Mid Cheshire Hospitals NHS
NHS Foundation Trust

A G E N D A

Board of Directors
A meeting will be held in Public at
9.30am on Monday, 4 September 2017
In the Board Room, Leighton Hospital

Action Key	
A	Approval
I	Information
D	Discussion

Item No	Title of Item	Action	Led by	Page No
1.	**Welcome and Apologies** To welcome members of the public and attendees and to receive apologies for absence from Board Members. *(to note)*	I	Deputy Chair 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 • Changes to Directors' interests since the last meeting • Conflicts of interest deriving from this agenda	I	Deputy Chair 09.40	-
4.	**Minutes of the Last Meeting** To **approve** the minutes of the Board of Directors meeting held in Public on Monday, 7 August 2017 *(attached) (to approve)*	A	Deputy Chair 09.42	-
5.	**Matters Arising and Action Log** *(attached) (to approve)*	A	Deputy Chair 09.45	-
6.	**Annual Work Programme 2017/18** *(attached) (to approve)*	I/A	Deputy Chair 09.47	-
7.	**Chairman's Announcements** (*to note a verbal report*) **7.1 Board to Board with the CCG – 10 August 2017** **7.2 Meetings with MPs** **7.3 Trust Strategy Session – 7 August 2017** **7.4 Meeting with Charitable Patron; Pete Waterman** **7.5 Chair to Chair Meeting with UHNM**	I	Deputy Chair 09.50	-
8.	**Governors' Items** (*to note a verbal report*) **8.1 Governor Development Session – 10 August 2017** **8.2 Chat with the Chairman – 31 August 2017**	I	Deputy Chair 10.05	-

Item No	Title of Item	Action	Led by	Page No
9.	**Chief Executive's Report** (*to note a verbal report*)	I	Chief Executive 10.10	-
	9.1 **Connecting Care Board Meeting and appointment of Independent Chair**			
	9.2 **NHS Improvement Quarterly Progress Meeting**			
10.	**CARING**			
	10.1 **Quality, Safety & Experience Report** *(attached)* (*to note)*	I/D	Director of Nursing & Quality 10.30	-
11.	**SAFE**			
	11.1 **Draft Quality Governance Committee notes from the meeting held on 14 August 2017** *(attached) (to note*)	I	Committee Chair 10.40	-
	11.2 **Serious Untoward Incidents and RIDDOR Events** *(verbal)* (*to note*)	I/D	Deputy Chief Executive/ Medical Director 10.45	-
12.	**RESPONSIVE**			
	12.1 **Performance Report** *(attached)* (*to note*)	I/D	Chief Operating Officer 10.50	-
	12.2 **Draft Performance & Finance Committee notes from the meeting held on 24 August 2017** *(to follow) (to note)*	I	Committee Chair 10.55	-
	12.3 **Legal Advice** *(verbal)* (*to note*)	I	Chief Executive 11:00	-
13.	**WELL-LED**			
	13.1 **Visits of Accreditation, Inspection or Investigation** (*verbal)* (*to note*)	I	Chief Executive 11.05	-
	13.3 **CCICP 12 month Review** *(attached) (for discussion)*	I/D	Director of Strategic Partnerships 11:10	-
	13.4 **Whistleblowing Report** *(attached) (to note)*	I/D	Director of Workforce and OD 11.30	-

Item No	Title of Item	Action	Led by	Page No
14.	**EFFECTIVE**			
	14.1 **Workforce Report** *(attached) (to note)*	D/I	Director of Workforce and OD **11.40**	-
	14.2 **Consultant Appointments** *(verbal)* (*to note*)	I	Deputy Chief Executive/ Medical Director **11.45**	-
	14.3 **Revalidation Annual Report** *(attached) (to note)*	D/I	Deputy Chief Executive/ Medical Director **11.50**	-
15.	**Any Other Business (verbal)**	I/A/D	Deputy Chair **11.55**	-
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 2 October 2017**	I	Deputy Chair	

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

Board of Director Meeting held in Public (Action Log)

Action No	Date of Meeting	Action	Lead	Deadline Date	Comments	Date of Board meeting to be reviewed	Status
17/05/13.2.5	02/05/2017	Board to receive a 12 month review of CCICP in September	D Frodsham	04/09/2017		04/09/2017	

Board of Directors Workplan 2017 /18 Version: 2

Item	Board of Directors 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		x
Trust Strategy Update		x															
Visits of Accreditation, Inspection or Investigation	x	x	x	x	x	x	x	x	x	x	x	x					
Well-Led Governance Framework Self Assessment													x				
Corporate Goverance Handbook	x																
Transformation and People Committee	x	x	x	x	x	x	x	x	x	x	x	x					
Board Sub-Committee Annual Review			x														
Workforce Race Equality Scheme							x										
Board Actions	x	x	x	x	x	x	x	x	x	x	x	x					

Board Report

Presented to Board in September 2017

Quality: Safety and Experience

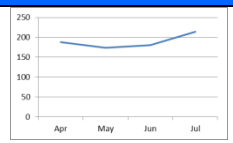
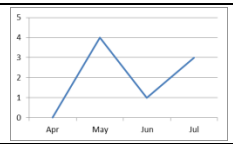
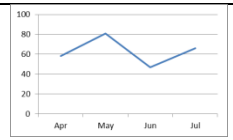
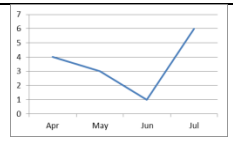
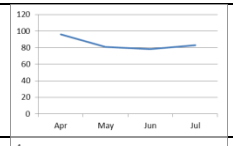
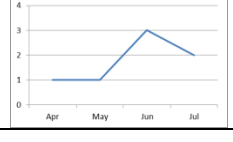
(July 2017 data)

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

Contents

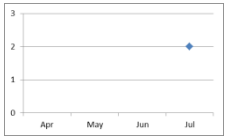
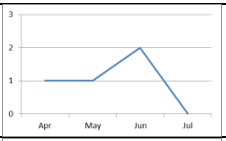
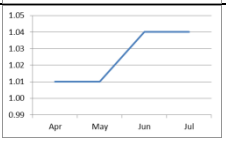
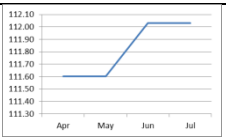
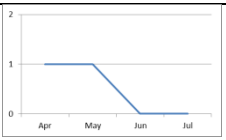
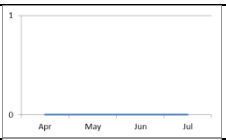
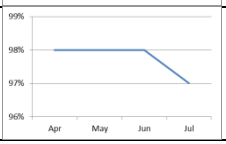
Contents (continued):

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

Indicators	Position compared to previous month	Target	Last four months				YTD 17/18	Trajectory
			Apr-17	May-17	Jun-17	Jul-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**	**188**	**174**	**180**	**214**	**756**	
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**	**0**	**4**	**1**	**3**	**8**	
Pressure Ulcers The aim is to reduce hospital acquired avoidable pressure ulcers by 5% quarter on quarter in 2017/2018	↑	**5 at end of quarter 2**	**3**	**3**	**0**	**2**	**QTD 17/18** **2**	
Inpatient Falls The aim is to reduce inpatient falls by 10% by January 2018	↑	**733 at end of January 2018**	**58**	**81**	**47**	**66**	**252**	
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**	**4**	**3**	**1**	**6**	**14**	
CCICP Patient Safety Harm Incidents The aim is to reduce the number of harm incidents. A target will be set in quarter 3 once a full year's data is available.	↑		**96**	**81**	**78**	**83**	**338**	
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**	**1**	**3**	**2**	**7**	

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

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

Indicators	Position compared to previous month	Target	Last four months				YTD 17/18	Trajectory
			Apr-17	May-17	Jun-17	Jul-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, which will then be measured quarterly.	**Measure to be agreed by the end of Sept 2017**					**2**	QTD 17/18 **2**	
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**	**2**	**0**	**4**	
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	**1.04** ⇔	**Below 1.0**	**1.01**	**1.01**	**1.04**	**1.04**	**N/A**	
HSMR The Trust's aim is to have an HSMR <100	**112.03** ⇔	**<100**	**111.6**	**111.6**	**112.03**	**112.03**	**N/A**	
MRSA The target for MRSA Bacteraemia is zero in 2017/18	⇔	**Zero at end of 2017/2018**	**1**	**1**	**0**	**0**	**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%**	**98%**	**98%**	**97%**	**N/A**	

Key							
⇧⇩	**Position Declined since last month**	⇧⇩	**Position Improved since last month**	⇔	**On track to deliver**	⇔	**Work in place to recover position**

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

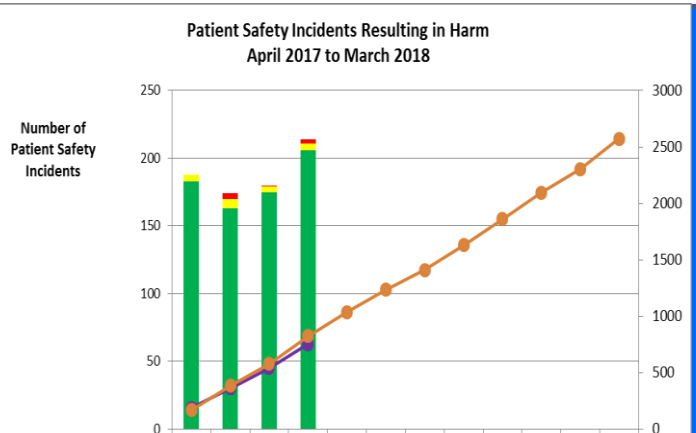
Quality & Safety Section:

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:
96.2% (727 incidents) have resulted in low harm
2.8% (21 incidents) have resulted in moderate harm
1% (8 incidents) have resulted in serious harm



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Serious Incident	0	4	1	3								
Moderate Harm	5	7	4	5								
Low Harm	183	163	175	206								
Cumulative Total 2017/18	188	362	542	756								
Cumulative Total 2016/17	170	387	578	824	1036	1234	1410	1629	1862	2097	2306	2574

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

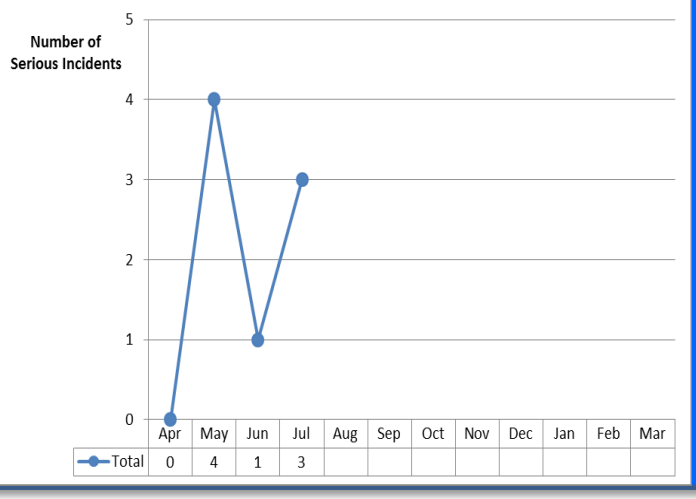
- Bi-weekly Patient Safety Summit Meetings with Executive & Senior Teams
- Participation in the Sign Up To Safety Campaign

Serious Incidents.

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

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

- 7 x patient falls resulting in serious fractures
- 1 x hospital acquired pressure ulcer stage 3



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Total	0	4	1	3								

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: September 2017

Description	Aggregate Position	Trend	Performance against previous month

Pressure Ulcer (PU) Incidents including both avoidable and unavoidable pressure ulcers based on EPUA Guidance

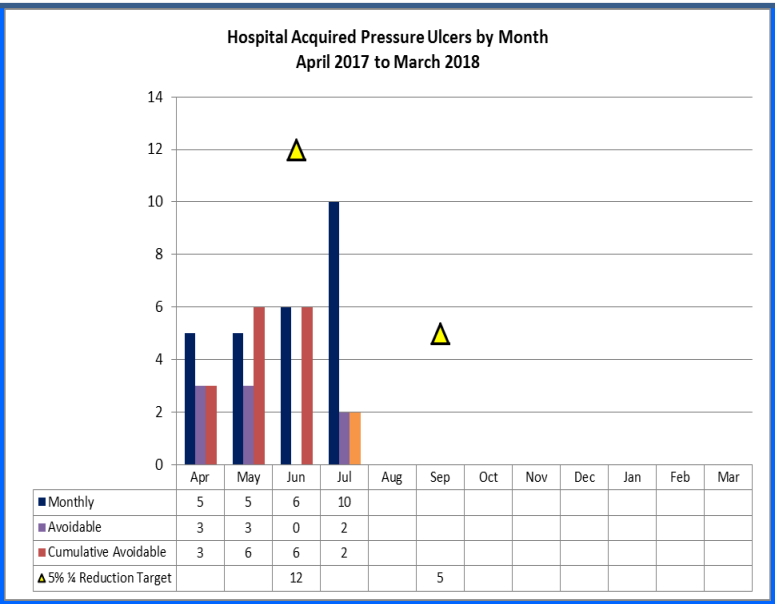
For this financial year to date:

- 96.2% (25 PU's) have resulted in low harm (defined as a patient that has developed a stage 2 or unstageable PU)
- 3.8% (1 PU's) have resulted in serious harm (defined as a patient that has developed a stage 3 or 4 PU)

The 5% reduction target to achieve by the end of quarter 1, was to have no more than 12 avoidable pressure ulcers reported. There have been a total of 6 avoidable pressure ulcers for this quarter; therefore the target has been achieved.

The 5% reduction target to achieve by the end of quarter 2, is to have no more than 5 avoidable pressure ulcers reported.

In July 2017, 2 PU's were reported as avoidable, as shown by the purple bar on the chart.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly	5	5	6	10								
Avoidable	3	3	0	2								
Cumulative Avoidable	3	6	6	2								
5% ¼ Reduction Target			12			5						

Improvement actions include:

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

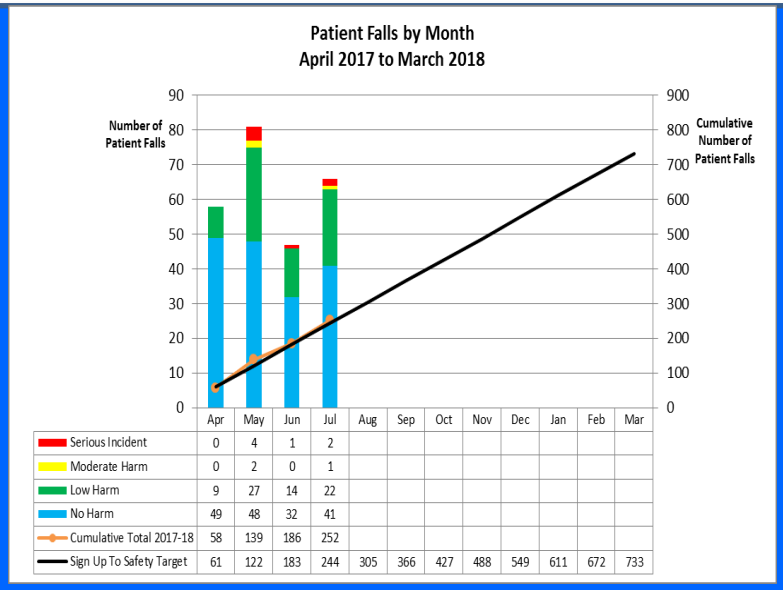
Board Papers – Quality, Safety & Experience Section: September 2017

Description	Aggregate Position	Trend	Performance against previous month

Patient Falls Incidents.

For this financial year to date:

- 67.5% (170 falls) have resulted in no harm
- 28.6% (72 falls) have resulted in low harm
- 1.2% (3 fall) has resulted in moderate harm
- 2.8% (7 falls) have resulted in serious harm



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Serious Incident	0	4	1	2								
Moderate Harm	0	2	0	1								
Low Harm	9	27	14	22								
No Harm	49	48	32	41								
Cumulative Total 2017-18	58	139	186	252								
Sign Up To Safety Target	61	122	183	244	305	366	427	488	549	611	672	733

Improvement actions include:

- Successful initiatives from the One Step Ahead collaborative commenced roll out across the organisation in October 2016 including:
  - Toilet/commode tagging
  - Cohort of higher risk patients to increase supervision
  - Staff placement in bays to increase supervision
  - Safety crosses in all ward areas

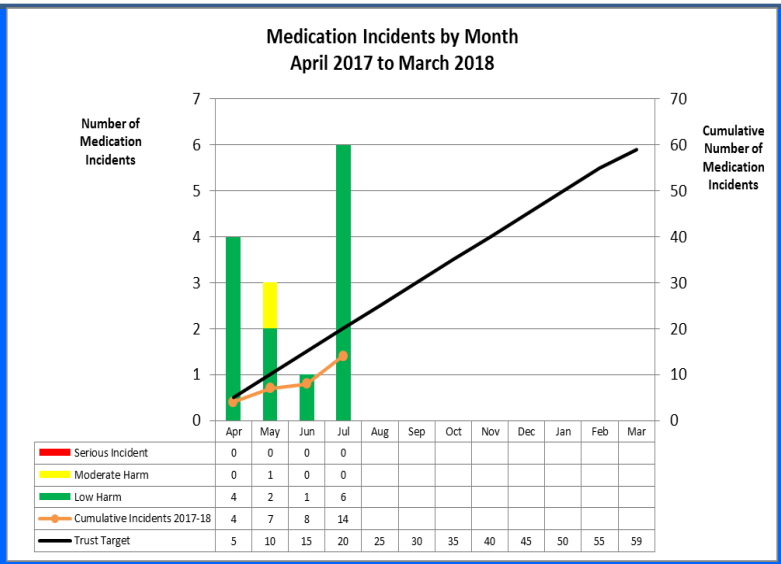
Board Papers – Quality, Safety & Experience Section: September 2017

Description	Aggregate Position	Trend	Performance against previous month

Medication Incidents.

For this financial year to date:

- 92.9% (13 medication incidents) have resulted in low harm
- 7.1% (1 medication incidents) have resulted in moderate harm
- 0% (0 medication incidents) have resulted in serious harm



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Serious Incident	0	0	0	0								
Moderate Harm	0	1	0	0								
Low Harm	4	2	1	6								
Cumulative Incidents 2017-18	4	7	8	14								
Trust Target	5	10	15	20	25	30	35	40	45	50	55	59

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.

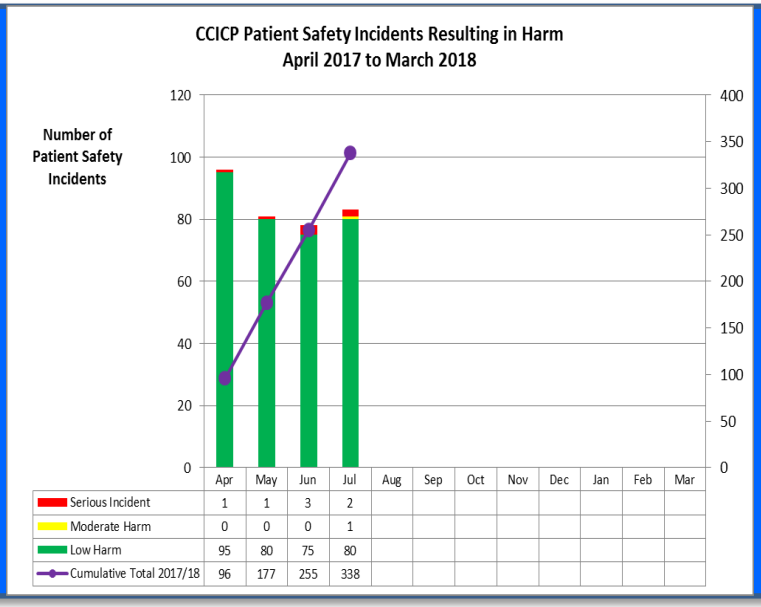
Description	Aggregate Position	Trend	Performance against previous month

CCICP Patient Safety Incidents resulting in harm.

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

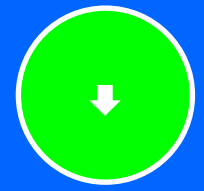
For this financial year to date:

- 97% (330 incidents) have resulted in low harm
- 0.3% (1 incidents) have resulted in moderate harm
- 2.7% (7 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

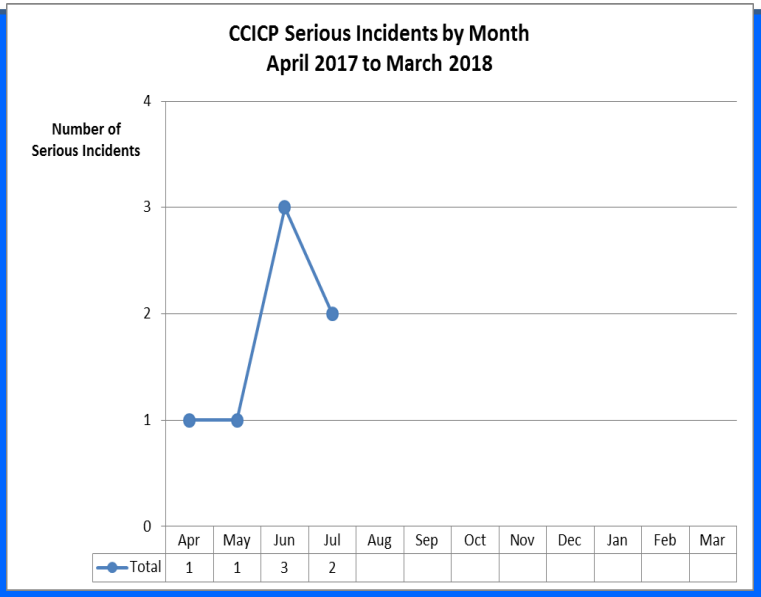


CCICP Serious Incidents.

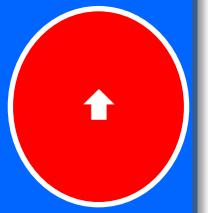
This chart demonstrates the number of incidents that have resulted in serious harm.

For this financial year to date:

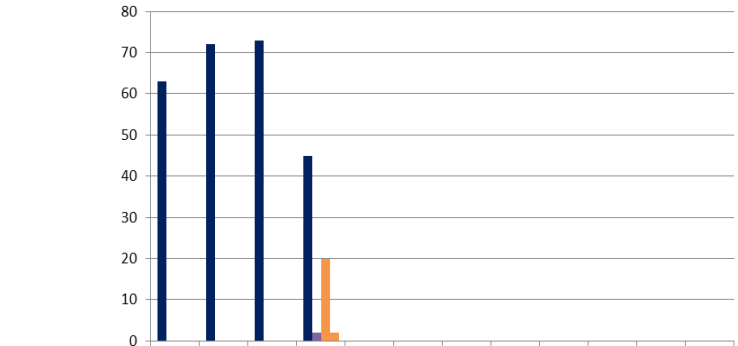
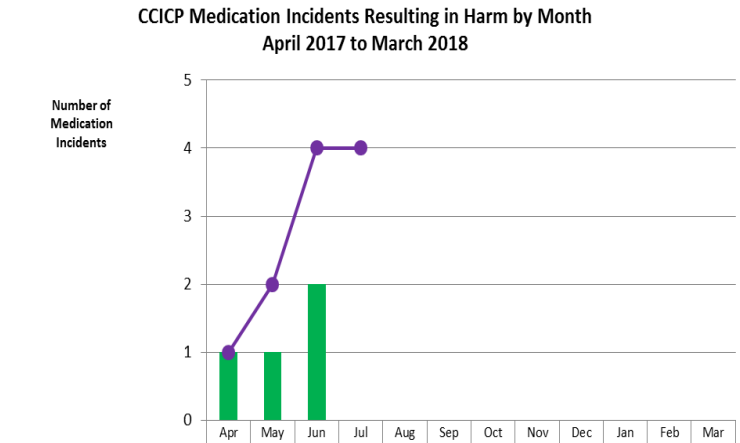
- 4 x Acquired on case load Pressure Ulcer – Stage 4
- 3 x Acquired on case load Pressure Ulcer – Stage 3



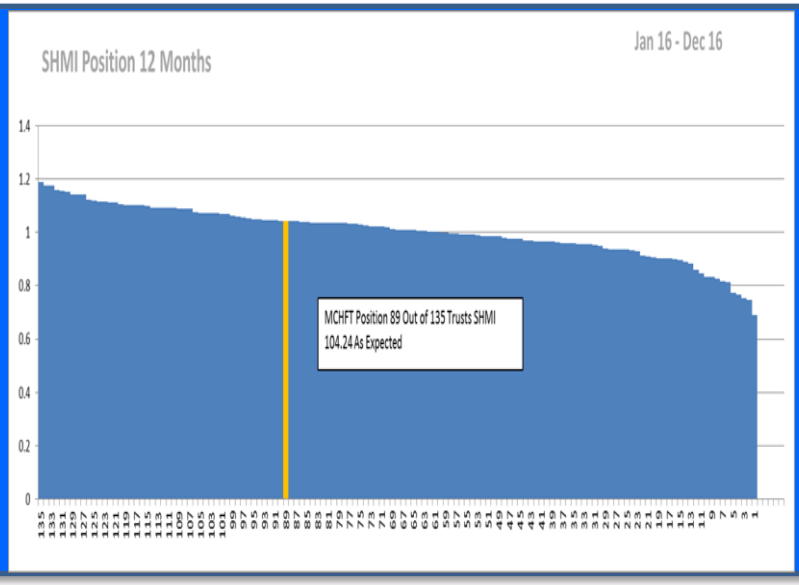
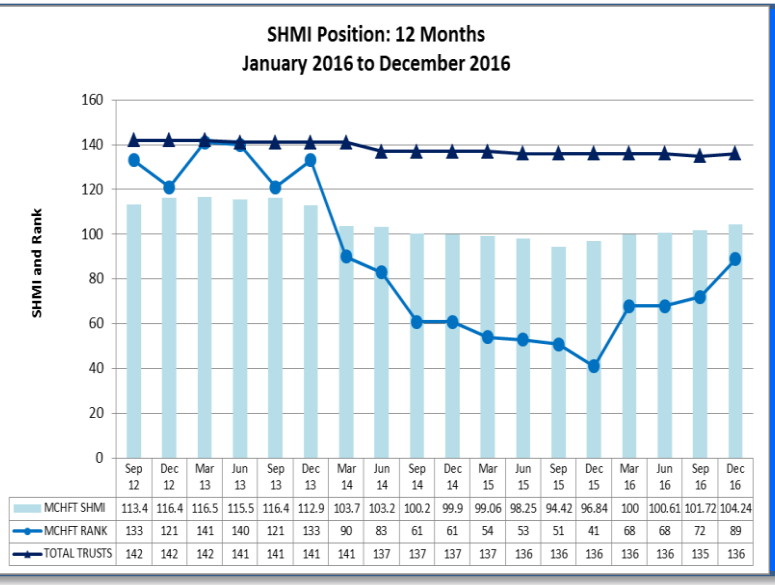
To reduce the number of serious incidents, the Trust has signed up to the Sign Up To Safety Campaign.



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

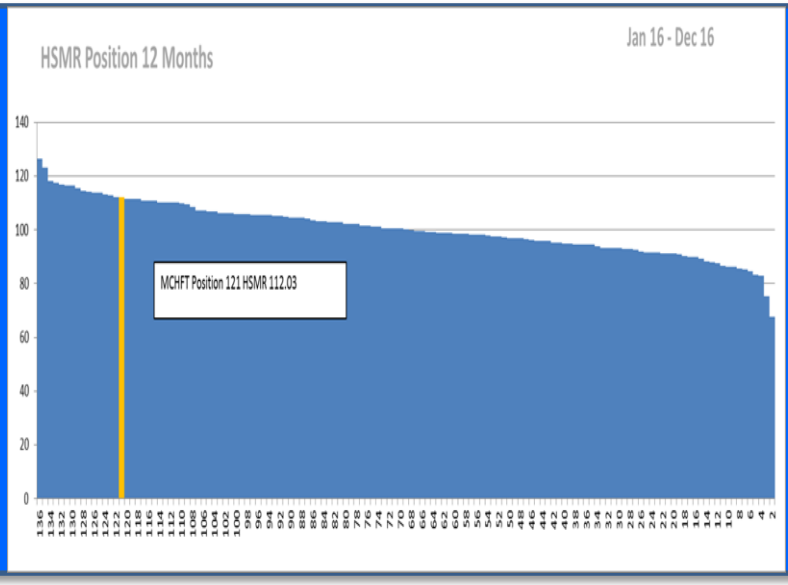
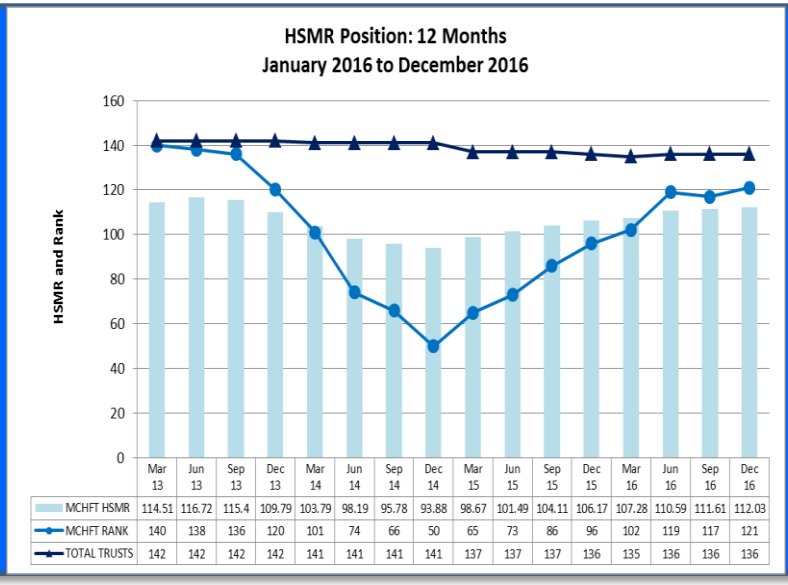
Description	Aggregate Position	Trend	Performance against previous month
CCICP Pressure Ulcer (PU) Incidents by Avoidance	For this financial year to date: • 97.2% (246 PU's) have resulted in low harm (defined as a patient that has developed a stage 2 or unstageable PU) • 2.8% (7 PU's) stage 3 or stage four PU's have been reported. From July 2017 CCICP are determining the avoidance status of developed in care pressure ulcers. Of the 45 reported, 2 have been confirmed as avoidable, 20 are awaiting confirmation following the investigation process.	 Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Monthly 63 72 73 45 Avoidable 2 Unconfirmed 20 Cumulative Avoidable 2 5% ¼ Reduction Target	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 was to develop a process to enable PU's to be appropriately classified. The process has now been developed.
CCICP Medication Incidents.	For this financial year to date: • 100% (4 medication incidents) have resulted in low harm • 0% (0 medication incidents) have resulted in moderate harm • 0% (0 medication incidents) have resulted in serious harm	 Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Serious Incident 0 0 0 0 Moderate Harm 0 0 0 0 Low Harm 1 1 2 0 Cumulative Incidents 2017-18 1 2 4 4	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: September 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 1.04 for the time period January 2016 to December 2016 and places the Trust 89 out of 136 Trusts.		The Trust's aim within the Sign Up To Safety Campaign is to have a SHMI at or below 1.0 from April 2016.
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 January 2016 to December 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.

	Sep 12	Dec 12	Mar 13	Jun 13	Sep 13	Dec 13	Mar 14	Jun 14	Sep 14	Dec 14	Mar 15	Jun 15	Sep 15	Dec 15	Mar 16	Jun 16	Sep 16	Dec 16
MCHFT SHMI	113.4	116.4	116.5	115.5	116.4	112.9	103.7	103.2	100.2	99.9	99.06	98.25	94.42	96.84	100	100.61	101.72	104.24
MCHFT RANK	133	121	141	140	121	133	90	83	61	61	54	53	51	41	68	68	72	89
TOTAL TRUSTS	142	142	142	141	141	141	141	137	137	137	137	136	136	136	136	136	135	136

Board Papers – Quality, Safety & Experience Section: September 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 112.03 (January 2016 to December 2016) and places the Trust 121 out of 136 Trusts.		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 January 2016 to December 2016.		The Trust's aim is to have an HSMR <100.

	Mar 13	Jun 13	Sep 13	Dec 13	Mar 14	Jun 14	Sep 14	Dec 14	Mar 15	Jun 15	Sep 15	Dec 15	Mar 16	Jun 16	Sep 16	Dec 16
MCHFT HSMR	114.51	116.72	115.4	109.79	103.79	98.19	95.78	93.88	98.67	101.49	104.11	106.17	107.28	110.59	111.61	112.03
MCHFT RANK	140	138	136	120	101	74	66	50	65	73	86	96	102	119	117	121
TOTAL TRUSTS	142	142	142	142	141	141	141	141	137	137	137	136	135	136	136	136

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

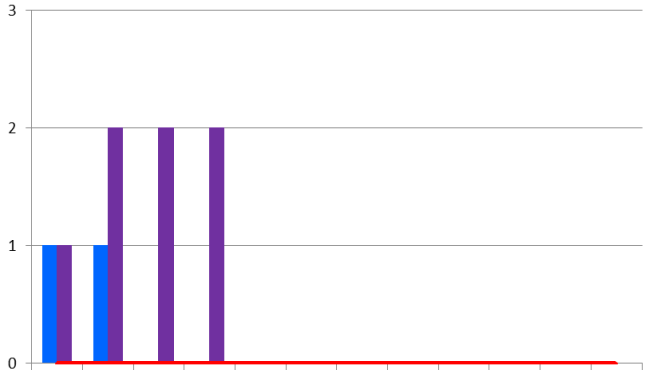
Description	Aggregate Position	Trend	Performance against previous month

MRSA Bacteraemia Cases.

In July 2017 no MRSA bacteraemia cases were reported in the Trust.

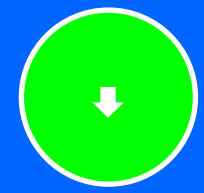
In this financial year there has been two confirmed MRSA bacteraemia cases reported.

MRSA Bacteraemia cases reported within the Trust
April 2017 to March 2018



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

A post infection review is underway to determine the cause and identify any lapses in care.

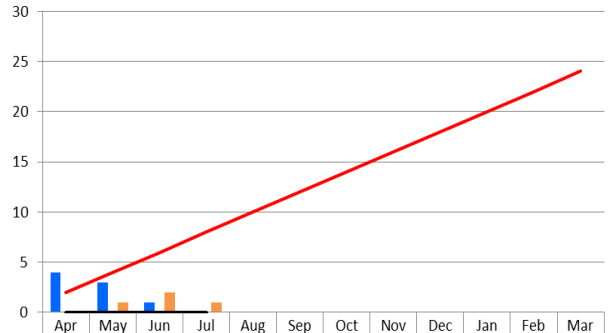


Clostridium Difficile toxin positive cases.

In July 2017, no avoidable case were reported at present, 1 case is awaiting confirmation following the SBAR meetings.

The total avoidable cases year to date is 0.

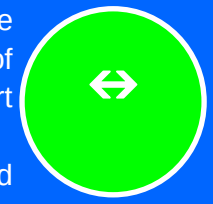
Clostridium Difficile toxin positive cases reported within the Trust
April 2017 to March 2018



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

Improvement actions include:

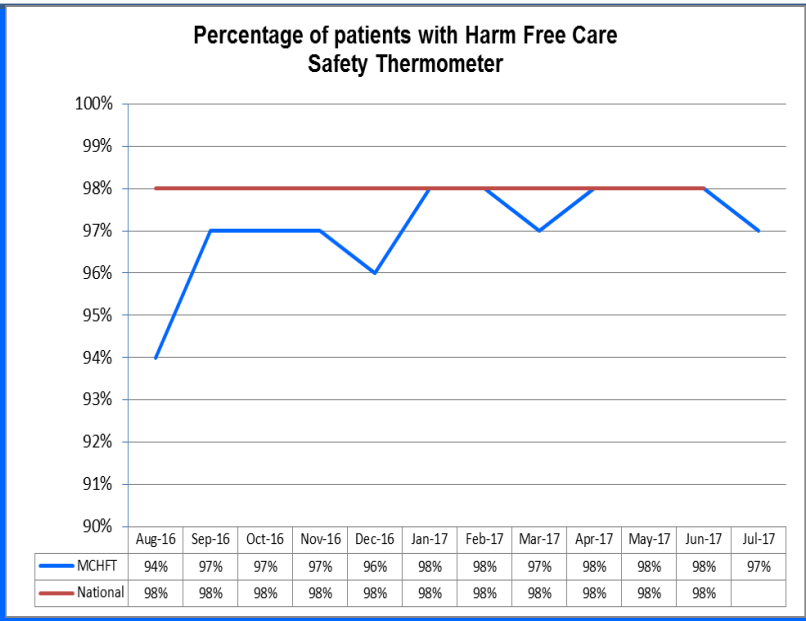
- Ward Managers to reinforce the importance of accurate stool chart documentation
- Ward staff to attend the weekly Clostridium Difficile Infection meetings to support ownership at a ward level



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

CQUIN Indicator	Indicator Name	Milestone Achieved								
		Q1	Financial Incentive Achieved	Q2	Financial Incentive Achieved	Q3	Financial Incentive Achieved	Q4	Financial Incentive Achieved	Maximum Value
1a	**Health & Wellbeing** 5% point improvement in two of the three questions on H&W, MSK & Stress.	✓	No Payment in Q1	Data will be available at the end of quarter 2						£144,109
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.	✓	No Payment in Q1							£144,109
1c	**Health & Wellbeing** Achieve an uptake of flu vaccinations of front line clinical staff of 70% by end of February 2018.	NOT REQUIRED	No Payment in Q1							£144,109
2a	**Sepsis: Identification** Greater than 90% of eligible patients to have a timely identification of sepsis by the end of quarter four 2017/18.	✓ Partially	£13,510							£108,082
2b	**Sepsis: Treatment** Greater than 90% of eligible patients to have a timely treatment of sepsis by the end of quarter four 2017/18.	✗	Payment not achieved							£108,082
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.	✓	£27,020							£108,082
2d Part 1	**Reduction in antibiotic consumption** Achieve a reduction of x% or more in total antibiotic consumption per 1,000 admissions.	✗	No Payment in Q1							£36,027
2d Part 2	**Reduction in carbapenem consumption** Achieve a reduction of x% or more in total carbapenem consumption per 1,000 admissions.	✓	No Payment in Q1							£36,027
2d Part 3	**Reduction in piperacillin tazabactam consumption** Achieve a reduction of x% or more in total piperacillin tazabactam consumption per 1,000 admissions.	✓	No Payment in Q1							£36,027
4	**Mental Health in Emergency Department** Achieve a 20% reduction in attendances to the Emergency Department for people with Mental Health needs.	✓	£43,233							£432,328
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.	✓	£108,082							£432,328
7	**NHS e-Referrals** Availability of services and appointments for e-Referral service.	✓	£108,082							£432,328
8a	**Supporting proactive and safe discharge** Acute providers.	✓	£64,849							£432,328
9	CQUIN 9 does not apply until year 2									

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

Description	Aggregate Position	Trend	Performance against previous month
Safety Thermometer - Harm Free Care.	In July 2017, 97% of patients received harm free care as measured by the Safety Thermometer. The Safety Thermometer data is collected during the morning of the first Wednesday of each month and is collected by the nursing staff on duty on the ward assisted by the Divisional Senior Nursing Teams. National figures are not yet available for July 2017.		>95% of patients to receive harm free care as monitored by the Safety Thermometer.

	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17
MCHFT	94%	97%	97%	97%	96%	98%	98%	97%	98%	98%	98%	97%
National	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	

Board Papers – Quality, Safety & Experience Section: September 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	93.5% of expected Registered Nurse hours were achieved for day shifts. Any registered nurse numbers that fall below 85% are required to have a divisional review and an update of actions provided to the Director of Nursing & Quality and the Deputy Director of Nursing & Quality.	Trend **July 2017 93.5%** June 2017 94.7% May 2017 94.5%	The lowest staffing levels during the day were on Ward 7 at 80.1%.
Registered Nurses monthly expected hours by shift versus actual monthly hours per shift. Night time shifts only	95% of expected Registered Nurse hours were achieved for night shifts.	Trend **July 2017 95%** June 2017 95.3% May 2017 97.2%	The lowest staffing levels during the night were on Ward 9 at 76.1%
Healthcare Assistant monthly expected hours by shift versus actual monthly hours per shift. Day time shifts only	103.8% of expected HCA hours were achieved for day shifts.	Trend **July 2017 103.8%** June 2017 102% May 2017 98.7%	The lowest staffing levels during the day were on Ward 7 at 94.6%
Healthcare Assistant monthly expected hours by shift versus actual monthly hours per shift. Night time shifts only	115.8% of expected HCA hours were achieved for night shifts. For areas with over 100% staffing levels for HCA's this is reviewed and is predominately due to wards requiring 1 to 1 specials for patients following a risk assessment or to increase staffing numbers when there are registered nursing gaps that are not filled.	Trend **July 2017 115.8%** June 2017 113.7% May 2017 107.4%	The lowest staffing levels during the night were on 4 different wards at 98.4%

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

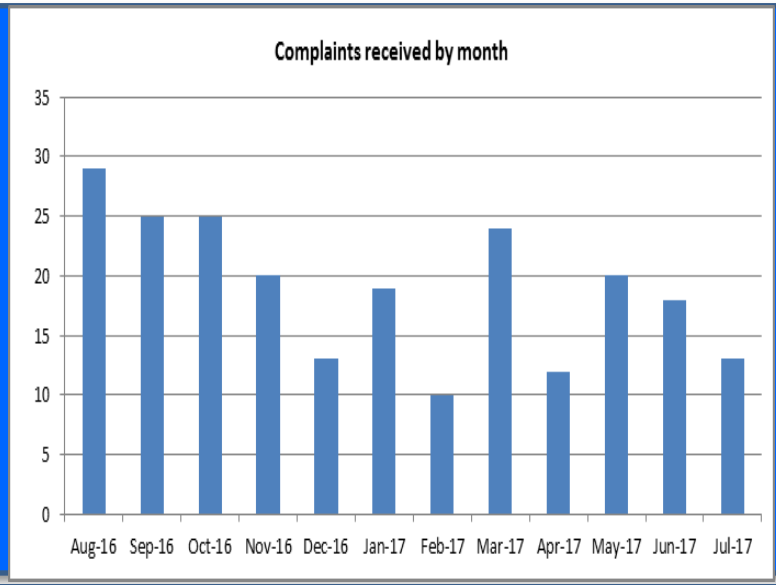
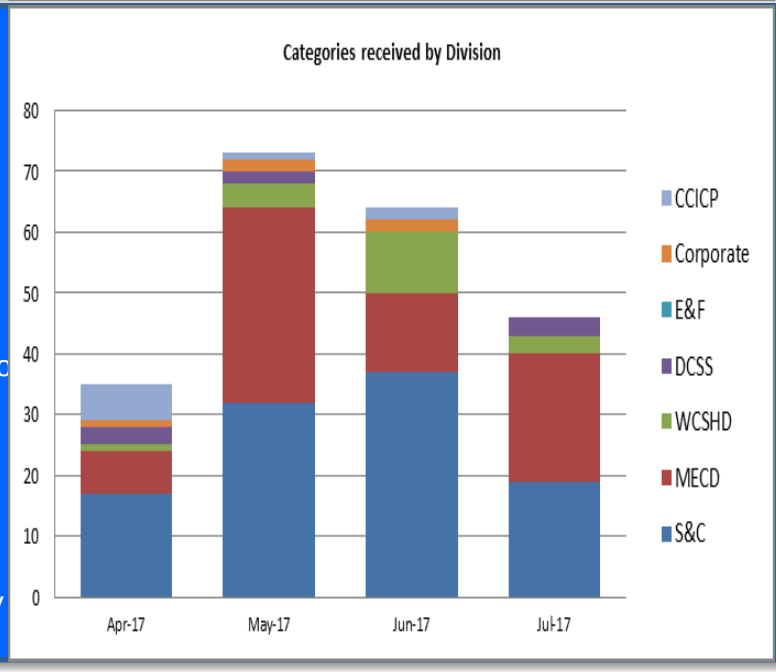
Ward Name	Main Specialties	Day				Night				Day		Night		Care Hours Per Patient Day			
		Qualified		Unqualified		Qualified		Unqualified		Qualified	Unqualified	Qualified	Unqualified	Cumulative count over month of pts at 23:59 each day	Qualified	Unqualified	Overall
		Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Fill Rate	Fill Rate	Fill Rate	Fill Rate				
MCHFT		41994.3	39267.1	30133.7	31287.5	24720.3	23486.1	15323.8	17743.4	93.5%	103.8%	95.0%	115.8%	14464	4.3	3.4	7.7
AMU	Gen. Medicine	2011.3	1846	1519	1488.3	1898.8	1715	1519	1494.5	91.8%	98.0%	90.3%	98.4%	792	4.5	3.8	8.3
CAU	Paeds	2710	2710	1081.5	1081.5	1414.5	1414.5	46	46	100.0%	100.0%	100.0%	100.0%	408	10.1	2.8	12.9
Critical Care	Gen. Surgery	3713	3713	631	631	2308.5	2308.5	0	0	100.0%	100.0%	100.0%	-	180	33.5	3.5	37.0
Elmhurst	Rehab	871.5	871.5	2232	2214	775	762.5	1550	1550	100.0%	99.2%	98.4%	100.0%	910	1.8	4.1	5.9
Ward 1	Gen. Medicine	2181.3	2081.3	1162.5	1143.8	1519	1457.8	759.5	771.8	95.4%	98.4%	96.0%	101.6%	804	4.4	2.4	6.8
Ward 10 SSW	Gen. Surgery	1701	1445	992	1008	635.5	635.5	317.8	317.8	85.0%	101.6%	100.0%	100.0%	620	3.4	2.1	5.5
Ward 12	Gen. Surgery	2227	2027	1984	1960	953.3	809.8	635.5	686.8	91.0%	98.8%	84.9%	108.1%	873	3.2	3.0	6.3
Ward 13	Gen. Surgery	2272	1992	1984	2056	953.3	830.3	635.5	789.3	87.7%	103.6%	87.1%	124.2%	915	3.1	3.1	6.2
Ward 14	Gen. Medicine	1704	1638	1488	1512	744	744	1116	1200	96.1%	101.6%	100.0%	107.5%	955	2.5	2.8	5.3
Ward 15	Trauma & Ortho	2234.5	1858.5	2728	2616	953.3	861	953.3	1004.5	83.2%	95.9%	90.3%	105.4%	920	3.0	3.9	6.9
Ward 18	Gen. Medicine	1793.8	1700	1550	1625	759.5	1004.5	1139.3	1237.3	94.8%	104.8%	132.3%	108.6%	938	2.9	3.1	5.9
Ward 2	Gen. Medicine	1304	1219.5	1813.5	1813.5	775	775	775	887.5	93.5%	100.0%	100.0%	114.5%	710	2.8	3.8	6.6
Ward 21b	Gen. Medicine	1238	1212.7	785.3	779	764.7	764.7	764.7	752.3	98.0%	99.2%	100.0%	98.4%	746	2.7	2.1	4.7
Ward 23	Obstetrics	3172	3172	684	684	2725.7	2725.7	357.7	357.7	100.0%	100.0%	100.0%	100.0%	195	30.2	5.3	35.6
Ward 26	Obstetrics	1614	1494	1860	1830	744	720	1488	1464	92.6%	98.4%	96.8%	98.4%	986	2.2	3.3	5.6
Ward 4	Gen. Medicine	2452.5	2277.5	1550	1775	1519	1384.3	759.5	796.3	92.9%	114.5%	91.1%	104.8%	948	3.9	2.7	6.6
Ward 5	Gen. Medicine	2042.5	1867.5	1937.5	1937.5	1519	1261.8	759.5	771.8	91.4%	100.0%	83.1%	101.6%	792	4.0	3.4	7.4
Ward 6	Gen. Medicine	1746.3	1733.8	1550	2468.8	759.5	747.3	1139.3	2266.3	99.3%	159.3%	98.4%	198.9%	966	2.6	4.9	7.5
Ward 7	Gen. Medicine	1686	1350	1488	1408	635.5	635.5	317.8	451	80.1%	94.6%	100.0%	141.9%	441	4.5	4.2	8.7
Ward 9	Trauma & Ortho	1924.6	1670.3	183.4	288.6	1782.5	1357	0	299	86.8%	157.4%	76.1%	-	23	131.6	25.5	157.2
NICU	Paeds	1395	1387.5	930	967.5	580.7	571.4	290.4	599.5	99.5%	104.0%	98.4%	206.4%	342	5.7	4.6	10.3
Ward 11 SAU	Gen. Surgery	2011.3	1846	1519	1488.3	1898.8	1715	1519	1494.5	91.8%	98.0%	90.3%	98.4%	792	4.5	3.8	8.3

Ward Name	Main Specialties	Safety Thermometer Results			
		Acquired Pressure Ulcers	Patient Falls resulting in harm	CAUTI	New VTE
MCHFT		1.59% (14)	0.57% (5)	0.23% (2)	0.46% (4)
AMU	Gen. Medicine	0% (0)	3.57% (1)	0% (0)	0% (0)
CAU	Paeds	0% (0)	0% (0)	0% (0)	0% (0)
Critical Care	Gen. Medicine	0% (0)	0% (0)	0% (0)	0% (0)
Elmhurst	Rehab	0% (0)	0% (0)	0% (0)	0% (0)
Ward 1	Gen. Medicine	0% (0)	3.57% (1)	0% (0)	0% (0)
SAU	Gen. Surg	0% (0)	6.67% (1)	0% (0)	0% (0)
Ward 10 SSW	Gen. Surg & Urology	4.55% (1)	4.45% (1)	0% (0)	0% (0)
Ward 12	Gen. Surg & Gynae	3.12% (1)	0% (0)	0% (0)	0% (0)
Ward 13	Gen. Surg	0% (0)	0% (0)	0% (0)	3.12% (1)
Ward 14	Gen. Medicine	0% (0)	3.12% (1)	0% (0)	0% (0)
Ward 15	Trauma & Ortho	0% (0)	0% (0)	0% (0)	0% (0)
Ward 2	Gen. Medicine	0% (0)	0% (0)	3.12% (1)	0% (0)
Ward 21B	Rehab	0% (0)	0% (0)	4.35%(1)	0% (0)
Ward 23	Obstetrics	0% (0)	0% (0)	0% (0)	0% (0)
Ward 26	Obstetrics	0% (0)	0% (0)	0% (0)	0% (0)
Ward 4	Gen. Medicine	0% (0)	0% (0)	0% (0)	0% (0)
Ward 5	Gen. Medicine	3.12% (1)	0% (0)	0% (0)	0% (0)
Ward 6	Gen. Medicine	0% (0)	0% (0)	0% (0)	3.57% (1)
Ward 7	Gen. Medicine	0% (0)	0% (0)	0% (0)	0% (0)
Ward 9	Trauma & Ortho	0% (0)	0% (0)	0% (0)	0% (0)
NICU	Paeds	0% (0)	0% (0)	0% (0)	0% (0)
DN – Alsager	District Nursing	6.67% (2)	0% (0)	0% (0)	0% (0)
DN - Ashfields	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)
DN – Danebridge	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)
DN – Eaglebridge	District Nursing	6.38% (3)	0% (0)	0% (0)	0% (0)
DN – Firdale	District Nursing	0% (0)	0% (0)	0% (0)	3.85% (2)
DN – Grosvenor & Hungerford	District Nursing	5.41% (2)	0% (0)	0% (0)	0% (0)
DN – Middlewich	District Nursing	9.09%(2)	0% (0)	0% (0)	0% (0)
DN – Rope Green	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)
DN - Church View	District Nursing	2.94% (1)	0% (0)	0% (0)	0% (0)
DN – Winsford	District Nursing	2.2% (1)	0% (0)	0% (0)	0% (0)
DN – Out of hours	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)
Intermediate Care	Community	0% (0)	0% (0)	0% (0)	0% (0)

Experience Section:

Indicators	YTD 17/18	Last four months			
		Apr-17	May-17	Jun-17	Jul-17
Complaints received by month	63	12	20	18	13
Complaints being reviewed by the Ombudsman		3	2	2	1
Closed complaints by month	63	19	17	15	12
Contacts raising informal concerns	327	79	81	76	91
Compliments received in month	602	119	143	183	157
Number of new claims received in month	23	1	12	5	5
Number of claims closed	9	3	3	2	1
Number of inquests concluded	5	0	3	1	1
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	23	7	8	8	9
F&FT Response Rate ED, MIU, UCC and Assessment Areas*		4%	3%	5%	3%
Proportion of positive responses ED, MIU, UCC and Assessment Areas		94%	93%	94%	91%
F&FT Response Rate Inpatients and Daycases		28%	21%	18%	21%
Proportion of positive responses Inpatients and Daycases		96%	98%	98%	98%
F&FT Response Rate Outpatients		4%	6%	5%	4%
Proportion of positive responses Outpatients		95%	95%	94%	95%
F&FT Response Rate Maternity - Birth		7%	11%	8%	8%
Proportion of positive responses Maternity - Birth		100%	100%	100%	100%
F&FT Response Rate Community (CCICP)		21%	14%	13%	17%
Proportion of positive responses Community (CCICP)		89%	90%	88%	94%

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

Description	Aggregate Position/Description	Trend	
Monthly Trust complaints received by the Trust	13 complaints were received in July 2017 which covered 46 categories. The highest categories were: • Communication • Medical Adverse Outcome • Medical medication error/delay Highest 3 areas receiving complaints/issues were: • ED: 3 complaints/ 7 issues • Ward 3: 2 complaints/ 6 issues • Ward 15: 2 complaints/ 5 issues		Formal Complaints
Number of formal complaints by Division	This graph shows the breakdown of categories by month for each division. S&C: 19 DCSS: 3 W&CD: 3 MECD: 21 CCICP: 0 E&F: 0 Corporate Services: 0 Examples of complaints for July 2017 S&C: The complainant raised the issue of time taken to be discharged because of a wait for medication to take home. DCSS: The complainant attended for blood to be taken but has reported having an adverse outcome W&CD : The complainant raised issues of staff attitude after having a baby MECD : Complainant raised concern that a knee injury was misdiagnosed causing adverse effects		Formal Complaints by Division

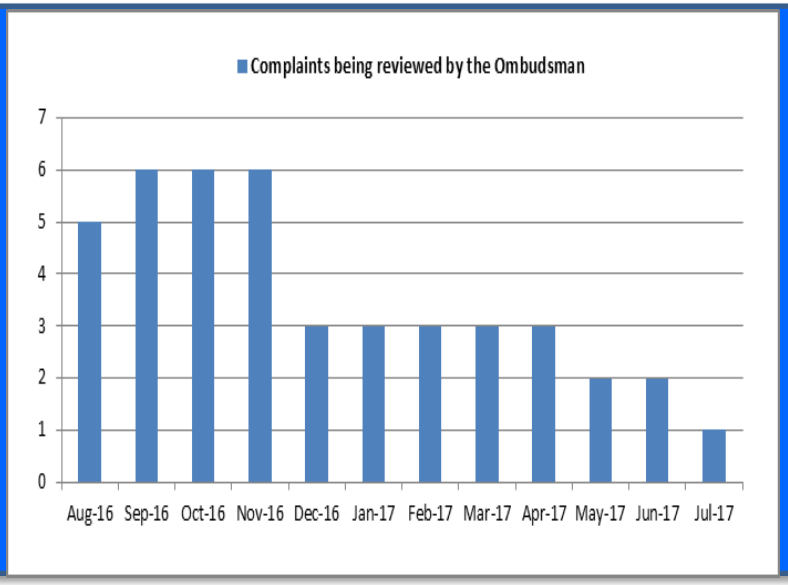
Board Papers – Quality, Safety & Experience Section: September 2017

Description	Aggregate Position/Description	Trend

Complaints being reviewed by the Public Health Service Ombudsman

In July 2017 1 complaint was active with the PHSO

This complaint is currently active as a further independent review is being carried out into the PHSO investigation. We await to hear further instruction.

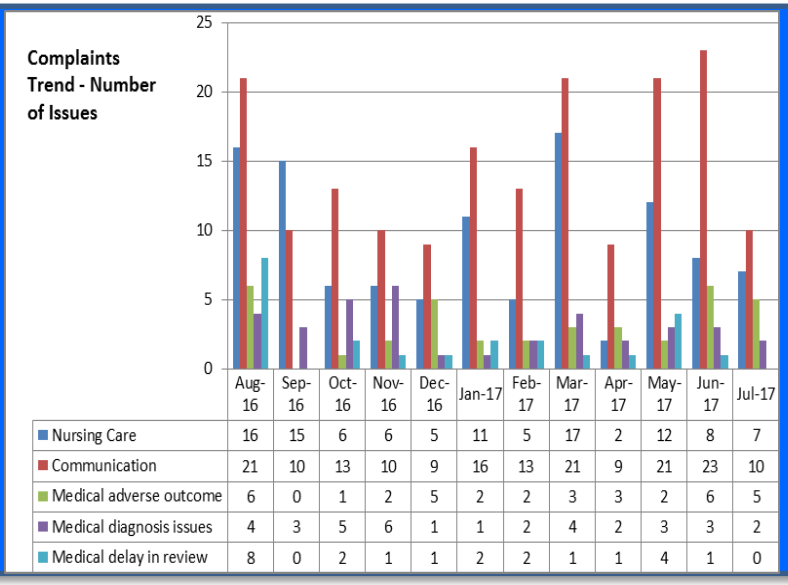


Ombudsman

Complaint Trends and number of issues

The main trends in July 2017 were:

- Communication: 6 complaints/ 10 issues
- Medical Adverse Outcome: 5 complaints/ 5 issues
- Medical Medication error/delay: 3 complaints/ 4 issues



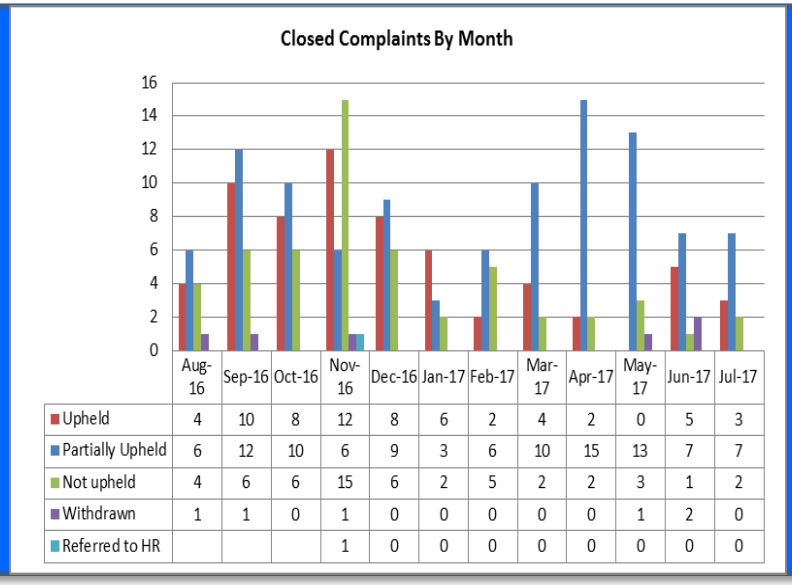
	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17
Nursing Care	16	15	6	6	5	11	5	17	2	12	8	7
Communication	21	10	13	10	9	16	13	21	9	21	23	10
Medical adverse outcome	6	0	1	2	5	2	2	3	3	2	6	5
Medical diagnosis issues	4	3	5	6	1	1	2	4	2	3	3	2
Medical delay in review	8	0	2	1	1	2	2	1	1	4	1	0

Complaint Trends

Description	Aggregate Position/Description	Trend

Closed Complaints

12 complaints were closed in July 2017



	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17
Upheld	4	10	8	12	8	6	2	4	2	0	5	3
Partially Upheld	6	12	10	6	9	3	6	10	15	13	7	7
Not upheld	4	6	6	15	6	2	5	2	2	3	1	2
Withdrawn	1	1	0	1	0	0	0	0	0	1	2	0
Referred to HR				1	0	0	0	0	0	0	0	0

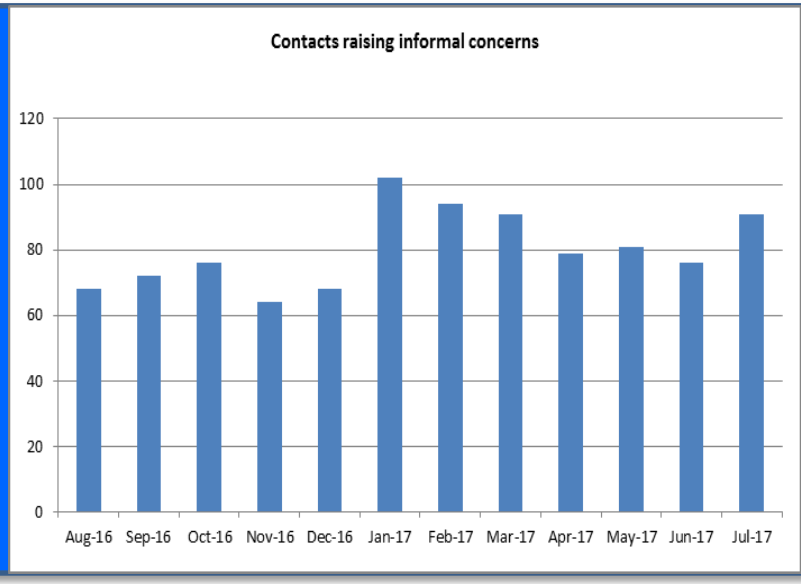
Closed Complaints by Division

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

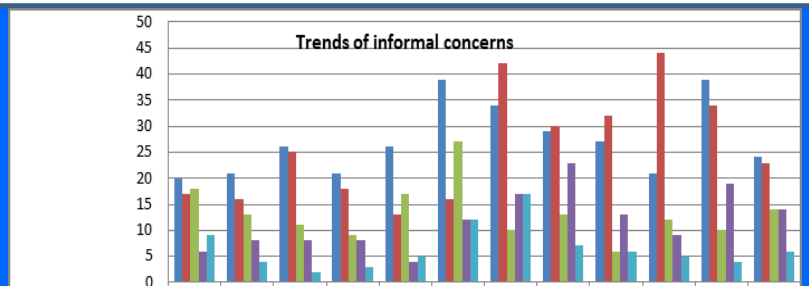
Division	Upheld	Partially Upheld	Not Upheld	Withdrawn	Ref HR	Sub-Total
Medicine and Emergency Care	1	2	0	0	0	3
Surgery and Cancer	1	2	2	0	0	5
Diagnostics & Clinical Support Services	0	0	0	0	0	0
Women's and Children's	1	1	0	0	0	2
Corporate Services	0	2	0	0	0	2
		Total closed				**12**

Complaints closed by Division

Tables removed under Section 40 of the Freedom of Information Act

Description	Aggregate Position/Description	Trend
Informal Concerns Numbers	The number of contacts raising informal concerns for July 2017 was 91 which is 15 more than the previous month. The Division of Medicine and Emergency Care has received the largest number of individual concerns raised at 63, with 10 of these issues belong to Gastroenterology.	

Informal Concerns Feedback

Informal Concerns Trends	Communication was the highest trend for informal concerns in July 2017, with 15 of the 24 issues raised belonging to the Division of Medicine and Emergency Care. 5 of these relate to the Emergency Department and 5 to General Medicine .	

	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17
Communication	20	21	26	21	26	39	34	29	27	21	39	24
Care	17	16	25	18	13	16	42	30	32	44	34	23
Appointments	18	13	11	9	17	27	10	13	6	12	10	14
Attitude of Staff	6	8	8	8	4	12	17	23	13	9	19	14
Treatment	9	4	2	3	5	12	17	7	6	5	4	6

Informal Concerns Trends

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

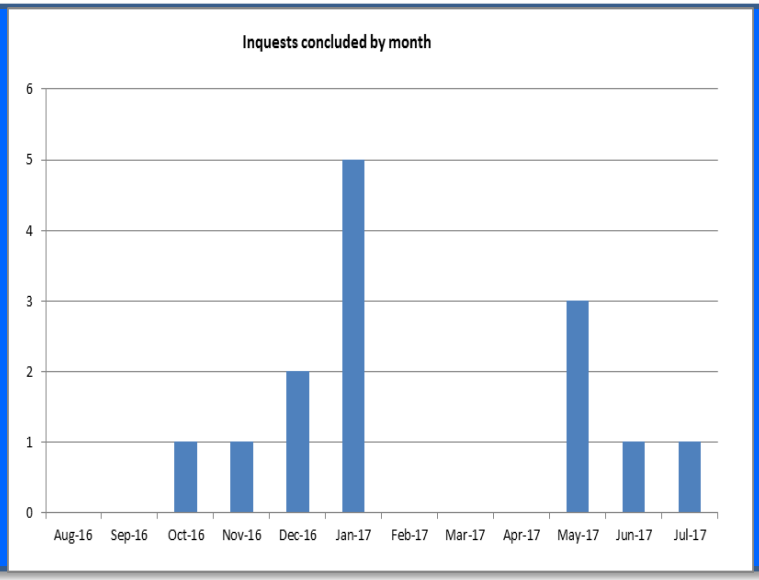
Description	Aggregate Position/Description	Trend
Value of claims closed by month	Narrative and graph removed under Section 43 of the Freedom of Information Act	Value of Claims
Top five claims by Specialty	Narrative and graph removed under Section 43 of the Freedom of Information Act	Top 5 Claims by Specialty

Description	Aggregate Position/Description	Trend

Number of Inquests concluded by month

1 inquest was concluded in July 2017.

The conclusion was Narrative: "Deceased died of a rare but recognised complication of appropriate surgical treatment which was exacerbated by his underlying liver disease. "

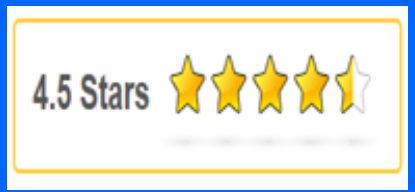


Inquests

NHS Choices Star Ratings

The ratings are based on 269 postings received to date.

Leighton Hospital is rated at 4.5 stars.



Victoria Infirmary, Northwich is rated at 5 stars.

NHS Choices – Star Ratings

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

Description	Aggregate Position /description	Trend

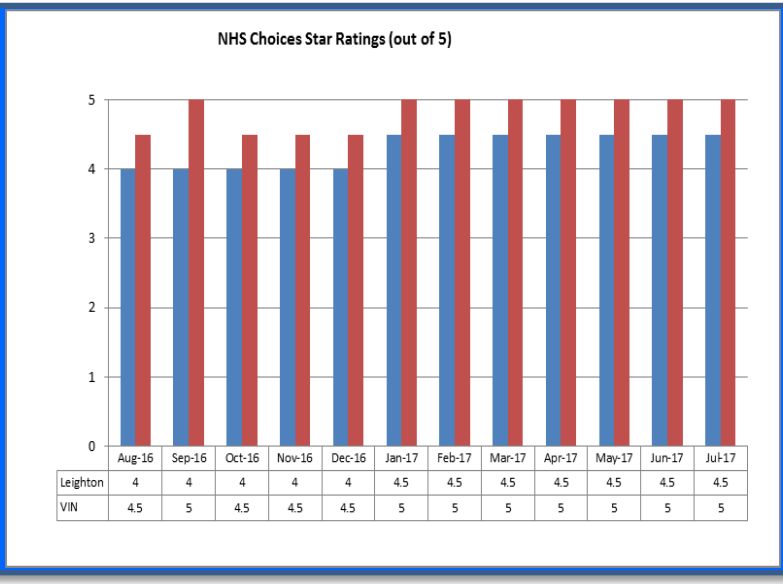
NHS Choices postings

There were 9 postings on NHS Choices in July 2017 of which 1 was negative and 8 were positive. Examples of feedback included:

A&E - Overall my experience was positive with a successful outcome. Thank you to all the staff.

Treatment Centre – Staff made me feel at ease. The nurses and hca's showed compassion, care and a strong work ethic, never stopping for a moment to ensure that all patients were kept comfortable and well nourished.

VIN - I was seen promptly and received great attention before being sent for x-rays. Again very quick, and seen almost immediately afterwards with diagnosis. Very impressed with this unit!



	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17
Leighton	4	4	4	4	4	4.5	4.5	4.5	4.5	4.5	4.5	4.5
VIN	4.5	5	4.5	4.5	4.5	5	5	5	5	5	5	5

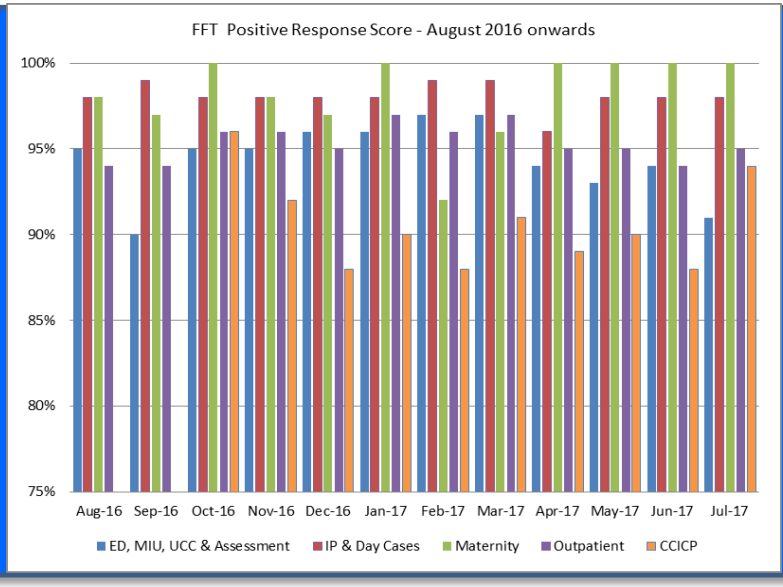
NHS Choices - Postings

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

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

Inpatients and day cases	98%
Emergency care /Assessment areas	91%
Outpatients	95%
Maternity	100%
CCICP	94%

2132 responses were received and 96% of those patients would recommend our hospital services.



Family & Friends Test

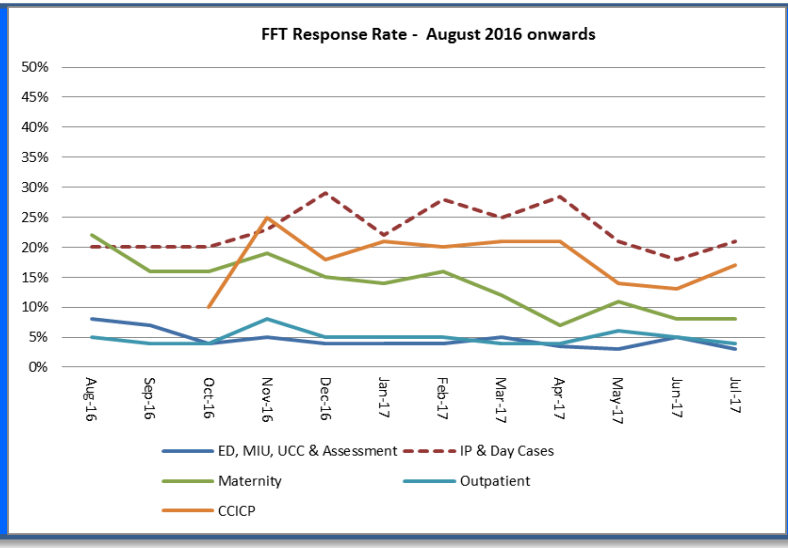
Board Papers – Quality, Safety & Experience Section: September 2017

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

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

July 2017 Ward/Dept	% Response	Total Responses received	How many would recommend
A&E , UCC & MIU	*3%	196	178
Inpatients & Daycases	21%	896	878
Maternity	8%	22	22
Outpatients	4%	745	705
CCICP	17%	171	160

*Text messaging will commence in September when it is expected response rates will improve in A & E



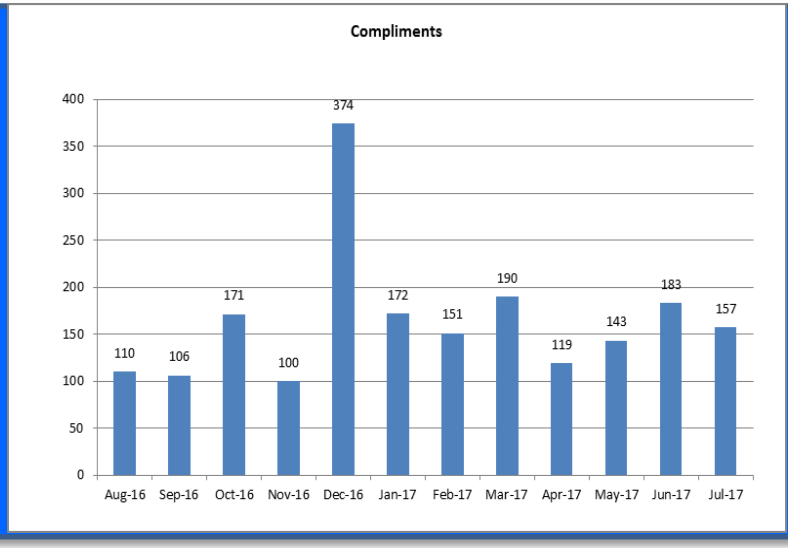
Family & Friends Test

Compliments received

There were 157 compliments/thank-you's received for July 2017:

"I came into your A&E on Saturday. The treatment from the start was fantastic. So professional helpful & caring. I would like to thank all the staff for dealing with things so swiftly & getting the problem sorted out. You are all doing a great job."

"I am contacting you to tell you how pleased I was with the service I received yesterday. I underwent an ultrasound scan at 4pm. I was seen on time and everything was explained by the lady doing the scan. She was very kind and provided a good service."



Compliments

Mid Cheshire Hospitals NHS
NHS Foundation Trust

Board of Directors Performance Report

July 2017

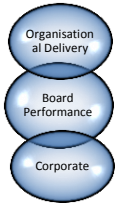
"To Deliver Excellence in Healthcare through Innovation & Collaboration"

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

Headline Measures

Organisational Delivery				
Indicator	**Standard**	**YTD**	**Jul-17**	
Cancer				
Rapid Access Referrals (%) *(seen in 2 wks)*	93.00%	97.43%	97.51%	
Total Patients Seen		*2,955*	*763*	
Patients seen >14 days		*76*	*19*	
62 day GP Classic (%)	85.00%	94.32%	93.55%	*
Accountable Patients Treated		*229*	*47*	
No. of Breached Pathways (adjusted)		*13*	*3*	
62 day Screening (%)	97.87%	97.87%	86.67%	*
Accountable Patients Treated		*47*	*8*	
No. of Breached Pathways (adjusted)		*1*	*1*	
Unplanned Activity				
A&E <4hrs Standard (%)	95.00%	92.70%	92.63%	
A&E Attendances LH & MIU (% to plan)		98.54%	95.81%	
A&E Attendances LH & MIU (Vol)		*30,327*	*7,697*	
Planned Activity				
Incomp Pathways <18wk (%)	92.00%	97.25%	97.37%	
>6wk Diagnostic Waits (%)	1.00%	0.33%	0.76%	
Total Patients Waiting for a First Outpatient Appointment			7,643	

** Provisional figures subject to change depending on further validation or treatment outcome*

Indicator	Standard	YTD
Workforce		
Sickness absence Rolling 12 Month		4.08%
Turnover Rolling 12 Month		10.28%

Exec Summary

In July 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 92.63% against the 95% standard. Comparatively, this is an improvement in performance against July 2016 (88.86%) and exceeds the required 91.34% STF performance trajectory for the month.
The Trust has continued to achieved two of the three headline cancer access standards for July 2017. Rapid access referrals and 62 day GP standards were achieved however the 62 screening standard was not achieved in month. This was due to a low number of treatments and 1 accountable breaches for MCHFT. The reasons for not achieving this standard in month are fully understood and have been reported on in detail at PMG and PAF committees. It is expected that the standard will be met for quarter 2 and continues to be met on a year to date basis.

The Trust continues to achieve the 92% standard for RTT 18 week incomplete pathways, with performance in July 2017 at 97.37%. The Trust is continuing to monitor this standard, with specific reference to managing the level of 'over performance' being delivered against 92%. The month also saw the Trust achieve the Non-Admitted and Admitted RTT elements.
Diagnostics waiting times continued to perform well in July 2017, with just 0.76% of patients waiting longer than 6 weeks for their diagnostic test, against a regulatory threshold of 1%.

Corporate					
	YTD Rating		YE Rating	YE Metric	
Indicator	**Plan**	**Actual**	**Forecast**	**Plan**	**Forecast**
Finance					
Use of Resource Rating		3	3		
Capital Service Capacity	4	4	4	0.76	0.48
Liquidity	4	1	4	-23	-22
I&E Margin	3	2	2	0.38%	0.39%
Distance from Financial Plan	0	1	1	0.00%	0.01%
Agency Spend	1	1	1	-10.22%	-10.22%

	YTD Target	YTD Actual	YTD Variance	FY Target	FY Forecast	FY Variance
Cost Improvement Scheme Total (£000's)	1,402	1,575	174	4,663	4,121	-542
Revenue Generation Scheme total (£000's)	480	319	-160	1,490	1,065	-425
Commission Contact Income SC & VR (£000's)	61,526	61,526	-0			
Contract Income (£'000)	72,964	72,901	-64			
Pay to Budget (£000's)	-55,056	-54,983	73			
Non Pay to Budget (£000's)	-23,283	-22,754	529			
Agency Trajectory (£000's)	-2,051	-1,517	534			

The UoRR metric is 3, primarily a consequence of the override resulting from the impact of the Trust's ability to service DH loans from revenues and depreciation. The forecast position is to acheive the control total and delivery the £0.7M surplus although it is expected liquidity will reduce as loans become repayable.

The Trust's I&E position is a surplus of £0.3M which is £0.6M better than plan as at Month 4.

The SC & VR commissioning contracts represent the revised contract value in line with the agreed Capped Expenditure Process (CEP).

There is a favourable variation in the CIP in month 4 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 £0.5M 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 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														Monthly Trend
	Target	Actual	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	
Maximum 6 week wait for Diagnostic procedures	1%	0.33%	0.16%	0.21%	0.11%	0.63%	0.13%	0.24%	0.18%	0.07%	0.09%	0.04%	0.17%	0.44%	0.76%	
All Cancers: 62 day GP Classic (%) *	85%	94.32%	90.91%	86.47%	95.24%	95.37%	92.00%	90.24%	90.43%	86.41%	96.46%	96.83%	92.81%	94.00%	93.55%	
All Cancers: 62 day Screening (%) *	90%	97.87%	85.71%	90.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	86.67%	
18 weeks from point of referral to treatment - patients on an incomplete pathway (%)	92%	97.25%	94.26%	93.78%	93.85%	94.01%	95.46%	95.16%	95.89%	96.07%	96.48%	97.14%	96.99%	97.48%	97.37%	
A&E - maximum waiting time of 4 hours from arrival to admission/transfer/discharge (%)	95%	92.70%	88.86%	93.12%	92.18%	89.21%	93.33%	89.25%	84.47%	93.33%	97.21%	93.37%	90.66%	94.24%	92.63%	
A&E STF Trajectory			95.00%	95.01%	95.00%	92.01%	92.00%	92.00%	93.50%	92.01%	92.81%	91.72%	91.72%	91.72%	91.34%	

** Provisional figures subject to change depending on further validation or treatment outcome*

Financial & Resource

		Unit	YE Plan	YE Forecast	YE Rating	YTD Plan	YTD Actual	YTD Rating
Financial Sustainability	Capital Service Capacity	0.0x	0.76	0.48	4	0.38	0.99	4
	Liquidity	days	-23	-22	4	-18	2.02	1
Financial Efficiency	I&E Margin	%	0.38%	0.39%	2	-0.93%	0.48%	2
Financial Controls	Distance from Financial Plan	%	0.00%	0.01%	1	0.00%	1.41%	1
	Agency Spend	%	-10.22%	-10.22%	1	-12.35%	-35.19%	1
Overall UOR Rating					3			3

Operational Delivery: *Cancer Pathway*

Headline Measures

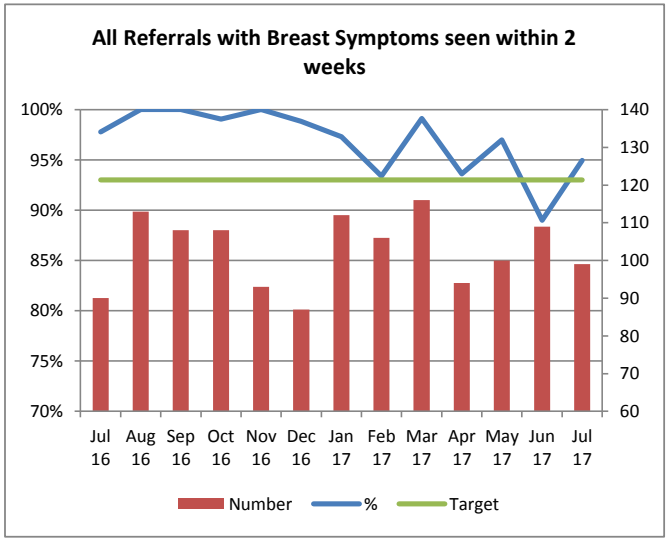
	Current YTD		Rolling 13 months											
	Target	Actual	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Monthly Trend
Rapid Access Referrals (%) (seen in 2 wks)	93%	97.43%	98.20%	98.55%	98.25%	98.60%	98.79%	98.93%	97.66%	99.15%	98.10%	97.14%	97.84%	97.20%	97.51%	
Total Patients Seen		*2955*	*666*	*685*	*687*	*713*	*743*	*652*	*641*	*706*	*842*	*665*	*742*	*785*	*763*	
Patients seen >14 days		*76*	*12*	*10*	*12*	*10*	*9*	*7*	*15*	*6*	*16*	*19*	*16*	*22*	*19*	
% seen within 7 days		*100.0%*	*65.6%*	*63.8%*	*58.7%*	*64.5%*	*62.0%*	*51.1%*	*69.1%*	*54.3%*	*63.1%*	*55.5%*	*53.5%*	*48.7%*	*44.2%*	
62 day GP Classic (%) *	85%	94.32%	90.91%	86.47%	95.24%	95.37%	92.00%	90.24%	90.43%	86.41%	96.46%	96.83%	92.81%	94.00%	93.55%	

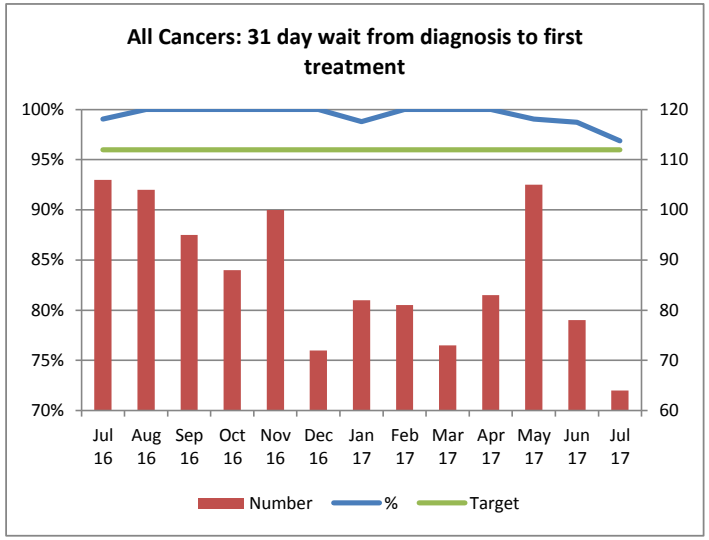
** Provisional figures subject to change depending*

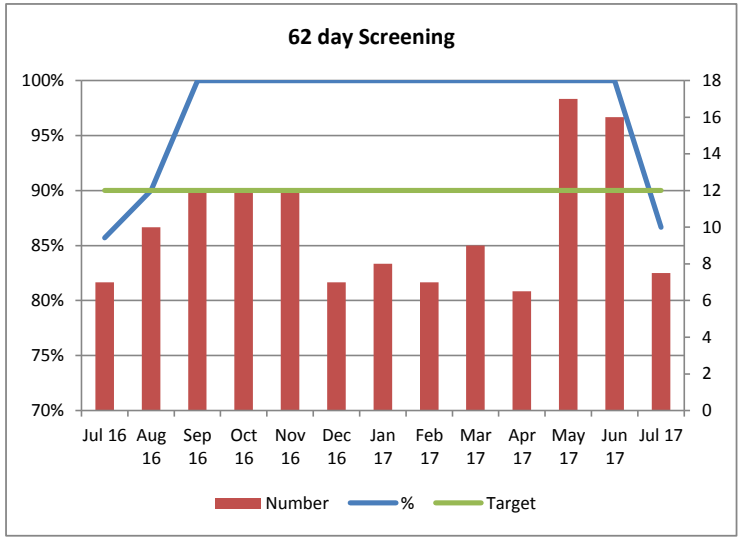
Commentary

The Trust has achieved the rapid access and 62 day standard in the month of July 2017. The figures presented in this paper reflect the Trust's regulatory performance measures (adjusted figures that take into account breach reallocation between providers).
The standard that has not been achieved in month is the screening 62 day standard at 80% against a 90% threshold. This is due to two patients, one of whom was unfit for their planned surgery scheduled in date. The Trust is unable to adjust for such scenarios , however there is no operational concern with the Trust's ongoing ability to achieve this standard. Pressures continue in the area of Breast Radiology. Breast rapid access (2 week wait) and symptomatic access both achieved the 93% standard.

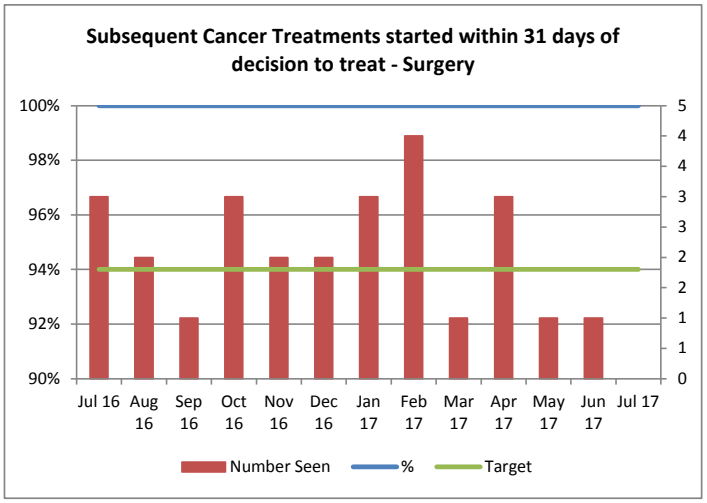
Primary Measures

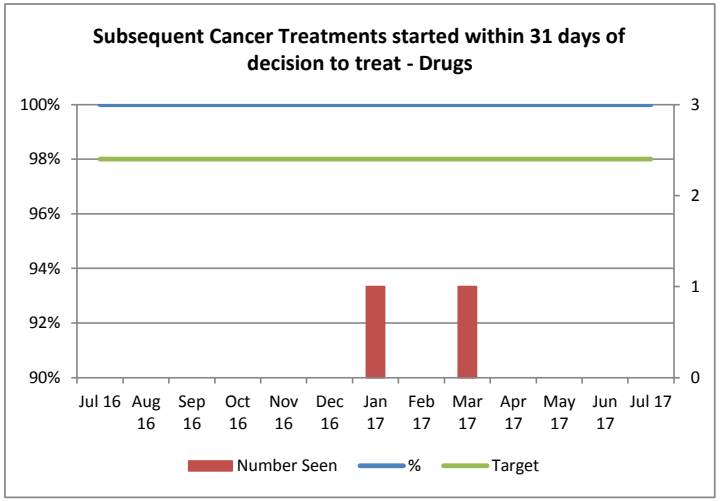


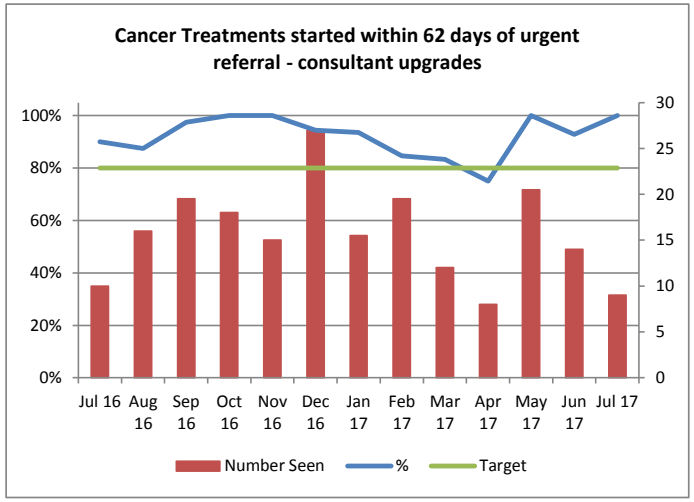




Operational Delivery: *Cancer Pathway*







Operational Delivery: *Unplanned Activity - A&E*

Headline Measures

	Current YTD		Rolling 13 months											
	Target	Actual	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Monthly Trend
A&E - >4 hr wait time from arrrival to admission/ transfer/ discharge (% to Target)	95%	92.70%	88.86%	93.12%	92.18%	89.21%	93.33%	89.25%	84.47%	93.33%	97.21%	93.37%	90.66%	94.24%	92.63%	
No. of 4hr breaches		*2,215*	*854*	*503*	*570*	*813*	*443*	*753*	*1,082*	*411*	*205*	*474*	*737*	*437*	*567*	

	Plan	Actual	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Monthly Trend
A&E Attendances Leighton & MIU (% to Plan)		*98.54%*	*99.3%*	*100.1%*	*103.6%*	*104.1%*	*97.2%*	*100.5%*	*103.7%*	*95.1%*	*98.5%*	*97.7%*	*101.3%*	*99.4%*	*95.8%*	
A&E Attendances Leighton & MIU (No.)	*30,772*	*30,327*	*7,663*	*7,307*	*7,288*	*7,533*	*6,643*	*7,005*	*6,965*	*6,166*	*7,357*	*7,144*	*7,890*	*7,593*	*7,697*	

A&E Attendance Case Mix (Leighton)	*Major*		*12,690*	*3,204*	*3,135*	*3,025*	*3,243*	*2,958*	*3,140*	*3,042*	*2,733*	*3,191*	*3,081*	*3,205*	*3,138*	*3,266*	
	Minor		*8,017*	*2,023*	*1,875*	*1,982*	*1,927*	*1,654*	*1,734*	*1,734*	*1,577*	*1,828*	*1,848*	*2,168*	*2,004*	*1,997*	
	Resus		*718*	*186*	*129*	*121*	*170*	*137*	*224*	*221*	*140*	*130*	*175*	*203*	*183*	*157*	
	Unknown/UCC		*2,175*	*111*	*122*	*123*	*159*	*151*	*199*	*413*	*420*	*566*	*491*	*637*	*530*	*517*	

Commentary

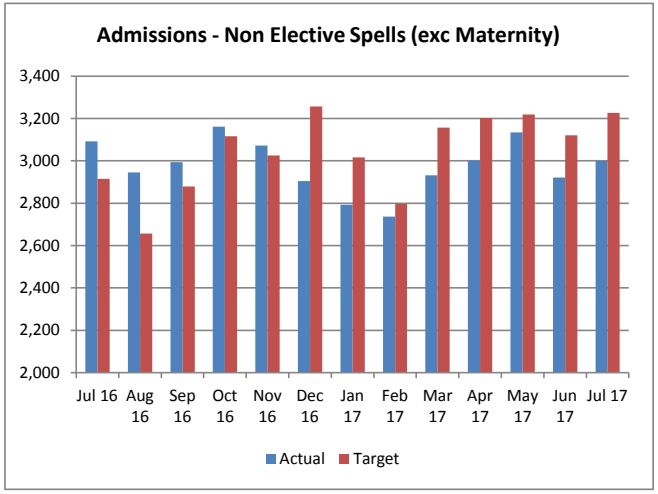
There was a small increase in total ED attendances in July 2017 to 7,697 compared to July 2016. The Trust achieved 92.63% against the 95% 4-hour access standard.,an improvement against July 2016 which was 88.86% The STF trajectory of 91.72% for Quarter 1 has been achieved and for Quarter 2, July's performance has meant the STF standard for the quarter (91.34%) has also been achieved in month

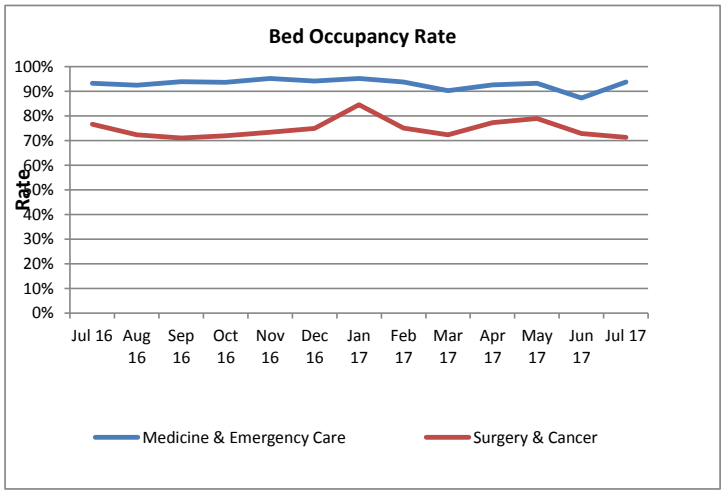
.

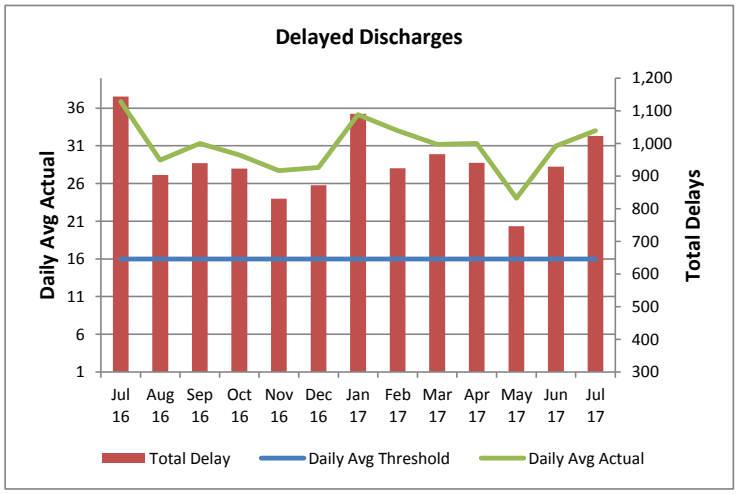
The Board are advised that the Trust delivered July 2017 performance with 25 fewer acute medical beds open than in July 2016, due toimplementation of the efficiencies associated with the Trust's Access & Flow Transformation Programme. In recent months, aggregate monthly performance against the 4 hour 95% standard at Mid Cheshire has been in the top quartile nationally.

Non-elective admissions were considerably below target levels, with July seeing the Type 1 conversion rate continue to be at a lower level than historical performance at 31.67%. Bed occupancy in Medicine & Emergency Care increased in July 2017 and this can be associated with the closure of 25 acute medical beds. Delayed transfers of care increased markedly in month, with 33 SITREP reportable delays on averageper day. The increase was associated with delays for patients in a continuing healthcare assessment process . This continues to be an area of significant work for the health economy and internal Access & Flow programme. Medical outliers remained within target threshold in July at an average 3 per day.

Primary Drivers

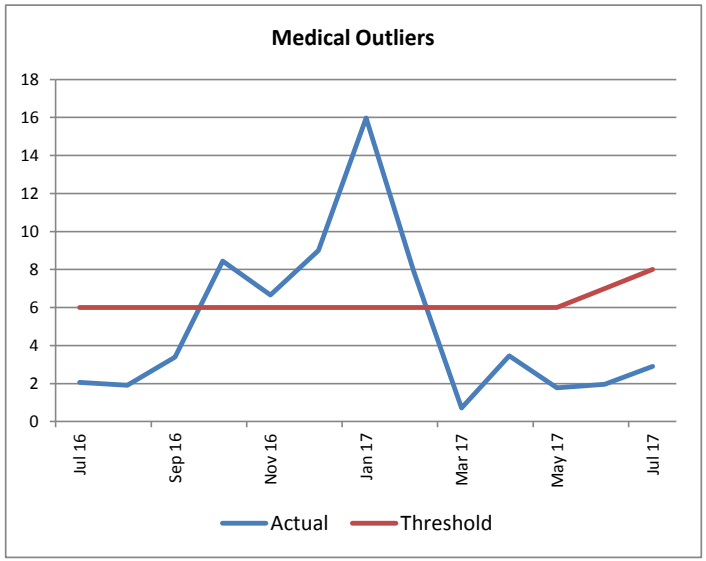


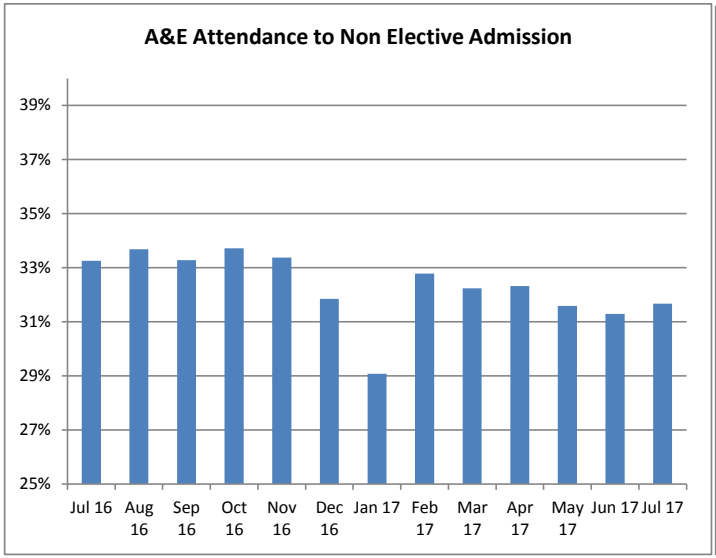


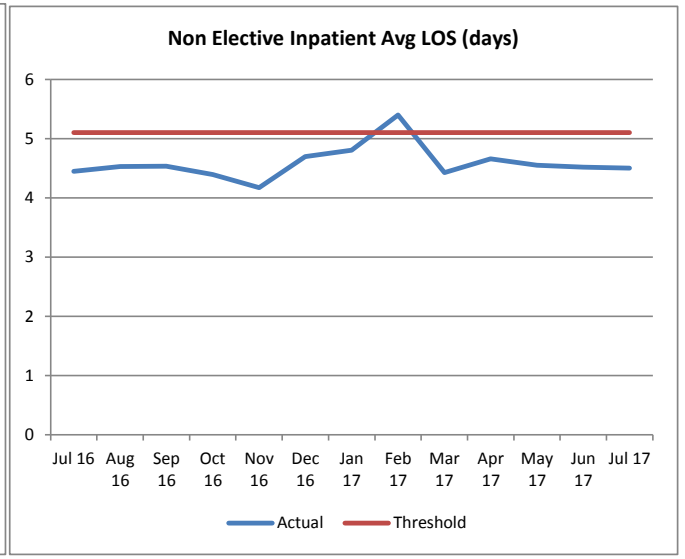


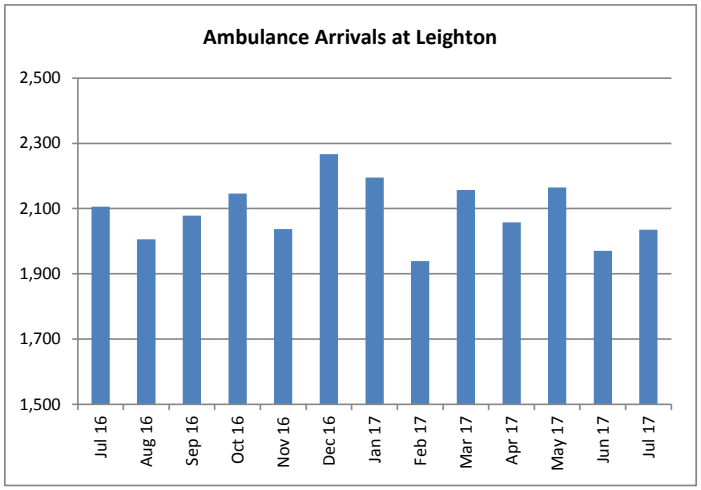
Operational Delivery: *Unplanned Activity A&E*

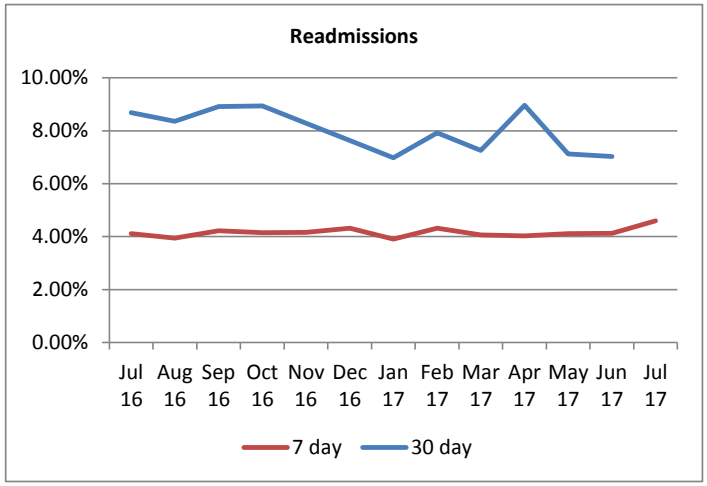
Secondary Drivers

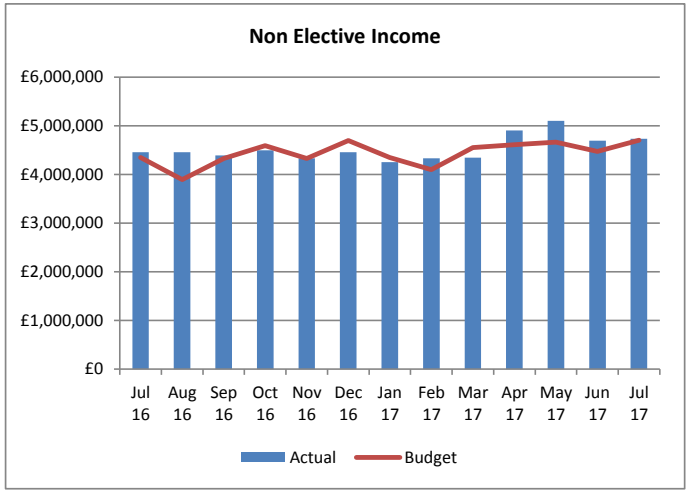












Operational Delivery: *Planned Activity*

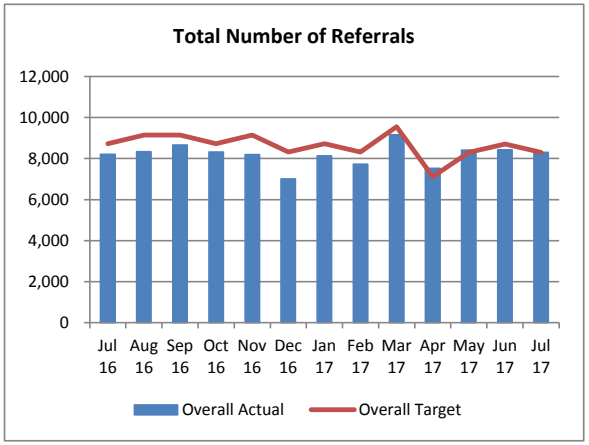
Headline Measures

	Current YTD		Rolling 13 months											
	Target	Actual	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Monthly Trend
18 weeks from Referral to Treatment in Aggregate - Incomplete	92%	97.25%	94.26%	93.78%	93.85%	94.01%	95.46%	95.16%	95.89%	96.07%	96.48%	97.14%	96.99%	97.48%	97.37%	
Total 18 Weeks		*45,092*	*15,725*	*15,373*	*14,565*	*13,580*	*12,998*	*12,505*	*11,437*	*11,234*	*11,526*	*11,114*	*11,070*	*11,329*	*11,579*	
No. > 18 Weeks		*1,242*	*903*	*956*	*896*	*813*	*590*	*605*	*470*	*442*	*406*	*318*	*333*	*286*	*305*	
Diagnostic Waiting Time	1%	0.33%	0.16%	0.21%	0.11%	0.63%	0.13%	0.24%	0.18%	0.07%	0.09%	0.04%	0.17%	0.44%	0.76%	
Total Number of Waiters		*16,424*	*4,358*	*3,806*	*3,767*	*3,630*	*3,149*	*3,826*	*3,786*	*4,305*	*4,561*	*4,582*	*4,192*	*4,090*	*3,560*	
Waiters of 6 Weeks +		*54*	*7*	*8*	*4*	*23*	*4*	*9*	*7*	*3*	*4*	*2*	*7*	*18*	*27*	
Total Patients Waiting for a First Outpatient Appointment			10,967	10,746	10,155	9,544	8,359	7,842	7,205	7,812	7,057	7,223	7,172	7,352	7,643	
Longest Wait Time (weeks)												*51*	*50*	*40*	*44*	

Commentary

The Trust reported 97.37% against the 92% incomplete pathways standard for RTT. One specialty (Community Paediatrics) was fai ling the 92% target at the end of the month, with performance at 90%. The Trust is now actively managing the level of over performance against this standard in light of the Capped Expenditure Program me with the aim of the over performance reducing over the coming months.
Referrals from GPs in July 2017 were below plan but marginally above July 2016. There were 8,305 referrals into the Trust, wh ich is consistent with the level in June 2017.
The Trust has delivered the diagnostic wait time consistently since July 2016. In June 2017, 0.73% 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

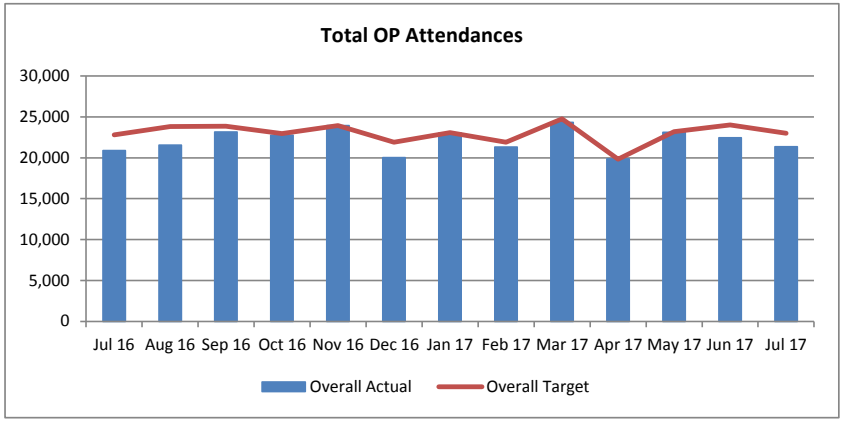


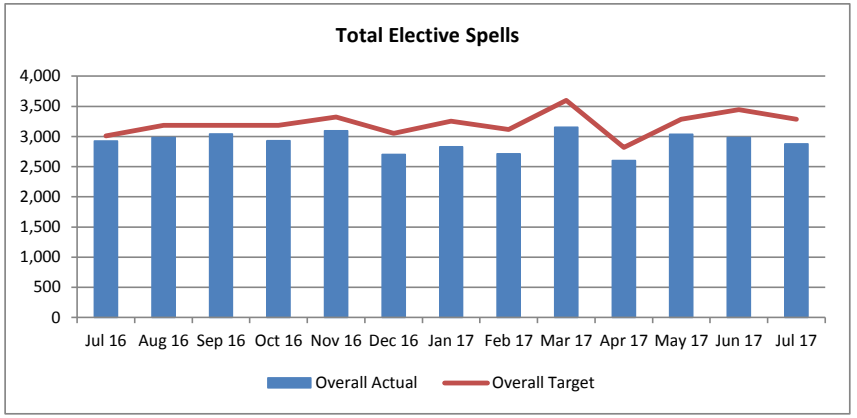
Referral Breakdown

	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Monthly Trend
GP Actual	5,055	5,035	5,383	5,063	5,061	4,192	4,930	4,592	5,534	4,427	4,779	5,248	5,114	
GP Target	5,505	5,767	5,767	5,505	5,767	5,243	5,505	5,243	6,029	4,507	5,259	5,509	5,259	
% to Target	91.8%	87.3%	93.3%	92.0%	87.8%	80.0%	89.6%	87.6%	91.8%	98.2%	90.9%	95.3%	97.2%	
Other Actual	3,151	3,298	3,277	3,263	3,135	2,821	3,200	3,126	3,621	3,100	3,632	3,179	3,191	
Other Target	3,222	3,376	3,376	3,222	3,376	3,069	3,222	3,069	3,529	2,614	3,050	3,195	3,050	
% to Target	97.8%	97.7%	97.1%	101.3%	92.9%	91.9%	99.3%	101.9%	102.6%	118.6%	119.1%	99.5%	104.6%	
Total Actual	8,206	8,333	8,660	8,326	8,196	7,013	8,130	7,718	9,155	7,527	8,411	8,427	8,305	
Total Target	8,728	9,143	9,143	8,728	9,143	8,312	8,728	8,312	9,559	7,121	8,308	8,704	8,308	
% to Target	94.0%	91.1%	94.7%	95.4%	89.6%	84.4%	93.2%	92.9%	95.8%	105.7%	101.2%	96.8%	100.0%	
GP % of Total	61.6%	60.4%	62.2%	60.8%	61.7%	59.8%	60.6%	59.5%	60.4%	58.8%	56.8%	62.3%	61.6%	

Operational Delivery: *Planned Activity*

Primary Drivers



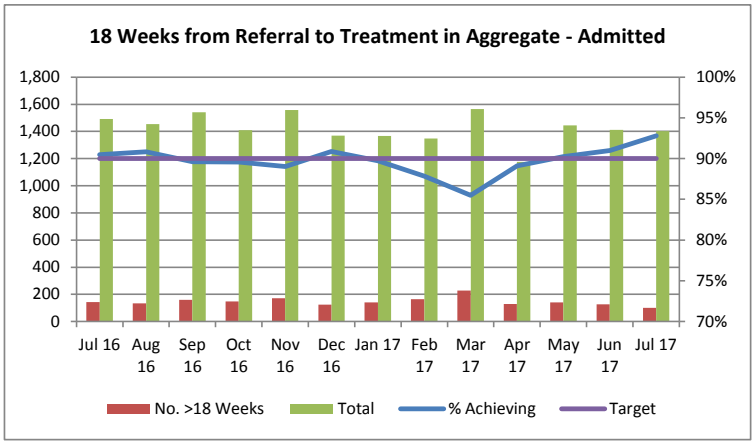


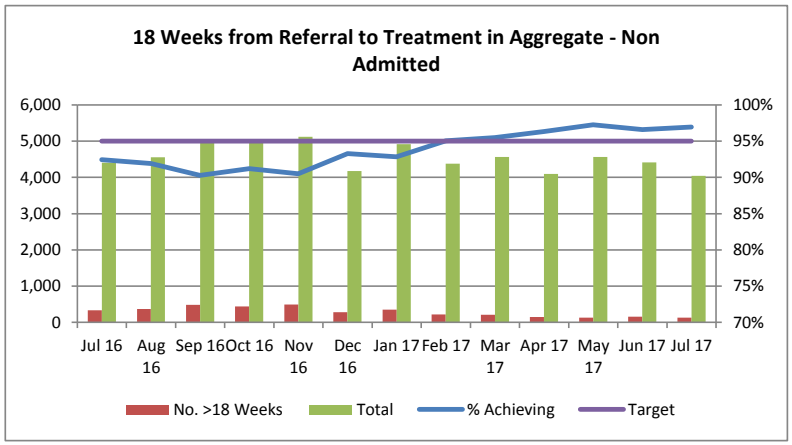
OP Attendance Breakdown	YTD	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Monthly Trend
New Actual	87,489	6,530	6,851	7,565	7,421	7,305	6,202	6,811	6,243	7,110	5,727	6,787	6,746	6,191	
New Target	92,179	7,002	7,333	7,337	7,081	7,408	6,747	7,138	6,791	7,764	6,059	7,075	7,385	7,060	
% to Target	94.9%	93.3%	93.4%	103.1%	104.8%	98.6%	91.9%	95.4%	91.9%	91.6%	94.5%	95.9%	91.3%	87.7%	
F U Actual	200,361	14,368	14,715	15,599	15,346	16,631	13,820	16,223	15,063	17,229	14,147	16,325	15,723	15,172	
F U Target	206,945	15,807	16,498	16,540	15,894	16,549	15,170	15,958	15,098	16,983	13,759	16,112	16,617	15,961	
% to Target	96.8%	90.9%	89.2%	94.3%	96.6%	100.5%	91.1%	101.7%	99.8%	101.4%	102.8%	101.3%	94.6%	95.1%	
Total Actual	287,850	20,898	21,566	23,164	22,767	23,936	20,022	23,034	21,306	24,339	19,874	23,112	22,469	21,363	
Total Target	299,124	22,809	23,831	23,876	22,975	23,957	21,917	23,096	21,889	24,747	19,818	23,187	24,002	23,020	
% to Target	96.2%	91.6%	90.5%	97.0%	99.1%	99.9%	91.4%	99.7%	97.3%	98.4%	100.3%	99.7%	93.6%	92.8%	
New % of Total	30.4%	31.2%	31.8%	32.7%	32.6%	30.5%	31.0%	29.6%	29.3%	29.2%	28.8%	29.4%	30.0%	29.0%	

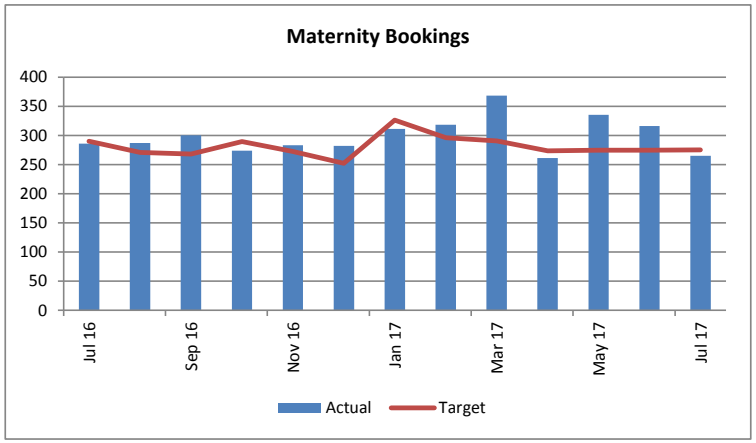
Elective Spells Breakdown	YTD	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Monthly Trend
I P Actual	3,787	294	298	302	332	324	258	210	304	342	260	307	294	262	
I P Target	4,549	348	365	365	352	369	335	359	342	393	290	338	354	338	
% to Target	83.3%	84.4%	81.6%	82.7%	94.4%	87.9%	77.0%	58.5%	88.8%	87.1%	89.7%	90.8%	83.0%	77.5%	
Daycase Actual	34,078	2,630	2,684	2,739	2,598	2,773	2,442	2,618	2,411	2,809	2,343	2,728	2,688	2,615	
Daycase Target	37,186	2,660	2,818	2,818	2,834	2,952	2,717	2,892	2,775	3,208	2,527	2,948	3,089	2,948	
% to Target	91.6%	98.9%	95.3%	97.2%	91.7%	93.9%	89.9%	90.5%	86.9%	87.6%	92.7%	92.5%	87.0%	88.7%	
Total Actual	37,865	2,924	2,982	3,041	2,930	3,097	2,700	2,828	2,715	3,151	2,603	3,035	2,982	2,877	
Total Target	41,735	3,008	3,183	3,183	3,186	3,321	3,052	3,252	3,117	3,601	2,817	3,286	3,443	3,286	
% to Target	90.7%	97.2%	93.7%	95.5%	92.0%	93.3%	88.5%	87.0%	87.1%	87.5%	92.4%	92.4%	86.6%	87.5%	
I P % of Total	10.0%	10.1%	10.0%	9.9%	11.3%	10.5%	9.6%	7.4%	11.2%	10.9%	10.0%	10.1%	9.9%	9.1%	

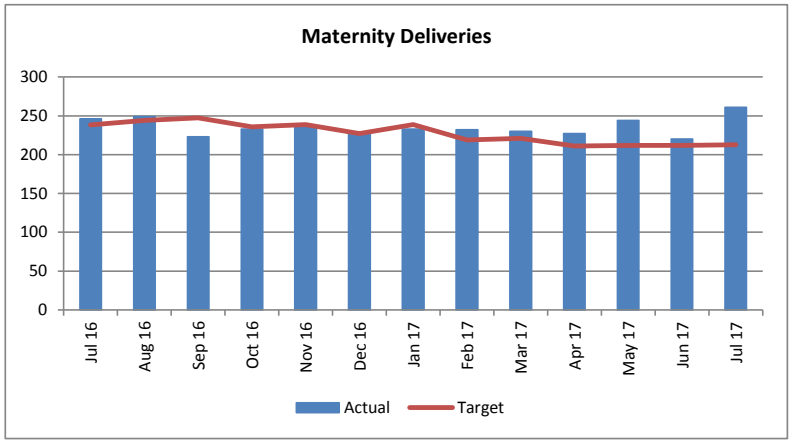
Operational Delivery: *Planned Activity*

Primary Drivers





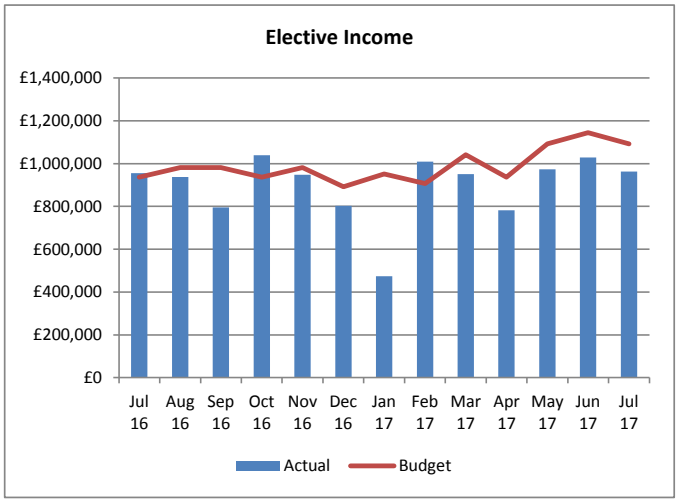


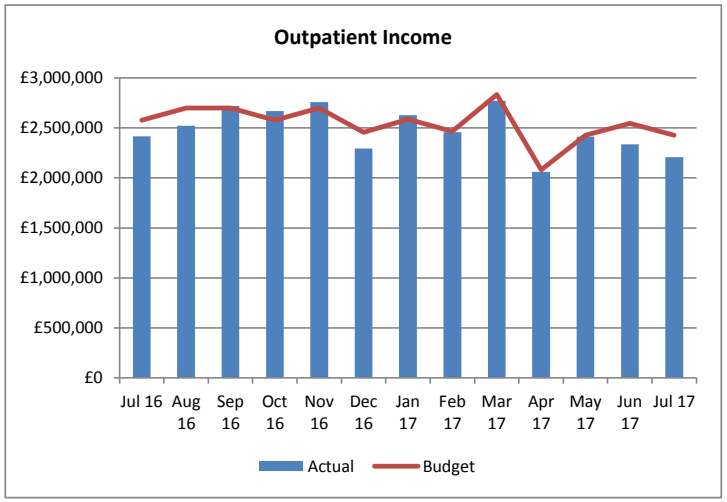


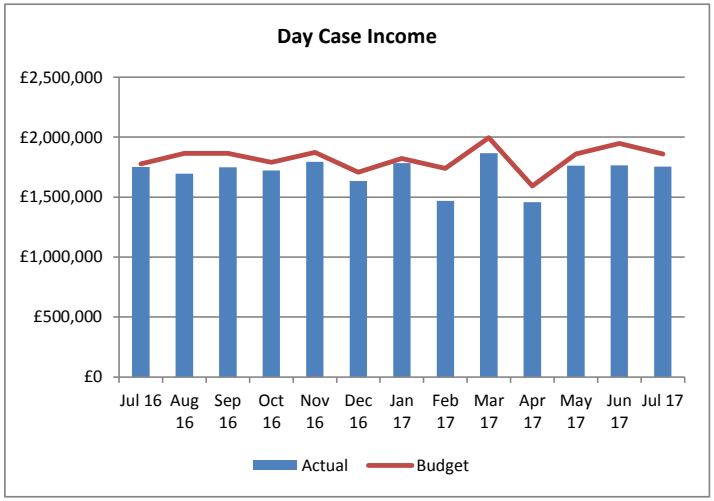
Operational Delivery: *Planned Activity*

Secondary Drivers

			Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Monthly Trend
Bed Occupancy Rate	Medicine & Emergency Care		93.2%	92.5%	94.0%	93.7%	95.2%	94.2%	95.2%	93.8%	90.3%	92.6%	93.3%	87.4%	93.7%	
	Surgery & Cancer		76.7%	72.4%	71.0%	72.0%	73.4%	74.9%	84.6%	75.1%	72.3%	77.3%	78.9%	72.9%	71.3%	
Elective Inpatient Avg LOS (Days)			3.2	3.2	2.7	3.3	2.3	3.3	2.1	2.8	2.4	3.4	2.9	3.1	3.7	
Delayed Transfers of Care (MFFD)		16.00	37	29	31	30	28	28	35	33	31	31	24	31	33	
Medical Outliers			2	2	3	8	7	9	16	8	1	3	2	2	3	
Readmission (Emergency Re-admissions after Planned Surgery)																
** reported from 16/17. One month delay*	30 Day Rate		2.77%	2.91%	3.15%	3.29%	3.14%	3.46%	3.27%	2.95%	0.27%	4.00%	3.05%	3.06%	0.00%	
	7 Day Rate		1.65%	1.01%	1.16%	1.29%	1.37%	1.24%	1.75%	1.67%	1.40%	1.73%	1.56%	1.49%	1.05%	
Cancelled Operations - Non Clinical - Cancellation Rate			1.40%	0.98%	1.48%	1.16%	0.61%	2.12%	0.85%	1.25%	1.07%	1.30%	1.06%	0.80%	0.86%	
Theatre Efficiency																
	Main Theatres		74.9%	79.6%	76.6%	77.6%	75.7%	75.5%	71.4%	76.3%	76.2%	77.5%	79.5%	78.4%	77.9%	
	TC Theatres		72.3%	74.4%	74.6%	77.2%	73.9%	72.6%	72.1%	76.0%	75.3%	75.6%	79.6%	72.7%	75.0%	
DNA (OP Efficiency)			6.34%	6.47%	6.72%	5.92%	6.15%	6.28%	6.13%	5.44%	5.35%	5.86%	5.94%	6.63%	5.82%	
Hospital Cancellation Rate (OP Efficiency)			5.19%	5.99%	5.01%	5.36%	5.34%	5.56%	5.40%	5.73%	6.03%	6.57%	7.63%	7.51%	7.94%	







Financial Performance: Income & Expenditure Position - Aggregated

	Month			Year to Date			Forecast	Base Budget 17/18 £'000
	Plan Jul (£'000)	Actual Jul (£'000)	Variance Jul (£'000)	Plan Apr to Jul (£'000)	Actual Apr to Jul (£'000)	Variance Apr to Jul (£'000)	17/18 (£'000)	
Operating								
Operating Income								
NHS Acute Activity Income								
Elective	898	989	91	4,082	3,746	-336	13,056	13,056
Non-Elective	4,942	4,840	-101	18,788	19,423	635	57,516	57,516
Maternity	1,119	1,184	65	4,418	4,623	205	13,208	13,208
Day cases	1,761	1,763	1	7,209	6,739	-471	22,214	22,214
Outpatients	2,429	2,229	-200	9,485	9,017	-468	29,032	29,032
A&E	843	848	5	3,231	3,367	136	9,309	9,309
Other NHS	6,604	6,768	165	25,751	25,983	232	75,858	83,071
Total NHS Clinical Revenue	**18,596**	**18,621**	**25**	**72,964**	**72,897**	**-67**	**220,193**	**227,406**
Other Operating Income	1,907	1,893	-14	7,639	7,485	-154	22,934	22,934
TOTAL OPERATING INCOME	**20,503**	**20,514**	**11**	**80,603**	**80,382**	**-221**	**243,127**	**250,340**
Operating Expenses								
Employee Benefits Expenses (Pay)	-13,577	-13,650	-73	-55,056	-54,983	73	-165,181	-168,053
Drugs	-1,376	-1,262	114	-5,514	-5,091	423	-16,526	-17,178
Clinical Supplies	-1,564	-1,500	64	-6,440	-5,944	496	-19,493	-20,366
Non Clinical Supplies	-272	-238	34	-1,122	-1,115	7	-3,338	-3,764
Other operating expenses	-2,525	-2,533	-8	-10,207	-10,604	-397	-30,177	-32,468
TOTAL OPERATING EXPENSES	**-19,314**	**-19,183**	**131**	**-78,339**	**-77,737**	**602**	**-234,715**	**-241,829**
EBITDA	**1,189**	**1,331**	**142**	**2,264**	**2,645**	**381**	**8,412**	**8,511**
Non Operating								
Non Operating Income								
Interest & Asset disposal	3	2	-1	12	4	-8	36	36
Non-Operating Expenses								
Depreciation & Finance Leases	-477	-424	53	-1,904	-1,720	184	-5,850	-5,950
PDC Dividend Expense	-158	-158	0	-634	-634	0	-1,900	-1,900
Net Surplus/(deficit) before Exceptional Items	**557**	**751**	**194**	**-262**	**295**	**557**	**698**	**697**
Prior Period Adjustment	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	**557**	**751**	**194**	**-262**	**295**	**557**	**698**	**697**

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

Contract income is £0.1M worse than plan in cumulative. Key variances include planned income and drugs and the impact of the CEP.

Other income is 0.2M worse cumulative 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 and community services.

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

The forecast is to acheive the agreed control total and deliver the cost savings under the CEP, recognising the reduced income flows from South Cheshire & Vale Royal CCGs.

* EBITDA Total excludes Charitable Income

Financial Performance: Income & Expenditure Position - MCHFT

	Month			Year to Date			Base Budget 2017/18 £'000
	Plan Jul (£'000)	Actual Jul (£'000)	Variance Jul (£'000)	Plan Apr to Jul (£'000)	Actual Apr to Jul (£'000)	Variance Apr to Jul (£'000)	
Operating							
Operating Income							
NHS Acute Activity Income							
Elective	898	989	91	4,082	3,746	-336	13,056
Non-Elective	4,942	4,840	-101	18,788	19,423	635	57,516
Maternity	1,119	1,184	65	4,418	4,623	205	13,208
Day cases	1,761	1,763	1	7,209	6,739	-471	22,214
Outpatients	2,429	2,229	-200	9,485	9,017	-468	29,032
A&E	843	848	5	3,231	3,367	136	9,309
Other NHS	4,424	4,547	124	17,033	17,109	76	55,266
Total NHS Clinical Revenue	**16,416**	**16,400**	**-16**	**64,246**	**64,023**	**-223**	**199,601**
Other Operating Income	1,832	1,811	-21	7,339	7,164	-176	22,035
Inter-Trust Income	48	48	0	190	190	0	571
TOTAL OPERATING INCOME	**18,295**	**18,259**	**-36**	**71,776**	**71,378**	**-399**	**222,207**
Operating Expenses							
Employee Benefits Expenses (Pay)	-11,837	-11,995	-158	-48,086	-48,306	-220	-146,616
Drugs	-1,374	-1,260	114	-5,504	-5,088	416	-17,149
Clinical Supplies	-1,475	-1,390	86	-6,085	-5,577	508	-19,799
Non Clinical Supplies	-204	-203	1	-849	-878	-28	-2,589
Other operating expenses	-2,147	-2,196	-48	-8,667	-8,947	-280	-26,565
Inter-Trust Charges	-82	-82	0	-326	-326	0	-979
TOTAL OPERATING EXPENSES	**-17,119**	**-17,125**	**-6**	**-69,519**	**-69,123**	**396**	**-213,697**
EBITDA	**1,177**	**1,134**	**-42**	**2,257**	**2,255**	**-2**	**8,510**
Non Operating							
Non Operating Income							
Interest & Asset disposal	3	2	-1	12	4	-8	37
Non-Operating Expenses							
Depreciation & Finance Leases	-477	-424	53	-1,904	-1,720	184	-5,950
PDC Dividend Expense	-158	-158	0	-634	-634	0	-1,900
Net Surplus/(deficit) before Exceptional Items	**545**	**554**	**10**	**-269**	**-95**	**174**	**698**
Prior Period Adjustment	0	0	0	0	0	0	0
Net Surplus/(deficit) after Exceptional Items	**545**	**554**	**10**	**-269**	**-95**	**174**	**697**

The Trust excluding Community Services, delivered a £0.1M deficit cumulative against a planned deficit of £0.3M.

Contract income is £0.2M worse than plan cumulative. Key variances include planned income and drugs. £53M of the £64M actual value is fixed in line with the CEP. The variance relates to services commissioned by specialised and Public Heatlh England.

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

Pay is £0.2M worse than plan cumulative as a result of underspends in Medical pay from unfilled vacancies offset by higher spend on Nursing and corporate vacancy targets.

Non-Pay is £0.6M better than plan cumulative as a result of better than plan for high cost drugs (income offset) and clinical supplies (activity related). Other is £0.3M worse as a result of continuing outsourcing pressures in diagnostics from staffing gaps.

Financial Performance: Income & Expenditure Position - CCICP

	Month			Year to Date			Base Budget 2017/18 £'000
	Plan Jul (£'000)	Actual Jul (£'000)	Variance Jul (£'000)	Plan Apr to Jul (£'000)	Actual Apr to Jul (£'000)	Variance Apr to Jul (£'000)	
Operating							
Operating Income							
NHS Acute Activity Income							
Elective	0	0	0	0	0	0	
Non-Elective	0	0	0	0	0	0	
Maternity	0	0	0	0	0	0	
Day cases	0	0	0	0	0	0	
Outpatients	0	0	0	0	0	0	
A&E	0	0	0	0	0	0	
Other NHS	2,180	2,221	41	8,718	8,874	156	27,805
Total NHS Clinical Revenue	**2,180**	**2,221**	**41**	**8,718**	**8,874**	**156**	**27,805**
Other Operating Income	75	82	7	300	321	22	899
Inter-Trust Income	82	82	0	326	326	0	979
TOTAL OPERATING INCOME	**2,337**	**2,384**	**48**	**9,344**	**9,521**	**178**	**29,683**
Operating Expenses							
Employee Benefits Expenses (Pay)	-1,740	-1,655	85	-6,970	-6,677	293	-21,437
Drugs	-2	-2	0	-10	-3	7	-29
Clinical Supplies	-89	-110	-22	-354	-367	-12	-567
Non Clinical Supplies	-68	-35	33	-273	-237	35	-1,175
Other operating expenses	-378	-337	40	-1,540	-1,657	-117	-5,903
Inter-Trust Charges	-48	-48	0	-190	-190	0	-571
TOTAL OPERATING EXPENSES	**-2,325**	**-2,188**	**137**	**-9,337**	**-9,131**	**206**	**-29,682**
EBITDA	**12**	**197**	**185**	**7**	**390**	**383**	**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	**12**	**197**	**185**	**7**	**390**	**383**	**0**
Prior Period Adjustment	0	0	0	0	0	0	
Net Surplus/(deficit) after Exceptional Items	**12**	**197**	**185**	**7**	**390**	**383**	**0**

Community Services delivered a £0.4M surplus cumulative against a planned break even position.

Contract income is £0.2M better than plan cumulative as a result of property income accrued to offset costs..

Pay is £0.3M better than plan cumulative as a result of unfilled vacancies partly clinical and partly corporate.

Non-Pay is £0.1M worse than plan cumulative due to property costs.

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	(40)	(290)	(274)	(13)	(8)	(302)	(321)
Endoscopy	Endoscopy	2,158	1	(224)	(791)	26	(376)	89	992	(109)
General Surgery Directorate	General Surgery	5,814	24	286	(2,829)	165	(590)	13	2,419	464
Head & Neck Directorate	Head & Neck	1,814	124	(97)	(858)	52	(258)	18	821	(28)
Macmillan Cancer Centre	Macmillan Cancer Centre	210	508	98	(299)	(13)	(456)	(24)	(37)	61
Ophthalmology	Ophthalmology	3,794	18	(277)	(1,321)	106	(1,060)	219	1,432	48
Orthopaedic Directorate	Orthopaedics	6,460	76	(526)	(2,053)	105	(1,142)	(19)	3,341	(441)
Theatres & TC	Theatres & TC	0	113	(5)	(2,413)	24	(856)	(3)	(3,156)	16
Urology Directorate	Urology	1,847	32	(84)	(878)	29	(169)	(57)	831	(112)
Surgical and Cancer Division	**Surgery & Cancer**	**22,096**	**895**	**(868)**	**(11,733)**	**218**	**(4,918)**	**228**	**6,341**	**(422)**

The Surgical Division is £0.4M worse than plan cumulative. Net of income as the CEP impact is reflected in Corporate, the Division is £0. 4M better than plan. The key variancesin expenditure relate to medical staffing vacancies in Ophthalmology and Orthopaedics and Nursing vacancies in General Surgery. Non pay is better than plan i n Ophthalmology as a result of lower than expected use of high cost drugs.

		Income			Expenditure				NET TOTAL	
		Contract	Variable	Better/ (Worse) than Budget	Pay	Better/ (Worse) than Budget	Non-Pay	Better/ (Worse) than Budget	Total	Better/ (Worse) than Budget
Emergency Care Divisional Mgmn	Divisional Mangement M&EC	0	76	76	(792)	(74)	(47)	(109)	(763)	(108)
Accident & Emergency Dir	Emergency Department	5,139	282	53	(1,867)	121	(214)	(43)	3,340	131
Anaesthetics & Critical Care	Anaesthetics & Critical Care	2,046	19	1	(2,738)	(50)	(332)	70	(1,005)	21
Medical Directorate	General Medicine	13,981	91	(312)	(7,450)	(295)	(1,352)	170	5,270	(438)
Urgent Care Centre	Urgent Care Centre	0	0	0	(229)	11	0	62	(229)	73
Emergency Services Division	**Medicine & Emergency Care**	**21,167**	**468**	**(183)**	**(13,075)**	**(287)**	**(1,945)**	**149**	**6,614**	**(320)**

The Medicine and Emergency Care Division are £0.3M worse than plan. Net of income, the Division is £0.1M worse than plan. The key varian ces are Pay in the medical directorate as a result of higher nursing costs from use of bank HCA's over establishment for acuity pressures offset somewhat by lower medical costs than budget. Non -pay is better than plan as a result of lower than expected use of high cost drugs.

		Income			Expenditure				NET TOTAL	
		Contract	Variable	Better/ (Worse) than Budget	Pay	Better/ (Worse) than Budget	Non-Pay	Better/ (Worse) than Budget	Total	Better/ (Worse) than Budget
Wom Chil & sexl hlth Div Magmn	Divisional Mangement W&C	0	6	3	(446)	(56)	(50)	(6)	(490)	(59)
Gum clinic	GUM clinic	0	0	6	0	0	(0)	(0)	(0)	6
Obstetric & Gynaecology Dir	Obstetrics & Gynaecology	6,157	27	196	(2,907)	(29)	(500)	(79)	2,778	88
Paediatric Directorate	Paediatrics	3,737	31	(154)	(2,479)	73	(353)	(5)	936	(86)
Women and Childrens Division	**Women and Children**	**9,894**	**64**	**51**	**(5,831)**	**(13)**	**(903)**	**(90)**	**3,225**	**(52)**

The Womens and Childrens Division is £0.1M worse than plan cumulative. Net of income, the Division is £0.1M worse than plan. Non -pay is £0.1M worse as a result of IVF recharges.

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	(88)	20	(7)	(33)	(95)	(14)
Dermatology	Dermatology	544	9	(162)	(265)	78	(129)	(15)	158	(99)
ECG department	ECG	123	9	(11)	(324)	38	(24)	2	(217)	29
Elmhurst	Elmhurst	665	66	8	(501)	(6)	(63)	0	167	1
Integrated Discharge	Integrated Discharge	0	6	6	(97)	(7)	(2)	(1)	(94)	(2)
Medical Records Department	Medical Records Department	0	0	(1)	(569)	29	(74)	(2)	(643)	25
Outpatients	Outpatients	0	55	(1)	(185)	(2)	(16)	2	(146)	(1)
Pathology Directorate	Pathology	4,015	1,288	106	(3,312)	(61)	(2,906)	(24)	(916)	21
Pharmacy Departments	Pharmacy	848	98	(62)	(1,014)	46	(969)	(78)	(1,036)	(94)
Radiology Directorate	Radiology	1,136	233	(95)	(1,941)	103	(712)	(62)	(1,284)	(53)
Therapeutic Departments	Therapies	0	1	1	(621)	50	(16)	17	(636)	68
Victoria Infirmary Northwich	Victoria Infirmary Northwich	673	6	(49)	(562)	(19)	(84)	15	32	(52)
Diagnostics and Support Divisi	**Diagnostics and Support**	**8,003**	**1,770**	**(259)**	**(9,479)**	**268**	**(5,002)**	**(181)**	**(4,708)**	**(172)**

The Diagnostics Division is £0.2M worse than plan cumulative. Net of income, the Division is £0.1M better than plan. The ke y variances include better than plan on pay from staffing gaps in Imaging, Pathology and Dermatology. Non-pay is worse on drugs and outsourcing imaging.

		Income			Expenditure				NET TOTAL	
		Contract	Variable	Better/ (Worse) than Budget	Pay	Better/ (Worse) than Budget	Non-Pay	Better/ (Worse) than Budget	Total	Better/ (Worse) than Budget
Estates & Facilities Div Mgnt	Divisional Management E&F	0	0	0	(161)	4	(40)	3	(201)	7
Catering Directorate	Catering	0	437	4	(534)	(26)	(443)	(28)	(540)	(50)
Estates Departments	Estates Departments	0	146	(13)	(552)	(32)	(2,057)	96	(2,463)	50
Hotel Services	Domestics	0	0	0	(448)	(18)	(3)	1	(451)	(17)
Laundry Services Departments	Laundry	0	393	(6)	(370)	(36)	(246)	12	(223)	(30)
Security	Security	0	542	(3)	(243)	7	(203)	(36)	95	(32)
Site Services	Porters	0	0	0	(904)	27	(30)	(4)	(933)	24
Estates & Facilities Division	**Estates & Facilities Division**	**0**	**1,518**	**(18)**	**(3,212)**	**(73)**	**(3,023)**	**43**	**(4,717)**	**(49)**

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	(479)	10	(40)	33	(519)	43
Computer Services	Computer Services	0	35	30	(455)	46	(676)	2	(1,097)	79
Finance & Information	Finance & Information	0	13	3	(1,045)	(39)	(235)	(19)	(1,267)	(55)
Human Resources	Human Resources	0	144	(15)	(773)	28	(128)	79	(757)	92
Risk Manangement & R&D	Risk Management & R&D	0	141	(39)	(496)	32	(5)	26	(360)	19
Quality Assurance Departments	Nurse Management	0	116	69	(898)	(90)	(3,047)	23	(3,829)	2
Trust Central Expenditure	Trust Central Expenditure	2,858	1,918	790	(745)	(324)	(487)	299	3,544	765
Other Departments	Other Departments	9	81	45	(85)	2	(81)	24	(76)	70
	Corporate	**2,867**	**2,449**	**882**	**(4,977)**	**(334)**	**(4,699)**	**466**	**(4,359)**	**1,014**

The Corporate Division is £1.0M better cumulative. Net of income, the variance is £0.1M better. Pay is worse as a result of maternity pressures and vacancy control targets and non-pay is better as a result of slippage on investments.

Community Services		**8,874**	**321**	**178**	**(6,677)**	**293**	**(2,264)**	**(87)**	**254**	**383**
EBITDA		**72,901**	**7,486**	**(218)**	**(54,983)**	**72**	**(22,755)**	**528**	**2,649**	**382**

Financial Performance: Commissioner Income Analysis

Commissioner	FY Target (£'000)	YTD Target (£'000)	CEP Adjustmt	Final Actual (£'000)	Final Variance (£'000)
NHS Eastern Cheshire CCG	8,212	2,690	0	2,612	-78
NHS Eastern Cheshire CCG Community	401	134	0	134	0
NHS South Cheshire CCG Community	15,802	5,284	0	5,284	0
NHS South Cheshire CCG	99,576	34,425	420	34,425	-0
NHS Vale Royal CCG	54,424	18,578	736	18,578	-0
NHS Vale Royal CCG Community	9,685	3,238	0	3,238	-0
NHS Warrington CCG	248	82	0	104	22
NHS West Cheshire CCG	3,347	1,103	0	1,214	111
NHS West Cheshire CCG Community	186	62	0	62	0
NHS North Staffordshire CCG	1,900	623	0	706	83
NHS Shropshire CCG	624	205	0	326	121
NHS Stoke on Trent CCG	1,407	460	0	538	78
Local Authority	0	0	0	0	0
NHS Commissioning Board	1,511	501	0	501	0
Specialist Commissioning Group	8,449	2,797	0	2,814	17
Non Contract Activity	1,932	642	0	694	51
Overseas Visitors Chargeable	0	0	0	0	0
Non-Commissioner Specific	12,488	2,138	0	1,669	-469
TOTAL	**220,193**	**72,964**	**1,156**	**72,901**	**-64**

The South Cheshire and Vale Royal contracts are in line with the agreed CEP value. Against PbR , the Trust is underperforming by £1.2M primarily associated with high cost drugs (£0.3M)and elective activity.

Non Commissioner Specific includes Public Health who commission the Bowel Scope programme and a target for Hep C very high cost drugs which will vary as associated with a small number of patients. (cost budget offset)

Other commissioners are showing positive variances related to elective activity in Ophthalmology and General Surgery.

Other Contract Income	FY Target (£'000)	YTD Target (£'000)	YTD Actual (£'000)	Final Variance (£'000)
Bed Based Services	5,951	1,984	1,992	8
Adult & Neonatal Critical Care	7,884	2,631	2,614	-17
Urgent Care Centre	0	0	0	0
Community Paediatrics	1,302	434	434	0
Direct Access Services	10,245	3,347	3,233	-114
Unbundled Radiology	3,613	1,204	1,117	-88
High Cost Drugs	10,553	3,518	2,938	-580
Screening Programmes	1,474	491	491	0
Audiology	1,057	352	393	40
IVF	321	107	78	-29
CQUIN	4,453	1,232	932	-300
STF	5,993	1,298	1,298	0
Community Services	27,805	9,268	9,424	156
Other	-3,938	-116	1,042	1,158
TOTAL	**76,714**	**25,751**	**25,987**	**236**

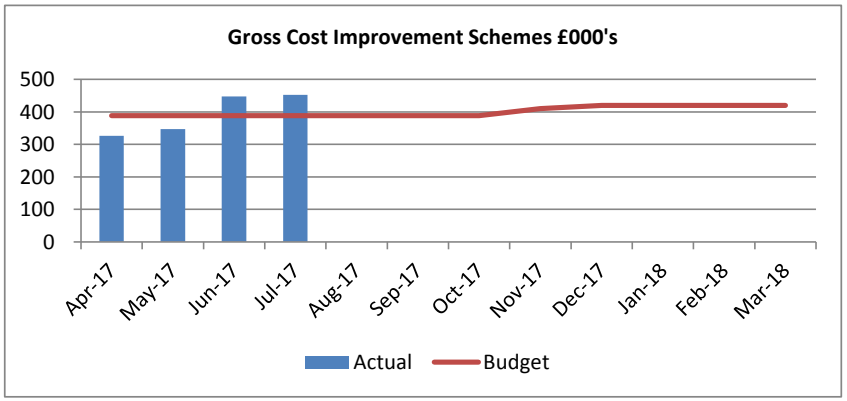
Other contract income is showing £0.2M better than plan.

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.

Other includes the impact of the CEP (£1.2M favourable) and there is also a provision against CQUIN performance.

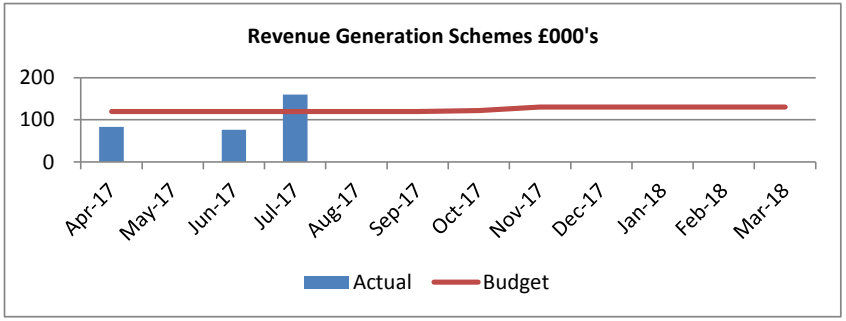
Financial Performance: Cost Improvement Programme

Cost Improvement Schemes						
Scheme Category	**YTD Target**	**YTD Actual**	**YTD**	**FY Target**	**FY Forecast**	**FY Variance**
Access & Flow	51	91	39	600	622	22
Back Office	190	190	0	570	570	0
Drugs	107	107	0	320	320	0
Medical Workforce	461	817	356	1,383	1,463	80
Non-Pay Efficiency	113	13	-100	340	73	-267
Nursing Workforce	100	0	-100	300	0	-300
Procurement	250	250	0	750	750	0
Service redesign	129	108	-22	400	322	-78
Total (£'000)	**1,402**	**1,575**	**174**	**4,663**	**4,121**	**-542**



The Cost Improvement Programme is underperforming on Nursing (use of temporary staffing and e-rostering) and Non-pay efficiency (infusion pump consumables). Medical workforce savings are delivering in excess of the target related to the CEP schemes on managing elective activity.

Revenue Generation Schemes						
Scheme Category	**YTD Target**	**YTD Actual**	**YTD**	**FY Target**	**FY Forecast**	**FY Variance**
Back Office	8	0	-8	25	0	-25
Commercial	41	41	0	140	55	-85
Drugs	58	9	-49	175	29	-146
Medical Workforce	167	168	1	500	504	4
Outpatient Efficiency	67	67	0	200	200	0
Theatres Efficiency	100	34	-66	300	234	-66
Service redesign	39	0	-39	150	43	-107
TOTAL (£'000)	**480**	**319**	**-160**	**1,490**	**1,065**	**-425**



Revenue Generation schemes are £0.4M worse than plan as a result of not achieving the efficiency related to consultand annualised hours 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	2017/18 FY TARGET	2017/18 YTD TARGET	2017/18 CUMULATIVE ACTUAL	2017/18 BETTER/WORSE THAN BUDGET	2017/18 FORECAST	2018/19 + FORECAST	WHOLE PROJECT ACTUAL TO DATE	WHOLE PROJECT PROPOSED PLAN	TOTAL FORECAST
STRATEGIC INVESTMENTS (Requires individual signoff)													
ESTATES													
DR'S MESS INTO RMO'S	Yes	Internal	Yes		42	0	0	0	42	0	0	42	42
WARD 11 REFURBISHMENT	Yes	Internal	Yes	1500		0	-5	5	0	0	1495	1,500	1,500
WARD 16 REFURBISHMENT	Yes	Internal	Yes	854	283	283	281	2	283	0	1135	1,137	1,137
CAR PARK BARRIERS	Yes	Internal	Yes		60	0	0	0	60	0	0	60	60
CENTRALISED POAC	Yes	Internal	Yes		122	0	10	-10	122	0	10	122	122
BISTRO & 2 OFFICES	Yes	Internal	Yes		178	0	0	0	208	0	0	178	208
OPHTHALMOLOGY OUTPATIENTS - PHASE 2	Yes	Internal	Yes	86	249	0	134	-134	249	0	220	335	335
UNDER / OVERS CAPITAL SCHEMES 16/17	Yes	Internal	Yes			0	-10	10	0	0	-10	0	0
WARD REFURBISHMENT	Yes	Loan	Not yet approved		4200	200	0	200	1400	8800	0	13,000	10,200
MRI SCANNER 3RD BUILD	Yes	Internal/Loan	Not yet approved	109	1540	600	-11	611	770	770	98	2,419	1,649
WASTE COMPOUND AND SEGREGATION	No	Internal	Not yet approved		250	50	0	50	250	0	0	250	250
BARIATRIC SIDE ROOM	No	Internal	Not yet approved		100	0	0	0	100	0	0	100	100
3RD CT SCANNER BUILD	No	Loan	Not yet approved		850	284	0	284	425	425	0	1,275	850
TOTAL				**2549**	**7874**	**1417**	**400**	**1017**	**3909**	**9995**	**2949**	**20418**	**16453**
IT													
VOICE OVER IP	Yes	Internal	Yes	171	295	295	236	59	295	200	407	666	666
RADIOLOGY INFORMATION SYSTEM	Yes	Internal	Yes	96	132	0	-3	3	132	0	93	228	228
WIRELESS UPGRADE	Yes	Internal	Yes	6	24	0	1	-1	24	0	7	30	30
PCTI	Yes	Internal	Yes	18	12	0	5	-5	12	0	23	30	30
E-HANDOVER	No	Internal	Not yet approved		244	0	0	0	0	0	0	244	0
UNDER / OVERS CAPITAL SCHEMES 16/17	Yes	Internal	Yes			0	4	-4	0	0	4	0	0
PATIENT ADMIN SYS / CORE ELECTRONIC PATIENT RECORDS	No	Loan	Not yet approved		1500	0	0	0	0	4500	0	6,000	4,500
EDMS & E NOTES	No	Loan	Not yet approved		1956	0	0	0	0	0	0	1,956	0
UPS	Yes	Internal	Yes		150	150	0	150	150	0	0	150	150
CLINICAL PORTAL	No	Loan	Not yet approved		1260	0	0	0	0	0	0	1,260	0
Q PULSE	Yes	Internal	Yes		30	30	0	30	30	0	0	30	30
NET CALL / CALL CENTRE	Yes	Internal	Yes	12	13	13	4	9	13	0	16	25	25
HIGH IMPACT STAND ALONE IT SYSTEMS	Yes	Internal	Yes		100	40	0	40	100	400	0	500	500
PACS REPLACEMENT	Yes	Internal	Now Revenue		1590	0	0	0	0	0	0	1,590	0
E-PRESCRIBING	No	Loan	Not yet approved		900	0	0	0	0	460	0	1,360	460
VENDOR NEUTRAL ARCHIVE	No	Loan	Not yet approved		605	605	0	605	0	0	0	605	0
CREDITS FOR CLEANING SOFTWARE	Yes	Internal	Yes		11	11	0	11	11	0	0	11	11
REPLACEMENT BUSINESS INTELLIGANCE SYSTEM	No	Internal	Not yet approved		80	80	0	80	80	0	0	80	80
SINGLE CLINICAL SYSTEM	No	Loan	Not yet approved							6569	0		6,569
TOTAL				**303**	**8902**	**1224**	**247**	**977**	**847**	**12129**	550	**14765**	**13,279**
TOTAL STRATEGIC INVESTMENTS				**2852**	**16776**	**2641**	**646**	**1995**	**4756**	**22124**	**3498**	**35183**	**29732**

The Estates strategic investments capital spend is £1,017K less than the plan. This is mainly due to the build for the third MRI Scanner, the build for the third CT Scanner and Ward 17 refurbishment. The MRI and the Ward 17 projects are delayed due to the delay in the approval of loans from the DoH. This process has started and the Trust are in discussion with NHSI. The business case for the third CT Scanner has still not been approved. The overspend on the Ophthalmology Outpatients phase 2 is due to the phasing of the budget. The forecast has been amended due to the delay in the Ward 17, third MRI Scanner and the third CT Scanner, where some of the expenditure has been move to 2018/19.

The IT Strategic investments projects are £977K less than plan. This is mainly due to the Vendor Neutral Archive scheme. The funding for this scheme along with E-Handover, Patient Admin System, EDMS & Notes, Clinical Portal, E Prescribing and some of the IBM Software scheme is being proposed to use as one funding stream for a single clinical system. The forecast spend for these has been amended to the following financial year. A business case for this proposal is being prepared. In respect of the PACS this has now been approved as revenue and the forecast has been amended accordingly.

Financial Performance: Capital Report

SCHEME	BOARD APPROVED	FUNDING SOURCE	FUNDING APPROVED	EXPENDITURE	2017/18	2017/18	2017/18 CUMULATIVE ACTUAL	2017/18 BETTER/WORSE THAN BUDGET	2017/18 FORECAST	2018/19 + FORECAST	WHOLE PROJECT ACTUAL TO DATE	WHOLE PROJECT PROPOSED PLAN	TOTAL FORECAST
ROLLING ALLOCATIONS (Approved Delegated Budgets)													
ESTATES													
ASBESTOS REMOVAL	Yes	Internal	Yes		150	50	-1	51	150	600	-1	750	750
DESIGN TEAM	Yes	Internal	Yes		280	93	91	2	280	1120	91	1,400	1,400
CT / VT - HEATING INFRASTRUCTURE	Yes	Internal	Yes		175	15	9	6	175	525	9	700	700
BACKLOG GENERAL PROVISION	Yes	Internal/Loan	Yes		1604	1020	212	808	1,604	6750	212	8,354	8,354
TOTAL				**0**	**2,209**	**1,178**	**311**	**867**	**2,209**	**8,995**	**311**	**11,204**	**11,204**
IT													
STORAGE - DATA ARCHIVING	Yes	Internal	Yes		27	0	0	0	27		0	27	27
INTERSITE CONNECTIVITY	Yes	Internal	Yes		31	31	-3	34	31	25	-3	56	56
INTERFACING	Yes	Internal	Yes		85	20	9	11	85	110	9	195	195
IT APPLICATIONS	Yes	Internal	Yes		100	25	5	20	100	400	5	500	500
IBM HARDWARE	Yes	Internal	Yes		144	144	40	104	40	0	40	144	40
TOTAL				**0**	**387**	**220**	**51**	**169**	**283**	**535**	**51**	**922**	**818**
TOTAL ROLLING ALLOCATIONS				**0**	**2,596**	**1,398**	**362**	**1,036**	**2,492**	**9,530**	**362**	**12,126**	**12,022**
ADDITIONAL													
EQUIPMENT	Yes	Internal	Yes		0	0	7	-7	10	0	7	0	10
GP STREAMING ESTATES	Yes	Internal	Yes		0	0	0	0	500	0	0	0	500
GP STREAMING IT	Yes	Internal	Yes		0	0	0	0	250	0	0	0	250
COMMUNITY SERVICES	Yes	Internal	Yes		0	0	0	0	1000	0	0	0	1,000
LEASING INVESTMENTS													
EQUIPMENT	Yes	Internal	Yes		648	0	0	0	648	0	0	648	648
3RD CT SCANNER	No	Internal	Not yet approved		480	0	0	0	0	480	0	960	480
REPLACEMENT CT SCANNER	No	Internal	Not yet approved		480	0	0	0	0	480	0	960	480
3RD MRI SCANNER	No	Internal	Not yet approved		640	0	0	0	0	640	0	1,280	640
ACCESS CONTROL	No	Internal	Not yet approved		100	0	0	0	100	0	0	100	100
LAUNDRY FINISHING	No	Internal	Not yet approved		56	0	0	0	56	0	0	56	56
OPHTHALMOLOGY EQUIPMENT	No	Internal	Not yet approved		150	0	0	0	150	0	0	150	150
CCTV	No	Internal	Not yet approved		157	0	0	0	157	0	0	157	157
CATERING TROLLIES	Yes	Internal	Yes		180	180	137	43	180	0	137	180	180
TOTAL LEASING INVESTMENTS				**0**	**2891**	**180**	**137**	**43**	**1291**	**1600**	137	**4491**	**2891**
TOTAL CAPITAL PROGRAMME (EXCLUDING LEASES)				**2,852**	**19,372**	**4,039**	**1,015**	**3,024**	**9,008**	**31,654**	**3,867**	**47,309**	**43,514**
TOTAL CAPTIAL PROGRAMME				**2,852**	**22,263**	**4,219**	**1,152**	**3,067**	**10,299**	**33,254**	**4,004**	**51,800**	**46,405**

In addition to the strategic capital schemes the rolling and additional schemes are £1,029 Kless than plan which is mainly due to Backlog Maintenace but the plan is to spend this by the end of the year and IBM Hardware where it is propsed some of the funding will be used for the Single Clinical system. The forecast has been amended accordingly

The Finance lease forecast has been amended for the thrid MRI Scanner and the Third CT Scanner and the replacment scanner to reflect the delay in the capital forecast and moved to 2018/19.

Financial Performance: Statement of Financial Position

	Plan Apr to Jul (£'000)	Actual Apr to Jul (£'000)	Variance (£'000)	Forecast 2016/17 (£'000)
Assets				
Assets, Non-Current	**83,148**	**81,316**	**-1,832**	**86,940**
Assets, Current				
Trade and other Receivables	4,616	9,164	4,548	5,860
Other Assets (including Inventories & Prepayments)	5,374	5,015	-359	5,385
Cash and Cash Equivalents	4,932	12,945	8,013	2,840
Total Assets, Current	**14,922**	**27,124**	**12,202**	**14,085**
ASSETS, TOTAL	**98,070**	**108,440**	**10,370**	**101,025**
Liabilities				
Liabilities, Current				
Finance Lease, Current	-529	-920	-391	-1,136
Loans Commercial Current	-327	-326	1	-1,685
Trade and Other Payables, Current	-13,749	-12,120	1,630	-13,032
Provisions, Current	-203	-134	69	-235
Other Financial Liabilities	-8,529	-9,139	-610	-8,647
Total Liabilities, Current	**-23,337**	**-22,638**	**699**	**-24,735**
Net Current Assets/(Liabilities)	**-8,415**	**4,485**	**12,900**	**-10,650**
Liabilities, Non Current				
Finance Lease, Non Current	-3,950	-4,973	-1,023	-4,490
Loans Commercial Non-Current	-11,484	-17,792	-6,308	-7,681
Provisions, Non-Current	-1,634	-1,650	-16	-1,548
Trade and Other Payables, Non-Current	0	0	0	**0**
Total Liabilities Non-Current	**-17,068**	**-24,415**	**-7,347**	**-13,719**
TOTAL ASSETS EMPLOYED	**57,665**	**61,386**	**3,721**	**62,571**
Taxpayers' and Others' Equity				
Taxpayers Equity				
Public dividend capital	75,157	75,157	0	75,907
Retained Earnings	-27,712	-23,933	3,779	-23,555
Donated asset reserve	0	0	0	0
Revaluation Reserve	10,220	10,162	-58	10,220
TOTAL TAXPAYERS EQUITY	**57,665**	**61,385**	**3,720**	**62,572**
TOTAL FUNDS EMPLOYED	**57,665**	**61,385**	**3,720**	**62,572**

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 £3,024K less than anticipated which is mainly due to a delay in Vendor Neutral Archive £605K and the Third MRI Scanner build £611K, Third CT Scanner build £284K, Backlog Maintenance £808K and Ward 17 Refurbishment £200K. All 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 £104K and £179k of other minor schemes, however these were both funded internally. The remaining underspend is due to some Finance leases which were anticipated to start in Q1 but as yet have not been completed.

NHS Trade Receivables are higher than anticipated as there are a number of other outstanding debts. These are Eastern Cheshire CCG £257K, East Cheshire NHS Trust £470K, Property Services £263K, North Staffordshire CCG £151K, Stoke on Trent CCG £169K, Western Cheshire CCG £201K and NHS England £940K (£677K paid early August). Also the accrual for outstanding contract payments compared to the activity is £1,800K more than the anticipated accrual.

Trade and Other Payables - Trade and Other Payables - Trade Creditors are lower than anticipated partly due to lower than anticipated expenditure. In addition there are lower than exepcted capital creditors due tothe delay in the capital programme.

Other Financial is due to accruals being higher than anticipated mainly due to Community accruals.

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 £1,689K and working capital loans of £6,446K being received whilst the Trust sorts out its contract with its two main CCG's. The Trust is anticipating repaying some of the these working capital loans in August and September 2017.

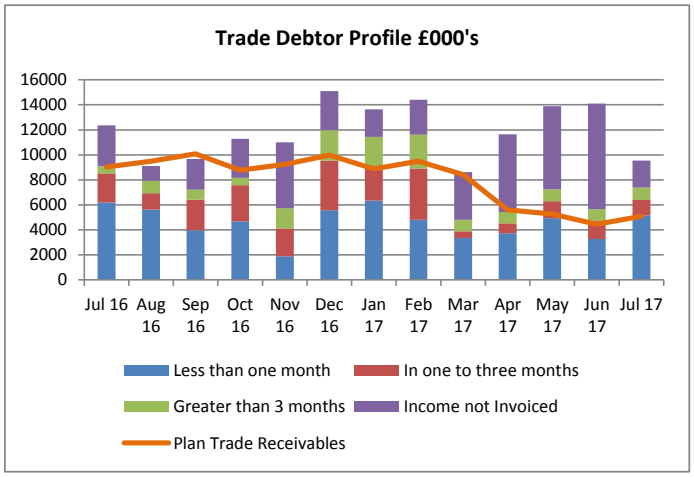
Retained Earnings is due to the late accrual for the Incentive and Bonus STF in 2016/17 of £2,257K and the trust better than anticipated financial position.

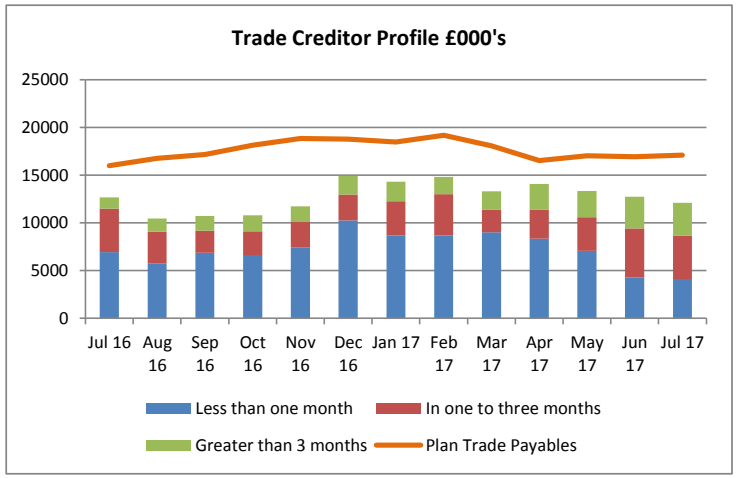
Financial Performance: Cash Position and Working Capital

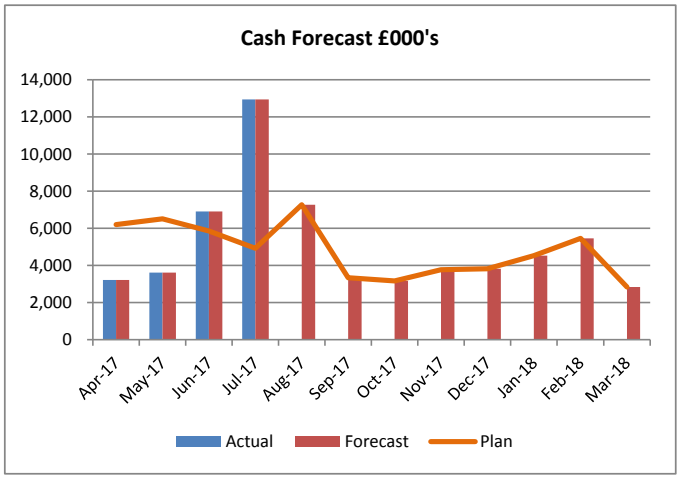
	Plan Apr to Jul (£'000)	Actual Apr to Jul (£'000)	Variance
Surplus/(deficit) after tax	**-851**	**295**	**1,146**
Non-cash flows in operating Surplus/(deficit) total	1,892	1,714	-178
Operating cash flows before movements in working capital	**1,041**	**2,009**	**968**
Increase/(Decrease) in working capital Total	3,623	2,859	-765
Net cash inflow/(outflow) from operating activities	**4,664**	**4,868**	**204**
Net cash inflow/(outflow) from investing activities total	-3,438	-1,978	1,460
Net Cash inflow/(outflow) before financing	**1,226**	**2,890**	**1,664**
Net cash inflow/(outflow) from financing activities Total	-2,144	4,407	6,551
Net increase/(decrease) in cash and cash equivalents	**-918**	**7,297**	**8,215**
Opening cash balance	**5,850**	**5,647**	**-203**
Closing cash balance	**4,932**	**12,944**	**8,012**

Cash is £8,012K better than anticipated. This is mainly due to the delay in repaying the distress loans now that the 2016/17 STF has been paid and a contract payment profile agreed with the two main CCG's. This equates to £7,996K, which is to be paid off in August and September. In addition the financial position is £1,149K better than planned and the capital programme being £1,891K less than expected including movement in capital creditors. However this is offset by £1,689K capital loans which have not been approved to fund some of this capital programme.

Working capital is worse than anticipated mainly due to Trade Creditors increasing less than anticipated offset by a greater reduction than anticipated in Trade Receivables.







Finance: *Staff Costs*

Headline Measures

	YTD £000's	Rolling 13 months £000's												
		Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Monthly Trend
Pay Budget	55,063	11,964	12,056	12,024	12,019	12,166	12,131	12,385	12,345	12,385	13,777	14,031	13,678	13,577	
Pay Actual	54,988	11,783	11,689	11,925	11,892	12,241	11,825	12,102	11,997	12,331	13,549	14,075	13,715	13,649	
Variance	76	181	367	99	127	-75	306	283	348	55	228	-44	-37	-71	
% to Budget	*99.9%*	*98.5%*	*97.0%*	*99.2%*	*98.9%*	*100.6%*	*97.5%*	*97.7%*	*97.2%*	*99.6%*	*98.3%*	*100.3%*	*100.3%*	*100.5%*	
Nursing Staff % to Budget	102.1%	99.2%	98.1%	98.9%	98.6%	101.6%	98.4%	97.0%	100.5%	98.7%	101.8%	104.4%	99.8%	102.5%	
Medical Staff % to Budget	97.2%	94.3%	90.1%	98.4%	100.6%	94.9%	90.7%	94.4%	90.4%	99.5%	90.5%	101.9%	98.8%	98.0%	
Other Staff % to Budget	99.2%	101.1%	101.2%	100.2%	98.0%	104.2%	101.9%	101.2%	98.7%	109.3%	99.9%	95.2%	101.7%	100.1%	

Commentary

Figures exclude Community Services for 2016/17

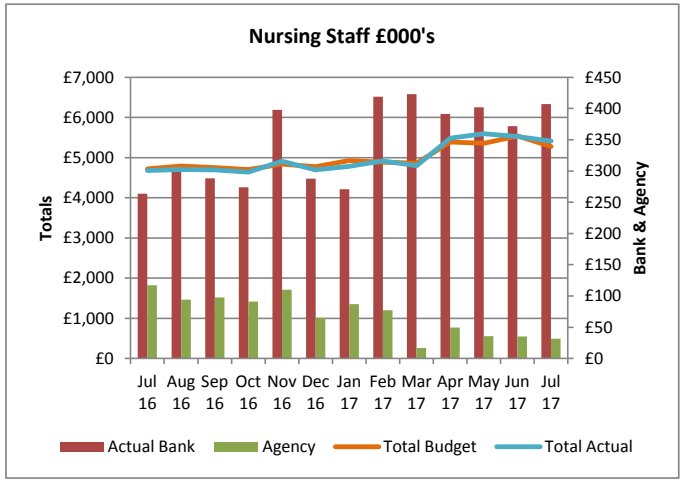
Pay is better than budget by £0.1M as at Mth 4.

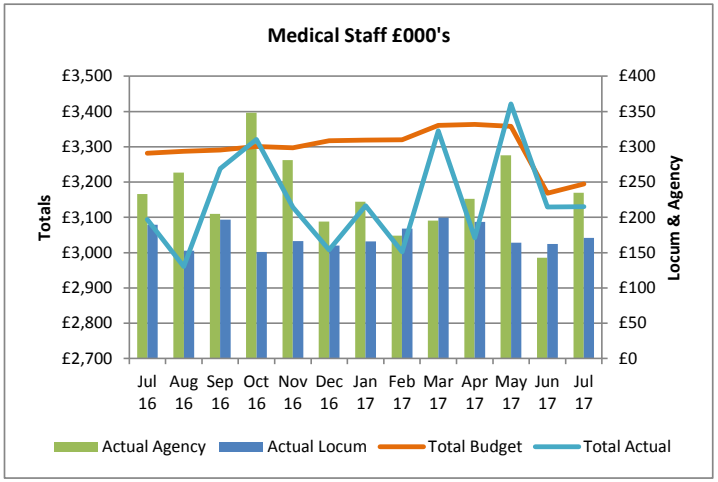
Nursing costs are higher than plan in Emergency Care as a result of Acuity. Nursing vacancies have started to reduce and Nursing Agency spend continues to be controlled, however, bank use over establishment for HCAs continues to support one to one patient supervision and is a financial pressure.

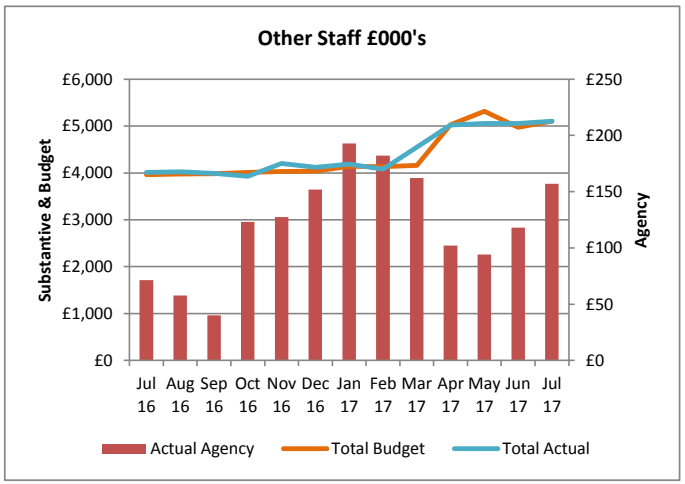
Medical pay is underspent against budget cumulative as a result of consultant and junior doctor vacancies being unable to be filled with substantive or acceptable locum arrangements .

The Agency trajectory is better in month by £0.2M and cumulative by £0.5M mainly as a result of the reclassification of locum costs in 2017/18.

Primary Drivers

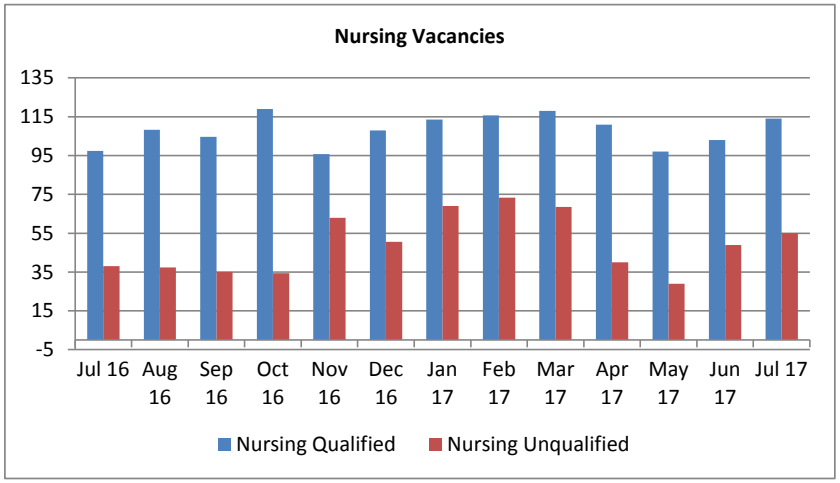


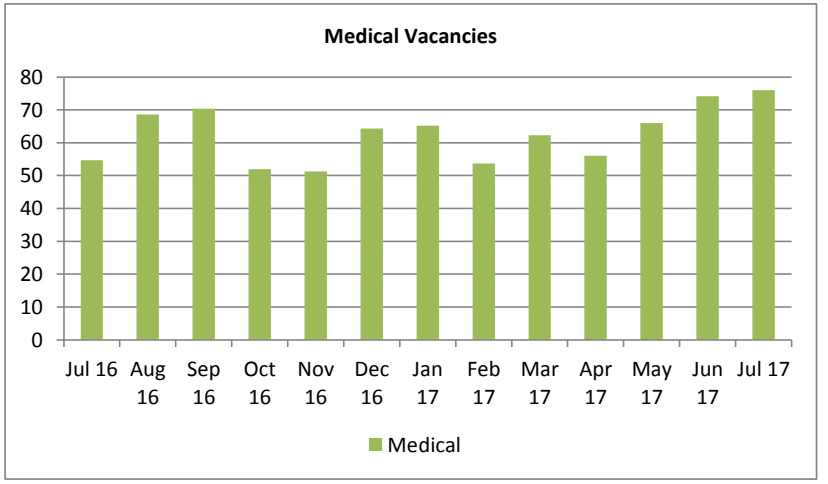




Finance: *Staff Costs*

Secondary Drivers





Agency Trajectory

	YTD	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Monthly Trend
Plan	-2,051	-515	-563	-525	-495	-477	-506	-495	-470	-484	-482	-518	-472	-579	
Actual	-1,517	-611	-568	-540	-699	-721	-572	-668	-618	-574	-378	-418	-296	-424	
Variance	534	-96	-5	-15	-204	-244	-66	-173	-148	-90	104	100	176	155	
CCICP Actual	0	0	0	0	-69	-77	-152	-210	4	-77	0				

From 17/18, CCICP are included in the main figures above.

	Rolling 13 Months													
	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Monthly Trend
Sickness Rate (Rolling 12 mths)	3.92%	3.85%	3.78%	3.80%	3.81%	3.86%	3.94%	3.95%	3.92%	3.97%	3.99%	4.03%	4.08%	
Total Leavers	36	31	39	35	37	36	44	27	42	31	37	35	45	
Turnover (Rolling 12 mths)	11.48%	11.12%	10.65%	8.97%	9.10%	9.27%	9.17%	9.09%	9.27%	10.07%	10.25%	10.12%	10.28%	

Mid Cheshire Hospitals NHS
NHS Foundation Trust

Title of Paper :	Delivering Community Services in Central Cheshire through the Central Cheshire Integrated Care Partnership – 12 month Progress Report	
Author:	Denise Frodsham	
Executive Lead:	Denise Frodsham	
Type of Report:	Concept Paper	
	Strategic Options Paper	
	Business Case	
	Information	
	Review/Benefits/Audit	x

Link to Strategic Domains:		***Link to Domain:***	
Delivering Outstanding Clinical Quality, Safety & Experience	X	Safe	x
Being a leading Partner in a Progressive Health Economy	X	Effective	X
Striving for Outstanding Organisational Effectiveness	X	Caring	x
Aspiring to Excellence in Practice through our Workforce	X	Responsive	X
Creating a 21st Century Infrastructure for Transformative Heath and Social Care	X	Well-Led	X

Link to Board Responsibility:	Performance	X
	Accountability	x
	Strategy	x
	Implementation	X
Action Required:	Decide	
	Approve	X
	Note	
	Recommend	
	Delegate	

Positive Benefit:	Receive assurance of the completion of the community services first year of contract in partnership with CWP and GP Alliance. To provide information on the future development of the transformation programme and wider partnership integration.
Risk:	Failure to provide assurance of safe, effective and compliant community services.

To be published on Trust Website –complete version	***Y*** *(delete as appropriate)*
If no, to be published on Trust Website – redacted	***N/A*** *(delete as appropriate)*
If not to be published complete or redacted, please detail the reason why	
Presented at Board Meeting of:	4th September 2017

NHS
Central Cheshire
Integrated Care Partnership

Delivering Community Services in Central Cheshire through the Central Cheshire Integrated Care Partnership

12 month Progress Report

September 2017

1.0 Background

At its Extraordinary Board of Directors Meeting of Monday 22nd August 2016, MCHFT Board of Directors, formally agreed to accept the recommendations of the submitted business case, being that the Trust should proceed to accept the transfer of Community Services to a consortium of providers (being MCHFT, Cheshire Wirral Partnership and South Cheshire / Vale Royal GP Alliance) with MCHFT being the prime provider.

A copy of the Executive Summary is included for reference in Appendix 1. A review of the corporate governance statement was included in the May 2017 progress report and the Board of Directors confirmed compliance as well as confirming sign off with regard to the programme of acquisition. A review of the transaction risks was also reviewed at that time and this was subsequently amended to reflect the remaining risks being mitigated.

This paper provides a further update report on the 12 month position regarding the operational delivery of services including progress and risks identified and being managed during the 'lift and shift' programme of year 1. The paper also informs the Board of Directors with regard to the transformational year 2 – 5 programme of work, noting the year 2 contract begins from October 1st 2017, the detail of which will be overseen by the Transformation and People Committee

2.0 Progress Summary

In line with the approved business case, the transfer of community services was successfully delivered on time and without any material issues on 1st October 2016. This followed completion of the partnership agreement and subsequently the sub contract agreements with the partner organisations as delegated to the Chief Executive.

A high level review of services within the first month, confirmed that all services were safe and able to continue to deliver following handover.

All Service Specifications (30 in total) have been reviewed and updated to reflect the current services provision and now include the workforce – roles, grades and WTE's and activity delivered. The financial assessment of allocations of funding to each of the specific service lines has now also been completed and these will be submitted to the contract meeting for agreement in September 2017.

Cost centres and budgets for all service lines have been completed. Further allocations of the agreed £1.78m CEP have also been allocated to the individual service lines and the revised 2017/18 budget from October 2017 will become live.

A number of engagement events have been held both as the Partnership Board and by the leadership team and Trust Executives and Non Executives to community staff, who have responded positively to the engagement and constructively to future opportunities to transform services. The first celebration of achievement event was held in August, supported by all partners and MCHFT Executive team and a MCHFT Non-Executive Director. Specific engagement events communicating the CEP programme have also been held in the community specifically for CCICP staff.

Corporate posts have been established and in the main now recruited too, supporting the ongoing monthly operational delivery of services. Some areas are seeing evidence of additional pressure that had not been included eg Information Governance and a separate paper is being developed to determine how these requirements can be prioritised and addressed going forward

During the transition a number of risks emerged which were being managed and required longer term solutions. A further follow up report on these risks are detailed below.

EMIS – the overall IT solution is currently provided by East Cheshire Trust. However the ability to develop, interrogate and enhance the development of services under the current arrangement is very limited and early assessment confirmed that an alternative solution was urgently required. An IT strategy and a number of business cases were developed and these have progressed through the CCICP and MCHFT governance processes and approved in full. The implementation programme (procurement and transfer) will be enacted from September 2017 for a period of 12 months and includes specific elements for organisational development and training as a mandated part of the business case.

The historic performance report mechanism is recognised as not being fit for purpose and furthermore an improved nationally developed community services data set becomes live in November 2017. Historically no national data was submitted for community services and the current systems and reports do not enable this to be delivered to the necessary requirements. Therefore CCICP will, with CCG commissioners liaise with the central information team to agree in transition what data set can be provided and a timeline for the completion of the programme of work.

It is further recognised that internally both MCHFT and CCICP require further development of an improved integrated performance report that provides intelligence and triangulation of both qualitative and quantitative measures of activity and patient outcomes. The development of the national report will therefore form the baseline of an internal review of the performance metrics moving forward.

Wheelchairs – it was agreed to leave the current integrated service but managed by CCICP. A review of the stock and agreement with East Cheshire CCG as to the funding allocation has been completed. An options paper was submitted to CCICP Board and a tendering exercise is underway. The current service is under control and working within agreed budget. The delivery of this service is no longer considered to be a risk but financial and operational delivery gains may be available through the tender assessments.

TUPE – as previously reported, the majority of staff did transfer successfully with a few errors and a minor number of individuals subject to dispute. This has all now been addressed and the TUPE consolidation list signed and closed down. Previously report issues with some elements of information transfer using ESR, in particular appraisal and training history continue but as the contract is nearing its 12 month inauguration then all staff will have updated information from this time and this should therefore improve moving forward.

A consolidated effort has been undertaken during the 12 month period to reduce the over 90 vacancies on acquisition down to more reasonable levels (45 in July). Whilst annual turnover is now at around 10% the nursing, therapy and other non-medical posts are being engaged too with relative success. The key area of risk remains GPs needed to provide a sustainable out of hour's service going forward. This is further detailed below.

GP OOHs continues to cause concern both with regard to the clinical sustainability of the service (noting similar issues across the country) but also the governance and leadership. It is recognised that this service team required further support and development and a specific task and finish group has been established to undertake a full service line review and to progress with a programme of work to improve the current issues and concerns. The risk assessment has been reviewed and escalated in line with the wider knowledge of concerns being identified. A workforce and service delivery paper is nearing completion and this will be assessed through both the CCICP and MCHFT governance processes to ensure understanding and agreement prior to engagement with external stakeholders. That being said additional workforce from nurse practitioners and pharmacists as well as the wider use of community staff to verify death is already showing some benefits.

During the next year further work will be being undertaken to understand and address both staff on fixed term contracts as well as those staff who have several contracts aligned to a number of different roles, (some up to 4 separate agreements). This will form part of the year 2 workforce development review.

A significant success during the first year of business has been the review of a number of consumable and service contracts ranging from continence products, postage, orthotics and transport. This is ongoing programme of work but so far it has delivered around £500,000 toward the cost expenditure programme without any adverse impact on patient care or service delivery. Further opportunities both directly within CCICP but also in conjunction with primary care and CCG are being scoped.

The business case specifically outlined a number of high risks to be mitigated during the transfer. These were reviewed in May 17 and a number closed. The remaining risks have further been reviewed and are responded to below.

Risk Category	Initial			Mitigated		
	Impact	Like-lihood	Total	Impact	Like-lihood	Total
Staffing, workforce and culture Vacancies have been identified and significant recruitment effort has been undertaken to stabilise the turnover and to increase to baseline staff in post. Engagement events have been positive with staff being willing and engaged in change and developing services	5	3	**15**	5	2	**10** Remain
Assets and liabilities Equipment including wheelchair stock has been agreed. Estate costs are now known and indemnified by CCG at least for 2018 /19. This element could remain a risk for 2019/20 and therefore remains under review.	5	5	**25**	5	4	**20** Remain but likelihood reduced to 12 (4x 3)
Infrastructure, capacity and skills Estate review is completed which shows some estate opportunity. Support infrastructure has been challenging but new roles are now recruited and this risk is being managed. The IT infrastructure has been fully reviewed and consequently a number of business cases approved.	5	3	**15**	5	2	**10** Remain

This risk remains during the transition period but is being managed.						
Governance and leadership KPMG Governance review undertaken with some recommendations for improvement but overall the governance and leadership is progressing within the team. It is recognised the Partnership Board requires development and the wider engagement of partners is both required and welcomed. This is now being supported by NHSI	5	5	**25**	5	4	**20** **Remain but reduce to 16 (4 x 4) until KPMG actions are complete and the Partnerhship future direction agreed**
Service quality Rapid service reviews completed, service specifications updated to reflect current practice. There are significant opportunities for service improvement and redesign but currently services are delivering to the main KPIs	5	4	**20**	5	3	**15** **Remain but reduce to 12 (4x3)**
Clinical support Clinical support is provided by all three partner organisations as well as from the Director Nursing and Medical Director. A permanent professional head of service has been recruited and support infrastructure to take forward the quality agenda is in progress	5	3	**15**	5	2	**10** **Remain but reduce to 8 (4x2)**
Service delivery / interruption Services have continued throughout the transition without interruption. Only continued risk to service provision remains GP OOHs which is a priority service line review currently being undertaken. This service will have a separate risk assessment on an individual basis and mitigations agreed	5	5	**25**	5	4	**20** **Remain and due to GP OOHs risk assessment to be re-evaluated**
Finance Robust financial assessment has now been completed and the current contract is deemed to be sufficient to deliver the services, recognising the pressures of the CEP of £1.78m and IT recurrent and non-recurrent funds.	5	5	**25**	5	4	**20** **Remain but reduce to 9 (3 x 3)**

Statutory duties and inspections CQC readiness assessment has being undertaken against previous review and against baseline standards. Action plan in place to achieve by next assessment	4	4	**16**	4	3	**12** **Remain**
Publicity and reputation The operational handover has been completed without incident or negative publicity. Future transformation programmes will be scoped and implemented in line with best practice to ensure full awareness of any potential future adverse publicity or damage to the reputation of MCHFT or partner organisations	4	3	**12**	4	2	**8** **Remain**

3.0 Further Developments

3.1 Partnership Arrangements

As part of the Central Cheshire Capped Expenditure Programme and Long Term sustainability programme, the partnership arrangements and integration were assessed by NHSI. Whilst the progress and successful operational implementation were most notably recognised and understood, it has been agreed that the partnership would benefit from external support to enhance its development, achieve agreement on its vision and priorities as well as gaining greater understanding of each other's contribution to the partnership. This may form the baseline for moving towards an accountable care system across Central Cheshire and wider. There is potential that this may lead to a change in the contractual agreement currently in place from a prime provider to a future alliance contracting model. Any changes to the existing arrangements and governance would be presented and discussed by CCICP partners and MCHFT Board prior to any agreement or changes being put into place.

The review by NHSI also reported that in line with the long term sustainability plans for Cheshire that the programme of work for community services and wider integration with primary and acute care now needs to become more transformationally focussed and with pace as it moves into its 2nd year.

3.2 Transformation Programme

During the past year CCICP agreed a programme of transformational priorities which in addition to the operational management of the service would be supported as first line service reviews and transformation programmes of work. These were as follows:

- Implementation of devolved Community Teams to 5 geographical population clusters.
- GP OOHs
- MSK
- Estates

- IT
- Organisational Development

During the year it was recognised that there is significant duplication of projects and many interdependencies an example being primary care home, home first project and Integrated teams are all based on supporting patients to remain at home through admission avoidance and early discharge. With this in mind it has been agreed to use the transformation resource in CCG and CCICP in a more integrated manner, with regular project reports and separating transformation from service development / improvement. An overall project plan has therefore been developed and the executive summary (draft) is provided in Appendix 2. This will be signed off by the joint CCG / CCICP Transformation Board in September 2017 with quarterly updates to MCHFT TaP Committee for assurance and information.

3.3 Service Developments & Improvements

In addition to the transformation programme, a number of clinical pathway developments have been (and are being) undertaken and these are as follows:

Pressure Ulcers – a focussed evaluation on the assessment and management of pressure ulcers has been undertaken. This has resulted in a higher reporting of pressure ulcers and enhanced training of community staff both in the assessment and prevention / management of pressure ulcers.

Sepsis pathway – at the first engagement event, a number of staff reported of having insufficient equipment to assess patients for infection and sepsis. This was initially reported as lack of thermometers. A review of the infection / sepsis pathway for community services has been undertaken and a whole programme of work to include documentation, patient management and issuing of sepsis kits has been completed. This was nationally recognised at a recent community services conference.

Heart failure – previously it was recognised that patients discharged from acute care with heart failure should be followed up two weeks post discharge. Due to capacity and resource issues, these follow ups are being undertaken but not within the two week guide time. Furthermore it is also recognised locally that a number of heart failure patients are admitted to hospital due to insufficient early intervention. A new service delivered in partnership with GPs and acute cardiology consultants and heart failure nurses will begin in October. This service will be the first transfer of step down to a community location and delivered as an integrated pathway. Diabetes and frailty pathways are also undergoing similar reviews towards integration.

Falls- in partnership with North West Ambulance service, a 7 day falls service has been introduced as a pilot with physiotherapists and paramedic offering alternative attendance and support than the usual ambulance attendance and transfer to ED. This is only in its infancy but showing admission avoidance improvement already.

Rapid response urgent care. As with the falls service, the role of the community matron has been reviewed and changed to provide a step up, 2 hour rapid response service. This is an integrated support programme with clinical management of the patient remaining under the GP but assessment and 72 hour intervention provided from health and social care support teams. Whist the roll out of this has been agreed, it is recognised that to provide full cover and to expand over 7 days the current number of matrons is insufficient particularly in the Vale Royal areas. Further reviews of how to identify or to use alternative funding to support this is underway.

4.0 Recommendation

The paper provides an overview of the completion and implementation of the community services contract during its first year. Overall, whist some risks remain, with close management and mitigating actions, the transaction and transfer has gone well, both according to plan and without any significant or serious complications.

From a contract review perspective which is for a total of 5 years with a 1 year break clause should any organisation chooses to withdraw, there are currently no concerns that would instigate such a consideration. Therefore the contract should continue into year 2 as planned.

The Board are further asked to sign off the programme of acquisition, recognising that future business cases and progress reports will be received in line with usual CCICP / Trust governance arrangements.

Denise Frodsham (August 23st 2017)

Appendix 1 – Business Case Executive Summary

1.0 Executive Summary

1.1 Introduction, Background and Context

There is recognition nationally and locally that the way that health and social care is delivered has to undergo radical redesign in order to meet the needs of a population with an increasing prevalence of long term illness and within a context of significant financial pressure. Within this, it is increasingly important that acute hospitals, and partners, are able to provide high-quality care for people with multiple chronic conditions and complex needs. To respond effectively to these changing needs, health and social care services must be capable of providing ongoing support over time, anticipating and preventing deterioration and exacerbations of existing conditions, and supporting a person's multiple needs in a well-co-ordinated way.

In mid to late 2015, the CCGs of South Cheshire and Vale Royal began a process of reviewing and re-commissioning Community Services Health Care for Central Cheshire in response to the above challenges. In June 2016 the contract, which has a value of £27.43m, was awarded to the partnership of Mid Cheshire Hospitals NHS Foundation Trust, Cheshire and Wirral Partnership NHS Foundation Trust, the South Cheshire and Vale Royal GP Alliances. Together, these organisations are known as the Central Cheshire Integrated Care Partnership (CCICP).

This Business Case has been developed in support of the assessment of the suitability and viability of the CCICP in delivering Community Services in Vale Royal and South Cheshire from 1st October 2016 and for MCHFT to act as the Prime Provider. As it has been written for the Board of Directors of MCHFT, it focusses the impact on MCHFT specifically.

1.2 Initial Options Analysis

Included within this Case is an overview of the options available to MCHFT in relation to responding to the tender of Community Services in Central Cheshire. Whilst this constitutes a retrospective view, the likely impacts and risks associated with each option still hold the same relevance. By way of a summary, the potential options and considerations are summarised below:

Option		Recommendation
1	**MCHFT do not tender for the Community Services contract**	***Not to progress with this option*** Whilst it is arguable that this option poses the least immediate risk to MCHFT, the potential longer-term implications to the Trust and the overall financial sustainability of the Health and Social Care economy are considered too great.
2	**MCHFT tender for the Community Services contract as a single Provider**	***To discount this option*** Commissioners elected to carry out a Most Capable Provider (MCP) process within which only a partnership model would be considered
3	**MCHFT tender for the Community Services contract in partnership**	***To pursue this option*** It is considered that the magnitude of benefit and the ability to manage the risks associated with the transfer of the contact would be far more achievable by developing a new partnership model

1.3 The Central Cheshire Integrated Care Partnership

The Central Cheshire Integrated Care Partnership (CCICP), encompassing MCHFT, CWPFT, the South Cheshire GP Alliance and Vale Royal GP Alliance, recognises that health services need to change to deliver sustainable services that meet the demands of an ageing population. As a result, the Partnership intends to work with people, their families and carers to move away from a service supporting ill health to one of promoting health, wellbeing and empowerment. The intention is to enable the people of Central Cheshire to:

- Be more in control and more in charge of their own health
- Live in communities with facilities and functions that promote their health and wellbeing
- Feel that their family, friends and community are their 'first care team'
- Experience Person Centred Care; care that works towards their individual goals and ambitions, and care that looks at them as a whole person and not a disease or body part

1.4 Due Diligence

The transfer of Community Services requires a due diligence approach that relies heavily on the existing provider (East Cheshire Hospitals Trust) and Commissioners providing appropriate information to MCHFT in order to facilitate and fully understand the economic position of the transaction versus the contract value available.

However, as a result of delays in information being made available to MCHFT along with the timing of the notice given to the existing provider (new provider to be in place by 1st October 2016), there has been a limit on the level of due diligence which can be provided.

South Cheshire and Vale Royal CCGs commissioned Merseyside Internal Audit Advisory Services have also reviewed the procurement processes and the information provided for due diligence. Within this, the following conclusions are drawn:

- **TUPE** – There is a lack of clarity around the objective and legal methodology used to determine which staff will be transferring into the employment of MCHFT to deliver CCICP services.
- **Estates** – While the sites utilised to deliver services have been identified, there remains uncertainty over the rentals payable for a number of these and there are queries relating to asset ownership and transfer
- **ICT** – The CCGs are actively seeking to resolve a range of ICT issues with ECT in particular relating to EMIS licencing and access to patient data
- **Contracts** – A schedule of agreements incurring revenue income and expenditure covering services provided under SLA and contracts has been provided but is unsatisfactory as a prime source of relevant information
- **Financial Analysis** – It is not possible to determine, with certainty, that the cost base of the service would fit within the financial envelope as stated in the 2016/17 baseline

MCHFTs approach has been to follow the Monitor Guidance on Best Practice to Transactional Due Diligence and to identify the gaps and identify mitigation or secure indemnity as far as possible. This approach has considered finance, governance, quality, workforce and organisational development.

1.5 Assessing Benefits and Risks

In order to assess the suitability and viability of MCHFT, and the CCICP as a whole, to deliver the Community Services contract over a five year period from 1 October, 2016, the potential benefits and risks have been considered in detail within this Case.

Aligned to this Business Case, MCHFT have conducted a corporate risk assessment to support internal risk identification and management. This has been included as ***Appendix 1***. This Business Case has ensured that the MCHFT risk assessment has been taken account

of and the same mechanism for scoring has been used.

Within this Case, both benefits and risks have been categorised and scored against scales for impact and likelihood, the summary of which is included below:

1.5.1 Benefit Summary

Benefit Category	Potential Impact	Likelihood	Total
Financial savings to support re-investment	3	4	**12**
Efficiency / effectiveness in non-clinical / back-office services	2	4	**8**
Quality of care and support	3	4	**12**
Performance & Inspections	2	3	**6**
Wider health and social care system	3	3	**9**
Strengthened & sustainable workforce	3	3	**9**

Total weighted potential benefit: **62/100 (HIGH)**

1.5.2 Risk Summary

The following table reflects the scores attributed to each risk category based on the assumption that mitigating activities will be undertaken. Whilst these are intended to provide a comprehensive analysis of the risks associated with the transfer and delivery of Community Services, it is also noted that unknown risks may exist.

Risk Category	Initial			Mitigated		
	Impact	Like-lihood	Total	Impact	Like-lihood	Total
Staffing, workforce and culture	5	3	**15**	5	2	**10**
Choice and competition	5	2	**10**	5	1	**5**
Legal (including litigations)	5	4	**20**	5	3	**15**
Assets and liabilities	5	5	**25**	5	4	**20**
Infrastructure, capacity and skills	5	3	**15**	5	2	**10**
Governance and leadership	5	5	**25**	5	4	**20**
Service quality	5	4	**20**	5	3	**15**
Clinical support	5	3	**15**	5	2	**10**
Service delivery / interruption	5	5	**25**	5	4	**20**
Finance	5	5	**25**	5	4	**20**
Statutory duties and inspections	4	4	**16**	4	3	**12**
Publicity and reputation	4	3	**12**	4	2	**8**

Total weighted *un-mitigated* risks: **25/25**
Total weighted *mitigated* risks: **20/25**

1.5.3 Major Risks and Mitigations

The following table provides a list of the major risks identified across all of the risk categories. For the purposes of this table, a major risk is defined as anything with a total risk score of 20 or more. A summary of the mitigating activities is included:

Risk	Initial			Mitigation
	Impact	Like-lihood	Total	
Legal L3 - Full range of current SLAs, contracts and sub-contracts are not fully understood leading to potential litigation challenges	5	4	**20**	• One potential litigation which is known and can be managed • Possible that a number of potential litigation challenges may arise but this is considered to be a limited risk based on available information • Lease, SLA and informal arrangements explored through due diligence and ongoing discussions
Assets & Liabilities A2 - Current lease agreement content and timescales prove prohibitive in including within any asset review or estate rationalisation exercise leading to a reduced potential to deliver efficiencies in the estate, related overheads and changes to support transformation of Services	5	5	**25**	• Initial scoping exercise has been undertaken which concludes that vast majority of existing facilities can continue to be utilised throughout mobilisation without significantly adversely impacting the delivery of Service and transfer of staff
Governance & Leadership G2 - Insufficient risk share arrangements leading to potentially significant financial implications for MCHFT and CCICP Providers and potential disputes throughout the lifetime of the Community Services contract	5	5	**25**	• CCICP Partnership Agreement in development • CCG Indemnity up to £582K included within the Contract
Quality Q1 - Lack of systems and processes in place for escalating and resolving quality issues leading to a lack of understanding, hindered processes of improvement and increase likelihood of the number and impact of safety issues	5	4	**20**	• New quality measures to be developed that ensure that a robust picture of how services are performing and delivering person centred care are captured • Structures of governance within the CCICP, with partners and Commissioners will built upon in order to support timely and effective reporting, escalating and decision-making arrangements

Service Delivery SD1 - Challenges associated with the transfer of Services to new provider partnership creates disruptions in service delivery and continuity of service	5	5	**25**	• Each of the organisations with the CCICP has experience of mobilising to deliver large-scale transfer of services and staff • CCICP governance structure and Partnership Agreement in place • Corporate Teams within the CCICP have been deployed to help ensure that required systems and infrastructure are in place from 1st October • Existing mechanisms of Business Continuity Management within MCHFT and CWPFT to be utilised • Timely and transparent escalation mechanisms in place, including a detailed risks and issues log and reporting through CCICP governance
Finance F1 - Contract value does not sufficiently cover the extent of the costs associated with the delivery of an safe, effective and high-quality Service	5	5	**25**	• CCG Indemnity up to £582K included within the Contract • Current vacancy levels are unlikely to be fully filled from Contract start therefore there is likely to be some slippage in year 1 to offset any pressures, initial TUPE list suggest the gaps (including new investment will be in the region of £3.3M) • Service Line Reviews, a series of service line reviews will be undertaken during the first year to identify any efficiencies in process and redesign of services • A full review of Procurement against existing prices will be undertaken as part of the mobilisation process. • Ability to give 12 months' notice should the contract be deemed undeliverable within the existing cost base
Finance F2 - Model does not deliver longer-term financial sustainability and risks are not adequately shared leaving MCHFT with financial shortfall	5	5	**25**	

1.6 Mobilisation

Resources are currently in place and are actively co-ordinating activities required in order to successfully transfer from 1st October and deliver all mobilisation activities during the first year of the contract. The planning associated with the entire mobilisation phase is split into three. This is to ensure that the CCICP is ready to deliver services at the 1st October commencement date, has plans in place for the initial period of mobilisation (3 months) and allows sufficient time to build a more comprehensive plan covering the entirety of the first twelve months of the contract. Within the Mobilisation Plan, activities regarded as 'critical' in ensuring the successful transfer of services from 1st October have been identified. Owners, timescales and tolerances have been agreed to ensure ownership, transparency and effective escalation. This is being managed by a cross-cutting Service Development workstream.

In addition, a comprehensive governance structure has been agreed for the CCICP including Board, Mobilisation Oversight Committee and cross-cutting workstreams. This is underpinned by the Partnership Agreement and will ensure that sufficiently senior staff and required capacity is attributed to all required activities throughout mobilisation. Within this, corporate resources including finance, HR, communications, IT, performance management and property services have been joined together, through the set-up of cross-cutting workstreams, to ensure that the total capacity to support mobilisation is maximised.

1.7 Conclusion

Acute hospitals will in future be fundamentally different from today, with a greater proportion of care delivered beyond the hospital walls, and an increased role in prevention and population health. These changes will be supported by the development of new care pathways, workforce arrangements and organisational models and this forms the basis of the formation of the CCICP.

The potential benefits and risks associated with this transaction have been explored in detail within this Business Case and a number of practical measures have been identified to support a decision to proceed with the CCICP model and the commencement of the contract. These include:

- Establishing effective internal governance systems that support integration across the partnership and with Commissioners and wider Partners
- Ensuring that the approach is underpinned by person-centred care and ensures clinical involvement in the design and delivery
- Understanding the financial consequences and seeking opportunities to share risk and liability
- Undertaking assessment of the transferring estate, infrastructure and systems in order to manage business continuity and identify opportunities for future transformation
- Engaging with staff during mobilisation and transfer and seeking new ways to empower and develop the workforce
- Creating opportunities for interaction and mutual learning between acute and community professionals

1.8 Recommendation

As identified within this Case, there are potentially severe and negative consequences to MCHFT, the local health and social care economy and the communities of Central Cheshire if the current provision of Community Services continues on the current trajectory. As such, a more transformational approach is required to improve the way that Primary, Community and Acute Care is integrated and delivered in Central Cheshire. The re-commissioning of Community Services has provided an opportunity to do this.

The potential benefits of tendering for, and delivering, Community Services in partnership are explored in detail within this Case, as are the substantial risks associated with the transfer of the contract.

During initial considerations, a number of these risks were reflected upon and a significant degree of time was spent speaking to NHS Trusts that had undertaken similar transfers. Further learning was also sought from recent failures (such as the Cambridge and Peterborough model) and successes (such as CWP's transfer of West Cheshire's Community Services in 2010 and more recently the transfer of Community Services in Tameside).

The conclusion of these initial considerations was that the magnitude of benefit and the ability to manage the risks associated with the transfer of the contact would be far more achievable by developing a new partnership model. As a result, and as part of more detailed and considered discussions, the Central Cheshire Integrated Care Partnership was formed.

Following the tender process and award of the contract to the CCICP, this Business Case has been developed and is supported by the completion of an MCHFT corporate risk assessment, due diligence and ongoing discussions with CCGs, partners and the current provider. This processes has included the advice of external legal experts and has utilised NHSI (formerly Monitor) guidance for undertaking a transaction of this nature.

As is noted, there are significant risks associated with the transfer of Services and information gaps exist in order to fully inform this decision which has limited some elements of due diligence. Nevertheless, it is considered that sufficient evidence has been reviewed across a range of information to provide a sufficient level of confidence of the ability to mitigate the risks that exist to a manageable position. When coupled with the potential benefits to MCHFT, the wider health and care economy and the communities of Central Cheshire, the recommendation of this Business Case is to proceed with the transfer of Community Services to the CCICP, with MCHFT being the Prime Provider.

Appendix 2 – Transformation Project Plan Summaries (Draft)

Workstream	Deliverable 2017/18	Q2	Q3	Q4
Musculo-Skeletal Workstream	• Map of current pathway and service provision • New care model designed and agreed by all organisations • Implementation of new care model and implementation of roll out plan • Review impact of new care model • Evaluation of impact of new care model • Continuous service improvement to meet agreed outcomes and patient benefits	✓ ✓	✓ ✓	✓ ✓ ✓
GP OOH Workstream	• Finalise future state model and business case to be approved (linking into the Front Door work stream) • Implementation of new care model • Role redesign and identified new work skill requirements operationalised • Monitor service delivery • Evaluation of impact of the new care model • Continuous service improvement	✓	✓ ✓	✓ ✓ ✓
Estates Workstream	• Estates plan agreed for moving staff into 8 Multi-Disciplinary Teams • Implementation of estates staff moves • Evaluation of estates plan • Continuous service improvement	✓	✓	✓ ✓
IT Workstream	• Procurement exercise to be commenced • Data sharing agreements all in place • Implementation of EMIS community • Evidence of staff (primary and community care) understanding how to use the system seamlessly to support patient care and reduce duplication (across primary and community care) • Evaluation of the EMIS community • Continuous service improvement	✓ ✓	✓ ✓	✓ ✓
Organisational Development (OD)/Workforce Workstream	• OD delivery plan finalised and agreed by all partners • Work force skills matrix completed • Implementation of the OD delivery plan • Evaluation • Continuous improvement to continue to achieve the outputs of the delivery plan	✓ ✓	✓ ✓	✓ ✓
Quality Outcomes	• Quality framework agreed by all partners • Quality framework implemented	✓	✓	

Workstream	• Evaluation and continuous service improvement • Delivery of the BI and data improvement plan			✓ ✓
Home First Workstream *(Community nursing, AHP and social care aspect of Care Communities)*	• Implementation of roll out plan (Q2 stages) for new model of working • Implementation of the roll out plan (Q3 stages) • Evaluation of early adopters • Evaluation of new model including outcomes and benefits to patients • Continuous service improvement reported	✓	✓	✓ ✓ ✓
Care Communities Project *(GP and primary care staff aspect of Care Communities)*	• Agreement of each Care Communities implementation plan • Implementation of each Care Community operational plan • Delivery of Primary Care Charter Q2 targets • Care Community Delivery Teams to be operational • Delivery of Primary Care Charter Q3 targets • 2018/19 Operational plan to be produced • Evaluation of 2017/18 Operational Plan • Delivery of Primary Care charter Q4 targets	✓ ✓ ✓	✓ ✓	✓ ✓
GP Five Year Forward View Implementation	• Delivery of Q2 targets • Delivery of Q3 targets • Delivery of Q4 targets	✓	✓	✓

Mid Cheshire Hospitals NHS
NHS Foundation Trust

Title of Paper :	Whistleblowing	
Author:	Estelle Carmichael	
Executive Lead:	Estelle Carmichael	
Type of Report:	Concept Paper	
	Strategic Options Paper	
	Business Case	
	Information	
	Review/Benefits/Audit	

Link to Strategic Domains:		***Link to Domain:***	
Delivering Outstanding Clinical Quality, Safety & Experience		Safe	✓
Being a Leading partner in a Progressive Health Economy		Effective	
Striving for Outstanding Organisational Effectiveness		Caring	
Aspiring to Excellence in Practice Through Our Workforce	✓	Responsive	✓
Creating a 21st Century Infrastructure for Transformative Health and Social Care		Well-Led	

Link to Board Responsibility:	Performance	
	Accountability	✓
	Strategy	
	Implementation	
Action Required:	Decide	
	Approve	
	Note	✓
	Recommend	
	Delegate	

Positive Benefit:	Compliance with Trust policy
Risk:	

To be published on Trust Website –complete version	***Y*** *(delete as appropriate)*
If no, to be published on Trust Website – redacted	***N*** *(delete as appropriate)*
If not to be published complete or redacted, please detail the reason why	
Presented at Board Meeting of:	4 September 2017

Mid Cheshire Hospitals NHS
NHS Foundation Trust

Whistleblowing (Raising Concerns at Work) Report 2016

All Trusts are required to report annually any concerns raised via the Whistleblowing (Raising Concerns at Work) Policy. This Whistle-blowing report covers the calendar year 2016.

Definition

Whistleblowing is defined in the Trust Policy as:

'A concern about patient safety, unlawful conduct, financial malpractice, misuse of controlled drugs or dangers to the public or the environment raised by a person other than an employee directly or managerially responsible for the issue or incident. The person raising the concern need not refer to it as whistle blowing for it to be covered by this policy and procedure. If a matter is raised by an employee who is directly or managerially responsible for the issue or incident and they are not satisfied by the outcome, it may then be raised under this policy'.

Reporting arrangements

'Designated Persons' are identified within the policy for specific areas of concern to be escalated to:

1. **Fraud-** The Director of Finance/ Local Counter Fraud Specialist (LCFS)
2. **Patient safety, arising from the physical or mental health of a doctor-** The Chair of the Medical Advisory Committee or the Medical Director
3. **Patient safety stemming from clinical practice-** The Medical Director/ Director of Nursing
4. **Concerns about safeguarding** – The Director of Nursing
5. **Deliberate misuse of controlled drugs-** The Director of Pharmacy
6. **Any other concern-** The Director of Workforce and OD

Concerns raised during the calendar year 2016:

The following table provides a summary of the concerns raised during the calendar year 2016, and details the action taken by the Trust as a result of the concern being raised.

Category	Concern Raised	Action taken
Fraud / Patient safety	Concerns relating to fraudulent activity. This included obtaining of monies and time belonging to the Trust by deception, falsifying payment claim forms and patient data to support those claims, and inappropriately accessing and interfering with electronic patient data	Following investigation the employee was summarily dismissed on the grounds of gross misconduct. Money obtained as a result of fraudulent activity will be reclaimed by the Trust.

Patient Safety- arising from the physical or mental health of a doctor	Nothing raised	
Concerns about safeguarding	Nothing raised	
Deliberate misuse of controlled drugs	Nothing raised	
Other	An anonymous complaint was raised regarding the behaviours of a Senior Manager.	A number of actions were taken to look into and address the concerns raised which included reflection and coaching interventions. Unfortunately as the concern was raised anonymously, feedback could not be provided to the individual.
	A broad ranging set of allegations from the relative of an employee indicating potential for falsification of documents; deception and victimisation.	The employee subsequently raised a grievance, the investigation into this grievance in ongoing.
	Concerns of bullying behaviour of an individual.	The concerns were looked into and action taken to resolve the issue to the satisfaction of all parties.

Freedom to Speak Up Guardian Role

The Trust has appointed Alison Lynch, Director Nursing & Quality, as the Freedom to Speak Up Guardian (FTSUG). The role is a national one introduced in response to the Sir Robert Francis report into the failings in Mid-Staffordshire.

FTSU Guardians have a key role in helping to raise the profile of raising concerns in their organisation and provide confidential advice and support to staff in relation to concerns they have about patient safety and/or the way their concern has been handled.

Policy Review

The Trust policy has been reviewed in line with the national Freedom to Speak Up policy and to also include the FTSUG role. Plans are currently being finalised to relaunch the policy as part of a Trust-wide campaign to ensure that all staff are aware of how to raise a concern, and feel confident and able to do so.

Workforce Performance Report July 2017

Measure	Target	Performance	Description	Narrative	Rolling Trend
Sickness Absence	3.60%	**4.08%**	Rolling 12m average Sickness Absence described as a Percentage	The rolling absence percentage continues to increase slightly. Long-term absences have increased and now account for 2.88% of lost time. Long terms absence is carefully monitored and reviewed by managers and at a divisional level to support return to work at the earliest oppoprtunity. 1.37% of lost time is related to short terms absence for period of under 4 weeks.	
Appraisal Rate	90.00%	**83.25%**	Percentage of Staff who have received an appraisal in the last 12 months. Excludes New Staff with less than 12m service and Bank Staff	Following the disappointing results from the 2016 Annual Staff survey, it is useful to note that we are seeing an increase in the number of appraisal conversations taking place and for the 4th consecutive month, there is an increase in the appraisal rate. Training for appraisers and appraisees is undertaken within the Trust in order to ensure the appraisal conversation is of good quality and provides constructive feedback to support our staff.	
Mandatory Training	90.00%	**77.21%**	Mandatory Training Monthly Rate Excludes Bank Staff, Staff on long term sick & mat. leave.	Whilst there have been some positive improvements in the number of staff undertaking training in key areas including: Information Governance and Medicines Management, There has been a decline in the Tri-stat training and a full day of safeguarding training was cancelled due to facilitator illness and this has resulted in an overall reduction of 4% in the compliance rate for the Trust.	
Staff Turnover	10.00%	**10.28%**	Number of Leavers expressed as a percentage of the workforce over a 12m rolling period. Exclude Junior Doctors, Temporary and Fixed term.	Whilst the turnover rate has increased slightly again during July, this measure is not of significant concern. We continue to monitor the results of exit surverys and whilst it is disappointing to see staff leave, the most significant reason for leaving during July 2017 is for promotional opportunities outside of the Trust.	

Measure	Target	Performance	Description	Narrative	Rolling Trend
Agency Spend	(579)	**(424)**	In month and cumulative total spend for the Trust.	The Trust continues to perform well against our intenal agency spend targets and for theforth consecutive month we have spent less that we have budgeted for. To date we have spend £532k less than planned. The areas of highest spend are: Diagnostics and Clinical Support Services (30%) CCICP (24%) and Medicine & Emergency Care (20%).	
NHSI Ceiling	less than 100%	**73.2%**	Trust Agency Spend as a percentage of the Ceiling Set by NHS Improvement	Upon further analysis 55% of our July 2017 agency spend was for medical staff and a further 25% for allied health professionals. This is symptomatic of the shortage in a number of medical and AHP staff groups at both local and national levels and therefore alternative roles such as Physicians Associates and Advanced Practitioners are being considered, however these will take time to train and embed within the Trust.	
Over Cap Rates	To be benchmarked after Q2	**48.37%**	Number of Agency shifts filled by agency staff that are over the nationally determined capped rates	A total of 283/585 shifts that were filled during July by agency staff were paid at rates above the NHSI Capped rates. We engaged agency workers to cover approximately 20 shifts more in July that in June and the proportion of over cap agency costs are broken down by the following staff groups: Medical & Dental - 76% (All of which are under the £120 NHS reportable rate) Admin & Estates - 17% (Clinical Coding and information governance roles) AHPs - 10% (Radiographers and physiotherapists)	

Key	
Adverse Increase	
Positive Increase	
Adverse Reduction	
Positive Reduction	
Neutral Change/No Change	

Title of Paper :	Annual Report on the Appraisal and Revalidation of Medical Practitioners at MCHFT	
Author:	Miss Nikki Phillips Revalidation Support Manager	
Executive Lead:	Dr Paul Dodds Responsible Officer / Medical Director / Deputy CEO	
Type of Report:	Concept Paper	
	Strategic Options Paper	
	Business Case	
	Information	
	Review/Benefits/Audit	✓

Link to Strategic Domains:		***Link to Domain:***	
Delivering Outstanding Clinical Quality, Safety & Experience	✓	Safe	✓
Being a Leading Partner in a Progressive Health Economy		Effective	✓
Striving for Outstanding Organisational Effectiveness	✓	Caring	
Aspiring to Excellence in Practice Through Our Workforce	✓	Responsive	
Creating a 21st Century Infrastructure for Transformative Health and Social Care		Well-Led	✓

Link to Board Responsibility:	Performance	✓
	Accountability	✓
	Strategy	
	Implementation	
Action Required:	Decide	
	Approve	
	Note	✓
	Recommend	
	Delegate	

Positive Benefit:	The Trust maintains a fit for purpose appraisal system that is operating effectively and satisfies the statutory requirements around revalidation
Risk:	Failure to maintain a robust appraisal system could result in a breach of statutory requirements around revalidation

To be published on Trust Website –complete version	***Y***
If no, to be published on Trust Website – redacted	***N***
If not to be published complete or redacted, please detail the reason why	
Presented at Board Meeting of:	4th September 2017

Purpose of the Report

The purpose of this report for 2016 / 2017 is to provide assurance to the Board of Directors that the appraisal system for medical practitioners employed by Mid Cheshire Hospitals NHS Foundation Trust (MCHFT) is robust, supports the revalidation agenda and is operating effectively.

Background

Medical revalidation was launched in 2012 to strengthen the way that doctors are regulated, with the aim of improving the quality of care provided to patients, improving patient safety and increasing public trust and confidence in the medical system.

Designated Bodies (which includes MCHFT) have a statutory duty to appoint a Responsible Officer (RO) and then provide the RO with sufficient funds and other resources to discharge their duties. In the case of MCHFT, the RO is the Medical Director.

The statutory duties of a RO include:

- Undertaking appropriate employment checks for medical appointments
- Maintaining a list of doctors for whom they are responsible
- Ensuring there is an integrated system for
    - Monitoring doctor's performance
    - Encouraging and supporting development and learning
- Ensuring that effective systems and processes for appraisal are in place
- Taking appropriate, timely action when concerns about the performance or conduct of a Doctor is identified

Licensed doctors have to revalidate usually every 5 years, by having an annual appraisal based on the GMC's core guidance for doctors "Good Medical Practice". The framework consists of four domains which cover the spectrum of medical practice. These are:

1. Knowledge, skills and performance
2. Safety and quality
3. Communication, partnership and teamwork
4. Maintaining trust

When a doctor's revalidation date arrives, that doctor's RO is asked to make an evidence based recommendation to the GMC about the doctor's revalidation by submitting one of three formal statutory statements:

- A recommendation that the doctor is up to date and fit to practise and should be revalidated

- A request to defer the date of the RO's recommendation due to the doctor:

    - being engaged in the systems and processes that support revalidation, but about whom there is incomplete information on which to base a recommendation to revalidate (this will be where a doctor has not been able to gather all of the required supporting information by the time the submission date falls due)

    - participating in an ongoing local human resources or disciplinary process, the outcome of which is material to the evaluation of the doctor's fitness to practise and that will need to be considered prior to making a recommendation.

- A notification of the doctor's non-engagement in revalidation, which should be made if a doctor has not engaged "sufficiently" with revalidation

The GMC then uses the RO's recommendation as the basis for its decision about the doctor's revalidation.

Governance Arrangements

At MCHFT the RO role is predominantly supported by the Revalidation Support Manager. However other members of the Medical Resourcing Team play an important role in ensuring that the RO delivers his statutory duties around revalidation, particularly in relation to employing doctors.

The Trust appraisal and revalidation policies are included in the specific "revalidation" site on the Trust's internet. This portal also contains a wide range of national and local guidance to support doctors with appraisal and revalidation.

A crucial element of the revalidation process is a doctor's annual appraisal. The Trust has a cohort of externally trained medical appraisers (including Consultants and SAS doctors) with specific time allocated in their job plans to undertake appraisals. These appraisers receive ongoing individual feedback reports on their performance from both appraisee feedback and feedback on the electronic appraisal summaries, as part of the appraisal process. Appraisers also meet with the RO on a quarterly basis as part of a peer support network.

The Trust has implemented an electronic appraisal solution to securely manage all the required information for a robust and transparent appraisal and revalidation system for both the Trust and the doctors. The system has:

- supported a structured appraisal process for all doctors in line with Good Medical Practice
- improved appraisal monitoring and ensures efficient use of management resource
- provided 24/7 access to information for doctors, appraisers and authorised personnel
- improved local and national reporting
- improved collaboration and communication between the RO, appraisers and doctors

As part of the quality assurance process around medical appraisals, the RO randomly selects 20% of all medical appraisals undertaken each year for an in-depth review. The aims of this review include ensuring that the medical appraisals at the Trust are being undertaken in accordance with the Good Medical Practice framework and the Trust's Consultant and SAS Doctor Appraisal Policy. Compliance with a portfolio checklist of essential pieces of information to be discussed as part of the appraisal process is audited and the findings from this review are then presented to the Trust's appraisers as part of the drive to improve the standard of medical appraisals each year.

The developments outlined in the 2015 / 2016 Annual Report were:

- Increasing the quality of reflective practice in the appraisal documentation through the continuous training and development of appraisers and the introduction of specific reflective practice templates.

  Following a review of the national guidance available to support reflective practice, the documentation provided by the Royal College of Physicians has been recommended for use by the Trust's doctors and made available on the Revalidation Intranet site.

- Arranging a peer review of the Trust's appraisal and revalidation systems by an appropriate Designated Body

  A peer review process involving the Salford Royal, Royal Bolton and Mid Cheshire Hospitals NHS Foundation Trusts is currently taking place. Visits are planned during June – August 2017 and the outputs from the peer review will be available in autumn 2017

Medical Appraisal Performance for 2016 / 2017

The completed appraisals within the Annual Organisational Audit data are reported under the following two measures:

- Category 1a – this measure is one where the appraisal meeting has taken place in the three months preceding the agreed appraisal date, the outputs of the appraisal have been agreed and signed off by the appraiser and the doctor within 28 days of the appraisal meeting, and the entire process occurred between 1 April and 31 March. For doctors who have recently completed training, it should be noted that their final ARCP equates to an appraisal in this context.
- Category 1b – this measure is one in which the appraisal meeting took place in the appraisal year between 1 April and 31 March, and the outputs of appraisal have been agreed and signed off by the appraiser and the doctor, but one or more of the following apply:
  - The appraisal did not take place in the window of three months preceding the appraisal due date
  - The outputs of the appraisal have been agreed and signed off by the appraiser and doctor between 1 April and 28 April of the following appraisal year
  - The outputs of appraisal have been agreed and signed off by the appraiser and the doctor more than 28 days after the appraisal meeting.

  However in the judgement of the RO the appraisal has been satisfactorily completed to the standard required to support an effective revalidation recommendation.

The national appraisal completion rate (categories 1a and 1b combined) set by NHS England is 90%. The appraisal rate for MCHFT for 2016 / 17 is as follows:

Appraisal		**Number**
Completed	1a	153
	1b	55
Missed / Incomplete	Approved	8
	Unapproved	1
Total		217
Appraisal Completion Rate (Categories 1a and 1b combined)		208/217 95.9%

The Trust's appraisal rates for the past 5 years have been:

	2012/13	2013/14	2014/15	2015/16	2016/17
Number of Completed Appraisals (Category 1a and 1b)	124	134	175	196	208
Missed / Incomplete Approved	NR	4	1	8	8
Missed / Incomplete Unapproved	NR	31	4	0	1
Total	166	169	180	204	217
Completion rate (%)	74%	79.2%	97.2%	96.1%	95.9%

Each year a national Annual Organisational Audit (AOA) is undertaken by NHS England. The benchmarked performance for MCHFT for the year ending 31st March 2017 is outlined below:

2016 / 17 AOA Appraisal Indicator	**MCHFT's Response**	**Same Sector** **Number of DBs in Sector = 99**	**All Sectors** **Number of DBs in all Sectors = 821**
	Completed appraisals (1a & 1b)		
Number of doctors with whom the designated body has a prescribed connection on 31 March 2017 who had a completed annual appraisal between 1 April 2016 – 31 March 2017	MCHFT's response and (%) calculated appraisal rate	Same sector appraisal rate	All Sectors appraisal rate
Consultants	125 (99.2%)	90.9%	91.7%
Staff Grade, Associate Specialist, Speciality Doctor	32 (97.0%)	84.3%	87.0%
Doctors on Performers List	N/A	100.0%	95.2%
Doctors with practising privileges	N/A	N/A	87.4%
Temporary or short-term contract holders	49 (87.5%)	71.5%	78.8%
Other doctors with a prescribed connection to this designated body	2 (100%)	80.5%	91.2%
Total number of doctors who had a completed annual appraisal	208 (95.9%)	86.6%	90.7%

As part of the ongoing quality improvement process, real time auditing of appraisals is undertaken by the Revalidation Support Manager. In 2016 / 2017 the reasons for Category 1b appraisals being reported at MCHFT were:

Category 1b	
No of Appraisals	**Reason**
50	Appraisals not completed “3 months preceding the agreed date”
2	Appraiser did not sign off the appraisal within 28 days, due to information required for revalidation not included in the appraisal
1	Appraiser did not sign off the appraisal within 28 days – no reasons stated
1	Appraisee did not sign off the appraisal within 28 days, due to information required for revalidation not included in the appraisal
1	Appraisee did not sign off the appraisal within 28 days, due to disagreement with Appraiser statements

Missed / Incomplete Appraisals - Approved	
No of Appraisals	**Reason**
2	Maternity leave
6	Overseas Doctors

Missed / Incomplete Appraisals - Unapproved	
No of Appraisals	**Reason**
1	Appraisal not signed off by Appraisee before 31 March 2017

Revalidation Recommendations for 2016 / 2017

In 2016 / 2017 the RO made 10 revalidation recommendations to the GMC. This number is much lower than in previous years as the first 5 year revalidation cycle is coming to an end and the majority of doctors nationally had their revalidation date "front – loaded" towards the beginning of the revalidation cycle.

Recommendation	2016/17	2015/16	2014/15
On Time	10	80	73
Late	0	0	0
Missed	0	0	0
Positive	7 (70%)	74 (92.5%)	50 (68.5%)
Defer • Insufficient Information • On-going process	3 (30%) 0	4 (5%) 1 (1.25%)	15 (20.5%) 5 (6.9%)
Deferred for insufficient information and later revalidated	0	1 (1.25%)	3 (4.1%)
Non-engagement	0	0	0
Total	10	80	73

The following table benchmarks the Trust's total number of revalidation recommendations for the period 2012 – 2017 against neighbouring Trusts

	No of Approved Recommendations	No of approved recommendations to revalidate	No of approved requests for deferral (insufficient information)	No of approved requests for deferral (ongoing process)	No of approved recommendations of non-engagement	Average deferral (days)	No of late recommendations
Mid Cheshire Hospitals NHS Foundation Trust	181	152 (84%)	25 (13.8%)	4 (2.2%)	0	312	0
Countess of Chester Hospital NHS Foundation Trust	219	196 (89.4%)	21 (9.5%)	2 (0.9%)	0	229	2
East Cheshire NHS Trust	157	127 (80.8%)	28 (17.8%)	2 (1.2%)	0	192	3
University Hospitals of North Midlands NHS Trust	353	277 (78.4%)	71 (20.1%)	3 (0.8%)	2	270	5

Planned Developments for 2017 / 2018

The developments planned for the appraisal and revalidation of medical practitioners at MCHFT in 2017 / 2018 are:

- Implementing the recommendations arising from the peer review process
- Undertaking regular audit on the quality of medical appraisals to ensure compliance with national requirements and promote a cycle of continuous improvement.
- Training additional appraisers to ensure that MCHFT has the required cohort of trained appraisers to manage the increased number of prescribed connections and natural appraiser turnover.

Designated Body Statement of Compliance

The Board of Directors of Mid Cheshire Hospitals NHS Foundation Trust has carried out and submitted an annual organisational audit (AOA) of its compliance with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013) and can confirm that:

1. A licensed medical practitioner with appropriate training and suitable capacity has been nominated or appointed as a responsible officer;

   Comments:

2. An accurate record of all licensed medical practitioners with a prescribed connection to the designated body is maintained;

   Comments:

3. There are sufficient numbers of trained appraisers to carry out annual medical appraisals for all licensed medical practitioners;

   Comments:

4. Medical appraisers participate in ongoing performance review and training / development activities, to include peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers or equivalent);

   Comments:

5. All licensed medical practitioners[1] either have an annual appraisal in keeping with GMC requirements (MAG or equivalent) or, where this does not occur, there is full understanding of the reasons why and suitable action taken;

   Comments:

6. There are effective systems in place for monitoring the conduct and performance of all licensed medical practitioners[1], which includes [but is not limited to] monitoring: in-house training, clinical outcomes data, significant events, complaints, and feedback from patients and colleagues, ensuring that information about these is provided for doctors to include at their appraisal;

   Comments:

7. There is a process established for responding to concerns about any licensed medical practitioners[1] fitness to practise;

   Comments:

8. There is a process for obtaining and sharing information of note about any licensed medical practitioners' fitness to practise between this organisation's responsible officer and other responsible officers (or persons with appropriate governance responsibility) in other places where licensed medical practitioners work;

   Comments:

9. The appropriate pre-employment background checks (including pre-engagement for Locums) are carried out to ensure that all licenced medical practitioners[2] have qualifications and experience appropriate to the work performed; and

   Comments:

10. A development plan is in place that addresses any identified weaknesses or gaps in compliance to the regulations.

Comments:

Signed on behalf of the Designated Body

Name: Tracy Bullock

Signed: 

Chief Executive

Date: 17th August 2017