

AGENDA

Board of Directors
A meeting will be held in Public at
09.30am on Monday, 5 February 2018
in the Boardroom, Leighton Hospital

Action Key	
A	Approval
I	Information
D	Discussion

Item No	Title of Item	Action	Led By	Page No.
1.	Welcome and Apologies To welcome members of the public and attendees and to receive apologies for absence from Board Members. (to note)	I	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 <ul style="list-style-type: none"> Changes to Directors' interests since the last meeting Conflicts of interest deriving from this agenda 	I	Chairman 09.40	-
4.	Minutes of the Last Meeting To approve the minutes of the Board of Directors meeting held in Public on Monday, 8 January 2018 (attached) (to approve)	A	Chairman 09.42	-
5.	Matters Arising and Action Log (attached) (to approve)	A	Chairman 09.45	-
6.	Annual Work Programme 2017/18 v4 (attached) (to approve)	I/A	Chairman 09.47	-
7.	Chairman's Announcements (to note a verbal report) <p>7.1 Board Development Session</p> <p>7.2 Board Committee Reviews</p> <p>7.3 Meeting with Mike Amesbury MP</p>	I	Chairman 09.50	-
8.	Governor's Items (to note a verbal report) <p>8.1 Non-Executive Director Appointments</p> <p>8.2 Council of Governors – 25 January 2018</p>	I	Chairman 10.00	-
9.	Chief Executive's Report (to note a verbal report) <p>9.1 System Update</p> <p>9.2 Cheshire East Health and Wellbeing Board</p>	I	Chief Executive 10.05	-

Item No	Title of Item	Action	Led By	Page No.
10. CARING				
10.1	Quality, Safety & Experience Report <i>(attached) (for discussion)</i>	I/D	Director of Nursing & Quality 10.15	
11. SAFE				
11.1	Draft Quality Governance Committee notes from the meeting held on 15 January 2018 <i>(attached) (to note)</i>	I	Committee Chair 10.25	
11.2	Serious Untoward Incidents and RIDDOR Events <i>(verbal) (to note)</i>	I/D	Deputy Chief Executive/ Medical Director 10.30	-
12. RESPONSIVE				
12.1	Performance Report <i>(attached) (to note)</i>	I/D	Director of Finance and Strategy 10.35	
12.2	Draft Performance & Finance Committee notes from the meeting held on 25 January 2018 <i>(attached) (to note)</i>	I	Committee Chair 10.45	
12.3	Legal Advice <i>(verbal) (to note)</i>	I	Chief Executive 10.50	
12.4	Children and Young People's Survey 2017 <i>(attached) (presentation)</i>	I/D	Director of Nursing and Quality 10:55	
13. WELL-LED				
13.1	Visits of Accreditation, Inspection or Investigation <i>(verbal) (to note)</i>	I	Chief Executive 11.10	-
13.2	CCICP Partnership Board notes from the meeting held on 14 December <i>(attached) (to note)</i>	I	Director of Strategic Partnerships 11:12	
13.3	Transformation and People Committee notes from the meeting held on 11 January 2018 <i>(attached) (to note)</i>	I	Committee Chair 11.15	
13.4	Request to use the Trust Seal and Report of Sealings <i>(attached) (to approve)</i>	I	Chief Executive 11.20	

Item No	Title of Item	Action	Led By	Page No.
14.	EFFECTIVE			
14.1	Workforce Report <i>(attached) (to note)</i>	I	Director of Workforce and OD 11.22	
14.2	Consultant Appointments <i>(verbal) (to note)</i>	I	Deputy Chief Executive/ Medical Director 11.30	-
14.3	Audit Committee notes from the meeting held on 15 January 2018 <i>(attached) (to approve)</i>		Committee Chair 11.32	-
15.	Any Other Business <i>(verbal)</i>	I/A/D	Chairman 11.35	-
16.	Time, Date and Place of Next Meeting			
	To confirm that the next meeting of the Board of Directors will take place in public, in the Board Room at Leighton Hospital, at 9.30am on Monday, 5 March 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
18/01/9.1.3	08-Jan-18	PID for the Acute Sustainability workstream to be circulated to the Board	T Bullock	15-Jan-18	Completed	05/02/2018	Open
18/01/9.1.5	08-Jan-18	Cheshire East Place POD to be circulated once updated	T Bullock	15-Feb-18		05/03/2018	Open
18/01/10/1.1	08-Jan-18	QGC to review the summary table and colour coding of arrows for the Quality, Safety and Experience Report	J Tunney	28-Feb-18		05/03/2018	Open

Board of Directors Workplan

2017 /18

Version: 4

[illegible]



Board of Directors Quality, Safety and Experience Report

February 2018

(December 2017 data)



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

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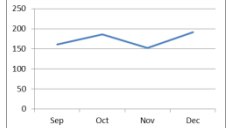
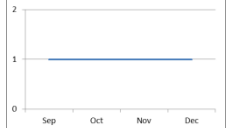
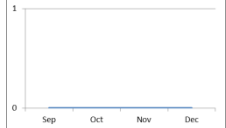
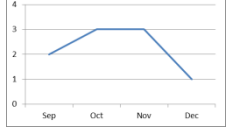
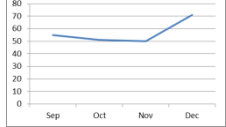
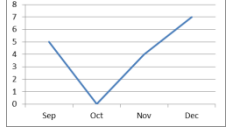

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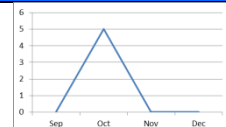
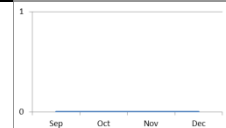
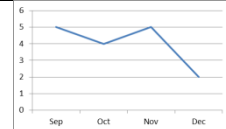
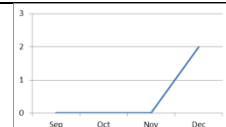
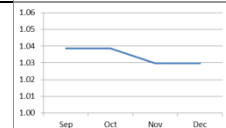

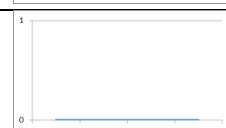
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Board Papers – Quality, Safety & Experience Section: February 2018

Indicators	Position compared to previous month	Target	Last four months				Trajectory
			Sep-17	Oct-17	Nov-17	Dec-17	
Patient Safety Harm Incidents The aim is to reduce the number of harm incidents by the end of January 2018, measured by comparison to the previous financial year. In 2016/2017 2574 patient safety harm incidents were reported.	↑	<2574 at end of January 2018	161	186	152	191	
Serious Incidents The aim is to have no serious incidents by the end of January 2018	↔	Zero at end of January 2018	1	1	1	1	
Never Events Zero tolerance of Never Events	↔	Zero	0	0	0	0	
Pressure Ulcers - Avoidable The aim is to reduce hospital acquired avoidable pressure ulcers by 5% quarter on quarter in 2017/2018	↔	6 at end of quarter 3	2	3	3	1	
Inpatient Falls The aim is to reduce inpatient falls by 10% by January 2018	↑	733 at end of January 2018	55	51	50	71	
Medication Incidents The aim is to reduce medication incidents resulting in harm by 10% in comparison to the previous financial year	↑	59 at end of 2017/2018	5	0	4	7	
CCICP Patient Safety Harm Incidents The aim is to reduce the number of harm incidents.	↓		60	78	71	56	

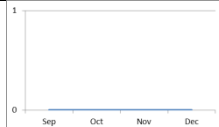
Key							
	Position Declined since last month		Position Improved since last month		On track to deliver		Work in place to recover position





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

Indicators	Position compared to previous month	Target	Last four months				Trajectory
			Sep-17	Oct-17	Nov-17	Dec-17	
CCICP Serious Incidents The aim is to have no serious incidents by the end of January 2018	↔	Zero at end of January 2018	0	5	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	5	2	
CCICP Medication The aim is to reduce harm medication incidents. A target will be set in quarter 3 once a full year's data is available.	↑		0	0	0	2	
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	0	0	

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

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

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

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

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

Quality & Safety Section:

Description

Aggregate Position

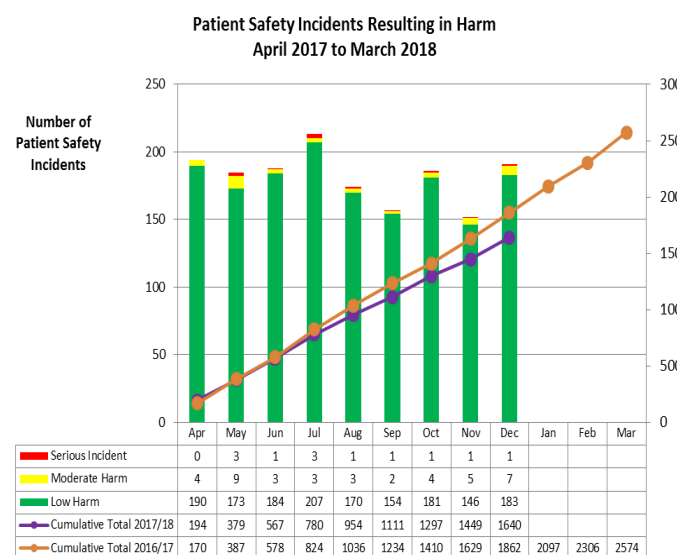
Trend

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 December 2017, there were a total of 191 patient safety incidents:
95.8% (183 incidents) have resulted in low harm
3.7% (7 incidents) have resulted in moderate harm
0.5% (1 incident) has resulted in serious harm



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

- Bi-weekly Patient Safety Summit Meetings with Executive & Senior Teams
- Bi-weekly Patient Safety Matters newsletter that is delivered Trustwide



Serious Incidents.

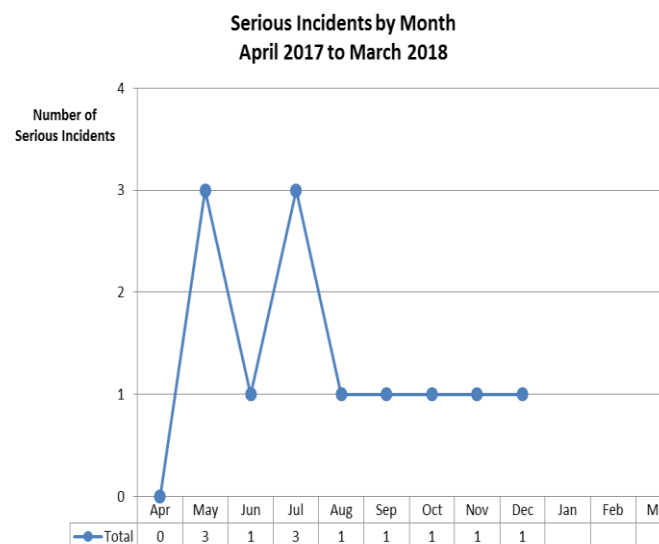
This chart demonstrates the number of incidents that have resulted in serious harm.

For December 2017, there was a total of 1 serious incident reported.

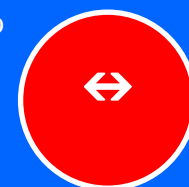
- 1 x Delay in access to care

The Comprehensive Root Cause Analysis Panel Review is being rescheduled due to operational pressures. This has been agreed by the Clinical Commissioning Group, at which the final grading of the incident will be confirmed.

There have been no never events reported since November 2016.



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



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

Description

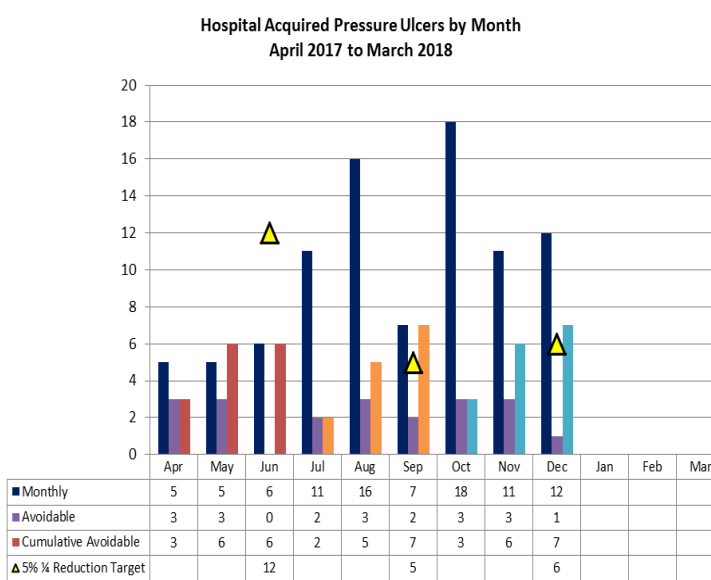
Pressure Ulcer (PU) Incidents including both avoidable and unavoidable pressure ulcers based on EPUA Guidance

Aggregate Position

For December 2017, there were a total of 12 hospital acquired pressure ulcer incidents:
• 8.3% (1 PU's) have resulted in avoidable harm

The 5% reduction target (Quarter on quarter in 2017/18) to achieve by the end of quarter 3, the target is to have no more than 6 avoidable pressure ulcers reported. There have been 7 avoidable pressure ulcers reported. Therefore the target has not been achieved.

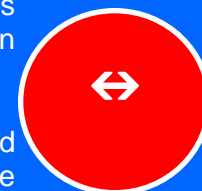
Trend



Performance against previous month

Improvement actions include:

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



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

Description

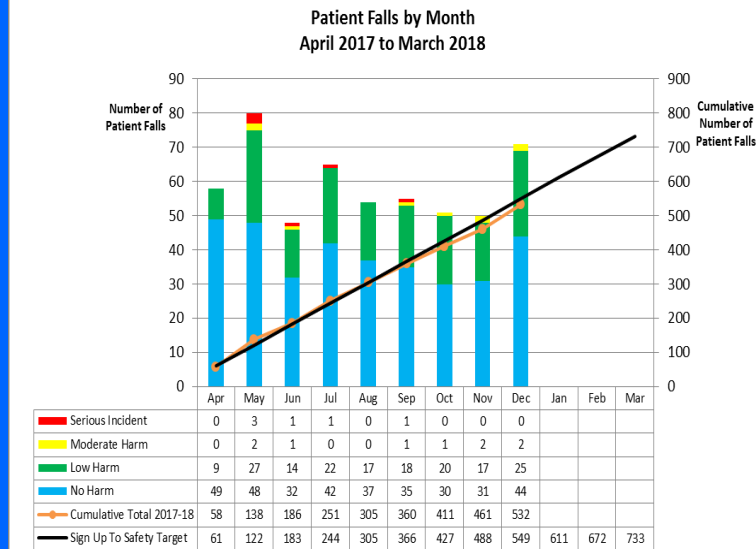
Aggregate Position

Trend

Performance against previous month

Patient Falls Incidents.

- For December 2017, there were a total of 71 patient falls
- 62% (31 falls) have resulted in no harm
- 34% (17 falls) have resulted in low harm
- 4% (2 falls) have resulted in moderate harm
- 0% (0 falls) have resulted in serious harm



Improvement actions include:

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



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

Description

Medication Incidents.

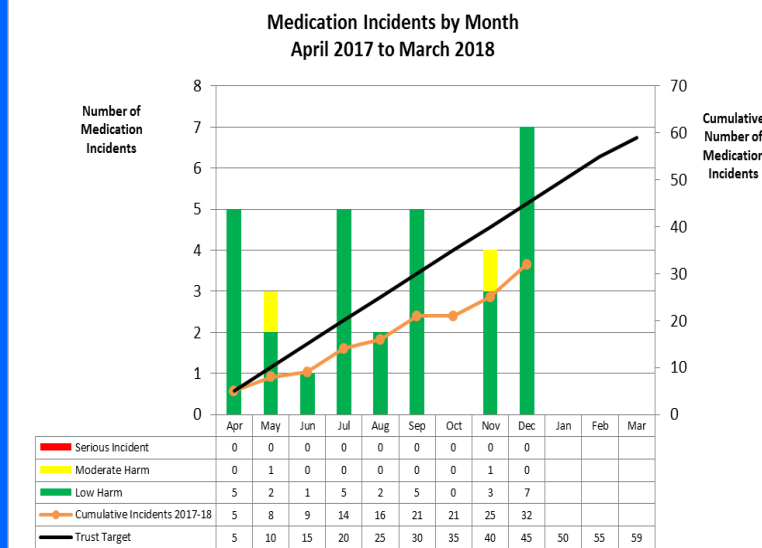
For December 2017, there were a total of 7 medication incidents resulting in harm reported:

- 100% (7 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

Aggregate Position

Trend

Performance against previous month



Improvement actions include:

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



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

Description

Aggregate Position

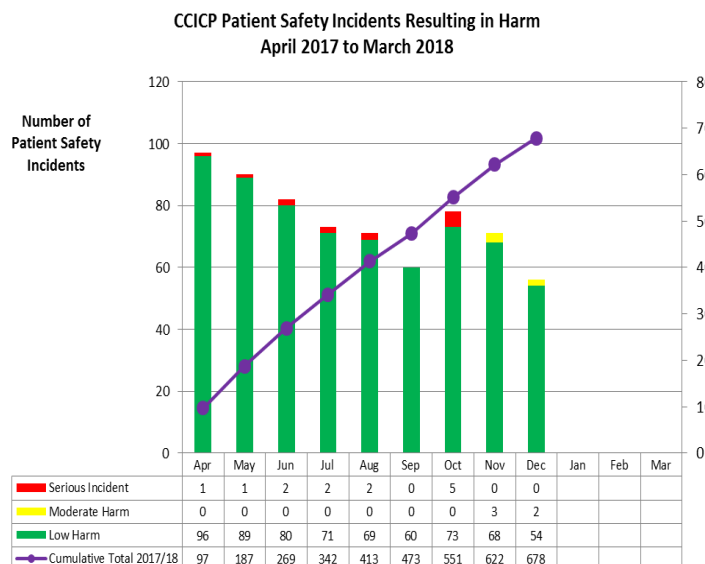
Trend

Performance against previous month

CCICP Patient Safety Incidents resulting in harm.

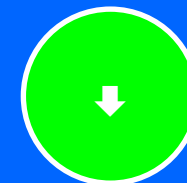
For December 2017, there were a total of 56 patient safety incidents:

- 96.4% (54 incidents) have resulted in low harm
- 3.6% (2 incidents) have resulted in moderate harm
- 0% (0 incidents) have resulted in serious harm



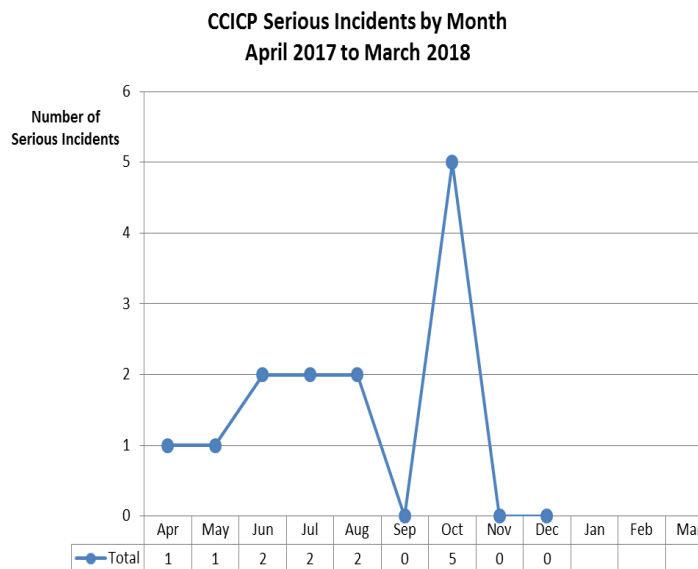
To reduce the number of patient safety harm incidents, a number of initiatives are being undertaken. These include:

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

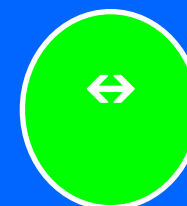


CCICP Serious Incidents.

For December 2017, no serious incidents were reported.



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



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

Description

Aggregate Position

Trend

Performance against previous month

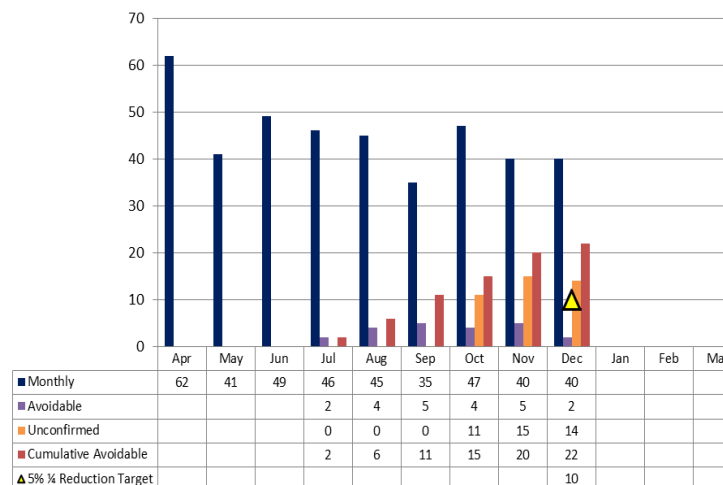
CCICP Pressure Ulcer (PU) Incidents by Avoidance

For December 2017, there were a total of 40 developed in care pressure ulcers:

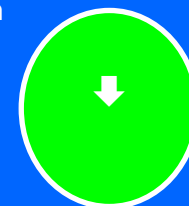
- 5% (2 PU's) have resulted in avoidable harm.

14 of these incidents are currently unconfirmed.

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



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

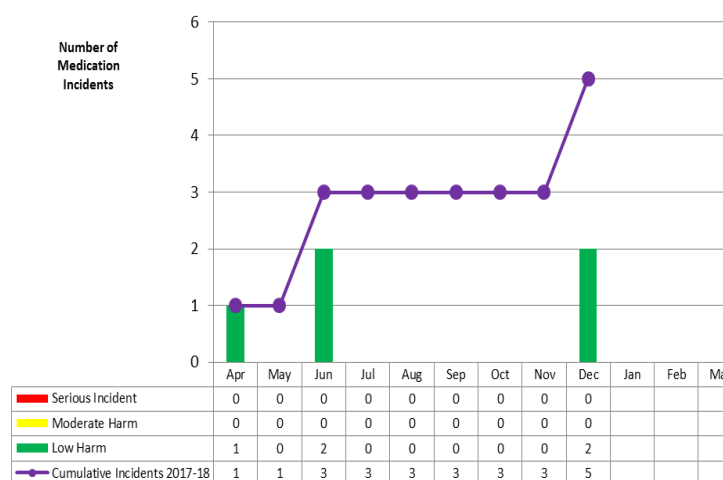


CCICP Medication Incidents.

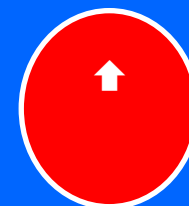
For December 2017, two medical incidents resulted in harm:

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

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



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



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

Description

Aggregate Position

Trend

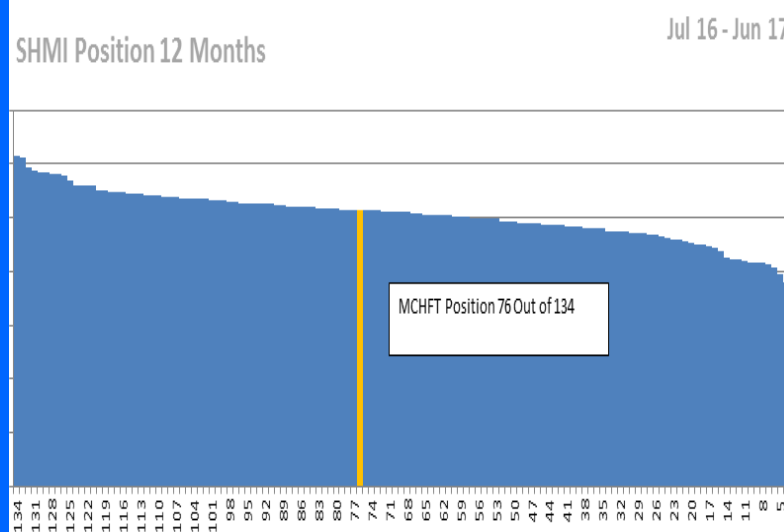
Performance against previous quarter

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.

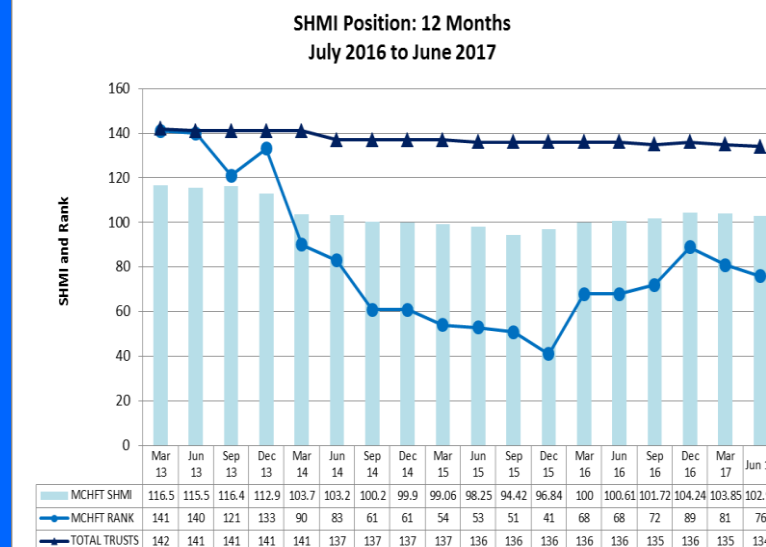


The Trust's aim within the Sign Up To Safety Campaign is to have a SHMI at or below 1.0 from April 2016.

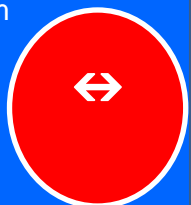


MCHFT 12 Month Rolling Position Summary Hospital-Level Mortality Indicator (SHMI) by Trust.

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.



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

Description

Aggregate Position

Trend

Performance against previous quarter

Hospital Standardised Mortality Rate (HSMR) by Trust.

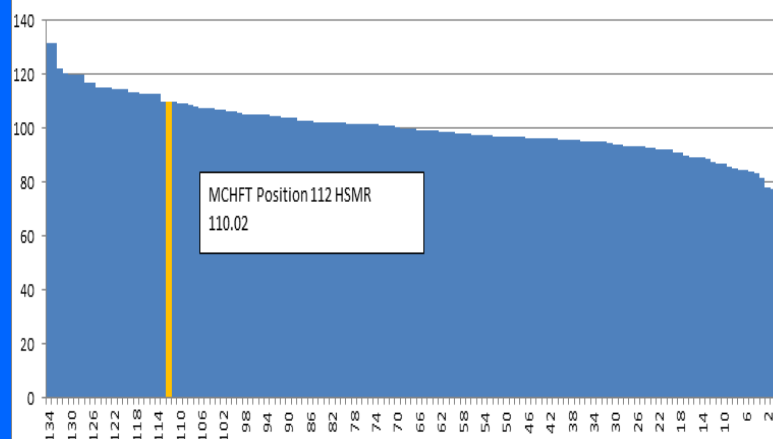
The chart benchmarks the Trust's HSMR against all NHS Trusts.

MCHFT is shown by the amber bar.

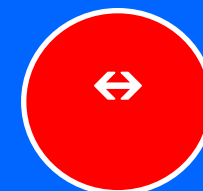
The Trust's HSMR is 110.02 (July 2016 to June 2017) and places the Trust 112 out of 134 Trusts.

HSMR Position 12 Months

Jul 16 - Jun 17



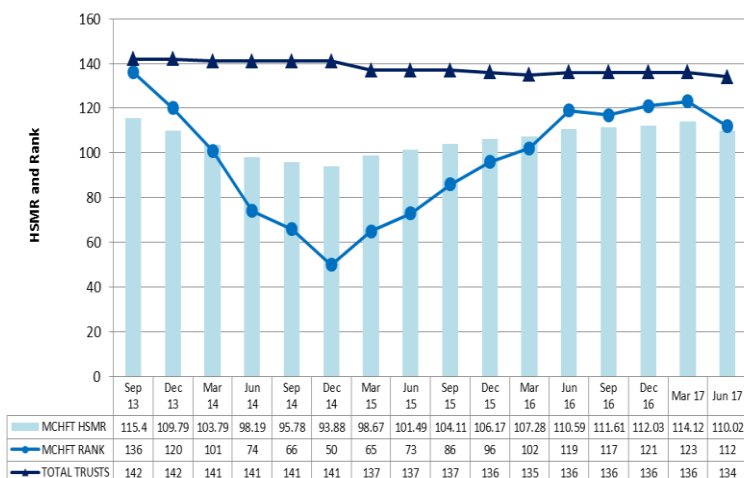
The Trust's aim is to have an HSMR <100.



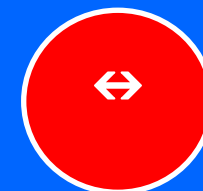
MCHFT 12 Month Rolling Position HSMR Position

The data in the chart shows the HSMR and rank of MCHFT for each of the 12 month rolling position submissions for the period July 2016 to June 2017.

HSMR Position: 12 Months
July 2016 to June 2017



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



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

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

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

CQUIN Indicator	Indicator Name	Milestone Achieved						Q4	Financial Incentive Achieved	Maximum Value
		Q1	Financial Incentive Achieved	Q2	Financial Incentive Achieved	Q3	Financial Incentive Achieved			
1a	Health & Wellbeing 5% point improvement in two of the three questions on H&W, MSK & Stress.		No Payment in Q1		No Payment in Q2	Data will be available for next report				£144,109
1b	Health & Wellbeing Maintain the four changes for improving healthy food for NHS staff, visitors and patients. Introduce three new changes to food and drink provision.		No Payment in Q1		No Payment in Q2					£144,109
1c	Health & Wellbeing Achieve an uptake of flu vaccinations of front line clinical staff of 70% by end of February 2018.		No Payment in Q1		No Payment in Q2					£144,109
2a	Sepsis: Identification Greater than 90% of eligible patients to have a timely identification of sepsis by the end of quarter four 2017/18.		£13,510		£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		£13,510					£108,082
2c	Sepsis: Antibiotic Review An empiric review for at least 90% cases in the sample should be performed by the end of quarter four 2017/18.		£27,020		£27,020					£108,082
2d Part 1	Reduction in antibiotic consumption Achieve a reduction of x% or more in total antibiotic consumption per 1,000 admissions.		No Payment in Q1		No Payment in Q2					£36,027
2d Part 2	Reduction in carbapenem consumption Achieve a reduction of x% or more in total carbapenem consumption per 1,000 admissions.		No Payment in Q1		No Payment in Q2					£36,027
2d Part 3	Reduction in piperacillin tazabactam consumption Achieve a reduction of x% or more in total piperacillin tazabactam consumption per 1,000 admissions.		No Payment in Q1		No Payment in Q2					£36,027
4	Mental Health in Emergency Department Achieve a 20% reduction in attendances to the Emergency Department for people with Mental Health needs.		£43,233		£172,931					£432,328
6	Offering advice and guidance Providers to set up and operate advice and guidance services for non-urgent GP referrals, allowing GPs to access consultant advice prior to referring patients into secondary care.		£108,082		£108,082					£432,328
7	NHS e-Referrals Availability of services and appointments for e-Referral service.		£108,082		£64,849					£432,328
8a	Supporting proactive and safe discharge Acute providers.		£64,849		£172,931					£432,328

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

CQUIN Indicator	Indicator Name	Milestone Achieved								Maximum Value
		Q1	Financial Incentive Achieved	Q2	Financial Incentive Achieved	Q3	Financial Incentive Achieved	Q4	Financial Incentive Achieved	
9	CQUIN 9 does not apply until year 2									
10	Improving the assessment of wounds (Community Only) The indicator aims to increase the number of wounds which have failed to heal after 4 weeks that receive a full wound assessment		No Payment in Q1	✓	£69,512	Data will be available for next report			£139,025	
11	Personalised Care and Support Planning (Community Only) This CQUIN is to be delivered over two years with an aim of embedding personalised care and support planning for people with long -term conditions.		No Payment in Q1	✓	£34,756				£139,025	
Public Health England CQUIN										
PH1	Breast Screening Programme Clerical Staff Development (Health Promotion role) Update and improve the clerical teams knowledge of health promotion to support clients who access The Breast Screening Unit and key partners involved in the Breast Screening Programme	✓	£3,401.50	✓	£3,401.50	Data will be available for next report			£13,606	
PH2	Cancer Screening Programme – reducing professional stress and building resilience Holistic mapping review of health & wellbeing services and support available to staff within the bowel and breast screening programmes for the management of professional stress and building resilience	✓	£5,837.25	✓	£5,837.25				£23,349	
Specialist Commissioning										
SC1	Nationally Standardised Dose Banding for Adult Intravenous Systemic Anticancer Therapy (SACT) 38 A tool kit has been developed to support CQUIN. Targets will be set for each of the SACT drugs.	✓	£3,828.30	✓	£3,828.30	Data will be available for next report			£38,283	
SC2	Hospital Pharmacy Transformation and Medicines Optimisation	✓		✓					£57,424	

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

Description

Safety
Thermometer
- Harm Free
Care.

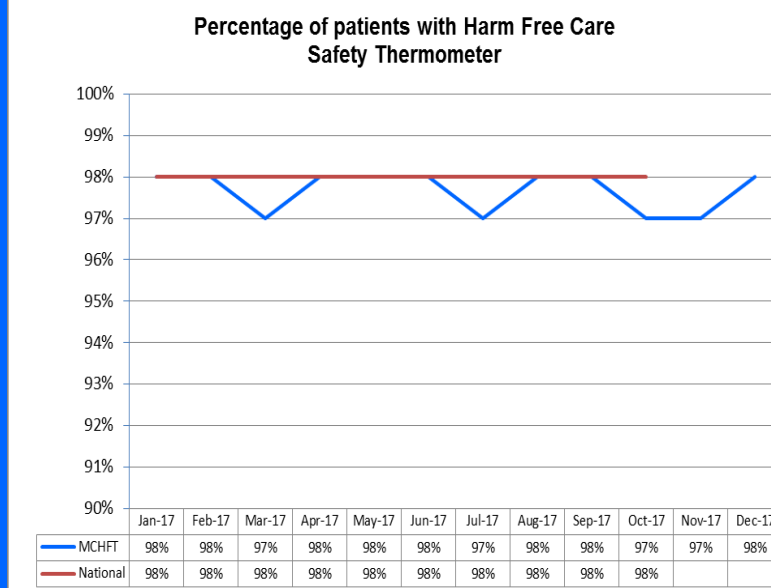
Aggregate Position

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

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

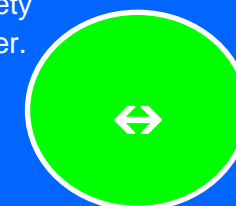
National figures are not yet available for November 2017 and December 2017.

Trend



Performance against previous month

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



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

Description	Aggregate Position	Trend	Performance against previous month
Registered Nurses monthly expected hours by shift versus actual monthly hours per shift. Day time shifts only	<p>91.3% of expected Registered Nurse hours were achieved for day shifts.</p> <p>Any registered nurse numbers that fall below 85% are required to have a divisional review and an update of actions provided to the Director of Nursing & Quality and the Deputy Director of Nursing & Quality.</p>	<p>Trend</p> <p>December 2017 91.3%</p> <p>November 2017 93.3%</p> <p>October 2017 92.4%</p>	The lowest staffing levels during the day were on Ward 11 at 66%
Registered Nurses monthly expected hours by shift versus actual monthly hours per shift. Night time shifts only	<p>95.1% of expected Registered Nurse hours were achieved for night shifts.</p>	<p>Trend</p> <p>December 2017 95.1%</p> <p>November 2017 95.8%</p> <p>October 2017 96.5%</p>	The lowest staffing levels during the night were on Ward 7 at 75%
Healthcare Assistant monthly expected hours by shift versus actual monthly hours per shift. Day time shifts only	<p>101.7% of expected HCA hours were achieved for day shifts.</p>	<p>Trend</p> <p>December 2017 101.7%</p> <p>November 2017 100.8%</p> <p>October 2017 100.7%</p>	The lowest staffing levels during the day were on Ward 11 at 60%
Healthcare Assistant monthly expected hours by shift versus actual monthly hours per shift. Night time shifts only	<p>116.8% of expected HCA hours were achieved for night shifts.</p> <p>For areas with over 100% staffing levels for HCA's this is reviewed and is predominately due to wards requiring 1 to 1 specials for patients following a risk assessment or to increase staffing numbers when there are registered nursing gaps that are not filled.</p>	<p>Trend</p> <p>December 2017 116.8%</p> <p>November 2017 122.6%</p> <p>October 2017 115.1%</p>	The lowest staffing levels during the night were on Ward 11 at 84%

Board Papers – Quality, Safety & Experience Section: February 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		45625.9	41661.7	33134.7	33696.7	27250.3	25910.2	17811.6	20806.2	91.3%	101.7%	95.1%	116.8%	15531	4.4	3.5	7.9
AMU	GEN. MEDICINE	2011.3	1839.8	1519	1482	1898.8	1715	1519	1519	91.5%	97.6%	90.3%	100.0%	890	4.0	3.4	7.6
CAU (Winter)	PAEDIATRICS	2846.5	2846.5	1087.5	1087.5	2127.5	2127.5	644	644	100.0%	100.0%	100.0%	100.0%	105	47.4	16.5	80.2
Critical Care	GEN. SURGERY	4226	4226	569.5	569.5	2603	2603	0	0	100.0%	100.0%	100.0%	-	284	24.0	2.0	29.1
Elmhurst	REHABILITATION	871.5	871.5	2232	2208	775	775	1550	1562.5	100.0%	98.9%	100.0%	100.8%	900	1.8	4.2	6.4
Ward 1	GEN. MEDICINE	2181.3	2062.5	1162.5	1187.5	1519	1470	759.5	869.8	94.6%	102.2%	96.8%	114.5%	836	4.2	2.5	7.3
Ward 10 SSW	GEN. SURGERY	1701	1589	992	1008	635.5	625.3	317.8	379.3	93.4%	101.6%	98.4%	119.4%	493	4.5	2.8	12.2
Ward 12	GEN. SURGERY	2227	1939	1984	1912	953.3	758.5	635.5	686.8	87.1%	96.4%	79.6%	108.1%	895	3.0	2.9	6.8
Ward 13	GEN. SURGERY	2272	1816	1984	1888	953.3	789.3	635.5	768.8	79.9%	95.2%	82.8%	121.0%	925	2.8	2.9	5.8
Ward 14	GEN. MEDICINE	1704	1440	1488	1542	744	744	1116	1164	84.5%	103.6%	100.0%	104.3%	971	2.2	2.8	5.3
Ward 15	TRAUMA & ORTHO	2234.5	2106.5	2728	2672	953.3	861	953.3	1066	94.3%	97.9%	90.3%	111.8%	600	4.9	6.2	6.8
Ward 2	GEN. MEDICINE	1793.8	1656.3	1550	1531.3	759.5	845.3	1139.3	1139.3	92.3%	98.8%	111.3%	100.0%	937	2.7	2.9	5.7
Ward 21b	GEN. MEDICINE	1336.5	1122	1813.5	2229.5	775	750	775	1412.5	84.0%	122.9%	96.8%	182.3%	740	2.5	4.9	6.3
Ward 23	OBSTETRICS	1793.8	1656.3	1550	1531.3	759.5	845.3	1139.3	1139.3	92.3%	98.8%	111.3%	100.0%	937	2.7	2.9	5.1
Ward 26	OBSTETRICS	1336.5	1122	1813.5	2229.5	775	750	775	1412.5	84.0%	122.9%	96.8%	182.3%	740	2.5	4.9	43.0
Ward 4	GEN. MEDICINE	1238	1143	785.3	753.7	764.7	752.3	764.7	740	92.3%	96.0%	98.4%	96.8%	708	2.7	2.1	6.2
Ward 5	GEN. MEDICINE	3311.3	3311.3	665	665	2836.7	2836.7	394.7	394.7	100.0%	100.0%	100.0%	100.0%	190	32.4	5.6	6.3
Ward 6	GEN. MEDICINE	1614	1446	1860	1806	744	744	1488	1500	89.6%	97.1%	100.0%	100.8%	948	2.3	3.5	7.9
Ward 7	GEN. MEDICINE	2452.5	2177.5	1550	1631.3	1519	1139.3	759.5	1176	88.8%	105.2%	75.0%	154.8%	968	3.4	2.9	7.3
Ward 9	TRAUMA & ORTHO	2042.5	1798.8	1937.5	2025	1519	1359.8	759.5	943.3	88.1%	104.5%	89.5%	124.2%	831	3.8	3.6	9.5
NICU	PAEDIATRICS	1746.3	1602.5	1550	1943.8	759.5	759.5	1139.3	1555.8	91.8%	125.4%	100.0%	136.6%	979	2.4	3.6	148.2
Ward 11 SAU	GEN. SURGERY	1366	902	1200	720	512.5	512.5	256.3	215.3	66.0%	60.0%	100.0%	84.0%	274	5.2	3.4	10.4

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

Ward Name	Main Specialties	Safety Thermometer Results			
		Acquired Pressure Ulcers	Patient Falls resulting in harm	CAUTI	New VTE
MCHFT		0.74% (6)	0.37% (3)	0.12% (1)	0.5% (4)
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)	6.67% (2)
Ward 1	Gen. Medicine	3.12% (1)	0% (0)	0% (0)	0% (0)
SAU	Gen. Surgery	0% (0)	0% (0)	0% (0)	0% (0)
Ward 10 SSW	Gen. Surgery & Urology	0% (0)	0% (0)	0% (0)	0% (0)
Ward 12	Gen. Surgery & Gynae	0% (0)	3.57% (1)	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)	6.25% (2)
Ward 15	Trauma & Ortho	0% (0)	0% (0)	0% (0)	0% (0)
Ward 2	Gen. Medicine	3.12% (1)	0% (0)	0% (0)	0% (0)
Ward 21B	Rehab	0% (0)	0% (0)	0% (0)	0% (0)
Ward 23	Obstetrics	0% (0)	0% (0)	0% (0)	0% (0)
Ward 26	Obstetrics	0% (0)	0% (0)	0% (0)	0% (0)
Ward 4	Gen. Medicine	0% (0)	0% (0)	0% (0)	0% (0)
Ward 5	Gen. Medicine	0% (0)	0% (0)	0% (0)	0% (0)
Ward 6	Gen. Medicine	0% (0)	0% (0)	0% (0)	0% (0)
Ward 7	Gen. Medicine	6.25% (2)	0% (0)	3.12% (1)	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	0% (0)	0% (0)	0% (0)	0% (0)
DN – Ashfields	District Nursing	7.41% (2)	0% (0)	0% (0)	0% (0)
DN – Dane bridge	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)
DN – Eagle bridge	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)
DN – Firdale	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)
DN – Grosvenor & Hungerford	District Nursing	0% (0)	2.5% (1)	0% (0)	0% (0)
DN – Middlewich	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)
DN – Rope Green	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)
DN - Church View	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)
DN – Winsford	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)
DN – Out of hours	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)
Intermediate care	Intermediate Care	0% (0)	9.09% (1)	0% (0)	0% (0)

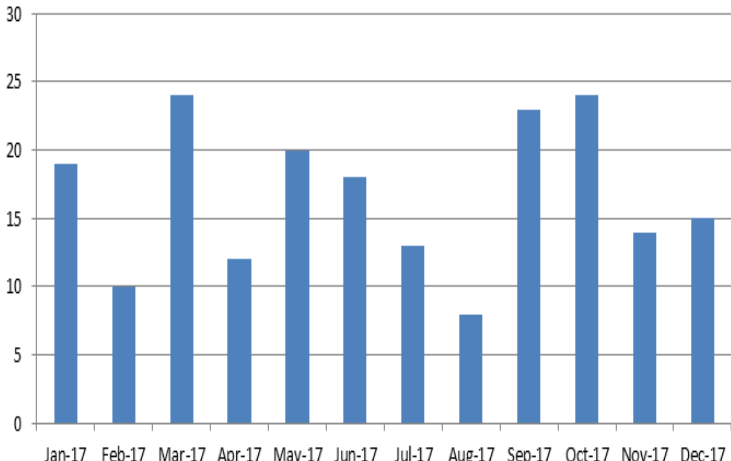
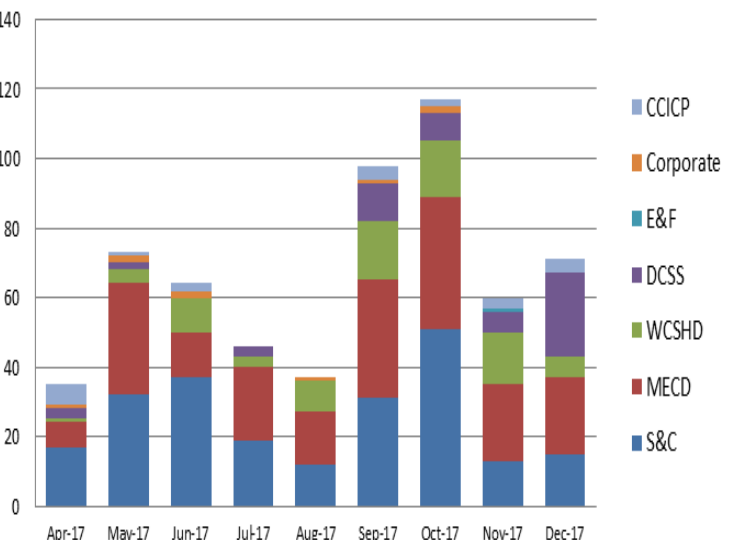
Board Papers – Quality, Safety & Experience Section: February 2018

Experience Section:

Indicators	Last four months			
	Sep-17	Oct-17	Nov-17	Dec-17
Complaints received by month	23	24	14	15
Complaints being reviewed by the Ombudsman	1	1	1	1
Closed complaints by month	12	9	22	8
Contacts raising informal concerns	79	92	95	63
Compliments received in month	139	212	186	253
Number of new claims received in month	3	2	6	3
Number of claims closed	1	5	3	0
Number of inquests concluded	0	0	0	1
NHS Choices - Star Ratings (Leighton)	4.5	4.5	4.5	1
NHS Choices - Star Ratings (VIN)	5	5	5	5
NHS Choices - Number of new postings	4	12	9	12
F&FT Response Rate ED, MIU, UCC and Assessment Areas*	2%	3%	4%	3%
Proportion of positive responses ED, MIU, UCC and Assessment Areas	89%	93%	91%	91%
F&FT Response Rate Inpatients and Daycases	11%	21%	22%	16%
Proportion of positive responses Inpatients and Daycases	98%	98%	98%	99%
F&FT Response Rate Outpatients	7%	8%	7%	4%
Proportion of positive responses Outpatients	96%	96%	96%	95%
F&FT Response Rate Maternity - Birth	8%	10%	14%	11%
Proportion of positive responses Maternity - Birth	96%	100%	97%	100%
F&FT Response Rate Community (CCICP)	15%	19%	16%	7%
Proportion of positive responses Community (CCICP)	87%	88%	88%	95%

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

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

Description	Aggregate Position/Description	Trend																																																																																	
Monthly Trust complaints received by the Trust	<p>15 complaints were received in December 2017 which covered 71 categories. The highest categories were:</p> <ul style="list-style-type: none">• Communication• Medical Care – Adverse Outcome• Medical Care – Delay in Treatment• Medical Care – Medication Error/Delay <p>Highest 3 areas receiving complaints/issues were:</p> <ul style="list-style-type: none">• Emergency Department:: 3 complaints /10 issues Ward 21b – 1 complaint/ 9 issues• Ward 2 and Pharmacy: 2 complaints /7 issues respectively.	<p>Complaints received by month</p>  <table><caption>Complaints received by month</caption><thead><tr><th>Month</th><th>Complaints</th></tr></thead><tbody><tr><td>Jan-17</td><td>19</td></tr><tr><td>Feb-17</td><td>10</td></tr><tr><td>Mar-17</td><td>24</td></tr><tr><td>Apr-17</td><td>12</td></tr><tr><td>May-17</td><td>20</td></tr><tr><td>Jun-17</td><td>18</td></tr><tr><td>Jul-17</td><td>13</td></tr><tr><td>Aug-17</td><td>8</td></tr><tr><td>Sep-17</td><td>23</td></tr><tr><td>Oct-17</td><td>24</td></tr><tr><td>Nov-17</td><td>14</td></tr><tr><td>Dec-17</td><td>15</td></tr></tbody></table>	Month	Complaints	Jan-17	19	Feb-17	10	Mar-17	24	Apr-17	12	May-17	20	Jun-17	18	Jul-17	13	Aug-17	8	Sep-17	23	Oct-17	24	Nov-17	14	Dec-17	15	<p>Formal Complaints</p>																																																						
Month	Complaints																																																																																		
Jan-17	19																																																																																		
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Dec-17	15																																																																																		
Number of formal complaints by Division	<p>This graph shows the breakdown of issues by month for each division.</p> <p>S&C: 15 DCSS: 22 W&CD: 6 DMEC: 22 CCICP: 4 E&F: 0 Corporate Services: 0</p>	<p>Categories received by Division</p>  <table><caption>Categories received by Division</caption><thead><tr><th>Month</th><th>S&C</th><th>MECD</th><th>WCSHD</th><th>DCSS</th><th>E&F</th><th>Corporate</th><th>CCICP</th></tr></thead><tbody><tr><td>Apr-17</td><td>18</td><td>5</td><td>2</td><td>2</td><td>0</td><td>0</td><td>0</td></tr><tr><td>May-17</td><td>32</td><td>32</td><td>5</td><td>5</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Jun-17</td><td>38</td><td>12</td><td>10</td><td>5</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Jul-17</td><td>18</td><td>22</td><td>5</td><td>5</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Aug-17</td><td>12</td><td>15</td><td>10</td><td>5</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Sep-17</td><td>32</td><td>35</td><td>18</td><td>10</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Oct-17</td><td>52</td><td>38</td><td>18</td><td>10</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Nov-17</td><td>12</td><td>22</td><td>15</td><td>10</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Dec-17</td><td>15</td><td>22</td><td>5</td><td>28</td><td>0</td><td>0</td><td>0</td></tr></tbody></table>	Month	S&C	MECD	WCSHD	DCSS	E&F	Corporate	CCICP	Apr-17	18	5	2	2	0	0	0	May-17	32	32	5	5	0	0	0	Jun-17	38	12	10	5	0	0	0	Jul-17	18	22	5	5	0	0	0	Aug-17	12	15	10	5	0	0	0	Sep-17	32	35	18	10	0	0	0	Oct-17	52	38	18	10	0	0	0	Nov-17	12	22	15	10	0	0	0	Dec-17	15	22	5	28	0	0	0	<p>Formal Complaints by Division</p>
Month	S&C	MECD	WCSHD	DCSS	E&F	Corporate	CCICP																																																																												
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Board Papers – Quality, Safety & Experience Section: February 2018

Description

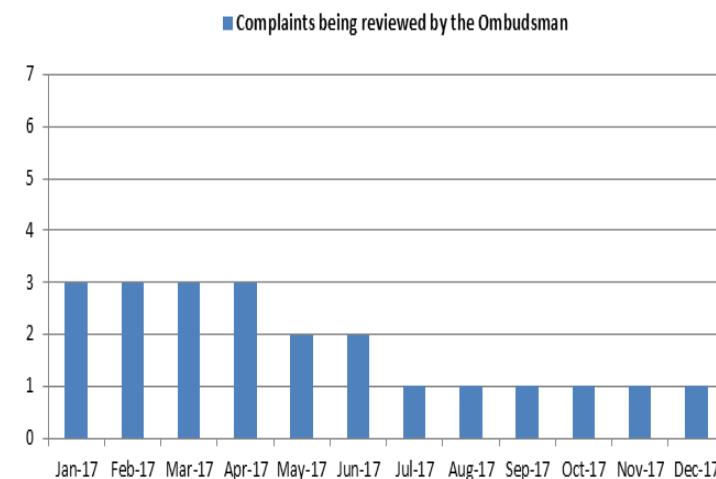
Aggregate Position/Description

Trend

Complaints being reviewed by the Public Health Service Ombudsman

In December 2017 1 complaint was active with the PHSO.

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



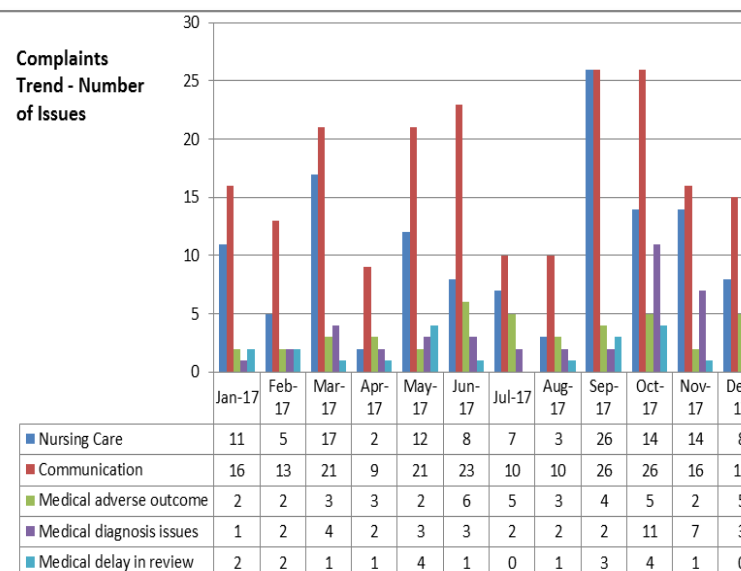
Ombudsman

Complaint Trends and number of issues

The main trends in December 2017 were:

Communication: 11 complaints/15 issues
Medical – Adverse Outcome: 4 complaints/5 issues

Medical – Medication Error: 5 complaints/5 issues



Complaint Trends

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

Description

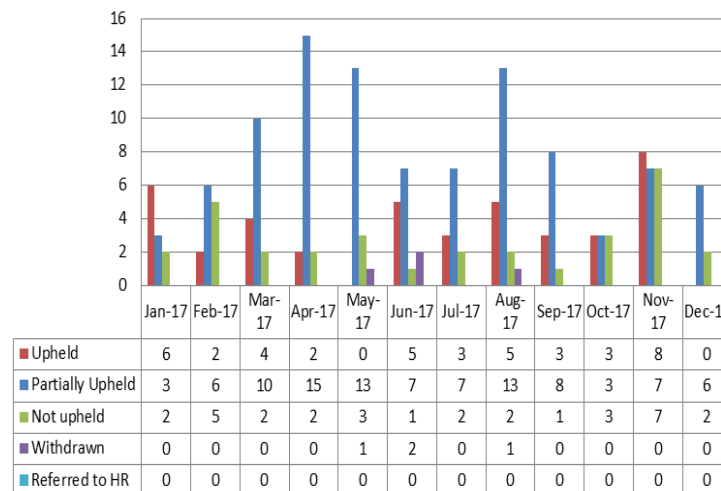
Aggregate Position/Description

Trend

Closed
Complaints

8 complaints were closed in December 2017.

Closed Complaints By Month



Closed
Complaints

Closed
Complaints
by Division

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

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

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

Complaints closed by Division

Details of Complaints removed under Section 40 of the Freedom of Information Act

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

Description

Aggregate Position/Description

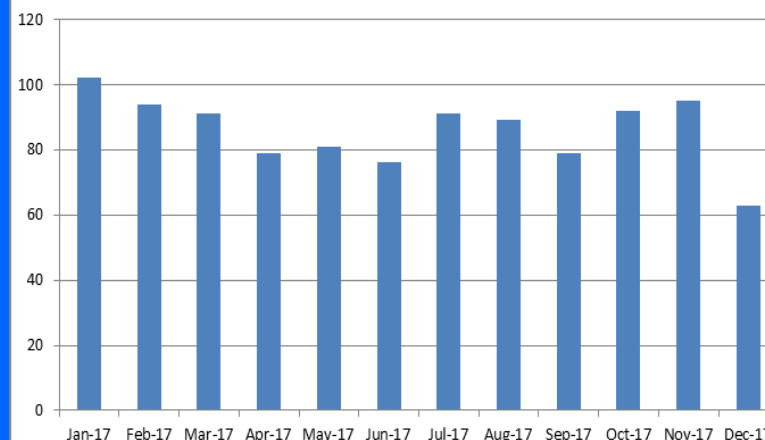
Trend

Informal Concerns Numbers

The number of contacts raising informal concerns for December 2017 was 63 which is a decrease of 32 on the previous month.

The Division of Medicine and Emergency Care has received the largest number of individual concerns raised at 48. With 16 of the 48 individual concerns raised belong to the Emergency Department.

Contacts raising informal concerns



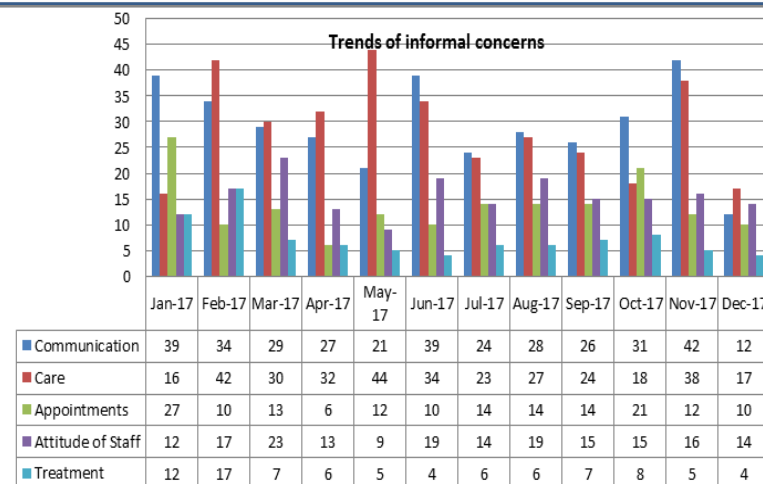
Informal Concerns
Feedback

Informal Concerns Trends

Care was the highest trend for informal concerns in December 2017, with 9 of the 17 issues raised belonging to the Division of Medicine and Emergency Care. 4 of the 9 issues were relating to the Emergency Department.



Of the 14 issues relating to Attitude, 9 belong to the Division of Medicine and Emergency Care. 7 of these issues relate to the Emergency Department, 4 being contributable to Administration Staff and 3 to Nursing Staff.

Trends of informal concerns





Informal Concerns
Trends


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

Description	Aggregate Position/Description	Trend
	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.	

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

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

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

Description	Aggregate Position/Description	Trend																										
Number of Inquests concluded by month	<p>1 inquest was concluded in December 2017.</p> <p>The conclusion was “Natural causes”.</p>	<p>Inquests concluded by month</p>  <table><caption>Inquests concluded by month</caption><thead><tr><th>Month</th><th>Number of Inquests</th></tr></thead><tbody><tr><td>Jan-17</td><td>5</td></tr><tr><td>Feb-17</td><td>0</td></tr><tr><td>Mar-17</td><td>0</td></tr><tr><td>Apr-17</td><td>0</td></tr><tr><td>May-17</td><td>3</td></tr><tr><td>Jun-17</td><td>1</td></tr><tr><td>Jul-17</td><td>1</td></tr><tr><td>Aug-17</td><td>0</td></tr><tr><td>Sep-17</td><td>0</td></tr><tr><td>Oct-17</td><td>0</td></tr><tr><td>Nov-17</td><td>0</td></tr><tr><td>Dec-17</td><td>1</td></tr></tbody></table>	Month	Number of Inquests	Jan-17	5	Feb-17	0	Mar-17	0	Apr-17	0	May-17	3	Jun-17	1	Jul-17	1	Aug-17	0	Sep-17	0	Oct-17	0	Nov-17	0	Dec-17	1
Month	Number of Inquests																											
Jan-17	5																											
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Jun-17	1																											
Jul-17	1																											
Aug-17	0																											
Sep-17	0																											
Oct-17	0																											
Nov-17	0																											
Dec-17	1																											
NHS Choices Star Ratings	<p>The ratings are based on 232 postings received to date.</p> <p>Leighton Hospital is rated at 4.5 stars.</p> <p>Victoria Infirmary, Northwich is rated at 5 stars.</p>	 																										

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

Description

Aggregate Position /description

Trend

NHS Choices postings

There were 12 postings on NHS Choices in December 2017 of which 6 were negative and 6 were positive. Examples of feedback included:

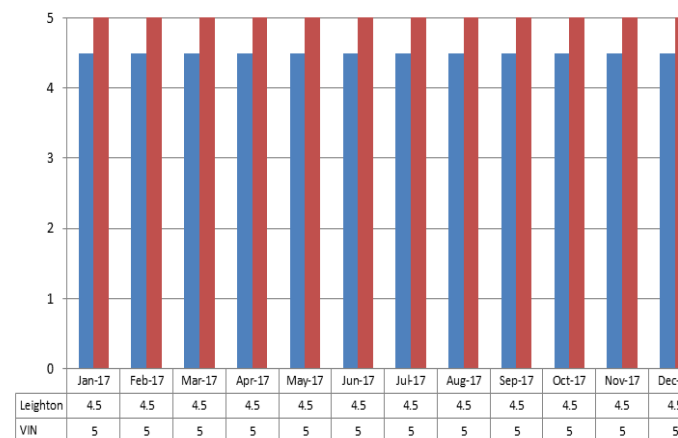
*The A and E staff were maxed out- Friday night chaos but we were seen straight away, made comfortable and regularly updated. Our nurse hadn't had time to eat all night but made sure that they took time to make sure my daughter was calm and settled before leaving us (Emergency Dept)

*I had my cataract operation yesterday. I have to say I was so pleased with the hospital especially the Eye department. I never met such friendly staff (Ophthalmology)

*Such a skilled and talented team representing the best of the NHS. I received unrivalled care and courtesy throughout this worrying time. (General Surgery)

*Four hours later I asked what the delay was..(we had also been stuck in a cubicle and ignored).I was told my daughter had to wait another 3 hours (minimum providing no more ambulances arrived),she was not being admitted and was not even on the list for a scan (Emergency Dept)

NHS Choices Star Ratings (out of 5)



NHS Choices - Postings

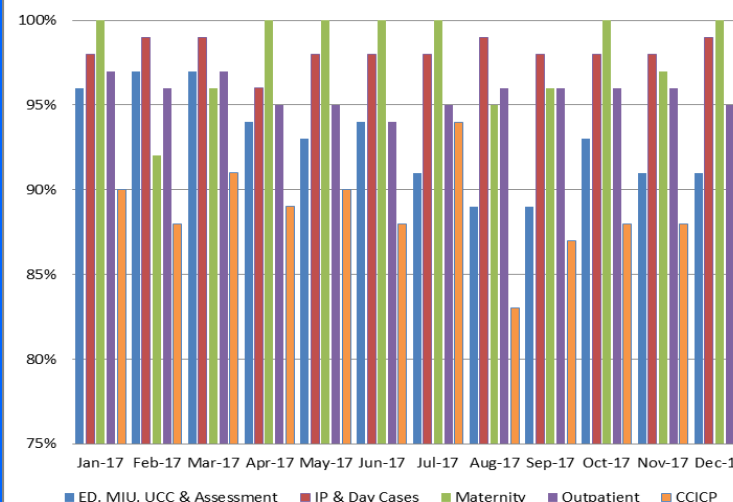
The Family and Friends Test asks patients if this would recommend our hospital services to a friend or relative based on their treatment and experience

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

Inpatients and day cases	99%
Emergency care /Assessment areas	91%
Outpatients	95%
Maternity	100%
CCICP	95%

1960 responses were received and 96% of those patients would recommend our hospital services.

FFT Positive Response Score - January 2017 onwards



Family & Friends Test

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

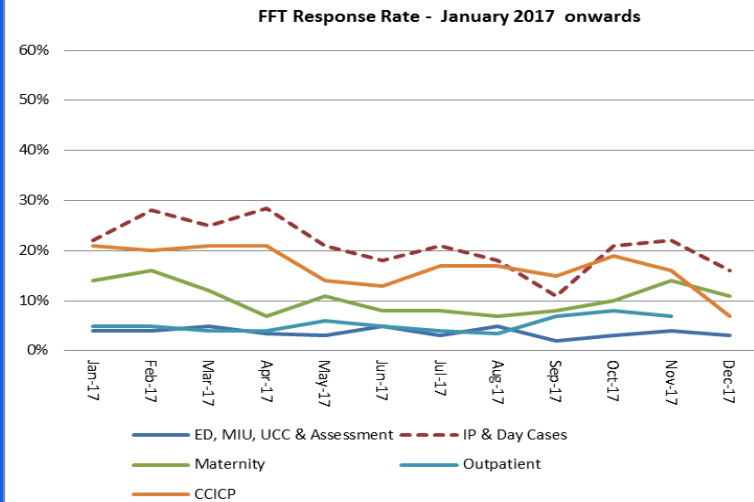
Description

Aggregate Position

Trend

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

November 2017	% Response	Total Responses received	How many would recommend
Ward/Dept			
A&E , UCC & MIU	3%	155	177
Inpatients & Daycases	16%	132	129
Maternity	11%	27	27
Outpatients	4%	835	791
CCICP	7%	150	142



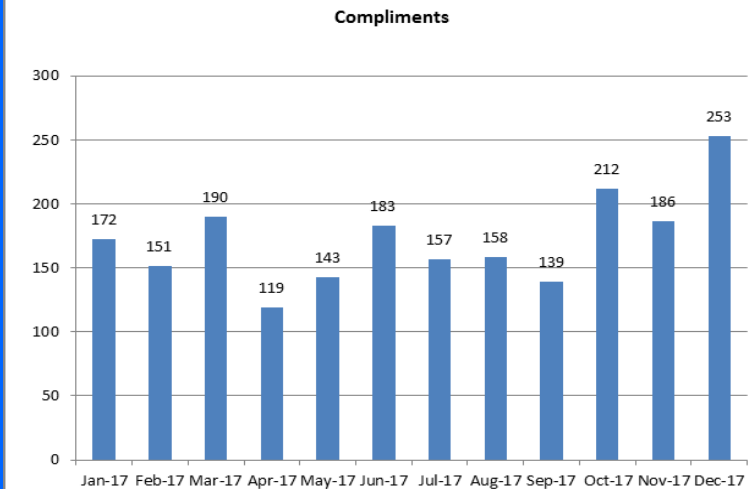
Family & Friends Test

Compliments received There were 253 compliments/thank-you's received for December 2017:

"We attended the Children's department today and we had a fantastic experience. From the nursing staff, to the consultant - everyone was friendly and professional and made us feel at ease".

'My wife attended A&E with chest pains, we were dealt with very quickly and she was given a thorough check up and was referred to your cardiac unit. Where she was again dealt with quickly and professionally. Excellent service, excellent staff.'

'My sincere thanks for the professional care and attention I received whilst in A&E. A worrying situation for me made so much easier by their professionalism. On such a busy night and next day they worked endlessly to ensure we felt valued and safe. Well done to all the team'.



Compliments

Board of Directors Performance Report

December 2017

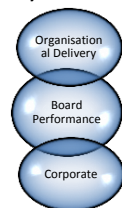
**"To Deliver Excellence in Healthcare through Innovation &
Collaboration"**

Introduction

Performance Report

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

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



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

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

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

Tracy Bullock
Chief Executive

Contents

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State of Financial Position	19
Cash position and Working Capital	20
Staff Costs	21

Headline Measures

Organisational Delivery			
Indicator	Standard	YTD	Dec-17
Cancer			
Rapid Access Referrals (%) (seen in 2 wks)	93.00%	97.34%	95.85%
Total Patients Seen		6,590	626
Patients seen >14 days		175	26
62 day GP Classic (%)	85.00%	94.59%	96.55%
Accountable Patients Treated		527	58
No. of Breached Pathways (adjusted)		29	2
62 day Screening (%)	90.00%	96.02%	100.00%
Accountable Patients Treated		101	7
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%	74.15%
A&E Attendances (LH/MIU/UUC) (% to plan)		96.75%	99.44%
A&E Attendances LH & MIU (Vol)		66,375	7,458

Planned Activity			
Incomp Pathways <18wk (%)	92.00%	96.77%	95.44%
>6wk Diagnostic Waits (%)	1.00%	0.31%	0.39%
Total Patients Waiting for a First Outpatient Appointment			8,085

Indicator	Standard	YTD
Workforce		
Sickness absence Rolling 12 Month		4.25%
Turnover Rolling 12 Month		10.71%

Corporate					
Indicator	YTD Rating		YE Rating	YE Metric	
	Plan	Actual	Forecast	Plan	Forecast
Finance					
Use of Resource Rating		3	3		
Capital Service Capacity	4	4	4	0.76	0.74
Liquidity	4	3	3	-23	-12
I&E Margin	3	2	1	0.38%	1.46%
Distance from Financial Plan	0	1	1	0.00%	0.02%
Agency Spend	1	1	1	-10.22%	-33.65%

	YTD Target	YTD Actual	YTD Variance	FY Target	FY Forecast	FY Variance
Cost Improvement Schemes Total (£000's)	3,742	2,993	-750	4,922	4,075	-848
Capped Expenditure Process Schemes (£'000)	3,522	3,072	-450	7,062	6,932	-130
Commission Contact Income SC & VR (£000's)	140,346	140,346	-0			
Contract Income (£'000)	165,997	166,222	224			
Pay to Budget (£000's)	-123,769	-124,168	-399			
Non Pay to Budget (£000's)	-52,475	-52,568	-93			
Agency Trajectory (£000's)	-4,294	-3,009	1,285			

Exec Summary

In December 2017, 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 December achieved 74.15% against the 95% performance standard. This is a deterioration in performance compared to the same month in 2016 (89.25%). Performance also falls below the required 90.52% STF performance trajectory for the month.

The Trust has achieved all three headline cancer access standards for December. Strong performance continues in terms of rapid access referrals and 62 day treatment pathways. Cancer 62 day Screening achieved 100% with no breach recorded in December.

The Trust continues to achieve the 92% standard for RTT 18 week incomplete pathways, with performance in December 2017 at 95.44%. The Trust is continuing to monitor this standard, with specific reference to managing the level of 'over performance' being delivered against 92%. The month also saw the Trust achieve the Non-Admitted and Admitted RTT elements.

Diagnostics waiting times continue to perform well, with just 0.39% of patients waiting longer than 6 weeks for their diagnostic test against a regulatory threshold of 1%.

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

The Trust's I&E position is a surplus of £0.7M which is £0.5M worse than plan as at Month 9.

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

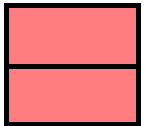
CIP schemes are behind plan by £0.7M due to the no longer proceeding e-rostering scheme and infusion pump consumable savings not materialising. Income generation schemes have been removed in light of the CEP leading to fixed income for the Trust. In addition, CEP schemes are £0.5M worse than plan due to scheme slippage. However, to date combined savings of £6.1M 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), despite the quarterly STF trajectory being achieved.

The Trust has a Use of Resource rating of 3 cumulative and is forecasting a rating of 3 for the full year. This results in a 'trigger' on the Finance & Resource theme. This is primarily driven by the loans required to support liquidity. The Trust is worse than plan for its I&E margin ytd but is expected to meet its control total plan by year end. The Agency trajectory target is currently better than plan.

Operational Performance

	Current YTD		Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Monthly Trend
	Target	Actual														
Maximum 6 week wait for Diagnostic procedures	1%	0.31%	0.24%	0.18%	0.07%	0.09%	0.04%	0.17%	0.44%	0.76%	0.34%	0.21%	0.24%	0.25%	0.39%	
All Cancers: 62 day GP Classic (%) *	85%	94.59%	90.24%	90.43%	86.41%	96.46%	96.83%	92.81%	94.00%	93.04%	95.08%	91.67%	95.77%	94.50%	96.55%	
All Cancers: 62 day Screening (%) *	90%	96.02%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	85.71%	100.00%	91.67%	83.33%	94.12%	100.00%	
18 weeks from point of referral to treatment - patients on an incomplete pathway (%)	92%	96.77%	95.16%	95.89%	96.07%	96.48%	96.69%	96.98%	97.57%	97.37%	96.78%	97.10%	96.79%	96.36%	95.44%	
A&E - maximum waiting time of 4 hours from arrival to admission/transfer/discharge (%)	95%	90.03%	89.25%	84.47%	93.33%	97.21%	93.37%	90.66%	94.24%	92.63%	95.26%	93.99%	88.28%	88.06%	74.15%	
A&E STF Trajectory			0.00%	0.00%	0.00%	0.00%	91.72%	91.72%	91.72%	91.34%	91.34%	91.34%	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	0.74	4	0.56	0.48	4
	Liquidity	days	-23	-12	3	-22	-8	3
Financial Efficiency	I&E Margin	%	0.38%	1.46%	1	-0.03%	0.47%	2
Financial Controls	Distance from Financial Plan	%	0.00%	0.02%	1	0.00%	0.69%	1
	Agency Spend	%	-10.22%	-33.65%	1	-8.64%	-35.91%	1
Overall UOR Rating					3			3

Operational Delivery: Cancer Pathway

Headline Measures

	Current YTD		Rolling 13 months													Monthly Trend
	Target	Actual	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	
Rapid Access Referrals (%) (seen in 2 wks)	93%	97.34%	98.93%	97.66%	99.15%	98.10%	97.14%	97.84%	97.20%	97.51%	97.35%	96.82%	96.94%	99.19%	95.85%	
Total Patients Seen		6590	652	641	706	842	665	742	785	763	793	723	752	741	626	
Patients seen >14 days		175	7	15	6	16	19	16	22	19	21	23	23	6	26	
% seen within 7 days		52.2%	51.1%	69.1%	54.3%	63.1%	55.6%	53.5%	48.7%	44.2%	46.2%	64.7%	54.8%	51.4%	52.9%	
62 day GP Classic (%) *	85%	94.59%	90.24%	90.43%	86.41%	96.46%	96.83%	92.81%	94.00%	93.04%	95.08%	91.67%	95.77%	94.50%	96.55%	

* Provisional figures subject to change depending

Commentary

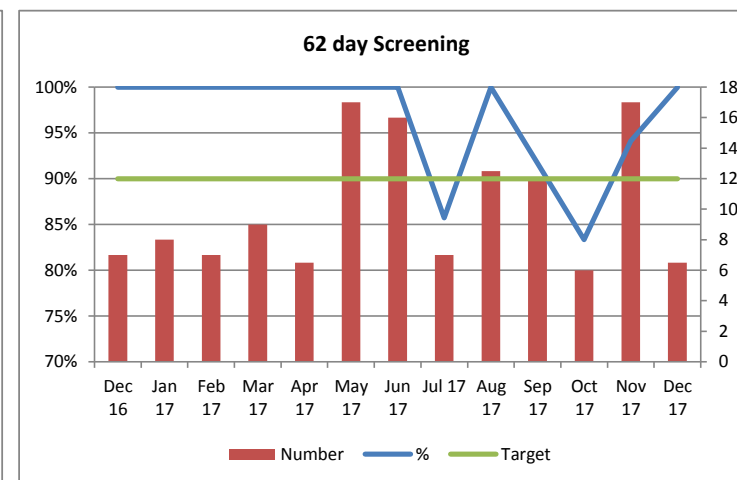
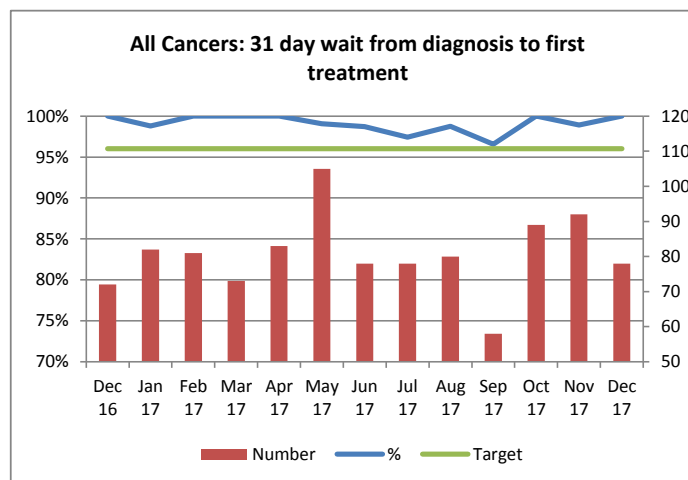
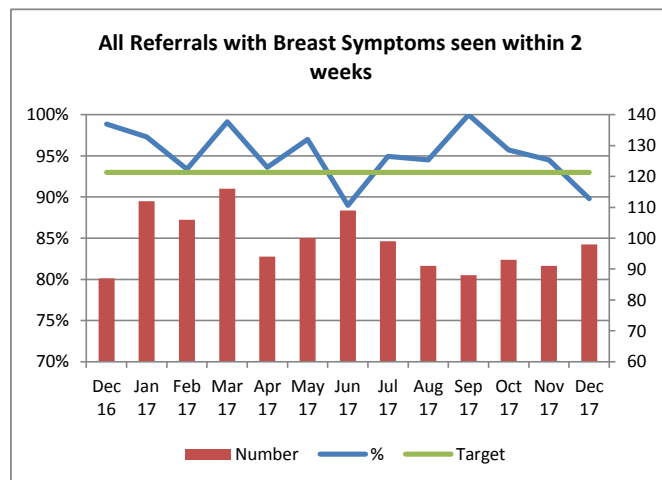
The Trust has achieved all three headline cancer standards during the month of December 2017. The figures presented in this paper reflect the Trust's regulatory performance measures (adjusted figures that take into account breach reallocation between providers).

The Trust has continued its strong performance against the Rapid Access referrals standard, again achieving above the 93% target (95.85%). There has, however, been an increase in patients seen over the 14 day standard mainly driven by breast symptomatic. The number of patients seen is similar to that of December 2016.

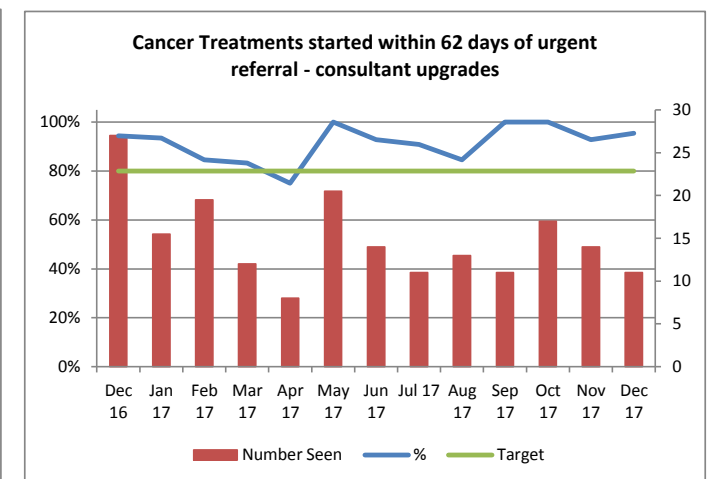
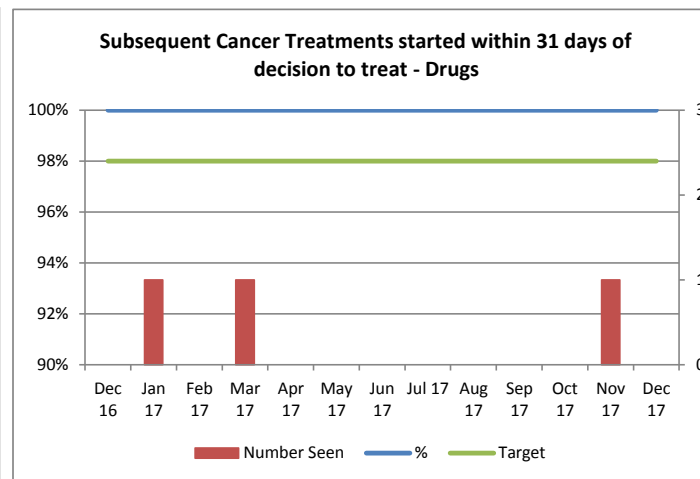
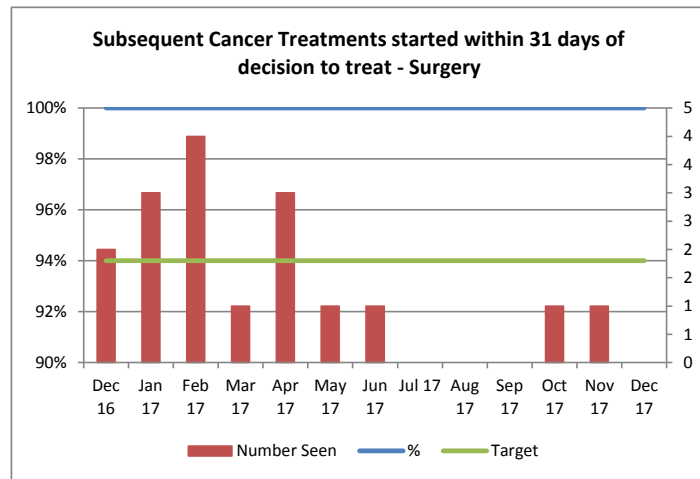
The 2 week Breast Symptomatic standard has dipped below the 93% standard in December. The deterioration in performance relates to a shortfall in capacity in radiology. This is down to difficulty in recruitment of consultant radiologists.

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

Primary Measures

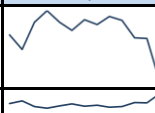

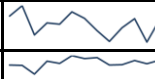







Operational Delivery: *Cancer Pathway*



Operational Delivery: *Unplanned Activity - A&E*

Headline Measures

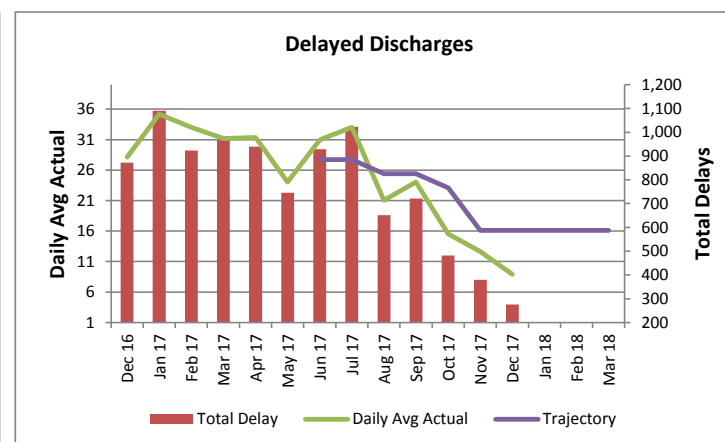
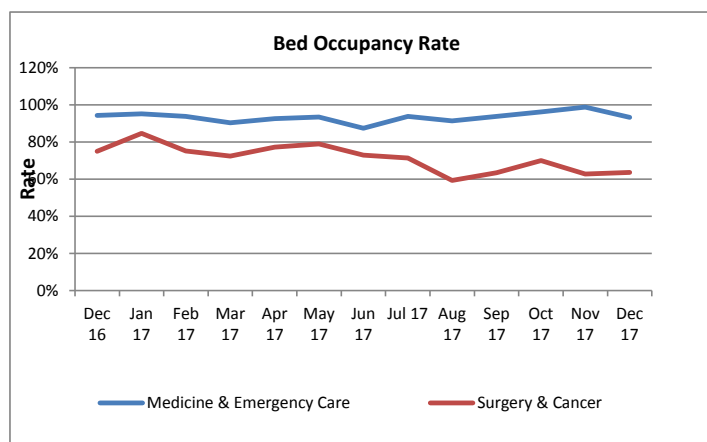
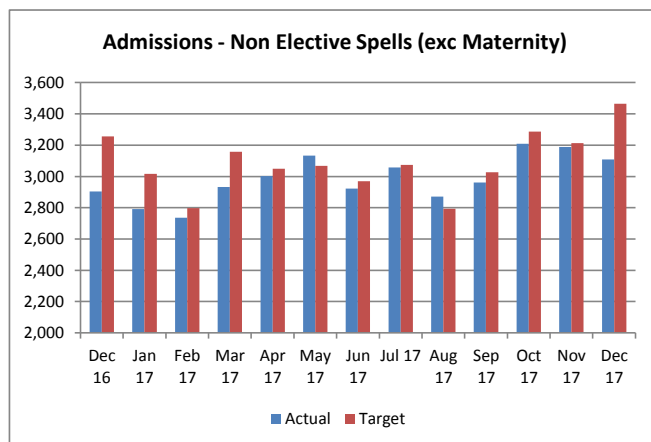
			Current YTD		Rolling 13 months													
			Target	Actual	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Monthly Trend
A&E - >4 hr wait time from arrival to admission/transfer/ discharge (% to Target)			95%	90.03%	89.25%	84.47%	93.33%	97.21%	93.37%	90.66%	94.24%	92.63%	95.26%	93.99%	88.28%	88.06%	74.15%	
No. of 4hr breaches				6,619	753	1,082	411	205	474	737	437	567	332	422	872	850	1,928	
			Plan	Actual	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Monthly Trend
A&E Attendances (LH/MIU/UUC) (% to Plan)				96.75%	100.5%	103.7%	95.1%	98.5%	98.2%	101.8%	99.9%	96.3%	93.1%	97.1%	99.8%	92.9%	99.4%	
A&E Attendances (LH/MIU/UUC) (No.)			67,000	66,375	7,005	6,965	6,166	7,357	7,144	7,890	7,593	7,697	7,011	7,023	7,439	7,120	7,458	
A&E Attendance Case Mix	Major		15,415	1,693	1,710	1,405	1,579	1,652	1,740	1,727	1,743	1,769	1,724	1,688	1,599	1,773		
	Minor		28,955	3,137	3,116	2,678	3,167	3,141	3,442	3,421	3,345	3,152	2,939	3,198	2,942	3,375		
	Paediatrics		13,427	1,218	1,223	1,183	1,631	1,433	1,674	1,568	1,626	1,182	1,416	1,588	1,557	1,383		
	Resus		8,579	957	916	900	980	918	1,034	877	983	908	944	965	1,022	928		

Commentary

ED attendances in December saw a rise of 6.5% on the same period last year. The Trust achieved 74.15% against the 4-hour access standard in December and the STF trajectory of 90.52% for the month has therefore not been achieved. Poor performance was driven by an increase in ambulance arrivals at A&E and a higher acuity of patient. 22 Escalation beds were opened over the Christmas period.

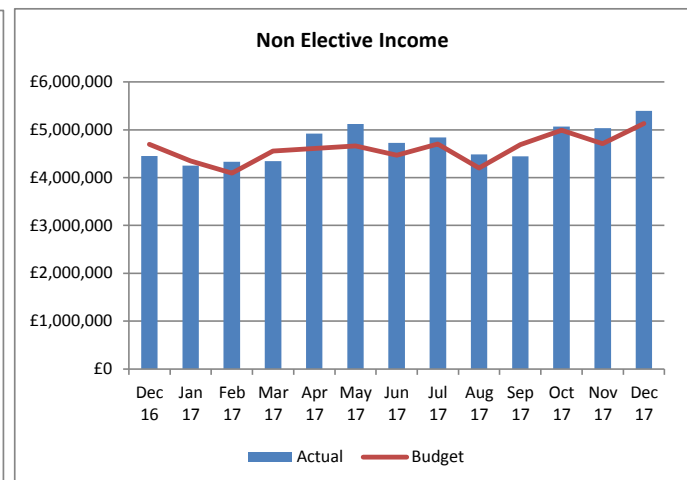
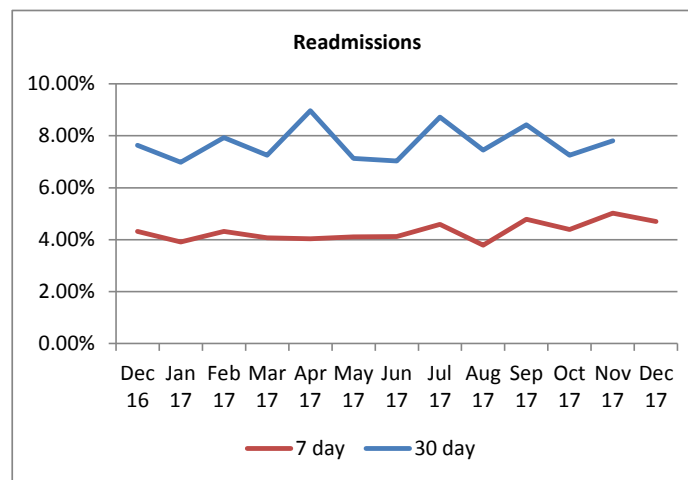
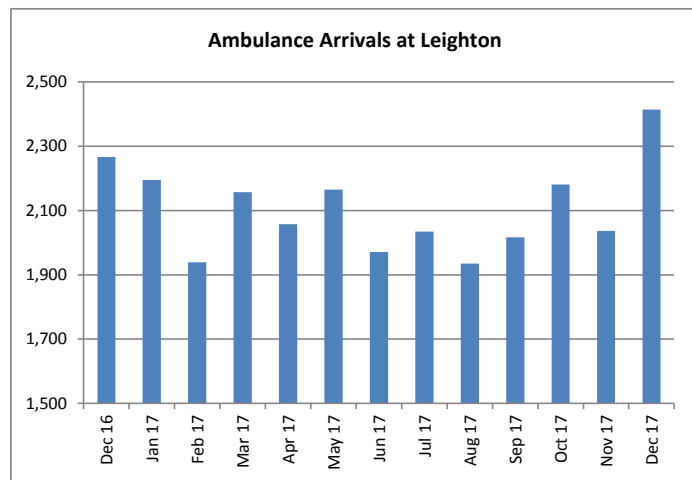
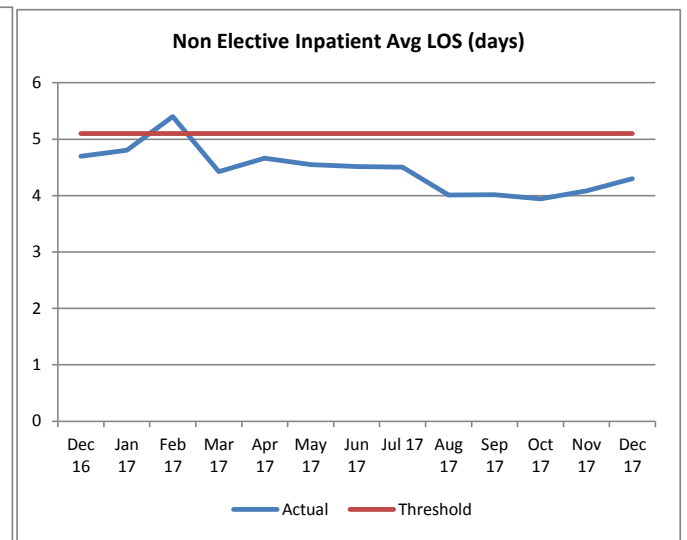
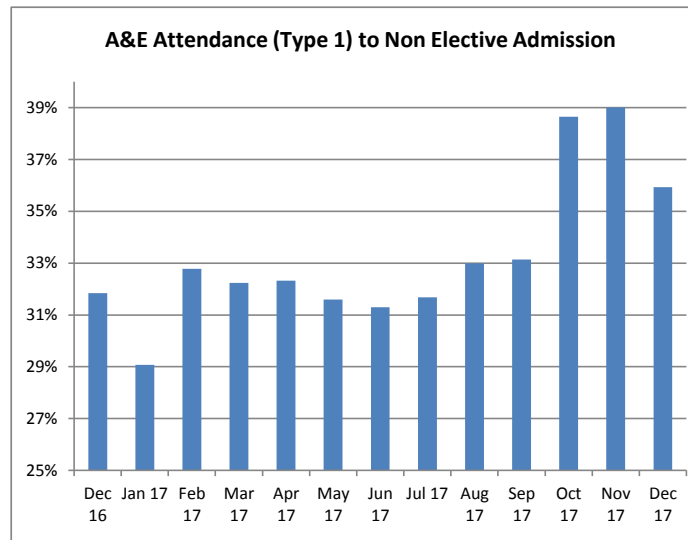
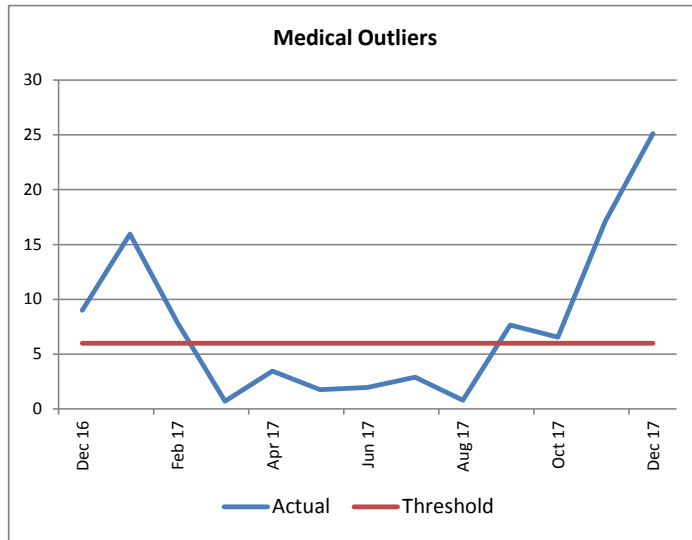
Non elective admissions in December were 7% higher than for the same period last year. The Type 1 conversion rate from A&E has reduced from 39% in November to 35.9% in December. The number of medical patients on non medical wards in December reached a high of 25. Delayed transfers of care decreased markedly since July and this trend has continued into December. The trajectory set to reduce to a daily average target of 16 reportable delays is being met.

Primary Drivers



Operational Delivery: *Unplanned Activity A&E*

Secondary Drivers



Operational Delivery: *Planned Activity*

Headline Measures

	Current YTD		Rolling 13 months													Monthly Trend
	Target	Actual	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	
18 weeks from Referral to Treatment in Aggregate - Incomplete	92%	96.77%	95.16%	95.89%	96.07%	96.48%	96.69%	96.98%	97.57%	97.37%	96.78%	97.10%	96.79%	96.36%	95.44%	
Total 18 Weeks		106,711	12,505	11,437	11,234	11,526	11,564	10,990	11,165	11,576	12,431	12,297	12,054	12,258	12,376	
No. > 18 Weeks		3,444	605	470	442	406	383	332	271	305	400	356	387	446	564	
Diagnostic Waiting Time	1%	0.31%	0.24%	0.18%	0.07%	0.09%	0.04%	0.17%	0.44%	0.76%	0.34%	0.21%	0.24%	0.25%	0.39%	
Total Number of Waiters		33,104	3,826	3,786	4,305	4,561	4,582	4,192	4,090	3,560	3,189	3,380	3,306	3,191	3,614	
Waiters of 6 Weeks +		102	9	7	3	4	2	7	18	27	11	7	8	8	14	
Total Patients Waiting for a First Outpatient Appointment			7,842	7,205	7,812	7,057	7,223	7,172	7,352	7,643	8,029	7,808	7,731	7,913	8,085	
Longest Wait Time (weeks)												42	42	37	52	

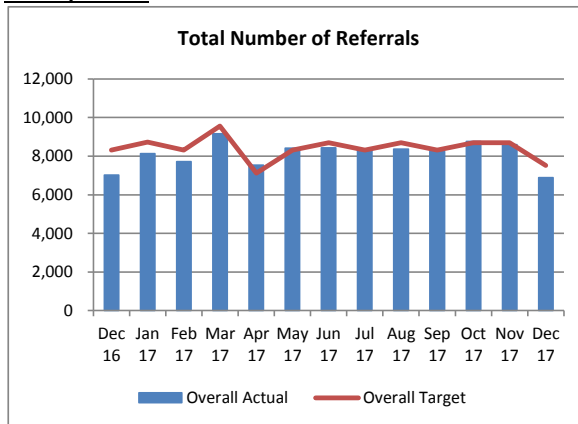
Commentary

The Trust reported 95.44% against the 92% incomplete pathways standard for RTT. Community Paediatrics was failing the 92% target at the end of the month, with performance at 85.7%. The Division have a recovery plan in place which is monitored through PMG. General Surgery has also failed to meet the 92% as a specialty for the second month (90.5%). 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 December 2017, 0.39% 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. A year on year comparison shows under 1% change in GP referrals from December 2016 to December 2017.

Primary Drivers

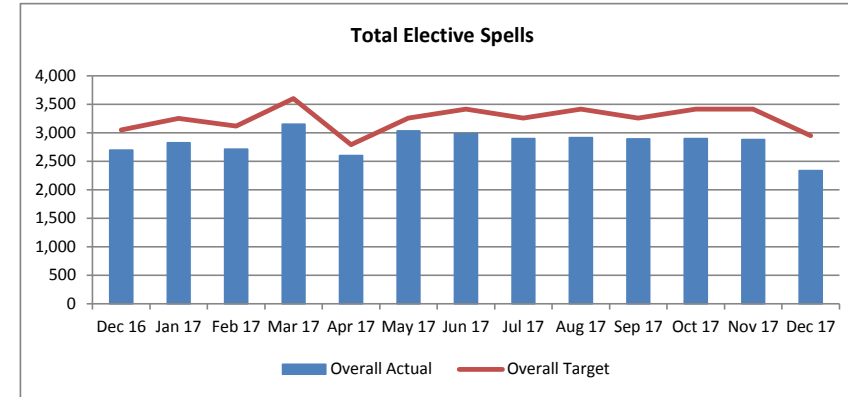
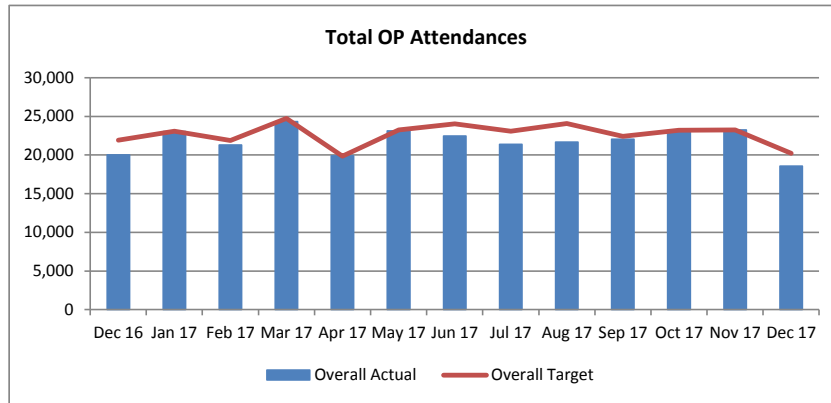


Referral Breakdown

	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Monthly Trend
GP Actual	4,192	4,930	4,592	5,534	4,427	4,779	5,248	5,115	5,211	5,277	5,506	5,424	4,157	
GP Target	5,243	5,505	5,243	6,029	4,507	5,259	5,509	5,259	5,509	5,259	5,509	5,509	4,758	
% to Target	80.0%	89.6%	87.6%	91.8%	98.2%	90.9%	95.3%	97.3%	94.6%	100.3%	99.9%	98.5%	87.4%	
Other Actual	2,821	3,200	3,126	3,621	3,100	3,632	3,179	3,191	3,156	2,969	3,252	3,166	2,730	
Other Target	3,069	3,222	3,069	3,529	2,614	3,050	3,195	3,050	3,195	3,050	3,195	3,195	2,759	
% to Target	91.9%	99.3%	101.9%	102.6%	118.6%	119.1%	99.5%	104.6%	98.8%	97.4%	101.8%	99.1%	98.9%	
Total Actual	7,013	8,130	7,718	9,155	7,527	8,411	8,427	8,306	8,367	8,246	8,758	8,590	6,887	
Total Target	8,312	8,728	8,312	9,559	7,121	8,308	8,704	8,308	8,704	8,308	8,704	8,704	7,517	
% to Target	84.4%	93.2%	92.9%	95.8%	105.7%	101.2%	96.8%	100.0%	96.1%	99.3%	100.6%	98.7%	91.6%	
GP % of Total	59.8%	60.6%	59.5%	60.4%	58.8%	56.8%	62.3%	61.6%	62.3%	64.0%	62.9%	63.1%	60.4%	

Operational Delivery: *Planned Activity*

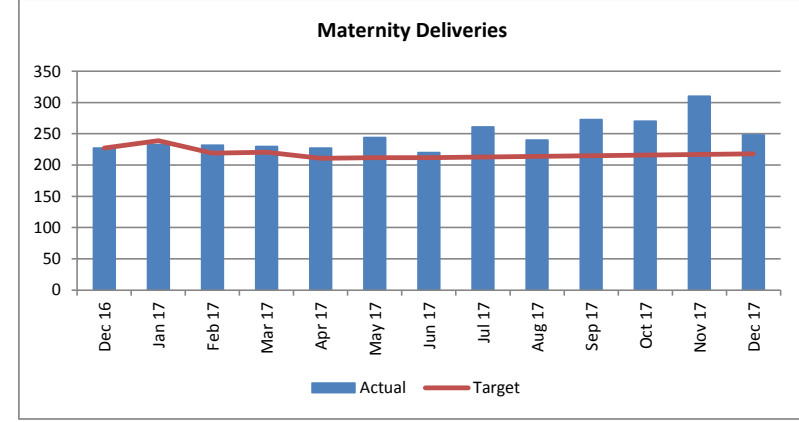
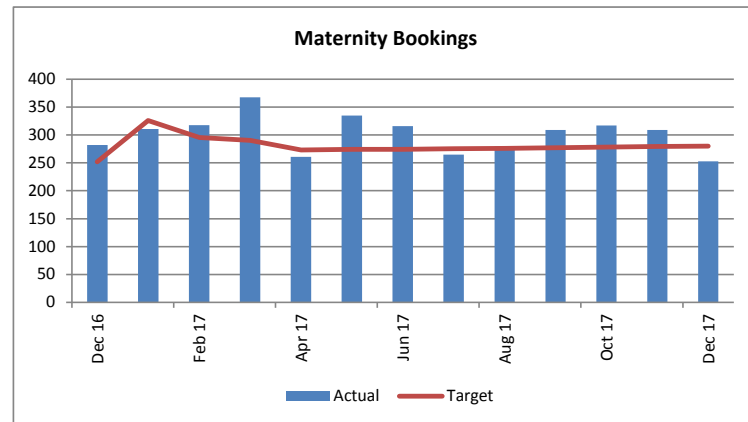
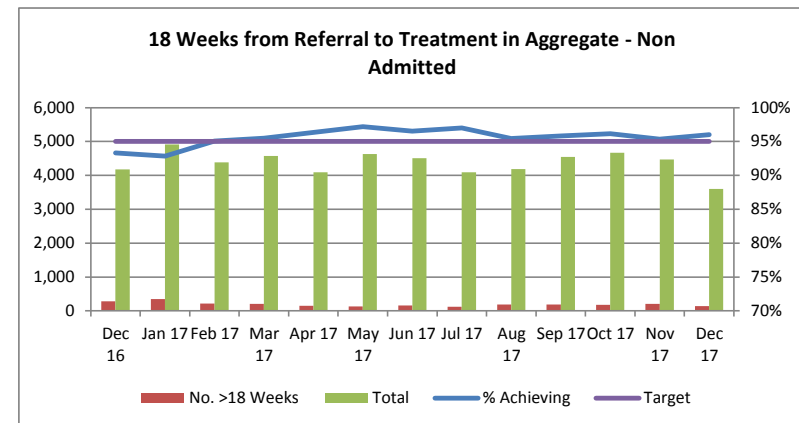
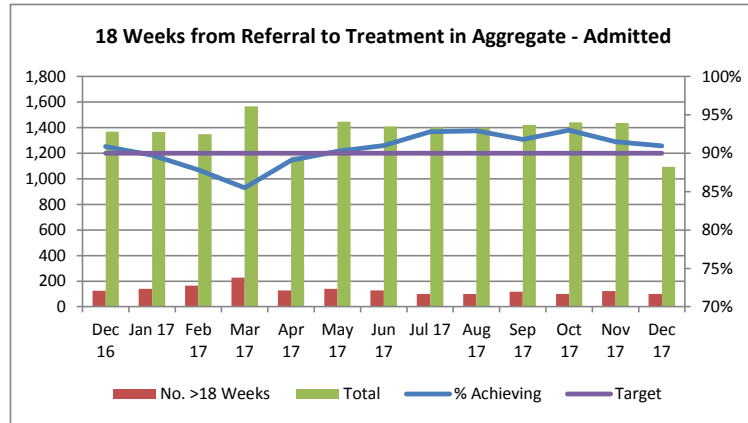
Primary Drivers



OP Attendance Breakdown		YTD	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Monthly Trend
New Actual		84,752	6,202	6,811	6,243	7,110	5,727	6,787	6,746	6,192	6,421	6,821	6,988	6,920	5,784	
New Target		91,316	6,747	7,138	6,791	7,764	6,098	7,113	7,423	7,098	7,427	6,941	7,250	7,253	6,272	
% to Target		92.8%	91.9%	95.4%	91.9%	91.6%	93.9%	95.4%	90.9%	87.2%	86.5%	98.3%	96.4%	95.4%	92.2%	
F U Actual		199,456	13,820	16,223	15,063	17,229	14,147	16,325	15,723	15,181	15,236	15,240	16,178	16,321	12,770	
F U Target		203,718	15,170	15,958	15,098	16,983	13,765	16,118	16,623	15,967	16,663	15,462	15,955	15,987	13,971	
% to Target		97.9%	91.1%	101.7%	99.8%	101.4%	102.8%	101.3%	94.6%	95.1%	91.4%	98.6%	101.4%	102.1%	91.4%	
Total Actual		284,208	20,022	23,034	21,306	24,339	19,874	23,112	22,469	21,373	21,657	22,061	23,166	23,241	18,554	
Total Target		295,034	21,917	23,096	21,889	24,747	19,862	23,231	24,046	23,065	24,090	22,403	23,205	23,240	20,243	
% to Target		96.3%	91.4%	99.7%	97.3%	98.4%	100.1%	99.5%	93.4%	92.7%	89.9%	98.5%	99.8%	100.0%	91.7%	
New % of Total		29.8%	31.0%	29.6%	29.3%	29.2%	28.8%	29.4%	30.0%	29.0%	29.6%	30.9%	30.2%	29.8%	31.2%	
Elective Spells Breakdown		YTD	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Monthly Trend
I P Actual		3,661	258	210	304	342	260	307	294	266	298	279	299	308	236	
I P Target		4,380	335	359	342	393	281	330	346	330	346	330	346	346	298	
% to Target		83.6%	77.0%	58.5%	88.8%	87.1%	92.4%	93.1%	85.1%	80.7%	86.2%	84.6%	86.5%	89.1%	79.3%	
Daycase Actual		33,189	2,442	2,618	2,411	2,809	2,342	2,728	2,689	2,636	2,619	2,616	2,603	2,576	2,100	
Daycase Target		37,827	2,717	2,892	2,775	3,208	2,509	2,931	3,071	2,931	3,071	2,931	3,071	3,071	2,650	
% to Target		87.7%	89.9%	90.5%	86.9%	87.6%	93.3%	93.1%	87.6%	89.9%	85.3%	89.3%	84.8%	83.9%	79.2%	
Total Actual		36,850	2,700	2,828	2,715	3,151	2,602	3,035	2,983	2,902	2,917	2,895	2,902	2,884	2,336	
Total Target		42,207	3,052	3,252	3,117	3,601	2,791	3,260	3,417	3,260	3,417	3,260	3,417	3,417	2,947	
% to Target		87.3%	88.5%	87.0%	87.1%	87.5%	93.2%	93.1%	87.3%	89.0%	85.4%	88.8%	84.9%	84.4%	79.3%	
I P % of Total		9.9%	9.6%	7.4%	11.2%	10.9%	10.0%	10.1%	9.9%	9.2%	10.2%	9.6%	10.3%	10.7%	10.1%	

Operational Delivery: *Planned Activity*

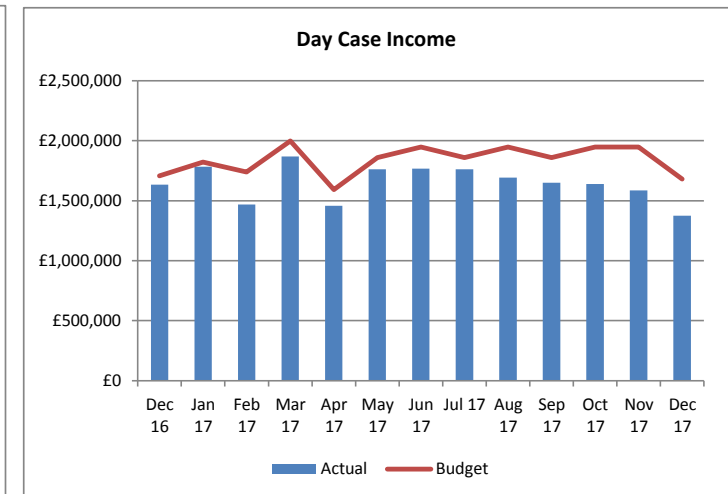
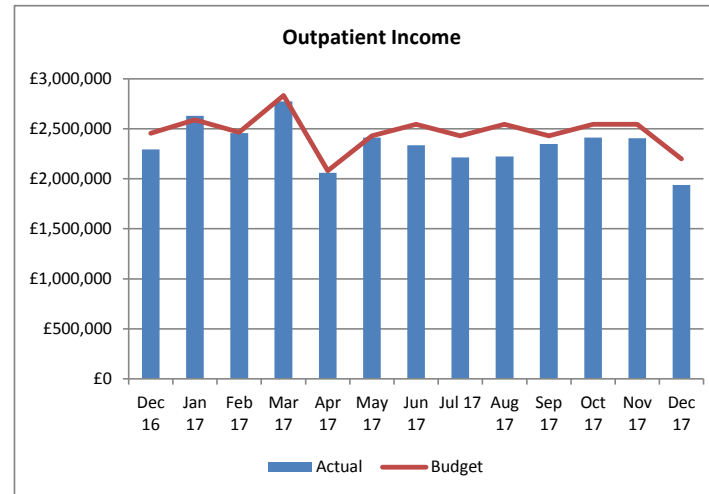
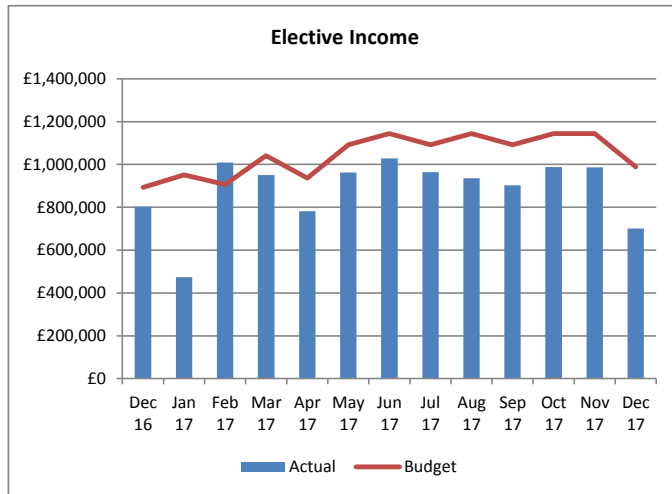
Primary Drivers



Operational Delivery: *Planned Activity*

Secondary Drivers

		Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Monthly Trend
Bed Occupancy Rate	Medicine & Emergency Care	94.2%	95.2%	93.8%	90.3%	92.6%	93.3%	87.4%	93.7%	91.4%	93.8%	96.1%	98.8%	93.3%	
	Surgery & Cancer	74.9%	84.6%	75.1%	72.3%	77.3%	78.9%	72.9%	71.3%	59.3%	63.5%	70.1%	62.7%	63.7%	
Elective Inpatient Avg LOS (Days)		3.3	2.1	2.8	2.4	3.4	2.9	3.1	3.7	2.5	2.3	2.4	2.7	2.4	
Delayed Transfers of Care (MFFD)		16.00	28	35	33	31	24	31	33	21	24	16	13	9	
Delayed Transfers of Care (% of Acute Beds)			5.7%	6.9%	6.6%	6.3%	6.4%	4.9%	6.6%	7.1%	4.6%	5.2%	3.4%	2.7%	
Medical Outliers		9	16	8	1	3	2	2	3	1	8	7	17	25	
Readmission (Emergency Re-admissions after Planned Surgery)															
* reported from 16/17. One month delay	30 Day Rate	3.46%	3.27%	2.95%	0.27%	4.00%	3.05%	3.06%	2.76%	2.92%	3.12%	2.77%	2.63%		
	7 Day Rate	1.24%	1.75%	1.67%	1.40%	1.73%	1.56%	1.49%	1.05%	1.11%	1.44%	1.64%	1.23%	1.04%	
Cancelled Operations - Non Clinical - Cancellation Rate		2.12%	0.85%	1.25%	1.07%	1.30%	1.06%	0.80%	0.86%	0.40%	0.57%	1.27%	0.75%	2.24%	
Theatre Efficiency															
	Main Theatres	75.5%	71.4%	76.3%	76.2%	77.5%	79.5%	78.4%	77.9%	78.6%	80.5%	78.8%	77.0%	74.4%	
	TC Theatres	72.6%	72.1%	76.0%	75.3%	75.6%	79.6%	72.7%	75.0%	76.0%	71.5%	78.1%	75.5%	77.5%	
DNA (OP Efficiency)		6.28%	6.13%	5.44%	5.35%	5.86%	5.94%	6.63%	5.82%	5.82%	5.94%	5.62%	5.39%	6.22%	
Hospital Cancellation Rate (OP Efficiency)		5.56%	5.40%	5.73%	6.03%	6.57%	7.63%	7.51%	7.94%	7.58%	6.11%	6.27%	6.19%	7.18%	



Financial Performance: Income & Expenditure Position - Aggregated

	Month			Year to Date			Forecast	Base Budget 17/18 £'000
	Plan Dec (£'000)	Actual Dec (£'000)	Variance Dec (£'000)	Plan Apr to Dec (£'000)	Actual Apr to Dec (£'000)	Variance Apr to Dec (£'000)	17/18 (£'000)	
Operating								
Operating Income								
<i>NHS Acute Activity Income</i>								
Elective	907	699	-208	9,009	8,248	-762	10,997	12,496
Non-Elective	5,039	5,547	508	41,297	44,041	2,743	58,721	57,367
Maternity	1,067	1,126	59	10,021	10,578	557	14,103	13,208
Day cases	1,658	1,344	-314	16,413	14,687	-1,726	19,583	22,066
Outpatients	2,126	1,967	-160	21,492	20,350	-1,141	27,134	29,033
A&E	752	856	104	7,038	7,437	399	9,916	9,309
Other NHS	6,407	6,671	263	57,249	57,947	697	76,480	70,720
Total NHS Clinical Revenue	17,956	18,208	252	162,520	163,287	768	216,935	214,199
<i>Other Operating Income</i>	1,904	1,774	-130	17,155	16,744	-411	22,319	22,840
TOTAL OPERATING INCOME	19,860	19,982	122	179,675	180,031	357	239,254	237,039
Operating Expenses								
Employee Benefits Expenses (Pay)	-13,721	-13,693	28	-123,769	-124,168	-399	-166,555	-165,061
Drugs	-1,376	-1,398	-22	-12,395	-11,991	404	-15,985	-16,526
Clinical Supplies	-1,589	-1,540	49	-14,700	-13,631	1,069	-18,195	-19,518
Non Clinical Supplies	-273	-390	-117	-2,511	-3,042	-531	-3,989	-3,338
Other operating expenses	-2,537	-2,715	-178	-22,869	-24,122	-1,253	-31,486	-30,178
TOTAL OPERATING EXPENSES	-19,496	-19,736	-240	-176,244	-176,954	-710	-236,210	-234,621
EBITDA	364	246	-118	3,431	3,077	-353	3,044	2,418
Non Operating								
Non Operating Income								
Interest & Asset disposal	3	6	3	27	20	-7	36	36
Non-Operating Expenses								
Depreciation & Finance Leases	-538	-437	101	-4,391	-3,953	438	-5,316	-5,850
PDC Dividend Expense	-159	-159	0	-1,427	-1,427	0	-1,900	-1,900
Net Surplus/(deficit) before STF/Exceptional Items	-330	-344	-14	-2,360	-2,283	78	-4,136	-5,296
STF	180	0	-180	3,478	2,936	-542	6,273	5,994
Net Surplus/(deficit) before Exceptional Items	-150	-344	-194	1,118	653	-464	2,137	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	-150	-344	-194	1,118	871	-246	2,355	956

The Trust delivered a £0.7M surplus (before charitable income) cumulative against a planned surplus of £1.1M.

Contract income is £0.8M better than plan cumulative. Key variances include planned income and drugs and the impact of the CEP. In month £0.2M of winter monies has been recognised.

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

Pay is £0.4M 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.

Non-Pay is £0.3M worse than plan cumulative. The key impacts are: high cost drugs better (income offset), 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.

The forecast is to achieve the agreed control total and deliver the cost savings under the CEP, recognising the reduced income flows from South Cheshire & Vale Royal CCGs. The forecast has improved by £1.4M being the £0.6M Tranche 1 winter monies and STF incentive of £0.8M (resulting from improving the pre STF Control Total forecast necessarily to mitigate the Q3 A&E STF loss).

* EBITDA Total excludes Charitable Income

Financial Performance: Income & Expenditure Position - MCHFT

	Month			Year to Date			Forecast	Base Budget 2017/18 £'000
	Plan Dec (£'000)	Actual Dec (£'000)	Variance Dec (£'000)	Plan Apr to Dec (£'000)	Actual Apr to Dec (£'000)	Variance Apr to Dec (£'000)	17/18 (£'000)	
Operating								
Operating Income								
<i>NHS Acute Activity Income</i>								
Elective	907	699	-208	9,009	8,248	-762	10,997	12,496
Non-Elective	5,039	5,547	508	41,297	44,041	2,743	58,721	57,367
Maternity	1,067	1,126	59	10,021	10,578	557	14,103	13,208
Day cases	1,658	1,344	-314	16,413	14,687	-1,726	19,583	22,066
Outpatients	2,126	1,967	-160	21,492	20,350	-1,141	27,134	29,033
A&E	752	856	104	7,038	7,437	399	9,916	9,309
Other NHS	4,227	4,456	228	37,654	38,001	346	49,906	44,645
Total NHS Clinical Revenue	15,776	15,993	217	142,925	143,341	417	190,361	188,124
<i>Other Operating Income</i>	1,824	1,688	-136	16,457	15,990	-468	21,282	21,941
<i>Inter-Trust Income</i>	48	82	34	428	577	148	737	571
TOTAL OPERATING INCOME	17,648	17,763	115	159,811	159,908	98	212,380	210,636
Operating Expenses								
Employee Benefits Expenses (Pay)	-11,971	-12,083	-112	-108,047	-109,339	-1,292	-146,709	-144,096
Drugs	-1,374	-1,394	-20	-12,374	-11,972	402	-15,959	-16,497
Clinical Supplies	-1,500	-1,423	77	-13,901	-12,791	1,110	-17,075	-18,455
Non Clinical Supplies	-205	-323	-118	-1,898	-2,176	-277	-2,897	-2,520
Other operating expenses	-2,167	-2,298	-131	-19,468	-20,467	-999	-26,475	-25,672
Inter-Trust Charges	-82	-82	0	-734	-734	0	-979	-979
TOTAL OPERATING EXPENSES	-17,298	-17,602	-304	-156,423	-157,479	-1,056	-210,094	-208,219
EBITDA	350	161	-189	3,387	2,429	-958	2,286	2,417
Non Operating								
Non Operating Income								
Interest & Asset disposal	3	6	3	27	20	-7	36	36
Non-Operating Expenses								
Depreciation & Finance Leases	-538	-437	101	-4,391	-3,953	438	-5,316	-5,850
PDC Dividend Expense	-159	-159	0	-1,427	-1,427	0	-1,900	-1,900
Net Surplus/(deficit) before STF/Exceptional Items	-344	-429	-85	-2,404	-2,931	-527	-4,894	-5,296
STF	180	0	-180	3,478	2,936	-542	6,273	5,994
Net Surplus/(deficit) before Exceptional Items	-164	-429	-265	1,074	5	-1,069	1,379	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	-164	-429	-265	1,074	223	-851	1,597	698

The Trust excluding Community Services, delivered a break even position cumulative against a planned £1.1M surplus..

Contract income is £0.4M better than plan cumulative. Key variances include planned income and drugs. £120M of the £143M actual value is fixed in line with the CEP. The variance relates to services commissioned by NHSE, Public Health England and out of area commissioners.

Other income is £0.5M worse cumulative as a result of training income, RTA income and nhs recharge variances.

Pay is £1.3M worse than plan cumulative as a result of higher spend on Nursing and corporate vacancy targets.

Non-Pay is £0.2M better than plan cumulative as a result of better than plan for high cost drugs (income offset) and clinical supplies (activity related). Other Operating Expenses is £1.0M worse as a result of continuing outsourcing pressures in diagnostics from staffing gaps.

Financial Performance: Income & Expenditure Position - CCICP

	Month			Year to Date			Forecast	Base Budget 2017/18 £'000
	Plan Dec (£'000)	Actual Dec (£'000)	Variance Dec (£'000)	Plan Apr to Dec (£'000)	Actual Apr to Dec (£'000)	Variance Apr to Dec (£'000)	17/18 (£'000)	
Operating								
Operating Income								
<i>NHS Acute Activity Income</i>								
Elective	0	0	0	0	0	0	0	
Non-Elective	0	0	0	0	0	0	0	
Maternity	0	0	0	0	0	0	0	
Day cases	0	0	0	0	0	0	0	
Outpatients	0	0	0	0	0	0	0	
A&E	0	0	0	0	0	0	0	
Other NHS	2,180	2,215	35	19,595	19,946	351	26,574	26,075
Total NHS Clinical Revenue	2,180	2,215	35	19,595	19,946	351	26,574	26,075
<i>Other Operating Income</i>	80	86	6	698	754	57	1,037	899
<i>Inter-Trust Income</i>	82	82	0	734	734	0	979	979
TOTAL OPERATING INCOME	2,342	2,383	41	21,027	21,434	408	28,590	27,953
Operating Expenses								
Employee Benefits Expenses (Pay)	-1,750	-1,610	140	-15,722	-14,829	893	-19,846	-20,965
Drugs	-2	-4	-2	-21	-19	2	-26	-29
Clinical Supplies	-89	-117	-28	-798	-840	-42	-1,120	-1,063
Non Clinical Supplies	-68	-67	1	-613	-866	-254	-1,092	-818
Other operating expenses	-370	-417	-47	-3,401	-3,655	-254	-5,011	-4,506
Inter-Trust Charges	-48	-82	-34	-428	-577	-148	-737	-571
TOTAL OPERATING EXPENSES	-2,327	-2,298	29	-20,983	-20,786	197	-27,832	-27,952
EBITDA	15	85	70	44	648	605	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	15	85	70	44	648	605	758	0
STF	0	0	0	0	0	0	0	
Net Surplus/(deficit) before Exceptional Items	15	85	70	44	648	605	758	
Prior Period Adjustment	0	0	0	0	0	0	0	
Net Surplus/(deficit) after Exceptional Items	15	85	70	44	648	605	758	0

Community Services delivered a £0.6M 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 £0.7M 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	(89)	(682)	(627)	(31)	(20)	(712)	(735)
Endoscopy	Endoscopy	4,564	1	(884)	(1,769)	65	(911)	146	1,886	(674)
General Surgery Directorate	General Surgery	12,560	51	(758)	(6,497)	201	(1,314)	62	4,800	(494)
Head & Neck Directorate	Head & Neck	4,147	299	(105)	(1,896)	109	(596)	37	1,955	42
Macmillan Cancer Centre	Macmillan Cancer Centre	446	1,189	235	(667)	(19)	(1,000)	(50)	(31)	165
Ophthalmology	Ophthalmology	8,724	47	(458)	(2,990)	230	(2,484)	403	3,297	176
Orthopaedic Directorate	Orthopaedics	14,213	178	(1,035)	(4,675)	205	(2,619)	(47)	7,098	(876)
Theatres & TC	Theatres & TC	0	266	1	(5,472)	29	(1,992)	(33)	(7,198)	(3)
Urology Directorate	Urology	4,199	55	(226)	(2,050)	(12)	(389)	(132)	1,815	(371)
Surgical and Cancer Division	Surgery & Cancer	48,854	2,087	(3,319)	(26,697)	181	(11,335)	367	12,910	(2,771)

The Surgical Division is £2.8M 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 Mgmt	Divisional Management M&EC	0	115	115	(1,714)	(97)	(103)	(247)	(1,703)	(229)
Accident & Emergency Dir	Emergency Department	11,715	609	981	(4,317)	166	(529)	(86)	7,478	1,060
Anaesthetics & Critical Care	Anaesthetics & Critical Care	4,661	34	42	(5,987)	63	(839)	72	(2,131)	176
Medical Directorate	General Medicine	31,750	179	974	(16,559)	(574)	(3,430)	(19)	11,939	382
Urgent Care Centre	Urgent Care Centre	0	0	0	(518)	22	0	90	(518)	112
Emergency Services Division	Medicine & Emergency Care	48,126	936	2,111	(29,096)	(420)	(4,901)	(191)	15,065	1,500

The Medicine and Emergency Care Division are £1.5M better than plan. Net of income, the Division is £0.6M worse than plan. The key variances are Pay in the medical directorate as a result of higher nursing costs from use of bank HCA's over establishment for acuity pressures. Medical pay is lower than plan. Non-pay is worse than plan with non-deliverable infusion pump CIP in Divisional management.

		Income			Expenditure				NET TOTAL	
		Contract	Variable	Better/ (Worse) than Budget	Pay	Better/ (Worse) than Budget	Non-Pay	Better/ (Worse) than Budget	Total	Better/ (Worse) than Budget
Wom Chil & sexl hlth Div Mgmt	Divisional Management W&C	0	52	45	(1,001)	(111)	(84)	16	(1,033)	(50)
Obstetric & Gynaecology Dir	Obstetrics & Gynaecology	13,934	85	406	(6,485)	(23)	(1,157)	(225)	6,376	158
Paediatric Directorate	Paediatrics	8,712	73	(89)	(5,781)	(54)	(863)	(54)	2,140	(197)
Women and Childrens Division	Women and Children	22,646	209	362	(13,268)	(188)	(2,104)	(263)	7,483	(89)

The Womens and Childrens Division is £0.9M 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 & Clinic Spt Sv Div Mgmt	Divisional Management D&S	0	0	0	(212)	27	(18)	(77)	(230)	(50)
Dermatology	Dermatology	1,281	20	(172)	(658)	121	(234)	24	410	(28)
ECG department	ECG	272	20	(34)	(720)	96	(55)	3	(483)	66
Elmhurst	Elmhurst	1,496	138	7	(1,142)	(33)	(129)	14	364	(12)
Integrated Discharge	Integrated Discharge	0	0	0	(231)	(27)	(3)	0	(234)	(28)
Medical Records Department	Medical Records Department	0	0	(2)	(1,307)	40	(174)	(12)	(1,482)	27
Outpatients	Outpatients	0	119	(7)	(412)	(1)	(43)	(2)	(337)	(11)
Pathology Directorate	Pathology	8,976	2,916	75	(7,385)	26	(6,599)	(157)	(2,092)	(56)
Pharmacy Departments	Pharmacy	2,324	185	240	(2,353)	44	(2,383)	(396)	(2,228)	(111)
Radiology Directorate	Radiology	2,417	542	(380)	(4,662)	25	(1,586)	(127)	(3,289)	(482)
Therapeutic Departments	Therapies	0	2	2	(1,464)	107	(40)	35	(1,502)	144
Victoria Infirmary Northwich	Victoria Infirmary Northwich	1,512	7	(118)	(1,290)	(66)	(223)	2	6	(181)
Diagnostics and Support Divisi	Diagnostics and Support	18,278	3,947	(389)	(21,836)	361	(11,487)	(694)	(11,098)	(722)

The Diagnostics Division is £0.7M worse than plan cumulative. Net of income, the Division is £0.3M worse than plan. The key variances include better than plan on pay from staffing gaps in Imaging, ECG and Dermatology. Non-pay is worse on drugs and outsourcing imaging and pathology.

		Income			Expenditure				NET TOTAL	
		Contract	Variable	Better/ (Worse) than Budget	Pay	Better/ (Worse) than Budget	Non-Pay	Better/ (Worse) than Budget	Total	Better/ (Worse) than Budget
Estates & Facilities Div Mgmt	Divisional Management E&F	0	0	0	(375)	11	(175)	(18)	(550)	(7)
Catering Directorate	Catering	0	1,041	66	(1,198)	(50)	(998)	(83)	(1,155)	(67)
Estates Departments	Estates Departments	0	341	(16)	(1,206)	(38)	(4,592)	283	(5,457)	228
Hotel Services	Domestics	0	0	0	(1,009)	(41)	(9)	(1)	(1,019)	(41)
Laundry Services Departments	Laundry	0	909	1	(834)	(86)	(687)	(106)	(612)	(191)
Security	Security	0	1,154	(71)	(525)	38	(495)	(64)	134	(96)
Site Services	Porters	0	0	0	(2,011)	63	(67)	(9)	(2,078)	55
Estates & Facilities Division	Estates & Facilities Division	0	3,446	(20)	(7,160)	(102)	(7,023)	3	(10,737)	(120)

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

		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	(1,089)	12	(479)	11	(1,569)	22
Computer Services	Computer Services	0	42	32	(1,050)	78	(1,625)	(82)	(2,633)	27
Finance & Information	Finance & Information	0	32	9	(2,325)	(61)	(559)	57	(2,851)	4
Human Resources	Human Resources	0	361	2	(1,775)	41	(349)	118	(1,763)	161
Risk Management & R&D	Risk Management & R&D	0	301	(104)	(1,096)	79	(42)	27	(837)	3
Quality Assurance Departments	Nurse Management	0	280	173	(2,135)	(303)	(6,863)	44	(8,718)	(86)
Trust Central Expenditure	Trust Central Expenditure	8,356	4,447	734	(1,604)	(958)	(415)	809	10,783	586
Other Departments	Other Departments	15	118	30	(207)	(10)	(221)	31	(295)	51
Corporate		8,371	5,582	875	(11,282)	(1,122)	(10,554)	1,015	(7,883)	768

The Corporate Division is £0.8M better cumulative. Net of income, there is a £0.1M 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	19,946	755	408	(14,828)	893	(5,382)	(548)	491	753
EBITDA	166,222	16,962	29	(124,167)	(398)	(52,786)	(311)	6,231	(680)

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	6,127	0	6,031	-96
NHS Eastern Cheshire CCG Community	412	308	0	308	0
NHS South Cheshire CCG Community	16,954	12,713	0	12,713	-0
NHS South Cheshire CCG	99,576	77,906	1,451	77,906	-0
NHS Vale Royal CCG	54,424	42,017	738	42,017	-0
NHS Vale Royal CCG Community	10,284	7,711	0	7,711	-0
NHS Warrington CCG	248	186	0	212	26
NHS West Cheshire CCG	3,342	2,500	0	2,626	125
NHS West Cheshire CCG Community	191	142	0	142	0
NHS North Staffordshire CCG	1,900	1,420	0	1,720	300
NHS Shropshire CCG	624	467	0	661	194
NHS Stoke on Trent CCG	1,407	1,051	0	1,199	148
Public Health England	1,635	1,224	0	723	-502
NHS Commissioning Board	1,511	1,128	0	1,128	0
Specialist Commissioning Group	8,449	6,340	0	6,469	129
Non Contract Activity	1,767	1,328	0	1,479	151
Cross Border Flows	165	123	0	273	149
Non-Commissioner Specific	9,123	3,306	-1,278	2,905	-401
TOTAL	220,213	165,997	910	166,222	224

The South Cheshire and Vale Royal contracts are in line with the agreed CEP value. Against PbR, the Trust is underperforming by £2.2M primarily associated with elective activity.

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

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

Other Contract Income	FY Target (£'000)	YTD Target (£'000)	YTD Actual (£'000)	Final Variance (£'000)
Bed Based Services	5,951	4,463	4,447	-16
Adult & Neonatal Critical Care	7,884	5,935	5,903	-32
Urgent Care Centre	0	0	0	0
Community Paediatrics	1,302	976	976	0
Direct Access Services	10,245	7,674	7,168	-506
Unbundled Radiology	3,613	2,710	2,619	-90
High Cost Drugs	9,953	7,465	7,255	-210
Screening Programmes	1,474	1,105	1,105	0
Audiology	1,057	793	872	80
IVF	321	241	194	-47
CQUIN	4,453	2,789	2,505	-284
STF	5,993	3,895	3,356	-539
Community Services	27,805	20,854	21,205	351
Other	14	1,828	3,276	1,448
TOTAL	80,066	60,727	60,880	153

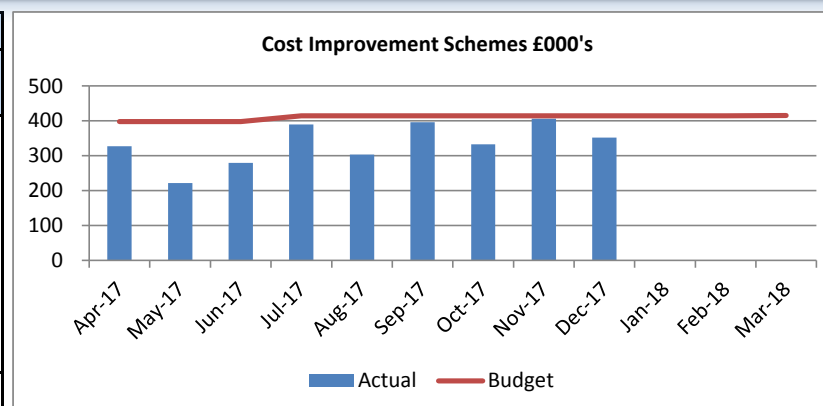
Other contract income is showing £0.2M better than plan.

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

Other includes the impact of the CEP (£1.2M favourable) and the winter Tranche 1 monies. (£0.2M)

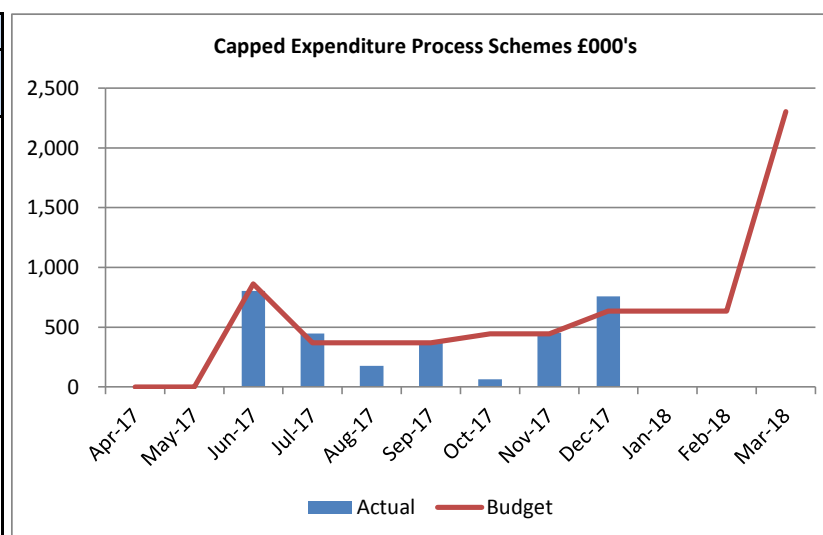
Financial Performance: Efficiencies

Cost Improvement Schemes (£'000's)						
Scheme Category	YTD Target	YTD Actual	YTD	FY Target	FY Forecast	FY Variance
Access & Flow	500	398	-102	600	600	0
Back Office	146	77	-70	195	118	-77
Commercial	105	122	17	140	152	12
Drugs	311	292	-18	414	384	-31
Medical Workforce	1,337	1,259	-79	1,783	1,704	-79
Non-Pay Efficiency	255	23	-232	340	33	-307
Nursing Workforce	225	0	-225	300	0	-300
Procurement	563	563	0	750	750	0
Service redesign	300	259	-41	400	334	-66
Total (£'000)	3,742	2,993	-750	4,922	4,075	-848



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	70	70	0	100	100	0
Acute CEP ECT Rota	70	0	-70	100	0	-100
Acute CEP Elective*	1,042	975	-67	2,766	3,170	404
Acute CEP Diagnostic Capacity (189	189	0	378	378	0
Acute CEP Diagnostic Capacity (0	0	0	188	188	0
Acute CEP High Cost Drugs	450	323	-127	600	431	-169
Acute CEP Paeds	21	0	-21	30	0	-30
Acute CEP Pharmacy	35	0	-35	50	15	-35
Acute CEP PLCP	70	0	-70	100	0	-100
Acute CEP Tele-Derm	49	49	0	70	70	0
Acute CEP Winter	188	188	0	750	750	0
Acute CEP Interest	60	0	-60	100	100	0
Acute CEP Maternity	0	0	0	100	0	-100
Community CEP (Pay)	353	353	0	479	479	0
Community CEP (Non-Pay)	925	925	0	1,251	1,251	0
Grand Total	3,522	3,072	-450	7,062	6,932	-130



Capped Expenditure Process schemes are £0.5M worse than plan cumulative as a result of not achieving the full target on elective efficiency as schemes commenced later in the year than planned and some elements are still in development. In addition, PLCP will not impact in 2017/18 due to commitments to existing patients and the ECT partner schemes are still under discussion. Interest is set to deliver by the year end. 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 FY TARGET	2017/18 YTD TARGET	2017/18 CUMULATIVE ACTUAL	2017/18 BETTER/WORSE THAN BUDGET	2017/18 FORECAST	2018/19 + FORECAST	WHOLE PROJECT ACTUAL TO DATE	WHOLE PROJECT PROPOSED PLAN	TOTAL FORECAST
STRATEGIC INVESTMENTS (Requires individual signoff)													
ESTATES													
DR'S MESS INTO RMO'S	Yes	Internal	Yes		42	42	42	0	42	0	42	42	42
WARD 11 REFURBISHMENT	Yes	Internal	Yes	1500		0	-53	53	-53	0	1447	1,500	1,447
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	1	59.29804	60	0	1	60	60
CENTRALISED POAC	Yes	Internal	Yes		122	122	122	0	122	0	122	122	122
BISTRO & 2 OFFICES	Yes	Internal	Yes		178	178	0	178	208	0	0	178	208
OPHTHALMOLOGY OUTPATIENTS - PHASE 2	Yes	Internal	Yes	86	249	250	259	-9	259	0	345	335	345
UNDER / OVERS CAPITAL SCHEMES 16/17	Yes	Internal	Yes			0	-8	8	-4	0	-8	0	-4
WARD REFURBISHMENT	Yes	Loan	Not yet approved		4200	2900	102	2798	1400	8800	102	13,000	10,200
MRI SCANNER 3RD BUILD	Yes	Internal/Loan	Not yet approved	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	150	0	400	150
BARIASTRIC SIDE ROOM	No	Internal	Not yet approved		100	0	0	0	0	100	0	200	100
3RD CT SCANNER BUILD	No	Loan	Not yet approved		850	850	0	850	0	850	0	1,700	850
TOTAL				2549	7874	6475	813	5662	2381	11376	3362	21799	16306
IT													
VOICE OVER IP	Yes	Internal	Yes	171	295	295	242	53	350	200	413	666	721
RADIOLOGY INFORMATION SYSTEM	Yes	Internal	Yes	96	132	132	-10	142	0	0	86	228	96
WIRELESS UPGRADE	Yes	Internal	Yes	6	24	24	1	23	25	0	7	30	31
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	0	0	150	0
CLINICAL PORTAL	No	Loan	Not yet approved		1260	960	0	960	0	660	0	1,920	660
Q PULSE	Yes	Internal	Yes		30	30	25	5	25	0	25	30	25
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	90	48	42	100	400	48	500	500
PACS REPLACEMENT	Yes	Internal	Now Revenue		1590	0	0	0	0	0	0	1,590	0
E-PRESCRIBING	No	Loan	Not yet approved		900	900	0	900	0	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 INTELLIGENCE 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	5502	321	5181	556	15593	624	18229	16,452
TOTAL STRATEGIC INVESTMENTS					2852	16776	11977	1134	10843	2937	26969	3986	40028
													32758

The Estates strategic investments capital spend is £5,662K less than the plan. This is mainly due to the build for the third MRI Scanner, the build for the third CT Scanner Waste Compound , Bistro and Offices and Ward 17 refurbishment. Originally the MRI and Ward 17 refurbishment projects are delayed due to the delay in the approval of loans from the DoH. However the Ward 17 refurbishment has now started. The request for the loan application has been approved, however the agreement needs to be signed by parties. It also includes an application of a contribution to the backlog maintenance programme. The business case for the third CT Scanner has still not been approved. The forecast has been amended due to the delay in the Ward 17, third MRI Scanner and the third CT Scanner, and Bariatric sideroom where some of the expenditure has been moved to 2018/19.

The IT Strategic investments projects are £5,181K 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	113	36	76	150	600	36	750	750
DESIGN TEAM	Yes	Internal	Yes		280	210	195	15	280	1120	195	1,400	1,400
CT / VT - HEATING INFRASTRUCTURE	Yes	Internal	Yes		175	115	44	71	175	525	44	700	700
BACKLOG GENERAL PROVISION	Yes	Internal/Loan	Yes		1604	1382	338	1044	1,604	6750	338	8,354	8,354
TOTAL				0	2,209	1,820	613	1207	2,209	8,995	613	11,204	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	60	9	51	85	110	9	195	195
IT APPLICATIONS	Yes	Internal	Yes		100	75	5	70	100	400	5	500	500
IBM HARDWARE	Yes	Internal	Yes		144	144	90	54	90	54	90	198	144
TOTAL				0	387	337	157	180	362	589	157	976	951
TOTAL ROLLING ALLOCATIONS				0	2,596	2,157	770	1,387	2,571	9,584	770	12,180	12,155
ADDITIONAL													
EQUIPMENT	Yes	Internal	Yes		0	0	47	-47	39	0	47	0	39
GP STREAMING ESTATES	Yes	Internal	Yes		0	0	9	-9	9	491	9	491	500
GP STREAMING IT	Yes	Internal	Yes		0	0	41	-41	247	0	41	0	247
COMMUNITY SERVICES	Yes	Internal	Yes		0	0	0	0	735	265	0	265	1,000
LEASING INVESTMENTS													
EQUIPMENT	Yes	Internal	Yes		648	236	236	0	648	0	236	648	648
3RD CT SCANNER	No	Internal	Not yet approved		480	0	0	0	0	480	0	960	480
REPLACEMENT CT SCANNER	No	Internal	Not yet approved		480	0	0	0	0	480	0	960	480
3RD MRI SCANNER	No	Internal	Not yet approved		640	0	0	0	0	640	0	1,280	640
ACCESS CONTROL	No	Internal	Not yet approved		100	0	0	0	100	0	0	100	100
LAUNDRY FINISHING	No	Internal	Not yet approved		56	0	0	0	56	0	0	56	56
OPHTHALMOLOGY EQUIPMENT	No	Internal	Not yet approved		150	0	0	0	150	0	0	150	150
CCTV	No	Internal	Not yet approved		157	0	0	0	157	0	0	157	157
CATERING TROLRIES	Yes	Internal	Yes		180	180	137	43	180	0	137	180	180
TOTAL LEASING INVESTMENTS				0	2891	416	373	43	1291	1600	373	4491	2891
TOTAL CAPITAL PROGRAMME (EXCLUDING LEASES)					2,852	19,372	14,134	2,001	12,133	6,538	37,309	4,853	52,964
TOTAL CAPITAL PROGRAMME					2,852	22,263	14,550	2,374	12,176	7,829	5,226	57,455	49,590

In addition to the strategic capital schemes the rolling and additional schemes are £1,387K less than plan which is mainly due to Backlog Maintenance but the plan is to spend this by the end of the year. The forecast has been amended accordingly. The variance in the the NHSI return is less than above. This is due to the actual carry forwards from 2016/17 being higher than those submitted in the NHSI plan.

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

Financial Performance: Statement of Financial Position

	Plan Apr to Dec (£'000)	Actual Apr to Dec (£'000)	Variance (£'000)	Forecast 2017/18 (£'000)
Assets				
Assets, Non-Current	92,524	81,013	-11,511	86,209
Assets, Current				
Trade and other Receivables	4,442	7,302	2,860	8,660
Other Assets (including Inventories & Prepayments)	5,431	4,860	-571	5,146
Cash and Cash Equivalents	3,816	8,381	4,566	2,486
Total Assets, Current	13,689	20,544	6,855	16,292
ASSETS, TOTAL	106,212	101,556	-4,656	102,501
Liabilities				
Liabilities, Current				
Finance Lease, Current	-337	-410	-73	-1,217
Loans Commercial Current	-67	-346	-280	-400
Trade and Other Payables, Current	-15,173	-13,635	1,539	-11,544
Provisions, Current	-175	-134	41	-194
Other Financial Liabilities	-8,739	-8,013	726	-7,072
Total Liabilities, Current	-24,490	-22,538	1,952	-20,427
Net Current Assets/(Liabilities)	-10,802	-1,995	8,807	-4,135
Liabilities, Non Current				
Finance Lease, Non Current	-5,783	-5,565	218	-4,707
Loans Commercial Non-Current	-16,039	-9,574	6,465	-12,096
Provisions, Non-Current	-1,634	-1,668	-34	-1,582
Trade and Other Payables, Non-Current	0	0	0	0
Total Liabilities Non-Current	-23,456	-16,807	6,649	-18,385
TOTAL ASSETS EMPLOYED	58,266	62,211	3,945	63,689
Taxpayers' and Others' Equity				
Taxpayers Equity				
Public dividend capital	75,157	75,407	250	75,407
Retained Earnings	-27,111	-23,327	3,784	-21,879
Donated asset reserve	0	0	0	0
Revaluation Reserve	10,220	10,129	-91	10,162
TOTAL TAXPAYERS EQUITY	58,266	62,210	3,944	63,690
TOTAL FUNDS EMPLOYED	58,266	62,210	3,944	63,690

Non Current assets The main reason for the variance is that the plan is the capital programme expenditure submitted in the NHSI plan being £12,136K less than anticipated which is mainly due to a delay in Vendor Neutral Archive £605K and the Third MRI Scanner build £1,476K, Third CT Scanner build £850K, Backlog Maintenance £1,044K and Ward 17 Refurbishment £2,798K, E-Prescribing £900K, EDMS £1,000K, Clinical Portal £660K. All of these are reliant on capital loan funding which has not been secured. In addition there are delays in the UPS £150K, Waste Compound and Segregation £250K, E Handover £244k, however these are funded internally. In addition and underspend in depreciation by £405K.

NHS Trade Receivables are higher than anticipated as there are a number of other outstanding debts. These are East Cheshire NHS Trust £412K, Christies Hospital £495K, North Staffordshire CCG £307K, East Cheshire CCG £769K and NHS England £303K, Shropshire CCG £102K, Stoke on Trent CCG £145K, NHS Property Services £139K, Aintree Foundation Trust £125K, Salford FT £106K and Shrewsbury .

Other Assets mainly relates to lower than anticipated prepayments.

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 .

Finance Leases for and non current are lower due to the delay in the leasing of the third MRI Scanner and third CT Scanner offset by the endoscopy lease being higher than anticipated in the plan.

Provisions mainly relates to the actual opening balance being lower than the plan due to a lower than anticipated increase in provision at the end of 2016/17.

Loans are due to capital loans not been taken out £9,818K. In the plan it was anticipated that £3,574K was paid off on the Interim Revolving Working Capital Loan. However only £1,551K has been paid off and £1,550K remains on a support loan. The payment made on the Interim Revolving Working Capital loan should have been allocated against the support loan which would have been paid off.

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

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

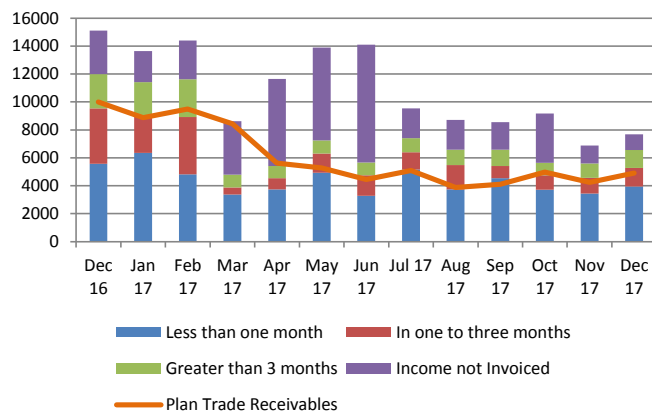
Financial Performance: Cash Position and Working Capital

	Plan Apr to Dec (£'000)	Actual Apr to Dec (£'000)	Variance
Surplus/(deficit) after tax	-250	871	1,121
Non-cash flows in operating Surplus/(deficit) total	4,364	3,922	-442
Operating cash flows before movements in working capital	4,114	4,793	679
Increase/(Decrease) in working capital Total	4,246	5,361	1,115
Net cash inflow/(outflow) from operating activities	8,360	10,154	1,794
Net cash inflow/(outflow) from investing activities total	-11,697	-3,036	8,662
Net Cash inflow/(outflow) before financing	-3,337	7,119	10,456
Net cash inflow/(outflow) from financing activities Total	1,302	-4,384	-5,686
Net increase/(decrease) in cash and cash equivalents	-2,035	2,735	4,770
Opening cash balance	5,850	5,647	-203
Closing cash balance	3,815	8,382	4,567

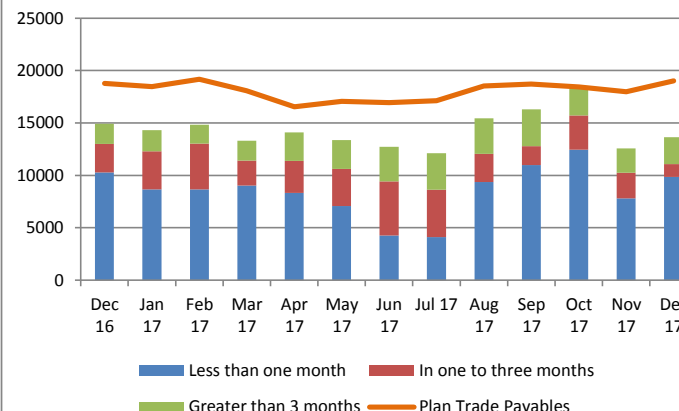
Cash is £4,567K better than anticipated. This is mainly due to the delay in repaying part of the Interim Revolving Working Capital loans and Support loans £3,573K. In addition the Operating Surplus is £1,121K better than planned but this is offset by depreciation being 364K less than plan.

The capital programme is £8,662K less than expected, this includes the movement in capital creditors. However this is offset by £9,818K capital loans some which have not been approved to fund some of this capital programme. A loan of £4,300K has been approved, however the agreement needs to be signed by both parties. The cash position is improved due to the Trust receiving £250K PDC which was not in the plan.

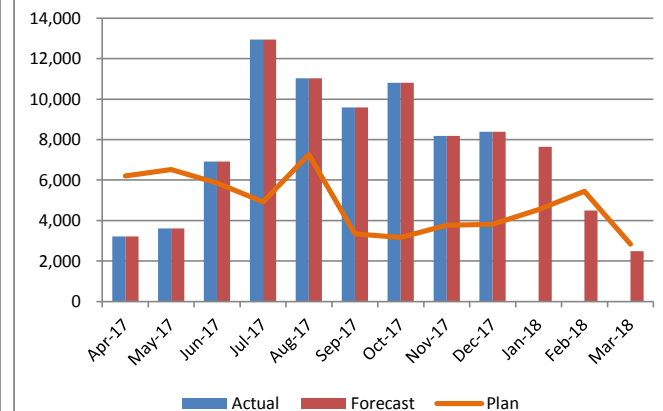
Trade Debtor Profile £000's



Trade Creditor Profile £000's










Cash Forecast £000's



Finance: Staff Costs

Headline Measures

	YTD £000's	Rolling 13 months £000's													
		Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Monthly Trend
Pay Budget	123,767	12,131	12,385	12,345	12,385	13,770	14,030	13,678	13,577	13,688	13,730	13,774	13,799	13,721	
Pay Actual	124,166	11,825	12,102	11,997	12,331	13,549	14,070	13,715	13,649	13,843	13,875	13,947	13,826	13,692	
Variance	-399	306	283	348	55	221	-40	-37	-72	-155	-145	-173	-27	29	
% to Budget	100.3%	97.5%	97.7%	97.2%	99.6%	98.4%	100.3%	100.3%	100.5%	101.1%	101.1%	101.3%	100.2%	99.8%	

Nursing Staff % to Budget	101.3%	98.4%	97.0%	100.5%	98.7%	101.8%	104.4%	99.8%	102.5%	97.5%	99.3%	101.6%	102.9%	102.4%	
Medical Staff % to Budget	99.5%	90.7%	94.4%	90.4%	99.5%	90.5%	101.9%	98.8%	98.0%	108.2%	103.5%	102.6%	97.4%	95.3%	
Other Staff % to Budget	99.8%	101.9%	101.2%	98.7%	109.3%	100.1%	95.1%	101.7%	100.1%	100.9%	101.4%	100.1%	99.1%	99.8%	

Commentary

Figures exclude Community Services for 2016/17

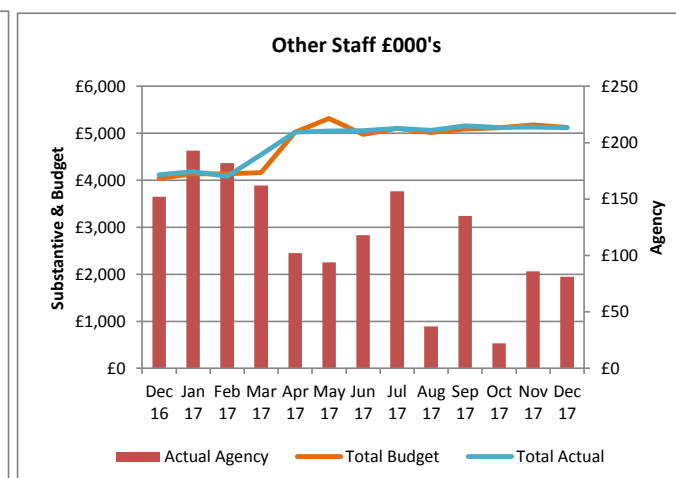
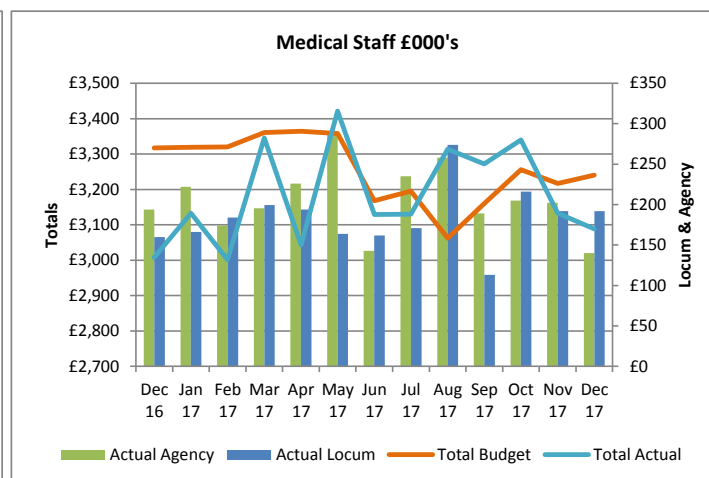
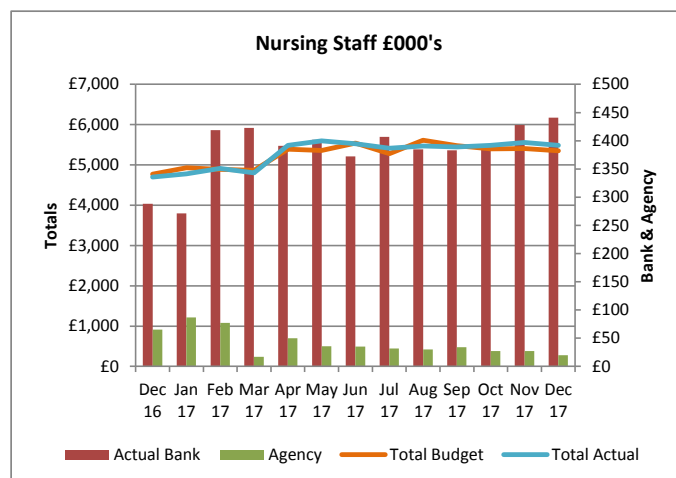
Pay is worse than budget by £0.4M as at Mth 9.

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

Medical pay is now in line with budget cumulative as a result of less vacancies and better than previous allocations of junior doctors. In month, an improved position is the result of less waiting list initiatives being run.

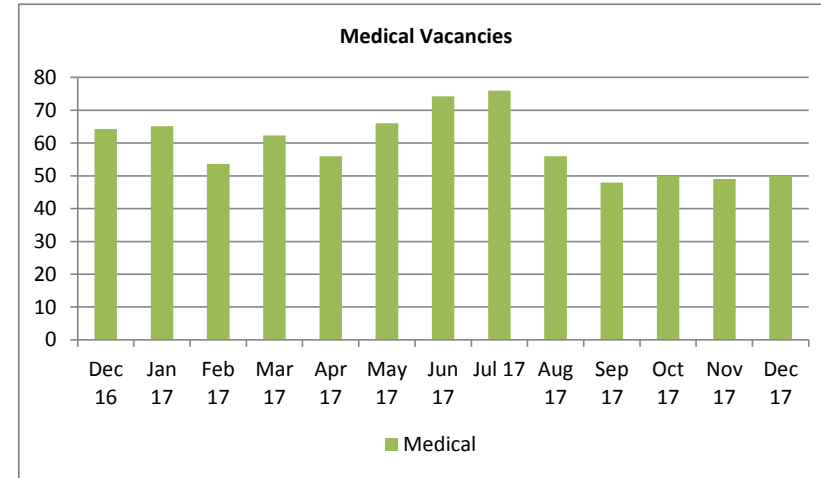
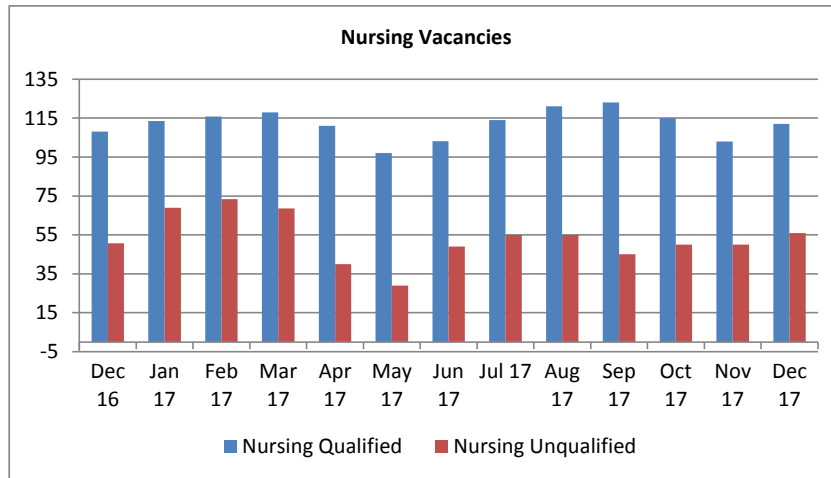
The Agency trajectory is better in month by £0.2M and cumulative by £1.3M mainly as a result of the reclassification of locum costs in 2017/18.

Primary Drivers



Finance: Staff Costs

Secondary Drivers



Agency Trajectory

	YTD	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Monthly Trend
Plan	-4,294	-506	-495	-470	-484	-482	-518	-472	-579	-510	-451	-433	-426	-423	
Actual	-3,009	-572	-668	-618	-574	-378	-419	-296	-424	-325	-358	-254	-315	-240	
Variance	1,285	-66	-173	-148	-90	104	99	176	155	185	93	179	111	183	

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

	Rolling 13 Months													Monthly Trend
	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	
Sickness Rate (Rolling 12 mths)	3.86%	3.94%	3.95%	3.92%	3.97%	3.99%	4.04%	4.07%	4.14%	4.20%	4.21%	4.23%	4.25%	
Total Leavers	36	44	27	42	31	37	35	44	46	55	45	42	35	
Turnover (Rolling 12 mths)	9.27%	9.17%	9.09%	9.27%	10.67%	10.86%	10.52%	10.12%	10.57%	11.10%	11.08%	10.93%	10.71%	

NATIONAL CHILDREN AND YOUNG PEOPLE INPATIENT AND DAY CASE SURVEY 2016

- Overview of results
- Actions

Presented by : Andrea Collins
Ward Manager CAU

Background

- Sample: Patients discharged in November/December 2016
- Perspectives of parents/carers, children and young people aged 0-15

826

Number of questionnaires sent

207

Number returned

25%

Response Rate

Questionnaire Design

The 2016 survey of children and young people used 3 different questionnaires, each one appropriate for a different age group:

- The 0-7 questionnaire
- The 8-11 questionnaire
- The 12-15 questionnaire
- Questionnaires sent to those aged 8-11 and 12-15 had a short section for the child or young person to complete
- Where a child was aged 0-7, the questionnaire was completed entirely by their parent or carer

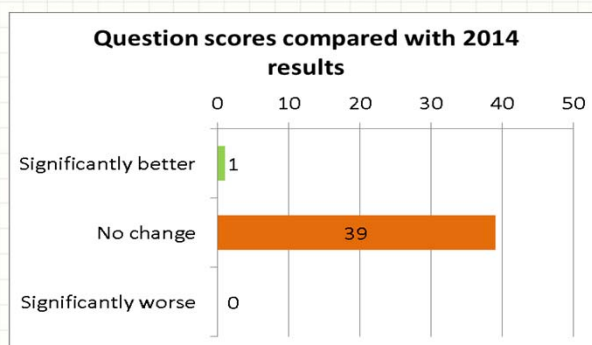
Response Rate

24%

29%

31%

What has changed since the 2014 survey



Significantly better on the question:
Were you given enough information about how your child should use the medicine?

CQC Benchmark :

Areas where we performed better than other trusts

Before the operation or procedures, did hospital staff explain what would be done (8-15 age group) 10/10

Was the ward suitable for someone of your age? (12-15 age group) 9.1/10

Areas where we performed worse than other trusts

Were members of staff available when your child needed care and attention? (parents and carers of children aged 0-15 age group) 7.2/10

The Trust has scored

About The Same

on all other areas .

How did our peers perform?

MCHFT	East Cheshire	Countess	Warrington
All Scored the same as other trusts apart from			
1 Worse	4 Worse	1 Worse	10 Worse
2 Better	2 Better	2 Better	1 Better

Positive Patient Comments

I cannot praise the staff enough. They were amazing with both my son and myself. They explained everything in a way he understood from pre-op. to surgery. He saw the same play specialist at his pre-op. appointment and on his surgery day. She was brilliant and actually made him enjoy the experience rather than be scared.

All staff were professional, kind and helpful and we can not praise them highly enough. We appreciated the play specialist providing age appropriate toys for our daughter

My son has been admitted 7 times due to breathing difficulties; some more severe than others. On each visit the team on the Children's Ward have given outstanding support emotionally and medically. I cannot praise them highly enough for the wonderful work that they do.

The children's ward at Leighton hospital has a very friendly and calm atmosphere. We were well looked after by all members of staff, nursing, medical, pharmacy and anyone else we met.

Me and my daughter were transferred to Leighton hospital when she was poorly and it was the nicest and cleanest hospital I have stayed at, would highly recommend to anyone

My daughter received great care from all that were involved . She took a shine to a nurse and she was great with her. I was really grateful for all the help and advice and with all the information regarding my daughter operation.

We felt our child was looked after very well and that our needs and concerns were taken seriously. Despite there being little space available at hospital, I was allowed to stay overnight with my son and also have my daughter with me, she was five months old. This mean that I was able to care for, and reassure, both of my children when they both needed me very much.

I have nothing but praise for Leighton Hospital, and I could never thank them enough. Our beautiful boy was so looked after and even though they were extremely busy they never made it apparent

Negative comments

Themes:

- Delay responding to call bells
- Waiting in A&E
- Refurbishments and Noise
- Staff shortages
- Provision of Wi-Fi
- Facilities and drinks for relatives

The nurses on Ward 16 were on the whole excellent. They were however very busy with responsibilities to lots of children. My baby needed tube feeding which I could not do and a few times I was left with her in distress as nurses were unable to come to me on time or quick enough when I asked. The nurses were apologetic and professional.

I found it hard when pressing the buzzer for a nurse, as my child's oxygen level had dropped and the nurses were unavailable for 10 minutes plus.

Waiting time in A&E was too long. It could have been better especially with children who are poorly and distressed. Seven hours wait could be improved, but I guess it depends on staffing level and NHS budget.

The only thing that concerned us, was that the surgeon came really late to check him again, and his appendix could have burst and be more serious. Maybe if they have a doctor or surgeon that could see patience during day as well will be really helpful, not to wait all day until they have finished in theatre and come late in the evening only.

Side room had no TV, was adjacent to a ward being renovated, very noisy at times. Need Wi-Fi, better 4G signal.

Doctors need to read notes before consultation as it gets messy when child has ongoing investigations into unrelated issues.



I am well aware staff are incredibly busy and work tirelessly, however, it wasn't until 8-9 hours later when she had her bloods taken

The only comment I would make is that there has been significant investment in the NICU/SCBU wards but not on the children's wards. The children's wards would benefit from some updating.

Better facilities needed for parents staying on wards

Not offered even a drink for the two days there.

Actions Identified from scores and patient comments


Issue	Action Required
<p>1. Discharge Delays</p> 	<ul style="list-style-type: none"> • Your Guide to discharge is being adapted for the children's ward • TTO Audit led by pharmacy (taking place Jan 2018) <p>Aim to out a business case together to get a pharmacy printer on CAU to address delays in discharge associated with medications</p> 

Action Plan Identified from scores and patient comments

Issue	Action Required
2. Communication after surgery	Results on this measure shared at relevant forum Surgical team to be reminded to handover information

“After my child's operation it was difficult to find anything out about how the operation had gone etc. It would have been good to have the opportunity for a quick word with the surgeon or at least some feedback passed on”

Action Plan Identified from scores and patient comments

Issue	Action Required
3. Facilities and Noise 	Ward staff to be reminded to inform patient families about the day room facilities Drinks for parents to be made available in flasks/travel mugs so that they can be taken onto the wards Soft closing bins and slowing mechanisms on doors to prevent unnecessary noise on newly refurbished ward Sleeping facilities for parents – ask if these will be updated in the refurb meetings



Next steps and actions

- Working group established to take forward actions with representations from pharmacy, housekeeper and nursing staff
- Posters circulated to highlight results and feedback.
- Staff named and praised in survey comments emailed and thanked
- Continue to monitor action plans and implement improvements



CCICP Partnership Board

Date/time: Thursday 14th December 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	<p>Mr T Welch Chair (TW) Director of Finance, CWP</p> <p>Mrs D Frodsham (DF) Director of Strategic Partnerships, MCHFT</p> <p>Dr J Price (JP) GP, Willow Wood surgery and Director SC/VR GP Alliance</p> <p>Mr A Styring (AS) Director of Operations, CWP</p> <p>Mrs T Cookson (TC) Clinical Director (Nurse) SC/VR GP Alliance</p> <p>Dr N Paul (NP) GP, Ashfields Primary Care Centre and Director Howbeck Healthcare</p> <p>Dr P A Dodds (PAD) Medical Director & Deputy Chief Executive. MCHFT</p> <p>Mrs S Hamman (SH) Head of Quality, Nursing and Professional Leadership, CCICP</p> <p>Mr M Oldham (MO) Director of Finance & Strategic Planning, MCHFT</p>
	In attendance	<p>Mrs Julie Manslow (Notes) (JM) PA, CCICP</p>
	Apologies	<p>Ms K Moore (KM) Operational Lead, CCICP</p> <p>Dr Anushta Sivananthan (NS) Medical Director, CWP</p>

CCICP Partnership Board – 12.10.2017

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	Decision made	Action	Responsible	Due date
1.	Welcome and Apologies	Apologies were noted for KM and AS.				
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 were reviewed for accuracy.	The Board agreed the minutes presented were accurate and approved.			
4.	Matters Arising/Action Tracker	The Board reviewed and updated the action log. It was noted that there were a number of NHSI actions that had not been captured within the action log.	Actions 178-185 added to the log.	TC to update action log.	TC	January meeting
5. 5.1	Finance	<p>CCICP Income & Expenditure The meeting discussed the financial position and the recognised underspend. All underspend has been declared and a commitment has been made that this will be returned to CEP to reduce any outstanding deficit. It was agreed that the underspend was a consequence of not filling vacancies. DF confirmed there is a detailed meeting planned for next week to discuss vacancies with relevant area managers.</p> <p>There was a discussion surrounding the potential to use the underspend to assist the community immediately in light of the recent refund of estates costs in the amount of £320k.</p> <p>CCICP Financial Summary Update 2017/18 and 2018/19 Current Appraisal. DF presented the paper and asked the Board to recognise and note and approve submission to CCG as part of the contract discussion.</p> <p>The board noted the pressures for next year and</p>	The board asked that MO and AS have a discussion with CEP Board to understand whether there may be an opportunity to utilise the underspend for current service needs.	MO/AS to report back at next meeting.		

5.2	<p>discussed the paper and items included in full including:- <i>Table 7 investment 2018/19</i> which detailed corporate support and additional general items impacting on our service delivery with a current total of £163k.</p> <p>The following points were noted:-</p> <p>Awareness of potential pay rises for next year</p> <p>Recent failure to deliver manual handling / fire training.</p> <p>Information governance additional requirements</p> <p>Funding of Independent Chair £15k not included</p> <p>Noted that this was a very restricted budget showing minimum investment.</p> <p>It was recognised that there was no clinical expansion of services or additional general procurement savings identified within the document currently but recognising the significant CEP delivered from CCICP.</p> <p>The Board were asked to discuss whether any of the investment needs for CCICP could be provided by other partners as less / no cost option?</p> <p>The Board were asked to discuss other potential areas of cost improvement within CCICP.</p> <p>CCICP Strategy - DF presented the proposed CCICP Strategy for views and feedback. It was noted that this was a work in progress and there were further changes to be made. It was intended to share the document with staff attending at the forthcoming staff engagement events taking place throughout December and January. JP confirmed that she would attend at the Dene Drive, Winsford event on 19/01/18.</p>	<p>No other partners identified capacity to support additional work at none or less cost options.</p> <p>No other areas identified immediately but Board members to return any feedback by 18/12/17</p>		
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<p>6.</p> <p>6.1</p>	<p>Transformation Programme</p> <p>Workstream Highlight Report</p>	<p>The Workstream highlight report was attached for members information. It was noted that the recent transformation meeting had been positive.</p> <p>It was confirmed that Simon Kent would be commencing in 02 January Transformation Programme Manager.</p>				
<p>7.</p> <p>7.1</p> <p>7.2</p> <p>7.3</p> <p>7.4</p>	<p>Performance & Quality Reports</p>	<p>Balanced Scorecard</p> <p>Quality, Safety & Experience Report</p> <p>Integrated Governance Monthly Exception Report</p> <p>CQC Update - SH updated the Board regarding the recent PIR and self-assessment submissions requested by the CQC.</p> <p>It was confirmed that the actions from the 2014 inspection were now being taken forward within other committees and the Board agreed that the report could now be closed.</p> <p>It was decided that it would be useful to invite Jane Palin to the January Partnership Board meeting to present risks and concerns.</p>	<p>Nothing to escalate</p> <p>Nothing to escalate</p> <p>Nothing to escalate</p> <p>Add self-assessment to minutes for information. Confirm in the minutes where removed actions now stand.</p> <p>SH to invite JP to January Partnership Board meeting.</p>			
<p>8.</p>	<p>Operational Lead's Report</p>	<p>The Operational Lead report had been circulated to Board Members. It was questioned whether the</p>	<p>The Board did not feel it would be useful for the 3</p>			

		three new Service Managers commencing in January might attend the Partnership Board as part of a “shadowing” exercise.	new Service Managers to attend Board meetings currently but this could be reviewed at a later stage and if agreed all 5 Service Managers would be invited.			
10.	Any other Business	None				
	Next Meeting: Date: Thursday 18 th January 2017 Time: 9am – 11:30am Venue: Board Room, Ashfields, Sandbach					

Title of Paper :	Report of Sealings November 17- February 18 and Request to Affix Trust Seal		
Author:	Katharine Dowson		
Executive Lead:	Tracy Bullock		
Type of Report:	Concept Paper		
	Strategic Options Paper		
	Business Case		
	Information	X	
	Review/Benefits/Audit		
Link to Strategic Domains:		Link to Domain:	
Delivering Outstanding Clinical Quality, Safety & Experience		Safe	
Being a Leading partner in a Progressive Health Economy		Effective	
Striving for Outstanding Organisational Effectiveness	X	Caring	
Aspiring to Excellence in Practice Through Our Workforce		Responsive	
Creating a 21st Century Infrastructure for Transformative Health and Social Care		Well-Led	X
Link to Board Responsibility:	Performance		
	Accountability	X	
	Strategy		
	Implementation		
Action Required:	Decide		
	Approve	X	
	Note		
	Recommend		
	Delegate		
Positive Benefit:	Board approval given to affix Trust Seal to a lease		
Risk:	Lease cannot be completed without Board approval		
To be published on Trust Website –complete version	Y (delete as appropriate)		
If no, to be published on Trust Website – redacted	N (delete as appropriate)		
If not to be published complete or redacted, please detail the reason why			
Presented at Board Meeting of:	5 February 2018		

Recommendation

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

Quarterly Report of Sealings: 1 November 2017 to 31 January 2018

<i>Seal Number</i>	<i>Description</i>	<i>Date of Board Approval</i>	<i>Date of Sealing</i>
94	Agreement of lease between MCHFT and British Red Cross Society	8 January 2018	15 January 2018

Estates & Facilities Division**Capital Procedures****Form CF31 – Request to affix Trust Seal**

(Version 1.0 – February 2013)

In line with the provisions Trust Standing Order Section 17 (Sealing of Documents), we request approval to affix the Trust Seal to the following documents:

Type of Documents – Property Lease Renewal.

Title of Document – Lease Renewal between Mid Cheshire Hospitals Foundation Trust and the University of Chester, Faculty of Health and Social Care relating to premises at Leighton Hospital.

Reason for Trust Seal – Engrossment of a lease renewal to an area located within the main Leighton Hospital Site. The accommodation has a GIA of 1263.9sqm.

Please note - this document is a request to affix the Trust Seal, the content of the Lease has been agreed and authorised.

Number of copies to be sealed – Two copies of Lease Renewal

The seal is to be applied to – Page 31 and on the two plans at the end of the document.

Parties to Agreement - The parties are Mid Cheshire Hospitals NHS Foundation Trust and the University of Chester, Faculty of Health and Social Care.

Value – Rental income of £195,041 per annum.



Mike Babb
Divisional Director of Estates & Facilities

Date: 18th January 2018

To be completed by Trust Secretary

Approval minuted at Board meeting of (date) _____

Seal Applied (date) _____

Seal Number _____

LAND REGISTRY PRESCRIBED CLAUSES

LR1.	Date of lease:	
LR2.	Title number(s):	
LR2.1.	Landlord's title number(s):	CH346590 and CH347597
LR2.2.	Other title number(s):	None
LR3.	Parties to the lease:	
	Landlord:	MID CHESHIRE HOSPITALS NHS FOUNDATION TRUST of Leighton Hospital, Leighton, Crewe, Cheshire, CW1 4QJ
	Tenant:	UNIVERSITY OF CHESTER, FACULTY OF HEALTH AND SOCIAL CARE c/o The Vice-Chancellor, University of Chester, Parkgate Road, Chester, Cheshire CH1 4BJ
LR4.	Property:	The property shown edged red and hatched blue on Plans 1 and 2 and more particularly described in Schedule 1. In the case of a conflict between this clause and the remainder of this lease then, for the purposes of registration, this clause shall prevail
LR5.	Prescribed statements etc:	None
LR6.	Term for which the Property is leased:	From and including: 1 April 2018 To and including: 31 March 2023
LR7.	Premium:	None
LR8.	Prohibitions or restrictions on disposing of the lease:	This lease contains a provision that prohibits or restricts dispositions

LR9. Rights of acquisition etc:

LR9.1. Tenant's contractual rights to renew this lease, to acquire the reversion or another lease of the Property, or to acquire an interest in other land:

None

LR9.2. Tenant's covenant to (or offer to) surrender this lease:

None

LR9.3 Landlord's contractual rights to acquire this lease:

None

LR10. Restrictive covenants given in the lease by the landlord in respect of land other than the Property:

None

LR11. Easements:

LR11.1. Easements granted by this lease for the benefit of the Property:

See Schedule 2

LR11.2. Easements granted or reserved by this lease over the Property for the benefit of other Property:

See Schedule 3

LR12. Estate rentcharge burdening the Property:

None

**LR13. Application for standard form
of restriction:**

None

**LR14. Declaration of trust where there
is more than one person
comprising the Tenant:**

None

PARTICULARS

Landlord

MID CHESHIRE HOSPITALS NHS FOUNDATION TRUST of Leighton Hospital, Leighton, Crewe, Cheshire, CW1 4QJ

Tenant

UNIVERSITY OF CHESTER, FACULTY OF HEALTH AND SOCIAL CARE c/o The Vice-Chancellor, University of Chester, Parkgate Road, Chester, Cheshire CH1 4BJ

Property

The property shown edged red and hatched blue on Plans 1 and 2 on the Plans forming part of the Landlord's Estate and more particularly described in Schedule 1

Landlord's Estate

The property which is known as Leighton Hospital and which is the whole of the Landlord's property registered at the Land Registry with title numbers CH346590 and CH347597.

Contractual Term

A term of years beginning on and including 1 April 2018 and ending on and including 31 March 2023.

Rent

[REDACTED]
[REDACTED] This is broken down as follows:

First Floor accommodation: [REDACTED]
[REDACTED]
[REDACTED]

Jet Library: [REDACTED]
[REDACTED]

Rent Commencement Date

1 April 2018

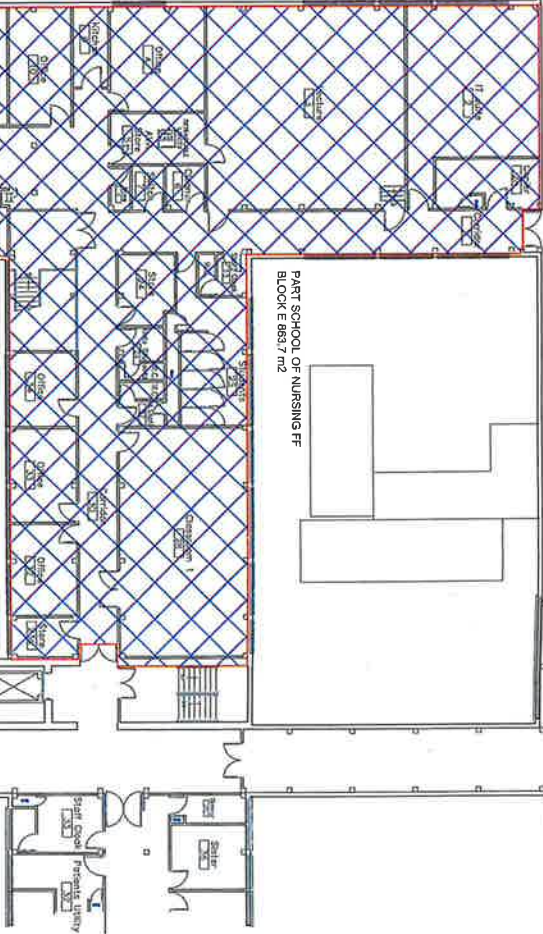
Redactions under Section 43
of the Freedom of Information Act

SCHOOL OF NURSING

Rev.	Revision note	Date	Drawn
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See Floor 2

LEASED OUT



AS FITTED

Mid Cheshire Hospitals
NHS Foundation Trust

Estates and Facilities Division
Leighton Hospital, Macclesfield Road,
Crewe, Cheshire, CW1 2JF, Tel: (01273) 211456

Location:
LEIGHTON HOSPITAL
MIDDLEWICH ROAD, CREWE,
CHESHIRE

Job Title:
LEASED OUT DETAIL

Drawing Title:
SCHOOL OF NURSING (S.O.N)
BUILDING LAYOUT
(FIRST FLOOR)

Drawn By:
A.J.W.
Scale:
N.T.S. @ A3
Drawing Number:
04/EO/02
Revision:
Date:
05-01-10

DO NOT SCALE DIMENSIONS FROM THIS DRAWING

Rev.	Revision note	Date	Drawn
A	School of Nursing Classrooms removed.	10-01-11	A.J.W

SEAL

JET LIBRARY 400.2 m2

LEASED OUT

AS FITTED



Mid Cheshire Hospitals
NHS Foundation Trust
Estates and Facilities
Leighton Hospital, Middlewich,
Crewe, Cheshire, CW9 6AQ
Tel: (01270) 612391 Fax: (01270) 612392

LEIGHTON HOSPITAL
MIDDLEWICH ROAD, CREWE,
CHESHIRE

Job Title:

LEASED OUT DETAIL

Drawing Title:
CHAPEL, JET LIBRARY AND S.O.N
BUILDING LAYOUT
(GROUND FLOOR)

Drawn By:	A.J.W
Drawing Number:	04/EO/01

Scale:	N.T.S. @ A3	Revision:	A
Drawn by:		Date:	05-01-10

DO NOT SCALE DIMENSIONS FROM THIS DRAWING
















Board of Directors Workforce Report February 2018 (December 2017 data)



Performance Report
Month:

Workforce Chapter
Dec-17

Measure	Target	Performance	Description	Narrative	Rolling Trend
	3.60%	4.25%	Rolling 12m average Sickness Absence described as a Percentage	For the second consecutive month there has been a small increase in both the rolling average sickness absence as well as the in month sickness absence rate with in December 17 was 4.89%. As at 31st December 2017, only 2 staff had been absent for 6 months or more. In addition, it is noted that 89 staff have had more than 4 episode of absence in the last 12 months.	
	90.00%	88.75%	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 increase in the appraisal rate over the November figure of 88.31%. For the second consecutive month, the highest performing division in relation to appraisal uptake is Estates and Facilities who have achieved 92.8%. It should also be noted that CCICP have achieved 90% from a commencing position of 20% in April 2017.	
	90.00%	82.86%	Mandatory Training Monthly Rate Excludes Bank Staff, Staff on long term sick & mat. leave.	Mandatory training compliance has dipped slightly from 83% in November. With many divisions achieving circa 80%, it is notable that there remains considerable work to do to ensure our CCICP colleagues have access to mandatory training across their diverse locations. Mandatory training in CCICP is currently 67.7%, although it should be noted that this figure has increased in each of the last 8 months.	
	10.00%	10.71%	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 89.29%. This demonstrates a level of stability in our workforce that promotes consistency in both the way we provide care to our patients as well as in the way we are able to deliver services to our local health economy.	

Measure	Target	Performance	Description	Narrative	Rolling Trend
	(423)	(240)	In month and cumulative total spend for the Trust.	The value of agency usage during the earlier part of December was lower than anticipated, demonstrating a good level of savings that links to our existing approach to ensuring best value through effective negotiations with agencies as well as the savings achieved through direct engagement.	
	less than 100%	56.7%	Trust Agency Spend as a percentage of the Ceiling Set by NHS Improvement	December 2017 was the first month that the direct engagement model was implemented for AHP agency bookings and this will contribute through saving the VAT on many of these bookings. Our highest spending areas continue to be : - A&E and - GP Out of hours.	
	n/a	34%	Number of Agency shifts filled by agency staff that are over the nationally determined capped rates	A total of 91 out of 262 shifts were above the agency cap rates set by NHSI. In previous months we have used more than 400 agency shifts and therefore, the low percentage should be considered in the context of lower overall use, rather than as an indication of reducing numbers of over-cap shifts. We have, during December seen an 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.	