

AGENDA

Board of Directors
A meeting will be held in Public at
09.30am on Monday, 2 July 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 09.50	-
4.	Minutes of the Last Meeting To approve the minutes of the Board of Directors meeting held in Public on Monday, 4 June 2018	A	Chairman 09.52	4
5.	Matters Arising and Action Log (attached) (to approve)	A	Chairman 09.55	16
6.	Annual Work Programme 2018/19 (attached) (to approve)	I/A	Chairman 09.57	17
7.	Chairman's Announcements (to note a verbal report) <div> 7.1 Board Away Day – 25 June 7.2 Meeting with Laura Smith MP 7.3 Meeting with Stockport NHS Foundation Trust Chairman 7.4 Volunteer's Evening – 7 June </div>	I	Chairman 10.00	-
8.	Governor's Items (to note a verbal report) <div> 8.1 NED/Governors Meeting – 11 June 2018 8.2 Governor Election nominations </div>	I	Chairman 10.10	-

Item No	Title of Item	Action	Led By	Page No.
9.	Chief Executive's Report <i>(to note a verbal report)</i>			
9.1	System Update	I	Chief Executive 10.20	-
10.	CARING			
10.1	Quality, Safety & Experience Report <i>(attached) (for discussion)</i>	I/D	Director of Nursing & Quality 10.35	18
10.2	In Patient Survey 2017 Presentation <i>(attached)</i> <i>(for discussion)</i>	I/D	Director of Nursing & Quality 10.45	58
11.	SAFE			
11.1	Draft Quality Governance Committee notes from the meeting held on 12 June 2018 <i>(attached) (to note)</i>	I	Committee Chair 11.10	64
11.2	Serious Untoward Incidents and RIDDOR Events <i>(verbal) (to note)</i>	I/D	Deputy Chief Executive/ Medical Director 11.15	-
12.	RESPONSIVE			
12.1	Performance Report <i>(attached) (to note)</i>	I/D	Chief Operating Officer 11.20	76
12.2	Draft Performance & Finance Committee notes from the meeting held on 21 June 2018 <i>(attached) (to note)</i>	I	Committee Chair 11.30	101
12.3	NHS Improvement Operational Plan Feedback <i>(attached) (to note)</i>	I	Chief Executive 11.35	120
12.4	Legal Advice <i>(verbal) (to note)</i>	I	Chief Executive 11.40	-
13.	WELL-LED			
13.1	Visits of Accreditation, Inspection or Investigation <i>(verbal) (to note)</i>	I	Committee Chair 11.45	-
13.2	Organisational Risk Register Q4 2017-18 <i>(attached) (to note)</i>	I/D	Deputy Chief Executive/ Medical Director 11.50	123

Item No	Title of Item	Action	Led By	Page No.
14.	EFFECTIVE			
14.1	Workforce Report <i>(attached) (to note)</i>	I/D	Interim Director of Workforce and OD 11.55	159
14.2	2018 NHS Pay Deal <i>(verbal) (to note)</i>	I	Interim Director of Workforce and OD 12.05	-
14.3	Transformation and People Committee notes from the meeting held on 7 June 2018 <i>(attached) (to note)</i>	I	Committee Chair 12.10	163
14.3	Consultant Appointments <i>(verbal) (to note)</i>	I	Deputy Chief Executive/ Medical Director 12.15	-
15.	Any Other Business <i>(verbal)</i>	A/I/D	Chairman	-
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, 6 August 2018	I	Chairman	

Board of Director Meeting held in Public (Action Log)

Action No	Date of Meeting	Action	Lead	Deadline Date	Comments	Date of Board meeting to be reviewed	Status
18/06/10.1.8	04-Jun-18	Complaints: Check whether a passport was in place for a patient with longstanding complex health problems	J Tunney	02-Jul-18		02-Jul-18	Open
18/06/10.1.9	04-Jun-18	Patient complaint should have been linked to an incident. To be taken to Complaints Review Group	J Tunney	05-Aug-18		02-Jul-18	Open

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



Board of Directors Quality, Safety and Experience Report

July 2018

(May 2018 data)



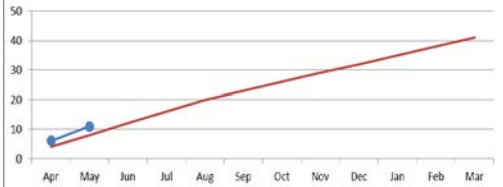
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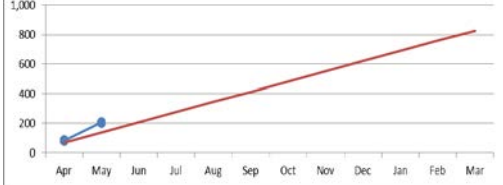
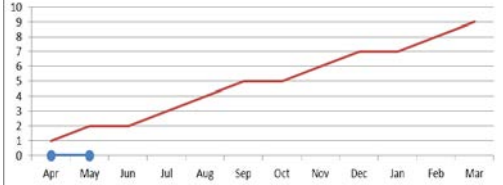
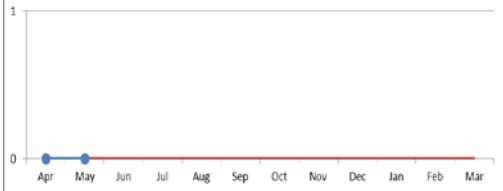
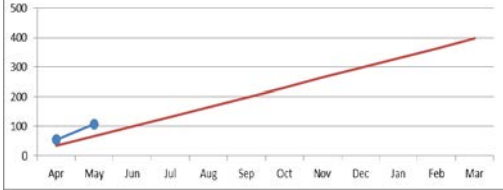
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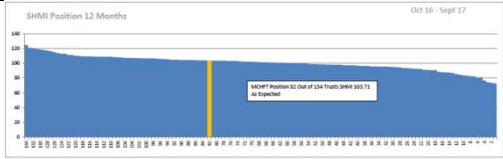
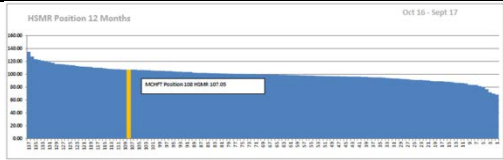
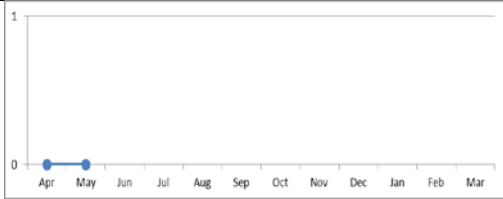
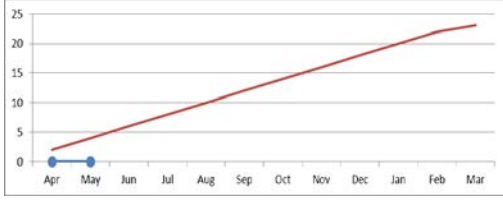
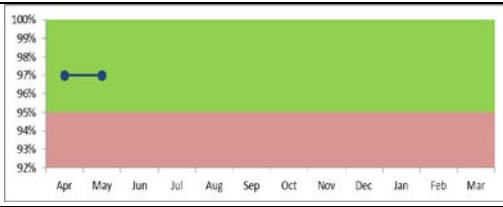
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Indicators	Target	Trajectory 2018/19
Acute Trust		
Patient Safety Harm Incidents The target is to reduce patient safety harm incidents by 5% when compared to the previous financial year by the end of March 2019.	Less than 2161 at end of March 2019	
Serious Incidents The target is to reduce patient safety serious incidents by 10% when compared to the previous financial year by the end of March 2019.	Less than 12 at end of March 2019	
Never Events Zero tolerance of Never Events.	Zero	
Pressure Ulcers – Hospital Acquired The target is to reduce hospital acquired pressure ulcers by 20% when compared to the previous financial year by the end of March 2019.	Less than 150 at end of March 2019	
Inpatient Falls The target is to reduce inpatient falls by 10% when compared to the previous financial year by the end of March 2019.	Less than 656 at end of March 2019	

<p>Medication Harm Incidents The target is to reduce medication incidents resulting in harm by 10% when compared to the previous financial year by the end of March 2019.</p>	<p>Less than 41 at end of March 2019</p>	
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Indicators	Target	Trajectory 2018/19
CCICP		
<p>CCICP Patient Safety Harm Incidents The target is to reduce CCICP patient safety harm incidents by 5% when compared to the previous financial year by the end of March 2019.</p>	<p>Less than 828 at end of March 2019</p>	
<p>CCICP Serious Incidents The target is to reduce CCICP patient safety serious incidents by 10% when compared to the previous financial year by the end of March 2019.</p>	<p>Less than 9 at end of March 2019</p>	
<p>CCICP Never Events Zero tolerance of CCICP Never Events.</p>	<p>Zero</p>	
<p>CCICP Pressure Ulcers – Community Acquired The target is to reduce community acquired pressure ulcers by 20% when compared to the previous financial year by the end of March 2019.</p>	<p>Less than 398 at end of March 2019</p>	

Indicators	Target	Trajectory 2018/19
SHMI The Trust's target is to be at least within the "as expected" bracket. This has been achieved for the latest reporting period.	As expected	 <p>SHMI Position 12 Months</p> <p>Oct 16 - Sept 17</p> <p>AS EXPECTED POSITION 82 OUT OF 134 TRUSTS 59% AS EXPECTED</p>
HSMR The Trust's target is to be at least within the "as expected" bracket. This has been achieved for the latest reporting period.	As expected	 <p>HSMR Position 12 Months</p> <p>Oct 16 - Sept 17</p> <p>AS EXPECTED POSITION 100 HSMR 107.00</p>
MRSA Zero tolerance of MRSA cases.	Zero	
C-Diff Avoidable The target is less than 23 avoidable cases of Clostridium Difficile in 2018/19.	Less than 23 at end of March 2019	
Safety Thermometer The Trust target is that >95% of patients receive harm free care as monitored by the Safety Thermometer.	>95%	

Quality & Safety Section:

Description

Aggregate Position

Patient Safety Harm Incidents

The target is to reduce patient safety harm incidents by 5% when compared to the previous financial year by the end of March 2019.

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

For May 2018, there were a total of 164 patient safety harm incidents:

95.7% (157 incidents) have resulted in low harm
3.7% (6 incidents) have resulted in moderate harm
0.6% (1 incident) resulted in serious harm

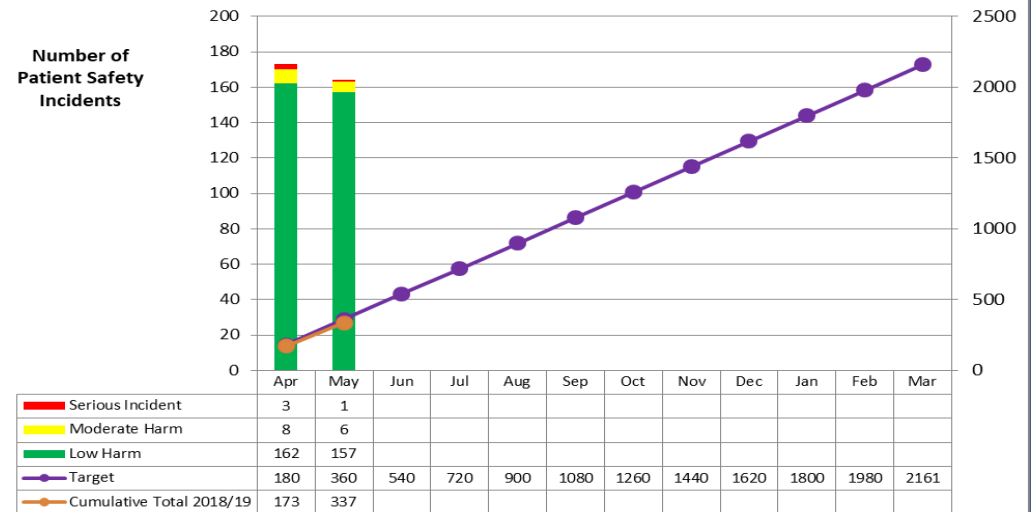
To reduce the number of patient safety harm incidents, a number of initiatives are being undertaken.

These include:

- Twice monthly Patient Safety Summit Meetings with Executive & Senior Teams
- Twice monthly Patient Safety Matters newsletter that is delivered Trust wide
- Deteriorating Patient Steering Group formed to implement NEWS2.

Trend

**Patient Safety Incidents Resulting in Harm
April 2018 to March 2019**



Harm vs All Patient Safety Incidents

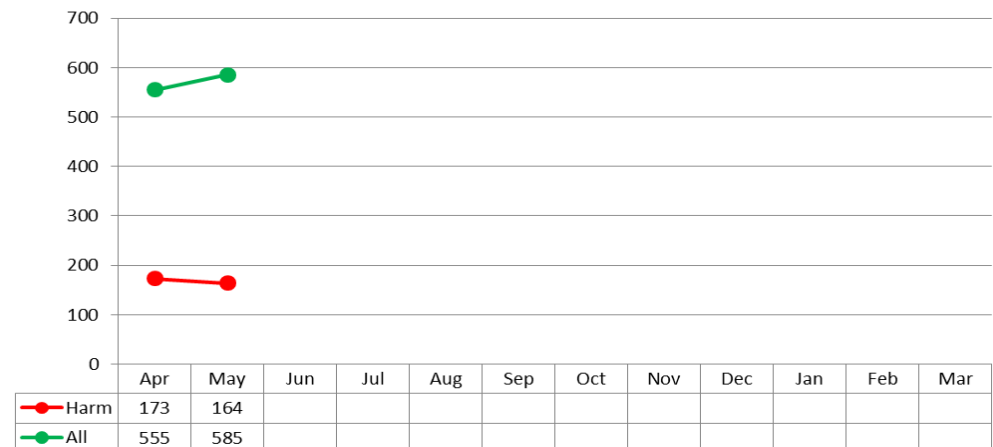
The aim is to maintain / widen the gap between harm and all patient safety incidents reported

This chart demonstrates the number of incidents that have resulted in harm vs all patient safety incidents.

In May 2018, the gap between harm and all patient safety incidents was 421. The aim over the twelve month period is to see this gap widening.

Within healthcare, a safety culture is defined as a “culture where staff has a constant and active awareness of the potential for things to go wrong. It is also a culture that is open and fair and encourages people to speak up about mistakes.” An important benefit in a safety culture in the NHS is “A potential reduction in the recurrence and in the severity of patient safety incidents through increased reporting and organisational learning” *Source: 7 steps to patient safety, NPSA, 2004*

**Harm vs All Patient Safety Incidents by Month
April 2018 to March 2019**



Description

Aggregate Position

Trend

Serious Incidents

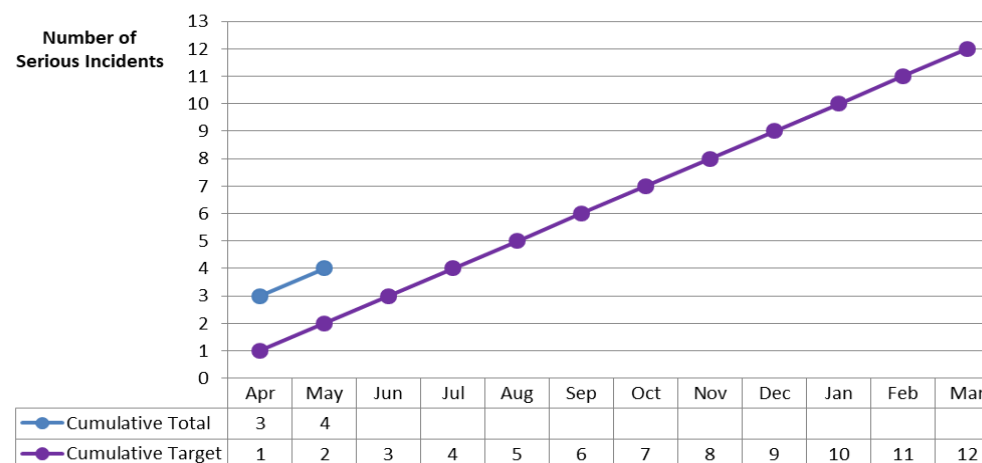
The target is to reduce patient safety serious incidents by 10% when compared to the previous financial year by the end of March 2019.

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

For May 2018, there was one serious incident reported:

- Patient Fall resulting in fractured neck of femur (Ward 21B)

**Serious Incidents by Month
April 2018 to March 2019**



Never Events

The target is to have zero Never Events

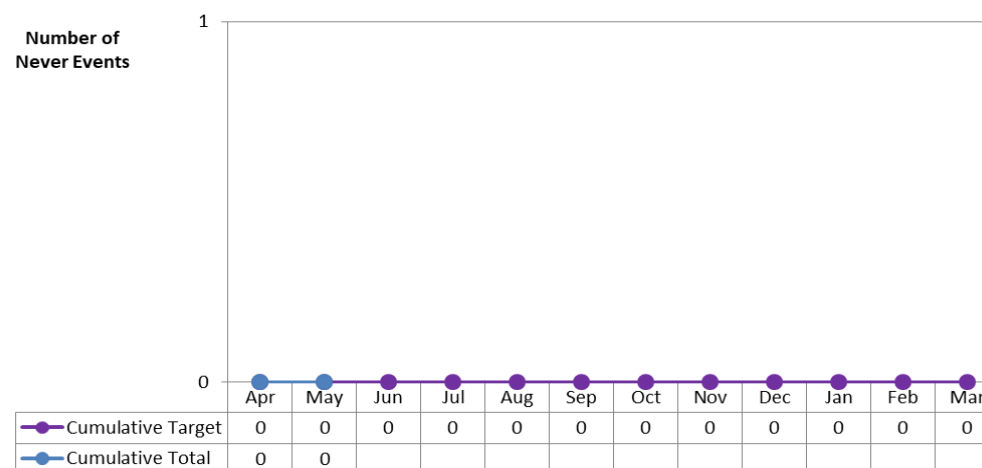
This chart demonstrates the number of Never Events that have been reported.

For May 2018 no Never Events were reported.

The last reported Never Event was in November 2016 which related to a wrong site anaesthetic block.

A Never Event assurance paper was presented to the Quality Governance Committee in May 2018 following escalation from the Executive Quality Governance Group. The paper outlined the Trust position against the fourteen Never Events applicable to acute trusts to ensure the Trust has the correct policies and procedures in place to prevent future Never Events.

**Never Events by Month
April 2018 to March 2019**



Description

Aggregate Position

Trend

Pressure Ulcers – Hospital Acquired
The target is to reduce hospital acquired pressure ulcers by 20% when compared to the previous financial year by the end of March 2019.

For May 2018, there were a total of 37 hospital acquired pressure ulcer incidents:

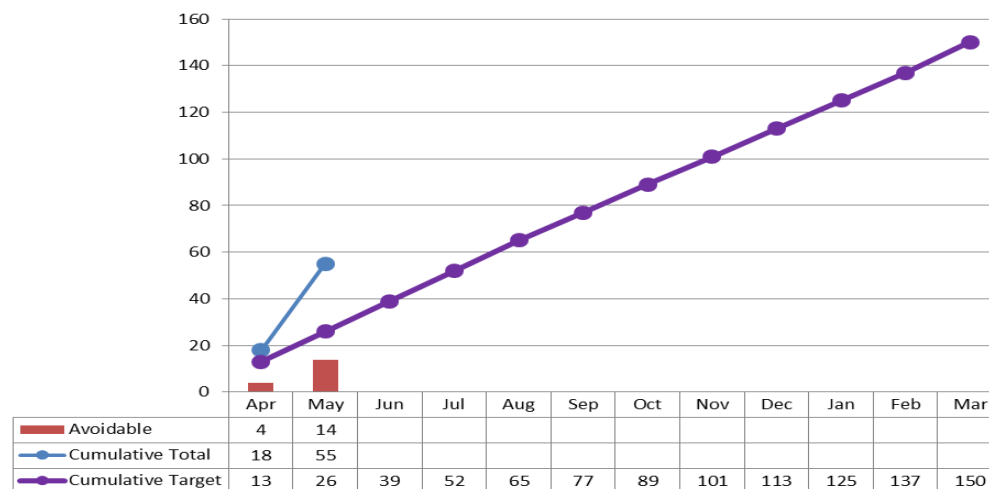
- 37.8% (14 PU's) have resulted in avoidable harm.

Of the 14 avoidable pressure ulcers, this affected 9 patients.

Improvement actions include:

- There is an ongoing education programme led by the Pressure Ulcer Prevention team
- Introduction of a pressure ulcer prevention panel in April 2018.
- Lessons learned to be shared following the pressure ulcer prevention panel

**Hospital Acquired Pressure Ulcers by Month
April 2018 to March 2019**



Inpatient Falls.

The target is to reduce inpatient falls by 10% when compared to the previous financial year by March 2019

For May 2018, there were a total of 51 inpatient falls

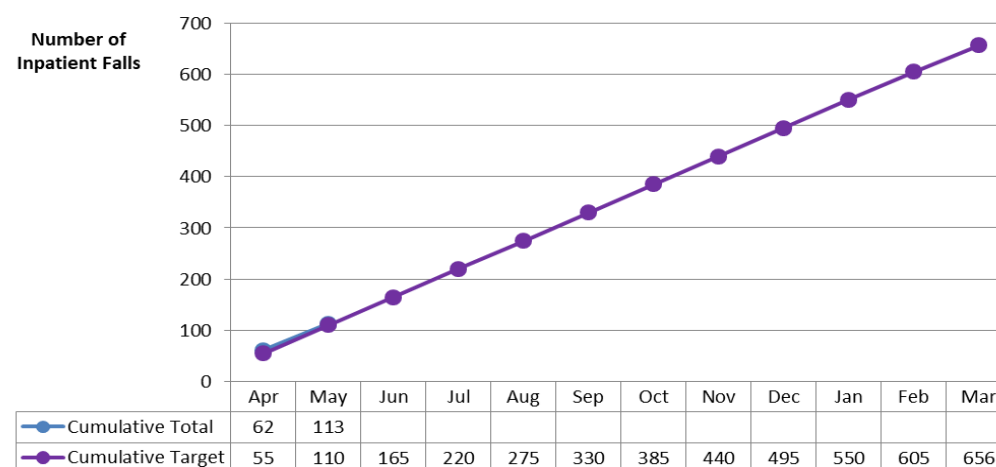
- 66.7% (34 falls) have resulted in no harm
- 29.4% (15 falls) have resulted in low harm
- 1.95% (1 falls) has resulted in moderate harm
- 1.95% (1 falls) have resulted in serious harm

The 1 serious harm inpatient falls occurred on Ward 21B.

Improvement actions include:

- Bespoke training where an increase in falls has been identified
- Continued review of practice during senior nurse walkabout

**Inpatient Falls by Month
April 2018 to March 2019**



Description

Aggregate Position

Trend

Medication Harm Incidents

The target is to reduce medication incidents resulting in harm by 10% when compared to the previous financial year by the end of March 2019.

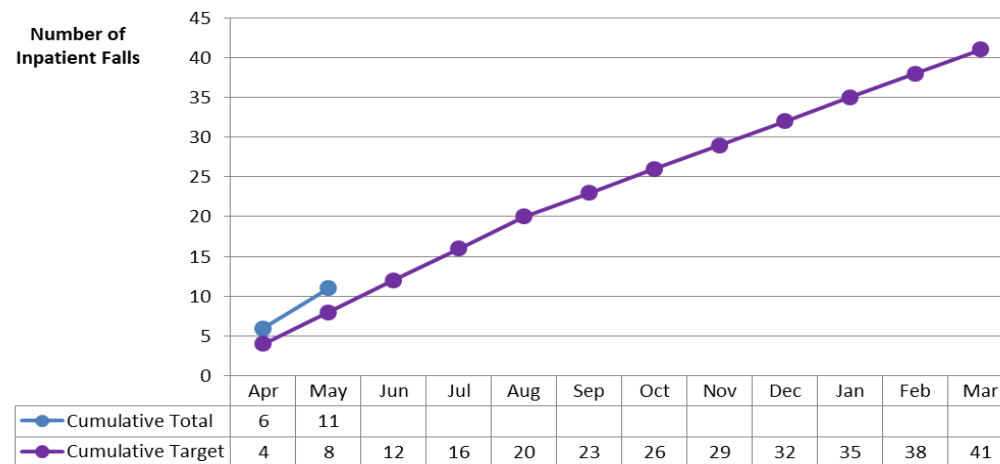
For May 2018, there were a total of 5 medication incidents resulting in harm reported:

- 100% (5 medication incidents) have resulted in low harm
- 0% (0 medication incidents) have resulted in moderate harm
- 0% (0 medication incidents) have resulted in serious harm

Improvement actions include:

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

**Medication Harm Incidents by Month
April 2018 to March 2019**



Central Cheshire Integrated Care Partnership (CCICP)

Description

Aggregate Position

Trend

CCICP Patient Safety Harm Incidents

The target is to reduce CCICP patient safety harm incidents by 5% when compared to the previous financial year by the end of March 2019.

For May 2018, there were a total of 123 patient safety incidents:

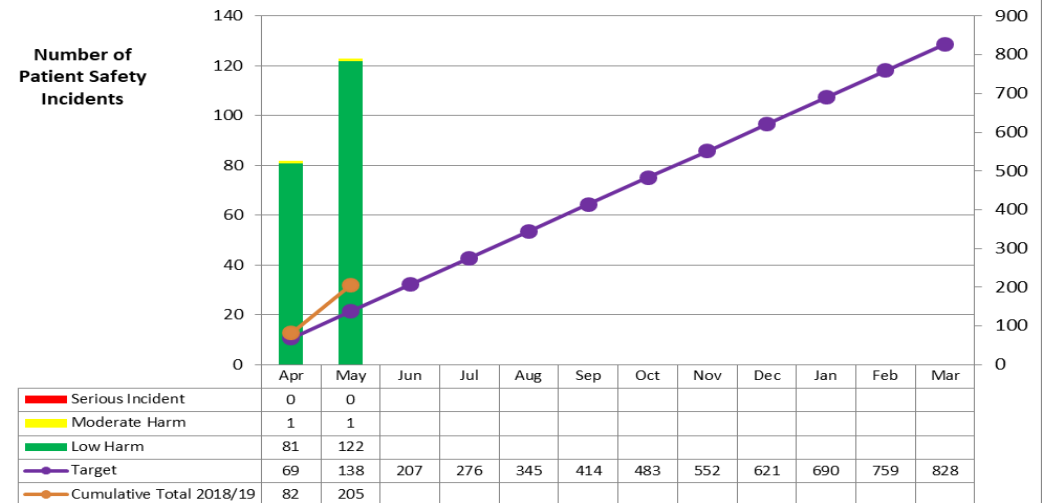
- 99.2% (122 incidents) have resulted in low harm
- 0.8% (1 incidents) have resulted in moderate harm
- 0% (0 incidents) have resulted in serious harm

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

These include:

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

**CCICP Patient Safety Incidents Resulting in Harm
April 2018 to March 2019**



CCICP Harm vs All Patient Safety Incidents

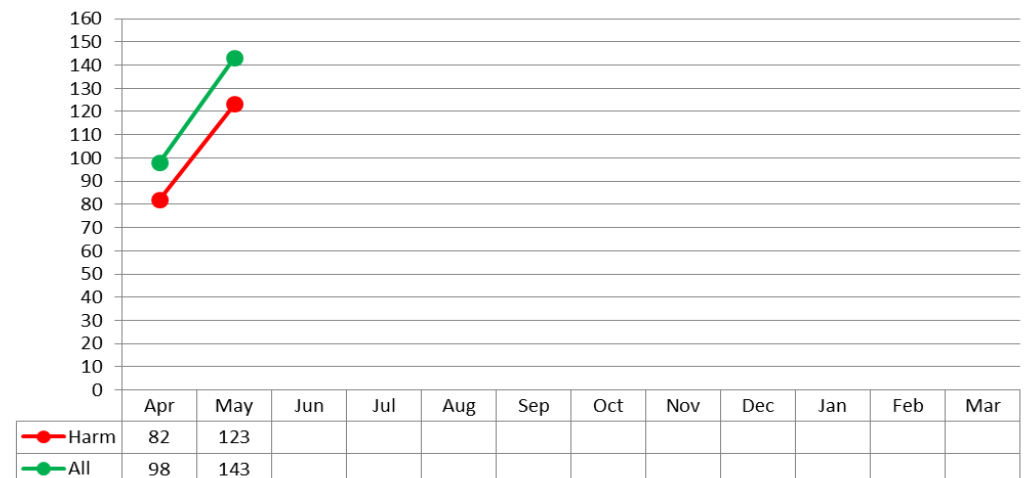
The aim is to increase no harm reporting and eventually widen the gap between harm and all incidents.

This chart demonstrates the number of incidents that have resulted in harm vs all patient safety incidents.

In May 2018, the gap between harm and all patient safety incidents was 20.

Within healthcare, a safety culture is defined as a "culture where staff have a constant and active awareness of the potential for things to go wrong. It is also a culture that is open and fair and encourages people to speak up about mistakes." An important benefit in a safety culture in the NHS is "A potential reduction in the recurrence and in the severity of patient safety incidents through increased reporting and organisational learning" *Source: 7 steps to patient safety, NPSA, 2004*

**CCICP Harm vs All Patient Safety Incidents by Month
April 2018 to March 2019**



Description

Aggregate Position

Trend

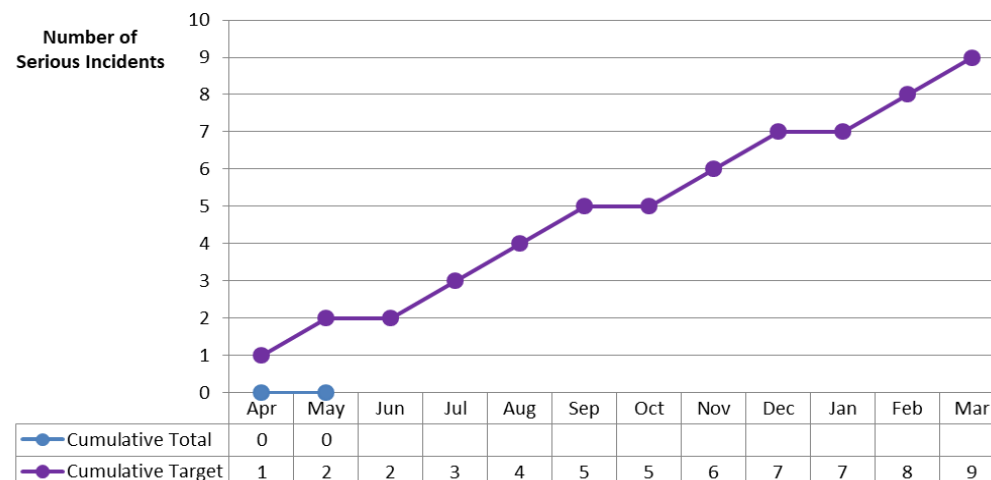
CCICP Serious Incidents

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

For May 2018, there were no serious incidents reported.

The target is to reduce patient safety serious incidents by 10% when compared to the previous financial year by the end of March 2019.

**CCICP Serious Incidents by Month
April 2018 to March 2019**



CCICP Never Events

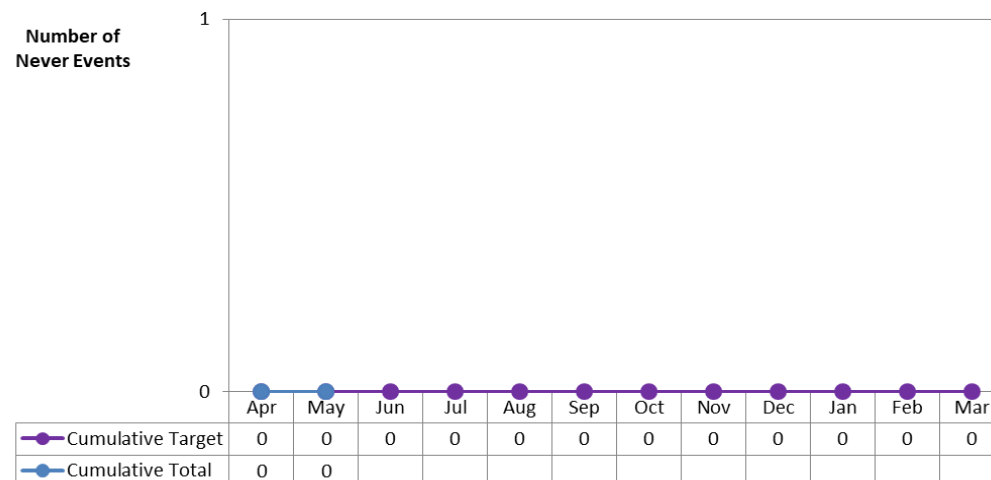
This chart demonstrates the number of Never Events that have been reported.

For May 2018 no Never Events were reported.

The target is to have zero Never Events

No Never Events have been reported for CCICP since the merger of the Trust in October 2016.

**CCICP Never Events by Month
April 2018 to March 2019**



Description

Aggregate Position

Trend

Pressure Ulcers – Community Acquired

The target is to reduce community acquired pressure ulcers by 20% when compared to the previous financial year by the end of March 2019.

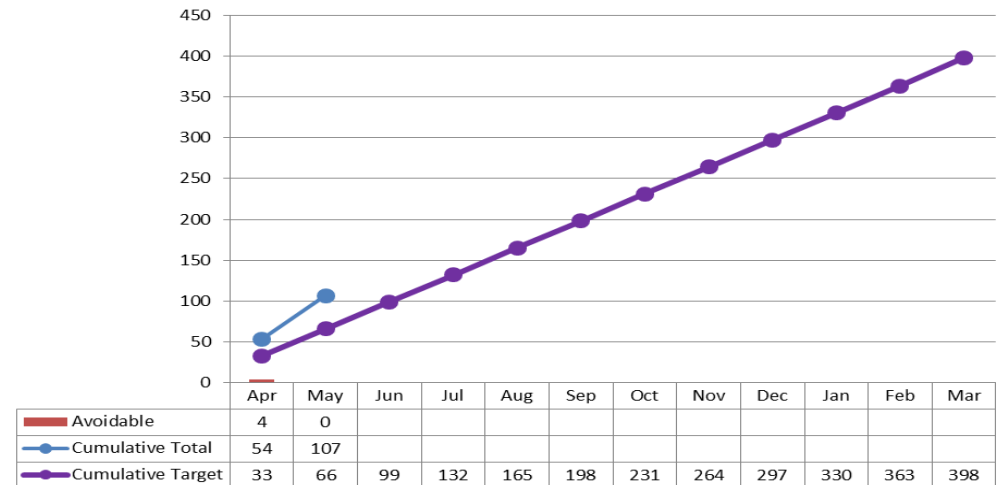
For May 2018, there were a total of 53 community acquired pressure ulcer incidents:

- 0% (0 PU's) have resulted in avoidable harm.

Improvement actions include:

- Membership at the Trust Skin Care Group has been expanded to include representatives from CCICP
- Identification of a cohort of patients with established chronic wounds
- Introduction of a pressure ulcer prevention panel in April 2018.

**CCICP Community Acquired Pressure Ulcers by Month
April 2018 to March 2019**



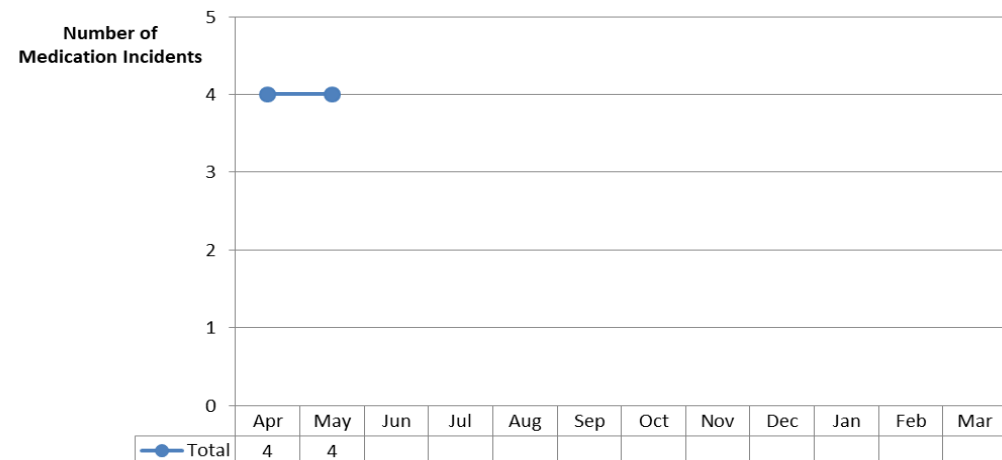
CCICP Medication Incidents.

The aim is to increase no harm reporting of Medication Incidents.

For May 2018, there were a total of 4 medication incidents reported:

- 75% (3 medication incidents) have resulted in no harm
- 25% (1 medication incidents) have resulted in low harm
- 0% (0 medication incidents) have resulted in moderate harm
- 0% (0 medication incidents) have resulted in serious harm

**CCICP Medication Incidents by Month
April 2018 to March 2019**



Description

Aggregate Position

Trend

SHMI

The Trust's target is to be at least within the "as expected" bracket.

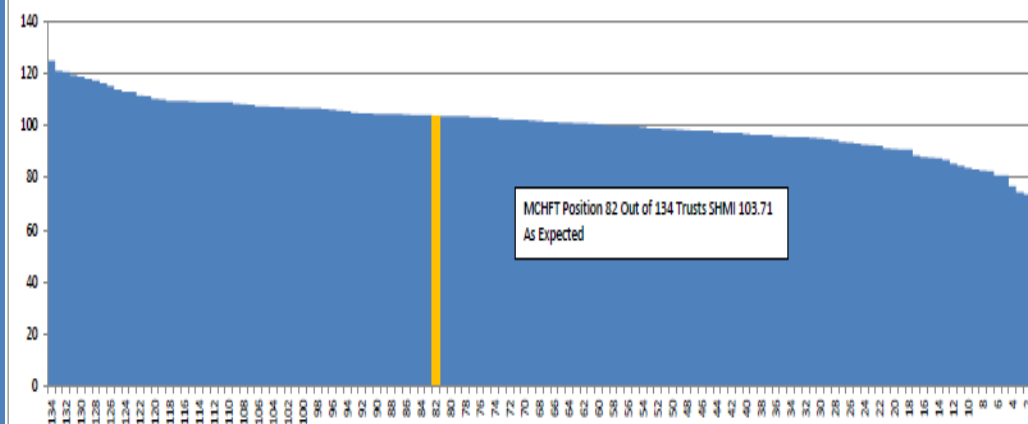
The chart benchmarks the Trust's latest SHMI against all NHS Trusts.

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 and is "as expected".

SHMI Position 12 Months

Oct 16 - Sept 17



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 and is "as expected".

SHMI Position: 12 Months
October 2016 to September 2017



Description

Hospital Standardised Mortality Rate (HSMR) by Trust.

The Trust's target is to be at least within the "as expected" bracket.

Aggregate Position

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

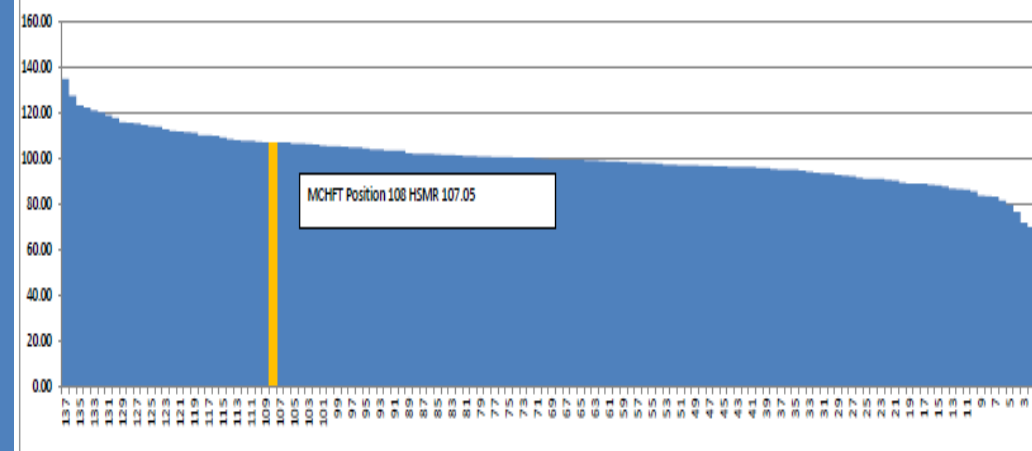
MCHFT is shown by the amber bar.

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

Trend

HSMR Position 12 Months

Oct 16 - Sept 17

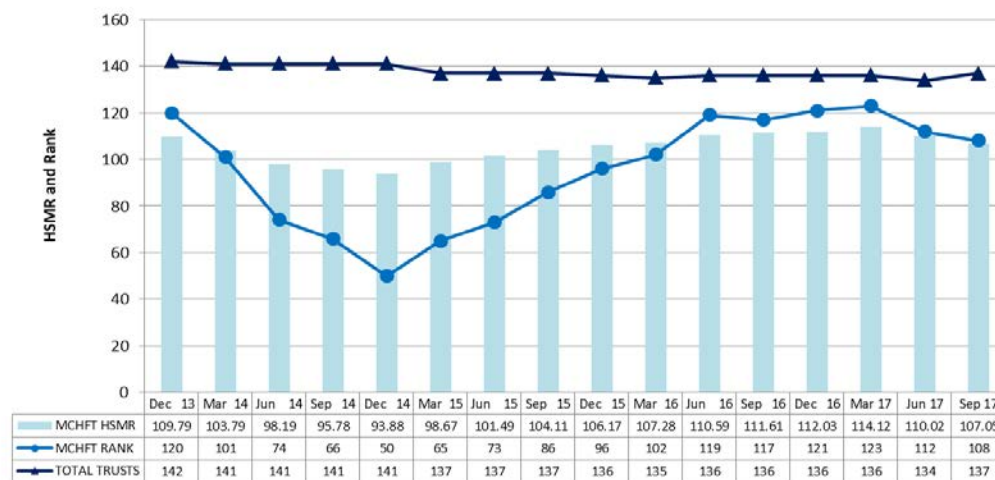


MCHFT

12 month rolling position for HSMR

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 and is "as expected".

HSMR Position: 12 Months
October 2016 to September 2017



Description

Aggregate Position

Trend

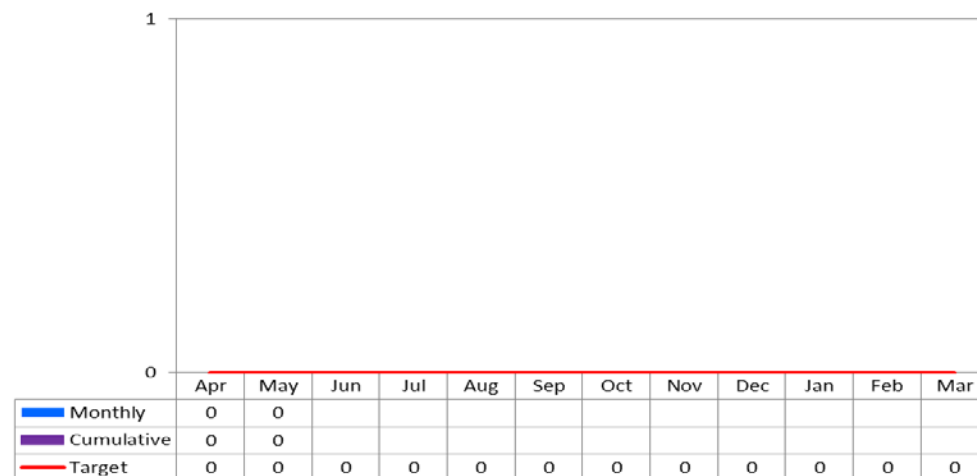
MRSA Bacteraemia Cases.

Zero tolerance of MRSA cases.

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

In this financial year there has been no confirmed MRSA bacteraemia cases reported.

**MRSA Bacteraemia cases reported within the Trust
April 2018 to March 2019**



Clostridium Difficile toxin positive cases.

The target is less than 23 avoidable cases of Clostridium Difficile in 2018/19

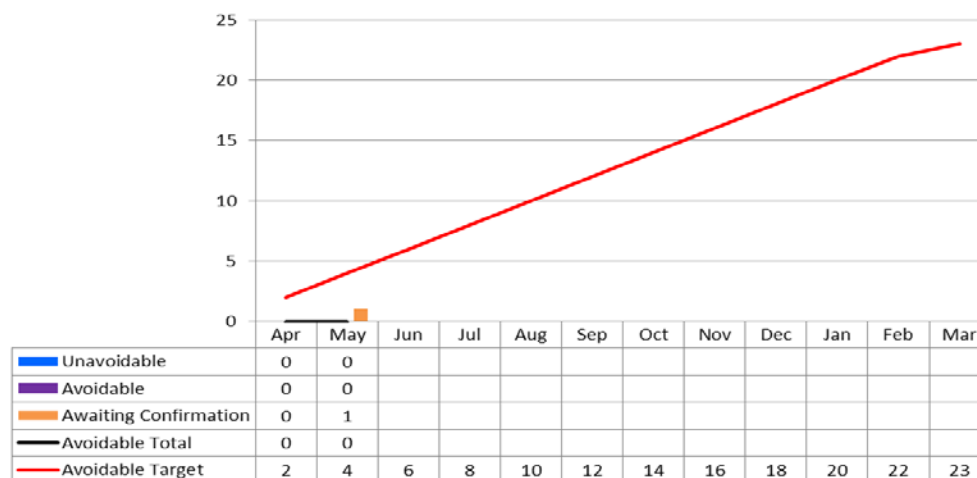
In May 2018, no avoidable cases were reported.

The total avoidable cases year to date is zero.

Improvement actions include:

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

**Clostridium Difficile toxin positive cases reported within the Trust
April 2018 to March 2019**



Description

Aggregate Position

Trend

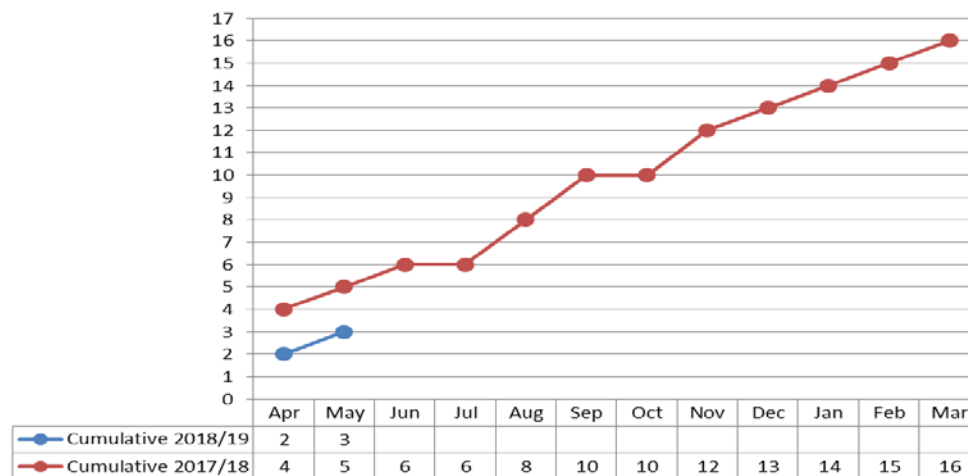
MSSA Cases. In May 2018, one MSSA case was reported in the Trust.

The aim is to have a reduction in MSSA cases when compared to the previous financial year, to demonstrate an incremental improvement

In this financial year there has been two confirmed MSSA cases reported.

The 1 MSSA cases occurred on Ward 12.

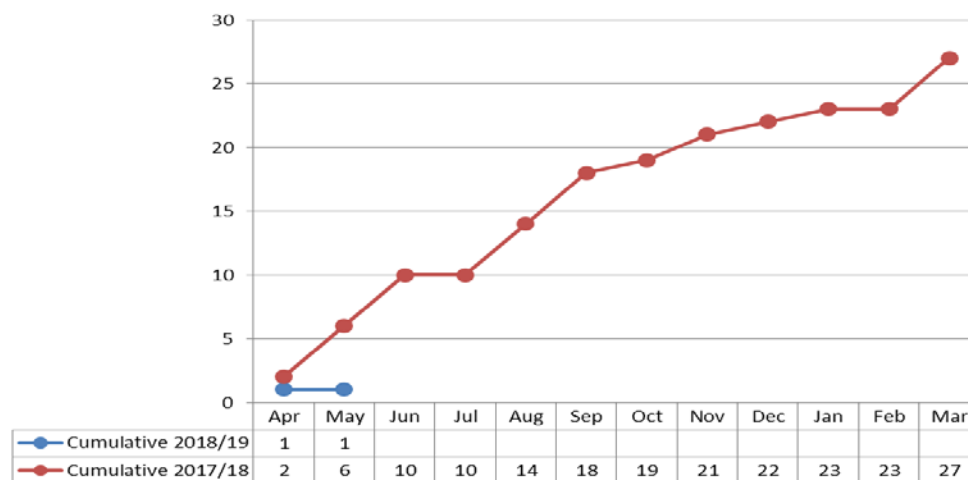
**MSSA cases reported within the Trust
April 2018 to March 2019**



E-Coli Cases. In May 2018, zero E-Coli cases were reported.

The aim is to have a reduction in E-Coli cases when compared to the previous financial year, to demonstrate an incremental improvement

**E-Coli cases reported within the Trust
April 2018 to March 2019**



Description

Aggregate Position

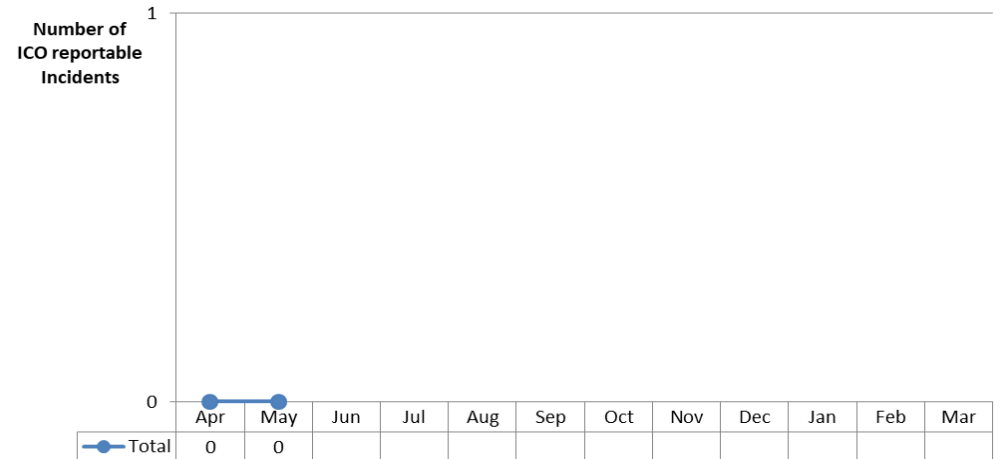
Trend

Information Governance Information Commissioners Office (ICO) reportable incidents.









In May 2018, no information governance ICO reportable incidents were reported in the Trust.

The Trust has a detailed plans in place to address the requirements of the General Data Protection Regulations (GDPR) which is overseen by the Information Governance Group.





**Information Governance ICO Reportable Incidents by Month
April 2018 to March 2019**



CQUIN 2017-18 Performance

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	£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	£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	✓	MCHFT: £144,109 CCICP £23,171	£167,280
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	£27,020	Partially	£27,020	Partially	£27,020	Partially	£27,020	£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	£27,020	Partially	£27,020	Partially	£27,020	£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	✓	£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	✗	Payment not achieved	£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	£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	£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	✓	£172,931	£432,328

CQUIN 2017-18 Performance

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

CQUIN 2017-18 Performance

CQUIN Indicator	Indicator Name	Milestone Achieved							Financial Incentive Achieved	Maximum Value
		Q1	Financial Incentive Achieved	Q2	Financial Incentive Achieved	Q3	Financial Incentive Achieved	Q4		
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	✓	£3,401.50	£13,606
PH2	Cancer Screening Programme – reducing professional stress and building resilience Holistic mapping review of health & wellbeing services and support available to staff within the bowel and breast screening programmes for the management of professional stress and building resilience	✓	£5,837.25	✓	£5,837.25	✓	£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	✓	£7,656.60	£38,283
SC2	Hospital Pharmacy Transformation and Medicines Optimisation	✓		✓		✓		✓	£57,424	£57,424

Description

Aggregate Position

Trend

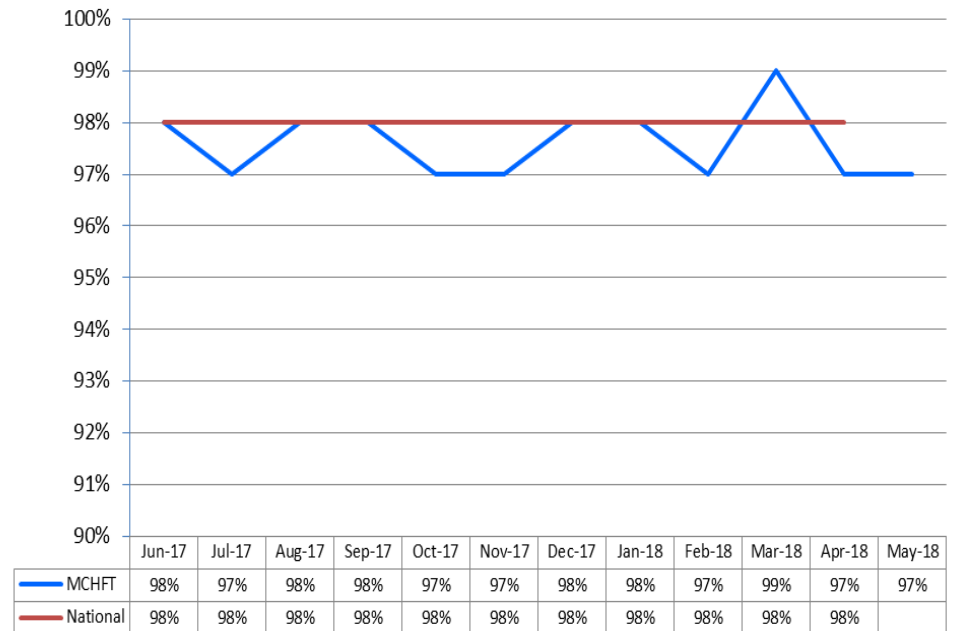
Safety Thermometer - Harm Free Care.

In May 2018, 97% of patients received harm free care as measured by the point prevalence 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/DN caseload assisted by the Senior Nursing Teams. This is applicable to inpatient areas and district nursing caseloads only.

The target is for >95% of patients to receive harm free care as monitored by the Safety Thermometer. The Patient Safety Thermometer process is currently under review nationally.

Percentage of patients with Harm Free Care Safety Thermometer



Ward Name	Main Specialties	Safety Thermometer Results May 2018			
		Acquired Pressure Ulcers	Patient Falls resulting in harm	CAUTI	New VTE
MCHFT		0.82 % (7)	1.05% (9)	0.59% (5)	0.23% (2)
AMU	Gen. Medicine	0% (0)	0% (0)	0% (0)	0% (0)
CAU	Paediatrics	0% (0)	0% (0)	0% (0)	0% (0)
Critical Care	Gen. Medicine	0% (0)	0% (0)	0% (0)	0% (0)
Elmhurst	Rehab	0% (0)	3.33% (1)	0% (0)	0% (0)
Ward 1	Gen. Medicine	0% (0)	0% (0)	0% (0)	3.57% (1)
SAU	Gen. Surgery	0% (0)	12.50% (2)	0% (0)	0% (0)
SSW	Gen. Surgery & Urology	8.70% (2)	4.35% (1)	8.70% (2)	0% (0)
Ward 12	Gen. Surgery & Gynae	0% (0)	0% (0)	0% (0)	0% (0)
Ward 13	Gen. Surgery	0% (0)	0% (0)	0% (0)	0% (0)
Ward 14	Gen. Medicine	0% (0)	0% (0)	0% (0)	0% (0)
Ward 10	Trauma & Ortho	0% (0)	0% (0)	0% (0)	0% (0)
Ward 2	Gen. Medicine	0% (0)	0% (0)	0% (0)	0% (0)
Ward 21B	Rehab	0% (0)	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)	3.12% (1)	0% (0)	0% (0)
Ward 5	Gen. Medicine	3.12% (1)	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)	3.12% (1)
Ward 9	Trauma & Ortho	0% (0)	0% (0)	0% (0)	0% (0)
NICU	Paediatrics	0% (0)	0% (0)	0% (0)	0% (0)
DN – Alsager	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)
DN – Ashfields 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	2.38% (1)	0% (0)	0% (0)	0% (0)
DN – Grosvenor & Hungerford & Rope Green	District Nursing	3.03% (2)	0% (0)	0% (0)	0% (0)
DN – Middlewich	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)
DN - Church View	District Nursing	2.33% (1)	2.33% (1)	4.65% (2)	0% (0)
DN – Winsford	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)
Intermediate care	Intermediate Care	0% (0)	0% (0)	0% (0)	0% (0)
DN OOH	District Nursing	0% (0)	0% (0)	9.09% (1)	0% (0)

Description	Aggregate Position	Trend	
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>May 2018 89.8%</p> <p>April 2018 91.3%</p> <p>March 2018 89.8%</p> <p>The lowest staffing levels during the day were on Ward 9 at 58.2%</p>	
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>May 2018 95.9%</p> <p>April 2018 98.9%</p> <p>March 2018 95.9%</p> <p>The lowest staffing levels during the night were on Ward 5 at 71%</p>	
Healthcare Assistant monthly expected hours by shift versus actual monthly hours per shift. Day time shifts only	<p>99.7% of expected HCA hours were achieved for day shifts.</p>	<p>Trend</p> <p>May 2018 99.7%</p> <p>April 2018 95.5%</p> <p>March 2018 100.2%</p> <p>The lowest staffing levels during the day were on Ward 9 at 35.5%</p>	
Healthcare Assistant monthly expected hours by shift versus actual monthly hours per shift. Night time shifts only	<p>107.3% 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>May 2018 107.3%</p> <p>April 2018 105.8%</p> <p>March 2018 110.1%</p> <p>The lowest staffing levels during the night were on Ward 9 at 54.8%</p>	
Total number of wards that are lower than 85% RN fill rate is 5.	<p>Ward 12 (day) 79.3%, Ward 13 (day) 83.2%, Ward 13 (night) 74.2%, Ward 5 (night) 71%, Ward 9 (day) 58.2% and Ward 10 Ortho (day) 81.1%.</p>	<ul style="list-style-type: none"> • Actions taken: Staffing reviewed on daily basis by Matrons/HoN following Escalation process • Risk assessments taken place to review bed occupancy and patient acuity before transferring staff 	

Ward Name	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	41377.4	37299.3	29987.9	29418	24910.1	23635.6	16038.6	18418.2	89.8%	99.7%	95.9%	107.3%	14757	137.8	67.5	205.3
AMU	2011.3	1803.3	1519	1494.5	1898.8	1690.5	1519	1531.3	89.7%	98.4%	89.0%	100.8%	799	4.4	3.8	8.2
CAU (Winter)	1619.5	1619.5	756	756	1449	1449	356.5	356.5	100.0%	100.0%	100.0%	100.0%	484	6.3	2.3	8.6
Critical Care	3768	3768	671	671	2327.5	2327.5	0	0	100.0%	100.0%	100.0%	-	221	27.6	3.0	30.6
Elmhurst	871.5	871.5	2232	2190	775	775	1550	1762.5	100.0%	98.1%	100.0%	113.7%	905	1.8	4.4	6.2
Ward 1	2193.8	2087.5	1162.5	1137.5	1519	1433.3	759.5	784	95.2%	97.8%	94.4%	103.2%	926	3.8	2.1	5.9
Ward 12	2243	1779	1984	1888	953.3	779	635.5	727.8	79.3%	95.2%	81.7%	114.5%	858	3.0	3.0	6.0
Ward 13	2288	1904	1984	1952	953.3	707.3	635.5	727.8	83.2%	98.4%	74.2%	114.5%	934	2.8	2.9	5.7
Ward 14	1716	1530	1488	1530	744	744	1116	1188	89.2%	102.8%	100.0%	106.5%	974	2.3	2.8	5.1
Ward 2	1806.3	1662.5	1550	1512.5	759.5	931	1139.3	1200.5	92.0%	97.6%	122.6%	105.4%	954	2.7	2.8	5.6
Ward 21b	1336.5	1154.5	1813.5	1930.5	775	775	775	1087.5	86.4%	106.5%	100.0%	140.3%	744	2.6	4.1	6.6
Ward 23	1238	1231.7	785.3	779	764.7	764.7	764.7	764.7	99.5%	99.2%	100.0%	100.0%	468	4.3	3.3	7.6
Ward 26	3406.3	3406.3	544.7	544.7	2738	2738	382.3	382.3	100.0%	100.0%	100.0%	100.0%	190	32.3	4.9	37.2
Ward 4	1716	1566	1860	1764	744	768	1488	1476	91.3%	94.8%	103.2%	99.2%	981	2.4	3.3	5.7
Ward 5	2325	2018.8	1550	1518.8	1519	1078	759.5	1151.5	86.8%	98.0%	71.0%	151.6%	966	3.2	2.8	6.0
Ward 6	1937.5	1781.3	1937.5	1925	1519	1335.3	759.5	906.5	91.9%	99.4%	87.9%	119.4%	794	3.9	3.6	7.5
Ward 7	1758.8	1540	1550	1918.8	759.5	759.5	1139.3	1629.3	87.6%	123.8%	100.0%	143.0%	962	2.4	3.7	6.1
Ward 9	1702	990	1488	528	635.5	594.5	317.8	174.3	58.2%	35.5%	93.5%	54.8%	228	6.9	3.1	10.0
NICU	1924.6	1966.6	183.4	189.9	1782.5	1690.5	0	23	102.2%	103.5%	94.8%	-	260	14.1	0.8	14.9
Ward 11 SAU	1500	1282.5	930	915	580.7	580.7	290.4	571.4	85.5%	98.4%	100.0%	196.8%	368	5.1	4.0	9.1
Ward 18 SSW	1351.3	1176.3	775	1168.8	759.5	771.8	379.8	722.8	87.0%	150.8%	101.6%	190.3%	626	3.1	3.0	6.1
Ward 10 Ortho	2664	2160	3224	3104	953.3	943	1271	1250.5	81.1%	96.3%	98.9%	98.4%	1115	2.8	3.9	6.7

Experience Section:

Indicators	Last four months			
	Feb-18	Mar-18	Apr-18	May-18
Complaints received by month	25	20	21	21
Complaints being reviewed by the Ombudsman	2	2	1	0
Closed complaints by month	17	17	17	14
Contacts raising informal concerns	90	121	86	100
Compliments received in month	155	170	151	142
Number of new claims received in month	7	1	3	4
Number of claims closed	3	5	5	4
Number of inquests concluded	0	1	1	0
NHS Choices - Star Ratings (Leighton)	4.5	4.5	4.5	4.5
NHS Choices - Star Ratings (VIN)	5	5	5	5
NHS Choices - Number of new postings	18	3	7	7
F&FT Response Rate ED, MIU, UCC and Assessment Areas*	22%	26%	26%	26%
Proportion of positive responses ED, MIU, UCC and Assessment Areas	81%	82%	85%	85%
F&FT Response Rate Inpatients and day cases	23%	23%	14%	12%
Proportion of positive responses Inpatients and day cases	98%	98%	98%	98%
F&FT Response Rate Outpatients	4%	3%	3%	5%
Proportion of positive responses Outpatients	96%	96%	95%	96%
F&FT Response Rate Maternity - Birth	5%	13%	4%	2%
Proportion of positive responses Maternity - Birth	90%	100%	100%	100%
F&FT Response Rate Community (CCICP)	17%	15%	28%	23%
Proportion of positive responses Community (CCICP)	91%	91%	94%	89%

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

Description

Aggregate Position/Description

Trend

Monthly complaints received by the Trust.

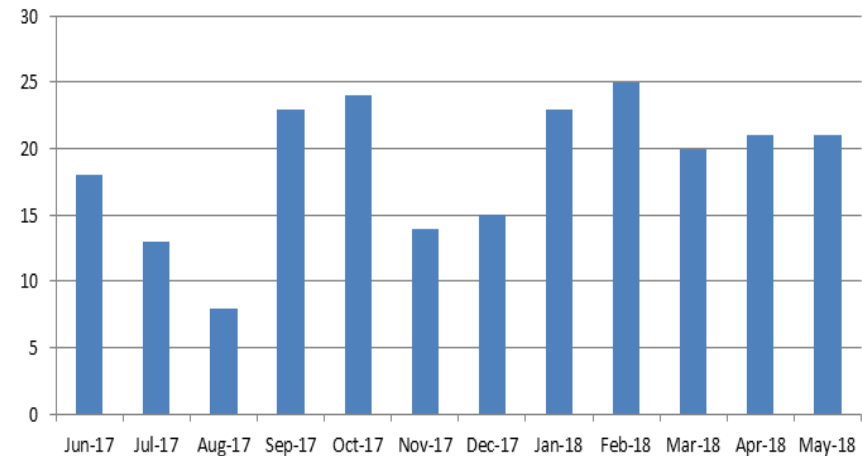
21 complaints were received in May 2018 which covered 119 concerns. Of the categories, the highest categories were:

- Communication
- Medical – Delay in Treatment
- Appointment Delay - OP

Highest 3 areas receiving complaints/issues were:

- Emergency Department – 4 complaints /11 issues
- General Surgery Medical Staff – 5 complaints /12 issues
- Community Paediatrics – 4 complaints /14 issues

Complaints received by month



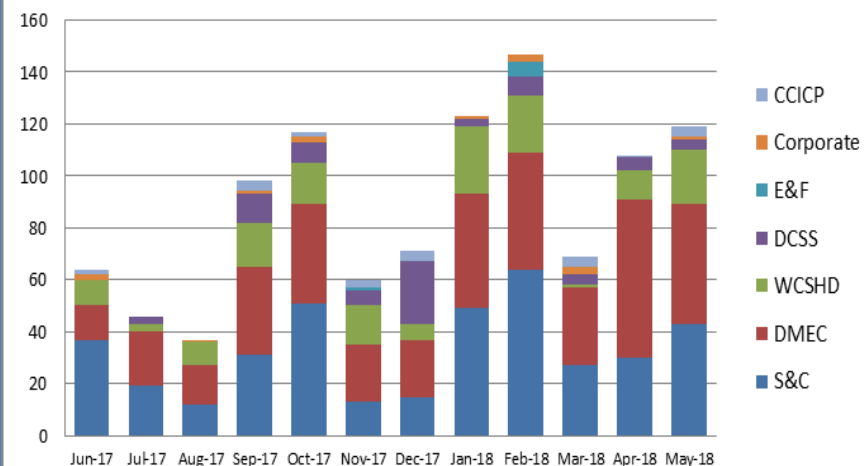
Formal Complaints

Number of formal complaint issues by division.

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

S&C: 43
DCSS: 4
W&CD: 21
DMEC: 46
CCICP: 4
E&F: 0
Corporate Services: 1

Categories received by Division



Formal Complaint issues by division

Description

Aggregate Position/Description

Trend

Complaints being reviewed by the Public Health Service Ombudsman

In May 2018, no new cases, 5 complaints were active with the PHSO.

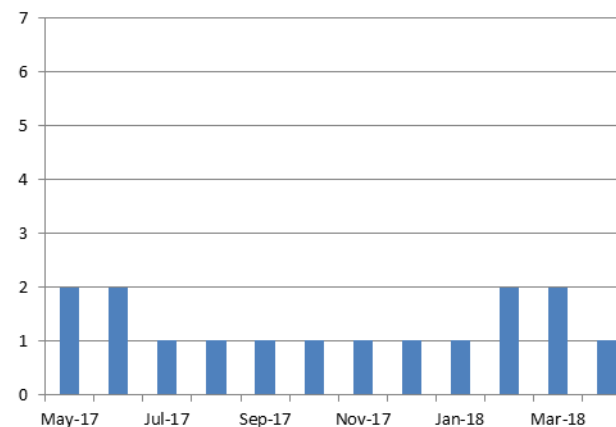
1 has been active since 2012/2013 and is undergoing a review external to the PHSO

1 case agreed for investigation in February 2018. All information has been shared with the PHSO. The concern was with regard to care leading up to the patient's death.

1 case, relating to communication. This was regarding diagnosis and concerns with infection issues. Opened 14/03/18. 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.

1 case relating to concerns with the referral for vascular review and nursing issues. Opened 14/04/2018 and the case is at assessment stage.

Complaints being reviewed by the Ombudsman



Ombudsman

Complaint trends and number of issues.

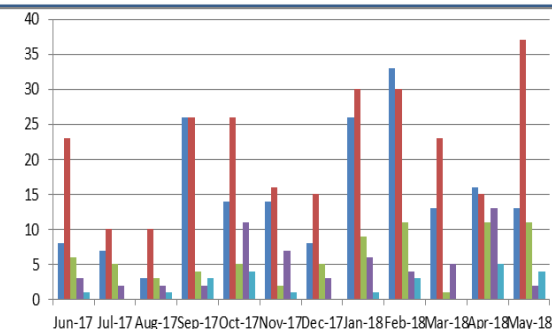
The main trends in May 2018 were:

Communication, with 16 complaints raising 37 issues

Nursing Care, with 7 complaints raising 13 issues.

Medical Adverse Outcome, with 9 complaints raising 11 issues

Complaints Trend - Number of Issues



Complaint Trends

Description

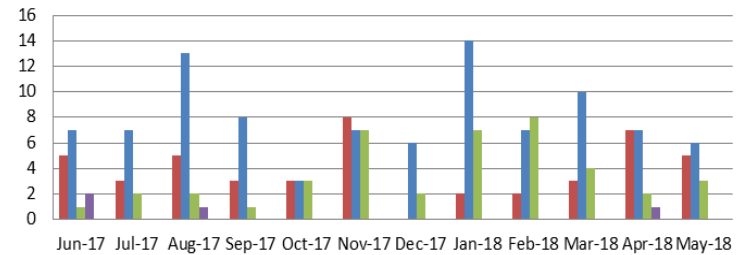
Aggregate Position/Description

Trend

Closed
Complaints

14 complaints were closed in May 2018.

Closed Complaints By Month



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

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
DMEC	1	3	2	0	0	6
Corporate	0	0	0	0	0	0
Surgery and Cancer	4	2	1	0	0	7
Women & Children's	0	0	0	0	0	0
DCSS	0	1	0	0	0	1
CCICP	0	0	0	0	0	0
Total closed						14

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

Complaints closed by division for May 2018

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

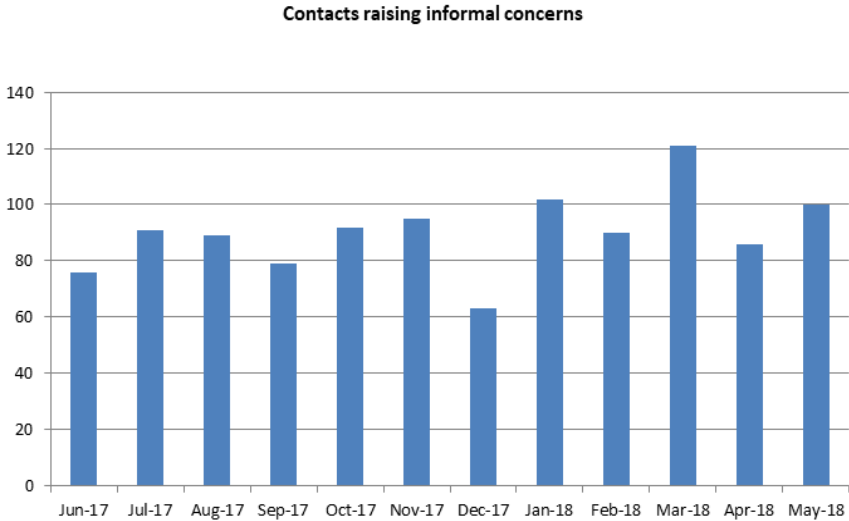
Description **Aggregate Position/Description** **Trend**

Informal Concerns Numbers. The number of contacts raising informal concerns for May 2018 was 100 which is an increase of 14 from the previous month.

The Division of Medicine and Emergency Care has received the largest number of individual concerns raised at 105, with 50 of the individual concerns raised belonging to the Emergency Department.

16 for Cardiology

19 for Respiratory

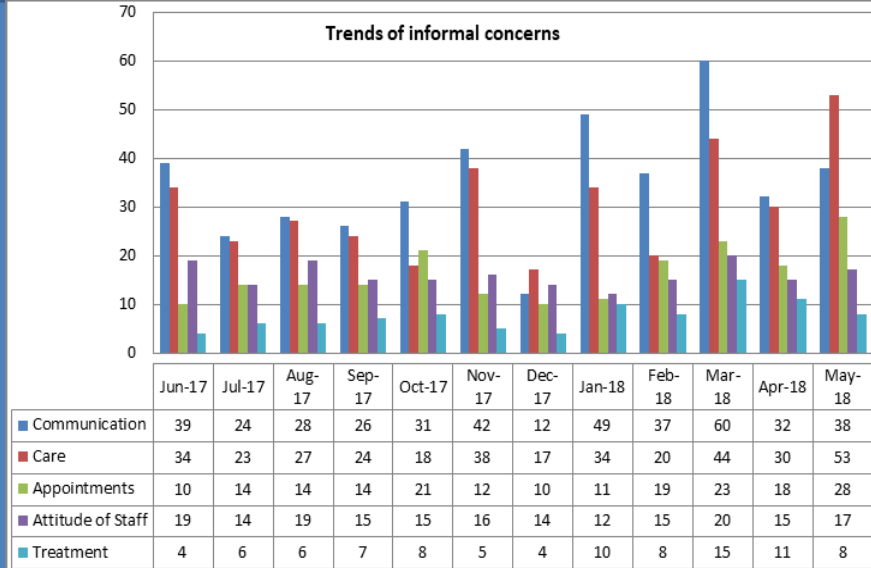


Informal Concerns
Feedback

Informal Concerns Trends. Care was the highest trend for informal concerns in May 2018, with 38 of the 53 issues raised belonging to the Division of Medicine and Emergency Care.

19 of these 38 concerns belong to the Emergency Department.

Of the 38 issues regarding communication, 21 belong to Division of Medicine and Emergency Care. 7 of these relate to the Emergency Department.

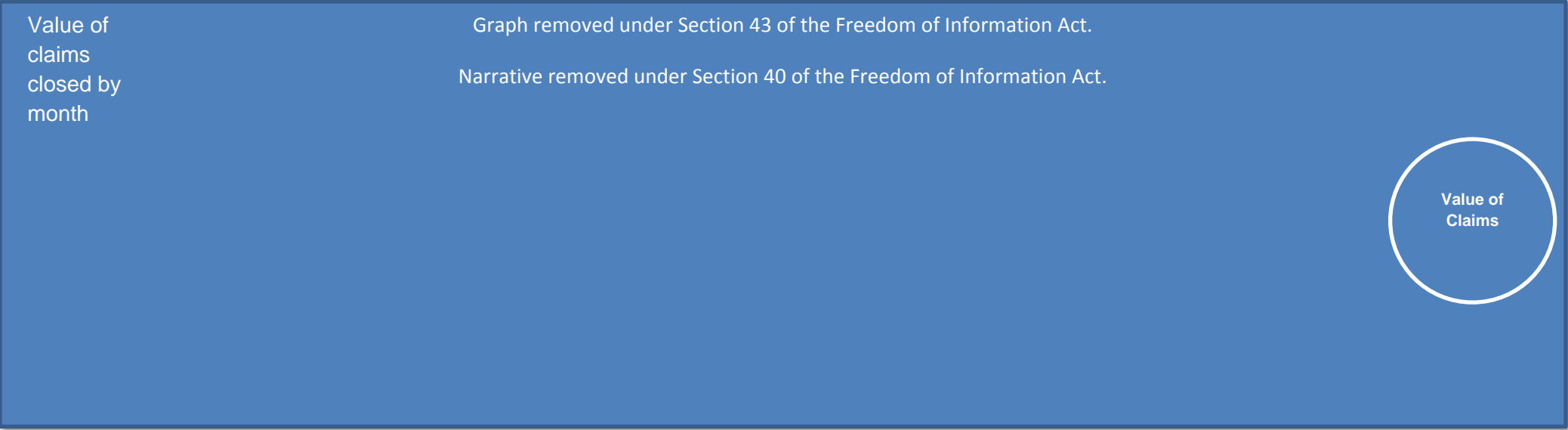
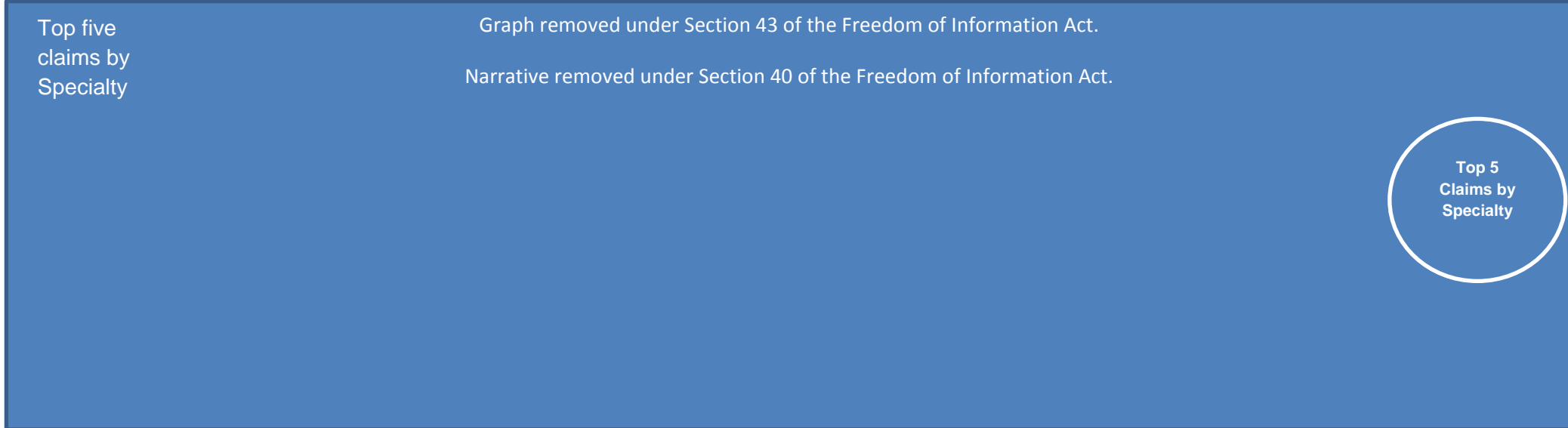


Informal Concerns
Trends

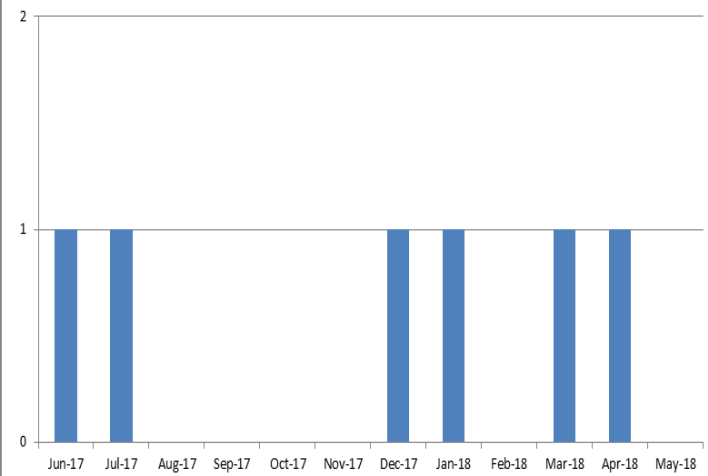
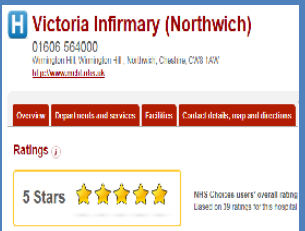


Board Papers – Quality, Safety & Experience Section: July 2018

Description	Aggregate Position/Description	Trend
New claims received.	<p>Graph removed under Section 43 of the Freedom of Information Act.</p> <p>Narrative removed under Section 40 of the Freedom of Information Act.</p>	
Claims closed with/without damages.	<p>Graph removed under Section 43 of the Freedom of Information Act.</p> <p>Narrative removed under Section 40 of the Freedom of Information Act.</p>	

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

Description	Aggregate Position/Description	Trend
Value of claims closed by month	<p>Graph removed under Section 43 of the Freedom of Information Act.</p> <p>Narrative removed under Section 40 of the Freedom of Information Act.</p>	
Top five claims by Specialty	<p>Graph removed under Section 43 of the Freedom of Information Act.</p> <p>Narrative removed under Section 40 of the Freedom of Information Act.</p>	

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

Description	Aggregate Position /Description	Trend
Number of Inquests concluded by month	No inquests were concluded in May 2018.	<p>Inquests concluded by month</p>  <p>Inquests</p>
NHS Choices Star Ratings	<p>Leighton Hospital is rated at 4.5 stars.</p> <p>Victoria Infirmary, Northwich is rated at 5 stars.</p> <p>The above ratings are based on 241 postings received to date.</p> 	<p>4.5 Stars</p>  <p>5 Stars</p>  <p>NHS Choices – Star Ratings</p>

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

Description

Aggregate Position /description

Trend

NHS Choices postings

There were 7 postings on NHS Choices in May 2018 of which 1 was negative and 6 were positive. Examples of feedback included:

The staff were excellent in every way and as a result I was fitted with a catheter within 1 week in ward 18 and as a result my life changed greatly for the better. All the staff were very professional and I was given all the information necessary to make my stay as comfortable as possible (Ward 18)

Communication was confusing and contradictory between staff within the hospital and ourselves. Treatment plans and decisions have not been clearly explained (Urology)

Their gentleness, efficiency, professionalism and warmth had me close to tears but with joy and even pride. I have the greatest regards for that team and really feel that they should have the highest praise one could give. I am no longer in apprehension for my follow-up appointments (Colposcopy Team)

NHS Choices – Postings

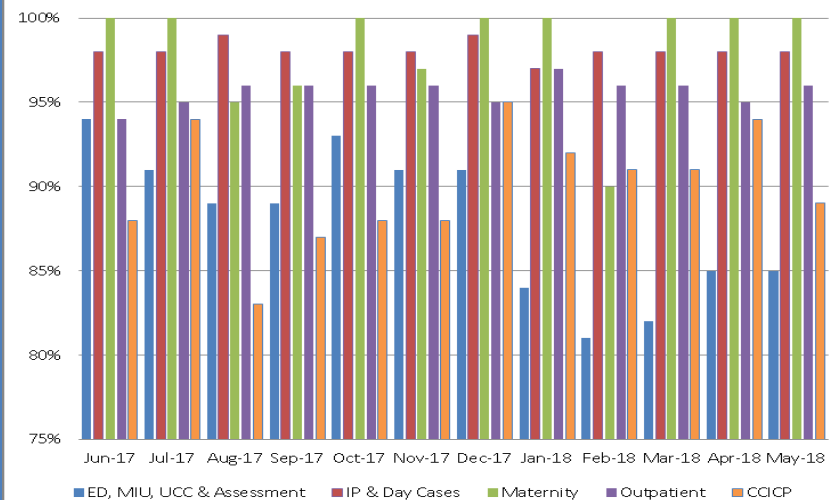
The Family and Friends Test asks patients if this would recommend our hospital services to a friend or relative based on their treatment and experience

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

Inpatients and day cases	98%
Emergency care /Assessment areas	85%
Outpatients	96%
Maternity	100%
CCICP	89%

3789 responses were received and 90% of those patients would recommend our hospital services.

FFT Positive Response Score - May 2017 onwards



Family & Friends Test

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

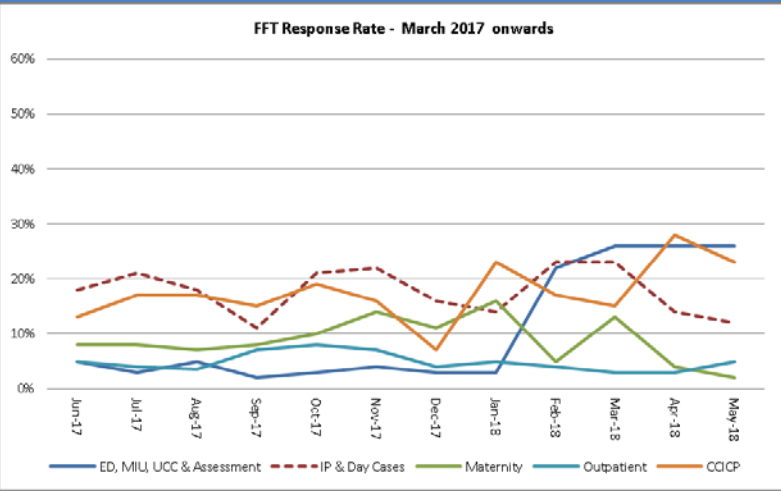
Description

Aggregate Position /description

Trend

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

May 2018	% Response	Total responses received	How many would recommend
Ward/Dept.			
A&E , UCC & MIU	26%	1820	1539
Inpatients & Day cases	12%	512	504
Maternity	2%	5	5
Outpatients	5%	972	929
CCICP	23%	460	409



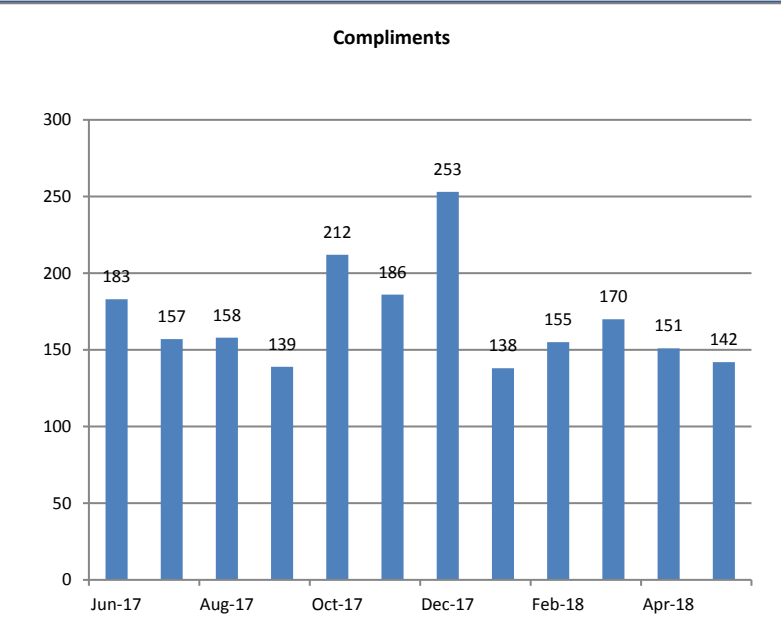
Family & Friends Test

Compliments received

There were 142 compliments/thankyou's which were received in May.

'I would like to thank your doctors and nurses for all the care consideration and reassurance they gave me through my breast cancer treatment. The consultant was gentle, calm and positive when telling me my results and talking through my treatment.'

'The attention received was as usual, first class, the A&E doctor who attended to my wife was sympathetic, kind and understanding, taking time to explain the situation with me.'



Compliments

National Inpatient Survey 2017

Overview of Results and Actions

Presented by :

Linda Abbey (Pharmacy)

Amy Chadwick (AMU)

Teresa Sweetman (Ward 2)

Suzanne Roberts (Ward 13)

Jayne Davis (Patient and Public Involvement Manager)

Sue Pickup (Patient Experience Manager)

Adult Inpatient Survey 2017

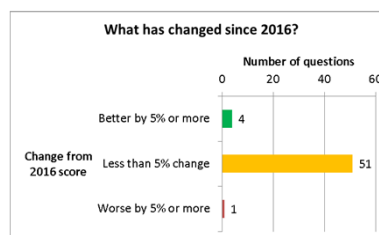
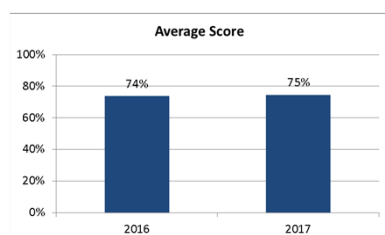
Sample: Adult inpatients discharged in July 2017

1250
Questionnaires
sent

607
Returned
responses

50% Response
rate

What has changed since 2016?



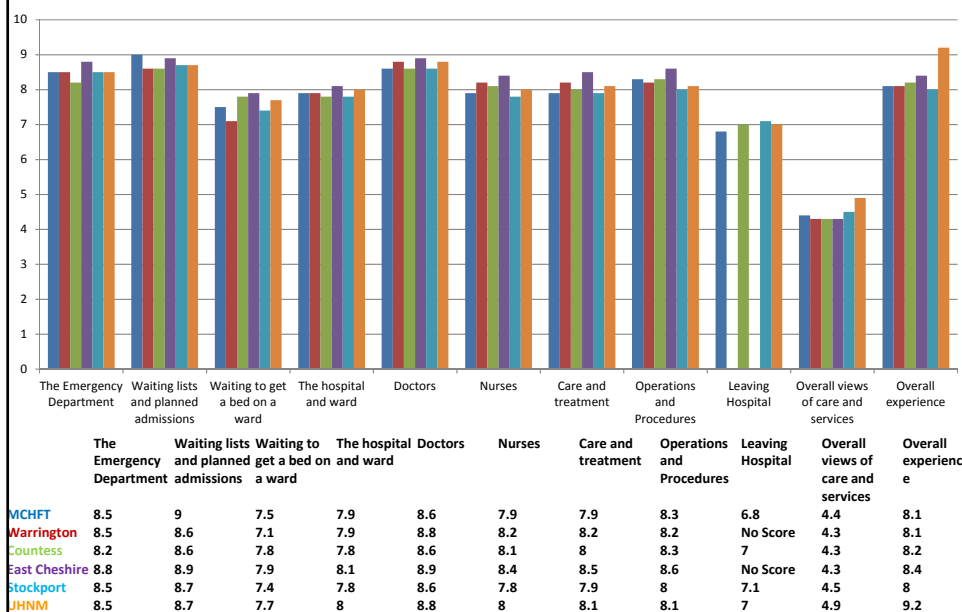
Benchmark report from the CQC 2017

The Trust has scored **About The Same** as other trusts on all sections of the 2017

Question sections	Lowest Threshold	2016		2017	Highest Threshold
Emergency Department	7.5	8.2	↑	8.5	9.2
Waiting List	8.2	8.6	↑	9.0	9.7
Waiting to get a bed	5.8	7.2	↑	7.5	9.7
The hospital and ward	7.9	7.9	↔	7.9	8.9
Doctors	8.1	8.7	↓	8.6	9.5
Nurses	7.2	7.8	↑	7.9	9.2
Care and treatment	7.5	7.7	↑	7.9	9.0
Operations and procedures	7.6	8.5	↓	8.3	9.0
Leaving hospital	6.3	6.8	↔	6.8	8.4
Overall views of care and services	3.8	5.3	↓	4.4	6.0
Overall Experience	7.5	8.0	↑	8.1	9.2

A score of 10 represents the best possible response. The higher the score for each question, the better the trust is performing

How do we compare to our peers?



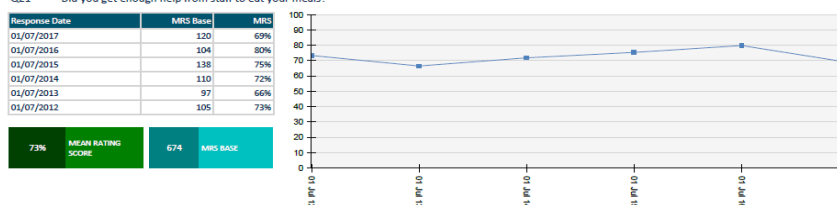
Significant improvements compared to 2016

Question	2016	2017
While you were in the A&E department, how much information about your condition or treatment was given to you	7.7	8.3
Was your admission date changed by the hospital?	8.6	9.1
During your hospital stay were you ever asked to give your views on the quality of your care?	1.2	2.0

Significant reduction compared to 2016

Question	2016	2017
Did you get enough help from your staff to eat your meals?	8.1	6.9

Q21 Did you get enough help from staff to eat your meals?



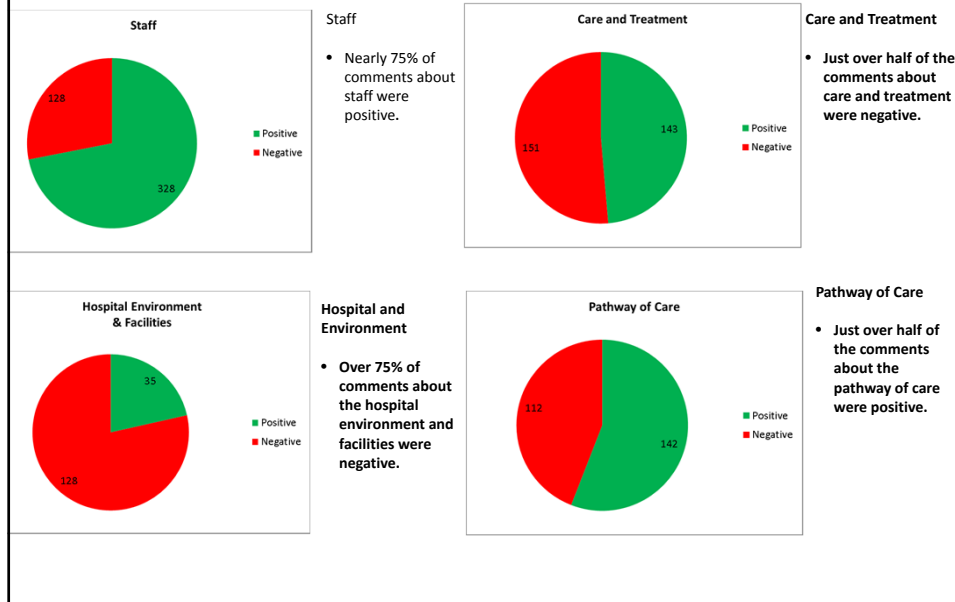
Areas identified where we have performed worse than other trusts

Question	Lowest Threshold	2016	2017	Highest Threshold
Discharge Delayed due to wait for medicines/to see doctor/for ambulance	5.0	5.1	5.0	8.7
How long was the delay	6.4	6.4	6.4	9.2

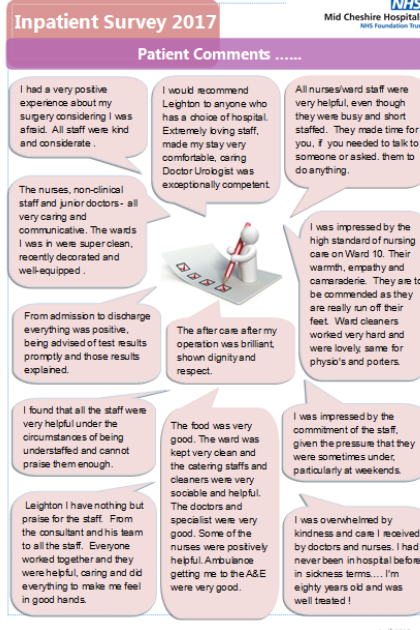
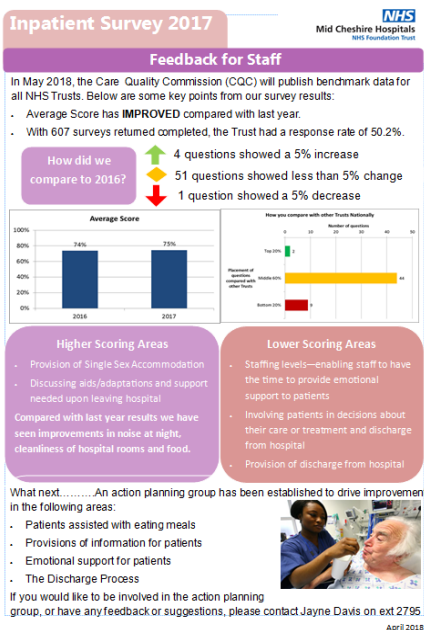
Q51: What was the MAIN reason for the delay?

#	Option	n	Weight	%
1	I had to wait for medicines	223	0.00	72
2	I had to wait to see the doctor	31	0.00	10
3	I had to wait for an ambulance	24	0.00	8
4	Something else	32	0.00	10

Themes from 700 comments received



Internal posters circulated

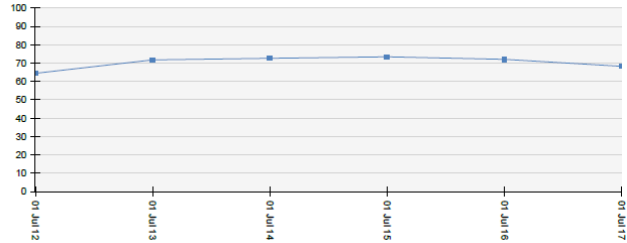


Actions – Emotional Support

Q38 Do you feel you got enough emotional support from hospital staff during your stay?

Response Date	MRS Base	MRS
01/07/2017	348	68%
01/07/2016	347	72%
01/07/2015	395	73%
01/07/2014	261	73%
01/07/2013	276	72%
01/07/2012	284	64%

71%	MEAN RATING SCORE	1,911	MRS BASE
-----	-------------------	-------	----------



- Action group members linking in with chaplaincy service in conjunction with the launch of the new spiritual strategy.
- Event at the crossroads due to launch strategy and outline services provided.
- Email referral from requesting for chaplains being introduced.
- Recruitment drive around volunteers presence on the ward including RVS volunteers.
- We are monitoring this measure through the open and honest survey.



Actions – Discharge Delays and Medications

Weekend discharge is a major problem. No access to staff who know about my condition, and therefore a protracted and unnecessary discharge process.

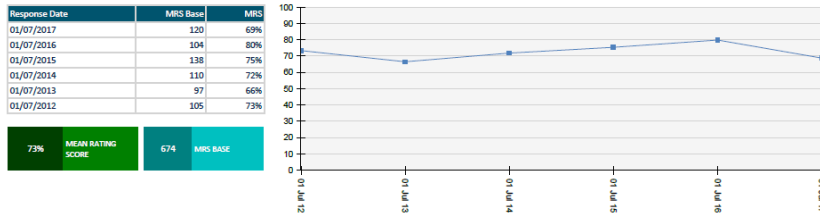


Discharge - I was told at 8.30 am I could go home, I finally left at 9.00 pm - it was Saturday evening so skeleton staff but waiting the whole day was very frustrating.

- Early Discharge Facilitators have been appointed on core wards.
- A pilot of a pharmacy discharge team is to be undertaken as part of the access and flow strategy.
- A pharmacy label printer has been installed on ward 12, additional printers are currently being installed on other wards.
- A prescription tracker system is being introduced within the pharmacy department.
- The importance of explaining medication side effects had been highlighted at ward managers meetings and emphasised during medicines management training.

Actions – Help to eat meals

Q21 Did you get enough help from staff to eat your meals?



- Action group working with volunteers services to recruit volunteers to assist with help to eat meals.
- Volunteers being trained to support ward with feeding.
- Current volunteers are being given the opportunity to undertake the relevant training.
- Catering team conduct mealtime observations to highlight if red plates are being used appropriately.



Next Steps



- Working group established to take actions forward.
- To share survey results and planned actions trust-wide
- Continue to monitor areas included within the National Inpatient Survey through the local open and honest survey
- Fieldwork commencing for the 2018 National Inpatient Survey in July 2018

Board of Directors Performance Report

May 2018

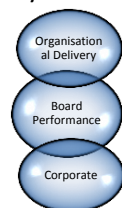
**"To Deliver Excellence in Healthcare through Innovation &
Collaboration"**

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

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Headline Measures

Organisational Delivery			
Indicator	Standard	YTD	May-18
Cancer			
Rapid Access Referrals (%) <i>(seen in 2 wks)</i>	93.00%	96.47%	96.77%
Total Patients Seen		1,727	960
Patients seen >14 days		61	31
62 day GP Classic (%)	85.00%	90.09%	92.37%
Accountable Patients Treated		116	66
No. of Breached Pathways (adjusted)		12	5
62 day Screening (%)	90.00%	95.24%	89.47%
Accountable Patients Treated		21	10
No. of Breached Pathways (adjusted)		1	1

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

Unplanned Activity			
A&E <4hrs Standard (%)	95.00%	83.95%	85.13%
A&E Attendances (LH/MIU/UUC) (% to plan)		94.28%	95.28%
A&E Attendances LH & MIU (Vol)		15,105	7,935

Planned Activity			
Incomp Pathways <18wk (%)	92.00%	92.89%	93.05%
>6wk Diagnostic Waits (%)	1.00%	0.22%	0.17%
Total Patients Waiting for a First Outpatient Appointment			9,579

Indicator	Standard	YTD
Workforce		
Sickness absence Rolling 12 Month		4.37%
Turnover Rolling 12 Month		11.28%

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)	1,131	919	-212	6,772	6,772	0
Commission Contact Income SC & VR (£000's)	30,505	30,501	-4			
Contract Income (£'000)	36,620	36,690	70			
Pay to Budget (£000's)	-28,112	-28,244	-132			
Non Pay to Budget (£000's)	-11,415	-11,490	-75			
Agency Trajectory (£000's)	-730	-699	31			

Exec Summary

In May 2018, the Trust delivered three of the five NHS Improvement Single Oversight Framework performance indicators (three cancer standards, A&E and RTT). The indicators not achieved were the 4hour A&E waiting time target and the 62 day screening cancer standard.

The 4-hour A&E standard in May achieved 85.13% against the 95% performance standard. This is a deterioration in performance compared to the same month in 2017 (90.66%), but is set against a rise in admissions and 24 less acute beds and 17 less community beds.

The Trust has achieved two of the three headline cancer access standards for May. Rapid access referrals and 62 day treatment pathways have continuously achieved above target for over 12 months. 62 day screening narrowly missed the target for the month of May, with one breach recorded against a total of 9.5 accountable treats.

The Trust continues to achieve the 92% standard for RTT 18 week incomplete pathways, with performance in May 2018 at 93.05%. The Trust is continuing to monitor this standard, with specific reference to managing the level of 'over performance' previously being delivered against 92%.

Diagnostics waiting times continue to perform well, with just 0.17% 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 Trust's I&E position is a deficit of £0.6M which is £0.3M worse than the planned deficit of £0.3M.

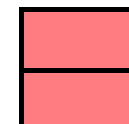
There is a variation in the CIP scheme in cumulative, with risks around the plans to close beds during the Summer months.

The Trust is currently £31k better than its Agency spend trajectory which includes costs associated with keeping escalation beds open in April.

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, which is expected to improve during 2018/19. 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 in the year. The trust is currently above planned agency spend, however it was still below the control total.

Operational Performance	Current YTD		May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Monthly Trend
	Target	Actual														
Maximum 6 week wait for Diagnostic procedures	1%	0.22%	0.17%	0.44%	0.76%	0.34%	0.21%	0.24%	0.25%	0.39%	0.53%	0.08%	0.33%	0.26%	0.17%	
All Cancers: 62 day GP Classic (%) *	85%	90.09%	92.81%	94.00%	93.04%	95.08%	91.67%	95.74%	94.50%	96.77%	87.30%	92.06%	94.06%	87.13%	92.37%	
All Cancers: 62 day Screening (%) *	90%	95.24%	100.00%	100.00%	85.71%	100.00%	91.67%	83.33%	94.12%	100.00%	100.00%	100.00%	100.00%	100.00%	89.47%	
18 weeks from point of referral to treatment - patients on an incomplete pathway (%)	92%	92.89%	96.98%	97.57%	97.37%	96.78%	97.10%	96.79%	96.36%	95.15%	94.46%	94.02%	92.54%	92.73%	93.05%	
A&E - maximum waiting time of 4 hours from arrival to admission/transfer/discharge (%)	95%	83.95%	90.66%	94.24%	92.63%	95.26%	93.99%	88.28%	88.05%	74.22%	78.38%	77.91%	77.90%	82.65%	85.13%	
STF Trajectory			91.72%	91.72%	91.34%	91.34%	91.34%	90.52%	90.52%	90.52%	90.52%	90.52%	95.00%	92.72%	92.72%	
Provider Submitted Trajectory														80.05%	82.44%	

* 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	-10.22%	-100.00%	1
Overall UOR Rating					3			3

Operational Delivery: Cancer Pathway

Headline Measures

	Current YTD		Rolling 13 months													Monthly Trend
	Target	Actual	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	
Rapid Access Referrals (%) (seen in 2 wks)	93%	96.47%	97.84%	97.20%	97.51%	97.35%	96.81%	97.60%	98.23%	95.85%	94.83%	93.05%	98.64%	96.09%	96.77%	
Total Patients Seen		1727	742	785	763	793	722	750	736	626	715	806	811	767	960	
Patients seen >14 days		61	16	22	19	21	23	18	13	26	37	56	11	30	31	
% seen within 7 days		42.0%	53.5%	48.7%	44.2%	46.2%	64.8%	54.8%	51.4%	52.9%	54.6%	53.1%	61.2%	45.1%	39.5%	
62 day GP Classic (%) *	85%	90.09%	92.81%	94.00%	93.04%	95.08%	91.67%	95.74%	94.50%	96.77%	87.30%	92.06%	94.06%	87.13%	92.37%	

* Provisional figures subject to change depending

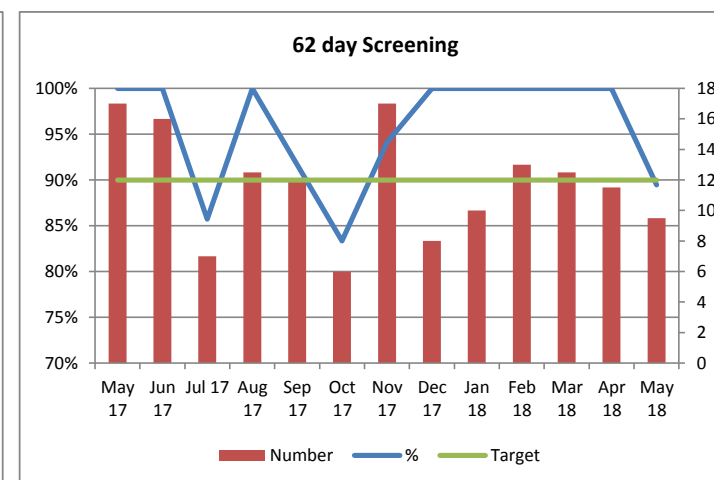
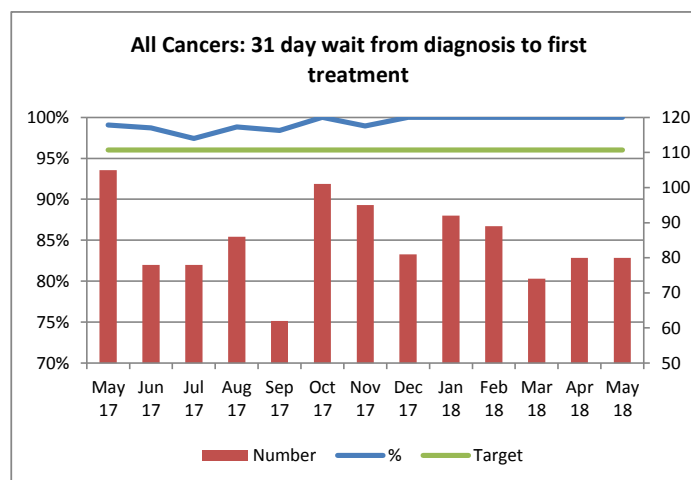
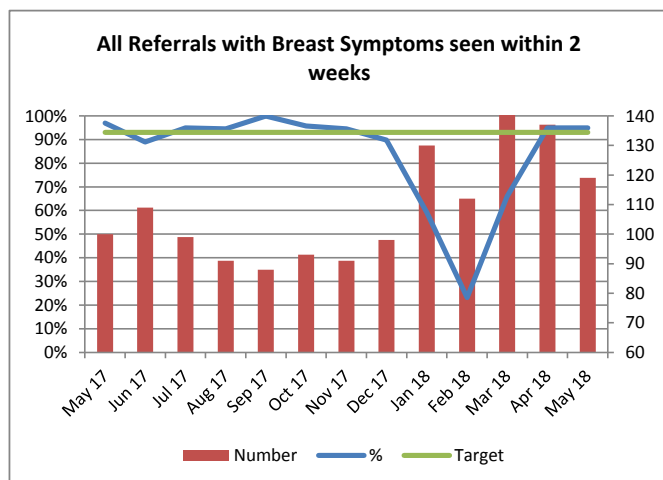
Commentary

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

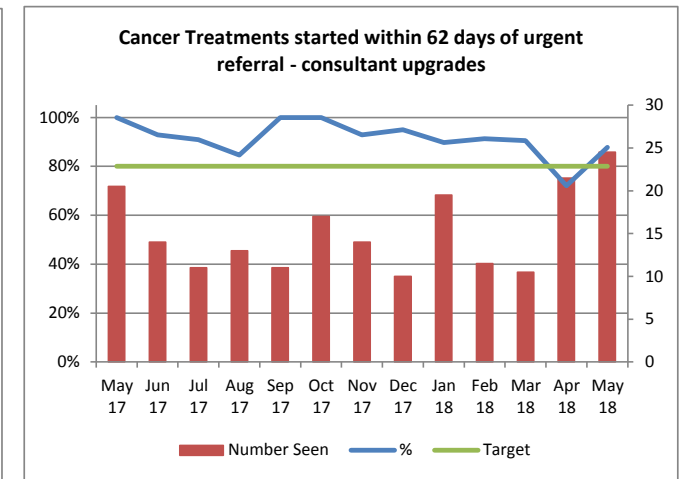
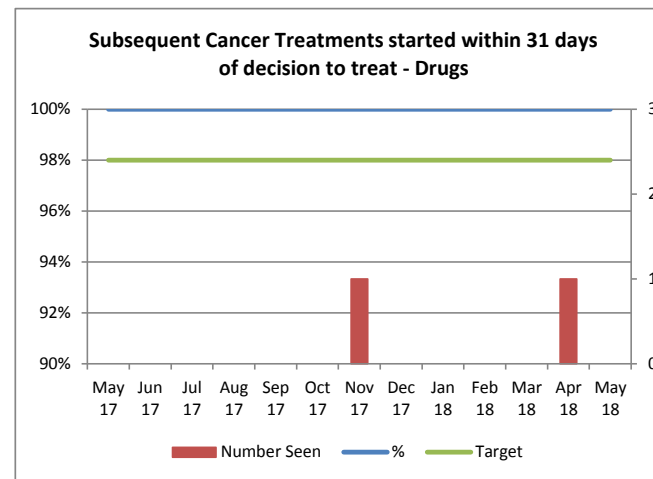
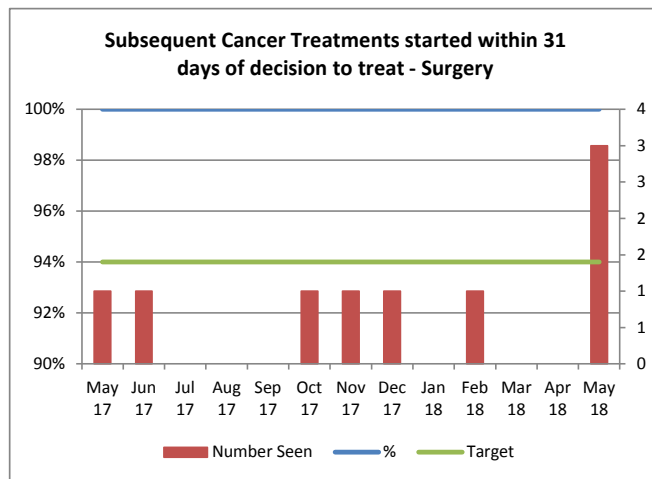
The Trust has continued it's strong performance against the Rapid Access referrals standard achieving 96.77% in May. This is in spite of an increase in demand of 29% on the same month last year. The 2 week Breast Symptomatic standard - after a dramatic deterioration seen in February's position, performance improved to above the 93% target in April 2018 and has been sustained through May. Demand in May 2018 saw a 20% increase on previous year and continues the stepped increase since January 2018.

The screening 62 day standard was narrowly missed in May with one breach recorded. This is the first and only breach since November 2017.

Primary Measures



Operational Delivery: *Cancer Pathway*



Operational Delivery: *Unplanned Activity - A&E*

Headline Measures

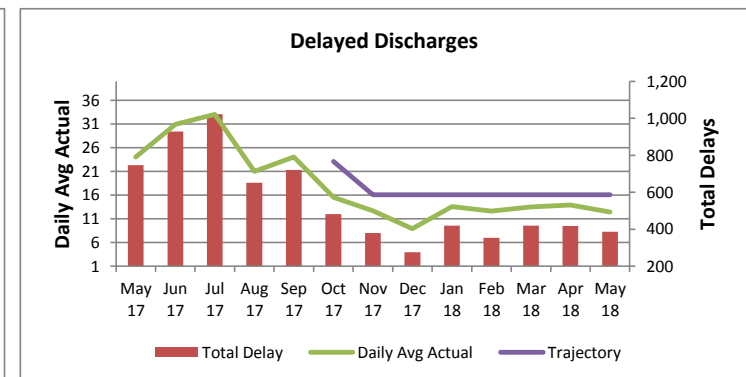
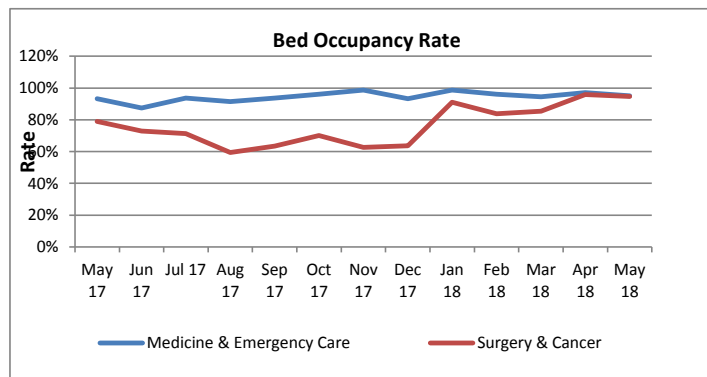
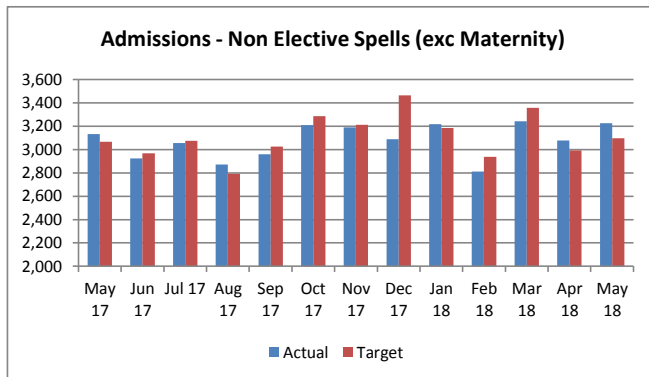
		Current YTD		Rolling 13 months													
		Target	Actual	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Monthly Trend
A&E - >4 hr wait time from arrival to admission/transfer/ discharge (% to Target)		95%	83.95%	90.66%	94.24%	92.63%	95.26%	93.99%	88.28%	88.05%	74.22%	78.38%	77.91%	77.90%	82.65%	85.13%	
No. of 4hr breaches			2,424	737	437	567	332	422	872	851	1,920	1,543	1,469	1,679	1,244	1,180	
		Plan	Actual	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Monthly Trend
A&E Attendances (LH/MIU/UUC) (% to Plan)			94.28%	101.8%	99.9%	96.3%	93.1%	97.1%	99.8%	92.9%	99.3%	97.1%	94.4%	93.6%	93.2%	95.3%	
A&E Attendances (LH/MIU/UUC) (No.)		88,209	15,105	7,890	7,593	7,697	7,011	7,023	7,439	7,119	7,447	7,138	6,649	7,598	7,170	7,935	
A&E Attendance Case Mix (based on acuity score)	Major		4,751	1,740	1,727	1,743	1,769	1,724	1,688	1,605	1,815	2,191	2,173	2,422	2,288	2,463	
	Minor		5,792	3,442	3,421	3,345	3,152	2,939	3,198	2,936	3,324	2,940	2,474	2,886	2,799	2,993	
	Paediatrics		3,093	1,674	1,568	1,626	1,182	1,416	1,588	1,557	1,379	1,304	1,305	1,544	1,419	1,674	
	Resus		1,469	1,034	877	983	908	944	965	1,021	929	703	697	746	664	805	
A&E Attendance Location (based on Discharge)	Major		6,130	2,943	2,875	2,978	2,898	2,899	3,011	2,776	3,201	3,038	2,761	3,204	2,957	3,173	
	Minor		5,572	3,112	2,996	2,960	2,815	2,600	2,731	2,659	2,661	2,617	2,403	2,650	2,623	2,949	
	Paediatrics		3,093	1,674	1,568	1,626	1,182	1,416	1,588	1,557	1,379	1,304	1,305	1,544	1,419	1,674	
	Resus		310	161	154	133	116	108	109	127	206	179	180	200	171	139	

Commentary

The Trust has seen a month on month improvement in performance and achieved 85.13% against the 4-hour access standard in May. ED attendances in May 2018 saw a slight increase on May 2017 however, poor performance has been driven by a higher acuity of patients arriving at A&E. Comparatively May 2017 saw 1,740 patients with an acuity score of "major" versus May 2018 which saw 2,463. Escalation beds were utilised and open for a period in April but closed on 25th April and have remain closed since.

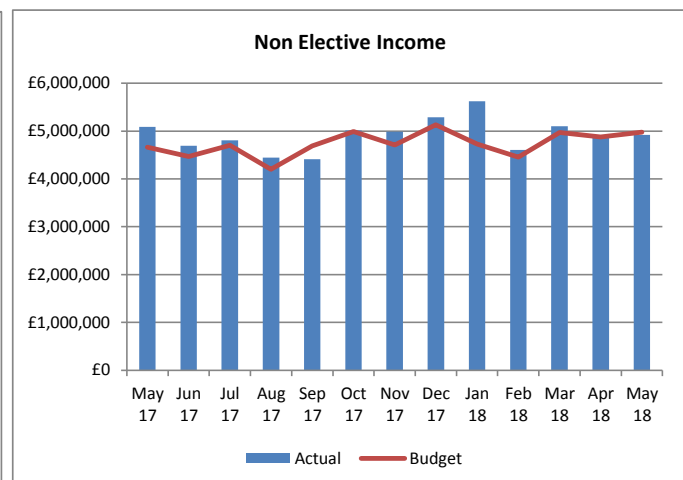
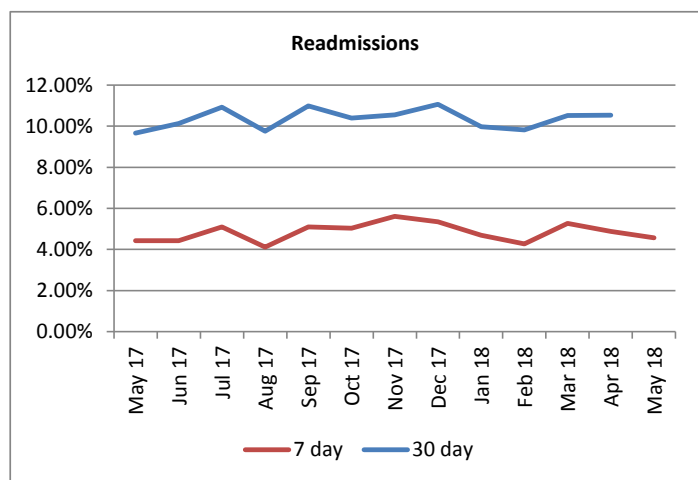
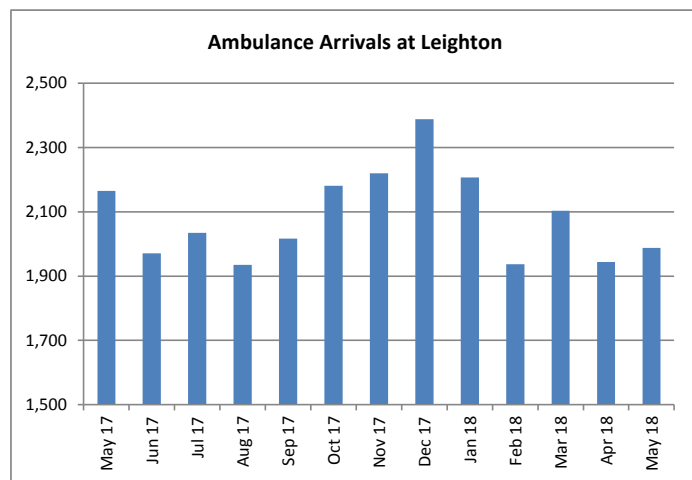
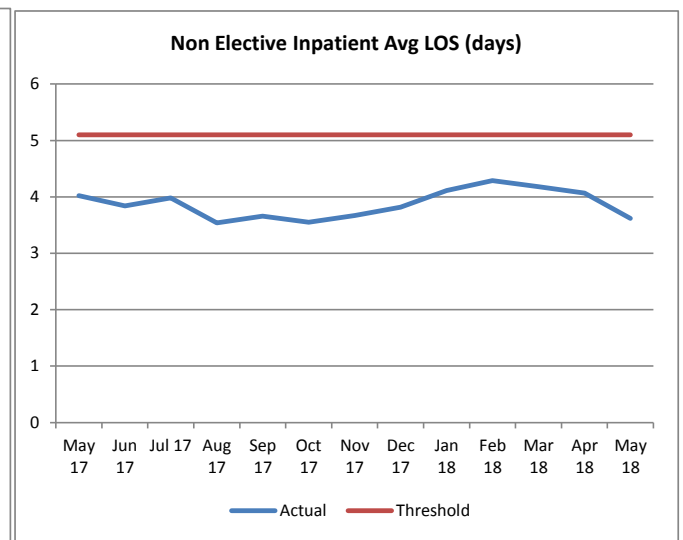
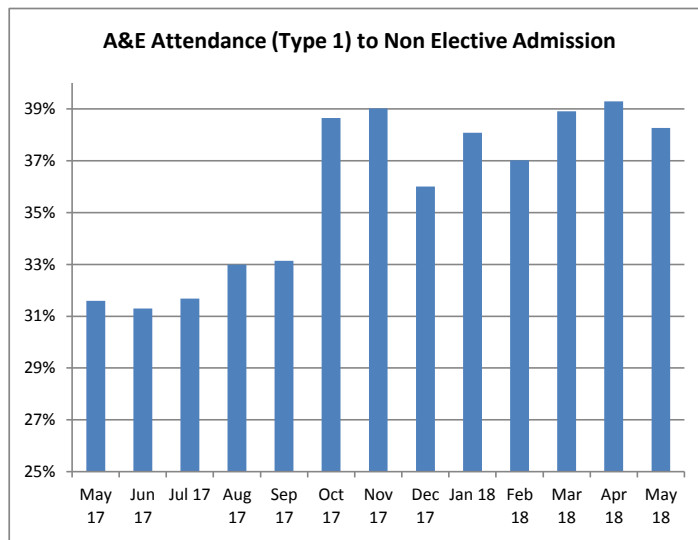
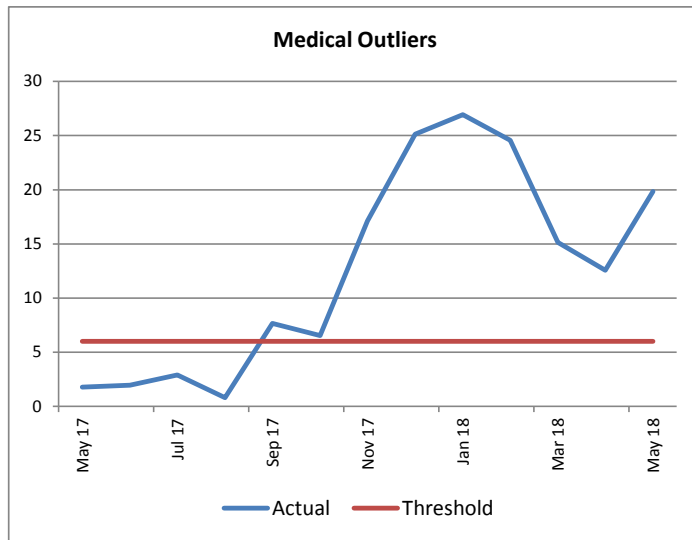
Non elective admissions in May were 3.0% higher than for the same period last year, driven by the higher acuity of patient. The Type 1 conversion rate remains high at 38.26. Medical outliers rose from 13 to 20 in May. Delayed transfers of care continues to be below the target set averaging 12.

Primary Drivers



Operational Delivery: *Unplanned Activity A&E*

Secondary Drivers



* Readmissions and LOS metrics brought in line with national definitions

Operational Delivery: *Planned Activity*

Headline Measures

	Current YTD		Rolling 13 months													Monthly Trend
	Target	Actual	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	
18 weeks from Referral to Treatment in Aggregate - Incomplete	92%	92.89%	96.98%	97.57%	97.37%	96.78%	97.10%	96.79%	96.36%	95.15%	94.46%	94.02%	92.54%	92.73%	93.05%	
Total 18 Weeks		27,728	10,990	11,165	11,576	12,431	12,297	12,054	12,258	12,158	12,845	13,105	13,771	13,729	13,999	
No. > 18 Weeks		1,971	332	271	305	400	356	387	446	590	711	784	1,028	998	973	
Diagnostic Waiting Time	1%	0.22%	0.17%	0.44%	0.76%	0.34%	0.21%	0.24%	0.25%	0.39%	0.53%	0.08%	0.33%	0.26%	0.17%	
Total Number of Waiters		8,351	4,192	4,090	3,560	3,189	3,380	3,306	3,191	3,614	3,587	3,548	4,293	4,224	4,127	
Waiters of 6 Weeks +		18	7	18	27	11	7	8	8	14	19	3	14	11	7	
Total Patients Waiting for a First Outpatient Appointment			7,172	7,352	7,643	8,029	7,809	7,731	7,916	8,085	8,342	8,501	8,866	9,243	9,579	
Longest Wait Time (weeks)											40	41	42	45	49	

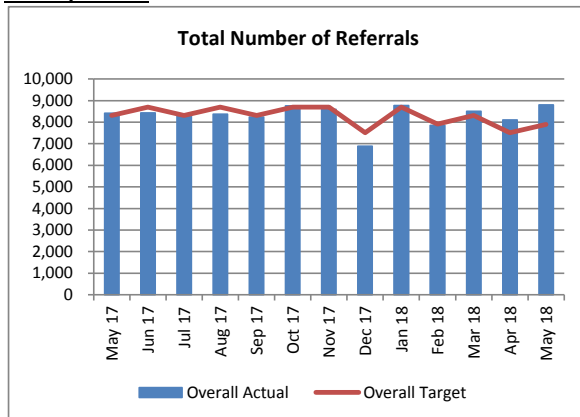
Commentary

The Trust reported 93.05% against the 92% incomplete pathways standard for RTT. Six specialties have failed to meet the 92% at specialty level. These are General Surgery, Cardiology, Trauma and Orthopaedics, Gastroenterology, Respiratory Medicine 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 May 2018, 0.17% 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.

A year on year comparison of GP referrals shows a 12.9% increase in GP referrals from May 2017 to May 2018.

Primary Drivers

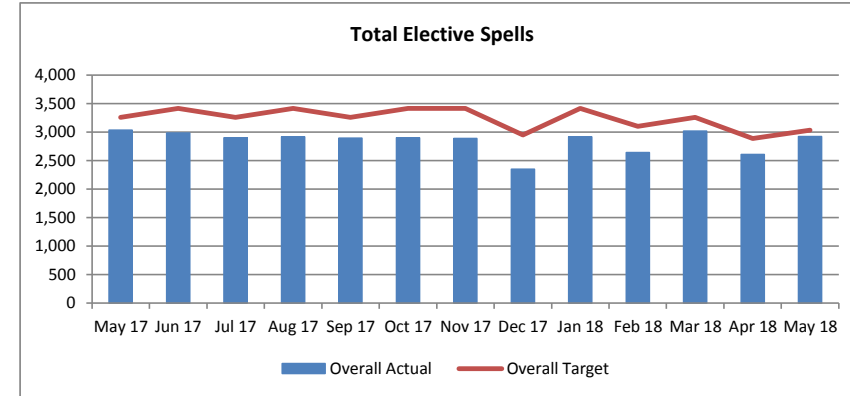
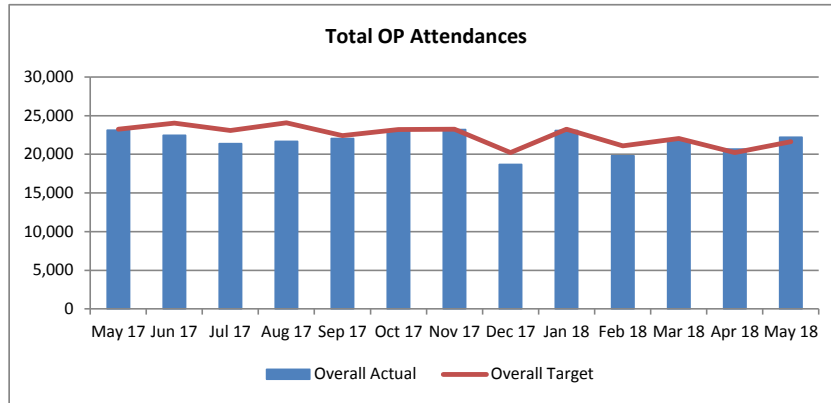


Referral Breakdown

	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Monthly Trend
GP Actual	4,779	5,248	5,115	5,211	5,277	5,506	5,424	4,157	5,573	4,928	5,388	4,856	5,397	
GP Target	5,259	5,509	5,259	5,509	5,259	5,509	5,509	4,758	5,509	5,008	5,259	4,683	4,920	
% to Target	90.9%	95.3%	97.3%	94.6%	100.3%	99.9%	98.5%	87.4%	101.2%	98.4%	102.5%	103.7%	109.7%	
Other Actual	3,632	3,179	3,191	3,156	2,969	3,252	3,166	2,731	3,205	2,931	3,119	3,253	3,406	
Other Target	3,050	3,195	3,050	3,195	3,050	3,195	3,195	2,759	3,195	2,904	3,050	2,833	2,976	
% to Target	119.1%	99.5%	104.6%	98.8%	97.4%	101.8%	99.1%	99.0%	100.3%	100.9%	102.3%	114.8%	114.4%	
Total Actual	8,411	8,427	8,306	8,367	8,246	8,758	8,590	6,888	8,778	7,859	8,507	8,109	8,803	
Total Target	8,308	8,704	8,308	8,704	8,308	8,704	8,704	7,517	8,704	7,913	8,308	7,515	7,896	
% to Target	101.2%	96.8%	100.0%	96.1%	99.3%	100.6%	98.7%	91.6%	100.9%	99.3%	102.4%	107.9%	111.5%	
GP % of Total	56.8%	62.3%	61.6%	62.3%	64.0%	62.9%	63.1%	60.4%	63.5%	62.7%	63.3%	59.9%	61.3%	

Operational Delivery: *Planned Activity*

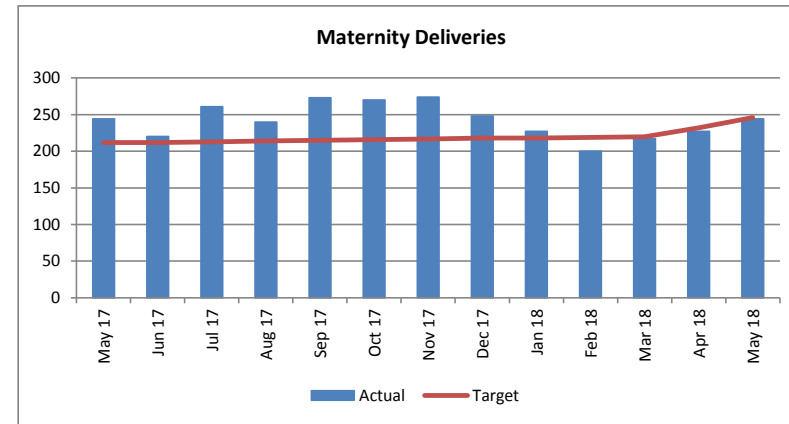
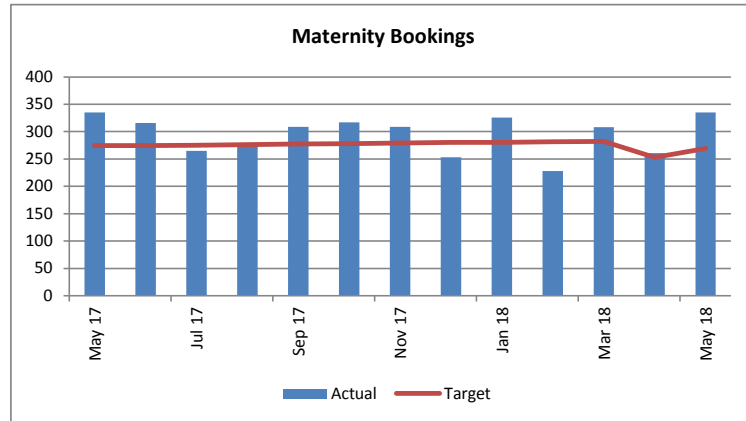
Primary Drivers



OP Attendance Breakdown		YTD 18 19	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Monthly Trend
New Actual		13,565	6,787	6,746	6,191	6,421	6,821	6,988	6,910	5,805	6,862	6,217	6,855	6,473	7,092	
New Target		12,116	7,113	7,423	7,098	7,427	6,941	7,250	7,253	6,272	7,253	6,585	6,909	5,892	6,224	
% to Target		112.0%	95.4%	90.9%	87.2%	86.5%	98.3%	96.4%	95.3%	92.6%	94.6%	94.4%	99.2%	109.9%	113.9%	
F U Actual		29,325	16,325	15,723	15,181	15,236	15,239	16,176	16,304	12,892	16,215	13,583	14,927	14,216	15,109	
F U Target		29,753	16,118	16,623	15,967	16,663	15,462	15,955	15,987	13,971	15,991	14,504	15,152	14,346	15,407	
% to Target		98.6%	101.3%	94.6%	95.1%	91.4%	98.6%	101.4%	102.0%	92.3%	101.4%	93.7%	98.5%	99.1%	98.1%	
Total Actual		42,890	23,112	22,469	21,372	21,657	22,060	23,164	23,214	18,697	23,077	19,800	21,782	20,689	22,201	
Total Target		41,869	23,231	24,046	23,065	24,090	22,403	23,205	23,240	20,243	23,244	21,089	22,061	20,237	21,631	
% to Target		102.4%	99.5%	93.4%	92.7%	89.9%	98.5%	99.8%	99.9%	92.4%	99.3%	93.9%	98.7%	102.2%	102.6%	
New % of Total		31.6%	29.4%	30.0%	29.0%	29.6%	30.9%	30.2%	29.8%	31.0%	29.7%	31.4%	31.5%	31.3%	31.9%	
Elective Spells Breakdown		YTD 18 19	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Monthly Trend
I P Actual		514	307	294	266	298	279	299	308	234	164	240	273	217	297	
I P Target		602	330	346	330	346	330	346	346	298	346	314	330	301	301	
% to Target		85.4%	93.1%	85.1%	80.7%	86.2%	84.6%	86.5%	89.1%	78.6%	47.4%	76.5%	82.8%	72.1%	98.7%	
Daycase Actual		5,012	2,728	2,689	2,636	2,619	2,616	2,603	2,578	2,115	2,753	2,404	2,745	2,389	2,623	
Daycase Target		5,325	2,931	3,071	2,931	3,071	2,931	3,071	3,071	2,650	3,071	2,790	2,931	2,590	2,735	
% to Target		94.1%	93.1%	87.6%	89.9%	85.3%	89.3%	84.8%	83.9%	79.8%	89.6%	86.2%	93.7%	92.2%	95.9%	
Total Actual		5,526	3,035	2,983	2,902	2,917	2,895	2,902	2,886	2,349	2,917	2,644	3,018	2,606	2,920	
Total Target		5,927	3,260	3,417	3,260	3,417	3,260	3,417	3,417	2,947	3,417	3,104	3,260	2,891	3,036	
% to Target		93.2%	93.1%	87.3%	89.0%	85.4%	88.8%	84.9%	84.5%	79.7%	85.4%	85.2%	92.6%	90.1%	96.2%	
I P % of Total		9.3%	10.1%	9.9%	9.2%	10.2%	9.6%	10.3%	10.7%	10.0%	5.6%	9.1%	9.0%	8.3%	10.2%	

Operational Delivery: *Planned Activity*

Primary Drivers

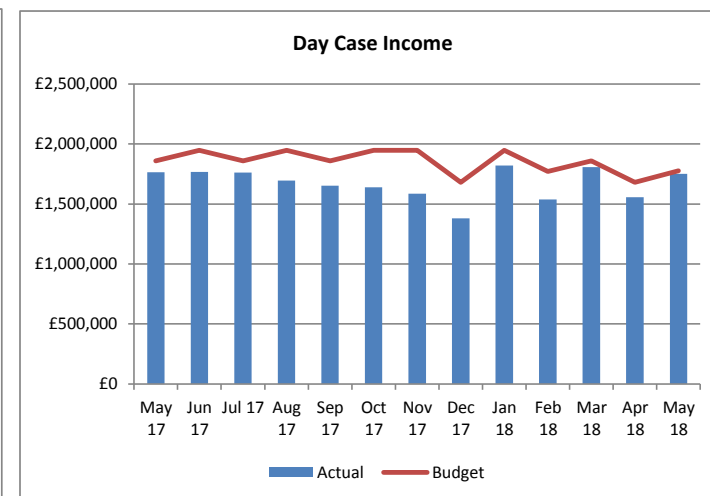
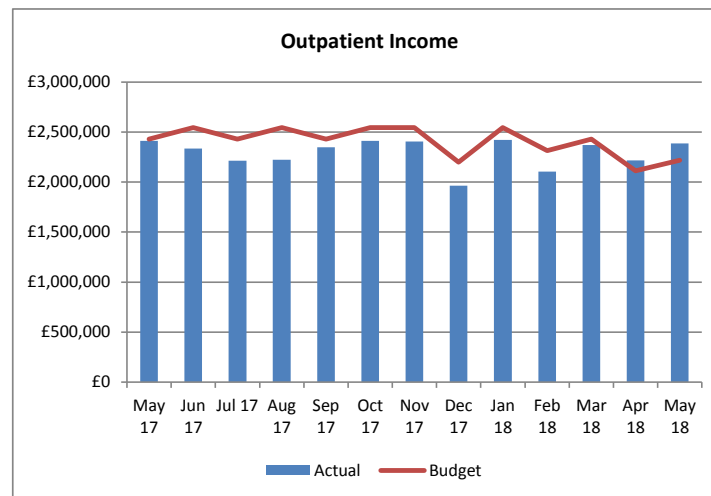
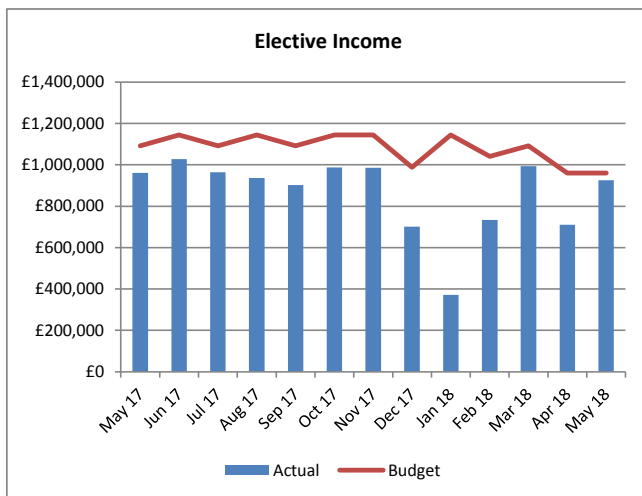


Operational Delivery: *Planned Activity*

Secondary Drivers

		May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Monthly Trend
Bed Occupancy Rate	Medicine & Emergency Care	93.3%	87.4%	93.7%	91.4%	93.8%	96.1%	98.8%	93.3%	98.7%	96.1%	94.4%	97.1%	95.1%	
	Surgery & Cancer	78.9%	72.9%	71.3%	59.3%	63.5%	70.1%	62.7%	63.7%	91.1%	83.7%	85.4%	95.8%	94.7%	
Elective Inpatient Avg LOS (Days)		2.9	3.1	3.7	2.6	2.3	2.4	2.7	2.4	2.3	2.4	2.5	3.1	2.6	
Delayed Transfers of Care (MFFD)		16.00	24	31	33	21	24	16	13	9	14	13	14	12	
Delayed Transfers of Care (% of Acute Beds)			4.9%	6.6%	7.1%	4.6%	5.2%	3.4%	2.7%	1.9%	2.6%	2.5%	2.7%	2.8%	
Medical Outliers		2	2	3	1	8	7	17	25	27	25	15	13	20	
Readmission (Emergency Re-admissions after Planned Surgery)															
	30 Day Rate	3.81%	3.58%	2.93%	3.40%	3.84%	3.48%	3.44%	3.15%	3.01%	2.56%	3.28%	3.37%		
	7 Day Rate	1.48%	1.30%	1.09%	1.02%	1.32%	1.59%	1.20%	0.88%	1.27%	0.88%	1.41%	0.96%	1.23%	
Cancelled Operations - Non Clinical - Cancellation Rate		1.06%	0.80%	0.86%	0.40%	0.57%	1.27%	0.75%	2.24%	1.01%	1.23%	1.48%	1.40%	1.58%	
Theatre Efficiency															
	Main Theatres	79.5%	78.4%	77.9%	78.6%	80.5%	78.8%	77.0%	74.4%	74.9%	74.2%	76.8%	79.5%	78.9%	
	TC Theatres	79.6%	72.7%	75.0%	76.0%	71.5%	78.1%	75.5%	77.5%	74.5%	71.5%	71.8%	69.0%	74.2%	
DNA (OP Efficiency)		5.77%	6.52%	5.83%	5.71%	5.83%	5.51%	5.27%	6.21%	5.46%	5.17%	5.41%	5.25%	6.02%	
Hospital Cancellation Rate (OP Efficiency)		7.63%	7.51%	7.94%	7.58%	6.11%	6.27%	6.19%	7.18%	7.34%	6.88%	6.43%	6.74%	6.81%	

* Readmissions, DNA Rate and LOS metrics brought in line with national definitions



Financial Performance: Income & Expenditure Position - Aggregated

	Month			Year to Date			Forecast	Budget 2018/19 £'000
	Plan May (£'000)	Actual May (£'000)	Variance May (£'000)	Plan April to May (£'000)	Actual April to May (£'000)	Variance April to May (£'000)	2018/19 (£'000)	
Operating								
Operating Income								
<i>NHS Acute Activity Income</i>								
Elective	960	911	-49	1,921	1,636	-285	10,659	10,659
Non-Elective	4,981	4,948	-32	9,859	9,789	-70	59,628	59,628
Maternity	1,233	1,120	-113	2,305	2,188	-117	14,000	14,000
Day cases	1,778	1,770	-8	3,457	3,308	-149	21,139	21,139
Outpatients	2,217	2,402	185	4,329	4,604	275	26,672	26,672
A&E	926	882	-44	1,748	1,680	-68	10,139	10,139
Other NHS	6,123	6,468	345	12,190	12,896	705	78,037	78,037
Total NHS Clinical Revenue	18,218	18,502	284	35,810	36,101	292	220,274	220,274
<i>Other Operating Income</i>	1,916	1,771	-145	3,798	3,696	-102	22,502	22,502
<i>Inter-Trust Income</i>	0	0	0	0	0	0	0	0
TOTAL OPERATING INCOME	20,134	20,273	139	39,608	39,797	190	242,776	242,776
Operating Expenses								
Employee Benefits Expenses (Pay)	-14,111	-14,149	-38	-28,112	-28,244	-132	-168,313	-168,313
Drugs	-1,375	-1,481	-106	-2,725	-2,768	-43	-15,868	-15,868
Clinical Supplies	-1,521	-1,583	-62	-3,055	-2,922	133	-18,370	-18,370
Non Clinical Supplies	-294	-297	-3	-588	-592	-4	-3,537	-3,537
Other operating expenses	-2,528	-2,686	-158	-5,047	-5,208	-161	-31,419	-31,419
TOTAL OPERATING EXPENSES	-19,829	-20,196	-367	-39,527	-39,734	-207	-237,507	-237,507
EBITDA	305	77	-228	81	63	-17	5,269	5,269
Non Operating								
Non Operating Income								
Interest & Asset disposal	3	6	3	6	12	6	36	36
Non-Operating Expenses								
Depreciation & Finance Leases	-446	-417	29	-892	-883	9	-6,190	-6,190
PDC Dividend Expense	-192	-192	0	-384	-384	0	-2,300	-2,300
Adjusted Financial Performance surplus/(deficit)	-330	-526	-196	-1,189	-1,192	-2	-3,185	-3,185
Provider Sustainability Fund	421	295	-126	842	589	-253	8,428	8,428
Net Surplus/(deficit) before Exceptional Items	91	-231	-322	-347	-602	-255	5,243	5,243
Donations for purchase of assets	21	10	-11	42	10	-32	288	288
Depreciation on Donated Assets	-23	-23	0	-46	-46	0	-278	-278
Prior Period Adjustments	0	0	0	0	0	0	0	0
Net Surplus/(deficit) after Exceptional Items	89	-244	-333	-351	-638	-287	5,253	5,253

The Trust delivered a £0.6m deficit (before exceptional items) in month against a budget deficit of £0.3m.

Contract income is above plan, due to additional funding for escalation beds in April. Planned income has improved in May, in surgical specialties.

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

Pay is £0.1M worse than plan. The key impacts are a higher spend on nursing and HCAs than plan offset by vacancies and unfilled posts within the community. Medical vacancies continue to contribute to an underspend, however there have been some backdated pay costs which are expected to be one off occur in May.

Non-Pay is £0.1M worse than plan. Clinical supplies spend has increased in month offsetting the over performance on contract income.

Other operating income has had someone off costs associated with the refurbishment and 1718 costs.

The Provider Sustainability Fund is off plan due to the failure of the A&E target. The full year impact of not reaching the A&E target is £2.4m.

* EBITDA Total excludes Charitable Income

Financial Performance: Income & Expenditure Position - MCHFT

	Month			Year to Date			Forecast	Budget 2018/19 £'000
	Plan May (£'000)	Actual May (£'000)	Variance May (£'000)	Plan April to May (£'000)	Actual April to May (£'000)	Variance April to May (£'000)	2018/19 (£'000)	
Operating								
Operating Income								
<i>NHS Acute Activity Income</i>								
Elective	960	911	-49	1,921	1,636	-285	10,659	10,659
Non-Elective	4,981	4,948	-32	9,859	9,789	-70	59,628	59,628
Maternity	1,233	1,120	-113	2,305	2,188	-117	14,000	14,000
Day cases	1,778	1,770	-8	3,457	3,308	-149	21,139	21,139
Outpatients	2,217	2,402	185	4,329	4,604	275	26,672	26,672
A&E	926	882	-44	1,748	1,680	-68	10,139	10,139
Other NHS	3,753	4,098	345	7,450	8,156	705	49,574	49,574
Total NHS Clinical Revenue	15,848	16,132	284	31,070	31,361	292	191,811	191,811
<i>Other Operating Income</i>	1,828	1,664	-164	3,622	3,477	-145	21,500	21,500
<i>Inter-Trust Income</i>	0	0	0	0	0	0	0	0
TOTAL OPERATING INCOME	17,676	17,796	120	34,692	34,838	147	213,311	213,311
Operating Expenses								
Employee Benefits Expenses (Pay)	-12,302	-12,402	-100	-24,508	-24,763	-255	-146,930	-146,930
Drugs	-1,373	-1,479	-106	-2,721	-2,764	-43	-15,844	-15,844
Clinical Supplies	-1,430	-1,474	-44	-2,885	-2,722	163	-17,353	-17,353
Non Clinical Supplies	-213	-244	-31	-426	-460	-34	-2,568	-2,568
Other operating expenses	-2,118	-2,329	-211	-4,238	-4,491	-253	-26,706	-26,706
Inter-Trust Charges	227	227	0	227	227	0	1,364	1,364
TOTAL OPERATING EXPENSES	-17,209	-17,701	-492	-34,551	-34,973	-422	-208,037	-208,037
EBITDA	467	95	-372	141	-135	-275	5,274	5,274
Non Operating								
Non Operating Income								
Interest & Asset disposal	3	6	3	6	12	6	36	36
Non-Operating Expenses								
Depreciation & Finance Leases	-446	-417	29	-892	-883	9	-6,190	-6,190
PDC Dividend Expense	-192	-192	0	-384	-384	0	-2,300	-2,300
Net Surplus/(deficit) before STF/Exceptional Items	-168	-508	-340	-1,129	-1,390	-260	-3,180	-3,180
Provider Sustainability Fund	421	295	-126	842	589	-253	8,428	8,428
Net Surplus/(deficit) before Exceptional Items	253	-213	-466	-287	-800	-513	5,248	5,248
Donations for purchase of assets	21	10	-11	42	10	-32	288	288
Depreciation on Donated Assets	-23	-23	0	-46	-46	0	-278	-278
Prior Period Adjustments	0	0	0	0	0	0	0	0
Net Surplus/(deficit) after Exceptional Items	251	-226	-477	-291	-836	-545	5,258	5,258

The Trust excluding Community Services, delivered a £226k deficit against a planned surplus of £251k in the month - giving a £0.5m variance against plan cumulatively.

Contract income is better than plan, which is largely due to additional funding agreed for escalation beds that were kept open in April.

Pay is £100k worse than plan cumulative as a result of higher spend on Nursing & HCAs, with one off medical pay costs within the position.

Clinical supplies is overspent in the month, reflecting an over performance in Surgery & Cancer.

Other Operating Expenses is £253k worse as a result of continuing outsourcing pressures in diagnostics, with off costs within estates relating to refurbishment, Combined heat & Power (CHP) and 1718 costs.

There is a cumulative reflection of the A&E performance provided for within the provider sustainability fund.

Financial Performance: Income & Expenditure Position - CCICP

	Month			Year to Date			Forecast	Budget 2018/19 £'000
	Plan May (£'000)	Actual May (£'000)	Variance May (£'000)	Plan April to May (£'000)	Actual April to May (£'000)	Variance April to May (£'000)	2018/19 (£'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	2,370	2,370	0	4,740	4,740	0	28,463	28,463
Total NHS Clinical Revenue	2,370	2,370	0	4,740	4,740	0	28,463	28,463
<i>Other Operating Income</i>	88	107	19	176	219	43	1,002	1,002
<i>Inter-Trust Income</i>	0	0	0	0	0	0	0	0
TOTAL OPERATING INCOME	2,458	2,477	19	4,916	4,959	43	29,465	29,465
Operating Expenses								
Employee Benefits Expenses (Pay)	-1,809	-1,747	62	-3,604	-3,481	123	-21,383	-21,383
Drugs	-2	-2	0	-4	-4	0	-24	-24
Clinical Supplies	-91	-109	-18	-170	-200	-30	-1,017	-1,017
Non Clinical Supplies	-81	-53	28	-162	-132	30	-969	-969
Other operating expenses	-410	-357	53	-809	-717	92	-4,713	-4,713
Inter-Trust Charges	-227	-227	0	-227	-227	0	-1,364	-1,364
TOTAL OPERATING EXPENSES	-2,620	-2,495	125	-4,976	-4,761	215	-29,470	-29,470
EBITDA	-162	-18	144	-60	198	258	-5	-5
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	
Adjusted Financial Performance surplus/(deficit)	-162	-18	144	-60	198	258	-5	-5
Provider Sustainability Fund	0	0	0	0	0	0	0	0
Net Surplus/(deficit) before Exceptional Items	-162	-18	144	-60	198	258	-5	-5
Donations for purchase of assets	0	0	0	0	0	0	0	0
Depreciation on Donated Assets	0	0	0	0	0	0	0	0
Prior Period Adjustments	0	0	0	0	0	0	0	0
Net Surplus/(deficit) after Exceptional Items	-162	-18	144	-60	198	258	-5	-5

Community Services delivered a £258k surplus cumulative against a planned break even position.

Contract income is on plan, with expected variations in progress with the CCG around Stoma care and Pain.

Other Operating income is better than budget as a result of an increase in charges within estates, which is offset by an increase in cost in non pay.

Pay is £123k better than plan cumulative as a result of unfilled vacancies partly clinical and partly corporate, continuing the trend from 2017/18.

The only area of pay that raises a concern continues to be GP out of hours, where recruitment is underway for permanent staff, under new terms, which is planned to reduce the agency cost ultimately.

Non pay is largely better than budget, however there are overspends for NHS rents, and continence costs.

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	(8)	(195)	(187)	(17)	(22)	(212)	(217)
Endoscopy	Endoscopy	1,024	0	(106)	(395)	34	(201)	56	427	(15)
General Surgery Directorate	General Surgery	2,931	21	149	(1,461)	51	(314)	(36)	1,176	164
Head & Neck Directorate	Head & Neck	916	65	(26)	(435)	7	(115)	13	432	(6)
Macmillan Cancer Centre	Macmillan Cancer Centre	109	258	14	(157)	(6)	(267)	(27)	(57)	(18)
Ophthalmology	Ophthalmology	1,982	10	78	(732)	(21)	(606)	(50)	654	8
Orthopaedic Directorate	Orthopaedics	3,063	65	(15)	(1,079)	22	(513)	17	1,536	24
Theatres & TC	Theatres & TC	0	58	(1)	(1,221)	(3)	(434)	(34)	(1,597)	(37)
Urology Directorate	Urology	909	9	(17)	(472)	(27)	(110)	(33)	336	(77)
Surgical and Cancer Division	Surgery & Cancer	10,935	486	68	(6,147)	(129)	(2,578)	(114)	2,695	(175)

The Surgical Division is £175k worse than plan. Contract income has over performed in month, offsetting some of the underperformance in April due to annual leave. Pay is £129k worse than budget, with backdated pay for on call payments for orthopaedics, and a grade appeal within ophthalmology within medical pay, and acuity on ward 18 requiring additional HCA support. Non pay overspends relate to drugs and clinical supplies which are linked to the over performance.

		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 Mgmnt	Divisional Mangement M&EC	0	0	0	(364)	(80)	(8)	(1)	(372)	(81)
Accident & Emergency Dir	Emergency Department	2,491	115	(148)	(1,016)	11	(128)	(18)	1,462	(155)
Anaesthetics & Critical Care	Anaesthetics & Critical Care	1,138	3	59	(1,264)	86	(201)	3	(325)	149
Medical Directorate	General Medicine	7,115	35	(6)	(3,780)	(36)	(637)	150	2,733	109
Urgent Care Centre	Urgent Care Centre	0	0	0	(97)	21	0	14	(97)	35
Emergency Services Division	Medicine & Emergency Care	10,744	153	(95)	(6,521)	3	(975)	148	3,401	56

The Medicine and Emergency Care Division are £56k better than plan. The variances on income relate to un-coded A&E attendances, and an underperformance on non-elective activity/pass through drugs offset by an over performance within outpatients. Nursing agency costs have reduced in the month as a result of the closed escalation beds, with bank costs remaining at the April level of cost. Non-pay is better than budget, with the drugs underspend offsetting the below budget contract income.

		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 Mgmnt	Divisional Mangement W&C	0	0	0	(220)	3	(17)	7	(237)	10
Gum clinic	Gum clinic	0	0	0	0	0	0	0	0	0
Obstetric & Gynaecology Dir	Obstetrics & Gynaecology	2,845	27	(199)	(1,474)	(30)	(222)	(15)	1,176	(244)
Paediatric Directorate	Paediatrics	1,964	13	(14)	(1,336)	(48)	(166)	14	475	(48)
Women and Childrens Division	Women and Children	4,808	40	(213)	(3,030)	(75)	(405)	5	1,413	(283)

The Women's and Children's Division is £283k worse than plan. Contract income continues to be below plan for Gynaecology. Pay pressures are a result of midwifery, which are expected to start reducing and medical over-establishment, and CAU being open in April which has now closed.

Financial Performance: Income & Expenditure Position

		Income			Expenditure				NET TOTAL	
		Contract	Variable	Better/ (Worse) than Budget	Pay	Better/ (Worse) than Budget	Non-Pay	Better/ (Worse) than Budget	Total	Better/ (Worse) than Budget
Diag & Clinc Spt Sv Div Mgmnt	Divisional Management D&S	0	0	0	(53)	1	(5)	(24)	(58)	(24)
Dermatology	Dermatology	296	3	4	(158)	17	(56)	(2)	86	19
ECG department	ECG	64	0	(5)	(172)	12	(10)	3	(118)	10
Elmhurst	Elmhurst	333	27	(2)	(259)	(10)	(28)	5	73	(7)
Integrated Discharge	Integrated Discharge	0	0	0	(54)	(7)	(1)	0	(55)	(8)
Medical Records Department	Medical Records Department	0	0	0	(292)	(12)	(37)	0	(329)	(12)
Outpatients	Outpatients	0	25	(3)	(90)	3	(7)	2	(72)	1
Pathology Directorate	Pathology	2,041	643	190	(1,634)	24	(1,508)	(125)	(458)	89
Pharmacy Departments	Pharmacy	579	42	(28)	(558)	(13)	(547)	35	(484)	(6)
Radiology Directorate	Radiology	511	158	24	(1,056)	28	(376)	(56)	(762)	(5)
Therapeutic Departments	Therapies	0	0	0	(357)	(6)	(9)	7	(366)	1
Victoria Infirmary Northwich	Victoria Infirmary Northwich	334	0	(22)	(292)	(12)	(51)	(1)	(8)	(36)
Diagnostics and Support Divisi	Diagnostics and Support	4,158	899	157	(4,975)	23	(2,635)	(157)	(2,553)	23

The Diagnostics Division is £23k better than plan year to date. The key pressure within the division is with outsourcing of pathology and radiology tests, which is only marginally covered by the vacancies within the medical pay in those areas.

		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	(86)	3	(17)	2	(104)	5
Catering Directorate	Catering	0	224	4	(269)	(10)	(255)	(41)	(300)	(48)
Estates Departments	Estates Departments	0	77	(2)	(260)	(1)	(1,121)	(61)	(1,303)	(64)
Hotel Services	Domestics	0	0	0	(221)	(1)	(2)	0	(223)	(1)
Laundry Services Departments	Laundry	0	204	(5)	(169)	0	(143)	(12)	(109)	(17)
Security	Security	0	267	(15)	(123)	3	(141)	(41)	4	(54)
Site Services	Porters	0	0	0	(472)	(8)	(14)	(1)	(486)	(9)
Estates & Facilities Division	Estates & Facilities Division	0	773	(19)	(1,601)	(15)	(1,693)	(155)	(2,521)	(188)

The Estates and Facilities Division is £188k worse than plan. As a result of the new barriers installed the income has improved in month and is expecting to over perform on visitor income. Within the non-pay overspend , there are some one off costs associated within the following - fixture and fittings for the bistro refurbishment (£16k), gritting costs from 1718 and combined heat & power (CHP) - £65k.

		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	(258)	(4)	(88)	16	(346)	12
Computer Services	Computer Services	0	3	1	(252)	5	(446)	(67)	(695)	(61)
Finance & Information	Finance & Information	0	8	3	(523)	(12)	(114)	13	(629)	4
Human Resources	Human Resources	0	65	(15)	(398)	18	(68)	62	(402)	65
Risk Management & R&D	Risk Management & R&D	0	67	(23)	(242)	21	(6)	9	(181)	6
Quality Assurance Departments	Nurse Management	0	34	16	(457)	(38)	(1,364)	20	(1,787)	(2)
Trust Central Expenditure	Trust Central Expenditure	1,302	936	8	(320)	(42)	(26)	47	1,892	13
Other Departments	Other Departments	3	24	5	(39)	(8)	(37)	6	(48)	2
Corporate	Corporate	1,305	1,137	(5)	(2,489)	(61)	(2,151)	105	(2,198)	40

The Corporate Division is £40k better than budget, the pay award is no longer held centrally.

Community Services	4,740	218	42	(3,481)	123	(1,052)	92	425	257
EBITDA	36,690	3,706	(64)	(28,244)	(132)	(11,490)	(74)	663	(270)

Financial Performance: Commissioner Income Analysis

Commissioner	FY Target (£'000)	YTD Target (£'000)	CEP Adjustmt	Final Actual (£'000)	Final Variance (£'000)
NHS Eastern Cheshire CCG	8,088	1,323	0	1,239	-84
NHS Eastern Cheshire CCG Community	412	69	0	69	0
NHS South Cheshire CCG Community	17,123	2,854	0	2,852	-2
NHS South Cheshire CCG	101,698	16,808	287	16,808	0
NHS Vale Royal CCG	55,052	9,110	-432	9,110	0
NHS Vale Royal CCG Community	10,396	1,733	0	1,731	-1
NHS Warrington CCG	284	48	0	63	15
NHS West Cheshire CCG	3,537	585	0	599	14
NHS West Cheshire CCG Community	191	32	0	32	0
NHS North Staffordshire CCG	2,307	383	0	426	43
NHS Shropshire CCG	892	147	0	129	-18
NHS Stoke on Trent CCG	1,609	268	0	298	30
Public Health England	1,541	223	0	215	-8
NHS Commissioning Board	1,569	261	0	261	0
Specialist Commissioning Group	8,645	1,430	0	1,389	-41
Non Contract Activity	2,007	331	0	308	-23
Cross Border Flows	149	25	0	27	2
BCULHB	229	38	0	210	172
Non-Commissioner Specific	12,975	954	0	925	-29
TOTAL	228,702	36,620	-145	36,690	70

The South Cheshire is currently performing below the contract value set , and Vale Royal above - if the contract were set on PbR tariffs.

Other commissioners, except East Cheshire CCG are in the main over performing against plan. East Cheshire underperformance is in unplanned care (£45k), and within surgical specialties or planned care.

Specialist Commissioning has a negative variance being the result of having less specialised unplanned admissions than plan.

Cross border flows includes Welsh commissioners where the Trust is continuing to the North Welsh Health board, pre-dominantly in orthopaedic surgery.

Other Contract Income	FY Target (£'000)	YTD Target (£'000)	YTD Actual (£'000)	Final Variance (£'000)
Bed Based Services	5,962	994	956	-37
Adult & Neonatal Critical Care	7,896	1,310	1,409	99
Community Paediatrics	1,303	217	217	0
Direct Access Services	9,509	1,541	1,597	56
Unbundled Radiology	3,505	568	665	97
High Cost Drugs	9,762	1,686	1,668	-19
Screening Programmes	1,530	255	255	0
Audiology	1,167	194	177	-17
IVF	258	43	33	-10
CQUIN	4,312	531	497	-34
STF	8,428	842	589	-253
Community Services	28,426	4,681	4,681	0
CEP	-2,817	-470	-145	325
WINTER FUNDING	750	125	317	192
Other	6,623	515	497	-18
TOTAL	86,614	13,032	13,413	381

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

An analysis of the key service lines identifies that this is primarily the result of adult critical care - where there were a number of long stay patient discharged in April.

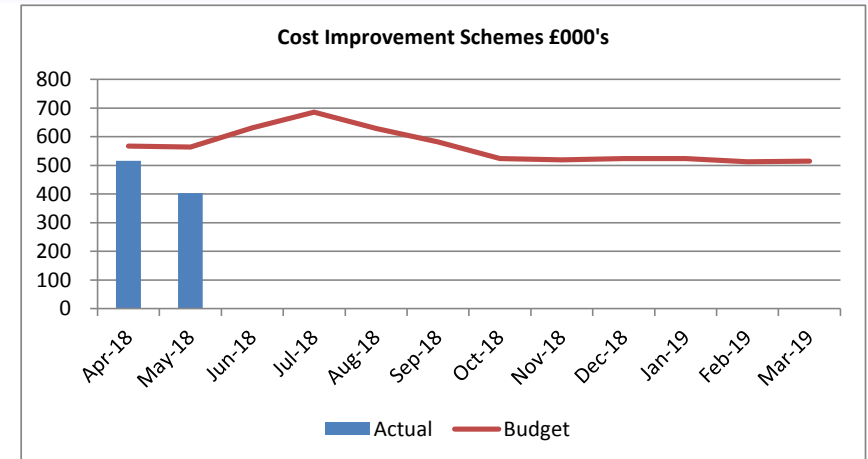
Non-performance of the A&E target has been recognised year to date.

The impact of the CEP is less than expected year to date.

Winter funding associated with month 1, agreed at the A&E delivery board - has been recognised in the position, as has funding for frailty.

Financial Performance: Efficiencies

Cost Improvement Schemes (£'000's)						
Scheme Category	YTD Target	YTD Actual	YTD	FY Target	FY Forecast	FY Variance
Access & Flow	188	142	-46	524	524	0
Commercial	20	16	-4	195	195	0
Drugs	50	26	-24	657	657	0
Medical Workforce	236	282	46	1,421	1,421	0
Non-Pay Efficiency	146	122	-24	1,234	1,234	0
Nursing Workforce	74	12	-62	349	349	0
Procurement	231	228	-3	1,438	1,438	0
Theatres Efficiency	27	8	-19	100	100	0
Service redesign	94	62	-32	534	534	0
Market Share	65	21	-44	320	320	0
Total (£'000)	1,131	919	-212	6,772	6,772	0



The CIP achievement in month, is £212k worse than budget with key schemes around the improvement of nurse/HCA sickness, reduction in WLIs either not currently delivering/partially delivering.

The closure of beds are a key CIP for the summer months, which are flagged as at risk of not achieving the full value (£335k). There is also a further risk associated with drugs scheme due to the potential delays for release of new bio-similars (£357k).

Capped Expenditure Schemes (£'000's)						
Scheme Category	YTD Target	YTD Actual	YTD	FY Target	FY Forecast	FY Variance
Service redesign	0	0	0	0	0	0
Non-Pay Efficiency	17	17	0	100	100	0
Drugs	8	8	0	50	50	0
Commercial	33	0	-33	200	200	0
Procurement	17	0	-17	100	100	0
Elective	186	110	-76	1,116	1,116	0
Total (£'000)	261	135	-126	1,566	1,566	0

The CEP schemes rolled over from 1718 are under achieving by £64k, with key issues around delivering planned cost savings in IVF, and work with East Cheshire in relation to births /out of hours contracts. A review of the potential for further out of area work is underway in order to achieve the elective CIP.

Financial Performance: Capital Report

SCHEME	BOARD APPROVED	FUNDING SOURCE	FUNDING APPROVED	EXPENDITURE	2018/19	2018/19	2018/19 CUMULATIVE ACTUAL	2018/19 BETTER/WORSE THAN BUDGET	2018/19 FORECAST	2019/20 + FORECAST	WHOLE PROJECT ACTUAL TO DATE	WHOLE PROJECT PROPOSED PLAN	TOTAL FORECAST
STRATEGIC INVESTMENTS (Requires individual signoff)													
ESTATES													
CAR PARK BARRIERS	Yes	Internal	Yes	44	16	16	16	0	16		60	60	60
BISTRO & 2 OFFICES	Yes	Internal	Yes	120	58	58	108	-50	58		228	178	178
UNDER / OVERS CAPITAL SCHEMES 17/18	Yes	Internal	Yes		0	0	2	-2	0		2	0	0
WARD REFURBISHMENT	Yes	Loan	Yes	224	1864	640	534	106	1864	8600	758	10,688	10,688
MRI SCANNER 3RD BUILD	Yes	Internal/Loan	Yes	174	1475	0	0	0	0	1475	174	3,124	1,649
WASTE COMPOUND AND SEGREGATION	Yes	Internal	Yes		350	0	0	0	350		0	350	350
TURNKEY FOR REPLACEMENT CT SCANNERS	No	Internal	Yes		165	0	0	0	165	135	0	300	300
BARRIER ACCESS CONTROL	Yes	Internal	Yes		100	0	0	0	100		0	100	100
CAR PARK LAND *	Yes	Loan	Not yet approved		400	30	10	20	400	1500	10	1,900	1,900
EPR PROJECT ACCOMODATION *	Yes	Loan	Not yet approved		350	0	0	0	350		0	350	350
ENDOSCOPY WASHER BUILD *	No	Loan	Not yet approved		250	0	0	0	0	500	0	750	500
PATHOLOGY RISKS	Yes	Internal	Yes		100	10	0	10	100		0	100	100
SSD ENABLING *	Yes	Loan	Not yet approved		668	0	0	0	668		0	668	668
WARD REFURBISHMENT *	No	Loan	Not yet approved		1600	0	0	0	1400	200	0	1,800	1,600
DEMENTIA APPEAL	No	Donated	Not yet approved							1500			
3RD CT ENABLING	No	Internal	Not yet approved							935			
TOTAL				562	7396	754	670.11955	84	5471	14845	1232.12	20368	18443
IT													
UNDER / OVERS CAPITAL SCHEMES 17/18	Yes	Internal	Yes		0	0	1	-1	0		1	0	0
UPS	Yes	Internal	Yes		250	0	0	0	250		0	250	250
Q PULSE	Yes	Internal	Yes	25	37	0	0	0	37		25	62	62
HIGH IMPACT STAND ALONE IT SYSTEMS	Yes	Internal	Yes	88	112	12	0	12	112	400	88	600	600
REPLACEMENT BUSINESS INTELLIGENCE SYSTEM	Yes	Internal	Yes		80	40	8	32	80		8	80	80
CONFIGURATION MANAGEMENT SYSTEM	Yes	Internal	Yes		35	0	0	0	35		0	35	35
CORE INFRASTRUCTURE UPGRADE	Yes	PDC	Yes		538	130	0	130	538	180	0	718	718
CYBER SECURITY	Yes	PDC	Yes	17	291	150	187	-37	291		204	308	308
X-RAY MACHINE STORAGE	Yes	Internal	Yes		100	0	0	0	100		0	100	100
SEQUEL / WINDOWS LICENCES	Yes	Internal	Yes		80	0	0	0	80		0	80	80
VIRTUAL DESKTOP	No	Internal	Yes		400	0	0	0	400		0	400	400
VIRTUAL CLINICS	No	Internal	Yes		50	0	0	0	50		0	50	50
VPN	Yes	PDC	Yes		70	0	0	0	70		0	70	70
VOICE OVER IP	Yes	Internal	Yes	466	100	16	0	16	100	100	466	666	666
SYSTEM REFRESH / REPLACEMENT													
LAB CENTRE PATHOLOGY	No	Internal	Yes		800	0	0	0	800	800	0	1,600	1,600
CHEMOCARE	Yes	Internal	Yes		85	0	0	0	85		0	85	85
DIGITAL DICTATION	Yes	Internal	Yes		60	0	0	0	60	73	0	133	133
DOCMAN	Yes	Internal	Yes		52	0	0	0	52		0	52	52
WIRELESS UPGRADE /N3 UPGRADE	Yes	Internal	Yes							65	0	65	65
PHARMACY ASCRIBE	No	Internal	Yes							200	0	200	200
STAFF WIFI	No	Internal	Yes							80	0	80	80
SOLITON MEDICAL IMAGING	No	Internal	Yes							250	0	250	250
BADGERNET	Yes	Internal	Yes							45	0	45	45
BLOOD TRACKING SYSTEM	No	Internal	Yes							200	0	200	200
CARDIO RESPIRATORY SYSTEM	No	Internal	Yes							350	0	350	350
TOTAL				113	3140	348	196	152	3140	2743	792	5289	5,289
TOTAL STRATEGIC INVESTMENTS				675	10536	1102	866	236	8611	17588	1541	25657	23732

The Estates strategic investments capital spend is £84K underspent mainly due to the Ward 17 Refurbishment £106K which is offset by Bistro Offices £50K due to expenditure from other schemes being charged which need to be transferred

The IT Strategic investments projects are £152K which is mainly due to Core Infrastructure upgrade £130K

Financial Performance: Capital Report

SCHEME	BOARD APPROVED	FUNDING SOURCE	FUNDING APPROVED	EXPENDITURE	2018/19	2018/19	2018/19 CUMULATIVE ACTUAL	2018/19 BETTER/WORSE THAN BUDGET	2018/19 FORECAST	2019/20 + FORECAST	WHOLE PROJECT ACTUAL TO DATE	WHOLE PROJECT PROPOSED PLAN	TOTAL FORECAST
ROLLING ALLOCATIONS (Approved Delegated Budgets)													
ESTATES													
ASBESTOS REMOVAL	Yes	Internal	Yes		271	0	0	0	271	600	0	871	871
DESIGN TEAM	Yes	Internal	Yes		313	48	40	8	313	1252	40	1,565	1,565
CT / VT - HEATING INFRASTRUCTURE	Yes	Internal	Yes		459	50	8	42	459	700	8	1,159	1,159
BACKLOG GENERAL PROVISION	Yes	Internal/Loan	Yes		2650	486	521	-35	2,650	6749	521	9,399	9,399
TOTAL				0	3,693	584	569	15	3,693	9,301	569	12,994	12,994
IT													
INTERSITE CONNECTIVITY	Yes	Internal	Yes		50	0	0	0	50		0	50	50
INTERFACING	Yes	Internal	Yes		151	0	23	-23	151	340	23	491	491
IT APPLICATIONS	Yes	Internal	Yes		193	0	0	0	193	400	0	593	593
STORAGE & BACKUP	No	Internal	Yes							250			
TOTAL				0	394	0	23	-23	394	990	23	1134	1134
TOTAL ROLLING ALLOCATIONS				0	4,087	584	592	-8	4,087	10,291	592	14,128	14,128
ADDITIONAL													
EQUIPMENT	Yes	Internal	Yes		0	0	0	0	0		0	0	0
MEDICAL RECORDS RACKING	Yes	Internal	Yes		43	0	0	0	43				
CANCER MDT	Yes	PDC	Yes		30	30	0	30	30				
GP STREAMING ESTATES	Yes	PDC	Yes	12	488	300	0	300	488		12	500	500
GP STREAMING IT FRONT OF HOUSE	Yes	PDC	Yes	108	142	0	0	0	142		108	250	250
COMMUNITY SERVICES	Yes	Internal	Yes	105	630	10	33	-23	630		138	735	735
LEASING INVESTMENTS													
EQUIPMENT	Yes	Internal	Yes		600	0	0	0	600		0	600	600
3RD CT SCANNER	No	Internal	Not yet approved		531	0	0	0	531		0	531	531
REPLACEMENT CT SCANNER	No	Internal	Not yet approved		532	0	0	0	532		0	532	532
3RD MRI SCANNER	Yes	Internal	Yes		600	0	0	0	600		0	600	600
ROOM 2 X-RAY	No	Internal	Not yet approved		250	0	0	0	250		0	250	250
SSD WASHERS	No	Internal	Not yet approved		320	0	0	0	320		0	320	320
TOTAL LEASING INVESTMENTS				0	2833	0	0	0	2833	0	0	2833	2833
TOTAL CAPITAL PROGRAMME (EXCLUDING LEASES)				900	15,956	2,026	1,491	535	14,031	27,879	2,391	41,270	39,345
TOTAL CAPITAL PROGRAMME				900	18,789	2,026	1,491	535	16,864	27,879	2,391	44,103	42,178

Financial Performance: Statement of Financial Position

	Plan Apr to May (£'000)	Actual Apr to May (£'000)	Variance (£'000)	Forecast 2018/19 (£'000)
Assets				
Assets, Non-Current	98,343	97,541	-802	111,477
Assets, Current				
Trade and other Receivables	11,295	11,633	338	9,929
Other Assets (including Inventories & Prepayments)	5,385	6,248	863	5,726
Cash and Cash Equivalents	8,810	7,431	-1,379	11,930
Total Assets, Current	25,490	25,311	-179	27,585
ASSETS, TOTAL	123,833	122,852	-981	139,062
Liabilities				
Liabilities, Current				
Finance Lease, Current	-1,340	-990	350	-2,147
Loans Commercial Current	-382	-381	1	-667
Trade and Other Payables, Current	-11,862	-11,677	185	-14,805
Provisions, Current	-212	-183	29	-225
Other Financial Liabilities	-7,782	-7,644	138	-6,552
Total Liabilities, Current	-21,578	-20,875	703	-24,396
Net Current Assets/(Liabilities)	3,912	4,437	525	3,189
Liabilities, Non Current				
Finance Lease, Non Current	-4,495	-4,207	288	-5,840
Loans Commercial Non-Current	-12,040	-12,040	0	-17,304
Provisions, Non-Current	-1,586	-1,586	0	-1,489
Trade and Other Payables, Non-Current	0	0	0	0
Total Liabilities Non-Current	-18,121	-17,833	288	-24,633
TOTAL ASSETS EMPLOYED	84,134	84,145	11	90,033
Taxpayers' and Others' Equity				
Taxpayers Equity				
Public dividend capital	76,791	76,791	0	76,791
Retained Earnings	-8,250	-8,240	10	-2,351
Donated asset reserve	0	0	0	0
Revaluation Reserve	15,592	15,592	0	15,592
TOTAL TAXPAYERS EQUITY	84,133	84,144	11	90,032
TOTAL FUNDS EMPLOYED	84,133	84,144	11	90,032

Assets Non-Current

The main reason for the variance is that the plan is the capital programme expenditure being £535K less than which is mainly due to a delay in the GP Streaming Project £300K, Ward 17 Refurbishment £106K, IT Core Infrastructure £130K and a delay in the renewal of some finance leases.

Trade and other Receivables

NHS Trade Receivables are higher than anticipated as there are a number of other outstanding debts. These are Christies Hospital £438K, NHS England £375K, Western Cheshire CCG £295K (Paid early June) and East Cheshire NHS Trust £276K (paid early June). This is offset by a lower than anticipated non-nhs debt.

Other Assets

This higher than anticipated due to prepayments being higher than anticipated mainly due to prepayments on IT Maintenance contracts and Radiology Maintenance payments.

Finance Lease Current

This mainly due to a finance lease being paid earlier than anticipated.

Finance Lease Non-Current

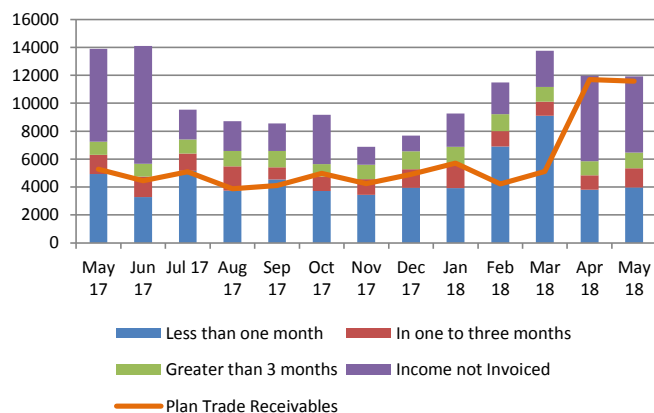
Loans are due to the delay in the replacement of finance leases.

Financial Performance: Cash Position and Working Capital

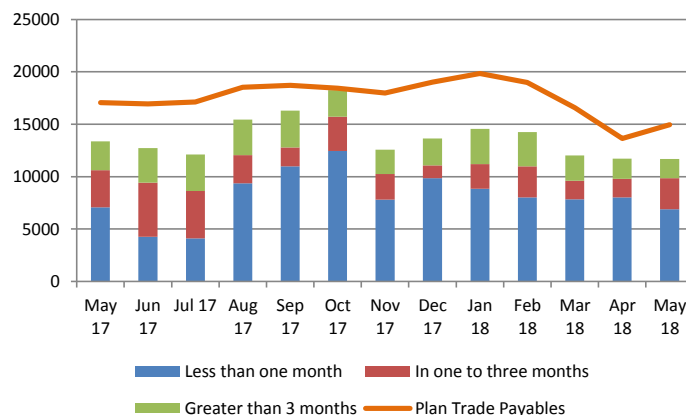
	Plan Apr to May (£'000)	Actual Apr to May (£'000)	Variance
Surplus/(deficit) after tax	-646	-638	8
Non-cash flows in operating Surplus/(deficit) total	985	921	-64
Operating cash flows before movements in working capital	339	283	-56
Increase/(Decrease) in working capital Total	2,297	1,286	-1,011
Net cash inflow/(outflow) from operating activities	2,636	1,569	-1,067
Net cash inflow/(outflow) from investing activities total	-1,274	-1,290	-16
Net Cash inflow/(outflow) before financing	1,362	278	-1,084
Net cash inflow/(outflow) from financing activities Total	-314	-608	-294
Net increase/(decrease) in cash and cash equivalents	1,048	-330	-1,378
Opening cash balance	7,761	7,761	0
Closing cash balance	8,809	7,431	-1,378

Cash is £1,378K worse than anticipated. This is mainly due to a deterioration in Working capital due to an increase in debtors £959K and a smaller than anticipated increase in creditors. In addition a finance lease was paid earlier than anticipated in the plan.

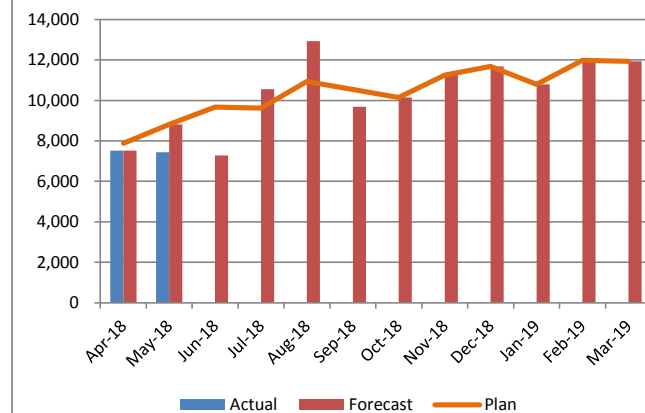
Trade Debtor Profile £000's



Trade Creditor Profile £000's










Cash Forecast £000's



Finance: Staff Costs

Headline Measures

		Rolling 13 months £000's													
	YTD £000's	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Monthly Trend
Pay Budget	28,113	14,030	13,678	13,577	13,688	13,730	13,774	13,799	13,721	13,916	13,817	13,785	14,001	14,112	
Pay Actual	28,246	14,070	13,715	13,649	13,843	13,875	13,947	13,826	13,692	14,278	14,017	14,133	14,094	14,152	
Variance	-133	-40	-37	-72	-155	-145	-173	-27	29	-362	-200	-348	-93	-40	
% to Budget	100.5%	100.3%	100.3%	100.5%	101.1%	101.1%	101.3%	100.2%	99.8%	102.6%	101.4%	102.5%	100.7%	100.3%	

Nursing Staff % to Budget	100.8%	104.4%	99.8%	102.5%	97.5%	99.3%	101.6%	102.9%	102.4%	105.9%	104.7%	105.0%	101.7%	99.9%	
Medical Staff % to Budget	98.0%	101.9%	98.8%	98.0%	108.2%	103.5%	102.6%	97.4%	95.3%	98.5%	97.1%	103.2%	95.4%	100.5%	
Other Staff % to Budget	101.7%	95.1%	101.7%	100.1%	100.9%	101.4%	100.1%	99.1%	99.8%	101.6%	100.7%	99.5%	102.8%	100.6%	

Commentary

Figures exclude Community Services for 2016/17

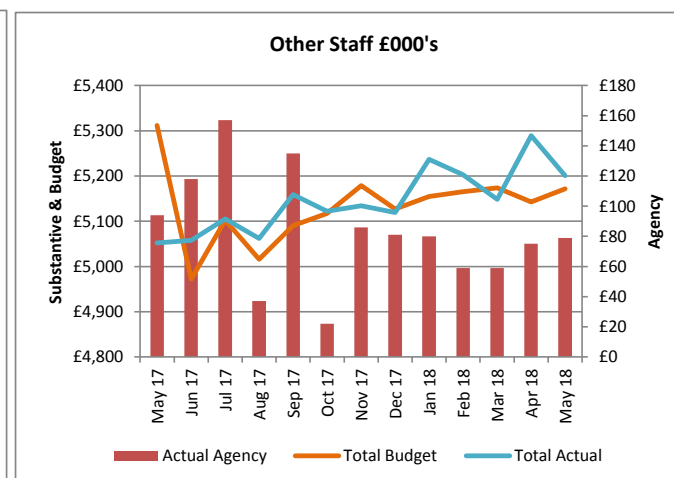
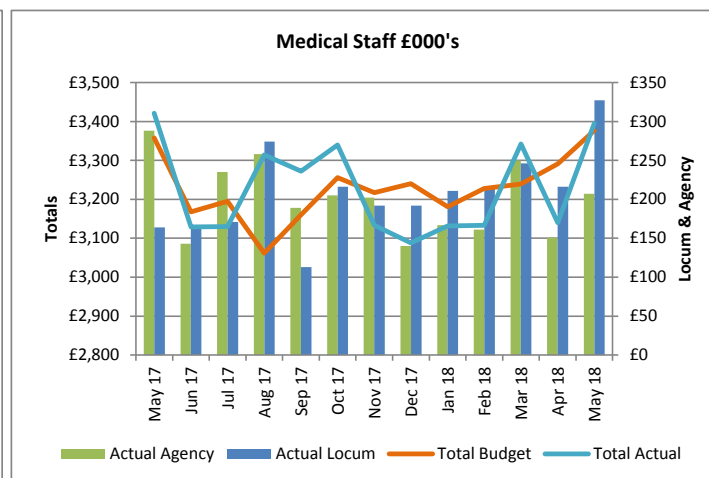
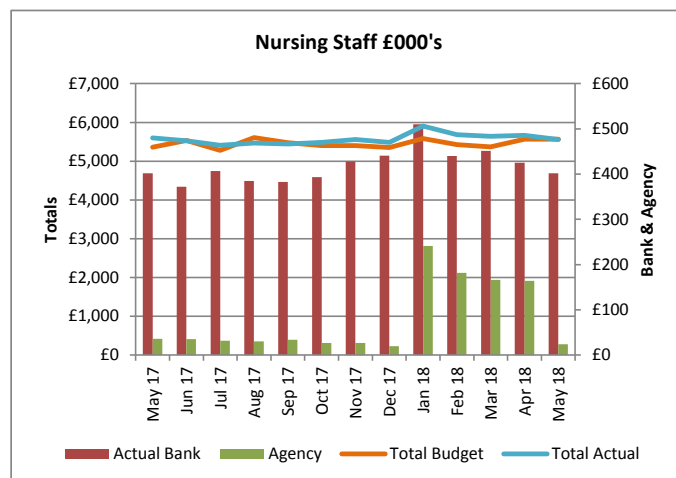
Pay is worse than budget by £0.1M year to date.

Nursing costs associated with keeping escalation beds/CAU assessment area open have been offset against agreed additional Winter money funding within contract income, and May has seen a reduction in agency costs as a result. Bank use over establishment for HCAs continues to support one to one patient supervision and is a financial pressure. Nursing vacancies and sickness levels have remained static in the month

Medical pay is worse than budget in month, with one off back pay costs offsetting within Surgery & Cancer offsetting the vacancies within the Medicine & Emergency Care.

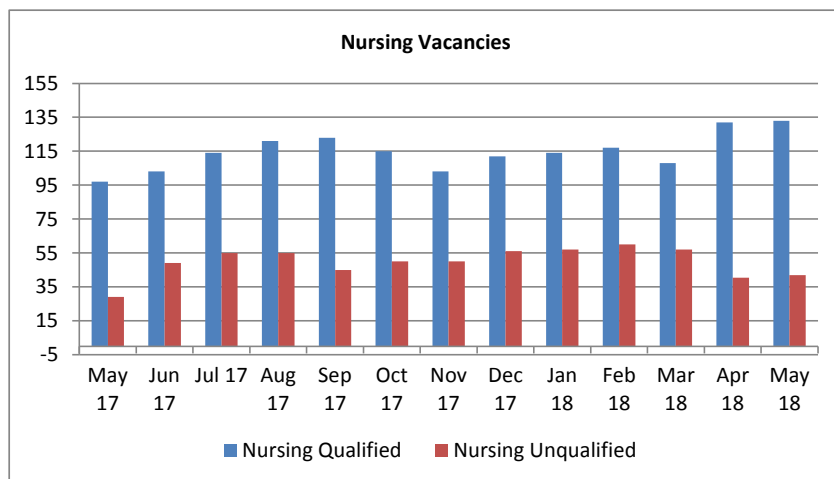
The Agency trajectory has improved as a result of the closure of the escalation beds.

Primary Drivers



Finance: Staff Costs

Secondary Drivers



Medical vacancies under review

Agency Trajectory

	YTD	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Monthly Trend
Plan	-730	-572	-561	-515	-563	-525	-495	-477	-506	-495	-470	-484	-365	-365	
Actual	-699	-416	-570	-611	-568	-540	-699	-721	-572	-668	-618	-574	-389	-310	
Variance	31	156	-9	-96	-5	-15	-204	-244	-66	-173	-148	-90	-24	55	
CCICP Actual	0	0	0	0	0	0	-69	-77	-152	-210	4	-77	0	0	

Rolling 13 Months														
	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Monthly Trend
Sickness Rate (Rolling 12 mths)	3.99%	4.04%	4.07%	4.14%	4.20%	4.21%	4.23%	4.25%	4.28%	4.28%	4.38%	4.38%	4.37%	
Total Leavers	38	35	45	45	54	45	39	33	46	37	59	39	38	
Turnover (Rolling 12 mths)	11.06%	10.52%	10.12%	10.57%	11.10%	11.08%	10.93%	10.71%	10.70%	10.66%	11.18%	11.33%	11.28%	

8 June 2018

Dennis Dunn
Mid Cheshire Hospitals NHS Foundation Trust
Leighton Hospital
Middlewich Road
Crewe
CW1 4QJ

Ian Dalton
Chief Executive
NHS Improvement
Wellington House
133-155 Waterloo Road
London
SE1 8UG

Email:
enquiries@improvement.nhs.net
Tel: 0203 747 0000

Dear Dennis

www.improvement.nhs.uk/

2018/19 Operational plan feedback

I am writing to acknowledge receipt of your Board approved operational plan for 2018/19 and to highlight next steps. NHS Improvement will use the details contained within your 2018/19 Board assured activity, finance, workforce and triangulation submissions to monitor and assess your trusts delivery of the commitments you and the board have made to the patients and communities that we serve.

Your final 2018/19 operating plans have been developed in the context of on-going discussions on how to develop a sustainable, transformed health service, which highlights the importance of your strategic work to help create a sustainable organisation as part of a strong local health care system within your Sustainability and Transformation Partnership.

It is critical that each trust meets the commitments in its annual plan to deliver safe, high quality services and the agreed access standards for patients within the resources available. This will mean maintaining an effective balance between demand and capacity and continuing to develop the workforce needed for local services.

To this end, as part of the assurance of your plan NHS Improvement has reviewed your submission and has set out below some key elements of your plan that require further review and follow up action. Please could you share this letter with your full Board for consideration. In addition to the elements of your plan described below there are some technical issues that require follow up action, these items will be picked up in detailed feedback from the appropriate NHS Improvement lead.

Activity, capacity and performance

There are a small number of areas where there are issues which do not appear to be consistent with what would be expected:

- Elective admissions: the trust's 2018/19 activity profile indicates that it expects to return to its normal level of elective admissions following the winter reduction of activity to manage winter pressures far more quickly than was the case in 2017/18.
- Beds volume - the trust planned beds are not consistent with the KH03 historical bed numbers reported by the trust in 2017/18. This has also impacted the comparison of the trust's expected activity to its bed capacity.

Capacity Planning

With regards to capacity planning we would expect a discussion at board level that considers how any capacity gap would be closed, including the contribution from reducing length of stay. Pauline Philip will write to you next week (w/c 11th of June 2018) regarding a national ambition of reducing the number of patients in hospital with a length of stay greater than 21 days. Please consider this as part of your plan review and confirm in writing what the expected length of stay reduction in plans will be.

Workforce

One of the most material risks to the delivery of safe, sustainable services in 2018/19 is the alignment of workforce, activity, capacity and financial plans. It is essential that trusts do not plan on delivering activity and receiving the associated income if they do not have the appropriate workforce in place to undertake this level of work. A critical element of your Board's review of the 2018/19 plan should focus on reviewing, assuring and if necessary resubmitting your workforce plan.

The substantive workforce is increasing by 1.6 WTE between March 2018 and March 2019. Bank remains static and Agency is increasing by 28 WTE from the original figure of 0 WTE between March 2018 and March 2019. We expect that the trust board has assured itself that this workforce plan is safe, realistic and will allow it to deliver its forecast activity, agreed quality improvements, and its planned financial performance.

Finance

With the exception of Clinical Commissioning Group and NHS England, your current plan shows material reductions in income on the levels recovered in 2017/18. Your 2017/18 plan showed a similar planned reduction, which was not reflected in the final income levels recovered for the year. Where you are expecting reductions in income, particularly relating to Local Authorities, Overseas Visitors, Research & Development and Education & Training, please can you revise your plans to ensure they are appropriate and also confirm why you expect this to be the case in 2018/19. Please can you also ensure that all income and expenditure relating to intra NHS and Whole Government Accounting trading is included within plans in accordance with accounting rules on gross and net reporting as your monthly income and spend information is used on a trust level basis to inform national discussions.

It is essential trusts take action to ensure the underlying position moving into 2019/20 is better than opening 2018/19 underlying position through the delivery of recurrent measures. This will be reviewed by NHS Improvement as part of our ongoing engagement throughout 2018/19.

Next Steps

After reviewing the issues highlighted above the trust Board may decide that amendments to the 2018/19 operating plan are required. If this is the case, NHS Improvement have put in place the facility for trusts to update all of their final 2018/19 operating plan submissions in a timely manner such that the outcome of the revised plan can be used in national reporting from month 3 onwards and will be the plan on which the Trust Board is assessed for 2018/19. NHS Improvement will communicate a deadline and detailed process for any plan resubmissions should they be required shortly. Please confirm if you do or do not wish to take up this opportunity to resubmit by 18 June by emailing nhsi.candmteam@nhs.net.

We will continue to work with you to ensure you are able to access the necessary development support to strengthen the trust's capability and capacity for delivery. Our central commitment to delivering a strong provider landscape can only be achieved through your success and a robust set of plans. We will ensure that wherever possible we support you to deliver these ambitions. In return, our expectation is a simple one - that the commitments you make through this planning round and through locally agreed contracts are delivered in full.

If you wish to discuss the above or any related issues further, please let me or your regional director know.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Ian Dalton', with a stylized, cursive script.

Ian Dalton
Chief Executive
NHS Improvement

cc Tracy Bullock, Chief Executive
Mark Oldham, Director of Finance
Lyn Simpson, Executive Regional Managing Director (North)
Jonathan Stephens, NHSI Regional Director of Finance
Elizabeth O'Mahony, NHSI Director of Finance

Title of Paper :	Organisational Quarterly Risk Register Report Q4 17/18		
Author:	Associate Director-Quality Governance		
Executive Lead:	Medical Director		
Type of Report:	Concept Paper		
	Strategic Options Paper		
	Business Case		
	Information		
	Review/Benefits/Audit		✓
Link to Strategic Domains:		Link to CQC Domain:	
Delivering Outstanding Clinical Quality, Safety & Experience	✓	Safe	✓
Being a Leading partner in a Progressive Health Economy	✓	Effective	✓
Striving for Outstanding Organisational Effectiveness	✓	Caring	
Aspiring to Excellence in Practice Through Our Workforce	✓	Responsive	✓
Creating a 21st Century Infrastructure for Transformative Health and Social Care	✓	Well-Led	✓
Link to Board Responsibility:	Performance		✓
	Accountability		✓
	Strategy		✓
	Implementation		✓
Action Required:	Decide		
	Approve		
	Note		✓
	Recommend		
	Delegate		
Positive Benefit:	Provides a position statement of the organisational risks for quarter 4, with oversight by the Quality Governance Committee. Further work is progressing with the development of divisional board / CCICP quarterly risk register reports and a web based risk system.		
Risk:	Lack of oversight of key risks to achieving the Strategic Objectives.		
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:	2 July 2018		

Quarterly Organisational Risk Register Report 2017/18 Quarter 4



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

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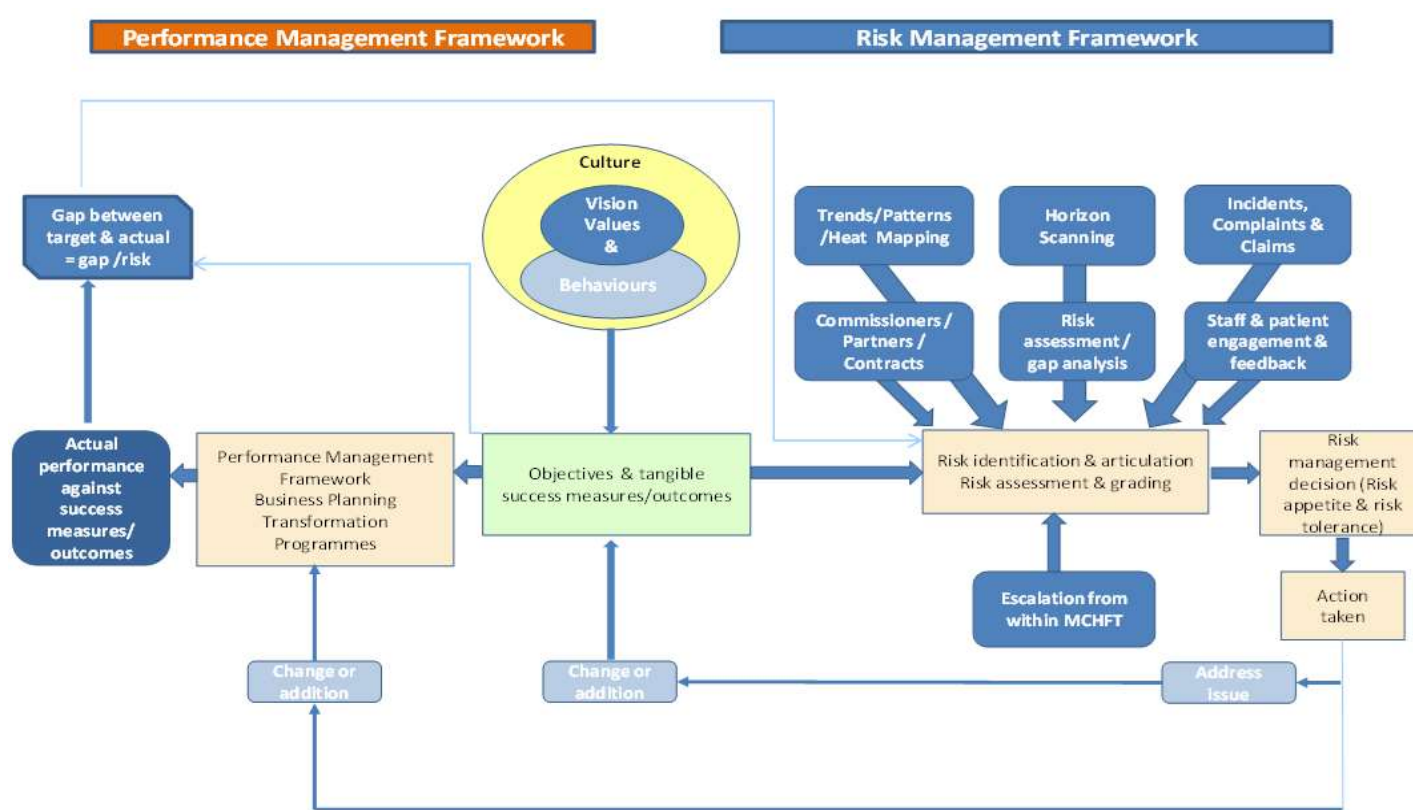
1. Purpose

The *Risk Management Strategy & Framework 2017/20* was approved in August 2017 and forms part of the Trust's wider internal control and governance arrangements. Work on the Trust's risk management processes will be iterative over the lifetime of the strategy & framework. This report provides an overview of organisational risks rated 15 and above (guide) and a summary of progress, with detailed risks rated 20 and above included in Appendix A. Appendix B provides a progress update against the six key priorities detailed in the *Risk Management Strategy & Framework 2017/20* and Appendix C provides the summary risk matrices.

2. Current position & next steps

This is the third version of the revised quarterly organisational risk register report. In parallel divisional/CCICP level reports are being developed and presented at Divisional/CCICP Boards as iterative documents for discussion and feedback. Work on revising the current approach to defining risk statements to a "There is a risk that <risk event> as a result of <cause> which may lead to <effect/impact>" is progressing with a focus on risks rated 15 and above. With the introduction of the web based risk system and supportive education and training the aim is that all grades of risks will be revised as they are due for review. Roll out of risk web is planned by March 2019.

The diagram below details the relationship between the performance and planning and risk management frameworks and the linkages across. Future versions of the divisional/CCICP reports will map the risks to the local objectives (*Trust Strategy 2017 with 2020 Horizon: Plans on a Page*).



3. Top five organisational risks

The top five organisational risks mapped to the Board Assurance Framework are detailed below.

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

4. New risks in the quarter 4 rated 15 & above

4.1 Corporate Services

- None for this period

4.2 CCICP

- Controlled drugs management

4.3 Diagnostics & Clinical Support Services

- None for this period

4.4 Medicine & Emergency Care

- No Supernumerary Critical Care Nurse in Charge

4.5 Estates & Facilities

- None for this period

4.6 Surgery & Cancer

- Delivering high quality clinical care 7 days per week

4.7 Women & Children's

- None for this period

5. Risks past the review date rated 15 & above

- Influenza Type Disease Pandemic causing disruption to services

6. Closed / de-escalated risks previously rated 15 & above

* In development

Ref	Lead	Divisional Objective*	Title	Date of Initial Assessment	Rating with existing control measures (CxL)							Rationale De-escalation / Closure	Date
					Controls Assurance Rating*	Q4 16/17	Q1	Q2	Q3	Q4	Target Rating		
EC0386	DGM Tony Mayer		Lack of Service Provision within Endocrinology	23/03/2017		4x5 = 20	4x5 = 20	4x5 = 20	4x5 = 20		4x2 = 8	<i>This risk has been superseded and split.</i>	05/01/2018
SC0443	Ward Manager		Insufficient staffing within Inpatient locations: Ward 15	001/09/2011		5x3 = 15	5x3 = 15	5x3 = 15	5x3 = 15		5x2 = 10	<i>Superseded by SC0483 which now covers all inpatient locations</i>	22/03/2018
72	Service Manager David Stokes		Lack of Breast Cancer Capacity due to Lack of Consultants	26/10/2017					4x4 = 16		4x1 = 5	<i>Superseded by DC1010 which amalgamates this and DC0835, plus incorporates the lack of a partnership organisation to deliver patient pathways</i>	01/03/2018
CS0294	Health & Safety Lead Wendy Astle-Rowe		Non-compliance with the Health & Safety (Sharp Instruments in Healthcare) Regulations 2013	21/11/2013		5x3 = 15	5x3 = 15	5x3 = 15	5x3 = 15	5x2 = 10	5x1 = 5	<i>All non-safe sharps have been reviewed Trustwide and replaced with safer options with the exception of where this would create a clinical risk which has been risk assessed. Training was provided by suppliers. Non-safe options have been blocked unless authorised. T&F Group will review annually.</i>	01/03/2018



7. Potential new risks awaiting assessment / horizon scanning

7.1 Corporate Services

- Counter Fraud
- Cyber Security

7.2 CCICP

- Resuscitation Training

7.3 Diagnostics & Clinical Support Services

- Haematology Capacity
- Cardio-Respiratory Accommodation
- Reporting of Breast Screening Mammograms by Advanced Practitioners
- Non-compliance for Skin Cancer MDT
- Assurance from External Partners for NICE Guidance
- CT Cardiac Service Capacity
- Implementation of new PACS System
- GP Cover at Elmhurst
- Pharmacy Cover at Elmhurst
- Transfers to Satellite Outpatients Unit
- Breast Care Unit & Screening Programme
- CT Scanning Equipment

7.4 Division of Medicine & Emergency Care

- None for this period.

7.5 Estates & Facilities

- Lack of in-house trainer resources to deliver Conflict Resolution Training
- Patient requiring Bed Watch services on a ward at MCHFT

7.6 Surgery & Cancer

- Potential risks identified from the review of NICE Guidance, Quality Standards & Royal College/National Guidance

7.7 Women & Children's

- Non-compliance with appointment targets and NICE guidance within Paediatric Audiology
- On call Community Midwives staffing
- Labour ward coordinator cover
- Clinical risk from external provider

8. Organisational Risk Register - Summary on a page

The total number of risks on the risk register currently is **484**. The scores of the mitigated assessed risks are depicted in the total column on the matrix below. Detailed risks rated 20 and above are presented in Appendix A. As work on the risk register progresses to apply a more consistent approach to both the articulation of the risk, the grading and centralisation of improvement actions, it is expected a shift will be seen in the overall risk profile of the organisation.

Total number of risks – Organisational															484
Risk Matrix	Likelihood														
	1			2			3			4			5		
	Rare			Unlikely			Possible			Likely			Almost certain		
	Score	Total	%	Score	Total	%	Score	Total	%	Score	Total	%	Score	Total	%
5 Catastrophic	5	24	5%	10	120	24.8%	15	15	3.1%	20	7	1.4%	25	-	-
4 Major	4	7	1.4%	8	86	17.8%	12	78	16.1%	16	11	2.3%	20	8	1.7%
3 Moderate	3	7	1.4%	6	53	11%	9	28	5.8%	12	17	3.5%	15	2	0.4%
2 Minor	2	1	0.2%	4	10	2.1%	6	2	0.4%	8	3	0.6%	10	3	0.6%
1 Negligible	1	-	-	2	-	-	3	1	0.2%	4	1	0.2%	5	-	-

9. Risks by Division, by mitigated risk score

Division	Risks rated 20 & above	Risks rated 16	Risks rated 15	Risks rated 12	Risks rated 10 & below	Total
Corporate Services	7	1	4	10	43	65
CCICP	0	2	0	8	14	24
Diagnostics & Clinical Support Services	0	2	1	13	17	33
Division of Medicine & Emergency Care	8	3	3	15	31	60
Estates & Facilities	0	2	6	19	153	180
Surgery & Cancer	0	1	1	18	32	52
Women & Children's	0	0	2	12	56	70
Total	15	11	17	95	346	484

10. Summary of the Organisational Risk Register by mitigated risk score (Rated 15 & above)

* In development

Reference	Lead	Divisional Objective*	Risk Title	Date of Initial Assessment	Rating with existing control measures (CxL)							Position Statement
					Controls Assurance Rating*	Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Target Rating	
CS0275	Medical Director Dr Paul Dodds		Delivering High Quality Clinical Services 7 days per Week	29/05/2012		5x4 = 20	5x4 = 20	5x4 = 20	5x4 = 20	5x4 = 20	5x1 = 5	NHS Improvement has published a guidance document on the challenges and solutions for 7 day services. The divisional teams are reviewing this to identify any learning to implement locally.
CS0302	Head of Information Governance Cora Suckley		Information Governance Overarching Risk Assessment	08/08/2014		5x4 = 20	5x4 = 20	5x4 = 20	5x4 = 20	5x4 = 20	5x2 = 10	The IG Toolkit submission was 91% (satisfactory) with substantial assurance from internal audit. Detailed plans for GDPR & Cyber Security have been developed. Risk under review and will be split across cyber security and GDPR.
CS0326	Medical Director Dr Paul Dodds		Delivering the Information Technology Strategy	07/09/2015		4x5 = 20	4x5 = 20	4x5 = 20	4x5 = 20	4x5 = 20	4x2 = 8	Retaining a risk score of 20 based upon that the business case process is still progressing.
CS0327	Director of Finance Mark Oldham		Long Term Financial Sustainability of MCHFT	02/09/2015		5x5 = 25	5x5 = 25	5x4 = 20	5x4 = 20	5x4 = 20	5x2 = 10	The Trust has delivered its financial control total for 2017/18 and agreed a contract for 2018/19 which supports the delivery of the 2018/19 financial target. Long term financial sustainability remains a high risk.

Reference	Lead	Divisional Objective*	Risk Title	Date of Initial Assessment	Rating with existing control measures (CxL)							Position Statement
					Controls Assurance Rating*	Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Target Rating	
EC0379	Matron Ali Barnes		Risks associated with inadequate staffing levels - Ward 2	10/11/2016		4x5 = 20	4x5 = 20	4x5 = 20	4x5 = 20	4x5 = 20	4x2 = 8	The number of Registered Nurse vacancies have increased since the previous quarter. There has been a change in the function of the ward as it now includes short stay/frailty patients.
EC0327	Consultant Anaesthetist Michelle Green		Lack of secondary Anaesthetic on-call cover	31/07/2010		4x4 = 16	4x4 = 16	4x4 = 16	4x5 = 20	4x5 = 20	4x2 = 8	The business case is being progressed and has been approved at the Trust Board.
EC0397	Matron Ali Barnes		Risks associated with inadequate staffing levels on Ward 5	19/06/2017			4x5 = 20	4x5 = 20	4x5 = 20	4x5 = 20	4x2 = 8	There remains concern within the Division regarding the sustainability of the NIV service given the current high vacancies on Ward 5. The Modern Matrons and Divisional Head of Nursing now receive a weekly staffing incident report. There are 9.86 WTE Registered Nurse vacancies which includes maternity leave.
EC0287	AMD Doug Robertson		Risks associated with insufficient numbers of junior doctors across the ECD Division	01/03/2013		5x4 = 20	5x4 = 20	5x4 = 20	5x4 = 20	5x4 = 20	5x2 = 10	There are still vacancies within the Junior Doctor rota in Medicine & ED. ED has two vacancies at junior trainee level (25% of rota) and five vacancies at MG level (including SAS doctors). Medicine has six vacancies, FY1 x 1 and FY2 x 2, GPST x 3. There will be a Registrar vacancy in June which will be a better position than previous.

Reference	Lead	Divisional Objective*	Risk Title	Date of Initial Assessment	Rating with existing control measures (CxL)							Position Statement
					Controls Assurance Rating*	Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Target Rating	
EC0388	Matron Ali Barnes		Cardiac Monitoring System	13/06/2017			5x3 = 15	5x3 = 15	5x4 = 20	5x4 = 20	5x2 = 10	A meeting took place with the Division and Philips to establish the progression with the action plan and also 24/7 support from Philips in the event of any failure with the system. The issues with the telemetry were discussed at the meeting and assurance was given by Philips that the problem had been rectified. There haven't been any further issues experienced with the telemetry system since the beginning of January 2018. Philips are providing us with external 24/7 support and also contact details for the ward to contact the senior management team in the event of any failure with the system. A further meeting is to take place in May 2018.
CS0328	Medical Director Dr Dodds		Sustainability of Vulnerable Clinical Services due to Lack of Resource (People & finance)	24/09/2015		5x4 = 20	5x4 = 20	5x4 = 20	5x4 = 20	5x4 = 20	5x2 = 10	Ability to recruit to senior leadership posts remains a challenge. Reduction in risk will occur when there is a shift from locum cover to filling posts substantively.
CS0315	Night Nurse Practitioner Nigel Billington		Warding of members of the Out of hours Advanced Nurse Practitioner team (NNP) Team (or reduced cover due to other reasons)	16/02/2007		4x2 = 8	4x2 = 8	4x2 = 8	4x2 = 8	Under Review		Risk assessment is currently under review.

Reference	Lead	Divisional Objective*	Risk Title	Date of Initial Assessment	Rating with existing control measures (CxL)							Position Statement
					Controls Assurance Rating*	Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Target Rating	
SC0558	DGM Daniel Moore		Risks associated with reduced numbers of middle / junior grade medical staff	08/09/2017		4x3 = 12	4x3 = 12	4x4 = 16	4x4 = 16	4x4 = 16	4x3 = 12	Workforce planning reviews include the development of alternative roles e.g. advanced nurse practitioners and associates.
EC0387	DGM Tony Mayer		Lack of service provision within Respiratory	23/03/2017		4x5 = 20	4x5 = 20	4x5 = 20	4x4 = 16	4x5 = 20	4x2 = 8	Interviews for a substantive Consultant position are taking place on 19 th April 2018 and further interviews on 3 rd May 2018 for a 0.5wte which will be a joint post partnership working. The ANP is now in post.
EC0384	DGM Tony Mayer		Lack of service provision within Cardiology	29/11/2016		4x5 = 20	4x5 = 20	4x5 = 20	4x4 = 16	4x5 = 20	4x3 = 12	There is currently 2.7wte Consultant vacancy within Cardiology. There is NHS Locum position currently being advertised. There are two shared Partnership working with UHNM positions, which are currently undergoing the recruitment process.
EC0329	ED Service Manager Verity Lockett		Failure to deliver National Access Targets within ED and the increasing level of delays impacting upon patient flow and quality of care / patient experience.	03/06/2015		4x4 = 16	4x4 = 16	4x4 = 16	4x4 = 16	4x4 = 16	4x3 = 12	There has been a continued unprecedented demand within the Trust since the Christmas period which has impacted upon the delivery of the 4 hour standard. This risk has been revised.

Reference	Lead	Divisional Objective*	Risk Title	Date of Initial Assessment	Rating with existing control measures (CxL)							Position Statement
					Controls Assurance Rating*	Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Target Rating	
CP0061	Head of Quality & Safety Sue Hamman		Controlled drugs management	14/02/2018						4x4 = 16	3x2 = 6	New Risk added this Quarter.
EC0402	DGM Tony Mayer		Lack of Service Provision within Diabetes	23/03/2018						4x4 = 16	4x2 = 8	There is a substantive recruitment AAC date 16 th July 2018. The current Registrar is obtaining CCT in December 2018 so will be acting up to Consultant level from June. There has been agreement to undertake three additional clinical as part of the job plan. There will be alternate ward cover with the substantive Consultant from June 2018.
EC0399	Matron Ali Barnes		Non-Invasive Ventilation and Tracheostomy patients on Ward 5	12/09/2017					4x4 = 16	4x5 = 20	4x3 = 12	There remains concern within the Division regarding the sustainability of the NIV service given the current high vacancies on Ward 5. The Modern Matrons and Divisional Head of Nursing now receive a weekly staffing incident report. There are 9.86 WTE Registered Nurse vacancies which includes maternity leave.
DC0887	AMD David Butterworth		Consultant Histopathologist Capacity	24/03/2015		4x4 = 16	4x4 = 16	4x4 = 16	4x4 = 16	4x4 = 16	4x2 = 8	The risk remains on the Register due to the difficulty in recruiting Histopathologists. Adverts remain out for substantive consultants and the division is in the process of recruiting overseas middle grade doctors.

Reference	Lead	Divisional Objective*	Risk Title	Date of Initial Assessment	Rating with existing control measures (CxL)							Position Statement
					Controls Assurance Rating*	Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Target Rating	
DC1019	Professional Lead Diagnostics Ruth Heaton		CCG proposal for discharge to assess beds at Elmhurst	05/12/2017					4x4 = 16	4x4 = 16	4x1 = 4	Capacity of 8 CHC patients at any time mitigating 1:1 requirements. No reduction in risk rating overall.
DC0615	Director of Pharmacy Karen Thomas		Risk Assessment of use of midazolam injection against NPSA Rapid Response Report 11	22/02/2011		5x3 = 15	5x3 = 15	5x3 = 15	5x3 = 15	5x3 = 15	5x2 = 10	Risk under review by Director of Pharmacy.
CP0057	Quality & Safety Lead CCICP Becky Consterdine		Moving & Handling Training	31/12/017					4x4 = 16	4x4 = 16	4x2 = 8	Moving & Handling Trainer recruitment process is at interview stage (21/5). E-learning programme in process, but some staff still to complete.
CS0325	Chief Operating Officer Chris Oliver		Operational Sustainability of MCHFT	29/09/2016		4x4 = 16	4x4 = 16	4x4 = 16	4x4 = 16	4x4 = 16	4x3 = 12	Strong record of compliance against the Single Oversight Framework with the exception of the A&E 4 hour standard, although performance over the last twelve months has seen performance against this standard increase. There are however, significant external factors outside of the Trust's direct control which can directly impact on the Trust's ability to maintain compliance.
EF0260	Director of E&F Mike Babb		Loss of Mechanical Infrastructure and Associated Resources: Leighton Hospital	25/05/2010		4x4 = 16	4x4 = 16	4x4 = 16	4x4 = 16	4x4 = 16	4x1 = 4	No change – Awaiting Asbestos removal.

Reference	Lead	Divisional Objective*	Risk Title	Date of Initial Assessment	Rating with existing control measures (CxL)							Position Statement
					Controls Assurance Rating*	Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Target Rating	
EF0404	Head of Facilities Miriam Hickman		Potential Claims relating to Reportable Occupational Disease - including Mesothelioma & Noise induced Hearing Loss	13/11/2014		4x4 = 16	4x4 = 16	4x4 = 16	4x4 = 16	4x4 = 16	4x2 = 8	Assessment reviewed. No change at this time.
EC0403	Deputy Divisional General Manager Denise Tokely-McNicholas		Lack of service provision within Endocrinology	09/01/2018						4x4 = 16	4x3 = 12	This risk has been split, originally a joint risk with Diabetes Service
EC0410	Lead Nurse Sian Axon		No Supernumerary Critical Care Nurse in Charge	05/03/2018						3x5 = 15	3x2 = 6	New Risk added this Quarter
EF0412	Security Manager Les Jackson		Waste Compactor - Portakrush 2000s	31/07/2014		5x2 = 10	5x2 = 10	5x2 = 10	5x2 = 10	5x3 = 15	5x2 = 10	A further risk has been identified following an incident where the compact fell from the vehicle which would potentially have been fatal. Following discussion with Health & Safety, the risk has been updated and the score amended accordingly.
CS0284	Director of Nursing & Quality Julie Tunney		Recruitment to the number of Nursing Vacancies across MCHFT	02/01/2013		5x3 = 15	5x3 = 15	5x3 = 15	5x3 = 15	4x4 = 16	4x2 = 8	Risk reviewed and increased rating to 16 due to vacancies Trust wide. Short & long term recruitment plans in place including alternative and advanced practice roles. Recruitment days held in March 2018 and further dates planned in May 2018.

Reference	Lead	Divisional Objective*	Risk Title	Date of Initial Assessment	Rating with existing control measures (CxL)							Position Statement
					Controls Assurance Rating*	Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Target Rating	
CS0314	H&S Lead Wendy Astle-Rowe		Trust Wide Fire Risk Assessment	28/04/2015		5x2 = 10	5x2 = 10	5x3 = 15	5x3 = 15	5x3 = 15	5x2 = 10	This relates to the over-arching rating for the Trust relating to infrastructure and fire safety provisions. This is rated as a 15 mainly due to the infrastructure status in non-refurbished wards.
PG0057	Clinical Lead Sarah Pyper		Inadequate Availability of Medical Staff within Paediatrics	22/04/2009		5x3 = 15	5x3 = 15	5x3 = 15	5x3 = 15	5x3 = 15	5x1 = 5	One Consultant off sick with no indication yet of return date. Consultant also leaving the Trust end of July. Potential for gap with Consultant cover, exacerbated during periods of annual leave.
CS0023	Emergency Planning Officer Neil Furness		Influenza Type Disease Pandemic Causing Disruption to Services			5x3 = 15	5x3 = 15	5x3 = 15	5x3 = 15	5x3 = 15	5x3 = 15	Review overdue – meeting to be arranged with Head of Quality Governance.

Reference	Lead	Divisional Objective*	Risk Title	Date of Initial Assessment	Rating with existing control measures (CxL)							Position Statement
					Controls Assurance Rating*	Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Target Rating	
CS0233	Patient Safety Manager Sheila Townsend		Medical devices Training in MCHFT	02/02/2011		5x3 = 15	5x3 = 15	5x3 = 15	5x3 = 15	5x3 = 15	5x1 = 5	Risk is currently scored as a 5x3. This is because the Medical Equipment Group agree that there is a risk of medical equipment being incorrectly used by staff within the Trust as there is no robust method of providing medical equipment training. An SOP for Self-assessment of medical equipment has been developed and rolled out following a successful pilot in the Critical Care Unit. The use of this SOP is not yet fully embedded into practice and until it is the risk of staff using medical equipment incorrectly and potentially causing a catastrophic event remains. The development of this SOP has not removed the need for a Medical devices trainer/coordinator within the Trust.
CS0268	Telecommunications Manager Debbie Walton		Loss/unavailability of Switchboard telecommunications equipment	19/01/2013		5x3 = 15	5x3 = 15	5x3 = 15	5x3 = 15	5x3 = 15	5x2 = 10	We are in the process of installing a new telephone system, until this is completed, the risk and scores will remain. Once completed, we will reassess the risk assessment.
SC0614	Divisional General Manager Dan Moore		Delivering high quality clinical care 7 days per week	29/03/2018						5x3 = 15	4x2 = 8	New Risk added this Quarter

Reference	Lead	Divisional Objective*	Risk Title	Date of Initial Assessment	Rating with existing control measures (CxL)							Position Statement
					Controls Assurance Rating*	Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Target Rating	
PG0272	Clinical Lead Karen Mckintyre		Inadequate availability of medical staff to cover rotas - Obs and Gynae	08/06/2016		4x3 = 12	5x3 = 15	5x3 = 15	5x3 = 15	5x3 = 15	5x2 = 10	Discussed at Gynae Governance meeting 6.3.18 1st on call rota - There are 8 slots on the ST1/2 ('1st on call') rota. Currently 0.4 WTE vacancies until 03/04/18 (due to a part-time post) and then no trainee vacancies from 04/04/18 when a new full-time trainee rotates into the part time trainee's post Middle grade rota - 0.4 WTE vacancies (due to a part-time post) then a 1 WTE post vacancy from 23/04/18 (when the part time doctor goes on mat leave) One candidate recruited to SHO post, awaiting confirmation of her right to work in UK and GMC registration. Likely to be a few weeks at least. Medical Resourcing chasing.
EC0317	Clinical Service Manager Sian Axon		Delayed discharge from Critical Care	01/02/2010		3x5 = 15	3x5 = 15	3x5 = 15	3x5 = 15	3x5 = 15	5x2 = 10	Due to the unprecedented demand within the Trust this has impacted on the number of delayed discharges from Critical Care. The ICNARC report is due for further review and discussion at the next Divisional Mortality meeting.
EC0381	Matron Ali Barnes		Risks associated with insufficient advanced life support (ALS) covered registered nurses in the coronary care unit (CCU)	21/11/2016		5x3 = 15	5x3 = 15	5x3 = 15	5x3 = 15	5x3 = 15	5x2 = 10	There continues to be 1.92wte band 5 vacancies in addition to a 1.0wte band 6 being seconded into a ANP role. A number of registered nurses have completed the ALS training and are now being supported to become CCU covered.

Reference	Lead	Divisional Objective*	Risk Title	Date of Initial Assessment	Rating with existing control measures (CxL)							Position Statement
					Controls Assurance Rating*	Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Target Rating	
EF0411	Head of Facilities Miriam Hickman		Injury to Pedestrians from the Treatment Centre Pay on Foot Car Park Barriers	05/11/2014		5x3 = 15	5x3 = 15	5x3 = 15	5x3 = 15	5x3 = 15	5x2 = 10	Assessment reviewed and remains as is, however new access control is currently being rolled out across the MCHFT estates and once completed the assessment will be again reviewed.
EF0415	Head of Estates Paul Dyche		Risk Master	15/12/2014		5x3 = 15	5x3 = 15	5x3 = 15	5x3 = 15	5x3 = 15	5x2 = 10	No change – Awaiting Asbestos removal. Back log maintenance.
EF0418	Engineering Manager		Infusion Pump Availability	09/01/2015		5x3 = 15	5x3 = 15	5x3 = 15	5x3 = 15	5x3 = 15	5x2 = 10	Discussion around assessment took place on 22 March 2018 and no changes required at this time
EF0101	Head of Estates Paul Dyche		Legionella- Water Distribution / Temperature at Leighton Hospital	09/12/2010		5x3 = 15	5x3 = 15	5x3 = 15	5x3 = 15	5x3 = 15	5x1 = 5	No change - Work continuing as part of ward / street / dept. refurbishment programme.
EF0393	Head of Estates & Facilities Mike Babb		Risks to the Continuity of MCHFT Critical Functions identified by the Estates and Facilities Division	14/03/2016		5x3 = 15	5x3 = 15	5x3 = 15	5x3 = 15	5x3 = 15	5x1 = 5	Risk reviewed. No change at this time.

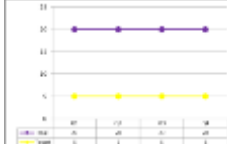
11. Risks with partner organisations (Governance / partnerships between organisations)

As part of the Risk Management Strategy & Framework 2017/20 work across partner organisations will be undertaken to understand shared risks which may impact on the quality / performance of services provided at the Trust these include:

- University Hospitals of North Midlands NHS Trust
- CCICP Partners
- East Cheshire NHS Trust
- Local Authorities
- 'One to One' Midwifery

As part of the internal NHSI Well Led Developmental Review process governance between organisations was highlighted as a key area for review by the external review team.

Appendix A: Detailed Risks Rated 20 & above (*In development)

CS0275 – Delivering High Quality Clinical Services 7 Days per Week				Very Low Risk			Low Risk			Moderate Risk			High Risk		Extreme Risk	
				1	2	3	4	5	6	8	10	12	15	16	20	25
								T (5x1)							C (5x4)	I (5x5)
Potential Risk “There is a risk that <risk event> as a result of <cause> which may lead to <effect/impact>”	Lead	Control Measures						Controls Assurance Rating*	Position Statement	Original Date						
Risk: Risk of harm to patient's including increased mortality rates or a delay in treatment and diagnosis Cause: Reduced weekend, bank holidays and out of hours services Effect/Impact: <ul style="list-style-type: none">Reduced bed capacity and patient flowPoor patient experiencePoor patient outcomesIncrease in staff sickness and absenceNon delivery of NHSI Single Oversight Performance StandardsIncreased length of stay	Medical Director Dr Paul Dodds	<ol style="list-style-type: none">Trust Escalation PolicyClinical pathways7 days/week for emergency and critically ill patients7 Day Services Working GroupAccess to diagnostics out of hoursOn call pharmacist.Level 2 and Level 3 critical care bedsConsultants rotas provide 7 days/week on callExec / SMOC 7 days/week on call coverCritical care outreach service 7 days/weekNight Nurse Practitioner serviceClinical Site Managers.7 days/week medical and nursing cover.Increasing shop floor time for ED Consultants "out of hours".Doubling up of Consultant Physicians for part of weekend.Separating of Consultant Anaesthetist rotas to establish specific Critical Care on call rota.Command and control structure to communicate with the wider healthcare community regarding capacity issues.Urgent Care CentreDaily Bed ManagementDedicated discharge liaison team							NHS Improvement has published a guidance document on the challenges and solutions for 7 day services. The divisional teams are reviewing this to identify any learning to implement locally.	29/05/2012						
										Review Frequency						
										Monthly						
										Monitoring Group						
										Executive Quality Governance Group						
										Risk Source						
										Risk Assessment						
										Version						
										4						
										BAF Links						
										Q1, Q2, E1, E2, W1, W2, W3						
										Shift						
										2016-17						
										Q1	20		►			
										Q2	20		►			
										Q3	20		►			
										Q4	20		►			
										2017-18						
										Q1	20		►			
										Q2	20		►			
										Q3	20		►			
										Q4	20		►			
									Shift Position							
																

Key:

I = Initial Risk Rating


▲ = Risk rating has increased since previous quarter

C = Current Risk Rating

► = No change from previous quarter

T = Target Risk Rating

▼ = Risk rating has decreased since previous quarter

Summary: CS0302 – Information Governance Overarching Risk Assessment (Under review)				Very Low Risk			Low Risk			Moderate Risk			High Risk		Extreme Risk	
				1	2	3	4	5	6	8	10	12	15	16	20	25
											T (5x2)				C (5x4)	I (5x5)
Potential Risk “There is a risk that <risk event> as a result of <cause> which may lead to <effect/impact>”	Lead	Control Measures						Controls Assurance Rating	Position Statement	Original Date						
Risk: Risk of a breach of the obligation to process information fairly and lawfully in line with the principles of the Data Protection Act 1998 and other associated regulations. Cause: Failure to adequately protect data/information in line with regulations. Effect/Impact: <ul style="list-style-type: none">Unsatisfactory Information Governance Toolkit ratingReporting required to Information Commissioners OfficeFinancial penaltiesReputational risks	Head of Information Governance Cora Suckley	1.Privacy Impact Assessment Procedure 2.Information Governance Training 3.Confidentiality and Data Protection Policy 4.Information Governance Handbook 5.Information Governance and Clinical Audit Guidance leaflet for staff 6.Bedside Folder (containing relevant paragraphs) relating to the management of personal information 7.Information sharing agreements signed off by Caldecott Guardian for all sharing of information. 8.Health Records Management Policy 9.Corporate Records Management Policy 10. Access to Health Records Policy 11. Confidentiality and Data Protection Policy 12. ICT Policies 13. Audits can be run on Patient Administration System if concerns are raised. 14. Websense software implemented 15. Review of IG Toolkit. Toolkit Action Plan drawn up and leads identified. Toolkit progress is monitored at Information Governance Group.							<i>The IG Toolkit submission was 91% (satisfactory) with substantial assurance from internal audit. Detailed plans for GDPR & Cyber Security have been developed. Risk under review and will be split across cyber security and GDPR.</i>	08/08/2014						
										Review Frequency						
										Monthly						
										Monitoring Group						
										Executive Quality Governance Group						
										Risk Source						
										Risk Assessment						
										Version						
										2						
										BAF Links						
										T2 a & b						
										Shift						
										2016-17						
										Q1	15		►			
										Q2	20		▲			
										Q3	20		►			
										Q4	20		►			
										2017-18						
										Q1	20		►			
										Q2	20		►			
										Q3	20		►			
										Q4	20		►			
Shift Position																

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CS0326 – Delivering the Information Technology Strategy			Very Low Risk			Low Risk			Moderate Risk			High Risk		Extreme Risk	
			1	2	3	4	5	6	8	10	12	15	16	20	25
									T (4x2)						I & C (4x5)
Potential Risk “There is a risk that <risk event> as a result of <cause> which may lead to <effect/impact>”	Lead	Control Measures	Controls Assurance Rating	Position Statement	Original Date										
Risk: Failure to improve the quality of care and patient safety due to not being able to share information quickly and effectively, there is a potential to inadvertently incorrectly treat a patient. Cause: Continuing to rely on the use of paper records. Effect/Impact: <ul style="list-style-type: none">Poor quality of carePoor patient experienceInability to transform and modernise servicesDelays in completing horizontal and vertical integrationContinued lack of access to the medical records from home leading to delaysReputational risksWe will not be seen as 'progressive' and could possibly miss out on other external funding streams.Difficulty in recruiting clinical staff who expect EPR system to be in place.	Medical Director Dr Paul Dodds	1. GP patient record electronically via Docman. 2. Case notes are tracked using the Trust's Patient Administration System 3. Major investments in IT infrastructure. These include Trust-Wide Wi-Fi, new core network and virtualised server infrastructure which has increased our disaster recovery capabilities 4. Policies & procedures for Health Records		Retaining a risk score of 20 based upon that the business case process is still progressing.	07/09/2015 Review Frequency Monthly Monitoring Group Executive Quality Governance Group Risk Source Risk Assessment Version 1 BAF Links T2a, T2b & E2 Shift 2016-17 Q1 20 ► Q2 20 ► Q3 20 ► Q4 20 ► 2017-18 Q1 20 ► Q2 20 ► Q3 20 ► Q4 20 ► Shift Position 										

Key:

I = Initial Risk Rating


▲ = Risk rating has increased since previous quarter

C = Current Risk Rating

► = No change from previous quarter

T = Target Risk Rating


▼ = Risk rating has decreased since previous quarter

CS0327 – Long Term Financial Sustainability of MCHFT	Very Low Risk			Low Risk			Moderate Risk			High Risk		Extreme Risk		
	1	2	3	4	5	6	8	10	12	15	16	20	25	
								T (5x2)				C (5x4)	I (5x5)	
Potential Risk “There is a risk that <risk event> as a result of <cause> which may lead to <effect/impact>”	Lead	Control Measures				Controls Assurance Rating		Position Statement				Original Date		
Risk: The Trust becomes financially unsustainable Cause: <ul style="list-style-type: none">Non Delivery of CIP targetsUnderperformance on Elective ActivityIncreasing premium costs of staff to cover gapsNon Electivity Demand outstripping bed capacityLoss of contracts due to competitionIncreasing efficiency requirements in the National Tariff Effect/Impact: <ul style="list-style-type: none">Cash flow implications of deteriorating trading positionQuality & performance of services	Director of Finance Mark Oldham	<ol style="list-style-type: none">Monthly CIP performance meetingsQuality Impact Assessment of CIP schemesTheatre Productivity Group plansCash flow monitoring and debt collection processesBudget meetings on monthly basisRecruitment initiatives (foreign and domestic) and Premia incentivesTendering for services (new and existing)Stronger Together ProgrammeWeekly performance meetings re: activity deliveryAnnual PlanTrust Strategy & local plansBorrowings in place for key schemes						<i>The Trust has delivered its financial control total for 2017/18 and agreed a contract for 2018/19 which supports the delivery of the 2018/19 financial target. Long term financial sustainability remains a high risk.</i>				29/05/2012		
												Review Frequency		
												Monthly		
												Monitoring Group		
												Executive Quality Governance Group		
												Risk Source		
												Risk Assessment		
												Version		
												2		
												BAF Links		
												Q1, Q2, P1, P2, E1, E2, W1, T1, T2a, T2b		
												Shift		
												2016-17		
												Q1	25	►
												Q2	25	►
												Q3	25	►
												Q4	25	►
												2017-18		
												Q1	25	►
												Q2	20	▼
												Q3	20	►
												Q4	20	►
Shift Position														

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CS0328 – Sustainability of Vulnerable Clinical Services due to Lack of Resource (People & finance)			Very Low Risk			Low Risk			Moderate Risk			High Risk		Extreme Risk	
			1	2	3	4	5	6	8	10	12	15	16	20	25
										T (5x2)				C (5x4)	I (5x5)
Potential Risk “There is a risk that <risk event> as a result of <cause> which may lead to <effect/impact>”	Lead	Control Measures							Controls Assurance Rating	Position Statement	Original Date				
Risk: Failure to maintain essential clinical services Cause: Vulnerability of key clinical specialities – difficult to recruit posts (e.g. Gastroenterology; Histopathology and Radiology) Effect/Impact: <ul style="list-style-type: none"> Poor quality of care and lack of services Significant financial impact to the Trust due to the vulnerability of the identified clinical services 	Medical Director Dr Paul Dodds	1. Stronger Together Programme. 2. Annual Plan. 3. Trust Strategy. 4. Recruitment initiatives (foreign and domestic) and Premia incentives. 5. Workforce planning – alternative roles 6. Partnership working								<i>Ability to recruit to senior leadership posts remains a challenge. Reduction in risk will occur when there is a shift from locum cover to filling posts substantively.</i>	24/09/2015	Review Frequency			
											Monthly	Monitoring Group			
											Executive Quality Governance Group	Risk Source			
											Risk Assessment	Version			
											2	BAF Links			
											Q1, Q2, P1, P2, E1, E2, W1, W2, W3	Shift			
											2016-17	Q1	20	►	
												Q2	20	►	
												Q3	20	►	
												Q4	20	►	
											2017-18	Q1	20	►	
												Q2	20	►	
												Q3	20	►	
												Q4	20	►	
											Shift Position				

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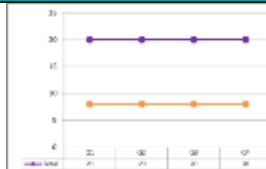
EC0379 – Risks associated with inadequate staffing levels – Ward 2			Very Low Risk			Low Risk			Moderate Risk			High Risk		Extreme Risk	
			1	2	3	4	5	6	8	10	12	15	16	20	25
									T (4x2)						I&C (4x5)
Potential Risk “There is a risk that <risk event> as a result of <cause> which may lead to <impact>”			Lead	Control Measures						Confidence in Controls	Position Statement	Original Date			
Risk: Inadequate staffing ratio on Ward 2. Cause: Due to the impact of long/short term sick leave. Effect/impact: <ul style="list-style-type: none">Potential impact on service provision, quality of care and patient experience.Potential patient safety harm due to delays in nursing review/intervention.Reduced quality of care.Increased work related stress.Higher incident reporting.Increased length of stay.Financial implications with increased use of agency staff.Potential delays in the completion of training and staff appraisals.Potential for inappropriate skill mix.			Matron Ali Barnes	<ol style="list-style-type: none">Daily staffing review undertaken by the Matrons within the Division.Ward escalation to Matrons when gaps present in rota.Ward Managers within the Division review off duty to review the skill mix.Ward 2 co-ordinator/Band 6 will attend AMU to review patients prior to transfer to assess the suitability.Use of Nurse Bank and Agency staff.Pharmacy technician utilised on ward 2.Ward Manager can refer staff to Occupational Health following episodes of sickness.Return to work interviews completed.Safety huddles.							<i>The number of Registered Nurse vacancies have increased since the previous quarter. There has been a change in the function of the ward as it now includes short stay/frailty patients.</i>	10/11/2016			
												Review Frequency			
												Monthly			
												Monitoring Group			
												Executive Quality Governance Group			
												Risk Source			
												Risk Assessment			
												Version			
												2			
												BAF Links			
												Q1, Q2, W2, W3			
												Shift			
												2016-17			
												Q1			
												Q2			
												Q3	20		▶
												Q4	20		▶
												2017-18			
												Q1	20		▶
												Q2	20		▶
												Q3	20		▶
												Q4	20		▶
											Shift Position				
															

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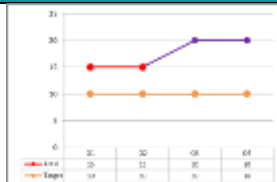
EC0327 – Lack of secondary Anaesthetic on-call cover		Very Low Risk			Low Risk			Moderate Risk			High Risk		Extreme Risk	
		1	2	3	4	5	6	8	10	12	15	16	20	25
								T (4x2)					I&C (4x5)	
Potential Risk “There is a risk that <risk event> as a result of <cause> which may lead to <impact>”		Lead	Control Measures				Controls Assurance Rating		Position Statement			Original Date		
Risk: Insufficient secondary on call cover for anaesthetics out of hours (Monday - Thursday 18:00-08:00). Cause: Critical Care & Maternity share 'second on' rota provision. Effect/impact: <ul style="list-style-type: none">Anaesthetic service unable to meet demand.Reduced quality of care.Potential patient safety harm due to delays in treatmentUnable to support off site transfersNone compliance with National Guidelines.Failure to achieve Anaesthetic Clinical Service Accreditation.Increased cost due to utilisation of Consultant cover.Increase in work related stress.Non-compliance with Deanery regulations regarding breaks.		Clinical Lead Michelle Green	<ol style="list-style-type: none">First on rota (lower ST's doctor) anaesthetist provision. However don't always have Critical Care or Obstetric competencies.Consultant Anaesthetist available 24/7 & general and Intensivist Consultant Anaesthetist split rotaSpecialty/ Hospital Grades and Higher ST doctor rota on as second -on;Specialty doctor & Higher ST 1:12 combined rota which is split at the weekendsAccess to Consultant on-call- Out of hours.Access to Critical Care Outreach Service- Nurses are not supernumerary which does not guarantee support.Trainee Doctor bank provision.Rota planning sent to Medical Staffing to support with any vacancy shifts.Business case approved within MCHFT for splitting of the rota which is to be presented to the commissioners.						<i>The business case is being progressed. There has been an increase in the number of incidents relating to the lack of a spilt rota. Therefore the risk rating has increased.</i>			31/07/2010		
												Review Frequency		
												Quarterly		
												Monitoring Group		
												Executive Quality Governance Group		
												Risk Source		
												Risk Assessment		
												Version		
												6		
												BAF Links		
												Q1, Q2, E1, E2, W2, W3		
												Shift		
												2016-17		
												Q1	15	►
												Q2	15	►
Q3	15	►												
Q4	15	►												
2017-18														
Q1	16	▲												
Q2	16	►												
Q3	20	▲												
Q4	20	►												
									Shift Position					

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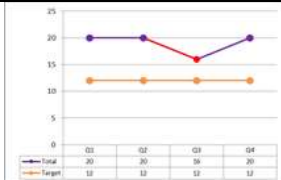
Key: I = Initial Risk Rating C = Current Risk Rating T = Target Risk Rating
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EC0287 – Risks associated with insufficient numbers of junior doctors across the ECD Division				Very Low Risk			Low Risk			Moderate Risk			High Risk		Extreme Risk	
				1	2	3	4	5	6	8	10	12	15	16	20	25
										T (4x2)					C (5x4)	I (5x5)
Potential Risk “There is a risk that <risk event> as a result of <cause> which may lead to <impact>”				Lead	Control Measures						Controls Assurance Rating	Position Statement	Original Date			
Risk: Insufficient numbers of junior Doctors across the Division. Cause: Lack of sufficient medical workforce due to vacancies. Effect/impact: <ul style="list-style-type: none">Potential patient safety harm due to delays in medical review/treatmentNon-compliance with National Guidance and Best Practice Standards for patient care.Reduced quality of care.Reduction in access and flow targets.Potential breaches within European Working Time directives.Potential breaches with RTT.Potential lack of on call cover.Potential impact on service provision, quality of care and patient experience.Financial implications due to increased use of locum agency.				AMD Doug Robertson	<ol style="list-style-type: none">Use of locum agencies.Ongoing recruitment.Ongoing job planning within the Division.Forward planning of on call rota.Consultant to cover when no Medical Registrar available.Access and flow meetings and length of stay monitored.RTT monitored within the Division.							<i>There are still vacancies within the Junior Doctor rota in Medicine & ED. ED has two vacancies at junior trainee level (25% of rota) and five vacancies at MG level (including SAS doctors). Medicine has six vacancies, FY1 x 1 and FY2 x 2, GPST x 3. There will be a Registrar vacancy in June which will be a better position than previous.</i>	01/03/2013			
													Review Frequency			
													Monthly			
													Monitoring Group			
													Executive Quality Governance Group			
													Risk Source			
													Risk Assessment			
													Version			
													8			
													BAF Links			
													Q1, Q2, E2, W1, W2, W3			
													Shift			
													2016-17			
													Q1	20	▶	
													Q2	20	▶	
													Q3	20	▶	
													Q4	20	▶	
													2017-18			
													Q1	20	▶	
													Q2	20	▶	
													Q3	20	▶	
													Q4	20	▶	
													Shift Position			
																


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EC0388 - The risks associated with the loss of the cardiac monitoring system		Very Low Risk			Low Risk			Moderate Risk			High Risk		Extreme Risk		
		1	2	3	4	5	6	8	10	12	15	16	20	25	
									T (5x2)					I & C (5x4)	
Potential Risk “There is a risk that <risk event> as a result of <cause> which may lead to <impact>”	Lead	Control Measures				Controls Assurance Rating		Position Statement				Original Date			
Risk: Inability to monitor cardiac patients via the telemetry system. Cause: The loss of the central cardiac monitoring system (Philips). Effect/impact: <ul style="list-style-type: none">Potential patient safety harm due to loss of monitoring.Undetected arrhythmia resulting in delays in treatment/management.Reduced quality of care.Higher incident reporting.Increased length of stay.Potential impact on service provision, quality of care and patient experience.Increased work related stress.	Matron Ali Barnes	<ol style="list-style-type: none">Inclusion within the BCP regarding actions which are to be taken in the event of a loss of cardiac monitoring.To alert senior cardiology doctors regarding the loss of cardiac monitoring.Out of hours to inform the Clinical Site Manager & senior medical doctors regarding the loss of cardiac monitoring.Issues identified with the cardiac monitoring system is to be escalated to EBME who will contact Philips.						<i>A meeting took place with the Division and Philips to establish the progression with the action plan and also 24/7 support from Philips in the event of any failure with the system. The issues with the telemetry were discussed at the meeting and assurance was given by Philips that the problem had been rectified. There haven't been any further issues experienced with the telemetry system since the beginning of January 2018. Philips are providing us with external 24/7 support and also contact details for the ward to contact the senior management team in the event of any failure with the system. A further meeting is to take place in May 2018.</i>				13/06/2017			
												Review Frequency			
												Monthly			
												Monitoring Group			
												Executive Quality Governance Group			
												Risk Source			
												Risk Assessment			
												Version			
												1			
												BAF Links			
												Q1			
												Shift			
												2016-17			
												Q1			
												Q2			
												Q3			
												Q4			
												2017-18			
												Q1	15	▶	
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												Q4	20	▶	
Shift Position															
															

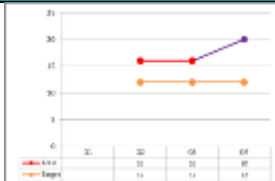
Key: I = Initial Risk Rating C = Current Risk Rating T = Target Risk Rating
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EC0384 - Lack of service provision within Cardiology		Very Low Risk			Low Risk			Moderate Risk			High Risk		Extreme Risk	
		1	2	3	4	5	6	8	10	12	15	16	20	25
									T (5x2)					I & C (4x5)
Potential Risk “There is a risk that <risk event> as a result of <cause> which may lead to <impact>”		Lead	Control Measures			Controls Assurance Rating		Position Statement				Original Date		
<p>Risk: Insufficient numbers of Consultant Cardiologists within the Division.</p> <p>Cause: Inability to recruit Consultant Cardiologists.</p> <p>Effect/impact:</p> <ul style="list-style-type: none">• Potential patient safety harm due to delays in medical review/treatment• Non-compliance with National Guidance and Best Practice Standards for patient care.• Reduced quality of care.• Inability to comply with the proposed 7 day working.• Reduction in access and flow targets.• Potential breaches within European Working Time directives.• Potential breaches with RTT.• Potential lack of on call Cardiology cover.• Potential impact on service provision, quality of care and patient experience.• Financial implications due to increased use of locum agency.• Increase in work related stress.• Potential reduction in deanery allocation.• Failure to comply with the 6 week diagnostic wait time for DSE & TOE.• Unable to provide emergency inpatient TOE service. <p>Reduction within the service provision for heart failure.</p>		Divisional General Manager Zoe Harris	<ol style="list-style-type: none">1. On-going recruitment.2. Use of Locum Consultants.3. Partnership agreements with UHNM.4. On-going job planning within the Division.5. Forward planning of on call rota.6. Access and flow meetings and length of stay monitored.7. RTT monitored within the Division.8. Weekly DSE sessions being delivered.					<i>There is currently 2.7wte Consultant vacancy within Cardiology. There is NHS Locum position currently being advertised. There are two shared Partnership working with UHNM positions, which are currently undergoing the recruitment process.</i>				29/11/2016		
												Review Frequency		
												Monthly		
												Monitoring Group		
												Executive Quality Governance Group		
												Risk Source		
												Risk Assessment		
												Version		
												4		
												BAF Links		
												Q1, Q2, E2, W1, W2		
												Shift		
												2016-17		
												Q1		
												Q2		
												Q3	20	►
												Q4	20	►
												2017-18		
												Q1	20	►
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												Q3	16	▼
												Q4	20	▲
Shift Position														
														

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EC0387 - Lack of service provision within Respiratory	Very Low Risk			Low Risk			Moderate Risk			High Risk		Extreme Risk	
	1	2	3	4	5	6	8	10	12	15	16	20	25
									T (4x3)			I & C (4x5)	
Potential Risk “There is a risk that <risk event> as a result of <cause> which may lead to <impact>”	Lead	Control Measures					Controls Assurance Rating		Position Statement		Original Date		
Risk: Insufficient numbers of Consultant Respiratory Physicians within the Division. Cause: Inability to recruit Consultant Respiratory Physicians. Effect/impact: <ul style="list-style-type: none">Potential patient safety harm due to delays in medical review/treatmentNon-compliance with National Guidance and Best Practice Standards for patient care.Reduced quality of care.Inability to comply with the proposed 7 day working.Reduction in access and flow targets.Potential breaches within European Working Time directives.Potential breaches with RTT.Potential impact on service provision, quality of care and patient experience.Financial implications due to increased use of locum agency.Increase in work related stress.Potential reduction in deanery allocation.Failure to achieve cancer targets.Implementation of EBUS locally at MCHFTImplementation of the sleep serviceImplementation of medical thoracoscopyDelivery of the pleural service	DGM Tony Mayer	<ol style="list-style-type: none">On-going recruitment.Use of Locum Consultants.To explore Partnership agreements with external Trusts.On-going job planning within the Division.Forward planning of on call rota.Access and flow meetings and length of stay monitored.RTT monitored within the Division.Task & finish group initiated.ANP business case approved at Divisional Board.							<i>Interviews for a substantive Consultant position are taking place on 19th April 2018 and further interviews on 3rd May 2018 for a 0.5wte which will be a joint post partnership working. The ANP is now in post.</i>		23/03/2017		
											Review Frequency		
											Quarterly		
											Monitoring Group		
											EQGG		
											Risk Source		
											Risk Assessment		
											Version		
											3		
											BAF Links		
											Q1, Q2, E1, E2, W2, W3		
											Shift		
											2016-17		
											Q1		
											Q2		
											Q3		
											Q4	20	►
											2017-18		
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											Q2	20	►
Q3	16	▼											
Q4	20	▲											
Shift Position													
													

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 T = Target Risk Rating
 ▼ = Risk rating has decreased since previous quarter

EC0399 - Increased patient dependency when caring for 4 dependent Respiratory patients, which may be a combination of Non-Invasive Ventilation and Tracheostomy patients				Very Low Risk			Low Risk			Moderate Risk			High Risk		Extreme Risk	
				1	2	3	4	5	6	8	10	12	15	16	20	25
												T (4x3)			I & C (4x5)	
Potential Risk “There is a risk that <risk event> as a result of <cause> which may lead to <impact>”				Lead	Control Measures						Controls Assurance Rating	Position Statement	Original Date			
<p>Risk: Increased patient acuity for NIV & tracheostomy patients in a clinical area which already has significant nursing vacancies.</p> <p>Cause:</p> <ul style="list-style-type: none">Complex intervention.Vacancies within Ward 5. <p>Effect/impact:</p> <ul style="list-style-type: none">Potential impact on service provision, quality of care and patient experience.Potential patient safety harm due to delays in nursing review/intervention.Reduced quality of care.Increased work related stress.Higher incident reporting.Increased length of stay.Financial implications with increased use of agency staff.Potential for inappropriate skill mix.Unable to facilitate NIV treatment.				Matron Naomi Jenkins	<ol style="list-style-type: none">On-going recruitment.Daily staffing review undertaken by the Matrons within the Division.Ward escalation to Matrons when gaps present in rota.Ward Managers within the Division review off duty to review the skill mix.Use of Nurse Bank and Agency staff.Planned implementation for a Pharmacy technician to be utilised on Ward 5.Safety huddles.Involvement of Critical Care to facilitate NIV where appropriate.ANP business case approval.Daily assessment of the ward acuity.Selected location for NIV and tracheostomy patients to be nursed.CCOS referrals.Trust EWS Escalation Guidelines.							There remains concern within the Division regarding the sustainability of the NIV service given the current high vacancies on Ward 5. The Modern Matrons and Divisional Head of Nursing now receive a weekly staffing incident report. There are 9.86 WTE Registered Nurse vacancies which includes maternity leave.	12/09/2017			
													Review Frequency			
													Quarterly			
													Monitoring Group			
													EQGG			
													Risk Source			
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													2016-17			
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													Shift Position			
																

Key: I = Initial Risk Rating C = Current Risk Rating T = Target Risk Rating
 ▲ = Risk rating has increased since previous quarter ► = No change from previous quarter ▼ = Risk rating has decreased since previous quarter

Appendix B - Progress against the Risk Management Strategy & Framework (2017/20) Priorities

Progress against the key priorities for 2017/18 is detailed below, with the classification of progress included in Table 1 above.

Priority	Key areas 2017/19	Position	Commentary
1. New Risk Management Strategy & Framework 2017/20	• Categorisation matrix review (Part of the Incident Report & Management Policy)	Completed	• Executive Quality Governance Group (EQGG) December 2017
	• Revise Risk Assessment Procedure	On track: Not yet completed	• Planned March 2019
	• Review governance between organisations	On track: Not yet completed	• Part of NHSI Well Led Developmental Review
	• Revise organisational quarterly risk register report	Completed	• First iteration to EQGG November 2017 • Quality Governance Committee (QGC) December 2017 • Board of Directors January 2018
	• Implement quarterly divisional / CCICP risk register reports	Completed	• First iterations to Boards in November / December 2017
	• Implement risk approval process for risk rated 15 & above	Completed	• Standing agenda item on EQGG. Gate keeper system in place for approval at Divisional Boards/CCICP
	• Develop training needs analysis and risk based approach	On track: Not yet completed	• Roll out with web based by March 2019
	• Review the Risk Management Early Warning System	On track: Not yet started	• Planned May 2018
2. New Board Assurance Framework (BAF)	• Development of a new dynamic BAF aligned to the 'Three Lines of Defence' model and mapping process	On track: Not yet completed	• First iteration to Board of Directors – November 2017 • Sub-committee review in detail • Summary version to Board of Directors from Q3 2017/18 • Quarterly assurance mapping process commenced
3. Review of Risk Registers	• Apply new approach to risk descriptors: "There is a risk that <risk event> as a result of <cause> which may lead to <effect/impact>"	Completed	• Risks rated 15 & above prioritised and all new risks described as per strategy & framework. All risks to be re written through review process. Web based solution will aid this.
	• Link to organisational or divisional objectives	On track: Not yet completed	• Risk rated 12 & above prioritised – part of web based solution March 2019
	• Initial review of divisional risk registers	Completed	• Initial reviews undertaken with plans in place
	• Review process for high impact risks with low likelihood	On track: Not yet started	• Planned May 2018
	• Develop a register of risk registers	On track: Not yet started	• Web based solution by March 2019
	• Develop a risk profiling process	On track: Not yet started	• Web based solution by March 2019
	• Triangulate risk information in quality reports / mortality reports	On track: Not yet completed	• Initial reports to be developed for February 2018 Quality Assurance reviews

Appendix B - Progress against the Risk Management Strategy & Framework (2017/20) priorities

Priority	Key areas 2017/19	Position	Commentary
3. Review of Risk Registers	• Develop sources on web based system	On track: Not yet started	• By March 2019
	• Undertake TNA for risk management	On track: Not yet started	• Training to dovetail with web based system by March 2019
4. Governance Structure Group Reporting	• Review the information flows and functions of the groups reporting into the Executive Quality Governance Group.	On track: Not yet completed	• To include as part of the Well –Led Developmental Review in February 2018 with Board oversight in April 2018 by May 2018.
	• Review annually	On track: Not yet started	• Review March 2019
5. Safety Culture Assessment	• Undertake initial assessment	On track: Not yet started	• Initial assessments as part of the Well –Led Developmental Review in February 2018 with Board oversight in April 2018. • Trust rolling programme from July 2018
6. Ulysses – Web Based Solution for risk management and improvement planning	• Review of all fields to include controls assurance rating, cost benefit analysis, risk proximity and risk profiling • Education & training programme • Cleansing of all grades of risks • Quality improvement, audit and national guidance gap analysis system to be developed	Delivery remains feasible but potential risk to delivery within original timescales (Now by March 2019)	• Potential delays due to resourcing issues • Delay in Ulysses provision of improvement / action module • CCICP services will need reconfiguring on the system post change to care groups • Dependency on recruitment process to new Quality Governance Team (Quality Governance Analyst) • This action is included in the risk management internal audit report for completion by March 2018 – moved to by March 2019

Appendix C – Risk Matrices

Consequence	1	2	3	4	5
Likelihood	1	2	3	4	5
1	1	2	3	4	5
2	2	4	6	8	10
3	3	6	9	12	15
4	4	8	12	16	20
5	5	10	15	20	25

Likelihood	Definition	Estimated Probability	Lessons Learned
Almost certain	This event may be imminent or there are strong indications it will occur in the future. Not confident risk can be managed at this level and contingency is required.	More than 80% chance of occurring	A regular occurrence. Circumstances found frequently
Likely	This event is likely to occur in most circumstances. Requires additional mitigation/contingency. Little confidence risk can be managed at this level.	51% to 80% chance of occurring	Has occurred from time to time and may do so again in the future
Possible	This event is likely to occur at some time even if controls operate normally. Confident risk can be managed at this level	21% to 50% chance of occurring	Has occurred previously but not often, and may have been in a limited way
Unlikely	Not expected, this event has a small chance of occurring at some time	8% to 20% chance of occurring	Has not happened, or happened in a very limited way
Rare	Highly unlikely, will occur only in very exceptional circumstances. Very confident risk can be managed at this level. Controls operate normally	Less than a 5% chance of occurring	Has rarely happened




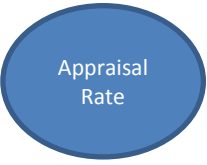


Board of Directors Workforce Report




July 2018

(May 2018 data)



Performance Report Workforce
Month: May-18

Measure	Target	Performance	Description	Narrative	Rolling Trend
	3.60%	4.37%	Rolling 12m average Sickness Absence described as a Percentage	Rolling sickness absence has showed a small improvement from the April 2018 position. The in month sickness absence rate is 3.88% which is a reduction of 0.01% from the April in month position. All divisions experienced a reduction in their in month sickness absence with the exception of Medicine and Emergency Care, Surgery and Cancer and Women and Childrens.	↑
	90.00%	85.48%	Percentage of Staff who have received an appraisal in the last 12 months. Excludes New Staff with less than 12m service and Bank Staff	There has been a small improvement in the appraisal rate during May 2018 (+0.09%) and Corporate and Estates and Facilities are currently achieving the target. It should be noted that the following divisions have seen a significant increase in their appraisal rates: Surgery and Cancer +5.78% Corporate +3.40% CCICP experienced the most significant reduction (-4.80%)	↑
	90.00%	81.72%	Mandatory Training Monthly Rate Excludes Bank Staff, Staff on long term sick & mat. leave.	Mandatory training compliance has seen a small decline in month (-0.39%). DCSS remain above the 90% target. CCICP remain an outlier at 68% with challenges in achieving targets in Manual Handling and Medicines Management training. The division are aware and are endeavouring to resolve the barriers to completion.	↓
	10.00%	11.28%	Number of Leavers expressed as a percentage of the workforce over a 12m rolling period. Exclude Junior Doctors, Temporary and Fixed term.	Staff turnover remains within an acceptable range at 11.28%. We continue to monitor the reasons for leaving to identify areas where we can improve the experience of staff to support retention. Any areas of concern raised in exit interviews are escalated to the relevant HR Manager, A quarterly report is completed and reviewed at EWAG. The main reasons for leaving were identified as being: working hours, career progression and travel time	↑

Measure	Target	Performance	Description	Narrative	Rolling Trend
	(365)	(310)	In month and cumulative total spend for the Trust.	The agency target was met in May. The target is spread equally over 12 months and therefore we would expect increased challenge in meeting the targets later in the calendar year. Nursing spend was less this month due to there being less reliance on high costs agency staff and the closure of escalation beds.	↑
	Less than 100%	84.9%	Trust Agency Spend as a percentage of the Ceiling Set by NHS Improvement		↑
	N/A	43%	Number of Agency shifts filled by agency staff that are over the nationally determined capped rates		↑↓