

A G E N D A

Board of Directors
A meeting will be held in Public at
9.30am on Monday, 5 June 2017
In the Board Room, Leighton Hospital

Action Key	
A	Approval
I	Information
D	Discussion

Item No	Title of Item	Action	Led by
1.	Welcome and Apologies To welcome members of the public and attendees and to receive apologies for absence from Board Members. (to note)	I	Chairman 09.30
2.	Patient or Staff Story (to note)	I	Director of Nursing & Quality 09.32
3.	Board Members' Interests (to note) To consider any <ul style="list-style-type: none"> Changes to Directors' interests since the last meeting Conflicts of interest deriving from this agenda 	I	Chairman 09.40
4.	Minutes of the Last Meeting (attached) (to approve) To approve the minutes: <p>4.1 of the Board of Directors meeting held in Public on Monday 2 May 2017</p> <p>4.2 of the Extra Ordinary Board of Directors meeting held in Private on Monday 22 May 2017</p>	A	Chairman 09.42
5.	Matters Arising and Action Log (attached) (to approve)	A	Chairman 09.45
6.	Annual Work Programme 2017/18 Work Programme (attached) (to approve)	I/A	Chairman 09.47
7.	Chairman's Announcements (to note a verbal report) <p>7.1 NED Appraisals and Contracts</p> <p>7.2 NED Recruitment</p> <p>7.3 Board Development (Update)</p> <p>7.4 Meeting between MCHFT Chair/ CCG Chairs</p> <p>7.5 Meeting with the Police and Crime Commissioner</p>	I	Chairman 09.50
8.	Governors' Items (to note a verbal report) <p>8.1 Reappointment of Chairman</p> <p>8.2 Council of Governors Meeting – 4 May 2017</p>	I	Chairman 10.00

Item No	Title of Item	Action	Led by
	i) Lead Governor appointment		
8.3	Governors Induction – 1 June 2017		
8.4	NED/ Governor Meeting – 8 May 2017 (<i>attached</i>)		
8.5	Chat with the Chairman		
9.	Chief Executive's Report <i>(to note a verbal report)</i>	I	Deputy Chief Executive/ Medical Director 10.10
9.1	System Wide Support - Phase 2		
9.2	Cheshire & Merseyside 5 Year Forward Plan: Working Group Meetings and Membership Meeting		
10.	CARING		
10.1	Quality, Safety & Experience Report (new format) <i>(attached) (to note)</i>	I/D	Director of Nursing & Quality 10.20
11.	SAFE		
11.1	Draft Quality Governance Committee notes from the meeting held on 9 May 2017 (<i>attached</i>) <i>(to note)</i>	I	Committee Chair 10.30
11.2	Serious Untoward Incidents and RIDDOR Events <i>(verbal) (to note/discussion)</i>	I/D	Deputy Chief Executive/ Medical Director 10.35
11.3	Guardian of Safe Working Hours Report (<i>attached</i>) <i>(to note)</i>	I/D	Director of Workforce and OD 10.40
12.	RESPONSIVE		
12.1	Performance Report (<i>attached</i>) (to note)	I/D	Director of Finance 10.45
12.2	Draft Performance & Finance Committee notes from the meeting held on 25 May 2017 <i>(to follow) (to note)</i>	I	Committee Chair 10.55
12.3	Legal Advice (<i>verbal</i>) (to note)	I	Deputy Chief Executive/ Medical Director 11.00
13.	WELL-LED		
13.1	Draft Audit Committee notes from the meeting held on 8 May 2017 (<i>attached</i>) (to approve)	I	Committee Chair 11.05
13.2	Draft Extra Ordinary Audit Committee notes from the meeting held on 22 May 2017 (<i>attached</i>) (to approve)	I	Committee Chair 11.10
13.3	Draft Transformation and People Committee notes from the meeting held on 4 May 2017 (<i>attached</i>) <i>(to note)</i>	I	Committee Chair 11.15

Item No	Title of Item	Action	Led by
13.4	Visits of Accreditation, Inspection or Investigation (verbal) (to note) <ul style="list-style-type: none"> Baby Friendly Revalidation 	I	Deputy Chief Executive/ Medical Director 11.20
13.5	Well Led Framework Review Gap Analysis (attached) (to note)	I/D	Director of Workforce and OD 11.25
13.6	CCICP Partnership Board Minutes (attached) (to note) <ul style="list-style-type: none"> March 2017 April 2017 	I	Director of Strategic Partnerships 11.30
14.	EFFECTIVE		
14.1	Workforce Report (attached) (verbal)	D/I	Director of Workforce and OD 11.35
14.2	Consultant Appointments (verbal) (to note)	I	Deputy Chief Executive/ Medical Director 11.45
15.	Any Other Business (verbal)	I/A/D	Chairman
16.	Time, Date and Place of Next Meeting		
	To confirm that the next meeting of the Board of Directors will take place in public, in the Board Room at Leighton Hospital, at 9.30am on Monday, 3 July 2017	I	Chairman

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

Board of Director Meeting held in Public (Action Log)

Action No	Date of Meeting	Action	Lead	Deadline Date	Comments	Date of Board meeting to be reviewed	Status
17/05/11.3.1	02/05/2017	Recommendation on Trust Sealings for the Board to be clarified and reported back to the Board in June	K Dowson	05/06/2017		05/06/2017	
17/05/12.5.2	02/05/2017	Cash flow timetable of the EMIS projects project to be clarified and agreed with finance	M Oldham	05/06/2017		05/06/2017	
17/05/13.2.3	02/05/2017	Requirement for a Non-Executive Director lead for community services to be reviewed	D Frodsham	05/06/2017		05/06/2017	
17/05/13.2.5	02/05/2017	Board to receive a 12 month review of CCICP in September	D Frodsham	04/09/2017		04/09/2017	

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					

Board Report

Presented to Board in June 2017

Quality: Safety and Experience

(April 2017 data)

This report provides an overview of performance relating to quality, safety and experience in April 2017.

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

Contents

Metric	Page Number
Quality & Safety Section:	
Safety Indicators	4
Patient Safety Harm Incidents	6
Serious Incidents (including Never Events)	6
Pressure Ulcers	7
Patient Falls	8
Medication	9
CCICP Patient Safety Harm Incidents	10
CCICP Serious Incidents (including Never Events)	9
CCICP Pressure Ulcers	10
CCICP Medication	10
SHMI by Trust	11
SHMI Rolling 12 Months	11
HSMR by Trust	12
HSMR Rolling 12 Months	12
MRSA	13
C-Diff	13
MSSA	14
E-Coli	14
CQUIN 2016/17 - Health & Wellbeing Part 1a	15
CQUIN 2016/17 – Health & Wellbeing Part 1b	15
CQUIN 2016/17 – Health & Wellbeing Part 1c	15
CQUIN 2016/17 – Sepsis 2a Part 1	16
CQUIN 2016/17 – Sepsis 2a Part 2	16
CQUIN 2016/17 – Sepsis 2b Part 1	17
CQUIN 2016/17 – Sepsis 2b Part 2	17
CQUIN 2016/17 – Antimicrobial Resistance and Stewardship Part 3a1 – Reduction in antibiotic consumption	18
CQUIN 2016/17 – Antimicrobial Resistance and Stewardship Part 3b2 – Reduction in carbapenem	18
CQUIN 2016/17 – Antimicrobial Resistance and Stewardship Part 3b3 – Reduction in piperacillin-tazabactam	19
CQUIN 2016/17 – Antimicrobial Resistance and Stewardship Part b – Review of antibiotic prescriptions	19
CQUIN 2017/18 Targets	20
Safety Thermometer	21
Registered Nurses day shift	22

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

Contents (continued):

Metric	Page Number
<u>Quality & Safety Section:</u>	
Registered Nurses night shift	22
Support Worker day shift	22
Support Worker night shift	22
Staffing & Harm Data	23
Safety Thermometer Ward Data	24
<u>Experience Section:</u>	
Experience Indicators	25
Monthly Complaints & Formal thank you letters	26
Formal Complaints by Division	26
Ombudsman	27
Complaint Trends	27
Closed Complaints	28
Closed Complaints by Division	28
Closed Complaints Details	29
Number of Informal Concerns	38
Informal Concern Trends	38
New Claims received	39
Claims closed with/without damages	39
Value of Claims by month	40
Top five Claims by Specialty	40
Inquests concluded by Month	41
NHS Choices Star Ratings	41
NHS Choices Postings	42
Friends & Family	42
Friends & Family responses	43
Compliments	43

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

Indicators	YTD 17/18 Trend	YTD 17/18	Last four months			
			Jan-17	Feb-17	Mar-17	Apr-17
Patient Safety Harm Incidents The aim is to reduce the number of harm incidents by the end of January 2018, measured by comparison to the previous financial year	↑	188	235	209	268	188
Serious Incidents (including Never Events) The aim is to have no serious incidents and a zero tolerance on Never Events by the end of January 2018	↓	0	3	2	1	0
Pressure Ulcers The aim is to reduce avoidable pressure ulcers by 5% quarter on quarter in 2017/18 compared to quarter 4 of 2016/17	↓	5	8	19	6	5
Inpatient Falls The aim is to reduce inpatient falls by 10% by January 2018	↑	74	61	64	62	74
Medication Incidents The aim is to reduce medication incidents resulting in harm by 10% in comparison to the previous financial year	↓	4	9	7	10	4
CCICP Patient Safety Harm Incidents The aim is to reduce the number of harm incidents. A target will be set in quarter 3 once a full year's data is available.	↑	96	86	59	54	96
CCICP Serious Incidents (including Never Events) The aim is to have no serious incidents and a zero tolerance on Never Events by the end of January 2018	↑	1	3	1	0	1

Key	
↑	Declined since last month
↓	Improved since last month
↔	No change since last month

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

Indicators	YTD 17/18 Trend	YTD 17/18	Last four months			
			Jan-17	Feb-17	Mar-17	Apr-17
CCICP Pressure Ulcers The aim in quarter 1 is to develop a process to enable pressure ulcers to be classified as avoidable or unavoidable. A baseline for a 5% improvement will be agreed at the end of quarter 1, which will then be measured quarterly.	↑	63	49	42	33	63
CCICP Medication The aim is to reduce harm medication incidents. A target will be set in quarter 3 once a full year's data is available.	↓	0	2	1	1	0
SHMI The Trust's aim within the Sign Up To Safety Campaign is to have a SHMI at or below 1.0 from April 2016	1.01.72					
HSMR The Trust's aim is to have an HSMR <100	111.61					
MRSA The target for MRSA Bacteraemia is zero in 2017/18	↔	1	0	0	1	1
C-Diff Avoidable The target is less than 24 avoidable cases of Clostridium Difficile in 2017/18	↔	0	0	0	0	0
Safety Thermometer The Trust aim is to that >95% of patients to receive harm free care as monitored by the Safety Thermometer.	↓	98%	98%	98%	97%	98%

Key	
↑	Declined since last month
↓	Improved since last month
↔	No change since last month

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

Quality & Safety Section:

Description

Aggregate Position

Trend

Performance against previous month

Patient Safety Incidents resulting in harm.

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

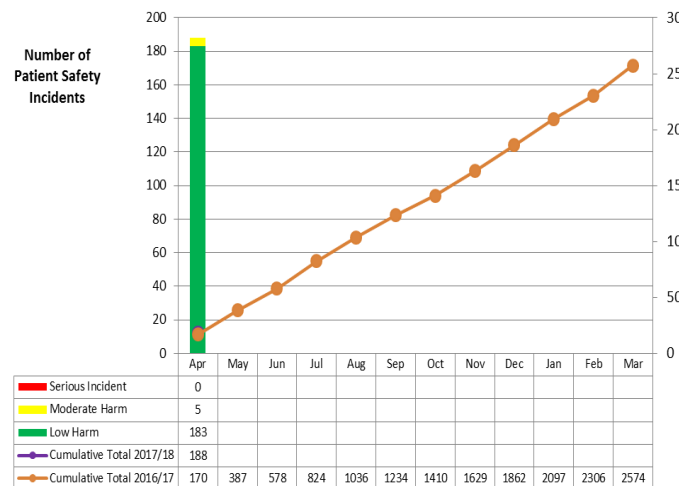
For this financial year to date:

97.3% (183 incidents) have resulted in low harm

2.7% (5 incidents) have resulted in moderate harm

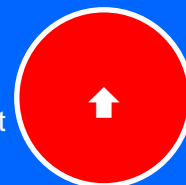
0% (0 incidents) have resulted in serious harm

Patient Safety Incidents Resulting in Harm
April 2017 to March 2018



To reduce the number of patient safety harm incidents, a number of initiatives are being undertaken. These include:

- Bi-weekly Patient Safety Summit Meetings with Executive & Senior Teams
- Participation in the Sign Up To Safety Campaign

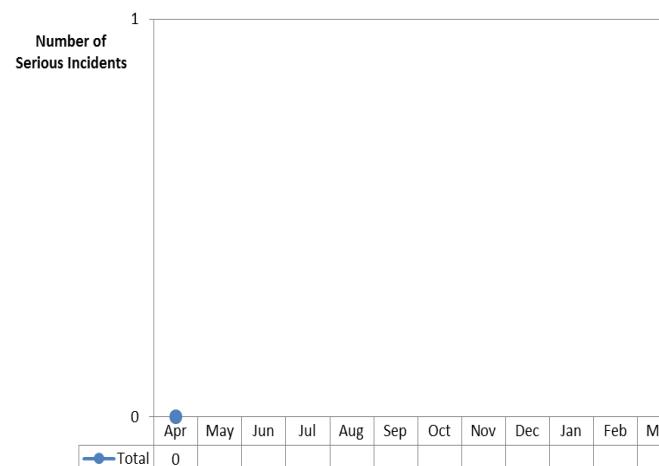


Serious Incidents.

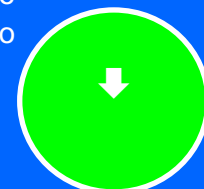
This chart demonstrates the number of incidents that have resulted in serious harm.

No serious harm incidents were reported in April 2017.

Serious Incidents by Month
April 2017 to March 2018



To reduce the number of serious incidents, the Trust has signed up to the Sign Up To Safety Campaign



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

Description

Aggregate Position

Trend

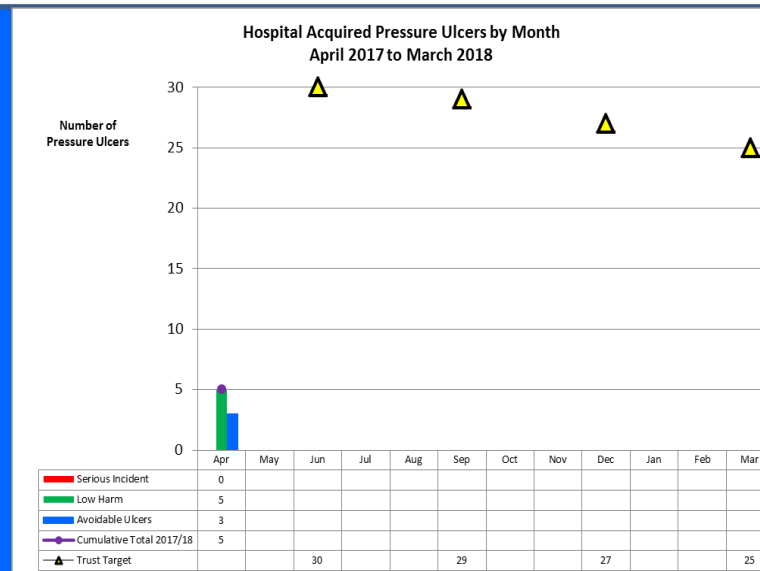
Performance against previous month

Pressure Ulcer (PU) Incidents including avoidable pressure

For this financial year to date:

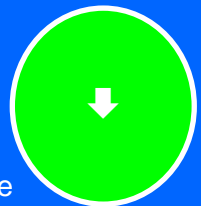
- 100% (5 PU's) have resulted in low harm (defined as a patient that has developed a stage 2 or unstageable PU)
- 0% (0 PU's) have resulted in serious harm (defined as a patient that has developed a stage 3 or 4 PU)

In April 2016, 3 avoidable PU's were reported, as shown by the blue bar on the chart.



Improvement actions include:

- Investment in additional funding on a permanent basis to recruit a Tissue Viability Nurse to specifically focus on the elimination of avoidable pressure ulcers.
- This nurse works closely with the skin care specialist nurse to provide education and support to staff in the skin care they provide to their patients.
- The team also provides enhanced support with weekly focus on a target ward, this has raised the awareness of pressure ulcer prevention with the organisation.
- A number of pressure relieving equipment trials are being undertaken within the Trust to support the patient's care journey. This includes the trials of a hybrid mattress, pressure relieving boots, cushions and sole protectors for the end of beds.



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

Description

Aggregate Position

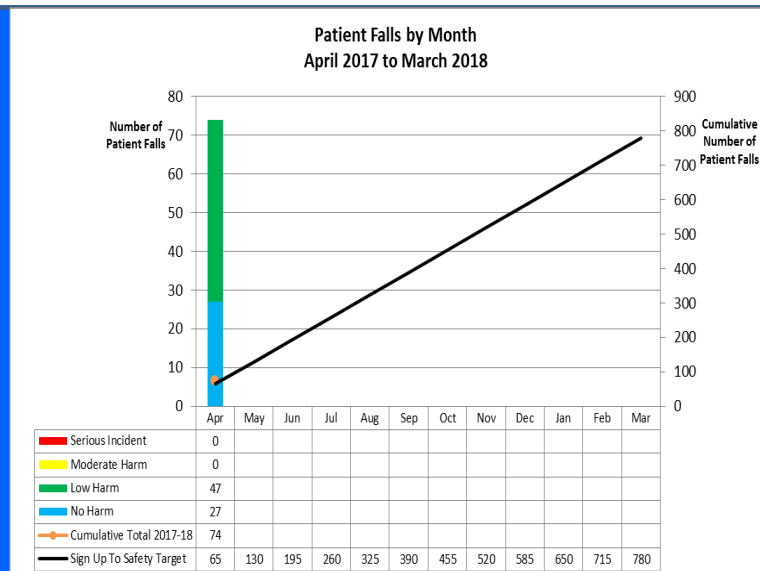
Trend

Performance against previous month

Patient Falls Incidents.

For this financial year to date:

- 36.5% (27 falls) have resulted in no harm
- 63.5% (47 falls) have resulted in low harm
- 0% (0 falls) have resulted in moderate harm
- 0% (0 falls) have resulted in serious harm



Improvement actions include:

- 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



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

Description

Medication Incidents.

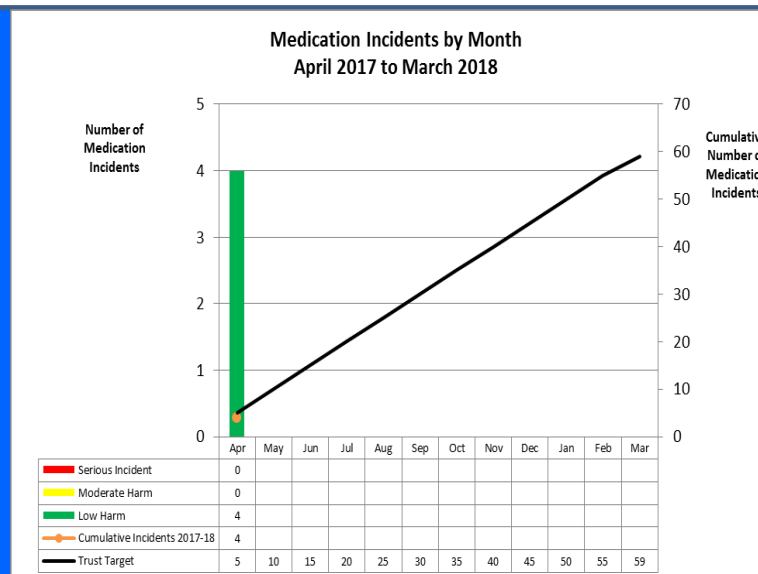
For this financial year to date:

- 100% (4 medication incidents) have resulted in low harm
- 0% (0 medication incidents) have resulted in moderate harm
- 0% (0 medication incidents) have resulted in serious harm

Aggregate Position

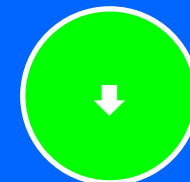
Trend

Performance against previous month



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.



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

Description

Aggregate Position

Trend

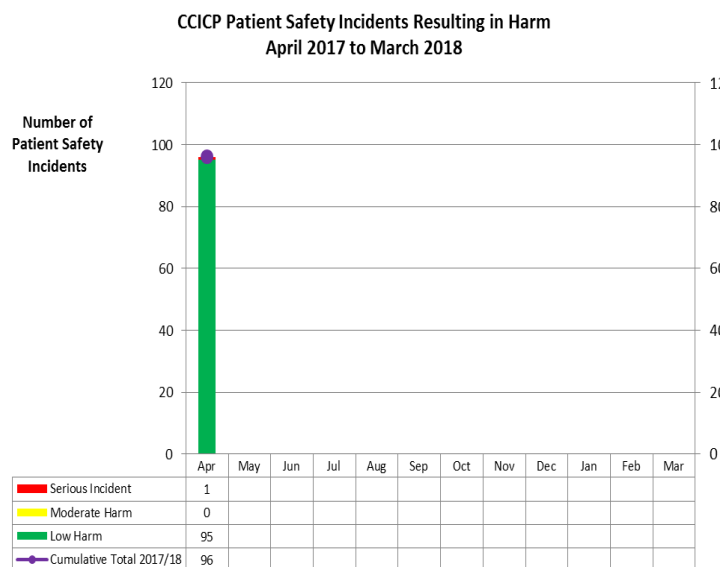
In month

CCICP Patient Safety Incidents resulting in harm.

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

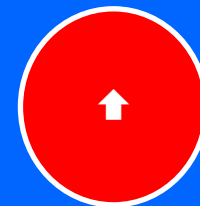
For this financial year to date:

- 99% (95 incidents) have resulted in low harm
- 0% (0 incidents) have resulted in moderate harm
- 1% (1 incident) have resulted in serious harm



To reduce the number of patient safety harm incidents, a number of initiatives are being undertaken. These include:

- Bi-weekly Patient Safety Summit Meetings with Executive & Senior Teams
- Participation in the Sign Up To Safety Campaign

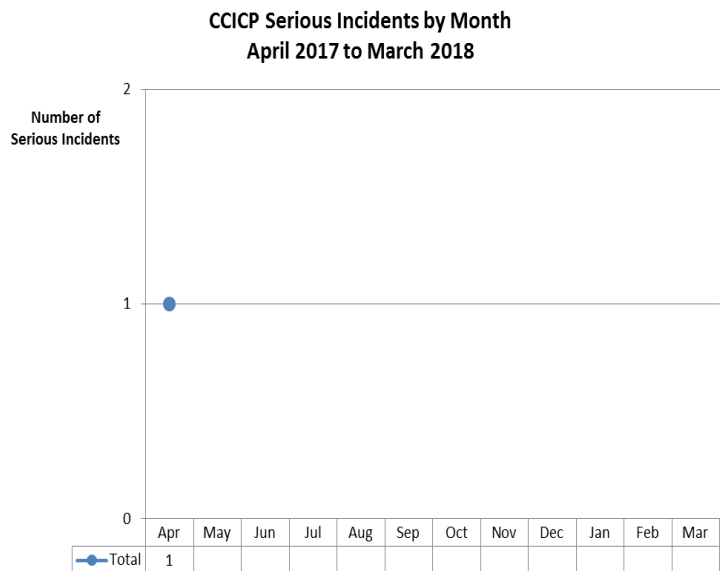


CCICP Serious Incidents.

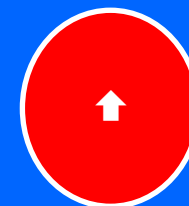
This chart demonstrates the number of incidents that have resulted in serious harm.

For this financial year to date:

- 1x Hospital Acquired Pressure Ulcer – Stage 4



To reduce the number of serious incidents, the Trust has signed up to the Sign Up To Safety Campaign.



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

Description

Aggregate Position

Trend

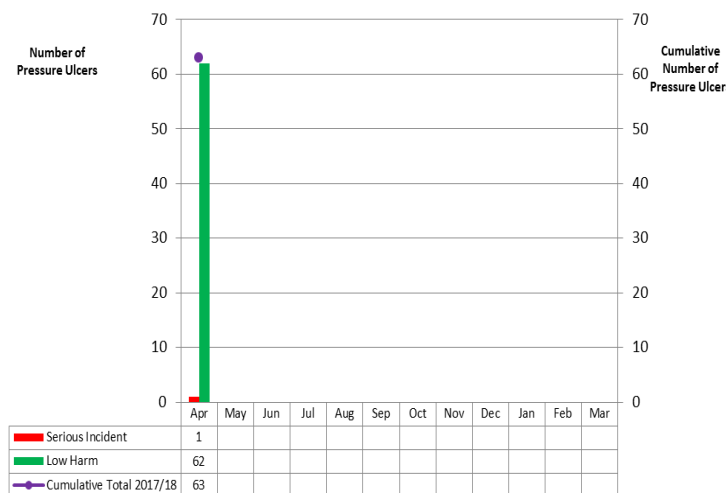
In month

CCICP Pressure Ulcer (PU) Incidents.

For this financial year to date:

- 98.4% (62 PU's) have resulted in low harm (defined as a patient that has developed a stage 2 or unstageable PU)
- 1.6% (1 PU) stage 3 or stage four PU's have been reported.

CCICP Developed in Care Pressure Ulcers Resulting in Harm by Month
April 2017 to March 2018



Membership at the Trust Skin Care Group has been expanded to include representatives from CCICP. This is to ensure that learning is shared across both Organisations.

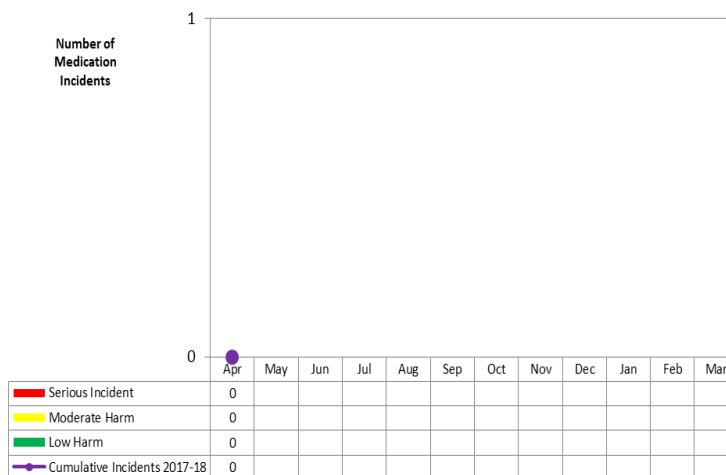
The aim during Q1 is to develop a process to enable PU's to be appropriately classified. We are on track to achieving this aim.

CCICP Medication Incidents.

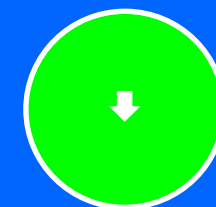
For this financial year to date:

- 0% (0 medication incidents) have resulted in low harm
- 0% (0 medication incidents) have resulted in moderate harm
- 0% (0 medication incidents) have resulted in serious harm

CCICP Medication Incidents by Month
April 2017 to March 2018



Membership at the Trust Safer Medicines Practice Group has been expanded to include representatives from CCICP. This is to ensure that learning is shared across both Organisations. Target will be set for achievement at Q3.



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

Description

Aggregate Position

Trend

Performance against previous quarter

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

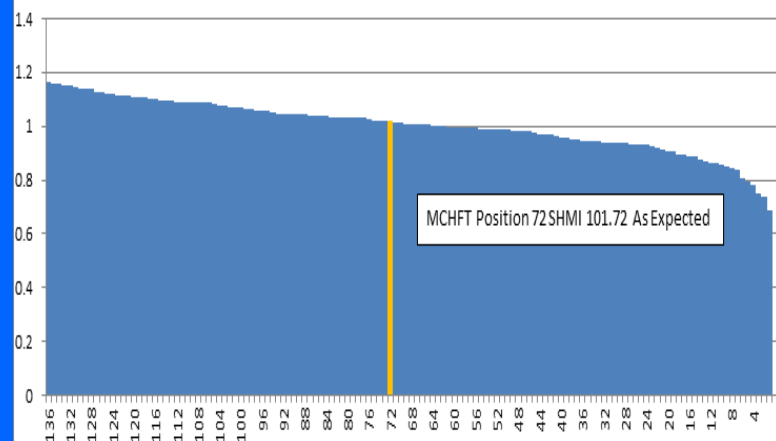
The chart benchmarks the Trust's latest SHMI against all NHS Trusts.

MCHFT is shown as the yellow bar.

The Trust's SHMI is 1.01.72 for the time period October 2015 to September 2016 and places the Trust 72 out of 136 Trusts.

SHMI Position 12 Months

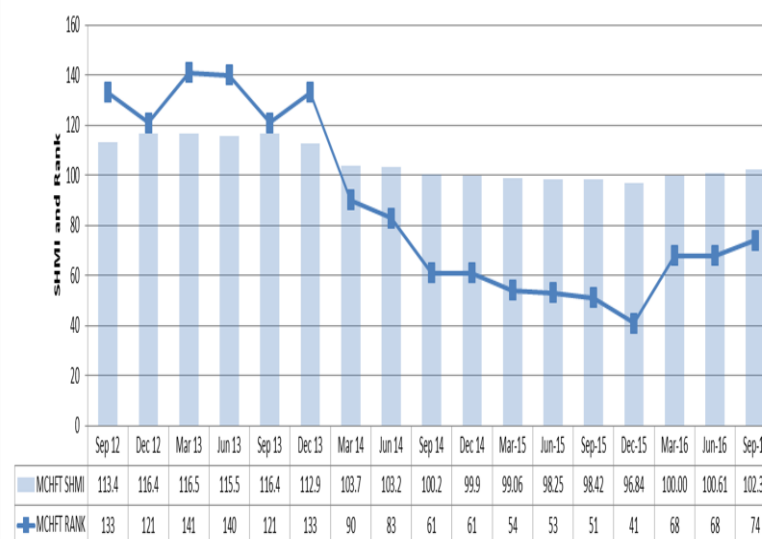
Oct 15 - Sept



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

MCHFT 12 Month Rolling Position Summary Hospital-Level Mortality Indicator (SHMI) by Trust.

The chart shows the SHMI and rank of MCHFT for each of the 12 month rolling position submissions from the period October 2011 to September 2012 to the latest submission October 2015 to September 2016.



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

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

Description

Aggregate Position

Trend

Performance against previous quarter

HSMR by Trust.

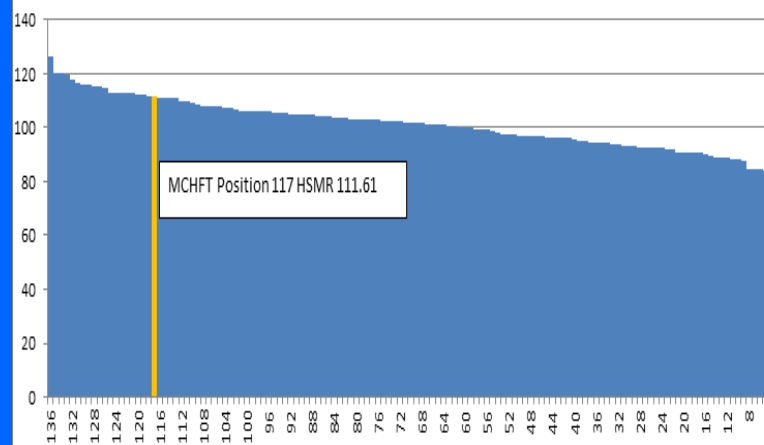
The chart benchmarks the Trust's HSMR against all NHS Trusts.

MCHFT is shown by the amber bar.

The Trust's HSMR is 111.61 (October 2015 to September 2016) and places the Trust 117 out of 136 Trusts.

HSMR Position 12 Months

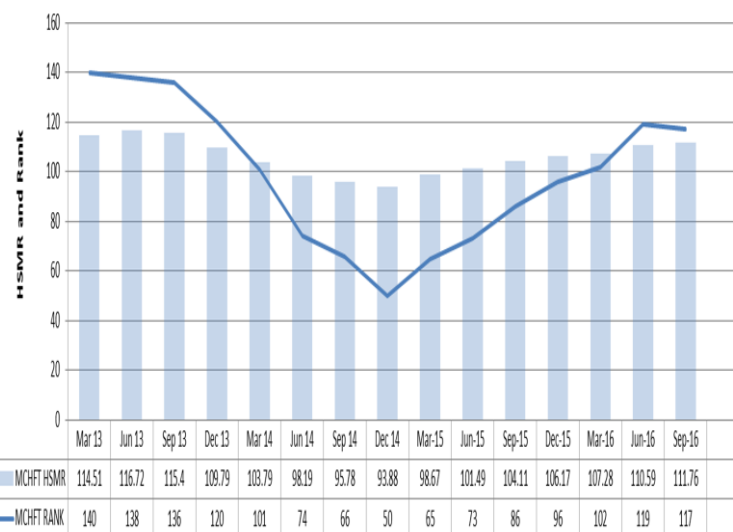
Oct 15 - Sept 16



The Trust's aim is to have an HSMR <100.

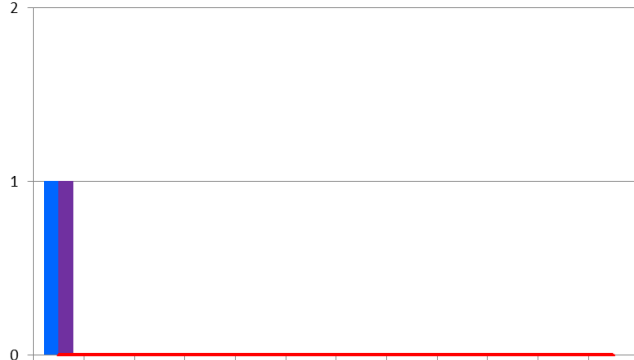

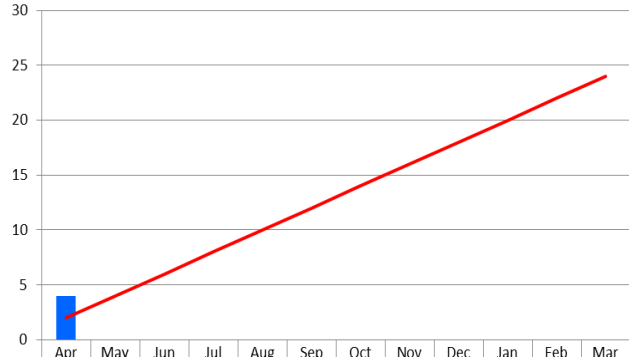
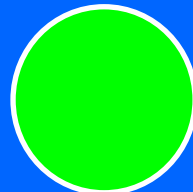
MCHFT 12 Month Rolling Position HSMR Position

The data in the chart shows the HSMR and rank of MCHFT for each of the 12 month rolling position submissions from the April 2012 to March 2013 to the latest submission October 2015 to September 2016.

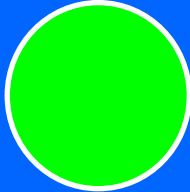
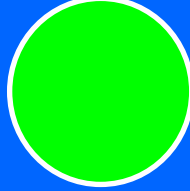
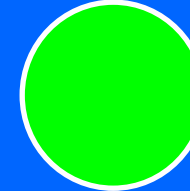


The Trust's aim is to have an HSMR <100.

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

Description	Aggregate Position	Trend	Performance against previous month																																																																	
<p>MRSA Bacteraemia Cases.</p> <p>In April 2017 one MRSA bacteraemia was reported in the Trust.</p> <p>In this financial year there has been one confirmed MRSA bacteraemia case reported.</p>	<p>MRSA Bacteraemia cases reported within the Trust April 2017 to March 2018</p>  <table><tr><th></th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sep</th><th>Oct</th><th>Nov</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th></tr><tr><td>Monthly</td><td>1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Cumulative</td><td>1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Target</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr></table>		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Monthly	1												Cumulative	1												Target	0	0	0	0	0	0	0	0	0	0	0	0	<p>A root cause analysis is underway to determine the cause and identify any lapses in care.</p> 														
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar																																																								
Monthly	1																																																																			
Cumulative	1																																																																			
Target	0	0	0	0	0	0	0	0	0	0	0	0																																																								
<p>Clostridium Difficile toxin positive cases.</p> <p>The target is less than 24 avoidable cases of Clostridium Difficile in 2016/17.</p>	<p>In April, no avoidable case was reported.</p> <p>The total avoidable cases year to date is 0.</p>	<p>Clostridium Difficile toxin positive cases reported within the Trust April 2017 to March 2018</p>  <table><tr><th></th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sep</th><th>Oct</th><th>Nov</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th></tr><tr><td>Avoidable</td><td>0</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Unavoidable</td><td>4</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Avoidable Total</td><td>0</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Avoidable Target</td><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td><td>12</td><td>14</td><td>16</td><td>18</td><td>20</td><td>22</td><td>24</td></tr></table>		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Avoidable	0												Unavoidable	4												Avoidable Total	0												Avoidable Target	2	4	6	8	10	12	14	16	18	20	22	24	<p>Improvement actions include:</p> <ul style="list-style-type: none">Ward Managers to reinforce the importance of accurate stool chart documentationWard staff to attend the weekly Clostridium Difficile Infection meetings to support ownership at a ward level 
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar																																																								
Avoidable	0																																																																			
Unavoidable	4																																																																			
Avoidable Total	0																																																																			
Avoidable Target	2	4	6	8	10	12	14	16	18	20	22	24																																																								

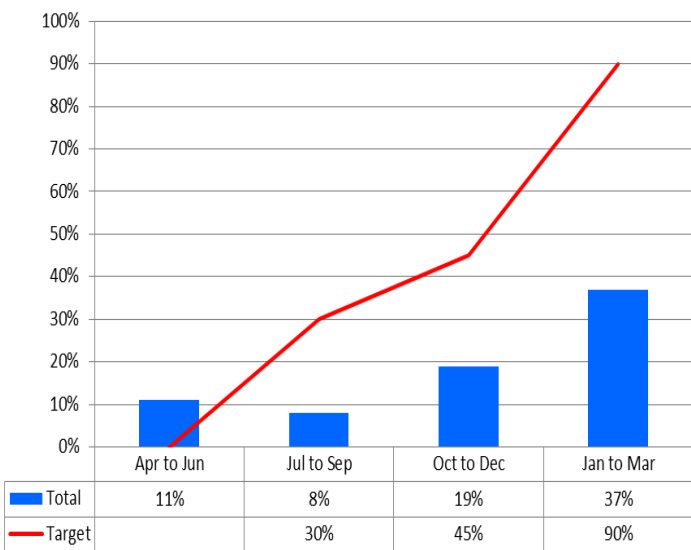
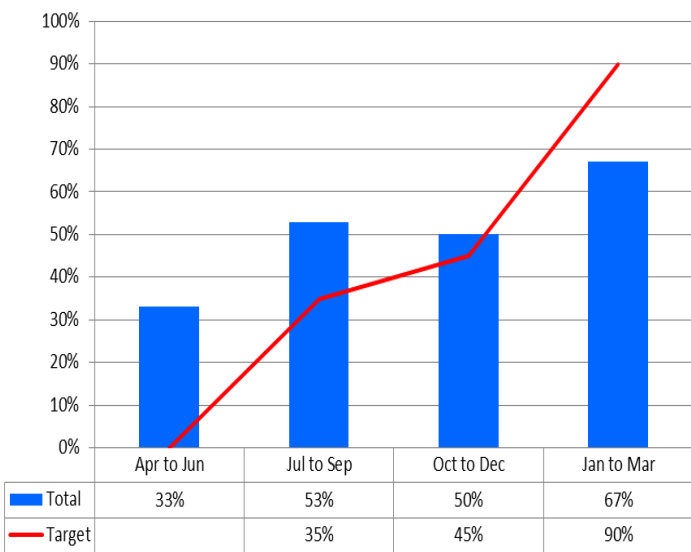
Board Papers – Quality, Safety & Experience Section: June 2017

Description	Aggregate Position	Trend	Performance against previous month
<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</p>	<p>For quarter 4, the specific actions on the plan were delivered and RAG rated green.</p>	<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.</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 4, progress against the action plan is required, although there is no funding allocated to quarter 3.</p>	<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.</p> 
<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> 

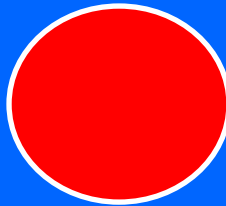
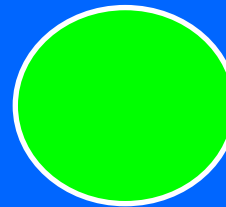
Board Papers – Quality, Safety & Experience Section: June 2017

Description	Aggregate Position	Trend	Performance against previous month															
<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><thead><tr><th></th><th>Apr to Jun</th><th>Jul to Sep</th><th>Oct to Dec</th><th>Jan to Mar</th></tr></thead><tbody><tr><td>Total</td><td>27%</td><td>28%</td><td>51%</td><td>66%</td></tr><tr><td>Target</td><td>90%</td><td>90%</td><td>90%</td><td>90%</td></tr></tbody></table>		Apr to Jun	Jul to Sep	Oct to Dec	Jan to Mar	Total	27%	28%	51%	66%	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.</p>
	Apr to Jun	Jul to Sep	Oct to Dec	Jan to Mar														
Total	27%	28%	51%	66%														
Target	90%	90%	90%	90%														
<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><thead><tr><th></th><th>Apr to Jun</th><th>Jul to Sep</th><th>Oct to Dec</th><th>Jan to Mar</th></tr></thead><tbody><tr><td>Total</td><td>21%</td><td>39%</td><td>50%</td><td>69%</td></tr><tr><td>Target</td><td>35%</td><td>40%</td><td>60%</td><td>90%</td></tr></tbody></table>		Apr to Jun	Jul to Sep	Oct to Dec	Jan to Mar	Total	21%	39%	50%	69%	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.</p>
	Apr to Jun	Jul to Sep	Oct to Dec	Jan to Mar														
Total	21%	39%	50%	69%														
Target	35%	40%	60%	90%														

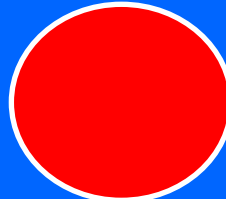
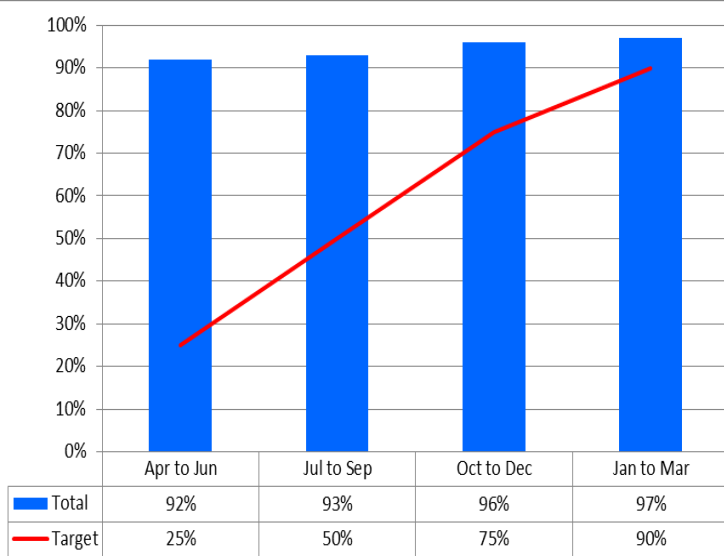
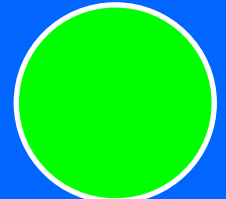
Board Papers – Quality, Safety & Experience Section: June 2017

Description	Aggregate Position	Trend	Performance against previous month															
<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><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>11%</td><td>8%</td><td>19%</td><td>37%</td></tr><tr><td>Target</td><td></td><td>30%</td><td>45%</td><td>90%</td></tr></table>		Apr to Jun	Jul to Sep	Oct to Dec	Jan to Mar	Total	11%	8%	19%	37%	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.</p>
	Apr to Jun	Jul to Sep	Oct to Dec	Jan to Mar														
Total	11%	8%	19%	37%														
Target		30%	45%	90%														
<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>67%</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%	67%	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 not achieved.</p>
	Apr to Jun	Jul to Sep	Oct to Dec	Jan to Mar														
Total	33%	53%	50%	67%														
Target		35%	45%	90%														

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

Description	Aggregate Position	Trend	Performance against previous month
<p>National CQUIN – Reduction in antibiotic consumption Part 3a1</p> <p>The financial value for this CQUIN is £79,221.</p>	<p>To achieve the CQUIN target for antibiotic consumption Part 3a1, the Trust must have a reduction of 1% or more of total antibiotic consumption per 1,000 admissions.</p>	<p>Quarter 4 data has now been reported on the National Database and mirrors the Quarter 3 data provided in the last report using local data. However, local Quarter 4 data shows the total antibiotic consumption for 2016/2017 falls above the baseline of 2013/2014. This MCHFT figure of 2931.49 DDD/1000 admissions for 2016/2017 still keeps the trust below the national average of 4537.1 although this element of the CQUIN has not been achieved.</p>	<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.</p> 
<p>National CQUIN – Reduction in carbapenem consumption Part 3a 2</p> <p>The financial value for this CQUIN is £79,221.</p>	<p>To achieve the CQUIN target for antibiotic consumption Part 3a 2, the Trust must have a reduction of 1% or more of carbapenem consumption per 1,000 admissions.</p>	<p>Quarter 4 data has now been reported on the National database and mirrors the Quarter 3 data provided in the last report using local data. Using local data as a comparison rather than the national data which is not yet available for Quarter 4, this is on target with 55.97 being the baseline and 43.67 being the MCHFT average DDD/1000 admissions for 2016/2017. This figure still keeps the trust below the national average of 95 and this element of the CQUIN has been achieved.</p>	<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.</p> 

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

Description	Aggregate Position	Trend	Performance against previous month															
<p>National CQUIN – Reduction in piperacillin-tazabactam consumption Part 3a 3</p> <p>The financial value for this CQUIN is £79,221.</p>	<p>To achieve the CQUIN target for antibiotic consumption Part 3a 3, the Trust must have a reduction of 1% or more of piperacillin-tazabactam consumption per 1,000 admissions.</p>	<p>Quarter 4 data has now been reported on the National database and mirrors the Quarter 3 data provided in the last report using local data. Using local data as a comparison rather than the national data which is not yet available for Quarter 4, this is now above the 121.22 baseline at 124.58 being the MCHFT average DDD/1000 admissions for 2016/2017. This figure still keeps the trust below the national average of 139.1 although this element of the CQUIN has not been achieved.</p>	<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.</p> <div></div>															
<p>National CQUIN – Empiric review of antibiotic prescriptions Part 3b</p> <p>The financial value for this CQUIN is £79,221.</p>	<p>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.</p>	 <table><thead><tr><th></th><th>Apr to Jun</th><th>Jul to Sep</th><th>Oct to Dec</th><th>Jan to Mar</th></tr></thead><tbody><tr><td>Total</td><td>92%</td><td>93%</td><td>96%</td><td>97%</td></tr><tr><td>Target</td><td>25%</td><td>50%</td><td>75%</td><td>90%</td></tr></tbody></table>		Apr to Jun	Jul to Sep	Oct to Dec	Jan to Mar	Total	92%	93%	96%	97%	Target	25%	50%	75%	90%	<p>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.</p> <p>The target was achieved.</p> <div></div>
	Apr to Jun	Jul to Sep	Oct to Dec	Jan to Mar														
Total	92%	93%	96%	97%														
Target	25%	50%	75%	90%														

CQUIN Targets 2017/2018

1. Improving staff health and well-being (3 parts)
2. Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis: 4 parts)
4. Improving services for people with mental health needs who present to A&E
6. Offering advice and guidance
7. NHS e-Referrals
8. Supporting proactive and safe discharge
9. Preventing ill health by risky behaviours
10. Improving the assessment of wounds
11. Personalised care and support planning

Further information will be provided in the next Board report

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

Description

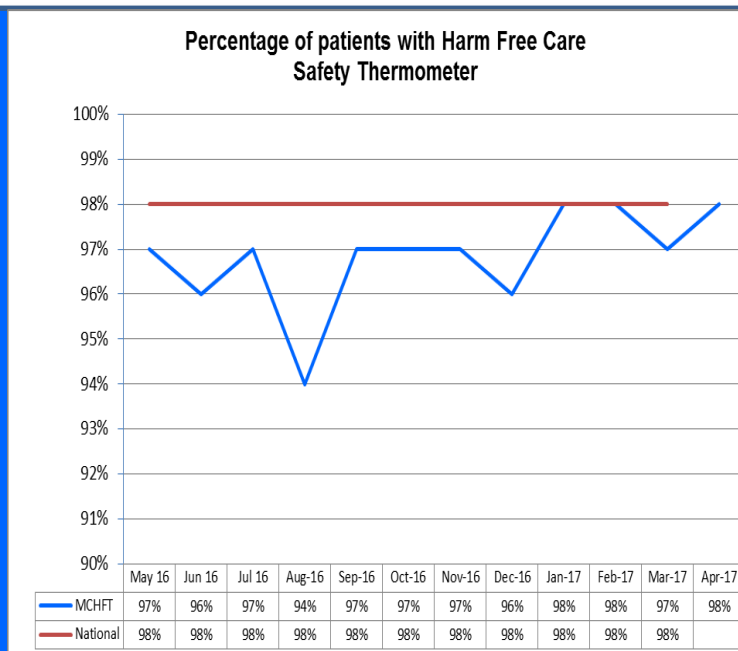
Safety
Thermometer
- Harm Free
Care.

Aggregate Position

In April 2016, 98% of patients received harm free care as measured by the Safety Thermometer.

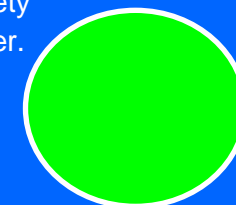
The Safety Thermometer data is collected during the morning of the first Wednesday of each month and is collected by the nursing staff on duty on the ward assisted by the Divisional Senior Nursing Teams.

Trend



Performance against previous month

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



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

Description	Aggregate Position	Trend	Performance against previous month
Registered Nurses monthly expected hours by shift versus actual monthly hours per shift. Day time shifts only	<p>93.5% 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>April 2017 93.5%</p> <p>March 2017 93.9%</p> <p>February 2017 94%</p>	The lowest staffing levels during the day were on Ward 9 at 76.9%.
Registered Nurses monthly expected hours by shift versus actual monthly hours per shift. Night time shifts only	<p>97% of expected Registered Nurse hours were achieved for night shifts.</p>	<p>Trend</p> <p>April 2017 97%</p> <p>March 2017 101.1%</p> <p>February 2017 99.8%</p>	The lowest staffing levels during the night were on Ward 12 at 78.9%
Healthcare Assistant monthly expected hours by shift versus actual monthly hours per shift. Day time shifts only	<p>98.5% of expected HCA hours were achieved for day shifts.</p> <p>The NICU staffing is low for unqualified staff, particularly on the day shift.</p> <p>This is predominantly due to sickness.</p> <p>However, assurance can be provided that clinical care has not been compromised during December 2016.</p>	<p>Trend</p> <p>April 2017 98.5%</p> <p>March 2017 100.9%</p> <p>February 2017 100.2%</p>	The lowest staffing levels during the day were on NICU at 44.3%
Healthcare Assistant monthly expected hours by shift versus actual monthly hours per shift. Night time shifts only	<p>105.8% 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>April 2017 105.8%</p> <p>March 2017 111.3%</p> <p>February 2017 107.7%</p>	The lowest staffing levels during the night were on NICU at 85%

Board Papers – Quality, Safety & Experience Section: June 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		42222.5	39493.4	31025.9	30574.2	24336.2	23602.4	16371.5	17328.8	93.5%	98.5%	97.0%	105.8%	14882	4.2	3.2	7.5
AMU	Gen. Medicine	1950	1809.3	1470	1445.8	1837.5	1788.5	1470	1445.5	92.8%	98.4%	97.3%	98.3%	735	4.9	3.9	8.8
CAU	Paeds	2610.5	2610.5	1031.5	1031.5	1506.5	1506.5	138	138	100.0%	100.0%	100.0%	100.0%	476	8.6	2.5	11.1
Critical Care	Gen. Medicine	3858	3858	442.5	442.5	2451	2451	0	0	100.0%	100.0%	100.0%	-	212	29.8	2.1	31.8
Elmhurst	Rehab	847.5	847.5	2160	2142	750	750	1500	1500	100.0%	99.2%	100.0%	100.0%	870	1.8	4.2	6.0
Ward 1	Gen. Medicine	2112.5	2075	1125	1125	1470	1445.5	735	747.3	98.2%	100.0%	98.3%	101.7%	818	4.3	2.3	6.6
Ward 10 SAU	Gen. Surg	1455	1515	900	967.5	562	599.5	281	533.9	104.1%	107.5%	106.7%	190.0%	385	5.5	3.9	9.4
Ward 11	Gen. Surg & Urology	1645	1461	960	952	615	615	307.5	358.8	88.8%	99.2%	100.0%	116.7%	587	3.5	2.2	5.8
Ward 12	Gen. Surg & Gynae	2155	1947	1920	1872	922.5	727.8	615	727.8	90.3%	97.5%	78.9%	118.3%	899	3.0	2.9	5.9
Ward 13	Gen. Surg	2200	1864	1920	1968	922.5	768.8	615	645.8	84.7%	102.5%	83.3%	105.0%	908	2.9	2.9	5.8
Ward 14	Gen. Medicine	1650	1506	1440	1464	720	720	1080	1116	91.3%	101.7%	100.0%	103.3%	942	2.4	2.7	5.1
Ward 15	Trauma & Ortho	2162.5	1778.5	2640	2472	922.5	748.3	922.5	973.8	82.2%	93.6%	81.1%	105.6%	906	2.8	3.8	6.6
Ward 18	Gen. Medicine	1347.5	1222.5	1500	1531.3	735	735	735	710.5	90.7%	102.1%	100.0%	96.7%	709	2.8	3.2	5.9
Ward 2	Gen. Medicine	1737.5	1725	1500	1575	735	955.5	1102.5	1114.8	99.3%	105.0%	130.0%	101.1%	891	3.0	3.0	6.0
Ward 21B	Rehab	1265	1154.5	1755	1742	750	750	750	812.5	91.3%	99.3%	100.0%	108.3%	682	2.8	3.7	6.5
Ward 23	Obstetrics	1200	1200	760	760	740	740	740	740	100.0%	100.0%	100.0%	100.0%	574	3.4	2.6	6.0
Ward 26	Obstetrics	3090.7	3090.7	582.7	582.7	2651.7	2651.7	370	370	100.0%	100.0%	100.0%	100.0%	157	36.6	6.1	42.6
Ward 4	Gen. Medicine	1650	1470	1800	1734	720	756	1440	1392	89.1%	96.3%	105.0%	96.7%	949	2.3	3.3	5.6
Ward 5	Gen. Medicine	2377.5	2127.5	1500	1525	1470	1163.8	735	771.8	89.5%	101.7%	79.2%	105.0%	937	3.5	2.5	6.0
Ward 6	Gen. Medicine	1980	1811.3	1875	1893.8	1470	1298.5	735	820.8	91.5%	101.0%	88.3%	111.7%	796	3.9	3.4	7.3
Ward 7	Gen. Medicine	1690	1552.5	1500	1687.5	735	735	1102.5	1372	91.9%	112.5%	100.0%	124.4%	939	2.4	3.3	5.7
Ward 9	Trauma & Ortho	1630	1254	1440	1304	615	615	307.5	451	76.9%	90.6%	100.0%	146.7%	460	4.1	3.8	7.9
NICU	Paeds	1608.3	1613.6	804.2	356.6	1035	1081	690	586.5	100.3%	44.3%	104.4%	85.0%	50	53.9	18.9	72.8

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

Ward Name	Main Specialties	Safety Thermometer Results			
		Acquired Pressure Ulcers	Patient Falls resulting in harm	CAUTI	New VTE
MCHFT		1.45% (13)	0.45% (4)	0%	0.22% (2)
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)	0% (0)	0% (0)	0% (0)
Ward 10 SAU	Gen. Surg	0% (0)	0% (0)	0% (0)	0% (0)
Ward 10 SSW	Gen. Surg & Urology	0% (0)	0% (0)	0% (0)	0% (0)
Ward 12	Gen. Surg & Gynae	0% (0)	0% (0)	0% (0)	3.12% (1)
Ward 13	Gen. Surg	3.12% (1)	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)	0% (0)	0% (0)
Ward 18	Gen. Medicine	0% (0)	0% (0)	0% (0)	0% (0)
Ward 2	Gen. Medicine	9.38% (3)	9.38% (3)	0% (0)	0% (0)
Ward 21B	Rehab	0% (0)	0% (0)	0% (0)	0% (0)
Ward 23	Obstetrics	0% (0)	0% (0)	0% (0)	0% (0)
Ward 26	Obstetrics	0% (0)	0% (0)	0% (0)	0% (0)
Ward 4	Gen. Medicine	3.12% (1)	0% (0)	0% (0)	0% (0)
Ward 5	Gen. Medicine	3.12% (1)	0% (0)	0% (0)	0% (0)
Ward 6	Gen. Medicine	0% (0)	0% (0)	0% (0)	0% (0)
Ward 7	Gen. Medicine	3.23% (1)	0% (0)	0% (0)	0% (0)
Ward 9	Trauma & Ortho	0% (0)	0% (0)	0% (0)	0% (0)
NICU	Paeds	0% (0)	0% (0)	0% (0)	0% (0)
DN – Alsager	District Nursing	2.22% (1)	0% (0)	0% (0)	2.22% (1)
DN - Ashfields	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)
DN – Danebridge	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)
DN – Eaglebridge	District Nursing	3.77% (2)	0% (0)	0% (0)	0% (0)
DN – Firdale	District Nursing	7.69% (2)	0% (0)	0% (0)	0% (0)
DN – Grosvenor	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)
DN - Hungerford	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)
DN – Middlewich	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)
DN – Rope Green	District Nursing	2.7% (1)	0% (0)	0% (0)	0% (0)
DN - Church View	District Nursing	0% (0)	4.17%(1)	0% (0)	0% (0)
DN – Winsford	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)
Intermediate Care	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)

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

Experience Section:

Indicators	YTD 17/18	Last four months			
		Jan-17	Feb-17	Mar-17	Apr-17
Complaints received by month	11	19	10	24	11
Complaints being reviewed by the Ombudsman		3	3	3	3
Closed complaints by month	19	11	13	16	19
Contacts raising informal concerns	79	102	94	91	79
Compliments received in month	119	172	151	190	119
Number of new claims received in month	1	3	3	2	1
Number of claims closed	3	6	4	4	3
Number of inquests concluded	0	5	0	0	0
NHS Choices - Star Ratings (Leighton)		4.5	4.5	4.5	4.5
NHS Choices - Star Ratings (VIN)		5	5	5	5
NHS Choices - Number of new postings	7	9	12	14	7
F&FT Response Rate ED, MIU, UCC and Assessment Areas*		4%	4%	5%	4%
Proportion of positive responses ED, MIU, UCC and Assessment Areas		96%	97%	97%	94%
F&FT Response Rate Inpatients and Daycases		22%	28%	25%	28%
Proportion of positive responses Inpatients and Daycases		98%	99%	99%	96%
F&FT Response Rate Outpatients		5%	5%	4%	4%
Proportion of positive responses Outpatients		97%	96%	97%	95%
F&FT Response Rate Maternity - Birth		14%	16%	12%	7%
Proportion of positive responses Maternity - Birth		100%	92%	96%	100%
F&FT Response Rate Community (CCICP)		21%	20%	21%	21%
Proportion of positive responses Community (CCICP)		90%	88%	91%	89%

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

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

Description	Aggregate Position/Description	Trend
<p>Monthly Trust complaints received by the Trust</p>	<p>11 complaints were received in April 2017 which covered 35 categories. The highest categories were:</p> <ul style="list-style-type: none"> • Communication • Medical – adverse outcomes • Medical – diagnosis problems <p>Highest 3 areas receiving complaints/issues were:</p> <ul style="list-style-type: none"> • CCICP physio: 2 complaints/5 issues • Orthopaedic medical staff: 1 complaint/4 issues • General surgery medical staff: 2 complaints/ 4 issues 	<p>Complaints received by month</p> <p>Formal Complaints</p>
<p>Number of formal complaints by Division</p>	<p>This graph shows the breakdown of categories by month for each division.</p> <p>S&C: 17, DCSS: 3, W&CD: 1, MECD: 7, CCICP: 6, E&F: 0, Corporate Services: 1.</p> <p>Examples of complaints for April 2017</p> <p>S&C – no leaflet was provided at POAC to confirm fasting requirements prior to the procedure</p> <p>DCSS – Relative not allowed to accompany patient in the room for a CT scan</p> <p>W&CD – consultant made inappropriate remarks during consultation</p> <p>MECD – The anaesthetist was rude and spoke to her in the waiting room in front of other patients and relatives.</p> <p>CCICP – patients wife informed via telephone that patient was end of life</p>	<p>Categories received by Division</p> <p>Formal Complaints by Division</p>

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

Description

Aggregate Position/Description

Trend

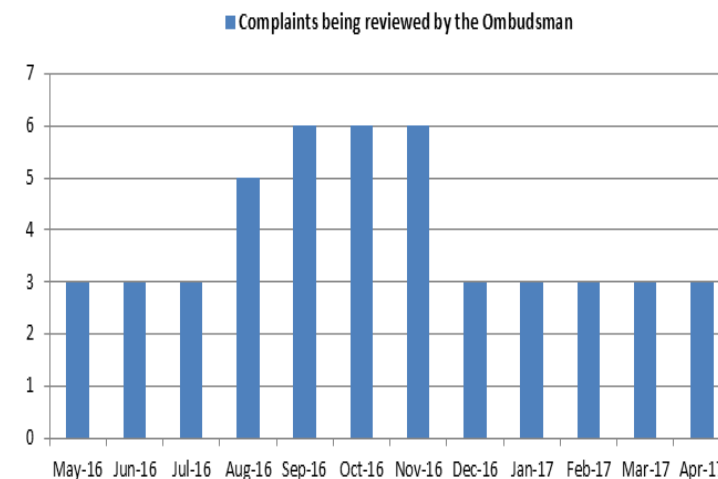
Complaints being reviewed by the Public Health Service Ombudsman

In April 2017 3 complaints were active with the PHSO

1 x final draft report issued

1 x current ongoing investigation

1 x recommendations completed and submitted for approval

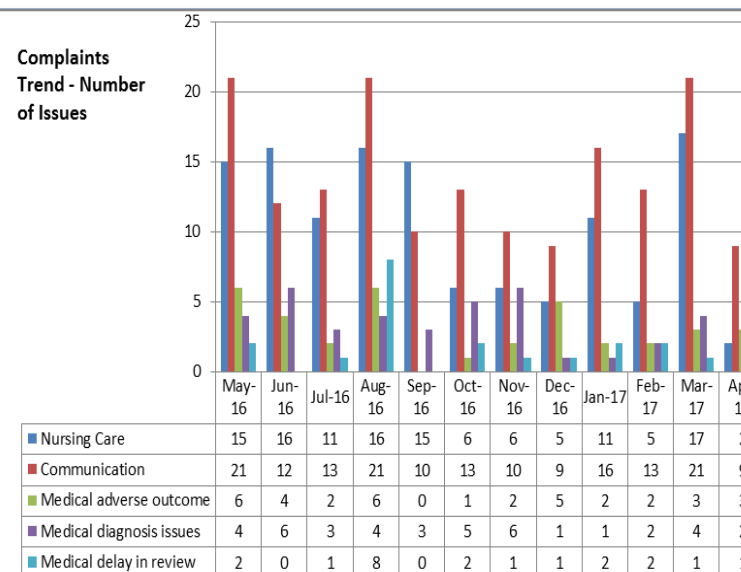


Ombudsman

Complaint Trends and number of issues

The main trends in April 2017 were:

- Communication: 7 complaints/ 9 issues
- Medical Adverse Outcomes: 3 complaints/ 3 issues
- Medical diagnosis issues: 2 complaints/ 2 issues



Complaint Trends

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

Description

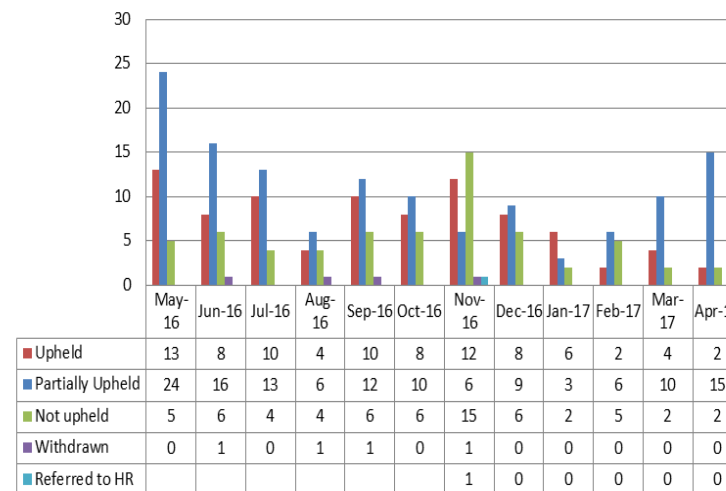
Aggregate Position/Description

Trend

Closed
Complaints

19 complaints were closed in April 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	2	7	1	0	0	10
Surgery and Cancer	0	1	1	0	0	2
Diagnostics & Clinical Support Services	0	2	0	0	0	2
Women's and Children's	0	4	0	0	0	4
Estates & Facilities	0	0	0	0	0	0
CCICP	0	1	0	0	0	1
		Total closed				19

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

Complaints closed by Division

Tables removed under Section 40 of the Freedom of Information Act

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

Description

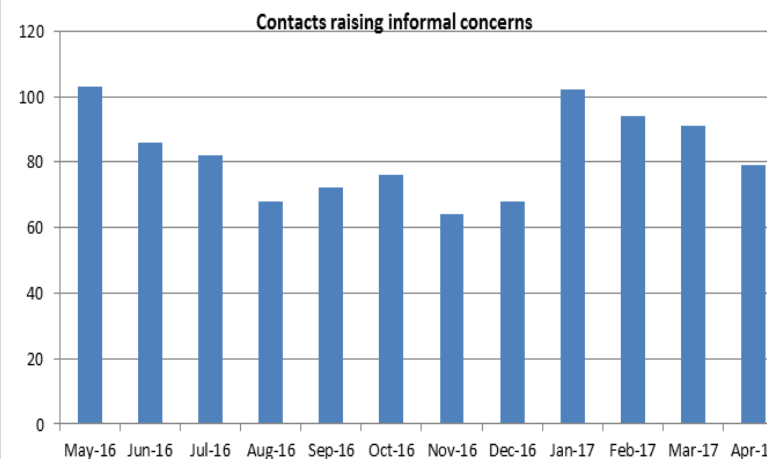
Aggregate Position/Description

Trend

Informal Concerns Numbers

The number of contacts raising informal concerns for April 2017 was 79 which is 12 less than the previous month.

The Division of Medicine and Emergency Care has received the largest number of individual concerns raised at 55. 16 of these issues belong to Emergency Department.



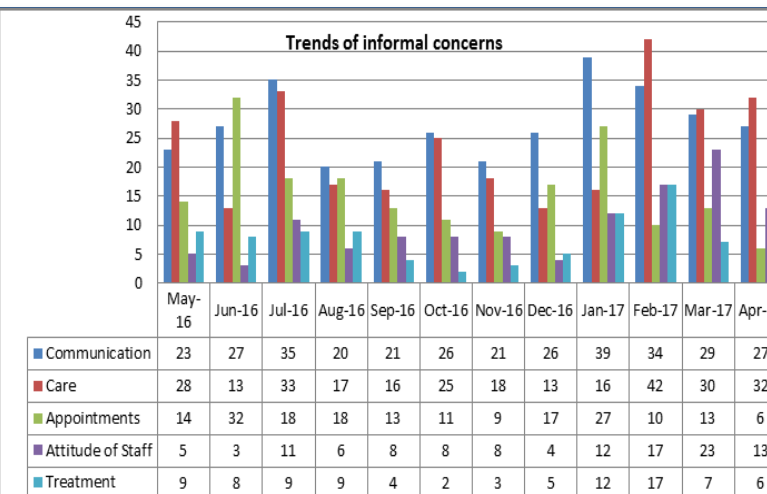
Informal Concerns
Feedback

Informal Concerns Trends

Care was the highest trend for informal concerns in April 2017, with 9 of the 32 issues raised belonging to the Division of Medicine of Emergency Care. 4 of these 9 issues belong to the Emergency Department and relate to medical/nursing care.

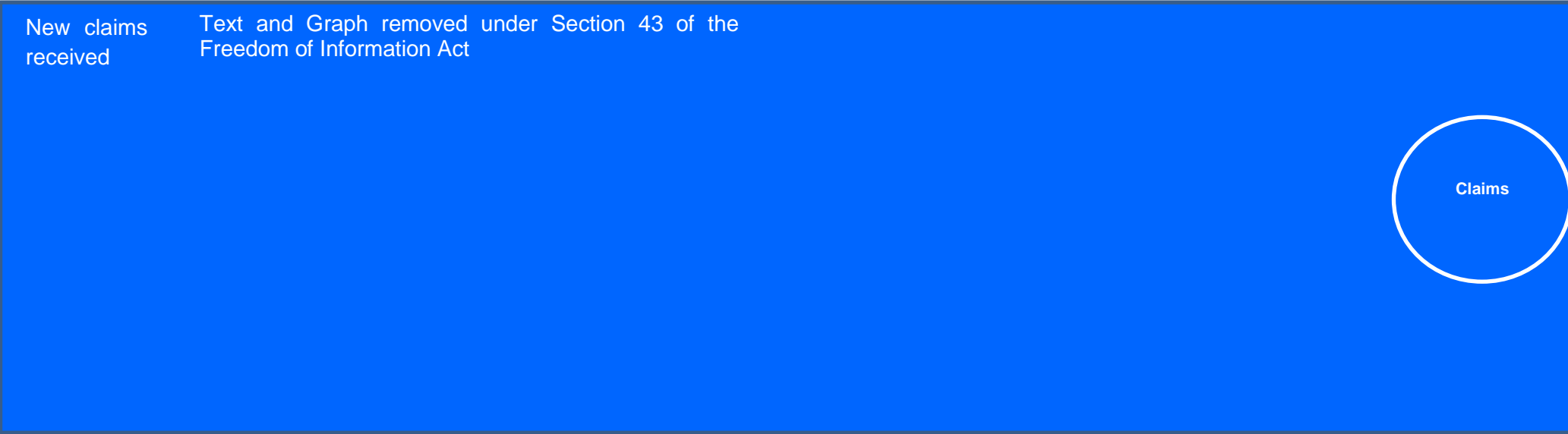
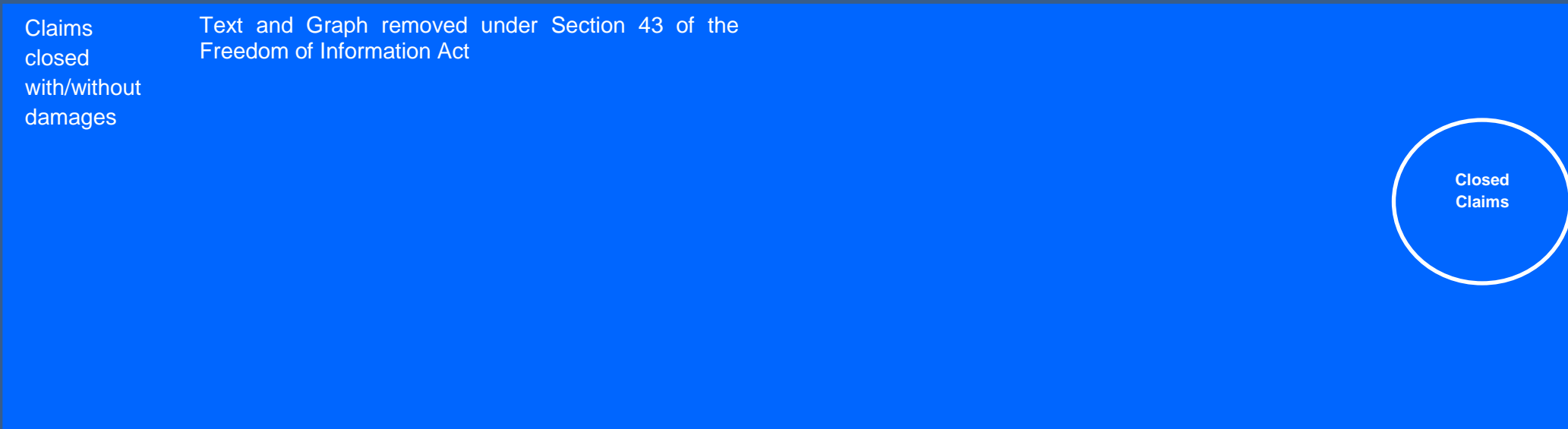
Of the 27 issues relating to communication, 14 belong to the Division of Medicine and Emergency Care, with 4 of the 14 issues relating to Cardiology and 4 relating to Emergency Department.

Of the 13 issues relating to attitude of staff, 6 belong to the Division of Medicine and Emergency Care, with 3 of the 6 issues belonging to the Gastroenterology.





Informal Concerns
Trends

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

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

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

Description	Aggregate Position/Description	Trend
Value of claims closed by month	Text and Graph removed under Section 43 of the Freedom of Information Act	
Top five claims by Specialty	Text and Graph removed under Section 43 of the Freedom of Information Act	

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

Description	Aggregate Position /Description	Trend																										
Number of Inquests concluded by month	No inquests were concluded in April 2017.	<div><p>Inquests concluded by month</p><table><thead><tr><th>Month</th><th>Inquests Concluded</th></tr></thead><tbody><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><tr><td>Mar-17</td><td>0</td></tr><tr><td>Apr-17</td><td>0</td></tr></tbody></table></div>	Month	Inquests Concluded	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	Mar-17	0	Apr-17	0
Month	Inquests Concluded																											
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																											
Mar-17	0																											
Apr-17	0																											
NHS Choices Star Ratings	<p>Leighton Hospital is rated at 4.5 stars.</p> <p>Victoria Infirmary, Northwich is rated at 5 stars.</p> <p>The above ratings are based on 261 postings received to date.</p>	<div><div><p>4.5 Stars</p></div><div><p>5 Stars</p></div></div>																										

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

Description

Aggregate Position /description

Trend

NHS Choices postings

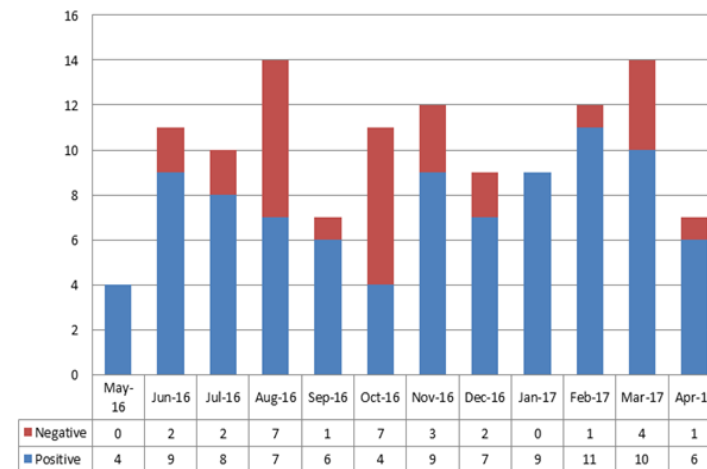
There were 7 postings on NHS Choices in April 2017 of which 1 was negative (14%) and 6 were positive (86%)
Examples of feedback included:

The treatment I received was outstanding. I was seen promptly, swiftly x-rayed and was sent home in plaster in less than two hours. The member of staff that dealt with me was kind, courteous and extremely efficient. (A&E)

The doctor quickly tried to organise a CT head but was told by the radiographer I wouldn't be allowed to remain by my husband's side during the scan! As a result, my husband refused to undergo the scan and much to everyone's dismay I then had to get him to North Staffs for the vital head scan.(A&E and Radiology)

For both appointments the whole experience was first class. Friendly professional staffA huge improvement from my previous visit 4 year earlier. (Bowel and Breast Screening)

NHS Choices - Numbers of New Postings



NHS Choices - Postings

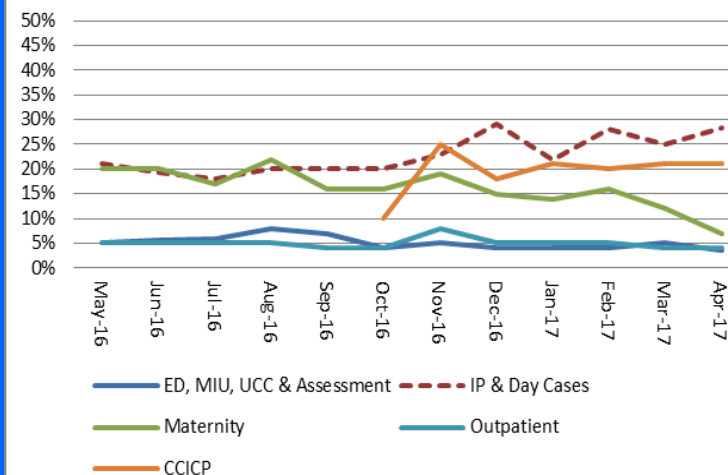
The Family and Friends Test asks patients if this would recommend our hospital services to a friend or relative based on their treatment and experience

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

Inpatients and day cases	96%
Emergency care /Assessment areas	94%
Outpatients	95%
Maternity	100%
CCICP	89%

2741 responses were received and 94% of those patients would recommend our hospital services.

FFT Response Rate - May 2016 onwards



Family & Friends Test

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

Description

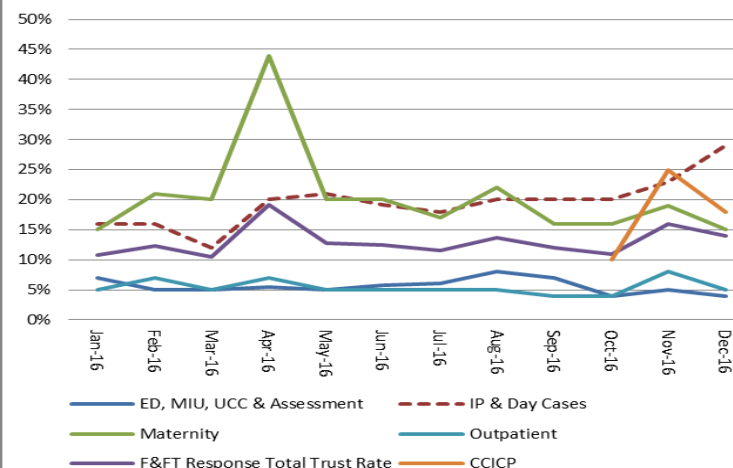
Aggregate Position

Trend

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

April 2017	% Response	Total Responses received	How many would recommend
Ward/Dept			
A&E , UCC & MIU	4%	203	191
Inpatients & Daycases	28%	1182	1130
Maternity	7%	16	16
Outpatients	4%	901	857
CCICP	21%	383	341

FFT Response Rate - January 2015 onwards



Family & Friends Test

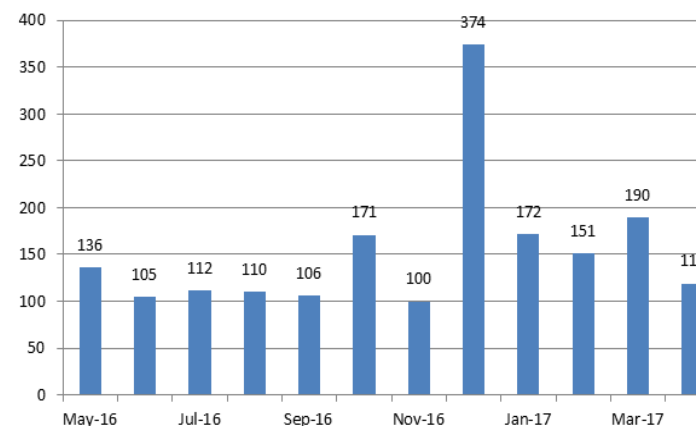
Compliments received

There were 119 compliments/thank-you's received for April 2017.

"We are writing to thank the staff in Ward 2 for the kindness, care and patience they showed our father and husband."

"I was in severe pain and discomfort on admission to the emergency department and what happened during the following hour can only be described as world class."

Compliments



Compliments

Title of Paper :	Guardian of Safe Working Hours		
Author:	Derek Pegg, Consultant		
Executive Lead:	Estelle Carmichael		
Type of Report:	Concept Paper		
	Strategic Options Paper		
	Business Case		
	Information		
	Review/Benefits/Audit	X	
Link to Strategic Objectives:		Link to Domain:	
Quality, Safety & Experience	X	Safe	
To be a Leading partner in a Progressive Health Economy		Effective	X
Organisational Effectiveness		Caring	
Aspiring to Excellence in Practice Through Our Workforce	X	Responsive	X
21st Century Infrastructure for Transformative Health and Social Care		Well-Led	X
Quality, Safety & Experience			
Link to Board Responsibility:	Performance		
	Accountability	X	
	Strategy		
	Implementation	X	
Action Required:	Decide		
	Approve		
	Note	X	
	Recommend		
	Delegate		
Positive Benefit:	Compliance with requirements to report on safe working hours and terms and conditions of the new contract.		
Risk:	Failure to comply with national requirements		
To be published on Trust Website –complete version		Y (delete as appropriate)	
If no, to be published on Trust Website – redacted		N (delete as appropriate)	
If not to be published complete or redacted, please detail the reason why			
Presented at Board Meeting of:	5 June 2017		

REPORT FROM THE GUARDIAN OF SAFE WORKING HOURS

1st December 2016 – 31st March 2017

1. INTRODUCTION

To inform the board on progress made in implementing the new junior doctors contract and the work of the Guardian of Safe Working Hours (GoSWH).

The new Terms and Conditions of Service for Doctors in Training (Junior Doctor's Contract) contains the provision of a GoSWH. The role of the GoSWH is to act as champion for safe working hours and monitor compliance with the terms and conditions within the new contract.

As part of this role the GoSWH is expected to make a report to the board on a quarterly basis.

2. CURRENT CONTRACT POSITION

The Junior Doctor's Contract went live on the 3rd August 2016. The first junior doctors in MCHFT to be moved to the new contract were the Foundation Year 1 (F1) doctors on 7th December.

All F1 doctors received their generic work schedules 6 weeks prior to commencement in post and this is followed up with the contract being issued 4 weeks before they start. This means that the Trust was in breach of the new contract.

The breach was related to the Trust making arrangements to meet with the Junior Doctors in person to enable us to take time to discuss the documents and hand over work schedules and contracts individually. We feel strongly that this is the right approach to use at this time to ensure that Junior Doctors are familiar with the content and requirements of the new contract.

Under the new contract the Trust must appoint a Guardian of Safe Working Hours and the selection process must be carried out in partnership with Junior Doctor representatives. On 10 August 2017, MCHFT appointed Mr Derek Pegg to this role. Mr Pegg is a long-serving NHS Consultant with MCHFT, working in the Trauma and Orthopaedics specialty.

3. ROTAS AND ROTA GAPS

All F1 rotas are now compliant with the terms of the new contract. However there are a number of gaps in these rotas which are likely to cause pressure and may result in an increase in exception reporting.

The gaps in the current rotas are:

ROTA	ROTA ESTABLISHMENT (WTE)	VACANCIES (WTE)
F1 GENERAL SURGERY	6	1
F1 GENERAL MEDICINE	8	1

4. NEXT ROTATION

During the next rotation of Junior Doctors all remaining trainees taking up their next appointment (all grades) will be moved on to the new contract will be and this will take place on 2nd August 2017.

The contracts and work schedule details will be sent out to the Doctors on this rotation 8 weeks in advance of their start date, meaning that the Trust will be compliant with the contract terms, providing full details of each doctor is received from HEE NW in time.

5. EXCEPTION REPORTING

This report reviews the exception reporting for the period 1st January 2017 to 31st March 2017. During this period a total of 40 exception reports were submitted. The GoSWH is required to provide a Board report on a quarterly basis summarising exception reports being completed and ensuring that the Trust take appropriate action to address any significant issues identified in these report.

Exception reporting is the agreed method of ensuring Junior Doctors do not work for extended periods without appropriate breaks and to ensure that they are able to start and finish on time. This mechanism also enables junior doctors to report and unsafe working practices.

During the period 1st January 2017 to 31st March 2017, 40 exception reports were received from 5 separate trainee Doctors and these were all received from the F1 General Surgery rota.

The key themes were:

- Ward rounds starting later than planned
- Staying later to complete actions from earlier in the day
- Staying late due to colleagues arriving late
- Asked to attend shift earlier than rostered time

In 40 cases, after review by the educational supervisor, the trainees were granted time off in lieu. However in 1 case, the educational supervisor has not yet reviewed the report. The payments and linked GoSWH fines are listed below:

	DEC	JAN	FEB	MARCH
TOIL agreed in month	18h 36m	13h 03m ¹	24h 33m	24h 33m
Total TOIL for Quarter				33h 01m

¹ One claim was for a period of 18 mins

The fines identified in December 2016 are held by the GoSWH and will be used to improve the working lives of Doctors in Training. The Trust is not permitted to access the fines for any other reason.

The current value of fines year to date are:

MONTH	HOURS TO BE PAID	FINES VALUE	CUMULATIVE VALUE
December 2016	2h plain time	£25.27	£25.27
January 2017	Nil	Nil	
February 2017	Nil	Nil	
March 2017	Nil	Nil	

6. JUNIOR DOCTORS FORUM

Following the implementation of the new contract, the Trust was obliged to set up a Junior Doctors Forum to bring together trainee doctors with senior clinicians and management. The Forum is chaired by the GoSWH.

The first MCHFT Junior Doctor's Forum met on Monday 9th January 2017 for the first time and the basis of the discussion was around the formation of the group and who should attend.

Some discussion took place surrounding the exception reporting and the vacancies on the current F1 General Surgery Rota.

The meeting was productive and the following was agreed:

- Exception reports should not be submitted for Doctors who chose to stay late for the purposes of personal development and
- Locum rates within the Trust should be reviewed to move away from the national contract, as is the case in many other C&M Trusts

7. CONCLUSION

This is the first report by the GoSWH and as such it is concluded that the Trust has taken appropriate steps to implement the new national contract for the relevant junior doctors.

It is clear that following the dispute related to the new contract that it will take some time to develop the reporting and management processes associated with exception reporting and the issuing of new contracts, however it is recognised that MCHFT is progressing with the implementation in accordance with the national guidance.

It is disappointing to see such a high level of exception reporting for a single rota, however, it is important to note that the issues that have been raised are being addressed to ensure the risks are reduced going forward.

Board of Directors Performance Report

April 2017

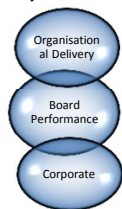
**"To Deliver Excellence in Healthcare through Innovation &
Collaboration"**

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

Contents

	<i>Page No</i>
Headline Measures	1
Single Oversight Framework	2
Organisational Delivery Cancer Pathway	3
Unplanned Activity	5
Planned Activity	7
Corporate Income and Expenditure Position	11
Commissioner Income Analysis	16
Cost Improvement Programme	17
Capital Summary	18
State of Financial Position	19
Cash position and Working Capital	20
Staff Costs	21

Headline Measures

Organisational Delivery			
Indicator	Standard	YTD	Apr-17
Cancer			
Urgent referrals seen in 2 wks (%)	93.00%	97.00%	97.00%
No of Patients Seen		667	667
No of Breaches		20	20
62 day from urgent GP (%)	85.00%	97.20%	97.20%
No of Patients Seen		666	54
No of Breaches		48	2
62-day wait for first treatment from NHS Cancer Screening Service referra	90.00%	95.39%	100.00%
No of Patients Seen		109	7
No of Breaches		5	0

Unplanned Activity			
A&E <4hrs Standard (%)	95.00%	93.36%	93.36%
A&E Attendances LH & MIU (% to plan)		97.65%	97.65%
A&E Attendances LH & MIU (Vol)		7,143	7,143

Planned Activity			
Incomp Pathways <18wk (%)	92.00%	96.27%	96.27%
>6wk Diagnostic Waits (%)	1.00%	0.04%	0.04%
Total Patients Waiting for a First Outpatient Appointment			7,223

Indicator	Standard	YTD
Workforce		
Sickness absence Rolling 12 Month		3.90%
Turnover Rolling 12 Month		10.78%

Corporate					
Indicator	YTD Rating		YE Rating	YE Metric	
	Plan	Actual	Forecast	Plan	Forecast
Finance					
Use of Resource Rating		3	3		
Capital Service Capacity	4	4	3	0.76	0.76
Liquidity	4	3	4	-23	-23
I&E Margin	4	4	2	0.28%	0.28%
Distance from Financial Plan	1	1	1	0.00%	0.10%
Agency Spend	1	1	1	10.20%	10.20%

	YTD Target	YTD Actual	YTD Variance	FY Target	FY Forecast	FY Variance
Cost Improvement Scheme Total (£000's)	389	327	-62	4,813	4,093	-720
Revenue Generation Scheme total (£000's)	120	83	-36	1,490	1,268	-222
Commission Contact Income SC & VR (£000's)	14,987	14,633	-354			
Contract Income (£'000) Net of Drugs	16,702	16,579	-123			
Pay to Budget (£000's)	-13,770	-13,549	221			
Non Pay to Budget (£000's) Net of Drugs	-5,054	-4,782	272			
Agency Trajectory (£000's)	-482	-378	104			

Exec Summary

In April 2017, the Trust delivered four of the five NHS Improvement Single Oversight Framework performance indicators. The indicator which was not achieved was the 4-hour A&E standard, with performance of 93.36% against the 95% standard. Comparatively, this is an improvement in performance against April 2016(89.77%) whilst at the same time, the Trust had fewer beds open in order to facilitate flow. The STF trajectory for each month in Quarter 1 of 2017/18 is 90% and therefore this milestone was exceeded.

The Trust continues to achieve the 92% standard for RTT 18 week incomplete pathways, with performance in April 2017 at 96.27%. The month also saw the Trust achieve the Non-Admitted RTT element for the second consecutive month, but did not achieve the target for Admitted patients.

Diagnostics waiting times continued to perform well, with just 0.04% of patients waiting longer than 6 weeks for their diagnostic test against a threshold of 1%.

Cancer services continue to perform strongly across all key performance indicators, with all standards being achieved in April 2017.

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 -23 days of operating expenditure, prior to the support of the working capital facility provided by NHSI.

The Trust's I&E position is a deficit of £0.6M against a planned deficit of £0.8m.

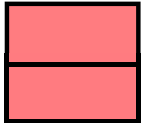
There is a small variation in the CIP and Revenue Generation Targets in month 1.

The Trust is currently £0.1M better than its Agency spend trajectory which for the full year is £6.2M.

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 failure of a primary target during the year (A&E 95% 4-hour waiting time), despite this STF trajectory being achieved.

The Trust has a Use of Resource rating of 3 cumulative and is forecasting a rating of 3 for the full year. This results in a 'trigger' on the Finance & Resource theme. This is primarily driven by the liquidity rating as a result of our underlying low cash balance for which the Trust is receiving targeted support in the form of a working capital facility. The Trust is better than plan for its I&E margin ytd but is expected to meet its control total plan by year end. The Agency trajectory target is currently being met

Operational Performance

	Current YTD		May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	Monthly Trend
	Target	Actual													
Maximum 6 week wait for Diagnostic procedures	1%	0.04%	0.49%	0.18%	0.16%	0.21%	0.11%	0.63%	0.13%	0.24%	0.18%	0.07%	0.09%	0.04%	
All Cancers: 62-day wait for first treatment from urgent GP referral (%)	85%	92.86%	96.55%	89.47%	92.81%	89.76%	95.24%	95.37%	92.74%	93.67%	91.40%	89.90%	95.92%	97.20%	
All Cancers: 62-day wait for first treatment from NHS Cancer Screening Service referral (%)	90%	95.39%	77.78%	100.00%	92.31%	90.00%	100.00%	100.00%	100.00%	100.00%	94.12%	100.00%	94.74%	100.00%	
18 weeks from point of referral to treatment - patients on an incomplete pathway (%)	92%	96.27%	94.80%	93.95%	93.99%	93.52%	93.50%	93.49%	94.47%	94.26%	95.32%	95.49%	95.73%	96.27%	
A&E - maximum waiting time of 4 hours from arrival to admission/transfer/discharge (%)	95%	93.36%	85.57%	87.46%	88.86%	93.12%	92.18%	89.21%	93.33%	89.25%	84.47%	93.33%	97.21%	93.36%	
A&E STF Trajectory			89.0%	92.0%	95.0%	95.0%	95.0%	92.0%	92.0%	92.0%	93.5%	92.0%	92.8%	90.0%	

Financial & Resource

	Unit	YE Plan	YE Forecast	YE Rating	YTD Plan	YTD Actual	YTD Rating
Financial Sustainability	Capital Service Capacity	0.76	0.76	3	-0.12	0.004	4
	Liquidity	-23	-23	4	-14	-11	3
Financial Efficiency	I&E Margin	0.28%	0.28%	2	-4.27%	-2.96%	4
Financial Controls	Distance from Financial Plan	0.00%	0.10%	1	0.00%	1.31%	1
	Agency Spend	10.20%	10.20%	1	0.00%	7.60%	1
Overall UOR Rating				3			3

Operational Delivery: Cancer Pathway

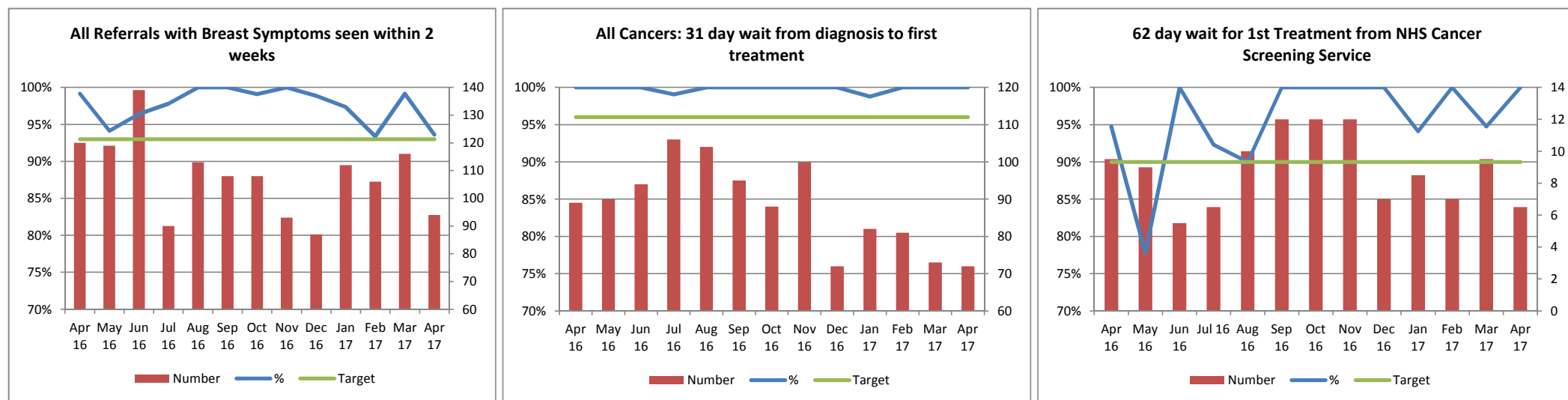
Headline Measures

	Current YTD		Rolling 13 months													Monthly Trend
	Target	Actual	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	
Urgent GP referrals seen within 2 weeks (% to Target)	93%	97.00%	97.09%	97.55%	96.86%	98.20%	98.55%	98.25%	98.60%	98.79%	98.93%	97.66%	99.15%	98.10%	97.00%	
Number of Referrals		667	755	774	795	666	685	687	713	743	652	641	706	842	667	
Number of Breaches		20	22	19	25	12	10	12	10	9	7	15	6	16	20	
% seen within 7 days		0.0%							64.5%	62.0%	51.1%	69.1%	54.3%	63.1%	55.5%	
62 day wait for 1st treatment from urgent GP referral for suspected cancer (% to Target)	85%	97.20%	91.49%	96.55%	89.47%	92.81%	89.76%	95.24%	95.37%	92.74%	93.67%	91.40%	89.90%	95.92%	97.20%	

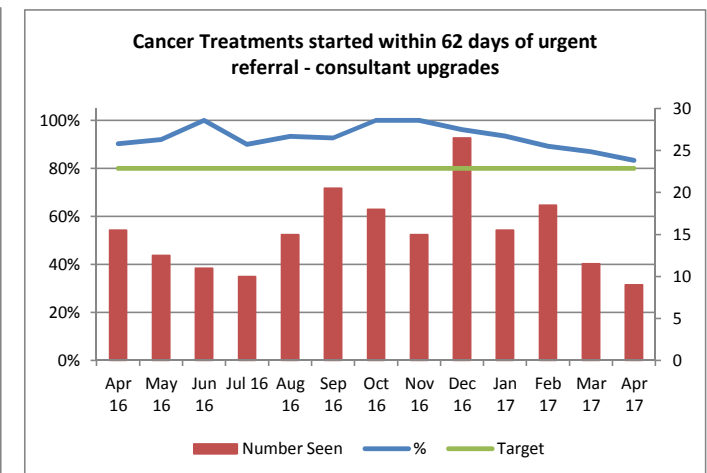
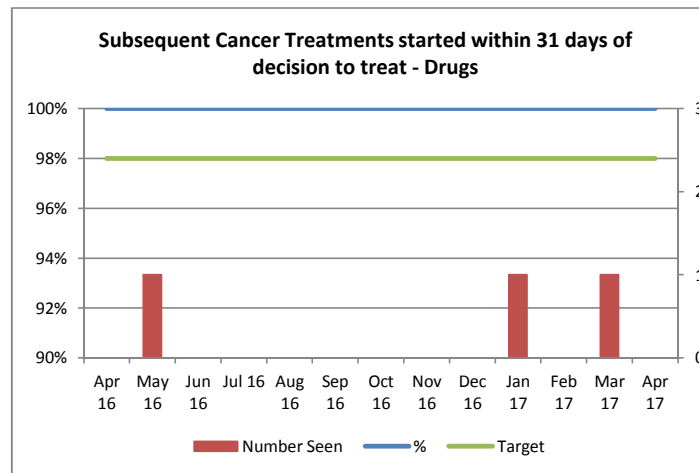
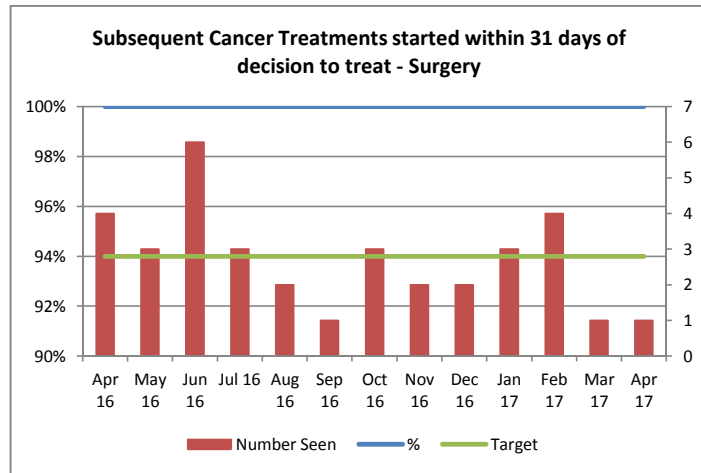
Commentary

The Trust has achieved all cancer standards during the month of April 2017. The Trust met the headline measures for cancer access in every month of the 2016/17 financial year.

Primary Measures



Operational Delivery: *Cancer Pathway*



Operational Delivery: *Unplanned Activity - A&E*

Headline Measures

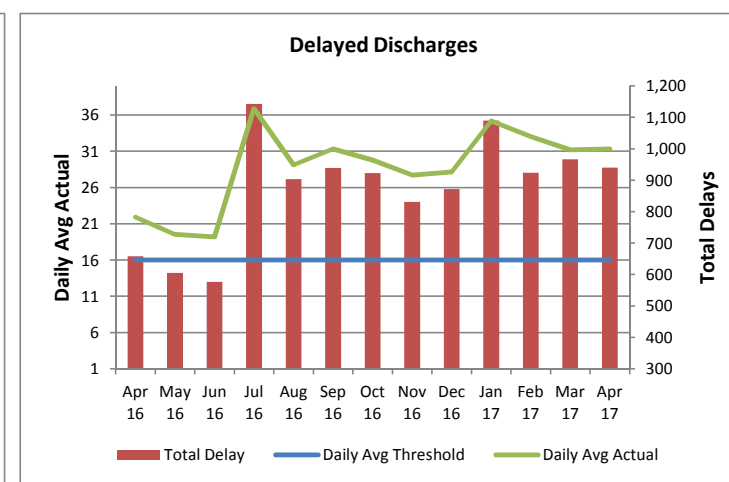
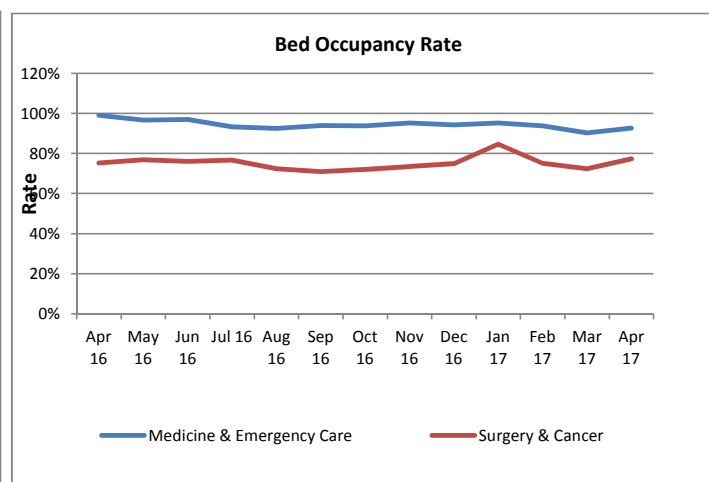
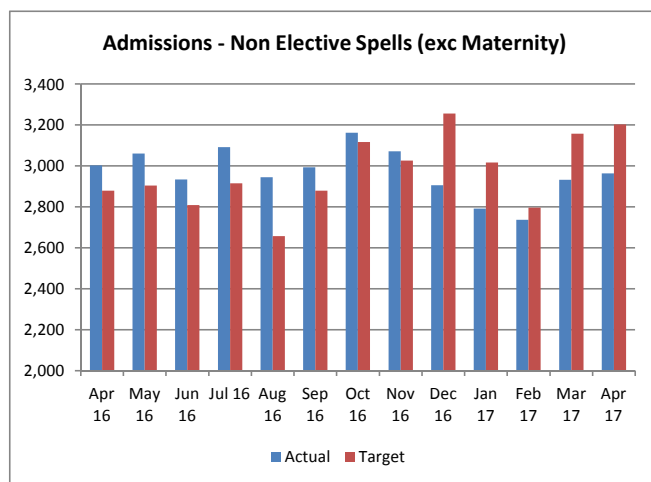
		Current YTD		Rolling 13 months													
		Target	Actual	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	Monthly Trend
A&E - >4 hr wait time from arrival to admission/ transfer/ discharge (% to Target)		95%	93.36%	89.78%	85.57%	87.46%	88.86%	93.12%	92.18%	89.21%	93.33%	89.25%	84.47%	93.33%	97.21%	93.36%	
No. of 4hr breaches			474	709	1,128	934	854	503	570	813	443	753	1,082	411	205	474	
		Plan	Actual	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	Monthly Trend
A&E Attendances Leighton & MIU (% to Plan)			97.65%	98.0%	104.2%	101.1%	99.3%	100.1%	103.6%	104.1%	97.2%	100.5%	103.7%	95.1%	98.5%	97.7%	
A&E Attendances Leighton & MIU (No.)		7,315	7,143	6,937	7,816	7,447	7,663	7,307	7,288	7,533	6,643	7,005	6,965	6,166	7,357	7,143	
A&E Attendance Case Mix (Leighton)	Major		55.07%	59.6%	54.8%	56.6%	58.0%	59.6%	57.6%	59.0%	60.4%	59.3%	56.2%	56.1%	55.8%	55.1%	
	Minor		33.03%	34.9%	38.1%	37.9%	36.6%	35.6%	37.7%	35.0%	33.8%	32.7%	32.1%	32.4%	32.0%	33.0%	
	Resus		3.13%	3.5%	4.6%	3.5%	3.4%	2.5%	2.3%	3.1%	2.8%	4.2%	4.1%	2.9%	2.3%	3.1%	
	Unknown/UCC		8.78%	2.0%	2.5%	2.0%	2.0%	2.3%	2.3%	2.9%	3.1%	3.8%	7.6%	8.6%	9.9%	8.8%	

Commentary

There was a marginal increase in total ED attendances in April 2017 (7,144) compared to April 2016 (6,937). This is the highest monthly attendances recorded for the month of April. The Trust achieved 93.36% against the 95% 4 hour access standard, an improvement against April 2016 of 89.77%, but a decrease in performance against March 2017 or 97.21%. The STF trajectory of 90% has been achieved. The Trust delivered this performance with 32 fewer acute beds open than in April 2016. The improvements experienced can be attributed to the combined affect of service changes implemented through the Access & Flow programme, lower than expected bed occupancy levels and implementation of the Rapid Assessment & Treatment cubicles within ED. In recent months, performance against this 4 hour 95% standard at Mid Cheshire has consistently been in the top quartile nationally.

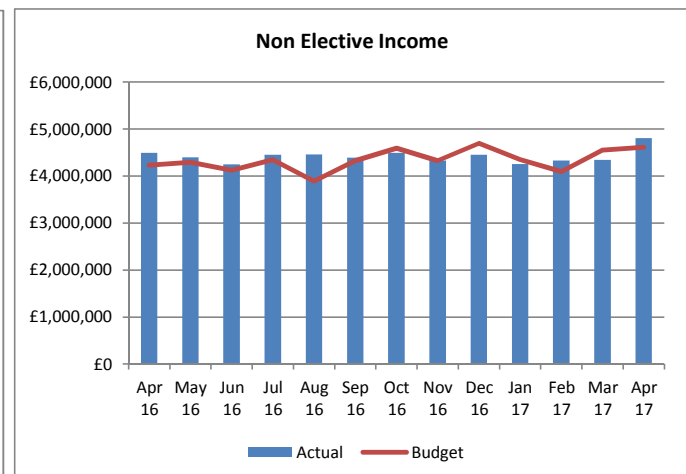
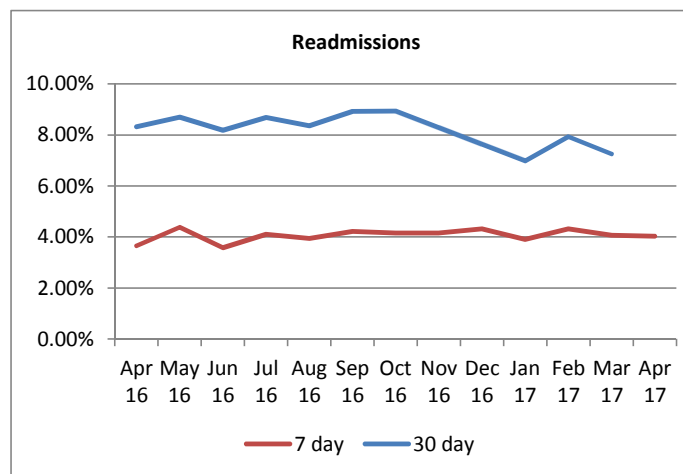
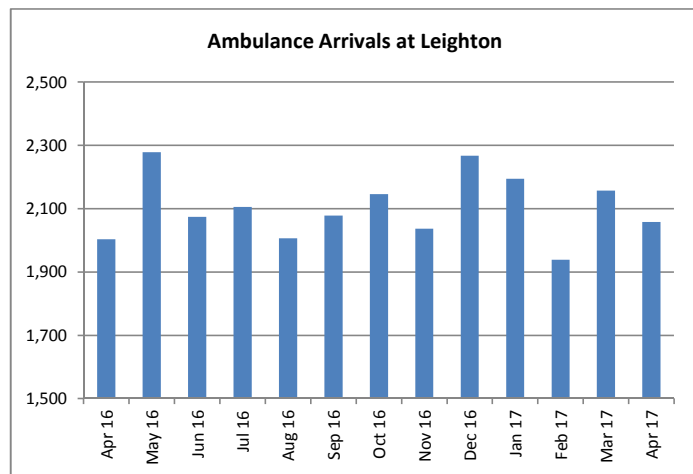
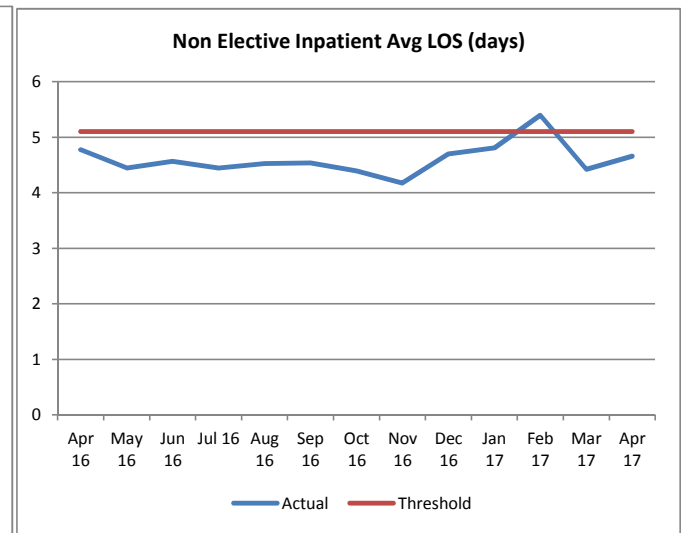
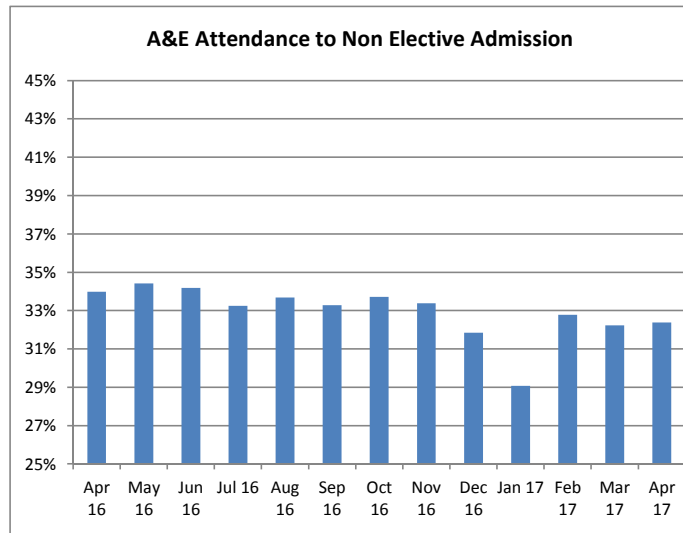
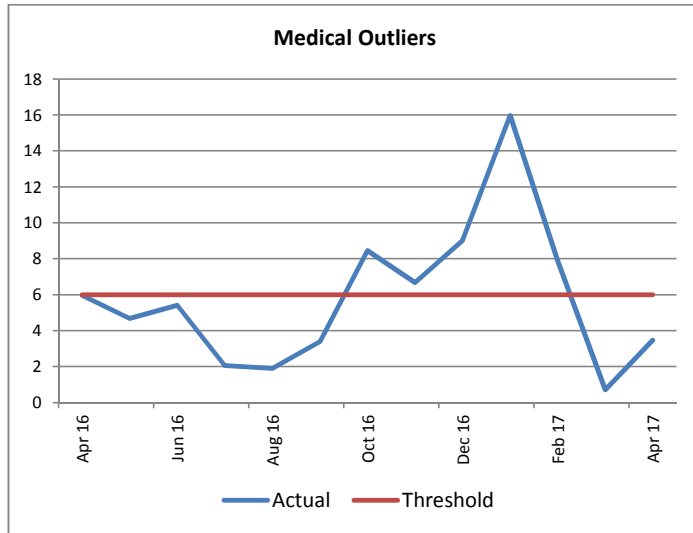
Non-elective admissions remain below target levels, with April seeing emergency admission rates below plan for the fifth consecutive month. Formally reportable delayed discharges (DTOCs) remain high, at an average of 31 per day. The number of medical boarders also remained under threshold in April at an average 3 per day (range 0-17).

Primary Drivers



Operational Delivery: *Unplanned Activity A&E*

Secondary Drivers



Operational Delivery: *Planned Activity*

Headline Measures

	Current YTD		Rolling 13 months													Monthly Trend
	Target	Actual	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	
18 weeks from Referral to Treatment in Aggregate - Incomplete	92%	96.27%	94.65%	94.80%	93.95%	93.99%	93.52%	93.50%	93.49%	94.47%	94.26%	95.32%	95.49%	95.73%	96.27%	
Total 18 Weeks		12,587	17,025	16,956	17,358	17,158	16,688	15,923	14,876	14,191	13,780	12,696	12,570	13,004	12,587	
No. > 18 Weeks		469	910	882	1,050	1,032	1,081	1,035	969	785	791	594	567	555	469	
Diagnostic Waiting Time	1%	0.04%	1.22%	0.49%	0.18%	0.16%	0.21%	0.11%	0.63%	0.13%	0.24%	0.18%	0.07%	0.09%	0.04%	
Total Number of Waiters		4,582	5,588	7,121	6,149	4,358	3,806	3,767	3,630	3,149	3,826	3,786	4,305	4,561	4,582	
Waiters of 6 Weeks +		2	68	35	11	7	8	4	23	4	9	7	3	4	2	
Total Patients Waiting for a First Outpatient Appointment			10,673	10,720	10,937	10,967	10,746	10,155	9,544	8,359	7,842	7,205	7,812	7,057	7,223	
Longest Wait Time (weeks) - under development																

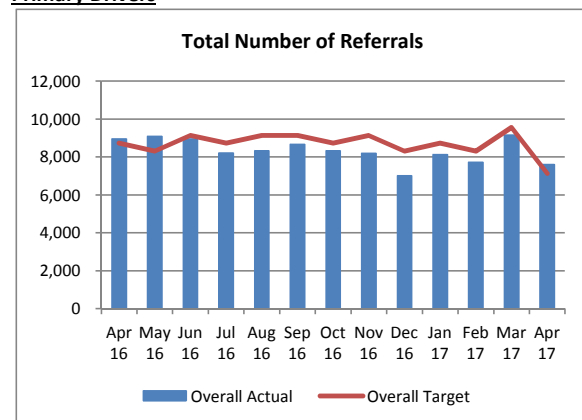
Commentary

The Trust reported 96.27% against the 92% incomplete pathways standard for RTT. The improvement in performance has largely been driven by the reduction in long waiters in the specialties of Gastroenterology and Orthopaedics. No specialties were failing this target at the end of April 2017.

Referrals from GPs in April 2017 were 1.2% below plan. There were over 7,593 total referrals into the Trust, which is a fall compared to March 2017 and April 2016. However, this should be noted in the context of March 2017 seeing the highest number of referrals ever recorded coming into the Trust, at 9,155.

The Trust has delivered the diagnostic wait time consistently since May 2016. In April 2017, 0.04% of patients waited longer than 6 weeks for their diagnostic tests. All modalities delivered the standard however significant outsourcing continued in medical imaging to support this position.

Primary Drivers



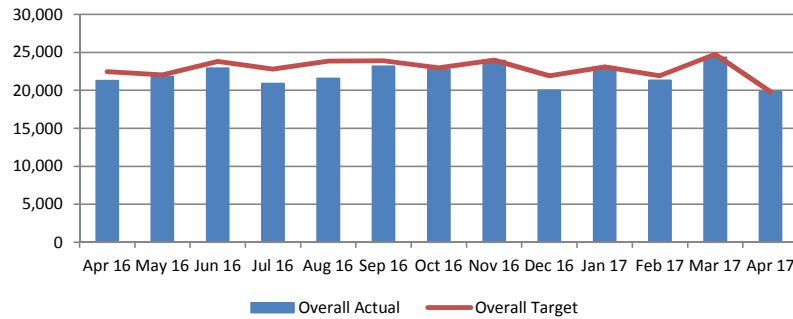
Referral Breakdown

	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	Monthly Trend
GP Actual	5,762	5,622	5,586	5,055	5,035	5,383	5,063	5,061	4,192	4,930	4,592	5,534	4,427	
GP Target	5,505	5,243	5,767	5,505	5,767	5,767	5,505	5,767	5,243	5,505	5,243	6,029	4,508	
% to Target	104.7%	107.2%	96.9%	91.8%	87.3%	93.3%	92.0%	87.8%	80.0%	89.6%	87.6%	91.8%	98.2%	
Other Actual	3,196	3,465	3,370	3,151	3,298	3,277	3,263	3,135	2,821	3,200	3,126	3,621	3,166	
Other Target	3,222	3,069	3,376	3,222	3,376	3,376	3,222	3,376	3,069	3,222	3,069	3,529	2,621	
% to Target	99.2%	112.9%	99.8%	97.8%	97.7%	97.1%	101.3%	92.9%	91.9%	99.3%	101.9%	102.6%	120.8%	
Total Actual	8,958	9,087	8,956	8,206	8,333	8,660	8,326	8,196	7,013	8,130	7,718	9,155	7,593	
Total Target	8,728	8,312	9,143	8,728	9,143	9,143	8,728	9,143	8,312	8,728	8,312	9,559	7,128	
% to Target	102.6%	109.3%	98.0%	94.0%	91.1%	94.7%	95.4%	89.6%	84.4%	93.2%	92.9%	95.8%	106.5%	
GP % of Total	64.3%	61.9%	62.4%	61.6%	60.4%	62.2%	60.8%	61.7%	59.8%	60.6%	59.5%	60.4%	58.3%	

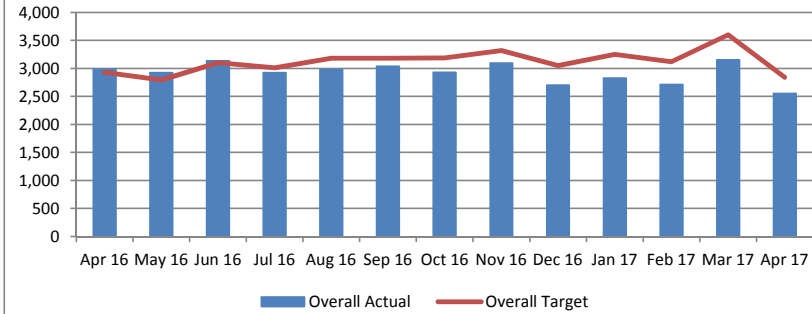
Operational Delivery: *Planned Activity*

Primary Drivers

Total OP Attendances



Total Elective Spells



OP Attendance Breakdown

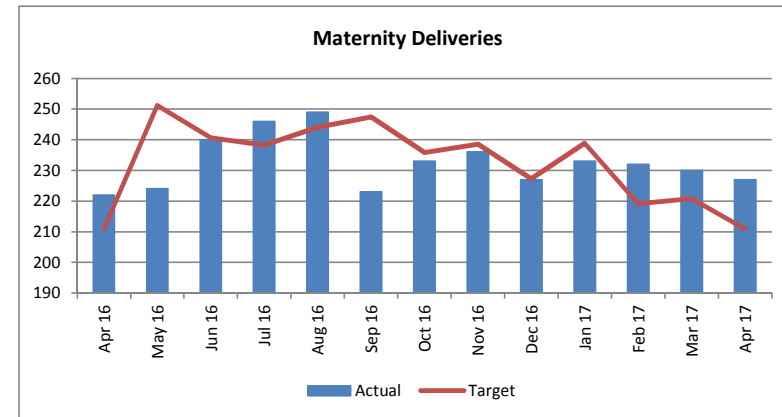
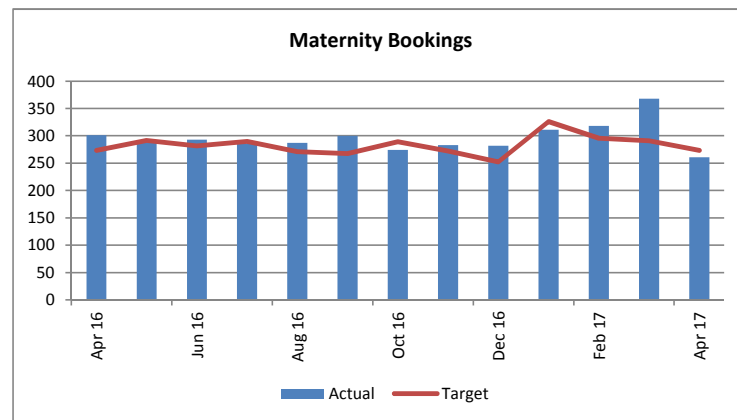
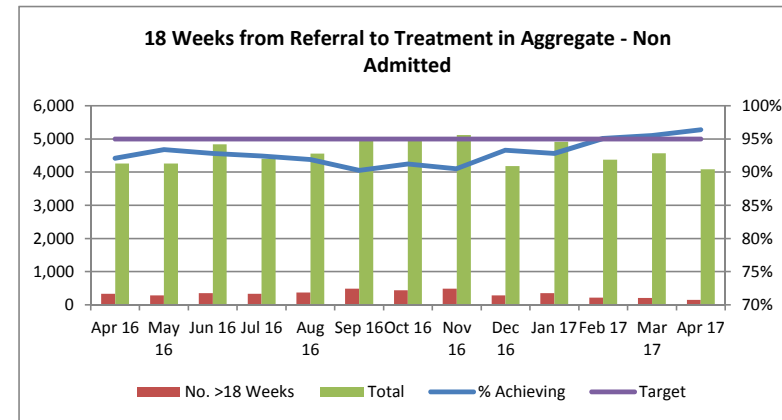
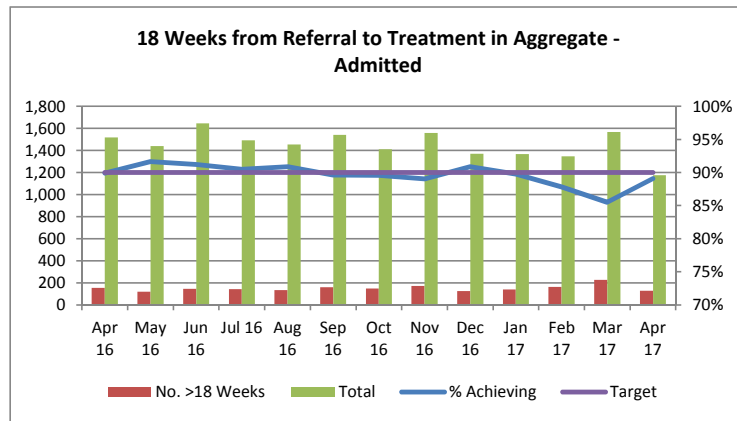
	YTD	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	Monthly Trend
New Actual	89,741	7,218	7,208	7,533	6,530	6,851	7,565	7,421	7,305	6,202	6,811	6,243	7,110	5,744	
New Target	91,651	6,970	6,693	7,329	7,002	7,333	7,337	7,081	7,408	6,747	7,138	6,791	7,764	6,059	
% to Target	97.9%	103.6%	107.7%	102.8%	93.3%	93.4%	103.1%	104.8%	98.6%	91.9%	95.4%	91.9%	91.6%	94.8%	
F U Actual	197,092	14,053	14,610	15,363	14,368	14,715	15,599	15,346	16,631	13,820	16,223	15,063	17,229	14,072	
F U Target	205,532	15,478	15,342	16,457	15,807	16,498	16,540	15,894	16,549	15,170	15,958	15,098	16,983	13,759	
% to Target	95.9%	90.8%	95.2%	93.4%	90.9%	89.2%	94.3%	96.6%	100.5%	91.1%	101.7%	99.8%	101.4%	102.3%	
Total Actual	286,833	21,271	21,818	22,896	20,898	21,566	23,164	22,767	23,936	20,022	23,034	21,306	24,339	19,816	
Total Target	297,183	22,447	22,035	23,786	22,809	23,831	23,876	22,975	23,957	21,917	23,096	21,889	24,747	19,818	
% to Target	96.5%	94.8%	99.0%	96.3%	91.6%	90.5%	97.0%	99.1%	99.9%	91.4%	99.7%	97.3%	98.4%	100.0%	
New % of Total	31.3%	33.9%	33.0%	32.9%	31.2%	31.8%	32.7%	32.6%	30.5%	31.0%	29.6%	29.3%	29.2%	29.0%	

Elective Spells Breakdown

	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	Apr 17	Monthly Trend
I P Actual	3,903	356	313	313	294	298	302	332	324	258	210	304	342	257	
I P Target	4,574	348	332	365	348	365	365	352	369	335	359	342	393	300	
% to Target	85.3%	102.2%	94.4%	85.7%	84.4%	81.6%	82.7%	94.4%	87.9%	77.0%	58.5%	88.8%	87.1%	85.5%	
Daycase Actual	34,069	2,630	2,614	2,825	2,630	2,684	2,739	2,598	2,773	2,442	2,618	2,411	2,809	2,296	
Daycase Target	35,995	2,580	2,462	2,738	2,660	2,818	2,818	2,834	2,952	2,717	2,892	2,775	3,208	2,541	
% to Target	94.6%	101.9%	106.2%	103.2%	98.9%	95.3%	97.2%	91.7%	93.9%	89.9%	90.5%	86.9%	87.6%	90.4%	
Total Actual	37,972	2,986	2,927	3,138	2,924	2,982	3,041	2,930	3,097	2,700	2,828	2,715	3,151	2,553	
Total Target	40,569	2,928	2,794	3,103	3,008	3,183	3,183	3,186	3,321	3,052	3,252	3,117	3,601	2,842	
% to Target	93.6%	102.0%	104.8%	101.1%	97.2%	93.7%	95.5%	92.0%	93.3%	88.5%	87.0%	87.1%	87.5%	89.8%	
I P % of Total	10.3%	11.9%	10.7%	10.0%	10.1%	10.0%	9.9%	11.3%	10.5%	9.6%	7.4%	11.2%	10.9%	10.1%	

Operational Delivery: *Planned Activity*

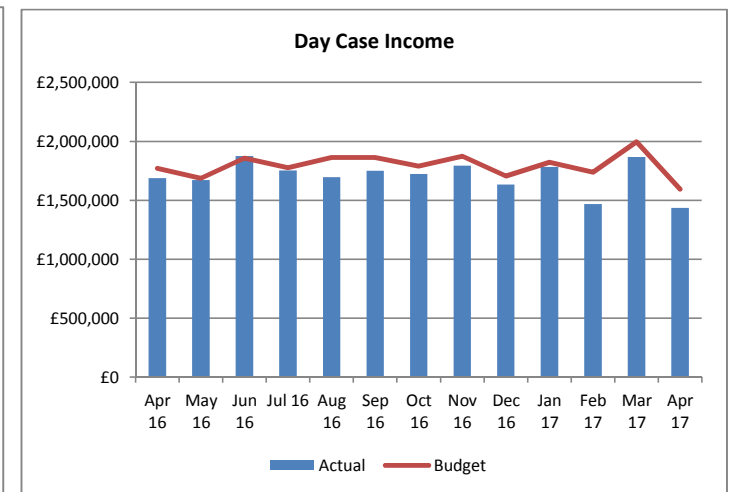
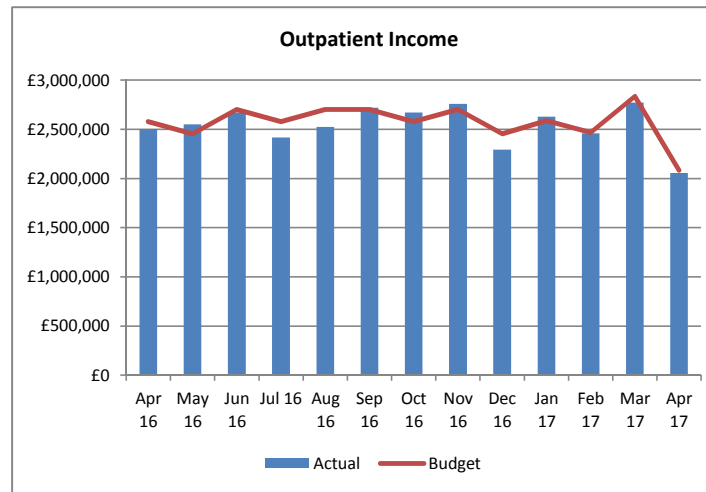
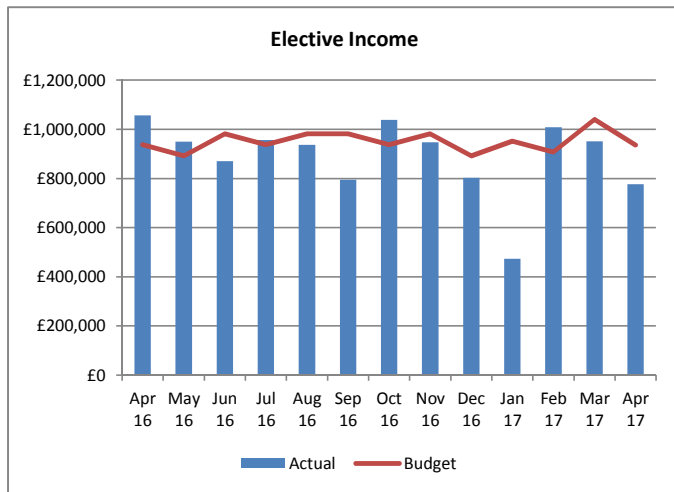
Primary Drivers



Operational Delivery: *Planned Activity*

Secondary Drivers

		Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	Monthly Trend	
Bed Occupancy Rate	Medicine & Emergency Care	99.0%	96.6%	97.0%	93.2%	92.5%	94.0%	93.7%	95.2%	94.2%	95.2%	93.8%	90.3%	92.6%		
	Surgery & Cancer	75.2%	76.9%	76.0%	76.7%	72.4%	71.0%	72.0%	73.4%	74.9%	84.6%	75.1%	72.3%	77.3%		
Elective Inpatient Avg LOS (Days)		2.5	3.1	2.6	3.2	3.2	2.7	3.3	2.3	3.3	2.1	2.8	2.4	3.4		
Delayed Transfers of Care (MFFD)		16.00	22	20	19	37	29	31	30	28	28	35	33	31	31	
Medical Outliers		6	5	5	2	2	3	8	7	9	16	8	1	3		
Readmission (Emergency Re-admissions after Planned Surgery)																
* reported from 16/17. One month delay	30 Day Rate	2.94%	2.97%	3.24%	2.77%	2.91%	3.15%	3.29%	3.14%	3.46%	3.27%	2.95%	10.07%	0.00%		
	7 Day Rate	1.15%	1.21%	1.33%	1.65%	1.01%	1.16%	1.29%	1.37%	1.24%	1.75%	1.67%	1.40%	1.73%		
Cancelled Operations - Non Clinical - Cancellation Rate		0.84%	1.57%	1.09%	1.40%	0.98%	1.48%	1.16%	0.61%	2.12%	0.85%	1.25%	1.07%	1.30%		
Theatre Efficiency																
	Main Theatres	74.0%	71.7%	77.3%	74.9%	79.6%	76.6%	77.6%	75.7%	75.5%	71.4%	76.3%	76.2%	77.5%		
	TC Theatres	70.0%	73.0%	71.7%	72.3%	74.4%	74.6%	77.2%	73.9%	72.6%	72.1%	76.0%	75.3%	75.6%		
DNA (OP Efficiency)		6.24%	6.11%	6.39%	6.34%	6.47%	6.72%	5.92%	6.15%	6.28%	6.13%	5.44%	5.35%	5.86%		
Hospital Cancellation Rate (OP Efficiency)		5.93%	4.75%	4.87%	5.19%	5.99%	5.01%	5.36%	5.34%	5.56%	5.40%	5.73%	6.03%	6.57%		



Financial Performance: Income & Expenditure Position - Aggregated

	Month			Year to Date			Forecast	Base Budget 17/18 £'000
	Plan April (£'000)	Actual April (£'000)	Variance April (£'000)	Plan April to April (£'000)	Actual April to April (£'000)	Variance April to April (£'000)	17/18 (£'000)	
Operating								
Operating Income								
<i>NHS Acute Activity Income</i>								
Elective	936	776	-160	936	776	-160	13,056	13,056
Non-Elective	4,712	4,806	94	4,712	4,806	94	57,516	57,516
Maternity	990	1,074	84	990	1,074	84	13,208	13,208
Day cases	1,593	1,436	-157	1,593	1,436	-157	22,214	22,214
Outpatients	2,082	2,056	-26	2,082	2,056	-26	29,032	29,032
A&E	768	800	32	768	800	32	9,309	9,309
Other NHS	6,500	6,265	-235	6,500	6,265	-235	83,071	83,071
Total NHS Clinical Revenue	17,582	17,213	-369	17,582	17,213	-369	227,406	227,406
<i>Other Operating Income</i>	1,907	1,761	-146	1,907	1,761	-146	22,934	22,934
TOTAL OPERATING INCOME	19,489	18,974	-515	19,489	18,974	-515	250,340	250,340
Operating Expenses								
Employee Benefits Expenses (Pay)	-13,770	-13,549	221	-13,770	-13,549	221	-168,053	-168,053
Drugs	-1,431	-1,161	270	-1,431	-1,161	270	-17,178	-17,178
Clinical Supplies	-1,519	-1,338	181	-1,519	-1,338	181	-20,366	-20,366
Non Clinical Supplies	-309	-217	92	-309	-217	92	-3,764	-3,764
Other operating expenses	-2,675	-2,700	-25	-2,675	-2,700	-25	-32,468	-32,468
TOTAL OPERATING EXPENSES	-19,704	-18,965	739	-19,704	-18,965	739	-241,829	-241,829
EBITDA	-215	9	224	-215	9	224	8,511	8,511
Non Operating								
Non Operating Income								
Interest & Asset disposal	3	-1	-4	3	-1	-4	36	36
Non-Operating Expenses								
Depreciation & Finance Leases	-461	-432	29	-461	-432	29	-5,950	-5,950
PDC Dividend Expense	-159	-159	0	-159	-159	0	-1,900	-1,900
Net Surplus/(deficit) before Exceptional Items	-832	-583	249	-832	-583	249	697	697
Net Surplus/(deficit) after Exceptional Items	-832	-583	249	-832	-583	249	697	697

The Trust delivered a £0.6M deficit in month against a planned deficit of £0.8M.

Contract income is £0.4M worse than plan in month. Key variances include planned income and drugs.

Other income is 0.1M worse as a result of RTA income and nhs recharge variances.

Pay is £0.2M better than plan cumulative as a result of underspends in medical pay from unfilled vacancies and community services.

Non-Pay is £0.5M better than plan in month as a result of high cost drugs (income offset), reduced spend on clinical supplies and community services.

Financial Performance: Income & Expenditure Position - MCHFT

	Month			Year to Date			Base Budget 2017/18 £'000
	Plan April (£'000)	Actual April (£'000)	Variance April (£'000)	Plan April to April (£'000)	Actual April to April (£'000)	Variance April to April (£'000)	
Operating							
Operating Income							
<i>NHS Acute Activity Income</i>							
Elective	936	776	-160	936	776	-160	13,056
Non-Elective	4,712	4,806	94	4,712	4,806	94	57,516
Maternity	990	1,074	84	990	1,074	84	13,208
Day cases	1,593	1,436	-157	1,593	1,436	-157	22,214
Outpatients	2,082	2,056	-26	2,082	2,056	-26	29,032
A&E	768	800	32	768	800	32	9,309
Other NHS	4,183	3,908	-275	4,183	3,908	-275	55,266
Total NHS Clinical Revenue	15,265	14,856	-409	15,265	14,856	-409	199,601
<i>Other Operating Income</i>	1,832	1,667	-165	1,832	1,667	-165	22,035
<i>Inter-Trust Income</i>	48	48	0	48	48	0	571
TOTAL OPERATING INCOME	17,145	16,571	-574	17,145	16,571	-574	222,207
Operating Expenses							
Employee Benefits Expenses (Pay)	-11,998	-11,885	113	-11,998	-11,885	113	-146,616
Drugs	-1,429	-1,161	268	-1,429	-1,161	268	-17,149
Clinical Supplies	-1,477	-1,303	174	-1,477	-1,303	174	-19,799
Non Clinical Supplies	-212	-182	30	-212	-182	30	-2,589
Other operating expenses	-2,181	-2,234	-53	-2,181	-2,234	-53	-26,565
Inter-Trust Charges	-82	-82	0	-82	-82	0	-979
TOTAL OPERATING EXPENSES	-17,379	-16,847	532	-17,379	-16,847	532	-213,697
EBITDA	-234	-276	-42	-234	-276	-42	8,511
Non Operating							
Non Operating Income							
Interest & Asset disposal	3	-1	-4	3	-1	-4	36
Non-Operating Expenses							
Depreciation & Finance Leases	-461	-432	29	-461	-432	29	-5,950
PDC Dividend Expense	-159	-159	0	-159	-159	0	-1,900
Net Surplus/(deficit) before Exceptional Items	-851	-868	-17	-851	-868	-17	697

The Trust excluding Community Services, delivered a £0.9M deficit in month against a planned deficit of £0.8M.

Contract income is £0.4M worse than plan cumulative. Key variances include planned income and drugs.

Other is £0.2M worse in month as a result of RTA income and nhs recharge variances.

Pay is £0.1M better than plan in month as a result of underspends in medical pay from unfilled vacancies .

Non-Pay is £0.4M better than plan in month as a result of high cost drugs (income offset) and clinical supplies.

Financial Performance: Income & Expenditure Position - CCICP

	Month			Year to Date			Base Budget 2017/18 £'000
	Plan March (£'000)	Actual March (£'000)	Variance March (£'000)	Plan April to March (£'000)	Actual April to March (£'000)	Variance April to March (£'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	2,317	2,357	40	2,317	2,357	40	27,805
Total NHS Clinical Revenue	2,317	2,357	40	2,317	2,357	40	27,805
<i>Other Operating Income</i>	75	94	19	75	94	19	899
<i>Inter-Trust Income</i>	82	82	0	82	82	0	979
TOTAL OPERATING INCOME	2,474	2,533	59	2,474	2,533	59	29,683
Operating Expenses							
Employee Benefits Expenses (Pay)	-1,772	-1,664	108	-1,772	-1,664	108	-21,437
Drugs	-2	0	2	-2	0	2	-29
Clinical Supplies	-42	-35	7	-42	-35	7	-567
Non Clinical Supplies	-97	-35	62	-97	-35	62	-1,175
Other operating expenses	-494	-466	28	-494	-466	28	-5,903
Inter-Trust Charges	-48	-48	0	-48	-48	0	-571
TOTAL OPERATING EXPENSES	-2,455	-2,248	207	-2,455	-2,248	207	-29,682
EBITDA	19	285	266	19	285	266	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	19	285	266	19	285	266	0

Community Services delivered a £0.3M surplus in month against a planned break even budget.

Contract income is £0.04M better than plan in month as a result of contract variations to be agreed in year in respect of property services costs.

Pay is £0.1M better than plan in month as a result of unfilled vacancies partly clinical and partly corporate.

Non-Pay is £0.1M better than plan in month due to underspends in Intermediate Care and savings in the wheelchairs budget.

Financial Performance: Income & Expenditure Position

Data will be available from Month 2

		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									
Endoscopy	Endoscopy									
General Surgery Directorate	General Surgery									
Head & Neck Directorate	Head & Neck									
Macmillan Cancer Centre	Macmillan Cancer Centre									
Ophthalmology	Ophthalmology									
Orthopaedic Directorate	Orthopaedics									
Theatres & TC	Theatres & TC									
Urology Directorate	Urology									
Surgical and Cancer Division	Surgery & Cancer									

--	--	--	--	--	--	--	--	--	--	--

		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									
Accident & Emergency Dir	Emergency Department									
Anaesthetics & Critical Care	Anaesthetics & Critical Care									
Medical Directorate	General Medicine									
Urgent Care Centre	Urgent Care Centre									
Emergency Services Division	Medicine & Emergency Care									

--	--	--	--	--	--	--	--	--	--	--

		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									
Gum clinic	GUM clinic									
Obstetric & Gynaecology Dir	Obstetrics & Gynaecology									
Paediatric Directorate	Paediatrics									
Women and Childrens Division	Women and Children									

--	--	--	--	--	--	--	--	--	--	--

Financial Performance: Income & Expenditure Position

		Income			Expenditure				NET TOTAL	
		Contract	Variable	Better/ (Worse) than Budget	Pay	Better/ (Worse) than Budget	Non-Pay	Better/ (Worse) than Budget	Total	Better/ (Worse) than Budget
Diag & Clinc Spt Sv Div Mgmt	Divisional Management D&S									
Dermatology	Dermatology									
ECG department	ECG									
Elmhurst	Elmhurst									
Integrated Discharge	Integrated Discharge									
Medical Records Department	Medical Records Department									
Outpatients	Outpatients									
Pathology Directorate	Pathology									
Pharmacy Departments	Pharmacy									
Radiology Directorate	Radiology									
Therapeutic Departments	Therapies									
Victoria Infirmary Northwich	Victoria Infirmary Northwich									
Diagnostics and Support Divisi	Diagnostics and Support									

--	--	--	--	--	--	--	--	--	--	--

		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									
Catering Directorate	Catering									
Estates Departments	Estates Departments									
Hotel Services	Domestics									
Laundry Services Departments	Laundry									
Security	Security									
Site Services	Porters									
Estates & Facilities Division	Estates & Facilities Division									

--	--	--	--	--	--	--	--	--	--	--

		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									
Computer Services	Computer Services									
Finance & Information	Finance & Information									
Human Resources	Human Resources									
Risk Manangement & R&D	Risk Management & R&D									
Quality Assurance Departments	Nurse Management									
Trust Central Expenditure	Trust Central Expenditure									
Other Departments	Other Departments									
	Corporate									

--	--	--	--	--	--	--	--	--	--	--

Community Services										
---------------------------	--	--	--	--	--	--	--	--	--	--

EBITDA										
---------------	--	--	--	--	--	--	--	--	--	--

Financial Performance: Commissioner Income Analysis

Commissioner	FY Target (£'000)	YTD Target (£'000)	Final Actual (£'000)	Final Variance (£'000)
NHS South Cheshire CCG	123,737	9,666	9,530	-136
NHS Vale Royal CCG	68,030	5,321	5,104	-218
NHS Eastern Cheshire CCG	8,613	654	647	-7
NHS West Cheshire CCG	3,533	277	310	33
NHS North Staffordshire CCG	1,900	142	157	15
Specialist Commissioning Group	8,449	669	563	-106
NHS Commissioning Board	1,511	125	125	0
OTHER CCGs	2,279	171	212	41
Overseas Visitors Chargeable	0	0	0	0
NON-CONTRACT ACTIVITY	1,932	154	141	-13
NON CCG SPECIFIC TARGETS	7,422	403	425	22
TOTAL	227,406	17,582	17,213	-369

The South Cheshire and Vale Royal contracts are in line with the Trust defined activity plan under PbR rules . This is not yet agreed. Against these targets, the Trust is underperforming by £0.3M primarily associated with high cost drugs and elective activity.

Specialised are underperforming by £0.1M associated with a target for Hep C very high cost drugs which will vary as associated with a small number of patients.

Other commissioners are not showing any significant variances.

Other Contract Income	FY Target (£'000)	YTD Target (£'000)	YTD Actual (£'000)	Final Variance (£'000)
Bed Based Services	5,951	496	487	-9
Adult & Neonatal Critical Care	7,884	636	633	-3
Urgent Care Centre	0	0	0	0
Community Paediatrics	1,300	108	108	0
Direct Access Services	10,245	735	706	-29
Unbundled Radiology	3,613	301	244	-57
High Cost Drugs	10,554	880	634	-246
Screening Programmes	1,474	123	123	0
Audiology	1,057	88	102	14
IVF	321	27	12	-14
CQUIN	4,438	287	212	-75
STF	5,993	300	300	0
Community Services	27,805	2,317	2,357	39
Other	2,435	203	347	144
TOTAL	83,071	6,500	6,265	-235

Other contract income is showing £0.2M worse than plan.

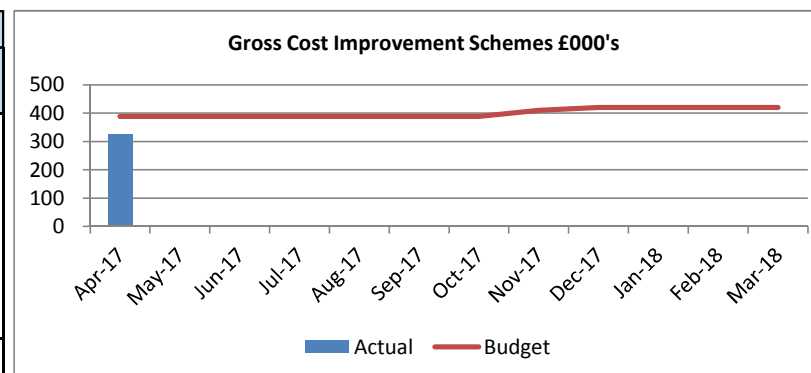
An analysis of the key service lines identifies that this is primarily the result of High Cost Drugs where expenditure (and therefore recovery) predictions are not yet realised.

STF has been assumed as achieved as the financial plan has been met in months and the A&E improvement trajectory met.

Other includes the provision held in respect of contract challenges and disputes.

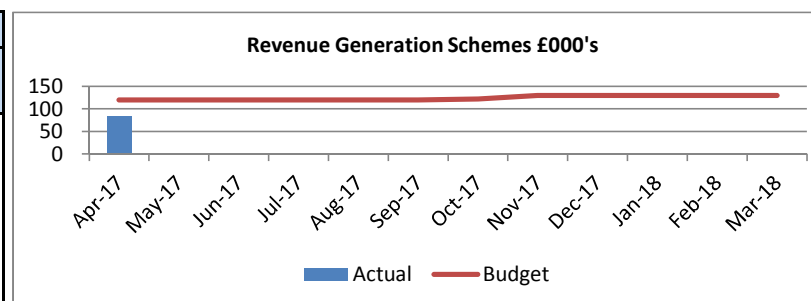
Financial Performance: Cost Improvement Programme

Cost Improvement Schemes						
Scheme Category	YTD Target	YTD Actual	YTD	FY Target	FY Forecast	FY Variance
Access & Flow	0	0	0	750	677	-73
Back Office	41	41	0	570	570	0
Drugs	40	25	-15	320	320	0
Medical Workforce	155	145	-9	1,383	1,136	-247
Non-Pay Efficiency	28	3	-25	340	90	-250
Nursing Workforce	25	17	-8	300	200	-100
Procurement	63	63	0	750	750	0
Service redesign	38	33	-4	400	350	-50
Total (£'000)	389	327	-62	4,813	4,093	-720



The Cost Improvement Programme is underperforming on Drugs and Non-pay efficiency (infusion pump consumables).

Revenue Generation Schemes						
Scheme Category	YTD Target	YTD Actual	YTD	FY Target	FY Forecast	FY Variance
Back Office	2	2	0	25	25	0
Commercial	12	14	3	140	83	-57
Drugs	15	0	-15	175	160	-15
Medical Workforce	42	42	0	500	500	0
Outpatient Efficiency	17	17	0	200	200	0
Theatres Efficiency	25	9	-16	300	300	-0
Service redesign	8	0	-8	150	0	-150
TOTAL (£'000)	120	83	-36	1,490	1,268	-222



Revenue Generation schemes are £0.04M worse than plan as a result of not achieving the Theatres efficiency improvement and in addition the negotiation in respect of aseptics drug recharges to NHSE is less than anticipated.

Service redesign includes EBUS and best practice tariff which are schemes yet to be signed off.

Financial Performance: Capital Report

WHOLE PROJECT PROPOSED PLAN	APPROVED	SCHEME	BROUGHT FORWARD	2017/18				2018/19	2019 +	TOTAL FORECAST
				MONITOR ANNUAL PLAN	CUMULATIVE ACTUAL	BETTER/WORSE THAN BUDGET	FORECAST	FORECAST	FORECAST	
ROLLOVER SCHEMES FROM 16/17 CAPITAL PROGRAMME										
60	60	CAR PARK BARRIERS		0	0	0	60			60
		DR'S MESS INTO RMO'S		0	0	0	42			42
50	50	BISTRO & 2 OFFICES		0	0	0	178			178
		OTHER ROLLOVERS 16/17		0	2	-2	0			0
NEW WORKS										
		WASTE COMPOUND AND SEGREGATION		0	0	0	250			250
		BARIATRIC SIDE ROOM		0	0	0	100			100
COMPLIANCE ISSUES										
6673	6673	ASBESTOS REMOVAL	5519	13	0	13	150	150	450	6269
7500	2544	WARD REFURBISHMENTS & FIRE COMPARTMENTATION		283	370	-87	4483	3200	4900	12583
CLINICAL DEVELOPMENT										
850		3RD CT ENABLING		0	0	0	850			850
70		CENTRALISED POAC		0	0	0	122			122
1500	1500	MRI SCANNER 3RD BUILD		0	-11	11	1540			1540
335	335	OPHTHALMOLOGY OUTPATIENTS - PHASE 2	86	0	0	0	249			335
		A&E						5000	5000	10000
ENABLING										
1500	250	DESIGN TEAM & PAINTERS	1147	24	24	0	280	280	840	2547
IM&T ROLLOVER SCHEMES FROM 16/17 CAPITAL PROGRAMME										
1170	420	VOICE OVER IP	171	100	80	20	295	100	100	666
72	72	STORAGE - DATA ARCHIVING	51	0	0	0	27			78
31	31	INTERSITE CONNECTIVITY	25	0	0	0	31	25		81
458	329	RADIOLOGY INFORMATION SYSTEM	326	0	9	-9	132			458
30		WIRELESS UPGRADE	6	0	0	0	24			30
30		PCTI	18	2	2	0	12			30
244		E-HANDOVER	0	0	0	0	244			244
		UNDER / OVERS CAPITAL SCHEMES 16/17		0	0	0	0			0
IM&T NEW SCHEMES										
1500		PATIENT ADMIN SYS / CORE ELECTRONIC PATIENT RECORDS		0	0	0	1500	1500	1500	4500
1956		EDMS & E NOTES		0	0	0	1956			1956
150		UPS		0	0	0	150			150
1260		CLINICAL PORTAL		0	0	0	1260			1260
30		Q PULSE	30	0	0	30	30			30
85		INTERFACING	0	0	0	0	85	50	60	195
100		IT APPLICATIONS	0	0	0	0	100	100	300	500
13		NET CALL / CALL CENTRE	13	0	13	13	13			13
144		IBM HARDWARE	100	0	0	100	144			144
100		HIGH IMPACT STAND ALONE IT SYSTEMS	10	0	10	10	100	100	300	500
1590		PACS REPLACEMENT	0	0	0	0	1590			1590
900		E-PRESCRIBING	0	0	0	0	900	460		1360
605		VENDOR NEUTRAL ARCHIVE	0	0	0	0	605			605
11		CREDITS FOR CLEANING SOFTWARE	11	0	0	0	11			11
80		REPLACEMENT BUSINESS INTELLIGENCE SYSTEM	0	0	0	0	80			80
		OTHER						1650	100	1750
ADDITIONAL										
				0	0	0	0			0
LEASING ARRANGEMENTS										
3000	500	MEC EQUIPMENT		0	0	0	648			648
		3RD CT SCANNER		0	0	0	480			480
		REPLACEMENT CT SCANNERS		0	0	0	480			
		3RD MRI SCANNER		0	0	0	640			640
		ACCESS CONTROL		0	0	0	100			100
		LAUNDRY FINISHING		0	0	0	56			56
		OPHTHALMOLOGY EQUIPMENT		0	0	0	150			150
		CTVT		0	0	0	157			157
		CATERING TROLRIES		180	137	43	180			180
DONATED										
		BUILDINGS								0
		EQUIPMENT		0	0	0	0			0
BACKLOG MAINTENANCE										
1075	422	MAINTENANCE	731	0	-2	2	175	175	350	1431
6833	1054	GENERAL PROVISION	2443	125	-23	148	1604	1688	5062	10797
40005	14240	TOTAL PROGRAMME	10523	891	589	291	22263	14478	18962	65746

The Capital Programme is £291K underspent. This is mainly due due to IBM Hardware £100K, Estates General Provision £148K and an underspend on the leased catering trollies of £43K.

Accruals have been made for Theatres £49K, Ward 11 refurbishment £144K , Ward 16 £372K, 2nd MRI £292K, Ophthalmology 50K, EMIS £13K other minor schemes £11K.

Financial Performance: Statement of Financial Position

	Plan Apr to April (£'000)	Actual Apr to April (£'000)	Variance (£'000)	Forecast 2016/17 (£'000)
Assets				
Assets, Non-Current	80,096	81,849	1,753	96,600
Assets, Current				
Trade and other Receivables	5,142	11,253	6,111	4,650
Other Assets (including Inventories & Prepayments)	4,795	5,324	529	5,385
Cash and Cash Equivalents	6,198	3,213	-2,985	2,839
Total Assets, Current	16,136	19,790	3,655	12,874
ASSETS, TOTAL	96,231	101,639	5,408	109,474
Liabilities				
Liabilities, Current				
Finance Lease, Current	-824	-1,319	-495	-1,136
Loans Commercial Current	-374	-401	-27	-1,686
Trade and Other Payables, Current	-13,686	-14,087	-400	-13,032
Provisions, Current	-231	-170	61	-235
Other Financial Liabilities	-7,168	-7,443	-275	-8,647
Total Liabilities, Current	-22,283	-23,420	-1,136	-24,735
Net Current Assets/(Liabilities)	-6,148	-3,629	2,518	-11,861
Liabilities, Non Current				
Finance Lease, Non Current	-3,100	-4,713	-1,613	-4,490
Loans Commercial Non-Current	-11,345	-11,346	-1	-19,487
Provisions, Non-Current	-1,625	-1,650	-25	-1,548
Trade and Other Payables, Non-Current	0	0	0	0
Total Liabilities Non-Current	-16,070	-17,709	-1,639	-25,525
TOTAL ASSETS EMPLOYED	57,878	60,511	2,633	59,214
Taxpayers' and Others' Equity				
Taxpayers Equity				
Public dividend capital	75,157	75,157	0	75,157
Retained Earnings	-27,499	-24,810	2,689	-26,163
Donated asset reserve	0	0	0	0
Revaluation Reserve	10,220	10,162	-58	10,220
TOTAL TAXPAYERS EQUITY	57,878	60,508	2,630	59,214
TOTAL FUNDS EMPLOYED	57,878	60,508	2,630	59,214

Non Current assets - The Capital Programme is £291K underspent. This is mainly due to IBM Hardware £100K, Estates General Provision £148K and an underspend on the leased catering trollies of £43K.

In addition the plan was produced before the final position for 2016/17 was established which meant the opening balance was £1,704K more than in the plan. This mainly due to the late addition of the Endoscopy Finance lease which was £1,824K..

Trade Receivables are higher than anticipated due to the outstanding STF funding for 206/17 of £3,882K and Health Education England April invoice £500K. Also the difference between what is being paid by South Cheshire CCG and Vale Royal CCG and what's expected is £1,817K. This does take into account the difference between the equal twelfths payments they make and the budget contract income.

Other Assets is due to invoices being received for IT Maintenance and Insurance being received a month earlier than anticipated.

Finance Leases are higher than anticipated partly due to the large endoscopy lease received at the end of 2016/17

Trade and Other Payables - Mainly due to Capital Creditors being higher than anticipated as some 2016/17 invoices still not paid or received..

Non Current Liabilities is mainly due to the late addition of the Endoscopy Finance lease which was £1,824K.

Retained Earnings is due to the late accrual for the Incentive nad Bonus STF in 2016/17 of £2,257K

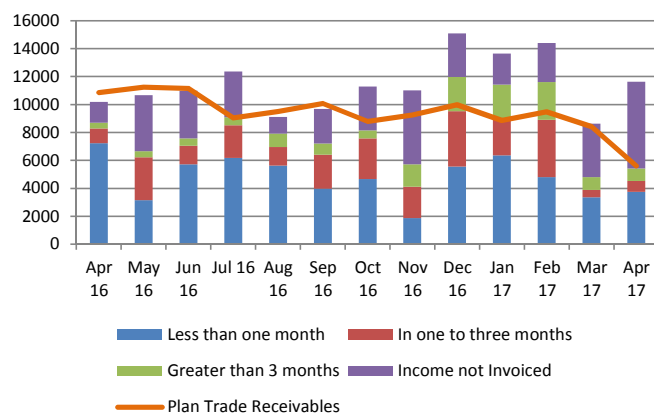
Financial Performance: Cash Position and Working Capital

	Plan Apr to April (£'000)	Actual Apr to April (£'000)	Variance
Surplus/(deficit) after tax	-638	-583	55
Non-cash flows in operating Surplus/(deficit) total	458	436	-22
Operating cash flows before movements in working capital	-180	-147	33
Increase/(Decrease) in working capital Total	2,617	28	-2,590
Net cash inflow/(outflow) from operating activities	2,437	-119	-2,557
Net cash inflow/(outflow) from investing activities total	-431	-674	-244
Net Cash inflow/(outflow) before financing	2,007	-793	-2,800
Net cash inflow/(outflow) from financing activities Total	-1,659	-1,641	18
Net increase/(decrease) in cash and cash equivalents	348	-2,434	-2,782
Opening cash balance	5,850	5,647	-203
Closing cash balance	6,198	3,213	-2,985

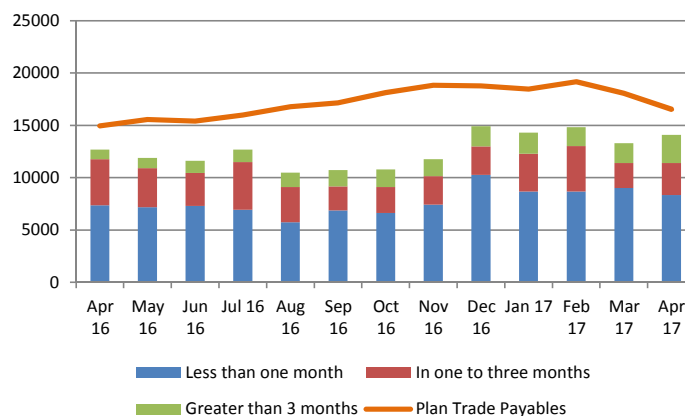
Cash is £2,985K less than anticipated which is mainly due to the reduced contract payments from South Cheshire and Vale Royal CCG's and the delayed payment of Health Educations April Invoice.

Also Capital Creditors has reduced more than anticipated.

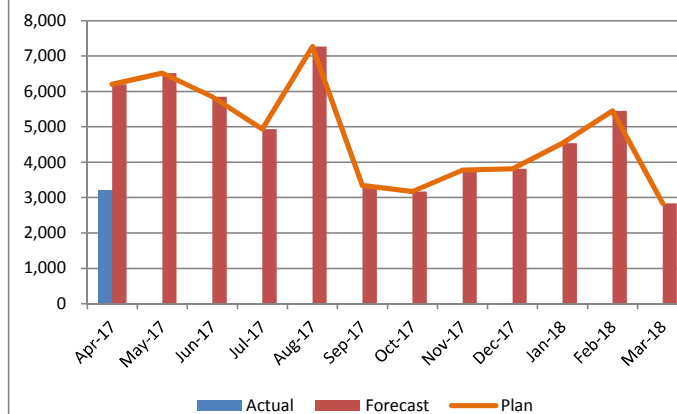
Trade Debtor Profile £000's



Trade Creditor Profile £000's



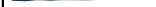






Cash Forecast £000's



Finance: Staff Costs

Headline Measures

	YTD £000's	Rolling 13 months £000's													
		Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	Monthly Trend
Pay Budget	13,777	11,964	11,866	12,055	11,964	12,056	12,024	12,019	12,166	12,131	12,385	12,345	12,385	13,777	
Pay Actual	13,549	11,755	11,794	11,934	11,783	11,689	11,925	11,892	12,241	11,825	12,102	11,997	12,331	13,549	
Variance	228	208	72	121	181	367	99	127	-75	306	283	348	55	228	
% to Budget	98.3%	98.3%	99.4%	99.0%	98.5%	97.0%	99.2%	98.9%	100.6%	97.5%	97.7%	97.2%	99.6%	98.3%	
Nursing Staff % to Budget	101.8%	99.9%	104.9%	99.6%	99.2%	98.1%	98.9%	98.6%	101.6%	98.4%	97.0%	100.5%	98.7%	101.8%	
Medical Staff % to Budget	90.5%	92.4%	87.6%	94.4%	94.3%	90.1%	98.4%	100.6%	94.9%	90.7%	94.4%	90.4%	99.5%	90.5%	
Other Staff % to Budget	99.9%	105.0%	102.8%	102.0%	101.1%	101.2%	100.2%	98.0%	104.2%	101.9%	101.2%	98.7%	109.3%	99.9%	

Commentary

Pay is better than budget by £0.2M as at Mth 1. There are significant underspends on Medical pay due to vacancies .

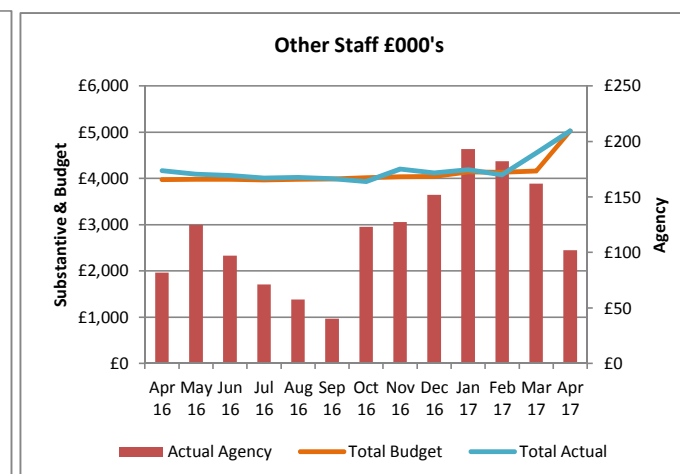
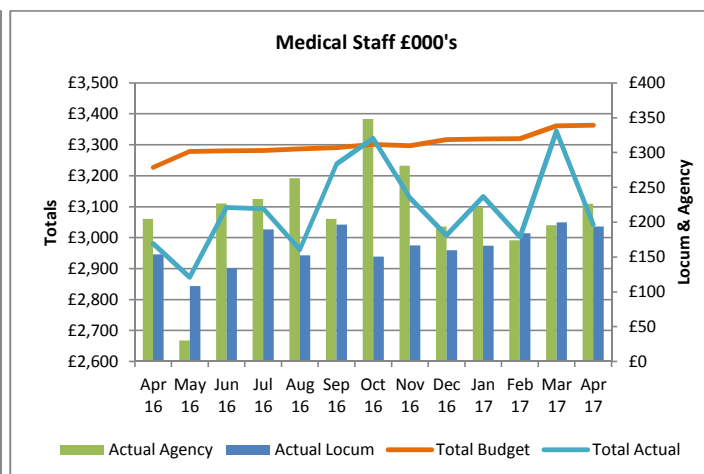
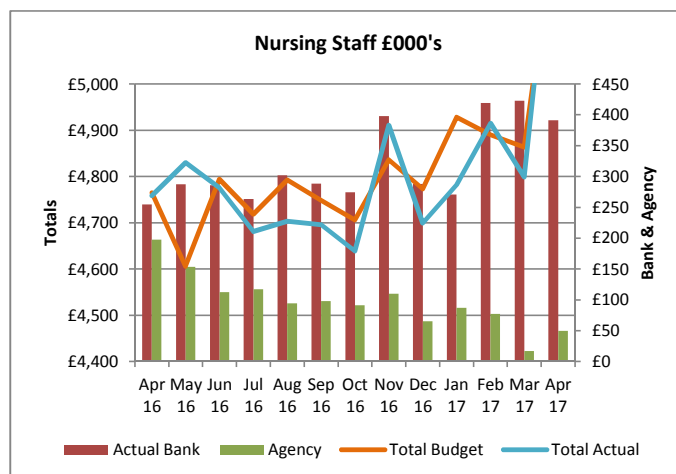
Nursing costs are higher than plan in Emergency Care as a result of Acuity.

Nursing vacancies continued at their high rate. Nursing Agency spend continues to be controlled, however, bank use over establishment for HCAs continues to support one to one patient supervision.

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

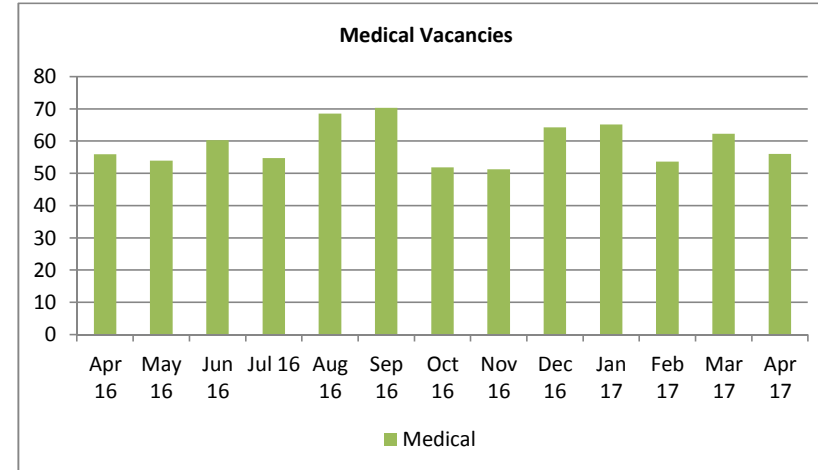
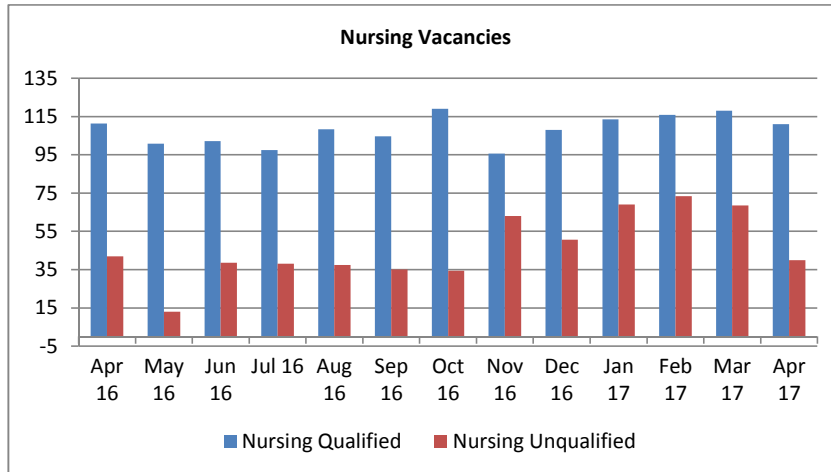
The Agency trajectory is being met and in month is better by £0.1M mainly as a result of the reclassification of locum costs in 2017/18.

Primary Drivers



Finance: Staff Costs

Secondary Drivers



Agency Trajectory

	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	Apr 17	Monthly Trend
Plan	-482	-539	-572	-561	-515	-563	-525	-495	-477	-506	-495	-470	-484	-482	
Actual	-378	-638	-416	-570	-611	-568	-540	-699	-721	-572	-668	-618	-574	-378	
Variance	104	-99	156	-9	-96	-5	-15	-204	-244	-66	-173	-148	-90	104	
CCICP Actual	0	0	0	0	0	0	0	-0	-0	-0	-0	0	0	0	

Included above for Month 1

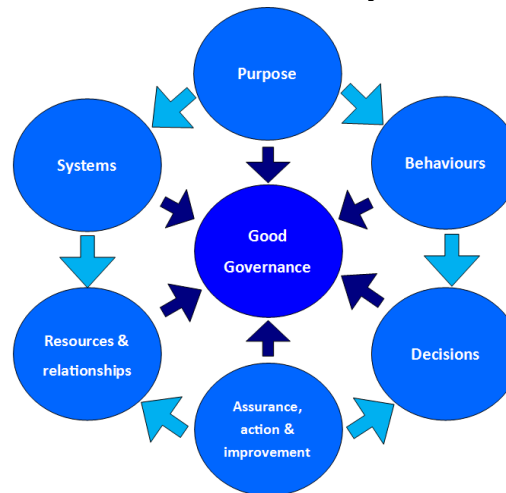
	Rolling 13 Months														Monthly Trend
	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17		
Sickness Rate (Rolling 12 mths)	3.99%	3.97%	3.95%	3.92%	3.85%	3.78%	3.80%	3.81%	3.86%	3.94%	3.95%	3.92%	3.90%		
Total Leavers	28	24	41	36	31	39	35	37	36	44	27	42	24		
Turnover (Rolling 12 mths)	11.87%	11.52%	11.63%	11.60%	11.19%	10.76%	10.56%	10.71%	10.87%	10.78%	10.66%	10.91%	10.78%		

Title of Paper :	Well Led Review Gap Analysis		
Author:	E Carmichael		
Executive Lead:	T 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	
To be a Leading partner in a Progressive Health Economy		*	Effective
Organisational Effectiveness		*	Caring
Aspiring to Excellence in Practice Through Our Workforce		*	Responsive
21st Century Infrastructure for Transformative Health and Social Care		Well-Led	*
Link to Board Responsibility:	Performance		*
	Accountability		*
	Strategy		*
	Implementation		
Action Required:	Decide		
	Approve		*
	Note		
	Recommend		
	Delegate		
Positive Benefit:	Ensures appropriate action taken to address any gaps identified in the external Well Led Review		
Risk:	Gaps in Board assurance		
To be published on Trust Website –complete version		Y	
If no, to be published on Trust Website – redacted		N/A	
If not to be published complete or redacted, please detail the reason why			
Presented at Board Meeting of:	5 June 2017		

Mid Cheshire Hospitals NHS Foundation Trust

Gap Analysis / Action Plan Well-Led Framework Review Template, Monitoring and Escalation

Good Governance Institute Body of Knowledge



1. Purpose of this document

The purpose of this document is to outline the monitoring and escalation process for any gap analysis / action plan / after action review undertaken at Mid Cheshire Hospitals NHS Foundation Trust (MCHFT).

2. Process for monitoring and escalation of gap analysis / action plan / after action review (see flowchart on page 3)

The Trust standard template (see page 4) will be completed by the identified lead

Any gaps in assurance will be rated as follows:

Key (National Guidance):	Compliant CLOSED	Partial – Compliance	Non – Compliant
Key (Audits):	Adherence > 90%	Adherence 80% - 89%	Adherence < 79%

The completed template will be submitted to the named committee responsible for that area. The actions and timescales will be monitored by the named committee.

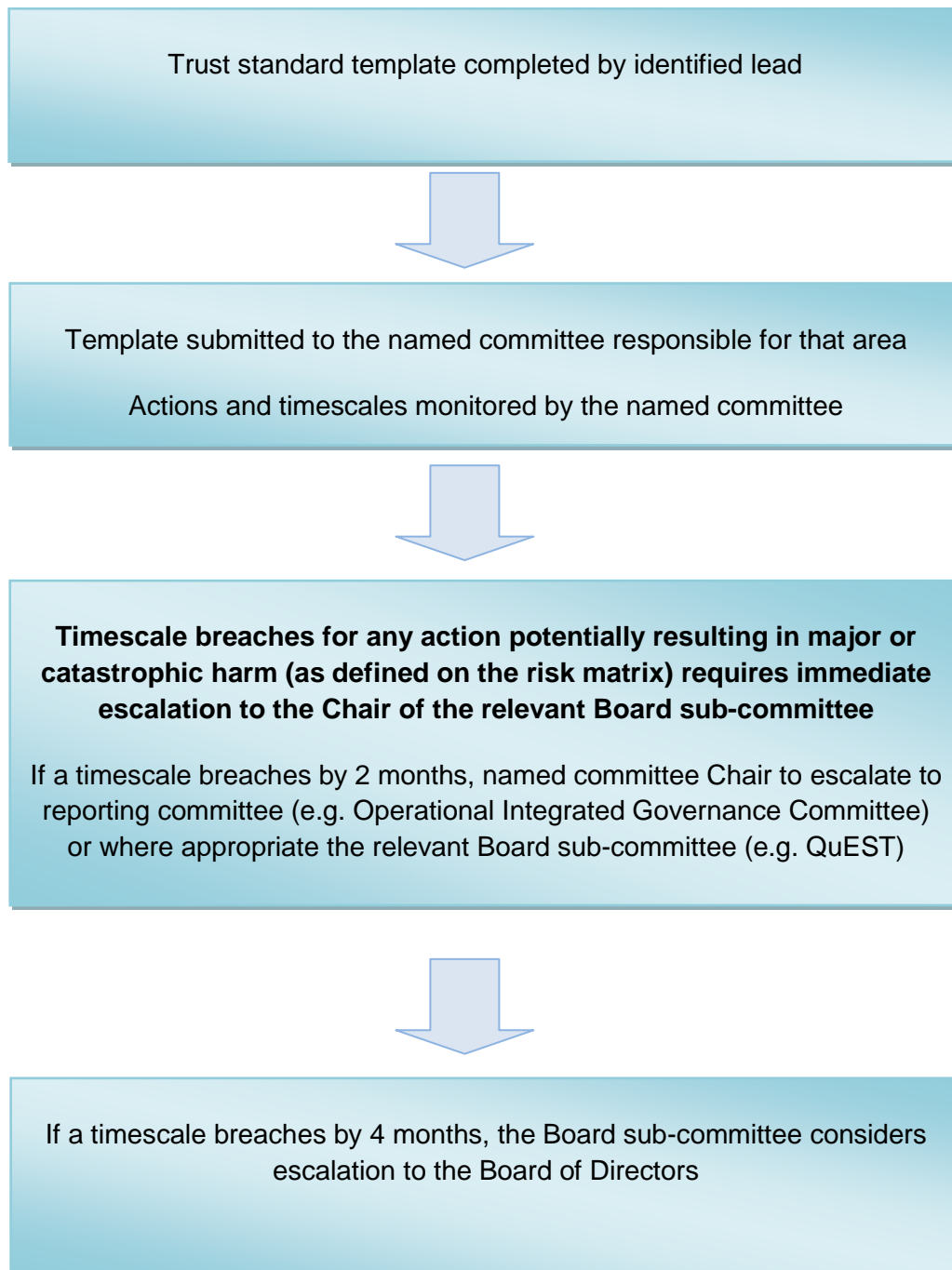
Timescale breaches for urgent actions with potentially serious implications require immediate escalation to the relevant Board sub-committee

If a timescale breaches by 2 months, the Chair of the named committee will escalate the breach to the reporting committee (e.g. Operational Integrated Governance Committee) or, where appropriate, to the relevant Board sub-committee (e.g. QuEST)

If a timescale breaches by 4 months, the Board sub-committee will consider escalation to the Board of Directors.

The identified lead is responsible for ensuring that all actions are completed within the timescales agreed in conjunction with the person responsible for the action.

PROCESS FOR MONITORING AND ESCALATION OF ACTION PLAN / GAP ANALYSIS / AFTER ACTION REVIEW



The identified lead is responsible for ensuring that all actions are completed within the timescales agreed in conjunction with the person responsible for the action

Mid Cheshire Hospitals NHS Foundation Trust Template for Gap Analysis / Action Plan / After Action Review

RAG:

**Compliant
CLOSED**

**Partial -
Compliance**

**Non -
Compliant**

INTRODUCTION:

Please write brief statement introducing the purpose of the gap analysis/action plan

Ref	Standard/Process/ Issue/Gap Identified	Action Required	*RAG Rating	Responsible Lead	Timescales (by end of):	Responsible Committee	Progress / Closure Date & Evidence (embed evidence into document)
Recommendation 1							
1.A	The Trust should more clearly define a structured process to the development strategy.						
	Enable greater opportunities for the Board to explore strategic options and scenarios, primarily through redefining the purpose of the Board Away Days.	Undertake review of Board away day format and agenda.		T Bullock / D Dunn	July 2017	Board of Directors (private)	Review is underway and on track to complete within the specified timescales
	Further develop processes to enable broader engagement in the development of plans at Divisional level. Examples of activities we have seen work well elsewhere include roadshows, workshops and drop-in clinics with divisional leadership.	Review and assess the engagement opportunities to identify those most appropriate for Divisions including options such as: - Clinical Service Strategy Days - Big Tent events and - DPR		T Bullock / D Frodsham	July 2017	Executive Directors	Work is in progress and on track to complete with the agreed timescales

Ref	Standard/Process/ Issue/Gap Identified	Action Required	*RAG Rating	Responsible Lead	Timescales (by end of):	Responsible Committee	Progress / Closure Date & Evidence (embed evidence into document)
	Enhance the Clinical Service Strategy away days to enable greater interaction between Board and Divisions throughout the year.	Develop a programme for Divisions to support: <ul style="list-style-type: none"> - Board attendance - Clinical Service Strategy days. - Division to attend Executive Aways Days Twice per year. 		D Frodsham	July 2017	Executive Directors	
	Supplement the current divisional scorecards to enable reflection of progress against strategic priorities at Board level.	Future development of Divisional scorecards to be linked to Trust and Divisional Strategies.		D Frodsham / C Oliver	July 2017	Monthly Performance Review Meetings	Current DQPR Scorecard has been disbanded.
Recommendation 2							
1.A	Ensure that there is a clear rolling programme of updates to all supporting strategies.	List of strategies with; <ul style="list-style-type: none"> - Date developed - Action plan progress and - Renewal Date To be identified for each Board level Committee.		P Dodds / Integrated Governance	June 2017	Board Level Committees	Strategy owners/Leads to report to Board Level committees.
Recommendation 3							
1.C	As part of the programme of Board Away Days, the Board should hold a session to reflect on the views of external stakeholders and to define any actions arising from this to take into account as part of the broader strategy refresh.	Undertake a 360° External Review. Complete Board Effectiveness Survey		T Bullock/ D Dunn	July 2017	Board of Directors	External 360° Review and Board Effectiveness Survey completed








Ref	Standard/Process/ Issue/Gap Identified	Action Required	*RAG Rating	Responsible Lead	Timescales (by end of):	Responsible Committee	Progress / Closure Date & Evidence (embed evidence into document)
Recommendation 4							
2.A	As part of the ongoing refresh of the workforce strategy, the Trust should establish a clearer set of metrics around workforce reporting.	Develop key performance indicators for workforce that focus on the quality of the workforce experience as well as the standard measures of workforce performance		E Carmichael	July 2017	TAP	A new set of workforce metrics will be reported from the start of the 2017/18 financial year to include: <ul style="list-style-type: none"> - Standard Workforce KPIs and - Agency Spend Metrics to support staff engagement and quality of workforce experience will be developed.
Recommendation 5							
2.B	Recognising the positive feedback around Board engagement, there is scope to increase the range of engagement initiatives within the organisation, particularly as the Trust launches the revised workforce strategy outlined in 2A.	Workforce Engagement Strategy to be developed with a key focus on: <ul style="list-style-type: none"> - Continuing dialogue with staff that is clear and consistent - Engagement with clinicians and health professionals - CCICP - Enabling staff to make changes in their own working environment. 		E Carmichael	September 2017	TAP	Staff Survey result received and the basis of the action plan and outline of the strategy is in development






Title of Paper :	Workforce Report		
Author:	Estelle Carmichael, Director of Workforce and OD		
Executive Lead:	Estelle Carmichael, Director of Workforce and OD		
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	
To be a Leading partner in a Progressive Health Economy		Effective	
Organisational Effectiveness		Caring	
Aspiring to Excellence in Practice Through Our Workforce	✓	Responsive	
21st Century Infrastructure for Transformative Health and Social Care		Well-Led	✓
Quality, Safety & Experience			
Link to Board Responsibility:	Performance		✓
	Accountability		
	Strategy		
	Implementation		
Action Required:	Decide		
	Approve		
	Note		✓
	Recommend		
	Delegate		
Positive Benefit:	Good practice reporting on workforce experience and performance.		
Risk:			
To be published on Trust Website –complete version	Y (delete as appropriate)		
If no, to be published on Trust Website – redacted	N (delete as appropriate)		
If not to be published complete or redacted, please detail the reason why			
Presented at Board Meeting of:	5 June 2017		

Title of Paper :	Workforce Report		
Author:	Estelle Carmichael, Director of Workforce and OD		
Executive Lead:	Estelle Carmichael, Director of Workforce and OD		
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	
To be a Leading partner in a Progressive Health Economy		Effective	
Organisational Effectiveness		Caring	
Aspiring to Excellence in Practice Through Our Workforce	✓	Responsive	
21st Century Infrastructure for Transformative Health and Social Care		Well-Led	✓
Quality, Safety & Experience			
Link to Board Responsibility:	Performance		✓
	Accountability		
	Strategy		
	Implementation		
Action Required:	Decide		
	Approve		
	Note		✓
	Recommend		
	Delegate		
Positive Benefit:	Good practice reporting on workforce experience and performance.		
Risk:			
To be published on Trust Website –complete version	Y (delete as appropriate)		
If no, to be published on Trust Website – redacted	N (delete as appropriate)		
If not to be published complete or redacted, please detail the reason why			
Presented at Board Meeting of:	5 June 2017		

Performance Report
Month:

Workforce Chapter
Apr-17

Measure	Target	Performance	Description	Narrative	Rolling Trend
	3.60%	3.95%	Rolling 12m average Sickness Absence described as a Percentage	In month absence is current 3.45% (reduction of 0.17%). During April the Trust lost the equivalent of 195 wte staff to sickness absence with some 40% being off sick for extended periods of time. The most significant causes of absence in April were stress and MSK Injuries. Clear plans are in place for the majority of staff who have been absence for more than 4 weeks with flexible working options being offered for staff who are experiencing personal or workplace stress. Hotspots - M&EC 4.88%; Estates 4.76%; CCICP 4.38%	
	90.00%	74.34%	Percentage of Staff who have received an appraisal in the last 12 months. Includes New Staff with less than 12m service and Bank Staff.	The Appraisal rate has increased slightly from March. Staff survey results identify concerns with the quality of appraisals and this is being addressed through formal review of the appraisal structure. Highlights - DCSS 90.43%; Estates 92.2%; W&C 92.01% Hotspot - M&EC 73.22% (-1.2%)	
	90.00%	74.85%	Mandatory Training Monthly Rate Includes Bank Staff, Staff on long term sick & mat. leave.	Without exception, all divisions performance in this are has declined in month. W&C are consistently the highest performing division for training and are currently achieving 89.34% Hotspot - M&EC 69.61% (-1.66%)	
	10.00%	9.88%	Number of Leavers expressed as a percentage of the workforce over a 12m rolling period. Including Junior Doctors, Bank staff, Temporary and Fixed term.	The Turnover of staff has increased slightly in month and whilst our overall performance remains beneath the target, it is concerning to note that over 25% of leavers have less than 12 months service at the point they are leaving. Further work is to be undertaken at division levels to review the reasons for leaving and develop local retention strategies.	

Measure	Target	Performance	Description	Narrative	Rolling Trend
	(482)	(378)	In month and cumulative total spend for the Trust.	In the first month of the 2017/18 we have performed well in month with performance being £103k less than the target. Top Spending Divisions are currently: CCICP - £96k S&C - £69k W&C - £65k	
	less than 100%	78.5%	Trust Agency Spend as a percentage of the Ceiling Set by NHS Improvement	Almost 60% of our agency spend during April was on Medical and Dental staff with almost 20% being spent on AHPs. However, it should be noted that during April we consistently paid the lowest commission rates across the C&M area and with the exception of GPs, none of the medical staff being engaged by the Trust are earning over the £120 per hour NHSI cap.	
	To be benchmarked after Q2	45.38%	Number of Agency shifts filled by agency staff that are over the nationally determined capped rates	During April we booked 487 separate agency shifts across the Trust, of which 221 were booked at rates above the caps set by NHSI. We have not analysed this data before and there is no benchmarking data currently available. This dataset will be reviewed during Q1 and Q2 to determine a target against which our performance can be measured.	1st Report