

A G E N D A

Board of Directors
A meeting will be held in Public at
9.30am on Monday, 3 July 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 (verbal)	I/D	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 09.50
4.	Minutes of the Last Meeting To approve the minutes of the Board of Directors meeting held in Public on Monday, 5 June 2017 (attached) (to approve)	A	Chairman 09.52
5.	Matters Arising and Action Log (attached) (to approve)	A	Chairman 09.55
6.	Annual Work Programme 2017/18 (attached) (to approve)	I/A	Chairman 09.57
7.	Chairman's Announcements (to note a verbal report) <div> <div>7.1</div> <div>General Election (MP Representation)</div> </div> <div> <div>7.2</div> <div>NHS Confederation 2017</div> </div> <div> <div>7.3</div> <div>PMA Conference</div> </div> <div> <div>7.4</div> <div>Board Development Day</div> </div> <div> <div>7.5</div> <div>Volunteers Evening</div> </div>	I	Chairman 10.00
8.	Governors' Items (to note a verbal report) <div> <div>8.1</div> <div>Governor Development</div> </div> <div> <div>8.2</div> <div>Council Awareness of Board Development</div> </div> <div> <div>8.3</div> <div>1to1s with Governors</div> </div>	I	Chairman 10.10

Item No	Title of Item	Action	Led by
9.	Chief Executive's Report (to note a verbal report)	I	Chief Executive 10.25
9.1	Capped Expenditure Programme and System Wide Long Term Sustainability Review – Next Steps Workshop		
9.2	Cheshire & Merseyside 5 Year Forward View Plan - Working Group Meeting		
9.3	CQC Engagement Meeting		
9.4	Connecting Care Board Governance Meeting		
9.5	NHSI Monthly Progress Review Meeting		
9.6	Changes to CCG Leadership		
10.	CARING		
10.1	Quality, Safety & Experience Report (to follow) (to note)	I/D	Director of Nursing & Quality 10.40
10.2	National Inpatient Survey Presentation (verbal)	I/D	Director of Nursing & Quality 10.50
11.	SAFE		
11.1	Draft Quality Governance Committee notes from the meeting held on 12 June 2017 (attached) (to note)	I	Committee Chair 11.05
11.2	Serious Untoward Incidents and RIDDOR Events (verbal) (to note)	I/D	Deputy Chief Executive/ Medical Director 11.10
12.	RESPONSIVE		
12.1	Performance Report (attached) (to note)	I/D	Chief Operating Officer 11.15
12.2	Draft Performance & Finance Committee notes from the meeting held on 22 June 2017 (to follow) (to note)	I	Committee Chair 11.25
12.3	Legal Advice (verbal) (to note)	I	Chief Executive 11:30
13.	WELL-LED		
13.1	CCICP IT Business Case (attached) (to approve)	A/D	Deputy Chief Executive & Medical Director 11.35
13.2	New Board Assurance Framework (presentation) (to note)	I/D	Deputy Chief Executive & Medical Director 11.45

Item No	Title of Item	Action	Led by
13.3	Draft Transformation and People Committee notes from the meeting held on 8 June 2017 <i>(attached)</i> <i>(to note)</i>	I	Committee Chair 12.05
13.4	Visits of Accreditation, Inspection or Investigation <i>(verbal)</i> <i>(to note)</i>	I	Chief Executive 12.10
13.5	CCICP Partnership Board notes from the meeting held on 11 May 2017 <i>(attached)</i> <i>(to note)</i>	I	Chief Operating Officer 12.15
14.	EFFECTIVE		
14.1	Workforce Report <i>(attached)</i> <i>(to note)</i>	D/I	Director of Workforce and OD 12.20
14.2	Consultant Appointments <i>(verbal)</i> <i>(to note)</i>	I	Deputy Chief Executive/ Medical Director 12.25
15.	Any Other Business (verbal)	I/A/D	Chairman 12.30
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, 7 August 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
17/05/13.2.5	02/05/2017	Board to receive a 12 month review of CCICP in September	D Frodsham	04/09/2017		04/09/2017	
17/06/6.1	05/06/2017	Board Workplan to be updated	K Dowson	03/07/2017		03/07/2017	

Item	Board of Director Meeting												Board Away Day				
	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March	Apr	Aug	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					
Guardian of Safe Working Hours Report			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	✖														
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	x		x
Trust Strategy Update	✖	✖		✖			✖			✖							
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 July 2017

Quality: Safety and Experience

(May 2017 data)

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

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

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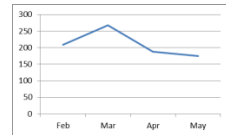
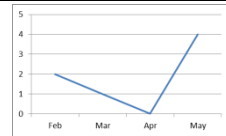
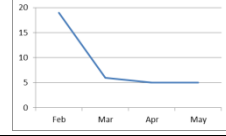
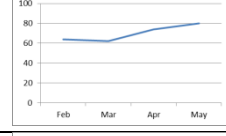
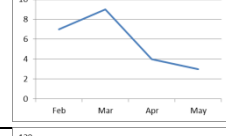
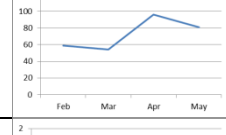
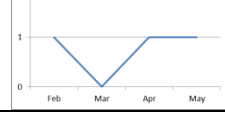
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Board Papers – Quality, Safety & Experience Section: July 2017

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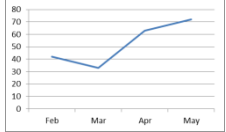

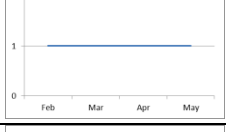


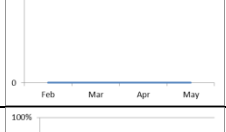
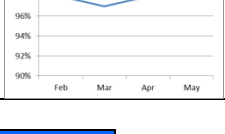
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Board Papers – Quality, Safety & Experience Section: July 2017

Indicators	Position compared to previous month	Target	Last four months				YTD 17/18	Trajectory
			Feb-17	Mar-17	Apr-17	May-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. In 2016/2017 2574 patient safety harm incidents were reported.	↓	<2574 at end of January 2018	209	268	188	174	362	
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	↑	Zero at end of January 2018	2	1	0	4	4	
Pressure Ulcers The aim is to reduce pressure ulcers by 5% quarter on quarter in 2017/2018	↔	31 at end of quarter 1	19	6	5	5	10	
Inpatient Falls The aim is to reduce inpatient falls by 10% by January 2018	↑	733 at end of January 2018	64	62	74	80	154	
Medication Incidents The aim is to reduce medication incidents resulting in harm by 10% in comparison to the previous financial year	↓	59 at end of 2017/2018	7	9	4	3	7	
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.	↓		59	54	96	81	177	
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	↔	Zero at end of January 2018	1	0	1	1	2	

Key							
↑	Declined since last month	↓	Improved since last month	↔	On track to deliver	↔	Work in place to recover position

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

Indicators	Position compared to previous month	Target	Last four months				YTD 17/18	Trajectory
			Feb-17	Mar-17	Apr-17	May-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.	Process & measure to be agreed		42	33	63	72	135	
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.	Process & measure to be agreed		1	1	0	0	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 ↔	Below 1.0	Current position 1.01				N/A	
HSMR The Trust's aim is to have an HSMR <100	111.6 ↔	<100	Current position 111.6				N/A	
MRSA The target for MRSA Bacteraemia is zero in 2017/18	↔	Zero at end of 2017/2018	0	1	1	1	2	
C-Diff Avoidable The target is less than 24 avoidable cases of Clostridium Difficile in 2017/18	↔	<24 at end of 2017/2018	0	0	0	0	0	
Safety Thermometer The Trust aim is that >95% of patients receive harm free care as monitored by the Safety Thermometer.	↔	>95%	98%	97%	98%	98%	N/A	

Key							
↑	Declined since last month	↓	Improved since last month	↔	On track to deliver	↔	Work in place to recover position

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

Quality & Safety Section:

Description

Aggregate Position

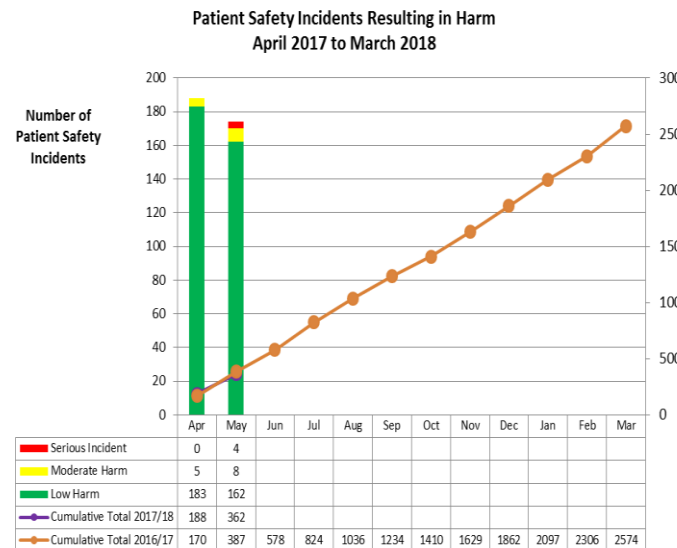
Trend

Performance against previous month

Patient Safety Incidents resulting in harm.

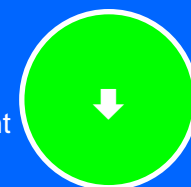
This chart demonstrates the total number of reported patient safety incidents which resulted in harm.

For this financial year to date:
95.3% (345 incidents) have resulted in low harm
3.6% (13 incidents) have resulted in moderate harm
1.1% (4 incidents) 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

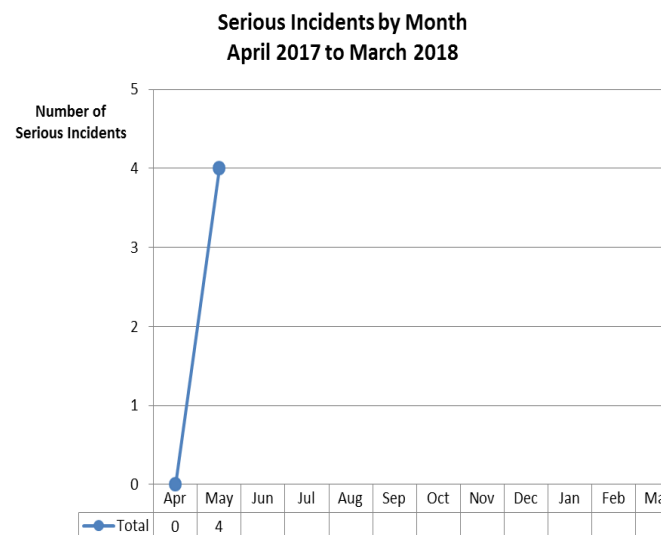


Serious Incidents.

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

For this financial year to date, there have been four serious incidents reported.

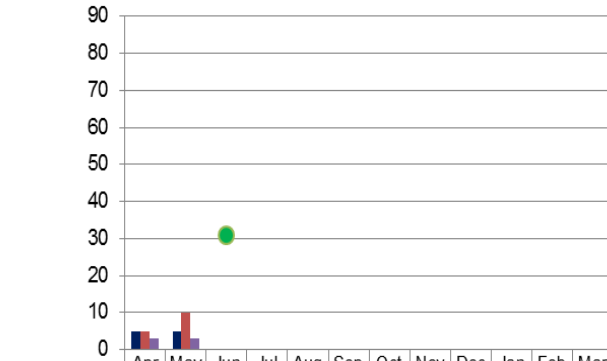
- 4 x patient falls resulting in serious fractures

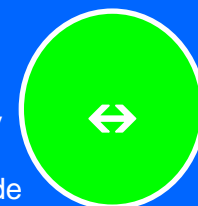


To reduce the number of serious incidents, the Trust has signed up to the Sign Up To Safety Campaign.



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

Description	Aggregate Position	Trend	Performance against previous month																																																																	
Pressure Ulcer (PU) Incidents including both avoidable and unavoidable pressure ulcers based on EPUA Guidance	<p>For this financial year to date:</p> <ul style="list-style-type: none">100% (10 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) <p>In May 2016, 3 avoidable PU's were reported, as shown by the blue bar on the chart.</p>	<p>Hospital Acquired Pressure Ulcers by Month April 2017 to March 2018</p>  <table><thead><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></thead><tbody><tr><td>Monthly</td><td>5</td><td>5</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>5</td><td>10</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</td><td>3</td><td>3</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>5% 1/4 Reduction Target</td><td></td><td></td><td>31</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Monthly	5	5											Cumulative	5	10											Avoidable	3	3											5% 1/4 Reduction Target			31										<p>Improvement actions include:</p> <ul style="list-style-type: none">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.
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar																																																								
Monthly	5	5																																																																		
Cumulative	5	10																																																																		
Avoidable	3	3																																																																		
5% 1/4 Reduction Target			31																																																																	



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

Description

Aggregate Position

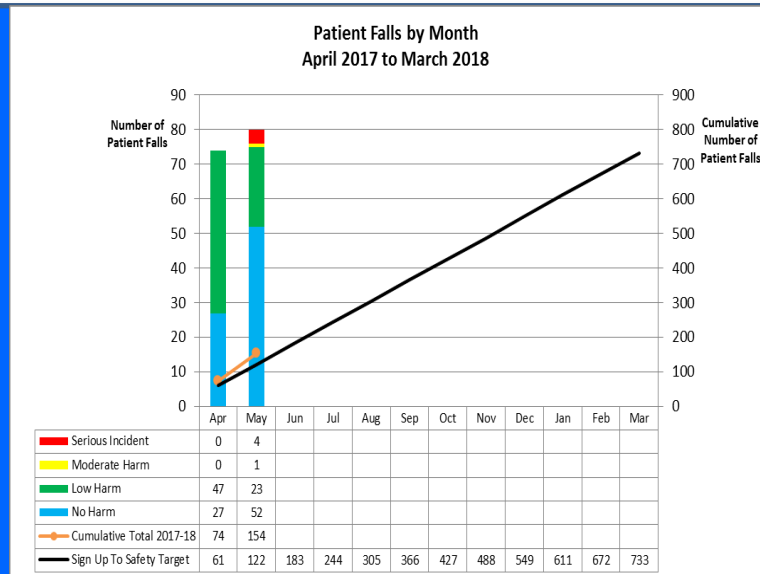
Trend

Performance against previous month

Patient Falls Incidents.

For this financial year to date:

- 51.3% (79 falls) have resulted in no harm
- 45.5% (70 falls) have resulted in low harm
- 0.6% (1 fall) has resulted in moderate harm
- 2.6% (4 falls) have resulted in serious harm



Improvement include:

actions

- 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: July 2017

Description

Aggregate Position

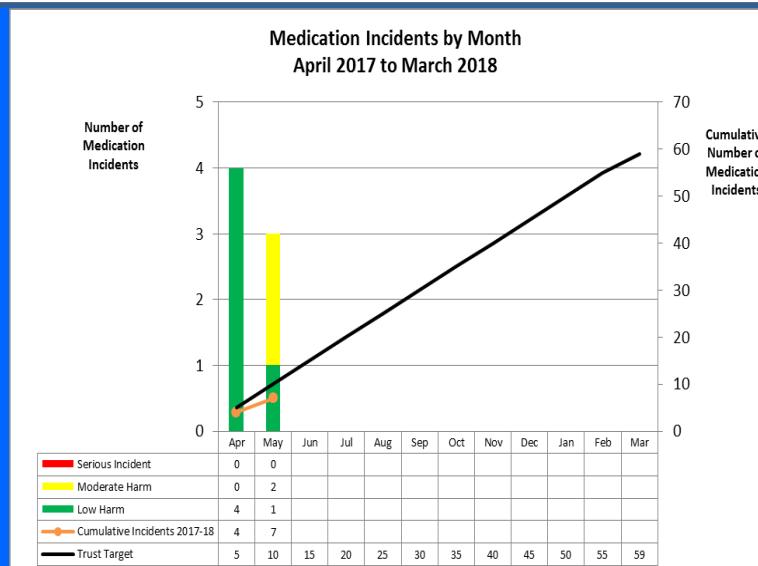
Trend

Performance against previous month

Medication Incidents.

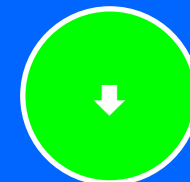
For this financial year to date:

- 71.4% (5 medication incidents) have resulted in low harm
- 28.6% (2 medication incidents) have resulted in moderate harm
- 0% (0 medication incidents) have resulted in serious harm

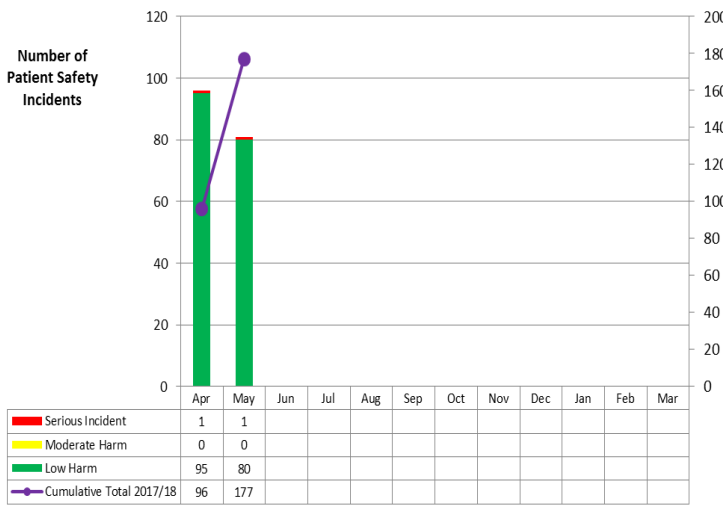
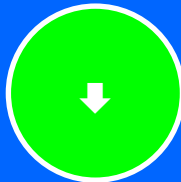
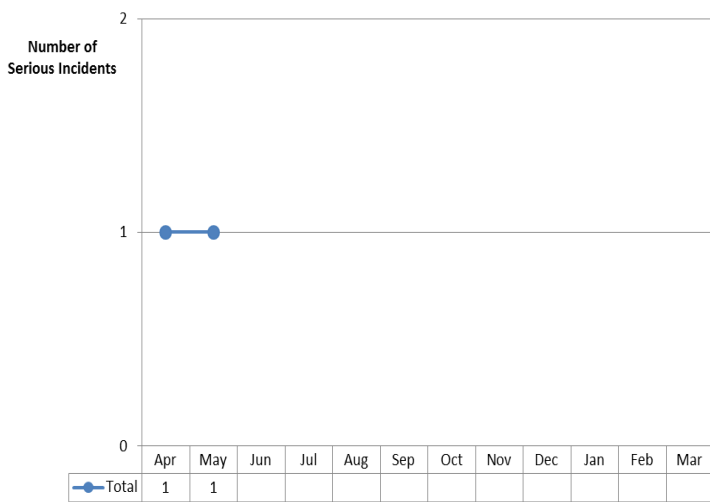
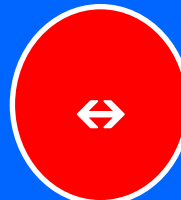


Improvement actions include:

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



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

Description	Aggregate Position	Trend	Performance against previous month																																																							
<div>CCICP Patient Safety Incidents resulting in harm.</div> <div>This chart demonstrates the total number of reported patient safety incidents which resulted in harm.</div> <div>For this financial year to date:</div> <ul style="list-style-type: none">98.9% (175 incidents) have resulted in low harm0% (0 incidents) have resulted in moderate harm1.1% (2 incidents) have resulted in serious harm	<div>CCICP Patient Safety Incidents Resulting in Harm April 2017 to March 2018</div> <div></div> <table><tr><td>Serious Incident</td><td>1</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>Moderate Harm</td><td>0</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>Low Harm</td><td>95</td><td>80</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 Total 2017/18</td><td>96</td><td>177</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	Serious Incident	1	1												Moderate Harm	0	0												Low Harm	95	80												Cumulative Total 2017/18	96	177												<div>To reduce the number of patient safety harm incidents, a number of initiatives are being undertaken. These include:</div> <ul style="list-style-type: none">Bi-weekly Patient Safety Summit Meetings with Executive & Senior TeamsParticipation in the Sign Up To Safety Campaign <div></div>
Serious Incident	1	1																																																								
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Low Harm	95	80																																																								
Cumulative Total 2017/18	96	177																																																								
<div>CCICP Serious Incidents.</div> <div>This chart demonstrates the number of incidents that have resulted in serious harm.</div> <div>For this financial year to date:</div> <ul style="list-style-type: none">2 x Acquired on case load Pressure Ulcer – Stage 4	<div>CCICP Serious Incidents by Month April 2017 to March 2018</div> <div></div> <table><tr><td>Total</td><td>1</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></table>	Total	1	1												<div>To reduce the number of serious incidents, the Trust has signed up to the Sign Up To Safety Campaign.</div> <div></div>																																										
Total	1	1																																																								

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

Description

Aggregate Position

Trend

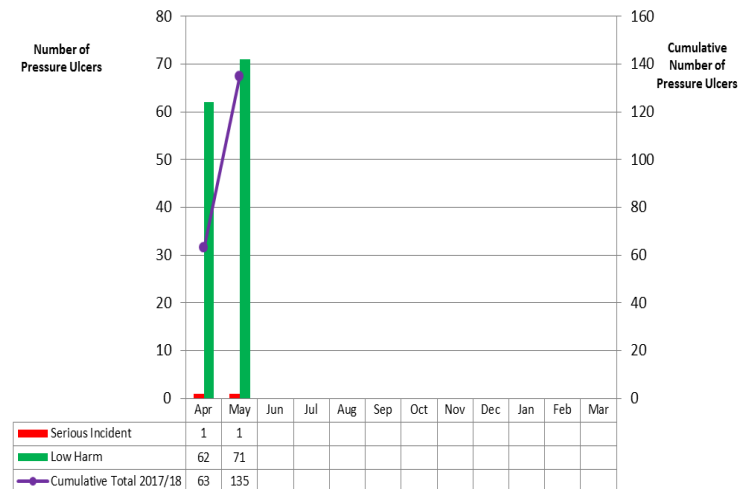
Performance against previous month

CCICP Pressure Ulcer (PU) Incidents.

For this financial year to date:

- 98.5% (133 PU's) have resulted in low harm (defined as a patient that has developed a stage 2 or unstageable PU)
- 1.5% (2 PU's) 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.

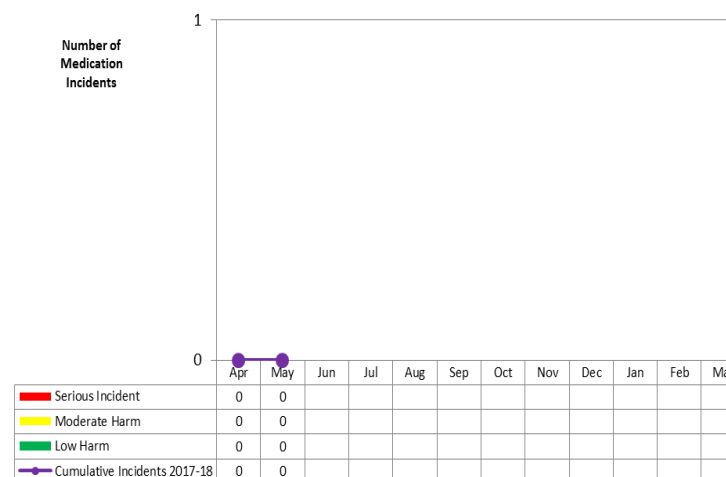
The aim during Q1 is to develop a process to enable PU's to be appropriately classified. We are on track to achieving this aim.

CCICP Medication Incidents.

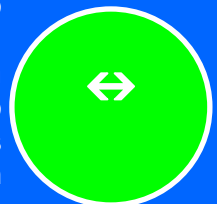
For this financial year to date:

- 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 Resulting in Harm 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: July 2017

Description

Aggregate Position

Trend

Performance against previous quarter

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

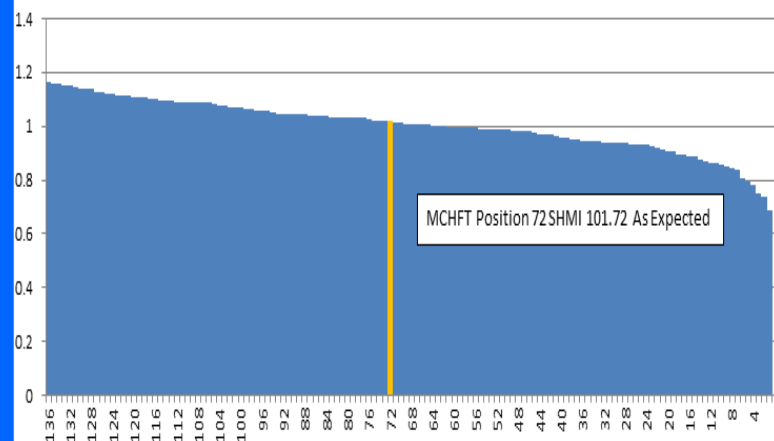
The chart benchmarks the Trust's latest SHMI against all NHS Trusts.

MCHFT is shown as the yellow bar.

The Trust's SHMI is 1.01 for the time period October 2015 to September 2016 and places the Trust 72 out of 136 Trusts.

SHMI Position 12 Months

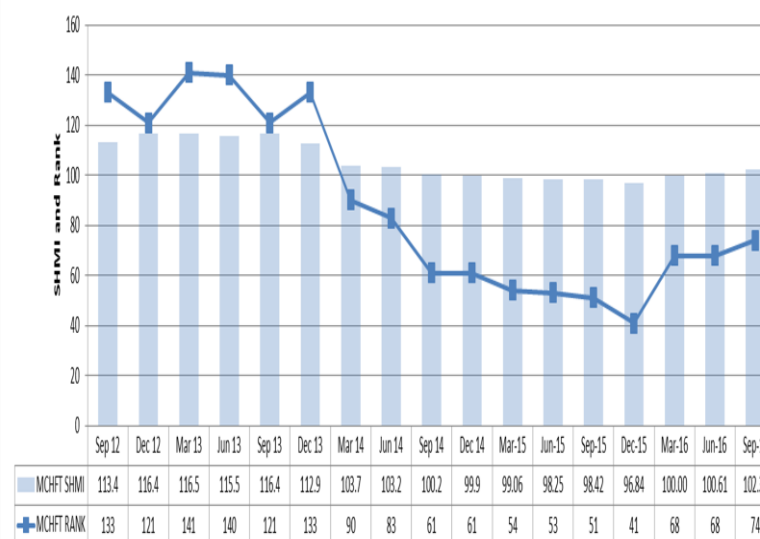
Oct 15 - Sept



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: July 2017

Description

Aggregate Position

Trend

Performance against previous quarter

HSMR by Trust.

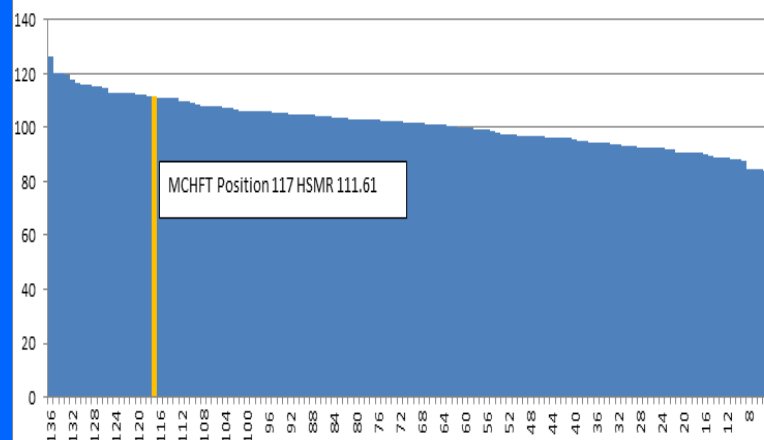
The chart benchmarks the Trust's HSMR against all NHS Trusts.

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

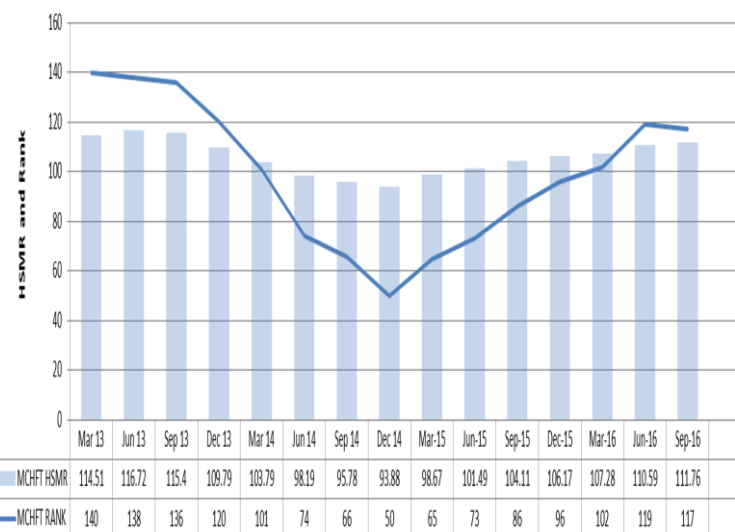
Oct 15 - Sept 16



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: July 2017

Description	Aggregate Position	Trend	Performance against previous month																																																																	
<div>MRSA Bacteraemia Cases.</div>	<div>In May 2017 one MRSA bacteraemia was reported in the Trust.</div> <div>In this financial year there has been two confirmed MRSA bacteraemia cases reported.</div>	<div>MRSA Bacteraemia cases reported within the Trust</div> <div>April 2017 to March 2018</div> <div><table><tr><td>Monthly</td><td>1</td><td>1</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>2</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></div>	Monthly	1	1											Cumulative	1	2											Target	0	0	0	0	0	0	0	0	0	0	0	0	<div>A post infection review is underway to determine the cause and identify any lapses in care.</div> <div></div>																										
Monthly	1	1																																																																		
Cumulative	1	2																																																																		
Target	0	0	0	0	0	0	0	0	0	0	0	0																																																								
<div>Clostridium Difficile toxin positive cases.</div>	<div>In May, no avoidable case was reported at present, 3 cases are still awaiting confirmation following the SBAR meetings.</div> <div>The total avoidable cases year to date is 0.</div>	<div>Clostridium Difficile toxin positive cases reported within the Trust</div> <div>April 2017 to March 2018</div> <div><table><tr><td>Unavoidable</td><td>4</td><td>1</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</td><td>0</td><td>0</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Awaiting Confirmation</td><td>0</td><td>3</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>0</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></div>	Unavoidable	4	1											Avoidable	0	0											Awaiting Confirmation	0	3											Avoidable Total	0	0											Avoidable Target	2	4	6	8	10	12	14	16	18	20	22	24	<div>Improvement actions include:</div> <div><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</div> <div></div>
Unavoidable	4	1																																																																		
Avoidable	0	0																																																																		
Awaiting Confirmation	0	3																																																																		
Avoidable Total	0	0																																																																		
Avoidable Target	2	4	6	8	10	12	14	16	18	20	22	24																																																								

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

CQUIN Indicator	Indicator Name	Milestone Achieved								Maximum Value
		Q1	Financial Incentive Achieved	Q2	Financial Incentive Achieved	Q3	Financial Incentive Achieved	Q4	Financial Incentive Achieved	
1a	Health & Wellbeing 5% point improvement in two of the three questions on H&W, MSK & Stress.	Data available at the end of quarter one								£143,514
1b	Health & Wellbeing Maintain the four changes for improving healthy food for NHS staff, visitors and patients. Introduce three new changes to food and drink provision.									£143,514
1c	Health & Wellbeing Achieve an uptake of flu vaccinations of front line clinical staff of 70% by end of February 2018.									£143,514
2a	Sepsis: Identification Greater than 90% of eligible patients to have a timely identification of sepsis by the end of quarter four 2017/18.									£107,636
2b	Sepsis: Treatment Greater than 90% of eligible patients to have a timely treatment of sepsis by the end of quarter four 2017/18.									£107,636
2c	Sepsis: Antibiotic Review An empiric review for at least 90% cases in the sample should be performed by the end of quarter four 2017/18.									£107,636
2d Part 1	Reduction in antibiotic consumption Achieve a reduction of x% or more in total antibiotic consumption per 1,000 admissions.									£35,520
2d Part 2	Reduction in carbapenem consumption Achieve a reduction of x% or more in total carbapenem consumption per 1,000 admissions.									£35,520
2d Part 3	Reduction in piperacillin tazabactam consumption Achieve a reduction of x% or more in total piperacillin tazabactam consumption per 1,000 admissions.									£35,520
4	Mental Health in Emergency Department Achieve a 20% reduction in attendances to the Emergency Department for people with Mental Health needs.									£430,542
6	Offering advice and guidance Providers to set up and operate advice and guidance services for non-urgent GP referrals, allowing GPs to access consultant advice prior to referring patients into secondary care.									£430,544
7	NHS e-Referrals Availability of services and appointments for e-Referral service.									£430,544
8a	Supporting proactive and safe discharge Acute providers.									£430,542
9 Part a	Tobacco screening 90% of unique adult patients who are screened for smoking status and whose results are recorded.									Nil as applies to year 2 only

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

Description

Safety
Thermometer
- Harm Free
Care.

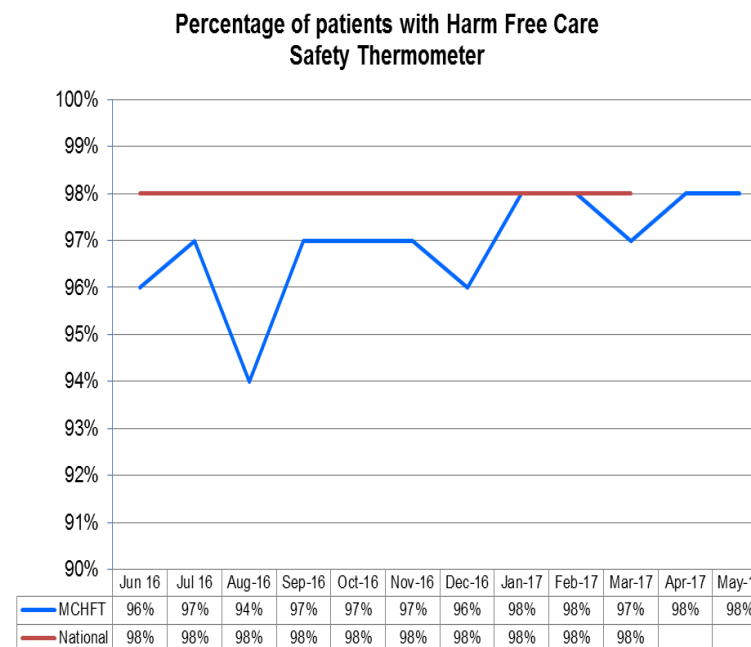
Aggregate Position

In May 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.

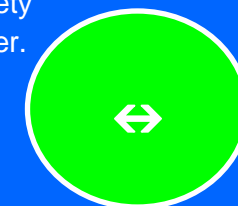
National figures are not yet available for April 2017 and May 2017.

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: July 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>94.5% 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>May 2017 94.5%</p> <p>April 2017 93.5%</p> <p>March 2017 93.9%</p>	The lowest staffing levels during the day were on Ward 9 at 79.3%.
Registered Nurses monthly expected hours by shift versus actual monthly hours per shift. Night time shifts only	<p>97.2% of expected Registered Nurse hours were achieved for night shifts.</p>	<p>Trend</p> <p>May 2017 97.2%</p> <p>April 2017 97%</p> <p>March 2017 101.1%</p>	The lowest staffing levels during the night were on Ward 13 at 76.3%
Healthcare Assistant monthly expected hours by shift versus actual monthly hours per shift. Day time shifts only	<p>98.7% 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>May 2017 98.7%</p> <p>April 2017 98.5%</p> <p>March 2017 100.9%</p>	The lowest staffing levels during the day were on NICU at 34.7%
Healthcare Assistant monthly expected hours by shift versus actual monthly hours per shift. Night time shifts only	<p>107.4% 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>May 2017 107.4%</p> <p>April 2017 105.8%</p> <p>March 2017 111.3%</p>	The lowest staffing levels during the night were on NICU at 59.7%

Board Papers – Quality, Safety & Experience Section: July 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		43816.6	41410	32186	31778.2	24922.8	24235.8	16808.6	18054.5	94.5%	98.7%	97.2%	107.4%	15501	4.2	3.2	7.4
AMU	Gen. Medicine	2011.3	1974.5	1519	1451.8	1898.8	1776.3	1519	1519	98.2%	95.6%	93.5%	100.0%	790	4.7	3.8	8.5
CAU	Paeds	2759.5	2759.5	1151	1151	1437.5	1437.5	46	46	100.0%	100.0%	100.0%	100.0%	437	9.6	2.7	12.3
Critical Care	Gen. Surgery	4100.5	4100.5	506	506	2441.5	2441.5	0	0	100.0%	100.0%	100.0%	-	240	27.3	2.1	29.4
Elmhurst	Rehab	871.5	865.5	2232	2214	775	775	1550	1625	99.3%	99.2%	100.0%	104.8%	892	1.8	4.3	6.1
Ward 1	Gen. Medicine	2193.8	2112.5	1162.5	1156.3	1519	1494.5	759.5	759.5	96.3%	99.5%	98.4%	100.0%	804	4.5	2.4	6.9
Ward 10 SSW	Gen. Surgery	1717	1421	992	1000	635.5	584.3	317.8	369	82.8%	100.8%	91.9%	116.1%	684	2.9	2.0	4.9
Ward 12	Gen. Surgery	2243	2003	1984	1912	953.3	809.8	635.5	686.8	89.3%	96.4%	84.9%	108.1%	931	3.0	2.8	5.8
Ward 13	Gen. Surgery	2288	2088	1984	1976	953.3	727.8	635.5	697	91.3%	99.6%	76.3%	109.7%	952	3.0	2.8	5.8
Ward 14	Gen. Medicine	1716	1644	1488	1488	744	732	1116	1140	95.8%	100.0%	98.4%	102.2%	941	2.5	2.8	5.3
Ward 15	Trauma & Ortho	2250.5	1938.5	2728	2568	953.3	912.3	953.3	963.5	86.1%	94.1%	95.7%	101.1%	958	3.0	3.7	6.7
Ward 18	Gen. Medicine	1403.8	1291.3	1550	1962.5	759.5	747.3	759.5	1016.8	92.0%	126.6%	98.4%	133.9%	729	2.8	4.1	6.9
Ward 2	Gen. Medicine	1806.3	1787.5	1550	1575	759.5	1004.5	1139.3	1151.5	99.0%	101.6%	132.3%	101.1%	907	3.1	3.0	6.1
Ward 21b	Gen. Medicine	1310.5	1252	1813.5	1813.5	775	750	775	787.5	95.5%	100.0%	96.8%	101.6%	711	2.8	3.7	6.5
Ward 23	Obstetrics	1238	1225.3	785.3	772.7	764.7	764.7	764.7	764.7	99.0%	98.4%	100.0%	100.0%	607	3.3	2.5	5.8
Ward 26	Obstetrics	3254.3	3254.3	608	608	2725.7	2725.7	370	370	100.0%	100.0%	100.0%	100.0%	191	31.3	5.1	36.4
Ward 4	Gen. Medicine	1626	1434	1860	1776	744	744	1488	1476	88.2%	95.5%	100.0%	99.2%	976	2.2	3.3	5.6
Ward 5	Gen. Medicine	2452.5	2252.5	1550	1581.3	1519	1372	759.5	759.5	91.8%	102.0%	90.3%	100.0%	941	3.9	2.5	6.3
Ward 6	Gen. Medicine	2042.5	1923.8	1937.5	1900	1519	1347.5	759.5	869.8	94.2%	98.1%	88.7%	114.5%	807	4.1	3.4	7.5
Ward 7	Gen. Medicine	1758.8	1715	1550	1706.3	759.5	759.5	1139.3	1543.5	97.5%	110.1%	100.0%	135.5%	973	2.5	3.3	5.9
Ward 9	Trauma & Ortho	1702	1350	1488	1416	635.5	635.5	317.8	512.5	79.3%	95.2%	100.0%	161.3%	546	3.6	3.5	7.2
NICU	Paeds	1675.8	1569.8	817.2	283.8	1069.5	1104	713	425.5	93.7%	34.7%	103.2%	59.7%	20	133.7	35.5	169.2
Ward 11 SAU	Gen. Surgery	1395	1447.5	930	960	580.7	590.1	290.4	571.4	103.8%	103.2%	101.6%	196.8%	464	4.4	3.3	7.7

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

Ward Name	Main Specialties	Safety Thermometer Results			
		Acquired Pressure Ulcers	Patient Falls resulting in harm	CAUTI	New VTE
MCHFT		0.88% (8)	0.44% (4)	0.55% (5)	0.11% (1)
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)	3.33% (1)	0% (0)	0% (0)
Ward 1	Gen. Medicine	0% (0)	0% (0)	0% (0)	0% (0)
Ward 10 SAU	Gen. Surg	0% (0)	8.33% (1)	0% (0)	0% (0)
Ward 10 SSW	Gen. Surg & Urology	8.70% (2)	4.35 (1)	0% (0)	0% (0)
Ward 12	Gen. Surg & Gynae	0% (0)	0% (0)	0% (0)	3.33 (1)
Ward 13	Gen. Surg	0% (0)	0% (0)	0% (0)	0% (0)
Ward 14	Gen. Medicine	0% (0)	0% (0)	0% (0)	0% (0)
Ward 15	Trauma & Ortho	0% (0)	0% (0)	0% (0)	0% (0)
Ward 18	Gen. Medicine	0% (0)	0% (0)	4.55% (1)	0% (0)
Ward 2	Gen. Medicine	0% (0)	0% (0)	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	0% (0)	0% (0)	0% (0)	0% (0)
Ward 5	Gen. Medicine	0% (0)	0% (0)	3.12% (1)	0% (0)
Ward 6	Gen. Medicine	0% (0)	0% (0)	0% (0)	0% (0)
Ward 7	Gen. Medicine	3.12% (1)	0% (0)	6.25% (2)	0% (0)
Ward 9	Trauma & Ortho	0% (0)	0% (0)	0% (0)	0% (0)
NICU	Paeds	0% (0)	0% (0)	0% (0)	0% (0)
DN – Alsager	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)
DN - Ashfields	District Nursing	0% (0)	3.57% (1)	0% (0)	0% (0)
DN – Danebridge	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)
DN – Eaglebridge	District Nursing	2.13% (1)	0% (0)	2.13 (1)	0% (0)
DN – Firdale	District Nursing	1.72% (1)	0% (0)	0% (0)	0% (0)
DN – Grosvenor & Hungerford	District Nursing	1.96% (1)	0% (0)	0% (0)	0% (0)
DN – Haslington	District Nursing	3.12% (1)	0% (0)	0% (0)	0% (0)
DN – Middlewich	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)
DN – Rope Green	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)
DN - Church View	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)
DN – Winsford	District Nursing	1.92% (1)	0% (0)	0% (0)	0% (0)
Intermediate Care	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)

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

Experience Section:

Indicators	YTD 17/18	Last four months			
		Feb-17	Mar-17	Apr-17	May-17
Complaints received by month	29	10	24	11	18
Complaints being reviewed by the Ombudsman		3	3	3	2
Closed complaints by month	36	13	16	19	17
Contacts raising informal concerns	160	94	91	79	81
Compliments received in month	262	151	190	119	143
Number of new claims received in month	13	3	2	1	12
Number of claims closed	6	4	4	3	3
Number of inquests concluded	3	0	0	0	3
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	15	12	14	7	8
F&FT Response Rate ED, MIU, UCC and Assessment Areas*		4%	5%	4%	3%
Proportion of positive responses ED, MIU, UCC and Assessment Areas		97%	97%	94%	93%
F&FT Response Rate Inpatients and Daycases		28%	25%	28%	21%
Proportion of positive responses Inpatients and Daycases		99%	99%	96%	98%
F&FT Response Rate Outpatients		5%	4%	4%	6%
Proportion of positive responses Outpatients		96%	97%	95%	95%
F&FT Response Rate Maternity - Birth		16%	12%	7%	11%
Proportion of positive responses Maternity - Birth		92%	96%	100%	100%
F&FT Response Rate Community (CCICP)		20%	21%	21%	14%
Proportion of positive responses Community (CCICP)		88%	91%	89%	90%

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

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

Description

Aggregate Position/Description

Trend

Monthly Trust complaints received by the Trust

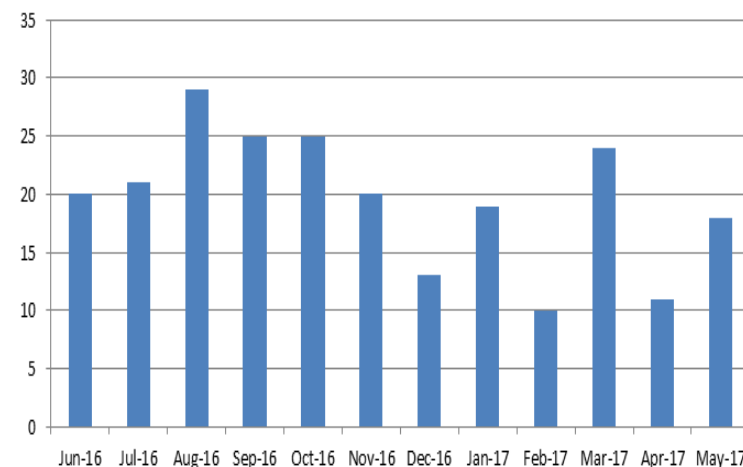
18 complaints were received in May 2017 which covered 73 categories. The highest categories were:

- Communication with patients
- Communication between health professionals
- Medical delay in review

Highest 3 areas receiving complaints/issues were:

- Ward 9: 1 complaint/ 9 issues
- Ward 7: 1 complaint/ 8 issues
- Ward 13: 1 complaint/ 7 issues

Complaints received by month



Formal Complaints

Number of formal complaints by Division

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

S&C:	32
DCSS:	2
W&CD:	4
MECD:	32
CCICP:	1
E&F:	0
Corporate Services:	2

Examples of complaints for May 2017

S&C – Ward staff were felt to be unprofessional in their manner and attitude.

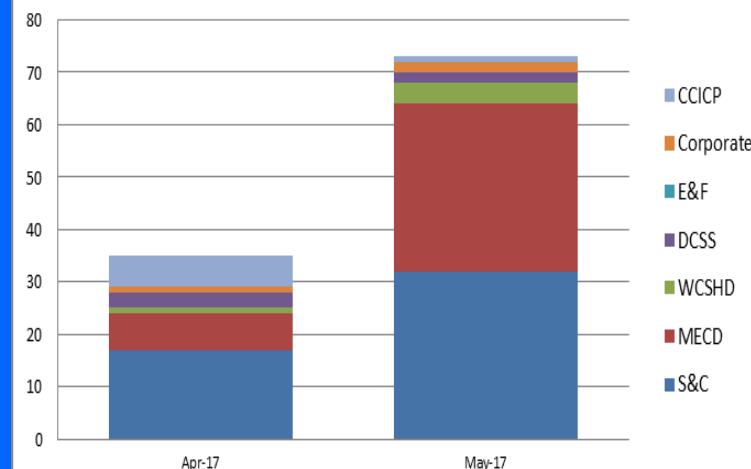
DCSS – Transfer time between Trust and funeral directors was of concern.

W&CD – Treatment during labour was felt to be unprofessional.

MECD – Concern that there was insufficient food and drink provided on the ward. Fluid and nutrition was not monitored.

CCICP – A member of staff was felt to be rude to the patient.

Categories received by Division



Formal Complaints by Division

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

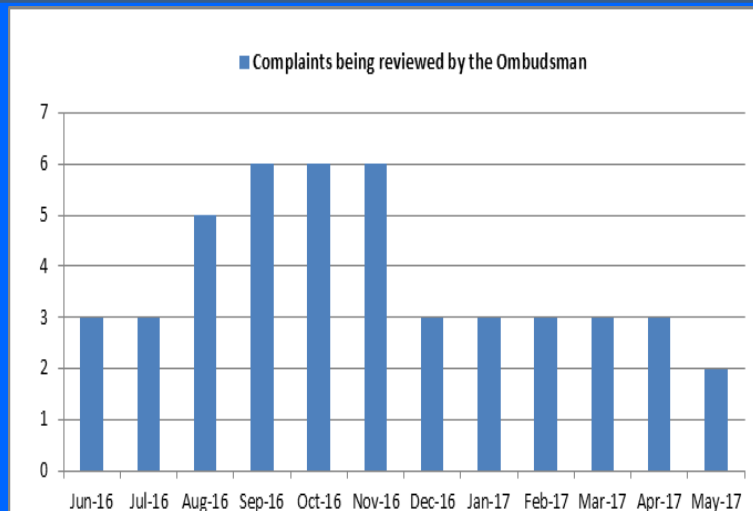
Description

Aggregate Position/Description

Trend

Complaints being reviewed by the Public Health Service Ombudsman

In May 2017 2 complaints were active with the PHSO

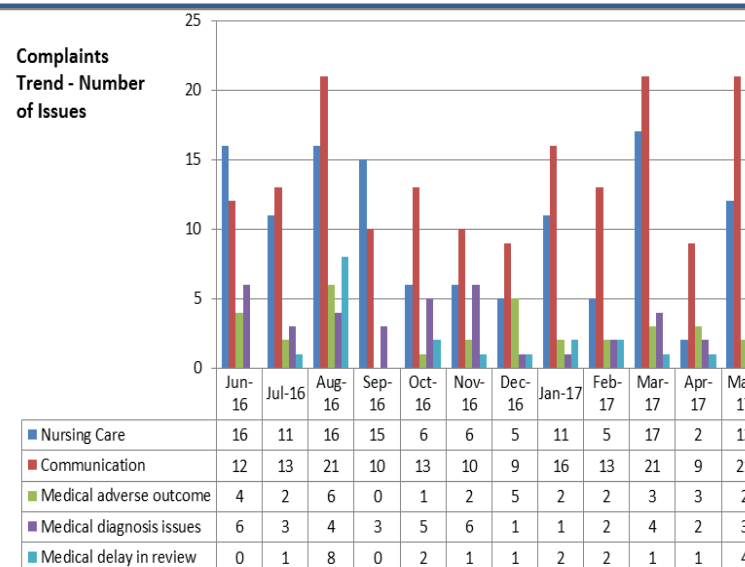


Ombudsman

Complaint Trends and number of issues

The main trends in May 2017 were:

- Communication with patients: 4 complaints/ 6 issues
- Communication between health professionals: 5 complaints/ 5 issues
- Medical delay in review: 4 complaints/ 4 issues



Complaint Trends

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

Description

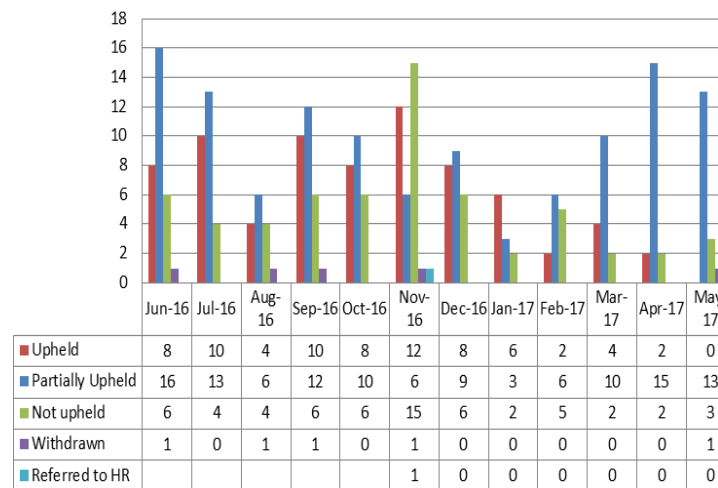
Aggregate Position/Description

Trend

Closed
Complaints

17 complaints were closed in May 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	0	6	0	1	0	7
Surgery and Cancer	0	2	2	0	0	4
Diagnostics & Clinical Support Services	0	2	0	0	0	2
Women's and Children's	0	0	0	0	0	0
Estates & Facilities	0	0	0	0	0	0
CCICP	0	2	1	0	0	3
		Total closed				17

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

Complaints closed by Division

Tables deleted under Section 40 of the Freedom of Information Act

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

Description

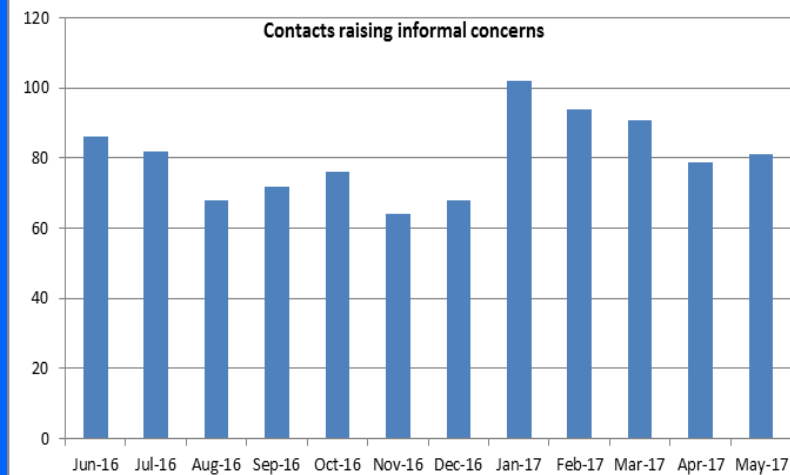
Aggregate Position/Description

Trend

Informal Concerns Numbers

The number of contacts raising informal concerns for May 2017 was 81 which is 3 more than the previous month.

The Division of Medicine and Emergency Care has received the largest number of individual concerns raised at 48. 21 of these issues belong to the Emergency Department.



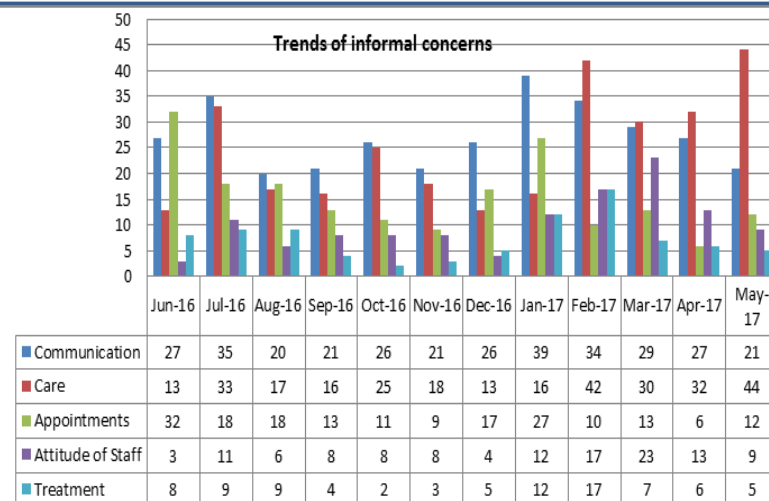
Informal Concerns
Feedback

Informal Concerns Trends

Care was the highest trend for informal concerns in May 2017, with 20 of the 44 issues raised relating to the Division of Medicine and Emergency Care.



Of the 21 issues relating to communication, 7 relate to Division of Medicine and Emergency Care with 4 of these 7 issues relating to Gastroenterology. 7 of the communication issues relate to Surgery and Cancer Division, with 4 of the 7 relating to Orthopaedics.

Of the 12 issues relating to appointments 7 belong to the Division of Medicine and Emergency Care, with 3 of these issues relating to Gastroenterology.



Informal Concerns
Trends

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

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

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

Description	Aggregate Position/Description	Trend
Value of claims closed by month	No damages were paid out on the 2 clinical negligence claims and 1 employer's liability claim closed in May 2017.	Graph removed under Section 43 of the Freedom of Information Act
Top five claims by Specialty	Paragraph and Graph removed under Section 43 of the Freedom of Information Act	



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

Description	Aggregate Position/Description	Trend																										
Number of Inquests concluded by month	<p>3 inquests were concluded in May 2017.</p> <p>The conclusions were:</p> <p>Natural causes (2)</p> <p>Narrative (1): The patient died from recognised post-surgical complications</p> <p>There were no lessons learned recommended from the 3 inquests in May 2017.</p>	<div><p>Inquests concluded by month</p><table><thead><tr><th>Month</th><th>Inquests</th></tr></thead><tbody><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><tr><td>May-17</td><td>3</td></tr></tbody></table></div> <div>Inquests</div>	Month	Inquests	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	May-17	3
Month	Inquests																											
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																											
May-17	3																											
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 250 postings received to date.</p>	<div><div><p>4.5 Stars</p></div><div><p>5 Stars</p></div></div> <div>NHS Choices – Star Ratings</div>																										

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

Description

Aggregate Position /description

Trend

NHS Choices postings

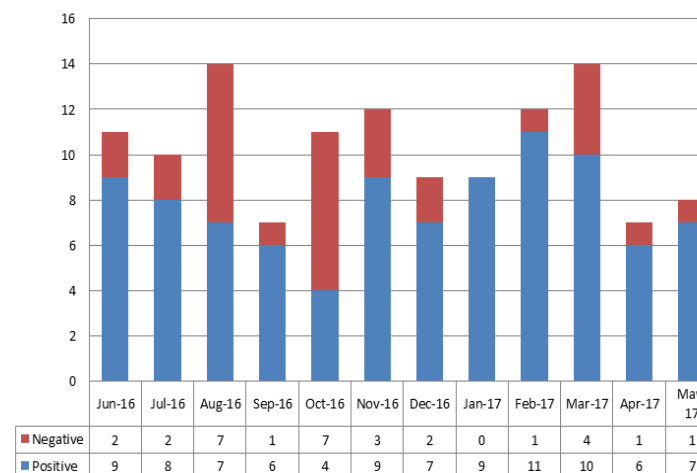
There were 8 postings on NHS Choices in May 2017 of which 1 was negative and 7 were positive. Examples of feedback included:

“The staff handled the whole episode with dignity, humor and consummate professionalism. After a few further tests I had a very respectful conversation with the consultant who patiently answered all my questions after what was a very busy day” (Urology and CT)

“Consultant was rude, constantly sighing and making me feel like I was wasting their time. I was referred for treatment which they said is unavailable” (Endocrinology Clinic)

“Leighton staff were fast, efficient, explained everything clearly and, more importantly, simply, I have been to several fairly local hospitals with family recently and come back thinking thank goodness, Leighton is my local hospital! (A&E)

NHS Choices - Numbers of New Postings



NHS Choices - Postings

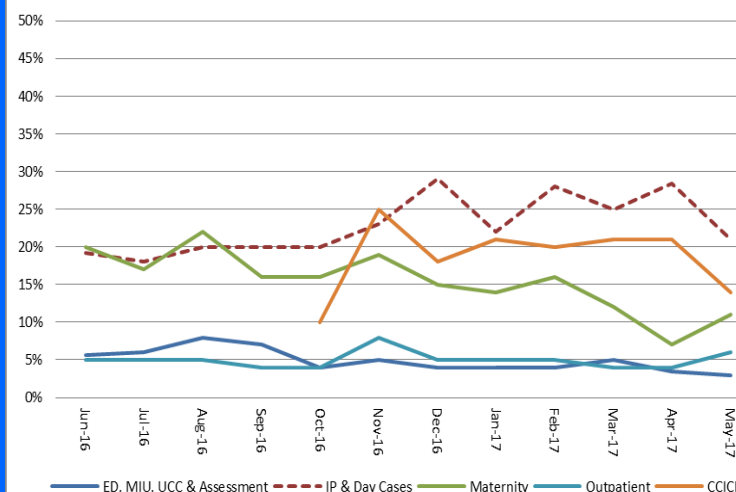
The Family and Friends Test asks patients if this would recommend our hospital services to a friend or relative based on their treatment and experience

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

Inpatients and day cases	21%
Emergency care /Assessment areas	3%
Outpatients	6%
Maternity	11%
CCICP	14%

2778 responses were received and 96% of those patients would recommend our hospital services.

FFT Response Rate - May 2016 onwards



Family & Friends Test

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

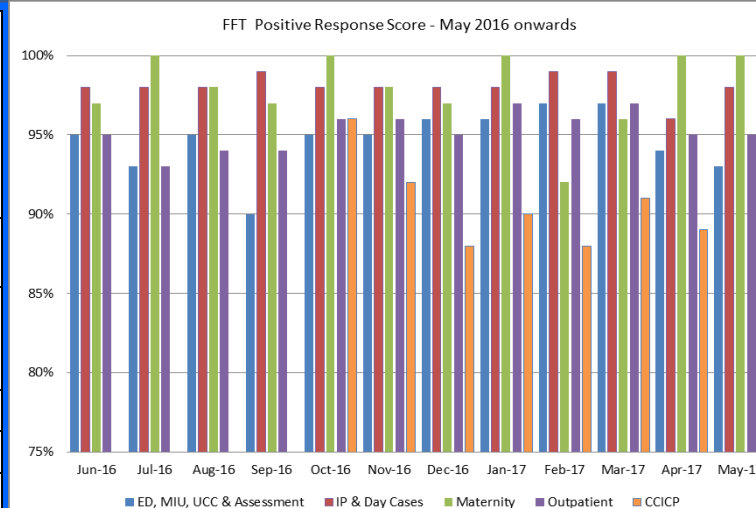
Description

Aggregate Position

Trend

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

May 2017	% Response	Total Responses received	How many would recommend
Ward/Dept			
A&E , UCC & MIU	3%	201	186
Inpatients & Daycases	21%	887	867
Maternity	11%	27	247
Outpatients	6%	1293	1234
CCICP	14%	256	230



Family & Friends Test

Compliments received

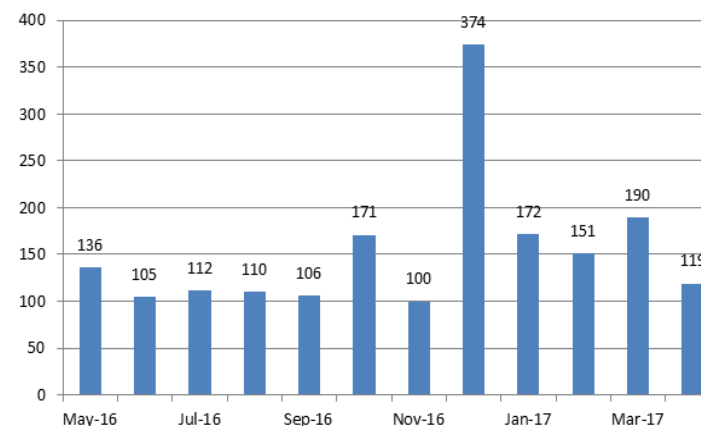
There were 143 compliments/thank-you's received for May 2017:

"I would like to thank all the staff in the Emergency Department for their excellent treatment, everything was explained and we left reassured that we had received the best possible care."

"My son saw the Doctor in Gastroenterology who took the time to explain his results and what this meant with great empathy and at a pace my son could understand."

"The staff on Ward 5 were a fantastic team, well trained and nothing was too much trouble for them"

Compliments



Compliments

Board of Directors Performance Report

May 2017

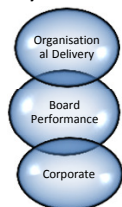
**"To Deliver Excellence in Healthcare through Innovation &
Collaboration"**

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

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State of Financial Position	19
Cash position and Working Capital	20
Staff Costs	21

Headline Measures

Organisational Delivery			
Indicator	Standard	YTD	May-17
Cancer			
Urgent referrals seen in 2 wks (%)	93.00%	97.52%	97.85%
No of Patients Seen		1,409	743
No of Breaches		35	16
62 day from urgent GP (%)	85.00%	96.44%	95.24%
No of Patients Seen		666	63
No of Breaches		48	3
62-day wait for first treatment from NHS Cancer Screening Service referra	90.00%	95.39%	100.00%
No of Patients Seen		109	16
No of Breaches		5	0

Unplanned Activity			
A&E <4hrs Standard (%)	95.00%	91.94%	90.66%
A&E Attendances LH & MIU (% to plan)		99.54%	101.29%
A&E Attendances LH & MIU (Vol)		15,031	7,887

Planned Activity			
Incomp Pathways <18wk (%)	92.00%	96.13%	95.98%
>6wk Diagnostic Waits (%)	1.00%	0.10%	0.17%
Total Patients Waiting for a First Outpatient Appointment			7,172

Indicator	Standard	YTD
Workforce		
Sickness absence Rolling 12 Month		3.96%
Turnover Rolling 12 Month		10.07%

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	4	0.76	0.76
Liquidity	4	2	4	-23	-23
I&E Margin	4	4	2	0.40%	0.40%
Distance from Financial Plan	1	1	1	0.00%	0.00%
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)	677	674	-4	4,663	3,885	-778
Revenue Generation Scheme total (£000's)	240	79	-161	1,490	608	-882
Commission Contact Income SC & VR (£000's)	31,077	30,593	-483			
Contract Income (£'000) Net of Drugs	34,718	34,276	-444			
Pay to Budget (£000's)	-27,802	-27,618	184			
Non Pay to Budget (£000's) Net of Drugs	-10,360	-9,824	536			
Agency Trajectory (£000's)	-1,000	-797	203			

Exec Summary

In May 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 90.66% against the 95% standard. Comparatively, this is an improvement in performance against May 2016 (85.6%) 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 May 2017 at 95.98%. The month also saw the Trust achieve the Non-Admitted and Admitted RTT elements. Diagnostics waiting times continued to perform well, with just 0.17% 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 May 2017.

The UoRR metric is 3, primarily a result of the override resulting from the deficit position year to date and the impact of the Trust's ability to service DH loans. The forecast position is to improve the I&E position to a surplus although it is expected liquidity will reduce as loans become repayable.

The Trust's I&E position is a deficit of £0.6M which is £0.2M better than plan as at Month 2.

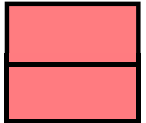
There is a small variation in the CIP in month 2 but Revenue Generation Targets are behind plan as a result of slippage on annualised hours and best practice tariff and worse than planned performance in theatres efficiency.

The Trust is currently £0.2M 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 the 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 deficit I&E position and loans required to support liquidity. 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 better than plan.

Operational Performance

	Current YTD		Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Monthly Trend
	Target	Actual													
Maximum 6 week wait for Diagnostic procedures	1%	0.10%	0.18%	0.16%	0.21%	0.11%	0.63%	0.13%	0.24%	0.18%	0.07%	0.09%	0.04%	0.17%	
All Cancers: 62-day wait for first treatment from urgent GP referral (%)	85%	92.86%	89.47%	92.81%	89.76%	95.24%	95.37%	92.74%	93.67%	91.40%	89.90%	95.92%	97.64%	95.24%	
All Cancers: 62-day wait for first treatment from NHS Cancer Screening Service referral (%)	90%	95.39%	100.00%	92.31%	90.00%	100.00%	100.00%	100.00%	100.00%	94.12%	100.00%	94.74%	100.00%	100.00%	
18 weeks from point of referral to treatment - patients on an incomplete pathway (%)	92%	96.13%	93.95%	93.99%	93.52%	93.50%	93.49%	94.47%	94.26%	95.32%	95.49%	95.73%	96.27%	95.98%	
A&E - maximum waiting time of 4 hours from arrival to admission/transfer/discharge (%)	95%	91.94%	87.46%	88.86%	93.12%	92.18%	89.21%	93.33%	89.25%	84.47%	93.33%	97.21%	93.37%	90.66%	
A&E STF Trajectory			92.0%	95.0%	95.0%	95.0%	92.0%	92.0%	92.0%	93.5%	92.0%	92.8%	89.5%	89.5%	

Financial & Resource

		Unit	YE Plan	YE Forecast	YE Rating	YTD Plan	YTD Actual	YTD Rating
Financial Sustainability	Capital Service Capacity	0.0x	0.76	0.76	4	0.29	0.254	4
	Liquidity	days	-23	-23	4	-15	-6	2
Financial Efficiency	I&E Margin	%	0.40%	0.40%	2	-1.50%	-1.50%	4
Financial Controls	Distance from Financial Plan	%	0.00%	0.00%	1	0.00%	0.00%	1
	Agency Spend	%	-10.20%	-10.20%	1	-16.70%	-33.60%	1
Overall UOR Rating					3			3

Operational Delivery: Cancer Pathway

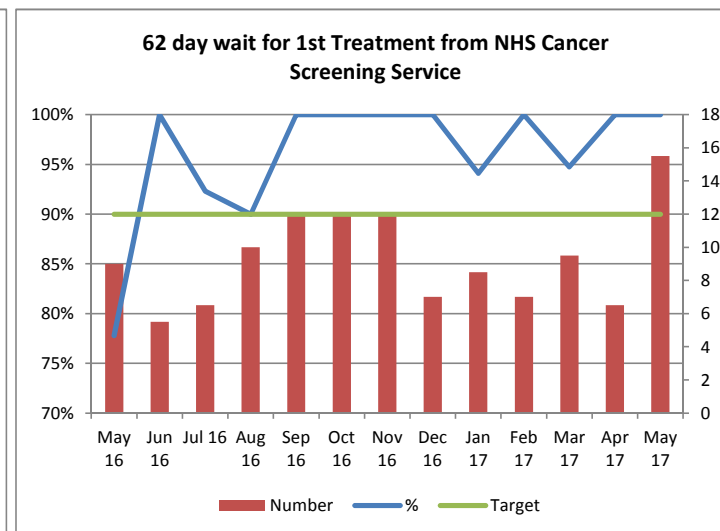
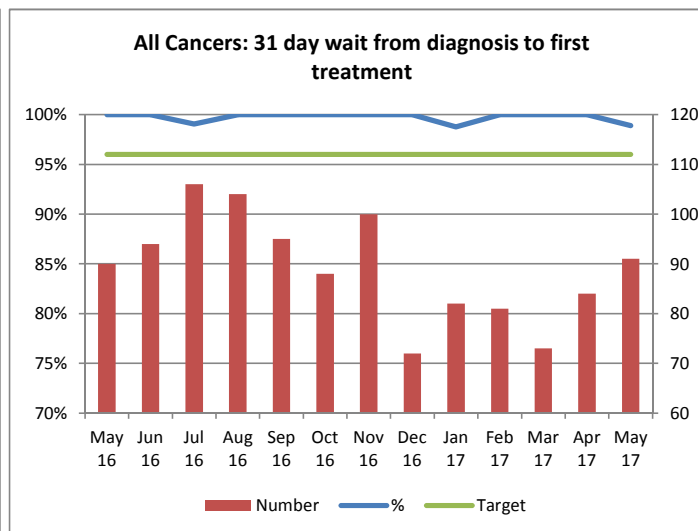
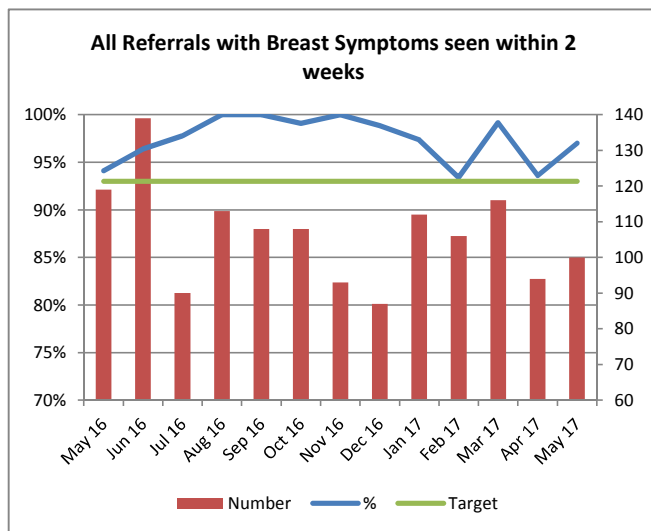
Headline Measures

	Current YTD		Rolling 13 months													Monthly Trend
	Target	Actual	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	
Urgent GP referrals seen within 2 weeks (% to Target)	93%	97.52%	97.55%	96.86%	98.20%	98.55%	98.25%	98.60%	98.79%	98.93%	97.66%	99.15%	98.10%	98.10%	97.85%	
Number of Referrals		1409	774	795	666	685	687	713	743	652	641	706	842	842	743	
Number of Breaches		35	19	25	12	10	12	10	9	7	15	6	16	16	16	
% seen within 7 days		0.0%							62.0%	51.1%	69.1%	54.3%	63.1%	63.1%	53.5%	
62 day wait for 1st treatment from urgent GP referral for suspected cancer (% to Target)	85%	96.44%	96.55%	89.47%	92.81%	89.76%	95.24%	95.37%	92.74%	93.67%	91.40%	89.90%	95.92%	95.92%	95.24%	

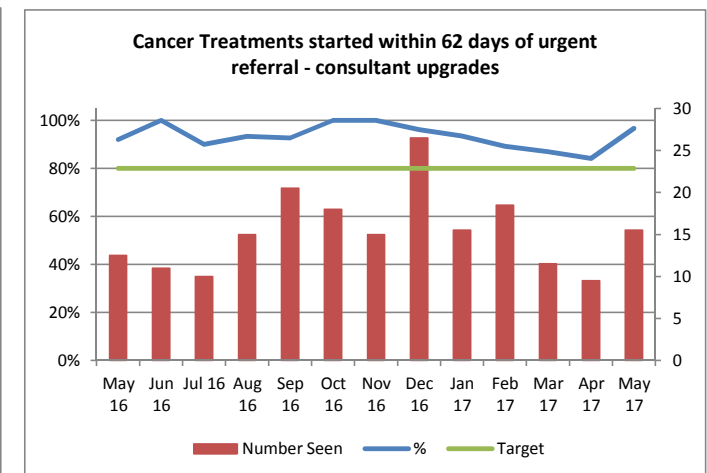
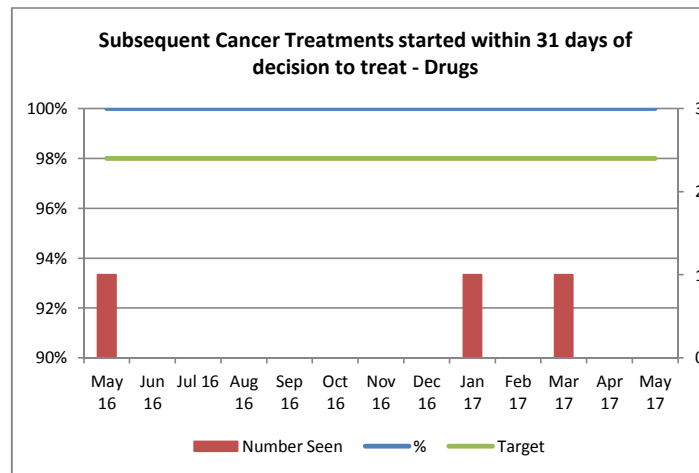
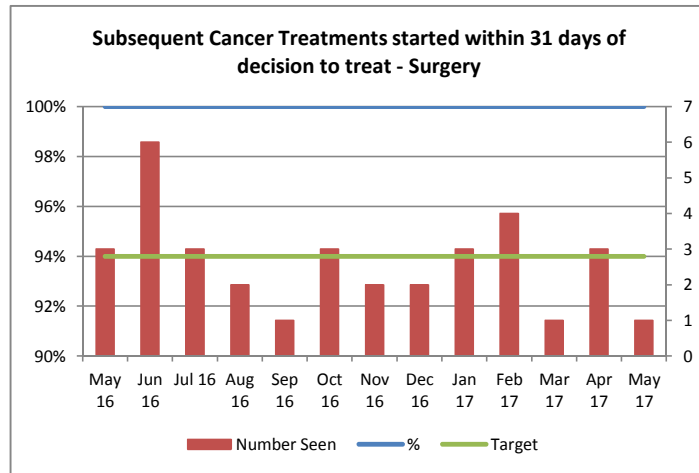
Commentary

The Trust has achieved all cancer standards during the month of May 2017 .

Primary Measures



Operational Delivery: *Cancer Pathway*



Operational Delivery: *Unplanned Activity - A&E*

Headline Measures

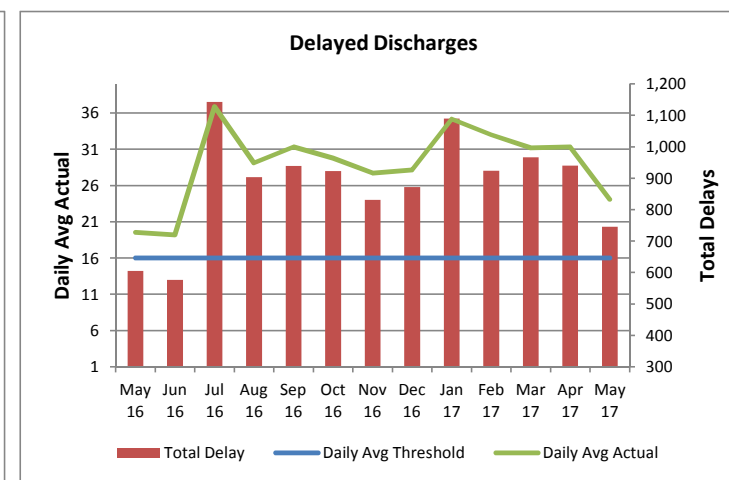
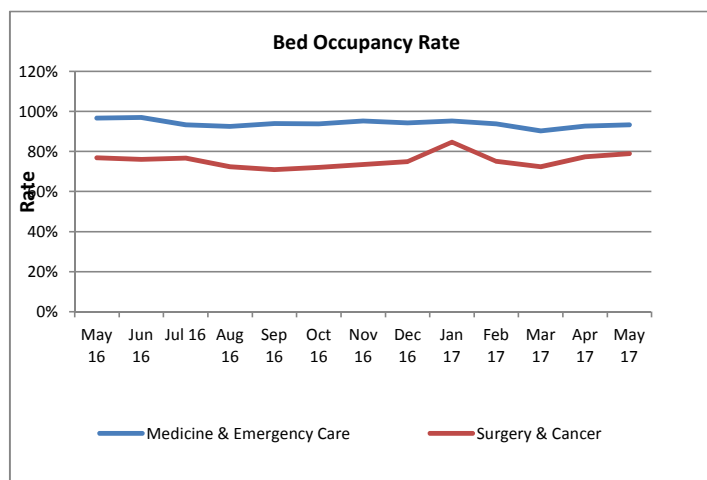
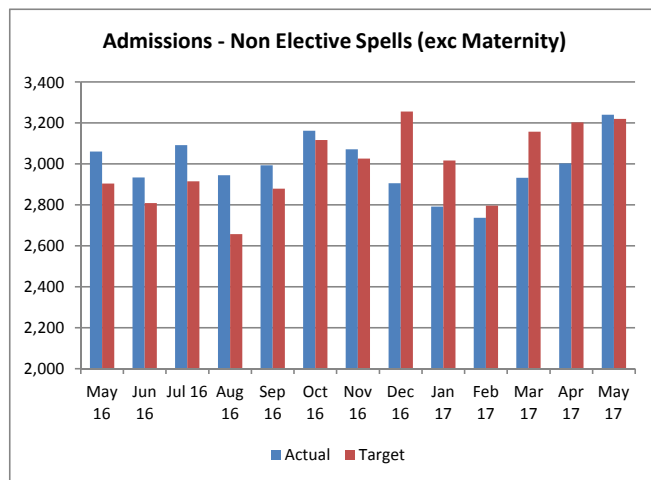
				Rolling 13 months													
		Current YTD															
		Target	Actual	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Monthly Trend
A&E - >4 hr wait time from arrival to admission/ transfer/ discharge (% to Target)		95%	91.94%	85.57%	87.46%	88.86%	93.12%	92.18%	89.21%	93.33%	89.25%	84.47%	93.33%	97.21%	93.37%	90.66%	
No. of 4hr breaches			1,211	1,128	934	854	503	570	813	443	753	1,082	411	205	474	737	
		Plan	Actual	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Monthly Trend
A&E Attendances Leighton & MIU (% to Plan)			99.54%	104.2%	101.1%	99.3%	100.1%	103.6%	104.1%	97.2%	100.5%	103.7%	95.1%	98.5%	97.7%	101.3%	
A&E Attendances Leighton & MIU (No.)		15,101	15,031	7,816	7,447	7,663	7,307	7,288	7,533	6,643	7,005	6,965	6,166	7,357	7,144	7,887	
A&E Attendance Case Mix (Leighton)	Major		53.24%	54.8%	56.6%	58.0%	59.6%	57.6%	59.0%	60.4%	59.3%	56.2%	56.1%	55.8%	55.1%	38.9%	
	Minor		34.01%	38.1%	37.9%	36.6%	35.6%	37.7%	35.0%	33.8%	32.7%	32.1%	32.4%	32.0%	33.0%	26.3%	
	Resus		3.20%	4.6%	3.5%	3.4%	2.5%	2.3%	3.1%	2.8%	4.2%	4.1%	2.9%	2.3%	3.1%	2.5%	
	Unknown/UCC		9.55%	2.5%	2.0%	2.0%	2.3%	2.3%	2.9%	3.1%	3.8%	7.6%	8.6%	9.9%	8.8%	7.7%	

Commentary

There was an increase in total ED attendances in May 2017 (7,887) compared to May 2016 (7,816). This marks the highest number of patient attendances that the Trust has managed, exceeding May 2016, which previously held the record for the highest attendances in a single month. The Trust achieved 90.66% against the 95% 4 hour access standard, an improvement against May 2016 which was 85.6%, but a decrease in performance against April 2017 at 93.36%. The STF trajectory of 90% has been achieved. The Trust delivered this performance with fewer acute beds open than in May 2016. The improvements experienced can be attributed to the combined effect 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.

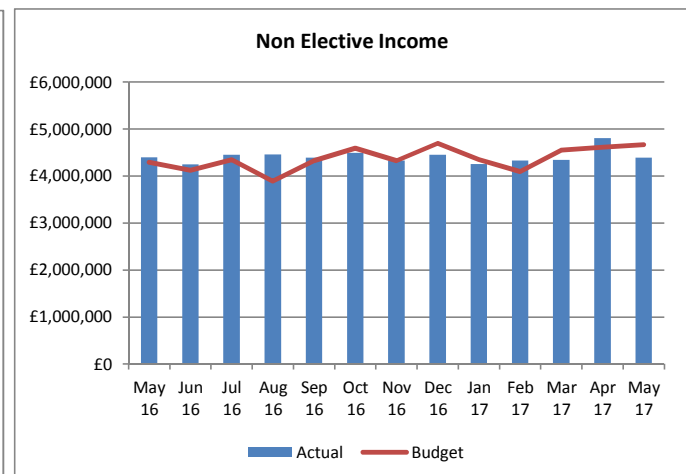
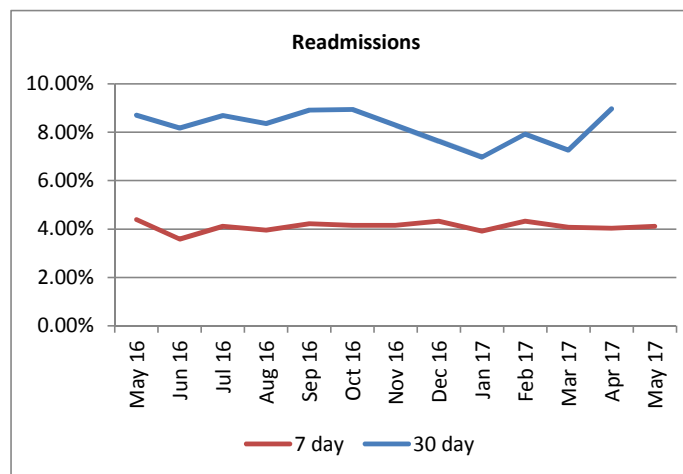
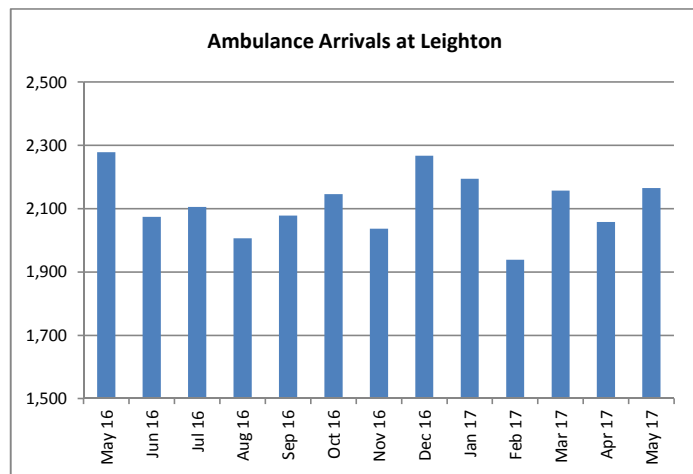
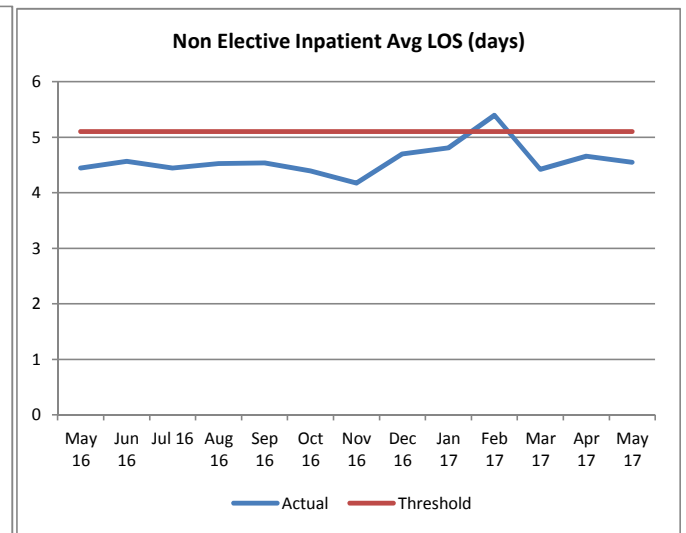
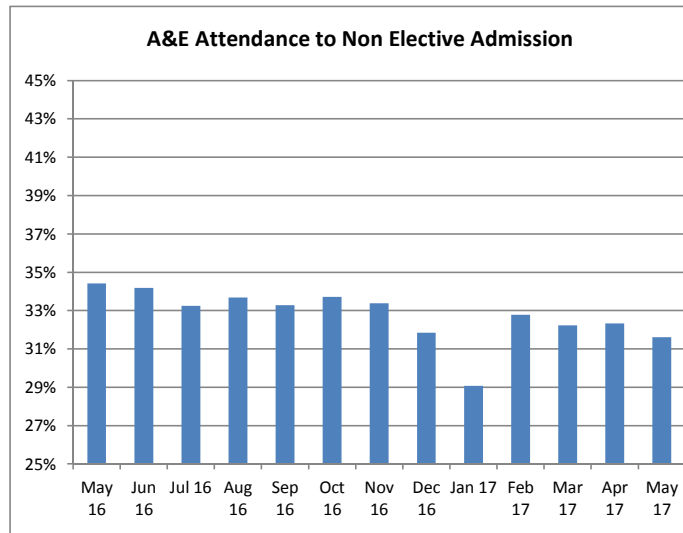
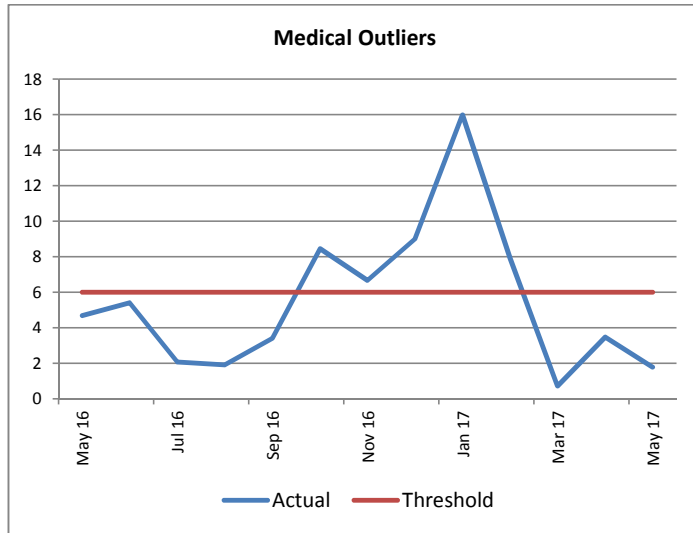
Non-elective admissions were slightly above target levels, with May seeing emergency admission rates above plan for the first time since November 2016. Formally reportable delayed discharges (DTOCs) remain high, at an average of 24 per day. The number of medical boarders also remained under threshold in May at an average 2 per day. The ED conversion rate to admission continues a downward trajectory, reaching 31.6%.

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	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	
18 weeks from Referral to Treatment in Aggregate - Incomplete	92%	96.13%	94.80%	93.95%	93.99%	93.52%	93.50%	93.49%	94.47%	94.26%	95.32%	95.49%	95.73%	96.27%	95.98%	
Total 18 Weeks		24,912	16,956	17,358	17,158	16,688	15,923	14,876	14,191	13,780	12,696	12,570	13,004	12,587	12,325	
No. > 18 Weeks		964	882	1,050	1,032	1,081	1,035	969	785	791	594	567	555	469	495	
Diagnostic Waiting Time	1%	0.10%	0.49%	0.18%	0.16%	0.21%	0.11%	0.63%	0.13%	0.24%	0.18%	0.07%	0.09%	0.04%	0.17%	
Total Number of Waiters		8,774	7,121	6,149	4,358	3,806	3,767	3,630	3,149	3,826	3,786	4,305	4,561	4,582	4,192	
Waiters of 6 Weeks +		9	35	11	7	8	4	23	4	9	7	3	4	2	7	
Total Patients Waiting for a First Outpatient Appointment			10,720	10,937	10,967	10,746	10,155	9,544	8,359	7,842	7,205	7,812	7,057	7,223	7,172	
Longest Wait Time (weeks) - under development																

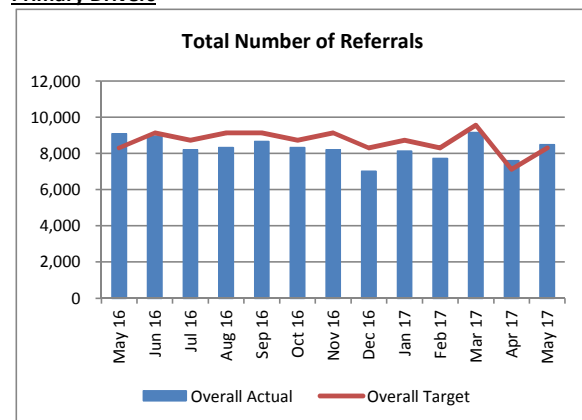
Commentary

The Trust reported 95.98% 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 May 2017.

Referrals from GPs in May 2017 were 9.1% below plan. There were over 8,478 total referrals into the Trust, which is a fall compared to May 2017. 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. These figures continue to vary from month to month.

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



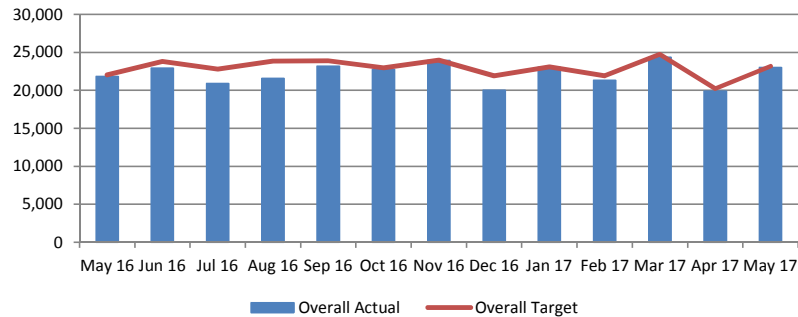
Referral Breakdown

	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Monthly Trend
GP Actual	5,622	5,586	5,055	5,035	5,383	5,063	5,061	4,192	4,930	4,592	5,534	4,427	4,779	
GP Target	5,243	5,767	5,505	5,767	5,767	5,505	5,767	5,243	5,505	5,243	6,029	4,508	5,259	
% to Target	107.2%	96.9%	91.8%	87.3%	93.3%	92.0%	87.8%	80.0%	89.6%	87.6%	91.8%	98.2%	90.9%	
Other Actual	3,465	3,370	3,151	3,298	3,277	3,263	3,135	2,821	3,200	3,126	3,621	3,169	3,699	
Other Target	3,069	3,376	3,222	3,376	3,376	3,222	3,376	3,069	3,222	3,069	3,529	2,621	3,057	
% to Target	112.9%	99.8%	97.8%	97.7%	97.1%	101.3%	92.9%	91.9%	99.3%	101.9%	102.6%	120.9%	121.0%	
Total Actual	9,087	8,956	8,206	8,333	8,660	8,326	8,196	7,013	8,130	7,718	9,155	7,596	8,478	
Total Target	8,312	9,143	8,728	9,143	9,143	8,728	9,143	8,312	8,728	8,312	9,559	7,128	8,316	
% to Target	109.3%	98.0%	94.0%	91.1%	94.7%	95.4%	89.6%	84.4%	93.2%	92.9%	95.8%	106.6%	101.9%	
GP % of Total	61.9%	62.4%	61.6%	60.4%	62.2%	60.8%	61.7%	59.8%	60.6%	59.5%	60.4%	58.3%	56.4%	

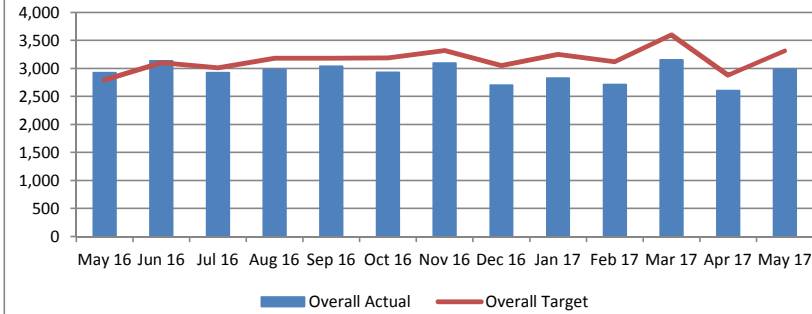
Operational Delivery: *Planned Activity*

Primary Drivers

Total OP Attendances



Total Elective Spells



OP Attendance Breakdown

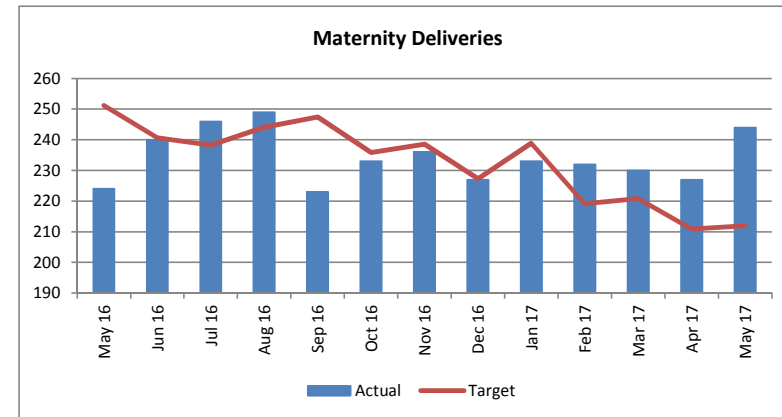
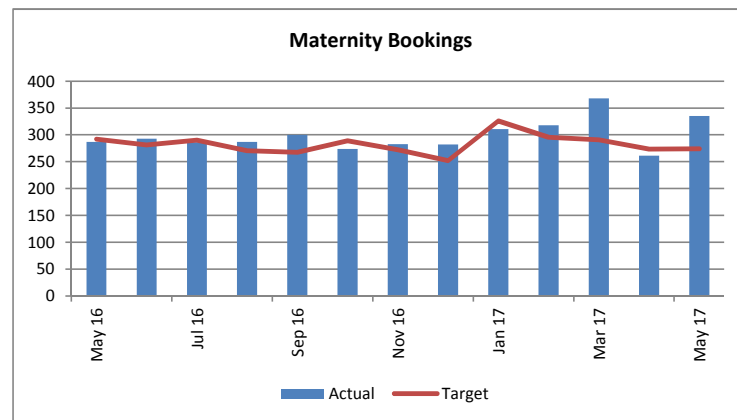
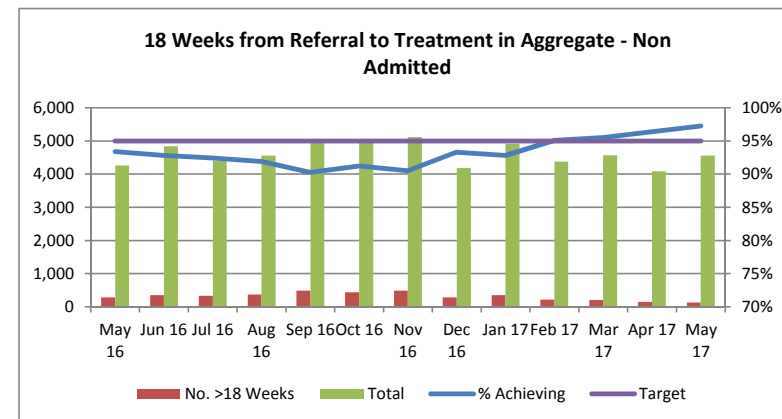
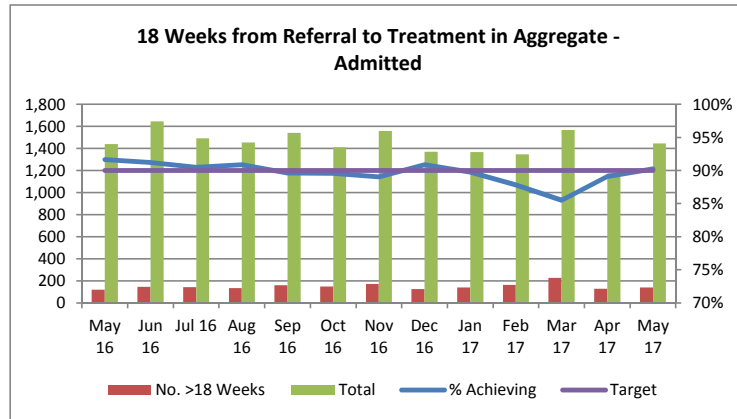
	YTD	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Monthly Trend
New Actual	89,314	7,208	7,533	6,530	6,851	7,565	7,421	7,305	6,202	6,811	6,243	7,110	5,746	6,789	
New Target	91,997	6,693	7,329	7,002	7,333	7,337	7,081	7,408	6,747	7,138	6,791	7,764	6,307	7,068	
% to Target	97.1%	107.7%	102.8%	93.3%	93.4%	103.1%	104.8%	98.6%	91.9%	95.4%	91.9%	91.6%	91.1%	96.1%	
F U Actual	199,321	14,610	15,363	14,368	14,715	15,599	15,346	16,631	13,820	16,223	15,063	17,229	14,128	16,226	
F U Target	206,327	15,342	16,457	15,807	16,498	16,540	15,894	16,549	15,170	15,958	15,098	16,983	13,925	16,107	
% to Target	96.6%	95.2%	93.4%	90.9%	89.2%	94.3%	96.6%	100.5%	91.1%	101.7%	99.8%	101.4%	101.5%	100.7%	
Total Actual	288,635	21,818	22,896	20,898	21,566	23,164	22,767	23,936	20,022	23,034	21,306	24,339	19,874	23,015	
Total Target	298,324	22,035	23,786	22,809	23,831	23,876	22,975	23,957	21,917	23,096	21,889	24,747	20,231	23,175	
% to Target	96.8%	99.0%	96.3%	91.6%	90.5%	97.0%	99.1%	99.9%	91.4%	99.7%	97.3%	98.4%	98.2%	99.3%	
New % of Total	30.9%	33.0%	32.9%	31.2%	31.8%	32.7%	32.6%	30.5%	31.0%	29.6%	29.3%	29.2%	28.9%	29.5%	

Elective Spells Breakdown

	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	May 17	Monthly Trend
I P Actual	3,847	313	313	294	298	302	332	324	258	210	304	342	260	297	
I P Target	4,587	332	365	348	365	365	352	369	335	359	342	393	311	350	
% to Target	83.9%	94.4%	85.7%	84.4%	81.6%	82.7%	94.4%	87.9%	77.0%	58.5%	88.8%	87.1%	83.5%	84.8%	
Daycase Actual	34,177	2,614	2,825	2,630	2,684	2,739	2,598	2,773	2,442	2,618	2,411	2,809	2,343	2,691	
Daycase Target	36,407	2,462	2,738	2,660	2,818	2,818	2,834	2,952	2,717	2,892	2,775	3,208	2,569	2,964	
% to Target	93.9%	106.2%	103.2%	98.9%	95.3%	97.2%	91.7%	93.9%	89.9%	90.5%	86.9%	87.6%	91.2%	90.8%	
Total Actual	38,024	2,927	3,138	2,924	2,982	3,041	2,930	3,097	2,700	2,828	2,715	3,151	2,603	2,988	
Total Target	40,993	2,794	3,103	3,008	3,183	3,183	3,186	3,321	3,052	3,252	3,117	3,601	2,880	3,314	
% to Target	92.8%	104.8%	101.1%	97.2%	93.7%	95.5%	92.0%	93.3%	88.5%	87.0%	87.1%	87.5%	90.4%	90.2%	
I P % of Total	10.1%	10.7%	10.0%	10.1%	10.0%	9.9%	11.3%	10.5%	9.6%	7.4%	11.2%	10.9%	10.0%	9.9%	

Operational Delivery: *Planned Activity*

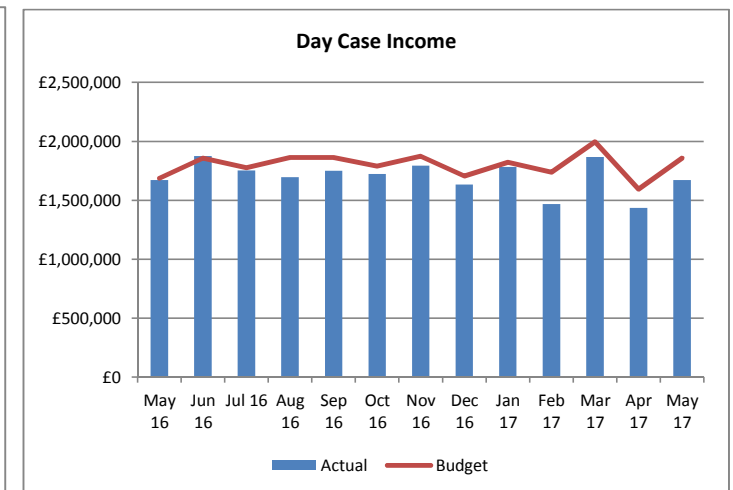
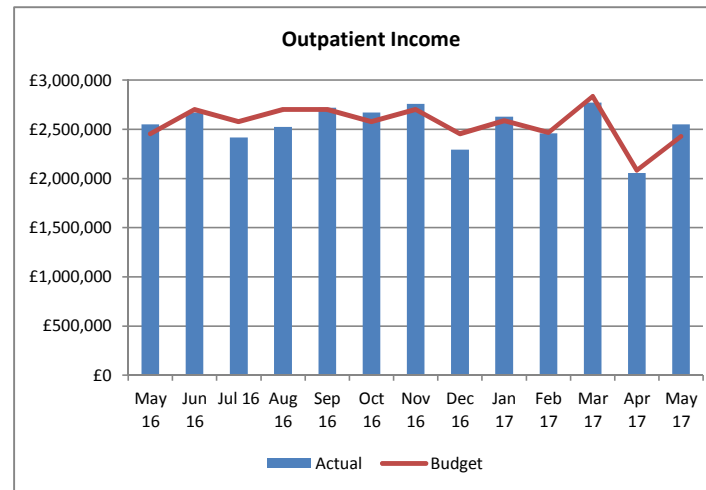
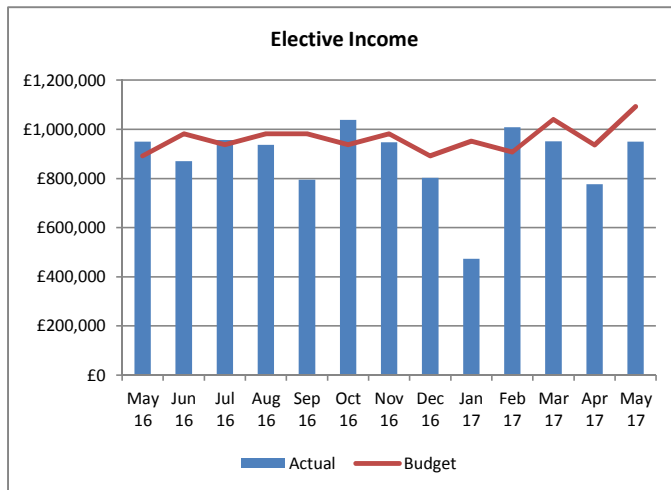
Primary Drivers



Operational Delivery: *Planned Activity*

Secondary Drivers

		May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Monthly Trend	
Bed Occupancy Rate	Medicine & Emergency Care	96.6%	97.0%	93.2%	92.5%	94.0%	93.7%	95.2%	94.2%	95.2%	93.8%	90.3%	92.6%	93.3%		
	Surgery & Cancer	76.9%	76.0%	76.7%	72.4%	71.0%	72.0%	73.4%	74.9%	84.6%	75.1%	72.3%	77.3%	78.9%		
Elective Inpatient Avg LOS (Days)		3.1	2.6	3.2	3.2	2.7	3.3	2.3	3.3	2.1	2.8	2.4	3.4	2.9		
Delayed Transfers of Care (MFFD)		16.00	20	19	37	29	31	30	28	28	35	33	31	31	24	
Medical Outliers		5	5	2	2	3	8	7	9	16	8	1	3	2		
Readmission (Emergency Re-admissions after Planned Surgery)																
* reported from 16/17. One month delay	30 Day Rate	2.97%	3.24%	2.77%	2.91%	3.15%	3.29%	3.14%	3.46%	3.27%	2.95%	0.27%	4.00%	0.00%		
	7 Day Rate	1.21%	1.33%	1.65%	1.01%	1.16%	1.29%	1.37%	1.24%	1.75%	1.67%	1.40%	1.73%	1.56%		
Cancelled Operations - Non Clinical - Cancellation Rate		1.57%	1.09%	1.40%	0.98%	1.48%	1.16%	0.61%	2.12%	0.85%	1.25%	1.07%	1.30%	1.07%		
Theatre Efficiency																
	Main Theatres	71.7%	77.3%	74.9%	79.6%	76.6%	77.6%	75.7%	75.5%	71.4%	76.3%	76.2%	77.5%	79.5%		
	TC Theatres	73.0%	71.7%	72.3%	74.4%	74.6%	77.2%	73.9%	72.6%	72.1%	76.0%	75.3%	75.6%	79.6%		
DNA (OP Efficiency)		6.11%	6.39%	6.34%	6.47%	6.72%	5.92%	6.15%	6.28%	6.13%	5.44%	5.35%	5.86%	5.94%		
Hospital Cancellation Rate (OP Efficiency)		4.75%	4.87%	5.19%	5.99%	5.01%	5.36%	5.34%	5.56%	5.40%	5.73%	6.03%	6.57%	7.63%		



Financial Performance: Income & Expenditure Position - Aggregated

	Month			Year to Date			Forecast	Base Budget 17/18 £'000
	Plan May (£'000)	Actual May (£'000)	Variance May (£'000)	Plan May to May (£'000)	Actual May to May (£'000)	Variance May to May (£'000)	17/18 (£'000)	
Operating								
Operating Income								
<i>NHS Acute Activity Income</i>								
Elective	1,127	953	-174	2,064	1,729	-335	13,056	13,056
Non-Elective	4,664	5,053	388	9,377	9,859	482	57,516	57,516
Maternity	1,180	1,225	46	2,170	2,300	130	13,208	13,208
Day cases	1,906	1,762	-144	3,499	3,198	-301	22,214	22,214
Outpatients	2,475	2,392	-83	4,557	4,448	-109	29,032	29,032
A&E	818	753	-64	1,586	1,553	-33	9,309	9,309
Other NHS	6,729	6,394	-335	13,228	12,659	-570	83,071	83,071
Total NHS Clinical Revenue	18,899	18,533	-366	36,481	35,746	-735	227,406	227,406
<i>Other Operating Income</i>	1,918	1,958	40	3,825	3,719	-106	22,934	22,934
TOTAL OPERATING INCOME	20,817	20,491	-326	40,306	39,465	-841	250,340	250,340
Operating Expenses								
Employee Benefits Expenses (Pay)	-14,032	-14,069	-37	-27,802	-27,618	184	-168,053	-168,053
Drugs	-1,431	-1,374	57	-2,862	-2,535	327	-17,178	-17,178
Clinical Supplies	-1,782	-1,548	234	-3,301	-2,886	415	-20,366	-20,366
Non Clinical Supplies	-322	-343	-21	-631	-560	71	-3,764	-3,764
Other operating expenses	-2,650	-2,613	37	-5,325	-5,313	12	-32,468	-32,468
TOTAL OPERATING EXPENSES	-20,217	-19,947	270	-39,921	-38,912	1,009	-241,829	-241,829
EBITDA	600	544	-56	385	553	168	8,511	8,511
Non Operating								
Non Operating Income								
Interest & Asset disposal	3	1	-2	6	0	-6	36	36
Non-Operating Expenses								
Depreciation & Finance Leases	-475	-442	33	-936	-874	62	-5,950	-5,950
PDC Dividend Expense	-159	-159	0	-318	-318	0	-1,900	-1,900
Net Surplus/(deficit) before Exceptional Items	-31	-56	-25	-863	-639	224	697	697
	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0
Net Surplus/(deficit) after Exceptional Items	-31	-56	-25	-863	-639	224	697	697

The Trust delivered a £0.6M deficit cumulative against a planned deficit of £0.9M.

Contract income is £0.7M worse than plan in month. Key variances include planned income and drugs and the accrual against CEP of £0.5M.

Other income is 0.1M worse cumulative 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 £0.8M 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 May (£'000)	Actual May (£'000)	Variance May (£'000)	Plan May to May (£'000)	Actual May to May (£'000)	Variance May to May (£'000)	
Operating							
Operating Income							
<i>NHS Acute Activity Income</i>							
Elective	1,127	953	-174	2,064	1,729	-335	13,056
Non-Elective	4,664	5,053	388	9,377	9,859	482	57,516
Maternity	1,180	1,225	46	2,170	2,300	130	13,208
Day cases	1,906	1,762	-144	3,499	3,198	-301	22,214
Outpatients	2,475	2,392	-83	4,557	4,448	-109	29,032
A&E	818	753	-64	1,586	1,553	-33	9,309
Other NHS	4,411	4,325	-86	8,594	8,233	-361	55,266
Total NHS Clinical Revenue	16,581	16,464	-118	31,846	31,320	-526	199,601
<i>Other Operating Income</i>	1,843	1,892	49	3,675	3,559	-116	22,035
<i>Inter-Trust Income</i>	48	48	0	96	96	0	571
TOTAL OPERATING INCOME	18,472	18,404	-69	35,617	34,975	-642	222,207
Operating Expenses							
Employee Benefits Expenses (Pay)	-12,243	-12,409	-166	-24,241	-24,294	-53	-146,616
Drugs	-1,429	-1,374	55	-2,857	-2,535	322	-17,149
Clinical Supplies	-1,662	-1,454	208	-3,139	-2,757	382	-19,799
Non Clinical Supplies	-223	-270	-47	-435	-452	-17	-2,589
Other operating expenses	-2,206	-2,212	-6	-4,387	-4,446	-59	-26,565
Inter-Trust Charges	-82	-82	0	-164	-164	0	-979
TOTAL OPERATING EXPENSES	-17,845	-17,801	44	-35,224	-34,648	576	-213,697
EBITDA	628	603	-25	394	327	-67	8,511
Non Operating							
Non Operating Income							
Interest & Asset disposal	3	1	-2	6	0	-6	36
Non-Operating Expenses							
Depreciation & Finance Leases	-475	-442	33	-936	-874	62	-5,950
PDC Dividend Expense	-159	-159	0	-318	-318	0	-1,900
Net Surplus/(deficit) before Exceptional Items	-3	3	6	-854	-865	-11	697

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

Contract income is £0.5M worse than plan cumulative. Key variances include planned income and drugs. An accrual of £0.2M has been made against the CEP.

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

Pay is £0.1M better than plan cumulative as a result of underspends in Medical pay from unfilled vacancies offset by higher spend on Nursing.

Non-Pay is £0.6M better than plan in cumulative 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 May (£'000)	Actual May (£'000)	Variance May (£'000)	Plan May to May (£'000)	Actual May to May (£'000)	Variance May to May (£'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	2,069	-248	4,634	4,426	-208	27,805
Total NHS Clinical Revenue	2,317	2,069	-248	4,634	4,426	-208	27,805
<i>Other Operating Income</i>	75	66	-9	150	160	10	899
<i>Inter-Trust Income</i>	82	82	0	164	164	0	979
TOTAL OPERATING INCOME	2,474	2,217	-257	4,948	4,750	-198	29,683
Operating Expenses							
Employee Benefits Expenses (Pay)	-1,789	-1,660	129	-3,561	-3,324	237	-21,437
Drugs	-2	0	2	-5	0	5	-29
Clinical Supplies	-120	-94	26	-162	-129	33	-567
Non Clinical Supplies	-99	-73	26	-196	-108	88	-1,175
Other operating expenses	-444	-401	43	-938	-867	71	-5,903
Inter-Trust Charges	-48	-48	0	-96	-96	0	-571
TOTAL OPERATING EXPENSES	-2,502	-2,276	226	-4,957	-4,524	433	-29,682
EBITDA	-28	-59	-31	-9	226	235	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	-28	-59	-31	-9	226	235	0

Community Services delivered a £0.2M surplus cumulative against a planned break even budget.

Contract income is £0.2M worse than plan cumulative and includes a £0.3M accrual in respect of the CEP.

Pay is £0.2M better than plan cumulative as a result of unfilled vacancies partly clinical and partly corporate.

Non-Pay is £0.2M better than plan cumulative due to underspends in Intermediate Care and savings in the wheelchairs budget.

Financial Performance: Income & Expenditure Position

		Income			Expenditure				NET TOTAL	
		Contract	Variable	Better/ (Worse) than Budget	Pay	Better/ (Worse) than Budget	Non-Pay	Better/ (Worse) than Budget	Total	Better/ (Worse) than Budget
Surgical & Cancer Div Mgt	Divisional Management S&C	0	0	(20)	(143)	(146)	(2)	1	(145)	(165)
Endoscopy	Endoscopy	1,076	0	(57)	(416)	5	(189)	49	472	(3)
General Surgery Directorate	General Surgery	2,896	5	93	(1,395)	64	(294)	21	1,212	178
Head & Neck Directorate	Head & Neck	895	65	(40)	(418)	25	(128)	12	414	(3)
Macmillan Cancer Centre	Macmillan Cancer Centre	115	251	57	(153)	(10)	(209)	7	4	53
Ophthalmology	Ophthalmology	1,820	9	(153)	(670)	48	(564)	80	594	(25)
Orthopaedic Directorate	Orthopaedics	3,020	31	(421)	(1,026)	71	(557)	30	1,468	(321)
Theatres & TC	Theatres & TC	0	57	(2)	(1,229)	(2)	(436)	9	(1,609)	5
Urology Directorate	Urology	966	16	1	(442)	16	(73)	(15)	467	2
Surgical and Cancer Division	Surgery & Cancer	10,788	435	(543)	(5,894)	71	(2,454)	193	2,876	(279)

The Surgical Division is £0.3M worse than plan cumulative. The key variances are Income in the Orthopaedics specialty below plan as a result of elective activity and Ophthalmology income as a result of high cost drugs. Both pay and non-pay are better than plan with no significant variances.

		Income			Expenditure				NET TOTAL	
		Contract	Variable	Better/ (Worse) than Budget	Pay	Better/ (Worse) than Budget	Non-Pay	Better/ (Worse) than Budget	Total	Better/ (Worse) than Budget
Emergency Care Divisional Mgmt	Divisional Management M&EC	0	63	63	(404)	(44)	(25)	(58)	(365)	(39)
Accident & Emergency Dir	Emergency Department	2,444	127	92	(912)	84	(127)	(18)	1,533	158
Anaesthetics & Critical Care	Anaesthetics & Critical Care	1,008	6	(15)	(1,348)	(1)	(161)	43	(495)	28
Medical Directorate	General Medicine	7,017	54	(129)	(3,776)	(156)	(691)	84	2,604	(201)
Urgent Care Centre	Urgent Care Centre	0	0	0	(128)	(8)	0	12	(128)	3
Emergency Services Division	Medicine & Emergency Care	10,470	250	12	(6,567)	(125)	(1,004)	63	3,149	(51)

The Medicine and Emergency Care Division are £0.1M worse than plan. The key variances are Pay in the medical directorate as a result of higher nursing and medical costs than budget. There are a high number of temporary medical resources in post against the CIP profile and high use of bank HCA over establishment.

		Income			Expenditure				NET TOTAL	
		Contract	Variable	Better/ (Worse) than Budget	Pay	Better/ (Worse) than Budget	Non-Pay	Better/ (Worse) than Budget	Total	Better/ (Worse) than Budget
Wom Chil & sexl hlth Div Mgmt	Divisional Management W&C	0	3	1	(226)	(31)	(14)	8	(237)	(21)
Gum clinic	GUM clinic	0	0	0	0	0	(0)	(0)	(0)	(0)
Obstetric & Gynaecology Dir	Obstetrics & Gynaecology	3,060	12	136	(1,497)	(53)	(224)	2	1,351	84
Paediatric Directorate	Paediatrics	1,959	15	(11)	(1,228)	74	(173)	5	573	67
Women and Childrens Division	Women and Children	5,019	30	126	(2,950)	(10)	(411)	15	1,688	130

The Womens and Childrens Division is better than plan by £0.1M cumulative. Maternity income is higher than plan and there are no significant variances to report.

Financial Performance: Income & Expenditure Position

		Income			Expenditure				NET TOTAL	
		Contract	Variable	Better/ (Worse) than Budget	Pay	Better/ (Worse) than Budget	Non-Pay	Better/ (Worse) than Budget	Total	Better/ (Worse) than Budget
Diag & Clinc Spt Sv Div Mgmnt	Divisional Management D&S	0	0	0	(50)	4	(5)	(18)	(55)	(15)
Dermatology	Dermatology	270	4	(67)	(173)	5	(75)	(18)	26	(80)
ECG department	ECG	29	4	(35)	(168)	13	(12)	2	(147)	(21)
Elmhurst	Elmhurst	333	31	2	(257)	(7)	(30)	2	77	(3)
Integrated Discharge	Integrated Discharge	0	3	3	(48)	3	(1)	(0)	(46)	6
Medical Records Department	Medical Records Department	0	0	(0)	(281)	16	(36)	1	(317)	17
Outpatients	Outpatients	0	31	3	(93)	(1)	(8)	1	(70)	4
Pathology Directorate	Pathology	2,018	632	123	(1,636)	(11)	(1,444)	0	(429)	113
Pharmacy Departments	Pharmacy	469	41	5	(496)	32	(458)	(10)	(445)	28
Radiology Directorate	Radiology	643	112	49	(988)	35	(312)	26	(545)	110
Therapeutic Departments	Therapies	0	0	0	(308)	19	(9)	8	(316)	28
Victoria Infirmary Northwich	Victoria Infirmary Northwich	327	4	(32)	(285)	(12)	(48)	2	(1)	(42)
Diagnostics and Support Divisi	Diagnostics and Support	4,089	862	51	(4,783)	96	(2,438)	(3)	(2,270)	144

The Diagnostics Division is £0.1M better than plan cumulative. The key variances include better than plan on Direct Access income offset by less activity in Dermatology as a result of medical gaps.

		Income			Expenditure				NET TOTAL	
		Contract	Variable	Better/ (Worse) than Budget	Pay	Better/ (Worse) than Budget	Non-Pay	Better/ (Worse) than Budget	Total	Better/ (Worse) than Budget
Estates & Facilities Div Mgmt	Divisional Management E&F	0	0	0	(79)	2	(16)	6	(94)	8
Catering Directorate	Catering	0	216	(1)	(267)	(10)	(198)	10	(250)	(1)
Estates Departments	Estates Departments	0	73	(7)	(280)	(21)	(1,025)	64	(1,233)	36
Hotel Services	Domestics	0	0	0	(221)	(5)	(2)	(0)	(223)	(6)
Laundry Services Departments	Laundry	0	211	6	(187)	(20)	(137)	(8)	(113)	(22)
Security	Security	0	271	(1)	(133)	(8)	(82)	(4)	56	(13)
Site Services	Porters	0	0	0	(458)	8	(17)	(4)	(474)	4
Estates & Facilities Division	Estates & Facilities Division	0	770	(3)	(1,625)	(53)	(1,476)	64	(2,330)	7

The Estates and Facilities Division is on plan cumulative with no significant variances to report.

		Income			Expenditure				NET TOTAL	
		Contract	Variable	Better/ (Worse) than Budget	Pay	Better/ (Worse) than Budget	Non-Pay	Better/ (Worse) than Budget	Total	Better/ (Worse) than Budget
Executive Management	Executive Management	0	0	0	(233)	11	(21)	16	(254)	27
Computer Services	Computer Services	0	3	0	(233)	62	(376)	8	(606)	71
Finance & Information	Finance & Information	0	4	(1)	(539)	(36)	(111)	(3)	(647)	(41)
Human Resources	Human Resources	0	70	(10)	(372)	24	(57)	47	(359)	61
Risk Manangement & R&D	Risk Management & R&D	0	72	(18)	(248)	18	2	17	(174)	17
Quality Assurance Departments	Nurse Management	0	63	39	(447)	(54)	(1,524)	11	(1,908)	(4)
Trust Central Expenditure	Trust Central Expenditure	1,199	958	(235)	(357)	(55)	(290)	178	1,510	(112)
Other Departments	Other Departments	(165)	41	20	(45)	(1)	(30)	23	(198)	41
Corporate	Corporate	1,034	1,211	(204)	(2,475)	(31)	(2,406)	297	(2,636)	61

The Corporate Division is £0.2M better in month and relates to contingency and investment monies held in Trust Central pending drawdown or decision.

Community Services	4,346	160	(278)	(3,324)	237	(1,106)	196	77	155
EBITDA	35,746	3,719	(840)	(27,618)	184	(11,295)	824	553	168

Financial Performance: Commissioner Income Analysis

Commissioner	FY Target (£'000)	YTD Target (£'000)	Final Actual (£'000)	Final Variance (£'000)
NHS Eastern Cheshire CCG	8,212	1,308	1,367	59
NHS Eastern Cheshire CCG Community	401	67	67	0
NHS South Cheshire CCG Community	16,875	2,813	2,813	0
NHS South Cheshire CCG	106,862	17,232	17,250	19
NHS Vale Royal CCG	57,688	9,309	8,807	-502
NHS Vale Royal CCG Community	10,343	1,724	1,724	0
NHS Warrington CCG	248	40	49	8
NHS West Cheshire CCG	3,347	542	648	106
NHS West Cheshire CCG Community	186	31	31	0
NHS North Staffordshire CCG	1,900	303	344	42
NHS Shropshire CCG	624	100	148	48
NHS Stoke on Trent CCG	1,407	223	267	44
Local Authority	0	0	0	0
NHS Commissioning Board	1,511	250	250	0
Specialist Commissioning Group	8,449	1,388	1,259	-129
Non Contract Activity	1,932	317	281	-35
<i>Overseas Visitors Chargeable</i>	0	0	0	0
Non-Commissioner Specific	7,422	831	442	-392
TOTAL	227,406	36,477	35,746	-733

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 £0.5M 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	992	968	-24
Adult & Neonatal Critical Care	7,884	1,308	1,314	6
Urgent Care Centre	0	0	0	0
Community Paediatrics	1,300	217	217	0
Direct Access Services	10,245	1,592	1,679	87
Unbundled Radiology	3,613	602	623	20
High Cost Drugs	10,554	1,759	1,470	-289
Screening Programmes	1,474	246	246	0
Audiology	1,057	176	207	31
IVF	321	54	29	-25
CQUIN	4,438	573	423	-150
STF	5,993	599	599	0
Community Services	27,805	4,634	4,712	78
Other	3,285	478	172	-306
TOTAL	83,921	13,229	12,659	-570

Other contract income is showing £0.6M worse than plan.

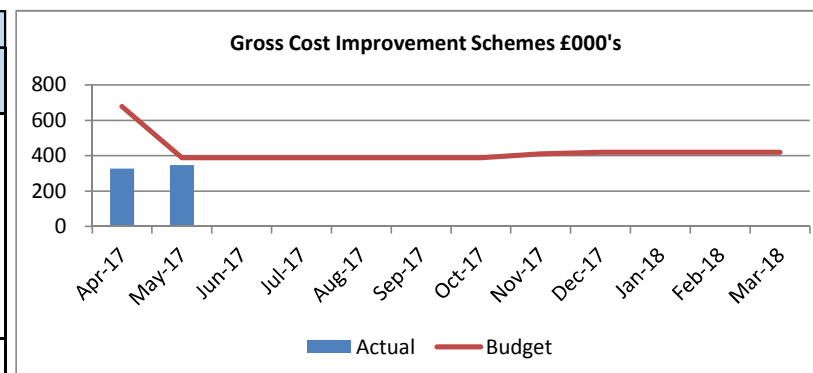
An analysis of the key service lines identifies that this is primarily the result of High Cost Drugs where expenditure (and therefore recovery) predictions are not yet realised.

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 the CEP and there is also a provision against CQUIN performance.

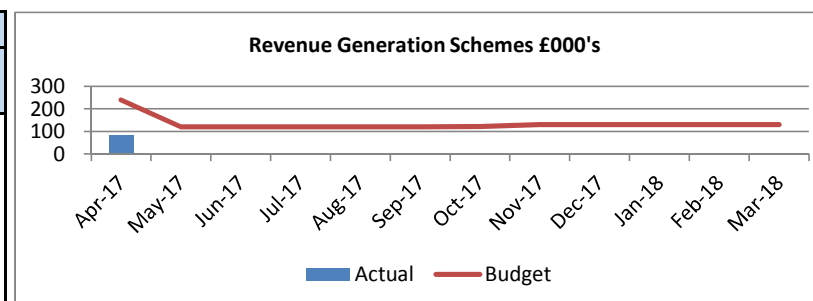
Financial Performance: Cost Improvement Programme

Cost Improvement Schemes						
Scheme Category	YTD Target	YTD Actual	YTD	FY Target	FY Forecast	FY Variance
Access & Flow	0	0	0	600	527	-73
Back Office	95	89	-6	570	506	-64
Drugs	53	39	-14	320	289	-31
Medical Workforce	231	355	125	1,383	1,381	-2
Non-Pay Efficiency	57	7	-50	340	82	-258
Nursing Workforce	50	-0	-50	300	-0	-300
Procurement	125	125	0	750	750	0
Service redesign	67	58	-8	400	350	-50
Total (£'000)	677	674	-4	4,663	3,885	-778



The Cost Improvement Programme is underperforming on Nursing (use of temporary staffing and e-rostering) 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	4	2	-2	25	2	-23
Commercial	23	17	-7	140	33	-107
Drugs	29	4	-25	175	28	-147
Medical Workforce	83	-0	-84	500	-0	-500
Outpatient Efficiency	33	33	0	200	200	0
Theatres Efficiency	50	23	-27	300	273	-27
Service redesign	17	0	-17	150	72	-78
TOTAL (£'000)	240	79	-161	1,490	608	-882



Revenue Generation schemes are £0.2M worse than plan as a result of not achieving the efficiency related to consultant annualised house and 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

SCHEME	BOARD APPROVED	FUNDING SOURCE	FUNDING APPROVED	EXPENDITURE BROUGHT FORWARD	2017/18 ANNUAL BUDGET	2017/18 CUMULATIVE BUDGET TO DATE	CUMULATIVE ACTUAL	BETTER/WORSE THAN BUDGET	2017/18 FORECAST	2018/19 + FORECAST	WHOLE PROJECT PROPOSED PLAN	TOTAL FORECAST
ROLLING ALLOCATIONS (Approved Delegated Budgets)												
ESTATES												
ASBESTOS REMOVAL	No	Internal	Not yet approved		150	25	0	25	150	600	750	750
DESIGN TEAM	No	Internal	Not yet approved		280	47	48	-1	280	1120	1,400	1,400
CT / VT - HEATING INFRASTRUCTURE	No	Internal	Not yet approved		175	0	9	-9		525	700	700
BACKLOG GENERAL PROVISION	No	Internal/Loan	Not yet approved		1604	288	-40	328	1,604	6750	8,354	8,354
TOTAL				0	2,209	360	17	343	2,209	8,995	11,204	11,204
IT												
STORAGE - DATA ARCHIVING	No	Internal	Not yet approved		27	0	0	0	27		27	27
INTERSITE CONNECTIVITY	No	Internal	Not yet approved		31	0	0	0	31	25	56	56
INTERFACING	No	Internal	Not yet approved		85	0	12	-12	85	110	195	195
IT APPLICATIONS	No	Internal	Not yet approved		100	0	1	-1	100	400	500	500
IBM HARDWARE	No	Internal	Not yet approved		144	144	0	144	144	0	144	144
TOTAL				0	387	144	13	131	387	535	922	922
TOTAL ROLLING ALLOCATIONS				0	2,596	504	30	474	2,596	9,530	12,126	12,126
SCHEME	BOARD APPROVED	FUNDING SOURCE	FUNDING APPROVED	EXPENDITURE BROUGHT FORWARD	2017/18 ANNUAL BUDGET	2017/18 CUMULATIVE BUDGET TO DATE	CUMULATIVE ACTUAL	BETTER/WORSE THAN BUDGET	2017/18 FORECAST	2018/19 + FORECAST	WHOLE PROJECT PROPOSED PLAN	TOTAL FORECAST
STRATEGIC INVESTMENTS (Requires individual signoff)												
ESTATES												
DR'S MESS INTO RMO'S	No	Internal	Not yet approved		42	0	0	0	42	0	42	42
WARD 11 REFURBISHMENT	No	Internal	Not yet approved	1500		0	-2	2	0	0	1,500	1,500
WARD 16 REFURBISHMENT	No	Internal	Not yet approved	854	283	283	300	-17	283	0	1,137	1,137
CAR PARK BARRIERS	No	Internal	Not yet approved		60	0	0	0	60	0	60	60
CENTRALISED POAC	No	Internal	Not yet approved		122	0	0	0	122	0	122	122
BISTRO & 2 OFFICES	No	Internal	Not yet approved		178	0	0	0	178	0	178	178
OPHTHALMOLOGY OUTPATIENTS - PHASE 2	No	Internal	Not yet approved	86	249	0	1	-1	249	0	335	335
UNDER / OVERS CAPITAL SCHEMES 16/17	No	Internal	Not yet approved			0	4	-4	0	0	0	0
WARD REFURBISHMENT	No	Loan	Not yet approved		4200	30	0	30	4200	8100	12,300	12,300
MRI SCANNER 3RD BUILD	No	Internal/Loan	Not yet approved	109	1540	200	-11	211	1540	0	1,649	1,649
WASTE COMPOUND AND SEGREGATION	No	Internal	Not yet approved		250	0	0	0	250	0	250	250
BIARIATRIC SIDE ROOM	No	Internal	Not yet approved		100	0	0	0	100	0	100	100
3RD CT SCANNER BUILD	No	Loan	Not yet approved		850	0	0	0	850	0	850	850
TOTAL				2549	7874	513	292	221	7874	8100	18523	18523
IT												
VOICE OVER IP	No	Internal	Not yet approved	171	295	200	211	-11	295	200	666	666
RADIOLOGY INFORMATION SYSTEM	No	Internal	Not yet approved	96	132	0	9	-9	132	0	228	228
WIRELESS UPGRADE	No	Internal	Not yet approved	6	24	0	0	0	24	0	30	30
PCTI	No	Internal	Not yet approved	18	12	0	3	-3	12	0	30	30
E-HANDOVER	No	Internal	Not yet approved		244	0	0	0	244	0	244	244
UNDER / OVERS CAPITAL SCHEMES 16/17	No	Internal	Not yet approved			0	13	-13	0	0	0	0
PATIENT ADMIN SYS / CORE ELECTRONIC PATIENT RECORDS	No	Loan	Not yet approved		1500	0	0	0	1500	3000	4,500	4,500
EDMS & E NOTES	No	Loan	Not yet approved		1956	0	0	0	1956	0	1,956	1,956
UPS	No	Internal	Not yet approved		150	150	0	150	150	0	150	150
CLINICAL PORTAL	No	Loan	Not yet approved		1260	0	0	0	1260	0	1,260	1,260
Q PULSE	No	Internal	Not yet approved		30	30	0	30	30	0	30	30
NET CALL / CALL CENTRE	No	Internal	Not yet approved	12	13	13	0	13	13	0	25	25
HIGH IMPACT STAND ALONE IT SYSTEMS	No	Internal	Not yet approved		100	20	0	20	100	400	500	500
PACS REPLACEMENT	No	Loan	Not yet approved		1590	0	0	0	1590	0	1,590	1,590
E-PRESCRIBING	No	Loan	Not yet approved		900	0	0	0	900	460	1,360	1,360
VENDOR NEUTRAL ARCHIVE	No	Loan	Not yet approved		605	605	0	605	605	0	605	605
CREDITS FOR CLEANING SOFTWARE	No	Internal	Not yet approved		11	11	0	11	11	0	11	11
REPLACEMENT BUSINESS INTELLIGENCE SYSTEM	No	Internal	Not yet approved		80	0	0	0	80	0	80	80
TOTAL				303	8902	1029	235	794	8902	4060	13265	13265
TOTAL STRATEGIC INVESTMENTS				2852	16776	1542	527	1015	16776	12160	31788	31788
LEASING INVESTMENTS												
EQUIPMENT	No	Internal	Not yet approved		648	0	0	0	648		648	648
3RD CT SCANNER	No	Internal	Not yet approved		480	0	0	0	480		480	480
REPLACEMENT CT SCANNER	No	Internal	Not yet approved		480	0	0	0	480		480	480
3RD MRI SCANNER	No	Internal	Not yet approved		640	0	0	0	640		640	640
ACCESS CONTROL	No	Internal	Not yet approved		100	0	0	0	100		100	100
LAUNDRY FINISHING	No	Internal	Not yet approved		56	0	0	0	56		56	56
OPHTHALMOLOGY EQUIPMENT	No	Internal	Not yet approved		150	0	0	0	150		150	150
CCTV	No	Internal	Not yet approved		157	0	0	0	157		157	157
CATERING TROLRIES	Yes	Internal	Not yet approved		180	180	137	43	180		180	180
TOTAL LEASING INVESTMENTS				0	2891	180	137	43	2891	0	2891	2891
TOTAL CAPITAL PROGRAMME (EXCLUDING LEASES)				2,852	19,372	2,046	557	1,489	19,372	21,690	43,914	43,914
TOTAL CAPITAL PROGRAMME				2,852	22,263	2,226	694	1,533	22,263	21,690	46,805	46,805

The capital programme excluding leases is less than anticipated by £1,489K compared to plan. This is mainly due to a delay in Vendor Neutral Archive £605K and the Third MRI Scanner Build £200K. Both of these are reliant on capital loan funding which has not been secured. In addition there are delays in the UPS £150K , backlog £328 and IBM Hardware £144K, however these were both funded internally.

Accruals have been made for Theatres £49K, Ward 11 refurbishment £62K , 2nd MRI £292K, Ophthalmology 50K, EMIS £13K

Financial Performance: Statement of Financial Position

	Plan Apr to May (£'000)	Actual Apr to May (£'000)	Variance (£'000)	Forecast 2016/17 (£'000)
Assets				
Assets, Non-Current	81,128	81,548	420	96,600
Assets, Current				
Trade and other Receivables	4,793	13,506	8,713	4,650
Other Assets (including Inventories & Prepayments)	5,183	5,180	-3	5,385
Cash and Cash Equivalents	6,516	3,616	-2,900	2,839
Total Assets, Current	16,492	22,302	5,810	12,874
ASSETS, TOTAL	97,620	103,850	6,230	109,474
Liabilities				
Liabilities, Current				
Finance Lease, Current	-736	-1,187	-451	-1,136
Loans Commercial Current	-327	-342	-15	-1,686
Trade and Other Payables, Current	-14,055	-13,360	695	-13,032
Provisions, Current	-231	-159	72	-235
Other Financial Liabilities	-7,375	-8,349	-974	-8,647
Total Liabilities, Current	-22,724	-23,396	-672	-24,735
Net Current Assets/(Liabilities)	-6,232	-1,094	5,138	-11,861
Liabilities, Non Current				
Finance Lease, Non Current	-3,240	-4,713	-1,473	-4,490
Loans Commercial Non-Current	-12,150	-13,637	-1,487	-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	-17,015	-20,000	-2,985	-25,525
TOTAL ASSETS EMPLOYED	57,881	60,453	2,572	59,214
Taxpayers' and Others' Equity				
Taxpayers Equity				
Public dividend capital	75,157	75,157	0	75,157
Retained Earnings	-27,496	-24,866	2,630	-26,163
Donated asset reserve	0	0	0	0
Revaluation Reserve	10,220	10,162	-58	10,220
TOTAL TAXPAYERS EQUITY	57,881	60,453	2,572	59,214
TOTAL FUNDS EMPLOYED	57,881	60,453	2,572	59,214

Non Current assets - The main reason for the variance is that the plan was produced before the final position for 2016/17 was established which meant the opening balance was £1,704K in the plan less than the actual position which is mainly due to the to the addition of an endoscopy Finance lease of £1,800K at the end of the financial year which was anticipated later in the 2017/18 plan. This is offset by the capital programme expenditure being £1,268K less than anticipated which is mainly due to a delay in Vendor Neutral Archive £605K and the Third MRI Scanner Build £200K. Both of these are reliant on capital loan funding which has not been secured. In addition there are delays in the UPS £150K and IBM Hardware £144K, however these were both funded internally.

NHS Trade Receivables are higher than anticipated due to £2,257K STF Incentive and Bonus funding for 2017/18 still outstanding. In addition Eastern Cheshire owe £1,326K which is made up of February over performance invoice and outstanding invoices for the April and May contract to reflect the correct contract value for 2017/18. Other significant debtors are East Cheshire NHS Trust £636K (£241K paid in June), Vale Royal £232K relating to income for the Community contract in 2016/17, Christies £186K (£45K paid in June) and University of North Midlands £184K. Also there is an accrual for outstanding contract payments compared to activity of over £4 million. Non NHS Receivables is more than anticipated relating to some outstanding invoices from the two local authorities of £200K. In early June £120K was paid relating to this outstanding balance.

Trade and Other Payables - Trade Creditors are lower than anticipated which is mainly due to the delay in the capital programme and a lower than expected capital creditor.

Other Financial liabilities are due to accruals being higher for outstanding drug invoices and some maintenance contracts.

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

Provisions mainly relates to the actual opening balance being lower than the plan due to a lower than anticipated increase in provision at the end of 2016/17.

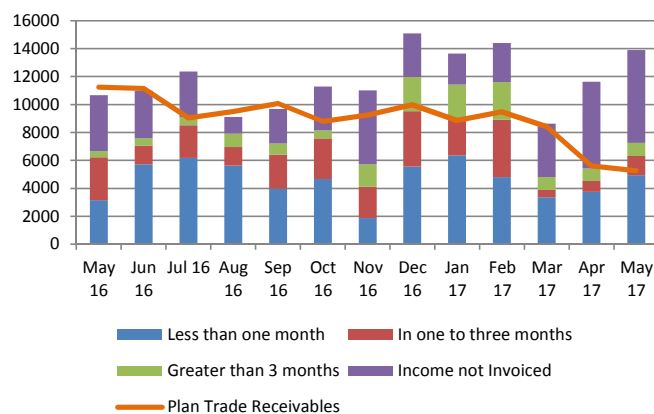
Loans are due to capital loans not been taken out £800K and working capital loans of £2,291K being received whilst the Trust sorts out its contract with its two main CCG's. Retained Earnings is due to the late accrual for the Incentive nad Bonus STF in 2016/17 of £2,257K.

Financial Performance: Cash Position and Working Capital

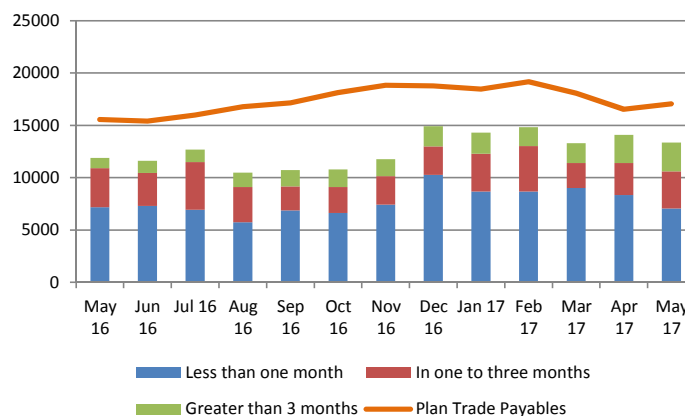
	Plan Apr to May (£'000)	Actual Apr to May (£'000)	Variance
Surplus/(deficit) after tax	-635	-639	-4
Non-cash flows in operating Surplus/(deficit) total	930	876	-54
Operating cash flows before movements in working capital	295	237	-58
Increase/(Decrease) in working capital Total	2,682	-1,415	-4,098
Net cash inflow/(outflow) from operating activities	2,977	-1,178	-4,156
Net cash inflow/(outflow) from investing activities total	-1,270	-1,277	-7
Net Cash inflow/(outflow) before financing	1,707	-2,455	-4,163
Net cash inflow/(outflow) from financing activities Total	-1,041	424	1,465
Net increase/(decrease) in cash and cash equivalents	666	-2,031	-2,698
Opening cash balance	5,850	5,647	-203
Closing cash balance	6,516	3,616	-2,901

Cash is £2,900K worse than anticipated. This is mainly due to Trade receivables being worse than anticipated due to the contract with the two main commissioners remaining unsigned. Therefore the Trust is receiving a monthly contract value for April and May less than was anticipated in the plan. In addition there are a number of other outstanding debts. These are Eastern Cheshire CCG £1,326K, East Cheshire NHS Trust £636K (£241K paid in June), Vale Royal £232K relating to income for the Community contract in 2016/17, Christies £186K (£45K paid in June) and University of North Midlands £184K. This is offset by an increase in Trade and other payables due to higher than anticipated accruals and a delay in the capital programme. However some of the schemes were to be funded via loans of £805K which have not been approved. Due to the reduced payment by the CCG's the Trust has accessed some distress funding from the Department of Health for £2,291K to support the cash position.

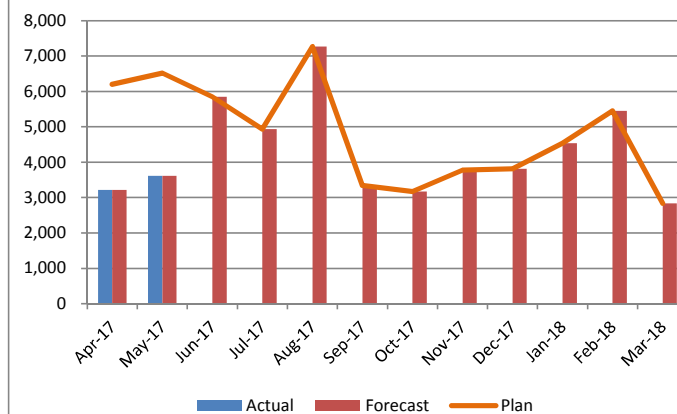
Trade Debtor Profile £000's



Trade Creditor Profile £000's










Cash Forecast £000's



Finance: Staff Costs

Headline Measures

	YTD £000's	Rolling 13 months £000's													
		May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Monthly Trend
Pay Budget	27,808	11,866	12,055	11,964	12,056	12,024	12,019	12,166	12,131	12,385	12,345	12,385	13,777	14,031	
Pay Actual	27,624	11,794	11,934	11,783	11,689	11,925	11,892	12,241	11,825	12,102	11,997	12,331	13,549	14,075	
Variance	184	72	121	181	367	99	127	-75	306	283	348	55	228	-44	
% to Budget	99.3%	99.4%	99.0%	98.5%	97.0%	99.2%	98.9%	100.6%	97.5%	97.7%	97.2%	99.6%	98.3%	100.3%	
Nursing Staff % to Budget	103.1%	104.9%	99.6%	99.2%	98.1%	98.9%	98.6%	101.6%	98.4%	97.0%	100.5%	98.7%	101.8%	104.4%	
Medical Staff % to Budget	96.2%	87.6%	94.4%	94.3%	90.1%	98.4%	100.6%	94.9%	90.7%	94.4%	90.4%	99.5%	90.5%	101.9%	
Other Staff % to Budget	97.5%	102.8%	102.0%	101.1%	101.2%	100.2%	98.0%	104.2%	101.9%	101.2%	98.7%	109.3%	99.9%	95.2%	

Commentary

Figures exclude Community Services for 2016/17

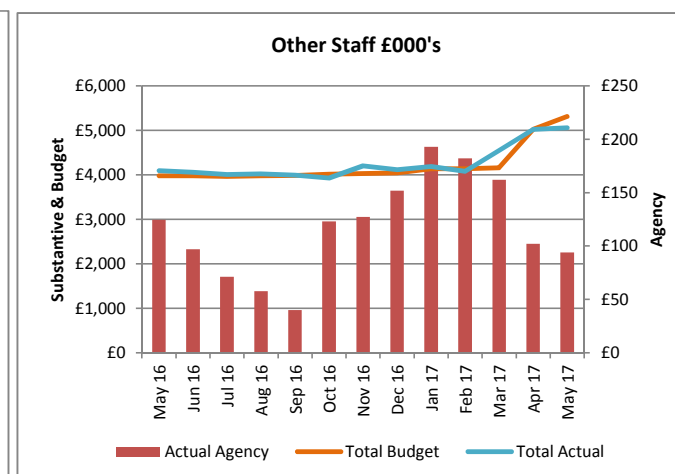
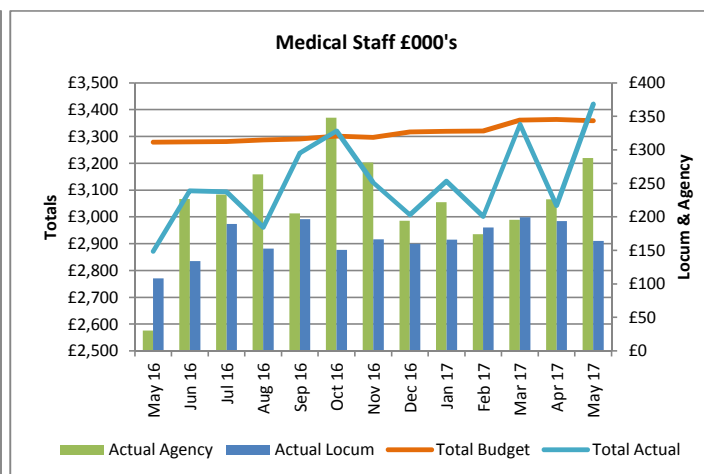
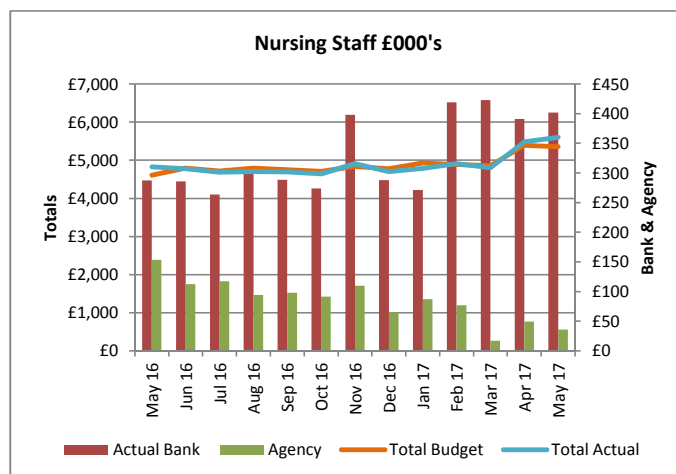
Pay is better than budget by £0.2M as at Mth 2. Medical pay is increasing from previous months of less than budget.

Nursing costs are higher than plan in Emergency Care as a result of Acuity. Nursing vacancies have started to reduce and Nursing Agency spend continues to be controlled, however, bank use over establishment for HCAs continues to support one to one patient supervision and is a financial pressure.

Medical pay is underspent against budget cumulative as a result of consultant and junior doctor vacancies being unable to be filled with substantive or acceptable locum arrangements, however, in month costs were higher than budget.

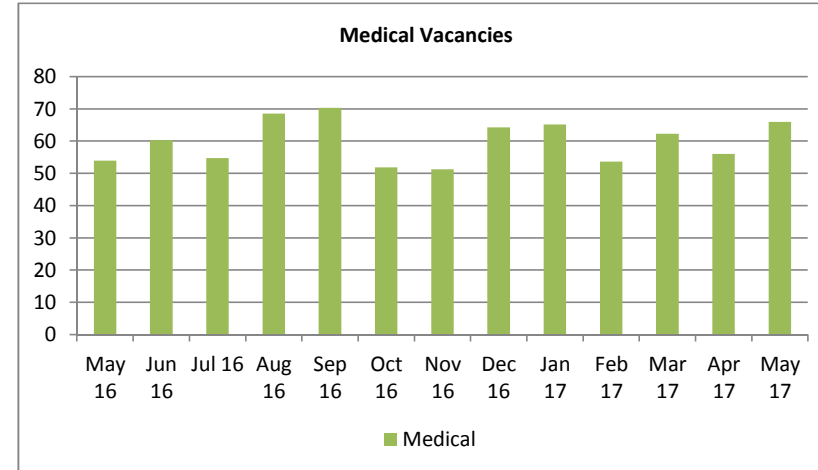
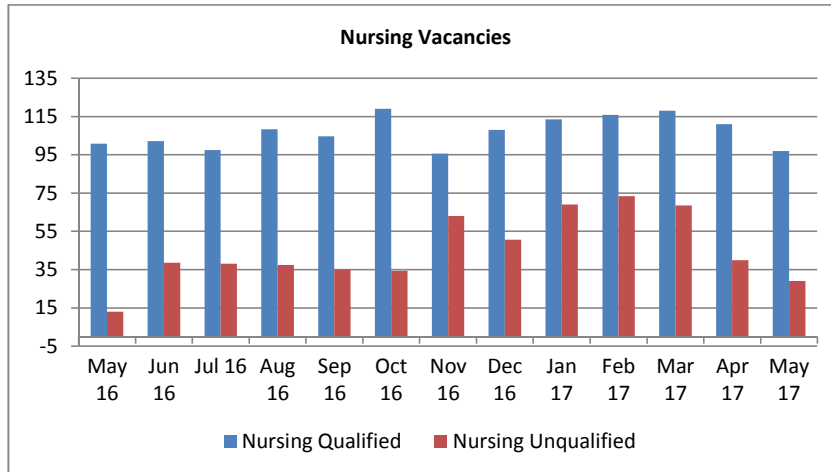
The Agency trajectory is being met and in month is better cumulative by £0.2M mainly as a result of the reclassification of locum costs in 2017/18.

Primary Drivers



Finance: Staff Costs

Secondary Drivers



Agency Trajectory

	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	May 17	Monthly Trend
Plan	-1,000	-572	-561	-515	-563	-525	-495	-477	-506	-495	-470	-484	-482	-518	
Actual	-797	-416	-570	-611	-568	-540	-699	-721	-572	-668	-618	-574	-378	-418	
Variance	203	156	-9	-96	-5	-15	-204	-244	-66	-173	-148	-90	104	100	
CCICP Actual	0	0	0	0	0	0	-69	-77	-152	-210	4	0	0	0	

Included above for Month 1

	Rolling 13 Months														Monthly Trend
	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17		
Sickness Rate (Rolling 12 mths)	3.96%	3.96%	3.92%	3.89%	3.80%	3.81%	3.82%	3.90%	3.99%	4.03%	4.01%	3.95%	3.96%		
Total Leavers	24	41	36	31	39	35	37	36	44	27	42	31	33		
Turnover (Rolling 12 mths)	10.29%	11.38%	10.52%	10.20%	10.44%	10.50%	9.25%	9.00%	9.54%	9.52%	10.03%	9.88%	10.07%		



Mid Cheshire Hospitals NHS Foundation Trust
Supporting our Journey from 'Good' to 'Outstanding'



Board Assurance Framework 2017/18





Mid Cheshire Hospitals NHS Foundation Trust

Supporting our Journey from 'Good' to 'Outstanding'



Background / Requirements

- Well Led Framework – NHS Improvement / Care Quality Commission: *Provides a structure and process that enables the Board to focus on those risks that might compromise achievement of the strategic objectives.*
- Audit Committee Handbook: *'the key source of evidence that links strategic objectives to risks and assurances, and the main tool that the Board should use in discharging its overall responsibility for internal control'.*
- The BAF document is part of the wider mechanism for managing an organisations assurances and should provide confidence, evidence and certainty to the Board of Directors and management *that what needs to be happening is actually occurring in practice.*



Mid Cheshire Hospitals NHS Foundation Trust

Supporting our Journey from 'Good' to 'Outstanding'



Considerations:

- The BAF is a succinct document of the assurances generated around each strategic objective, rather than principal risks.
- The BAF should record the Board's confidence in achievement of each strategic objective at any given point in time, given all the information available to them.
- The BAF should be 'live' and support effective decision-taking and provide evidence and justification for the decision making process.
- Board agendas should be set according to where the largest gaps are perceived to exist in either a) confidence in current position or b) achievement against strategic objectives.
- Every piece of information the Board receives may affect it's confidence about the likely achievement of a strategic objective.



Strategic Domains 2017-18

*Supporting our Journey from 'Good' to 'Outstanding'
by Delivering Excellence in Healthcare through
Innovation and Collaboration.*



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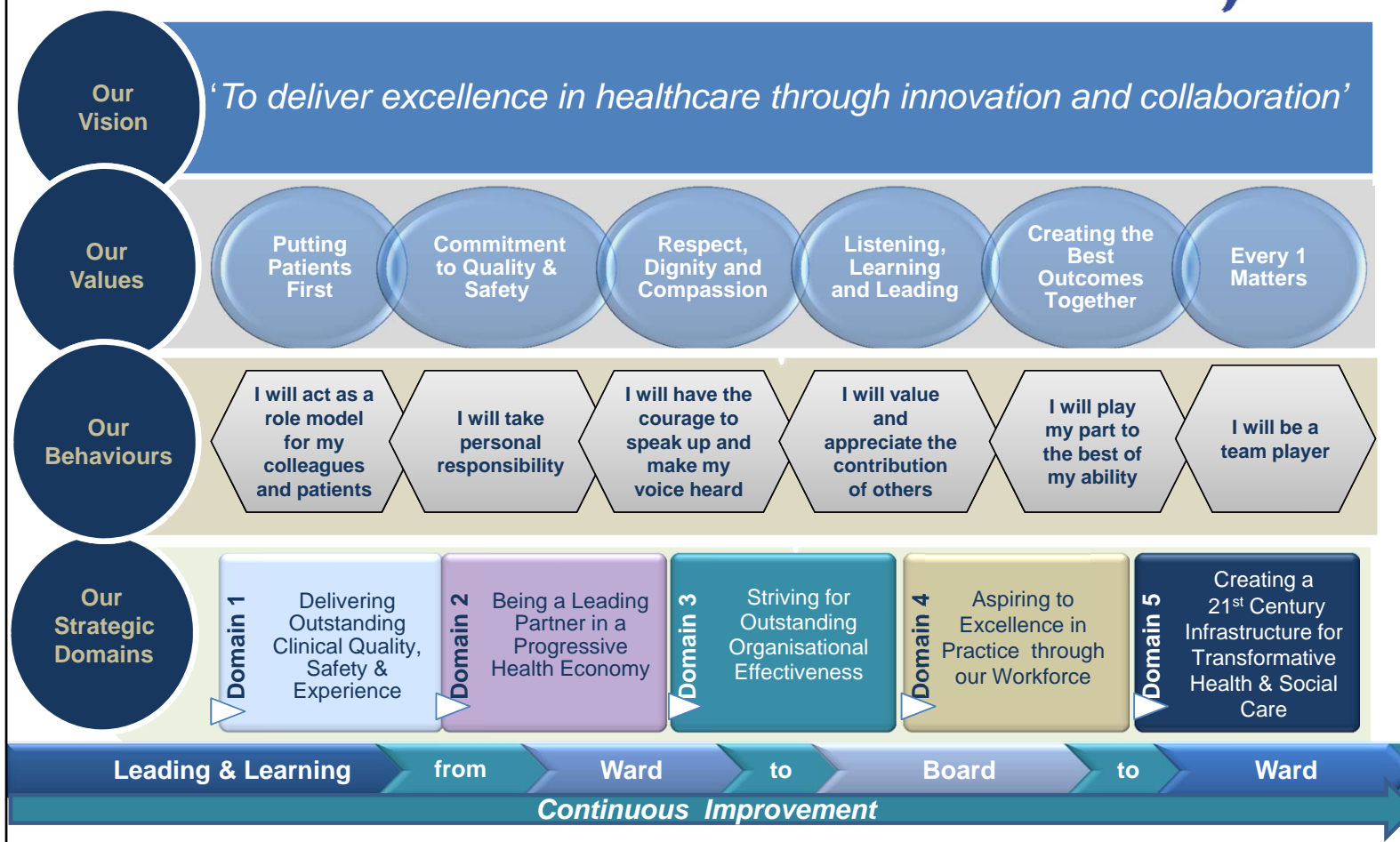




Mid Cheshire Hospitals NHS Foundation Trust

Strategy Map 2017/18

Supporting our Journey from 'Good' to 'Outstanding'





Strategic Domains 2017-18

Supporting our Journey from 'Good' to 'Outstanding'
by Delivering Excellence in Healthcare through
Innovation and Collaboration.



Domain
One

Delivering Outstanding Clinical Quality, Safety & Experience

Q1. To aspire to the delivery of 'outstanding' clinical quality and safety, which is equitable, patient and family centred and supported by an effective quality governance framework.

Q2. To drive continuous quality improvement and promote research and innovation, whilst reducing unwarranted clinical variation and progressing from a 'good' to 'outstanding' organisation.

We will know when we have succeeded by measuring what matters and:

- ✓ Based on consistent positive feedback from patients, family members, carers and patient groups.
- ✓ Delivering our priorities in the Quality & Safety Improvement Strategy 2016-18.
- ✓ Benchmarked analysis of our local and national data demonstrates consistently high quality clinical care with no unwarranted variation.
- ✓ By continually learning and sustaining improvements through good governance.
- ✓ Progressing from a 'good' to 'outstanding' Care Quality Commission (CQC) rating.



Strategic Domains 2017-18

*Supporting our Journey from 'Good' to 'Outstanding'
by Delivering Excellence in Healthcare through
Innovation and Collaboration.*



Mid Cheshire Hospitals
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Domain
Two

Being a Leading Partner in a Progressive Health Economy

P1. To fully engage with all strategic partners to maximise the opportunities and advantages associated with vertical and horizontal integration in the designing and delivery of sustainable health and social care services for the population of Central Cheshire, whilst acknowledging and responding to:

- National and regional strategies.
- The need for sustainable high quality clinical services.
- Favourable economies of scale.
- The cost effective sustainable use of resources.

**We will know when we
have succeeded by
measuring what matters
and:**

- ✓ Playing a leading role in implementing the Cheshire & Merseyside Five Year View with demonstrable outputs and outcomes.
- ✓ Providing sustainable high quality clinical services that are valued by the population of Central Cheshire.
- ✓ Realising significant cost efficiencies across the health economy.



Strategic Domains 2017-18

*Supporting our Journey from 'Good' to 'Outstanding'
by Delivering Excellence in Healthcare through
Innovation and Collaboration.*



Mid Cheshire Hospitals
NHS Foundation Trust

Domain
Two

Being a Leading Partner in a Progressive Health Economy

P2. To work with all key stakeholders to deliver a wholly integrated health and social care system, taking on clear collective responsibility for resources and population health, so that our residents receive better coordinated care within the designated financial envelope, whilst ensuring:

- National and regional strategies are implemented.
- The sustainable use of resources to deliver agreed health outcomes.
- The development of a collective decision making and governance structure.
- Sustainable clinical services through the development of accountable care systems / organisations and the implementation of new models of care (e.g. Home first principles).

**We will know when we
have succeeded by
measuring what matters
and:**

- ✓ Playing a leading role in developing and implementing accountable care systems / organisations with demonstrable outputs and outcomes.
- ✓ Providing sustainable high quality clinical services that are valued by the population of Central Cheshire.
- ✓ Realising significant cost efficiencies across the health economy.



Strategic Domains 2017-18

*Supporting our Journey from 'Good' to 'Outstanding'
by Delivering Excellence in Healthcare through
Innovation and Collaboration.*



Mid Cheshire Hospitals
NHS Foundation Trust

Domain
Three

Striving for Outstanding Organisational Effectiveness

E1. To ensure full compliance with the NHS Improvement Provider Licence, ensuring financial sustainability, financial efficiency and financial controls, whilst safeguarding the quality of our services .

E2. To maintain compliance with, and aspire to achieve incremental improvements against, the NHS Improvement Single Oversight Framework Operational Performance Metrics, whilst safeguarding the quality of our services.

We will know when we have succeeded by measuring what matters and:

- ✓ Meeting the key national targets and standards including those in the NHS Constitution.
- ✓ Demonstrating financial sustainability, the effective sustainable use of resources and a reduction in unwarranted variation.
- ✓ Achieving Segment 1 against the NHSI Single Oversight Framework.
- ✓ Demonstrating a Well Led organisation with good organisational health metrics.
- ✓ Progressing from a 'good' to 'outstanding' Care Quality Commission (CQC) rating.



Strategic Domains 2017-18

*Supporting our Journey from 'Good' to 'Outstanding'
by Delivering Excellence in Healthcare through
Innovation and Collaboration.*



Mid Cheshire Hospitals
NHS Foundation Trust

**Domain
Four**

Aspiring to Excellence in Practice through our Workforce

W1. To expand our cadre of patient centred leaders with the ability to continually promote and build upon our open and honest culture, by sharing the Trust's vision, values, behaviours and objectives from Board to ward.

W2. To develop a flexible and responsive workforce to meet patient needs by ensuring:

- We have sufficient workforce numbers, with the right skills, in the right place, at the right time to meet the demands of our services across seven days.
- Staff continually engaging in professional development regardless of their role.
- Effective workforce planning to secure existing, and mitigate against anticipated shortages in skills.

W3. To ensure our staff feel valued and recognised for the work they do, whilst being supported to maintain their own health and well-being, thus enabling the provision of outstanding quality care and services.

We will know when we have succeeded by measuring what matters and:

- ✓ Becoming an exemplar organisation for developing new clinical roles to deliver the 7 day services agenda.
- ✓ Embedding the Trust's vision, values, behaviours and objectives across the organisation with local implementation and adaptation.
- ✓ Continually improving our staff survey results.
- ✓ Demonstrating a Well Led organisation with good organisational health metrics.
- ✓ Progressing from a 'good' to 'outstanding' Care Quality Commission (CQC) rating.



Strategic Domains 2017-18

*Supporting our Journey from 'Good' to 'Outstanding'
by Delivering Excellence in Healthcare through
Innovation and Collaboration.*



Mid Cheshire Hospitals
NHS Foundation Trust

Domain
Five

Creating a 21st Century Infrastructure for Transformative Health and Social Care

T1. To deliver an agreed, costed and phased Estates Strategy which will make the best use of the Trust's estate taking into consideration national and regional agendas, in particular the strategic aim to become an accountable care organisation / system.

T2. To deliver an agreed, costed and phased Information Technology (IT) Strategy which supports the provision of seamless, integrated, outstanding patient care, improves staff experience in delivering care and enables continuous quality and service improvements through the intelligent use of secure, real time data .

**We will know when we
have succeeded by
measuring what matters
and:**

- ✓ Providing a modern, safe, fit for purpose environment to deliver outstanding quality care in the most appropriate location.
- ✓ Implementing advancements in Information Technology, including a single electronic patient record across health and social care, that will support our journey of continuous improvement and provide data to drive rapid change.



Mid Cheshire Hospitals NHS Foundation Trust

Supporting our Journey from 'Good' to 'Outstanding'



Developing the BAF - Assurance Mapping:

- Is a key part of developing and maintaining a Board Assurance Framework;
- Enables management and the Board to 'Really know what they think they know'; and
- Encourages challenge at Board level -
 - Where does the assurance come from?
 - How reliable is this assurance?
 - What is the assurance telling me?
 - Is the assurance proportionate to the level of risk?



Mid Cheshire Hospitals NHS Foundation Trust
Supporting our Journey from 'Good' to 'Outstanding'



Benefits of comprehensive assurance mapping include:

- Identifying gaps / inefficiencies in assurances.
- Where assurance is duplicated or is disproportionate to the risk or activity leading to efficiency / resource gains.
- Where existing controls are failing.
- The ability to better focus existing assurance resources.
- Providing an evidence base to assist the Trust in the preparation of the Annual Governance Statement.



Board Assurance Framework 2017-18
Supporting our Journey from 'Good' to 'Outstanding'
by Delivering Excellence in Healthcare through
Innovation and Collaboration.



Strategic Domain 1: Delivering Outstanding Clinical Quality, Safety & Experience

Q1	To aspire to the delivery of 'outstanding' clinical quality and safety, which is equitable, patient and family centred and supported by an effective quality governance framework.									
Principal Risk										
Initial Date	Date of Update	Review Date	Care Quality Commission Domain / NHS Improvement Oversight Framework			Accountable Executive Director		Executive Management Group		Delegated Board Committee

Quarter	Q1	Q2	Q3	Q4
Rating	25	20	20	15
Target	10	10	10	10

Initial Risk Rating (Unmitigated)			Current Risk Rating (Mitigated)			Target Risk Rating (Tolerance / Risk Appetite)			
Consequence	Likelihood	Risk Rating	Consequence	Likelihood	Risk Rating	Consequence	Likelihood	Risk Rating	Target Date

Rationale for the Current Risk Score

Links to BAF Objectives

Links to the Corporate Risk Register

Key Controls / Influences Established (What are we currently doing about the risk?)	Key Gaps in Controls / Influences (What additional controls should we seek?)	Assurance Providers 2017/18 (How do we know if the things we are doing are having an impact?)			Gaps in Assurances on Controls / Influences (What additional assurances should we seek?)	Agreed Actions for Gaps in Controls / Influences or Assurances (What more should we do, including timescales for delivery)
		Local Management (1 st Line of Defence)	Corporate Oversight (2 nd Line of Defence)	Independent / External (3 rd Line of Defence)		
Adequacy of Assurance (Level of confidence)			None	None		
Overall Assessment of Assurance						

Quarter 1 Commentary:

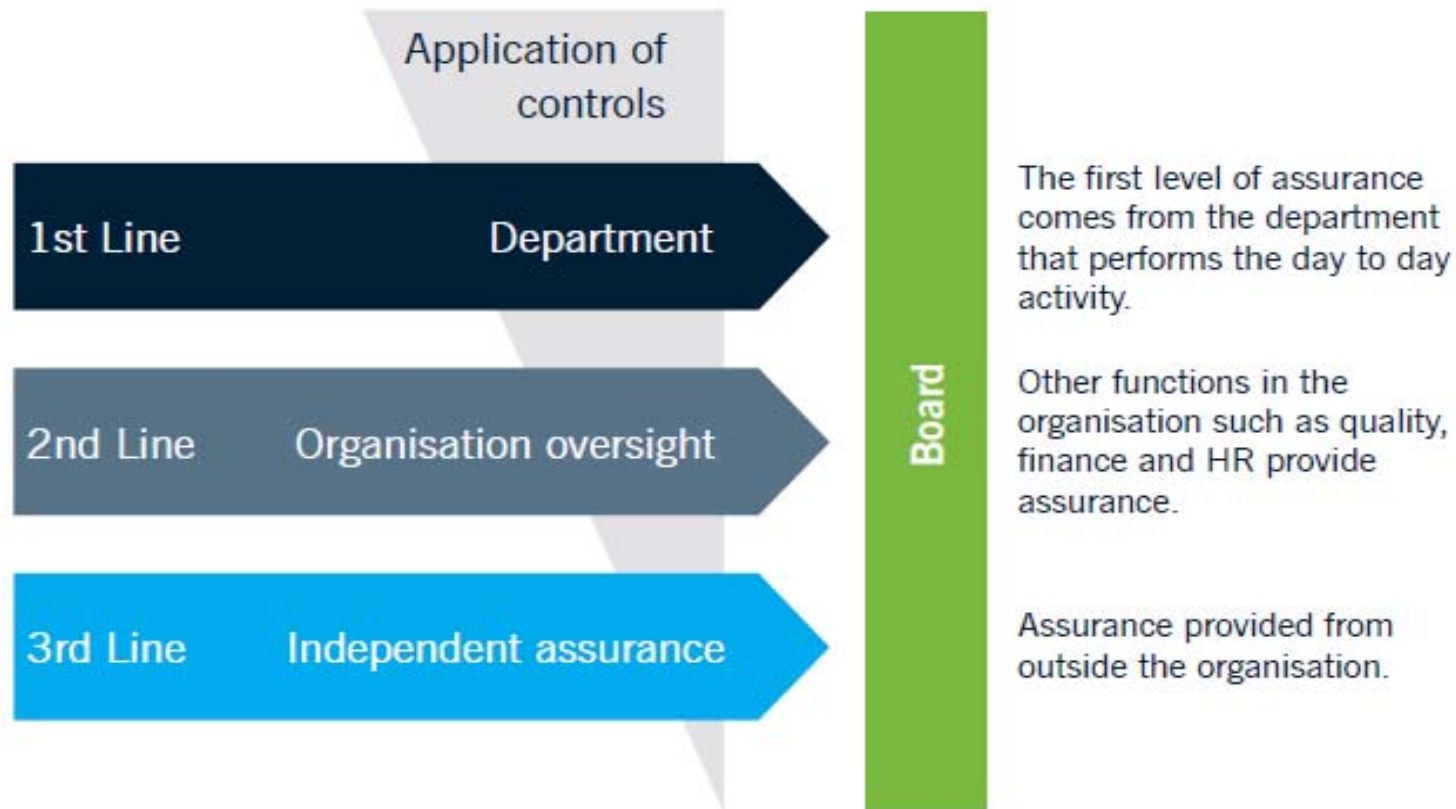
Assurance rating	Significant assurance	Significant assurance with minor improvement opportunities	Partial assurance with improvements required	No assurance
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Mid Cheshire Hospitals NHS Foundation Trust
Supporting our Journey from 'Good' to 'Outstanding'



Adopting the Three Lines of Defence



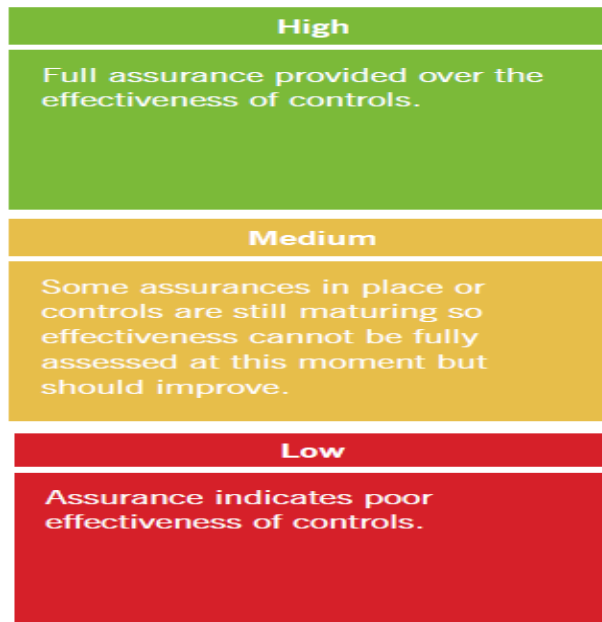


Mid Cheshire Hospitals NHS Foundation Trust
Supporting our Journey from 'Good' to 'Outstanding'

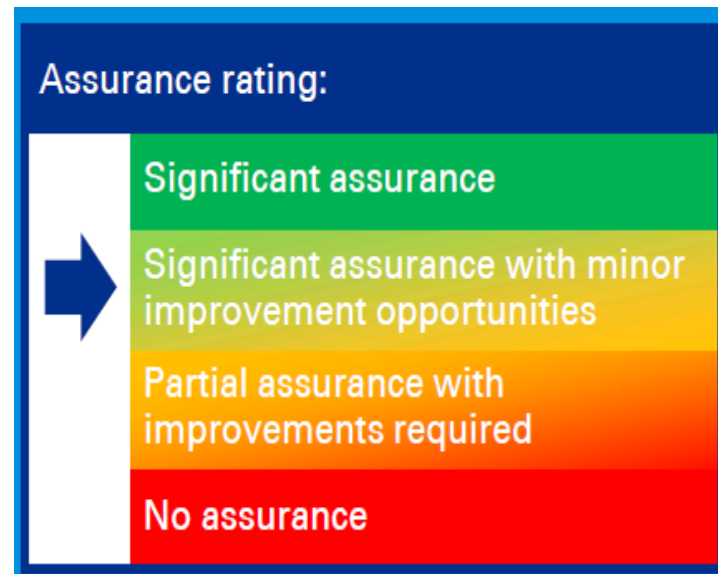


Assessment of Assurance

Three Assurance Levels



Four Assurance Levels (KPMG Approach)



Three Lines of Defence

Aggregated Approach



Mid Cheshire Hospitals NHS Foundation Trust

Supporting our Journey from 'Good' to 'Outstanding'












Next Steps:






- 1) Endorsement of approach.
- 2) Drafting the first iteration of the BAF
- 3) Clarity – What success will look like & identification / development of metrics with links to performance.
- 4) Assurance mapping – iterative process/ Board agenda.
- 5) Assessment of assurances – iterative process.
- 6) Triangulation of risks, with awareness of total cumulative risks to the achievement of any particular strategic objective.
- 7) Consideration of objectives / risks of partner organisations.
- 8) Risk Management Strategy 2017/20 – risk maturity/ risk appetite/business continuity.
- 9) Quarterly supporting, succinct BAF analysis report.
- 10) Internal audit engagement / assurance re process.

Performance Report
Month:

Workforce Chapter
May-17

Measure	Target	Performance	Description	Narrative	Rolling Trend
	3.60%	3.96%	Rolling 12m average Sickness Absence described as a Percentage	In month sickness absence rate is 3.78% which is equivalent of 219.85 wte staff being off throughout May 2017. The major cause of absence is currently Anxiety/ Stress and Depression and many of these relate to personal (non-work-related absences). HRMs in Divisions where absence is above the trajectory for 3 months or more have been asked to provide a recovery plan. Current action to support reduction in absence includes: - Basic People Management Skills Training - One-to-one support for managers from HR Advisors and - Sickness Absence 'Surgeries' and 'drop in sessions' for line managers to get quick advice on managing absence.	
	90.00%	77.25%	Percentage of Staff who have received an appraisal in the last 12 months. Excludes New Staff with less than 12m service and Bank Staff ** EXCLUDES CCICP**	Improvement in month of 2.9% The current appraisal data continues to exclude the CCICP position. At the point of transfer the appraisal data was omitted and this has recently been identified. Actions are in place to correct this and reports from August onwards will include the CCICP position. Wards and departments with low appraisal rates are being targeted for rapid improvement, whilst recognising the need to support good quality appraisal conversations. Good practice has been highlighted specifically in the Women's and Children's division, where the appraisal rate is currently 93% where opportunities are taken during periods of lower activity to engage staff in appraisals and mandatory training.	
				A small improvement in the number of staff who are up to date with all mandatory training. Again, CCICP are currently excluded from this data, however a separate report has been developed and shows CCICP	

 <p>Mandatory Training</p>	<p>90.00%</p>	<p>75.01%</p>	<p>Mandatory Training Monthly Rate Excludes Bank Staff, Staff on long term sick & mat. leave. **EXCLUDES CCICP**</p>	<p>mandatory training uptake now up to 75%. CCICP data will be included from the August reports. There continue to be discrepancies in the data as a result of moving from the 2-year training cycle to a three-year training cycle. These discrepancies are being reviewed regularly and there continues to be positive progress made by both BIU and the Learning & Development team.</p>	
 <p>Staff Turnover</p>	<p>10.00%</p>	<p>10.07%</p>	<p>Number of Leavers expressed as a percentage of the workforce over a 12m rolling period. Includes Junior Doctors, Bank, Temporary and Fixed term workers.</p>	<p>The number of leavers has increased during May. The most common reasons for staff leaving the Trust are: - Work Life Balance - Relocation and - Retirement. The Trust has a positive track record in supporting retire and return programmes and many of the staff retiring in May have already returned to work during June 2017. Further work will be undertaken to take a more proactive approach to preventing staff from leaving, using best practise from London NHS Trust who experience significant levels of turnover, including - 'itchy feet' conversations - proactive approach to flexible working and encouraging staff to work on the Trust bank and</p>	

Measure	Target	Performance	Description	Narrative	Rolling Trend
	(518)	(419)	In month and cumulative total spend for the Trust.	During M2 of 2017/18 we have continued to perform well in month with the performance being £99k less than the target spend. This reflects a similar position to 2016/17 M2. The top spending Divisions in M2 are: M&EC - £121k Diagnostics - £114k CCICP = £89k	
	less than 100%	80.9%	Trust Agency Spend as a percentage of the Ceiling Set by NHS Improvement	During M2 almost £70 of our agency spend is on Medical and Dental posts and in particular in shortage occupations where we have existing consultant and medical staffing vacancies.	
	To be benchmarked after Q2	52.32%	Number of Agency shifts filled by agency staff that are over the nationally determined capped rates	During May 646 separate agency shifts were booked across the Trust, of which 338 were booked at rates above the level capped by NHS Improvement. <i>This dataset is under review during Q1 and Q2 to determine and appropriate target and identify a benchmark from other providers.</i>	