

AGENDA

Board of Directors
A meeting will be held in Public at
09.30am on Monday, 6 August 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, 2 July 2018	A	Chairman 09.52	-
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)	I	Chairman 10.00	-
7.1	Meeting with Stockport NHS Foundation Trust Chairman			
7.2	NHS 70th Birthday Celebrations			
7.3	Joint Organisational Development Session with the CCGs – 6 July 2018 (Deputy Chair)			
7.4	Board Away Day/ Development Day – 23 July 2018			
7.5	Launch of Dementia Appeal & Patron's Visit – 3 August 2018			

8. Governor's Items <i>(to note a verbal report)</i>	I	Chairman 10.15	-
8.1 Council of Governors – 26 July 2018			
8.2 Chat with the Chairman – 3 August 2018			
8.3 Governor Elections			
9. Chief Executive's Report <i>(to note a verbal report)</i>		Chief Executive 10.20	-
9.1 System Update	I		
10. CARING		Director of Nursing & Quality 10.40	18
10.1 Quality, Safety & Experience Report <i>(attached) (for discussion)</i>	I/D		
11. SAFE		Committee Chair 10.50	-
11.1 Draft Quality Governance Committee notes from the meeting held on 9 July 2018 <i>(attached) (to note)</i>	I		
11.2 Serious Untoward Incidents and RIDDOR Events <i>(verbal) (to note)</i>	I/D	Deputy Chief Executive/ Medical Director 10.55	-
12. RESPONSIVE		Director of Finance 11.00	75
12.1 Performance Report <i>(attached) (to note)</i>	I/D		
12.2 Draft Performance & Finance Committee notes from the meeting held on 26 July 2018 <i>(attached) (to note)</i>	I	Committee Chair 11.05	-
12.3 Legal Advice <i>(verbal) (to note)</i>	I	Chief Executive 11.10	-
12.4 Freedom to Speak up Guardian Report Q1 2018/19 <i>(attached) (to note)</i>		Director of Nursing & Quality 11.15	119
13. WELL-LED		Committee Chair 11.20	-
13.1 Visits of Accreditation, Inspection or Investigation <i>(verbal) (to note)</i>	I		

13.2	Audit Committee notes from the meeting held on 9 July 2018 <i>(attached) (to note)</i>	I	Committee Chair 11.30	-
14.	EFFECTIVE			
14.1	Workforce Report <i>(attached) (to note)</i>	I/D	Interim Director of Workforce and OD 11.35	139
14.2	Transformation and People Committee notes from the meeting held on 5 July 2018 <i>(attached) (to note)</i>	I	Committee Chair 11.45	-
14.3	Consultant Appointments <i>(verbal) (to note)</i>	I	Deputy Chief Executive/ Medical Director 11.50	-
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, 3 September 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
18/07/12.3.1	02-Jul-18	PAF to review the Trust response to NHSI's letter on the annual plan and report back to the August Board	M Oldham	06-Aug-18		06-Aug-18	

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				
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
Freedom to Speak up Guardian		X			X			X			X					
Whistleblowing Report						✖										
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

August 2018
(June 2018 data)



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

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	
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.	Less than 41 at end of March 2019	

	Target	Trajectory 2018/19																										
CCICP																												
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.	Less than 828 at end of March 2019	<table><caption>CCICP Patient Safety Harm Incidents Trajectory</caption><thead><tr><th>Month</th><th>Trajectory (Target)</th></tr></thead><tbody><tr><td>Apr</td><td>100</td></tr><tr><td>May</td><td>150</td></tr><tr><td>Jun</td><td>200</td></tr><tr><td>Jul</td><td>250</td></tr><tr><td>Aug</td><td>300</td></tr><tr><td>Sep</td><td>350</td></tr><tr><td>Oct</td><td>400</td></tr><tr><td>Nov</td><td>450</td></tr><tr><td>Dec</td><td>500</td></tr><tr><td>Jan</td><td>550</td></tr><tr><td>Feb</td><td>600</td></tr><tr><td>Mar</td><td>828</td></tr></tbody></table>	Month	Trajectory (Target)	Apr	100	May	150	Jun	200	Jul	250	Aug	300	Sep	350	Oct	400	Nov	450	Dec	500	Jan	550	Feb	600	Mar	828
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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.	Less than 398 at end of March 2019	<table><caption>CCICP Pressure Ulcers – Community Acquired Trajectory</caption><thead><tr><th>Month</th><th>Trajectory (Target)</th></tr></thead><tbody><tr><td>Apr</td><td>50</td></tr><tr><td>May</td><td>100</td></tr><tr><td>Jun</td><td>150</td></tr><tr><td>Jul</td><td>200</td></tr><tr><td>Aug</td><td>250</td></tr><tr><td>Sep</td><td>300</td></tr><tr><td>Oct</td><td>350</td></tr><tr><td>Nov</td><td>400</td></tr><tr><td>Dec</td><td>450</td></tr><tr><td>Jan</td><td>500</td></tr><tr><td>Feb</td><td>550</td></tr><tr><td>Mar</td><td>398</td></tr></tbody></table>	Month	Trajectory (Target)	Apr	50	May	100	Jun	150	Jul	200	Aug	250	Sep	300	Oct	350	Nov	400	Dec	450	Jan	500	Feb	550	Mar	398
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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>Jan 17 - Dec 17</p> <p>MCNFT Position 83 Out of 134 Trusts SHMI 104.12 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>Jan 17 - Dec 17</p> <p>MCNFT Position 129 Out of 134 Trusts HSMR 104.12 As Expected</p>
MRSA Zero tolerance of MRSA cases.	Zero	<p>MRSA</p> <p>Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar</p>
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	<p>C-Diff Avoidable</p> <p>Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar</p>
Safety Thermometer The Trust target is that >95% of patients receive harm free care as monitored by the Safety Thermometer.	>95%	<p>Safety Thermometer</p> <p>Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar</p>

Quality & Safety Section:

Description

Aggregate Position

Trend

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.

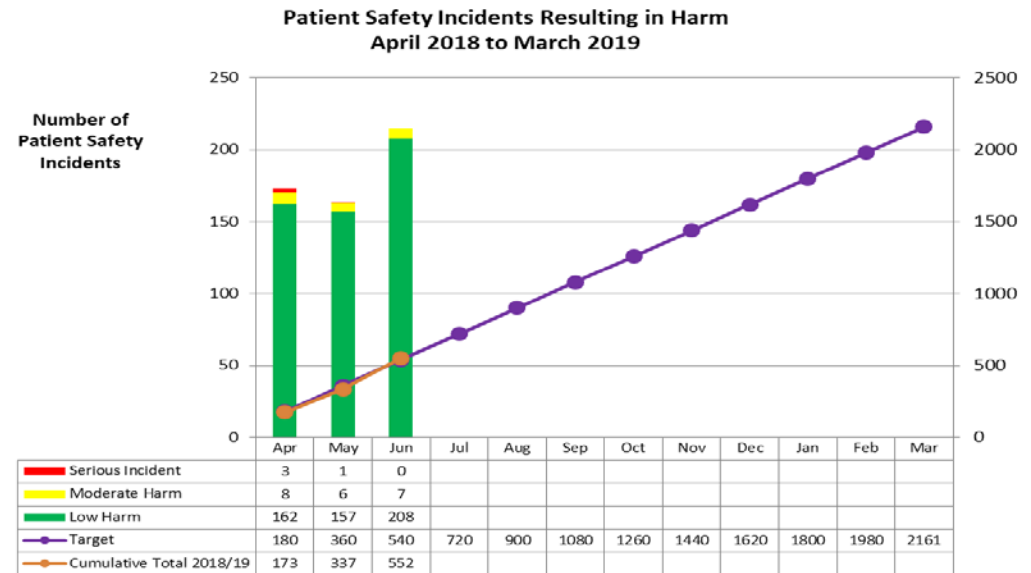
For June 2018, there were a total of 215 patient safety harm incidents:

96.7% (208 incidents) have resulted in low harm
3.3% (7 incidents) have resulted in moderate harm
0% (0 incidents) 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.



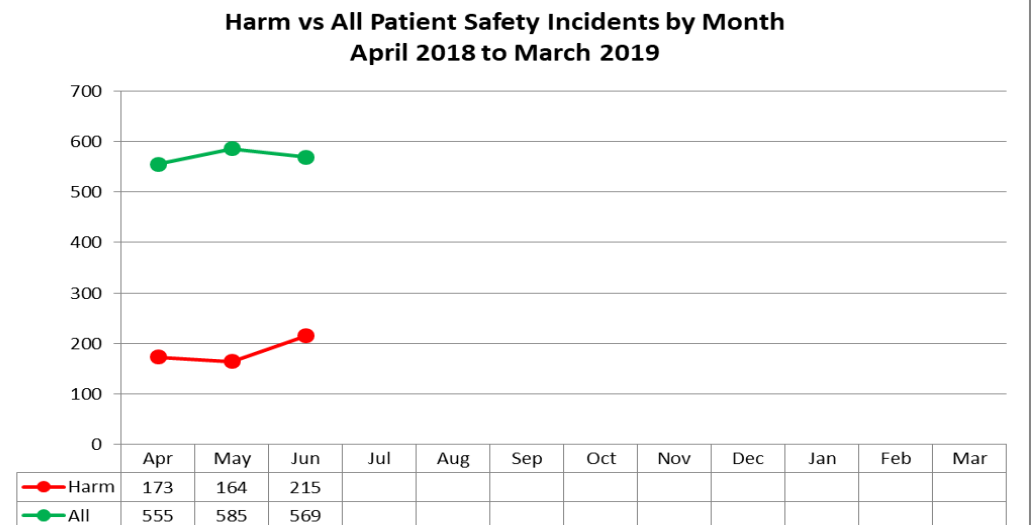
Harm vs All Patient Safety Incidents

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 June 2018, the gap between harm and all patient safety incidents was 354. 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*



Description	Aggregate Position	Trend																																							
<div>Serious Incidents</div> <div>The target is to reduce patient safety serious incidents by 10% when compared to the previous financial year by the end of March 2019.</div>	<div>This chart demonstrates the number of incidents that have resulted in serious harm.</div> <div>For June 2018, there were no serious incidents reported.</div>	<div>Serious Incidents by Month April 2018 to March 2019</div> <div><table><tr><td></td><td>Apr</td><td>May</td><td>Jun</td><td>Jul</td><td>Aug</td><td>Sep</td><td>Oct</td><td>Nov</td><td>Dec</td><td>Jan</td><td>Feb</td><td>Mar</td></tr><tr><td>Cumulative Total</td><td>3</td><td>4</td><td>4</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Cumulative Target</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td></tr></table></div>		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative Total	3	4	4										Cumulative Target	1	2	3	4	5	6	7	8	9	10	11	12
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<div>Never Events</div> <div>The target is to have zero Never Events</div>	<div>This chart demonstrates the number of Never Events that have been reported.</div> <div>For June 2018 no Never Events were reported.</div> <div>The last reported Never Event was in November 2016 which related to a wrong site anaesthetic block.</div> <div>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.</div>	<div>Never Events by Month April 2018 to March 2019</div> <div><table><tr><td></td><td>Apr</td><td>May</td><td>Jun</td><td>Jul</td><td>Aug</td><td>Sep</td><td>Oct</td><td>Nov</td><td>Dec</td><td>Jan</td><td>Feb</td><td>Mar</td></tr><tr><td>Cumulative Target</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Cumulative Total</td><td>0</td><td>0</td><td>0</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></div>		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative Target	0	0	0	0	0	0	0	0	0	0	0	0	Cumulative Total	0	0	0									
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Cumulative Total	0	0	0																																						

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

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.

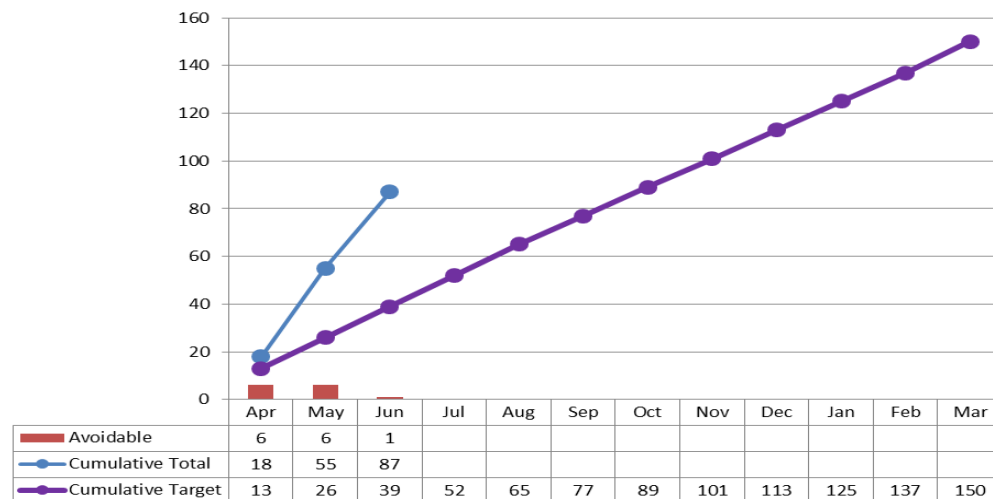
For June 2018, there were a total of 32 hospital acquired pressure ulcer incidents:

- 3.13% (1 PU) has resulted in avoidable harm. This is a reduction from May 2018 by 5 cases.

Improvement actions include:

- There is an ongoing education programme led by the Pressure Ulcer Prevention team
- Introduction of a revised pressure ulcer prevention panel in April 2018.
- Lessons learned are shared following the pressure ulcer prevention panel each month with all wards.

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



Inpatient Falls.

For June 2018, there were a total of 55 inpatient falls

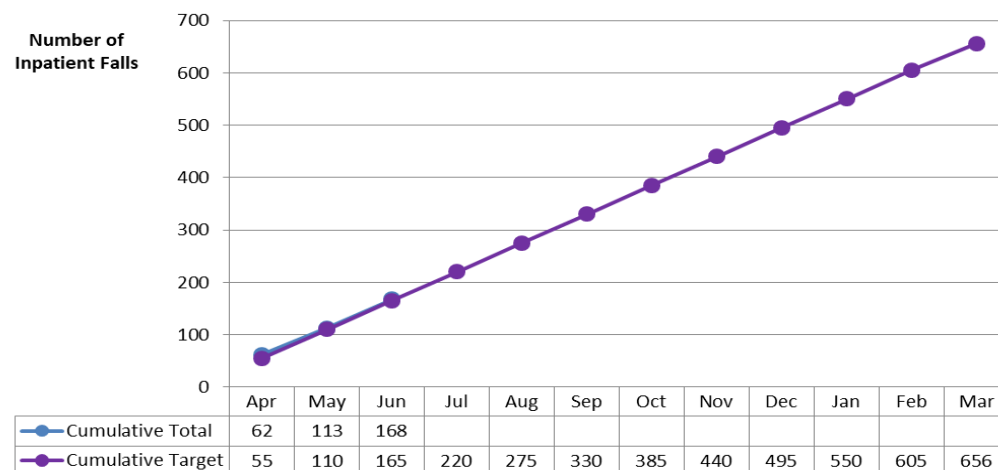
The target is to reduce inpatient falls by 10% when compared to the previous financial year by March 2019

- 61.8% (34 falls) have resulted in no harm
- 32.7% (18 falls) have resulted in low harm
- 5.5% (2 falls) has resulted in moderate harm
- 0% (0 falls) have resulted in serious harm

Improvement actions include:

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

**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.

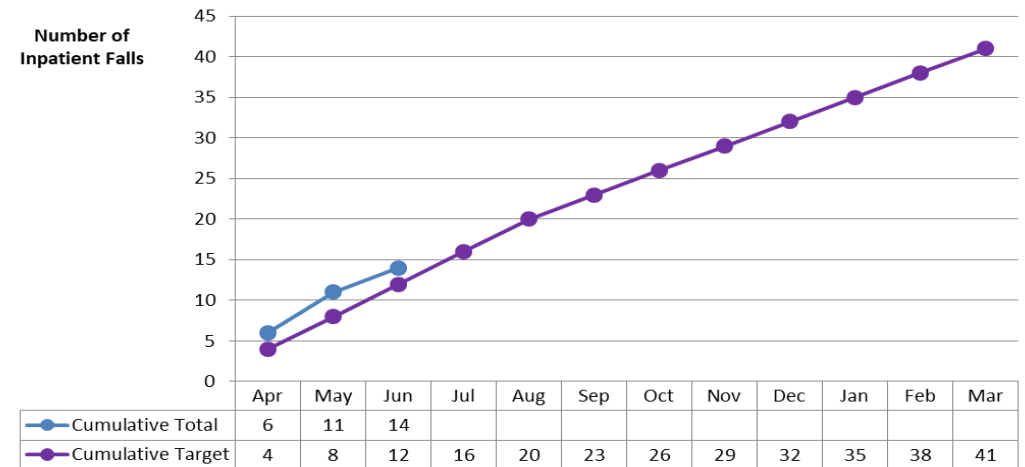
For June 2018, there were a total of 3 medication incidents resulting in harm reported:

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

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

For June 2018, there were a total of 105 patient safety incidents:

- 97.1% (102 incidents) have resulted in low harm
- 2.3% (3 incidents) have resulted in moderate harm
- 0.6% (0 incidents) have resulted in serious harm

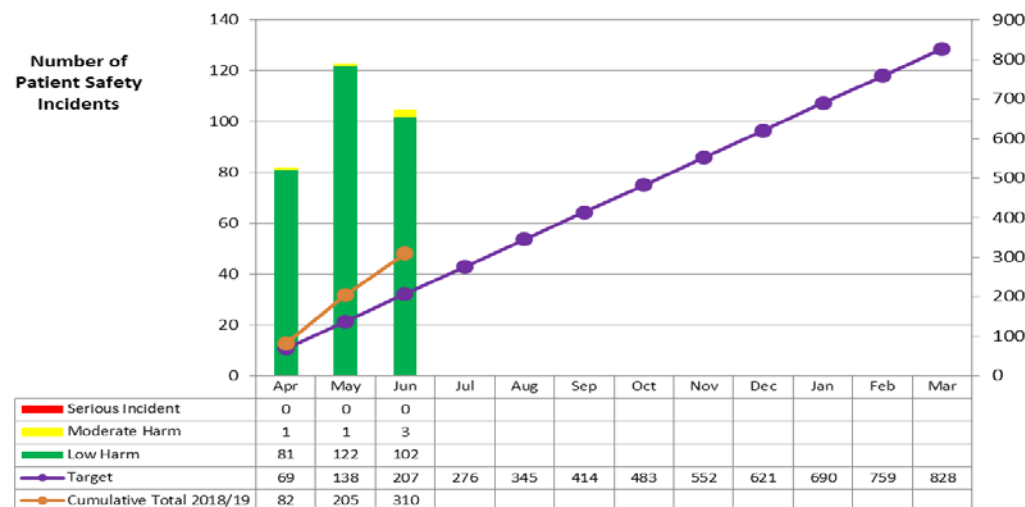
The target is to reduce CCICP patient safety harm incidents by 5% when compared to the previous financial year by the end of March 2019.

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
- Local quality champions introduced

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



CCICP Harm vs All Patient Safety Incidents

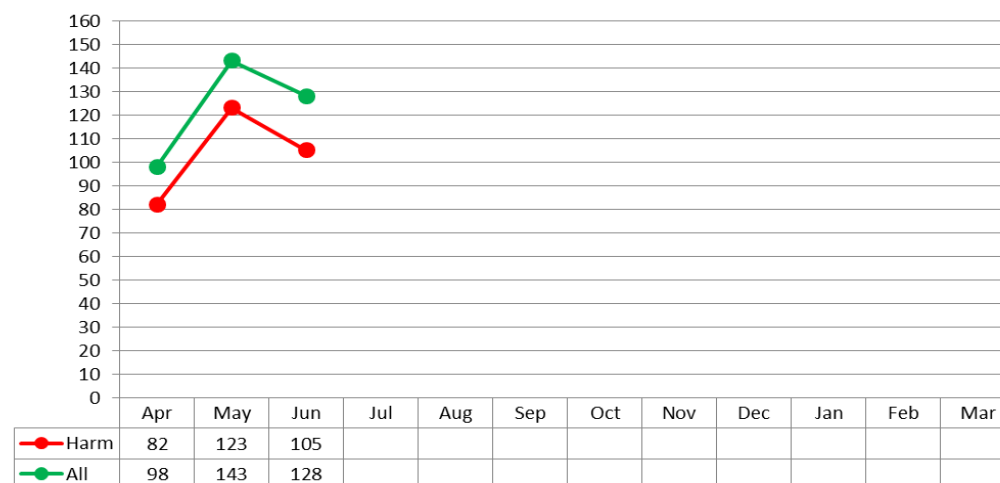
This chart demonstrates the number of incidents that have resulted in harm vs all patient safety incidents.

In June 2018, the gap between harm and all patient safety incidents was 23.

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

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



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

Description

Aggregate Position

Trend

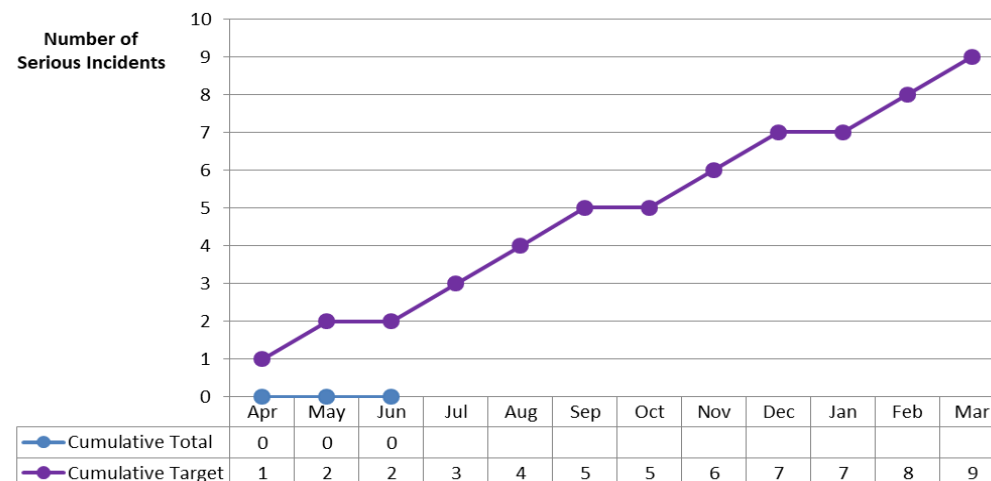
CCICP Serious Incidents

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

For June 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

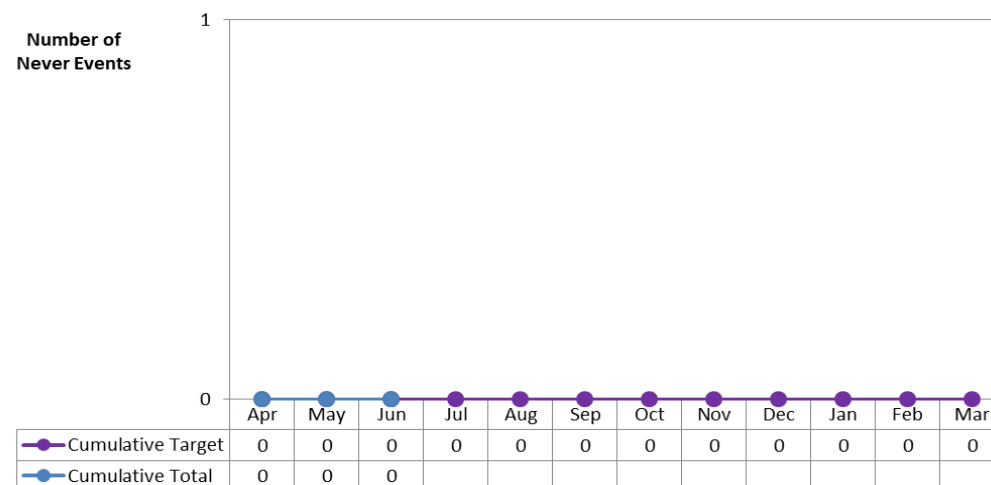
This chart demonstrates the number of Never Events that have been reported.

For June 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																																																				
<p>Pressure Ulcers – Community Acquired</p> <p><i>The target is to reduce community acquired pressure ulcers by 20% when compared to the previous financial year by the end of March 2019.</i></p>	<p>For June 2018, there were a total of 53 community acquired pressure ulcer incidents:</p> <ul style="list-style-type: none">• 9.4% (5 PU's) have resulted in avoidable harm. <p>Improvement actions include:</p> <ul style="list-style-type: none">• 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 revised pressure ulcer prevention panel in April 2018.	<p>CCICP Community Acquired Pressure Ulcers by Month April 2018 to March 2019</p> <table><tr><th></th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sep</th><th>Oct</th><th>Nov</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th></tr><tr><td>Avoidable</td><td>6</td><td>2</td><td>5</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Cumulative Total</td><td>53</td><td>105</td><td>164</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Cumulative Target</td><td>33</td><td>66</td><td>99</td><td>132</td><td>165</td><td>198</td><td>231</td><td>264</td><td>297</td><td>330</td><td>363</td><td>398</td></tr></table>		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Avoidable	6	2	5										Cumulative Total	53	105	164										Cumulative Target	33	66	99	132	165	198	231	264	297	330	363	398
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar																																										
Avoidable	6	2	5																																																			
Cumulative Total	53	105	164																																																			
Cumulative Target	33	66	99	132	165	198	231	264	297	330	363	398																																										
<p>CCICP Medication Incidents.</p> <p><i>The aim is to increase no harm reporting of Medication Incidents.</i></p>	<p>For June 2018, there were a total of 13 medication incidents reported:</p> <ul style="list-style-type: none">• 92.3% (12 medication incidents) have resulted in no harm• 7.7% (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 <p>CCICP has a dedicated pharmacy lead who is actively encouraging the reporting of all grades of incidents across all services.</p>	<p>CCICP Medication Incidents by Month April 2018 to March 2019</p> <table><tr><th></th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sep</th><th>Oct</th><th>Nov</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th></tr><tr><td>Total</td><td>4</td><td>4</td><td>13</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	4	4	13																																			
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar																																										
Total	4	4	13																																																			

Description

Aggregate Position

Trend

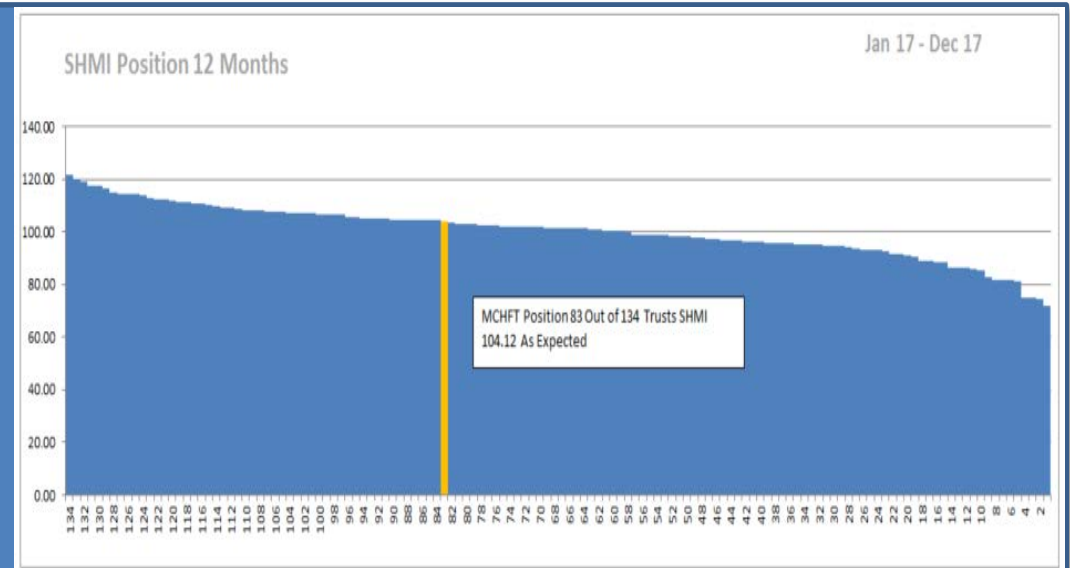
SHMI

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.

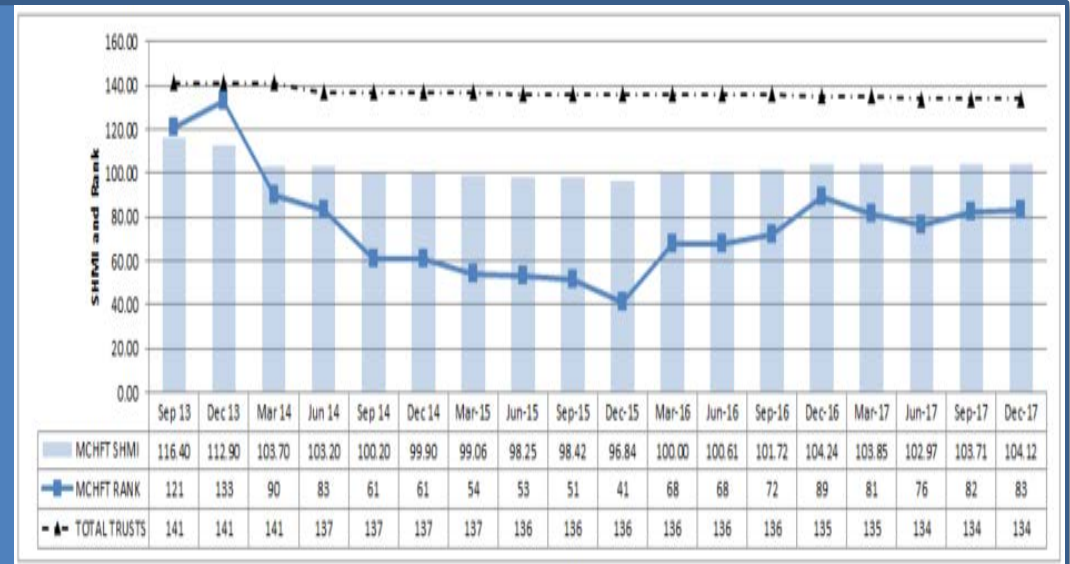
The Trust's SHMI is 104.12 for the time period January 2017 to December 2017 and places the Trust 83 out of 134 Trusts and is "as expected".



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 January 2017 to December 2017 and is "as expected".



Description

Hospital Standardised Mortality Rate (HSMR) by Trust.

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

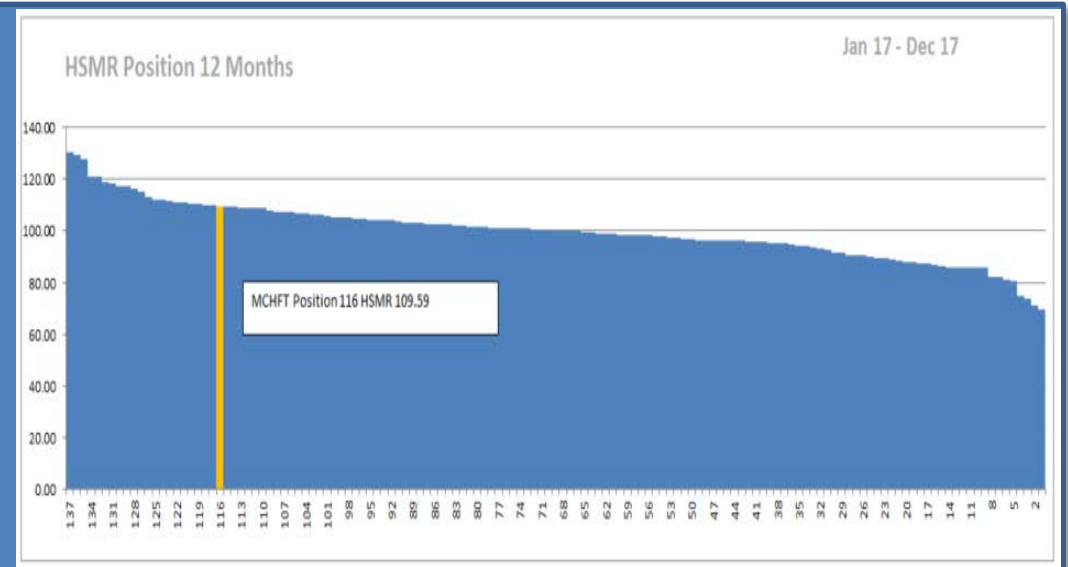
Aggregate Position

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

MCHFT is shown by the amber bar.

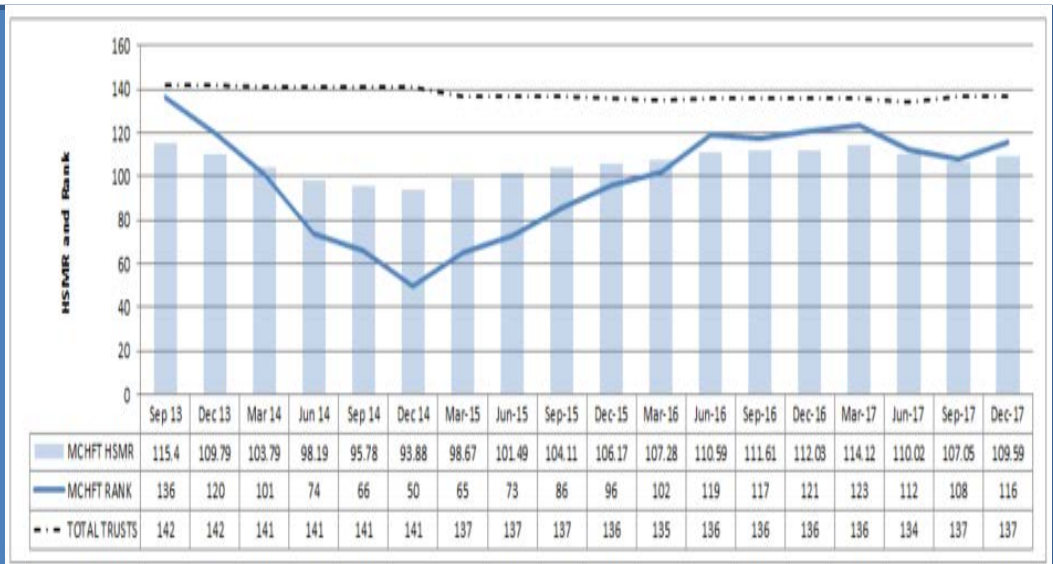
The Trust's HSMR is 109.59 (January 2017 to December 2017) and places the Trust 116 out of 137 Trusts and is "as expected".

Trend



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 January 2017 to December 2017 and is "as expected".



Description

Aggregate Position

Trend

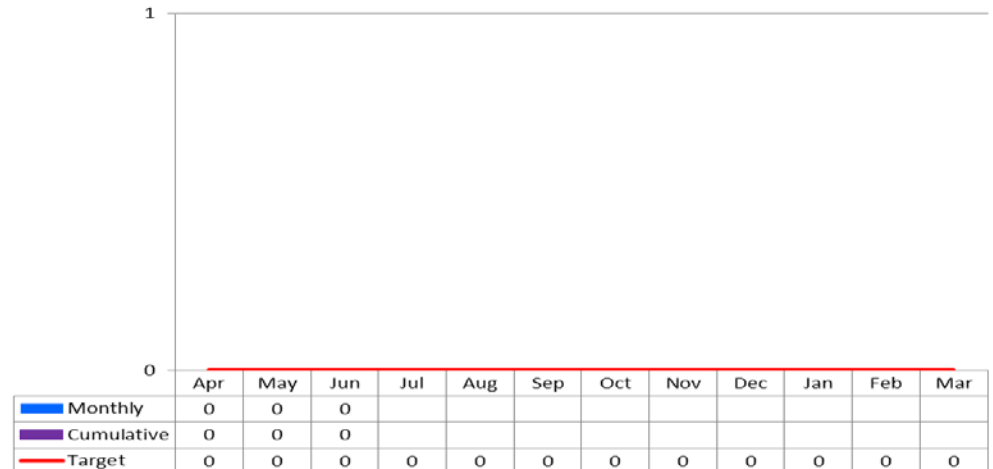
MRSA Bacteraemia Cases.

Zero tolerance of MRSA cases.

In June 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

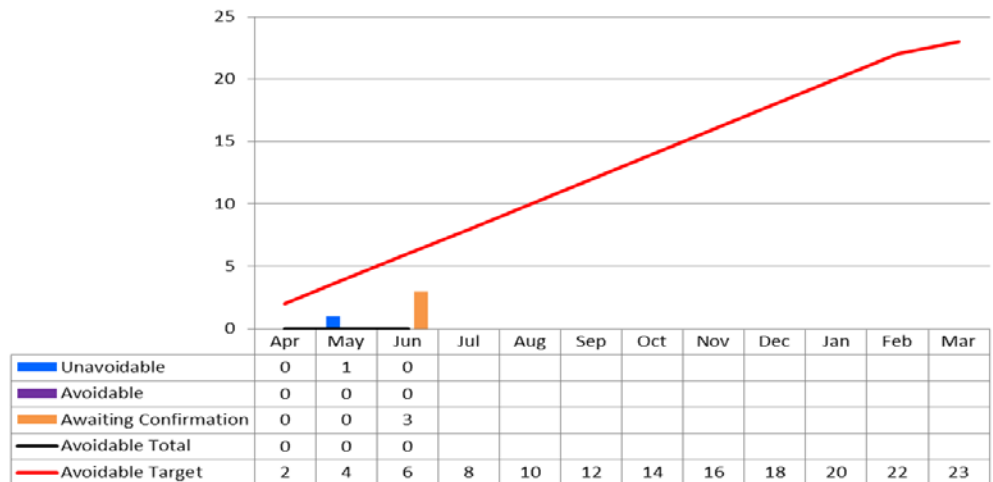
In June 2018, no avoidable cases were reported.

The total avoidable cases year to date is zero. The total unavoidable is one.

Improvement actions include:

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

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



Description

Aggregate Position

Trend

MSSA Cases.

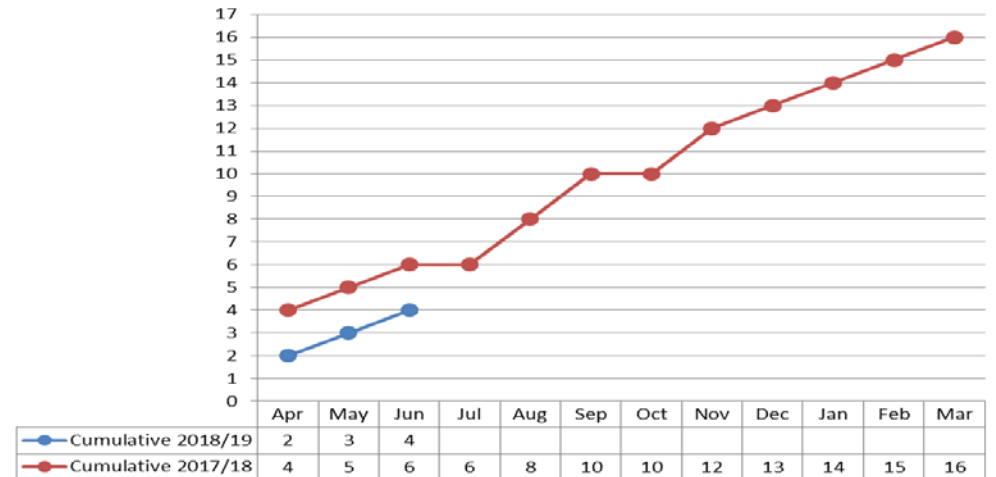
The aim is to have a reduction in MSSA cases when compared to the previous financial year, to demonstrate an incremental improvement

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

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

The 1 MSSA cases occurred on Ward 10.

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



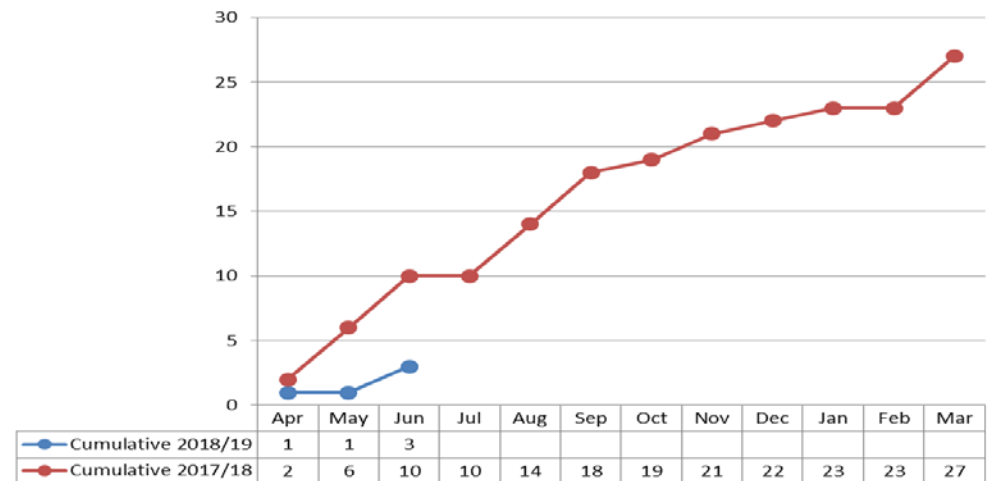
E-Coli Cases.

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

In June 2018, two E-Coli cases were reported.

The two cases occurred on Ward 1 and Ward 10.

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



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

Description

Aggregate Position

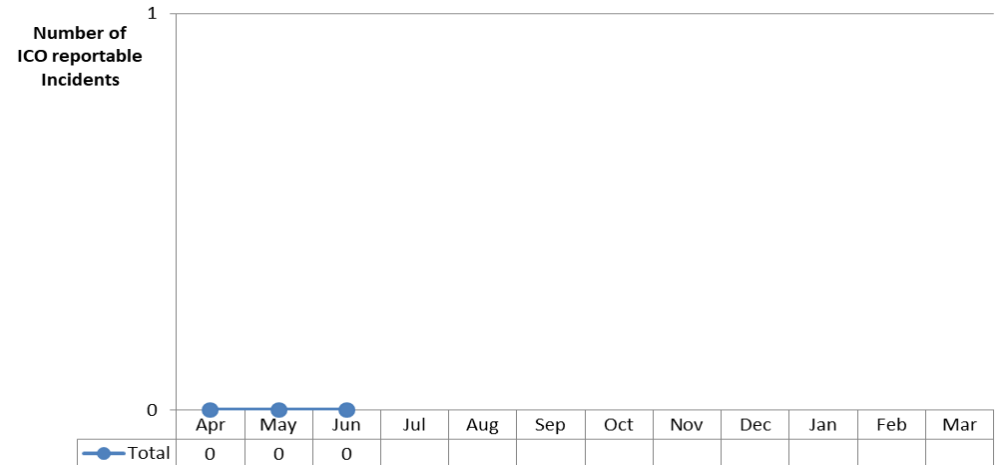
Trend

Information Governance Information Commissioners Office (ICO) reportable incidents.

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

The Trust has 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**



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

CQUIN 2017-18 Performance

CQUIN Indicator	Indicator Name	Milestone Achieved								Maximum Value
		Q1	Financial Incentive Achieved	Q2	Financial Incentive Achieved	Q3	Financial Incentive Achieved	Q4	Financial Incentive Achieved	
1a	Health & Wellbeing 5% point improvement in two of the three questions on H&W, MSK & Stress.	✓	No Payment in Q1	✓	No Payment in Q2	✓	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.	NOT REQUIRED	No Payment in Q1	NOT REQUIRED	No Payment in Q2	NOT REQUIRED	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.	NOT REQUIRED	No Payment in Q1	NOT REQUIRED	No Payment in Q2	NOT REQUIRED	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	NOT REQUIRED	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	NOT REQUIRED	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	✓ Partially	£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	NOT REQUIRED	No Payment in Q1	✓	£83,415	NOT REQUIRED	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	NOT REQUIRED	No Payment in Q1	✓	£69,512	NOT REQUIRED	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.	NOT REQUIRED	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

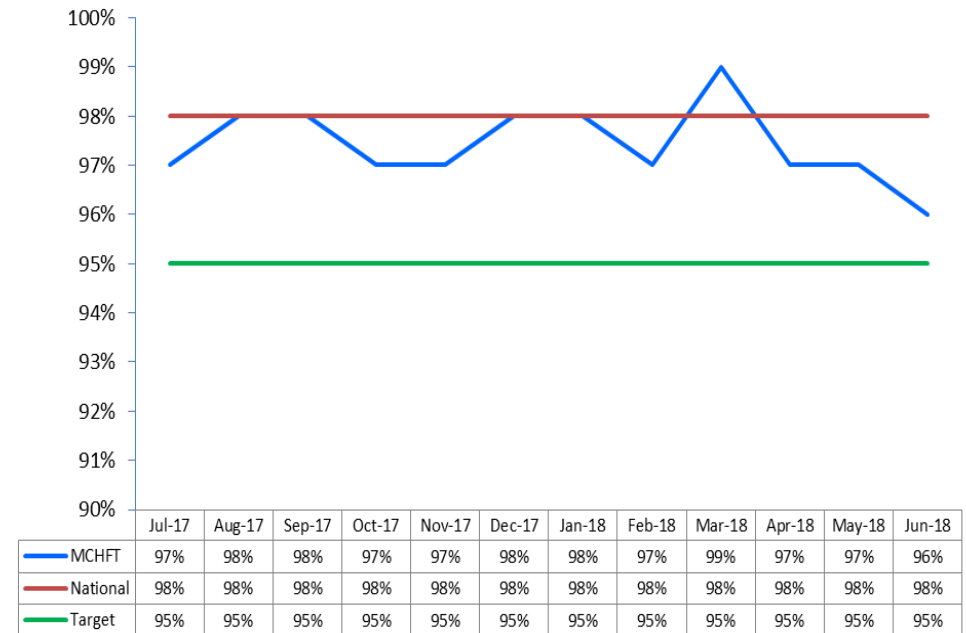
Safety
Thermometer
- Harm Free
Care.

In June 2018, 96% 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



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

Ward Name	Main Specialties	Safety Thermometer Results May 2018			
		Acquired Pressure Ulcers	Patient Falls resulting in harm	CAUTI	New VTE
MCHFT		2.19% (17)	0.13% (1)	0.9% (7)	0.65% (5)
AMU	Gen. Medicine	0% (0)	3.57% (1)	3.57% (1)	0% (0)
CAU	Paediatrics	0% (0)	0% (0)	0% (0)	0% (0)
Critical Care	Gen. Medicine	28.57% (2)	0% (0)	0% (0)	0% (0)
Elmhurst	Rehab	0% (0)	0% (0)	0% (0)	0% (0)
Ward 1	Gen. Medicine	3.12% (1)	0% (0)	0% (0)	3.12% (1)
SAU	Gen. Surgery	0% (0)	0% (0)	0% (0)	0% (0)
SSW	Gen. Surgery & Urology	0% (0)	0% (0)	0% (0)	0% (0)
Ward 12	Gen. Surgery & Gynae	0% (0)	0% (0)	0% (0)	0% (0)
Ward 13	Gen. Surgery	0% (0)	0% (0)	0% (0)	9.38% (3)
Ward 14	Gen. Medicine	3.12% (1)	0% (0)	0% (0)	0% (0)
Ward 10	Trauma & Ortho	7.69% (3)	0% (0)	0% (0)	0% (0)
Ward 2	Gen. Medicine	3.12% (1)	0% (0)	3.12% (1)	0% (0)
Ward 21B	Rehab	0% (0)	0% (0)	0% (0)	0% (0)
Ward 23	Obstetrics	0% (0)	0% (0)	0% (0)	0% (0)
Ward 26	Obstetrics	0% (0)	0% (0)	0% (0)	0% (0)
Ward 4	Gen. Medicine	6.25% (2)	0% (0)	6.25% (2)	0% (0)
Ward 5	Gen. Medicine	6.25% (2)	0% (0)	0% (0)	0% (0)
Ward 6	Gen. Medicine	7.14% (2)	0% (0)	3.57% (1)	0% (0)
Ward 7	Gen. Medicine	3.12% (1)	0% (0)	3.12% (1)	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	3.12% (1)	0% (0)	3.12% (1)	0% (0)
DN – Dane Bridge	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)
DN – Eagle Bridge	District Nursing	2.56% (1)	0% (0)	0% (0)	0% (0)
DN – Firdale	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)
DN – Middlewich	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)
DN - Church View	District Nursing	0% (0)	0% (0)	0% (0)	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)	0% (0)	0% (0)

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

Description	Aggregate Position	Trend	
Registered Nurses monthly expected hours by shift versus actual monthly hours per shift. Day time shifts only	<p>88.9% 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>June 2018 88.9%</p> <p>May 2018 89.8%</p> <p>April 2018 91.3%</p>	
Registered Nurses monthly expected hours by shift versus actual monthly hours per shift. Night time shifts only	99.3% of expected Registered Nurse hours were achieved for night shifts.	<p>Trend</p> <p>June 2018 99.3%</p> <p>May 2018 95.9%</p> <p>April 2018 98.9%</p>	
Healthcare Assistant monthly expected hours by shift versus actual monthly hours per shift. Day time shifts only	95.1% of expected HCA hours were achieved for day shifts.	<p>Trend</p> <p>June 2018 95.1%</p> <p>May 2018 99.7%</p> <p>April 2018 95.5%</p>	
Healthcare Assistant monthly expected hours by shift versus actual monthly hours per shift. Night time shifts only	<p>101.8% of expected HCA hours were achieved for night shifts.</p> <p>For areas with over 100% staffing levels for HCA's this is reviewed and is predominately due to wards requiring 1 to 1 specials for patients following a risk assessment or to increase staffing numbers when there are registered nursing gaps that are not filled.</p>	<p>Trend</p> <p>June 2018 101.8%</p> <p>May 2018 107.3%</p> <p>April 2018 105.8%</p>	
Total number of wards that are lower than 85% RN fill days and nights is 8.	Ward 9 (day) 61.4%, Ward 12 (day) 79.3%, Ward 10 (day) 79.4%, Ward 13 (day) 80.4%, Ward 4 (day) 81.2%, Ward 21B (day) 84.5%, Ward 5 (day) 84.7%, Ward 5 (night) 71.7%, Ward 13 (night) 77.8%, Ward 12 (night) 80%, AMU (night) 84.7%.	<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 	

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

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	40109.4	35750.4	29075.7	28667.8	24070.7	22631.9	15824.2	17418	88.9%	99.3%	95.1%	101.8%	14880	129	64	193.2
AMU	1950	1711.3	1470	1409	1837.5	1555.8	1470	1433.3	87.8%	95.9%	84.7%	97.5%	821	4.0	3.5	7.4
CAU (Winter)	1620.5	1620.5	712.5	712.5	1357	1357	379.5	379.5	100.0%	100.0%	100.0%	100.0%	473	6.3	2.3	8.6
Critical Care	3779.5	3779.5	630	630	2223	2223	0	0	100.0%	100.0%	100.0%	-	225	26.7	2.8	29.5
Elmhurst	847.5	847.5	2160	2124	750	750	1500	1500	100.0%	98.3%	100.0%	100.0%	876	1.8	4.1	6.0
Ward 1	2118.8	2012.5	1125	1100	1470	1445.5	735	722.8	95.0%	97.8%	98.3%	98.3%	929	3.7	2.0	5.7
Ward 12	2163	1715	1920	1888	922.5	738	615	738	79.3%	98.3%	80.0%	120.0%	904	2.7	2.9	5.6
Ward 13	2208	1776	1920	1912	922.5	717.5	615	748.3	80.4%	99.6%	77.8%	121.7%	911	2.7	2.9	5.7
Ward 14	1656	1464	1440	1626	720	708	1080	1260	88.4%	112.9%	98.3%	116.7%	943	2.3	3.1	5.4
Ward 2	1743.8	1618.8	1500	1568.8	735	747.3	1102.5	1261.8	92.8%	104.6%	101.7%	114.4%	932	2.5	3.0	5.6
Ward 21b	1297.5	1096	1755	1703	750	750	750	800	84.5%	97.0%	100.0%	106.7%	701	2.6	3.6	6.2
Ward 23	1200	1200	760	747.3	740	740	740	740	100.0%	98.3%	100.0%	100.0%	617	3.1	2.4	5.6
Ward 26	3222.7	3222.7	620.7	620.7	2688.7	2688.7	357.7	357.7	100.0%	100.0%	100.0%	100.0%	203	29.1	4.8	33.9
Ward 4	1656	1344	1800	1752	720	720	1440	1440	81.2%	97.3%	100.0%	100.0%	954	2.2	3.3	5.5
Ward 5	2250	1906.3	1500	1450	1470	1053.5	735	1090.3	84.7%	96.7%	71.7%	148.3%	929	3.2	2.7	5.9
Ward 6	1875	1656.3	1875	1937.5	1470	1261.8	735	980	88.3%	103.3%	85.8%	133.3%	824	3.5	3.5	7.1
Ward 7	1696.3	1508.8	1500	1550	735	722.8	1102.5	1176	88.9%	103.3%	98.3%	106.7%	934	2.4	2.9	5.3
Ward 9	1638	1006	1440	680	615	604.8	307.5	205	61.4%	47.2%	98.3%	66.7%	270	6.0	3.3	9.2
NICU	1862.5	1662.7	177.5	136.7	1725	1564	0	11.5	89.3%	77.0%	90.7%	-	229	14.1	0.6	14.7
Ward 11 SAU	1455	1417.5	900	1042.5	562	636.9	562	608.8	97.4%	115.8%	113.3%	108.3%	461	4.5	3.6	8.0
Ward 18 SSW	1301.3	1145	750	1093.8	735	735	367.5	735	88.0%	145.8%	100.0%	200.0%	627	3.0	2.9	5.9
Ward 10 Ortho	2568	2040	3120	2984	922.5	912.3	1230	1230	79.4%	95.6%	98.9%	100.0%	1117	2.6	3.8	6.4

Experience Section:

Indicators	Last four months			
	Mar-18	Apr-18	May-18	Jun-18
Complaints received by month	20	21	21	9
Complaints being reviewed by the Ombudsman	2	1	0	0
Closed complaints by month	17	17	14	38
Contacts raising informal concerns	121	86	100	106
Compliments received in month	170	151	142	169
Number of new claims received in month	1	3	4	4
Number of claims closed	5	5	4	4
Number of inquests concluded	1	1	0	0
NHS Choices - Star Ratings (Leighton)	4.5	4.5	4.5	4.5
NHS Choices - Star Ratings (VIN)	5	5	5	5
NHS Choices - Number of new postings	3	7	7	9
F&FT Response Rate ED, MIU, UCC and Assessment Areas*	26%	26%	26%	26%
Proportion of positive responses ED, MIU, UCC and Assessment Areas	82%	85%	85%	82%
F&FT Response Rate Inpatients and day cases	23%	14%	12%	28%
Proportion of positive responses Inpatients and day cases	98%	98%	98%	96%
F&FT Response Rate Outpatients	3%	3%	5%	4%
Proportion of positive responses Outpatients	96%	95%	96%	96%
F&FT Response Rate Maternity - Birth	13%	4%	2%	5%
Proportion of positive responses Maternity - Birth	100%	100%	100%	100%
F&FT Response Rate Community (CCICP)	15%	28%	23%	21%
Proportion of positive responses Community (CCICP)	91%	94%	89%	91%

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

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

Description

Aggregate Position/Description

Trend

Monthly complaints received by the Trust.

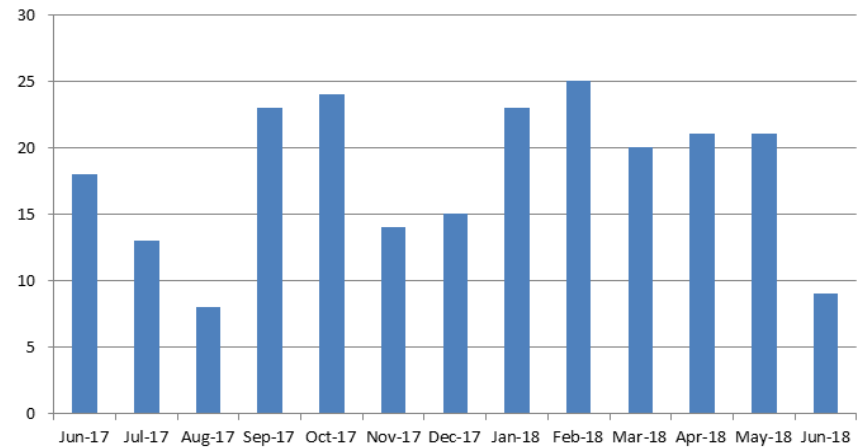
9 complaints were received in June 2018 which covered 50 concerns. Of the categories, the highest categories were:

- Communication –with relatives
- Communication – between health professionals
- Medical – adverse outcome

Highest 2 areas receiving complaints/issues were:

- Emergency Department - 4 complaints raising 14 issues
- General Surgery Medical Staff - 2 complaints 5 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: 8

DCSS: 3

W&CD: 0

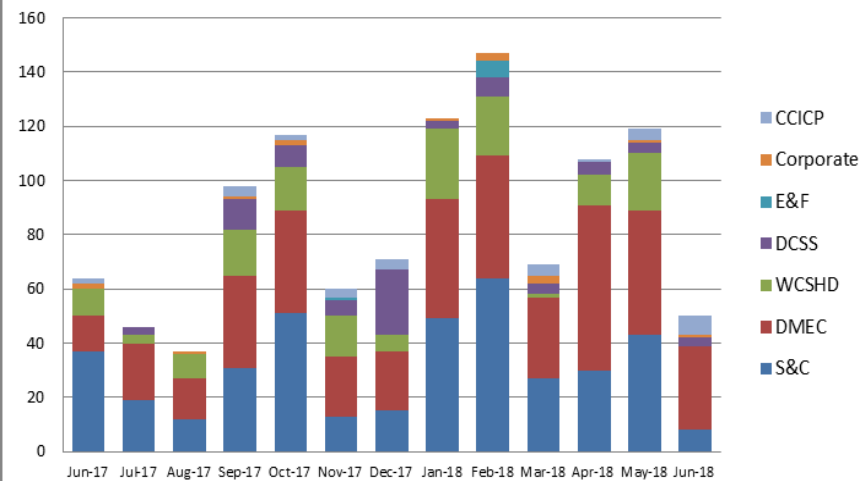
DMEC: 31

CCICP: 7

E&F: 0

Corporate Services: 1

Categories received by Division



Formal Complaint issues by division

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

Description

Aggregate Position/Description

Trend

Complaints being reviewed by the Public Health Service Ombudsman

In June 2018, 5 complaints were active with the PHSO

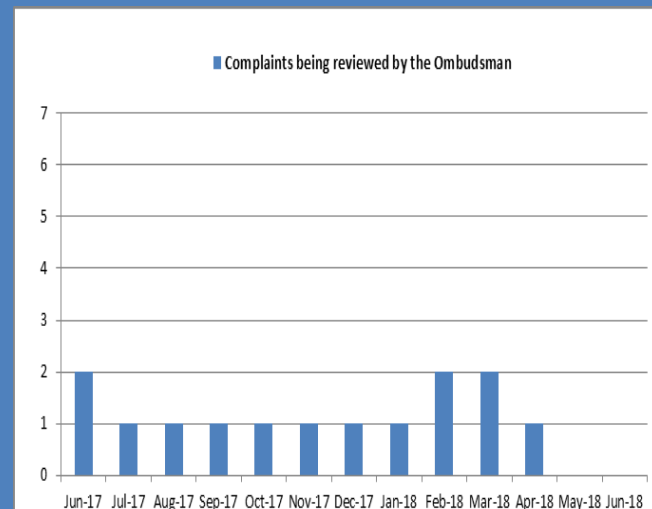
1 has been active since 2012/2013 and is undergoing a review external to the PHSO

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 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.

1 case was closed by the ombudsman and the complaint was not upheld.



Ombudsman

Complaint trends and number of issues.

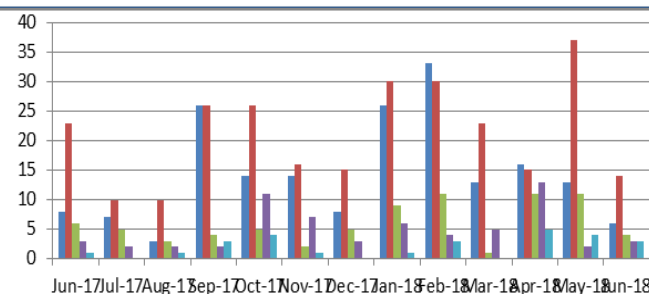
The main trends in June 2018 were:

Communication with 6 complaints raising 14 issues

Nursing with 5 complaints raising 6 issues.

Medical adverse outcome with 4 complaints raising 4 issues

Complaints Trend - Number of Issues



	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Nursing Care	8	7	3	26	14	14	8	26	33	13	16	13	6
Communication	23	10	10	26	26	16	15	30	30	23	15	37	14
Medical adverse outcome	6	5	3	4	5	2	5	9	11	1	11	11	4
Medical diagnosis issues	3	2	2	2	11	7	3	6	4	5	13	2	3
Medical delay in review	1	0	1	3	4	1	0	1	3	0	5	4	3

Complaint Trends

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

Description

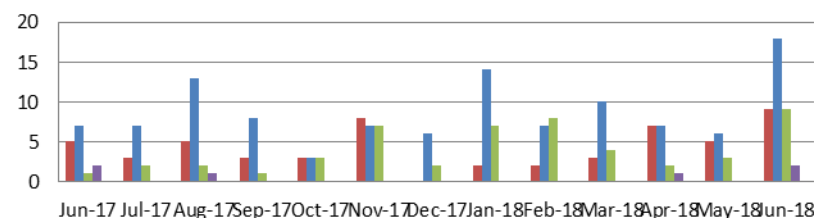
Aggregate Position/Description

Trend

Closed Complaints

38 complaints were closed in June 2018.
2 of which were withdrawn

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	Jun-18
■ Upheld	5	3	5	3	3	8	0	2	2	3	7	5	9
■ Partially Upheld	7	7	13	8	3	7	6	14	7	10	7	6	18
■ Not upheld	1	2	2	1	3	7	2	7	8	4	2	3	9
■ Withdrawn	2	0	1	0	0	0	0	0	0	0	1	0	2
■ Referred to HR	0	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	4	6	2	1	0	13
Corporate	0	0	0	0	0	0
Surgery and Cancer	4	8	4	1	0	17
Women & Children's	1	4	2	0	0	7
DCSS	0	0	0	0	0	0
CCICP	0	0	1	0	0	1
Totals:	9	18	9	2	0	38

Complaints closed by division for June 2018

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

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

Description

Aggregate Position/Description

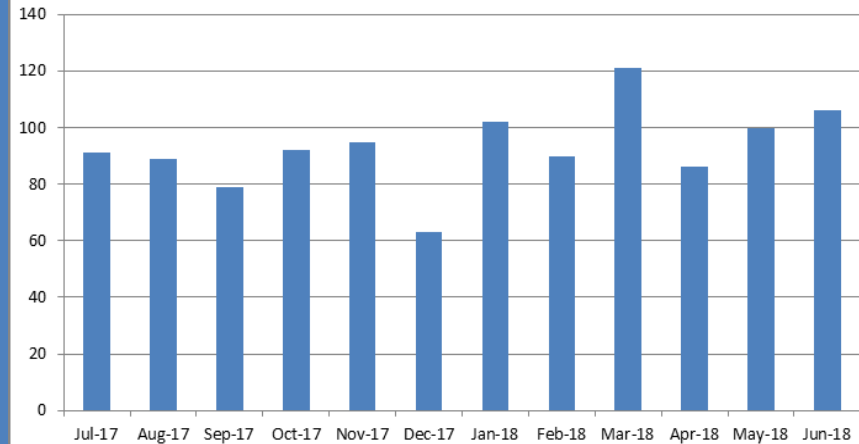
Trend

Informal Concerns Numbers.

The number of contacts raising informal concerns for June 2018 was 106 which is an increase of 6 from the previous month.

The Division of Medicine and Emergency Care has received the largest number of individual concerns raised at 90, with 37 of the individual concerns raised belonging to the Emergency Department and 12 for Cardiology.

Contacts raising informal concerns



Informal Concerns Feedback

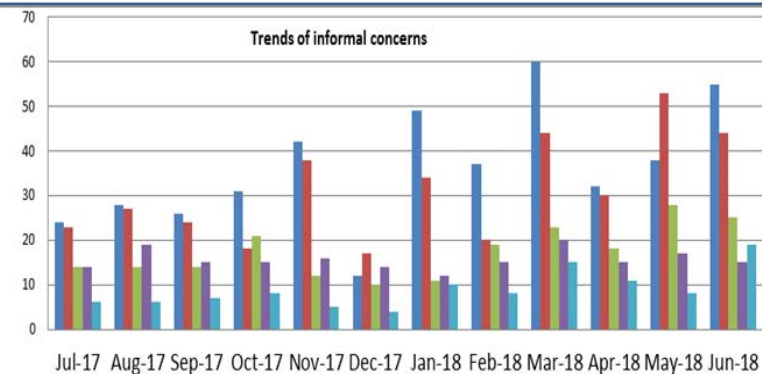
Informal Concerns Trends.

Communication was the highest trend for informal concerns in June 2018, with 24 of the 55 issues raised belonging to the Division of Medicine and Emergency Care.

6 of the 24 belong to the Emergency Department

Of the 44 issues relating to care, 17 belong to the Emergency Department. 10 were medical care and 7 nursing care



Trends of informal concerns





Informal Concerns Trends

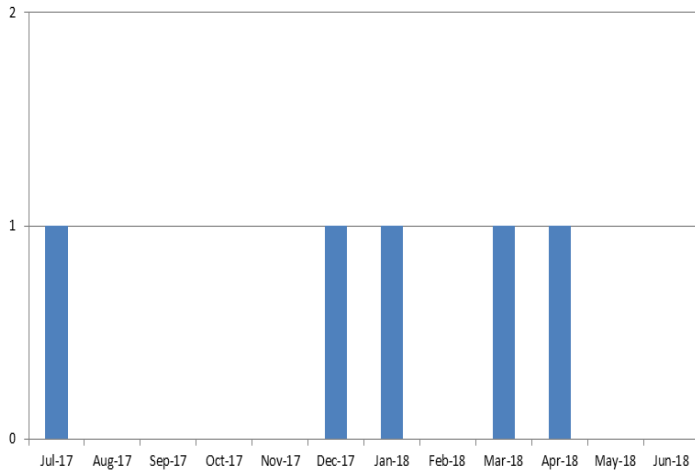


	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Communication	24	28	26	31	42	12	49	37	60	32	38	55
Care	23	27	24	18	38	17	34	20	44	30	53	44
Appointments	14	14	14	21	12	10	11	19	23	18	28	25
Attitude of Staff	14	19	15	15	16	14	12	15	20	15	17	15
Treatment	6	6	7	8	5	4	10	8	15	11	8	19

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

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

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

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

Description	Aggregate Position /Description	Trend																											
Number of Inquests concluded by month	No inquests were concluded in June 2018.	<div>Inquests concluded by month</div>  <table><thead><tr><th>Month</th><th>Inquests</th></tr></thead><tbody><tr><td>Jul-17</td><td>1</td></tr><tr><td>Aug-17</td><td>0</td></tr><tr><td>Sep-17</td><td>0</td></tr><tr><td>Oct-17</td><td>0</td></tr><tr><td>Nov-17</td><td>0</td></tr><tr><td>Dec-17</td><td>1</td></tr><tr><td>Jan-18</td><td>1</td></tr><tr><td>Feb-18</td><td>0</td></tr><tr><td>Mar-18</td><td>1</td></tr><tr><td>Apr-18</td><td>1</td></tr><tr><td>May-18</td><td>0</td></tr><tr><td>Jun-18</td><td>0</td></tr></tbody></table>	Month	Inquests	Jul-17	1	Aug-17	0	Sep-17	0	Oct-17	0	Nov-17	0	Dec-17	1	Jan-18	1	Feb-18	0	Mar-18	1	Apr-18	1	May-18	0	Jun-18	0	Inquests
Month	Inquests																												
Jul-17	1																												
Aug-17	0																												
Sep-17	0																												
Oct-17	0																												
Nov-17	0																												
Dec-17	1																												
Jan-18	1																												
Feb-18	0																												
Mar-18	1																												
Apr-18	1																												
May-18	0																												
Jun-18	0																												
NHS Choices Star Ratings	<div>Leighton Hospital is rated at 4.5 stars.</div> <div>Victoria Infirmary, Northwich is rated at 5 stars.</div> <div>The above ratings are based on 236 postings received to date.</div>	<div>4.5 Stars </div> <div>5 Stars </div>	NHS Choices – Star Ratings																										

Description

Aggregate Position /description

Trend

NHS Choices postings

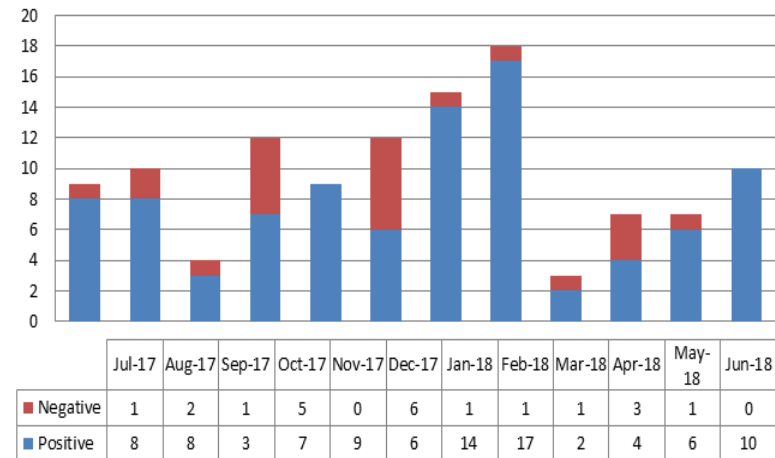
There were 10 postings on NHS Choices in June 2018 of which 0 were negative and 10 were positive. Examples of feedback included:

"I attended for a gastroscopy and sigmoidoscopy.....I found all the relevant staff who were involved in my treatment to be very kind, considerate, caring, and treated me with complete dignity and respect." (Treatment Centre)

Visited today for an ultra-sound / US-guided fluid sample on a hand problem and it was absolutely superb. Everyone was very friendly and super informative (VIN X-Ray and Imaging)

My daughter had a recent stay at Leighton following an emergency admission. A scary time for her (and us!) made so much easier by the amazing staff that cared for her. We were kept updated throughout what an amazing nursing team on Ward 16 & 19. Thank you so much for your care and reassurance (CAU)

NHS Choices - Numbers of New Postings



NHS Choices
-
Postings

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

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

Inpatients and day cases 96%

Emergency care /Assessment areas 82%

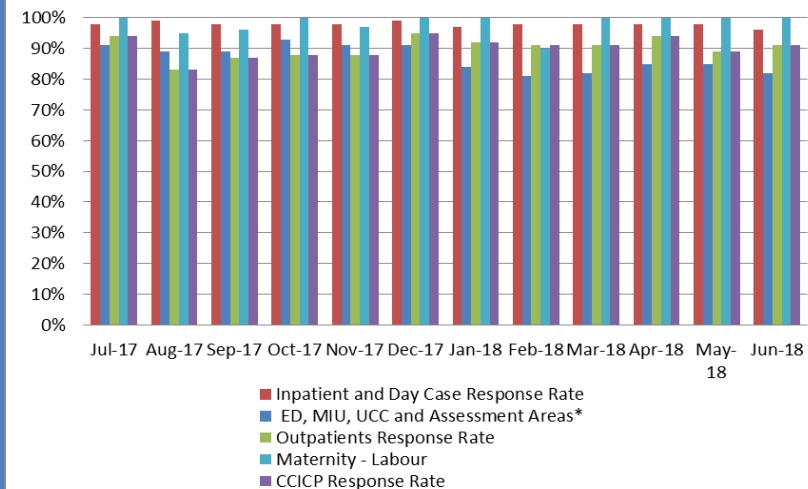
Outpatients 96%

Maternity 100%

CCICP 91%

4439 responses were received and 90% of those patients would recommend our hospital services.

FFT Positive Response Scores



Family &
Friends
Test

Description

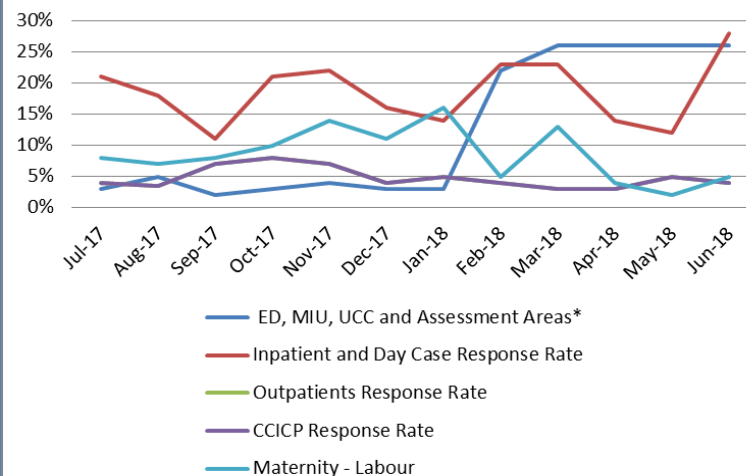
Aggregate Position /description

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%	1865	1525
Inpatients & Day cases	28%	1207	1164
Maternity	5%	12	12
Outpatients	4%	841	807
CCICP	21%	464	423

FFT Response rates



Family & Friends Test

Compliments received

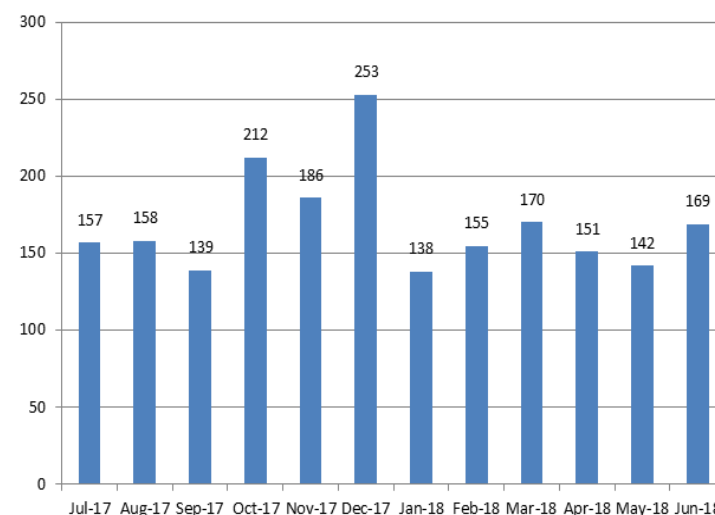
There were 169 compliments/thankyou's which were received in June.

'I'd like to say that the nurses on ward 11 were outstanding for my whole stay'.

'I had to contact you, due to the amazing staff you have in the outpatient maternity part of Leighton Hospital. They could not have been more supportive and accommodating. The lady on the desk was so sweet and helpful and the sonography lady was so friendly and understanding. The midwife was so reassuring and kind.'

'I wanted to take the opportunity to express my thanks and gratitude to the staff in A&E who treated me with such a degree of care and compassion in a difficult and scary situation.'

Compliments



Compliments

Board of Directors Performance Report

June 2018

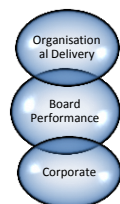
**"To Deliver Excellence in Healthcare through Innovation &
Collaboration"**

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

Headline Measures

Organisational Delivery			
Indicator	Standard	YTD	Jun-18
Cancer			
Rapid Access Referrals (%) (seen in 2 wks)	93.00%	96.82%	97.54%
Total Patients Seen		2,575	853
Patients seen >14 days		82	21
62 day GP Classic (%)	85.00%	91.27%	92.92%
Accountable Patients Treated		178	57
No. of Breached Pathways (adjusted)		16	4
62 day Screening (%)	90.00%	93.94%	91.67%
Accountable Patients Treated		33	12
No. of Breached Pathways (adjusted)		2	1

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

Unplanned Activity			
A&E <4hrs Standard (%)	95.00%	83.20%	81.78%
A&E Attendances (LH/MIU/UUC) (% to plan)		95.84%	98.94%
A&E Attendances LH & MIU (Vol)		23,186	8,083

Planned Activity			
Incomp Pathways <18wk (%)	92.00%	92.85%	92.83%
>6wk Diagnostic Waits (%)	1.00%	0.25%	0.32%
Total Patients Waiting for a First Outpatient Appointment			9,354

Indicator	Standard	YTD
Workforce		
Sickness absence Rolling 12 Month		4.30%
Turnover Rolling 12 Month		11.33%

Corporate					
Indicator	YTD Rating		YE Rating	YE Metric	
	Plan	Actual	Forecast	Plan	Forecast
Finance					
Use of Resource Rating		3	1		
Capital Service Capacity	4	4	2	2.39	2.32
Liquidity	2	1	1	-1	1
I&E Margin	4	4	1	2.10%	1.90%
Distance from Financial Plan	0	2	2	0.00%	-0.20%
Agency Spend	1	1	1	-23.27%	-23.27%

	YTD Target	YTD Actual	YTD Variance	FY Target	FY Forecast	FY Variance
Cost Improvement Schemes Total (£000's)	1,762	1,617	-144	6,722	6,231	-493
Commission Contact Income SC & VR (£000's)	45,761	45,756	-5			
Contract Income (£'000)	54,957	54,973	17			
Pay to Budget (£000's)	-42,120	-42,481	-361			
Non Pay to Budget (£000's)	-17,327	-17,614	-287			
Agency Trajectory (£000's)	-4,382	-1,019	3,363			

Exec Summary

In June 2018, the Trust delivered four of the five NHS Improvement Single Oversight Framework performance indicators (three cancer standards, A&E and RTT). The indicator not achieved was the 4hour A&E waiting time target.

The 4-hour A&E standard in June achieved 81.78% against the 95% performance standard. This is a deterioration in performance compared to the same month in 2017 (94.24%), but is set against a rise in admissions and 24 less acute beds and 17 less community beds.

The Trust has achieved all three headline cancer access standards for June. Rapid access referrals and 62 day treatment pathways have continuously achieved above target for over 12 months. 62 day screening returned to achieving the standard in June with one breach recorded for the month. All three cancer standards passed the quarter.

The Trust continues to achieve the 92% standard for RTT 18 week incomplete pathways, with performance in June 2018 at 92.83%. 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 0.32% 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 £1.5M which is £0.8M worse than the planned deficit of £0.7M. Part of this is a provision of £0.4M against the provider sustainability fund, for the failure to achieve the A&E target.

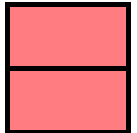
There is a variation in the CIP scheme against, with risks around the plans to close beds during the Summer months.

The Trust is currently £76k 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		Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Monthly Trend
	Target	Actual														
Maximum 6 week wait for Diagnostic procedures	1%	0.25%	0.44%	0.76%	0.34%	0.21%	0.24%	0.25%	0.39%	0.53%	0.08%	0.33%	0.26%	0.17%	0.32%	
All Cancers: 62 day GP Classic (%) *	85%	91.27%	94.00%	93.04%	95.08%	91.67%	95.74%	94.50%	96.77%	87.30%	92.06%	94.06%	87.13%	92.91%	92.92%	
All Cancers: 62 day Screening (%) *	90%	93.94%	100.00%	85.71%	100.00%	91.67%	83.33%	94.12%	100.00%	100.00%	100.00%	100.00%	100.00%	89.47%	91.67%	
18 weeks from point of referral to treatment - patients on an incomplete pathway (%)	92%	92.85%	97.57%	97.37%	96.78%	97.10%	96.79%	96.36%	95.15%	94.46%	94.02%	92.54%	92.73%	92.98%	92.83%	
A&E - maximum waiting time of 4 hours from arrival to admission/transfer/discharge (%)	95%	83.20%	94.24%	92.63%	95.26%	93.99%	88.28%	88.05%	74.22%	78.38%	77.91%	77.90%	82.65%	85.14%	81.78%	
STF Trajectory			91.72%	91.34%	91.34%	91.34%	90.52%	90.52%	90.52%	90.52%	90.52%	95.00%	92.72%	92.72%	92.72%	
Provider Submitted Trajectory														82.44%	85.15%	

* 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	2.39	2.32	2	0.78	0.36	4
	Liquidity	days	-1	1	1	-1	0	1
Financial Efficiency	I&E Margin	%	2.10%	1.90%	1	-1.80%	-2.40%	4
Financial Controls	Distance from Financial Plan	%	0.00%	-0.20%	2	0.00%	-0.60%	2
	Agency Spend	%	-23.27%	-23.27%	1	-6.41%	-12.48%	1
Overall UOR Rating					1			3

Operational Delivery: Cancer Pathway

Headline Measures

	Current YTD		Rolling 13 months													Monthly Trend
	Target	Actual	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	
Rapid Access Referrals (%) (seen in 2 wks)	93%	96.82%	97.20%	97.51%	97.35%	96.81%	97.60%	98.23%	95.85%	94.83%	93.05%	98.64%	96.08%	96.76%	97.54%	
Total Patients Seen		2575	785	763	793	722	750	736	626	715	806	811	766	956	853	
Patients seen >14 days		82	22	19	21	23	18	13	26	37	56	11	30	31	21	
% seen within 7 days		42.7%	48.7%	44.2%	46.2%	64.8%	54.8%	51.4%	52.9%	54.6%	53.1%	61.2%	45.2%	39.6%	43.8%	
62 day GP Classic (%) *	85%	91.27%	94.00%	93.04%	95.08%	91.67%	95.74%	94.50%	96.77%	87.30%	92.06%	94.06%	87.13%	92.91%	92.92%	

* Provisional figures subject to change depending

Commentary

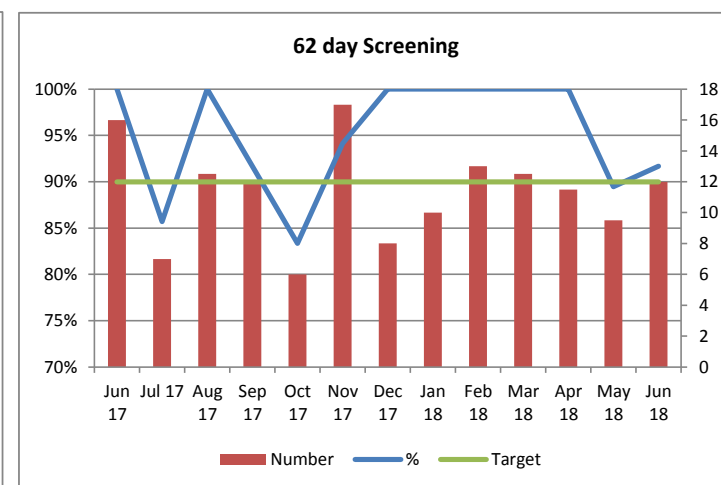
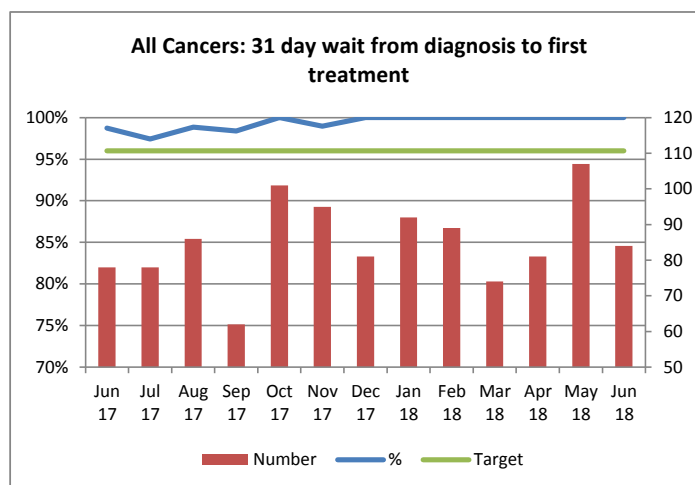
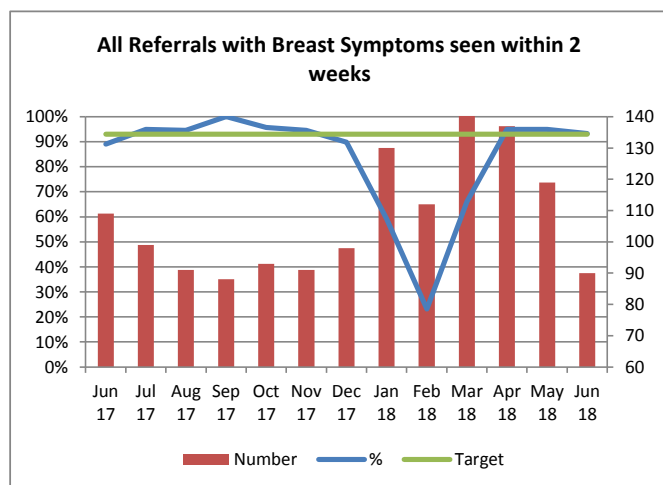
The Trust has achieved all three headline cancer standards during the month of June 2018. The figures presented in this paper reflect the Trust's regulatory performance measures (adjusted figures that take into account breach reallocation between providers).

The Trust has continued its strong performance against the Rapid Access referrals standard achieving 97.54% in June. This is in spite of an increase in demand of 9% on the same month last year.

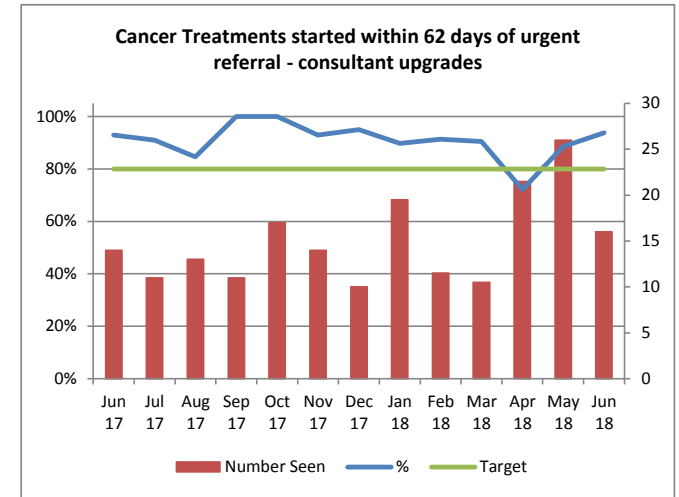
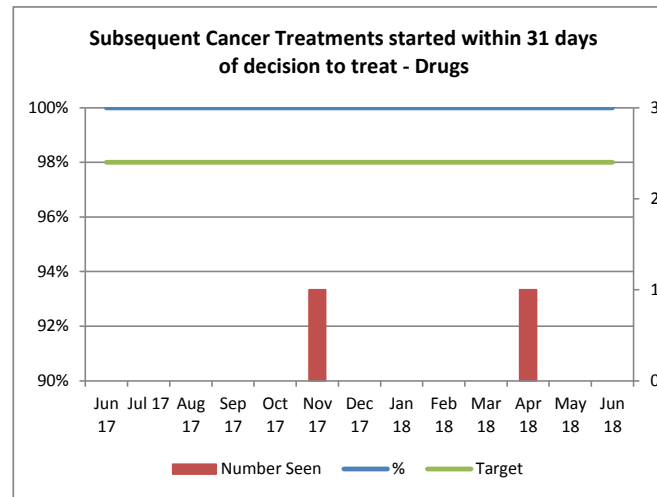
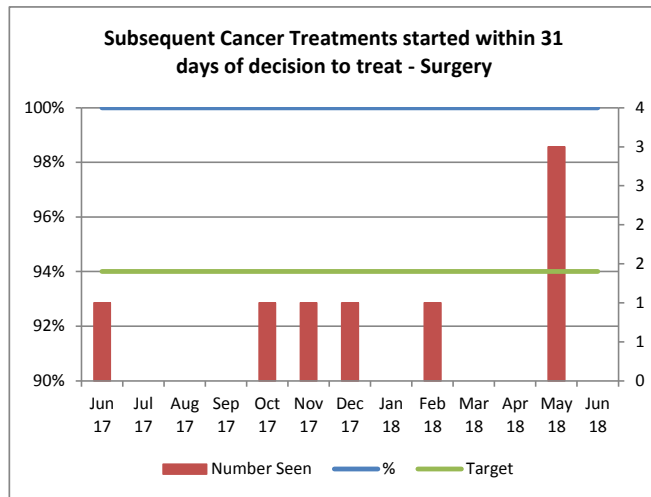
The 2 week Breast Symptomatic standard - after a dramatic deterioration seen in February's position, performance improved to above the 93% target in April 2018 and has been sustained. After demand in April & May being c20% up on previous years June 2018 has seen a drop of 17% on previous year.

The screening 62 day standard was narrowly missed in May but recovered in June to above the 90% target, ensuring overall Q1 was compliant.

Primary Measures



Operational Delivery: *Cancer Pathway*



Operational Delivery: *Unplanned Activity - A&E*

Headline Measures

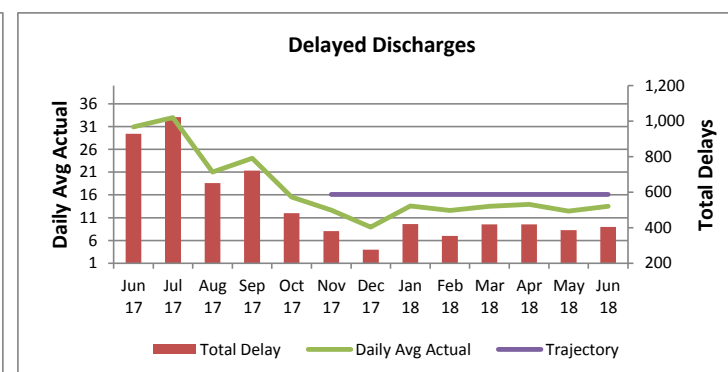
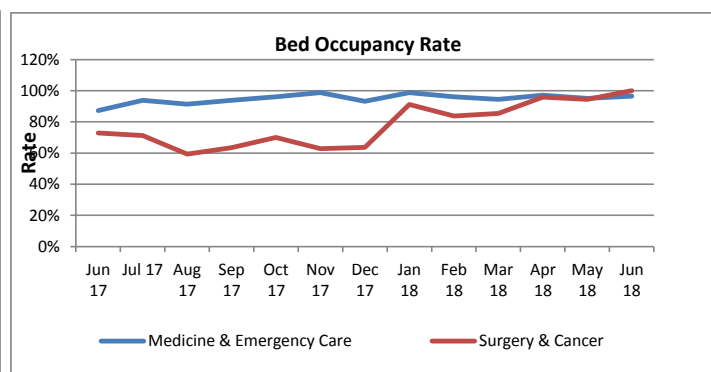
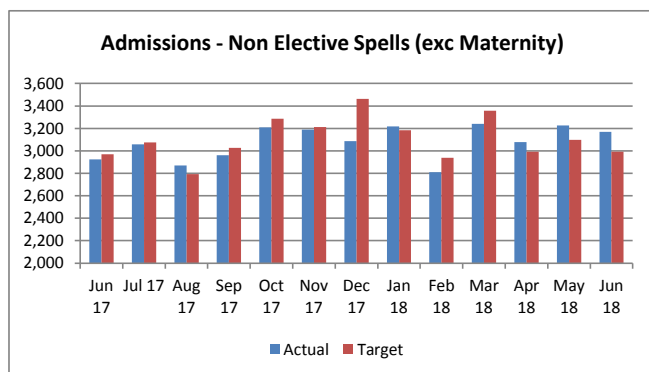
			Current YTD		Rolling 13 months													
			Target	Actual	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Monthly Trend
A&E - >4 hr wait time from arrival to admission/transfer/ discharge (% to Target)			95%	83.20%	94.24%	92.63%	95.26%	93.99%	88.28%	88.05%	74.22%	78.38%	77.91%	77.90%	82.65%	85.14%	81.78%	
No. of 4hr breaches				3,896	437	567	332	422	872	851	1,920	1,543	1,469	1,679	1,244	1,179	1,473	
			Plan	Actual	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Monthly Trend
A&E Attendances (LH/MIU/UUC) (% to Plan)				95.84%	99.9%	96.3%	93.1%	97.1%	99.8%	92.9%	99.3%	97.1%	94.4%	93.6%	93.2%	95.3%	98.9%	
A&E Attendances (LH/MIU/UUC) (No.)			88,209	23,186	7,593	7,697	7,011	7,023	7,439	7,119	7,447	7,138	6,649	7,598	7,170	7,933	8,083	
A&E Attendance Case Mix (based on acuity score)	Major		7,135	1,727	1,743	1,769	1,724	1,688	1,605	1,815	2,191	2,173	2,422	2,288	2,460	2,387		
	Minor		9,117	3,421	3,345	3,152	2,939	3,198	2,936	3,324	2,940	2,474	2,886	2,799	2,992	3,326		
	Paediatrics		4,743	1,568	1,626	1,182	1,416	1,588	1,557	1,379	1,304	1,305	1,544	1,419	1,676	1,648		
	Resus		2,191	877	983	908	944	965	1,021	929	703	697	746	664	805	722		
A&E Attendance Location (based on Discharge)	Major		9,264	2,875	2,978	2,898	2,899	3,011	2,776	3,201	3,038	2,761	3,204	2,957	3,170	3,137		
	Minor		8,729	2,996	2,960	2,815	2,600	2,731	2,659	2,661	2,617	2,403	2,650	2,623	2,948	3,158		
	Paediatrics		4,743	1,568	1,626	1,182	1,416	1,588	1,557	1,379	1,304	1,305	1,544	1,419	1,676	1,648		
	Resus		450	154	133	116	108	109	127	206	179	180	200	171	139	140		

Commentary

The Trust has achieved 81.78% against the 4-hour access standard in June 2018 with ED attendances seeing a 6.4% increase on June 2017. Poor performance has been driven not only by the higher demand but a higher acuity of patients arriving at A&E. Comparatively June 2018 has seen an 18% increase in higher acuity patients than June 2017 (Case mix Major or Resus). This is also set against 25 less acute beds and 40 less community beds than in previous years.

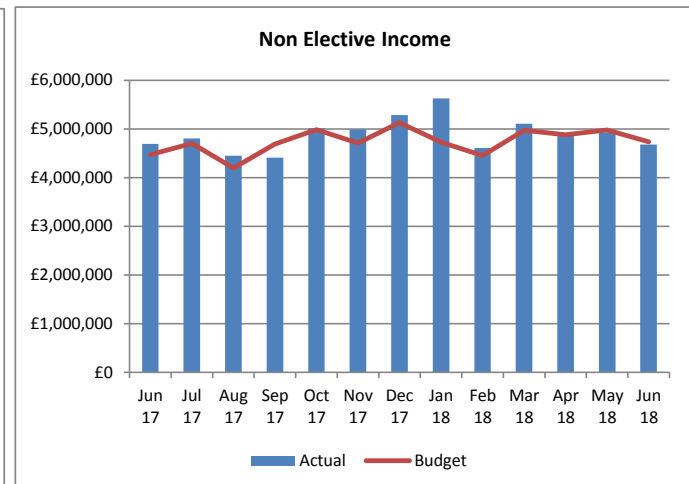
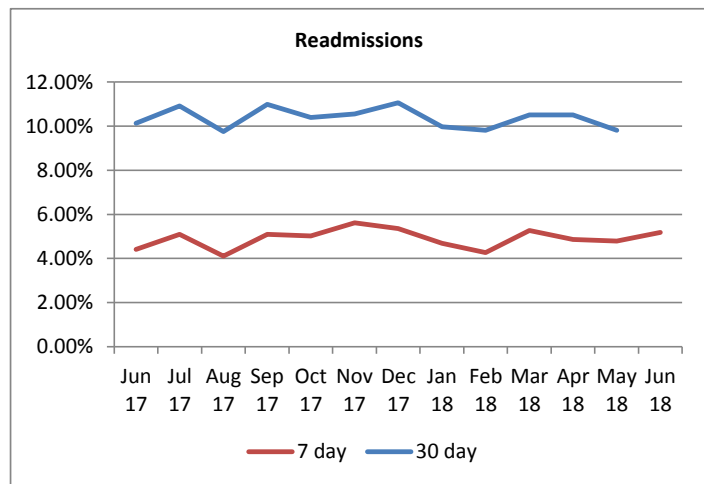
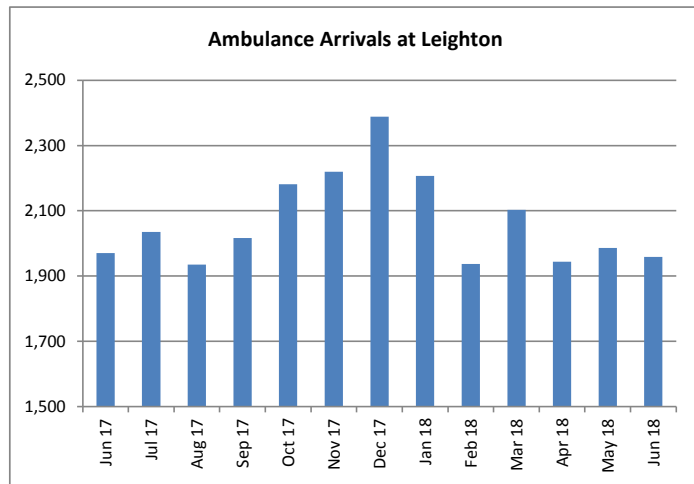
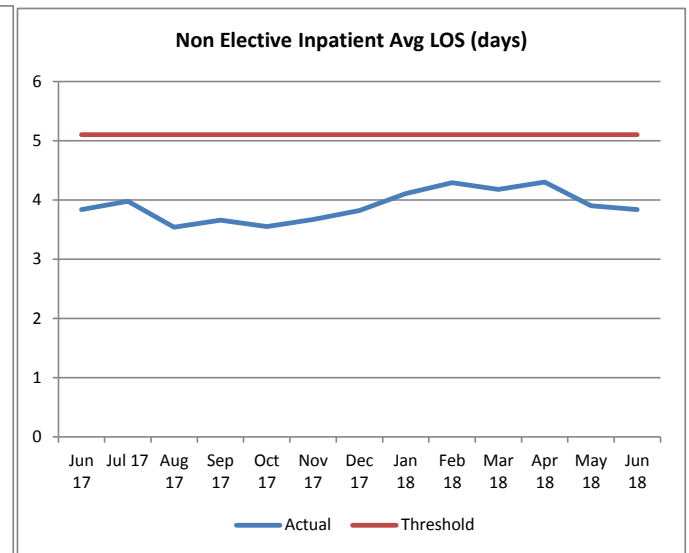
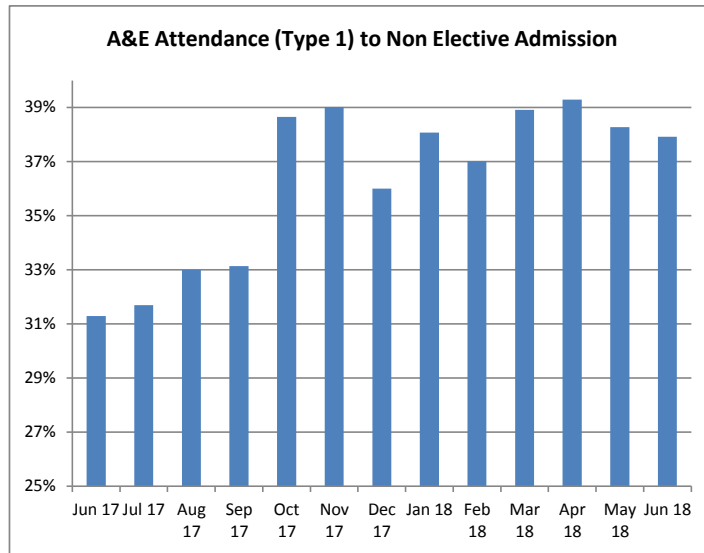
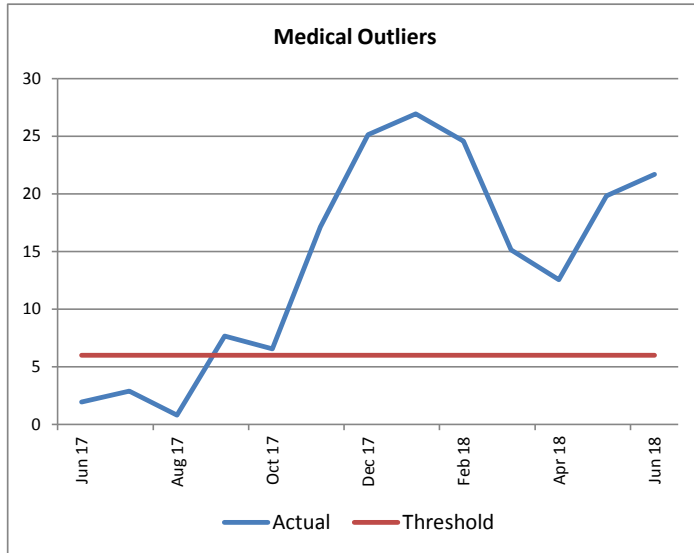
Non elective admissions in June were 8.5% higher than for the same period last year, driven by the higher acuity of patient. The Type 1 conversion rate remains high at 37.92. Medical outliers rose from 20 to 22 in June. Delayed transfers of care continues to be below the target set averaging 13.

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	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	
18 weeks from Referral to Treatment in Aggregate - Incomplete	92%	92.85%	97.57%	97.37%	96.78%	97.10%	96.79%	96.36%	95.15%	94.46%	94.02%	92.54%	92.73%	92.98%	92.83%	
Total 18 Weeks		41,638	11,165	11,576	12,431	12,297	12,054	12,258	12,158	12,845	13,105	13,771	13,729	13,801	14,108	
No. > 18 Weeks		2,978	271	305	400	356	387	446	590	711	784	1,028	998	969	1,011	
Diagnostic Waiting Time	1%	0.25%	0.44%	0.76%	0.34%	0.21%	0.24%	0.25%	0.39%	0.53%	0.08%	0.33%	0.26%	0.17%	0.32%	
Total Number of Waiters		12,970	4,090	3,560	3,189	3,380	3,306	3,191	3,614	3,587	3,548	4,293	4,224	4,127	4,619	
Waiters of 6 Weeks +		33	18	27	11	7	8	8	14	19	3	14	11	7	15	
Total Patients Waiting for a First Outpatient Appointment			7,352	7,643	8,029	7,809	7,731	7,916	8,085	8,342	8,501	8,866	9,243	9,579	9,354	
Longest Wait Time (weeks)											41	42	45	49	43	

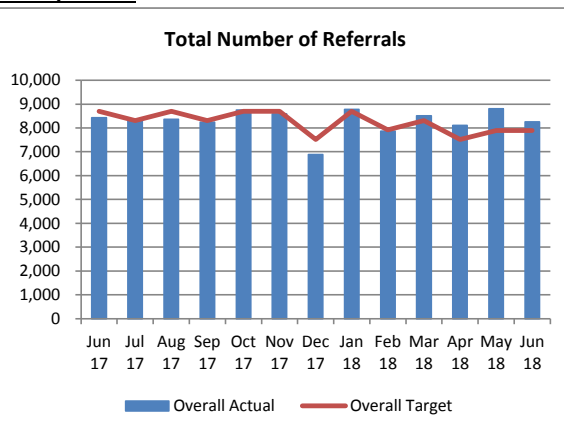
Commentary

The Trust reported 92.83% 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 of 2017/18.

The Trust has delivered the diagnostic wait time consistently since July 2016. In June 2018, 0.32% of patients waited longer than 6 weeks for their diagnostic tests. All modalities delivered the standard, however significant outsourcing continued in medical imaging to support this position.

After a real spike in GP referrals based on previous years, seen in April and May, June has seen a reduction from previous years number. GP referrals have however been above planned levels for four months running. Elective spells continue to be under plan.

Primary Drivers

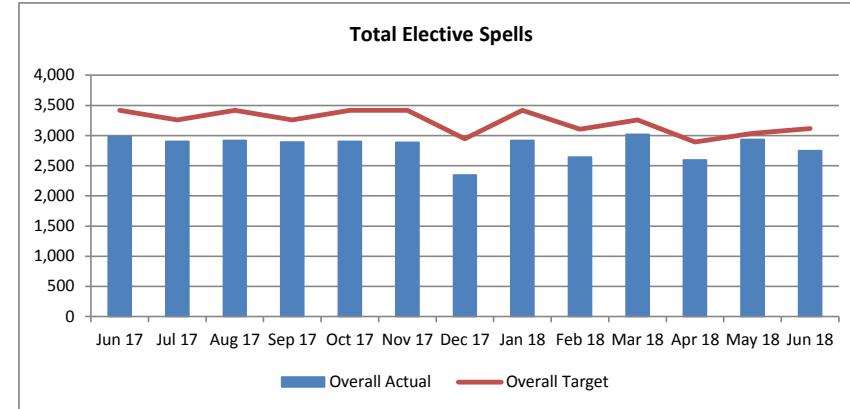
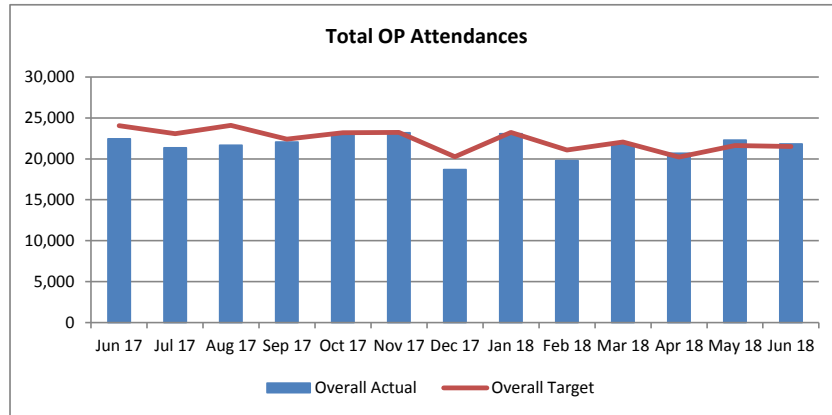


Referral Breakdown

	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Monthly Trend
GP Actual	5,248	5,115	5,211	5,277	5,506	5,424	4,157	5,573	4,928	5,388	4,857	5,400	5,065	
GP Target	5,509	5,259	5,509	5,259	5,509	5,509	4,758	5,509	5,008	5,259	4,683	4,920	4,920	
% to Target	95.3%	97.3%	94.6%	100.3%	99.9%	98.5%	87.4%	101.2%	98.4%	102.5%	103.7%	109.8%	103.0%	
Other Actual	3,179	3,191	3,156	2,969	3,252	3,166	2,731	3,205	2,931	3,119	3,253	3,407	3,185	
Other Target	3,195	3,050	3,195	3,050	3,195	3,195	2,759	3,195	2,904	3,050	2,833	2,976	2,976	
% to Target	99.5%	104.6%	98.8%	97.4%	101.8%	99.1%	99.0%	100.3%	100.9%	102.3%	114.8%	114.5%	107.0%	
Total Actual	8,427	8,306	8,367	8,246	8,758	8,590	6,888	8,778	7,859	8,507	8,110	8,807	8,250	
Total Target	8,704	8,308	8,704	8,308	8,704	8,704	7,517	8,704	7,913	8,308	7,515	7,896	7,896	
% to Target	96.8%	100.0%	96.1%	99.3%	100.6%	98.7%	91.6%	100.9%	99.3%	102.4%	107.9%	111.5%	104.5%	
GP % of Total	62.3%	61.6%	62.3%	64.0%	62.9%	63.1%	60.4%	63.5%	62.7%	63.3%	59.9%	61.3%	61.4%	

Operational Delivery: *Planned Activity*

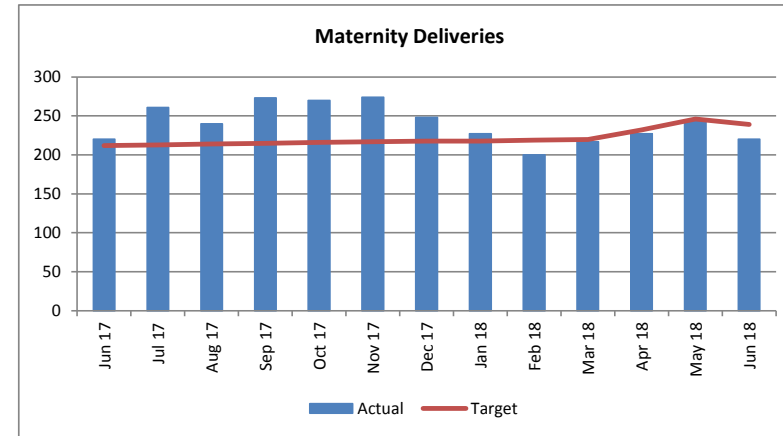
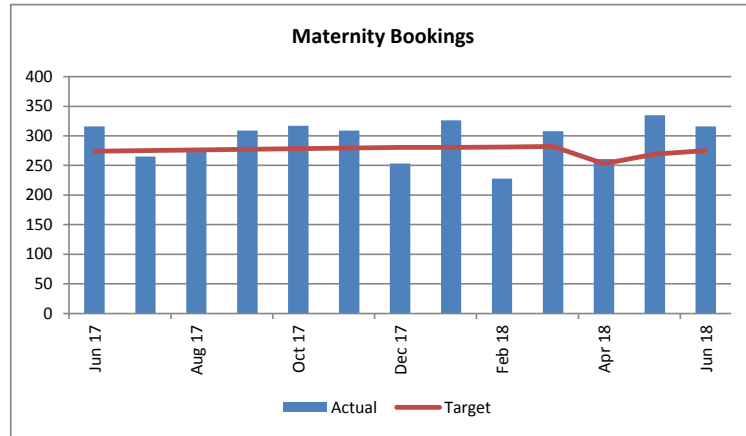
Primary Drivers



OP Attendance Breakdown		YTD 18 19	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Monthly Trend
New Actual		20,417	6,746	6,191	6,421	6,821	6,988	6,910	5,805	6,862	6,217	6,855	6,472	7,137	6,808	
New Target		18,328	7,423	7,098	7,427	6,941	7,250	7,253	6,272	7,253	6,585	6,909	5,892	6,224	6,212	
% to Target		111.4%	90.9%	87.2%	86.5%	98.3%	96.4%	95.3%	92.6%	94.6%	94.4%	99.2%	109.9%	114.7%	109.6%	
F U Actual		44,394	15,723	15,181	15,236	15,239	16,176	16,304	12,892	16,215	13,583	14,927	14,214	15,172	15,008	
F U Target		45,036	16,623	15,967	16,663	15,462	15,955	15,987	13,971	15,991	14,504	15,152	14,346	15,407	15,283	
% to Target		98.6%	94.6%	95.1%	91.4%	98.6%	101.4%	102.0%	92.3%	101.4%	93.7%	98.5%	99.1%	98.5%	98.2%	
Total Actual		64,811	22,469	21,372	21,657	22,060	23,164	23,214	18,697	23,077	19,800	21,782	20,686	22,309	21,816	
Total Target		63,364	24,046	23,065	24,090	22,403	23,205	23,240	20,243	23,244	21,089	22,061	20,237	21,631	21,495	
% to Target		102.3%	93.4%	92.7%	89.9%	98.5%	99.8%	99.9%	92.4%	99.3%	93.9%	98.7%	102.2%	103.1%	101.5%	
New % of Total		31.5%	30.0%	29.0%	29.6%	30.9%	30.2%	29.8%	31.0%	29.7%	31.4%	31.5%	31.3%	32.0%	31.2%	
Elective Spells Breakdown		YTD 18 19	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Monthly Trend
I P Actual		775	294	266	298	279	299	308	234	164	240	273	216	295	264	
I P Target		896	346	330	346	330	346	346	298	346	314	330	301	301	294	
% to Target		86.5%	85.1%	80.7%	86.2%	84.6%	86.5%	89.1%	78.6%	47.4%	76.5%	82.8%	71.8%	98.0%	89.7%	
Daycase Actual		7,503	2,689	2,636	2,619	2,616	2,603	2,578	2,115	2,753	2,404	2,745	2,378	2,641	2,484	
Daycase Target		8,147	3,071	2,931	3,071	2,931	3,071	3,071	2,650	3,071	2,790	2,931	2,590	2,735	2,822	
% to Target		92.1%	87.6%	89.9%	85.3%	89.3%	84.8%	83.9%	79.8%	89.6%	86.2%	93.7%	91.8%	96.6%	88.0%	
Total Actual		8,278	2,983	2,902	2,917	2,895	2,902	2,886	2,349	2,917	2,644	3,018	2,594	2,936	2,748	
Total Target		9,043	3,417	3,260	3,417	3,260	3,417	3,417	2,947	3,417	3,104	3,260	2,891	3,036	3,116	
% to Target		91.5%	87.3%	89.0%	85.4%	88.8%	84.9%	84.5%	79.7%	85.4%	85.2%	92.6%	89.7%	96.7%	88.2%	
I P % of Total		9.4%	9.9%	9.2%	10.2%	9.6%	10.3%	10.7%	10.0%	5.6%	9.1%	9.0%	8.3%	10.0%	9.6%	

Operational Delivery: *Planned Activity*

Primary Drivers

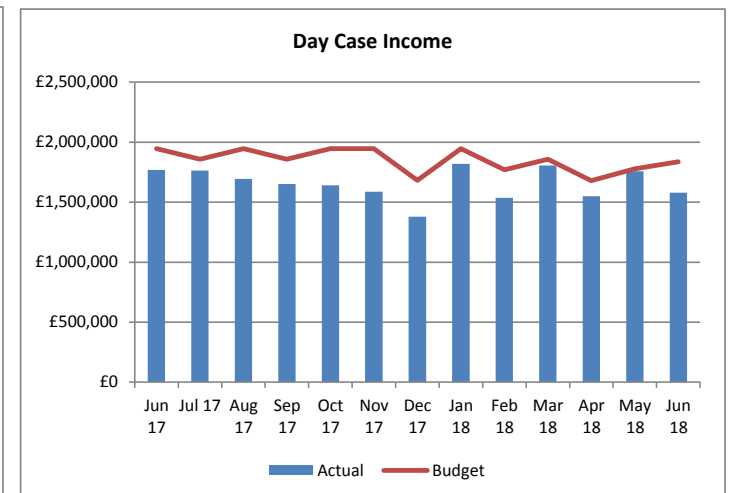
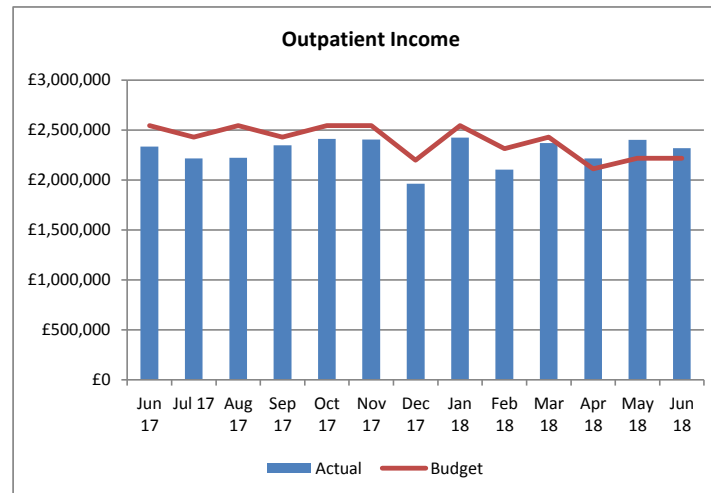
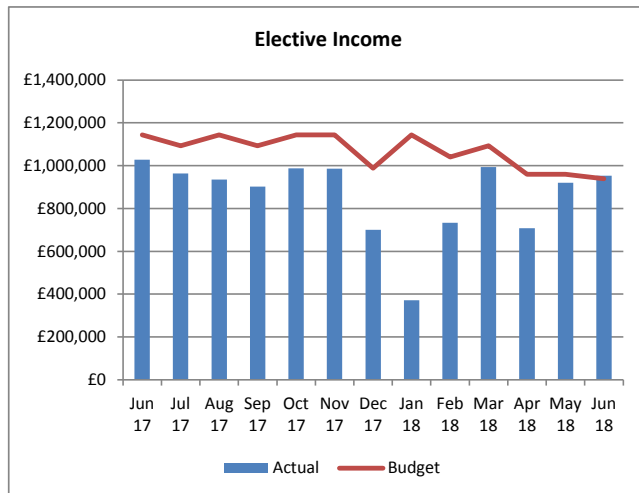


Operational Delivery: *Planned Activity*

Secondary Drivers

		Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Monthly Trend	
Bed Occupancy Rate	Medicine & Emergency Care	87.4%	93.7%	91.4%	93.8%	96.1%	98.8%	93.3%	98.7%	96.1%	94.4%	97.1%	95.1%	96.6%		
	Surgery & Cancer	72.9%	71.3%	59.3%	63.5%	70.1%	62.7%	63.7%	91.1%	83.7%	85.4%	95.8%	94.5%	100.0%		
Elective Inpatient Avg LOS (Days)		3.1	3.7	2.6	2.3	2.4	2.7	2.4	2.3	2.4	2.5	3.1	2.7	2.5		
Delayed Transfers of Care (MFFD)		16.00	31	33	21	24	16	13	9	14	13	14	14	12	13	
Delayed Transfers of Care (% of Acute Beds)			6.6%	7.1%	4.6%	5.2%	3.4%	2.7%	1.9%	2.6%	2.5%	2.7%	2.8%	2.7%	2.9%	
Medical Outliers		2	3	1	8	7	17	25	27	25	15	13	20	22		
Readmission (Emergency Re-admissions after Planned Surgery)																
	30 Day Rate	3.58%	2.93%	3.40%	3.84%	3.48%	3.44%	3.15%	3.01%	2.56%	3.28%	3.36%	3.31%			
	7 Day Rate	1.30%	1.09%	1.02%	1.32%	1.59%	1.20%	0.88%	1.27%	0.88%	1.41%	1.00%	1.23%	1.02%		
Cancelled Operations - Non Clinical - Cancellation Rate		0.80%	0.86%	0.40%	0.57%	1.27%	0.75%	2.24%	1.01%	1.23%	1.48%	0.00%	1.07%	0.95%		
Theatre Efficiency																
	Main Theatres	78.4%	77.9%	78.6%	80.5%	78.8%	77.0%	74.4%	74.9%	74.2%	76.8%	79.5%	78.9%	78.9%		
	TC Theatres	72.7%	75.0%	76.0%	71.5%	78.1%	75.5%	77.5%	74.5%	71.5%	71.8%	69.0%	74.2%	72.6%		
DNA (OP Efficiency)		6.52%	5.83%	5.71%	5.83%	5.51%	5.27%	6.21%	5.46%	5.17%	5.41%	5.25%	6.02%	5.91%		
Hospital Cancellation Rate (OP Efficiency)		7.51%	7.94%	7.58%	6.11%	6.27%	6.19%	7.18%	7.34%	6.88%	6.43%	6.72%	6.80%	6.80%		

* 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 Jun (£'000)	Actual Jun (£'000)	Variance Jun (£'000)	Plan April to Jun (£'000)	Actual April to Jun (£'000)	Variance April to Jun (£'000)	2018/19 (£'000)	
Operating								
Operating Income								
<i>NHS Acute Activity Income</i>								
Elective	939	947	8	2,860	2,582	-278	10,659	10,659
Non-Elective	4,736	4,690	-46	14,595	14,474	-121	59,628	59,628
Maternity	1,184	1,169	-15	3,489	3,369	-120	14,000	14,000
Day cases	1,837	1,576	-261	5,294	4,886	-408	21,139	21,139
Outpatients	2,217	2,318	101	6,546	6,935	389	26,672	26,672
A&E	874	883	9	2,590	2,566	-24	10,139	10,139
Other NHS	6,128	6,402	274	18,322	19,279	956	78,037	78,037
Total NHS Clinical Revenue	17,915	17,985	70	53,697	54,091	395	220,274	220,274
<i>Other Operating Income</i>	1,899	1,885	-14	5,691	5,571	-120	22,502	22,502
<i>Inter-Trust Income</i>	0	0	0	0	0	0	0	0
TOTAL OPERATING INCOME	19,814	19,870	56	59,388	59,662	275	242,776	242,776
Operating Expenses								
Employee Benefits Expenses (Pay)	-14,008	-14,237	-229	-42,120	-42,481	-361	-168,313	-168,313
Drugs	-1,379	-1,408	-29	-4,135	-4,184	-49	-15,868	-15,868
Clinical Supplies	-1,681	-1,485	196	-4,736	-4,407	329	-18,370	-18,370
Non Clinical Supplies	-300	-300	0	-888	-892	-4	-3,537	-3,537
Other operating expenses	-2,552	-2,930	-378	-7,568	-8,131	-563	-31,419	-31,419
TOTAL OPERATING EXPENSES	-19,920	-20,360	-440	-59,447	-60,095	-648	-237,507	-237,507
EBITDA	-106	-490	-384	-59	-433	-373	5,269	5,269
Non Operating								
Non Operating Income								
Interest & Asset disposal	3	6	3	9	17	8	36	36
Non-Operating Expenses								
Depreciation & Finance Leases	-446	-464	-18	-1,338	-1,347	-9	-6,190	-6,190
PDC Dividend Expense	-192	-192	0	-576	-576	0	-2,300	-2,300
Adjusted Financial Performance surplus/(deficit)	-741	-1,141	-400	-1,964	-2,339	-375	-3,185	-3,185
Provider Sustainability Fund	421	295	-126	1,263	884	-379	8,428	8,428
Net Surplus/(deficit) before Exceptional Items	-320	-846	-526	-701	-1,455	-754	5,243	5,243
Donations for purchase of assets	24	20	-4	72	40	-32	288	288
Depreciation on Donated Assets	-23	-23	0	-69	-69	0	-278	-278
Prior Period Adjustments	0	0	0	0	0	0	0	0
Net Surplus/(deficit) after Exceptional Items	-319	-849	-530	-698	-1,484	-786	5,253	5,253

The Trust delivered a cumulative £1.5m deficit (before exceptional items) against a budget deficit of £0.7m.

Contract income is above plan, due to additional funding for escalation beds in April. Planned income has improved in May/June 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 £0.4M 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 £0.3M worse than plan. Clinical supplies spend is lower than budget reflecting the elective performance.

Other operating costs are overspent by £0.6M which have had someone off costs associated with the refurbishment and 1718 costs within estates, along with the continued pressure of outsourcing diagnostic tests within radiology/pathology.

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 Jun (£'000)	Actual Jun (£'000)	Variance Jun (£'000)	Plan April to Jun (£'000)	Actual April to Jun (£'000)	Variance April to Jun (£'000)	2018/19 (£'000)	
Operating								
Operating Income								
<i>NHS Acute Activity Income</i>								
Elective	939	947	8	2,860	2,582	-278	10,659	10,659
Non-Elective	4,736	4,690	-46	14,595	14,474	-121	59,628	59,628
Maternity	1,184	1,169	-15	3,489	3,369	-120	14,000	14,000
Day cases	1,837	1,576	-261	5,294	4,886	-408	21,139	21,139
Outpatients	2,217	2,318	101	6,546	6,935	389	26,672	26,672
A&E	874	883	9	2,590	2,566	-24	10,139	10,139
Other NHS	3,758	4,032	274	11,212	12,169	956	49,574	49,574
Total NHS Clinical Revenue	15,545	15,615	70	46,587	46,981	395	191,811	191,811
<i>Other Operating Income</i>	1,797	1,779	-18	5,413	5,246	-167	21,500	21,500
<i>Inter-Trust Income</i>	0	0	0	0	0	0	0	0
TOTAL OPERATING INCOME	17,342	17,394	52	52,000	52,227	228	213,311	213,311
Operating Expenses								
Employee Benefits Expenses (Pay)	-12,205	-12,491	-286	-36,713	-37,254	-541	-146,930	-146,930
Drugs	-1,377	-1,406	-29	-4,129	-4,178	-49	-15,844	-15,844
Clinical Supplies	-1,595	-1,394	201	-4,480	-4,116	364	-17,353	-17,353
Non Clinical Supplies	-219	-229	-10	-645	-689	-44	-2,568	-2,568
Other operating expenses	-2,136	-2,524	-388	-6,343	-7,008	-665	-26,706	-26,706
Inter-Trust Charges	114	114	0	341	341	0	1,364	1,364
TOTAL OPERATING EXPENSES	-17,418	-17,930	-512	-51,969	-52,904	-935	-208,037	-208,037
EBITDA	-76	-536	-460	31	-677	-707	5,274	5,274
Non Operating								
Non Operating Income								
Interest & Asset disposal	3	6	3	9	17	8	36	36
Non-Operating Expenses								
Depreciation & Finance Leases	-446	-464	-18	-1,338	-1,347	-9	-6,190	-6,190
PDC Dividend Expense	-192	-192	0	-576	-576	0	-2,300	-2,300
Net Surplus/(deficit) before STF/Exceptional Items	-711	-1,187	-476	-1,874	-2,583	-709	-3,180	-3,180
Provider Sustainability Fund	421	295	-126	1,263	884	-379	8,428	8,428
Net Surplus/(deficit) before Exceptional Items	-290	-892	-602	-611	-1,699	-1,088	5,248	5,248
Donations for purchase of assets	24	20	-4	72	40	-32	288	288
Depreciation on Donated Assets	-23	-23	0	-69	-69	0	-278	-278
Prior Period Adjustments	0	0	0	0	0	0	0	0
Net Surplus/(deficit) after Exceptional Items	-289	-895	-606	-608	-1,728	-1,120	5,258	5,258

The Trust excluding Community Services, delivered a £0.9M deficit against a planned surplus of £0.3M in the month - giving a £0.6M variance against plan cumulatively.

Contract income and other operating income are £0.2M better than plan - largely as a result of funding for escalation beds kept open in April.

Pay is £0.5M worse than plan cumulative as a result of higher spend on Nursing & HCAs, which has increased in the month, notably within Medicine & Emergency Care.

Clinical supplies is underspent in the month, reflecting an under performance in elective activity.

Other Operating Expenses is £0.6M worse as a result of continuing outsourcing pressures in diagnostics (£120K) and pressures within estates (1718 costs (£173K), one of costs (£30k) and in year issues (£118k).

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 Jun (£'000)	Actual Jun (£'000)	Variance Jun (£'000)	Plan April to Jun (£'000)	Actual April to Jun (£'000)	Variance April to Jun (£'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	7,110	7,110	0	28,463	28,463
Total NHS Clinical Revenue	2,370	2,370	0	7,110	7,110	0	28,463	28,463
<i>Other Operating Income</i>	102	106	4	278	325	47	1,002	1,002
<i>Inter-Trust Income</i>	0	0	0	0	0	0	0	0
TOTAL OPERATING INCOME	2,472	2,476	4	7,388	7,435	47	29,465	29,465
Operating Expenses								
Employee Benefits Expenses (Pay)	-1,803	-1,746	57	-5,407	-5,227	180	-21,383	-21,383
Drugs	-2	-2	0	-6	-6	0	-24	-24
Clinical Supplies	-86	-91	-5	-256	-291	-35	-1,017	-1,017
Non Clinical Supplies	-81	-71	10	-243	-203	40	-969	-969
Other operating expenses	-416	-406	10	-1,225	-1,123	102	-4,713	-4,713
Inter-Trust Charges	-114	-114	0	-341	-341	0	-1,364	-1,364
TOTAL OPERATING EXPENSES	-2,502	-2,430	72	-7,478	-7,191	287	-29,470	-29,470
EBITDA	-30	46	76	-90	244	334	-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)	-30	46	76	-90	244	334	-5	-5
Provider Sustainability Fund	0	0	0	0	0	0	0	0
Net Surplus/(deficit) before Exceptional Items	-30	46	76	-90	244	334	-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	-30	46	76	-90	244	334	-5	-5

Community Services delivered a £334k 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 £180k 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	(12)	(263)	(251)	(25)	(26)	(288)	(289)
Endoscopy	Endoscopy	1,540	1	(176)	(590)	55	(300)	98	651	(23)
General Surgery Directorate	General Surgery	4,300	28	136	(2,206)	63	(459)	(22)	1,663	177
Head & Neck Directorate	Head & Neck	1,330	103	(88)	(640)	23	(172)	33	621	(33)
Macmillan Cancer Centre	Macmillan Cancer Centre	167	421	57	(238)	(11)	(411)	(50)	(61)	(3)
Ophthalmology	Ophthalmology	2,977	15	91	(1,087)	(20)	(872)	(29)	1,033	43
Orthopaedic Directorate	Orthopaedics	4,605	71	(32)	(1,635)	17	(823)	31	2,218	15
Theatres & TC	Theatres & TC	0	86	(2)	(1,844)	(16)	(652)	(14)	(2,410)	(32)
Urology Directorate	Urology	1,381	13	(12)	(721)	(52)	(159)	(40)	515	(105)
Surgical and Cancer Division	Surgery & Cancer	16,300	737	(38)	(9,223)	(192)	(3,873)	(19)	3,941	(249)

The Surgical Division is £249k worse than plan year to date. Contract income is under performing by £115k, with Endoscopy (£177k) and ENT (£91k) the biggest share - Orthopaedics which had underperformed in earlier part of the quarter are now back on plan. Pay is £192k 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.

		Income			Expenditure				NET TOTAL	
		Contract	Variable	Better/ (Worse) than Budget	Pay	Better/ (Worse) than Budget	Non-Pay	Better/ (Worse) than Budget	Total	Better/ (Worse) than Budget
Emergency Care Divisional Mgmt	Divisional Management M&EC	0	0	0	(554)	(128)	(21)	(5)	(576)	(132)
Accident & Emergency Dir	Emergency Department	3,838	150	(166)	(1,547)	(6)	(195)	(28)	2,247	(200)
Anaesthetics & Critical Care	Anaesthetics & Critical Care	1,604	12	(10)	(1,915)	110	(288)	20	(588)	120
Medical Directorate	General Medicine	10,547	55	(14)	(5,691)	(89)	(1,076)	109	3,835	5
Urgent Care Centre	Urgent Care Centre	0	0	0	(152)	25	0	21	(152)	46
Emergency Services Division	Medicine & Emergency Care	15,990	216	(191)	(9,859)	(88)	(1,581)	117	4,766	(162)

The Medicine and Emergency Care Division are £162k worse 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. Pay costs, which have been under pressure particularly around nursing/HCA costs have worsened in the month - with increases in bank usage in both areas, and also an increase in bedwatch charges. Whilst Medical pay is underspent there has also been an increase in WLIs within June which has contributed to deteriorating pay 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
Wom Chil & sexl hlth Div Mgmt	Divisional Management W&C	0	0	0	(334)	1	(30)	11	(364)	12
Gum clinic	Gum clinic	0	0	0	0	0	0	0	0	0
Obstetric & Gynaecology Dir	Obstetrics & Gynaecology	4,360	35	(250)	(2,189)	(23)	(338)	0	1,867	(273)
Paediatric Directorate	Paediatrics	2,962	24	(3)	(1,995)	(82)	(254)	18	737	(67)
Women and Childrens Division	Women and Children	7,322	58	(253)	(4,518)	(104)	(622)	28	2,240	(329)

The Women's and Children's Division is £329k worse than plan. Contract income continues to be below plan for Gynaecology (£136k) and Obstetrics (£130k) - both as a result of lower than plan activity. Pay pressures are a result of midwifery over establishment, which is expected to reduce as vacancies have started to arise.

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	(73)	7	(8)	(30)	(81)	(23)
Dermatology	Dermatology	445	5	3	(243)	19	(87)	(6)	120	16
ECG department	ECG	97	6	(1)	(259)	16	(21)	(1)	(177)	14
Elmhurst	Elmhurst	499	41	(3)	(396)	(21)	(40)	8	104	(16)
Integrated Discharge	Integrated Discharge	0	0	0	(82)	(11)	(3)	0	(85)	(11)
Medical Records Department	Medical Records Department	0	0	(1)	(435)	(15)	(53)	3	(488)	(13)
Outpatients	Outpatients	0	36	(6)	(134)	5	(13)	1	(112)	(1)
Pathology Directorate	Pathology	3,076	979	295	(2,471)	16	(2,281)	(207)	(697)	104
Pharmacy Departments	Pharmacy	828	57	(89)	(835)	(19)	(826)	48	(777)	(60)
Radiology Directorate	Radiology	698	231	(46)	(1,594)	19	(601)	(121)	(1,266)	(148)
Therapeutic Departments	Therapies	0	0	0	(546)	(19)	(13)	12	(559)	(7)
Victoria Infirmary Northwich	Victoria Infirmary Northwich	505	1	(29)	(438)	(18)	(74)	0	(7)	(47)
Diagnostics and Support Divisi	Diagnostics and Support	6,148	1,355	123	(7,506)	(20)	(4,020)	(294)	(4,023)	(192)

The Diagnostics Division is £192k worse than plan year to date. Radiology has seen a deterioration in income, relating to activity as well as an increase in outsource costs within non pay leading to the £148k adverse variance, year to date. Pharmacy has some offset on income and drugs - however within healthcare at home drugs there is a net cost position (£25k)

		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	(129)	5	(34)	19	(163)	25
Catering Directorate	Catering	0	331	0	(410)	(21)	(373)	(53)	(453)	(75)
Estates Departments	Estates Departments	0	116	(3)	(390)	(2)	(1,842)	(259)	(2,116)	(264)
Hotel Services	Domestics	0	0	0	(339)	(9)	(3)	0	(342)	(9)
Laundry Services Departments	Laundry	0	290	(12)	(264)	(11)	(204)	(7)	(178)	(30)
Security	Security	0	409	(14)	(182)	7	(195)	(46)	32	(54)
Site Services	Porters	0	0	0	(714)	(18)	(19)	1	(733)	(17)
Estates & Facilities Division	Estates & Facilities Division	0	1,146	(30)	(2,428)	(50)	(2,671)	(345)	(3,954)	(425)

The Estates and Facilities Division is £425k worse than plan. Due to issues with the barriers in June - the in month visitor income is lower than expected, which is expected to resolve for the remainder of the year and over perform against target. Within non pay there are some 1718 costs (Carbon Credits £160k, Gritting £13k) and some one off costs a (£16k fixture and fitting, £14k overspend on barrier repairs). Utilities are £92k over as a result of problems with the combined heat and power - which have been resolved in July, and the issues around waste contamination (£26k YTD) have been resolved at the end of June.

		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	3	3	(384)	(3)	(154)	2	(536)	2
Computer Services	Computer Services	0	9	6	(381)	4	(652)	(81)	(1,024)	(70)
Finance & Information	Finance & Information	0	10	3	(776)	(9)	(160)	32	(925)	25
Human Resources	Human Resources	0	100	(19)	(598)	27	(108)	44	(606)	51
Risk Manangement & R&D	Risk Management & R&D	0	141	6	(368)	26	(15)	7	(242)	39
Quality Assurance Departments	Nurse Management	0	48	21	(677)	(48)	(2,048)	29	(2,677)	2
Trust Central Expenditure	Trust Central Expenditure	2,096	1,427	178	(472)	(65)	(32)	78	3,020	192
Other Departments	Other Departments	5	35	5	(63)	(18)	(54)	11	(77)	(1)
Corporate	Corporate	2,101	1,774	204	(3,720)	(86)	(3,223)	122	(3,068)	239

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

Community Services	7,110	324	46	(5,227)	180	(1,624)	104	583	330
EBITDA	54,971	5,611	(139)	(42,482)	(361)	(17,615)	(288)	485	(787)

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	1,990	0	1,871	-119
NHS Eastern Cheshire CCG Community	412	103	0	103	0
NHS South Cheshire CCG Community	17,123	4,281	0	4,278	-3
NHS South Cheshire CCG	101,698	25,213	373	25,213	0
NHS Vale Royal CCG	55,052	13,668	-380	13,668	0
NHS Vale Royal CCG Community	10,396	2,599	0	2,597	-2
NHS Warrington CCG	284	72	0	93	21
NHS West Cheshire CCG	3,537	877	0	900	22
NHS West Cheshire CCG Community	191	48	0	48	0
NHS North Staffordshire CCG	2,307	578	0	643	65
NHS Shropshire CCG	892	222	0	197	-25
NHS Stoke on Trent CCG	1,609	405	0	432	28
Public Health England	1,541	334	0	319	-15
NHS Commissioning Board	1,569	392	0	392	0
Specialist Commissioning Group	8,645	2,155	0	2,101	-54
Non Contract Activity	2,007	496	0	475	-21
Cross Border Flows	149	37	0	31	-6
BCULHB	229	57	0	294	238
Non-Commissioner Specific	12,975	1,431	0	1,318	-113
TOTAL	228,702	54,957	-7	54,973	17

Other Contract Income	FY Target (£'000)	YTD Target (£'000)	YTD Actual (£'000)	Final Variance (£'000)
Bed Based Services	5,962	1,490	1,438	-53
Adult & Neonatal Critical Care	7,896	1,973	2,052	79
Community Paediatrics	1,303	326	326	0
Direct Access Services	9,509	2,330	2,341	11
Unbundled Radiology	3,505	859	858	-1
High Cost Drugs	9,762	2,530	2,545	15
Screening Programmes	1,530	383	383	0
Audiology	1,167	292	266	-26
IVF	258	65	54	-11
CQUIN	4,312	796	745	-51
PSV	8,428	1,263	884	-379
Community Services	28,426	7,022	7,022	0
CEP	-2,817	-704	-7	697
WINTER FUNDING	750	187	332	145
Other	6,623	773	923	150
TOTAL	86,614	19,585	20,162	576

The South Cheshire is currently performing below the contract value set , and Vale Royal above - if the contract were set on PbR tariffs - which is continuing the trend of the first 2 months.

Other commissioners, except East Cheshire CCG are in the main over performing against plan. East Cheshire underperformance is in unplanned care (£72k), and within surgical specialties for planned care (£62k). 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, and ophthalmology.

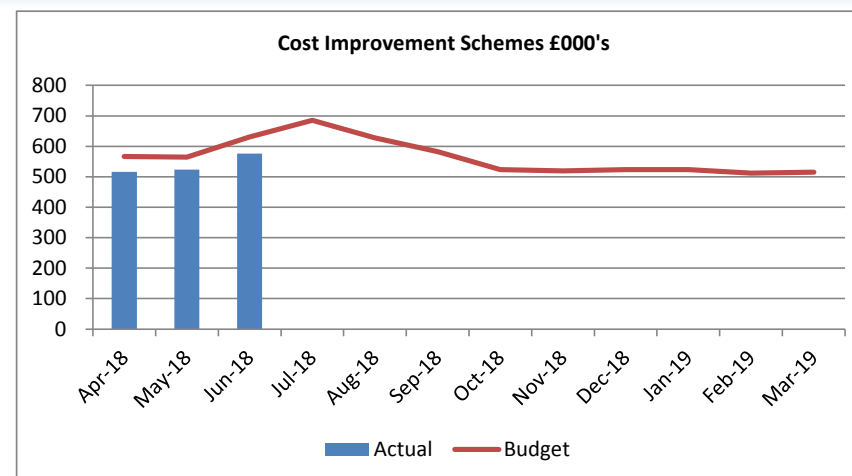
Other contract income is showing £0.6M better than plan. An analysis of the key service lines identifies that, aside the CEP adjustment there were gains against the un coded prior year spells valuation (£120k), Winter funding for quarter 1 (£145k) and an over performance in adult critical care (£79k). 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 by £0.7m, although there is marked difference between the 2 CCGs in under and over performance of A&E and NEL admissions.

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	301	212	-89	524	427	-97
Commercial	49	48	-1	195	181	-14
Drugs	75	74	-1	657	656	-1
Medical Workforce	389	430	42	1,550	1,306	-245
Non-Pay Efficiency	284	412	128	1,178	1,556	378
Nursing Workforce	244	172	-72	974	778	-196
Procurement	172	123	-48	684	555	-129
Theatres Efficiency	25	8	-17	100	83	-17
Service redesign	136	117	-20	540	469	-72
Market Share	87	21	-66	320	220	-100
Total (£'000)	1,762	1,617	-144	6,722	6,231	-493



The CIP achievement in month, is £144k 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 now recognised as not being achievable of which £83k is within the June position with a further £285k to come out of the budgets in July and August. There is also a further risk associated with drugs scheme due to the potential delays for release of new bio-similars (£357k).

There are a number of CCICP efficiencies that are over performing which offset against the non-pay efficiency and nursing workforce CIP within the hospital.

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	25	25	0	100	100	0
Drugs	13	13	0	50	50	0
Commercial	50	0	-50	200	200	0
Procurement	25	0	-25	100	100	0
Elective	279	165	-114	1,116	1,116	0
Total (£'000)	392	203	-189	1,566	1,566	0

The CEP schemes rolled over from 1718 are under achieving by £189k, with key issues around delivering planned cost savings in IVF, and work with East Cheshire in relation to births /out of hours contracts, as these are legacy CEP schemes these are being discussed with commissioners .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	109	-51	58		229	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	990	858	132	1864	8600	1082	10,688	10,688
MRI SCANNER 3RD BUILD	Yes	Internal/Loan	Yes	174	1475	100	0	100	1475	0	174	1,649	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	50	10	40	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	50	0	50	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	1264	994	270	6946	13370	1556	18893	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	23	0	23	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	60	21	39	80		21	80	80
CONFIGURATION MANAGEMENT SYSTEM	Yes	Internal	Yes		35	0	0	0	35		0	35	35
CORE INFRASTRUCTURE UPGRADE	yes	PDC	Yes		538	188	0	188	538	180	0	718	718
CYBER SECURITY	Yes	PDC	Yes	17	291	250	0	250	291		17	308	308
X-RAY MACHINE STORAGE	Yes	Internal	Yes		100	0	9	-9	100		9	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	24	0	24	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	557	30	527	3140	2743	626	5289	5,289
TOTAL STRATEGIC INVESTMENTS				675	10536	1821	1024	797	10086	16113	1699	24182	23732

The Estates strategic investments capital spend is £270K underspent mainly due to the Ward 17 Refurbishment £132K and Third MRI Scanner where Estates are waiting for the chosen supplier of the scanner before proceeding with the work.

The IT Strategic investments projects are £527K which is mainly due to Core Infrastructure upgrade £188K and Cyber Security £250K

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	135	736	0	1,007	871
DESIGN TEAM	Yes	Internal	Yes		313	72	59	13	313	1252	59	1,565	1,565
CT / VT - HEATING INFRASTRUCTURE	Yes	Internal	Yes		459	75	8	67	150	1009	8	1,468	1,159
BACKLOG GENERAL PROVISION	Yes	Internal/Loan	Yes		2650	738	630	108	1,600	7799	630	10,449	9,399
TOTAL				0	3,693	885	697	188	2,198	10,796	697	14,489	12,994
IT													
INTERSITE CONNECTIVITY	Yes	Internal	Yes		50	0	16	-16	50		16	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	39	-39	394	990	39	1134	1134
TOTAL ROLLING ALLOCATIONS				0	4,087	885	736	149	2,592	11,786	736	15,623	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	400	61	339	488		73	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	120	69	51	630		174	735	735
LEASING INVESTMENTS													
EQUIPMENT	Yes	Internal	Yes		600	267	267	0	600		267	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	267	267	0	2833	0	267	2833	2833
TOTAL CAPITAL PROGRAMME (EXCLUDING LEASES)				900	15,956	3,256	1,890	1,366	14,011	27,899	2,790	41,290	39,345
TOTAL CAPITAL PROGRAMME				900	18,789	3,523	2,157	1,366	16,844	27,899	3,057	44,123	42,178

The rolling allocation is £149K underspent due to the delay in some of the backlog maintenance and CTVT replacement

The forecast spend has been reduced by the following: Asbestos £136K, Backlog Maintenance £1,050K, Ward E refurbishment £200K and Endoscopy Washer Build £250K. This cost have been moved to 2019/20. In respect of the Ward Refurbishment and the Endoscopy Build these are funded via loans and therefore the loans will be drawn down accordingly.

Financial Performance: Statement of Financial Position

	Plan Apr to Jun (£'000)	Actual Apr to Jun (£'000)	Variance (£'000)	Forecast 2018/19 (£'000)
Assets				
Assets, Non-Current	99,413	97,524	-1,889	111,477
Assets, Current				
Trade and other Receivables	9,379	9,284	-95	9,055
Other Assets (including Inventories & Prepayments)	6,285	6,563	278	6,600
Cash and Cash Equivalents	9,661	8,274	-1,387	11,930
Total Assets, Current	25,325	24,121	-1,204	27,585
ASSETS, TOTAL	124,738	121,645	-3,093	139,062
Liabilities				
Liabilities, Current				
Finance Lease, Current	-1,149	-883	266	-2,147
Loans Commercial Current	-382	-381	1	-667
Trade and Other Payables, Current	-12,800	-11,664	1,136	-14,805
Provisions, Current	-212	-182	30	-225
Other Financial Liabilities	-7,817	-7,406	411	-6,552
Total Liabilities, Current	-22,360	-20,516	1,844	-24,396
Net Current Assets/(Liabilities)	2,965	3,605	640	3,189
Liabilities, Non Current				
Finance Lease, Non Current	-4,770	-4,207	563	-5,840
Loans Commercial Non-Current	-12,340	-12,040	300	-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	-18,696	-17,833	863	-24,633
TOTAL ASSETS EMPLOYED	83,682	83,296	-386	90,033
Taxpayers' and Others' Equity				
Taxpayers Equity				
Public dividend capital	76,791	76,791	0	76,791
Retained Earnings	-8,701	-9,088	-387	-2,351
Donated asset reserve	0	0	0	0
Revaluation Reserve	15,592	15,592	0	15,592
TOTAL TAXPAYERS EQUITY	83,682	83,295	-387	90,032
TOTAL FUNDS EMPLOYED	83,682	83,295	-387	90,032

Assets Non-Current

The main reason for the variance is that the plan is the capital programme expenditure being £1,366K less than which is mainly due to a delay in the GP Streaming Project £339K, Ward 17 Refurbishment £132K, IT Core Infrastructure & Cyber Security £438K. In addition there is a delay in the renewal of some finance leases £682K. This is offset by £131K depreciation charge less than anticipated.

Trade and other Receivables

NHS Trade Receivables are higher than anticipated as there are a number of other outstanding debts. These are Christies Hospital £105K, NHS England £700K (£133K was received early July and £400K is expected in late July), Salford Foundation Trust £100K. In addition there are outstanding debts with South Cheshire Private Hospital £117K, One to One Nursing £71K and Cheshire West and Chester Unitary Authority £59K. This is offset by the phsing of the contract income which is paid in twelfths

Other Assets

This higher than anticipated due to It Maintenance and Radiology Maintenance contract.

Finance Lease Current

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

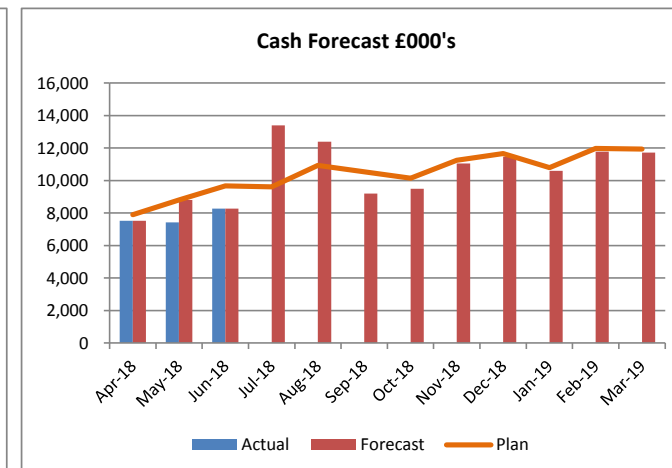
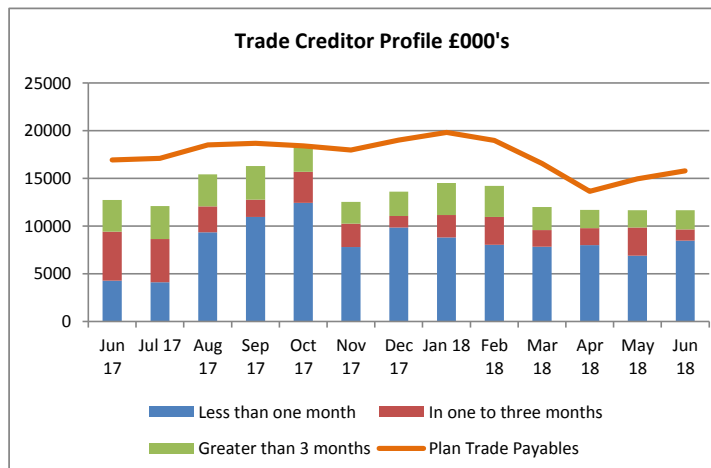
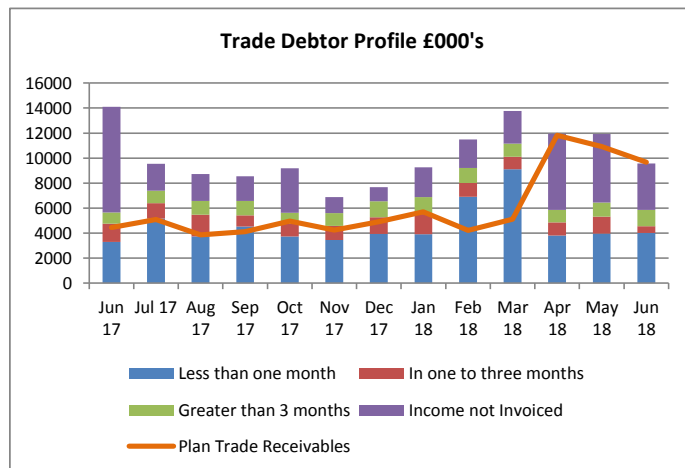
Finance Lease Non- Current

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

Financial Performance: Cash Position and Working Capital

	Plan Apr to Jun (£'000)	Actual Apr to Jun (£'000)	Variance
Surplus/(deficit) after tax	-1,097	-1,484	-387
Non-cash flows in operating Surplus/(deficit) total	1,488	1,399	-89
Operating cash flows before movements in working capital	391	-85	-476
Increase/(Decrease) in working capital Total	4,159	3,198	-961
Net cash inflow/(outflow) from operating activities	4,550	3,113	-1,437
Net cash inflow/(outflow) from investing activities total	-2,377	-1,838	539
Net Cash inflow/(outflow) before financing	2,173	1,275	-898
Net cash inflow/(outflow) from financing activities Total	-273	-762	-489
Net increase/(decrease) in cash and cash equivalents	1,900	513	-1,387
Opening cash balance	7,761	7,761	0
Closing cash balance	9,661	8,274	-1,387


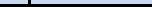


Cash is £1,378K worse than anticipated. This is mainly due to a deterioration in Working capital. In addition a finance lease was paid earlier than anticipated in the plan. This is offset by the delay in the capital programme, however an anticipated £300K loan has not been drawn down.



Finance: Staff Costs

Headline Measures

	YTD £000's
Pay Budget	42,121
Pay Actual	42,483
Variance	-362
% to Budget	100.9%

Rolling 13 months £000's													
Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Monthly Trend
13,678	13,577	13,688	13,730	13,774	13,799	13,721	13,916	13,817	13,785	14,001	14,112	14,008	
13,715	13,649	13,843	13,875	13,947	13,826	13,692	14,278	14,017	14,133	14,094	14,152	14,237	
-37	-72	-155	-145	-173	-27	29	-362	-200	-348	-93	-40	-229	
100.3%	100.5%	101.1%	101.1%	101.3%	100.2%	99.8%	102.6%	101.4%	102.5%	100.7%	100.3%	101.6%	

Nursing Staff % to Budget	101.3%
Medical Staff % to Budget	98.4%
Other Staff % to Budget	102.0%

99.8%	102.5%	97.5%	99.3%	101.6%	102.9%	102.4%	105.9%	104.7%	105.0%	101.7%	99.9%	102.1%	
98.8%	98.0%	108.2%	103.5%	102.6%	97.4%	95.3%	98.5%	97.1%	103.2%	95.4%	100.5%	99.2%	
101.7%	100.1%	100.9%	101.4%	100.1%	99.1%	99.8%	101.6%	100.7%	99.5%	102.9%	100.6%	102.7%	

Commentary

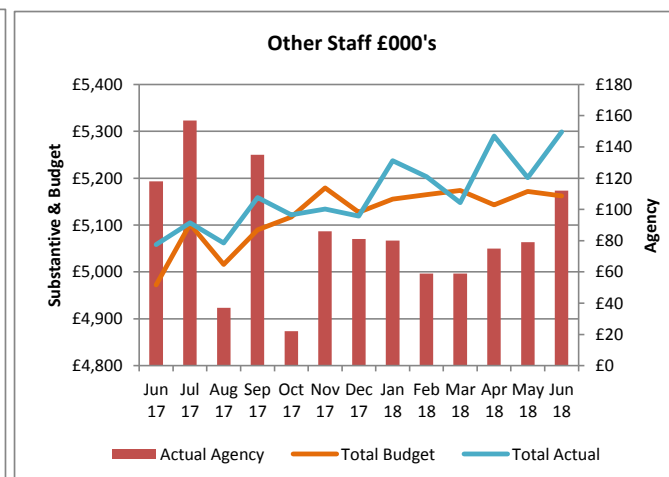
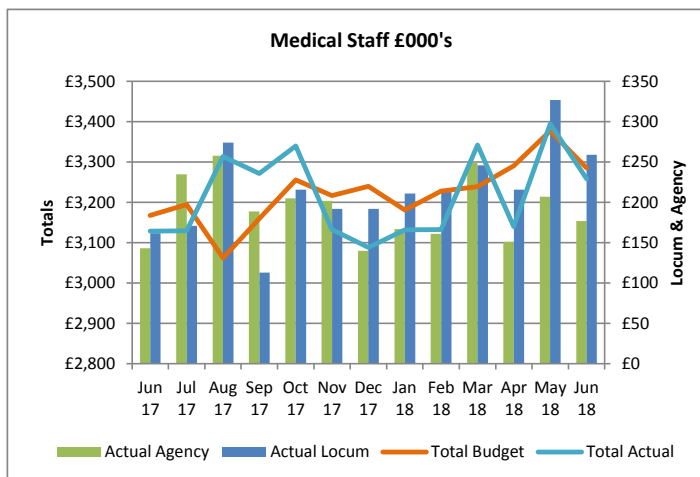
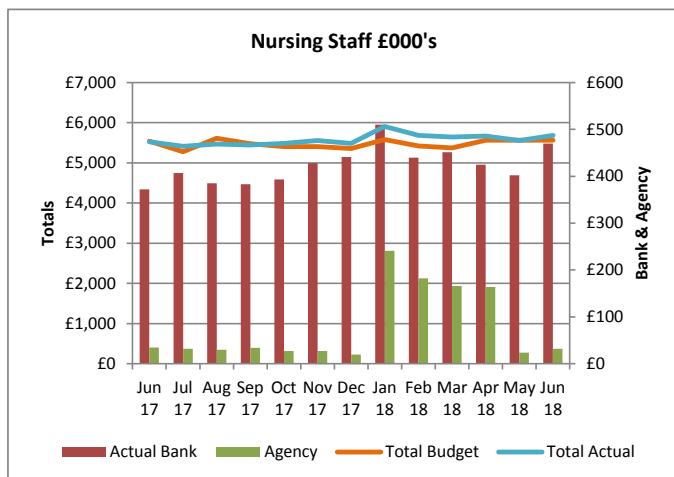
Figures exclude Community Services for 2016/17

Pay is worse than budget by £0.4M 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

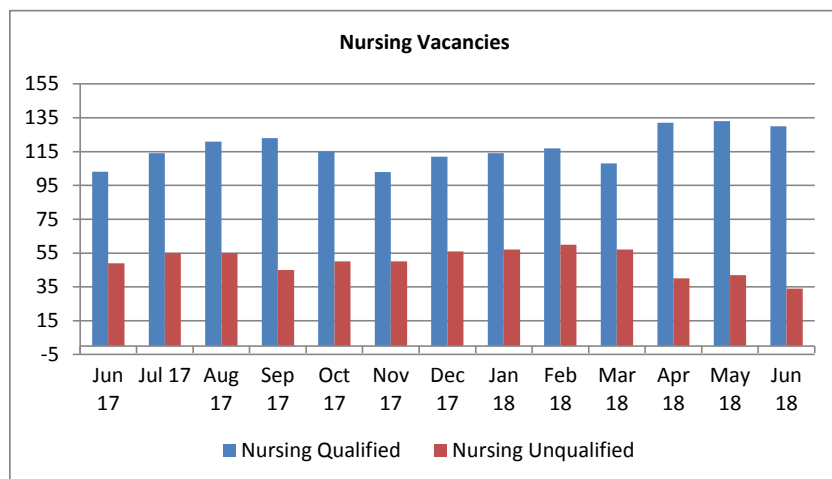
Medical pay is better than budget in month, and year to date due to vacancies most notably in Medicine & Emergency Care. The Agency trajectory has improved as a result of the closure of the escalation beds, and remains consistently under the planned spend.

Primary Drivers



Finance: *Staff Costs*

Secondary Drivers



Medical vacancies under review

Agency Trajectory

	YTD	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Monthly Trend
Plan	-4,382	-561	-515	-563	-525	-495	-477	-506	-495	-470	-484	-365	-365	-365	
Actual	-1,019	-570	-611	-568	-540	-699	-721	-572	-668	-618	-574	-389	-310	-320	
Variance	3,363	-9	-96	-5	-15	-204	-244	-66	-173	-148	-90	-24	55	45	
CCICP Actual	0	0	0	0	0	-69	-77	-152	-210	4	-77	0	0	0	

	Rolling 13 Months													
	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Monthly Trend
Sickness Rate (Rolling 12 mths)	4.04%	4.07%	4.14%	4.20%	4.21%	4.23%	4.25%	4.28%	4.28%	4.38%	4.38%	4.37%	4.30%	
Total Leavers	42	45	45	54	45	39	33	46	37	59	39	41	35	
Turnover (Rolling 12 mths)	10.52%	10.12%	10.57%	11.10%	11.08%	10.93%	10.71%	10.70%	10.66%	11.18%	11.33%	11.28%	11.33%	

Title of Paper:	Freedom to Speak Up Report Q1 2018/19		
Author:	Julie Tunney: Director of Nursing & Quality		
Executive Lead:	Julie Tunney Director of Nursing & Quality and Freedom to Speak Up Guardian		
Type of Report:	Concept Paper		
	Strategic Options Paper		
	Business Case		
	Information		✓
	Review/Benefits/Audit		
Link to Strategic Domains:		Link to Domain:	
Delivering Outstanding Clinical Quality, Safety & Experience	✓	Safe	✓
Being a Leading partner in a Progressive Health Economy		Effective	✓
Striving for Outstanding Organisational Effectiveness		Caring	✓
Aspiring to Excellence in Practice Through Our Workforce	✓	Responsive	✓
Creating a 21st Century Infrastructure for Transformative Health and Social Care	✓	Well-Led	✓
Link to Board Responsibility:	Performance		
	Accountability		✓
	Strategy		✓
	Implementation		✓
Action Required:	Decide		
	Approve		✓
	Note		✓
	Recommend		
	Delegate		
Positive Benefit:	A workforce that feels safe to report concerns is essential to the continuing improvement and development of the patient and staff experience.		
Risk:	Concerns go unreported and this leads to failure to provide good quality and safe individual care for our patients		
To be published on Trust Website –complete version		y	
If no, to be published on Trust Website – redacted		n/a	
If not to be published complete or redacted, please detail the reason why		n/a	
Presented at Board Meeting of:	6 August 2018		

FREEDOM TO SPEAK UP GUARDIAN QUARTERLY REPORT

1st April – 30th June 2018 (Q1)

1. INTRODUCTION & BACKGROUND

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

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

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

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

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

2. ROLE OF THE GUARDIAN

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

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

¹ FTSU – Freedom to Speak Up

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

3. QUARTERLY REPORT – Q1

Since the appointment of the Director of Nursing & Quality in January 2018 the Trust wide communications have been refreshed taking the opportunity to remind staff of this appointment and remind them about the role.

The FSUG continues with the support of the number of Employee Support Advisers (ESA) to remind staff of the important of raising concerns within the Trust. Together with the support of the ESA's the FSUG has led the following developments during quarter 1

- Revision of the ESA role through quarterly meetings chaired by the FSUG
- Appointment of a Non-Executive Director (NED) into the FSUG support role
- Regular ward and department visits arranged for the FSUG and FSUG support role to undertake
- Revision of a staff leaflet reminding staff of how to raise concerns
- The launch of drop in awareness sessions for all staff, commencing July 2018

Throughout these initiatives the FSUG continues with the support of the ESAs to remind staff on a day to day basis how to raise concerns. The key messages for Quarter 1 have included

- Staff have a duty of care to protect our patients and ensure the smooth running of the Trust
- Staff must be supported to raise concerns and can escalate past their line manager (if they so wish) to raise concerns
- Staff can access the ESA role as a resource for signposting any concerns

From Quarter 1 the report includes the total number of grievances along with the total number of Freedom to Speak up concerns raised.

During the period 1st April to 30th June there were a total number of five grievances raised in the Trust and one freedom to speak up concern

The five grievances did not relate to patient safety concerns. The one Freedom to Speak Up concern related to a potential patient safety concern, as below: -

Method of reporting	Reason for contact	Investigation complete	Issue closed and feedback provided
Staff support voicemail and face to face interview	Reporting potential patient safety concerns	Yes	Yes – awaiting feedback

As discussed in the Quarter 4 report a database is in place that captures the information that is necessary for robust and appropriate reporting. Over the course of 2018 we are planning to identify any common themes should they arise, to ensure we investigate and take appropriate action in line with Trust policy.

However, as a result of the low number reported in quarter 1 it is not possible to identify Trust wide themes at this time.

4. LEARNING FROM CONCERNS

Lessons learnt from the report have been shared with the divisional and departmental teams.

5. NATIONAL GUARDIAN REPORTING

The data include in this report has been uploaded onto the National Guardians Office to ensure compliance and national learning.

It is positive to see that there has been an increase in reporting in Quarter 1. It is clear that staff are now understanding the role of the FSUG, this will be strengthened with further work planned across the Trust in Quarter 2.

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

17 July 2018



Board of Directors Workforce Report


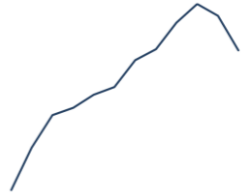

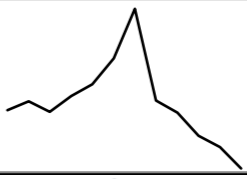
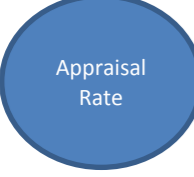
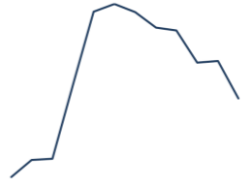

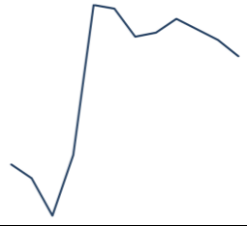
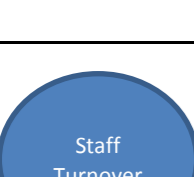

August 2018

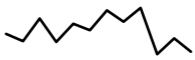
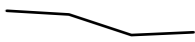
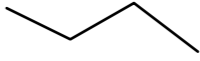
(June 2018 data)



Performance Repo Workforce Chapter

Month: Jun-18

Measure	Target	Performance	Description	Narrative	Rolling Trend	Trend	C&W Average
	3.40%	4.30%	Rolling 12m average Sickness Absence described as a Percentage	Rolling sickness absence has shown a small improvement from the May 2018 position. The in month sickness absence rate is 3.54% which is a reduction of 0.25% from the May in month position. All divisions experienced a reduction in their in month sickness absence with the exception of Medicine and Emergency Care. Trust-wide in-month sickness absence has been reducing since January 2018.		↓	4.79%
	N/A	3.54%	In month Sickness Absence described as a percentage			↓	4.27%
	90.00%	83.36%	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 reduction in the appraisal rate during June 2018 (-2.09%). Corporate are currently achieving the target. Estates and Facilities experienced the most significant reduction (-7%)		↓	89.80%
	90.00%	81.13%	Mandatory Training Monthly Rate Excludes Bank Staff, Staff on long term sick & mat. leave.	Mandatory training compliance has seen a small decline in month (-0.59%). DCSS remain above the 90% target. The Trust's dashboard is currently being updated to ensure that it is reflective of changes to training requirements. Once the updates are made this may impact on compliance rates.		↓	88.70%
	10.00%	11.33%	Number of Leavers expressed as a percentage of the workforce over a 12m rolling period. Exclude Junior Doctors, Temporary and Fixed term.	Staff turnover has reduced from 11.48% in May 2018. The Probationary Period Policy is being reviewed at present to ensure that new starters are supported to meet their objectives and are successfully integrated into the workforce. A specific piece of work is being undertaken to review turnover within the qualified nursing staff group.		↓	12.04%

Measure	Target	Performance	Description	Narrative	Rolling Trend		
<div>Agency Spend</div>	(365)	(321)	In month and cumulative total spend for the Trust.	The agency target was met in June. Nursing spend was less this month due to there being less reliance on high cost agency staff and the closure of escalation beds.		↑	N/A
<div>NHSI Ceiling</div>	less than 100%	87.9%	Trust Agency Spend as a percentage of the Ceiling Set by NHS Improvement			↑	N/A
<div>Over Cap Rates</div>	N/A	40.30%	Number of Agency shifts filled by agency staff that are over the nationally determined capped rates			↓	N/A

Key

Adverse Increase

↑

Positive Increase

↑

Adverse Reduction

↓

Positive Reduction

↓

Neutral Change/ No Change

↑↓=