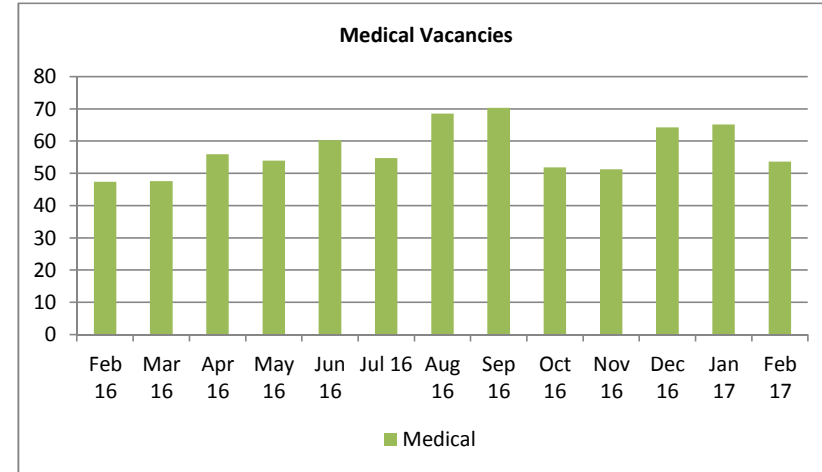
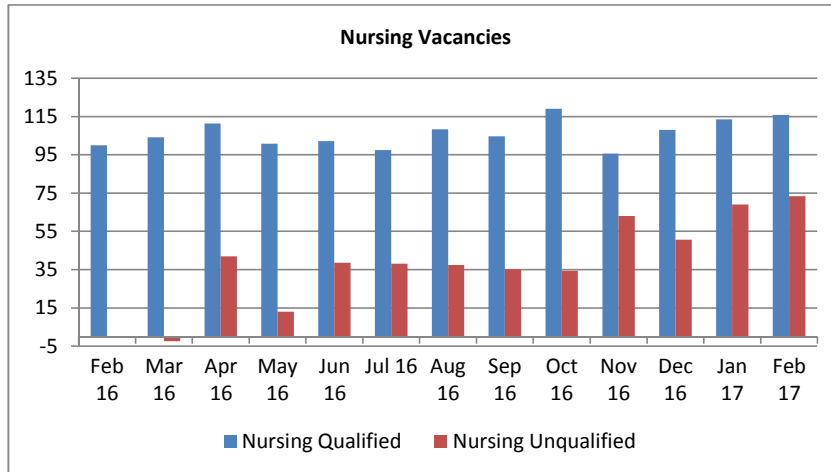
The Agency trajectory is failing in month by £0.2M and cumulatively by £0.8M. Earlier lower medical agency costs are offset by increased spend in Gastroenterology and Endoscopy and new pressures Radiography and Therapy Services.

Primary Drivers



Finance: Staff Costs

Secondary Drivers



Agency Trajectory

	YTD	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Monthly Trend
Plan	-5,719	-595	-593	-539	-572	-561	-515	-563	-525	-495	-477	-506	-495	-470	
Actual	-6,621	-795	-1,079	-638	-416	-570	-611	-568	-540	-699	-721	-572	-668	-618	
Variance	-902	-200	-486	-99	156	-9	-96	-5	-15	-204	-244	-66	-173	-148	

	Rolling 13 Months														Monthly Trend
	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17		
Sickness Rate (Rolling 12 mths)	3.99%	3.99%	3.99%	3.97%	3.95%	3.92%	3.85%	3.78%	3.79%	3.81%	3.86%	3.94%	3.96%		
Total Leavers	30	29	28	24	41	36	31	39	35	37	36	43	26		
Turnover (Rolling 12 mths)	11.91%	11.88%	11.82%	11.46%	11.58%	11.54%	11.14%	10.70%	10.51%	10.66%	10.82%	10.70%	10.56%		

Title of Paper :	Annual Review of Board Sub Committees		
Author:	Katharine Dowson		
Executive Lead:	Tracy Bullock		
Type of Report:	Concept Paper		
	Strategic Options Paper		
	Business Case		
	Information		
	Review/Benefits/Audit		*
Link to Strategic Objectives:		Link to Domain:	
Quality, Safety & Experience		Safe	*
Strong Progressive FT	*	Effective	
Organisational Delivery		Caring	
Workforce Development & Effectiveness		Responsive	
Fit for Purpose Infrastructure		Well-Led	*
Emergency Preparedness			
Link to Board Responsibility:	Performance		
	Accountability		*
	Strategy		
	Implementation		
Action Required:	Decide		
	Approve		
	Note		*
	Recommend		
	Delegate		
Positive Benefit:	Assurance in respect of the effectiveness of Board Sub Committees		
Risk:			
To be published on Trust Website –complete version		Y	
If no, to be published on Trust Website – redacted			
If not to be published complete or redacted, please detail the reason why			
Presented at Board Meeting of:	02 May 2017		

Introduction

Each year, each Board sub-committees undertake a review of its performance, Terms of Reference (ToR) and Work Plan. The review takes place with the Chair of the relevant committee and the Chairman, Chief Executive and Trust Board Secretary.

Members of all committees with the exception of Trustees and Appointments and Remuneration completed a self-assessment questionnaire ahead of the meeting that also provided evidence for the effectiveness of each committee.

In 2015 review of the Trust's corporate governance arrangements was undertaken by the internal auditors KPMG and a recommendation was made to revise the Board Committee arrangements to bring them in to line with standard practice. The new structure was introduced in December 2015. The committees have now completed a full year of operation. Because of this the review this year gave particular consideration to the effectiveness of communication and escalation between committees as well as to the Board and to Executive Groups.

As per previous arrangements, the Annual Reports will demonstrate the committee's effectiveness and will be ratified by the relevant Committee before being presented to the Audit Committee.

The committee reviews will be discussed in more detail at the Board Away Day on 10 April 2017

The following committee reviews took place:

Board Sub - Committee	Review date	Chair / Vice Chair
Quality Governance Committee (QGC)	28 February	Chair – Dame P Bacon, Deputy Chair VC - Mr J Barns, NED
Appointments & Remuneration Committee	06 February	Chair – Mr D Dunn, Chairman VC – Dame P Bacon, Deputy Chair
Performance and Finance Committee (PAF)	30 January	Chair – Mr M Davis, NED VC – Mr D Hopewell, NED
Transformation and People Committee (TAP)	14 March	Chair – Mrs R McNeil, NED VC – Mr J Church, NED
Audit Committee	13 March	Chair - Mr D Hopewell, NED VC – Mr M Davis, NED*
Trustees Subcommittee	13 March	Chair - Mr D Hopewell, NED VC – Mrs A Lynch , Director of Nursing & Quality

In accordance with established practice feedback following the annual reviews is formalised as follows:

- 1 The Chair of each committee have all received a follow up letter from the Chief Executive outlining the key highlights from the discussions
- 2 A brief summary report outlining the process undertaken and any key findings will be presented to the Board of Directors (this paper).

Items to note:

1) Audit Committee (AC)

- It was noted that AC meets its statutory functions and there is appropriate escalation and delegation between relevant committees
- The revised work plan for 2017/18 is in place with items that are relevant to the current Trust priorities
- The internal auditors are performing well and their contract has been renewed in year. The system supplied by KPMG to track actions for internal audit is not working well and AC will review this.
- AC provide constructive and robust challenge
- The formal review of the ToR is overdue and will take place at the next meeting in May

2) Trustees Subcommittee

- The Charity has undertaken excellent work over 2016/17 with the completion of the MRI major appeal and the launch of the Dementia appeal
- The charity is completing a rebranding process
- The Annual Plan for the charity will be presented to Corporate Trustees in April
- The Terms of Reference were reviewed and it was noted that the committee is in the process of reviewing these but there were unlikely to be any substantial changes made
- A new Governor has been appointed to start in April and the committee is also looking for new clinical representation, the core membership of the committee does not require alteration.

3) Performance and Finance Committee (PAF)

- It was recognised that PAF had undergone the least change during the committee restructure and continues to work well within its remit.
- Some overlap between PAF and TAP has occurred during the year but the Chairs have communicated well to resolve any issues
- ToR do not require any substantial changes and the membership of the committee is working. However the ToR do require formal review by PAF at the March meeting.

4) Quality Governance Committee

- It was noted that QGC has worked well this year and is growing into its agenda with some significant regular areas to review such as the 'Getting it right first time' peer review introduced this year.
- The committee remit will grow further in 2017/18 with recent guidance issued on requirements for reporting and providing Board assurance on managing unexpected deaths in hospital
- The level of assurance provided by the committee is appropriate and the committee has been rightly less focused on detail
- The impact of changes in the Head of Integrated Governance post was noted
- The ToR of the committee were reviewed with minor suggestions made to be reviewed at QGC at the March meeting.

5) Transformation & People Committee (TAP)

- As a new committee in 2015 it is recognised that TAP is still finding its feet but that significant progress has been made throughout the year. This was reflected

- in the survey results which highlighted improvements that can be made and this will be discussed in more depth at TAP
- The ToR have been reviewed in committee and as a result changes to the committee membership have been recommended, to reduce the number of Executive members and bring clinical members in as required.
 - The committee objectives are to be reviewed at TAP
 - Clarification to be given on all items on the work plan on the level of detail needed for the committee to obtain assurance
 - Papers of insufficient quality or that have not been quality assured by the relevant Executive or Sub-Group level will not be accepted for TAP

6) Appointments & Remuneration Committee (RemCo)

This committee is working well. The ToR were agreed as correct, with an amendment proposed to update the arrangements for chairing any meeting in the Chair's absence. It was noted that business is conducted in line with these ToR. The ToR will be agreed at the next RemCo meeting in October.

Over-arching Themes and Conclusions:

- No serious issues or concerns were raised during any of the committee reviews or within the surveys sent out ahead of reviews. Any concerns raised through the surveys were discussed at the reviews.
- The committee structure is still embedding and it was recognised that while there is still some work to do in recognising the right level of detail required in terms of holding to account and providing assurance to the Board, significant progress has been made over the year
- More consistent review and challenge of the Board Assurance Framework, following its review, to ensure that strategic risks are being considered and reviewed at committee level would provide greater assurance to the Board
- Escalations to the Board, delegations to Executive groups and to other committees are generally appropriate
- How the committees align and work across each other has significantly improved over the year as the committees have developed in their new roles and Chairs have ensured that any overlaps have been addressed.
- Across all surveys there was general disagreement that the changes to the committee structure in 2015 has improved how the duties of the committees are being fulfilled, However it was noted that the changes had not been made because there were concerns in regard to the old structure but in order to meet common practice nationally.
- The Associate Director of Integrated Governance should review the findings of the committee reviews alongside the Board Committee structure once in post. This will review the effectiveness of the committees, their interactions, responsibilities, recording of meetings and level of assurance provided.
- Not all ToR and workplans have been updated since the review in 2015 and this should be on each committee workplan as an annual recurring item
- The position of VC for the Audit Committee will be reviewed and ratified annually through this process

Recommendation:

- To note the review of Board sub-committee reports.
- To review and ratify the VC for the Audit Committee
- Executives to review logistical arrangements in respect of agendas, ToR and minutes
- Associate Director of Integrated Governance to be asked to review the current structure and issues raised in reviews for consideration by the Board