

## A G E N D A

**Board of Directors**  
**A meeting will be held in Public at**  
**9.30am on Monday, 6 November 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
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 <b>09.30</b>
2.	<b>Patient or Staff Story</b> (verbal)	I/D	Deputy Director of Nursing & Quality <b>09.32</b>
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 <b>09.50</b>
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, 2 October 2017 (attached) (to approve)	A	Chairman <b>09.52</b>
5.	<b>Matters Arising and Action Log</b> (attached) (to approve)	A	Chairman <b>09.55</b>
6.	<b>Annual Work Programme 2017/18 v3</b> (attached) (to approve)	I/A	Chairman <b>09.57</b>
7.	<b>Chairman's Announcements</b> (to note a verbal report) <p>7.1 <b>Board Away Day – 16 October 2017</b></p> <p>7.2 <b>Meeting with Fiona Bruce MP</b></p> <p>7.3 <b>Meeting with Chair of the Connecting Care Board</b></p>	I	Chairman <b>10.00</b>
8.	<b>Governors' Items</b> (to note a verbal report) <p>8.1 <b>Annual Members Meeting – 4 October</b></p> <p>8.2 <b>Governor Strategy Session - 9 October</b></p> <p>8.3 <b>Council of Governors Meeting – 19 October</b></p> <p>8.4 <b>1 to 1s with Governors</b></p>	I	Chairman <b>10.10</b>

Item No	Title of Item	Action	Led by
9.	<b>Chief Executive's Report</b> <i>(to note a verbal report)</i>	I	Chief Executive 10.15
9.1	<b>Cheshire Sustainability Round Table: Discussion with Regulators</b>		
9.2	<b>Connecting Care Board</b>		
9.3	<b>Capped Expenditure Programme (CEP)</b>		
9.4	<b>Long Term Sustainability Review Meeting</b>		
9.5	<b>Director of Nursing Recruitment</b>		
9.6	<b>Meeting with Antoinette Sandbach MP</b>		
9.7	<b>Cheshire &amp; Wirral Health Economy Meeting</b>		
10.	<b>CARING</b>		Deputy Director of Nursing & Quality 10.35
10.1	<b>Quality, Safety &amp; Experience Report</b> <i>(attached) (for discussion)</i>	I/D	
11.	<b>SAFE</b>		
11.1	<b>Draft Quality Governance Committee notes from the meeting held on 9 October 2017</b> <i>(attached) (to note)</i>	I	Committee Chair 10.45
11.2	<b>Serious Untoward Incidents and RIDDOR Events</b> <i>(verbal) (to note)</i>	I/D	Deputy Chief Executive/ Medical Director 10.55
12.	<b>RESPONSIVE</b>		
12.1	<b>Performance Report</b> <i>(attached) (to note)</i>	I/D	Director of Finance 11.00
12.2	<b>Draft Performance &amp; Finance Committee notes from the meeting held on 26 October 2017</b> <i>(to follow) (to note)</i>	I	Committee Chair 11.10
12.3	<b>Legal Advice</b> <i>(verbal) (to note)</i>	I	Chief Executive 11.15
13.	<b>WELL-LED</b>		
13.1	<b>Visits of Accreditation, Inspection or Investigation</b> <i>(verbal) (to note)</i>	I	Chief Executive 11.20
13.2	<b>Trust Strategy</b> <i>(attached) (to approve)</i>	A/D	Director of Strategic Partnerships 11.25
13.3	<b>Transformation and People Committee notes from the meeting held on 5 October 2017</b> <i>(attached) (to note)</i>	I	Committee Chair 11.30
13.4	<b>Board Assurance Framework including Top 5 Organisational Risks Quarter 1 &amp; 2</b> <i>(attached) (to note)</i>	I/D	Deputy Chief Executive/ Medical Director 11.35

Item No	Title of Item	Action	Led by
13.5	Trust Seal Report <i>(attached) (to note)</i>	I	Chief Executive 11.45
13.6	CCICP Partnership Board notes from the meeting held on 14 September <i>(attached) (to note)</i>	I/D	Director of Strategic Partnerships 11:50
14.	<b>EFFECTIVE</b>		Director of Workforce and OD
14.1	Workforce Report <i>(attached) (to note)</i>	I/D	11.55
14.2	Workforce Race Equality Scheme Annual Review <i>(attached) (to note)</i>	I/D	Director of Workforce and OD 12.05
14.3	Consultant Appointments <i>(verbal) (to note)</i>	I	Deputy Chief Executive/ Medical Director 12.10
15.	Any Other Business (verbal)	I/A/D	Chairman 12.15
16.	Time, Date and Place of Next Meeting		Chairman
	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, 4 December 2017	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



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																	
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															
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																	
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					



# **Board Report**

## **Presented to Board in November 2017**

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

**(September 2017 data)**

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

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

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

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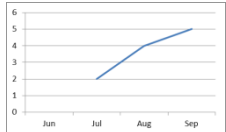

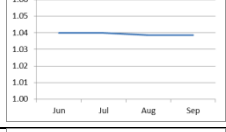
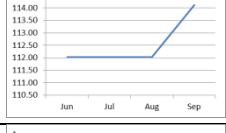
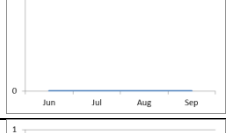
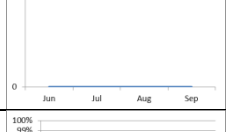

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Board Papers – Quality, Safety & Experience Section: November 2017

Indicators	Position compared to previous month	Target	Last four months				Trajectory
			Jun-17	Jul-17	Aug-17	Sep-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	189	210	176	161	
<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	1	4	1	2	
<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	0	2	3	2	
<b>Inpatient Falls</b> The aim is to reduce inpatient falls by 10% by January 2018	↓	733 at end of January 2018	49	65	55	54	
<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	1	5	4	5	
<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.	↓		83	73	72	57	
<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	2	2	2	0	

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: November 2017

Indicators	Position compared to previous month	Target	Last four months				Trajectory
			Jun-17	Jul-17	Aug-17	Sep-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.	↑			2	4	5	
<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		2	0	0	0	
<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	1.03 ↓	Below 1.0	1.04			1.03	
<b>HSMR</b> The Trust's aim is to have an HSMR <100	114.12 ↑	<100	112.03			114.12	
<b>MRSA</b> The target for MRSA Bacteraemia is zero in 2017/18	↔	Zero at end of 2017/2018	0	0	0	0	
<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	
<b>Safety Thermometer</b> The Trust aim is that >95% of patients receive harm free care as monitored by the Safety Thermometer.	↔	>95%	98%	97%	98%	98%	

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: November 2017

### Quality & Safety Section:

#### Description

#### Aggregate Position

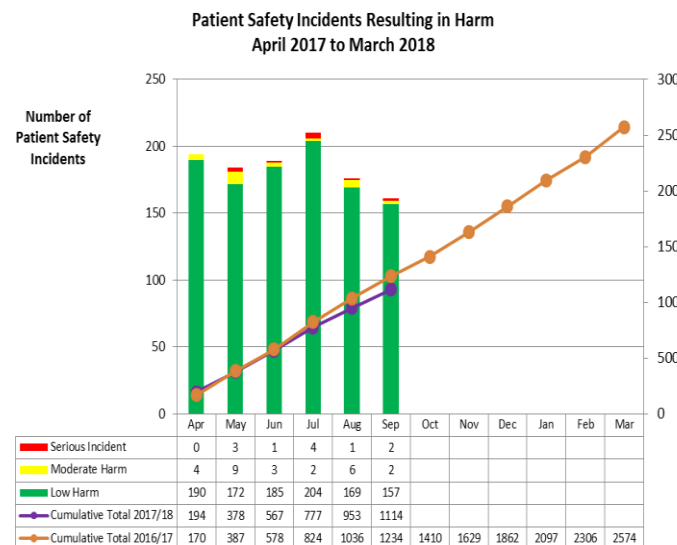
#### Trend

#### Performance against previous month

#### Patient Safety Incidents resulting in harm.

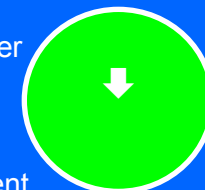
This chart demonstrates the total number of reported patient safety incidents which resulted in harm.

For this financial year to date:  
96.7% (1077 incidents) have resulted in low harm  
2.3% (26 incidents) have resulted in moderate harm  
1% (11 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



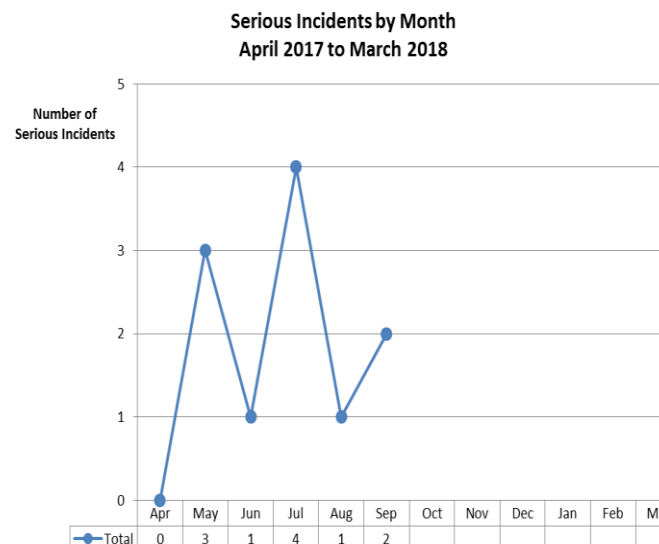
#### Serious Incidents.

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

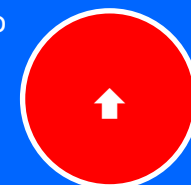
For this financial year to date, there have been eleven serious incidents reported.

- 6 x patient falls resulting in fractures
- 2 x sudden collapse resulting in fractures
- 2 x hospital acquired pressure ulcer stage 3
- 1 x delay in escalation.

There have been no never events reported since November 2016.



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: November 2017

### Description

### Aggregate Position

### Trend

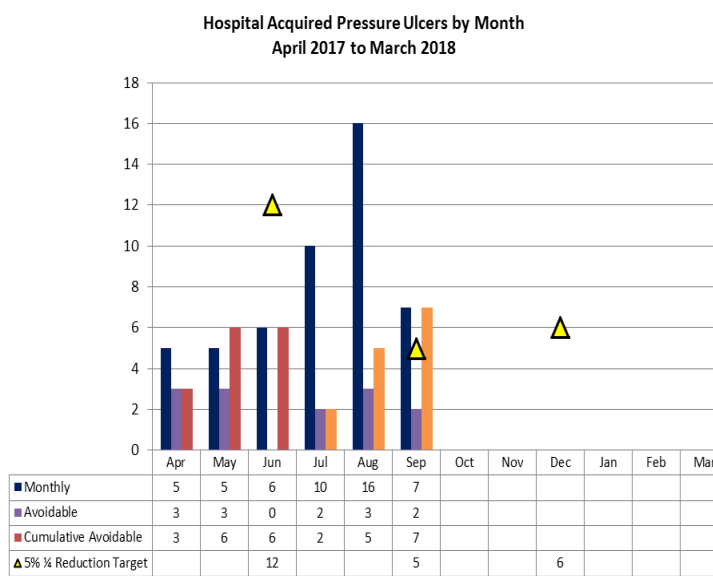
### Performance against previous month

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

For this financial year to date:

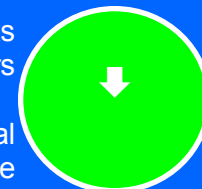
- 93.9% (46 PU's) have resulted in low harm (defined as a patient that has developed a stage 2 PU)
- 6.1% (3 PU's) have resulted in serious harm (defined as a patient that has developed a stage 3 or 4 PU)

The 5% reduction target (Quarter on quarter in 2017/18) 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 7 avoidable pressure ulcers for this quarter; therefore the target has not been achieved for quarter 2.



Improvement actions include:

- A Trustwide evaluation of pressure relieving mattresses is being undertaken.
- Ward focus weeks continue where ulcers have occurred.
- Review of the referral process to the Tissue Viability Nursing Service is underway.





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

### Description

### Aggregate Position

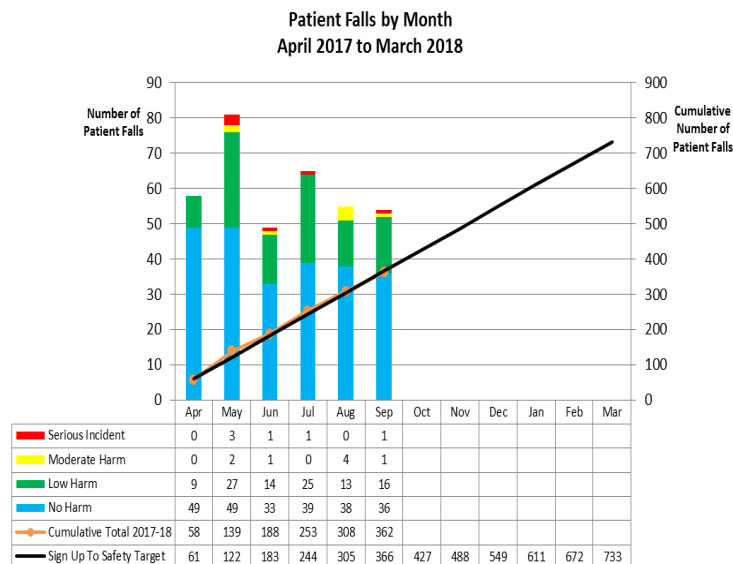
### Trend

### Performance against previous month

#### Patient Falls Incidents.

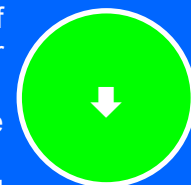
For this financial year to date:

- 67.4% (244 falls) have resulted in no harm
- 28.7% (104 falls) have resulted in low harm
- 2.2% (8 fall) has resulted in moderate harm
- 1.7% (6 falls) have resulted in serious harm



Improvement actions include:

- Bespoke training where an increase in falls has been identified.
- Continued review of practice during senior nurse walkabout.
- Focus work through the cares programme.
- Development and approval of a post-falls chart.



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

### Description

#### Medication Incidents.

For this financial year to date:

- 95.5% (21 medication incidents) have resulted in low harm
- 4.5% (1 medication incident) have resulted in moderate harm
- 0% (0 medication incidents) have resulted in serious harm

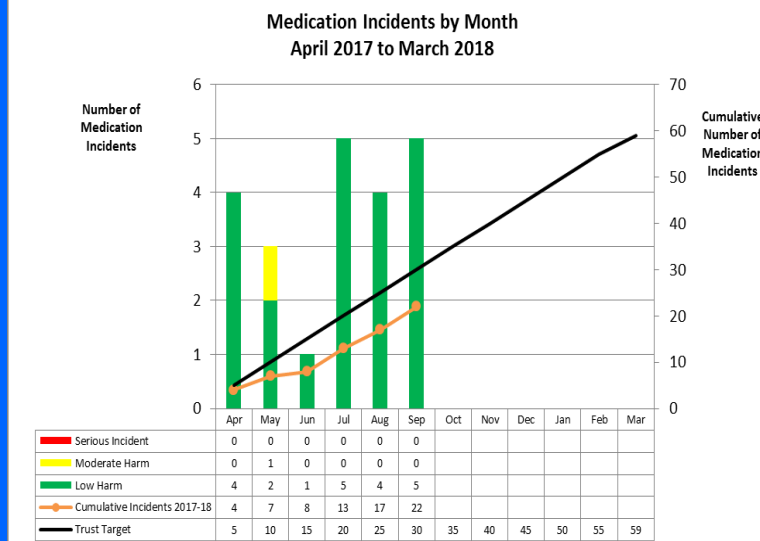
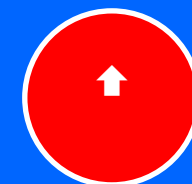
### Aggregate Position

### Trend

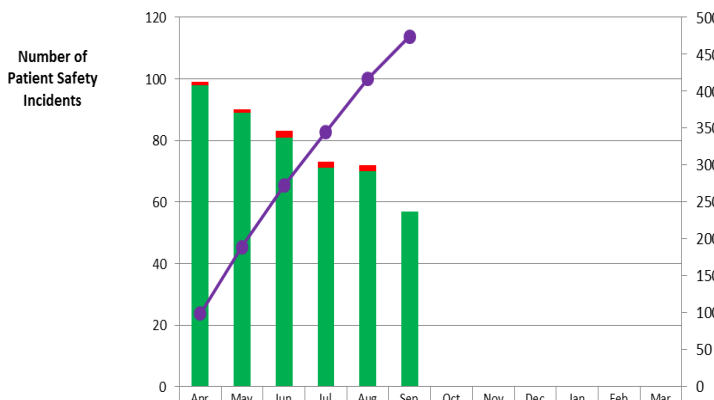
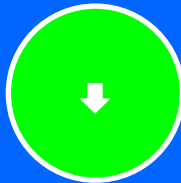
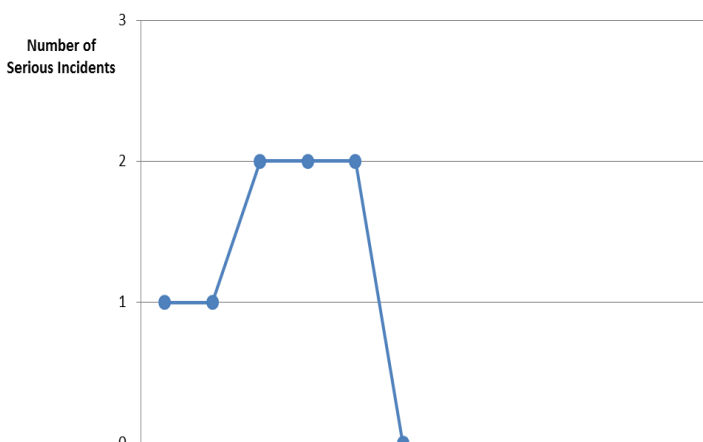
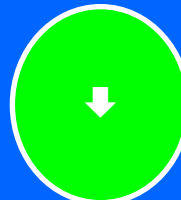
### Performance against previous month

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: November 2017

Description	Aggregate Position	Trend	Performance against previous month																																																			
<div>CCICP Patient Safety Incidents resulting in harm.</div> <div>This chart demonstrates the total number of reported patient safety incidents which resulted in harm.</div> <div>For this financial year to date:</div> <ul style="list-style-type: none"><li>98.3% (466 incidents) have resulted in low harm</li><li>0% (0 incidents) have resulted in moderate harm</li><li>1.7% (8 incidents) have resulted in serious harm</li></ul>	<div>CCICP Patient Safety Incidents Resulting in Harm April 2017 to March 2018</div> <div></div> <table><tr><td>Serious Incident</td><td>1</td><td>1</td><td>2</td><td>2</td><td>2</td><td>0</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>0</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>57</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>474</td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	Serious Incident	1	1	2	2	2	0							Moderate Harm	0	0	0	0	0	0							Low Harm	98	89	81	71	70	57							Cumulative Total 2017/18	99	189	272	345	417	474							<div>To reduce the number of patient safety harm incidents, a number of initiatives are being undertaken. These include:</div> <ul style="list-style-type: none"><li>Focused training and education to staff via team leader meetings.</li><li>Development of a Quality role to support the Quality improvements in CCICP.</li></ul> <div></div>
Serious Incident	1	1	2	2	2	0																																																
Moderate Harm	0	0	0	0	0	0																																																
Low Harm	98	89	81	71	70	57																																																
Cumulative Total 2017/18	99	189	272	345	417	474																																																
<div>CCICP Serious Incidents.</div> <div>This chart demonstrates the number of incidents that have resulted in serious harm.</div> <div>For this financial year to date:</div> <ul style="list-style-type: none"><li>4 x Acquired on case load Pressure Ulcer – Stage 4</li><li>4 x Acquired on case load Pressure Ulcer – Stage 3</li></ul>	<div>CCICP Serious Incidents by Month April 2017 to March 2018</div> <div></div> <table><tr><td>Total</td><td>1</td><td>1</td><td>2</td><td>2</td><td>2</td><td>0</td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	Total	1	1	2	2	2	0							<div>To reduce the number of serious incidents, the Trust has signed up to the Sign Up To Safety Campaign.</div> <div></div>																																							
Total	1	1	2	2	2	0																																																

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

### Description

### Aggregate Position

### Trend

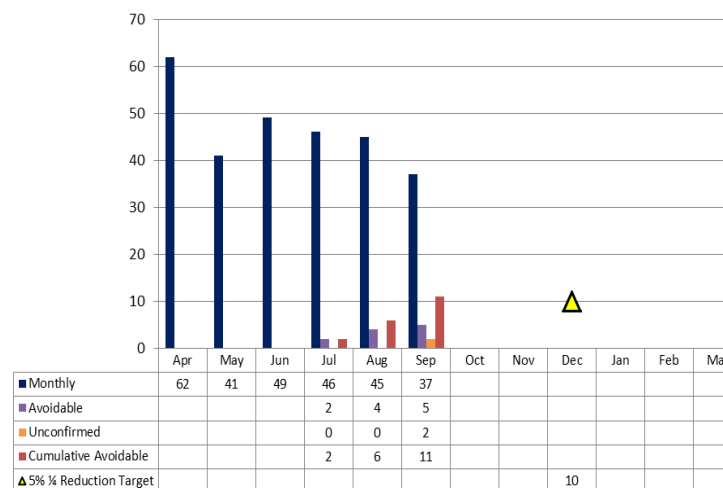
### Performance against previous month

CCICP Pressure Ulcer (PU) Incidents by Avoidance

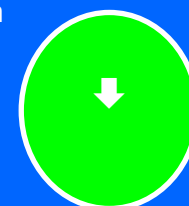
For this financial year to date:

- 97.2% (274 PU's) have resulted in low harm (defined as a patient that has developed a stage 2 or unstageable PU)
- 2.8% (8 PU's) stage 3 or stage four PU's have been reported. In September 2017 of the 37 reported, 5 have been confirmed as avoidable pressures ulcers.

CCICP Developed in Care Pressure Ulcers by Month & Avoidance  
April 2017 to March 2018



- Membership at the Trust Skin Care Group has been expanded to include representatives from CCICP.
- Design of an audit tool to assess if pressure ulcer is avoidable or unavoidable
- Identification of a cohort of patients with established chronic wounds.

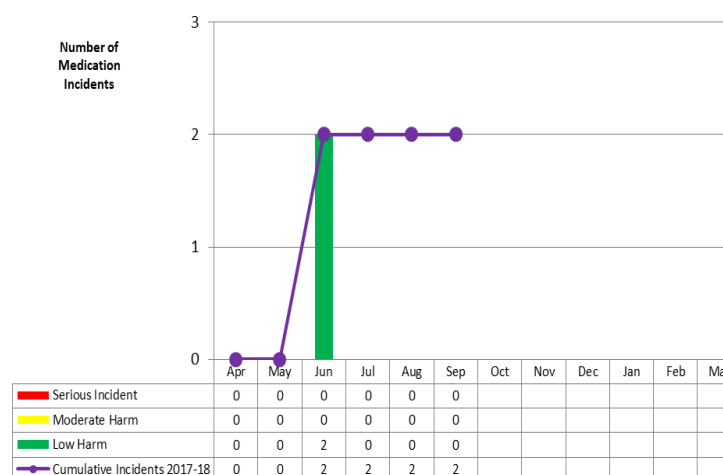


CCICP Medication Incidents.

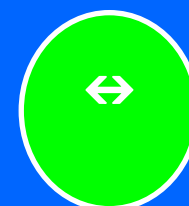
For this financial year to date:

- 100% (2 medication incidents) have resulted in low harm
- 0% (0 medication incidents) have resulted in moderate harm
- 0% (0 medication incidents) have resulted in serious harm

CCICP Medication Incidents Resulting in Harm by Month  
April 2017 to March 2018



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



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

### Description

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

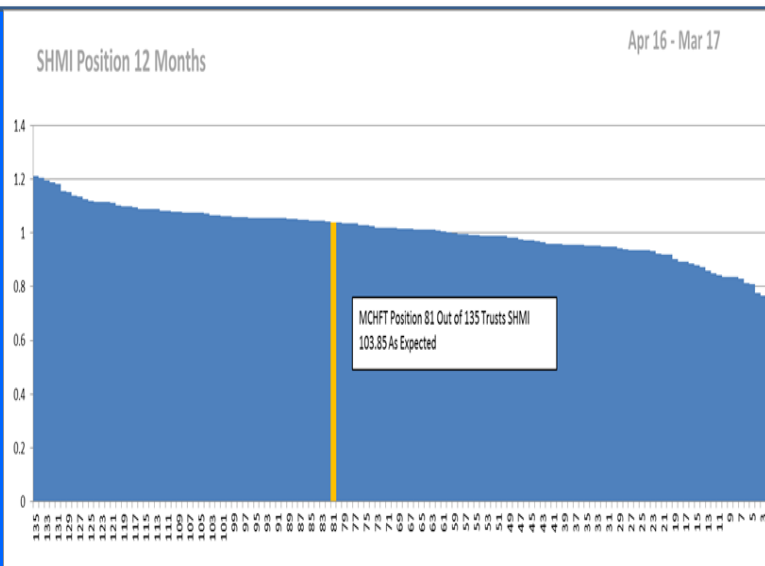
### Aggregate Position

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

MCHFT is shown as the yellow bar.

The Trust's SHMI is 103.85 for the time period April 2016 to March 2017 and places the Trust 81 out of 135 Trusts.

### Trend



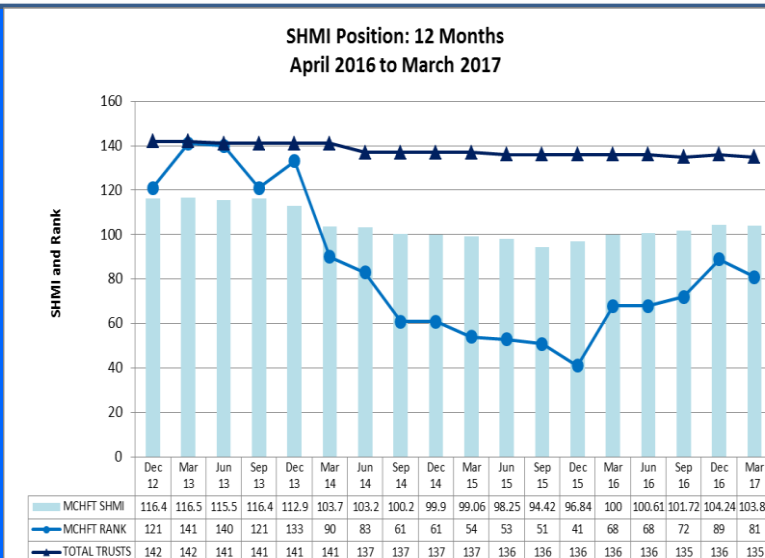
### Performance against previous quarter

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 April 2016 to March 2017.



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: November 2017

### Description

### Aggregate Position

### Trend

### Performance against previous quarter

Hospital Standardised Mortality Rate (HSMR) by Trust.

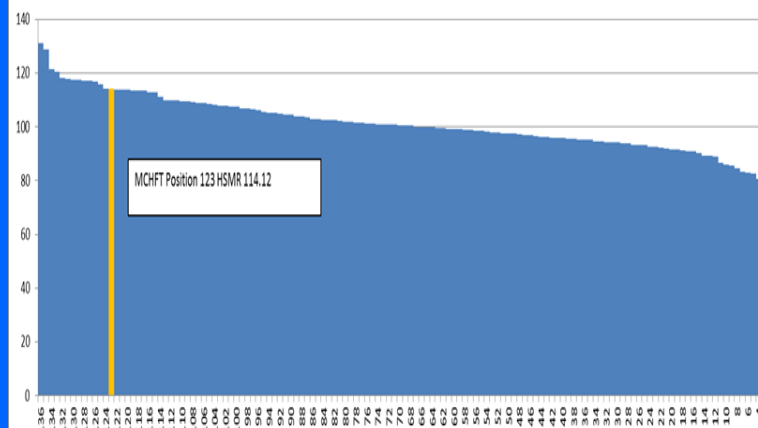
The chart benchmarks the Trust's HSMR against all NHS Trusts.

MCHFT is shown by the amber bar.

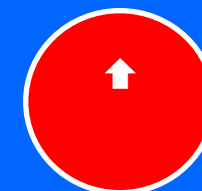
The Trust's HSMR is 114.12 (April 2016 to March 2017) and places the Trust 123 out of 136 Trusts.

HSMR Position 12 Months

Apr 16 - Mar 17



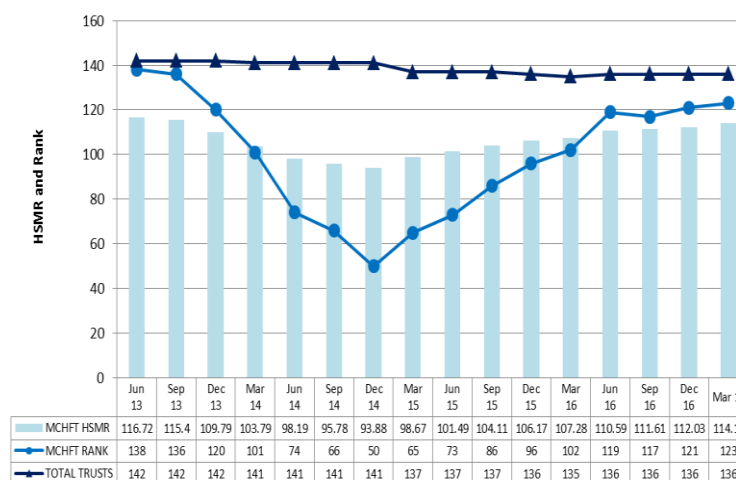
The Trust's aim is to have an HSMR <100.



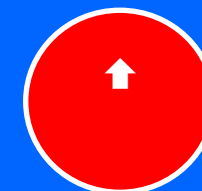
MCHFT 12 Month Rolling Position HSMR Position

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 April 2016 to March 2017.

HSMR Position: 12 Months  
April 2016 to March 2017




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



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

Description	Aggregate Position	Trend	Performance against previous month																																																																	
<div>MRSA Bacteraemia Cases.</div>	<div>In September 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>0</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>2</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	0							Cumulative	1	2	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 is monitored through the Executive Infection Prevention Control Group</div> <div></div>																										
Monthly	1	1	0	0	0	0																																																														
Cumulative	1	2	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 September 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>2</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>0</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>0</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>0</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	2							Avoidable	0	0	0	0	0	0							Awaiting Confirmation	0	0	0	0	0	0							Avoidable Total	0	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 are in place on the 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	2																																																														
Avoidable	0	0	0	0	0	0																																																														
Awaiting Confirmation	0	0	0	0	0	0																																																														
Avoidable Total	0	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: November 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		No Payment in Q2	Data will be available at the end of quarter 3				£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		No Payment in Q2					£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		No Payment in Q2					£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		£27,020					£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		£27,020					£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		£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		No Payment in Q2					£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		No Payment in Q2					£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		No Payment in Q2					£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		£172,931					£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		£108,082					£432,328
7	<b>NHS e-Referrals</b> Availability of services and appointments for e-Referral service.	✓	£108,082		£108,082					£432,328
8a	<b>Supporting proactive and safe discharge</b> Acute providers.	✓	£64,849		£172,931					£432,328
9	CQUIN 9 does not apply until year 2									



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

CQUIN Indicator	Indicator Name	Milestone Achieved								
		Q1	Financial Incentive Achieved	Q2	Financial Incentive Achieved	Q3	Financial Incentive Achieved	Q4	Financial Incentive Achieved	Maximum Value
10	<b>Improving the assessment of wounds (Community Only)</b> The indicator aims to increase the number of wounds which have failed to heal after 4 weeks that receive a full wound assessment		No Payment in Q1		£69,512	Data will be available at the end of quarter 3			£139,025	
11	<b>Personalised Care and Support Planning (Community Only)</b> This CQUIN is to be delivered over two years with an aim of embedding personalised care and support planning for people with long -term conditions.		No Payment in Q1		£34,756				£139,025	
Public Health England CQUIN										
PH1	<b>Breast Screening Programme Clerical Staff Development (Health Promotion role)</b> Update and improve the clerical teams knowledge of health promotion to support clients who access The Breast Screening Unit and key partners involved in the Breast Screening Programme	✓	£3,401.50		£3,401.50	Data will be available at the end of quarter 3			£13,606	
PH2	<b>Cancer Screening Programme – reducing professional stress and building resilience</b> Holistic mapping review of health & wellbeing services and support available to staff within the bowel and breast screening programmes for the management of professional stress and building resilience	✓	£5,837.25		£5,837.25				£23,349	
Specialist Commissioning										
SC1	<b>Nationally Standardised Dose Banding for Adult Intravenous Systemic Anticancer Therapy (SACT) 38</b> A tool kit has been developed to support CQUIN. Targets will be set for each of the SACT drugs.	✓	£3,828.30		£3,828.30	Data will be available at the end of quarter 3			£38,283	
SC2	<b>Hospital Pharmacy Transformation and Medicines Optimisation</b>	✓							£57,424	

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

### Description

Safety Thermometer - Harm Free Care.

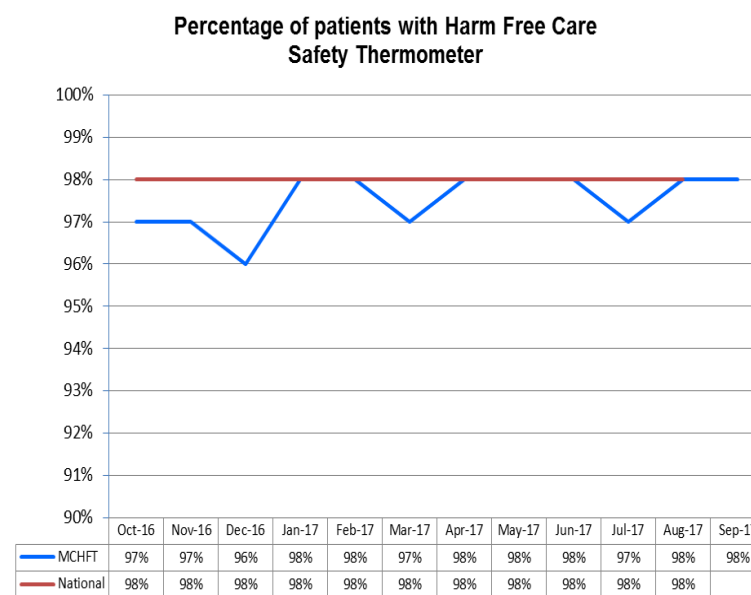
### Aggregate Position

In September 2017, 98% of patients received harm free care as measured by the Safety Thermometer.

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

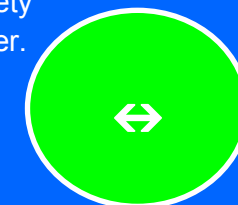
National figures are not yet available for September 2017.

### Trend



### Performance against previous month

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



**Board Papers – Quality, Safety & Experience Section: November 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>91.4% 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>September 2017 91.4%</b></p> <p>August 2017 91.9%</p> <p>July 2017 93.5%</p>	The lowest staffing levels during the day were on Ward 9 at 69.2%.
Registered Nurses monthly expected hours by shift versus actual monthly hours per shift. Night time shifts only	<p>96% of expected Registered Nurse hours were achieved for night shifts.</p>	<p>Trend</p> <p><b>September 2017 96%</b></p> <p>August 2017 95.8%</p> <p>July 2017 95%</p>	The lowest staffing levels during the night were on Ward 12 at 80%
Healthcare Assistant monthly expected hours by shift versus actual monthly hours per shift. Day time shifts only	<p>101.1% of expected HCA hours were achieved for day shifts.</p>	<p>Trend</p> <p><b>September 2017 101.1%</b></p> <p>August 2017 101.3%</p> <p>July 2017 103.8%</p>	The lowest staffing levels during the day were on Ward 9 at 61.7%
Healthcare Assistant monthly expected hours by shift versus actual monthly hours per shift. Night time shifts only	<p>113.9% 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>September 2017 113.9%</b></p> <p>August 2017 111.1%</p> <p>July 2017 115.8%</p>	The lowest staffing levels during the night were on AMU at 99.2%

## Board Papers – Quality, Safety & Experience Section: November 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>		41105.1	37579.5	29149.5	29457.1	24126.8	23169.7	14991.7	17083	91.4%	101.1%	96.0%	113.9%	14197	4.3	3.3	7.6
AMU	Gen. Medicine	1950	1693	1470	1433.5	1837.5	1666	1470	1457.8	86.8%	97.5%	90.7%	99.2%	767	4.4	3.8	8.1
CAU	Paeds	2529.5	2529.5	1163.5	1163.5	1403	1403	195.5	195.5	100.0%	100.0%	100.0%	100.0%	172	22.9	7.9	30.8
Critical Care	Gen. Surgery	3931.5	3931.5	535.5	535.5	2365.5	2365.5	0	0	100.0%	100.0%	100.0%	-	211	29.8	2.5	32.4
Elmhurst	Rehab	847.5	847.5	2160	2166	750	750	1500	1737.5	100.0%	100.3%	100.0%	115.8%	882	1.8	4.4	6.2
Ward 1	Gen. Medicine	2118.8	1900	1125	1193.8	1470	1470	735	833	89.7%	106.1%	100.0%	113.3%	757	4.5	2.7	7.1
Ward 10 SSW	Gen. Surgery	1653	1365	960	1048	615	615	307.5	317.8	82.6%	109.2%	100.0%	103.3%	549	3.6	2.5	6.1
Ward 12	Gen. Surgery	2163	1939	1920	2064	922.5	738	615	779	89.6%	107.5%	80.0%	126.7%	796	3.4	3.6	6.9
Ward 13	Gen. Surgery	2208	1880	1920	1848	922.5	758.5	615	748.3	85.1%	96.3%	82.2%	121.7%	795	3.3	3.3	6.6
Ward 14	Gen. Medicine	1656	1392	1440	1470	720	720	1080	1104	84.1%	102.1%	100.0%	102.2%	939	2.2	2.7	5.0
Ward 15	Trauma & Ortho	2170.5	1922.5	2640	2544	922.5	840.5	922.5	953.3	88.6%	96.4%	91.1%	103.3%	812	3.4	4.3	7.7
Ward 2	Gen. Medicine	1743.8	1562.5	1500	1531.3	735	869.8	1102.5	1139.3	89.6%	102.1%	118.3%	103.3%	913	2.7	2.9	5.6
Ward 21b	Gen. Medicine	1297.5	1200	1755	1748.5	750	737.5	750	862.5	92.5%	99.6%	98.3%	115.0%	913	2.1	2.9	5.0
Ward 23	Obstetrics	1200	1168.3	760	741	740	752.3	740	740	97.4%	97.5%	101.7%	100.0%	692	2.8	2.1	4.9
Ward 26	Obstetrics	3165.7	3165.7	608	608	2676.3	2676.3	357.7	357.7	100.0%	100.0%	100.0%	100.0%	849	6.9	1.1	8.0
Ward 4	Gen. Medicine	1566	1362	1800	1752	720	720	1440	1440	87.0%	97.3%	100.0%	100.0%	894	2.3	3.6	5.9
Ward 5	Gen. Medicine	2377.5	2052.5	1500	1700	1470	1261.8	735	833	86.3%	113.3%	85.8%	113.3%	915	3.6	2.8	6.4
Ward 6	Gen. Medicine	1980	1917.5	1875	1912.5	1470	1298.5	735	931	96.8%	102.0%	88.3%	126.7%	778	4.1	3.7	7.8
Ward 7	Gen. Medicine	1696.3	1558.8	1500	2043.8	735	735	1102.5	1800.8	91.9%	136.3%	100.0%	163.3%	947	2.4	4.1	6.5
Ward 9	Trauma & Ortho	1638	1134	1440	888	615	574	307.5	328	69.2%	61.7%	93.3%	106.7%	308	5.5	3.9	9.5
NICU	Paeds	1862.5	1850.7	177.5	165.7	1725	1656	0	0	99.4%	93.4%	96.0%	-	51	68.8	3.2	72.0
Ward 11 SAU	Gen. Surgery	1350	1207.5	900	900	562	562	281	524.5	89.4%	100.0%	100.0%	186.7%	257	6.9	5.5	12.4

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

Ward Name	Main Specialties	Safety Thermometer Results			
		Acquired Pressure Ulcers	Patient Falls resulting in harm	CAUTI	New VTE
<b>MCHFT</b>		1.0% (8)	2.37% (19)	0.50% (4)	0.37% (3)
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)	12.5% (1)	0% (0)
Elmhurst	Rehab	3.57% (1)	3.57% (1)	0% (0)	0% (0)
Ward 1	Gen. Medicine	0% (0)	0% (0)	0% (0)	3.57% (1)
SAU	Gen. Surg	0% (0)	10% (1)	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)	3.45% (1)	0% (0)	0% (0)
Ward 13	Gen. Surg	0% (0)	43% (13)	0% (0)	0% (0)
Ward 14	Gen. Medicine	0% (0)	0% (0)	0% (0)	0% (0)
Ward 15	Trauma & Ortho	0% (0)	0% (0)	0% (0)	0% (0)
Ward 2	Gen. Medicine	3.85% (1)	0% (0)	3.85% (1)	0% (0)
Ward 21B	Rehab	4.35% (1)	0% (0)	0% (0)	0% (0)
Ward 23	Obstetrics	0% (0)	0% (0)	0% (0)	0% (0)
Ward 26	Obstetrics	0% (0)	0% (0)	0% (0)	0% (0)
Ward 4	Gen. Medicine	0% (0)	0% (0)	0% (0)	0% (0)
Ward 5	Gen. Medicine	0% (0)	0% (0)	0% (0)	3.45% (1)
Ward 6	Gen. Medicine	4.0% (1)	4.0% (1)	4.0% (1)	0% (0)
Ward 7	Gen. Medicine	3.23% (1)	0% (0)	3.23% (1)	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	3.70% (1)	3.70% (1)	0% (0)	0% (0)
DN - Ashfields	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)
DN – Danebridge	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)
DN – Eaglebridge	District Nursing	2.63% (1)	0% (0)	0% (0)	0% (0)
DN – Firdale	District Nursing	1.89% (1)	0% (0)	0% (0)	0% (0)
DN – Grosvenor & Hungerford	District Nursing	0% (0)	0% (0)	0% (0)	2.94% (1)
DN – Middlewich	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)
DN – Rope Green	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)
DN - Church View	District Nursing	0% (0)	3.12% (1)	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)

## Board Papers – Quality, Safety &amp; Experience Section: November 2017

## Experience Section:

Indicators	YTD 17/18	Last four months			
		Jun-17	Jul-17	Aug-17	Sep-17
Complaints received by month	94	18	13	8	23
Complaints being reviewed by the Ombudsman		2	1	1	1
Closed complaints by month	96	15	12	21	12
Contacts raising informal concerns	495	76	91	89	79
Compliments received in month	899	183	157	158	139
Number of new claims received in month	31	5	5	5	3
Number of claims closed	10	2	1	0	1
Number of inquests concluded	5	1	1	0	0
NHS Choices - Star Ratings (Leighton)		4.5	4.5	4.5	4.5
NHS Choices - Star Ratings (VIN)		5	5	5	5
NHS Choices - Number of new postings	46	8	9	10	4
F&FT Response Rate ED, MIU, UCC and Assessment Areas*		5%	3%	5%	2%
Proportion of positive responses ED, MIU, UCC and Assessment Areas		94%	91%	89%	89%
F&FT Response Rate Inpatients and Daycases		18%	21%	18%	11%
Proportion of positive responses Inpatients and Daycases		98%	98%	99%	98%
F&FT Response Rate Outpatients		5%	4%	4%	7%
Proportion of positive responses Outpatients		94%	95%	96%	96%
F&FT Response Rate Maternity - Birth		8%	8%	7%	8%
Proportion of positive responses Maternity - Birth		100%	100%	95%	96%
F&FT Response Rate Community (CCICP)		13%	17%	17%	15%
Proportion of positive responses Community (CCICP)		88%	94%	83%	87%

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

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

### Description

### Aggregate Position/Description

### Trend

Monthly Trust complaints received by the Trust

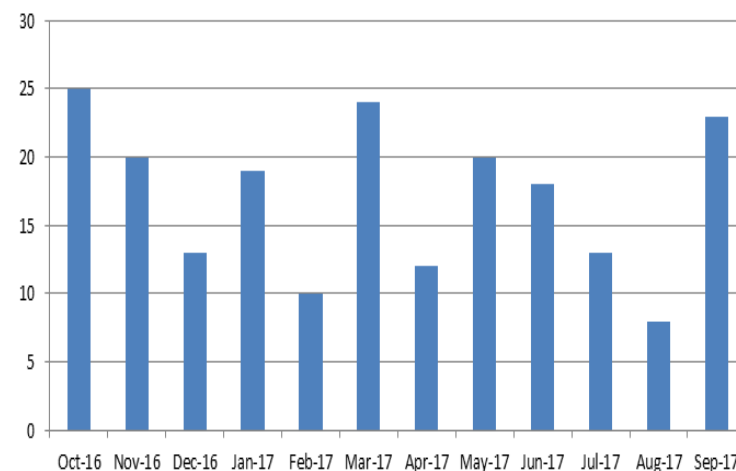
23 complaints were received in September 2017 which covered 98 categories. The highest categories were:

- Communication
- Nursing - Other
- Attitude of staff - Nursing

Highest 3 areas receiving complaints/issues were:

- Ward 13: 1 complaint / 15 issues
- ED: 5 complaints / 14 issues
- Elmhurst: 1 complaint / 6 issues

Complaints received by month



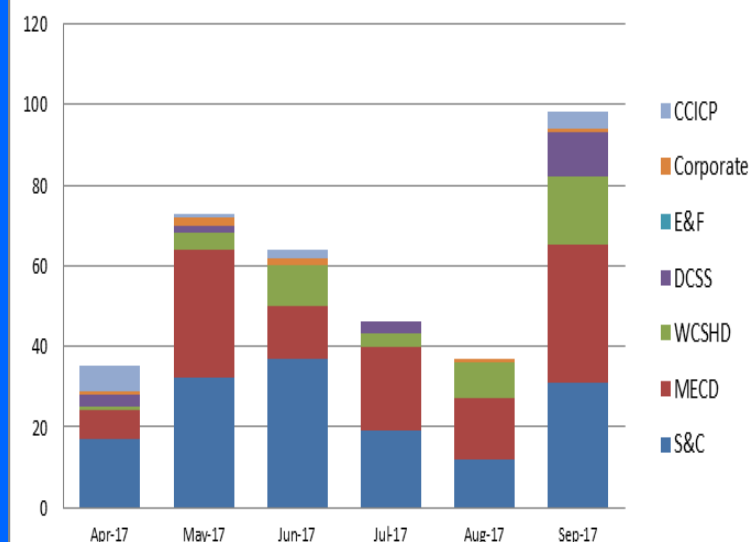
Formal Complaints

Number of formal complaints by Division

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

S&C:	31
DCSS:	11
W&CD:	17
MECD:	34
CCICP:	4
E&F:	0
Corporate Services:	1

Categories received by Division



Formal Complaints by Division

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

### Description

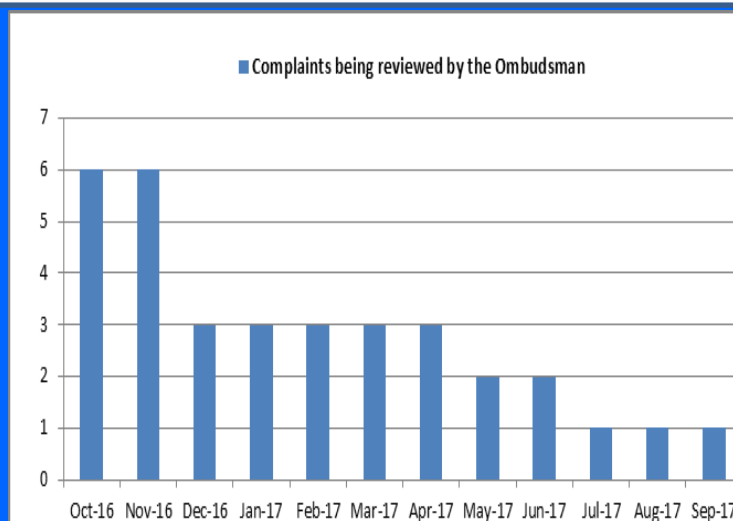
Complaints being reviewed by the Public Health Service Ombudsman

### Aggregate Position/Description

In September 2017 1 complaint was active with the PHSO

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

### Trend

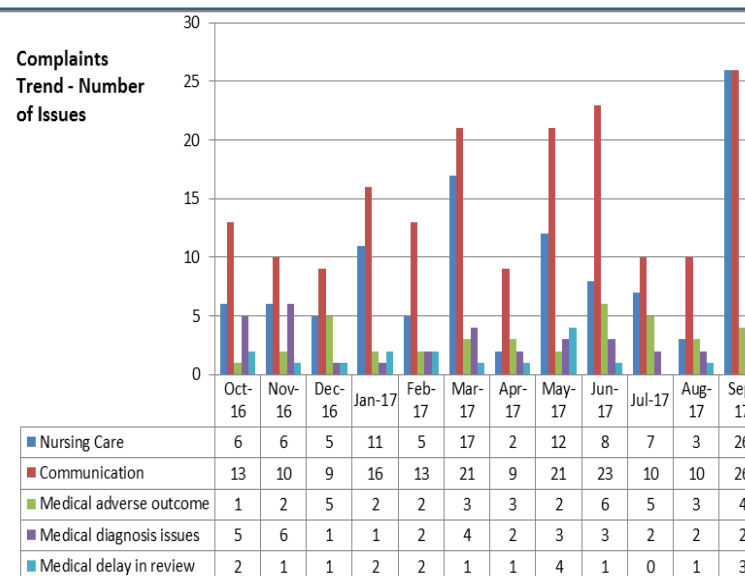


Ombudsman

Complaint Trends and number of issues

The main trends in September 2017 were:

- Communication: 16 complaints / 26 issues
- Nursing: 13 complaints / 26 issues
- Attitude of staff, Nursing: 6 complaints / 6 issues



Complaint Trends



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

### Description

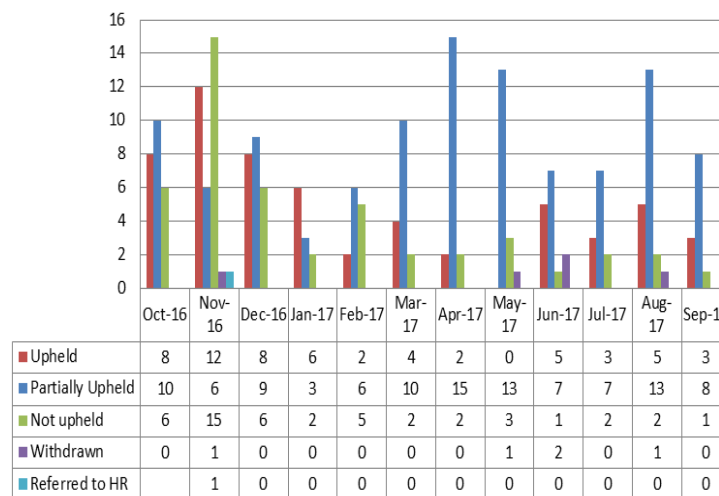
### Aggregate Position/Description

### Trend

Closed Complaints

12 complaints were closed in September 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	5	1	0	0	7
Surgery and Cancer	2	2	0	0	0	4
Diagnostics & Clinical Support Services	0	1	0	0	0	1
Women's and Children's	0	0	0	0	0	0
Corporate Services	0	0	0	0	0	0
		Total closed				12

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

**Complaints closed by Division**

Tables removed under Section 40 of the Freedom of Information Act

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

### Description

### Aggregate Position/Description

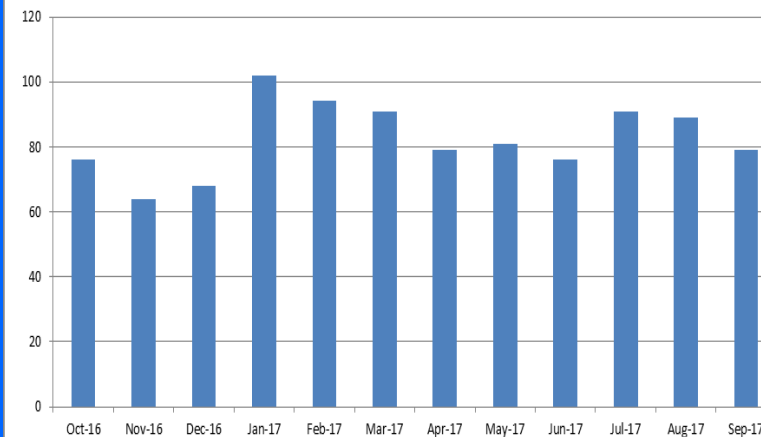
### Trend

#### Informal Concerns Numbers

The number of contacts raising informal concerns for September 2017 was 79 which is 10 less than the previous month.

The Division of Medicine and Emergency Care has received the largest number of individual concerns raised at 49.

Contacts raising informal concerns



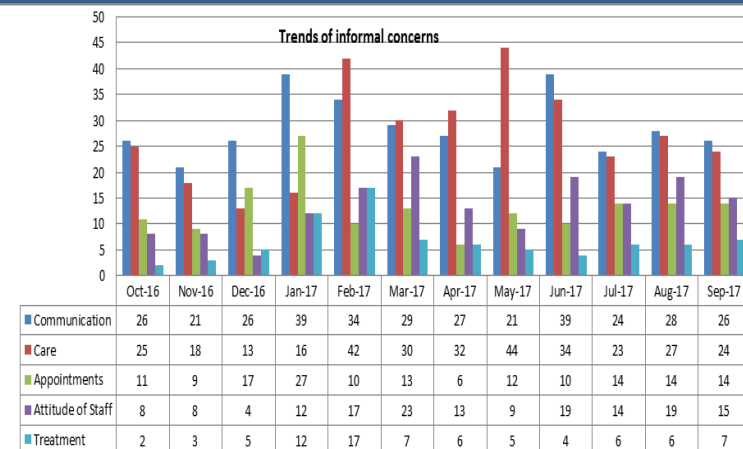
Informal Concerns  
Feedback

#### Informal Concerns Trends

Communication was the highest trend for informal concerns in September 2017, with 11 of the 26 issues raised belonging to the Division of Medicine and Emergency Care. Three of the 11 issues belong to respiratory.

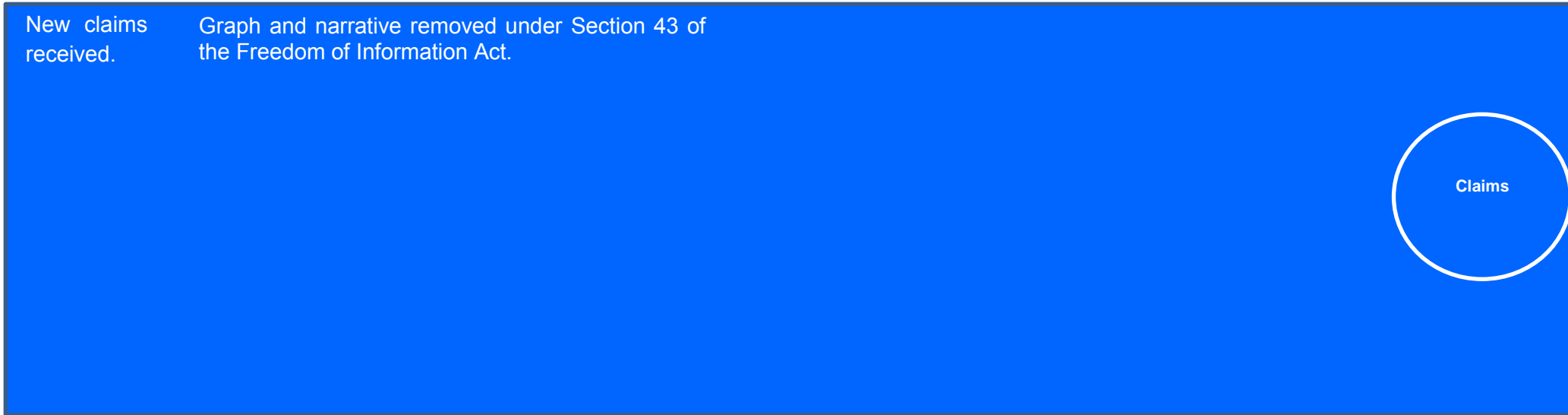
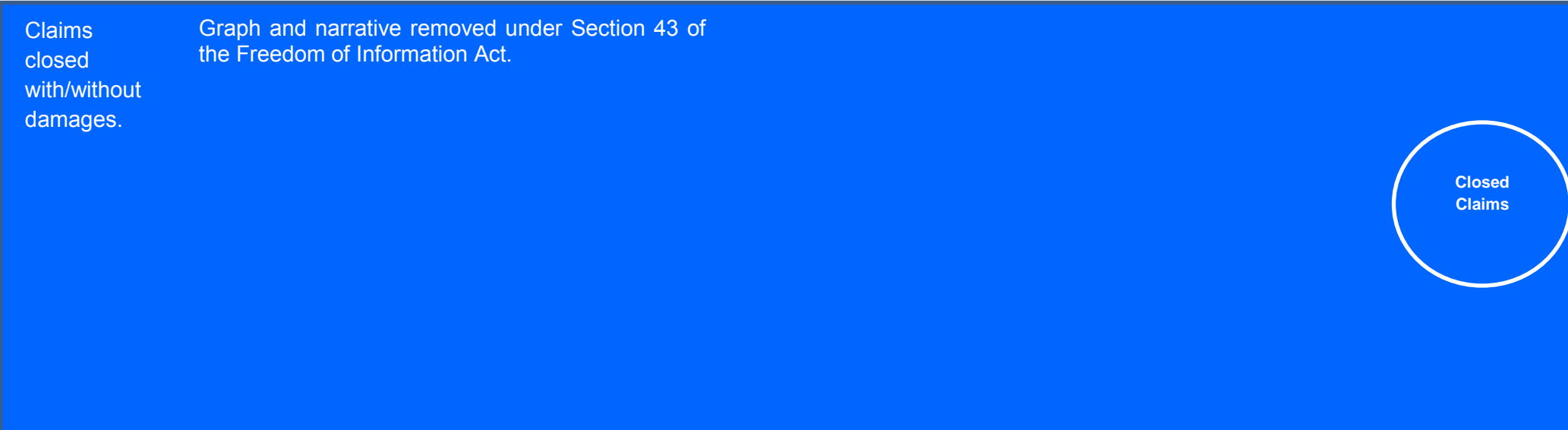
Of the 24 issues raised regarding care, 10 of these belong to the Division of Medicine and Emergency Care. Three of these 10 issues belong to the emergency department and care of the elderly respectively, with 7 of the 10 issues relating to nursing care.

Trends of informal concerns

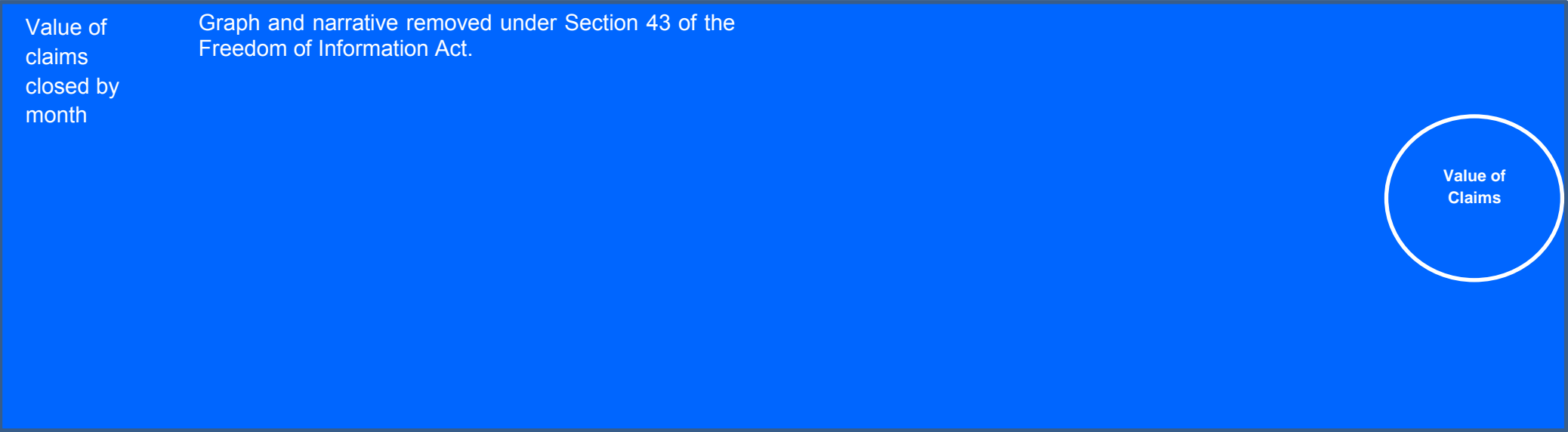
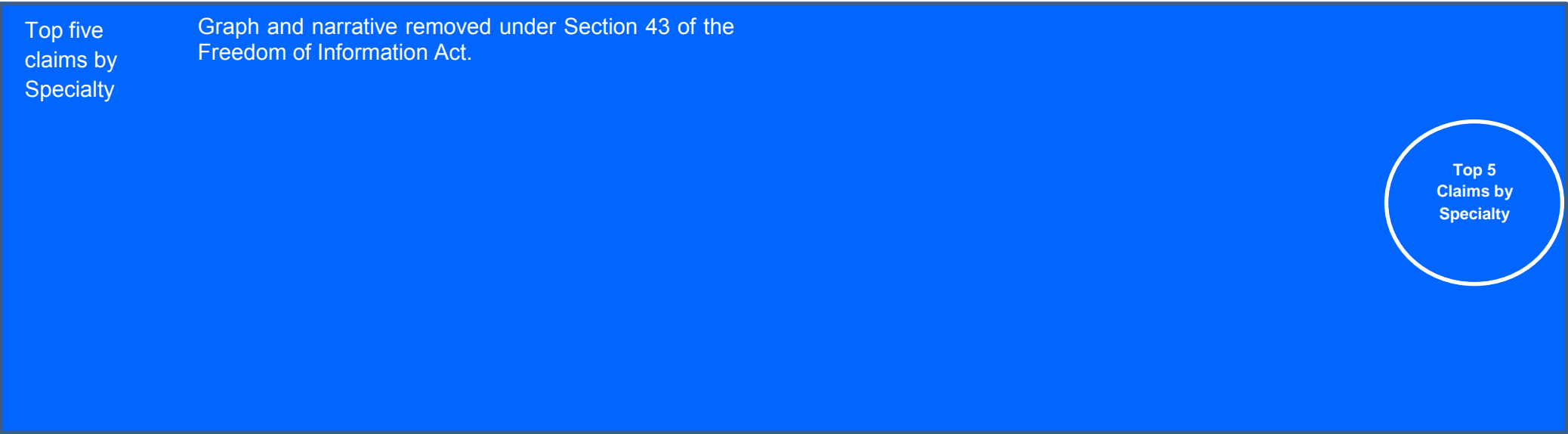


Informal Concerns  
Trends

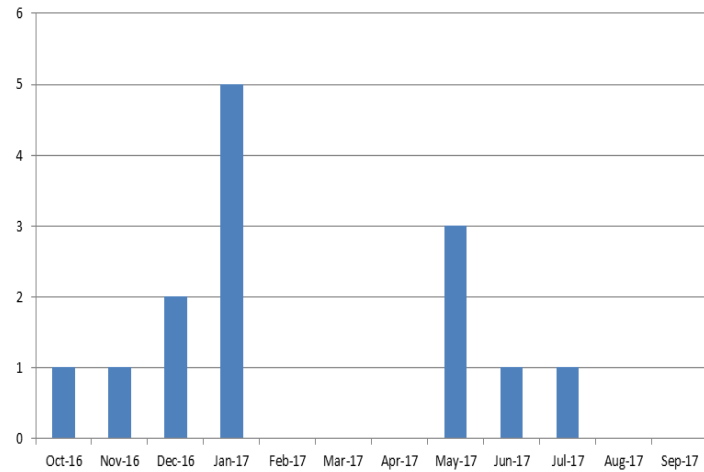

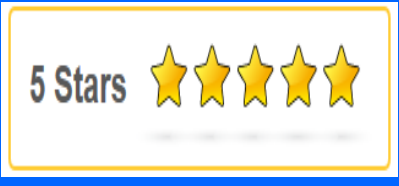
## Board Papers – Quality, Safety & Experience Section: November 2017

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

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

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

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

Description	Aggregate Position/Description	Trend
Number of Inquests concluded by month	No inquests were concluded in September 2017.	<p>Inquests concluded by month</p>  <p>Inquests</p>
NHS Choices Star Ratings	<p>The ratings are based on 233 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: November 2017

### Description

### Aggregate Position /description

### Trend

#### NHS Choices postings

There were postings on NHS Choices in September 2017 of which 1 was negative and 3 were positive.

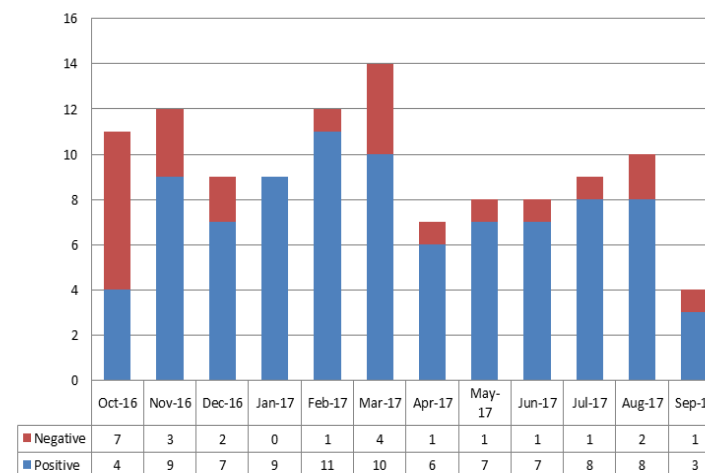
Examples of feedback included:

"I have recently been discharged after a perfect outcome of an abdominal hysterectomy. From the minute I arrived to the minute I left I was in excellent hands" Ward 12

We were not given any discharge papers or pain relief and were told if we hadn't had an appointment for a follow up by Tuesday we should ring the consultants secretary. We left for home at 6.50pm very frustrated and extremely tired. Maybe there should be a new system in place to discharge patients quickly to alleviate this. (Orthopaedics)

"They were kind, professional, extremely quick and efficient culminating in me been given a diagnosis and a drip to stop the sickness and a drip of paracetamol. Top marks to A&E, A wonderful Team "(A&E)

NHS Choices - Numbers of New Postings



NHS Choices - Postings

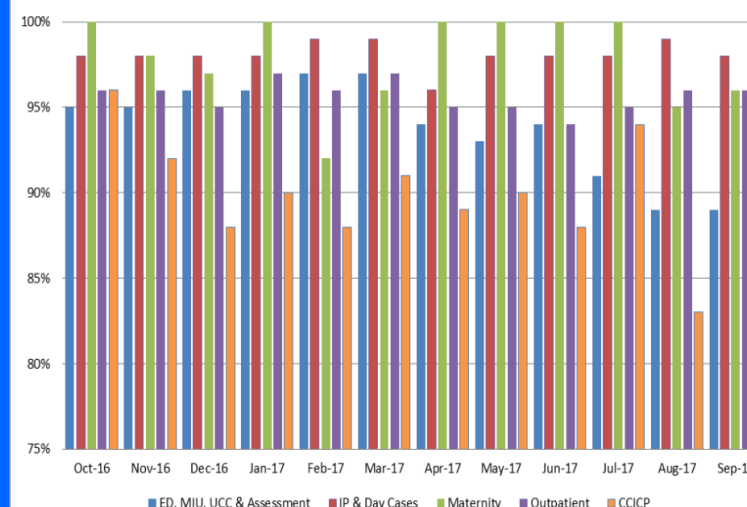
#### The Family and Friends Test asks patients if this would recommend our hospital services to a friend or relative based on their treatment and experience

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

Inpatients and day cases	98%
Emergency care /Assessment areas	89%
Outpatients	96%
Maternity	96%
CCICP	87%

2166 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: November 2017

## Description

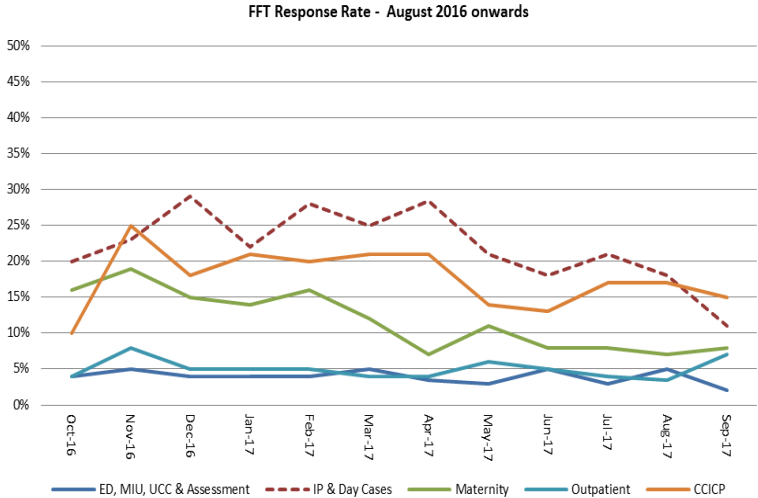
## Aggregate Position

## Trend

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

September 2017	% Response	Total Responses received	How many would recommend
<b>Ward/Dept</b>			
<b>A&amp;E , UCC &amp; MIU</b>	2%	141	126
<b>Inpatients &amp; Daycases</b>	11%	455	446
<b>Maternity</b>	8%	25	24
<b>Outpatients</b>	15%	1321	1269
<b>CCICP</b>	7%	134	117

\* The response rate has improved in A & E and Assessment and areas will increase further with text messaging.



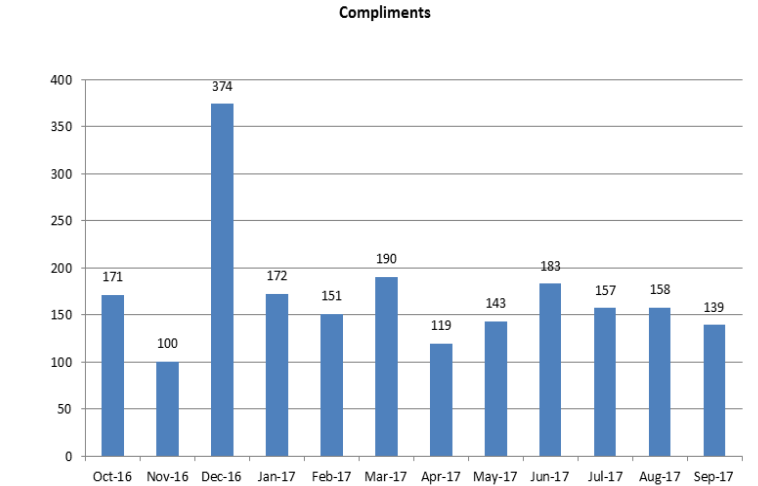
Family & Friends Test

Compliments received

There were 139 compliments/thank-you's received for September 2017:

'I visited the breast care clinic, being early due to light traffic, but amazingly was seen 40 minutes before my appointment time. Leighton Hospital and the staff are fantastic. I am blown away with the service. They surpassed anything that I could have purchased as a private patient. I am so glad I live in the U.K. Fabulous service and parking was so easy.'

'I came to out of hours, hoping it would be a lady doctor. However, as soon as I met the doctor he immediately put me at ease. He was reassuring, kind and fully explained everything. He listened to me and was not dismissive at all. I feel this type of service is very rare and I am so grateful to this doctor.'



Compliments



# **Board of Directors Performance Report**

**September 2017**

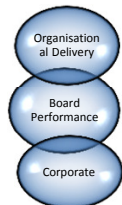
**"To Deliver Excellence in Healthcare through Innovation &  
Collaboration"**

# Introduction

## Performance Report

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

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



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

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

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

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

## Contents

	<i>Page No</i>
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Cash position and Working Capital	20
Staff Costs	21

# Headline Measures

Organisational Delivery			
Indicator	Standard	YTD	Sep-17
<b>Cancer</b>			
Rapid Access Referrals (%) (seen in 2 wks)	93.00%	97.32%	96.82%
Total Patients Seen		4,471	723
Patients seen >14 days		120	23
62 day GP Classic (%)	85.00%	94.53%	95.89%
Accountable Patients Treated		339	37
No. of Breached Pathways (adjusted)		19	2
62 day Screening (%)	90.00%	95.83%	84.62%
Accountable Patients Treated		72	13
No. of Breached Pathways (adjusted)		3	2

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

<b>Unplanned Activity</b>			
A&E <4hrs Standard (%)	95.00%	93.31%	93.99%
A&E Attendances LH & MIU (% to plan)		97.74%	97.11%
A&E Attendances LH & MIU (Vol)		44,358	7,023

<b>Planned Activity</b>			
Incomp Pathways <18wk (%)	92.00%	97.07%	97.10%
>6wk Diagnostic Waits (%)	1.00%	0.31%	0.21%
Total Patients Waiting for a First Outpatient Appointment			7,808

Indicator	Standard	YTD
<b>Workforce</b>		
Sickness absence Rolling 12 Month		4.20%
Turnover Rolling 12 Month		10.82%

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	0.58
Liquidity	4	3	3	-23	-14
I&E Margin	3	2	2	0.38%	0.39%
Distance from Financial Plan	0	1	1	0.00%	96.32%
Agency Spend	1	1	1	-10.22%	-33.24%

	YTD Target	YTD Actual	YTD Variance	FY Target	FY Forecast	FY Variance
Cost Improvement Schemes Total (£000's)	2,363	1,908	-457	4,907	4,012	-896
Capped Expenditure Process Schemes (£'000)	1,980	1,800	-180	7,062	6,562	-500
Commission Contact Income SC & VR (£000's)	93,316	93,316	0			
Contract Income (£'000)	109,884	110,178	296			
Pay to Budget (£000's)	-82,475	-82,701	-226			
Non Pay to Budget (£000's)	-34,969	-34,183	786			
Agency Trajectory (£000's)	-3,012	-2,200	812			

## Exec Summary

In September 2017, the Trust delivered three of the five NHS Improvement Single Oversight Framework performance indicators. The indicators which were not achieved were The 4 hour A&E waiting time target and the 62 day screening target.

The 4-hour A&E standard in September achieved 93.99% against the 95% performance standard.

Comparatively, this is an improvement in performance against September 2016 (92.18%) and exceeds the required 91.34% STF performance trajectory for the month.

The Trust has achieved two of the three headline cancer access standards for September. Strong performance continues in terms of rapid access referrals and 62 day treatment pathways. For Cancer 62 day Screening, there were two breaches recorded in September. Despite failing the month, the standard has been met for the quarter and continues to be met on a year to date basis.

The Trust continues to achieve the 92% standard for RTT 18 week incomplete pathways, with performance in September 2017 at 97.10%. 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 September 2017, with just 0.21% 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 £0.6M which is £0.6M better than plan as at Month 6.

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

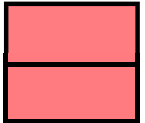
CIP schemes are behind plan by £0.5M due to the no longer proceeding e-rostering scheme and infusion pump consumable savings not materialising. Income generation schemes have been removed in light of the CEP leading to fixed income for the Trust. In addition, CEP schemes are £0.2M worse than plan due to scheme slippage. However, to date combined savings of £3.7M have been achieved.

The Trust is currently £0.8M 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		Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Monthly Trend
	Target	Actual														
Maximum 6 week wait for Diagnostic procedures	1%	0.31%	0.11%	0.63%	0.13%	0.24%	0.18%	0.07%	0.09%	0.04%	0.17%	0.44%	0.76%	0.34%	0.21%	
All Cancers: 62 day GP Classic (%) *	85%	94.53%	95.24%	95.37%	92.00%	90.24%	90.43%	86.41%	96.46%	96.83%	92.81%	94.00%	93.04%	95.16%	95.89%	
All Cancers: 62 day Screening (%) *	90%	95.83%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	85.71%	100.00%	84.62%	
18 weeks from point of referral to treatment - patients on an incomplete pathway (%)	92%	97.07%	93.85%	94.01%	95.46%	95.16%	95.89%	96.07%	96.48%	96.67%	96.97%	97.57%	97.37%	96.78%	97.10%	
A&E - maximum waiting time of 4 hours from arrival to admission/transfer/discharge (%)	95%	93.31%	92.18%	89.21%	93.33%	89.25%	84.47%	93.33%	97.21%	93.37%	90.66%	94.24%	92.63%	95.26%	93.99%	
A&E STF Trajectory			0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	91.72%	91.72%	91.72%	91.34%	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	0.58	4	0.34	0.38	4
	Liquidity	-23	-14	3	-23	-8	3
Financial Efficiency	I&E Margin	0.38%	0.39%	2	-0.66%	0.81%	2
Financial Controls	Distance from Financial Plan	0.00%	96.32%	1	0.00%	1.48%	1
	Agency Spend	-10.22%	-33.24%	1	-9.82%	-34.10%	1
Overall UOR Rating				3			3

# Operational Delivery: *Cancer Pathway*

## Headline Measures

	Current YTD		Rolling 13 months													Monthly Trend
	Target	Actual	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	
Rapid Access Referrals (%) (seen in 2 wks)	93%	97.32%	98.25%	98.60%	98.79%	98.93%	97.66%	99.15%	98.10%	97.14%	97.84%	97.20%	97.51%	97.35%	96.82%	
Total Patients Seen		4471	687	713	743	652	641	706	842	665	742	785	763	793	723	
Patients seen >14 days		120	12	10	9	7	15	6	16	19	16	22	19	21	23	
% seen within 7 days		51.9%	58.7%	64.5%	62.0%	51.1%	69.1%	54.3%	63.1%	55.6%	53.5%	48.7%	44.2%	46.2%	64.7%	
62 day GP Classic (%) *	85%	94.53%	95.24%	95.37%	92.00%	90.24%	90.43%	86.41%	96.46%	96.83%	92.81%	94.00%	93.04%	95.16%	95.89%	

\* Provisional figures subject to change depending

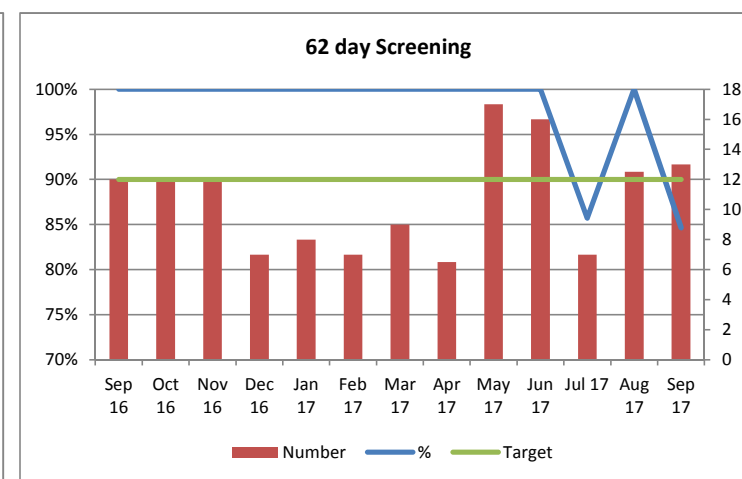
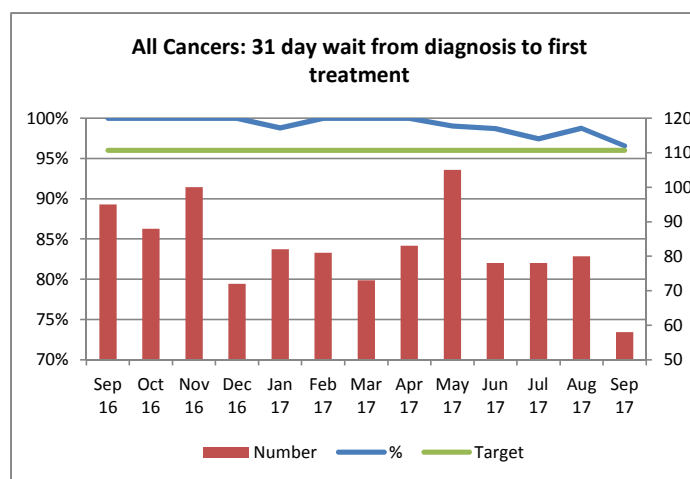
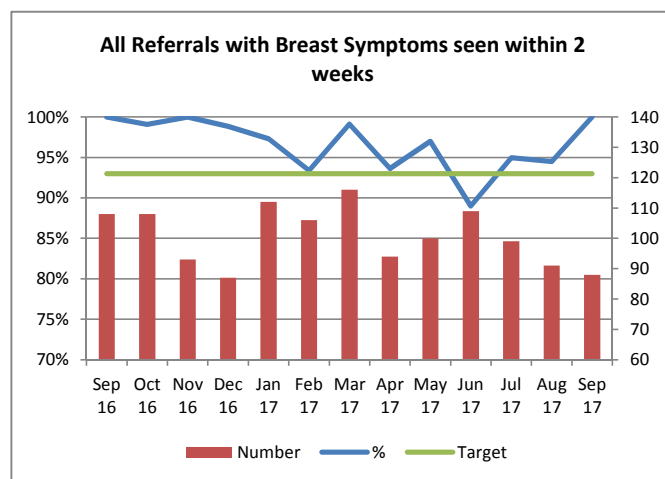
## Commentary

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

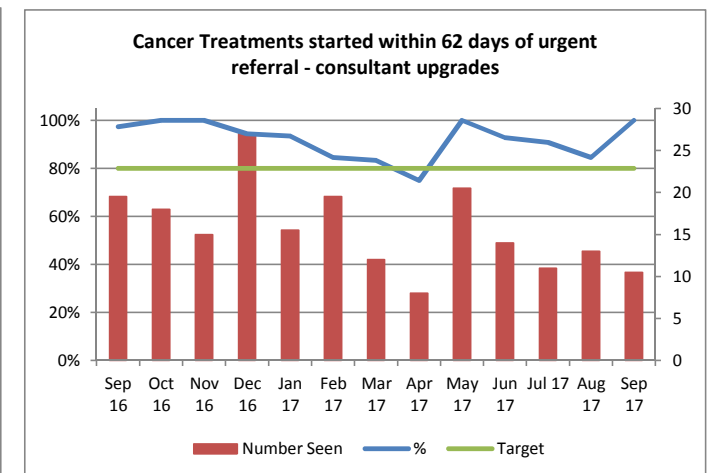
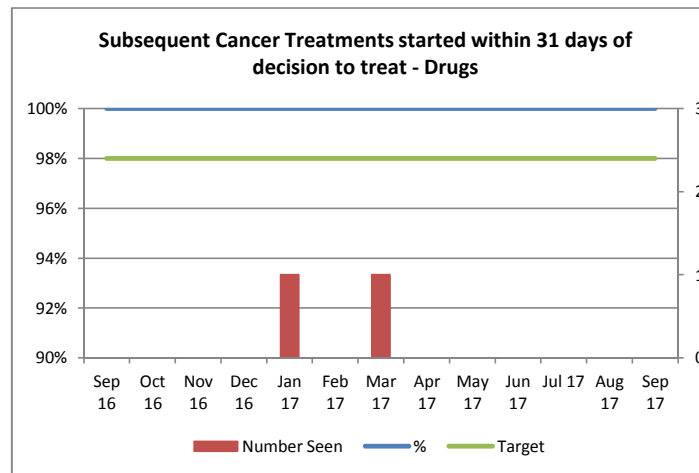
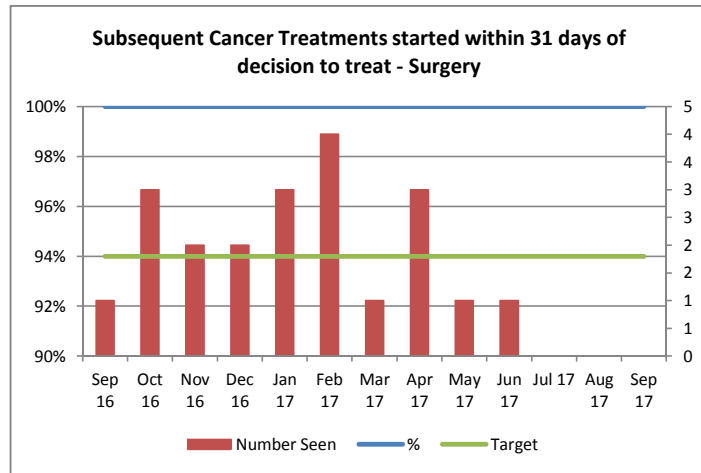
The Trust has continued its strong performance against the Rapid Access referrals standard, achieving 96.82% in September with 64.8% of patients being seen in the first 7 days. The Trust has seen a 5% increase in patients seen in month compared to September 2016.

The 2 week Breast Symptomatic standard has sustained its performance and continues to achieve above the 93% standard. The screening 62 day standard was not met in September with two breaches out of a total 13 patients treated. Despite failing the month, the standard has been met for the quarter and continues to be met on a year to date basis

## Primary Measures



## Operational Delivery: *Cancer Pathway*



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

## Headline Measures

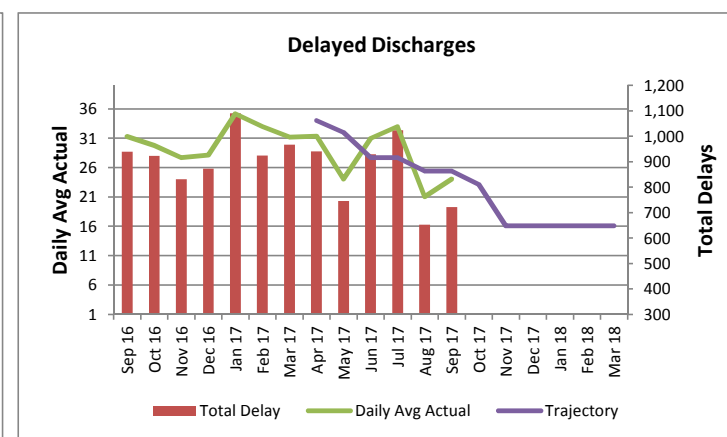
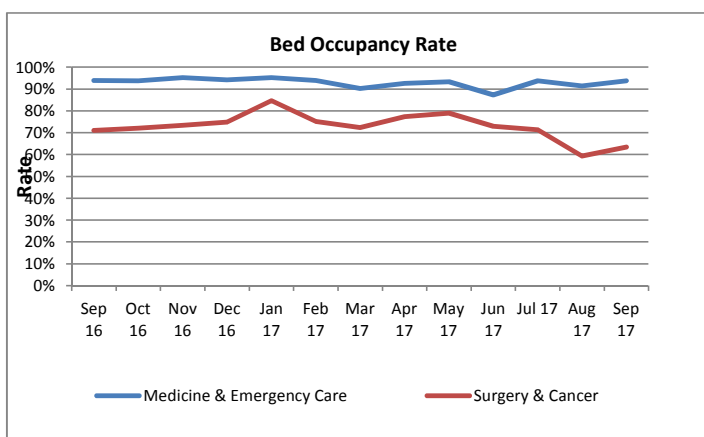
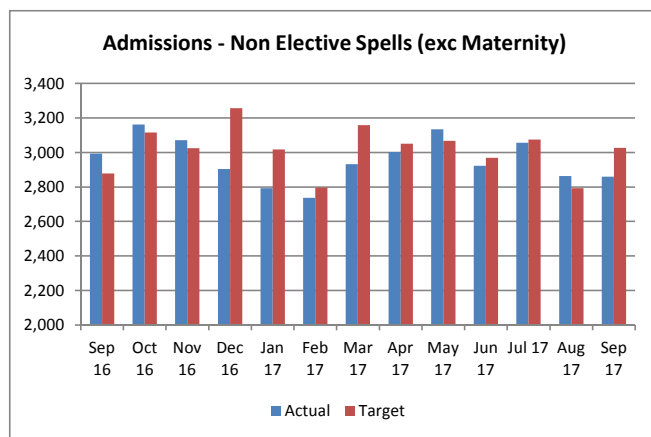
		Current YTD		Rolling 13 months													
		Target	Actual	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Monthly Trend
A&E - >4 hr wait time from arrival to admission/ transfer/ discharge (% to Target)		95%	93.31%	92.18%	89.21%	93.33%	89.25%	84.47%	93.33%	97.21%	93.37%	90.66%	94.24%	92.63%	95.26%	93.99%	
No. of 4hr breaches			2,969	570	813	443	753	1,082	411	205	474	737	437	567	332	422	
		Plan	Actual	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Monthly Trend
A&E Attendances Leighton & MIU (% to Plan)			97.74%	103.6%	104.1%	97.2%	100.5%	103.7%	95.1%	98.5%	98.2%	101.8%	99.9%	96.3%	93.1%	97.1%	
A&E Attendances Leighton & MIU (No.)		45,382	44,358	7,288	7,533	6,643	7,005	6,965	6,166	7,357	7,144	7,890	7,593	7,697	7,011	7,023	
A&E Attendance Case Mix	Major		10,355	1,539	1,603	1,428	1,693	1,710	1,405	1,579	1,652	1,740	1,727	1,743	1,769	1,724	
	Minor		19,440	2,985	3,029	2,682	2,728	2,893	2,677	3,167	3,141	3,442	3,421	3,345	3,152	2,939	
	Paediatrics		8,899	1,453	1,493	1,332	1,218	1,223	1,183	1,631	1,433	1,674	1,568	1,626	1,182	1,416	
	Resus		5,664	833	899	776	957	916	900	980	918	1,034	877	983	908	944	

## Commentary

ED attendances reduced in September 2017 to 7,023 compared to 7,288 in September 2016. The Trust achieved 93.99% against the 4-hour access standard in September. This means the STF trajectory of 91.34% for Quarter 2 has been achieved. The Board are advised that the Trust delivered September 2017 performance with 25 fewer acute medical beds open than in September 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.

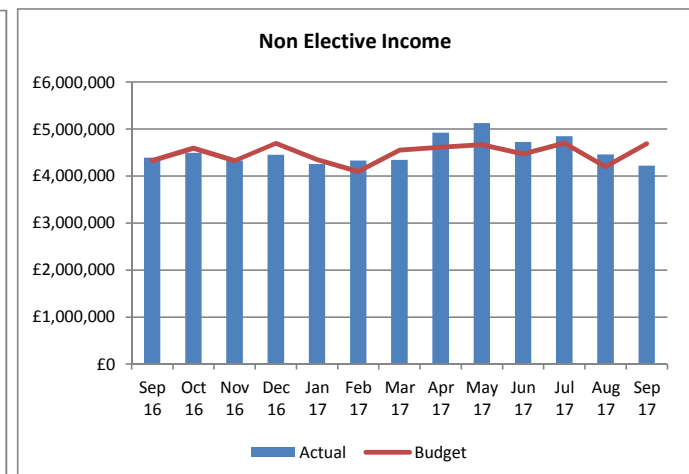
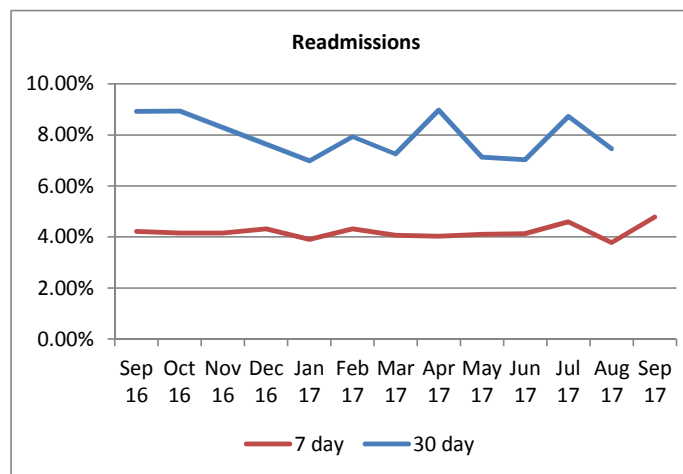
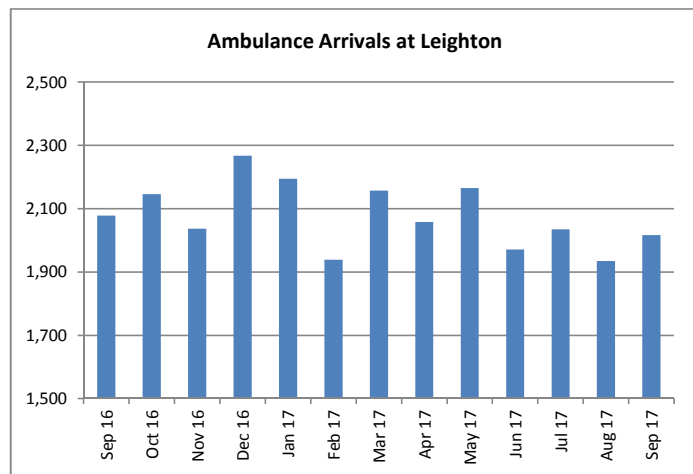
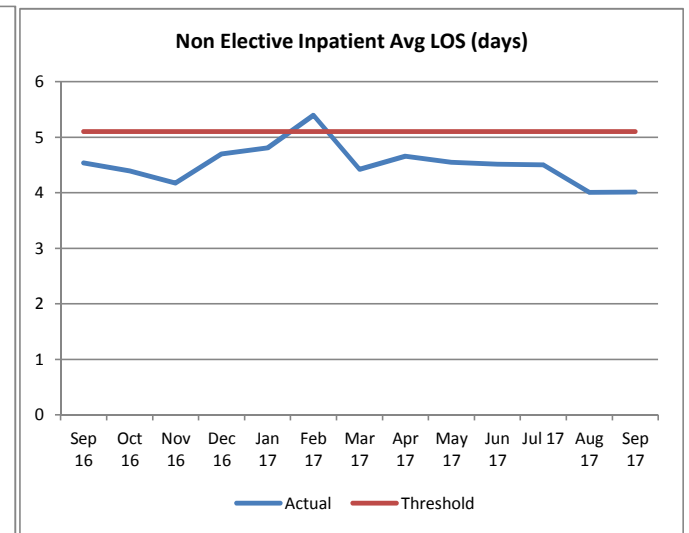
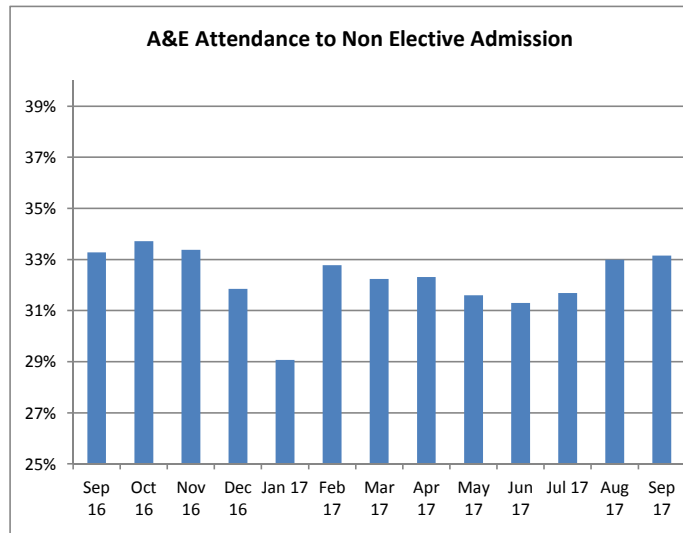
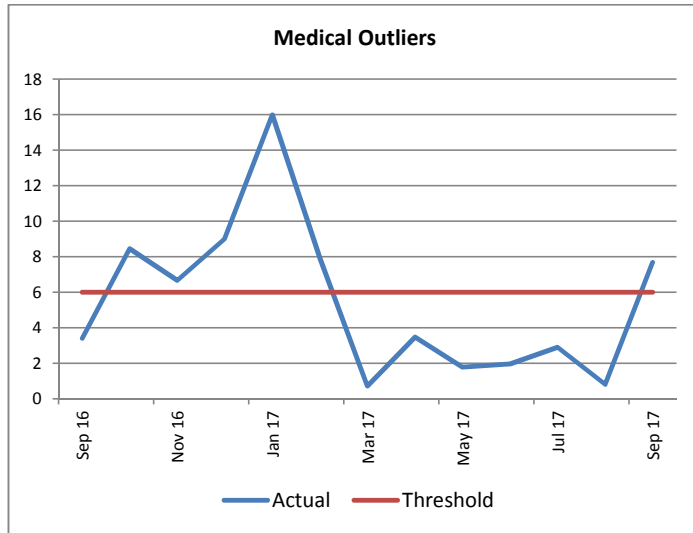
Non elective admissions were below target in September and there was no movement in the actual number of Non-elective admissions from August to September. Bed occupancy in Surgery & Cancer rose in September slightly after a sudden drop in August. Delayed transfers of care decreased markedly in August and has remained below trajectory in September with a daily average of 21 reportable delays. The Type 1 conversion rate for September 2017 (33.15%) is slightly lower than that of September 2016 (33.28%). The number of medical patients on non medical wards rose above the threshold to 8.

## Primary Drivers



# Operational Delivery: *Unplanned Activity A&E*

## Secondary Drivers





# Operational Delivery: *Planned Activity*

## Headline Measures

	Current YTD		Rolling 13 months													
	Target	Actual	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Monthly Trend
18 weeks from Referral to Treatment in Aggregate - Incomplete	92%	97.07%	93.85%	94.01%	95.46%	95.16%	95.89%	96.07%	96.48%	96.67%	96.97%	97.57%	97.37%	96.78%	97.10%	
Total 18 Weeks		70,029	14,565	13,580	12,998	12,505	11,437	11,234	11,526	11,567	10,992	11,164	11,575	12,425	12,306	
No. > 18 Weeks		2,051	896	813	590	605	470	442	406	385	333	271	305	400	357	
Diagnostic Waiting Time	1%	0.31%	0.11%	0.63%	0.13%	0.24%	0.18%	0.07%	0.09%	0.04%	0.17%	0.44%	0.76%	0.34%	0.21%	
Total Number of Waiters		22,993	3,767	3,630	3,149	3,826	3,786	4,305	4,561	4,582	4,192	4,090	3,560	3,189	3,380	
Waiters of 6 Weeks +		72	4	23	4	9	7	3	4	2	7	18	27	11	7	
Total Patients Waiting for a First Outpatient Appointment			10,155	9,544	8,359	7,842	7,205	7,812	7,057	7,223	7,172	7,352	7,643	8,029	7,808	
Longest Wait Time (weeks)												40	44	48	53	

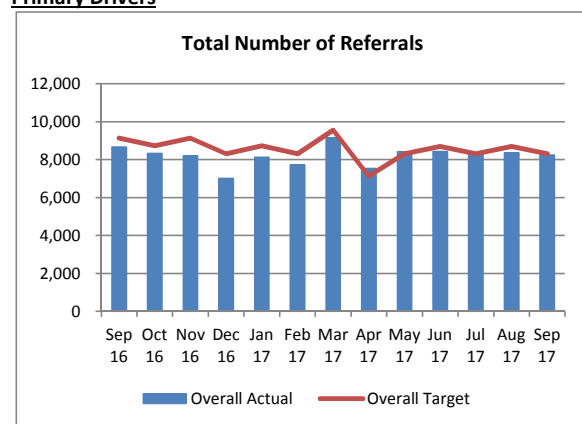
## Commentary

The Trust reported 97.10% 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 89.4%. The Division have a recovery plan in place which is monitored through PMG. An improvement has been seen since August 82%. 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.

The Trust has delivered the diagnostic wait time consistently since July 2016. In September 2017, 0.21% 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.

Referrals from GPs in September 2017 were on plan. This is the first time this financial year GP referrals have not been under plan. There were 8,244 referrals into the Trust in September, which is below

## Primary Drivers



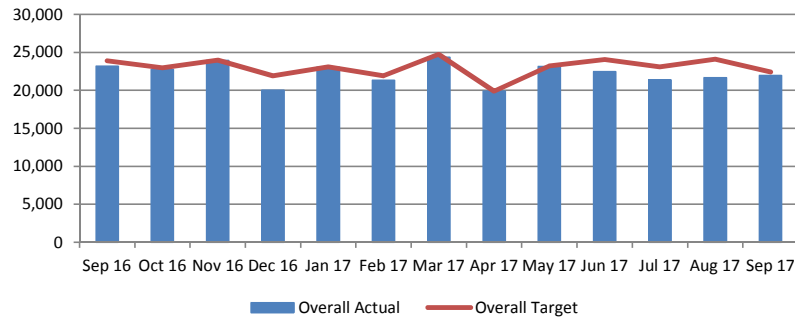
## Referral Breakdown

	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Monthly Trend
GP Actual	5,383	5,063	5,061	4,192	4,930	4,592	5,534	4,427	4,779	5,248	5,115	5,210	5,275	
GP Target	5,767	5,505	5,767	5,243	5,505	5,243	6,029	4,507	5,259	5,509	5,259	5,509	5,259	
% to Target	93.3%	92.0%	87.8%	80.0%	89.6%	87.6%	91.8%	98.2%	90.9%	95.3%	97.3%	94.6%	100.3%	
Other Actual	3,277	3,263	3,135	2,821	3,200	3,126	3,621	3,100	3,632	3,179	3,191	3,156	2,969	
Other Target	3,376	3,222	3,376	3,069	3,222	3,069	3,529	2,614	3,050	3,195	3,050	3,195	3,050	
% to Target	97.1%	101.3%	92.9%	91.9%	99.3%	101.9%	102.6%	118.6%	119.1%	99.5%	104.6%	98.8%	97.4%	
Total Actual	8,660	8,326	8,196	7,013	8,130	7,718	9,155	7,527	8,411	8,427	8,306	8,366	8,244	
Total Target	9,143	8,728	9,143	8,312	8,728	8,312	9,559	7,121	8,308	8,704	8,308	8,704	8,308	
% to Target	94.7%	95.4%	89.6%	84.4%	93.2%	92.9%	95.8%	105.7%	101.2%	96.8%	100.0%	96.1%	99.2%	
GP % of Total	62.2%	60.8%	61.7%	59.8%	60.6%	59.5%	60.4%	58.8%	56.8%	62.3%	61.6%	62.3%	64.0%	

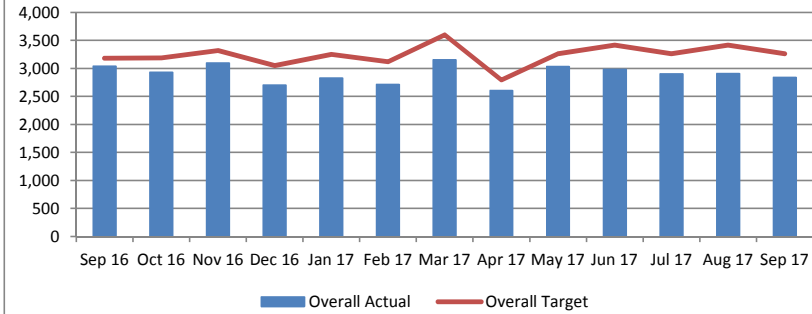
# Operational Delivery: *Planned Activity*

## Primary Drivers

Total OP Attendances



Total Elective Spells



### OP Attendance Breakdown

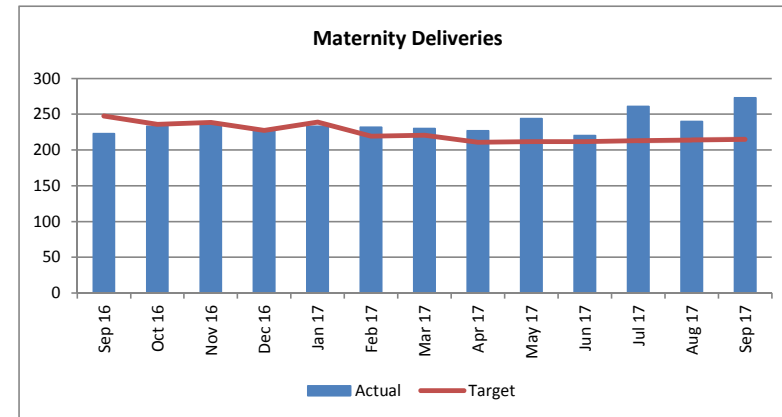
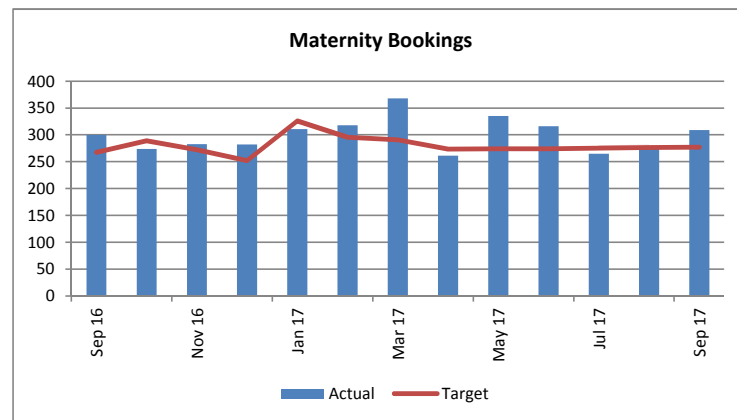
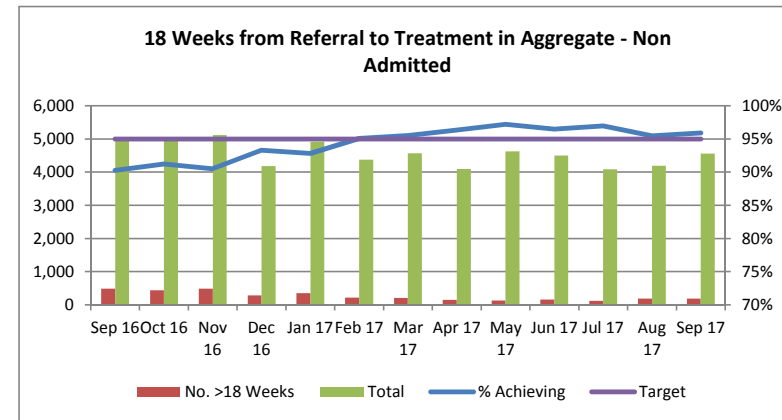
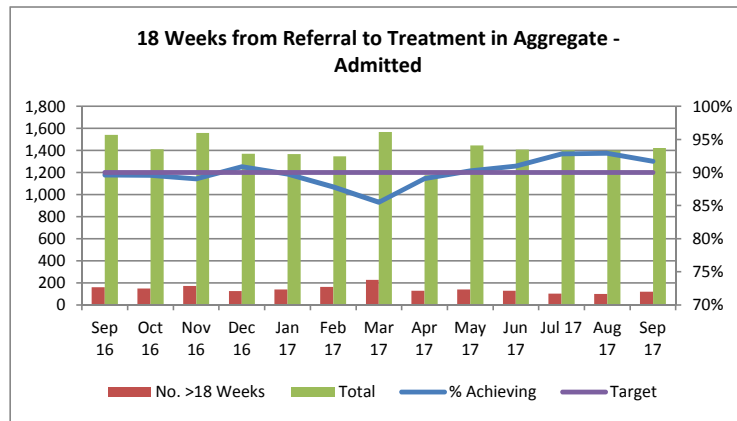
	YTD	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Monthly Trend
New Actual	87,308	7,565	7,421	7,305	6,202	6,811	6,243	7,110	5,727	6,787	6,746	6,192	6,419	6,780	
New Target	92,367	7,337	7,081	7,408	6,747	7,138	6,791	7,764	6,098	7,113	7,423	7,098	7,427	6,941	
% to Target	94.5%	103.1%	104.8%	98.6%	91.9%	95.4%	91.9%	91.6%	93.9%	95.4%	90.9%	87.2%	86.4%	97.7%	
F U Actual	201,704	15,599	15,346	16,631	13,820	16,223	15,063	17,229	14,147	16,325	15,723	15,181	15,236	15,181	
F U Target	206,788	16,540	15,894	16,549	15,170	15,958	15,098	16,983	13,765	16,118	16,623	15,967	16,663	15,462	
% to Target	97.5%	94.3%	96.6%	100.5%	91.1%	101.7%	99.8%	101.4%	102.8%	101.3%	94.6%	95.1%	91.4%	98.2%	
Total Actual	289,012	23,164	22,767	23,936	20,022	23,034	21,306	24,339	19,874	23,112	22,469	21,373	21,655	21,961	
Total Target	299,155	23,876	22,975	23,957	21,917	23,096	21,889	24,747	19,862	23,231	24,046	23,065	24,090	22,403	
% to Target	96.6%	97.0%	99.1%	99.9%	91.4%	99.7%	97.3%	98.4%	100.1%	99.5%	93.4%	92.7%	89.9%	98.0%	
New % of Total	30.2%	32.7%	32.6%	30.5%	31.0%	29.6%	29.3%	29.2%	28.8%	29.4%	30.0%	29.0%	29.6%	30.9%	

### Elective Spells Breakdown

	YTD	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Monthly Trend
I P Actual	3,771	302	332	324	258	210	304	342	260	307	294	266	297	275	
I P Target	4,477	365	352	369	335	359	342	393	281	330	346	330	346	330	
% to Target	84.2%	82.7%	94.4%	87.9%	77.0%	58.5%	88.8%	87.1%	92.4%	93.1%	85.1%	80.7%	85.9%	83.4%	
Daycase Actual	33,964	2,739	2,598	2,773	2,442	2,618	2,411	2,809	2,342	2,728	2,689	2,636	2,613	2,566	
Daycase Target	37,640	2,818	2,834	2,952	2,717	2,892	2,775	3,208	2,509	2,931	3,071	2,931	3,071	2,931	
% to Target	90.2%	97.2%	91.7%	93.9%	89.9%	90.5%	86.9%	87.6%	93.3%	93.1%	87.6%	89.9%	85.1%	87.6%	
Total Actual	37,735	3,041	2,930	3,097	2,700	2,828	2,715	3,151	2,602	3,035	2,983	2,902	2,910	2,841	
Total Target	42,116	3,183	3,186	3,321	3,052	3,252	3,117	3,601	2,791	3,260	3,417	3,260	3,417	3,260	
% to Target	89.6%	95.5%	92.0%	93.3%	88.5%	87.0%	87.1%	87.5%	93.2%	93.1%	87.3%	89.0%	85.2%	87.1%	
I P % of Total	10.0%	9.9%	11.3%	10.5%	9.6%	7.4%	11.2%	10.9%	10.0%	10.1%	9.9%	9.2%	10.2%	9.7%	

# Operational Delivery: *Planned Activity*

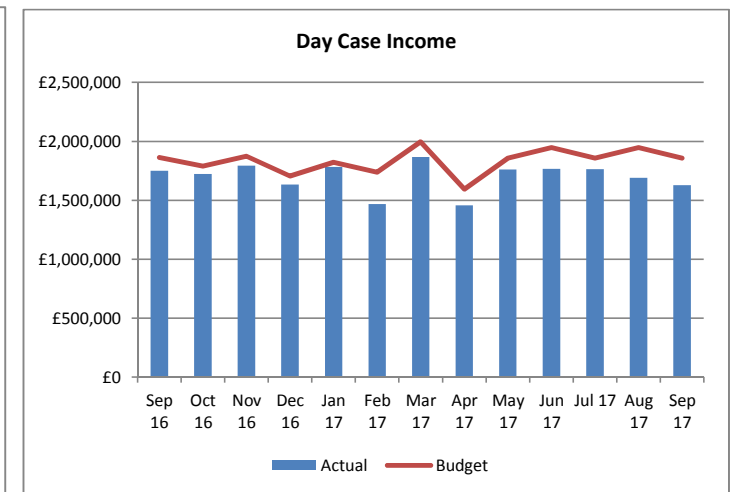
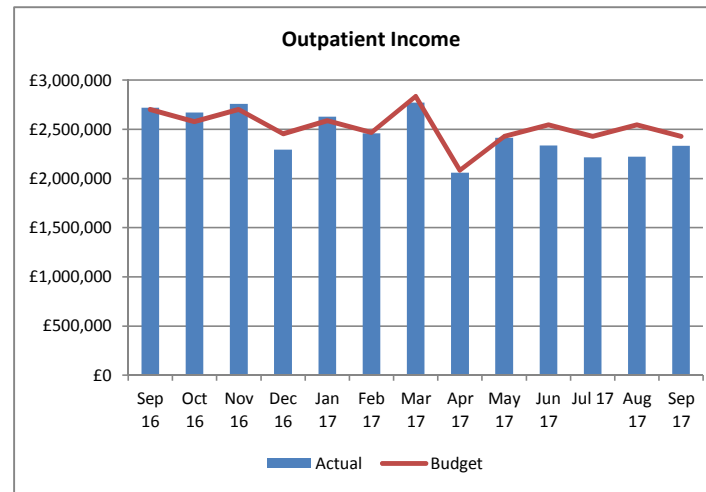
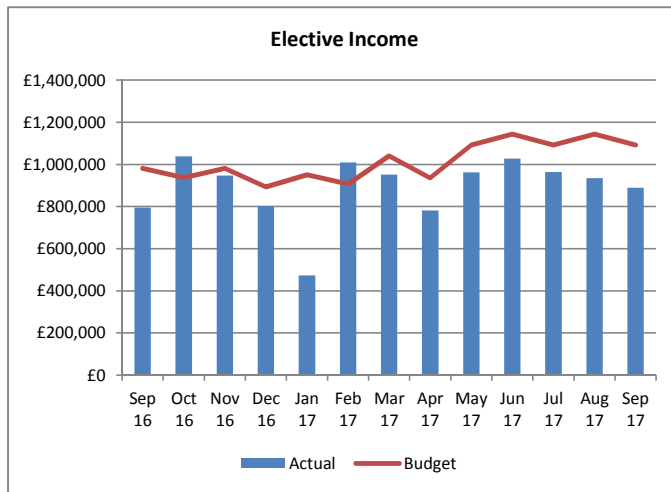
## Primary Drivers



# Operational Delivery: *Planned Activity*

## Secondary Drivers

		Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Monthly Trend	
Bed Occupancy Rate	Medicine & Emergency Care	94.0%	93.7%	95.2%	94.2%	95.2%	93.8%	90.3%	92.6%	93.3%	87.4%	93.7%	91.4%	93.8%		
	Surgery & Cancer	71.0%	72.0%	73.4%	74.9%	84.6%	75.1%	72.3%	77.3%	78.9%	72.9%	71.3%	59.3%	63.5%		
Elective Inpatient Avg LOS (Days)		2.7	3.3	2.3	3.3	2.1	2.8	2.4	3.4	2.9	3.1	3.7	2.5	2.3		
Delayed Transfers of Care (MFFD)		16.00	31	30	28	28	35	33	31	31	24	31	33	21	24	
Medical Outliers		3	8	7	9	16	8	1	3	2	2	3	1	8		
Readmission (Emergency Re-admissions after Planned Surgery)																
* reported from 16/17. One month delay	30 Day Rate	3.15%	3.29%	3.14%	3.46%	3.27%	2.95%	0.27%	4.00%	3.05%	3.06%	2.76%	2.92%	0.00%		
	7 Day Rate	1.16%	1.29%	1.37%	1.24%	1.75%	1.67%	1.40%	1.73%	1.56%	1.49%	1.05%	1.11%	1.44%		
Cancelled Operations - Non Clinical - Cancellation Rate		1.48%	1.16%	0.61%	2.12%	0.85%	1.25%	1.07%	1.30%	1.06%	0.80%	0.86%	0.40%	0.57%		
Theatre Efficiency																
	Main Theatres	76.6%	77.6%	75.7%	75.5%	71.4%	76.3%	76.2%	77.5%	79.5%	78.4%	77.9%	78.6%	80.5%		
	TC Theatres	74.6%	77.2%	73.9%	72.6%	72.1%	76.0%	75.3%	75.6%	79.6%	72.7%	75.0%	76.0%	71.5%		
DNA (OP Efficiency)		6.72%	5.92%	6.15%	6.28%	6.13%	5.44%	5.35%	5.86%	5.94%	6.63%	5.82%	5.82%	5.94%		
Hospital Cancellation Rate (OP Efficiency)		5.01%	5.36%	5.34%	5.56%	5.40%	5.73%	6.03%	6.57%	7.63%	7.51%	7.94%	7.58%	6.11%		



## Financial Performance: Income & Expenditure Position - Aggregated

	Month			Year to Date			Forecast	Base Budget 17/18 £'000
	Plan Sept (£'000)	Actual Sept (£'000)	Variance Sept (£'000)	Plan Apr to Sept (£'000)	Actual Apr to Sept (£'000)	Variance Apr to Sept (£'000)	17/18 (£'000)	
<b>Operating</b>								
<b>Operating Income</b>								
<i>NHS Acute Activity Income</i>								
Elective	812	897	85	5,990	5,561	-429	11,384	12,496
Non-Elective	3,668	4,305	637	26,743	28,306	1,563	56,612	57,367
Maternity	1,162	1,248	86	6,726	7,004	278	13,661	13,208
Day cases	1,770	1,655	-114	10,913	10,068	-845	19,872	22,066
Outpatients	2,390	2,335	-54	14,419	13,578	-841	27,158	29,033
A&E	741	793	51	4,767	4,957	190	9,914	9,309
Other NHS	8,005	7,361	-644	40,328	40,708	380	81,991	76,714
<b>Total NHS Clinical Revenue</b>	<b>18,548</b>	<b>18,595</b>	<b>46</b>	<b>109,885</b>	<b>110,181</b>	<b>297</b>	<b>220,592</b>	<b>220,193</b>
<i>Other Operating Income</i>	1,904	1,782	-122	11,429	11,140	-289	22,032	22,840
<b>TOTAL OPERATING INCOME</b>	<b>20,452</b>	<b>20,377</b>	<b>-76</b>	<b>121,314</b>	<b>121,321</b>	<b>8</b>	<b>242,624</b>	<b>243,033</b>
<b>Operating Expenses</b>								
Employee Benefits Expenses (Pay)	-13,731	-13,875	-144	-82,475	-82,701	-226	-165,944	-165,061
Drugs	-1,376	-1,229	147	-8,267	-7,721	546	-15,445	-16,526
Clinical Supplies	-1,569	-1,419	150	-9,760	-8,861	899	-17,875	-19,518
Non Clinical Supplies	-272	-304	-32	-1,679	-1,990	-311	-3,799	-3,338
Other operating expenses	-2,523	-2,748	-225	-15,263	-15,829	-566	-31,602	-30,178
<b>TOTAL OPERATING EXPENSES</b>	<b>-19,471</b>	<b>-19,575</b>	<b>-104</b>	<b>-117,444</b>	<b>-117,102</b>	<b>342</b>	<b>-234,665</b>	<b>-234,621</b>
<b>EBITDA</b>	<b>981</b>	<b>802</b>	<b>-180</b>	<b>3,870</b>	<b>4,219</b>	<b>350</b>	<b>7,959</b>	<b>8,412</b>
<b>Non Operating</b>								
<b>Non Operating Income</b>								
Interest & Asset disposal	3	2	-1	18	8	-10	36	36
<b>Non-Operating Expenses</b>								
Depreciation & Finance Leases	-531	-439	92	-2,926	-2,640	286	-5,397	-5,850
PDC Dividend Expense	-158	-158	0	-950	-950	0	-1,900	-1,900
<b>Net Surplus/(deficit) before Exceptional Items</b>	<b>295</b>	<b>207</b>	<b>-89</b>	<b>12</b>	<b>637</b>	<b>626</b>	<b>698</b>	<b>698</b>
Prior Period Adjustment	0	160	160	0	0	0	0	0
Charitable Income	0	218	218	0	218	218	218	0
	0	0	0				0	0
<b>Net Surplus/(deficit) after Exceptional Items</b>	<b>295</b>	<b>585</b>	<b>289</b>	<b>12</b>	<b>855</b>	<b>844</b>	<b>916</b>	<b>698</b>

The Trust delivered a £0.6M surplus (before charitable income) cumulative against a planned break even position.

Contract income is £0.3M better than plan cumulative. Key variances include planned income and drugs and the impact of the CEP.

Other income is 0.3M worse cumulative as a result of Training income, RTA income and nhs recharge variances.

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

Non-Pay is £0.6M better than plan cumulative as a result of high cost drugs (income offset), reduced spend on clinical supplies related to activity reduction. Also, non-clinical supplies is worse in community related to higher costs than planned and other operating expenses is worse than plan and includes costs of outsourcing to cover medical gaps.

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

\* EBITDA Total excludes Charitable Income

## Financial Performance: Income & Expenditure Position - MCHFT

	Month			Year to Date			Forecast	Base Budget 2017/18 £'000
	Plan Sept (£'000)	Actual Sept (£'000)	Variance Sept (£'000)	Plan Apr to Sept (£'000)	Actual Apr to Sept (£'000)	Variance Apr to Sept (£'000)	17/18 (£'000)	
<b>Operating</b>								
<b>Operating Income</b>								
<i>NHS Acute Activity Income</i>								
Elective	812	897	85	5,990	5,561	-429	11,384	12,496
Non-Elective	3,668	4,305	637	26,743	28,306	1,563	56,612	57,367
Maternity	1,162	1,248	86	6,726	7,004	278	13,661	13,208
Day cases	1,770	1,655	-114	10,913	10,068	-845	19,872	22,066
Outpatients	2,390	2,335	-54	14,419	13,578	-841	27,158	29,033
A&E	741	793	51	4,767	4,957	190	9,914	9,309
Other NHS	5,825	5,140	-685	27,250	27,392	142	55,448	50,639
<b>Total NHS Clinical Revenue</b>	<b>16,368</b>	<b>16,374</b>	<b>5</b>	<b>96,807</b>	<b>96,865</b>	<b>59</b>	<b>194,049</b>	<b>194,118</b>
<i>Other Operating Income</i>	1,823	1,684	-139	10,973	10,635	-339	20,992	21,941
<i>Inter-Trust Income</i>	48	48	0	286	286	0	743	571
<b>TOTAL OPERATING INCOME</b>	<b>18,239</b>	<b>18,105</b>	<b>-134</b>	<b>108,066</b>	<b>107,786</b>	<b>-280</b>	<b>215,784</b>	<b>216,630</b>
<b>Operating Expenses</b>								
Employee Benefits Expenses (Pay)	-11,978	-12,258	-280	-72,003	-72,797	-794	-146,024	-144,096
Drugs	-1,374	-1,226	148	-8,253	-7,710	542	-15,423	-16,497
Clinical Supplies	-1,480	-1,311	169	-9,228	-8,317	911	-16,788	-18,455
Non Clinical Supplies	-204	-223	-19	-1,270	-1,343	-72	-2,664	-2,520
Other operating expenses	-2,145	-2,282	-137	-12,968	-13,333	-365	-25,948	-25,672
Inter-Trust Charges	-82	-82	0	-489	-489	0	-979	-979
<b>TOTAL OPERATING EXPENSES</b>	<b>-17,263</b>	<b>-17,382</b>	<b>-119</b>	<b>-104,212</b>	<b>-103,990</b>	<b>222</b>	<b>-207,826</b>	<b>-208,219</b>
<b>EBITDA</b>	<b>976</b>	<b>724</b>	<b>-253</b>	<b>3,854</b>	<b>3,796</b>	<b>-58</b>	<b>7,958</b>	<b>8,411</b>
<b>Non Operating</b>								
<b>Non Operating Income</b>								
Interest & Asset disposal	3	2	-1	18	8	-10	36	36
<b>Non-Operating Expenses</b>								
Depreciation & Finance Leases	-531	-439	92	-2,926	-2,640	286	-5,397	-5,850
PDC Dividend Expense	-158	-158	0	-950	-950	0	-1,900	-1,900
<b>Net Surplus/(deficit) before Exceptional Items</b>	<b>290</b>	<b>129</b>	<b>-162</b>	<b>-4</b>	<b>214</b>	<b>218</b>	<b>697</b>	<b>698</b>
Prior Period Adjustment	0	0	0	0	0	0	0	0
Charitable income	0	218	218	0	218	218	218	0
<b>Net Surplus/(deficit) after Exceptional Items</b>	<b>290</b>	<b>347</b>	<b>56</b>	<b>-4</b>	<b>432</b>	<b>436</b>	<b>915</b>	<b>698</b>

The Trust excluding Community Services, delivered a £0.2M surplus cumulative against a planned break even position.

Contract income is £0.1M better than plan cumulative. Key variances include planned income and drugs. £80M of the £97M actual value is fixed in line with the CEP. The variance relates to services commissioned by specialised, Public Health England and out of area commissioners.

Other income is £0.3M worse in month as a result of training income, RTA income and nhs recharge variances.

Pay is £0.8M worse than plan cumulative as a result of higher spend on Nursing and corporate vacancy targets.

Non-Pay is £1.0M 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 Sept (£'000)	Actual Sept (£'000)	Variance Sept (£'000)	Plan Apr to Sept (£'000)	Actual Apr to Sept (£'000)	Variance Apr to Sept (£'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	
Non-Elective	0	0	0	0	0	0	0	
Maternity	0	0	0	0	0	0	0	
Day cases	0	0	0	0	0	0	0	
Outpatients	0	0	0	0	0	0	0	
A&E	0	0	0	0	0	0	0	
Other NHS	2,180	2,221	41	13,078	13,316	238	26,543	26,075
<b>Total NHS Clinical Revenue</b>	<b>2,180</b>	<b>2,221</b>	<b>41</b>	<b>13,078</b>	<b>13,316</b>	<b>238</b>	<b>26,543</b>	<b>26,075</b>
<i>Other Operating Income</i>	81	98	17	456	505	50	1,040	899
<i>Inter-Trust Income</i>	82	82	0	489	489	0	979	979
<b>TOTAL OPERATING INCOME</b>	<b>2,343</b>	<b>2,401</b>	<b>58</b>	<b>14,023</b>	<b>14,310</b>	<b>288</b>	<b>28,562</b>	<b>27,953</b>
<b>Operating Expenses</b>								
Employee Benefits Expenses (Pay)	-1,753	-1,617	136	-10,472	-9,904	568	-19,920	-20,965
Drugs	-2	-3	-1	-14	-11	4	-22	-29
Clinical Supplies	-89	-108	-19	-531	-544	-12	-1,087	-1,063
Non Clinical Supplies	-68	-81	-13	-409	-647	-239	-1,135	-818
Other operating expenses	-378	-466	-88	-2,295	-2,496	-201	-5,654	-4,506
Inter-Trust Charges	-48	-48	0	-286	-286	0	-743	-571
<b>TOTAL OPERATING EXPENSES</b>	<b>-2,338</b>	<b>-2,323</b>	<b>15</b>	<b>-14,007</b>	<b>-13,887</b>	<b>120</b>	<b>-28,561</b>	<b>-27,952</b>
<b>EBITDA</b>	<b>5</b>	<b>78</b>	<b>73</b>	<b>16</b>	<b>423</b>	<b>407</b>	<b>1</b>	<b>0</b>
<b>Non Operating</b>								
<b>Non Operating Income</b>								
Interest & Asset disposal	0	0	0	0	0	0	0	
<b>Non-Operating Expenses</b>								
Depreciation & Finance Leases	0	0	0	0	0	0	0	
PDC Dividend Expense	0	0	0	0	0	0	0	
<b>Net Surplus/(deficit) before Exceptional Items</b>	<b>5</b>	<b>78</b>	<b>73</b>	<b>16</b>	<b>423</b>	<b>407</b>	<b>1</b>	<b>0</b>
Prior Period Adjustment	0	160	160	0	0	0	0	
<b>Net Surplus/(deficit) after Exceptional Items</b>	<b>5</b>	<b>238</b>	<b>233</b>	<b>16</b>	<b>423</b>	<b>407</b>	<b>1</b>	<b>0</b>

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

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

Pay is £0.6M better than plan cumulative as a result of unfilled vacancies partly clinical and partly corporate.

Non-Pay is £0.4M 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	(59)	(441)	(409)	(17)	(10)	(458)	(478)
Endoscopy	Endoscopy	3,183	1	(441)	(1,182)	38	(583)	120	1,419	(283)
General Surgery Directorate	General Surgery	8,541	25	(262)	(4,292)	176	(861)	53	3,413	(33)
Head & Neck Directorate	Head & Neck	2,730	189	(121)	(1,266)	70	(326)	94	1,328	43
Macmillan Cancer Centre	Macmillan Cancer Centre	300	783	149	(442)	(10)	(681)	(33)	(40)	106
Ophthalmology	Ophthalmology	5,838	28	(270)	(1,987)	154	(1,616)	307	2,263	190
Orthopaedic Directorate	Orthopaedics	9,701	121	(534)	(3,138)	131	(1,732)	(23)	4,951	(427)
Theatres & TC	Theatres & TC	0	172	(5)	(3,642)	24	(1,288)	10	(4,758)	29
Urology Directorate	Urology	2,773	38	(148)	(1,318)	38	(252)	(81)	1,241	(191)
<b>Surgical and Cancer Division</b>	<b>Surgery &amp; Cancer</b>	<b>33,067</b>	<b>1,356</b>	<b>(1,692)</b>	<b>(17,707)</b>	<b>212</b>	<b>(7,357)</b>	<b>436</b>	<b>9,359</b>	<b>(1,044)</b>

The Surgical Division is £1.0M 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 Mgm	Divisional Mangement M&EC	0	85	85	(1,159)	(82)	(68)	(164)	(1,143)	(161)
Accident & Emergency Dir	Emergency Department	7,749	368	575	(2,846)	144	(334)	(54)	4,937	665
Anaesthetics & Critical Care	Anaesthetics & Critical Care	3,093	23	15	(4,065)	(30)	(528)	78	(1,477)	62
Medical Directorate	General Medicine	20,491	160	464	(11,109)	(490)	(2,070)	209	7,472	183
Urgent Care Centre	Urgent Care Centre	0	0	0	(344)	16	0	73	(344)	89
<b>Emergency Services Division</b>	<b>Medicine &amp; Emergency Care</b>	<b>31,333</b>	<b>636</b>	<b>1,138</b>	<b>(19,522)</b>	<b>(442)</b>	<b>(3,001)</b>	<b>142</b>	<b>9,445</b>	<b>838</b>

The Medicine and Emergency Care Division are £0.8M better than plan. Net of income, the Division is £0.3M 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. Medical pay is slightly higher than plan. Non-pay is better than plan as a result of lower than expected use of high cost drugs.

		Income			Expenditure				NET TOTAL	
		Contract	Variable	Better/ (Worse) than Budget	Pay	Better/ (Worse) than Budget	Non-Pay	Better/ (Worse) than Budget	Total	Better/ (Worse) than Budget
Wom Chil & sexl hlth Div Magmn	Divisional Mangement W&C	0	9	4	(670)	(86)	(56)	10	(718)	(72)
Obstetric & Gynaecology Dir	Obstetrics & Gynaecology	9,264	53	215	(4,352)	(41)	(737)	(111)	4,229	63
Paediatric Directorate	Paediatrics	5,544	45	(166)	(3,837)	(32)	(532)	6	1,220	(192)
<b>Women and Childrens Division</b>	<b>Women and Children</b>	<b>14,809</b>	<b>106</b>	<b>53</b>	<b>(8,859)</b>	<b>(159)</b>	<b>(1,325)</b>	<b>(94)</b>	<b>4,731</b>	<b>(200)</b>

The Womens and Childrens Division is £0.2M worse than plan cumulative. Net of income, the Division is £0.3M worse than plan. Pay pressures are a result of midwifery and medical over-establishment. Non-pay is £0.1M worse as a result of IVF recharges.



## Financial Performance: Income & Expenditure Position

		Income			Expenditure				NET TOTAL	
		Contract	Variable	Better/ (Worse) than Budget	Pay	Better/ (Worse) than Budget	Non-Pay	Better/ (Worse) than Budget	Total	Better/ (Worse) than Budget
Diag & Clinc Spt Sv Div Mgmt	Divisional Management D&S	0	0	0	(134)	26	(8)	(48)	(142)	(21)
Dermatology	Dermatology	836	13	(197)	(405)	101	(173)	(2)	271	(97)
ECG department	ECG	184	14	(19)	(481)	62	(37)	1	(321)	45
Elmhurst	Elmhurst	998	104	17	(755)	(12)	(89)	6	258	11
Integrated Discharge	Integrated Discharge	0	9	9	(146)	(11)	(2)	0	(139)	(2)
Medical Records Department	Medical Records Department	0	0	(1)	(864)	33	(112)	(4)	(977)	28
Outpatients	Outpatients	0	85	2	(275)	(1)	(27)	0	(216)	1
Pathology Directorate	Pathology	6,005	1,937	76	(4,887)	(10)	(4,330)	(1)	(1,274)	65
Pharmacy Departments	Pharmacy	1,513	117	118	(1,543)	52	(1,553)	(224)	(1,465)	(53)
Radiology Directorate	Radiology	1,667	362	(192)	(3,115)	33	(1,105)	(137)	(2,191)	(296)
Therapeutic Departments	Therapies	0	1	1	(976)	56	(25)	25	(999)	81
Victoria Infirmary Northwich	Victoria Infirmary Northwich	1,016	6	(69)	(844)	(26)	(142)	9	37	(86)
<b>Diagnostics and Support Divisi</b>	<b>Diagnostics and Support</b>	<b>12,220</b>	<b>2,650</b>	<b>(254)</b>	<b>(14,425)</b>	<b>304</b>	<b>(7,604)</b>	<b>(375)</b>	<b>(7,159)</b>	<b>(325)</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, ECG 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	(247)	6	(72)	(8)	(320)	(2)
Catering Directorate	Catering	0	666	16	(803)	(35)	(647)	(32)	(784)	(51)
Estates Departments	Estates Departments	0	220	(19)	(822)	(43)	(3,037)	178	(3,639)	116
Hotel Services	Domestics	0	0	0	(673)	(27)	(6)	0	(679)	(27)
Laundry Services Departments	Laundry	0	601	(3)	(556)	(57)	(389)	(2)	(345)	(62)
Security	Security	0	803	(14)	(358)	18	(306)	(33)	139	(29)
Site Services	Porters	0	0	0	(1,358)	28	(47)	(8)	(1,405)	20
<b>Estates &amp; Facilities Division</b>	<b>Estates &amp; Facilities Division</b>	<b>0</b>	<b>2,289</b>	<b>(20)</b>	<b>(4,817)</b>	<b>(109)</b>	<b>(4,503)</b>	<b>95</b>	<b>(7,031)</b>	<b>(34)</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	(717)	17	(355)	(12)	(1,072)	5
Computer Services	Computer Services	0	40	33	(689)	63	(1,096)	(72)	(1,745)	24
Finance & Information	Finance & Information	0	18	2	(1,568)	(59)	(386)	24	(1,936)	(32)
Human Resources	Human Resources	0	236	(4)	(1,163)	44	(194)	117	(1,121)	157
Risk Manangement & R&D	Risk Management & R&D	0	211	(59)	(730)	57	(21)	25	(540)	23
Quality Assurance Departments	Nurse Management	0	183	111	(1,370)	(157)	(4,597)	8	(5,785)	(38)
Trust Central Expenditure	Trust Central Expenditure	5,429	3,044	592	(1,093)	(561)	(280)	542	7,100	573
Other Departments	Other Departments	14	84	39	(137)	(4)	(143)	19	(182)	54
<b>Corporate</b>	<b>Corporate</b>	<b>5,443</b>	<b>3,816</b>	<b>715</b>	<b>(7,467)</b>	<b>(600)</b>	<b>(7,073)</b>	<b>651</b>	<b>(5,282)</b>	<b>766</b>

The Corporate Division is £0.8M 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>13,311</b>	<b>505</b>	<b>284</b>	<b>(9,904)</b>	<b>567</b>	<b>(3,539)</b>	<b>(288)</b>	<b>373</b>	<b>563</b>
<b>EBITDA</b>	<b>110,181</b>	<b>11,358</b>	<b>224</b>	<b>(82,701)</b>	<b>(227)</b>	<b>(34,402)</b>	<b>567</b>	<b>4,437</b>	<b>564</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	8,202	4,064	0	3,935	-129
NHS Eastern Cheshire CCG Community	411	205	0	205	0
NHS South Cheshire CCG Community	16,875	8,438	0	8,438	0
NHS South Cheshire CCG	99,576	51,769	1,051	51,769	0
NHS Vale Royal CCG	54,424	27,938	842	27,938	0
NHS Vale Royal CCG Community	10,343	5,171	0	5,171	0
NHS Warrington CCG	248	123	0	129	6
NHS West Cheshire CCG	3,342	1,656	0	1,776	120
NHS West Cheshire CCG Community	191	95	0	95	0
NHS North Staffordshire CCG	1,900	944	0	1,127	183
NHS Shropshire CCG	624	310	0	483	173
NHS Stoke on Trent CCG	1,407	699	0	800	101
Local Authority	0	0	0	0	0
NHS Commissioning Board	1,511	753	0	753	0
Specialist Commissioning Group	8,449	4,213	0	4,216	4
Non Contract Activity	1,932	960	0	1,174	215
<i>Overseas Visitors Chargeable</i>	0	0	0	0	0
Non-Commissioner Specific	10,758	2,546	-826	2,169	-377
<b>TOTAL</b>	<b>220,193</b>	<b>109,884</b>	<b>1,067</b>	<b>110,178</b>	<b>296</b>

The South Cheshire and Vale Royal contracts are in line with the agreed CEP value. Against PbR, the Trust is underperforming by £1.9M 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	2,976	3,007	32
Adult & Neonatal Critical Care	7,884	3,965	3,973	8
Urgent Care Centre	0	0	0	0
Community Paediatrics	1,302	651	651	0
Direct Access Services	10,245	5,102	4,849	-253
Unbundled Radiology	3,613	1,806	1,761	-46
High Cost Drugs	9,953	4,977	4,650	-327
Screening Programmes	1,474	737	737	0
Audiology	1,057	529	584	56
IVF	321	161	111	-49
CQUIN	4,453	1,970	1,426	-544
STF	5,993	2,098	2,098	0
Community Services	27,805	13,902	14,136	234
Other	-6	1,455	2,724	1,269
<b>TOTAL</b>	<b>80,045</b>	<b>40,329</b>	<b>40,707</b>	<b>380</b>

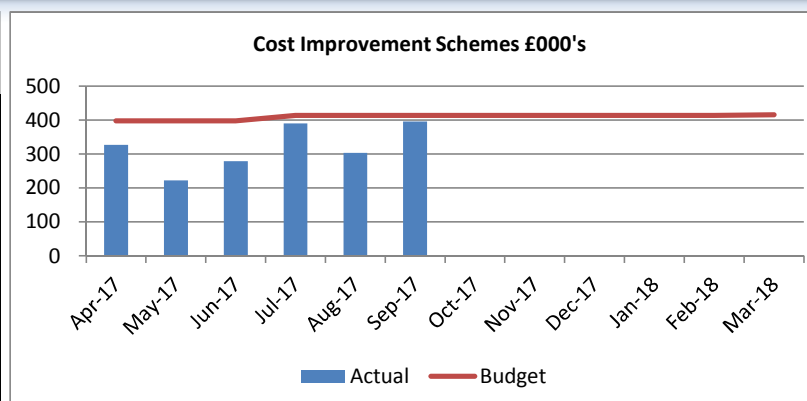
Other contract income is showing £0.4M better than plan.

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 (£1.1M favourable)

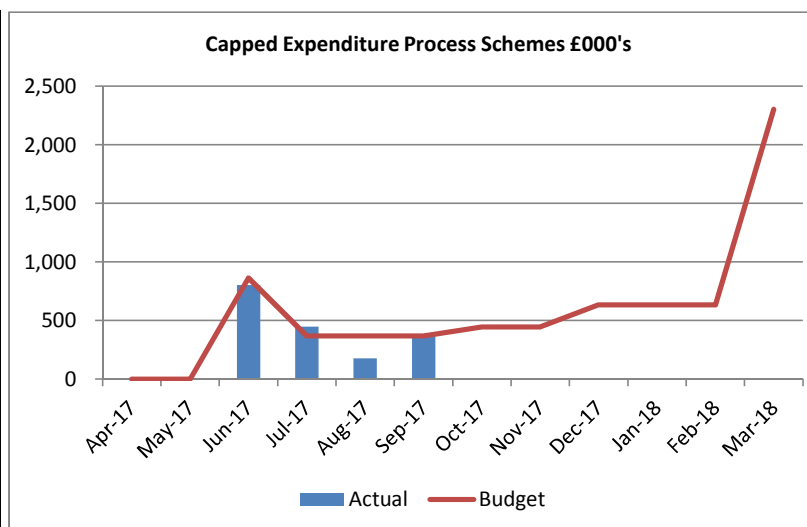
## Financial Performance: Efficiencies

Cost Improvement Schemes (£'000's)						
Scheme Category	YTD Target	YTD Actual	YTD	FY Target	FY Forecast	FY Variance
Access & Flow	204	187	-19	600	613	12
Back Office	95	70	-25	180	140	-40
Commercial	70	80	10	140	130	-10
Drugs	207	174	-33	414	346	-68
Medical Workforce	892	875	-17	1,783	1,716	-67
Non-Pay Efficiency	170	20	-150	340	40	-300
Nursing Workforce	150	0	-150	300	0	-300
Procurement	375	375	0	750	750	0
Service redesign	200	127	-73	400	277	-123
<b>Total (£'000)</b>	<b>2,363</b>	<b>1,908</b>	<b>-457</b>	<b>4,907</b>	<b>4,012</b>	<b>-896</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	40	30	-10	100	100	0
Acute CEP ECT Rota	40	0	-40	100	0	-100
Acute CEP Elective*	634	550	-84	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	300	346	46	600	600	0
Acute CEP Paeds	12	0	-12	30	30	0
Acute CEP Pharmacy	20	20	0	50	50	0
Acute CEP PLCP	40	0	-40	100	0	-100
Acute CEP Tele-Derm	28	28	0	70	70	0
Acute CEP Winter	0	0	0	750	550	-200
Acute CEP Interest	40	0	-40	100	100	0
Acute CEP Maternity	0	0	0	100	0	-100
Community CEP (Pay)	228	228	0	479	479	0
Community CEP (Non-Pay)	598	598	0	1,251	1,251	0
<b>Grand Total</b>	<b>1,980</b>	<b>1,800</b>	<b>-180</b>	<b>7,062</b>	<b>6,562</b>	<b>-500</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 some elements 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	42	54	-11.81	42	0	54	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	283	0	283	0	1137	1,137	1,137
CAR PARK BARRIERS	Yes	Internal	Yes		60	60	0	60	60	0	0	60	60
CENTRALISED POAC	Yes	Internal	Yes		122	122	164	-42	122	0	164	122	122
BISTRO & 2 OFFICES	Yes	Internal	Yes		178	178	0	178	208	0	0	178	208
OPHTHALMOLOGY OUTPATIENTS - PHASE 2	Yes	Internal	Yes	86	249	100	132	-32	249	0	218	335	335
UNDER / OVERS CAPITAL SCHEMES 16/17	Yes	Internal	Yes			0	-18	18	0	0	-18	0	0
WARD REFURBISHMENT	Yes	Loan	Not yet approved		4200	800	0	800	1400	8800	0	13,000	10,200
MRI SCANNER 3RD BUILD	Yes	Internal/Loan	Not yet approved	109	1540	1100	6	1094	770	770	115	2,419	1,649
WASTE COMPOUND AND SEGREGATION	No	Internal	Not yet approved		250	250	0	250	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	568	0	568	425	425	0	1,275	850
<b>TOTAL</b>				<b>2549</b>	<b>7874</b>	<b>3503</b>	<b>616</b>	<b>2887</b>	<b>3909</b>	<b>9995</b>	<b>3165</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	132	-3	135	132	0	93	228	228
WIRELESS UPGRADE	Yes	Internal	Yes	6	24	24	1	23	24	0	7	30	30
PCTI	Yes	Internal	Yes	18	12	12	7	5	12	0	25	30	30
E-HANDOVER	No	Internal	Not yet approved		244	244	0	244	0	0	0	244	0
UNDER / OVERS CAPITAL SCHEMES 16/17	Yes	Internal	Yes			0	3	-3	0	0	3	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	1000	0	1000	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	360	0	360	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	60	21	39	100	400	21	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>3916</b>	<b>268</b>	<b>3648</b>	<b>847</b>	<b>12129</b>	<b>571</b>	<b>14765</b>	<b>13,279</b>
<b>TOTAL STRATEGIC INVESTMENTS</b>					<b>2852</b>	<b>16776</b>	<b>7419</b>	<b>884</b>	<b>6535</b>	<b>4756</b>	<b>22124</b>	<b>3736</b>	<b>29732</b>

The Estates strategic investments capital spend is £2,887K 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 moved to 2018/19.

The IT Strategic investments projects are £3,648K less than plan. This is mainly due to the Vendor Neutral Archive scheme, E-Handover, EDMS, E Prescribing and Clinical Portal. The funding for these schemes along with Patient Admin System 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	75	-8	83	150	600	-8	750	750
DESIGN TEAM	Yes	Internal	Yes		280	140	134	6	280	1120	134	1,400	1,400
CT / VT - HEATING INFRASTRUCTURE	Yes	Internal	Yes		175	55	31	24	175	525	31	700	700
BACKLOG GENERAL PROVISION	Yes	Internal/Loan	Yes		1604	1165	233	932	1,604	6750	233	8,354	8,354
<b>TOTAL</b>				<b>0</b>	<b>2,209</b>	<b>1,435</b>	<b>389</b>	<b>1046</b>	<b>2,209</b>	<b>8,995</b>	<b>389</b>	<b>11,204</b>	<b>11,204</b>
<b>IT</b>													
STORAGE - DATA ARCHIVING	Yes	Internal	Yes		27	27	54	-27	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	50	5	45	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>292</b>	<b>105</b>	<b>187</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>1,727</b>	<b>494</b>	<b>1,233</b>	<b>2,492</b>	<b>9,530</b>	<b>494</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	0	5	0	500	0	5	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>9,146</b>	<b>1,391</b>	<b>7,755</b>	<b>9,008</b>	<b>31,654</b>	<b>4,243</b>	<b>43,514</b>
<b>TOTAL CAPITAL PROGRAMME</b>					<b>2,852</b>	<b>22,263</b>	<b>9,326</b>	<b>1,528</b>	<b>7,798</b>	<b>10,299</b>	<b>33,254</b>	<b>4,380</b>	<b>46,405</b>

In addition to the strategic capital schemes the rolling and additional schemes are £1,233K less 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 proposed some of the funding will be used for the Single Clinical system. The forecast has been amended accordingly. The variance in the the NHSI return is less than above. This is due to the actual carry forwards from 2016/17 being higher than those submitted in the NHSI plan.

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

## Financial Performance: Statement of Financial Position

	Plan Apr to Sept (£'000)	Actual Apr to Sept (£'000)	Variance (£'000)	Forecast 2016/17 (£'000)
<b>Assets</b>				
<b>Assets, Non-Current</b>	<b>86,657</b>	<b>80,900</b>	<b>-5,757</b>	<b>87,863</b>
<b>Assets, Current</b>				
Trade and other Receivables	3,641	8,165	4,524	7,929
Other Assets (including Inventories & Prepayments)	5,397	4,785	-612	4,993
Cash and Cash Equivalents	3,340	9,582	6,242	2,762
<b>Total Assets, Current</b>	<b>12,377</b>	<b>22,531</b>	<b>10,153</b>	<b>15,684</b>
<b>ASSETS, TOTAL</b>	<b>99,034</b>	<b>103,431</b>	<b>4,397</b>	<b>103,547</b>
<b>Liabilities</b>				
<b>Liabilities, Current</b>				
Finance Lease, Current	-513	-540	-27	-1,527
Loans Commercial Current	-142	-201	-59	-400
Trade and Other Payables, Current	-15,683	-16,291	-608	-11,599
Provisions, Current	-203	-154	49	-166
Other Financial Liabilities	-7,692	-7,785	-93	-7,661
<b>Total Liabilities, Current</b>	<b>-24,232</b>	<b>-24,970</b>	<b>-738</b>	<b>-21,353</b>
<b>Net Current Assets/(Liabilities)</b>	<b>-11,855</b>	<b>-2,439</b>	<b>9,416</b>	<b>-5,669</b>
<b>Liabilities, Non Current</b>				
Finance Lease, Non Current	-4,048	-4,803	-755	-5,513
Loans Commercial Non-Current	-11,554	-9,796	1,758	-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>-17,236</b>	<b>-16,267</b>	<b>969</b>	<b>-19,657</b>
<b>TOTAL ASSETS EMPLOYED</b>	<b>57,566</b>	<b>62,194</b>	<b>4,628</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	-27,811	-23,374	4,437	-23,532
Donated asset reserve	0	0	0	0
Revaluation Reserve	10,220	10,162	-58	10,162
<b>TOTAL TAXPAYERS EQUITY</b>	<b>57,566</b>	<b>62,194</b>	<b>4,628</b>	<b>62,537</b>
<b>TOTAL FUNDS EMPLOYED</b>	<b>57,566</b>	<b>62,194</b>	<b>4,628</b>	<b>62,537</b>

**Non Current assets** The main reason for the variance is that the plan is the capital programme expenditure submitted in the NHSI plan being £6,771K less than anticipated which is mainly due to a delay in Vendor Neutral Archive £605K and the Third MRI Scanner build £1,094K, Third CT Scanner build £568K, Backlog Maintenance £932K and Ward 17 Refurbishment £800K, E-Prescribing £900K, EDMS £1,000K, Clinical Portal £360K. All of these are reliant on capital loan funding which has not been secured. In addition there are delays in the UPS £150K, Waste Compound and Segregation £250K, E Handover £244k, Bistro and Offices £178K, however these are 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 £752K, East Cheshire NHS Trust £375K, Property Services £288K, North Staffordshire CCG £86K, Stoke on Trent CCG £77K, Western Cheshire CCG £142K, Christies Hospital £167K, North Midlands NHS Trust £157K, South Cheshire CCG £105K and NHS England £225K. In addition there is an outstanding debtor for the STF of £1,200K.

**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 £4,500K.

**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 £5,333K. In the plan it was anticipated that £3,574K was paid off on the Interim Revolving Working Capital Loan. However only £1,551K has been paid off and £1,550K remains on a support loan. The payment made on the Interim Revolving Working Capital loan should have been allocated against the support loan which would have been paid off.

**Public Dividend Capital** is due to the A&E funding not anticipated in the plan.

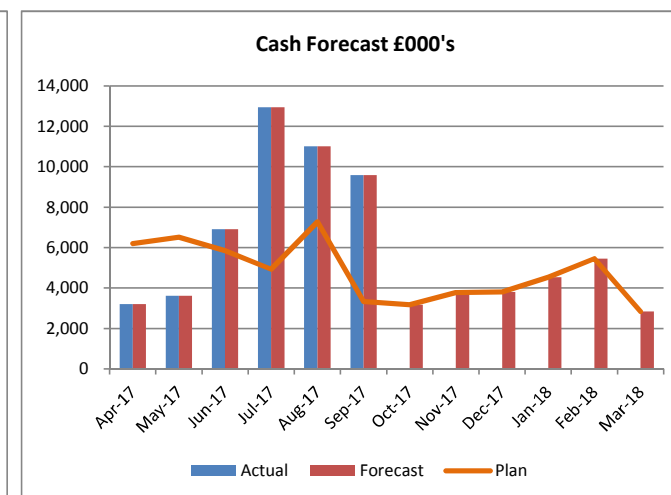
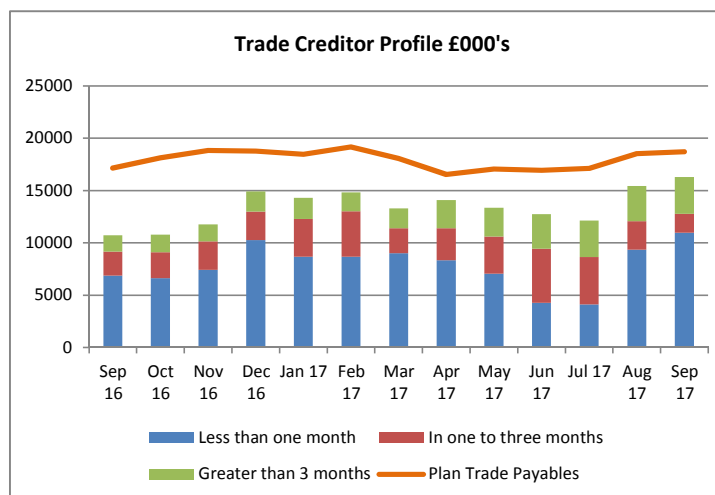
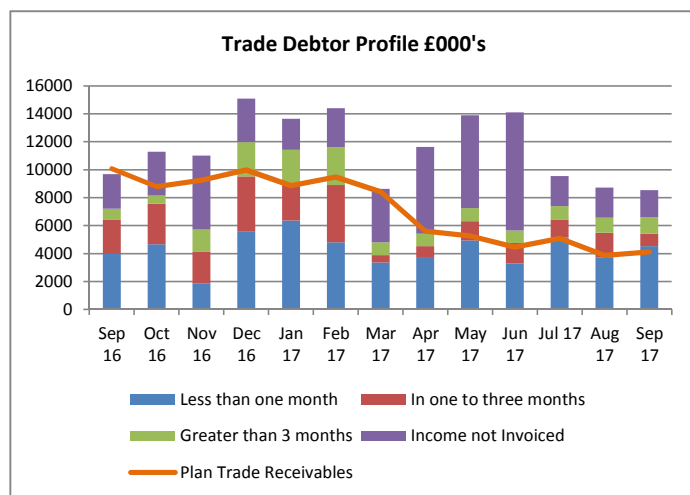
**Retained Earnings** is due to the late accrual for the Incentive and Bonus STF in 2016/17 of £2,257K and the trust better than anticipated financial position.

## Financial Performance: Cash Position and Working Capital

	Plan Apr to Sept (£'000)	Actual Apr to Sept (£'000)	Variance
<b>Surplus/(deficit) after tax</b>	<b>-950</b>	<b>855</b>	<b>1,805</b>
Non-cash flows in operating Surplus/(deficit) total	2,908	2,622	-286
<b>Operating cash flows before movements in working capital</b>	<b>1,958</b>	<b>3,477</b>	<b>1,519</b>
Increase/(Decrease) in working capital Total	4,109	6,923	2,814
<b>Net cash inflow/(outflow) from operating activities</b>	<b>6,067</b>	<b>10,400</b>	<b>4,333</b>
Net cash inflow/(outflow) from investing activities total	-6,171	-2,334	3,837
<b>Net Cash inflow/(outflow) before financing</b>	<b>-104</b>	<b>8,067</b>	<b>8,170</b>
Net cash inflow/(outflow) from financing activities Total	-2,407	-4,131	-1,724
<b>Net increase/(decrease) in cash and cash equivalents</b>	<b>-2,511</b>	<b>3,936</b>	<b>6,446</b>
<b>Opening cash balance</b>	<b>5,850</b>	<b>5,647</b>	<b>-203</b>
<b>Closing cash balance</b>	<b>3,339</b>	<b>9,583</b>	<b>6,243</b>








Cash is £6,243K better than anticipated. This is mainly due to the delay in repaying part of the Interim Revolving Working Capital loans and Support loans £3,573K. In addition the Operating Surplus is £1,819K better than planned and the capital programme in the plan submitted to NHSI being £5,832K less than expected including movement in capital creditors. However this is offset by £5,333K 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 CCG contract in line with savings.



# Finance: Staff Costs

## Headline Measures

	YTD £000's	Rolling 13 months £000's													
		Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Monthly Trend
Pay Budget	82,473	12,024	12,019	12,166	12,131	12,385	12,345	12,385	13,770	14,030	13,678	13,577	13,688	13,730	
Pay Actual	82,701	11,925	11,892	12,241	11,825	12,102	11,997	12,331	13,549	14,070	13,715	13,649	13,843	13,875	
Variance	-228	99	127	-75	306	283	348	55	221	-40	-37	-72	-155	-145	
% to Budget	100.3%	99.2%	98.9%	100.6%	97.5%	97.7%	97.2%	99.6%	98.4%	100.3%	100.3%	100.5%	101.1%	101.1%	
Nursing Staff % to Budget	100.9%	98.9%	98.6%	101.6%	98.4%	97.0%	100.5%	98.7%	101.8%	104.4%	99.8%	102.5%	97.5%	99.3%	
Medical Staff % to Budget	100.0%	98.4%	100.6%	94.9%	90.7%	94.4%	90.4%	99.5%	90.5%	101.9%	98.8%	98.0%	108.2%	103.5%	
Other Staff % to Budget	99.8%	100.2%	98.0%	104.2%	101.9%	101.2%	98.7%	109.3%	100.1%	95.1%	101.7%	100.1%	100.9%	101.4%	

## Commentary

Figures exclude Community Services for 2016/17

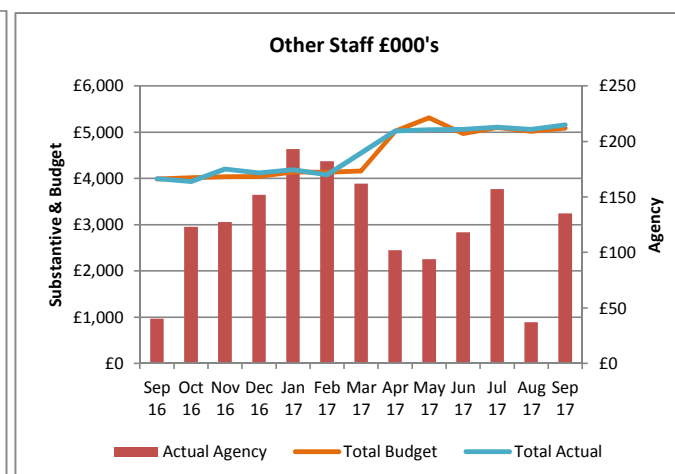
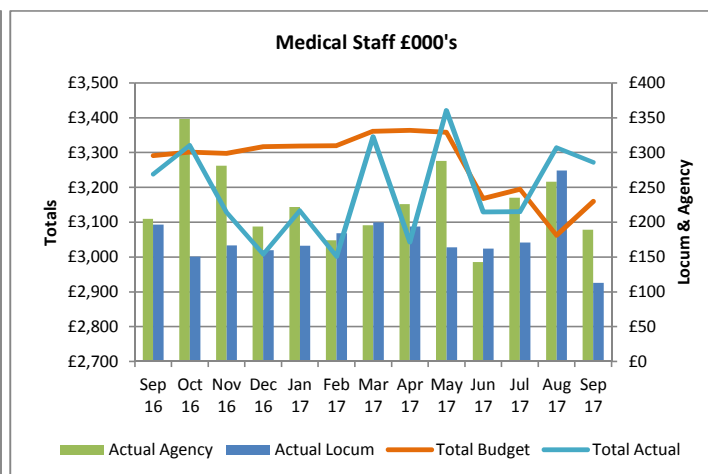
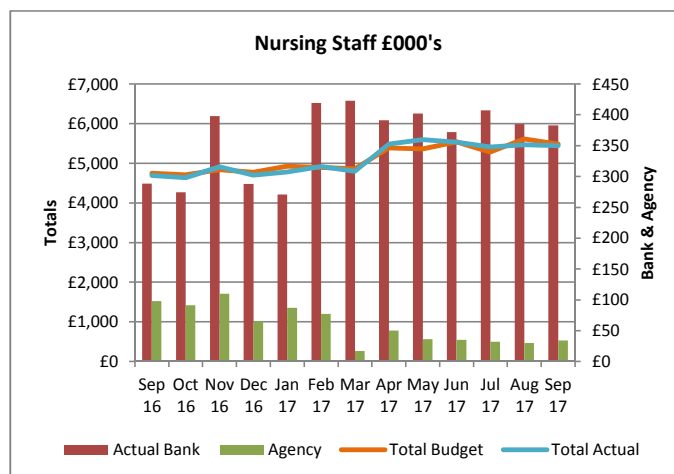
Pay is worse than budget by £0.2M as at Mth 6.

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 now in line with budget cumulative as a result of less vacancies and better than previous allocations of junior doctors. There has been a budget movement from Medical to Nursing in month to reflect further refinement of the vacancy savings targets.

The Agency trajectory is better in month by £0.1M and cumulative by £0.8M mainly as a result of the reclassification of locum costs in 2017/18.

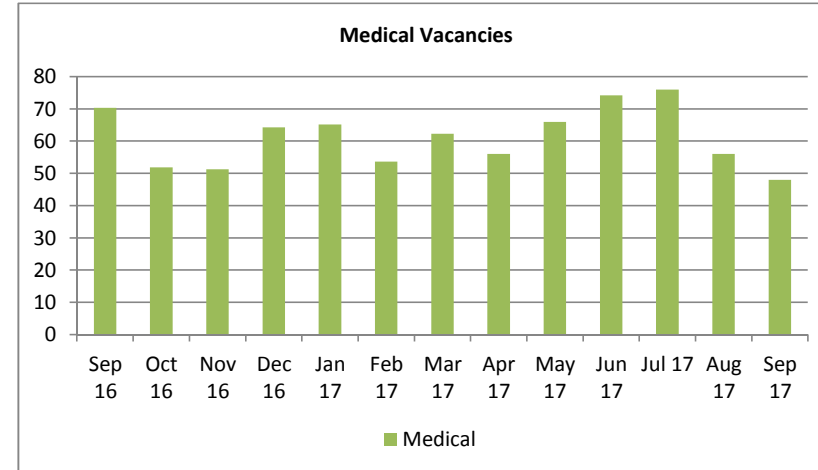
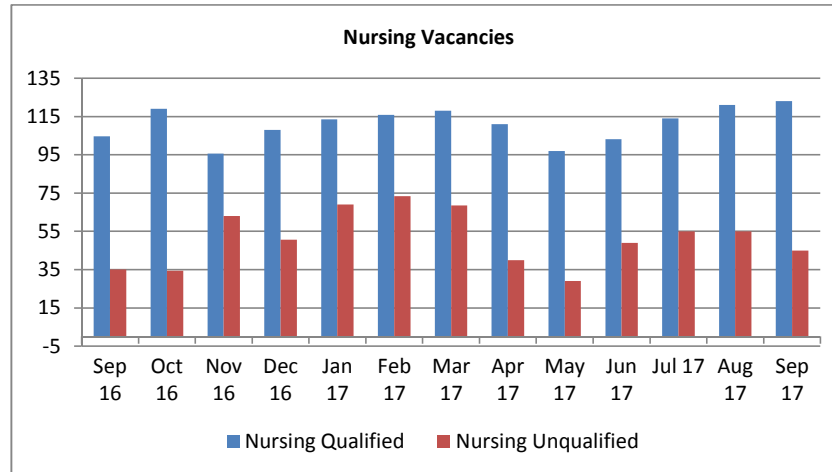
## Primary Drivers





## Finance: Staff Costs

### Secondary Drivers



### Agency Trajectory

	YTD	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Monthly Trend
Plan	-3,012	-525	-495	-477	-506	-495	-470	-484	-482	-518	-472	-579	-510	-451	
Actual	-2,200	-540	-699	-721	-572	-668	-618	-574	-378	-419	-296	-424	-325	-358	
Variance	812	-15	-204	-244	-66	-173	-148	-90	104	99	176	155	185	93	
CCICP Actual	0	0	-69	-77	-152	-210	4	-77	0	0	0	0	0	0	

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

	Rolling 13 Months													Monthly Trend
	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	
Sickness Rate (Rolling 12 mths)	3.78%	3.80%	3.81%	3.86%	3.94%	3.95%	3.92%	3.96%	3.99%	4.03%	4.07%	4.14%	4.20%	
Total Leavers	39	35	37	36	44	27	42	31	37	35	44	44	51	
Turnover (Rolling 12 mths)	10.65%	8.97%	9.10%	9.27%	9.17%	9.09%	9.27%	10.31%	10.50%	10.37%	10.12%	10.57%	10.82%	

<b>Title of Paper :</b>	Trust Strategy		
<b>Author:</b>	Denise Frodsham		
<b>Executive Lead:</b>	Denise Frodsham		
<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	X	Safe	x
Being a leading Partner in a Progressive Health Economy	X	Effective	X
Striving for Outstanding Organisational Effectiveness	X	Caring	x
Aspiring to Excellence in Practice through our Workforce	X	Responsive	X
Creating a 21 <sup>st</sup> Century Infrastructure for Transformative Health and Social Care	X	Well-Led	X
<b>Link to Board Responsibility:</b>	Performance		X
	Accountability		x
	Strategy		x
	Implementation		X
<b>Action Required:</b>	Decide		
	Approve		X
	Note		
	Recommend		
	Delegate		
<b>Positive Benefit:</b>	Receive the final Trust strategy document to enable the Trust to deliver and communicate its agreed future direction of travel and work programme for 20017/18 to 2020/21.		
<b>Risk:</b>	Failure to engage, communicate and monitor the progress of the strategy would create risk to the future development of the Trust.		
<b>To be published on Trust Website –complete version</b>		Y (delete as appropriate)	
<b>If no, to be published on Trust Website – redacted</b>		N/A (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>	6 <sup>th</sup> November 2017		

# Trust Strategy 2017/18 with 2020/21 Horizon

*‘Delivering Excellence in Healthcare through  
Innovation and Collaboration’*



**DRAFT**

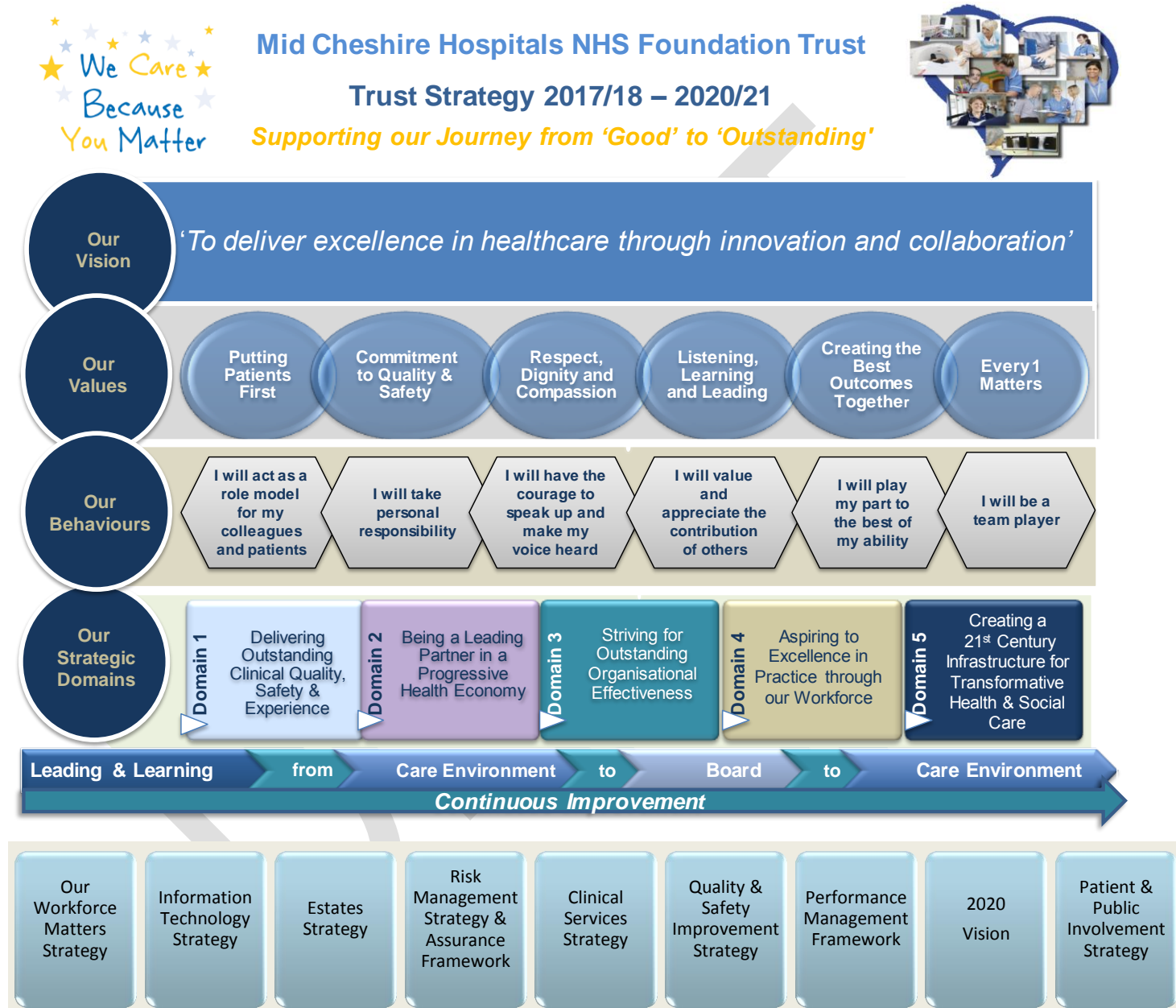
Supporting Our Journey from ‘Good’ to ‘Outstanding’

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## 1. OUR STRATEGY AT A GLANCE

Our vision, values and behaviours have been developed through engagement with teams from across the organisation including our governors, stakeholders and the wider community and we seek to continually embed these ensuring we have a culture which drives high quality well led services organisation wide in support of our journey from Good to Outstanding.



Underpinning and related documents can be found in Appendix C.

## 2. INTRODUCTION



Mid Cheshire Hospitals NHS Foundation Trust (MCHFT) provides good quality, safe and effective healthcare to the people of Cheshire and beyond.

The Trust, which manages Leighton Hospital in Crewe, Victoria Infirmary in Northwich, and Elmhurst Intermediate Care Centre in Winsford, was established as an NHS Trust in April 1991 and became a Foundation Trust in April 2008. It employs more than 4,500 members of staff, has around 553 hospital beds, and provides a range of services to a population of approximately 300,000 people. Services include A&E, maternity, outpatients, therapies and children's health.

The Trust is also part of Central Cheshire Integrated Care Partnership (CCICP), a new and unique local health partnership that also includes Cheshire and Wirral Partnership NHS Foundation Trust (CWP) and the South Cheshire and Vale Royal GP Alliance. Together, the partnership provides a range of community health services for people across South Cheshire and Vale Royal.

MCHFT is continually working towards providing the safest and highest quality care possible and is regularly recognised for its work and achievements. The Trust is consistently named as one of the top employers in the NHS, is one of a few acute hospital Trusts in England to have a 'Good' rating by the Care Quality Commission (CQC), and achieved the best results of all acute Trusts in the 2016 national NHS Staff Survey. MCHFT also has a formal clinical partnership with the University Hospitals of North Midlands (UHNM) and benefits from links with the University of Chester, Manchester Metropolitan University and Staffordshire University. The table below summarises the level of patient activity undertaken in 2016/17.

Trust activity in 2016/17:	
Number of people cared for in our A&E department and Minor Injuries Unit	86,127
Number of operations and day case procedures performed	34,787
Attendances in our outpatient clinics	286,143
Requests for medical imaging (such as X-rays and MRIs)	226,880
Appointments carried out in the community	180,000+
Number of births	2,836
Number of GP referrals received	61,815

### 3. HORIZON SCANNING

In a period of significant challenge within the NHS it is important to recognise and grasp the many opportunities that are/will arise and to do so the Trust will remain flexible and agile. Continuous, proactive horizon scanning will support the Trust and its partners in identifying and responding to changing circumstances.

Being forward looking and progressive, seeking opportunities to make a difference for our patient communities, often in collaboration with partners, is the Trusts norm and we will develop and deploy processes to assist us at strategic levels throughout the Trust. Of equal importance is to also identify and evaluate changes from a risk management perspective and to mitigate issues which might be of detriment to our patient community.

Through these endeavours the Trust will be better able to respond to changes or emerging issues in a planned structured and co-ordinated way.

Intelligence gained through our environment scanning practices will link into and inform our business planning process which in turn will feed into bi-annual monitoring of performance against our strategic objectives. This will specifically include:

- Strategic planning of related health sector organisations
- Feedback to stakeholders
- Joint development engagements with partnership organisations
- Participation in appropriate network engagement events



#### 4. STRATEGIC OVERVIEW

The Mid Cheshire Hospitals NHS Foundation Trust (The Trust) strategy has been reviewed and updated in line with the changing principles and priorities required to deliver more integrated health care to the community we serve.

Over the past 5 years the Trust has made significant progress against the 2011, 5 year strategic plan and clinical services strategy. We have demonstrated:

- Improved clinical quality and safety outcomes for our patients, achieving a 'Good' rating from our CQC inspection;
- Increased the skills and numbers of our workforce, achieving the best acute Trust staff survey for 2016;
- Upgraded and enhanced our estate infrastructure supported by successful applications for external capital funding;
- Maintained financial efficiency in a background of increasing uncertainty;
- Sustained delivery against national targets and standards; and
- Awarded, following tender and in partnership the contract for delivering community services.

However, in context this has also partly been achieved from increasing demand and subsequent income to the Trust with consequential financial pressure to Commissioners.

Following a number of external reviews, the most recent ones being the Capped Expenditure Programme, closely followed by the Long Term Sustainability Plan, Central Cheshire Partners have been working together to develop a programme of work that will regain control of increasing activity and address funding shortfalls. This plan will continue to provide high quality care, supporting our ambition of delivering excellence, but in a more integrated way, delivered differently to meet the needs of our changing population.

To achieve this, further transformational change across all health and social care partners is required, moving towards greater integration through an Accountable Care System requiring ownership and responsibility for health and social care as a collective. This change has never been greater or more needed and with the recent integration of the community services contract in partnership with the GP Alliance and Cheshire Wirral Partnership Trust the platform for change is now established.

This strategy also recognises that MCHFT will further develop and enhance its working arrangements with other acute providers most notably but not exclusively the University Hospital of North Midlands (UHM) and East Cheshire Hospitals NHS Trust (ECT), where clinical and financial sustainability of some acute services can only be achieved in partnership.

The strategy will be further developed over the coming months through engagement of clinical teams and other stakeholders to agree a 3 year clinical services work programme and I ask for your continued support in what will continue to be a challenging environment but with optimism for the future.

**T Bullock**  
**Chief Executive Officer**



## 5. DEVELOPING OUR STRATEGY

This document has been developed in response to both the national and regionally led NHS agendas, implementing the Next Steps on the Five Year Forward View (March 2017). We will monitor our progress through a variety of national measures including those in the NHS Improvement Single Oversight Framework (2016) and the national Commissioning for Quality and Innovation (CQUIN) measures. Additionally, we will monitor progress against our locally determined objectives and measures to progress the Trust from a 'Good' to 'Outstanding' Care Quality Commission (CQC) rating. Fig. 1 below explains how we have developed this Strategy and how we see this as a continuous cycle of engagement and feedback from the community we serve, patients, carers, governors, commissioners, partners and other stakeholders to inform the delivery of our services.

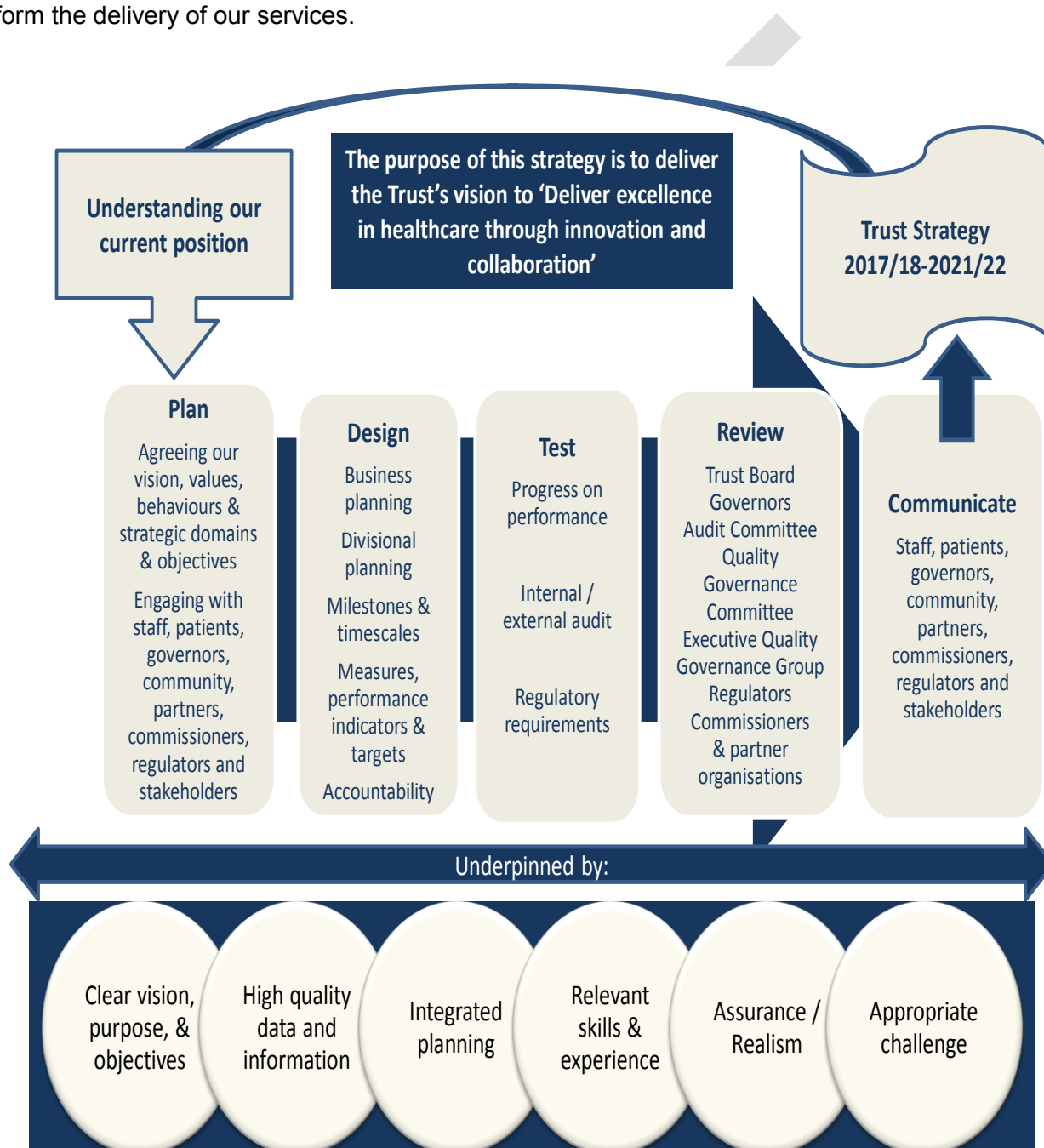
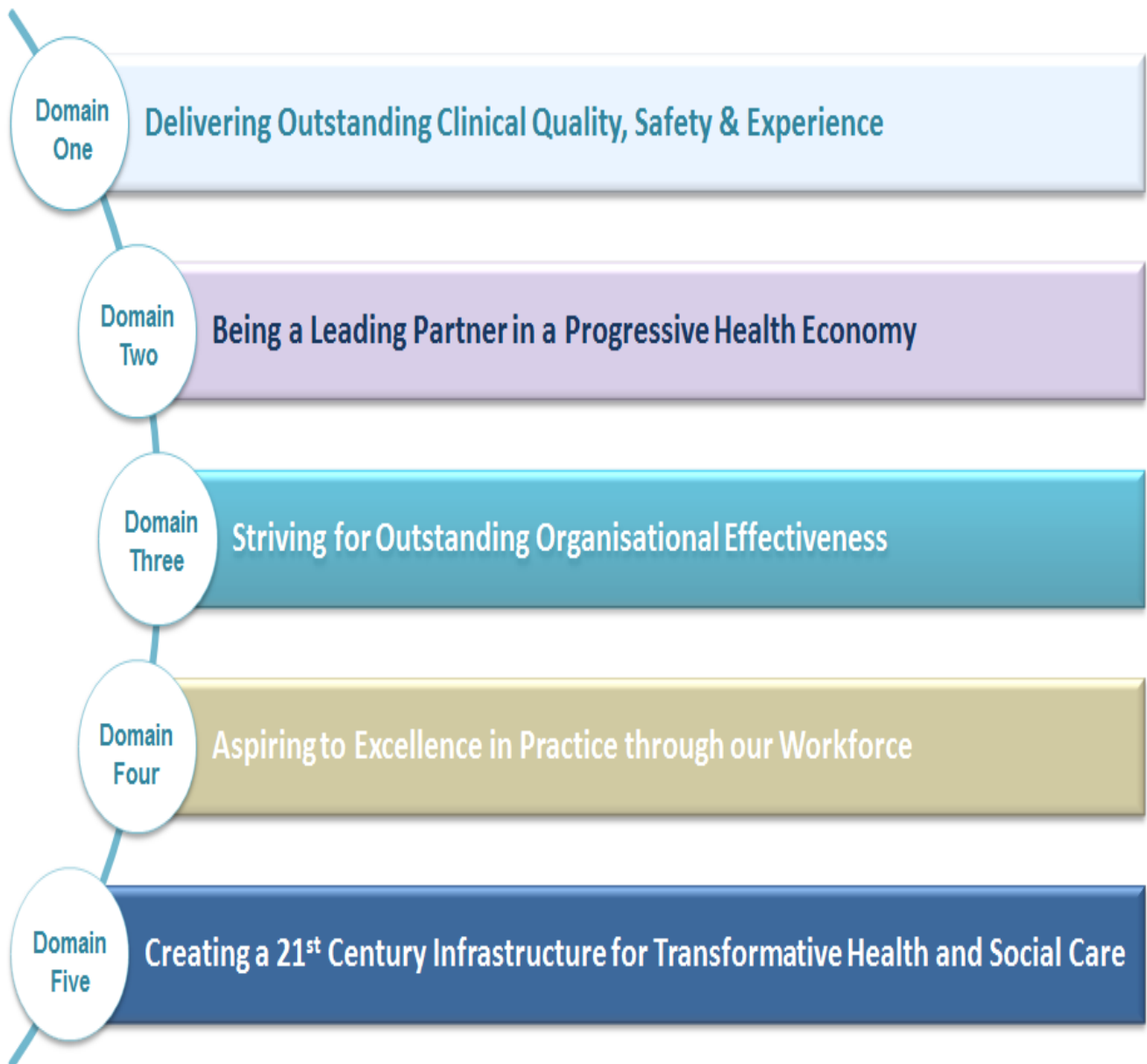


Fig. 1

## 6. OUR STRATEGIC DOMAINS

In order to successfully deliver the Trust's vision and continually progress on our journey from a 'Good' to 'Outstanding' CQC rating the Board of Directors has agreed the following five strategic domains as our focus, with underpinning strategic objectives which will be adopted locally by our clinical teams and inform our priorities and plans working collaboratively with the community and partners. Appendix A includes the plans on a page from each individual Division and Central Cheshire Integrated Community Partnership. These local plans will operationalise this Strategy supported by our enabling strategies and frameworks.



## 6.1 Delivering Outstanding Clinical Quality, Safety & Experience

The Trust has a proven track record in delivering high standards of safe care and treatment to our population and ensuring that their experience is the best it can be. In 2015 the Care Quality Commission (CQC) rated the hospital as 'GOOD'; through our strategies in place which include Quality and Safety Improvement Strategy, Patient and Public Involvement Strategy, Dementia Strategy and Nursing and Midwifery Strategy we will work toward delivery of outstanding clinical quality, safety and experience for all of our patients, their families and carers.

### Objective Q1.

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

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

- Implementing the Quality and Safety Improvement Strategy making this inclusive of all staff
- Ensuring compliance with all legal and regulatory requirements
- Using local and national benchmarking data to demonstrate consistently high quality clinical care with no unwarranted variation and top quartile performance.
- Delivering top quartile performance for national staff and patient surveys as well as consistent positive feedback, greater than 90%, from patients, family members, carers and patient groups, targeting specifically those groups likely to be subject to less equitable services.
- Progressing the continuous learning culture through recognised processes of good governance to evidence sustainable improvements to patient safety, quality of care and outcomes.
- Working with clinical teams to ensure documentation and record keeping are robust and accurate

### Objective Q2.

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

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

- Progressing towards an 'Outstanding' CQC rating through a clinical quality improvement programme that is Executive led and clinically owned and supported
- Engaging with wider stakeholders to ensure further development of clinical pathways to deliver services that are clinically aligned with the needs of the local population and connect across health and social care
- Leading on local and national safety collaborations to achieve best practice through influencing national directives and local practice
- Ensuring clinical service needs where required are delivered equitably across 7 days
- Encouraging and promoting involvement in research and innovation, including academic research and partners, showcasing participation to internal and external stakeholders and sharing outcomes with others.
- Use evidence led accreditation in research & innovation to support research studies

## 6.2 Being a Leading Partner in a Progressive Health Economy

The Trust has a proven track record of delivery and partnering with other organisations to sustain services, maintain or improve quality and safety and reduce unacceptable variation. New and existing partnerships will also be fashioned to support delivery of the NHS Cheshire & Mersey work streams. Future collaboration and partnerships will lead to a more complex landscape in which the Trust has a key role to play in developing these.

### Objective P1

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

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

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

- Playing a leading role in implementing the NHS Cheshire & Merseyside Plan with demonstrable outputs and outcomes:
  - Supporting and leading developments within Cheshire & Wirral and Cheshire & Mersey to enable greater collaboration in relation to back office functions, clinical support services and where appropriate, clinical services.
  - Supporting the development and delivery of the NHS Cheshire & Mersey, Cheshire & Wirral work streams
- Playing a leading role in the delivery of the Capped Expenditure Programme to ensure the appropriate transformation of health and social care to ensure the economic sustainability for Central (& Eastern) Cheshire
- Playing a leading role in shaping and delivering the Long Term Sustainability Review:
  - Mapping the current delivery of services and work with partners, in particular ECT and UHNM, to change the delivery model where improved patient benefit and sustainable provision can be provided by the Trust or others.
  - With health economy partners, consider longer term options and develop the case to enable MCHFT to provide long term sustainability for ECT
  - Developing a more flexible workforce that can be deployed differently to lead and support the developing and delivery of high quality integrated horizontal pathways for our patients
- Providing sustainable high quality services that are valued by the population served and enhancing the reputation of the Trust to keep services local.

## 6.2 Being a Leading Partner in a Progressive Health Economy

It is also recognised that the new and complex landscape will include working with all partners and stakeholders across the health economy to deliver greater integrated care. As such, the Trust will play a leading role in supporting the development of an Accountable Care System and therefore enabling high quality care to be delivered by the right professional in the right place at the right time.

### Objective P2.

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

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



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

- The Central Cheshire Integrated Care Partnership (CCICP) developing and implementing a transformation programme that enhances and integrates care locally and is an enabler to the development of an Accountable Care System:
  - Care Communities and Primary Care Home through GP clusters for populations of 30 – 50k
  - Integrated pathways across primary, secondary and community teams, social care and mental health recognising the roles and responsibilities of providing core integrated care, urgent responsive care and specialist care, taking account of the latest treatments and advances in medicine
  - Enabling infrastructure that transforms the organisational development and culture of the workforce.
- Using clinical senate forums, and with health economy partners, playing a leading role in developing and implementing ACS/Os with demonstrable outputs and outcomes, therefore, creating a system that:
  - Promotes self care and prevention including vaccination and screening programmes alongside education to make our population healthier
  - Ensures the Health Economy lives within its means and funds are used in the most effective way to optimise patient outcomes.
  - Provide sustainable high quality local clinical services that are valued by the population of Central Cheshire.
- Ensuring the provision of integrated care is inclusive of all partners including the third sector



### 6.3 Striving for Outstanding Organisational Effectiveness

The Trust has consistently delivered four of the five standards within the NHS Improvement Single Oversight Framework, with the exception being performance against the four hour emergency access standard. Nationally the majority of economies are challenged against the four hour emergency access standard. However, significant process is being made by the Trust and our partners and achievement against the standard is expected within 2017/18. The Trust has a solid foundation of quality and improving the timely flow of our non-elective activity will help on the journey towards being rated as 'Outstanding' by the CQC.

The Trusts financial performance has been consistently strong delivering against its target Control Total in 2016/17 and 100% of the cost improvement target. Cash however remains challenging with loans in place to support continuing operations. Whilst cash is predicted to improve in the coming years the access to Capital nationally coupled with significant investment needs is currently stifling further capital development.

The Trusts participation in the Capped Expenditure Programme in 2017/18 represents both a challenge to bring the health economy back into balance and an opportunity to better join up planning and deliver increased efficiencies across all providers.

#### Objective E1.

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

#### Objective E2.

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

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

- Meeting the key national targets and standards including those in the NHS Constitution.
- Working with Partners to bring the system back into economic balance through the effective delivery of the Capped Expenditure Programme and fully develop the long term sustainability plan.
- Delivering the efficiencies identified through the model hospital and reduce unwarranted variation across a range of productivity and clinical effectiveness measures.
- Achieving Segment 1 against the NHSI Single Oversight Framework.
- Demonstrating a Well Led organisation with good organisational health metrics.
- Progressing from a 'Good' to 'Outstanding' Care Quality Commission (CQC) rating.
- Developing and using live data to prove compliance through robust demonstrable based information

## 6.4 Aspiring to Excellence in Practice through our Workforce

Our Trust has an excellent reputation as a good and fair employer in central Cheshire and as one of the biggest employers in this area it is important that we build on our status through the effective development and leadership of our staff.

Over 60% of our costs are associated with pay and we must consider how we approach the supply and sustainability of our workforce ensure excellence in care for our patients and the best possible value for money for the local health economy.

It is the intention of this strategy to provide a robust and sustainable three-year framework to ensure our patients are cared for by a skilled and safe workforce who are led by leaders with the capability and competence to deliver the change required. Central to our strategy is our ability to establish a culture which helps grow and develop our own leaders from within the organisation, enabling us to retain and nurture talent from an engaged workforce that is passionate about providing excellent clinical practice in their care of our patients.

### Objective W1.

Our cadre of patient centred leaders will be skilled in continually promoting and building upon our open and honest culture. This will be achieved through sharing the Trust's vision, values, behaviours and objectives from Board to ward / care environment.

### Objective W2.

We will have in place a flexible and responsive workforce to meet patient needs by ensuring:

- We have sufficient workforce numbers, with the right skills, in the right place, at the right time to meet the demands of our services across seven days.
- Staff continually engaging in professional development regardless of their role.
- Effective workforce planning to secure existing, and mitigate against anticipated shortages in skills.
- Take a proactive approach to developing our future workforce by engaging with partners, the local community and education providers including academia.

### Objective W3.

Our staff will feel valued and recognised for the work they do. They will also feel engaged as both employees and members of the Trust. We will encourage our staff to improve and maintain their own health and well-being, ensuring that MCHFT/ CCICP, as an organisation sets our own example for delivering excellence in quality, care and services.

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

- Becoming an exemplar organisation for developing new clinical roles that respond to population needs across the health economy, 7 days a week.,
- Enhancing skills for existing staff to widen their repertoire of competence.
- Embedding the Trust's vision, values, behaviours and objectives across the organisation with local implementation and adaptation.
- Further developing our culture and reputation as a caring organisation
- Continuing to improve our staff survey results and maintain our position to be in the top quartile nationally.
- Demonstrating a Well Led organisation with good organisational health metrics.
- Progressing from a 'Good' to 'Outstanding' Care Quality Commission (CQC) rating.

## 6.5 Creating a 21<sup>st</sup> Century Infrastructure for Transformative Health and Social Care

The Trust has undertaken the development of a clinically led 5 year Estate Strategy encompassing estate managed on behalf of community services. This will support the understanding of the current estate infrastructure and future needs as the partners of Central Cheshire move towards an Accountable Care System. The main challenge to delivering the Estate Strategy is the financial affordability, particularly as the Trust has long term backlog requirements and much of the community estate is bound by long term PFI agreements.

### Objective T1.

To deliver an agreed, costed and phased Estates Strategy which will make the best use of the Trusts estate taking into consideration the entire estate across the central cheshire system, national and regional agendas and in particular the strategic aim of the system to become an Accountable Care System.

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

- Undertaking the development of a 5 year estate strategy which encompasses community services estate and where possible, works with stakeholders to consider the best options for all of the estate within Central Cheshire.
- Working with health economy partners to maximise estate utilisation for properties owned / not owned by MCHFT / CCICP.
- Understanding and using the IT developments in CCICP as a baseline for the transformation interdependencies of IT and Estates Infrastructure
- Providing a modern, safe, fit for purpose environment to deliver outstanding quality care in the most appropriate location.
- Supporting clinical teams to transfer services into the community where it is appropriate to do so and at the same time ensure the estate is effectively utilised.
- Working with external stakeholders to ensure external factors e.g. roads, houses, multi-purpose building developments are understood and MCHFT / CCICP views are listened to and considered.
- Being a key partner in supporting the developments of an Accountable Care System and adjusting the estate strategy as the models of care are developed.



## 6.5 Creating a 21<sup>st</sup> Century Infrastructure for Transformative Health and Social Care

The Trust has developed a clinically led Information Technology Strategy that is centred around an electronic patient record, and supports whole system service transformation and integration as we move towards an Accountable Care System. The main challenge to delivering the Information Technology Strategy is the financial affordability, particularly as the Trust is part of a Capped Expenditure Programme, although the Board of Directors does not underestimate the level of Organisational Development support that will be required for the organisation to undergo the necessary culture change.

### Objective T2

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



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

- Implementing advances in Information Technology, centred around a shared electronic patient record across health and social care, that will support our journey of continuous improvement in collaboration with CCICP and ensure that the required whole system service transformation delivers an Accountable Care System.
- Use the CCICP IT strategy to develop wider opportunities to support staff and patients, examples include: e community tracking systems to support lone working patterns, virtual consultations in GP OOHs to support consolidation and better use of workforce resource
- Develop and use live dashboards to provide intelligence to the system and transformation programme needs

## 7. COMMUNICATIONS PLAN

The Trust Strategy will be launched with a briefing from Chief Executive Tracy Bullock to all staff. A comprehensive communications plan, outlined below, will then be followed to ensure there is awareness of the new strategy across the organisation. As part of this, a suite of materials, including easy-to-follow posters, will be distributed to wards and departments. The communications plan also incorporates elements of external promotion so that awareness can be raised amongst stakeholders.

Channel	Action/Notes	Lead	Target Date
Website	<ul style="list-style-type: none"> <li>Following approval, update 'About Us', 'Vision and Strategy' and 'Values and Behaviours' sections</li> <li>Run searches on site for changes required</li> </ul>	Comms Lead	Q3 2017/18
Chief Executive Briefing	<ul style="list-style-type: none"> <li>Briefing to launch the Strategy</li> <li>Direct staff to full document (website)</li> <li>Inform staff of 'packs' to be distributed</li> </ul>	Comms Lead	Q3 2017/18
Intranet	<ul style="list-style-type: none"> <li>News item on launch</li> <li>Article to be repeated throughout launch</li> <li>Run searches on intranet and replace old documents</li> </ul>	Comms Lead	Q3 2017/18
NHS Choices	<ul style="list-style-type: none"> <li>Review information to ensure it reflects new strategy and values and behaviours</li> </ul>	Comms Lead	Q3 2017/18
Branding	<ul style="list-style-type: none"> <li>Suite of materials and templates using NHS branding guidelines and Trust strapline</li> <li>To include letterheads and PowerPoint</li> <li>Items to be saved in central location along with new Trust logo</li> </ul>	Comms Lead	Q3 2017/18
Posters	<ul style="list-style-type: none"> <li>3x posters ('packs') to be distributed Trust wide</li> <li>Values and behaviours, divisional objectives, Trust objectives</li> <li>Email to SMTs and Managers - support to raise awareness of new Strategy and to place posters in prominent locations</li> <li>Packs attached to email, also in pigeon holes. Additional printed on request</li> </ul>	Comms Lead	Q3 2017/18
Display boards	<ul style="list-style-type: none"> <li>Values and behaviours posters to be added to Trust's main display boards</li> <li>Ensure Victoria Infirmary, Elmhurst and CCICP sites included</li> </ul>	Comms Lead	Q3 17/18

Channel	Action/Notes	Lead	Target Date
Trust Update	<ul style="list-style-type: none"> <li>Launch article on Trust Strategy</li> <li>To incorporate values and behaviours poster</li> </ul>	Comms Lead	Q3 17/18
Screensaver	<ul style="list-style-type: none"> <li>Values and behaviours poster adapted for computers</li> <li>Permanent - to replace existing slide</li> <li>Explore possibility of simple slide for overall Trust strategy to improve awareness</li> </ul>	Comms Lead	Q3 17/18
Payday Press	<ul style="list-style-type: none"> <li>Article on Trust Strategy</li> <li>Different focus to Trust Update</li> </ul>	Comms Lead	Q3 17/18
GP Link	<ul style="list-style-type: none"> <li>Short article on new Trust Strategy</li> </ul>	Comms Lead	Q3 17/18
Social Media	<ul style="list-style-type: none"> <li>Facebook and Twitter posts to inform public (and staff) of new Strategy</li> <li>Link to updated web pages</li> </ul>	Comms Lead	Q3 17/18
Chief Executive Briefing	<ul style="list-style-type: none"> <li>Consider additional briefing on Strategy to coincide with New Year/round-up of 2017</li> </ul>	Comms Lead	Q4 17/18
All Together	<ul style="list-style-type: none"> <li>Article, possibly incorporated into welcome story, on new Trust strategy</li> </ul>	Comms Lead	Q4 (March 2018)
Events	<ul style="list-style-type: none"> <li>Consider incorporating Trust Strategy into future events, such as Forward Thinking</li> </ul>	All	Q4 17/18
Induction	<ul style="list-style-type: none"> <li>Review staff induction materials to ensure new Strategy is reflected</li> <li>To include Staff Handbook</li> </ul>	L&D	Q4 17/18
Recruitment	<ul style="list-style-type: none"> <li>Review job adverts and descriptions to ensure new Strategy is reflected</li> </ul>	Recruitment Manager	Q4 17/18
Appraisals	<ul style="list-style-type: none"> <li>Review appraisal documents and process to ensure new Strategy is reflected</li> </ul>	TBC	Q4 17/18
Patient Information	<ul style="list-style-type: none"> <li>Review patient information to ensure new strategy is reflected</li> <li>To include bedside folders, patient letters and patient leaflets</li> </ul>	PPI/Comms Lead	Q4 17/18
Survey	<ul style="list-style-type: none"> <li>Consider Trust survey/engagement to determine staff awareness of Strategy</li> </ul>	TBC	Q2/Q3 2018/19

## 8. NEXT STEPS

Implementation of this strategy will occur through the adoption of the strategic objectives at a local level across the organisation and health economy. Each division and partner will scope out their part to play in delivering this strategy identifying appropriate national and local measures/metrics which then collectively will provide a corporate picture of progress and any gaps. Each division and CCICP will have a local plan on a page which summarises the local objectives and plans, aligned to the Strategic Domains (Appendix A). This will be the baseline of the 3 year clinical work programmes across each of the services being provided

## 9. MONITORING OUR PROGRESS

Monitoring progress against our Strategy will occur through a variety of routes but predominately through our performance management and risk management frameworks with Executive Team oversight, and assurances to Board Sub-Committees and ultimately Board of Directors with a formal bi-annual progress report being presented to the Board of Directors. The Strategy will undergo a review and be refreshed by the Board of Directors on a minimum of an annual basis. Our Stakeholder Map can be found in Appendix B.

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## Appendix A – Plans on a Page Medicine & Emergency Care

### Mid Cheshire Hospitals NHS Foundation Trust Operational Plan on a Page 2017/18 – 2020/21

#### Medicine and Emergency Care

The Trust has agreed its Strategic Domains for the period to 2021 to support our journey from Good to Outstanding, whilst delivering excellence in healthcare through innovation and collaboration. This summary details our priorities for 2017/18-2020/21 progressing towards our overall achievement of this strategy and highlighting key information about our activity, income and expenditure as well as describing how we will continue to improve the quality of care to our patients whilst working within a financially sustainable environment through the short term Capped Expenditure Programme and the long term sustainability solution for Cheshire.

**Workload:**

The Medicine and Emergency Care Division plans to deliver the following activity in 2017-18

2017-18	
Outpatients New	14,158
Outpatients Follow Up	23,925
Elective	1,925
A&E	86,209
Non Elective	24,009

#### Income and expenditure

The Trust has two main commissioners; Central Cheshire CCG and Vale Royal CCG. The Central Cheshire economy is within a Capped Expenditure Programme for 2017-18, so no longer paid for activity through a PoR contract.

The table below sets out the overall I&E position for the Medicine and Emergency Care Division

	2017/18 Projected £'m
Income	62,793
Expenditure	44,384
EBITDA	18

#### Domain One – Delivering Outstanding Clinical Quality, Safety & Experience

- To aspire to the delivery of Outstanding clinical quality and safety, which is equitable, patient and family centred and supported by an effective quality governance framework
- To drive continuous quality improvement and promote research and innovation, which reducing unwarranted clinical variation and progressing from a good to outstanding organisation
- Agreed Divisional Priorities
  - Development of Palliative Care services through improved identification of palliative patients and appropriate allocation of staffing resources across secondary care and community services to ensure appropriate outcomes
  - Through the Trust major charitable appeal - Deliver the Dementia project to provide dementia friendly environments and improved patient experience
  - Further roll out of Partnership in Care to enhance patient and carers experience
  - Development of multi-agency frailty service for early identification and assessment of frail patients so that enhanced pathways of care can be initiated
  - Deliver against the Trust Quality Improvement agenda and established Audit process

#### Domain Two – Being a Leading Partner in a Progressive Health Economy

- To fully engage with all strategic partners to maximise the opportunities and advantages associated with horizontal integration in the designing and delivery of sustainable health services for the population of Central Cheshire
- To work with key stakeholders to deliver a wholly integrated health and social care system, taking on a clear collective responsibility for resources and population health, so that our residents receive better coordinated care within the designated financial envelope
- Agreed Divisional Priorities
  - Review the opportunity to expand the potential for shared posts with partner Trusts in cardiology / Respiratory and Stroke service to ensure sustainable senior clinical workforce models
  - Develop community pathways for Chronic disease to prevent disease progression and resulting requirement for secondary care services – Diabetes/ Heart Failure/COPD
  - Assess the opportunity for community geriatricians or alternative workforce working collaboratively across community and secondary care to support nursing and care homes and better facilitate safe discharge

#### Domain Three – Striving for Outstanding Organisational Effectiveness

- To ensure full compliance with the NHS improvement provider licence ensuring financial sustainability, financial efficiency and financial controls, whilst safeguarding the quality of our services
- To maintain compliance with and aspire to achieve the incremental improvements against the NHS Improvements Single Oversight Framework Operational Performance Metrics, whilst safeguarding the quality of our services
- Agreed Divisional Priorities
  - Deliver the plans outlined in the "Front of House" business case including patient streaming, development of IT and estates work in the Emergency Department to ensure that patients are treated by the most appropriate clinician
  - Continue to develop ambulatory care and review the location and capacity potential of the unit in relation to Urgent care pathway work and Planned investigations
  - Continue to develop the Access and Flow agenda looking at national models of best practice of inpatient flow
  - Continued focus on long stay patients, working with partners to facilitate effective discharge by working on Discharge to Assess models and reduced delayed transfers of care
  - Assess the appropriateness of the specialty allocation of inpatients beds to ensure that patients have access to the most appropriate clinical staff review the potential for medical generalism

#### Domain Four – Aspiring to Excellence in Practice through our Workforce

- To expand our cadre of patient centred leaders with the ability to continually promote and build upon our open and honest culture by sharing the Trust vision, values, behaviours and objectives from board to ward
- To develop a flexible and responsive workforce to meet patient needs
- To ensure our staff feel valued and recognised for the work they do whilst being supported to maintain their own health and wellbeing, thus enabling the provision of outstanding quality of care and services
- Agreed Divisional Priorities
  - Sustainable plans for increased Advanced Practitioner workforce through review of medical budget and staffing availability to help provide clinical cover at the junior doctor level
  - Development of a robust 24/7 service for the acute deteriorating patient through review of the current Critical care outreach team and Night Nurse practitioner role
  - Allocation of appropriate staffing resources in areas where demand has changed such as the VIN minor injuries unit, ward 2 and ward 7
  - Training and development of new roles such as the early discharge facilitator and nurse associate role
  - Delivery of HR metric targets relating to training and appraisal rates within the division to help ensure staff wellbeing and support

#### Domain Five – Creating 21<sup>st</sup> Century Infrastructure for Transformative Health and Social Care

- To deliver an agreed, costed and phased Estates Strategy which will make the best use of the Trust's estate taking into consideration national and regional agendas, in particular the strategic aim to become an accountable care system
- To deliver an agreed, costed and phased Information Technology (IT) Strategy which supports the provision of seamless, integrated, outstanding patient care, improves staff experience in delivering care and enables continuous quality and service improvements through the intelligent use of secure, real time data.
- Agreed Divisional Priorities
  - Development of the dementia friendly environment focusing initially on ward 4
  - Implement estates changes to The emergency department to facilitate streaming of activity to appropriate clinical areas
  - Support the delivery of a Trust wide IT solution to provide Electronic Patient Records and live Patient Tracking



## Appendix A – Plans on a Page Surgery & Cancer

### Mid Cheshire Hospitals NHS Foundation Trust Operational Plan on a Page 2017/18 – 2020/21 Surgery and Cancer

The Trust has agreed its Strategic Domains for the period to 2021 to support our journey from Good to Outstanding, whilst delivering excellence in healthcare through innovation and collaboration. This summary details our priorities for 2017/18-2020/21 progressing towards our overall achievement of this strategy and highlighting key information about our activity, income and expenditure as well as describing how we will continue to improve the quality of care to our patients whilst working within a financially sustainable environment through the short term Capped Expenditure Programme and the long term sustainability solution for Cheshire.

#### Workload:

The Surgery and Cancer division plans to deliver the following activity in 2017-18

2017-18	
Outpatients	47,534
New	
Outpatients	99,799
Follow Up	
Elective	3419
Inpatient	
Non Elective	7162

#### Income and expenditure

The Trust has two main commissioners: Central Cheshire CCG and Vale Royal CCG. The Central Cheshire economy is within a Capped Expenditure Programme for 2017-18, so no longer paid for activity through a PwR contract.

The table below sets out the overall I&E position for MCHFT for the Surgery and Cancer division.

	2017/18 Projected £m
Income	72
Expenditure	31.5
EBITDA	20.5

#### Domain One – Delivering Outstanding Clinical Quality, Safety & Experience

- To aspire to the delivery of Outstanding clinical quality and safety, which is equitable, patient and family centred and supported by an effective quality governance framework
  - To drive continuous quality improvement and promote research and innovation, which reducing unwarranted clinical variation and progressing from a good to outstanding organisation
- Agreed Divisional Priorities**
- Implementation of Surgical Ambulatory Care Unit, to offer a same day emergency assessment area, providing rapid assessment, diagnosis and treatment within a timely manner without admission to hospital for all surgical patients.
  - Development of workforce plans to achieve delivering the 7 day clinical service standards set by NHS England
  - Development of additional ANP posts, overseas recruitment and partnerships with post graduate programmes to support and maintain service delivery in view of on-going trainee Doctor vacancies

#### Domain Two – Being a Leading Partner in a Progressive Health Economy

- To fully engage with all strategic partners to maximise the opportunities and advantages associated with horizontal integration in the designing and delivery of sustainable health services for the population of Central Cheshire
  - To work with key stakeholders to deliver a wholly integrated health and social care system, taking on a clear collective responsibility for resources and population health, so that our residents receive better coordinated care within the designated financial envelope
- Agreed Divisional Priorities**
- Development of local partnerships with other providers to deliver the full complement of services to the local population in a sustainable manner, for example vacancies within Radiology has recently led to partner discussions regarding providing support to Breast and Urology services.
  - Working in partnership with the CCG's to become the provider of choice, including the repatriation of work from other providers
  - Ensuring that Divisional objectives are aligned with wider health economy objectives (STP/ACO and Stronger Together) through active involvement in working groups and direction from Executives through introduction of engagement sessions for GP and other stakeholders

#### Domain Three – Striving for Outstanding Organisational Effectiveness

- To ensure full compliance with the NHS Improvement provider licence ensuring financial sustainability, financial efficiency and financial controls, whilst safeguarding the quality of our services
  - To maintain compliance with and aspire to achieve the incremental improvements against the NHS Improvements Single Oversight Framework Operational Performance Metrics, whilst safeguarding the quality of our services
- Agreed Divisional Priorities**
- Utilising evidence from Getting it Right First Time to review service and work towards reducing variation to improve outcomes for patients
  - Actively reviewing and developing options to reduce the reliance on Waiting List Initiatives and Agency, including exploring changes to ways of working including workforce structure and clinical pathways.
  - Active review of Non Pay expenditure including consumables and equipment, to assist with consolidating contracts to negotiate improved prices
  - Exploring opportunities to maximise productivity and income generating activity to support the sustainability of the S&C Division, e.g. Ophthalmology out of area activity. Being flexible to the demands of the health economy, e.g. Capped Expenditure by identifying and implementing proposals.

#### Domain Four – Aspiring to Excellence in Practice through our Workforce

- To expand our cadre of patient centred leaders with the ability to continually promote and build upon our open and honest culture by sharing the Trust vision, values, behaviours and objectives from board to ward
  - To develop a flexible and responsive workforce to meet patient needs
  - To ensure our staff feel valued and recognised for the work they do whilst being supported to maintain their own health and wellbeing, thus enabling the provision of outstanding quality of care and services
- Agreed Divisional Priorities**
- Development of non-medical roles, for example in endoscopy, to complement the nursing and medical workforce and the expansion of the numbers of non-medical prescribers across surgical specialities in specialities where there is the demand.
  - To ensure our staff feel valued by recognising their achievements through the annual COA Awards and Monthly Team/Employee of the Month nominations and supporting them to maintain their own health & wellbeing
  - Regular SMT walkabouts across the Division to encourage open communication and feedback and to ensure senior leaders are visible and approachable

#### Domain Five – Creating 21<sup>st</sup> Century Infrastructure for Transformative Health and Social Care

- To deliver an agreed, costed and phased Estates Strategy which will make the best use of the Trust's estate taking into consideration national and regional agendas, in particular the strategic aim to become an accountable care system
  - To deliver an agreed, costed and phased Information Technology (IT) Strategy which supports the provision of seamless, integrated, outstanding patient care, improves staff experience in delivering care and enables continuous quality and service improvements through the intelligent use of secure, real time data.
- Agreed Divisional Priorities**
- Maintain service accreditations and Peer review standards, for example JAG accreditation in the Endoscopy service and Cancer Peer review across all specialities.
  - Support the Trusts IT strategy towards becoming paperless by being actively involved in trials of EPR systems such as CERNER and the development of virtual clinics in Orthopaedics and Ophthalmology
  - To ensure that the Divisional estate is fit for purpose, for example the reconfiguration of wards 10 and 15 to support the operational needs Orthopaedic service.



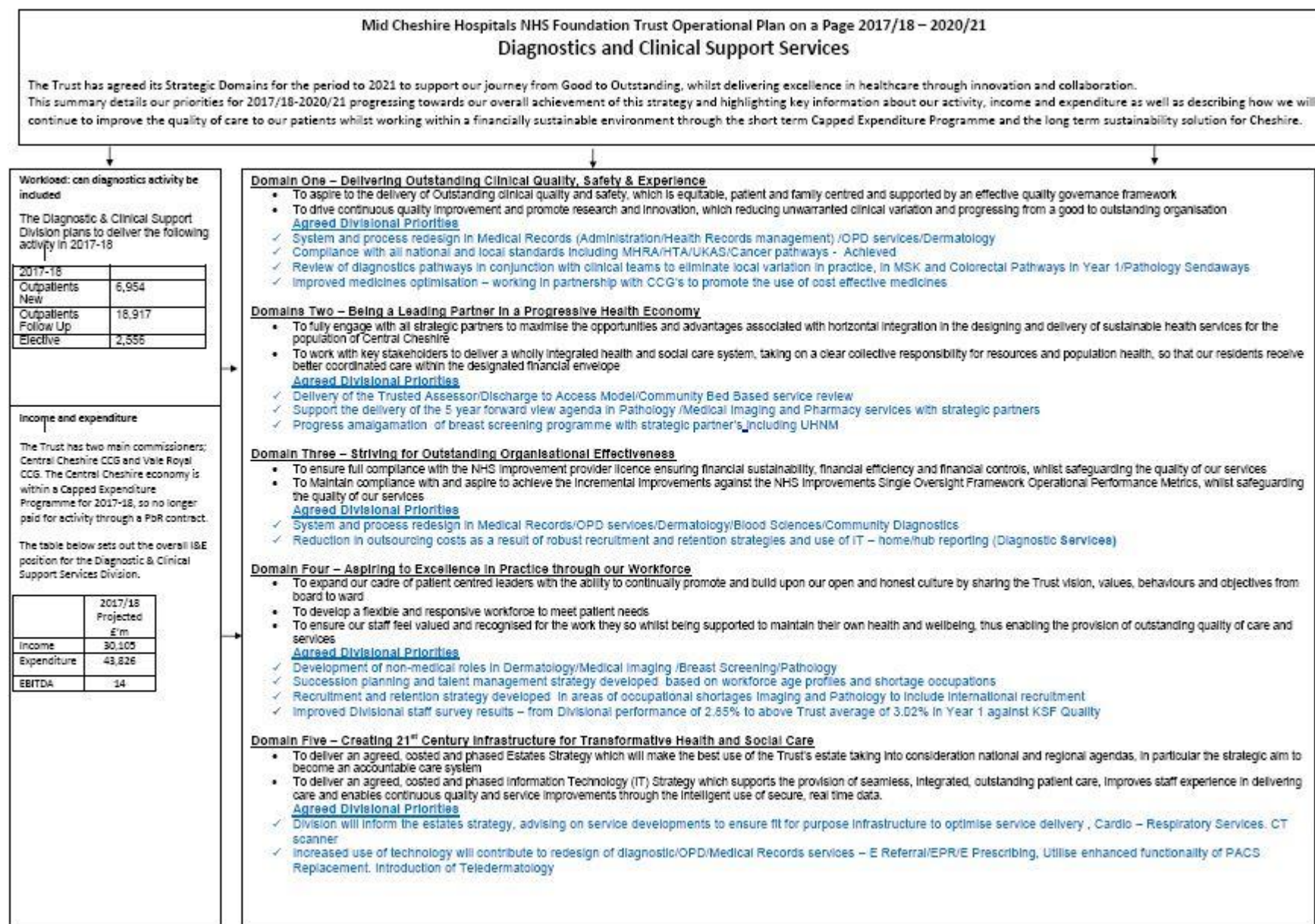
## Appendix A – Plans on a Page Women & Children

### Mid Cheshire Hospitals NHS Foundation Trust Operational Plan on a Page 2017/18 – 2020/21 Women and Children's

The Trust has agreed its Strategic Domains for the period to 2021 to support our journey from Good to Outstanding, whilst delivering excellence in healthcare through innovation and collaboration. This summary details our priorities for 2017/18-2020/21 progressing towards our overall achievement of this strategy and highlighting key information about our activity, income and expenditure as well as describing how we will continue to improve the quality of care to our patients whilst working within a financially sustainable environment through the short term Capped Expenditure Programme and the long term sustainability solution for Cheshire.

<p><b>Workload:</b></p> <p>The Women's and Children's Division plans to deliver the following activity in 2017-18</p> <table border="1"> <tr> <td>2017-18</td> <td></td> </tr> <tr> <td>Outpatients New</td> <td>17,935</td> </tr> <tr> <td>Outpatients Follow Up</td> <td>48,007</td> </tr> <tr> <td>Elective</td> <td>2,029</td> </tr> <tr> <td>Non Elective</td> <td>14,611</td> </tr> <tr> <td>Deliveries</td> <td>2567 (+185)</td> </tr> </table>	2017-18		Outpatients New	17,935	Outpatients Follow Up	48,007	Elective	2,029	Non Elective	14,611	Deliveries	2567 (+185)	<p><b>Domain One – Delivering Outstanding Clinical Quality, Safety &amp; Experience</b></p> <ul style="list-style-type: none"> <li>To aspire to the delivery of Outstanding clinical quality and safety, which is equitable, patient and family centred and supported by an effective quality governance framework</li> <li>To drive continuous quality improvement and promote research and innovation, which reducing unwarranted clinical variation and progressing from a good to outstanding organisation</li> </ul> <p><u>Agreed Divisional Priorities</u></p> <ul style="list-style-type: none"> <li>✓ To maintain conformance with NICE guidelines and Royal College recommendations e.g. stillbirth outcomes, sepsis</li> <li>✓ To fully implement the anaesthetic and sonographer business cases</li> <li>✓ To work towards the delivery of consistent care 7 Days per week in Paediatrics and Obstetrics</li> </ul>
2017-18													
Outpatients New	17,935												
Outpatients Follow Up	48,007												
Elective	2,029												
Non Elective	14,611												
Deliveries	2567 (+185)												
<p><b>Income and expenditure</b></p> <p>The Trust has two main commissioners; Central Cheshire CCG and Vale Royal CCG. The Central Cheshire economy is within a Capped Expenditure Programme for 2017-18, so no longer paid for activity through a PoR contract.</p> <p>The table below sets out the overall IS&amp;E position for the Women &amp; Children Division.</p> <table border="1"> <tr> <td></td> <td>2017/18 Projected £m</td> </tr> <tr> <td>Income</td> <td>29,975</td> </tr> <tr> <td>Expenditure</td> <td>19,943</td> </tr> <tr> <td>EBITDA</td> <td>10</td> </tr> </table>		2017/18 Projected £m	Income	29,975	Expenditure	19,943	EBITDA	10	<p><b>Domain Two – Being a Leading Partner in a Progressive Health Economy</b></p> <ul style="list-style-type: none"> <li>To fully engage with all strategic partners to maximise the opportunities and advantages associated with horizontal integration in the designing and delivery of sustainable health services for the population of Central Cheshire</li> <li>To work with key stakeholders to deliver a wholly integrated health and social care system, taking on a clear collective responsibility for resources and population health, so that our residents receive better coordinated care within the designated financial envelope</li> </ul> <p><u>Agreed Divisional Priorities</u></p> <ul style="list-style-type: none"> <li>✓ To participate in, and implement, the C&amp;M Women's &amp; Children's Partnership recommendations on the reconfiguration of Paediatrics, Neonates and Obstetrics</li> <li>✓ To develop Paediatric (and Gynaecology) services in the community which reduce admissions of children to hospital by up to 17% and reduce outpatient attendances by up to 39%</li> <li>✓ To expand the geographical footprint of our midwifery (700 births) and gynaecology services outside of Central Cheshire to attract income from other CCGs</li> </ul> <p><b>Domain Three – Striving for Outstanding Organisational Effectiveness</b></p> <ul style="list-style-type: none"> <li>To ensure full compliance with the NHS improvement provider licence ensuring financial sustainability, financial efficiency and financial controls, whilst safeguarding the quality of our services</li> <li>To maintain compliance with and aspire to achieve the incremental improvements against the NHS Improvements Single Oversight Framework Operational Performance Metrics, whilst safeguarding the quality of our services</li> </ul> <p><u>Agreed Divisional Priorities</u></p> <ul style="list-style-type: none"> <li>✓ To improve the efficiency of gynaecology procedures to reduce the demand for main theatres and inpatient beds and maximise capacity in the gynaecology OPD</li> <li>✓ To implement the findings (reported on 5<sup>th</sup> Oct '17) of the GIRFT project in Gynaecology and Obstetrics</li> <li>✓ To be the maternity provider of choice such that the LHC maximises the financial opportunities of the CEP</li> </ul>				
	2017/18 Projected £m												
Income	29,975												
Expenditure	19,943												
EBITDA	10												
	<p><b>Domain Four – Aspiring to Excellence in Practice through our Workforce</b></p> <ul style="list-style-type: none"> <li>To expand our cadre of patient centred leaders with the ability to continually promote and build upon our open and honest culture by sharing the Trust vision, values, behaviours and objectives from board to ward</li> <li>To develop a flexible and responsive workforce to meet patient needs</li> <li>To ensure our staff feel valued and recognised for the work they do whilst being supported to maintain their own health and wellbeing, thus enabling the provision of outstanding quality of care and services</li> </ul> <p><u>Agreed Divisional Priorities</u></p> <ul style="list-style-type: none"> <li>✓ To reduce the risk of junior doctor vacancies through replacement and additional AMP, APNP and ANNP roles alongside development of other roles e.g. theatre roles</li> <li>✓ To ensure the midwifery workforce reflects the demands of increasing birth rate, proposed geographical expansion and change in obstetric practice</li> <li>✓ To be fully established and have no vacancies with the Community Paediatric medical workforce by June 2018</li> <li>✓ To maintain the Divisions positive staff survey results and take steps to reduce the impact of high staff stress</li> </ul> <p><b>Domain Five – Creating 21<sup>st</sup> Century Infrastructure for Transformative Health and Social Care</b></p> <ul style="list-style-type: none"> <li>To deliver an agreed, costed and phased Estates Strategy which will make the best use of the Trust's estate taking into consideration national and regional agendas, in particular the strategic aim to become an accountable care system</li> <li>To deliver an agreed, costed and phased Information Technology (IT) Strategy which supports the provision of seamless, integrated, outstanding patient care, improves staff experience in delivering care and enables continuous quality and service improvements through the intelligent use of secure, real time data.</li> </ul> <p><u>Agreed Divisional Priorities</u></p> <ul style="list-style-type: none"> <li>✓ To implement the vacation and refurbishment of ward 17 to meet fire regulations and national standards for paediatric wards by 2018</li> <li>✓ To meet any future requirements of the Trust's Estate Strategy regarding the opportunities presented by moving Gynaecology OPD to the vacant ward 24</li> <li>✓ To ensure that the current and future developments of the maternity, neonatal and other divisional IT systems are in line with the Trust's IT strategy</li> </ul>												

## Appendix A – Plans on a Page Diagnostics & Clinical Support





## Appendix B

### Roles and responsibilities – Stakeholder Map

#### Stakeholders – Expected Outcomes and Key Questions

Stakeholder	Outcomes (from the strategy process)	Key questions
<ul style="list-style-type: none"> <li>Board of Directors</li> </ul>	<ul style="list-style-type: none"> <li>The Board owns the strategy:               <ul style="list-style-type: none"> <li>✓ Understands the national, regional &amp; local context</li> <li>✓ Owns the vision for the Trust (it's role within the Health Economy and the services it will provide)</li> <li>✓ Understands the key local challenges &amp; major changes required</li> <li>✓ Agrees the strategic plan (route map for the revised strategy)</li> <li>✓ Agrees the priority actions for 2017/18 – 2020/21</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>What will the services delivered by MCHFT / CCICP look like in 5 years time</li> <li>What is the long term direction of the organisation</li> <li>What is the organisational capability to match activities to both the environment in which we operate and our resource capability</li> <li>What resource issues are expected</li> <li>What stakeholder issues are expected and how might they change</li> </ul>
<ul style="list-style-type: none"> <li>Divisions &amp; CCICP</li> <li>Consultant body and other medical and clinical staff</li> <li>All other staff</li> <li>Trade Unions</li> </ul>	<ul style="list-style-type: none"> <li>Contribute to the development of the strategy (&amp; understand the rationale)</li> <li>Understand why organisational form will need to change across the health economy</li> <li>Recognise the pace of change required</li> <li>Understand the priority actions and their part in delivering the strategy</li> </ul>	
<ul style="list-style-type: none"> <li>Governors &amp; Members /Public</li> <li>Our current and potential partners including UHNM, CWP, ECT, GP Alliance, Local Authorities</li> <li>CCGs</li> <li>Connecting Care Board</li> <li>Patients &amp; Carers</li> <li>Regulators including NHSI, CQC, NHSE</li> <li>Health &amp; Well Being Boards</li> <li>Healthwatch</li> </ul>	<ul style="list-style-type: none"> <li>Develop an engagement Plan to enable partners to :               <ul style="list-style-type: none"> <li>✓ Understand the strategy (&amp; the rationale)</li> <li>✓ Understand 'what's in it for them'</li> <li>✓ Are engaged in how they can contribute to delivering the overall vision</li> <li>✓ Understand the importance we will place on developing key strategic partnerships</li> <li>✓ Influence and participate in the development of MCHFT &amp; CCICP</li> </ul> </li> </ul>	

## Appendix C - Related and underpinning documents

In addition to the enabling strategies and frameworks the following local documents support the delivery of the Strategy - this list is not exhaustive.

- Annual Plan 2017/18
- Corporate Governance Handbook
- Being Open Policy including the Duty of Candour
- Health & Safety Policy
- Incident Reporting Policy
- Incident Investigation, Learning and Improvement Policy
- Information Governance Policy
- Whistleblowing (Raising Concerns) Policy
- Emergency Preparedness & Business Continuity Plans
- Security Policy
- Complaints and Concerns Handling Policy
- Claims Management

Key regional documents include:

- Cheshire & Wirral Five Year Forward View
- Central and Eastern Cheshire Long Term Sustainability Plan
- Commissioning Contractual Requirements

Key National documents include:

- NHS Improvement Single Oversight Framework (2016)
- CQC Inspection Regime and associated documents
- National Quality Board Shared Commitment to Quality (2016)
- Next Steps on the NHS Five Year Forward View (2017)
- Developmental reviews of leadership and governance using the well-led framework; guidance for NHS Trusts and NHS Foundation Trusts (2017)
- NHS Improvement Use of Resources Framework (2017)

<b>Title of Paper :</b>	Board Assurance Framework (BAF) Report		
<b>Author:</b>	Associate Director-Integrated Governance		
<b>Executive Lead:</b>	Medical Director		
<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 CQC 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>	A comprehensive detailed first Board report on the revised BAF adopting the Three Lines of Defence model following the approval of the new Risk Management Strategy & Framework 2017/20. Next steps include the assurance rating and the review and development of the organisational risk register. Future Board reports will provide a quarterly summary version, with more detailed scrutiny occurring at Board Sub-Committee level.		
<b>Risk:</b>	Gaps in assurances and Board lack of oversight of key risks to achieving the Strategic Objectives.		
<b>To be published on Trust Website – complete version</b>		<b>Yes</b>	
<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>	6 November 2017		



# Board Assurance Framework

## 2017/18

### Quarter 1 & 2



***‘Delivering Excellence in Healthcare through Innovation and Collaboration’***



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## 1. Background & purpose

The requirement for NHS organisations to have Board Assurance Framework (BAF) is well documented, most recently it is cited in the NHS Improvement document *Developmental Reviews of Leadership and Governance using the Well-Led Framework: Guidance for NHS Trusts and NHS Foundation Trusts* (June 2017). The Board of Directors have had a well embedded document in place for a number of years, with reasonable assurances provided. Following an internal review of our risk management systems and processes, feedback from internal audit and Board members a new Risk Management Strategy and Framework 2017/20 has been developed which includes a review and development of the BAF which has considered the following:

- the BAF should be a succinct document of the assurances generated around each strategic objective, rather than principal risks;
- the BAF should record the Board's confidence in achievement of each strategic objective at any given point in time, given all the information available to them;
- the BAF should be 'live' and support effective decision-taking and provide evidence and justification for the decision making process;
- Board agendas should be set according to where the largest gaps are perceived to exist in either a) confidence in current position or b) achievement against strategic objectives;
- every piece of information the Board receives may affect its confidence about the likely achievement of a strategic objective;
- the BAF document is part of the wider mechanism for managing an organisations assurances and should provide confidence, evidence and certainty to the Board of Directors and management *that what needs to be happening is actually occurring in practice*; and
- the four steps to the development of an effective BAF (Fig. 1 below).

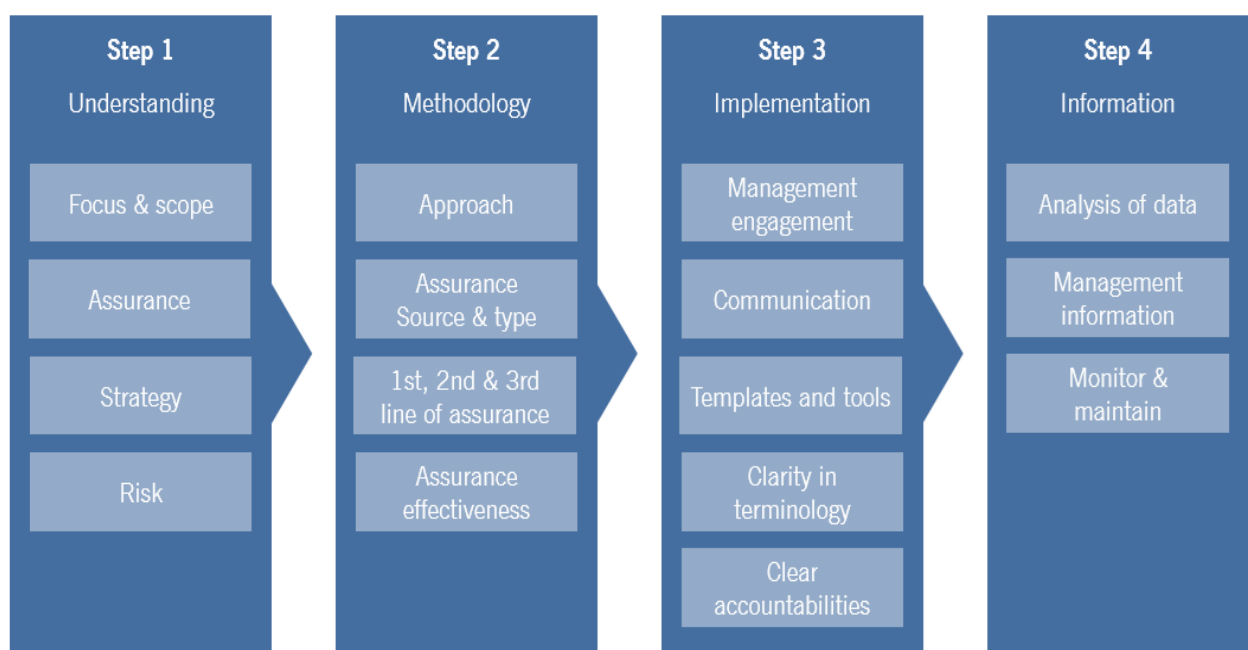


Fig. 1



## 2. Current position

During July and August 2017 the Board of Directors developed and approved the Trust's five Strategic Domains and underpinning Strategic Objectives, with associated success measures. The *Trust Strategy 2017/18 with 2020/21 Horizon* details the Strategic Objectives and the plans to embed these organisations wide with the development of local objectives and metrics across the Divisions and Central Cheshire Integrated Community Partnership. The five Strategic Domains, underpinning Strategic Objectives and success measures are detailed in Appendix B.

## 3. Organisational Risk Register

The new *Risk Management Strategy & Framework 2017/20* approved in August 2017 details six key priorities which include the review of the current risks and moving to a web-based solution. Table 1 below details the top five organisational risks with mitigated risk rating, shift quarter on quarter and key links to Board Assurance Framework.

Table 1 – Top five organisational risks

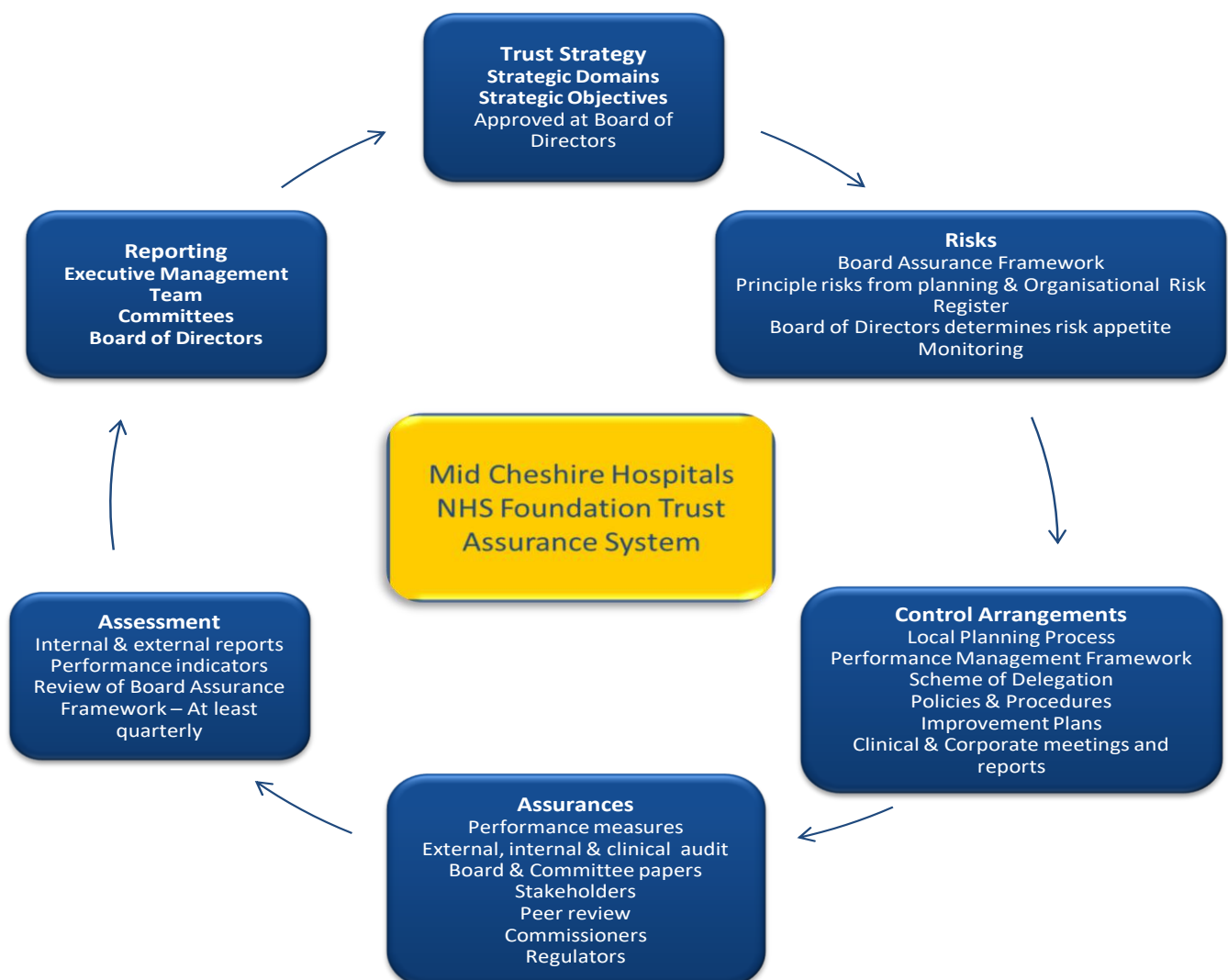
Risk Title	Mitigated (With controls) Risk Rating	Shift				Key links to BAF 2017/18
		Q1- 17/18	Q2- 17/18	Q3- 17/18	Q4- 17/18	
Operational Sustainability of MCHFT	4(C)x4(L)=16	⇔	⇔			Q1,Q2 E1,E2 P1,P2
Sustainability of Vulnerable Clinical Services due to Lack of Resource (People & finance)	5(C)x4(L)=20	⇔	⇔			Q1,Q2 P1,P2 E2,W2
Delivering High Quality Clinical Services 7 Days per Week	5(C)x4(L)=20	⇔	⇔			Q1,Q2 P1,P2 E2,W2,T1 T2a, T2b
Long Term Financial Sustainability of MCHFT	5(C)x4(L)=20	⇔	⇔			E1,E2 P1,P2 T1 T2a, T2b
Delivering the Information Technology Strategy	4(C)x5(L)=20	⇔	⇔			Q1,Q2 E1,E2 T2a,T2b



#### 4. Next steps

Appendix A of this report is the first iteration of the new Board Assurance Framework (BAF) aligned to the Three Lines of Defence Model, adopted in the new *Risk Management Strategy & Framework 2017/20*. Development of the BAF will be iterative as we broaden our assurance mapping processes.

Future quarterly reports will also provide an overview of the linked risks, position in relation to shift and a quarterly commentary / position statement. A concurrent review of the organisational risk register is also being undertaken during quarter 3 and 4 2017/18. Future iterations of this quarterly report will also start to consider any risks impacting on the Strategic Objectives from partner organisations to provide a better picture in relation to the wider health community. The BAF will undergo a continuous review cycle as depicted below in Fig.2. Subsequent reports will provide a summary version for the Board of Directors, with detailed scrutiny occurring at Board sub-committee level.





Appendix A - Board Assurance Framework Q1 & Q2 2017/18

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

Q1	To aspire to the delivery of ‘Outstanding’ clinical quality and safety, which is equitable, patient and family centred and supported by an effective quality governance framework.																															
Principal Risk																																
Risk of not consistently providing the safest, highest quality care due to a lack of an effective quality governance framework.																																
Initial Date	Date of Update	Review Date	Care Quality Commission Domain / NHS Improvement Single Oversight Framework			Accountable Executive Director	Executive Management Group		Delegated Board Committee																							
13.06.2017	21.09.2017	January 2018	Safe, Effective, Responsive, Caring & Well Led NHSI – Quality Metrics			Director of Nursing & Quality	Executive Quality Governance Group (EQGG) Executive Patient Experience Group (EPEG)		Quality Governance Committee (QGC)																							
<div>Strategic Domain 1: Delivering Outstanding Clinical Quality, Safety &amp; Experience (Q1)</div> <div>Risk Rating by Financial Quarter 2017/18</div> <table><thead><tr><th></th><th>Q1</th><th>Q2</th><th>Q3</th><th>Q4</th></tr></thead><tbody><tr><td>Unmitigated Risk Rating</td><td>20</td><td>20</td><td></td><td></td></tr><tr><td>Current Risk Rating</td><td>15</td><td>15</td><td></td><td></td></tr><tr><td>Target Risk Rating</td><td>10</td><td>10</td><td>10</td><td>10</td></tr></tbody></table>				Q1	Q2	Q3	Q4	Unmitigated Risk Rating	20	20			Current Risk Rating	15	15			Target Risk Rating	10	10	10	10	Initial Risk Rating (Unmitigated)			Current Risk Rating (Mitigated)			Target Risk Rating (Tolerance / Risk Appetite)			
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Consequence	Likelihood	Risk Rating	Consequence	Likelihood	Risk Rating	Consequence	Likelihood	Risk Rating	Target Date																							
5	4	20	5	3	15	5	2	10	March 2019																							
Executive Commentary for the Current Risk Score																																
The risk score remains the same at the end of quarter 2. Strengthening is required of the risk management and quality assurance frameworks in order to provide sustained demonstrable improvements and associated assurances at ward, department and divisional levels.																																
Links to BAF Objectives																																
Q2, P1, P2, E1, E2, W1, W2, W3, T1, & T2																																
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CS0325 – Operational Sustainability of MCHFT						09/09/2015	4x4=16	4x4=16																								
CS0328 – Sustainability of Vulnerable Clinical Services due to Lack of Resource (People & finance)						24/09/2015	5x4=20	5x4=20																								
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EC0331 – Vacancies in a Number of Difficult to Recruit Consultant Posts within DMEC						03/06/2015	5x4=20	5x4=20																								
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MS0153 – Fetal Anomaly Scanning						29/06/2016	3x5=15	3x5=15																								
CS0284 – Nursing Vacancies Across MCHFT						02/01/2013	5x3=15	5x3=15																								

\*Assurance rating

Significant assurance

Significant assurance with minor improvement opportunities

Partial assurance with improvements required

No assurance

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

Q1 To aspire to the delivery of 'Outstanding' clinical quality and safety, which is equitable, patient and family centred and supported by an effective quality governance framework.						
Key Controls / Influences Established (What are we currently doing about the risk?)	Key Gaps in Controls / Influences (What additional controls should we seek?)	Assurance Providers 2017/18 (How do we know if the things we are doing are having an impact?)			Gaps in Assurances on Controls / Influences (What additional assurances should we seek?)	Agreed Actions for Gaps in Controls / Influences or Assurances (What more should we do, including timescales for delivery)
		Local Management (1 <sup>st</sup> Line of Defence)	Corporate Oversight (2 <sup>nd</sup> Line of Defence)	Independent / External (3 <sup>rd</sup> Line of Defence)		
1. Processes in place to deliver the CQUINs & Quality Schedule	<ul style="list-style-type: none"> <li>Data access &amp; collective intelligence</li> <li>Reports by CQC Domains</li> <li>Quarterly Quality Reviews</li> </ul>	<ul style="list-style-type: none"> <li>1:1 / Team Meetings</li> <li>Safety Collaborative</li> <li>Quality Matters Programme</li> </ul>	<ul style="list-style-type: none"> <li>Quality Safety &amp; Improvement Strategy Group (QSIG)</li> <li>EQGG</li> <li>QGC</li> <li>Board of Directors</li> <li>QGC minutes</li> <li>Monthly Quality, Safety &amp; Experience Report (CQUIN)</li> <li>Quality Account-April 2018</li> </ul>	<ul style="list-style-type: none"> <li>CQC Good rating-January 2015</li> <li>CCG Contract meetings monthly</li> <li>CCG Quality Visits</li> <li>CQUIN Q1 Report exceptions: Sepsis treatment and antibiotic consumption</li> </ul> Internal Audit Programme <ul style="list-style-type: none"> <li>Quality Account-April 2018</li> </ul>	<ul style="list-style-type: none"> <li>Implementation of formal quarterly quality review process</li> </ul>	<ul style="list-style-type: none"> <li>Quarterly quality reviews to commence February 2018</li> <li>Development of reports / data collection in progress Q3/Q4</li> </ul>
2. Infection Prevention & Control (IPC) Team and supporting strategies & policies	<ul style="list-style-type: none"> <li>MRSA Bacteraemia Recovery Plan</li> </ul>	<ul style="list-style-type: none"> <li>1:1 / Team Meetings</li> <li>DoN Harm Free Care bi-weekly meeting</li> <li>Monthly Divisional Boards/CCICP reports</li> </ul>	<ul style="list-style-type: none"> <li>Executive IPC</li> <li>QGC</li> <li>Board of Directors</li> <li>QGC minutes</li> <li>Monthly Quality, Safety &amp; Experience Report</li> <li>Monthly Serious Events /IPC</li> <li>Quality Account-April 2018</li> </ul>	<ul style="list-style-type: none"> <li>CQC Good rating-January 2015</li> <li>CCG Contract meetings monthly</li> <li>CCG Quality Visits</li> <li>NHSE/NHSI Feedback</li> </ul> Internal Audit Programme <ul style="list-style-type: none"> <li>Quality Account-April 2018</li> </ul>		<ul style="list-style-type: none"> <li>Recovery plan to Executive Infection Prevention &amp; Control Group – September 2017</li> </ul>
3. Maternity Dashboard	<ul style="list-style-type: none"> <li>Data access &amp; collective intelligence</li> <li>Reports by CQC Domains</li> <li>Quarterly Quality Reviews</li> </ul>	<ul style="list-style-type: none"> <li>1:1 / Team Meetings</li> <li>Monthly W&amp;C Divisional Board Report</li> </ul>	<ul style="list-style-type: none"> <li>EQGG</li> <li>QGC</li> <li>Board of Directors</li> <li>QGC minutes</li> <li>Quality Account-April 2018</li> </ul>	<ul style="list-style-type: none"> <li>CQC Good rating January 2015</li> <li>CCG Contract meetings monthly</li> <li>CCG Quality Visits</li> <li>Advancing Quality Reports</li> <li>NHSE/NHSI Feedback</li> <li>Midwifery Service of the Year 2015</li> </ul> Internal Audit Programme <ul style="list-style-type: none"> <li>Quality Account April 2018</li> </ul>	<ul style="list-style-type: none"> <li>Implementation of formal quarterly quality review process</li> </ul>	<ul style="list-style-type: none"> <li>Quarterly quality reviews to commence February 2018</li> <li>Development of reports / data collection in progress</li> </ul>
4. Implementation of the Dementia Strategy		<ul style="list-style-type: none"> <li>1:1 / Team Meetings</li> <li>Quality Matters Programme</li> </ul>	<ul style="list-style-type: none"> <li>EPEG</li> <li>QGC</li> <li>Board of Directors</li> <li>QGC minutes</li> <li>Quality Account-April 2018</li> </ul>	<ul style="list-style-type: none"> <li>CQC Good rating-January 2015</li> <li>CCG Quality Visits</li> </ul> Internal Audit Programme <ul style="list-style-type: none"> <li>Quality Account-April 2018</li> </ul>		

\*Assurance rating

Significant assurance

Significant assurance with minor improvement opportunities

Partial assurance with improvements required

No assurance

Q1 To aspire to the delivery of 'Outstanding' clinical quality and safety, which is equitable, patient and family centred and supported by an effective quality governance framework.						
Key Controls / Influences Established (What are we currently doing about the risk?)	Key Gaps in Controls / Influences (What additional controls should we seek?)	Assurance Providers 2017/18	Assurance Providers 2017/18	Assurance Providers 2017/18	Gaps in Assurances on Controls / Influences (What additional assurances should we seek?)	Agreed Actions for Gaps in Controls / Influences or Assurances (What more should we do, including timescales for delivery)
		Local Management (1 <sup>st</sup> Line of Defence)	Corporate Oversight (2 <sup>nd</sup> Line of Defence)	Independent / External (3 <sup>rd</sup> Line of Defence)		
5. Quality & Safety Improvement Strategy 2016-18 implementation	<ul style="list-style-type: none"> <li>Data access &amp; collective intelligence</li> <li>Reports by CQC Domains</li> <li>Quarterly Quality Reviews</li> </ul>	<ul style="list-style-type: none"> <li>1:1 / Team Meetings</li> <li>Quality Matters Programme</li> <li>Monthly Divisional Boards/CCICP reports</li> </ul>	<ul style="list-style-type: none"> <li>QSIG Group</li> <li>EQGG</li> <li>QGC</li> <li>Board of Directors</li> <li>QGC minutes</li> <li>Patient / Staff Stories</li> <li>Board Walkaround Programme</li> <li>Monthly Quality, Safety &amp; Experience Report</li> <li>Monthly Serious Events / IPC</li> <li>Quality Account-April 2018</li> </ul>	<ul style="list-style-type: none"> <li>CQC Good rating-January 2015</li> <li>CCG contract meetings monthly</li> <li>CCG Quality Visits</li> <li>Advancing Quality Reports</li> <li>CQC Inpatient Survey-May 2017 'About the same as other Trusts overall'- reduction on previous year</li> </ul> <p>Internal Audit Programme</p> <ul style="list-style-type: none"> <li>Quality Account-April 2018</li> </ul>	<ul style="list-style-type: none"> <li>Implementation of formal quarterly quality review process</li> </ul>	<ul style="list-style-type: none"> <li>Quarterly quality reviews to commence February 2018</li> <li>Development of reports / data collection in progress</li> </ul>
6. Patient & Public Involvement Strategy implementation		<ul style="list-style-type: none"> <li>1:1 / Team Meetings</li> <li>Membership Office</li> <li>Monthly Divisional Boards/CCICP reports</li> </ul>	<ul style="list-style-type: none"> <li>Patient / Staff Stories</li> <li>EPEG</li> <li>QGC</li> <li>Board of Governors</li> <li>Board of Directors</li> <li>Governors reports &amp; feedback</li> <li>QGC minutes</li> <li>Quality Account-April 2018</li> </ul>	<ul style="list-style-type: none"> <li>CQC Patient Survey-May 2017</li> <li>'About the same as other Trusts overall'</li> <li>CQC Good rating- January 2015</li> <li>Healthwatch feedback</li> </ul> <p>Internal Audit Programme</p> <ul style="list-style-type: none"> <li>Quality Account-April 2018</li> </ul>		
7. Patient Safety Team established with objectives and associated policies & procedures	<ul style="list-style-type: none"> <li>Data access &amp; collective intelligence.</li> <li>Dashboards by CQC Domains.</li> <li>Quarterly Quality Reviews</li> </ul>	<ul style="list-style-type: none"> <li>1:1 / Team Meetings</li> <li>Monthly Divisional Boards/CCICP reports</li> </ul>	<ul style="list-style-type: none"> <li>Patient Safety Summit</li> <li>EQGG</li> <li>QGC</li> <li>Board of Directors</li> <li>QGC minutes</li> <li>Monthly Quality, Safety &amp; Experience Report</li> <li>Monthly serious events / IPC</li> <li>Quality Account-April 2018</li> </ul>	<ul style="list-style-type: none"> <li>CQC Good rating-January 2015</li> <li>CCG contract meetings monthly</li> <li>Quarterly Advancing Quality Reports</li> </ul> <p>Internal Audit Programme</p> <ul style="list-style-type: none"> <li>Quality Account-April 2018</li> </ul>	<ul style="list-style-type: none"> <li>Implementation of formal quarterly quality review process</li> </ul>	<ul style="list-style-type: none"> <li>Quarterly quality reviews to commence February 2018</li> <li>Development of reports / data collection in progress</li> </ul>
8. Risk Management Strategy & Framework 2017/20 in place with 6 key priorities	<ul style="list-style-type: none"> <li>Revised quarterly risk register reports at divisional/corporate level in development.</li> <li>Well-Led / Use of Resources initial review required (NHSI Framework).</li> </ul>	<ul style="list-style-type: none"> <li>1:1 Meetings</li> <li>Team Meetings</li> <li>Monthly Divisional Boards/CCICP reports</li> </ul>	<ul style="list-style-type: none"> <li>EQGG</li> <li>QGC</li> <li>Board of Directors</li> <li>QGC minutes</li> <li>Quarterly BAF / Risk Register Report</li> <li>Well-Led Reviews June 2017 and April 2018</li> </ul>	<p>Internal Audit Programme</p> <ul style="list-style-type: none"> <li>Annual Governance Statement-March 2018</li> <li>Risk Management &amp; Corporate Governance Report: Significant Assurance-April 2017 Review planned-January 2018</li> <li>CCICP Governance-due December 2017</li> </ul>	<ul style="list-style-type: none"> <li>Externally facilitated Developmental Review NHSI Well Led Framework required in 2018.</li> </ul>	<ul style="list-style-type: none"> <li>Reports to Quality Governance Committee from December 2017 with quarterly monitoring</li> <li>Well-Led / Use of Resources Initial Review April 2018</li> </ul>

\*Assurance rating

Significant assurance

Significant assurance with minor improvement opportunities

Partial assurance with improvements required

No assurance



Q1 To aspire to the delivery of 'Outstanding' clinical quality and safety, which is equitable, patient and family centred and supported by an effective quality governance framework.						
Key Controls / Influences Established (What are we currently doing about the risk?)	Key Gaps in Controls / Influences (What additional controls should we seek?)	Assurance Providers 2017/18	Assurance Providers 2017/18	Assurance Providers 2017/18	Gaps in Assurances on Controls / Influences (What additional assurances should we seek?)	Agreed Actions for Gaps in Controls / Influences or Assurances (What more should we do, including timescales for delivery)
		Local Management (1 <sup>st</sup> Line of Defence)	Corporate Oversight (2 <sup>nd</sup> Line of Defence)	Independent / External (3 <sup>rd</sup> Line of Defence)		
9. Governance & Clinical Audit Teams in place with review of national guidance including NICE & national audits	<ul style="list-style-type: none"> <li>Reviews of improvement plans in the Divisions.</li> <li>Web based system required.</li> </ul>	<ul style="list-style-type: none"> <li>1:1 / Team Meetings</li> <li>Monthly Divisional Boards/CCICP reports</li> </ul>	<ul style="list-style-type: none"> <li>EQGG</li> <li>QGC</li> <li>Audit Committee</li> <li>Board of Directors</li> <li>QGC minutes</li> <li>Quality Account April 2018</li> </ul>	<ul style="list-style-type: none"> <li>CQC Good rating-January 2015</li> <li>CCG contract meetings monthly</li> <li>National Audit Reports</li> <li>Internal Audit Programme</li> <li>Quality Account-April 2018</li> </ul>	<ul style="list-style-type: none"> <li>Improving triangulation of audit data and oversight in reports.</li> </ul>	<ul style="list-style-type: none"> <li>Implement a risk based approach to audit</li> <li>Implement a QI web based programme by June 2018</li> </ul>
10. Systems in place to address external clinical alerts		<ul style="list-style-type: none"> <li>Alerts Working Group</li> <li>Monthly Divisional Boards/CCICP reports</li> </ul>	<ul style="list-style-type: none"> <li>EQGG</li> <li>QGC</li> <li>Board of Directors</li> <li>QGC minutes</li> <li>Quality Account April 2018</li> </ul>	<ul style="list-style-type: none"> <li>CQC Good rating-January 2015</li> <li>CCG contract meetings monthly</li> <li>Internal Audit Programme</li> <li>Quality Account-April 2018</li> </ul>		
11. Quality Impact Assessment (QIA) Process	<ul style="list-style-type: none"> <li>QIA process in place – requires overarching document.</li> </ul>	<ul style="list-style-type: none"> <li>Programme/Project Team</li> <li>Monthly Divisional Boards/CCICP reports</li> </ul>	<ul style="list-style-type: none"> <li>Medical Director &amp; Director of Nursing &amp; Quality reviews</li> <li>EQGG</li> <li>QGC</li> <li>Board of Directors</li> <li>QGC minutes</li> <li>Quality Account April 2018</li> </ul>	<ul style="list-style-type: none"> <li>CQC Good rating-January 2015</li> <li>CCG contract meetings monthly</li> <li>Internal Audit Programme</li> <li>Quality Account-April 2018</li> </ul>	<ul style="list-style-type: none"> <li>Strengthen reporting and monitoring of QIA process</li> </ul>	<ul style="list-style-type: none"> <li>QIA Procedure to be approved at EQGG December 2017</li> </ul>
12. Adult & Child Safeguarding Team & policies & procedures.		<ul style="list-style-type: none"> <li>1:1 / Team Meetings</li> <li>Monthly Divisional Boards/CCICP reports</li> </ul>	<ul style="list-style-type: none"> <li>Executive Safeguarding Group</li> <li>QGC</li> <li>Board of Directors</li> <li>QGC minutes</li> </ul>	<ul style="list-style-type: none"> <li>Local Safeguarding Adult's Board</li> <li>Local Safeguarding Children's Board</li> </ul>		
13. Nursing & Midwifery Strategy, Collaboratives & Nursing Care Indicators	<ul style="list-style-type: none"> <li>MCHFT CARES ward accreditation scheme – Pilot stage</li> </ul>	<ul style="list-style-type: none"> <li>1:1 / Team Meetings</li> <li>Monthly Divisional Boards/CCICP reports</li> </ul>	<ul style="list-style-type: none"> <li>Nurse Leadership walkarounds</li> <li>Professional Advisory Group</li> <li>EWAG/EQGG</li> <li>Board of Directors</li> <li>QGC minutes</li> <li>Monthly Workforce Report</li> <li>Monthly Quality, Safety &amp; Experience Report (Staffing)</li> </ul>	<ul style="list-style-type: none"> <li>Royal College reports</li> </ul>	<ul style="list-style-type: none"> <li>Implementation of formal quarterly quality review process</li> </ul>	<ul style="list-style-type: none"> <li>Implementation of MCHFT Cares programme &amp; evaluation – December 2017</li> <li>Quality Quarterly review to commence February 2018</li> </ul>
Overall adequacy of assurance*:		In development				
Executive commentary for Q1 & Q2:		The Trust has a proven track record in delivering high standards of safe care and treatment to our patients, and that their experience is the best it can be. In 2015 the Care Quality Commission (CQC) rated the hospital as 'GOOD'; through our strategies in place which include Quality and Safety Improvement Strategy, Patient and Public Involvement Strategy, Dementia Strategy and Nursing and Midwifery Strategy we will work toward delivery of outstanding clinical quality, safety and experience for all of our patients, their families and carers.				

\*Assurance rating

Significant assurance

Significant assurance with minor improvement opportunities

Partial assurance with improvements required

No assurance

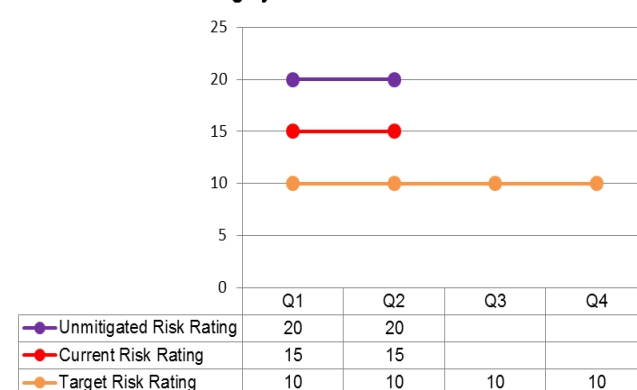
<b>Q2</b>	<b>To drive continuous quality improvement and promote research and innovation, whilst reducing unwarranted clinical variation and progressing from a 'Good' to 'Outstanding' organisation.</b>
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Principal Risk

**Risk that the Trust fails to pursue and embed the opportunities brought by the quality improvement and research and innovation agendas, resulting in a failure to improve the quality of care and reducing unwarranted variation.**

Initial Date	Date of Update	Review Date	Care Quality Commission Domain / NHS Improvement Single Oversight Framework	Accountable Executive Director	Executive Management Group	Delegated Board Committee
13.06.2017	22.09.2017	January 2018	Safe, Effective, Responsive, Caring & Well Led NHSI - Quality Metrics	Medical Director	Executive Quality Governance Group (EQGG)	Quality Governance Committee (QGC)

**Strategic Domain 1: Delivering Outstanding Clinical Quality, Safety & Experience (Q2)**  
**Risk Rating by Financial Quarter 2017/18**



Initial Risk Rating (Unmitigated)			Current Risk Rating (Mitigated)			Target Risk Rating (Tolerance / Risk Appetite)			
Consequence	Likelihood	Risk Rating	Consequence	Likelihood	Risk Rating	Consequence	Likelihood	Risk Rating	Target Date
5	4	20	5	3	15	5	2	10	March 2019

Executive Commentary for the Current Risk Score

*Risk score remains at 15 for quarter 1 & 2 for a number of reasons. The Integrated Governance team including patient safety and clinical audit are currently undergoing organisational change. The proposed restructure aims to build upon research / quality improvement capability and capacity. Additionally the direction of travel for SHMI & HSMR is currently rising. The Research & Development team currently have gaps in the Division of Medicine and Emergency Care limiting clinical trials in this area.*

Links to BAF Objectives

Q1, P1, P2, E1, E2, W1, W2, W3, T1, & T2

Links to the Organisational Risk Register (Current Risk Rating 15 & above)	Date of Initial Assessment	Qtr 1	Qtr 2	Qtr 3	Qtr 4
CS0325 – Operational Sustainability of MCHFT	09/09/2015	4x4=16	4x4=16		
CS0328 – Sustainability of Vulnerable Clinical Services due to Lack of Resource (People & finance)	24/09/2015	5x4=20	5x4=20		
CS0327 – Long Term Financial Sustainability of MCHFT	02/09/2015	5x4=20	5x4=20		
CS0275 – Delivering High Quality Clinical Services 7/7	29/05/2012	5x4=20	5x4=20		
DC0887 – Consultant Histopathologist Capacity	24/03/2015	5x4=20	5x4=20		
CS0326 – Non Delivery of the IT Strategy	07/09/2015	4x5=20	4x5=20		
EC0287 – Insufficient Numbers of Junior Doctors Across DMEC	01/03/2013	4x4=16	4x4=16		
EC0331 – Vacancies in a Number of Difficult to Recruit Consultant Posts within DMEC	03/06/2015	5x4=20	5x4=20		
EC0384 – Lack of Service Provision within Cardiology	29/11/2016	4x5=20	4x5=20		
MS0153 – Fetal Anomaly Scanning	29/06/2016	3x5=15	3x5=15		
CS0284 – Nursing Vacancies Across MCHFT	02/01/2013	5x3=15	5x3=15		

<b>*Assurance rating</b>	<b>Significant assurance</b>	<b>Significant assurance with minor improvement opportunities</b>	<b>Partial assurance with improvements required</b>	<b>No assurance</b>
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**Strategic Domain 1: Delivering Outstanding Clinical Quality, Safety & Experience**

<b>Q2 To drive continuous quality improvement and promote research and innovation, whilst reducing unwarranted clinical variation and progressing from a 'Good' to 'Outstanding' organisation.</b>						
Key Controls / Influences Established (What are we currently doing about the risk?)	Key Gaps in Controls / Influences (What additional controls should we seek?)	Assurance Providers 2017/18 (How do we know if the things we are doing are having an impact?)			Gaps in Assurances on Controls / Influences (What additional assurances should we seek?)	Agreed Actions for Gaps in Controls / Influences or Assurances (What more should we do, including timescales for delivery)
		Local Management (1 <sup>st</sup> Line of Defence)	Corporate Oversight (2 <sup>nd</sup> Line of Defence)	Independent / External (3 <sup>rd</sup> Line of Defence)		
1. Quality & Safety Improvement Strategy 2016-18 implementation	<ul style="list-style-type: none"> <li>Data access &amp; collective intelligence</li> <li>Reports by CQC Domains</li> <li>Quarterly Quality Reviews</li> </ul>	<ul style="list-style-type: none"> <li>1:1 Meetings</li> <li>Monthly Divisional Boards/CCICP reports</li> </ul>	<ul style="list-style-type: none"> <li>Effective Clinical Practice Group</li> <li>QSIG Group</li> <li>EQGG</li> <li>QGC</li> <li>Board of Directors</li> <li>Monthly Quality, Safety &amp; Experience Report</li> <li>QGC Minutes</li> <li>Quality Account-April 2018</li> </ul>	<ul style="list-style-type: none"> <li>CQC Good rating-January 2015</li> <li>CCG contract meetings monthly</li> <li>CCG Quality Visits</li> <li>Advancing Quality Reports</li> <li>CQC Inpatient Survey-May 2017 'About the same as other Trusts overall'-reduction on previous year</li> </ul> <p>Internal Audit Programme</p> <ul style="list-style-type: none"> <li>Quality Account-April 2018</li> </ul>	<ul style="list-style-type: none"> <li>Implementation of formal quarterly quality review process</li> </ul>	<ul style="list-style-type: none"> <li>Quarterly review to commence February 2018</li> <li>Development of reports / data collection in progress including Model Hospital data.</li> </ul>
2. Clinical Audit Team in place and annual clinical audit programme	<ul style="list-style-type: none"> <li>Quality Improvement capacity &amp; capability.</li> </ul>	<ul style="list-style-type: none"> <li>1:1 / Team meetings</li> <li>Local Audit Meetings</li> <li>Monthly Divisional Boards/CCICP reports</li> </ul>	<ul style="list-style-type: none"> <li>Effective Clinical Practice Group</li> <li>EQGG</li> <li>QGC</li> <li>Board of Directors</li> <li>QGC Minutes</li> <li>Quality Account-April 2018</li> </ul>	<ul style="list-style-type: none"> <li>CQC Good rating-January 2015</li> <li>CQC Insight Report</li> <li>HQUIP-National Audits</li> <li>Advancing Quality Programme Reports</li> </ul> <p>Internal Audit Programme</p> <ul style="list-style-type: none"> <li>Quality Account-April 2018</li> </ul>	<ul style="list-style-type: none"> <li>Implementation of formal quarterly quality review process</li> </ul>	<ul style="list-style-type: none"> <li>Quarterly review to commence February 2018</li> <li>Development of reports / data collection in progress</li> <li>Review of Integrated Governance Team – October 2017</li> </ul>
3. Advancing Quality programme	<ul style="list-style-type: none"> <li>Data access &amp; collective intelligence.</li> <li>Reports by CQC Domains.</li> <li>Quarterly Quality Reviews.</li> </ul>	<ul style="list-style-type: none"> <li>1:1 / Team meetings</li> <li>Monthly Divisional Boards/CCICP reports</li> </ul>	<ul style="list-style-type: none"> <li>Care Pathways Group</li> <li>EQGG</li> <li>QGC</li> <li>Board of Directors</li> <li>QGC Minutes</li> <li>Quality Account-April 2018</li> </ul>	<ul style="list-style-type: none"> <li>HQUIP-National Audits Feedback</li> <li>Advancing Quality Programme Reports</li> </ul> <p>Internal Audit Programme</p> <ul style="list-style-type: none"> <li>Quality Account-April 2018</li> </ul>	<ul style="list-style-type: none"> <li>Implementation of formal quarterly quality review process</li> </ul>	<ul style="list-style-type: none"> <li>Quarterly review to commence February 2018.</li> <li>Development of reports / data collection in progress including Model Hospital data.</li> </ul>
4. Clinical Trials Team with research governance team in place	<ul style="list-style-type: none"> <li>Lack of capacity of team reducing opportunities to participate in NHS &amp; commercial trials.</li> <li>Raising profile Trust-wide</li> </ul>	<ul style="list-style-type: none"> <li>1:1 /Team meetings</li> </ul>	<ul style="list-style-type: none"> <li>Research &amp; Development</li> <li>EQGG</li> <li>QGC</li> <li>Board of Directors</li> </ul>	<ul style="list-style-type: none"> <li>Clinical Research Networks Feedback &amp; governance systems</li> </ul>	<ul style="list-style-type: none"> <li>Reporting progress against clinical trials portfolio via governance structure</li> </ul>	<ul style="list-style-type: none"> <li>Review of Integrated Governance Team</li> <li>Reports via governance structure from March 2018</li> <li>Development for clinical trials portfolios April 2018</li> </ul>

\*Assurance rating

Significant assurance

Significant assurance with minor improvement opportunities

Partial assurance with improvements required

No assurance



Q1	To drive continuous quality improvement and promote research and innovation, whilst reducing unwarranted clinical variation and progressing from a ‘Good’ to ‘Outstanding’ organisation.					
Key Controls / Influences Established (What are we currently doing about the risk?)	Key Gaps in Controls / Influences (What additional controls should we seek?)	Assurance Providers 2017/18 (How do we know if the things we are doing are having an impact?)			Gaps in Assurances on Controls / Influences (What additional assurances should we seek?)	Agreed Actions for Gaps in Controls / Influences or Assurances (What more should we do, including timescales for delivery)
		Local Management (1 <sup>st</sup> Line of Defence)	Corporate Oversight (2 <sup>nd</sup> Line of Defence)	Independent / External (3 <sup>rd</sup> Line of Defence)		
5. Learning from Deaths Policy & Mortality Review Process (Divisional & Corporate)	<ul style="list-style-type: none"><li>Mortality Board report from Quarter 3 2017/18.</li></ul>	<ul style="list-style-type: none"><li>Weekly Mortality Reviews</li><li>Divisional level reviews</li></ul>	<ul style="list-style-type: none"><li>Care Pathways Group</li><li>7 Days Working Group</li><li>Trust/Hospital Mortality Reduction Group</li><li>BIU data &amp; reports</li><li>EQGG</li><li>QGC</li><li>Board of Directors</li><li>Quarterly Learning from Deaths Report from December 2017</li><li>QGC Minutes</li><li>Monthly Quality, Safety &amp; Experience Report</li><li>Quality Account-April 2018</li></ul>	<ul style="list-style-type: none"><li>CQC Good rating-January 2015</li><li>NHS Improvement data</li><li>CCG Contract meetings monthly</li><li>CCG Quality Visits</li><li>CQUIN Q1 Report (Exceptions: Sepsis treatment and antibiotic consumption)</li><li>CQC Outlier Alert process</li><li>Nationally benchmarked mortality data</li><li>Advancing Quality Reports</li></ul> <p>Internal Audit Programme: Data Quality 2016/17: <i>Partial Assurance with improvements required</i> Re-audit planned September 2017</p>	<ul style="list-style-type: none"><li>Mortality data / reporting systems</li><li>Lack of triangulation</li></ul>	<ul style="list-style-type: none"><li>Triangulated learning from deaths report from Q3</li><li>Mortality review structured assessment process – Medical Director &amp; Consultant Lead for Patient Safety to attend training-November 2017</li><li>Deteriorating Patient Steering Group – launch November 2017</li></ul>
6. 7 Day Clinical Services		<ul style="list-style-type: none"><li>1:1 / Team meetings</li><li>DGM Lead</li><li>Monthly Divisional Boards/CCICP reports</li></ul>	<ul style="list-style-type: none"><li>7 Day Services Working Group</li><li>HRMG</li><li>EQGG</li><li>QGC</li></ul>	<ul style="list-style-type: none"><li>National data return to NHSE- 6 monthly</li><li>National NHSE benchmarking data</li></ul>	<ul style="list-style-type: none"><li>Outputs/outcomes of October 2017 return</li></ul>	<ul style="list-style-type: none"><li>Development of Trust level report and improvement plan by January 2018 following data submission.</li></ul>
Overall adequacy of assurance*:		In development				
Executive commentary for Q1 & Q2:		<p><i>In line with national guidance our Learning from Deaths Policy was published on the Trust internet site in September 2017. The Trust have no CQC Mortality Outlier alerts currently, however an early warning regarding liver disease, alcohol related has been received by Dr Foster.</i></p> <p><i>The 7 Day Services Working Group led by the Medical Director focuses on the delivery of the national four clinical priority standards and the national bi-annual return. The next national 7 Day Audit will focus on consultant reviews within 14 hours, for all patients admitted as an emergency.</i></p> <p><i>Discussion with the regional clinical trials networks continue to source interim support for the Division of Medicine &amp; Emergency Care.</i></p> <p><i>The Integrated Governance Department are currently undergoing a managing Organisational Change process with the aim of increasing quality improvement capacity and capability. The aim is for the new structure to be in place by March 2018.</i></p>				

*Assurance rating	Significant assurance	Significant assurance with minor improvement opportunities	Partial assurance with improvements required	No assurance
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## Strategic Domain 2: Being a Leading Partner in a Progressive Health Economy

<b>P1</b>	<p>To fully engage with all strategic partners to maximise the opportunities and advantages associated with horizontal integration in the designing and delivery of sustainable health services for the population of Central and Eastern Cheshire, whilst acknowledging and responding to:</p> <ul style="list-style-type: none"> <li>- National and regional strategies.</li> <li>- The need for sustainable high quality clinical services.</li> <li>- Favourable economies of scale and removal of unwarranted variation.</li> <li>- The cost effective sustainable use of resources.</li> </ul>
Principal Risk	
<p><b>Risk of not continuing to develop effective external partnerships and alliances leading to failure to improve the long term clinical and financial sustainability and viability due to:</b></p> <ul style="list-style-type: none"> <li>• Lack of full engagement – being a key partner</li> <li>• Failure to engage effectively and lead the development across organisations that provide healthcare</li> <li>• Lack of pace and appropriate scale to recognise the quality, economics and clinical benefits of change</li> <li>• Partner perceptions of working relationships with MCHFT</li> <li>• Impact of the Capped Expenditure programme and NHS Improvement Long Term Sustainability review</li> </ul>	

Initial Date	Date of Update	Review Date	Care Quality Commission Domain / NHS Improvement Single Oversight Framework	Accountable Executive Director	Executive Management Group	Delegated Board Committee
19.06.2017	19.09.2017	January 2018	Well Led NHSI - Use of Resources	CEO	Board of Directors	Performance & Finance Transformation & People

Strategic Domain 2: Being a Leading Partner in a Progressive Health Economy (P1) Risk Rating by Financial Quarter 2017/18										
Initial Risk Rating (Unmitigated)			Current Risk Rating (Mitigated)			Target Risk Rating (Tolerance / Risk Appetite)				
Consequence	Likelihood	Risk Rating	Consequence	Likelihood	Risk Rating	Consequence	Likelihood	Risk Rating	Target Date	
5	5	25	5	4	20	5	2	10	March 2019	
Executive Commentary for the Current Risk Score										
Current risk rating retained due to pace of change – UHNM Stronger Together programme meetings to be re-established. New and existing partnerships will also be fashioned to support delivery of the Cheshire & Mersey Five Year Forward View. East Cheshire horizontal integration - one facilitated session through NHS Improvement has taken place and actions are being progressed between executive team members. Horizontal partnership agreements with other organisations are working well with further partnerships being developed as a result of CEP e.g. Shrewsbury & Telford NHS Trust and Betsi Cadwaladr University Health Board.										

Linked BAF Objectives					
Q1, Q2, P2, E1, E2, W1, W2, W3, T1 & T2					
Links to the Organisational Risk Register (Current Risk Rating 15 & above)	Date of Initial Assessment	Qtr 1	Qtr 2	Qtr 3	Qtr 4
CS0328 – Sustainability of Vulnerable Clinical Services due to Lack of Resource (People & finance)	24/09/2015	5x4=20	5x4=20		
CS0327 – Long Term Financial Sustainability of MCHFT	02/09/2015	5x4=20	5x4=20		

*Assurance rating	Significant assurance	Significant assurance with minor improvement opportunities	Partial assurance with improvements required	No assurance
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## Strategic Domain 2: Being a Leading Partner in a Progressive Health Economy

P1	To fully engage with all strategic partners to maximise the opportunities and advantages associated with horizontal integration in the designing and delivery of sustainable health services for the population of Central and Eastern Cheshire, whilst acknowledging and responding to: <ul style="list-style-type: none"><li>- National and regional strategies.</li><li>- The need for sustainable high quality clinical services.</li><li>- Favourable economies of scale and removal of unwarranted variation.</li><li>- The cost effective sustainable use of resources.</li></ul>					
	Key Controls / Influences Established <i>(What are we currently doing about the risk?)</i>	Key Gaps in Controls / Influences <i>(What additional controls should we seek?)</i>	Assurance Providers 2017/18 <i>(How do we know if the things we are doing are having an impact?)</i>			Gaps in Assurances on Controls / Influences <i>(What additional assurances should we seek?)</i>
			Local Management (1 <sup>st</sup> Line of Defence)	Corporate Oversight (2 <sup>nd</sup> Line of Defence)	Independent / External (3 <sup>rd</sup> Line of Defence)	
1. Delivery of transformation & change agendas	• Combined Clinical Services & Trust Strategy	• 1:1s • Team Meetings	• Transformation & People Committee • Board of Directors • <i>Monthly CEO Update</i>		• Monitoring of revised Strategy following approval and annual review • Scale & pace of change • Capacity to deliver CEP, 5YFV & ACO will be a challenge	1. Clinical Strategy Day September 2017 – local plans in development. 2. Re-launching UHNM / MCHFT Stronger Together Programme 3. PMO UHNM meetings to reschedule 4. Chair to Chair meetings
2. Joint Virtual Programme Office	• Both organisations appropriately resourcing	• 1:1s • Team Meetings	• Transformation & People Committee • Board of Directors • <i>Monthly CEO Update</i>	• Joint UHNM / MCHFT Executive Meetings		
3. MCHFT/UHNM Programme Board		• 1:1s • Team Meetings	• MCHFT/UHNM Programme Board • <i>Monthly CEO Update</i>	• Joint UHNM / MCHFT Executive Meetings		
4. MCHFT/UHNM Board to Board		• 1:1s • Team Meetings	• MCHFT/UHNM Board to Board • <i>Monthly CEO Update</i>	• Joint Board meetings		
5. Cheshire & Mersey and Cheshire & Wirral back office and Clinical Support functions review		• CEO and Executive Team Meetings	• Transformation and People Committee • Board of Directors • <i>Monthly CEO Update</i>	• NHS Improvement / NHSE England feedback		
6. Cheshire & Wirral Five Year Forward View implementation – SROs implemented	• Strengthened governance process across the C&W 5YFV • CEP Outcomes / NHSI Long Term Sustainability Review	• Executive Team Meetings	• Board of Directors • <i>Monthly CEO Update</i>	• C&M Leadership Group Meetings. C& W CEO Meetings • CEO membership – Health & Well Being Boards		

\*Assurance rating

Significant assurance

Significant assurance with minor improvement opportunities

Partial assurance with improvements required

No assurance

P1	To fully engage with all strategic partners to maximise the opportunities and advantages associated with horizontal integration in the designing and delivery of sustainable health services for the population of Central and Eastern Cheshire, whilst acknowledging and responding to:					
	<ul style="list-style-type: none"> <li>- National and regional strategies.</li> <li>- The need for sustainable high quality clinical services.</li> <li>- Favourable economies of scale and removal of unwarranted variation.</li> <li>- The cost effective sustainable use of resources.</li> </ul>					
Key Controls / Influences Established (What are we currently doing about the risk?)	Key Gaps in Controls / Influences (What additional controls should we seek?)	Assurance Providers 2017/18 (How do we know if the things we are doing are having an impact?)			Gaps in Assurances on Controls / Influences (What additional assurances should we seek?)	Agreed Actions for Gaps in Controls / Influences or Assurances (What more should we do, including timescales for delivery)
		Local Management (1 <sup>st</sup> Line of Defence)	Corporate Oversight (2 <sup>nd</sup> Line of Defence)	Independent / External (3 <sup>rd</sup> Line of Defence)		
7. Dedicated Director in place leading on partnerships		<ul style="list-style-type: none"> <li>• 1:1s</li> <li>• Team Meetings</li> </ul>	<ul style="list-style-type: none"> <li>• Board of Directors</li> <li>• Monthly CEO Update</li> <li>• Monthly CCICP Board minutes</li> <li>• CCICP Annual Review- September 2107</li> </ul>		<ul style="list-style-type: none"> <li>• Monitoring of revised Strategy following approval and annual review</li> <li>• Scale &amp; pace of change</li> <li>• Capacity to deliver CEP, 5YFV &amp; ACO will be a challenge</li> </ul>	<ol style="list-style-type: none"> <li>1. Clinical Strategy Day September 2017 – local plans in development</li> <li>2. Re-launching UHNM / MCHFT Stronger Together Programme</li> <li>3. PMO UHNM meetings to reschedule</li> <li>4. Chair to Chair meetings</li> </ol>
8. BIU to support delivery	<ul style="list-style-type: none"> <li>• BIU Strategy discussion at Executive Team Away Day September 2017</li> </ul>	<ul style="list-style-type: none"> <li>• 1:1</li> <li>• Team Meetings</li> </ul>	<ul style="list-style-type: none"> <li>• Performance &amp; Finance Committee</li> <li>• Board of Directors</li> <li>• Monthly CEO Update</li> </ul>	<ul style="list-style-type: none"> <li>• Internal Audit: Data Quality 2016/17 'Partial Assurance with improvements required' Re-audit September 2017</li> </ul>		
Overall adequacy of assurance*:		In development				
Executive commentary for Q1 & Q2:		The Trust has a proven track record of delivery and partnering with other organisations to sustain services, maintain or improve quality and safety and reduce unacceptable variation. New and existing partnerships will also be fashioned to support delivery of the Cheshire & Mersey Five Year Forward View workstreams. Future collaboration and partnerships will lead to a more complex and integrated landscape in which the Trust will have a key role. A Trust Strategy away day was held in September and next steps are the development of divisional delivery plans.				

*Assurance rating	Significant assurance	Significant assurance with minor improvement opportunities	Partial assurance with improvements required	No assurance
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## Strategic Domain 2: Being a Leading Partner in a Progressive Health Economy

<b>P2</b>	<p>To work with all key stakeholders to deliver a wholly integrated health and social care system, taking on clear collective responsibility for resources and population health, so that our residents receive better coordinated care within the designated financial envelope, whilst ensuring:</p> <ul style="list-style-type: none"> <li>- National and regional strategies are implemented.</li> <li>- The sustainable use of resources to deliver agreed health outcomes.</li> <li>- The development of a collective decision making and governance structure.</li> <li>- Sustainable clinical services through the development of Accountable Care Systems (ACS) / Organisations (ACO) and the implementation of new models of care (e.g. Home first principles).</li> </ul>
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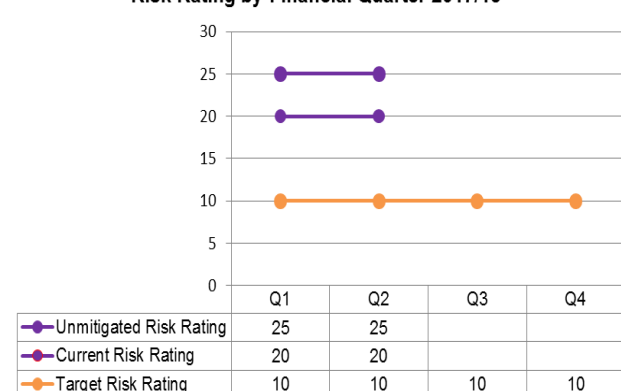
### Principal Risk

**Risk of not continuing to develop effective external partnerships and alliances leading to failure to improve the health of the local population and reduce health inequalities, failure to develop new care pathways and failure to achieve long term clinical and financial sustainability and viability due to:**

- Lack of full engagement – being a key partner
- Failure to engage effectively and lead the development of the local health economy
- Lack of pace and appropriate scale to recognise the quality, economics and clinical benefits of change
- Partners perceptions of working relationships with MCHFT
- Impact of Capped Expenditure programme and NHS Improvement Long Term Sustainability review

Initial Date	Date of Update	Review Date	Care Quality Commission Domain / NHS Improvement Single Oversight Framework	Accountable Executive Director	Executive Management Group	Delegated Board Committee
19.06.2017	19.09.2017	January 2018	Well Led NHSI - Use of Resources	CEO	Board of Directors	Performance & Finance Transformation & People

Strategic Domain 2: Being a Leading Partner in a Progressive Health Economy (P2)  
Risk Rating by Financial Quarter 2017/18



Initial Risk Rating (Unmitigated)			Current Risk Rating (Mitigated)			Target Risk Rating (Tolerance / Risk Appetite)			
Consequence	Likelihood	Risk Rating	Consequence	Likelihood	Risk Rating	Consequence	Likelihood	Risk Rating	Target Date
5	5	25	5	4	20	5	2	10	March 2019

### Executive Commentary for the Current Risk Score

Current risk score maintained due to pace of change. Vertical integration: Accountable Care System developments with Positive STP Executive Chair going forward. Central & East Cheshire Caring Together & Connecting Care now have a joint chair appointed. CCICP opportunities with process facilitated sessions by NHSI to improve the partnership working and agreeing a vision & strategic objectives with an independent chair.

### Linked BAF Objectives

Q1, Q2, P2, E1, E2, W1, W2, W3, T1 & T2

Links to the Organisational Risk Register (Current Risk Rating 15 & above)	Date of Initial Assessment	Qtr 1	Qtr 2	Qtr 3	Qtr 4
CS0328 – Sustainability of Vulnerable Clinical Services due to Lack of Resource (People & finance)	24/09/2015	5x4=20	5x4=20		
CS0327 – Long Term Financial Sustainability of MCHFT	02/09/2015	5x4=20	5x4=20		

\*Assurance rating

Significant assurance

Significant assurance with minor improvement opportunities

Partial assurance with improvements required

No assurance



**Strategic Domain 2: Being a Leading Partner in a Progressive Health Economy**

P2	To work with all key stakeholders to deliver a wholly integrated health and social care system, taking on clear collective responsibility for resources and population health, so that our residents receive better coordinated care within the designated financial envelope, whilst ensuring: <ul style="list-style-type: none"><li>- National and regional strategies are implemented.</li><li>- The sustainable use of resources to deliver agreed health outcomes.</li><li>- The development of a collective decision making and governance structure.</li><li>- Sustainable clinical services through the development of Accountable Care Systems (ACS) / Organisations (ACO) and the implementation of new models of care (e.g. Home first principles).</li></ul>						
Key Controls / Influences Established (What are we currently doing about the risk?)		Key Gaps in Controls / Influences (What additional controls should we seek?)	Assurance Providers 2017/18 (How do we know if the things we are doing are having an impact?)			Gaps in Assurances on Controls / Influences (What additional assurances should we seek?)	Agreed Actions for Gaps in Controls / Influences or Assurances (What more should we do, including timescales for delivery)
			Local Management (1 <sup>st</sup> Line of Defence)	Corporate Oversight (2 <sup>nd</sup> Line of Defence)	Independent / External (3 <sup>rd</sup> Line of Defence)		
1. Delivery of transformation & change agendas		• Combined Clinical Services & Trust Strategy	• 1:1s • Team Meetings	• Transformation & People Committee (TAP) • Board of Directors • CEO Update • TAP Minutes		• Monitoring of revised Strategy following approval and annual review. • Scale & pace of change • Capacity to deliver CEP, 5YFV & ACO • Relationship building with GP Federations • Review CCICP Board functioning	1. Clinical Strategy Day planned for September 2017 – next 2. Re-launching Connecting Care Board.- new TOR to be developed
2. Engagement in Connecting Care Board (CCB)		• Limited success of CCB to date. Currently undergoing review and re-launch	• 1:1s • Team Meetings	• TAP Committee • Board of Directors • CEO Update • TAP Minutes			
3. Engagement in Cheshire East and Cheshire West & Chester Health and Wellbeing Boards			• CEO	• Board of Directors • CEO Update			
4. CCICP Board		• Partner relationships	• 1:1 • Team Meetings	• Board of Directors • CEO Update • CCICP Board minutes	• Internal Audit Programme: CCICP Governance review December 2017 • NHSI Facilitated sessions		
5. 5YFV Oversight for delivery at C&M level and C&W level		• Governance at C&M and C&W for 5YFV and LDSP is not robust	• CEO	• Board of Directors • CEO Update	• NHS Improvement / NHS England oversight		
6. CEP delivery programme and governance		• New process and governance being established	• 1:1 • Team Meetings	• Board of Directors • CEO Update	• Connecting Care Board		
7. Dedicated Director in place leading on partnerships			• 1: 1s	• Board of Directors • CEO Update			
Overall adequacy of assurance*:			In development				
Executive commentary for Q1 & Q2:		It is recognised that the new and complex landscape will include working with all partners and stakeholders across the health economy to deliver greater integrated care. As such, the Trust will play a leading role in supporting the development of an Accountable Care System and therefore enabling high quality care to be delivered by the right professional in the right place at the right time. A Trust Strategy away day was held in September and next steps are the development of divisional delivery plans.					

\*Assurance rating

Significant assurance

Significant assurance with minor improvement opportunities

Partial assurance with improvements required

No assurance

### Strategic Domain 3: Striving for Outstanding Organisational Effectiveness

E1	To ensure full compliance with the NHS Improvement Provider Licence, ensuring financial sustainability, financial efficiency and financial controls, whilst safeguarding the quality of our services.
Principal Risk	
<b>Risk of failure to maintain financial stability which may impact on the Trust's compliance with the NHS Improvement Provider Licence.</b>	

Initial Date	Date of Update	Review Date	Care Quality Commission Domain / NHS Improvement Single Oversight Framework	Accountable Executive Director	Executive Management Group	Delegated Board Committee
19.06.2017	19.09.2017	January 2018	Well Led NHSI - Use of Resources	Director of Finance and Planning	Divisional Finance & Activity Performance Group	Performance & Finance Committee

Initial Risk Rating (Unmitigated)				Current Risk Rating (Mitigated)			Target Risk Rating (Tolerance / Risk Appetite)			
Consequence	Likelihood	Risk Rating		Consequence	Likelihood	Risk Rating	Consequence	Likelihood	Risk Rating	Target Date
4	5	20		4	2	8	4	2	8	March 2018
Executive Commentary for the Current Risk Score										
Score reduced in quarter 2 from 20 to 8 to reflect the reduced risk to the Trust following the participation in the system wide Capped Expenditure Programme (CEP), with NHS Improvement and / NHS England joint meetings in place. Target Control Total agreed with NHS Improvement.										

Strategic Domain 3: Striving for Outstanding Organisational Effectiveness (E1)  
Risk Rating by Financial Quarter 2017/18



#### Linked BAF Objectives

Q1, Q2, P1, P2, E2, W1, W2, W3, T1 & T2

Links to the Organisational Risk Register (Current Risk Rating 15 & above)	Date of Initial Assessment	Qtr 1	Qtr 2	Qtr 3	Qtr 4
CS0325 – Operational Sustainability of MCHFT	09/09/2015	4x4=16	4x4=16		
CS0328 – Sustainability of Vulnerable Clinical Services due to Lack of Resource (People & finance)	24/09/2015	5x4=20	5x4=20		
CS0327 – Long Term Financial Sustainability of MCHFT	02/09/2015	5x4=20	5x4=20		
CS0275 – Delivering High Quality Clinical Services 7/7	29/05/2012	5x4=20	5x4=20		
CS0326 – Non Delivery of the IT Strategy	07/09/2015	4x5=20	4x5=20		

\*Assurance rating

Significant assurance

Significant assurance with minor improvement opportunities

Partial assurance with improvements required

No assurance

**Strategic Domain 3: Striving for Outstanding Organisational Effectiveness**

E1	To ensure full compliance with the NHS Improvement Provider Licence, ensuring financial sustainability, financial efficiency and financial controls, whilst safeguarding the quality of our services.					
Key Controls / Influences Established <i>(What are we currently doing about the risk?)</i>	Key Gaps in Controls / Influences <i>(What additional controls should we seek?)</i>	Assurance Providers 2017/18 <i>(How do we know if the things we are doing are having an impact?)</i>			Gaps in Assurances on Controls / Influences <i>(What additional assurances should we seek?)</i>	Agreed Actions for Gaps in Controls / Influences or Assurances <i>(What more should we do, including timescales for delivery)</i>
		Local Management (1 <sup>st</sup> Line of Defence)	Corporate Oversight (2 <sup>nd</sup> Line of Defence)	Independent / External (3 <sup>rd</sup> Line of Defence)		
1. Annual Plan & delegated budgets	<ul style="list-style-type: none"><li>• Availability / access to capital funding</li><li>• Agency spending – medical &amp; nursing</li><li>• Capped expenditure programme outputs</li><li>• Long term health economy with clear governance structure</li></ul>	<ul style="list-style-type: none"><li>• 1:1 / Team Meetings</li><li>• Divisional Accountants 1:1s</li><li>• Monthly Divisional Boards/CCICP reports</li></ul>	<ul style="list-style-type: none"><li>• Divisional Finance &amp; Activity Performance Group</li><li>• Performance &amp; Finance Committee</li><li>• Internal Audit Reports to: Audit Committee</li><li>• Board of Directors</li><li>• PAF Minutes</li><li>• Annual budget/planning April 2017</li><li>• Monthly Performance Report</li><li>• Corporate Governance Handbook approval April 2017</li></ul>	<ul style="list-style-type: none"><li>• NHS Improvement Segment 2 (July 2017) (Segment 2 = Providers offered targeted support).</li><li>• NHS Improvement-submitted annual plans &amp; feedback provided</li><li>• STF Funding agreed by NHS Improvement &amp; control total agreed</li></ul> Internal Audit Programme: <ul style="list-style-type: none"><li>• Core Financial Controls 2016/17 Significant Assurance with minor improvement opportunities. Next review-January 2018</li><li>• Financial Management &amp; Financial Reporting Next review September 2017</li><li>• Data Quality 2016/17 Partial Assurance with improvements required Re-audit September 2017</li><li>• Outsourcing 2016/17 Partial Assurance with improvements required</li><li>• Consumables 2016/17 Significant Assurance with minor improvement opportunities</li><li>• Data Warehouse 2016/17 Partial Assurance with improvements required</li><li>• Risk Management &amp; Corporate Governance Report: Significant Assurance-April 2017 Next review-January 2018</li><li>• CCICP Governance-due December 2017</li></ul>	<ul style="list-style-type: none"><li>• CCG contract - MOU in place (Block Contract).</li></ul>	1.Transformation projects continued 2. Re-launch Connecting Care Board
2. Identified CIP Schemes						
3. Monthly finance & activity review meetings						
4. Performance management reporting systems						
5. Job descriptions contain financial responsibilities		<ul style="list-style-type: none"><li>• Recruitment process</li></ul>				
6. CCG Contract		<ul style="list-style-type: none"><li>• Monthly CCG Meetings</li></ul>				
7. CQUIN Schemes & process to deliver		<ul style="list-style-type: none"><li>• Monthly CCG Meetings</li></ul>				
8. Monthly Performance Report 9. Capped expenditure programme outputs		<ul style="list-style-type: none"><li>• 1:1 / Team Meetings</li><li>• Monthly Divisional Boards/CCICP reports</li></ul>				
Overall adequacy of assurance*:		In development				
Executive commentary for Q1 & Q2:		The Trust's financial performance has been consistently strong delivering against its target Control Total in 2016/17 and 100% of the cost improvement target. Cash however remains challenging with loans in place to support continuing operations. Whilst cash is predicted to improve in the coming years the access to Capital nationally coupled with significant investment needs is currently stifling further capital development. The Trust's participation in the Capped Expenditure Programme in 2017/18 represents both a challenge to bring the health economy back into balance and an opportunity to better join up planning and deliver increased efficiencies across all providers. The Trust remains at NHS Improvement Segment 2 as of July 2017.				

\*Assurance rating

Significant assurance

Significant assurance with minor improvement opportunities

Partial assurance with improvements required

No assurance



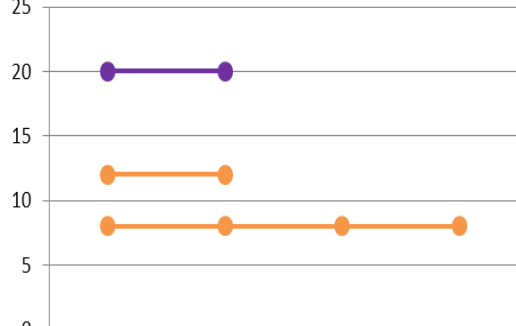
### Strategic Domain 3: Striving for Outstanding Organisational Effectiveness

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

**Risk of not delivering the NHS Improvement Single Oversight Framework Operational Performance Metrics impacting on the quality of care we provide, patient and staff experience and the Trust's provider licence.**

Initial Date	Date of Update	Review Date	Care Quality Commission Domain / NHS Improvement Single Oversight Framework	Accountable Executive Director	Executive Management Group	Delegated Board Committee
19.06.2017	19.09.2017	January 2018	Responsive Care & Effective Care NHSI - Operational Performance Metrics	Chief Operating Officer	Divisional Finance & Activity Performance Group	Performance & Finance Committee

<b>Strategic Domain 3: Striving for Outstanding Organisational Effectiveness (E2)</b> <b>Risk Rating by Financial Quarter 2017/18</b>				
	Q1	Q2	Q3	Q4
Unmitigated Risk Rating	20	20		
Current Risk Rating	12	12		
Target Risk Rating	8	8	8	8

Initial Risk Rating (Unmitigated)			Current Risk Rating (Mitigated)			Target Risk Rating (Tolerance / Risk Appetite)			
Consequence	Likelihood	Risk Rating	Consequence	Likelihood	Risk Rating	Consequence	Likelihood	Risk Rating	Target Date
4	5	20	4	3	12	4	2	8	March 2019

**Executive Commentary for the Current Risk Score**

*Risk score remains at 12. Whilst the Trust has a strong record of compliance against the Single Oversight Framework with the exception of the A&E 4 hour standard, although performance over the last twelve months has seen performance against this standard increase. There are however, significant external factors outside of the Trust's direct control which can directly impact on the Trust's ability to maintain compliance. The main external areas would be community capacity within the care home and domiciliary care market, with any restriction or reduction requiring medically fit patients to remain in acute beds. In turn this would increase the Trust's occupancy levels and may impact on the elective programme and performance against RTT and cancer standards.*

*The Trust is working within an economy wide Capped Expenditure Programme which is designed to reduce cost or bring in income from outside the Central Cheshire economy. There will be schemes that are developed which may as the Trust moves further into the programme impact on compliance with the NHSI single oversight framework, an example would be limiting the amount paid to agency locums in hard to fill specialities and the impact this may have on Cancer Standards for example. A&E August 95% - variable one of the best performing the region.*

#### Linked BAF Objectives

Q1, Q2, P1, P2, E1, W1, W2, W3, T1 & T2

Links to the Organisational Risk Register (Current Risk Rating 15 & above)	Date of Initial Assessment	Qtr 1	Qtr 2	Qtr 3	Qtr 4
CS0325 – Operational Sustainability of MCHFT	09/09/2015	4x4=16	4x4=16		
CS0328 – Sustainability of Vulnerable Clinical Services due to Lack of Resource (People & finance)	24/09/2015	5x4=20	5x4=20		
CS0327 – Long Term Financial Sustainability of MCHFT	02/09/2015	5x4=20	5x4=20		
CS0275 – Delivering High Quality Clinical Services 7/7	29/05/2012	5x4=20	5x4=20		
DC0887 – Consultant Histopathologist Capacity	24/03/2015	5x4=20	5x4=20		
CS0326 – Non Delivery of the IT Strategy	07/09/2015	4x5=20	4x5=20		
EC0287 – Insufficient Numbers of Junior Doctors Across DMEC	01/03/2013	4x4=16	4x4=16		
EC0331 – Vacancies in a Number of Difficult to Recruit Consultant Posts within DMEC	03/06/2015	5x4=20	5x4=20		
EC0384 – Lack of Service Provision within Cardiology	29/11/2016	4x5=20	5x4=20		
CS0284 – Nursing Vacancies Across MCHFT	02/01/2013	5x3=15	5x3=15		

\*Assurance rating

Significant assurance

Significant assurance with minor improvement opportunities

Partial assurance with improvements required

No assurance



### Strategic Domain 3: Striving for Outstanding Organisational Effectiveness

E2 To maintain compliance with, and aspire to achieve incremental improvements against, the NHS Improvement Single Oversight Framework Operational Performance Metrics, whilst safeguarding the quality of our services.						
Key Controls / Influences Established (What are we currently doing about the risk?)	Key Gaps in Controls / Influences (What additional controls should we seek?)	Assurance Providers 2017/18 (How do we know if the things we are doing are having an impact?)			Gaps in Assurances on Controls / Influences (What additional assurances should we seek?)	Agreed Actions for Gaps in Controls / Influences or Assurances (What more should we do, including timescales for delivery)
		Local Management (1 <sup>st</sup> Line of Defence)	Corporate Oversight (2 <sup>nd</sup> Line of Defence)	Independent / External (3 <sup>rd</sup> Line of Defence)		
1. Monthly Performance Reports	<ul style="list-style-type: none"> <li>External influences on medically fit for discharge patients</li> <li>Insufficient community capacity</li> <li>Failure to deliver sustainable GP out of hours service</li> </ul>	<ul style="list-style-type: none"> <li>1:1/ 2:1 meetings</li> <li>Team Meetings</li> <li>Monthly Divisional Boards/CCICP reports</li> <li>Monthly Performance Management Group Meetings (DGMs)</li> <li>Quarterly away days</li> </ul>	<ul style="list-style-type: none"> <li>Divisional Finance &amp; Activity Performance Group</li> <li>Performance &amp; Finance Committee (PAF)</li> <li>Audit Committee</li> <li>Board of Directors</li> <li>Monthly Performance Report</li> <li>PAF Minutes</li> </ul>	<ul style="list-style-type: none"> <li>CQC Good rating overall (Responsive: Requires Improvement)-January 2015</li> <li>NHSI Quarterly Meetings</li> <li>Cancer Peer Review</li> <li>Monthly CCG Contract Meetings</li> <li>A&amp;E Delivery Board</li> </ul>		1. Partnership working and agreeing actions to support future compliance. 2. Trust Strategy Day September 2017 – draft divisional plans to be developed further 3. Board approval of Trust Strategy November 2017.
2. Breach Analysis Reports / Timely dashboard data				Internal Audit Programme:		
3. Access & Flow Transformation Programme		<ul style="list-style-type: none"> <li>1/ 2:1 meetings</li> <li>Team Meetings</li> <li>Monthly Divisional Boards/CCICP reports</li> </ul>	<ul style="list-style-type: none"> <li>Executive Transformation Steering Group</li> <li>Transformation &amp; People Committee (TAP)</li> <li>Board of Directors</li> <li>Monthly Performance Report</li> <li>TAP Minutes</li> </ul>	<ul style="list-style-type: none"> <li>Data Quality 2016/17</li> <li>Partial Assurance with improvements required</li> <li>Re-audit September 2017</li> </ul>		
4. Agreed Relocation Policy across Cancer Network						
5. Use of external providers, locums and waiting list initiatives as required.						
6. Implementation of Trust Strategy 2017/2018	<ul style="list-style-type: none"> <li>Development of divisional plans</li> </ul>	<ul style="list-style-type: none"> <li>1/ 2:1 meetings</li> <li>Team Meetings</li> <li>Monthly Divisional Boards/CCICP reports</li> </ul>	<ul style="list-style-type: none"> <li>Performance &amp; Finance Committee</li> <li>Audit Committee</li> <li>Board of Directors</li> <li>Monthly Performance Report</li> <li>PAF Minutes</li> </ul>			

\*Assurance rating

Significant assurance

Significant assurance with minor improvement opportunities

Partial assurance with improvements required

No assurance



# Board Assurance Framework 2017-18

## Supporting our Journey from 'Good' to 'Outstanding'

by Delivering Excellence in Healthcare through Innovation and Collaboration.

E2	To maintain compliance with, and aspire to achieve incremental improvements against, the NHS Improvement Single Oversight Framework Operational Performance Metrics, whilst safeguarding the quality of our services.					
Key Controls / Influences Established <i>(What are we currently doing about the risk?)</i>	Key Gaps in Controls / Influences <i>(What additional controls should we seek?)</i>	Assurance Providers 2017/18 <i>(How do we know if the things we are doing are having an impact?)</i>			Gaps in Assurances on Controls / Influences <i>(What additional assurances should we seek?)</i>	Agreed Actions for Gaps in Controls / Influences or Assurances <i>(What more should we do, including timescales for delivery)</i>
		Local Management (1 <sup>st</sup> Line of Defence)	Corporate Oversight (2 <sup>nd</sup> Line of Defence)	Independent / External (3 <sup>rd</sup> Line of Defence)		
7. Quality Impact Assessment Process	<ul style="list-style-type: none"><li>Development of overarching document</li></ul>	<ul style="list-style-type: none"><li>1/ 2:1 meetings</li><li>Team Meetings</li><li>Monthly Divisional Boards/CCICP reports</li></ul>	<ul style="list-style-type: none"><li>Medical Director and Director of Nursing &amp; Quality approval of QIAs</li><li>Board of Directors</li></ul>	<ul style="list-style-type: none"><li>CQC Good rating</li><li>Monthly CCG meetings</li><li>NHSI Oversight</li></ul>	<ul style="list-style-type: none"><li>Strengthen reporting and monitoring of QIA process</li></ul>	<ul style="list-style-type: none"><li>QIA Procedure to be approved at EQGG December 2017</li></ul>
8. Emergency Planning (EP) & Business Continuity	<ul style="list-style-type: none"><li>Recruitment to EP role. Interim in place currently.</li></ul>	1:1 meetings Desktop exercises	<ul style="list-style-type: none"><li>Emergency Planning Group</li><li>Board of Directors</li><li>NHSE Emergency Preparedness, Resilience and Response Self-Assessment Substantial Assurance Return-October 2017</li></ul>	<ul style="list-style-type: none"><li>Emergency Preparedness, Resilience and Response NHS England submitted-September 2017</li></ul>		1. Recruitment to EP post by November 2017.
Overall adequacy of assurance*:		In development				
Executive commentary for Q1 & Q2:		The Trust has consistently delivered four of the five standards within the NHS Improvement Single Oversight Framework, with the exception being performance against the four hour emergency access standard. Nationally the majority of economies are challenged against the four hour emergency access standard. However, significant process is being made by the Trust and our partners and achievement against the standard is expected within 2017/18. The Trust has a solid foundation of quality and improving the timely flow of our non-elective activity will help on the journey towards being rated as ‘Outstanding’ by the CQC.				

*Assurance rating	Significant assurance	Significant assurance with minor improvement opportunities	Partial assurance with improvements required	No assurance
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## Strategic Domain 4: Aspiring to Excellence in Practice through Our Workforce

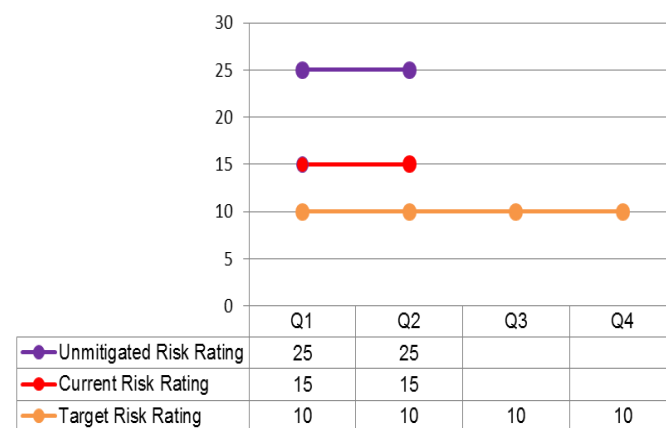
<b>W1</b>	<b>Our cadre of patient centred leaders will be skilled in continually promoting and building upon our open and honest culture. This will be achieved through sharing the Trust's vision, values, behaviours and objectives from Board to ward.</b>
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### Principal Risk

**Risk of lack of patient centred leaders to continually embed and build upon our open and honest culture impacting on the quality of our services and patient and staff experience.**

Initial Date	Date of Update	Review Date	Care Quality Commission Domain / NHS Improvement Single Oversight Framework	Accountable Executive Director	Executive Management Group	Delegated Board Committee
19.06.2017	08.09.2017	January 2018	Well Led Framework NHSI Organisational Health Metrics	Director of Workforce & Organisational Development	Executive Workforce Assurance Group	Transformation & People Committee

Strategic Domain 4: Aspiring to Excellence in Practice through our Workforce (W1)  
Risk Rating by Financial Quarter 2017/18



Initial Risk Rating (Unmitigated)			Current Risk Rating (Mitigated)			Target Risk Rating (Tolerance / Risk Appetite)			
Consequence	Likelihood	Risk Rating	Consequence	Likelihood	Risk Rating	Consequence	Likelihood	Risk Rating	Target Date
5	5	25	5	3	15	5	2	10	March 2019

### Executive Commentary for the Current Risk Score

*To maintain risk score at 15 whilst ability to recruit to senior leadership posts remains a challenge. Reduction in risk will occur when there is a shift from locum cover to filling posts substantively.*

### Linked BAF Objectives

Q1, Q2, P1, P2, E1, E2, W2, W3, T1 & T2

Links to the Organisational Risk Register (Current Risk Rating 15 & above)	Date of Initial Assessment	Qtr 1	Qtr 2	Qtr 3	Qtr 4
CS0325 – Operational Sustainability of MCHFT	09/09/2015	4x4=16	4x4=16		
CS0328 – Sustainability of Vulnerable Clinical Services due to Lack of Resource (People & finance)	24/09/2015	5x4=20	5x4=20		
CS0327 – Long Term Financial Sustainability of MCHFT	02/09/2015	5x4=20	5x4=20		
CS0275 – Delivering High Quality Clinical Services 7/7	29/05/2012	5x4=20	5x4=20		
DC0887 – Consultant Histopathologist Capacity	24/03/2015	5x4=20	5x4=20		
CS0326 – Non Delivery of the IT Strategy	07/09/2015	4x5=20	4x5=20		
EC0287 – Insufficient Numbers of Junior Doctors Across DMEC	01/03/2013	4x4=16	4x4=16		
EC0331 – Vacancies in a Number of Difficult to Recruit Consultant Posts within DMEC	03/06/2015	5x4=20	5x4=20		
EC0384 – Lack of Service Provision within Cardiology	29/11/2016	4x5=20	5x4=20		
CS0284 – Nursing Vacancies Across MCHFT	02/01/2013	5x3=15	5x3=15		

**\*Assurance rating**

**Significant assurance**

**Significant assurance with minor improvement opportunities**

**Partial assurance with improvements required**

**No assurance**



**Strategic Domain 4: Aspiring to Excellence in Practice through Our Workforce**

W1	Our cadre of patient centred leaders will be skilled in continually promoting and building upon our open and honest culture. This will be achieved through sharing the Trust's vision, values, behaviours and objectives from Board to ward.					
	Key Controls / Influences Established (What are we currently doing about the risk?)	Key Gaps in Controls / Influences (What additional controls should we seek?)	Assurance Providers 2017/18 (How do we know if the things we are doing are having an impact?)			Gaps in Assurances on Controls / Influences (What additional assurances should we seek?)
			Local Management (1 <sup>st</sup> Line of Defence)	Corporate Oversight (2 <sup>nd</sup> Line of Defence)	Independent / External (3 <sup>rd</sup> Line of Defence)	
1. Clinical Services Strategy	• New Strategy in development	<ul style="list-style-type: none"> <li>1:1 / Team Meetings</li> <li>Divisional Workforce Groups</li> <li>Monthly Divisional Boards/CCICP reports</li> </ul>	<ul style="list-style-type: none"> <li>Professional Advisory Group</li> <li>Executive Workforce Assurance Group</li> <li>Transformation and People (TAP) Committee</li> <li>Board of Directors</li> <li>TAP Minutes</li> <li>Monthly Workforce Report</li> <li>Annual Report on the Appraisal and Revalidation of Medical Practitioners at MCHFT- September 2017</li> <li>Workforce Race Equality Scheme Annual Review- November 2017</li> <li>Strategic Nursing &amp; Midwifery Staffing Review-October 2017</li> <li>Monthly Quality, Safety &amp; Experience Report (Nurse staffing)</li> <li>Annual Whistleblowing Report September 2017</li> </ul>	<ul style="list-style-type: none"> <li>Sub Regional Workforce Planning and Development Network</li> <li>Staff Survey-March 2017 =Top Trust</li> <li>Next survey March 2018</li> <li>Health Education England reviews</li> <li>Chester College reviews</li> <li>Royal College reviews</li> </ul>	<ul style="list-style-type: none"> <li>Medical staffing workforce information metrics required</li> </ul>	<ol style="list-style-type: none"> <li>September 2017 – Trust Strategy Day held and next steps is development of divisional plans and approval of Strategy at Board of Directors</li> <li>Review of Workforce &amp; OD Strategy (Workforce Matters) by March 2018</li> <li>Board development programme under review</li> <li>Review of Education Governance framework to e undertaken</li> <li>Development of senior leadership team community in MCHFT</li> <li>Talent management &amp; succession planning programme in development</li> <li>Local development of improvement plans following the National Staff Survey results to be presented to EWAG October – December 2017</li> <li>Medical staffing workforce metrics to be included in the Workforce Report reported via TAP to Board of Directors</li> </ol>
2. Workforce Matters Strategy implementation	• Revised strategy required					
3. Education Governance Framework	• Revised strategy required					
4. Staff Survey results and action planning	• Local improvement plans to be developed					

\*Assurance rating

Significant assurance

Significant assurance with minor improvement opportunities

Partial assurance with improvements required

No assurance

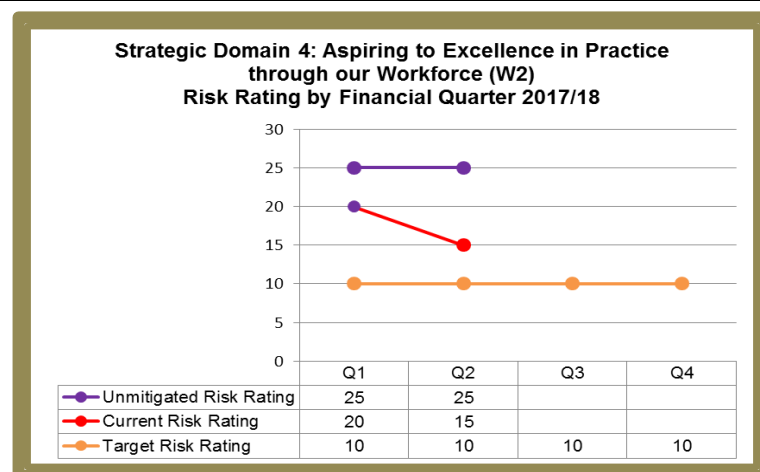
W1	Our cadre of patient centred leaders will be skilled in continually promoting and building upon our open and honest culture. This will be achieved through sharing the Trust’s vision, values, behaviours and objectives from Board to ward.					
Key Controls / Influences Established (What are we currently doing about the risk?)	Key Gaps in Controls / Influences (What additional controls should we seek?)	Assurance Providers 2017/18 (How do we know if the things we are doing are having an impact?)			Gaps in Assurances on Controls / Influences (What additional assurances should we seek?)	Agreed Actions for Gaps in Controls / Influences or Assurances (What more should we do, including timescales for delivery)
		Local Management (1 <sup>st</sup> Line of Defence)	Corporate Oversight (2 <sup>nd</sup> Line of Defence)	Independent / External (3 <sup>rd</sup> Line of Defence)		
5. Recruitment Policies		<ul style="list-style-type: none"><li>1:1 / Team Meetings</li><li>Divisional Workforce Groups</li><li>Monthly Divisional Boards/CCICP reports</li></ul>	<ul style="list-style-type: none"><li>Professional Advisory Group</li><li>Executive Workforce Assurance Group</li><li>Transformation and People Committee</li><li>Board of Directors</li><li>Monthly Workforce Report</li><li>Strategic Nursing &amp; Midwifery Staffing Review-October 2017</li><li>Monthly Quality, Safety &amp; Experience Report (Nurse staffing)</li><li>Annual Report on the Appraisal and Revalidation of Medical Practitioners at MCHFT-September 2017</li><li>Workforce Race Equality Scheme Annual Review-November 2017</li><li>TAP Minutes</li></ul>	<ul style="list-style-type: none"><li>Sub Regional Workforce Planning and Development Network</li><li>Staff Survey-March 2017 =Top Trust</li><li>Next survey March 2018</li><li>Health Education England reviews</li><li>Chester College reviews</li><li>Royal College reviews</li></ul>	<ul style="list-style-type: none"><li>Medical staffing workforce information metrics required</li></ul>	<ul style="list-style-type: none"><li>Please refer above.</li></ul>
6. Statutory / mandatory training monitoring						
7. Leadership Development Programmes	<ul style="list-style-type: none"><li>Talent management &amp; succession planning programme required</li><li>Board development programme requires review</li></ul>					
8. Coaching Framework	<ul style="list-style-type: none"><li>Coaching &amp; education framework requires review</li></ul>					
9. Apprenticeship Programmes in place						
10. Developing alternative roles i.e. Physicians Associates and Advanced Practitioners						
Overall adequacy of assurance*:		In development				
Executive commentary for Q1 & Q2:		Central to our Workforce Matters Strategy (In development) is our ability to establish a culture which helps grow and develop our own leaders from within the organisation, enabling us to retain and nurture talent from an engaged workforce that is passionate about providing excellent clinical practice in their care of our patients.				

*Assurance rating	Significant assurance	Significant assurance with minor improvement opportunities	Partial assurance with improvements required	No assurance
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**Strategic Domain 4: Aspiring to Excellence in Practice through Our Workforce**

<b>W2</b>	<p><b>We will have in place a flexible and responsive workforce to meet patient needs by ensuring:</b></p> <ul style="list-style-type: none"> <li>- We have sufficient workforce numbers, with the right skills, in the right place, at the right time to meet the demands of our services across seven days.</li> <li>- Staff continually engaging in professional development regardless of their role.</li> <li>- Effective workforce planning to secure existing, and mitigate against anticipated shortages in skills.</li> <li>- We take a proactive approach to developing our future workforce by engaging with the local community and education providers</li> </ul>
Principal Risk	
Risk that the Trust does not have an agile and responsive workforce to meet the future local health needs / accountable care systems model.	

Initial Date	Date of Update	Review Date	Care Quality Commission Domain / NHS Improvement Single Oversight Framework	Accountable Executive Director	Executive Management Group	Delegated Board Committee
19.06.2017	08.09.2017	January 2018	Well Led Framework NHSI Organisational Health Metrics	Director of Workforce & Organisational Development	Executive Workforce Assurance Group	Transformation & People Committee



Initial Risk Rating (Unmitigated)			Current Risk Rating (Mitigated)			Target Risk Rating (Tolerance / Risk Appetite)			
Consequence	Likelihood	Risk Rating	Consequence	Likelihood	Risk Rating	Consequence	Likelihood	Risk Rating	Target Date
5	5	25	5	3	15	5	2	10	March 2019

**Executive Commentary for Current Risk Score**

Rating of 15 for Q2 as although the Trust has low levels of vacancies there are hot spots e.g. radiology and although mandatory training uptake is progressing needs improvement. Additionally long term recruitment plans are good, however short term recruitment plans need improvement.

**Linked BAF Objectives**

Q1, Q2, P1, P2, E1, E2, W1, W3, T1 & T2

Links to the Organisational Risk Register (Current Risk Rating 20 & above)

	Date of Initial Assessment	Qtr 1	Qtr 2	Qtr 3	Qtr 4
CS0325 – Operational Sustainability of MCHFT	09/09/2015	4x4=16	4x4=16		
CS0328 – Sustainability of Vulnerable Clinical Services due to Lack of Resource (People & finance)	24/09/2015	5x4=20	5x4=20		
CS0327 – Long Term Financial Sustainability of MCHFT	02/09/2015	5x4=20	5x4=20		
CS0275 – Delivering High Quality Clinical Services 7/7	29/05/2012	5x4=20	5x4=20		
DC0887 – Consultant Histopathologist Capacity	24/03/2015	5x4=20	5x4=20		
CS0326 – Non Delivery of the IT Strategy	07/09/2015	4x5=20	4x5=20		
EC0287 – Insufficient Numbers of Junior Doctors Across DMEC	01/03/2013	4x4=16	4x4=16		
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EC0384 – Lack of Service Provision within Cardiology	29/11/2016	4x5=20	4x5=20		
CS0284 – Nursing Vacancies Across MCHFT	02/01/2013	5x3=15	5x3=15		

\*Assurance rating

Significant assurance

Significant assurance with minor improvement opportunities

Partial assurance with improvements required

No assurance



**Strategic Domain 4: Aspiring to Excellence in Practice through Our Workforce**

W2	We will have in place a flexible and responsive workforce to meet patient needs by ensuring: <ul style="list-style-type: none"><li>- We have sufficient workforce numbers, with the right skills, in the right place, at the right time to meet the demands of our services across seven days</li><li>- Staff continually engaging in professional development regardless of their role</li><li>- Effective workforce planning to secure existing, and mitigate against anticipated shortages in skills</li><li>- We take a proactive approach to developing our future workforce by engaging with the local community and education providers</li></ul>					
	Key Controls / Influences Established <i>(What are we currently doing about the risk?)</i>	Key Gaps in Controls / Influences <i>(What additional controls should we seek?)</i>	Assurance Providers 2017/18 <i>(How do we know if the things we are doing are having an impact?)</i>			Gaps in Assurances on Controls / Influences <i>(What additional assurances should we seek?)</i>
Local Management (1 <sup>st</sup> Line of Defence)			Corporate Oversight (2 <sup>nd</sup> Line of Defence)	Independent / External (3 <sup>rd</sup> Line of Defence)		
1. Annual Workforce planning process and Trust Strategy	<ul style="list-style-type: none"><li>• Gaps in nursing &amp; medical posts Trust wide</li><li>• Trust Strategy review planned</li><li>• Recruitment plans for key vacancy hotspots</li></ul>	<ul style="list-style-type: none"><li>• 1:1/Team Meetings</li><li>• Divisional HR representatives</li><li>• Divisional Workforce Groups</li><li>• Monthly Divisional Boards/CCICP reports</li></ul>	<ul style="list-style-type: none"><li>• Learning &amp; Development Group</li><li>• 7 Day Services Group</li><li>• Professional Advisory Group</li><li>• Executive Workforce Assurance Group</li><li>• Transformation and People Committee (TAP)</li><li>• Board of Directors</li><li>• <i>Monthly Workforce Report</i></li><li>• <i>Monthly Nurse Staffing Report</i></li><li>• <i>Monthly Medical Staffing Update and Consultant Appointments</i></li><li>• <i>Annual Nursing &amp; Midwifery Staffing Comprehensive Report due November 2017</i></li><li>• <i>Workforce Race Equality Scheme October 2017</i></li><li>• <i>Annual Report on the Appraisal and Revalidation of Medical Practitioners at MCHFT- September 2017</i></li><li>• <i>TAP Minutes</i></li></ul>	<ul style="list-style-type: none"><li>• Sub regional workforce planning and development network</li><li>• Staff Survey-March 2017=Top Trust Next survey March 2018</li><li>• Health Education England reviews</li><li>• Chester College Reviews</li><li>• ROSPA Gold (2017)</li><li>• Local Workforce Assurance Board – QA Process</li><li>• GMC Survey: Junior medical staff – July 2017</li></ul>		<ol style="list-style-type: none"><li>1. Trust Strategy day &amp; development of local delivery plans-September 2017</li><li>2. Review of Workforce &amp; OD Strategy by March 2018</li><li>3. Trust Strategy currently in development</li><li>4. Education Governance – revised strategy under review</li><li>5. North West Streamlining Programme – in progress</li><li>6. Nursing staffing review summary in progress</li><li>7. HR Managers to work with service managers.</li><li>8. Local development of improvement plans following the National Staff Survey results to be presented EWAG October – December 2017.</li></ol>
2. Workforce & OD Strategy implementation	<ul style="list-style-type: none"><li>• Strategy due for review</li></ul>					
3. HR Team & policies & procedures in place						
4. Statutory / mandatory training monitoring	<ul style="list-style-type: none"><li>• Release of staff to complete</li></ul>					
5. Leadership / coaching frameworks	<ul style="list-style-type: none"><li>• Talent management &amp; succession planning programme required</li><li>• Board development programme requires review</li></ul>					
6. Developing alternative roles i.e. Physicians Associates and Advanced Practitioners						
7. Return to Nursing Practice programmes						
8. Nurse staffing review						
Overall adequacy of assurance*:		In development				
Executive commentary for Q1 & Q2:		Mandatory training uptake rates are improving over quarter 2 with increase to 81% in August 2017, however further improvement is required to reach the target of 90% year end. Our internal agency spend is below our projected levels set out in our budget as of August 2017.				

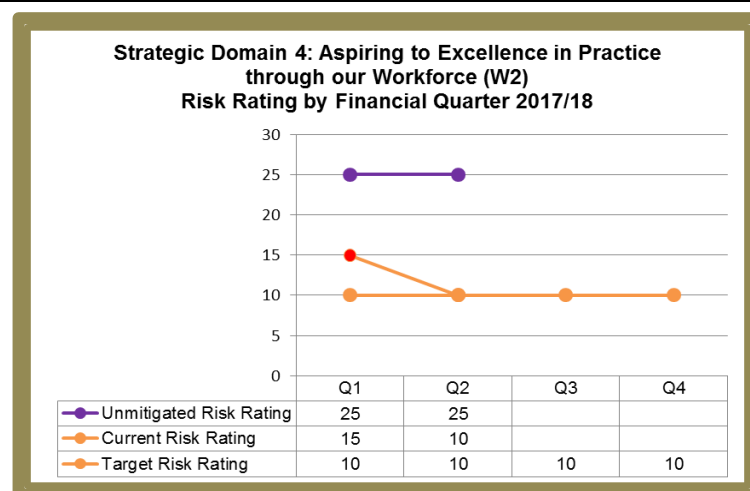
*Assurance rating	Significant assurance	Significant assurance with minor improvement opportunities	Partial assurance with improvements required	No assurance
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**Strategic Domain 4: Aspiring to Excellence in Practice through our Workforce**

<b>W3</b>	Our staff will feel valued and recognised for the work they do. They will also feel engaged as both employees and members of the Trust. We will encourage our staff to improve and maintain their own health and well-being, ensuring that MCHFT, as an organisation sets our own example for delivering excellence in quality care and services.
Principal Risk	
There is a risk if our staff do not feel valued and supported to maintain their own health & well-being that this will impact on the quality of services we provide and we will not be the employer of choice in the area.	

Initial Date	Date of Update	Review Date	Care Quality Commission Domain / NHS Improvement Single Oversight Framework	Accountable Executive Director	Executive Management Group	Delegated Board Committee
19.06.2017	08.09.2017	January 2018	Well Led Framework NHSI Organisational Health Metrics	Director of Workforce & Organisational Development	Executive Workforce Assurance Group	Transformation & People Committee



Initial Risk Rating (Unmitigated)			Current Risk Rating (Mitigated)			Target Risk Rating (Tolerance / Risk Appetite)			
Consequence	Likelihood	Risk Rating	Consequence	Likelihood	Risk Rating	Consequence	Likelihood	Risk Rating	Target Date
5	5	25	5	2	10	5	2	10	March 2018

**Executive Commentary for Current Risk Score**

Risk score reduced with a shift in likelihood from possible to unlikely driven by a positive staff survey. Areas identified for improvement will have local actions developed. No areas in the National Staff Survey were rated in the bottom 20%.

**Linked BAF Objectives**

Q1, Q2, P1, P2, E1, E2, W1, W2, T1 & T2

Links to the Organisational Risk Register (Current Risk Rating 20 & above)	Date of Initial Assessment	Qtr 1	Qtr 2	Qtr 3	Qtr 4
CS0325 – Operational Sustainability of MCHFT	29/09/2016	4x4=16	4x4=16		
CS0328 – Sustainability of Vulnerable Clinical Services due to Lack of Resource (People & finance)	08/11/2016	5x4=20	5x4=20		
CS0327 – Long Term Financial Sustainability of MCHFT	11/09/2017	5x4=20	5x4=20		
CS0275 – Delivering High Quality Clinical Services 7/7	24/09/2013	5x4=20	5x4=20		
DC0887 – Consultant Histopathologist Capacity	21/09/2016	5x4=20	5x4=20		
CS0326 – Non Delivery of the IT Strategy	07/09/2015	4x5=20	4x5=20		
EC0287 – Insufficient Numbers of Junior Doctors Across DMEC	29/09/2016	4x4=16	4x4=16		
EC0331 – Vacancies in a Number of Difficult to Recruit Consultant Posts within DMEC	08/11/2016	5x4=20	5x4=20		
EC0384 – Lack of Service Provision within Cardiology	11/09/2017	4x5=20	4x5=20		
CS0284 – Nursing Vacancies Across MCHFT	02/01/2013	5x3=15	5x3=15		

\*Assurance rating

Significant assurance

Significant assurance with minor improvement opportunities

Partial assurance with improvements required

No assurance

**Strategic Domain 4: Aspiring to Excellence in Practice through our Workforce**

W3	Our staff will feel valued and recognised for the work they do. They will also feel engaged as both employees and members of the Trust. We will encourage our staff to improve and maintain their own health and well-being, ensuring that MCHFT, as an organisation sets our own example for delivering excellence in quality care and services.					
Key Controls / Influences Established <i>(What are we currently doing about the risk?)</i>	Key Gaps in Controls / Influences <i>(What additional controls should we seek?)</i>	Assurance Providers 2017/18 <i>(How do we know if the things we are doing are having an impact?)</i>			Gaps in Assurances on Controls / Influences <i>(What additional assurances should we seek?)</i>	Agreed Actions for Gaps in Controls / Influences or Assurances <i>(What more should we do, including timescales for delivery)</i>
		Local Management (1 <sup>st</sup> Line of Defence)	Corporate Oversight (2 <sup>nd</sup> Line of Defence)	Independent / External (3 <sup>rd</sup> Line of Defence)		
1. Workforce & OD Strategy implementation	<ul style="list-style-type: none"><li>Low uptake of Flu Vaccination programme in community services</li><li>Improvements to address staff survey results</li><li>Increase in stress related absence</li></ul>	<ul style="list-style-type: none"><li>1:1 / Team Meetings</li><li>Workforce Performance Groups</li><li>Divisional Staff Survey improvement plans</li><li>Divisional Workforce Groups</li><li>Monthly Divisional Boards/CCICP reports</li></ul>	<ul style="list-style-type: none"><li>Learning &amp; Development Group</li><li>Health &amp; Well Being Group</li><li>Professional Advisory Group</li><li>Executive Workforce Assurance Group</li><li>Transformation and People Committee</li><li>Board of Directors</li><li>Monthly Workforce Report</li><li>Quarterly Guardian of Safe Working Hours Report</li><li>Monthly RIDDOR updates</li><li>Annual Health &amp; Safety Update-April 2017</li><li>Equality Delivery System Self-assessment: Achieving or excelling-July 2017</li></ul>	<ul style="list-style-type: none"><li>Sub regional workforce planning and development network</li><li>Staff Survey-March 2017=Top Trust</li><li>Next survey March 2018</li><li>HEE Reviews</li><li>Chester College Reviews</li><li>Safe, Effective, Quality Occupational Health Service (SEQUOHS) Accreditation (July 2017 – 5 year accreditation)</li><li>Occupational Health Services rated as Good</li><li>Royal Society for the Prevention of Accidents (ROSPA) Gold Accreditation (July 2017-1 year accreditation)</li><li>CCG contract meeting CQUIN Health &amp; Well Being Q1 achieved.</li><li>Internal Audit Programme</li><li>Recruitment 2016/17 Significant Assurance with minor improvement opportunities</li><li>IR35 Processes</li><li>Planned review October 2017</li></ul>	<ul style="list-style-type: none"><li>Monitoring trajectories for Flu vaccination update in community services.</li></ul>	<ol style="list-style-type: none"><li>Trust Strategy day &amp; development of local delivery plans- September 2017</li><li>Talent management &amp; succession planning programme planned</li><li>Community bespoke Flu campaign planned</li><li>Tendering process – Stress management October 2017</li><li>Divisional improvement plans to respond to staff surveys – EWAG Oct / Nov / Dec 2017</li></ol>
2. HR Team & policies & procedures in place						
3. Health & Well Being Strategy implementation/ initiatives						
4. Coaching & Mentorship Frameworks						
5. Occupational Health Services (Cheshire)						
6. Resilience Training & Support						
7. Counselling Services						
8. Succession Planning						
9. Leadership Development Programmes						
10. Staff Survey results and action planning						
11. Recruitment Policies						
12. Absence Management Policies						
13. Statutory / mandatory training monitoring						
Overall adequacy of assurance*:		In development				
Executive commentary for Q1 & Q2:		Very positive National Staff Survey results (March 2017) top Trust with no areas rated in the bottom 20%. The Trust achieved ROSPA Gold in July 2017 and our Occupational Health Services were rated as good by SEQUOHS which is a 5 year accreditation. The rolling absence percentage continues to increase slightly for the 4th month running and the in-month absence rate for August was 4.06% and this shows a downward trend from previous months. The most common cause of absence continues to be stress, depression or anxiety and musculoskeletal absences. A review of the appraisal process has been undertaken to facilitate pace around completion ahead of the Winter season (August position 79.8% - target 90%).				

\*Assurance rating

Significant assurance

Significant assurance with minor improvement opportunities

Partial assurance with improvements required

No assurance

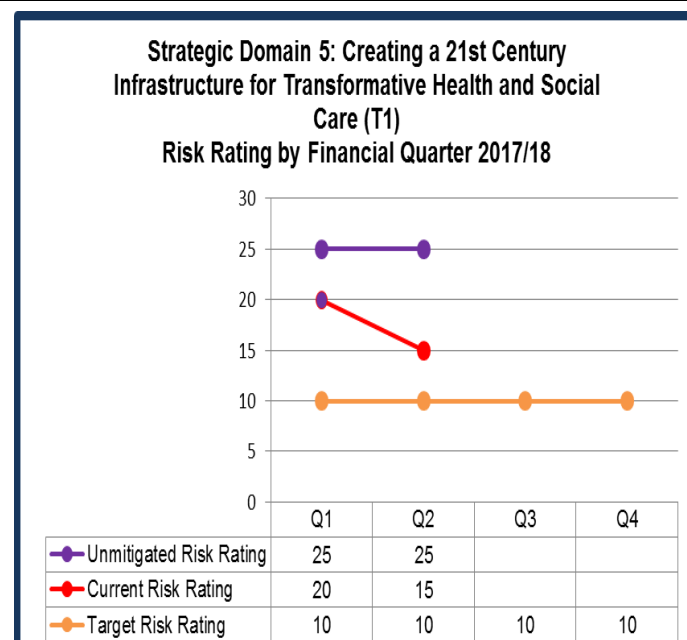
## Strategic Domain 5: Creating a 21<sup>st</sup> Century Infrastructure for Transformative Health and Social Care

<b>T1</b>	<b>To deliver an agreed, costed and phased Estates Strategy which will make the best use of the Trust's estate taking into consideration the entire estate across the Central Cheshire system, national and regional agendas and in particular the strategic aim of the system to become an Accountable Care System.</b>
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### Principal Risk

**Risk that the physical infrastructure is not of a sufficient standard resulting in aged, deteriorating physical assets impacting on patient and staff experience reducing due to challenges in delivering backlog and capital programmes due to financial circumstances.**

Initial Date	Date of Update	Review Date	Care Quality Commission Domain / NHS Improvement Single Oversight Framework	Accountable Executive Director	Executive Management Group	Delegated Board Committee
19.06.2017	19.09.2017	January 2018	Well Led Framework Use of Resources	CEO	Executive Infrastructure Development	Performance & Finance



Initial Risk Rating (Unmitigated)			Current Risk Rating (Mitigated)			Target Risk Rating (Tolerance / Risk Appetite)			
Consequence	Likelihood	Risk Rating	Consequence	Likelihood	Risk Rating	Consequence	Likelihood	Risk Rating	Target Date
5	5	25	5	3	15	5	2	10	March 2019

### Commentary for Current Risk Score

*The risk score has been reduced from 20 to 15 in quarter 2 to reflect the approval of the loan by NHS Improvement to support the ward refurbishment programme. Remains a high risk overall at 15 due to long term backlog maintenance requirements.*

### Linked BAF Objectives

Q1, Q2, P1, P2, E1, E2, W1, W2, W3 & T2

Links to the Organisational Risk Register (Current Risk Rating 20 & above)	Date of Initial Assessment	Qtr 1	Qtr 2	Qtr 3	Qtr 4
CS0327 – Long Term Financial Sustainability of MCHFT	02/09/2015	5x4=20	5x4=20		

**\*Assurance rating**

**Significant assurance**

**Significant assurance with minor improvement opportunities**

**Partial assurance with improvements required**

**No assurance**



## Strategic Domain 5: Creating a 21<sup>st</sup> Century Infrastructure for Transformative Health and Social Care

T1	To deliver an agreed, costed and phased Estates Strategy which will make the best use of the Trust's estate taking into consideration the entire estate across the Central Cheshire system, national and regional agendas and in particular the strategic aim of the system to become an Accountable Care System.					
Key Controls / Influences Established (What are we currently doing about the risk?)	Key Gaps in Controls / Influences (What additional controls should we seek?)	Assurance Providers 2017/18 (How do we know if the things we are doing are having an impact?)			Gaps in Assurances on Controls / Influences (What additional assurances should we seek?)	Agreed Actions for Gaps in Controls / Influences or Assurances (What more should we do, including timescales for delivery)
		Local Management (1 <sup>st</sup> Line of Defence)	Corporate Oversight (2 <sup>nd</sup> Line of Defence)	Independent / External (3 <sup>rd</sup> Line of Defence)		
1. Estates Strategy in place	• Refresh of Estates Strategy	• 1:1 / Team Meetings • Estates Strategy Implementation Group • Estates & Facilities Divisional Assurance Framework • Estates & Facilities Divisional Board	• Executive Infrastructure Development Group • Performance & Finance Committee (PAF) • Board of Directors • PAF Minutes • Monthly Performance Report • CEO Update	• New Build Certification	1. Monitoring of Estates Strategy and annual review.	1. Phased review of Estates Strategy-in progress 2. Asbestos management transferred to Estates – policy review in progress 3. Asbestos Management Group – oversight of new contractors in progress
2. Backlog Maintenance Plans						
3. Fire Management Improvement Plan		• 1:1 / Team Meetings • Monthly Meetings with Cheshire, Fire & Rescue • Monthly Estates & Integrated Governance meetings		• Cheshire Fire & Rescue Audit Programme June 2017-Positive Audit Feedback.		
4. Capital programme expenditure agreed annually.		• 1:1 / Team Meetings • Estates & Facilities Divisional Assurance Framework • Estates & Facilities Divisional Board		• NHS Improvement feedback		
5. Asbestos Management Programme	• Asbestos management / registers	• 1:1 / Team Meetings • Asbestos Management Group • Estates & Facilities Divisional Assurance Framework • Estates & Facilities Divisional Board				
Overall adequacy of assurance*:		In development				
Executive commentary for Q1 & Q2:		The Trust has undertaken the development of a clinically led 5 year Estate Strategy encompassing estate managed on behalf of community services. This will support the understanding of the current estate infrastructure and future needs as the partners of Central Cheshire move towards an Accountable Care System. The main challenge to delivering the Estate Strategy is the financial affordability, particularly as the Trust has long term backlog requirements and much of the community estate is bound by long term PFI agreements.				

\*Assurance rating

Significant assurance

Significant assurance with minor improvement opportunities

Partial assurance with improvements required

No assurance

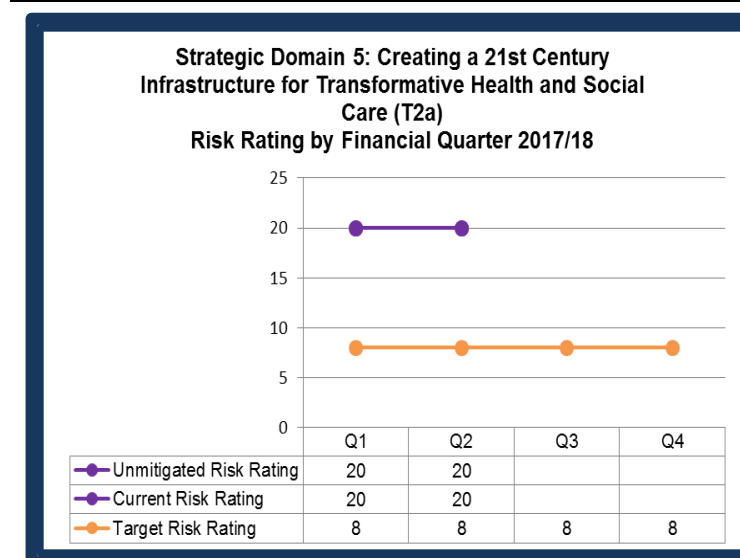
<b>T2a</b>	<b>To deliver an agreed, costed and phased Information Technology (IT) Strategy which supports the provision of seamless, integrated, outstanding patient care, improves staff experience in delivering care and enables continuous quality and service improvements through the intelligent use of secure, real time data.</b>
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Principal Risk

Risk of failure to fully implement the Information Technology Strategy due to lack of capital / revenue funding will result in:

- Missed opportunities to improve the quality of care we provide, leading to poor patient and staff experience (E.g. E Prescribing & E Rostering)
- Inability to modernise services (E.g. E Prescribing & E Rostering)
- Delays in delivering horizontal and vertical integration – Accountable Care Systems
- Failure to meet Legislative requirements and associated reputational risks e.g. GDPR
- Failure to reduce unwarranted variation (Carter – Model Hospital work)

Initial Date	Date of Update	Review Date	Care Quality Commission Domain / NHS Improvement Single Oversight Framework	Accountable Executive Director	Executive Management Group	Delegated Board Committee
19.06.2017	22.09.2017	January 2018	Well Led Framework Use of Resources	Medical Director / Deputy CEO	Executive Infrastructure Development Group	Performance & Finance Committee



Initial Risk Rating (Unmitigated)			Current Risk Rating (Mitigated)			Target Risk Rating (Tolerance / Risk Appetite)			
Consequence	Likelihood	Risk Rating	Consequence	Likelihood	Risk Rating	Consequence	Likelihood	Risk Rating	Target Date
4	5	20	4	5	20	4	2	8	March 2019

Executive Commentary for Current Risk Score

*Retaining a risk score of 20 based upon that the business case process is still progressing.*

Linked BAF Objectives

Q1, Q2, P1, P2, E1, E2, W1, W2, W3, T1 & T2b

Links to the Organisational Risk Register (Current Risk Rating 15 & above)	Date of Initial Assessment	Qtr 1	Qtr 2	Qtr 3	Qtr 4
CS0327 – Long Term Financial Sustainability of MCHFT	02/09/2015	5x4=20	5x4=20		
CS0326 – Non Delivery of the IT Strategy	07/09/2015	4x5=20	4x5=20		
CS0302 – Information Governance	08/08/2014	5x4=20	5x4=20		

<b>Assurance rating</b>	<b>Significant assurance</b>	<b>Significant assurance with minor improvement opportunities</b>	<b>Partial assurance with improvements required</b>	<b>No assurance</b>
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**Strategic Domain 5: Creating a 21<sup>st</sup> Century Infrastructure for Transformative Health and Social Care**

T2a	To deliver an agreed, costed and phased Information Technology (IT) Strategy which supports the provision of seamless, integrated, outstanding patient care, improves staff experience in delivering care and enables continuous quality and service improvements through the intelligent use of secure, real time data.					
Key Controls / Influences Established <i>(What are we currently doing about the risk?)</i>	Key Gaps in Controls / Influences <i>(What additional controls should we seek?)</i>	Assurance Providers 2017/18 <i>(How do we know if the things we are doing are having an impact?)</i>			Gaps in Assurances on Controls / Influences <i>(What additional assurances should we seek?)</i>	Agreed Actions for Gaps in Controls / Influences or Assurances <i>(What more should we do, including timescales for delivery)</i>
		Local Management (1 <sup>st</sup> Line of Defence)	Corporate Oversight (2 <sup>nd</sup> Line of Defence)	Independent / External (3 <sup>rd</sup> Line of Defence)		
1. IT Strategy	<ul style="list-style-type: none"><li>Financial affordability</li><li>Lack of local health &amp; social care economy overarching strategy.</li><li>NHSI Review outputs</li><li>Appropriate contracts in place</li></ul>	<ul style="list-style-type: none"><li>1:1s</li><li>Team Meetings</li><li>Monthly Divisional Boards/CCICP reports</li></ul>	<ul style="list-style-type: none"><li>IT Strategy Implementation Group</li><li>Information Governance Group</li><li>Executive Infrastructure Development Group</li><li>Performance &amp; Finance Committee (PAF)</li><li>Board of Directors</li><li><i>PAF Minutes</i></li><li><i>Business case due to Board of Directors in December 2017</i></li></ul>	<ul style="list-style-type: none"><li>Cheshire &amp; Mersey IT STP Group</li><li>National Infrastructure Maturity Level 3</li><li>NHSI oversight</li></ul> Internal Audit Programme <ul style="list-style-type: none"><li>IG Toolkit 2016/17 <i>Significant Assurance with minor improvement opportunities (Not CCICP)</i></li></ul> Next review November 2017 <ul style="list-style-type: none"><li>Cyber Maturity Assessment August 2017-report awaited</li></ul>	<ul style="list-style-type: none"><li>Monitoring of Strategy and annual review.</li></ul>	<ol style="list-style-type: none"><li>Strategy review in progress</li><li>Business Case for Cerner to amalgamate local capital plans into a single solution</li><li>Business case to participate in Cheshire &amp; Merseyside PACs Collaborative as a fund saving initiative.</li><li>Undertake 10 Steps to Cyber Security gap analysis – Quarter 4 2017/18</li><li>Business case for CCICP Information Governance resources.</li></ol>
2. Revenue & capital costs performance monitored						
3. Information Governance (IG) Toolkit (MCHFT & CCICP)	<ul style="list-style-type: none"><li>Resources for CCICP Toolkit</li><li>Impacts of General Data Protection Regulations Act – May 2018</li></ul>					
4. Network Infrastructure Maturity Model	<ul style="list-style-type: none"><li>Gap analysis required</li></ul>					
5. SLAs across the Divisions and Corporate Services	<ul style="list-style-type: none"><li>Work in progress</li></ul>					
6. IT Team in place & supporting policies & procedures	<ul style="list-style-type: none"><li>Capacity / capability</li><li>Development of workforce</li></ul>					
7. Ten Steps to Cyber Security	<ul style="list-style-type: none"><li>Gap analysis required</li></ul>					
Overall adequacy of assurance*:		In development				
Executive summary Q1 & Q2:		The Trust has developed a clinically led Information Technology Strategy that is centred around an electronic patient record, and supports whole system service transformation and integration as we move towards an Accountable Care System. The main challenge to delivering the Information Technology Strategy is the financial affordability, particularly as the Trust is part of a Capped Expenditure Programme, although the Board of Directors does not underestimate the level of organisational development support that will be required for the organisation to undergo the necessary culture change. The CCICP business case for EMIS has been approved at Board of Directors.				

Assurance rating	Significant assurance	Significant assurance with minor improvement opportunities	Partial assurance with improvements required	No assurance
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**Strategic Domain 5: Creating a 21<sup>st</sup> Century Infrastructure for Transformative Health and Social Care**

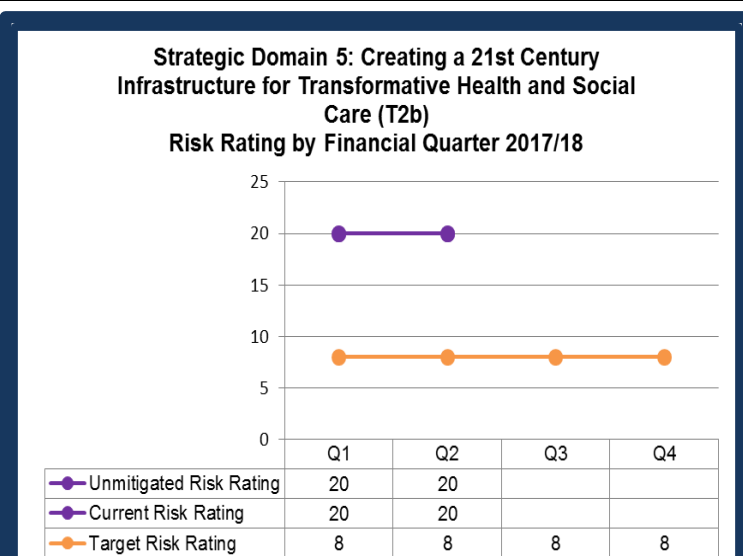
**T2b** To deliver an agreed, costed and phased Information Technology (IT) Strategy which supports the provision of seamless, integrated, outstanding patient care, improves staff experience in delivering care and enables continuous quality and service improvements through the intelligent use of secure, real time data.

**Principal Risk**

**Risk of failure to fully implement the Information Technology Strategy due organisational culture regarding digital awareness / capability resulting in sickness / data quality issues / recruitment impacts leading to:**

- Missed opportunities to improve the quality of care we provide, leading to poor patient and staff experience (E.g. E Prescribing & E Rostering)
- Inability to modernise services (E.g. E Prescribing & E Rostering)
- Failure to meet Legislative requirements and associated reputational risks e.g. GDPR
- Failure to reduce unwarranted variation (Carter – Model Hospital work)

Initial Date	Date of Update	Review Date	Care Quality Commission Domain / NHS Improvement Single Oversight Framework	Accountable Executive Director	Executive Management Group	Delegated Board Committee
19.06.2017	22.09.2017	January 2018	Well Led Framework Use of Resources	Medical Director / Deputy CEO	Executive Infrastructure Development Group	Performance & Finance Committee



Initial Risk Rating (Unmitigated)			Current Risk Rating (Mitigated)			Target Risk Rating (Tolerance / Risk Appetite)			
Consequence	Likelihood	Risk Rating	Consequence	Likelihood	Risk Rating	Consequence	Likelihood	Risk Rating	Target Date
4	5	20	4	5	20	4	2	8	March 2019

**Commentary for Current Risk Score**

*Retain current score as business case progressing and organisational development dependencies.*

**Linked BAF Objectives**

Q1, Q2, P1, P2, E1, E2, W1, W2, W3, T1 & T2a

Links to the Organisational Risk Register (Current Risk Rating 15 & above)	Date of Initial Assessment	Qtr 1	Qtr 2	Qtr 3	Qtr 4
CS0327 – Long Term Financial Sustainability of MCHFT	02/09/2015	5x4=20	5x4=20		
CS0326 – Non Delivery of the IT Strategy	07/09/2015	4x5=20	4x5=20		

Assurance rating	Significant assurance	Significant assurance with minor improvement opportunities	Partial assurance with improvements required	No assurance
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**Strategic Domain 5: Creating a 21<sup>st</sup> Century Infrastructure for Transformative Health and Social Care**

T2b	To deliver an agreed, costed and phased Information Technology (IT) Strategy which supports the provision of seamless, integrated, outstanding patient care, improves staff experience in delivering care and enables continuous quality and service improvements through the intelligent use of secure, real time data.					
Key Controls / Influences Established (What are we currently doing about the risk?)	Key Gaps in Controls / Influences (What additional controls should we seek?)	Assurance Providers 2017/18 (How do we know if the things we are doing are having an impact?)			Gaps in Assurances on Controls / Influences (What additional assurances should we seek?)	Agreed Actions for Gaps in Controls / Influences or Assurances (What more should we do, including timescales for delivery)
		Local Management (1 <sup>st</sup> Line of Defence)	Corporate Oversight (2 <sup>nd</sup> Line of Defence)	Independent / External (3 <sup>rd</sup> Line of Defence)		
1. Digital awareness sessions	<ul style="list-style-type: none"><li>6/12 programme required</li></ul>	<ul style="list-style-type: none"><li>IT Team Meetings</li><li>Staff feedback</li><li>Evaluation of training programmes</li><li>Appraisal – assurance framework (IT Training Manager objectives)</li><li>Monthly Divisional Boards/CCICP reports</li></ul>	<ul style="list-style-type: none"><li>Learning &amp; Development Group</li><li>EWAG</li><li>Transformation and People Committee (TAF)</li><li>Board of Directors</li><li>TAF Minutes</li></ul>	<ul style="list-style-type: none"><li>Accredited site British Computer Society – Grade B</li></ul>		<ol style="list-style-type: none"><li>Office 365 implementation</li><li>6/12 digital awareness programmes planned</li><li>Review of job description content re digital age</li><li>Recruitment assessment process and underpinning support programme to be introduced.</li><li>QA process for train the trainer to be introduced.</li></ol>
2. Divisional presentations	<ul style="list-style-type: none"><li>Annual programme required</li></ul>					
3. Education programmes in place	<ul style="list-style-type: none"><li>Staff release to undertake the training – impacted by operational pressures</li></ul>					
4. Training campaign - online						
5. Job Descriptions to reflect digital age.	<ul style="list-style-type: none"><li>JDs – planned</li></ul>					
6. Recruitment assessment	<ul style="list-style-type: none"><li>Recruitment assessment – assessment capability required and support programme.</li></ul>					
7. Drop in sessions						
8. Joint newsletter						
9. Gold champions						
10. Clinical systems train the trainer in place	<ul style="list-style-type: none"><li>QA process required</li></ul>					
Overall Assessment of Assurance						
Executive summary Q1 & Q2:		Phased implementation of Office 365 with support and training has commenced. Positive feedback received from digital awareness sessions and divisional presentations. Corporate funding on a lease basis agreed to replace old hardware across the organisation.				

Assurance rating	Significant assurance	Significant assurance with minor improvement opportunities	Partial assurance with improvements required	No assurance
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# Board Assurance Framework 2017-18

## Supporting our Journey from ‘Good’ to ‘Outstanding’

by Delivering Excellence in Healthcare through Innovation and Collaboration.

Appendix B – Objectives & Success Measures		Domain One: Delivering Outstanding Clinical Quality, Safety & Experience	
<p>Objective Q1.</p> <p>To aspire to the delivery of ‘outstanding’ clinical quality and safety, which is equitable, patient and family centred and supported by an effective quality governance framework</p>		<p><b>We will know when we have succeeded by measuring what matters and through:</b></p> <ul style="list-style-type: none"><li>• Implementing the Quality and Safety Improvement Strategy</li><li>• Ensuring compliance with all legal and regulatory requirements</li><li>• Using local and national benchmarking data to demonstrate consistently high quality clinical care with no unwarranted variation and performance in the top quartiles.</li><li>• Delivering top quartile performance for national staff and patient surveys as well as consistent positive feedback greater than 90% from patients, family members, carers and patient groups.</li><li>• Progressing the continuous learning culture through recognised processes of good governance to evidence sustainable improvements to patient safety, quality of care and outcomes.</li><li>• Working with clinical teams to ensure documentation and record keeping are fit for purpose</li></ul>	
<p>Objective Q2.</p> <p>To drive continuous quality improvement and promote research and innovation, whilst reducing unwarranted clinical variation and progressing from a ‘good’ to ‘outstanding’ organisation.</p>		<p><b>We will know when we have succeeded by measuring what matters and through:</b></p> <ul style="list-style-type: none"><li>• Achieving ‘Outstanding’ CQC rating through a clinical quality improvement programme that is Executive led and clinically owned and supported</li><li>• Engaging with wider stakeholders to ensure further development of clinical pathways to deliver services that are clinically aligned with the needs of the local population and connect across health and social care</li><li>• Leading on local and national safety collaborations to achieve best practice through influencing national directives and local practice</li><li>• Ensuring clinical service needs where required are delivered equitably across 7 days</li><li>• Encouraging and promote involvement in research and innovation, showcasing participation to internal and external stakeholders and sharing outcomes with others</li></ul>	
Domain Two: Being a Leading Partner in a Progressive Health Economy			
<p>Objective P1</p> <p>To fully engage with all strategic partners to maximise the opportunities and advantages associated with horizontal integration in the designing and delivery of sustainable health services for the population of Central and Eastern Cheshire, whilst acknowledging and responding to:</p> <ul style="list-style-type: none"><li>- National and regional strategies.</li><li>- The need for sustainable high quality clinical services.</li><li>- Favourable economies of scale and removal of unwarranted variation.</li><li>- The cost effective sustainable use of resources.</li></ul>		<p><b>We will know when we have succeeded by measuring what matters and through:</b></p> <ul style="list-style-type: none"><li>• Playing a leading role in implementing the NHS Cheshire &amp; Merseyside Plan with demonstrable outputs and outcomes:<ul style="list-style-type: none"><li>- Supporting and leading developments within Cheshire &amp; Wirral and Cheshire &amp; Mersey to enable greater collaboration in relation to back office functions, clinical support services and where appropriate, clinical services.</li><li>- Supporting the development and delivery of the NHS Cheshire &amp; Mersey, Cheshire &amp; Wirral workstreams</li></ul></li><li>• Playing a leading role in the delivery of the Capped Expenditure Programme to ensure the appropriate transformation of health and social care to ensure the economic sustainability for Central (&amp; Eastern) Cheshire</li><li>• Playing a leading role in shaping and delivering the Long Term Sustainability Review:<ul style="list-style-type: none"><li>- Mapping the current delivery of services and work with partners, in particular ECT and UHNM, to change the delivery model where improved patient benefit and sustainable provision can be provided by the Trust or others.</li><li>- With health economy partners, consider longer term options and develop the case to enable MCHFT to provide long term sustainability for ECT</li><li>- Supporting partners to ensure CCICP plays a lead role in developing and delivering high quality integrated horizontal pathways for our patients</li></ul></li><li>• Providing sustainable high quality services that are valued by the population served and enhancing the reputation of the Trust to keep services local.</li></ul>	
<p>Objective P2. To work with all key stakeholders to deliver a wholly integrated health and social care system, taking on clear collective responsibility for resources and population health, so that our residents receive better coordinated care within the designated financial envelope, whilst ensuring:</p> <ul style="list-style-type: none"><li>- National and regional strategies are implemented.</li><li>- The sustainable use of resources to deliver agreed health outcomes.</li><li>- The development of a collective decision making and governance structure.</li><li>- Sustainable clinical services through the development of Accountable Care Systems (ACS) /Organisations (ACO) and the implementation of new models of care (e.g. Home first principles)</li></ul>		<p><b>We will know when we have succeeded by measuring what matters and through:</b></p> <ul style="list-style-type: none"><li>• The Central Cheshire Integrated Care Partnership (CCICP) developing and implementing a transformation programme that integrates care locally and is an enabler to the development of an Accountable Care System:<ul style="list-style-type: none"><li>- Out of Hospital Integrated care through GP clusters for populations of 30 – 50k</li><li>- Integrated pathways across primary, secondary and community teams, recognising the roles and responsibilities of providing core integrated care, urgent responsive care and specialist care</li><li>- Enabling infrastructure that transforms the organisational development and culture of the workforce</li></ul></li><li>• Health economy partners, playing a leading role in developing and implementing ACS/Os with demonstrable outputs and outcomes, therefore, creating a system that:<ul style="list-style-type: none"><li>- Ensures the Health Economy lives within its means and funds are used in the most effective way to optimise patient outcomes.</li><li>- Provide sustainable high quality local clinical services that are valued by the population of Central Cheshire.</li></ul></li><li>• Ensuring the provision of integrated care is inclusive of all partners including the third sector</li></ul>	

Assurance rating	Significant assurance	Significant assurance with minor improvement opportunities	Partial assurance with improvements required	No assurance
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# Board Assurance Framework 2017-18

## Supporting our Journey from 'Good' to 'Outstanding'

by Delivering Excellence in Healthcare through Innovation and Collaboration.

Domain Three: Striving for Outstanding Organisational Effectiveness	
Objective E1. To ensure full compliance with the NHS Improvement Provider Licence, ensuring financial sustainability, financial efficiency and financial controls, whilst safeguarding the quality of our services	<b>We will know when we have succeeded by measuring what matters and through:</b> <ul style="list-style-type: none"><li>Meeting the key national targets and standards including those in the NHS Constitution.</li><li>Bringing the system back into economic balance through the effective delivery of the Capped Expenditure Programme and fully develop the long term sustainability plan</li><li>Delivering the efficiencies identified through the model hospital and reduce unwarranted variation across a range of productivity and clinical effectiveness measures</li><li>Achieving Segment 1 against the NHSI Single Oversight Framework.</li><li>Demonstrating a Well Led organisation with good organisational health metrics.</li><li>Progressing from a ‘Good’ to ‘Outstanding’ Care Quality Commission (CQC) rating.</li></ul>
Objective E2. To maintain compliance with, and aspire to achieve incremental improvements against, the NHS Improvement Single Oversight Framework Operational Performance Metrics, whilst safeguarding the quality of our services	
Domain Four: Aspiring to Excellence in Practice through our Workforce	
Objective W1. Our cadre of patient centred leaders will be skilled in continually promoting and building upon our open and honest culture. This will be achieved through sharing the Trust’s vision, values, behaviours and objectives from Board to ward.	<b>We will know when we have succeeded by measuring what matters and through:</b> <ul style="list-style-type: none"><li>Becoming an exemplar organisation for developing new clinical roles that respond to population needs across the health economy, 7 days a week.</li><li>Enhancing skills for existing staff to widen their repertoire of competence.</li><li>Embedding the Trust’s vision, values, behaviours and objectives across the organisation with local implementation and adaptation.</li><li>Further developing our culture and reputation as a caring organisation</li><li>Continuing to improve our staff survey results and maintain our position to be in the top quartile nationally.</li><li>Demonstrating a Well Led organisation with good organisational health metrics.</li><li>Progressing from a ‘Good’ to ‘Outstanding’ Care Quality Commission (CQC) rating.</li></ul>
Objective W2. We will have in place a flexible and responsive workforce to meet patient needs by ensuring: <ul style="list-style-type: none"><li>We have sufficient workforce numbers, with the right skills, in the right place, at the right time to meet the demands of our services across seven days.</li><li>Staff continually engaging in professional development regardless of their role.</li><li>Effective workforce planning to secure existing, and mitigate against anticipated</li><li>Take a proactive approach to developing our future workforce by engaging with the local community and education providers.</li></ul>	
Objective W3. Our staff will feel valued and recognised for the work they do. They will also feel engaged as both employees and members of the Trust. We will encourage our staff to improve and maintain their own health and well-being, ensuring that MCHFT, as an organisation sets our own example for delivering excellence in quality care and services.	
Domain Five: Creating a 21 <sup>st</sup> Century Infrastructure for Transformative Health and Social Care	
Objective T1. To deliver an agreed, costed and phased Estates Strategy which will make the best use of the Trusts estate taking into consideration the entire estate across the central Cheshire system, national and regional agendas and in particular the strategic aim of the system to become an Accountable Care System.	<b>We will know when we have succeeded by measuring what matters and through:</b> <ul style="list-style-type: none"><li>Undertaking the development of a 5 year Estates Strategy which encompasses community services estate and where possible, works with stakeholders to consider the best options for all of the estate within Central Cheshire.</li><li>Working with health economy partners to maximise estate utilisation for properties owned / not owned by MCHFT</li><li>Providing a modern, safe, fit for purpose environment to deliver outstanding quality care in the most appropriate location.</li><li>Supporting clinical teams to transfer services into the community where it is appropriate to do so and at the same time ensure the estate is effectively utilised.</li><li>Working with external stakeholders to ensure external factors e.g. roads, houses, multi-purpose building developments are understood and MCHFT views are listened to and considered.</li><li>Being a key partner in supporting the developments of an Accountable Care System and adjusting the Estates Strategy as the models of care are developed.</li></ul>
Objective T2. To deliver an agreed, costed and phased Information Technology (IT) Strategy which supports the provision of seamless, integrated, outstanding patient care, improves staff experience in delivering care and enables continuous quality and service improvements through the intelligent use of secure, real time data	<b>We will know when we have succeeded by measuring what matters and through:</b> <ul style="list-style-type: none"><li>Implementing advances in Information Technology, centred on a single electronic patient record across health and social care, which will support our journey of continuous improvement in collaboration with the CCICP and ensure that the required whole system service transformation delivers an Accountable Care System.</li></ul>

Assurance rating	Significant assurance	Significant assurance with minor improvement opportunities	Partial assurance with improvements required	No assurance
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<b>Title of Paper :</b>	Trust Seal Report		
<b>Author:</b>	Katharine Dowson		
<b>Executive Lead:</b>	Tracy Bullock		
<b>Type of Report:</b>	Concept Paper		
	Strategic Options Paper		
	Business Case		
	Information		x
	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	x	Caring	
Aspiring to Excellence in Practice Through Our Workforce		Responsive	
Creating a 21st Century Infrastructure for Transformative Health and Social Care		Well-Led	x
<b>Link to Board Responsibility:</b>	Performance		
	Accountability		x
	Strategy		
	Implementation		
<b>Action Required:</b>	Decide		
	Approve		
	Note		x
	Recommend		
	Delegate		
<b>Positive Benefit:</b>	Board is required to receive a report of all uses of the Trust Seal quarterly		
<b>Risk:</b>	Non-compliance with the Standing Orders of the Trust		
<b>To be published on Trust Website –complete version</b>		<i>Y (delete as appropriate)</i>	
<b>If no, to be published on Trust Website – redacted</b>		<i>N (delete as appropriate)</i>	
<b>If not to be published complete or redacted, please detail the reason why</b>			
<b>Presented at Board Meeting of:</b>	6 November 2017		

## **Recommendation**

The Board of Directors are asked to note the sealings that have taken place since the last Board report in August 2017.

### **Quarterly Report of Sealings for the period 1 August 2017 to 31 October 2017**

<b><i>Seal Number</i></b>	<b><i>Description</i></b>	<b><i>Date of Board Approval</i></b>	<b><i>Date of Sealing</i></b>
93	Agreement of lease between MCHFT and Cheshire and Wirral Partnership NHS Foundation rust	7 August 2017	10 August 2017



## CCICP Partnership Board

**Date/time:** Thursday 14th September 2017 at 9:00am  
**Venue:** Boardroom, Ashfields PCC, Sandbach  
**Chair:** Tim Welch, Director of Finance, CWP  
**Action Notes:** Caron Corbin, Business and Project Support Officer, CCICP  
**Quorate (Y/N):** Yes

No.	Item	
1	<b>Present</b>	Mr T Welch <b>Chair</b> (TW) Director of Finance, CWP Mrs D Frodsham (DF) Director of Strategic Partnerships, MCHFT Mr M Oldham (MO) Director of Finance & Strategic Planning, MCHFT Dr J Price (JP) GP, Willow Wood surgery and Director SC/VR GP Alliance Ms K Moore (KM) Operational Lead, CCICP Mrs T Cookson (TC) Clinical Director (Nurse) SC/VR GP Alliance Dr N Paul (NP) GP, Ashfields Primary Care Centre and Director Howbeck Healthcare Mr A Styring (AS) Director of Operations, CWP Dr P A Dodds (PAD) Medical Director & Deputy Chief Executive. MCHFT Mrs S Hamman (SH) Head of Quality, Nursing and Professional Leadership, CCICP
	<b>In attendance</b>	Ms Hayley Curran (HC) Head of Organisational Development, CWP Mrs Lisa Gresty (LG) Assistant Director of OD & Education, MCHFT Mrs Esther Bolton (EB) Transformation Programme Manager, CCICP Mrs Caron Corbin <b>Notes</b> (CC) Business and Project Support Officer, CCICP
	<b>Apologies</b>	Dr Anushta Sivananthan (SV) Medical Director, CWP

CCICP Partnership Board – 14.09.2017

Circulation: Mrs D Frodsham - Chief Operating Officer, MCHFT; Mr M Oldham – Director of Finance & Strategic Planning, MCHFT; Dr P A Dodds – Medical Director & Deputy Chief Executive. MCHFT; Dr N Paul – GP Alliance; Dr J Price – GP Alliance; Mrs T Cookson – GP Alliance; Ms K Moore - Operational Lead, CCICP; Mr T Welch – Director of Finance, CWP; Mr A Styring - Director of Operations, CWP; Dr Anushta Sivananthan – Medical Director, CWP



No.	Item	Discussion	Decision made	Action	Responsible	Due date
2.	<b>Board Members Interests</b>	Board Members confirmed that there were no changes to interests previously recorded, nor any specific interests relating to items on the agenda.  No additional conflicts of interest were added.				
3.	<b>Minutes of previous meeting</b>	The minutes of previous meetings were reviewed for accuracy:  Minutes of June Partnership Board meeting  Minutes of July Partnership Board meeting  Minutes of August Partnership Board meeting	The Board agreed the minutes presented were accurate and approved.			
4.	<b>Matters Arising/Action Tracker</b>					
4.1	<b>Chair's update from System wide meeting</b>	<p>TW updated the Board on the system wide meeting that had been facilitated by Simon Ward of NHS Improvement, looking at how partners are working together, and how the partnership can be developed moving forward.</p> <p>The group agreed partners need to ensure clarity of vision and strategic direction.</p> <p>The meeting had also noted that the responsibilities of Board, Operational staff and partners needs to be set out clearly. The Board agreed that although the Partnership Agreement sets governance out, delegation to Care Community Teams and the autonomy of the Care Community Managers should be clarified.</p> <p>Simon Ward had asked that the Board consider CCG attending Partnership Board.</p>	<p>Consider priorities at Transformation Board to involve partners and align priorities accordingly</p> <p>The Board felt that CCG representation at Partnership Board would</p>	<p>Arrange prioritisation workshop at Transformation Board</p>	JP/TC	

		Simon Ward also asked that Partnership Board consider appointing an independent Chair. Board agreed that this would be a positive move.	not be appropriate, although there would be engagement with CCG in developing strategy.			
5.	Finance Report	<p><b>Income and Expenditure – July:</b> MO presented the July Income and Expenditure position to the group. It was noted that vacancies have improved overall from the start of the contract.</p> <p>MO noted that the savings previously identified in the Continence service might not be realised as a number of invoices had been received that were previously unaccounted for.</p> <p><b>Service Line Allocations:</b> The exercise of allocating costs to service lines has been completed, and MO presented the result to the group. It was noted that costs include direct employment costs only. A recent audit by BDO estimated that the contract is approximately £1m short of the true value as it does not account for resource input from partners.</p> <p>The next steps will be:</p> <ul style="list-style-type: none"> <li>• Allocate the impact of the Capped Expenditure Schemes across the Service Lines</li> <li>• Adjust budgets for the EMIS Business Case approved</li> <li>• Review other contracts to better understand contribution</li> <li>• Undertake a fair shares overhead allocation to understand fully cross subsidisation</li> </ul>				

6.	<b>Heart Failure Paper</b>	<p>DF presented the Heart Failure clinic paper and outlined the proposal. There would be one clinic in Vale Royal and one in South Cheshire, seeing an extra 40 patients per month. These would initially be step down patients but the long term vision is that this could be used as a step up from Primary Care, although this may require additional Echo services.</p> <p>This proposal has been through Transformation Board and MCHFT Boards, DF asked the Partnership Board for their approval.</p>	The Heart Failure Community Clinic proposal was approved, subject to effective operational pathways being in place.			
7.	<b>Barretts Survey Results</b>	<p>HC presented the results of the Barretts survey recently conducted with staff. This tool measures the Entropy – the level of disconnect an organisation has with its vision. Staff entropy measured 24%, typical of an organisation where staff have been moved from organisation to organisation, and suggests that there is work to do on engaging and empowering staff.</p> <p>Board entropy measured at 17% and desired cultural values were very similar to the staff results.</p> <p>NHSE have offered the services of a consultant to support the Board to drill down into the Barret results and also focus on team building for the Partnership Board.</p>		Provide further detail of the offer including timescales.	HC	
8.	<b>OD Strategy/Plan</b>	<p>LG presented the draft OD Strategic Plan. As well as addressing areas for development identified through the Barret survey it also will prepare for CQC in the Well Led domain. LG acknowledged that there are interdependencies with other workstreams. Details were to be worked through at operational level, however additional resource would be required to deliver the plan effectively, in particular from Comms and Engagement to ensure there is a co-ordinated approach to staff</p>		Submit a paper to Partnership Board detailing the resource		

		engagement. The Board requested further detail of the level of resource required.		required	LG	
9.	Transformation Programme	<p><b>Review of Care Facilitator posts:</b> EB provided an overview of the review of the Care Facilitator posts detailed in the paper received by the group. The review concluded that the role had not met the expectations of stakeholders and was underutilised.</p> <p>Four options were detailed in the paper, including the risks and benefits of each:</p> <ol style="list-style-type: none"> <li>1. Do nothing</li> <li>2. Discontinue the role</li> <li>3. Allocate 1 Care Facilitator to each Care Community Team</li> <li>4. Develop the role to provide enhanced navigation support directly to patients</li> </ol> <p>The recommendation was that the group approve either option three or option 4, with further recommendations to conduct a wider admin review, a review of the value for money delivered by the current MDT meeting process, plus a further review of the role one year after changes were implemented.</p> <p>The group discussed the recommendations and recognised that this role could be a valuable resource for Care Community Teams, supporting clinical staff to co-ordinate patient care, and supporting the MDT process currently in place, but that the role is not delivering value for money in its current form. It is unclear, however, what the requirements will be for each Care Community Team as they are established, and changing the role before that is clarified may result in resource not being effectively used. It was therefore concluded that no changes should be made at this time.</p> <p><b>MSK Single Point of Access:</b> EB presented a paper outlining the proposed arrangements for the</p>	No changes to be made to Care Facilitator role in the short term pending priorities being set for Care Community Teams and conclusion of admin review as part of the IT Strategy.			

		<p>provision of an MSK Single Point of Access (SPA), and requesting approval for recruitment of the staff required. The CCG had advised that a single point of access for MSK must be in place by 1<sup>st</sup> October 2017 and requested costings and detail of onward management.</p> <p>A full review of MSK pathways had been carried out, it was agreed that a SPA could be developed and a paper detailing the costings has been provided to the CCG.</p>	A contract variation for the additional funding must be in place before recruitment begins.	Ensure that details of the MSK SPA is communicated to GP Practices and others.	KM	
10.	<b>Performance and Quality Reports</b>	<p>The Board accepted the Balanced Scorecard, Quality, Safety and Experience Report and the Integrated Governance Exception Report.</p> <p>SH confirmed that there were no escalations to report. It was noted that there were 2 RCA's for pressure ulcers in the reporting period.</p> <p><b>Flu Jabs:</b> SH confirmed that flu jabs can be offered to carers. Clinical governance is in place.</p> <p><b>Controlled Drugs:</b> SH confirmed that there is scope within the policy that in exceptional circumstances staff can take controlled drugs to a patient. This is not routine, and should only be in an emergency.</p> <p><b>Verification of Death Out of Hours:</b> SH confirmed that there are enough staff trained to ensure that there is always someone on duty who can verify death.</p> <p><b>Dispensing of Vitamin K:</b> NP raised that he had been made aware that District Nursing were not agreeing to administer Vitamin K to a patient when it had been requested by the Warfarin Clinic. SH agreed to follow this up and asked that GPs be encouraged to contact SH direct with any concerns about practice.</p>		Develop an organisational chart clearly showing who to contact for what and circulate	SH/KM	
11.	<b>Operational</b>	The Board accepted the Operational Lead's report.				

	<b>Lead's Report</b>	<p>KM brought the Board's attention to the following:</p> <p><b>Special School Nursing Staffing:</b> Current staffing is at 43%, and cover for night shifts is a particular issue. There have been discussions with school and parents as the service is currently unable to provide staff for certain night shifts. Arrangements have been made for day staff to start shifts early in to dispense meds, and training has been provided to school staff for some shifts. Recruitment is in progress but is proving difficult.</p> <p><b>Manual Handling Training:</b> Since the start of the contract there has been no manual handling training available that is suitable for Community staff. MCHFT Learning and Development Team approach is to Train the Trainer and cascade through teams. This is impractical due to the time commitment required from staff to deliver the training. There is also the issue of availability of the type of equipment used in community settings. KM would like to explore the possibility of sourcing training from suitable training from CWP.</p> <p><b>Recruitment of Care Community Team Managers:</b> The advert has been published and has had a positive response to date, with KM receiving a number of enquiries.</p> <p><b>Recruitment of Transformation Programme Manager:</b> Advert has closed and there has been a good response. Interviews are to take place 28<sup>th</sup> September.</p>				
12.	<b>Any other Business</b>	<p><b>Community Matrons in Northwich:</b> KM requested that the second Community Matron post for Northwich be included in the priorities for the second year. It was noted that Board were expecting a Capacity and Demand paper to be submitted to Board.</p> <p><b>BCP &amp; Emergency Planning:</b> AS suggested that the issues with covering night nursing in special</p>				



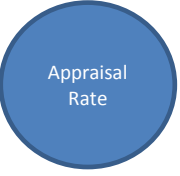















		schools should be included in Business Continuity Plans. SH confirmed that an escalation process was in place and support was provided from the GP Out of Hours Service.				
	<b>Next Meeting:</b> <b>Date:</b> Thursday 12 <sup>th</sup> October 2017 <b>Time:</b> 9am <b>Venue:</b> Board Room, Ashfields, Sandbach					

## Workforce Performance Report

August 2017

Measure	Target	Performance	Description	Narrative	Rolling Trend
	3.60%	4.17%	Rolling 12m average Sickness Absence described as a Percentage	<p>The rolling absence percentage continues to increase slightly for the 5 month running. the in-month absence rate for August was 4.15% and this shows a very slight downward trend.</p> <p>We currently have 140 long term absence cases in the Trust, all of whom are being actively managed in accordance with the Trust policy.</p> <p>A breakdown of long-term and short tem absence will be discussed in detail at TAP on 9th November.</p>	
	90.00%	79.93%	<p>Percentage of Staff who have received an appraisal in the last 12 months.</p> <p>Excludes New Staff with less than 12m service and Bank Staff</p>	<p>It is pleasing to see the Appraisal rates increasing again and during September the following actions have taken place:</p> <ul style="list-style-type: none"> <li>- HR Bitesize issue reminding Managers to enter appraisal dates on ESR</li> <li>- HR team focus on staff without appraisal dates</li> </ul> <p>In future months we will also be reviewing staff whose appraisal dates are more than 18m old.</p>	
	90.00%	79.00%	<p>Mandatory Training Monthly Rate</p> <p>Excludes Bank Staff, Staff on long term sick &amp; mat. leave.</p>	<p>Whilst this reduction of 2% from August is disappointing, there are a number of factors to be addressed to rectify this position in coming months:</p> <ul style="list-style-type: none"> <li>- Change in the way PREVENT Anti-terrorism training is to be provided</li> <li>- Development of bespoke Patient Handling training for Community-based staff and</li> <li>- Rescheduling of cancelled Safeguarding Training programmes (unavoidable cancellations).</li> </ul>	
	10.00%	10.82%	<p>Number of Leavers expressed as a percentage of the workforce over a 12m rolling period.</p>	<p>The staff turnover rates have increased slightly in September.</p> <p>Work is being completed by the HR Managers to remove 'anticipated leavers' (i.e. Fixed term contracts, Locum appointments, Junior Doctor rotations) from this figure to</p>	



Measure	Target	Performance	Description	Narrative	Rolling Trend
	(510)	(359)	In month and cumulative total spend for the Trust.	<p>Whilst the agency spend has increased slightly in September (over the August in-month spend), this remains lower than the projected spend.</p> <p>Over the last 6 months we have seen a significant reduction in the level of agency spend for both the Surgery and Cancer division and CCICP.</p>	
	less than 100%	79.6%	Trust Agency Spend as a percentage of the Ceiling Set by NHS Improvement	Staff groups with the highest level of agency spend, continue to be Medical and Dental staff (53%) and Allied Health Professionals (31%), with the cause of this remaining the extreme shortages in a number of specialist professions.	
	To be benchmarked after Q2	46.40%	Number of Agency shifts filled by agency staff that are over the nationally determined capped rates	<p>A total of 185/399 shifts that were filled during September 2017 by agency staff were paid at rates above the NHSI Capped rates.</p> <p>We engaged agency workers to cover approximately 50 fewer shifts in September than in August and have returned to our previous position whereby no engagements have been at a rate of over £120 per hour.</p>	

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

<b>Title of Paper :</b>	Workforce Race Equality Scheme Annual Report		
<b>Author:</b>	Estelle Carmichael		
<b>Executive Lead:</b>	Estelle Carmichael		
<b>Type of Report:</b>	Concept Paper		
	Strategic Options Paper		
	Business Case		
	Information		x
	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	x	Caring	
Aspiring to Excellence in Practice Through Our Workforce	x	Responsive	
Creating a 21st Century Infrastructure for Transformative Health and Social Care		Well-Led	x
<b>Link to Board Responsibility:</b>	Performance		
	Accountability		x
	Strategy		
	Implementation		
<b>Action Required:</b>	Decide		
	Approve		
	Note		x
	Recommend		
	Delegate		
<b>Positive Benefit:</b>	Understanding of the diversity in the Trust workforce and compliance with the Equality Delivery System requirements.		
<b>Risk:</b>	Equality and Diversity standards are not met		
<b>To be published on Trust Website –complete version</b>		<i>Y (delete as appropriate)</i>	
<b>If no, to be published on Trust Website – redacted</b>		<i>N (delete as appropriate)</i>	
<b>If not to be published complete or redacted, please detail the reason why</b>			
<b>Presented at Board Meeting of:</b>	6 November 2017		

Unify2 Upload Template

Workforce Race Equality Standards 2017/18 template

Organisation: RBT Mid Cheshire Hospitals NHS FT

				31st MARCH 2016						31st MARCH 2017							
INDICATOR	DATA ITEM	MEASURE		WHITE		BME		ETHNICITY UNKNOWN/NULL		WHITE		BME		ETHNICITY UNKNOWN/NULL			
1	Percentage of staff in each of the A/C Bands 1-9 OR Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce																
		1a) Non Clinical workforce		Prepopulated figures	Verified figures	Prepopulated figures	Verified figures	Prepopulated figures	Verified figures	Prepopulated figures	Verified figures	Prepopulated figures	Verified figures	Prepopulated figures	Verified figures		
		Under Band 1	Headcount	0	0	0	0	0	0	0	0	0	0	0	0	Self-reporting rate is 97.89%	
		2	Band 1	Headcount	64	64	4	4	1	0	75	72	3	3	1	1	
		3	Band 2	Headcount	458	547	9	9	5	0	524	528	13	10	11	11	
		4	Band 3	Headcount	268	268	7	7	1	0	321	320	6	6	5	4	
		5	Band 4	Headcount	182	182	3	3	1	0	198	199	3	2	1	1	
		6	Band 5	Headcount	69	69	1	1	0	0	70	71	1	0	2	2	
		7	Band 6	Headcount	43	43	0	0	0	0	56	56	0	0	0	0	
		8	Band 7	Headcount	32	32	0	0	0	0	28	28	1	1	0	0	
		9	Band 8A	Headcount	24	24	0	0	0	0	29	28	1	1	0	0	
		10	Band 8B	Headcount	10	10	2	2	0	0	12	12	1	1	0	0	
		11	Band 8C	Headcount	3	3	0	0	0	0	2	2	0	0	0	0	
		12	Band 8D	Headcount	7	7	0	0	0	0	8	8	0	0	0	0	
		13	Band 9	Headcount	0	0	0	0	0	0	0	0	0	0	0	0	
		14	VSM	Headcount	5	5	0	0	0	0	5	5	0	0	0	0	
			1b) Clinical workforce														
			of which Non Medical														
			Under Band 1	Headcount	0	0	0	0	0		0	0	0	0	0	0	
			Band 1	Headcount	6	6	0	0	0		7	8	0	0	0	0	
			Band 2	Headcount	676	678	36	36	6		672	682	38	30	7	7	
			Band 3	Headcount	177	177	6	6	4		273	272	8	8	8	9	
			Band 4	Headcount	53	53	0	0	1		90	90	2	2	1	1	
			Band 5	Headcount	534	536	40	40	3		641	650	54	49	24	24	
			Band 6	Headcount	465	465	18	18	5		676	681	25	23	22	21	
			Band 7	Headcount	231	232	6	6	6		370	370	7	6	11	11	
			Band 8A	Headcount	69	69	0	0	0		95	95	2	2	2	2	
			Band 8B	Headcount	17	17	0	0	0		17	17	0	0	0	0	
			Band 8C	Headcount	3	3	0	0	0		2	2	0	0	0	0	
			Band 8D	Headcount	3	3	0	0	0		3	3	0	0	0	0	
			Band 9	Headcount	0	0	0	0	0		0	0	0	0	0	0	
			VSM	Headcount	0	7	0	0	0		0	0	0	0	0	0	
			Of which Medical & Dental														
			Consultants	Headcount	90	91	44	45	7		88	90	46	45	6	6	
			of which Senior medical manager	Headcount		0		0				0		0		0	
			Non-consultant career grade	Headcount	19	31	19	5	1		22	22	18	18	6	5	
			Trainee grades	Headcount	24	12	8	21	30		10	10	7	7	25	25	
	Other	Headcount	#REF!		#REF!		#REF!		#REF!		#REF!		#REF!				
2	Relative likelihood of staff being appointed from shortlisting across all posts	34	Number of shortlisted applicants:														
			Headcount		2328		348				3702		496		63		
		35	Number appointed from shortlisting:		503		50				794		87		14		
		36	Relative likelihood of shortlisting/appointed:	Auto calculated	0.2160652921		0.1436781609				0.2144786602		0.1754032258		0.2222222222		
	37	Relative likelihood of White staff being appointed from shortlisting compared to BME staff:	Auto calculated	1.50						1.22							
3	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation Note: This indicator will be based on data from a two year rolling average of the current year and the previous year	38	Number of staff in workforce:	Headcount	3475		201				4212		144		94	Increase of approx. 700 staff (CCICP)	
		39	Number of staff entering the formal disciplinary process:	Headcount	24		2				69		4		2		
		40	Likelihood of staff entering the formal disciplinary process:	Auto calculated	0.0069064748		0.009502488				0.0163817664		0.0277777778		0.0212765957		
		41	Relative likelihood of BME staff entering the formal disciplinary process compared to White staff:	Auto calculated			1.44						1.70				



Unify2 Upload Template

Workforce Race Equality Standards 2017/18 template

Organisation: RBT Mid Cheshire Hospitals NHS FT

				31st MARCH 2016						31st MARCH 2017							
INDICATOR		DATA ITEM	MEASURE	WHITE		BME		ETHNICITY UNKNOWN/NULL		WHITE		BME		ETHNICITY UNKNOWN/NULL			
4	Relative likelihood of staff accessing non-mandatory training and CPD	42	Number of staff in workforce (White):	Headcount		3475		201				4212		144		94	
		43	Number of staff accessing non-mandatory training and CPD (White):	Headcount		1599		63				1806		86		46	
		44	Likelihood of staff accessing non-mandatory training and CPD:	Auto calculated		0.4601438849		0.3134328358				0.4287749288		0.5972222222		0.4893617021	
		45	Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff:	Auto calculated		1.47						0.72					
5	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	46	% of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	Percentage	23.24%		33.33%				23.03%		19.23%				
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	47	% of staff experiencing harassment, bullying or abuse from staff in last 12 months	Percentage	22.60%		33.33%				23.94%		19.23%				
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion	48	% staff believing that trust provides equal opportunities for career progression or promotion	Percentage	91.78%		78.57%				91.30%		85.71%				
8	Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues	49	% staff personally experienced discrimination at work from Manager/team leader or other colleague	Percentage	4.91%		14.29%				4.22%		7.69%				
9	Percentage difference between the organisations' Board voting membership and its overall workforce Notes: Only voting members of the Board	50	Total Board members	Headcount		13		0		0		13		0		0	
		51	of which: Voting Board members	Headcount		12		0		0		13		0		0	
		52	: Non Voting Board members	Autocalculated		1		0		0		0		0		0	
		53	Total Board members	Headcount		13		0		0		13		0		0	
		54	of which: Exec Board members	Headcount		6		0		0		6		0		0	
		55	: Non Executive Board members	Autocalculated		7		0		0		7		0		0	
		56	Number of staff in overall workforce	Headcount		3475		201		72		4199		144		94	
		57	Total Board members - % by Ethnicity	Auto calculated		100.0%		0.0%		0.0%		100.0%		0.0%		0.0%	
		58	Voting Board Member - % by Ethnicity	Auto calculated		100.0%		0.0%		0.0%		100.0%		0.0%		0.0%	
		59	Non Voting Board Member - % by Ethnicity	Auto calculated		100.0%		0.0%		0.0%							
		60	Executive Board Member - % by Ethnicity	Auto calculated		100.0%		0.0%		0.0%		100.0%		0.0%		0.0%	
		61	Non Executive Board Member - % by Ethnicity	Auto calculated		100.0%		0.0%		0.0%		100.0%		0.0%		0.0%	
		62	Overall workforce - % by Ethnicity	Auto calculated		92.7%		5.4%		1.9%		94.6%		3.2%		2.1%	
		63	Difference (Total Board -Overall workforce )	Auto calculated		7.3%		-5.4%		-1.9%		5.4%		-3.2%		-2.1%	