

AGENDA

Board of Directors
A meeting will be held in Public at
09.30am on Monday, 4 December 2017
in the Boardroom, Leighton Hospital

Action Key	
A	Approval
I	Information
D	Discussion

Item No	Title of Item	Action	Led By
1.	Welcome and Apologies To welcome members of the public and attendees and to receive apologies for absence from Board Members. (to note)	I	Chairman 09.30
2.	Patient or Staff Story (verbal)	I/D	Interim Director of Nursing & Quality 09.32
3.	Board Member's Interests (to note) To consider any <ul style="list-style-type: none"> Changes to Directors' interests since the last meeting Conflicts of interest deriving from this agenda 	I	Chairman 09.50
4.	Minutes of the Last Meeting To approve the minutes of the Board of Directors meeting held in Public on Monday, 6 November 2017 (attached) (to approve)	A	Chairman 09.52
5.	Matters Arising and Action Log (verbal) (to approve)	A	Chairman 09.55
6.	Annual Work Programme 2017/18 v4 (attached) (to approve)	I/A	Chairman 09.57
7.	Chairman's Announcements (to note a verbal report) <div> <div>7.1</div> <div>Health and Care Partnership – Acute Sustainability Lead</div> </div> <div> <div>7.2</div> <div>Celebration of Achievement</div> </div> <div> <div>7.3</div> <div>NED Recruitment</div> </div>	I	Chairman 10.00
8.	Governor's Items (to note a verbal report) <div> <div>8.1</div> <div>Governor Training – 6 November 2017</div> </div>	I	Chairman 10.05
9.	Chief Executive's Report (to note a verbal report) <div> <div>9.1</div> <div>System Update</div> </div>	I	Chief Executive 10.10

Item No	Title of Item	Action	Led By
9.2	Executive Director Away Day		
9.3	Cheshire & Mersey Provider CEO meeting		
10.	CARING		
10.1	Quality, Safety & Experience Report (attached) (for discussion)	I/D	Interim Director of Nursing & Quality 10.25
11.	SAFE		
11.1	Draft Quality Governance Committee notes from the meeting held on 13 November 2017 (attached) (to note)	I	Committee Chair 10.35
11.2	Serious Untoward Incidents and RIDDOR Events (verbal) (to note)	I/D	Deputy Chief Executive/ Medical Director 10.40
11.3	Guardian of Safe Working Hours Report (attached) (to note)	I/D	Director of Workforce and OD 10.45
12.	RESPONSIVE		
12.1	Emergency Department Annual Survey and Action Plan (attached) (presentation)	I/D	Interim Director of Nursing & Quality 10.50
12.2	Performance Report (attached as separate item) (to note)	I/D	Chief Operating Officer 11.10
12.3	Draft Performance & Finance Committee notes from the meeting held on 23 November 2017 (attached) (to note)	I	Committee Chair 11.15
12.4	Legal Advice (verbal) (to note)	I/D	Chief Executive 11.20
12.5	Learning from Death – National Dashboard (attached) (to note)	I/D	Deputy Chief Executive/ Medical Director 11.25

Item No	Title of Item	Action	Led By
13.	WELL-LED		
13.1	Visits of Accreditation, Inspection or Investigation <i>(verbal) (to note)</i>	I	Chief Executive 11.35
13.2	CCICP Partnership Board notes from the meeting held on 12 October <i>(attached) (to note)</i>	I	Director of Strategic Partnerships 11:40
13.3	Transformation and People Committee notes from the meeting held on 9 November 2017 <i>(attached) (to note)</i>	I	Committee Chair 11.45
13.4	Audit Committee notes from the 13 November 2017 <i>(attached) (to note)</i>	I	Committee Chair 11.50
13.5	Fit and Proper Person Review <i>(attached) (to approve)</i>	A/D	Chief Executive 11.55
14.	EFFECTIVE		
14.1	Workforce Report <i>(attached) (to note)</i>	I	Director of Workforce and OD 12.00
14.2	Consultant Appointments <i>(verbal) (to note)</i>	I	Deputy Chief Executive/ Medical Director 12.10
15.	Any Other Business <i>(verbal)</i>	I/A/D	Chairman 12.15
16.	Time, Date and Place of Next Meeting		
	To confirm that the next meeting of the Board of Directors will take place in public, in the Board Room at Leighton Hospital, at 9.30am on Monday, 8 January 2018	I	Chairman

Board of Directors Meeting
Minutes of the Meeting held in Public
Monday, 6 November 2017

at 9.30am in the Boardroom, Leighton Hospital, Crewe

Present

Mr D Dunn	Chairman
Dame P Bacon	Deputy Chair
Mr J Barnes	Non-Executive Director
Mrs T Bullock	Chief Executive
Miss E Carmichael	Director of Workforce and Organisational Development
Mr J Church	Non-Executive Director
Mr M Davis	Non-Executive Director
Dr PA Dodds	Medical Director and Deputy Chief Executive
Mr D Hopewell	Non-Executive Director
Mr M Oldham	Director of Finance & Strategic Planning
Mr C Oliver	Chief Operating Officer

Apologies

Mrs A Cleary	Director of Nursing and Quality
Mrs R McNeil	Non-Executive Director
Dr K Birch	Lead Governor

In attendance

Mrs D Frodsham	Director of Strategic Partnerships
Mrs K Daly-Brown	Deputy Director of Nursing
Mrs K Dowson	Trust Board Secretary
Mrs L Green	Sister Ward 9 (<i>until item 17/11/2 only</i>)
Mrs L Hadley	Housekeeper Ward 9 (<i>until item 17/11/2 only</i>)

Observing

Mrs B Beadle	Public Governor (Crewe & Nantwich)
Mrs J Roach	Public Governor (Crewe & Nantwich)
Mr P Tomlinson	Member

BoD17/11/1 Welcome, Introduction and Apologies

- 17/11/1.1 The Chairman welcomed all to the meeting and thanked Ms Daly-Brown for attending in the absence of Mrs Cleary. The Chairman also welcomed members of staff attending for the patient story.
- 17/11/1.2 The Chairman noted the apologies given for the meeting.

BoD17/11/2 Patient Story

- 17/11/2.1 Mrs Kate Daly-Brown introduced this story which utilised voice mail comments left by patients and carers. This is an alternative way of gathering feedback for the Friends and Family Test (FFT). Feedback is mostly via postcards or more recently by text message but for those without mobile phones the voice mail is an alternative option that has been set up recently as part of the work to encourage a greater number of responses.
- 17/11/2.2 Mr Barnes asked if the balance provided in the voicemails was representative of the number of negative and positive responses. Mrs Daly-Brown confirmed that it was noting the majority of responses are very positive. In relation to delays in discharge medication Mr Barnes asked if enough is being done to manage patient expectations and how can this be sped up as this is not a new complaint. Mrs Bullock confirmed that the misconception is that the delay is always with the Pharmacy Department

noting that they almost always meet their targets for the turnaround of drugs and that the delay is often the wait for a doctor to prescribe the discharge medications. Work is ongoing to prepare some of this work the day before if it is a planned discharge but if it is unexpected then patients need to be advised not to make immediate arrangements as the discharge process may take some time. Mr Barnes asked why patients cannot go home and have the prescription sent afterwards or given at least a day's drugs to tide them over until the prescription is ready and Mrs Bullock advised this does happen but is not ideal due to the costs of transporting the drugs and that drugs cannot be dispensed from a medicine trolley for discharge. Mrs Daly-Brown advised that the whole process is being reviewed with improvements being aimed at dispensing from wards where appropriate with the relevant supplies and labelling. Mr Barnes asked who would check these prescriptions and Mrs Daly-Brown confirmed that this would be a Pharmacist.

17/11/2.3

Mr Davis recognised that there had been three positive comments on community services and suggested that the voicemail may be of particular benefit to those who don't come in to hospital. The Chairman was pleased to note the positive comments although acknowledged the inevitable focus by the Board on the negative one and the desire to see improvement in this area. The Chairman asked whether patients are followed up in any way and Mrs Bullock confirmed that this is not always possible as we do not always know who they are. The Chairman thanked the staff in attendance and the brilliant contribution by all staff who look after patients.

Resolved: The Board noted the story presented and the hard work and commitment of all staff involved in patient care.

BoD17/11/3

Board Members' Interests

There were no interests declared in relation to open items on the agenda and no changes to Board Members interests.

BoD17/11/4
BoD17/11/4.1

Minutes of the Previous Meeting **Board of Directors meeting held on 2 October 2017**

17/11/4.1.1

The minutes of the meeting were agreed subject to the following amendments:

- 17/10/9.4 Miss Carmichael noted that Mrs Gresty's job title should be Assistant Director of Organisational Development and Education.
- 17/10/10.2.5 Miss Carmichael advised that the correct name for the role discussed is Nursing Associate.
- 17/10/13.1.4 Mr Oliver noted that there was a duplicate sentence in the paragraph and 'Very positive feedback was also received on the national reaccreditation visit report this month' could be removed.

Resolved: Subject to the amendment noted the minutes were agreed as a true and accurate record of the meeting held on 2 October 2017.

BoD17/11/5

Matters Arising and Action Log

17/11/5.1

The Chairman asked Mr Oliver if the action 17/09/12.2.4.1 has been completed. Mr Oliver replied that the Performance and Finance Committee (PAF) had discussed a paper on theatre capacity at the last meeting. The paper written by the Surgery & Cancer division outlined the detail of reductions in theatre lists at each speciality level. The paper concluded that the reduction was primarily due to workforce gaps, particularly at speciality doctor and registrar level.

17/11/5.2

Mr Oliver advised that PAF will monitor this but that the transformation project will

continue to be reviewed at Transformation and People Committee, (TAP). Mr Oliver advised that if theatre sessions are being reduced it is important to ensure that costs also reduce as a result. Mr Davis commented that there had also been a good discussion about managing the reduction in activity and the consequences of this. Mr Davis added that the gaps in staffing have coincided with a reduction in referrals and a reduction in waiting list initiatives partly drive by the Agency Cap. Therefore, there is a complicated set of circumstances behind the changes. Mr Davis advised that PAF were assured by the report and noted that the levels of efficiency had been maintained even with a reduction in sessions.

17/11/5.3 Mr Church asked if there was any further information about the increase in referrals and whether this was due to the repatriation of out of area referrals. Mr Oliver confirmed that the Clinical Commissioning Group (CCG) had confirmed that there had been a general increase in referrals across the Board so this could not be attributed to repatriation of out of area referrals.

BoD17/11/6 Annual Workplan

The Chairman advised that no changes had been made to the workplan since the last Board meeting.

Resolved: The Board approved version 3 of the 2017-18 Workplan.

BoD17/11/7 Chairman's Announcements 17/11/7.1 Board Away Day

The Chairman reported that the Board had met on 16 October as Corporate Trustees and then as Board. Topics covered were the Trust strategy, the Board development programme with training on Office 365 and a development session facilitated by the North West Employers on the leadership challenge of integration.

17/11/7.2 Meeting with Fiona Bruce MP

17/11/7.2.1 The Chairman advised that he had met with Mrs Fiona Bruce MP for Congleton and discussed the Trust's performance and the plans for managing winter pressures. The Chairman had informed Mrs Bruce of the BBC NHS tracker and the excellent results for the Trust on this. Mrs Bruce had suggested that the Secretary of State for Health be invited to visit the hospital given the continuing good performance of the Trust.

17/11/7.2.2 The Chairman reported that discussion in regard to the local health economy and the short-term and long-term plans had been had. The Chairman advised that the meeting had been attended by CCG colleagues and a significant discussion about mental health investment in the region took place. The Chairman noted that Mrs Bruce remains a positive advocate for the work of the Trust.

17/11/7.3 Meeting with the Independent Chair of the Connecting Care Board

17/11/7.3.1 The Chairman informed the Board that he had met with Dr Neil Goodwin, independent Chair of the Connecting Care Board in Central Cheshire and Caring Together Board in East Cheshire. The proposed amalgamation of the two Boards was discussed; this is to be decided at a meeting on 9 November by the system. Mrs Bullock added that Dr Goodwin would initially take on the independent Chair for any new Board but this would be subject to review. Workstream Leads and an overarching Central and Eastern Cheshire executive link role will be confirmed at the same meeting.

17/11/7.3.2 The Chairman advised that the relationship between the Trust and University Hospitals of the North Midlands (UHNM) was discussed and the importance of maintaining this while wider system changes take place across Cheshire East. The Chairman also noted in discussion the need for an independent Chair for Central Cheshire Integrated Care Partnership (CCICP).

BoD17/11/8
BoD17/11/8.1
17/11/8.1.1

Governors Items

Annual Members Meeting – 4 October 2017

The Chairman reported that the Annual Members Meeting had taken place at the Winsford Lifestyle Centre. The meeting had followed on from a Health and Wellbeing Fair which had been well attended by partners, the public and stakeholders with good exhibitions and displays on offer. This was the first time in this format and it had been well received. The Chairman noted that the formal Annual Members Meeting had followed during which Mrs Bullock had presented the Annual Report for 2016/17 and Mr Oldham had presented the finance position. There had been some good and interesting questions and discussion following the meeting. The Chairman suggested that the new format should be maintained but that it would be good to move to a different town next year.

BoD17/11/8.2

Governor Strategy Session – 9 October 2017

The Chairman advised that Governors had been invited to attend an interactive session with senior managers and Board Members in order to discuss and contribute to the Trust Strategy. The meeting was well attended, with 14 Governors in attendance and the discussions had been useful. The Divisional General Managers had presented plans on a page which were very well received. The Chairman commented that this session felt a real step forward in engaging Governors in strategy and the feedback received was valued. Mrs Frodsham added that this was in addition to the Governor attendance at the Clinical Services Strategy day meaning that about 75% of Governors had engaged with the development of the Trust strategy.

BoD17/11/8.3

Council of Governors Meeting – 19 October 2017

The Chairman noted that the Council of Governors had met and received a very good presentation on Access and Flow from the Director of Operations. The Governors had found this a useful discussion topic. Dr Birch as Lead Governor had also led a discussion on the role of the Lead Governor.

BoD17/11/8.4

Annual 1to1s with Governors

17/11/8.4.1

The Chairman confirmed that he has met with all Governors who have requested a meeting and that these had been very valuable discussions.

Resolved: The Board noted the updates from the Chairman

BoD17/11/9

Chief Executives Report

BoD17/11/9.1

Cheshire Sustainability Round Table: Discussion with Regulators

17/11/9.1.1

Mrs Bullock advised that this meeting did not take place.

BoD17/11/9.2

Connecting Care Board Meeting

17/11/9.2.1

Mrs Bullock updated the Board on the Connecting Care Board (CCB) meeting discussion and agreements which noted that the Cheshire Review would now be reporting into NHS Cheshire and Mersey (NHSC&M). Mrs Bullock reported that there have been significant discussions in regard to the reporting arrangements through to the NHSC&M and how this will be resourced. Mrs Bullock informed the Board that an independent financial lead for the Central Cheshire area, who is already supporting in East Cheshire has been agreed and resourced via NHS Improvement.

17/11/9.2.2

Mrs Bullock advised that the meeting planned for the 9 November will confirm whether the two transformation boards will come together and who the workstream Senior Responsible Officers (SRO) will be. Mrs Bullock noted that the NHSC&M had asked that there is one clear Executive Lead to act as a conduit for the NHSC&M Executive Chair. Further discussion is likely on what the future membership of the Board is to ensure appropriate clinical, professional and Non-executive representation of the Board.

17/11/9.2.3

Mrs Bullock advised that she has now begun work as the SRO for the Cheshire &

Mersey Acute Sustainability workstream which is supported by KPMG and the NHS Transformation Unit who are undertaking focused work around Urgent and Emergency Care, Electives and Women and Children's.

BoD17/11/9.3

17/11/9.3.1

Capped Expenditure Programme

Mrs Bullock informed the Board that there is still a system financial gap of just under £10m. The gap has been closed by £20m in 2017-18 which is a fantastic achievement. The system is working very well together to resolve the remaining gap, but this will be challenging to close by March and the system has been transparent with regulators about this.

17/11/9.3.2

Mrs Bullock noted that within the agreed contract the Trust are hosting a £2.1m gap but that there is a signed Memorandum of Understanding with the CCG that ensures action will be taken to maximise the benefit to the health economy if savings are not identified at the end of the year. Mrs Bullock noted NHS England (NHSE) and NHS Improvement (NHSI) had been involved in this decision making but that NHSE are now challenging this with the CCG. The system partners are so far standing by this agreement however the Trust has been clear that should the £2.1m remain on the Trust balance sheet then the STF money will not be received and that this should be factored into the overall financial challenge.

BoD17/11/9.4

17/11/9.4.1

Long Term Sustainability Review Meeting

Mrs Bullock updated the Board on the LTSR some of which has been covered under the Connecting Care Board Meeting and will therefore not be repeated. Additionally it was noted that closer working and engagement with the LAs is a priority. Mrs Bullock reported that the four Cheshire CCGs are now working through a Committee in Common to commission services as one for the system and will continue to work more closely together.

17/11/9.4.2

The Chairman advised that Cheshire East Council has appointed a new Cabinet member for Health who is the Deputy Leader Councillor Liz Wardlaw. Cllr Janet Clowes, who is a Governor at the Trust remains as Cabinet Member with responsibility for Adult Social Care and Integration.

17/11/9.4.2

Mrs Bullock noted that in the future she will be providing one general System Update which will cover all areas currently reported on separately.

BoD17/11/9.5

Director of Nursing Recruitment

Mrs Bullock thanked all Board Members for their support with this process and was pleased to confirm that Mrs Julie Tunney has been appointed and will join the Trust on 22 January 2018. Mrs Anne Cleary will remain as interim until 26 January 2018.

BoD17/11/9.6

17/11/9.6.1

Meeting with Antoinette Sandbach MP

Mrs Bullock advised that she had met with the MP for Eddisbury together with the CCG Accountable Officer, Clare Watson. The meeting had been positive and very supportive. Mrs Sandbach is very involved with national work on bereavement pathways for neonates and the Women's and Children's division have been asked to ensure that the Trust is aware of this and undertaken a gap analysis in respect of the national guidance.

17/11/9.6.2

Mrs Sandbach advised that she would be happy to link Trust news and guidance to her own website for example on winter pressures, choosing well, flu vaccinations and the BBC NHS tracker. Links for these have since been sent through.

BoD17/11/9.7

Cheshire and Wirral Health Economy Meeting

Mrs Bullock noted this was the last of these monthly meetings as the Local Delivery Sustainability Plans (LDSP) are no longer operating within the NHSC&M as the work

focus has changed to the development of Place Based Systems. Quarterly meetings will carry on for networking and sharing of best practice which has been very useful. Mrs Bullock noted that there was not much work taking place on the LDSP level as most workstream are operating across the wider NHS Cheshire & Mersey footprint. Mrs Bullock noted that there will be a best practice event held on 8 November with four representatives from each organisation and CCICP.

Resolved: The updates from the Chief Executive were noted.

BoD17/11/10
BoD17/11/10.1

Caring
Quality, Safety and Experience Report

- 17/11/10.1.1 Mrs Daly-Brown presented the report using data from September 2017 noting generally good trends with prevention of Pressure Ulcers continuing to improve markedly. Mrs Daly-Brown noted that the patient safety thermometer data was provided with no national benchmark as there is consideration being made as to whether this continues to be the best measure to use. Mr Church noted the Summary Hospital Level Mortality Indicator (SHMI) provided for September showed a slight improvement. Dr Dodds advised that this was the figure using the internal HED system so was not the latest national picture for comparison.
- 17/11/10.1.2 Mrs Daly-Brown advised that while the Commissioning for Quality and Innovation (CQUIN) indicators for Quarter 2 were not contained within the report they have now been released and sent to the CCG. Mrs Daly-Brown reported that the latest results are generally positive although Sepsis remains an ongoing challenge. This year the CQUINs are measured slightly differently, so for example inpatient and A&E Sepsis Identification results are combined. Therefore, the good results in A&E are diluted by the inpatient results. However, there has been huge progress across all areas on this in the last year across the Trust. Last year the Trust was scoring 8-10%, this is now 70-80% although this is still below the target of 90%. Mrs Daly-Brown confirmed that the flu campaign has now started with a target of 70% of frontline staff to be vaccinated.
- 17/11/10.1.3 Mr Davis clarified that the CQUIN tables show the potential financial penalty for not achieving the targets but that as the contract with the CCG is now fixed there will not actually be any financial penalty. Mr Davis asked if this figure was potentially misleading for public scrutiny. Mrs Bullock agreed that the financial penalties will not be applied but noted it had previously been agreed by the Board that the potential financial impact should continue to be noted and that the Board minutes would be clear on this. The Chairman agreed that the table should stay as it is
- 17/11/10.1.4 Mrs Daly-Brown presented the nurse staffing report, noting that Ward 9 staffing had been reduced to match the bed base required for elective activity and was not an issue of concern. Mr Barnes noted a steady downward trend in the overall number of registered nurses shifts covered against establishment and asked if this was due to problems in recruitment. Mrs Daly-Brown noted that there is a national shortage of nurses and the Trust like others is trying to recruit more nurses however the Trust always achieved the minimum safe level of staffing. Mr Church asked if there was a particular percentage level that reflected this minimum safe level. Mrs Bullock replied there is no overall figure that can be set as a minimum level as each ward is different based on its activity and acuity at any time. Mrs Bullock noted that staffing updates are received by the Director of Nursing and Quality and Mrs Daly-Brown several times a day and any identified gaps and issues are managed tightly as they arise.
- 17/11/10.1.5 Dame Patricia asked if there was any correlation between staffing levels on Ward 13 and the increase in number of patient falls in month on this ward. Mrs Daly-Brown replied that all incidents are triangulated with staffing levels and senior staff reviews on each ward to ensure that any such links are picked up and no trends have been

identified as an issue for Ward 13. This is a general surgical ward which usually has low levels of falls and therefore this would be monitored to understand if it was a one off rather than a trend. Mrs Bullock noted that there could be several reasons for the high number of incidents in month, for example it could be one unsteady patient who has fallen a number of times. This would not necessarily indicate a wider trend or concern. Mrs Daly-Brown added that these results are part of the patient safety thermometer so review a particular moment in time rather than the entire month's incidents. Dame Patricia commented that she had not realised this as this puts the figures into a different light.

17/11/10.1.6

Mrs Daly-Brown presented the patient experience section of the report noting a slight increase in complaints in month. The positive Family and Friends test results were also noted along with the work taking place to address low response levels particularly in A&E, with further work planned to boost results in CCICP. Mrs Daly-Brown advised that volunteers have been put into A&E to support this and a text system is being introduced.

Resolved: The Board noted the Quality, Safety and Experience report and the assurance provided within it.

BoD17/11/11
BoD17/11/11.1

SAFE
Draft Quality Governance Committee (QGC) – 9 October 2017

17/11/11.1.1

Dame Patricia noted that there were four items for escalation to Board for information and assurance.

- The revised Board Assurance Framework (BAF) for Quarters 1 and 2 as circulated in the Board Pack.
- QGC received a presentation on the Trauma Audit and Research Network (TARN). This was a very comprehensive exploration and illustrated the benefit of getting the clinical leads assurance. There were no specific concerns although there were some learning points on training.
- A presentation on the General Data Protection Regulations (GDPR) was received and QGC noted that the presentation will be presented to Divisions and Corporate areas by Information Governance (IG) to cascade down. These European regulations are being adopted by the UK and will come into force on 25 May 2018. Fines for breaches will be larger than previously and there are greater expectations for compliance on the Trust. The IG group are creating an action plan following a gap analysis.
- The first draft of the Learning from Deaths report was reviewed by QGC, the revised version will be presented to QGC in November and then to Trust Board in December.

Resolved: The Board noted the escalations and assurance provided by QGC.

BoD17/11/11.2

Serious Untoward Incidents (SUI) and RIDDOR Events

17/11/11.2.1

Dr Dodds advised that there were 5 SUIs to report. Two grade 3 and one grade 4 pressure ulcers in CCICP and one grade 3 pressure ulcer in the acute hospital. There was also one SUI reported as an escalation from a Root Cause Analysis (RCA) whereby the patient's outcome was escalated from moderate to serious harm.

17/11/11.2.2

No RIDDOR Events were reported.

Resolved: The Board noted the report of SUIs and RIDDOR events.

- 17/11/12.1.1 Mr Oldham presented the performance report using data from September 2017 noting that the cancer access targets remain strong although the 62-day screening target was missed in month due to two breaches as a result of patient choice. Mr Oldham advised that the Trust will still meet the quarterly target. Mr Oldham reported that the 4 hourly transit target remains challenging but was still ahead of the NHSI trajectory. Mr Oldham warned that October was more fragile and there is a risk that the Quarter 3 trajectory will not be met. The Chairman asked if this was enough to derail the Trust from its overall financial position. Mr Oliver advised that the October 4-hourly position was 89% against a trajectory target of 90.85% to receive STF funding. This places a significant pressure on November and December. Mr Oldham confirmed that it was still possible to meet the quarterly figure, but it will be challenging. Each quarter that is achieved has an associated £180k STF fund against it.
- 17/11/12.1.2 Mr Oldham noted that some of the drivers for unplanned activity performance such as DTOC are showing a positive sustained reduction. Occupancy rates have not increased significantly and it has been largely workforce gaps in A&E that have driven the deterioration in the October transit time and not patient flow.
- 17/11/12.1.3 Mr Oldham advised that the planned activity performance is likely to deteriorate during winter when some activity will be cancelled over Christmas and in January. The impact of the contracted-in work from Wales, Shrewsbury and Chester will also be felt. Some of these patients have already breached and this breach will be recorded against the Trust. The Welsh patients will not bring a breach with them as it is a different regulatory regime but they may displace some local patients. Mrs Bullock confirmed that all local patients will still be seen within the constitutional 18-week target. Mr Oldham informed the Board that the increase in maternity deliveries is due to a local birth rate increase rather than any repatriation from other Trusts or private providers.
- 17/11/12.1.4 Mr Oldham advised that the Trust's Use of Resources rating remains at Level 3 for September which is being driven by capital servicing capacity and provides context going forward should the Trust be required to borrow.
- 17/11/12.1.5 Mr Oldham reported the forecast surplus is £850k ahead of plan, this is primarily due to a £200k exceptional item of charitable income and an underspend in CCICP that is to be invested back into the EMIS system. Mr Oldham confirmed that the Trust is forecasting it will meet its end of year control total of £698k. Mr Oldham noted the key risks to this were overspend in pay costs particularly for Healthcare Assistants but that the division has a plan in place to manage this. Mr Oldham noted a £160k exceptional item which is a rents rebate following work with NHS Property Services, this money will be for the benefit of the system as a whole going forward.
- 17/11/12.1.6 Mr Oldham reported on the Commissioner Income Analysis table which show increases compared to previous years. This is likely to be as a result of the Trust access times being lower and therefore attracting patients from further away. Mr Oldham also reported on the Cost Improvement Schemes as part of the CEP performance, noting that the non-pay efficiencies were unlikely to be achieved in full as this is for the infusion pumps replacement programme. PAF have reviewed this and confirmed that the efficiencies in this programme are being maximised.
- 17/11/12.1.7 Mr Oldham presented the Capped Expenditure Schemes associated with the CEP and noted that some of these schemes were at risk of not delivering in the financial year such as maternity repatriation. A further £200k needs to be delivered to support the money invested into winter funding by the A&E Delivery Board. Mr Oldham advised that he is meeting with regulators and the CCG to discuss the £2.1M gap for the Trust and cash flow implications. The Trust and the CCG are in agreement for the system

approach, but the regulators need to agree this noting that if the £2.1M stays on the Trust balance sheet then control totals will not be met by either the CCG or the Trust and STF money will be lost to the system. Mr Oldham noted that he will report back on this meeting in December.

17/11/12.1.8

Mr Oldham advised that there was no significant change on the capital plan with the Trust still waiting to hear confirmation of borrowings. Mr Oldham noted work on the ward refurbishment, Voice over Internet Provider (VOIP) and the centralised Pre-operative assessment clinical (POAC) was now underway or complete. Mr Oldham noted that software for the virtual fracture clinic has been purchased and the clinics have started. This will allow each clinic to see double the number of patients and to avoid patient journeys to the Trust. Mr Oldham noted that backlog maintenance is behind plan. The Trust cash position is strong at the end of September but this was expected as the contract payments have been frontloaded in the year and investment will be needed for the agreed IT investment into CCICP.

Resolved: The Board noted the Performance Report

BoD17/10/12.2

Draft Performance & Finance (PAF) Committee Notes – 22 September 2017

17/11/12.2.1

Mr Davis advised that there are six items for escalation to the Board which are all for information; four covering normal business and two more substantial additional items:

- There was an early warning of the challenging 4-hourly transit time performance and that the 62-day Cancer screening target was missed in month. The 4 hourly performances is primarily due to gaps in the ED rotas not the flow through hospital. The 62-day wait should be met for the quarter.
- The delayed Transfer of Care (DTC) performance is improving.
- An informative review of surgical activity was presented by the Surgery & Cancer Division and Mr Davis commended the authors of the report.
- An update on the costing transformation project was received, the Trust is one of 25 early implementers and has met all the deadlines for submission of data. The benefits of improved data quality are beginning to be received.
- An update on the Winter Plan was received which has now been approved by NHSI and NHSE and positive feedback received. The plan for each Trust has been placed into one of four categories with 1 being the best. The Trust was only one of two in the Cheshire and Mersey region to be scored as a 2. The Trust is as prepared as it can be but conditions are challenging.
- The contract for elective work from Wales has been signed and covers 300 cataracts, 200 hip and knee replacements and 20 Urology cases to be completed by the end of March. This will bring in £1.3m of income.

17/11/12.2.2

The Chairman asked how patients will get to the Trust and Mr Oliver confirmed that most patients will be eligible to get transport from their local Health Board. Mr Oliver noted that the Trust is hoping to complete the majority of these procedures before winter pressures begin.

17/11/12.2.3

The Chairman asked why the DTC performance has improved and Mr Oliver replied that it was due to better working with partners, earlier streaming of patients and all areas of the local health economy responding more quickly.

Resolved: The Board noted the report of PAF and the items escalated to the Board for information.

BoD17/11/12.3

Legal Advice

17/11/12.3.1

The Chief Executive reported that there had been no additional legal advice taken since the last Board meeting.

BoD17/11/13
BoD17/11/13.1

Well-Led
Visits of Accreditation, Inspection or Investigation

17/11/13.1.1 Mrs Bullock informed the Board that there had been no visits of accreditation, inspection or investigation since the last Board report.

BoD17/11/13.2 **Trust Strategy**

17/11/13.2.1 Mrs Frodsham presented the draft Trust Strategy for approval by the Board. Mrs Frodsham reminded the Board of the process by which the strategy has been created noting the high level of engagement by staff, stakeholders, Governors and the Board. Mrs Frodsham set out the next steps which will be to communicate the strategy to the Trust and to external audiences. Divisions are developing detailed action plans behind each plan on a page. Mrs Frodsham advised that a CCICP plan on a page will be drafted now the NHS Improvement (NHSI) support work for the Partnership Board has concluded. The Chairman confirmed that he is actively using it already in his discussions in regard to the Trust.

Resolved: The Trust Strategy for 2017/18 to 2020/21 was approved.

BoD17/11/13.3 **Transformation and People (TAP) Committee notes – 5 October 2017**

Mr Church reported on this meeting in the absence of Mrs McNeil. Mr Church noted that there were no items for escalation to Board. Mr Church noted that TAP had received a good briefing on the access and flow transformation project and that the reduction in DTOCs as a result of this is an encouraging sign. Mr Church also noted that in his TAP role he had recently spent a day with the CCICP Community Matrons at Eagle Bridge and was very encouraged at how closely they are working with GPs to avoid patients needing to come into hospital. Mrs Bullock commented that the visit had been appreciated by the staff as well.

BoD17/11/13.4 **Board Assurance Framework**

17/11/13.4.1 Dr Dodds presented the newly revised Board Assurance Framework (BAF) noting that the full BAF had been included so that the Board could see the breadth of information which lies behind the summary. For future updates the Board will receive a streamlined report which will include the Top 5 Strategic Risks.

17/11/13.4.2 Mr Church commented that the BAF is comprehensive, highlights gaps in controls and provides prompts where work is required. Dr Dodds said he would feedback the comments to Mrs Jane Palin and her team. Dr Dodds noted that each strategic objective has an identified accountable executive director, delegated committee and visual risk rating. The target risk and how it has been built up is also shown. The BAF also links to the strategic objectives and the organisational risk register.

17/11/13.4.3 Dr Dodds advised that the key controls for each objective are included and described as first, second or third lines of defence. An overall commentary on the risk will be provided by the Executive lead quarterly. The overall assurance rating will be done by the committee that owns the risk and confirmed by the Executive lead. Any challenge here will be reported to Board in the streamlined report.

17/11/13.4.4 Dr Dodds advised that divisional and corporate team risk registers are now being developed to link into the BAF with clear guidance on how to define and score risks. The first draft of these will be reviewed at QGC in December. The Chairman thanked Dr Dodds and Mrs Palin for their considerable work on this and commented that it was important for the Board to have seen the full document so that the macro level to be provided in the future will be understood better.

Resolved: The Board noted the report and the work that has taken place to revise the BAF.

BoD17/11/13.5 Trust Seal Report

Mrs Bullock asked the Board to note the single use of the Trust Seal between August and October 2017 which was for a sub-lease.

Resolved: The Board noted the Trust Seal Report.

BoD17/11/13.6 CCICP Partnership Board Notes

Mrs Frodsham presented the notes from the meeting held on 14 September 2017. Mrs Frodsham noted the key service developments including the Musculoskeletal triage for all Orthopaedic patients. Mrs Frodsham advised that an IT task and finish group has been set up and is engaging staff in the testing of new hardware with staff. Mrs Frodsham noted that GP Out of Hours remains a concern but that things are moving on, meetings have been held with NHS 111 to enable better working and a new community pharmacy scheme started operating last weekend for repeat prescriptions. Mrs Frodsham advised that papers will be going to TAP in regard to bringing Minor Injuries Unit at Victoria Infirmary up to the new standard requirements for an Urgent Treatment Centre.

Resolved: The Board noted the CCICP Board notes.

**BoD17/11/14
BoD17/11/14.1 EFFECTIVE
Workforce Report**

17/11/14.1 Miss Carmichael presented the workforce report with data from September 2017. Miss Carmichael noted that there had been a slight improvement in both rolling and in month sickness absence measures. Miss Carmichael advised that most of the long-term sickness cases in the Trust were less than six months and that a detailed breakdown of the assessment of long term sick will be reviewed at TAP in November. Miss Carmichael noted that in response to the questions asked by Mr Barnes at the last Board meeting, the worsening of sickness rates has been reviewed and the decline can be correlated to the high levels of sickness in CCICP when those staff transferred in October 2016 as this was consolidated into the overall Trust figure. The rate in CCICP was 5.5% at the time of transfer and it is now 3.92% following work with the new staff.

17/11/14.2 Miss Carmichael noted a slight increase in appraisal rates but a slight decrease in mandatory training since August. There were a number of factors which impacted this figure and these are outlined in the report. Miss Carmichael advised that detailed work on the turnover rate is taking place to get to a position that did not include planned departures such as those on fixed term contracts, locums and junior doctor rotations. Miss Carmichael noted that the Agency Spend trajectory remains positive, the Trust is currently at 80% of the NHSI Ceiling and there were no shifts that used staff at significantly over the NHSI capped rate.

Resolved: The Board noted the performance summarised in the workforce report and the assurance provided.

BoD17/11/14.2 Workforce Race Equality Scheme (WRES) Annual Review

Miss Carmichael presented the WRES figures for the Trust annual review, noting that the paper was a summary report, but that TAP had received the narrative and detailed review of the report. Miss Carmichael noted that there was nothing exceptional in the report to escalate. Following a question from Mr Barnes, Miss Carmichael explained

that the numbers at the bottom are for the Trust head count which went up from 3745 to 4356 in 2016-17 with the transfer of community services staff. The pre-populated figures are an estimate by NHSI which the Trust must then verify. Miss Carmichael suggested that this report should be delegated to TAP to review in future.

Resolved: The Board noted the report and the delegation of review of this to TAP.

BoD17/11/14.3 Consultant Appointments

Dr Dodds advised that there had been two consultant appointments made since the last Board meeting. These were for a Consultant in Emergency Medicine and a new Ophthalmologist.

BoD17/11/15 Any Other Business

There were no further items of business.

BoD17/11/16 Time, Date and Place of the next meeting

Board of Directors Meeting to be held in Public on **Monday 4 December 2017** at 9.30 am in the Boardroom, Leighton Hospital, Crewe.

The meeting closed at 11:14 hours.

Signed

Chairman

Date



Board of Directors Quality, Safety and Experience Report

December 2017
(October 2017 data)



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

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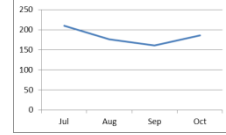
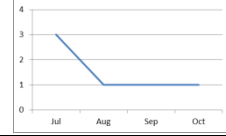
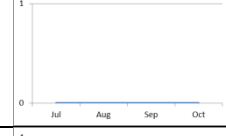
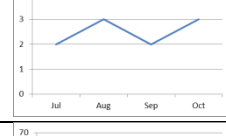
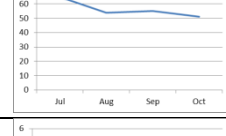
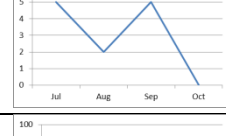
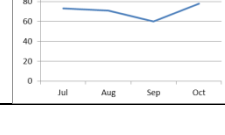
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Board Papers – Quality, Safety & Experience Section: December 2017

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

Indicators	Position compared to previous month	Target	Last four months				Trajectory
			Jul-17	Aug-17	Sep-17	Oct-17	
Patient Safety Harm Incidents The aim is to reduce the number of harm incidents by the end of January 2018, measured by comparison to the previous financial year. In 2016/2017 2574 patient safety harm incidents were reported.	↑	<2574 at end of January 2018	210	176	161	186	
Serious Incidents The aim is to have no serious incidents by the end of January 2018	↔	Zero at end of January 2018	3	1	1	1	
Never Events Zero tolerance of Never Events	↔	Zero	0	0	0	0	
Pressure Ulcers - Avoidable The aim is to reduce hospital acquired avoidable pressure ulcers by 5% quarter on quarter in 2017/2018	↑	5 at end of quarter 2	2	3	2	3	
Inpatient Falls The aim is to reduce inpatient falls by 10% by January 2018	↓	733 at end of January 2018	65	54	55	51	
Medication Incidents The aim is to reduce medication incidents resulting in harm by 10% in comparison to the previous financial year	↓	59 at end of 2017/2018	5	2	5	0	
CCICP Patient Safety Harm Incidents The aim is to reduce the number of harm incidents. A target will be set in quarter 3 once a full year's data is available.	↑		73	71	60	78	

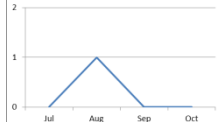
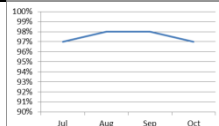
Key							
	Position Declined since last month		Position Improved since last month		On track to deliver		Work in place to recover position





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

Indicators	Position compared to previous month	Target	Last four months				Trajectory
			Jul-17	Aug-17	Sep-17	Oct-17	
CCICP Serious Incidents The aim is to have no serious incidents by the end of January 2018	↑	Zero at end of January 2018	2	2	0	5	
CCICP Never Events Zero tolerance of Never Events by the end of January 2018	↔	Zero at end of January 2018	0	0	0	0	
CCICP Pressure Ulcers - Avoidable 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	3	
CCICP Medication The aim is to reduce harm medication incidents. A target will be set in quarter 3 once a full year's data is available.	Process & measure to be agreed		0	0	0	0	
SHMI The Trust's aim within the Sign Up To Safety Campaign is to have a SHMI at or below 1.0 from April 2016	1.03 ↓	Below 1.0	1.04		1.03		
HSMR The Trust's aim is to have an HSMR <100	114.12 ↑	<100	112.03		114.12		
MRSA The target for MRSA Bacteraemia is zero in 2017/18	↔	Zero at end of 2017/2018	0	0	0	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: December 2017

Indicators	Position compared to previous month	Target	Last four months				Trajectory
			Jul-17	Aug-17	Sep-17	Oct-17	
C-Diff Avoidable The target is less than 24 avoidable cases of Clostridium Difficile in 2017/18	↔	<24 at end of 2017/2018	0	1	0	0	
Safety Thermometer The Trust aim is that >95% of patients receive harm free care as monitored by the Safety Thermometer.	↔	>95%	97%	98%	98%	97%	

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: December 2017

Quality & Safety Section:

Description

Aggregate Position

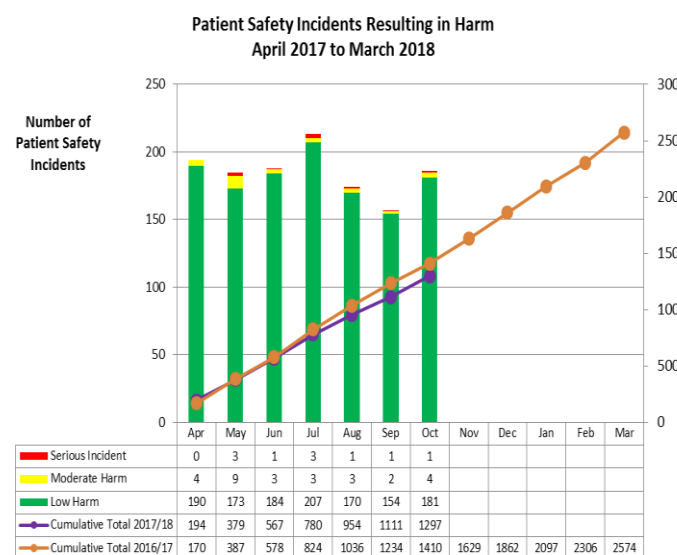
Trend

Performance against previous month

Patient Safety Incidents resulting in harm.

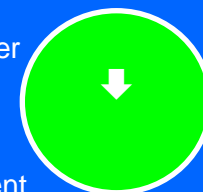
This chart demonstrates the total number of reported patient safety incidents which resulted in harm.

For this financial year to date:
97.1% (1259 incidents) have resulted in low harm
2.1% (28 incidents) have resulted in moderate harm
0.8% (10 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



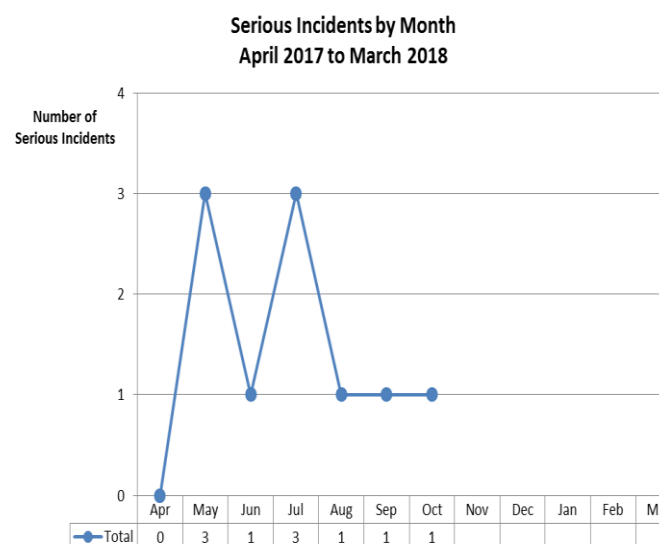
Serious Incidents.

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

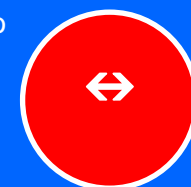
For this financial year to date, there have been eleven serious incidents reported.

- 6 x patient falls resulting in fractures
- 2 x hospital acquired pressure ulcer stage 3
- 1 x sudden collapse resulting in fractures
- 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: December 2017

Description

Aggregate Position

Trend

Performance against previous month

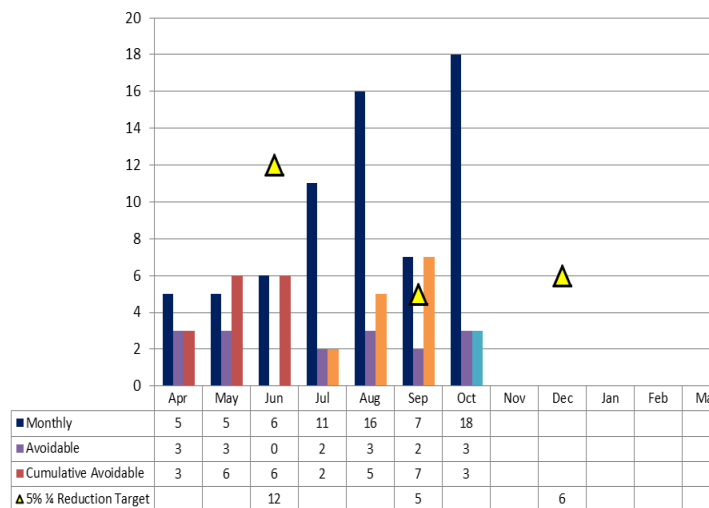
Pressure Ulcer (PU) Incidents including both avoidable and unavoidable pressure ulcers based on EPUA Guidance

For this financial year to date:

- 95.6% (65 PU's) have resulted in low harm (defined as a patient that has developed a stage 2 PU)
- 4.4% (3 PU's) have resulted in serious harm (defined as a patient that has developed a stage 3 or 4 PU)

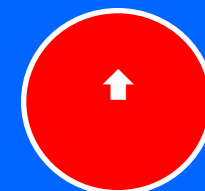
The 5% reduction target (Quarter on quarter in 2017/18) to achieve by the end of quarter 3, the target is to have no more than 6 avoidable pressure ulcers reported. There have been 3 avoidable pressure ulcers reported so far.

Hospital Acquired Pressure Ulcers by Month
April 2017 to March 2018



Improvement actions include:

- As part of the Trustwide evaluation of pressure relieving mattresses trials of new mattresses will commence in January 2018.
- The SKIN bundle and repositioning chart have been reviewed and updated.
- Photographing pressure ulcers prior to discharge has been implemented.



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

Description

Aggregate Position

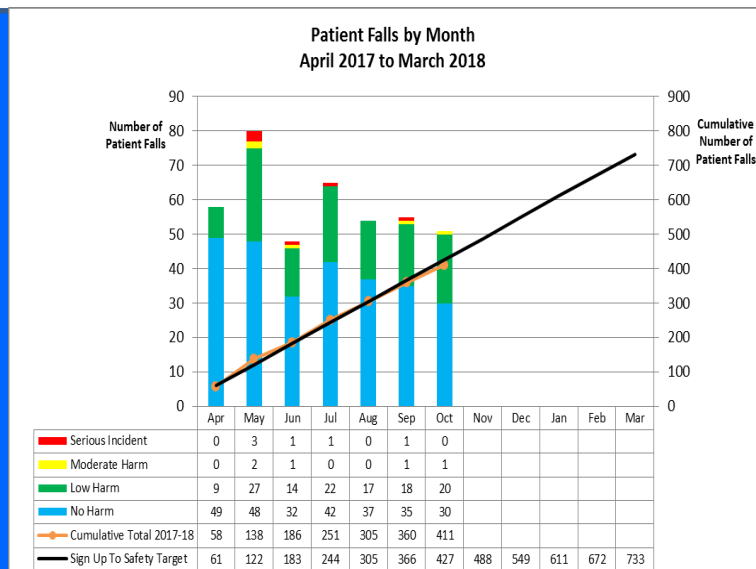
Trend

Performance against previous month

Patient Falls Incidents.

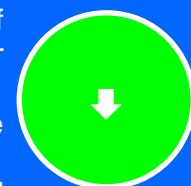
For this financial year to date:

- 66.4% (273 falls) have resulted in no harm
- 30.9% (127 falls) have resulted in low harm
- 1.2% (5 fall) has resulted in moderate harm
- 1.5% (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: December 2017

Description

Medication Incidents.

For this financial year to date:

- 95.2% (20 medication incidents) have resulted in low harm
- 4.8% (1 medication incident) have resulted in moderate harm
- 0% (0 medication incidents) have resulted in serious harm

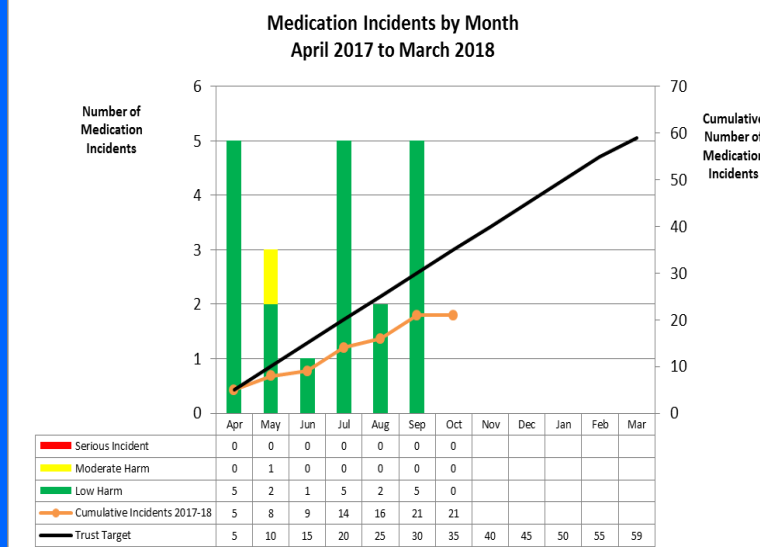
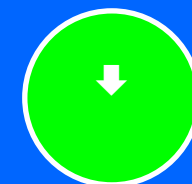
Aggregate Position

Trend

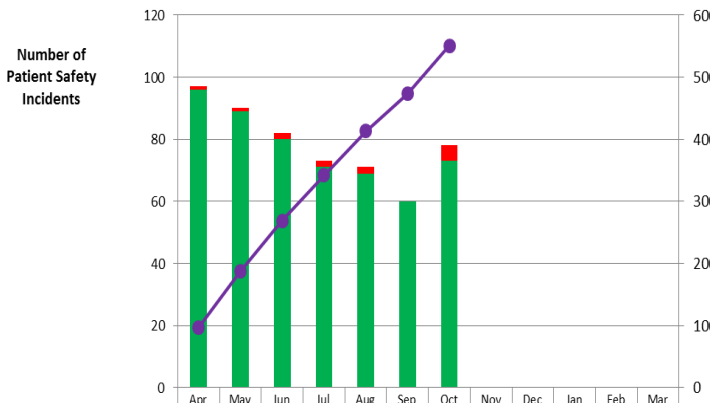


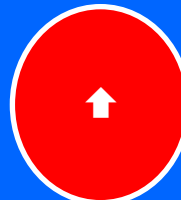
Performance against previous month

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: December 2017

Description	Aggregate Position	Trend	Performance against previous month																																																																
<p>CCICP Patient Safety Incidents resulting in harm.</p> <p>This chart demonstrates the total number of reported patient safety incidents which resulted in harm.</p> <p>For this financial year to date:</p> <ul style="list-style-type: none">97.6% (538 incidents) have resulted in low harm0% (0 incidents) have resulted in moderate harm2.4% (13 incidents) have resulted in serious harm	<p>CCICP Patient Safety Incidents Resulting in Harm April 2017 to March 2018</p>  <table><tr><th></th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sep</th><th>Oct</th><th>Nov</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th></tr><tr><td>Serious Incident</td><td>1</td><td>1</td><td>2</td><td>2</td><td>2</td><td>0</td><td>5</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>0</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Low Harm</td><td>96</td><td>89</td><td>80</td><td>71</td><td>69</td><td>60</td><td>73</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Cumulative Total 2017/18</td><td>97</td><td>187</td><td>269</td><td>342</td><td>413</td><td>473</td><td>551</td><td></td><td></td><td></td><td></td><td></td></tr></table>		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Serious Incident	1	1	2	2	2	0	5						Moderate Harm	0	0	0	0	0	0	0						Low Harm	96	89	80	71	69	60	73						Cumulative Total 2017/18	97	187	269	342	413	473	551						<p>To reduce the number of patient safety harm incidents, a number of initiatives are being undertaken. These include:</p> <ul style="list-style-type: none">Focused training and education to staff via team leader meetings.Development of a Quality role to support the Quality improvements in CCICP. 
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar																																																							
Serious Incident	1	1	2	2	2	0	5																																																												
Moderate Harm	0	0	0	0	0	0	0																																																												
Low Harm	96	89	80	71	69	60	73																																																												
Cumulative Total 2017/18	97	187	269	342	413	473	551																																																												
<p>CCICP Serious Incidents.</p> <p>This chart demonstrates the number of incidents that have resulted in serious harm.</p> <p>For this financial year to date:</p> <ul style="list-style-type: none">8 x Acquired on case load Pressure Ulcer – Stage 35 x Acquired on case load Pressure Ulcer – Stage 4	<p>CCICP Serious Incidents by Month April 2017 to March 2018</p>  <table><tr><th></th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sep</th><th>Oct</th><th>Nov</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th></tr><tr><td>Total</td><td>1</td><td>1</td><td>2</td><td>2</td><td>2</td><td>0</td><td>5</td><td></td><td></td><td></td><td></td><td></td></tr></table>		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	1	1	2	2	2	0	5						<p>To reduce the number of serious incidents, the Trust has signed up to the Sign Up To Safety Campaign.</p> 																																							
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar																																																							
Total	1	1	2	2	2	0	5																																																												

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

Description

Aggregate Position

Trend

Performance against previous month

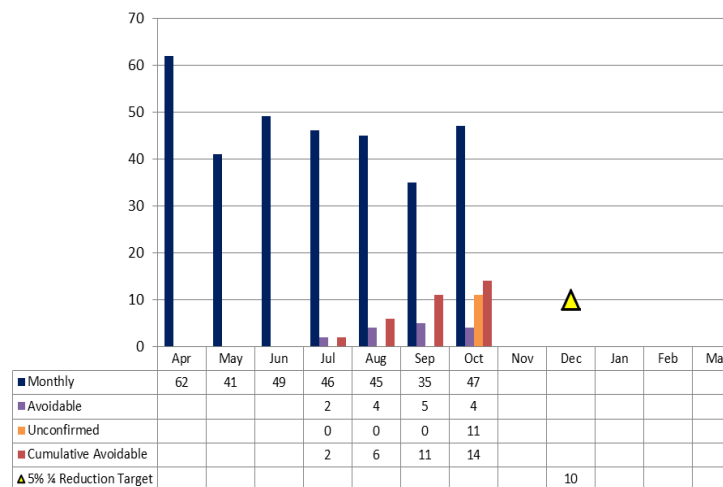
CCICP Pressure Ulcer (PU) Incidents by Avoidance

For this financial year to date:

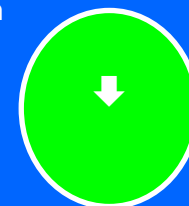
- 96% (312 PU's) have resulted in low harm (defined as a patient that has developed a stage 2 or unstageable PU)
- 4% (13 PU's) stage 3 or stage four PU's have been reported.

In October 2017 of the 47 reported, 4 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.

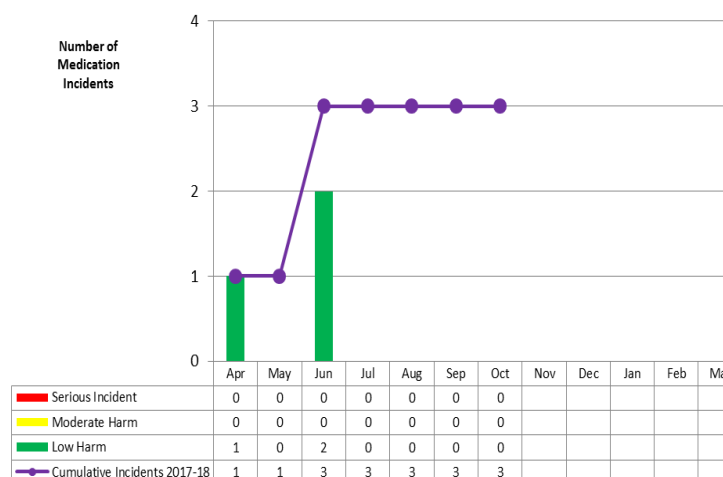


CCICP Medication Incidents.

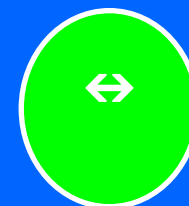
For this financial year to date:

- 100% (3 medication incidents) have resulted in low harm
- 0% (0 medication incidents) have resulted in moderate harm
- 0% (0 medication incidents) have resulted in serious harm

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: December 2017

Description

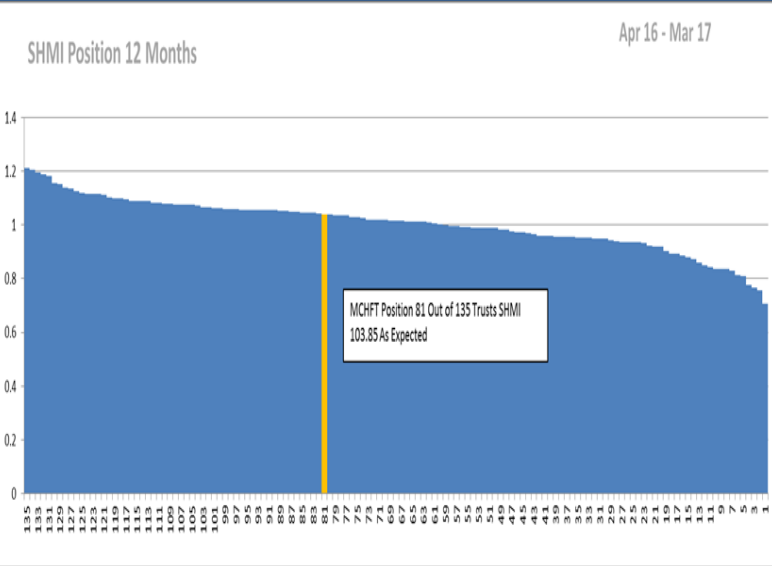
Aggregate Position

Trend

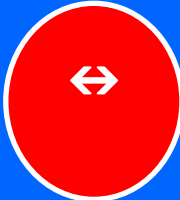
Performance against previous quarter

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

The chart benchmarks the Trust's latest SHMI against all NHS Trusts.
MCHFT is shown as the yellow bar.
The Trust's SHMI is 103.85 for the time period April 2016 to March 2017 and places the Trust 81 out of 135 Trusts.

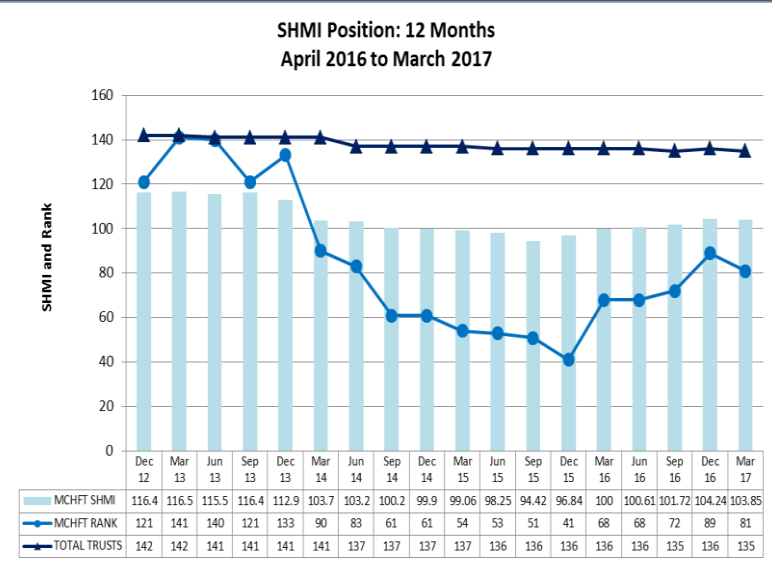


The Trust's aim within the Sign Up To Safety Campaign is to have a SHMI at or below 1.0 from April 2016.

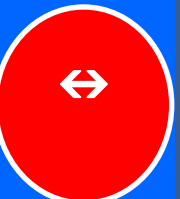


MCHFT 12 Month Rolling Position Summary Hospital-Level Mortality Indicator (SHMI) by Trust.

The chart shows the SHMI and rank of MCHFT for each of the 12 month rolling position submissions from the period October 2011 to September 2012 to the latest submission 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: December 2017

Description

Aggregate Position

Trend

Performance against previous quarter

Hospital Standardised Mortality Rate (HSMR) by Trust.

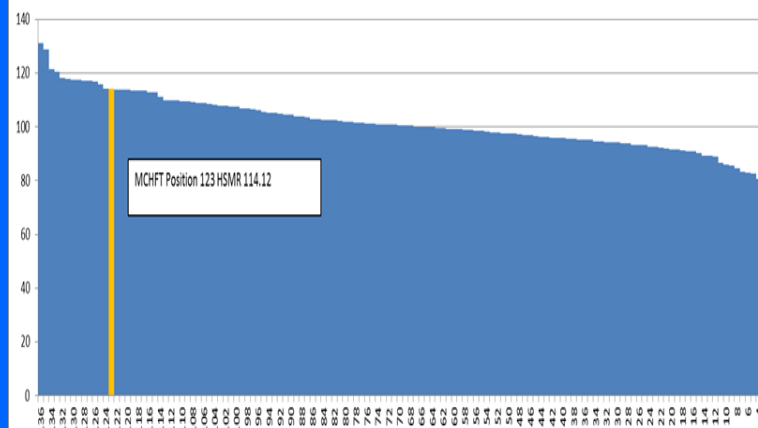
The chart benchmarks the Trust's HSMR against all NHS Trusts.

MCHFT is shown by the amber bar.

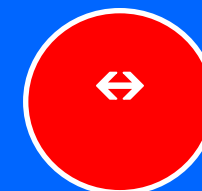
The Trust's HSMR is 114.12 (April 2016 to March 2017) and places the Trust 123 out of 136 Trusts.

HSMR Position 12 Months

Apr 16 - Mar 17



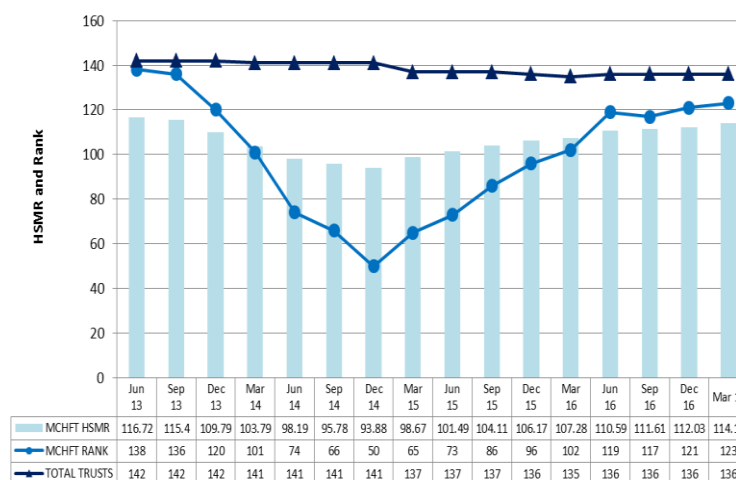
The Trust's aim is to have an HSMR <100.



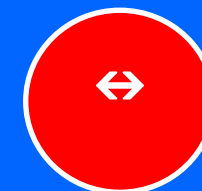
MCHFT 12 Month Rolling Position HSMR Position

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.

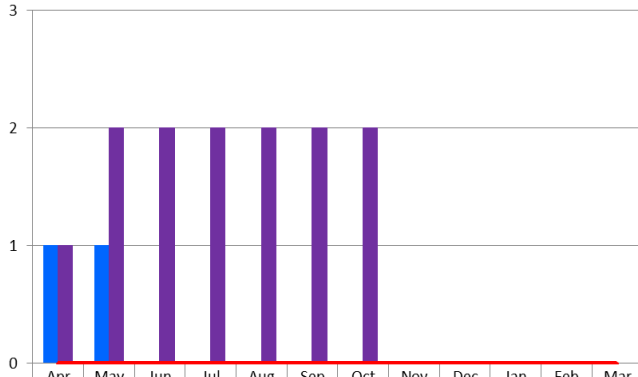

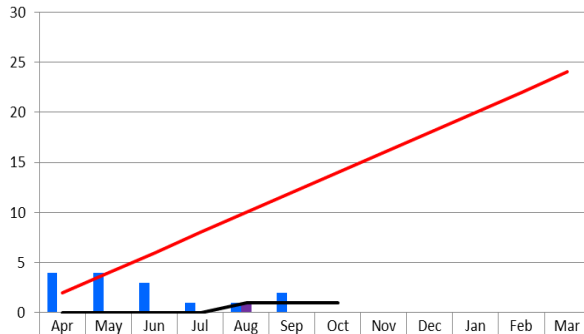
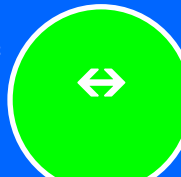
HSMR Position: 12 Months
April 2016 to March 2017



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













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

Description	Aggregate Position	Trend	Performance against previous month																																																																													
<div>MRSA Bacteraemia Cases.</div> <div>In October 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></div> <table><tr><th></th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sep</th><th>Oct</th><th>Nov</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th></tr><tr><td>Monthly</td><td>1</td><td>1</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></tr><tr><td>Cumulative</td><td>1</td><td>2</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></tr><tr><td>Target</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr></table>		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Monthly	1	1	0	0	0	0	0						Cumulative	1	2	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>																										
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar																																																																				
Monthly	1	1	0	0	0	0	0																																																																									
Cumulative	1	2	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 October 2017, one avoidable case was reported.</div> <div>The total avoidable cases year to date is 1.</div>	<div>Clostridium Difficile toxin positive cases reported within the Trust</div> <div>April 2017 to March 2018</div> <div></div> <table><tr><th></th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sep</th><th>Oct</th><th>Nov</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th></tr><tr><td>Unavoidable</td><td>4</td><td>4</td><td>3</td><td>1</td><td>1</td><td>2</td><td>0</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>1</td><td>0</td><td>0</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>0</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>1</td><td>1</td><td>1</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Avoidable Target</td><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td><td>12</td><td>14</td><td>16</td><td>18</td><td>20</td><td>22</td><td>24</td></tr></table>		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Unavoidable	4	4	3	1	1	2	0						Avoidable	0	0	0	0	1	0	0						Awaiting Confirmation	0	0	0	0	0	0	0						Avoidable Total	0	0	0	0	1	1	1						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">• Bed side reviews are in place on the identification of infection• Consultant level engagement in C-difficile root cause analysis</div> <div></div>
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar																																																																				
Unavoidable	4	4	3	1	1	2	0																																																																									
Avoidable	0	0	0	0	1	0	0																																																																									
Awaiting Confirmation	0	0	0	0	0	0	0																																																																									
Avoidable Total	0	0	0	0	1	1	1																																																																									
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Board Papers – Quality, Safety & Experience Section: December 2017

CQUIN Indicator	Indicator Name	Milestone Achieved						Q4	Financial Incentive Achieved	Maximum Value
		Q1	Financial Incentive Achieved	Q2	Financial Incentive Achieved	Q3	Financial Incentive Achieved			
1a	Health & Wellbeing 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	Health & Wellbeing Maintain the four changes for improving healthy food for NHS staff, visitors and patients. Introduce three new changes to food and drink provision.		No Payment in Q1		No Payment in Q2					£144,109
1c	Health & Wellbeing 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	Sepsis: Identification Greater than 90% of eligible patients to have a timely identification of sepsis by the end of quarter four 2017/18.	 Partially	£13,510	 Partially	£13,510					£108,082
2b	Sepsis: Treatment Greater than 90% of eligible patients to have a timely treatment of sepsis by the end of quarter four 2017/18.		Payment not achieved	 Partially	£13,510					£108,082
2c	Sepsis: Antibiotic Review An empiric review for at least 90% cases in the sample should be performed by the end of quarter four 2017/18.		£27,020		£27,020					£108,082
2d Part 1	Reduction in antibiotic consumption Achieve a reduction of x% or more in total antibiotic consumption per 1,000 admissions.		No Payment in Q1		No Payment in Q2					£36,027
2d Part 2	Reduction in carbapenem consumption Achieve a reduction of x% or more in total carbapenem consumption per 1,000 admissions.		No Payment in Q1		No Payment in Q2					£36,027
2d Part 3	Reduction in piperacillin tazabactam consumption Achieve a reduction of x% or more in total piperacillin tazabactam consumption per 1,000 admissions.		No Payment in Q1		No Payment in Q2					£36,027
4	Mental Health in Emergency Department Achieve a 20% reduction in attendances to the Emergency Department for people with Mental Health needs.		£43,233		£172,931					£432,328
6	Offering advice and guidance Providers to set up and operate advice and guidance services for non-urgent GP referrals, allowing GPs to access consultant advice prior to referring patients into secondary care.		£108,082		£108,082					£432,328
7	NHS e-Referrals Availability of services and appointments for e-Referral service.		£108,082	 Partially	£64,849					£432,328
8a	Supporting proactive and safe discharge Acute providers.		£64,849		£172,931					£432,328

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

CQUIN Indicator	Indicator Name	Milestone Achieved							Financial Incentive Achieved	Maximum Value
		Q1	Financial Incentive Achieved	Q2	Financial Incentive Achieved	Q3	Financial Incentive Achieved	Q4		
9	CQUIN 9 does not apply until year 2									
10	Improving the assessment of wounds (Community Only) 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	Personalised Care and Support Planning (Community Only) 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	Breast Screening Programme Clerical Staff Development (Health Promotion role) 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	Cancer Screening Programme – reducing professional stress and building resilience 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	Nationally Standardised Dose Banding for Adult Intravenous Systemic Anticancer Therapy (SACT) 38 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	Hospital Pharmacy Transformation and Medicines Optimisation								£57,424	

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

Description

Safety
Thermometer
- Harm Free
Care.

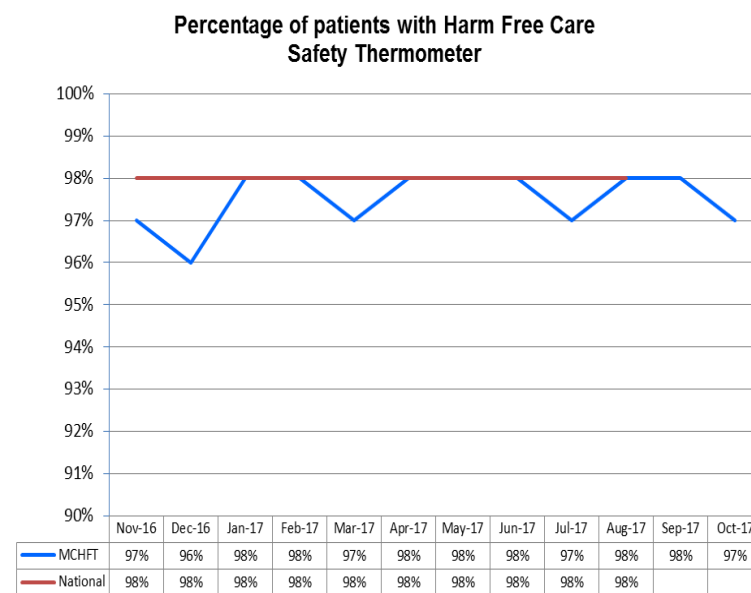
Aggregate Position

In October 2017, 97% of patients received harm free care as measured by the Safety Thermometer.

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

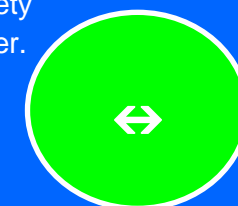
National figures are not yet available for September 2017.

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: December 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>92.4% 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 & Quality and the Deputy Director of Nursing & Quality.</p>	<p>Trend</p> <p>October 2017 92.4%</p> <p>September 2017 91.4%</p> <p>August 2017 91.9%</p>	The lowest staffing levels during the day were on Ward 9 at 59.9%.
Registered Nurses monthly expected hours by shift versus actual monthly hours per shift. Night time shifts only	<p>96.5% of expected Registered Nurse hours were achieved for night shifts.</p>	<p>Trend</p> <p>October 2017 96.5%</p> <p>September 2017 96%</p> <p>August 2017 95.8%</p>	The lowest staffing levels during the night were on Ward 13 at 81.7%
Healthcare Assistant monthly expected hours by shift versus actual monthly hours per shift. Day time shifts only	<p>100.7% of expected HCA hours were achieved for day shifts.</p>	<p>Trend</p> <p>October 2017 100.7%</p> <p>September 2017 101.1%</p> <p>August 2017 101.3%</p>	The lowest staffing levels during the day were on Ward 9 at 58.1%
Healthcare Assistant monthly expected hours by shift versus actual monthly hours per shift. Night time shifts only	<p>115.1% of expected HCA hours were achieved for night shifts.</p> <p>For areas with over 100% staffing levels for HCA's this is reviewed and is predominately due to wards requiring 1 to 1 specials for patients following a risk assessment or to increase staffing numbers when there are registered nursing gaps that are not filled.</p>	<p>Trend</p> <p>October 2017 115.1%</p> <p>September 2017 113.9%</p> <p>August 2017 111.1%</p>	The lowest staffing levels during the night were on AMU at 99.2%

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

Ward Name	Main Specialties	Day				Night				Day		Night		Care Hours Per Patient Day			
		Qualified		Unqualified		Qualified		Unqualified		Qualified	Unqualified	Qualified	Unqualified	Cumulative count over month of pts at 23:59 each day	Qualified	Unqualified	Overall
		Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Fill Rate	Fill Rate	Fill Rate	Fill Rate				
MCHFT		42516.4	39296.2	30299.5	30497	25168.8	24275.5	15671.3	18036.7	92.4%	100.7%	96.5%	115.1%	14020	4.5	3.5	8.0
AMU	Gen. Medicine	2011.3	1864.3	1519	1470.3	1898.8	1837.5	1519	1506.8	92.7%	96.8%	96.8%	99.2%	858	4.3	3.5	7.8
CAU	Paeds	2872.5	2872.5	1219.5	1219.5	1748	1748	356.5	356.5	100.0%	100.0%	100.0%	100.0%	5	924.1	315.2	1239.3
Critical Care	Gen. Surgery	3969.5	3969.5	652.5	652.5	2460.5	2460.5	0	0	100.0%	100.0%	100.0%	-	210	30.6	3.1	33.7
Elmhurst	Rehab	871.5	871.5	2232	2238	775	775	1550	1762.5	100.0%	100.3%	100.0%	113.7%	872	1.9	4.6	6.5
Ward 1	Gen. Medicine	2187.5	2150	1162.5	1362.5	1519	1445.5	759.5	931	98.3%	117.2%	95.2%	122.6%	848	4.2	2.7	6.9
Ward 10 SSW	Gen. Surgery	1709	1573	992	944	635.5	625.3	317.8	328	92.0%	95.2%	98.4%	103.2%	646	3.4	2.0	5.4
Ward 12	Gen. Surgery	2235	2059	1984	2312	953.3	820	635.5	963.5	92.1%	116.5%	86.0%	151.6%	886	3.2	3.7	6.9
Ward 13	Gen. Surgery	2280	1920	1984	1872	953.3	779	635.5	738	84.2%	94.4%	81.7%	116.1%	945	2.9	2.8	5.6
Ward 14	Gen. Medicine	1710	1560	1488	1500	744	744	1116	1116	91.2%	100.8%	100.0%	100.0%	968	2.4	2.7	5.1
Ward 15	Trauma & Ortho	2242.5	2002.5	2728	2624	953.3	902	953.3	973.8	89.3%	96.2%	94.6%	102.2%	952	3.1	3.8	6.8
Ward 2	Gen. Medicine	1800	1612.5	1550	1531.3	759.5	894.3	1139.3	1151.5	89.6%	98.8%	117.7%	101.1%	962	2.6	2.8	5.4
Ward 21b	Gen. Medicine	1336.5	1245.5	1813.5	1859	775	775	775	912.5	93.2%	102.5%	100.0%	117.7%	742	2.7	3.7	6.5
Ward 23	Obstetrics	1238	1206.3	785.3	785.3	764.7	764.7	764.7	764.7	97.4%	100.0%	100.0%	100.0%	668	3.0	2.3	5.3
Ward 26	Obstetrics	3172	3172	690.3	690.3	2688.7	2688.7	394.7	394.7	100.0%	100.0%	100.0%	100.0%	156	37.6	7.0	44.5
Ward 4	Gen. Medicine	1620	1380	1860	1836	744	744	1488	1488	85.2%	98.7%	100.0%	100.0%	925	2.3	3.6	5.9
Ward 5	Gen. Medicine	2452.5	2077.5	1550	1593.8	1519	1359.8	759.5	808.5	84.7%	102.8%	89.5%	106.5%	957	3.6	2.5	6.1
Ward 6	Gen. Medicine	2042.5	1886.3	1937.5	1962.5	1519	1408.8	759.5	1029	92.4%	101.3%	92.7%	135.5%	822	4.0	3.6	7.6
Ward 7	Gen. Medicine	1752.5	1690	1550	2056.3	759.5	759.5	1139.3	1911	96.4%	132.7%	100.0%	167.7%	985	2.5	4.0	6.5
Ward 9	Trauma & Ortho	1694	1014	1488	864	635.5	574	317.8	317.8	59.9%	58.1%	90.3%	100.0%	256	6.2	4.6	10.8
NICU	Paeds	1924.6	1812.3	183.4	178.7	1782.5	1598.5	0	11.5	94.2%	97.4%	89.7%	-	20	170.5	9.5	180.1
Ward 11 SAU	Gen. Surgery	1395	1357.5	930	945	580.7	571.4	290.4	571.4	97.3%	101.6%	98.4%	196.8%	337	5.7	4.5	10.2

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

Ward Name	Main Specialties	Safety Thermometer Results			
		Acquired Pressure Ulcers	Patient Falls resulting in harm	CAUTI	New VTE
MCHFT		0.83% (7)	0.95% (8)	0.72% (6)	0.24% (2)
AMU	Gen. Medicine	0% (0)	0% (0)	0% (0)	0% (0)
CAU	Paeds	0% (0)	0% (0)	0% (0)	0% (0)
Critical Care	Gen. Medicine	0% (0)	0% (0)	0% (0)	0% (0)
Elmhurst	Rehab	4.17% (1)	0% (0)	0% (0)	0% (0)
Ward 1	Gen. Medicine	6.25% (2)	0% (0)	0% (0)	0% (0)
SAU	Gen. Surg	0% (0)	13.33% (2)	0% (0)	0% (0)
Ward 10 SSW	Gen. Surg & Urology	0% (0)	4.35% (1)	13.04% (3)	0% (0)
Ward 12	Gen. Surg & Gynae	0% (0)	5% (1)	0% (0)	0% (0)
Ward 13	Gen. Surg	0% (0)	0% (0)	0% (0)	0% (0)
Ward 14	Gen. Medicine	0% (0)	3.45% (1)	0% (0)	0% (0)
Ward 15	Trauma & Ortho	0% (0)	0% (0)	0% (0)	0% (0)
Ward 2	Gen. Medicine	0% (0)	3.12% (1)	0% (0)	0% (0)
Ward 21B	Rehab	0% (0)	0% (0)	0% (0)	0% (0)
Ward 23	Obstetrics	0% (0)	0% (0)	0% (0)	0% (0)
Ward 26	Obstetrics	0% (0)	0% (0)	0% (0)	0% (0)
Ward 4	Gen. Medicine	0% (0)	0% (0)	0% (0)	0% (0)
Ward 5	Gen. Medicine	0% (0)	0% (0)	0% (0)	6.25% (2)
Ward 6	Gen. Medicine	0% (0)	0% (0)	0% (0)	0% (0)
Ward 7	Gen. Medicine	0% (0)	0% (0)	6.25% (2)	0% (0)
Ward 9	Trauma & Ortho	0% (0)	0% (0)	0% (0)	0% (0)
NICU	Paeds	0% (0)	0% (0)	0% (0)	0% (0)
DN – Alsager	District Nursing	5.26% (1)	0% (0)	5.26% (1)	0% (0)
DN - Ashfields	District Nursing	7.41% (2)	3.7% (1)	0% (0)	0% (0)
DN – Danebridge	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)
DN – Eaglebridge	District Nursing	1.96% (1)	0% (0)	0% (0)	0% (0)
DN – Firdale	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)
DN – Grosvenor & Hungerford	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)
DN – Middlewich	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)
DN – Rope Green	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)
DN - Church View	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)
DN – Winsford	District Nursing	0% (0)	2.63% (1)	0% (0)	0% (0)
DN – Out of hours	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)

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

Experience Section:

Indicators	YTD 17/18	Last four months			
		Jul-17	Aug-17	Sep-17	Oct-17
Complaints received by month	118	13	8	23	24
Complaints being reviewed by the Ombudsman		1	1	1	1
Closed complaints by month	105	12	21	12	9
Contacts raising informal concerns	587	91	89	79	92
Compliments received in month	1111	157	158	139	212
Number of new claims received in month	33	5	5	3	2
Number of claims closed	15	1	0	1	5
Number of inquests concluded	5	1	0	0	0
NHS Choices - Star Ratings (Leighton)		4.5	4.5	4.5	4.5
NHS Choices - Star Ratings (VIN)		5	5	5	5
NHS Choices - Number of new postings	58	9	10	4	12
F&FT Response Rate ED, MIU, UCC and Assessment Areas*		3%	5%	2%	3%
Proportion of positive responses ED, MIU, UCC and Assessment Areas		91%	89%	89%	93%
F&FT Response Rate Inpatients and Daycases		21%	18%	11%	21%
Proportion of positive responses Inpatients and Daycases		98%	99%	98%	98%
F&FT Response Rate Outpatients		4%	4%	7%	8%
Proportion of positive responses Outpatients		95%	96%	96%	96%
F&FT Response Rate Maternity - Birth		8%	7%	8%	10%
Proportion of positive responses Maternity - Birth		100%	95%	96%	100%
F&FT Response Rate Community (CCICP)		17%	17%	15%	19%
Proportion of positive responses Community (CCICP)		94%	83%	87%	88%

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

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

Description	Aggregate Position/Description	Trend																																																																															
Monthly Trust complaints received by the Trust	<p>24 complaints were received in October 2017 which covered 117 categories. The highest categories were:</p> <ul style="list-style-type: none">• Communication• Medical – Diagnosis problems• Attitude of Staff - Nursing <p>Highest 3 areas receiving complaints/issues were:</p> <ul style="list-style-type: none">• ED: 6 complaints / 15 issues• Ward 12: 5 complaints / 17 issues• Paediatric Medical Staff: 2 complaints / 8 issues	<p>Complaints received by month</p> <table><thead><tr><th>Month</th><th>Complaints</th></tr></thead><tbody><tr><td>Nov-16</td><td>20</td></tr><tr><td>Dec-16</td><td>13</td></tr><tr><td>Jan-17</td><td>19</td></tr><tr><td>Feb-17</td><td>10</td></tr><tr><td>Mar-17</td><td>24</td></tr><tr><td>Apr-17</td><td>12</td></tr><tr><td>May-17</td><td>20</td></tr><tr><td>Jun-17</td><td>18</td></tr><tr><td>Jul-17</td><td>13</td></tr><tr><td>Aug-17</td><td>8</td></tr><tr><td>Sep-17</td><td>23</td></tr><tr><td>Oct-17</td><td>24</td></tr></tbody></table>	Month	Complaints	Nov-16	20	Dec-16	13	Jan-17	19	Feb-17	10	Mar-17	24	Apr-17	12	May-17	20	Jun-17	18	Jul-17	13	Aug-17	8	Sep-17	23	Oct-17	24	<p>Formal Complaints</p>																																																				
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Number of formal complaints by Division	<p>This graph shows the breakdown of categories by month for each division.</p> <table><tbody><tr><td>S&C:</td><td>51</td></tr><tr><td>DCSS:</td><td>8</td></tr><tr><td>W&CD:</td><td>16</td></tr><tr><td>MECD:</td><td>38</td></tr><tr><td>CCICP:</td><td>2</td></tr><tr><td>E&F:</td><td>0</td></tr><tr><td>Corporate Services:</td><td>2</td></tr></tbody></table>	S&C:	51	DCSS:	8	W&CD:	16	MECD:	38	CCICP:	2	E&F:	0	Corporate Services:	2	<p>Categories received by Division</p> <table><thead><tr><th>Month</th><th>S&C</th><th>MECD</th><th>WCSHD</th><th>DCSS</th><th>Corporate</th><th>E&F</th><th>CCICP</th></tr></thead><tbody><tr><td>Apr-17</td><td>18</td><td>8</td><td>2</td><td>2</td><td>2</td><td>0</td><td>2</td></tr><tr><td>May-17</td><td>32</td><td>32</td><td>8</td><td>2</td><td>2</td><td>0</td><td>2</td></tr><tr><td>Jun-17</td><td>38</td><td>12</td><td>10</td><td>2</td><td>2</td><td>0</td><td>2</td></tr><tr><td>Jul-17</td><td>18</td><td>22</td><td>5</td><td>2</td><td>2</td><td>0</td><td>2</td></tr><tr><td>Aug-17</td><td>12</td><td>15</td><td>10</td><td>2</td><td>2</td><td>0</td><td>2</td></tr><tr><td>Sep-17</td><td>32</td><td>35</td><td>18</td><td>10</td><td>2</td><td>0</td><td>2</td></tr><tr><td>Oct-17</td><td>52</td><td>38</td><td>16</td><td>8</td><td>2</td><td>0</td><td>2</td></tr></tbody></table>	Month	S&C	MECD	WCSHD	DCSS	Corporate	E&F	CCICP	Apr-17	18	8	2	2	2	0	2	May-17	32	32	8	2	2	0	2	Jun-17	38	12	10	2	2	0	2	Jul-17	18	22	5	2	2	0	2	Aug-17	12	15	10	2	2	0	2	Sep-17	32	35	18	10	2	0	2	Oct-17	52	38	16	8	2	0	2	<p>Formal Complaints by Division</p>
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Board Papers – Quality, Safety & Experience Section: December 2017

Description

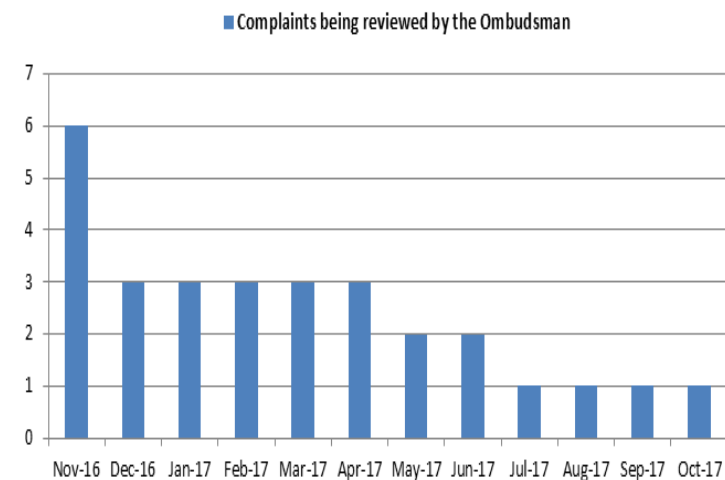
Aggregate Position/Description

Trend

Complaints being reviewed by the Public Health Service Ombudsman

In October 2017 1 complaint was active with the PHSO

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

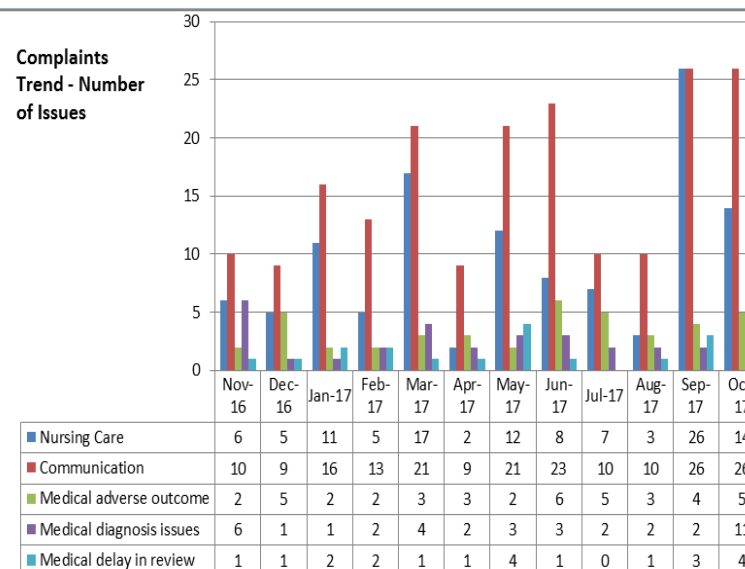


Ombudsman

Complaint Trends and number of issues

The main trends in October 2017 were:

- Communication: 13 complaints / 26 issues
- Medical – Diagnosis problems: 11 complaints / 11 issues
- Attitude of Staff – Nursing: 6 complaints / 6 issues



Complaint Trends

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

Description

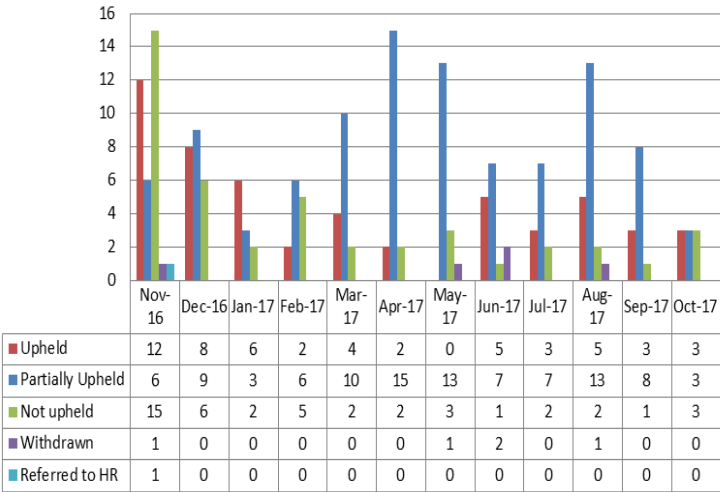
Aggregate Position/Description

Trend

Closed
Complaints

9 complaints were closed in October 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	2	1	0	0	4
Surgery and Cancer	0	0	1	0	0	1
Diagnostics & Clinical Support Services	0	0	0	0	0	0
Women's and Children's	1	1	0	0	0	2
Corporate Services	1	0	1	0	0	2
		Total closed				9

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

Complaints closed by Division

Tables removed under Section 40 of the Freedom of Information Act

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

Description

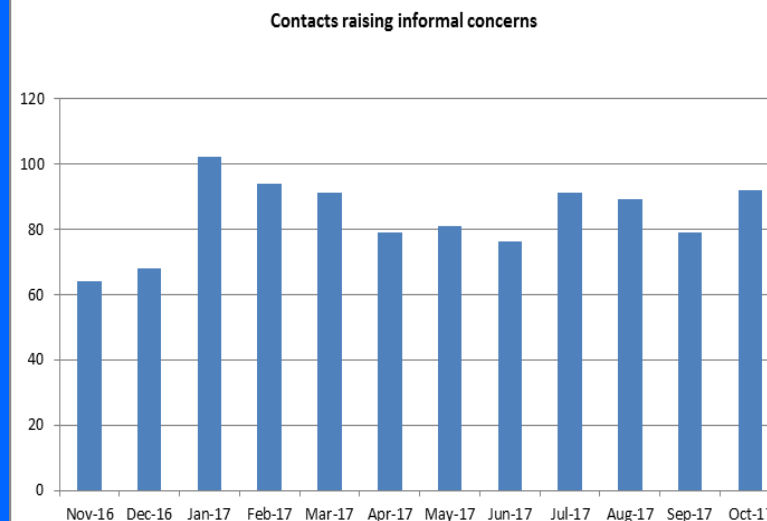
Aggregate Position/Description

Trend

Informal Concerns Numbers

The number of contacts raising informal concerns for October 2017 was 92 which is 13 more than the previous month.

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

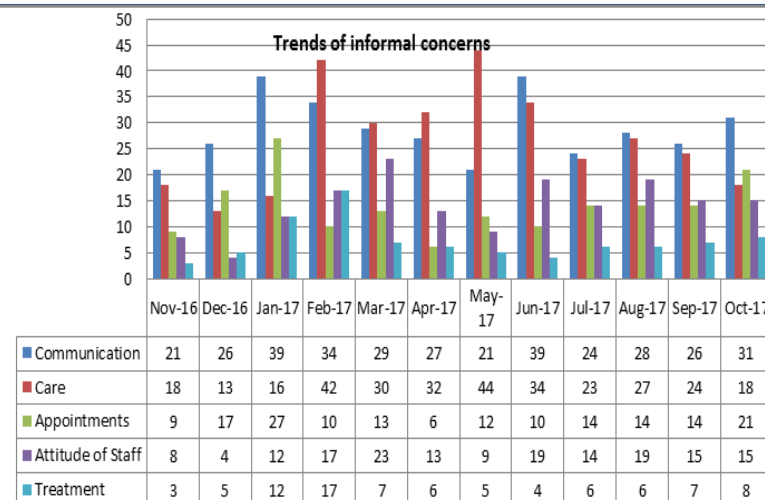


Informal Concerns
Feedback

Informal Concerns Trends



Communication was the highest trend for informal concerns in October 2017, with 14 of the 31 issues raised belonging to Division of Medicine and Emergency Care. 5 of the 14 issues were relating to the Emergency Department.

Of the 21 issues raised regarding appointments, 11 of these belong to the Division of Medicine and Emergency Care. 4 of these 11 issues belong to Respiratory.



Informal Concerns
Trends

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

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

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

Description

Aggregate Position/Description

Trend

Value of
claims
closed by
month

Chart and narrative removed under Section 43 of the
Freedom of Information Act.

Value of
Claims

Top five
claims by
Specialty

Chart and narrative removed under Section 43 of the
Freedom of Information Act.

Top 5
Claims by
Specialty

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

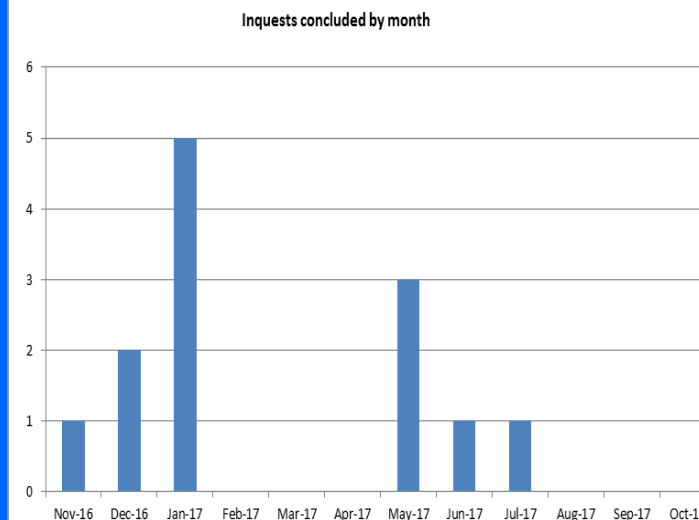
Description

Aggregate Position/Description

Trend

Number of
Inquests
concluded
by month

No inquests were concluded in October 2017.



Inquests

NHS
Choices
Star Ratings

The ratings are based on 245 postings received to date.

Leighton Hospital is rated at 4.5 stars.

4.5 Stars ★★★★★

Victoria Infirmary, Northwich is rated at 5 stars.

5 Stars ★★★★★

NHS
Choices –
Star
Ratings

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

Description

Aggregate Position /description

Trend

NHS Choices postings

There were 12 postings on NHS Choices in October 2017 of which 5 were negative and 7 were positive. Examples of feedback included:

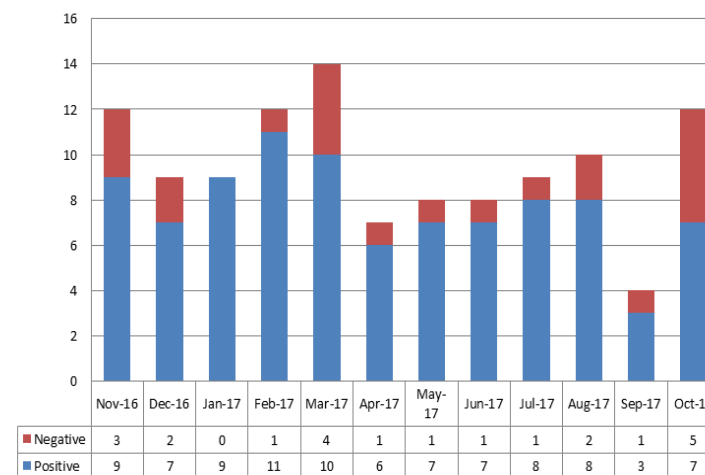
A&E - Staff were kind, professional, extremely quick and efficient culminating in me been given a diagnosis.

Bowel Screening - I cannot praise this service enough. All information from start to finish was received in a very timely manner, was very easy to understand and thoroughly explained the process and exactly what would happen and when and all timescales were met.

VIN - The receptionist was alert, helpful and sympathetic. Very swiftly staff ascertained that I was having a heart attack.

XRay – One member of staff needs to go on a customer care course never smiled - not good enough.

NHS Choices - Numbers of New Postings



NHS Choices - Postings

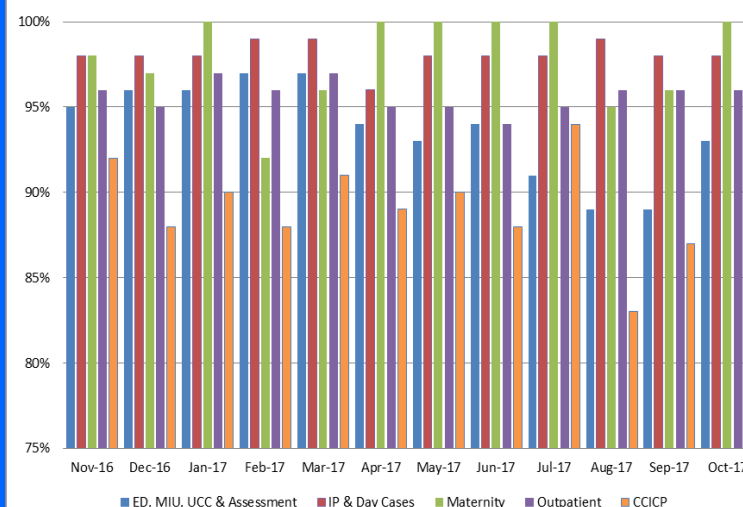
The Family and Friends Test asks patients if this would recommend our hospital services to a friend or relative based on their treatment and experience

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

Inpatients and day cases	98%
Emergency care /Assessment areas	93%
Outpatients	96%
Maternity	100%
CCICP	88%

2875 responses were received and 96% of those patients would recommend our hospital services.

FFT Positive Response Score - August 2016 onwards



Family & Friends Test

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

Description

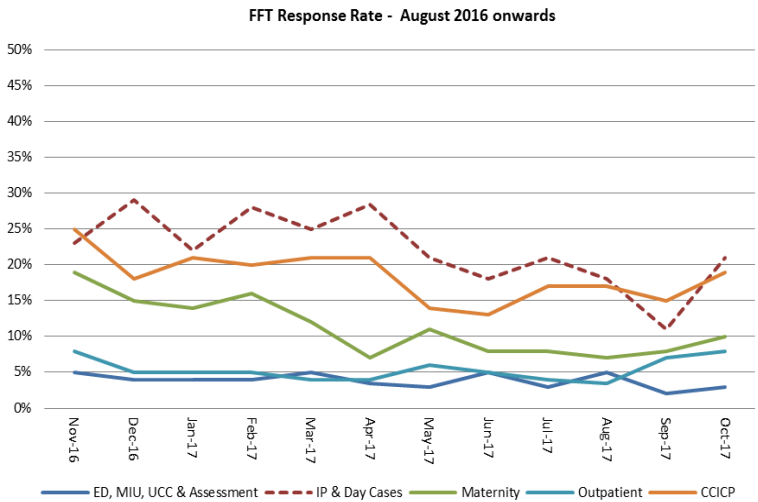
Aggregate Position

Trend

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

October 2017	% Response	Total Responses received	How many would recommend
Ward/Dept			
A&E , UCC & MIU	3%	204	190
Inpatients & Daycases	21%	847	829
Maternity	10%	1575	1515
Outpatients	8%	29	29
CCICP	19%	116	102

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



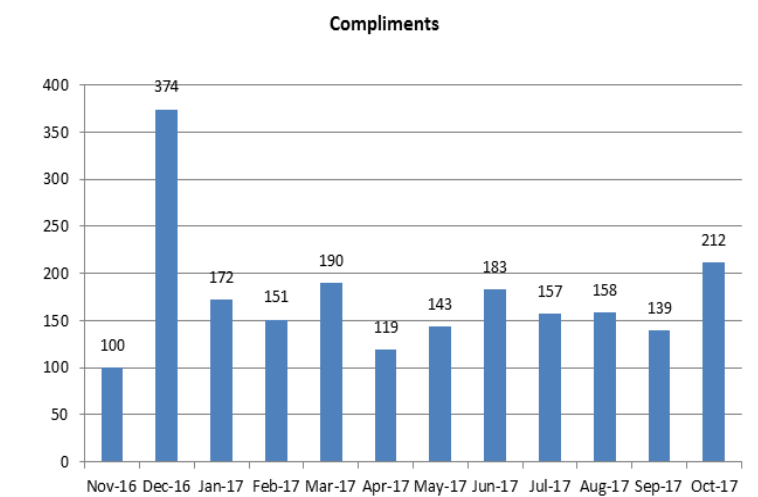
Family & Friends Test

Compliments received

There were 212 compliments/thank-you's received for October 2017:

'After a short stay on Ward 12, I would like to express my thanks to all the doctors and nursing staff. The staff could not do enough for me, they do their jobs with a smile, I don't think they realise how important they are,'

'I would like to say a big thank you to Leighton. Hospital for the care given to my father after his recent stroke. My family can not fault the care he has received, right from the phone call my mum made to the emergency services, the paramedics, nurses, doctors, physiotherapists and occupational therapists have all been very caring and supportive.'



Compliments

Title of Paper :	Guardian of Safe Working Hours Report (Jul – Sept 2017)		
Author:	Estelle Carmichael		
Executive Lead:	Estelle Carmichael		
Type of Report:	Concept Paper		
	Strategic Options Paper		
	Business Case		
	Information		✓
	Review/Benefits/Audit		
Link to Strategic Domains:		Link to Domain:	
Delivering Outstanding Clinical Quality, Safety & Experience		Safe	
Being a Leading partner in a Progressive Health Economy		Effective	✓
Striving for Outstanding Organisational Effectiveness		Caring	✓
Aspiring to Excellence in Practice Through Our Workforce	✓	Responsive	
Creating a 21st Century Infrastructure for Transformative Health and Social Care		Well-Led	✓
Link to Board Responsibility:	Performance		
	Accountability		✓
	Strategy		
	Implementation		
Action Required:	Decide		
	Approve		
	Note		✓
	Recommend		
	Delegate		
Positive Benefit:	Assurance that Junior Doctors in the Trust are safe and supported in their work.		
Risk:			
To be published on Trust Website –complete version		Y (delete as appropriate)	
If no, to be published on Trust Website – redacted		N (delete as appropriate)	
If not to be published complete or redacted, please detail the reason why			
Presented at Board Meeting of:	4 December 2017		

REPORT FROM THE GUARDIAN OF SAFE WORKING HOURS

1st July 2017 – 30th Sept 2017

1. INTRODUCTION

To report progress with the 2016 junior doctors contract and the work of the Guardian of Safe Working Hours (GoSWH) to the Board.

The GoSWH is required to provide the Board with a quarterly report which will include details of our current progress including exceptions, fines and rota gaps.

2. CURRENT POSITION

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

During the August rotation, the most significant change in terms of number of doctors in training leaving and joining the Trust, the following rotas were not fully staffed:

ROTA NAME	WTE OF DOCTORS REQUIRED FOR THE ROTA	WTE DOCTORS IN POST ON THE ROTA	WTE VACANCIES	ACTION TAKEN/ TO BE TAKEN TO FILL THE ROTA
STH Emergency Medicine	6.0	5.0	1.0	None taken.
STL Emergency Medicine	8.0	7.0	1.0	Rota reduced from 1:9 to 1:8.
FY1 General Surgery	6.0	5.0	1.0	Shifts covered by agency locum as LAS recruitment not successful
STL T&O/ENT	9.0	4.0	5.0	LAS Recruitment
STL Surgery/Urology	7.0	4.0	5.0	Rota reduced from 1:9 to 1:7
STH Obs & Gynae	8.0	6.6	1.4	1.0 wte vacancy is a trust funded post. Dept have ECF approved for 0.8 wte LAS
STL Obs & Gynae	8.0	5.2	2.8	Only 0.8 wte vacancy as 2.0 slots filled. 1.0 wte Nurse Practitioner & 1.0 wte filled by MTI candidate
STH Histopathology	2.0	0.0	2.0	LAS recruitment
FY2 Psychiatry	1.0	0.0	1.0	Rotational gap until Dec 17. No action as post based at Macclesfield

The above table provides a summary of the action being taken to ensure that gaps in rotas are filled in an efficient and productive manner, whilst also ensuring the safety of our patients.

3. EXCEPTION REPORTING

The GoSWH is required to provide a Board report on a quarterly basis summarising exception reports being completed and ensuring that the Trust take appropriate action to address any significant issues identified in these report. The Board has been presented with two previous GoSWH reports covering the period 7th December 2016 to 31st March 2017 and 1st April 2017 to 30th June 2017.

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

During the period 1st July 2017 – 30th September 2017 a total of 13 exception reports were received from trainee Doctors and the following table is a summary of those exceptions:

SPECIALTY	ROTA	NUMBER OF EXCEPTIONS REPORTS	EXCEPTION TYPE
General Medicine	FY2 Medicine	1	Late Finish/ Unable to Achieve Breaks
General Medicine	FY1 Medicine	4	Late Finish
T&O Surgery	ST Lower TO/ENT	2	Late Finish/ Unable to Achieve Breaks
ENT	ST High Combined	1	Difference in work pattern (to cover for gap on more junior rota)
Surgery	FY1 Surgery B Alternative 2017	4	Late Finishes and reduced break times.
General Medicine	LH 18 Week	1	Late Finish

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

REFERENCE	SUMMARY OF EXCEPTION	HOURS TO BE PAID	PAY COSTS (To be paid to the Doctor)			FINE COST (x2.5)
			PLAIN TIME	NIGHT RATE (x 1.37)	ENHANCED RATE (x1.5)	
		01 – 31 JULY 2017				
14235	Stayed Later after night shift	1.50	£22.15	-	-	£55.38
14285	Late finish to deal with surgical emergency	1.25	£18.46	-	-	£46.15
14317	Later finish due to over-running ward round	1.00	£14.77	-	-	£36.93
14678	Late finish and no break	1.80	£26.59	-	-	£66.48
		01 – 31 AUGUST 2017				
		<i>There were no exception reports submitted for August 2017</i>				
		01 – 30 SEPTEMBER 2017				
20336	Missed break for lunch and stayed late	TOIL – 2.16 hours				
21167	Stayed late to complete tasks from earlier in the shift	TOIL – 1 hour 15 mins				
21166	Stayed late to complete tasks from earlier in the shift	TOIL – 1 hour 15 mins				
21165	Stayed late to complete tasks from earlier in the shift	TOIL – 1 hour				
21168	Stayed late to complete tasks from earlier in the shift	No further action				
20051	Unable to achieve Breaks	TOIL – 0 hours 45 mins				
20485	Stayed Late to provide cover to wards	TOIL – 0 hours 45 mins				
19530	Required to work a different shift pattern due to gap on the rota	Exception report not agreed and therefore no fine or TOIL awarded. <i>Exception passed to UHNM to respond as the exception occurred due to staffing issue at UHNM</i>				
21253	Stayed Late as the ward was busy	Tbc – Educational Supervisor yet to respond				
Total Cost to the Trust for the Reporting Period						£204.94

	Fine Costs
Running Total Fines to Date	£428.49

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

4. CONCLUSION

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

The Trust has seen an increase in the number of exception reports and this is for two reasons:

- a. A significant increase in the number of Doctors in Training who have assimilated to or been employed on the new 2016 Junior Doctor Contract and
- b. The level of gaps on a number of rotas.

The action being taken to address the gaps on our rotas are set out in the table in section 2.

Derek Pegg
22 November 2017

EMERGENCY DEPARTMENT PATIENT SURVEY 2016

Verity Lockett
Service Manager- Emergency Department

Overview

1

- 1250 ED Attendees

2

- 409 Responses

3

- 33% Response Rate

Results

- 30 questions showed no significant change in score since 2014.
- No questions showed a statistically significant worsening of score since 2014.
- 5 questions showed statistically significant improvement.
- The CQC has rated all questions and sections as scoring “About the Same” as other Trusts.

We Statistically improved on the following questions:

- Were you told how long you would have to wait to be examined?
- While you were in the emergency department, did a doctor or nurse explain your condition and treatment in a way you could understand?
- While you were in the emergency department, how much information about your condition or treatment was given to you?
- Did hospital staff take your family or home situation into account when you were leaving the Department?
- Did a member of staff tell you about what danger signals regarding your illness or treatment to watch for after you went home?

Positive Comments

- Treated with utmost care, everyone was very kind.
- Excellent treatment. Receptionist from first point of contact. Nursing staff who saw me through to specialist. Nurses and others to ambulance staff to hospital staff. Many, many thanks.
- No problems from start to finish. Really good. They are so dedicated, helpful, I got tea and food!
- All staff dealt with me in a friendly, sympathetic and professional way. I cannot praise this department too highly.
- The medical and nursing staff were all very efficient
- The nurse treating me was very kind, caring and lovely.
- The experience from reception to being treated was polite and very professional. Everyone was very professional and considerate. Thank you.

Low Scoring Questions

- How long did you wait before you first spoke to a nurse or doctor?
- How many minutes after your requested pain relief medication did it take before you got it?
- Did a member of staff tell you about medication side effects to watch for?

Could Be Improved

- Not enough staff. Had to wait too long. Not the staff's fault.
- Transfer to ward can take some time..
- Considering A&E was overworked and understaffed. The service was just about acceptable but felt that my mother was treated as just another dementia patient on a conveyor belt of treatment.
- My only criticism of the event was having to wait for nearly 4 hours in a corridor without any indication from the staff of probable waiting times. There were a number of patients waiting in the corridor and I had a cannula fitted in full view of everyday else.
- Communication would have helped make the wait easier.

Action Plans

HOW LONG DID YOU WAIT BEFORE YOU SPOKE TO A NURSE OR A DOCTOR

Importance of communication has been reinforced with staff at all levels

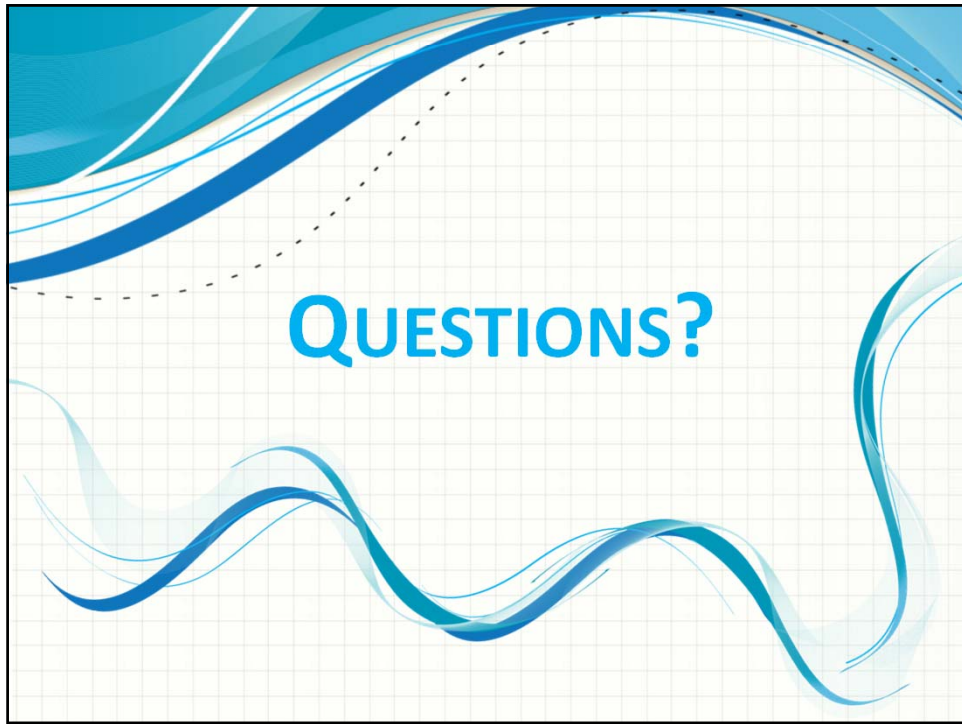
- Front door streaming now introduced
- Rapid Assessment Treatment cubicles at Front Door
- Dedicated corridor nurse

HOW MANY MINUTES AFTER YOU REQUESTED PAIN MEDICATION DID IT TAKE BEFORE YOU GOT IT

- Process introduced to clearly identify patients awaiting medication
- Audits performed

DID A MEMBER OF STAFF TELL YOU ABOUT MEDICATION SIDE EFFECTS TO WATCH OUT FOR

- All staff reminded that patients must be counselled when medication prescribed



Board of Directors Performance Report

October 2017

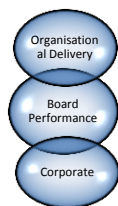
**"To Deliver Excellence in Healthcare through Innovation &
Collaboration"**

Introduction

Performance Report

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

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



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

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

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

Tracy Bullock
Chief Executive

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Headline Measures

Organisational Delivery			
Indicator	Standard	YTD	Oct-17
Cancer			
Rapid Access Referrals (%) (seen in 2 wks)	93.00%	97.26%	96.94%
Total Patients Seen		5,223	752
Patients seen >14 days		143	23
62 day GP Classic (%)	85.00%	94.19%	95.12%
Accountable Patients Treated		405	62
No. of Breached Pathways (adjusted)		24	3
62 day Screening (%)	90.00%	96.13%	83.33%
Accountable Patients Treated		78	6
No. of Breached Pathways (adjusted)		3	1

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

Unplanned Activity			
A&E <4hrs Standard (%)	95.00%	92.58%	88.28%
A&E Attendances (LH/MIU/UUC) (% to plan)		96.90%	99.83%
A&E Attendances LH & MIU (Vol)		51,797	7,439

Planned Activity			
Incomp Pathways <18wk (%)	92.00%	97.03%	96.79%
>6wk Diagnostic Waits (%)	1.00%	0.30%	0.24%
Total Patients Waiting for a First Outpatient Appointment			7,731

Indicator	Standard	YTD
Workforce		
Sickness absence Rolling 12 Month		4.16%
Turnover Rolling 12 Month		11.04%

Corporate					
Indicator	YTD Rating		YE Rating	YE Metric	
	Plan	Actual	Forecast	Plan	Forecast
Finance					
Use of Resource Rating		3	3		
Capital Service Capacity	4	4	4	0.76	0.58
Liquidity	4	3	4	-23	-14
I&E Margin	3	2	2	0.38%	0.39%
Distance from Financial Plan	0	1	1	0.00%	0.01%
Agency Spend	1	1	1	-10.22%	-34.69%

	YTD Target	YTD Actual	YTD Variance	FY Target	FY Forecast	FY Variance
Cost Improvement Schemes Total (£000's)	2,856	2,236	-618	4,922	4,021	-902
Capped Expenditure Process Schemes (£'000)	2,424	1,863	-561	7,062	5,962	-1,100
Commission Contact Income SC & VR (£000's)	109,380	109,380	0			
Contract Income (£'000)	129,027	129,525	498			
Pay to Budget (£000's)	-96,249	-96,648	-399			
Non Pay to Budget (£000's)	-40,739	-40,331	408			
Agency Trajectory (£000's)	-3,445	-2,454	991			

Exec Summary

In October 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 October achieved 88.28% against the 95% performance standard. This is a deterioration in performance compared to previous month and against September 2016 (89.21%). October's performance falls below the required 90.52% STF performance trajectory for the month.

The Trust has achieved two of the three headline cancer access standards for October. Strong performance continues in terms of rapid access referrals and 62 day treatment pathways. For Cancer 62 day Screening, there was one breach recorded in October. Due to low numbers this breach drops the performance to 83.3%, missing the 90% target.

The Trust continues to achieve the 92% standard for RTT 18 week incomplete pathways, with performance in October 2017 at 96.79%. 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 continue to perform well, with just 0.24% 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 £1.2M which is £0.3M better than plan as at Month 7.

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

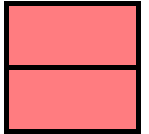
CIP schemes are behind plan by £0.6M due to the no longer proceeding e-rostering scheme and infusion pump consumable savings not materialising. Income generation schemes have been removed in light of the CEP leading to fixed income for the Trust. In addition, CEP schemes are £0.6M worse than plan due to scheme slippage. However, to date combined savings of £4.1M have been achieved.

The Trust is currently £1.0M better than its Agency spend trajectory which for the full year is £6.2M.

Single Oversight Framework

Triggers

Operational	For providers with Sustainability and Transformation Fund (STF) trajectories in any metric: failure to 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.
Finance & Resource	Poor levels of overall financial performance (avg score of 3 or 4). Very poor performance (score of 4) in any individual metric. Potential value for money concerns.



The Trust'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 quarterly 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		Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Monthly Trend
	Target	Actual														
Maximum 6 week wait for Diagnostic procedures	1%	0.30%	0.63%	0.13%	0.24%	0.18%	0.07%	0.09%	0.04%	0.17%	0.44%	0.76%	0.34%	0.21%	0.24%	
All Cancers: 62 day GP Classic (%) *	85%	94.19%	95.37%	92.00%	90.24%	90.43%	86.41%	96.46%	96.83%	92.81%	94.00%	93.04%	95.08%	91.67%	95.12%	
All Cancers: 62 day Screening (%) *	90%	96.13%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	85.71%	100.00%	92.00%	83.33%	
18 weeks from point of referral to treatment - patients on an incomplete pathway (%)	92%	97.03%	94.01%	95.46%	95.16%	95.89%	96.07%	96.48%	96.69%	96.98%	97.57%	97.37%	96.78%	97.10%	96.79%	
A&E - maximum waiting time of 4 hours from arrival to admission/transfer/discharge (%)	95%	92.58%	89.21%	93.33%	89.25%	84.47%	93.33%	97.21%	93.37%	90.66%	94.24%	92.63%	95.26%	93.99%	88.28%	
A&E STF Trajectory			0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	91.72%	91.72%	91.72%	91.34%	91.34%	91.34%	90.52%	

* 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	0.47	0.44	4
	Liquidity	-23	-14	4	-22	-8	3
Financial Efficiency	I&E Margin	0.38%	0.39%	2	-0.08%	0.93%	2
Financial Controls	Distance from Financial Plan	0.00%	0.01%	1	0.00%	1.01%	1
	Agency Spend	-10.22%	-34.69%	1	-9.10%	-35.20%	1
Overall UOR Rating				3			3

Operational Delivery: Cancer Pathway

Headline Measures

	Current YTD		Rolling 13 months													Monthly Trend
	Target	Actual	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	
Rapid Access Referrals (%) (seen in 2 wks)	93%	97.26%	98.60%	98.79%	98.93%	97.66%	99.15%	98.10%	97.14%	97.84%	97.20%	97.51%	97.35%	96.82%	96.94%	
Total Patients Seen		5223	713	743	652	641	706	842	665	742	785	763	793	723	752	
Patients seen >14 days		143	10	9	7	15	6	16	19	16	22	19	21	23	23	
% seen within 7 days		52.3%	64.5%	62.0%	51.1%	69.1%	54.3%	63.1%	55.6%	53.5%	48.7%	44.2%	46.2%	64.7%	54.8%	
62 day GP Classic (%) *	85%	94.19%	95.37%	92.00%	90.24%	90.43%	86.41%	96.46%	96.83%	92.81%	94.00%	93.04%	95.08%	91.67%	95.12%	

* Provisional figures subject to change depending

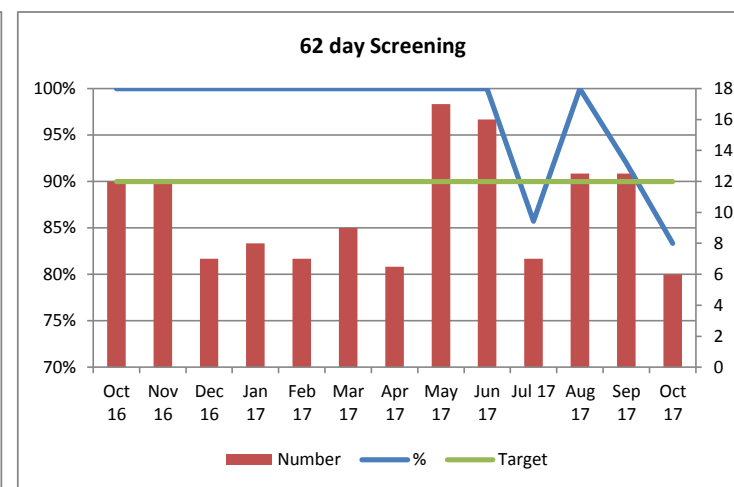
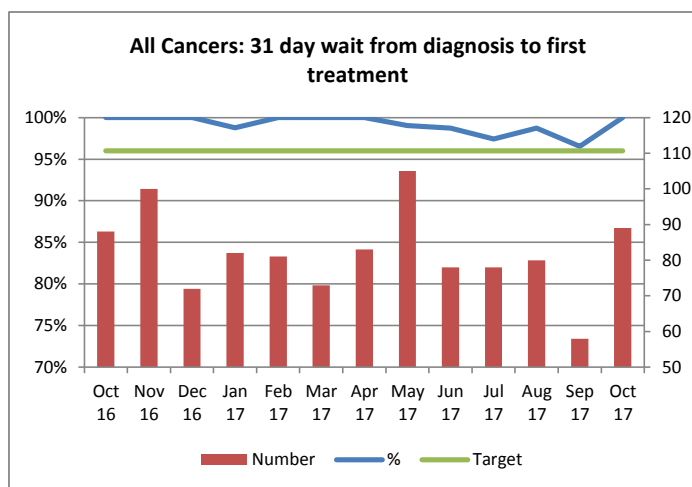
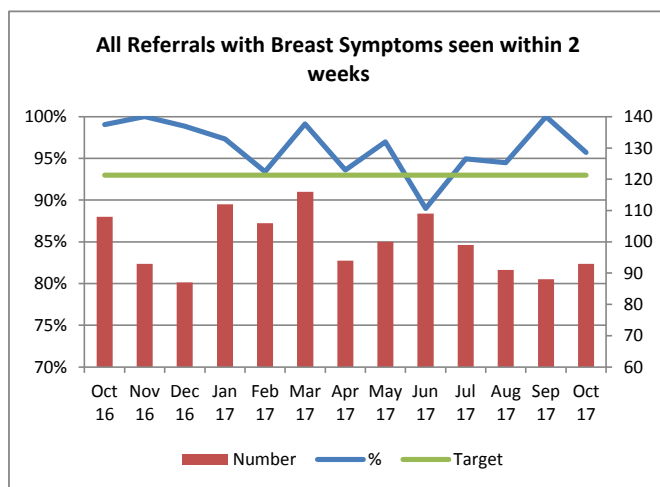
Commentary

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

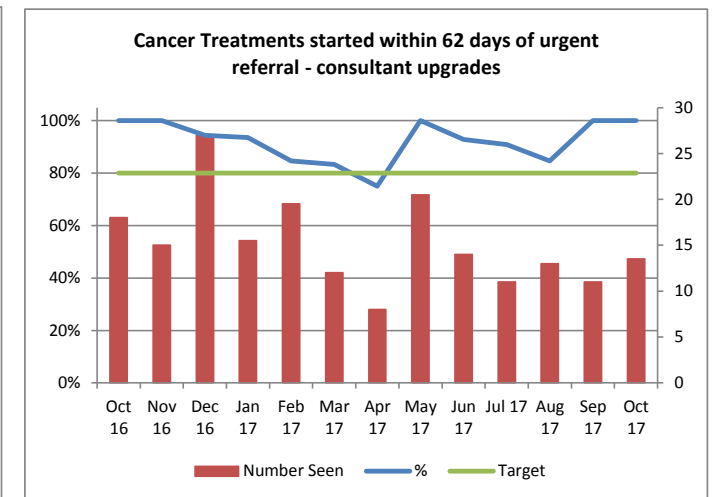
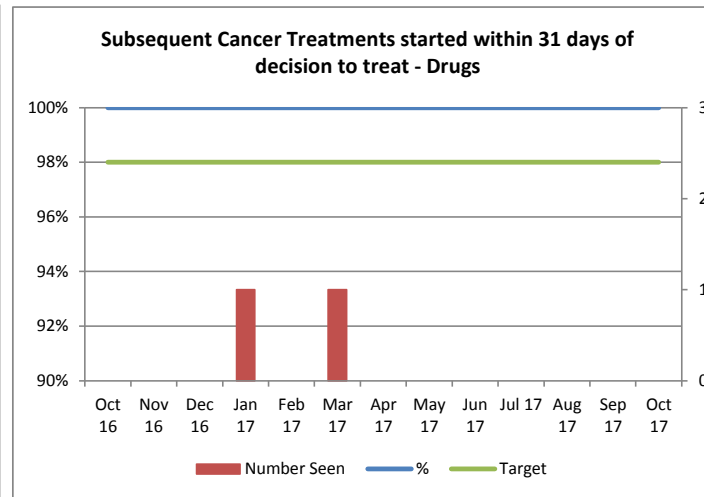
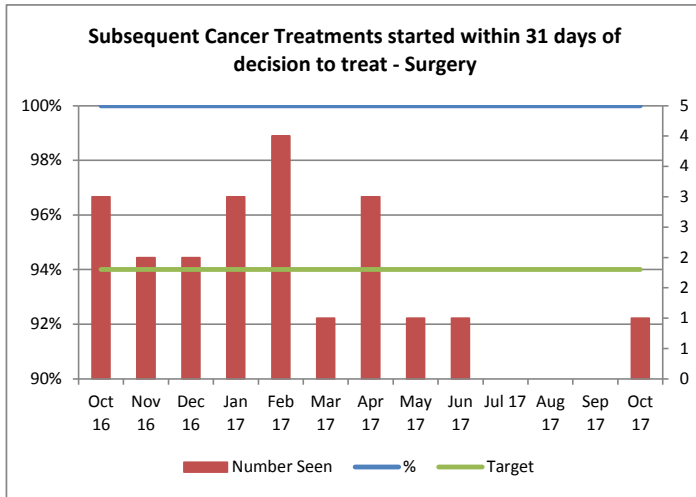
The Trust has continued its strong performance against the Rapid Access referrals standard, achieving 96.94% in October with 54.8% of patients being seen in the first 7 days. The Trust has seen a 5% increase in patients seen in month compared to October 2016.

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 October with one breach (Breast screening) out of a total 6 accountable treats. Despite failing the month, the standard continues to be met on a year to date basis.

Primary Measures



Operational Delivery: *Cancer Pathway*



Operational Delivery: *Unplanned Activity - A&E*

Headline Measures

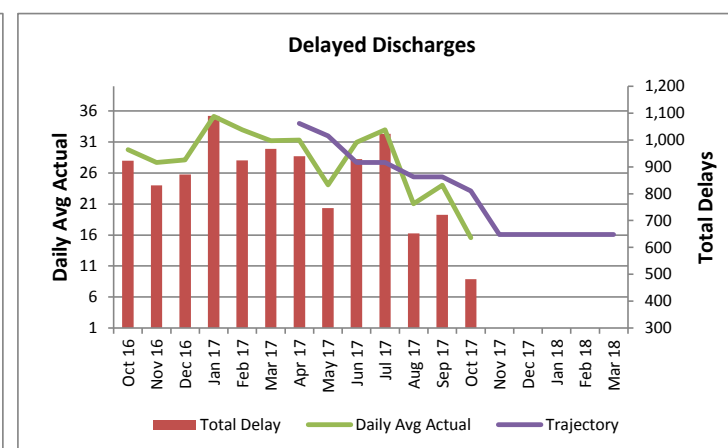
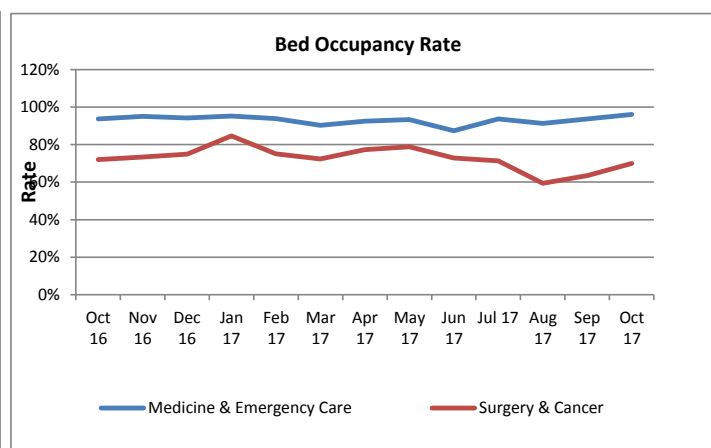
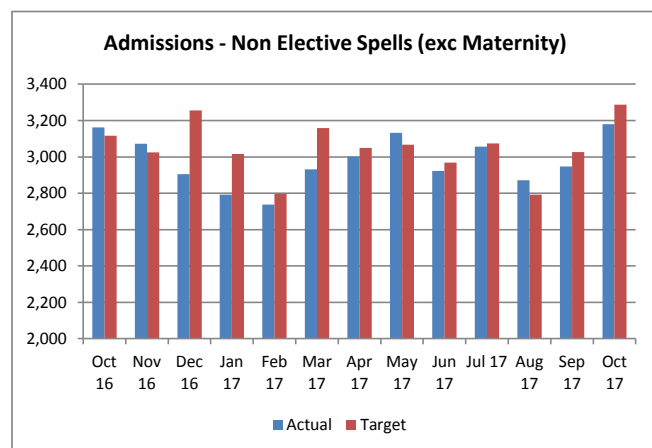
			Current YTD		Rolling 13 months													
			Target	Actual	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Monthly Trend
A&E - >4 hr wait time from arrival to admission/transfer/ discharge (% to Target)			95%	92.58%	89.21%	93.33%	89.25%	84.47%	93.33%	97.21%	93.37%	90.66%	94.24%	92.63%	95.26%	93.99%	88.28%	
No. of 4hr breaches				3,841	813	443	753	1,082	411	205	474	737	437	567	332	422	872	
			Plan	Actual	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Monthly Trend
A&E Attendances (LH/MIU/UUC) (% to Plan)				96.90%	104.1%	97.2%	100.5%	103.7%	95.1%	98.5%	98.2%	101.8%	99.9%	96.3%	93.1%	97.1%	99.8%	
A&E Attendances (LH/MIU/UUC) (No.)			52,834	51,797	7,533	6,643	7,005	6,965	6,166	7,357	7,144	7,890	7,593	7,697	7,011	7,023	7,439	
A&E Attendance Case Mix	Major			12,043	1,603	1,428	1,693	1,710	1,405	1,579	1,652	1,740	1,727	1,743	1,769	1,724	1,688	
	Minor			22,638	3,538	3,107	3,137	3,116	2,678	3,167	3,141	3,442	3,421	3,345	3,152	2,939	3,198	
	Paediatrics			10,487	1,493	1,332	1,218	1,223	1,183	1,631	1,433	1,674	1,568	1,626	1,182	1,416	1,588	
	Resus			6,629	899	776	957	916	900	980	918	1,034	877	983	908	944	965	

Commentary

ED attendances reduced in October 2017 to 7,439 compared to 7,533 in October 2016. The Trust achieved 88.28% against the 4-hour access standard in October. The STF trajectory of 90.52% for the month has therefore not been achieved. The Board are advised that the Trust delivered October 2017 performance with 25 fewer acute medical beds open than in October 2016, due to implementation of the efficiencies associated with the Trust's Access & Flow Transformation Programme. Poor performance was driven by an increase in ambulance arrivals at A&E and a difficulty in finding locum cover over the half term period. In recent months, aggregate monthly performance against the 4 hour 95% standard at Mid Cheshire has been in the top quartile nationally.

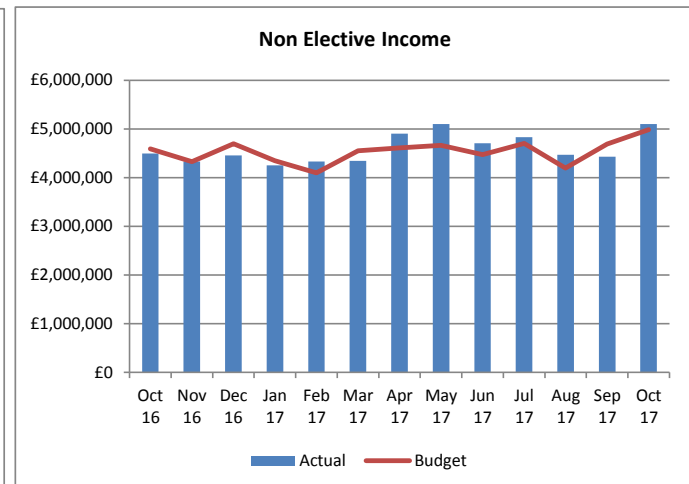
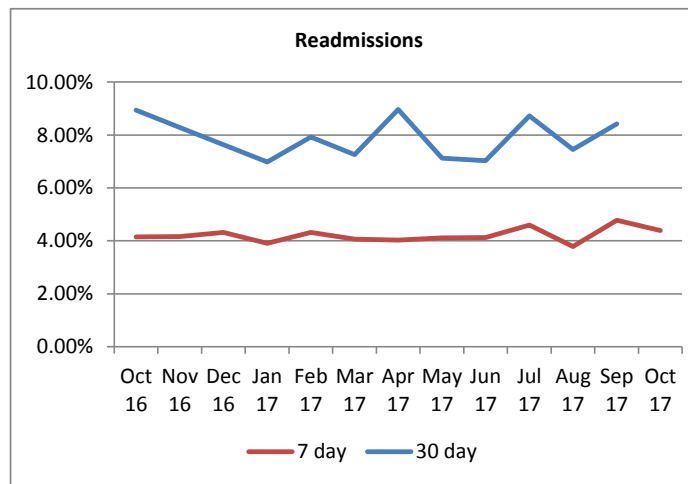
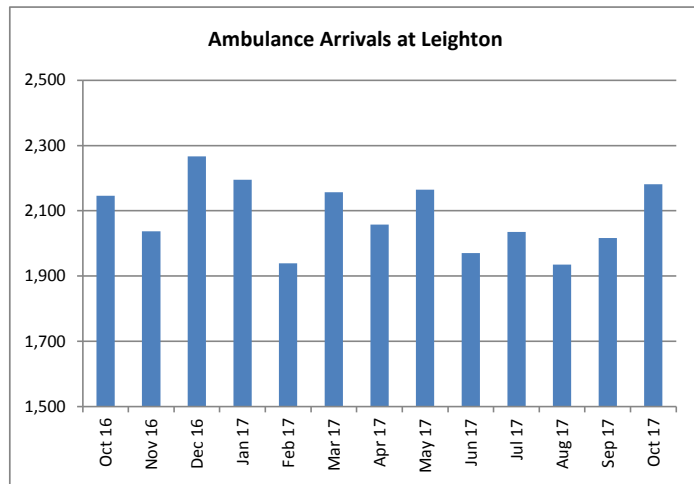
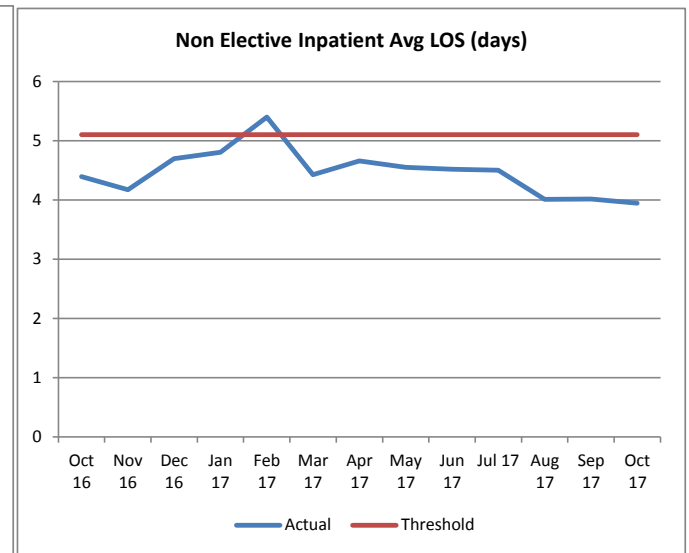
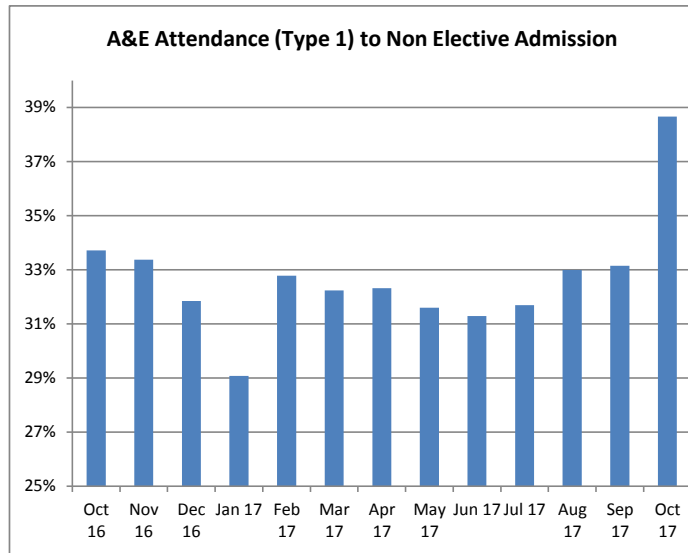
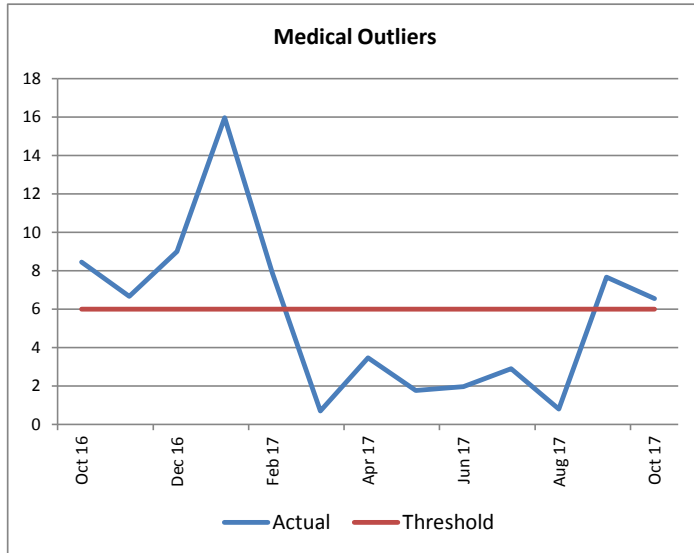
Non elective admissions were below target in both September and October. Bed occupancy rose in October in both Medicine & Emergency Care and Surgery & Cancer. Delayed transfers of care decreased markedly in August and have done so again in October remaining below trajectory, achieving the target of a daily average of 16 reportable delays. The number of medical patients on non medical wards in October improved to 7 but remains above the threshold of 6.

Primary Drivers



Operational Delivery: *Unplanned Activity A&E*

Secondary Drivers



Operational Delivery: *Planned Activity*

Headline Measures

	Current YTD		Rolling 13 months													Monthly Trend
	Target	Actual	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	
18 weeks from Referral to Treatment in Aggregate - Incomplete	92%	97.03%	94.01%	95.46%	95.16%	95.89%	96.07%	96.48%	96.69%	96.98%	97.57%	97.37%	96.78%	97.10%	96.79%	
Total 18 Weeks		82,077	13,580	12,998	12,505	11,437	11,234	11,526	11,564	10,990	11,165	11,576	12,431	12,297	12,054	
No. > 18 Weeks		2,434	813	590	605	470	442	406	383	332	271	305	400	356	387	
Diagnostic Waiting Time	1%	0.30%	0.63%	0.13%	0.24%	0.18%	0.07%	0.09%	0.04%	0.17%	0.44%	0.76%	0.34%	0.21%	0.24%	
Total Number of Waiters		26,299	3,630	3,149	3,826	3,786	4,305	4,561	4,582	4,192	4,090	3,560	3,189	3,380	3,306	
Waiters of 6 Weeks +		80	23	4	9	7	3	4	2	7	18	27	11	7	8	
Total Patients Waiting for a First Outpatient Appointment			9,544	8,359	7,842	7,205	7,812	7,057	7,223	7,172	7,352	7,643	8,029	7,808	7,731	
Longest incomplete pathway (wait in weeks)									44	41	38	38	40	42	42	

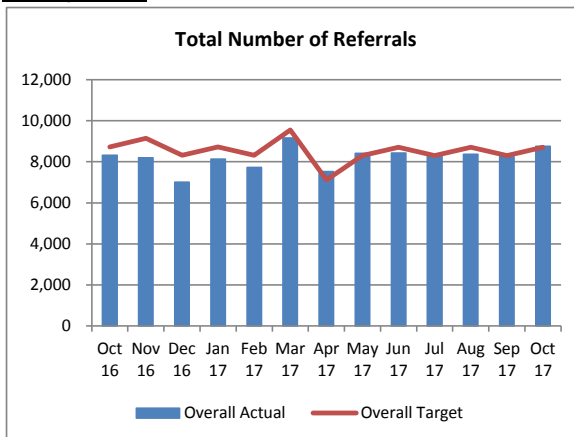
Commentary

The Trust reported 96.79% 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 84.4%. The Division have a recovery plan in place which is monitored through PMG. An improvement has been seen since implementation in 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 October 2017, 0.24% 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.

After a period of GP Referrals being consistently under target, the last two months have seen an increase with numbers meeting the target set. Comparatively GP referrals in October 2017 were 8.7% higher than October 2016.

Primary Drivers

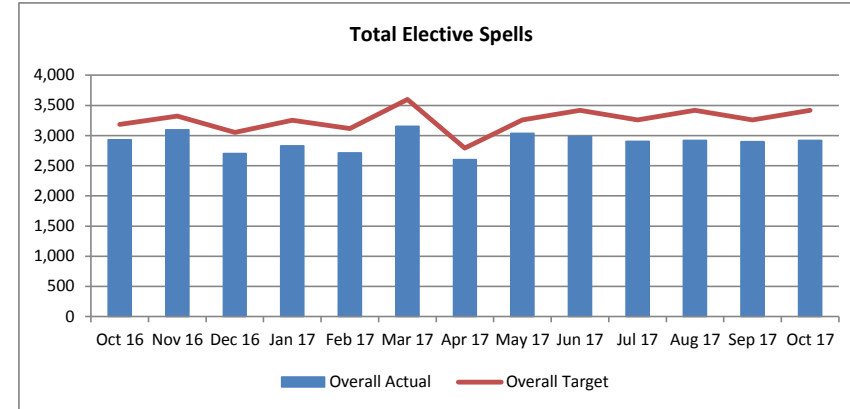
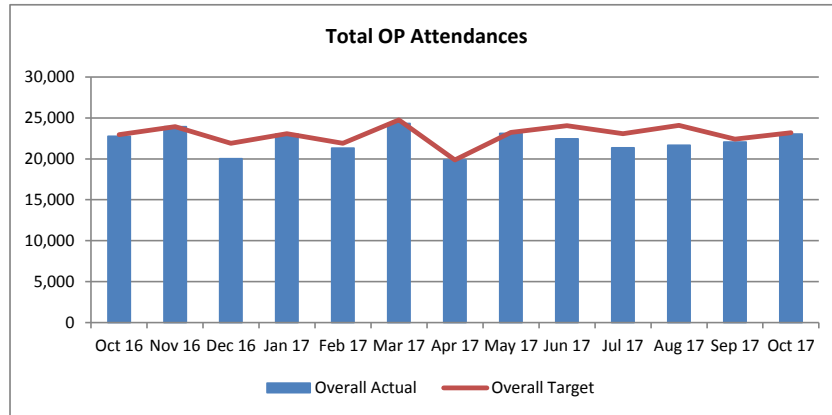


Referral Breakdown

	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Monthly Trend
GP Actual	5,063	5,061	4,192	4,930	4,592	5,534	4,427	4,779	5,248	5,115	5,211	5,277	5,506	
GP Target	5,505	5,767	5,243	5,505	5,243	6,029	4,507	5,259	5,509	5,259	5,509	5,259	5,509	
% to Target	92.0%	87.8%	80.0%	89.6%	87.6%	91.8%	98.2%	90.9%	95.3%	97.3%	94.6%	100.3%	99.9%	
Other Actual	3,263	3,135	2,821	3,200	3,126	3,621	3,100	3,632	3,179	3,191	3,156	2,969	3,250	
Other Target	3,222	3,376	3,069	3,222	3,069	3,529	2,614	3,050	3,195	3,050	3,195	3,050	3,195	
% to Target	101.3%	92.9%	91.9%	99.3%	101.9%	102.6%	118.6%	119.1%	99.5%	104.6%	98.8%	97.4%	101.7%	
Total Actual	8,326	8,196	7,013	8,130	7,718	9,155	7,527	8,411	8,427	8,306	8,367	8,246	8,756	
Total Target	8,728	9,143	8,312	8,728	8,312	9,559	7,121	8,308	8,704	8,308	8,704	8,308	8,704	
% to Target	95.4%	89.6%	84.4%	93.2%	92.9%	95.8%	105.7%	101.2%	96.8%	100.0%	96.1%	99.3%	100.6%	
GP % of Total	60.8%	61.7%	59.8%	60.6%	59.5%	60.4%	58.8%	56.8%	62.3%	61.6%	62.3%	64.0%	62.9%	

Operational Delivery: *Planned Activity*

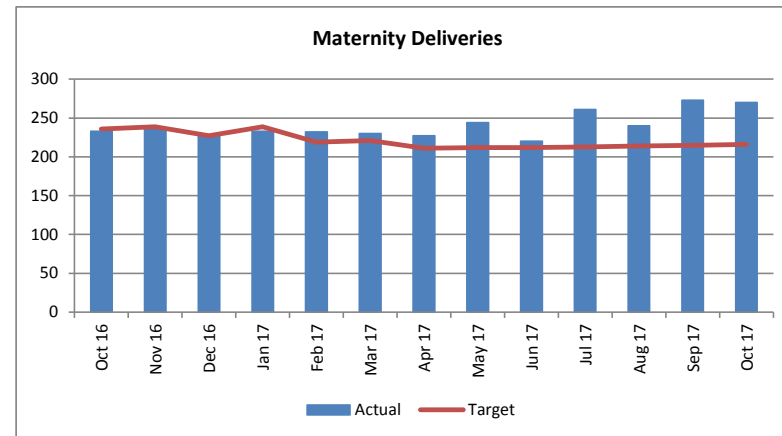
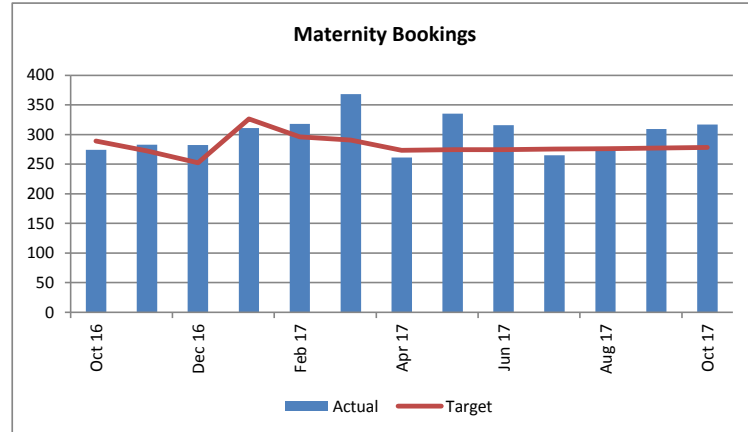
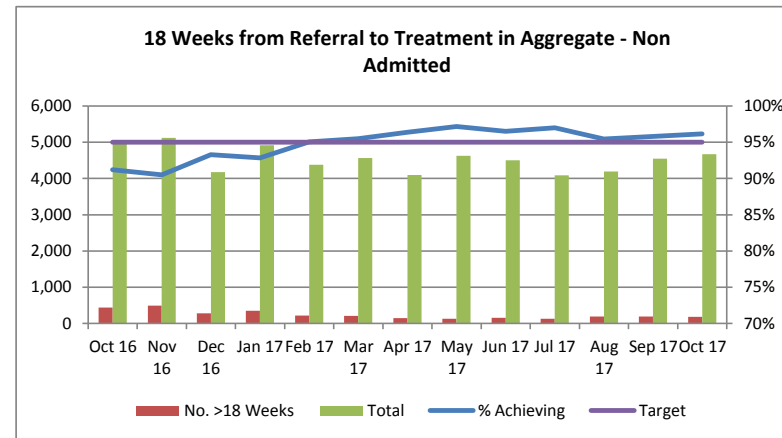
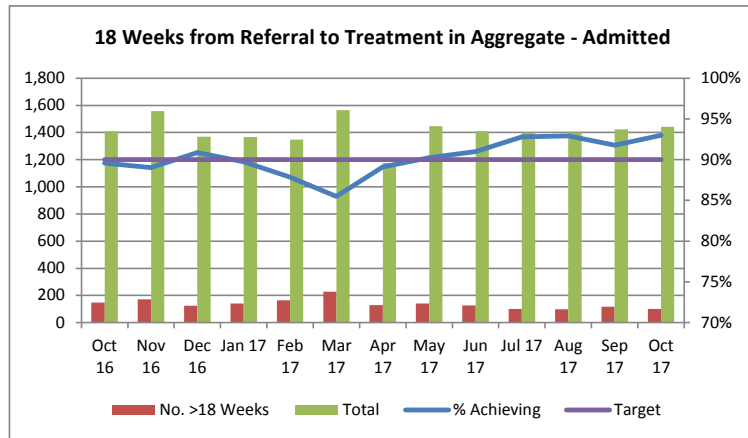
Primary Drivers



OP Attendance Breakdown		YTD	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Monthly Trend
New Actual		86,762	7,421	7,305	6,202	6,811	6,243	7,110	5,727	6,787	6,746	6,192	6,421	6,815	6,982	
New Target		92,280	7,081	7,408	6,747	7,138	6,791	7,764	6,098	7,113	7,423	7,098	7,427	6,941	7,250	
% to Target		94.0%	104.8%	98.6%	91.9%	95.4%	91.9%	91.6%	93.9%	95.4%	90.9%	87.2%	86.5%	98.2%	96.3%	
F U Actual		202,238	15,346	16,631	13,820	16,223	15,063	17,229	14,147	16,325	15,723	15,181	15,236	15,246	16,068	
F U Target		206,203	15,894	16,549	15,170	15,958	15,098	16,983	13,765	16,118	16,623	15,967	16,663	15,462	15,955	
% to Target		98.1%	96.6%	100.5%	91.1%	101.7%	99.8%	101.4%	102.8%	101.3%	94.6%	95.1%	91.4%	98.6%	100.7%	
Total Actual		289,000	22,767	23,936	20,022	23,034	21,306	24,339	19,874	23,112	22,469	21,373	21,657	22,061	23,050	
Total Target		298,483	22,975	23,957	21,917	23,096	21,889	24,747	19,862	23,231	24,046	23,065	24,090	22,403	23,205	
% to Target		96.8%	99.1%	99.9%	91.4%	99.7%	97.3%	98.4%	100.1%	99.5%	93.4%	92.7%	89.9%	98.5%	99.3%	
New % of Total		30.0%	32.6%	30.5%	31.0%	29.6%	29.3%	29.2%	28.8%	29.4%	30.0%	29.0%	29.6%	30.9%	30.3%	
Elective Spells Breakdown		YTD	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Monthly Trend
I P Actual		3,780	332	324	258	210	304	342	260	307	294	266	298	279	306	
I P Target		4,457	352	369	335	359	342	393	281	330	346	330	346	330	346	
% to Target		84.8%	94.4%	87.9%	77.0%	58.5%	88.8%	87.1%	92.4%	93.1%	85.1%	80.7%	86.2%	84.6%	88.5%	
Daycase Actual		33,894	2,598	2,773	2,442	2,618	2,411	2,809	2,342	2,728	2,689	2,636	2,619	2,618	2,611	
Daycase Target		37,893	2,834	2,952	2,717	2,892	2,775	3,208	2,509	2,931	3,071	2,931	3,071	2,931	3,071	
% to Target		89.4%	91.7%	93.9%	89.9%	90.5%	86.9%	87.6%	93.3%	93.1%	87.6%	89.9%	85.3%	89.3%	85.0%	
Total Actual		37,674	2,930	3,097	2,700	2,828	2,715	3,151	2,602	3,035	2,983	2,902	2,917	2,897	2,917	
Total Target		42,350	3,186	3,321	3,052	3,252	3,117	3,601	2,791	3,260	3,417	3,260	3,417	3,260	3,417	
% to Target		89.0%	92.0%	93.3%	88.5%	87.0%	87.1%	87.5%	93.2%	93.1%	87.3%	89.0%	85.4%	88.9%	85.4%	
I P % of Total		10.0%	11.3%	10.5%	9.6%	7.4%	11.2%	10.9%	10.0%	10.1%	9.9%	9.2%	10.2%	9.6%	10.5%	

Operational Delivery: *Planned Activity*

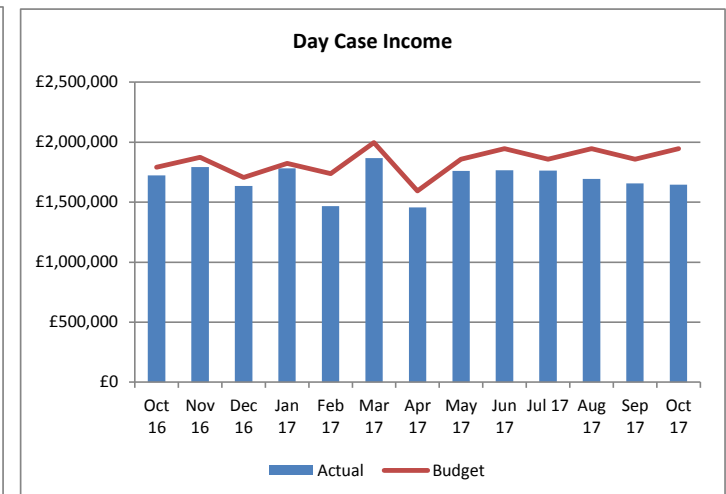
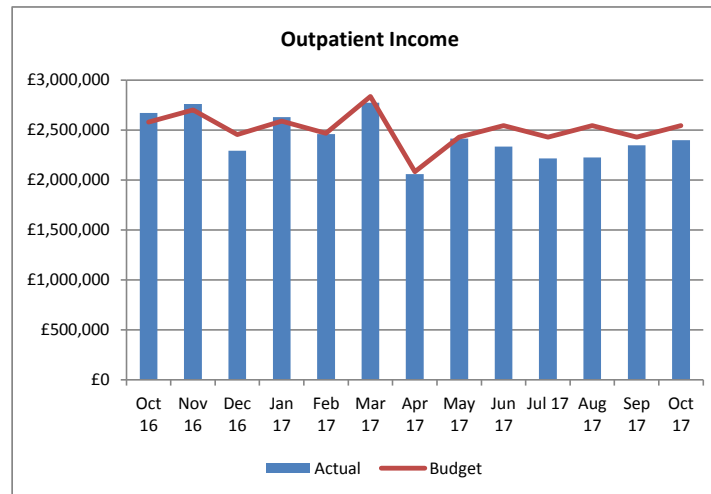
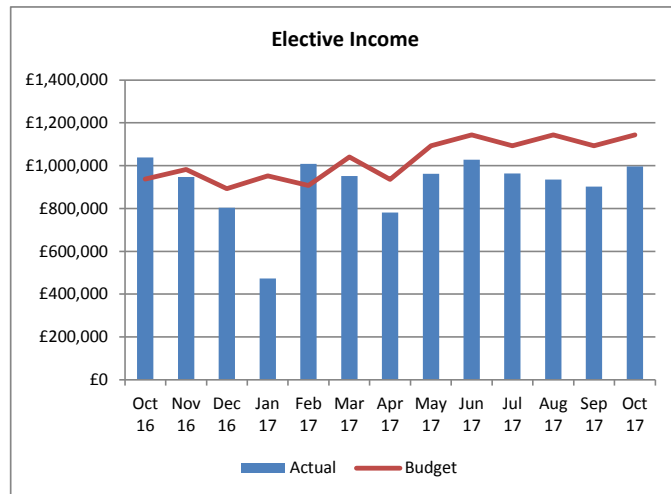
Primary Drivers



Operational Delivery: *Planned Activity*

Secondary Drivers

		Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Monthly Trend	
Bed Occupancy Rate	Medicine & Emergency Care	93.7%	95.2%	94.2%	95.2%	93.8%	90.3%	92.6%	93.3%	87.4%	93.7%	91.4%	93.8%	96.1%		
	Surgery & Cancer	72.0%	73.4%	74.9%	84.6%	75.1%	72.3%	77.3%	78.9%	72.9%	71.3%	59.3%	63.5%	70.1%		
Elective Inpatient Avg LOS (Days)		3.3	2.3	3.3	2.1	2.8	2.4	3.4	2.9	3.1	3.7	2.5	2.3	2.4		
Delayed Transfers of Care (MFFD)		16.00	30	28	28	35	33	31	31	24	31	33	21	24	16	
Delayed Transfers of Care (% of Acute Beds)			21.1%	5.7%	5.7%	6.9%	6.6%	6.3%	6.4%	4.9%	6.6%	7.1%	4.6%	5.2%	3.4%	
Medical Outliers		8	7	9	16	8	1	3	2	2	3	1	8	7		
Readmission (Emergency Re-admissions after Planned Surgery)																
* reported from 16/17. One month delay	30 Day Rate	3.29%	3.14%	3.46%	3.27%	2.95%	0.27%	4.00%	3.05%	3.06%	2.76%	2.92%	3.12%			
	7 Day Rate	1.29%	1.37%	1.24%	1.75%	1.67%	1.40%	1.73%	1.56%	1.49%	1.05%	1.11%	1.44%	1.64%		
Cancelled Operations - Non Clinical - Cancellation Rate		1.16%	0.61%	2.12%	0.85%	1.25%	1.07%	1.30%	1.06%	0.80%	0.86%	0.40%	0.57%	1.31%		
Theatre Efficiency																
	Main Theatres	77.6%	75.7%	75.5%	71.4%	76.3%	76.2%	77.5%	79.5%	78.4%	77.9%	78.6%	80.5%	78.8%		
	TC Theatres	77.2%	73.9%	72.6%	72.1%	76.0%	75.3%	75.6%	79.6%	72.7%	75.0%	76.0%	71.5%	78.1%		
DNA (OP Efficiency)		5.92%	6.15%	6.28%	6.13%	5.44%	5.35%	5.86%	5.94%	6.63%	5.82%	5.82%	5.94%	5.62%		
Hospital Cancellation Rate (OP Efficiency)		5.36%	5.34%	5.56%	5.40%	5.73%	6.03%	6.57%	7.63%	7.51%	7.94%	7.58%	6.11%	6.27%		



Financial Performance: Income & Expenditure Position - Aggregated

	Month			Year to Date			Forecast	Base Budget 17/18 £'000
	Plan Oct (£'000)	Actual Oct (£'000)	Variance Oct (£'000)	Plan Apr to Oct (£'000)	Actual Apr to Oct (£'000)	Variance Apr to Oct (£'000)	17/18 (£'000)	
Operating								
Operating Income								
<i>NHS Acute Activity Income</i>								
Elective	1,056	1,009	-48	7,046	6,569	-477	11,262	12,496
Non-Elective	4,896	5,237	341	31,639	33,543	1,904	57,502	57,367
Maternity	1,107	1,236	129	7,833	8,240	407	14,126	13,208
Day cases	1,921	1,676	-245	12,834	11,744	-1,091	20,132	22,066
Outpatients	2,473	2,413	-60	16,892	15,992	-901	27,414	29,033
A&E	783	833	50	5,550	5,790	240	9,926	9,309
Other NHS	6,905	6,938	33	47,233	47,646	413	80,439	76,714
Total NHS Clinical Revenue	19,142	19,342	200	129,027	129,524	496	220,800	220,193
<i>Other Operating Income</i>	1,911	1,861	-50	13,340	13,001	-339	21,992	22,840
TOTAL OPERATING INCOME	21,053	21,203	150	142,367	142,525	157	242,792	243,033
Operating Expenses								
Employee Benefits Expenses (Pay)	-13,774	-13,947	-173	-96,249	-96,648	-399	-166,394	-165,061
Drugs	-1,376	-1,428	-52	-9,643	-9,149	494	-15,537	-16,526
Clinical Supplies	-1,559	-1,557	2	-11,319	-10,418	901	-18,054	-19,518
Non Clinical Supplies	-272	-332	-60	-1,951	-2,322	-371	-3,844	-3,338
Other operating expenses	-2,563	-2,991	-428	-17,826	-18,660	-834	-31,004	-30,178
TOTAL OPERATING EXPENSES	-19,544	-20,255	-711	-136,988	-137,197	-209	-234,833	-234,621
EBITDA	1,509	948	-561	5,379	5,328	-52	7,959	8,412
Non Operating								
Non Operating Income								
Interest & Asset disposal	3	3	0	21	11	-10	36	36
Non-Operating Expenses								
Depreciation & Finance Leases	-459	-415	44	-3,385	-3,055	330	-5,397	-5,850
PDC Dividend Expense	-159	-159	0	-1,109	-1,109	0	-1,900	-1,900
Net Surplus/(deficit) before Exceptional Items	894	377	-517	906	1,175	268	698	698
Prior Period Adjustment	0	0	0	0	0	0	0	0
Charitable Income	0	0	0	0	218	218	218	0
Net Surplus/(deficit) after Exceptional Items	894	377	-517	906	1,393	486	916	698

The Trust delivered a £1.2M surplus (before charitable income) cumulative against a planned surplus of £0.9M.

Contract income is £0.5M 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 £0.4M 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 £0.2M 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 the agreed Community Services investment.

* EBITDA Total excludes Charitable Income

Financial Performance: Income & Expenditure Position - MCHFT

	Month			Year to Date			Forecast	Base Budget 2017/18 £'000
	Plan Oct (£'000)	Actual Oct (£'000)	Variance Oct (£'000)	Plan Apr to Oct (£'000)	Actual Apr to Oct (£'000)	Variance Apr to Oct (£'000)	17/18 (£'000)	
Operating								
Operating Income								
<i>NHS Acute Activity Income</i>								
Elective	1,056	1,009	-48	7,046	6,569	-477	11,262	12,496
Non-Elective	4,896	5,237	341	31,639	33,543	1,904	57,502	57,367
Maternity	1,107	1,236	129	7,833	8,240	407	14,126	13,208
Day cases	1,921	1,676	-245	12,834	11,744	-1,091	20,132	22,066
Outpatients	2,473	2,413	-60	16,892	15,992	-901	27,414	29,033
A&E	783	833	50	5,550	5,790	240	9,926	9,309
Other NHS	4,739	4,733	-6	31,989	32,125	136	53,862	50,639
Total NHS Clinical Revenue	16,976	17,137	161	113,783	114,003	219	194,223	194,118
<i>Other Operating Income</i>	1,830	1,777	-53	12,803	12,412	-392	20,965	21,941
<i>Inter-Trust Income</i>	48	48	0	333	333	0	743	571
TOTAL OPERATING INCOME	18,854	18,962	108	126,920	126,748	-172	215,931	216,630
Operating Expenses								
Employee Benefits Expenses (Pay)	-12,025	-12,264	-239	-84,028	-85,061	-1,033	-146,430	-144,096
Drugs	-1,374	-1,426	-52	-9,627	-9,136	490	-15,515	-16,497
Clinical Supplies	-1,470	-1,441	29	-10,698	-9,758	940	-16,923	-18,455
Non Clinical Supplies	-204	-254	-50	-1,474	-1,597	-122	-2,730	-2,520
Other operating expenses	-2,195	-2,557	-362	-15,163	-15,890	-727	-25,886	-25,672
Inter-Trust Charges	-82	-82	0	-571	-571	0	-979	-979
TOTAL OPERATING EXPENSES	-17,350	-18,024	-674	-121,562	-122,013	-452	-208,463	-208,219
EBITDA	1,504	938	-566	5,358	4,734	-624	7,468	8,411
Non Operating								
Non Operating Income								
Interest & Asset disposal	3	3	0	21	11	-10	36	36
Non-Operating Expenses								
Depreciation & Finance Leases	-459	-415	44	-3,385	-3,055	330	-5,397	-5,850
PDC Dividend Expense	-159	-159	0	-1,109	-1,109	0	-1,900	-1,900
Net Surplus/(deficit) before Exceptional Items	889	367	-522	885	581	-304	207	698
Prior Period Adjustment	0	0	0	0	0	0	0	0
Charitable income	0	0	0	0	218	218	218	
Net Surplus/(deficit) after Exceptional Items	889	367	-522	885	799	-86	425	698

The Trust excluding Community Services, delivered a £0.6M surplus cumulative against a planned £0.9M surplus..

Contract income is £0.2M better than plan cumulative. Key variances include planned income and drugs. £93M of the £114M actual value is fixed in line with the CEP. The variance relates to services commissioned by NHSE, Public Health England and out of area commissioners.

Other income is £0.4M worse cumulative as a result of training income, RTA income and nhs recharge variances.

Pay is £1.0M worse than plan cumulative as a result of higher spend on Nursing and corporate vacancy targets.

Non-Pay is £0.6M better than plan cumulative as a result of better than plan for high cost drugs (income offset) and clinical supplies (activity related). Other Operating Expenses is £0.4M worse as a result of continuing outsourcing pressures in diagnostics from staffing gaps. In month, there were further pressures in Other Operating Expenses related to provisions, linen and IT which are expected to be non-recurrent.

Financial Performance: Income & Expenditure Position - CCICP

	Month			Year to Date			Forecast	Base Budget 2017/18 £'000
	Plan Oct (£'000)	Actual Oct (£'000)	Variance Oct (£'000)	Plan Apr to Oct (£'000)	Actual Apr to Oct (£'000)	Variance Apr to Oct (£'000)	17/18 (£'000)	
Operating								
Operating Income								
<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	2,166	2,205	39	15,244	15,521	277	26,577	26,075
Total NHS Clinical Revenue	2,166	2,205	39	15,244	15,521	277	26,577	26,075
<i>Other Operating Income</i>	81	84	3	537	589	53	1,027	899
<i>Inter-Trust Income</i>	82	82	0	571	571	0	979	979
TOTAL OPERATING INCOME	2,329	2,371	42	16,352	16,681	330	28,583	27,953
Operating Expenses								
Employee Benefits Expenses (Pay)	-1,749	-1,683	66	-12,221	-11,587	634	-19,964	-20,965
Drugs	-2	-2	0	-16	-13	4	-22	-29
Clinical Supplies	-89	-116	-27	-620	-660	-39	-1,131	-1,063
Non Clinical Supplies	-68	-78	-10	-477	-725	-249	-1,114	-818
Other operating expenses	-368	-434	-66	-2,663	-2,770	-107	-5,118	-4,506
Inter-Trust Charges	-48	-48	0	-333	-333	0	-743	-571
TOTAL OPERATING EXPENSES	-2,324	-2,361	-37	-16,331	-16,088	243	-28,092	-27,952
EBITDA	5	10	5	21	593	572	491	0
Non Operating								
Non Operating Income								
Interest & Asset disposal	0	0	0	0	0	0	0	
Non-Operating Expenses								
Depreciation & Finance Leases	0	0	0	0	0	0	0	
PDC Dividend Expense	0	0	0	0	0	0	0	
Net Surplus/(deficit) before Exceptional Items	5	10	5	21	593	572	491	0
Prior Period Adjustment	0	0	0	0	0	0	0	
Net Surplus/(deficit) after Exceptional Items	5	10	5	21	593	572	491	0

Community Services delivered a £0.6M surplus cumulative against a planned break even position.

Contract income is £0.3M 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 now expected to achieve better than the Budget break even position. This is after current under-spends in pay particularly being 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	(69)	(517)	(478)	(19)	(10)	(536)	(557)
Endoscopy	Endoscopy	3,703	1	(554)	(1,394)	31	(682)	133	1,628	(390)
General Surgery Directorate	General Surgery	9,979	27	(366)	(5,052)	165	(999)	61	3,955	(140)
Head & Neck Directorate	Head & Neck	3,223	224	(112)	(1,473)	85	(430)	56	1,544	28
Macmillan Cancer Centre	Macmillan Cancer Centre	348	917	175	(513)	(10)	(797)	(41)	(45)	124
Ophthalmology	Ophthalmology	6,844	34	(325)	(2,326)	177	(1,901)	340	2,652	192
Orthopaedic Directorate	Orthopaedics	11,331	138	(679)	(3,651)	167	(2,059)	(82)	5,759	(594)
Theatres & TC	Theatres & TC	0	208	2	(4,256)	22	(1,500)	2	(5,548)	26
Urology Directorate	Urology	3,305	43	(139)	(1,574)	13	(300)	(102)	1,475	(228)
Surgical and Cancer Division	Surgery & Cancer	38,734	1,593	(2,068)	(20,757)	171	(8,686)	357	10,884	(1,540)

The Surgical Division is £1.5M worse than plan cumulative. Net of income as the CEP impact is reflected in Corporate, the Division is £0.5M better than plan, although variable income from PHE is behind plan by £0.4M. The key variances in expenditure relate to medical staffing vacancies in Ophthalmology and Orthopaedics and Nursing vacancies in General Surgery. Non-pay is better than plan in Ophthalmology as a result of lower than expected use of high cost drugs.

		Income			Expenditure				NET TOTAL	
		Contract	Variable	Better/ (Worse) than Budget	Pay	Better/ (Worse) than Budget	Non-Pay	Better/ (Worse) than Budget	Total	Better/ (Worse) than Budget
Emergency Care Divisional Mgmt	Divisional Management M&EC	0	89	89	(1,351)	(94)	(87)	(196)	(1,349)	(201)
Accident & Emergency Dir	Emergency Department	9,071	472	716	(3,355)	133	(391)	(59)	5,797	790
Anaesthetics & Critical Care	Anaesthetics & Critical Care	3,632	32	43	(4,708)	2	(617)	87	(1,661)	132
Medical Directorate	General Medicine	24,168	165	469	(12,919)	(505)	(2,583)	66	8,831	30
Urgent Care Centre	Urgent Care Centre	0	0	0	(398)	22	0	78	(398)	100
Emergency Services Division	Medicine & Emergency Care	36,871	758	1,317	(22,731)	(442)	(3,678)	(25)	11,220	850

The Medicine and Emergency Care Division are £0.9M better than plan. Net of income, the Division is £0.5M 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 on plan with lower than expected use of high cost drugs. offset by savings targets not delivered in Divisional management.

		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
Women & Children Div Mgmt	Divisional Management W&C	0	49	43	(781)	(89)	(67)	11	(799)	(35)
Obstetric & Gynaecology Dir	Obstetrics & Gynaecology	10,944	63	372	(5,054)	(24)	(878)	(155)	5,074	194
Paediatric Directorate	Paediatrics	6,544	51	(154)	(4,511)	(71)	(629)	(4)	1,454	(229)
Women and Childrens Division	Women and Children	17,488	162	261	(10,347)	(184)	(1,574)	(147)	5,729	(70)

The Women and Childrens Division is £0.1M 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 Mgmnt	Divisional Management D&S	0	0	0	(159)	27	(9)	(55)	(168)	(28)
Dermatology	Dermatology	988	16	(193)	(509)	80	(192)	8	302	(105)
ECG department	ECG	215	16	(24)	(560)	74	(43)	2	(373)	52
Elmhurst	Elmhurst	1,164	114	12	(883)	(17)	(101)	9	294	5
Integrated Discharge	Integrated Discharge	0	10	10	(172)	(14)	(2)	0	(164)	(4)
Medical Records Department	Medical Records Department	0	0	(1)	(1,016)	32	(130)	(4)	(1,146)	26
Outpatients	Outpatients	0	100	2	(320)	(1)	(32)	0	(253)	1
Pathology Directorate	Pathology	7,020	2,261	63	(5,700)	0	(5,064)	(16)	(1,482)	47
Pharmacy Departments	Pharmacy	1,825	136	197	(1,821)	42	(1,807)	(259)	(1,667)	(20)
Radiology Directorate	Radiology	1,940	409	(257)	(3,644)	19	(1,242)	(118)	(2,536)	(356)
Therapeutic Departments	Therapies	0	1	1	(1,124)	87	(31)	26	(1,154)	115
Victoria Infirmary Northwich	Victoria Infirmary Northwich	1,186	6	(81)	(984)	(30)	(173)	1	35	(110)
Diagnostics and Support Divisi	Diagnostics and Support	14,338	3,069	(272)	(16,893)	298	(8,825)	(404)	(8,311)	(378)

The Diagnostics Division is £0.4M 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	(290)	7	(124)	(11)	(415)	(4)
Catering Directorate	Catering	0	787	28	(936)	(41)	(781)	(66)	(930)	(79)
Estates Departments	Estates Departments	0	254	(24)	(945)	(37)	(3,528)	230	(4,219)	169
Hotel Services	Domestics	0	0	0	(785)	(31)	(7)	0	(792)	(32)
Laundry Services Departments	Laundry	0	704	(3)	(645)	(62)	(481)	(29)	(421)	(94)
Security	Security	0	936	(17)	(414)	25	(353)	(28)	169	(20)
Site Services	Porters	0	0	0	(1,580)	36	(53)	(8)	(1,633)	28
Estates & Facilities Division	Estates & Facilities Division	0	2,681	(17)	(5,594)	(102)	(5,327)	88	(8,241)	(31)

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	(844)	12	(373)	19	(1,218)	31
Computer Services	Computer Services	0	40	32	(810)	68	(1,316)	(122)	(2,087)	(23)
Finance & Information	Finance & Information	0	27	9	(1,827)	(66)	(439)	39	(2,239)	(18)
Human Resources	Human Resources	0	273	(6)	(1,360)	50	(239)	124	(1,326)	168
Risk Manangement & R&D	Risk Management & R&D	0	215	(100)	(848)	68	(25)	29	(657)	(2)
Quality Assurance Departments	Nurse Management	0	209	125	(1,603)	(183)	(5,362)	10	(6,757)	(48)
Trust Central Expenditure	Trust Central Expenditure	6,553	3,515	733	(1,285)	(715)	(360)	599	8,422	616
Other Departments	Other Departments	16	91	35	(163)	(8)	(175)	15	(231)	42
Corporate	Corporate	6,569	4,369	828	(8,740)	(774)	(8,290)	712	(6,092)	766

The Corporate Division is £0.8M better cumulative. Net of income, the variance is £0.1M worse. Pay is worse as a result of maternity pressures and vacancy control targets and n on-pay is better as a result of slippage on investments.

Community Services	15,527	590	326	(11,587)	634	(4,169)	(391)	361	570
EBITDA	129,526	13,220	376	(96,648)	(399)	(40,549)	189	5,549	166

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	4,774	0	4,663	-111
NHS Eastern Cheshire CCG Community	411	239	0	239	0
NHS South Cheshire CCG Community	16,887	9,846	0	9,846	0
NHS South Cheshire CCG	99,576	60,734	1,408	60,734	0
NHS Vale Royal CCG	54,424	32,765	840	32,765	0
NHS Vale Royal CCG Community	10,351	6,035	0	6,035	0
NHS Warrington CCG	248	144	0	168	24
NHS West Cheshire CCG	3,342	1,945	0	2,110	165
NHS West Cheshire CCG Community	191	111	0	111	0
NHS North Staffordshire CCG	1,900	1,108	0	1,336	228
NHS Shropshire CCG	624	364	0	537	173
NHS Stoke on Trent CCG	1,407	821	0	929	108
Local Authority	0	0	0	0	0
NHS Commissioning Board	1,511	878	0	878	0
Specialist Commissioning Group	8,449	4,922	0	5,030	108
Non Contract Activity	1,932	1,127	0	1,399	272
<i>Overseas Visitors Chargeable</i>	0	0	0	0	0
Non-Commissioner Specific	10,758	3,214	-977	2,745	-469
TOTAL	220,213	129,027	1,271	129,525	498

The South Cheshire and Vale Royal contracts are in line with the agreed CEP value. Against PbR, the Trust is underperforming by £2.2M primarily associated with 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	3,471	3,520	48
Adult & Neonatal Critical Care	7,884	4,623	4,636	13
Urgent Care Centre	0	0	0	0
Community Paediatrics	1,302	759	759	0
Direct Access Services	10,245	6,000	5,668	-332
Unbundled Radiology	3,613	2,107	2,051	-56
High Cost Drugs	9,953	5,806	5,625	-181
Screening Programmes	1,474	860	860	0
Audiology	1,057	617	691	75
IVF	321	187	165	-23
CQUIN	4,453	2,243	1,595	-648
STF	5,993	2,697	2,697	0
Community Services	27,805	16,220	16,493	273
Other	14	1,642	2,885	1,243
TOTAL	80,065	47,232	47,645	412

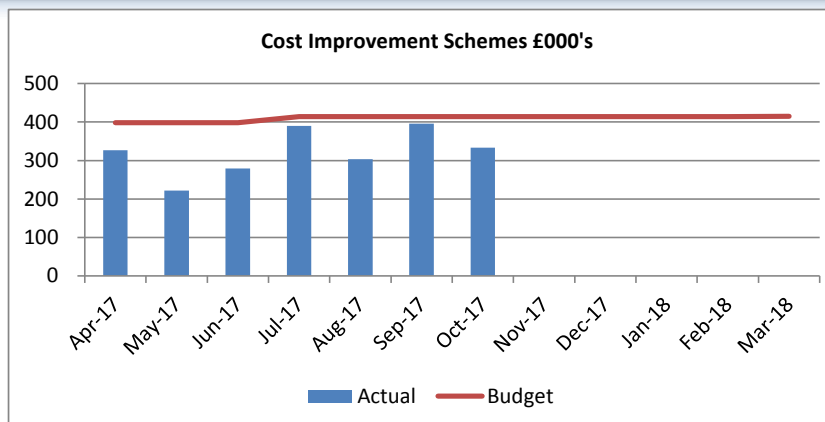
Other contract income is showing £0.4M better than plan.

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 (£1.3M favourable)

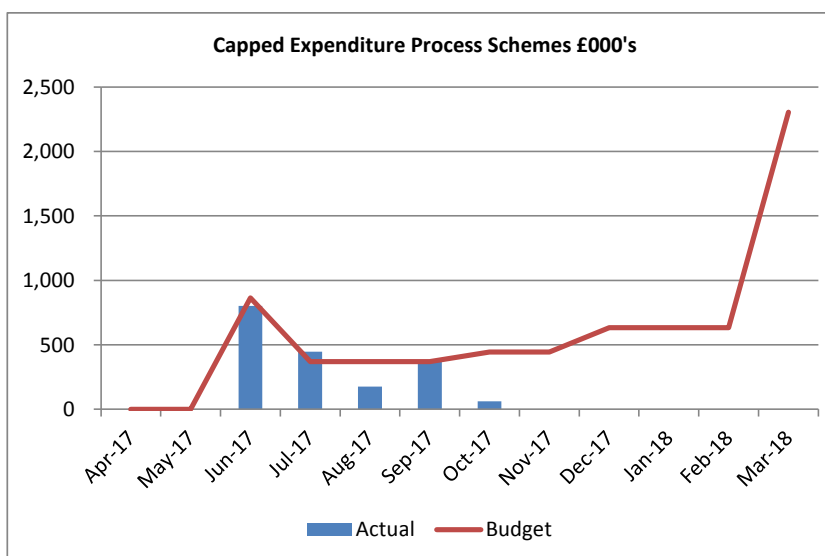
Financial Performance: Efficiencies

Cost Improvement Schemes (£'000's)						
Scheme Category	YTD Target	YTD Actual	YTD	FY Target	FY Forecast	FY Variance
Access & Flow	334	235	-99	600	600	0
Back Office	114	70	-44	195	139	-57
Commercial	82	94	13	140	138	-2
Drugs	242	232	-9	414	376	-38
Medical Workforce	1,040	1,007	-33	1,783	1,716	-67
Non-Pay Efficiency	198	23	-175	340	40	-300
Nursing Workforce	175	0	-175	300	0	-300
Procurement	438	438	0	750	750	0
Service redesign	233	137	-96	400	262	-138
Total (£'000)	2,856	2,236	-618	4,922	4,021	-902



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	50	30	-20	100	30	-70
Acute CEP ECT Rota	50	0	-50	100	0	-100
Acute CEP Elective*	769	513	-256	2,766	2,396	-370
Acute CEP Diagnostic Capacity (63	63	0	378	378	0
Acute CEP Diagnostic Capacity (0	0	0	188	188	0
Acute CEP High Cost Drugs	350	245	-105	600	495	-105
Acute CEP Paeds	15	0	-15	30	0	-30
Acute CEP Pharmacy	25	0	-25	50	25	-25
Acute CEP PLCP	50	0	-50	100	0	-100
Acute CEP Tele-Derm	35	35	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)	270	270	0	479	479	0
Community CEP (Non-Pay)	707	707	0	1,251	1,251	0
Grand Total	2,424	1,863	-561	7,062	5,962	-1,100



Capped Expenditure Process schemes are £0.6M worse than plan cumulative as a result of not achieving the full target on elective efficiency as schemes commenced later in the year than planned 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
STRATEGIC INVESTMENTS (Requires individual signoff)													
ESTATES													
DR'S MESS INTO RMO'S	Yes	Internal	Yes		42	42	54	-12	62	0	54	42	62
WARD 11 REFURBISHMENT	Yes	Internal	Yes	1500			0	-5	0	0	1495	1,500	1,500
WARD 16 REFURBISHMENT	Yes	Internal	Yes	854	283	283	282	1	283	0	1136	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	169	-47	122	0	169	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	200	267	-67	249	0	353	335	335
UNDER / OVERS CAPITAL SCHEMES 16/17	Yes	Internal	Yes				0	-8	0	0	-8	0	0
WARD REFURBISHMENT	Yes	Loan	Not yet approved		4200	1500	3	1497	1400	8800	3	13,000	10,200
MRI SCANNER 3RD BUILD	Yes	Internal/Loan	Not yet approved	109	1540	1540	-5	1545	770	770	104	2,419	1,649
WASTE COMPOUND AND SEGREGATION	No	Internal	Not yet approved		250	250	0	250	100	150	0	400	250
BARIATRIC SIDE ROOM	No	Internal	Not yet approved		100	0	0	0	0	100	0	200	100
3RD CT SCANNER BUILD	No	Loan	Not yet approved		850	709	0	709	0	850	0	1,700	850
TOTAL				2549	7874	4884	758	4126	3254	10670	3307	21093	16473
IT													
VOICE OVER IP	Yes	Internal	Yes	171	295	295	236	59	295	200	407	666	666
RADIOLOGY INFORMATION SYSTEM	Yes	Internal	Yes	96	132	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	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	660	0	660	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	70	30	40	100	400	30	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
TOTAL				303	8902	4226	278	3948	847	12129	581	14765	13,279
TOTAL STRATEGIC INVESTMENTS					2852	16776	9110	1036	8074	4101	22799	3888	29752

The Estates strategic investments capital spend is £4,126K 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, Bistro and Offices and Ward 17 refurbishment. Originally the MRI and Ward 17 refurbishment projects are delayed due to the delay in the approval of loans from the DoH. However the Ward 17 refurbishment has now 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, and Bariatric sideroom where some of the expenditure has been moved to 2018/19.

The IT Strategic investments projects are £3,948K 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
ROLLING ALLOCATIONS (Approved Delegated Budgets)													
ESTATES													
ASBESTOS REMOVAL	Yes	Internal	Yes		150	88	-8	95	150	600	-8	750	750
DESIGN TEAM	Yes	Internal	Yes		280	163	151	12	280	1120	151	1,400	1,400
CT / VT - HEATING INFRASTRUCTURE	Yes	Internal	Yes		175	75	41	34	175	525	41	700	700
BACKLOG GENERAL PROVISION	Yes	Internal/Loan	Yes		1604	1237	134	1103	1,604	6750	134	8,354	8,354
TOTAL				0	2,209	1,563	318	1245	2,209	8,995	318	11,204	11,204
IT													
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	48	96	48	0	48	144	48
TOTAL				0	387	292	113	179	291	535	113	922	826
TOTAL ROLLING ALLOCATIONS				0	2,596	1,855	431	1,423	2,500	9,530	431	12,126	12,030
ADDITIONAL													
EQUIPMENT	Yes	Internal	Yes		0	0	39	-39	39	0	39	0	39
GP STREAMING ESTATES	Yes	Internal	Yes		0	0	5	-5	0	500	5	500	500
GP STREAMING IT	Yes	Internal	Yes		0	0	9	-9	250	0	9	0	250
COMMUNITY SERVICES	Yes	Internal	Yes		0	0	0	0	735	265	0	265	1,000
LEASING INVESTMENTS													
EQUIPMENT	Yes	Internal	Yes		648	236	236	0	648	0	236	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
TOTAL LEASING INVESTMENTS				0	2891	416	373	43	1291	1600	373	4491	2891
TOTAL CAPITAL PROGRAMME (EXCLUDING LEASES)					2,852	19,372	10,965	1,520	9,445	7,625	4,372	48,749	43,571
TOTAL CAPTIAL PROGRAMME					2,852	22,263	11,381	1,893	9,488	8,916	34,694	47,455	46,462

In addition to the strategic capital schemes the rolling and additional schemes are £1,423K 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 Oct (£'000)	Actual Apr to Oct (£'000)	Variance (£'000)	Forecast 2016/17 (£'000)
Assets				
Assets, Non-Current	87,996	80,865	-7,130	86,792
Assets, Current				
Trade and other Receivables	4,496	8,797	4,301	7,741
Other Assets (including Inventories & Prepayments)	5,355	5,084	-271	5,160
Cash and Cash Equivalents	3,174	10,810	7,636	1,835
Total Assets, Current	13,025	24,691	11,666	14,736
ASSETS, TOTAL	101,020	105,556	4,536	101,528
Liabilities				
Liabilities, Current				
Finance Lease, Current	-494	-514	-20	-1,163
Loans Commercial Current	-114	-173	-59	-461
Trade and Other Payables, Current	-15,022	-18,237	-3,215	-12,073
Provisions, Current	-175	-134	41	-186
Other Financial Liabilities	-8,153	-7,307	846	-7,178
Total Liabilities, Current	-23,957	-26,365	-2,408	-21,061
Net Current Assets/(Liabilities)	-10,933	-1,674	9,258	-6,325
Liabilities, Non Current				
Finance Lease, Non Current	-4,048	-4,995	-947	-5,245
Loans Commercial Non-Current	-13,135	-9,796	3,339	-11,385
Provisions, Non-Current	-1,634	-1,668	-34	-1,582
Trade and Other Payables, Non-Current	0	0	0	0
Total Liabilities Non-Current	-18,817	-16,459	2,358	-18,212
TOTAL ASSETS EMPLOYED	58,246	62,732	4,486	62,255
Taxpayers' and Others' Equity				
Taxpayers Equity				
Public dividend capital	75,157	75,407	250	75,407
Retained Earnings	-27,131	-22,837	4,294	-23,314
Donated asset reserve	0	0	0	0
Revaluation Reserve	10,220	10,162	-58	10,162
TOTAL TAXPAYERS EQUITY	58,246	62,732	4,486	62,255
TOTAL FUNDS EMPLOYED	58,246	62,732	4,486	62,255

Non Current assets The main reason for the variance is that the plan is the capital programme expenditure submitted in the NHSI plan being £8,437K less than anticipated which is mainly due to a delay in Vendor Neutral Archive £605K and the Third MRI Scanner build £1,500K, Third CT Scanner build £709K, Backlog Maintenance £628K and Ward 17 Refurbishment £1,498K, E-Prescribing £900K, EDMS £1,000K, Clinical Portal £660K. 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 and Radiology Information System £135K, 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 East Cheshire NHS Trust £308K (£272K paid early November), Salford FT £100K, Property Services £104K, North Staffordshire CCG £147K, Health Education £496K, Shropshire CCG £106K (£52K paid early November), Western Cheshire CCG £346K (£294K paid early November), Christies Hospital £295K, North Midlands NHS Trust £87K, and NHS England £119K. In addition there is an outstanding debtor for the STF of £1,799K.

Other Assets mainly relates to the reduction in drug stocks.

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. This is offset by the the profiling of the CCG contract in line with the savings to the value of £5,000K.

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 £6,914K. 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.

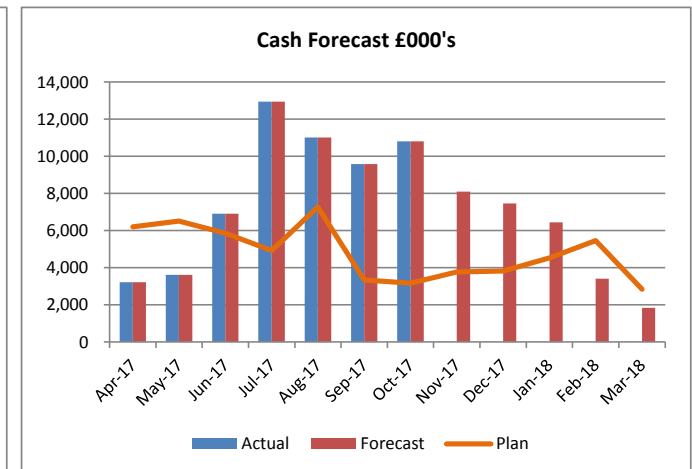
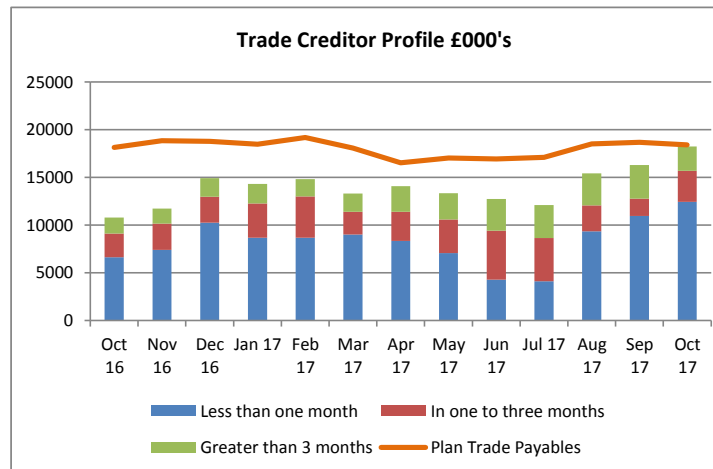
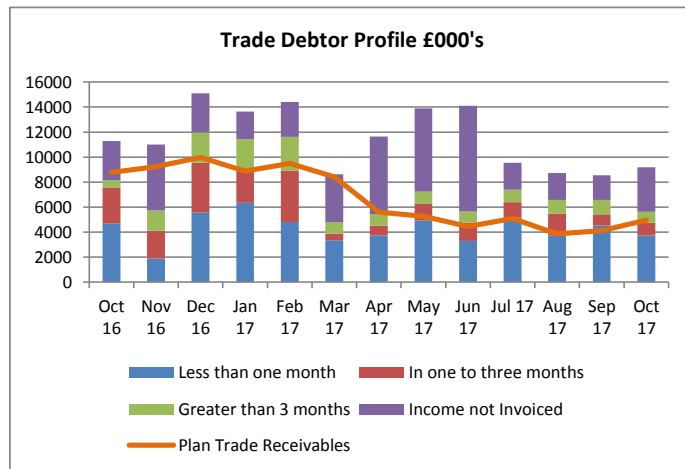
Retained Earnings is due to the late accrual for the Incentive and Bonus STF in 2016/17 of £2,257K and the trust better than anticipated financial position.

Financial Performance: Cash Position and Working Capital

	Plan Apr to Oct (£'000)	Actual Apr to Oct (£'000)	Variance
Surplus/(deficit) after tax	-270	1,393	1,663
Non-cash flows in operating Surplus/(deficit) total	3,364	3,034	-330
Operating cash flows before movements in working capital	3,094	4,427	1,333
Increase/(Decrease) in working capital Total	3,629	7,547	3,919
Net cash inflow/(outflow) from operating activities	6,723	11,974	5,251
Net cash inflow/(outflow) from investing activities total	-8,525	-2,570	5,955
Net Cash inflow/(outflow) before financing	-1,803	9,404	11,207
Net cash inflow/(outflow) from financing activities Total	-874	-4,241	-3,367
Net increase/(decrease) in cash and cash equivalents	-2,677	5,163	7,840
Opening cash balance	5,850	5,647	-203
Closing cash balance	3,173	10,810	7,637

Cash is £7,637K 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 £1,663K better than planned and the capital programme being £5,955K less than expected including movement in capital creditors. However this is offset by £6,914K 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
Pay Budget	96,247
Pay Actual	96,648
Variance	-401
% to Budget	100.4%

Rolling 13 months £000's													
Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Monthly Trend
12,019	12,166	12,131	12,385	12,345	12,385	13,770	14,030	13,678	13,577	13,688	13,730	13,774	
11,892	12,241	11,825	12,102	11,997	12,331	13,549	14,070	13,715	13,649	13,843	13,875	13,947	
127	-75	306	283	348	55	221	-40	-37	-72	-155	-145	-173	
98.9%	100.6%	97.5%	97.7%	97.2%	99.6%	98.4%	100.3%	100.3%	100.5%	101.1%	101.1%	101.3%	

Nursing Staff % to Budget	101.0%
Medical Staff % to Budget	100.4%
Other Staff % to Budget	99.9%

98.6%	101.6%	98.4%	97.0%	100.5%	98.7%	101.8%	104.4%	99.8%	102.5%	97.5%	99.3%	101.6%	
100.6%	94.9%	90.7%	94.4%	90.4%	99.5%	90.5%	101.9%	98.8%	98.0%	108.2%	103.5%	102.6%	
98.0%	104.2%	101.9%	101.2%	98.7%	109.3%	100.1%	95.1%	101.7%	100.1%	100.9%	101.4%	100.1%	

Commentary

Figures exclude Community Services for 2016/17

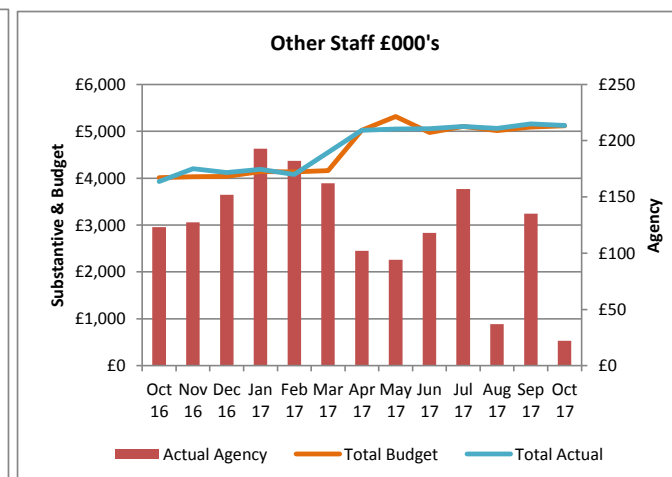
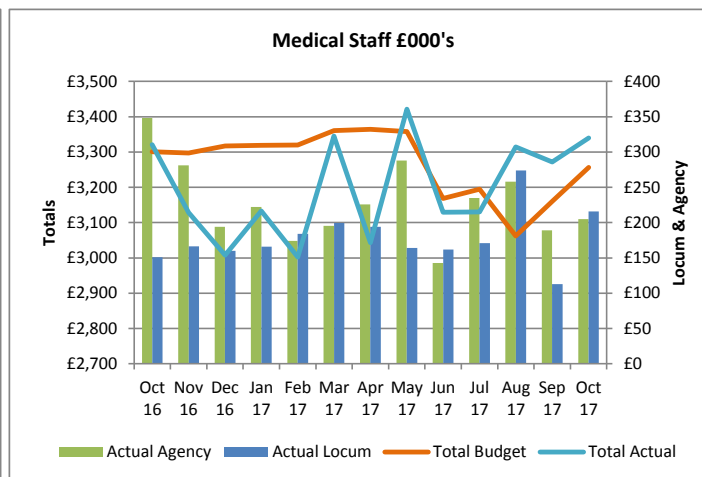
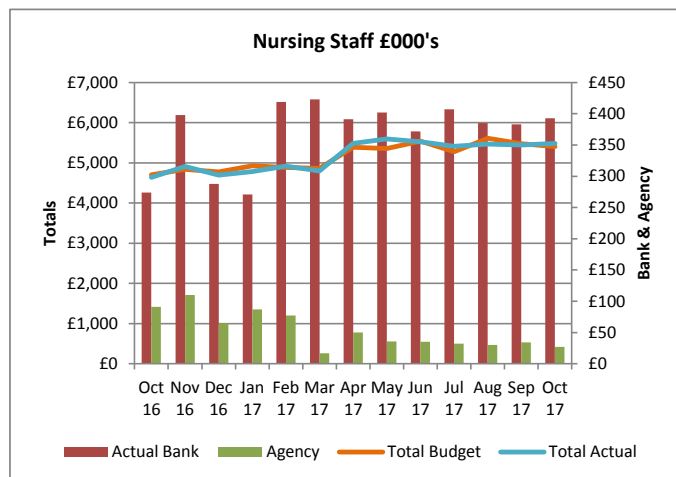
Pay is worse than budget by £0.4M as at Mth 7.

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.

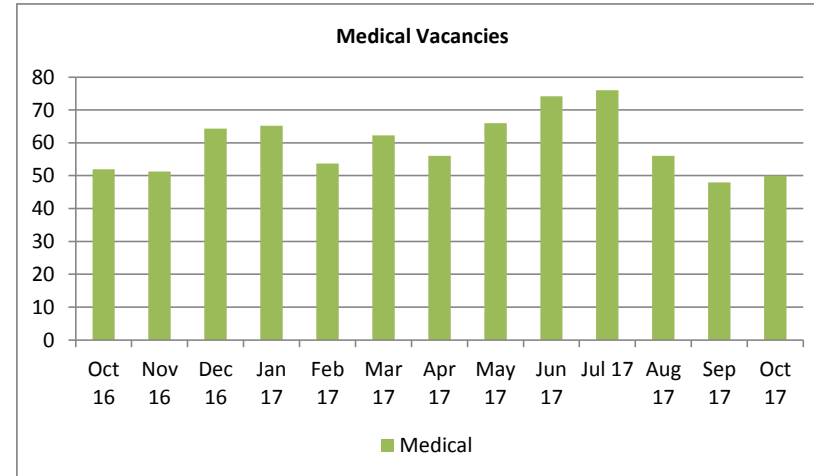
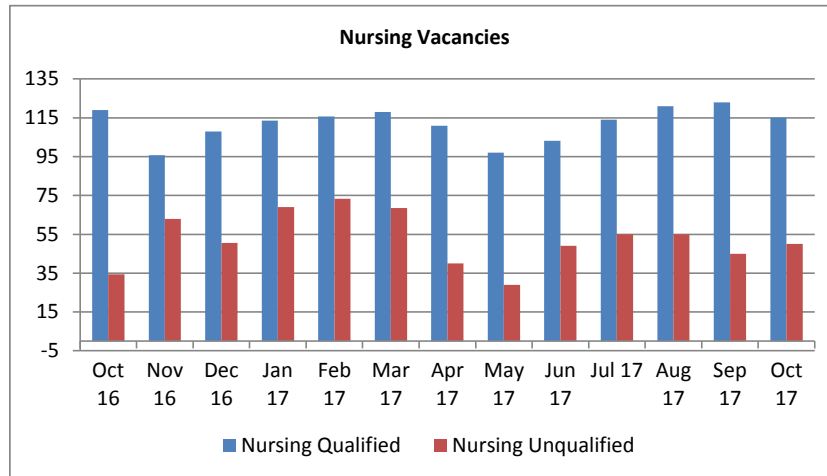
The Agency trajectory is better in month by £0.2M and cumulative by £1.0M mainly as a result of the reclassification of locum costs in 2017/18.

Primary Drivers



Finance: *Staff Costs*

Secondary Drivers



Agency Trajectory

	YTD	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Monthly Trend
Plan	-3,445	-495	-477	-506	-495	-470	-484	-482	-518	-472	-579	-510	-451	-433	
Actual	-2,454	-699	-721	-572	-668	-618	-574	-378	-419	-296	-424	-325	-358	-254	
Variance	991	-204	-244	-66	-173	-148	-90	104	99	176	155	185	93	179	
CCICP Actual	0	-69	-77	-152	-210	4	-77	0	0	0	0	0	0	0	

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

	Rolling 13 Months													Monthly Trend
	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	
Sickness Rate (Rolling 12 mths)	3.80%	3.81%	3.86%	3.94%	3.95%	3.92%	3.96%	3.99%	4.04%	4.07%	4.14%	4.20%	4.16%	
Total Leavers	35	37	36	44	27	42	31	37	35	44	46	55	47	
Turnover (Rolling 12 mths)	8.97%	9.10%	9.27%	9.17%	9.09%	9.27%	10.47%	10.66%	10.52%	10.12%	10.57%	11.10%	11.04%	

Title of Paper :		Learning from Deaths Quarterly Report (Q1&2 2017/18)	
Author:		Associate Director of Integrated Governance	
Executive Lead:		Medical Director	
Type of Report:		Concept Paper	
		Strategic Options Paper	
		Business Case	
		Information	
		Review/Benefits/Audit	✓
Link to Strategic Domains:			Link to CQC Domain:
Delivering Outstanding Clinical Quality, Safety & Experience	✓	Safe	✓
Being a Leading partner in a Progressive Health Economy		Effective	✓
Striving for Outstanding Organisational Effectiveness	✓	Caring	
Aspiring to Excellence in Practice Through Our Workforce		Responsive	
Creating a 21st Century Infrastructure for Transformative Health and Social Care		Well-Led	✓
Link to Board Responsibility:	Performance		✓
	Accountability		✓
	Strategy		✓
	Implementation		✓
Action Required:	Decide		
	Approve		✓
	Note		
	Recommend		
	Delegate		
Positive Benefit:	To provide the Board with an oversight of our mortality information, how we share the learning arising from the review of in-patient deaths and the projects in place to drive quality improvement.		
Risk:	Gaps in assurances and lack of oversight of key areas impacting on the quality of the care we deliver and associated reputational risks.		
To be published on Trust Website – complete version		Yes	
If no, to be published on Trust Website – redacted			
If not to be published complete or redacted, please detail the reason why			
Presented at Board Meeting of:		4 December 2017	

Learning from Deaths Quarterly Report Q1&2 2017/18

December 2017



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

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1.0 Introduction

Background

During 2016/17 a number of national documents have been published relating to mortality and learning from deaths. The Care Quality Commission (CQC) report, *Learning, candour and accountability: A review of the way NHS trusts review and investigate the deaths of patients in England* was published in December 2016 and in response the Trust completed a gap analysis to determine our position and improvement opportunities, which are monitored through the Hospital Mortality Reduction Group (HMRG). Later in March 2017 the National Quality Board published the *National Guidance on Learning from Deaths* document which aims to initiate a standardised national approach to learning from deaths. A subsequent document was published in July 2017 by NHS Improvement detailing key areas of focus for trust boards which includes:

- policy publication requirements;
- case selection and review methods;
- responding to the death of particular patients;
- selection of deaths to investigate; and
- engagement with families/carers.

In line with national requirements we published our *Learning from Deaths Policy* on the Trust internet in September 2017, completing a confirmation of action return to NHS England. This policy builds upon the existing policy and embedded associated processes and outlines the process for reviewing deaths and how the organisation learns from these reviews.

Purpose

This is the first iteration of our Learning from Deaths Report covering the quarter one and two period 2017/18, which has been discussed at the Quality Governance Committee, ahead of the Board of Directors meeting in December 2017.

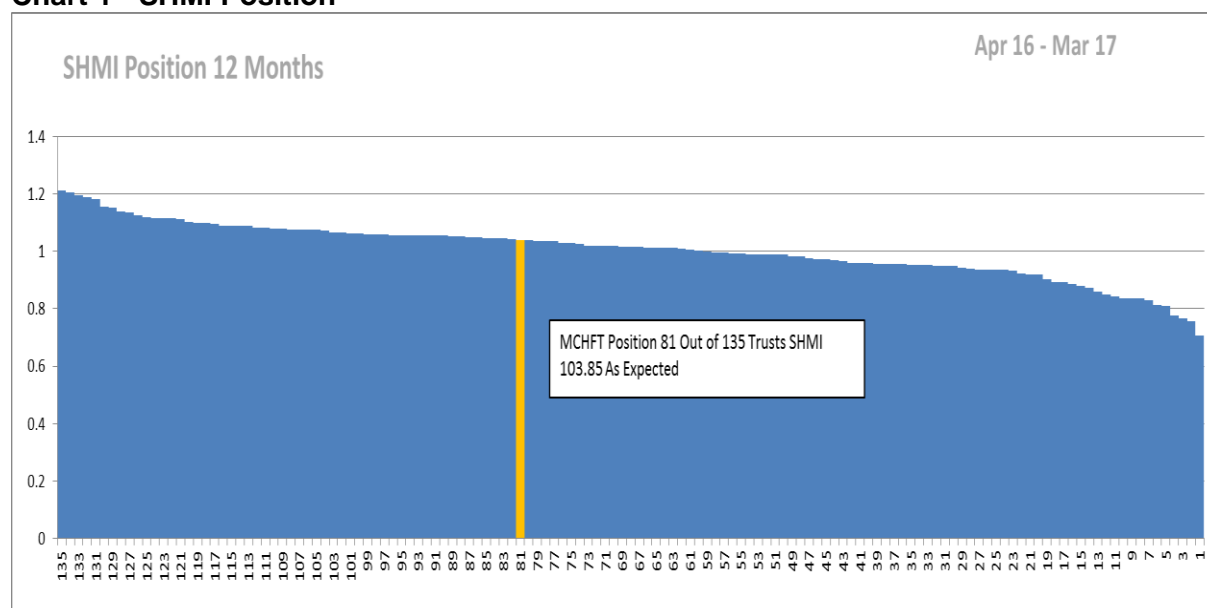
The report will be produced and developed on a quarterly basis and aims to provide assurance on how the organisation, through the work of the HMRG and other linking groups, is triangulating data and information to enable learning from deaths, with the goal of seeing sustained quality improvements and a reduction in mortality figures.

Appendices 6.2 and 6.3 provide a glossary of key terms.

2.0 Trust Mortality Data

2.1 Summary Hospital-level Mortality Indicator (SHMI) April 2016 to March 2017

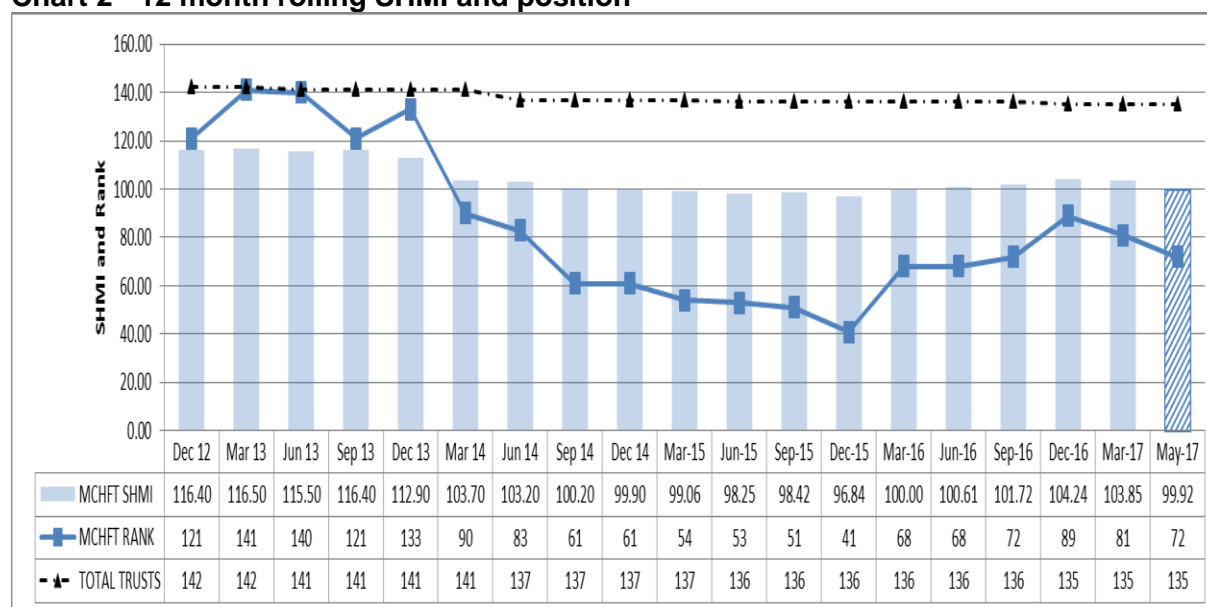
Chart 1 - SHMI Position



(Source HED, 2017)

Chart 1 demonstrates the SHMI position for the reporting period April 2016 to March 2017. The SHMI is currently 1.03 and is in the 'as expected' range. This currently places the Trust 81 out of 135. This is an improvement on the previous reporting period of January 2016 to December 2016, when the SHMI was 1.04 with a position of 89 out of 135 Trusts.

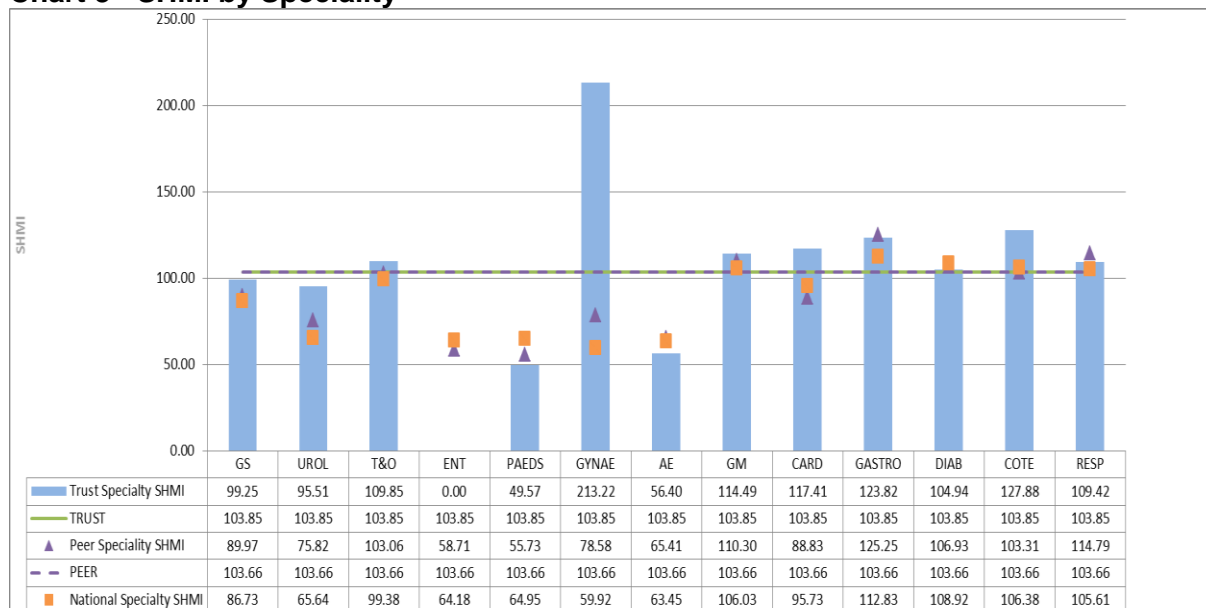
Chart 2 - 12 month rolling SHMI and position



(Source HED, 2017)

Chart 2 demonstrates the SHMI and rank of the Trust for each of the 12 month rolling position submissions from the period January 2012 to December 2012 to the latest submission June 2016 to May 2017. The hashed bars on the chart show indicative data from HED which is subject to change once NHS Digital releases the quarterly SHMI data.

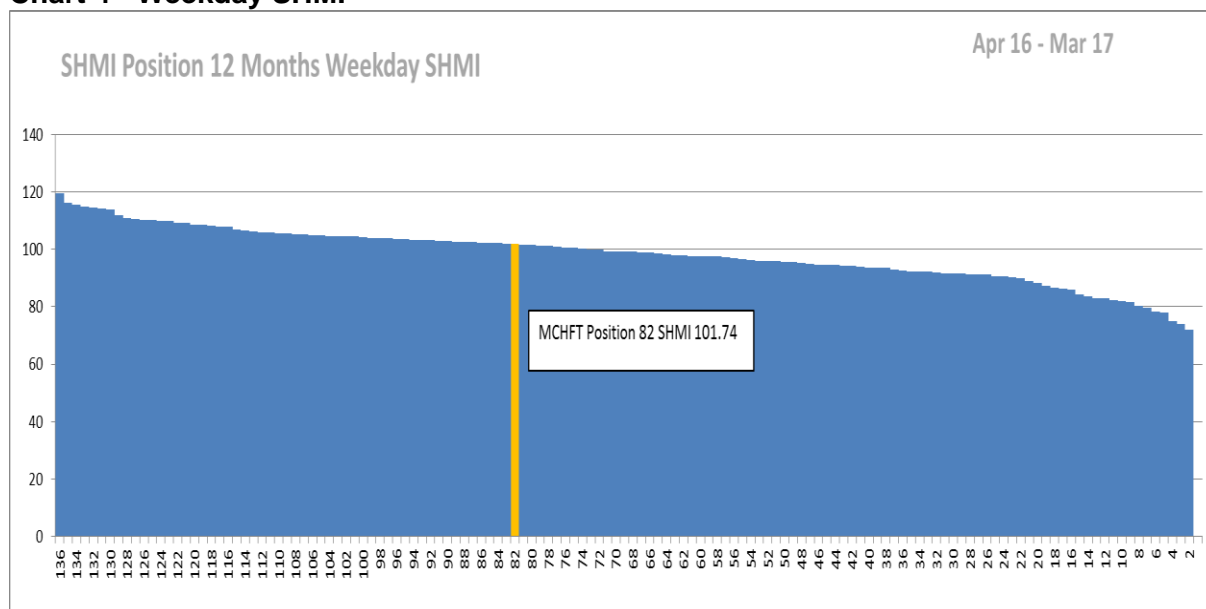
Chart 3 - SHMI by Speciality



(Source HED, 2017)

Chart 3 demonstrates the SHMI by Specialty monthly HED position against peer and the national average. The data is derived from the quarterly SHMI release from NHS Digital processed by HED. The specialties, which are currently above both peer and the national average are, General Surgery, Urology, Trauma and Orthopaedics, Gynaecology, General Medicine, Cardiology, Gastroenterology and Care of the Elderly. Respiratory Medicine is currently above the national average but below peer.

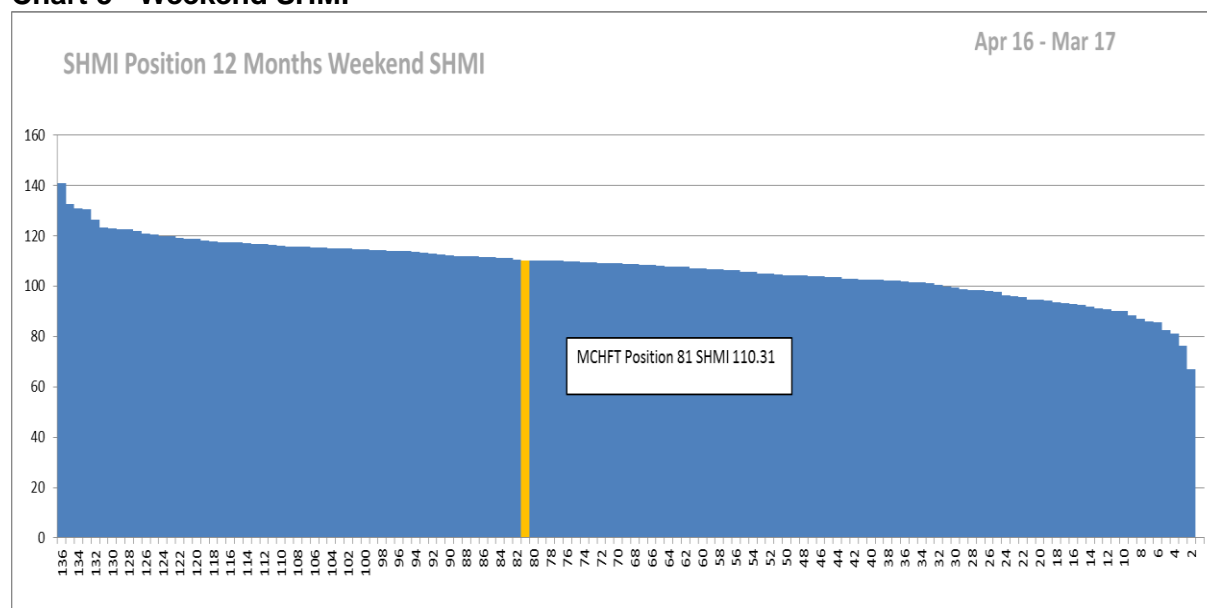
Chart 4 - Weekday SHMI



(Source HED, 2017)

Chart 4 demonstrates the weekday SHMI position for the reporting period April 2016 to March 2017. The weekday SHMI is currently 1.01 and places the Trust 82 out of 136.

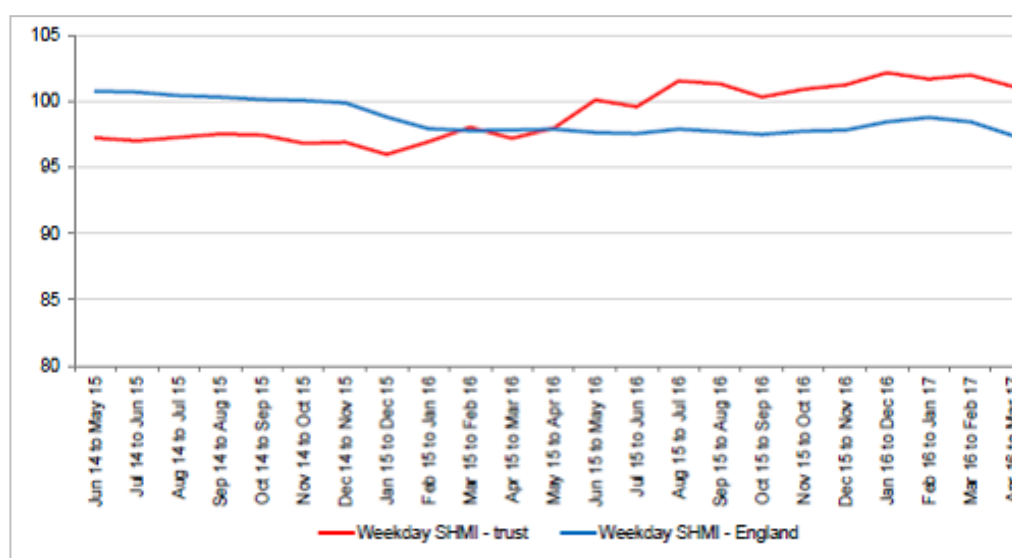
Chart 5 - Weekend SHMI



(Source HED, 2017)

Chart 5 demonstrates the weekend SHMI position for the reporting period April 2016 to March 2017. The weekend SHMI is currently 1.10 and places the Trust 81 out of 136.

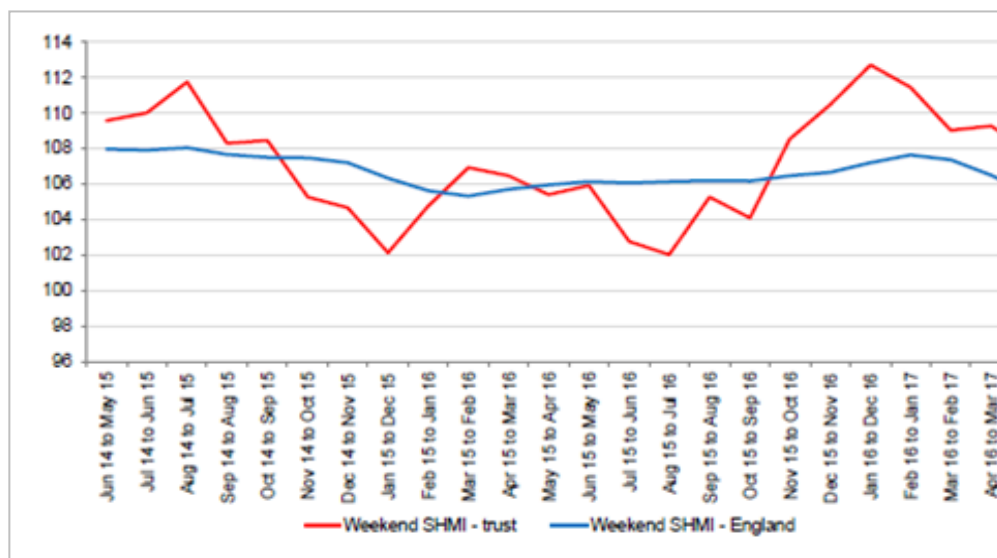
Chart 6 - Trust Weekday SHMI compared to England



(Source NHS Improvement, 2017)

Chart 6 demonstrates the Trust weekday SHMI compared to England for the period April 2016 to March 2017.

Chart 7 - Trust Weekend SHMI compared to England

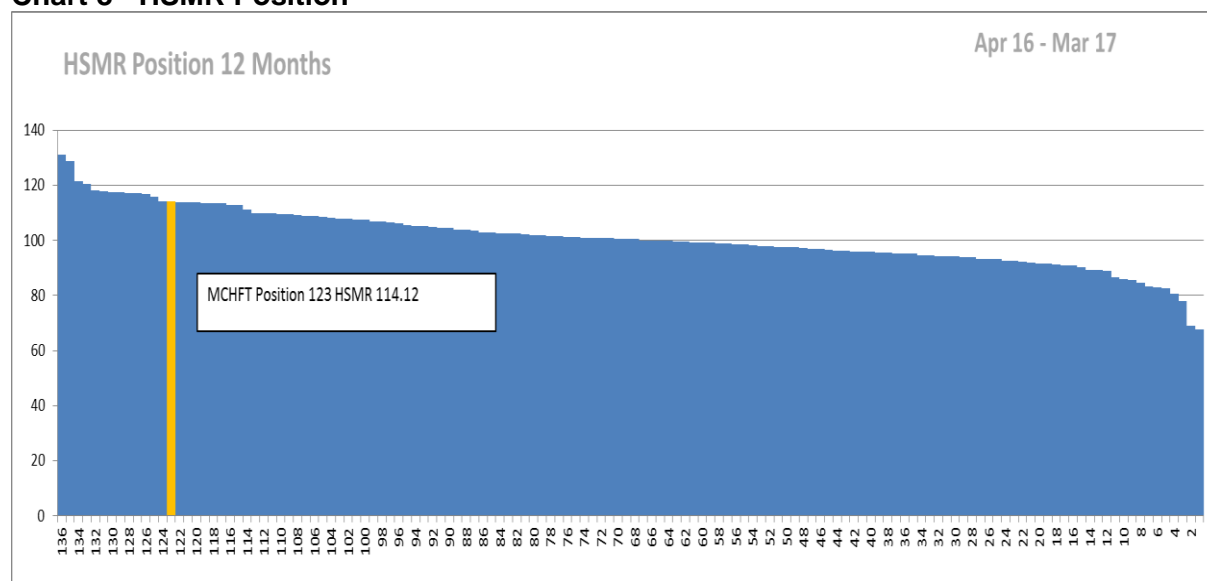


(Source NHS Improvement, 2017)

Chart 7 demonstrates the Trust weekend SHMI compared to England for the period April 2016 to March 2017.

2.2 Hospital Standardised Mortality Rate (HSMR) April 2016 to March 2017

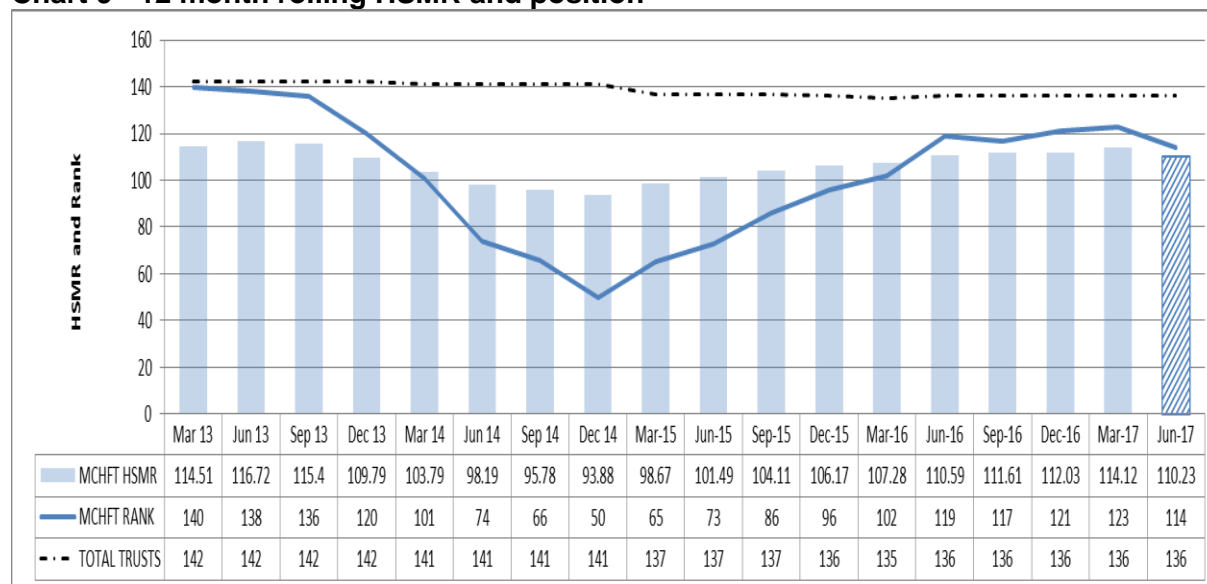
Chart 8 - HSMR Position



(Source HED, 2017)

Chart 8 demonstrates the HSMR position for the reporting period April 2016 to March 2017. The HSMR is currently 114.12. This currently places the Trust 123 out of 136. This demonstrates a slightly worsening picture compared to the previous reporting period of January 2016 to December 2016, when the HSMR was 112.03 with a position of 121 out of 136 Trusts.

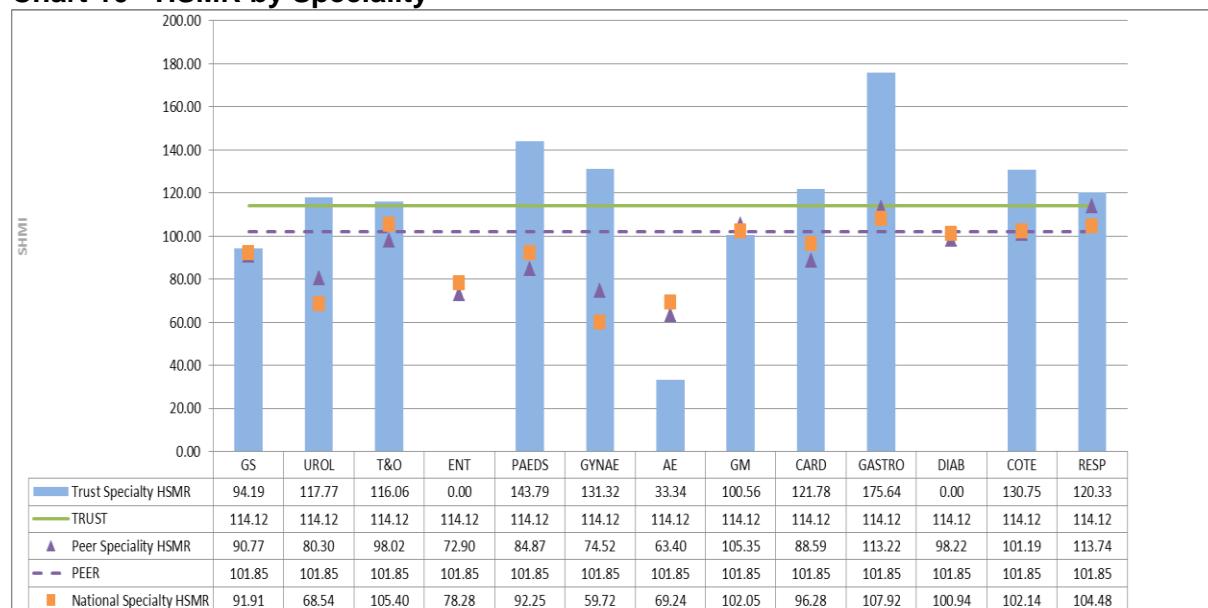
Chart 9 - 12 month rolling HSMR and position



(Source HED, 2017)

Chart 9 demonstrates the HSMR and rank of the Trust for each of the 12 month rolling position submissions from the period April 2012 to March 2013 to the latest submission June 2016 to May 2017. The hashed bar on the chart shows the latest monthly data from HED, which will change until quarterly data is available; however, the data indicates an improvement in both the HSMR and the Trust ranking.

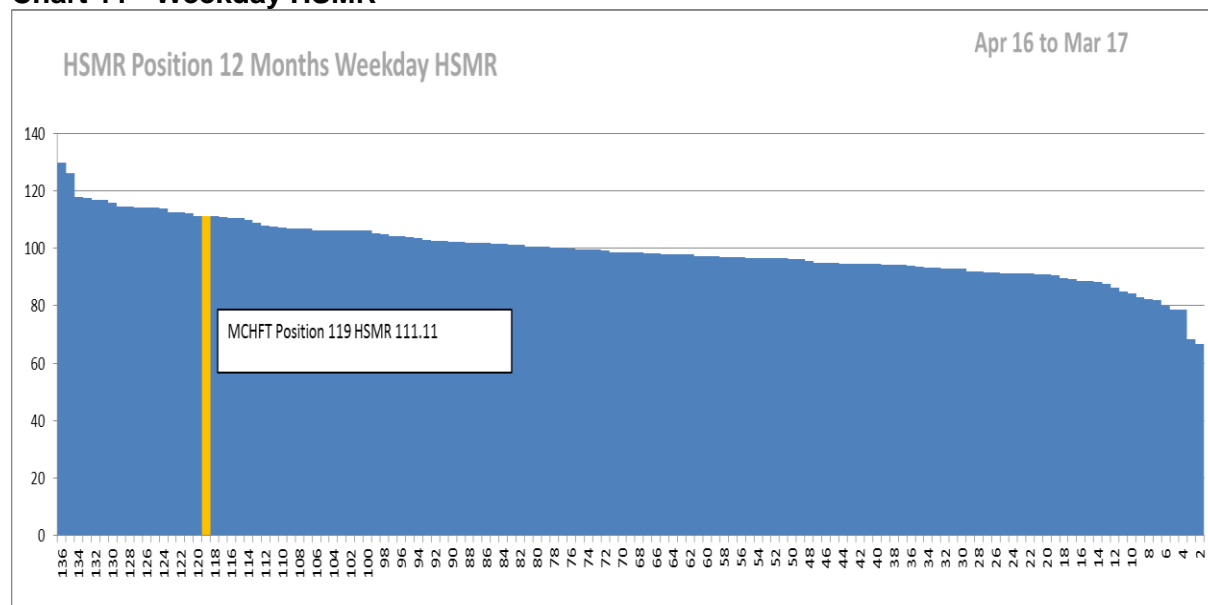
Chart 10 - HSMR by Speciality



(Source HED, 2017)

Chart 10 demonstrates the HSMR by Specialty against peer and the national average. The specialties, which are currently above both peer and the national average are, General Surgery, Urology, Trauma and Orthopaedics, Paediatrics, Gynaecology, Cardiology, Gastroenterology, Care of the Elderly and Respiratory.

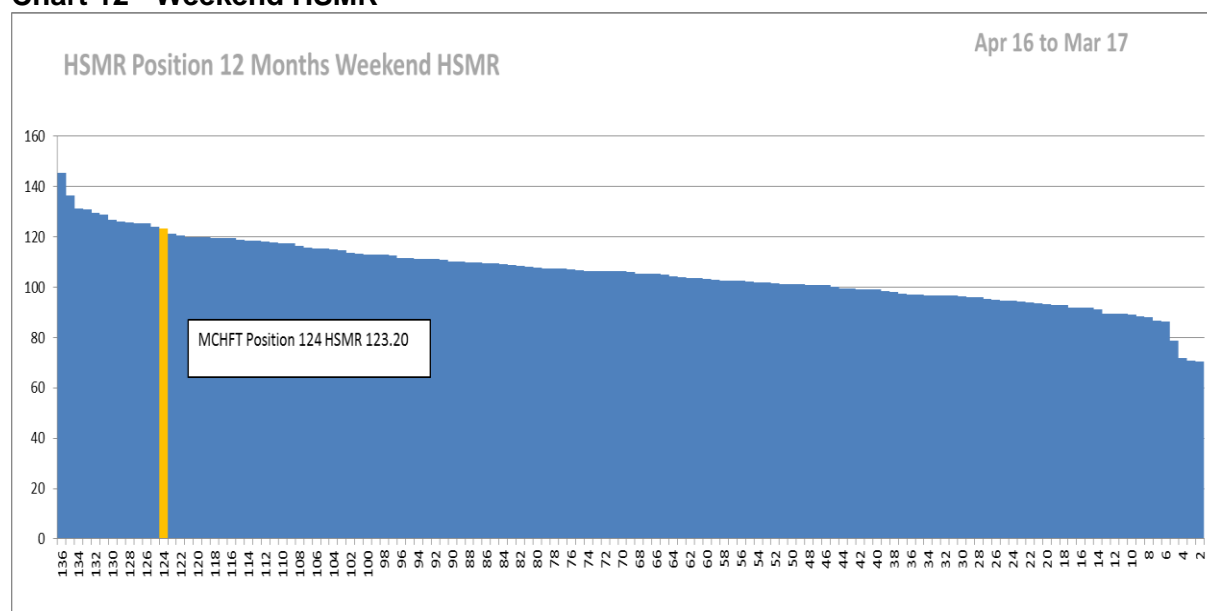
Chart 11 - Weekday HSMR



(Source HED, 2017)

Chart 11 demonstrates the weekday HSMR position for the reporting period April 2016 to March 2017. The weekday HSMR is currently 111.11 and places the Trust 119 out of 136.

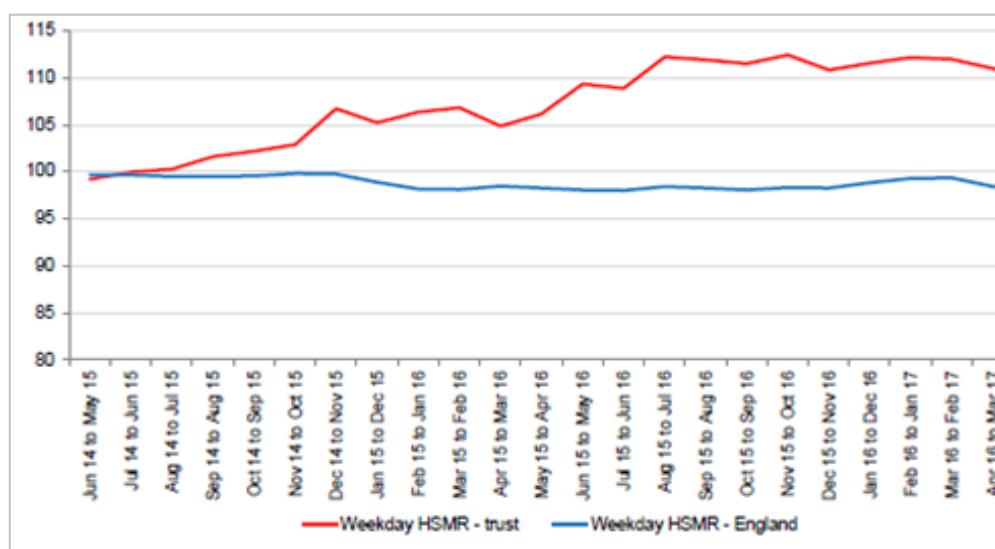
Chart 12 - Weekend HSMR



(Source HED, 2017)

Chart 12 demonstrates the weekend HSMR position for the reporting period April 2016 to March 2017. The weekend HSMR is currently 123.20 and places the Trust 124 out of 136.

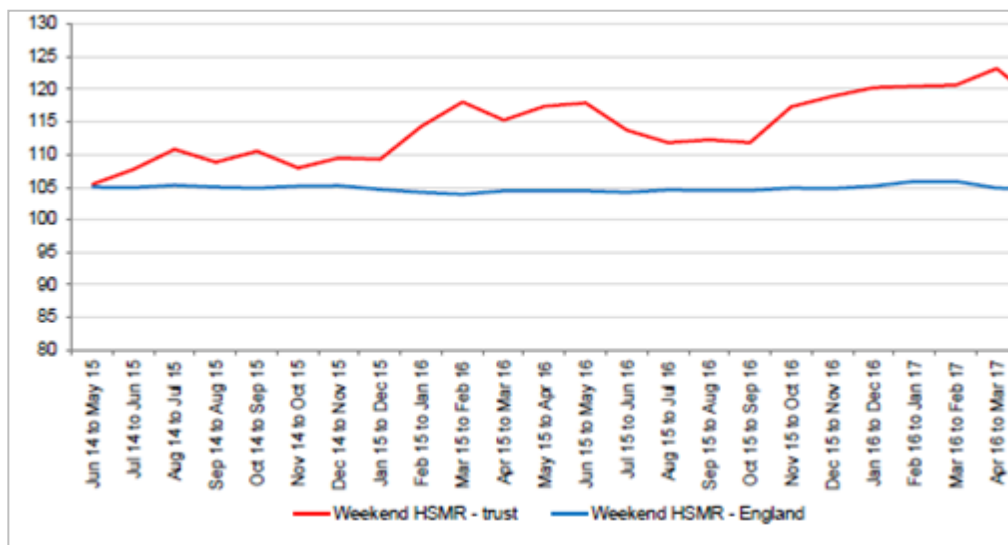
Chart 13 - Trust Weekday HSMR compared to England



(Source NHS Improvement, 2017)

Chart 13 demonstrates the Trust weekday HSMR compared to England for the period April 2016 to March 2017.

Chart 14 - Trust Weekend HSMR compared to England

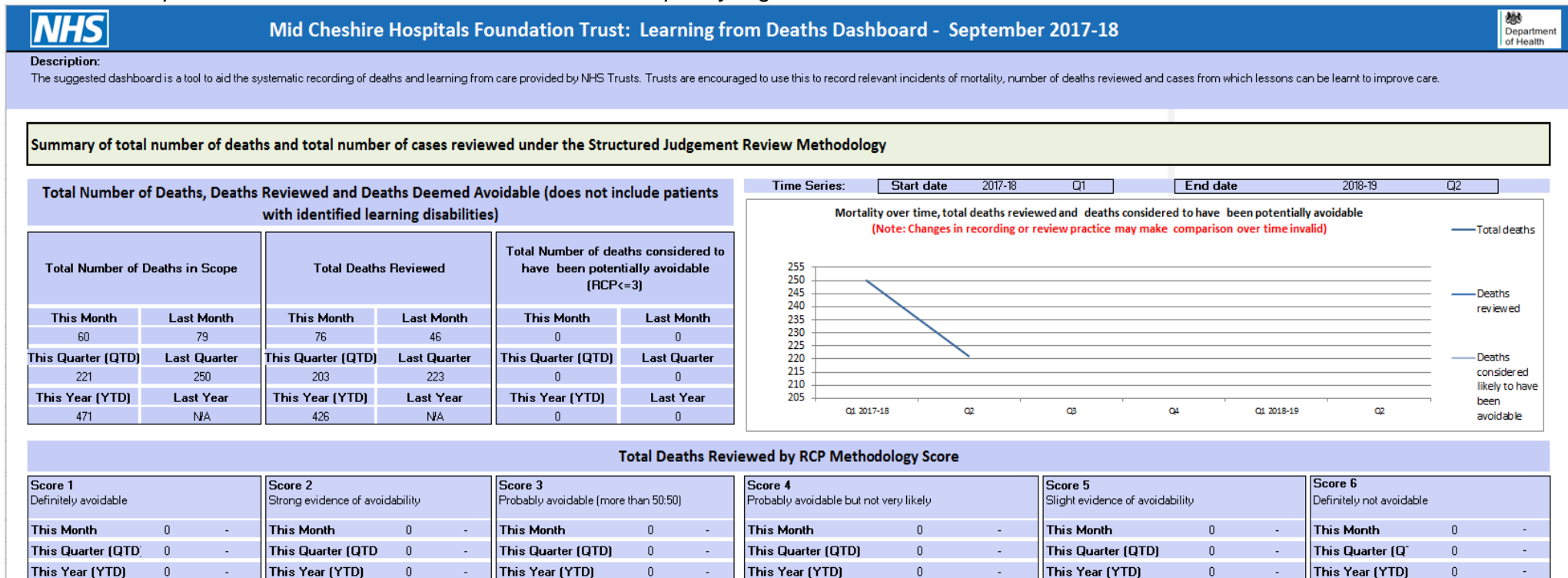


(Source NHS Improvement, 2017)

Chart 14 demonstrates the Trust weekend HSMR compared to England for the period April 2016 to March 2017.

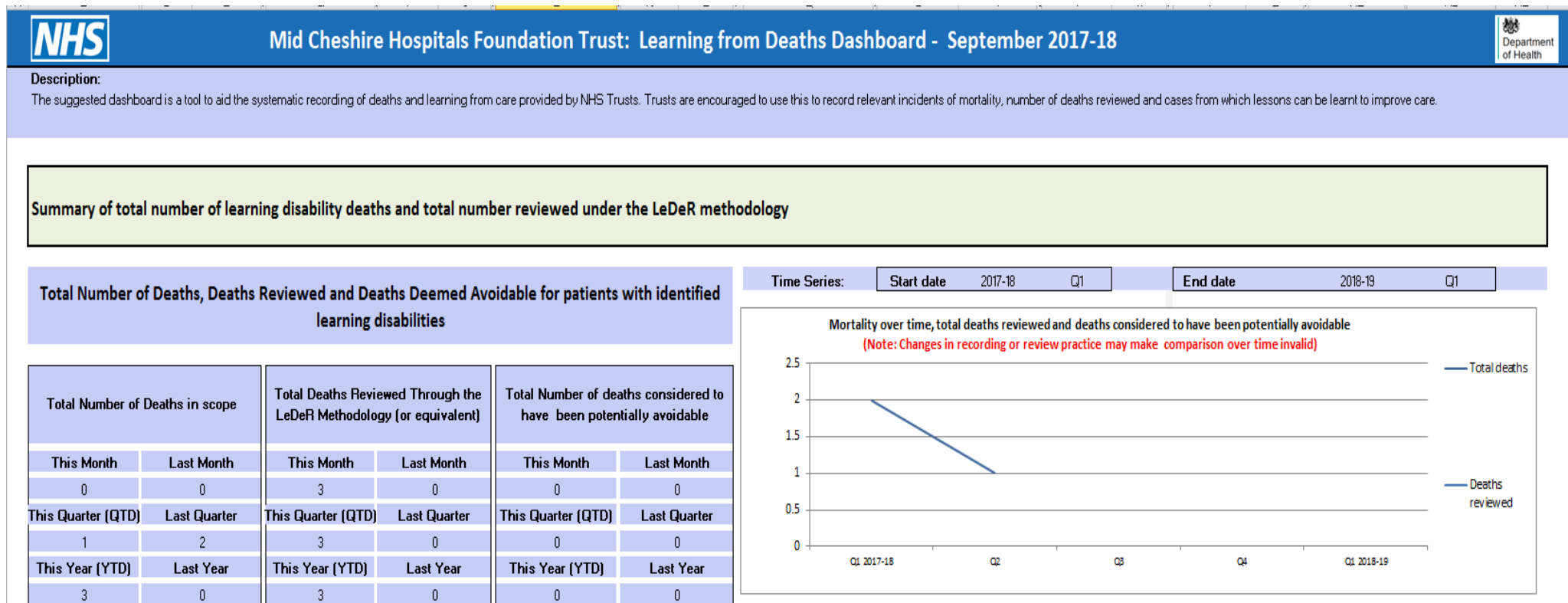
2.3 Learning from Deaths Dashboard – Part 1

The Trust has adopted the national Learning from Deaths Dashboard produced by the Department of Health. The dashboard is a tool to aid the systematic recording of deaths and learning and will be used to record relevant incidents of mortality, deaths reviewed and lessons learnt to drive sustained improvements. The first section of the dashboard is presented below and includes all adult inpatient deaths, excluding maternal deaths and patients with a learning disability (Section 2). The national guidance suggests the adoption of a Structured Judgement Review methodology to allow reviewers to score a death as having more than a 50% chance of having been avoidable. The adoption of this approach is not mandatory and if the Trust decides to retain the current review process then a method must be used to judge whether a death was more likely than not to have been avoidable in relation to the care provided by the trust, conducting the review or another provider if appropriate. *Please note: Due to the time allowed for the coding process the total number of deaths in scope and the total number of reviews will not be completely aligned.*



2.3 Learning from Deaths Dashboard – Part 2

Evidence suggests from the Confidential Inquiry of 2010-2013 that people with learning disabilities currently have a life expectancy at least 15 to 20 years shorter than other people. A concerning finding was that assumptions were sometimes made that the death of a person with learning disabilities was 'expected' or even inevitable. In response a Learning Disabilities Mortality Review (LeDeR) programme was commissioned by the Healthcare Quality Improvement Partnership (HQIP), following the deaths of people with learning disabilities aged 4 to 74 years of age. These reviews are conducted by trained reviewers at the Trust. *Please note: Due to the time allowed for the coding process the total number of deaths in scope and the total number of reviews will not be completely aligned.*



3.0 Care Quality Commission (CQC) Mortality Outlier Alerts

The Trust does not currently have an open CQC mortality alerts, however in May 2017 the Dr Foster Unit at Imperial College London informed the Trust that it's analysis of mortality data indicated higher than average mortality rates for liver disease within the Trust for the period March 2016 to February 2017. In response to the letter from the Dr Foster Unit an in depth case note review of the 22 deaths included in the 12 month time period has taken place. The results of these case note reviews are currently being assimilated.

Patient Group	Date received	Current Status
Liver disease, alcohol related	08 June 2017	New case pending consideration

4.0 Learning from Deaths and Improvement Actions

The Trust Learning from Deaths Policy has built upon the Mortality Case Note Review Standard Operating Procedure, which outlined the existing embedded process for reviewing all in-hospital deaths.

All in-patient deaths are reviewed on a weekly basis by a team of consultants led by the Lead Consultant for Patient Safety. A short mortality case note review form is completed and if a death is identified where clinical care could potentially have been more appropriate, the case is referred for an in-depth review.

Cases referred for an in-depth review are reviewed by a senior consultant and senior nurse using the Trust's mortality case note review form. Simultaneously the Medical Director asks the consultant supervising the patients care to provide a written report on the care provided.

The information derived from these two parallel processes is reviewed at the HMRG, where a decision is made about what, if any, further action is required and the lessons learned from the case are collated.

Organisational learning from this process must be dynamic, with immediate actions and improvements undertaken in a timely manner to prevent reoccurrence. Short - medium term improvements identified through organisational learning are introduced through the Trust's governance structure. In the longer term organisational learning will take place through the triangulation and theming of data and information. The Trust's incident reporting, investigation and organisational learning processes describe our approach to organisational learning.

The Divisional Mortality Reduction Groups undertake mortality case note reviews in line with their terms of reference.

The Trust has a well-established Hospital Mortality Reduction Group (HMRG) led by the Medical Director. This group monitors the mortality reduction improvement plans across the Trust. On a quarterly basis the HMRG meets with the divisional mortality reduction groups to ensure a unified approach to mortality reduction across the Trust and to share learning opportunities.

The HMRG developed a reducing hospital mortality rates driver diagram, which has been reviewed and approved in July 2017, (see Appendix 1). There are five primary drivers are:

- Reliable Clinical Care
- Effective Clinical Care
- Medical Documentation, Clinical Coding and Data Quality
- End of life Care
- Leadership

The main areas of focus from the driver diagram currently are:

Actions to progress the four priority clinical standards for 7 day working include:

- A 7 day services working group is in place chaired by the Medical Director and led by the Divisional General Manager for Women's and Children
- Participation in the national 7 day services audit with a focus on standard 2 for the September 2017 data collection period, looking at consultant review within 14 hours of admission for non-elective patients
- On receipt of the data and benchmarking actions will be progressed and monitored by the 7 day Services Working Group reporting to HMRG
- Changes in practice include additional evening ward rounds in orthopaedics and more regular job planned Board rounds in Medicine & Emergency Care

Actions to progress the use of medical and surgical ambulatory care pathways include:

- The Trust has a Surgical Ambulatory Care Unit (SACU) in place and development work is progressing led by the Associate Medical Director for the Surgery and Cancer Division as part of a national programme. A lead matron supporting unscheduled care has been appointed to support this work with the aim of patients having timely consultant reviews, treatment and management. The overall aim is to provide high quality care in the appropriate setting, reducing unnecessary hospital admission or reducing length of stay.
- The Ambulatory Care Unit (ACU) in the Division of Emergency Care and Medicine undertakes a similar function for medical patients with the focus on early consultant review and decision making. Patients also attend the ACU for a number of reasons including ascitic taps and blood transfusions.

Actions to progress the use of care pathways / bundles which are evidence based and applied in a consistent manner, as evidenced by clinical audit and include:

- The Trust re-joining the Advancing Quality (AQ) programme in April 2017. AQ aims to improve the standards of care that patients receive whilst in hospital, ensuring best practice is achieved in specific conditions with the intention of promoting high standards of care
- The four pathways chosen are:
 - Sepsis
 - Alcohol related liver disease (ARLD)
 - Pneumonia
 - Acute Kidney Injury (AKI)
- Clinical leads have been identified for each of the pathways and monitoring is undertaken by the Care Pathway Group, reporting to the Quality and Safety Improvement Strategy Group with escalation to the Executive Quality Governance Group and assurances to the Quality Governance Committee.

Actions to ensure the introduction of an electronic patient record include:

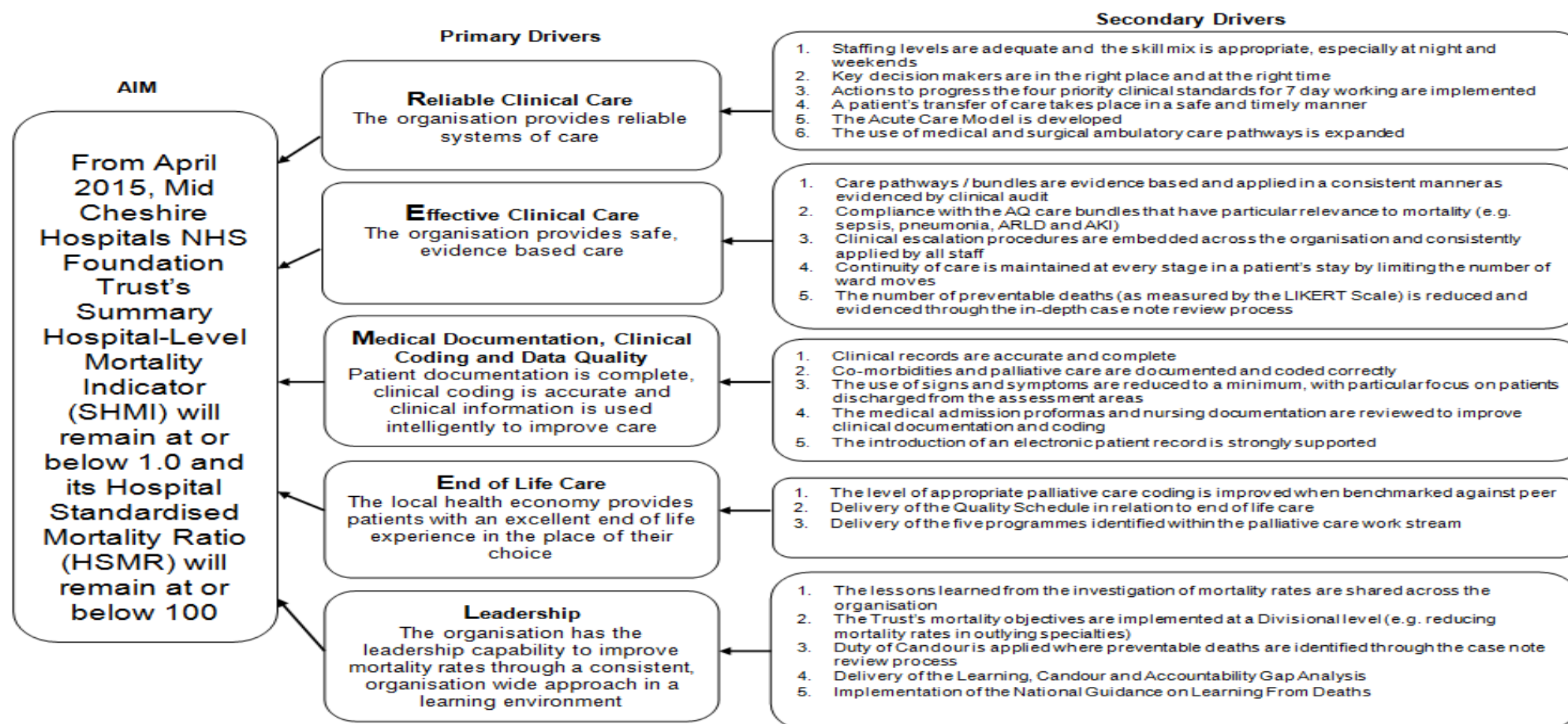
- The development of the CERNER business case which is due to be presented at the Board of Directors in December 2017.

5.0 Next steps include:

1. Each quarter a deep dive will be undertaken into one of the improvement areas
2. A learning from deaths newsletter will be developed
3. A Deteriorating Patient Steering Group will be formed, led by the Medical Director and a driver diagram is being developed to focus the aims of the Steering Group at the first meeting planned in November 2017
4. Following the successful implementation of the Patient Safety Summit in October 2016 a review will be undertaken to improve the triangulation of information and data including the outputs and outcomes of learning from deaths.

6.0 Appendices

6.1 Appendix 1 Driver Diagram



6.2 Appendix 2 - Glossary

Healthcare Evaluation Data (HED)

HED is online data analysis and benchmarking tool published by the University of Birmingham.

Hospital Standardised Mortality Ratio (HSMR)

HSMR is produced by Dr. Foster and is the ratio of the observed number of in-hospital deaths at the end of a continuous inpatient spell to the expected number of in-hospital deaths at the end of a continuous inpatient spell for 56 specific clinical classification system (CCS) groups.

LIKERT Scale

A tool used to judge the preventability of a patient's death using a six-point scale ranging from one (definitely not preventable) to six (definitely preventable).

LIKERT Scale

1. Definitely not preventable
2. Slight evidence for preventability
3. Possibly preventable but not very likely, less than 50-50 but close call
4. Probably preventable, more than 50-50 but close call
5. Strong evidence for preventability
6. Definitely preventable

Summary Hospital-level Mortality Indicator (SHMI)

SHMI reports on mortality at trust level across the NHS in England. This indicator is produced and published quarterly as an official statistic. The SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. It covers all deaths reported for patients who were admitted to non-specialist acute trusts in England and either die while in hospital or within 30 days of discharge.

The expected number of deaths is calculated from statistical models derived to estimate the risk of mortality based on the characteristics of the patients (including the condition the patient is in hospital for, other underlying conditions the patient suffers from, age, gender and method of admission to hospital).

6.3 Appendix 3: Understanding the difference between SHMI and HSMR

	Summary Hospital-level Mortality Indicator (SHMI) **	Hospital Standardised Mortality Rate (HSMR)
Observed	Number of observed in-hospital deaths plus deaths out of hospital within 30 days of discharge	All spells culminating in death at the end of the patient pathway, defined by specific diagnosis codes for the primary diagnosis of the spell; uses 56 diagnosis groups which contribute to approx. 80% of in hospital deaths in England
Expected	Expected number of deaths <i>Calculated using a 36-month data set to get the risk estimate</i>	Expected number of deaths
Adjustments	<ul style="list-style-type: none"> Gender Age group Admission method Co-morbidity Year of dataset Diagnosis group <i>Details of the categories can be referenced from the methodology specification document ***</i>	<ul style="list-style-type: none"> Gender Age in bands of five up to 90+ Admission method Source of admission History of previous emergency admissions in last 12 months Month of admission Socio economic deprivation quintile (using Carstairs) Primary diagnosis based on the clinical classification system Diagnosis sub-group Co-morbidities based on Charlson score Palliative care Year of discharge
Exclusions	<ul style="list-style-type: none"> Specialist, community, mental health and independent sector hospitals Stillbirths Day cases, regular day and night attenders 	Excludes day cases and regular attendees
Whose data is being compared and how much data is used for comparison e.g. all Trusts or certain proportion etc.	<p>All England non-specialist acute Trusts except mental health, community and independent sector hospitals.</p> <p>Data attributed to Trust in which patient died or was discharged from</p>	All England provider Trusts via SUS Data attributed to all Trusts within a “super-spell” of activity that ends in death

CCICP Partnership Board

Date/time: Thursday 12th October 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	Present	Mr T Welch Chair (TW) Director of Finance, CWP Mrs D Frodsham (DF) Director of Strategic Partnerships, MCHFT Dr J Price (JP) GP, Willow Wood surgery and Director SC/VR GP Alliance Dr Anushta Sivananthan (SV) Medical Director, CWP 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 Dr P A Dodds (PAD) Medical Director & Deputy Chief Executive. MCHFT Mrs S Hamman (SH) Head of Quality, Nursing and Professional Leadership, CCICP
	In attendance	Mrs Caron Corbin Notes (CC) Business and Project Support Officer, CCICP Mrs Julie Manslow (JM) PA, CCICP
	Apologies	Mr M Oldham (MO) Director of Finance & Strategic Planning, MCHFT Mr A Styring (AS) Director of Operations, CWP

CCICP Partnership Board – 12.10.2017

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.	Board Members Interests	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.	Minutes of previous meeting	The minutes of the previous meeting, 14 th September, were reviewed for accuracy.	The Board agreed the minutes presented were accurate and approved.			
4.	Matters Arising/Action Tracker					
4.1	Action Log	The Board reviewed and updated the action log. The following was noted: <i>Action 132:</i> The Board agreed that it would be helpful to understand individual role's within the context of the workforce strategy for the whole team.		Develop a strategy for whole team, showing where individual roles fit	KM	November
4.2	Letter to CCG 11th August 2017	Chair's letter to the CCG had been circulated for information setting out the CCICP position in relation to potential tenders and capacity restraints. No response had been received from the CCG to date. No further action		Closed		
5.	Feedback from Transformation Board	Transformation Board workshop took place 28 th September to review the transformation priorities for CCICP. The three priority areas identified were: <ul style="list-style-type: none"> ➤ Care for the elderly and frail ➤ Low level Mental Health and wellbeing ➤ Management of Long Term Conditions The group discussed how CCICP and the partner organisations could support these priorities, and agreed that the Transformation Plan should be		Circulate Transformation Board workshop outputs Review Transformation Plan at Transformation Board to reflect priorities	CC JP	ASAP November

		<p>reviewed to reflect these priorities.</p> <p>CWP to consider how provision of MH worker's could be managed via vacancies to support wellbeing and integrating into community teams</p>		<p>identified – feedback to Partnership Board</p> <p>Draft Business Case for low level MH worker's and integration into community teams</p>	SV	
6.	Finance Report	<p>DF presented the Finance report in the absence of MO. It was noted that:</p> <ul style="list-style-type: none"> • Overspend in GP OOHs service had significantly reduced in month. • A backlog of invoices had been received from the supplier of continence products that had not previously been received and were unpaid, a number of which relate to 2016/17 financial year. This had caused an in month pressure but currently the budget forecast remains to achieve budget. JP requested clarity on whether this would impact on the CEP delivery going forward • DF confirmed the IT business case cost budget remained partly assigned to Care Facilitator vacancies and the provision of a Community Geriatrician but it was noted that whilst currently the vacancy factor included these posts, other vacancies could be to be ring fenced instead as alternatives to fund the IT project. 		<p>To review continence invoices and determine monthly expected spend against budget and CEP plan</p>	KM	Nov 17
7.	Transformation Programme	<p>KM presented the Transformation Highlight report noting that support from CCG Transformation Team has now ceased and the replacement Transformation Programme Manager will be in post from January. She reported that until that time the Transformation Team capacity would be reduced.</p> <p><i>Care Community Teams:</i> Roll out of Advanced Community Practitioner (ACP) is now complete, although there is a recognition that there is a capacity issue in Northwich. Initial information</p>				

		<p>showed that 522 patients had been attended by the ACP Team from May to end of September. Care Facilitators were supporting the service and packages of care were being accessed immediately. There has been very positive feedback from GPs, reporting that the service is supported GP capacity, releasing time to care for their more sick patients.</p> <p><i>IT business case:</i> Task and Finish Group is being established and regular updates will be provided.</p> <p><i>Quality:</i> This will no longer be a workstream in own right, workstreams will consider and develop quality markers within the project groups.</p> <p><i>GP OOHs:</i> 111 direct access to pharmacists is being piloted from 13.10.17. Intended 'Go live' is by end of October. Seven pharmacies have signed up currently. DF also reported that HMRC have clarified arrangements for employing GPs that are currently self-employed, indicating they are not subject to IR35 rules and can remain self-employed whilst working for OOHs service. She reported that a Recruitment and Retention Strategy for GPs is in development and will be circulated to Alliance members for comment.</p>				
8.	Performance and Quality Reports	<p><i>Pressure Ulcers:</i> SH reported that the teams are working hard to reduce the number of pressure ulcer incidents and these are levelling out. Of 11 RCAs, 4 pressure ulcers were deemed avoidable. She recorded the detailed report which was circulated with the agenda.</p> <p><i>Friends and Family:</i> SH noted the performance had reduced to 83%. She confirmed that a deep dive into the detail is being undertaken to look at the cause for this result.</p> <p><i>Risks:</i> SH reported that the risk log is being reviewed and updated. She reported the Current</p>		SH to review F & F results and cause of deteriorating performance	SH	Nov 17

		<p>Top three risks:</p> <ul style="list-style-type: none"> - Staffing of the GP Out of Hours service, including cover for the rota and the level of sickness. She noted that CWP have offered to provide part-time management support. There have been no patient safety issues highlighted to date. - Staffing of the Special School Nursing Service. Risk has reduced due to successful recruitment of two nurses. Recruitment continues for an additional two staff. The situation continues to be monitored and is being managed and there is confidence that this risk will be further reduced shortly. - Community Specific Manual Handling Training: CWP have been approached to support. MCHFT Learning and Development Team are requesting additional capacity to deliver training (0.5 FTE). Interim training is being sourced. <p><i>Workforce Metrics:</i></p> <ul style="list-style-type: none"> • Vacancies have increased in August. A recruitment day for therapists and nurses is taking place shortly. • Sickness increased in August to 4.3% against a target of 4%. • Positive figures for appraisals and training, not quite at target but much improved. • KPIs – within thresholds <p><i>Quality and Safety Manager:</i> The Risk Manager post vacancy has now been incorporated into a Quality and Safety Lead post. This has been recruited to, start date to be confirmed. Interim Risk Manager in post until Quality and Safety Manager starts.</p> <p><i>Infection Control Lead:</i> Post filled, start date 1st December.</p> <p><i>Director of Nursing:</i> MCHFT Director of Nursing is also responsible for CCICP. Current Director</p>		Present updated Risk Register to November Partnership Board	SH	
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		leaves MCHFT 13 th October and Interim Director is in post. Recruitment for substantive post is in progress.				
9.	Operational Lead's Report	<p>Operational Lead report had been circulated to Board Members.</p> <p>Management staffing changes are currently the main operational challenge but the following interim arrangements have been put into place</p> <p>Sue Richmond, currently a District Nurse Team Leader in Northwich, has been appointed as interim CSM through an Expressions of Interest process to the Intermediate Care and Community Rehab team.</p> <p>TC raised concern that this also coincided with the vacancy at DN Team Leader at Northwich. SH explained the contingency plan.</p> <p>KM reported that the Care Community Manager posts advert closed Friday 6th October. 35 applications were received, these have been shortlisted to 8 for interview, with a mix of internal and external applicants. Interviews take place 17th October.</p> <p>DF reported that the recruitment for a permanent Associate Director post has begun. The post is out to advert until 27th October, interviews to take place 15th November.</p> <p>Transformation Programme Manager has been recruited, and starts 2nd January.</p> <p>DF noted that whilst the current recruitment programme is challenging, CCICP is attracting a lot of excellent candidates to take forward our programme of work.</p>				

10.	Any other Business	<p>Tracy Bullock has emailed TW regarding having a representative from CCICP on A & E Delivery Board.</p> <p>CCG are starting quality visits to CCICP. They have provided details to SH.</p> <p>JP is speaking at the Royal College of GPs conference on the theme of "Working Together". She will outline the approach in Central Cheshire including Physio First, rapid response and links out of hospital and out to social care.</p>				
	<p>Next Meeting: Date: Thursday 9th November 2017 Time: 9am Venue: Board Room, Ashfields, Sandbach</p>					

Title of Paper :	Fit and Proper Persons Requirements		
Author:	Katharine Dowson		
Executive Lead:	Tracy Bullock		
Type of Report:	Concept Paper		
	Strategic Options Paper		
	Business Case		
	Information		
	Review/Benefits/Audit		X
Link to Strategic Domains:		Link to Domain:	
Delivering Outstanding Clinical Quality, Safety & Experience		Safe	X
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
Link to Board Responsibility:	Performance		
	Accountability		X
	Strategy		
	Implementation		
Action Required:	Decide		
	Approve		X
	Note		
	Recommend		
	Delegate		
Positive Benefit:	To ensure compliance with the Fit and Proper Persons Requirements		
Risk:	Non-compliance		
To be published on Trust Website –complete version		Y (delete as appropriate)	
If no, to be published on Trust Website – redacted		N (delete as appropriate)	
If not to be published complete or redacted, please detail the reason why			
Presented at Board Meeting of:	4 December 2017		

Review of Processes - Fit and Proper Persons Requirements

Background

Regulatory standards for the Fit and Proper Persons requirements for directors came into force for all NHS provider organisations from 27 November 2014. This was a direct response to the Francis Inquiry into Mid-Staffordshire NHS Foundation Trust and reflected growing requirements, both within the NHS and the corporate sectors about the standards required for Board Directors.

The requirements are defined in Schedule 4 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014

A Trust must not appoint a person to a Director level post unless:

- they are of good character;
- they have the necessary qualifications, competence, skills and experience;
- they are able by reason of their health, after reasonable adjustments are made, properly to perform their work;
- they have not been responsible for, been privy to, contributed to or facilitated any serious misconduct or mismanagement in the course of carrying on a regulated activity; and
- none of the grounds of unfitness specified in Part 1 of Schedule 4 of the 2014 Regulations apply to them.

In assessing good character, consideration must be given to:

- Whether the person has been convicted in the United Kingdom of any offence or been convicted elsewhere of any offence which, if committed in any part of the United Kingdom, would constitute an offence, and
- Whether the person has been erased, removed or struck off a register of professionals maintained by a regulator of health care or social work professionals.

The grounds of unfitness specified in Part 1 of Schedule 4 of the 2014 Regulations are:

- The person is an undischarged bankrupt or a person whose estate has had a sequestration awarded in respect of it and who has not been discharged;
- The person is the subject of a bankruptcy restrictions order or an interim bankruptcy restrictions order or an order to like effect made in Scotland or Northern Ireland;
- The person is a person to whom a moratorium period under a debt relief order applies under Part VIIA (debt relief orders) of the Insolvency Act 1986;
- The person has made a composition or arrangement with, or granted a trust deed for, creditors and not been discharged in respect of it;
- The person is included in the children's barred list or the adults' barred list maintained under section 2 of the Safeguarding Vulnerable Groups Act 2006,

or in any corresponding list maintained under an equivalent enactment in force in Scotland or Northern Ireland;

- The person is prohibited from holding the relevant office or position, or in the case of an individual from carrying on the regulated activity, by or under any enactment.

Trust Response

In response to the new regulations, in 2015 all Board Directors in place at the time were asked to complete a self-declaration. A check of national insolvency, bankruptcy and disqualified director's registers was made and a record of the signed self-declaration was placed on each director's personnel file.

The Recruitment and Selection Policy was also revised, to include the Fit and Proper Persons requirements for new appointments. Since 2015 any new Executive appointments have followed this process which includes a sign off by the Chairman that these tests have been completed.

A process of annual review was also established which includes the requirement for an annual check of national insolvency, bankruptcy and disqualified director's registers and an annual self-declaration by each Director.

Review

Recently there have been at least two CQC ¹ inspection reports that have highlighted gaps in the application of the Fit and Proper Persons regulations. In particular, record keeping and the application of the regulations have been reviewed under the Well Led domain. These reports have resulted in an action plan for one Trust and strong recommendations for the other to improve record keeping. In response to this a review of the Trust files and processes has been conducted to ensure that the Trust is fully compliant in this area.

Policy

The Trust does not have a standalone Fit and Proper Persons policy. The requirements are included in the Recruitment and Selection Policy and Appendix 3 provides full guidance on meeting the requirements. This policy is due for revision in February 2018 but no changes have been identified with the exception of updating the DBS requirement for Board level to be repeated every three years in line with changes planned for all staff.

Audit of Personnel Files

The personnel records of the Board have been checked for compliance and the following gaps were noted:

- One Executive who has been recruited since the regulations were introduced did not have a copy of the Fit and Proper Persons Chair's Declaration. This was completed but the declaration has not been recorded on file. If this cannot be tracked down it will need to be repeated.
- There have been no further annual self-declarations completed since 2015 as per the policy and no process is in place to complete this. There is no evidence that Board

¹ St George's University NHS Foundation Trust Quality Report, CQC August 2017; Gloucestershire Hospitals NHS Foundation Trust Quality Report CQC July 2017

Members have specifically been asked about their continued ability to meet the requirement at their yearly performance.

- There is some evidence of mandatory and statutory training but a complete record of compliance with revalidation where relevant, CIPD completion and all statutory and mandatory training would more fully meet the requirement of Directors having the relevant, experience, skills, knowledge and competence to do the job.

Annual background checks against the IIR and Companies House register for disqualified Directors are completed by the Recruitment Manager and have been reported to Executive Workforce Assurance Group each year. These have raised no concerns but the report has not been escalated to Transformation and People and to Board. It may be more appropriate to report this on a comply or explain basis as part of the appraisal reporting process.

For the most recent Executive appointment (and for future appointments) there is an electronic personnel file which has been reviewed and found to be compliant.

Following the introduction of three yearly DBS checks all Directors who have not been appointed to the Board within the last three years will need to have a new DBS check

Recommendation:

- Missing Chair's declaration for Executive file to be repeated
- Annual Self-declaration form to be created and all Directors to complete prior to annual appraisal (Appendix 1)
- Annual Appraisals to include confirmation with the Director that they remain compliant with the regulations including professional registration and the completion of an annual checklist for personnel files (Appendix 2)
- Annual financial checks to be reported to the Trust Board Secretary for recording on files and escalated to the Chairman if any findings made.
- All directors appointed before 2015 to undergo DBS checks in line with the Trust rollout of tri-annual checks
- Copies of professional registration or mandatory qualifications for any Executive or Non-executive role to be placed on file and updated as required.
- Evidence of compliance with mandatory training to be placed on all Board members files
- Mandatory training to be completed by all Board Members
- Recruitment and Selection policy to be updated to reflect the requirement of a DBS check to be made every three years for all Directors
- Corporate Governance Handbook to be amended to include a reference to the requirements of the Fit and Proper Persons Regulations at appointment and on an annual basis

Katharine Dowson
Trust Board Secretary
November 2017

Appendix 1

Fit and Proper Persons – Annual Self Declaration

In line with the requirement for Directors of an NHS Foundation Trust to be a fit and proper person,

I, _____ hereby declare

Declaration	Confirmed (yes/no)
I am of good character by virtue of the following:	
<ul style="list-style-type: none">I have not been convicted in the United Kingdom of any offence or been convicted elsewhere of any offence which, if committed in any part of the United Kingdom, would constitute an offence	
<ul style="list-style-type: none">I have not been erased, removed or struck-off a register of professionals maintained by a regulator of health or social care.	
<ul style="list-style-type: none">I have not been sentenced to imprisonment for three months or more within the last five years	
<ul style="list-style-type: none">I have not been adjudged bankrupt or had an estate sequestrated which has not, in either case, been discharged.	
<ul style="list-style-type: none">I am not the subject of a bankruptcy order or an interim bankruptcy order	
<ul style="list-style-type: none">I do not have an undischarged arrangement with creditors or had a moratorium period under a debt relief order applied.	
<ul style="list-style-type: none">I am not included on any barring list preventing work with children or vulnerable adults	
I Have the qualifications, competency, skills and experience necessary for the position I hold on the Board	
I am physically and mentally capable of undertaking the relevant position, after any reasonable adjustments under the Equality Act 2010	
I have not been responsible for or privy to any serious misconduct or mismanagement (whether lawful or not) in the course of carrying on a regulated activity or during employment with a CQC registered provider	
I am not prohibited from holding the relevant position or office under any law or enactment e.g. under the Companies Act or the Charities Act.	
Signed	
Name	
Position	
Date	



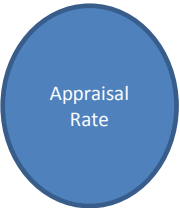





Appendix 2
Fit and Proper Persons File Check List






Name	
Position	
Date commenced in post	
Recruitment Source	

Criteria for checking	Frequency	Outcome	Date of Last Check
Disclosure and Barring Service (DBS)	Every 3 years		
Satisfactory References	On appointment		
Employment History (application form or CV)	On appointment		
Occupational Health Clearance	On appointment		
Relevant qualifications	On appointment		
Fit and Proper Person self-declaration	Annual		
Disqualification of Directors check	Annual		
Bankruptcy check	Annual		
Board code of conduct completed and signed	On appointment		
Professional registration and ongoing CIPD for the year provided	Annual		
Checklist completed by			
Name			
Position			
Date			
Chairman's Approval			
Signed			
Name			
Date			

Performance Report
Month:

Workforce Chapter
Oct-17

Measure	Target	Performance	Description	Narrative	Rolling Trend
	3.60%	4.16%	Rolling 12m average Sickness Absence described as a Percentage	We are now starting to see a small reduction in the 12-month rolling average sickness absence rate. The in-month absence rate has also reduced to 4.4%, however this is higher than October 2016. It is pleasing to see a significant improvement in the number of staff returning to work after long-term absence and this has reduced from 142 in September to 123 in October.	
	90.00%	84.18%	Percentage of Staff who have received an appraisal in the last 12 months. Excludes New Staff with less than 12m service and Bank Staff	An increase of over 5% for the Trust in month. This increase has is attributed to the significant increase in appraisal rates within CCICP (inc by 17%) and M&EC (inc of 5.5%). It should also be noted that the Diagnostics and Clinical Support Services Division are the only division ot exceed the 90% target (currently at 91.3%).	
	90.00%	79.15%	Mandatory Training Monthly Rate Excludes Bank Staff, Staff on long term sick & mat. leave.	A slight increase in the compliance rate with Mandatory training during October. The main reason for this is that 4 divisions compliance has dropped to below 80% during October and Divisions have been challenged to correct this position in the coming months to ensure we meet the agreed target by the end of the financial year.	
	10.00%	11.04%	Number of Leavers expressed as a percentage of the workforce over a 12m rolling period.	For the third month in a row, the turnover rate has increased. The main reasons for staff leaving the Trust are: - Work/Life Balance; - Retire & Return/ Retirement; and - Low Pay (Estates & Facilities)	

Measure	Target	Performance	Description	Narrative	Rolling Trend
	(433)	(254)	In month and cumulative total spend for the Trust.	<p>Agency spend has reduced in month by £104k and we continue to remain below both our Trust plan and the NHSI Agency cap.</p> <p>In month we have seen a continue reduction in the use and cost of agency staff in the Diagnostics, Surgery & Cancer and Womens & Childresn Division. However costs have increased in October within Medicine and Emergency care and this is as a result of gaps in the medical rotas.</p>	
	less than 100%	58.7%	Trust Agency Spend as a percentage of the Ceiling Set by NHS Improvement		
	Continuing reduction	41.60%	Number of Agency shifts filled by agency staff that are over the nationally determined capped rates	<p>A total of 173/415 shifts were filled during October 2017 by agency staff who were paid above the rates capped by NHS Improvement.</p> <p>There were no staff provided through agencies that were paid above the capped rate of £120/h during October 2017.</p>	