

## A G E N D A

**Board of Directors**  
**A meeting will be held in Public at**  
**9.30am on Monday, 2 October 2017**  
**In the Board Room, Leighton Hospital**

Action Key	
<b>A</b>	Approval
<b>I</b>	Information
<b>D</b>	Discussion

Item No	Title of Item	Action	Led by	Page No
1.	<b>Welcome and Apologies</b> To welcome members of the public and attendees and to receive apologies for absence from Board Members. (to note)	I	Chairman 09.30	
2.	<b>Patient or Staff Story</b> (verbal)	I/D	Director of Nursing & Quality 09.32	
3.	<b>Board Members' Interests</b> (to note) To <b>consider</b> any <ul style="list-style-type: none"> <li>Changes to Directors' interests since the last meeting</li> <li>Conflicts of interest deriving from this agenda</li> </ul>	I	Chairman 09.50	
4.	<b>Minutes of the Last Meeting</b> To <b>approve</b> the minutes of the Board of Directors meeting held in Public on Monday, 4 September 2017 (attached) (to approve)	A	Chairman 09.52	
5.	<b>Matters Arising and Action Log</b> (attached) (to approve)	A	Chairman 09.55	
6.	<b>Annual Work Programme 2017/18</b> (attached) (to approve)	I/A	Chairman 09.57	
7.	<b>Chairman's Announcements</b> (to note a verbal report) <div> <div>7.1</div> <div>Chairs Meeting with UHNM</div> </div> <div> <div>7.2</div> <div>NED Recruitment schedule (attached) (for information)</div> </div> <div> <div>7.3</div> <div>North West Chairs Network Meeting</div> </div>	I	Chairman 10.00	
8.	<b>Governors' Items</b> (to note a verbal report) <div> <div>8.1</div> <div>NED/Governor Meeting – 11 September 2017 (to follow) (to note)</div> </div>	I	Chairman 10.10	-

Item No	Title of Item	Action	Led by	Page No
9.	<b>Chief Executive's Report</b> <i>(to note a verbal report)</i>	I	Chief Executive <a href="#">10.15</a>	
9.1	<b>Five Year Forward View Leadership Meeting</b>			
9.2	<b>Trust Strategy Development</b>			
9.3	<b>Director of Nursing Update</b>			
9.4	<b>CQC Inspector Course – Well Led Domain</b>			
9.5	<b>Executive Away Day</b>			
9.6	<b>Cheshire and Mersey Provider CEO Meeting</b>			
10.	<b>CARING</b>			
10.1	<b>Quality, Safety &amp; Experience Report</b> <i>(attached) (for discussion)</i>	I/D	Director of Nursing & Quality <a href="#">10.35</a>	
10.2	<b>Nursing and Midwifery Staffing Report</b> <i>(attached) (for discussion)</i>	I/D	Director of Nursing & Quality <a href="#">10.45</a>	
11.	<b>SAFE</b>			
11.1	<b>Draft Quality Governance Committee notes from the meeting held on 12 September 2017</b> <i>(attached) (to note)</i>	I	Committee Chair <a href="#">10.55</a>	
11.2	<b>Serious Untoward Incidents and RIDDOR Events</b> <i>(verbal) (to note)</i>	I/D	Deputy Chief Executive/ Medical Director <a href="#">11.00</a>	
11.3	<b>Guardian of Safe Working Hours Report</b> <i>(attached) (to note)</i>	I/D	Director of Workforce and OD <a href="#">11.05</a>	
12.	<b>RESPONSIVE</b>			
12.1	<b>Performance Report</b> <i>(attached) (to note)</i>	I/D	Chief Operating Officer <a href="#">11.10</a>	
12.2	<b>Draft Performance &amp; Finance Committee notes from the meeting held on 22 September</b> <i>(to follow) (to note)</i>	I	Committee Chair <a href="#">11.20</a>	
12.3	<b>Legal Advice</b> <i>(verbal) (to note)</i>	I	Chief Executive <a href="#">11.25</a>	
12.4	<b>Trust Emergency Planning Assessment</b> <i>(attached) (to note)</i>	I/D	Chief Operating Officer <a href="#">11.30</a>	

Item No	Title of Item	Action	Led by	Page No
<b>13.</b>	<b>WELL-LED</b>			
<b>13.1</b>	<b>Visits of Accreditation, Inspection or Investigation</b> <i>(verbal) (to note)</i>	I	Chief Executive <b>11.40</b>	
<b>13.2</b>	<b>CCICP Partnership Board notes from the meeting held on 8 June, 13 July and 10 August</b> <i>(attached) (to note)</i>	I/D	Director of Strategic Partnerships <b>11.45</b>	
<b>13.3</b>	<b>Transformation and People Committee notes from the meeting held on 7 September 2017</b> <i>(attached) (to note)</i>	I/D	Committee Chair <b>12.55</b>	
<b>13.5</b>	<b>Pathology Networks</b> <i>(attached) (to note)</i>	I/D	Chief Executive <b>12.00</b>	
<b>13.6</b>	<b>Audit Committee notes from the meeting held on 11 September 2017</b> <i>(attached) (to note)</i>	I/D	Committee Chair <b>12.10</b>	
<b>14.</b>	<b>EFFECTIVE</b>			
<b>14.1</b>	<b>Workforce Report</b> <i>(attached) (to note)</i>	D/I	Director of Workforce and OD <b>12.15</b>	
<b>14.2</b>	<b>Consultant Appointments</b> <i>(verbal) (to note)</i>	I	Deputy Chief Executive/ Medical Director <b>12.25</b>	
<b>15.</b>	<b>Any Other Business (verbal)</b>	I/A/D	Chairman <b>12.30</b>	
<b>16.</b>	<b>Time, Date and Place of Next Meeting</b>		Chairman	
	<b>To confirm that the next meeting of the Board of Directors will take place in public, in the Board Room at Leighton Hospital, at 9.30am on Monday, 6 November 2017</b>	I		

**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
17/09/12.2.4.1	04-Sep-17	PAF to review causes of reduced activity levels between CEP and theatre efficiency	C Oliver	01-Nov-17		06-Nov-17	Open
17/09/12.2.4.2	04-Sep-17	PAF to review reduction in hospital cancellation rates	M Oldham	01-Nov-17		06-Nov-17	Open



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																	
<del>CQC Registration biannual Report</del>						*						*					
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															
<del>CQC Comprehensive Inspection Action Plan</del>						*						*					
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 ←	*					
Board Assurance Framework		X			*			X			X						
Top 5 Risks		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									
Doctors Revalidation Report						X											
Board Actions	X	X	X	X	X	X	X	X	X	X	X	X					

## Timetable for Non-executive Director Recruitment

<b>2017</b>	
19 September	<b>Nominations and Remuneration Committee</b> meet to finalise the timetable and process
To 30 October	Preparatory meetings to formulate the candidate briefing paperwork, JD and Person Spec, finalise candidate information, advertising and timetable agreement
w/c 30 October	Post advertised and search to commence
Monday 27 November	Closing date for receipt of applications
w/c 27 November	Sift of applications by Gatenby Sanderson
4 December	<b>Nominations and Remuneration Committee</b> meet to longlist
5-15 December	Preliminary interviews (Gatenby Sanderson)
19 December	<b>Nominations and Remuneration Committee</b> meet to shortlist
20-24 December	Candidates advised of invitation to interview
<b>2018</b>	
2-17 January	Interview candidates informal meetings with Chair/Lead Governor/Chief Executive
18 January	<b>Interview Day</b>
25 January	Council of Governors meet to ratify recommendations of the <b>Nominations and Remuneration Committee</b>



# **Board Report**

## **Presented to Board in October 2017**

### **Quality: Safety and Experience**

**(August 2017 data)**

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

## Board Papers – Quality, Safety & Experience Section: October 2017

### Contents


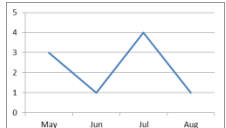
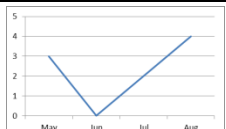
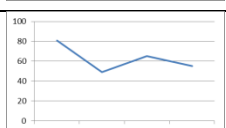
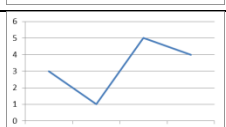
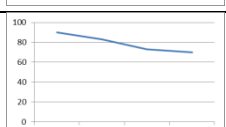
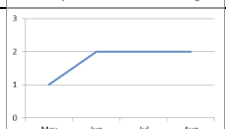
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## Board Papers – Quality, Safety & Experience Section: October 2017

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

Indicators	Position compared to previous month	Target	Last four months				YTD 17/18	Trajectory
			May -17	Jun-17	Jul-17	Aug -17		
<b>Patient Safety Harm Incidents</b> 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	184	187	216	185	966	
<b>Serious Incidents (including Never Events)</b> The aim is to have no serious incidents and a zero tolerance of Never Events by the end of January 2018	↓	Zero at end of January 2018	3	1	4	1	9	
<b>Pressure Ulcers - Avoidable</b> 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	0	2	4	QTD 17/18 6	
<b>Inpatient Falls</b> The aim is to reduce inpatient falls by 10% by January 2018	↓	733 at end of January 2018	81	49	65	55	308	
<b>Medication Incidents</b> 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	3	1	5	4	17	
<b>CCICP Patient Safety Harm Incidents</b> 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.	↓		90	83	73	70	415	
<b>CCICP Serious Incidents (including Never Events)</b> 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	2	2	2	8	

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: October 2017

Indicators	Position compared to previous month	Target	Last four months				YTD 17/18	Trajectory
			May -17	Jun- 17	Jul- 17	Aug -17		
<b>CCICP Pressure Ulcers - Avoidable</b> 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	2	QTD 17/18 4	
<b>CCICP Medication</b> 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		0	2	0	0	3	
<b>SHMI</b> 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	1.04			N/A	
<b>HSMR</b> The Trust's aim is to have an HSMR <100	112.03 ↔	<100	111.6	112.03			N/A	
<b>MRSA</b> The target for MRSA Bacteraemia is zero in 2017/18	↔	Zero at end of 2017/2018	1	0	0	0	2	
<b>C-Diff Avoidable</b> 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	
<b>Safety Thermometer</b> The Trust aim is that >95% of patients receive harm free care as monitored by the Safety Thermometer.	↑	>95%	98%	98%	97%	98%	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: October 2017

### Quality & Safety Section:

#### Description

#### Aggregate Position

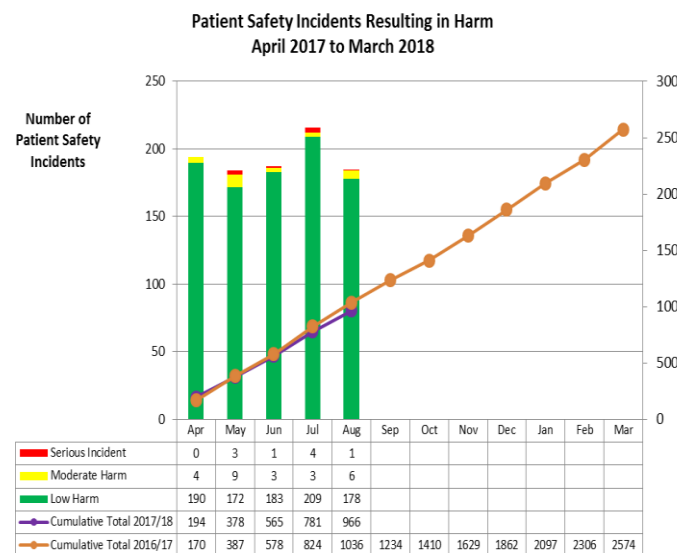
#### Trend

#### Performance against previous month

#### Patient Safety Incidents resulting in harm.

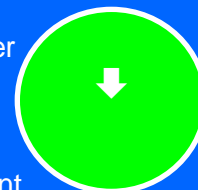
This chart demonstrates the total number of reported patient safety incidents which resulted in harm.

For this financial year to date:  
96.5% (932 incidents) have resulted in low harm  
2.6% (25 incidents) have resulted in moderate harm  
0.9% (9 incidents) have resulted in serious harm



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

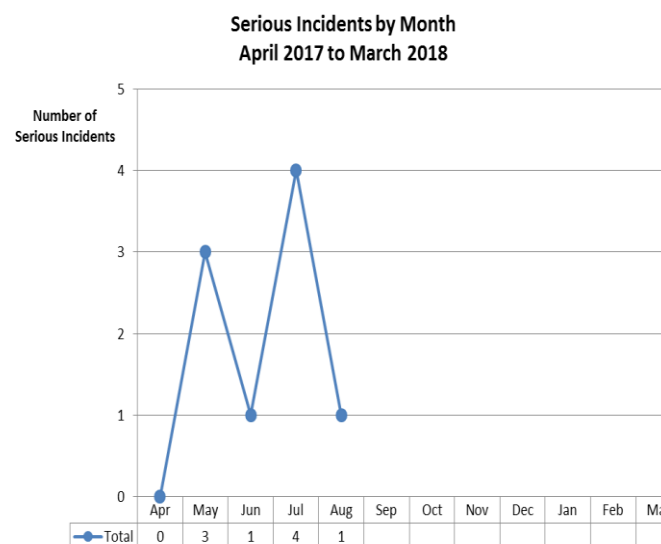
- Bi-weekly Patient Safety Summit Meetings with Executive & Senior Teams
- Participation in the Sign Up To Safety Campaign



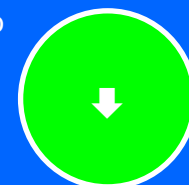
#### Serious Incidents.

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

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



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: October 2017

### Description

### Aggregate Position

### Trend

### Performance against previous month

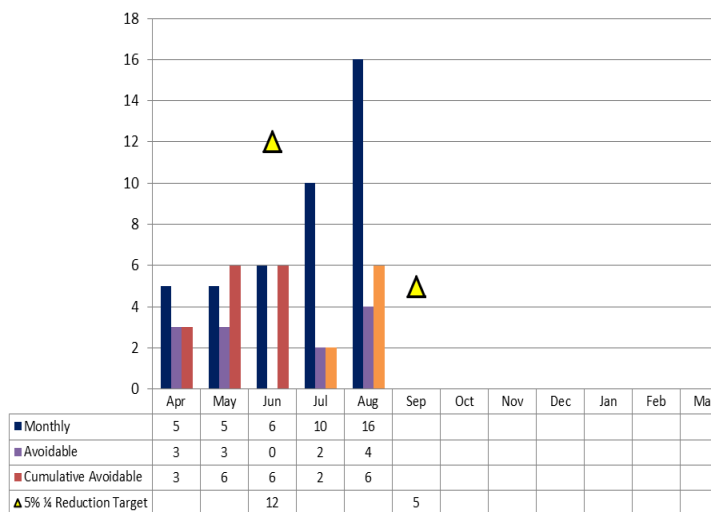
Pressure Ulcer (PU) Incidents including both avoidable and unavoidable pressure ulcers based on EPUA Guidance

For this financial year to date:

- 93.8% (30 PU's) have resulted in low harm (defined as a patient that has developed a stage 2 or unstageable PU)
- 6.2% (2 PU's) have resulted in serious harm (defined as a patient that has developed a stage 3 or 4 PU)

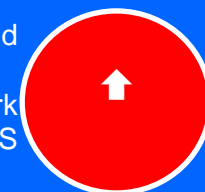
The 5% reduction target to achieve by the end of quarter 2, was to have no more than 5 avoidable pressure ulcers reported. There have been a total of 6 avoidable pressure ulcers for this quarter; therefore the target has not been achieved.

Hospital Acquired Pressure Ulcers by Month  
April 2017 to March 2018



Improvement actions include:

- Introduction of Ward Focus Week in areas where ulcers have occurred
- Evaluation of hybrid mattress trials
- Focussed work through CARES programme



## Board Papers – Quality, Safety & Experience Section: October 2017

### Description

#### Patient Falls Incidents.

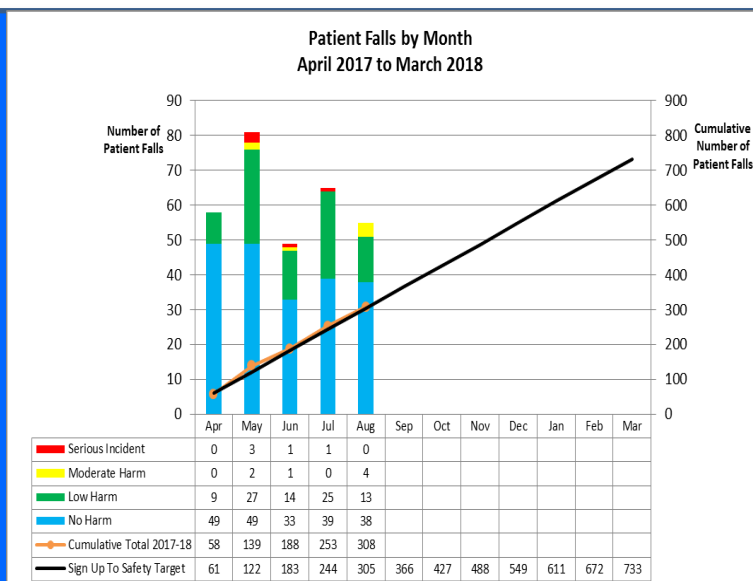
For this financial year to date:

- 67.5% (208 falls) have resulted in no harm
- 28.6% (88 falls) have resulted in low harm
- 1.2% (7 fall) has resulted in moderate harm
- 2.8% (5 falls) have resulted in serious harm

### Aggregate Position

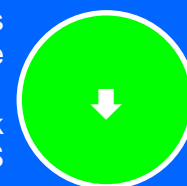
### Trend

### Performance against previous month



Improvement actions include:

- Bespoke training in areas where falls have increased
- Review of practices during Senior Nurse Walkabout
- Focussed work through CARES programme



## Board Papers – Quality, Safety & Experience Section: October 2017

### Description

#### Medication Incidents.

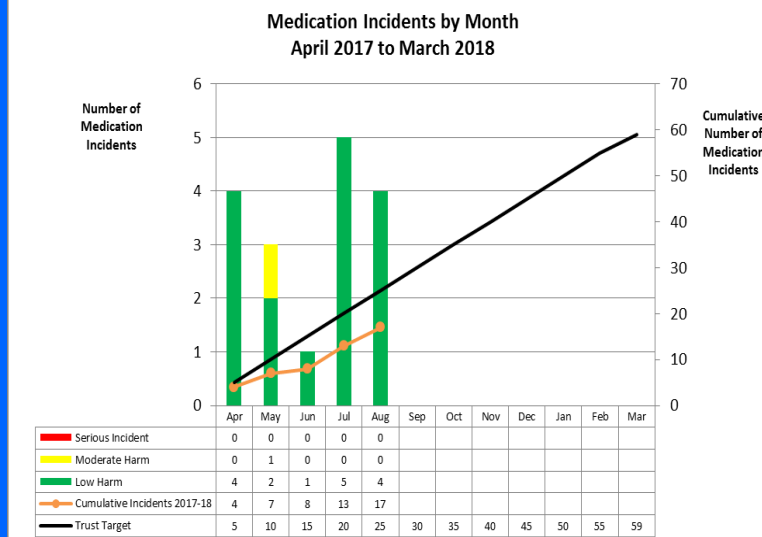
For this financial year to date:

- 94.1% (16 medication incidents) have resulted in low harm
- 5.9% (1 medication incident) have resulted in moderate harm
- 0% (0 medication incidents) have resulted in serious harm

### Aggregate Position

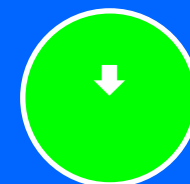
### Trend

### Performance against previous month

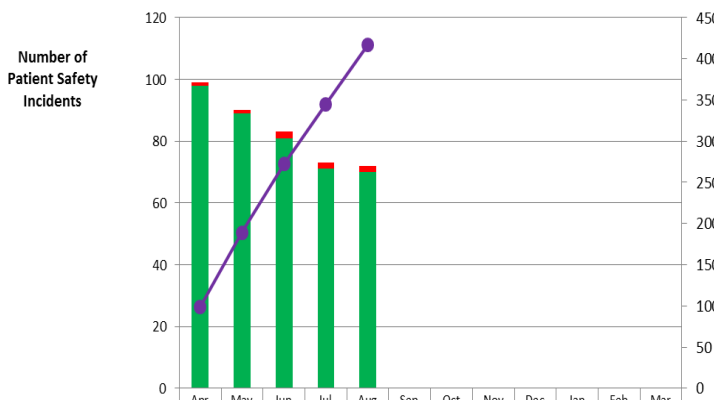
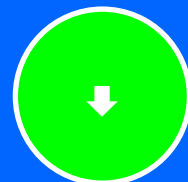
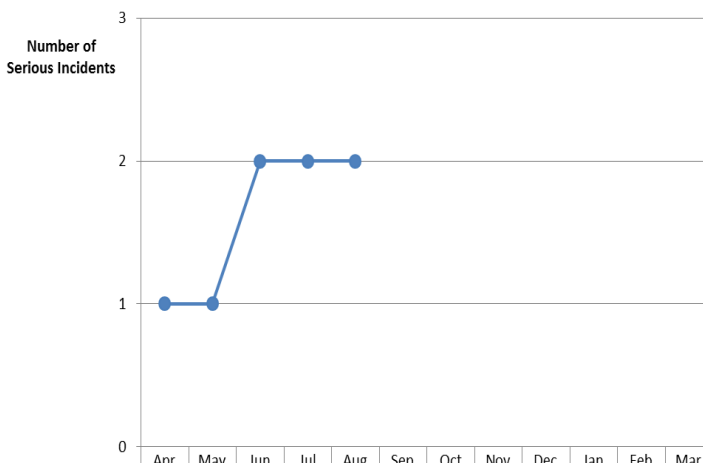
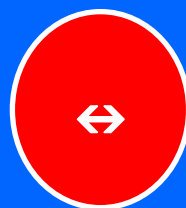


Improvement actions include:

- Junior medical staff training
- E-learning package in place
- Zero tolerance to prescription anomalies at ward level



## Board Papers – Quality, Safety & Experience Section: October 2017

Description	Aggregate Position	Trend	Performance against previous month																																																																	
<div>CCICP Patient Safety Incidents resulting in harm.</div> <div>This chart demonstrates the total number of reported patient safety incidents which resulted in harm.</div> <div>For this financial year to date:<ul style="list-style-type: none"><li>98.1% (409 incidents) have resulted in low harm</li><li>0% (0 incidents) have resulted in moderate harm</li><li>1.9% (8 incidents) have resulted in serious harm</li></ul></div>		<div>CCICP Patient Safety Incidents Resulting in Harm April 2017 to March 2018</div>  <table><tr><th></th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sep</th><th>Oct</th><th>Nov</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th></tr><tr><td>Serious Incident</td><td>1</td><td>1</td><td>2</td><td>2</td><td>2</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Moderate Harm</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Low Harm</td><td>98</td><td>89</td><td>81</td><td>71</td><td>70</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Cumulative Total 2017/18</td><td>99</td><td>189</td><td>272</td><td>345</td><td>417</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Serious Incident	1	1	2	2	2								Moderate Harm	0	0	0	0	0								Low Harm	98	89	81	71	70								Cumulative Total 2017/18	99	189	272	345	417								<div>To reduce the number of patient safety harm incidents, a number of initiatives are being undertaken.</div> <ul style="list-style-type: none"><li>Focussed training and education to staff via team leader meetings</li><li>Development of Quality Role in support of quality improvements</li></ul> <div></div>
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar																																																								
Serious Incident	1	1	2	2	2																																																															
Moderate Harm	0	0	0	0	0																																																															
Low Harm	98	89	81	71	70																																																															
Cumulative Total 2017/18	99	189	272	345	417																																																															
<div>CCICP Serious Incidents.</div> <div>This chart demonstrates the number of incidents that have resulted in serious harm.</div> <div>For this financial year to date 5 x Acquired on case load Pressure Ulcers</div>		<div>CCICP Serious Incidents by Month April 2017 to March 2018</div>  <table><tr><th></th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sep</th><th>Oct</th><th>Nov</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th></tr><tr><td>Total</td><td>1</td><td>1</td><td>2</td><td>2</td><td>2</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	1	1	2	2	2								<div>To reduce the number of serious incidents, the Trust has signed up to the Sign Up To Safety Campaign.</div> <ul style="list-style-type: none"><li>Raising staff awareness amongst DN teams via team leader meetings</li><li>Design of an audit tool</li><li>Identification of a cohort of patients with established chronic wounds</li></ul> <div></div>																																							
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar																																																								
Total	1	1	2	2	2																																																															

## Board Papers – Quality, Safety & Experience Section: October 2017

### Description

### Aggregate Position

### Trend

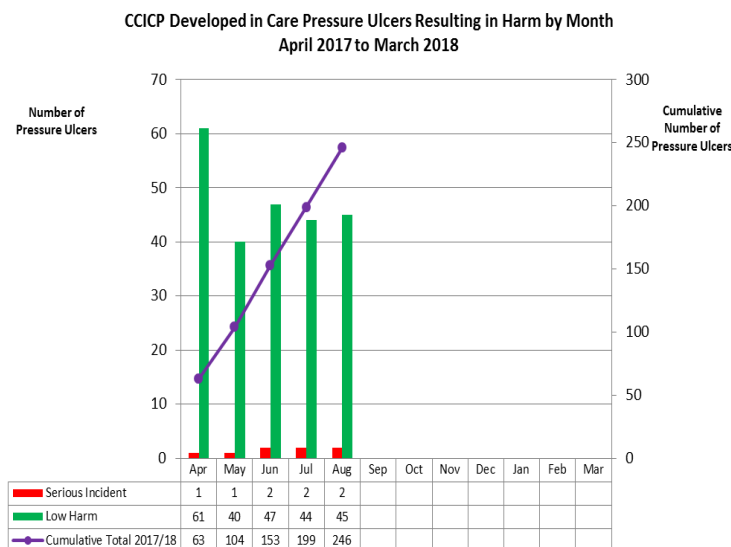
### Performance against previous month

CCICP Pressure Ulcer (PU) Incidents by Avoidance

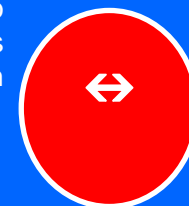
For this financial year to date:

- 96.7% (237 PU's) have resulted in low harm (defined as a patient that has developed a stage 2 or unstageable PU)
- 3.3% (8 PU's) stage 3 or stage four PU's have been reported.

In August 2017 of the 47 reported, 2 have been confirmed as avoidable, 15 are awaiting confirmation following the investigation process.



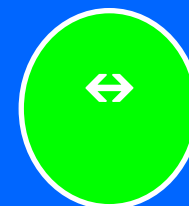
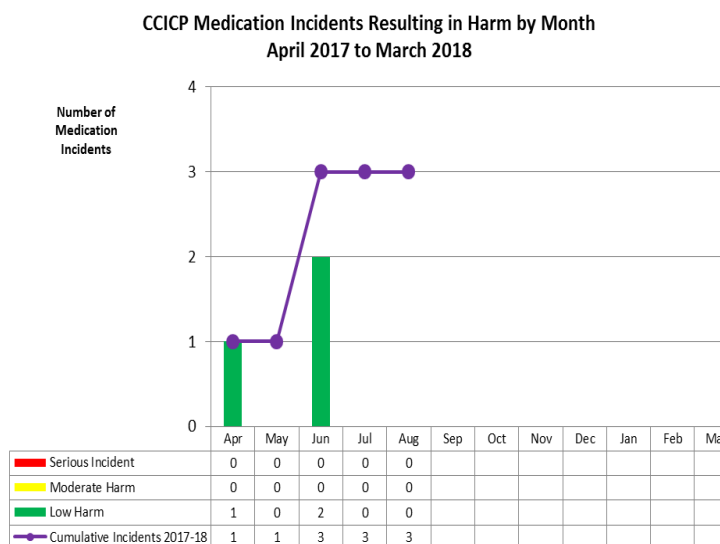
Membership at the Trust Skin Care Group has been expanded to include representatives from CCICP. This is to ensure that learning is shared across both Organisations.



CCICP Medication Incidents.

For this financial year to date:

- 100% (3 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



## Board Papers – Quality, Safety & Experience Section: October 2017

### Description

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

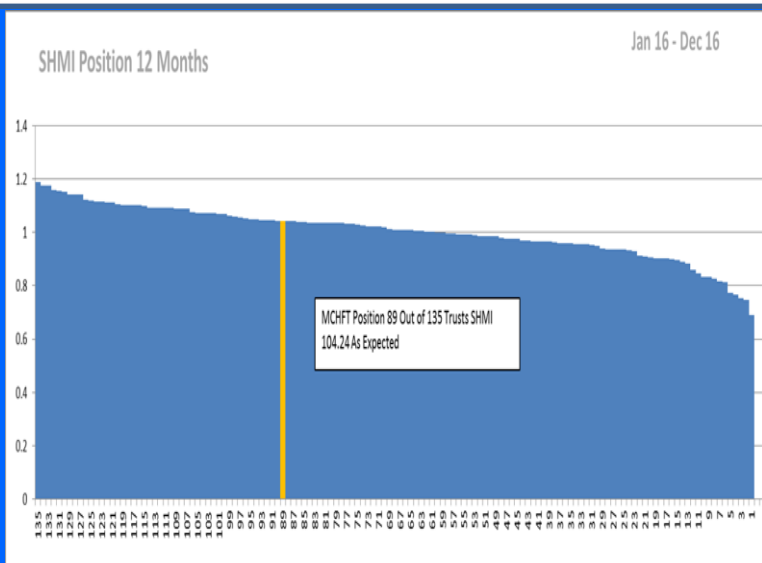
### Aggregate Position

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

MCHFT is shown as the yellow bar.

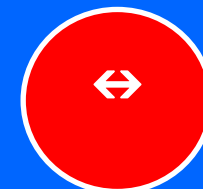
The Trust's SHMI is 1.04 for the time period January 2016 to December 2016 and places the Trust 89 out of 136 Trusts.

### Trend



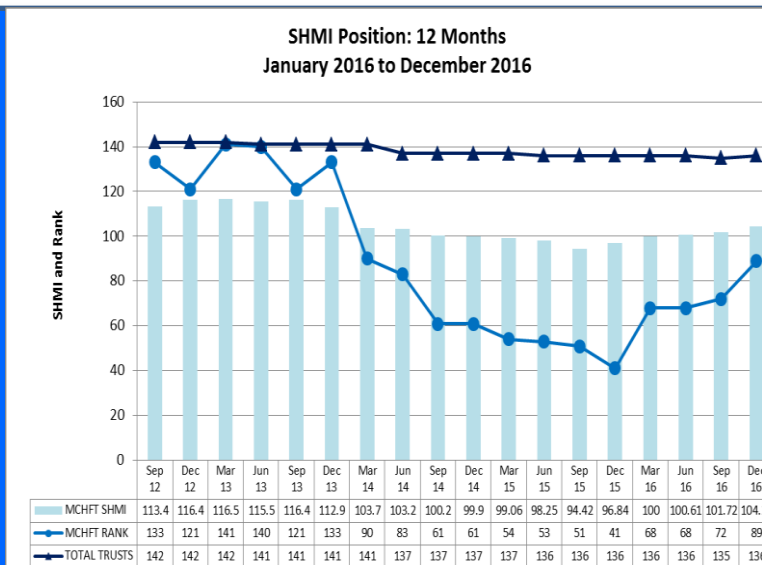
### Performance against previous quarter

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

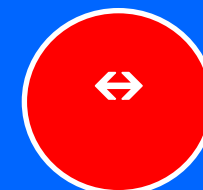


MCHFT 12 Month Rolling Position Summary Hospital-Level Mortality Indicator (SHMI) by Trust.

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.



## Board Papers – Quality, Safety & Experience Section: October 2017

### Description

### Aggregate Position

### Trend

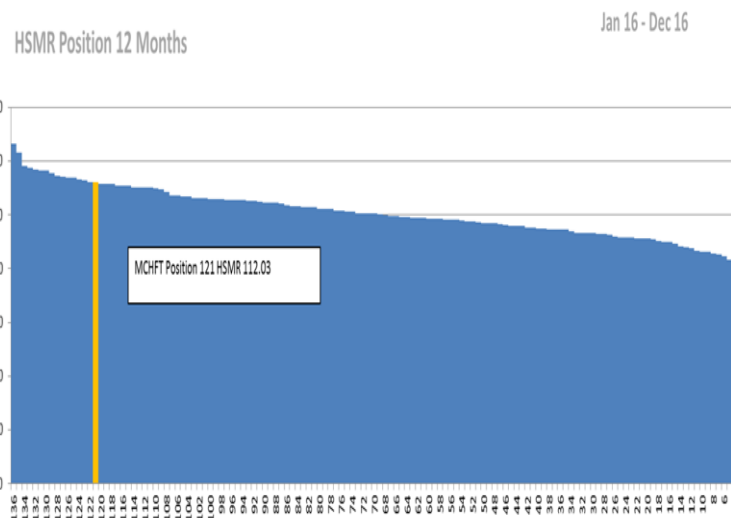
### Performance against previous quarter

Hospital Standardised Mortality Rate (HSMR) by Trust.

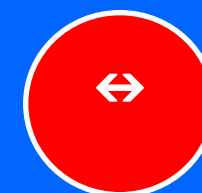
The chart benchmarks the Trust's HSMR against all NHS Trusts.

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.

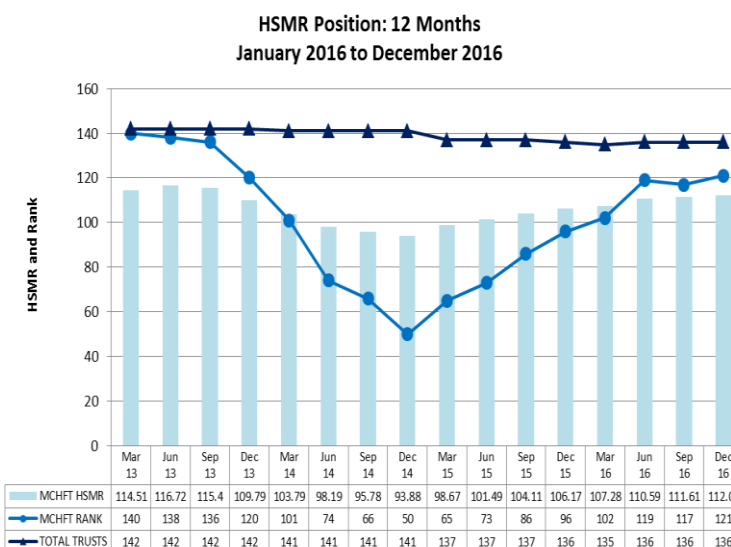


The Trust's aim is to have an HSMR <100.

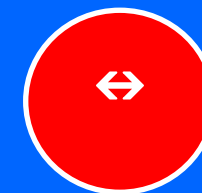


MCHFT 12 Month Rolling Position HSMR Position

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.



## Board Papers – Quality, Safety & Experience Section: October 2017

Description	Aggregate Position	Trend	Performance against previous month																																																																
<div>MRSA Bacteraemia Cases.</div> <div>In August 2017 no MRSA bacteraemia cases were reported in the Trust.</div> <div>In this financial year there has been two confirmed MRSA bacteraemia cases reported.</div>	<div>MRSA Bacteraemia cases reported within the Trust</div> <div>April 2017 to March 2018</div> <div><table><tr><td>Monthly</td><td>1</td><td>1</td><td>0</td><td>0</td><td>0</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Cumulative</td><td>1</td><td>2</td><td>2</td><td>2</td><td>2</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Target</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr></table></div>	Monthly	1	1	0	0	0								Cumulative	1	2	2	2	2								Target	0	0	0	0	0	0	0	0	0	0	0	0	<div>A recovery plan has been developed and monitored through Executive Infection Prevention Control Group</div> <div></div>																										
Monthly	1	1	0	0	0																																																														
Cumulative	1	2	2	2	2																																																														
Target	0	0	0	0	0	0	0	0	0	0	0	0																																																							
<div>Clostridium Difficile toxin positive cases.</div> <div>In August 2017, no avoidable case were reported.</div> <div>The total avoidable cases year to date is 0.</div>	<div>Clostridium Difficile toxin positive cases reported within the Trust</div> <div>April 2017 to March 2018</div> <div><table><tr><td>Unavoidable</td><td>4</td><td>4</td><td>3</td><td>1</td><td>2</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Avoidable</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Awaiting Confirmation</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Avoidable Total</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Avoidable Target</td><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td><td>12</td><td>14</td><td>16</td><td>18</td><td>20</td><td>22</td><td>24</td></tr></table></div>	Unavoidable	4	4	3	1	2								Avoidable	0	0	0	0	0								Awaiting Confirmation	0	0	0	0	0								Avoidable Total	0	0	0	0	0								Avoidable Target	2	4	6	8	10	12	14	16	18	20	22	24	<div>Improvement actions include:</div> <div><ul style="list-style-type: none"><li>• Bed side reviews in place on identification of infection</li><li>• Consultant level engagement in C-difficile root cause analysis</li></ul></div> <div></div>
Unavoidable	4	4	3	1	2																																																														
Avoidable	0	0	0	0	0																																																														
Awaiting Confirmation	0	0	0	0	0																																																														
Avoidable Total	0	0	0	0	0																																																														
Avoidable Target	2	4	6	8	10	12	14	16	18	20	22	24																																																							



**Board Papers – Quality, Safety & Experience Section: October 2017**

CQUIN Indicator	Indicator Name	Milestone Achieved								Maximum Value
		Q1	Financial Incentive Achieved	Q2	Financial Incentive Achieved	Q3	Financial Incentive Achieved	Q4	Financial Incentive Achieved	
1a	<b>Health &amp; Wellbeing</b> 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	<b>Health &amp; Wellbeing</b> 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	<b>Health &amp; Wellbeing</b> Achieve an uptake of flu vaccinations of front line clinical staff of 70% by end of February 2018.		No Payment in Q1							£144,109
2a	<b>Sepsis: Identification</b> 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	<b>Sepsis: Treatment</b> 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	<b>Sepsis: Antibiotic Review</b> 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	<b>Reduction in antibiotic consumption</b> Achieve a reduction of x% or more in total antibiotic consumption per 1,000 admissions.		No Payment in Q1							£36,027
2d Part 2	<b>Reduction in carbapenem consumption</b> Achieve a reduction of x% or more in total carbapenem consumption per 1,000 admissions.		No Payment in Q1							£36,027
2d Part 3	<b>Reduction in piperacillin tazabactam consumption</b> Achieve a reduction of x% or more in total piperacillin tazabactam consumption per 1,000 admissions.		No Payment in Q1							£36,027
4	<b>Mental Health in Emergency Department</b> Achieve a 20% reduction in attendances to the Emergency Department for people with Mental Health needs.		£43,233							£432,328
6	<b>Offering advice and guidance</b> 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	<b>NHS e-Referrals</b> Availability of services and appointments for e-Referral service.		£108,082							£432,328
8a	<b>Supporting proactive and safe discharge</b> Acute providers.		£64,849							£432,328
9	CQUIN 9 does not apply until year 2									

**Board Papers – Quality, Safety & Experience Section: October 2017**

Description	Aggregate Position	Trend	Performance against previous month																																							
Safety Thermometer - Harm Free Care.	<p>In August 2017, 98% of patients received harm free care as measured by the Safety Thermometer.</p> <p>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.</p> <p>National figures are not yet available for July 2017 or August 2017.</p>	<div><p>Percentage of patients with Harm Free Care Safety Thermometer</p><table><tr><th></th><th>Sep-16</th><th>Oct-16</th><th>Nov-16</th><th>Dec-16</th><th>Jan-17</th><th>Feb-17</th><th>Mar-17</th><th>Apr-17</th><th>May-17</th><th>Jun-17</th><th>Jul-17</th><th>Aug-17</th></tr><tr><td>MCHFT</td><td>97%</td><td>97%</td><td>97%</td><td>96%</td><td>98%</td><td>98%</td><td>97%</td><td>98%</td><td>98%</td><td>98%</td><td>97%</td><td>98%</td></tr><tr><td>National</td><td>98%</td><td>98%</td><td>98%</td><td>98%</td><td>98%</td><td>98%</td><td>98%</td><td>98%</td><td>98%</td><td>98%</td><td></td><td></td></tr></table></div>		Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	MCHFT	97%	97%	97%	96%	98%	98%	97%	98%	98%	98%	97%	98%	National	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%			<p>&gt;95% of patients to receive harm free care as monitored by the Safety Thermometer.</p> <div></div>
	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17																														
MCHFT	97%	97%	97%	96%	98%	98%	97%	98%	98%	98%	97%	98%																														
National	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%																																

**Board Papers – Quality, Safety & Experience Section: October 2017**

Description	Aggregate Position	Trend	Performance against previous month
Registered Nurses monthly expected hours by shift versus actual monthly hours per shift. Day time shifts only	<p>91.9% of expected Registered Nurse hours were achieved for day shifts.</p> <p>Any registered nurse numbers that fall below 85% are required to have a divisional review and an update of actions provided to the Director of Nursing &amp; Quality and the Deputy Director of Nursing &amp; Quality.</p>	<p>Trend</p> <p><b>August 2017 91.9%</b></p> <p>July 2017 93.5%</p> <p>June 2017 94.7%</p>	<p>The lowest staffing levels during the day were on Ward 9 at 66.2%.</p> <p>Bed occupancy on Ward 9 was low in August due to reduced electivity. Staff were redistributed through the division.</p>
Registered Nurses monthly expected hours by shift versus actual monthly hours per shift. Night time shifts only	<p>95.8% of expected Registered Nurse hours were achieved for night shifts.</p>	<p>Trend</p> <p><b>August 2017 95.8%</b></p> <p>July 2017 95%</p> <p>June 2017 95.3%</p>	<p>The lowest staffing levels during the night were on Ward 13 at 73.1%</p> <p>The ward adjusted skill mix appropriately</p>
Healthcare Assistant monthly expected hours by shift versus actual monthly hours per shift. Day time shifts only	<p>101.3% of expected HCA hours were achieved for day shifts.</p>	<p>Trend</p> <p><b>August 2017 101.3%</b></p> <p>July 2017 103.8%</p> <p>June 2017 102%</p>	<p>The lowest staffing levels during the day were on Ward 9 at 61.8%</p>
Healthcare Assistant monthly expected hours by shift versus actual monthly hours per shift. Night time shifts only	<p>111.1% of expected HCA hours were achieved for night shifts.</p> <p>For areas with over 100% staffing levels for HCA's this is reviewed and is predominately due to wards requiring 1 to 1 specials for patients following a risk assessment or to increase staffing numbers when there are registered nursing gaps that are not filled.</p>	<p>Trend</p> <p><b>August 2017 111.1%</b></p> <p>July 2017 115.8%</p> <p>June 2017 113.7%</p>	<p>The lowest staffing levels during the night were on Ward 9 at 93.5%</p>

**Board Papers – Quality, Safety & Experience Section: October 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				
<b>MCHFT</b>		41953.5	38575.2	29984.9	30374.4	24629.1	23583.7	15325.4	17024.4	91.9%	101.3%	95.8%	111.1%	13314	4.7	3.6	8.2
AMU	Gen. Medicine	2011.3	1803.3	1519	1415.3	1898.8	1751.8	1519	1470	89.7%	93.2%	92.3%	96.8%	739	4.8	3.9	8.7
CAU	Paeds	2508.5	2508.5	921	921	1403	1403	23	23	100.0%	100.0%	100.0%	100.0%	283	13.8	3.3	17.2
Critical Care	Gen. Surgery	3744	3744	668	668	2327.5	2327.5	0	0	100.0%	100.0%	100.0%	-	177	34.3	3.8	38.1
Elmhurst	Rehab	871.5	871.5	2232	2214	775	775	1550	1587.5	100.0%	99.2%	100.0%	102.4%	790	2.1	4.8	6.9
Ward 1	Gen. Medicine	2193.8	2037.5	1162.5	1193.8	1519	1421	759.5	796.3	92.9%	102.7%	93.5%	104.8%	808	4.3	2.5	6.7
Ward 10 SSW	Gen. Surgery	1717	1381	992	1112	635.5	635.5	317.8	317.8	80.4%	112.1%	100.0%	100.0%	455	4.4	3.1	7.6
Ward 12	Gen. Surgery	2243	1955	1984	1960	953.3	830.3	635.5	666.3	87.2%	98.8%	87.1%	104.8%	724	3.8	3.6	7.5
Ward 13	Gen. Surgery	2288	1872	1984	2016	953.3	697	635.5	748.3	81.8%	101.6%	73.1%	117.7%	777	3.3	3.6	6.9
Ward 14	Gen. Medicine	1716	1560	1488	1506	744	744	1116	1128	90.9%	101.2%	100.0%	101.1%	958	2.4	2.7	5.2
Ward 15	Trauma & Ortho	2250.5	1970.5	2728	2680	953.3	758.5	953.3	1035.3	87.6%	98.2%	79.6%	108.6%	932	2.9	4.0	6.9
Ward 2	Gen. Medicine	1806.3	1618.8	1550	1568.8	759.5	906.5	1139.3	1090.3	89.6%	101.2%	119.4%	95.7%	916	2.8	2.9	5.7
Ward 21b	Gen. Medicine	1336.5	1271.5	1813.5	1781	775	775	775	787.5	95.1%	98.2%	100.0%	101.6%	709	2.9	3.6	6.5
Ward 23	Gen. Medicine	1238	1206.3	785.3	791.7	764.7	764.7	764.7	777	97.4%	100.8%	100.0%	101.6%	713	2.8	2.2	5.0
Ward 26	Obstetrics	3127.7	3127.7	658.7	658.7	2627	2627	382.3	382.3	100.0%	100.0%	100.0%	100.0%	187	30.8	5.6	36.3
Ward 4	Obstetrics	1626	1512	1860	1848	744	720	1488	1488	93.0%	99.4%	96.8%	100.0%	976	2.3	3.4	5.7
Ward 5	Gen. Medicine	2452.5	2227.5	1550	1625	1519	1421	759.5	796.3	90.8%	104.8%	93.5%	104.8%	910	4.0	2.7	6.7
Ward 6	Gen. Medicine	2042.5	1867.5	1937.5	2050	1519	1347.5	759.5	894.3	91.4%	105.8%	88.7%	117.7%	787	4.1	3.7	7.8
Ward 7	Gen. Medicine	1758.8	1708.8	1550	2368.8	759.5	735	1139.3	2205	97.2%	152.8%	96.8%	193.5%	913	2.7	5.0	7.7
Ward 9	Gen. Medicine	1702	1126	1488	920	635.5	635.5	317.8	297.3	66.2%	61.8%	100.0%	93.5%	271	6.5	4.5	11.0
NICU	Trauma & Ortho	1924.6	1968.3	183.4	153.8	1782.5	1736.5	0	0	102.3%	83.9%	97.4%	-	34	109.0	4.5	113.5
Ward 11 SAU	Paeds	1395	1237.5	930	922.5	580.7	571.4	290.4	533.9	88.7%	99.2%	98.4%	183.8%	255	7.1	5.7	12.8

## Board Papers – Quality, Safety & Experience Section: October 2017

Ward Name	Main Specialties	Safety Thermometer Results			
		Acquired Pressure Ulcers	Patient Falls resulting in harm	CAUTI	New VTE
<b>MCHFT</b>		1.51% (12)	0.38% (3)	0.13% (1)	0.25% (2)
AMU	Gen. Medicine	0% (0)	0% (0)	0% (0)	0% (0)
CAU	Paeds	0% (0)	0% (0)	0% (0)	0% (0)
Critical Care	Gen. Medicine	0% (0)	0% (0)	0% (0)	0% (0)
Elmhurst	Rehab	3.33% (1)	0% (0)	0% (0)	0% (0)
Ward 1	Gen. Medicine	0% (0)	6.67% (2)	0% (0)	0% (0)
SAU	Gen. Surg	0% (0)	0% (0)	0% (0)	0% (0)
Ward 10 SSW	Gen. Surg & Urology	0% (0)	0% (0)	0% (0)	0% (0)
Ward 12	Gen. Surg & Gynae	0% (0)	0% (0)	0% (0)	0% (0)
Ward 13	Gen. Surg	0% (0)	0% (0)	0% (0)	0% (0)
Ward 14	Gen. Medicine	0% (0)	0% (0)	0% (0)	3.33% (1)
Ward 15	Trauma & Ortho	0% (0)	0% (0)	0% (0)	0% (0)
Ward 2	Gen. Medicine	0% (0)	0% (0)	0% (0)	0% (0)
Ward 21B	Rehab	0% (0)	0% (0)	0% (0)	0% (0)
Ward 23	Obstetrics	0% (0)	0% (0)	0% (0)	0% (0)
Ward 26	Obstetrics	0% (0)	0% (0)	0% (0)	0% (0)
Ward 4	Gen. Medicine	0% (0)	0% (0)	0% (0)	0% (0)
Ward 5	Gen. Medicine	0% (0)	0% (0)	0% (0)	0% (0)
Ward 6	Gen. Medicine	0% (0)	0% (0)	3.7% (1)	3.7% (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	10% (3)	3.33 % (1)	0% (0)	0% (0)
DN - Ashfields	District Nursing	8.7% (2)	0% (0)	0% (0)	0% (0)
DN – Danebridge	District Nursing	8% (2)	0% (0)	0% (0)	0% (0)
DN – Eaglebridge	District Nursing	1.92% (1)	0% (0)	0% (0)	0% (0)
DN – Firdale	District Nursing	1.79% (1)	0% (0)	0% (0)	0% (0)
DN – Grosvenor & Hungerford	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)
DN – Middlewich	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)
DN – Rope Green	District Nursing	4.76% (1)	0% (0)	0% (0)	0% (0)
DN - Church View	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)
DN – Winsford	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)
DN – Out of hours	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)
Intermediate Care	Community	11.11% (1)	0% (0)	0% (0)	0% (0)

## Board Papers – Quality, Safety & Experience Section: October 2017

### Experience Section:

Indicators	YTD 17/18	Last four months			
		May-17	Jun-17	Jul-17	Aug-17
Complaints received by month	71	20	18	13	8
Complaints being reviewed by the Ombudsman		2	2	1	1
Closed complaints by month	84	17	15	12	21
Contacts raising informal concerns	416	81	76	91	89
Compliments received in month	760	143	183	157	158
Number of new claims received in month	28	12	5	5	5
Number of claims closed	9	3	2	1	0
Number of inquests concluded	5	3	1	1	0
NHS Choices - Star Ratings (Leighton)		4.5	4.5	4.5	4.5
NHS Choices - Star Ratings (VIN)		5	5	5	5
NHS Choices - Number of new postings	42	8	8	9	10
F&FT Response Rate ED, MIU, UCC and Assessment Areas*		3%	5%	3%	5%
Proportion of positive responses ED, MIU, UCC and Assessment Areas		93%	94%	91%	89%
F&FT Response Rate Inpatients and Daycases		21%	18%	21%	18%
Proportion of positive responses Inpatients and Daycases		98%	98%	98%	99%
F&FT Response Rate Outpatients		6%	5%	4%	4%
Proportion of positive responses Outpatients		95%	94%	95%	96%
F&FT Response Rate Maternity - Birth		11%	8%	8%	7%
Proportion of positive responses Maternity - Birth		100%	100%	100%	95%
F&FT Response Rate Community (CCICP)		14%	13%	17%	17%
Proportion of positive responses Community (CCICP)		90%	88%	94%	83%

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

## Board Papers – Quality, Safety & Experience Section: October 2017

### Description

### Aggregate Position/Description

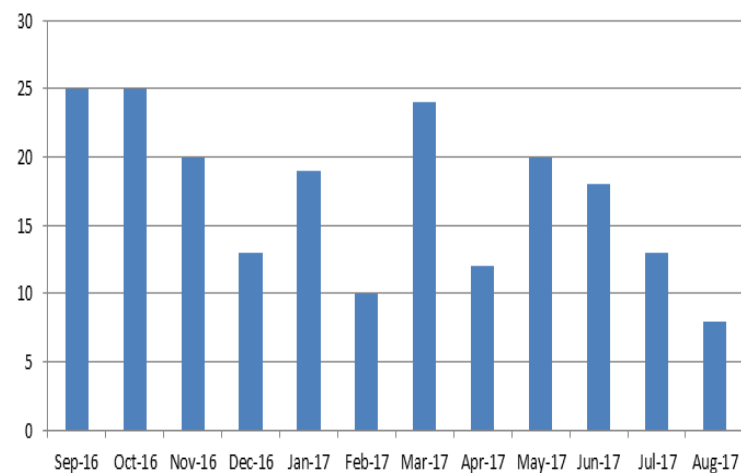
### Trend

Monthly Trust complaints received by the Trust

8 complaints were received in August 2017 which covered 37 categories. The highest categories were:

- Communication
- Medical – Adverse Outcome
- Medical – Delay in Treatment

Complaints received by month



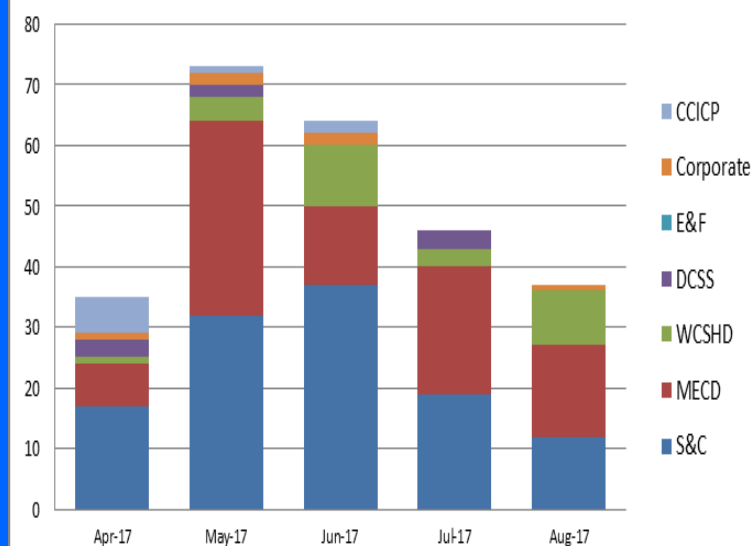
Formal Complaints

Number of formal complaints by Division

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

S&C:	12
DCSS:	0
W&CD:	9
MECD:	15
CCICP:	0
E&F:	0
Corporate Services:	1

Categories received by Division



Formal Complaints by Division

## Board Papers – Quality, Safety & Experience Section: October 2017

Description	Aggregate Position/Description	Trend																																																																															
Complaints being reviewed by the Public Health Service Ombudsman	<p>In August 2017 1 complaints was active with the PHSO</p> <p>This complaint is currently active as a further independent review is being carried out into the PHSO investigation. We await to hear further instruction.</p>	<table><thead><tr><th>Month</th><th>Complaints being reviewed by the Ombudsman</th></tr></thead><tbody><tr><td>Sep-16</td><td>6</td></tr><tr><td>Oct-16</td><td>6</td></tr><tr><td>Nov-16</td><td>6</td></tr><tr><td>Dec-16</td><td>3</td></tr><tr><td>Jan-17</td><td>3</td></tr><tr><td>Feb-17</td><td>3</td></tr><tr><td>Mar-17</td><td>3</td></tr><tr><td>Apr-17</td><td>3</td></tr><tr><td>May-17</td><td>2</td></tr><tr><td>Jun-17</td><td>2</td></tr><tr><td>Jul-17</td><td>1</td></tr><tr><td>Aug-17</td><td>1</td></tr></tbody></table>	Month	Complaints being reviewed by the Ombudsman	Sep-16	6	Oct-16	6	Nov-16	6	Dec-16	3	Jan-17	3	Feb-17	3	Mar-17	3	Apr-17	3	May-17	2	Jun-17	2	Jul-17	1	Aug-17	1	<div>Ombudsman</div>																																																				
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Jun-17	2																																																																																
Jul-17	1																																																																																
Aug-17	1																																																																																
Complaint Trends and number of issues	<p>The main trends in August 2017 were:</p> <ul style="list-style-type: none"><li>• Communication: 6 complaints / 10 issues</li><li>• Medical Adverse Outcome: 3 complaints / 3 issues</li><li>• Medical delay in treatment: 2 complaints / 3 issues</li></ul>	<table><thead><tr><th></th><th>Sep-16</th><th>Oct-16</th><th>Nov-16</th><th>Dec-16</th><th>Jan-17</th><th>Feb-17</th><th>Mar-17</th><th>Apr-17</th><th>May-17</th><th>Jun-17</th><th>Jul-17</th><th>Aug-17</th></tr></thead><tbody><tr><td>Nursing Care</td><td>15</td><td>6</td><td>6</td><td>5</td><td>11</td><td>5</td><td>17</td><td>2</td><td>12</td><td>8</td><td>7</td><td>3</td></tr><tr><td>Communication</td><td>10</td><td>13</td><td>10</td><td>9</td><td>16</td><td>13</td><td>21</td><td>9</td><td>21</td><td>23</td><td>10</td><td>10</td></tr><tr><td>Medical adverse outcome</td><td>0</td><td>1</td><td>2</td><td>5</td><td>2</td><td>2</td><td>3</td><td>3</td><td>2</td><td>6</td><td>5</td><td>3</td></tr><tr><td>Medical diagnosis issues</td><td>3</td><td>5</td><td>6</td><td>1</td><td>1</td><td>2</td><td>4</td><td>2</td><td>3</td><td>3</td><td>2</td><td>2</td></tr><tr><td>Medical delay in review</td><td>0</td><td>2</td><td>1</td><td>1</td><td>2</td><td>2</td><td>1</td><td>1</td><td>4</td><td>1</td><td>0</td><td>1</td></tr></tbody></table>		Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Nursing Care	15	6	6	5	11	5	17	2	12	8	7	3	Communication	10	13	10	9	16	13	21	9	21	23	10	10	Medical adverse outcome	0	1	2	5	2	2	3	3	2	6	5	3	Medical diagnosis issues	3	5	6	1	1	2	4	2	3	3	2	2	Medical delay in review	0	2	1	1	2	2	1	1	4	1	0	1	<div>Complaint Trends</div>
	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17																																																																					
Nursing Care	15	6	6	5	11	5	17	2	12	8	7	3																																																																					
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## Board Papers – Quality, Safety & Experience Section: October 2017

### Description

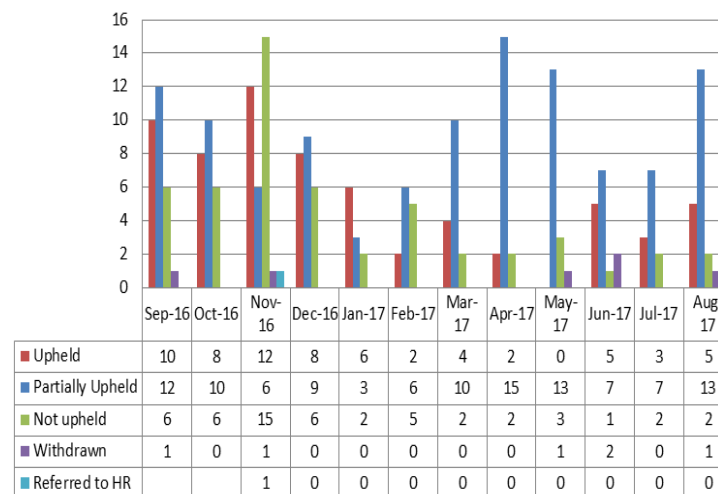
### Aggregate Position/Description

### Trend

Closed  
Complaints

21 complaints were closed in August 2017

Closed Complaints By Month



Closed  
Complaints

Closed  
Complaints  
by Division

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

Division	Upheld	Partially Upheld	Not Upheld	Withdrawn	Ref HR	Sub-Total
Medicine and Emergency Care	1	6	0	0	0	7
Surgery and Cancer	4	2	2	1	0	9
Diagnostics & Clinical Support Services	0	1	0	0	0	1
Women's and Children's	0	4	0	0	0	4
Corporate Services	0	0	0	0	0	0
		Total closed				21

**Board Papers – Quality, Safety & Experience Section: October 2017**



**Complaints closed by Division**

**Tables removed under Section 40 of the Freedom of Information Act**



**Board Papers – Quality, Safety & Experience Section: October 2017**

Description	Aggregate Position/Description	Trend																																																																														
Informal Concerns Numbers	<p>The number of contacts raising informal concerns for August 2017 was 89 which is 2 less than the previous month.</p> <p>The Division of Medicine and Emergency Care has received the largest number of individual concerns raised at 56.</p>	<div><p>Contacts raising informal concerns</p><table border="1"><thead><tr><th>Month</th><th>Contacts</th></tr></thead><tbody><tr><td>Sep-16</td><td>72</td></tr><tr><td>Oct-16</td><td>76</td></tr><tr><td>Nov-16</td><td>64</td></tr><tr><td>Dec-16</td><td>68</td></tr><tr><td>Jan-17</td><td>102</td></tr><tr><td>Feb-17</td><td>94</td></tr><tr><td>Mar-17</td><td>91</td></tr><tr><td>Apr-17</td><td>79</td></tr><tr><td>May-17</td><td>81</td></tr><tr><td>Jun-17</td><td>76</td></tr><tr><td>Jul-17</td><td>91</td></tr><tr><td>Aug-17</td><td>89</td></tr></tbody></table></div> <div><p>Informal Concerns Feedback</p></div>	Month	Contacts	Sep-16	72	Oct-16	76	Nov-16	64	Dec-16	68	Jan-17	102	Feb-17	94	Mar-17	91	Apr-17	79	May-17	81	Jun-17	76	Jul-17	91	Aug-17	89																																																				
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Informal Concerns Trends	<p>Communication was the highest trend for informal concerns in August 2017, with 10 of the 28 issues raised belonging to the Division of Medicine and Emergency Care and the Surgery and Cancer Division respectively.</p>	<div><p>Trends of informal concerns</p><table border="1"><thead><tr><th></th><th>Sep-16</th><th>Oct-16</th><th>Nov-16</th><th>Dec-16</th><th>Jan-17</th><th>Feb-17</th><th>Mar-17</th><th>Apr-17</th><th>May-17</th><th>Jun-17</th><th>Jul-17</th><th>Aug-17</th></tr></thead><tbody><tr><td>Communication</td><td>21</td><td>26</td><td>21</td><td>26</td><td>39</td><td>34</td><td>29</td><td>27</td><td>21</td><td>39</td><td>24</td><td>28</td></tr><tr><td>Care</td><td>16</td><td>25</td><td>18</td><td>13</td><td>16</td><td>42</td><td>30</td><td>32</td><td>44</td><td>34</td><td>23</td><td>27</td></tr><tr><td>Appointments</td><td>13</td><td>11</td><td>9</td><td>17</td><td>27</td><td>10</td><td>13</td><td>6</td><td>12</td><td>10</td><td>14</td><td>14</td></tr><tr><td>Attitude of Staff</td><td>8</td><td>8</td><td>8</td><td>4</td><td>12</td><td>17</td><td>23</td><td>13</td><td>9</td><td>19</td><td>14</td><td>19</td></tr><tr><td>Treatment</td><td>4</td><td>2</td><td>3</td><td>5</td><td>12</td><td>17</td><td>7</td><td>6</td><td>5</td><td>4</td><td>6</td><td>6</td></tr></tbody></table></div> <div><p>Informal Concerns Trends</p></div>		Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Communication	21	26	21	26	39	34	29	27	21	39	24	28	Care	16	25	18	13	16	42	30	32	44	34	23	27	Appointments	13	11	9	17	27	10	13	6	12	10	14	14	Attitude of Staff	8	8	8	4	12	17	23	13	9	19	14	19	Treatment	4	2	3	5	12	17	7	6	5	4	6	6
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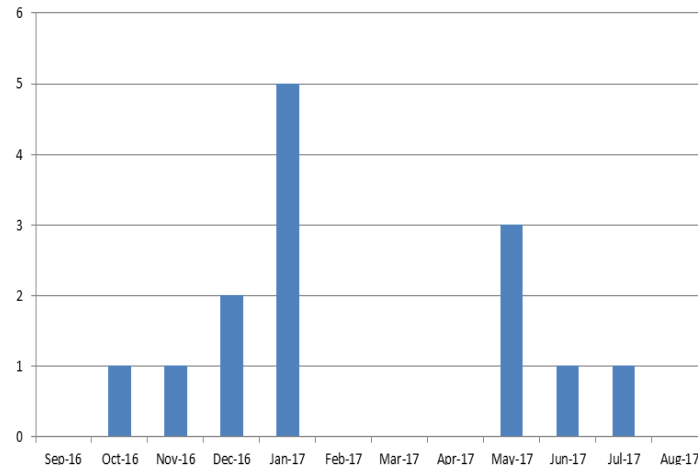


**Board Papers – Quality, Safety & Experience Section: October 2017**

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

**Board Papers – Quality, Safety & Experience Section: October 2017**

Description	Aggregate Position/Description	Trend
Value of claims closed by month	Data and Chart removed under Section 43 of the Freedom of Information Act	 <p>Value of Claims</p>
Top five claims by Specialty	<ul style="list-style-type: none"> <li>• Data and Chart removed under Section 43 of the Freedom of Information Act</li> <li>• </li> </ul>	 <p>Top 5 Claims by Specialty</p>

## Board Papers – Quality, Safety & Experience Section: October 2017

Description	Aggregate Position/Description	Trend
Number of Inquests concluded by month	No inquests were concluded in August 2017.	<p>Inquests concluded by month</p>  <p>Inquests</p>
NHS Choices Star Ratings	<p>The ratings are based on 236 postings received to date.</p> <p>Leighton Hospital is rated at 4.5 stars.</p> <p>Victoria Infirmary, Northwich is rated at 5 stars.</p>	  <p>NHS Choices – Star Ratings</p>

## Board Papers – Quality, Safety & Experience Section: October 2017

### Description

### Aggregate Position /description

### Trend

#### NHS Choices postings

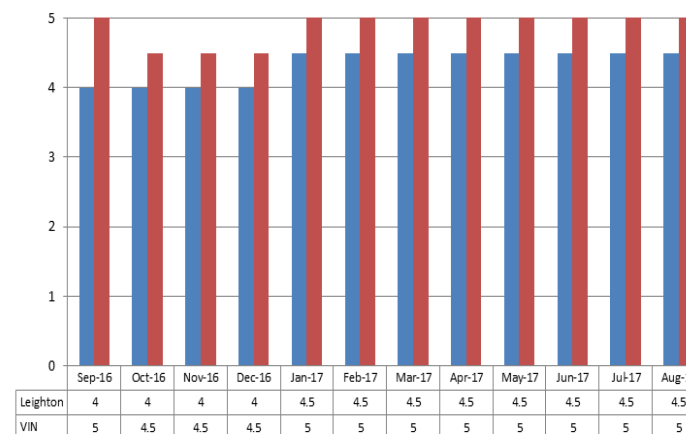
There were postings on NHS Choices in August 2017 of which were 2 negative and 8 were positive. Examples of feedback included:

CAU and Theatres - The nurses treated my child with so much respect and patience and went out of their way to reassure her (and us as parents)

CT Scan Our GP requested a CT scan and within a week we were contacted ...We chose 8.00am on a Saturday. We were home (4 miles away) by 8.25. Well done the Medical Imaging Department!

A&E - I asked for some pain relief for my 86 year old father and I was shocked and upset how the triage nurse addressed me as 'the person who expects preferential treatment'

NHS Choices Star Ratings (out of 5)



NHS Choices - Postings

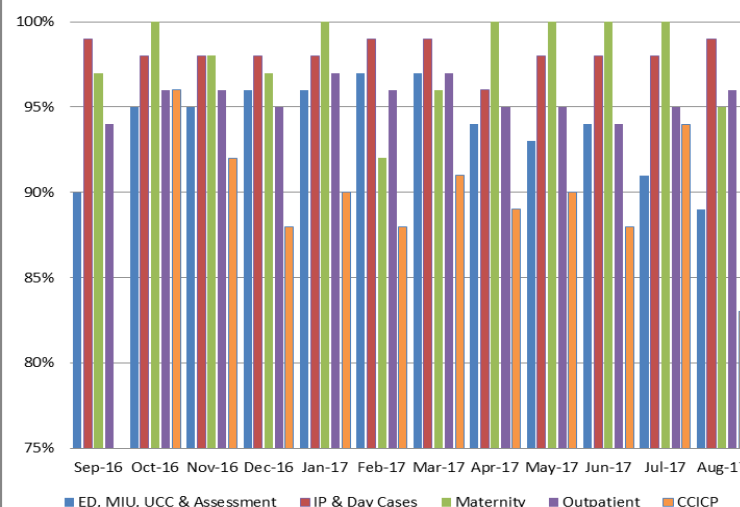
#### The Family and Friends Test asks patients if this would recommend our hospital services to a friend or relative based on their treatment and experience

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

Inpatients and day cases	99%
Emergency care /Assessment areas	89%
Outpatients	96%
Maternity	95%
CCICP	83%

2045 responses were received and 95% of those patients would recommend our hospital services.

FFT Positive Response Score - August 2016 onwards



Family & Friends Test

## Board Papers – Quality, Safety & Experience Section: October 2017

### Description

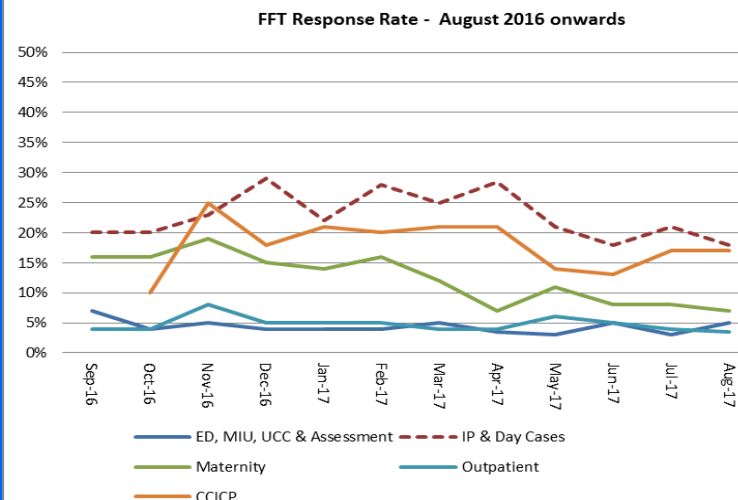
### Aggregate Position

### Trend

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

August 2017	% Response	Total Responses received	How many would recommend
<b>Ward/Dept</b>			
<b>A&amp;E , UCC &amp; MIU</b>	5%	314	281
<b>Inpatients &amp; Daycases</b>	18%	753	744
<b>Maternity</b>	7%	95	92
<b>Outpatients</b>	4%	726	695
<b>CCICP</b>	17%	157	131

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

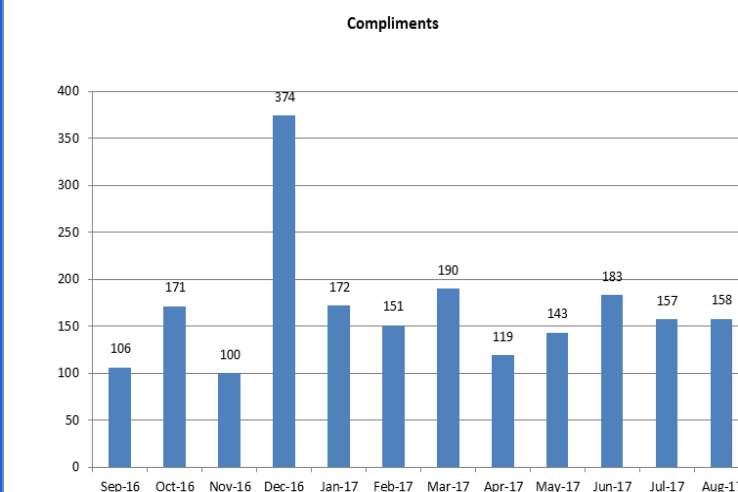


Family & Friends Test

Compliments received

There were 158 compliments/thank-you's received for August 2017:

'I had an appointment at the breast clinic and would like to compliment the excellent service and staff. Thank you to the super friendly Consultant and the healthcare and nurse at the clinic. The staff in the breast care centre were amazing, from the receptionist who found out how long I had to wait to the amazing radiologist and radiographer who were so lovely and expertly dealt with my 2 mammograms and answered all my questions. Thanks to the wonderful person who performed my biopsy, her sense of humour made my experience a positive one. Everyone was amazing.'



Compliments





**Meeting:** Board of Directors Meeting

**Date:** 2 October 2017

**Title of paper:** Safe, Effective, Caring, Responsive and Well-led Care – Strategic Staffing Review

**Author:** Alison Lynch, Director of Nursing and Quality

**Presented by:** Alison Lynch, Director of Nursing and Quality

**Purpose:**

This report provides the Board with a comprehensive update on nurse and midwifery staffing on the ward areas within the Trust. The report includes an overview of the current staffing position across the wards based on the results of planned six monthly acuity assessments and establishment reviews undertaken in January and June 2017.

The report is grounded in the need to ensure safe nurse staffing and midwifery levels and has been reinforced through the following publications / resources:

- National Quality Board – Safe, sustainable and productive staffing. An improvement resource for adult inpatient wards in acute hospitals. 2016 (2017 approved)
- Hard Truths – The Journey to Putting Patients First ‘Hear the patient, speak the truth and act with compassion’. Published by the Department of Health 2014
- National Quality Board report – How to ensure the right people, with the right skills, are in the right place at the right time. Published by NHS England. 2013
- The Model Hospital Portal - a new digital information service provided by NHS Improvement to support the NHS to identify and realise productivity opportunities; key nursing information is contained within the portal.  
<https://improvement.nhs.uk/news-alerts/updates-model-hospital/>



## 1. Executive Summary

This paper provides the required assurance that MCHFT plans safe nurse staffing levels across all in-patient ward areas and that there are appropriate systems in place to manage the demand for nursing staff. In order to provide greater transparency the paper provides detail of the first Strategic Staffing Review undertaken in line with the National Quality Boards requirement of December 2016 to review nurse staffing as a quality and performance measures and details the biannual patient acuity data from January and June 2017.

MCHFT Trust Board reviews safe staffing levels every month via the Quality, Safety and Experience Report, which includes monthly fill rates, Care Hours Per Patient Day (CHPPD) and actions taken to address shortfalls.

Hard Truths Commitments Regarding the Publishing of Staffing Data (Care Quality Commission, March 2014) states *'data alone cannot assure anyone that safe care is being delivered. However research demonstrates that staffing levels are linked to the safety of care and that fewer staff increases the risks of patient safety incidents occurring.'* In order to assure the Board of safe staffing on wards this report summarises a range of information including:

- Acuity and dependency data
- Skill Mix
- Nurse to bed ratio
- Incidence of pressure ulcers
- Incidence of falls
- Incidence of medication incidents
- Incidence of complaints relating to nursing care
- The Friends & Family Test results

## 2. National Quality Board Safe, Sustainable and Productive Staffing summary

The SSPS resource describes that the key to high quality care for all is our ability to deliver services that are sustainable and well led. For nurse staffing, this means continuing our focus on planning and delivering services in ways that both improve quality and reduce avoidable costs, underpinned by the following three principles set out in the SSPS document:

- Right care
- Minimising avoidable harm
- Maximising the value of available resource

The paper reports on the bi-annual acuity and dependency reviews and the in-depth reviews undertaken by the Director of Nursing & Quality and the Director of Workforce and Organisational Development, and the Deputy Director of Nursing & Quality during June to August 2017, to the 'Safe Sustainable and Productive Staffing' (SSPS) document, published in July 2016 by the National Quality Board. The document aims to support NHS Providers to deliver the right staff, with the right skills in the right place at the right time and builds on previous guidance.



A proforma was developed (see Appendix 1) which took into account the detailed requirements of the NQB guidance, and was used to provide a 360 degree review of wards and overnight clinical areas, including the Emergency Department. Between June and August 2017, **23 separate 2 hour reviews** took place with the Ward Manager, Matron and Divisional Head of Nursing for each area presenting their ward information. The reviews were led by the Director of Nursing & Quality with the Director of Workforce and OD and the Deputy Director of Nursing.

In line with the NQB recommendations, the reviews took account in each ward of the following:

- Bed occupancy rates
- Ward attenders
- Total budgeted establishment
- WTE based on January and June 2017 acuity and dependency
- Ward based registered nurses
- Ward based HCA's
- Skill mix
- WTE per bed
- RN ratio per bed Mon-Fri
- RN ratio per bed Sat/Sun
- RN ratio per bed nights
- CHPPD (*Average number of actual nursing care hours spent with each patient per day (all nursing including support staff).*)
- Medical Staff
- Allied Health Professionals
- Pharmacy staff (including medication administration)
- Advanced Nurse Practitioners / Clinical Nurse Specialists
- Assistant Practitioners
- Technicians
- Ward Clerk
- Housekeeper
- Hostess / Support Staff
- Phlebotomy

Actions to be taken as a result of the findings are presented further in this paper.

### **3. Background to assuring safe staffing levels on our acute wards**

In 2001 the Audit Commission recommended that establishment setting, regardless of the method, must be simple, transparent, integrated, benchmarked and linked to ward outcomes.

NICE Guidance in July 2014 (NICE Guidance: Safe Staffing for nurses in adult in-patient wards SG1) described that there is no single nursing staff-to-patient ratio that can be applied across the whole range of wards to safely meet patients' nursing needs. Each ward has to determine its nursing staff requirements to ensure safe patient care. The guideline made recommendations



about the factors that should be systematically assessed at ward level to determine the nursing staff establishment. It recommends on-the-day assessments of nursing staff requirements to ensure that the nursing needs of individual patients are met throughout a 24-hour period.

Further guidance published in 2015 (Safer Nursing Care Tool: Shelford Group) described an evidence based tool that enables nurses to assess patient acuity and dependency, incorporating a staffing multiplier to ensure that nursing establishments reflect patient needs in acuity/dependency terms. At MCHFT we have utilised this model since 2007 when it was named the Association of UK University Hospitals (AUKUH) Tool, which measures patient dependency and is then supported by the professional judgement of the ward leader and their seniors. The Trust was an early adopter of this tool and our preference for using this tool was in recognition of its' sensitivity and ability to provide information based on actual patient needs as opposed to averages and bed ratios and that this information could be aligned to other patient experience, safety and outcome data.

In addition, our establishments meet the need to have built within them uplifts that enable the compliment of staff to absorb annual leave, short term sickness and study leave without the need to use temporary staff. The Trust's ward budgets are uplifted by 21%- 24% to support training, annual leave and sickness.

#### **4. Current staffing position across wards based on results of acuity assessment**

##### **4.1.1 Adults**

We have looked at the results of the acuity data undertaken in January and June 2017 and triangulated this data as previously described. As always, it is important that data must be considered overtime due to changing acuity and season variation in activity.

The WTE (whole time equivalent) multiplier attributed to each level of care is as follows:

Level of care	WTE
0	0.99
1a	1.39
1b	1.72
2	1.97

##### **4.1.2 Paediatrics**

The System to Escalate and Monitor (STEAM) is a paediatric approved tool designed to measure the clinical intensity of patients on a paediatric ward. The tool is completed electronically every two to six hours. Agreed staffing investment for the Children's Assessment Unit has been implemented to support requirements in this area, and a refurbishment of the ward has increased efficiency in the ward establishments.



Staffing is assessed to be:

- Positive staffing: where there was a higher staff to patient ratio based on the acuity of the patient
- Adequate staffing: where there was an appropriate staff to patient ratio based on the acuity of the patient
- Negative staffing: where there was lower staff to patient ratio based on the acuity of the patient

#### **4.1.3 Maternity**

The Birthrate Plus (BR+) intrapartum acuity tool has been used at MCHFT for several years. It is based on an understanding of the total midwifery time required to care for women based on a minimum standard of providing one-to-one midwifery care throughout established labour.

The principles underpinning the BR+ methodology are consistent with the recommendations in the NICE safe staffing guideline for midwives in maternity settings, and have been endorsed by the Royal College of Midwives (RCM) and the Royal College of Obstetricians and Gynaecologists (RCOG).

BR+ measures the workload for midwives arising from the needs of women, from admission to the labour ward.

The maternity team are currently undertaking a staffing review with a view to amending the staffing distribution of the existing hospital core and rotational midwives to introduce more flexibility and experience.



## 4.2 Acuity results by Division

### 4.2.1 Medicine and Emergency Care Division

Table 1 Medicine & Emergency Care Division Acuity Data

	Funded Establishment (WTE staff providing clinical care)	Safer Nursing Care Tool (WTE) Acuity assessment	Difference Acuity / Funded Establishment staff providing clinical care	Registered nurse ratio (day)
<b>June 2017*</b> <b>Following closure of Ward 18</b>	<b>287.92*</b>	<b>300.37</b>	<b>-12.45</b>	1:6 – 1:8
January 2017	320.57	341.64	-21.07	1:6 – 1:8
June 2016	320.57	349.68	-28.98	1:6 – 1:8
January 2016	320.57	340.79	-20.22	1:6 – 1:8
June 2015	319.74	331.01	-11.12	1:6 - 1:8
January 2015	316.49	329.03	-12.54	1:6-1:8
June 2014	317.04	337.59	-20.55	1:6-1:8

Table 1 shows the funded establishment, staffing needs and the registered nurse ratio for the wards in the division of medicine and emergency care between January 2017 and June 2017. The figures above do not include the acute medical unit, ambulatory care unit, emergency department or critical care. However, these areas have undergone a full Strategic Staffing Review and relating action to be progressed within the division is included within this report.

The previous report noted that the creation of a short stay ward on Ward 2 required consideration over time as to whether investment to night staff on Ward 2 is required. The Division have trialled a number of shifts patterns during this time and it is supported that there is requirement to increase 2.45 WTE registered nurses to Ward 2 to support safe staffing at night.

5 wards showed an increase in acuity and dependency of their patient population, with a slight variance in position from the previous review.



As described, the figures in Table 1 do not include areas where acuity tools are not currently available. Our own acuity staffing tool has been introduced for these areas, and has now included the NQB guidance and professional judgement. This triangulated information shows that acute medical unit, the ambulatory care unit and the critical care unit are sufficiently and safely staffed.

Actions for the Division are included at Section Six.

#### 4.2.2 Surgery & Cancer Division

Table 2 – Surgery & Cancer Division Acuity Data

	Funded Establishment (WTE staff providing clinical care)	Safer Nursing Care Tool assessment (WTE) Acuity	Difference Acuity / Funded Establishment staff providing clinical care	Registered nurse ratio (day)
<b>June 2017</b>	<b>210</b>	<b>216.74</b>	<b>-6.74</b>	<b>11:8 Mon – Fri 1:9 -1:10 Sat &amp; Sun</b>
January 2017	210	231.12* This is likely reflective of reduction of elective activity during influenza outbreak in elective orthopaedic ward	-13.12	1:8 Mon – Fri 1:9 -1:10 Sat & Sun
June 2016 (now including Ward 9 at 24 beds)	204.16	214.19	-10.03	1:8 Mon – Fri 1:9 -1:10 Sat & Sun
January 2016	167.31	178.32	-11.01	1:8 Mon – Fri 1:9 -1:10 Sat & Sun
June 2015	167.31	186.27	-18.96	1:8 Mon – Fri 1:9 -1:10 Sat & Sun
January 2015	154.51	185.53	-31.02	1:8 Mon – Fri 1:9 -1:10 Sat & Sun
June 2014	154.51	172.58	-18.07	1:8 Mon – Fri 1:9 -1:10 Sat & Sun



Table 2 shows the funded establishment, staffing needs and the registered nurse ratio for the wards in the division of surgery and cancer between January 2017 and June 2017. Until June 2016 Ward 9 was not included.

The acuity data collected in January and June 2017 shows a deficit in staffing relating to acuity and dependency overall. However, the professional judgement of the senior nursing team is that, for the majority of the wards, there is sufficient staffing establishment following previous investment supported by the Board. However, Ward 13 has seen a sustained increase in the acuity of patients, particularly those who have undergone major surgery and require increased monitoring for extended lengths of time. Ward 13 data suggests that an increase of 6.89 WTE RN's would be required. However, the Strategic Staffing Review identified that it would be efficient to review organisational measures rather than 'establishment' measures in order to address the increasing acuity levels, and a future staffing report will provide an update on this.

The surgical assessment area and ambulatory care unit are not included in the table in section 4.2. In addition to our own acuity staffing tool having been introduced in this area, strategic staffing reviews have taken place suggesting that the staffing levels in the surgical assessment unit are appropriate and safe.

#### 4.2.3 Diagnostic and Clinical Support Services Division

Table 3 – Diagnostic and Clinical Support Services Division Acuity Data

	Funded Establishment (WTE staff providing clinical care)	Safer Nursing Care Tool assessment (WTE) Acuity	Difference Acuity / Funded Establishment staff providing clinical care	Registered nurse ratio (day)
<b>June 2017</b>	<b>32.05</b>	<b>34.61</b>	<b>-2.56</b>	<b>1:8</b>
January 2017	32.05	34.61	-2.56	1:8
July 2016	32.05	31.51	+0.54	1:8
January 2016	32.05	31.51	+0.54	1:8
June 2015	32.05	32.67	-0.62	1:8
January 2015	30.82	32.95	-2.13	1:8
June 2014	30.82	29.88	+0.94	1:8





Table 3 shows the funded establishment, staffing needs and the registered nurse ratio for the ward in the division of diagnostic and clinical support services in January 2017 and June 2017.

As outlined in the previous Board report, the strategic staffing review took into account the valuable role of therapists on 21B, thus providing a more holistic overview of the ward. The review demonstrated that 2.56 WTE Band 2 combined therapy/healthcare assistant roles would provide an improved experience for patients. This paper recommends that the Therapy/Healthcare Assistants role should be developed and with a view to increasing the ward establishment by 2.56WTE Band 2 posts.

Elmhurst intermediate care centre is not included in Table 3 as a staffing assessment tool does not yet exist for intermediate care services. However, the strategic staffing review identified that staffing levels at Elmhurst are appropriate and safe.

#### 4.2.3 Women & Children's Division

##### i. Paediatric Acuity

Table 4 – Paediatric Acuity Data

	Funded Establishment (WTE staff providing clinical care exc HCA's)	STEAM (WTE) Acuity	% of shifts filled described as negative, adequate or positive by STEAM tool	Registered nurse ratio (day)
<b>June 2017 Summer Staffing levels</b>	<b>44.40</b>	<b>44.40</b>	<b>67% of shifts adequately staffed 20% of shifts positively staffed 13% of shifts negatively staffed</b>	<b>1:3 for under 2 years of age 1:4 for 2 years of age and over</b>
January 2017 Winter Staffing levels	46.53	46.52	48% of shifts adequately staffed 12% of shifts positively staffed 40% of shifts negatively staffed	1:3 for under 2 years of age 1:4 for 2 years of age and over



June 2016	44.66	46.31	-1.65* previously reported as shortfall	1:3 for under 2 years of age 1:4 for 2 years of age and over
January 2016	39.55	46.31	-6.7* previously reported as shortfall 6	1:3 for under 2 years of age 1:4 for 2 years of age and over

The System to Escalate and Monitor (STEAM) data has been triangulated with the NQB guidance. It has been identified that staffing levels in the Children's Assessment Unit (CAU) are appropriate. Previously agreed staffing investment for the CAU has been implemented to support requirements in this area, and a refurbishment of the ward has increased efficiency in the ward establishments.

## ii. Maternity

The Intrapartum Acuity Tool provides an objective assessment of the complexity and risk of women during intrapartum care, in order to calculate the number of midwives required to achieve the agreed staffing standard of one midwife to one woman during labour and delivery.

Labour Ward calculate the acuity for the High Risk (HR Acuity) area alone and for the Labour Ward Suite (Escalation Acuity) every 2 hrs, using the escalation guideline to manage risk in real time.

High Risk Acuity (Includes High risk labour rooms, theatre, Induction of Labour suite and Triage)

Escalation Acuity - Includes all above and Midwifery Led Unit

The aim is to pro-actively manage the workload and staffing to achieve a positive acuity, which equals a safe standard of care.

<b>June 2017</b>	<b>Staffing less than acuity 6%</b> <b>Staffing meets acuity 94%</b>
January 2017	Staffing less than acuity 6% Staffing meets acuity 94%

These figures show that adequate measures were put in place to maintain safe staffing on the labour ward areas.



iii. Neonatal Intensive Care Unit (NICU)

A tool known as the 'Badgernet acuity tool' has been in use on the neonatal unit since September 2014. This tool shows the neonatal nursing numbers against actual cot occupancy figures and national standards for neonatal staffing requirements. These results show that staffing shortfalls can exist, this shortfall is known to be the co-ordinator role. The tool does not include the presence of the Advanced Nurse Practitioner on shift, or the band 4 (unregistered assistant practitioner) who both support the teams. The staffing levels on the unit are considered to be safe.

	Funded Establishment (WTE staff providing clinical care)	% of shifts filled described as negative, adequate or positive by STEAM tool
<b>June 2017</b>	<b>33.06</b>	<b>83% of shifts adequately staffed</b> <b>13% of shifts positively staffed</b> <b>6% of shifts negatively staffed</b>
January 2017	34.05* There are 2 flexible location posts that provide cover to CAU during winter months	<b>36% of shifts adequately staffed</b> <b>12% of shifts positively staffed</b> <b>32% of shifts negatively staffed</b>



## **5. Establishment and Strategic Staffing Reviews – agreed actions**

Following the Trust wide acuity assessments undertaken in January and June each year, formal establishment reviews are undertaken with each division. The reviews are led by the Director of Nursing and Quality and have full input from the Deputy Director of Nursing and Quality, Heads of Nursing, Head of Midwifery, and Matrons.

The nursing actions following the establishment reviews undertaken in January 2017, June 2017 and through the Strategic Staffing Reviews are as follows:

### **5.1 Medicine and Emergency Care Division**

#### **5.1.2 Actions agreed:**

- Work with the corporate teams on the development and introduction of the Associate Nurse role
- Progress case to increase 2.56 WTE registered nurses to Ward 2 to support safe staffing at night
- Progress action to support Advanced Nurse Practitioners working in key areas

### **5.2 Surgery and Cancer Division**

#### **5.2.1 Actions agreed:**

- Work with the corporate teams on the development and introduction of the Associate Nurse role
- Undertake review of organisational measures on Ward 13 rather than 'establishment' measures in order to address the increasing acuity levels, and a future staffing report will provide an update on this
- Work with University of Chester to accredit the orthopaedic training programme

### **5.3 Diagnostics and Support Services Division**

- Develop therapy/healthcare Assistants role should be developed and with a view to increasing the ward establishment by 2.56WTE Band 2 posts
- Scope feasibility of Advanced Nurse Practitioner role across Ward 21B and Elmhurst

### **3.4 Women & Children's Division**

- Develop Advanced Nurse Practitioner roles across paediatrics
- Complete staffing review with a view to amending the staffing distribution of the existing hospital core and rotational midwives to introduce more flexibility and experience.



## 6. Vacancies

It is recognised nationally that there is a shortage of registered nurses and that most care organisations are facing the same challenges in filling registered nursing vacancies. To help address this, the Trust has a number of ongoing long and short term initiatives, including:

- Launch of new Recruitment and Retention Strategy in Q4 2017/18
- Development of the Associate Nurse role in identified areas
- Inspirational and ward specific adverts on NHS jobs, local radio, newspapers and social media including Facebook and Twitter.
- Planned recruitment drives, specific to divisions.
- Return to practice programme with experienced nurses in post and in dedicated wards where they intend to practice on re-qualification.
- Close working with the University of Chester and student nurses to improve MCHFT ownership and relationship with potential recruits.
- Flexible working arrangements where possible
- Trust attendance at job fairs and school career fairs
- Recent attendance at universities open days other than Chester to widen our pool of potential students
- Overseas recruitment
- Offering alternative career pathways to registered staff to encourage retention, such as specialist nurse and advanced nurse practitioner posts
- Review of alternative professions to provide support to wards, such as physiotherapists and pharmacists

## 7. National Quality Board Safe, Sustainable and Productive Staffing summary

This section provides a summary to the recently published 'Safe Sustainable and Productive Staffing' (SSPS) paper published in July 2016 by the National Quality Board which aims to supporting NHS Providers to deliver the right staff, with the right skills in the right place at the right time and builds on previous guidance.

The SSPS document describes that the key to high quality care for all is our ability to deliver services that are sustainable and well led. For nurse staffing, this means continuing our focus on planning and delivering services in ways that both improve quality and reduce avoidable costs, underpinned by the following three principles set out in the SSPS document:

- Right care
- Minimising avoidable harm
- Maximising the value of available resource

The document also describes the importance of measurement and improvement of safe and sustainable staffing and the use of Care Hours Per Patient Day as a measure over time. The Trust has been using CHPPD as a measure since June 2016. Guidance is offered in the SSPS on using other measures of quality, alongside care hours per patient day (CHPPD), to



understand how staff capacity may affect the quality of care. It is important to remember that CHPPD should not be viewed in isolation and does not give a complete view of quality.

Safe, Effective, Caring, Responsive and Well-Led Care		
<b>Measure and Improve</b> - patient outcomes, people productivity and financial sustainability - - report investigate and act on incidents (including red flags) - - patient, carer and staff feedback - - Implementation Care Hours per Patient Day (CHPPD) - - develop local quality dashboard for safe sustainable staffing -		
Expectation 1	Expectation 2	Expectation 3
<b>Right Staff</b> 1.1 evidence-based workforce planning 1.2 professional judgement 1.3 compare staffing with peers	<b>Right Skills</b> 2.1 mandatory training, development and education 2.2 working as a multi-professional team 2.3 recruitment and retention	<b>Right Place and Time</b> 3.1 productive working and eliminating waste 3.2 efficient deployment and flexibility 3.3 efficient employment and minimising agency

### 7.1 Expectation 1 – Right Staff

The document describes that Boards ‘should ensure there is an annual strategic staffing review, with evidence that this is developed using a triangulated approach (ie the use of evidence-based tools, professional judgement and comparison with peers), which takes account of **all healthcare professional groups** and is in line with financial plans. This should be followed with a comprehensive staffing report to Board after six months to ensure workforce plans are still appropriate. There should also be a review following any service change or where quality or workforce concerns are identified’

*Specific recommendations of Expectation 1 are:*

Boards should ensure that the Trust has in place:	
<b>Evidence based workforce planning</b>	<i>The Trust uses validated workforce planning tools that are endorsed by NICE, RCN, RCM and RCOG and applies NQB guidance to Strategic Staffing Reviews. A recent KPMG Audit gave significant assurance to the process used in applying planning tools.</i>
<b>Professional judgement</b>	<i>Professional judgement is used when planning establishments. A recent</i>





	<i>KPMG Audit gave significant assurance to the process used in applying professional judgement.</i>
<b>Compare staffing with peers</b>	<i>The Model Hospital data is accessed for comparison when undertaking Strategic Staffing Reviews.</i>

## 7.2 Expectation 2 – *Right Skills*

The document describes that Boards 'should ensure clinical leaders and managers are appropriately developed and supported to deliver high quality, efficient services, and there is a staffing resource that reflects a multi-professional team approach. Decisions about staffing should be based on delivering safe, sustainable and productive services. Clinical leaders should use the competencies of the existing workforce to the full, further developing and introducing new roles as appropriate to their skills and expertise, where there is an identified need or skills gap'

*Specific recommendations of Expectation 2 are:*

<b>Boards should ensure that the Trust has in place:</b>	
<b>Appropriately resourced mandatory training, development and education</b>	<i>The Director of Workforce and Organisational Development reports mandatory training compliance to Board on a monthly basis</i>
<b>Multi-professional team working</b>	<i>Multi-professional working is in place across the wards and departments. This is evident from the Strategic Staffing Reviews and Clinical Services Strategy, and within staffing business cases.</i>
<b>Recruitment and retention plans</b>	<i>A Recruitment and Retention Strategy is being launched in Q4 17/18</i>

## 7.3 Expectation 3 – *Right Place*

The document describes that Boards 'should ensure staff are deployed in ways that ensure patients receive the right care, first time, in the right setting. This will include effective management and rostering of staff with clear escalation policies, from local service delivery to reporting at board, if concerns arise. Directors of nursing, medical directors, directors of finance and directors of workforce should take a collective leadership role in ensuring clinical workforce planning forecasts reflect the organisation's service vision and plan, while supporting the development of a flexible workforce able to respond effectively to future patient care needs and expectations'

*Specific recommendations of Expectation 3 are:*



Boards should ensure that the Trust has in place:	
<b>Staff are working productively, with avoidance of waste</b>	<i>Evidence of lean methodology approaches, quality improvement methodology is utilised to support staff productivity</i>
<b>There is efficient staff deployment and flexibility</b>	<i>Staffing reviews take place three times per day, however this would be more efficient by introduction of an e-rostering system. A Roster Policy is in place which is favourable audited.</i>
<b>There is efficient employment, minimisation of agency use</b>	<i>There has been a sustained reduction in nurse agency reduction across the Trust. There is a robust escalation policy in place across the Trust. Agency spend as a whole is under the agency spend cap set by NHSI.</i>

Additional areas important for monitoring are that Boards should ensure there is sufficient investigation and learning from patient safety incident and serious incident data; workforce metrics are in place that demonstrate staff capacity; and workload metrics that provide context to CHPPD. These areas are all routinely reported to Board.

## 8. Conclusion and recommendations

### 8.1 Conclusion

The Trust continues to see a growing acuity/dependency of patients across a number of adult and children's inpatient wards, with a number of areas having agreed investments for 2016/17.

The priority area of focus remains the recruitment and retention of registered and unregistered nurses, as it is without doubt that having staff in post against agreed establishments is likely to have the greatest impact on our ability to provide safe, cost effective nursing care. We have seen some innovative approaches to recruitment as this paper describes, these are continuing in a planned way. An additional area for prioritisation is the development of the Associate Nurse role, and work is well under way having identified the number of roles required across the Trust in wards and departments.

The ambition for nurse staffing remains unchanged: aiming for 7/7 consistency across all wards. Acuity and dependency will continue to be the ultimate driver to ensure sustained safe staffing levels.

We consider the daily acuity measures in place across our inpatient areas to be the primary driver of safe staffing and will continue to use this to make decisions on a daily basis that meet the needs of our patients at that point in time.





The National Quality Board recommendations have been reviewed and embedded in practice, with the first annual strategic staffing review taking place between June and August 2017.

## 8.2 Recommendations

**The Board of Directors is asked to:**

- Note the work undertaken in relation to assurance of safe staffing across the wards as identified in the bi-annual reviews and Strategic Staffing Reviews.
- Note and support the actions to be undertaken following the staffing reviews in January and June 2017
- Support the recommendation that registered nurse levels needs to be a continued area of incremental investment in line with any recommendations based in evidence.
- Note that this report does not include staffing reviews relating to community care provision, and that these will be included in future reports following extensive reviews of service lines and transformation workstreams in the coming months.

Alison Lynch  
Director of Nursing and Quality  
November 2017



## Appendix 1

# Safe, Effective, Caring, Responsive and Well led Care – Strategic Staffing Review

<b>Ward Name</b>	
<b>Division</b>	
Specialty	
Number of beds & layout	
Matron	
Ward Manager (inc supervisory status)	
Service Manager	
Clinical Lead	
<b>Right Staff</b>	
<b>Acuity and Dependency Results</b>	
Agreed actions following review meeting	
<i>Then include:</i>	Numbers and time spent on wards
Medical Staff	
AHP's	
Pharmacy staff (inc medication administration)	
ANP's / CNS (inc band)	
Assistant Practitioners (inc band)	
Ward Clerk	
Housekeeper	
Hostess / Support Staff	
Phlebotomy	
<b>HR Metrics</b>	
Sickness levels	
Annual leave	
Parenting leave	
Secondments	
Student placements	
<b>Patient Outcomes:</b>	
Falls (inc conversion to harm)	
Pressure Ulcers	
HCAI's	
Medication Errors (inc conversion to harm)	
EWS audit results	



Cardiac arrest incidents	
Serious Incidents: Level 1 investigations Level 2 investigations Never Events	
Total incident numbers and conversion to harm	
<b>Patient experience measures:</b>	
FFT results	
Compliments (include those at ward level)	
Complaints	
<b>Staff Outcomes:</b>	
Exit interview themes / reasons given for leaving	
Staff FFT	
Staffing incidents	
<b>Process Measures:</b>	
From divisional dashboards (including Nursing Metrics)	
<b>Ward attenders:</b>	
<b>Benchmarking (CHPPD) via Model Hospital</b>	
Wrightington, Wigan and Leigh (similar sized outside area)	
Countess of Chester (LDS)	
East Cheshire Trust (LDS)	
Wirral Hospital (LDS)	
Warrington & Halton (LDS)	
<b>Right Skills</b>	
<b>Delivery of care</b>	
What is the care and treatment to be provided on the ward	
What competencies are required to deliver that care / treatment	
Which staff member is competent and best placed to deliver that care / treatment	
Can aspects of the care / treatment be safely delegated with appropriate education and training (if so, to whom)	
What are all members of the team responsible for: Inc service manager, matron, ward manager etc	
What is the skill mix	
Training levels (mandatory, PDR)	



Clinical training specific to the care delivery	
How do staff access training	
How have the ward leaders been prepared for their role and given ongoing support	
<b>Recruitment and retention</b>	
Vacancy rate	
Turnover	
Age profile	
Recruitment plans	
<b><i>Right Place, Right Time</i></b>	
<b>Work processes should be reviewed annually</b>	
Shift patterns	
Sufficient rest periods	
Evidence of any lean methodology approaches?	
Part of a collaborative?	
Are there any new or redesigned roles	
Multi-professional documentation?	
Documentation reviews?	
<b>Roster compliance</b>	
Latest audit results of roster compliance	
Flexible use of the establishment	
<b>Escalation processes</b>	
Staff aware of process to escalate staff shortage / other concerns	
<b><i>Measure and improve</i></b>	
Plans to measure and improve outcomes	

<b>Title of Paper :</b>	Guardian of Safe Working Hours Report (Apr – Jun 2017)		
<b>Author:</b>	Estelle Carmichael		
<b>Executive Lead:</b>	Estelle Carmichael		
<b>Type of Report:</b>	Concept Paper		
	Strategic Options Paper		
	Business Case		
	Information		✓
	Review/Benefits/Audit		
<b>Link to Strategic Domains:</b>		<b>Link to Domain:</b>	
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	✓
<b>Link to Board Responsibility:</b>	Performance		
	Accountability		✓
	Strategy		
	Implementation		
<b>Action Required:</b>	Decide		
	Approve		
	Note		✓
	Recommend		
	Delegate		
<b>Positive Benefit:</b>	Assurance that Junior Doctors in the Trust are safe and supported in their work.		
<b>Risk:</b>			
<b>To be published on Trust Website –complete version</b>		<b>Y</b> (delete as appropriate)	
<b>If no, to be published on Trust Website – redacted</b>		<b>N</b> (delete as appropriate)	
<b>If not to be published complete or redacted, please detail the reason why</b>			
<b>Presented at Board Meeting of:</b>	2 October 2017		

# **REPORT FROM THE GUARDIAN OF SAFE WORKING HOURS**

*1<sup>st</sup> April 2017 – 30<sup>th</sup> June 2017*

## **1. INTRODUCTION**

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

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

As part of this role the GoSWH is expected to make a report to the board on a quarterly basis and this report covers the period 1<sup>st</sup> April 2017 – 30<sup>th</sup> June 2017.

## **2. CURRENT POSITION**

Since the new Junior Doctor's Contract went live in October 2016, the Trust has assimilated Doctors in Training on to the Contract in accordance with the schedules set out in the final contract agreement. This means that we currently employ doctors in training on both the old and the new contract.

All doctors who are assimilating on to the new contract should receive their contracts and generic work schedules 8 weeks in advance on them taking up their new post.

As at 30<sup>th</sup> June 2017, the Trust in some instances was unable to issue work schedules to the new rotation of Doctors in training due to rotas not being available within the requested timescales and a delay in the lead employer issuing contract information. Support was sought at Executive level to ensure rotas were provided at the earliest opportunity.

## **3. EXCEPTION REPORTING**

The GoSWH is required to provide a Board report on a quarterly basis summarising exception reports being completed and ensuring that the Trust take appropriate action to address any significant issues identified in these report. This first report for the period of December 2016 – March 2017 was reported to Board in June 2017 following progression and review through the Trusts internal workforce assurance procedures.

Exception reporting is the method for reviewing Junior Doctors working hours to ensure appropriate breaks and that they are able to start and finish on time. This mechanism also enables junior doctors to report any unsafe working practices.

During the period 1<sup>st</sup> April 2017 – 30<sup>th</sup> June 2017 a total of 4 exception reports were received from trainee Doctors and these were all received from the F1 General Surgery rota.

The main reason for exception reporting was that shifts were busy and the doctor needed to stay late to complete tasks or to complete a handover.

Each of the exception reports is reviewed by the doctor's educational supervisor and the following is a summary of the responses:

REFERENCE	SUMMARY OF EXCEPTION	HOURS TO BE PAID	PAY COST	FINE COST
10850	Late finish on a busy shift. Discussed improving delegation and efficiency with educational supervisor	2.0 (plain time)	£29.54	£73.85
10853	Late finish on a busy shift. Discussed improving delegation and efficiency with educational supervisor	Not agreed by Educational Supervisor		
10854	Late finish on a busy shift and unable to take breaks Discussed improving delegation and efficiency with educational supervisor	2.0 (plain time)	£29.54	£73.85
11404	Late finish on twilight shift as unable to contact the SHO on shift.	1.0 (night rate at x1.37)	£50.58	£50.58
<b>Total Cost to the Trust</b>				<b>£198.28</b>
<b>RUNNING TOTAL FINES TO DATE</b>				<b>FINE COSTS</b>
				£223.55

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

None of the exception reports resulted in TOIL being granted for this quarter.

#### 4. CONCLUSION

This is the second report by the GoSWH and it is concluded that the Trust continues to take appropriate steps to implement the new national contract for the relevant junior doctors.

It should be recognised that MCHFT is continuing to progress the implementation in accordance with the national guidance.

It is positive to see a significant reduction in the number of exception reports although I continue to have some concern about exception reporting coming from a single rota. It is good to hear that the issues being reported are being addressed to ensure the risks are reduced going forward.

Derek Pegg  
18<sup>th</sup> August 2017

# **Board of Directors Performance Report**

**August 2017**

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

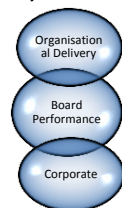


# Introduction

## Performance Report

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

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



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

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

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

**Tracy Bullock**  
**Chief Executive**

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# Headline Measures

Organisational Delivery			
Indicator	Standard	YTD	Aug-17
<b>Cancer</b>			
Rapid Access Referrals (%) <i>(seen in 2 wks)</i>	93.00%	97.41%	97.35%
Total Patients Seen		3,748	793
Patients seen >14 days		97	21
62 day GP Classic (%)	85.00%	94.24%	94.55%
Accountable Patients Treated		295	55
No. of Breached Pathways (adjusted)		17	3
62 day Screening (%)	90.00%	98.31%	100.00%
Accountable Patients Treated		59	13
No. of Breached Pathways (adjusted)		1	0

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

<b>Unplanned Activity</b>			
A&E <4hrs Standard (%)	95.00%	93.18%	95.26%
A&E Attendances LH & MIU (% to plan)		97.86%	93.11%
A&E Attendances LH & MIU (Vol)		37,341	7,011

<b>Planned Activity</b>			
Incomp Pathways <18wk (%)	92.00%	97.07%	96.78%
>6wk Diagnostic Waits (%)	1.00%	0.33%	0.34%
Total Patients Waiting for a First Outpatient Appointment			8,029

Indicator	Standard	YTD
<b>Workforce</b>		
Sickness absence Rolling 12 Month		4.15%
Turnover Rolling 12 Month		10.62%

Corporate					
Indicator	YTD Rating		YE Rating	YE Metric	
	Plan	Actual	Forecast	Plan	Forecast
<b>Finance</b>					
Use of Resource Rating		3	3		
Capital Service Capacity	4	4	4	0.76	0.61
Liquidity	4	2	3	-23	-14
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%	-38.55%

	YTD Target	YTD Actual	YTD Variance	FY Target	FY Forecast	FY Variance
Cost Improvement Schemes Total (£000's)	1,797	1,516	-283	4,923	4,207	-716
Capped Expenditure Process Schemes (£'000)	1,601	1,426	-175	7,062	6,012	-1,050
Commission Contact Income SC & VR (£000's)	77,609	77,609	-0			
Contract Income (£'000)	91,337	91,587	250			
Pay to Budget (£000's)	-68,744	-68,826	-82			
Non Pay to Budget (£000's)	-29,229	-28,861	368			
Agency Trajectory (£000's)	-2,561	-1,842	719			

## Exec Summary

In August 2017, the Trust delivered all five of the NHS Improvement Single Oversight Framework performance indicators. The 4 hour A&E performance continues to exceed the STF trajectory and has improved from 92.63% in July to 95.26% in August. This is the first achievement of the 95% standard since March

The Trust has achieved all three headline cancer access standards for August 2017. Strong performance continues in terms of rapid access referrals and 62 day treatment pathways. Cancer 62 day Screening had no breaches in August and continues to be met on a year to date basis. Achievement of the standard for quarter 2 is a risk due to July's performance (1 breach).

The Trust continues to achieve the 92% standard for RTT 18 week incomplete pathways, with performance in August 2017 at 96.73%. 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 August 2017, with just 0.34% of patients waiting longer than 6 weeks for their diagnostic test, against a regulatory threshold of 1%.

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 achieve the control total and deliver 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 5.

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

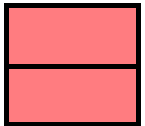
CIP schemes are behind plan by £0.3M due to the no longer proceeding e-rostering scheme and infusion pump consumable savings not materialising. Income generation schemes have been removed in light of the CEP leading to fixed income for the Trust. In addition, CEP schemes are £0.2M worse than plan due to scheme slippage. However, to date combined savings of £2.9M have been achieved.

The Trust is currently £0.7M better than its Agency spend trajectory which for the full year is £6.2M.

# Single Oversight Framework

## Triggers

<b>Operational</b>	For providers with Sustainability and Transformation Fund (STF) trajectories in any metric: failure to meet 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.
<b>Finance &amp; Resource</b>	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's 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		Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Monthly Trend
	Target	Actual														
Maximum 6 week wait for Diagnostic procedures	1%	0.33%	0.21%	0.11%	0.63%	0.13%	0.24%	0.18%	0.07%	0.09%	0.04%	0.17%	0.44%	0.76%	0.34%	
All Cancers: 62 day GP Classic (%) *	85%	94.24%	86.47%	95.24%	95.37%	92.00%	90.24%	90.43%	86.41%	96.46%	96.83%	92.81%	94.00%	93.04%	94.55%	
All Cancers: 62 day Screening (%) *	90%	98.31%	90.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	85.71%	100.00%	
18 weeks from point of referral to treatment - patients on an incomplete pathway (%)	92%	97.07%	93.78%	93.85%	94.01%	95.46%	95.16%	95.89%	96.07%	96.48%	96.67%	96.97%	97.57%	97.37%	96.78%	
A&E - maximum waiting time of 4 hours from arrival to admission/transfer/discharge (%)	95%	93.18%	93.12%	92.18%	89.21%	93.33%	89.25%	84.47%	93.33%	97.21%	93.37%	90.66%	94.24%	92.63%	95.26%	
A&E STF Trajectory			95.01%	95.00%	92.01%	92.00%	92.00%	93.50%	92.01%	92.81%	91.72%	91.72%	91.72%	91.34%	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	0.76	0.61	4	0.50	0.35	4
	Liquidity	-23	-14	3	-18	-7	2
Financial Efficiency	I&E Margin	0.38%	0.39%	2	-0.63%	0.38%	2
Financial Controls	Distance from Financial Plan	0.00%	0.01%	1	0.00%	1.01%	1
	Agency Spend	-10.22%	-38.55%	1	-10.45%	-35.62%	1
Overall UOR Rating				3			3

# Operational Delivery: Cancer Pathway

## Headline Measures

	Current YTD		Rolling 13 months													Monthly Trend
	Target	Actual	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	
Rapid Access Referrals (%) (seen in 2 wks)	93%	97.41%	98.55%	98.25%	98.60%	98.79%	98.93%	97.66%	99.15%	98.10%	97.14%	97.84%	97.20%	97.51%	97.35%	
Total Patients Seen		3748	685	687	713	743	652	641	706	842	665	742	785	763	793	
Patients seen >14 days		97	10	12	10	9	7	15	6	16	19	16	22	19	21	
% seen within 7 days		100.0%	63.8%	58.7%	64.5%	62.0%	51.1%	69.1%	54.3%	63.1%	55.5%	53.5%	48.2%	44.2%	46.5%	
62 day GP Classic (%) *	85%	94.24%	86.47%	95.24%	95.37%	92.00%	90.24%	90.43%	86.41%	96.46%	96.83%	92.81%	94.00%	93.04%	94.55%	

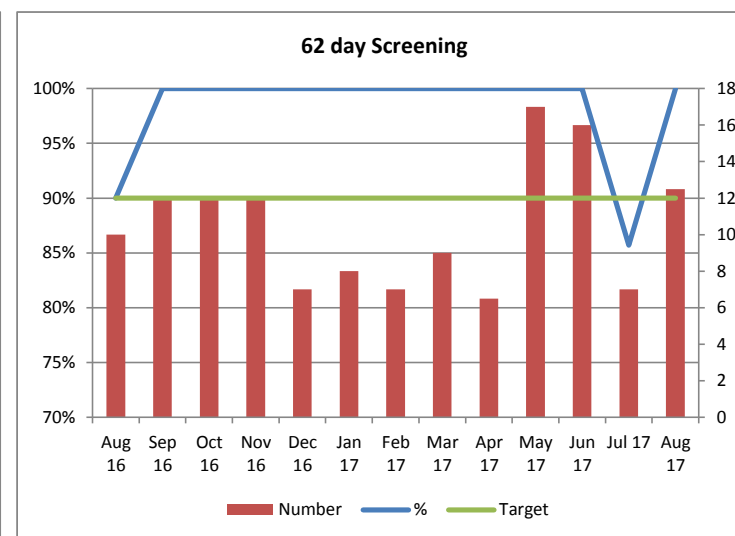
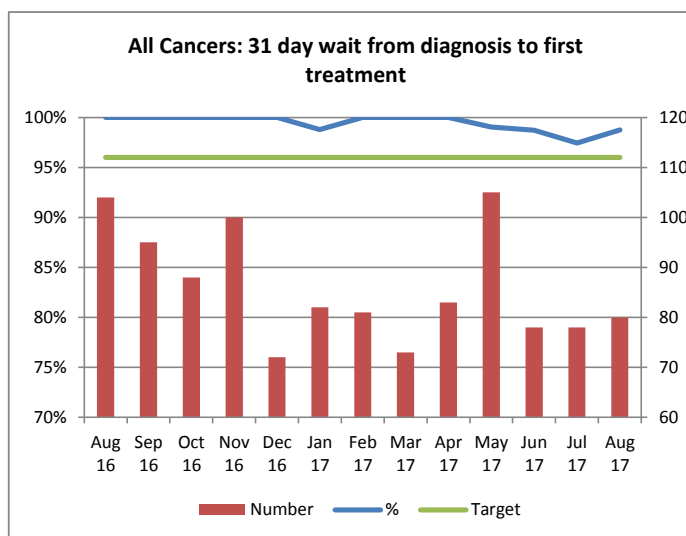
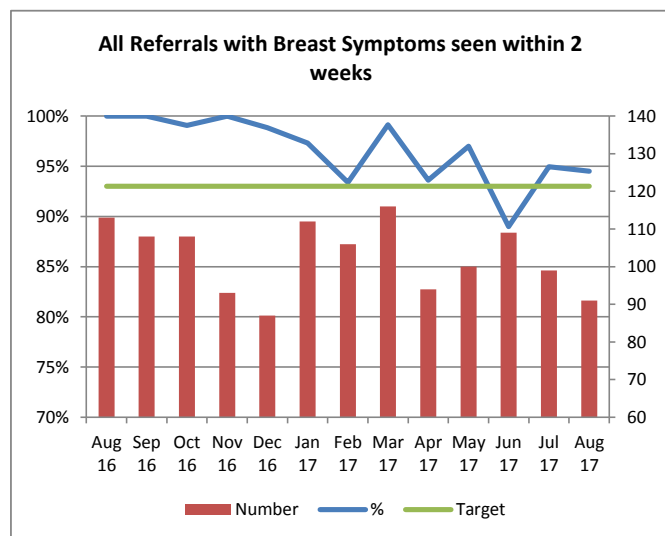
\* Provisional figures subject to change depending

## Commentary

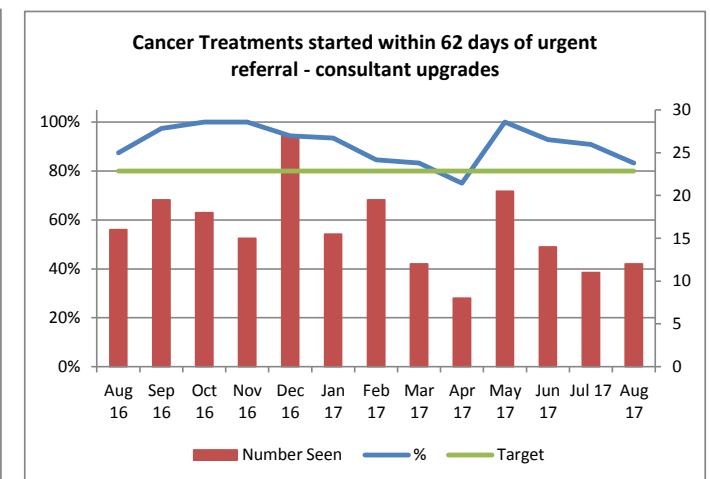
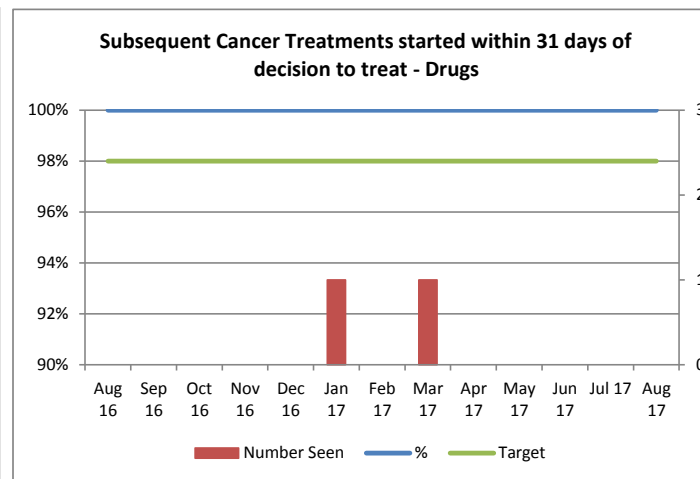
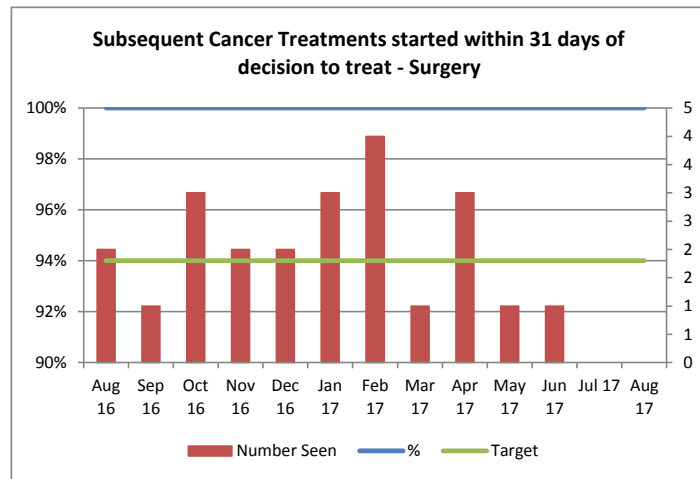
The Trust has achieved all headline cancer standards during the month of August 2017. The figures presented in this paper reflect the Trust's regulatory performance measures (adjusted figures that take into account breach reallocation between providers).

The 2 week Breast Symptomatic standard has sustained its performance for a second month and continues to achieve above the 93% standard. The screening 62 day standard has recovered to 100% in August. Achievement of the standard for quarter 2 is a risk due to July's performance.

## Primary Measures



## Operational Delivery: *Cancer Pathway*



# Operational Delivery: *Unplanned Activity - A&E*

## Headline Measures

				Rolling 13 months													
		Current YTD		Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Monthly Trend
		Target	Actual	93.12%	92.18%	89.21%	93.33%	89.25%	84.47%	93.33%	97.21%	93.37%	90.66%	94.24%	92.63%	95.26%	
A&E - >4 hr wait time from arrival to admission/transfer/ discharge (% to Target)		95%	93.18%														
No. of 4hr breaches			2,547	503	570	813	443	753	1,082	411	205	474	737	437	567	332	
		Plan	Actual	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Monthly Trend
A&E Attendances Leighton & MIU (% to Plan)			97.86%	100.1%	103.6%	104.1%	97.2%	100.5%	103.7%	95.1%	98.5%	98.2%	101.8%	99.9%	96.3%	93.1%	
A&E Attendances Leighton & MIU (No.)		38,150	37,341	7,307	7,288	7,533	6,643	7,005	6,965	6,166	7,357	7,144	7,890	7,593	7,697	7,011	
A&E Attendance Case Mix (Leighton)	Major		15,835	3,135	3,025	3,243	2,958	3,140	3,042	2,733	3,191	3,081	3,205	3,138	3,266	3,145	
	Minor		9,803	1,875	1,982	1,927	1,654	1,734	1,734	1,577	1,828	1,848	2,168	2,004	1,997	1,786	
	Resus		848	129	121	170	137	224	221	140	130	175	203	183	157	130	
	Unknown/UCC		2,634	122	123	159	151	199	413	420	566	491	637	530	517	459	

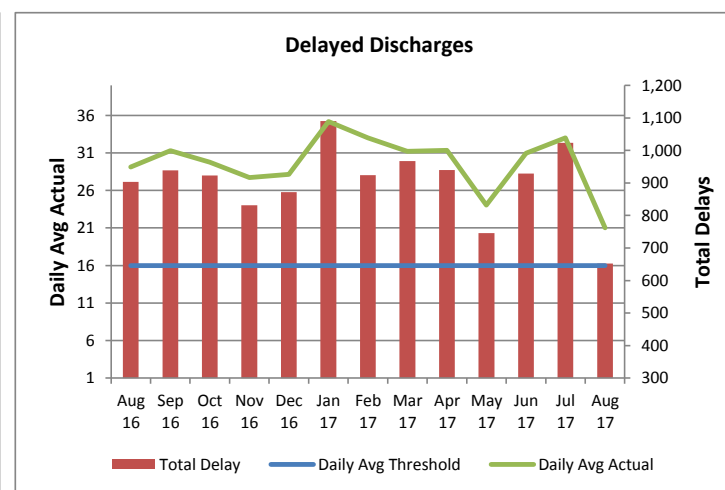
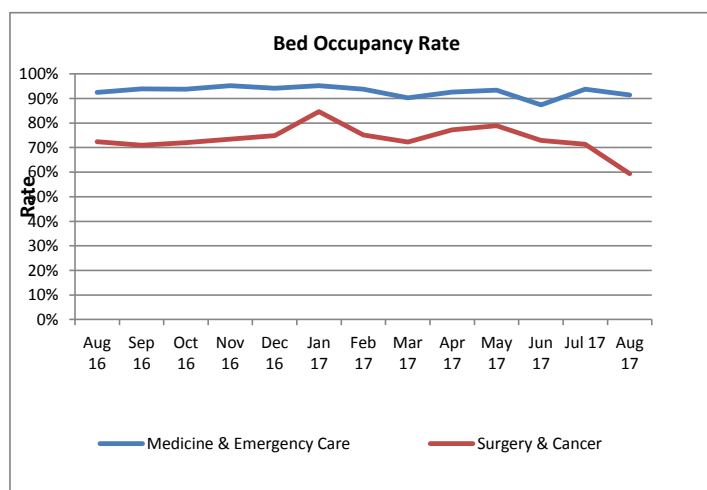
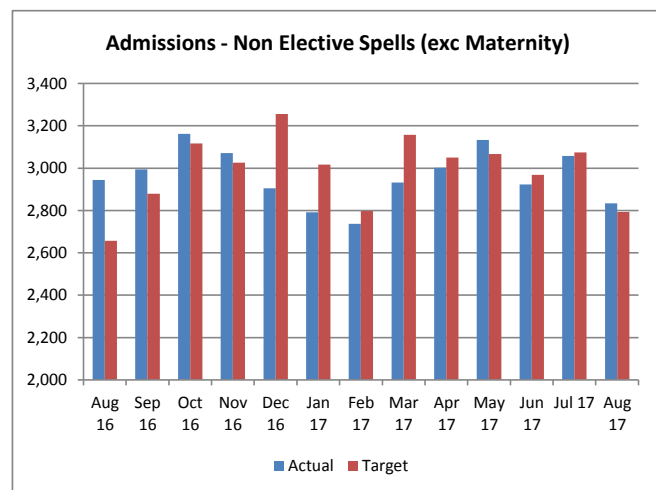
## Commentary

ED attendances reduced in August 2017 to 7,011 compared to 7,307 in August 2016. The Trust achieved 95.26% against the 4-hour access standard. The STF trajectory of 91.72% for Quarter 1 has been achieved and for Quarter 2, July's and August's performance have also been achieved in month.

The Board are advised that the Trust delivered August 2017 performance with 25 fewer acute medical beds open than in August 2016, due to implementation 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.

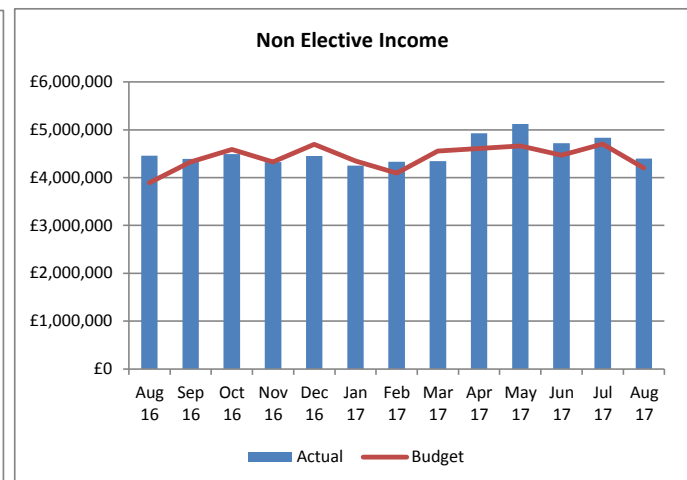
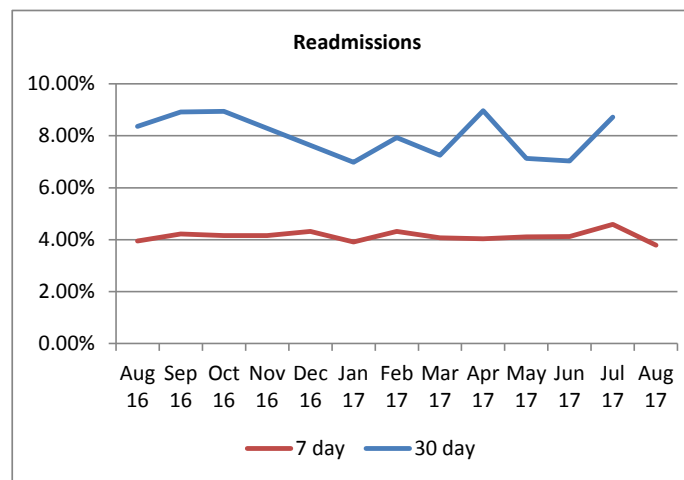
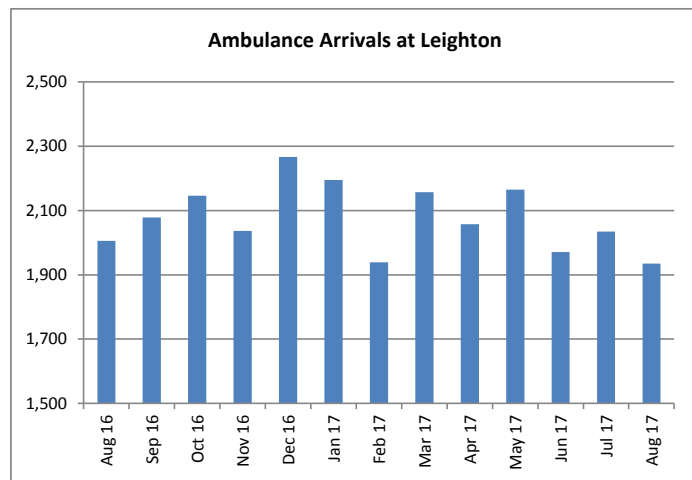
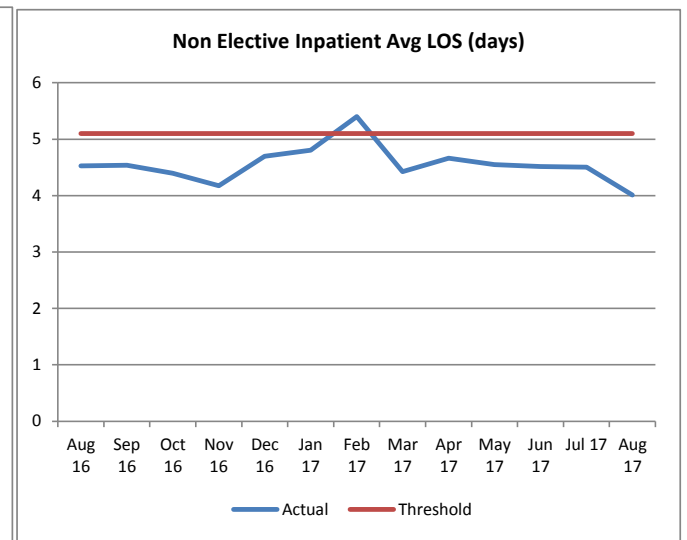
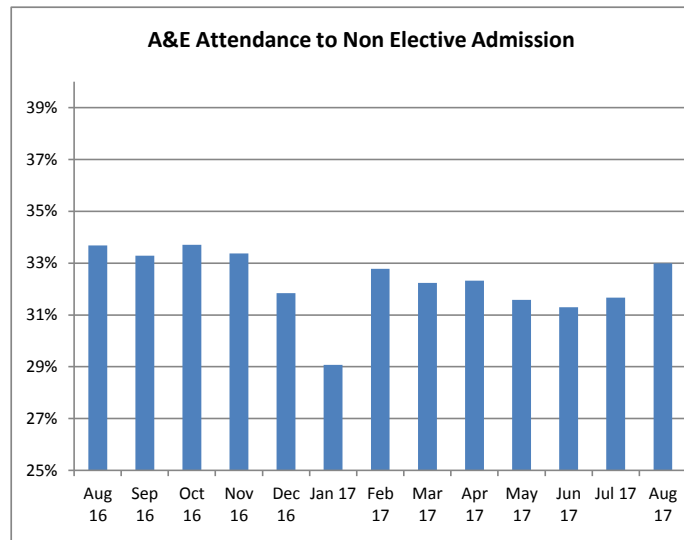
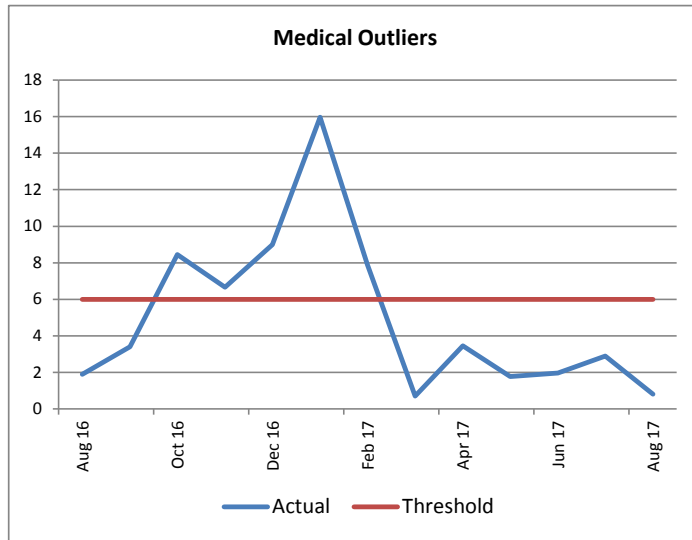
After a period of Non-elective admissions being below target levels, actuals have come back in line recently with August slightly above target. The Type 1 conversion rate for August continues to be at a lower level than historical performance at 32.99%. Bed occupancy in Medicine & Emergency Care decreased slightly in August after a sharp increase seen in July 2017. This increase can be associated with the closure of 25 acute medical beds. Delayed transfers of care decreased markedly in month, with 21 SITREP reportable delays on average per day. This is the lowest average seen for over 12 months. The non elective inpatient average length of stay also dropped to the lowest seen in over 12 months (4.01 days).

## Primary Drivers



# Operational Delivery: *Unplanned Activity A&E*

## Secondary Drivers



# Operational Delivery: *Planned Activity*

## Headline Measures

	Current YTD		Rolling 13 months													Monthly Trend
	Target	Actual	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	
18 weeks from Referral to Treatment in Aggregate - Incomplete	92%	97.07%	93.78%	93.85%	94.01%	95.46%	95.16%	95.89%	96.07%	96.48%	96.67%	96.97%	97.57%	97.37%	96.78%	
Total 18 Weeks		57,723	15,373	14,565	13,580	12,998	12,505	11,437	11,234	11,526	11,567	10,992	11,164	11,575	12,425	
No. > 18 Weeks		1,694	956	896	813	590	605	470	442	406	385	333	271	305	400	
Diagnostic Waiting Time	1%	0.33%	0.21%	0.11%	0.63%	0.13%	0.24%	0.18%	0.07%	0.09%	0.04%	0.17%	0.44%	0.76%	0.34%	
Total Number of Waiters		19,613	3,806	3,767	3,630	3,149	3,826	3,786	4,305	4,561	4,582	4,192	4,090	3,560	3,189	
Waiters of 6 Weeks +		65	8	4	23	4	9	7	3	4	2	7	18	27	11	
Total Patients Waiting for a First Outpatient Appointment			10,746	10,155	9,544	8,359	7,842	7,205	7,812	7,057	7,223	7,172	7,352	7,643	8,029	
Longest Wait Time (weeks)												50	40	44	48	

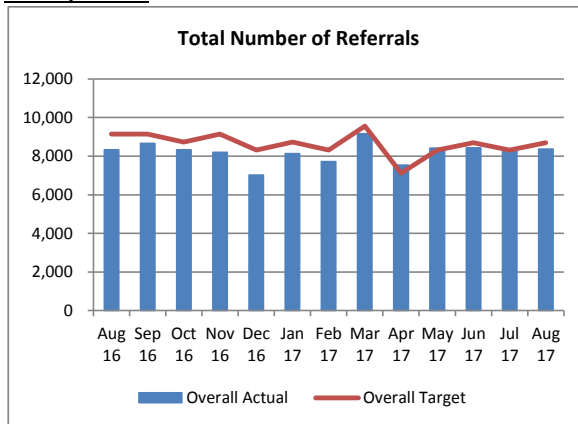
## Commentary

The Trust reported 96.73% against the 92% incomplete pathways standard for RTT. One specialty (Community Paediatrics) was failing the 92% target at the end of the month, with performance at 82%. The Division have been asked for a recovery plan. The Trust is now actively managing the level of over performance against this standard in light of the Capped Expenditure Programme with the aim of the over performance reducing over the coming months.

Referrals from GPs in August 2017 were below plan but above August 2016. There were 8,366 referrals into the Trust, which is below target but consistent with the previous year.

The Trust has delivered the diagnostic wait time consistently since July 2016. In August 2017, 0.34% 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



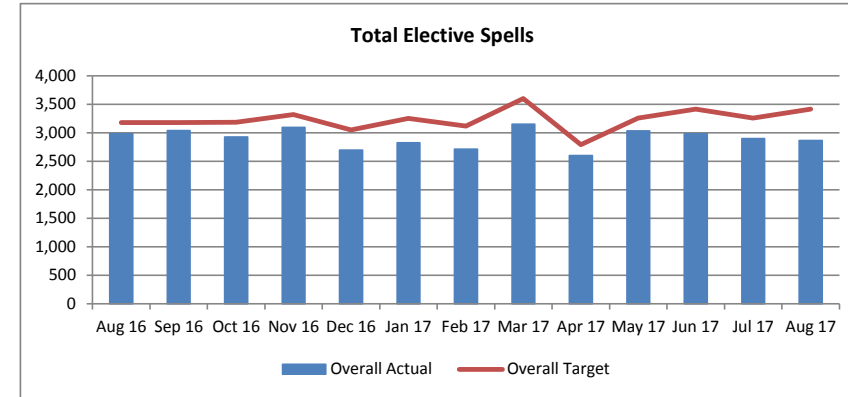
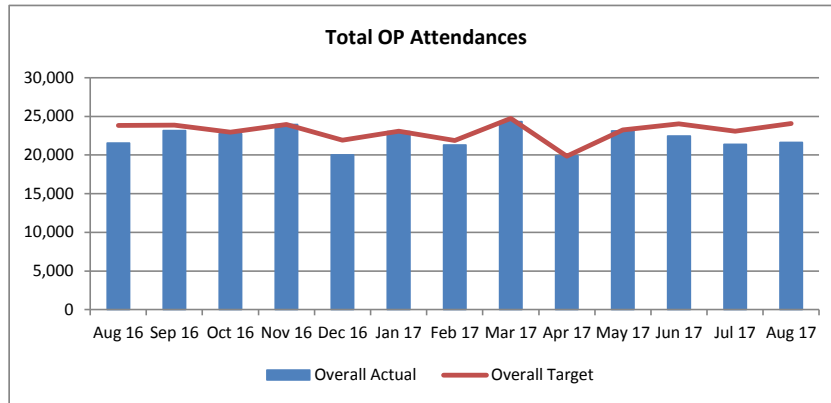
## Referral Breakdown

	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Monthly Trend
GP Actual	5,035	5,383	5,063	5,061	4,192	4,930	4,592	5,534	4,427	4,779	5,248	5,115	5,210	
GP Target	5,767	5,767	5,505	5,767	5,243	5,505	5,243	6,029	4,507	5,259	5,509	5,259	5,509	
% to Target	87.3%	93.3%	92.0%	87.8%	80.0%	89.6%	87.6%	91.8%	98.2%	90.9%	95.3%	97.3%	94.6%	
Other Actual	3,298	3,277	3,263	3,135	2,821	3,200	3,126	3,621	3,100	3,632	3,179	3,191	3,156	
Other Target	3,376	3,376	3,222	3,376	3,069	3,222	3,069	3,529	2,614	3,050	3,195	3,050	3,195	
% to Target	97.7%	97.1%	101.3%	92.9%	91.9%	99.3%	101.9%	102.6%	118.6%	119.1%	99.5%	104.6%	98.8%	
Total Actual	8,333	8,660	8,326	8,196	7,013	8,130	7,718	9,155	7,527	8,411	8,427	8,306	8,366	
Total Target	9,143	9,143	8,728	9,143	8,312	8,728	8,312	9,559	7,121	8,308	8,704	8,308	8,704	
% to Target	91.1%	94.7%	95.4%	89.6%	84.4%	93.2%	92.9%	95.8%	105.7%	101.2%	96.8%	100.0%	96.1%	
GP % of Total	60.4%	62.2%	60.8%	61.7%	59.8%	60.6%	59.5%	60.4%	58.8%	56.8%	62.3%	61.6%	62.3%	



# Operational Delivery: *Planned Activity*

## Primary Drivers



### OP Attendance Breakdown

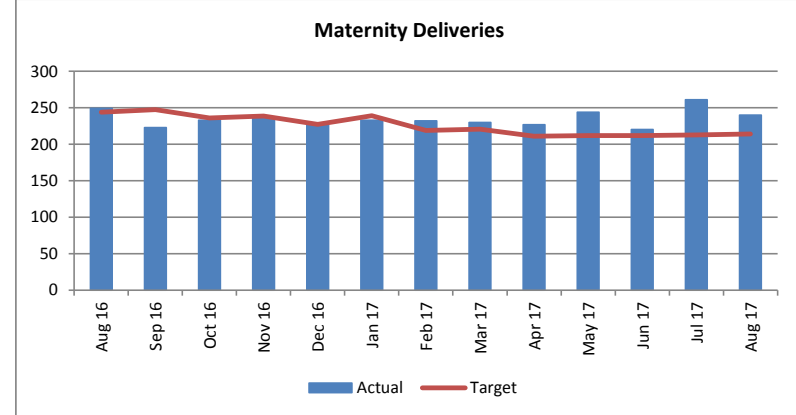
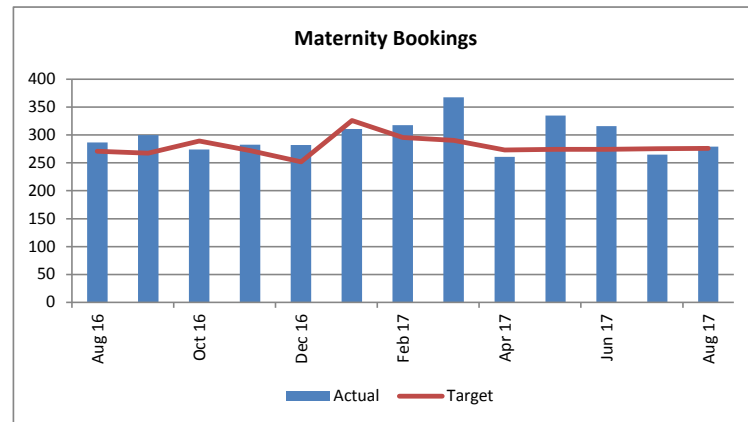
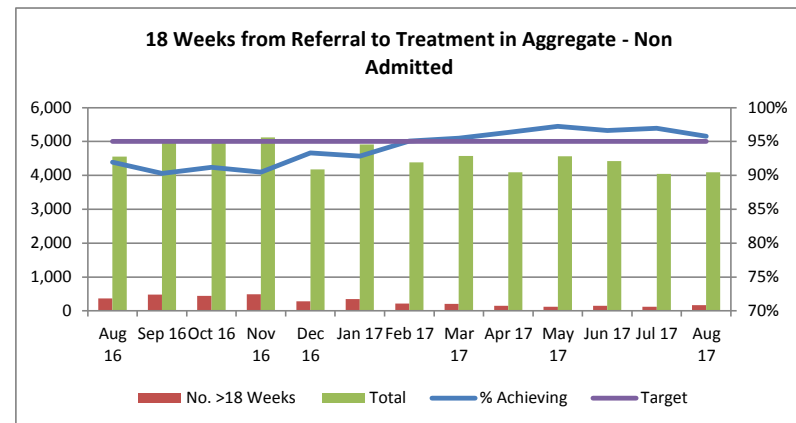
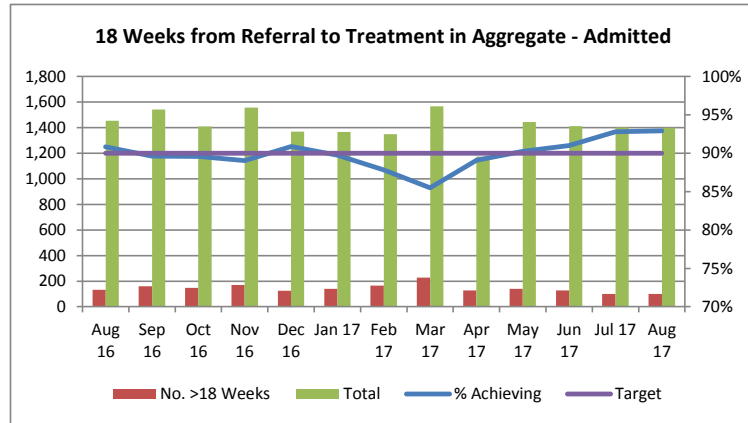
	YTD	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Monthly Trend
New Actual	87,363	6,851	7,565	7,421	7,305	6,202	6,811	6,243	7,110	5,727	6,787	6,746	6,192	6,403	
New Target	92,758	7,333	7,337	7,081	7,408	6,747	7,138	6,791	7,764	6,098	7,113	7,423	7,098	7,427	
% to Target	94.2%	93.4%	103.1%	104.8%	98.6%	91.9%	95.4%	91.9%	91.6%	93.9%	95.4%	90.9%	87.2%	86.2%	
F U Actual	201,230	14,715	15,599	15,346	16,631	13,820	16,223	15,063	17,229	14,147	16,325	15,723	15,181	15,228	
F U Target	207,825	16,498	16,540	15,894	16,549	15,170	15,958	15,098	16,983	13,765	16,118	16,623	15,967	16,663	
% to Target	96.8%	89.2%	94.3%	96.6%	100.5%	91.1%	101.7%	99.8%	101.4%	102.8%	101.3%	94.6%	95.1%	91.4%	
Total Actual	288,593	21,566	23,164	22,767	23,936	20,022	23,034	21,306	24,339	19,874	23,112	22,469	21,373	21,631	
Total Target	300,583	23,831	23,876	22,975	23,957	21,917	23,096	21,889	24,747	19,862	23,231	24,046	23,065	24,090	
% to Target	96.0%	90.5%	97.0%	99.1%	99.9%	91.4%	99.7%	97.3%	98.4%	100.1%	99.5%	93.4%	92.7%	89.8%	
New % of Total	30.3%	31.8%	32.7%	32.6%	30.5%	31.0%	29.6%	29.3%	29.2%	28.8%	29.4%	30.0%	29.0%	29.6%	

### Elective Spells Breakdown

	YTD	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Monthly Trend
I P Actual	3,792	298	302	332	324	258	210	304	342	260	307	294	266	295	
I P Target	4,512	365	365	352	369	335	359	342	393	281	330	346	330	346	
% to Target	84.0%	81.6%	82.7%	94.4%	87.9%	77.0%	58.5%	88.8%	87.1%	92.4%	93.1%	85.1%	80.7%	85.3%	
Daycase Actual	34,039	2,684	2,739	2,598	2,773	2,442	2,618	2,411	2,809	2,342	2,728	2,689	2,636	2,570	
Daycase Target	37,527	2,818	2,818	2,834	2,952	2,717	2,892	2,775	3,208	2,509	2,931	3,071	2,931	3,071	
% to Target	90.7%	95.3%	97.2%	91.7%	93.9%	89.9%	90.5%	86.9%	87.6%	93.3%	93.1%	87.6%	89.9%	83.7%	
Total Actual	37,831	2,982	3,041	2,930	3,097	2,700	2,828	2,715	3,151	2,602	3,035	2,983	2,902	2,865	
Total Target	42,039	3,183	3,183	3,186	3,321	3,052	3,252	3,117	3,601	2,791	3,260	3,417	3,260	3,417	
% to Target	90.0%	93.7%	95.5%	92.0%	93.3%	88.5%	87.0%	87.1%	87.5%	93.2%	93.1%	87.3%	89.0%	83.9%	
I P % of Total	10.0%	10.0%	9.9%	11.3%	10.5%	9.6%	7.4%	11.2%	10.9%	10.0%	10.1%	9.9%	9.2%	10.3%	

# Operational Delivery: *Planned Activity*

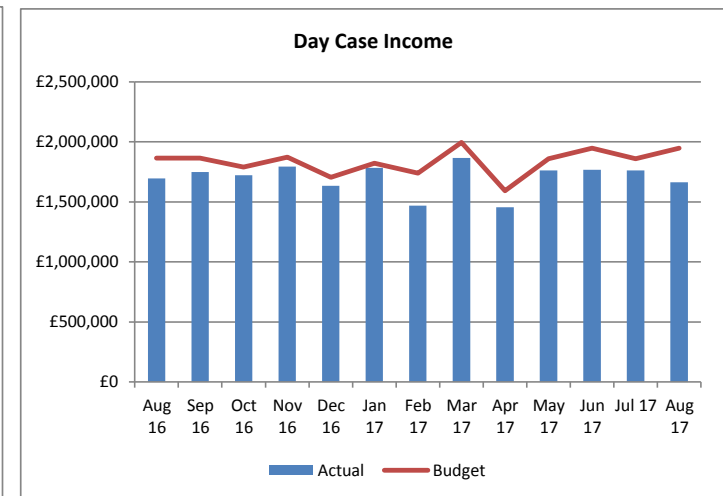
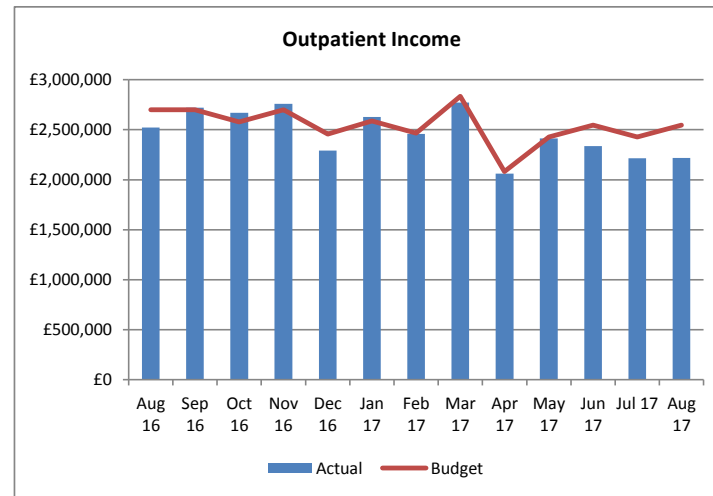
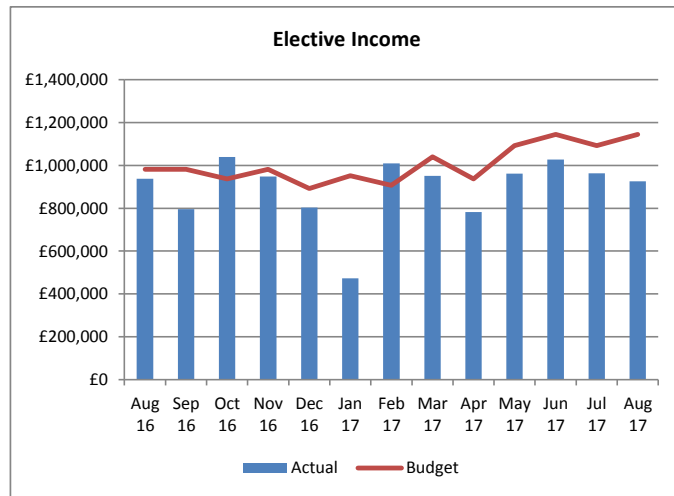
## Primary Drivers



# Operational Delivery: *Planned Activity*

## Secondary Drivers

		Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Monthly Trend	
Bed Occupancy Rate	Medicine & Emergency Care	92.5%	94.0%	93.7%	95.2%	94.2%	95.2%	93.8%	90.3%	92.6%	93.3%	87.4%	93.7%	91.4%		
	Surgery & Cancer	72.4%	71.0%	72.0%	73.4%	74.9%	84.6%	75.1%	72.3%	77.3%	78.9%	72.9%	71.3%	59.3%		
Elective Inpatient Avg LOS (Days)		3.2	2.7	3.3	2.3	3.3	2.1	2.8	2.4	3.4	2.9	3.1	3.7	2.5		
Delayed Transfers of Care (MFFD)		16.00	29	31	30	28	28	35	33	31	31	24	31	33	21	
Medical Outliers		2	3	8	7	9	16	8	1	3	2	2	3	1		
Readmission (Emergency Re-admissions after Planned Surgery)																
* reported from 16/17. One month delay	30 Day Rate	2.91%	3.15%	3.29%	3.14%	3.46%	3.27%	2.95%	0.27%	4.00%	3.05%	3.06%	2.76%	0.00%		
	7 Day Rate	1.01%	1.16%	1.29%	1.37%	1.24%	1.75%	1.67%	1.40%	1.73%	1.56%	1.49%	1.05%	1.11%		
Cancelled Operations - Non Clinical - Cancellation Rate		0.98%	1.48%	1.16%	0.61%	2.12%	0.85%	1.25%	1.07%	1.30%	1.06%	0.80%	0.86%	0.43%		
Theatre Efficiency																
	Main Theatres	79.6%	76.6%	77.6%	75.7%	75.5%	71.4%	76.3%	76.2%	77.5%	79.5%	78.4%	77.9%	78.6%		
	TC Theatres	74.4%	74.6%	77.2%	73.9%	72.6%	72.1%	76.0%	75.3%	75.6%	79.6%	72.7%	75.0%	76.0%		
DNA (OP Efficiency)		6.47%	6.72%	5.92%	6.15%	6.28%	6.13%	5.44%	5.35%	5.86%	5.94%	6.63%	5.82%	5.82%		
Hospital Cancellation Rate (OP Efficiency)		5.99%	5.01%	5.36%	5.34%	5.56%	5.40%	5.73%	6.03%	6.57%	7.63%	7.51%	7.94%	7.58%		



## Financial Performance: Income & Expenditure Position - Aggregated

	Month			Year to Date			Forecast	Base Budget 17/18 £'000
	Plan Aug (£'000)	Actual Aug (£'000)	Variance Aug (£'000)	Plan Apr to Aug (£'000)	Actual Apr to Aug (£'000)	Variance Apr to Aug (£'000)	17/18 (£'000)	
<b>Operating</b>								
<b>Operating Income</b>								
<i>NHS Acute Activity Income</i>								
Elective	1,095	918	-177	5,177	4,664	-514	11,195	12,496
Non-Elective	4,286	4,577	291	23,075	24,000	926	57,636	57,367
Maternity	1,146	1,133	-13	5,564	5,756	192	13,815	13,208
Day cases	1,934	1,674	-260	9,143	8,413	-731	20,190	22,066
Outpatients	2,545	2,226	-318	12,029	11,243	-786	26,983	29,033
A&E	795	798	3	4,026	4,164	139	9,995	9,309
Other NHS	6,572	7,064	493	32,323	33,347	1,024	80,746	76,714
<b>Total NHS Clinical Revenue</b>	<b>18,372</b>	<b>18,390</b>	<b>18</b>	<b>91,337</b>	<b>91,587</b>	<b>250</b>	<b>220,560</b>	<b>220,193</b>
<i>Other Operating Income</i>	1,886	1,873	-13	9,525	9,358	-167	22,270	22,840
<b>TOTAL OPERATING INCOME</b>	<b>20,258</b>	<b>20,263</b>	<b>5</b>	<b>100,862</b>	<b>100,945</b>	<b>83</b>	<b>242,830</b>	<b>243,033</b>
<b>Operating Expenses</b>								
Employee Benefits Expenses (Pay)	-13,688	-13,843	-155	-68,744	-68,826	-82	-165,541	-165,061
Drugs	-1,377	-1,401	-24	-6,891	-6,492	399	-15,513	-16,526
Clinical Supplies	-1,751	-1,498	253	-8,191	-7,442	749	-17,822	-19,518
Non Clinical Supplies	-285	-337	-52	-1,407	-1,686	-279	-4,009	-3,338
Other operating expenses	-2,533	-2,637	-104	-12,740	-13,241	-501	-31,578	-30,178
<b>TOTAL OPERATING EXPENSES</b>	<b>-19,634</b>	<b>-19,716</b>	<b>-82</b>	<b>-97,973</b>	<b>-97,687</b>	<b>286</b>	<b>-234,463</b>	<b>-234,621</b>
<b>EBITDA</b>	<b>624</b>	<b>547</b>	<b>-77</b>	<b>2,889</b>	<b>3,258</b>	<b>369</b>	<b>8,367</b>	<b>8,412</b>
<b>Non Operating</b>								
<b>Non Operating Income</b>								
Interest & Asset disposal	3	2	-1	15	6	-9	36	36
<b>Non-Operating Expenses</b>								
Depreciation & Finance Leases	-491	-481	10	-2,395	-2,201	194	-5,806	-5,850
PDC Dividend Expense	-158	-158	0	-792	-792	0	-1,900	-1,900
<b>Net Surplus/(deficit) before Exceptional Items</b>	<b>-22</b>	<b>-90</b>	<b>-68</b>	<b>-283</b>	<b>271</b>	<b>554</b>	<b>697</b>	<b>698</b>
Prior Period Adjustment	0	66	66	0	0	0	0	0
	0	0	0	0	0	0	0	
	0	0	0	0	0	0	0	<b>0</b>
<b>Net Surplus/(deficit) after Exceptional Items</b>	<b>-22</b>	<b>-24</b>	<b>-2</b>	<b>-283</b>	<b>271</b>	<b>554</b>	<b>697</b>	<b>698</b>

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

Contract income is £0.2M better than plan 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 worse than plan cumulative, deteriorating in month, this being a result of higher spend on nursing than plan although there still remain underspends in medical pay and community services from unfilled vacancies.

Non-Pay is £0.4M better than plan cumulative as a result of high cost drugs (income offset), reduced spend on clinical supplies and community services.

The forecast is to achieve the agreed control total and deliver the cost savings under the CEP, recognising the reduced income flows from South Cheshire & Vale Royal CCGs. The current favourable position will unwind when agreed non-recurrent IT costs are committed in Q4 in line with the agreed Community Services investment.

\* EBITDA Total excludes Charitable Income

## Financial Performance: Income & Expenditure Position - MCHFT

	Month			Year to Date			Forecast	Base Budget 2017/18 £'000
	Plan Aug (£'000)	Actual Aug (£'000)	Variance Aug (£'000)	Plan Apr to Aug (£'000)	Actual Apr to Aug (£'000)	Variance Apr to Aug (£'000)	17/18 (£'000)	
<b>Operating</b>								
<b>Operating Income</b>								
<i>NHS Acute Activity Income</i>								
Elective	1,095	918	-177	5,177	4,664	-514	11,195	12,496
Non-Elective	4,286	4,577	291	23,075	24,000	926	57,636	57,367
Maternity	1,146	1,133	-13	5,564	5,756	192	13,815	13,208
Day cases	1,934	1,674	-260	9,143	8,413	-731	20,190	22,066
Outpatients	2,545	2,226	-318	12,029	11,243	-786	26,983	29,033
A&E	795	798	3	4,026	4,164	139	9,995	9,309
Other NHS	4,392	4,843	452	21,425	22,252	827	54,203	50,639
<b>Total NHS Clinical Revenue</b>	<b>16,192</b>	<b>16,169</b>	<b>-23</b>	<b>80,439</b>	<b>80,492</b>	<b>53</b>	<b>194,017</b>	<b>194,118</b>
<i>Other Operating Income</i>	1,811	1,787	-24	9,150	8,951	-200	21,287	21,941
<i>Inter-Trust Income</i>	48	48	0	238	238	0	743	571
<b>TOTAL OPERATING INCOME</b>	<b>18,051</b>	<b>18,003</b>	<b>-47</b>	<b>89,827</b>	<b>89,681</b>	<b>-146</b>	<b>216,047</b>	<b>216,630</b>
<b>Operating Expenses</b>								
Employee Benefits Expenses (Pay)	-11,939	-12,233	-294	-60,025	-60,539	-514	-145,569	-144,095
Drugs	-1,375	-1,396	-21	-6,879	-6,484	395	-15,494	-16,497
Clinical Supplies	-1,662	-1,429	233	-7,748	-7,006	741	-16,777	-18,455
Non Clinical Supplies	-217	-242	-25	-1,066	-1,120	-53	-2,649	-2,520
Other operating expenses	-2,156	-2,264	-108	-10,823	-11,211	-388	-26,214	-25,672
Inter-Trust Charges	-82	-82	0	-408	-408	0	-979	-979
<b>TOTAL OPERATING EXPENSES</b>	<b>-17,430</b>	<b>-17,646</b>	<b>-215</b>	<b>-86,950</b>	<b>-86,768</b>	<b>181</b>	<b>-207,682</b>	<b>-208,218</b>
<b>EBITDA</b>	<b>620</b>	<b>358</b>	<b>-263</b>	<b>2,878</b>	<b>2,913</b>	<b>35</b>	<b>8,365</b>	<b>8,412</b>
<b>Non Operating</b>								
<b>Non Operating Income</b>								
Interest & Asset disposal	3	2	-1	15	6	-9	36	36
<b>Non-Operating Expenses</b>								
Depreciation & Finance Leases	-491	-481	10	-2,395	-2,201	194	-5,806	-5,850
PDC Dividend Expense	-158	-158	0	-792	-792	0	-1,900	-1,900
<b>Net Surplus/(deficit) before Exceptional Items</b>	<b>-26</b>	<b>-279</b>	<b>-254</b>	<b>-294</b>	<b>-74</b>	<b>220</b>	<b>695</b>	<b>698</b>
Prior Period Adjustment	0	300	300	0	0	0	0	0
<b>Net Surplus/(deficit) after Exceptional Items</b>	<b>-26</b>	<b>21</b>	<b>46</b>	<b>-294</b>	<b>-74</b>	<b>220</b>	<b>695</b>	<b>698</b>

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

Contract income is £0.1M better than plan cumulative. Key variances include planned income and drugs. £69M of the £80M actual value is fixed in line with the CEP. The variance relates to services commissioned by specialised and Public Health England.

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

Pay is £0.5M 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 £0.7M better than plan cumulative as a result of better than plan for high cost drugs (income offset) and clinical supplies (activity related). Other is £0.4M worse as a result of continuing outsourcing pressures in diagnostics from staffing gaps.

## Financial Performance: Income & Expenditure Position - CCICP

	Month			Year to Date			Forecast	Base Budget 2017/18 £'000
	Plan Aug (£'000)	Actual Aug (£'000)	Variance Aug (£'000)	Plan Apr to Aug (£'000)	Actual Apr to Aug (£'000)	Variance Apr to Aug (£'000)	17/18 (£'000)	
<b>Operating</b>								
<b>Operating Income</b>								
<i>NHS Acute Activity Income</i>								
Elective	0	0	0	0	0	0	0	0
Non-Elective	0	0	0	0	0	0	0	0
Maternity	0	0	0	0	0	0	0	0
Day cases	0	0	0	0	0	0	0	0
Outpatients	0	0	0	0	0	0	0	0
A&E	0	0	0	0	0	0	0	0
Other NHS	2,180	2,221	41	10,898	11,095	197	26,543	26,075
<b>Total NHS Clinical Revenue</b>	<b>2,180</b>	<b>2,221</b>	<b>41</b>	<b>10,898</b>	<b>11,095</b>	<b>197</b>	<b>26,543</b>	<b>26,075</b>
<i>Other Operating Income</i>	75	86	11	375	407	33	983	899
<i>Inter-Trust Income</i>	82	82	0	408	408	0	979	979
<b>TOTAL OPERATING INCOME</b>	<b>2,337</b>	<b>2,389</b>	<b>52</b>	<b>11,680</b>	<b>11,910</b>	<b>230</b>	<b>28,505</b>	<b>27,953</b>
<b>Operating Expenses</b>								
Employee Benefits Expenses (Pay)	-1,749	-1,610	139	-8,719	-8,287	432	-19,972	-20,965
Drugs	-2	-5	-3	-12	-8	4	-19	-29
Clinical Supplies	-89	-69	20	-443	-436	7	-1,045	-1,063
Non Clinical Supplies	-68	-95	-27	-341	-566	-226	-1,360	-818
Other operating expenses	-377	-373	4	-1,917	-2,030	-113	-5,364	-4,506
Inter-Trust Charges	-48	-48	0	-238	-238	0	-743	-571
<b>TOTAL OPERATING EXPENSES</b>	<b>-2,333</b>	<b>-2,200</b>	<b>133</b>	<b>-11,669</b>	<b>-11,565</b>	<b>105</b>	<b>-28,503</b>	<b>-27,952</b>
<b>EBITDA</b>	<b>4</b>	<b>189</b>	<b>185</b>	<b>11</b>	<b>345</b>	<b>334</b>	<b>2</b>	<b>0</b>
<b>Non Operating</b>								
<b>Non Operating Income</b>								
Interest & Asset disposal	0	0	0	0	0	0	0	0
<b>Non-Operating Expenses</b>								
Depreciation & Finance Leases	0	0	0	0	0	0	0	0
PDC Dividend Expense	0	0	0	0	0	0	0	0
<b>Net Surplus/(deficit) before Exceptional Items</b>	<b>4</b>	<b>189</b>	<b>185</b>	<b>11</b>	<b>345</b>	<b>334</b>	<b>2</b>	<b>0</b>
Prior Period Adjustment	0	-234	-234	0	0	0	0	0
<b>Net Surplus/(deficit) after Exceptional Items</b>	<b>4</b>	<b>-45</b>	<b>-49</b>	<b>11</b>	<b>345</b>	<b>334</b>	<b>2</b>	<b>0</b>

Community Services delivered a £0.3M 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 £0.4M better than plan cumulative as a result of unfilled vacancies partly clinical and partly corporate.

Non-Pay is £0.3M worse than plan cumulative due to property costs and incontinence products back invoices being received late from suppliers. (prior year and above expectations)

The forecast is to achieve the Budget break even position as current under-spends in pay particularly will be utilised non-recurrently to fund the non-recurrent costs of implementing the approved IT System investment (EMIS) that will result in additional pay and non-pay spend in Q4.

## 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	(49)	(365)	(341)	(16)	(9)	(381)	(400)
Endoscopy	Endoscopy	2,673	1	(343)	(990)	26	(472)	117	1,211	(200)
General Surgery Directorate	General Surgery	7,196	23	257	(3,561)	165	(690)	78	2,968	500
Head & Neck Directorate	Head & Neck	2,289	154	(120)	(1,067)	71	(266)	88	1,110	39
Macmillan Cancer Centre	Macmillan Cancer Centre	253	652	127	(369)	(10)	(602)	(62)	(66)	55
Ophthalmology	Ophthalmology	4,752	23	(393)	(1,659)	125	(1,343)	262	1,773	(6)
Orthopaedic Directorate	Orthopaedics	8,163	118	(572)	(2,565)	135	(1,450)	(8)	4,265	(446)
Theatres & TC	Theatres & TC	0	143	(5)	(3,024)	31	(1,095)	(0)	(3,976)	25
Urology Directorate	Urology	2,293	36	(142)	(1,101)	31	(221)	(78)	1,007	(189)
<b>Surgical and Cancer Division</b>	<b>Surgery &amp; Cancer</b>	<b>27,618</b>	<b>1,150</b>	<b>(1,241)</b>	<b>(14,700)</b>	<b>231</b>	<b>(6,155)</b>	<b>388</b>	<b>7,913</b>	<b>(621)</b>

The Surgical Division is £0.6M worse than plan cumulative. Net of income as the CEP impact is reflected in Corporate, the Division is £0.6M better than plan, although variable income from PHE is behind plan by £0.3M. The key variances in expenditure relate to medical staffing vacancies in Ophthalmology and Orthopaedics and Nursing vacancies in General Surgery. Non pay is better than plan in 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 Mgmt	Divisional Management M&EC	0	80	80	(969)	(72)	(60)	(141)	(949)	(132)
Accident & Emergency Dir	Emergency Department	6,429	322	36	(2,374)	117	(281)	(52)	4,095	101
Anaesthetics & Critical Care	Anaesthetics & Critical Care	2,591	19	27	(3,374)	(11)	(433)	74	(1,197)	90
Medical Directorate	General Medicine	17,308	137	(334)	(9,282)	(409)	(1,737)	172	6,426	(570)
Urgent Care Centre	Urgent Care Centre	0	0	0	(286)	14	0	67	(286)	81
<b>Emergency Services Division</b>	<b>Medicine &amp; Emergency Care</b>	<b>26,327</b>	<b>559</b>	<b>(191)</b>	<b>(16,285)</b>	<b>(361)</b>	<b>(2,511)</b>	<b>122</b>	<b>8,089</b>	<b>(430)</b>

The Medicine and Emergency Care Division are £0.4M worse than plan. Net of income, the Division is £0.2M worse than plan. The key variances 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 Mgmt	Divisional Management W&C	0	7	10	(557)	(71)	(53)	3	(603)	(57)
Obstetric & Gynaecology Dir	Obstetrics & Gynaecology	7,686	41	186	(3,633)	(42)	(625)	(97)	3,468	47
Paediatric Directorate	Paediatrics	4,575	41	(190)	(3,126)	55	(450)	(9)	1,040	(144)
<b>Women and Childrens Division</b>	<b>Women and Children</b>	<b>12,261</b>	<b>88</b>	<b>7</b>	<b>(7,317)</b>	<b>(58)</b>	<b>(1,128)</b>	<b>(103)</b>	<b>3,904</b>	<b>(154)</b>

The Womens and Childrens Division is £0.2M worse than plan cumulative. Net of income, the Division is £0.2M 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 & Clinic Spt Sv Div Mgmt	Divisional Management D&S	0	0	0	(108)	25	(8)	(41)	(116)	(16)
Dermatology	Dermatology	667	11	(226)	(337)	87	(151)	(8)	190	(147)
ECG department	ECG	156	14	(11)	(403)	50	(31)	1	(264)	41
Elmhurst	Elmhurst	831	85	12	(627)	(7)	(77)	3	212	8
Integrated Discharge	Integrated Discharge	0	7	7	(122)	(9)	(1)	0	(116)	(2)
Medical Records Department	Medical Records Department	0	0	(1)	(716)	32	(95)	(4)	(810)	26
Outpatients	Outpatients	0	72	2	(231)	(2)	(22)	1	(180)	1
Pathology Directorate	Pathology	5,035	1,607	93	(4,092)	(28)	(3,663)	(54)	(1,113)	11
Pharmacy Departments	Pharmacy	1,261	95	96	(1,276)	52	(1,324)	(213)	(1,243)	(66)
Radiology Directorate	Radiology	1,399	304	(146)	(2,513)	45	(923)	(110)	(1,733)	(211)
Therapeutic Departments	Therapies	0	1	1	(786)	65	(20)	22	(805)	88
Victoria Infirmary Northwich	Victoria Infirmary Northwich	846	6	(57)	(701)	(19)	(115)	11	36	(65)
<b>Diagnostics and Support Divisi</b>	<b>Diagnostics and Support</b>	<b>10,195</b>	<b>2,202</b>	<b>(230)</b>	<b>(11,912)</b>	<b>289</b>	<b>(6,428)</b>	<b>(391)</b>	<b>(5,943)</b>	<b>(331)</b>

The Diagnostics Division is £0.3M worse than plan cumulative. Net of income, the Division is £0.1M worse than plan. The key variances include better than plan on pay from staffing gaps in Imaging, Pathology and Dermatology. Non-pay is worse on drugs and outsourcing imaging and pathology.

		Income			Expenditure				NET TOTAL	
		Contract	Variable	Better/ (Worse) than Budget	Pay	Better/ (Worse) than Budget	Non-Pay	Better/ (Worse) than Budget	Total	Better/ (Worse) than Budget
Estates & Facilities Div Mgmt	Divisional Management E&F	0	0	0	(204)	5	(64)	(10)	(268)	(5)
Catering Directorate	Catering	0	555	14	(671)	(31)	(546)	(31)	(662)	(48)
Estates Departments	Estates Departments	0	182	(17)	(689)	(40)	(2,538)	144	(3,045)	88
Hotel Services	Domestics	0	0	(0)	(559)	(21)	(4)	1	(563)	(20)
Laundry Services Departments	Laundry	0	508	1	(466)	(49)	(316)	6	(274)	(42)
Security	Security	0	671	(9)	(299)	14	(251)	(32)	121	(27)
Site Services	Porters	0	0	0	(1,137)	20	(40)	(8)	(1,177)	12
<b>Estates &amp; Facilities Division</b>	<b>Estates &amp; Facilities Division</b>	<b>0</b>	<b>1,917</b>	<b>(11)</b>	<b>(4,025)</b>	<b>(100)</b>	<b>(3,760)</b>	<b>71</b>	<b>(5,868)</b>	<b>(41)</b>

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	(599)	13	(275)	16	(874)	29
Computer Services	Computer Services	0	36	31	(571)	56	(878)	(25)	(1,413)	61
Finance & Information	Finance & Information	0	16	3	(1,305)	(48)	(348)	(6)	(1,637)	(51)
Human Resources	Human Resources	0	189	(11)	(969)	35	(156)	104	(936)	128
Risk Management & R&D	Risk Management & R&D	0	176	(49)	(608)	50	(16)	22	(448)	23
Quality Assurance Departments	Nurse Management	0	147	88	(1,131)	(119)	(3,811)	26	(4,795)	(6)
Trust Central Expenditure	Trust Central Expenditure	4,080	2,398	1,431	(1,007)	(502)	(255)	430	5,216	1,359
Other Departments	Other Departments	13	73	32	(109)	(1)	(100)	38	(123)	70
<b>Corporate</b>		<b>4,094</b>	<b>3,035</b>	<b>1,524</b>	<b>(6,300)</b>	<b>(516)</b>	<b>(5,840)</b>	<b>605</b>	<b>(5,010)</b>	<b>1,614</b>

The Corporate Division is £1.6M 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.

<b>Community Services</b>	<b>11,092</b>	<b>407</b>	<b>228</b>	<b>(8,287)</b>	<b>431</b>	<b>(3,040)</b>	<b>(326)</b>	<b>172</b>	<b>333</b>
<b>EBITDA</b>	<b>91,588</b>	<b>9,358</b>	<b>86</b>	<b>(68,826)</b>	<b>(83)</b>	<b>(28,862)</b>	<b>367</b>	<b>3,258</b>	<b>369</b>



## 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	3,383	0	3,281	-101
NHS Eastern Cheshire CCG Community	401	167	0	167	0
NHS South Cheshire CCG Community	16,875	7,031	0	7,031	0
NHS South Cheshire CCG	99,576	43,041	571	43,041	-0
NHS Vale Royal CCG	54,424	23,228	667	23,228	0
NHS Vale Royal CCG Community	10,343	4,310	0	4,310	0
NHS Warrington CCG	248	103	0	126	23
NHS West Cheshire CCG	3,347	1,378	0	1,501	123
NHS West Cheshire CCG Community	186	77	0	77	0
NHS North Staffordshire CCG	1,900	785	0	925	140
NHS Shropshire CCG	624	258	0	400	142
NHS Stoke on Trent CCG	1,407	582	0	650	69
Local Authority	0	0	0	0	0
NHS Commissioning Board	1,511	627	0	627	0
Specialist Commissioning Group	8,449	3,499	0	3,510	11
Non Contract Activity	1,932	799	0	974	175
<i>Overseas Visitors Chargeable</i>	0	0	0	0	0
Non-Commissioner Specific	10,758	2,070	-688	1,737	-333
<b>TOTAL</b>	<b>220,193</b>	<b>91,337</b>	<b>549</b>	<b>91,587</b>	<b>250</b>

The South Cheshire and Vale Royal contracts are in line with the agreed CEP value. Against PbR, the Trust is underperforming by £1.8M 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	2,480	2,500	20
Adult & Neonatal Critical Care	7,884	3,296	3,295	-1
Urgent Care Centre	0	0	0	0
Community Paediatrics	1,302	542	542	0
Direct Access Services	10,245	4,245	4,047	-198
Unbundled Radiology	3,613	1,505	1,460	-45
High Cost Drugs	10,553	4,397	3,862	-535
Screening Programmes	1,474	614	614	0
Audiology	1,057	440	491	50
IVF	321	134	95	-39
CQUIN	4,453	1,601	1,140	-461
STF	5,993	1,698	1,698	-0
Community Services	27,805	11,585	11,780	195
Other	-3,938	-216	1,822	2,038
<b>TOTAL</b>	<b>76,714</b>	<b>32,322</b>	<b>33,347</b>	<b>1,025</b>

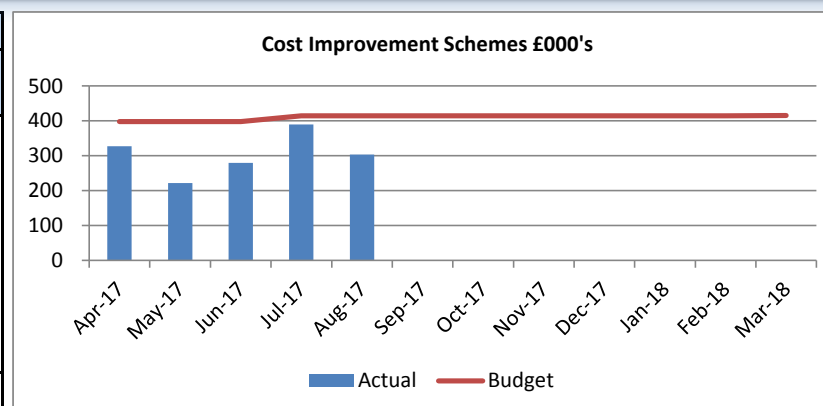
Other contract income is showing £1.0M better than plan.

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 (£1.8M favourable)

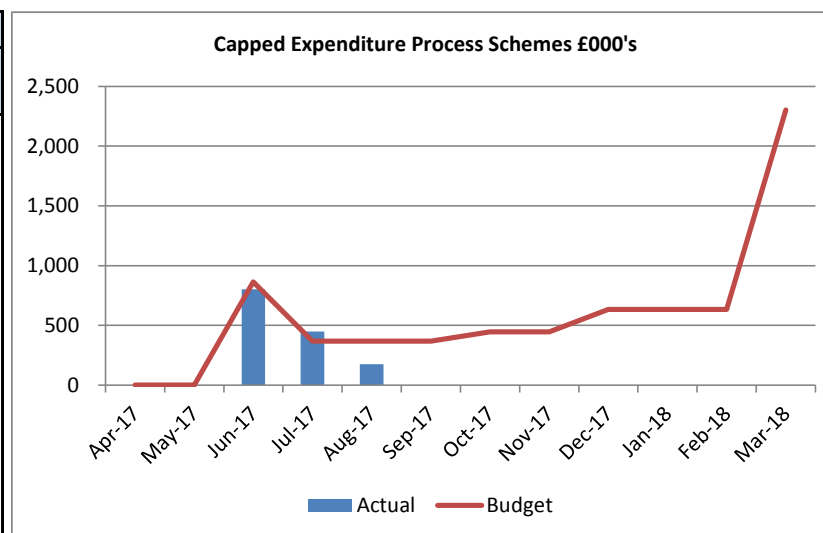
## Financial Performance: Efficiencies

Cost Improvement Schemes (£'000's)						
Scheme Category	YTD Target	YTD Actual	YTD	FY Target	FY Forecast	FY Variance
Access & Flow	135	138	2	600	608	8
Back Office	75	65	-10	195	185	-10
Commercial	58	66	7	140	112	-28
Drugs	173	145	-28	415	349	-66
Medical Workforce	693	693	-0	1,783	1,783	-0
Non-Pay Efficiency	142	17	-125	340	69	-271
Nursing Workforce	108	0	-108	300	0	-300
Procurement	250	250	0	750	750	0
Service redesign	163	142	-20	400	351	-49
<b>Total (£'000)</b>	<b>1,797</b>	<b>1,516</b>	<b>-283</b>	<b>4,923</b>	<b>4,207</b>	<b>-716</b>



The Cost Improvement Programme is underperforming on Nursing (use of temporary staffing and e-rostering) and Non-pay efficiency (infusion pump consumables). Mitigation for the e-rostering scheme has been made in the CEP budget re-statement.

Capped Expenditure Schemes (£'000's)						
Scheme Category	YTD Target	YTD Actual	YTD	FY Target	FY Forecast	FY Variance
Acute CEP Diagnostic	30	30	0	100	100	0
Acute CEP ECT Rota	30	0	-30	100	0	-100
Acute CEP Elective*	498	418	-80	2,766	2,766	0
Acute CEP Diagnostic Capacity (	0	0	0	378	378	0
Acute CEP Diagnostic Capacity (	0	0	0	188	188	0
Acute CEP High Cost Drugs	250	254	4	600	600	0
Acute CEP Paeds	9	0	-9	30	30	0
Acute CEP Pharmacy	15	15	0	50	50	0
Acute CEP PLCP	30	0	-30	100	0	-100
Acute CEP Tele-Derm	21	21	0	70	70	0
Acute CEP Winter	0	0	0	750	0	-750
Acute CEP Interest	30	0	-30	100	100	0
Acute CEP Maternity	0	0	0	100	0	-100
Community CEP (Pay)	190	190	0	479	479	0
Community CEP (Non-Pay)	498	498	0	1,251	1,251	0
<b>Grand Total</b>	<b>1,601</b>	<b>1,426</b>	<b>-175</b>	<b>7,062</b>	<b>6,012</b>	<b>-1,050</b>



Capped Expenditure Process schemes are £0.2M worse than plan cumulative as a result of not achieving the full target on elective efficiency as schemes are set to go live in September and are still in development. In addition, PLCP will not impact in 2017/18 due to commitments to existing patients and the ECT partner schemes are still under discussion. Interest is set to deliver by the year end. There is a risk around the savings related to deferring winter investments.

## 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
<b>STRATEGIC INVESTMENTS (Requires individual signoff)</b>													
<b>ESTATES</b>													
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	261	22	283	0	1115	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	69	-69	122	0	69	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	137	-137	249	0	223	335	335
UNDER / OVERS CAPITAL SCHEMES 16/17	Yes	Internal	Yes			0	-2	2	0	0	-2	0	0
WARD REFURBISHMENT	Yes	Loan	Not yet approved		4200	450	0	450	1400	8800	0	13,000	10,200
MRI SCANNER 3RD BUILD	Yes	Internal/Loan	Not yet approved	109	1540	800	-11	811	770	770	98	2,419	1,649
WASTE COMPOUND AND SEGREGATION	No	Internal	Not yet approved		250	150	0	150	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	426	0	426	425	425	0	1,275	850
<b>TOTAL</b>				<b>2549</b>	<b>7874</b>	<b>2109</b>	<b>449</b>	<b>1660</b>	<b>3909</b>	<b>9995</b>	<b>2998</b>	<b>20418</b>	<b>16453</b>
<b>IT</b>													
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	7	-7	12	0	25	30	30
E-HANDOVER	No	Internal	Not yet approved		244	0	-13	13	0	0	-13	244	0
UNDER / OVERS CAPITAL SCHEMES 16/17	Yes	Internal	Yes			0	17	-17	0	0	17	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	50	0	50	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	900	0	900	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 INTELLIGENCE 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
<b>TOTAL</b>				<b>303</b>	<b>8902</b>	<b>2134</b>	<b>248</b>	<b>1886</b>	<b>847</b>	<b>12129</b>	<b>551</b>	<b>14765</b>	<b>13,279</b>
<b>TOTAL STRATEGIC INVESTMENTS</b>					<b>2852</b>	<b>16776</b>	<b>4243</b>	<b>697</b>	<b>3546</b>	<b>4756</b>	<b>22124</b>	<b>3549</b>	<b>29732</b>

The Estates strategic investments capital spend is £1,660K less than the plan. This is mainly due to the build for the third MRI Scanner, the build for the third CT Scanner Waste Compound 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. However the Ward 17 Asbestos clearance has started. The request for the loan application has been submitted. This now includes an application of a contribution to the backlog maintenance programme. 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 £1,886K less than plan. This is mainly due to the Vendor Neutral Archive scheme, E-Handover. The funding for these schemes along with Patient Admin System, EDMS & Notes, Clinical Portal, E Prescribing and some of the IBM Software scheme is 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
<b>ROLLING ALLOCATIONS (Approved Delegated Budgets)</b>													
<b>ESTATES</b>													
ASBESTOS REMOVAL	Yes	Internal	Yes		150	63	-8	70	150	600	-8	750	750
DESIGN TEAM	Yes	Internal	Yes		280	116	113	3	280	1120	113	1,400	1,400
CT / VT - HEATING INFRASTRUCTURE	Yes	Internal	Yes		175	35	31	4	175	525	31	700	700
BACKLOG GENERAL PROVISION	Yes	Internal/Loan	Yes		1604	1092	206	886	1,604	6750	206	8,354	8,354
<b>TOTAL</b>				<b>0</b>	<b>2,209</b>	<b>1,306</b>	<b>342</b>	<b>963</b>	<b>2,209</b>	<b>8,995</b>	<b>342</b>	<b>11,204</b>	<b>11,204</b>
<b>IT</b>													
STORAGE - DATA ARCHIVING	Yes	Internal	Yes		27	0	54	-54	27		54	27	27
INTERSITE CONNECTIVITY	Yes	Internal	Yes		31	31	-3	34	31	25	-3	56	56
INTERFACING	Yes	Internal	Yes		85	40	9	31	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
<b>TOTAL</b>				<b>0</b>	<b>387</b>	<b>240</b>	<b>105</b>	<b>135</b>	<b>283</b>	<b>535</b>	<b>105</b>	<b>922</b>	<b>818</b>
<b>TOTAL ROLLING ALLOCATIONS</b>				<b>0</b>	<b>2,596</b>	<b>1,546</b>	<b>447</b>	<b>1,098</b>	<b>2,492</b>	<b>9,530</b>	<b>447</b>	<b>12,126</b>	<b>12,022</b>
<b>ADDITIONAL</b>													
EQUIPMENT	Yes	Internal	Yes		0	0	7	-7	10	0	7	0	10
GP STREAMING ESTATES	Yes	Internal	Yes		0	3	3	0	500	0	3	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
<b>LEASING INVESTMENTS</b>													
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 TROLRIES	Yes	Internal	Yes		180	180	137	43	180	0	137	180	180
<b>TOTAL LEASING INVESTMENTS</b>				<b>0</b>	<b>2891</b>	<b>180</b>	<b>137</b>	<b>43</b>	<b>1291</b>	<b>1600</b>	<b>137</b>	<b>4491</b>	<b>2891</b>
<b>TOTAL CAPITAL PROGRAMME (EXCLUDING LEASES)</b>					<b>2,852</b>	<b>19,372</b>	<b>5,791</b>	<b>1,154</b>	<b>4,637</b>	<b>9,008</b>	<b>4,006</b>	<b>47,309</b>	<b>43,514</b>
<b>TOTAL CAPTIAL PROGRAMME</b>					<b>2,852</b>	<b>22,263</b>	<b>5,971</b>	<b>1,291</b>	<b>4,680</b>	<b>10,299</b>	<b>4,143</b>	<b>51,800</b>	<b>46,405</b>

In addition to the strategic capital schemes the rolling and additional schemes are £1,091 Kless than plan which is mainly due to Backlog Maintenance but the plan is to spend this by the end of the year and IBM Hardware where it is propped 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 Aug (£'000)	Actual Apr to Aug (£'000)	Variance (£'000)	Forecast 2016/17 (£'000)
<b>Assets</b>				
<b>Assets, Non-Current</b>	<b>84,498</b>	<b>81,062</b>	<b>-3,436</b>	<b>87,863</b>
<b>Assets, Current</b>				
Trade and other Receivables	3,397	8,337	4,940	7,929
Other Assets (including Inventories & Prepayments)	5,183	5,151	-32	4,993
Cash and Cash Equivalents	7,271	11,021	3,750	2,762
<b>Total Assets, Current</b>	<b>15,851</b>	<b>24,509</b>	<b>8,658</b>	<b>15,684</b>
<b>ASSETS, TOTAL</b>	<b>100,349</b>	<b>105,571</b>	<b>5,222</b>	<b>103,547</b>
<b>Liabilities</b>				
<b>Liabilities, Current</b>				
Finance Lease, Current	-498	-568	-70	-1,527
Loans Commercial Current	-202	-201	1	-400
Trade and Other Payables, Current	-14,781	-15,445	-664	-11,599
Provisions, Current	-203	-132	71	-166
Other Financial Liabilities	-8,343	-8,999	-656	-7,661
<b>Total Liabilities, Current</b>	<b>-24,027</b>	<b>-25,345</b>	<b>-1,318</b>	<b>-21,353</b>
<b>Net Current Assets/(Liabilities)</b>	<b>-8,176</b>	<b>-835</b>	<b>7,340</b>	<b>-5,669</b>
<b>Liabilities, Non Current</b>				
Finance Lease, Non Current	-3,950	-4,796	-846	-5,513
Loans Commercial Non-Current	-12,976	-12,151	825	-12,580
Provisions, Non-Current	-1,634	-1,668	-34	-1,564
Trade and Other Payables, Non-Current	0	0	0	0
<b>Total Liabilities Non-Current</b>	<b>-18,560</b>	<b>-18,615</b>	<b>-55</b>	<b>-19,657</b>
<b>TOTAL ASSETS EMPLOYED</b>	<b>57,762</b>	<b>61,611</b>	<b>3,849</b>	<b>62,537</b>
<b>Taxpayers' and Others' Equity</b>				
<b>Taxpayers Equity</b>				
Public dividend capital	75,157	75,407	250	75,907
Retained Earnings	-27,615	-23,958	3,657	-23,532
Donated asset reserve	0	0	0	0
Revaluation Reserve	10,220	10,162	-58	10,162
<b>TOTAL TAXPAYERS EQUITY</b>	<b>57,762</b>	<b>61,611</b>	<b>3,849</b>	<b>62,537</b>
<b>TOTAL FUNDS EMPLOYED</b>	<b>57,762</b>	<b>61,611</b>	<b>3,849</b>	<b>62,537</b>

Non Current assets The main reason for the variance is that the plan is the capital programme expenditure being £4,637K less than anticipated which is mainly due to a delay in Vendor Neutral Archive £605K and the Third MRI Scanner build £811K, Third CT Scanner build £426K, Backlog Maintenance £886K and Ward 17 Refurbishment £450K, E-Prescribing £900K. All of these are reliant on capital loan funding which has not been secured. In addition there are delays in the UPS £150K however this funded internally. This is offset by some additions in Finance Leases in particular the Endoscopy Lease where the capital cost was more than anticipated in the plan

NHS Trade Receivables are higher than anticipated as there are a number of other outstanding debts. These are Eastern Cheshire CCG £309K, East Cheshire NHS Trust £497K, Property Services £286K, North Staffordshire CCG £363K, Stoke on Trent CCG £319K, Western Cheshire CCG £104K, Christies Hospital £215K and NHS England £143K. In addition there is an outstanding debtor for the STF of £1,700K.

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 expected capital creditors due to the delay in the capital programme and the profiling of the CCG contract in line with the savings to the value of £3,000K.

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 due to the endoscopy lease being higher than anticipated in the plan.

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 £3,181K and this is offset by working capital loans of £2,355K being received and will be paid in September.

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.

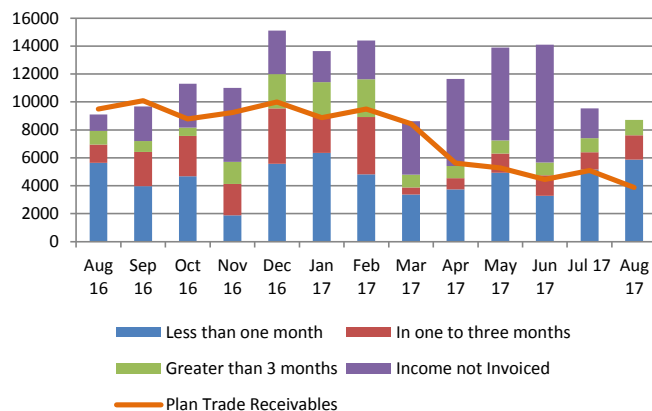
## Financial Performance: Cash Position and Working Capital

	Plan Apr to Aug (£'000)	Actual Apr to Aug (£'000)	Variance
<b>Surplus/(deficit) after tax</b>	<b>-754</b>	<b>271</b>	<b>1,025</b>
Non-cash flows in operating Surplus/(deficit) total	2,380	2,199	-181
<b>Operating cash flows before movements in working capital</b>	<b>1,626</b>	<b>2,470</b>	<b>844</b>
Increase/(Decrease) in working capital Total	5,143	6,840	1,697
<b>Net cash inflow/(outflow) from operating activities</b>	<b>6,769</b>	<b>9,310</b>	<b>2,541</b>
Net cash inflow/(outflow) from investing activities total	-4,507	-2,205	2,303
<b>Net Cash inflow/(outflow) before financing</b>	<b>2,262</b>	<b>7,105</b>	<b>4,843</b>
Net cash inflow/(outflow) from financing activities Total	-841	-1,731	-890
<b>Net increase/(decrease) in cash and cash equivalents</b>	<b>1,421</b>	<b>5,374</b>	<b>3,953</b>
<b>Opening cash balance</b>	<b>5,850</b>	<b>5,647</b>	<b>-203</b>
<b>Closing cash balance</b>	<b>7,271</b>	<b>11,021</b>	<b>3,750</b>

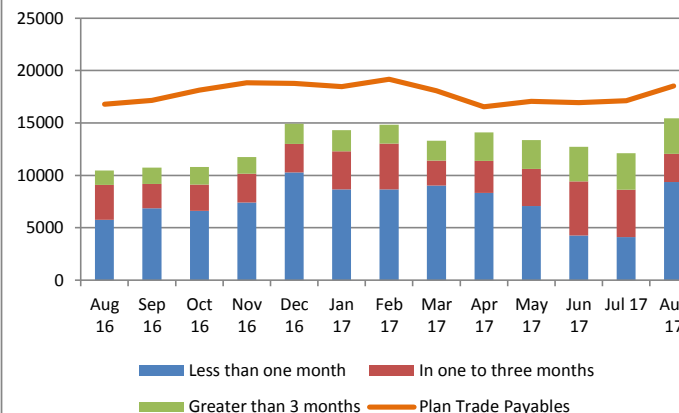
Cash is £3,750K better than anticipated. Cash is £3,750K better than anticipated. This is mainly due to the delay in repaying part of distress loans of £2,355K which will be paid in September. In addition the financial position is £1,100K better than planned and the capital programme being £3,462K less than expected including movement in capital creditors. However this is offset by £3,181K capital loans which have not been approved to fund some of this capital programme.

Working capital is better mainly better due to the profiling of the contract income in line with savings.

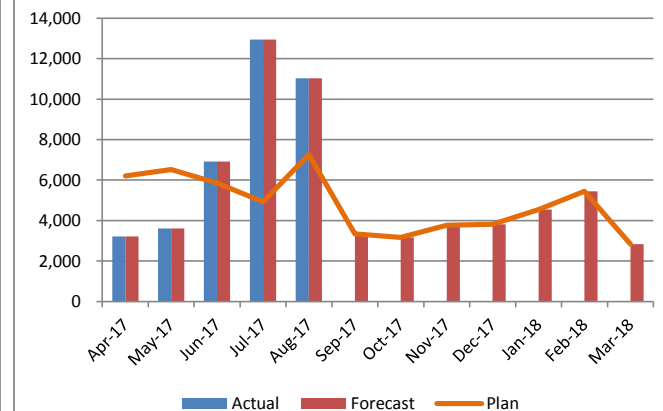
Trade Debtor Profile £000's



Trade Creditor Profile £000's

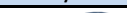








Cash Forecast £000's



# Finance: Staff Costs

## Headline Measures

		Rolling 13 months £000's													
	YTD £000's	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Monthly Trend
Pay Budget	68,743	12,056	12,024	12,019	12,166	12,131	12,385	12,345	12,385	13,770	14,030	13,678	13,577	13,688	
Pay Actual	68,826	11,689	11,925	11,892	12,241	11,825	12,102	11,997	12,331	13,549	14,070	13,715	13,649	13,843	
Variance	-82	367	99	127	-75	306	283	348	55	221	-40	-37	-71	-155	
% to Budget	100.1%	97.0%	99.2%	98.9%	100.6%	97.5%	97.7%	97.2%	99.6%	98.4%	100.3%	100.3%	100.5%	101.1%	

Nursing Staff % to Budget	101.2%	98.1%	98.9%	98.6%	101.6%	98.4%	97.0%	100.5%	98.7%	101.8%	104.4%	99.8%	102.5%	97.5%	
Medical Staff % to Budget	99.3%	90.1%	98.4%	100.6%	94.9%	90.7%	94.4%	90.4%	99.5%	90.5%	101.9%	98.8%	98.0%	108.2%	
Other Staff % to Budget	99.5%	101.2%	100.2%	98.0%	104.2%	101.9%	101.2%	98.7%	109.3%	100.1%	95.1%	101.7%	100.1%	100.9%	

## Commentary

Figures exclude Community Services for 2016/17

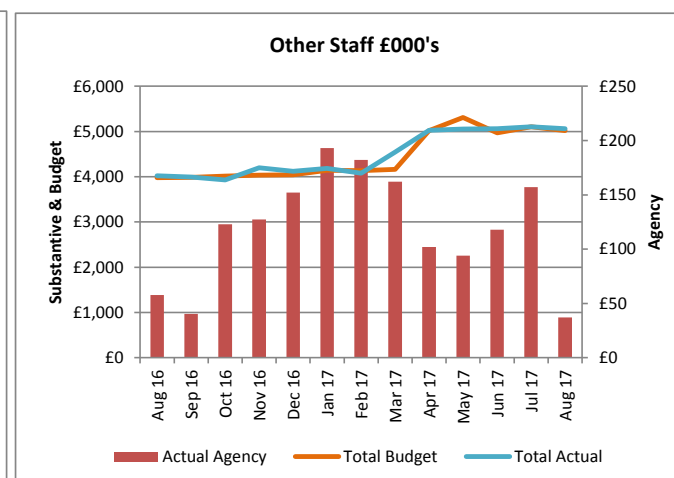
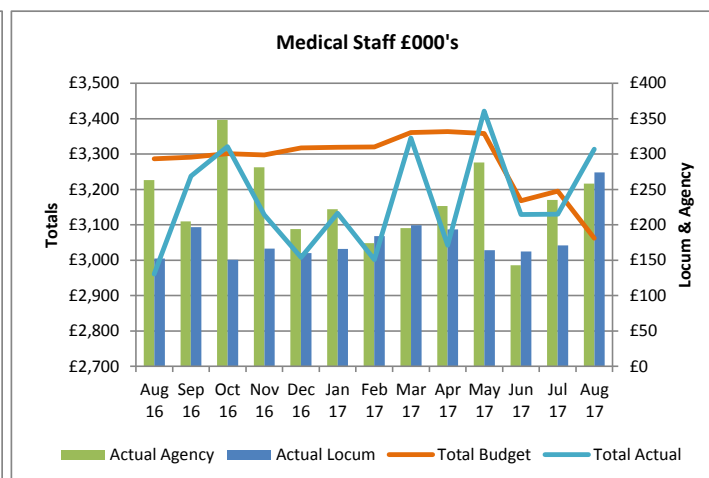
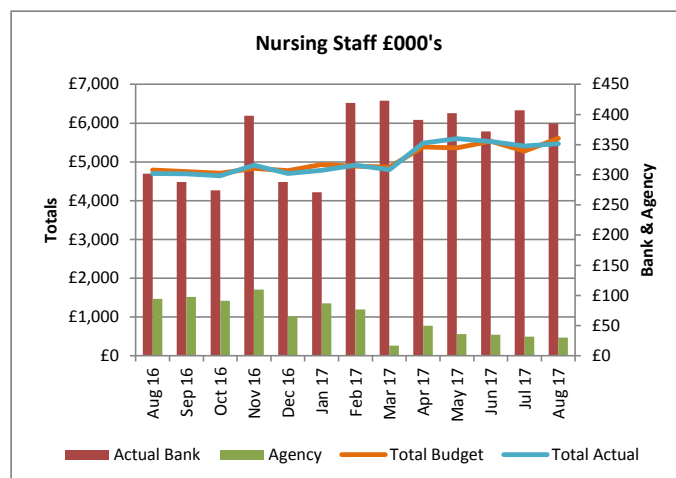
Pay is better than budget by £0.1M as at Mth 5.

Nursing costs are higher than plan in Emergency Care as a result of Acuity. Nursing vacancies have started to rise in recent months although 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. In month there has been a budget movement between Medical and Nursing to better reflect the CEP efficiency plans.

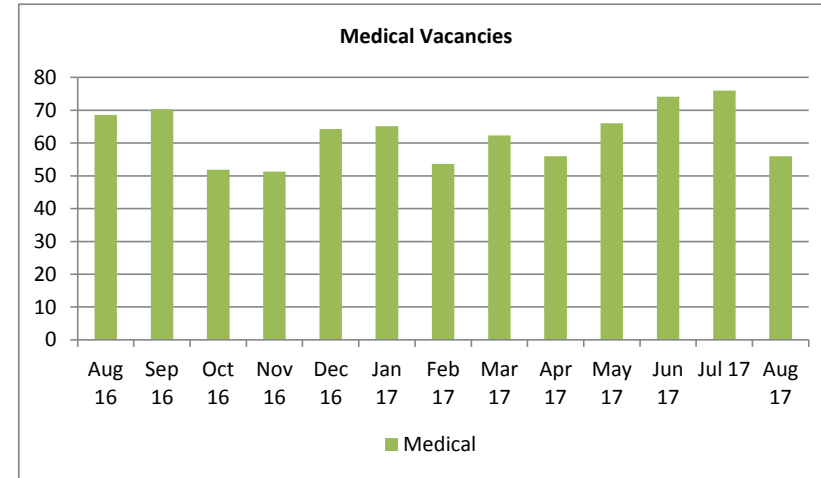
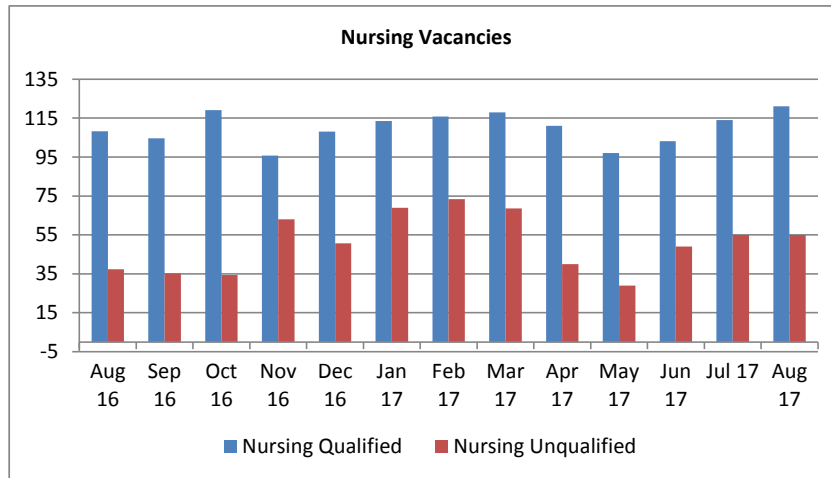
The Agency trajectory is better in month by £0.2M and cumulative by £0.7M mainly as a result of the reclassification of locum costs in 2017/18.

## Primary Drivers



## Finance: Staff Costs

### Secondary Drivers



### Agency Trajectory

	YTD	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Monthly Trend
Plan	-2,561	-563	-525	-495	-477	-506	-495	-470	-484	-482	-518	-472	-579	-510	
Actual	-1,842	-568	-540	-699	-721	-572	-668	-618	-574	-378	-418	-296	-424	-325	
Variance	719	-5	-15	-204	-244	-66	-173	-148	-90	104	100	176	155	185	

CCICP Actual	0	0	0	-69	-77	-152	-210	4	-77	0	0				
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From 17/18, CCICP are included in the main figures above.

	Rolling 13 Months													Monthly Trend
	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	
Sickness Rate (Rolling 12 mths)	3.85%	3.78%	3.80%	3.81%	3.86%	3.94%	3.95%	3.92%	3.96%	3.99%	4.03%	4.08%	4.15%	
Total Leavers	31	39	35	37	36	44	27	42	31	37	35	44	48	
Turnover (Rolling 12 mths)	11.12%	10.65%	8.97%	9.10%	9.27%	9.17%	9.09%	9.27%	10.07%	10.25%	10.12%	10.12%	10.62%	



<b>Title of Paper :</b>	2017 Trust Emergency Preparedness, Resilience and Response Assessment of compliance with NHS Core Standards		
<b>Author:</b>	Interim Emergency Preparedness Officer		
<b>Executive Lead:</b>	Chris Oliver. Chief Operating Officer		
<b>Type of Report:</b>	Concept Paper		
	Strategic Options Paper		
	Business Case		
	Information		X
	Review/Benefits/Audit		X
<b>Link to Strategic Domains:</b>		<b>Link to Domain:</b>	
Delivering Outstanding Clinical Quality, Safety & Experience	X	Safe	X
Being a Leading partner in a Progressive Health Economy		Effective	X
Striving for Outstanding Organisational Effectiveness		Caring	
Aspiring to Excellence in Practice Through Our Workforce		Responsive	X
Creating a 21st Century Infrastructure for Transformative Health and Social Care		Well-Led	
<b>Link to Board Responsibility:</b>	Performance		X
	Accountability		X
	Strategy		
	Implementation		
<b>Action Required:</b>	Decide		
	Approve		
	Note		X
	Recommend		
	Delegate		
<b>Positive Benefit:</b>	To brief The Board on compliance with 2017 NHS Audit of Emergency Preparedness, Resilience and Response (EPRR), Core Standards.		
<b>Risk:</b>	A requirement of NHS EPRR Framework and Core Standards		
<b>To be published on Trust Website –complete version</b>		<b>Y</b> (delete as appropriate)	
<b>If no, to be published on Trust Website – redacted</b>		<b>N</b> (delete as appropriate)	
<b>If not to be published complete or redacted, please detail the reason why</b>			
<b>Presented at Board Meeting of:</b>	2 <sup>nd</sup> October 2017		

## **Purpose**

To inform the Board of MCHFT of the Trust's current position with the 2017 NHS Emergency Preparedness, Resilience and Response (EPRR) Assessment, against the NHS Core Standards. These standards are monitored and were approved at Emergency Preparedness Group on 13<sup>th</sup> September 2017.

## **Background**

NHS England carries out an annual assessment / audit of Emergency Preparedness which is required of all Acute Healthcare Providers, including Ambulance Trusts.

Acute Trusts assess against a total of 59 EPRR Core Standards, grouped under the following areas:

1. Governance
2. The duty to assess risk
3. The duty to maintain emergency and business continuity plans
4. Incident Command & Control
5. Information sharing
6. Co-operation with other agencies
7. Training and Exercising
8. Preparedness to deal with incidents
9. Capability to carry out casualty decontamination

In addition, each year there is a 'deep dive' subject to focus in on a particular area. In 2017 the 'deep dive' subject was EPRR Governance.

## **Summary**

The 2017 audit was carried out by the Interim EPRR Officer, with the added benefit of a degree of independence and objectivity. Each element of the assessment is fully evidenced with examples where appropriate.

The results of the assessment are that the Trust is:

- Fully Compliant with 58 of 59 of the Core Standards
- Substantially compliant with 1 of the Standards: - this relates to the ongoing small project to relocate and enhance the Trust Major Incident Control Room from the Boardroom to the Site Office. Work on this project is on track and will be finalised by the end of October 2017.

## **Action Required**

It is a requirement of NHS EPRR Core Standards that the Trust reports the results of the self-assessment to The Board. The Board is asked to note the report and statement of compliance.

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**Cheshire & Merseyside Local Health Resilience Partnership (LHRP)**  
**Emergency Preparedness, Resilience and Response (EPRR) assurance 2017-2018**

**STATEMENT OF COMPLIANCE**

**Mid Cheshire Hospitals NHS Foundation Trust** has undertaken a self-assessment against required areas of the [NHS England Core Standards for EPRR v5.0](#).

Following assessment, the organisation has been self-assessed as demonstrating the **Substantial** compliance level (from the four options in the table below) against the core standards.

Compliance Level	Evaluation and Testing Conclusion
Full	Arrangements are in place and the organisation is fully compliant with all core standards that the organisation is expected to achieve. The Board has agreed with this position statement.
Substantial	Arrangements are in place however the organisation is not fully compliant with one to five of the core standards that the organisation is expected to achieve. A work plan is in place that the Board or Governing Body has agreed.
Partial	Arrangements are in place however the organisation is not fully compliant with six to ten of the core standards that the organisation is expected to achieve. A work plan is in place that the Board or Governing Body has agreed.
Non-compliant	Arrangements in place do not appropriately address 11 or more core standards that the organisation is expected to achieve. A work plan has been agreed by the Board or Governing Body and will be monitored on a quarterly basis in order to demonstrate future compliance.

The results of the self-assessment were as follows:

Number of applicable standards	Standards rated as Red	Standards rated as Amber	Standards rated as Green
59	0	1	58
Acute providers: 60** Specialist providers: 51** Community providers: 50** Mental health providers: 48** CCGs: 38			

**\*\*Also includes HAZMAT/CBRN standards applicable to providers: Standards: Acutes 14 / Specialist, Community, Mental health 7 Ambulance Service are required to report statements for 3 compliance levels as stated on page 6 of the Gateway letter 06967**

Where areas require further action, this is detailed in the attached core standards improvement plan and will be reviewed in line with the organisation's EPRR governance arrangements.

I confirm that the above level of compliance with the core standards has been agreed by the organisation's board / governing body along with the enclosed action plan and governance deep dive responses.



Signed by the organisation's Accountable Emergency Officer

2<sup>nd</sup> October 2017  
Date of board / governing body meeting

21<sup>st</sup> September 2017  
Date signed

<b>Title of Paper :</b>	Pathology Networks		
<b>Author:</b>	NHSI		
<b>Executive Lead:</b>	Tracy Bullock		
<b>Type of Report:</b>	Concept Paper		
	Strategic Options Paper		*
	Business Case		
	Information		
	Review/Benefits/Audit		
<b>Link to Strategic Objectives:</b>		<b>Link to Domain:</b>	
Quality, Safety & Experience		Safe	
To be a Leading partner in a Progressive Health Economy		*	Effective
Organisational Effectiveness		*	Caring
Aspiring to Excellence in Practice Through Our Workforce			Responsive *
21st Century Infrastructure for Transformative Health and Social Care			Well-Led *
<b>Link to Board Responsibility:</b>			
Performance			
Accountability			
Strategy			*
Implementation			
<b>Action Required:</b>	Decide		*
	Approve		
	Note		
	Recommend		
	Delegate		
<b>Positive Benefit:</b>	Sustainable, economical Pathology Services		
<b>Risk:</b>			
<b>To be published on Trust Website –complete version</b>		Y	
<b>If no, to be published on Trust Website – redacted</b>			
<b>If not to be published complete or redacted, please detail the reason why</b>			
<b>Presented at Board Meeting of:</b>	2 October 2017		

7th September 2017,  
Mid Cheshire Hospitals NHS Foundation Trust

## **ESTABLISHING AND IMPLEMENTING 29 PATHOLOGY NETWORKS ACROSS ENGLAND**

Dear Tracy Bullock, Paul Dodds & Mark Oldham,

Since the end of last year, we have been working with your teams to validate your 2015-16 pathology data and we have since collected the majority of the required information for 2016-17. This last enabled us to construct a comprehensive picture of NHS pathology services across the country, through which it is possible to compare overall, regional and local performance year-on-year. This builds upon Lord Carter's pathology service reviews of 2006 and 2008 and work looking into operational performance and productivity in acute trusts published in 2016. The exercise has revealed continued unwarranted variations across England in how rapidly and efficiently services are delivered to patients and how productively laboratories are run. We must now take urgent action to implement Lord Carter's recommendations in order to provide high-quality, rapid and comprehensive diagnostic services for patients which are delivered in the most efficient manner. This will facilitate the introduction of, and widest access to, new investigations and diagnostic systems, and improve training and career development for our scientific and technical staff.

Using the national data from acute non-specialist providers we have identified 29 potential pathology networks to be run as a Hub and Spoke model – preserving essential laboratory services relevant to each hospital on site, whilst centralising within each the performance of both high volume and more complex tests. The most advanced investigations utilising, for example, genetic and molecular techniques, may need to be restricted to fewer sites, necessitating 'cross network arrangements'. Such a structure will support a high quality service to patients and facilitate the introduction of a new generation of investigations; enhance the career opportunities for clinical scientific and technical staff working within the service; and be more efficient, delivering recurrent projected annual savings to the NHS of at least £200m.

The 29 networks have been shared with our Pathology Optimisation Delivery Board, which is chaired by Professor Adrian Newland, and attended by representatives of the professional organisations of the Pathology Alliance. The Board has reviewed the configuration of the proposed networks, and recognises that adjustments may be needed to accommodate progress already made in some regions, and to reflect established patient pathways. A major task for the Board will be to work within NHS Improvement to ensure a smooth implementation of the proposed plans over the next three years.

**We now need your Trust to review your proposed network and confirm your commitment to move towards this Hub and Spoke model. After seeking approval from your Board, please can each Chief Executive and Medical Director across the proposed network sign and return a letter to [nhsi.pathservices@nhs.net](mailto:nhsi.pathservices@nhs.net) which states their agreement to establish the proposed network by 30 September 2017.**

## About your proposed network

We have attached a data pack about your proposed network which explains how the Hub and Spoke model can best serve your patients whilst ensuring that any services critical to your health population remain in place and available for patients. Within your pack, you will see this network models incorporating University Hospitals North Midlands NHS Trust into the existing network operating in the region. The model shows a potential saving opportunity of £3.35 million.

If you have any questions regarding your proposed network and the data, please contact the team on [nhsi.pathservices@nhs.net](mailto:nhsi.pathservices@nhs.net) or call 0203 747 0604.

## What your Trust needs to do by the end of September 2017:

- Send a formal written response returned to NHS Improvement confirming that your trust Chief Executive, Medical Director and Chair agree with the composition of the proposed pathology network;
- If you disagree with your proposed network and would like to be considered as part of a different cluster, please contact NHS Improvement urgently, setting out your evidence-base for this alternative. We will help work towards your proposed network as long as there is a strong rationale that services to patients will thereby be improved including improved quality and enhanced value as compared with the suggested configuration. We will also seek confirmation that the model would pass inspection/certification by relevant national bodies.
- Provide reassurance that commitment to any agreement relating to, for example initiation or renewal of a managed service contract, will be postponed pending review and agreement with NHS Improvement.

## What your agreed network needs to do by the end of October 2017:

- Ensure Executive level attendance at the relevant NHS Improvement facilitated workshop for your proposed network. The expectation is that this workshop will deliver agreement between network partners concerning:
  - A commitment from all network partners to a timetable for achieving formal board agreement on a partnership or outsourcing model with the aim of rationalising pathology services;
  - The formation of a project team and the necessary commitment to resources to progress rapidly to deliver:
    - A strategic outline business case, approved by all partnership boards, for provision of pathology across a network;
    - A governance structure, timetable and deliverables for an inter trust Steering Group to oversee these processes;
    - A local engagement plan on how you will keep patients and wider public, and the clinical and scientific communities responsible for delivering the service informed and engaged as you start to implement your network.

An NHS Improvement representative will contact the CEO of each Trust with further details regarding the timing of these workshops within the next two weeks.

## **What your agreed network needs to do by the end of January 2018:**

- Provide written confirmation to NHS Improvement that your Trust Board has formally agreed on a partnership or outsourcing model with the aim of rationalising pathology services.
- Provide NHS Improvement with a written update on progress made to establish where services will be delivered, the anticipated savings, and implementation timeline.

## **Learning from established networks**

There are a number of networks which are already up and running. Some are wholly based upon NHS providers, and some are partnerships between the NHS and private sector. These have provided insight into the national pathology programme through the National Pathology Implementation Optimisation Delivery Board, and we would be pleased to arrange introductions to interested parties so that experiences can be shared.

## **Our support offer to your network**

We recognise that a programme of this scale delivered at pace requires guidance and support, and we aim to ensure you are helped at every phase. There will be a series of activities over the coming three months to ensure your network is learning from our pathfinders as well as being supported with the latest evidence and a template toolkit so you do not have to start this process with a blank page. We also recognise that the availability of resources, including capital and change management capacity, are potentially important enablers for the implementation of Pathology networks. Trusts should prioritise resources already available to them to support delivery of network formation and service consolidation as an investment in recurrent benefits for patients and the NHS's finances. NHS Improvement will ensure that "Carter compliant" business cases are prioritised for approval where NHS Improvement sign-off is necessary.

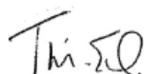
We will be hosting facilitated workshops for each proposed network during September and October so please send us the contact details of anyone trust who should be invited to attend. In order to continuously support you throughout the implementation phase, we have recruited a Regional Diagnostic Implementation Lead with subject-matter expertise in Pathology network formation and service consolidation.

We also recognise there are risks in delivering this programme, but will work with all our networks to regularly review risks and support them to find solutions, which we will share. We will also support and encourage all networks to be open and transparent with their workforce and the patients they serve about what the new Hub and Spoke model will mean to them. Finally, we will be working closely with partners at NHSE who refer in the 'Five Year Forward View Next Steps' document to the work of NHS Improvement and to facilitate engagement with Commissioners, thereby ensuring a 'joined up' approach throughout this vital exercise.

We are grateful for your ongoing commitment in making the 29 pathology networks a reality for the NHS and its patients.



Dr Jeremy Marlow  
**Executive Director of Operational Productivity**



Professor Tim Evans  
**National Director of Clinical Productivity**

Cc: Professor Adrian Newland, Chair, National Pathology Optimisation Delivery Board  
NHS Improvement Regional Executive Managing Directors



# NHSI NETWORK CONSOLIDATION MODEL

## METHOD STATEMENT FOR PATHOLOGY NETWORKS IDENTIFICATION AND SAVINGS CALCULATION

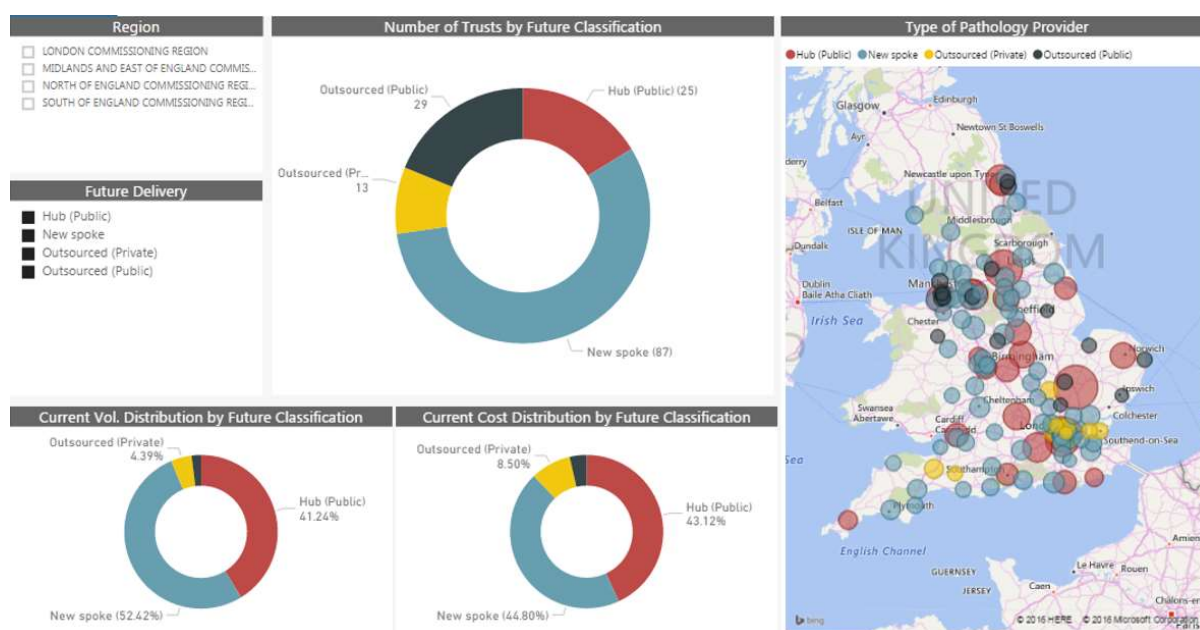
All analysis and modelling for your proposed network was based on the 15/16 data submitted in October 2016. Feedback was received from 133 of 136 of the non-specialist acute trusts which included submissions from pathology networks that already deliver services for a number of trusts and trusts that outsource their pathology to NHS, private or public/private joint venture partners.

### 1. Network Identification

Identifying target pathology networks was the result of a number of analysis, modelling and review processes. Below is a summary of the key steps that led to your current network configuration.

#### Step 1: Future Hub Shortlist

Analysis of 15/16 data showed that 25 providers (out of the 112 trusts that submitted data) currently account for half the volume and cost of pathology provided by the NHS. Please refer to figure 1 below. These top 25 providers were set as likely hubs for modelling future consolidation options and value.



**Figure 1: Workload and cost distribution analysis**

All other provider trusts were classed as future spokes for analysis and modelling purposes.

#### Step 2: STP & Population Alignment

Once the potential hub sites were identified, alignment between these sites and STP boundaries were analysed. This identified areas where services were already provided by a single supplier across multiple STPs, isolated STPs that did not include a possible hub site from the analysis as well as regions where STPs were being provided services by a single provider that could potentially work within a larger regional network. We also considered trust location and driving distances to identify areas where smaller services should operate as a hub to ensure that all routine services could be delivered regionally.

The outcome of this analysis was an initial identification of 29 possible pathology networks that were analysed based on population size. The aim was to create networks that would deliver services to populations of between 1.5 million and 2.5 million. Exceptions to this were areas such as Greater Manchester that went beyond this but were already collaborating or isolated areas where there were no obvious partnership options, such as Norfolk.



### Step 3: Network Refinement

Once the initial network options were defined, each network was reviewed with the project's clinical advisory team to identify those natural clusters of trusts where STP boundaries did not align with existing clinical networks and patient flows. Existing pathology relationships and networks were also considered. Finally, the list of networks was shared with all the regional NHSI DIDs who were asked to highlight any areas where proposed networks did not align with changes in trust relationships, for example, merging trusts or trusts with a shared executive team.

The resulting target network model is the 29 networks that will be presented to trust CEOs.

### Step 4: Model Hub Selection

As a rule, each network was modelled with a single hub and multiple spokes. The hub was selected as the provider with the highest reported volume. However, where there was a query about the volume data submitted by any one trust, the number of FTEs and trust pathology budget were used as additional indicators to identify the largest pathology operation within the network. Further adjustments to the volume rule include existing networks, partnerships and projects where a hub, or even multiple hubs, have already been identified.

### Other Consideration

It is accepted that there are several alternative configurations that can also deliver the target savings and service improvements associated with pathology consolidation. There are also associations such as the already well-established cancer networks and the genetics networks that influence the forming of pathology networks. It is proposed that, as part of the network review, these alternatives be considered.

## 2. Savings Calculation

**2.1. Cost of current operations:** All staff costs except those associated with consultants and consultant clinical scientists plus the costs of consumables, reagents and equipment & maintenance.

**2.2. Cost of Hub Future:** The cost of current operations with a factor included for expected staffing efficiency gains. These expected staffing efficiency gains are calculated through benchmarking of similar laboratories.

**2.3. Cost of referrals to hub:** This is the sum of all costs for work that is currently being done onsite that will be transferred to the hub. This is achieved by adding up the costs involved in processing cellular sciences/anatomical pathology and microbiology combined with an added efficiency factor (13%) for economies of scale at the hub. The cost of non-urgent blood sciences that will be transferred to the hub is then calculated by estimating the percentage of blood sciences work that will remain onsite (60%). These blood sciences costs also have an efficiency factor applied to reflect economies of scale benefits (32%).

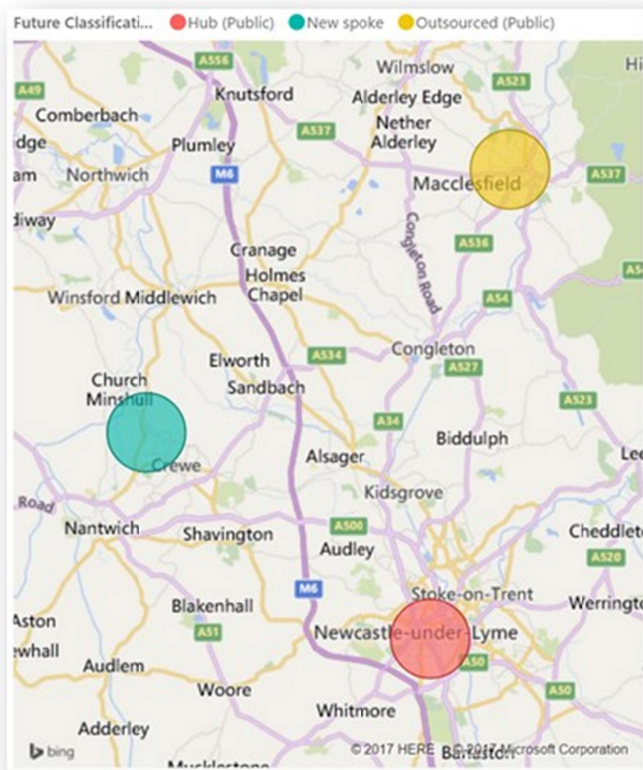
The non-pay costs for this metric refer to consumables, reagents, equipment & maintenance. The pay costs refer to operational staff and the cost of management and band 8 staff are not transferred across to the hub.

**2.4. Cost of spoke labs:** The staff costs are calculated by ascertaining the existing cost per test for blood sciences and then applying that to the new volume that will be kept onsite calculated earlier. A minimum value of £1042870 is placed on this calculation as a spoke lab will carry costs associated with shift work and have minimum staff cost despite volume.

The staff costs are then added to the spoke's future non-pay costs which are calculated by totalling the consumable, reagent and equipment and maintenance costs associated with blood sciences and adjusting for the factor that will remain onsite (60%).

- 2.5. Cost of consolidated service:** This is calculated by adding the future cost of the hub as calculated above to the cost of each spoke lab also as calculated above. The cost of the calculated work that is transferring from the spoke to the hub, also calculated above, is then added to the total. This figure is the predicted cost of the new network.
- 2.6. Consolidated savings:** Savings are calculated by subtracting the new cost of the network as a consolidated service from the original cost of current operations.

# North Mid 3



TrustName	TrustCode	Status
EAST CHESHIRE NHS TRUST	RJN	Outsourced (Public)
MID CHESHIRE HOSPITALS NHS FOUNDATION TRUST	RBT	New spoke
UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRU...	RJE	Hub (Public)





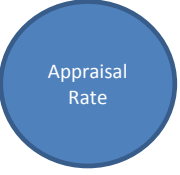





TrustName	Future Cla...	Sites 24/7	Total Cost	Total FTE	Total Tests
UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRU...	Hub (Public)	1.00	£28,328,000.00	430	12,610,462.00
MID CHESHIRE HOSPITALS NHS FOUNDATION TRUST	New spoke	2.00	£15,036,000.00	203	7,708,548.00
<b>Total</b>		<b>3.00</b>	<b>£43,364,000.00</b>	<b>633</b>	<b>20,319,010.00</b>







TrustName	Cost of Current Ops	Cost of Hub Future	Cost of Referrals to Hub	Cost of Spoke Labs	Cost of Consolidated Service	Consolidation Saving
UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	20,336,000.00	18,264,822.00			18,264,822.00	2,071,178.00
MID CHESHIRE HOSPITALS NHS FOUNDATION TRUST	10,767,000.00		6,561,869.92	2,927,197.32	9,489,067.24	1,277,932.76
<b>Total</b>	<b>31,103,000.00</b>	<b>18,264,822.00</b>	<b>6,561,869.92</b>	<b>2,927,197.32</b>	<b>27,753,889.24</b>	<b>3,349,110.76</b>

Summer 2017: NHS Improvement proposed pathology networks

## Workforce Performance Report

August 2017

Measure	Target	Performance	Description	Narrative	Rolling Trend
	3.60%	4.15%	Rolling 12m average Sickness Absence described as a Percentage	The rolling absence percentage continues to increase slightly for the 4 month running. the in-month absence rate for August was 4.06% and this shows a downward trend from previous months. There are currently 147 staff who have been off for period of 29+ days. The most common cause of absence continues to be Stress, depression or anxiety and musculoskeletal absences.	
	90.00%	79.86%	Percentage of Staff who have received an appraisal in the last 12 months. Excludes New Staff with less than 12m service and Bank Staff	After 4 consecutive months of improvement it is disappointing to note the decline in the appraisal rate. We have undertaken a full review of the appraisal processes across the Trust and coupled with supportive training, line managers and supervisors will be encouraged to pick up the pace in updating appraisals with staff in the lead up to the winter season.	
	90.00%	81.00%	Mandatory Training Monthly Rate Excludes Bank Staff, Staff on long term sick & mat. leave.	August is a traditionally see an improvement in mandatory training rates as fewer staff fall out of compliance than during other months. During August 2017, it was noted that more of our staff were be accessing their elearning and in particular this has positively impacted upon Information governance and fire safety training levels. In addition, bespoke training has been developed for MECD and DCSS to improve compliance against key training programmes	
	10.00%	10.62%	Number of Leavers expressed as a percentage of the workforce over a 12m rolling period. Exclude Junior Doctors, Temporary and Fixed term.	The staff turnover rates have dropped slightly in August.  Following review of leavers reports, the main reasons for leaving during August were: - End of Fixed Term Contract and - Move for Promotion	

Measure	Target	Performance	Description	Narrative	Rolling Trend
 Agency Spend	(510)	(325)	In month and cumulative total spend for the Trust.	<p>For the fifth month of this current financial year, our internal agency spend is below our projected levels set out in our budget. To date we have spend £719k less than planned.</p> <p>During August, the Medicine &amp; Emergency Care division spent over £135k on agency staff (42% of the Total TRust spend. On a positive note, the agency spend in CCICP and Diagnostics have reduced considerably to 16% and 17% respectively.</p>	
 NHSI Ceiling	less than 100%	<b>63.7%</b>	Trust Agency Spend as a percentage of the Ceiling Set by NHS Improvement	<p>Upon further analysis over 75% of our August 2017 agency spend was for medical staff and a further 20% for allied health professionals.</p> <p>It is, however, important to recognise the positive approach being taken in many divisions and services to reduced the level of agency staff and to use innovative solutions to filling gaps in the workforce.</p>	
 Over Cap Rates	To be benchmarked after Q2	<b>42.60%</b>	Number of Agency shifts filled by agency staff that are over the nationally determined capped rates	<p>A total of 190/445 shifts that were filled during August by agency staff were paid at rates above the NHSI Capped rates. We engaged agency workers to cover approximately 100 fewer shifts in August than in July.</p> <p>For the first time since the start of the current financial year we engaged a consultant at a rate above the NHSI Maximum of £120 per hour. THsi was to provide short notice cover over the bank holiday and was appropriately escalated and approved.</p>	

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