Mid Cheshire Hospitals NHS Foundation Trust

AGENDA

Board of Directors
A meeting will be held in Public at
09.30am on Monday, 5 March 2018
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	Director of Nursing & Quality **09.32**
3.	**Board Member's Interests** *(to note)* To **consider** any • Changes to Directors' interests since the last meeting • Conflicts of interest deriving from this agenda	I	Chairman **09.50**
4.	**Minutes of the Last Meeting** To **approve** the minutes of the Board of Directors meeting held in Public on Monday, 5 February 2018 *(attached)* *(to approve)*	A	Chairman **09.52**
5.	**Matters Arising and Action Log** *(attached) (to approve)*	A	Chairman **09.55**
6.	**Annual Work Programme 2018/19** *(attached)* *(to approve)*	I/A	Chairman **09.57**
7.	**Chairman's Announcements** (*to note a verbal report*) **7.1 Annual Committee Reviews** **7.2 CCG Joint Board to Board and Development Session – 15 February 2018** **7.3 Board Away Day and Development Session – 12 February 2018**	I	Chairman **10.00**
8.	**Governor's Items** (*to note a verbal report*) **8.1 Chat with the Chairman – 21 February 2018**	I	Chairman **10.10**
9.	**Chief Executive's Report** *(to note a verbal report)* **9.1 System Update**	I	Chief Executive **10.15**

Item No		Title of Item	Action	Led By
	9.2	**Director of Workforce and Organisational Development**		
10.	**CARING**			
	10.1	**Quality, Safety & Experience Report** *(attached) (for discussion)*	I/D	Director of Nursing & Quality **10.25**
11.	**SAFE**			
	11.1	**Draft Quality Governance Committee notes from the meeting held on 19 February 2018** *(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 approve)*		Director of Workforce and OD **10.45**
12.	**RESPONSIVE**			
	12.1	**Performance Report** *(attached) (to note)*	I/D	Chief Operating Officer **10.50**
	12.2	**Draft Performance & Finance Committee notes from the meeting held on 22 February 2018** *(attached) (to note)*	I	Committee Chair **11.00**
	12.3	**Legal Advice** *(verbal)* (*to note*)	I	Chief Executive **11.05**
	12.4	**Learning from Deaths Q3***(attached) (to note)*	I	Deputy Chief Executive/ Medical Director **11.10**
13.	**WELL-LED**			
	13.1	**Visits of Accreditation, Inspection or Investigation** *(verbal)* (*to note*)	I	Chief Executive **11.20**
	13.2	**Annual Plan & Budget** *(presentation) (to approve)*	I/D	Director of Finance & Planning **11:25**
	13.3	**CCICP Partnership Board notes from the meeting held on 18 January** *(attached) (to note)*	I	Director of Strategic Partnerships **11.30**
	13.4	**Well Led Framework Development Review Summary** *(attached) (to note)*	I/D	Deputy Chief Executive/ Medical Director **11.35**

Item No	Title of Item	Action	Led By
14.	**EFFECTIVE**		
14.1	**Workforce Report** *(attached) (to note)*	I	Director of Workforce and OD **11.35**
14.2	**Transformation and People Committee notes from the meeting held on 8 February 2018** *(attached) (to note)*		Committee Chair **11.45**
14.3	**Consultant Appointments** *(verbal) (to note)*	I	Deputy Chief Executive/ Medical Director **11.50**
15.	**Any Other Business** *(verbal)*	I/A/D	Chairman **11.55**
16.	**Time, Date and Place of Next Meeting**		
	To confirm that the next meeting of the Board of Directors will take place in public, in the Board Room at Leighton Hospital, at 9.30am on **Tuesday, 3 April 2018**	I	Chairman

Board of Director Meeting held in Public (Action Log)

Action No	Date of Meeting	Action	Lead	Deadline Date	Comments	Date of Board meeting to be reviewed	Status
18/01/9.1.5	08-Jan-18	Cheshire East Place POD to be circulated once updated	T Bullock	15-Feb-18	Circulated 23 Feb 2018	05/03/2018	

Board of Directors Workplan 2018 /19 Version: 1

Item	Board of Directors Meeting												Board Away Day			
	April	*May*	*June*	*July*	*August*	*Sept*	*Oct*	*Nov*	*Dec*	*Jan*	*Feb*	*March*	*Apr*	*Oct*	*Dec*	*Feb*
Patient/Staff Story	x	x	x	x	x	x	x	x	x	x	x	x				
Chief Executive Report	x	x	x	x	x	x	x	x	x	x	x	x				
Chairman's Report	x	x	x	x	x	x	x	x	x	x	x	x				
Governor Report	x	x	x	x	x	x	x	x	x	x	x	x				
Caring																
Nursing and midwifery staffing comprehensive report							x									
Patient Survey Results (National)			x													
Patient Quality Safety and Experience Report	x	x	x	x	x	x	x	x	x	x	x	x				
Staff Survey		x														
Safe																
Health & Safety Update to Board													x			
SUI & RIDDOR	x	x	x	x	x	x	x	x	x	x	x	x				
Quality Governance Committee	x	x	x	x	x	x	x	x	x	x	x	x				
Guardian of Safe Working Hours Report			x				x		x			x				
Effective																
Consultant Appointments	x	x	x	x	x	x	x	x	x	x	x	x				
Medical Staffing Update (Part II)	x	x	x	x	x	x	x	x	x	x	x	x				
Responsive																
Annual Budget/Planning/ Budget Pack	x											x				x
Quality Account		x														
Legal Advice	x	x	x	x	x	x	x	x	x	x	x	x				
Performance & Finance Committee	x	x	x	x	x	x	x	x	x	x	x	x				
Performance Report	x	x	x	x	x	x	x	x	x	x	x	x				
Report on Use of Trust Seal		x			x			x			x					
Corporate Trustee													x	x		x
Whistleblowing Report						x										
Well-Led																
Annual Budget/Contract Discussions	x											x				
Annual Plan	x	x										x				
Annual Report & Accounts (Extra Ordinary Board)		x														
Audit Committee		x	x				x		x		x					
Quarterly Organisational Risk Register	x		x			x			x			x				
Learning from Deaths Quarterly Report			x			x			x			x				
Trust Strategy	x							x						x		x
Visits of Accreditation, Inspection or Investigation	x	x	x	x	x	x	x	x	x	x	x	x				
Well-Led Governance Framework Self Assessment																x
Corporate Goverance Handbook										x						
Transformation and People Committee	x	x	x	x	x	x	x	x	x	x	x	x				
Board Sub-Committee Annual Review			x													
Doctors Revalidation Report						x										
Board Actions	x	x	x	x	x	x	x	x	x	x	x	x				

We Care Because You Matter

NHS
Mid Cheshire Hospitals
NHS Foundation Trust

Board of Directors

Quality, Safety and Experience Report

March 2018

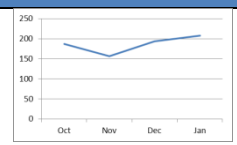
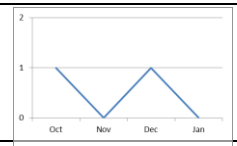
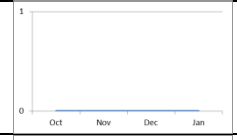
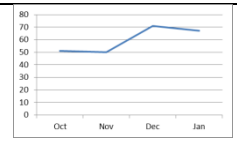
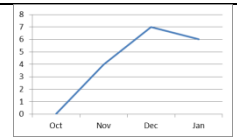
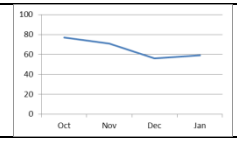
(January 2018 data)

Board Papers – Quality, Safety & Experience Section: March 2018

Contents

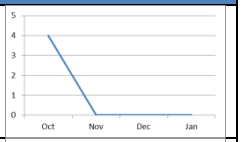
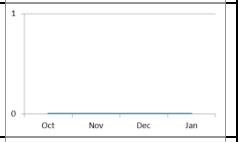
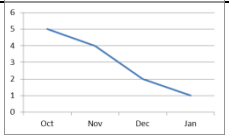
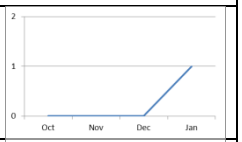
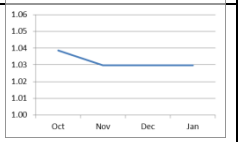
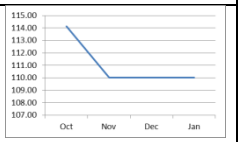
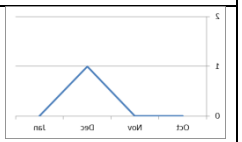
Contents (continued):

Board Papers – Quality, Safety & Experience Section: March 2018

Indicators	Position compared to previous month	Target	Last four months				Trajectory
			Oct-17	Nov-17	Dec-17	Jan-18	
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**	**187**	**156**	**193**	**208**	
Serious Incidents The aim is to have no serious incidents by the end of January 2018	⬇	**Zero at end of January 2018**	**1**	**0**	**1**	**0**	
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 4**	**3**	**3**	**1**	**5**	
Inpatient Falls The aim is to reduce inpatient falls by 10% by January 2018	⬇	**733 at end of January 2018**	**51**	**50**	**71**	**67**	
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**	**0**	**4**	**7**	**6**	
CCICP Patient Safety Harm Incidents The aim is to reduce the number of harm incidents.	⬆		**77**	**71**	**56**	**59**	

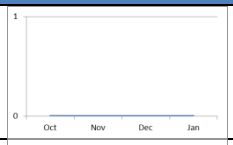
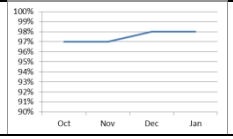
Key							
⬆⬇	**Position Declined since last month**	⬆⬇	**Position Improved since last month**	⇔	**On track to deliver**	⇔	**Work in place to recover position**

Board Papers – Quality, Safety & Experience Section: March 2018

Indicators	Position compared to previous month	Target	Last four months				Trajectory
			Oct-17	Nov-17	Dec-17	Jan-18	
CCICP Serious Incidents The aim is to have no serious incidents by the end of January 2018	⇔	**Zero at end of January 2018**	**4**	**0**	**0**	**0**	
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.	⇩		**5**	**4**	**2**	**1**	
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.	⇧		**0**	**0**	**0**	**1**	
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	**1.02** ⇔	**Below 1.0**	**1.03**	**1.02**			
HSMR The Trust's aim is to have an HSMR <100	**110.02** ⇔	**<100**	**114.12**	**110.02**			
MRSA The target for MRSA Bacteraemia is zero in 2017/18	⇩	**Zero at end of 2017/2018**	**0**	**0**	**1**	**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: March 2018

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

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

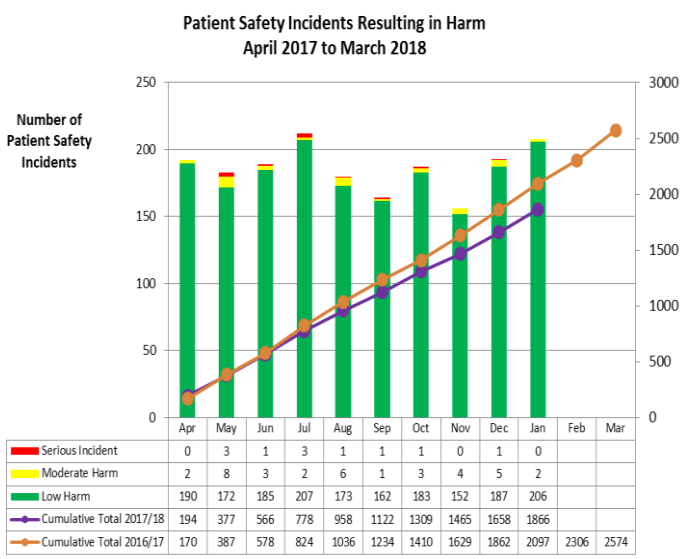
Quality & Safety Section:

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 January 2018, there were a total of 208 patient safety incidents:
99% (206 incidents) have resulted in low harm
1% (2 incidents) have resulted in moderate harm
0% (0 incidents) have resulted in serious harm



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Serious Incident	0	3	1	3	1	1	1	0	1	0		
Moderate Harm	2	8	3	2	6	1	3	4	5	2		
Low Harm	190	172	185	207	173	162	183	152	187	206		
Cumulative Total 2017/18	194	377	566	778	958	1122	1309	1465	1658	1866		
Cumulative Total 2016/17	170	387	578	824	1036	1234	1410	1629	1862	2097	2306	2574

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

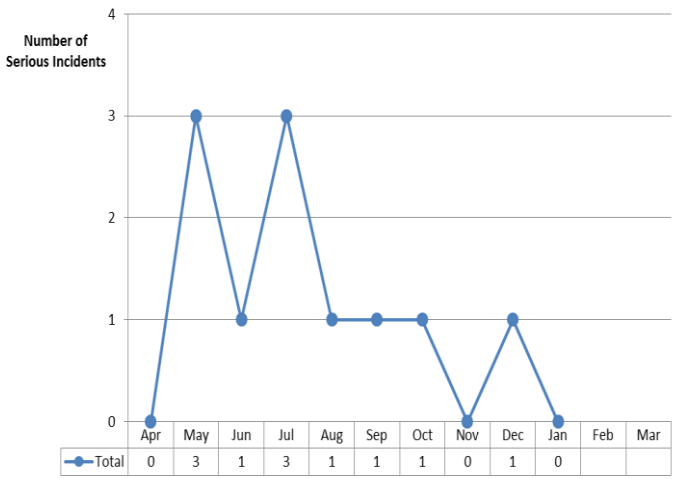
- Twice monthly Patient Safety Summit Meetings with Executive & Senior Teams
- Twice monthly Patient Safety Matters newsletter that is delivered Trust wide

Serious Incidents.

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

For January 2018, there were no serious incidents reported.

There have been no never events reported since November 2016.



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

To reduce the number of serious incidents a number of initiatives are being undertaken. These include:

- Twice monthly Patient Safety Summit Meetings with Executive & Senior Teams
- Twice monthly Patient Safety Matters newsletter that is delivered Trust wide

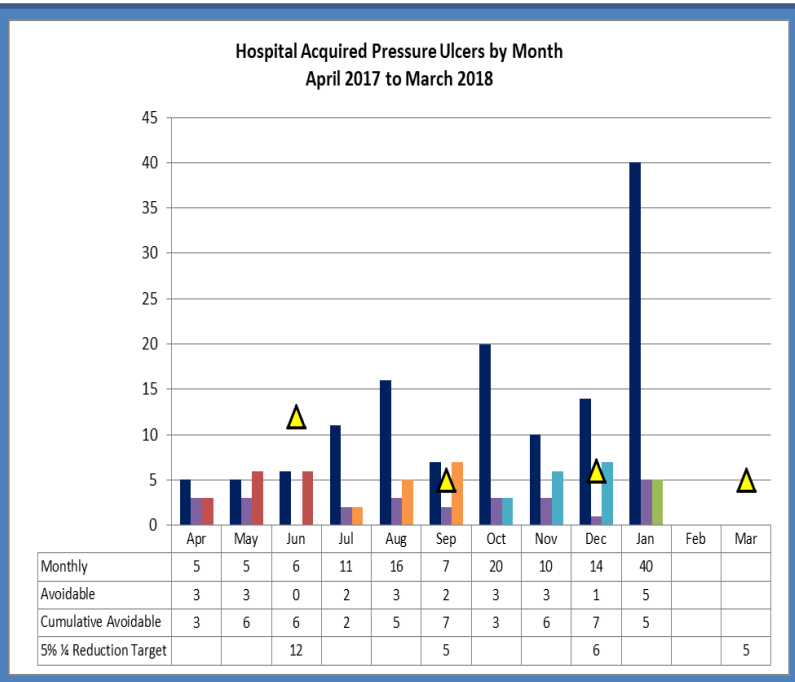
Description	Aggregate Position	Trend	Performance against previous month

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

For January 2018, there were a total of 40 hospital acquired pressure ulcer incidents:

- 12.5% (5 PU's) have resulted in avoidable harm
- 6 pressure ulcers occurred on Ward 4, these were all unavoidable
- 6 pressure ulcers occurred on Ward 7, these were all unavoidable
- 5 pressure ulcers occurred on Ward 15, these were all unavoidable

The 5% reduction target (Quarter on quarter in 2017/18) to achieve by the end of quarter 4, is to have no more than 5 avoidable pressure ulcers reported. There have been 5 avoidable pressure ulcers reported to date in quarter 4.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly	5	5	6	11	16	7	20	10	14	40		
Avoidable	3	3	0	2	3	2	3	3	1	5		
Cumulative Avoidable	3	6	6	2	5	7	3	6	7	5		
5% ¼ Reduction Target			12			5			6			5

Improvement actions include:

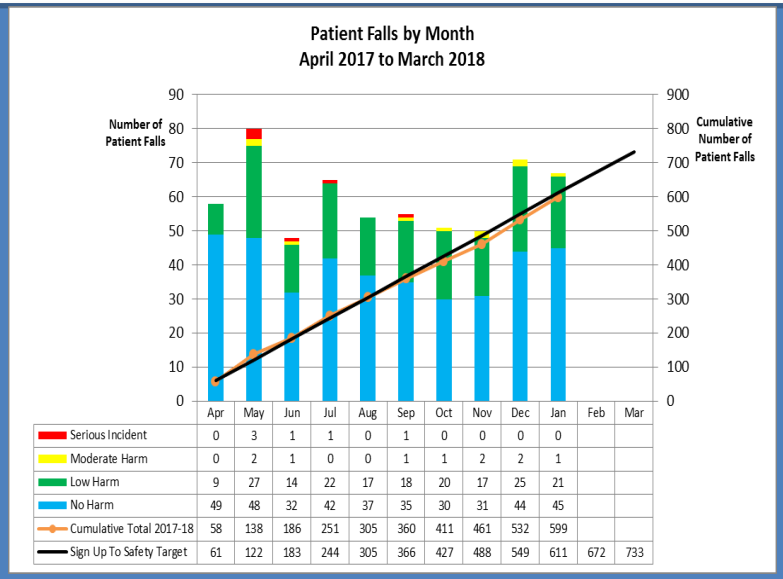
- As part of the Trustwide evaluation of pressure relieving mattresses trials of new mattresses commenced in January 2018.
- The SKIN bundle and repositioning chart have been reviewed and updated.
- Photographing pressure ulcers prior to discharge has been implemented along with the photography on admission.
- There is an ongoing education programme led by the Pressure Ulcer Prevention team.

Board Papers – Quality, Safety & Experience Section: March 2018

Description	Aggregate Position	Trend	Performance against previous month

Patient Falls Incidents.

- For January 2018, there were a total of 67 patient falls
- 67.2% (45 falls) have resulted in no harm
- 31.3% (21 falls) have resulted in low harm
- 1.5% (1 fall) has resulted in moderate harm
- 0% (0 falls) have resulted in serious harm



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Serious Incident	0	3	1	1	0	1	0	0	0	0		
Moderate Harm	0	2	1	0	0	1	1	2	2	1		
Low Harm	9	27	14	22	17	18	20	17	25	21		
No Harm	49	48	32	42	37	35	30	31	44	45		
Cumulative Total 2017-18	58	138	186	251	305	360	411	461	532	599		
Sign Up To Safety Target	61	122	183	244	305	366	427	488	549	611	672	733

Improvement actions include:

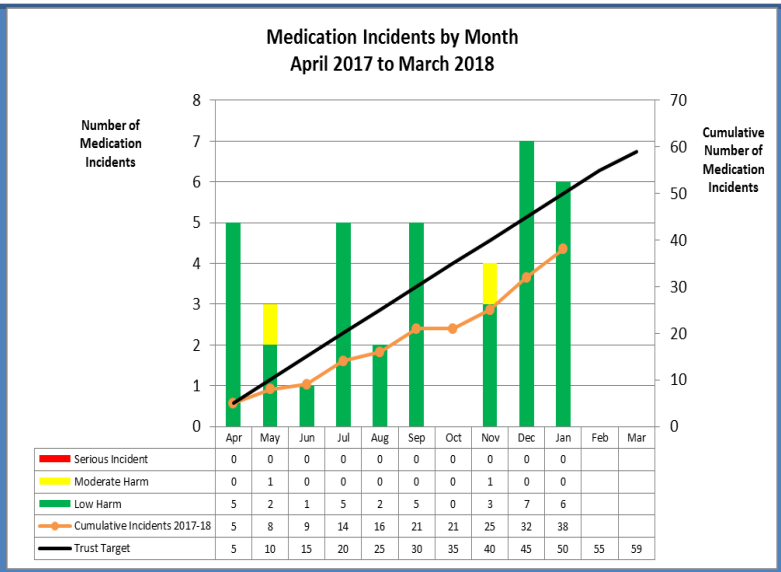
- Bespoke training where an increase in falls has been identified.
- Continued review of practice during senior nurse walkabout.
- Focus work through the cares programme.
- Development and approval of a post-falls chart.

Description	Aggregate Position	Trend	Performance against previous month

Medication Incidents.

For January 2018, there were a total of 6 medication incidents resulting in harm reported:

- 100% (6 medication incidents) have resulted in low harm
- 0% (0 medication incident) have resulted in moderate harm
- 0% (0 medication incidents) have resulted in serious harm



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Serious Incident	0	0	0	0	0	0	0	0	0	0		
Moderate Harm	0	1	0	0	0	0	0	1	0	0		
Low Harm	5	2	1	5	2	5	0	3	7	6		
Cumulative Incidents 2017-18	5	8	9	14	16	21	21	25	32	38		
Trust Target	5	10	15	20	25	30	35	40	45	50	55	59

Improvement actions include:

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

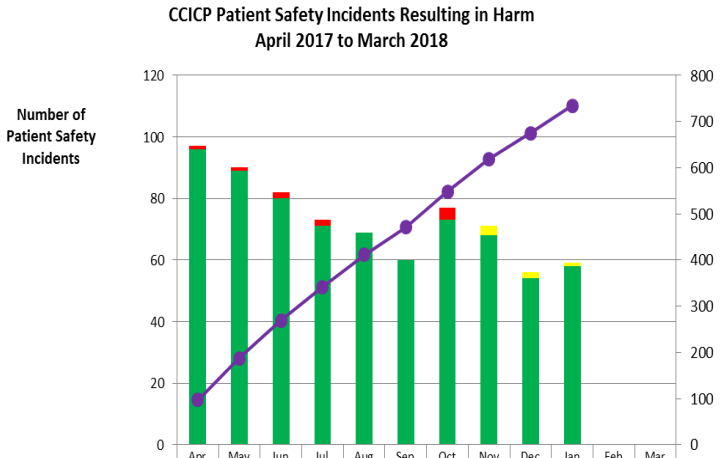
Board Papers – Quality, Safety & Experience Section: March 2018

Description	Aggregate Position	Trend	Performance against previous month

CCICP Patient Safety Incidents resulting in harm.

For January 2018, there were a total of 59 patient safety incidents:

- 98.3% (58 incidents) have resulted in low harm
- 1.7% (1 incidents) have resulted in moderate harm
- 0% (0 incidents) have resulted in serious harm



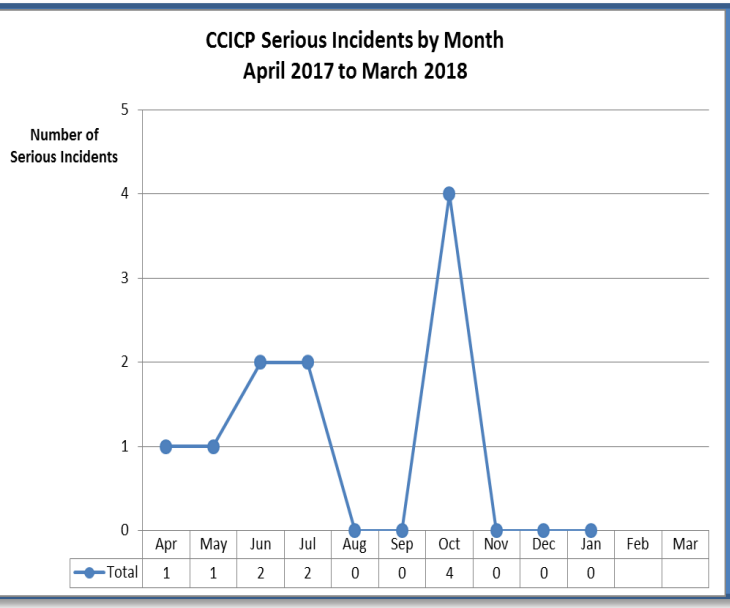
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Serious Incident	1	1	2	2	0	0	4	0	0	0		
Moderate Harm	0	0	0	0	0	0	0	3	2	1		
Low Harm	96	89	80	71	69	60	73	68	54	58		
Cumulative Total 2017/18	97	187	269	342	411	471	548	619	675	734		

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

- Focused training and education to staff via team leader meetings.
- Development of a Quality role to support the Quality improvements in CCICP.

CCICP Serious Incidents.

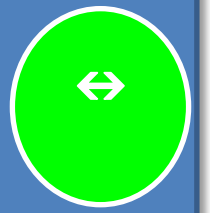
For January 2018, no serious incidents were reported in CCICP.



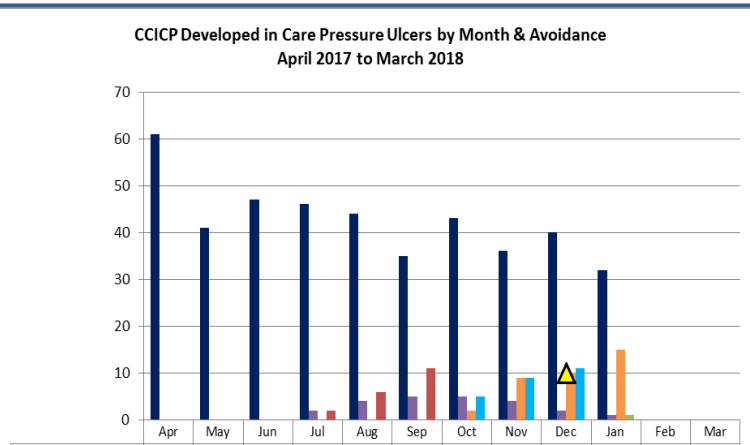
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Total	1	1	2	2	0	0	4	0	0	0		

To reduce the number of serious incidents a number of initiatives are being undertaken. These include:

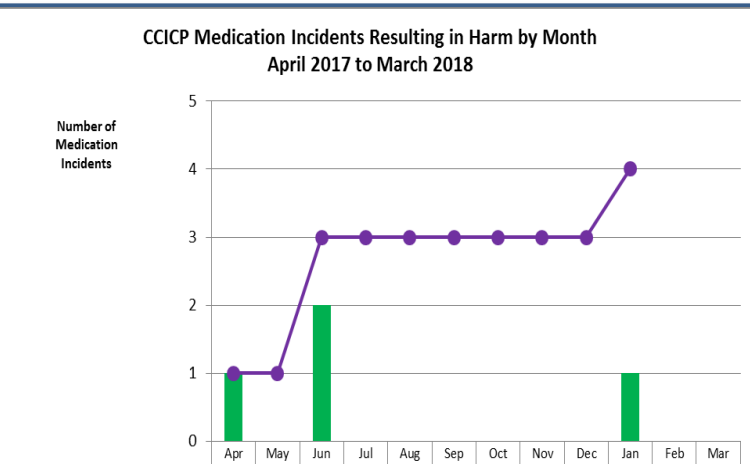
- Twice monthly Patient Safety Summit Meetings with Executive & Senior Teams
- Twice monthly Patient Safety Matters newsletter that is delivered Trust wide



Board Papers – Quality, Safety & Experience Section: March 2018

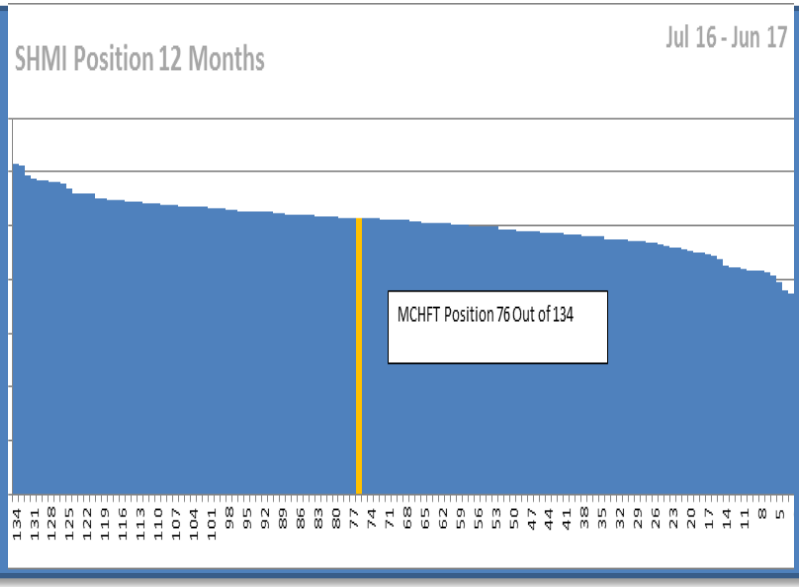
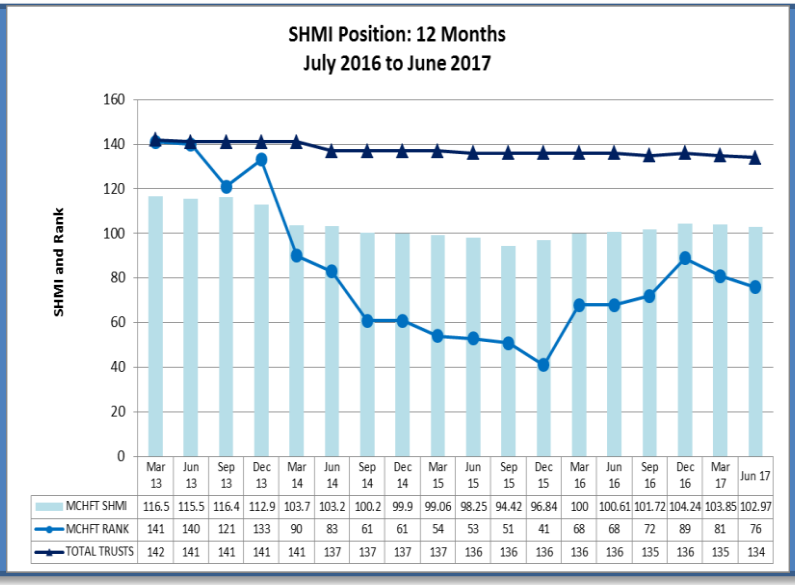
Description	Aggregate Position	Trend	Performance against previous month
CCICP Pressure Ulcer (PU) Incidents by Avoidance	For January 2018, there were a total of 32 developed in care pressure ulcers: • 3.1% (1 PU's) have resulted in avoidable harm. 15 of these incidents are currently unconfirmed.		• Membership 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.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly	61	41	47	46	44	35	43	36	40	32		
Avoidable				2	4	5	5	4	2	1		
Unconfirmed				0	0	0	2	9	10	15		
Cumulative Avoidable				2	6	11	5	9	11	1		
5% ¼ Reduction Target									10			

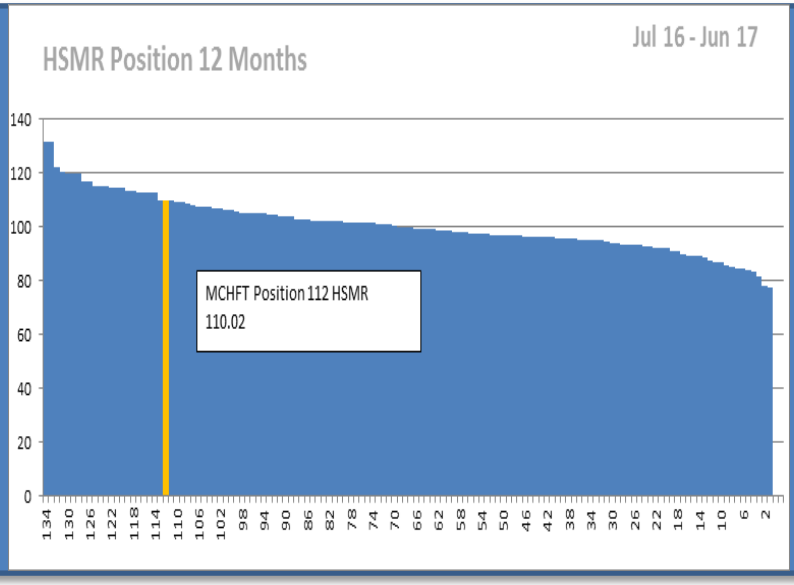
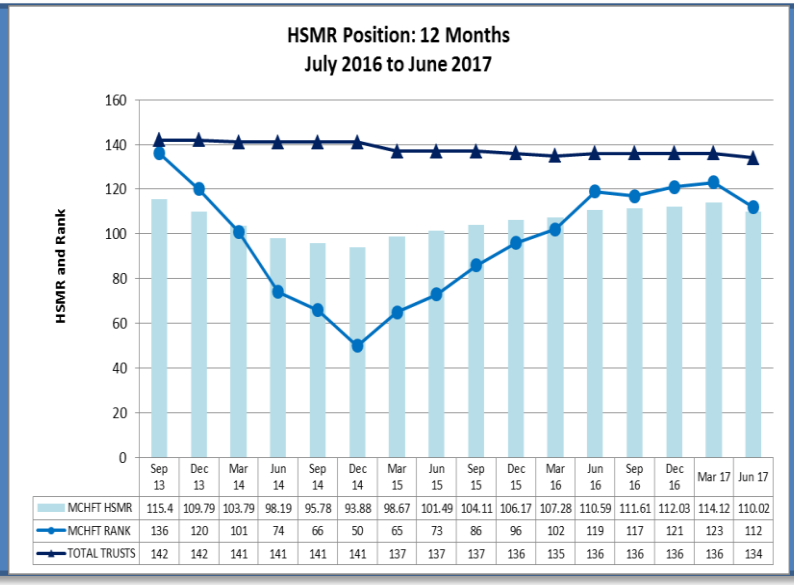
Description	Aggregate Position	Trend	Performance against previous month
CCICP Medication Incidents.	For January 2018, one medication incidents resulted in harm: • 100% (1 medication incidents) have resulted in low harm • 0% (0 medication incidents) have resulted in moderate harm • 0% (0 medication incidents) have resulted in serious harm		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.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Serious Incident	0	0	0	0	0	0	0	0	0	0		
Moderate Harm	0	0	0	0	0	0	0	0	0	0		
Low Harm	1	0	2	0	0	0	0	0	0	1		
Cumulative Incidents 2017-18	1	1	3	3	3	3	3	3	3	4		

Board Papers – Quality, Safety & Experience Section: March 2018

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 102.97 for the time period July 2016 to June 2017 and places the Trust 76 out of 134 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 for the period July 2016 to June 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.

	Mar 13	Jun 13	Sep 13	Dec 13	Mar 14	Jun 14	Sep 14	Dec 14	Mar 15	Jun 15	Sep 15	Dec 15	Mar 16	Jun 16	Sep 16	Dec 16	Mar 17	Jun 17
MCHFT SHMI	116.5	115.5	116.4	112.9	103.7	103.2	100.2	99.9	99.06	98.25	94.42	96.84	100	100.61	101.72	104.24	103.85	102.97
MCHFT RANK	141	140	121	133	90	83	61	61	54	53	51	41	68	68	72	89	81	76
TOTAL TRUSTS	142	141	141	141	141	137	137	137	137	136	136	136	136	136	135	136	135	134

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 110.02 (July 2016 to June 2017) and places the Trust 112 out of 134 Trusts.		The Trust's aim is to have an HSMR <100.
MCHFT 12 Month Rolling Position HSMR Position	The data in the chart shows the HSMR and rank of MCHFT for each of the 12 month rolling position submissions for the period July 2016 to June 2017.		The Trust's aim is to have an HSMR <100.

	Sep 13	Dec 13	Mar 14	Jun 14	Sep 14	Dec 14	Mar 15	Jun 15	Sep 15	Dec 15	Mar 16	Jun 16	Sep 16	Dec 16	Mar 17	Jun 17
MCHFT HSMR	115.4	109.79	103.79	98.19	95.78	93.88	98.67	101.49	104.11	106.17	107.28	110.59	111.61	112.03	114.12	110.02
MCHFT RANK	136	120	101	74	66	50	65	73	86	96	102	119	117	121	123	112
TOTAL TRUSTS	142	142	141	141	141	141	137	137	137	136	135	136	136	136	136	134

Board Papers – Quality, Safety & Experience Section: March 2018

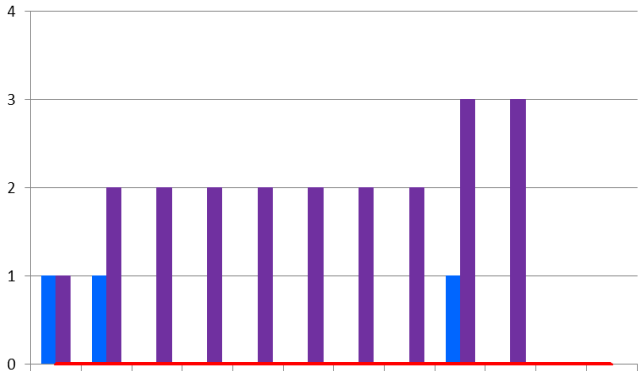
Description	Aggregate Position	Trend	Performance against previous month

MRSA Bacteraemia Cases.

In January 2018, no MRSA bacteraemia cases were reported in the Trust.

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

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



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly	1	1	0	0	0	0	0	0	1	0		
Cumulative	1	2	2	2	2	2	2	2	3	3		
Target	0	0	0	0	0	0	0	0	0	0	0	0

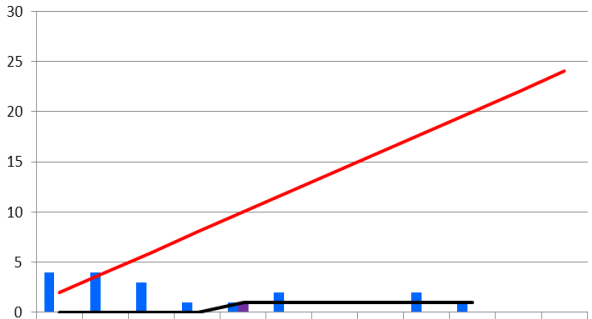
A recovery plan has been developed and is monitored through the Executive Infection Prevention Control Group

Clostridium Difficile toxin positive cases.

In January 2018, no avoidable cases were reported.

The total avoidable cases year to date is 1.

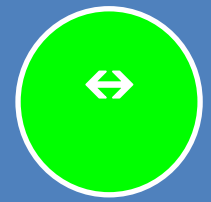
Clostridium Difficile toxin positive cases reported within the Trust
April 2017 to March 2018



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

Improvement actions include:

- Bed side reviews are in place on the identification of infection
- Consultant level engagement in C-difficile root cause analysis



Board Papers – Quality, Safety & Experience Section: March 2018

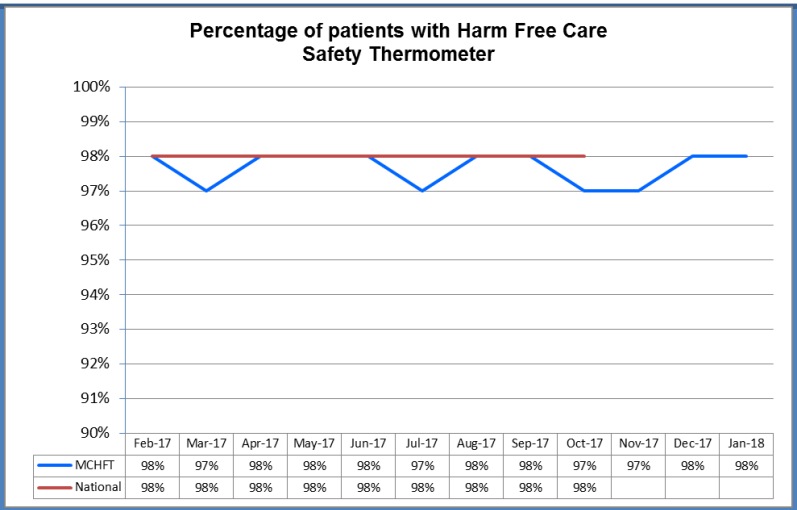
CQUIN Indicator	Indicator Name	Milestone Achieved								
		Q1	Financial Incentive Achieved	Q2	Financial Incentive Achieved	Q3	Financial Incentive Achieved	Q4	Financial Incentive Achieved	Maximum Value
1a	**Health & Wellbeing** 5% point improvement in two of the three questions on H&W, MSK & Stress.	✓	No Payment in Q1	✓	No Payment in Q2	✓	No Payment in Q3			£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	✓	No Payment in Q3			£144,109
1c	**Health & Wellbeing** Achieve an uptake of flu vaccinations of front line clinical staff of 70% by end of February 2018.	NOT REQUIRED	No Payment in Q1	NOT REQUIRED	No Payment in Q2	NOT REQUIRED	No Payment in Q3			£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	✓ 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	✓ 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	✓	£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.	NOT REQUIRED	No Payment in Q1	NOT REQUIRED	No Payment in Q2	NOT REQUIRED	No Payment in Q3			£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	NOT REQUIRED	No Payment in Q3			£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	NOT REQUIRED	No Payment in Q3			£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	✓	£43,233			£432,328

Board Papers – Quality, Safety & Experience Section: March 2018

CQUIN Indicator	Indicator Name	Milestone Achieved								
		Q1	Financial Incentive Achieved	Q2	Financial Incentive Achieved	Q3	Financial Incentive Achieved	Q4	Financial Incentive Achieved	Maximum Value
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	✓	£108,082			£432,328
7	**NHS e-Referrals** Availability of services and appointments for e-Referral service.	✓	£108,082	✓ Partially	£64,849	✓	£108,082			£432,328
8a	**Supporting proactive and safe discharge** Acute providers.	✓	£64,849	✓	£172,931	✓	£21,616			£432,328
8b	**Supporting Proactive and Safe Discharge –** Community Providers	NOT REQUIRED	No Payment in Q1	✓	£83,415	NOT REQUIRED	No Payment in Q3			£139,025
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	NOT REQUIRED	No Payment in Q1	✓	£69,512	NOT REQUIRED	No Payment in Q3			£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.	NOT REQUIRED	No Payment in Q1	✓	£34,756	✓	£20,854			£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	✓	£3,401.50			£13,606

Board Papers – Quality, Safety & Experience Section: March 2018

CQUIN Indicator	Indicator Name	Milestone Achieved								
		Q1	Financial Incentive Achieved	Q2	Financial Incentive Achieved	Q3	Financial Incentive Achieved	Q4	Financial Incentive Achieved	Maximum Value
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	✓	£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	✓	£22,969.80			**£38,283**
SC2	**Hospital Pharmacy Transformation and Medicines Optimisation**	✓		✓		✓				**£57,424**

Description	Aggregate Position	Trend	Performance against previous month
Safety Thermometer - Harm Free Care.	In January 2018, 98% of patients received harm free care as measured by the Safety Thermometer. The Safety Thermometer data is collected during the morning of the first Wednesday of each month and is collected by the nursing staff on duty on the ward assisted by the Divisional Senior Nursing Teams. National figures are not yet available for November 2017, December 2017 and January 2018.		>95% of patients to receive harm free care as monitored by the Safety Thermometer.

	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18
MCHFT	98%	97%	98%	98%	98%	97%	98%	98%	97%	97%	98%	98%
National	98%	98%	98%	98%	98%	98%	98%	98%	98%			

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	90.7% of expected Registered Nurse hours were achieved for day shifts. Any registered nurse numbers that fall below 85% are required to have a divisional review and an update of actions provided to the Director of Nursing & Quality and the Deputy Director of Nursing & Quality.	Trend **January 2018 90.7%** December 2017 91.3% November 2017 93.3%	The lowest staffing levels during the day were on Ward 9 at 67.1%
Registered Nurses monthly expected hours by shift versus actual monthly hours per shift. Night time shifts only	97.4% of expected Registered Nurse hours were achieved for night shifts.	Trend **January 2018 97.4%** **December 2017 95.1%** November 2017 95.8%	The lowest staffing levels during the night were on Ward 5 at 73.4%
Healthcare Assistant monthly expected hours by shift versus actual monthly hours per shift. Day time shifts only	102.7% of expected HCA hours were achieved for day shifts.	Trend **January 2018 102.7%** December 2017 101.7% November 2017 100.8%	The lowest staffing levels during the day were on Ward 9 at 82.8%
Healthcare Assistant monthly expected hours by shift versus actual monthly hours per shift. Night time shifts only	112.6% of expected HCA hours were achieved for night shifts. For areas with over 100% staffing levels for HCA's this is reviewed and is predominately due to wards requiring 1 to 1 specials for patients following a risk assessment or to increase staffing numbers when there are registered nursing gaps that are not filled.	Trend **January 2018 112.6%** **December 2017 116.8%** November 2017 122.6%	The lowest staffing levels during the night were on Ward 10 Ortho at 95.2%

Board Papers – Quality, Safety & Experience Section: March 2018

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		42798.1	38991	30525.2	30895.6	26077.8	24990.7	16384.5	18920.8	90.71%	102.67%	97.41%	112.64%	13882	370.6	101.1	471.6
AMU	GEN MEDICINE	2011.3	1876.5	1519	1433.3	1898.8	1666	1519	1506.8	93.3%	94.4%	87.7%	99.2%	892	4.0	3.3	7.3
CAU	PAEDIATRICS	2716	2716	1150	1150	2242.5	2242.5	690	690	100.0%	100.0%	100.0%	100.0%	105	47.2	17.5	64.7
Critical Care	GEN SURGERY	4286.5	4286.5	637	637	2603	2603	0	0	100.0%	100.0%	100.0%	-	284	24.3	2.2	26.5
Elmhurst	REHABILITATION	871.5	871.5	2232	2208	775	775	1550	1550	100.0%	98.9%	100.0%	100.0%	900	1.8	4.2	6.0
Ward 1	GEN MEDICINE	2193.8	2150	1162.5	1125	1519	1506.8	759.5	759.5	98.0%	96.8%	99.2%	100.0%	837	4.4	2.3	6.6
Ward 12	GEN SURGERY	2243	1867	1984	1904	953.3	727.8	635.5	676.5	83.2%	96.0%	76.3%	106.5%	895	2.9	2.9	5.8
Ward 13	GEN SURGERY	2288	1976	1984	1840	953.3	779	635.5	635.5	86.4%	92.7%	81.7%	100.0%	925	3.0	2.7	5.7
Ward 14	GEN MEDICINE	1716	1380	1488	1620	744	744	1116	1164	80.4%	108.9%	100.0%	104.3%	971	2.2	2.9	5.1
Ward 2	GEN MEDICINE	1806.3	1712.5	1550	1468.8	759.5	894.3	1139.3	1274	94.8%	94.8%	117.7%	111.8%	937	2.8	2.9	5.7
Ward 21b	GEN MEDICINE	1336.5	1096	1813.5	2496	775	775	775	1562.5	82.0%	137.6%	100.0%	201.6%	740	2.5	5.5	8.0
Ward 23	OBSTETRICS	1238	1168.3	785.3	709.3	764.7	764.7	764.7	752.3	94.4%	90.3%	100.0%	98.4%	708	2.7	2.1	4.8
Ward 26	OBSTETRICS	3362	3362	722	722	2836.7	2836.7	394.7	394.7	100.0%	100.0%	100.0%	100.0%	190	32.6	5.9	38.5
Ward 4	GEN MEDICINE	1716	1380	1860	1638	744	744	1488	1488	80.4%	88.1%	100.0%	100.0%	948	2.2	3.3	5.5
Ward 5	GEN MEDICINE	2325	1893.8	1550	1500	1519	1114.8	759.5	1102.5	81.5%	96.8%	73.4%	145.2%	968	3.1	2.7	5.8
Ward 6	GEN MEDICINE	1937.5	1675	1937.5	1868.8	1519	1286.3	759.5	1078	86.5%	96.5%	84.7%	141.9%	831	3.6	3.5	7.1
Ward 7	GEN MEDICINE	1758.8	1590	1550	1862.5	759.5	759.5	1139.3	1359.8	90.4%	120.2%	100.0%	119.4%	979	2.4	3.3	5.7
Ward 9	TRAUMA & ORTHOPAEDICS	1702	1142	1488	1232	635.5	604.8	317.8	461.3	67.1%	82.8%	95.2%	145.2%	274	6.4	6.2	12.6
NICU	PAEDIATRICS	1924.6	1829.4	183.4	183.4	1782.5	1679	0	0	95.1%	100.0%	94.2%	-	17	206.4	10.8	217.2
Ward 11 SAU	GEN SURGERY	1395	1605	930	1500	580.7	805.5	290.4	814.9	115.1%	161.3%	138.7%	280.6%	363	6.6	6.4	13.0
Ward 18 SSW	GEN MEDICINE	1306.3	1237.5	775	837.5	759.5	759.5	379.8	441	94.7%	108.1%	100.0%	116.1%	625	3.2	2.0	5.2
Ward 10 Ortho	GEN SURGERY	2664	2176	3224	2960	953.3	922.5	1271	1209.5	81.7%	91.8%	96.8%	95.2%	493	6.3	8.5	14.8

Board Papers – Quality, Safety & Experience Section: March 2018

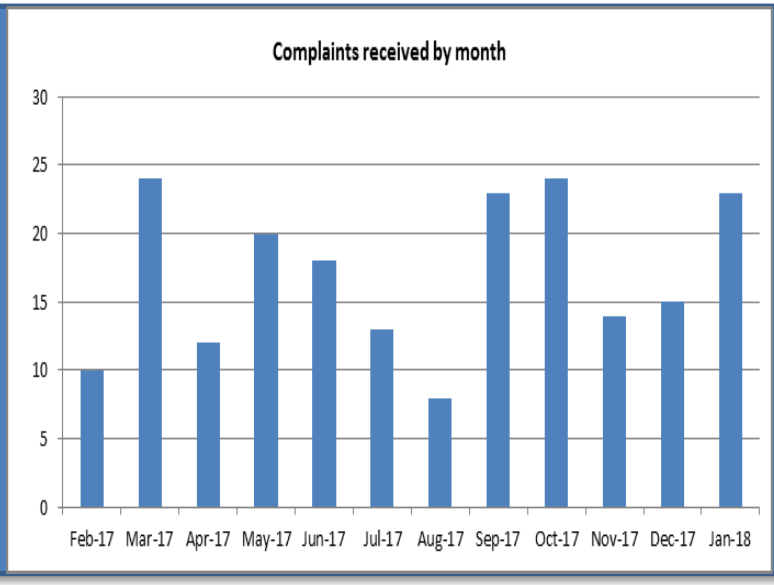
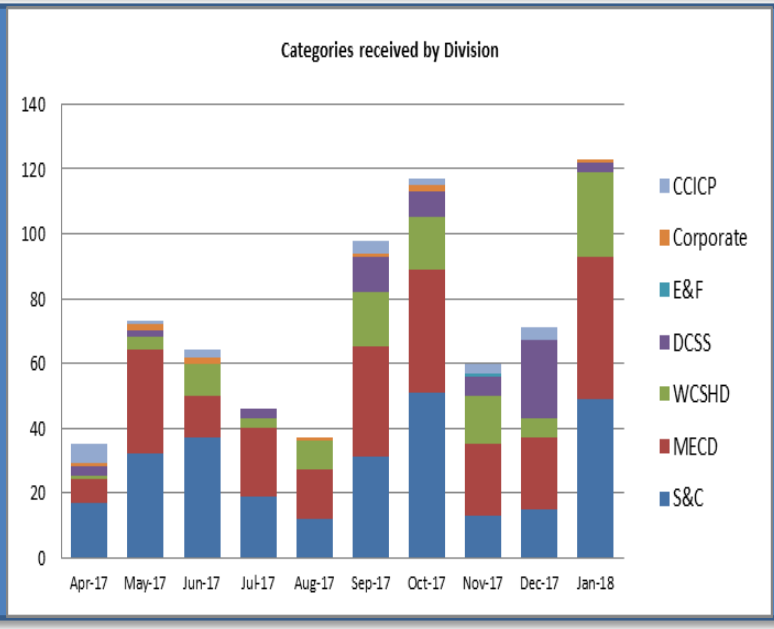
Ward Name	Main Specialties	Safety Thermometer Results			
		Acquired Pressure Ulcers	Patient Falls resulting in harm	CAUTI	New VTE
MCHFT		**1.00% (9)**	**0.44% (4)**	**0.44% (4)**	**0.67% (6)**
AMU	Gen. Medicine	0% (0)	0% (0)	0% (0)	0% (0)
CAU	Paediatrics	0% (0)	0% (0)	0% (0)	0% (0)
Critical Care	Gen. Medicine	0% (0)	0% (0)	0% (0)	0% (0)
Elmhurst	Rehab	0% (0)	0% (0)	0% (0)	0% (0)
Ward 1	Gen. Medicine	0% (0)	0% (0)	0% (0)	3.23% (1)
SAU	Gen. Surgery	0% (0)	0% (0)	3.85% (1)	0% (0)
Ward 10 SSW	Gen. Surgery & Urology	0% (0)	0% (0)	0% (0)	0% (0)
Ward 12	Gen. Surgery & Gynae	0% (0)	0% (0)	0% (0)	0% (0)
Ward 13	Gen. Surgery	0% (0)	0% (0)	0% (0)	0% (0)
Ward 14	Gen. Medicine	0% (0)	0% (0)	0% (0)	0% (0)
Ward 15	Trauma & Ortho	0% (0)	2.56% (1)	0% (0)	0% (0)
Ward 2	Gen. Medicine	0% (0)	6.67% (2)	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	3.33% (1)	0% (0)	0% (0)	0% (0)
Ward 5	Gen. Medicine	0% (0)	0% (0)	0% (0)	0% (0)
Ward 6	Gen. Medicine	0% (0)	0% (0)	0% (0)	3.57% (1)
Ward 7	Gen. Medicine	0% (0)	0% (0)	0% (0)	0% (0)
Ward 9	Trauma & Ortho	0% (0)	0% (0)	0% (0)	0% (0)
NICU	Paediatrics	0% (0)	0% (0)	0% (0)	0% (0)
DN – Alsager	District Nursing	6.06% (2)	0% (0)	3.03 (1)	0% (0)
DN – Ashfields and Haslington	District Nursing	7.14% (2)	0% (0)	0% (0)	0% (0)
DN – Dane bridge	District Nursing	0% (0)	0% (0)	4.76% (1)	0% (0)
DN – Eagle bridge	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)
DN – Firdale	District Nursing	2.33% (1)	2.33% (1)	2.33% (1)	0% (0)
DN – Grosvenor & Hungerford & Rope Green	District Nursing	0% (0	0% (0)	0% (0)	0% (0
DN – Middlewich	District Nursing	8.7% (2)	0% (0)	0% (0)	0% (0
DN - Church View	District Nursing	2.86% (1)	0% (0)	0% (0)	0% (0)
DN – Winsford	District Nursing	0% (0)	0% (0)	0% (0)	9.3% (4)
DN – Out of hours	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)
Intermediate care	Intermediate Care	0% (0)	0% (0)	0% (0)	0% (0)
AMU	Gen. Medicine	0% (0)	0% (0)	0% (0)	0% (0)

Experience Section:

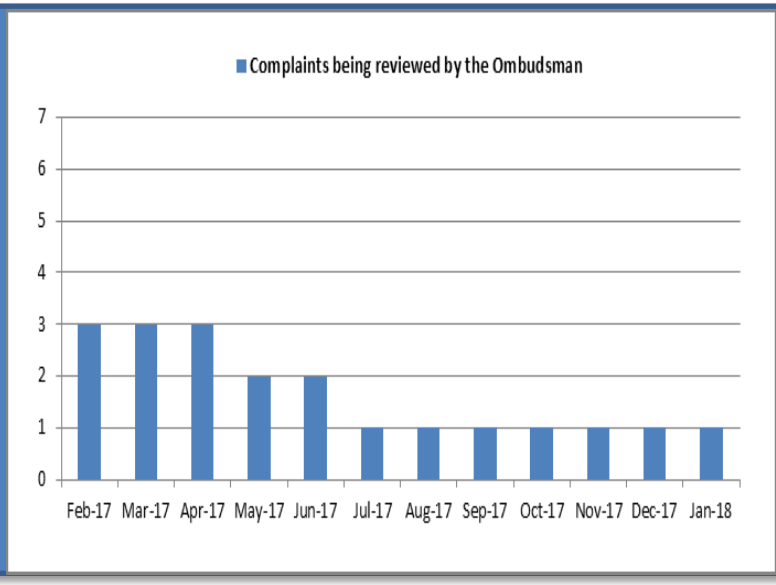
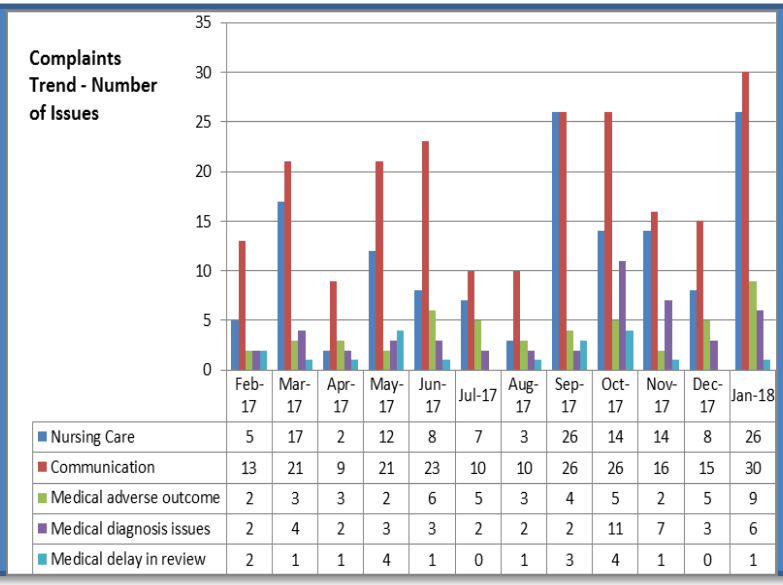
Indicators	Last four months			
	Oct-17	Nov-17	Dec-17	Jan-18
Complaints received by month	24	14	15	23
Complaints being reviewed by the Ombudsman	1	1	1	1
Closed complaints by month	9	22	8	23
Contacts raising informal concerns	92	95	63	102
Compliments received in month	212	186	253	138
Number of new claims received in month	2	6	3	5
Number of claims closed	5	3	0	1
Number of inquests concluded	0	0	1	1
NHS Choices - Star Ratings (Leighton)	4.5	4.5	4.5	4.5
NHS Choices - Star Ratings (VIN)	5	5	5	5
NHS Choices - Number of new postings	12	9	12	15
F&FT Response Rate ED, MIU, UCC and Assessment Areas*	3%	4%	3%	3%
Proportion of positive responses ED, MIU, UCC and Assessment Areas	93%	91%	91%	84%
F&FT Response Rate Inpatients and Daycases	21%	22%	16%	14%
Proportion of positive responses Inpatients and Daycases	98%	98%	99%	97%
F&FT Response Rate Outpatients	8%	7%	4%	5%
Proportion of positive responses Outpatients	96%	96%	95%	97%
F&FT Response Rate Maternity - Birth	10%	14%	11%	16%
Proportion of positive responses Maternity - Birth	100%	97%	100%	100%
F&FT Response Rate Community (CCICP)	19%	16%	7%	23%
Proportion of positive responses Community (CCICP)	88%	88%	95%	92%

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

Board Papers – Quality, Safety & Experience Section: March 2018

Description	Aggregate Position/Description	Trend	
Monthly Trust complaints received by the Trust	23 complaints were received in January 2018 which covered 123 concerns. Of the 29 categories, the highest categories were: • Communication • Medical Care – Adverse Outcome • Medical Care – Delay in Treatment • Discharge - Inappropriate Highest 3 areas receiving complaints/issues were: • Ward 18: 2 complaints /15 issues • Ward 23: 3 complaints/12 issues • ED: 4 complaints /10 issues		Formal Complaints
Number of formal complaints by Division	This graph shows the breakdown of issues by month for e ach division. S&C: 49 DCSS: 3 W&CD: 26 DMEC: 44 CCICP: 0 E&F: 0 Corporate Services: 1		Formal Complaints by Division

Board Papers – Quality, Safety & Experience Section: March 2018

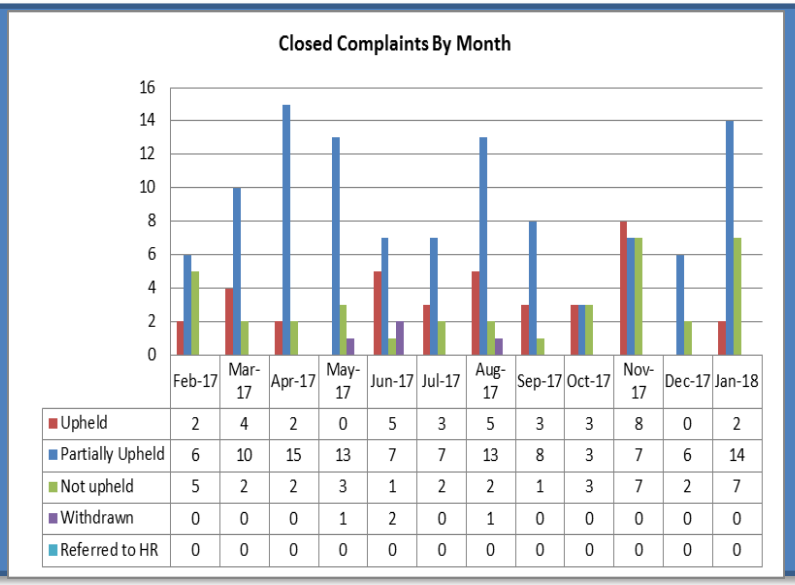
Description	Aggregate Position/Description	Trend
Complaints being reviewed by the Public Health Service Ombudsman	In January 2018, 1 complaint was active with the PHSO. This complaint is currently active as a further independent review is being carried out into the PHSO investigation. We await to hear further instruction.	 Ombudsman
Complaint Trends and number of issues	The main trends in January 2018 were: Communication: 16 complaints/30 issues Medical Care Adverse Outcome: 9 complaints/ 9 issues Inappropriate Discharge: 7 complaints/7 issues	 Complaint Trends

	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18
Nursing Care	5	17	2	12	8	7	3	26	14	14	8	26
Communication	13	21	9	21	23	10	10	26	26	16	15	30
Medical adverse outcome	2	3	3	2	6	5	3	4	5	2	5	9
Medical diagnosis issues	2	4	2	3	3	2	2	2	11	7	3	6
Medical delay in review	2	1	1	4	1	0	1	3	4	1	0	1

Description	Aggregate Position/Description	Trend

Closed Complaints

23 complaints were closed in January 2018.



	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18
Upheld	2	4	2	0	5	3	5	3	3	8	0	2
Partially Upheld	6	10	15	13	7	7	13	8	3	7	6	14
Not upheld	5	2	2	3	1	2	2	1	3	7	2	7
Withdrawn	0	0	0	1	2	0	1	0	0	0	0	0
Referred to HR	0	0	0	0	0	0	0	0	0	0	0	0

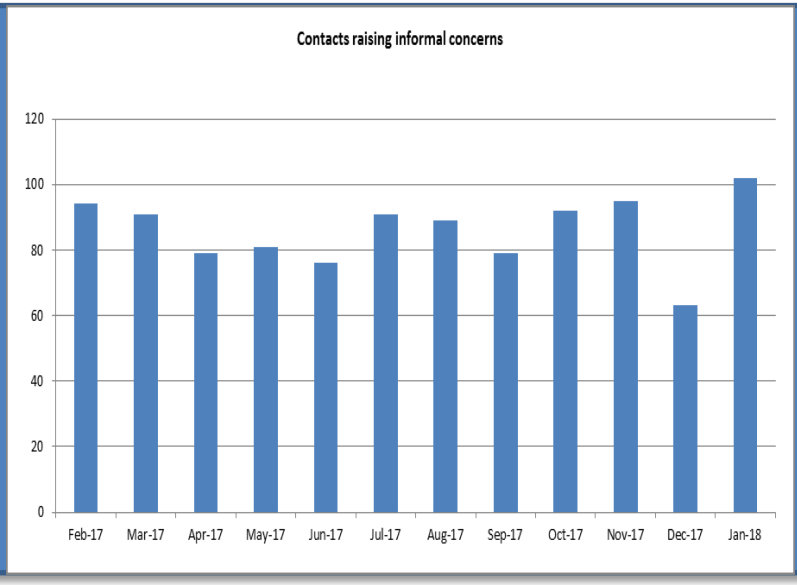
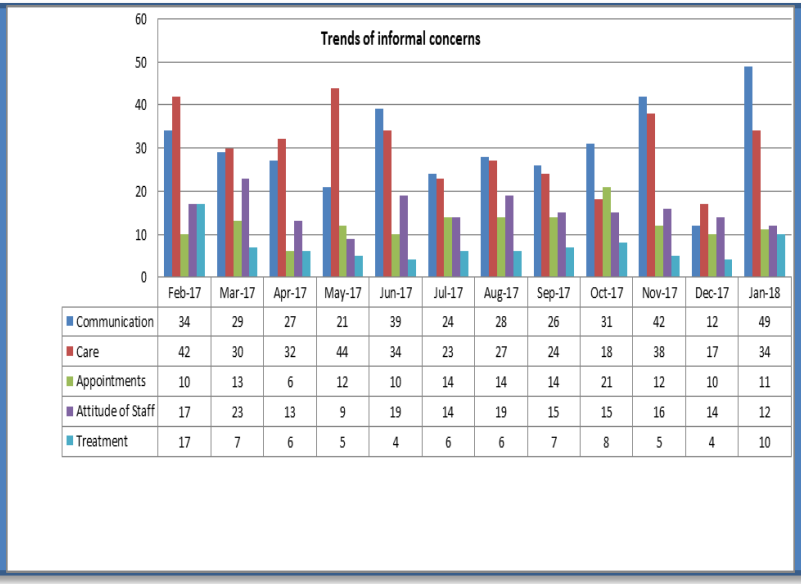
Closed Complaints by Division

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

Division	Upheld	Partially Upheld	Not Upheld	Withdrawn	Ref HR	Sub-Total
Medicine and Emergency Care	0	6	2	0	0	8
Surgery and Cancer	1	3	2	0	0	6
Diagnostics & Clinical Support Services	0	1	0	0	0	1
Women's and Children's	1	4	3	0	0	8
CCICP	0	0	0	0	0	0
		Total closed				**23**

Complaints closed by Division

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

Description	Aggregate Position/Description	Trend
Informal Concerns Numbers	The number of contacts raising informal concerns for January 2018 was 102 which is an increase of 39 on the previous month. The Division of Medicine and Emergency Care has received the largest number of individual concerns raised at 73, with 23 of the individual concerns raised belonging to the Emergency Department.	
Informal Concerns Trends	Communication was the highest trend for informal concerns in January 2018, with 21 of the 49 issues raised belonging to the Division of Medicine and Emergency Care. Six of the 21 issues raised belong to the Emergency Department. Of the 34 issues raised relating to care, 16 belong to the Division of Medicine and Emergency Care with 5 of the 16 issues relating to Ambulatory Care.	

	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18
Communication	34	29	27	21	39	24	28	26	31	42	12	49
Care	42	30	32	44	34	23	27	24	18	38	17	34
Appointments	10	13	6	12	10	14	14	14	21	12	10	11
Attitude of Staff	17	23	13	9	19	14	19	15	15	16	14	12
Treatment	17	7	6	5	4	6	6	7	8	5	4	10

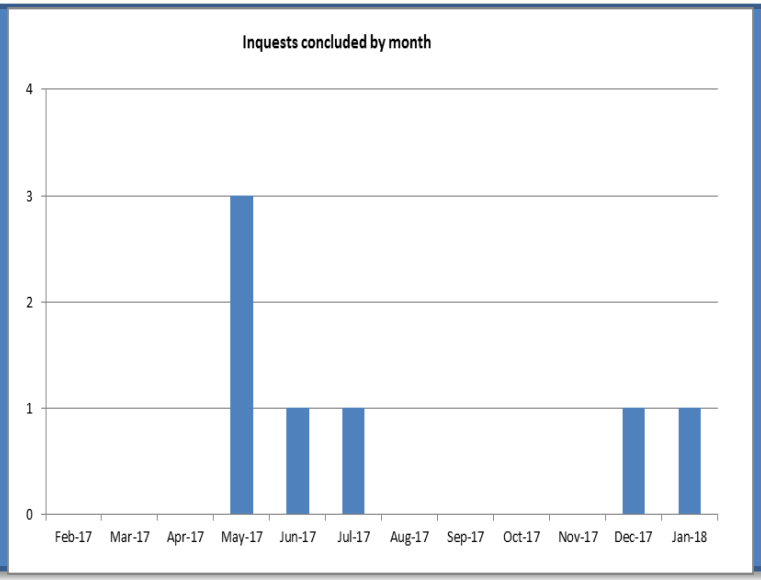
Informal Concerns Feedback

Informal Concerns Trends

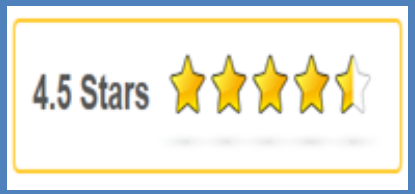
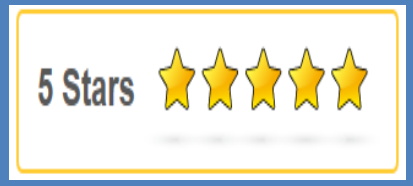
Description	Aggregate Position/Description	Trend
New claims received.	Narrative and Chart removed under Section 43 of the Freedom of Information Act.	
Claims closed with/without damages.	Narrative and Chart removed under Section 43 of the Freedom of Information Act.	

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

Board Papers – Quality, Safety & Experience Section: March 2018

Description	Aggregate Position/Description	Trend
Number of Inquests concluded by month	1 inquest was concluded in January 2018 Narrative removed under Section 40 of the Freedom of Information Act.	

Inquests

NHS Choices Star Ratings	The ratings are based on 135 postings received to date. Leighton Hospital is rated at 4.5 stars. Victoria Infirmary, Northwich is rated at 5 stars.	 

NHS Choices – Star Ratings

Board Papers – Quality, Safety & Experience Section: March 2018

Description	Aggregate Position /description	Trend

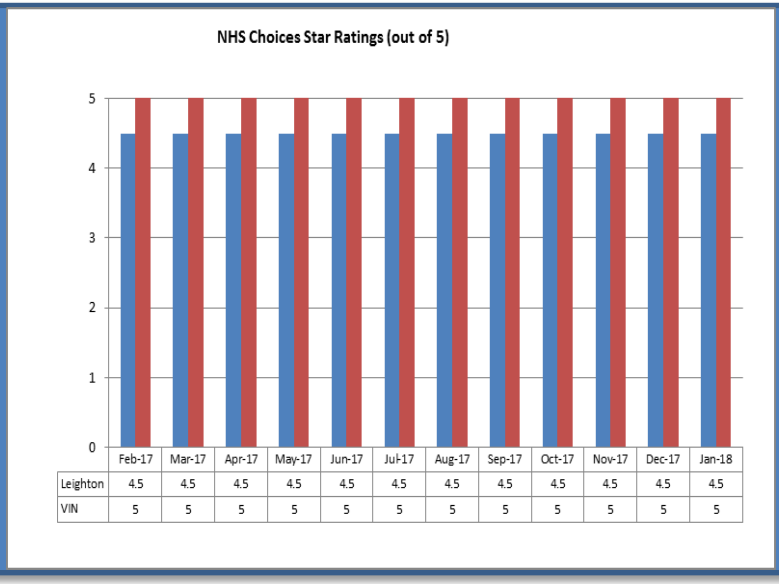
NHS Choices postings

There were postings on NHS Choices in January 2018 of which were negative and were positive. Examples of feedback included:

I just want to put it on record about the fabulous service my Mother has and is receiving on ward 4. No matter what job the staff do there is not one person who has dipped below excellence. Such care and compassion at a difficult and busy time is a credit to the hospital and NHS as a whole (Ward 4)

"I was referred for a CT Chest following an Outpatient appointment with the Respiratory Consultant, the appointment came through quickly and the diagnostic test was undertaken by a very caring and compassionate team working in the radiology department" CT

"The dedicated staff provided the best possible care throughout the operation - somehow fitting me into a busy surgical schedule at a hectic time of year. Such a skilled and talented team representing the best of the NHS. I received unrivalled care and courtesy throughout this worrying time" (Surgery)



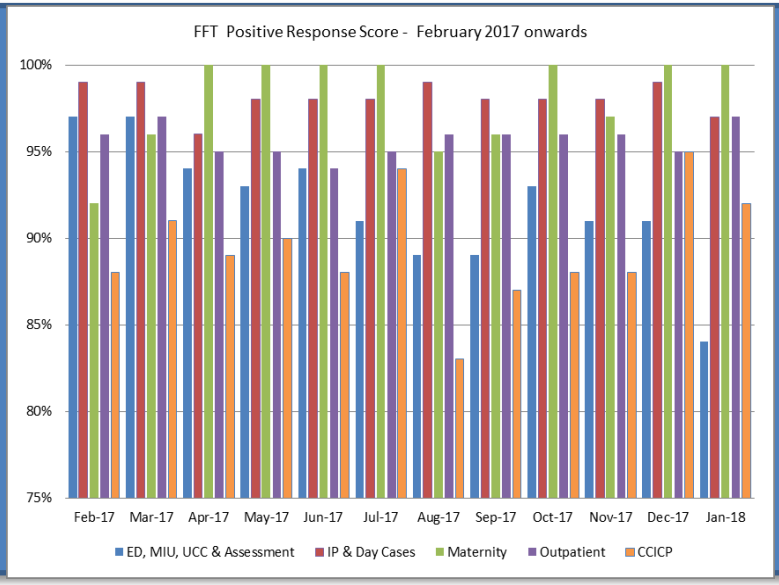
NHS Choices - Postings

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 January 2018 the Trust has scored the following positive response scores :

Inpatients and day cases	97%
Emergency care /Assessment areas	84%
Outpatients	97%
Maternity	100%
CCICP	92%

2286 responses were received and 95% of those patients would recommend our hospital services.



Family & Friends Test

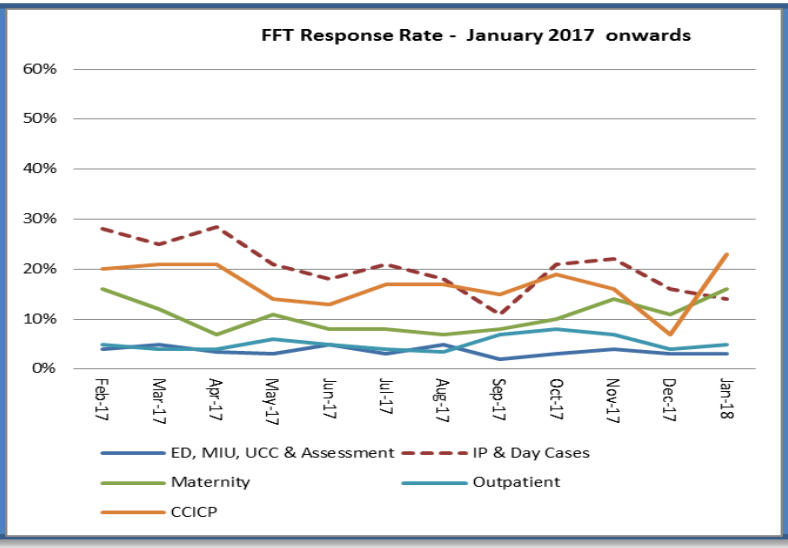
Board Papers – Quality, Safety & Experience Section: March 2018

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

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

January 2018 / Ward/Dept	% Response	Total Responses received	How many would recommend
A&E , UCC & MIU	3%	160	134
Inpatients & Daycases	14%	575	558
Maternity	16%	128	125
Outpatients	5%	907	876
CCICP	23%	516	475

Text messaging commences in A & E and for Day Cases February 2018.



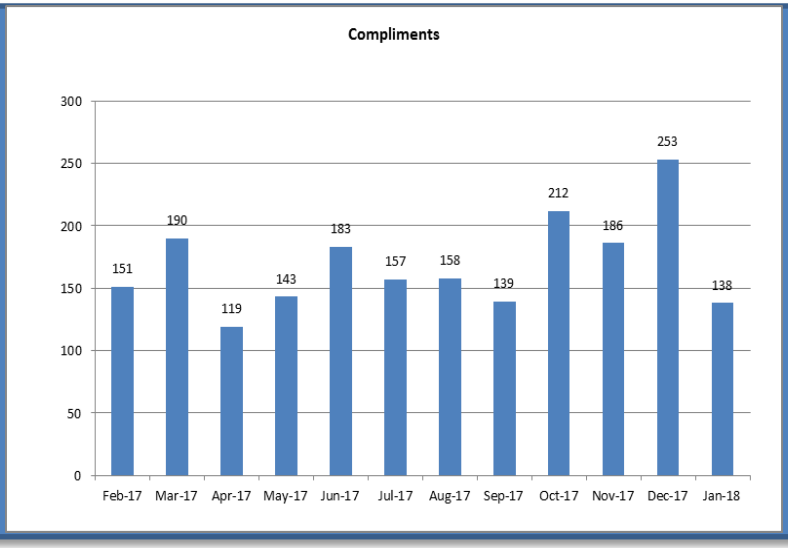
Family & Friends Test

Compliments received

There were 138 compliments/thank-you's received for January.

'I would like to thank ward 1 cardiology team for looking after me. I was admitted for 24 hours and I was really looked after by all the nurses. They were all really professional, caring and good at their job, despite being under real pressure due to ED being extremely busy'.

'First class service from orthoptics. Staff were quick, straight to the point and friendly, despite being really busy'.



Compliments

Mid Cheshire Hospitals
NHS Foundation Trust

Board of Directors Performance Report

January 2018

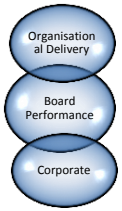
"To Deliver Excellence in Healthcare through Innovation & Collaboration"

Introduction

Performance Report

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

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



The delivery of the service improvements within the 3 key domains are also reflected in the Board Assurance Framework which identifies where the organisation has insufficient assurance in delivering the strategic objectives of the organisation.
Within this Performance Report the indicators within each domain are presented on a summary page with the current month and year to date performance given. All indicators are measured against a NHS Improvement, national, peer or locally agreed target. A further analysis of all measures within each domain is then provided with supporting trend information and narrative. Performance against each indicator is rated as either red/green against the year to date or single month/quarter target as appropriate. Supporting narrative is provided on an exception basis.

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

Tracy Bullock
Chief Executive

Contents

Headline Measures

Organisational Delivery				
Indicator	**Standard**	**YTD**	**Jan-18**	
Cancer				
Rapid Access Referrals (%) *(seen in 2 wks)*	93.00%	97.07%	94.83%	
Total Patients Seen		*7,299*	*716*	
Patients seen >14 days		*214*	*37*	
62 day GP Classic (%)	85.00%	93.95%	87.61%	*
Accountable Patients Treated		*587*	*57*	
No. of Breached Pathways (adjusted)		*36*	*7*	
62 day Screening (%)	90.00%	96.43%	100.00%	*
Accountable Patients Treated		*112*	*10*	
No. of Breached Pathways (adjusted)		*4*	*0*	

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

Unplanned Activity			
A&E <4hrs Standard (%)	95.00%	90.03%	78.38%
A&E Attendances (LH/MIU/UUC) (% to plan)		96.75%	97.10%
A&E Attendances LH & MIU (Vol)		*66,375*	*7,138*

Planned Activity			
Incomp Pathways <18wk (%)	92.00%	96.51%	94.57%
>6wk Diagnostic Waits (%)	1.00%	0.33%	0.53%
Total Patients Waiting for a First Outpatient Appointment			8,342

Indicator	**Standard**	**YTD**
Workforce		
Sickness absence Rolling 12 Month		4.28%
Turnover Rolling 12 Month		10.70%

Corporate					
	YTD Rating		YE Rating	YE Metric	
Indicator	**Plan**	**Actual**	**Forecast**	**Plan**	**Forecast**
Finance					
Use of Resource Rating		3	3		
Capital Service Capacity	4	4	4	0.76	0.59
Liquidity	4	2	3	-23	-9
I&E Margin	2	2	2	0.38%	0.53%
Distance from Financial Plan	0	1	1	0.00%	0.15%
Agency Spend	1	1	1	-10.22%	-31.95%

	YTD Target	YTD Actual	YTD Variance	FY Target	FY Forecast	FY Variance
Cost Improvement Schemes Total (£000's)	4,186	3,460	-726	4,922	4,125	-797
Capped Expenditure Process Schemes (£'000)	4,027	3,463	-564	7,062	6,591	-471
Commission Contact Income SC & VR (£000's)	156,216	156,216	0			
Contract Income (£'000)	185,051	186,312	1,262			
Pay to Budget (£000's)	-137,686	-138,447	-761			
Non Pay to Budget (£000's)	-58,353	-59,047	-694			
Agency Trajectory (£000's)	-4,718	-3,497	1,221			

Exec Summary

In January 2018, the Trust delivered four of the five NHS Improvement Single Oversight Framework performance indicators. The indicator not achieved was The 4 hour A&E waiting time target.

The 4-hour A&E standard in January achieved 78.38% against the 95% performance standard. This is a deterioration in performance compared to the same month in 2017 (84.47%).

The Trust has achieved all three headline cancer access standards for January. Rapid access referrals and 62 day treatment pathways have continuously achieved above target for over 12 months. Cancer 62 day Screening achieved 100% with no breach recorded in January.

The Trust continues to achieve the 92% standard for RTT 18 week incomplete pathways, with performance in January 2018 at 94.57%. The Trust is continuing to monitor this standard, with specific reference to managing the level of 'over performance' being delivered against 92%.

Diagnostics waiting times continue to perform well, with just 0.53% 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 £5.3M deficit target prior to STF and in addition the £0.6M Tranche 1 winter funding. However, it is expected liquidity will reduce as loans become repayable.

The Trust's I&E position is a surplus of £1.4M which is £0.2M worse than plan as at Month 10.

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 £0.7M 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 £6.9M have been achieved.

The Trust is currently £1.3M 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).

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 meeting plan for its I&E margin ytd and is expected to meet its control total plan by year end. The Agency trajectory target is currently better than plan.

Operational Performance

	Current YTD														Monthly Trend
	Target	Actual	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	
Maximum 6 week wait for Diagnostic procedures	1%	0.33%	0.18%	0.07%	0.09%	0.04%	0.17%	0.44%	0.76%	0.34%	0.21%	0.24%	0.25%	0.39%	0.53%	
All Cancers: 62 day GP Classic (%) *	85%	93.95%	90.43%	86.41%	96.46%	96.83%	92.81%	94.00%	93.04%	95.08%	91.67%	95.74%	94.50%	96.77%	87.61%	
All Cancers: 62 day Screening (%) *	90%	96.43%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	85.71%	100.00%	91.67%	83.33%	94.12%	100.00%	100.00%	
18 weeks from point of referral to treatment - patients on an incomplete pathway (%)	92%	96.51%	95.89%	96.07%	96.48%	96.69%	96.98%	97.57%	97.37%	96.78%	97.10%	96.79%	96.36%	95.15%	94.57%	
A&E - maximum waiting time of 4 hours from arrival to admission/transfer/discharge (%)	95%	90.03%	84.47%	93.33%	97.21%	93.37%	90.66%	94.24%	92.63%	95.26%	93.99%	88.28%	88.06%	74.15%	78.38%	
A&E STF Trajectory			0.00%	0.00%	0.00%	91.72%	91.72%	91.72%	91.34%	91.34%	91.34%	90.52%	90.52%	90.52%	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	0.0x	0.76	0.59	4	0.63	0.56	4
	Liquidity	days	-23	-9	3	-21	-7	2
Financial Efficiency	I&E Margin	%	0.38%	0.53%	2	0.12%	0.79%	2
Financial Controls	Distance from Financial Plan	%	0.00%	0.15%	1	0.00%	0.67%	1
	Agency Spend	%	-10.22%	-31.95%	1	-9.30%	-32.69%	1
Overall UOR Rating					3			3

Operational Delivery: *Cancer Pathway*

Headline Measures

	Current YTD		Rolling 13 months											
	Target	Actual	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Monthly Trend
Rapid Access Referrals (%) (seen in 2 wks)	93%	97.07%	97.66%	99.15%	98.10%	97.14%	97.84%	97.20%	97.51%	97.35%	96.82%	97.60%	98.23%	95.85%	94.83%	
Total Patients Seen		*7299*	*641*	*706*	*842*	*665*	*742*	*785*	*763*	*793*	*723*	*750*	*736*	*626*	*716*	
Patients seen >14 days		*214*	*15*	*6*	*16*	*19*	*16*	*22*	*19*	*21*	*23*	*18*	*13*	*26*	*37*	
% seen within 7 days		*52.5%*	*69.1%*	*54.3%*	*63.1%*	*55.6%*	*53.5%*	*48.7%*	*44.2%*	*46.2%*	*64.7%*	*54.8%*	*51.4%*	*52.9%*	*54.6%*	
62 day GP Classic (%) *	85%	93.95%	90.43%	86.41%	96.46%	96.83%	92.81%	94.00%	93.04%	95.08%	91.67%	95.74%	94.50%	96.77%	87.61%	

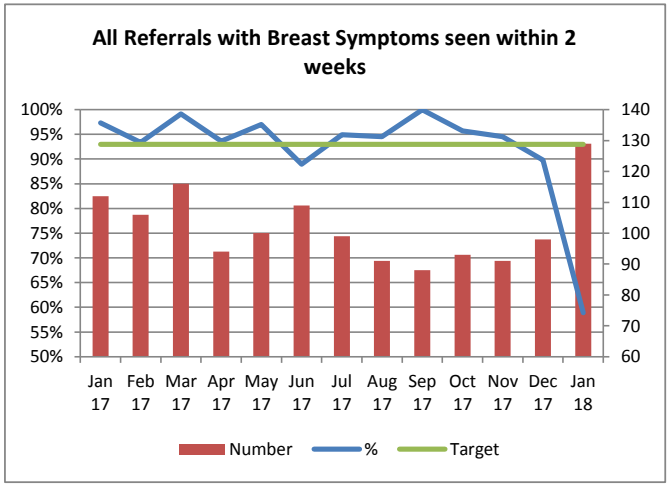
** Provisional figures subject to change depending*

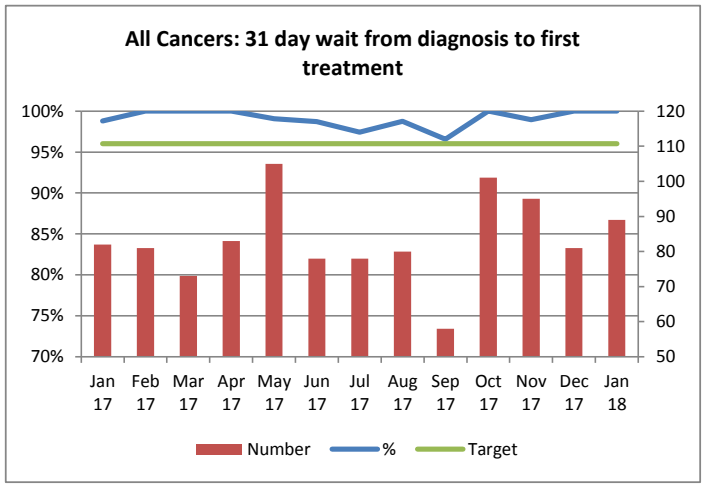
Commentary

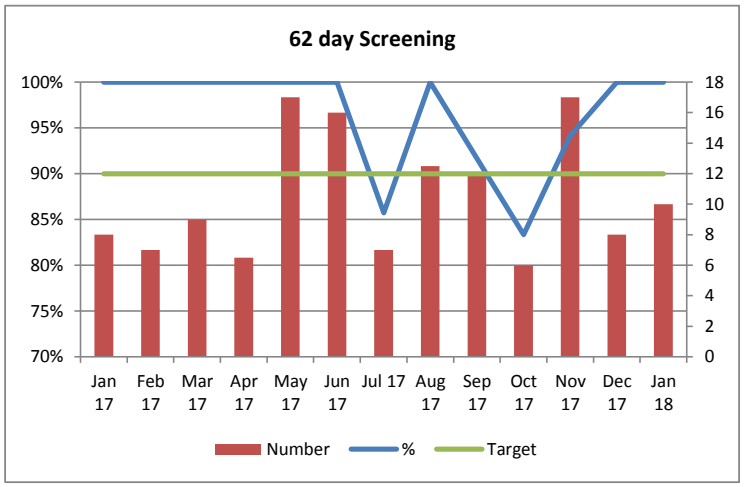
The Trust has achieved all three headline cancer standards during the month of January 2018. The figures presented in this paper reflect the Trust's regulatory performance measures (adjusted figures that take into account breach reallocation between providers).
The Trust has continued it's positive performance against the Rapid Access referrals standard, again achieving above the 93% target (94.83%). January has, however seen an increase in patients seen over the 14 day standard mainly driven by breast symptomatic. The number of patients seen compared to January 2017 is nearly 12% higher this month.
The 2 week Breast Symptomatic standard has fallen to 59% in January 2018. The deterioration in performance relates to a shor tfall in capacity in radiology. This is down to difficulty in recruitment of consultant radiologists. In terms of recovery, PHE have agreed extra funding and progress is being made with recruitment and cover.

The screening 62 day standard was met in January with no breach recorded for two months. The standard continues to be met on a year to date basis.

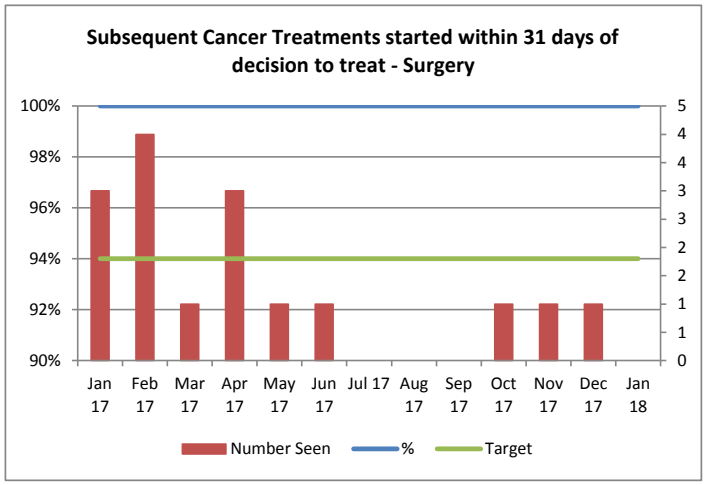
Primary Measures

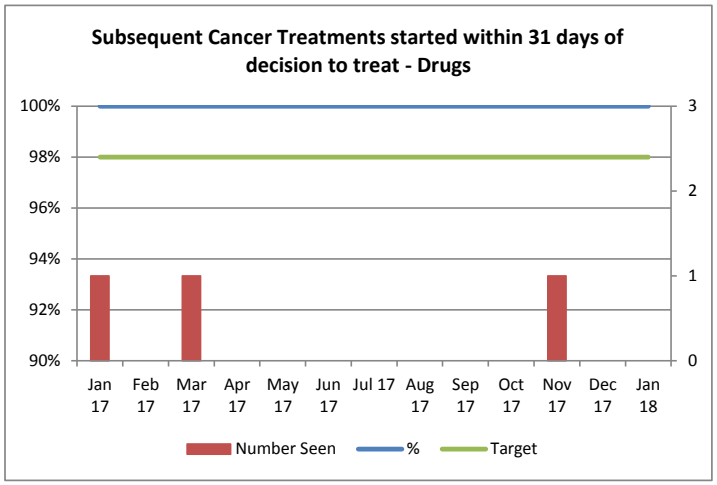


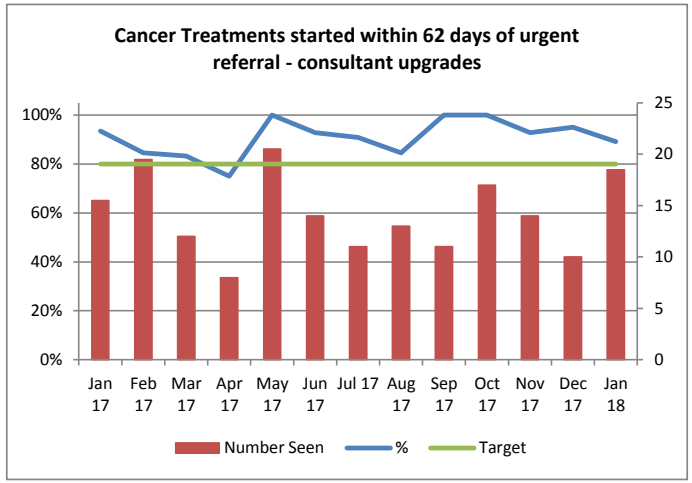




Operational Delivery: *Cancer Pathway*

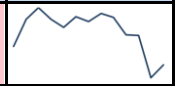
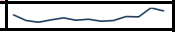


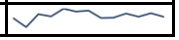




Operational Delivery: *Unplanned Activity - A&E*

Headline Measures

	Current YTD		Rolling 13 months												
	Target	Actual	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Monthly Trend
A&E - >4 hr wait time from arrrival to admission/ transfer/ discharge (% to Target)	95%	90.03%	84.47%	93.33%	97.21%	93.37%	90.66%	94.24%	92.63%	95.26%	93.99%	88.28%	88.06%	74.15%	78.38%	
No. of 4hr breaches		*6,619*	*1,082*	*411*	*205*	*474*	*737*	*437*	*567*	*332*	*422*	*872*	*850*	*1,928*	*1,543*	

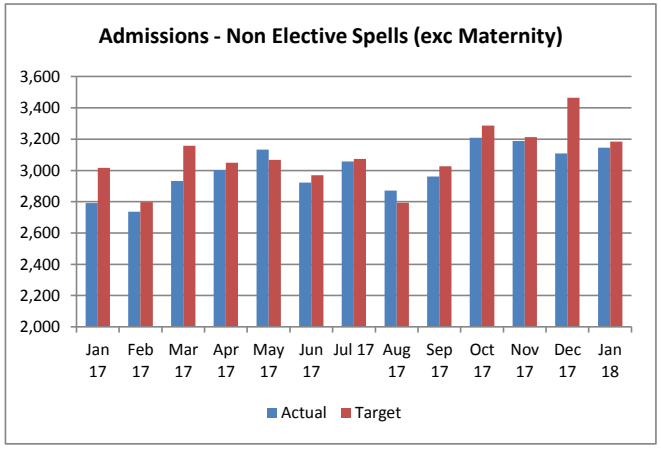
	Plan	Actual	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Monthly Trend
A&E Attendances (LH/MIU/UUC) (% to Plan)		*96.75%*	*103.7%*	*95.1%*	*98.5%*	*98.2%*	*101.8%*	*99.9%*	*96.3%*	*93.1%*	*97.1%*	*99.8%*	*92.9%*	*99.4%*	*97.1%*	
A&E Attendances (LH/MIU/UUC) (No.)	*67,000*	*66,375*	6,965	6,166	7,357	7,144	7,890	7,593	7,697	7,011	7,023	7,439	7,120	7,458	7,138	
A&E Attendance Case Mix — *Major*		*15,415*	*1,710*	*1,405*	*1,579*	*1,652*	*1,740*	*1,727*	*1,743*	*1,769*	*1,724*	*1,688*	*1,599*	*1,773*	*2,148*	
A&E Attendance Case Mix — *Minor*		*28,955*	*3,116*	*2,678*	*3,167*	*3,141*	*3,442*	*3,421*	*3,345*	*3,152*	*2,939*	*3,198*	*2,942*	*3,375*	*2,988*	
A&E Attendance Case Mix — *Paediatrics*		*13,427*	*1,223*	*1,183*	*1,631*	*1,433*	*1,674*	*1,568*	*1,626*	*1,182*	*1,416*	*1,588*	*1,557*	*1,383*	*1,304*	
A&E Attendance Case Mix — *Resus*		*8,579*	*916*	*900*	*980*	*918*	*1,034*	*877*	*983*	*908*	*944*	*965*	*1,022*	*928*	*698*	

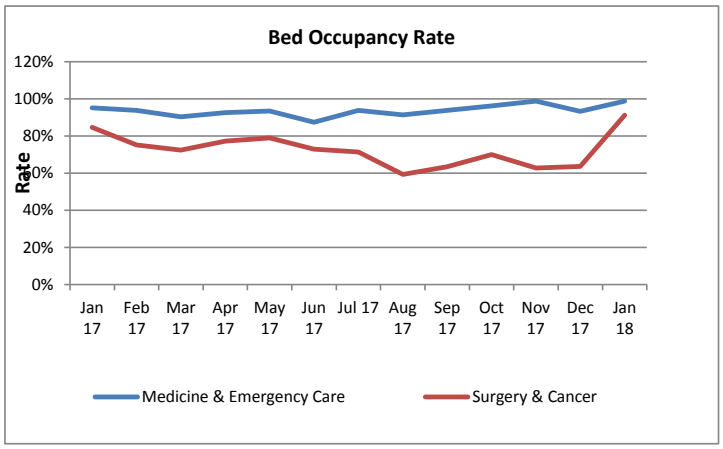
Commentary

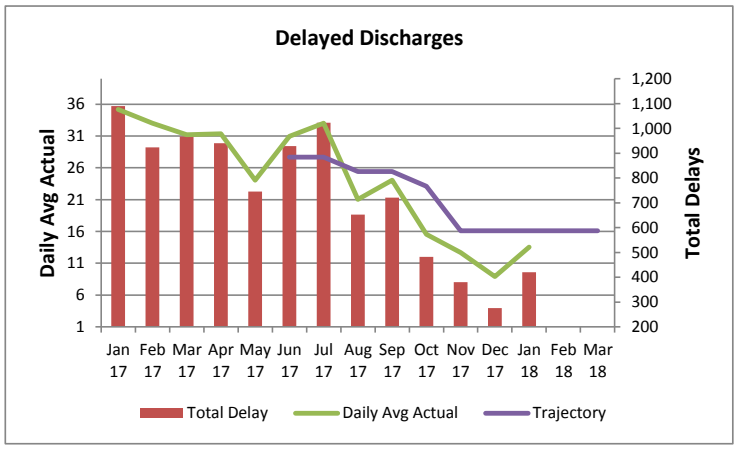
ED attendances in January saw a rise of 2.5% on the same period last year. The Trust achieved 78.38% against the 4-hour access standard in January. Poor performance was driven by an increase in ambulance arrivals at A&E and a higher acuity of patient. up to 60 escalation beds were open over a period in January. January 2018 saw 25% more majors than the previous year.

Non elective admissions in January were 12% higher than for the same period last year. The Type 1 conversion rate from A&E rose to 38.1% in January. The number of medical patients on non medical wards increased from 25 in December to 27 in January. Delayed transfers of care continues to be below the target set averaging 14 against a trajectory of 16.

Primary Drivers

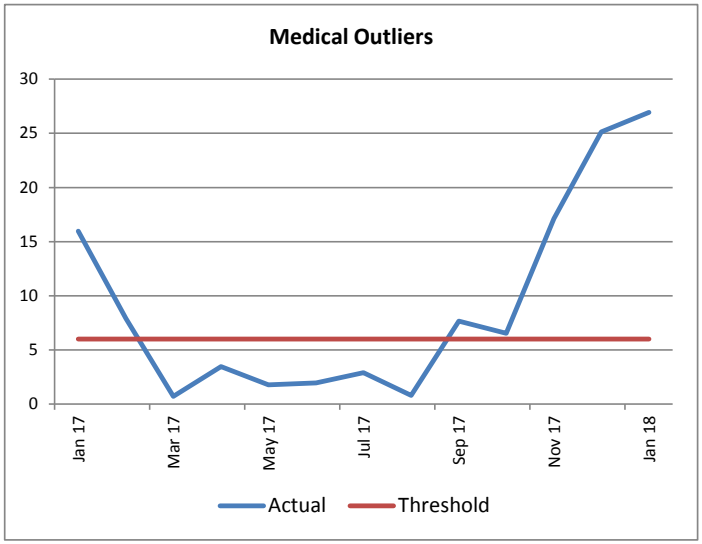


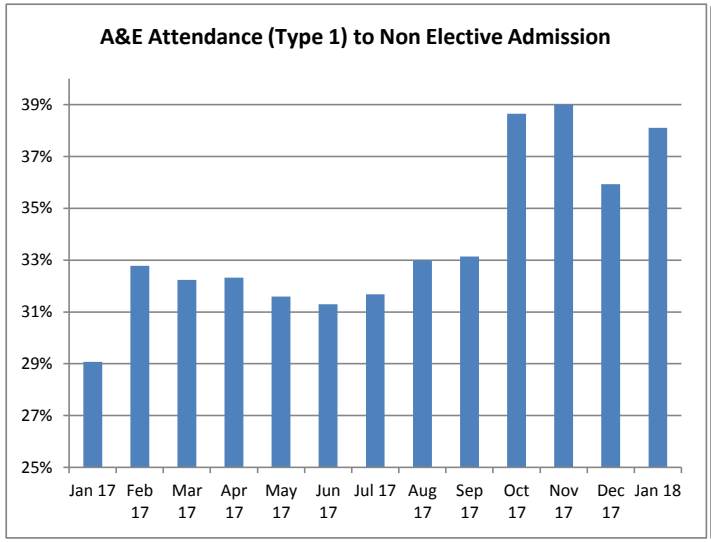


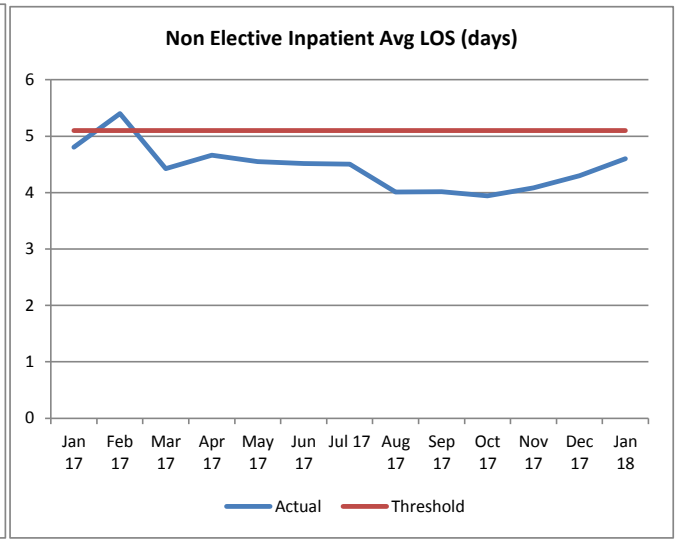


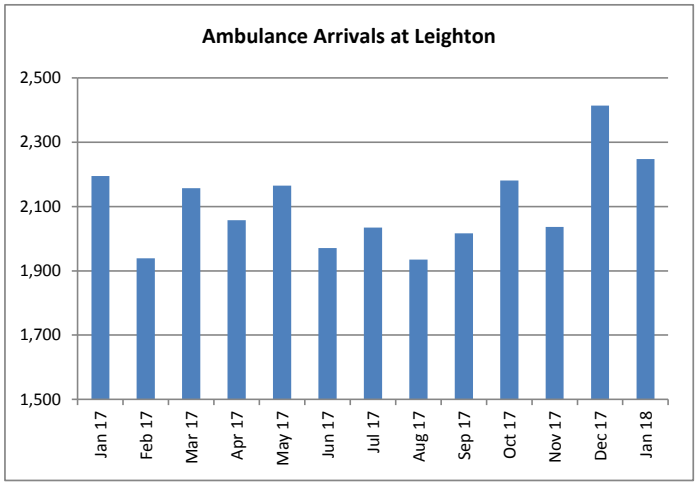
Operational Delivery: *Unplanned Activity A&E*

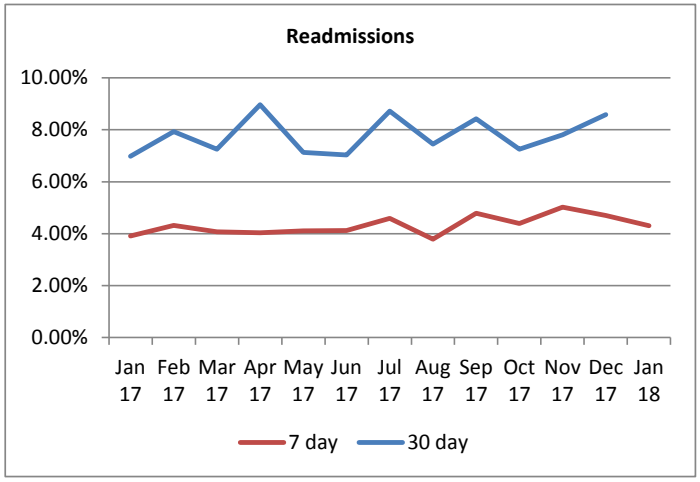
Secondary Drivers

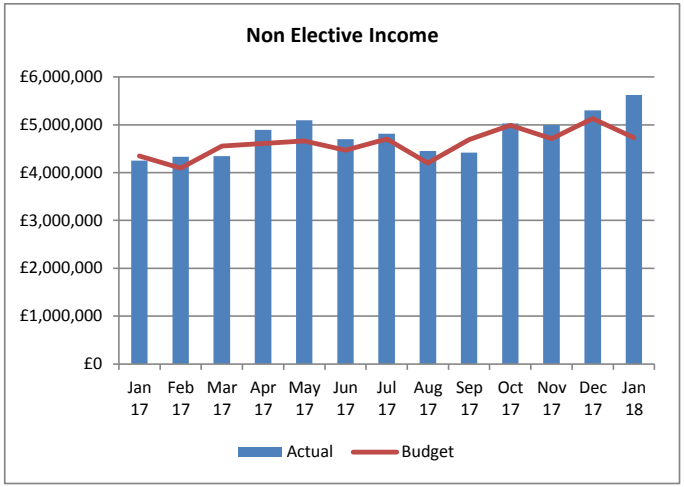












Operational Delivery: *Planned Activity*

Headline Measures

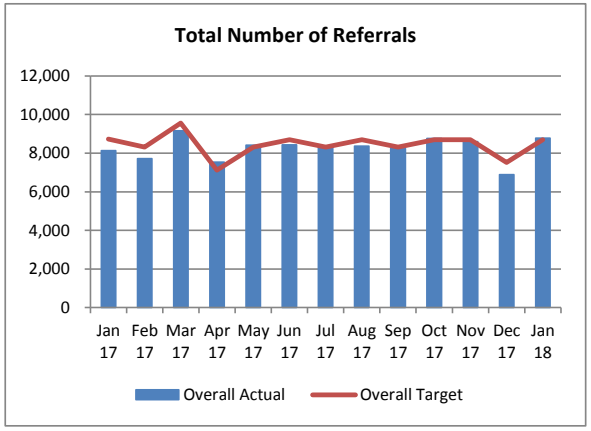
	Current YTD		Rolling 13 months											
	Target	Actual	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Monthly Trend
18 weeks from Referral to Treatment in Aggregate - Incomplete	92%	96.51%	95.89%	96.07%	96.48%	96.69%	96.98%	97.57%	97.37%	96.78%	97.10%	96.79%	96.36%	95.15%	94.57%	
Total 18 Weeks		*119,202*	*11,437*	*11,234*	*11,526*	*11,564*	*10,990*	*11,165*	*11,576*	*12,431*	*12,297*	*12,054*	*12,258*	*12,158*	*12,709*	
No. > 18 Weeks		*4,160*	*470*	*442*	*406*	*383*	*332*	*271*	*305*	*400*	*356*	*387*	*446*	*590*	*690*	
Diagnostic Waiting Time	1%	0.33%	0.18%	0.07%	0.09%	0.04%	0.17%	0.44%	0.76%	0.34%	0.21%	0.24%	0.25%	0.39%	0.53%	
Total Number of Waiters		*36,691*	*3,786*	*4,305*	*4,561*	*4,582*	*4,192*	*4,090*	*3,560*	*3,189*	*3,380*	*3,306*	*3,191*	*3,614*	*3,587*	
Waiters of 6 Weeks +		*121*	*7*	*3*	*4*	*2*	*7*	*18*	*27*	*11*	*7*	*8*	*8*	*14*	*19*	
Total Patients Waiting for a First Outpatient Appointment			7,205	7,812	7,057	7,223	7,172	7,352	7,643	8,029	7,808	7,731	7,913	8,085	8,342	
Longest Wait Time (weeks)											*42*	*42*	*37*	*42*	*40*	

Commentary

The Trust reported 94.57% against the 92% incomplete pathways standard for RTT. 4 specialties have failed to meet the 92% at specialty level. These are General Surgery, Cardiology, Gastroenterology and Community Paediatrics. The Divisions have recovery plans in place which are monitored through PMG. 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 January 2018, 0.53% 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 increased GP referrals (September - November) December saw a drop against plan this drop has not been maintained in January where GP referrals were higher than plan. A year on year comparison shows a 13% increase in GP referrals from January 2017 to January 2018.

Primary Drivers

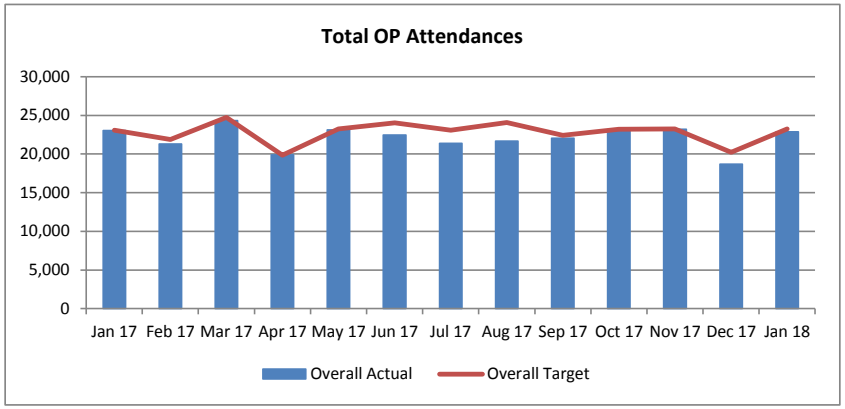


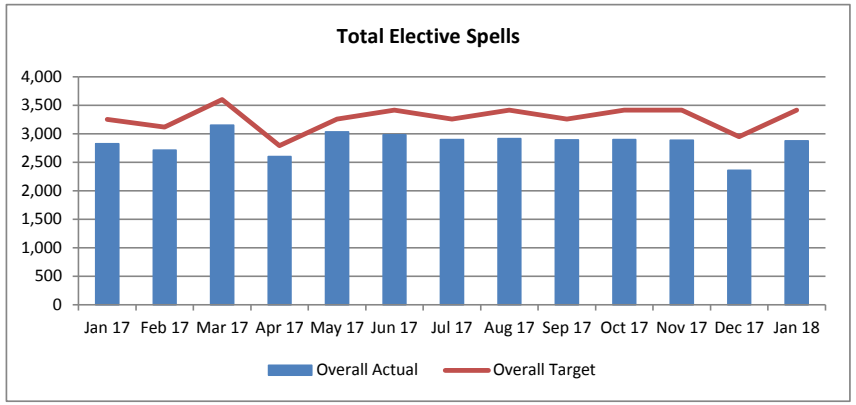
Referral Breakdown

	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Monthly Trend
GP Actual	4,930	4,592	5,534	4,427	4,779	5,248	5,115	5,211	5,277	5,506	5,424	4,157	5,571	
GP Target	5,505	5,243	6,029	4,507	5,259	5,509	5,259	5,509	5,259	5,509	5,509	4,758	5,509	
% to Target	89.6%	87.6%	91.8%	98.2%	90.9%	95.3%	97.3%	94.6%	100.3%	99.9%	98.5%	87.4%	101.1%	
Other Actual	3,200	3,126	3,621	3,100	3,632	3,179	3,191	3,156	2,969	3,252	3,166	2,731	3,205	
Other Target	3,222	3,069	3,529	2,614	3,050	3,195	3,050	3,195	3,050	3,195	3,195	2,759	3,195	
% to Target	99.3%	101.9%	102.6%	118.6%	119.1%	99.5%	104.6%	98.8%	97.4%	101.8%	99.1%	99.0%	100.3%	
Total Actual	8,130	7,718	9,155	7,527	8,411	8,427	8,306	8,367	8,246	8,758	8,590	6,888	8,776	
Total Target	8,728	8,312	9,559	7,121	8,308	8,704	8,308	8,704	8,308	8,704	8,704	7,517	8,704	
% to Target	93.2%	92.9%	95.8%	105.7%	101.2%	96.8%	100.0%	96.1%	99.3%	100.6%	98.7%	91.6%	100.8%	
GP % of Total	60.6%	59.5%	60.4%	58.8%	56.8%	62.3%	61.6%	62.3%	64.0%	62.9%	63.1%	60.4%	63.5%	

Operational Delivery: *Planned Activity*

Primary Drivers



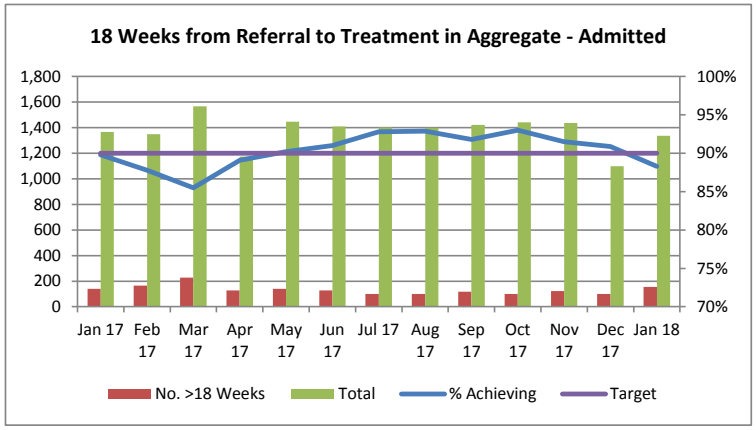


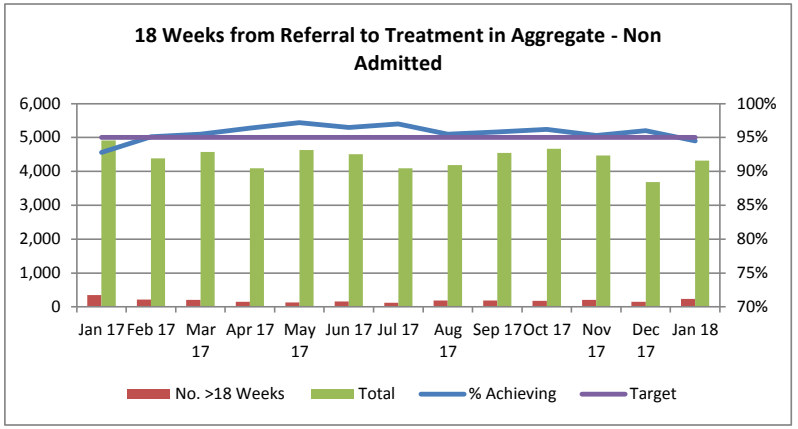
OP Attendance Breakdown	YTD	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Monthly Trend
New Actual	85,400	6,811	6,243	7,110	5,727	6,787	6,746	6,192	6,421	6,821	6,988	6,910	5,806	6,838	
New Target	91,823	7,138	6,791	7,764	6,098	7,113	7,423	7,098	7,427	6,941	7,250	7,253	6,272	7,253	
% to Target	93.0%	95.4%	91.9%	91.6%	93.9%	95.4%	90.9%	87.2%	86.5%	98.3%	96.4%	95.3%	92.6%	94.3%	
F U Actual	201,801	16,223	15,063	17,229	14,147	16,325	15,723	15,181	15,236	15,240	16,178	16,308	12,900	16,048	
F U Target	204,538	15,958	15,098	16,983	13,765	16,118	16,623	15,967	16,663	15,462	15,955	15,987	13,971	15,991	
% to Target	98.7%	101.7%	99.8%	101.4%	102.8%	101.3%	94.6%	95.1%	91.4%	98.6%	101.4%	102.0%	92.3%	100.4%	
Total Actual	287,201	23,034	21,306	24,339	19,874	23,112	22,469	21,373	21,657	22,061	23,166	23,218	18,706	22,886	
Total Target	296,361	23,096	21,889	24,747	19,862	23,231	24,046	23,065	24,090	22,403	23,205	23,240	20,243	23,244	
% to Target	96.9%	99.7%	97.3%	98.4%	100.1%	99.5%	93.4%	92.7%	89.9%	98.5%	99.8%	99.9%	92.4%	98.5%	
New % of Total	29.7%	29.6%	29.3%	29.2%	28.8%	29.4%	30.0%	29.0%	29.6%	30.9%	30.2%	29.8%	31.0%	29.9%	

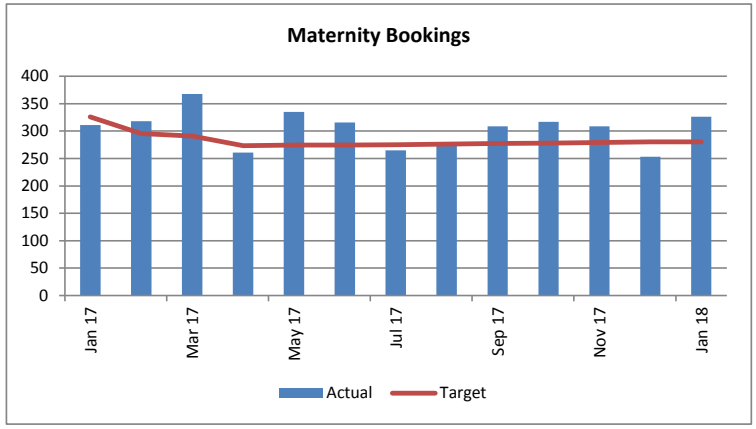
Elective Spells Breakdown	YTD	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Monthly Trend
I P Actual	3,565	210	304	342	260	307	294	266	298	279	299	308	236	162	
I P Target	4,390	359	342	393	281	330	346	330	346	330	346	346	298	346	
% to Target	81.2%	58.5%	88.8%	87.1%	92.4%	93.1%	85.1%	80.7%	86.2%	84.6%	86.5%	89.1%	79.3%	46.9%	
Daycase Actual	33,487	2,618	2,411	2,809	2,342	2,728	2,689	2,636	2,619	2,616	2,603	2,578	2,123	2,715	
Daycase Target	38,181	2,892	2,775	3,208	2,509	2,931	3,071	2,931	3,071	2,931	3,071	3,071	2,650	3,071	
% to Target	87.7%	90.5%	86.9%	87.6%	93.3%	93.1%	87.6%	89.9%	85.3%	89.3%	84.8%	83.9%	80.1%	88.4%	
Total Actual	37,052	2,828	2,715	3,151	2,602	3,035	2,983	2,902	2,917	2,895	2,902	2,886	2,359	2,877	
Total Target	42,571	3,252	3,117	3,601	2,791	3,260	3,417	3,260	3,417	3,260	3,417	3,417	2,947	3,417	
% to Target	87.0%	87.0%	87.1%	87.5%	93.2%	93.1%	87.3%	89.0%	85.4%	88.8%	84.9%	84.5%	80.0%	84.2%	
I P % of Total	9.6%	7.4%	11.2%	10.9%	10.0%	10.1%	9.9%	9.2%	10.2%	9.6%	10.3%	10.7%	10.0%	5.6%	

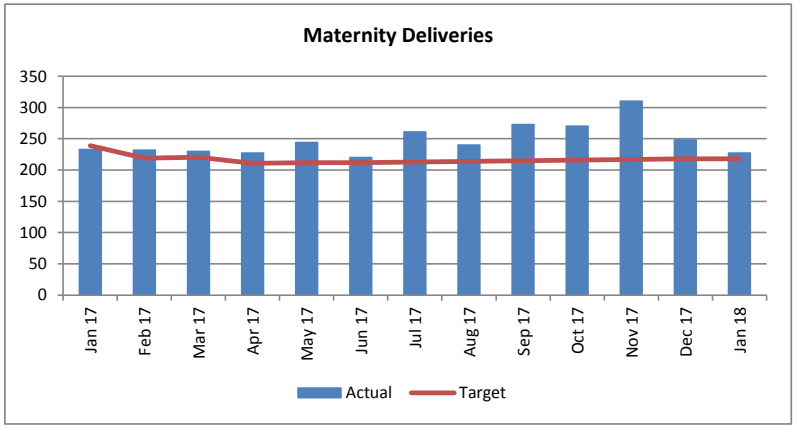
Operational Delivery: *Planned Activity*

Primary Drivers





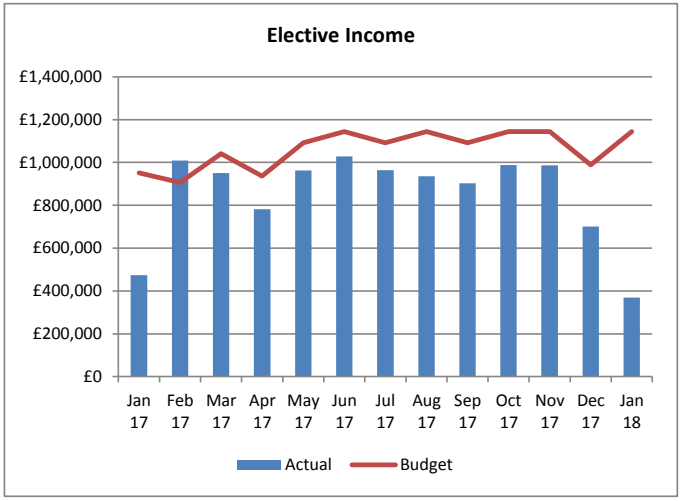


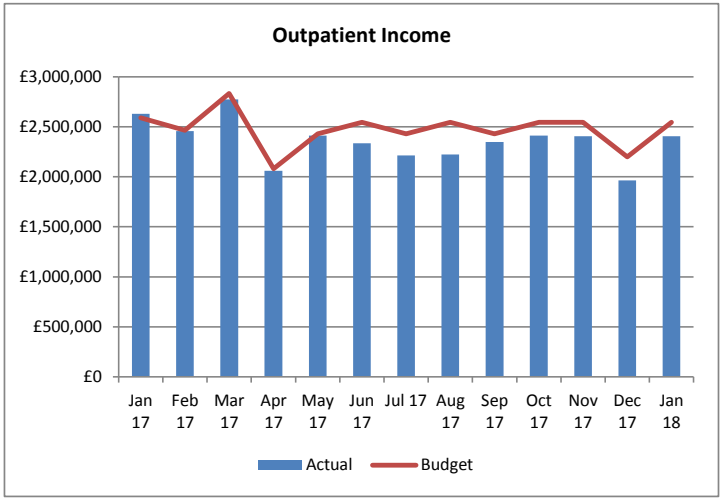


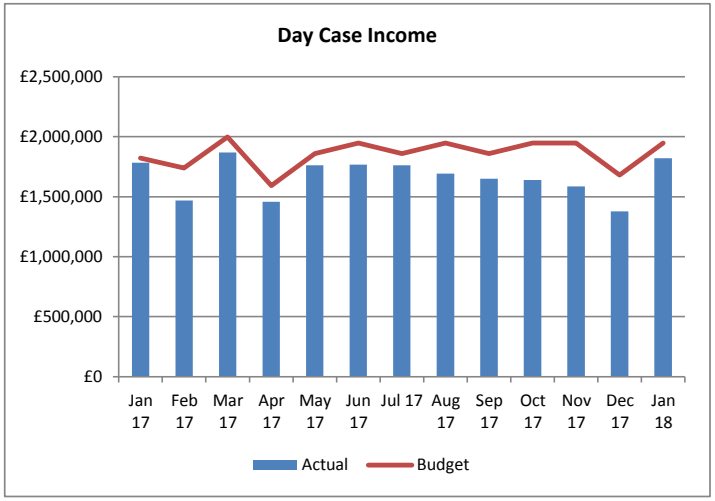
Operational Delivery: *Planned Activity*

Secondary Drivers

			Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Monthly Trend
Bed Occupancy Rate	Medicine & Emergency Care		95.2%	93.8%	90.3%	92.6%	93.3%	87.4%	93.7%	91.4%	93.8%	96.1%	98.8%	93.3%	98.7%	
	Surgery & Cancer		84.6%	75.1%	72.3%	77.3%	78.9%	72.9%	71.3%	59.3%	63.5%	70.1%	62.7%	63.7%	91.1%	
Elective Inpatient Avg LOS (Days)			2.1	2.8	2.4	3.4	2.9	3.1	3.7	2.5	2.3	2.4	2.7	2.4	2.3	
Delayed Transfers of Care (MFFD)		16.00	35	33	31	31	24	31	33	21	24	16	13	9	14	
Delayed Transfers of Care (% of Acute Beds)			6.9%	6.6%	6.3%	6.4%	4.9%	6.6%	7.1%	4.6%	5.2%	3.4%	2.7%	1.9%	2.6%	
Medical Outliers			16	8	1	3	2	2	3	1	8	7	17	25	27	
Readmission (Emergency Re-admissions after Planned Surgery)																
** reported from 16/17. One month delay*	30 Day Rate		3.27%	2.95%	0.27%	4.00%	3.05%	3.06%	2.76%	2.92%	3.12%	2.77%	2.63%	3.00%		
	7 Day Rate		1.75%	1.67%	1.40%	1.73%	1.56%	1.49%	1.05%	1.11%	1.44%	1.64%	1.23%	1.04%	1.19%	
Cancelled Operations - Non Clinical - Cancellation Rate			0.85%	1.25%	1.07%	1.30%	1.06%	0.80%	0.86%	0.40%	0.57%	1.27%	0.75%	2.24%	1.01%	
Theatre Efficiency																
	Main Theatres		71.4%	76.3%	76.2%	77.5%	79.5%	78.4%	77.9%	78.6%	80.5%	78.8%	77.0%	74.4%	74.9%	
	TC Theatres		72.1%	76.0%	75.3%	75.6%	79.6%	72.7%	75.0%	76.0%	71.5%	78.1%	75.5%	77.5%	74.5%	
DNA (OP Efficiency)			6.13%	5.44%	5.35%	5.86%	5.94%	6.63%	5.82%	5.82%	5.94%	5.62%	5.39%	6.22%	5.50%	
Hospital Cancellation Rate (OP Efficiency)			5.40%	5.73%	6.03%	6.57%	7.63%	7.51%	7.94%	7.58%	6.11%	6.27%	6.19%	7.18%	7.34%	







Financial Performance: Income & Expenditure Position - Aggregated

	Month			Year to Date			Forecast	
	Plan January (£'000)	Actual January (£'000)	Variance January (£'000)	Plan April to January (£'000)	Actual April to January (£'000)	Variance April to January (£'000)	2017/18 (£'000)	Budget 2017/18 £'000
Operating								
Operating Income								
NHS Acute Activity Income								
Elective	1,056	347	-709	10,066	8,595	-1,471	9,749	12,496
Non-Elective	4,640	5,459	819	45,937	49,500	3,563	59,400	57,367
Maternity	1,122	1,103	-19	11,142	11,681	538	14,017	13,208
Day cases	1,921	1,826	-96	18,334	16,513	-1,821	19,816	22,066
Outpatients	2,473	2,413	-60	23,965	22,763	-1,202	27,316	29,033
A&E	723	802	79	7,760	8,239	478	9,886	9,309
Other NHS	6,418	7,439	1,021	63,250	64,966	1,716	76,535	70,720
Total NHS Clinical Revenue	**18,353**	**19,389**	**1,036**	**180,455**	**182,257**	**1,802**	**216,719**	**214,199**
Other Operating Income	1,820	1,916	96	18,975	18,660	-315	22,319	22,840
TOTAL OPERATING INCOME	**20,173**	**21,305**	**1,132**	**199,430**	**200,917**	**1,487**	**239,038**	**237,039**
Operating Expenses								
Employee Benefits Expenses (Pay)	-13,917	-14,279	-362	-137,686	-138,447	-761	-166,555	-165,061
Drugs	-1,376	-1,715	-339	-13,771	-13,706	65	-16,185	-16,526
Clinical Supplies	-1,699	-1,450	249	-16,399	-15,081	1,318	-18,195	-19,518
Non Clinical Supplies	-314	-282	32	-2,825	-3,324	-499	-3,989	-3,338
Other operating expenses	-2,489	-3,032	-543	-25,358	-27,154	-1,796	-31,633	-30,178
TOTAL OPERATING EXPENSES	**-19,795**	**-20,758**	**-963**	**-196,039**	**-197,712**	**-1,673**	**-236,557**	**-234,621**
EBITDA	**378**	**547**	**169**	**3,391**	**3,205**	**-186**	**2,481**	**2,418**
Non Operating								
Non Operating Income								
Interest & Asset disposal	3	5	2	30	25	-5	36	36
Non-Operating Expenses								
Depreciation & Finance Leases	-470	-354	116	-4,861	-4,307	554	-5,316	-5,850
PDC Dividend Expense	-159	-159	0	-1,586	-1,586	0	-1,900	-1,900
Net Surplus/(deficit) before STF/Exceptional Items	**-248**	**39**	**287**	**-3,026**	**-2,663**	**363**	**-4,699**	**-5,296**
STF	699	699	0	4,595	4,055	-540	5,711	5,994
Net Surplus/(deficit) before Exceptional Items	**451**	**738**	**287**	**1,569**	**1,392**	**-177**	**1,012**	**698**
Prior Period Adjustment	0	0	0	0	0	0	0	0
Charitable Income	0	0	0	0	218	218	218	258
Net Surplus/(deficit) after Exceptional Items	**451**	**738**	**287**	**1,569**	**1,610**	**41**	**1,230**	**956**

The Trust delivered a £1.4M surplus (before charitable income) cumulative against a planned surplus of £1.6M.

Contract income is £1.8M better than plan cumulative. Key variances include planned income and drugs and the impact of the CEP. In month £0.7M of winter monies has been recognised.

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

Pay is £0.8M worse than plan cumulative. The key impacts are a higher spend on nursing than plan , medical pay is now on plan and there remain underspends in community services from unfilled vacancies. Winter plans account for £0.3M on the in month variance.

Non-Pay is £0.9M worse than plan cumulative. The key impacts are high cost drugs better (income offset) and reduced spend on clinical supplies related to activity reduction. In addition, 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. Winter plans account for £0.2m of the in month variance.

The forecast is to acheive the agreed control total prior to STF and deliver the cost savings under the CEP, recognising the reduced income flows from South Cheshire & Vale Royal CCGs. The forecast has improved as a result of the £0.6M Tranche 1 winter monies.

* EBITDA Total excludes Charitable Income

Financial Performance: Income & Expenditure Position - MCHFT

	Month			Year to Date			Forecast	
	Plan January (£'000)	Actual January (£'000)	Variance January (£'000)	Plan April to January (£'000)	Actual April to January (£'000)	Variance April to January (£'000)	2017/18 (£'000)	Budget 2017/18 £'000
Operating								
Operating Income								
NHS Acute Activity Income								
Elective	1,056	347	-709	10,066	8,595	-1,471	9,749	12,496
Non-Elective	4,640	5,459	819	45,937	49,500	3,563	59,400	57,367
Maternity	1,122	1,103	-19	11,142	11,681	538	14,017	13,208
Day cases	1,921	1,826	-96	18,334	16,513	-1,821	19,816	22,066
Outpatients	2,473	2,413	-60	23,965	22,763	-1,202	27,316	29,033
A&E	723	802	79	7,760	8,239	478	9,886	9,309
Other NHS	4,238	5,224	986	41,475	42,805	1,330	49,961	44,645
Total NHS Clinical Revenue	**16,173**	**17,174**	**1,001**	**158,680**	**160,096**	**1,416**	**190,145**	**188,124**
Other Operating Income	1,740	1,830	90	18,197	17,820	-378	21,282	21,941
Inter-Trust Income	48	82	34	476	659	183	737	571
TOTAL OPERATING INCOME	**17,961**	**19,086**	**1,125**	**177,354**	**178,574**	**1,221**	**212,164**	**210,636**
Operating Expenses								
Employee Benefits Expenses (Pay)	-12,151	-12,569	-418	-120,198	-121,908	-1,710	-146,709	-144,096
Drugs	-1,374	-1,714	-340	-13,748	-13,686	61	-16,159	-16,497
Clinical Supplies	-1,610	-1,365	245	-15,511	-14,156	1,355	-17,075	-18,455
Non Clinical Supplies	-246	-211	35	-2,144	-2,387	-242	-2,897	-2,520
Other operating expenses	-2,121	-2,613	-492	-21,589	-23,080	-1,491	-26,622	-25,672
Inter-Trust Charges	-82	-82	0	-816	-816	0	-979	-979
TOTAL OPERATING EXPENSES	**-17,583**	**-18,554**	**-970**	**-174,007**	**-176,033**	**-2,026**	**-210,441**	**-208,219**
EBITDA	**378**	**533**	**155**	**3,347**	**2,542**	**-805**	**1,723**	**2,417**
Non Operating								
Non Operating Income								
Interest & Asset disposal	3	5	2	30	25	-5	36	36
Non-Operating Expenses								
Depreciation & Finance Leases	-470	-354	116	-4,861	-4,307	554	-5,316	-5,850
PDC Dividend Expense	-159	-159	0	-1,586	-1,586	0	-1,900	-1,900
Net Surplus/(deficit) before STF/Exceptional Items	**-248**	**25**	**273**	**-3,070**	**-3,326**	**-256**	**-5,457**	**-5,296**
STF	699	699	0	4,595	4,055	-540	5,711	**5,994**
Net Surplus/(deficit) before Exceptional Items	**451**	**724**	**273**	**1,525**	**729**	**-796**	**254**	**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	**451**	**724**	**273**	**1,525**	**947**	**-578**	**472**	**698**

The Trust excluding Community Services, delivered a £0.7M surplus position cumulative against a planned £1.5M surplus. (prior to charitable income)

Contract income is £1.4M better than plan cumulative. Key variances include planned income and drugs. £133M of the £160M 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. In month, an additional £0.7M of NHSE funding for winter has been recognised and in addition there were £0.2M of drugs chargeable to NHSE.

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

Pay is £1.7M worse than plan cumulative as a result of higher spend on Nursing and corporate vacancy targets. In month, £0.3M is the result of winter plans.

Non-Pay is £0.3M worse 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 £1.5M worse as a result of continuing outsourcing pressures in diagnostics from staffing gaps. In month, £0.2M is the result of winter plans in Other operating expenses.

Financial Performance: Income & Expenditure Position - CCICP

	Month			Year to Date			Forecast	
	Plan January (£'000)	Actual January (£'000)	Variance January (£'000)	Plan April to January (£'000)	Actual April to January (£'000)	Variance April to January (£'000)	2017/18 (£'000)	Budget 2017/18 £'000
Operating								
Operating Income								
NHS Acute Activity Income								
Elective	0	0	0	0	0	0	0	
Non-Elective	0	0	0	0	0	0	0	
Maternity	0	0	0	0	0	0	0	
Day cases	0	0	0	0	0	0	0	
Outpatients	0	0	0	0	0	0	0	
A&E	0	0	0	0	0	0	0	
Other NHS	2,180	2,215	35	21,775	22,161	386	26,574	26,075
Total NHS Clinical Revenue	**2,180**	**2,215**	**35**	**21,775**	**22,161**	**386**	**26,574**	**26,075**
Other Operating Income	80	86	6	778	840	63	1,037	899
Inter-Trust Income	82	82	0	816	816	0	979	979
TOTAL OPERATING INCOME	**2,342**	**2,383**	**41**	**23,368**	**23,817**	**449**	**28,590**	**27,953**
Operating Expenses								
Employee Benefits Expenses (Pay)	-1,766	-1,710	56	-17,488	-16,539	949	-19,846	-20,965
Drugs	-2	-1	1	-23	-20	4	-26	-29
Clinical Supplies	-89	-85	4	-887	-925	-38	-1,120	-1,063
Non Clinical Supplies	-68	-71	-3	-681	-937	-257	-1,092	-818
Other operating expenses	-368	-419	-51	-3,769	-4,074	-305	-5,011	-4,506
Inter-Trust Charges	-48	-82	-34	-476	-659	-183	-737	-571
TOTAL OPERATING EXPENSES	**-2,341**	**-2,368**	**-27**	**-23,324**	**-23,154**	**170**	**-27,832**	**-27,952**
EBITDA	**1**	**15**	**14**	**44**	**663**	**619**	**758**	**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	**1**	**15**	**14**	**44**	**663**	**619**	**758**	**0**
STF	0	0	0	0	0	0	0	
Net Surplus/(deficit) before Exceptional Items	**1**	**15**	**14**	**44**	**663**	**619**	**758**	
Prior Period Adjustment	0	0	0	0	0	0	0	
Net Surplus/(deficit) after Exceptional Items	**1**	**15**	**14**	**44**	**663**	**619**	**758**	**0**

Community Services delivered a £0.7M surplus cumulative against a planned break even position.

Contract income is £0.4M better than plan cumulative as a result of property income accrued to offset costs..

Pay is £0.9M better than plan cumulative as a result of unfilled vacancies partly clinical and partly corporate.

Non-Pay is £0.8M 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	(99)	(755)	(692)	(49)	(37)	(805)	(828)
Endoscopy	Endoscopy	5,089	1	(993)	(1,963)	75	(1,031)	147	2,095	(771)
General Surgery Directorate	General Surgery	13,978	55	(845)	(7,260)	199	(1,514)	22	5,258	(625)
Head & Neck Directorate	Head & Neck	4,607	333	(134)	(2,099)	129	(647)	61	2,195	56
Macmillan Cancer Centre	Macmillan Cancer Centre	528	1,316	287	(741)	(21)	(1,142)	(87)	(39)	179
Ophthalmology	Ophthalmology	9,748	52	(496)	(3,322)	257	(2,762)	449	3,716	209
Orthopaedic Directorate	Orthopaedics	15,533	195	(1,350)	(5,290)	140	(2,836)	40	7,602	(1,171)
Theatres & TC	Theatres & TC	0	293	(1)	(6,086)	34	(2,180)	9	(7,972)	42
Urology Directorate	Urology	4,697	63	(217)	(2,337)	(70)	(456)	(169)	1,967	(455)
Surgical and Cancer Division	**Surgery & Cancer**	**54,180**	**2,309**	**(3,848)**	**(29,853)**	**50**	**(12,618)**	**435**	**14,019**	**(3,363)**

The Surgical Division is £3.4M 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 £0.5M. 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 Mgmn	Divisional Mangement M&EC	0	117	117	(1,919)	(119)	(119)	(281)	(1,922)	(284)
Accident & Emergency Dir	Emergency Department	12,822	699	944	(4,882)	111	(635)	(122)	8,005	934
Anaesthetics & Critical Care	Anaesthetics & Critical Care	5,300	39	166	(6,628)	106	(952)	62	(2,242)	334
Medical Directorate	General Medicine	35,966	163	1,544	(18,504)	(670)	(4,119)	(325)	13,505	549
Urgent Care Centre	Urgent Care Centre	0	0	0	(555)	46	0	81	(555)	127
Emergency Services Division	**Medicine & Emergency Care**	**54,088**	**1,018**	**2,771**	**(32,488)**	**(527)**	**(5,825)**	**(584)**	**16,792**	**1,659**

The Medicine and Emergency Care Division are £1.7M better than plan. Net of income, the Division is £1.1M 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 and escalation beds . Medical pay is lower than plan. Non-pay is worse than plan with non-deliverable infusion pump CIP in Divisional management and drug costs in the medical directorate.

		Income			Expenditure				NET TOTAL	
		Contract	Variable	Better/ (Worse) than Budget	Pay	Better/ (Worse) than Budget	Non-Pay	Better/ (Worse) than Budget	Total	Better/ (Worse) than Budget
Wom Chil & sexl hlth Div Magmn	Divisional Mangement W&C	0	52	44	(1,111)	(122)	(94)	17	(1,153)	(61)
Obstetric & Gynaecology Dir	Obstetrics & Gynaecology	15,375	99	320	(7,215)	(14)	(1,262)	(225)	6,996	81
Paediatric Directorate	Paediatrics	9,763	80	(14)	(6,433)	(46)	(966)	(65)	2,444	(125)
Women and Childrens Division	**Women and Children**	**25,139**	**230**	**350**	**(14,759)**	**(182)**	**(2,323)**	**(273)**	**8,287**	**(104)**

The Womens and Childrens Division is £0.1M worse than plan cumulative. Net of income, the Division is £0.5M worse than plan. Pay pressures are a result of midwifery and medical over-establishment. Non-pay is £0.3M 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	(239)	27	(24)	(89)	(263)	(62)
Dermatology	Dermatology	1,443	21	(159)	(730)	132	(262)	24	473	(3)
ECG department	ECG	303	21	(40)	(798)	109	(61)	4	(536)	73
Elmhurst	Elmhurst	1,663	152	7	(1,275)	(35)	(147)	12	394	(15)
Integrated Discharge	Integrated Discharge	0	0	0	(261)	(35)	(4)	0	(264)	(35)
Medical Records Department	Medical Records Department	0	0	(2)	(1,464)	35	(196)	(16)	(1,660)	17
Outpatients	Outpatients	0	130	(10)	(459)	(2)	(47)	(2)	(377)	(14)
Pathology Directorate	Pathology	10,051	3,232	115	(8,207)	30	(7,439)	(278)	(2,362)	(133)
Pharmacy Departments	Pharmacy	2,681	208	369	(2,630)	36	(2,736)	(529)	(2,477)	(125)
Radiology Directorate	Radiology	2,666	607	(452)	(5,191)	16	(1,765)	(144)	(3,684)	(580)
Therapeutic Departments	Therapies	0	4	4	(1,630)	122	(48)	36	(1,674)	162
Victoria Infirmary Northwich	Victoria Infirmary Northwich	1,676	7	(136)	(1,457)	(91)	(253)	(1)	(27)	(228)
Diagnostics and Support Divisi	**Diagnostics and Support**	**20,482**	**4,383**	**(304)**	**(24,341)**	**344**	**(12,981)**	**(984)**	**(12,456)**	**(944)**

The Diagnostics Division is £0.9M worse than plan cumulative. Net of income, the Division is £0.6M 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 Mgnt	Divisional Management E&F	0	0	0	(417)	13	(196)	(28)	(613)	(16)
Catering Directorate	Catering	0	1,164	80	(1,332)	(53)	(1,101)	(53)	(1,269)	(25)
Estates Departments	Estates Departments	0	381	(16)	(1,333)	(35)	(5,158)	281	(6,110)	229
Hotel Services	Domestics	0	0	0	(1,132)	(56)	(11)	(1)	(1,143)	(57)
Laundry Services Departments	Laundry	0	1,028	12	(935)	(102)	(730)	(85)	(636)	(174)
Security	Security	0	1,287	(74)	(582)	44	(566)	(82)	139	(111)
Site Services	Porters	0	0	0	(2,247)	58	(75)	(11)	(2,322)	47
Estates & Facilities Division	**Estates & Facilities Division**	**0**	**3,861**	**2**	**(7,979)**	**(131)**	**(7,836)**	**22**	**(11,955)**	**(107)**

The Estates and Facilities Division is £0.1M worse than plan cumulative. Pay costs are worse than plan in a number of areas as a result of sickness and operational pressures. Non pay is worse in Laundry as a reuslt of high linen costs and in catering provision costs are higher than expected.

		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	(1,212)	12	(523)	16	(1,734)	28
Computer Services	Computer Services	0	68	56	(1,176)	78	(1,808)	(94)	(2,917)	40
Finance & Information	Finance & Information	0	39	13	(2,570)	(55)	(621)	33	(3,152)	(10)
Human Resources	Human Resources	0	421	22	(1,983)	37	(412)	107	(1,973)	166
Risk Manangement & R&D	Risk Management & R&D	0	342	(108)	(1,221)	84	(44)	33	(924)	9
Quality Assurance Departments	Nurse Management	0	312	193	(2,335)	(293)	(7,594)	80	(9,617)	(19)
Trust Central Expenditure	Trust Central Expenditure	10,232	4,925	1,529	(1,767)	(1,082)	(468)	898	12,922	1,344
Other Departments	Other Departments	17	129	32	(225)	(44)	(255)	(6)	(333)	(19)
	Corporate	**10,249**	**6,236**	**1,737**	**(12,488)**	**(1,264)**	**(11,725)**	**1,067**	**(7,728)**	**1,540**

The Corporate Division is £1.5M better cumulative. Net of income, there is a £0.2M adverse variance. Pay is worse as a result of maternity pressures and vacancy control targets and non-pay is better as a result of slippage on investments.

	Community Services	**22,171**	**842**	**453**	**(16,539)**	**949**	**(5,958)**	**(597)**	**517**	**805**
	EBITDA	**186,310**	**18,879**	**1,161**	**(138,447)**	**(761)**	**(59,266)**	**(914)**	**7,475**	**(514)**

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	6,839	0	6,645	-194
NHS Eastern Cheshire CCG Community	412	342	0	342	0
NHS South Cheshire CCG Community	16,982	14,136	0	14,136	0
NHS South Cheshire CCG	99,576	86,737	1,564	86,737	0
NHS Vale Royal CCG	54,424	46,768	769	46,768	0
NHS Vale Royal CCG Community	10,302	8,575	0	8,575	0
NHS Warrington CCG	248	207	0	247	40
NHS West Cheshire CCG	3,342	2,786	0	2,976	190
NHS West Cheshire CCG Community	191	158	0	158	0
NHS North Staffordshire CCG	1,900	1,585	0	1,936	351
NHS Shropshire CCG	624	521	0	710	189
NHS Stoke on Trent CCG	1,407	1,174	0	1,309	135
Public Health England	1,635	1,368	0	831	-537
NHS Commissioning Board	1,511	1,256	0	1,256	0
Specialist Commissioning Group	8,449	7,056	0	7,432	376
Non Contract Activity	1,767	1,475	0	1,673	198
Cross Border Flows	165	137	0	392	254
Non-Commissioner Specific	9,123	3,931	-1,429	4,189	260
TOTAL	**220,260**	**185,051**	**904**	**186,312**	**1,262**

The South Cheshire and Vale Royal contracts are in line with the agreed CEP value. Against PbR , the Trust is underperforming by £2.3M 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, except Eastern Cheshire CCG 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	4,959	4,931	-29
Adult & Neonatal Critical Care	7,884	6,596	6,700	105
Urgent Care Centre	0	0	0	0
Community Paediatrics	1,302	1,085	1,085	0
Direct Access Services	10,245	8,572	7,955	-617
Unbundled Radiology	3,613	3,011	2,921	-90
High Cost Drugs	9,953	8,294	8,368	74
Screening Programmes	1,474	1,228	1,228	0
Audiology	1,057	881	966	85
IVF	321	268	210	-58
CQUIN	4,453	3,343	2,974	-369
STF	5,993	4,595	4,055	-539
Community Services	27,805	23,171	23,561	390
Other	60	1,843	4,064	2,222
TOTAL	**80,111**	**67,846**	**69,018**	**1,174**

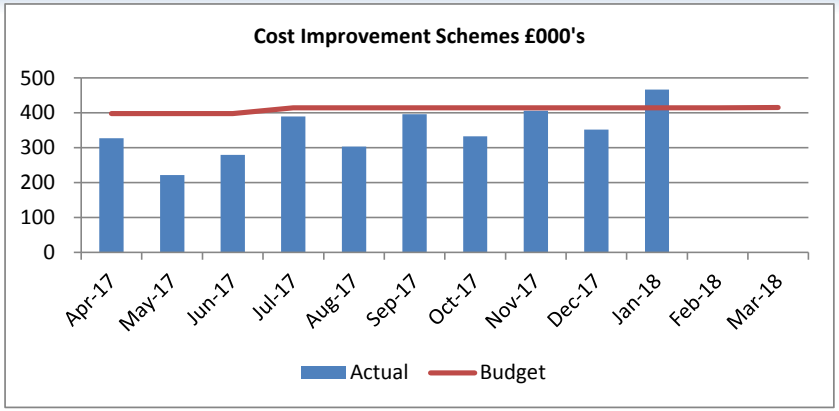
Other contract income is showing £1.2M better than plan.

An analysis of the key service lines identifies that this is primarily the result of High Cost Drugs which is showing growth in Healthcare at Home and Direct Access related to medical imaging coding changes. Non-perfromance of the A&E Q3 STF trajectory has been recognised.

Other includes the impact of the CEP (£1.3M favourable) and the winter monies. (£0.8M).

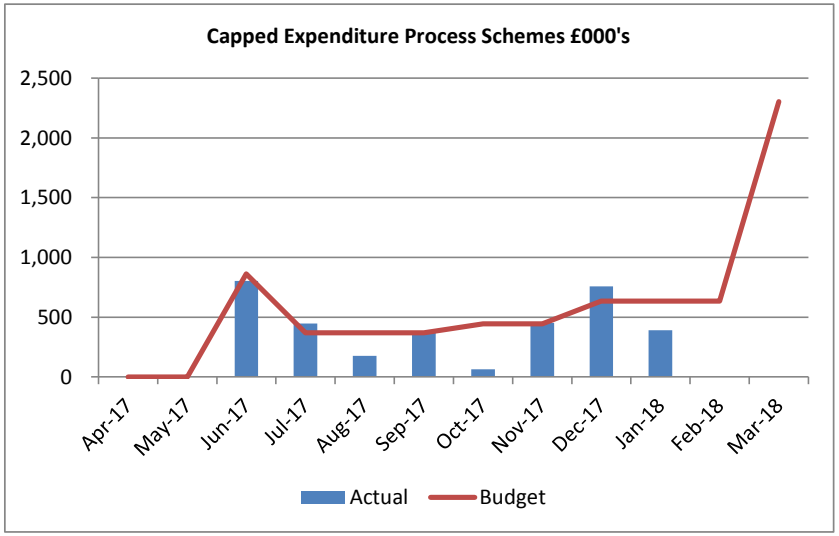
Financial Performance: Efficiencies

Cost Improvement Schemes (£'000's)						
Scheme Category	**YTD Target**	**YTD Actual**	**YTD**	**FY Target**	**FY Forecast**	**FY Variance**
Access & Flow	584	515	-69	600	600	0
Back Office	163	115	-47	195	126	-69
Commercial	117	137	20	140	170	30
Drugs	345	311	-34	414	369	-45
Medical Workforce	1,486	1,447	-39	1,783	1,744	-39
Non-Pay Efficiency	283	27	-257	340	33	-307
Nursing Workforce	250	0	-250	300	0	-300
Procurement	625	625	0	750	750	0
Service redesign	333	283	-50	400	333	-67
Total (£'000)	**4,186**	**3,460**	**-726**	**4,922**	**4,125**	**-797**



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	80	80	0	100	100	0
Acute CEP ECT Rota	80	0	-80	100	0	-100
Acute CEP Elective*	1,042	1,005	-37	2,766	2,940	174
Acute CEP Diagnostic Capacity (	252	252	0	378	378	0
Acute CEP Diagnostic Capacity (	0	0	0	188	188	0
Acute CEP High Cost Drugs	500	267	-233	600	320	-280
Acute CEP Paeds	24	0	-24	30	0	-30
Acute CEP Pharmacy	40	0	-40	50	15	-35
Acute CEP PLCP	80	0	-80	100	0	-100
Acute CEP Tele-Derm	56	56	0	70	70	0
Acute CEP Winter	375	375	0	750	750	0
Acute CEP Interest	70	0	-70	100	100	0
Acute CEP Maternity	0	0	0	100	0	-100
Community CEP (Pay)	395	395	0	479	479	0
Community CEP (Non-Pay)	1,033	1,033	0	1,251	1,251	0
Grand Total	**4,027**	**3,463**	**-564**	**7,062**	**6,591**	**-471**



Capped Expenditure Process schemes are £0.6M worse than plan cumulative as a result of not achieving the full target on High cost drugs, schemes commencing later in the year than planned and some elements still in devleopment or showing slippage. 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. The forecast is £0.1M worse than plan due to winter monies now being secured nationally.

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
STRATEGIC INVESTMENTS (Requires individual signoff)													
ESTATES													
DR'S MESS INTO RMO'S	Yes	Internal	Yes		42	42	43	-1	43	0	43	42	43
WARD 11 REFURBISHMENT	Yes	Internal	Yes	1500		0	-59	59	-59	0	1441	1,500	1,441
WARD 16 REFURBISHMENT	Yes	Internal	Yes	854	283	283	283	0	283	0	1137	1,137	1,137
CAR PARK BARRIERS	Yes	Internal	Yes		60	60	7	53.46589	60	0	7	60	60
CENTRALISED POAC	Yes	Internal	Yes		122	122	122	0	122	0	122	122	122
BISTRO & 2 OFFICES	Yes	Internal	Yes		178	178	25	152.82704	150	58	25	236	208
OPHTHALMOLOGY OUTPATIENTS - PHASE 2	Yes	Internal	Yes	86	249	250	260	-10	259	0	346	335	345
UNDER / OVERS CAPITAL SCHEMES 16/17	Yes	Internal	Yes			0	5	-5	-4	0	5	0	-4
WARD REFURBISHMENT	Yes	Loan	Yes		4200	3450	164	3286	285	9915	164	14,115	10,200
MRI SCANNER 3RD BUILD	Yes	Internal/Loan	Yes	109	1540	1540	64	1476	64	1476	173	3,125	1,649
WASTE COMPOUND AND SEGREGATION	No	Internal	Not yet approved		250	250	0	250	0	250	0	500	250
BARIATRIC SIDE ROOM	No	Internal	Not yet approved		100	50	0	50	0	100	0	200	100
3RD CT SCANNER BUILD	No	Loan	Not yet approved		850	850	0	850	0	850	0	1,700	850
TOTAL				**2549**	**7874**	**7075**	**913**	**6162**	**1203**	**12649**	**3462**	**23072**	**16401**
IT													
VOICE OVER IP	Yes	Internal	Yes	171	295	295	342	-47	351	200	513	666	722
RADIOLOGY INFORMATION SYSTEM	Yes	Internal	Yes	96	132	132	-10	142	0	0	86	228	96
WIRELESS UPGRADE	Yes	Internal	Yes	6	24	24	26	-2	26	0	32	30	32
PCTI	Yes	Internal	Yes	18	12	12	6	6	12	0	24	30	30
E-HANDOVER	No	Internal	Not yet approved		244	244	0	244	0	244	0	488	244
UNDER / OVERS CAPITAL SCHEMES 16/17	Yes	Internal	Yes			0	5	-5	6	0	5	0	6
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	1956	0	1956	0	1000	0	2,956	1,000
UPS	Yes	Internal	Yes		150	150	0	150	0	150	0	300	150
CLINICAL PORTAL	No	Loan	Not yet approved		1260	1260	0	1260	0	660	0	1,920	660
Q PULSE	Yes	Internal	Yes		30	30	25	5	25	5	25	35	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	100	77	23	100	400	77	500	500
PACS REPLACEMENT	Yes	Internal	Now Revenue		1590	1590	0	1590	0	0	0	1,590	0
E-PRESCRIBING	No	Loan	Not yet approved		900	900	0	900	0	1360	0	2,260	1,360
VENDOR NEUTRAL ARCHIVE	No	Loan	Not yet approved		605	605	0	605	0	605	0	1,210	605
CREDITS FOR CLEANING SOFTWARE	Yes	Internal	Yes		11	11	0	11	0	0	0	11	0
REPLACEMENT BUSINESS INTELLIGANCE SYSTEM	No	Internal	Not yet approved		80	80	0	80	25	55	0	135	80
SINGLE CLINICAL SYSTEM	No	Loan	Not yet approved							6569	0		6,569
TOTAL				**303**	**8902**	**7402**	**475**	**6927**	**558**	**15748**	778	**18384**	**16,609**
TOTAL STRATEGIC INVESTMENTS				**2852**	**16776**	**14477**	**1388**	**13089**	**1761**	**28397**	**4240**	**41456**	**33010**

The Estates strategic investments capital spend is £6,162K 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 be approved, and some will be drawn down in March. The business case for the third CT Scanner has still not been approved. 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 move to 2018/19.

The IT Strategic investments projects are £6,927K 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	125	27	98	40	710	27	860	750
DESIGN TEAM	Yes	Internal	Yes		280	233	220	13	280	1120	220	1,400	1,400
CT / VT - HEATING INFRASTRUCTURE	Yes	Internal	Yes		175	135	43	92	50	650	43	825	700
BACKLOG GENERAL PROVISION	Yes	Internal/Loan	Yes		1604	1455	329	1126	804	7550	329	9,154	8,354
TOTAL				**0**	**2,209**	**1,948**	**619**	**1329**	**1,174**	**10,030**	**619**	**12,239**	**11,204**
IT													
STORAGE - DATA ARCHIVING	Yes	Internal	Yes		27	27	56	-29	56		56	27	56
INTERSITE CONNECTIVITY	Yes	Internal	Yes		31	31	-3	34	31	25	-3	56	56
INTERFACING	Yes	Internal	Yes		85	80	13	67	40	155	13	240	195
IT APPLICATIONS	Yes	Internal	Yes		100	75	6	69	50	450	6	550	500
IBM HARDWARE	Yes	Internal	Yes		144	144	90	54	90	54	90	198	144
TOTAL				**0**	**387**	**357**	**161**	**196**	**267**	**684**	**161**	**1071**	**951**
TOTAL ROLLING ALLOCATIONS				**0**	**2,596**	**2,305**	**781**	**1,524**	**1,441**	**10,714**	**781**	**13,310**	**12,155**
ADDITIONAL													
EQUIPMENT	Yes	Internal	Yes		0	0	47	-47	39	0	47	0	39
GP STREAMING ESTATES	Yes	Internal	Yes		0	0	12	-12	9	491	12	491	500
GP STREAMING IT	Yes	Internal	Yes		0	0	52	-52	247	0	52	0	247
COMMUNITY SERVICES	Yes	Internal	Yes		0	0	0	0	200	800	0	800	1,000
LEASING INVESTMENTS													
EQUIPMENT	Yes	Internal	Yes		648	236	236	0	259	0	236	648	259
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	0	0	0	150	0
CCTV	No	Internal	Not yet approved		157	0	0	0	157	0	0	157	157
CATERING TROLLIES	Yes	Internal	Yes		180	180	137	43	137	0	137	180	137
TOTAL LEASING INVESTMENTS				**0**	**2891**	**416**	**373**	**43**	**709**	**1600**	373	**4491**	**2309**
TOTAL CAPITAL PROGRAMME (EXCLUDING LEASES)				**2,852**	**19,372**	**16,782**	**2,280**	**14,502**	**3,697**	**40,402**	**5,132**	**56,057**	**46,951**
TOTAL CAPTIAL PROGRAMME				**2,852**	**22,263**	**17,198**	**2,653**	**14,545**	**4,406**	**42,002**	**5,505**	**60,548**	**49,260**

In addition to the strategic capital schemes the rolling and additional schemes are £1,524K less than plan which is mainly due to Backlog Maintenace. The delay has been due to the delay in the approval of the capital loanand two project surveyors down for six months and in addition some long term sickness . 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 replacment scanner to reflect the delay in the capital forecast and moved to 2018/19.

Financial Performance: Statement of Financial Position

	Plan Apr to January (£'000)	Actual Apr to January (£'000)	Variance (£'000)	Forecast 2017/18 (£'000)
Assets				
Assets, Non-Current	**94,772**	**81,109**	**-13,663**	**81,935**
Assets, Current				
Trade and other Receivables	5,240	8,867	3,628	9,342
Other Assets (including Inventories & Prepayments)	5,236	5,124	-111	5,284
Cash and Cash Equivalents	4,538	7,331	2,794	7,877
Total Assets, Current	**15,013**	**21,323**	**6,310**	**22,503**
ASSETS, TOTAL	**109,785**	**102,432**	**-7,353**	**104,438**
Liabilities				
Liabilities, Current				
Finance Lease, Current	-166	-138	28	-1,156
Loans Commercial Current	-67	-125	-59	-460
Trade and Other Payables, Current	-15,811	-14,541	1,270	-13,910
Provisions, Current	-147	-110	37	-198
Other Financial Liabilities	-9,003	-7,370	1,633	-6,384
Total Liabilities, Current	**-25,193**	**-22,285**	**2,908**	**-22,108**
Net Current Assets/(Liabilities)	**-10,180**	**-962**	**9,218**	**395**
Liabilities, Non Current				
Finance Lease, Non Current	-5,783	-5,735	48	-4,636
Loans Commercial Non-Current	-18,627	-9,796	8,831	-12,095
Provisions, Non-Current	-1,634	-1,668	-34	-1,582
Trade and Other Payables, Non-Current	0	0	0	**0**
Total Liabilities Non-Current	**-26,044**	**-17,199**	**8,845**	**-18,313**
TOTAL ASSETS EMPLOYED	**58,548**	**62,948**	**4,400**	**64,017**
Taxpayers' and Others' Equity				
Taxpayers Equity				
Public dividend capital	75,157	75,407	250	75,907
Retained Earnings	-26,829	-22,590	4,239	-22,020
Donated asset reserve	0	0	0	0
Revaluation Reserve	10,220	10,129	-91	10,129
TOTAL TAXPAYERS EQUITY	**58,548**	**62,947**	**4,399**	**64,016**
TOTAL FUNDS EMPLOYED	**58,548**	**62,947**	**4,399**	**64,016**

The main reason for the variance is that the plan is the capital programme expenditure being £14,502K (excluding Finance leases) less than anticipated which is mainly due to a delay in and the Third MRI Scanner build £1,476K, Third CT Scanner build £850K, Backlog Maintenance £893K and Ward 17 Refurbishment £2,821K, . All of these are reliant on capital loan funding which has only been secured in February after the initial application in June 2017. Also in respect of Vendor Neutral Archive £605K, E-Prescribing £900K, EDMS £1,956K and Clinical Portal £1260K these schemes are now part of a wider Clinical system replacement where are Business Case is going thorough an approval process. In addition there are delays in the UPS £150K, Waste Compound and Segregation £250K, E Handover £244k, however these are funded internally. The PAC's project has now been funded via revenue £1,590K. In addition and underspend in depreciation by £554K.

NHS Trade Receivables are higher than anticipated as there are a number of other outstanding debts. These are Christies Hospital £522K, University of North Midlands NHS Trust £176K, North Staffordshire CCG £117K, East Cheshire CCG £105K and NHS England £1,168K, NHS Property Services £173K, Aintree Foundation Trust £94K, Salford FT £139K. In addition there are outstanding amounts for BMI Private Hospital £234K and CLRN funding.

Other Assets mainly relates to lower than anticipated prepayments and drug stocks.

Trade and Other Payables - This lower mainly due to lower capital creditors due to the delay in the capital programme and accruals being slightly lower than anticipated .

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.

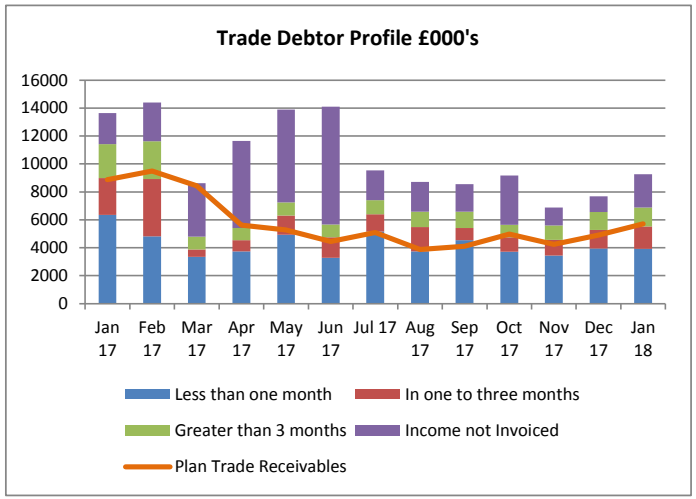
Loans are due to capital loans not been taken out £12,406K. In the plan it was anticipated that £3,574K was paid off on the Interim Revolving Working Capital Loan. However only £1,551K has been paid off and £1,550K remains on a support loan. The payment made on the Interim Revolving Working Capital loan should have been allocated against the support loan which would have been paid off.

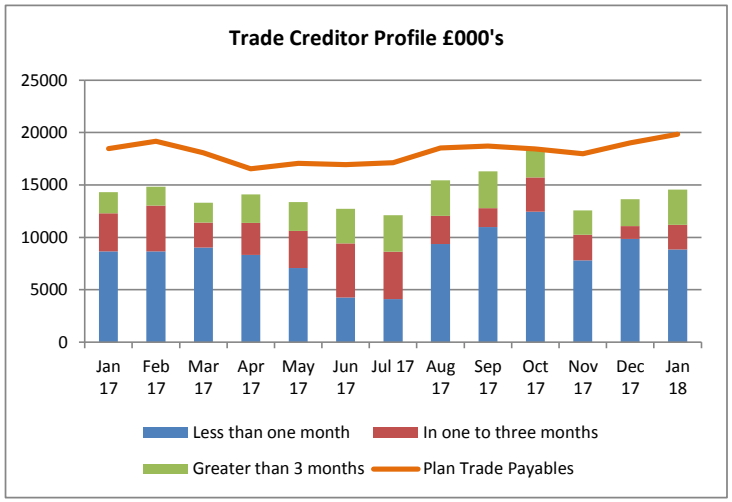
Financial Performance: Cash Position and Working Capital

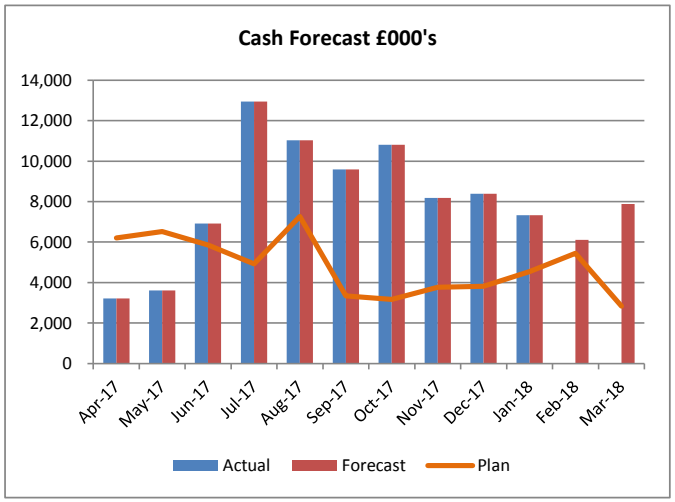
	Plan Apr to Jan (£'000)	Actual Apr to Jan (£'000)	Variance
Surplus/(deficit) after tax	**32**	**1,610**	**1,578**
Non-cash flows in operating Surplus/(deficit) total	4,831	4,279	-552
Operating cash flows before movements in working capital	**4,863**	**5,889**	**1,026**
Increase/(Decrease) in working capital Total	3,769	3,641	-128
Net cash inflow/(outflow) from operating activities	**8,632**	**9,529**	**897**
Net cash inflow/(outflow) from investing activities total	-13,652	-3,192	10,459
Net Cash inflow/(outflow) before financing	**-5,020**	**6,337**	**11,356**
Net cash inflow/(outflow) from financing activities Total	3,707	-4,653	-8,360
Net increase/(decrease) in cash and cash equivalents	**-1,313**	**1,684**	**2,996**
Opening cash balance	**5,850**	**5,647**	**-203**
Closing cash balance	**4,537**	**7,331**	**2,793**

Cash is £2,793K 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 £1,578K better than planned but this is offset by depreciation being 528K less than plan.

The capital programme is £10,459K less than expected, this includes the movement in capital creditors. However this is offset by £12,406K capital loans some which have not been approved to fund some of this capital programme. A loan of £4,300K has now been approved and some of this will be drawn down in March . The cash position is improved due to the Trust receiving £250K PDC which was not in the plan.







Finance: *Staff Costs*

Headline Measures

	YTD £000's	Rolling 13 months £000's													
		Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Monthly Trend
Pay Budget	137,683	12,385	12,345	12,385	13,770	14,030	13,678	13,577	13,688	13,730	13,774	13,799	13,721	13,916	
Pay Actual	138,444	12,102	11,997	12,331	13,549	14,070	13,715	13,649	13,843	13,875	13,947	13,826	13,692	14,278	
Variance	-761	283	348	54	221	-40	-37	-72	-155	-145	-173	-27	29	-362	
% to Budget	*100.6%*	*97.7%*	*97.2%*	*99.6%*	*98.4%*	*100.3%*	*100.3%*	*100.5%*	*101.1%*	*101.1%*	*101.3%*	*100.2%*	*99.8%*	*102.6%*	
Nursing Staff % to Budget	101.8%	97.0%	100.5%	98.7%	101.8%	104.4%	99.8%	102.5%	97.5%	99.3%	101.6%	102.9%	102.4%	105.9%	
Medical Staff % to Budget	99.4%	94.4%	90.4%	99.5%	90.5%	101.9%	98.8%	98.0%	108.2%	103.5%	102.6%	97.4%	95.3%	98.5%	
Other Staff % to Budget	100.0%	101.2%	98.7%	109.3%	100.1%	95.1%	101.7%	100.1%	100.9%	101.4%	100.1%	99.1%	99.8%	101.6%	

Commentary

Figures exclude Community Services for 2016/17

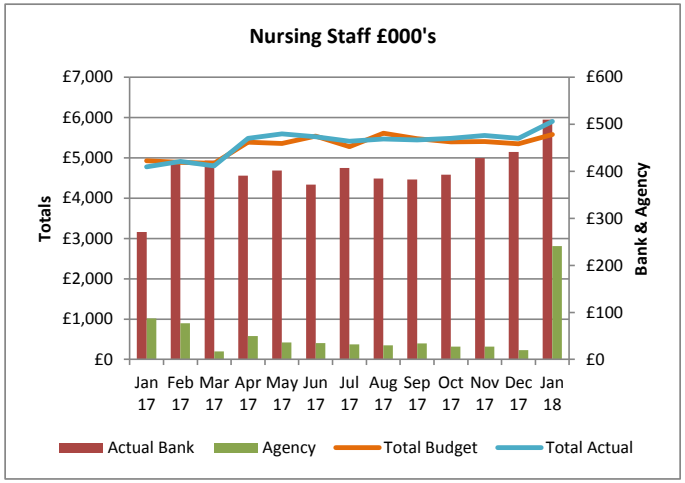
Pay is worse than budget by £0.8M as at Mth 10.

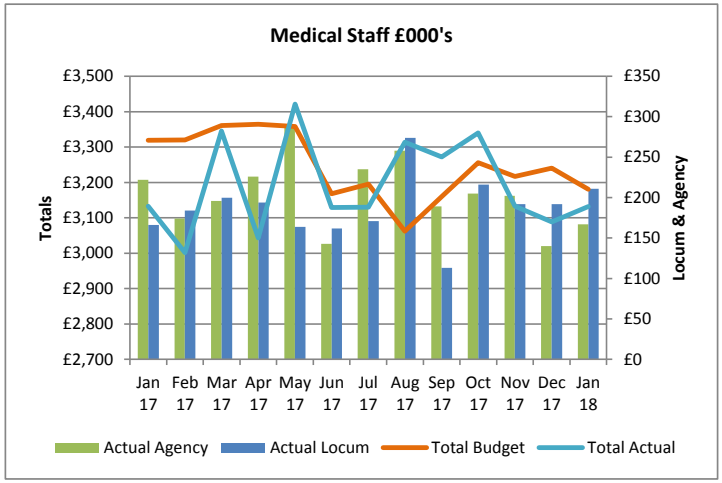
Nursing costs are higher than plan in Emergency Care as a result of Acuity and escalation capacity related to winter plans. Nursing vacancies have started to rise in recent months . Nursing Agency spend is higher than the run rate as a result of use of high cost agency to staff escalation capacity. Bank use over establishment for HCAs continues to support one to one patient supervision and is a financial pressure.

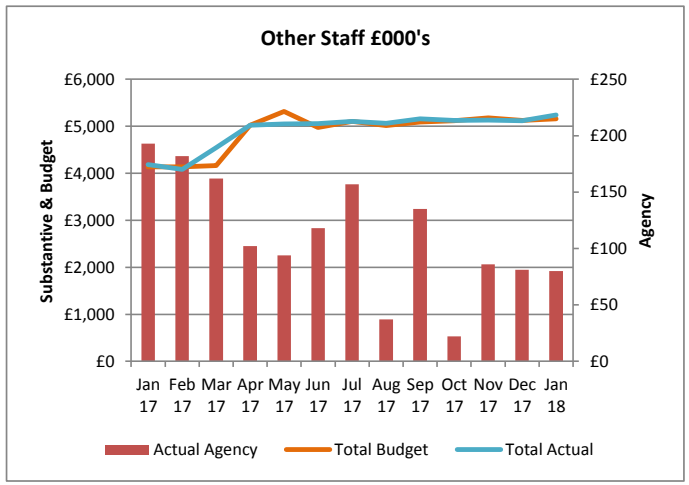
Medical pay is better than budget cumulative. However, vacancies are reducing and better than previous allocations of junior doctors have been recieved. In month, an improved position is the result of less waiting list initiatives being run.

The Agency trajectory is worse than plan for the first month of the year by £0.1M as a result of Nurse agency to staff escalation beds. Cumulative the Trust is still better than the trajectory by £1.2M mainly as a result of the reclassification of locum costs in 2017/18.

Primary Drivers

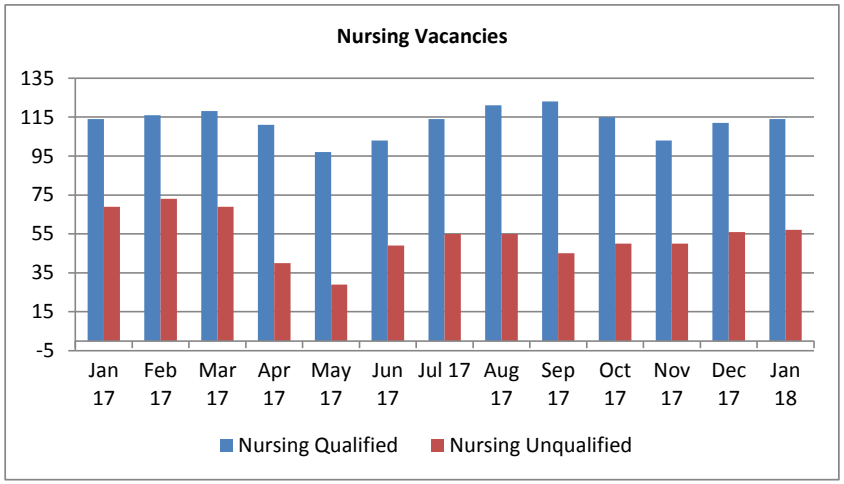


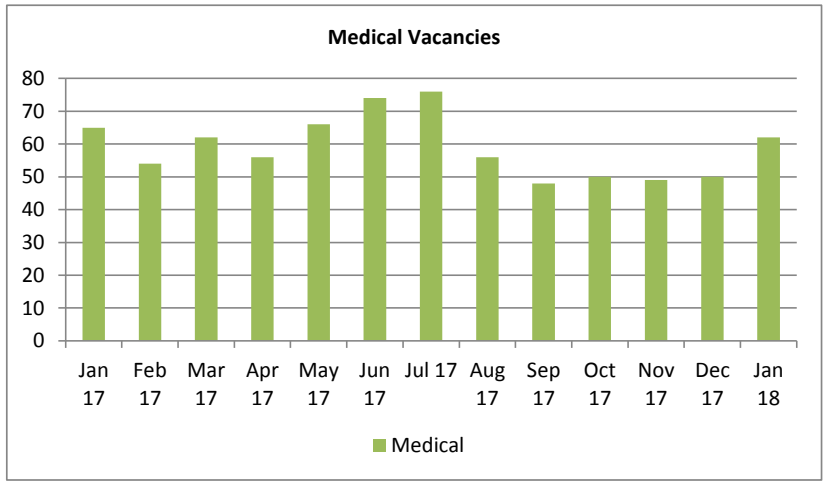




Finance: *Staff Costs*

Secondary Drivers





Agency Trajectory

	YTD	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Monthly Trend
Plan	-4,718	-495	-470	-484	-482	-518	-472	-579	-510	-451	-433	-426	-423	-424	
Actual	-3,497	-668	-618	-574	-378	-419	-296	-424	-325	-358	-254	-315	-240	-488	
Variance	1,221	-173	-148	-90	104	99	176	155	185	93	179	111	183	-64	
CCICP Actual	0	-210	4	-77	0	0	0	0	0	0	0	0	0	0	

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

	Rolling 13 Months												
	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Monthly Trend
Sickness Rate (Rolling 12 mths)	3.94%	3.95%	3.92%	3.97%	3.99%	4.04%	4.07%	4.14%	4.20%	4.21%	4.23%	4.25%	4.28%	
Total Leavers	44	27	42	31	37	35	45	46	55	45	42	35	45	
Turnover (Rolling 12 mths)	9.17%	9.09%	9.27%	10.67%	10.86%	10.52%	10.12%	10.57%	11.10%	11.08%	10.93%	10.71%	10.70%	

Title of Paper :	Learning from Deaths Quarterly Report (Q3 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:	5 March 2018

Learning from Deaths Quarterly Report Q3 2017/2018

February 2018

'Delivering Excellence in Healthcare through Innovation and Collaboration'

Contents

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 second iteration of our Learning from Deaths Report covering quarter 3.

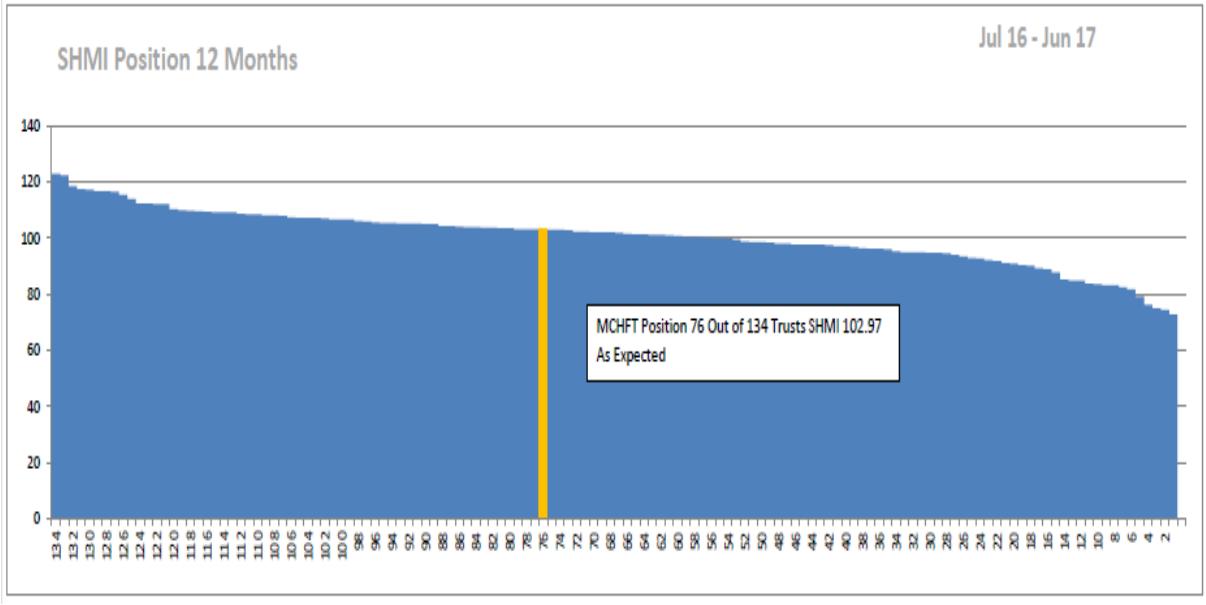
The report will be produced and developed on a quarterly basis and aims to provide assurance on how the organisation, through the work of the HMRG and other linking groups, is triangulating data and information to enable sustained learning from deaths, with the goal of seeing a sustained reduction in 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) July 2016 to June 2017

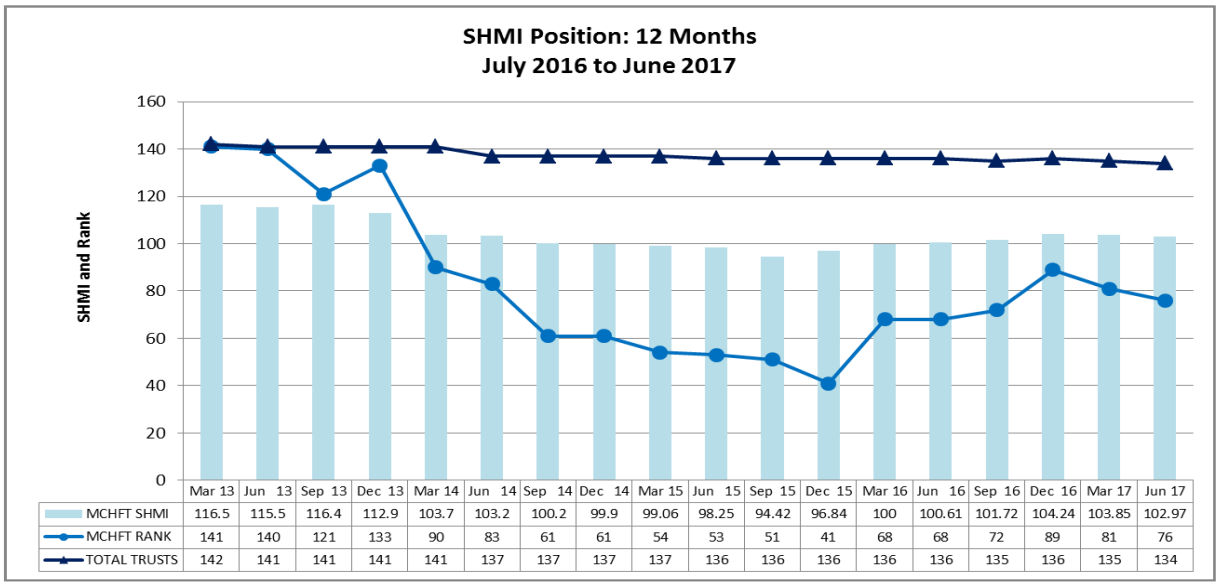
Chart 1 - SHMI Position



(Source HED, 2018)

Chart 1 demonstrates the SHMI position for the reporting period July 2016 to June 2017. The SHMI is currently 102.97 and is in the 'as expected' range. This currently places the Trust 76 out of 134. This is an improvement on the previous reporting period of April 2016 to March 2017, when the SHMI was 1.03 with a position of 81 out of 135 Trusts.

Chart 2 - 12 month rolling SHMI and position

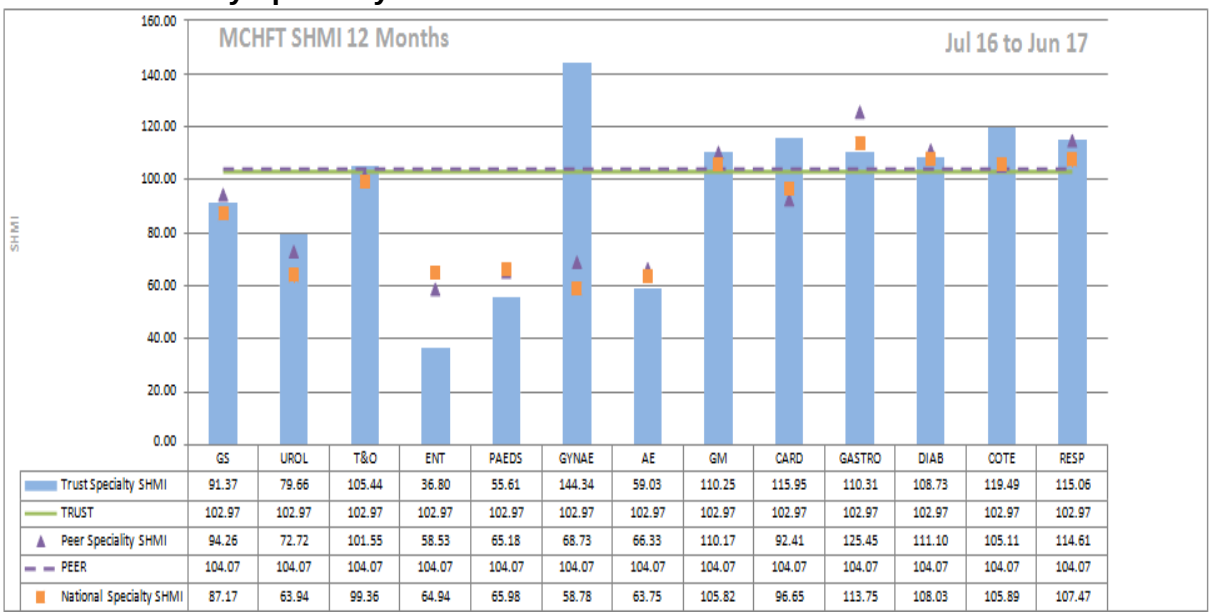


	Mar 13	Jun 13	Sep 13	Dec 13	Mar 14	Jun 14	Sep 14	Dec 14	Mar 15	Jun 15	Sep 15	Dec 15	Mar 16	Jun 16	Sep 16	Dec 16	Mar 17	Jun 17
MCHFT SHMI	116.5	115.5	116.4	112.9	103.7	103.2	100.2	99.9	99.06	98.25	94.42	96.84	100	100.61	101.72	104.24	103.85	102.97
MCHFT RANK	141	140	121	133	90	83	61	61	54	53	51	41	68	68	72	89	81	76
TOTAL TRUSTS	142	141	141	141	141	137	137	137	137	136	136	136	136	136	135	136	135	134

(Source HED, 2018)

Chart 2 demonstrates the SHMI and rank of the Trust for each of the 12 month rolling position submissions from the period March 2013 to the latest submission July 2016 to June 2017.

Chart 3 - SHMI by Speciality

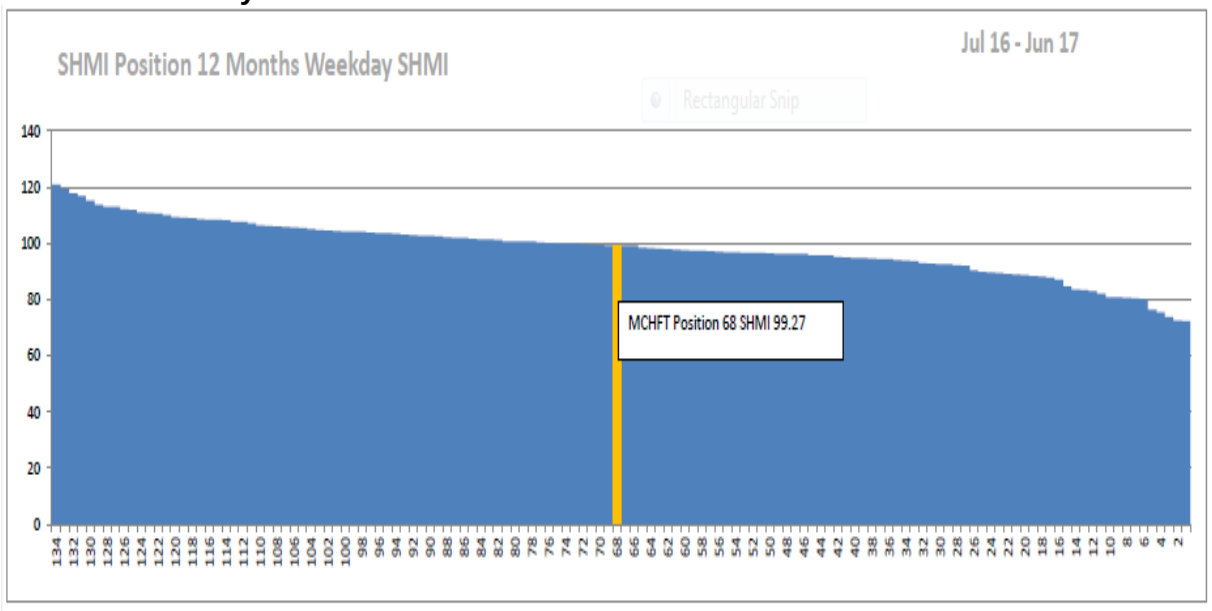


	GS	UROL	T&O	ENT	PAEDS	GYNAE	AE	GM	CARD	GASTRO	DIAB	COTE	RESP
Trust Specialty SHMI	91.37	79.66	105.44	36.80	55.61	144.34	59.03	110.25	115.95	110.31	108.73	119.49	115.06
TRUST	102.97	102.97	102.97	102.97	102.97	102.97	102.97	102.97	102.97	102.97	102.97	102.97	102.97
Peer Specialty SHMI	94.26	72.72	101.55	58.53	65.18	68.73	66.33	110.17	92.41	125.45	111.10	105.11	114.61
PEER	104.07	104.07	104.07	104.07	104.07	104.07	104.07	104.07	104.07	104.07	104.07	104.07	104.07
National Specialty SHMI	87.17	63.94	99.36	64.94	65.98	58.78	63.75	105.82	96.65	113.75	108.03	105.89	107.47

(Source HED, 2018)

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, Urology, Trauma and Orthopaedics, Gynaecology, General Medicine, Cardiology, Care of the Elderly, and Respiratory Medicine. Gastroenterology is now below both peer and the national average. General Surgery and Diabetology are above the national average but below peer.

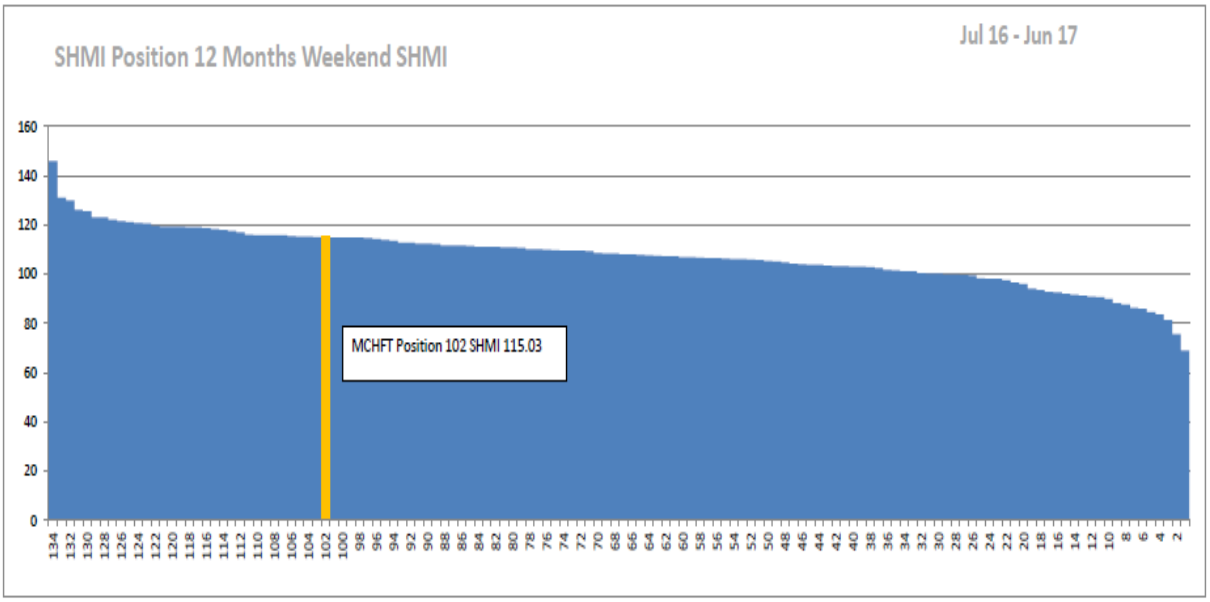
Chart 4 - Weekday SHMI



(Source HED, 2018)

Chart 4 demonstrates the weekday SHMI position for the reporting period July 2016 to June 2017. The weekday SHMI is currently 99.27 and places the Trust 68 out of 134.

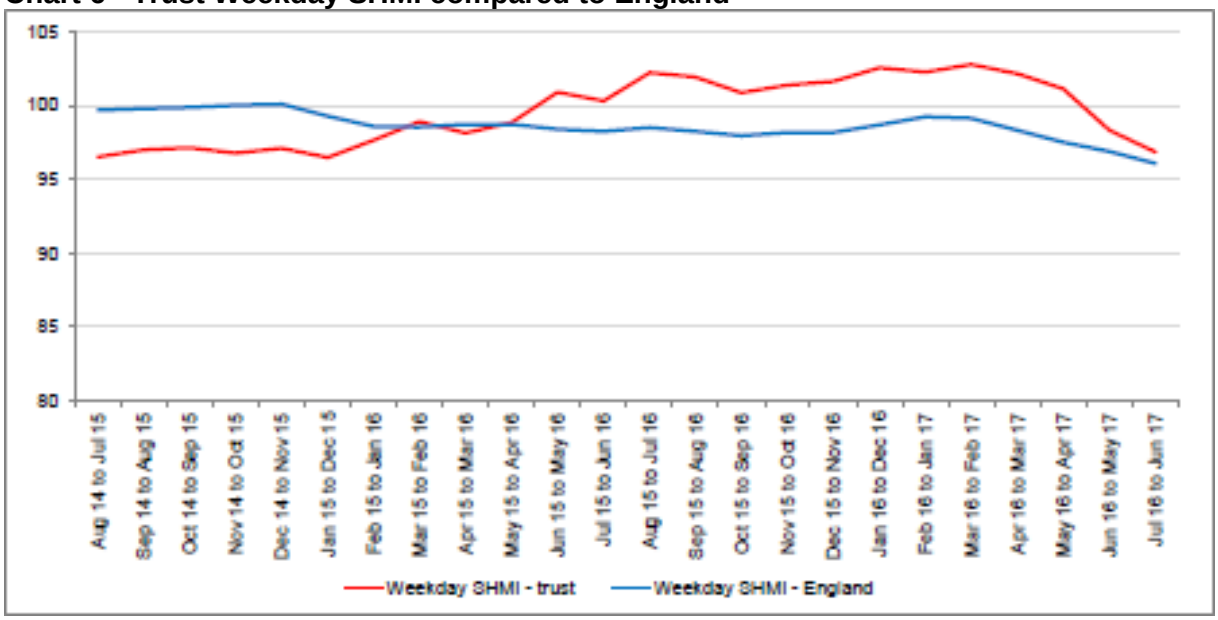
Chart 5 - Weekend SHMI



(Source HED, 2018)

Chart 5 demonstrates the weekend SHMI position for the reporting period July 2016 to June 2017. The weekend SHMI is currently 115.03 and places the Trust 102 out of 134.

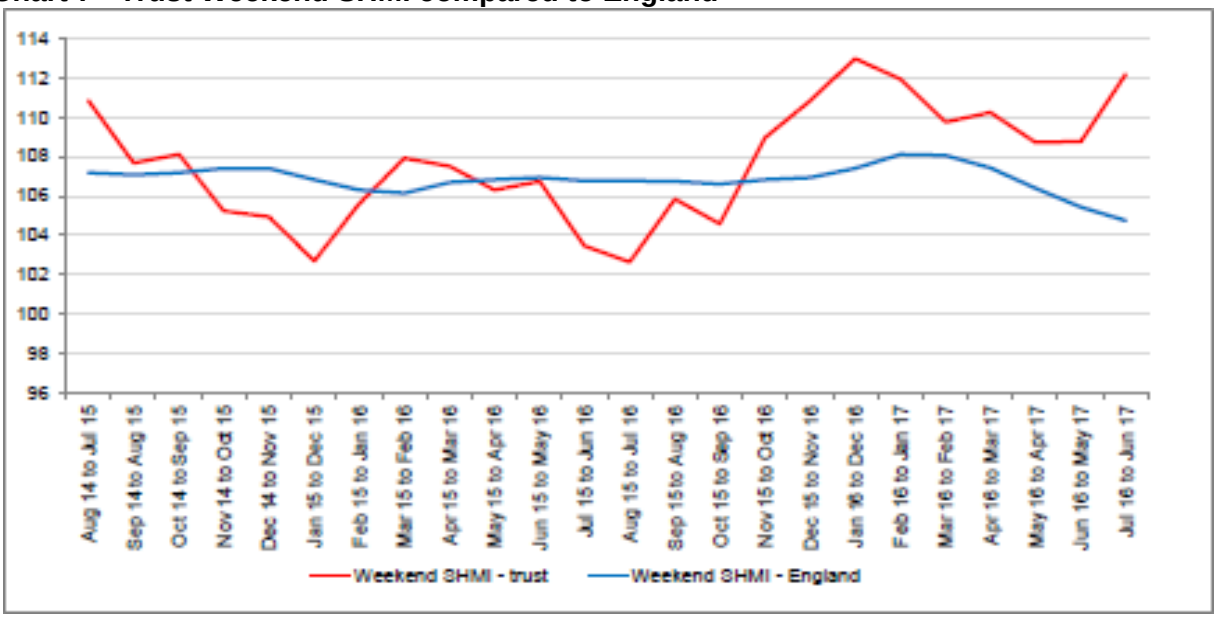
Chart 6 - Trust Weekday SHMI compared to England



(Source NHS Improvement, 2018)

Chart 6 demonstrates the Trust weekday SHMI compared to England for the period July 2016 to June 2017.

Chart 7 - Trust Weekend SHMI compared to England

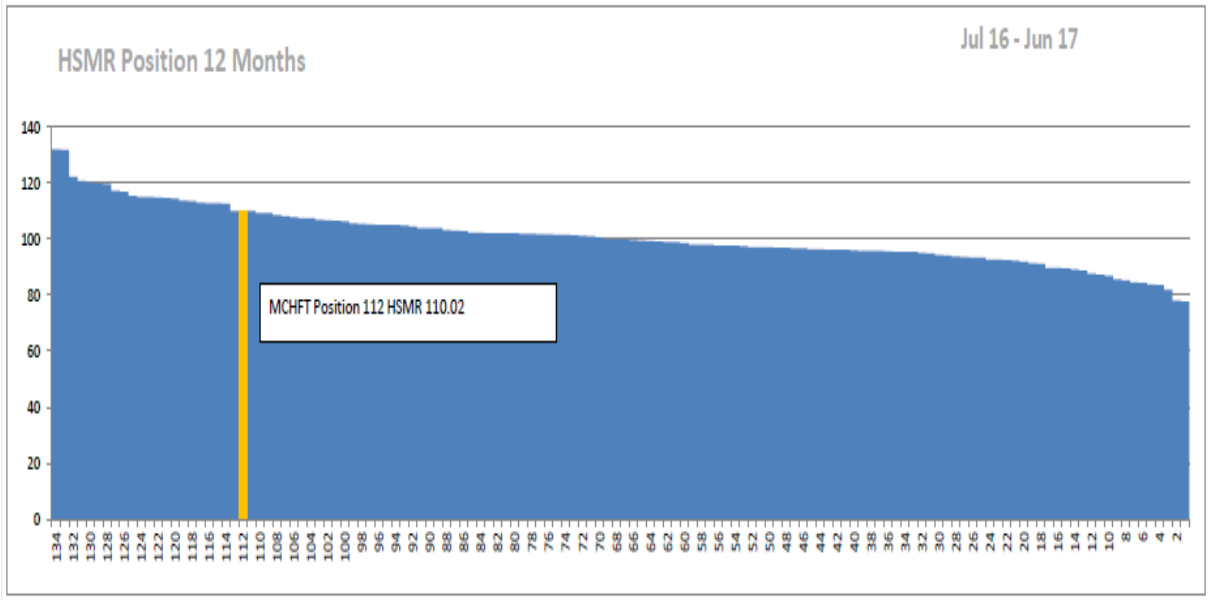


(Source NHS Improvement, 2018)

Chart 7 demonstrates the Trust weekend SHMI compared to England for the period July 2016 to June 2017.

2.2 Hospital Standardised Mortality Rate (HSMR) July 2016 to June 2017

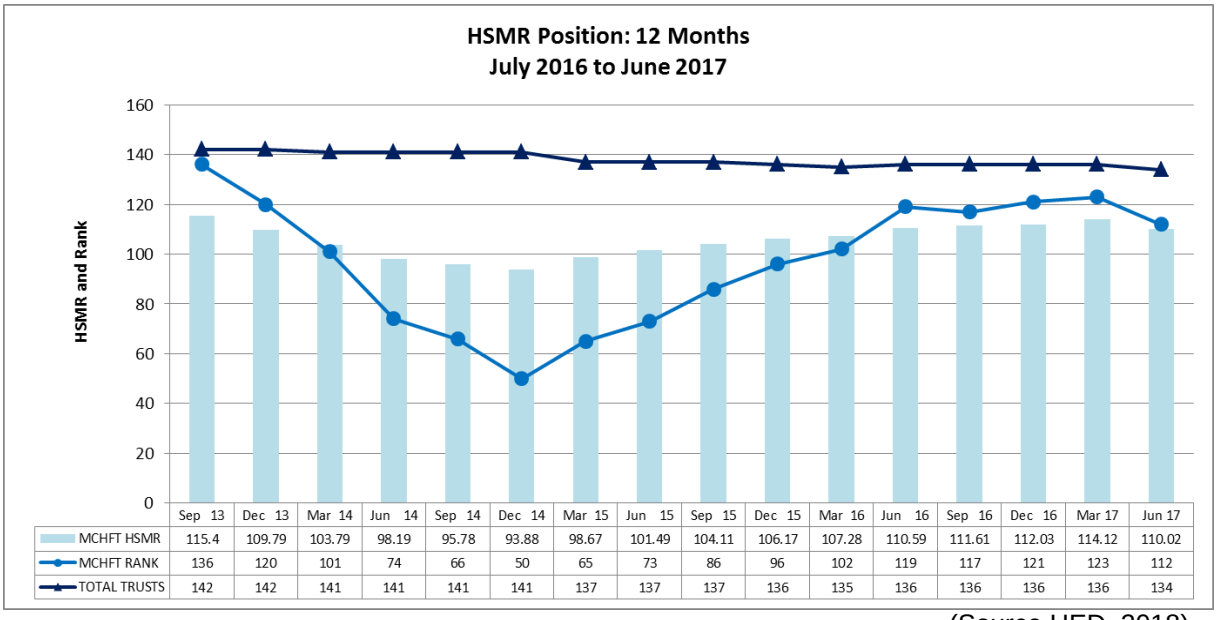
Chart 8 - HSMR Position



(Source HED, 2018)

Chart 8 demonstrates the HSMR position for the reporting period July 2016 to June 2017. The HSMR is currently 110.02. This currently places the Trust 112 out of 134. This demonstrates an improving picture compared to the previous reporting period of April 2016 to March 2017, when the HSMR was 114.12 with a position of 123 out of 136 Trusts.

Chart 9 - 12 month rolling HSMR and position

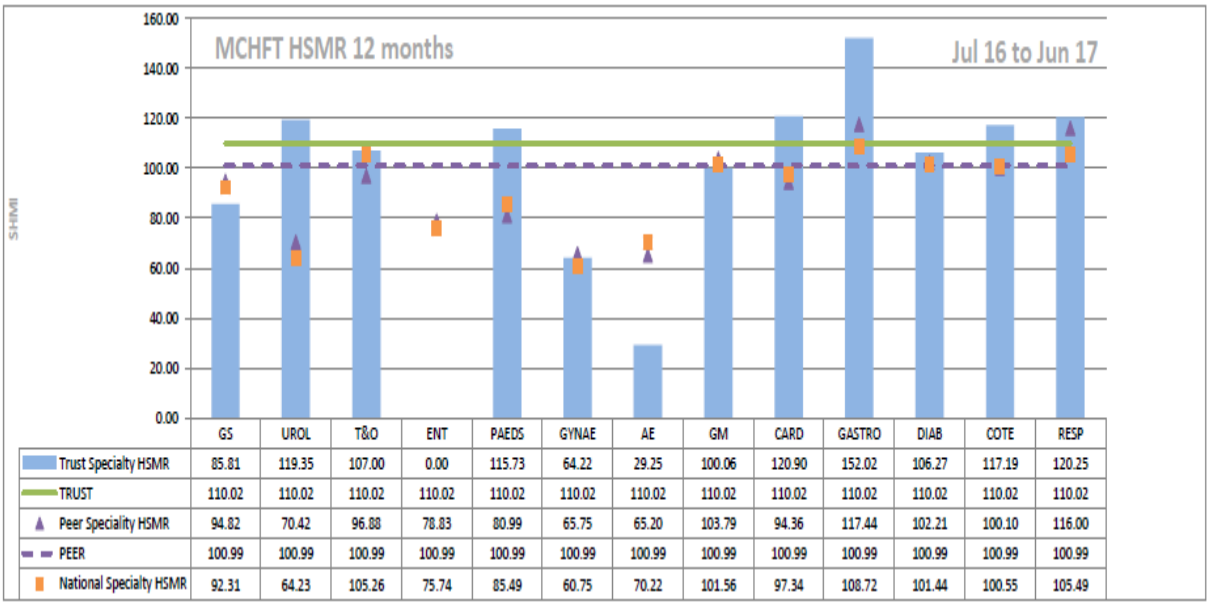


	Sep 13	Dec 13	Mar 14	Jun 14	Sep 14	Dec 14	Mar 15	Jun 15	Sep 15	Dec 15	Mar 16	Jun 16	Sep 16	Dec 16	Mar 17	Jun 17
MCHFT HSMR	115.4	109.79	103.79	98.19	95.78	93.88	98.67	101.49	104.11	106.17	107.28	110.59	111.61	112.03	114.12	110.02
MCHFT RANK	136	120	101	74	66	50	65	73	86	96	102	119	117	121	123	112
TOTAL TRUSTS	142	142	141	141	141	141	137	137	137	136	135	136	136	136	136	134

(Source HED, 2018)

Chart 9 demonstrates the HSMR and rank of the Trust for each of the 12 month rolling position submissions from the period September 2013 to the latest submission July 2016 to June 2017.

Chart 10 - HSMR by Speciality

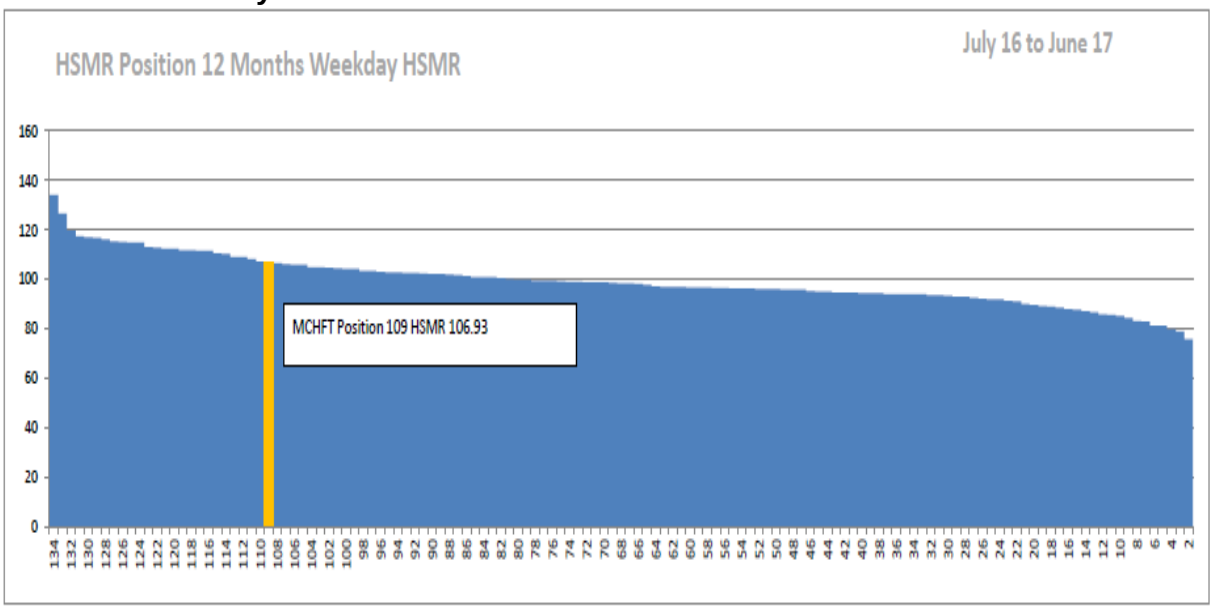


	GS	UROL	T&O	ENT	PAEDS	GYNAE	AE	GM	CARD	GASTRO	DIAB	COTE	RESP
Trust Specialty HSMR	85.81	119.35	107.00	0.00	115.73	64.22	29.25	100.06	120.90	152.02	106.27	117.19	120.25
TRUST	110.02	110.02	110.02	110.02	110.02	110.02	110.02	110.02	110.02	110.02	110.02	110.02	110.02
Peer Speciality HSMR	94.82	70.42	96.88	78.83	80.99	65.75	65.20	103.79	94.36	117.44	102.21	100.10	116.00
PEER	100.99	100.99	100.99	100.99	100.99	100.99	100.99	100.99	100.99	100.99	100.99	100.99	100.99
National Specialty HSMR	92.31	64.23	105.26	75.74	85.49	60.75	70.22	101.56	97.34	108.72	101.44	100.55	105.49

(Source HED, 2018)

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, Urology, Trauma and Orthopaedics, Paediatrics, Gynaecology, Cardiology, Gastroenterology, Diabetology, Care of the Elderly and Respiratory.

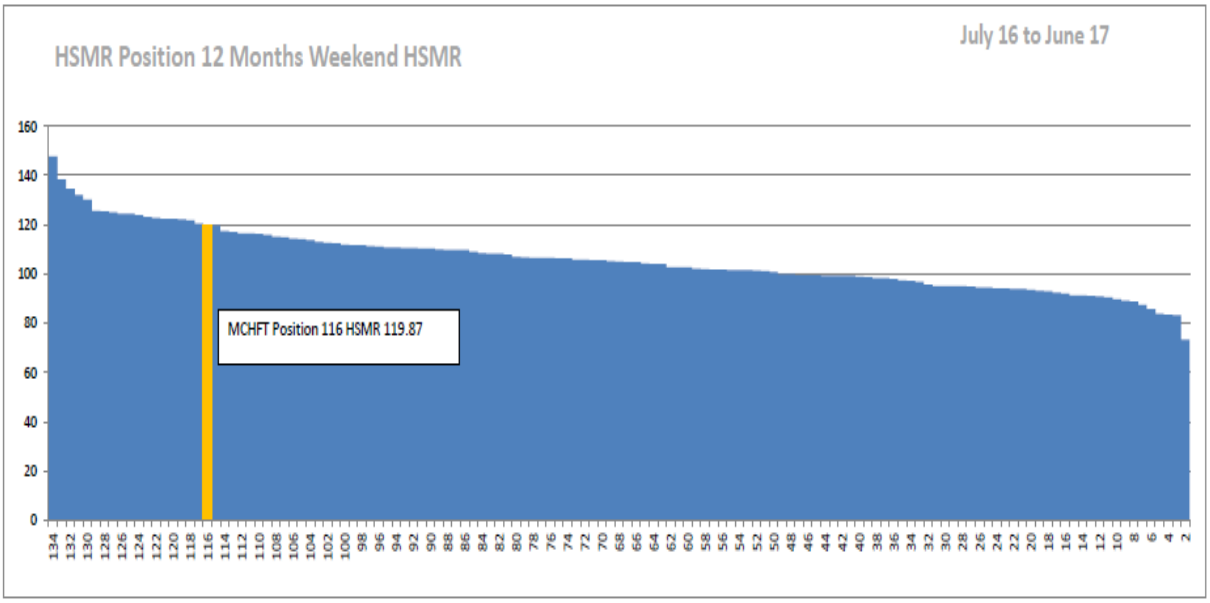
Chart 11 - Weekday HSMR



(Source HED, 2018)

Chart 11 demonstrates the weekday HSMR position for the reporting period July 2016 to June 2017. The weekday HSMR is currently 106.93 and places the Trust 109 out of 134.

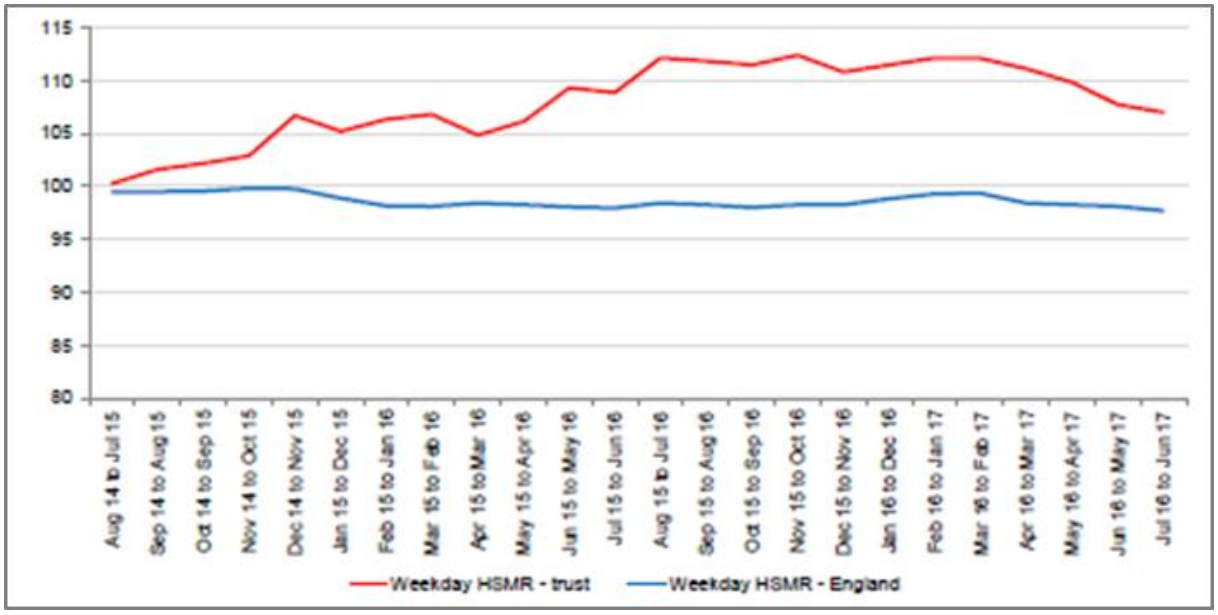
Chart 12 - Weekend HSMR



(Source HED, 2018)

Chart 12 demonstrates the weekend HSMR position for the reporting period July 2016 to June 2017. The weekend HSMR is currently 119.87 and places the Trust 116 out of 134.

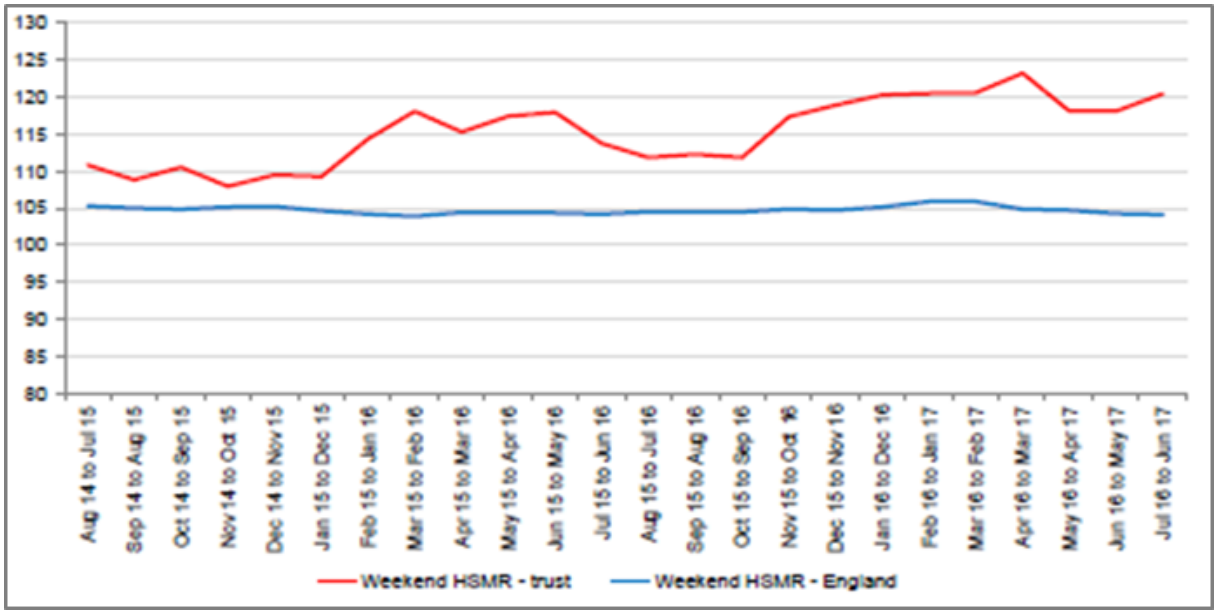
Chart 13 - Trust Weekday HSMR compared to England



(Source NHS Improvement, 2018)

Chart 13 demonstrates the Trust weekday HSMR compared to England for the period July 2016 to June 2017

Chart 14 - Trust Weekend HSMR compared to England



(Source NHS Improvement, 2018)

Chart 14 demonstrates the Trust weekend HSMR compared to England for the period July 2016 to June 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 (SJR) but this process does not assess the potential avoidability of the death. The Trust therefore is seeking further clarification around this issue. The Trust will be training a cohort of clinicians in the SJR methodology in February 2018 with a view to introducing the process in April 2018. *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.*

NHS Mid Cheshire Hospitals Foundation Trust: Learning from Deaths Dashboard - December 2017-18 — Department of Health

Description:
The suggested dashboard is a tool to aid the systematic recording of deaths and learning from care provided by NHS Trusts. Trusts are encouraged to use this to record relevant incidents of mortality, number of deaths reviewed and cases from which lessons can be learnt to improve care.

Summary of total number of deaths and total number of cases reviewed under the Structured Judgement Review Methodology

Total Number of Deaths, Deaths Reviewed and Deaths Deemed Avoidable (does not include patients with identified learning disabilities)

Total Number of Deaths in Scope		Total Deaths Reviewed		Total Number of deaths considered to have been potentially avoidable (RCP<=3)	
This Month	Last Month	This Month	Last Month	This Month	Last Month
111	95	109	60	0	0
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
300	221	232	203	0	0
This Year	Last Year	This Year	Last Year	This Year	Last Year
771	N/A	658	N/A	0	N/A

Time Series: Start date 2017-18 Q1 End date 2018-19 Q2

Total Deaths Reviewed by RCP Methodology Score

Score 1 Definitely avoidable			Score 2 Strong evidence of avoidability			Score 3 Probably avoidable (more than 50:50)			Score 4 Probably avoidable but not very likely			Score 5 Slight evidence of avoidability			Score 6 Definitely not avoidable		
This Month	0	-	This Month	0	-	This Month	0	-	This Month	0	-	This Month	0	-	This Month	0	-
This Quarter ((	0	-	This Quarter ((	0	-	This Quarter (Q	0	-	This Quarter (QT	0	-	This Quarter (QT	0	-	This Quarter	0	-
This Year (YTI	0	-	This Year (YTI	0	-	This Year (YTD)	0	-	This Year (YTD)	0	-	This Year (YTD)	0	-	This Year (Y	0	-

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 (HQUIP) 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.

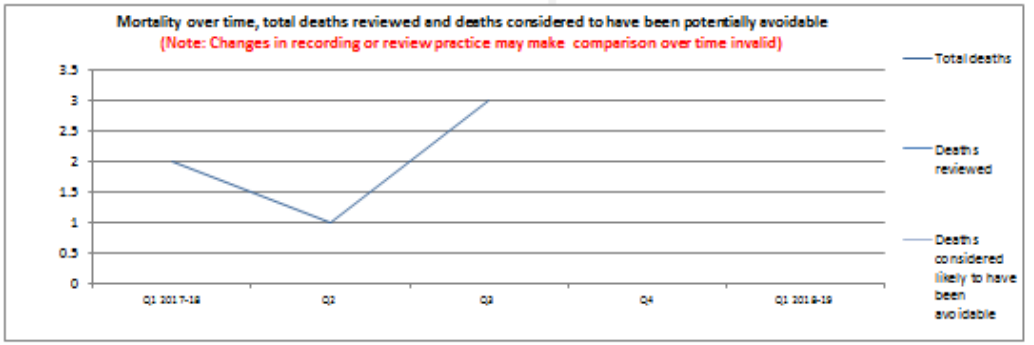
A potentially avoidable learning disability death has been identified during the LeDeR case note review. This is due to a potential gap in care prior to the patient's admission to Mid Cheshire Hospitals NHS Foundation Trust. This has been fed back to the local learning disability teams.

Summary of total number of learning disability deaths and total number reviewed under the LeDeR methodology

Total Number of Deaths, Deaths Reviewed and Deaths Deemed Avoidable for patients with identified learning disabilities

Total Number of Deaths in scope		Total Deaths Reviewed Through the LeDeR Methodology (or equivalent)		Total Number of deaths considered to have been potentially avoidable	
This Month	Last Month	This Month	Last Month	This Month	Last Month
2	0	2	0	0	0
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
3	1	3	1	0	0
This Year	Last Year	This Year	Last Year	This Year	Last Year
6	N/A	6	N/A	0	N/A

Time Series: Start date 2017-18 Q1 End date 2018-19 Q1



3.0 Care Quality Commission (CQC) Mortality Outlier Alerts

The information below is sourced from the latest version of the CQC Insight document (22 December 2017). The Trust undertakes an in-depth case note review in response to any data which indicates a higher than average mortality rate.

Key Messages

- There are currently 0 active maternity alerts for this trust.
- There are currently 2 active mortality alerts for this trust.

Number of outlier alerts for this trust as at 9 November 2017:

	Active alerts			Closed cases	Total
	Cases under consideration by Outliers Panel	Cases where action plans are being followed up by local inspection team	Cases for review by inspection team		
Mortality	1	1	0	9	11
Maternity	0	0	0	2	2

Mortality Outliers – Active Alerts

Cases under consideration by the Outlier Panel

- Liver disease, alcohol related (Dr Foster, June 2017) – Panel considered – Close – Letter to be sent (no previous contact): Case to be recorded as a known concern

Cases where action plans are being followed up by local inspection team

- Liver disease, alcohol related (Dr Foster, January 2016) – Action plans being followed up by inspection team

Cases for review by inspection team

- There are currently no mortality alerts for review by inspection team

Maternity Outliers – Active Alerts

Cases under consideration by the Outlier Panel

- There are currently no maternity alerts under consideration by outliers panel

Cases where action plans are being followed up by local inspection team

- There are currently no maternity alerts where action plans are being followed up by the local inspection team

Cases for review by inspection team

- There are currently no maternity alerts for review by inspection team

4.0 Learning from Deaths and Improvements

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:

- **R**eliable Clinical Care
- **E**ffective Clinical Care
- **M**edical Documentation, Clinical Coding and Data Quality
- **E**nd of life Care
- **L**eadership

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

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

- General surgery and urology are undertaking a capacity and demand review to determine the impact of an increase of consultant out of hours onsite presence
- The NHS England team have been invited to the Trust to seek support against Clinical Standard 2 - Time to first consultant review.

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-joined the Advancing Quality (AQ) programme in April 2017 and has signed up for a further year in 2018/19
- 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
- In January 2018 the Trust received a letter from NHS England informing the organisation that MCHFT is '*one of the trusts which has seen the greatest improvements in indicators relating to the timely identification of sepsis and the timely treatment of sepsis from the data NHS England have received on the CQUIN*'.

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

- The electronic patient record (EPR) business case was presented at the Board of Directors in December 2017 and approved.

Actions to improve the recognition of and the response to the acutely deteriorating patient include:

- The Deteriorating Patient Steering Group was formed in November 2017. The group has cross-divisional representation and is chaired by the Medical Director.
- The group has five work streams with a nominated lead for each:
    - Acute Care Model
    - Unplanned Admissions to the Critical Care Unit
    - Education and Training
    - Quality Improvement Projects
    - Policy
- The group will be looking to implement the National Early Warning Score (NEWS 2) which was released in December 2017

Actions to share lessons learned from mortality reviews include:

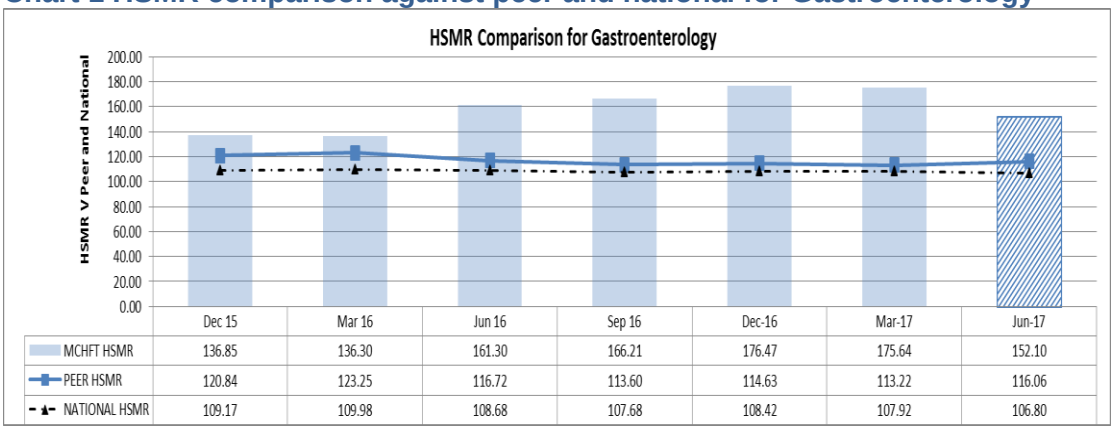
- A bi monthly 'Safety Matters' newsletter is now produced and distributed from the Patient Safety Summit
- The newsletter includes learning from the mortality case note review process
- This report is now shared at Divisional Boards and specialty level meetings

4.1 Quarterly Deep Dive – Gastroenterology

In gastroenterology, the HSMR has been consistently higher than the national and peer group rate, whereas this pattern has not been replicated in the SHMI for gastroenterology, as seen in charts 1 and 2 below.
Therefore, a "deep dive" into mortality rates in gastroenterology has been undertaken to:

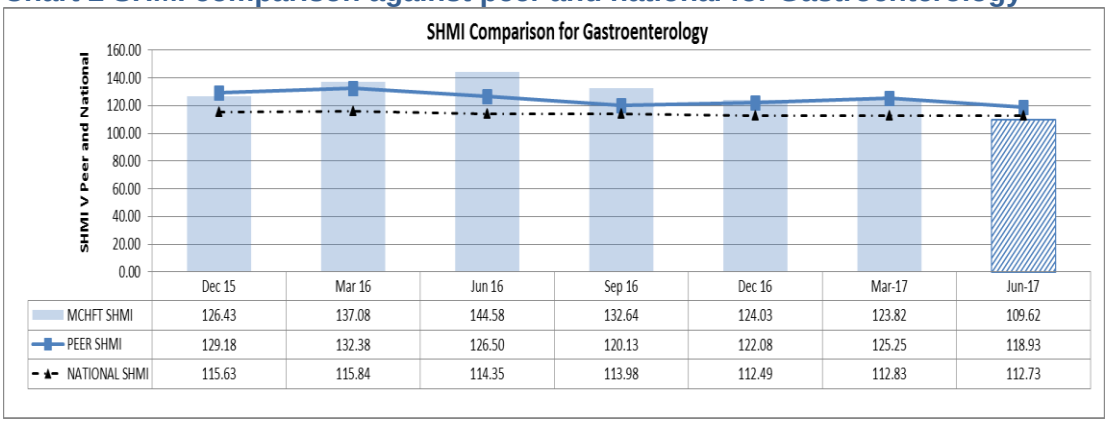
- Explain the differences in the two mortality metrics in gastroenterology
- Investigate if any data differences could be contributing to the high HSMR in gastroenterology

Chart 1 HSMR comparison against peer and national for Gastroenterology



	Dec 15	Mar 16	Jun 16	Sep 16	Dec-16	Mar-17	Jun-17
MCHFT HSMR	136.85	136.30	161.30	166.21	176.47	175.64	152.10
PEER HSMR	120.84	123.25	116.72	113.60	114.63	113.22	116.06
NATIONAL HSMR	109.17	109.98	108.68	107.68	108.42	107.92	106.80

Chart 2 SHMI comparison against peer and national for Gastroenterology



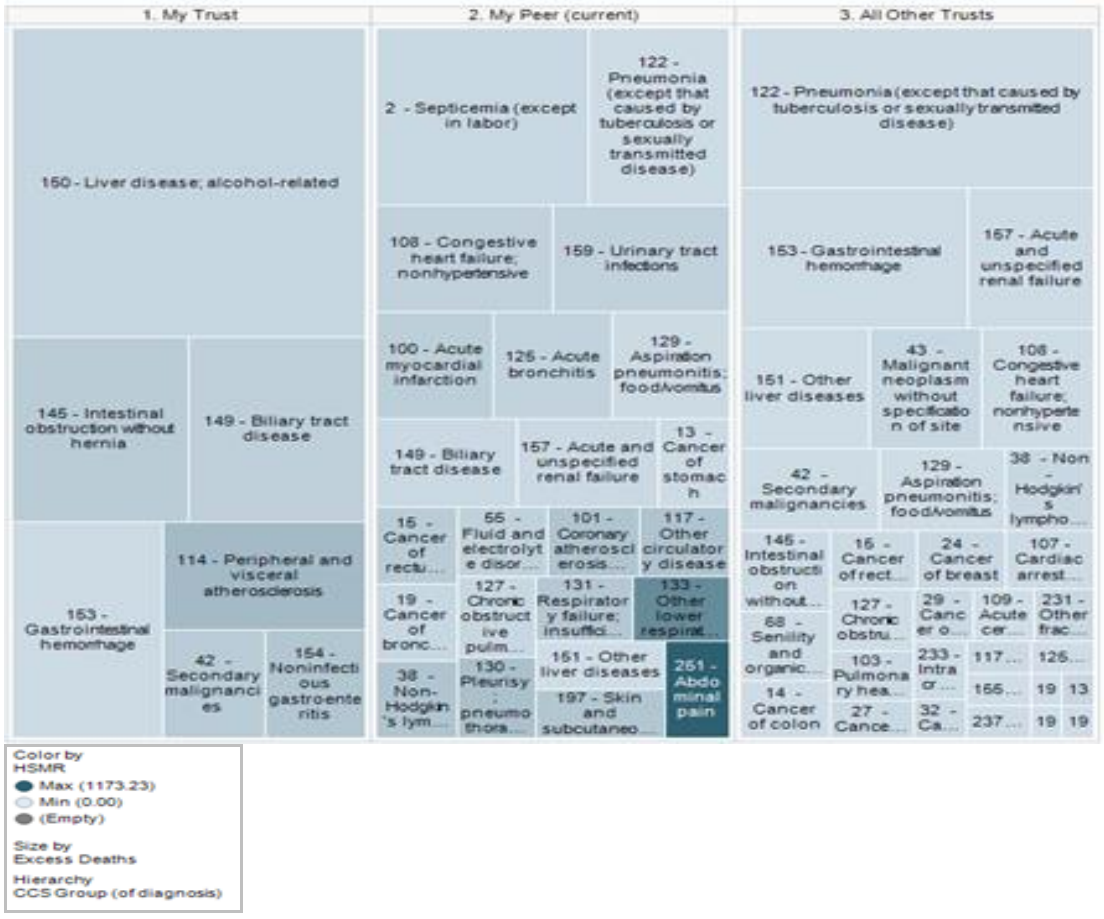
	Dec 15	Mar 16	Jun 16	Sep 16	Dec 16	Mar-17	Jun-17
MCHFT SHMI	126.43	137.08	144.58	132.64	124.03	123.82	109.62
PEER SHMI	129.18	132.38	126.50	120.13	122.08	125.25	118.93
NATIONAL SHMI	115.63	115.84	114.35	113.98	112.49	112.83	112.73

The key points from the deep dive into the gastroenterology data include:

- A lower number of observed deaths in the community than expected having a positive impact on the SHMI
- A number of deaths in patients transferred to other hospitals having a negative impact on the HSMR
- A variation in the Clinical Classification System (CCS) diagnosis groups assigned to gastroenterology between Trusts. It would appear that the majority of CCS diagnosis groups assigned to gastroenterology at MCHFT are gastroenterology conditions, whereas this does not always appear to be the case at other Trusts

The learning that we have acquired from this closer look at our gastroenterology data will be applied to other specialties as appropriate.

Chart 3 HSMR Gastroenterology breakdown by CCS Group

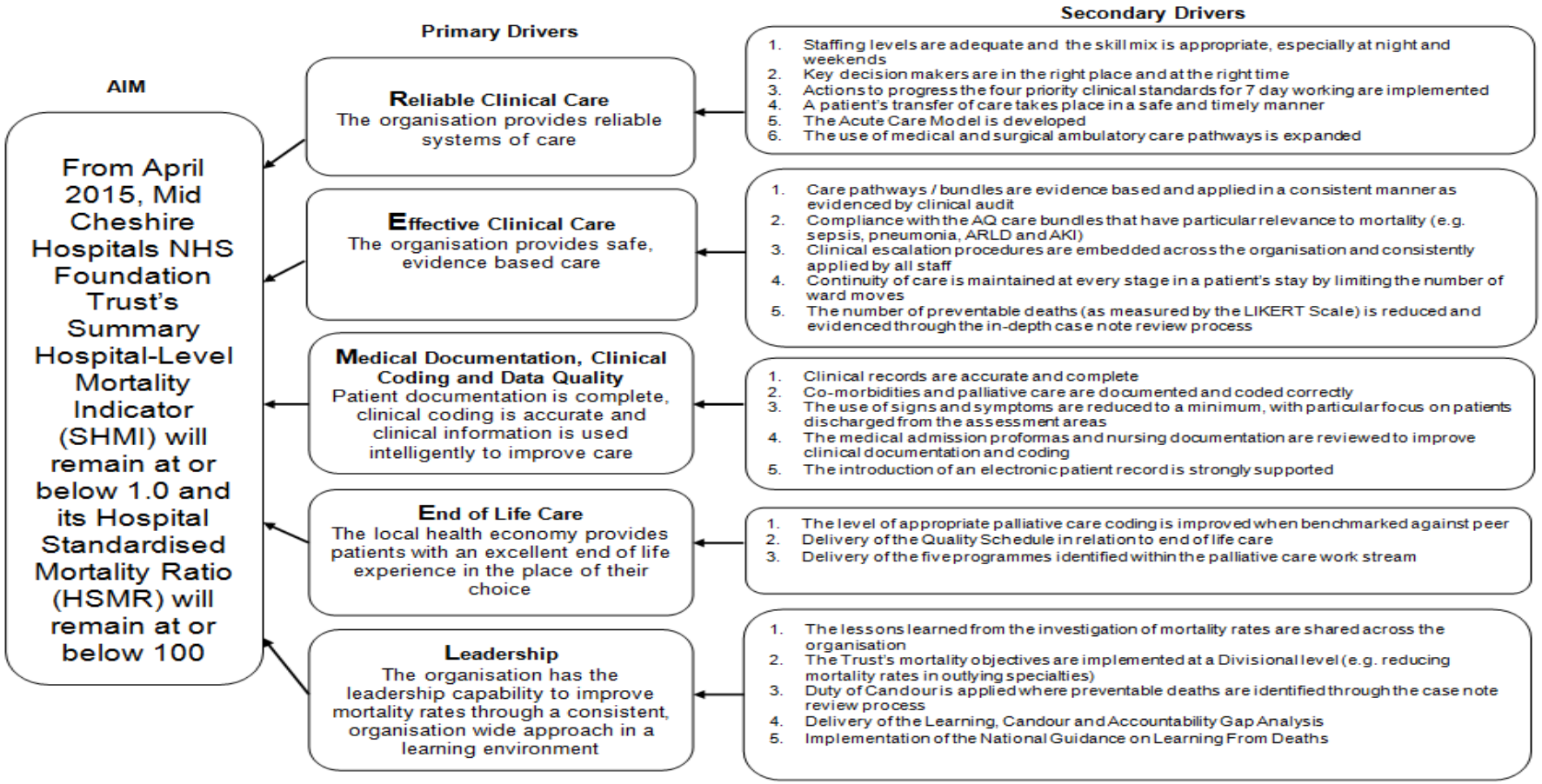


5.0 Next steps include:

1. A deep dive will be undertaken into palliative care.
2. A junior doctors newsletter will be developed to further share organisational learning.

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 *Calculated using a 36-month data set to get the risk estimate*	Expected number of deaths
Adjustments	• Gender • Age group • Admission method • Co-morbidity • Year of dataset • Diagnosis group *Details of the categories can be referenced from the methodology specification document* ***	• 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	• 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.	All England non-specialist acute Trusts except mental health, community and independent sector hospitals. Data attributed to Trust in which patient died or was discharged from	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 18th January 2017 at 9:00am

Venue: Boardroom, Ashfields PCC, Sandbach

Chair: Tim Welch, Director of Finance, CWP

Action Notes: Julie Manslow – PA to Senior Management Team (CCICP)

Quorate (Y/N): Yes

No.	Item			
	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
		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
		Mr M Oldham	**(MO)**	Director of Finance & Strategic Planning, MCHFT
		Ms K Moore	**(KM)**	Operational Lead, CCICP
	In attendance	Miss Julie Manslow (Notes)	**(JM)**	PA, CCICP
	Apologies	Dr Anushta Sivananthan	**(NS)**	Medical Director, CWP
		Mr A Styring	**(AS)**	Director of Operations, CWP

Circulation: Mrs D Frodsham -Director Strategic Partnerships, 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	Action	Responsible	Due date
1.	**Welcome and Apologies**	Apologies were noted for Dr Anushta Sivananthan and Mr A Styring.			
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.			
3.	**Minutes of the last meeting**	The minutes of the previous meeting (14th December) were reviewed for accuracy and approved following minor changes.			
4.	**Matters Arising/Action Tracker**	The Board reviewed and approved the rolling action log.			
5.	**EMIS Presentation**	Emmanuel Le Goff and Tony Tremlett attended the meeting to give an overview of the EMIS programme of work. Tony Tremlett delivered a presentation of the EMIS web system and showed how it could be utilised within both the community and Primary Care environments.			
6.	**Patient story - Gemma Sylvester District Nurse, Team Leader**	Gemma Sylvester District Nurse Team Leader, supported by Deborah Dent presented a patient story which related to a residential home patient who lacked capacity to make personal decisions but with support of the community team, the patient had been successfully relocated to a nursing home without distress. The importance of mental capacity assessment by community teams had been highlighted within the District Nurse Team following a number of pressure ulcer incidents due to non-compliant patients. This had led to both staff training and the creation of a new community strategy and a “capacity & best interest decisions flowchart” which was distributed to the meeting. GS confirmed next steps would be that the patients EMIS record would be updated following every patient capacity assessment undertaken.			
7.	**CQC Briefing Paper & QAF Report - Jane Palin**	Jane Palin attended the meeting to present a CQC update. It was confirmed that the Quality Assurance Framework document had been approved at Trust Board and the Quality Improvement Strategy was currently being reviewed.			

		CQC Update. JP advised that the PIR information including self-assessment had been submitted following initial information request on 20/11/17. Planned assessment of 13 services (10 acute and 3 in CCICP) were expected by end of May 2018. Staff information / engagement sessions were scheduled as part of the ongoing engagement events . Next steps:- organisations have been advised to undertake a developmental internal "well led" review which will take place within the next few weeks.			
8.	**Age Profile Report**	DF presented the "workforce report on employee turnover within the community" dated Oct 2017 was discussed. It was noted that the workforce in CCICP was 10% older in comparison to that within the acute setting. Work has been undertaken around individual services with service leads and progress has been made within the team to understand their individual workforce profiles. There are plans to recruit proactively rather than react and to plan ahead regarding natural turnover and retirements. Due to the high number of key people over 50 years old service leads are now proactively looking at succession planning to improve the position. There is good practice around flexible working and a focus on shadowing opportunities and bank work. Recruitment day planned for May 2018.		DF/BB	
9. **9.1**	**Finance** **CCICP – Income & Expenditure**	Currently on plan, still forecasting £549k surplus at end of year.			
10. **10.1**	**Transformation Programme** **Workstream highlight reports**	Simon Kent – Transformation Programme Manager was introduced to the Board and made the following workstream highlight report. Three work streams are green:- GP OOHs, Home First and Estates. MSK, IT and OD are rated as amber. MSK recruitment in progress. Comms plan meeting scheduled with CCG.			

		IT project manager post to be appointed. Demonstrations of EMIS Web completed, equipment lists to be finalised for mobile staff. OD:- Workshops taking place, well attended and continuing throughout January. Temporary funding identified for OD resource until end of March 18. Admin support to be provided by the Transformation team. Quality workstream:- Project complete and will form part of "business as usual" into the other workstreams			
10.2	**GP OOHs Future Model Summary**	The three following papers were previously reviewed as a combined work programme by CCICP / CCG joint transformation board.DF presented the three papers confirming the significant work undertaken by the project team to achieve a clear understanding of the issues, risks and opportunities. Paper 1 – GP OOHs Future Delivery Model was presented and following discussion it was agreed that whilst the paper represented the current need It would be difficult to predict what a future 3-5 year future demand would be. The paper was accepted recognising the significant number of interdependencies and future impact they would have going forward.			
10.3	**Proposed VIN model**	Paper 2 – Proposed VIN model. The paper focussed on the recurrent issues of insufficient GP resource to ensure the delivery of a GP delivered model over 7 days. The paper proposed the change in skill mix to move towards a GP led model and to train and introduce an Advanced Practitioner role supported by telemedicine. The paper also recommended the integration of the home visiting GP so that the resource could be utilised more flexibly going forward.. The paper was ratified by Partnership Board with reluctance but recognising that this needs to be part of continuous improvement cycle. The Board requested confirmation by the CCG that this was not subject to public consultation. The Paper would also go to the CCG CEG for information.			
10.4	**GP OOHs Recruitment & Retention Strategy**	Paper 3 – GP OOHs Recruitment and Retention Strategy Approved by Partnership Board.			

11.	**Performance & Quality Reports**				
11.1	**Balanced Scorecard**	CQUIN targets on track. The Board expressed concern that mandatory safeguarding training has not been completed by all relevant staff. An action plan and revised figures were requested. Positive 71% Flu uptake recorded. This was a significant increase from last year. KPI indicators met.			
11.2	**Quality, Safety & Experience Report**	There were no serious harm incidents. A complaint regarding a child was noted from GP OOHs. This had been investigated by clinical lead GP OOH and all care was found to be as it should be. CCG revealed that we had not set any targets. It was agreed that there would be a refresh of the quality improvement strategy to include CCICP targets.			
11.3	**Integrated Governance Monthly Exception Report**	Presented. No exceptions to discuss			
12.	**Operational Lead's Report**	Karen Moore presented the monthly Operational Lead's report. The new locality management structure launched on Monday 15th Jan. All Community Care Service Managers are now in post and present. Sue Richmond (SR) is continuing to undertake the service review regarding community rehab and Intermediate Careand will be continuing in her current role until the end of March to complete this work, and supporting the new Manager Tom Challinor. 2 red risks on Risk Register -GP OOH sustainability and moving and handling training – no change from previous month. DF:- Confirmation that we can confirm Joanne Royal to take up post as AD for CCICP on 16 April, communications to follow. DF:- Internal investigation around financial governance issues in GPOOHs. This has been reported to fraud officer and a member of staff has been removed. An Investigation officer has been appointed and incident reported to fraud officer – feedback at next meeting.			

13.	**Any other Business**	JP stated that the GP Alliance has offered to take a more active visible role within the partnership, and lead on Transformation, and that this needs to be formalised. KM stated that the Transformation Programme Manager (SK) reports to her from a line management perspective, but could have a 'dotted line' report to JP, as well as supporting the Transformation Board agenda and other actions required for Transformation to be successful.		JP/All	
	Next Meeting: **Date:** Thursday 15th February 2018 **Time:** 9am – 11:30am **Venue:** Board Room, Ashfields, Sandbach				

Title of Paper :	Internal Well Led Developmental Review	
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 a follow up report and plan to progress the improvements identified through the Internal NHSI Well-Led Developmental Review, undertaken at the Board Away Day on 12 February 2018.
Risk:	Lack of progression with identified internal and external improvement actions.

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:	5 March 2018

We Care Because You Matter

'Delivering Excellence in Healthcare through Innovation and Collaboration'

NHS
Mid Cheshire Hospitals
NHS Foundation Trust

Internal Developmental Review of Leadership & Governance

Applying the

NHS Improvement Well-Led Framework

Board of Directors
March 2018

1. Purpose of the review

The NHS Improvement (NHSI) *Developmental Reviews of Leadership and Governance Using the Well-Led Framework* (2017) highlights robust governance processes should give the leaders of organisations, those who work in them, and those who regulate them, confidence about their capability to maintain and continuously improve services.

NHSI advise that in-depth, regular and externally facilitated developmental reviews of leadership and governance are good practice across all industries. Rather than assessing current performance, these reviews should identify the areas of leadership and governance of organisations that would benefit from further targeted development work to secure and sustain future performance.

The external input is vital to safeguard against the optimism bias to which even the best organisations may be susceptible. NHSI therefore strongly encourage all providers to carry out externally facilitated, developmental reviews of their leadership and governance using the well-led framework every three to five years, according to their circumstances.

On 12 February 2018 a Board of Directors Away Day focused upon the NHSI Well-Led Framework with the following key objectives:

- ✓ To identify areas of **leadership and governance** which would benefit from further **development** work to **secure** & **sustain** future performance;
- ✓ To make **connections** across different areas of the framework, making **judgements** about what needs to be done to **continually improve;** and
- ✓ To clarify the **scope** of the external review enabling the Board to engage external facilitators with appropriate skills.

2. Scope of the review

All eight Well Led Key Lines of Enquiry (KLOEs) were included in the review and supporting evidence for each KLOE included:

- Desktop document reviews, including committee and group papers, board assurance framework, audit reports, strategies and plans;
- One to one interviews and focus groups which included senior leaders, leaders & staff across all Divisions and CCICP (105 staff in total);
- Board effectiveness self assessment results;
- A Board observation;
- Review of external documents including *NHSI Learning from improvement: special measures for quality* and *CQC Driving improvement: Case studies from eight NHS Trusts;* and
- Each KLOE was judged / rated using a scheme that allows prioritisation of findings and escalation of concerns.

3. Outputs & outcomes

This section provides examples of the Board discussions regarding the evidence presented for each KLOE, additionally a document containing underpinning evidence was provided at the Board Away Day for reference. The identified improvement actions following scrutiny and discussion of the evidence are presented in Section 4, referencing both internal improvements and areas prioritised for an externally facilitated review. Additional supporting documents include the presentation and minutes from the Board Away Day held on 12 February 2018.

KLOE 1. Is there the leadership capacity and capability to deliver high quality, sustainable care?

- The Board skills gap analysis is reviewed every time there is a new appointment at Board and also reviewed in the Nominations and Remuneration Committee held once per year with next meeting due in March 2018;
- Agreed that we have leadership development opportunities with examples Trust wide and external opportunities including aspiring directors, deputies and clinical leaders;
- Board Development Programme is an 18 month programme - not yet completed but progressing well;
- CCICP staff are aware of the Partnership Board – positive progress;
- Talent management and succession planning is not structured – needs to be ward to Board; and
- Discussion re can we evidence how many people have been promoted within the Trust?

KLOE 2. Is there a clear vision and credible strategy to deliver high quality, sustainable care to people, and robust plans to deliver?

- Recognised that the more senior the staff, the more likely they are to know the visions and values, agreed that we need to reach teams via a variety of routes;
- Discussed the launch of the new Trust Strategy and agreed that we need road shows, engagement events and CEO briefings to get the message out wide;
- Roll out of the 'Plans on a Page' across the Divisions and CCICP, with a robust monitoring processes; and
- Key re the 'Golden thread' approach through appraisal processes.

KLOE 3: Is there a culture of high quality, sustainable care?

- Workforce planning – Discussions re challenges and alternative roles, recruitment and retention;
- Trust Strategy and equality, diversity and inclusion discussion re implied but not explicit;
- Positive reporting culture overall Trust wide – CCICP opportunities for improvement;
- Feedback from staff interviews to be collated with staff survey results to ensure appropriate improvements at local level;
- Friends and Family test responses – Discussion regarding alternative approaches including volunteers;
- Positive clinical engagement and appetite to improve through engaging in external programmes e.g. Getting it Right First Time (GIRFT)
- Discussions regarding the development of the new Quality and Safety Improvement Strategy and opportunities for engagement; and
- Clear Board commitment to quality – over Capped Expenditure Programme.

KLOE 4: Are there clear responsibilities, roles and systems of accountability to support good governance and management?

- Board to Board / CEO & Chair meetings with partners positive;
- Confidence that there is an effective governance and management function that works appropriately across the Trust;
- Information can be duplicated in lower level groups in the governance structure with opportunities for efficiencies, whilst not impacting on assurances; and
- Discussion regarding governance arrangements across all the Trust's partnerships, including performance evaluation and contractual arrangements.

KLOE 5: Are there clear and effective processes for managing risks, issues and performance?

- New Board Assurance Framework positive progress – iterative process;
- Risk appetite statements for strategic objectives included in next steps;
- Agreed already clear escalation process to Board;
- Actions in place to mitigate risks – additional work regarding consistency of grading and controls assurance ratings – agreed web based solution required; and
- At what point does IT risk become mission critical and defence of lack of funding is no longer acceptable? IT risk coming up consistently.

KLOE 6: Is appropriate and accurate information being effectively processed, challenged and acted upon?

- Data quality confidence at Board and sub-committee level recognised that local validation processes could be strengthened;
- Trust reports & benchmarking (Model Hospital, National Clinical Audits, Getting It Right First Time) with deep dives into data and information at Board sub-committee level;
- Capacity and demand reviews;
- Integrated performance / oversight report at Board – options discussed;
- Use of appropriate statistical methods & improving triangulated data and information ward / department / divisional levels;
- Progressing GDPR / Cyber Security; and
- Agreed we have a clear financial solution to fund the Electronic Patient Record (EPR).

KLOE 7: Are the people who use services, the public, staff and external partners engaged and involved to support high quality sustainable services?

- Clear staff involvement with changes within Divisions and CCICP;
- Discussions regarding inclusive engagement / involvement as a Trust / Health System; and
- Is Governor engagement being truly inclusive?

KLOE 8: Are there robust systems and processes for learning, continuous improvement and innovation?

- Discussed good systems and evidence in place for learning from incidents, complaints, mortality reviews, walkabouts, national reviews/guidance & benchmarking;
- Pockets of quality improvement work needs to be sustained; and
- Trust wide systematic embedded approach to quality improvement – shifting the assurance vs. improvement balance by increasing QI capability and capacity.

Mid Cheshire Hospitals NHS Foundation Trust

'Delivering Excellence in Healthcare through Innovation and Collaboration'

4. Improvement plan

KLOE	Overall Assurance Rating	Linking KLOEs	Strategic Domain	Internal Review	External Review	Priority Rating	Senior Lead	Executive Lead	Timescales
1. Is there the leadership capacity and capability to deliver high quality sustainable care?									
1. Values and behaviours based recruitment process	Significant assurance with minor improvement opportunities	3,8	4	✓		N/A	Susan Hossent Recruitment Manager	Estelle Carmichael Director of Workforce & OD	March 2018
2. Talent management & succession planning		3,6	4		✓	One			
3. Implementation of the Workforce Matters Strategy		2,3,6,8	4	✓		N/A	All Heads of Workforce Services	Estelle Carmichael Director of Workforce & OD	March 2018
4. Review of the Education Governance Framework		3,4,5,6	3 and 4	✓		N/A	Estelle Carmichael Director of Workforce & OD	Estelle Carmichael Director of Workforce & OD	February 2018
5. Development of senior leadership team community in MCHFT		2,3,8	3 and 4	✓		N/A	Lisa Gresty Assistant Director of OD & Education	Estelle Carmichael Director of Workforce & OD	February 2018
6. Coaching & Education Framework – Refresh		2,3,8	4	✓		N/A	Lisa Gresty Assistant Director of OD & Education	Estelle Carmichael Director of Workforce & OD	February 2018
7. CCICP – Further engagement work		2	2	✓		N/A	Karen Moore CCICP Operational Lead	Denise Frodsham Director of Strategic Partnerships	March 2019

Assurance Rating	**Significant assurance**	**Significant assurance with minor improvement opportunities**	**Partial assurance with improvements required**	**No assurance**
Priority for Improvement	**High – Priority one**	**Medium – Priority two**	**Low – Priority three**	**Very low - Priority four**

4. Improvement plan

KLOE	Overall Assurance Rating	Linking KLOEs	Strategic Domain	Internal Review	External Review	Priority Rating	Senior Lead	Executive Lead	Timescales
2. Is there a clear vision and credible strategy to deliver high quality, sustainable care to people, and robust plans to deliver?									
1. Trust wide / stakeholder launch of the Trust Strategy	Significant assurance with minor improvement opportunities	1,3,4,7,8	2	✓		N/A	Jonathan Forrester Communications Manager	Denise Frodsham Director of Strategic Partnerships	February 2018
2. "Golden Thread" through appraisal process, objective setting, quality reports and alignment with enabling strategies and plans		1,3,8	4	✓		N/A	Lisa Gresty Assistant Director of OD & Education	Estelle Carmichael Director of Workforce & OD	March 2018
3. Refresh of the Performance Management / Oversight Framework		1,3,4,5,6,8	3	✓		N/A	Matthew Hadfield Head of Information & Performance	Chris Oliver Chief Operating Officer	September 2018

Assurance Rating	Significant assurance	Significant assurance with minor improvement opportunities	Partial assurance with improvements required	No assurance
Priority for Improvement	High – Priority one	Medium – Priority two	Low – Priority three	Very low - Priority four

4. Improvement plan

KLOE	Overall Assurance Rating	Linking KLOEs	Strategic Domain	Internal Review	External Review	Priority Rating	Senior Lead	Executive Lead	Timescales
3. Is there a culture of high quality, sustainable care?									
1. Safety culture and reporting in CCICP	Significant assurance with minor improvement opportunities	4,5,8	4	✓		N/A	Jane Palin Associate Director – Integrated Governance	Dr Paul Dodds Medical Director and Deputy Chief Executive	March 2019
2. Assurances regarding diversity and inclusion & reflect in the Trust's Strategy		1,7	1, 2, 4 & 5	✓		N/A	Estelle Carmichael Director of Workforce & OD	Estelle Carmichael Director of Workforce & OD	Completed 14.02.2018
3. Further analysis of staff feedback / aligning with staff survey plans and culture assessments		4,5,8	4	✓		N/A	Lisa Gresty Assistant Director of OD & Education	Estelle Carmichael Director of Workforce & OD	National Results Available 30.04.18 Analysis and Action Plan May 2018

Assurance Rating	Significant assurance	Significant assurance with minor improvement opportunities	Partial assurance with improvements required	No assurance
Priority for Improvement	High – Priority one	Medium – Priority two	Low – Priority three	Very low - Priority four

4. Improvement plan

KLOE	Overall Assurance Rating	Linking KLOEs	Strategic Domain	Internal Review	External Review	Priority Rating	Senior Lead	Executive Lead	Timescales
4. Are there clear responsibilities, roles and systems of accountability to support good governance and management?									
1. Governance/performance between organisations	Significant assurance with minor improvement opportunities	1,2,3,5,6,7,8	1 & 3		✓	One	N/A		
2. Committee / Group review – Challenge & confirm process		5,6,8	1 &3	✓		N/A	Jane Palin Associate Director – Integrated Governance	Dr Paul Dodds Medical Director and Deputy Chief Executive	May 2018

Assurance Rating	Significant assurance	Significant assurance with minor improvement opportunities	Partial assurance with improvements required	No assurance
Priority for Improvement	High – Priority one	Medium – Priority two	Low – Priority three	Very low - Priority four

4. Improvement plan

KLOE	Overall Assurance Rating	Linking KLOEs	Strategic Domain	Internal Review	External Review	Priority Rating	Senior Lead	Executive Lead	Timescales
5. Are there clear and effective processes for managing risks, issues and performance?									
1. Risk appetite – Strategic objectives	Significant assurance with minor improvement opportunities	1,2,3,4,8	1 & 3	✓		N/A	Jane Palin Associate Director – Integrated Governance	Dr Paul Dodds Medical Director and Deputy Chief Executive	June 2018
2. Web based risk management solution		6,8	1	✓		N/A	Jane Palin Associate Director – Integrated Governance	Dr Paul Dodds Medical Director and Deputy Chief Executive	March 2019

Assurance Rating	Significant assurance	Significant assurance with minor improvement opportunities	Partial assurance with improvements required	No assurance
Priority for Improvement	High – Priority one	Medium – Priority two	Low – Priority three	Very low - Priority four

4. Improvement plan

KLOE	Overall Assurance Rating	Linking KLOEs	Strategic Domain	Internal Review	External Review	Priority Rating	Senior Lead	Executive Lead	Timescales
6. Is appropriate and accurate information being effectively processed, challenged and acted on?									
1. Integrated Performance / Oversight Board Report	Significant assurance with minor improvement opportunities	1,2,3,4, 5,7,8,	1,3,4,& 5		✓	Two	N/A		
2. GDPR / Cyber Security		4,5	5	✓		N/A	Amy Freeman Associate Director - ICT	Dr Paul Dodds Medical Director and Deputy Chief Executive	March 2019
3. Implementation of Quality Reports		1,2,3,4, 5,7,8,	1 , 3, & 4	✓		N/A	Jane Palin Associate Director – Integrated Governance	Dr Paul Dodds Medical Director and Deputy Chief Executive	October 2018

Assurance Rating	Significant assurance	Significant assurance with minor improvement opportunities	Partial assurance with improvements required	No assurance
Priority for Improvement	High – Priority one	Medium – Priority two	Low – Priority three	Very low - Priority four

4. Improvement plan

KLOE	Overall Assurance Rating	Linking KLOEs	Strategic Domain	Internal Review	External Review	Priority Rating	Senior Lead	Executive Lead	Timescales
7. Are there people who use services, the public, staff, and external partners engaged and involved to support high quality sustainable services?									
1. Assurance review – Inclusive engagement / involvement Trust / Health System approach	Significant assurance with minor improvement opportunities	1,2,3,8	1 & 2		✓	**Two**	N/A		
2. Governor engagement with communities – inclusivity		1,2,3,8	1 & 2	✓		N/A	Katharine Dowson Trust Secretary	Tracy Bullock Chief Executive	July 2018

Assurance Rating	Significant assurance	Significant assurance with minor improvement opportunities	Partial assurance with improvements required	No assurance
Priority for Improvement	**High – Priority one**	**Medium – Priority two**	**Low – Priority three**	**Very low - Priority four**

4. Improvement plan

KLOE	Overall Assurance Rating	Linking KLOEs	Strategic Domain	Internal Review	External Review	Priority Rating	Senior Lead	Executive Lead	Timescales
8. Are there robust systems and processes for learning, continuous improvement and innovation?									
1. Trust wide systematic embedded approach to quality improvement	Partial assurance with improvement required	1,2,3,4, 5,6,7	1 , 3 & 4		✓	One	N/A		
2. New Quality & Safety Improvement Strategy – Well Led section – QI Capability & Capacity development		1,2,3,4, 5,6,7,	1	✓		N/A	Jane Palin Associate Director – Integrated Governance	Dr Paul Dodds Medical Director and Deputy Chief Executive	March 2019

Assurance Rating	Significant assurance	Significant assurance with minor improvement opportunities	Partial assurance with improvements required	No assurance
Priority for Improvement	High – Priority one	Medium – Priority two	Low – Priority three	Very low - Priority four

5. Next steps

- '**Comply or Explain' –** every **three years** undertake external developmental reviews, **annually** undertake internal review;

✓**Stage 1** – Initial investigation to determine scope of review and report and summary report to Board in March 2018;

- **Stage 2** – Commissioning an external reviewer with scope set by the Board;
- **Stage 3** - Detailed review;
- **Stage 4** – Board report and action planning;
- **Stage 5 –** Letter to NHS Improvement; and
- **Stage 6 –** Implementing the improvement plan – whole Board.

6. Monitoring of Improvement Plan

Oversight by Quality Governance Committee, on behalf of the Board of Directors on a quarterly basis.

We Care Because You Matter

NHS
Mid Cheshire Hospitals
NHS Foundation Trust

Board of Directors

Workforce Report

March 2018

(January 2018 data)

Performance Report Workforce Chapter
Month: Jan-18

Measure	Target	Performance	Description	Narrative	Rolling Trend
Sickness Absence	3.60%	4.28%	Rolling 12m average Sickness Absence described as a Percentage	For the third consecutive month there has been a small increase in both the rolling average sickness absence and the in-month sickness absence rate, which was 5.3%. As at 31st January 2018, only 2 staff had been absent for 6 months or more. In addition, it is noted that 90 staff have had more than 4 episodes of absence in the last 12 months. A review of the sickness absence policy has been brought forward to develop a more robust approach for short-term absence management.	
Appraisal Rate	90.00%	88.28%	Percentage of Staff who have received an appraisal in the last 12 months. Excludes New Staff with less than 12m service and Bank Staff	A very slight decline in the appraisal rate over the December figure of 88.75%. It should also be noted that CCICP have now achieved 93% from a very low starting position in April 2017.	
Mandatory Training	90.00%	81.84%	Mandatory Training Monthly Rate Excludes Bank Staff, Staff on long term sick & mat. leave.	Mandatory training compliance has dipped slightly from 82.86% in December. With many divisions maintaing circa 80% during January when our patient activity was significantly higher than anticipated.	
Staff Turnover	10.00%	10.70%	Number of Leavers expressed as a percentage of the workforce over a 12m rolling period. Exclude Junior Doctors, Temporary and Fixed term.	Our retention rate continues to improve and is now 89.3%. This provides stability in our workforce that is translated into consistency the way we provide care to our patients.	

Measure	Target	Performance	Description	Narrative	Rolling Trend
Agency Spend	(423)	(428)	In month and cumulative total spend for the Trust.	The value of agency usage during the earlier part of January was higher than anticipated. When triangulated with the level of activity and acuity within the hospital during January, coupled with increased sickness absence, this increase was expected. During this period we continued to achieve best value rates through effective negotiations with agencies as well as the savings achieved through direct engagement. Our highest spending areas continue to be : - A&E and - GP Out of hours.	↑
NHSI Ceiling	less than 100%	115.1%	Trust Agency Spend as a percentage of the Ceiling Set by NHS Improvement		↑
Over Cap Rates	n/a	55.89%	Number of Agency shifts filled by agency staff that are over the nationally determined capped rates	A total of 313 out of 560 shifts were above the agency cap rates set by NHSI. On average during the current financial year we have used between 250 and 400 agency shifts per month and therefore, we must consider the overall increase in agency use as well as the increase in over cap shifts. We have, during January seen a significant increase in the number of agency consultants paid at over £120. This is symptomatic of the pressure in the system towards the end of December and continued through January as well.	↓

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