

# AGENDA

**Board of Directors**  
A meeting will be held in Public at  
**09.30am on Monday, 5 November 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.	<b>Welcome and Apologies</b> To welcome members of the public and attendees and to receive apologies for absence from Board Members. (to note)	I	Chairman <b>09.30</b>	-
2.	<b>Patient or Staff Story</b> (verbal)	I/D	Director of Nursing & Quality <b>09.32</b>	-
3.	<b>Board Member's Interests</b> (to note) To <b>consider</b> any <ul style="list-style-type: none"> <li>Changes to Directors' interests since the last meeting</li> <li>Conflicts of interest deriving from this agenda</li> </ul>	I	Chairman <b>09.50</b>	-
4.	<b>Minutes of the Last Meeting</b> To <b>approve</b> the minutes of the Board of Directors meeting held in Public on Monday, 1 October 2018	A	Chairman <b>09.52</b>	-
5.	<b>Matters Arising and Action Log</b> (attached) (to approve)	A	Chairman <b>09.55</b>	16
6.	<b>Annual Work Programme 2018/19</b> (attached) (to approve)	I/A	Chairman <b>09.57</b>	17
7.	<b>Chairman's Announcements</b> (to note a verbal report) <div> 7.1 Meeting with Antoinette Sandbach MP  7.2 Remuneration Committee – 8 October 2018  7.3 Board Away Day – 15 October 2018  7.4 Well Led Framework AQuA External Review  7.5 Meeting with East Cheshire Trust Chair </div>	I	Chairman <b>10.00</b>	-
8.	<b>Governor's Items</b> (to note a verbal report) <div> 8.1 Annual Members Meeting – 2 October 2018  8.2 Council of Governors – 25 October 2018 </div>	I	Chairman <b>10.15</b>	-

Item No	Title of Item	Action	Led By	Page No.
<b>9.</b>	<b>Chief Executive's Report</b> <i>(to note a verbal report)</i>	I/D	Chief Executive <b>10.25</b>	
<b>9.1</b>	<b>System Update</b>			-
<b>9.2</b>	<b>NHS England Joint Planning Update Letter</b> <i>(attached) (to note)</i>			<b>18</b>
<b>10.</b>	<b>CARING</b>			
<b>10.1</b>	<b>Quality, Safety &amp; Experience Report</b> <i>(attached) (for discussion)</i>	I/D	Director of Nursing & Quality <b>10.40</b>	<b>23</b>
<b>11.</b>	<b>SAFE</b>			
<b>11.1</b>	<b>Draft Quality Governance Committee notes from the meeting held on 8 October 2018</b> <i>(attached) (to note)</i>	I	Committee Chair <b>10.50</b>	<b>64</b>
<b>11.2</b>	<b>Serious Untoward Incidents and RIDDOR Events</b> <i>(verbal) (to note)</i>	I	Deputy Chief Executive/ Medical Director <b>10.55</b>	-
<b>11.3</b>	<b>Guardian of Safe Working Hours Report Q1 &amp; 2 2018-19</b> <i>(attached) (to note)</i>	I/D	Interim Director of Workforce and OD <b>11.00</b>	<b>77</b>
<b>12.</b>	<b>RESPONSIVE</b>			
<b>12.1</b>	<b>Performance Report</b> <i>(attached) (to note)</i>	I/D	Chief Operating Officer <b>11.05</b>	<b>81</b>
<b>12.2</b>	<b>Draft Performance &amp; Finance Committee notes from the meeting held on 25 October 2018</b> <i>(to follow) (to note)</i>	I	Committee Chair <b>11.15</b>	-
<b>12.3</b>	<b>Legal Advice</b> <i>(verbal) (to note)</i>	I	Chief Executive <b>11.20</b>	-
<b>12.4</b>	<b>Our Workforce Matters Strategy</b> <i>(attached) (to approve)</i>	A/D	Director of Workforce and OD <b>11.25</b>	<b>107</b>
<b>12.5</b>	<b>Freedom to Speak up Guardian Report 2018-19 Q2</b> <i>(attached) (to note)</i>	I/D	Director of Nursing & Quality <b>10.40</b>	<b>141</b>

Item No	Title of Item	Action	Led By	Page No.
<b>13.</b>	<b>WELL-LED</b>			
13.1	<b>Visits of Accreditation, Inspection or Investigation</b> <i>(verbal) (to note)</i>	I	Chief Executive <b>11.40</b>	-
13.2	<b>Trust Strategy Update</b> <i>(verbal) (to note)</i>	I/D	Chief Operating Officer <b>11.45</b>	-
13.3	<b>Use of the Trust Seal</b> <i>(verbal) (to note)</i>	I/D	Chief Executive <b>11:55</b>	-
<b>14.</b>	<b>EFFECTIVE</b>			
14.1	<b>Workforce Report</b> <i>(attached) (to note)</i>	I/D	Interim Director of Workforce and OD <b>12.00</b>	<b>144</b>
14.2	<b>Transformation and People Committee notes from the meeting held on 4 October 2018</b> <i>(attached) (to note)</i>	I	Committee Chair <b>12.10</b>	-
14.3	<b>Consultant Appointments</b> <i>(verbal) (to note)</i>	I	Deputy Chief Executive/ Medical Director <b>12.15</b>	-
14.4	<b>Medical Records Workforce Paper</b> <i>(attached) (to approve)</i>	A/D	Director of Finance <b>12.20</b>	-
<b>15.</b>	<b>Any Other Business</b> <i>(verbal)</i>	A/I/D	Chairman	-
<b>16.</b>	<b>Time, Date and Place of Next Meeting</b>			
	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 <b>Monday, 3 December 2018</b>	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
18/10/13.2.2	01/10/2018	The risk associated with Medical Devices training rates to be reviewed at EQGG	Dr P Dodds	18/10/2018		05/11/2018	

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					
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													
Emergency																
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				



To:  
CCG AO  
Trust CE

CC:  
NHS Improvement and England Regional Directors  
NHS Improvement and England Regional Finance Directors

**NHS Improvement  
and NHS England**  
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[www.improvement.nhs.uk](http://www.improvement.nhs.uk)

**Publications Gateway Reference 08559**

16 October 2018

## **Approach to planning**

The Government has announced a five-year revenue budget settlement for the NHS from 2019/20 to 2023/24 - an annual real-term growth rate over five years of 3.4% - and so we now have enough certainty to develop credible long term plans. In return for this commitment, the Government has asked the NHS to develop a Long Term Plan which will be published in late November or early December 2018.

To secure the best outcomes from this investment, we are overhauling the policy framework for the service. For example, we are conducting a clinically-led review of standards, developing a new financial architecture and a more effective approach to workforce and physical capacity planning. This will equip us to develop plans that also:

- improve productivity and efficiency;
- eliminate provider deficits;
- reduce unwarranted variation in quality of care;
- incentivise systems to work together to redesign patient care;
- improve how we manage demand effectively; and
- make better use of capital investment.

This letter outlines the approach we will take to operational and strategic planning to ensure organisations can make the necessary preparations for implementing the NHS Long Term Plan.

Collectively, we must also deliver safe, high quality care and sector wide financial balance this year. Pre-planning work for 2019/20 is vitally important, but cannot distract from operational and financial delivery in 2018/19.

## **Planning timetable**

We have attached an outline timetable for operational and strategic planning; at a high-level. During the first half of 2019-20 we will expect all Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs) to develop and agree their strategic plan for improving quality, achieving sustainable balance and delivering the Long Term Plan. This will give you and your teams sufficient time to consider the outputs of the NHS Long Term Plan in late autumn and the Spending Review 2019 capital settlement; and to engage with patients, the public and local stakeholders before finalising your strategic plans.

Nonetheless, it is a challenging task. We are asking you to tell us, within a set of parameters that we will outline with your help, how you will run your local NHS system using the resources available to you. It will be extremely important that you develop your plans with the proper engagement of all parts of your local systems and that they provide robust and credible solutions for the challenges you will face in caring for your local populations over the next five years. Individual organisations will submit one-year operational plans for 2019/20, which will also be aggregated by STPs and accompanied by a local system operational plan narrative. Organisations, and their boards / governing bodies, will need to ensure that plans are stretching but deliverable and will need to collaborate with local partners to develop well-thought-out risk mitigation strategies. These will also create the year 1 baseline for the system strategic plans, helping forge a strong link between strategic and operational planning. We will also be publishing 5-year commissioner allocations in December 2018, giving systems a high degree of financial certainty on which to plan.

We are currently developing the tools and materials that organisations will need to respond to this, and the timetable sets out when these will be available.

## **Payment reform**

A revised financial framework for the NHS will be set out in the Long Term Plan, with detail in the planning guidance which we will publish in early December 2018. A number of principles underpinning the financial architecture have been agreed to date, and we wanted to take this opportunity to share these with you.

Last week we published a document on '[NHS payment system reform proposals](#)' which sets out the options we are considering for the 2019/20 National Tariff.

In particular, we are seeking your engagement on proposals to move to a blended payment approach for urgent and emergency care from 2019/20. The revised approach will remove, on a cost neutral basis, two national variations to the tariff: the marginal rate for emergency tariff and the emergency readmissions rule, which will not form part of the new payment model. The document will also ask for your views on other areas, including price relativities, proposed changes to the Market Forces Factor and a proposed approach to resourcing of centralised procurement. As in

previous years, these proposals would change the natural 'default' payment models; local systems can of course continue to evolve their own payment systems faster, by local agreement.

We believe that individual control totals are no longer the best way to manage provider finances. Our medium-term aim is to return to a position where breaking even is the norm for all organisations. This will negate the need for individual control totals and, in turn, will allow us to phase out the provider and commissioner sustainability funds; instead, these funds will be rolled into baseline resources. We intend to begin this process in 2019/20.

However, we will not be able to move completely away from current mechanisms until we can be confident that local systems will deliver financial balance. Therefore, 2019/20 will form a transitional year, in which we will set one year, rebased, control totals. These will be communicated alongside the planning guidance and will take into account the impact of distributional effects from any policy changes agreed post engagement in areas such as price relativities, the Market Forces Factor and national variations to the tariff.

In addition to this, we will start the process of transferring significant resources from the provider sustainability fund into urgent and emergency care prices. The planning guidance will include further details on the provider and commissioner sustainability funds for 2019/20.

### **Incentives and Sanctions**

From 1 April 2019, the current CQUIN scheme will be significantly reduced in value with an offsetting increase in core prices. It will also be simplified, focussing on a small number of indicators aligned to key policy objectives drawn from the emerging Long Term Plan.

The approach to quality premium for 2019/20 is also under review to ensure that it aligns to our strategic priorities; further details will be available in the December 2018 planning guidance.

### **Alignment of commissioner and provider plans**

You have made significant progress this year in improving alignment between commissioner and provider plans in terms of both finance and activity. This has reduced the level of misalignment risk across the NHS. We will need you to do even more in 2019/20 to ensure that plans and contracts within their local systems are both realistic and fully aligned between commissioner and provider; and our new combined regional teams will help you with this. We would urge you to begin thinking through how best to achieve this, particularly in the context of the proposed move to blended payment model for urgent and emergency care.

### **Good governance**

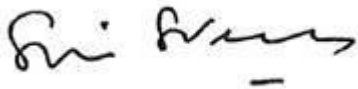


We are asking all local systems and organisations to respond to the information set out in this letter with a shared, open-book approach to planning. We expect boards and governing bodies to oversee the development of financial and operational plans, against which they will hold themselves to account for delivery, and which will be a key element of NHS England's and NHS Improvement's performance oversight. Early engagement with board and governing bodies is critical, and we would ask you to ensure that board / governing body timetables allow adequate time for review and sign-off to meet the overall timetable.

The planning guidance, with confirmation of the detailed expectations, will follow in December 2018. In the meantime, commissioners and providers should work together during the autumn on aligned, profiled demand and capacity planning. Please focus, with your local partners, on making rapid progress on detailed, quality impact-assessed efficiency plans. These early actions are essential building blocks for robust planning, and to gauge progress we will be asking for an initial plan submission in mid-January that will be focussed on activity and efficiency (CIP / QIPP) planning with headlines collected for other areas.

Thank you in advance for your work on this.

Yours sincerely



Simon Stevens  
Chief Executive  
NHS England



Ian Dalton  
Chief Executive  
NHS Improvement

## Annex

Outline timetable for planning	Date
NHS Long Term Plan published	Late November / early December 2018
Publication of 2019/20 operational planning guidance including the revised financial framework	Early December 2018
<b>Operational planning</b>	
Publication of <ul style="list-style-type: none"> <li>• CCG allocations for 5 years</li> <li>• Near final 2019/20 prices</li> <li>• Technical guidance and templates</li> <li>• 2019/20 standard contract consultation and dispute resolution guidance</li> <li>• 2019/20 CQUIN guidance</li> <li>• Control totals for 2019/20</li> </ul>	Mid December 2018
2019/20 Initial plan submission – activity and efficiency focussed with headlines in other areas	14 January 2019
2019/20 National Tariff section 118 consultation starts	17 January 2019
Draft 2019/20 organisation operating plans	12 February 2019
Aggregate system 2019/20 operating plan submissions and system operational plan narrative	19 February 2019
2019/20 NHS standard contract published	22 February 2019
2019/20 contract / plan alignment submission	5 March 2019
2019/20 national tariff published	11 March 2019
Deadline for 2019/20 contract signature	21 March 2019
Organisation Board / Governing body approval of 2019/20 budgets	By 29 March
Final 2019/20 organisation operating plan submission	4 April 2019
Aggregated 2019/20 system operating plan submissions and system operational plan narrative	11 April 2019
<b>Strategic planning</b>	
Capital funding announcements	Spending Review 2019
Systems to submit 5-year plans signed off by all organisations	Summer 2019



# Board of Directors Quality, Safety and Experience Report

**November 2018**

**(September 2018 data)**



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

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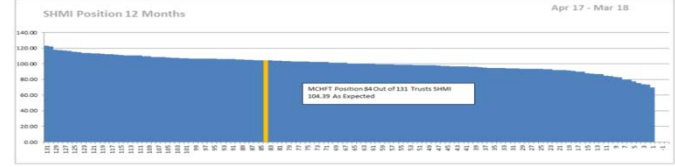
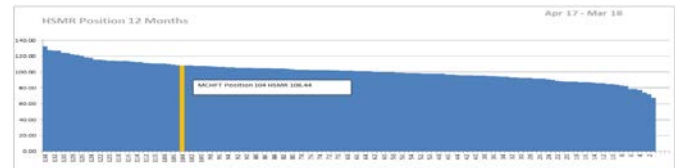
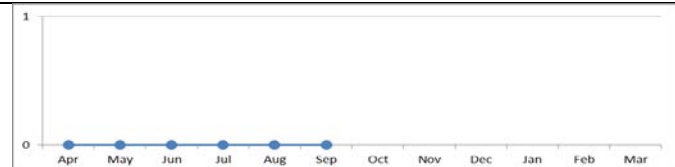
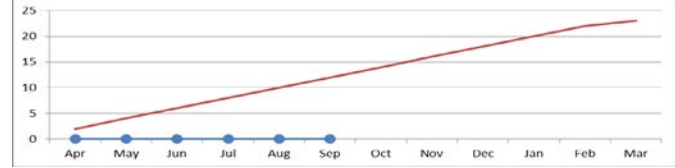
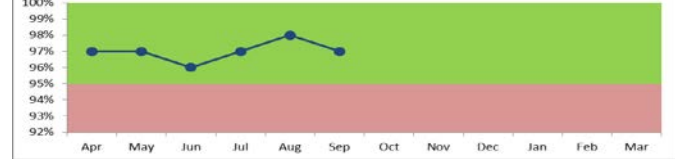
Board Papers – Quality, Safety & Experience Section: September 2018

Indicators	Target	Trajectory 2018/19																																							
<b>Acute Trust</b>																																									
<b>Patient Safety Harm Incidents</b> The target is to reduce patient safety harm incidents by 5% when compared to the previous financial year by the end of March 2019.	<b>Less than 2161 at end of March 2019</b>	<table border="1"> <caption>Patient Safety Harm Incidents Data (Estimated)</caption> <thead> <tr> <th>Month</th> <th>Actual Incidents</th> <th>Target Incidents</th> </tr> </thead> <tbody> <tr><td>Apr</td><td>200</td><td>200</td></tr> <tr><td>May</td><td>300</td><td>300</td></tr> <tr><td>Jun</td><td>400</td><td>400</td></tr> <tr><td>Jul</td><td>500</td><td>500</td></tr> <tr><td>Aug</td><td>600</td><td>600</td></tr> <tr><td>Sep</td><td>700</td><td>700</td></tr> <tr><td>Oct</td><td></td><td>800</td></tr> <tr><td>Nov</td><td></td><td>900</td></tr> <tr><td>Dec</td><td></td><td>1000</td></tr> <tr><td>Jan</td><td></td><td>1100</td></tr> <tr><td>Feb</td><td></td><td>1200</td></tr> <tr><td>Mar</td><td></td><td>1300</td></tr> </tbody> </table>	Month	Actual Incidents	Target Incidents	Apr	200	200	May	300	300	Jun	400	400	Jul	500	500	Aug	600	600	Sep	700	700	Oct		800	Nov		900	Dec		1000	Jan		1100	Feb		1200	Mar		1300
Month	Actual Incidents	Target Incidents																																							
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<b>Pressure Ulcers – Hospital Acquired</b> The target is to reduce hospital acquired pressure ulcers by 10% when compared to the previous financial year by the end of March 2019.	<b>Less than 150 at end of March 2019</b>	<table border="1"> <caption>Pressure Ulcers – Hospital Acquired Data (Estimated)</caption> <thead> <tr> <th>Month</th> <th>Actual Incidents</th> <th>Target Incidents</th> </tr> </thead> <tbody> <tr><td>Apr</td><td>20</td><td>20</td></tr> <tr><td>May</td><td>40</td><td>40</td></tr> <tr><td>Jun</td><td>60</td><td>60</td></tr> <tr><td>Jul</td><td>80</td><td>80</td></tr> <tr><td>Aug</td><td>100</td><td>100</td></tr> <tr><td>Sep</td><td>120</td><td>120</td></tr> <tr><td>Oct</td><td></td><td>140</td></tr> <tr><td>Nov</td><td></td><td>160</td></tr> <tr><td>Dec</td><td></td><td>180</td></tr> <tr><td>Jan</td><td></td><td>200</td></tr> <tr><td>Feb</td><td></td><td>220</td></tr> <tr><td>Mar</td><td></td><td>240</td></tr> </tbody> </table>	Month	Actual Incidents	Target Incidents	Apr	20	20	May	40	40	Jun	60	60	Jul	80	80	Aug	100	100	Sep	120	120	Oct		140	Nov		160	Dec		180	Jan		200	Feb		220	Mar		240
Month	Actual Incidents	Target Incidents																																							
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<b>Inpatient Falls</b> The target is to reduce inpatient falls by 10% when compared to the previous financial year by the end of March 2019.	<b>Less than 656 at end of March 2019</b>	<table border="1"> <caption>Inpatient Falls Data (Estimated)</caption> <thead> <tr> <th>Month</th> <th>Actual Incidents</th> <th>Target Incidents</th> </tr> </thead> <tbody> <tr><td>Apr</td><td>100</td><td>100</td></tr> <tr><td>May</td><td>150</td><td>150</td></tr> <tr><td>Jun</td><td>200</td><td>200</td></tr> <tr><td>Jul</td><td>250</td><td>250</td></tr> <tr><td>Aug</td><td>300</td><td>300</td></tr> <tr><td>Sep</td><td>350</td><td>350</td></tr> <tr><td>Oct</td><td></td><td>400</td></tr> <tr><td>Nov</td><td></td><td>450</td></tr> <tr><td>Dec</td><td></td><td>500</td></tr> <tr><td>Jan</td><td></td><td>550</td></tr> <tr><td>Feb</td><td></td><td>600</td></tr> <tr><td>Mar</td><td></td><td>650</td></tr> </tbody> </table>	Month	Actual Incidents	Target Incidents	Apr	100	100	May	150	150	Jun	200	200	Jul	250	250	Aug	300	300	Sep	350	350	Oct		400	Nov		450	Dec		500	Jan		550	Feb		600	Mar		650
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<b>Medication Harm Incidents</b> 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.	<b>Less than 41 at end of March 2019</b>	<table border="1"> <caption>Medication Harm Incidents Data (Estimated)</caption> <thead> <tr> <th>Month</th> <th>Actual Incidents</th> <th>Target Incidents</th> </tr> </thead> <tbody> <tr><td>Apr</td><td>5</td><td>5</td></tr> <tr><td>May</td><td>10</td><td>10</td></tr> <tr><td>Jun</td><td>15</td><td>15</td></tr> <tr><td>Jul</td><td>20</td><td>20</td></tr> <tr><td>Aug</td><td>25</td><td>25</td></tr> <tr><td>Sep</td><td>30</td><td>30</td></tr> <tr><td>Oct</td><td></td><td>35</td></tr> <tr><td>Nov</td><td></td><td>40</td></tr> <tr><td>Dec</td><td></td><td>45</td></tr> <tr><td>Jan</td><td></td><td>50</td></tr> <tr><td>Feb</td><td></td><td>55</td></tr> <tr><td>Mar</td><td></td><td>60</td></tr> </tbody> </table>	Month	Actual Incidents	Target Incidents	Apr	5	5	May	10	10	Jun	15	15	Jul	20	20	Aug	25	25	Sep	30	30	Oct		35	Nov		40	Dec		45	Jan		50	Feb		55	Mar		60
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Board Papers – Quality, Safety & Experience Section: September 2018

Indicators	Target	Trajectory 2018/19																																							
<b>CCICP</b>																																									
<b>CCICP Patient Safety Harm Incidents</b> 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.	<b>Less than 828 at end of March 2019</b>	<table border="1"> <caption>CCICP Patient Safety Harm Incidents (Estimated)</caption> <thead> <tr> <th>Month</th> <th>Actual Incidents</th> <th>Target Incidents</th> </tr> </thead> <tbody> <tr><td>Apr</td><td>100</td><td>100</td></tr> <tr><td>May</td><td>200</td><td>150</td></tr> <tr><td>Jun</td><td>300</td><td>200</td></tr> <tr><td>Jul</td><td>400</td><td>250</td></tr> <tr><td>Aug</td><td>500</td><td>300</td></tr> <tr><td>Sep</td><td>600</td><td>350</td></tr> <tr><td>Oct</td><td></td><td>400</td></tr> <tr><td>Nov</td><td></td><td>450</td></tr> <tr><td>Dec</td><td></td><td>500</td></tr> <tr><td>Jan</td><td></td><td>550</td></tr> <tr><td>Feb</td><td></td><td>600</td></tr> <tr><td>Mar</td><td></td><td>650</td></tr> </tbody> </table>	Month	Actual Incidents	Target Incidents	Apr	100	100	May	200	150	Jun	300	200	Jul	400	250	Aug	500	300	Sep	600	350	Oct		400	Nov		450	Dec		500	Jan		550	Feb		600	Mar		650
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<b>CCICP Serious Incidents</b> The target is to reduce CCICP patient safety serious incidents by 10% when compared to the previous financial year by the end of March 2019.	<b>Less than 9 at end of March 2019</b>	<table border="1"> <caption>CCICP Serious Incidents (Estimated)</caption> <thead> <tr> <th>Month</th> <th>Actual Incidents</th> <th>Target Incidents</th> </tr> </thead> <tbody> <tr><td>Apr</td><td>1</td><td>1</td></tr> <tr><td>May</td><td>2</td><td>2</td></tr> <tr><td>Jun</td><td>3</td><td>3</td></tr> <tr><td>Jul</td><td>4</td><td>4</td></tr> <tr><td>Aug</td><td>5</td><td>5</td></tr> <tr><td>Sep</td><td>6</td><td>6</td></tr> <tr><td>Oct</td><td></td><td>7</td></tr> <tr><td>Nov</td><td></td><td>8</td></tr> <tr><td>Dec</td><td></td><td>9</td></tr> <tr><td>Jan</td><td></td><td>9</td></tr> <tr><td>Feb</td><td></td><td>9</td></tr> <tr><td>Mar</td><td></td><td>9</td></tr> </tbody> </table>	Month	Actual Incidents	Target Incidents	Apr	1	1	May	2	2	Jun	3	3	Jul	4	4	Aug	5	5	Sep	6	6	Oct		7	Nov		8	Dec		9	Jan		9	Feb		9	Mar		9
Month	Actual Incidents	Target Incidents																																							
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<b>CCICP Pressure Ulcers – Community Acquired</b> The target is to reduce community acquired pressure ulcers by 10% when compared to the previous financial year by the end of March 2019.	<b>Less than 398 at end of March 2019</b>	<table border="1"> <caption>CCICP Pressure Ulcers – Community Acquired (Estimated)</caption> <thead> <tr> <th>Month</th> <th>Actual Incidents</th> <th>Target Incidents</th> </tr> </thead> <tbody> <tr><td>Apr</td><td>50</td><td>50</td></tr> <tr><td>May</td><td>100</td><td>75</td></tr> <tr><td>Jun</td><td>150</td><td>100</td></tr> <tr><td>Jul</td><td>200</td><td>125</td></tr> <tr><td>Aug</td><td>250</td><td>150</td></tr> <tr><td>Sep</td><td>300</td><td>175</td></tr> <tr><td>Oct</td><td></td><td>200</td></tr> <tr><td>Nov</td><td></td><td>225</td></tr> <tr><td>Dec</td><td></td><td>250</td></tr> <tr><td>Jan</td><td></td><td>275</td></tr> <tr><td>Feb</td><td></td><td>300</td></tr> <tr><td>Mar</td><td></td><td>325</td></tr> </tbody> </table>	Month	Actual Incidents	Target Incidents	Apr	50	50	May	100	75	Jun	150	100	Jul	200	125	Aug	250	150	Sep	300	175	Oct		200	Nov		225	Dec		250	Jan		275	Feb		300	Mar		325
Month	Actual Incidents	Target Incidents																																							
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Mar		325																																							

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

Indicators	Target	Trajectory 2018/19
<b>SHMI</b> 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	
<b>HSMR</b> 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	
<b>MRSA</b> Zero tolerance of MRSA cases.	Zero	
<b>C-Diff Avoidable</b> The target is less than 23 avoidable cases of Clostridium Difficile in 2018/19.	Less than 23 at end of March 2019	
<b>Safety Thermometer</b> The Trust target is that >95% of patients receive harm free care as monitored by the Safety Thermometer.	>95%	



## Board Papers – Quality, Safety & Experience Section: September 2018

### 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.

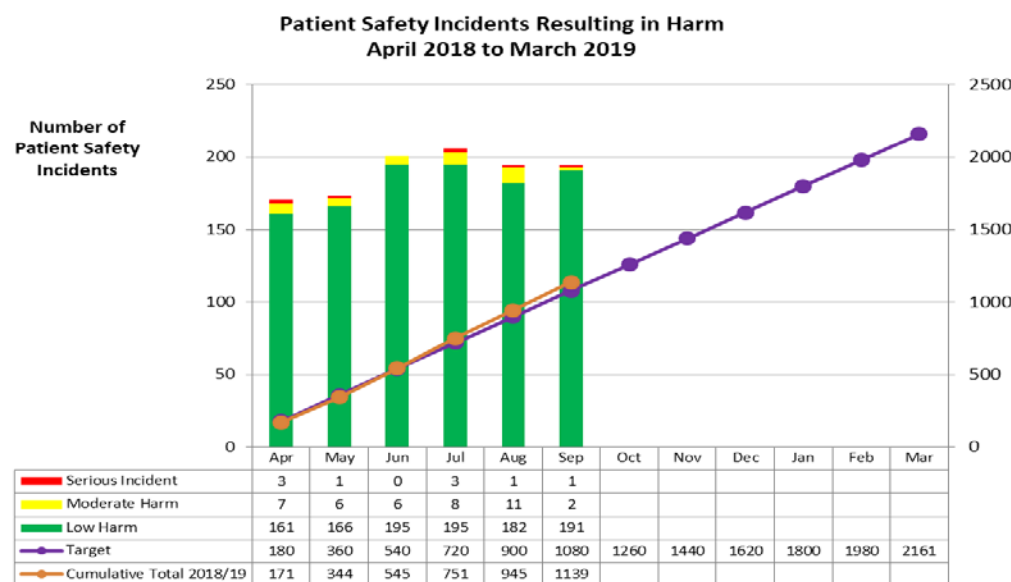
For September 2018, there were a total of 194 patient safety harm incidents:

98.5% (191 incidents) have resulted in low harm  
1% (2 incidents) have resulted in moderate harm  
0.5% (1 incident) resulted in serious harm

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

These include:

- Twice monthly Patient Safety Summit Meetings with Executive & Senior Teams
- Twice monthly Patient Safety Matters newsletter that is delivered Trust wide
- Deteriorating Patient Steering Group formed to implement NEWS2 on the 5 November 2018



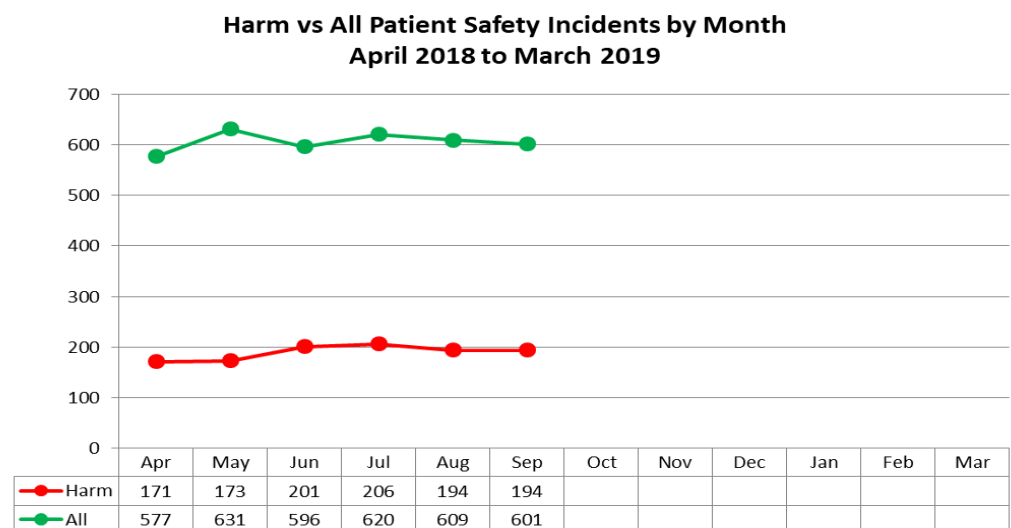
#### Harm vs All Patient Safety Incidents

*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 September 2018, the gap between harm and all patient safety incidents was 407. 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.*



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

Description

Aggregate Position

Trend

Serious Incidents

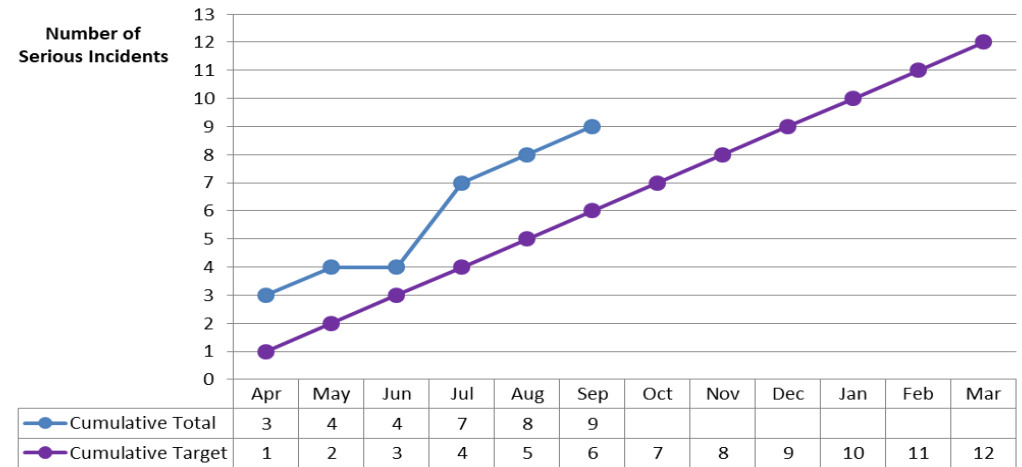
*The target is to reduce patient safety serious incidents by 10% when compared to the previous financial year by the end of March 2019.*

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

For September 2018, there was one serious incident reported.

- Patient Fall resulting in fractured neck of femur.

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



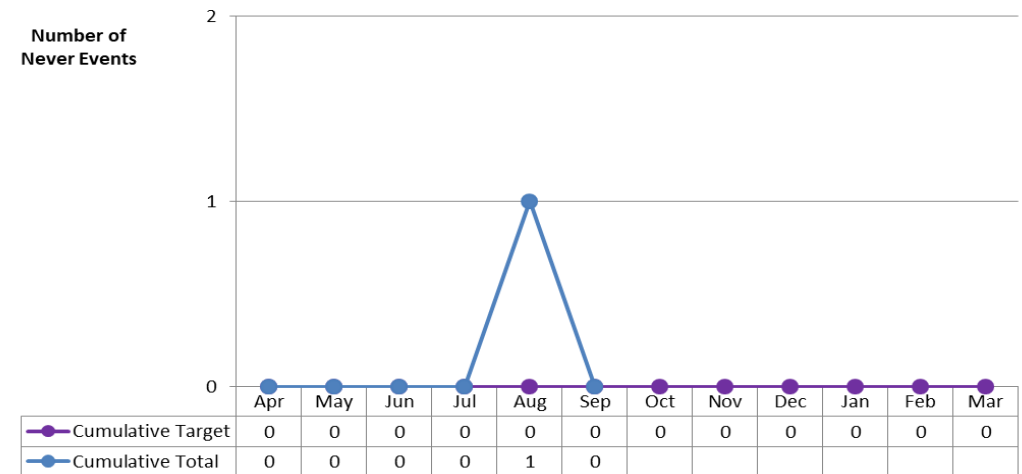
Never Events

*The target is to have zero Never Events*

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

For September 2018 no Never Events were reported.

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



**Board Papers – Quality, Safety & Experience Section: September 2018**

**Description**

**Aggregate Position**

**Trend**

Pressure Ulcers (PU) – Hospital Acquired  
*The target is to reduce hospital acquired pressure ulcers by 10% when compared to the previous financial year by the end of March 2019.*

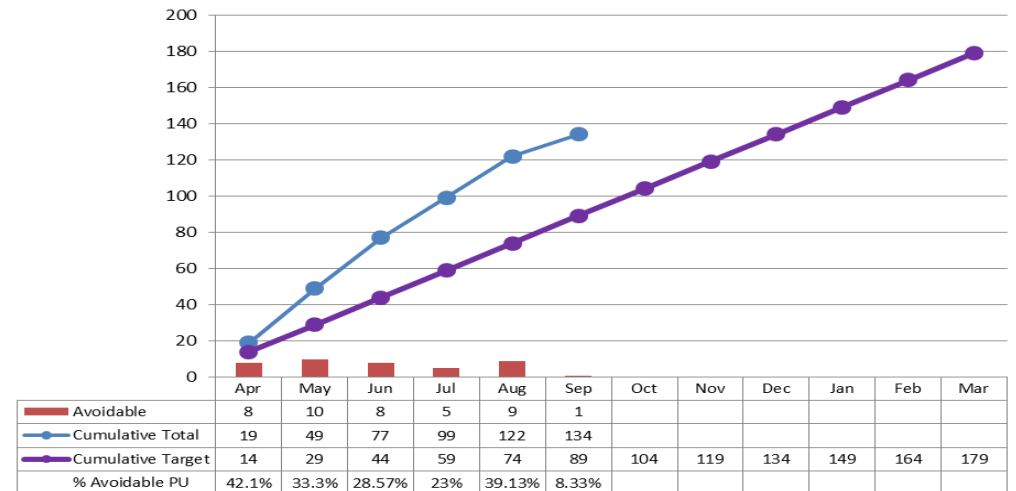
For September 2018, there were a total of 12 hospital acquired pressure ulcer incidents:

- 8.33% (1 PU) has resulted in avoidable harm. This was a category 2 pressure ulcer. All avoidable pressure ulcers are reviewed at the monthly pressure ulcer panel.
- 24.97% (3 PU's) have been classed as unavoidable following investigation. These were all category 2 pressure ulcers
- 66.7% (8) are currently undergoing investigation prior to confirmation. 7 are category 2 pressure ulcers and 1 is an unstageable pressure ulcer

Improvement actions include

- Daily verification of all reported pressure ulcers by the Tissue Viability Specialist Nurse
- Development of pressure ulcer champions to support 'master classes' in pressure ulcer prevention and support the Tissue Viability Specialist Nurse with 'back to basic' training.
- Divisional actions being instigated include,
  - PU Lead Matron has been nominated in DMEC, they will be developing a divisional pressure ulcer panel
  - Surgery and Cancer have instigated a pressure ulcer panel with representation from the divisional link nurses
  - Observational audits are being completed in Surgery and Cancer on the skin bundle with real time feedback to the teams

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



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

Description

Aggregate Position

Trend

Inpatient Falls.

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

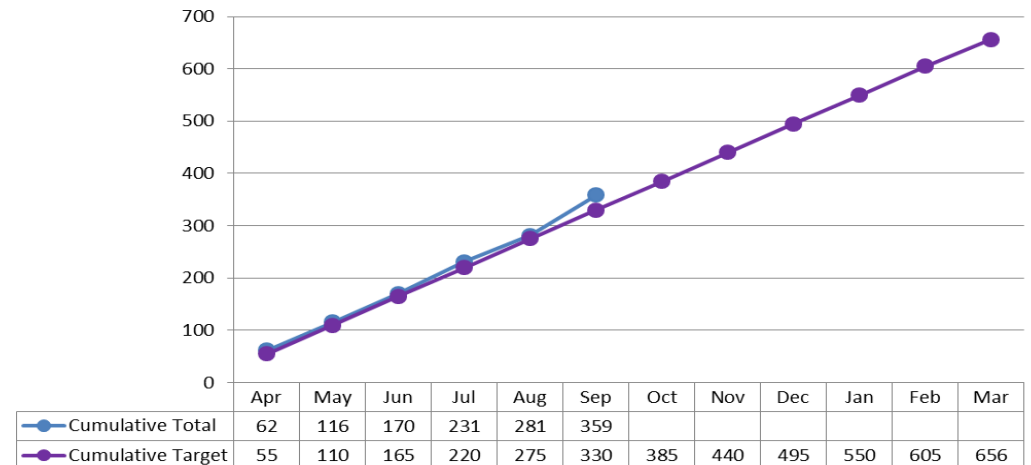
For September 2018, there were a total of 78 inpatient falls

- 64.1% (50 falls) have resulted in no harm
- 34.62% (27 falls) have resulted in low harm
- 0% (0 falls) have resulted in moderate harm
- 1.28% (1 fall) has 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**



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.*

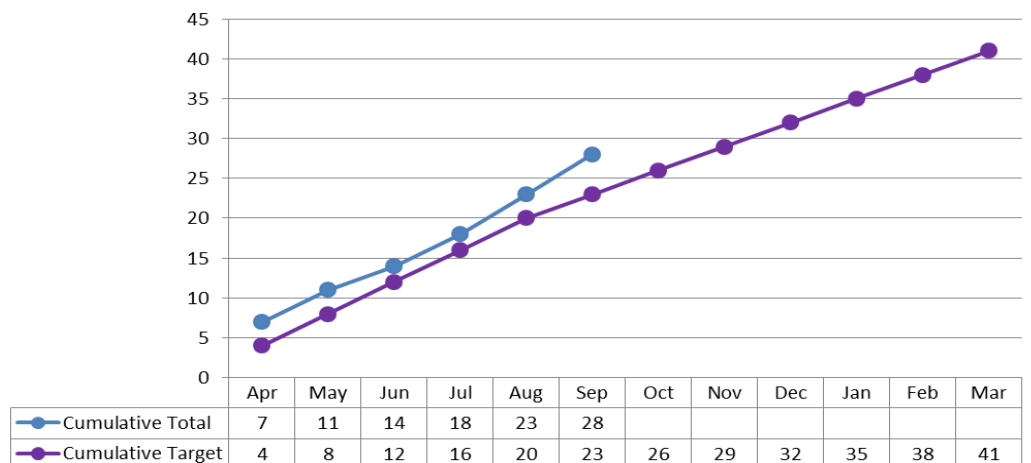
For September 2018, there were a total of 5 medication incidents resulting in harm reported:

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

Improvement actions include:

- Junior medical staff training
- E-learning package in place
- Zero tolerance to prescription anomalies at ward level
- Monthly lessons learned shared from the Safer Medicines Practice Group

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



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

Central Cheshire Integrated Care Partnership (CCICP)

Description

Aggregate Position

Trend

CCICP Patient Safety Harm Incidents

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

For September 2018, there were a total of 93 patient safety harm incidents:

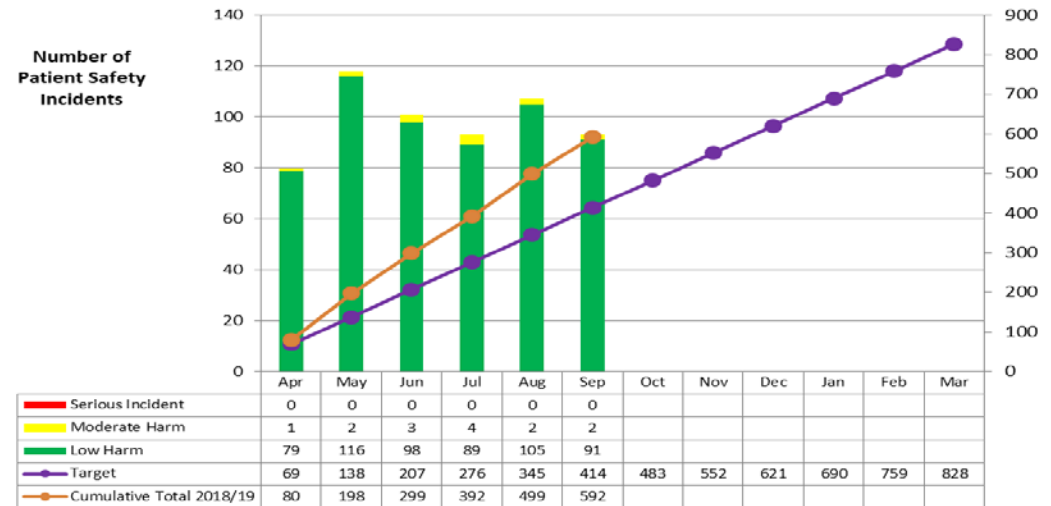
- 97.8% (91 incidents) have resulted in low harm
- 2.2% (2 incidents) have resulted in moderate harm
- 0% (0 incidents) have resulted in serious harm

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

These include:

- 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

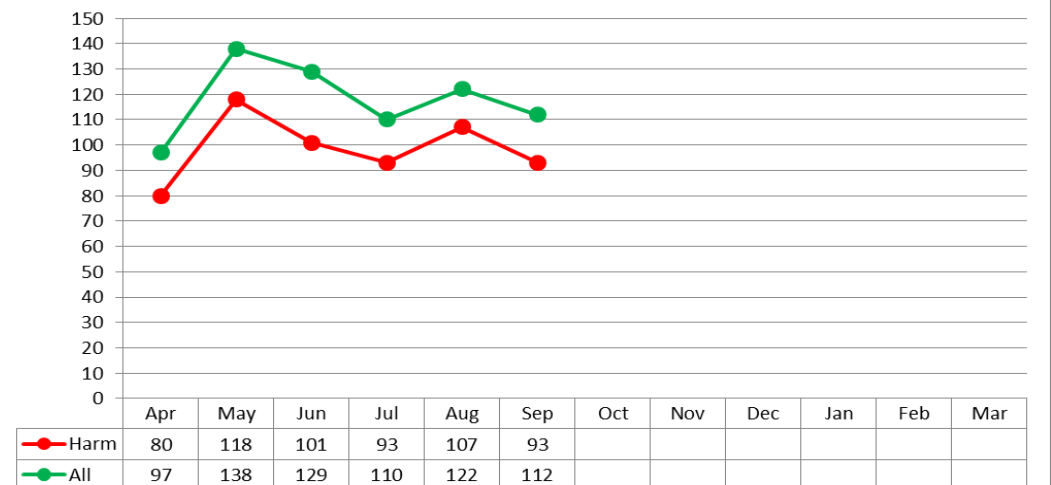
*The aim is to increase no harm reporting and eventually widen the gap between harm and all incidents.*

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

In September 2018, the gap between harm and all patient safety incidents was 19.

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: September 2018

Description

Aggregate Position

Trend

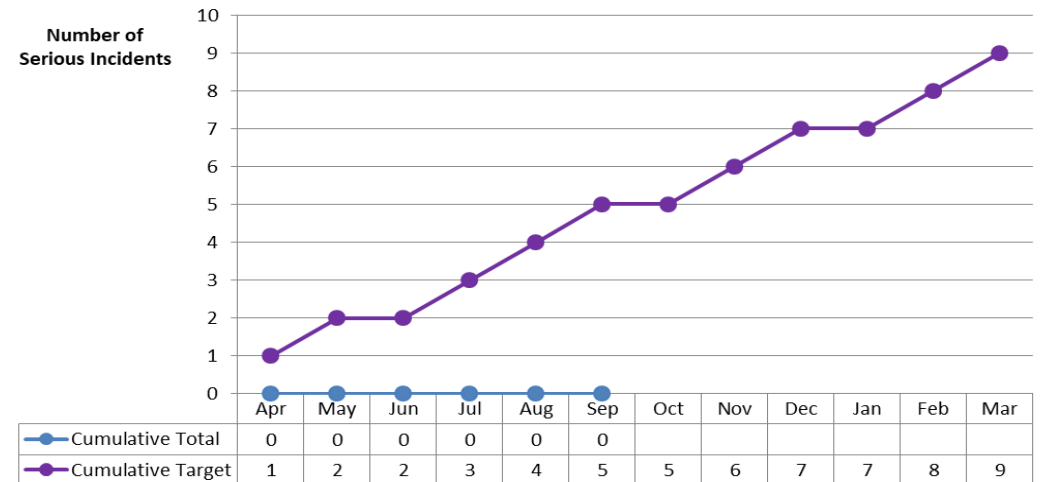
CCICP Serious Incidents

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

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

For September 2018, there were no serious incidents reported.

CCICP Serious Incidents by Month  
April 2018 to March 2019



CCICP Never Events

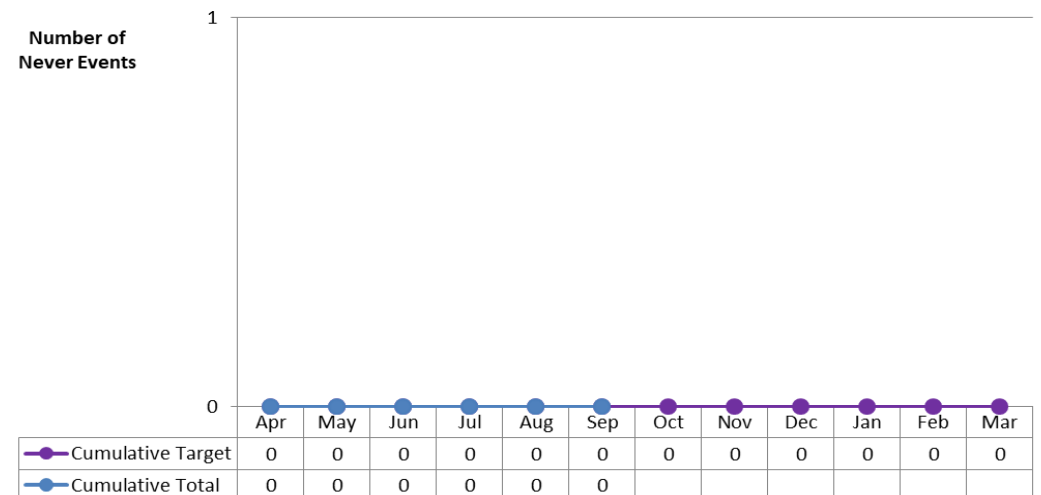
This chart demonstrates the number of Never Events that have been reported.

*The target is to have zero Never Events*

For September 2018 no Never Events were reported.

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



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

Description

Aggregate Position

Trend

Pressure Ulcers – Community Acquired

*The target is to reduce community acquired pressure ulcers by 10% when compared to the previous financial year by the end of March 2019.*

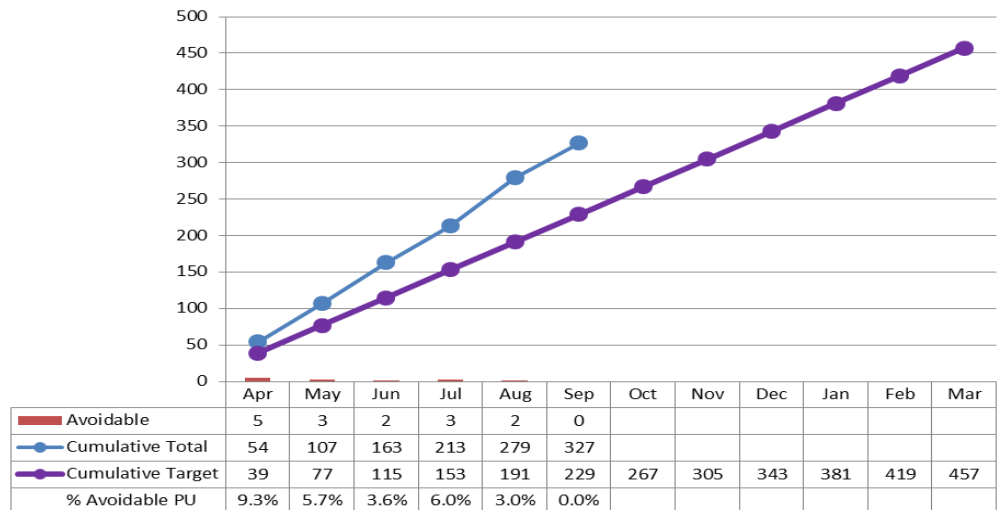
For September 2018, there were a total of 48 community acquired pressure ulcer incidents:

- 0% (0 PU's) has resulted in avoidable harm. This was an unstageable pressure ulcer.
- 27.1% (13 PU's) have been classed as unavoidable following investigation.
- 72.9% (35) are currently undergoing investigation prior to confirmation

Improvement actions include:

- Standardisation of skin inspections and nursing assessments across CCICP
- Engagement with care homes
- Development of a business case to provide pressure relieving cushions in patients homes
- Implementation of a PU improvement group

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



CCICP Medication Incidents.

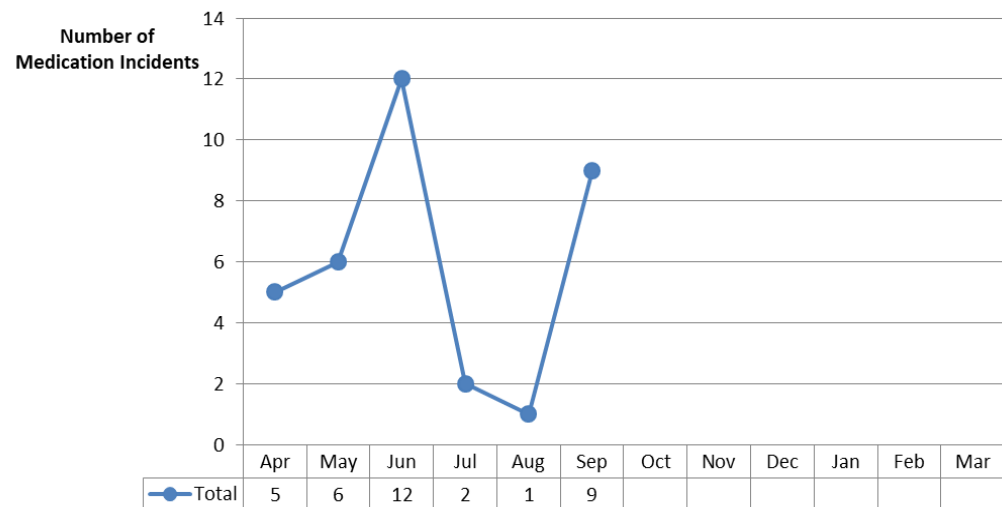
*The aim is to increase no harm reporting of Medication Incidents.*

For September 2018, there was a total of 9 medication incidents reported:

- 88.9% (8 medication incident) resulted in no harm
- 11.1% (1 medication incident) resulted in low harm
- 0% (0 medication incidents) have resulted in moderate harm
- 0% (0 medication incidents) have resulted in serious harm

CCICP has a dedicated pharmacy lead who is actively encouraging the reporting of all grades of incidents across all services.

CCICP Medication Incidents by Month  
April 2018 to March 2019





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

Description

Aggregate Position

Trend

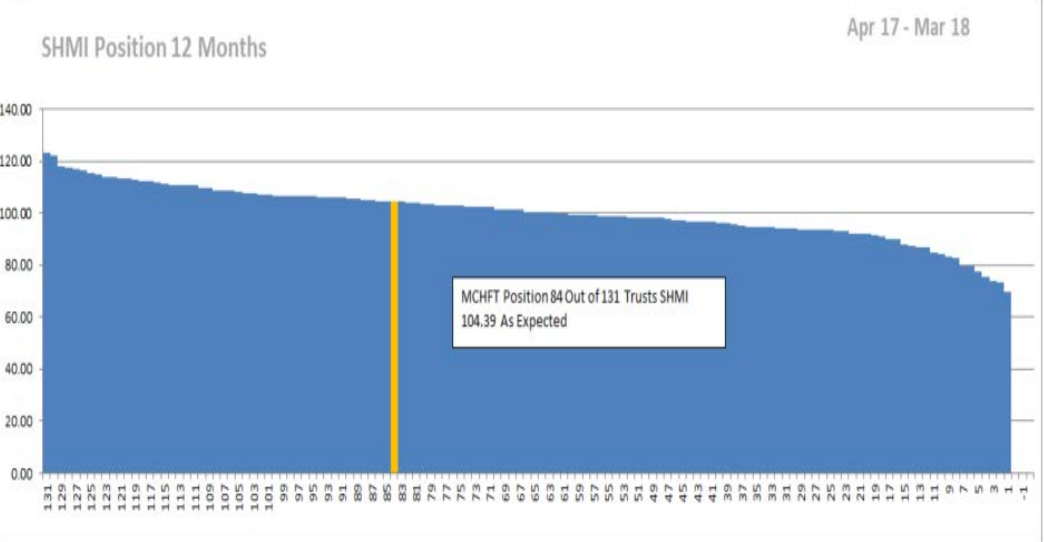
SHMI

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

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

MCHFT is shown as the yellow bar.

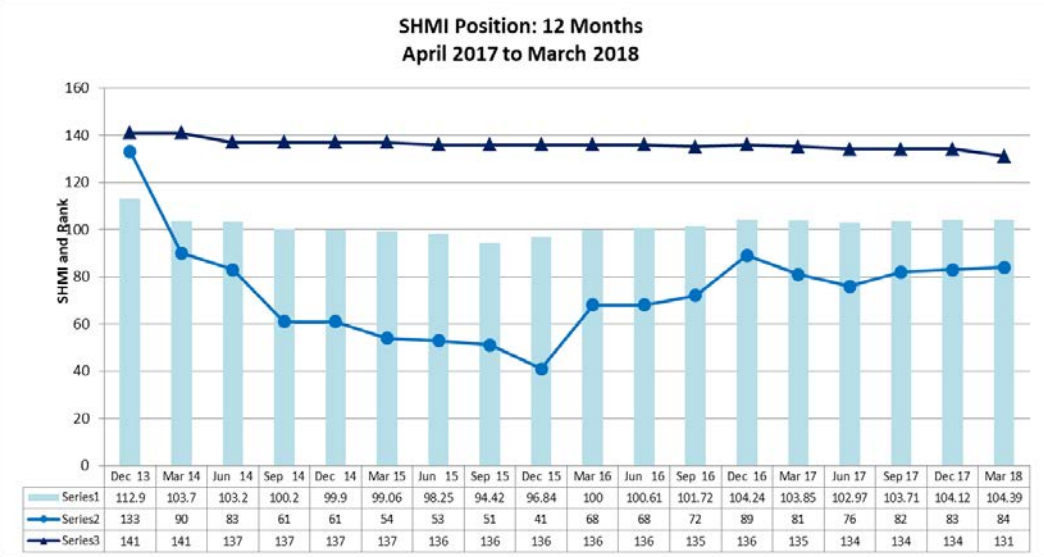
The Trust's SHMI is 104.39 for the time period April 2017 to March 2018 and places the Trust 84 out of 131 Trusts and is "as expected".



MCHFT

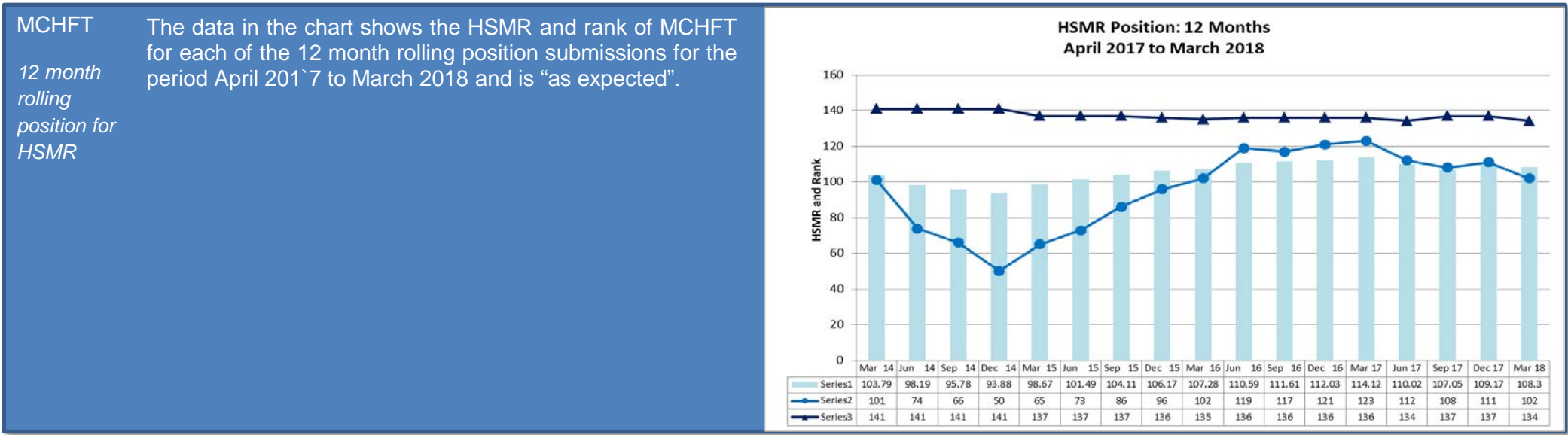
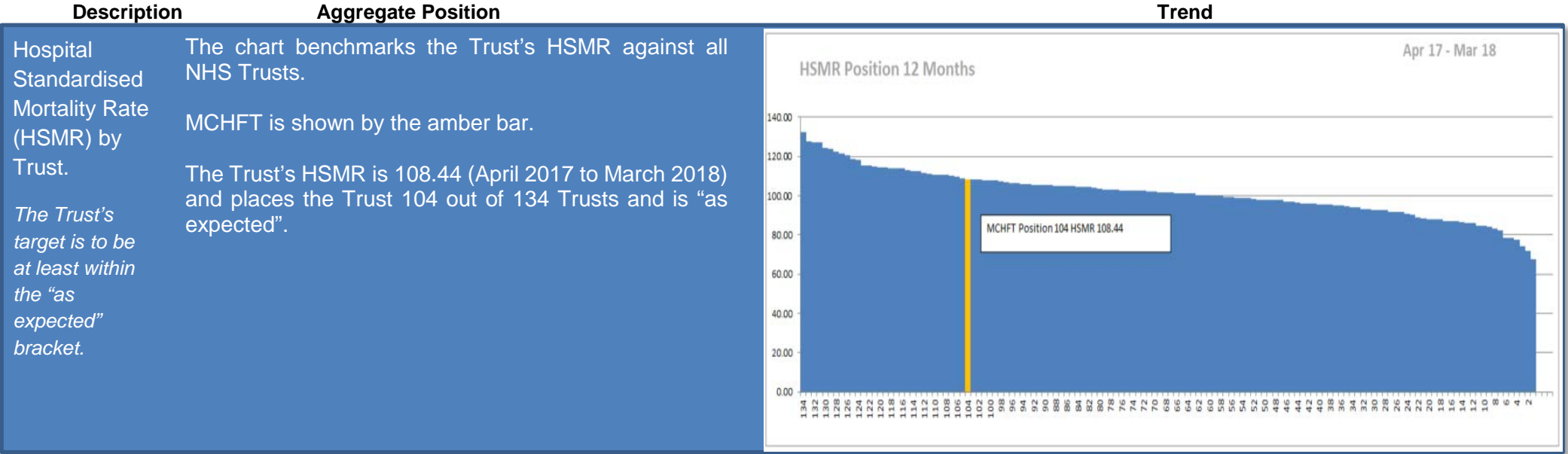
The chart shows the SHMI and rank of MCHFT for each of the 12 month rolling position submissions for the period April 2017 to March 2018 and is "as expected".

*12 month rolling position Summary Hospital-Level Mortality Indicator (SHMI) by Trust.*





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



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

Description

Aggregate Position

Trend

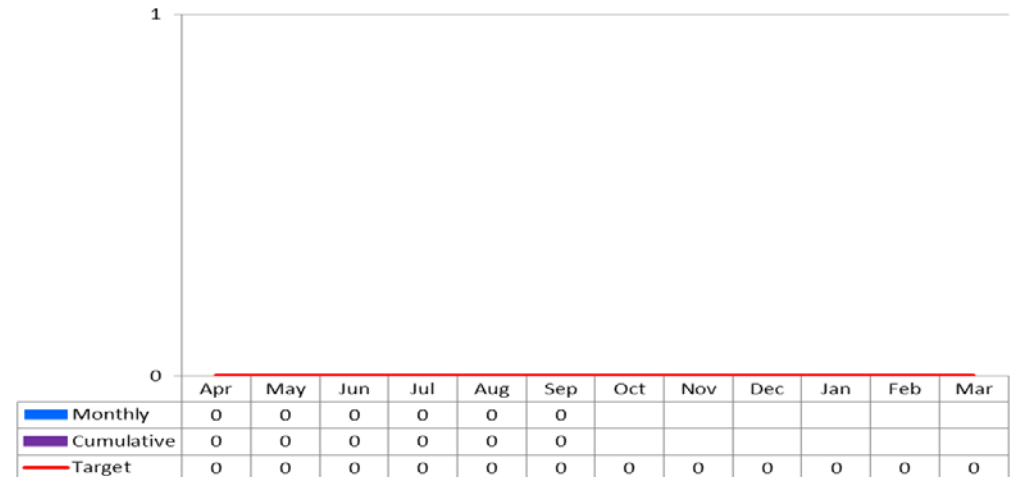
MRSA Bacteraemia Cases.

Zero tolerance of MRSA cases.

In September 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

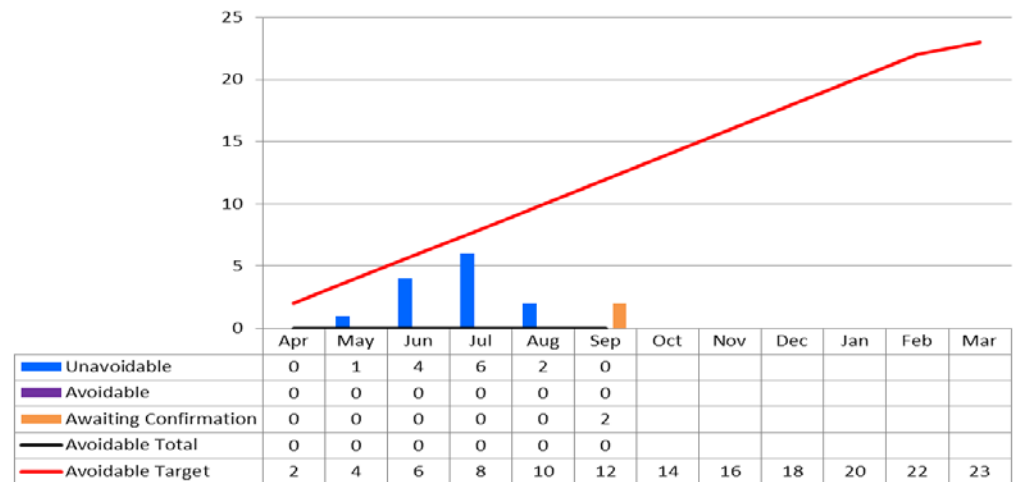
In September 2018, no avoidable cases were reported.

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

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**



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

Description

Aggregate Position

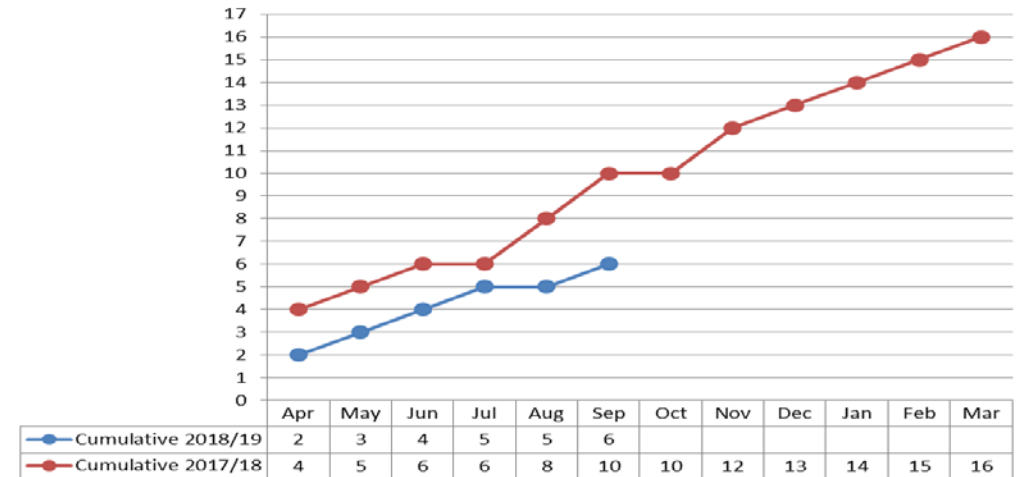
Trend

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

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

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

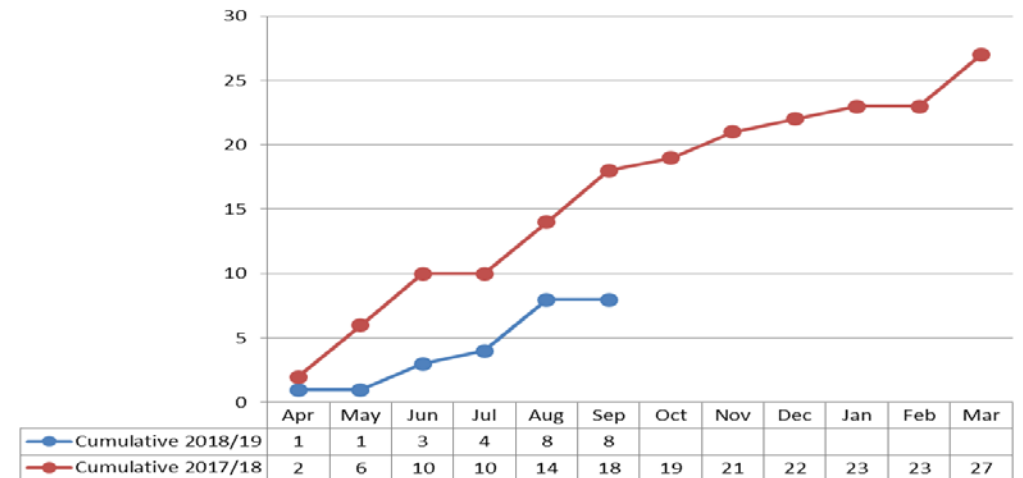
**MSSA cases reported within the Trust  
April 2018 to March 2019**



E-Coli Cases. In September 2018, no E-Coli cases were reported.

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

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



**Board Papers – Quality, Safety & Experience Section: September 2018**

**Description**

**Aggregate Position**

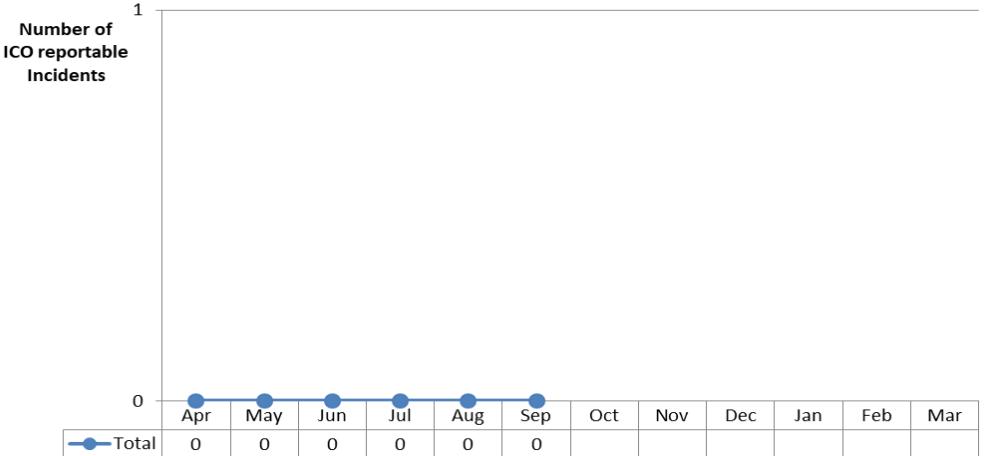
**Trend**

Information Governance Information Commissioners Office (ICO) reportable incidents.

In September 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: September 2018

**CQUIN 2018-19 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		
<b>1a</b>	<b>Health &amp; Wellbeing</b> 5% point improvement in two of the three questions on H&W, MSK & Stress		No payment		No payment		No payment		£137,574	<b>£137,574</b>
<b>1b</b>	<b>Health &amp; Wellbeing</b> 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		No payment		No payment		£137,574	<b>£137,574</b>
<b>1c</b>	<b>Health &amp; Wellbeing</b> Achieve an uptake of flu vaccinations of front line clinical staff of 75% by end of February 2019.		No payment		No payment		No payment		£137,574 <b>£137,180</b>	<b>£137,574</b> <b>CCICP £137,180</b>
<b>2a</b>	<b>Sepsis: Identification</b> The percentage of patients who met the criteria for sepsis screening and were screened for sepsis.	 <b>Partially</b>	£25,795		£25,795		£25,795		£25,795	<b>£103,181</b>
<b>2b</b>	<b>Sepsis: Treatment</b> The percentage of patients who were found to have sepsis and received IV antibiotics within 1 hour.	 <b>Partially</b>	£25,795		£25,795		£25,795		£25,795	<b>£103,181</b>
<b>2c</b>	<b>Sepsis: Antibiotic Review</b> Percentage of antibiotic prescriptions documented and reviewed by a competent clinician within 72 hours		£25,795		£25,795		£25,795		£25,795	<b>£103,181</b>
<b>2d Part 1</b>	<b>Reduction in antibiotic consumption</b> Achieve a reduction of x% or more in total antibiotic consumption per 1,000 admissions.		No payment		No payment		No payment		£34,393	<b>£34,393</b>
<b>2d Part 2</b>	<b>Reduction in carbapenem consumption</b> Achieve a reduction of x% or more in total carbapenem consumption per 1,000 admissions.		No payment		No payment		No payment		£34,393	<b>£34,393</b>
<b>2d Part 3</b>	<b>Reduction in piperacillin tazabactam consumption</b> Achieve a reduction of x% or more in total piperacillin tazabactam consumption per 1,000 admissions.		No payment		No payment		No payment		£34,393	<b>£34,393</b>







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

**CQUIN 2018-19 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	
4	<b>Mental Health in Emergency Department</b> Maintain 20% reduction in attendances to the Emergency Department for people with Mental Health needs.		No Payment				£41,272		£371,451	<b>£412,723</b>
6	<b>Offering advice and guidance</b> 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.		£65,908		£65,908		£65,908		£226,998	<b>£412,723</b>
9a	<b>Tobacco screening</b> Percentage of unique adult patients who are screened for smoking status AND whose results are recorded..		£5,159		£5,159		£5,159		£5,159	<b>£20,636</b>
9b	<b>Tobacco brief advice</b> Percentage of unique patients who smoke AND are given very brief advice		£20,636		£20,636		£20,636		£20,636	<b>£82,545</b>
9c	<b>Tobacco referral and medication offer</b> Percentage of unique patients who are smokers AND are offered referral to stop smoking services AND offered stop smoking medication.		£25,795		£25,795		£25,795		£25,795	<b>£103,181</b>
9d	<b>Alcohol brief advice or referral</b> Percentage of unique adult patients who are screened for drinking risk levels AND whose results are recorded in local data systems		£25,795		£25,795		£25,795		£25,795	<b>£103,181</b>
9e	<b>Alcohol brief advice or referral</b> Percentage of unique patients who drink alcohol above lower-risk levels AND are given brief advice OR offered a specialist referral if the patient is potentially alcohol dependent		£25,795		£25,795		£25,795		£25,795	<b>£103,181</b>

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

**CQUIN 2018-19 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		
10	<b>Improving the assessment of wounds (Community Only)</b> The indicator aims to increase the number of wounds which have failed to heal after 4 weeks that receive a full wound assessment.		No payment		£68,590		No payment		£68,590	<b>£137,180</b>
11	<b>Personalised Care and Support Planning (Community Only)</b> This CQUIN is to be delivered over two years with an aim of embedding personalised care and support planning for people with long-term conditions		No payment		No payment		No payment		£137,180	<b>£137,180</b>
PHE1	<b>Breast Screening Programme Clerical Staff Development (Health Promotion role)</b> 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		£3,742.50		£3,742.50		£3,742.50		£3,742.50	<b>£14,969</b>
PHE2	<b>Cancer Screening Programme – reducing professional stress and building resilience</b> 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		£5,822		£5,822		£5,822		£5,822	<b>£23,288</b>
SP 1	<b>Nationally Standardised Dose Banding for Adult Intravenous Systemic Anticancer Therapy (SACT) 38</b> A tool kit has been developed to support CQUIN. Targets will be set for each of the SACT drugs.		£10,292		£10,292		£10,292		£10,292	<b>£41,167</b>
SP 2	<b>Hospital Pharmacy Transformation and Medicines Optimisation</b>		£15,437		£15,437		£15,437		£15,437	<b>£61,749</b>

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

**Description**

**Aggregate Position**

**Trend**

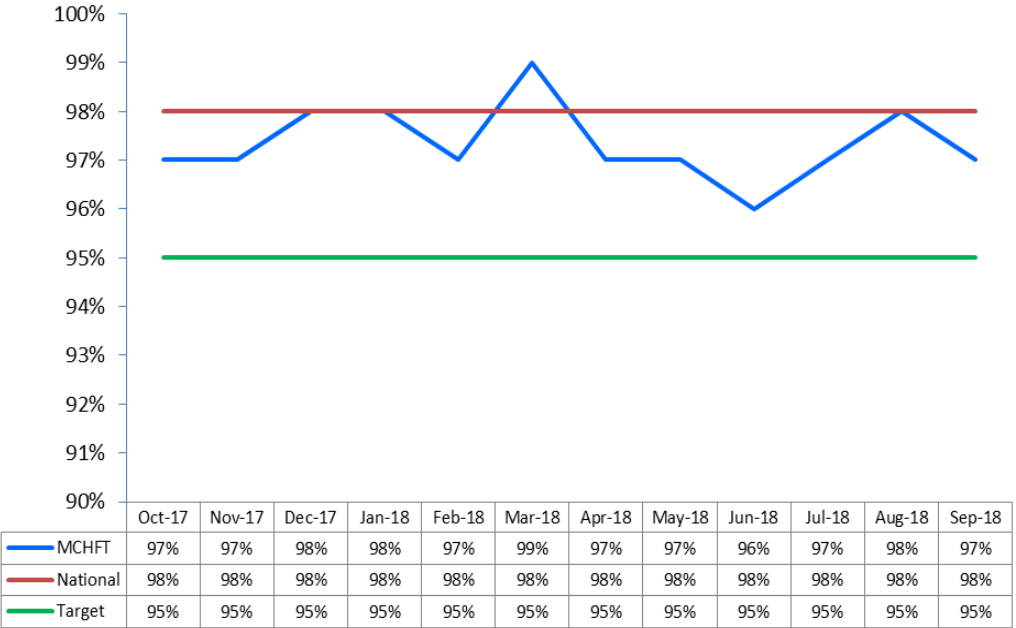
Safety Thermometer - Harm Free Care.

In August 2018, 98% 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: September 2018

Ward Name	Main Specialties	Safety Thermometer Results September 2018			
		Acquired Pressure Ulcers	Patient Falls resulting in harm	CAUTI	New VTE
<b>MCHFT</b>		<b>1.93% (16)</b>	<b>0.48% (4)</b>	<b>0.48% (4)</b>	<b>0.6% (5)</b>
AMU	Gen. Medicine	0% (0)	0% (0)	0% (0)	0% (0)
CAU	Paediatrics	0% (0)	0% (0)	0% (0)	0% (0)
Critical Care	Gen. Medicine	0% (0)	0% (0)	0% (0)	0% (0)
Elmhurst	Rehab	0% (0)	0% (0)	0% (0)	0% (0)
Ward 1	Gen. Medicine	0% (0)	3.57% (1)	0% (0)	7.14% (2)
SAU	Gen. Surgery	0% (0)	0% (0)	0% (0)	0% (0)
SSW	Gen. Surgery & Urology	0% (0)	4.35% (1)	0% (0)	0% (0)
Ward 15	Gen. Surgery & Gynae	6.25% (2)	0% (0)	0% (0)	0% (0)
Ward 13	Gen. Surgery	0% (0)	3.12% (1)	0% (0)	0% (0)
Ward 14	Gen. Medicine	0% (0)	0% (0)	3.12% (1)	0% (0)
Ward 10	Trauma & Ortho	2.78% (1)	0% (0)	0% (0)	0% (0)
Ward 2	Gen. Medicine	0% (0)	0% (0)	0% (0)	0% (0)
Ward 21B	Rehab	8.33% (2)	0% (0)	0% (0)	0% (0)
Ward 23	Obstetrics	0% (0)	0% (0)	0% (0)	0% (0)
Ward 26	Obstetrics	0% (0)	0% (0)	0% (0)	0% (0)
Ward 4	Gen. Medicine	0% (0)	0% (0)	0% (0)	0% (0)
Ward 5	Gen. Medicine	0% (0)	0% (0)	6.25% (2)	6.25% (2)
Ward 6	Gen. Medicine	0% (0)	0% (0)	0% (0)	3.57% (1)
Ward 7	Gen. Medicine	6.25% (2)	3.12% (1)	0% (0)	0% (0)
Ward 9	Trauma & Ortho	0% (0)	0% (0)	0% (0)	0% (0)
NICU	Paediatrics	0% (0)	0% (0)	0% (0)	0% (0)
DN – Alsager	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)
DN – Ashfields and Haslington	District Nursing	3.45% (1)	0% (0)	3.45% (1)	0% (0)
DN – Dane Bridge	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)
DN – Eagle Bridge	District Nursing	3.7% (2)	0% (0)	0% (0)	0% (0)
DN – Firdale	District Nursing	3.92% (2)	0% (0)	0% (0)	0% (0)
DN – Middlewich	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)
DN - Church View	District Nursing	3.03% (1)	0% (0)	0% (0)	0% (0)
DN – Winsford	District Nursing	8.82% (3)	0% (0)	0% (0)	0% (0)
DN OOH	District Nursing	0% (0)	0% (0)	0% (0)	0% (0)

**Board Papers – Quality, Safety & Experience Section: September 2018**

Description	Aggregate Position	Trend	
Registered Nurses monthly expected hours by shift versus actual monthly hours per shift. Day time shifts only	93.2% of expected Registered Nurse hours were achieved for day shifts.  Any registered nurse numbers that fall below 85% are required to have a divisional review and an update of actions provided to the Director of Nursing & Quality and the Deputy Director of Nursing & Quality.	Trend September 2018 93.2% August 2018 90.4% July 2018 90.3%	The lowest staffing levels during the day were on Ward 4 at 75.3%
Registered Nurses monthly expected hours by shift versus actual monthly hours per shift. Night time shifts only	97.4% of expected Registered Nurse hours were achieved for night shifts.	Trend September 2018 97.4% August 2018 96.8% July 2018 94.8%	The lowest staffing levels during the night were on Ward 15 at 73.3%
Healthcare Assistant monthly expected hours by shift versus actual monthly hours per shift. Day time shifts only	100.9% of expected HCA hours were achieved for day shifts.	Trend September 2018 100.9% August 2018 98.6% July 2018 99.3%	The lowest staffing levels during the day were on Ward 9 at 63.3%
Healthcare Assistant monthly expected hours by shift versus actual monthly hours per shift. Night time shifts only	103.5% of expected HCA hours were achieved for night shifts. For areas with over 100% staffing levels for HCA's this is reviewed and is predominately due to wards requiring 1 to 1 specials for patients following a risk assessment or to increase staffing numbers when there are registered nursing gaps that are not filled.	Trend September 2018 103.5% August 2018 101.5% July 2018 116.9%	The lowest staffing levels during the night were on Ward 9 at 70%
Total number of wards that are lower than 85% RN fill days and nights is 7.	Ward 4 – 75.3% (day), Ward 5 – 75.8% (day) and 74.2% (night), Ward 6 – 75% (night), Ward 7 – 83% (day), Ward 9 – 83.3% (day), Ward 14 – 73.3% (night) and Ward 21B – 79% (day)	<ul style="list-style-type: none"> <li>• Actions taken: Staffing reviewed on daily basis by Matrons/HoN following Escalation process</li> <li>• Risk assessments taken place to review bed occupancy and patient acuity before transferring staff</li> </ul>	

# Board Papers – Quality, Safety & Experience Section: September 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	39322.5	26609.7	28868.5	29359.1	24237.8	23090.2	16158	18318.2	93.2%	100.9%	97.4%	103.5%	15033	123.7	64.4	188.1
AMU	1950	1778.5	1470	1427.3	1837.5	1666	1470	1445.5	91.2%	97.1%	90.7%	98.3%	812	4.2	3.5	7.8
CAU (Winter)	1669.5	1669.5	693.5	693.5	1357	1357	333.5	333.5	100.0%	100.0%	100.0%	100.0%	420	7.2	2.4	9.7
Critical Care	3993.5	3993.5	559.5	559.5	2365.5	2365.5	-	-	100.0%	100.0%	100.0%	-	236	26.9	2.4	29.3
Elmhurst	847.5	847.5	2160	2184	750	750	1500	1525	100.0%	101.1%	100.0%	101.7%	806	2.0	4.6	6.6
Ward 1	2112.5	2012.5	1125	1106.3	1470	1433.3	735	735	95.3%	98.3%	97.5%	100.0%	910	3.8	2.0	5.8
Ward 12	2200	2008	1920	1816	922.5	871.3	615	615	91.3%	94.6%	94.4%	100.0%	926	3.1	2.6	5.7
Ward 13	1650	1464	1440	1530	720	720	1080	1104	88.7%	106.3%	100.0%	102.2%	946	2.3	2.8	5.1
Ward 14	2080	1776	1920	2120	922.5	676.5	615	963.5	85.4%	110.4%	73.3%	156.7%	900	2.7	3.4	6.2
Ward 2	1737.5	1650	1500	1543.8	735	735	1102.5	1274	95.0%	102.9%	100.0%	115.6%	908	2.6	3.1	5.7
Ward 21b	1297.5	1024.5	1755	1722.5	750	725	750	1037.5	79.0%	98.1%	96.7%	138.3%	714	2.5	3.9	6.3
Ward 23	1200	1200	760	722	740	740	740	740	100.0%	95.0%	100.0%	100.0%	689	2.8	2.1	4.9
Ward 26	3172	3172	608	608	2713.3	2713.3	370	370	100.0%	100.0%	100.0%	100.0%	272	21.6	3.6	25.2
Ward 4	1650	1242	1800	1794	720	708	1440	1440	75.3%	99.7%	98.3%	100.0%	949	2.1	3.4	5.5
Ward 5	2250	1706.3	1500	1437.5	1470	1090.3	735	1102.5	75.8%	95.8%	74.2%	150.0%	936	3.0	2.7	5.7
Ward 6	1500	1600	1875	1887.5	1470	1102.5	735	1090.3	106.7%	100.7%	75.0%	148.3%	822	3.3	3.6	6.9
Ward 7	1690	1402.5	1500	1856.3	735	735	1102.5	1421	83.0%	123.8%	100.0%	128.9%	952	2.2	3.4	5.7
Ward 9	1150	958	960	608	615	553.5	307.5	215.3	83.3%	63.3%	90.0%	70.0%	225	6.7	3.7	10.4
NICU	1862.5	1707.6	177.5	136.1	1725	1564	-	-	91.7%	76.7%	90.7%	-	232	14.1	0.6	14.7
Ward 11 SAU	1455	2032.5	900	1425	562	936.7	562	889.8	139.7%	158.3%	166.7%	158.3%	639	4.6	3.6	8.3
Ward 18 SSW	1295	1188.8	1125	1093.8	735	735	735	735	91.8%	97.2%	100.0%	100.0%	634	3.0	2.9	5.9
Ward 10 Ortho	2560	2176	3120	3088	922.5	912.3	1230	1281.3	85.0%	99.0%	98.9%	104.2%	1105	2.8	4.0	6.7

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

**Experience Section:**

Indicators	Last four months			
	Jun-18	Jul-18	Aug-18	Sep-18
Complaints received by month	9	10	21	16
Complaints being reviewed by the Ombudsman	0	0	0	0
Closed complaints by month	38	14	18	12
Contacts raising informal concerns	106	120	96	93
Compliments received in month	400	257	330	323
Number of new claims received in month	1	7	5	4
Number of claims closed	0	2	6	4
Number of inquests concluded	0	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	9	6	10	6
F&FT Response Rate ED, MIU, UCC and Assessment Areas*	26%	25%	25%	23%
Proportion of positive responses ED, MIU, UCC and Assessment Areas	82%	83%	85%	84%
F&FT Response Rate Inpatients and day cases	28%	34%	46%	62%
Proportion of positive responses Inpatients and day cases	96%	97%	96%	97%
F&FT Response Rate Outpatients	4%	4%	5%	5%
Proportion of positive responses Outpatients	96%	96%	96%	96%
F&FT Response Rate Maternity - Birth	5%	18%	11%	17%
Proportion of positive responses Maternity - Birth	100%	100%	99%	100%
F&FT Response Rate Community (CCICP)	21%	19%	12%	26%
Proportion of positive responses Community (CCICP)	91%	93%	92%	93%

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

## Board Papers – Quality, Safety & Experience Section: September 2018

### Description

### Aggregate Position/Description

### Trend

Monthly complaints received by the Trust.

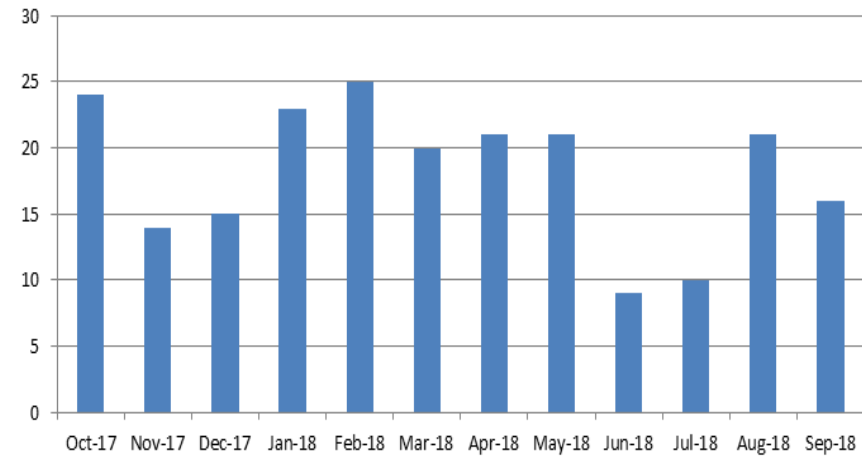
16 complaints were received in September 2018 which covered 75 concerns. Of the categories, the highest categories were:

- Communication
- Nursing Care – Other
- Medical Care – Diagnosis Problems

Highest 3 areas receiving complaints/issues were:

- SAU – 1 complaint/7 issues
- Respiratory Medical Staff – 1 complaint/6 issues
- Gynaecology Medical Staff - 2 complaints/6 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: 35

DCSS: 3

W&CD: 18

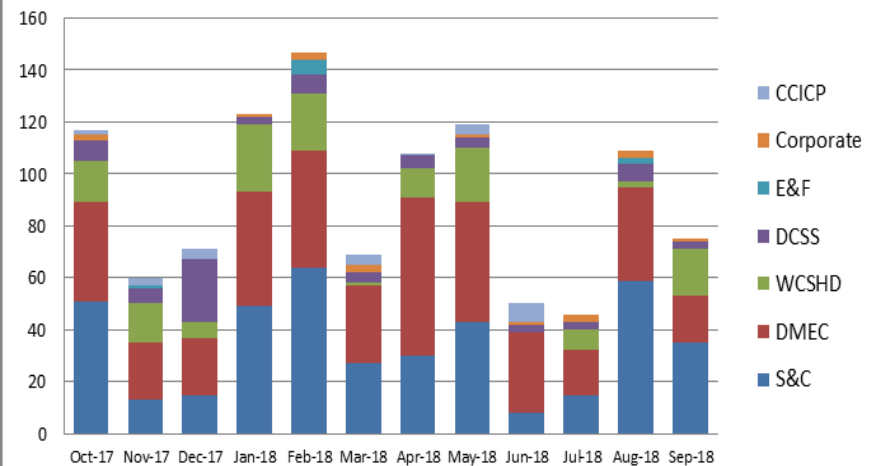
DMEC: 18

CCICP: 0

E&F: 0

Corporate Services: 1

Categories received by Division



Formal Complaint issues by division

**Board Papers – Quality, Safety & Experience Section: September 2018**

**Description**

**Aggregate Position/Description**

**Trend**

Complaints being reviewed by the Public Health Service Ombudsman

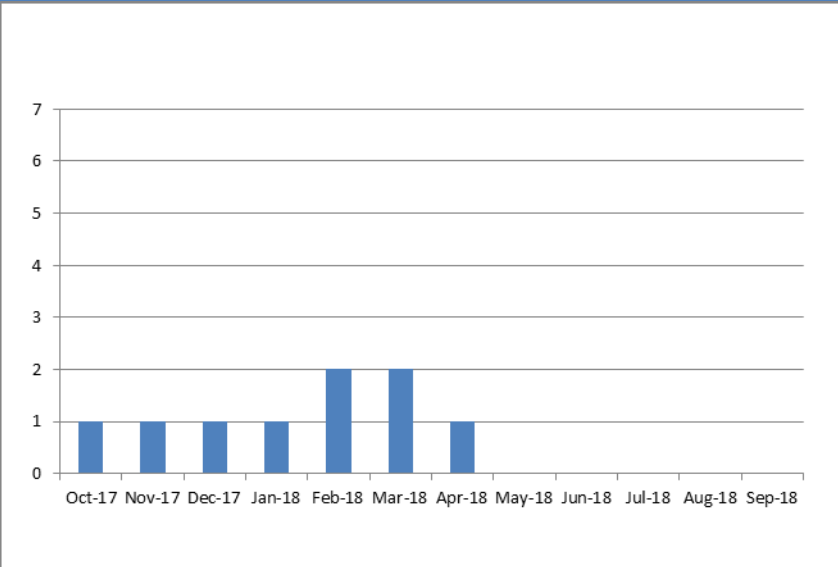
In September 2018, there were no new complaints raised with the PHSO.

5 cases are currently with the PHSO of which 2 provisionally are not upheld and 3 cases which are waiting an outcome :-

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

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.



Ombudsman

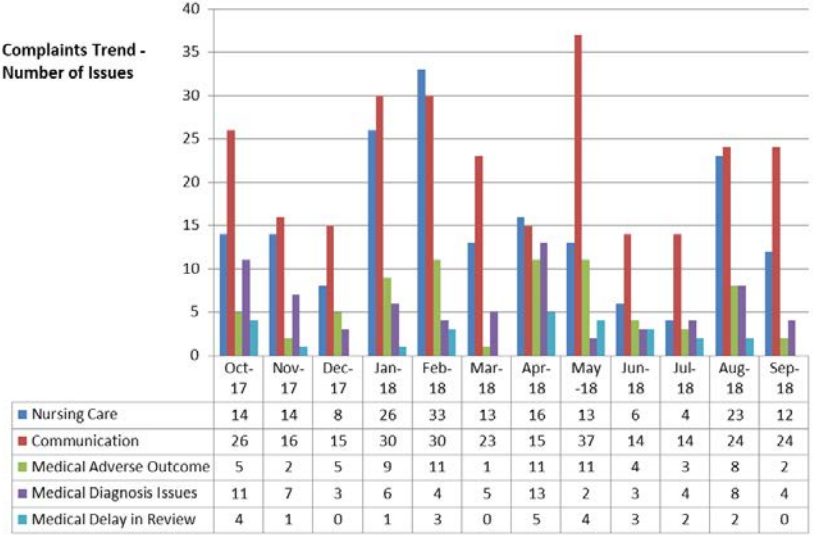
Complaint trends and number of issues.

The main trends in September 2018 were:

Communication with 13 complaints raising 24 issues.

Nursing Care with 8 complaints raising 12 issues.

Medical Care Diagnosis with 4 complaints raising 4 issues.



Complaint Trends

## Board Papers – Quality, Safety & Experience Section: September 2018

### Description

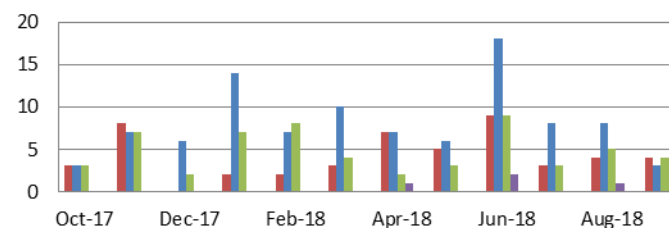
### Aggregate Position/Description

### Trend

Closed  
Complaints

12 complaints were closed in September 2018.

**Closed Complaints By Month**



	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
■ Upheld	3	8	0	2	2	3	7	5	9	3	4	4
■ Partially Upheld	3	7	6	14	7	10	7	6	18	8	8	3
■ Not upheld	3	7	2	7	8	4	2	3	9	3	5	4
■ Withdrawn	0	0	0	0	0	0	1	0	2	0	1	1
■ Referred to HR	0	0	0	0	0	0	0	0	0	0	0	0

Closed  
Complaints

Closed  
Complaints  
by Division

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

Division	Upheld	Partially Upheld	Not Upheld	Withdrawn	Ref HR	Sub-Total
DMEC	2	0	3	1	0	6
Corporate	0	0	0	0	0	0
Surgery and Cancer	1	2	0	0	0	3
Women & Children's	1	1	1	0	0	3
DCSS	0	0	0	0	0	0
CCICP	0	0	0	0	0	0
<b>Totals:</b>	<b>4</b>	<b>3</b>	<b>4</b>	<b>1</b>	<b>0</b>	<b>12</b>

## Board Papers – Quality, Safety & Experience Section: September 2018

### Complaints closed by division for September 2018

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

#### Description

#### Aggregate Position/Description

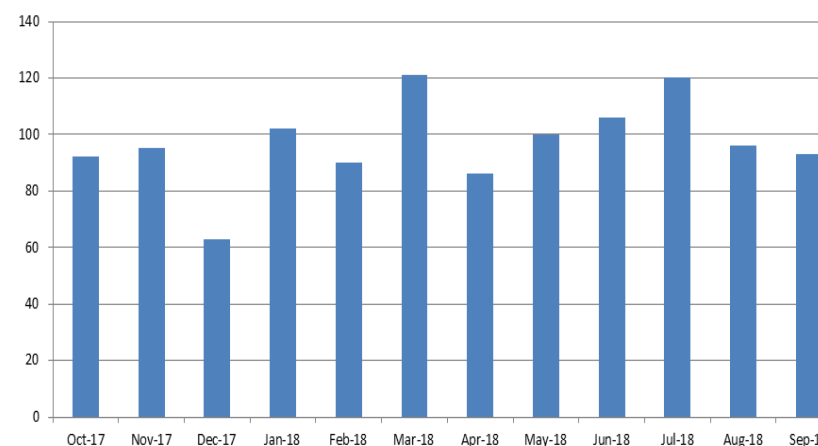
#### Trend

Informal Concerns Numbers.

The number of contacts raising informal concerns for September 2018 was 93 which is a decrease of 3 from the previous month.

The Division of Medicine and Emergency Care has received the largest number of individual concerns raised at 74, with 27 of the individual concerns raised belonging to the emergency department.

Contacts raising informal concerns



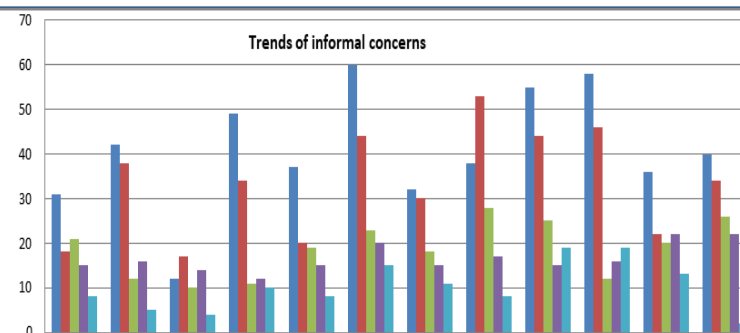
Informal Concerns  
Feedback

Informal Concerns Trends.

Communication was the highest trend for informal concerns in September 2018, with 20 of the issues raised belonging to the Division of Medicine and Emergency Care. Of these 20 issues, 4 belong to the emergency department.

Of the 34 issues relating to care, 16 belong to the Division of Medicine and Emergency Care. Of these 16 issues, 9 belong to the emergency department and relate to medical care.

Trends of informal concerns



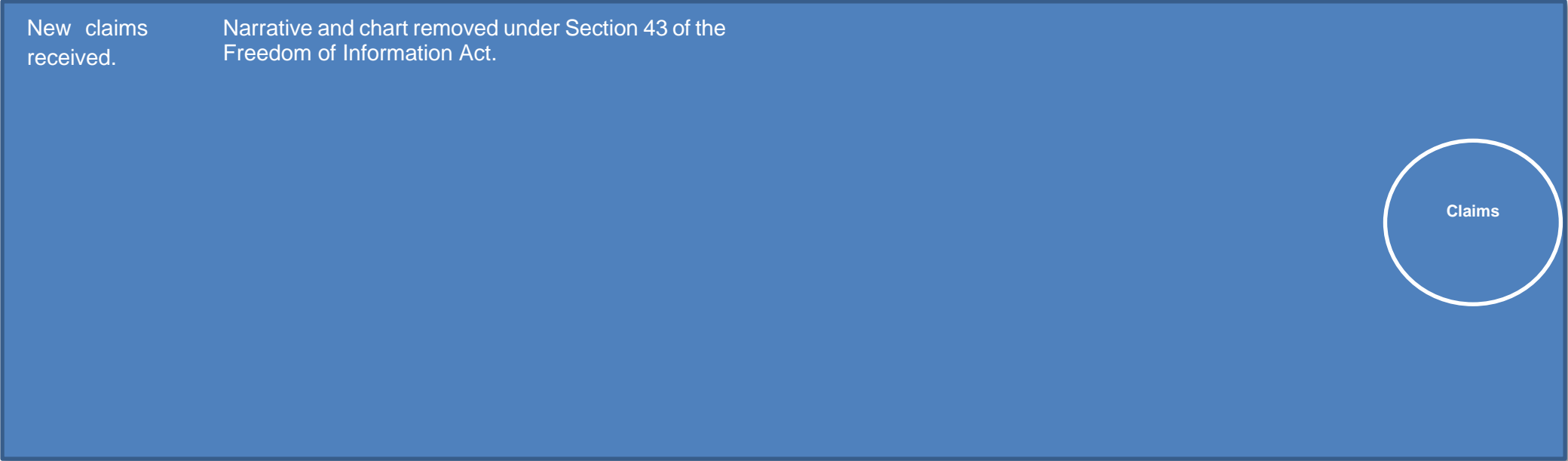
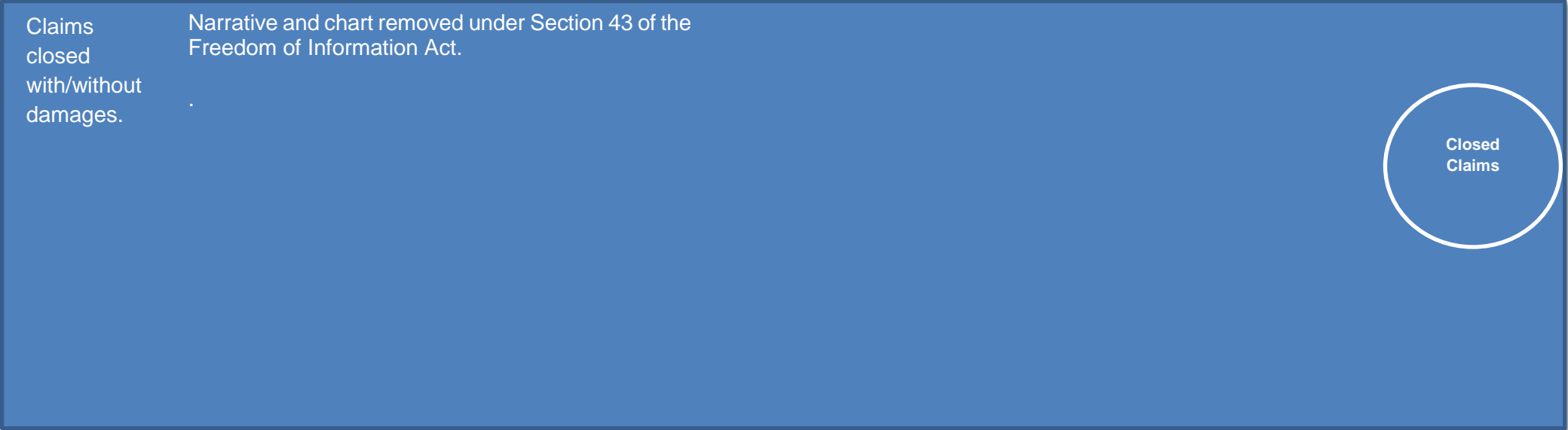
Oct-17 Nov-17 Dec-17 Jan-18 Feb-18 Mar-18 Apr-18 May-18 Jun-18 Jul-18 Aug-18 Sep-18

	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Communication	31	42	12	49	37	60	32	38	55	58	36	40
Care	18	38	17	34	20	44	30	53	44	46	22	34
Appointments	21	12	10	11	19	23	18	28	25	12	20	26
Attitude of Staff	15	16	14	12	15	20	15	17	15	16	22	22
Treatment	8	5	4	10	8	15	11	8	19	19	13	2



Informal Concerns  
Trends



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

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

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

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

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

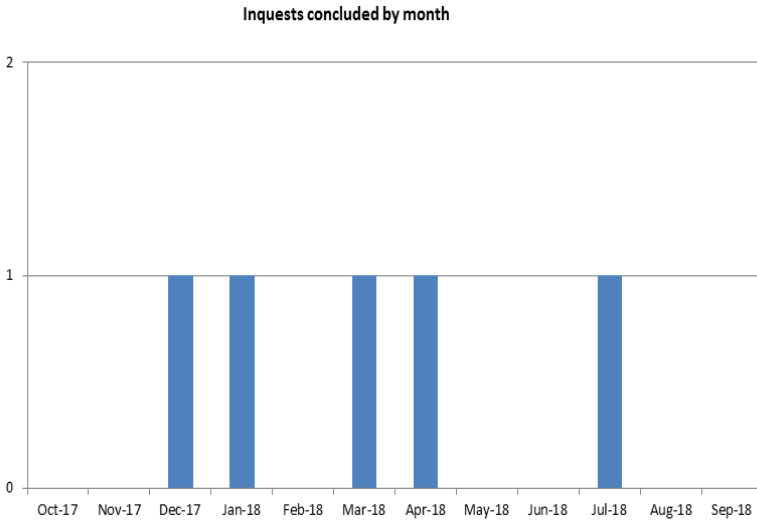
**Description**

**Aggregate Position /Description**

**Trend**

Number of  
Inquests  
concluded  
by month

No inquests were concluded in September 2018.



Inquests

NHS  
Choices  
Star Ratings

Leighton Hospital is rated at 4.5 stars.

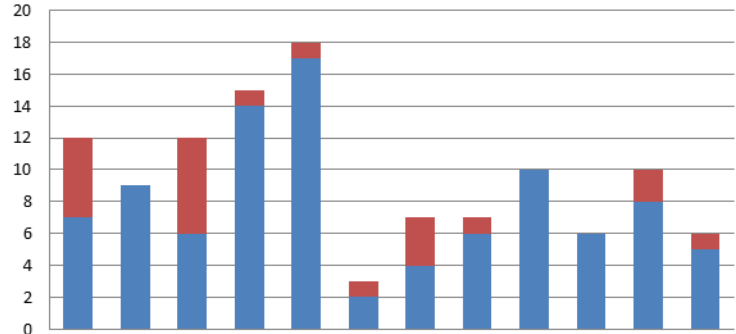
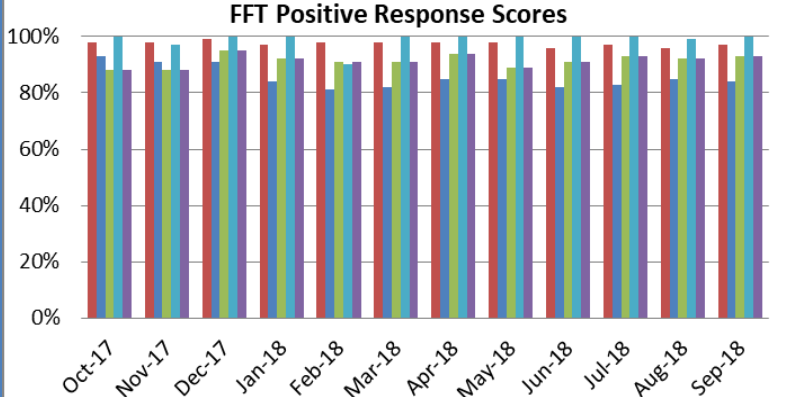
Victoria Infirmary, Northwich is rated at 5 stars.

The above ratings are based on 221 postings received to date.



NHS  
Choices –  
Star  
Ratings

**Board Papers – Quality, Safety & Experience Section: September 2018**

Description	Aggregate Position /description	Trend																																								
NHS Choices postings	<p>There were 6 postings on NHS Choices in September 2018 of which 1 was negative and 5 were positive. Examples of feedback included:</p> <p>“Having just encountered a 4 night stay on ward 19 with my 5 year old daughter, I have nothing but praise and thanks for the wonderful staff on the ward. Although very busy at times, nothing was too much trouble for any member of staff. My thanks also extends to the A&amp;E and out of hours staff who were also fantastic even under extremely busy conditions” (CAU and ED)</p> <p>I had a blepharoplasty operation and ptosis repair on both eyes, carried out at the treatment centre. The consultant was very professional and put me at my ease immediately.my experience was excellent, reassuring staff, great care and spotlessly clean. (Ophthalmology)</p> <p>Had to ring 111 due to my eye being red, itchy and swollen. Went to Leighton Urgent Care, saw doctor within half an hour, got antibiotics and antibiotic drops. From start to finish top class service. Doctor was so lovely and caring. (Urgent Care)</p>	<div><p>NHS Choices - Numbers of New Postings</p><table><thead><tr><th></th><th>Oct-17</th><th>Nov-17</th><th>Dec-17</th><th>Jan-18</th><th>Feb-18</th><th>Mar-18</th><th>Apr-18</th><th>May-18</th><th>Jun-18</th><th>Jul-18</th><th>Aug-18</th><th>Sep-18</th></tr></thead><tbody><tr><td>Negative</td><td>5</td><td>0</td><td>6</td><td>1</td><td>1</td><td>1</td><td>3</td><td>1</td><td>0</td><td>0</td><td>2</td><td>1</td></tr><tr><td>Positive</td><td>7</td><td>9</td><td>6</td><td>14</td><td>17</td><td>2</td><td>4</td><td>6</td><td>10</td><td>6</td><td>8</td><td>5</td></tr></tbody></table></div>		Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Negative	5	0	6	1	1	1	3	1	0	0	2	1	Positive	7	9	6	14	17	2	4	6	10	6	8	5	<div><p>NHS Choices – Postings</p></div>
	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18																														
Negative	5	0	6	1	1	1	3	1	0	0	2	1																														
Positive	7	9	6	14	17	2	4	6	10	6	8	5																														
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	<p>In September 2018 the Trust has scored the following positive response scores:</p> <table><tbody><tr><td>Inpatients and day cases</td><td>97%</td></tr><tr><td>Emergency care /Assessment areas</td><td>84%</td></tr><tr><td>Outpatients</td><td>96%</td></tr><tr><td>Maternity</td><td>100%</td></tr><tr><td>CCICP</td><td>93%</td></tr></tbody></table> <p>4739 responses were received and 92% of those patients would recommend our hospital services.</p>	Inpatients and day cases	97%	Emergency care /Assessment areas	84%	Outpatients	96%	Maternity	100%	CCICP	93%	<div><p>FFT Positive Response Scores</p><p>■ Inpatient and Day Case Response Rate ■ ED, MIU, UCC and Assessment Areas* ■ Outpatients Response Rate ■ Maternity - Labour ■ CCICP Response Rate</p></div>	<div><p>Family &amp; Friends Test</p></div>																													
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CCICP	93%																																									

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

**Description**

**Aggregate Position /description**

**Trend**

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

September 2018	% Response	Total responses received	How many would recommend
Ward/Dept.			
A&E , UCC & MIU	23%	1485	84%
Inpatients & Day cases	62%	2175	97%
Maternity	17%	105	100%
Outpatients	5%	407	96%
CCICP	26%	358	93%

Family & Friends Test

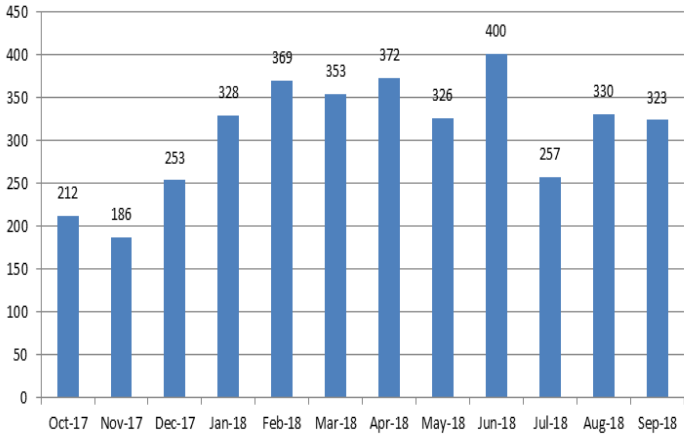
**Compliments received**

There were 323 compliments/thankyou's received in September 2018. 53 of these were logged by the Customer Care Team and 270 received across the Trust.

'I am writing to thank the staff who took care of me on ward 1 after I suffered a heart attack. I enjoyed my time on the ward and all the meals also. Having a radio playing in our room was great. It was the first time I have had to stay in hospital and all staff made my stay enjoyable'.

'I feel that I must write to commend the nurses, healthcare staff, doctors and administration staff at the eye care centre. Although the department is very busy the staff were efficient and I felt valued. Please pass my thanks and appreciation to all the staff working in the eye care centre'.

Compliments



Compliments

<b>Title of Paper:</b>	Guardian of Safe Working Hours Report (Q1 & Q2)		
<b>Author:</b>	Derek Pegg, Guardian of Safe Working Hours		
<b>Executive Lead:</b>	Linda Holland, Interim Director of Workforce and OD		
<b>Type of Report:</b>	Concept Paper		
	Strategic Options Paper		
	Business Case		
	Information		✓
	Review/Benefits/Audit		
<b>Link to Strategic Domains:</b>		<b>Link to Domain:</b>	
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	✓
<b>Link to Board Responsibility:</b>	Performance		
	Accountability		✓
	Strategy		
	Implementation		
<b>Action Required:</b>	Decide		
	Approve		
	Note		✓
	Recommend		
	Delegate		
<b>Positive Benefit:</b>	Assurance that our Doctors in Training are working in accordance with the agreed Contract		
<b>Risk:</b>	Common themes associated with exception reports		
<b>To be published on Trust Website –complete version</b>	Yes		
<b>If no, to be published on Trust Website – redacted</b>	n/a		
<b>If not to be published complete or redacted, please detail the reason why</b>	n/a		
<b>Presented at Board Meeting of:</b>	5 November 18		

# REPORT FROM THE GUARDIAN OF SAFE WORKING HOURS

*1<sup>st</sup> April 2018 – 30<sup>th</sup> September 2018*

## 1. INTRODUCTION

To report progress with the 2016 junior doctors contract and the work of the Guardian of Safe Working Hours (GoSWH) to the Board. The GoSWH is required to provide to the Board, a quarterly report which will include details of the including exceptions, fines and rota gaps.

## 2. CURRENT POSITION

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

During the April and August rotations, the most significant changes were in terms of the number of doctors in training leaving and joining the Trust. This was evidenced by the number of gaps in rotas and actions were taken to ensure that gaps in rotas were filled in an efficient and productive manner, whilst also ensuring the safety of our patients.

## 3. EXCEPTION REPORTING

The GoSWH is required to provide a Board report on a quarterly basis summarising exception reports being completed and ensuring that the Trust take appropriate action to address any significant issues identified in these report. The Board has been presented with previous GoSWH reports covering the period 1<sup>st</sup> January 2018 to 31<sup>st</sup> March 2018.

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

**Q1** - During the period 1<sup>st</sup> April – 31<sup>st</sup> May 2018 a total of 2 exception reports were received from trainee Doctors and the following table is a summary of those exceptions:

REFERENCE	SUMMARY OF EXCEPTION	HOURS TO BE PAID	PAY COST (PLAIN TIME)	FINE COST (x2.5)
<b>01 – 30 APRIL 2018</b>				
36765	No SHO ENT doctor	0	0	0
<b>01 – 31 MAY 2018</b>				
38716	Doctor shift switched from Medicine to A&E due to staff shortage	0	0	0
<b>Total Cost to the Trust for the Reporting Period</b>				

Of the 2 exception reports submitted, none were highlighted as an immediate safety concern, these reports have been reviewed by the educational supervisors and discussed with the doctors and closed with no action required.

No fines were incurred during this Quarter.

**Q2** - During the period 1 June 2018 to 30<sup>th</sup> September 2018 a total of 5 exception reports were received from trainee Doctors and the following table is a summary of those exceptions:

REFERENCE	SUMMARY OF EXCEPTION	HOURS TO BE PAID	PAY COST (x1.5)	FINE COST (x2.5)
<b>01 – 30 SEPTEMBER 2018</b>				
44875	Late finish, due to busy shift; staff shortage	TOIL Agreed 2 hours		
44921	Late finish; unable to achieve breaks, due to busy shift	3	70.11	83.07
44922	Unable to achieve breaks due to busy shift	2	46.74	55.38
44920	Late finish; unable to achieve breaks, due to busy shift	No Action Required		
45532	Late finish; Unable to achieve breaks	TOIL Agreed 1 hour		
<b>Total Cost to the Trust for the Reporting Period</b>				<b>£255.30</b>

Of the 5 exception reports submitted, none were highlighted as an immediate safety concern, of these 2 were closed with payment agreed, 2 with TOIL agreed which one of the doctors concerned has rejected and 1 with no action required.

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

The Trust fines itself for certain exception reports (i.e. if we did not respond in time or if there was no alternative action available to the trainee Doctor). The running total of fines to date for the Trust during the 2018/19 financial year is set out in the below table

	Fine Costs
<b>Running Total Fines to Date</b>	£138.45

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



#### **4. CONCLUSION**

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

It is positive to see a significant reduction in the number of exception reports although I continue to have some concern about exception reporting coming from a single rota. Whilst historically this has been caused by vacancies, currently we have 5.6 wte posts filled out of 6.0 wte. I do believe there are more complex issues with this rota which are currently under review within the division. It is good to hear that the issues being reported are being addressed to ensure the risks are reduced going forward.

Derek Pegg  
October 2018

# **Board of Directors Performance Report**

**September 2018**

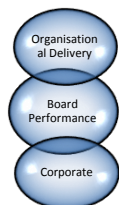
**"To Deliver Excellence in Healthcare through Innovation &  
Collaboration"**

# Introduction

## Performance Report

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

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



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

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

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

**Tracy Bullock**  
**Chief Executive**

## Contents

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# Headline Measures

Organisational Delivery			
Indicator	Standard	YTD	Sep-18
<b>Cancer</b>			
Rapid Access Referrals (%) <i>(seen in 2 wks)</i>	93.00%	96.66%	96.36%
Total Patients Seen		5,088	770
Patients seen >14 days		170	28
62 day GP Classic (%)	85.00%	90.47%	86.36%
Accountable Patients Treated		415	66
No. of Breached Pathways (adjusted)		40	9
62 day Screening (%)	90.00%	95.29%	100.00%
Accountable Patients Treated		85	14
No. of Breached Pathways (adjusted)		4	0

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

<b>Unplanned Activity</b>			
A&E <4hrs Standard (%)	95.00%	84.31%	84.61%
A&E Attendances (LH/MIU/UUC) (% to plan)		96.59%	94.85%
A&E Attendances LH & MIU (Vol)		46,561	7,523

<b>Planned Activity</b>			
Incomp Pathways <18wk (%)	92.00%	92.97%	92.43%
>6wk Diagnostic Waits (%)	1.00%	0.35%	0.44%
Total Patients Waiting for a First Outpatient Appointment			9,654

Indicator	Standard	YTD
<b>Workforce</b>		
Sickness absence Rolling 12 Month		4.27%
Turnover Rolling 12 Month		11.54%

<b>Corporate</b>					
Indicator	YTD Rating		YE Rating	YE Metric	
	Plan	Actual	Forecast	Plan	Forecast
<b>Finance</b>					
Use of Resource Rating		3	1		
Capital Service Capacity	3	4	2	2.39	2.23
Liquidity	2	2	1	-1	2
I&E Margin	3	4	1	2.10%	1.70%
Distance from Financial Plan	0	2	2	0.00%	-0.40%
Agency Spend	1	2	1	-23.27%	-13.05%

	YTD Target	YTD Actual	YTD Variance	FY Target	FY Forecast	FY Variance
Cost Improvement Schemes Total (£000's)	3,657	2,828	-829	6,772	5,428	-1,344
Commission Contact Income SC & VR (£000's)	91,632	91,633	1			
Contract Income (£'000)	110,454	110,828	374			
Pay to Budget (£000's)	-85,403	-86,264	-861			
Non Pay to Budget (£000's)	-34,520	-35,696	-1,176			
Agency Trajectory (£000's)	-2,190	-2,364	-174			

## Exec Summary

In September 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 September achieved 84.61% against the 95% performance standard. This is a slight drop compared to August.

The Trust has achieved all three headline cancer access standards for September. Rapid access referrals and 62 day treatment pathways have continuously achieved above target for over 12 months.

The Trust continues to achieve the 92% standard for RTT 18 week incomplete pathways, with performance in September 2018 at 92.43%. The Trust is continuing to monitor this standard,.

Diagnostics waiting times continue to perform well, with just 0.44% 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 £2.1M which is £1.6M worse than the planned deficit of £0.5M, and this includes recognition of £0.85M of income from the MOU agreed with the host commissioners.

This position also has a provision of £0.8M against the provider sustainability fund (PSF) for the failure to achieve the A&E target. The Trust has achieved the Q2 financial target for the PSF (£2m).

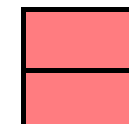
There is a variation in the CIP scheme against, with planned bed closures no longer being progressed, and challenges around delivering improvements to sickness/recruitment rates within nursing.

The Trust is currently £174k worse than plan for Agency spend – and there is a risk that the Trust could breach the ceiling of £5.7M if the rate of agency spend in September continues throughout Winter.

# Single Oversight Framework

## Triggers

<b>Operational</b>	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.
<b>Finance &amp; Resource</b>	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, although is at risk due to the deteriorating financial position. 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 at the end of August.

## Operational Performance

	Current YTD		Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Monthly Trend
	Target	Actual														
Maximum 6 week wait for Diagnostic procedures	1%	0.35%	0.21%	0.24%	0.25%	0.39%	0.53%	0.08%	0.33%	0.26%	0.17%	0.32%	0.56%	0.31%	0.44%	
All Cancers: 62 day GP Classic (%) *	85%	90.47%	91.67%	95.74%	94.50%	96.77%	87.30%	92.06%	94.06%	87.13%	92.91%	92.00%	91.40%	91.67%	86.36%	
All Cancers: 62 day Screening (%) *	90%	95.29%	91.67%	83.33%	94.12%	100.00%	100.00%	100.00%	100.00%	100.00%	89.47%	91.67%	100.00%	91.84%	100.00%	
18 weeks from point of referral to treatment - patients on an incomplete pathway (%)	92%	92.97%	97.10%	96.85%	96.44%	95.25%	94.59%	94.13%	92.65%	93.00%	93.27%	93.14%	92.97%	93.05%	92.43%	
A&E - maximum waiting time of 4 hours from arrival to admission/transfer/discharge (%)	95%	84.31%	93.99%	88.28%	88.05%	74.22%	78.38%	77.91%	77.90%	82.65%	85.14%	81.78%	84.57%	87.14%	84.61%	
STF Trajectory			91.34%	90.52%	90.52%	90.52%	90.52%	90.52%	95.00%	92.72%	92.72%	92.72%	93.92%	93.92%	93.92%	
Provider Submitted Trajectory														89.20%	90.04%	

\* 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	2.23	2	1.36	0.72	4
	Liquidity	days	-1	2	1	-3	-3	2
Financial Efficiency	I&E Margin	%	2.10%	1.70%	1	-1.00%	-1.70%	4
Financial Controls	Distance from Financial Plan	%	0.00%	-0.40%	2	0.00%	-0.70%	2
	Agency Spend	%	-23.27%	-13.05%	1	-6.81%	0.85%	2
Overall UOR Rating					1			3

# Operational Delivery: Cancer Pathway

## Headline Measures

	Current YTD		Rolling 13 months													Monthly Trend
	Target	Actual	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	
Rapid Access Referrals (%) (seen in 2 wks)	93%	96.66%	96.81%	97.60%	98.23%	95.85%	94.83%	93.05%	98.64%	96.08%	96.76%	97.54%	96.37%	96.73%	96.36%	
Total Patients Seen		5088	722	750	736	626	715	806	811	766	956	855	855	886	770	
Patients seen >14 days		170	23	18	13	26	37	56	11	30	31	21	31	29	28	
% seen within 7 days		43.0%	64.8%	54.8%	51.4%	52.9%	54.6%	53.1%	61.2%	45.2%	39.6%	43.7%	44.4%	35.2%	51.4%	
62 day GP Classic (%) *	85%	90.47%	91.67%	95.74%	94.50%	96.77%	87.30%	92.06%	94.06%	87.13%	92.91%	92.00%	91.40%	91.67%	86.36%	
104+ day waits - (Cancer patients treated)			0	1	1	0	1	2	3	1	1	0	1	0	4	

\* Provisional figures subject to change depending

## Commentary

The Trust has achieved all three headline cancer standards during the month of September 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 96.36% in September. Demand in September has reduced to levels seen in quarter 1, however this is still 57% higher compared to the same month last year.

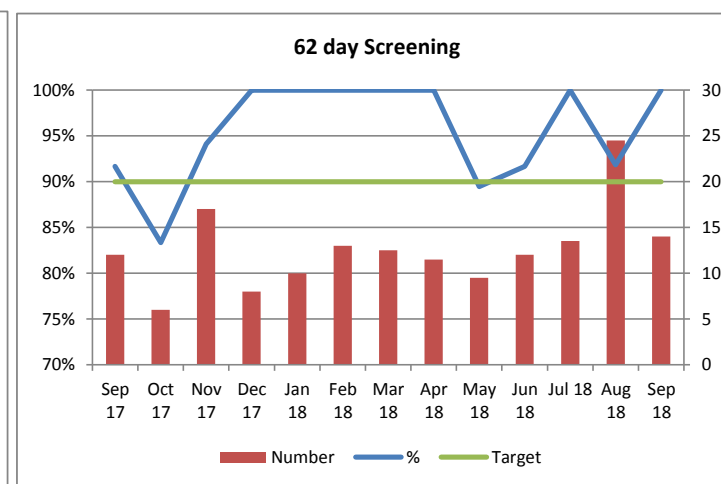
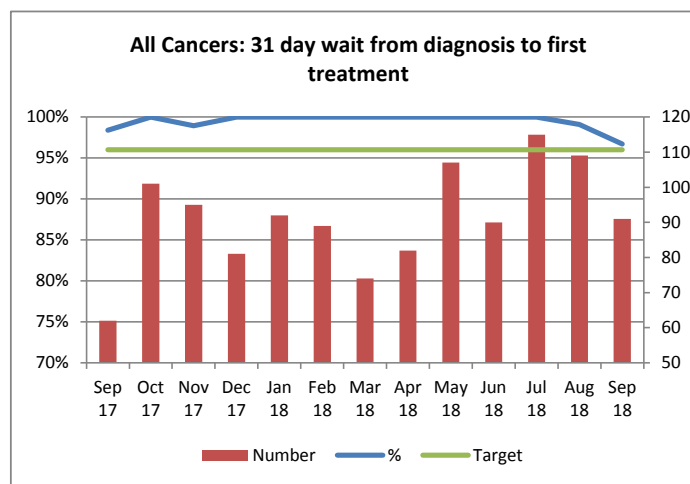
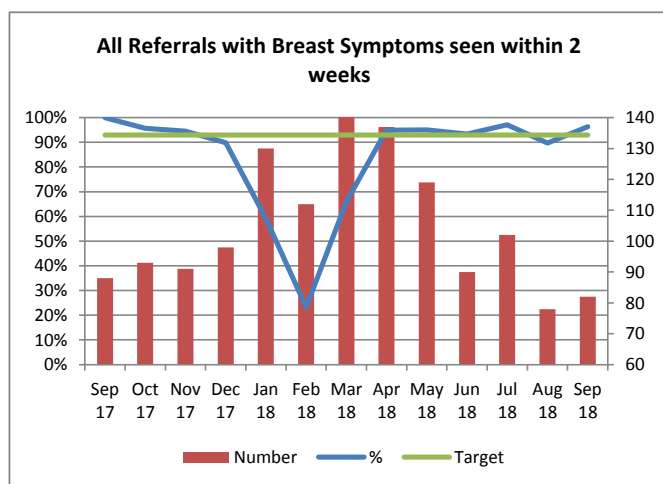
Performance for the 2 week Breast Symptomatic standard has improved this month to 96% against the 93% target.

Urgent GP referrals seen within 7 days has improved to 51.43%, although a reduction in the number of GP referrals compared to August, there was a 27% increase in patients seen within 7 days compared to August.

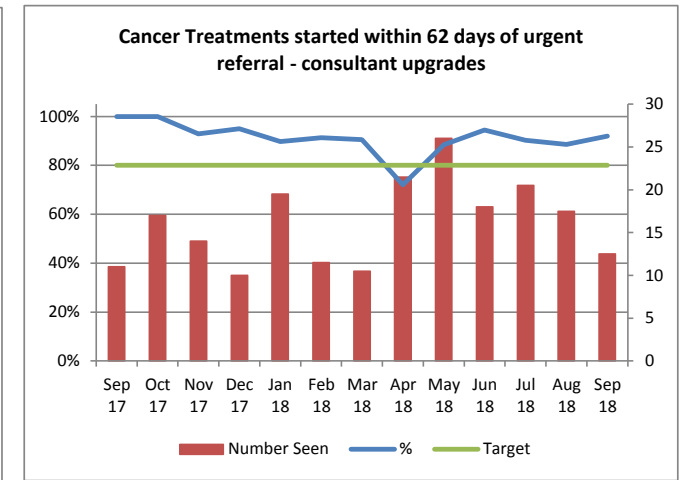
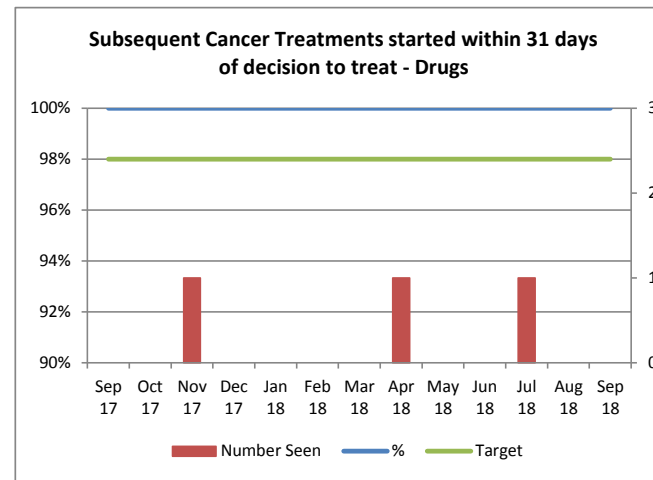
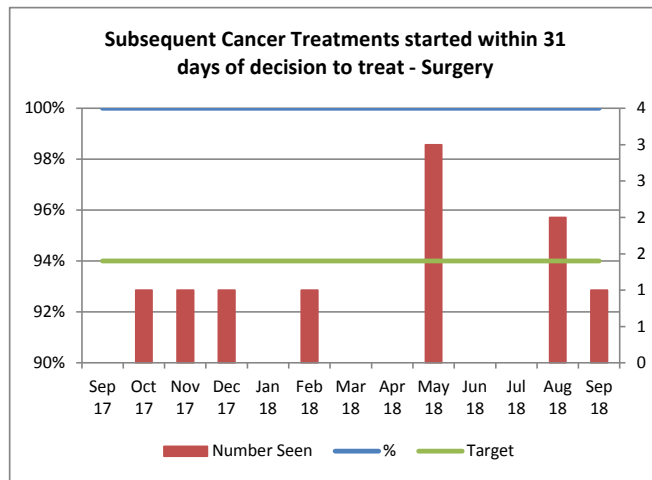
Following an increase in the number of 62 day Screening in August, levels in September have reduced back to the same levels seen in previous months, with 100% performance against a 90% target.

There were four recorded long wait (104 days and over) for patients on a 62 day cancer pathway in September. All four patients were complex pathways and late IPT after day 38 to Tertiary Cancer Centres. Clinical harm reviews are underway in line with the Trust procedures.

## Primary Measures



## Operational Delivery: *Cancer Pathway*



# Operational Delivery: *Unplanned Activity - A&E*

## Headline Measures

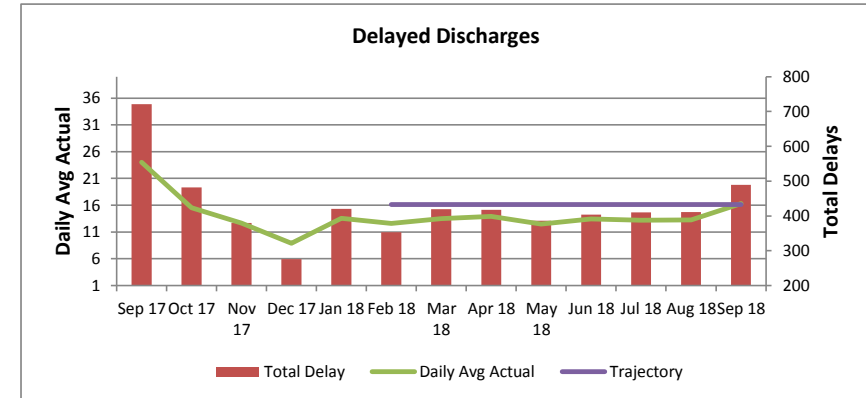
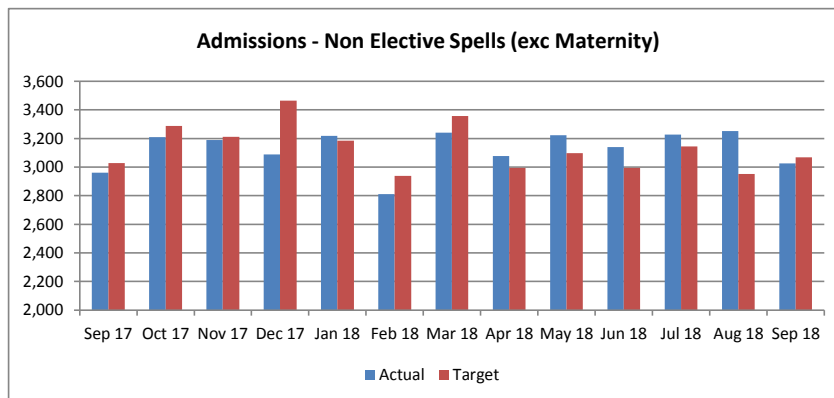
				Current YTD		Rolling 13 months													
				Target	Actual	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Monthly Trend
A&E - >4 hr wait time from arrival to admission/transfer/ discharge (% to Target)				95%	84.31%	93.99%	88.28%	88.05%	74.22%	78.38%	77.91%	77.90%	82.65%	85.14%	81.78%	84.57%	87.14%	84.61%	
No. of 4hr breaches					7,306	422	872	851	1,920	1,543	1,469	1,679	1,244	1,179	1,472	1,286	967	1,158	
				Plan	Actual	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Monthly Trend
A&E Attendances (LH/MIU/UUC) (% to Plan)					96.59%	97.1%	99.8%	92.9%	99.3%	97.1%	94.4%	93.6%	93.2%	95.3%	98.9%	99.5%	97.7%	94.8%	
A&E Attendances (LH/MIU/UUC) (No.)				45,823	46,561	7,023	7,439	7,119	7,447	7,138	6,649	7,598	7,170	7,933	8,081	8,337	7,517	7,523	
A&E Attendance Case Mix (based on acuity score)	Major		13,910	1,724	1,688	1,605	1,815	2,191	2,173	2,422	2,288	2,460	2,386	2,168	2,380	2,228			
	Minor		18,559	2,939	3,198	2,936	3,324	2,940	2,474	2,886	2,799	2,992	3,325	3,643	2,990	2,810			
	Paediatrics		9,131	1,416	1,588	1,557	1,379	1,304	1,305	1,544	1,419	1,676	1,648	1,691	1,181	1,516			
	Resus		4,961	944	965	1,021	929	703	697	746	664	805	722	835	966	969			
A&E Attendance Location (based on Discharge)	Major		18,699	2,899	3,011	2,776	3,201	3,038	2,761	3,204	2,957	3,170	3,136	3,121	3,225	3,090			
	Minor		17,844	2,600	2,731	2,659	2,661	2,617	2,403	2,650	2,623	2,948	3,157	3,364	2,977	2,775			
	Paediatrics		9,131	1,416	1,588	1,557	1,379	1,304	1,305	1,544	1,419	1,676	1,648	1,691	1,181	1,516			
	Resus		887	108	109	127	206	179	180	200	171	139	140	161	134	142			

## Commentary

The Trust has achieved 84.61% against the 4-hour access standard in September 2018. ED attendances continue to remain 7% higher than the same month last year. The number of higher acuity patients (Resus and Majors) arriving in A&E continues to remain high, at over 40% of overall ED attendances in both August and September. Despite the levels of ED Attendances and the higher acuity patients being similar to August, emergency admissions for September is 7% lower than August.

Medical outliers continue to rise to 37 in September against a threshold of 6. There have been particularly delay challenges gaining packages of care and a high level of patients requiring nursing home beds. Patients medically fit for discharge has increased in September to a daily average of 16.30 against a trajectory of 16, this is the first month this year where the trajectory has not been met.

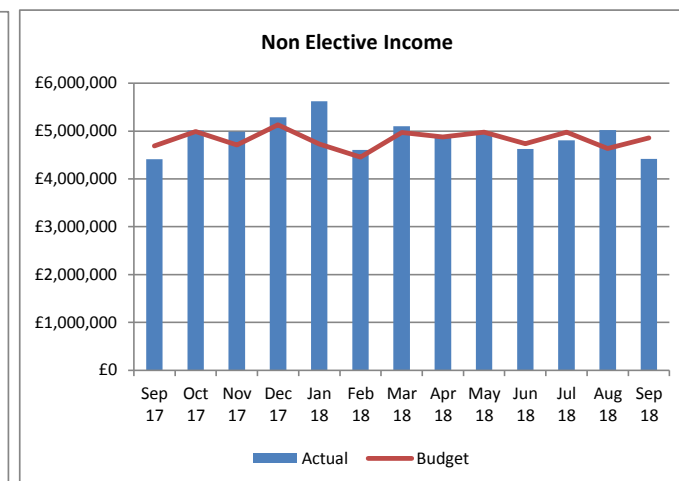
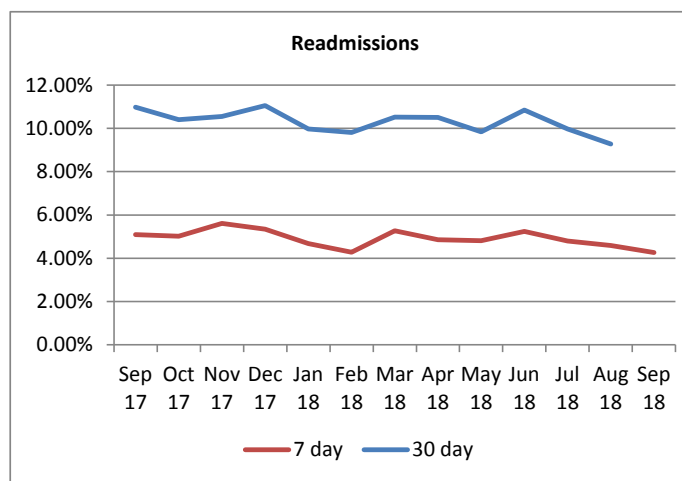
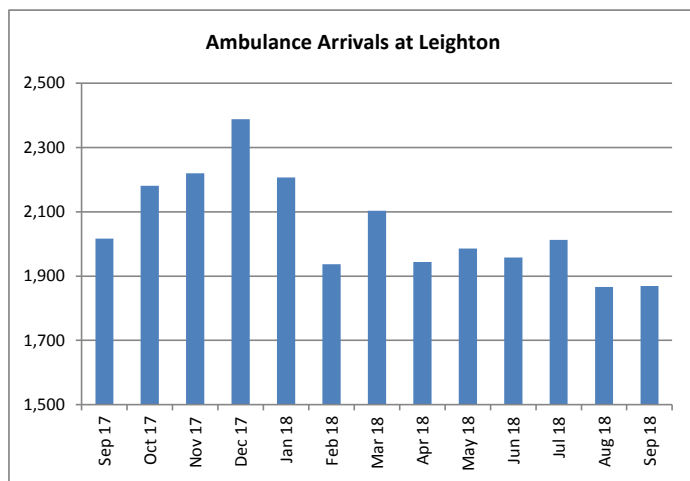
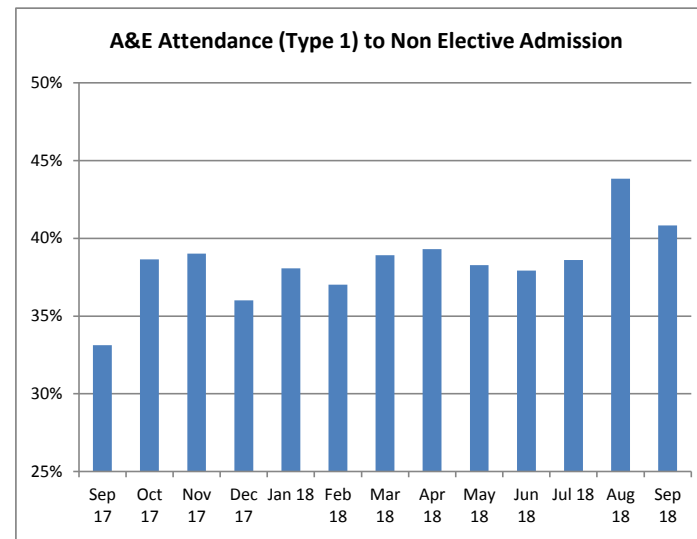
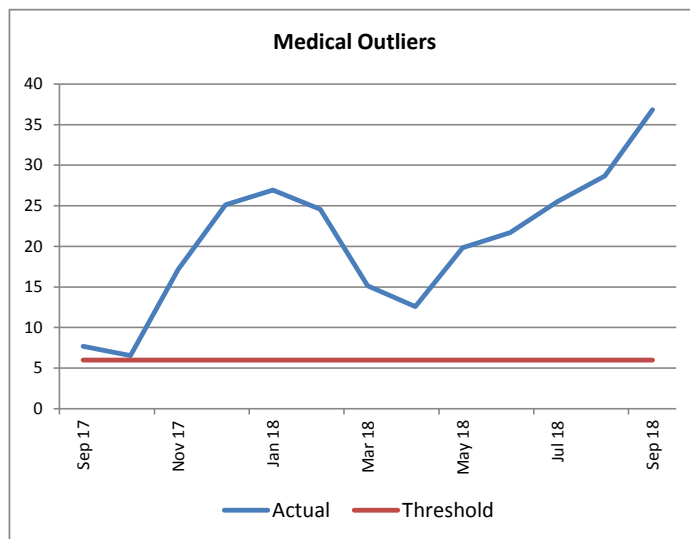
## Primary Drivers





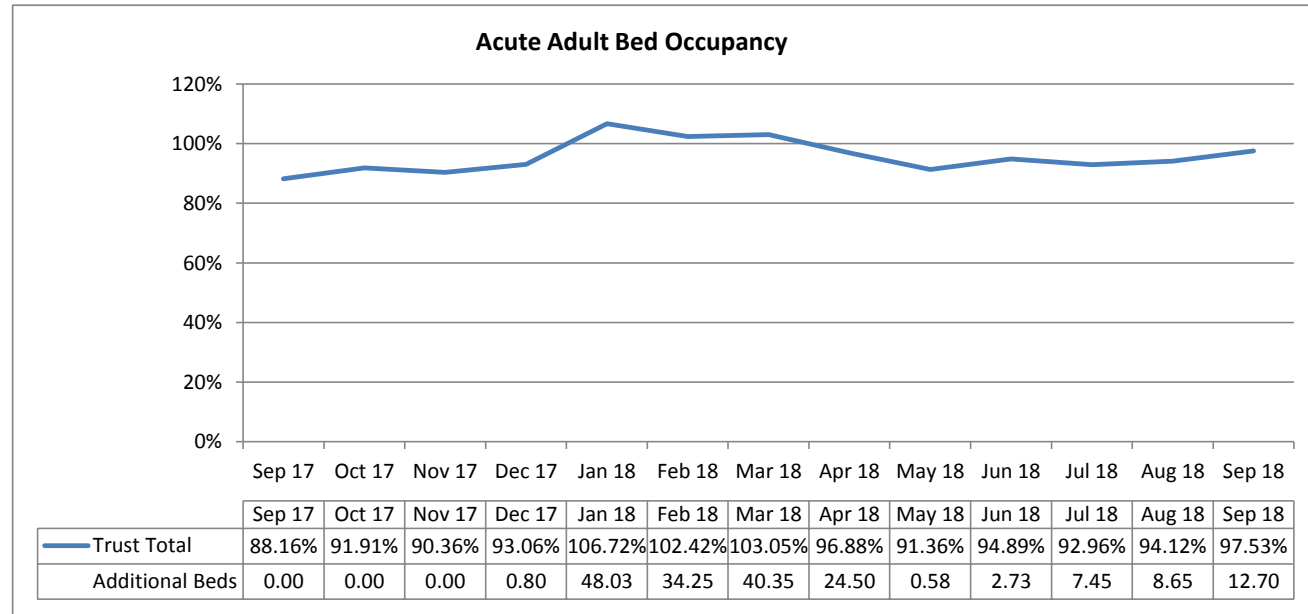
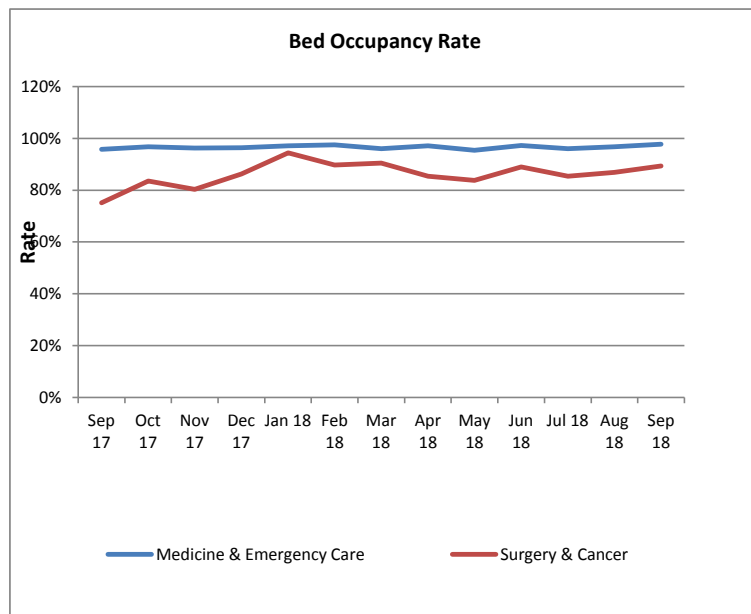
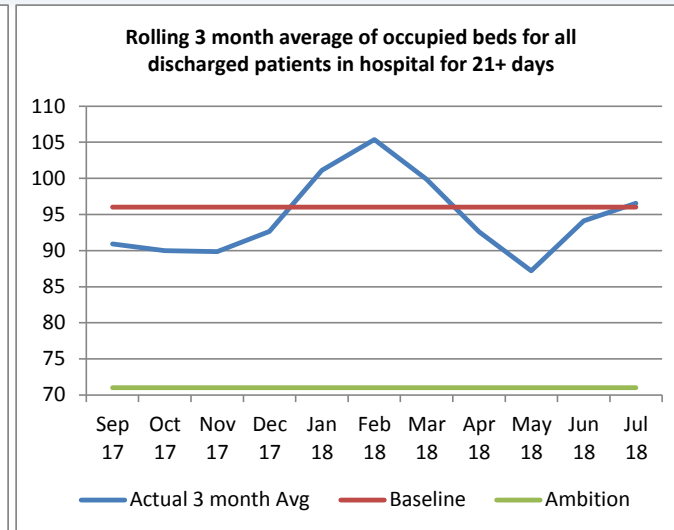
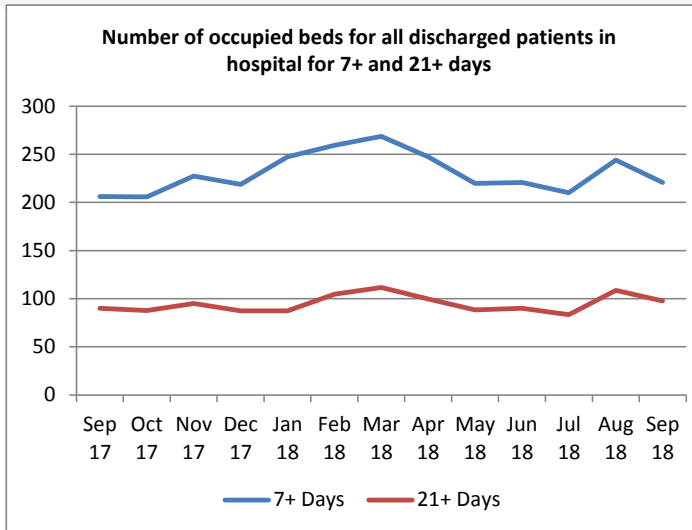
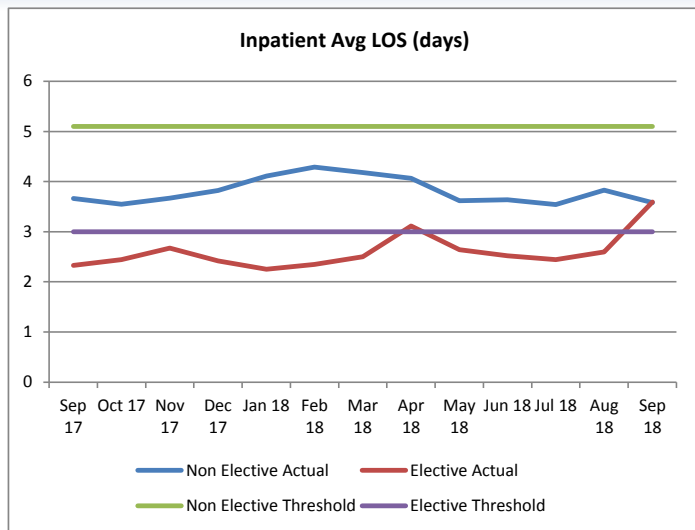
# Operational Delivery: *Unplanned Activity A&E*

## Secondary Drivers



\* Readmissions brought in line with national definition

# Operational Delivery: *Length of Stay*



# Operational Delivery: *Planned Activity*

## Headline Measures

	Current YTD		Rolling 13 months													Monthly Trend
	Target	Actual	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	
18 weeks from Referral to Treatment in Aggregate - Incomplete	92%	92.97%	97.10%	96.85%	96.44%	95.25%	94.59%	94.13%	92.65%	93.00%	93.27%	93.14%	92.97%	93.05%	92.43%	
Total 18 Weeks		88,362	12,297	12,292	12,523	12,420	13,133	13,348	13,990	14,253	14,405	14,713	14,630	15,373	14,988	
No. > 18 Weeks		6,210	356	387	446	590	711	784	1,028	998	969	1,010	1,029	1,069	1,135	
Open Pathways >39 Weeks Waiting														9	7	
Diagnostic Waiting Time	1%	0.35%	0.21%	0.24%	0.25%	0.39%	0.53%	0.08%	0.33%	0.26%	0.17%	0.32%	0.56%	0.31%	0.44%	
Total Number of Waiters		25,146	3,380	3,306	3,191	3,614	3,587	3,548	4,293	4,224	4,127	4,619	4,257	3,814	4,105	
Waiters of 6 Weeks +		87	7	8	8	14	19	3	14	11	7	15	24	12	18	
Total Patients Waiting for a First Outpatient Appointment			7,809	7,731	7,916	8,085	8,342	8,501	8,866	9,243	9,579	9,354	9,496	9,851	9,654	
Longest Wait Time (weeks)											49	43	43	44	44	

## Commentary

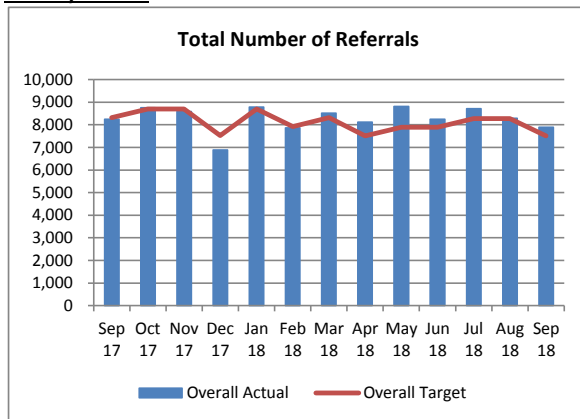
In September the Trust reported 92.43% against the 92% incomplete pathways standard for RTT. Five specialties have failed to meet the 92% target, these are General Surgery, Urology, Gastroenterology, Cardiology and Trauma and Orthopaedics.

Mid Cheshire have not reported any 52 week breaches for September however there are 7 patients waiting over 39 weeks; (2 at 40 weeks, 3 at 42 weeks, and 2 at 44 weeks). All long wait patients are monitored and reviewed weekly at director lead performance meetings.

The Trust has delivered the diagnostic wait time consistently since July 2016. In September 2018, 0.44% of patients waited longer than 6 weeks for their diagnostic tests. All modalities delivered the standard, with the exception to CT, where there were 8 patients not seen within 6 weeks.

Despite August seeing Referrals back to planned numbers, September saw levels increase again to 105% of plan.

## Primary Drivers

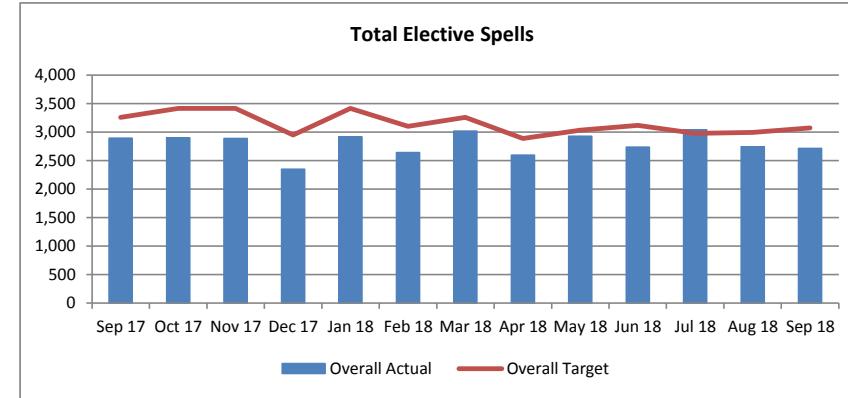
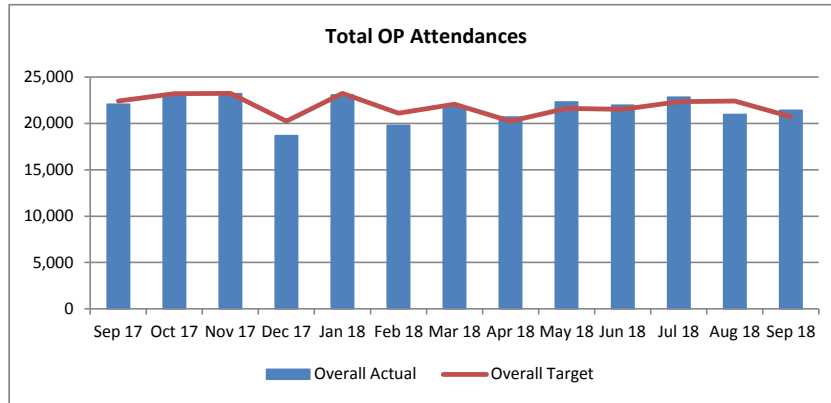


## Referral Breakdown

	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Monthly Trend
GP Actual	5,277	5,506	5,424	4,157	5,573	4,928	5,388	4,858	5,400	5,065	5,355	5,184	4,924	
GP Target	5,259	5,509	5,509	4,758	5,509	5,008	5,259	4,683	4,920	4,920	5,157	5,157	4,683	
% to Target	100.3%	99.9%	98.5%	87.4%	101.2%	98.4%	102.5%	103.7%	109.8%	103.0%	103.8%	100.5%	105.2%	
Other Actual	2,969	3,252	3,166	2,731	3,205	2,931	3,119	3,253	3,407	3,186	3,352	3,107	2,968	
Other Target	3,050	3,195	3,195	2,759	3,195	2,904	3,050	2,833	2,976	2,976	3,120	3,120	2,833	
% to Target	97.4%	101.8%	99.1%	99.0%	100.3%	100.9%	102.3%	114.8%	114.5%	107.1%	107.5%	99.6%	104.8%	
Total Actual	8,246	8,758	8,590	6,888	8,778	7,859	8,507	8,111	8,807	8,251	8,707	8,291	7,892	
Total Target	8,308	8,704	8,704	7,517	8,704	7,913	8,308	7,515	7,896	7,896	8,276	8,276	7,515	
% to Target	99.3%	100.6%	98.7%	91.6%	100.9%	99.3%	102.4%	107.9%	111.5%	104.5%	105.2%	100.2%	105.0%	
GP % of Total	64.0%	62.9%	63.1%	60.4%	63.5%	62.7%	63.3%	59.9%	61.3%	61.4%	61.5%	62.5%	62.4%	

# Operational Delivery: *Planned Activity*

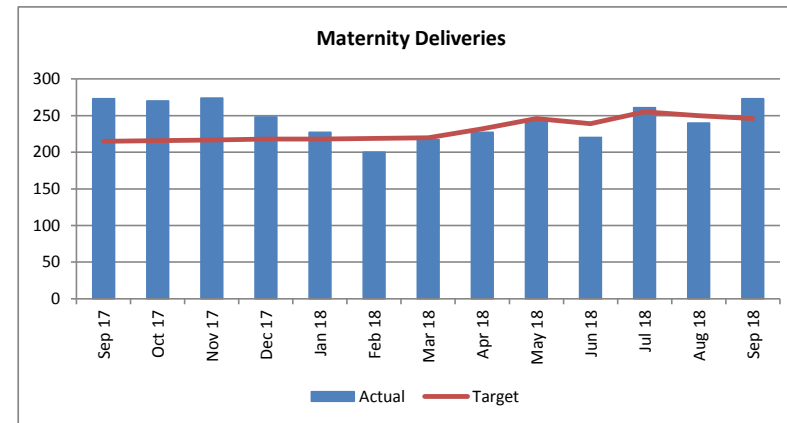
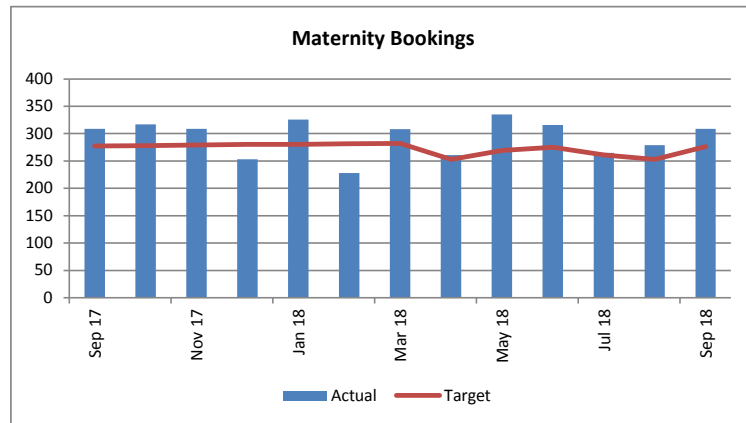
## Primary Drivers



OP Attendance Breakdown		YTD 18 19	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Monthly Trend
New Actual		40,284	6,821	6,988	6,910	5,805	6,862	6,217	6,855	6,472	7,137	6,868	7,001	6,211	6,595	
New Target		37,259	6,941	7,250	7,253	6,272	7,253	6,585	6,909	5,892	6,224	6,212	6,495	6,502	5,934	
% to Target		108.1%	98.3%	96.4%	95.3%	92.6%	94.6%	94.4%	99.2%	109.9%	114.7%	110.6%	107.8%	95.5%	111.1%	
F U Actual		89,848	15,239	16,176	16,304	12,892	16,215	13,583	14,927	14,214	15,172	15,090	15,835	14,737	14,800	
F U Target		91,565	15,462	15,955	15,987	13,971	15,991	14,504	15,152	14,346	15,407	15,283	15,844	15,912	14,774	
% to Target		98.1%	98.6%	101.4%	102.0%	92.3%	101.4%	93.7%	98.5%	99.1%	98.5%	98.7%	99.9%	92.6%	100.2%	
Total Actual		130,132	22,060	23,164	23,214	18,697	23,077	19,800	21,782	20,686	22,309	21,958	22,836	20,948	21,395	
Total Target		128,825	22,403	23,205	23,240	20,243	23,244	21,089	22,061	20,237	21,631	21,495	22,339	22,414	20,708	
% to Target		101.0%	98.5%	99.8%	99.9%	92.4%	99.3%	93.9%	98.7%	102.2%	103.1%	102.2%	102.2%	93.5%	103.3%	
New % of Total		31.0%	30.9%	30.2%	29.8%	31.0%	29.7%	31.4%	31.5%	31.3%	32.0%	31.3%	30.7%	29.6%	30.8%	
Elective Spells Breakdown		YTD 18 19	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Monthly Trend
I P Actual		1,536	279	299	308	234	164	240	273	216	293	263	276	229	259	
I P Target		1,736	330	346	346	298	346	314	330	301	301	294	271	288	281	
% to Target		88.5%	84.6%	86.5%	89.1%	78.6%	47.4%	76.5%	82.8%	71.8%	97.4%	89.4%	101.9%	79.6%	92.2%	
Daycase Actual		15,229	2,616	2,603	2,578	2,115	2,753	2,404	2,745	2,378	2,637	2,476	2,766	2,516	2,456	
Daycase Target		16,350	2,931	3,071	3,071	2,650	3,071	2,790	2,931	2,590	2,735	2,822	2,706	2,706	2,792	
% to Target		93.1%	89.3%	84.8%	83.9%	79.8%	89.6%	86.2%	93.7%	91.8%	96.4%	87.7%	102.2%	93.0%	88.0%	
Total Actual		16,765	2,895	2,902	2,886	2,349	2,917	2,644	3,018	2,594	2,930	2,739	3,042	2,745	2,715	
Total Target		18,086	3,260	3,417	3,417	2,947	3,417	3,104	3,260	2,891	3,036	3,116	2,977	2,993	3,073	
% to Target		92.7%	88.8%	84.9%	84.5%	79.7%	85.4%	85.2%	92.6%	89.7%	96.5%	87.9%	102.2%	91.7%	88.4%	
I P % of Total		9.2%	9.6%	10.3%	10.7%	10.0%	5.6%	9.1%	9.0%	8.3%	10.0%	9.6%	9.1%	8.3%	9.5%	

## Operational Delivery: *Planned Activity*

### Primary Drivers

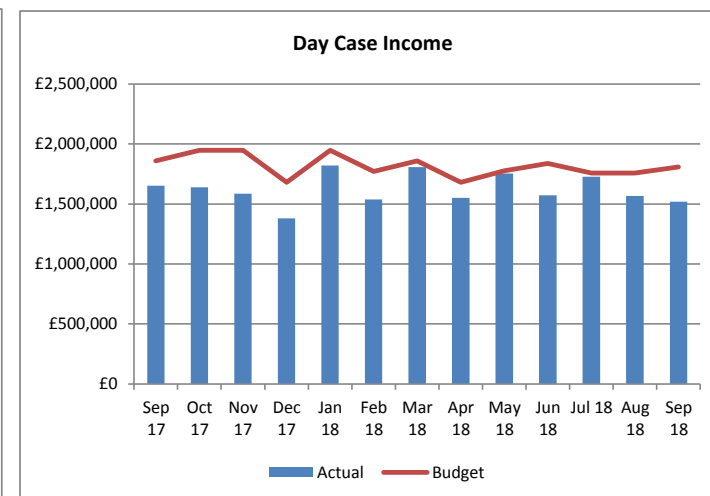
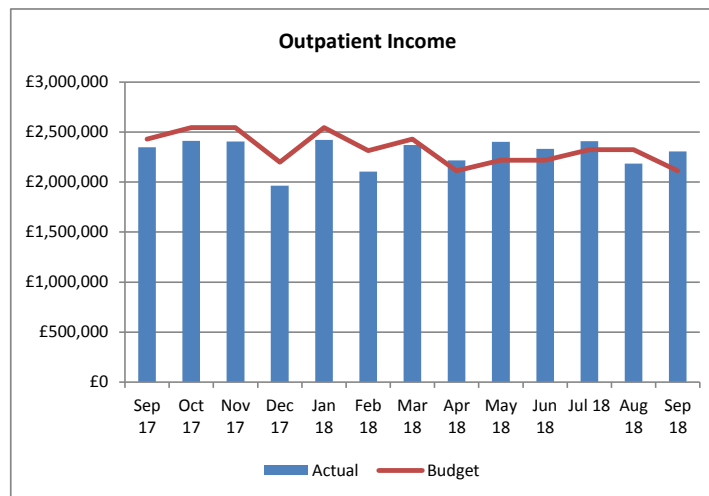
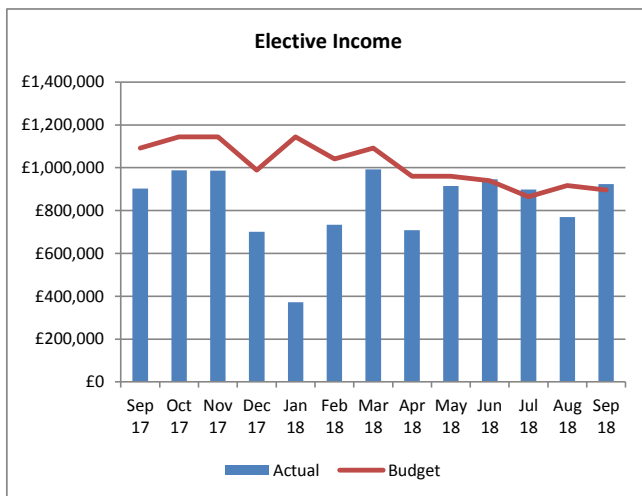


# Operational Delivery: *Planned Activity*

## Secondary Drivers

		Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Monthly Trend
Bed Occupancy Rate	Medicine & Emergency Care	95.8%	96.7%	96.2%	96.4%	97.2%	97.5%	96.0%	97.1%	95.4%	97.3%	96.1%	96.7%	97.7%	
	Surgery & Cancer	75.1%	83.5%	80.3%	86.2%	94.4%	89.6%	90.4%	85.4%	83.8%	88.9%	85.4%	86.9%	89.4%	
Elective Inpatient Avg LOS (Days)		2.3	2.4	2.7	2.4	2.3	2.4	2.5	3.1	2.6	2.5	2.4	2.6	3.6	
Delayed Transfers of Care (MFFD)		16.00	24	16	13	9	14	13	14	14	12	13	13	16	
Delayed Transfers of Care (% of Acute Beds)			5.2%	3.4%	2.7%	1.9%	2.6%	2.5%	2.7%	2.8%	2.7%	2.9%	2.8%	3.3%	
Medical Outliers		8	7	17	25	27	25	15	13	20	22	26	29	37	
Readmission (Emergency Re-admissions after Planned Surgery)															
	30 Day Rate	3.84%	3.48%	3.44%	3.15%	3.01%	2.56%	3.28%	3.37%	3.35%	2.99%	3.12%	2.73%		
	7 Day Rate	1.32%	1.59%	1.20%	0.88%	1.27%	0.88%	1.41%	1.00%	1.27%	1.03%	1.42%	1.27%	1.23%	
Cancelled Operations - Non Clinical - Cancellation Rate		0.57%	1.27%	0.75%	2.24%	1.01%	1.23%	1.48%	1.40%	1.07%	0.95%	0.95%	0.96%	0.73%	
Theatre Efficiency															
	Main Theatres	80.5%	78.8%	77.0%	74.4%	74.9%	74.2%	76.8%	79.5%	78.9%	78.9%	76.7%	78.4%	78.4%	
	TC Theatres	71.5%	78.1%	75.5%	77.5%	74.5%	71.5%	71.8%	69.0%	74.2%	72.6%	75.6%	73.2%	73.4%	
DNA (OP Efficiency)		5.83%	5.51%	5.27%	6.21%	5.46%	5.17%	5.41%	5.29%	5.91%	5.84%	6.10%	5.75%	5.50%	
Hospital Cancellation Rate (OP Efficiency)		6.11%	6.27%	6.19%	7.18%	7.34%	6.88%	6.43%	6.72%	6.80%	6.80%	7.05%	7.27%	7.61%	

\* 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 Sept (£'000)	Actual Sept (£'000)	Variance Sept (£'000)	Plan April to Sept (£'000)	Actual April to Sept (£'000)	Variance April to Sept (£'000)	2018/19 (£'000)	
<b>Operating</b>								
<b>Operating Income</b>								
<i>NHS Acute Activity Income</i>								
Elective	896	925	29	5,538	5,161	-377	10,659	10,659
Non-Elective	4,855	4,511	-344	29,062	28,670	-392	59,628	59,628
Maternity	1,190	1,203	13	7,049	6,791	-258	14,000	14,000
Day cases	1,809	1,515	-294	10,619	9,690	-929	21,139	21,139
Outpatients	2,112	2,310	198	13,304	13,852	548	26,672	26,672
A&E	850	881	31	5,152	5,298	146	10,139	10,139
Other NHS	6,097	7,340	1,243	36,779	39,304	2,525	78,037	78,037
<b>Total NHS Clinical Revenue</b>	<b>17,809</b>	<b>18,686</b>	<b>877</b>	<b>107,504</b>	<b>108,766</b>	<b>1,262</b>	<b>220,274</b>	<b>220,274</b>
<i>Other Operating Income</i>	2,128	2,195	67	12,788	12,830	42	22,502	22,502
<i>Inter-Trust Income</i>	0	0	0	0	0	0	0	0
<b>TOTAL OPERATING INCOME</b>	<b>19,937</b>	<b>20,881</b>	<b>944</b>	<b>120,292</b>	<b>121,596</b>	<b>1,304</b>	<b>242,776</b>	<b>242,776</b>
<b>Operating Expenses</b>								
Employee Benefits Expenses (Pay)	-14,225	-14,640	-415	-85,403	-86,264	-861	-168,313	-168,313
Drugs	-1,379	-1,387	-8	-8,271	-8,214	57	-15,868	-15,868
Clinical Supplies	-1,680	-1,513	167	-9,472	-9,137	335	-18,370	-18,370
Non Clinical Supplies	-303	-321	-18	-1,794	-1,906	-112	-3,537	-3,537
Other operating expenses	-2,387	-2,676	-289	-14,983	-16,439	-1,456	-31,419	-31,419
<b>TOTAL OPERATING EXPENSES</b>	<b>-19,974</b>	<b>-20,537</b>	<b>-563</b>	<b>-119,923</b>	<b>-121,960</b>	<b>-2,037</b>	<b>-237,507</b>	<b>-237,507</b>
<b>EBITDA</b>	<b>-37</b>	<b>344</b>	<b>381</b>	<b>369</b>	<b>-364</b>	<b>-733</b>	<b>5,269</b>	<b>5,269</b>
<b>Non Operating</b>								
<b>Non Operating Income</b>								
Interest & Asset disposal	3	13	10	18	44	26	36	36
<b>Non-Operating Expenses</b>								
Depreciation & Finance Leases	-446	-420	26	-2,676	-2,642	34	-6,190	-6,190
PDC Dividend Expense	-192	-192	0	-1,152	-1,152	0	-2,300	-2,300
<b>Adjusted Financial Performance surplus/(deficit)</b>	<b>-672</b>	<b>-255</b>	<b>417</b>	<b>-3,441</b>	<b>-4,114</b>	<b>-673</b>	<b>-3,185</b>	<b>-3,185</b>
<b>Provider Sustainability Fund</b>	562	393	-169	2,949	2,065	-884	8,428	8,428
<b>Net Surplus/(deficit) before Exceptional Items</b>	<b>-110</b>	<b>139</b>	<b>249</b>	<b>-492</b>	<b>-2,050</b>	<b>-1,557</b>	<b>5,243</b>	<b>5,243</b>
Donations for purchase of assets	24	10	-14	144	66	-78	288	288
Depreciation on Donated Assets	-23	-23	0	-138	-138	0	-278	-278
Prior Period Adjustments	0	0	0	0	0	0	0	0
<b>Net Surplus/(deficit) after Exceptional Items</b>	<b>-109</b>	<b>126</b>	<b>235</b>	<b>-486</b>	<b>-2,122</b>	<b>-1,635</b>	<b>5,253</b>	<b>5,253</b>

The Trust delivered a cumulative £2M deficit (before exceptional items) against a budget deficit of £0.5M.

Contract income is above plan, due to the recognition of the MOU of £850k in month – and escalation costs relating to April.

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

Pay is £0.86M worse than plan. Within nursing and HCA costs – there has been a step increase in agency costs within the month of £0.2M above the previous months run rates, relating to escalation beds. Medical pay, which has been previously underspent has deteriorated in month due to the recruitment of agency locums – which is expected to continue through the Winter months.

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 £1.5M, of which £0.8M relate to outsourcing in pathology/radiology – and £428k relate to Estates costs (Utilities £182k, Carbon credits £160k, Waste £43k, other one off costs £43K).

The Provider Sustainability Fund is off plan due to the failure of the A&E target, however the Trust achieved the Financial target (£2M). 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 Sept (£'000)	Actual Sept (£'000)	Variance Sept (£'000)	Plan April to Sept (£'000)	Actual April to Sept (£'000)	Variance April to Sept (£'000)	2018/19 (£'000)	
<b>Operating</b>								
<b>Operating Income</b>								
<i>NHS Acute Activity Income</i>								
Elective	896	925	29	5,538	5,161	-377	10,659	10,659
Non-Elective	4,855	4,511	-344	29,062	28,670	-392	59,628	59,628
Maternity	1,190	1,203	13	7,049	6,791	-258	14,000	14,000
Day cases	1,809	1,515	-294	10,619	9,690	-929	21,139	21,139
Outpatients	2,112	2,310	198	13,304	13,852	548	26,672	26,672
A&E	850	881	31	5,152	5,298	146	10,139	10,139
Other NHS	3,727	4,970	1,243	22,559	25,084	2,525	49,574	49,574
<b>Total NHS Clinical Revenue</b>	<b>15,439</b>	<b>16,316</b>	<b>877</b>	<b>93,284</b>	<b>94,546</b>	<b>1,262</b>	<b>191,811</b>	<b>191,811</b>
<i>Other Operating Income</i>	2,031	2,097	66	12,231	12,198	-33	21,500	21,500
<i>Inter-Trust Income</i>	0	0	0	0	0	0	0	0
<b>TOTAL OPERATING INCOME</b>	<b>17,470</b>	<b>18,413</b>	<b>943</b>	<b>105,515</b>	<b>106,744</b>	<b>1,229</b>	<b>213,311</b>	<b>213,311</b>
<b>Operating Expenses</b>								
Employee Benefits Expenses (Pay)	-12,400	-12,888	-488	-74,458	-75,704	-1,246	-146,930	-146,930
Drugs	-1,377	-1,383	-6	-8,259	-8,201	58	-15,844	-15,844
Clinical Supplies	-1,595	-1,435	160	-8,960	-8,594	366	-17,353	-17,353
Non Clinical Supplies	-222	-230	-8	-1,308	-1,408	-100	-2,568	-2,568
Other operating expenses	-1,979	-2,316	-337	-12,534	-14,190	-1,656	-26,706	-26,706
Inter-Trust Charges	114	193	79	683	1,014	331	1,364	1,364
<b>TOTAL OPERATING EXPENSES</b>	<b>-17,459</b>	<b>-18,059</b>	<b>-600</b>	<b>-104,836</b>	<b>-107,083</b>	<b>-2,247</b>	<b>-208,037</b>	<b>-208,037</b>
<b>EBITDA</b>	<b>11</b>	<b>354</b>	<b>343</b>	<b>679</b>	<b>-339</b>	<b>-1,018</b>	<b>5,274</b>	<b>5,274</b>
<b>Non Operating</b>								
<b>Non Operating Income</b>								
Interest & Asset disposal	3	13	10	18	44	26	36	36
<b>Non-Operating Expenses</b>								
Depreciation & Finance Leases	-446	-420	26	-2,676	-2,642	34	-6,190	-6,190
PDC Dividend Expense	-192	-192	0	-1,152	-1,152	0	-2,300	-2,300
<b>Net Surplus/(deficit) before STF/Exceptional Items</b>	<b>-624</b>	<b>-245</b>	<b>379</b>	<b>-3,131</b>	<b>-4,089</b>	<b>-958</b>	<b>-3,180</b>	<b>-3,180</b>
<b>Provider Sustainability Fund</b>	562	393	-169	2,949	2,065	-884	8,428	8,428
<b>Net Surplus/(deficit) before Exceptional Items</b>	<b>-62</b>	<b>149</b>	<b>211</b>	<b>-182</b>	<b>-2,025</b>	<b>-1,842</b>	<b>5,248</b>	<b>5,248</b>
Donations for purchase of assets	24	10	-14	144	66	-78	288	288
Depreciation on Donated Assets	-23	-23	0	-138	-138	0	-278	-278
Prior Period Adjustments	0	0	0	0	0	0	0	0
<b>Net Surplus/(deficit) after Exceptional Items</b>	<b>-61</b>	<b>136</b>	<b>197</b>	<b>-176</b>	<b>-2,097</b>	<b>-1,920</b>	<b>5,258</b>	<b>5,258</b>

The Trust excluding Community Services, delivered a £2.1M deficit against a planned deficit of £0.2M year to date - giving a £2.0M variance against plan cumulatively.

Contract income and other operating income are £1.3M better than plan - largely as a result of recognising £0.85M of the MOU with host contracts, and funding for escalation beds in April.

Pay is £1.2M worse than plan cumulative as a result of higher spend on Nursing & HCAs, which has increased in the month particularly in agency use, notably within Medicine & Emergency Care and Surgery & Cancer - where there are a number of medical outliers.

Clinical supplies is underspent by £0.4M, reflecting an overall underperformance in planned activity.

Other Operating Expenses is £1.7M worse as a result of continuing outsourcing pressures in Diagnostics and Radiology (£0.8M) and pressures within estates (£0.4M).

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 Sept (£'000)	Actual Sept (£'000)	Variance Sept (£'000)	Plan April to Sept (£'000)	Actual April to Sept (£'000)	Variance April to Sept (£'000)	2018/19 (£'000)	
<b>Operating</b>								
<b>Operating Income</b>								
<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	14,220	14,220	0	28,463	28,463
<b>Total NHS Clinical Revenue</b>	<b>2,370</b>	<b>2,370</b>	<b>0</b>	<b>14,220</b>	<b>14,220</b>	<b>0</b>	<b>28,463</b>	<b>28,463</b>
<i>Other Operating Income</i>	97	98	1	557	632	75	1,002	1,002
<i>Inter-Trust Income</i>	0	0	0	0	0	0	0	0
<b>TOTAL OPERATING INCOME</b>	<b>2,467</b>	<b>2,468</b>	<b>1</b>	<b>14,777</b>	<b>14,852</b>	<b>75</b>	<b>29,465</b>	<b>29,465</b>
<b>Operating Expenses</b>								
Employee Benefits Expenses (Pay)	-1,825	-1,752	73	-10,945	-10,560	385	-21,383	-21,383
Drugs	-2	-4	-2	-12	-13	-1	-24	-24
Clinical Supplies	-85	-78	7	-512	-543	-31	-1,017	-1,017
Non Clinical Supplies	-81	-91	-10	-486	-498	-12	-969	-969
Other operating expenses	-408	-360	48	-2,449	-2,249	200	-4,713	-4,713
Inter-Trust Charges	-114	-193	-79	-683	-1,014	-331	-1,364	-1,364
<b>TOTAL OPERATING EXPENSES</b>	<b>-2,515</b>	<b>-2,478</b>	<b>37</b>	<b>-15,087</b>	<b>-14,877</b>	<b>210</b>	<b>-29,470</b>	<b>-29,470</b>
<b>EBITDA</b>	<b>-48</b>	<b>-10</b>	<b>38</b>	<b>-310</b>	<b>-25</b>	<b>285</b>	<b>-5</b>	<b>-5</b>
<b>Non Operating</b>								
<b>Non Operating Income</b>								
Interest & Asset disposal	0	0	0	0	0	0	0	
<b>Non-Operating Expenses</b>								
Depreciation & Finance Leases	0	0	0	0	0	0	0	
PDC Dividend Expense	0	0	0	0	0	0	0	
<b>Adjusted Financial Performance surplus/(deficit)</b>	<b>-48</b>	<b>-10</b>	<b>38</b>	<b>-310</b>	<b>-25</b>	<b>285</b>	<b>-5</b>	<b>-5</b>
Provider Sustainability Fund	0	0	0	0	0	0	0	0
<b>Net Surplus/(deficit) before Exceptional Items</b>	<b>-48</b>	<b>-10</b>	<b>38</b>	<b>-310</b>	<b>-25</b>	<b>285</b>	<b>-5</b>	<b>-5</b>
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
<b>Net Surplus/(deficit) after Exceptional Items</b>	<b>-48</b>	<b>-10</b>	<b>38</b>	<b>-310</b>	<b>-25</b>	<b>285</b>	<b>-5</b>	<b>-5</b>

Community Services delivered a £38k surplus cumulative against a planned deficit position.

Contract income is on plan, with expected variations in progress with the CCG around Stoma care, Pain and MCATS. 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, and some non-recurrent gains on 1718 income.

Pay is £385k better than plan cumulative as a result of unfilled vacancies partly clinical and partly corporate, continuing the trend from 2017/18 and also relating to slippage on the commencement of new services.

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. Inter-trust recharges reflect a review of vacancies which is subject to review with CCICP.

## 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	(25)	(508)	(484)	(42)	(44)	(550)	(553)
Endoscopy	Endoscopy	3,115	1	(324)	(1,215)	102	(618)	178	1,283	(44)
General Surgery Directorate	General Surgery	8,512	54	211	(4,619)	(28)	(933)	(60)	3,013	123
Head & Neck Directorate	Head & Neck	2,644	209	(196)	(1,266)	77	(340)	67	1,247	(52)
Macmillan Cancer Centre	Macmillan Cancer Centre	327	958	222	(514)	(50)	(860)	(138)	(89)	35
Ophthalmology	Ophthalmology	6,064	30	244	(2,202)	(41)	(1,797)	(110)	2,094	94
Orthopaedic Directorate	Orthopaedics	8,975	141	(207)	(3,249)	95	(1,691)	18	4,176	(94)
Theatres & TC	Theatres & TC	0	172	(3)	(3,726)	14	(1,393)	(117)	(4,947)	(106)
Urology Directorate	Urology	2,826	26	36	(1,473)	(100)	(300)	(62)	1,078	(127)
<b>Surgical and Cancer Division</b>	<b>Surgery &amp; Cancer</b>	<b>32,462</b>	<b>1,590</b>	<b>(42)</b>	<b>(18,773)</b>	<b>(414)</b>	<b>(7,974)</b>	<b>(269)</b>	<b>7,305</b>	<b>(725)</b>

The Surgical Division is £725k worse than plan year to date. Pay is £414k worse than budget, with overspends on HCA bank and agency nursing costs high as a result of medical outliers - and also the failure to close the ward during the Summer months as part of the CIP programme, with the acuity on wards 18 having now been funded from August. Whilst non pay is overspent by £269k, £189k of this is offset by increased charges to the Christie as part of their SLA recharges. Although the trust is on a contract block with host commissioners there is a current underperformance on income of £310k relating to endoscopy

		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	(1,125)	(274)	(52)	(18)	(1,176)	(292)
Accident & Emergency Dir	Emergency Department	7,921	415	9	(3,277)	(178)	(390)	(56)	4,669	(226)
Anaesthetics & Critical Care	Anaesthetics & Critical Care	3,257	27	30	(3,841)	264	(552)	64	(1,109)	358
Medical Directorate	General Medicine	20,975	86	(88)	(11,684)	(414)	(2,128)	241	7,248	(262)
Urgent Care Centre	Urgent Care Centre	0	0	0	(342)	17	0	41	(342)	58
<b>Emergency Services Division</b>	<b>Medicine &amp; Emergency Care</b>	<b>32,153</b>	<b>529</b>	<b>(50)</b>	<b>(20,268)</b>	<b>(585)</b>	<b>(3,123)</b>	<b>272</b>	<b>9,290</b>	<b>(363)</b>

The Medicine and Emergency Care Division are £363k 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 an expected increase in medical pay in the second half of the year due the use of medical locums, which will affect the ability to deliver the medical vacancy factor CIP, and also an increase in bedwatch charges.

		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	(665)	18	(70)	12	(736)	30
Gum clinic	Gum clinic	0	0	0	0	0	(0)	(0)	(0)	(0)
Obstetric & Gynaecology Dir	Obstetrics & Gynaecology	8,830	64	(471)	(4,370)	2	(686)	(10)	3,839	(479)
Paediatric Directorate	Paediatrics	5,652	46	(325)	(3,952)	(137)	(512)	31	1,235	(431)
<b>Women and Childrens Division</b>	<b>Women and Children</b>	<b>14,483</b>	<b>110</b>	<b>(796)</b>	<b>(8,986)</b>	<b>(117)</b>	<b>(1,269)</b>	<b>33</b>	<b>4,338</b>	<b>(879)</b>

The Women's and Children's Division is £879k worse than plan. Contract income continues to be below plan for both Gynaecology and Obstetrics - both as a result of lower than planned 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	(141)	22	(17)	(61)	(158)	(39)
Dermatology	Dermatology	907	11	12	(502)	27	(172)	(10)	244	29
ECG department	ECG	199	9	(4)	(516)	44	(41)	(1)	(350)	39
Elmhurst	Elmhurst	999	88	1	(811)	(46)	(77)	17	198	(28)
Integrated Discharge	Integrated Discharge	0	0	0	(156)	(13)	(3)	(2)	(160)	(15)
Medical Records Department	Medical Records Department	0	0	(1)	(902)	(27)	(115)	(4)	(1,017)	(32)
Outpatients	Outpatients	0	68	(16)	(284)	3	(27)	0	(243)	(13)
Pathology Directorate	Pathology	5,840	1,998	251	(4,832)	226	(4,395)	(371)	(1,390)	105
Pharmacy Departments	Pharmacy	1,780	101	(66)	(1,710)	(46)	(1,846)	(98)	(1,675)	(211)
Radiology Directorate	Radiology	1,493	423	(51)	(3,236)	(3)	(1,267)	(308)	(2,587)	(362)
Therapeutic Departments	Therapies	0	0	0	(1,070)	7	(29)	19	(1,099)	26
Victoria Infirmary Northwich	Victoria Infirmary Northwich	1,023	1	(45)	(891)	(27)	(145)	3	(11)	(69)
<b>Diagnostics and Support Divisi</b>	<b>Diagnostics and Support</b>	<b>12,241</b>	<b>2,699</b>	<b>80</b>	<b>(15,051)</b>	<b>165</b>	<b>(8,135)</b>	<b>(815)</b>	<b>(8,246)</b>	<b>(570)</b>

The Diagnostics Division is £570k worse than plan year to date, with the key pressures being with the outsourced radiology and pathology tests 600k - net of pay underspends). Within month there has also been a growth in the volumes of home care drug costs relating to increased prescriptions (impact £48k).

		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	(263)	12	(98)	9	(362)	21
Catering Directorate	Catering	0	669	(10)	(873)	(56)	(719)	(61)	(923)	(128)
Estates Departments	Estates Departments	0	234	(4)	(797)	2	(3,588)	(436)	(4,151)	(439)
Hotel Services	Domestics	0	0	0	(692)	(3)	(8)	(2)	(700)	(5)
Laundry Services Departments	Laundry	0	565	(40)	(574)	(31)	(388)	7	(396)	(64)
Security	Security	0	854	7	(372)	12	(364)	(66)	118	(47)
Site Services	Porters	0	0	0	(1,469)	(11)	(39)	1	(1,509)	(10)
<b>Estates &amp; Facilities Division</b>	<b>Estates &amp; Facilities Division</b>	<b>0</b>	<b>2,322</b>	<b>(47)</b>	<b>(5,041)</b>	<b>(75)</b>	<b>(5,204)</b>	<b>(549)</b>	<b>(7,922)</b>	<b>(671)</b>

The Estates and Facilities Division is £671k worse than plan. Within non pay there are some 1718 costs (Carbon Credits £160k, Gritting £13k) and one off costs (£16k fixture and fitting, £14k overspend on barrier repairs) and the loss of £40k SLA contract within Laundry. Utilities are £182k over as a result of problems with the combined heat and power - which have been resolved in July, and the issues around waste contamination (£43k 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	8	8	(769)	(5)	(365)	(52)	(1,126)	(50)
Computer Services	Computer Services	0	13	8	(767)	20	(1,434)	(233)	(2,188)	(205)
Finance & Information	Finance & Information	0	21	5	(1,493)	68	(372)	11	(1,844)	84
Human Resources	Human Resources	0	245	5	(1,242)	28	(226)	78	(1,224)	111
Risk Manangement & R&D	Risk Manangement & R&D	0	241	(29)	(768)	34	(63)	(13)	(590)	(8)
Quality Assurance Departments	Nurse Management	0	122	68	(1,398)	(124)	(3,947)	15	(5,223)	(41)
Trust Central Expenditure	Trust Central Expenditure	5,138	4,281	920	(1,019)	(204)	(179)	153	8,223	868
Other Departments	Other Departments	10	85	26	(128)	(35)	(104)	39	(137)	30
<b>Corporate</b>	<b>Corporate</b>	<b>5,148</b>	<b>5,015</b>	<b>1,010</b>	<b>(7,585)</b>	<b>(218)</b>	<b>(6,689)</b>	<b>(3)</b>	<b>(4,109)</b>	<b>789</b>

The Corporate Division is £789k better than budget - as the £850k relating to the recognition of the MOU has been held centrally.

<b>Community Services</b>	<b>14,342</b>	<b>632</b>	<b>182</b>	<b>(10,560)</b>	<b>385</b>	<b>(3,303)</b>	<b>154</b>	<b>1,111</b>	<b>721</b>
<b>EBITDA</b>	<b>110,828</b>	<b>12,897</b>	<b>339</b>	<b>(86,263)</b>	<b>(860)</b>	<b>(35,697)</b>	<b>(1,177)</b>	<b>1,767</b>	<b>(1,697)</b>

## 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	4,003	0	3,940	-63
NHS Eastern Cheshire CCG Community	412	206	0	206	0
NHS South Cheshire CCG Community	17,254	8,605	0	8,605	0
NHS South Cheshire CCG	101,698	50,457	846	50,458	1
NHS Vale Royal CCG	55,052	27,344	-551	27,344	0
NHS Vale Royal CCG Community	10,482	5,226	0	5,226	0
NHS Warrington CCG	284	144	0	159	15
NHS West Cheshire CCG	3,537	1,754	0	1,777	23
NHS West Cheshire CCG Community	191	95	0	95	0
NHS North Staffordshire CCG	2,307	1,156	0	1,301	145
NHS Shropshire CCG	892	445	0	387	-58
NHS Stoke on Trent CCG	1,609	809	0	856	47
Public Health England	1,541	679	0	683	4
NHS Commissioning Board	1,569	784	0	784	0
Specialist Commissioning Group	8,645	4,339	0	3,804	-535
Non Contract Activity	2,007	991	0	1,061	70
Cross Border Flows (non Betsi)	149	74	0	64	-10
Betsi	229	114	0	502	388
Non-Commissioner Specific	12,861	3,229	0	3,576	347
<b>TOTAL</b>	<b>228,807</b>	<b>110,454</b>	<b>295</b>	<b>110,828</b>	<b>374</b>

Other Contract Income	FY Target (£'000)	YTD Target (£'000)	YTD Actual (£'000)	Final Variance (£'000)
Bed Based Services	5,962	2,981	2,925	-56
Adult & Neonatal Critical Care	7,896	3,971	4,095	124
Community Paediatrics	1,303	652	652	0
Direct Access Services	9,509	4,736	4,789	53
Unbundled Radiology	3,505	1,745	1,755	10
High Cost Drugs	9,762	5,059	4,883	-176
Screening Programmes	1,530	765	784	19
Audiology	1,167	583	524	-59
IVF	258	129	95	-34
CQUIN	4,312	1,592	1,398	-194
PSV	0	0	0	0
Community Services	28,426	14,111	14,111	0
CEP	-2,817	-1,409	295	1,704
WINTER FUNDING	750	375	345	-30
Other	6,726	1,492	2,656	1,164
<b>TOTAL</b>	<b>78,289</b>	<b>36,782</b>	<b>39,307</b>	<b>2,525</b>

South Cheshire CCG is currently performing below the contract value set , and Vale Royal above - if the contract were set on PbR tariffs - which is a continuing trend seen in previous months.

Other commissioners, except East Cheshire CCG are in the main over performing against plan. East Cheshire underperformance is in unplanned care (£27k), and within surgical specialties for planned care (£115k), offset by an overperformance in Direct Access (£84k).

Specialist Commissioning has a negative variance being the result of a high cost drug rebate of £442k in July.

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 £2.5M better than plan.

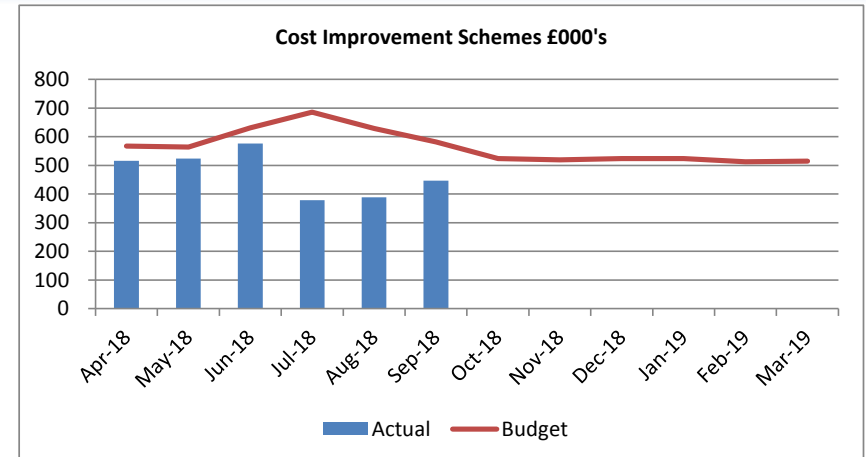
Within Other - £850k of the memorandum of understanding has been recognised in the position.

An analysis of the key service lines identifies that, aside the CEP adjustment there were gains against the un-coded prior year spells valuation (£140k), CQUIN is £194k behind plan based on most recent forecasts of achievement, High cost drug income excluding the rebate is £227k above plan, and non-performance of the A&E target has been recognised year to date within the PSV accrual.

The impact of the CEP is less than expected year to date by £1.4m, although there is marked difference between the 2 CCGs in under and over performance of A&E and NEL

## Financial Performance: Efficiencies

Cost Improvement Schemes (£'000's)						
Scheme Category	YTD Target	YTD Actual	YTD	FY Target	FY Forecast	FY Variance
Access & Flow	495	189	-306	524	189	-335
Commercial	95	117	22	195	247	52
Drugs	329	150	-179	657	657	0
Medical Workforce	770	664	-106	1,550	881	-669
Non-Pay Efficiency	582	917	335	1,228	1,627	399
Nursing Workforce	546	344	-202	974	688	-286
Procurement	350	238	-112	684	479	-205
Theatres Efficiency	50	0	-50	100	0	-100
Service redesign	275	209	-66	540	440	-100
Market Share	165	0	-165	320	220	-100
<b>Total (£'000)</b>	<b>3,657</b>	<b>2,828</b>	<b>-829</b>	<b>6,772</b>	<b>5,428</b>	<b>-1,344</b>



The CIP achievement year to date is £829k worse than budget with key schemes around the failure to close a ward during the Summer period (£335k), improvement of nurse/HCA sickness (£125k), reduction in WLIs which are either not currently delivering/partially delivering (£90k), within Medicine and the Medical Vacancy factor in Surgery and Cancer (£123k) and theatres related CIPs (£100k - consumables and review of theatre model).

There is also a further risk associated with drugs scheme due to the potential delays for release of new bio-similars (£357k), due to the regional NHSE procurement exercise. 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, and the Trust received the CNST incentive money in month (£193k).

Capped Expenditure Schemes (£'000's)						
Scheme Category	YTD Target	YTD Actual	YTD	FY Target	FY Forecast	FY Variance
TeleDerm	35	0	-35	70	70	0
Non-Pay Efficiency	50	50	0	100	100	0
Drugs	25	25	0	50	50	0
Commercial	100	0	-100	200	0	-200
Procurement	50	0	-50	100	0	-100
Elective	558	379	-179	1,116	500	-616
<b>Total (£'000)</b>	<b>818</b>	<b>454</b>	<b>-364</b>	<b>1,636</b>	<b>720</b>	<b>-916</b>

The CEP schemes rolled over from 1718 are under achieving by £364k, 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.

As a result of the regulatory direction to keep waiting list levels at March 2018 levels - the plan to deliver further income from out of area contracts in Wales has been stopped, which has led to a deterioration of the forecast for this legacy value.

## 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
<b>STRATEGIC INVESTMENTS (Requires individual signoff)</b>													
<b>ESTATES</b>													
CAR PARK BARRIERS	Yes	Internal	Yes	44	16	16	16	0	16		60	60	60
BISTRO & 2 OFFICES	Yes	Internal	Yes	120	58	58	58	0	58		178	178	178
UNDER / OVERS CAPITAL SCHEMES 17/18	Yes	Internal	Yes		0	0	7	-7	0		7	0	0
WARD REFURBISHMENT	Yes	Loan	Yes	224	1864	1864	1792	72	1864	8600	2016	10,688	10,688
MRI SCANNER 3RD BUILD	Yes	Internal/Loan	Yes	174	1475	1100	0	1100	1475	0	174	1,649	1,649
WASTE COMPOUND AND SEGREGATION	Yes	Internal	Yes		350	50	0	50	350		0	350	350
TURNKEY FOR REPLACEMENT CT SCANNERS	No	Internal	Yes		165	100	0	100	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	70	10	60	400	1500	10	1,900	1,900
EPR PROJECT ACCOMODATION *	Yes	Loan	Not yet approved		350	0	0	0	0		0	350	0
ENDOSCOPY WASHER BUILD *	No	Loan	Not yet approved		250	0	0	0	0	500	0	750	500
PATHOLOGY RISKS	Yes	Internal	Yes		100	100	0	100	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	100	4	96	1400	200	4	1,800	1,600
DEMENTIA APPEAL	No	Donated	Not yet approved							1500		1,500	1,500
3RD CT ENABLING	No	Internal	Not yet approved							935		935	935
<b>TOTAL</b>				<b>562</b>	<b>7396</b>	<b>3458</b>	<b>1886.27953</b>	<b>1572</b>	<b>6596</b>	<b>13370</b>	<b>2448.27953</b>	<b>21328</b>	<b>20528</b>
<b>IT</b>													
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	37	0	37	37		25	62	62
HIGH IMPACT STAND ALONE IT SYSTEMS	Yes	Internal	Yes	88	112	62	20	42	112	400	108	600	600
REPLACEMENT BUSINESS INTELLIGENCE SYSTEM	Yes	Internal	Yes		80	80	43	37	80		43	80	80
CONFIGURATION MANAGEMENT SYSTEM	Yes	Internal	Yes		35	35	0	35	0		0	35	0
CORE INFRASTRUCTURE UPGRADE	Yes	PDC	Yes		538	188	91	97	538	180	91	718	718
CYBER SECURITY	Yes	PDC	Yes	17	291	291	291	0	291		308	308	308
X-RAY MACHINE STORAGE	Yes	Internal	Yes		100	0	75	-75	100		75	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	200		0	400	200
VIRTUAL CLINICS	No	Internal	Yes		50	50	0	50	50		0	50	50
VPN	Yes	PDC	Yes		70	70	0	70	70		0	70	70
VOICE OVER IP	Yes	Internal	Yes	466	100	49	6	43	75	100	472	666	641
<b>SYSTEM REFRESH / REPLACEMENT</b>													
LAB CENTRE PATHOLOGY	No	Internal	Yes		800	0	0	0	0	1600	0	2,400	1,600
CHEMOCARE	Yes	Internal	Yes		85	0	0	0	0		0	85	0
DIGITAL DICTATION	Yes	Internal	Yes		60	0	0	0	60	73	0	133	133
DOCMAN	Yes	Internal	Yes		52	52	0	52	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
<b>TOTAL</b>				<b>596</b>	<b>3140</b>	<b>914</b>	<b>527</b>	<b>387</b>	<b>1995</b>	<b>3543</b>	<b>1123</b>	<b>7279</b>	<b>6,134</b>
<b>TOTAL STRATEGIC INVESTMENTS</b>				<b>1158</b>	<b>10536</b>	<b>4372</b>	<b>2413</b>	<b>1959</b>	<b>8591</b>	<b>16913</b>	<b>3571</b>	<b>28,607</b>	<b>26,662</b>

The Estates strategic investments capital spend is £1,572K underspent mainly due to the and Third MRI Scanner £1,100K, a supplier has now been chosen and design work has started. In addition both ward refurbishment schemes are underspent. Ward 17 is near completion and Ward 12 has now started with completion estimate in quarter 1 2019/20. The IT Strategic investments projects are £387K which is mainly due to Core Infrastructure upgrade £98K and VPN which is being trialed at the moment.

## 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
<b>ROLLING ALLOCATIONS (Approved Delegated Budgets)</b>													
<b>ESTATES</b>													
ASBESTOS REMOVAL	Yes	Internal	Yes		271	97	28	69	135	736	28	1,007	871
DESIGN TEAM	Yes	Internal	Yes		313	144	153	-9	313	1252	153	1,565	1,565
CT / VT - HEATING INFRASTRUCTURE	Yes	Internal	Yes		459	150	13	137	150	1009	13	1,468	1,159
BACKLOG GENERAL PROVISION	Yes	Internal/Loan	Yes		2650	1404	1032	372	1,600	7799	1032	10,449	9,399
<b>TOTAL</b>				<b>0</b>	<b>3,693</b>	<b>1,795</b>	<b>1,226</b>	<b>569</b>	<b>2,198</b>	<b>10,796</b>	<b>1226</b>	<b>14,489</b>	<b>12,994</b>
<b>IT</b>													
INTERSITE CONNECTIVITY	Yes	Internal	Yes		50	25	16	9	50		16	50	50
INTERFACING	Yes	Internal	Yes		151	31	82	-51	151	340	82	491	491
IT APPLICATIONS	Yes	Internal	Yes		193	77	17	60	193	400	17	593	593
STORAGE & BACKUP	No	Internal	Yes							250		250	250
<b>TOTAL</b>				<b>0</b>	<b>394</b>	<b>133</b>	<b>115</b>	<b>18</b>	<b>394</b>	<b>990</b>	<b>115</b>	<b>1,384</b>	<b>1,384</b>
<b>TOTAL ROLLING ALLOCATIONS</b>				<b>0</b>	<b>4,087</b>	<b>1,928</b>	<b>1,341</b>	<b>587</b>	<b>2,592</b>	<b>11,786</b>	<b>1,341</b>	<b>15,873</b>	<b>14,378</b>
<b>ADDITIONAL</b>													
EQUIPMENT	Yes	Internal	Yes		0	0	90	-90	59		90	0	59
MEDICAL RECORDS RACKING	Yes	Internal	Yes		43	43	0	43	43		0	43	43
CANCER MDT	Yes	PDC	Yes		30	30	0	30	30		0	30	30
GP STREAMING ESTATES	Yes	PDC	Yes	12	488	488	386	102	488		398	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	460	361	99	630		466	735	735
<b>LEASING INVESTMENTS</b>													
EQUIPMENT	Yes	Internal	Yes		600	273	273	0	600		273	600	600
3RD CT SCANNER	No	Internal	Not yet approved		531	0	0	0	0		0	531	0
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
<b>TOTAL LEASING INVESTMENTS</b>				<b>0</b>	<b>2833</b>	<b>273</b>	<b>273</b>	<b>0</b>	<b>2302</b>	<b>0</b>	<b>273</b>	<b>2833</b>	<b>2302</b>
<b>TOTAL CAPITAL PROGRAMME (EXCLUDING LEASES)</b>				<b>1,383</b>	<b>15,956</b>	<b>7,321</b>	<b>4,592</b>	<b>2,729</b>	<b>12,575</b>	<b>28,699</b>	<b>5,975</b>	<b>46,038</b>	<b>42,657</b>
<b>TOTAL CAPITAL PROGRAMME</b>				<b>1,383</b>	<b>18,789</b>	<b>7,594</b>	<b>4,865</b>	<b>2,729</b>	<b>14,877</b>	<b>28,699</b>	<b>6,248</b>	<b>48,871</b>	<b>44,959</b>

The rolling allocation is £587K 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, Endoscopy Washer Build £250K. EPR Project office £350K and Virtual Desktop £200K. 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 Sept (£'000)	Actual Apr to Sept (£'000)	Variance (£'000)	Forecast 2018/19 (£'000)
<b>Assets</b>				
<b>Assets, Non-Current</b>	<b>102,267</b>	<b>99,232</b>	<b>-3,035</b>	<b>106,454</b>
<b>Assets, Current</b>				
Trade and other Receivables	6,874	7,903	1,029	9,055
Other Assets (including Inventories & Prepayments)	6,195	6,582	387	6,600
Cash and Cash Equivalents	10,541	10,121	-420	12,205
<b>Total Assets, Current</b>	<b>23,610</b>	<b>24,606</b>	<b>996</b>	<b>27,860</b>
<b>ASSETS, TOTAL</b>	<b>125,877</b>	<b>123,838</b>	<b>-2,039</b>	<b>134,314</b>
<b>Liabilities</b>				
<b>Liabilities, Current</b>				
Finance Lease, Current	-1,019	-653	366	-2,147
Loans Commercial Current	-256	-256	0	-667
Trade and Other Payables, Current	-13,737	-16,055	-2,318	-13,505
Provisions, Current	-179	-167	12	-225
Other Financial Liabilities	-7,255	-5,911	1,344	-6,552
<b>Total Liabilities, Current</b>	<b>-22,446</b>	<b>-23,041</b>	<b>-595</b>	<b>-23,096</b>
<b>Net Current Assets/(Liabilities)</b>	<b>1,164</b>	<b>1,565</b>	<b>401</b>	<b>4,764</b>
<b>Liabilities, Non Current</b>				
Finance Lease, Non Current	-4,969	-4,504	465	-4,077
Loans Commercial Non-Current	-13,240	-12,040	1,200	-16,504
Provisions, Non-Current	-1,604	-1,586	18	-1,489
Trade and Other Payables, Non-Current	0	0	0	0
<b>Total Liabilities Non-Current</b>	<b>-19,813</b>	<b>-18,130</b>	<b>1,683</b>	<b>-22,070</b>
<b>TOTAL ASSETS EMPLOYED</b>	<b>83,618</b>	<b>82,667</b>	<b>-951</b>	<b>89,148</b>
<b>Taxpayers' and Others' Equity</b>				
<b>Taxpayers Equity</b>				
Public dividend capital	76,791	76,791	0	76,791
Retained Earnings	-8,766	-9,717	-951	-3,236
Donated asset reserve	0	0	0	0
Revaluation Reserve	15,592	15,592	0	15,592
<b>TOTAL TAXPAYERS EQUITY</b>	<b>83,617</b>	<b>82,666</b>	<b>-951</b>	<b>89,147</b>
<b>TOTAL FUNDS EMPLOYED</b>	<b>83,617</b>	<b>82,666</b>	<b>-951</b>	<b>89,147</b>

## Assets Non-Current

The main reason for the variance is that the plan is the capital programme expenditure being £2,729K less than which is mainly due to a delay in the third MRI Scanner build £1,100K, Backlog maintenance £381K, Ward 12 Refurbishment £96K, Core Infrastructure Upgrade and a delay in the renewal of some finance leases £556K. This is offset by an underspend on the depreciation charge. Work has now started on the Third MRI Scanner and Ward 12 refurbishment.

## Trade and other Receivables

NHS Trade Receivables are lower than anticipated due to the A&E PSF for Quarter 2 being accrued as the A&E target has not been achieved. The main outstanding debts are East Cheshire NHS Trust £107K (£58K paid in October), University of North Midlands Trust £114k, NHS England £376K, One to One Nursing £91K, Betsi Cadwallader £166K (paid £166K in October) and Christies £272K.

## Other Assets

This higher than anticipated due to higher than expected Drug Stocks £535K.

## Finance Lease Current

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

## Trade and other Payables

Trade Creditors is higher partly due to the non-payment of NHS Property Services invoices which is offset in Other Financial liabilities where these were accrued in 2017/18. In addition creditors are being stretch to keep improve the cash position.

## Other Financial Liabilities

This is mainly due to Accruals being less than expected mainly due to the plan being based on last years accruals. There are fewer accruals in 2018/19 for CCICP expected expenditure in particular CCICP rental invoices which are now sitting in Trade and other Payables.

## Finance Lease Non-Current

This due to the delay in the replacement of finance leases.

## Loans Commercial Non-Current

This is due to the delay in the drawing down of an approved loan for the ward refurbishment and the third MRI scanner.

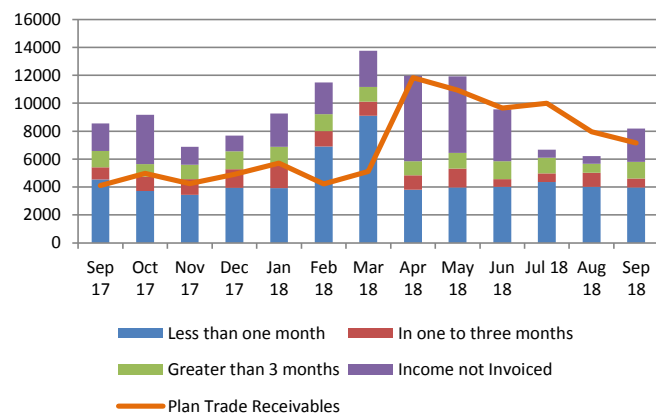


## Financial Performance: Cash Position and Working Capital

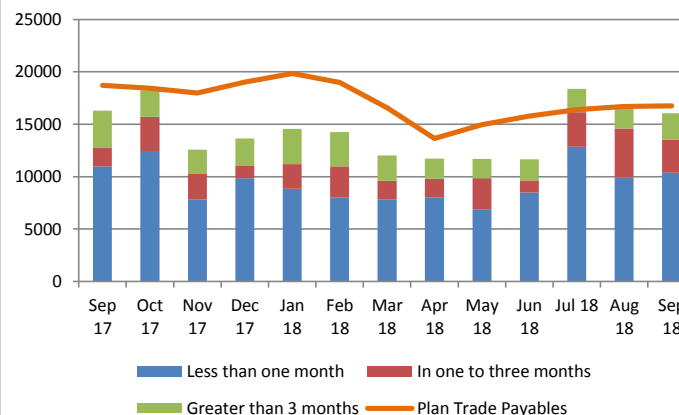
	Plan Apr to Sept (£'000)	Actual Apr to Sept (£'000)	Variance
<b>Surplus/(deficit) after tax</b>	<b>-1,162</b>	<b>-2,122</b>	<b>-960</b>
Non-cash flows in operating Surplus/(deficit) total	3,046	2,738	-308
<b>Operating cash flows before movements in working capital</b>	<b>1,884</b>	<b>616</b>	<b>-1,268</b>
Increase/(Decrease) in working capital Total	6,977	6,722	-255
<b>Net cash inflow/(outflow) from operating activities</b>	<b>8,861</b>	<b>7,338</b>	<b>-1,523</b>
Net cash inflow/(outflow) from investing activities total	-6,305	-3,762	2,543
<b>Net Cash inflow/(outflow) before financing</b>	<b>2,556</b>	<b>3,576</b>	<b>1,020</b>
Net cash inflow/(outflow) from financing activities Total	223	-1,224	-1,447
<b>Net increase/(decrease) in cash and cash equivalents</b>	<b>2,779</b>	<b>2,352</b>	<b>-427</b>
<b>Opening cash balance</b>	<b>7,761</b>	<b>7,761</b>	<b>0</b>
<b>Closing cash balance</b>	<b>10,540</b>	<b>10,113</b>	<b>-427</b>

Cash is £427K more than anticipated, this mainly due to the deficit after tax is worse than anticipated mainly due to the non delivery of the A&E target and not reciving the PSF. This is offset by the underspend in the capital programme but this offset is reduced by the fact that the loans for some of this capital programme have not been utilised.

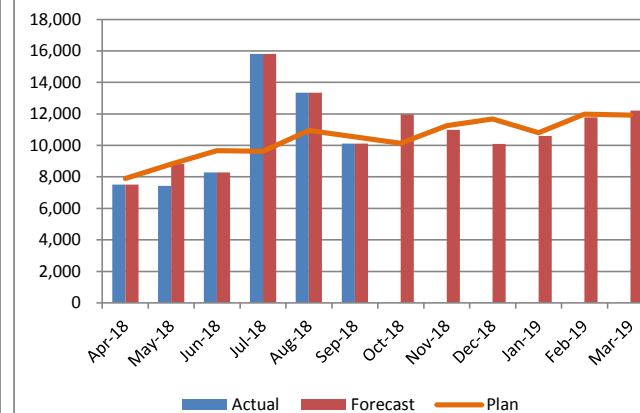
Trade Debtor Profile £000's



Trade Creditor Profile £000's

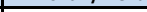








Cash Forecast £000's



# Finance: Staff Costs

## Headline Measures

		Rolling 13 months £000's													
	YTD £000's	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Monthly Trend
Pay Budget	85,404	13,730	13,774	13,799	13,721	13,916	13,817	13,785	14,001	14,112	14,008	14,158	14,900	14,225	
Pay Actual	86,265	13,875	13,947	13,826	13,692	14,278	14,017	14,133	14,094	14,152	14,237	14,183	14,960	14,639	
Variance	-861	-145	-173	-27	29	-362	-200	-348	-93	-40	-229	-25	-60	-414	
% to Budget	101.0%	101.1%	101.3%	100.2%	99.8%	102.6%	101.4%	102.5%	100.7%	100.3%	101.6%	100.2%	100.4%	102.9%	

Nursing Staff % to Budget	101.8%	99.3%	101.6%	102.9%	102.4%	105.9%	104.7%	105.0%	101.7%	99.9%	102.1%	100.5%	103.5%	103.1%	
Medical Staff % to Budget	98.1%	103.5%	102.6%	97.4%	95.3%	98.5%	97.1%	103.2%	95.4%	100.5%	99.2%	97.3%	92.0%	104.2%	
Other Staff % to Budget	101.9%	101.4%	100.1%	99.1%	99.8%	101.6%	100.7%	99.5%	102.8%	100.6%	102.7%	101.6%	102.0%	102.0%	

## Commentary

Figures exclude Community Services for 2016/17

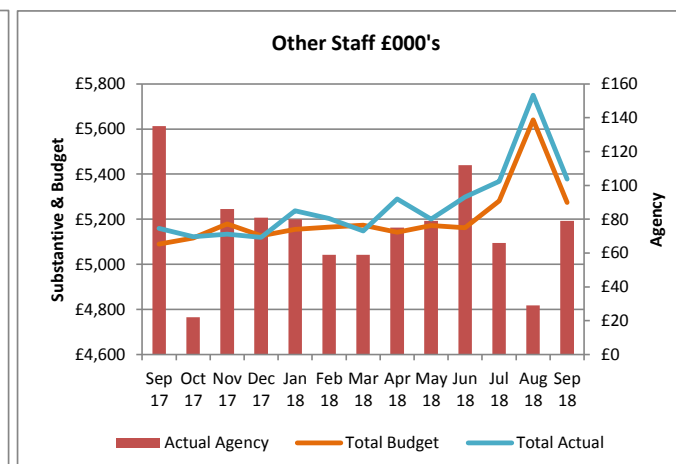
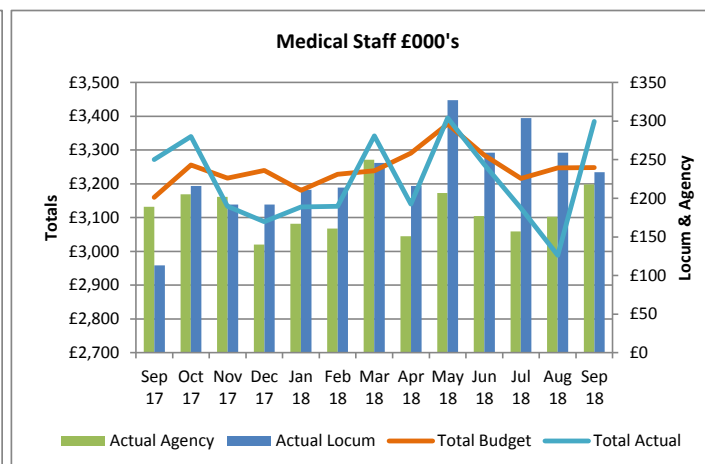
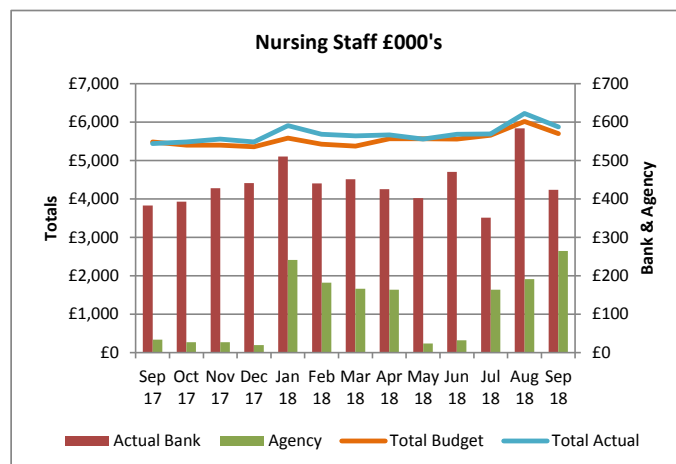
Pay is worse than budget by £0.9M year to date.

Nursing costs associated with keeping escalation beds/CAU assessment area open in April have been offset against agreed additional Winter money funding within contract income, however the recent escalation are unfunded. 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.

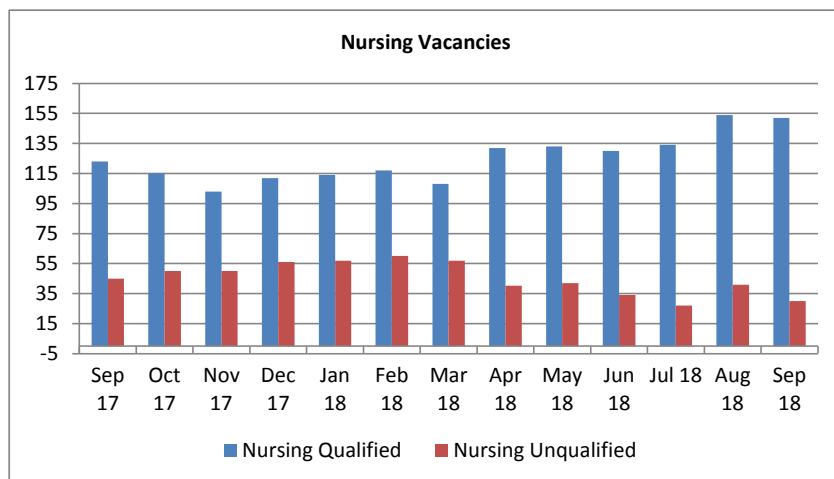
The agency spend has exceeded the plan for the first time in September cumulatively (£174k), with significant For every 1% of nursing staff where the shift cannot be covered, without incurring premium cost, the trust will have to cover this using bank or agency at a cost of the order of £1M.

## Primary Drivers



## Finance: Staff Costs

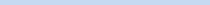
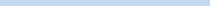
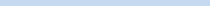
### Secondary Drivers



Medical vacancies under review

### Agency Trajectory

	YTD	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Monthly Trend
Plan	-2,190	-525	-495	-477	-506	-495	-470	-484	-365	-365	-365	-365	-365	-365	
Actual	-2,364	-540	-699	-721	-572	-668	-618	-574	-389	-310	-320	-387	-395	-563	
Variance	-174	-15	-204	-244	-66	-173	-148	-90	-24	55	45	-22	-30	-198	
CCICP Actual	0	0	-69	-77	-152	-210	4	-77	0	0	0	0	0	0	

	Rolling 13 Months													
	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Monthly Trend
Sickness Rate (Rolling 12 mths)	4.20%	4.21%	4.23%	4.25%	4.28%	4.28%	4.38%	4.38%	4.37%	4.30%	4.29%	4.27%	4.27%	
Total Leavers	55	46	39	33	46	37	59	39	41	38	38	63	49	
Turnover (Rolling 12 mths)	11.10%	11.08%	10.93%	10.71%	10.70%	10.66%	11.18%	11.33%	11.28%	11.33%	11.17%	11.67%	11.54%	

<b>Title of Paper :</b>	Our Workforce Matters Strategy		
<b>Author:</b>	Assistant Director of OD & Education		
<b>Executive Lead:</b>	Director of Workforce and OD		
<b>Type of Report:</b>	Concept Paper		
	Strategic Options Paper		
	Business Case		
	Information		
	Review/Benefits/Audit		
<b>Link to Strategic Domains:</b>		<b>Link to Domain:</b>	
Delivering Outstanding Clinical Quality, Safety & Experience	x	Safe	x
Being a Leading partner in a Progressive Health Economy	x	Effective	x
Striving for Outstanding Organisational Effectiveness	x	Caring	x
Aspiring to Excellence in Practice Through Our Workforce	x	Responsive	x
Creating a 21st Century Infrastructure for Transformative Health and Social Care	x	Well-Led	x
<b>Link to Board Responsibility:</b>	Performance		
	Accountability		
	Strategy		x
	Implementation		
<b>Action Required:</b>	Decide		
	Approve		x
	Note		
	Recommend		
	Delegate		
<b>Positive Benefit:</b>	The Workforce and OD Strategy outlines the Trusts ambitions for its workforce aligned to delivery of the Trusts strategy		
<b>Risk:</b>			
<b>To be published on Trust Website –complete version</b>			Y
<b>If no, to be published on Trust Website – redacted</b>			-
<b>If not to be published complete or redacted, please detail the reason why</b>			-
<b>Presented at Board Meeting of:</b>	5 November 2018		

# 2018 - 2021



We Care  
Because  
You Matter

## ‘Our Workforce Matters’ Content

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### Glossary

CCICP	Central Cheshire Integrated Care Partnership
CQC	Care Quality Commission
EEA	European Economic Area
ESR	Electronic Staff Record
EWAG	Executive Workforce Assurance Group
HEE	Health Education England
HS2	High Speed Rail 2
MCHFT	Mid Cheshire Hospitals NHS Foundation Trust
NMC	Nursing and Midwifery Council
OD	Organisational Development
QI	Quality Improvement
TaP	Transformation and People Committee

## Summary

The actions in this strategy aim to provide support to our workforce so that they can deliver the best care possible to the people we serve. They are not just a work programme for the Workforce and OD teams, they require commitment and input from the whole organisation, and in particular from those in leadership positions. Committing to this strategy sends a clear message to our staff that we value them and their work. In developing this strategy we have taken into account the need to:

- Develop compassionate, inclusive systems leaders
- Have a talent management and succession plan to help us 'Grow our own'
- Increase knowledge of improvement methods
- Consider how we will recruit and retain staff
- Introduce new roles and develop our apprenticeships
- Improve staff engagement and morale
- Sustain and promote staff wellbeing
- Look at how we might use technology and medical advances to enable education and agile working
- Ensure we are an inclusive employer.

Delivery of the strategy will enable the Trust to change at pace and be both an employer and a provider of choice in the locality.

## Message from the Chief Executive

Our workforce, including our volunteers, is our most valued asset and one that is currently beset with significant challenge. These challenges are both national and local and across health and social care provision and will not be resolved quickly or without fresh thinking. We will have to work differently as a system to maintain and improve the quality of care and service delivery that we currently provide whilst remaining financially sustainable. What will not change is our culture that is built on creating and maintaining compassion and inclusion at all levels and ensuring staff have the time and skills to improve both themselves and their services will be essential. Our Workforce Matters Strategy is a key document that pulls together all that we are doing with our people to achieve our vision of excellence in healthcare. It is important that we support and develop our workforce in the right way as you are the people who save and change lives. and who make the difference between good and great patient care. The ambitions within this strategy will support our staff to be healthy and happy, fully engaged and developed; with the improvement and systems leadership skills to ensure our ongoing success as an organisation.



**Tracy Bullock**  
Chief Executive

## Introduction

In 2018 the NHS celebrates its 70th birthday. We know in the coming two decades that genomics, digital medicine and artificial intelligence will have an important impact on patients and the workforce. In a fast changing healthcare environment, with a growing and ageing population (a growth of 2.1 million people – 4% in the last five years) the task of ensuring the workforce has the right knowledge and skills and time to care is essential (Topol, 2018). The NHS has approximately 1.2 million staff making it the largest employer in England and the 5<sup>th</sup> largest in the world (NHS Employers, 2017), approximately 15% of all jobs across Cheshire and Mersey are in the NHS and around 4,700 of those staff work at MCHFT and across CCICP.

Demographic projections, for Cheshire based on 2014 sub-national population projections from the Office for National Statistics are shown in the table below and suggest that the population of the area will grow by 3% over the next 5 years and 5% over the next 10 years. These projections show significant growth in the 65+ population (22%) and given that this group has the highest healthcare needs, this represents a significant issue for commissioners and providers alike and has implications for the skills of our workforce.

Year	Predicted Population Change			
	0-19	20-64	65+	All Ages
2017 - 2022	+2%	-1%	+10%	+3%
2017 - 2027	+3%	-3%	+22%	+5%

Table 1: Projected Population Changes 2017-2022 and 2017-2027

Projections also suggest that over the next 10 years the population of South Cheshire will increase by 120,000 due to Crewe being selected as a hub for High Speed Rail 2 (HS2); as 2018 is year two; some of this growth has already been seen. Large numbers of houses are being built with indications of an additional 7,000 new homes in the West by 2043. Cheshire East Council have ambitious plans for up to 20,000 homes in the same period (not all of this growth has been factored in).

We will be looking after more patients with more complex needs and recruiting staff to vital roles continues to be a challenge. The NMC are reporting the largest ever number of nurses leaving the register outweighing the number joining with 35,363 people leaving the register between October 2016 and September 2017 and only 27,786 joining it. The NMC also saw fewer people from the EEA joining the register and more people from the EEA leaving it.

From 2014 – 2017, Health Education England suggest there has been an increase in those leaving posts by 1.53% across the Cheshire and Merseyside region and evidence from Deaneries also suggests that more junior doctors are not completing their training leaving substantial gaps in rotas. Changes to pension arrangements may also mean that consultants in all specialities may opt for early retirement.

### Our workforce profile

Our Nursing workforce remains the area of greatest challenge with 32% of trained nurses likely to retire within the next 5-10 years (46-55 age group) with only 18.5% in the age group 21-30. Given that our ability to recruit trained nurses almost matches those leaving the Trust at around 9.5% there is a deficit we need to address to sustain our future trained nurse workforce.

There is a similar picture for Allied Health Professionals, who are generally a more mobile workforce.

The medical workforce although relatively stable, suffers gaps in the same specialities as the majority of other Trusts, with the exception of some of the larger conurbations who can offer greater opportunities for teaching, research and specialisation than a rural District General Hospital.



However, nationally and locally NHS staff say their experience at work is generally good, with staff engagement scores in the national staff survey remaining high. In 2017 MCHFT was benchmarked in the survey for the first time as an 'Acute and Community' organisation and achieved an engagement score of 3.85 out of 5 which is 'better than average' compared to our benchmark group. As an organisation in 2014 and again in 2018 we were rated as 'Good' by the CQC, so we have solid foundations to build on.

Cheshire as a county has much to offer: good housing, good access to education, close and efficient links to the major cities of Manchester and Liverpool which can be an attractive proposition for those seeking a different quality of life from city living.

The recent agreement to, and implementation of, the 2017 three Year Pay Deal for staff on Agenda for Change terms and conditions goes some way to addressing the impact of the pay freeze on morale, motivation and recruitment for staff and the October 2018 Pay Agreement for Doctors and Dentists reflects the Government's desire to create pay frameworks that reflect and reward performance and productivity rather than time served.

The growth of the local population gives us the opportunity to ensure we are the employer of choice for health and care professionals in our area, able to demonstrate good career pathways, flexible working patterns and a range of benefits that meet the needs of a workforce that now spans four generations.

The challenges that we need to address within this strategy reflect national, local and system wide agendas, including:

- Developing compassionate, inclusive systems leadership
- Creation and embedding of a talent management and succession planning process for the Trust
- Increasing knowledge of improvement methods
- Recruitment and retention to key roles, being innovative with our approach to retention
- The introduction and embedding of new roles such as Physician Associates, Pharmacy Technicians, Advanced Clinical Practitioners and Trainee Nurse Associates
- Changes in education and training including simulation and apprenticeship routes into NHS careers
- Improving staff engagement and morale – re-negotiating the psychological contract for a new generation
- Sustaining and promoting staff wellbeing
- Defining the changing roles of health and care workers as we move towards integration and place-based care models
- Ensuring we are an inclusive employer
- The need to develop new ways of working with an increased focus on public health to help relieve pressure on acute hospital services
- Increased focus on the provision of NHS services across the whole week, to ensure that high quality care is not dependent on the day of the week
- Caring for an increasing and ageing population
- The increasing use of technology enabling more agile working with consideration given to the impact of big data and digitisation
- New drugs, technology and practices such as genomics which will affect how and where care is delivered and the education required to develop these skills
- The removing of national constraints on pay awards, and the increase in pension contributions;

Due to the pace and scale of change taking place in health and social care both locally and nationally the action plans associated with the delivery of this strategy will be reviewed and refreshed after two years in 2020 and an update provided twice yearly to the Executive Workforce Assurance Group and the Transformation and People Committee with a full review in 2021 in line with the Trust strategy.

### Alignment with Key Strategic Drivers:

The five strategic documents that have underpinned the ambitions in this strategy are:

(A cross referencing table between these documents is detailed in the action plan document)

- MCHFT Trust Strategy
- The CQC Well Led domains
- Developing People - Improving Care
- The Principles of Workforce Integration
- The Carter Review

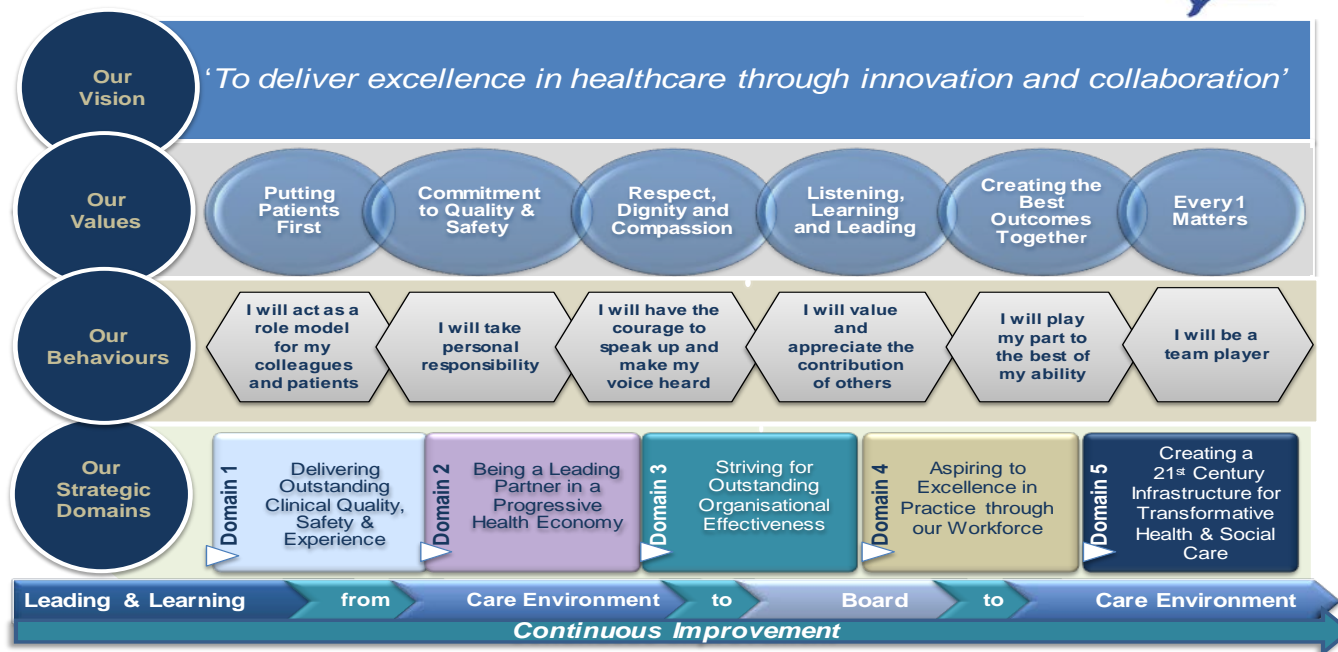
## Trust Strategy 2017/18 – 2020/21



Mid Cheshire Hospitals NHS Foundation Trust

Trust Strategy 2017/18 – 2020/21

Supporting our Journey from 'Good' to 'Outstanding'



The Trust strategy is also underpinned by the following strategies:





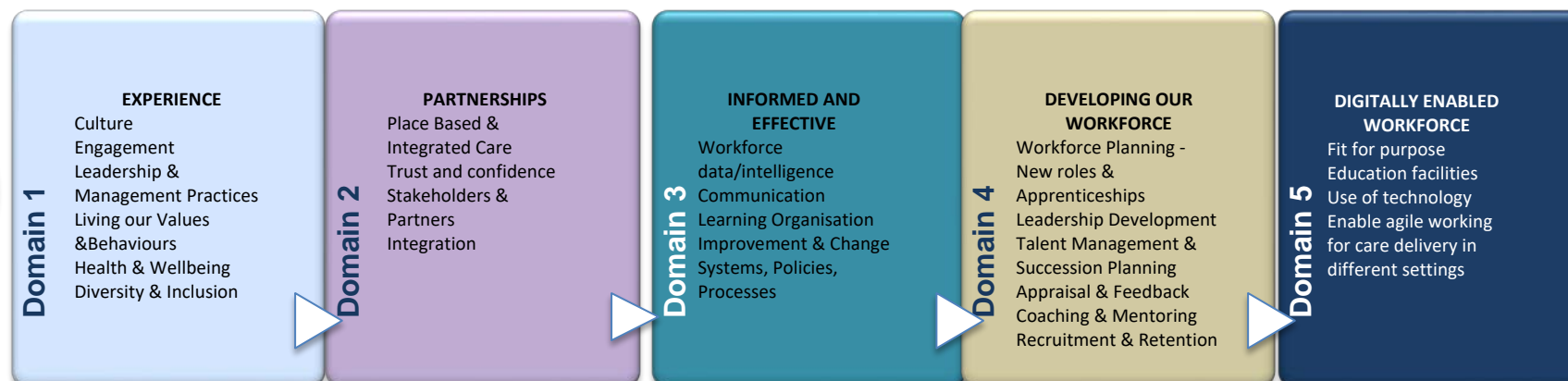
## Our Workforce Matters Domains Related To The Trust Strategy



### Our Strategic Domains



### Our Workforce Matters Domains



### Our Values



## Our Ambitions

Our Workforce Matters Strategy sets out five key objectives that are aligned to our organisational strategic domains and that will foster workforce policies and decision making that enables the overall achievement of the Trust's ambitious strategy:

- Our Workforce will have job and career experiences at MCHFT that encourage and enable them to deliver outstanding care to our patients;
- Our Workforce will be partners in building new services across the Cheshire health and social care system that meet the needs of our population
- Our Workforce will be informed and engaged to support MCHFT to become an outstanding organisation
- Our Workforce will be nurtured and developed, enabling them to be the best they can be throughout their careers
- Our Workforce will be digitally enabled to ensure they are able to transform service delivery.

*“Compassionate and inclusive leadership and cultures of continuous improvement are dependent on each other. Building capability and capacity of staff is essential to meet the challenges facing health and social care” (National Improvement and Leadership Development Board, 2018)*



## Delivering Our Workforce Matters Strategy:

There are a number of key themes which will help us to deliver the Our Workforce Matters strategy successfully. Delivery of our strategy depends on our leaders, our staff and our strategic partners being engaged and involved in implementing its objectives. The following sections provide an overview of each of our five strategic domains. The action plans associated with this strategy are set out in a separate document.



## Domain 1: Experience

Our workforce will have job and career experiences at MCHFT that encourage and enable them to deliver outstanding care to our patients.



### Our Ambitions:

1. We will have an organisational culture which will be open, honest and supportive in our relationships with our patients, partners and stakeholders and one where all staff can flourish and have a voice.
2. We will have compassionate leaders who are competent and confident to deliver health care internally and across systems. For our management practices to be fair and get the best out of people
3. Our workforce values and behaviours will be embodied in how we work with each other, our partners and with the population we serve.
4. We will support our workforce to take ownership and responsibility for their health and wellbeing by developing rapid access support systems such as physiotherapy and by helping staff to manage their stress effectively; underpinned by a range of wellbeing support activities, building resilience and encouraging self-care.
5. All of our policies and processes are consistent with ensuring that diversity and inclusion is respected and developed and that we have a workforce that truly represents the people we serve.

**This means:** We will be aware that the culture of the organisation is a key determinant of the outcomes for both our staff and patients. We will build relationships with partners based on trust and a desire to improve the health of our population. That our leaders will model the Trusts values and behaviours through their words and actions and will support staff health and wellbeing.

**Why this is important:** Staff engagement has a direct impact on the quality of care we provide and on our productivity and efficiency as an organisation, in turn improving our finances. Staff health and wellbeing has a direct link to sickness, absence and retention as well as patient outcomes. High sickness and attrition rates lead to increased financial costs. The future model of sustainable health and social care delivery is based on building new partnerships and ways of working.

**What the benefits will be:** Improved recruitment and retention, higher levels of attendance and staff morale. Improved job satisfaction, better patient care and outcomes.





## Domain 2: Partnerships

Our Workforce will be partners in supporting and leading services across the Mid Cheshire health and social care economy to deliver new models of care.



### Our Ambitions:

1. We will develop with CCICP and our partner organisations services and support that can be provided within the places where our patients live.
2. The Cheshire health and social system will be known as a place where partners work with trust and confidence with each other to develop new models of care such as Integrated Care Partnerships. We will have staff that are trained and empowered to work across different care settings in different ways.
3. We will have developed our partnership working with Staff Side and Volunteers
4. We will continually seek opportunities for integrated roles and ways of working with partners, alliances, locally and regionally to deliver more effective care
5. We will ensure that we maximise the funding available from the Trust, HENW etc. and have the right programmes in development to meet the future needs of the health and care system. To develop with CCICP, our partners and stakeholders services that support our patients where they live.

**This means:** We will look to work as a system and as systems leaders with other organisations including the third sector, to enable the delivery of the care models as outlined in 'The NHS Five Year Forward View' and as new models emerge. We will look to make strategic alliances and share information and resources wherever it makes sense to do so, in order to be as efficient and effective as we possibly can .

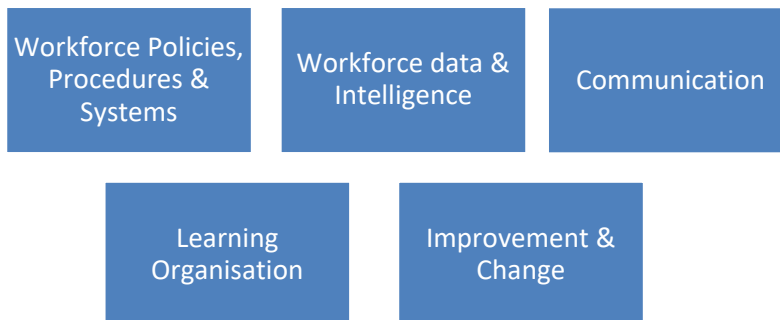
**Why this is important:** Securing the sustainability of safe, effective and high quality care whilst working within the finances available will mean working together beyond our normal organisational boundaries. This will provide a seamless approach for the people we serve and enable them to access their health and social care closer to home saving time, money and resources.

**What the benefits will be:** Working with partners will enable the sharing of resources and the streamlining of care to benefit our patients and service users. There will be financial, time and resource benefits in working as a system and this may give us increased access to new streams for developing our workforce.



## Domain 3: Informed and Effective

Our Workforce will be informed and effective in their roles, to support MCHFT to become an outstanding organisation.



### Our Ambitions:

1. We will continually update and align all of our workforce policies, procedures and systems with new ways of working across the health and care economy.
2. We will develop ESR and its reporting systems to be accessible and enable employee self-service and the accurate monitoring and reporting of data such as completion of key workforce metrics. To use this accurate data intelligently to inform our decision making such as in workforce planning.
3. We will further develop the channels for two way communication across the organisation and beyond so that staff feel engaged and informed and able to feed information into the system in ways appropriate to them.
4. We will develop more feedback loops and knowledge management methods so that information and learning from errors, incidents and near misses can be shared quickly and using an appreciative inquiry approach.
5. We will have an agreed process/standard of training whereby all staff will have some form of Quality Improvement (QI) training and are empowered to make changes to improve services.

**This means:** That we will develop two way channels of communication and make best use of data and information to inform and assist us in making intelligent and effective decisions. We will train staff so that they can change and improve services.

**Why this is important :** Developing policies and procedures that support and enable new ways of working and using data intelligently will help us to make the right decisions quickly and know where to place our resources. Clear and accessible two way communication will be vital in ensuring staff are informed and engaged as we reshape our services.

**What the benefits will be:** We will be able to identify the changes needed and use evidence based approaches to monitor impact. We will have staff who understand what is expected of them and have the knowledge and skills to do their jobs to the highest standard. Informed staff who feel able to feed information upwards as well as draw information down.





## Domain 4: Developing Our Workforce

Our Workforce will be supported and developed, enabling them to be the best they can be throughout their careers.



### Our Ambitions:

1. We will develop a trust wide workforce and recruitment plan that takes into account the current and future shape of services locally. We will also consider working with our partners in health and social care to develop a system level workforce plan that identifies how the changing needs of the population and emerging new technology will change what knowledge and skills our workforce require.
2. We will develop recruitment and marketing campaigns that support the implementation of the workforce plans.
3. We aim to make the best of the apprenticeship levy to support the development of both new and existing staff. We will work with Education providers to establish new academic routes and roles that meet our changing needs and support us to 'Grow our Own' workforce.
4. We will work with staff to help them understand the importance of giving regular, timely and effective feedback that culminates in a good quality appraisal.
5. As part of the feedback and appraisal process we will develop a process to identify and develop talent ensuring the potential of our staff is fully explored and used. All key roles will have succession planning in place to maintain continuity of services and reduce our reliance on external recruitment and interims.

**This means** – Developing our workforce capacity, capability and confidence so that they are able to deliver the highest quality, safest and most effective health care possible to the people we serve.

**Why this is important** - Our workforce are our most important asset and having enough staff in the right place at the right time with the right skills will enable the development and support of new models of care. Retaining and developing staff will increase levels of engagement and morale – having a positive effect on the quality of care, and financial outcomes.

**What the benefits will be:** Improved staff engagement, better care for patients, improved financial outcomes.



## Domain 5: Digitally Enabled Workforce

Our Workforce will be digitally enabled to ensure they are engaged in transforming our services. We will make the best use of new advances in health care to develop new service models.



### Our Ambitions:

1. We will make most effective use of the training needs analysis (TNA) budget by working with divisions to look ahead at what development staff will need in the short and medium term for business continuity and also for business development in the future.
2. We will consider developing with the Cheshire East System an IT enabled HR/OD system that can capture objectives, training needs and feedback at individual, team and organisational level so that we have robust data on which to base our education funding decisions.
3. We will provide a range of ways for staff to access training and development opportunities that include the increased use of massive open online courses (MOOCS) and small private online courses (POCS), shadowing and secondment opportunities. We aim to develop easier ways for staff to access their statutory and mandatory training modules through adopting streamlining principles and achieve the required compliance targets.
4. We will look to use new technology to advance the educational offer such as that of simulation, where we aim to create a fit for purpose simulation centre that can give staff invaluable access to real life learning scenarios that involve the human factors involved in clinical practice
5. We will improve access to IT equipment that will allow staff to be digitally enabled and work in increasingly agile ways, increasing their flexibility to work and share information across the system both with partners and patients.

**This means** – Ensuring that all staff have the equipment, training and ability to use the technology that will enhance their work and save both time and resources, whilst improving the quality of information we are able to share with our partners in care delivery. We will strive to improve the use of technology to enable the education and development of staff.

**Why this is important** - The pressure on our services will continue to grow and making the best use of technology and developing new ways of working will enable care to continue to be delivered in safe and effective ways. It will also enhance the working lives of staff who have access to equipment and information wherever they are. The use of technology will allow learning and development to be delivered in more effective ways.

**What the benefits will be:** An agile workforce who can deliver care and share information appropriately to ensure a seamless and accessible service. A better educated and developed workforce who are safer, more effective practitioners.

## Key Risks

Health and Social Care is becoming an increasingly complex and adaptive system. Changes to how local commissioners are configured and how national regulators will operate are likely to have a significant effect on the delivery of the 'Our Workforce Matters' strategy. Key drivers including achieving financial balance for the health economy and the need to transfer services into place-based care environments will also play a significant part in what we are able to resource and will provide additional challenge to our previous ways of working. There is also the effect of national changes such as the implementation of the three year pay deal and factors such as development of ESR functionality to be considered

## Monitoring of the Strategy

For this strategy to be successful it will need to be flexible enough to accommodate the changing demands on our staff and the continued pressure on our services and budgets. This will mean that after two years of the strategy's three year lifespan action plans will need to be updated and refreshed. Monitoring of the action plans associated with this strategy will take place at EWAG on a rolling basis and we will also provide a summary report each year (or more frequently by exception) to the TaP.

## Summary

The actions within the strategy aim to provide support to our workforce so that they can deliver the best care possible to the population we serve. The actions within the strategy are not just a work programme for the Workforce and OD teams, they require commitment and input from the whole organisation and in particular from those in leadership roles. Delivery of the strategy will enable the Trust to change at pace and be both an employer and a provider of choice in the locality.

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# Our Workforce Matters Action Plans

A Workforce Strategy for an  
Outstanding NHS Foundation Trust

**2018 - 2020**



★ ★ ★ ★ ★  
★ We Care ★  
★ Because ★  
★ You Matter ★

The action plans within this document support delivery of the ambitions within the 2018 – 2021 Our Workforce Matters Strategy. They will be monitored through EWAG and refreshed after two years in 2020 due to the scale and pace of change across our health and social care system currently.

## Domain 1: Experience

Our workforce will have job and career experiences at MCHFT that encourage and enable them to deliver outstanding care to our patients.

DOMAIN 1 ELEMENTS	ACTIONS 2018 - 2019	ACTIONS 2019 - 2020
<b>CULTURE</b>	<ul style="list-style-type: none"> <li>a) Promote a coaching culture via delivery of 121, team and coaching essentials for leaders training.</li> <li>b) Use the results of the National Staff Survey, focus groups, Friends &amp; Family Test and Stress Surveys to consider the current culture and areas we want to develop and improve.</li> <li>c) Ensure divisional staff feedback action plans are developed and completed and reported by senior leads at EWAG.</li> <li>d) Improve the national staff survey responses on the engagement and morale questions</li> <li>e) Further develop 'temperature check' mechanisms for gaining staff feedback on an ad-hoc basis.</li> </ul>	<ul style="list-style-type: none"> <li>a) All leaders have attended coaching essentials training and understand the importance of using a coaching style of leadership</li> <li>b) Divisional leaders update their divisional action plans based on staff feedback mechanisms and can articulate what improvements to the culture have been made within their areas</li> <li>c) To improve/maintain the national staff survey responses for the engagement and morale questions and to have all 32 indicators in the average or above average range.</li> </ul>
<b>ENGAGEMENT</b>	<ul style="list-style-type: none"> <li>a) Involve staff in changes that affect them at the earliest opportunity</li> <li>b) Improve senior leaders visibility via regular walkarounds and planned engagement sessions</li> <li>c) Leaders to give regular and timely feedback on performance to their teams</li> <li>d) Research with staff how they prefer to receive recognition and reward and what they want it for (What matters to us)</li> <li>e) Measure through improvements Staff Survey and Friends &amp; family Test scores</li> <li>f) Develop offers that give our staff a stronger sense of belonging to community</li> </ul>	<ul style="list-style-type: none"> <li>a) Leaders give staff the autonomy and empowerment to initiate and lead change</li> <li>b) Embed regular engagement activities such as senior leaders walkarounds so that they become 'business as usual'</li> <li>c) Increase the use of recognition schemes such as Thank you cards and nominations for awards</li> <li>d) Support leaders to increase their visibility and communication (via use of social media etc.)</li> <li>e) Engagement is used as a driver for service transformation at both staff and patient/ community levels.</li> <li>f) Measure improvements in Staff Survey and Friends &amp; family Test scores</li> </ul>

DOMAIN 1 ELEMENTS	ACTIONS 2018 - 2019	ACTIONS 2019 - 2020
<b>LEADERSHIP &amp; MANAGEMENT PRACTICES</b>	<ul style="list-style-type: none"> <li>a) Develop a competency checklist for leaders/managers so they know what they will be held to account for.</li> <li>b) Data on grievances, disciplinarys, bullying and harassment are themed and considered by the HR team with appropriate and timely action taken.</li> <li>c) Ensure senior leaders have clear objectives related to working at system level.</li> <li>d) Include 'Staff Stories' in regular Board Updates along with Patient Stories</li> <li>e) Engage with stress survey audits and action results and demonstrate change</li> <li>f) Maintain and improve our staff engagement scores in the national staff survey with an increasing number of staff also reporting that they would encourage their friends and family to both work and be treated here</li> </ul>	<ul style="list-style-type: none"> <li>a) Design internal leadership programmes that focus on developing compassionate values led systems leaders</li> <li>b) Review data on staff reporting good working relationships with their line managers in the staff survey, Friends and Family test and stress survey results.</li> <li>c) Leaders take targeted action in stress survey hotspots</li> <li>d) Policies are reflective of modern society and a progressive employer, inclusive of all staff within the workforce</li> </ul>
<b>LIVING OUR VALUES AND BEHAVIOURS</b>	<ul style="list-style-type: none"> <li>a) Hold leaders to account for role modelling the trusts values and behaviours.</li> <li>b) Wide communication of staff values and behaviours across the organisation so that all staff are aware of what is expected of them and can talk at their appraisal as to how they have lived our values and behaviours</li> <li>c) Staff at all levels are held to account when they do not model our values and behaviours</li> <li>d) All recruitment is conducted using values based questions.</li> </ul>	<ul style="list-style-type: none"> <li>a) All staff model the Trusts values and behaviours in all of their interactions with each other and with our patients and partners.</li> <li>b) Grievances, disciplinarys and patient complaints are monitored for themes related to contraventions of our values and behaviours and actions taken to address concerns.</li> <li>c) Managers conduct an end of probationary period evaluation of an employee's adherence to the Trusts values and behaviours ahead of confirming permanent employment.</li> </ul>

DOMAIN 1 ELEMENTS	ACTIONS 2018 - 2019	ACTIONS 2019 - 2020
<b>HEALTH &amp; WELLBEING</b>	<ul style="list-style-type: none"> <li>a) Targeted action to improve attendance undertaken</li> <li>b) Extended and targeted delivery of Resilience training</li> <li>c) Promotion of the use of health apps such as those for mindfulness that can be widely accessed by staff</li> <li>d) Develop mental health first aider champions</li> <li>e) Promotion of a wide range of HWB activity via the Health and Wellbeing group.</li> <li>f) Develop rapid access support systems such as for Physiotherapy and mental health and help staff to effectively manage their stress underpinned by a range of wellbeing support activities</li> </ul>	<ul style="list-style-type: none"> <li>a) Use the results of the stress survey audits to target specific areas in order to reduce absence related to stress related illnesses</li> <li>b) Embed the principles of Making Every Contact Count.</li> <li>c) Review data to determine links between resilience training and lowering of sickness rates</li> <li>d) Consider the actions in the updated 2019 Boorman Review on HWB</li> </ul>
<b>DIVERSITY AND INCLUSION</b>	<ul style="list-style-type: none"> <li>a) Embed the principles of diversity and Inclusion throughout all of our systems and processes and ensure staff behaviours are consistent with these principles.</li> <li>b) Ensure all the trusts recruitment processes take into account inclusion and diversity principles and guidelines</li> <li>c) Ensure the Trusts talent management and succession planning process adheres to and promotes diversity and inclusion.</li> <li>d) Establish network groups and provide a framework for them to operate successfully</li> </ul>	<ul style="list-style-type: none"> <li>a) Ensure our workforce is representative of the communities we service. WRES Data</li> <li>b) Inclusion is seen as business as usual and our workforce is representative of the community we serve.</li> <li>c) Applications for leadership programmes and talent management take into account the diversity of Trust staff</li> <li>d) Ensure all staff have access to training on inclusion and diversity relevant to their job role.</li> </ul>



## Domain 2: Partnerships

Our Workforce will be partners in supporting and leading services across the Mid Cheshire health and social care economy to deliver new models of care

DOMAIN 2 ELEMENTS	ACTIONS 2018 - 2019	ACTIONS 2019 - 2020
<b>PLACE BASED CARE</b>	<ul style="list-style-type: none"> <li>a) CCCIP to develop five integrated multi-disciplinary care communities teams across east Cheshire to provide place based care.</li> <li>b) Develop at all levels the relationships, networks and care pathways required for Integrated Care Partnerships (ICP) to operate successfully</li> <li>c) Work with education providers to develop new roles and educational programmes to support delivery of new ways of working.</li> <li>d) Develop staff in motivational interviewing techniques to support patients to self-care.</li> <li>e) Train our staff in methodologies that empowers patients to self-care</li> <li>f) To have integrated services across our geography where it is practical</li> </ul>	<ul style="list-style-type: none"> <li>a) Complete the management of change processes required to enable the move to full multi-disciplinary integrated care teams in CCICP</li> <li>b) Work with General Practitioners and social care to develop The Home First Model</li> <li>c) Design new workforce roles to support delivery of place based/integrated care models</li> <li>d) Divisional strategies and workforce plans designed to take into account new models of care and the roles required to deliver them across health and social care.</li> </ul>
<b>PARTNERS &amp; STAKEHOLDERS</b>	<ul style="list-style-type: none"> <li>a) Trust executives take roles as system leaders within our health economy, working with an openness and honesty that fosters trust and confidence.</li> <li>b) Senior leaders role model the behaviours required to foster partnership working across services and consider how their services could be provided differently.</li> <li>c) Staff working in the community work with partners to deliver high quality and seamless care pathways for patients</li> <li>d) Further develop staff side partnership working</li> </ul>	<ul style="list-style-type: none"> <li>a) Trust leaders attend development sessions/programmes that support their ability to work across systems and build networks in health and social care.</li> <li>b) Work with Social care and third sector partners increases to ensure our services are streamlined wherever possible to reduce duplication and waste of resources.</li> </ul>

DOMAIN 2 ELEMENTS	ACTIONS 2018 - 2019	ACTIONS 2019 - 2020
<b>INTEGRATION</b>	<ul style="list-style-type: none"> <li>a) The Trust Board explore the possibilities of working in increasingly integrated ways where it makes sense to do so.</li> <li>b) Agree the focus and breadth of our partnerships</li> <li>c) Staff policies and procedures reviewed to support staff to work across organisations</li> <li>d) Development sessions delivered to support staff to manage change.</li> </ul>	<ul style="list-style-type: none"> <li>a) Streamlining of appropriate services across the health and social care economy with our agreed partners both clinical and non-clinical</li> <li>b) Appropriate support mechanisms are in place for staff during large scale change</li> <li>c) Develop recruitment and selection activities, processes and terms and conditions based on the need for staff to work across multiple organisational boundaries.</li> </ul>

### Domain 3: Informed and Effective

Our Workforce will be informed and effective in their roles to support MCHFT to become an outstanding organisation.

DOMAIN 3 ELEMENTS	ACTIONS 2018 - 2019	ACTIONS 2019 - 2020
<b>WORKFORCE POLICIES, PROCEDURES &amp; SYSTEMS</b>	<ul style="list-style-type: none"> <li>a) Implement the 2018 Agenda for change Pay Deal- year 1</li> <li>b) Ensure all workforce policies and procedures are updated and reflective of new ways of working and changes in employment law.</li> <li>c) Ensure managers are offered training in the implementation of workforce policies, processes and systems</li> <li>d) The HR team will provide support, training and guidance to managers in the application of policies and procedures</li> </ul>	<ul style="list-style-type: none"> <li>a) Implement the 2018 Agenda for change Pay Deal- year 2</li> <li>b) Intranet site fully updated with FAQs, case studies etc. to support policies</li> <li>c) Training informed and targeted to address areas with greatest need</li> </ul>
<b>WORKFORCE DATA &amp; INTELLIGENCE</b>	<ul style="list-style-type: none"> <li>a) Develop ESR analyst role/ ESR Bureau to support accuracy of workforce data reporting</li> <li>b) Roll out the use of ESR self service</li> <li>c) Use workforce data to inform decision making and changes</li> <li>d) Use workforce data to inform our workforce planning and recruitment processes</li> <li>e) Decision to be made on best team for workforce reporting to sit under.</li> </ul>	<ul style="list-style-type: none"> <li>a) Opportunities to be explored for electronic establishment control processes to be included in ESR</li> </ul>
<b>COMMUNICATION</b>	<ul style="list-style-type: none"> <li>a) Continue to develop a variety of accessible communication channels internally and across the local health economy e.g. social media, face to face, engagement sessions etc.</li> <li>b) Continue to ensure staff have access to internal communications and are up to date with changes happening in the health economy and how it may affect their work through Chief Executive briefings.</li> <li>c) Ensure that communication flows throughout the organisation in a variety of mediums and that there are regular mechanisms by which staff can receive updates on Trust activity.</li> <li>d) Increase visibility and engagement sessions – Executives and at divisional senior team level.</li> </ul>	<ul style="list-style-type: none"> <li>a) Improve communications with partners and stakeholders via virtual meetings, roadshows, surveys, polls etc.</li> <li>b) Communication channels to gather information from patients about their health and care needs utilised more effectively</li> <li>c) Increased use of digitalisation to communicate widely</li> <li>d) Develop an MCHFT communication portal accessible via smartphones</li> </ul>

DOMAIN 3 ELEMENTS	ACTIONS 2018 - 2019	ACTIONS 2019 - 2020
<b>LEARNING ORGANISATION</b>	<ul style="list-style-type: none"> <li>a) Continue to develop a culture where learning from past mistakes is the norm. Supporting the development of a Fair Blame culture</li> <li>b) The learning from errors, incidents and near misses are shared widely across the organisation, ensuring all staff have access to the learning and good practice</li> <li>c) Feedback is routinely given to improve individual and system performance</li> <li>d) Develop/feed into 'knowledge management' portals that can be shared across the health and social care system</li> </ul>	<ul style="list-style-type: none"> <li>a) Support clinical governance policy by emphasizing the multi-disciplinary responsibility of colleagues working together in a clinical area to manage risk, implement evidence-based practice, and learn from errors.</li> <li>b) Ensure all staff have their performance and development discussed at their appraisal each year.</li> <li>c) Share best practice via the creation of knowledge portals across the Cheshire East system.</li> </ul>
<b>IMPROVEMENT &amp; CHANGE</b>	<ul style="list-style-type: none"> <li>a) Agree a system wide strategy and methodology for QI training – work in partnership in the health economy to facilitate a methodology by which all staff will have some QI training (AQuA's 'Dosing' model)</li> <li>b) Support staff through changes that affect them and their work via line managers, HR, OD, OH, staffside and Education teams.</li> <li>c) Involve staffside in changes that significantly impact on staff and ways of working</li> </ul>	<ul style="list-style-type: none"> <li>a) Develop systems to track change processes and monitor their outcomes and effectiveness</li> <li>b) All staff to have had the opportunity to undertake a level of QI training relevant to their roles.</li> <li>c) QI Champions to be positioned throughout the organisation and health economy</li> <li>d) Resilience training and Psychology of Change workshops will be available to all staff and leaders across the system</li> </ul>

## Domain 4: Planning and Developing Our Workforce

Our Workforce will be supported and developed, enabling them to be the best they can be throughout their careers.

DOMAIN 4 ELEMENTS	ACTIONS 2018 - 2019	ACTIONS 2019 - 2020
<b>WORKFORCE PLANNING NEW ROLES APPRENTICESHIPS</b>	<ul style="list-style-type: none"> <li>a) Develop a Trust-wide workforce plan</li> <li>b) Develop divisional workforce plans</li> <li>c) Leaders to stay up to date with information on how care will be delivered differently, such as the use of genomics and AI and how this will impact the workforce</li> <li>d) Integrate Trust wide and divisional plans for the current and future workforce requirements into clinical strategies</li> <li>e) Develop recruitment campaigns based on our plans</li> <li>f) Ensure best use of the Apprenticeship Levy through considering all appropriate roles for apprenticeships.</li> <li>g) Work with a range of Education providers to establish new academic routes and roles.</li> <li>h) Develop the recruitment and selection skills of managers</li> </ul>	<ul style="list-style-type: none"> <li>a) Work with all partners to ensure there are plans for staff to be trained in new ways of working and delivering care</li> <li>b) Input into a system wide workforce plan that includes the development of new generic worker roles that will meet the needs of the changing health and social care system.</li> <li>c) Continue to work with Education Providers to develop new roles and qualifications</li> <li>d) Trust makes full use of its apprenticeship levy and where possible shares underspend of the levy with partners to enable a system wide workforce development plan.</li> <li>e) Support the development of a Cheshire and Mersey Careers Hub</li> </ul>
<b>APPRAISAL &amp; FEEDBACK</b>	<ul style="list-style-type: none"> <li>a) Increase the importance of holding to account on values and behaviours in performance management and feedback</li> <li>b) Devise processes whereby all staff can receive regular feedback on their performance</li> <li>c) Ensure all staff have had a relevant and meaningful yearly appraisal</li> <li>d) Scope the use of electronic appraisal systems that can provide robust organisational data</li> <li>e) Ensure personal development plans from all appraisals are fed into divisional and then trust wide TNA plans</li> <li>f) We will achieve the 95% target of staff having their appraisal and recognise the impact of the new NHS paydeal and its implications for pay progression and appraisal.</li> <li>g) Leaders will have objectives at their appraisal that include working at systems level.</li> </ul>	<ul style="list-style-type: none"> <li>a) Make best use of appraisal data to inform the TNA to ensure not just business as usual but development for future sustainability is funded</li> <li>b) Align/streamline our appraisal processes with those of our system partners</li> <li>c) Staff are given regular and timely feedback on their performance to enable them to develop.</li> </ul>

DOMAIN 4 ELEMENTS	ACTIONS 2018 - 2019	ACTIONS 2019 - 2020
<b>TALENT MANAGEMENT &amp; SUCCESSION PLANNING</b>	<ul style="list-style-type: none"> <li>a) Agree a process with divisions on how to implement talent management processes across the organisation so that all staff have the opportunity to have their skills and ambitions recognised</li> <li>b) Design training on how to hold a TM/SP discussion for appraisers</li> <li>c) Divisions develop succession plans for key and hard to recruit to roles which are discussed with identified successors and logged divisionally and centrally</li> <li>d) Applications for internal, local and national leadership programmes will be drawn from the TM/SP pools.</li> </ul>	<ul style="list-style-type: none"> <li>a) All senior managers to attend training on how to have a talent conversation</li> <li>b) Data from TM/SP conversations are available divisionally and aggregated centrally to inform workforce planning and recruitment campaigns etc.</li> <li>c) TM/SP takes place across Cheshire East Place with staff able to shadow/ be seconded/move between organisational boundaries</li> </ul>
<b>COACHING &amp; MENTORING</b>	<ul style="list-style-type: none"> <li>a) Relaunch the coaching and mentoring internal teams</li> <li>b) Collaborate and share informally our coaching expertise with our system partners</li> <li>c) Coaches and mentors to maintain their CPD and supervision to enable their continued credible practitioner status</li> <li>d) Continue to offer staff 121 coaching, team coaching and the one day coaching essentials for leaders programme internally.</li> <li>e) Staff access the NWLA coaching and mentoring register as appropriate</li> </ul>	<ul style="list-style-type: none"> <li>a) Develop a formal system wide coaching and mentoring offer and training</li> <li>b) Coaches and mentors to maintain their CPD and supervision to enable their continued credible practitioner status</li> <li>c) All leaders offered access to a coach/mentor</li> <li>d) Consideration to be given to training more coaches, in particular from medical/AHP professions</li> </ul>
<b>LEADERSHIP DEVELOPMENT</b>	<ul style="list-style-type: none"> <li>a) Ensure we continue to develop our leaders to meet the standards required in the CQC Well Led domains</li> <li>b) Review all internal leadership programmes to ensure they remain fit for purpose and develop a culture of compassionate leadership</li> <li>c) Continued delivery of a range of planned and ad-hoc leadership development opportunities</li> <li>d) Continue to support access to external and system level</li> </ul>	<ul style="list-style-type: none"> <li>a) Collaborate on leadership development activities with our system wide partners</li> <li>b) Development of opportunities for staff to work in other sectors to expand their leadership knowledge and skills</li> <li>j) Develop programmes that focus on the skills required to lead at a systems level.</li> <li>k) Teams will have access to trained team development coaches to support their performance and development</li> </ul>

	<p>programmes through AQuA and NWLA etc. as appropriate</p> <ul style="list-style-type: none"> <li>e) Access to internal programmes are discussed at appraisal and feed into the Talent Management discussions</li> <li>f) Continue to develop leaders behaviours through access to coaching and mentoring</li> <li>g) Development of a leadership competency matrix</li> <li>h) All staff on leadership programmes and part of the trusts talent pipeline will be offered access to an internal coach and/or mentor to support them on their development journey.</li> <li>i) The current internal leadership programmes will be reviewed to ensure they remain fit for purpose and provide up to date knowledge, theories and practical skills for current and future internal and systems leaders. We will also ensure that programmes encourage diversity within our leadership</li> </ul>	<p>and the one day 'Coaching Essentials for Leaders' programmes will continue to be provided to ensure a common language and approach to leadership for the Trust</p>
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## Domain 5: Digitally enabled Workforce

Our Workforce will be digitally enabled to ensure they are engaged in transforming our services. We will make the best use of new advances in health care to develop new service models.

DOMAIN 5 ELEMENTS	ACTIONS 2018 - 2019	ACTIONS 2019 - 2020
<b>EDUCATION</b>	<ul style="list-style-type: none"> <li>a) Support the implement of the activities within the trusts education strategy</li> <li>b) Meet our legislative obligations for statutory and mandatory education</li> <li>c) Development of specialised and innovative education delivery methods such as simulation in order to engage and immerse staff fully in their learning and development</li> <li>d) Scope the potential for having a specialised training space available for Simulation – if trust infrastructure/funding allows</li> <li>e) Continue to develop external bids to support the Trust to become a leader in the use of simulation and income generate by offering national programmes.</li> <li>f) We will maximise the TNA money by working with divisions to look ahead at what development staff will need in the short and medium term for business continuity and also for business development in the future</li> </ul>	<ul style="list-style-type: none"> <li>a) All staff enabled to access technology such as desktop PCs, tablets, smartphones to complete their learning activities.</li> <li>b) Extend the use of MOOCs/SPOCs /e-Learning wherever practicable to enable staff to access learning at a time and place that is convenient to them and the organisation</li> <li>c) Use technology to record TNA information making it more accessible and accurate</li> <li>d) Work with system partners to share and develop learning packages in a range of formats.</li> <li>e) Pay membership fees for NWLA and AQuA to ensure we can make full use and have access to learning and development opportunities on offer across the region</li> </ul>
<b>IMPROVE SERVICES USING TECHNOLOGY</b>	<ul style="list-style-type: none"> <li>a) Increased use of ESR self service</li> <li>b) Train staff to make full use of new technology and systems such as Office 365 – using Skype for meetings etc.</li> <li>c) We will develop with the Cheshire East System an IT enabled HR/OD system that can capture objectives, training needs and feedback at individual, team and organisational level so that we have robust data on which to base our education funding decisions.</li> </ul>	<ul style="list-style-type: none"> <li>a) All staff have access to their self-service ESR and they can book and update their own training records</li> <li>b) Increase the number of outpatient clinics who use virtual clinics to see patients</li> <li>c) Improve staff digital literacy in order that they feel comfortable in the use of new medical technology to deliver services differently.</li> </ul>



DOMAIN 5 ELEMENTS	ACTIONS 2018 - 2019	ACTIONS 2019 - 2020
<b>AGILE WORKING</b>	<ul style="list-style-type: none"> <li>a) Staff will be enabled through having access to new technology, to record and share information accurately and safely internally and externally</li> <li>b) More staff will be able to move between bases, home and organisations to enable care to be delivered seamlessly and cross organisational and professional networks to develop.</li> <li>c) Staff will be supported to maintain their professional identities, team working and support networks when face to face time with colleagues is limited.</li> </ul>	<ul style="list-style-type: none"> <li>a) Staff will be enabled to work from multiple locations saving travel and working time</li> <li>b) Sharing of data with our partners will improve patient care and staff experience at work.</li> <li>c) All staff will have access to up to date technology that supports new ways of delivering care and cross organisational matrix working.</li> </ul>

## Key Performance Indicators

Ref	Name and Descriptions	Link to Domain and Ambitions
1	<p>Response rate and results of the annual National NHS Staff Survey, including Staff Engagement Score:</p> <ul style="list-style-type: none"> <li>• Violence, bullying and harassment</li> <li>• Health and wellbeing</li> <li>• Staff motivation</li> <li>• Increase in the number of staff who have taken part in non-mandatory training, learning or development</li> <li>• Increase in the number of staff who report that training, learning or development has helped them to do their jobs more effectively</li> <li>• Increase in the number of staff having an appraisal within the last 12 months and their satisfaction with the process and outcomes. Staff reporting they are able to contribute to improvements at work</li> </ul>	<b>Domain 1: Experience</b>
2	Response rate and results to the quarterly Friends and Family Test for staff	
3	Employee Relations Performance, including recruitment and retention levels	
4	On-Boarding and Exit Interview feedback	
5	Taking the temperature through observations, walk-arounds , peer reviews and 'back to the floor' by senior leaders	
6	A new Trade Union Recognition Agreement is in place	

7	Increase our capacity amongst Trade Union representatives	<b>Domain 2: Partnerships</b>
8	Increase the number of volunteers	
9	CCICPs Five integrated multidisciplinary teams are in place	
10	Work towards becoming developing a Cheshire East ICP is progressing	
11	All policies to be renewed within their life cycle	
12	Employee Self Service to be rolled out across whole organisation	
13	Increase in visibility of the Board and Senior teams	
14	Development of robust workforce plans and development of our workforce through a range of learning activities	
15	Audit to determine the conversion rate of staff accessing leadership programmes moving into leadership roles	
16	Development of robust divisional Training Needs Analysis - spend against allocation	
17	Monitor Turnover rate <ul style="list-style-type: none"> <li>Leavers &lt;12 months</li> <li>Qualified nursing vacancies (band 5)</li> <li>Medical vacancies (Consultant and Associate/Specialty Doctors)</li> </ul>	

18	Trust pay spend (£ forecast as at month 9) <ul style="list-style-type: none"> <li>• Bank and agency- Qualified nursing fill rates</li> <li>• Bank and agency- medical fill rates</li> <li>• Bank and agency- other fill rates</li> </ul>	<b>Domain 3: Informed and Effective</b>
20	An increase in the number of staff who have undertaken a Talent Management and Succession Planning Conversation	
21	Introduce new system for developing the Trust's TNA	<b>Domain 4: Digitally Enabled</b>
22	Improved accuracy of Workforce data reporting	
23	More services where appropriate delivered virtually (e.g. virtual; fracture clinic)	
24	More staff have access to appropriate technology that enables agile working	
25	The Number of e- learning packages available and accessed by staff increases	

## Appendix 1: Alignment with Key Strategic Drivers:

Trust Strategy	Our Workforce Matters Strategy	CQC Well Led	Developing People Improving Care Primary Drivers	The Principles of Workforce Integration	The Carter Review
<b>Domain 1</b>	1. Experience	W3. is there a Culture of high quality sustainable care	2. Compassionate, inclusive and effective leaders at all levels	Principle 3 Principle 4	<ul style="list-style-type: none"> <li>• Values-based behavioural framework</li> <li>• Colleague Opinion Survey</li> <li>• Patient-centred organisation</li> <li>• Engagement</li> </ul>
<b>Domain 2</b>	2. Partnerships	W7. Are the people who use our services, the public, staff and external partners engaged and involved	1. Leaders equipped to deliver high quality local health and care systems in partnership	Principle 6	
<b>Domain 3</b>	3. Informed and Effective Workforce	W2. Is there a clear vision and credible strategy to deliver high quality, sustainable care and robust plans to deliver W5. Are there clear and effective processes for managing risks, issues and performance W6. Is accurate information being effectively processed and challenged and acted on	3. Knowledge of improvement methods and how to use them at all levels.	Principle 5	
<b>Domain 4</b>	4. Developing our Workforce	W1. Is there leadership capacity and capability to deliver high quality and sustainable care W4. Are there clear responsibilities and roles and systems of accountability to support good governance and management	2. Compassionate, inclusive and effective leaders at all levels		<ul style="list-style-type: none"> <li>• Leadership Strategy</li> <li>• Dashboards</li> <li>• Individual Performance Management System</li> </ul>
<b>Domain 5</b>	5. Digitally Enabled Workforce	W8. Are there robust systems and processes for learning, continuous improvement and innovation	4. Support systems for learning at local regional and national level		<ul style="list-style-type: none"> <li>• Structural Improvements</li> </ul>

<b>Title of Paper:</b>	Freedom to Speak Up Report: Q2 2018/19		
<b>Author:</b>	Julie Tunney: Director of Nursing & Quality		
<b>Executive Lead:</b>	Julie Tunney, Director of Nursing & Quality and Freedom to Speak Up Guardian		
<b>Type of Report:</b>	Concept Paper		
	Strategic Options Paper		
	Business Case		
	Information		x
	Review/Benefits/Audit		
<b>Link to Strategic Domains:</b>		<b>Link to Domain:</b>	
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	✓
<b>Link to Board Responsibility:</b>	Performance		
	Accountability		✓
	Strategy		✓
	Implementation		✓
<b>Action Required:</b>	Decide		
	Approve		✓
	Note		✓
	Recommend		
	Delegate		
<b>Positive Benefit:</b>	A workforce that feels safe to report concerns is essential to the continuing improvement and development of the patient and staff experience.		
<b>Risk:</b>	Concerns go unreported and this leads to failure to provide good quality and safe individual care for our patients		
<b>To be published on Trust Website –complete version</b>		Y	
<b>If no, to be published on Trust Website – redacted</b>			
<b>If not to be published complete or redacted, please detail the reason why</b>			
<b>Presented at Board Meeting of:</b>	5 November 2018		

# FREEDOM TO SPEAK UP GUARDIAN QUARTERLY REPORT

01<sup>st</sup> July – 30<sup>th</sup> September (Q2)

## 1. Introduction & Background

The guardian role was launched in 2016 and included Trust wide communication at the time to ensure that all staff were aware of who the Freedom to Speak up Guardian (FSUG) was. Since the appointment of the Director of Nursing & Quality (Freedom to Speak up Guardian) in January 2018 the Trust wide communications continue to be refreshed taking the opportunity to remind staff of this change and remind them about the role.

## 2. Role of the Guardian

The Freedom to Speak up Guardian continues, with the support of the number of Employee Support Advisers (ESA), to remind staff of the important of raising concerns within the Trust. The key messages for Q2 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

## 3. National Speak Out Month

There has been a focused programme of work during the National Freedom to Speak Out month in October 2018 that has included the following:

- A speak out day on 30<sup>th</sup> October whereby a National Guardian attended the trust to facilitate an awareness session for ESA's and other Trust staff.
- A series of 'Speak Out' to the Trust Freedom to Speak up Guardian sessions
- Dissemination of a revised trust wide leaflet to all staff highlighting how to raise concerns and signpost staff.
- Continued ward and department visits

## 4. Quarterly Report – Q2

### Total number of concerns raised in Q2

This report includes the total number of grievances and the total number of freedom to speak up concerns.

During the period 1<sup>st</sup> July to 30<sup>th</sup> September there were a total number of 5 freedom to speak up concerns.

The 5 Freedom to Speak Up concerns all related to potential safety concerns as below:

Method of reporting	Reason for contact	Investigation complete	Issue closed and feedback provided
Face to Face	Reporting potential patient safety concern	Yes	Yes
Face to Face	Reporting potential patient safety concerns	No (Closure date agreed)	No
Anonymous	Reporting potential Patient safety concerns	No – ongoing with plan	No
Anonymous	Reporting potential Patient safety concerns	No – ongoing with plan	No
Anonymous	Potential Patient and staff safety concern	Yes	Yes

As discussed in the quarter 1 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.

During quarter 2 the concerns were all identified in one division and there were two themes identified that included issues on Night Duty and allegations of staff cliques.

### **Learning from concerns**

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

### **National Guardian Reporting**

The data included 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 2. It is clear that the staff are now understanding the role of the Freedom to Speak up Guardian, this has been strengthened with further work planned across the Trust in both quarters 3 and 4.

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

25 October 2018









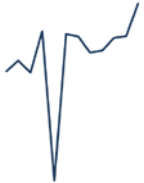



# Board of Directors Workforce Report November 2018 (Sept 2018 data)



Performance Report      Workforce Chapter  
Month:                      Sep-18

Measure	Target	Performance	Description	Narrative	Rolling Trend	Trend	C&W Average*
Rolling Sickness Absence	3.40%	4.27%	Rolling 12m average Sickness Absence described as a Percentage	The rolling position has not changed from the previous month. Corporate is currently meeting the target and DCSS and CCICP are amber.		↑↓=	4.83%
In Month Sickness Absence	N/A	4.29%	In-month 12m average Sickness Absence described as a Percentage	The in-month position declined slightly (-0.11%) with all divisions remaining very similar to the previous month.		↑	4.76%
Appraisal Rate	90.00%	81.64%	Percentage of Staff who have received an appraisal in the last 12 months. Excludes New Staff with less than 12m service and Bank Staff	SC improved their performance in September but overall, there was a 2% decline in the appraisal rates across the Trust. All divisions are amber with the exception of MEC and CCICP who are red.		↓	86.11%
Mandatory Training	90.00%	68.66%	Mandatory Training Monthly Rate Excludes Bank Staff, Staff on long term sick & mat. leave.	A reduction in performance was expected this month due to the changes in training requirements for fire and resucitation awareness which are now being reported on the dashboard. Resucitation theory is a new requirement and fire has moved to annual training.		↓	87.65%
Staff Turnover	10.00%	11.54%	Number of Leavers expressed as a percentage of the workforce over a 12m rolling period. Exclude Junior Doctors, Temporary and Fixed term.	Turnover reduced across all divisons this month and WC is currently green against target.		↓	11.65%

Measure	Target	Performance	Description	Narrative	Rolling Trend		
Agency Spend	(365)	(563)	In month and cumulative total spend for the Trust.	Agency increased in September with MEC significantly increasing their spend on nursing staff. Additional escalation beds were utilised in month and there was an associated increase in the reliance on temporary staffing.		↑	N/A
NHSI Ceiling	less than 100%	154.2%	Trust Agency Spend as a percentage of the Ceiling Set by NHS Improvement			↑	N/A
Over Cap Rates	N/A	50%	Number of Agency shifts filled by agency staff that are over the nationally determined capped rates			↑	N/A

\*August 2018 data (latest available)

Key

Adverse Increase



Positive Increase



Adverse Reduction



Positive Reduction



Neutral Change/ No Change

