

AGENDA

Board of Directors
A meeting will be held in Public at
09.30am on Tuesday, 8 May 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 09.45	-
4.	Minutes of the Last Meeting To approve the minutes of the Board of Directors meeting held in Public on Tuesday, 3 April 2018 (attached) (to approve)	A	Chairman 09.47	-
5.	Matters Arising and Action Log (verbal) (to approve)	A	Chairman 09.50	-
6.	Annual Work Programme 2018/19 (attached) (to approve)	I/A	Chairman 09.52	-
7.	Chairman's Announcements (to note a verbal report) <ul style="list-style-type: none"> 7.1 Board Away Day – 23 April 2018 7.2 MCHFT/CCG Joint Organisational Development 7.3 Non-Executive Director appointments 2019 7.4 CCICP Independent Chair Appointment 	I	Chairman 09.55	-
8.	Governor's Items (to note a verbal report) <ul style="list-style-type: none"> 8.1 Council of Governors – 26 April 2018 8.2 Governor Elections 2018 	I	Chairman 10.05	-

Item No	Title of Item	Action	Led By	Page No.
9.	Chief Executive's Report <i>(to note a verbal report)</i>	I	Chief Executive 10.10	-
9.1	System Update - Future CCG Commissioning in Cheshire			
9.2	CQC Unannounced & Well Led inspections			
9.3	NHSI Quarterly Review Meeting			
10.	CARING			
10.1	Quality, Safety & Experience Report <i>(attached) (for discussion)</i>	I/D	Director of Nursing & Quality 10.20	-
10.2	Staff Survey Presentation Rachael Hooker, Learning and Development Manager <i>(attached) (for discussion)</i>	I/D	Director of Workforce and OD 10.30	-
10.3	Freedom to Speak up Guardian Report Q4 <i>(attached) (for discussion)</i>	I/D	Director of Nursing & Quality / Director of Workforce and OD 10.50	-
11.	SAFE			
11.1	Draft Quality Governance Committee notes from the meeting held on 9 April 2018 <i>(attached) (to note)</i>	I	Committee Chair 10.55	-
11.2	Serious Untoward Incidents and RIDDOR Events <i>(verbal) (to note)</i>	I/D	Deputy Chief Executive/ Medical Director 11.00	-
11.3	Guardian of Safe Working Hours Report Q4 <i>(attached) (to note)</i>		Director of Workforce and OD 11.05	-
12.	RESPONSIVE			
12.1	Performance Report <i>(attached) (to note)</i>	I/D	Chief Operating Officer 11.10	-
12.2	A&E Delivery Board Seasonal Planning <i>(verbal) (to note)</i>		Chief Operating Officer 11.20	-
12.3	Draft Performance & Finance Committee notes from the meeting held on 26 April 2018 <i>(attached) (to note)</i>	I	Committee Chair 11.25	-

Item No	Title of Item	Action	Led By	Page No.
12.4	Legal Advice <i>(verbal) (to note)</i>	I	Chief Executive 11.30	-
12.5	Report on the Use of the Trust Seal <i>(attached) (to note)</i>	A/D	Chief Executive 11:35	-
12.6	Draft Quality Report <i>(attached) (to note)</i>	I/D	Director of Nursing & Quality 11.40	-
13. WELL-LED				
13.1	Visits of Accreditation, Inspection or Investigation <i>(verbal) (to note)</i>	I	Chief Executive 11.50	-
13.2	Annual Plan and Budget	I	Director of Finance 11:55	-
13.3	CCICP Partnership Board notes from the meeting held on 15 March <i>(attached) (to note)</i>	I	Director of Strategic Partnerships 12:10	-
13.4	Audit Committee notes from the meeting held on 12 March 2018 <i>(attached) (to note)</i>	I	Committee Chair 12.15	-
13.5	Providers Licence Self-Certification 2018 <i>(attached) (to approve)</i>	A/I	Chief Executive 12.20	-
13.6	NHS Data Security and Protection Requirements Return <i>(attached) (to approve)</i>	A/I	Deputy Chief Executive/ Medical Director 12.25	-
14. EFFECTIVE				
14.1	Workforce Report <i>(attached) (to note)</i>	I	Director of Workforce and OD 12.30	-
14.2	Transformation and People Committee notes from the meeting held on 5 April 2018 <i>(attached) (to note)</i>	I/D	Committee Chair 12.40	-
14.3	Consultant Appointments <i>(verbal) (to note)</i>	I	Deputy Chief Executive/ Medical Director 12.45	-
14.4	Workforce Plan Submission <i>(attached) (to approve)</i>	A/D	Director of Workforce and OD 12.50	-

Item No	Title of Item	Action	Led By	Page No.
15.	Any Other Business (<i>verbal</i>)	I/A/D	Chairman 12.55	-
16.	Time, Date and Place of Next Meeting To confirm that the next meeting of the Board of Directors will take place in public, in the Board Room at Leighton Hospital, at 9.30am on Monday, 4 June 2018	I	Chairman	

Board of Directors Workplan

2018 /19

Version: 1[illegible]



Board of Directors Quality, Safety and Experience Report

May 2018

(March 2018 data)



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

Contents

Metric	Page Number
Quality & Safety Section:	
Safety Indicators	4
Patient Safety Harm Incidents	7
Serious Incidents (including Never Events)	7
Pressure Ulcers	8
Patient Falls	9
Medication	10
CCICP Patient Safety Harm Incidents	11
CCICP Serious Incidents (including Never Events)	11
CCICP Pressure Ulcers	12
CCICP Medication	12
SHMI by Trust	13
SHMI Rolling 12 Months	13
HSMR by Trust	14
HSMR Rolling 12 Months	14
MRSA	15
C-Diff	16
CQUIN 2017/18 Targets	17
Safety Thermometer	19
Registered Nurses day shift	20
Registered Nurses night shift	20
Support Worker day shift	20
Support Worker night shift	20
Staffing & Harm Data	21
Safety Thermometer Ward Data	22





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

Contents (continued):

Metric	Page Number
<u>Experience Section:</u>	
Experience Indicators	23
Monthly Complaints & Formal thank you letters	24
Formal Complaints by Division	24
Ombudsman	25
Complaint Trends	25
Closed Complaints	26
Closed Complaints by Division	26
Closed Complaints Details	27
Number of Informal Concerns	33
Informal Concern Trends	33
New claims received	34
Claims closed with/without damages	34
Value of Claims by month	35
Top five Claims by Specialty	35
Inquests concluded by Month	36
NHS Choices Star Ratings	36
NHS Choices Postings	37
Friends & Family responses	37
Number of responses received for IP, Day Case, ED, maternity compared to eligible patients	38
Compliments	38





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

Indicators	Position compared to previous month	Target	Last four months				Trajectory
			Dec-17	Jan-18	Feb-18	Mar-18	
Patient Safety Harm Incidents The aim is to reduce the number of harm incidents by the end of March 2018, measured by comparison to the previous financial year. In 2016/2017 2574 patient safety harm incidents were reported.	↑	<2574 at end of March 2018	193	208	196	215	
Serious Incidents The aim is to have no serious incidents by the end of March 2018	↔	Zero at end of March 2018	1	0	1	1	
Never Events Zero tolerance of Never Events	↔	Zero	0	0	0	0	
Pressure Ulcers - Avoidable The aim is to reduce hospital acquired avoidable pressure ulcers by 5% quarter on quarter in 2017/2018	↓	5 at end of quarter 4	1	5	4	3	
Inpatient Falls The aim is to reduce inpatient falls by 10% by March 2018	↑	733 at end of March 2018	71	67	59	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	7	6	3	5	
CCICP Patient Safety Harm Incidents The aim is to reduce the number of harm incidents.	↑		56	59	60	78	


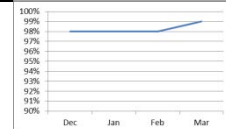
Key							
	Position Declined since last month		Position Improved since last month		No change to previous month remains on target		No change to previous month not on target





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

Indicators	Position compared to previous month	Target	Last four months				Trajectory
			Dec-17	Jan-18	Feb-18	Mar-18	
CCICP Serious Incidents The aim is to have no serious incidents by the end of March 2018	↔	Zero at end of March 2018	0	0	0	0	
CCICP Never Events Zero tolerance of Never Events by the end of March 2018	↔	Zero at end of March 2018	0	0	0	0	
CCICP Pressure Ulcers - Avoidable The aim in quarter 1 was to develop a process to enable pressure ulcers to be classified as avoidable or unavoidable. A baseline for a 5% improvement was then agreed for quarters 3 and 4.	↑		2	1	0	2	
CCICP Medication The aim is to reduce harm medication incidents.	↔		0	1	0	0	
SHMI The Trust's aim is to have a SHMI at or below 1.0 from April 2016	1.03 ↑	Below 1.0	1.02				1.03
HSMR The Trust's aim is to have an HSMR <100	107.05 ↓	<100	110.02				107.05
MRSA The target for MRSA Bacteraemia is zero in 2017/18	↑	Zero at end of 2017/2018	1	0	0	1	

Key							
	Position Declined since last month		Position Improved since last month		No change to previous month remains on target		No change to previous month not on target

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

Indicators	Position compared to previous month	Target	Last four months				Trajectory
			Dec-17	Jan-18	Feb-18	Mar-18	
C-Diff Avoidable The target is less than 24 avoidable cases of Clostridium Difficile in 2017/18	↔	<24 at end of 2017/2018	0	0	0	0	
Safety Thermometer The Trust aim is that >95% of patients receive harm free care as monitored by the Safety Thermometer.	↑	>95%	98%	98%	98%	99%	

Key							
	Position Declined since last month		Position Improved since last month		No change to previous month remains on target		No change to previous month not on target

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

Quality & Safety Section:

Description

Aggregate Position

Trend

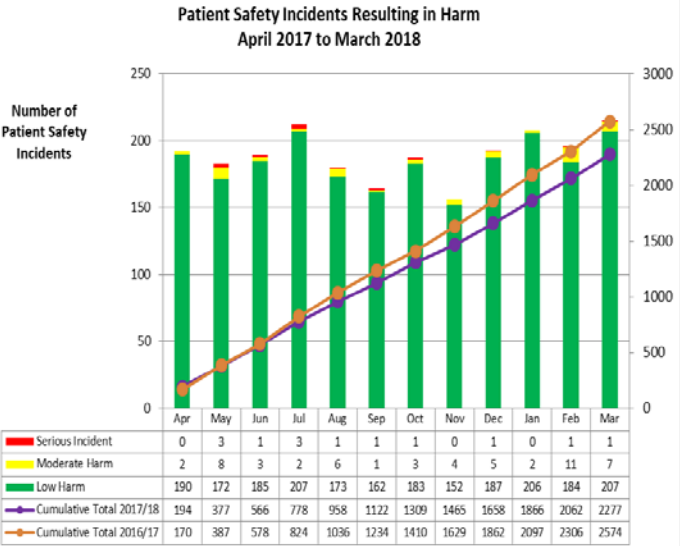
Performance against previous month

Patient Safety Incidents resulting in harm.

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

For March 2018, there were a total of 215 patient safety incidents:
96.7% (207 incidents) have resulted in low harm
3.2% (7 incidents) have resulted in moderate harm
0.1% (1 incident) resulted in serious harm

The aim in 2017/18 was to reduce patient safety harm incidents. During 2017/18 an 11% reduction was achieved.



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

These include:

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

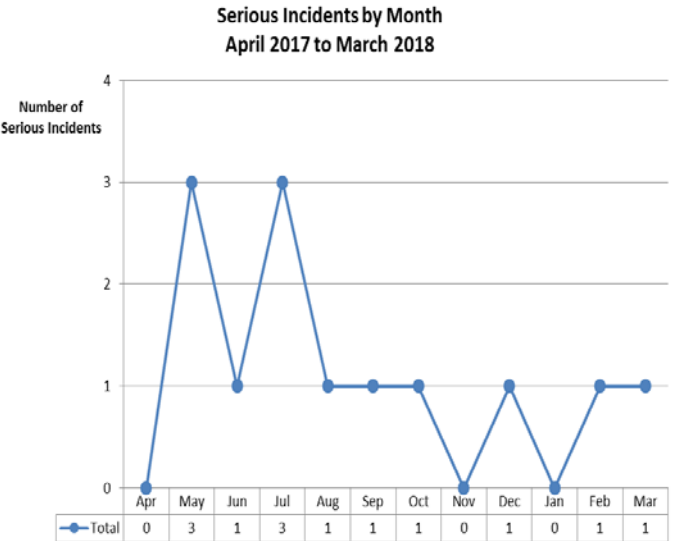
Serious Incidents.

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

For March 2018, there was one serious incident reported:

- Patient Fall resulting in fractured neck of femur.

There have been no never events reported since November 2016.



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

These include:

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

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

Description

Aggregate Position

Trend

Performance against previous month

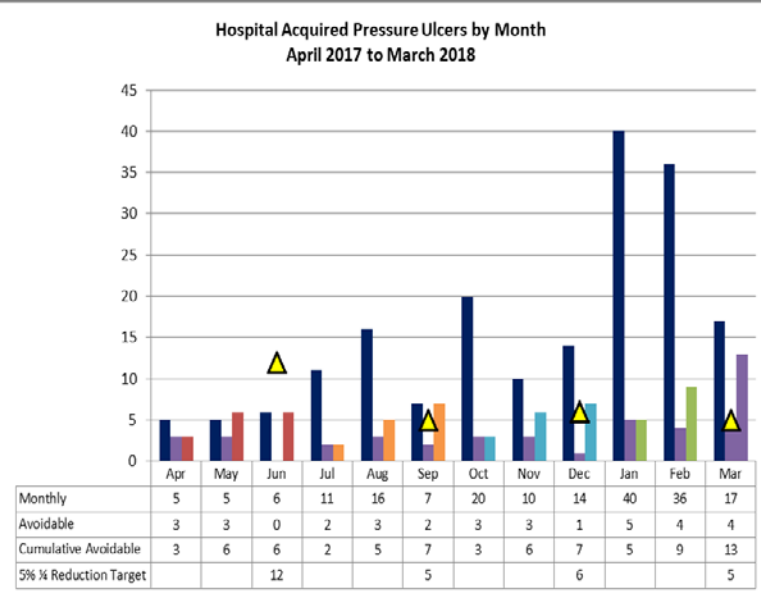
Pressure Ulcer (PU) Incidents including both avoidable and unavoidable pressure ulcers based on EPUA Guidance

For March 2018, there were a total of 17 hospital acquired pressure ulcer incidents:

- 23.5% (4 PU's) have resulted in avoidable harm
- The 4 avoidable pressure ulcers occurred on:
Ward 5
Ward 12
Ward 15 (escalation Ward)
Ward 3 (AMU)
- 4 pressure ulcers occurred on Ward 2 (Short Stay), these were all unavoidable

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

There have been 12 avoidable pressure ulcers confirmed in quarter 4 and therefore the target was not achieved.



Improvement actions include:

- As part of the Trustwide evaluation of pressure relieving mattresses, trials of new mattresses commenced in January 2018
- The SKIN bundle and repositioning chart were reviewed and updated in February 2018
- There is an ongoing education programme led by the Pressure Ulcer Prevention team
- From April 2018 there is a revised Pressure Ulcer RCA Forum in place to discuss avoidable Pressure Ulcers and actions required to improve patient outcomes

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

Description

Patient Falls Incidents.

- For March 2018, there were a total of 71 patient falls
- 69% (49 falls) have resulted in no harm
- 28.2% (20 falls) have resulted in low harm
- 2.8% (1 fall) has resulted in moderate harm
- 0% (1 fall) have resulted in serious harm

The target to reduce patient falls by 10% was achieved in 2017/18.

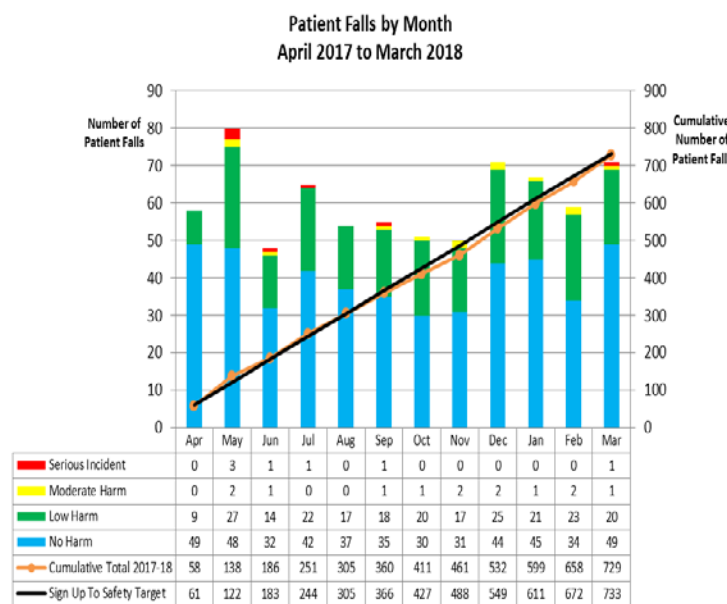
Aggregate Position

Trend

Performance against previous month

Improvement actions include:

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



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

Description

Aggregate Position

Trend

Performance against previous month

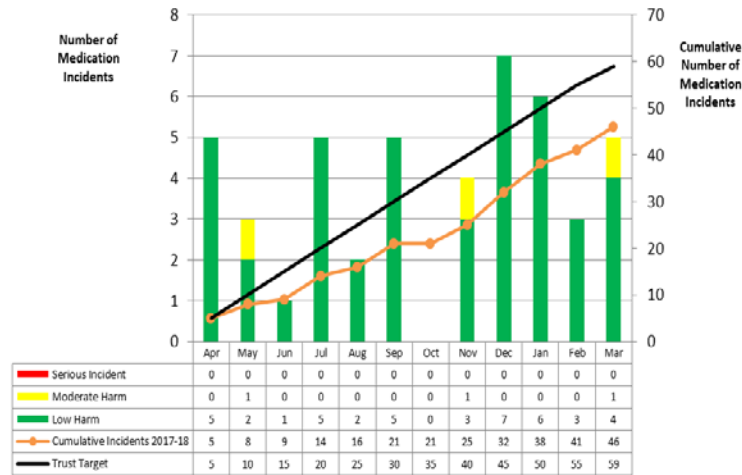
Medication Incidents.

For March 2018, there were a total of 5 medication incidents resulting in harm reported:

- 80% (4 medication incidents) have resulted in low harm
- 20% (1 medication incident) have resulted in moderate harm
- 0% (0 medication incidents) have resulted in serious harm

The target to reduce medication incidents resulting in harm was achieved in 2017/18.

Medication Incidents by Month
April 2017 to March 2018



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: May 2018

Description

Aggregate Position

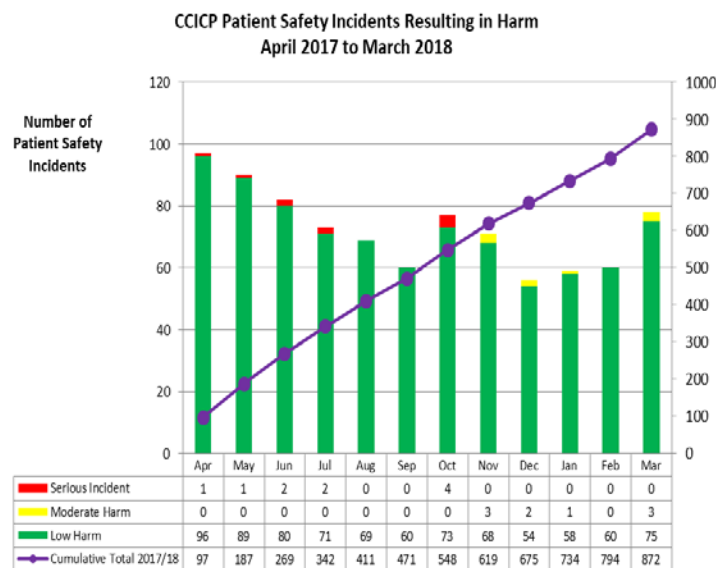
Trend

Performance against previous month

CCICP Patient Safety Incidents resulting in harm.

For March 2018, there were a total of 78 patient safety incidents:

- 96.2% (75 incidents) have resulted in low harm
- 3.8% (3 incidents) have resulted in moderate harm
- 0% (0 incidents) have resulted in serious harm



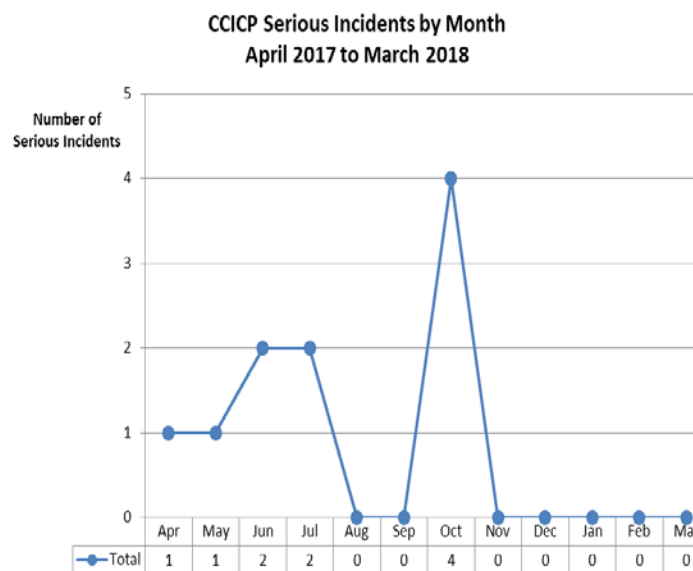
To reduce the number of patient safety harm incidents, a number of initiatives are being undertaken.

These include:

- Focused training and education to staff via team leader meetings
- Development of a Quality role to support the Quality improvements in CCICP in March 2018

CCICP Serious Incidents.

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



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

These include:

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

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

Description

Aggregate Position

Trend

Performance against previous month

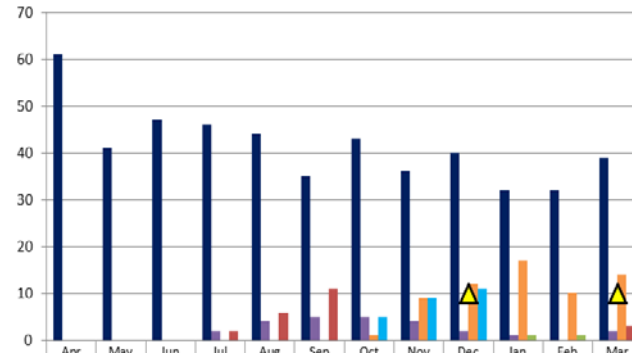
CCICP Pressure Ulcer (PU) Incidents by Avoidance

For March 2018, there were a total of 39 developed in care pressure ulcers:

- 5.1% (2 PU's) 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

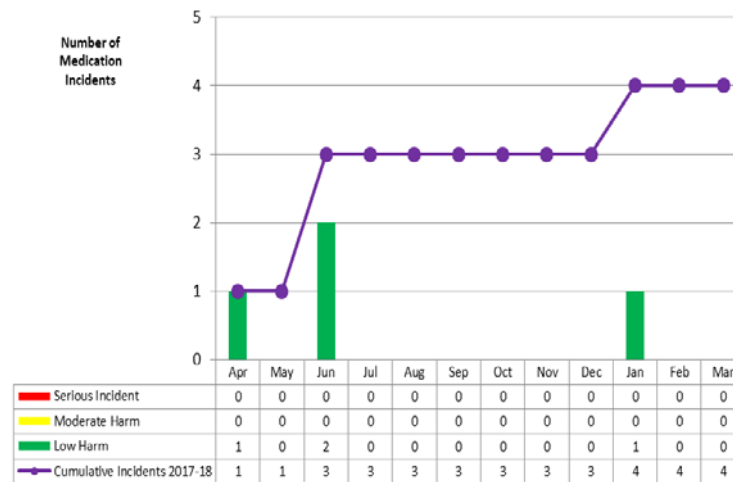


- Membership at the Trust Skin Care Group has been expanded to include representatives from CCICP
- Design of an audit tool to assess if pressure ulcer is avoidable or unavoidable
- Identification of a cohort of patients with established chronic wounds to ensure wound assessments and appropriate care plans are in place.

CCICP Medication Incidents.

For March 2018, no medication incidents resulted in 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: May 2018

Description

Aggregate Position

Trend

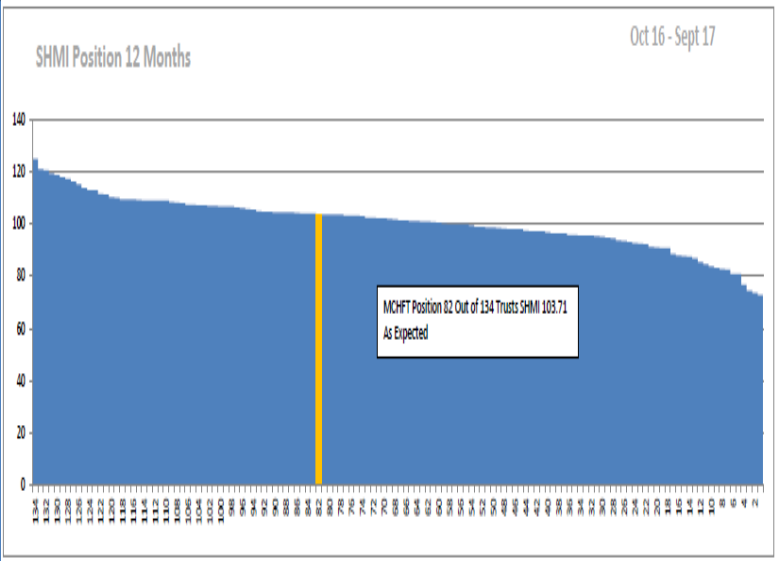
Performance against previous quarter

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.

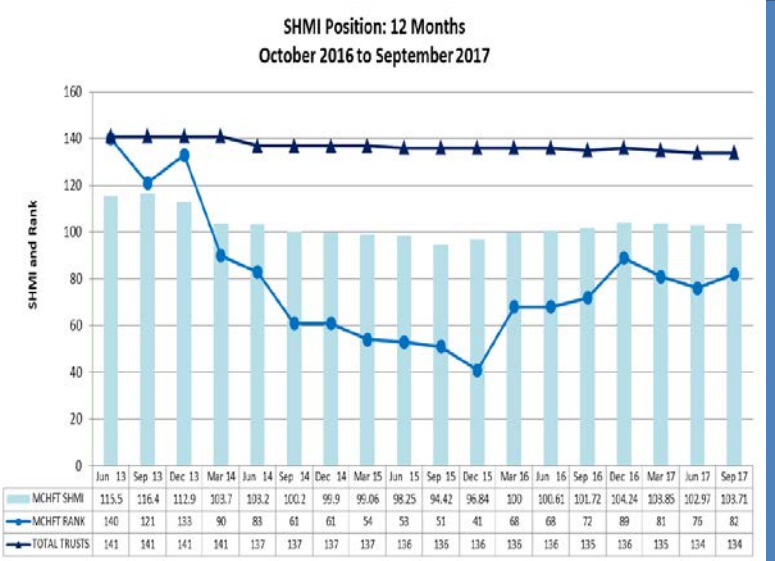
The Trust's SHMI is 103.71 for the time period October 2016 to September 2017 and places the Trust 82 out of 134 Trusts.



The Trust's aim 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 October 2016 to September 2017.



The Trust's aim is to have a SHMI at or below 1.0 from April 2016

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

Description

Aggregate Position

Trend

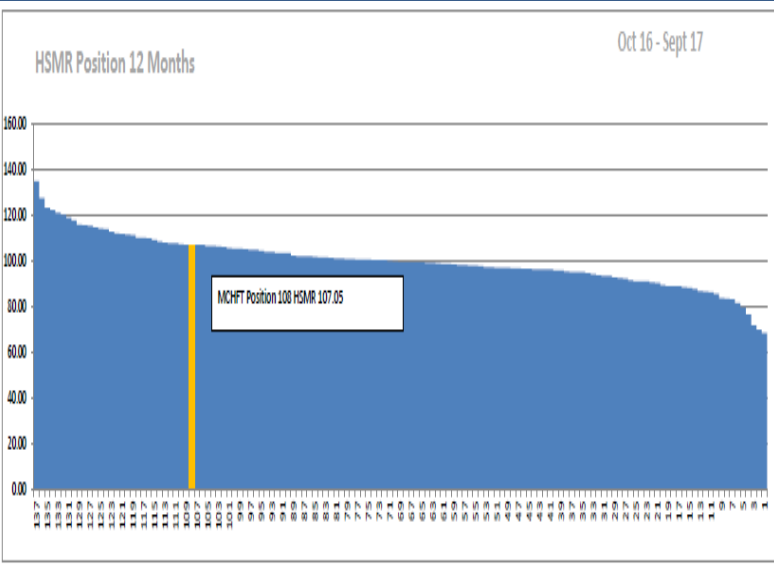
Performance against previous quarter

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.

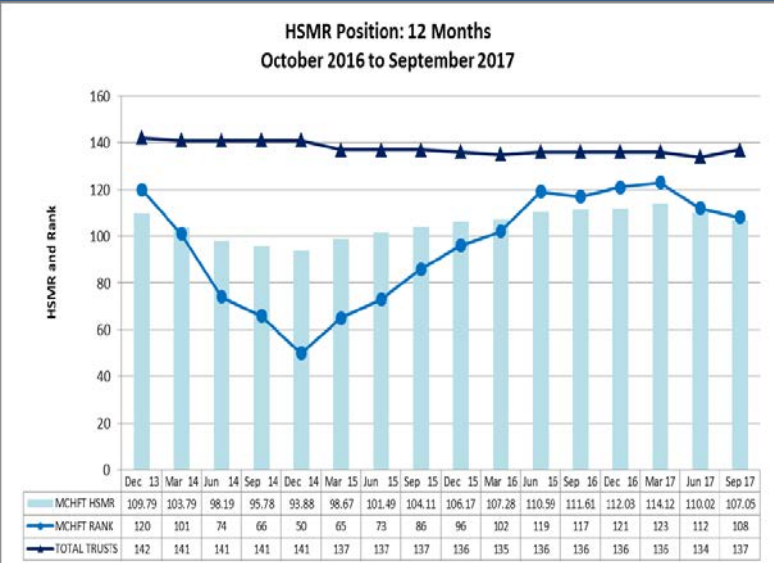
The Trust's HSMR is 107.05 (October 2016 to September 2017) and places the Trust 108 out of 137 Trusts.



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

MCHFT 12 Month Rolling Position HSMR Position

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



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

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

Description

Aggregate Position

Trend

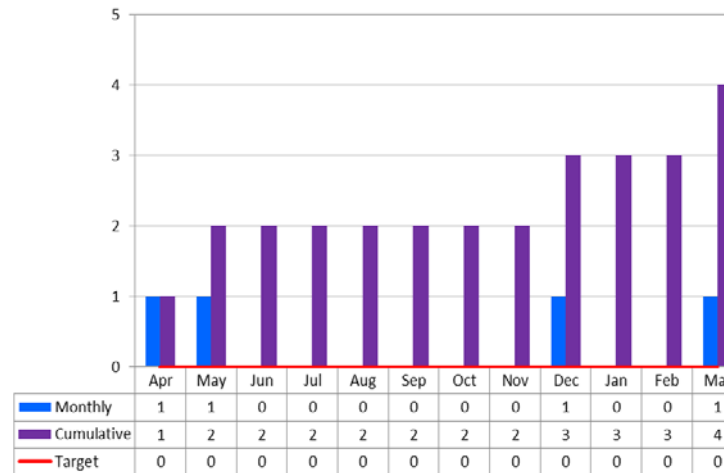
Performance against previous month

MRSA Bacteraemia Cases.

In March 2018, one MRSA bacteraemia case was reported in the Trust. This occurred on Ward 6 and was unavoidable

In this financial year there has been four confirmed MRSA bacteraemia cases reported. Three of which were avoidable and one was unavoidable (March 2018)

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



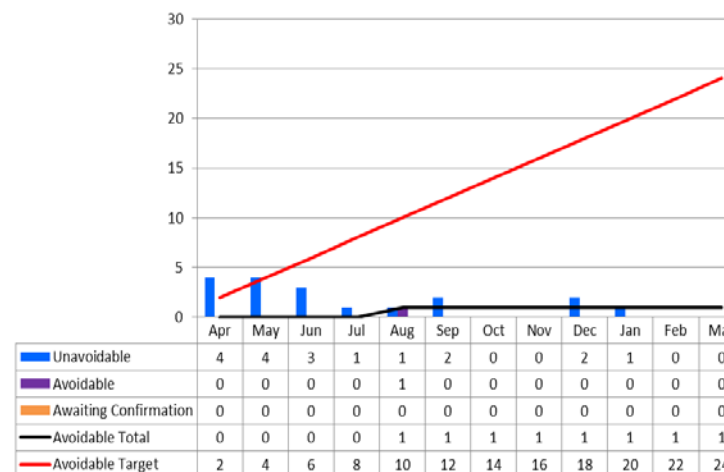
An Infection Control recovery plan has been developed and is monitored through the Executive Infection Prevention Control Group

Clostridium Difficile toxin positive cases.

In March 2018, no avoidable cases were reported.

The total avoidable cases year to date is 1.

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



Improvement actions include:

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

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

CQUIN Indicator	Indicator Name	Milestone Achieved							Financial Incentive Achieved	Maximum Value
		Q1	Financial Incentive Achieved	Q2	Financial Incentive Achieved	Q3	Financial Incentive Achieved	Q4		
1a	Health & Wellbeing 5% point improvement in two of the three questions on H&W, MSK & Stress.		No Payment in Q1		No Payment in Q2		No Payment in Q3			£144,109
1b	Health & Wellbeing Maintain the four changes for improving healthy food for NHS staff, visitors and patients. Introduce three new changes to food and drink provision.		No Payment in Q1		No Payment in Q2		No Payment in Q3			£144,109
1c	Health & Wellbeing Achieve an uptake of flu vaccinations of front line clinical staff of 70% by end of February 2018.		No Payment in Q1		No Payment in Q2		No Payment in Q3			£144,109
2a	Sepsis: Identification Greater than 90% of eligible patients to have a timely identification of sepsis by the end of quarter four 2017/18.	 Partially	£13,510	 Partially	£13,510	 Partially	£13,510			£108,082
2b	Sepsis: Treatment Greater than 90% of eligible patients to have a timely treatment of sepsis by the end of quarter four 2017/18.		Payment not achieved	 Partially	£13,510	 Partially	£13,510			£108,082
2c	Sepsis: Antibiotic Review An empiric review for at least 90% cases in the sample should be performed by the end of quarter four 2017/18.		£27,020		£27,020		£27,020			£108,082
2d Part 1	Reduction in antibiotic consumption Achieve a reduction of x% or more in total antibiotic consumption per 1,000 admissions.		No Payment in Q1		No Payment in Q2		No Payment in Q3			£36,027
2d Part 2	Reduction in carbapenem consumption Achieve a reduction of x% or more in total carbapenem consumption per 1,000 admissions.		No Payment in Q1		No Payment in Q2		No Payment in Q3			£36,027
2d Part 3	Reduction in piperacillin tazabactam consumption Achieve a reduction of x% or more in total piperacillin tazabactam consumption per 1,000 admissions.		No Payment in Q1		No Payment in Q2		No Payment in Q3			£36,027
4	Mental Health in Emergency Department Achieve a 20% reduction in attendances to the Emergency Department for people with Mental Health needs.		£43,233		£172,931		£43,233			£432,328

Board Papers – Quality, Safety & Experience Section: May 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	
6	Offering advice and guidance Providers to set up and operate advice and guidance services for non-urgent GP referrals, allowing GPs to access consultant advice prior to referring patients into secondary care.		£108,082		£108,082		£108,082			£432,328
7	NHS e-Referrals Availability of services and appointments for e-Referral service.		£108,082	 Partially	£64,849		£108,082			£432,328
8a	Supporting proactive and safe discharge Acute providers.		£64,849		£172,931		£21,616			£432,328
8b	Supporting Proactive and Safe Discharge – Community Providers		No Payment in Q1		£83,415		No Payment in Q3			£139,025
9	CQUIN 9 does not apply until year 2									
10	Improving the assessment of wounds (Community Only) The indicator aims to increase the number of wounds which have failed to heal after 4 weeks that receive a full wound assessment		No Payment in Q1		£69,512		No Payment in Q3			£139,025
11	Personalised Care and Support Planning (Community Only) This CQUIN is to be delivered over two years with an aim of embedding personalised care and support planning for people with long -term conditions.		No Payment in Q1		£34,756		£20,854			£139,025
Public Health England CQUIN										
PH1	Breast Screening Programme Clerical Staff Development (Health Promotion role) Update and improve the clerical teams knowledge of health promotion to support clients who access The Breast Screening Unit and key partners involved in the Breast Screening Programme		£3,401.50		£3,401.50		£3,401.50			£13,606

Board Papers – Quality, Safety & Experience Section: May 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	
PH2	Cancer Screening Programme – reducing professional stress and building resilience Holistic mapping review of health & wellbeing services and support available to staff within the bowel and breast screening programmes for the management of professional stress and building resilience	✓	£5,837.25	✓	£5,837.25	✓	£5,837.25			£23,349
Specialist Commissioning										
SC1	Nationally Standardised Dose Banding for Adult Intravenous Systemic Anticancer Therapy (SACT) 38 A tool kit has been developed to support CQUIN. Targets will be set for each of the SACT drugs.	✓	£3,828.30	✓	£3,828.30	✓	£22,969.80			£38,283
SC2	Hospital Pharmacy Transformation and Medicines Optimisation	✓		✓		✓				£57,424

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

Description

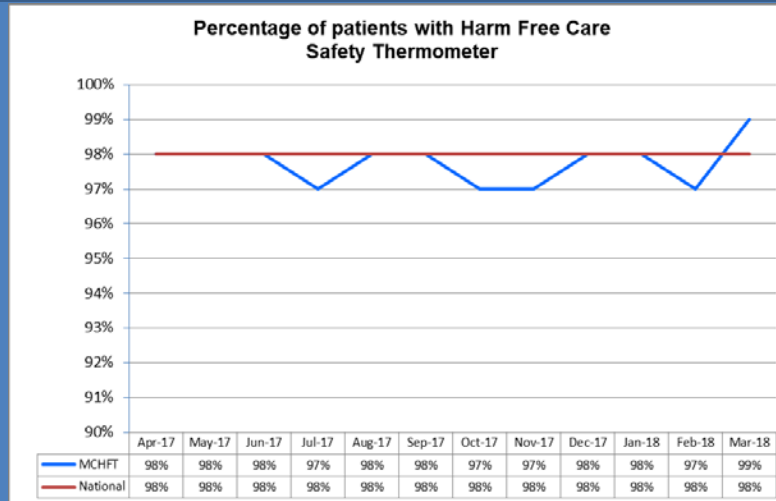
Safety Thermometer - Harm Free Care.

Aggregate Position

In March 2018, 99% 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.

Trend



Performance against previous month

The target is for >95% of patients to receive harm free care as monitored by the Safety Thermometer

Board Papers – Quality, Safety & Experience Section: May 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>89.8% 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>March 2018 89.8%</p> <p>February 2018 89.33%</p> <p>January 2018 90.7%</p>	The lowest staffing levels during the day were on Ward 9 at 61.7%
Registered Nurses monthly expected hours by shift versus actual monthly hours per shift. Night time shifts only	<p>95.9% of expected Registered Nurse hours were achieved for night shifts.</p>	<p>Trend</p> <p>March 2018 95.9%</p> <p>February 2018 95.97%</p> <p>January 2018 97.4%</p>	The lowest staffing levels during the night were on Ward 13 at 73.1%
Healthcare Assistant monthly expected hours by shift versus actual monthly hours per shift. Day time shifts only	<p>100.2% of expected HCA hours were achieved for day shifts.</p>	<p>Trend</p> <p>March 2018 100.2%</p> <p>February 2018 97.14%</p> <p>January 2018 102.7%</p>	The lowest staffing levels during the day were on Ward 9 at 53.8%
Healthcare Assistant monthly expected hours by shift versus actual monthly hours per shift. Night time shifts only	<p>110.1% of expected HCA hours were achieved for night shifts.</p> <p>For areas with over 100% staffing levels for HCA's this is reviewed and is predominately due to wards requiring 1 to 1 specials for patients following a risk assessment or to increase staffing numbers when there are registered nursing gaps that are not filled.</p>	<p>Trend</p> <p>March 2018 110.1%</p> <p>February 2018 105.45%</p> <p>January 2018 112.6%</p>	The lowest staffing levels during the night were on Ward 9 at 80.6%

Board Papers – Quality, Safety & Experience Section: May 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		41302.2	37064.4	30019	29582.3	25265.4	23941	16360.6	18756.8	89.8%	100.2%	95.9%	110.1%	15267	147.7	72.4	220.2
AMU	GEN. MEDICINE	2011.3	1864.8	1519	1427	1898.8	1727.3	1519	1482.3	92.7%	93.9%	91.0%	97.6%	812	4.4	3.6	8.0
CAU (Winter)	PAEDIATRICS	1671	1671	732.5	732.5	1575.5	1575.5	678.5	678.5	100.0%	100.0%	100.0%	100.0%	577	5.6	2.4	8.1
Critical Care	GEN. SURGERY	4031.5	4031.5	599	599	2470	2470	0	0	100.0%	100.0%	100.0%	-	249	26.1	2.4	28.5
Elmhurst	REHABILITATION	871.5	871.5	2232	2160	775	775	1550	1525	100.0%	96.8%	100.0%	98.4%	897	1.8	4.1	5.9
Ward 1	GEN. MEDICINE	2187.5	2043.8	1162.5	1150	1519	1506.8	759.5	759.5	93.4%	98.9%	99.2%	100.0%	956	3.7	2.0	5.7
Ward 12	GEN. SURGERY	2235	1715	1984	1712	953.3	768.8	635.5	625.3	76.7%	86.3%	80.6%	98.4%	941	2.6	2.5	5.1
Ward 13	GEN. SURGERY	2280	1880	1984	1888	953.3	697	635.5	717.5	82.5%	95.2%	73.1%	112.9%	953	2.7	2.7	5.4
Ward 14	GEN. MEDICINE	1710	1362	1488	1698	744	744	1116	1176	79.6%	114.1%	100.0%	105.4%	962	2.2	3.0	5.2
Ward 2	GEN. SURGERY	1800	1681.3	1550	1400	759.5	784	1139.3	1114.8	93.4%	90.3%	103.2%	97.8%	942	2.6	2.7	5.3
Ward 21b	GEN. MEDICINE	1336.5	1083	1813.5	2054	775	775	775	1412.5	81.0%	113.3%	100.0%	182.3%	735	2.5	4.7	7.2
Ward 23	OBSTETRICS	1238	1219	785.3	734.7	764.7	764.7	764.7	752.3	98.5%	93.6%	100.0%	98.4%	667	3.0	2.2	5.2
Ward 26	OBSTETRICS	3235.3	3235.3	671.3	671.3	2824.3	2824.3	382.3	382.3	100.0%	100.0%	100.0%	100.0%	130	46.6	8.1	54.7
Ward 4	GEN. MEDICINE	1710	1440	1860	1776	744	744	1488	1440	84.2%	95.5%	100.0%	96.8%	975	2.2	3.3	5.5
Ward 5	GEN. MEDICINE	2325	1900	1550	1525	1519	1114.8	759.5	1053.5	81.7%	98.4%	73.4%	138.7%	960	3.1	2.7	5.8
Ward 6	GEN. MEDICINE	1937.5	1743.8	1937.5	2143.8	1519	1310.8	759.5	1249.5	90.0%	110.6%	86.3%	164.5%	841	3.6	4.0	7.7
Ward 7	GEN. MEDICINE	1752.5	1577.5	1550	1856.3	759.5	759.5	1139.3	1580.3	90.0%	119.8%	100.0%	138.7%	979	2.4	3.5	5.9
Ward 9	TRAUMA & ORTHOPAEDICS	1694	1046	1488	800	635.5	615	317.8	256.3	61.7%	53.8%	96.8%	80.6%	345	4.8	3.1	7.9
NICU	PAEDIATRICS	1924.6	1762.6	183.4	183.4	1782.5	1587	0	23	91.6%	100.0%	89.0%	-	313	10.7	0.7	11.4
Ward 11 SAU	GEN. SURGERY	1395	1635	930	1170	580.7	740	290.4	636.9	117.2%	125.8%	127.4%	219.3%	209	11.4	8.6	20.0
Ward 18 SSW	GEN. MEDICINE	1300	1181.3	775	981.3	759.5	735	379.8	722.8	90.9%	126.6%	96.8%	190.3%	677	2.8	2.5	5.3
Ward 10 Ortho	GEN. SURGERY	2656	2120	3224	2920	953.3	922.5	1271	1168.5	79.8%	90.6%	96.8%	91.9%	1147	2.7	3.6	6.2

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

Ward Name	Main Specialties	Safety Thermometer Results			
		Acquired Pressure Ulcers	Patient Falls resulting in harm	CAUTI	New VTE
MCHFT		0.92% (8)	0.57% (5)	0 (0)	0.11% (1)
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	3.45% (1)	0% (0)	0% (0)	0% (0)
Ward 1	Gen. Medicine	0% (0)	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)	0% (0)	0% (0)	0% (0)
Ward 13	Gen. Surgery	0% (0)	0% (0)	0% (0)	3.12% (1)
Ward 14	Gen. Medicine	6.25% (2)	0% (0)	0% (0)	0% (0)
Ward 15	Trauma & Ortho	0% (0)	0% (0)	0% (0)	0% (0)
Ward 2	Gen. Medicine	0% (0)	3.33% (1)	0% (0)	0% (0)
Ward 21B	Rehab	4.17% (1)	12.50% (3)	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	0% (0)	0% (0)	0% (0)	0% (0)
Ward 9	Trauma & Ortho	0% (0)	0% (0)	0% (0)	0% (0)
NICU	Paediatrics	0% (0)	0% (0)	0% (0)	0% (0)
DN – Alsager	District Nursing	2.86% (1)	0% (0)	0% (0)	0% (0)
DN – Ashfields and Haslington	District Nursing	0% (0)	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 & Rope Green	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)
DN – Middlewich	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)
DN - Church View	District Nursing	9.38% (3)	0% (0)	0% (0)	0% (0)
DN – Winsford	District Nursing	0% (0)	4% (1)	0% (0)	0% (0)
Intermediate care	Intermediate Care	0% (0)	0% (0)	0% (0)	0% (0)
DN OOH	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)

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

Experience Section:

Indicators	Last four months			
	Dec-17	Jan-18	Feb-18	Mar-18
Complaints received by month	15	23	25	20
Complaints being reviewed by the Ombudsman	1	1	2	2
Closed complaints by month	8	23	17	17
Contacts raising informal concerns	63	102	90	121
Compliments received in month	253	138	155	170
Number of new claims received in month	3	5	7	1
Number of claims closed	0	1	3	5
Number of inquests concluded	1	1	0	1
NHS Choices - Star Ratings (Leighton)	4.5	4.5	4.5	4.5
NHS Choices - Star Ratings (VIN)	5	5	5	5
NHS Choices - Number of new postings	12	15	18	3
F&FT Response Rate ED, MIU, UCC and Assessment Areas*	3%	3%	22%	26%
Proportion of positive responses ED, MIU, UCC and Assessment Areas	91%	84%	81%	82%
F&FT Response Rate Inpatients and Daycases	16%	14%	23%	23%
Proportion of positive responses Inpatients and Daycases	99%	97%	98%	98%
F&FT Response Rate Outpatients	4%	5%	4%	3%
Proportion of positive responses Outpatients	95%	97%	96%	96%
F&FT Response Rate Maternity - Birth	11%	16%	5%	13%
Proportion of positive responses Maternity - Birth	100%	100%	90%	100%
F&FT Response Rate Community (CCICP)	7%	23%	17%	15%
Proportion of positive responses Community (CCICP)	95%	92%	91%	91%

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

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

Description	Aggregate Position/Description	Trend	
Monthly Trust complaints received by the Trust	<p>20 complaints were received in March 2018 which covered 69 concerns. Of the categories, the highest categories were:</p> <ul style="list-style-type: none"> Communication - with patients face to face Communication - with relatives face to face Medical - Diagnosis problems Nursing - Other <p>Highest 3 areas receiving complaints/issues were:</p> <ul style="list-style-type: none"> General Surgery- 3 complaints / 8 issues Orthopaedics - 2 complaints / 6 issues Emergency Department - 2 Complaints / 5 issues 	<p>Complaints received by month</p>	Formal Complaints
Number of formal complaints by Division	<p>This graph shows the breakdown of issues by month for each division.</p> <p>S&C: 27</p> <p>DCSS: 4</p> <p>W&CD: 1</p> <p>DMEC: 30</p> <p>CCICP: 4</p> <p>E&F: 0</p> <p>Corporate Services: 3</p>	<p>Categories received by Division</p>	Formal Complaints by Division

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

Description

Aggregate Position/Description

Trend

Complaints being reviewed by the Public Health Service Ombudsman (PHSO)

In March 2018, 4 complaints were active with the PHSO.

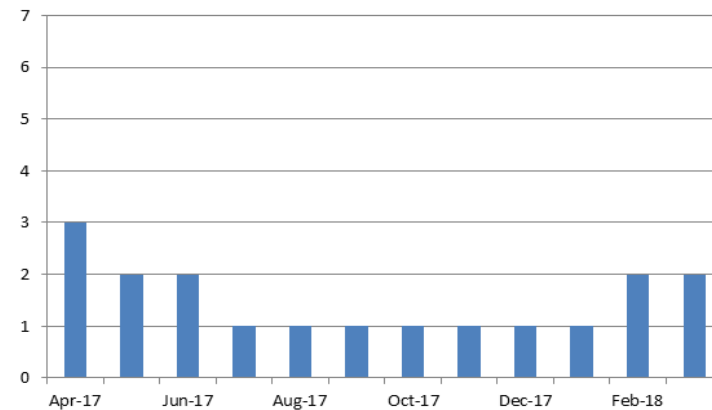
1 has been active for a long period of time and is undergoing a review external to the PHSO

1 case agreed for investigation in February. All information has been shared with the PHSO. The concern was with regard to care leading up to the patient's death.

1 new case relating to communication regarding diagnosis and concerns regarding infection issues. Opened 14/03/18 and all information sent to PHSO.

1 new case relating to treatment required following caesarean section which resulted in critical care stay. Opened 23/03/18, all information sent to PHSO and the case is at assessment stage.

■ Complaints being reviewed by the Ombudsman



Ombudsman

Complaint Trends and number of issues

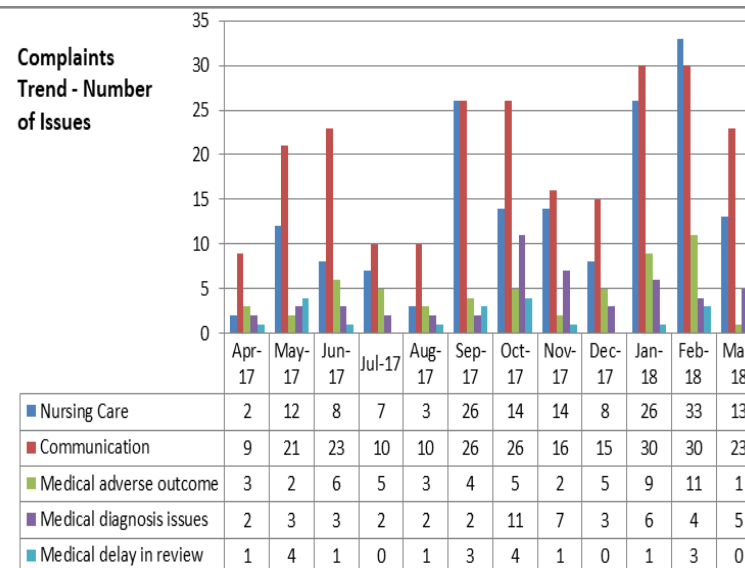
The main trends in March 2018 were:

Communication with 14 complaints raising 23 issues.

Nursing Care with 8 complaints raising 13 issues

Medical Diagnosis Problems 5 complaints raising 5 issues

Complaints Trend - Number of Issues



Complaint Trends

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

Description

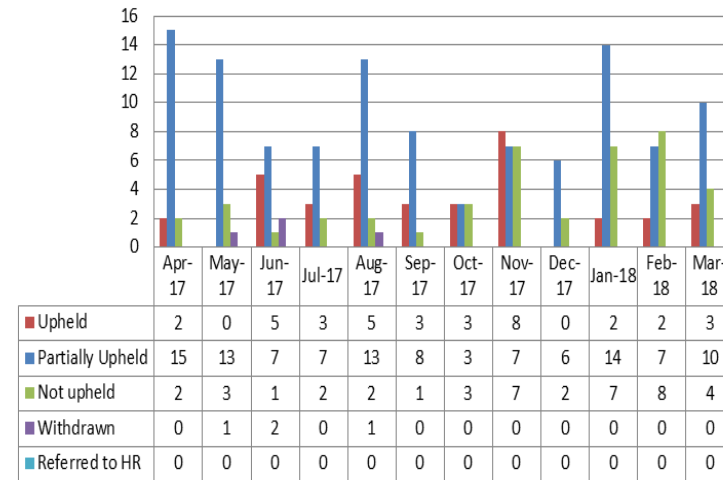
Aggregate Position/Description

Trend

Closed Complaints

17 complaints were closed in March 2018.

Closed Complaints By Month



Closed Complaints

Closed Complaints by Division

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

Division	Upheld	Partially Upheld	Not Upheld	Withdrawn	Ref HR	Sub-Total
Medicine and Emergency Care	1	5	1	0	0	7
Surgery and Cancer	0	4	0	0	0	4
Diagnostics & Clinical Support Services	0	0	0	0	0	0
Women's and Children's	1	1	2	0	0	4
Corporate Services	0	0	0	0	0	0
CCICP	1	0	1	0	0	2
		Total closed				17

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

Complaints closed by Division

Tables deleted under Section 40 of the Freedom of Information Act

Description

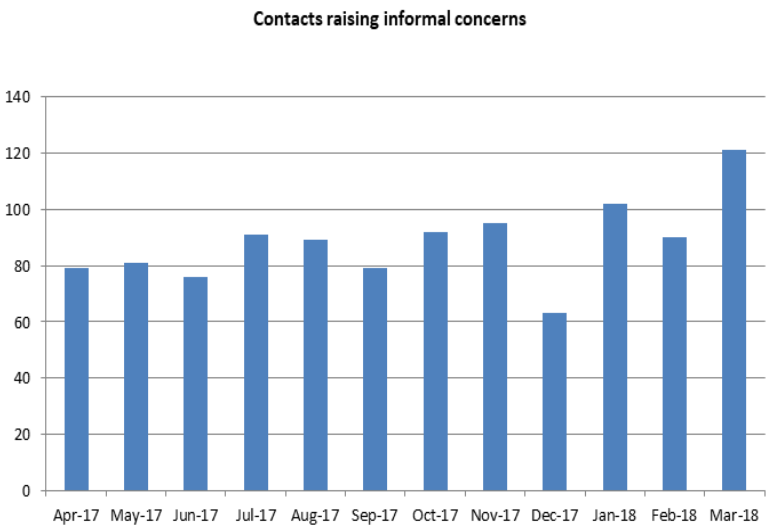
Aggregate Position/Description

Trend

Informal Concerns Numbers

The number of contacts raising informal concerns for March 2018 was 121, which is 31 more than the previous month.

The Division of Medicine and Emergency Care has received the largest number of individual concerns raised at 79, with 29 of the individual concerns raised belonging to the Emergency Department.

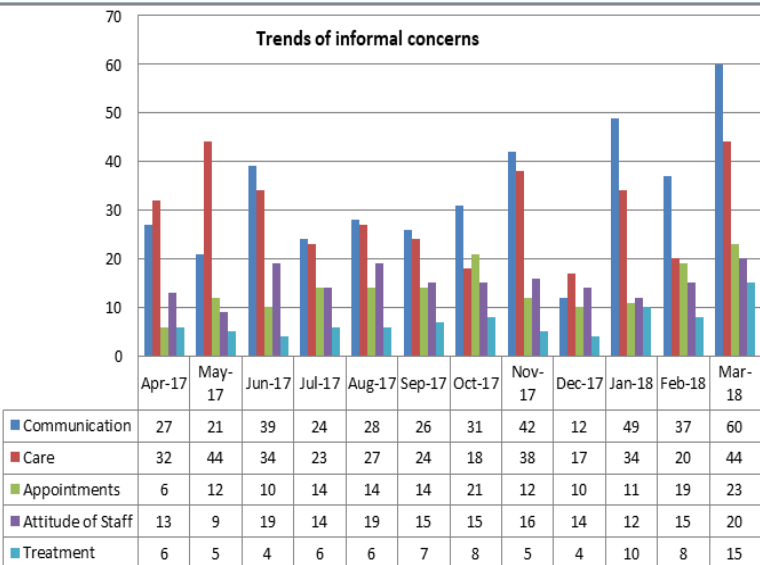


Informal Concerns
Feedback

Informal Concerns Trends

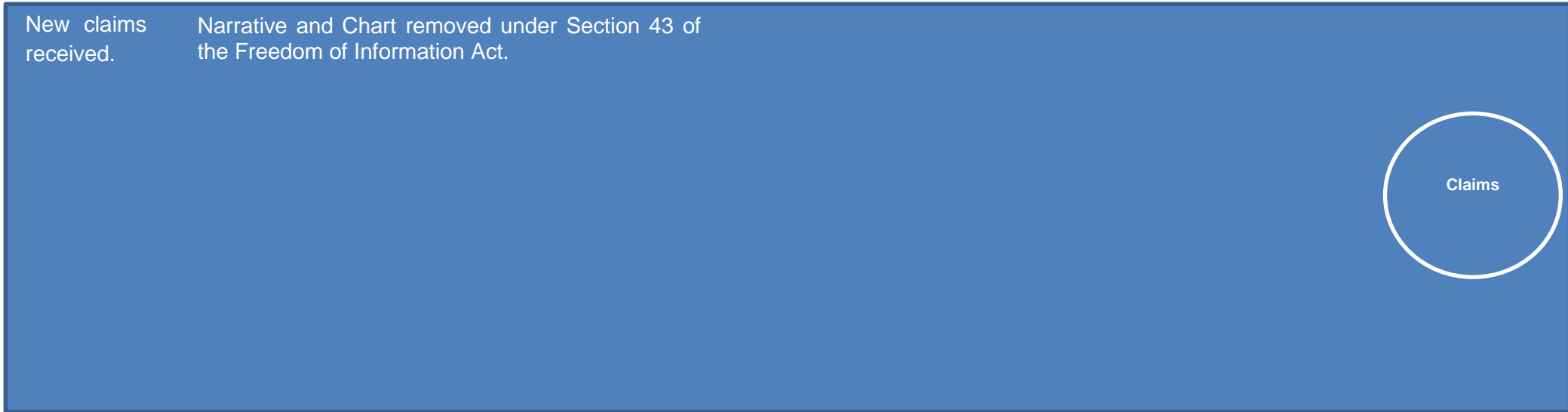
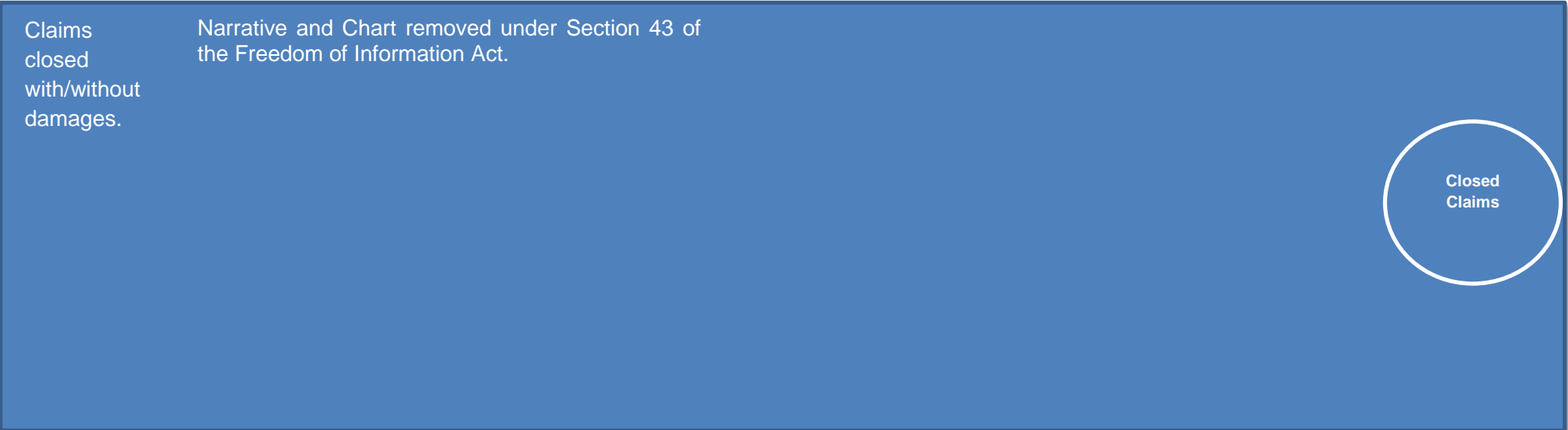
Communication was the highest trend for informal concerns in March 2018, with 25 of the 60 issues raised belonging to the Division of Medicine and Emergency Care. 8 of these concerns belong to General Medicine, 6 of which relate specifically to Cardiology.

Of the 44 issues regarding Care, 19 belong to the Division of Surgery and Cancer. 4 of these relate to care on Ward 13 specifically.



Informal Concerns
Trends

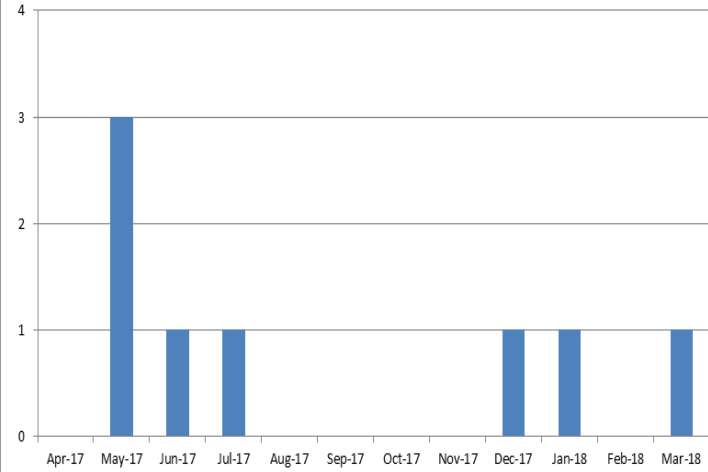

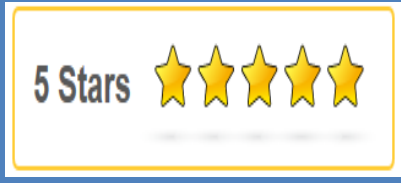
Board Papers – Quality, Safety & Experience Section: May 2018

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

Board Papers – Quality, Safety & Experience Section: May 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.	Value of Claims
Top five claims by Specialty	Narrative and Chart removed under Section 43 of the Freedom of Information Act.	Top 5 Claims by Specialty

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

Description	Aggregate Position/Description	Trend																										
Number of Inquests concluded by month	<p>1 inquest was concluded in March 2018. The Coroner gave a narrative conclusion: “The Deceased died due to the effects of a witnessed accident at home and general poor health.”</p> <p>Due to the patient’s epilepsy medication not being administered on four occasions, the Coroner has asked to see the results of the medication audits undertaken by the Trust.</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>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><tr><td>Jan-18</td><td>1</td></tr><tr><td>Feb-18</td><td>0</td></tr><tr><td>Mar-18</td><td>1</td></tr></tbody></table> <p>Inquests</p>	Month	Number of Inquests	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	Jan-18	1	Feb-18	0	Mar-18	1
Month	Number of Inquests																											
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																											
Jan-18	1																											
Feb-18	0																											
Mar-18	1																											
NHS Choices Star Ratings	<p>The ratings are based on 135 postings received to date.</p> <p>Leighton Hospital is rated at 4.5 stars.</p> <p>Victoria Infirmary, Northwich is rated at 5 stars.</p>	  <p>NHS Choices – Star Ratings</p>																										

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

Description

Aggregate Position /description

Trend

NHS Choices postings

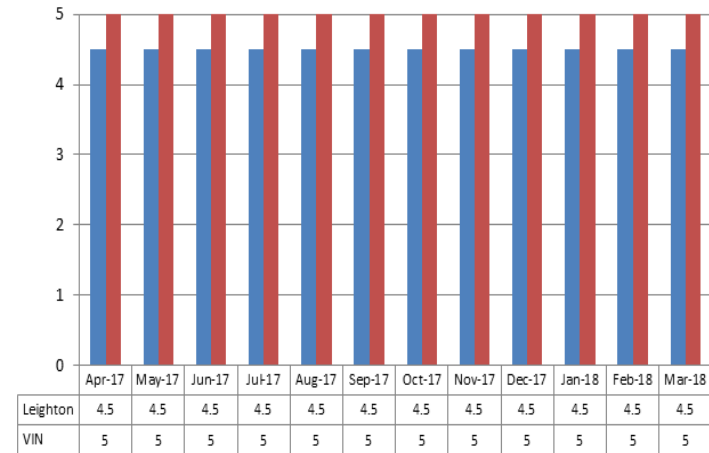
There were 3 postings on NHS Choices in March 2018 of which 2 were negative and 1 was positive. Examples of feedback included:

Very satisfied with service just thought I would receive x-ray results sooner as the radiologist who took my x-ray did say it would be sooner as it was caused by an accident. (X Ray Vin)

All in all, a better, friendlier attitude, showing genuine interest in the patient and appreciating that one might be stressed in such situations, would have gone a long way (Gynecology OPD)

Then seen by nurse practitioner who shown none of the above and announced arrogantly "nothing up other than a water infection". Told sit back and wait in waiting room. Eventually seen by out hours dr who diagnosed and gave me urgent nebuliser and other steroids given to me (A&E)

NHS Choices Star Ratings (out of 5)



NHS Choices - Postings

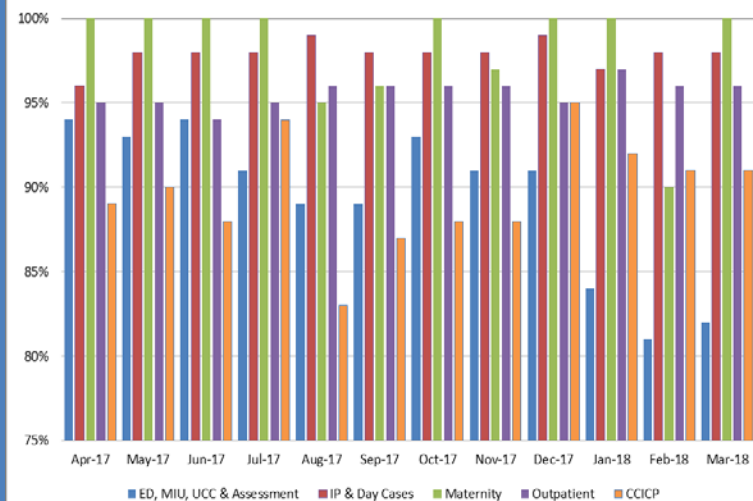
The Family and Friends Test asks patients if this would recommend our hospital services to a friend or relative based on their treatment and experience

In March 2018 the Trust has scored the following positive response scores:

Inpatients and day cases	98%
Emergency care /Assessment areas	82%
Outpatients	96%
Maternity	100%
CCICP	91%

3613 responses were received and 90% of those patients would recommend our hospital services.

FFT Positive Response Score - March 2017 onwards



Family & Friends Test

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

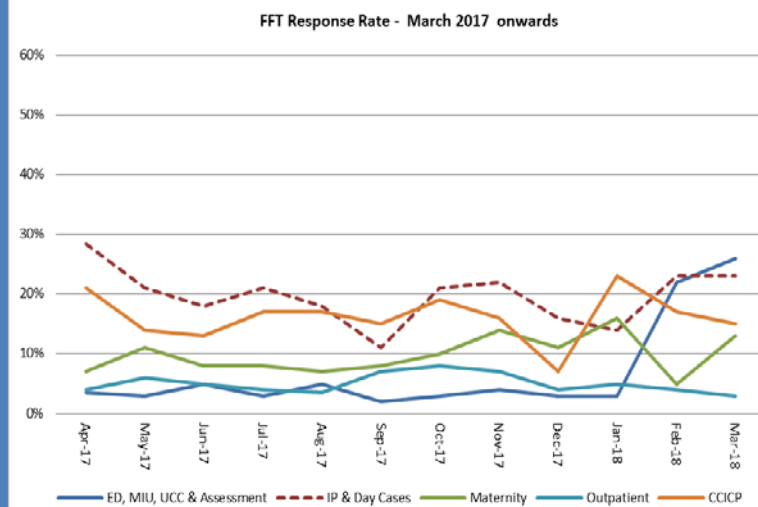
Description

Aggregate Position

Trend

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

January 2018	% Response	Total Responses received	How many would recommend
Ward/Dept			
A&E , UCC & MIU	26%	1660	1361
Inpatients & Daycases	23%	976	948
Maternity	13%	28	28
Outpatients	4%	611	585
CCICP	15%	262	239



Family & Friends Test

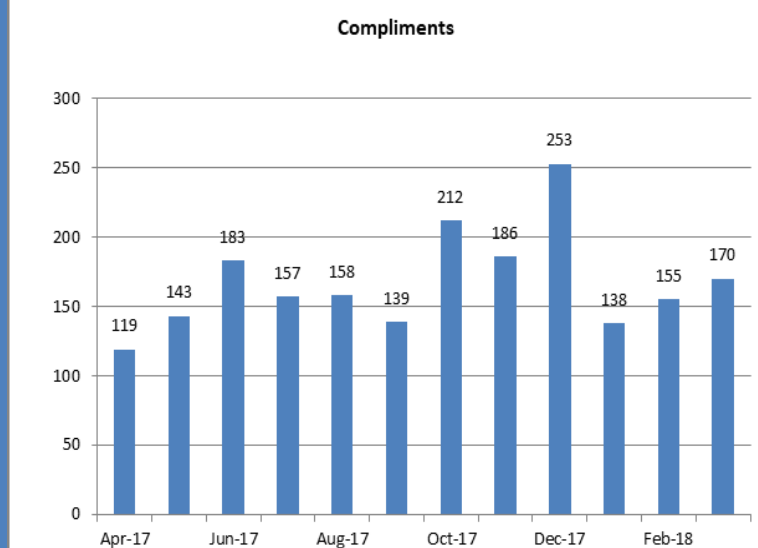
Compliments received

There were 170 compliments/thank-you's received for March.

"I just wanted to say how amazing everyone was who dealt with me today. We are lucky to have Leighton Hospital and all the nurses we have there."

"I'd like to comment on the fabulous care I received as an inpatient last week on Ward 13. I always felt safe, medicines were given on time the nurses could not have been more helpful and the ward was clean."

"I would like to give a big thank you for the excellent care I received during my visits to the physiotherapy department at Northwich Infirmary and the reception staff."



Compliments



Mid Cheshire Hospitals
NHS Foundation Trust

MCHFT 2017 Staff Survey Results



Mid Cheshire Hospitals
NHS Foundation Trust

Our Story so far.....

- Benchmarking all 32 Indicators in the survey against other Combined Acute and Community Trusts shows we are:

⊙ Better than average in 19 areas

⊙ Average in 9 areas

⊙ Below Average in 4 areas

* Due to the smaller number of 'combined acute and community trusts' details of which organisations are in the lowest 20% and highest 20% are not given.

• Response Rates

2016	2017		Trust Performance
MCHFT	MCHFT	Combined Acute & Community Trust Average	
58%	54%	43%	↓
715 people	674 people		↓

- Corporate – 71%
- E&F – 63%
- DCSS – 61%
- CCICP – 60%
- S&C – 54%
- W&C – 42%
- MECD – 39%

Occupational Group Response Rates 2017

	Sample Size	Number of Responses	%
Additional Prof Scientific and Technical	39	21	54%
Additional Clinical Services	294	122	41%
Admin & Clerical	287	198	68%
Allied Health Professionals	86	58	67%
Estates and Ancillary	111	62	56%
Healthcare Scientists	34	26	76%
Medical & Dental	70	31	44%
Nursing and Midwifery Registered	329	156	47%

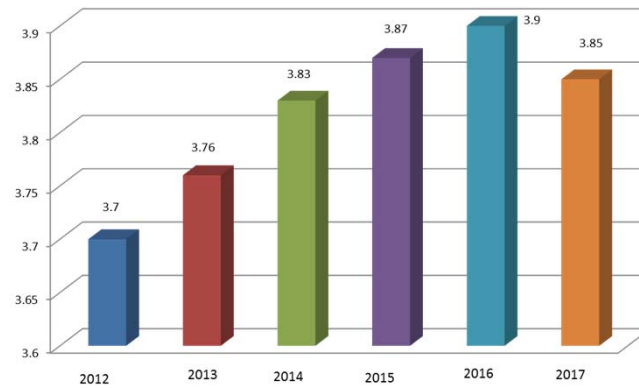
HSJ

Organisation name

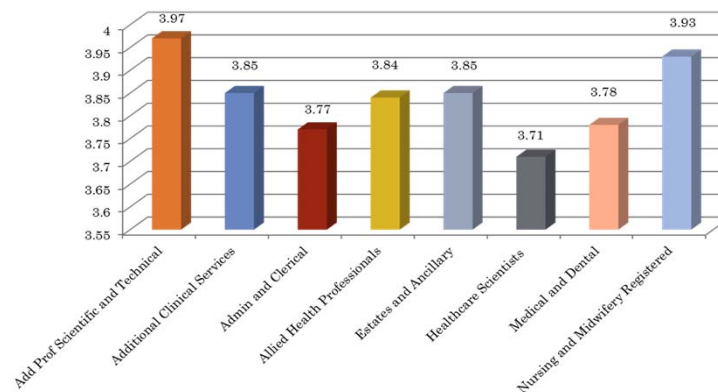
Staff recommending trust as a place to work or receive treatment

	2015	2016	2017	Better/Worse
St Helens and Knowsley Teaching Hospitals NHS Trust	4.02	4.06	4.12	
Wrightington, Wigan and Leigh NHS Foundation Trust	4.02	4.03	3.96	
Mid Cheshire Hospitals NHS Foundation Trust*			3.87	
Tameside and Glossop Integrated Care NHS Foundation Trust*	3.91	3.91	3.86	
East Lancashire Hospitals NHS Trust	3.80	3.82	3.84	
University Hospital of South Manchester NHS Foundation Trust	3.74	3.80	3.84	
University Hospitals of Morecambe Bay NHS Foundation Trust	3.72	3.73	3.79	
Bolton NHS Foundation Trust*	3.82	3.86	3.78	
The Royal Liverpool and Broadgreen University Hospitals NHS Trust	3.82	3.80	3.78	
Salford Royal NHS Foundation Trust*	3.87	3.79	3.78	
East Cheshire NHS Trust*	3.66	3.76	3.77	
England community trusts	3.75	3.73	3.76	
Liverpool Community Health NHS Trust	3.67	3.58	3.75	
England acute trusts	3.75	3.76	3.75	
Central Manchester University Hospitals NHS Foundation Trust*	3.79	3.73	3.75	
England acute/community trusts	3.73	3.73	3.73	
Countess of Chester Hospital NHS Foundation Trust	3.80	3.78	3.70	
Blackpool Teaching Hospitals NHS Foundation Trust*	3.71	3.68	3.70	
Lancashire Teaching Hospitals NHS Foundation Trust	3.64	3.69	3.70	
Aintree University Hospital NHS Foundation Trust	3.74	3.66	3.69	
Wirral Community NHS Foundation Trust	3.80	3.81	3.67	
Wirral University Teaching Hospital NHS Foundation Trust	3.67	3.71	3.66	
Stockport NHS Foundation Trust*	3.79	3.61	3.63	
Warrington and Halton Hospitals NHS Foundation Trust	3.51	3.57	3.61	
Pennine Acute Hospitals NHS Trust*	3.52	3.45	3.55	
Southport and Ormskirk Hospital NHS Trust*	3.56	3.49	3.52	
Bridgewater Community Healthcare NHS Foundation Trust	3.64	3.61	3.51	
North Cumbria University Hospitals NHS Trust	3.36	3.34	3.45	

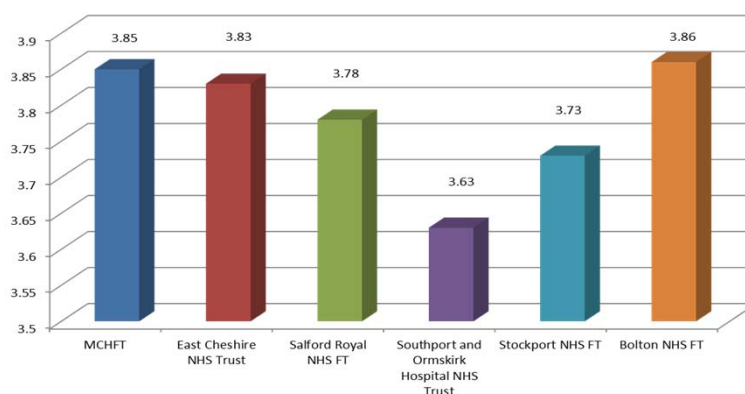
Our Staff Engagement Story



Staff Engagement by Occupational Group



Staff Engagement Score Comparison



Our Top Scores in 2017

Top 5 Ranking Scores	2016	2017		Trust Performance (when compared with all combined acute and community trusts in 2017)
	MCHFT	MCHFT	Combined Acute and Community Trust Average	
* Percentage of staff witnessing potentially harmful errors, near misses or incidents in the last month (<i>lower score is better</i>)	26%	22%	29%	Below (better than) average
* Percentage of staff feeling unwell due to work related stress in the last 12 months (<i>lower score is better</i>)	32%	30%	38%	Below (better than) average
Percentage of staff attending work in the last 3 months despite feeling unwell because they felt pressure from their manager, colleagues or themselves (<i>lower score is better</i>)	56%	47%	53%	Below (better than) average
Percentage of staff believing the organisation provides equal opportunities for career progression or promotion (<i>higher score is better</i>)	90%	92%	85%	Above (better than) average
Staff satisfaction with level of responsibility and involvement (<i>higher score is better</i>)	4.00	3.99	3.89	Above (better than) average

Our Bottom Scores in 2017

Bottom 5 Ranking Scores	2016	2017		Trust Performance (when compared with all combined acute and community trusts in 2017)
	MCHFT	MCHFT	Combined Acute and Community Trust Average	
* Quality of non-Mandatory training, learning or development (<i>higher the better</i>)	4.06	4.01	4.06	Below (worse than) average
Percentage of staff/colleagues reporting most recent experience of harassment, bullying or abuse (<i>higher score is better</i>)	47%	45%	47%	Below (worse than) average
* Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months (<i>lower score the better</i>)	15%	15%	14%	Above (worse than) average
Percentage of staff/colleagues reporting most recent experience of violence (<i>higher score is better</i>)	77%	64%	67%	Below (worse than) average
Percentage of staff satisfied with the opportunities for flexible working patterns (<i>higher score is better</i>)	52%	51%	51%	Average

Key Areas of Focus for Divisional Action Plans

- Reduce violence, bullying and harassment in the workplace - WRES Data
- The importance of leadership - engagement, visibility, communication and support, involving staff in change.
- Improve the quality of appraisals – Objectives, personal development, link to the 'Golden Thread', talent management and succession planning conversations.
- Increase job satisfaction – Team working, recognition and reward, feedback and increasing resources.
- **Corporately:** Review the quality of non mandatory training
- **Action plans should also be linked to data from:** Staff focus groups, Friends and Family test, Stress survey data.



Title of Paper :	Freedom to Speak Up Report: Q4 2017/18		
Author:	Estelle Carmichael; Director of Workforce & OD		
Executive Lead:	Julie Tunney Director of Nursing & Quality and Freedom to Speak Up Guardian		
Type of Report:	Concept Paper		
	Strategic Options Paper		
	Business Case		
	Information		✓
	Review/Benefits/Audit		
Link to Strategic Objectives:		Link to Domain:	
Quality, Safety & Experience	✓	Safe	✓
Strong Progressive FT		Effective	✓
Organisational Delivery		Caring	✓
Workforce Development & Effectiveness	✓	Responsive	✓
Fit for Purpose Infrastructure	✓	Well-Led	✓
Emergency Preparedness			
Link to Board Responsibility:	Performance		
	Accountability		✓
	Strategy		✓
	Implementation		✓
Action Required:	Decide		
	Approve		
	Note		✓
	Recommend		
	Delegate		
Positive Benefit:	A workforce that feels safe to report concerns is essential to the continuing improvement and development of the patient and staff experience.		
Risk:	Concerns go unreported and this leads to failure to provide good quality, individualised care for our patients.		
To be published on Trust Website –complete version		Y/N (delete as appropriate)	
If no, to be published on Trust Website – redacted		Y/N (delete as appropriate)	
If not to be published complete or redacted, please detail the reason why			
Presented at Board Meeting of:	Board of Directors – 8 th May 2018		

FREEDOM TO SPEAK UP GUARDIAN QUARTERLY REPORT

1st January – 31st March 2018 (Q4)

1. INTRODUCTION & BACKGROUND

The purpose of this paper is to inform the Board and the Transformation & People Committee of the progress made in providing our staff with the Freedom to Speak Up by:

- Appointing a Trust Freedom to Speak Up Guardian,
- Raising awareness of the key responsibilities associated with the role and
- Providing an update on any reports received during the quarter.

Sir Robert Francis recommended to the Department of Health in 2015 that FTSU¹ Guardians should be mandatory in NHS provider organisations. The CQC through the inspection regime, requires Trusts to evidence that they have proper arrangements in place to handle concerns raised by staff and other key stakeholders. The appointment of a FTSU Guardian is a key element of the CQC 'well-led' domain. Trusts were initially required to have a nominated FTSU guardian by 1st October 2016.

In Mid-Cheshire Hospitals, we elected to add the FTSU Guardian responsibilities to the Director of Nursing & Quality role in early 2016. This role was undertaken on an interim basis from 1st October 2017 to 31st January 2018 by the Director of Workforce and OD to ensure the smooth running of this important role in preparation for our new Director of Nursing & Quality commencing in role in mid-January 2018.

Dr Henrietta Hughes continues to lead the Freedom to Speak Up agenda as the National Guardian and was appointed in 2016.

2. ROLE OF THE GUARDIAN

Our FTSU Guardian offers a confidential service to staff, volunteers, students, sub-contractors, agency workers and any other persons undertaking duties within Mid Cheshire Hospitals NHS Foundation Trust. Our FTSU Guardian will:

- Undertake a review where it is highlighted by any intelligence, that there has been evidence of staff not being able to raise concerns for whatever reason, or where concerns raised have not been acted upon;
- Work alongside key stakeholders in promoting an open and honest "no blame" culture, where staff are able to raise concerns safely without fear of reprisal;
- Support and signpost individuals in raising concerns;
- Ensure investigations following the raising of concerns are undertaken in a timely manner and outcomes fed back to the individual/individuals who raised them;
- Ensure all concerns are stored and recorded in a confidential manner, for themes to be identified and reported to Executive Workforce Assurance Group;
- Provide a quarterly report to the Transformation & People Committee and Board of Directors highlighting concerns raised and lessons learned;
- Encourage staff to access training on the importance of and how to raise concerns within MCHFT and how to manage concerns when they are raised;

¹ FTSU – Freedom to Speak Up

- Work with the Director of Workforce & OD and other key stakeholders to ensure a continuous process of improvement on speaking up;
- Be visible and accessible to all within the MCHFT;
- Contribute to a culture where speaking up becomes “the norm” and raising concerns is seen as business as usual.

3. QUARTERLY REPORT – Q4

The Guardian role was launched in 2016 and included Trust-wide communications at that time to ensure that staff knew who the Trust’s Freedom to Speak Up Guardian was.

Since the new Director of Nursing & Quality and FTSU Guardian has joined the Trust, we have refreshed our communications processes and taken the opportunity to remind staff about the role of the FTSU Guardian.

In addition our new FTSU Guardian has written a personal foreword for our Raising Concerns at Work Policy and this was published in early February 2018.

Our FTSU Guardian continues, with the support of our Employee Support Advisors, to remind staff about how to raise concerns. The key messages during the last quarter have been focussed on ensuring that each member of staff understands that:

- They have a personal duty of care, not only to protect our patients but also to ensure the smooth running of MCHFT;
- It is possible to bypass their line manager (if they so wish) to raise concerns and
- Our staff can receive independent advice and support from the Trust’s ‘Freedom to Speak Up Guardian’ or an Employee Support Advisor if they require it.

During the period 1st January 2018 to 31st March there were 4 anonymous referrals to the Guardian.

As all reports were anonymous and related to individual employees, it is not appropriate for these to be published in a public forum. However, it is important to note the following key themes:

Method of Reporting	Reason for Contact	Investigation Completed	Issue Closed and Feedback provided
Range of methods including verbal and written.	<ul style="list-style-type: none"> • Reporting potential Fraud • Concerns about behaviour at work 	Yes	Yes – no feedback possible (Anonymous)
		Yes	Yes – no feedback possible (Anonymous)
		Yes	Yes – no feedback possible (Anonymous)
		Yes	Yes – no feedback possible (Anonymous)

A simple database has been developed to capture the information necessary for robust and appropriate reporting. Over the course of the next year (2018/19) we will be able to identify common themes and appropriate organisational level action that can be taken to address these

themes. However, as a result of the low level of reporting to date, it is not possible to identify organisational level themes at this time.

4. LEARNING FROM CONCERNS

Lessons learned from each of the reports highlighted above have been shared with divisional and departmental teams to change existing practice.

5. NATIONAL GUARDIAN REPORTING

The data included in this report has been uploaded to the National Guardian's Office to support national collation and learning.

It is positive to see a small increase in staff reporting concerns to our FTSU Guardian. It is clear that staff are beginning to understand the role and recognise our new Director of Nursing & Quality and Freedom to Speak Up Guardian as someone they can Trust to report their concerns to.

Julie Tunney
Director of Nursing & Quality and
Freedom to Speak Up Guardian

Estelle Carmichael
Director of Workforce and OD

16 April 2018

Title of Paper :	Guardian of Safe Working Hours Report (Q4)		
Author:	Derek Pegg, Guardian of Safe Working Hours		
Executive Lead:	Estelle Carmichael, Director of Workforce and OD		
Type of Report:	Concept Paper		
	Strategic Options Paper		
	Business Case		
	Information		✓
	Review/Benefits/Audit		
Link to Strategic Domains:		Link to Domain:	
Delivering Outstanding Clinical Quality, Safety & Experience		Safe	✓
Being a Leading partner in a Progressive Health Economy		Effective	
Striving for Outstanding Organisational Effectiveness		Caring	
Aspiring to Excellence in Practice Through Our Workforce	✓	Responsive	
Creating a 21st Century Infrastructure for Transformative Health and Social Care		Well-Led	✓
Link to Board Responsibility:	Performance		
	Accountability		✓
	Strategy		
	Implementation		
Action Required:	Decide		
	Approve		
	Note		✓
	Recommend		
	Delegate		
Positive Benefit:	Assurance that our Junior Doctors are working in accordance with the agreed Contract		
Risk:	Common themes associated with exception reports		
To be published on Trust Website –complete version		Yes	
If no, to be published on Trust Website – redacted		n/a	
If not to be published complete or redacted, please detail the reason why		n/a	
Presented at Board Meeting of:	8 May 2018		

REPORT FROM THE GUARDIAN OF SAFE WORKING HOURS

1st January 2018 – 31st March 2018

1. INTRODUCTION

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

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

2. CURRENT POSITION

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

During the February rotation, the most significant changes were in terms of the number of doctors in training leaving and joining the Trust. The following is the rota positions as at 7th February and highlights which rotas were not fully staffed and includes a summary of the action being taken to ensure that gaps in rotas are filled in an efficient and productive manner, whilst also ensuring the safety of our patients.

Rota Name	Grade	Rota Type	WTE Doctors required for rota	WTE junior doctors posts on rota	NTG's on Rota	Filled by TG	Vacancy TG	Notes
Division of Medicine & Emergency Care								
ST3+ Medicine	STH	1:13 Full Shift	13	13	0	13	1	14 STH posts funded 1.0 wte vacancy Resp Medicine
CMT/GP	STL	1:17 Full Shift	17	17	0	17	4	21 posts funded 17 CMT/GP in post 4.0 wte vacancies. Rota 1:17 as GP Form B posts rarely filled and carried as vacancies.
FY2 Medicine	FY2	1:6 Full Shift	6	6	0	6	0	6 posts funded
FY1 Medicine	FY1	1:8 Full Shift	8	8	0	7	1	8 posts funded
STH A&E	STH	1:6 Full Shift	6	6	0	6	0	6 posts funded
ST Lower A&E	STL	1:8 Full Shift	8	8	0	8	1	9 posts funded - Rota reduced from 1:9 to 1:8 to cover vacancy
ST Higher Anaesthesia	STH	1:12 Full Shift	12	4	8	2.6	1.4	4 posts funded - 1.0wte vacancy 0.4wte left by LTFT
ST Lower Anaesthesia	STL	1:7 Full Shift	7	7	1	6	1	7 posts funded - There is an NTG on this rota

Rota Name	Grade	Rota Type	WTE Doctors required for rota	WTE junior doctors posts on rota	NTG's on Rota	Filled by TG	Vacancy TG	Notes
Surgery & Cancer								
STH Surgery	STH	1:8 Full Shift	8	6	2	4	2	6 posts funded - 1.0 Wte vacancy out to advert
STL Combined Rota	STL	1:7 Full Shift	7	7	2	3.6	1.4	5 posts funded - Rota reduced from 1:9 to 1:7 to cover 1.0 wte vacancy at trust level & 1.0 wte vacancy at TG level.
FY1	FY1	1:6 Full Shift	6	6	0	5	1	6 posts funded - Shifts covered by agency locum as LAS recruitment unsuccessful
STH SPR1	STH	1:4 NR Oncall	4	2	2	2	0	2 posts funded
STH Combined UHNM	STH	1:9 NR Oncall	9	9		2	0	2 posts funded - Rota managed by UHNM
STL Combined Rota	STL	1:9 Full Shift	9	8	1	5.6	2.4	8 posts funded - 1.0 wte vacancy out to advert, 1.0 wte vacancy at trust level covered by locum bank doctor.
STH T&O	STH	1:8 NR Oncall	8	6	2	6	0	6 posts funded - Fellow 1.0 wte vacancy - T&O looking at reducing rota to 1:7 to accommodate gap

Rota Name	Grade	Rota Type	WTE Doctors required for rota	WTE junior doctors posts on rota	NTG's on Rota	Filled by TG	Vacancy TG	Notes
Women's & Children's								
Middle Grades Paeds	STH	1:7 Full Shift	7	7		7.6	0.4	8 posts funded - (LTFT has separate rota)
STL Paeds	STL	1:7 Full Shift	7	7		7	0	10 posts funded - other 3 posts on separate rota
FY1 Paeds	FY1	1:4 Full Shift	4	4		4	0	4 posts funded
STH O&G	STH	1:8 Full Shift	8	7	2	5.6	1.4	1.0 wte Post covered by Consultant & 1.0 wte SAS - MTI candidate moved to STH rota. 0.6 wte mat leave plus 0.4 vacancy out to advert for Kendricks mat leave from 24th March.
STL O&G	STL	1:8 Full Shift	8	6	2	5.6	0.4	6 posts funded - 2.0 wte AMPs's, 1.0 wte vacancy appointed to making over established by 0.6 wte (NB AMP due to retire May 2018 creating vacancy on rota)
Psychiatry								
Psychiatry Rota Macc	FY2	1:9 Full Shift	9			1		1 post funded - FY2 Doctor from MCHFT rotates onto Macclefield Rota - Managed by Macclesfield
DCCS								
Histopathology	STH			2		0	2	2 posts funded - LAS Recruitment
Radiology	STH/L	1:5 Full Shift		2		2	0	2 posts funded

3. EXCEPTION REPORTING

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

Exception reporting is the method for junior doctors to report any unsafe working practices. This mechanism also enables junior doctors to report whether they have been able to take appropriate breaks and that they are able to start and finish on time.

During the period 1st January – 31st March 2018 a total of 38 exception reports were received from trainee Doctors and the following table is a summary of those exceptions:

REFERENCE	SUMMARY OF EXCEPTION	HOURS TO BE PAID	PAY COST (PLAIN TIME)	FINE COST (x2.5)
01 – 31 JANUARY 2018				
30939	Busy Ward Round – Unable to complete all tasks within shift	TOIL		
30941	Busy Ward Round – Unable to finish on time	TOIL		
30942	Planned teaching cancelled	No action		
29676	Late Finish	2.33	44.99	112.48
30905	Only Doctor on Ward	tbc		
30906	Only Doctor on escalation ward	tbc		
30404	Late finish to support service delivery – late arrival of locum	tbc		
30405	Unable to take breaks and late finish	tbc		
30406	Unable to take breaks and late finish	tbc		
31032	Unable to take full complement of breaks during busy night shift	TOIL		

30133	Unable to take full 30min break during shift	TOIL		
31034	Unable to take full complement of breaks during busy night shift	TOIL		
30655	Unable to take second scheduled break during 12 hour shift	TOIL		
30723	Planned teaching cancelled	0		
30724	Planned teaching cancelled	0		
30525	Unable to take break and late finish	1	14.13	35.33
30526	Unable to take break and late finish	1	14.13	35.33
29748	Late finish	Not Agreed		
30288	Planned teaching cancelled	No action		
30395	Planned teaching cancelled	No action		
30396	Planned teaching cancelled	No action		
30397	Late finish	TOIL		
30400	Planned teaching cancelled	No action		
30770	Planned teaching cancelled	No action		
31031	Unable to take breaks	Not Agreed		
01 – 28 FEBRUARY 2018				
33039	Stayed late to complete urgent tasks	2.5	37.48	93.69
33041	Stayed late to review complex and acutely unwell patient	3	44.97	112.43
33047	Stayed late to complete handover	1	14.99	37.48
33048	Insufficient doctors on the ward – stayed late	1	14.99	37.48
33049	Insufficient doctors on the ward – stayed late	1.5	22.49	56.21
33031	Late finish and moved wards	tbc		
32090	Late finish to complete urgent work	tbc		
33684	Planned teaching cancelled	No action		

33723	Planned teaching cancelled	No action		
33724	Late finish	TOIL		
01 – 31 MARCH 2018				
34079	Only Doctor on Ward – Late finish	2.25	31.79	84.33
34648	Unable to take 30 minute break in second half of shift	tbc		
34649	Unable to take 30 minute break in second half of shift	tbc		
Total Cost to the Trust for the Reporting Period				£604.76

A number of exception reports are still currently open and have not been responded to by the educational supervisor for the doctor therefore this is marked tbc.

Of the 38 exception reports submitted, six highlighted an immediate safety concern and four of these reports have been reviewed by the educational supervisors and discussed with the doctor, 2 remain open.

The GoSWH is responsible for ensuring that these reports are responded to and that Junior Doctors receive appropriate feedback and support following submission of an exception report.

The Trust fines itself for certain exception reports (i.e. if we did not respond in time or if there was no alternative action available to the Junior Doctor). The running total of fines to date for the Trust during the 2017/18 financial year is set out in the below table

	Fine Costs
Running Total Fines to Date	£1055.41

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

4. CONCLUSION

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

The Trust has seen an increase in the number of exception reports since the last period, and it is recognised that that the reporting period has been an exceptionally busy period for the NHS as a whole and in particular for our Trust. A number of the exception reports are associated with staying late and covering escalation wards and analysis included in this report correlates with the Trust performance reports and previous Board discussions about the level of activity in the Trust during this period.

Derek Pegg
19 April 2018

Board of Directors Performance Report

March 2018

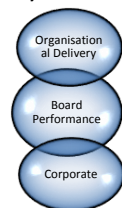
**"To Deliver Excellence in Healthcare through Innovation &
Collaboration"**

Introduction

Performance Report

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

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



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

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

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

Tracy Bullock
Chief Executive

Contents

	<i>Page No</i>
Headline Measures	1
Single Oversight Framework	2
Organisa tional Delivery Cancer Pathway	3
Unplanned Activity	5
Planned Activity	7
Corporate Income and Expenditure Position	11
Commissioner Income Analysis	16
Cost Improvement Programme	17
Capital Summary	18
State of Financial Position	19
Cash position and Working Capital	20
Staff Costs	21

Headline Measures

Organisational Delivery			
Indicator	Standard	YTD	Mar-18
Cancer			
Rapid Access Referrals (%) (seen in 2 wks)	93.00%	96.85%	98.64%
Total Patients Seen		8,914	811
Patients seen >14 days		281	11
62 day GP Classic (%)	85.00%	93.70%	94.06%
Accountable Patients Treated		707	51
No. of Breached Pathways (adjusted)		45	3
62 day Screening (%)	90.00%	97.09%	100.00%
Accountable Patients Treated		138	13
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%	87.12%	77.95%
A&E Attendances (LH/MIU/UUC) (% to plan)		96.32%	93.73%
A&E Attendances LH & MIU (Vol)		87,766	7,615

Planned Activity			
Incomp Pathways <18wk (%)	92.00%	95.90%	92.54%
>6wk Diagnostic Waits (%)	1.00%	0.31%	0.33%
Total Patients Waiting for a First Outpatient Appointment			8,866

Indicator	Standard	YTD
Workforce		
Sickness absence Rolling 12 Month		4.38%
Turnover Rolling 12 Month		11.18%

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	0.70
Liquidity	4	2	2	-23	-2
I&E Margin	2	1	1	0.38%	1.13%
Distance from Financial Plan	0	1	1	0.00%	0.75%
Agency Spend	1	1	1	-10.22%	-100.00%

	YTD Target	YTD Actual	YTD Variance	FY Target	FY Forecast	FY Variance
Cost Improvement Schemes Total (£000's)	4,922	4,184	-738	4,922	4,184	-738
Capped Expenditure Process Schemes (£'000)	7,062	6,521	-541	7,062	6,521	-541
Commission Contact Income SC & VR (£000's)	183,284	183,342	58			
Contract Income (£'000)	220,259	226,720	6,463			
Pay to Budget (£000's)	-165,287	-166,595	-1,308			
Non Pay to Budget (£000's)	-69,321	-70,026	-705			
Agency Trajectory (£000's)	-5,569	-4,373	1,196			

Exec Summary

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

The 4-hour A&E standard in March achieved 77.95% against the 95% performance standard. This is a deterioration in performance compared to the same month in 2017 (97.21%).

The Trust has achieved all three headline cancer access standards for March. Rapid access referrals and 62 day treatment pathways have continuously achieved above target for over 12 months. Cancer 62 day Screening achieved 100% with no breach recorded in Q4.

The Trust continues to achieve the 92% standard for RTT 18 week incomplete pathways, with performance in March 2018 at 92.54%. The Trust is continuing to monitor this standard, with specific reference to managing the level of 'over performance' being delivered against 92%.

Diagnostics waiting times continue to perform well, with just 0.33% 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 final position prior to exceptional items is £3.7M deficit which is an over-achievement of the control total of £5.3M deficit pre-STF of £1.6M. This being the result of IT and Community services non-recurrent savings, lower than planned depreciation charges as a result of less capital spend in year and in addition the £0.6M Tranche 1 winter funding. STF notified is a total of £9.8M against £6.0M plan.

An exceptional net impairment charge of £10.5M has been made to the I&E account as a result of changes in asset values.

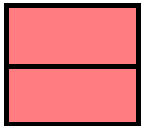
The SC & VR commissioning contracts represent the revised contract value in line with the agreed Capped Expenditure Process (CEP) with the sytem QIPP of £2.0M being transferred in Month 12.

CIP schemes achieved £4.5M against a plan of £5.2M, the under-performance being due to the no longer proceeding e-rostering scheme and infusion pump consumable savings not materialising. In addition, CEP schemes delivered savings of £6.5M against a plan of £7.1M. This resulting in combined savings of £11.0M being achieved.

Single Oversight Framework

Triggers

Operational	For providers with Sustainability and Transformation Fund (STF) trajectories in any metric: failure to meet the trajectory for this metric for at least two consecutive months (quarterly for quarterly metrics), except where the provider is meeting the NHS Constitution standard.
Finance & Resource	Poor levels of overall financial performance (avg score of 3 or 4). Very poor performance (score of 4) in any individual metric. Potential value for money concerns.



The Trust's operational trigger rating continues as RED as a result of failure of a primary target during the year (A&E 95% 4-hour waiting time).

The Trust has achieved a Use of Resource rating of 3 for the full year. This results in a 'trigger' on the Finance & Resource theme. This is primarily driven by the capital service capacity metric which will improve when short term loans required to support liquidity are repaid next year. The Trust exceeded its plan for its I&E margin ytd and the control total plan. Liquidity also improved. The Trust was lower than the Agency trajectory target.

Operational Performance

	Current YTD		Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Monthly Trend
	Target	Actual														
Maximum 6 week wait for Diagnostic procedures	1%	0.31%	0.09%	0.04%	0.17%	0.44%	0.76%	0.34%	0.21%	0.24%	0.25%	0.39%	0.53%	0.08%	0.33%	
All Cancers: 62 day GP Classic (%) *	85%	93.70%	96.46%	96.83%	92.81%	94.00%	93.04%	95.08%	91.67%	95.74%	94.50%	96.77%	87.30%	92.06%	94.06%	
All Cancers: 62 day Screening (%) *	90%	97.09%	100.00%	100.00%	100.00%	100.00%	85.71%	100.00%	91.67%	83.33%	94.12%	100.00%	100.00%	100.00%	100.00%	
18 weeks from point of referral to treatment - patients on an incomplete pathway (%)	92%	95.90%	96.48%	96.69%	96.98%	97.57%	97.37%	96.78%	97.10%	96.79%	96.36%	95.15%	94.46%	94.02%	92.54%	
A&E - maximum waiting time of 4 hours from arrival to admission/transfer/discharge (%)	95%	87.12%	97.21%	93.37%	90.66%	94.24%	92.63%	95.26%	93.99%	88.28%	88.05%	74.22%	78.38%	77.92%	77.95%	
A&E STF Trajectory			0.00%	91.72%	91.72%	91.72%	91.34%	91.34%	91.34%	90.52%	90.52%	90.52%	90.52%	90.52%	95.00%	

* 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	0.70	4	0.76	0.70	4
	Liquidity	days	-23	-2	2	-23	-2	2
Financial Efficiency	I&E Margin	%	0.38%	1.13%	1	0.38%	1.13%	1
Financial Controls	Distance from Financial Plan	%	0.00%	0.75%	1	0.00%	0.75%	1
	Agency Spend	%	-10.22%	-100.00%	1	-10.20%	-100.00%	1
Overall UOR Rating					3			3

Operational Delivery: Cancer Pathway

Headline Measures

	Current YTD		Rolling 13 months													Monthly Trend
	Target	Actual	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	
Rapid Access Referrals (%) (seen in 2 wks)	93%	96.85%	98.10%	97.14%	97.84%	97.20%	97.51%	97.35%	96.81%	97.60%	98.23%	95.85%	94.83%	93.05%	98.64%	
Total Patients Seen		8914	842	665	742	785	763	793	722	750	736	626	715	806	811	
Patients seen >14 days		281	16	19	16	22	19	21	23	18	13	26	37	56	11	
% seen within 7 days		53.4%	63.1%	55.6%	53.5%	48.7%	44.2%	46.2%	64.8%	54.8%	51.4%	52.9%	54.6%	53.1%	61.2%	
62 day GP Classic (%) *	85%	93.70%	96.46%	96.83%	92.81%	94.00%	93.04%	95.08%	91.67%	95.74%	94.50%	96.77%	87.30%	92.06%	94.06%	

* Provisional figures subject to change depending

Commentary

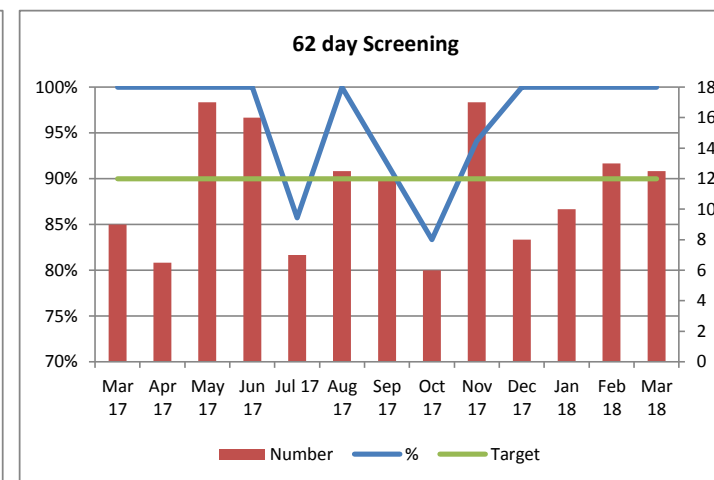
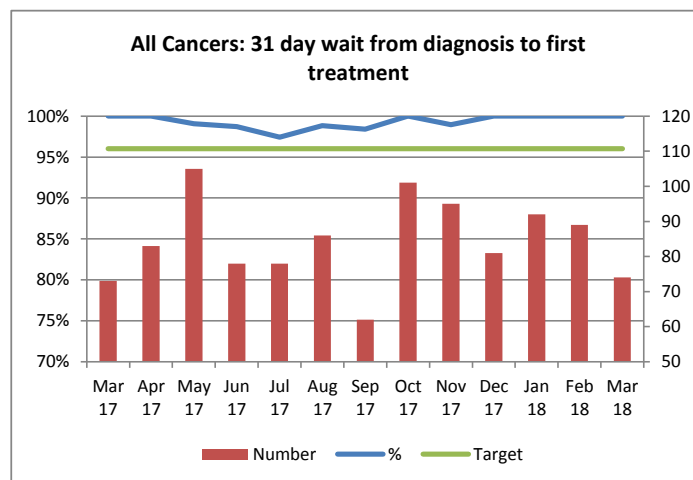
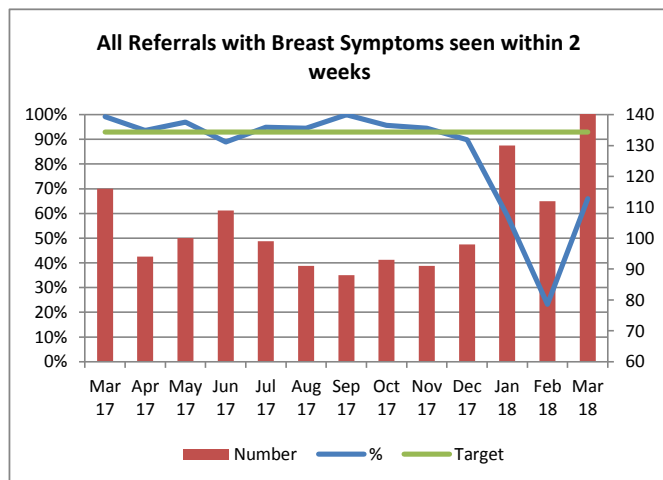
The Trust has achieved all three headline cancer standards during the month of March 2018. The figures presented in this paper reflect the Trust's regulatory performance measures (adjusted figures that take into account breach reallocation between providers).

The Trust has continued its strong performance against the Rapid Access referrals standard. After a rise in patients seen in over 14 days in January and February, performance in March has improved to be the best month of the year.

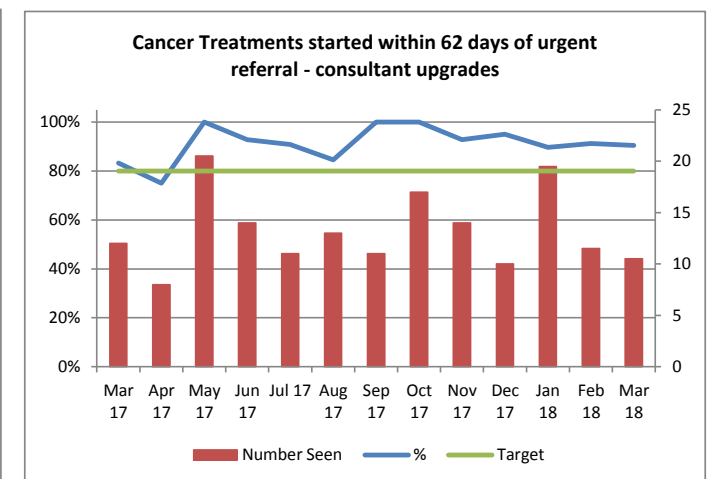
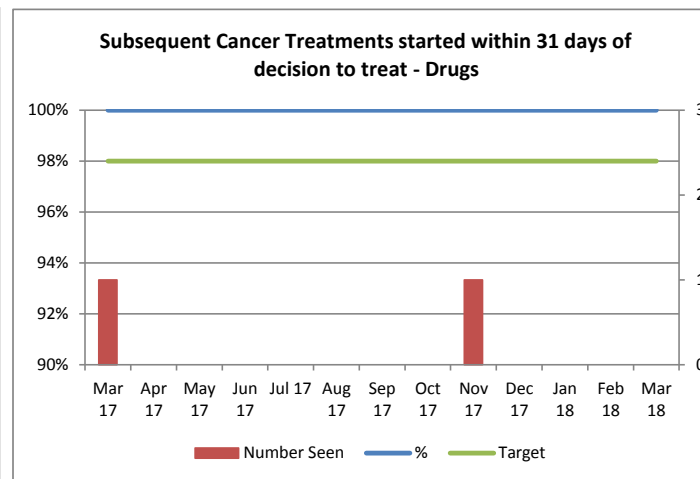
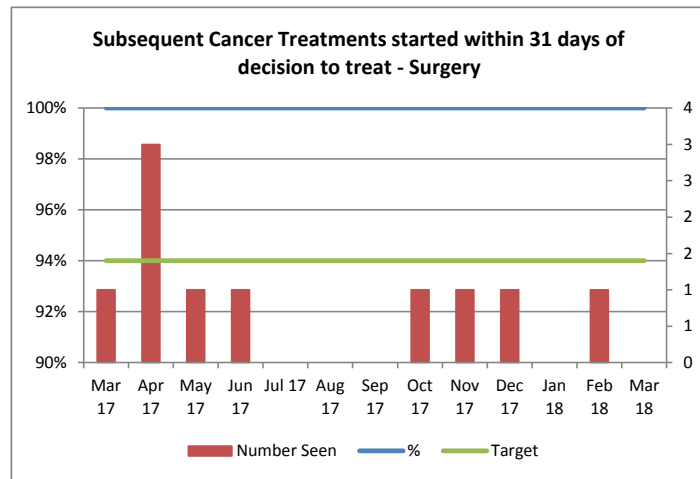
The 2 week Breast Symptomatic standard has improved from February's position to 66% in March. This improvement is in spite of a dramatic increase in demand (c24%). March saw the number of referrals with breast symptoms reach an all time high of 144. The deterioration in performance seen since December relates to a shortfall in capacity in radiology driven by difficulty in recruitment of consultant radiologists.

The screening 62 day standard was met in March with no breach recorded in Q4. The standard has been met on a year to date basis.

Primary Measures



Operational Delivery: *Cancer Pathway*



Operational Delivery: *Unplanned Activity - A&E*

Headline Measures

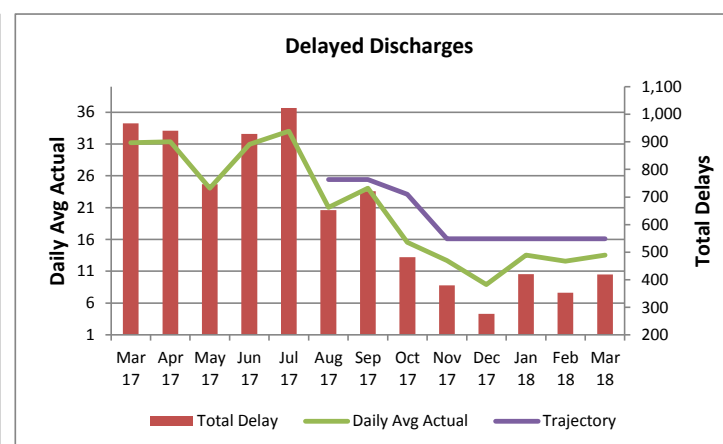
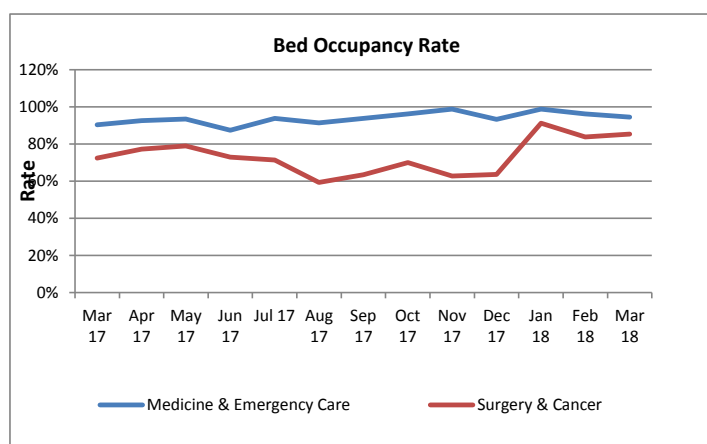
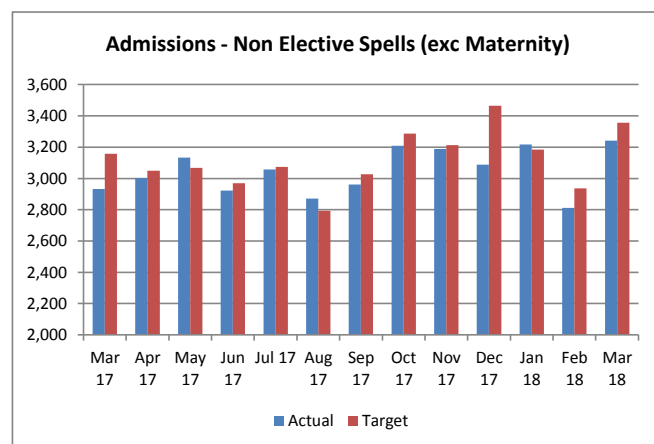
			Current YTD		Rolling 13 months													
			Target	Actual	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Monthly Trend
A&E - >4 hr wait time from arrival to admission/transfer/ discharge (% to Target)			95%	87.12%	97.21%	93.37%	90.66%	94.24%	92.63%	95.26%	93.99%	88.28%	88.05%	74.22%	78.38%	77.92%	77.95%	
No. of 4hr breaches				11,302	205	474	737	437	567	332	422	872	851	1,920	1,543	1,468	1,679	
			Plan	Actual	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Monthly Trend
A&E Attendances (LH/MIU/UUC) (% to Plan)				96.32%	98.5%	98.2%	101.8%	99.9%	96.3%	93.1%	97.1%	99.8%	92.9%	99.3%	97.1%	94.4%	93.7%	
A&E Attendances (LH/MIU/UUC) (No.)			88,209	87,766	7,357	7,144	7,890	7,593	7,697	7,011	7,023	7,439	7,119	7,447	7,138	6,650	7,615	
A&E Attendance Case Mix (based on acuity score on arrival)	Major		22,070	1,579	1,652	1,740	1,727	1,743	1,769	1,724	1,688	1,599	1,773	2,148	2,144	2,363		
	Minor		37,403	3,167	3,141	3,442	3,421	3,345	3,152	2,939	3,198	2,942	3,375	2,988	2,502	2,958		
	Paediatrics		17,583	1,631	1,433	1,674	1,568	1,626	1,182	1,416	1,588	1,557	1,383	1,304	1,305	1,547		
	Resus		10,720	980	918	1,034	877	983	908	944	965	1,022	928	698	697	746		

Commentary

ED attendances in March saw a rise of 3.5% on the same period last year. The Trust achieved 77.95% against the 4-hour access standard in March. Poor performance has been driven by the increase in demand and the higher acuity of patients arriving. Comparatively, March 2017 saw 1,579 patients with an acuity score of "major" versus March 2018 which saw 2,363 (an increase of 784). Up to 32 escalation beds were open over a period in March.

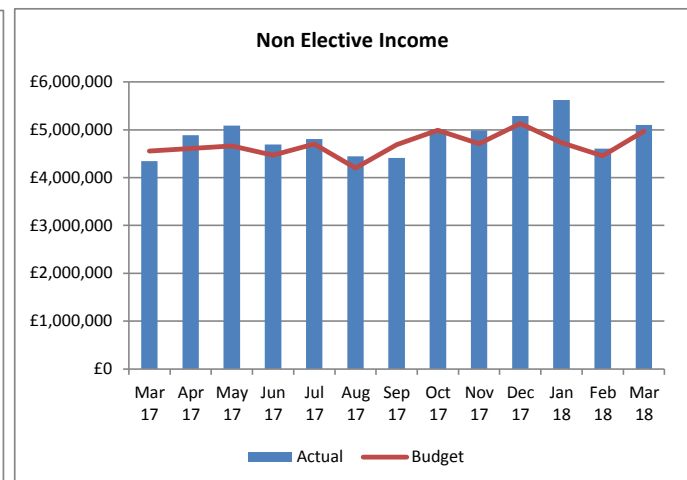
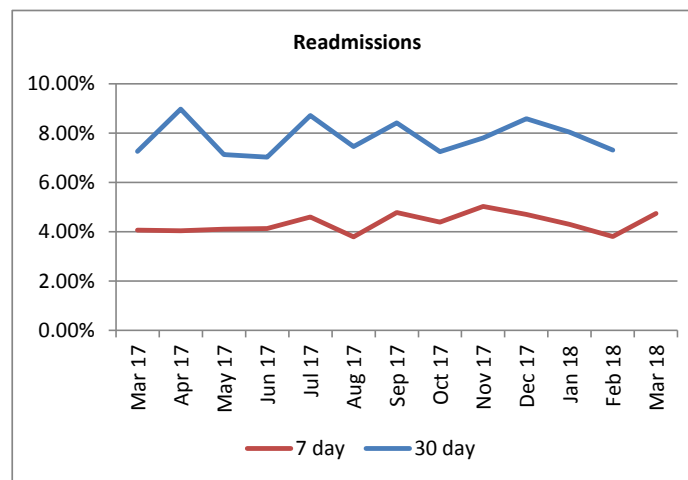
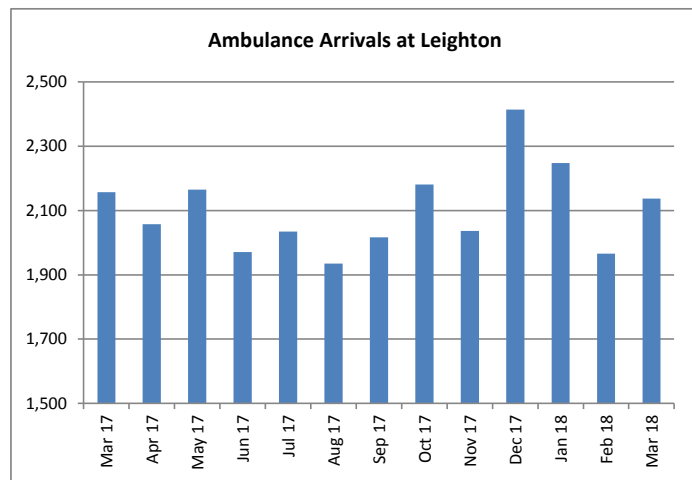
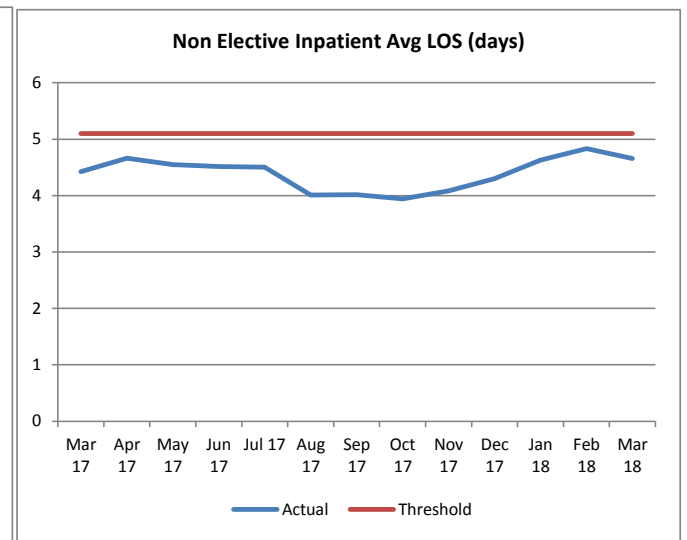
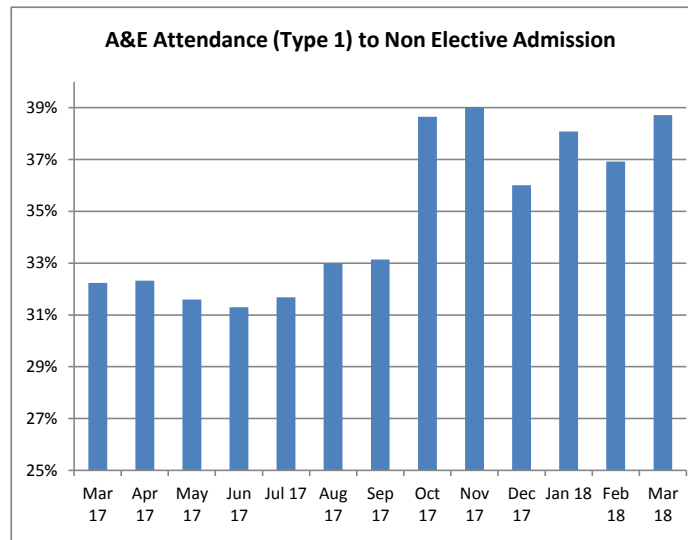
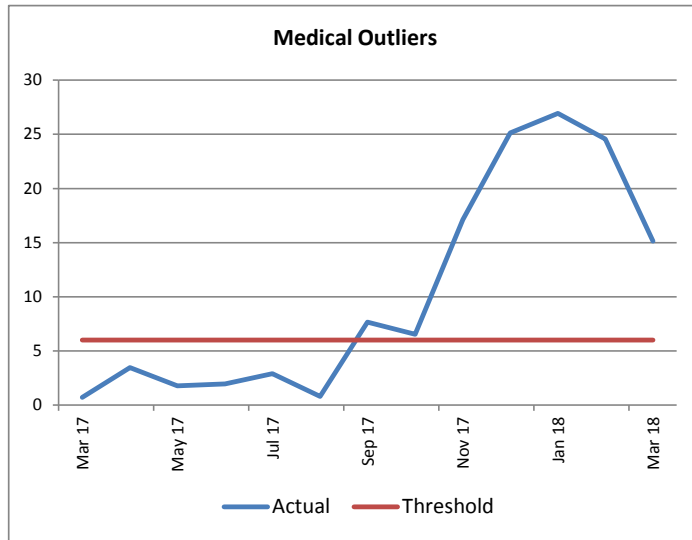
Non elective admissions in March were 10.5% higher than for the same period last year, driven by the higher acuity of patient. The Type 1 conversion rate from A&E was 38.71% in March. The number of medical patients on non medical wards decreased from 25 in February to 15 in March. Delayed transfers of care continues to be below the target set averaging 14 against a trajectory of 16.

Primary Drivers



Operational Delivery: *Unplanned Activity A&E*

Secondary Drivers



Operational Delivery: *Planned Activity*

Headline Measures

	Current YTD		Rolling 13 months													
	Target	Actual	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Monthly Trend
18 weeks from Referral to Treatment in Aggregate - Incomplete	92%	95.90%	96.48%	96.69%	96.98%	97.57%	97.37%	96.78%	97.10%	96.79%	96.36%	95.15%	94.46%	94.02%	92.54%	
Total 18 Weeks		146,214	11,526	11,564	10,990	11,165	11,576	12,431	12,297	12,054	12,258	12,158	12,845	13,105	13,771	
No. > 18 Weeks		5,993	406	383	332	271	305	400	356	387	446	590	711	784	1,028	
Diagnostic Waiting Time	1%	0.31%	0.09%	0.04%	0.17%	0.44%	0.76%	0.34%	0.21%	0.24%	0.25%	0.39%	0.53%	0.08%	0.33%	
Total Number of Waiters		44,532	4,561	4,582	4,192	4,090	3,560	3,189	3,380	3,306	3,191	3,614	3,587	3,548	4,293	
Waiters of 6 Weeks +		138	4	2	7	18	27	11	7	8	8	14	19	3	14	
Total Patients Waiting for a First Outpatient Appointment			7,057	7,223	7,172	7,352	7,643	8,029	7,809	7,731	7,916	8,085	8,342	8,501	8,866	
Longest Wait Time (weeks)											37	42	40	41	42	

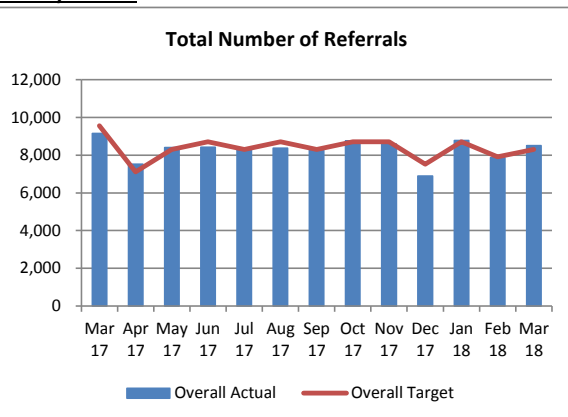
Commentary

The Trust reported 92.54% against the 92% incomplete pathways standard for RTT. Four specialties have failed to meet the 92% at specialty level. These are General Surgery, Cardiology, Trauma and Orthopaedics and Community Paediatrics. The Divisions have recovery plans in place which are monitored through PMG. The Trust has successfully managed the level of over performance against this standard in light of the Capped Expenditure Programme with the aim of reducing the level of over performance across last few months.

The Trust has delivered the diagnostic wait time consistently since July 2016. In February 2018, 0.08% 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 in January and February where a year on year comparison showed a 7.3% increase in GP referrals from February 2017 to February 2018. March 2018 has seen a drop in comparison to

Primary Drivers

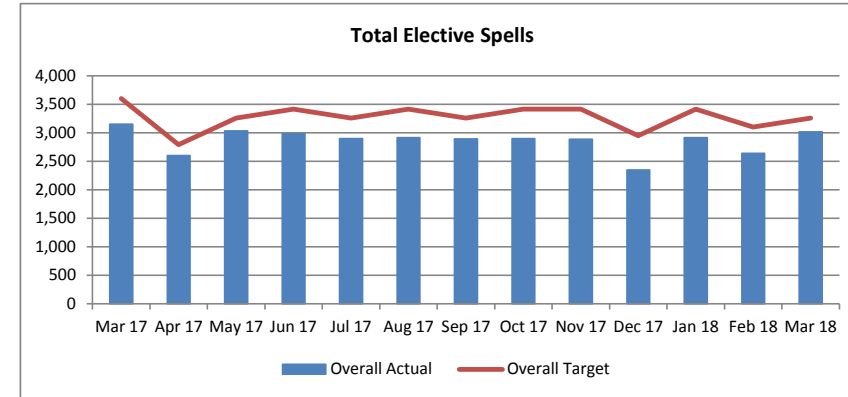
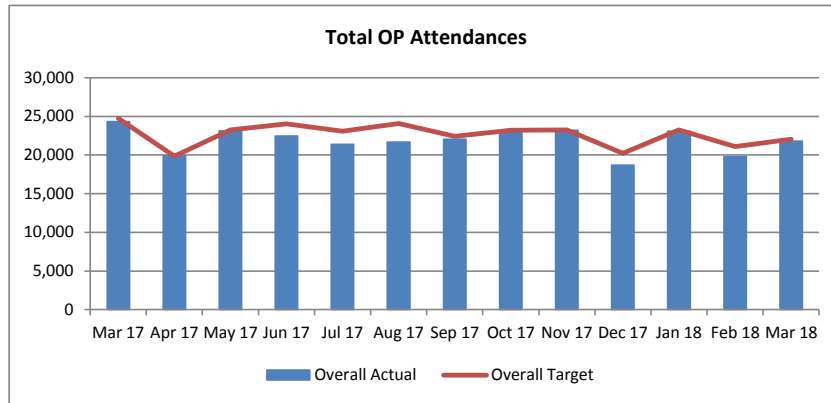


Referral Breakdown

	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Monthly Trend
GP Actual	5,534	4,427	4,779	5,248	5,115	5,211	5,277	5,506	5,424	4,157	5,573	4,927	5,386	
GP Target	6,029	4,507	5,259	5,509	5,259	5,509	5,259	5,509	5,509	4,758	5,509	5,008	5,259	
% to Target	91.8%	98.2%	90.9%	95.3%	97.3%	94.6%	100.3%	99.9%	98.5%	87.4%	101.2%	98.4%	102.4%	
Other Actual	3,621	3,101	3,632	3,179	3,191	3,156	2,969	3,252	3,166	2,731	3,205	2,931	3,118	
Other Target	3,529	2,614	3,050	3,195	3,050	3,195	3,050	3,195	3,195	2,759	3,195	2,904	3,050	
% to Target	102.6%	118.6%	119.1%	99.5%	104.6%	98.8%	97.4%	101.8%	99.1%	99.0%	100.3%	100.9%	102.2%	
Total Actual	9,155	7,528	8,411	8,427	8,306	8,367	8,246	8,758	8,590	6,888	8,778	7,858	8,504	
Total Target	9,559	7,121	8,308	8,704	8,308	8,704	8,308	8,704	8,704	7,517	8,704	7,913	8,308	
% to Target	95.8%	105.7%	101.2%	96.8%	100.0%	96.1%	99.3%	100.6%	98.7%	91.6%	100.9%	99.3%	102.4%	
GP % of Total	60.4%	58.8%	56.8%	62.3%	61.6%	62.3%	64.0%	62.9%	63.1%	60.4%	63.5%	62.7%	63.3%	

Operational Delivery: *Planned Activity*

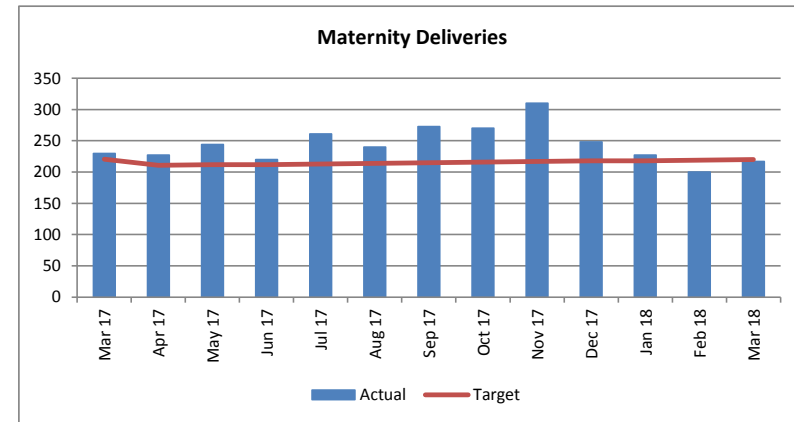
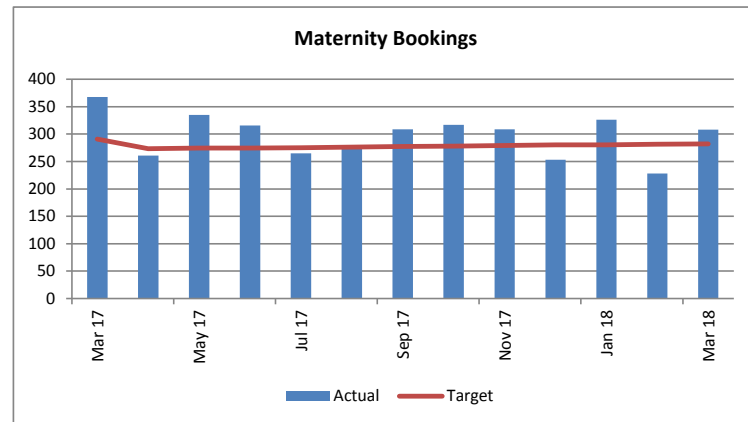
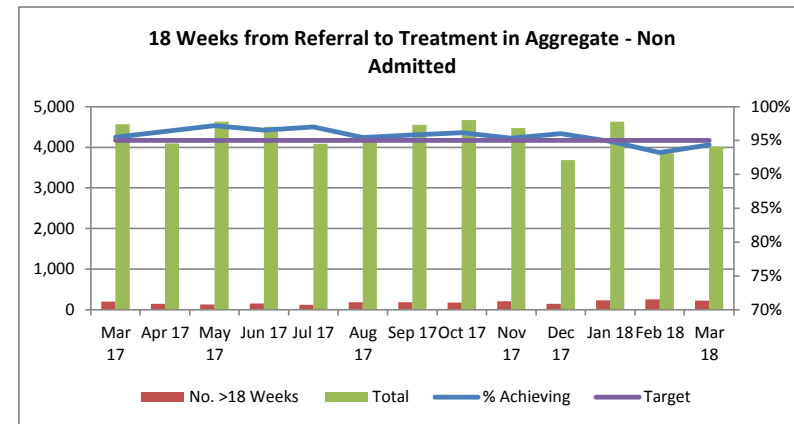
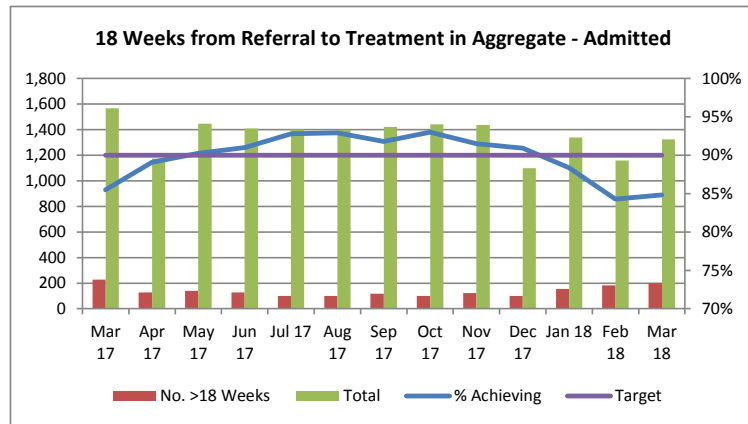
Primary Drivers



OP Attendance Breakdown		YTD	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Monthly Trend
New Actual		78,330	7,110	5,727	6,787	6,746	6,191	6,421	6,821	6,988	6,910	5,805	6,862	6,217	6,855	
New Target		83,624	7,764	6,098	7,113	7,423	7,098	7,427	6,941	7,250	7,253	6,272	7,253	6,585	6,909	
% to Target		93.7%	91.6%	93.9%	95.4%	90.9%	87.2%	86.5%	98.3%	96.4%	95.3%	92.6%	94.6%	94.4%	99.2%	
F U Actual		181,948	17,229	14,147	16,325	15,723	15,181	15,236	15,239	16,176	16,304	12,892	16,215	13,583	14,927	
F U Target		186,156	16,983	13,765	16,118	16,623	15,967	16,663	15,462	15,955	15,987	13,971	15,991	14,504	15,152	
% to Target		97.7%	101.4%	102.8%	101.3%	94.6%	95.1%	91.4%	98.6%	101.4%	102.0%	92.3%	101.4%	93.7%	98.5%	
Total Actual		260,278	24,339	19,874	23,112	22,469	21,372	21,657	22,060	23,164	23,214	18,697	23,077	19,800	21,782	
Total Target		269,780	24,747	19,862	23,231	24,046	23,065	24,090	22,403	23,205	23,240	20,243	23,244	21,089	22,061	
% to Target		96.5%	98.4%	100.1%	99.5%	93.4%	92.7%	89.9%	98.5%	99.8%	99.9%	92.4%	99.3%	93.9%	98.7%	
New % of Total		30.1%	29.2%	28.8%	29.4%	30.0%	29.0%	29.6%	30.9%	30.2%	29.8%	31.0%	29.7%	31.4%	31.5%	
Elective Spells Breakdown		YTD	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Monthly Trend
I P Actual		3,222	342	260	307	294	266	298	279	299	308	234	164	240	273	
I P Target		3,939	393	281	330	346	330	346	330	346	346	298	346	314	330	
% to Target		81.8%	87.1%	92.4%	93.1%	85.1%	80.7%	86.2%	84.6%	86.5%	89.1%	78.6%	47.4%	76.5%	82.8%	
Daycase Actual		30,828	2,809	2,342	2,728	2,689	2,636	2,619	2,616	2,603	2,578	2,115	2,753	2,404	2,745	
Daycase Target		35,027	3,208	2,509	2,931	3,071	2,931	3,071	2,931	3,071	3,071	2,650	3,071	2,790	2,931	
% to Target		88.0%	87.6%	93.3%	93.1%	87.6%	89.9%	85.3%	89.3%	84.8%	83.9%	79.8%	89.6%	86.2%	93.7%	
Total Actual		34,050	3,151	2,602	3,035	2,983	2,902	2,917	2,895	2,902	2,886	2,349	2,917	2,644	3,018	
Total Target		38,966	3,601	2,791	3,260	3,417	3,260	3,417	3,260	3,417	3,417	2,947	3,417	3,104	3,260	
% to Target		87.4%	87.5%	93.2%	93.1%	87.3%	89.0%	85.4%	88.8%	84.9%	84.5%	79.7%	85.4%	85.2%	92.6%	
I P % of Total		9.5%	10.9%	10.0%	10.1%	9.9%	9.2%	10.2%	9.6%	10.3%	10.7%	10.0%	5.6%	9.1%	9.0%	

Operational Delivery: *Planned Activity*

Primary Drivers

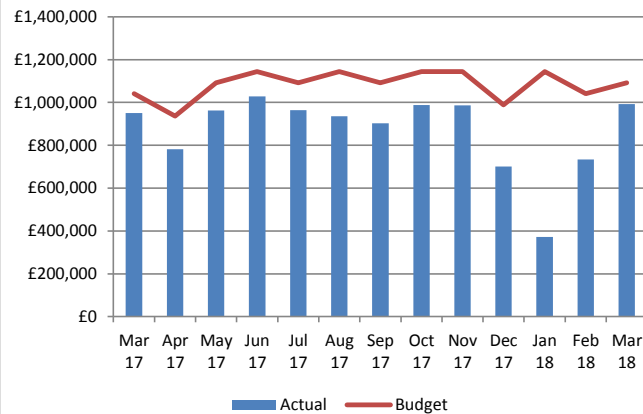


Operational Delivery: *Planned Activity*

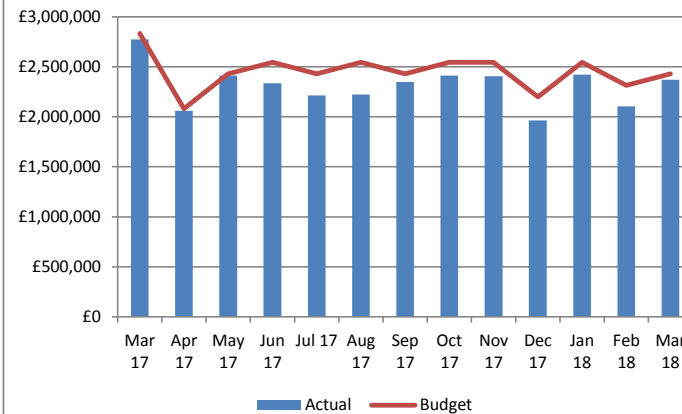
Secondary Drivers

		Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Monthly Trend	
Bed Occupancy Rate	Medicine & Emergency Care	90.3%	92.6%	93.3%	87.4%	93.7%	91.4%	93.8%	96.1%	98.8%	93.3%	98.7%	96.1%	94.4%		
	Surgery & Cancer	72.3%	77.3%	78.9%	72.9%	71.3%	59.3%	63.5%	70.1%	62.7%	63.7%	91.1%	83.7%	85.4%		
Elective Inpatient Avg LOS (Days)		2.4	3.4	2.9	3.1	3.7	2.5	2.3	2.4	2.7	2.4	2.3	2.4	2.9		
Delayed Transfers of Care (MFFD)		16.00	31	31	24	31	33	21	24	16	13	9	14	13	14	
Delayed Transfers of Care (% of Acute Beds)		6.3%	6.4%	4.9%	6.6%	7.1%	4.6%	5.2%	3.4%	2.7%	1.9%	2.6%	2.5%	2.7%		
Medical Outliers		1	3	2	2	3	1	8	7	17	25	27	25	15		
Readmission (Emergency Re-admissions after Planned Surgery)																
* reported from 16/17. One month delay	30 Day Rate	0.27%	4.00%	3.05%	3.06%	2.76%	2.92%	3.12%	2.77%	2.63%	3.00%	3.01%	2.13%			
	7 Day Rate	1.40%	1.73%	1.56%	1.49%	1.05%	1.11%	1.44%	1.64%	1.23%	1.04%	1.19%	0.89%	1.46%		
Cancelled Operations - Non Clinical - Cancellation Rate		1.07%	1.30%	1.06%	0.80%	0.86%	0.40%	0.57%	1.27%	0.75%	2.24%	1.01%	1.23%	1.48%		
Theatre Efficiency																
	Main Theatres	76.2%	77.5%	79.5%	78.4%	77.9%	78.6%	80.5%	78.8%	77.0%	74.4%	74.9%	74.2%	76.8%		
	TC Theatres	75.3%	75.6%	79.6%	72.7%	75.0%	76.0%	71.5%	78.1%	75.5%	77.5%	74.5%	71.5%	71.8%		
DNA (OP Efficiency)		5.35%	5.86%	5.94%	6.63%	5.82%	5.82%	5.94%	5.62%	5.39%	6.22%	5.50%	5.22%	5.49%		
Hospital Cancellation Rate (OP Efficiency)		6.03%	6.57%	7.63%	7.51%	7.94%	7.58%	6.11%	6.27%	6.19%	7.18%	7.34%	6.88%	6.43%		

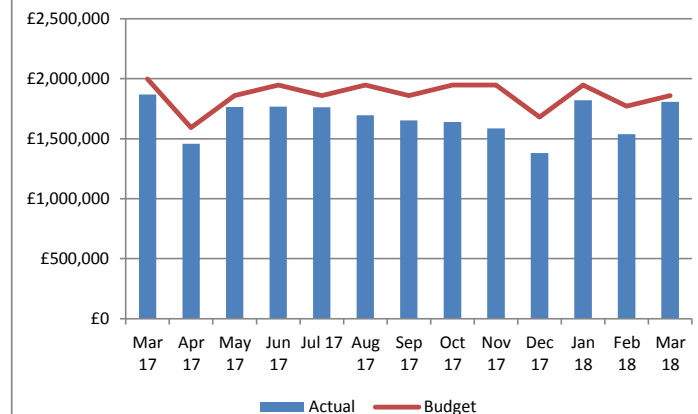
Elective Income



Outpatient Income



Day Case Income



Financial Performance: Income & Expenditure Position - Aggregated

	Month			Year to Date			Forecast	Budget 2017/18 £'000
	Plan March (£'000)	Actual March (£'000)	Variance March (£'000)	Plan April to March (£'000)	Actual April to March (£'000)	Variance April to March (£'000)	2017/18 (£'000)	
Operating								
Operating Income								
<i>NHS Acute Activity Income</i>								
Elective	1,007	953	-53	12,029	10,346	-1,683	10,346	12,496
Non-Elective	4,879	4,696	-183	55,166	58,974	3,808	58,974	57,367
Maternity	1,037	1,151	114	13,208	13,827	618	13,827	13,208
Day cases	1,833	1,820	-13	21,913	19,865	-2,048	19,865	22,066
Outpatients	2,358	2,398	40	28,565	27,270	-1,295	27,270	29,033
A&E	810	787	-23	9,265	9,735	469	9,735	9,309
Other NHS	4,550	5,158	609	74,116	76,929	2,813	76,929	70,720
Total NHS Clinical Revenue	16,473	16,964	490	214,263	216,946	2,683	216,946	214,199
<i>Other Operating Income</i>	1,894	2,155	261	22,763	22,783	20	22,783	22,840
TOTAL OPERATING INCOME	18,367	19,119	751	237,026	239,729	2,703	239,729	237,039
Operating Expenses								
Employee Benefits Expenses (Pay)	-13,784	-14,132	-348	-165,287	-166,595	-1,308	-166,595	-165,061
Drugs	-1,376	-1,588	-212	-16,523	-16,661	-138	-16,661	-16,526
Clinical Supplies	-1,599	-1,596	3	-19,559	-18,187	1,372	-18,187	-19,518
Non Clinical Supplies	-277	-357	-80	-3,377	-3,968	-591	-3,968	-3,338
Other operating expenses	-2,727	-2,199	528	-29,862	-31,210	-1,348	-31,210	-30,178
TOTAL OPERATING EXPENSES	-19,763	-19,872	-109	-234,608	-236,621	-2,013	-236,621	-234,621
EBITDA	-1,396	-753	642	2,418	3,108	690	3,108	2,418
Non Operating								
Non Operating Income								
Interest & Asset disposal	3	4	1	36	43	7	43	36
Non-Operating Expenses								
Depreciation & Finance Leases	-601	-512	89	-5,850	-4,976	874	-4,976	-5,850
PDC Dividend Expense	-155	-100	55	-1,900	-1,845	55	-1,845	-1,900
Net Surplus/(deficit) before STF/Exceptional Items	-2,149	-1,361	787	-5,296	-3,670	1,626	-3,670	-5,296
STF	699	5,439	4,740	5,994	9,774	3,780	9,774	5,994
Net Surplus/(deficit) before Exceptional Items	-1,450	4,078	5,527	698	6,104	5,406	6,104	698
Net Impairment charge	0	0	0	0	10,471	10,471	10,471	0
Charitable Income/Depreciation	0	0	0	258	11	-247	11	258
Net Surplus/(deficit) after Exceptional Items	-1,450	4,078	5,527	956	16,586	15,630	16,586	956

The Trust delivered a £6.1M surplus (before exceptional items) cumulative against a planned surplus of £0.7M.

Contract income is £2.7M better than plan cumulative. Key variances include planned income under-performance due to capacity constraints, non-elective due to casemix including sepsis coding. In other NHS, drugs, winter and the impact of the CEP are the main variances. Cumulative £1.6M of winter monies has been recognised.

Other income is on plan with some variances as a result of Training income, RTA income, CCICP contract variations and nhs recharges.

Pay is £1.3M worse than plan cumulative. The key impacts are a higher spend on nursing than plan, medical pay is better than plan and there remain underspends in community services from unfilled vacancies. Winter plans account for £1.0M of the cumulative variance.

Non-Pay is £0.7M worse than plan cumulative. The key impacts are reduced spend on clinical supplies related to activity reduction and non-clinical supplies is worse in community related to higher costs than planned. In addition, other operating expenses is worse than plan and includes costs of outsourcing to cover medical gaps. Winter plans account for £0.3m of the cumulative variance.

The final position includes non-recurrent items including the mandated improvement as a result of the £0.6M Tranche 1 winter monies, non-recurrent slippage in Community services £0.9M, reduced depreciation charges from capital programme slippage £0.9M and net STF gain (incentive & bonus vs performance) of £3.8M.

* EBITDA Total excludes Charitable Income

Financial Performance: Income & Expenditure Position - MCHFT

	Month			Year to Date			Forecast	Budget 2017/18 £'000
	Plan March (£'000)	Actual March (£'000)	Variance March (£'000)	Plan April to March (£'000)	Actual April to March (£'000)	Variance April to March (£'000)	2017/18 (£'000)	
Operating								
Operating Income								
<i>NHS Acute Activity Income</i>								
Elective	1,007	953	-53	12,029	10,346	-1,683	10,346	12,496
Non-Elective	4,879	4,696	-183	55,166	58,974	3,808	58,974	57,367
Maternity	1,037	1,151	114	13,208	13,827	618	13,827	13,208
Day cases	1,833	1,820	-13	21,913	19,865	-2,048	19,865	22,066
Outpatients	2,358	2,398	40	28,565	27,270	-1,295	27,270	29,033
A&E	810	787	-23	9,265	9,735	469	9,735	9,309
Other NHS	2,357	1,482	-874	47,955	49,124	1,169	49,124	44,645
Total NHS Clinical Revenue	14,280	13,288	-993	188,102	189,141	1,039	189,141	188,124
<i>Other Operating Income</i>	1,813	1,828	15	21,823	21,532	-292	21,532	21,941
<i>Inter-Trust Income</i>	48	1,704	1,656	571	2,445	1,874	2,445	571
TOTAL OPERATING INCOME	16,141	16,820	679	210,497	213,118	2,621	213,118	210,636
Operating Expenses								
Employee Benefits Expenses (Pay)	-11,986	-12,400	-414	-144,203	-146,625	-2,422	-146,625	-144,096
Drugs	-1,374	-1,586	-212	-16,495	-16,638	-143	-16,638	-16,497
Clinical Supplies	-1,510	-1,459	51	-18,493	-17,033	1,460	-17,033	-18,455
Non Clinical Supplies	-209	-272	-63	-2,560	-2,865	-304	-2,865	-2,520
Other operating expenses	-2,349	-1,913	436	-25,337	-26,753	-1,416	-26,753	-25,672
Inter-Trust Charges	-82	-82	0	-979	-979	0	-979	-979
TOTAL OPERATING EXPENSES	-17,509	-17,712	-202	-208,068	-210,893	-2,825	-210,893	-208,219
EBITDA	-1,368	-892	476	2,429	2,225	-204	2,225	2,417
Non Operating								
Non Operating Income								
Interest & Asset disposal	3	4	1	36	43	7	43	36
Non-Operating Expenses								
Depreciation & Finance Leases	-601	-512	89	-5,850	-4,976	874	-4,976	-5,850
PDC Dividend Expense	-155	-100	55	-1,900	-1,845	55	-1,845	-1,900
Net Surplus/(deficit) before STF/Exceptional Items	-2,121	-1,500	621	-5,285	-4,553	732	-4,553	-5,296
STF	699	2,114	1,415	5,994	9,774	3,780	9,774	5,994
Net Surplus/(deficit) before Exceptional Items	-1,422	614	2,036	709	5,221	4,512	5,221	698
Revaluation (impairment reversal)	0	0	0	0	10,471	10,471	10,471	0
Charitable income	0	0	0	258	11	-247	11	
Net Surplus/(deficit) after Exceptional Items	-1,422	614	2,036	967	15,703	14,736	15,703	698

The Trust excluding Community Services, delivered a £4.6M deficit position cumulative against a planned £5.3M deficit. (prior to charitable income and STF)

Contract income is £1.0M better than plan cumulative. Key variances include planned income as a result of capacity constraints and non-elective as a result of casemix including Sepsis coding. £156M of the £189M 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. Cumulative, an additional £1.6M of NHSE funding for winter has been recognised.

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

Pay is £2.4M worse than plan cumulative as a result of higher spend on Nursing and corporate vacancy targets. Cumulative, £1.0M is the result of winter plans.

Non-Pay is £0.4M worse than plan cumulative as a result of better than plan for clinical supplies (activity related). Other Operating Expenses is £1.4M worse as a result of continuing outsourcing pressures in diagnostics from staffing gaps. Cumulative, £0.3M is the result of winter plans in Other operating expenses.

Depreciation is better than plan as a result of capital programme slippage.

Financial Performance: Income & Expenditure Position - CCICP

	Month			Year to Date			Forecast	Budget 2017/18 £'000
	Plan March (£'000)	Actual March (£'000)	Variance March (£'000)	Plan April to March (£'000)	Actual April to March (£'000)	Variance April to March (£'000)	2017/18 (£'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	2,193	3,676	1,483	26,161	27,805	1,644	27,805	26,075
Total NHS Clinical Revenue	2,193	3,676	1,483	26,161	27,805	1,644	27,805	26,075
<i>Other Operating Income</i>	81	327	246	940	1,251	312	1,251	899
<i>Inter-Trust Income</i>	82	82	0	979	979	0	979	979
TOTAL OPERATING INCOME	2,356	4,085	1,729	28,079	30,035	1,956	30,035	27,953
Operating Expenses								
Employee Benefits Expenses (Pay)	-1,798	-1,732	66	-21,084	-19,970	1,114	-19,970	-20,965
Drugs	-2	-2	0	-28	-23	5	-23	-29
Clinical Supplies	-89	-137	-48	-1,065	-1,154	-89	-1,154	-1,063
Non Clinical Supplies	-68	-85	-17	-817	-1,103	-287	-1,103	-818
Other operating expenses	-378	-286	92	-4,514	-4,457	57	-4,457	-4,506
Inter-Trust Charges	-48	-1,704	-1,656	-571	-2,445	-1,874	-2,445	-571
TOTAL OPERATING EXPENSES	-2,383	-3,946	-1,563	-28,079	-29,152	-1,073	-29,152	-27,952
EBITDA	-27	139	166	0	883	883	883	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	-27	139	166	0	883	883	883	0
STF	0	0	0	0	0	0	0	
Net Surplus/(deficit) before Exceptional Items	-27	139	166	0	883	883	883	
Prior Period Adjustment	0	0	0	0	0	0	0	
Net Surplus/(deficit) after Exceptional Items	-27	139	166	0	883	883	883	0

Community Services delivered a £0.9M surplus cumulative against a planned break even position.

Contract income is £1.6M better than plan cumulative as a result of contract variations offsetting costs..

Pay is £1.1M better than plan cumulative as a result of unfilled vacancies partly clinical and partly corporate.

Non-Pay is £2.2M worse than plan cumulative due to property costs and incontinence products back invoices being received late from suppliers. (prior year and above expectations) In addition, costs to offset contract variations.

The final position is better than the Budget break even position. This is after current under-spends in pay particularly being utilised non-recurrently to fund the costs of implementing the approved IT System investment (EMIS) that are non-recurrent 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	(119)	(1,206)	(1,127)	(87)	(72)	(1,293)	(1,317)
Endoscopy	Endoscopy	6,185	1	(1,089)	(2,337)	111	(1,244)	162	2,604	(815)
General Surgery Directorate	General Surgery	16,718	76	(964)	(8,677)	265	(1,853)	(22)	6,264	(720)
Head & Neck Directorate	Head & Neck	5,491	411	(167)	(2,498)	178	(719)	122	2,685	133
Macmillan Cancer Centre	Macmillan Cancer Centre	637	1,714	484	(884)	(19)	(1,440)	(174)	28	291
Ophthalmology	Ophthalmology	11,729	65	(523)	(4,007)	291	(3,338)	509	4,450	277
Orthopaedic Directorate	Orthopaedics	18,658	265	(1,415)	(6,219)	285	(3,542)	(125)	9,163	(1,255)
Theatres & TC	Theatres & TC	0	353	0	(7,305)	42	(2,662)	(60)	(9,614)	(18)
Urology Directorate	Urology	5,591	81	(316)	(2,787)	(68)	(466)	(124)	2,419	(508)
Surgical and Cancer Division	Surgery & Cancer	65,010	2,966	(4,107)	(35,920)	(42)	(15,350)	217	16,705	(3,932)

The Surgical Division is £3.9M worse than plan cumulative. Net of income as the CEP impact is reflected in Corporate, the Division is £0.2M better than plan, although variable income from PHE is behind plan by £0.6M. 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	100	100	(2,304)	(143)	(178)	(369)	(2,382)	(412)
Accident & Emergency Dir	Emergency Department	14,821	766	547	(5,919)	(11)	(767)	(149)	8,900	387
Anaesthetics & Critical Care	Anaesthetics & Critical Care	6,398	35	229	(7,934)	141	(1,198)	14	(2,699)	384
Medical Directorate	General Medicine	43,121	205	1,776	(22,332)	(838)	(5,128)	(592)	15,866	346
Urgent Care Centre	Urgent Care Centre	0	0	0	(643)	78	0	90	(643)	167
Emergency Services Division	Medicine & Emergency Care	64,339	1,107	2,651	(39,134)	(774)	(7,271)	(1,006)	19,042	871

The Medicine and Emergency Care Division are £0.9M better than plan. Net of income, the Division is £1.8M worse than plan. The key variances are Pay in the medical directorate as a result of higher nursing costs from use of bank HCA's over establishment for acuity pressures and escalation beds. Medical pay is lower than plan. Non-pay is worse than plan with non-deliverable infusion pump CIP in Divisional management and drug costs in the medical directorate.

		Income			Expenditure				NET TOTAL	
		Contract	Variable	Better/ (Worse) than Budget	Pay	Better/ (Worse) than Budget	Non-Pay	Better/ (Worse) than Budget	Total	Better/ (Worse) than Budget
Wom Chil & sexl hlth Div Mgmt	Divisional Management W&C	0	56	47	(1,335)	(148)	(168)	(35)	(1,447)	(136)
		0	0	0	0	0	(28)	(28)	(28)	(28)
Obstetric & Gynaecology Dir	Obstetrics & Gynaecology	18,135	113	151	(8,665)	(27)	(1,467)	(234)	8,117	(110)
Paediatric Directorate	Paediatrics	11,777	100	8	(7,804)	(125)	(1,171)	(94)	2,901	(211)
Women and Childrens Division	Women and Children	29,912	269	206	(17,804)	(301)	(2,834)	(390)	9,544	(484)

The Womens and Childrens Division is £0.5M worse than plan cumulative. Net of income, the Division is £0.7M 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	(294)	25	(45)	(123)	(339)	(98)
Dermatology	Dermatology	1,759	26	(116)	(873)	156	(318)	25	595	66
ECG department	ECG	366	28	(42)	(960)	129	(76)	1	(643)	88
Elmhurst	Elmhurst	1,995	181	7	(1,531)	(48)	(161)	29	485	(11)
Integrated Discharge	Integrated Discharge	0	0	0	(319)	(47)	(6)	(1)	(324)	(49)
Medical Records Department	Medical Records Department	0	0	(2)	(1,767)	33	(240)	(24)	(2,007)	7
Outpatients	Outpatients	0	152	(16)	(555)	(6)	(61)	(7)	(464)	(29)
Pathology Directorate	Pathology	12,078	3,895	206	(9,842)	48	(8,975)	(387)	(2,844)	(134)
Pharmacy Departments	Pharmacy	3,200	243	419	(3,168)	33	(3,356)	(712)	(3,081)	(259)
Radiology Directorate	Radiology	3,149	727	(579)	(6,191)	44	(2,183)	(247)	(4,498)	(782)
Therapeutic Departments	Therapies	0	5	5	(1,968)	144	(60)	39	(2,022)	188
Victoria Infirmary Northwich	Victoria Infirmary Northwich	2,028	7	(146)	(1,757)	(119)	(306)	(6)	(27)	(272)
Diagnostics and Support Divisi	Diagnostics and Support	24,576	5,265	(264)	(29,225)	393	(15,787)	(1,412)	(15,170)	(1,284)

The Diagnostics Division is £1.3M worse than plan cumulative. Net of income, the Division is £1.0M worse than plan. The key variances include better than plan on pay from staffing gaps in Therapies, 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	(505)	14	(244)	(21)	(749)	(7)
Catering Directorate	Catering	0	1,396	95	(1,590)	(57)	(1,364)	(109)	(1,559)	(71)
Estates Departments	Estates Departments	0	455	(22)	(1,593)	(36)	(6,080)	475	(7,218)	417
Hotel Services	Domestics	0	0	0	(1,352)	(60)	(14)	(3)	(1,367)	(63)
Laundry Services Departments	Laundry	0	1,223	13	(1,139)	(141)	(856)	(82)	(773)	(210)
Security	Security	0	1,530	(103)	(697)	54	(731)	(141)	101	(191)
Site Services	Porters	0	0	0	(2,703)	60	(95)	(18)	(2,798)	42
Estates & Facilities Division	Estates & Facilities Division	0	4,604	(17)	(9,580)	(166)	(9,386)	100	(14,362)	(83)

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

		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	(1,463)	5	(642)	61	(2,105)	66
Computer Services	Computer Services	0	94	80	(1,423)	81	(2,140)	(83)	(3,470)	78
Finance & Information	Finance & Information	0	43	12	(3,064)	(46)	(788)	33	(3,809)	(1)
Human Resources	Human Resources	0	528	49	(2,412)	14	(469)	154	(2,352)	217
Risk Management & R&D	Risk Management & R&D	0	395	(145)	(1,448)	117	(46)	47	(1,099)	18
Quality Assurance Departments	Nurse Management	0	401	258	(2,827)	(371)	(7,649)	93	(10,074)	(20)
Trust Central Expenditure	Trust Central Expenditure	14,694	5,973	5,401	(2,065)	(1,274)	(649)	1,828	17,953	5,956
Other Departments	Other Departments	20	180	63	(263)	(28)	(274)	(36)	(337)	(1)
Corporate		14,714	7,614	5,718	(14,964)	(1,500)	(12,658)	2,096	(8,619)	6,314

The Corporate Division is £6.3M better cumulative. Net of income, there is a £0.6M favourable 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 and non-pay contingency. Income includes the favourable variance on STF.

Community Services	27,885	1,251	2,041	(19,970)	1,083	(6,739)	(310)	2,428	2,815
EBITDA	226,436	23,077	6,229	(166,595)	(1,308)	(70,025)	(705)	12,893	4,217

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	8,202	0	7,866	-336
NHS Eastern Cheshire CCG Community	412	412	0	412	0
NHS South Cheshire CCG Community	16,982	16,982	0	16,982	0
NHS South Cheshire CCG	100,862	100,862	-401	100,920	58
NHS Vale Royal CCG	55,138	55,138	341	55,138	0
NHS Vale Royal CCG Community	10,302	10,302	0	10,302	0
NHS Warrington CCG	248	248	0	292	43
NHS West Cheshire CCG	3,342	3,342	0	3,522	180
NHS West Cheshire CCG Community	191	191	0	191	0
NHS North Staffordshire CCG	1,900	1,900	0	2,317	417
NHS Shropshire CCG	624	624	0	862	238
NHS Stoke on Trent CCG	1,407	1,407	0	1,589	183
Public Health England	1,635	1,635	0	1,081	-554
NHS Commissioning Board	1,511	1,511	0	1,516	5
Specialist Commissioning Group	8,449	8,449	0	8,958	510
Non Contract Activity	1,767	1,767	0	1,944	177
Cross Border Flows	165	165	0	971	806
Non-Commissioner Specific	7,123	7,123	0	11,857	4,734
TOTAL	220,259	220,259	-60	226,720	6,463

The South Cheshire and Vale Royal contracts are in line with the agreed CEP value. A further £2.0M system QIPP was varied into the contract in month 12. Variance on South Cheshire is Year End incomplete spells recognition.

Other commissioners, except Eastern Cheshire CCG are showing positive variances related to elective activity in Ophthalmology and General Surgery.

Specialist Commissioning is better than plan as a result of high cost drug income offsetting cost.

Cross border flows predominately includes Welsh commissioners where a significant commissioning of long waiting patients were transferred in Q4.

Other Contract Income	FY Target (£'000)	YTD Target (£'000)	YTD Actual (£'000)	Final Variance (£'000)
Bed Based Services	5,951	5,951	5,924	-27
Adult & Neonatal Critical Care	7,884	7,884	8,021	136
Urgent Care Centre	0	0	0	0
Community Paediatrics	1,302	1,302	1,302	0
Direct Access Services	10,245	10,245	9,532	-713
Unbundled Radiology	3,613	3,613	3,459	-154
High Cost Drugs	9,953	9,953	10,036	82
Screening Programmes	1,474	1,474	1,479	5
Audiology	1,057	1,057	1,141	84
IVF	321	321	255	-66
CQUIN	4,453	4,453	3,396	-1,057
STF	5,993	5,993	9,774	3,781
Community Services	27,805	27,805	27,805	0
CEP	-3,183	-3,183	-60	3,123
WINTER FUNDING	0	0	1,638	1,638
Other	3,243	3,243	3,003	-240
TOTAL	80,111	80,111	86,705	6,592

Other contract income is showing £6.6M better than plan.

An analysis of the key service lines identifies that this is primarily the result of Direct Access related to medical imaging coding changes and CQUIN.

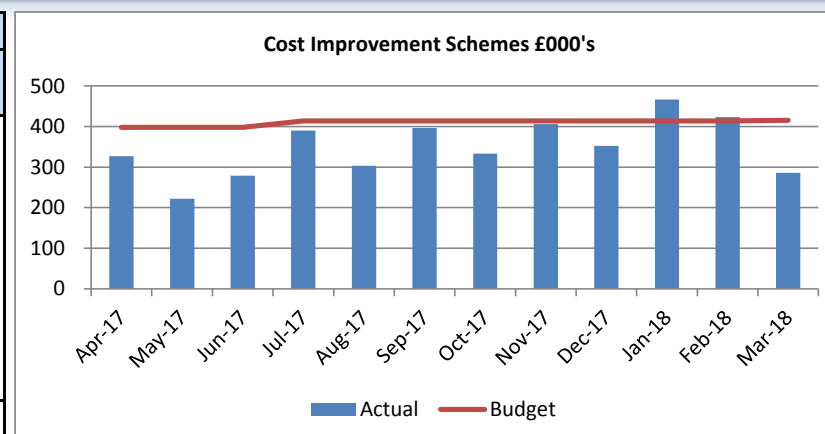
Non-performance of the A&E Q3 and Q4 STF trajectory has been recognised (£1.2M) and STF incentive of £1.6M, bonus of £1.4M and general distribution of £1.9M.

The impact of the CEP has unwound in Month 12.

Tranche 1 and 2 winter monies have been accrued. (£1.6M).

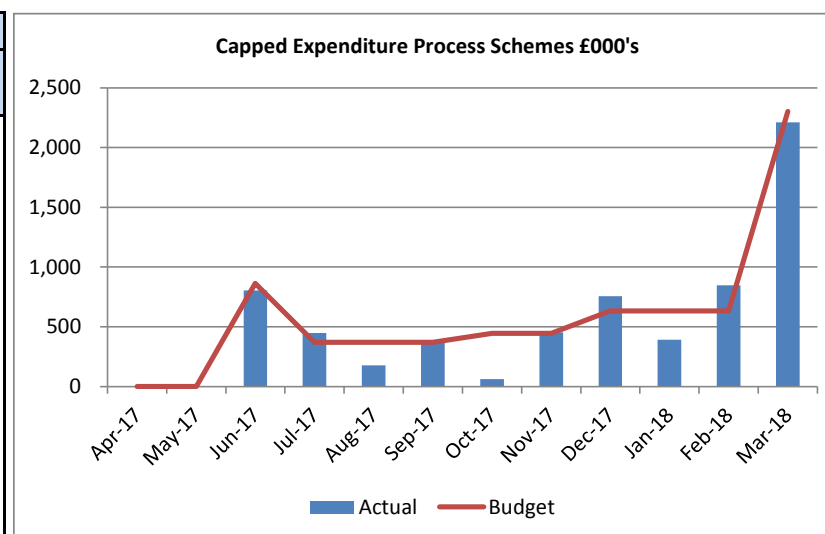
Financial Performance: Efficiencies

Cost Improvement Schemes (£'000's)						
Scheme Category	YTD Target	YTD Actual	YTD	FY Target	FY Forecast	FY Variance
Access & Flow	600	600	0	600	600	0
Back Office	195	165	-30	195	165	-30
Commercial	140	173	33	140	173	33
Drugs	414	363	-51	414	363	-51
Medical Workforce	1,783	1,744	-39	1,783	1,744	-39
Non-Pay Efficiency	340	33	-307	340	33	-307
Nursing Workforce	300	0	-300	300	0	-300
Procurement	750	750	0	750	750	0
Service redesign	400	341	-59	400	341	-59
Mitigation	0	15	15	0	15	15
Total (£'000)	4,922	4,184	-738	4,922	4,184	-738



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	100	0	-100	100	0	-100
Acute CEP ECT Rota	100	0	-100	100	0	-100
Acute CEP Elective*	2,766	2,929	163	2,766	2,929	163
Acute CEP Diagnostic Capacity (378	378	0	378	378	0
Acute CEP Diagnostic Capacity (188	188	0	188	188	0
Acute CEP High Cost Drugs	600	376	-224	600	376	-224
Acute CEP Paeds	30	0	-30	30	0	-30
Acute CEP Pharmacy	50	0	-50	50	0	-50
Acute CEP PLCP	100	0	-100	100	0	-100
Acute CEP Tele-Derm	70	70	0	70	70	0
Acute CEP Winter	750	750	0	750	750	0
Acute CEP Interest	100	100	0	100	100	0
Acute CEP Maternity	100	0	-100	100	0	-100
Community CEP (Pay)	479	479	0	479	479	0
Community CEP (Non-Pay)	1,251	1,251	0	1,251	1,251	0
Grand Total	7,062	6,521	-541	7,062	6,521	-541



Capped Expenditure Process schemes are £0.5M worse than plan cumulative as a result of not achieving the full target on High cost drugs, schemes commencing later in the year than planned and some elements still in development or showing slippage. In addition, PLCP will not impact in 2017/18 due to commitments to existing patients and the ECT partner schemes are still under discussion. Interest is set to deliver by the year end.

Financial Performance: Capital Report

SCHEME	BOARD APPROVED	FUNDING SOURCE	FUNDING APPROVED	EXPENDITURE	2017/18	2017/18	2017/18 CUMULATIVE ACTUAL	2017/18 BETTER/WORSE THAN BUDGET	2017/18 FORECAST	2018/19 + FORECAST	WHOLE PROJECT ACTUAL TO DATE	WHOLE PROJECT PROPOSED PLAN	TOTAL FORECAST
STRATEGIC INVESTMENTS (Requires individual signoff)													
ESTATES													
DR'S MESS INTO RMO'S	Yes	Internal	Yes		42	42	43	-1	43	0	43	42	43
WARD 11 REFURBISHMENT	Yes	Internal	Yes	1500		0	-57	57	-57	0	1443	1,500	1,443
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	44	16	44	0	44	60	44
CENTRALISED POAC	Yes	Internal	Yes		122	122	122	0	122	0	122	122	122
BISTRO & 2 OFFICES	Yes	Internal	Yes		178	178	120	58	120	58	120	236	178
OPHTHALMOLOGY OUTPATIENTS - PHASE 2	Yes	Internal	Yes	86	249	249	274	-25	274	0	360	335	360
UNDER / OVERS CAPITAL SCHEMES 16/17	Yes	Internal	Yes			0	-10	10	-10	0	-10	0	-10
WARD REFURBISHMENT	Yes	Loan	Yes		4200	4200	224	3976	224	9915	224	14,115	10,139
MRI SCANNER 3RD BUILD	Yes	Internal/Loan	Yes	109	1540	1540	65	1475	65	1476	174	3,125	1,650
WASTE COMPOUND AND SEGREGATION	No	Internal	Not yet approved		250	250	0	250	0	250	0	500	250
BARIATRIC SIDE ROOM	No	Internal	Not yet approved		100	100	0	100	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	7874	1108	6768	1108	12649	3657	23072	16306
IT													
VOICE OVER IP	Yes	Internal	Yes	171	295	295	352	-57	352	200	523	666	723
RADIOLOGY INFORMATION SYSTEM	Yes	Internal	Yes	96	132	132	-11	143	-11	0	85	228	85
WIRELESS UPGRADE	Yes	Internal	Yes	6	24	24	26	-2	26	0	32	30	32
PCTI	Yes	Internal	Yes	18	12	12	6	6	6	0	24	30	24
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	3	-3	3	0	3	0	3
PATIENT ADMIN SYS / CORE ELECTRONIC PATIENT RECORDS	No	Loan	Not yet approved		1500	1500	0	1500	0	4500	0	6,000	4,500
EDMS & E NOTES	No	Loan	Not yet approved		1956	1956	0	1956	0	1000	0	2,956	1,000
UPS	Yes	Internal	Yes		150	150	0	150	0	150	0	300	150
CLINICAL PORTAL	No	Loan	Not yet approved		1260	1260	0	1260	0	660	0	1,920	660
Q PULSE	Yes	Internal	Yes		30	30	25	5	25	5	25	35	30
NET CALL / CALL CENTRE	Yes	Internal	Yes	12	13	13	4	9	4	0	16	25	16
HIGH IMPACT STAND ALONE IT SYSTEMS	Yes	Internal	Yes		100	100	88	12	88	400	88	500	488
PACS REPLACEMENT	Yes	Internal	Now Revenue		1590	1590	12	1578	12	0	12	1,590	12
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	0	55	0	135	55
SINGLE CLINICAL SYSTEM	No	Loan	Not yet approved							6569	0		6,569
TOTAL				303	8902	8902	505	8397	505	15748	808	18384	16,556
TOTAL STRATEGIC INVESTMENTS					2852	16776	16776	1613	15165	1613	28397	4465	32862

The Estates strategic investments capital spend is £6,768K 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, and some will be drawn down in March. The business case for the third CT Scanner has still not been approved.

The IT Strategic investments projects are £8,397K less than plan. This is mainly due to the Vendor Neutral Archive scheme, E-Handover, EDMS, E Prescribing, Clinical Portal and the Patient Admin system. 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 as it is likely these will be funded through revenue in the following years. 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	150	29	121	29	710	29	860	739
DESIGN TEAM	Yes	Internal	Yes		280	280	272	8	272	1120	272	1,400	1,392
CT / VT - HEATING INFRASTRUCTURE	Yes	Internal	Yes		175	175	48	127	48	650	48	825	698
BACKLOG GENERAL PROVISION	Yes	Internal/Loan	Yes		1604	1604	482	1122	482	7550	482	9,154	8,032
TOTAL				0	2,209	2,209	831	1378	831	10,030	831	12,239	10,861
IT													
STORAGE - DATA ARCHIVING	Yes	Internal	Yes		27	27	56	-29	56		56	27	56
INTERSITE CONNECTIVITY	Yes	Internal	Yes		31	31	29	2	29	25	29	56	54
INTERFACING	Yes	Internal	Yes		85	85	19	66	19	155	19	240	174
IT APPLICATIONS	Yes	Internal	Yes		100	100	19	81	19	450	19	550	469
IBM HARDWARE	Yes	Internal	Yes		144	144	92	52	92	54	92	198	146
TOTAL				0	387	387	215	172	215	684	215	1071	899
TOTAL ROLLING ALLOCATIONS				0	2,596	2,596	1,046	1,550	1,046	10,714	1,046	13,310	11,760
ADDITIONAL													
EQUIPMENT	Yes	Internal	Yes		0	0	52	-52	52	0	52	0	52
GP STREAMING ESTATES	Yes	Internal	Yes		0	0	12	-12	12	491	12	491	503
GP STREAMING IT	Yes	Internal	Yes		0	0	108	-108	108	0	108	0	108
COMMUNITY SERVICES	Yes	Internal	Yes		0	0	105	-105	105	800	105	800	905
LEASING INVESTMENTS													
EQUIPMENT	Yes	Internal	Yes		648	648	236	412	236	0	236	648	236
3RD CT SCANNER	No	Internal	Not yet approved		480	480	0	480	0	480	0	960	480
REPLACEMENT CT SCANNER	No	Internal	Not yet approved		480	480	0	480	0	480	0	960	480
3RD MRI SCANNER	No	Internal	Not yet approved		640	640	0	640	0	640	0	1,280	640
ACCESS CONTROL	No	Internal	Not yet approved		100	100	0	100	0	0	0	100	0
LAUNDRY FINISHING	No	Internal	Not yet approved		56	56	0	56	0	0	0	56	0
OPHTHALMOLOGY EQUIPMENT	No	Internal	Not yet approved		150	150	0	150	0	0	0	150	0
CCTV	No	Internal	Not yet approved		157	157	0	157	0	0	0	157	0
CATERING TROLRIES	Yes	Internal	Yes		180	180	137	43	137	0	137	180	137
TOTAL LEASING INVESTMENTS				0	2891	2891	373	2518	373	1600	373	4491	1973
TOTAL CAPITAL PROGRAMME (EXCLUDING LEASES)					2,852	19,372	2,936	16,438	2,936	40,402	5,788	56,057	46,190
TOTAL CAPITAL PROGRAMME					2,852	22,263	3,307	18,956	3,309	42,002	6,161	60,548	48,163

In addition to the strategic capital schemes the rolling and additional schemes are £1,550K less than plan which is mainly due to Backlog Maintenance. The delay has been due to the delay in the approval of the capital loan and two project surveyors down for six months and in addition some long term sickness. 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 March (£'000)	Actual Apr to March (£'000)	Variance (£'000)	Forecast 2017/18 (£'000)
Assets				
Assets, Non-Current	96,600	96,918	318	96,918
Assets, Current				
Trade and other Receivables	4,650	13,482	8,832	13,482
Other Assets (including Inventories & Prepayments)	5,385	5,287	-98	5,287
Cash and Cash Equivalents	2,839	7,761	4,922	7,761
Total Assets, Current	12,874	26,530	13,656	26,530
ASSETS, TOTAL	109,474	123,448	13,974	123,448
Liabilities				
Liabilities, Current				
Finance Lease, Current	-1,136	-1,505	-369	-1,505
Loans Commercial Current	-1,686	-456	1,229	-456
Trade and Other Payables, Current	-13,032	-12,022	1,010	-12,022
Provisions, Current	-235	-212	23	-212
Other Financial Liabilities	-8,647	-6,662	1,985	-6,662
Total Liabilities, Current	-24,735	-20,857	3,878	-20,857
Net Current Assets/(Liabilities)	-11,861	5,673	17,534	5,673
Liabilities, Non Current				
Finance Lease, Non Current	-4,490	-4,185	305	-4,185
Loans Commercial Non-Current	-19,487	-12,040	7,447	-12,040
Provisions, Non-Current	-1,548	-1,587	-39	-1,587
Trade and Other Payables, Non-Current	0	0	0	0
Total Liabilities Non-Current	-25,525	-17,812	7,713	-17,812
TOTAL ASSETS EMPLOYED	59,214	84,779	25,565	84,779
Taxpayers' and Others' Equity				
Taxpayers Equity				
Public dividend capital	75,157	76,791	1,634	76,791
Retained Earnings	-26,163	-7,605	18,558	-7,605
Donated asset reserve	0	0	0	0
Revaluation Reserve	10,220	15,592	5,372	15,592
TOTAL TAXPAYERS EQUITY	59,214	84,778	25,564	84,778
TOTAL FUNDS EMPLOYED	59,214	84,778	25,564	84,778

The main reason for the variance is that the plan is the capital programme expenditure being £507K more than anticipated which is mainly due the increase in value of the land and buildings £15,941K. This is offset by an underspend in the capital programme of £16,438 (excluding leases) due to a delay in the Third MRI Scanner build £1,475K, Third CT Scanner build £850K, Backlog Maintenance £910K and Ward Refurbishments £3,498K. . All of these are reliant on capital loan funding which has only been secured in February after the initial application in June 2017. Also in respect of Vendor Neutral Archive £605K, E-Prescribing £900K, EDMS £1,956K, PAS £1,500K and Clinical Portal £1260K these schemes are now part of a wider Clinical system replacement where are Business Case is going thorough an approval process. In addition there are delays in the UPS £150K, Waste Compound and Segregation £250K, E Handover £244k, however these are funded internally. The PAC's project has now been funded via revenue £1,590K.

NHS Trade Receivables are higher than anticipated as there are a number of other outstanding debts. These are Christies Hospital £344K, University of North Midlands NHS Trust £245K, NHS England £421K, NHS Property Services £225K, Salford FT £173K. In addition there is outstanding STF of £6,148K. In addition there is £640K outstanding from Welsh Health Bodies

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 .

Loans are due to capital loans not been taken out £12,251K. 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 £750K, Cyber Security £854K and Cancer MDT £30K 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 better than anticipated surplus and the impact of the revaluation .

The revaluation reserve is due to the impact of the revaluation of the Estate.

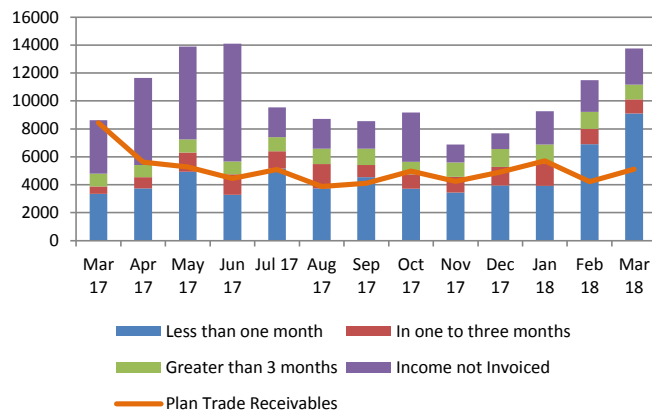
Financial Performance: Cash Position and Working Capital

	Plan Apr to Mar (£'000)	Actual Apr to Mar (£'000)	Variance
Surplus/(deficit) after tax	698	16,586	15,888
Non-cash flows in operating Surplus/(deficit) total	5,914	-5,254	-697
Operating cash flows before movements in working capital	6,612	11,332	15,191
Increase/(Decrease) in working capital Total	3,344	-4,358	-7,702
Net cash inflow/(outflow) from operating activities	9,956	6,974	7,489
Net cash inflow/(outflow) from investing activities total	-18,652	-3,816	14,836
Net Cash inflow/(outflow) before financing	-8,695	3,158	22,325
Net cash inflow/(outflow) from financing activities Total	5,684	-1,044	-6,728
Net increase/(decrease) in cash and cash equivalents	-3,011	2,114	15,597
Opening cash balance	5,850	5,647	-203
Closing cash balance	2,839	7,761	4,923

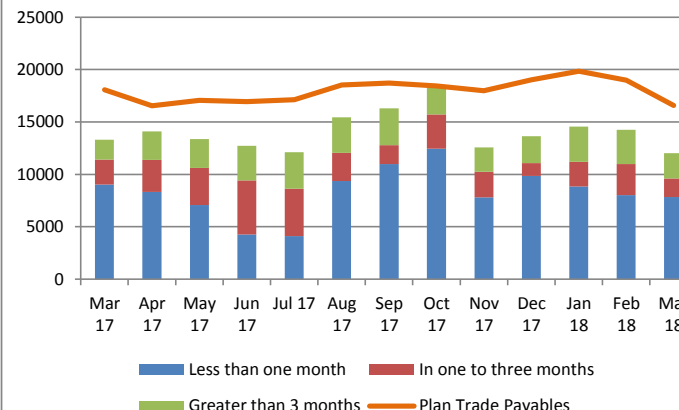
Cash is £4,923K better than anticipated. This is mainly due to the delay in repaying part of the Interim Revolving Working Capital loans and Support loans £3,573K. In addition the Operating Surplus is £6,115K better than planned (excluding reversal of impairment impact) but this is offset by depreciation being £588K less than plan. Also the movement in working capital is £7,702K less than anticipated due to reduction in creditors and accruals . In addition there is also an increase in debtors which is mainly due to the accrual for the Incentive and Bonus STF income of £4,950K.

The capital programme is £14,836K less than expected, this includes the movement in capital creditors. However this is offset by £12,251K capital loans not drawn down. In addition the Trust has received £1,634K PDC is wasn't expecting in the Plan for the A&E Streaming project, Cyber Security and Cancer MDT

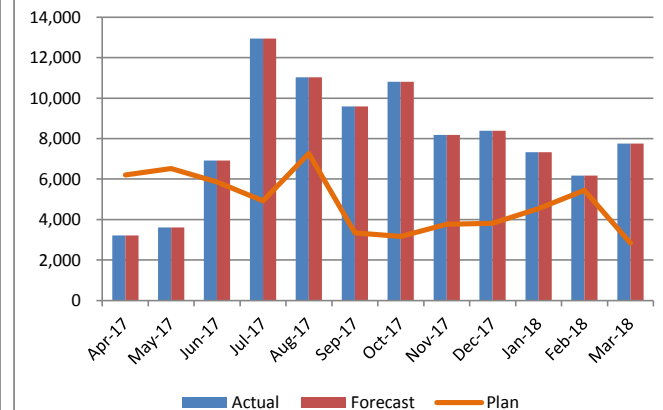
Trade Debtor Profile £000's



Trade Creditor Profile £000's

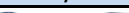
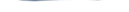







Cash Forecast £000's



Finance: Staff Costs

Headline Measures

	YTD £000's	Rolling 13 months £000's													
		Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Monthly Trend
Pay Budget	165,285	12,385	13,770	14,030	13,678	13,577	13,688	13,730	13,774	13,799	13,721	13,916	13,817	13,785	
Pay Actual	166,594	12,331	13,549	14,070	13,715	13,649	13,843	13,875	13,947	13,826	13,692	14,278	14,017	14,133	
Variance	-1,309	54	221	-40	-37	-72	-155	-145	-173	-27	29	-362	-200	-348	
% to Budget	100.8%	99.6%	98.4%	100.3%	100.3%	100.5%	101.1%	101.1%	101.3%	100.2%	99.8%	102.6%	101.4%	102.5%	

Nursing Staff % to Budget	102.3%	98.7%	101.8%	104.4%	99.8%	102.5%	97.5%	99.3%	101.6%	102.9%	102.4%	105.9%	104.7%	105.0%	
Medical Staff % to Budget	99.5%	99.5%	90.5%	101.9%	98.8%	98.0%	108.2%	103.5%	102.6%	97.4%	95.3%	98.5%	97.1%	103.2%	
Other Staff % to Budget	100.0%	109.3%	100.1%	95.1%	101.7%	100.1%	100.9%	101.4%	100.1%	99.1%	99.8%	101.6%	100.7%	99.5%	

Commentary

Figures exclude Community Services for 2016/17

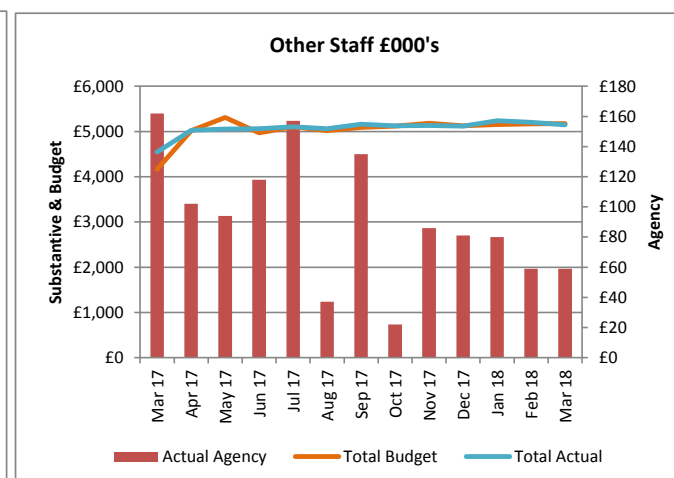
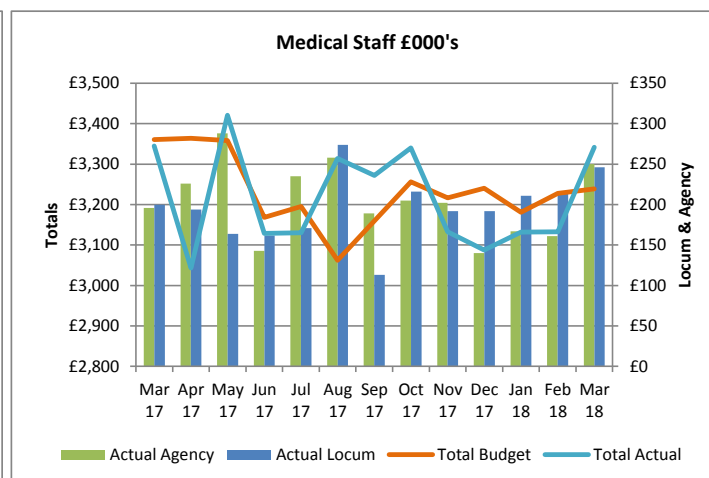
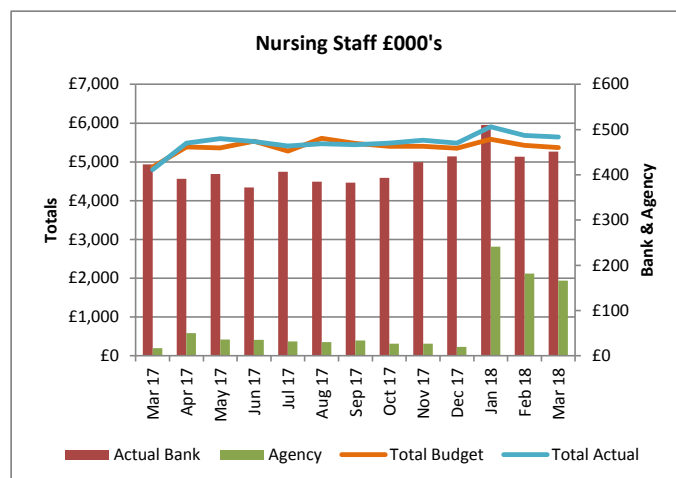
Pay is worse than budget by £1.3M as at Mth 12.

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

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

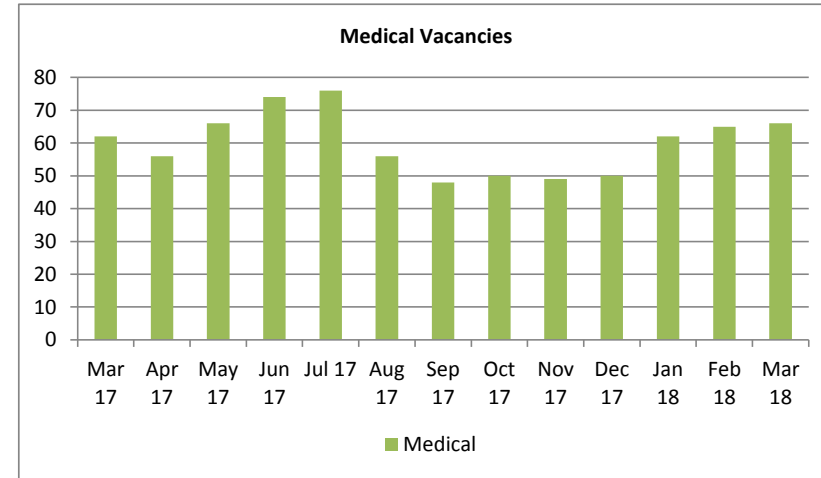
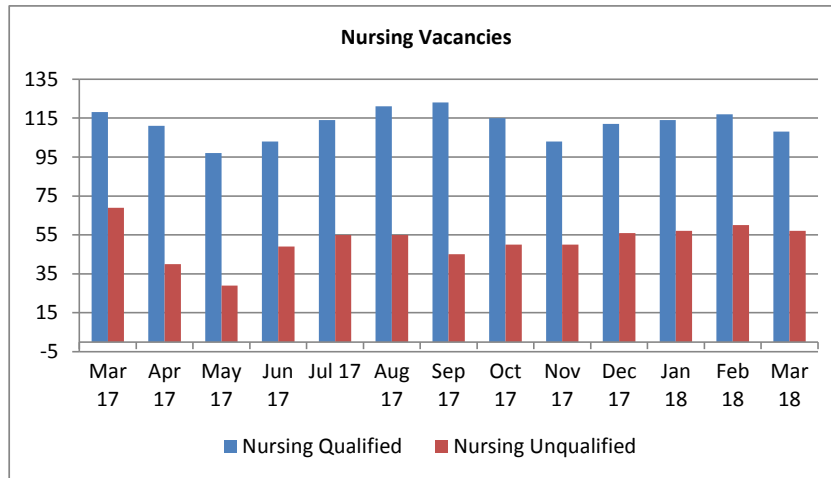
The Agency trajectory is worse than the run rate as a result of high use of Nurse agency to staff escalation beds. Cumulative the Trust is better than the trajectory by £1.2M mainly as a result of the reclassification of locum costs in 2017/18 and reduced Nursing agency costs earlier in the year.

Primary Drivers



Finance: Staff Costs

Secondary Drivers



Agency Trajectory

	YTD	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Monthly Trend
Plan	-5,569	-484	-482	-518	-472	-579	-510	-451	-433	-426	-423	-424	-424	-427	
Actual	-4,373	-574	-378	-419	-296	-424	-325	-358	-254	-315	-240	-488	-401	-475	
Variance	1,196	-90	104	99	176	155	185	93	179	111	183	-64	23	-48	

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

	Rolling 13 Months													Monthly Trend
	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	
Sickness Rate (Rolling 12 mths)	3.92%	3.96%	3.99%	4.04%	4.07%	4.14%	4.20%	4.21%	4.23%	4.25%	4.28%	4.28%	4.38%	
Total Leavers	42	31	37	35	45	45	54	45	42	35	45	37	62	
Turnover (Rolling 12 mths)	9.27%	10.87%	11.06%	10.52%	10.12%	10.57%	11.10%	11.08%	10.93%	10.71%	10.70%	10.66%	11.18%	

Title of Paper :	Report of Sealings February – April 2018		
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 oversight of the use of the Trust Seal		
Risk:	Non-compliance with Trust Constitution		
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:	8 May 2018		

Recommendation

The Board of Directors are asked to note the sealings that have taken place since the last Board report on 5 February 2018.

Quarterly Report of Sealings for the period 1 February 2018 to 30 April 2018

<i>Seal Number</i>	<i>Description</i>	<i>Date of Board Approval</i>	<i>Date of Sealing</i>
95	Agreement of lease between MCHFT and the University of Chester Faculty of Health and Social Care	5 February 2018	7 February 2018

CCICP Partnership Board

Date/time: Thursday 15th March 2018
Venue: Boardroom, Ashfields PCC, Sandbach
Chair: Tim Welch, Director of Finance, CWP
Action Notes: Julie Manslow – PA to Senior Management Team (CCICP)
Quorate (Y/N): Yes

No.	Item	
	Present	Mr T Welch Chair (TW) Director of Finance, CWP Dr J Price (JP) GP, Willow Wood surgery and Director SC/VR GP Alliance Dr N Paul (NP) GP, Ashfields Primary Care Centre and Director Howbeck Healthcare Mr M Oldham (MO) Director of Finance & Strategic Planning, MCHFT Ms K Moore (KM) Operational Lead, CCICP Mrs D Frodsham (DF) Director of Strategic Partnerships, MCHFT Mrs T Cookson (TC) Clinical Director (Nurse) SC/VR GP Alliance Mrs S Hamman (SH) Head of Quality, Nursing and Professional Leadership, CCICP
	In attendance	Miss Julie Manslow (Minutes) (JM) PA, CCICP
	Apologies	Dr Anushta Sivananthan (NS) Medical Director, CWP Dr P A Dodds (PAD) Medical Director & Deputy Chief Executive. MCHFT Mr A Styring (AS) Director of Operations, CWP

CCICP Partnership Board – 15.03.18

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

No.	Item	Discussion	Action	Responsible	Due date
1.	Welcome and Apologies	Apologies were noted.			
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 (15 th February) were reviewed for accuracy and approved.			
4.	Matters Arising/Action Tracker	The Board reviewed and approved the rolling action log.			
5.	Transformation Programme				
5.1	Work stream highlight reports	<p><u>GPOOH</u></p> <p>Pharmacy post for OOHs service was not appointed to and this has been readvertised with a number of applicants this time. .</p> <p><u>MSK</u></p> <p>MSK SPA launched 01/02/18. Comms plan agreed and being implemented.</p> <p>(DF) Report on month 1 for CEP, data is really positive with over 300 referrals received. The biggest success has been in Vale Royal.</p> <p>PW to produce paper on initial MSK project objectives and highlight deliverables and aspects not delivered. To attend transformation group in April to give feedback</p> <p><u>Home First</u></p> <p>On track, regular meetings with partners to discuss activities. Intermediate care work continues with clear recommendations and work plan agreed for next 12 weeks.</p>	PW		26/04/18

5.2	Home First Vision	<p><u>Estates</u></p> <p>Review of CCT locations presented and 4 of 5 agreed in principal. Further discussion required to identify options for the remaining CCT (Northwich) and the possibility of alternative accommodation to the proposed sites.</p> <p><u>IT</u></p> <p>Pace of programme is fast, resulting in an amber status to recognise the risk. Equipment supplier appointed. EMIS flow mapping sessions well attended and complete. Data migration options scoped for discussion and decision. Significant resource will be required to continue system build, support data validation and user acceptance testing and complete pre-go live tasks. Lack of resource may lead to delay in implementation. Dr Paul now on the T & F Group and leading the GP engagement element</p> <p><u>OD</u></p> <p>A further six month funding in place. Sessions are being delivered and actively promoted. Meeting planned with Lisa Gresty to discuss next steps. TC advised that the focus should be to become STP aligned it was recognised that staff are focussed but under pressure due to the large amount of meetings to attend and conflicting activities. Lisa Gresty and team have offered to attend local meetings to support as available.</p> <p><u>Quality</u></p> <p>This work stream is currently in the implementation phase. SH, SK and Tracey Matthews are currently looking at how the recommendations link in with the reporting aspect of the project.</p> <p><u>Home First Vision</u></p> <p>Home First Vision discussed to confirm it aligns with strategy. It was agreed to remove the word "Vision" new title to be "Home First Principles".</p> <p>DF confirmed monthly number of GP patients admitted is down by 7% since the implementation of the ACP role but recognising this is from joint working, support and supervision by the primary care GPs.</p>			
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		ACP report has been produced to highlight the benefit of interventions within the community. DF to share paper with both Home First and Partnership Board.	DF		12/04/18
6.	CCICP Governance Proposal	<p><u>Transformation Programme governance proposal</u></p> <p>SK,NS attended Transformation Board and it was discussed and agreed that the proposal is aligned to the final operating model. MO is reviewing governance which forms part of the review. SK to arrange meeting with MO to discuss next steps.</p> <p>The 2018/19 themes agreed at Transformation Board were confirmed by the Board. SK to produce high level project charters for consideration at April/May Partnership Board meetings.</p> <p>KM to meet with CWP regarding falls/frailty project documentation. To be shared with Partnership Board / Transformation Team for consideration.</p> <p>The group confirmed that “low level mental health” partnership priority will be renamed “mental wellbeing”. This has been agreed with NS. SK reported that the mental wellbeing priority should be owned by CWP. KM suggested that Sally Sanderson would lead this as she is now in post at CWP. SK discussed the mental health pilot and raised concern that Sandbach were not keen to take part as it was different than the original discussions with CWP. SK to discuss at Transformation Board and with NS. SK to arrange for CWP to present revised proposal at Home First and Partnership Board April/May. TW to discuss with NS.</p>	SK SK KM SK TW		12/04/18 17/05/18 12/04/18 26/04/18 12/04/18
7.	Care Communities Model	The updated document was discussed and progress acknowledged. Review of resources and capacity will be required. Request noted from Andy Wilson as Alliance Representative/Commissioner to attend Partnership Board meeting which was again declined but recognising the programme review shortly–.			
8.	CCICP Strategy Document	<p>The document was presented for final ratification and approved. Launch proposed for April 2018. The wording “low mood” to be changed to “mental wellbeing” throughout. TC/DF to discuss the wording around the values, principles etc to provide clarity that these relate to the partnership and not CCICP staff who will be included within the employing Trust values / behaviours etc.</p> <p>Paper approved subject to minor wording changes</p>	TC/DF		

9.	Finance				
9.1	CCICP Income & Expenditure	Report in pack discussed. No significant change since last month.			
10.	Performance & Quality Reports				
	Balanced Scorecard	No serious incidents in Jan. Vacancies reduced significantly due to recruitment of nurses. Sickness in month increased but overall rolling sickness has reduced. All KPIs met. It was noted that the MSK red status should be amber, revised report expected.			
	Quality Safety & Experience Report	Meeting to be held today IG lead looking at different report.			
	Integrated Governance Monthly Exception Report	SH informed that the first CCICP PU Panel meeting had taken place; the panel reviewed all grade 3 and 4 pressure ulcer incidents that had been reported over previous months. There were 11 in total reviewed by the panel; of these 6 developed whilst the patient was in the care of community nursing, all 6 were deemed to be unavoidable. It was confirmed that mandatory training is currently at 67%. KM confirmed there is a plan in place regarding moving and handling and safeguarding training and we now have a resolution for face to face training which will ensure compliance by end of March. CCSMs have action plans in place to show when they will achieve compliance. KM to bring compliance documentation for appropriate escalation at next meeting. It was noted that this has been entered onto the risk register.	KM		12/04/18
		The board noted that staff turnover was high at 15%. DF to ask Barbara Butcher to provide a three month leavers summary. The board requested that where applicable staff should be offered an exit interview and discussion.	DF		12/04/18
11.	Operational Lead's Report	Quality review visits continue across all services with feedback given to teams to support with Quality agenda. Senior management team underwent mock CQC well led interviews with MCHFT Execs. Jane Palin Trust Associate Director for Integrated Governance, is offering the opportunity to CCICP board members to have 'mock' interviews. Please email			

		<p>Cathy.Clark@mcht.nhs.uk if you would like to arrange an appointment. SH to send DF a copy of the service location list requested by CQC.</p> <p>Continence:- Non compliance with NICE guidelines relating to issues previously highlighted around lack of patient reviews of patients prescribed products. This is being actioned. Clarification required regarding nursing home reviews alongside Hartmanns.</p> <p>Limited assurance regarding controlled drugs management had also been added to risk register – action plans in place.</p>	SH		31/03/18
11.	Any other business	<p>SEND paediatric review of therapies and nursing staff has been undertaken with no concerns reported but formal report awaited. DF to send thank you letter on behalf of board.</p> <p>It was noted that CCICP had been successful in the outcome of the pain tender.</p> <p>Staff survey baseline results have been received. It was recognised that a very positive result had been achieved which was better than the national average and other clinical divisions within the Trust. The Board asked that DF arrange for Lisa Gresty to attend and give a presentation to Board.</p> <p>Independent Chair vacancy is ready to be advertised DF to distribute pack to Board members. DF to re-send details of Independent Chair interview dates to members.</p> <p>DF confirmed that JR has decided not to take up the role of Associate Director. The Trust have put forward a general manager to backfill the position for 6 months to transition in April 2018 and to take over from May 2018. It was agreed that recruitment needed to be progressed again for the permanent Associate Director role and other options should be considered too.</p>	<p>DF</p> <p>DF</p> <p>DF</p>		<p>12/04/18</p> <p>12/04/18</p> <p>12/04/18</p>
	<p>Next Meeting:</p> <p>Date: Thurs 12th April 2018 Time: 9am – 11:30am Venue: Board Room, Ashfields, Sandbach</p>				

Title of Paper :	NHSI Self-Certification 2018: Corporate Governance, General Condition 6 & Continuity of Services 7		
Author:	Tracy Bullock		
Executive Lead:	Tracy Bullock		
Type of Report:	Concept Paper		
	Strategic Options Paper		
	Business Case		
	Information		*
	Review/Benefits/Audit		*
Link to Strategic Domains:		Link to Domain:	
Delivering Outstanding Clinical Quality, Safety & Experience		Safe	
Being a Leading partner in a Progressive Health Economy	*	Effective	
Striving for Outstanding Organisational Effectiveness	*	Caring	
Aspiring to Excellence in Practice Through Our Workforce		Responsive	
Creating a 21st Century Infrastructure for Transformative Health and Social Care		Well-Led	*
Link to Board Responsibility:	Performance		*
	Accountability		*
	Strategy		*
	Implementation		*
Action Required:	Decide		*
	Approve		*
	Note		
	Recommend		
	Delegate		
Positive Benefit:	Positive Self-Certification		
Risk:	Not meeting NHSI deadline for self-certification		
To be published on Trust Website –complete version	Y		
If no, to be published on Trust Website – redacted	N/A		
If not to be published complete or redacted, please detail the reason why			
Presented at Board Meeting of:	8 May 2018		

Background:

Historically, NHS Foundation Trusts have been required to make the below declarations to NHSI on an annual basis based on a self-certification. However; no such submissions are required and instead NHSI will select a number of Trusts and audit their processes for making such declarations. On that basis, the process for enabling the Board to make such a declaration has remained the same as in previous years.

The following declarations are required:

Declarations 1 & 2, Systems for compliance with licence conditions - in accordance with General Condition 6 of the NHS provider licence (Appendix 2)

*Declaration 3, Availability of resources and accompanying statement - in accordance with Continuity of Services condition 7 of the NHS provider licence

Declaration 1 - 6, Corporate Governance Statement - in accordance with the Oversight Framework (Appendix 3)

Declaration 6, Certification on training of Governors - in accordance with s151(5) of the Health and Social Care Act (Appendix 4)

*Declaration 3 is included in the APR Financial Template, which was returned to NHSI following Board approval and is therefore not considered within this paper.

Introduction:

The Board of Directors are asked to review the guidance pertaining to the above declarations and respond to the statements in the worksheets shown at appendix 2, 3 & 4 as 'Confirmed' or 'Not Confirmed'. In order to support the declaration being made further guidance to that given in the worksheets is provided at appendix 1.

In the event that the Board of Directors are unable to fully self-certify, it should NOT select 'Confirmed'. Under these circumstances a commentary explaining the reasons for the absence of a full self-certification and the action proposed to address the issues identified.

Recommendation:

The Chairman and Chief Executive, on behalf of the Board of Directors, are recommended to sign the enclosed declarations as 'Confirmed'

Appendix 1: Further guidance for the declarations

Declarations 1 & 2, Condition G6 – Systems for compliance with licence conditions and related obligations

1. The Licensee shall take all reasonable precautions against the risk of failure to comply with:

- (a) the Conditions of this Licence,
- (b) any requirements imposed on it under the NHS Acts, and
- (c) the requirement to have regard to the NHS Constitution in providing health care services for the purposes of the NHS.

2. Without prejudice to the generality of paragraph 1, the steps that the Licensee must take pursuant to that paragraph shall include:

- (a) the establishment and implementation of processes and systems to identify risks and guard against their occurrence; and
- (b) regular review of whether those processes and systems have been implemented and of their effectiveness.

3. Not later than two months from the end of each Financial Year, the Licensee shall prepare and submit to NHSI a certificate to the effect that, following a review for the purpose of paragraph 2(b) the Directors of the Licensee are or are not satisfied, as the case may be that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with this Condition.

4. The Licensee shall publish each certificate submitted for the purpose of this Condition within one month of its submission to NHSI in such manner as is likely to bring it to the attention of such persons who reasonably can be expected to have an interest in it.

Declarations 1 - 6, Corporate Governance

For declarations 1 - 6 the following guidance is taken from the NHS Provider Licence Conditions specific to Section 6 – Condition FT4 – NHS foundation trust governance arrangements:

1. This condition shall apply if the Licensee is an NHS foundation trust, without prejudice to the generality of the other conditions in this Licence.

2. The Licensee shall apply those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.

3. Without prejudice to the generality of paragraph 2 and to the generality of General Condition 5 (NHSI Guidance), the Licensee shall:

- (a) have regard to such guidance on good corporate governance as may be issued by NHSI from time to time; and
- (b) comply with the following paragraphs of this Condition.

4. The Licensee shall establish and implement:

- (a) effective board and committee structures;
- (b) clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and
- (c) clear reporting lines and accountabilities throughout its organisation.

5. The Licensee shall establish and effectively implement systems and/or processes:

- (a) to ensure compliance with the Licensee's duty to operate efficiently, economically and effectively;
- (b) for timely and effective scrutiny and oversight by the Board of the Licensee's operations;
- (c) to ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions;
- (d) for effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern);
- (e) to obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making;
- (f) to identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence;
- (g) to generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and
- (h) to ensure compliance with all applicable legal requirements.

6. The systems and/or processes referred to in paragraph 5 should include but not be restricted to systems and/or processes to ensure:

- (a) that there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided;
- (b) that the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations;
- (c) the collection of accurate, comprehensive, timely and up to date information on quality of care;
- (d) that the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care;
- (e) that the Licensee including its Board actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and
- (f) that there is clear accountability for quality of care throughout the Licensee's organisation including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.

7. The Licensee shall ensure the existence and effective operation of systems to ensure that it has in place personnel on the Board, reporting to the Board and within the rest of the Licensee's organisation who are sufficient in number and appropriately qualified to ensure compliance with the Conditions of this Licence.

8. The Licensee shall submit to NHSI within three months of the end of each financial year:

- (a) a corporate governance statement by and on behalf of its Board confirming compliance with this Condition as at the date of the statement and anticipated compliance with this Condition for the next financial year, specifying any risks to compliance with this Condition in the next financial year and any actions it proposes to take to manage such risks; and
- (b) if required in writing by NHSI, a statement from its auditors either:
 - (i) confirming that, in their view, after making reasonable enquiries, the Licensee has taken all the actions set out in its corporate governance statement applicable to the past financial year, or
 - (ii) setting out the areas where, in their view, after making reasonable enquiries, the Licensee has failed to take the actions set out in its corporate governance statement applicable to the past financial year.

Appendix 2 – NHSI Worksheets to support declaration 1& 2 “G6 and CoS 7”

Declarations required by General condition 6 and Continuity of Service condition 7 of the NHS provider licence

The board are required to respond "Confirmed" or "Not confirmed" to the following statements (please select 'not confirmed' if confirming another option). Explanatory information should be provided where required.

1 & 2 General condition 6 - Systems for compliance with license conditions (FTs and NHS trusts)

- 1 Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution.

Confirmed

OK

3 Continuity of services condition 7 - Availability of Resources (FTs designated CRS only)

EITHER:

- 3a After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this

Please Respond

OR

- 3b After making enquiries the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required Resources available to it after taking into account in particular (but without limitation) any distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. However, they would like to draw attention to the following factors (as described in the text box below) which may cast doubt on the ability of the Licensee to provide Commissioner Requested Services.

Please Respond

OR

- 3c In the opinion of the Directors of the Licensee, the Licensee will not have the Required Resources available to it for the period of 12 months referred to in this certificate.

Please Respond

Statement of main factors taken into account in making the above declaration

In making the above declaration, the main factors which have been taken into account by the Board of Directors are as follows:

[e.g. key risks to delivery of CRS, assets or subcontractors required to deliver CRS, etc.]

Signed on behalf of the board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Signature

Signature

Name

Name

Capacity [job title here]

Capacity [job title here]

Date

Date

Further explanatory information should be provided below where the Board has been unable to confirm declarations under G6.

A:

Appendix 3 – NHSI Worksheet for declarations 1 - 6, Corporate Governance Statement

Corporate Governance Statement (FTs and NHS trusts)

The Board are required to respond "Confirmed" or "Not confirmed" to the following statements, setting out any risks and mitigating actions planned for each one

1 Corporate Governance Statement

Response

Risks and Mitigating actions

- 1 The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.

Confirmed

No risks identified, unconditional licence with CQC, Rated as GOOD in January 2015. Licence with NHSI

Please complete Risks and Mitigating actions

- 2 The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time

Confirmed

No risks identified. The Board has processes in place to respond to all NHSI guidance. Usually through Board subcommittees.

Please complete Risks and Mitigating actions

- 3 The Board is satisfied that the Licensee has established and implements:
- (a) Effective board and committee structures;
 - (b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and
 - (c) Clear reporting lines and accountabilities throughout its organisation.

Confirmed

Minor risks identified. Internal auditors conduct a series of internal audits. The risks identified have risk owners and action plans in place. Risks and action plans are monitored through the relevant Board subcommittees

Please complete Risks and Mitigating actions

- 4 The Board is satisfied that the Licensee has established and effectively implements systems and/or processes:

Confirmed

Risks have been identified in respect of the Trusts financial position. Although it is acknowledged that the Trust ended the financial year with a better position than its control total, the financial position remain a challenge. Assurance is obtained from the Annual Plan, Annual Report and internal / external audit which are positive in respect of financial controls. Board development undertaken and formal programme for 2017 - 2019 being established but includes opportunity to assess and reassess the Trust objectives and strategy and mitigation actions. Board effectiveness survey and review of Boards / subcommittees following every meeting. Quarterly report to Board on CQC standards. Effective Risk Register and Board Assurance Framework. CQC rated the Trust as Good and this included a review of governance controls and the Well Led Framework. An independent Well Led Review conducted in March 2017 found no major concerns

Please complete Risks and Mitigating actions

- (a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively;
- (b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations;
- (c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions;
- (d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern);
- (e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making;
- (f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence;
- (g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and
- (h) To ensure compliance with all applicable legal guidance

- 5 The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure:

Confirmed

No risks identified. Assurance obtained from Board Effectiveness Survey, Board member skills gap analysis, recruitment process, individual objectives and appraisal and Auditors opinion. Board performance and quality reports. Staff, public and patient engagement with quality and safety strategy. There are clear levels of Board responsibility and accountability for the quality and safety of care. CQC rated quality and safety of care as good and the organisation as well led.

Please complete Risks and Mitigating actions

- (a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided;
- (b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations;
- (c) The collection of accurate, comprehensive, timely and up to date information on quality of care;
- (d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care;
- (e) That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and
- (f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.

6 The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.

Confirmed	(including where the Board is able to respond 'Confirmed')
-----------	--

Please complete Risks and Mitigating actions

Signed on behalf of the Board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Signature

Signature

Name

Name

Further explanatory information should be provided below where the Board has been unable to confirm declarations under

A:

Please Respond

Appendix 4 – NHSI Worksheet for the declaration “Training of Governors”

Certification on training of governors (FTs only)

The Board are required to respond "Confirmed" or "Not confirmed" to the following statements. Explanatory information should be provided where required.

2 Training of Governors

- 1 The Board is satisfied that during the financial year most recently ended the Licensee has provided the necessary training to its Governors, as required in s151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role.

Confirmed

OK

Signed on behalf of the Board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Signature

Signature

Name

Name

Capacity

[job title here]

Capacity

[job title here]

Date

Date

In respect of Statement on the training of Governors, the evidence is outlined in below:

The Trust continued to provide a comprehensive induction for new Governors who started in 2017/18 and provided ongoing support, training and development opportunities to all Governors.

Twelve new Governors were elected or appointed during 2017/18. These Governors all received an induction which included information about the role of the Governor as well as a general introduction to the NHS governance structure and key issues for the NHS. All new Governors also completed a training needs assessment as part of their induction. As a result of the skills gaps highlighted by the Governors who started in 2017, a session on Understanding Financial Reporting was repeated and attended by nine Governors in November 2017. In addition two further sessions on Membership Engagement and Performance Monitoring were attended by six and eight Governors respectively.

All Governors are invited to meet with the Chairman on a one to one basis every year which includes a discussion on any training needs for that individual.

In October fifteen Governors attended a Strategy workshop as part of the Trust strategy review. Governors have been made aware of development opportunities through the NHS Providers Governor Development Programme – Governwell. One Governor attended their Core Skills module in March 2018. Four Governors attended the North West Governor Forum in Bolton in February which provided information and knowledge on current key topics and key skills

To engage with Members and the public, Governors must feel confident in their knowledge of the Trust and the local health economy. To support this there has been ongoing learning through:

- Presentations at Council meetings by Executive Directors and invited speakers, for example Access and Flow transformation, Dementia, Sepsis, Annual Report & Accounts and the national in-patient and staff surveys
- Attendance at staff and members engagement events hosted by the Chief Executive
- Being the Governor representative on Trust Committees (Governors are invited to meet with the Chair of the Committee so they have a full understanding of the role of the Committee and their role and remit as part of the Committee membership)
- Monthly Ward/Department Walkrounds with members of the Board of Directors and Patient Safety Team
- Regular bi-monthly membership events on particular areas of the hospital including Rehabilitation, Pathology, Antibiotic Resistance, Community Services, Dementia and Urology

There has also been shared learning through distribution of items such as the NHS Providers Briefings on a range of topics.

Tracy Bullock
Chief Executive
May 2018

Title of Paper :	NHSI Data Security and Protection Requirement Return		
Author:	Head of Information Governance & IT Security (Data Protection Officer)		
Executive Lead:	Medical Director		
Type of Report:	Concept Paper		
	Strategic Options Paper		
	Business Case		
	Information		
	Review/Benefits/Audit		✓
Link to Strategic Domains:		Link to CQC Domain:	
Delivering Outstanding Clinical Quality, Safety & Experience	✓	Safe	
Being a Leading partner in a Progressive Health Economy	✓	Effective	
Striving for Outstanding Organisational Effectiveness	✓	Caring	
Aspiring to Excellence in Practice Through Our Workforce	✓	Responsive	
Creating a 21st Century Infrastructure for Transformative Health and Social Care	✓	Well-Led	✓
Link to Board Responsibility:	Performance		✓
	Accountability		✓
	Strategy		✓
	Implementation		✓
Action Required:	Decide		
	Approve		✓
	Note		
	Recommend		
	Delegate		
Positive Benefit:	A copy of the NHSI Data Security and Protection Requirement Return including information relating to each assessed level.		
Risk:	Gaps in assurance identified		
To be published on Trust Website – complete version		Yes	
If no, to be published on Trust Website – redacted			
If not to be published complete or redacted, please detail the reason why			
Presented at Board Meeting of:	8 May 2018		

NHSI Return: Data Security and Protection Requirements (DSP) 2017/18 Board of Directors – May 2018

1.0 Introduction

In January 2018, to improve data security and protection for health and care organisations the Department of Health and Social Care, NHS England and NHS Improvement published a set of 10 data and cyber security standards.

The 2017/18 Data Security Protection Requirements (2017/18 DSPR) standards are based on those recommended by Dame Fiona Caldicott, the National Data Guardian (NDG) for health and care, and confirmed by government in July 2017.

The Trust is required to submit a return to NHS Improvement (NHSI) to confirm the organisations current position against these requirements. This return requires Board level approval prior to submission.

This information within the following submissions will be reviewed by NHSI in partnership with NHS England and NHS Digital and used to;

- Create a baseline of cyber readiness across the sector;
- Utilised to target improvement support and resources;
- Identify organisation that either require support and/or are failing to comply with the standards that will prevent future cyber-attacks.

2.0 NHSI Return

The following Information is required to be submitted to NHSI by **11th May 2018**, following Board of Directors approval.

Leadership obligation 1: People

1. Senior level responsibility

There must be a named senior executive responsible for data and cyber security. Ideally this person will also be your senior information risk owner (SIRO), and where applicable a member of your organisation's board.

Fully implemented	Partially implemented	Not implemented
The organisation has a named senior executive who reports to the board who is responsible for data and cyber security and this person is also the SIRO	The organisation has a named senior executive who reports to the board who is responsible for data and cyber security but this person is not the SIRO	The organisation does not have a named senior executive who is responsible for data and cyber security

Please provide the contact details of the named senior executive responsible for data and cyber security if they are in place.

Name	Dr Paul Dodds
Job title	Medical Director, Caldicott Guardian
Name of organisation	Mid Cheshire Hospitals NHS Foundation Trust
Email	Paul.Dodds@mcht.nhs.uk
Telephone number	01270 612315

2. Completing the Information Governance toolkit v14.1

By 31 March 2018 the Trust is required to achieve at least level 2 on the Information Governance (IG) toolkit.

(NOTE: the new Data Security and Protection toolkit is being introduced for 2018/19. This will replace the current IG toolkit.)

Fully implemented	Partially implemented	Not implemented
The organisation has completed the IG toolkit, submitted its results to NHS Digital and obtained either level 2 or 3.	The organisation has completed the IG toolkit and submitted its results to NHS Digital but has not attained level 2.	The organisation has not completed the IG toolkit and submitted the results to NHS Digital

3. Preparing for the introduction of the General Data Protection Regulation in May 2018

The beta version of the Data Security and Protection toolkit was released in February 2018 and will help organisations understand what actions they need to take to implement the General Data Protection Regulation (GDPR) which comes into effect in May 2018.

Fully implemented	Partially implemented	Not implemented
By May 2018, the organisation will have an approved plan to detail how it will achieve compliance with the GDPR. This will have board-level sponsorship and approval.	By May 2018, the organisation will have a plan that has been developed but not yet sponsored and approved at board level on how it will achieve compliance with the GDPR.	A plan has not been yet been developed.

4. Training staff

All staff must complete appropriate annual data security and protection training. As per the IG toolkit, staff are defined as: all staff, including new starters, locums, temporary, students and staff contracted to work in the organisation.

Providers must ensure staff have completed either the new IG training tool or the previous IG training tool.

Fully implemented	Partially implemented	Not implemented
At least 95% of staff have completed either the previous IG training or the new training in the last twelve months.	At least 85% of staff have completed either the previous IG training or the new training in the last twelve months.	Less than 85% of staff have completed either the previous IG training or the new training

Leadership Obligation 2: Processes

5. Acting on CareCERT advisories

The Trust must:

- Identify a primary point of contact for your organisation to receive and co-ordinate your organisation's response to CareCERT advisories, and provide this information through CareCERT Collect
- act on CareCERT advisories where relevant to your organisation
- confirm within 48 hours that plans are in place to act on High Severity CareCERT advisories, and evidence this through CareCERT Collect

Fully implemented		Not implemented	
The organisation has registered for CareCERT Collect		The organisation has not registered for CareCERT Collect	
Yes	No	Not Applicable	
The organisation has plans in place for all CareCERT advisories up to 31/3/2018 that are applicable to the organization (Note: the plan could be that the board accepts the residual risk)	The organisation does not have plans in place for all CareCERT advisories up to 31/3/2018 that are applicable to the organisation	The organisation has not registered for CareCERT Collect	
Fully implemented	Partially implemented	Not implemented	
The organisation has clear processes in place that allow it to confirm within 48 hours of a High Severity CareCERT advisory being issued that a plan is in place.	The organisation does not have clear processes in place that allow it to confirm within 48 hours of a High Severity CareCERT advisory being issued that a plan is in place, but is developing these processes	The organisation does not have clear processes in place that allow it to confirm within 48 hours of a High Severity CareCERT advisory being issued that a plan is in place, and these processes are not under development	
Fully implemented	Partially implemented	Not implemented	
The organisation has in post a primary point of contact who is responsible for receiving and co-ordinating CareCERT advisories.	The organisation does not have in post a primary point of contact who is responsible for receiving and co-ordinating CareCERT advisories, but is in the process of filling that role.	The organisation does not have in post a primary point of contact who is responsible for receiving and co-ordinating CareCERT advisories, and no plans are in place to fill that role.	

6. Business continuity planning

Comprehensive business continuity plans must be in place to support the organisation's response to data and cyber security incidents.

Fully implemented	Partially implemented	Not implemented
The organisation has an agreed business continuity plan(s) for cyber security incidents in place. The plan(s) take into account the potential impact of any loss of services on external organisations in the health and care system.	The organisation is developing a business continuity plan(s) for data and cyber security incidents. The plan(s) will take into account the potential impact of any loss of services on external organisations in the health and care system.	The organisation does not have a continuity plan for data and cyber security incidents in place

If there is a business continuity plan in place has it been tested in 2017/18?

Yes	No
The business continuity plan for cyber security incidents in has been tested in 2017/18.	The business continuity plan for data and cyber security incidents has not been tested in 2017/18.

7. Reporting incidents

Staff across the organisation must report data security incidents and near misses, and incidents should be reported to CareCERT in line with reporting guidelines.

Incidents should be reported to CareCERT via carecert@nhsdigital.nhs.uk or 03003035222 if part of a national cyber incident response.

Fully implemented	Partially implemented	Not implemented
The organisation has a process or working procedure in place for staff to report data security incidents and near misses	The organisation is developing a process or working procedure for staff to report data security incidents and near misses	The organisation does not have a process or working procedure in place for staff to report data security incidents and near misses

Leadership obligation 3: Technology

8. Unsupported systems

The Trust must:

- Identify unsupported systems (including software, hardware and applications)
- have a plan in place by April 2018 to remove, replace or actively mitigate or manage the risks associated with unsupported systems.

Fully implemented	Partially implemented	Not implemented
The organisation has reviewed all its systems and any unsupported systems have been identified and logged on the organisation's relevant risk register	The organisation has reviewed all its systems and any unsupported systems have been identified but not logged on the organisation's relevant risk register	The organisation has not reviewed its systems to identify any that are unsupported

For any unsupported systems identified, has the organisation developed a plan for how it will remove, replace or actively mitigate or manage the risks of unsupported systems. Organisations are not required to submit a plan as part of this data collection process but should be prepared to submit their plan to NHS Digital if requested.

Fully implemented	Not implemented
By May 2018 the organisation will have developed a plan to remove, replace or actively mitigate or manage the risks associated with unsupported systems	By May 2018 the organisation will not have a plan in place to remove, replace or actively mitigate or manage the risks associated with unsupported systems

9. On-site cyber and data security assessments

The Trust must:

- have undertaken or have signed up to an on-site cyber and data security assessment by NHS Digital
- act on the outcome of that assessment, including any recommendations, and share the outcome of the assessment with your commissioner.

Fully implemented	Partially implemented	Not implemented
The organisation has undergone an NHS Digital on-site cyber and data security assessment	Prior to 31 March 2018 the organisation signed up to undergo an NHS Digital on-site cyber and data security assessment but has not yet	Prior to 30 March 2018 the organisation has not signed up to an NHS Digital on-site cyber and data security assessment

Has the organisation has used an external organisation to audit the organisation's data and cyber security risks. Please note there is no requirement to use an external organisation to audit data and cyber security risks.

Yes	No
The organisation has used an external vendor to audit the organisation's data and cyber security risks	The organisation has not used an external vendor to audit the organisation's data and cyber security risks

10. Checking Supplier Certification

Organisation should ensure that any supplier of critical IT systems that could impact on the delivery of care, or process personal identifiable data, has the appropriate certification (suppliers may include other health and care organisations).

Depending on the nature and criticality of the service provided, certification might include:

- ISO/IEC 27001:2013 certification: supplier holds a current ISO/IEC27001:2013 certificate issued by a United Kingdom Accreditation Service (UKAS)-accredited certifying body and scoped to include all core activities required to support delivery of services to the organisation.
- Cyber Essentials (CE) certification: supplier holds a current CE certificate from an accredited CE certification body.
- Cyber Essentials Plus (CE+) certification: supplier holds a current CE+ certificate from an accredited CE+ Certification Body.
- Digital Marketplace: supplier services are available through the UK Government Digital Marketplace under a current framework agreement.
- Other types of certification may also be applicable. Please refer to Cyber Security Services 2 Framework via Crown Commercial (<https://ccs-agreements.cabinetoffice.gov.uk/contracts/rm3764ii>)

NHS Digital contracts for/supplies a number of IT systems and solutions in use by multiple NHS organisations. Please note that NHS Digital ensures in each of its system procurements that appropriate data security certifications are in place from its suppliers.

Fully implemented	Partially implemented	Not implemented
The organisation has checked that the suppliers of all its IT systems have appropriate certification, and can evidence that all suppliers have such certification.	The organisation has checked that the suppliers of IT systems that relate to patient data, involve clinical care or identifiable data have appropriate certification, and can evidence that all suppliers have such certification.	The organisation has not checked whether its suppliers of IT systems have appropriate certification.

3.0 Conclusions

The Board is asked to review and approve the submission.











Board of Directors Workforce Report







May 2018

(March 2018 data)



Performance Report Workforce Chapter
Month: Mar-18

Measure	Target	Performance	Description	Narrative	Rolling Trend
	3.60%	4.38%	Rolling 12m average Sickness Absence described as a Percentage	<p>The in-month sickness absence rate is 4.19% with short term absence accounting for 1.86% and Long Term absence (4+ weeks) accounting for 2.32%.</p> <p>Over the course of the last 12 months absence has increased over all and during April a Sickness Absence Summit took place to review our current practices and develop new and innovative solutions to reducing absence.</p> <p>It is important to note that in order to see a reduction in the Rolling 12m average sickness absence rate, we must see a sustained reduction over circa 6 months.</p>	
	90.00%	87.24%	Percentage of Staff who have received an appraisal in the last 12 months. Excludes New Staff with less than 12m service and Bank Staff	<p>It is noted that there has been a small reduction in the appraisal rate during March 2018 and whilst this is an overall reduction, it should be noted that the following divisions have seen an increase in their appraisal rates:</p> <p>DCSS +5% Estates & Facilities +4% and Womens & Childrens +0.5%</p> <p>However the deterioration in CCICP (2%), Corporate (4%), Surgery & Cancer (3%) and Medicine & Emergency Care (2%) have counteracted this.</p> <p>Individual managers and departments have been contacted by members of the HR team to support the development of improvement plans.</p>	
	90.00%	82.50%	Mandatory Training Monthly Rate Excludes Bank Staff, Staff on long term sick & mat. leave.	<p>Mandatory Training compliance has seen a small increase in month and continues a broadly upward trajectory towards the 90% target level.</p> <p>Both Estates & Facilities and DCSS have achieved the 90% target. However the remaining division remain below this target although individual divisional performance has increased in every division with the exception of Surgery & Cancer.</p> <p>At this time, the worst performing team is CCICP where compliance with mandatory training requirements is currently 68%, although it should be recognised that this has increased from 50% at the start of the 2017/18 financial year.</p>	
	10.00%	11.18%	Number of Leavers expressed as a percentage of the workforce over a 12m rolling period. Exclude Junior Doctors, Temporary and Fixed term.	<p>Our retention rate remains within an acceptable range at 88.82%. This compares well to our peers within the NHSI Model Hospital and we continue to monitor the reasons for leaving to identify areas where we can improve the experience of staff to support retention.</p> <p>The top 3 reasons for leaving the Trust in March 2018 were:</p> <ol style="list-style-type: none"> 1. Age Retirement (of whom a number returned to work) 2. Relocation and 3. Work Life Balance. 	

Measure	Target	Performance	Description	Narrative	Rolling Trend
	(423)	(475)	In month and cumulative total spend for the Trust.	<p>The agency spend target for March 2018 has been exceeded by 11.2%. The cause of this is multi-factorial although the most significant causes are:</p> <ul style="list-style-type: none"> - Vacancy rates for Nursing, Consultant and Junior Doctor roles and - Continued used of escalation beds throughout March 2018. <p>Agency spend on Nursing and Medical roles accounted for £416k during March and this was predominantly in the Medicine & Emergency Care and Surgery & Cancer divisions.</p>	
	less than 100%	111.2%	Trust Agency Spend as a percentage of the Ceiling Set by NHS Improvement	<p>During the course of the current financial year, our agency spend has reduced by £2.8m to £4.4m. In 2016/17 our agency spend totalled £7.2m (in particular Medical and Dental agency spend has reduced by over £1m against a target of £700k set by NHS Improvement.</p> <p>The key areas for further focus going forward to support reduction in agency spend are:</p> <ul style="list-style-type: none"> - developing consistent approval processes for over cap and off framework agency use. The system that has been developed by Medical Resourcing has been very effective and this is being replicated for nursing and administrative roles; - reviewing medical rotas in high agency useage areas and - identifying an exit strategy for high-cost off-framework agencies 	
	n/a	42.73%	Number of Agency shifts filled by agency staff that are over the nationally determined capped rates	<p>- identifying an exit strategy for high-cost off-framework agencies</p> <p>During April 244/571 shifts were over capped rates, which translates to a very small reduction between February and March (less than 1%)</p>	

Key

Adverse Increase

Positive Increase

Adverse Reduction

Positive Reduction

Neutral Change/No Change



Title of Paper :	2018/19 Workforce Plan Submission		
Author:	Estelle Carmichael; Director of Workforce & OD		
Executive Lead:	Estelle Carmichael; Director of Workforce & OD		
Type of Report:	Concept Paper		
	Strategic Options Paper		
	Business Case		
	Information		
	Review/Benefits/Audit		✓
Link to Strategic Domains:		Link to Domain:	
Delivering Outstanding Clinical Quality, Safety & Experience	✓	Safe	✓
Being a Leading partner in a Progressive Health Economy	✓	Effective	✓
Striving for Outstanding Organisational Effectiveness	✓	Caring	✓
Aspiring to Excellence in Practice Through Our Workforce	✓	Responsive	✓
Creating a 21st Century Infrastructure for Transformative Health and Social Care	✓	Well-Led	✓
Link to Board Responsibility:	Performance		
	Accountability		✓
	Strategy		
	Implementation		✓
Action Required:	Decide		
	Approve		✓
	Note		
	Recommend		
	Delegate		
Positive Benefit:	A clear workforce plan that is affordable and supports operational delivery of services to our patients.		
Risk:	Lack of a robust workforce plan places significant risk on the quality and safety of our services.		
To be published on Trust Website –complete version	y		
If no, to be published on Trust Website – redacted	Y/N (delete as appropriate)		
If not to be published complete or redacted, please detail the reason why			
Presented at Board Meeting of:	8 May 2		

Mid Cheshire Hospitals NHS Foundation Trust

2018/19 Workforce Planning Return

NHS Trust/FT Contact (completed by and queries to be directed to):
Please note that signed approval by board members

Name: Estelle Carmichael

Job Title: Director of Workforce and OD

Telephone number: 01270612137

Email address: estelle.carmichael@mcht.nhs.uk

Date: 08/03/2018

NHSI Contacts

Technical queries directed to:

email: NHSI.workforce@nhs.net

guidance: [NHS Joint Planning Guidance](#)

Return date: Monday 5th February 2018 (noon)

Submission Instructions: To follow on Monday 14th November 2016, see email comms and website link for updates

Summary of return

Version number: V1.0.4

Total Validation errors: 0

Trust summary

FT or Trust?: FT
Org Code: RBT
Org Type: Acute

When the template is completed, **it is essential that links to other workbooks are broken**. Please press the button below to ensure that any links to external files are broken.
Note that this button triggers a Macro, and therefore **cannot be undone**. You may wish to save a linked version separately for your reference or for future amendments before running the below.

0

Blank cells in column D

OK

OK

OK

OK

OK

1 1. Declaration of review of submitted data

The board is satisfied that adequate governance measures are in place to ensure the accuracy of data entered in this planning template.

We would expect that the template's validation checks are reviewed by senior management to ensure that there are no errors arising prior to submission and that any relevant flags with the template are adequately explained.



00CERTCYE	Maincode
Plan	
31/03/2019	
Year ending	
DROP-DOWN	Subcode
Confirmed	SCT0100

NA

Authorised By
Name

	SCT0110
--	---------

NA

Job Title

	SCT0120
--	---------

NA

Date

	SCT0130
--	---------

NA

WTE SUMMARY		01SUMMWTEPYE	01SUMMWTE12	01SUMWTECYECH	01SUMWTECYECH2	01SUMWTECOMMENT
		Forecast Out-turn	Plan	Plan	Plan	Plan
	Expected	31/03/2018	31/03/2019	31/03/2019	31/03/2019	31/03/2019
		Year ending	Year ending	Year ending	Year ending	Year ending
	Sign	WTE	WTE	WTE Change	% Change	FREE TEXT
ALL STAFF		3,795.1	3,824.7	29.6	0.8%	0
Bank	+	0.0	0.0	0.0	-	0
Agency staff (including, Agency, Contract and Locum)	+	0.0	28.0	28.0	-	0
Substantive WTE	+	3,795.1	3,796.7	1.6	0.0%	0
Total Substantive Non Medical -Clinical Staff	+	2,940.5	2,938.1	(-2.4)	(0.1%)	0
Total Substantive Non Medical- Non-Clinical Staff	+	621.3	620.3	(-1.0)	(0.2%)	0
Total Substantive Medical and Dental Staff	+	233.3	238.3	5.0	2.1%	0
Registered Nursing, Midwifery and Health visiting staff	+	1,041.7	1,037.3	(-4.4)	(0.4%)	0
All Scientific, Therapeutic and Technical Staff	+	559.7	561.7	2.0	0.4%	0
Allied Health Professionals	+	271.4	273.4	2.0	0.7%	0
Other Scientific, Therapeutic and Technical Staff	+	135.9	135.9	0.0	0.0%	0
Health Care Scientists	+	152.4	152.4	0.0	0.0%	0
Qualified Ambulance Service Staff	+	0.0	0.0	0.0	-	0
Support to clinical staff	+	1,339.1	1,339.1	0.0	0.0%	0
NHS Infrastructure Support	+	621.3	620.3	(-1.0)	(0.2%)	0
Any others	+	0.0	0.0	0.0	-	0
Total Medical and Dental Staff	+	233.3	238.3	5.0	2.1%	0
Bank	+	0.0	0.0	0.0	-	0
Total Non Medical -Clinical Staff	+	0.0	0.0	0.0	-	0
Registered Nurses	+	0.0	0.0	0.0	-	0
Qualified Scientific, Therapeutic and Technical Staff	+	0.0	0.0	0.0	-	0
Qualified Ambulance Staff	+	0.0	0.0	0.0	-	0
Support to clinical staff	+	0.0	0.0	0.0	-	0
Total Non Medical- Non-Clinical Staff	+	0.0	0.0	0.0	-	0